

DIAGNOSIS AT A GLANCE

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CASE 1

An obese 65-year-old white woman is evaluated for a pruritic rash affecting the inframammary creases, lower abdomen, and crural folds. She states that the condition has waxed and waned in intensity for decades and affects several family members, including her sister and father. Her medical history is significant for eczema, arthritis, hypertension, and diabetes mellitus. A number of topical therapies, including mupirocin and nystatin, have proved ineffectual. The eruption manifests as malodorous, moist, erythematous plaques with slight fissuring and excoriations. Palpation elicits some tenderness.

What is your diagnosis?



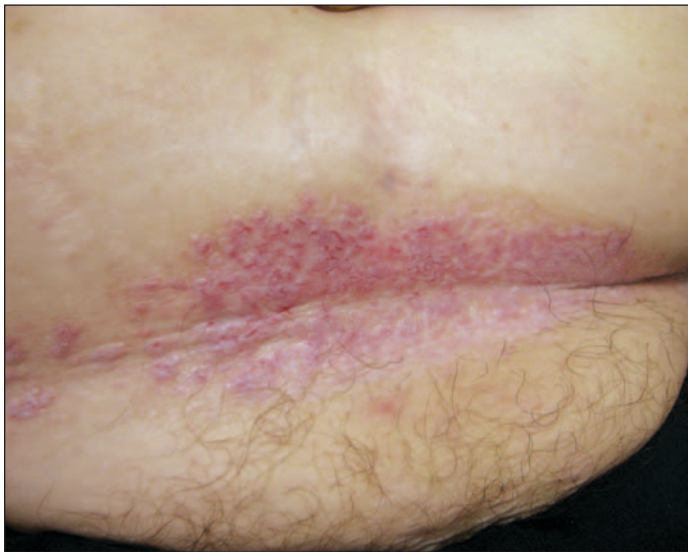
CASE 2

A 39-year-old nongravid white woman presents with a large lesion on her forehead that first appeared several months ago and has been rapidly increasing in size. She states that slight trauma precipitates bleeding. Her medical history is positive for basal cell carcinoma. Examination reveals a nearly 2.0-cm erythematous, exophytic nodule with a glistening surface. Posterior auricular and submental lymph nodes are nonpalpable.

What is your diagnosis?

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CONTINUED



CASE 1

Benign familial pemphigus, also known as *Hailey-Hailey disease*, is a rare condition transmitted as an autosomal dominant trait with variable penetrance and equal distribution in both sexes. The disease may first manifest in adolescence, and its course is characterized by cycles of remission and exacerbation. Lesions most often develop in areas exposed to friction, heat, and sweat, such as the axillae and groin. The differential diagnosis includes candidiasis, intertrigo, and contact dermatitis; biopsy is confirmative. Treatment with oral antibiotics, retinoids, and topical calcineurin inhibitors has been reported to be of value in select cases.



CASE 2

Pyogenic granuloma (lobular capillary hemangioma) is a relatively common vascular lesion of the skin and mucous membranes. These benign tumors are fast growing and characteristically prone to bleed with minor trauma. They are among the most frequently encountered growths in children and are also associated with pregnancy (“pregnancy tumors”). Atypical lesions warrant biopsy to exclude more serious pathology, such as melanoma. Pyogenic granulomas are usually removed due to discomfort, bleeding, or cosmetic disfigurement. Simple shave excision with cautery is often curative, although a small percentage of lesions will recur.