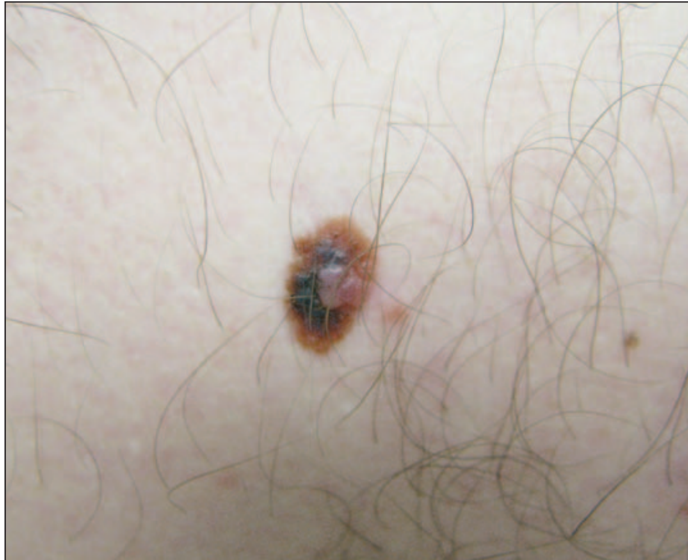
DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD, and Michelle Salerno

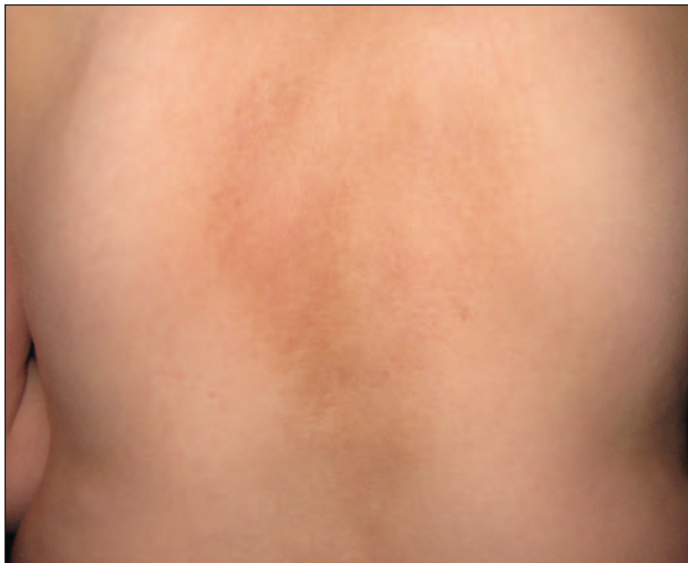


Case submitted by Dr. Schleicher.

CASE 1

A 25-year-old male graduate student requests evaluation of his moles. He states that one in particular has been changing over the past several months. He gives a negative family and personal history for skin cancer. Full-body examination reveals a fair-skinned individual with a plethora of nevi. All are brownish in color with regular borders, except for a chest lesion that manifests variegated pigmentation, an elevated center, and a slightly notched border. Dermoscopic examination reveals an atypical pigment network and blue-white structures.

What is your diagnosis?



Case submitted by Dr. Schleicher and Ms. Salerno.

CASE 2

A 53-year-old woman presents with a rash affecting the mid portion of her back below the shoulder blades. She states the condition has been present for approximately 1 year, with a recent worsening of symptoms. She describes the site as pruritic with areas of numbness. Examination reveals a fairly well-demarcated macular zone of hyperpigmentation. The patient's medical history is unremarkable, and treatment with a topical steroid prescribed by her primary care physician has had no effect. No other cutaneous abnormalities are noted.

What is your diagnosis?

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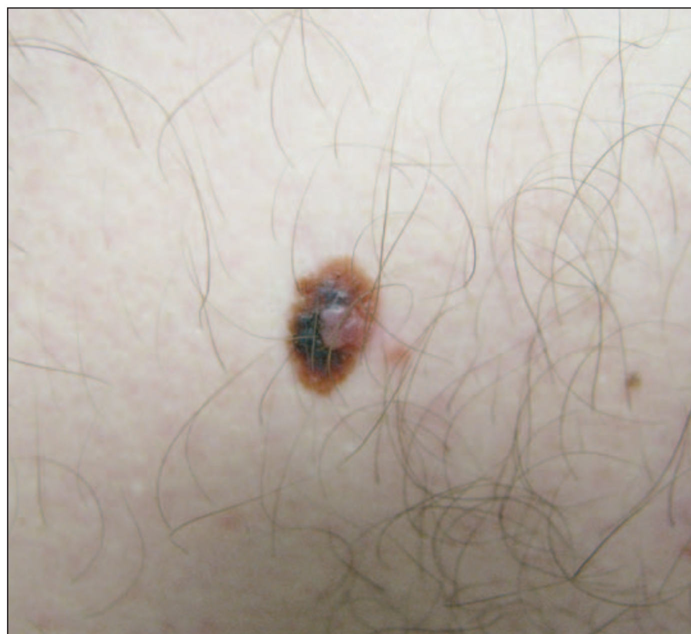
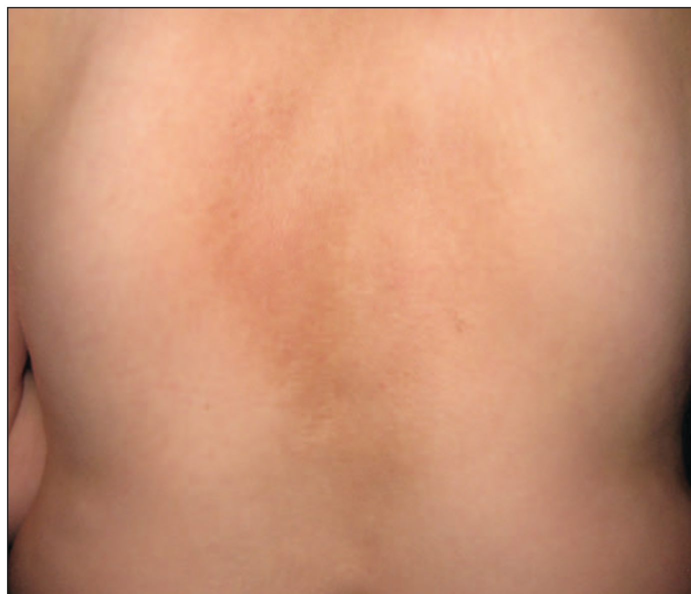


CASE 1

This lesion is an example of the “ugly duckling sign”—a mole that does not resemble others. Any such lesion requires biopsy. Dermoscopy utilizes a handheld illuminated instrument that allows for visualization of epidermal microstructures and the upper dermis. Findings highly suggestive for melanoma include irregular border, pigment network atypia, and blue-white veil. Shave biopsy in this case revealed a melanoma arising from a nevus with a depth of at least 0.6 mm. Full excision was performed by a surgical oncologist, and the sentinel lymph node was positive for metastatic disease. Axillary node dissection proved negative for additional nodal involvement. Interferon therapy was commenced shortly thereafter.



CASE 2

This patient has notalgia paresthetica, which is considered a variant of neurogenic pruritus. Itching, paresthesias, and hyperpigmentation are characteristic of this condition. The classic site affected is between the shoulder blades, with dermatomal innervation between thoracic nerves T2 and T6. The pruritus and paresthesias are believed to be due to sensory neuropathy, although the pathogenesis is unknown. Therapy with topical steroids or capsaicin may provide relief. Refractory cases may respond to intradermal injection of botulinum toxin.