

DERM DILEMMA

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CASE 1



A 76-year-old woman presents to your urgent care center with clear, fluid-filled blisters on her thighs. Onset occurred 10 days ago. The blisters are tense and are prone to rupture, leaving eroded areas. The patient denies pain or fever but notes severe pruritus. On physical exam, she manifests tense, clear, fluid-filled vesicles and bullae on an erythematous base involving the thighs, buttocks, and lower abdomen. The rash is symmetrical and crosses the midline. Cultures for bacteria are obtained, and a dermatology consult is ordered.

What is your diagnosis?

CASE 2



A 78-year-old man who is a retired farmer presents with visible hemorrhage into the skin of his right forearm. He reports easy bruising with minimal trauma and states that the condition has worsened with aspirin therapy for a heart problem. He has a long history of chronic sun exposure. Physical exam reveals a 3 x 4-cm purpuric patch overlying his right forearm, with diffuse brownish discoloration of the skin. Coagulation studies are ordered, and a dermatology consult is obtained.

What is your diagnosis?

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CASE 1



The patient has bullous pemphigoid, an autoimmune blistering disease that predominately affects the elderly. The disorder is associated with circulatory autoantibodies directed against components located at the dermal-epidermal junction that promote cell cohesion. It is characterized by pruritic, tense, fluid-filled vesicles and bullae on an erythematous base. Peripheral eosinophilia is often noted. Diagnosis is made through immunopathologic skin biopsy. Most cases of bullous pemphigoid are idiopathic, but the disease can be precipitated by exposure to drugs such as diuretics, antibiotics, and captopril. Moderately severe cases require systemic steroids and steroid-sparing agents, such as azathioprine and mycophenolate mofetil. Milder cases can be controlled with topical steroids, oral nicotinamide, and oral tetracycline.

CASE 2



The patient has actinic (senile) purpura. This is secondary to poor dermal support of blood vessels due to chronic ultraviolet light damage with breakdown of collagen and elastic tissue. Minor trauma can cause significant bruising in actinic purpura. The ecchymoses measure 1 cm or greater. Petechiae less than 4 cm in diameter accompanied by a platelet count less than 50,000/ L represent hemostatically relevant thrombocytopenia; such findings are clinically not consistent with this patient's case. Treatment consists of sunscreen use and avoidance of trauma.

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