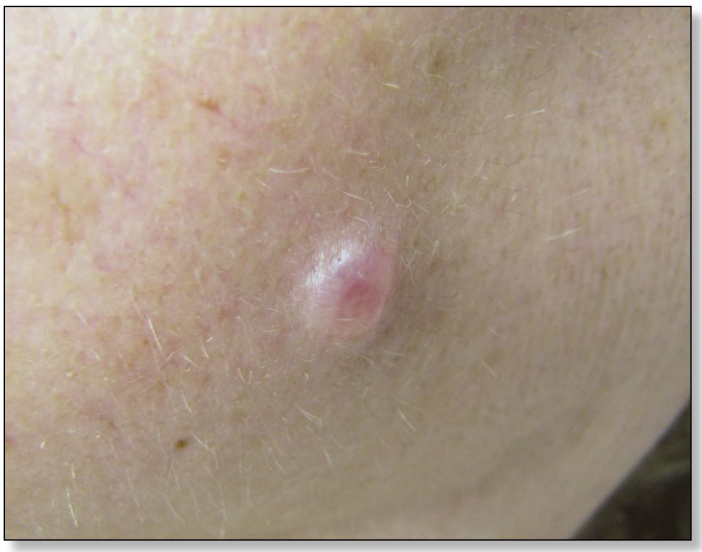
DIAGNOSIS AT A GLANCE

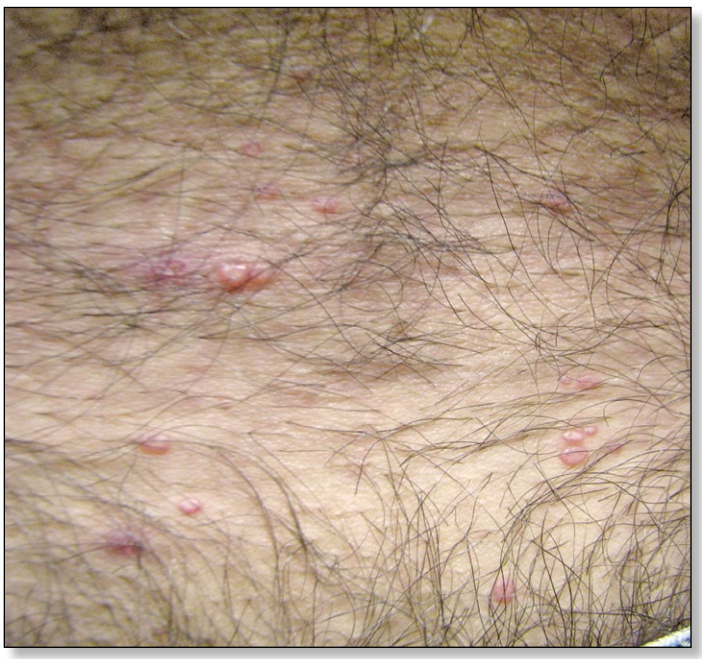
Stephen M. Schleicher, MD, and James Kramarz



CASE 1

A 76-year-old woman requests removal of a lesion from her left cheek. She reports that the growth has been gradually increasing in size over the past year. She denies symptoms and states that the lesion has not bled. Her medical history is negative for skin cancer. Examination reveals a firm, 0.6-cm, flesh-colored nodule with a slightly depressed, erythematous center. Scattered lentigos and seborrheic keratoses are noted elsewhere. A basal cell carcinoma is suspected, and a shave biopsy is performed.

What is your diagnosis?



CASE 2

A 36-year-old man presents with a "rash" near his belt line. It has been present for 3 months and is asymptomatic except for infrequent pruritus. The patient is heterosexual and sexually active. He does not recall having any sexual partner who manifested a similar condition. He denies any history of sexually transmitted infection. Examination reveals scattered erythematous papules on the abdomen and upper thighs. Several lesions have indented centers. The inguinal lymph nodes are nonpalpable, and no penile discharge is noted. Results of recent tests for HIV and syphilis have come back negative.

What is your diagnosis?

