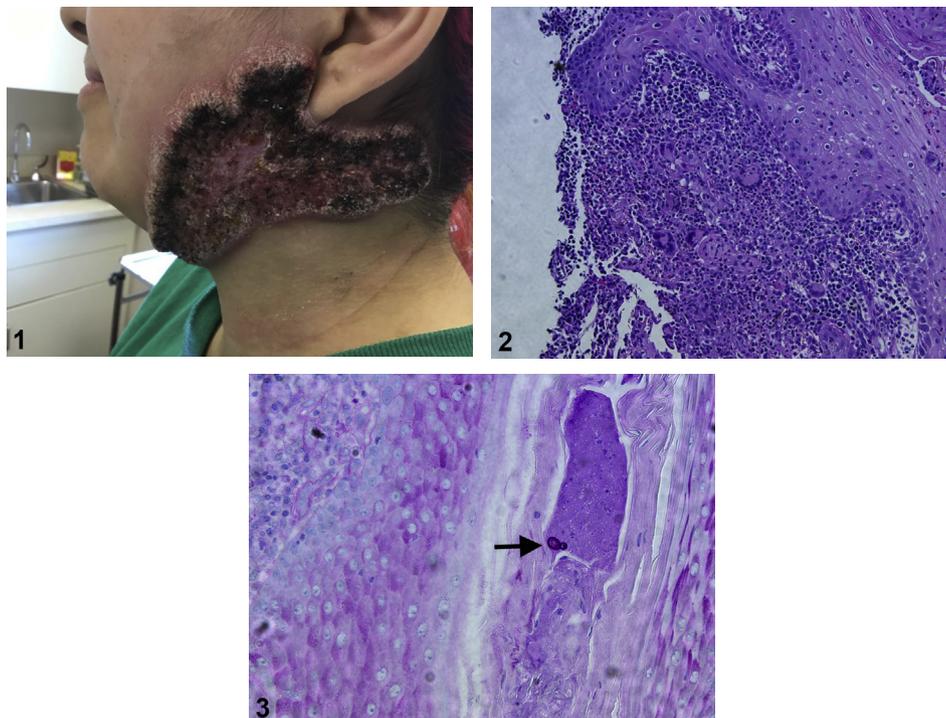


Verrucous plaque on the face



Martha P. Arroyo, MD, PhD,^a and Michael P. Viglione, MD, PhD^b
Libertyville, Illinois

Key words: anti-fungal treatment; blastomycosis; fluconazole; infectious disease.



HISTORY

A healthy, Hispanic, 23-year-old woman living in Illinois, presented with 10-month history of a verrucous plaque on the left lower face. She had been treated for a pneumonia just prior to the plaque developing. The patient stated the lesion had started as a “pimple” and has continued to enlarge. Treatment with over-the-counter triple antibiotic ointment and hydrocortisone cream yielded no improvement. Over the next 10 months, the lesion continued to grow and she ultimately sought medical care. Physical exam revealed a 12-cm plaque on the L lower cheek and neck with central crusting, erosions, and a verrucous, hyperkeratotic border; no other lesions or salient physical findings were otherwise present. Skin biopsy was performed with the findings in Figures 1 to 3.

Question 1: What is the most likely diagnosis?

- A. Keratoacanthoma-type/squamous cell carcinoma
- B. Vegetative pyoderma gangrenosum
- C. Verruca vulgaris

- D. Blastomycosis
- E. Hypertrophic lichen planus

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Correspondence to: Martha P. Arroyo, MD, PhD, Lakeside Dermatology, 755 S. Milwaukee Ave, Suite 224, Libertyville, IL 60048. E-mail: mp.arroyo@gmail.com.

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