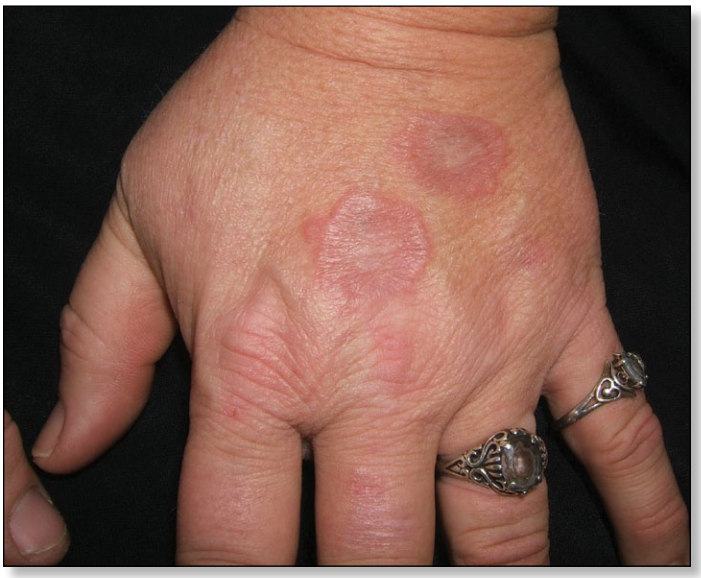
# DERM DILEMMA

## WHAT IS YOUR DIAGNOSIS?

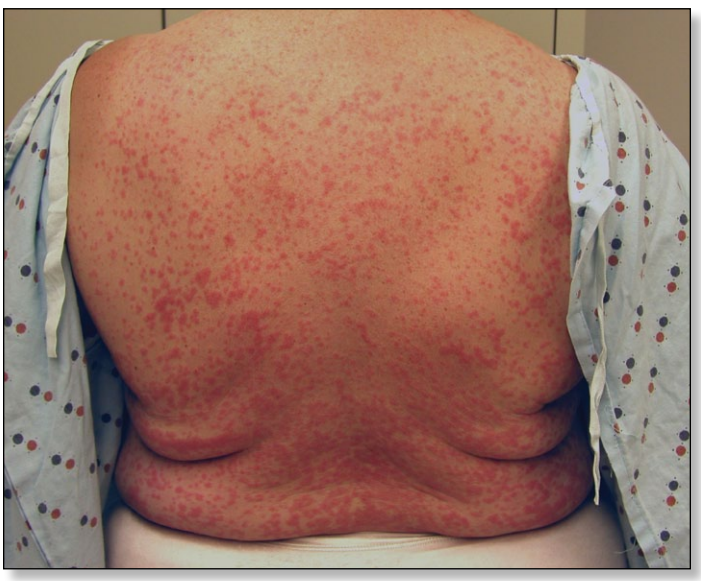
**Mark A. Bechtel, MD, and Matthew Zirwas, MD**



### CASE 1

A 52-year-old woman presents with two ring-shaped lesions overlying the dorsal aspect of her left hand. She is concerned that she may have "ringworm." The lesions have been present for 8 weeks and have failed to respond to the topical antifungal therapy she has been using for the past 4 weeks. She denies the presence of fungal infections elsewhere. On physical examination, she has two annular plaques overlying the dorsum of her left hand, measuring 1.0 and 1.2 cm in diameter. There is no scale. A KOH examination is negative for fungus. A dermatology consult is obtained.

**What is your diagnosis?**



### CASE 2

A 62-year-old white woman has a widespread pruritic rash. The eruption started 7 days after she began taking a new cephalosporin antibiotic for bronchitis. She originally noted the rash on the trunk, and then it spread to her upper extremities. She reports that the rash itches and that she has had a low-grade fever. Physical exam demonstrates a widespread maculopapular rash on the chest, back, and proximal extremities with some confluence. There is no facial swelling, no mucous membrane involvement, and no blisters of the skin. A chest radiograph is ordered, and the patient is referred to a dermatologist.

