

>> DIAGNOSIS AT A GLANCE

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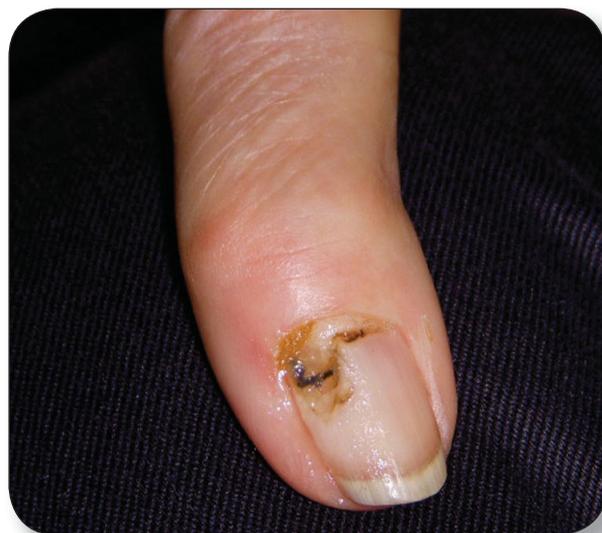
CASE 1



An 84-year-old woman presents to your emergency department complaining of painful bumps that first developed on her right ankle several months ago. She gives a history of salivary gland cancer that was diagnosed and surgically excised 10 years ago. Since then she has had yearly follow-ups with an oncologist. Examination of the affected area shows scattered, erythematous, firm papules that are tender to palpation. You obtain a sample for biopsy.

What is your diagnosis?

CASE 2



An elderly woman is brought in from her nursing home for evaluation of a dystrophic nail. She denies antecedent trauma to the area but her mentation is poor and she seems somewhat confused. The consultation sheet from her care facility reveals she is on multiple medications but also gives no history of trauma. On physical examination, the patient appears well nourished with no significant joint changes of the fingers. The affected nail manifests proximal dystrophy and a well-demarcated, linear, hyperpigmented band. There is no diffusion of pigment. A biopsy is obtained.

What is your diagnosis?

Turn page for answer >>

>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1



Histopathology determined that the patient had adenoid cystic eccrine carcinoma and a subsequent work-up revealed brain metastases. Eccrine carcinomas are extraordinarily rare and occur most commonly in elderly patients. To limit the risk of either local recurrence or metastatic spread, primary lesions should be removed by Mohs micrographic surgery. The value of adjuvant radiation therapy and chemotherapy has not been determined.

CASE 2



Nail pigmentation can pose a diagnostic challenge, with common etiologies ranging from trauma to bacterial infection with *Pseudomonas* (the latter imparting a blue-green hue). Discoloration under the nail is most frequently due to subungual hemorrhage and a history of trauma is usually elicited. More seriously, subungual pigmentation may be caused by malignant melanoma. This condition commonly manifests as a hyperpigmented band running the length of the nail plate. Diffusion of pigment into the nail folds is known as the Hutchinson sign. The prognosis in these cases is guarded and the treatment of choice is either complete or partial amputation of the finger. This patient's biopsy results were compatible with a traumatic incident.

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