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Non-inflammatory Bullae of the Dorsal Hand

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These findings allowed us to appropriately counsel the patient's parents and advance his candidacy for surgical treatment. Following the hemispherectomy the patient's status epilepticus has resolved, and he has remained seizure free for 4 weeks. Post-operatively his hemiparesis and language function have improved. Patient consent was obtained to use this case for educational purposes.

Conclusion: To our knowledge, this is the first report on the use of MEG and a passive

listening paradigm in an adolescent patient undergoing presurgical evaluation for treatment of RE in a dominant hemisphere. The data obtained during this evaluation further broadens the utility of the MEG in providing valuable information regarding cortical reorganization of language function in progressive neurological conditions of an adolescent brain. The applications of MEG for mapping eloquent cortical functions may

be expanded to other chronic structural and autoinflammatory disorders of the brain. ■

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Non-inflammatory Bullae of the Dorsal Hand

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Background: Pseudoporphyria is a photodistributed disorder with clinical and histologic features similar to porphyria cutanea tarda. It is differentiated by having normal plasma, urine, and stool porphyrins. Common causes of pseudoporphyria include medications, sun exposure, and chronic renal failure. Young female patients are predominately affected.

Case: A 47-year-old male with acute myeloid leukemia status post allogeneic peripheral stem cell transplant (PSCT) developed a rash (scalp, upper neck, hand erythema worse with sun exposure) on day 16 post-transplant. Notable medications included voriconazole for fungal prophylaxis. Exam noted blanchable erythema over the neck and bilateral upper extremities with tense bullae over the dorsal left-hand 2nd and 5th digits. Punch biopsies for hematoxylin and eosin (H&E) and direct immunofluorescence (DIF) from the left-hand 2nd digit bullae and perilesional, respectively, revealed a subepidermal bullae with eosinophilic hyaline-like material on the roof, rete ridge festooning, and mild perivascular staining for IgG. This was consistent with porphyria or pseudoporphyria. Labs were obtained to differentiate the two, revealing normal serum and urine porphyrin levels. Given the constellation of findings, pathology, and laboratory, a diagnosis of pseudoporphyria secondary to voriconazole was made. Patient consent was obtained to use this case for educational purposes.

Conclusion: Pseudoporphyria develops most often secondary to non-steroidal anti-inflammatory drugs (NSAIDs). Voriconazole-



Figure 1. Panel A and C: Blanchable erythema on the neck and bilateral upper extremities. Scale in the postauricular regions. Panel B: Left dorsal hand with tense bullae overlying an erythematous base on the 2nd and 5th digits. Panel D: Demarcation over the right medial malleolus at the site of a previous sunburn.

induced cutaneous reactions occur in less than 10% of patients. Treatment options include discontinuation of causative agents, sunscreen application, and usage of sun-protective clothing. ■

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