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Deciding When to Get Back on the (Pommel) Horse

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A Case of Sloughing Brunsting-Perry Cicatricial Pemphigoid

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Program: Dermatology

Type: Case Report

Background: Brunsting-Perry Pemphigoid (BPP) is a rare dermatologic condition, presenting as blisters, erosions, crusts, or scars predominantly affecting the head and neck with no mucosal involvement. It is typically considered a variant of cicatricial pemphigoid, bullous pemphigoid, or epidermolysis bullosa acquisita. Antigen target has not been clearly established. BPP can present similarly to non-melanoma skin cancers, pyoderma, and other inflammatory dermatoses and thus misdiagnosis is common. If the patient presents with a solitary lesion, the diagnosis can be extremely difficult. This issue is complicated if the lesion is eroded and no subepidermal blister can be seen. Treatment of mild BPP includes potent topical or intralesional steroids or dapsone, while more severe cases may require systemic therapy with drugs such as rituximab, azathioprine, mycophenolate mofetil, or cyclophosphamide.

Case: A 60-year-old male with a history of type two diabetes, hypertension, and Graves disease presented with a wound to his parietal scalp that had persisted for eleven months (Figure 1). Physical exam showed sloughing of the parietal scalp with erosion and overlying crust. Mucous membranes were not involved. Histopathological images showed subepidermal blistering with non-specific, band-like dermal inflammatory cell infiltrate. Direct immunofluorescence (DIF) was positive for linear antibodies along the basement membrane of IgG and complement protein C3. Patient consent was obtained to use this case for educational purposes.

Conclusion: This case highlights the significance of histopathological examination of skin lesions with an unusual history or presentation prior to biopsy. Dermatologist should consider BPP when presented with erosion, ulcerations, or blisters of the head and neck in older male patients. ■

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Figure 1. The patient demonstrated disease features that are typical of BPP, with central erosion and overlying crust as well as peripheral scalp atrophy, hypopigmentation, and exaggerated superficial vasculature

Deciding When to Get Back on the (Pommel) Horse

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Program: Family Medicine

Type: Case Report

Background: The distal ulna, including the distal radioulnar joint (DRUJ) and ulnar-carpal joints, is crucial for forearm rotation and load transmission through the wrist. In the setting of trauma, ulnar styloid fractures are common with concomitant radius fracture, however, isolated ulnar styloid fractures are rare.

Case: An 18-year-old, right-hand dominant elite male gymnast presented to clinic with three months of right wrist pain. He denied any specific injury but had noticed worsening of pain with pommel horse. He had unsuccessfully attempted treatment with ice, physical therapy, and periodic rest. He described occasional swelling, weakness, and sensation of instability with gymnastics

related activities. On exam, he had tenderness over the medial wrist, pain with radial/ulnar deviation under load, and positive triangular fibrocartilage complex (TFCC) grind test and DRUJ shuck tests. Plain films were significant for an isolated ulnar styloid fracture. Various treatment options were discussed, and initial conservative management was agreed upon with short arm fracture brace. Subsequent MRI arthrogram was obtained to evaluate the integrity of TFCC, which was intact. At 6-week follow-up, the patient was pain free, transitioned out of the brace, and reinitiated physical therapy. He has since returned to full activity without complication. Consent was obtained to share this case for educational purposes.

Conclusion: The low incidence of isolated ulnar styloid fractures leaves a paucity of accepted management strategies. Studies have compared outcomes of various surgical interventions but have not evaluated

conservative approaches. This patient successfully recovered with conservative management, indicating another plausible treatment strategy for this rare type of fracture. ■

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