

DIAGNOSIS AT A GLANCE

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CASE 1

A 31-year-old man has skin lesions affecting his face, neck, back, and upper arms. He gives a history of multiple skin cancers; the first was diagnosed and treated when he was 18 years old. He states that his father is currently undergoing chemotherapy for metastatic basal cell carcinoma. Examination reveals erythematous, slightly eroded lesions of his shoulders and neck as well as scattered papules elsewhere. In addition, multiple pits are present on his palms.

What is your diagnosis?



CASE 2

A 38-year-old man seeks consultation for a bothersome growth arising from his left upper arm. He works as a mechanic, and the lesion is frequently traumatized; however, he does not recall antecedent trauma to the site prior to the lesion's appearance approximately 2 years ago. Examination reveals a firm, fleshy, slightly erythematous, nonpedunculated nodule. A shave biopsy is performed and the dermatopathologist makes note of "monster" cells.

What is your diagnosis?

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CONTINUED



CASE 1

Basal cell nevus syndrome, also called *Gorlin syndrome*, is a rare disorder transmitted as an autosomal dominant trait. Affected individuals lack an inhibitor of the so-called hedgehog signaling pathway; the result is aberrant cellular growth. The disorder is characterized by the appearance of multiple basal cell carcinomas, which often first arise before the patient reaches age 20 years. Associated findings include palmar and plantar pits, as well as cysts of the mandible. Hedgehog inhibitors are currently in phase II and III clinical trials, and preliminary results indicate that they offer profound chemopreventive and therapeutic benefit for persons with this syndrome.



CASE 2

Dermatofibroma is a common dermal neoplasm that has several clinical and histopathologic variants. One of these is characterized by the appearance of so-called monster cells, which manifest atypia and extremely large nuclei. Mitotic figures are rare or absent. Despite the presence of these bizarre cells, the lesions are completely benign with no malignant potential. Dermatofibromas are more common in women and are most frequently encountered on the extremities. The majority require no therapy; bothersome lesions may be removed by simple excision.