**What is your diagnosis?**

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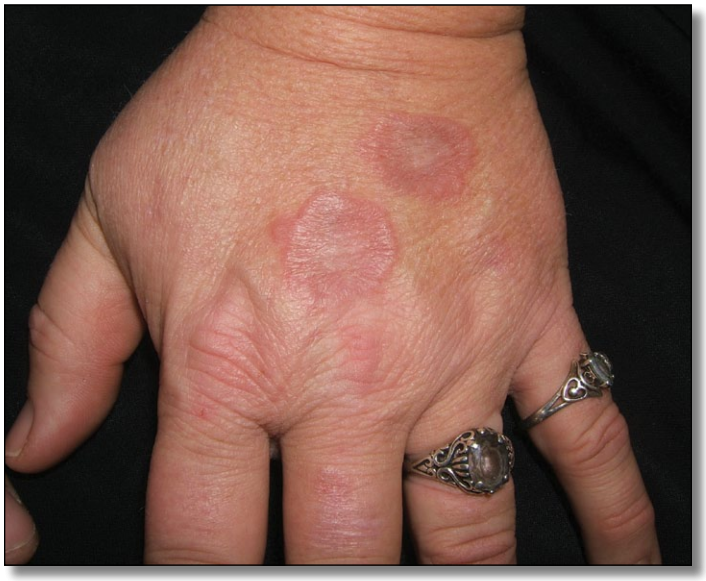
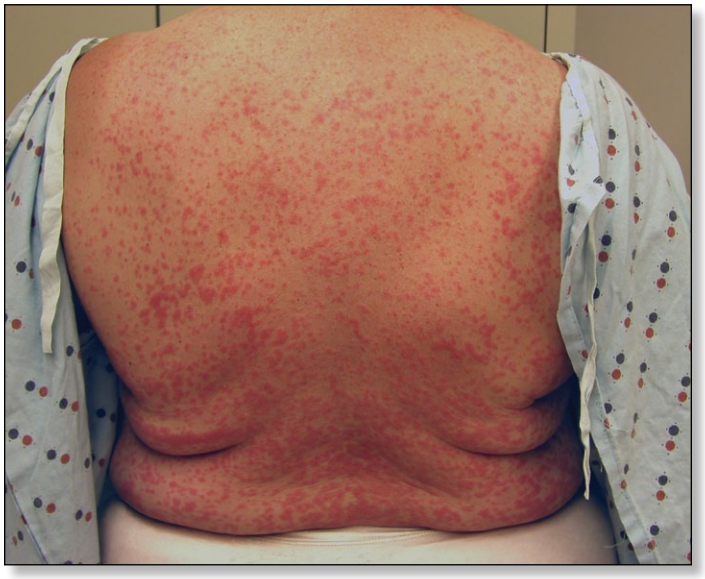


## CASE 1

The patient has granuloma annulare (GA). An exact etiology for this condition has not been determined. Proposed causes include trauma, insect bite reactions, and viral infections. GA may present as small, grouped papules in an annular configuration with central clearing. Absence of scales at the margin of the plaque differentiates GA from tinea corporis. GA may be localized, generalized, subcutaneous (nodular), or perforating. Skin biopsies demonstrate a granulomatous dermatitis characterized by focal degeneration of collagen and elastic fibers. Treatment of localized GA consists of topical or intralesional corticosteroids.



## CASE 2

The woman is diagnosed with an exanthematous drug reaction. This is the most common drug eruption affecting the skin. It classically begins 7 to 14 days after the start of a new medication but can occur several days after a drug has been discontinued. The eruption can develop sooner if the patient has been previously sensitized to the medication. Drugs commonly associated with exanthematous reactions include aminopenicillins, sulfonamides, cephalosporins, and anticonvulsants. Discontinuing the offending drug is the first step in management. Treatment is largely supportive. Topical steroids and antihistamines may be used to help alleviate pruritus.