

Derm Dilemma

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CASE 1

A 32-year-old man presents to the urgent care center complaining of a severe pruritic rash involving his upper chest and upper abdomen. The rash has been present for the past several days and has failed to improve with use of over-the-counter corticosteroid creams and antihistamines. Prior to the onset of the rash, the patient applied an epilating wax to his chest to remove unwanted hair. On physical examination, he has an erythematous, slightly edematous dermatitis on his chest and upper abdomen. There is no warmth or tenderness on palpation, and he is afebrile. A dermatology consult is ordered.

What is your diagnosis?



CASE 2

A 72-year-old man presents to the urgent care center complaining of increasing redness and swelling of his nose. This has been associated with the development of pustules on his cheeks and ocular irritation. He denies fever or chills. He notes that he has recently begun to experience flushing when he drinks red wine. On physical examination, his nose is swollen, slightly red, and tender. He has scattered telangiectasias over the nose and cheeks, as well as some pustules. He is afebrile, and his complete blood count with differential is normal. A culture of the affected skin is obtained, and a dermatology consult is requested.

What is your diagnosis?

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ANSWER



CASE 1

The patient has an allergic contact dermatitis to fragrance in the epilating wax. Allergic contact dermatitis is extremely pruritic, a feature that differentiates it from cellulitis, which is nonpruritic, warm, and tender. Severe allergic contact dermatitis may last up to 4 weeks after the initial exposure to the allergen and may require treatment with systemic steroids. The top 10 causes of allergic contact dermatitis are nickel sulfate, balsam of Peru, fragrance mix, quaternium-15, neomycin sulfate, bacitracin, formaldehyde, cobalt chloride, methyldibromoglutaronitrile/phenoxyethanol, and p-phenylenediamine.¹

REFERENCE

1. Zug KA, Warshaw EM, Fowler JF Jr, et al. Patch-test results of the North American Contact Dermatitis Group 2005-2006. *Dermatitis*. 2009;20(3):149-160.



CASE 2

The patient's diagnosis is rosacea, a disorder that often manifests with multiple signs and symptoms. His primary presentation was rhinophyma, which is characterized by enlargement of the nose due to hypertrophy of the sebaceous glands, resulting in a large, red-colored nose. He also had a papulopustular component, which is marked by erythema, papules, and pustules. The redness and tenderness of the nose were differentiated from cellulitis by skin culture of the nostril. Other common features of rosacea seen in this patient include facial flushing, especially with red wine consumption, ocular inflammation, and facial telangiectasias. Rosacea is often managed with topical metronidazole cream or gel, azelic acid gel, topical sulfa medications, and doxycycline.