

>> DIAGNOSIS AT A GLANCE

Ben Robinson, MD and Stephen Schleicher, MD

CASE 1



Case submitted by Drs. Robinson and Schleicher.

A 48-year-old man is concerned about a rash involving his neck and upper chest. It first appeared about 18 months ago and has been gradually extending. He is fair skinned and reports a history of ample sun exposure. The condition is asymptomatic and has not responded to topical steroid therapy. Examination of the affected area reveals dilated blood vessels, brownish hyperpigmentation, and thinning of the epidermis.

What is your diagnosis?

CASE 2



Case submitted by Dr. Schleicher.

A 6-year-old boy has scalp inflammation and hair loss. The condition began several weeks ago, at which time he was treated at another clinic. Ketoconazole shampoo was prescribed but has proven ineffectual. The child experiences occasional pruritus. Examination of the scalp reveals a well-demarcated zone of erythema and alopecia. Several pustules are also noted, as is an enlarged posterior cervical lymph node.

What is your diagnosis?

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>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1



Poikiloderma of Civatte is a benign condition that occurs predominately in fair-skinned individuals and represents a cutaneous reaction to chronic sun exposure. Classic involvement is of the lateral neck and the upper chest with sparing of the submental area. The disorder is characterized by reticulated hyperpigmentation, telangiectasias, and atrophy. Poikiloderma of Civatte is asymptomatic; the concern is primarily cosmetic in nature. Medical treatments to date have been ineffectual. Therapy with pulsed-dye laser and IPL (intense pulsed light) may result in improvement, but this is usually of short duration. Promising results using fractional photothermolysis have recently been reported.

CASE 2



Tinea capitis is common in children. The condition is caused by keratinophilic fungi called *dermatophytes*. Two species are responsible: *Trichophyton* and *Microsporum*. Some individuals experience a vigorous inflammatory response known as a *kerion*, characterized by erythema, pustules and hair loss. Regional lymphadenopathy is common. Topical therapy is ineffectual; treatment with an oral antifungal agent should be instituted early in the course of disease to prevent permanent alopecia. Griseofulvin administered for at least 4 weeks is the drug of choice. Alternative therapies include terbinafine and itraconazole.

Dr. Robinson is medical director of the State Correctional Institute at Chester in Pennsylvania. **Dr. Schleicher** is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at the Philadelphia College of Osteopathic Medicine and Kings College in Wilkes-Barre, Pennsylvania, and an associate professor of medicine at the Commonwealth Medical School in Scranton, Pennsylvania. He is also a member of the EMERGENCY MEDICINE editorial board.