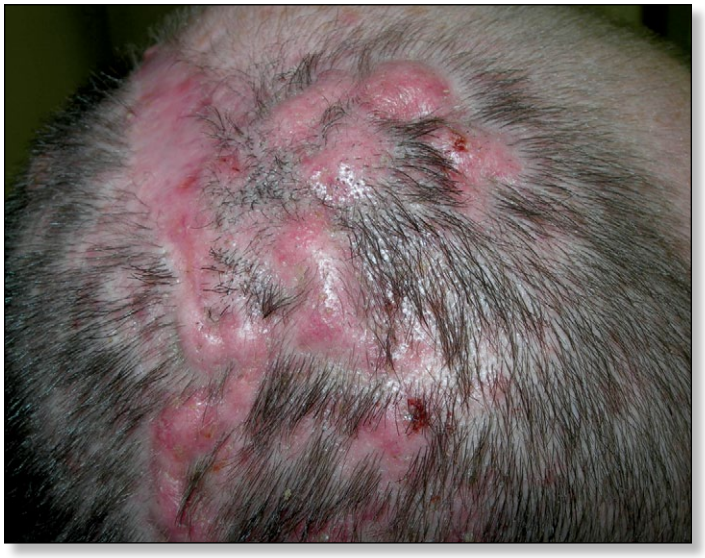
DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

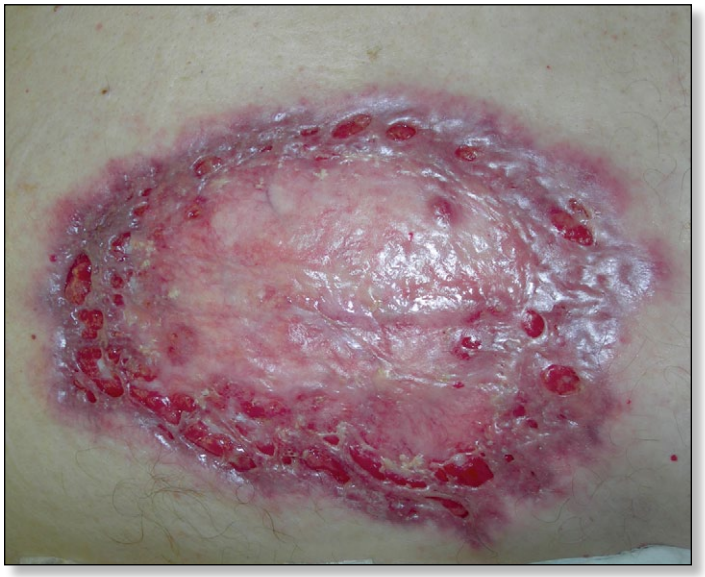
Mark A. Bechtel, MD, and Matthew Zirwas, MD



CASE 1

A 52-year-old man presents with progressive painful "knots" involving his scalp. They are associated with hair loss. Originally, the lesions were nodules, but they have evolved into fluctuant linear ridges. He reports purulent discharge from some of the lesions. The patient was previously diagnosed with hidradenitis suppurativa of the axillae and groin. Cultures of the discharge matter are obtained, and a dermatology consult is ordered.

What is your diagnosis?



CASE 2

A 56-year-old man has a 4-week history of a painful, weeping ulceration of his lower back. The ulceration has been progressively enlarging and becoming necrotic. Approximately 3 months ago, he noted increased abdominal cramping and diarrhea, which has persisted. The patient's lower back manifests a 4 × 8–cm necrotic ulceration with a violaceous border. Cultures of the wound are obtained, and a dermatology consult is ordered for a skin biopsy.

What is your diagnosis?

Dr. Bechtel is an associate professor of medicine and director of the division of dermatology at the Ohio State University College of Medicine in Columbus. He is also a member of the EMERGENCY MEDICINE editorial board. **Dr. Zirwas** is an assistant professor of medicine in the division of dermatology at the Ohio State University College of Medicine.

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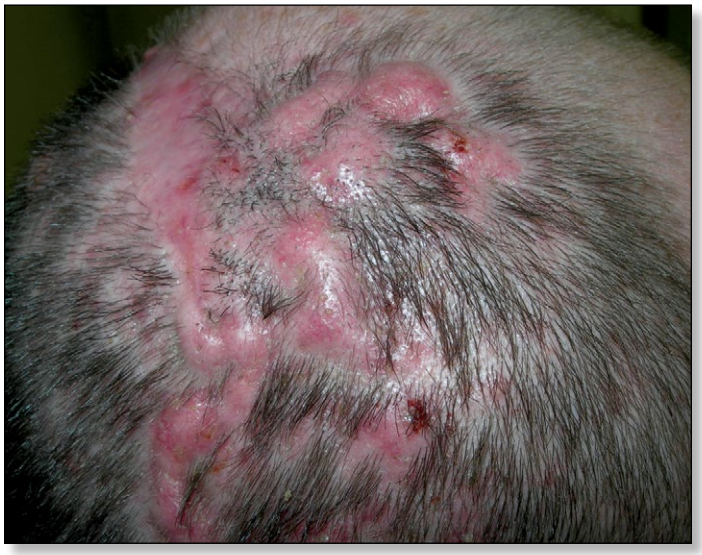
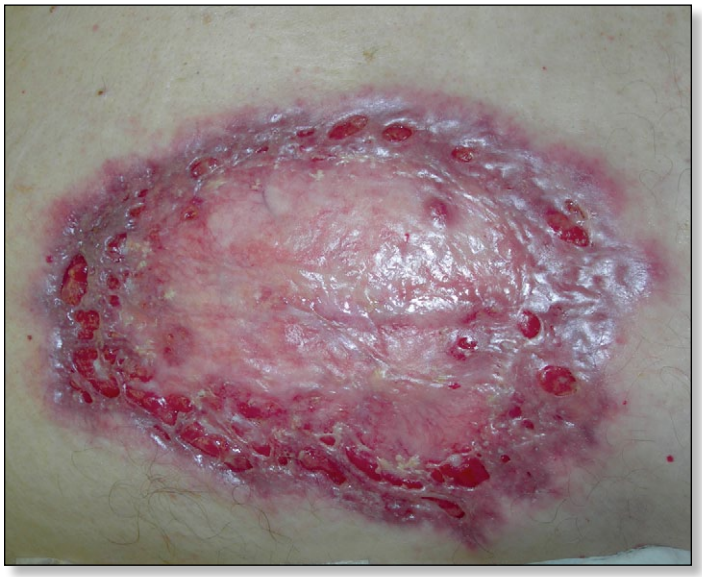


CASE 1

The patient is diagnosed with dissecting cellulitis of the scalp. This condition results in deep (subcutaneous fat and deep dermis) inflammation of the scalp with the development of multiple fluctuant sinus tracts and nodules. Hyperkeratosis (rather than infection) plays a major role, but bacterial superinfection is common. Young adult men, especially African-Americans, are most commonly affected. The condition may be associated with hidradenitis suppurativa, acne conglobata, and pilonidal sinus tracts.



CASE 2

The patient has pyoderma gangrenosum (PG). The classic presentation is a necrotic ulcer with a violaceous or gunmetal-gray, undermined border. Approximately 60% of patients with PG have an associated condition. The most common conditions are inflammatory bowel disease, seronegative arthritis, rheumatoid arthritis, and hematologic diseases, including leukemia. This patient was diagnosed with ulcerative colitis. Crohn disease is also associated with PG. It is important to evaluate patients with PG for an underlying systemic disorder.