



Perplexing but Common Skin Disorders Seen in Primary Care

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I have no conflicts of interest

- Off-label therapy will be discussed

Goals / Learning Objectives

- Case-based presentation of conundrums
- Learn how to recognize potentially confounding presentations of common (and less common) skin disorders
- Review sample cognitive error
- Discuss morphologic distinctions in the differential diagnosis of inflammatory, infectious, and neoplastic

Case 1

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CPD

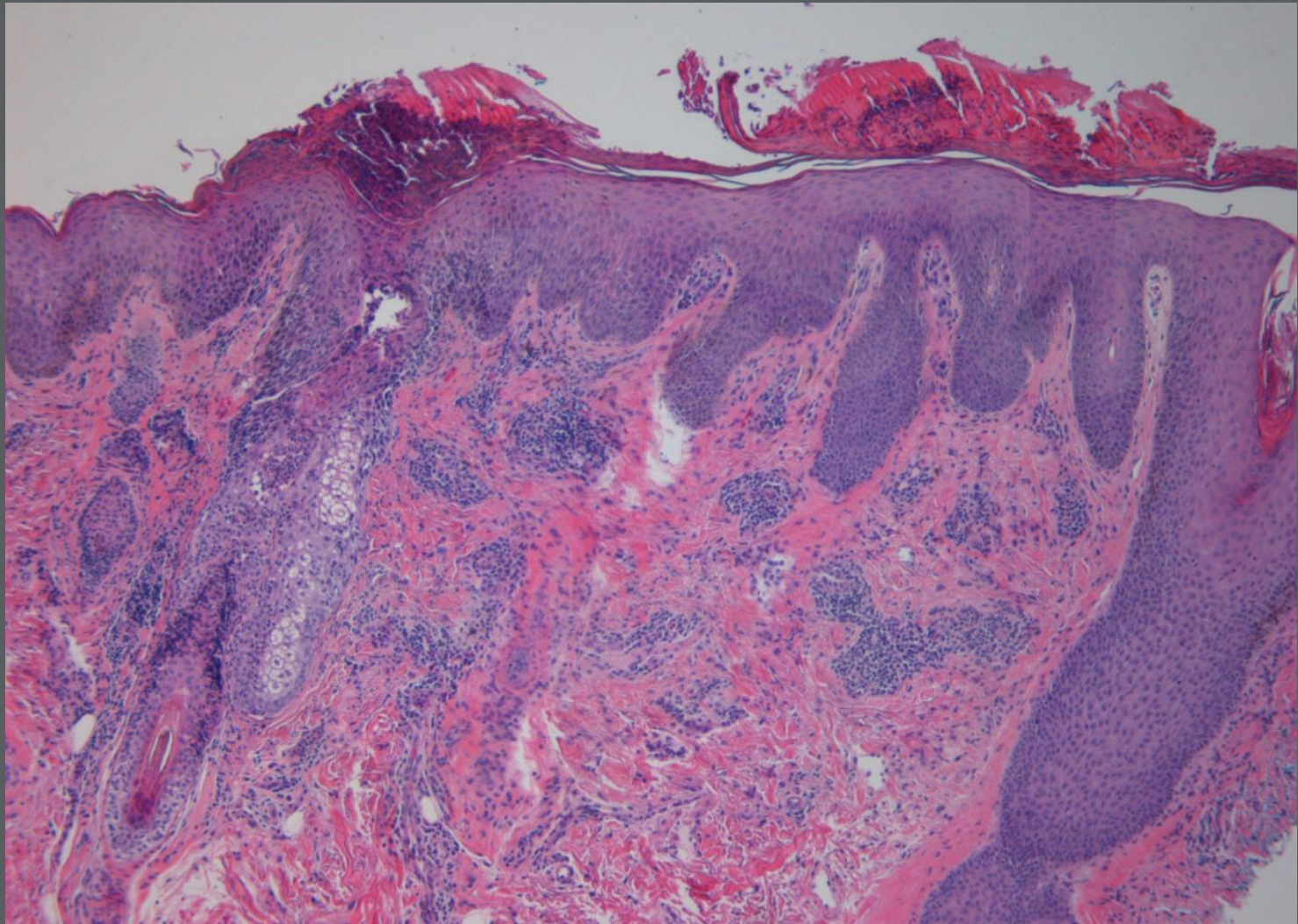
+ h/o Sarcoidosis

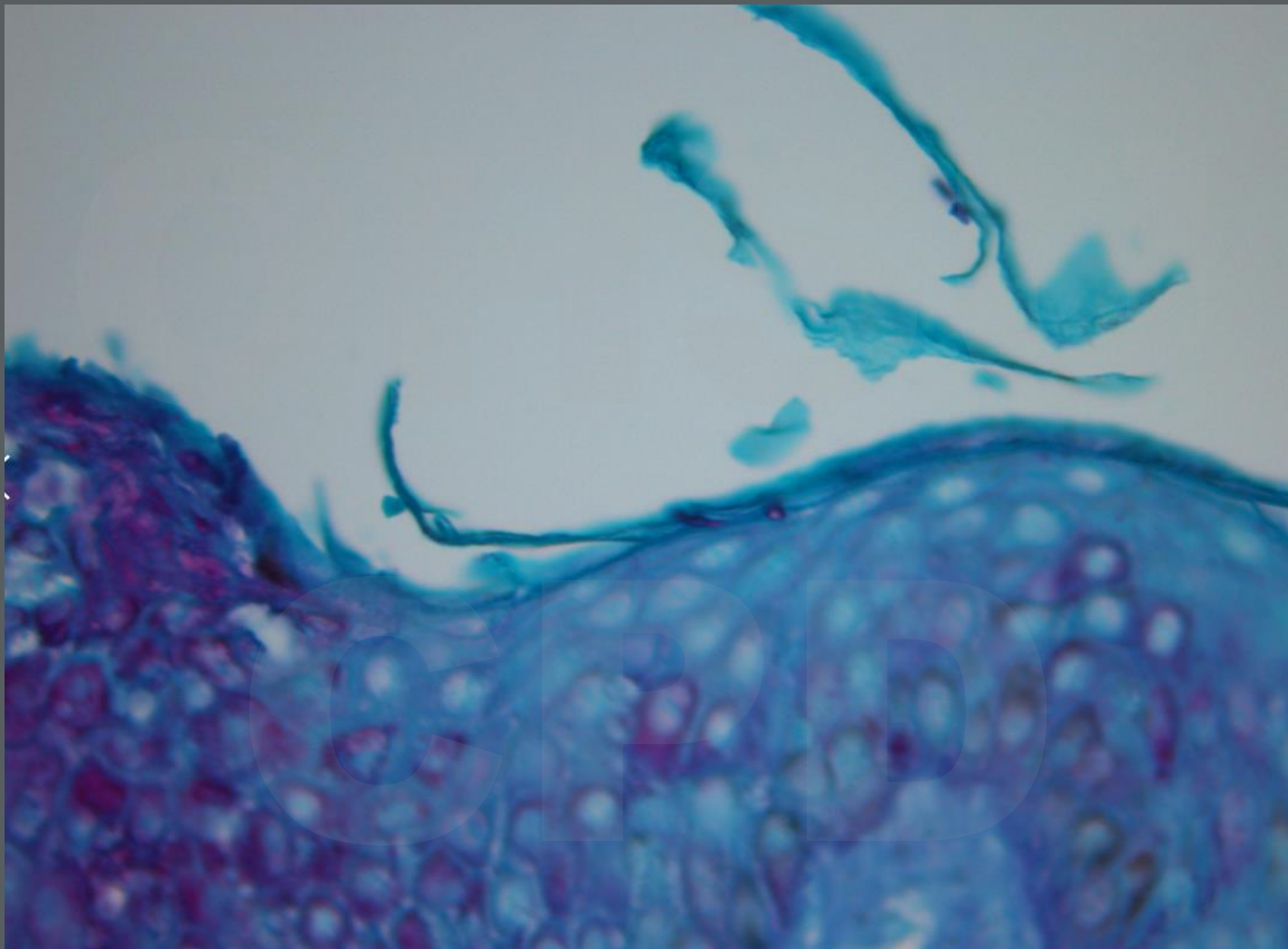


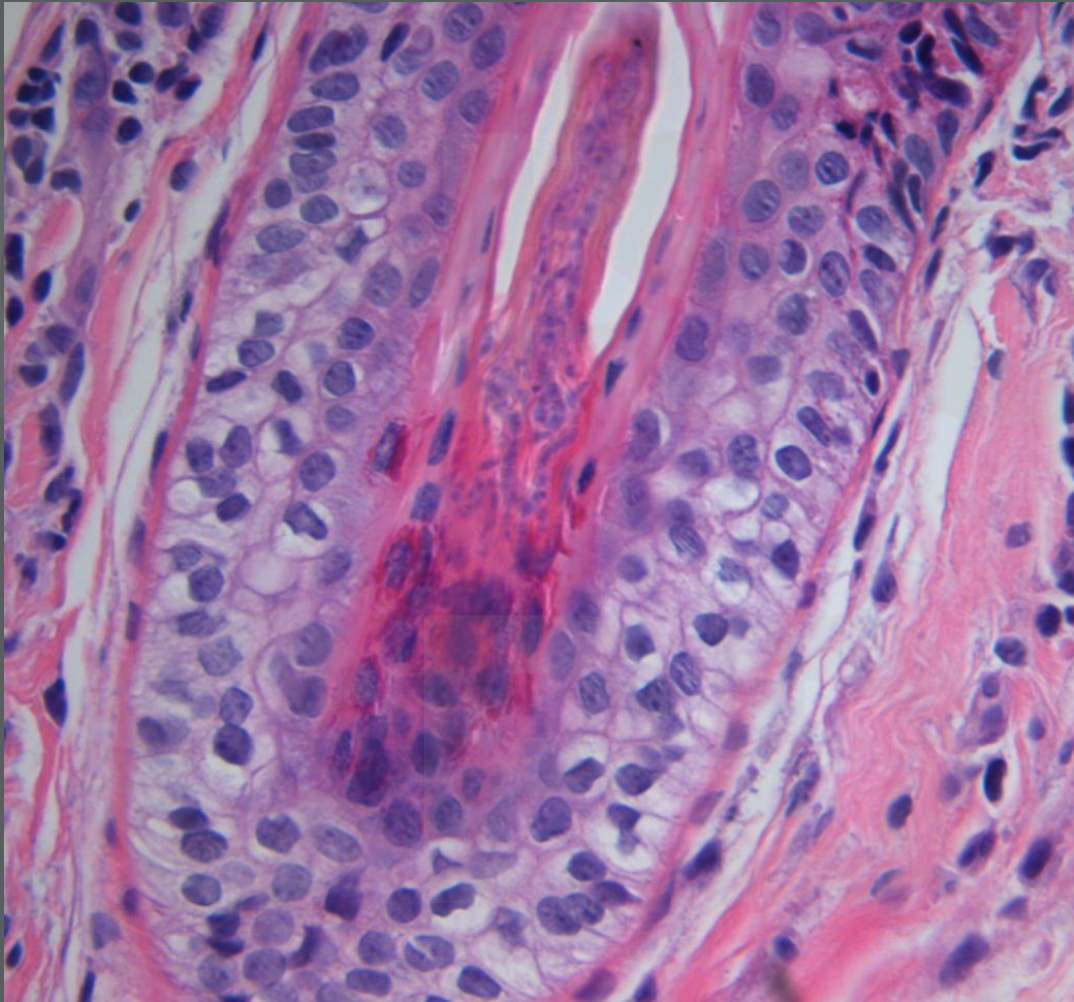


Differential Diagnosis

- Non-scaly, dermal
 - Granulomatous
 - Cutaneous sarcoidosis
 - Granuloma annulare







