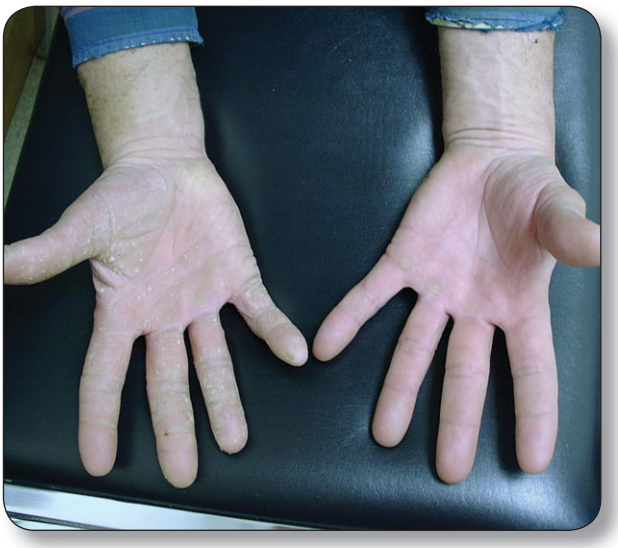
>>DIAGNOSIS AT A GLANCE

By Kirkland Lau, DO, and Stephen M. Schleicher, MD

CASE 1

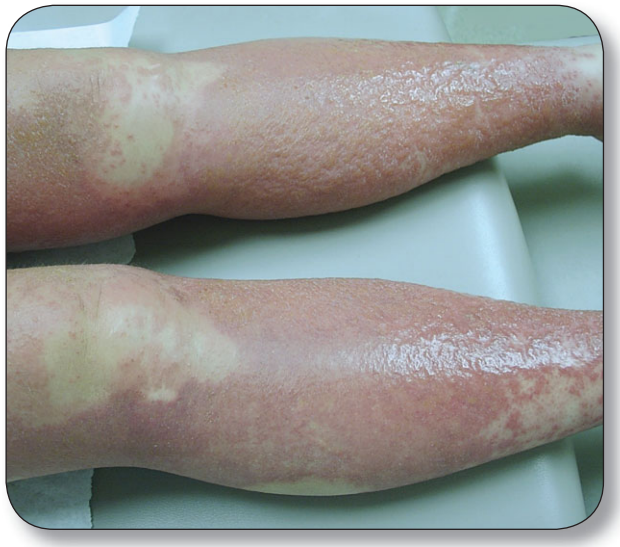


A 48-year-old man presents for evaluation of a pruritic rash on his right hand that first appeared more than three years ago. Initially he sought treatment from his primary care physician, who provided him with clobetasol and other corticosteroid creams and advised moisturizing his hands frequently. The patient claims he adhered strictly to this regimen, but it had no effect on his symptoms. The rash has always been unilateral, affecting only the dominant hand. He also has a chronic history of athlete's foot that has been controlled with over-the-counter antifungal creams.

Physical examination of the affected hand finds palmar hyperkeratosis, a well-demarcated, erythematous plaque on the dorsal surface, and significant debris under the index fingernail. Scaling patches are visible on the soles of both feet.

What is your diagnosis?

CASE 2



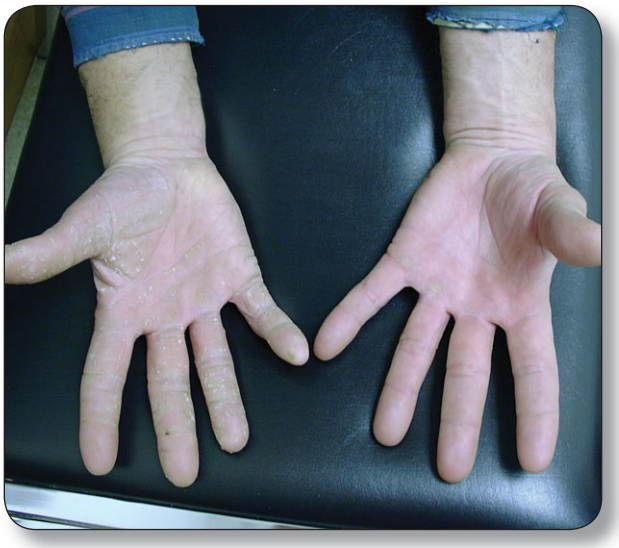
A 43-year-old woman presents to your emergency department with a rash that she first noticed on her anterior thighs one week ago. The rash subsequently spread to her arms and trunk and was characterized by erythema, vesiculation of the calves and ankles, and islands of sparing.

Her history is significant for Charcot-Marie-Tooth disease and several food allergies. The only medication that she takes is carisoprodol on an as-needed basis. Three days before the rash appeared she began taking a dietary supplement that she had purchased on the Internet. A skin biopsy reveals eosinophils and you initiate treatment with diphenhydramine and methylprednisolone.

What is your diagnosis?

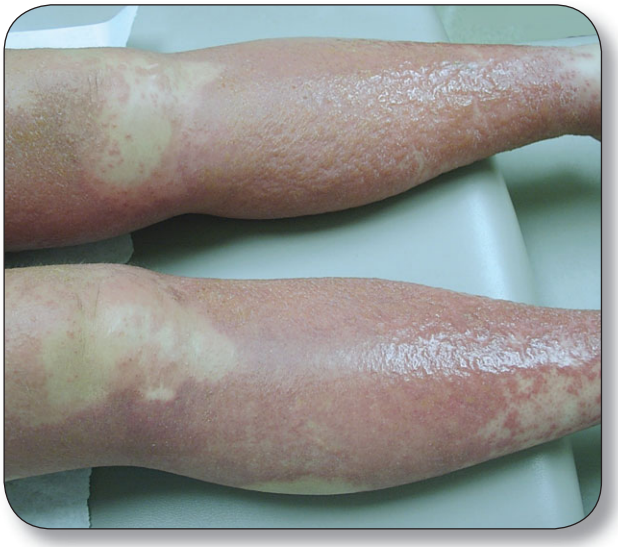
Turn page for answers >>

CASE 1



Skin scrapings treated with potassium hydroxide revealed hyphae, and a fungal culture was positive for dermatophytosis. Onychomycosis of one fingernail and several toenails was confirmed. This patient has "one hand, two feet syndrome," also known as tinea manus and tinea pedis, in which the feet are affected first and the infection then spreads to the hand used to scratch them and dig under the toenails. The differential diagnosis for unilateral hand dermatitis should almost always include tinea. Treatment for this condition centers on an oral antifungal agent such as terbinafine, itraconazole, or griseofulvin.

CASE 2



Although the cause of the rash was never determined, a reaction to either carisoprodol, which has been linked to severe skin reactions, or the dietary supplement seems most likely. The eosinophils in the biopsy findings support the diagnosis of a hypersensitivity reaction. Note that the differential diagnosis for an extensive dermatitis manifesting islands of sparing also includes pityriasis rubra pilaris, a condition of unknown etiology. Oral rechallenge could confirm the diagnosis of an adverse reaction to carisoprodol but is certainly not recommended. Acute reactions of this nature often warrant therapy with parenteral steroids and antihistamines.

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