

DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD, and A.J. Himmelsbach, MS, MSN, CRNP

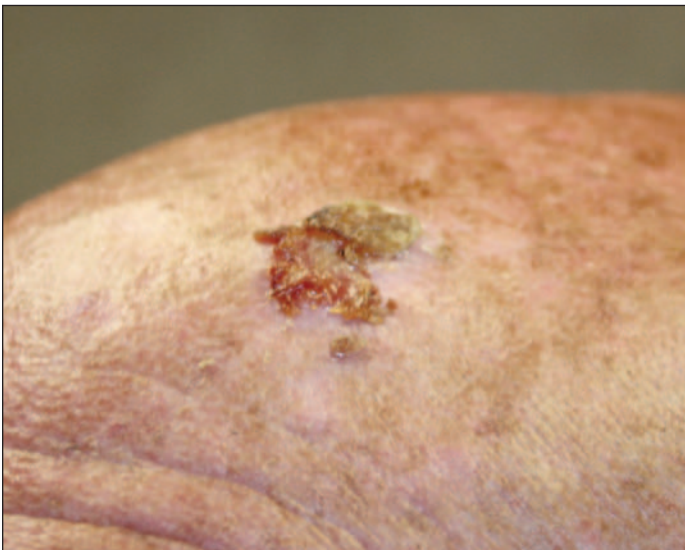


Case submitted by Dr. Schleicher.

CASE 1

A 26-year-old black man has a 1-year history of a “rash” on his nose. The eruption is asymptomatic and has failed to respond to a 3-month course of topical metronidazole. His family history is notable for lupus pernio (cutaneous sarcoid) in a cousin. Findings on this patient’s chest radiograph are unremarkable. Examination demonstrates a fairly well-circumscribed, slightly indurated, erythematous plaque. A biopsy is performed and is initially read to reveal atypical B-cell infiltrative lymphoma.

What is your diagnosis?



Case submitted by Dr. Schleicher and Mr. Himmelsbach.

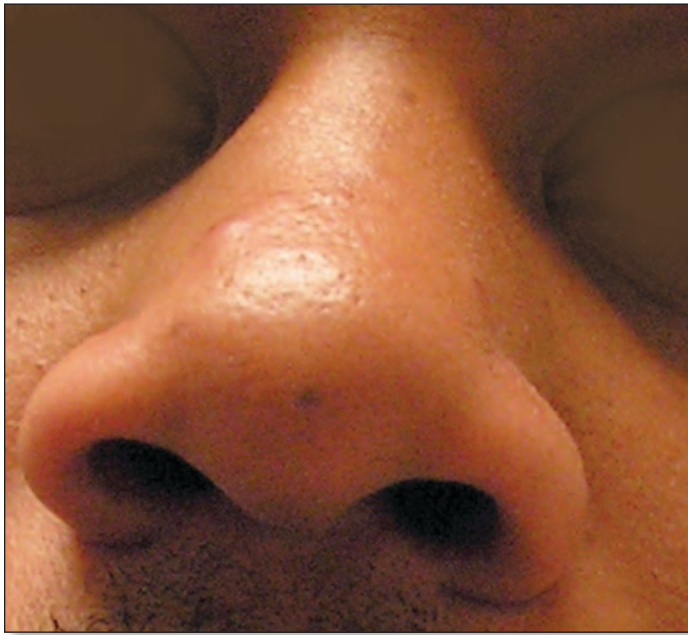
CASE 2

A 59-year-old white man presents with a scalp lesion that is sore to touch, oozing, and enlarging. He first noted the growth approximately 3 months ago. He is a longtime cigarette smoker and a moderate drinker. He also reports a history of ample sun exposure. He has been treated for precancerous growths on numerous occasions but denies any history of skin or internal malignancy. Examination reveals a 1.5-cm, hyperkeratotic, friable plaque of the frontal scalp. Multiple actinic keratoses are also apparent, and a squamous cell carcinoma arising from an actinic keratosis is suspected. Posterior auricular lymph nodes are nonpalpable.

What is your diagnosis?

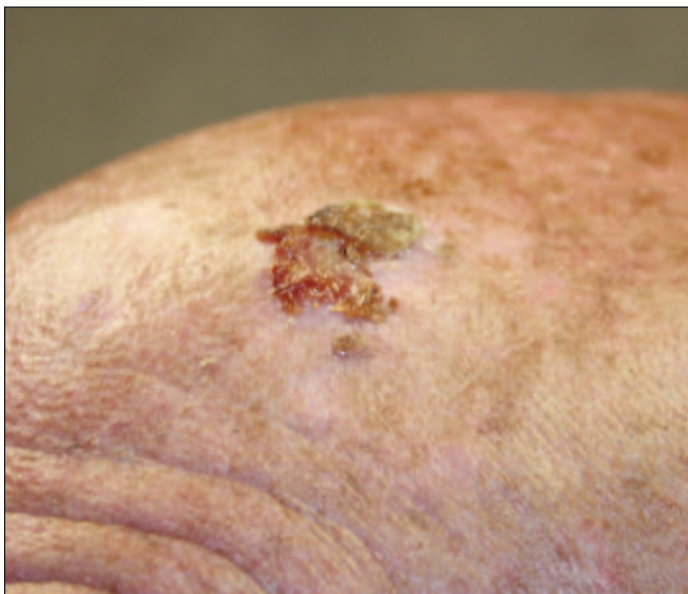
Dr. Schleicher, editor of “Diagnosis at a Glance,” is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at King’s College in Wilkes-Barre, Pennsylvania, an associate professor of medicine at the Commonwealth Medical College in Scranton, Pennsylvania, and an adjunct assistant professor of dermatology at the University of Pennsylvania in Philadelphia. He is also a member of the EMERGENCY MEDICINE editorial board. **Mr. Himmelsbach** is a nurse practitioner at Berks Plastic Surgery in Wyomissing, Pennsylvania.

CONTINUED



CASE 1

A dermatopathologist was consulted and, based on immunohistochemical staining, B-cell lymphoid hyperplasia mimicking B-cell lymphoma was diagnosed. This condition has also been termed *B-cell pseudolymphoma* and *lymphocytoma cutis*. The lesion is often solitary, presenting as a red-brown papule, plaque, or nodule. The most common location is the face, specifically the nose, and the earlobes. The majority of cases are idiopathic, although some have been related to a variety of stimuli, including insect bites, tattoo pigment, medications, and vaccinations. A benign but chronic course is the rule, and the condition has no associated mortality.



CASE 2

Biopsy revealed sebaceous carcinoma, and a wide excision was performed. Sebaceous carcinoma is an extremely aggressive tumor that is prone to both local recurrence and metastasis. Diagnosis and treatment may be delayed due to the often nondescript clinical appearance and rarity of the neoplasm. The most common site is the periocular region, due to its preponderance of sebaceous glands. Ultraviolet light exposure has been implicated in pathogenesis. The majority of cases occur in the elderly; younger patients diagnosed with this tumor should be investigated for the Muir-Torre DNA mismatch repair defect syndrome, which is associated with internal malignancy.