# >> DIAGNOSIS AT A GLANCE

#### CASE 1



A 13-year-old boy presents for evaluation of a hyperpigmented eruption on his mid chest that was first noted 2 months ago. The lesion is asymptomatic and has been unresponsive to a course of topical antifungal therapy. He has no other skin problems and is otherwise in good health. Physical examination reveals a brown hyperkeratotic patch with central coalescence and peripheral reticulation.

What is your diagnosis?

## CASE 2



A 32-year-old man has a rash affecting both legs. The condition has been increasing in severity over several months and has not been relieved by topical steroids. Nocturnal pruritus is sufficiently intense to cause sleep disturbance. He gives a history of posttraumatic stress disorder and admits to noncompliance with his medication regimen. Physical examination reveals keratotic, scaly, hyperpigmented follicular papules on his lower legs. He also has diffuse dry skin.

What is your diagnosis?

Turn page for answers >>>

## >> DIAGNOSIS AT A GLANCE CONTINUED

### CASE 1



Confluent and reticulate papillomatosis (of Gougerot and Carteaud) typically occurs during puberty. The condition is most commonly observed in blacks and is characterized by the appearance of hyperpigmented, hyperkeratotic papules that coalesce to form confluent plaques possessing a reticular pattern peripherally. Most cases involve the inframammary area. The etiology is uncertain, although a bacterial origin is postulated given the rapid response to minocycline.

## CASE 2



Lichen amyloidosis is characterized by the appearance of extremely itchy, red-brown hyper-keratotic papules that typically appear bilaterally on the shins. It may less commonly occur on the thighs, forearms, and even the upper back. Amyloid deposition is believed to be secondary to incessant scratching. Reducing friction to the skin is necessary for adequate control. Topical high-potency corticosteroids can be of benefit. Other therapeutic modalities include topical tacrolimus, calcipotriol, and ultraviolet light.

**Dr. Schleicher** is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at King's College in Wilkes-Barre, Pennsylvania, and an associate professor of medicine at the Commonwealth Medical School in Scranton, Pennsylvania. He is also a member of the EMERGENCY MEDICINE editorial board. **Dr. Levine** is a dermatology resident at St. John's Episcopal Hospital in Far Rockaway, NewYork.