

DIAGNOSIS AT A GLANCE

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Case submitted by Drs. Schleicher and Movassaghi.

CASE 1

A 70-year-old man presents for evaluation of red feet. He first noted the condition 2 weeks ago and reports no pain or pruritus. His medical history is positive for multiple myeloma, and he is currently receiving IV therapy with pegylated liposomal doxorubicin. Examination reveals bright erythema of the plantar and medial aspects of both feet. Less pronounced erythema is seen on the patient's palms, and a small ulceration is noted on his buccal mucosa. He is afebrile and in no acute distress.

What is your diagnosis?



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CASE 2

A 64-year-old man seeks consultation for a lesion on his left forearm. He first noted the growth about 6 months ago, and it has been slowly enlarging. He denies tenderness or bleeding and has no history of skin cancer. Examination reveals an opaque, 1.0-cm, firm nodule. No similar lesions are noted elsewhere. Axillary lymph nodes are nonpalpable. A 4-mm punch biopsy is performed (suture visible).

What is your diagnosis?

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CONTINUED



CASE 1

This condition, termed *palmar plantar erythema*, is a common adverse reaction associated with pegylated liposomal doxorubicin. The redness has been compared to that of acute sunburn and is believed to be caused by local liposomal deposition. Dysesthesia, fissuring, and ulceration may be associated findings, along with stomatitis. Dose reduction or temporary discontinuation may be required as management for symptomatic cases. Concomitant administration of oral dexamethasone has been demonstrated to mitigate the reaction.



CASE 2

Histopathologic examination revealed multiple dilated cystic structures, indicative of a trichoadenoma. Trichoadenomas are rare, rapidly evolving, benign tumors. On microscopic examination, these tumors resemble the lining of a hair follicle; however, they do not contain hair. The tumors are most frequently found on the face and buttocks and range from 3 to 15 mm in diameter. Simple excision is curative, and no cases of malignant transformation have been reported.

Correction: In the April 2011 Diagnosis at a Glance (Schleicher SM, Economou IE. *Emergency Medicine*. 2011;43[4]:17-18), the patient in Case 2 was affected by bedbugs.