

# A 62-Year-Old Man With Skin Rash and an Abnormal Chest Radiograph

Tyler J. Albert, MD; Sarah Bastawrous, DO; Gregory J. Raugi, MD, PhD; and Jan V. Hirschmann, MD

A 62-year-old man developed a scalp rash 2 months ago, followed by bilateral eyelid swelling. The nonpruritic rash then spread to involve most of his skin. He also had fatigue, muscle weakness, mild muscle soreness with activity, and dysphagia for solid foods for the last 3 weeks. He had no other symptoms. He had a 50 pack-year history of smoking and drank two to three shots of alcohol daily.

CHEST 2015; 147(3):e90-e94

## Physical Examination Findings

The patient's vital signs and findings from chest, cardiac, and abdominal examinations were normal. His skin examination was notable for violaceous erythema of the face, scalp, neck, shoulders, and extremities, with multiple areas of superficial ulceration. Violaceous bilateral periorbital edema was present (Fig 1A). His hands had erythema over the proximal interphalangeal joints, particularly on the middle and ring fingers, and periungual suffusion and erythema, especially of the ring finger (Fig 1B). Periungual telangiectasias were also visible. The musculoskeletal examination revealed mild proximal muscle weakness of both arms and legs bilaterally. The remainder of his examination was unremarkable.

## Diagnostic Studies

CBC count, renal function, and electrolyte level were normal. Notable laboratory values were as follows: aspartate aminotransferase, 124 U/L; alanine aminotransferase, 53 U/L; and creatine kinase, 1,952 U/L. His chest radiograph showed a small left upper lobe nodular opacity (Fig 2).

Manuscript received May 7, 2014; revision accepted July 21, 2014.

**AFFILIATIONS:** From the Department of Medicine (Drs Albert, Raugi, and Hirschmann), and Department of Radiology (Dr Bastawrous), VA Puget Sound Medical Center; and Department of Medicine (Drs Albert and Hirschmann), Department of Radiology (Dr Bastawrous), and Division of Dermatology (Dr Raugi), University of Washington School of Medicine, Seattle WA.

**CORRESPONDENCE TO:** Sarah Bastawrous, DO, VA Puget Sound Medical Center, Department of Radiology, Mail Box 358280, S-114, 1660 S Columbian Way, Seattle WA 98108-1597; e-mail: ssheikh@u.washington.edu

© 2015 AMERICAN COLLEGE OF CHEST PHYSICIANS. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details.

DOI: 10.1378/chest.14-1100

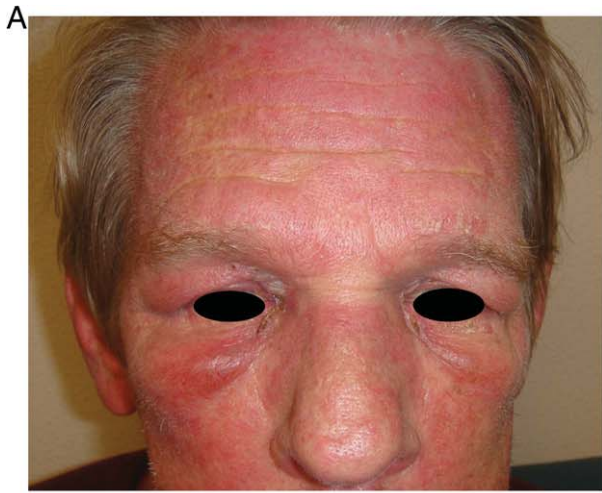


Figure 1 – A, B, Photographs of the (A) face and (B) hand. (The patient provided written consent for the use of this photograph.)

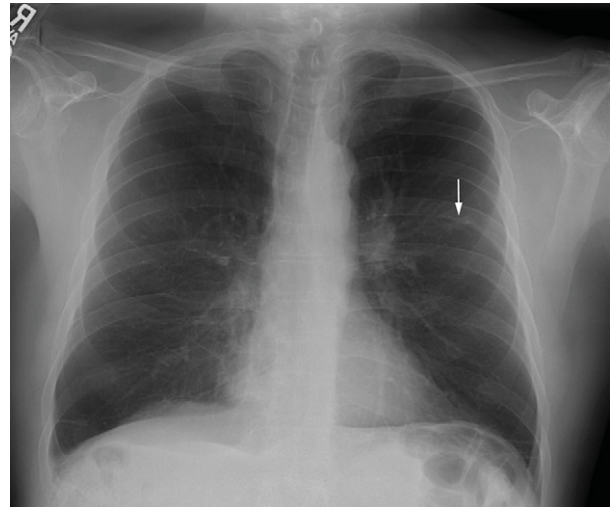


Figure 2 – Posterior-anterior chest radiograph shows small left upper lung nodular opacity (arrow) and left hilar prominence.

---

*What is the diagnosis?*

Download English Version:

<https://daneshyari.com/en/article/2899786>

Download Persian Version:

<https://daneshyari.com/article/2899786>

[Daneshyari.com](https://daneshyari.com)