



# 11/01/21 Dermatology Morning Report with @CPSolvers

Case Presenter: Marcela Alfaro (@marcealfasug) - HDx case by Dr. Kappagoda Case Discussants: Steven Chen (@DrStevenTChen)



**CC:** Ulcers

**HPI:** 48yF p/w progressive painful ulcers on both hands. 12d ago noted red irritated patch of skin between thumb and forefinger which she thought was 2/2 sweeping. Became raised and an open ulcer. Presented with isolated fever (101°F) which resolved w/ acetaminophen. Also had diaphoresis.

In ED was dx with spider bite and was discharged with clindamycin which showed no improvement. Further questioning she doesn't recall a spider bite.

8d later noted purple papule near de PIP joint of her index finger → next day ulcerated.

**ROS:** several months of intermittent pain and swelling of MCP, PIP, DIP joints of both hands. 10lb weight loss. No diarrhea.

**PMH:**  
Chronic sinusitis - FESS 2y ago.  
Cervical spine degenerative joint disease.

**Meds:**  
acetaminophen

**Fam Hx:** None  
**Soc Hx:**  
Lives w/grand children in rural area in the central valley area of California. Works in elementary school. Has a kitten. Does yard work/gardening.

**Health-Related Behaviors:**  
No smoking or drug use.

**Allergies:** None

**Vitals:** T:36.9C HR: 62 BP:120/75 RR:18 SpO<sub>2</sub>: 99% RA

**Exam:**  
**Gen:** non toxic appearing, appears older than stated age.  
**HEENT, CV, Pulm, Abd:** normal  
**MSK:** R hand: swelling of dorsal surface. Tender to palpation of 2-4 MCP joints L hand: tender to palpation of 1-3 MCP. Both without erythema or swelling. No streaking tracking up wrist or arm. No other joint abnl.  
**Skin:** R hand open ulcerations with friable tissue between thumb and index finger. L hand open ulceration with friable tissue over second PIP joint.

**Notable Labs & Imaging:**  
**Hematology:** WBC:6.1 Hgb:10.1 Plt: 518,000  
**Chemistry:** BNP: normal. AST:24 ALT: 26 Alk-P:126 T. Bili: 0.6 Albumin: 3 Total Protein: 7. ESR 39 CRP 4.8 Iron TIBC normal, Transferrin saturation 8%, Ferritin 130.

ANA neg. RF neg. SPEP: no abnormalities. Free kappa light chain 2.4 (high), free lambda light chain 2.1. Free K/L: normal.

HIV: neg. Anti hep C ab: positive. HCV viral load 1.3 million  
Blood cultures: Neg.

**Biopsy:** Dense normal Neutrophilic infiltrate w/ leukocytoclasia and marked papillary dermal edema.  
Stains for infections: negative.

**Final DX:** Acute Febrile Neutrophilic Dermatitis - Sweet sx

Was started prednisone tapered over several weeks with significant improvement. Evaluation for underlying infection or hematologic malignancies positive only for HepC. Was started w/ ledipasvir-sofosbuvir

**Problem Representation:** 46F p/w fever, purple papular hand rash that then ulcerated. Found to have HepC and biopsy showing dense neutrophilic infiltrate.

- Teaching Points (Gabriel):**
- **Dermatology principles:**
    - Dr. Chen: “👁️ watch → 📖 history”
    - Dr. Alfaro: “progression is queen”
  - **Approaching ulcers on both hands:**
    - + systemic symptoms fever and weight loss:
      - 🏠 Non-missing dx: pyoderma gangrenosum & other neutrophilic dermatosis. PE noticeable for pathergy sign (pustule after trauma)
      - 🦠 infectious conditions. Inquiry risk factors (household, travel history, exposures, health-related behaviours) Both hands presentation downgrades this ddx.
    - Multiple lesions sub-acute progression: some ddx can be rule out: orf.
    - Sporotrichoid-like spread: nocardiosis, leishmaniasis, micobacterias, sporothrix, staph.
    - + arthritis → infectious or rheum-derm conditions
  - **Completing the puzzle**
    - Epidemiology + 🌱 gardening habit + systemic symptoms w/ multiple lesions points toward infectious process, but immune-related conditions should not be rule out!
    - 💎 Purple papule → painful ulcer. Neutrophilic dermatosis.
      - PE: purple and elevated border
    - Next steps? → study the lesion! swabbing, biopsies (usually the border, not in calciphylaxis!), tissue cultures, IF, hand-X-ray (study the joints!), CBC, electrolytes.
    - HCV + ulcers combo: 🧊 cryoglobulinemia, miscellaneous small vessel vasculitis, neutrophilic dermatosis
  - **Puzzle completed!:**
    - Biopsy not showing vasculitis + neutrophilic infiltration → neutrophilic dermatosis. Make sure not infectious are present and study the trigger(s) such as liquid malignancies