

CASE 35-2

A 70-year-old woman presents with a 6-month history of an itchy rash on the lower legs. She denies pain in her legs, but has a history of intermittent edema. She has used many over the counter products without improvement.



What is the best initial step in management of this patient?

- (A) Punch biopsy with direct immunofluorescence examination
- (B) Order a HgbA1c
- (C) Two week course of oral antibiotics
- (D) Corticosteroid ointment and compression stockings
- (E) Two week course of topical clotrimazole cream

The correct answer is (D), corticosteroid ointment and compression stockings.

The patient in this case has stasis dermatitis, which is evident by the red-brown, lichenified, and sclerotic plaque located in this classic distribution, on the anterior lower legs involving the medial ankles. This diagnosis is usually made clinically and does not usually require a punch biopsy. In fact, a biopsy on the lower leg in a patient with venous stasis is likely to heal poorly and should be avoided if possible. Unlike diabetic dermopathy and necrobiosis lipoidica, diabetes mellitus is not associated with stasis dermatitis, and therefore a HgbA1C is unnecessary in this patient with no other risk factors for diabetes. The treatment for stasis dermatitis is compression therapy with judicious use of a topical corticosteroid. An oral antibiotic or topical antifungal in this scenario would not be helpful. Compression therapy should not be attempted in patients with peripheral vascular disease.