

Dermatology

Question 1:



A 34 year old man returned 1 week ago from a weekend in the 'countryside' with his family. He has presented to the ED with a 3 day history of this lesion on his left shoulder.

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|-------------------------------------|---------|
| 1. Describe the lesion. | 2 marks |
| 2. What is this skin rash called? | 1 mark |
| 3. What is the causative organism? | 1 mark |
| 4. Is the patient contagious? | 1 mark |
| 5. List 2 recognised complications. | 2 marks |
| 6. What is the treatment? | 1 mark |

1. Extending macular rash with a central scaling punctum
2. Erythema chronicum migrans
3. *Borrelia burgdorferi*
4. Potentially via body fluids
5. Carditis and heart block
Bell's palsy
Mononeuritis multiplex
Late: arthritis
6. Doxycycline, amoxicillin or cephalosporin for 2-3 weeks

Question 2:



Figure 1. A patient undergoing treatment for polycythemia rubra vera presented with a large 7 × 5.5-cm ulcer and three 1 × 1-cm pustules on his left calf.

A 64-year-old man presented with a large, painful ulcer on the lateral aspect of his left calf. The lesion had begun as a small pimple a year earlier and, after breakdown, had rapidly and continuously expanded. It was surgically debrided a few months ago, when about half its present diameter. The patient had long-standing polycythemia rubra vera for which he had undergone frequent phlebotomies. His medications included furosemide, allopurinol, and hydroxyurea.

In laboratory studies, the hemoglobin concentration was 14.6 gm/dL, the white blood cell count was 28,000/mm³, and the platelet count was 191,000/mm³. Electrolyte and creatinine levels were normal, as were results of liver function tests.

1. What are your next 2 A and E investigations? 2 marks
2. What are your differential causes for this lesion? 2 marks
3. What is your treatment of this gentleman? 3 marks

Answers

This is hard! The actual diagnosis is pyoderma gangrenosum so just think of it as a differential when you have an ulcer.

1. Doppler – localization of pulses
BM/blood glucose
Ankle/brachial pressure index
Wound swab
Xray for osteomyelitis
2. Ischaemic ulcer
Venous ulcer
Malignancy
Pyodema gangrenosum
3. Analgesia IF painful
Wound swab
Clean with N Saline
Dress
Advise leg elevation
Consider antibiotics – flucloxacillin 500 mg qds
Refer to tissue viability service/
Plastics for further care ?SSG/
Dermatology for help with diagnosis
District nurses/GP for regular review and dressings

The treatment of pyoderma gangrenosum is steroids po