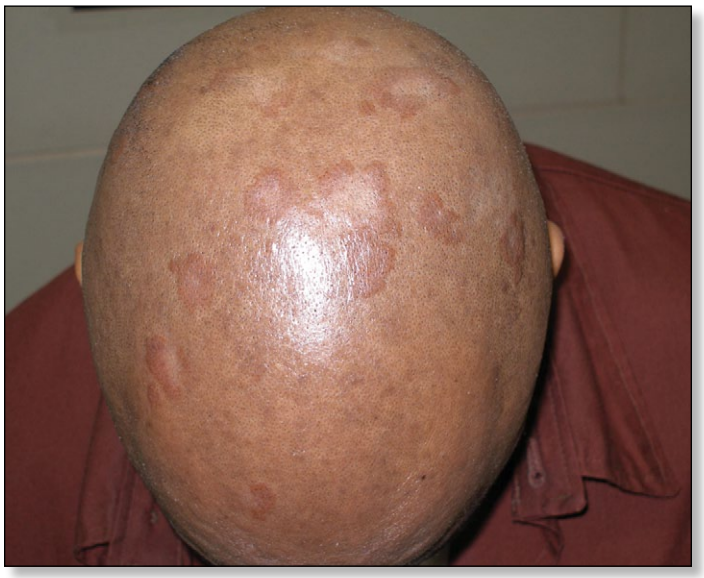
DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD



CASE 1

A 37-year-old black man seeks consultation for a rash affecting his scalp. The condition was first noted approximately 18 months ago, and new areas of involvement continue to manifest. All sites are asymptomatic and have never bled. His medical history is positive for pulmonary sarcoidosis, which was suspected on chest radiography and confirmed by lung biopsy. Treatment with oral steroids improved the patient's pulmonary function but had no effect on the skin. Application of potent topical steroids was thought to have resulted in central hypopigmentation of the lesions. Elevation and hyperpigmentation persist at the plaques' periphery. No other cutaneous abnormalities are noted, and occipital and cervical lymph nodes are nonpalpable.

What is your diagnosis?

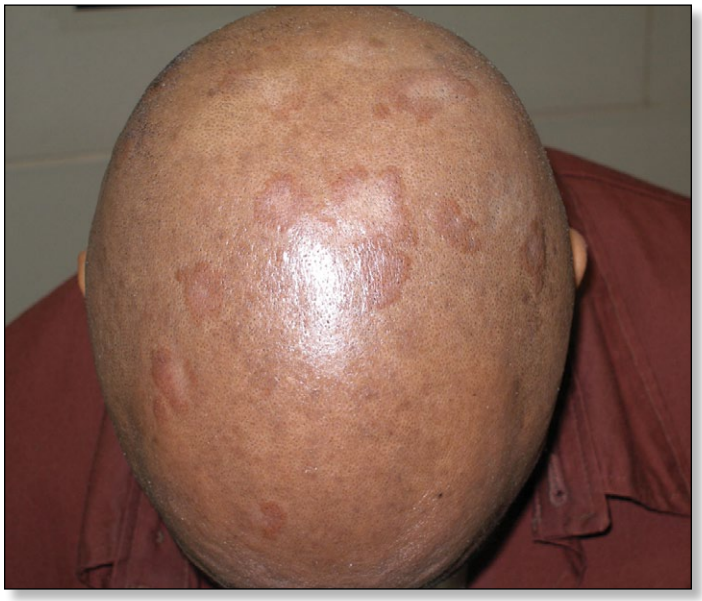
CASE 2

A 40-year-old developmentally disabled man has a rash affecting the inner aspects of both thighs, his scrotum, and his lower abdomen. The rash itches and has been present for at least 2 weeks. According to his guardian, the patient has been applying a number of over-the-counter creams and ointments to the site. He has also been using a prescription antifungal preparation intended for another family member. Examination reveals well-demarcated, intense erythema of the affected areas.

What is your diagnosis?

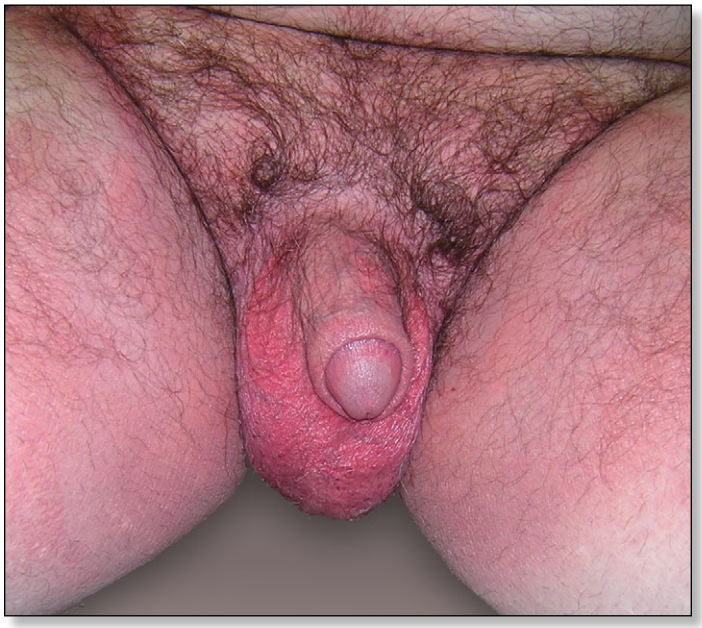
Dr. Schleicher is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at King's College in Wilkes-Barre, Pennsylvania, an associate professor of medicine at the Commonwealth Medical College in Scranton, Pennsylvania, and an adjunct assistant professor of dermatology at the University of Pennsylvania in Philadelphia. He is also a member of the EMERGENCY MEDICINE editorial board.

CONTINUED



CASE 1

Biopsy revealed a granulomatous dermatitis—which, together with the patient's history of pulmonary involvement, confirms a diagnosis of cutaneous sarcoidosis. Skin involvement in this disease presents in various ways, the most common of which are asymptomatic macular and papular lesions. This case is an example of plaque sarcoidosis, which manifests as ovoid, reddish brown infiltrated plaques that often demonstrate central atrophy. The scalp, face, extremities, and buttocks are favored locations. The condition is chronic, and patients with this variant usually experience more severe pulmonary disease. Intralesional triamcinolone may result in lesion flattening.



CASE 2

This patient was presumed to have a contact dermatitis. The condition resolved completely following a short course of oral prednisone and a topical steroid. The precise allergen(s) could most likely have been identified by patch testing, a procedure in which common sensitizing agents, such as neomycin and fragrances, are applied under occlusion to the back. The patches are removed in 2 days and the site reexamined after another 2 days. Positive reactions manifest as erythema. Detailed information sheets are available to guide patients in avoiding products that contain a specific allergen. In this case, the topical preparations suspected of causing the dermatitis were removed from the individual's environment.