Erythematous and Hypopigmented Patches on the Face

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REPORT OF A CASE

A 12-year-old boy presented with a 1-month history of multiple, slightly pruritic, erythematous patches on his face (Figure 1). The lesions varied from 1 to 4.5 cm in diameter and were hyperpigmented at the periphery. The patient had been delivered at term after an uncompli-
cated pregnancy and was otherwise healthy. The family history was unremarkable.

Physical examination revealed 3 groups of skin-colored to pink, slightly firm, papules coalescing into lin-
clear plaques on the back and abdomen. The largest lesion measured 0.8 x 1.5 cm in diameter (Figure 1).

What is your diagnosis?

Coalescing, Nevoid Papules in an Infant

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REPORT OF A CASE

A 14-month-old Asian boy presented for evaluation of 3 clustered plaques on his face that had been noted at birth. The lesions were asymptomatic but had recently increased in size and had become erythematous. The lesion varied from 1 to 4.5 cm in diameter and were hyperpigmented at the periphery. The patient had been delivered at term after an uncompli-
cated pregnancy and was otherwise healthy. The family history was unremarkable.

What is your diagnosis?

Chronic Infiltrates and Persisting Ulcerations on the Arms and Legs

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REPORT OF A CASE

A 59-year-old man presented with chronic nonhealing ulcerations on his arms and legs that had persisted for several months. His medical history was notable for a several-year history of polymyalgia rheumatica, which had been treated by trigeminal ganglionectomy 12 years earlier. He subsequently developed a left-sided tic douloureux with intractable pain that had been treated with oral prednisone and, occasionally, methotrexate.

The lesion varied from 1 to 4.5 cm in diameter and were hyperpigmented at the periphery. The patient had been treated by trigeminal ganglionectomy 12 years earlier because of necrotizing fasciitis. The skin ulcerations had progressed markedly over the last few months, although the polymyalgia rheumatica was assym-
tomatic as a result of the prednisone therapy (50 mg/d). Empirical therapy with penicillin G tetrahydrate and cipro-
flaxacin hydrochloride had been initiated 2 to 3 weeks ear-
lier. He subsequently developed a left-sided neuro-
sensory cornea and Bell palsy. He wears protective glasses to prevent corneal trauma.

What is your diagnosis?

Asymmetric Ala

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REPORT OF A CASE

A 75-year-old man presented with a 3-year history of an inremittance ulcer on his left ankle. His medical history was significant for chronic obstructive pulmonary disease. He also had a complicated ophthalmic history, which in-
cluded left-sided tic douloureux with intractable pain that had been treated by trigeminal ganglionectomy 12 years earlier. He subsequently developed a left-sided neuropathic cornea and Bell palsy. He wears protective glasses to prevent corneal trauma.

An asymmetrical nose with left alar lobule atrophy (Figure 1 and Figure 2) was observed on physical ex-
amination of the patient’s skin. A small ulcer with crust was at the base of the alar rim. A Tzanck preparation and a direct microscopic examination for fungal elements were negative. A cutaneous biopsy specimen was obtained (Figure 2 and Figure 3).

What is your diagnosis?