

>> DIAGNOSIS AT A GLANCE

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CASE 1



Case submitted by Ms. Engel and Dr. Schleicher

A 39-year-old woman has a pruritic rash on her hands and feet that arose acutely several months ago. She denies arthritis, as well as a personal or family history of skin disorders such as eczema and psoriasis. General medical workup, including antinuclear antibody, antistreptolysin O, rheumatoid factor, and rapid plasma reagin testing, revealed no abnormalities. No rashes were noted elsewhere. Intermittent treatment with tapering doses of prednisone resulted in temporary clearing, but rebound flare occurred upon cessation. Examination of her palms and soles revealed well-demarcated, erythematous, quasi-vesiculative patches with scales.

What is your diagnosis?

CASE 2



Case submitted by Dr. Schleicher

A 61-year-old nondiabetic man presents with recent-onset darkening of the surface of his tongue. He is currently taking an antihypertensive medication. In addition, he has been taking oral doxycycline for rosacea for the past 2 weeks. He denies taking over-the-counter bismuth-containing compounds and does not smoke. He states that his sense of taste is unaffected. Examination reveals a blackish velvety coating on his tongue's dorsal surface. His lips and buccal mucosa are unaffected.

What is your diagnosis?

Turn page for answers >>

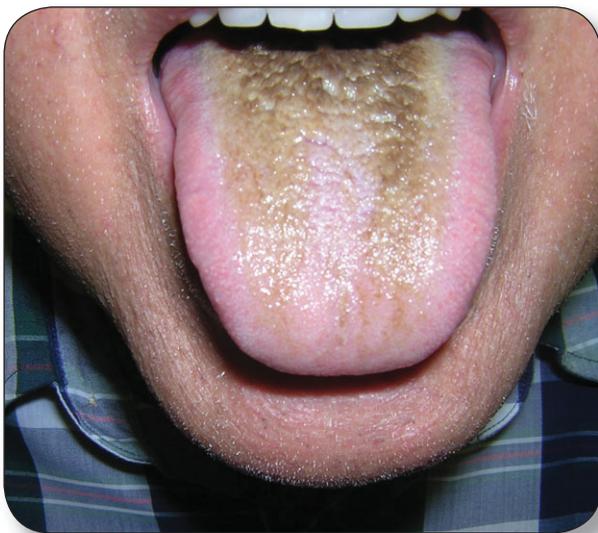
>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1



This patient has palmoplantar psoriasis, which may be associated with chronic plaque psoriasis or, as exemplified by this case, may be unassociated with disease elsewhere. Clinical expression is variable, ranging from hyperkeratotic plaques to erythematous patches containing pustules. The condition may be painful; given its location, it frequently impacts quality of life. Therapy is difficult. Intramuscular injection with triamcinolone, coupled with topical steroids, may afford relief. Alternative therapies include methotrexate, cyclosporine, acitretin, and biologics such as etanercept and adalimumab.

CASE 2



Black hairy tongue (lingua villosa nigra) is a benign, temporary condition readily diagnosed by its classic clinical appearance. The mid and posterior sections of the tongue manifest the greatest degree of darkening. Additional symptoms are uncommon. Contributing factors include cigarette smoking, coffee drinking, and the chewing of bismuth-containing medications. This case was temporally linked to antibiotic use, which alters the flora of the filiform papillae and results in the black pigmentation. Twice-daily brushing of the teeth and tongue is usually curative.

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