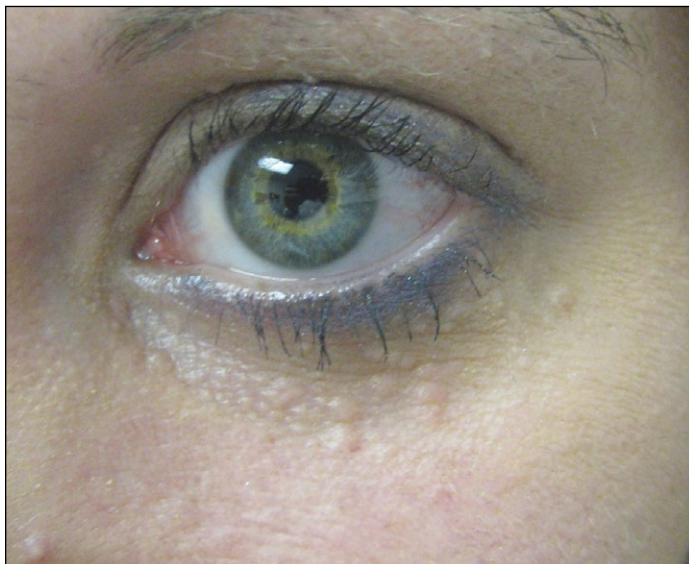


# DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD, and Steven Hawley, DPM



Case submitted by Drs. Schleicher and Hawley.

## CASE 1

A 34-year-old white woman requests treatment for growths under each eye. The lesions have been present for at least 2 years. Initially diagnosed by another practitioner as milia, they have failed to respond to a 4-month course of topical tretinoin cream. No one in the patient's family has similar growths. Examination of the affected sites reveals multiple pinpoint-sized to 2-mm flesh-colored papules. Scattered acneiform papules are noted on her cheeks and chin.

**What is your diagnosis?**



Case submitted by Dr. Schleicher.

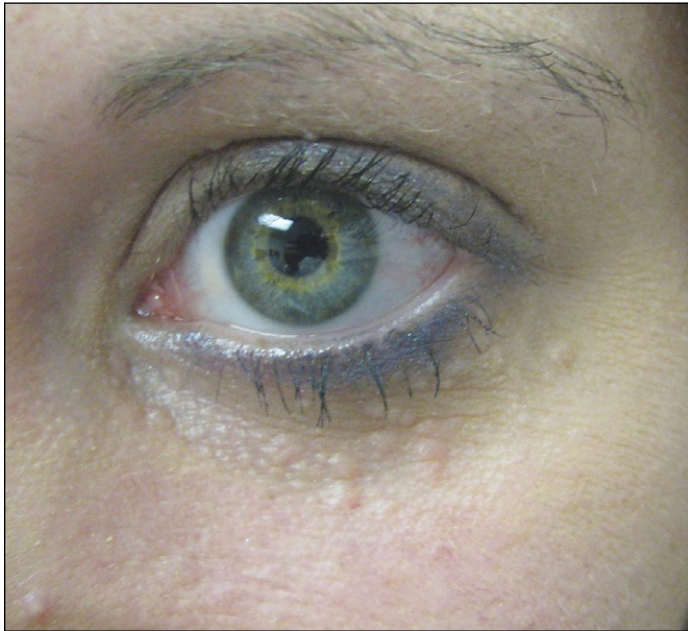
## CASE 2

A 46-year-old black man has a several-year history of a scalp rash accompanied by hair loss. He is currently being treated with a topical steroid cream. He states that the rash is confined to his scalp. His medical history is positive for hypertension. He denies systemic symptoms, swollen lymph nodes, or arthritis. His antinuclear antibody (ANA) titer and erythrocyte sedimentation rate are not elevated. Examination reveals discrete, well-demarcated, erythematous patches exhibiting scarring alopecia.

**What is your diagnosis?**

**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 College 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. Hawley** is a resident in the department of podiatry at St. Luke's Hospital in Bethlehem, Pennsylvania.

CONTINUED



### CASE 1

Syringomas are skin-colored to yellowish asymptomatic papules that characteristically arise in clusters involving the upper cheeks and eyelids. Uncommon locations include the penis and vulva. Most cases are sporadic, although familial cases do occur. The differential diagnosis includes acne and sebaceous hyperplasia. Histopathology is diagnostic, revealing well-differentiated ductal elements within the superficial dermis. There is no malignant potential. Patients commonly request removal for cosmetic reasons. This patient had excellent cosmetic results following electrodesiccation under local anesthesia. Scissors excision, topical application of trichloroacetic acid, and laser ablation are alternative therapeutic modalities.



### CASE 2

This patient has discoid lupus erythematosus (DLE), and the photograph on this page reveals marked diminution of erythema following 6 months of therapy with hydroxychloroquine, the drug of choice for this condition. The primary lesion of DLE is an erythematous patch or plaque that, over time, develops atrophy and scarring. The scalp and face are the most commonly involved sites. ANA titers are usually undetectable to borderline positive in DLE patients, and only a very small percentage of cases progress to systemic disease. As ultraviolet light may induce or exacerbate lesions, sun avoidance and use of a broad-spectrum sunscreen are highly recommended.