

DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

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CASE 1

A 52-year-old woman presents with a painful erythematous rash on the exposed areas of her upper chest and neck. She also notes some separation of her nail plates from the nail beds. The patient describes the rash as an exaggerated sunburn resulting from 45 minutes of sitting outside in the sun watching a soccer match. She reports having started doxycycline for treatment of acne rosacea. On physical exam, she has a painful, intensely erythematous rash on the anterior neck and upper chest at sites unprotected by her clothing. The patient also has acute onycholysis of her exposed fingernails.

What is your diagnosis?



CASE 2

A 62-year-old woman has intermittent severe pruritus. When she scratches her skin, linear wheals appear at the sites of scratching. Sometimes, friction from her collar rubbing against her neck produces wheals. Her symptoms are worse in the evening and often occur in bouts. She reports no mucous membrane involvement. On physical exam, gentle stroking of the skin produces a well-defined wheal in the shape of an X.

What is your diagnosis?

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CONTINUED



CASE 1

The patient demonstrates a phototoxic reaction to doxycycline. Phototoxic drug reactions are common and are usually predictable with sufficient exposure to ultraviolet radiation in patients undergoing therapy with a phototoxic drug. A phototoxic reaction has the appearance of an exaggerated sunburn occurring with disproportionately brief exposure to the sun. Photoonycholysis, or separation of the nail plate from the nail bed, may occur. The drugs most commonly associated with a cutaneous phototoxic reaction include doxycycline, demeclocycline, NSAIDs, fluoroquinolones, amiodarone, and phenothiazines. Treatment is symptomatic with protection from sun exposure.



CASE 2

The patient has symptomatic dermatographism, which manifests as wheals at the site of scratching or friction. Symptomatic dermatographism is the most common form of physical urticaria. The condition may complicate scabies or medication hypersensitivity reactions. It usually resolves after 5 to 7 years. It is not associated with systemic disease or atopic dermatitis. Nonsedating antihistamines are helpful during the day. In addition, 10 to 25 mg of hydroxyzine HCl may be taken at bedtime, if the patient is symptomatic.