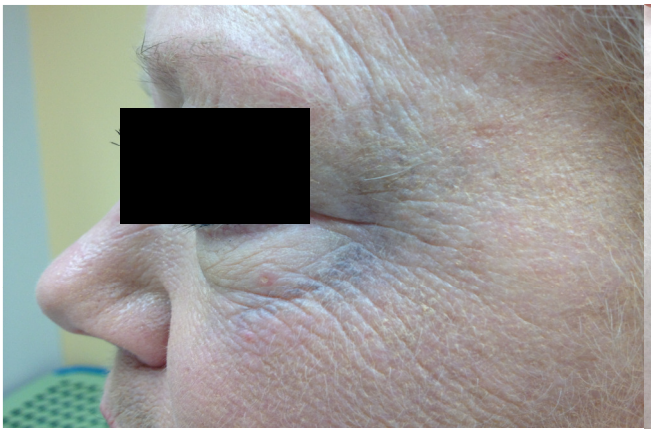
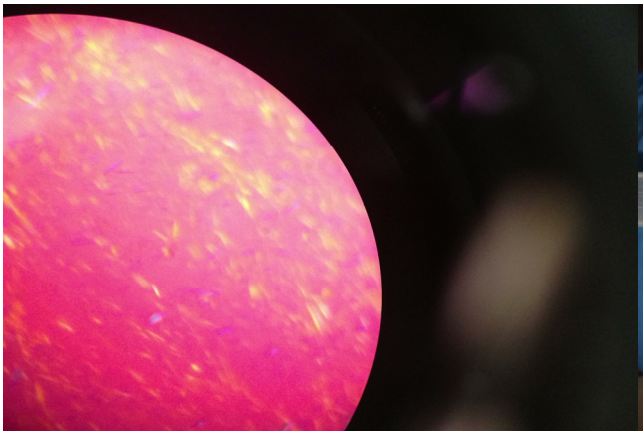
SPOT DIAGNOSIS

Question 1: A 52 year old lady with type 2 diabetes mellitus and recurrent acne noted to have these skin and nail changes during a clinic visit. She reports no weight loss and physical exam otherwise unremarkable. Her medications include metformin, oral calcium vitamin D supplements and another unknown medication for acne that was prescribed by an outside provider for many years. What is the your diagnosis and management plan ?



Answer: *Page 14*

Question 2: A 70 year old man presented with an acute onset of elbow pain and swelling. Aspiration of the olecranon bursa and microscopic images of the fluid are shown below. What is your diagnosis ?



Answer: *Page 14*

SPOT DIAGNOSIS

Answers:

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1. Minocycline induced slate gray hyperpigmentation of skin and nail bed. This patient was prescribed minocycline 100 mg twice daily for acne vulgaris and she was taking them for many years. Reported incidence ranges from 2%-15% in those consuming it and three types of minocycline related hyper-pigmentation have been described in literature. Type 1(most common) is characterized by blue black macules in areas of scarring/inflammation, type II consists of well circumscribed blue-grey pigmentation in previously normal skin commonly shins and forearm and type III (least common) with diffuse muddy brown pigmentation of the skin. Biopsy studies suggest that the pigment consisted of insoluble complexes of minocycline or a derivative chelated with iron with possible siderosis as the underlying pathology. Types II and III appear to be dose and duration related and treatment is to stop minocycline. But it is very uncommon for the discoloration to disappear. In this patient even after stopping minocycline for 6 months skin and nail discoloration persisted.

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2) Acute gout. The aspirate shows characteristic tophaceous material and microscopy reveals needle shaped negatively birefringent uric acid crystals.

ID Corner

William Salzer MD
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Management of prosthetic joint infections :

The IDSA has published it's long awaited guidelines for the management of prosthetic joint infections.

Osman DR et al. Diagnosis and management of prosthetic joint infection: Clinical practice guidelines by the Infectious Disease Society of America. Clin Infect Dis2013;56:e1-25. Available at idsociety.org, of this link-

http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/IDSA%20PJI%20Guideline%20CID%2012%202012.pdf