A Cervical Congenital Atrophic Band With a Nipplelike Projection

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A 42-year-old Taiwanese man presented for cosmetic correction of an asymptomatic cervical lesion on the central aspect of his neck. He was otherwise healthy and had no pertinent family history. Physical examination revealed a vertically oriented, reddish, atrophic band extending from the tip of the chin to the anterior edge of the calcaneus. The atrophic band measured 1.8 to 2.6 cm in width and 8.2 cm in length. The nipplelike projection was 0.8 cm in diameter. There was no limitation in the patient's neck movements. The lesion was excised with simple closure. The specimen was sent for histologic analysis (Figures 2 and 3).

REPORT OF A CASE

A 42-year-old Chinese man presented with a 3-year history of pruritic plaques on his breasts (Figure 1). The plaques were more erythematous at the medial aspect of the left breast, and in the periumbilical region. The plaques were seen around the right nipple and areola, on the medial aspect of the left breast, and in the periumbilical region. The plaques were more erythematous at the periphery of the lesions. The right nipple was retracted. Biopsy specimens were obtained from the periphery of the plaque from the right breast and areola (Figure 3). A biopsy specimen of peripheral skin was also obtained for direct immunofluorescence (Figure 3). What is your diagnosis?

Urticarialike Plaques on the Breasts of a 72-Year-Old Woman

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A 72-year-old Hispanic woman presented with a 2-year history of a persistent painful ulceration on the neck area (Figure 1). The nodules did not seem tender to palpation. Physical examination revealed bilateral, soft, 1-cm, subcutaneous nodules at the anterior edge of the calcaneus (Figure 1). The nodules increased in size proportionately with the child’s growth. There was no evidence of joint limitation. There were no other skin findings. Magnetic resonance imaging of the feet showed no bony or cartilaginous abnormalities. A punch biopsy specimen was obtained and stained with hematoxylin-eosin (Figure 1).

REPORT OF A CASE

A 11-month-old girl was referred for evaluation of bilateral plantar nodules that had been present since birth. She was otherwise healthy and developing normally. Her family history was significant for neurofibromatosis 1 in her mother. Her medical history was significant for mild hypertension, hypercholesterolemia, and mild arthritis. A mammogram that had been obtained 6 months earlier had shown no abnormalities.

Nonhealing Perianal Ulcers

Tien-Yi Tzung, MD, Jen-Chin Wu, MD, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan

A 72-year old Hispanic woman presented with a 2-year history of central diabetes insipidus and had been treated with nasal desmopressin acetate. On physical examination, multiple well-defined, punched-out ulcers were noted around the anus and in the perineum, without involvement of anal mucosa. There was no lymphadenopathy in the groin. Cultures were negative for viruses, fungi, and acid-fast bacilli. The results of a complete blood count, a differential cell count, chest and whole-body bone radiography, abdominal sonography, and enhanced computed tomography of the brain, with thin-slice sections of the sella turcica, were unremarkable. A biopsy specimen was obtained for histopathology and electron microscopic analysis. (Figures 3 and 3).

REPORT OF A CASE

A 67-year-old heterosexual Chinese man presented with a 1-month history of a persistent painful ulceration on the perianal area (Figure 1). He had been treated with topical and oral amnitril agents for a presumed herpes simplex viral infection, without improvement. He also had a 13-year history of central diabetes insipidus and had been treated with nasal desmopressin acetate. On physical examination, multiple well-defined reddish brown plaques were seen around the right nipple and areola, on the medial aspect of the left breast, and in the periumbilical region. The plaques were more erythematous at the periphery of the lesions. The right nipple was retracted. Biopsy specimens were obtained from the periphery of the plaque from the right breast and areola (Figure 3). A biopsy specimen of peripheral skin was also obtained for direct immunofluorescence (Figure 3). What is your diagnosis?

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