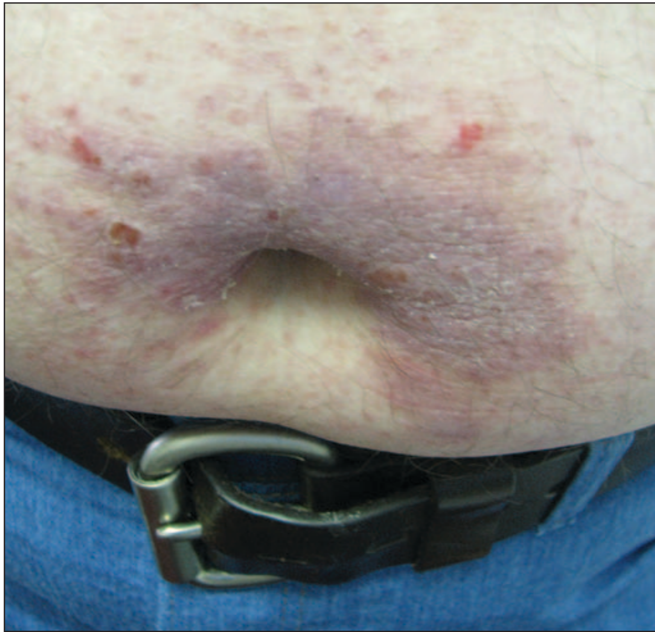
Diagnosis at a Glance

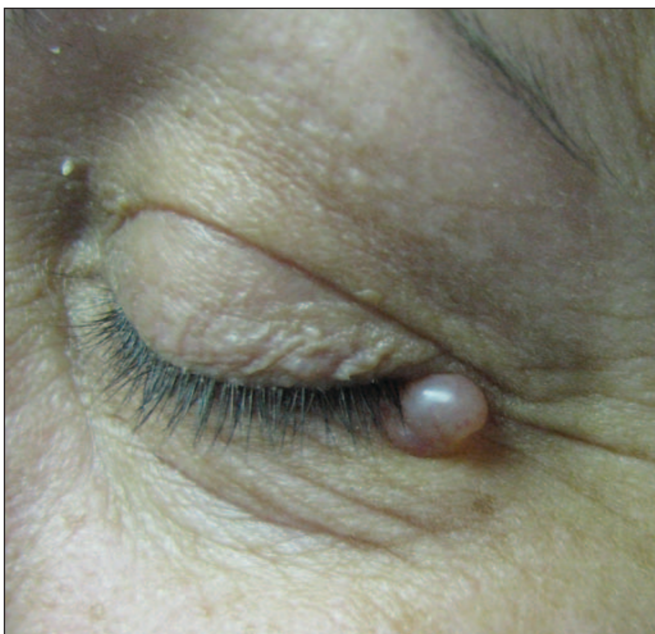
Stephen M. Schleicher, MD



CASE 1

A 55-year-old moderately obese man presents with a 2-year history of a rash near his umbilicus. The condition has waxed and waned in intensity and is at present extremely pruritic. Several months ago, he received an intramuscular injection of triamcinolone, which resulted in near-total resolution for several weeks. Currently, he is self-medicating with an over-the-counter cream containing hydrocortisone that to date has provided minimal relief. Examination reveals excoriations and lichenification of the affected area. No similar eruptions are noted elsewhere.

What is your diagnosis?



