>>DIAGNOSIS AT A GLANCE

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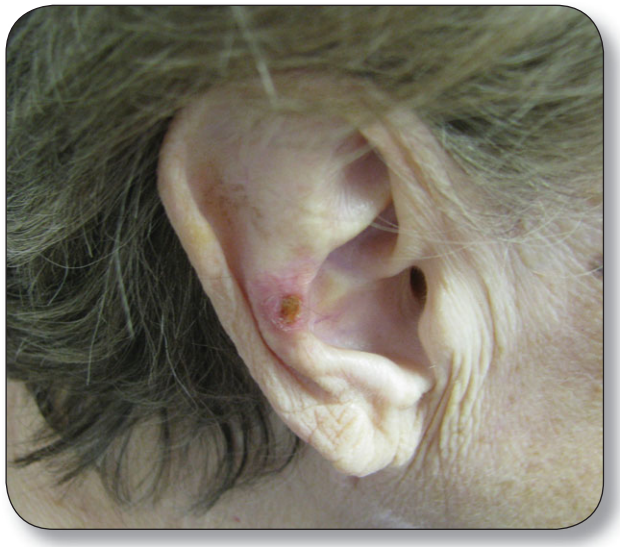
CASE 1

A 58-year-old woman seeks consultation for a lesion on her finger that developed shortly after she was stuck by the thorn of a rosebush. She initially presented 2 weeks ago, at which time ciprofloxacin therapy was begun. The lesion has not resolved, and the patient states that it bleeds spontaneously. She denies fever or malaise.

Examination of the affected area reveals an erythematous papule measuring 0.3 cm. No other lesions are noted, and axillary lymph nodes are nonpalpable.

What is your diagnosis?

CASE 2



An 80-year-old woman presents for evaluation of a painful lesion affecting her right ear. The condition has been present for 3 months and has not responded to oral antibiotic therapy or an intralesional injection of triamcinolone. She has difficulty sleeping at night due to the discomfort. Her primary care physician is concerned about malignancy.

Examining her right pinna, you note an erythematous plaque with a central crust. Cervical and submandibular lymph nodes are nonpalpable.

What is your diagnosis?

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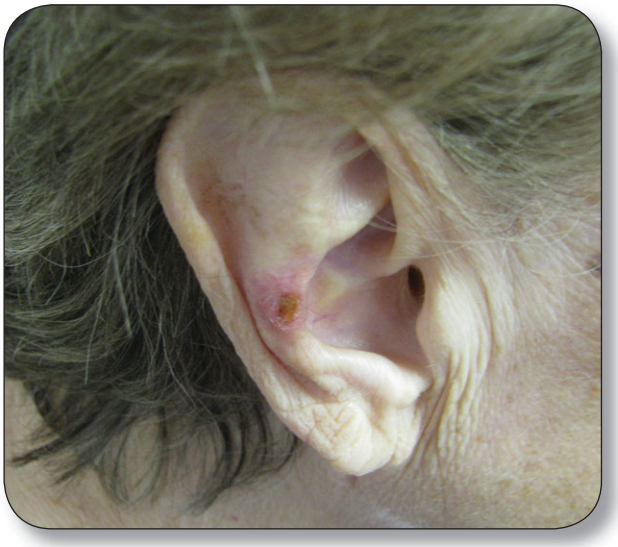
>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1

Given the history of puncture by a rosebush thorn, the working diagnosis is early sporotrichosis. Oral itraconazole is prescribed, but the patient returns after 10 days and reports that the intermittent bleeding episodes have continued. You reexamine the lesion, noting that it appears more friable. You reconsider your preliminary diagnosis and perform a shave biopsy with electrodesiccation at the base of the lesion. Fungal culture is also performed but proves negative. Histopathology reveals a pyogenic granuloma. Itraconazole is discontinued and full resolution ensues. You are reminded that minor trauma can induce a pyogenic granuloma, and you conclude that in this case the rosebush was a classic red herring.

CASE 2



Chondrodermatitis nodularis helicis is a common inflammatory disorder that affects the cartilage of the helix and antihelix. Characteristic of this condition is the presence of a painful papule that frequently has a central ulceration obscured by a crust. The lesion is induced by pressure and invariably occurs on the side on which the patient sleeps preferentially—hence, treatment should include avoidance of pressure. A condition-specific pillow with a central groove is commercially available. Intralesional injection of triamcinolone may resolve the condition; if this fails, surgical excision of the affected cartilage usually provides excellent curative and cosmetic results.

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