

Derm Dilemma

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CASE 1

A 36-year-old pregnant woman presents to the urgent care center because of a bleeding vascular tumor involving her right upper cheek. The lesion developed several weeks earlier as a small, red papule; it grew rapidly, became friable, and began to bleed. She reports an antecedent scratch in this location, but no exposure to cats. A dermatology consult is ordered for biopsy.

What is your diagnosis?



CASE 2

A 48-year-old white man presents to the urgent care center with a widespread rash complicating pharyngitis. He has a long history of red, scaling patches on his elbows and knees. Two weeks after developing a severe case of pharyngitis, the patient noted widespread erythematous, scaling plaques with silvery-white scales. He reports that, following the onset of pharyngitis, his primary care physician had documented β -hemolytic streptococcal infection by throat culture. A dermatology consult is ordered.

What is your diagnosis?

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ANSWER



CASE 1

This patient has a **pyogenic granuloma**, a benign, rapidly growing, friable papule or polyp that bleeds easily. Pyogenic granulomas are common in children and young adults and often arise on the gingiva of pregnant women. Ulceration is common; they sometimes bleed profusely. These lesions might represent a reactive neovascularization—approximately one-third develop at a site of minor trauma. The differential diagnosis includes amelanotic melanoma, bacillary angiomatosis, wart, bleeding nevus, and hemangioma. Treatment consists of complete excision of the lesion and pathologic evaluation of the excised tissue.



CASE 2

The patient was diagnosed with **psoriasis** exacerbated by a streptococcal infection. Guttate psoriasis is common in children and is frequently preceded by a streptococcal infection. Patients with guttate psoriasis have small, widely disseminated papules and plaques with silvery-white scales. Other systemic triggers of psoriasis include other types of infection, such as HIV infection, dental abscesses, and perianal cellulitis. Medications that can cause psoriasis flare-ups include lithium, interferons, β -blockers, and antimalarials. Treatment includes topical steroids and ultraviolet light therapy.