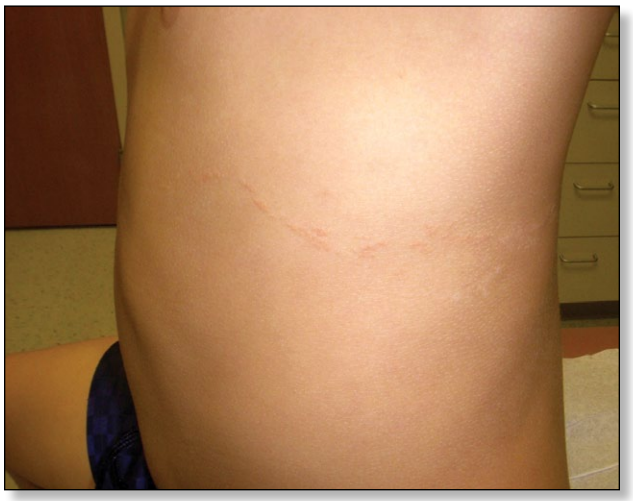
# DIAGNOSIS AT A GLANCE

**Stephen M. Schleicher, MD, and Charles Capaci, PA-C**

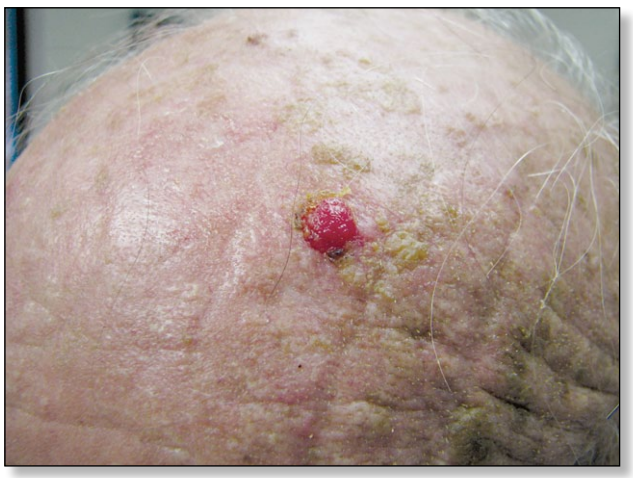


*Case submitted by Dr. Schleicher and Mr. Capaci.*

## CASE 1

An 8-year-old boy presents with a unilateral skin eruption first noted several days ago. Initially asymptomatic, the rash is now mildly pruritic. His medical history is unremarkable except for asthma and prior varicella zoster at age 4 years. He is up-to-date on all immunizations and appears to be an active child in good health. According to his mother, there is no recent history of fever, viral infection, insect bites, or environmental or chemical exposures. He is currently receiving topical therapy with an OTC emollient and 1% hydrocortisone. A dermatology consult to rule out herpes zoster has been advised. Examination of the boy's trunk reveals a somewhat linear band of flesh-colored, flat-topped papules beginning at the left mid paraspinal back (at the T6 vertebra) and terminating roughly 2 cm short of the left aspect of the xiphoid process. Dermatoscopy reveals slightly scaly, lichenoid papules 1 to 2 mm in diameter with surrounding erythema.

### What is your diagnosis?



*Case submitted by Dr. Schleicher.*

## CASE 2

A 70-year-old man presents for evaluation of a bleeding lesion on his scalp. He first became aware of the growth approximately 10 weeks ago. He had a basal cell carcinoma removed from his nose at age 62. His personal history is negative for tobacco use and positive for ample past and present sun exposure. He infrequently wears a hat when outdoors and does not apply sunscreen. Examination of his scalp reveals an abundance of hyperkeratotic patches and plaques as well as a friable, erythematous nodule. Cervical lymph nodes are nonpalpable.

### 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. **Mr. Capaci** is a physician assistant at Reading Dermatology Associates in Pennsylvania.

