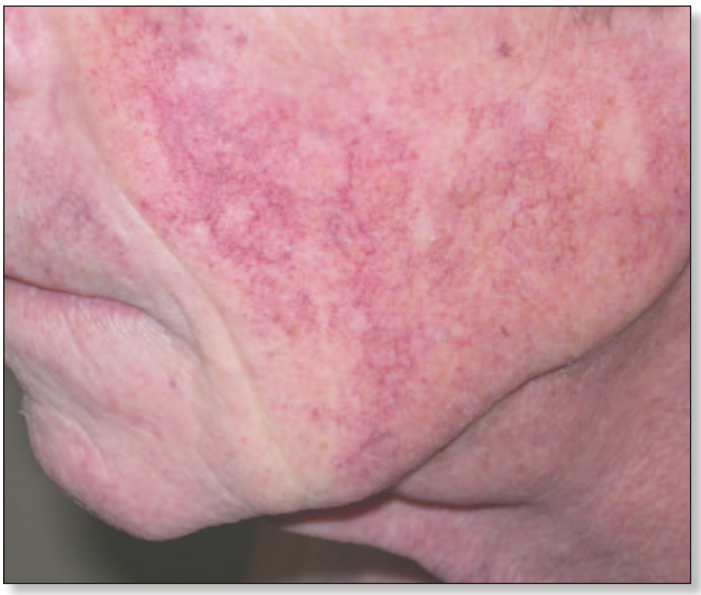
Derm Dilemma

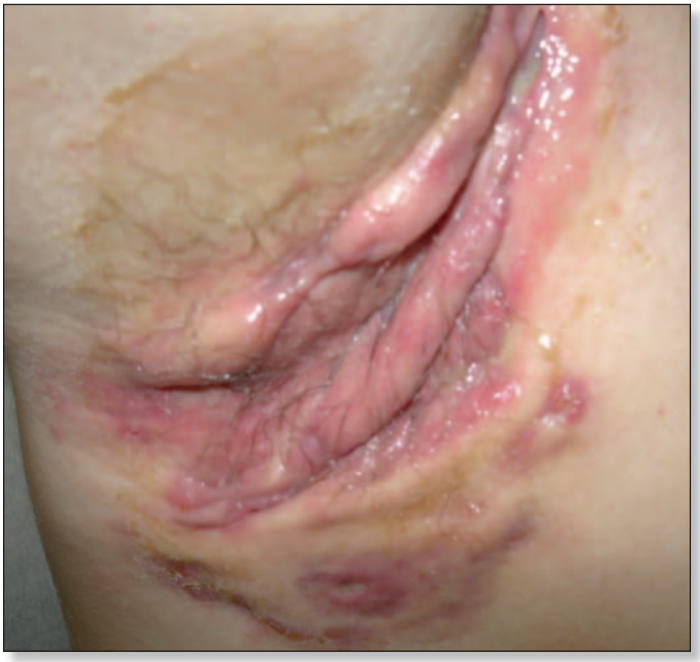
Mark A. Bechtel, MD, and Ann Bechtel, BSN, RN



CASE 1

A 62-year-old man with episodes of severe flushing and abdominal pain is evaluated at the urgent care center. The flushing is most prominent on his head and neck. He was previously diagnosed with rosacea. On physical exam, his skin appears reddened, with prominent telangiectasias of his cheeks, neck, and upper chest. On auscultation of the heart, a murmur is noted. Blood and urine studies are obtained.

What is your diagnosis?



