

# DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

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## CASE 1

A 64-year-old woman presents with swelling and pain in both lower extremities. She states that these symptoms have persisted for several months. She is very obese and has been diagnosed with chronic lymphedema. Examination reveals that both legs are significantly swollen with cobblestoning. The skin has a hyperkeratotic verrucous surface with fibrosis. The patient is referred to a vascular specialist for evaluation.

**What is your diagnosis?**



## CASE 2

A 74-year-old man has a rapidly growing, bleeding tumor near his right ear. He reports burning and pruritus surrounding the nodule. He has a history of substantial sun exposure and has had previous skin cancers. On physical examination, he demonstrates a 1.5-cm erythematous nodule involving the right preauricular surface. A head and neck surgical consult is ordered.

**What is your diagnosis?**

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### CASE 1

The patient has elephantiasis nostras verrucosa complicating chronic lymphedema. Patients with this condition usually are morbidly obese and have chronic swelling of the legs. The skin develops a thick, hyperkeratotic, verrucous texture. Management goals include arresting the progression of lymphedema, reducing swelling, preventing infection, and weight loss. Manual lymphatic drainage, complex wrapping with low-stretch bandages, and use of compression garments may help.



### CASE 2

Biopsy demonstrates an invasive squamous cell cancer. Squamous cell carcinoma represents the second most common form of skin cancer. The metastatic potential of squamous cell cancers is low, except in high-risk sites, which include the lips and ears. This patient has no evidence of metastatic disease, but there is neuro-invasion of malignant cells causing the burning and pruritus. Treatment is wide excision or Mohs micrographic surgery. Any palpable lymph nodes should be biopsied.