

CASE 36-2

A 36-year-old male with a medical history of only asthma and seasonal allergies presents with a 2-year history of pruritic and sometimes painful rash on his feet. He has tried over the counter hydrocortisone 1% cream, which does seem to reduce the pruritus.



What is the one most likely diagnosis?

- (A) Atopic dermatitis
- (B) Contact dermatitis
- (C) Dyshidrotic dermatitis
- (D) Psoriasis vulgaris
- (E) Tinea pedis

The correct answer is (A), atopic dermatitis.

Atopic dermatitis on the feet presents with, xerosis, fissuring, erythema, and lichenification on the soles and dorsal feet, as exemplified in this case. Clinically this would be hard to distinguish from chronic contact dermatitis, but the history of asthma and seasonal allergies makes the diagnosis of atopic dermatitis more likely. Unlike the patient in this case, dyshidrotic dermatitis presents with recurrent acute episodes of pruritic and painful vesicles on a noninflammatory base, erupting in groups on the soles of the feet. Psoriasis vulgaris is usually more well-demarcated, with thick, adherent scale overlying the erythematous plaques. Tinea pedis in this particular location is uncommon and does not have an eczematous appearance as seen in this case.