Tinea faciei

- Diagnosis - Cognition
- Therapeutic considerations

Cognitive error

- Faults in:
 - Knowledge (gaps, inexperience)
 - Information gathering
 - Processing
 - Verification

Processing error

- **Posterior probability**
 - Assumption that current symptoms are caused by a known condition
- **Premature closure**
 - Failure to consider other possibilities
 - Acceptance of an initial diagnosis, often due to previous history, before considering alternative diagnoses and before verification/work-up
- **Anchoring bias**
 - Focusing on a feature or diagnosis, without considering further information or differentials
- **Framing effect**
 - How the information is presented, or how the story is told, influences the diagnosis
- **Diagnostic momentum**
 - Diagnosis which is made and repeated by others becomes more fixed

Tinea Faciei with follicular involvement (Majocchi)

- Dermatophytosis
- Topical antifungal (eg, terbinafine 1% cream, allylamine/fungicidal) ineffective in cases with follicular involvement
 - Majocchi ‘granuloma’ requires oral antifungal therapy (terbinafine systemic therapy is off-label use for dermatophyte folliculitis)
- Terbinafine resistance
 - *SQLE* gene (single nucleotide variations in squalene epoxidase gene)
- Itraconazole
 - Drug/drug interactions, cardiovascular events (torsades-de-pointes, ventricular tachycardia)
- DO NOT USE KETOCONAZOLE (hepatotoxicity)

- Gupta AK, et al. Trichophyton indotineae: Epidemiology, antifungal resistance and antifungal stewardship strategies. J Eur Acad Dermatol Venereol. 2026 Jan;40(1):29-45. PMID: 40613321.
- Khurana A et al. Clinico-mycological and therapeutic updates on cutaneous dermatophytic infections in the era of Trichophyton indotineae. J Am Acad Dermatol. 2024 Aug;91(2):315-323. PMID: 38574764.

Case 2

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Differential Diagnosis

- Inflammatory, Neoplastic, Infectious
- “sporotrichoid”
- “herpetiform”

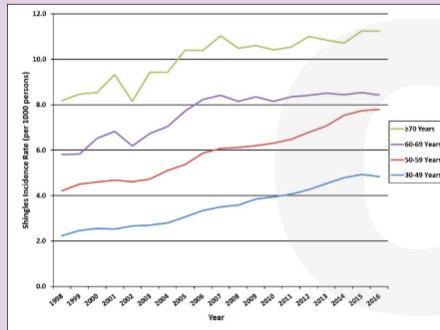


Shingles (Zoster)

- Varicella-Zoster virus
 - ~ 1 out of 3 people will develop zoster in their lifetime



Shingles Rates in Adults 30 and Older, 1998-2016

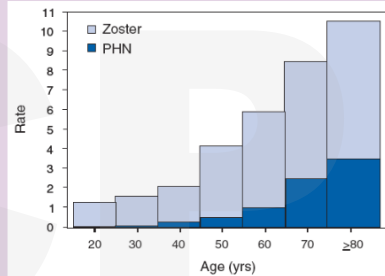


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Data Source:

<https://academic.oup.com/cid/article/69/2/341/5213085>

Shingles and Postherpetic Neuralgia† Rates* by Age, United States



[View Larger](#)

*per 1,000 person-years.

† Defined as pain for 30 days or longer

Source:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5705a1.htm>

Case 3

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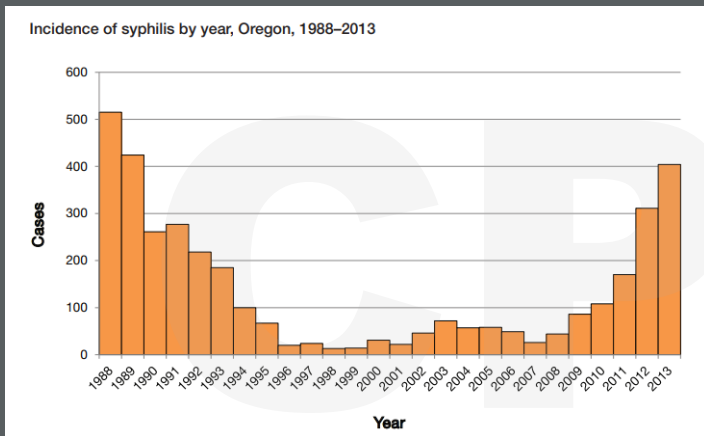


