

# DIAGNOSIS AT A GLANCE

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Case submitted by Drs. Hack and Kobayashi.

## CASE 1

A 42-year-old man in police custody presents to the ED with a right thigh burn. He states that the burn occurred when a “dye pack” erupted in his right front trouser pocket. He reports that the dye pack became very hot and dispersed red dye. Physical examination reveals a 2% body surface area second-degree burn and a 1% third-degree burn of the proximal right anterolateral thigh with red dye on the surrounding skin. There is no neurovascular insult or other injury.

**How should these injuries be managed?**



Case submitted by Dr. Schleicher and Ms. Sekelski.

## CASE 2

A 66-year-old woman presents for evaluation of a painful lesion on her right thumb. She states that the condition arose 5 days ago and was preceded by a tingling sensation. She denies any history of a similar rash on any digits. She has experienced cold sores of the lip area in the past, but none recently. She had contact with a 2-year-old grandchild approximately 5 days prior to lesion formation. Examination of her thumb reveals a well-demarcated zone of erythema that is ecchymotic and vesicular.

**What is your diagnosis?**

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### CASE 1

The patient was treated with topical wound care and dressings. On follow-up at the burn clinic, he had a healing wound without dye discoloration. Dye pack injuries have been rarely reported, and recognition of such injuries is important for emergency care providers, so that optimal treatment may be given along with appropriate reporting to the authorities.



### CASE 2

The patient has herpetic whitlow, a herpes simplex infection of the fingers. Inoculation occurs through contact with genital or oral herpes through a breach in the skin. In children, autoinoculation results from contact with primary oral lesions through thumb sucking. In adults, infection may be caused by autoinoculation from genital lesions attributed to HSV 2 (herpes simplex virus type 2). This patient did not recall the presence of herpetic lesions on the child. Although the condition is self-limited, oral antiviral agents may hasten resolution, and therapy with valacyclovir was commenced.