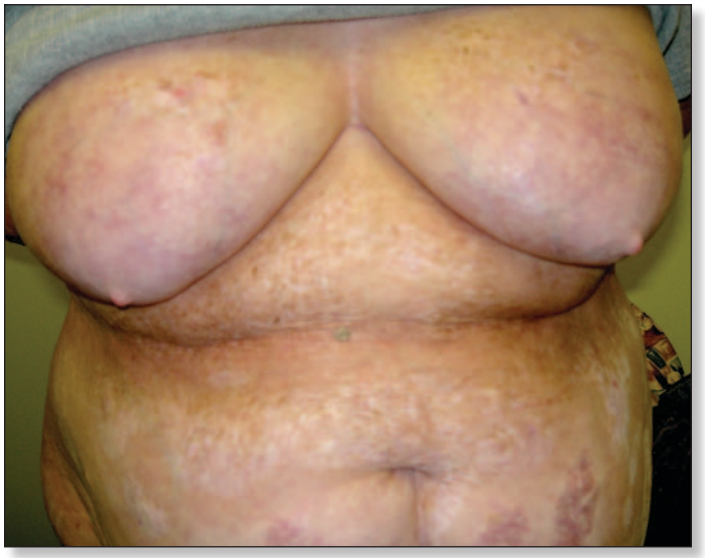
DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

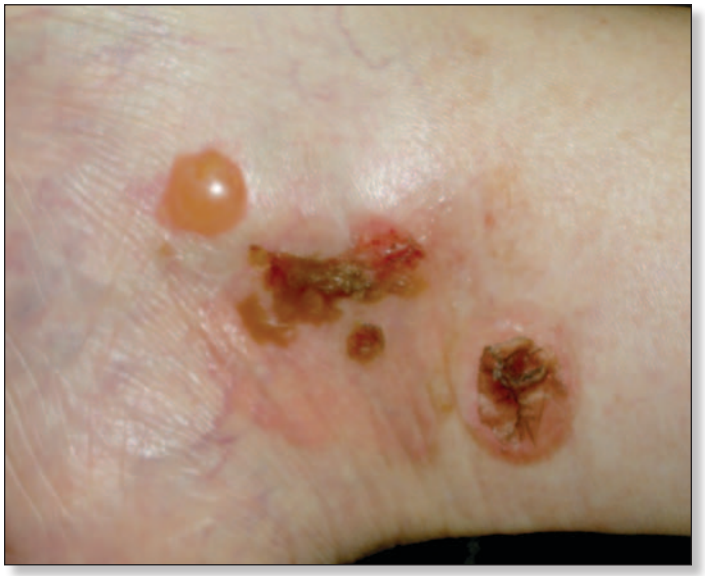
Mark A. Bechtel, MD, and Matthew Zirwas, MD



CASE 1

A 64-year-old woman presents with increasing tightness of the skin across her chest. Over the past 4 months, she has noted progressive hardening and tightening of the skin across her chest, breasts, and abdomen. She denies any history of trauma, skin infection, or changes in medication. On physical exam, the patient demonstrates extensive asymmetric, firm plaques with sclerotic centers. The chest, breasts, and abdomen are involved. Some plaques have a violaceous border. No changes are noted in her fingers. There is no evidence of pulmonary or renal disease. A skin biopsy is obtained.

What is your diagnosis?



CASE 2

A 68-year-old woman presents with the sudden onset of tense blisters affecting her right inner ankle. The patient has diabetes and peripheral neuropathy and reports no history of trauma to the ankle. She notes some mild burning sensation of the skin. Findings on physical exam include tense bullae and resolving bullae on normal-appearing skin. The bullae contain clear fluid that is somewhat viscous, but there is no purulence.

What is your diagnosis?

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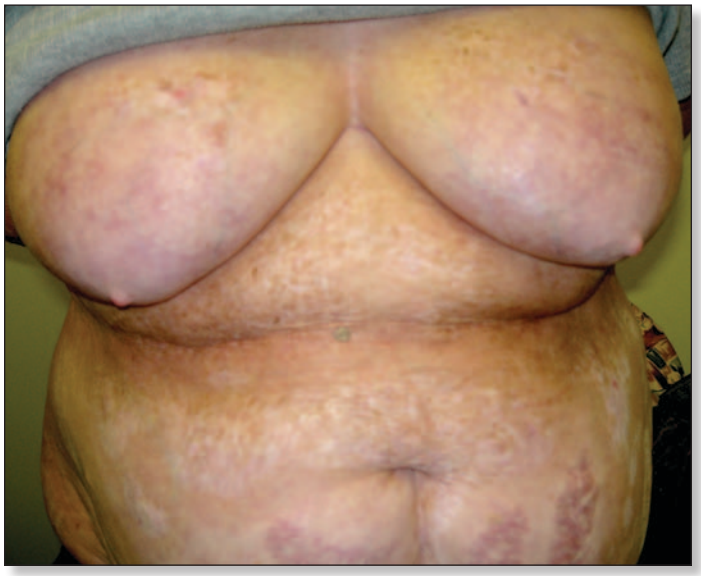
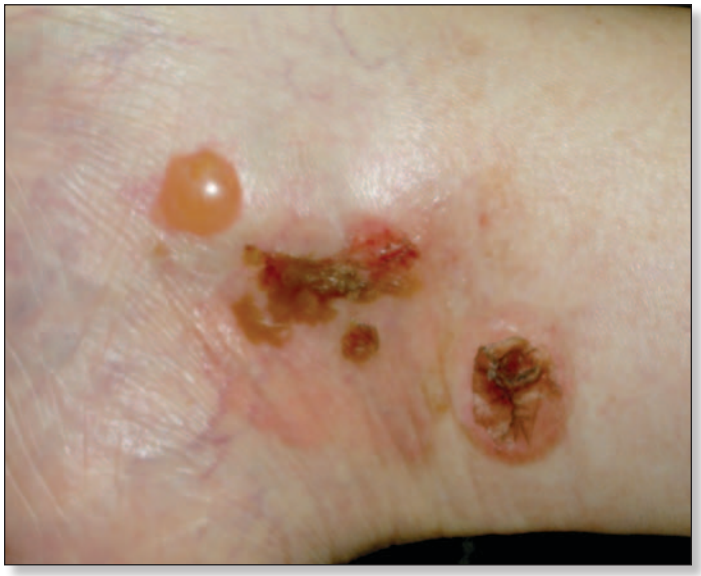


CASE 1

A diagnosis of generalized morphea is confirmed by biopsy. This disorder features sclerotic plaques that are clinically and histologically similar to those seen in systemic scleroderma. The central part of the lesions consists of firm sclerotic tissue, and the border has a violaceous "lilac" ring. Unlike systemic scleroderma, generalized morphea does not involve the internal organs, and affected patients do not have Raynaud phenomenon or sclerodactyly. The etiology of generalized morphea is unknown, and the condition often progresses over several years and then regresses.



CASE 2

This patient has bullosis diabeticorum, a complication of long-term diabetes. The important clinical finding is the acute onset of tense blisters on normal-appearing skin, usually on the lower legs. Examination of the blister fluid shows it to be clear and sterile. The etiology of this condition is unknown, but often there is an association with peripheral neuropathy. The differential diagnosis includes drug-induced bullous eruptions, bullous pemphigoid, and porphyria cutanea tarda. Most lesions heal spontaneously in 2 to 6 weeks. Compresses, aspiration of the blisters, and topical antibiotics may promote healing.