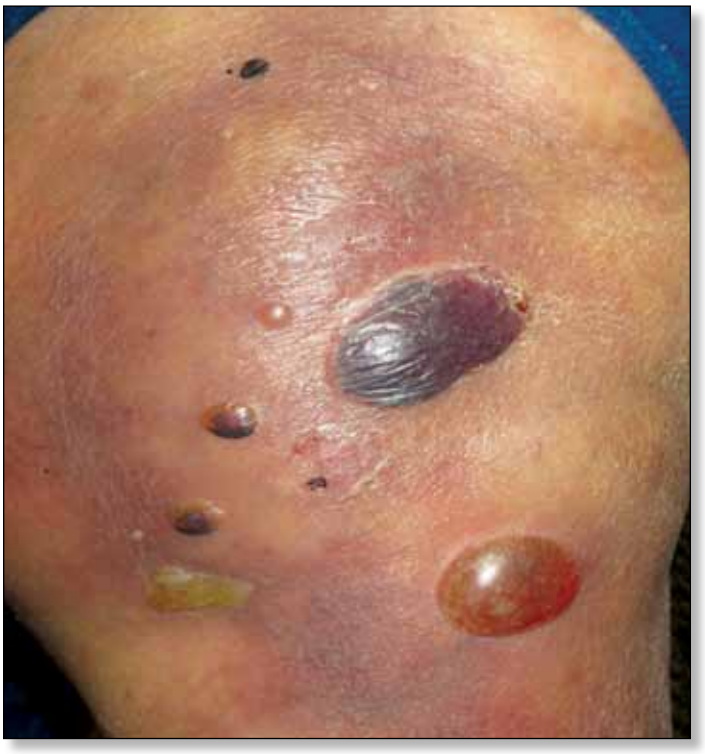
Derm Dilemma

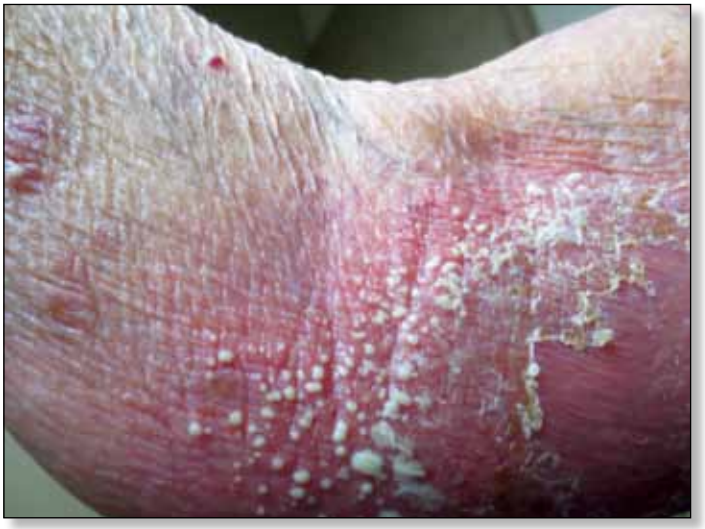
Mark A. Bechtel, MD, and Ann Bechtel, BSN, RN



CASE 1

An 82-year-old woman notes acute onset of tense blisters at a trauma site on her left knee. She presents to the urgent care center 3 weeks later complaining of generalized severe pruritic blisters over her trunk and extremities. Patient is afebrile, with an elevated eosinophil count but a normal white cell count. Physical examination reveals widespread tense bullae on an erythematous base involving her chest, abdomen, back, arms, and legs. A dermatology consult is obtained and skin biopsies are performed for routine histology and direct immunofluorescence.

What is your diagnosis?



CASE 2

A 78-year-old white man presents to the urgent care center with acute onset of fever, malaise, and a rash, which he notes developed approximately 7 days after starting macrolide antibiotic therapy. On physical examination, he is noted to have erythematous patches with superimposed pustules involving his inner arms, axillae, neck, upper chest, and groin. Due to fever and generalized skin discomfort, the patient is admitted to the hospital for therapy, and a dermatology consult is ordered for biopsy. Culture of the pustules is negative.

