

DERM DILEMMA

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CASE 1



A 62-year-old woman presents to your urgent care center with blood in her stool and darkening of her urine. On physical exam, she is noted to have abdominal tenderness and palpable purpura on her lower extremities. Examination of her urine shows the presence of blood and protein, and evaluation of her stool is positive for blood. A general surgery consult is requested, and intussusception and gastrointestinal bleeding are suspected. A dermatologic evaluation, including a skin biopsy, is performed as well.

What is your diagnosis?

CASE 2



A 45-year-old woman presents with persistent redness of her cheeks. She is concerned that this may be a sign of systemic lupus erythematosus. She reports frequent flushing, especially with ingestion of spicy foods, red wine, and coffee. Recently she has noted worsening with sun exposure, in addition to some burning of her eyes associated with photophobia. Physical exam reveals erythema and papules on her forehead, cheeks, nose, and chin. There is pallor of the skin under her eyes and around her mouth. She is referred to a dermatologist for further evaluation.

What is your diagnosis?

Turn page for answers 

CASE 1



The patient has Henoch-Schönlein purpura (HSP), a cutaneous small vessel vasculitis involving immunoglobulin A deposits in the small blood vessels of the skin. The most common skin finding is palpable purpura. Systemic manifestations may include arthralgias, arthritis, gastrointestinal bleeding, intussusception, and renal vasculitis. Most cases occur following a respiratory infection in children younger than 10 years. Adult cases are reported, such as in this patient. Treatment is generally supportive. Systemic steroids can be used for arthritis, gastrointestinal disease, and extensive symptomatic skin lesions. Renal involvement should be managed by a nephrologist.

CASE 2



The patient's diagnosis is acne rosacea. Rosacea is a common skin disorder in adults and has a variety of clinical manifestations. The pathogenesis is multifactorial but does involve a component of vascular hyperactivity. Persistent central facial erythema with or without telangiectasias, papules, and flushing is an important finding. Ocular involvement with burning, stinging, photosensitivity, and a foreign-body sensation can occur in 10% of patients who have the condition. Flushing is aggravated by consumption of hot beverages, caffeine, spicy foods, and alcohol. Treatment includes use of sunscreens, avoidance of triggers, and in severe cases, possible use of oral tetracycline derivatives. First-line topical therapies for rosacea include metronidazole, azelaic acid, and sodium sulfacetamide.

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