R. David Tidwell, DO; Amir Louka, MD

0196-0644/$-see front matter

https://doi.org/10.1016/j.annemergmed.2019.04.005

Figure 1. Palmar view of the left hand, showing distal necrosis and dry gangrene of the distal third to fifth digits, with ischemic changes extending proximally. Additionally, the first and second digits have distal discoloration and darkening.

Figure 2. Dorsal view of the left hand, showing necrosis at the distal third to fifth digits, with proximally extending discoloration. Distal discoloration can also be observed at the thumb.

[Ann Emerg Med. 2019;74:717.]

A 58-year-old woman with hypertension and a 40-pack-per-year smoking history presented to the emergency department with painful dark discoloration of the distal second through fifth digits of her left hand (Figures 1 and 2). In a previous visit, she received a diagnosis of Raynaud's disease and a new pulmonary lesion with mediastinal lymphadenopathy concerning for malignancy. She was discharged with follow-up with an oncologist. She presented to us 2 weeks later with worsening hand pain and discoloration. Our examination result was significant for moderate cachexia, dark discoloration of the affected digits, which extended proximally, and dry gangrene distal to the fourth and fifth distal interphalangeal joints. Evaluation was notable for normal radiograph results of the left hand, unremarkable echocardiogram result, mild hypokalemia (3.1 mEq/L), leukocytosis (20.6×10^3 μL^{-1}), and thrombocytosis (554×10^9/L). The patient was admitted and a diagnosis of adenocarcinoma of the lung was confirmed on biopsy. Despite chemotherapy, the ischemia progressed, resulting in forearm amputation.

For the diagnosis and teaching points, see page 720.
To view the entire collection of Images in Emergency Medicine, visit www.annemergmed.com.

such a relief to see him back here, lifting our spirits again. So thank you—whatever you did for him, you did it for us."

I had visited Mr. J every morning and afternoon for 24 out of 28 days and it turned out I hadn't known him at all. My mechanical conclusion-drawing about his personality—observing, extrapolating, and reacting—had been based on what I saw when he was neglected, in pain, and stripped of any creature comfort. Believing the worst about him eroded my hope in his future and, by extension, our work in his life.

I think of him often, now, as a pediatric emergency medicine fellowship brings me face-to-face with patients at their physiologic and psychological nadirs. If I take an extra moment to listen, I may find that a violent, autistic teenager adores his older sister and only began to act up when she left for college. I might hear a toddler's rendition of *Baby Shark*, sung in perfect English by a child who otherwise knows only Arabic. Or I could see that a patient's delirium is calmed best not with dexmedetomidine but with photographs of his loved ones.

More often, though, the pace of the emergency department leaves no time for those humanizing details. But if I am not to lose hope, I must fill in that gap with a conscientious determination to believe in a patient's best even if my own eyes never see the evidence of it. I must choose, in other words, to have *faith*.

Author affiliations: From the Division of Emergency Medicine, Boston Children's Hospital, Boston, MA.

IMAGES IN EMERGENCY MEDICINE

(continued from p. 717)

DIAGNOSIS:

Paraneoplastic acral vascular syndrome. Paraneoplastic acral vascular syndrome presents as distal digital ischemic changes in the setting of known malignancy and absence of an acute embolic or occlusive cause. Skin changes can range from painful discoloration to ischemic necrosis and gangrene. It can develop before the detection of malignancy and can mimic Raynaud's disease, vasculitis, vasoconstrictive drug use, or thromboembolic disease. Although associations have been made with pulmonary adenocarcinoma, age, and thrombocytosis, much remains unknown about the syndrome, including its pathophysiologic mechanism.[1,2] Occult malignancy and paraneoplastic syndromes should be considered in older patients presenting with acral ischemic changes and significant risk factors for malignancy.[3]

Author affiliations: From Virginia Commonwealth University Emergency Medicine, Richmond, VA.

REFERENCES

1. Le Besnerais M, Miranda S, Cailleux N, et al. Digital ischemia associated with cancer: results from a cohort study. *Medicine*. 2014;93:e47.
2. Gambichler T, Strutzmann S, Tannapfel A, et al. Paraneoplastic acral vascular syndrome in a patient with metastatic melanoma under immune checkpoint blockade. *BMC Cancer*. 2017;17:327.
3. Poszepczynska-Guigné E, Viguier M, Chosidow O, et al. Paraneoplastic acral vascular syndrome: epidemiologic features, clinical manifestations, and disease sequelae. *J Am Acad Dermatol*. 2002;47:47-52.