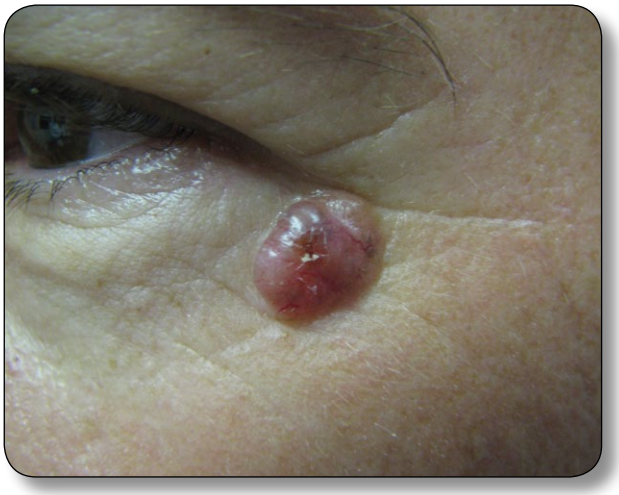
# >>DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD
Lucia Nguyen, DPM

## CASE 1

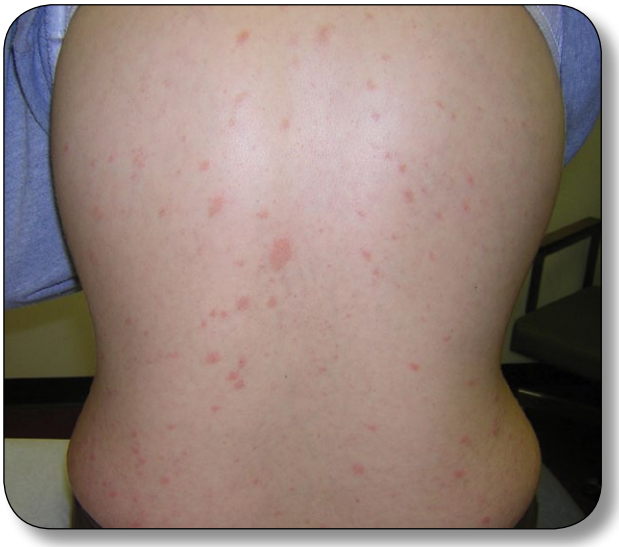


*Case submitted by Drs. Nguyen and Schleicher.*

A 50-year-old man presents for evaluation of a lesion on the lateral canthus of his left eye. Recently, the lesion has started to bleed. The patient insists that the growth has been present since birth or early childhood and that it began to slowly increase in size throughout the past year. Family history is negative for skin cancer. Examination reveals a 1.2-cm reddish nodule with telangiectasias and central denudation. A biopsy is performed, and the patient is urged to check photographs from his youth to verify that the lesion was present during his childhood.

**What is your diagnosis?**

## CASE 2



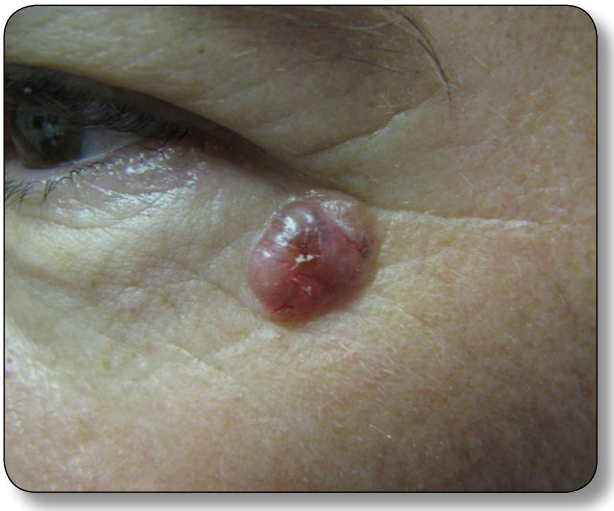
*Case submitted by Dr. Schleicher.*

A 20-year-old male college student is alarmed about the sudden appearance of a rash affecting his back and chest. He denies fever or chills. He takes no medications and does not use recreational drugs. Examination reveals multiple erythematous, slightly scaling patches on his trunk. No oral or genital lesions are noted, and lymph nodes are nonpalpable.

**What is your diagnosis?**

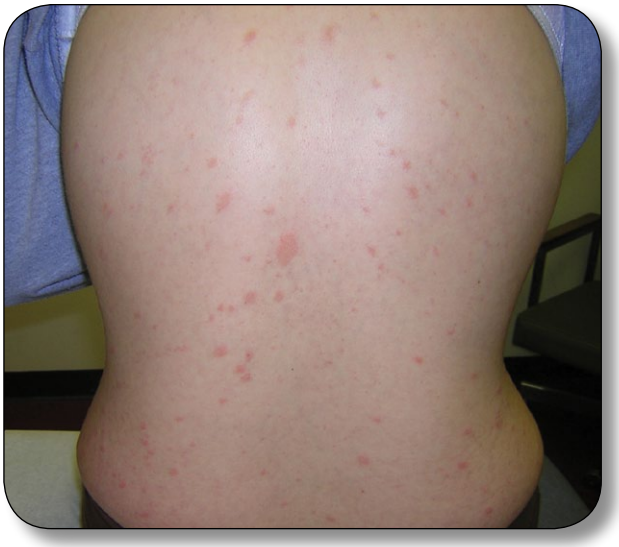
*Turn page for answers* >>

## CASE 1



Biopsy confirmed clinical suspicion of a nodular basal cell carcinoma. The patient returned for follow-up and admitted that a review of childhood photographs revealed no sign of the lesion. Basal cell carcinoma is the most common form of skin cancer; the majority of these tumors occur on the head and neck. Although the malignancy can arise during teenage years, such timing would be most unlikely. This case illustrates that at times, patients are inaccurate historians. The patient was referred to a plastic surgeon for definitive surgical removal.

## CASE 2



Pityriasis rosea (PR) is an acute exanthem characterized by the appearance of discrete erythematous papulosquamous patches on the trunk and extremities. The rash is typically preceded by a solitary ovoid patch, known as the *herald patch*. Constitutional symptoms are usually absent but may include malaise and sore throat. Tinea, secondary syphilis, and drug eruption are included in the differential diagnosis for PR. Ultraviolet light exposure and oral steroids may hasten resolution, although all cases resolve spontaneously within days to weeks of onset. Recently, PR has been linked to infection with human herpesvirus types 6 and 7.

**Dr. Schleicher** 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 School in Scranton, Pennsylvania, and an adjunct assistant professor of dermatology at the University of Pennsylvania in Philadelphia. He is also a member of the EMERGENCY MEDICINE editorial board. **Dr. Nguyen** is a podiatry/dermatology fellow in the department of podiatry at St. Luke's Hospital in Allentown, Pennsylvania.