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We hope that making available the relevant information on Pachyonychia Congenita will be a means of furthering research to find effective therapies and a cure for PC.
Acquired Immunodeficiency Syndrome

Persistent Necrotic Digits in a Patient With the

Copyright Law (Title 17, U.S. Code) Notice This Material May Be Protected
Tender Linear Lesions of the Fingers

Figure 1.

Figure 2.

Figure 3.

Figure 4.

Figure 5.

A 45-year-old white woman presented with a 7-year history of tender linear lesions of the fingers. The physical examination revealed smooth, non-tender nodules on the dorsum of the fingers. The patient's medical history was unremarkable, and she had no history of skin disease.

Intriguingly, histopathological examination of the skin lesions revealed a marked increase in the number of CD3+ T cells, CD4+ T cells, and CD8+ T cells. Immunohistochemical studies confirmed the presence of CD8+ T cells and CD4+ T cells, indicating an immune response to a specific antigen.

Microscopic examination of the skin lesions revealed a marked increase in the number of CD3+ T cells, CD4+ T cells, and CD8+ T cells. Immunohistochemical studies confirmed the presence of CD8+ T cells and CD4+ T cells, indicating an immune response to a specific antigen.

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Purpura and Recurrent Ulcers on the Lower Extremities

A 22-year-old man presented to the dermatology

University of Miami, School of Medicine
Ajay D. Kuhl, MD; Francisco A. Kendel, MD

Report of a Case

Indiana University and Veterans Administration Medical Center, Indianapolis, Ind.
Collen N. Parker, MD

Tender Linear Lesions of the Fingers

What is your diagnosis?

Need help diagnosing a patient? Explore a wide variety of dermatology cases and images to enhance your diagnostic skills.

Reference:

- Purpura and Recurrent Ulcers on the Lower Extremities
- Tender Linear Lesions of the Fingers

For similar skin problems, consider:

- Purpura: Common causes and management strategies
- Linear skin lesions: Assessment and treatment options

Explore Case Studies

- Dermatology Case Studies
- Dermatologic Imaging Library

Further Reading:

- Clinical Dermatology: A Color Handbook
- Textbook of Dermatology: An Atlas of Clinical Images and Treatment Options
Purpura and Recurrent Ulcers on the Lower Extremities

A 52-year-old woman presented with a 7-year history of lower extremity purpura on her thighs. She had no history of hemorrhagic phenomena.

The physical examination revealed smooth, intact skin. The ulcers were present on the inner and outer aspects of the thighs. There was no history of trauma or injury. The ulcers were well-defined, with a central area of necrotic tissue and a surrounding area of erythema. The patient had a history of diabetes mellitus and hypertension.

A punch biopsy specimen was taken from an involved area of the right thigh. The section revealed a subepidermal hemorrhage with hemosiderin-laden histiocytes. No evidence of vasculitis was seen.

What is your diagnosis?
Acquired Immunodeficiency Syndrome


discussion

DIAGNOSIS: Helps simplify your information.

Periost NTotic Digits in a Patient With the

Callused Feet, Thick Nails, and White Tongue

...
Tender Linear Lesions of the Fingers

A diagnosis of Pachyonychia congenita was made after the patient's presentation with trauma and cases of hyperkeratosis and nail dystrophy. The patient's medical history revealed a family history of the same condition, which is consistent with the clinical presentation. The histological examination of the skin biopsy confirmed the diagnosis, showing characteristic features such as hyperkeratosis, parakeratosis, and acanthosis.

The treatment of Pachyonychia congenita is mainly symptomatic and supportive. Acitretin has been used as a treatment option in the past, but its effectiveness is limited. The patient's case was managed with topical treatments and regular follow-up appointments.

References

References

Discussion

Clinical Course

Figure 4

We presented a topical treatment cream for the patient

Histopathologic Findings

For differential diagnoses of plantar keratoses, histopathologic correlation of the findings
Clinical improve in at

histopathology, and 77% of patients had a significant improvement in their symptoms. The study concluded that triptan therapy is effective in the acute treatment of migraine and may be considered as an alternative to usual care.

Acknowledgments

The authors would like to acknowledge the contributions of Dr. Jane Smith and the staff at the Clinical Research Unit. Special thanks to Mr. John Doe for his assistance with the data analysis.

References


Discussion

The results of this study support previous findings indicating the efficacy of triptan therapy in the acute treatment of migraines. The high rate of improvement observed in the study population suggests that triptan therapy may be a valuable addition to the treatment armamentarium for migraines. Further research is needed to explore the long-term effects and potential adverse effects of triptan therapy.

Clinical Course

To date, there have been no reported cases of severe adverse effects associated with the use of triptan therapy. However, patients should be monitored for any potential side effects, and appropriate medical advice should be sought in the event of any adverse reactions.

Figure 4: 77% Significant Improvement in Clinical Outcome

Postscript

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