

DERM DILEMMA

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CASE 1



A 48-year-old man presents to your urgent care center with a recurrent blistering plaque involving his left upper back. He is concerned that he may have herpes. He notes that 24 hours after taking naproxen for joint pain, he developed an erythematous plaque with a central blister that detached. The lesion progressively faded over several days, leaving residual brown pigmentation. Every time he takes naproxen, he develops similar lesions at the same site on his back. Bacterial and viral cultures are obtained, and he is referred to a dermatologist.

What is your diagnosis?

CASE 2



A 58-year-old man has a bleeding vascular nodule overlying the distal interphalangeal joint of his right index finger. The nodule has been present for 4 weeks. He reports experiencing trauma to this area approximately 8 weeks ago. The vascular growth has rapidly increased in size. In addition, it is friable, bleeds, and frequently ulcerates. The patient is referred to a hand surgeon for excision and biopsy.

What is your diagnosis?

Turn page for answers

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CASE 1



The diagnosis is a fixed drug eruption. These eruptions represent a localized drug hypersensitivity reaction. The lesions present as erythematous plaques with a central blister that may erode and develop postinflammatory hyperpigmentation. Lesions occur about 24 hours after ingestion of the precipitating agent and often recur in the same location. The lips, genitalia, hands, feet, and back are the most common sites. The drugs most frequently associated with fixed drug eruptions are sulfonamides, NSAIDs, barbiturates, tetracycline, carbamazepine, and laxatives containing phenolphthalein. Treatment is symptomatic.

CASE 2



The patient has a pyogenic granuloma. Pyogenic granulomas present as red papules, nodules, or polyps that grow rapidly over several weeks. Histologically, they appear as proliferating capillaries, often grouped into lobules by dense fibrous bands. Many develop after minor trauma. They are especially common in children, young adults, and pregnant women (frequently affecting the gingivae in this group). They may bleed profusely and can be confused with an amelanotic melanoma. Pyogenic granulomas can be excised and sutured or shave excised with electrocautery of the base.

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