

# >> DIAGNOSIS AT A GLANCE

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## CASE 1



*Case submitted by Drs. Lau and Schleicher*

A 30-year-old woman presents to your emergency department for evaluation of right inguinal pain and rash. The patient states that the pain developed quickly and the rash followed a day later. Her history is significant for hypertension, cardiac valve replacements, and varicella. She reports multiple stressors over the past few weeks. Physical examination finds discrete, well-demarcated, erythematous patches. Topical hydrocortisone and diphenhydramine have had no effect on the lesions.

**What is your diagnosis?**

## CASE 2



*Case submitted by Ms. Park and Dr. Park*

A 78-year-old man complaining of ear pain, drainage, hearing loss, drooping of the face, and hoarseness exhibits ipsilateral facial paralysis and paralysis of the last four cranial nerves. Otoscopic evaluation reveals granulation tissue in the external auditory canal.

**What is your diagnosis?**

Turn page for answer >>

## >> DIAGNOSIS AT A GLANCE CONTINUED

### CASE 1



Herpes zoster, which results from reactivation of the varicella zoster virus, is affecting this patient's right L2 dermatome. The condition is correlated with immunosuppression and advancing age and is most often seen in elderly Caucasian women. Patients experience varying levels of pain that may persist as postherpetic neuralgia, the most dreaded sequela of herpes zoster. Oral antiviral drugs like acyclovir, famciclovir, and valacyclovir are helpful in clearing the lesions, but they may not prevent neuralgia.

### CASE 2



The patient has necrotizing otitis externa. Also known as malignant external otitis, this progressive, debilitating infectious process affects the external ear canal, its surrounding tissue, and the base of the skull. A potentially fatal infection that typically occurs in elderly diabetics, it is also a threat to other immunocompromised patients. Often, granulation tissue will accumulate at the junction of the cartilaginous and bony portions of the canal, with subsequent bacterial culture growing *Pseudomonas aeruginosa*. If untreated, local vasculitis will progress to osteomyelitis of the temporal bone and skull base and into the brain. A high-resolution computed tomography, technetium, or gallium scan and indium (III)-labeled leukocyte imaging may be used to determine the extent of the disease.

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