

Derm Dilemma

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



CASE 1

A 60-year-old man of Middle Eastern descent presents to the urgent care center with gingival inflammation, redness, tenderness, and bleeding and a widespread pruritic rash on his back and extremities. He states that he began taking oral glyburide for type 2 diabetes 2 months before onset of symptoms.

On physical examination, patient is noted to have desquamative gingivitis, with a whitish, lace-like pattern on oral buccal mucosa, and violaceous polygonal-shaped papules on his arms and legs. A dermatology consult is ordered.

What is your diagnosis?



CASE 2

A 28-year-old Somali immigrant presents to the urgent care center expressing concern over an increasing numbers of sores developing on his arms and legs. He notes a lack of sensation overlying these sores, along with an alteration in skin pigment. Physical examination reveals a 4-cm, reddish, violaceous plaque involving the left thigh and smaller plaques on the arms and legs, with decreased sensation on the individual plaques. Patient also has palpable and enlarged peripheral nerves on his left arm. A dermatology consult is ordered for biopsy.

What is your diagnosis?

Continued on page 5

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 3



CASE 1

The patient was given a diagnosis of **lichen planus** of the oral mucosa and skin. Lichen planus is a T-cell-mediated disorder that affects the basal cells of the epidermis. As this condition has been associated with the use of certain medications, glyburide is a possible cause in this case. Other reported drug-induced causes include β -blockers, angiotensin-converting enzyme inhibitors, hydrochlorothiazide, antimalarials, gold, and nonsteroidal anti-inflammatory drugs. Hepatitis C virus is an important nondrug-related cause of oral lichen planus. Lichen planus is typically treated with both topical and systemic corticosteroids and, in drug-induced cases, discontinuation of the offending agent.

This patient's symptoms gradually improved after a change in his diabetic medication and treatment with a topical corticosteroid. Systemic treatment was avoided because of patient's diabetic status.



CASE 2

Skin biopsy revealed nodular granulomas within the dermis, along with some nerve involvement; Fite stain showed scattered bacilli. A polymerase chain reaction analysis confirmed the diagnosis of **leprosy**, also known as **Hansen's disease**. Leprosy is a chronic infectious disease caused by the bacillus *Mycobacterium leprae*. This organism has a predilection for the skin and peripheral nerves. Involvement of the peripheral nerves can cause anesthesia of cutaneous lesions and enlarged palpable peripheral nerves. Whereas lepromatous leprosy has multiple organisms on biopsy, tuberculoid leprosy demonstrates only a few organisms. This patient was diagnosed with tuberculoid leprosy and referred to an infectious disease specialist for treatment.

As a communicable disease, leprosy is nearly nonexistent in the United States, with most, if any, cases presenting in an immigrant from an area in which the condition is endemic (eg, India, various African and South American countries).