

Diagnosis at a Glance

Stephen M. Schleicher, MD, and Amy Hendrix, CRNP



Case submitted by Dr. Schleicher

CASE 1

A 76-year-old white woman requests consultation because of a growth on her chin. She states that a dark “spot” had been present at the site for “quite some time,” but the duration of the current elevation is only about 2 to 3 months. She denies bleeding or discomfort. She was recently diagnosed with cirrhosis secondary to chronic hepatitis. Examination reveals a crusted nodule abutting a deeply pigmented macule. Gentle removal of the crust yields a smooth, pink surface. No atypical lesions are noted elsewhere. Cervical lymph nodes are nonpalpable.

What is your diagnosis?



Case submitted by Dr. Schleicher and Ms. Hendrix

CASE 2

A 38-year-old white woman complains of a rash affecting her right leg. The dermatitis first became apparent several months ago and has rapidly progressed. She describes moderate to severe pruritus that has not been relieved by treatment with topical hydrocortisone cream. She denies the presence of systemic disease and is on no medications. Examination reveals a fairly linear dermatitis of the affected leg extending from her ankle to the popliteal fossa. No similar eruption is noted elsewhere.

What is your diagnosis?

Dr. Schleicher, editor of “Diagnosis at a Glance,” 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. **Ms. Hendrix** is a nurse practitioner at Reading Dermatology Associates in Reading, Pennsylvania.

ANSWER



CASE 1

A shave biopsy provided the diagnosis of vertically invasive lentigo maligna melanoma with a depth of at least 0.6 cm. The dermatopathologist noted ulceration and a high mitotic index, both poor prognostic indicators. The patient was referred to a surgical oncologist for wide excision and sentinel lymph node biopsy. The latter revealed lymph node metastasis, and a modified radical neck dissection was subsequently performed. Adjuvant interferon was withheld due to the liver cirrhosis. Several months later, a hyperpigmented nodule was noted in proximity to the excision site, and histopathologic findings are pending.



CASE 2

Lichen striatus (LS) is a unilateral, self-limited eruption that follows the lines of Blaschko. The condition most commonly occurs in pre-teen and adolescent females and may involve either the trunk or extremities. The onset is heralded by the appearance of red to flesh-colored papules with scale that rapidly extend in a band-like pattern. In many individuals, LS is asymptomatic and of cosmetic concern only; however, some experience intense pruritus. The eruption spontaneously involutes, usually within 18 months. Potent topical steroids and tacrolimus may relieve the pruritus and hasten resolution.