

DERM DILEMMA

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CASE 1



Concerned about acute hair loss on a section of his scalp, a 35-year-old man presents to your clinic. He denies recent trauma to the area, exposure to animals, pulling of his hair, or previous rashes of the scalp. His medical history is significant for autoimmune thyroid disease.

Physical exam reveals an oval patch of nonscarring alopecia involving the central scalp. The scalp is normal in appearance and without erythema or scaling. No cervical lymph nodes are palpated. Further examination shows pitting of the nails.

What is your diagnosis?

CASE 2



A 44-year-old woman has pruritic papules and wheals on her right forearm and inner thighs. She denies recent exposure to pets, plants, or trees. She tells you that several days prior to the onset of the rash, she stayed in a hotel in New York City. Physical exam reveals that the lesions appear in linear groups of three.

What is your diagnosis?

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CASE 1



The patient has alopecia areata, a nonscarring alopecia with characteristic circular patches of hair loss. The condition is caused by an autoimmune T-lymphocyte reaction against hair follicle antigens. Patients can develop total scalp hair loss (alopecia totalis) or complete scalp and body hair loss (alopecia universalis). Alopecia areata differs from tinea capitis (fungal infection of the scalp) in that patients present with a normal-appearing scalp lacking erythema or scaling. In addition, cervical lymphadenopathy is absent. Pitting of the nails has also been reported with alopecia areata. In affected patients, there is an increased incidence of autoimmune thyroid disease, vitiligo, and atopic dermatitis. Alopecia areata can be treated with topical steroids and intralesional injections of steroids to the area of hair loss. Most patients undergo some form of therapy for patch-stage alopecia areata.

CASE 2



This patient has bedbug bites. Bite lesions are often noted in linear groups of three, referred to as “breakfast, lunch, and dinner.” Bedbugs are bloodsucking insects that are nocturnal: They feed at night and hide in mattresses or in cracks and crevices during the day. They are reddish-brown in color with an oval body measuring 5 to 7 mm in length. *Cimex lectularius* and *Cimex hemipterus* are the ectoparasites associated with human bites. Treatment includes elimination of bedbugs from the home, along with use of antipruritic lotions, antihistamines, and antibiotics (if necessary to treat secondary infection).

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