

# DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

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## CASE 1

A 55-year-old man has been referred to the ED by his primary care physician due to purple discoloration of his fingernails. Because of concern for cyanosis, comprehensive cardiac and pulmonary evaluations are completed, and findings are normal. The patient denies shortness of breath. On physician exam, he is noted to have purplish discoloration of all fingernails, patches of purple discoloration of his inner arms and pretibial surfaces, and extensive discoloration of his teeth. He reports that he started daily minocycline 2 years ago for acne rosacea.

**What is your diagnosis?**



## CASE 2

A 68-year-old man presents with shortness of breath, cough, and facial edema. On physical exam, he is noted to have distended veins on his neck, chest wall, upper arms, and abdomen. Bending forward aggravates the distended veins. A chest radiograph demonstrates a mass in the right side of the chest.

**What is your diagnosis?**

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### CASE 1

The patient has minocycline hyperpigmentation mimicking cyanosis. Minocycline is a tetracycline derivative used in the treatment of acne vulgaris and acne rosacea. Minocycline-induced discoloration can manifest as darkening of the nails, sclera, oral mucosa, thyroid, bones, and teeth. Skin biopsies demonstrate melanin and iron-containing pigment granules in the dermis and subcutis. Resolution usually occurs spontaneously after the medication is discontinued, but it may take months or years.



### CASE 2

The patient is diagnosed with superior vena cava syndrome, which results from obstruction of blood flow through the superior vena cava (SVC). An obstructed SVC initiates collateral venous return through various pathways, as manifested in this patient by prominent veins on the neck, chest, upper arms, and abdomen. A right-sided malignant intrathoracic mass is the most common cause. Bronchogenic carcinoma and non-Hodgkin lymphoma are the most important malignant tumors. Nonmalignant causes include aortic aneurysms, histoplasmosis, tuberculosis, syphilis, and arteriovenous fistulas. A chest radiograph is helpful, but CT offers the advantage of providing more accurate information on the location of the obstruction.