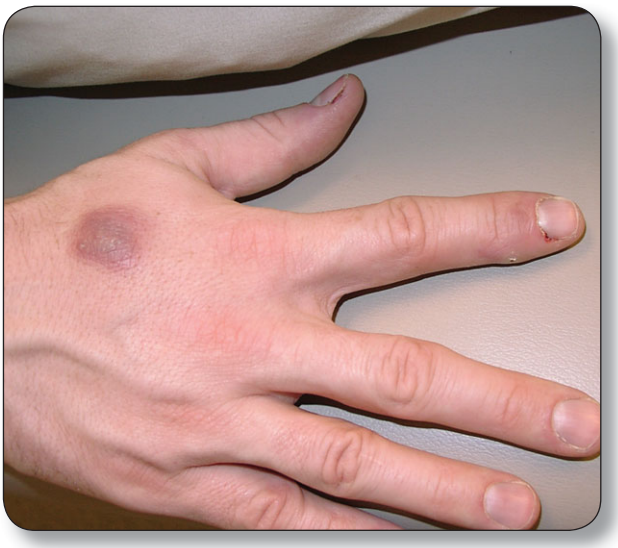
>>DIAGNOSIS AT A GLANCE

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

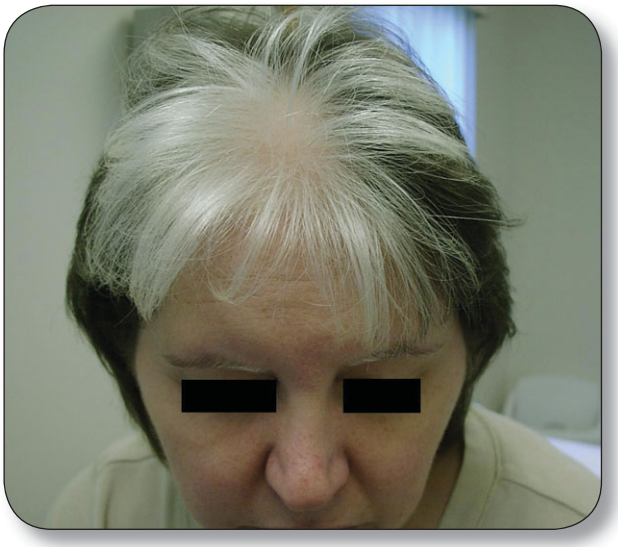
CASE 1



A 36-year-old man with a history of dysplastic nevi presents with asymptomatic nodules on his hand dorsum, right forearm, and index finger. The nodules first appeared 6 weeks ago. The patient's family physician diagnosed the condition as paronychia, and the patient has taken three different oral antibiotics and topical mupirocin without benefit. History taking reveals that the patient owns a beta fish and cleans the fish tank without wearing gloves. He had a hangnail before symptoms began. Erythrocyte sedimentation rate, C-reactive protein level, and complete blood count were all within normal limits.

What is your diagnosis?

CASE 2



A 41-year-old woman is concerned about reddened, scaling spots that have been appearing on her forearms with increasing frequency in recent months. She reports that the lesions arise on areas that lost pigment years ago. Family history is significant for vitiligo, as well as for a distinctive white forelock of the frontal scalp. The patient's mother, her two children, and a grandparent are affected.

What is your diagnosis?

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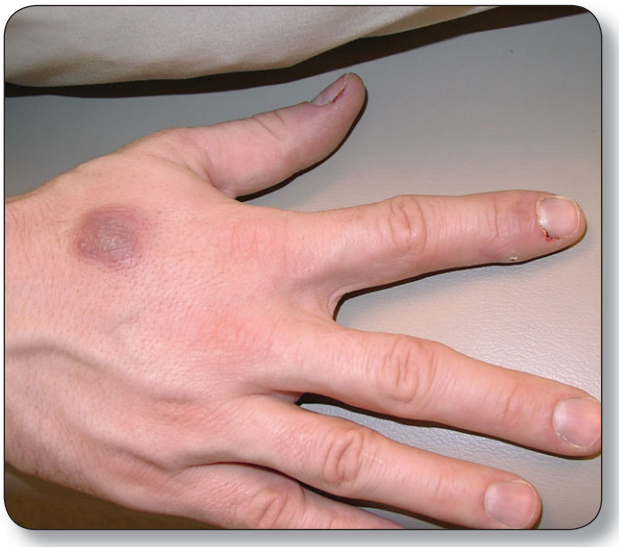
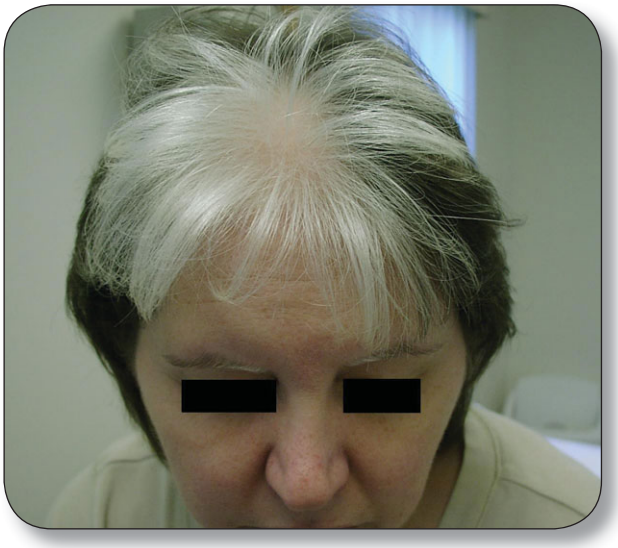
CASE 1



The differential diagnosis included atypical mycobacterial infection and sporotrichosis. Fungal culture was negative, and punch biopsy yielded nonspecific results. After 4 weeks, the acid-fast bacilli culture revealed a *Mycobacterium* species other than *Mycobacterium tuberculosis*, and after 5 weeks the culture indicated *Mycobacterium marinum*. Treatment with clarithromycin was commenced, and gradual clearing ensued after several weeks of therapy. This case is typical of *M marinum* infection, which commonly occurs after skin abrasion and exposure to an aquatic environment. Lymphangitic spread and an indolent course are also common.

CASE 2



Piebaldism is a rare hereditary disorder characterized by a congenital white forelock and multiple symmetrical depigmented macules. Transmission occurs in an autosomal dominant manner and is the result of a mutation in the *KIT* proto-oncogene. Because of the loss of pigment, use of sunscreen is mandatory to help prevent occurrence of premalignant lesions, such as the actinic keratoses experienced by this patient. The disorder is not associated with systemic disease.

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