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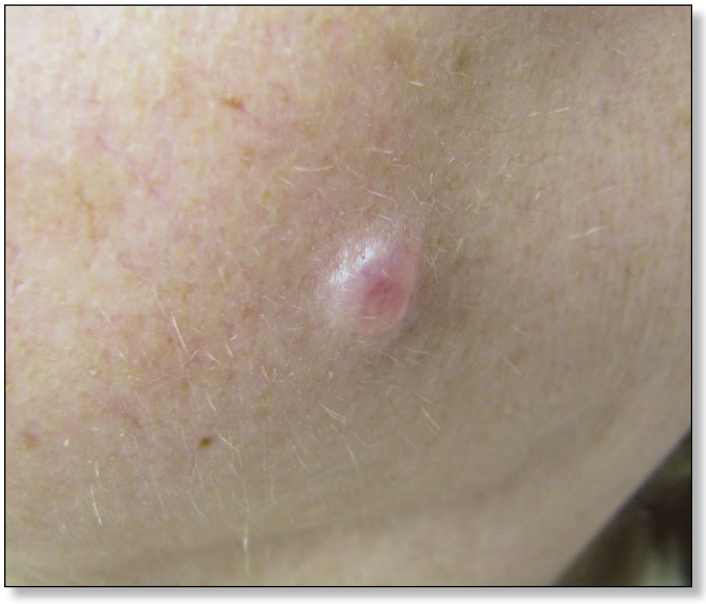
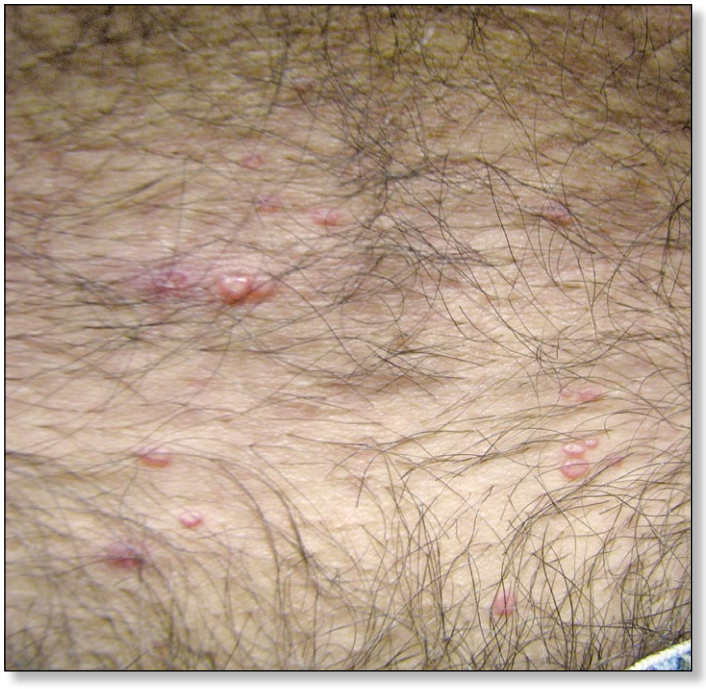


CASE 1

Histopathology revealed a nonencapsulated basophilic staining tumor with cells arranged around ductal lumina. This is indicative of an eccrine spiradenoma, an uncommon benign neoplasm that most often presents as a solitary papule ranging in color from pink to gray. The lesion may bear clinical resemblance to basal cell carcinoma or sebaceous adenoma. The most common locations are the scalp and neck. A small percentage of lesions are painful. Malignant transformation has been reported but is quite rare. Simple excision is the treatment of choice and is curative.



CASE 2

Molluscum contagiosum is a cutaneous infection caused by a DNA poxvirus. In children, transmission occurs by nonsexual direct skin contact. Teens and adults are most likely to acquire the infection by sexual contact, with lesions arising on the genitals, lower abdomen, buttocks, and thighs. Diagnosis is usually simple, given the classic appearance: a 2- to 5-mm firm, umbilicated, pink, white, or flesh-colored papule. In HIV-positive individuals, lesions may become widespread and exceed 1 cm in diameter. The lesions may be removed by curettage. Other therapies include liquid nitrogen cryosurgery and application of cantharidin.