Pustules and Sinus Tracts Involving the Right Arm of an Elderly Patient

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A 58-year-old white woman presented with a 2- to 3-month history of an erythematous eruption that began on her face and scalp and progressed onto her chest, back, and upper extremities. It was occasionally pruritic, especially on the scalp, where she also reported hair loss along the frontal-temporal hairline. An asymptomatic redness of the eyes developed concurrently. Her medical history was notable for a remote history of breast cancer (status post mastectomy, chemotherapy, and radiation 17 years earlier). The patient denied any current prescription or over-the-counter medications. Physical examination disclosed confluent erythematous patches and thin plaques on the frontal-temporal scalp, central face, trunk, and upper extremities and marked bilateral conjunctival injection (Figures 1 and 2). Scattered irregularly shaped patches of purpura were also noted on the trunk. A punch biopsy was performed on the central chest (Figure 3). What is your diagnosis?

Acute Onset of Leg Nodules in a Sporotrichoid Pattern

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A 35-year-old man presented for evaluation of subcutaneous nodules on his right leg. His medical history included severe cardiovascular disease. He stated that a number of smaller nodules had developed on the same leg 1 week before presentation (Figure 1). He denied a history of trauma to his leg or recent outdoor activities.

REPORT OF A CASE

An 85-year-old man with a history of diabetes and chronic obstructive pulmonary disorder (COPD) (taking predni-
sone, 5 mg/d) was admitted to our facility with a month-
long history of persistent right arm swelling, erythema, and pain. He had multiple prior admissions for this is-
sue, and he was treated with oral and intravenous antibiot-
ics for a suspected "cellulitis." His skin symptoms wors-
eased despite treatment, and he developed an extensive
superficial purulent eruption with sinuses tracks involv-
ing the entire forearm and a portion of the upper arm (Figure 1). Workup included ultrasonography, which showed no fluid collection, and magnetic resonance imaging, which showed soft-tissue swelling without evidence of any underlying abscesses or osteomyelitis. Punch biopsy specimens for culture and histopatho-
logic analyses were obtained (Figures 2 and 3).

What is your diagnosis?

Diffuse Hyperkeratosis in a Deaf and Blind 48-Year-Old Woman

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REPORT OF A CASE

A 48-year-old deaf and blind woman was transferred from an outside hospital for a severe flare of "psoriasis." Findings on the clinical examination were impressive, revealing diffuse scaling and severe crusting of the scalp with se-
vere, patchy alopecia, and complete absence of the eyebrows. She had generalized pseudopelade with massive cobblestone-like hyperkeratotic plaques of the trunk and extremities. Her palms demonstrated a diffuse grainy hyperkeratosis, and her eyelashes and eyebrows were sparse. She underwent a corneal transplant that was unsuccessful. A punch biopsy specimen was obtained from a plaque on the central chest (Figures 1 and 2). Tzanck smear failed to show multinucleated giant cells. No mucosal ulceration was seen. She further dis-
covered that her skin disease and deafness were congeni-
tal brother had lifelong psoriasis; his psoriasis patches were when she underwent a corneal transplant that was unsuccessful. Two punch biopsies were performed, one from the central chest (Figure 3). What is your diagnosis?

Erythematous Eruption With Marked Conjunctival Injection

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REPORT OF A CASE

A 50-year-old man presented with a 1-week history of an erythematous eruption that began on his face and scalp and progressed onto his chest and extremities. He had no history of fever, chills, sweats, tongue, or un-
explained weight loss.

Physical examination revealed a 5 × 2-cm subcutane-
ous nodule on the arch of the right foot and 4 similar but smaller subcutaneous nodules involving the medial aspect of the right leg in a sporotrichoid pat-
tern. The nodules were mildly tender to palpation, and there was no appreciable lymphadenopathy. Punch bi-
opsy specimens were obtained from 2 nodules and sent for hematoxylin-eosin staining (Figures 2 and 3) and tissue culture. What is your diagnosis?