

# >> DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD

## CASE 1



A 61-year-old Hispanic woman residing in an extended-care facility has had a blistering disorder for many months. She develops large blisters at sites of minor trauma. In the wake of the blisters, denuded patches remain; these heal slowly with some degree of scarring and postinflammatory hyperpigmentation. She is currently taking hydrochlorothiazide and a  $\beta$ -blocker.

**What is your diagnosis?**

## CASE 2



A 78-year-old man is brought to the ED by a distant relative who noted blood seeping through the man's shirtsleeve. The patient lives alone and is visited twice weekly by a home health care aid. He seems oblivious to the lesion and does not know when it first appeared. Examination of his left forearm reveals a 3.5-cm erosion with a friable base. Scattered actinic and seborrheic keratoses are noted elsewhere.

**What is your diagnosis?**

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## CASE 1



Epidermolysis bullosa acquisita (EBA) is a rare, chronic autoimmune blistering disorder. The condition occurs most frequently in the elderly and is characterized by blister formation at the sites of minor trauma. The most common locations are the extensor surfaces of the elbows and knees and the ankles. Histopathology reveals the presence of a subepidermal blister, and immunofluorescence detects a band of immunoglobulin G at the basement membrane zone. Lesions heal with scarring, which may limit mobility. Treatment entails avoidance of trauma. Dapsone and immunosuppressive agents may improve some cases of EBA.

## CASE 2



A neoplasm was suspected, and biopsy revealed basal cell carcinoma (BCC). This is the most common type of skin cancer, with nearly 1 million cases diagnosed yearly. BCCs are most frequently encountered on the face; less than 10% occur on the extremities. A tumor of this size and depth is quite uncommon. Fortunately, metastatic potential, even for advanced lesions such as this one, is quite low. Full excision is curative, with Mohs surgery as the treatment of choice for recurrent lesions as well as for those arising on certain areas of the face.

**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.