

DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD, and Kendall M. Egan, MD



Case submitted by Dr. Egan.

CASE 1

A 32-year-old man presents to the emergency department with a 45-minute history of blanchable macular erythema involving his chest, back, upper extremities, neck, and face. He reports palpitations, acute onset of diarrhea, diaphoresis, headache, and a sense of anxiety. His vital signs are stable and he demonstrates no respiratory distress. The patient is otherwise healthy, and he states that the aforementioned signs and symptoms started 30 minutes after he ate an ahi salad.

What is your diagnosis?



Case submitted by Dr. Schleicher.

CASE 2

A 53-year-old African American man has had dry, itchy skin since early childhood. His medical history is positive for hypertension. He cannot recall whether any other family member was similarly affected. His current therapy is petrolatum ointment, which provides temporary relief of the pruritus but has no demonstrable effect on appearance. Examination reveals a striking fish-scale appearance of the skin of his trunk and extremities, with his legs most severely affected.

What is your diagnosis?

Dr. Schleicher, editor of "Diagnosis at a Glance," 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. Egan** is a staff dermatologist at the Naval Medical Center in San Diego, California, and an assistant professor in the department of dermatology at the Uniformed Services University of Health Sciences in Bethesda, Maryland.

The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States government.

CONTINUED



CASE 1

The diagnosis is scombroid poisoning, which is caused by ingestion of fish contaminated with high levels of histamine. It is commonly believed that fish from the Scombridae family are the most frequent cause; however, other fish such as mahi mahi and sardines have been implicated. Patients typically present with flushing, macular erythema, conjunctival injection, gastrointestinal upset, headache, and palpitations minutes to 1 hour after ingesting spoiled fish. They may also note a peppery taste.

The condition is treated with antihistamines. Although the prognosis is very good, rare cardiovascular compromise is possible. Scombroid poisoning is not an allergic reaction, and corticosteroids should not be considered standard of care. The source of the contaminated fish should be identified to prevent or limit an outbreak.



CASE 2

The patient has ichthyosis, a condition that is characterized by xerosis and a fish-scale appearance of the skin. *Acquired ichthyosis* usually occurs later in life and may be associated with systemic diseases such as hypothyroidism, cancer, and HIV infection. *Ichthyosis vulgaris* is transmitted as an autosomal dominant trait and manifests during the first year of life or shortly thereafter. Ichthyosis is presently without cure. Therapy is lifelong and consists of hydration and moisturization of the skin.