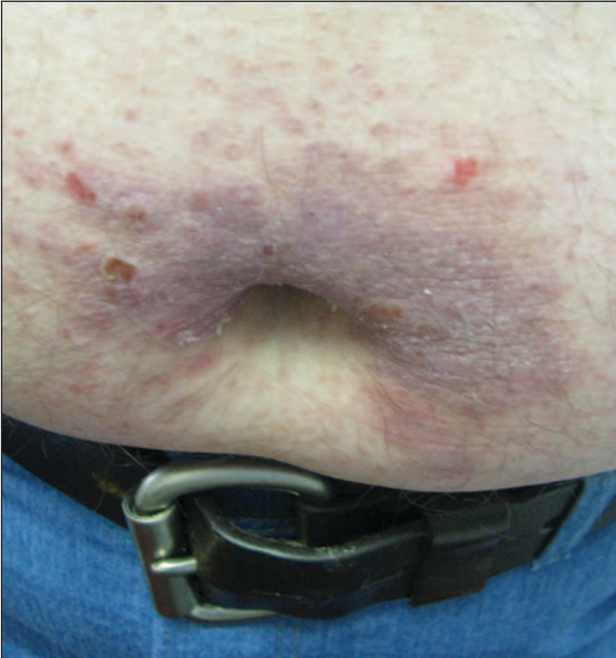
CASE 2

A 58-year-old woman requests removal of a growth on her left eyelid. She states that the lesion, which she first noted several months ago, has been slowly enlarging and, because of the location, is now causing her to "see double." She denies antecedent trauma, associated pain, drainage, or bleeding. Examination reveals a smooth, dome-shaped, flesh-colored, translucent papule 3.5 mm in diameter. The growth is freely movable on palpation. No similar-appearing lesions are noted elsewhere. Puncture with a #11 blade results in drainage of a straw-colored, serosanguinous fluid.

What is your diagnosis?

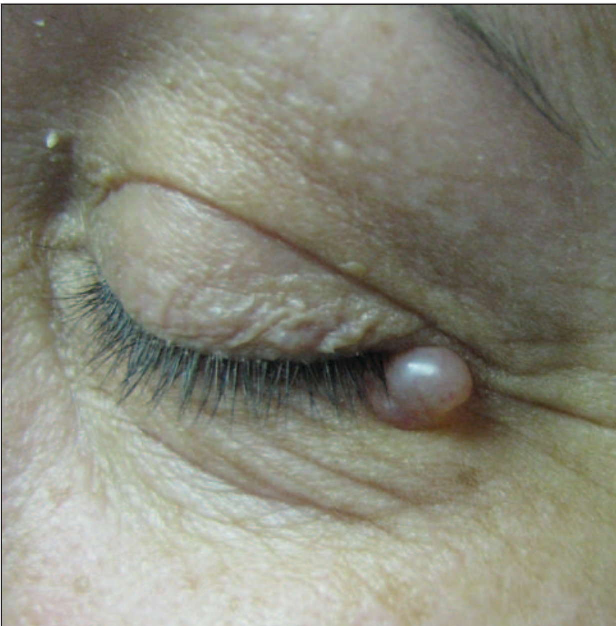
Dr. Schleicher, editor of "Diagnosis at a Glance," is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at King's College in Wilkes-Barre, Pennsylvania, an associate professor of medicine at the Commonwealth Medical College in Scranton, Pennsylvania, and an adjunct assistant professor of dermatology at the University of Pennsylvania in Philadelphia. He is also a member of the EMERGENCY MEDICINE editorial board.

ANSWER



CASE 1

Belt buckle dermatitis is an allergic reaction to a metal in the buckle, the most common offender being nickel. The condition is more common in males, as they tend to wear belts on a daily basis. The diagnosis is usually not difficult to make given the location of the rash, although the differential diagnosis includes tinea corporis and nummular eczema. Allergy to nickel can be confirmed by patch testing. Steroids will improve the dermatitis, but the condition will persist indefinitely. Nickel-free belts are available, and this would be considered the “treatment” of choice. A metallic item can be tested for the presence of nickel in the office setting by applying dimethylglyoxime solution; a pink color indicates the presence of this metal.



CASE 2

Apocrine hidrocystoma is an uncommon benign tumor that arises from the secretory portions of apocrine glands. The most common site is on the eyelid, where these tumors present as skin-colored, reddish-brown, or bluish papules that slowly expand and persist indefinitely. Less frequent sites of involvement include the axillae and penis. Some may attain a size of over 1.0 cm. Differential diagnosis includes epidermoid cyst and basal cell carcinoma. Asymptomatic, the majority are removed for cosmetic reasons. Incision and drainage collapses the growth but may lead to recurrence due to persistence of the cyst wall. Scissors excision under local anesthesia is curative.