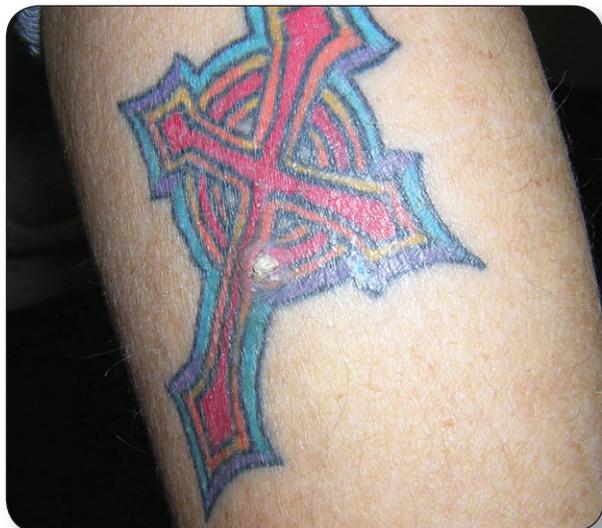


# >> DIAGNOSIS AT A GLANCE

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## CASE 1



A 46-year-old woman seeks consultation for a growth that has recently arisen within a tattoo on her arm. The tattoo was applied 5 years ago. The lesion is asymptomatic. The patient is a heavy cigarette smoker and admits to ample past sun exposure. She reports no history of skin cancer. Examination of the affected area reveals a 0.4-cm hyperkeratotic papule. A shave biopsy is performed.

**What is your diagnosis?**

## CASE 2



A 19-year-old female college student is troubled by intermittent itching of approximately 2 weeks' duration. She is in good health and is currently taking no oral medications other than an oral contraceptive. History taking reveals that she completed a 7-day course of amoxicillin for a sinus infection several days prior to the onset of her pruritus. Full-body examination is unremarkable and no hives are apparent. Light stroking of the skin of her back elicits raised wheals.

**What is your diagnosis?**

Turn page for answers >>

## >> DIAGNOSIS AT A GLANCE CONTINUED

### CASE 1



Surprisingly, histopathologic examination revealed a keratoacanthoma (KA). These tumors are low-grade malignancies considered a subset of squamous cell carcinoma. They arise within pilosebaceous glands and present as rapidly enlarging papules. KAs may exceed 1.0 cm in diameter and evolve into dome-shaped nodules with a central keratin plug. Sun exposure and cigarette smoking are risk factors. Although some KAs may spontaneously involute, treatment by either excision or radiation therapy is prudent, as some may prove locally destructive or, rarely, metastasize.

### CASE 2



Dermatographism is characterized by the ability to “write” on the skin. Light touch or pressure elicits a raised, erythematous reaction that is often pruritic. The condition occurs most commonly in young adults. It is sometimes associated with urticaria, although this patient did not have hives elsewhere. The temporal relationship to amoxicillin therapy suggests potential causality; however, the majority of cases are idiopathic. Asymptomatic patients do not require therapy. Those with pruritus may benefit from an oral antihistamine. Most cases are self-limiting.

**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.