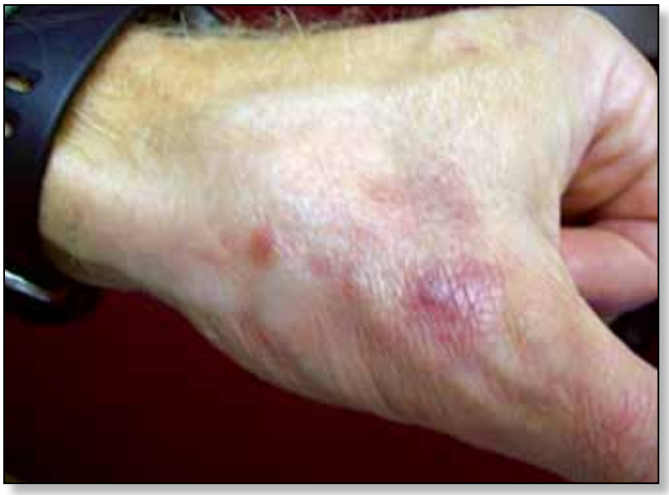
Diagnosis at a Glance

Roodabeh Samimi, DPM, Stephen M. Schleicher, MD, and A. J. Himmelsbach, NP

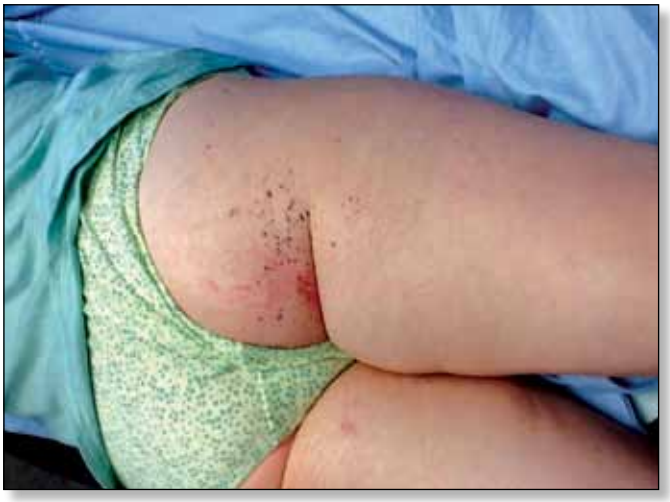


Case submitted by Drs. Samimi and Schleicher.

CASE 1

A 34-year-old man requests evaluation of a rash affecting his dorsal proximal right thumb and right wrist. The eruption began on the thumb, and he first noticed it 3 weeks ago. Since then, the rash has become more red and diffuse despite application of clobetasol spray. Itching is minimal. He works as a salesman and enjoys gardening as a hobby. At presentation, examination of the affected area reveals a brightly erythematous plaque and papules. Axillary lymph nodes are nonpalpable, and he is afebrile. A culture is obtained, and itraconazole is commenced pending culture results. At follow-up 10 days later (when this photo was taken), the erythema had markedly decreased, as had the elevation of the plaque and papules.

What is your diagnosis?



Case submitted by Mr. Himmelsbach and Dr. Schleicher.

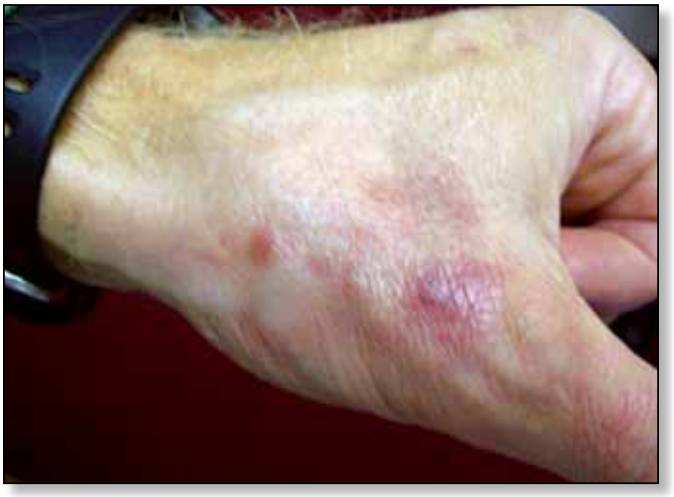
CASE 2

A 35-year-old woman presents for evaluation of multiple lesions affecting her right buttock and upper thigh. The lesions were first noted approximately 18 months ago and appear to be increasing in number. She complains of occasional pruritus and states that the individual lesions tend to bleed profusely when scratched. She denies a history of systemic disease or family history of a similar condition. Examination of the affected sites reveals numerous discrete, violaceous-to-black macules 1- to-2-mm in diameter and slightly elevated papules.

What is your diagnosis?

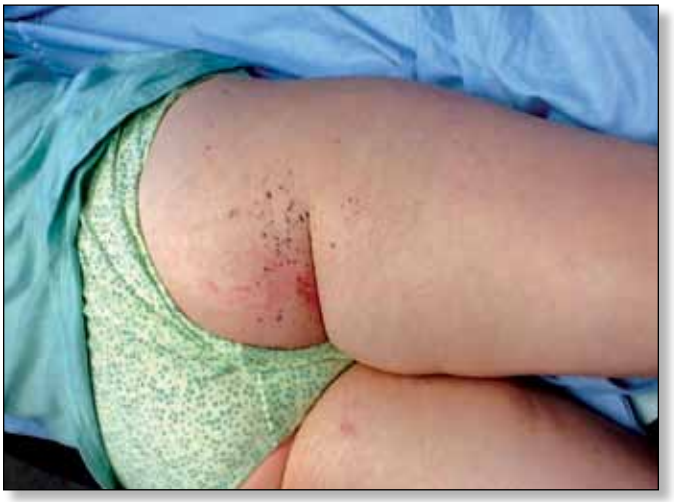
Dr. Samimi is a podiatric dermatology fellow at St. Luke's Hospital in Allentown, Pennsylvania. **Dr. Schleicher**, editor of Diagnosis at a Glance, is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at King's College in Wilkes-Barre, Pennsylvania, an associate 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 a member of the EMERGENCY MEDICINE editorial board. **Mr. Himmelsbach** is a nurse practitioner at Berks Plastic Surgery in Wyomissing, Pennsylvania.

ANSWER



CASE 1

Sporotrichosis was suspected based on the clinical appearance of the rash and on the patient's admission that he had experienced a rose thorn penetration when gardening. This diagnosis was confirmed by the culture results. Sporotrichosis is a cutaneous infection caused by the fungal organism *Sporothrix schenckii*, which enters the skin when handling contaminated plants, wood, or soil. Classic disease is characterized by the presence of an erythematous papule at the site of inoculation, most commonly the hand or arm. Satellite papules arise, and these slowly evolve into nodules. Regional spread occurs via the lymphatic system. The treatment of choice is itraconazole, which is best continued for a month following resolution of all lesions.



CASE 2

Biopsy revealed multiple foci of telangiectatic, thin-walled vessels within the papillary dermis, focal vascular thrombosis, and epidermal hyperplasia, findings that support the clinical diagnosis of **eruptive angiokeratomas**. Presentation in a unilateral distribution without underlying vascular abnormality is quite uncommon. Angiokeratomas are proliferations of dilated thin-walled blood vessels with overlying epidermal hyperkeratosis. Lesions are benign, without malignant potential. Therapy is usually sought for cosmetic reasons, although trauma can induce bleeding. Laser therapy is the treatment of choice and often results in complete clearance of lesions.