

DIAGNOSIS AT A GLANCE

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CASE 1

A 9-year-old boy presents with a minimally pruritic facial rash. According to his guardian, this has been present for about 2 months and has waxed and waned in intensity. His medical history is significant for asthma and attention deficit disorder, and he is currently taking montelukast, divalproex sodium, clonazepam, and risperidone. For the past 6 weeks, the eruption has been treated topically with triamcinolone cream. Although treatment was initially effective, the rash has recently intensified. Examination reveals scattered erythematous patches and papules in a perioral distribution.

What is your diagnosis?



CASE 2

An 18-year-old female college student has an eruption on her eyelid that developed 1 day ago. The rash was preceded by itching and burning. She is afebrile and denies ocular pain or disturbed vision. Except for a history of labial cold sores, her medical background is unremarkable. She denies recent use of eyelid cosmetics and has not applied any topical medication to the affected area. Examination of her left eyelid reveals erythema, crusting, and vesiculation. Conjunctival hyperemia and ocular discharge are not apparent. Postauricular and cervical lymph nodes are nonpalpable.

What is your diagnosis?

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CONTINUED



CASE 1

Periorificial dermatitis, also termed *perioral dermatitis*, is a facial acneiform eruption characterized by papulopustules and eczematous patches. The majority of cases occur in women ages 20 to 45 years, although a discrete variant may develop in children. The condition has been linked to use of fluorinated toothpaste and petroleum-based moisturizers. In addition, mid- to high-potency topical steroids, such as the one utilized by this patient, have been implicated. The contribution of his oral medications is uncertain, although risperidone may uncommonly induce an acneiform eruption. Treatment in this case was commenced with oral ampicillin, clindamycin lotion, and 1% hydrocortisone-iodoquinol cream.



CASE 2

Herpes simplex is a commonly occurring double-stranded DNA virus that causes acute recurrent infection. The virus spreads from infected epithelial cells to neurons, where it persists indefinitely. The majority of HSV-1 (herpes simplex virus type 1) infections are acquired in early childhood, and up to 50% of adolescents have serologic positivity indicative of past exposure. The primary episode is usually the most severe and may be accompanied by fever, malaise, and headache. The hallmark of the disease is the appearance of vesicles. Herpes keratitis is one of the most common causes of blindness in the United States, and the involvement of an eyelid in this case was worrisome. Oral valacyclovir was initiated and a stat ophthalmologic consult ordered.