

# Diagnosis at a Glance

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Case submitted by Dr. Schleicher and Mr. Himmelsbach.

## CASE 1

A 44-year-old obese woman seeks consultation for a “rash” that she first noted on her left forearm 2 months ago. She denies symptoms including pruritus and tenderness. The condition was diagnosed as ringworm by her family doctor, but the eruption did not respond to oral terbinafine. Current medications include indomethacin and tramadol for joint and muscle pain as well as an antidepressant. Three years earlier she underwent hysterectomy for fibroid tumors. Examination of the left arm reveals an indurated, erythematous plaque with a clear center. The remainder of the cutaneous examination is unremarkable.

**What is your diagnosis?**



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## CASE 2

A 66-year-old man seeks consultation for a “skin problem.” He states that for at least 1 year he has been experiencing itching and burning areas of his skin which “break down.” He specifically denies scratching or picking at these sites. He is concerned about the possibility of having been exposed to bugs at a low-income housing complex where he currently resides. He lives alone. Examination reveals scattered excoriations of his mid and upper back and arms accompanied by multiple depigmented macules.

**What is your diagnosis?**

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### ANSWER



#### CASE 1

A punch biopsy was performed and the histopathology revealed leiomyoma. Leiomyomas are uncommon benign neoplasms that arise from smooth muscle. The lesions appear as grouped or linear arrangements of firm, red-to-brown intradermal papules and nodules. These are fixed to the skin but not to the deeper tissues. The extremities, particularly the extensor surfaces, are the most common sites of involvement. Some cases, such as the one reported, are found in association with uterine leiomyomas. On occasion, pressure or exposure to cold may elicit pain. When the lesions are symptomatic and solitary, the treatment of choice is surgical excision.



#### CASE 2

Neurotic or psychogenic excoriation is a condition characterized by excessive preoccupation with picking or scratching normal-appearing skin. Before making this diagnosis, organic etiologies such as lice, bedbugs, scabies, and underlying systemic disease should be ruled out. Primary lesions are absent, and areas of involvement do not include areas inaccessible to fingers, such as the mid lower back. Active lesions frequently have angulated borders and heal with postinflammatory hypo- or hyperpigmentation. Psychiatric comorbidities include depression, anxiety, and obsessive-compulsive disorder.