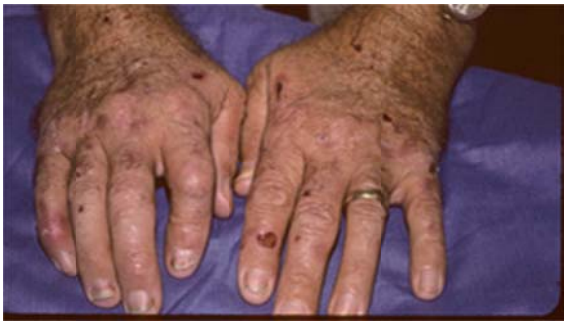
CASE 32-2

A 50-year-old man presents with a 3-month history of vesicles and erosions on the dorsal hands with similar but fewer lesions on the dorsal wrists and forearms. The lesions heal slowly with scarring, milia, and dyspigmentation. They are distributed asymmetrically, with a slight predilection for the left. Symptoms include stinging pain at sites of erosions and intermittent discomfort in the affected areas that he likens to “sunburn.”

He has not seen a doctor for 5 years and currently takes no medications. In reviewing his medical record, you learn that he has a history of diabetes and hepatitis C. He works as a driver for a moving company that specializes in long distance residential relocations.

He denies other recent changes to his general health, exposures, routine daily activities, or lifestyle.



What is the most likely diagnosis?

(A) Dermatitis herpetiformis

(B) Allergic contact dermatitis

(C) Porphyria cutanea tarda

(D) Keratosis pilaris

(E) Pemphigus vulgaris

The correct answer is (D), porphyria cutanea tarda.

Porphyria cutanea tarda is a photosensitive vesiculobullous dermatosis. This condition typically presents in a photodistribution with vesicles and bullae on sun-exposed parts. Unlike pemphigus vulgaris, the bullae of porphyria cutanea tarda are tense and they are not surrounded by erythema. The lesions also heal with scarring and dyspigmentation. Liver disease is frequently present in patients with porphyria cutanea tarda. This condition is less commonly associated with diabetes, HIV, and lupus erythematosus among other diseases. Other manifestations of porphyria cutanea tarda include increased hair growth on the face and skin thickening in various anatomic locations.

Dermatitis herpetiformis may also present with vesicles on extensor surfaces. The vesicles are often grouped and severely pruritic. Given the intensity of pruritus, intact vesicles are often absent at the time of in-office examination because of secondary change from scratching.

Allergic contact dermatitis may present with vesicles in its acute phase. Distribution is variable and dependent upon the locations exposed to the allergen. These lesions do not result in scarring. Pruritus is a common symptom of allergic contact dermatitis.

Keratosis pilaris is not a vesiculobullous disorder. Alternatively, it presents with perifollicular accentuation with erythema and scale. It is commonly located on the proximal extensor surfaces of the extremities. It is often seen in patients with atopic dermatitis.

Pemphigus vulgaris is an autoimmune vesiculobullous disorder dermatosis. The bullae are flaccid and signs of inflammation (eg, erythema) are often present on lesional skin. They heal without scarring.