Mistaken Lower Extremity Dermatitis

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An 81-year-old man presented to the family medicine clinic with a complaint of several months of redness and inflammation on his left lower extremity. The lesion appeared after the patient received a diagnosis of deep vein thrombosis about 5 months before the current presentation. The patient received a diagnosis of cellulitis 3 to 4 weeks later and oral antibiotics were prescribed, but they provided no relief. At the current presentation, the patient’s vital signs were normal. Physical examination revealed large, blanching, erythematous plaques that started distal to the knee and tapered at the ankle. The skin was warm and indurated, but not edematous or tender. The skin was hard and had a scaly appearance. Laboratory test results were normal, except for a minimally elevated erythrocyte sedimentation rate. Dermatitis was diagnosed, and the patient was treated with daily Eucerin (Beiersdorf Inc), leg elevation, and compression stockings.

Inflamed or eczematized stasis dermatitis is often misdiagnosed as cellulitis. It results from venous stasis from chronic venous insufficiency and is characterized by dry, erythematous, scaling skin often overlying superficial varicose veins.1 Presentation may include dull aches in the lower extremity, edema alleviated by elevation, eczematous changes of the surrounding skin, and varicosities.2 Treatments include daily hydration, a short course of a topical steroid, leg elevation, and graded compression stockings. (doi:10.7556/jaoa.2016.109)

References


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