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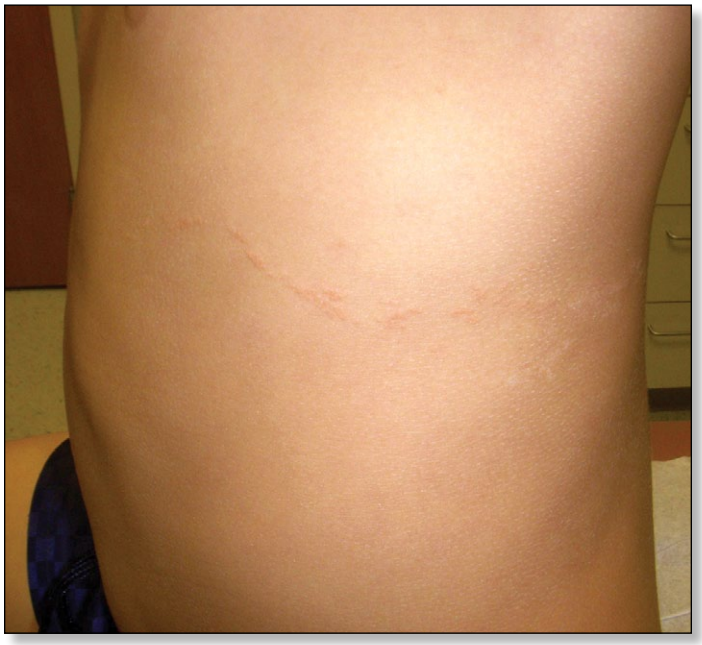
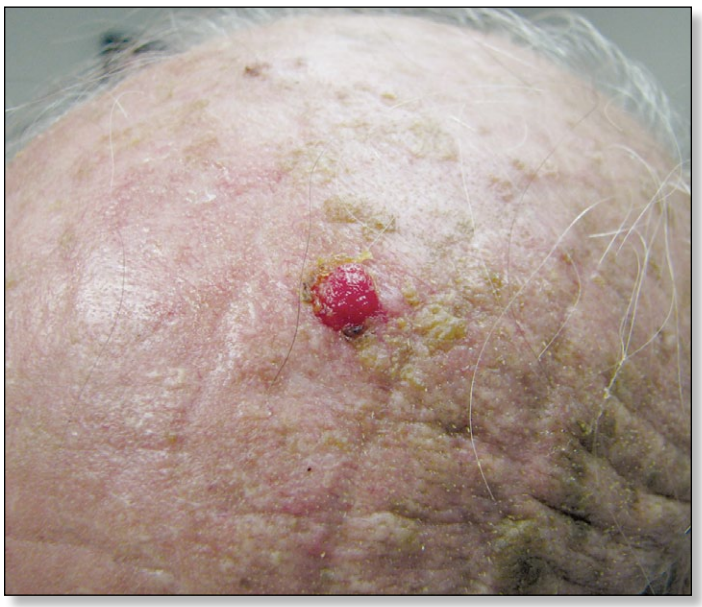


## CASE 1

Lichen striatus, also known as *Blaschko linear acquired inflammatory skin eruption*, is an idiopathic dermatitis that occurs most frequently on the limbs of children. The hallmark of this disorder is the sudden onset of flesh-colored, pink or tan papules in a unilateral configuration in association with the lines of Blaschko. Fingernail involvement, manifested as longitudinal ridging or splitting, may also be present. Cases are self-limited and spontaneously regress in 3 months to 2 years, leaving behind temporary hypopigmented or hyperpigmented patches. Potent topical steroids, as well as the topical immunomodulator tacrolimus, have been reported to hasten resolution.



## CASE 2

Actinic keratoses (AKs) are the most common premalignant cutaneous lesions and are found primarily on sun-exposed areas, such as the face and scalp and the dorsal surface of the hands. Early lesions have an erythematous base and hyperkeratotic surface. Although some lesions may spontaneously regress, malignant transformation into squamous cell carcinoma occurs at a variable rate. There is no way to determine which lesions will eventually transform; thus, the American Academy of Dermatology recommends that all AKs be treated. This case is a prime example of a squamous cell carcinoma arising from actinically damaged skin.