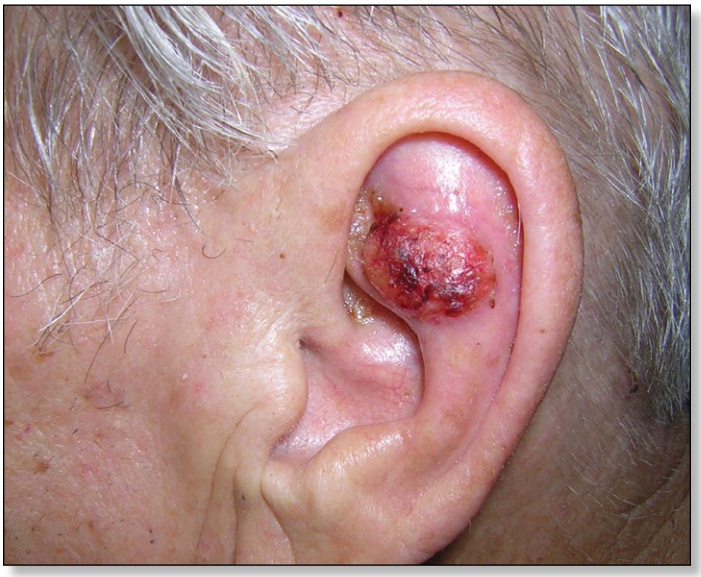
DIAGNOSIS AT A GLANCE

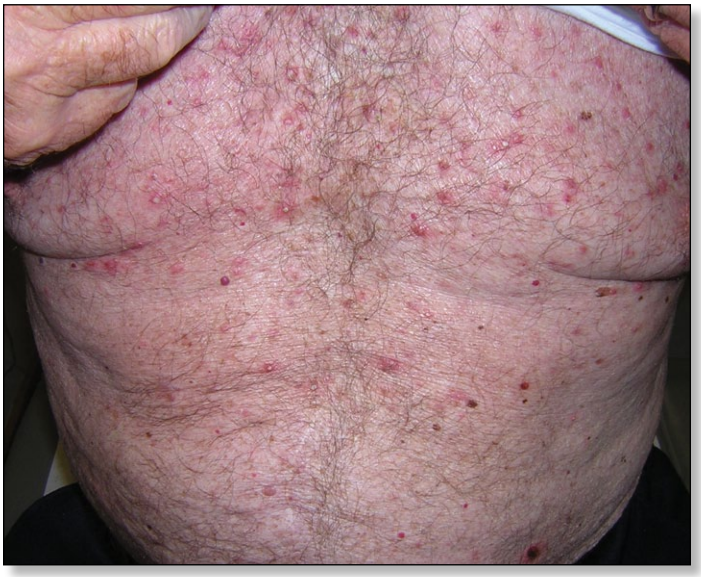
Stephen M. Schleicher, MD



CASE 1

An 80-year-old man has a growth on his left ear that has recently begun to bleed. He is uncertain how long it has been present. His medical history includes a basal cell carcinoma that was removed from his back 10 years ago. The patient is a golfer and admits to ample sun exposure, but he does not use sunscreen. He does not smoke. Examination reveals a nodule measuring 0.8 cm with evidence of recent bleeding. Scattered actinic keratoses are noted on the scalp and forehead. Cervical and submandibular lymph nodes are nonpalpable.

What is your diagnosis?



CASE 2

A 67-year-old man seeks consultation for a moderately pruritic rash affecting his chest and back. The condition has waxed and waned in intensity over the past several months and has failed to respond to a several-week course of oral doxycycline and topical clindamycin. He is currently undergoing treatment for prostate cancer with a luteinizing hormone–releasing hormone agonist. He is also taking a diuretic. His medical history is negative for diabetes. Examination reveals multiple erythematous papules and pustules on the trunk and posterior neck. A KOH preparation of a scraped pustule reveals numerous spores.

What is your diagnosis?