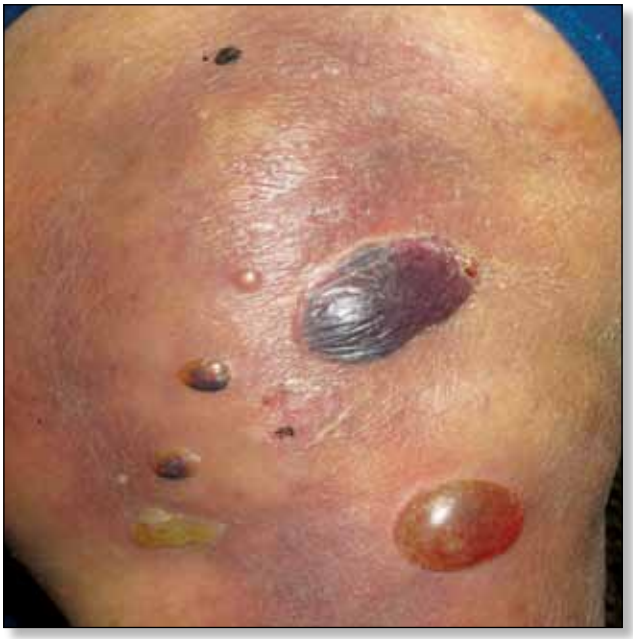
What is your diagnosis?

Continued on page 19

Dr Bechtel, editor of "Derm Dilemma," is a professor of medicine and director of the division of dermatology at the Ohio State University College of Medicine in Columbus. He is also a member of the EMERGENCY MEDICINE editorial board. **Ms Bechtel** is a nurse educational consultant in Columbus.

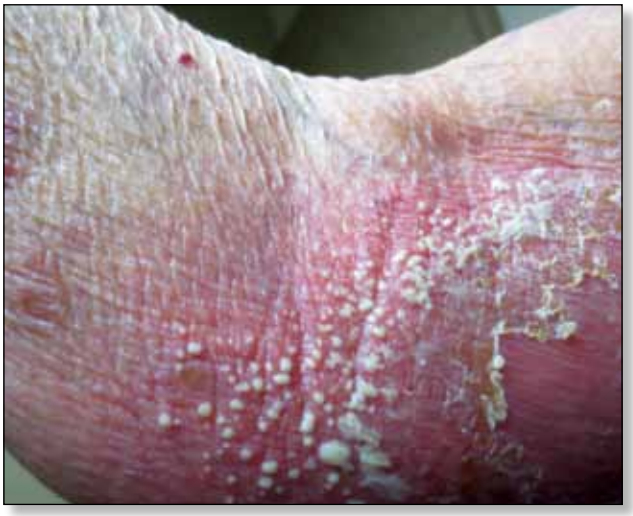
ANSWER

Continued from page 6



CASE 1

Skin biopsy findings, including direct immunofluorescence, were consistent with bullous pemphigoid (BP). BP is an autoimmune disorder that produces tense bullae with straw-colored fluid on an erythematous base. The condition is more common in older patients (eg, >60 years old) and is often pruritic and associated with an elevated peripheral eosinophil count. Most cases of BP are idiopathic, but drugs such as diuretics and neuroleptics have been implicated. Systemic corticosteroid therapy is the treatment of choice and is often prescribed along with a steroid-sparing immunosuppressive agent.



CASE 2

The patient was diagnosed with acute generalized exanthematous pustulosis (AGEP). AGEP is an acute febrile drug hypersensitivity reaction. Clinically, it is characterized by multiple small sterile pustules on an erythematous base, involvement of major intertriginous zones, and fever. The rash generally lasts 2 weeks and eventually desquamates. Beta-lactam antibiotics, macrolides, antimalarials, and diltiazem are the most common causes of AGEP. Appropriate management includes discontinuation of the offending agent and treatment with topical corticosteroids.