

Diagnosis at a Glance

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CASE 1

A 16-year-old Asian male presents with a bullous lesion on the plantar surface of his left foot. The blister arose some 4 days ago; it is tense and painful to palpation. Slight serous drainage from the blister is also noted. The patient states that the site had been treated elsewhere with application of a topical medication 2 days prior to the onset of blistering. He denies recent trauma. Examination of his right foot reveals scattered plantar verrucae. These had been treated with the same topical medication but remained blister free.

What is your diagnosis?



CASE 2

A mother seeks consultation for her 4-month-old baby, who presents with extraneous digits on all four extremities. She denies difficulty with birth, illicit drug use, and excess alcohol consumption. There is no family history of a similar abnormality, and the child has no other medical problems. The baby is alert and well nourished. Examination reveals accessory digits on all extremities, with one digit being extremely abducted. The remainder of the physical exam is unremarkable. Radiographs demonstrate the additional digits but no other pathology.

What is your diagnosis?

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ANSWER



CASE 1

We suspect that this patient received treatment of his plantar warts with topical cantharidin, which is a vesicant derived from the body fluids of blister beetles (members of the order Coleoptera). This substance has been used to treat verrucae and molluscum contagiosum for several decades. Application of cantharidin to the skin often leads to intraepidermal blistering within 24 to 48 hours. Blistered sites may be somewhat painful but heal without scarring within a week's time; postinflammatory hypopigmentation or hyperpigmentation may take months to resolve, however.



CASE 2

Polydactyly is a congenital abnormality characterized by the presence of at least one extra digit on the hand and/or foot. The condition may arise spontaneously or be passed on as an inherited trait. Polydactyly may occur in association with trisomy 21 as well as syndactyly (fusion of two digits). The incidence is somewhat higher in blacks than in whites. Occurrence on all four extremities, as manifested by this infant, is quite unusual. Radiographs are imperative for planning surgical correction, which consists of excision of the accessory digit(s), followed by reconstructive surgery to preserve functionality and enhance cosmesis.