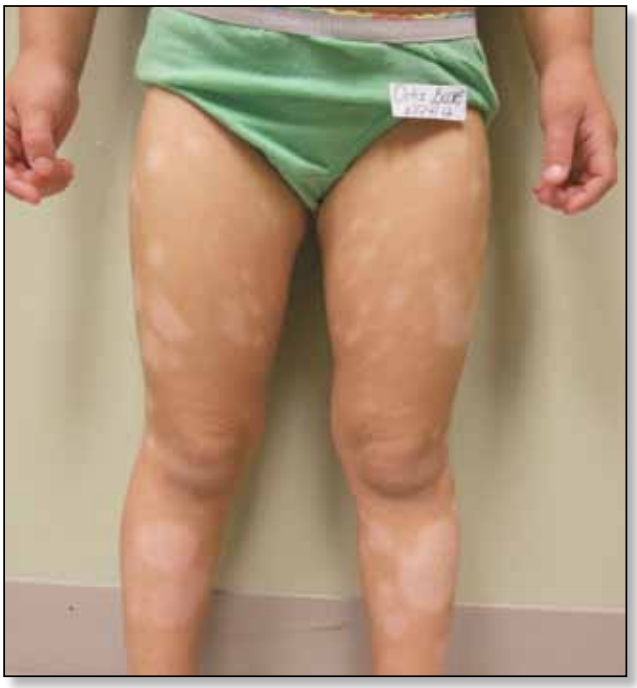
Diagnosis at a Glance

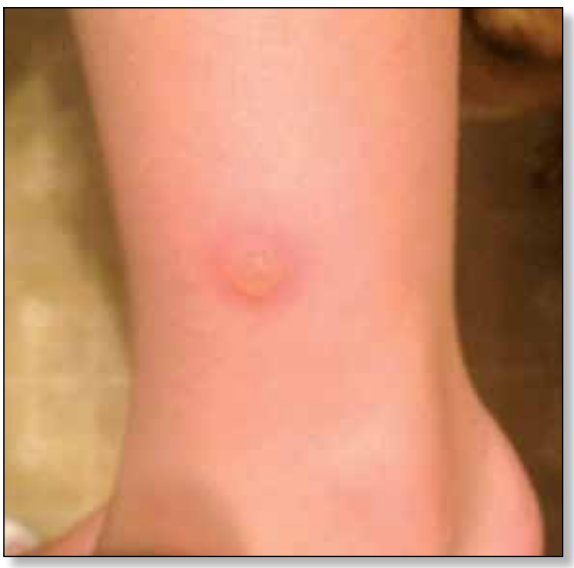
Jamie Remaley, PA-C, and Stephen Schleicher, MD



CASE 1

A mother seeks consultation for her 3-year-old daughter, who presents with an extensive, mildly pruritic rash on her face, trunk, and extremities. The child is of Hispanic ethnicity but has never traveled abroad. No other family members are affected with the condition. Family history is positive for eczema and seasonal allergies. Patient's mother denies recent history of fever, chills, vomiting, or diarrhea, and states the child is up-to-date on all immunizations. Examination reveals multiple hypopigmented macules of the affected areas. A dermatology consult is ordered for punch biopsy.

What is your diagnosis?



CASE 2

A mother seeks evaluation for her 4-year-old daughter, who presents with an itchy lesion on her ankle that developed 2 days before consultation. She states that the lesion appeared red at onset and rapidly evolved into a blister. There is no history of insect bite or recent outdoor activities. The patient's two older siblings are not affected, and all children are up to date on immunizations. The child is afebrile and in good spirits. Examination of the ankle reveals a flaccid bulla on a slightly erythematous base. No other lesions are noted elsewhere.

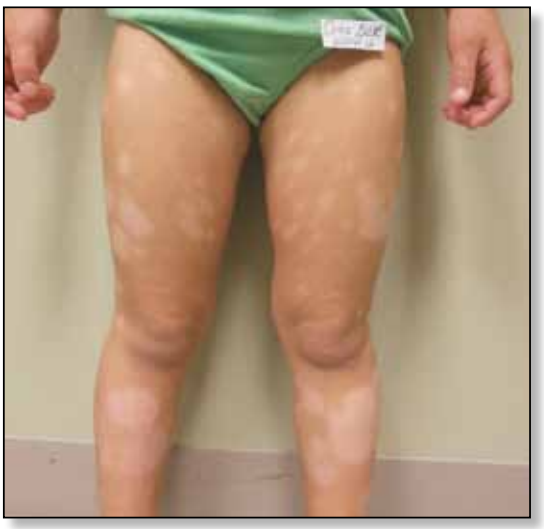
What is your diagnosis?

Continued on page 15

Ms Remaley is a physician assistant at Reading Dermatology Associates in Reading, Pennsylvania. **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

Continued from page 6



CASE 1

Pityriasis alba, a benign condition in children and young adults, is characterized by the appearance of annular to oval macules distributed on the lateral upper arms, thighs, or face, or on multiple locations. The disorder may be accompanied by xerosis and scale, and is associated with atopy. Asymptomatic pityriasis alba often presents as an incidental finding on physical examination. Differential diagnosis includes vitiligo and tinea versicolor; secondary syphilis and hypopigmented mycosis fungoides might warrant consideration. Biopsy was performed in this case based on the extent of the lesions and the parent's concern. The disease is self-limiting but can persist for months; topical steroids and topical calcineurin inhibitors may hasten resolution.

Continued on page 25

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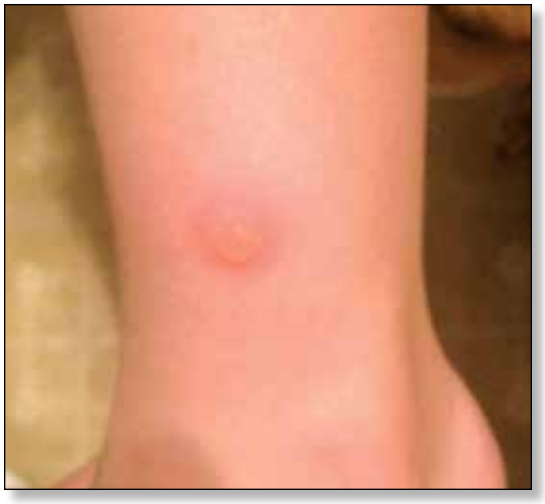

CASE 2

Impetigo is a common bacterial infection that occurs on exposed areas of skin, such as the face and extremities. The majority of cases are of the nonbullous type, characterized by the appearance of crusted, honey-colored lesions associated with a serous exudate. This child's lesion, however, is an example of bullous impetigo, in which the blister is superficial and fragile. The localized tissue reaction is caused by an exfoliative toxin released by staphylococci. Diagnosis is based on history and clinical appearance. A solitary ruptured bulla of this nature is treated with gentle cleansing and a topical antibiotic, such as mupirocin.