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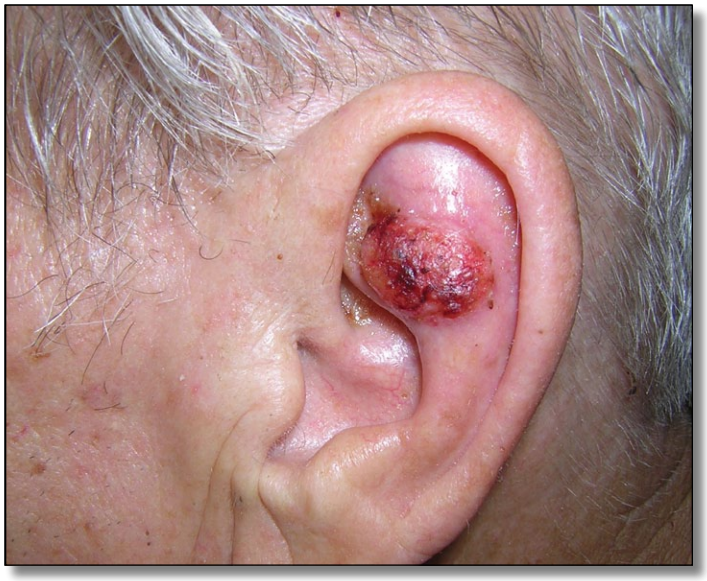
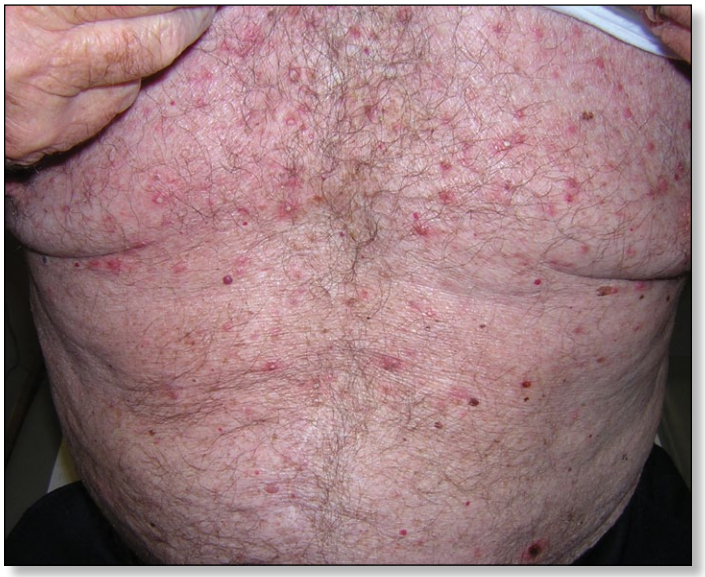


CASE 1

The patient has squamous cell carcinoma (SCC). This is the second most common type of skin cancer, with hundreds of thousands of new cases diagnosed each year in the United States. Fair-skinned individuals with a history of chronic sun exposure are at greatest risk. History of basal cell carcinoma is another risk factor, as are smoking and use of indoor tanning beds. Incidence is highest in males and in persons older than 60. A small percentage of these skin cancers metastasize to regional lymph nodes, and SCC results in approximately 2,500 deaths each year. Therapeutic options include excision, curettage and electrodesiccation, Mohs micrographic surgery, and radiation therapy.



CASE 2

Pityrosporum folliculitis is an acneiform eruption caused by yeasts. The condition may arise following antibiotic therapy or can markedly worsen following such treatment. Papulopustules are most commonly found on the chest, back, and upper arms. Involvement of the face is uncommon. Individual lesions may be quite pruritic, leading to a presumptive diagnosis of scabies. Topical treatment with selenium sulfide or an antiyeast shampoo containing ketoconazole or ciclopirox is usually the first line of therapy. Unresponsive cases warrant oral therapy with antifungal agents such as itraconazole, ketoconazole, or fluconazole.