

# DIAGNOSIS AT A GLANCE

Stephen M. Schleicher, MD, and Irene E. Economou, DPM



Case submitted by Drs. Schleicher and Economou.

## CASE 1

A 62-year-old diabetic man has neck swelling and stiffness of 2 months' duration. He was evaluated for this condition several weeks ago while hospitalized for an MI, venous ulceration, and sepsis. During the hospitalization, an abscess of the neck was suspected, but ultrasound-guided needle aspiration failed to produce fluid. Despite administration of IV antibiotics, the condition has persisted. On exam, his posterior neck demonstrates marked nonpitting induration, erythema, and telangiectasias. Punch biopsy reveals a thickened dermis with increased deposition of hyaluronic acid.

**What is your diagnosis?**



Case submitted by Dr. Schleicher.

## CASE 2

A 65-year-old man presents for evaluation of a "bleeding mole." The lesion was first noted 3 to 4 months ago, and the patient cannot recall antecedent trauma. His primary care physician suspected melanoma and advised dermatologic consultation at the time the lesion was discovered. However, the patient declined until recently, when the lesion began to bleed. His medical history includes hypertension and MI, and he is taking low-dose aspirin. Examination of the right knee reveals a 0.6-cm blue-black papule with evidence of recent bleeding. No similar lesions are noted elsewhere, and inguinal lymph nodes are nonpalpable.

**What is your diagnosis?**

**Dr. Schleicher** is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at King's College in Wilkes-Barre, Pennsylvania, an associate professor of medicine at the Commonwealth Medical College in Scranton, Pennsylvania, and an adjunct assistant professor of dermatology at the University of Pennsylvania in Philadelphia. He is also a member of the EMERGENCY MEDICINE editorial board. **Dr. Economou** is a podiatry/dermatology fellow in the department of podiatry at St. Luke's Hospital in Allentown, Pennsylvania.

CONTINUED



### CASE 1

Scleredema adultorum is an uncommon condition characterized by a localized area of induration and erythema. The most common body sites are the neck, upper back, and shoulders. The etiology is unknown. The majority of cases occur in persons with brittle diabetes; other associated conditions include strep throat and myeloma. Histopathology reveals collagen bundle swelling with interstitial deposition of mucopolysaccharides. Although spontaneous remission is the rule, some cases may persist for years. Multiple treatment modalities, including steroids, cyclosporine, methotrexate, and phototherapy, have been utilized, but none offers consistently favorable results.



### CASE 2

Shave biopsy of the lesion revealed a slightly hyperkeratotic epidermis and multiple ectatic, thin-walled blood vessels within the papillary dermis. This histology confirms diagnosis of an angiokeratoma, a benign lesion that may be either congenital or acquired. Recurrent bleeding is the major symptom. Simple excision is generally considered the treatment of choice, although laser ablation of smaller lesions may provide excellent cosmetic results. As this case demonstrates, angiokeratomas may clinically resemble melanoma and, although benign, often warrant biopsy to rule out more serious pathology.