

Diagnosis at a Glance

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Case submitted by Dr. Schleicher, Ms. Sopp, and Dr. Samimi.

CASE 1

A 23-year-old graduate student presents with an eruption on her hands and the soles of her feet that began acutely 3 days prior. She developed a fever, slight loss of appetite, and an oral blister 2 days before the onset of the rash. She has had recent contact with children. Examination reveals scattered macules on her feet and vesiculopapules on her fingers. A slightly erythematous erosion is noted on her tongue. Lymph nodes are nonpalpable.

What is your diagnosis?



Case submitted by Drs Schleicher and Samimi.

CASE 2

An 83-year-old man with a painful growth beneath his left fifth toe is treated by his podiatrist with dressing changes weekly for several weeks with no improvement. Most recently, the lesion has begun to bleed spontaneously. The patient has emphysema and a persistent cough. He denies a history of skin cancer and is a lifelong smoker. Examination reveals a friable, firm, erythematous nodule beneath the fifth toe which is tender to palpation. Serous drainage is also evident. Scattered actinic keratoses of his face and hands are noted as well.

What is your diagnosis?

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ANSWER



CASE 1

Hand, foot, and mouth disease (HFMD) is a contagious disorder that primarily affects infants and children younger than 10 years. Occurrence in an adult is uncommon. The cause is an enterovirus, usually coxsackievirus A16. A prodrome consisting of fever, malaise, and sore mouth is followed by macules and vesicles arising on the hands and feet. Shallow ulcers dot the buccal mucosa and tongue. The condition is usually self-limiting, with spontaneous resolution within a week's time. In 2012, the Centers for Disease Control and Prevention documented more than 60 cases of HFMD with more severe illness, some requiring hospitalization due to dehydration or severe pain. The majority of these patients had recent exposure to children at a school or a child care facility.



CASE 2

Amelanotic nodular melanoma may mimic both benign and less aggressive malignant lesions, resulting in delayed diagnosis and treatment. The classic ABCDs (asymmetry, borders [irregular], color [variegated], diameter >6 mm) that characterize the most common superficial spreading variant of melanoma are usually absent. Nodular melanomas typically present as rapidly expanding nodules or plaques. Histopathology in this case revealed a deeply invasive Clark level V tumor with a 9.6-mm Breslow thickness. Following lobectomy for unrelated lung cancer, the patient underwent left lateral foot amputation. Sentinel lymph node biopsy was negative and the patient is said to be doing well 18 months after surgery.