

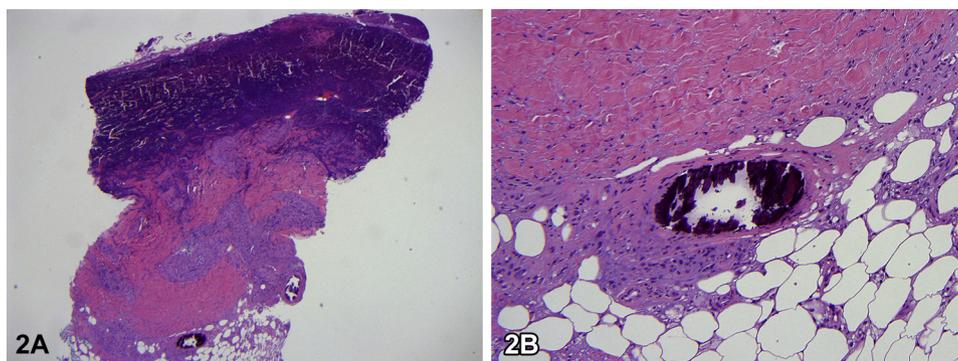
Well-circumscribed retiform ulcerations



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A 67-year-old woman with a history of diabetes mellitus, recurrent deep vein thromboses requiring warfarin prophylaxis for the last 5 years, resected colon cancer, and elevated creatinine levels not requiring dialysis, presented with a 8- × 7.5-cm necrotic nonhealing wound of the right lower leg and bruising of the contralateral leg with painful swelling without history of trauma. Right leg examination found large, well-circumscribed retiform ulcerations with central fibrinous debris and necrosis with peripheral violaceous-to-gray border and surrounding stellate purpuric patches. The left lower leg displayed retiform nonblanching violaceous patches (Fig 1). A punch biopsy of the right leg was obtained (Fig 2).

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Question 1: What is the most likely diagnosis?

- A. Trauma-associated cellulitis
- B. Nonuremic calciphylaxis (NUC)
- C. Dermatitis artefacta
- D. Pyoderma gangrenosum
- E. Pemphigus vulgaris

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