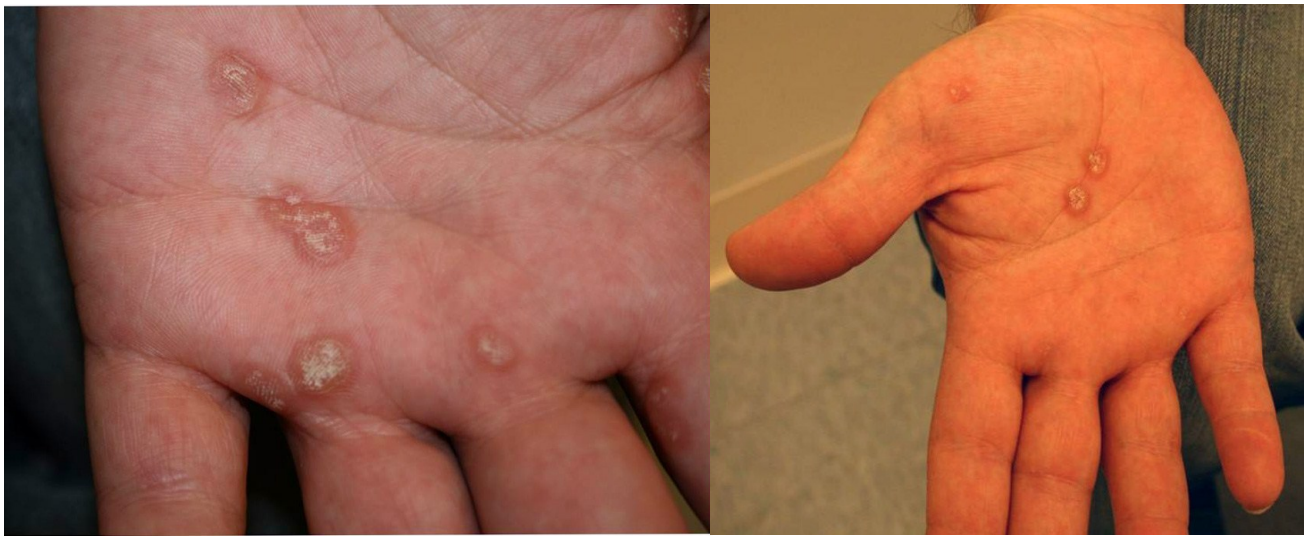
SPOT DIAGNOSIS

Question: A 40 year old male presented with a five week history of rash. His primary physician had initially treated him for eczema, without improvement. What is the diagnosis?



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ID Corner

New Sepsis Guidelines

A number of national groups have gotten together and issued new guidelines for the management of severe sepsis and septic shock, led by our former Pulmonary and Critical Care division director Phillip Dellinger. They are available on IDSA practice guidelines web site.

Dellinger RP et al. Surviving sepsis campaign: International guidelines for the management of severe sepsis and septic shock: 2012. Critical Care medicine 2013;41: 580-637. http://www.idsociety.org/uploadedfiles/idsa/guidelines-patient_care/idsa_practice_guidelines/fever_and_infections/2013%20sepsis%20guidelines.pdf

Answers:

ECG:

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The ECG shows right ventricular hypertrophy with associated ST-T abnormalities. The axis is rightward, and there are both prominent initial forces in V1 and V2 as well as deep narrow S in V5 and V6 greater than 3 mm. The ECG could be mistaken for right bundle branch block; however, the terminal S in lead I and V6 is not wide and the QRS duration is not greater than 120 msec. In a patient with RVH, initial evaluation should include arterial saturation, chest x-ray, and echocardiogram. Physical examination upon presentation in this patient demonstrated an S4 with respiratory variation and a prominent P2 component of the second heart sound, suggesting RV dysfunction and pulmonary hypertension, respectively. A top priority in any patient with pulmonary hypertension, absent evidence of intra-cardiac shunt, is to exclude pulmonary thromboembolic disease. This patient had severe pulmonary hypertension by echocardiogram with an estimated RV pressure of 90 mm Hg. Ventilation-perfusion scan demonstrated multiple segmental mismatches consistent with bilateral pulmonary emboli.

Spot Diagnosis:

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Secondary syphilis. The image demonstrates the well-circumscribed, scale-covered, erythematous plaques characteristic of secondary syphilis. Rapid plasma regain (RPR) was 1:256. He received a single dose of 2.4 million units of benzathine penicillin G intramuscularly, with resolution of his rash. The patient reported high risk sexual contact and was noted to seroconvert, with a positive HIV test 3 months later. He returned for repeat testing within the year, and had a negative RPR.