

DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

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CASE 1

A 78-year-old woman has bleeding and pain from a verrucous lesion on her left outer calf. Over the years, she has tried to keep warm in her farmhouse by sitting in front of a potbelly stove. For years, the area of her left outer calf had a reticulated redness due to exposure to heat from the stove. Three years ago, she noted the development of a “wartlike growth” on her left outer calf that has progressively enlarged. On physical exam, her left outer calf demonstrates an 8×10-cm, tender, hyperkeratotic plaque with an erythematous base. She is referred to a plastic surgeon for biopsy.

What is your diagnosis?



CASE 2

A 68-year-old woman presents with sudden onset of redness and swelling of her upper lip and right cheek. She reports fever, chills, and malaise in association with the redness. Prior to the onset of her illness, she had a bout of herpes labialis involving her upper lip, from which the redness of the skin originated. Examination demonstrates resolving herpes labialis on the patient's upper lip and marked swelling and erythema of her upper lip and right cheek. Her skin is very tender on palpation, and she has cervical lymphadenopathy. Wound and blood cultures are obtained, and hospitalization is considered.

What is your diagnosis?

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CONTINUED



CASE 1

The patient has squamous cell carcinoma (SCC). SCCs can develop from chronic thermal exposure over a long duration. Usually, affected patients present with erythema ab igne, which is a reticulated, dusky hyperpigmentation of the skin that manifests years prior to the development of an SCC. SCC is the major long-term risk from chronic thermal injury of the skin. It is associated with a latent period of many years. The risk for SCC is greatest with hydrocarbon-fueled heat exposure. Treatment requires wide excision or Mohs micrographic surgery with possible skin grafts.



CASE 2

The diagnosis is erysipelas, which is a superficial form of cellulitis with significant lymphatic involvement. Erysipelas is often the result of *Streptococcus pyogenes*. It is usually associated with an abrupt onset of fever, chills, and malaise. In this case, herpes labialis created a portal of entry for streptococcal infection. The affected area is painful on palpation and is frequently associated with lymphadenopathy. Blood cultures are positive in only 5% of cases. A 10- to 14-day course of penicillin is the treatment of choice. Severe or toxic cases may require intravenous or intramuscular antibiotics.