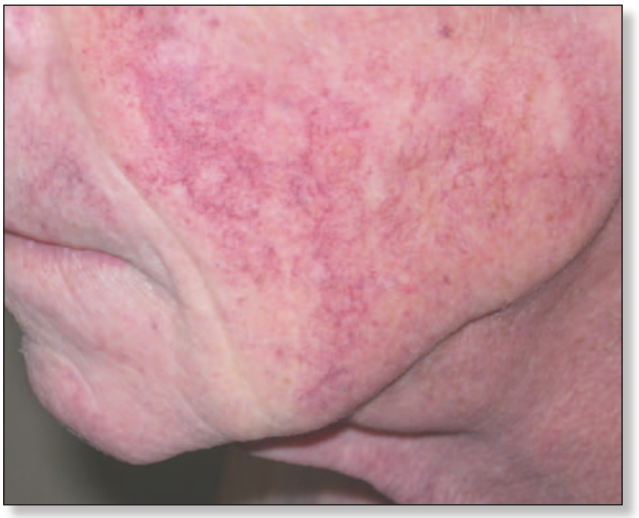
CASE 2

A 22-year-old white man presents to the urgent care center complaining of very tender "draining boils" in the axillae. He also notes similar lesions in the inguinal creases. The discharge fluid is a mixture of blood, pus, and serous exudate and is very malodorous. Previous episodes have been diagnosed as furunculosis, and he has had multiple courses of antibiotics without complete clearing. On physical exam, the axillae demonstrate inflamed sinus tracts with ulcerations draining a purulent serous material. The inguinal creases are also involved. A bacterial culture is obtained and a dermatology consult is ordered.

What is your diagnosis?

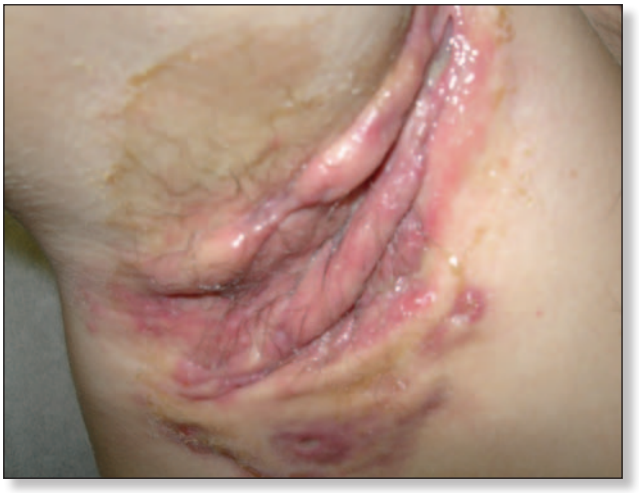
Dr. Bechtel, editor of "Derm Dilemma," is an associate professor of medicine and director of the division of dermatology at the Ohio State University College of Medicine in Columbus. He is also a member of the EMERGENCY MEDICINE editorial board. **Ann Bechtel** is a nurse educational consultant in Columbus.

ANSWER



CASE 1

The patient is ultimately diagnosed with carcinoid syndrome. Carcinoid syndrome results from rare carcinoid tumors, which immunocytochemically contain numerous gastrointestinal peptides. One of the main secretory products of carcinoids is serotonin, a vasoactive agent. Symptoms of the syndrome include diarrhea, abdominal pain, wheezing, and severe flushing of the head and neck. This patient was previously misdiagnosed with rosacea. Flushing associated with carcinoid tumors of the midgut (appendix, small intestine, proximal colon) does not occur until liver metastases have developed. Bronchial carcinoid tumors can produce flushing without liver metastases. Patients with carcinoid syndrome may develop cardiac valve abnormalities, thought to be an effect of high serum levels of serotonin. Elevation of the serotonin metabolite 5-hydroxyindoleacetic acid (5-HIAA) in a 24-hour urine sample supports the diagnosis.



CASE 2

The patient is diagnosed with hidradenitis suppurativa, a condition that results from occlusion of the pilosebaceous unit and involves secondary inflammation of the apocrine glands. It may begin any time after puberty and is characterized by the formation of inflamed nodules, sinus tracts, and hypertrophic scars. The most common sites of involvement are the axillae, groin, and inframammary and perianal regions. General measures that may be helpful include wearing loose-fitting clothing, using powders to reduce friction and moisture, and washing with antiseptic cleansers. Oral antibiotics, such as doxycycline, minocycline, clindamycin, trimethoprim-sulfamethoxazole, and rifampin, alone or in combination, can produce symptomatic improvement. Surgical excision, laser stripping, and oral retinoids are also considerations.