

or vehicles. We do recommend caution with situations resulting in oral xerosis (eg, Sjögren's syndrome or use of systemic anticholinergic medication therapy) as this may predispose the patient to overdrying with potential to remove oral epithelium with

removal of the cotton ball. Prewetting with tap water may be useful if this is a concern or problem. In addition, we recommend caution and decreased contact time with potentially irritating medications or vehicles.

Medical Pearl: Circle of desquamation—A clue to the diagnosis of folliculitis and furunculosis caused by *Staphylococcus aureus*

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Bacterial folliculitis is an infection of the superficial portion of the pilosebaceous unit. A furuncle or boil represents the evolution of the infection to the deeper portion of the hair follicle. Although there are many causes, *Staphylococcus aureus* has become the primary culprit underlying these skin infections.¹ Although *S aureus* is a common asymptomatic colonizer of many body areas, including the nares, axilla, perineum, and vagina,²⁻³ microtears in the epidermis provide a portal of entry of *S aureus* into deeper tissues, resulting in folliculitis, furunculosis, carbuncles, abscesses, and cellulitis.

Clinically, folliculitis presents as an eruption of erythematous papules or pustules with surrounding erythema centered on hair follicles. A furuncle appears as a tender, firm, erythematous, often fluctuant nodule with central purulence that may spontaneously drain. A finding that is often seen in images of these lesions but infrequently discussed is the presence of a rim of desquamation surrounding the infected hair follicle (Fig 1). There may be one or, less commonly, multiple circles of desquamation arranged in a lamellar fashion around the infected hair follicle.



Fig 1. The circle of desquamation surrounding this deeply inflamed pustule on the back is a clue to the presence of *Staphylococcus aureus*.

COMMENT

The circular desquamation is an important clinical sign of a cutaneous staphylococcal infection. In many academic centers, including ours, an epidemic of community-acquired methicillin resistant *S aureus* (CA-MRSA) skin infections has been noted, leading to significant therapeutic challenges once diagnosed. Swab culture obtained from the lesion shown in Fig 1 revealed numerous MRSA colonies. Treatment with oral clindamycin led to complete clearance of the furuncle. This clinical pearl is intended to aid clinicians in the rapid clinical diagnosis of *S aureus* folliculitis and/or furunculosis and to prompt bacterial culture of these lesions, followed by appropriate antibiotic therapy based on susceptibility test results.

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 IOTADERMA #155

Every dermatologist knows that cutaneous lesions can demonstrate a rainbow of coloration, including purple/plum, red/pink, yellow/orange, white/grey, brown/tan, and blue/black. What tumor, however, is green in color; of what kind of cells is this tumor composed; and what diseases does it often presage or accompany?

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Answer will appear in the January 2007 issue of the Journal.

NOVEMBER IOTADERMA (#154)

In the painting below (Fig 1), titled the "Portrait of an old man and a young boy," painted circa 1490 by the Florentine Renaissance painter Domenico Ghirlandaio (1448-1494), what dermatologic disease is accurately depicted? This Italian master was well-acquainted with Flemish artists, and embraced their penchant for realism. He was Botticelli's contemporary and his most famous pupil was Michelangelo.

Answer: Rhinophyma.

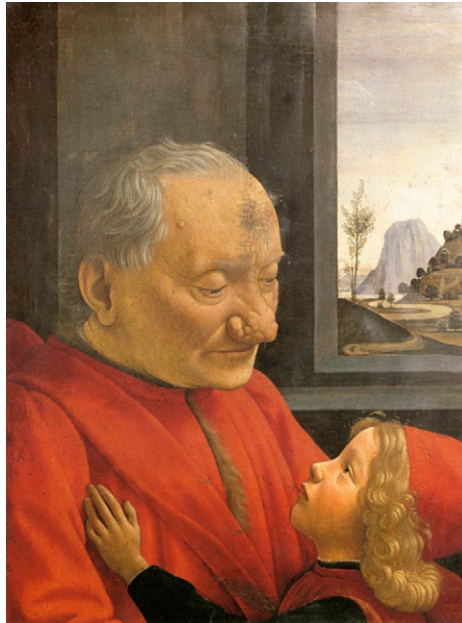


Fig 1. "Portrait of an old man and a young boy." Domenico Ghirlandaio (1448-94). Post-restoration. Photo: H. Lewandowski. Photo credit: Réunion des Musées Nationaux/Art Resource, NY. Louvre, Paris, France.

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