

DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD, Jason Hendrix, DO, and Irene E. Economou, DPM



Case submitted by Drs. Schleicher and Hendrix.

CASE 1

A 13-year-old boy presents with a rash of sudden onset that developed approximately 3 weeks ago. It is mildly pruritic and has not responded to a tapering dose of an oral steroid prescribed by his pediatrician. He is moderately obese but otherwise healthy and was not taking any oral medications when the dermatitis first appeared. He denies antecedent fever, sore throat, or swollen glands. Examination of his trunk and upper extremities reveals multiple hypopigmented, slightly scaling patches as well as scattered erythematous papules with hemorrhagic centers. No oral lesions are noted, and lymph nodes are nonpalpable.

What is your diagnosis?



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CASE 2

An 11-year-old girl has an asymptomatic, slightly elevated, linear, hyperpigmented lesion on her left hallux. The lesion was first noted several years ago and has been enlarging as the girl grows. Her family history is significant for melanoma in a grandparent and a cousin. Closer examination demonstrates nonuniform coloration with black and brownish hues. Slight notching of the medial pole is noted. Somewhat irregular black globules are apparent on dermoscopic examination.

What is your diagnosis?

Dr. Schleicher 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 School 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. **Dr. Hendrix** is on the staff of Reading Dermatology Associates in Pennsylvania. **Dr. Economou** is a podiatry/dermatology fellow in the department of podiatry at St. Luke's Hospital in Allentown, Pennsylvania.

CONTINUED



CASE 1

Pityriasis lichenoides et varioliformis acuta (PLEVA) is also known as *Mucha-Habermann disease*. The condition may arise in the pediatric age-group, with a mean age at onset of 9 years and a male predominance. The hallmark of PLEVA is the presence of erythematous hemorrhagic papules ranging in size from 0.5 to 1.5 cm. Lesions resembling those of guttate psoriasis may also be present. The cause is unknown, although a viral etiology has been postulated. Cases are self-limited; however, some may persist for months and even years. Larger necrotic lesions are best treated with a topical antibiotic. Both ultraviolet light therapy and oral erythromycin have been reported to shorten the course of the disease.



CASE 2

Melanocytic nevi that occur within acral skin frequently manifest slight border irregularity and varying degrees of mottled pigmentation. Most lesions are less than 4 mm in diameter and inconsequential. Progression to melanoma is unusual. In this case, the size of the nevus (>1 cm in length), coupled with a family history of melanoma, prompted us to recommend full excision. Dermoscopy, also termed *epiluminescence microscopy*, is a noninvasive procedure that allows enhanced evaluation of colors and structures within the epidermis and upper dermis. In the hands of a trained clinician, use of this simple technique is a valuable aid in the differentiation of malignant versus benign lesions.