

Diagnosis at a Glance

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CASE 1

A 54-year-old woman presents for evaluation of a rash affecting her left elbow and forearm. She first noted the rash approximately 3 years ago, and over this time it has remained asymptomatic. The patient is moderately obese and is currently on a thiazide diuretic and β -blocker for control of hypertension. Family history is positive for diabetes. Examination reveals scattered annular, erythematous patches and plaques overlying the affected area, and the largest of these lesions has a raised border and slightly depressed center.

What is your diagnosis?



CASE 2

An 18-year-old, moderately obese woman presents for evaluation of two lesions on her lower leg that have been present for approximately 18 months. The lesions are currently asymptomatic and have never been associated with pruritus or discomfort. She denies both a family and a personal history of diabetes. Examination reveals two somewhat shiny erythematous plaques with a waxy consistency and yellowish hue. Multiple telangiectasias and thin-walled blood vessels are apparent when the lesions are viewed dermoscopically.

What is your diagnosis?

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ANSWER



CASE 1

Granuloma annulare typically presents as an asymptomatic, flesh-colored or reddened ring with a raised papular border and minimally depressed center. Common locations include the lateral or dorsal surfaces of the hands and feet and the extensor surfaces of the arms. Some cases may be associated with diabetes or thyroid disease, and women are affected twice as often as men. Variants include generalized and subcutaneous forms. Most cases spontaneously involute after a variable time period. Application of a potent topical steroid and/or injection of lesions with triamcinolone may hasten resolution.



CASE 2

Necrobiosis lipoidica (NL) begins as an erythematous papule that evolves into a rounded plaque with an elevated edge. The lesions slowly enlarge peripherally and develop atrophic, yellowish centers. The classic location for NL is the shins. The condition can occur at any age but usually arises in early to middle adulthood. Women are predominately affected. The etiology is unknown, and the majority of cases are associated with diabetes. A major complication of NL is ulceration, which may prove challenging to resolve. Treatment with topical and intralesional steroids as well topical tacrolimus ointment may prevent progression of individual lesions, although total resolution is unlikely.