Papulosquamous

- Psoriasiform (psoriasis, psoriasis-like)

Secondary Syphilis

- *Treponema pallidum*



Syphilis in Oregon Surveillance data summarized by year

Home Page | **Counts & Rates** | Demographics | Race & Ethnicity

Social Determinants of Health | Treatment | Glossary

Click the dark blue tabs above to navigate to other pages | Hover over the graphs for more information

State-level counts and incidence

The rate of syphilis declined in the last two years, exception for late latent and unknown duration stage

Select the syphilis stage
Total (all adult stages) Syphilis

Year	Number of diagnoses	Number of diagnoses per 100,000 people
2014	595	59.5
2015	793	79.3
2016	828	82.8
2017	882	88.2
2018	1,015	101.5
2019	1,226	122.6
2020	1,301	130.1
2021	1,979	197.9
2022	2,357	235.7
2023	2,055	205.5
2024	1,658	165.8

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. Syphilis is a reportable condition, and all Oregon health care providers and clinical laboratories are required by law to report to the local health authority.

Anyone can get syphilis through vaginal, anal, or oral sex. While most cases of syphilis in the United States occur among men who have sex with men (MSM), there has been a steady increase in cases among people assigned female at birth in recent years. In Oregon, the incidence of syphilis steadily increased from 2014 to 2022, with declines noted in recent years.

Graphs show syphilis stages: primary and secondary, early non-primary non-secondary syphilis, and unknown duration and late latent. Total syphilis includes all adult stages and congenital syphilis.

Trends in case reports are influenced by both changes in incidence and screening coverage; recent declines in rates may reflect declines in new infections, as well as reduced screening. Data from 2020-2021 should be interpreted with caution due to COVID-19 pandemic.



Case 4

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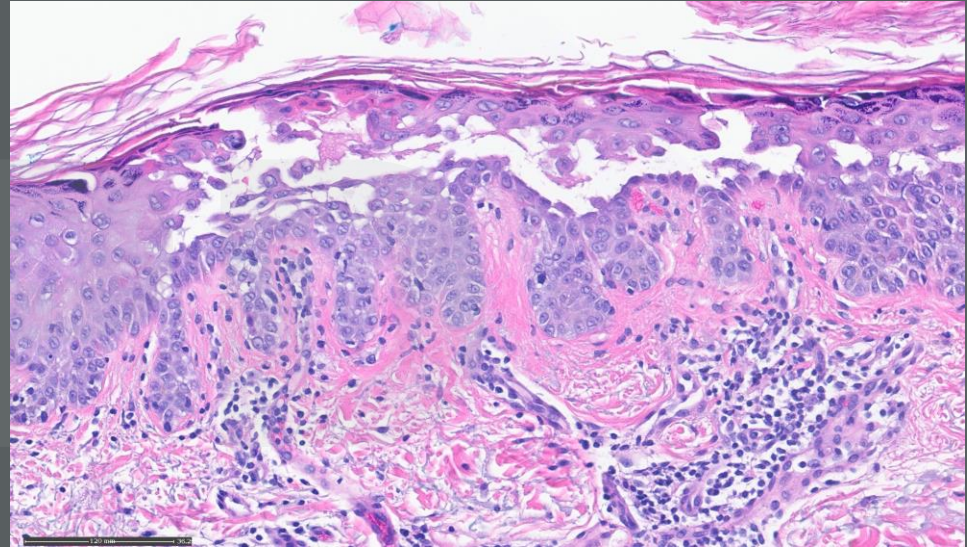
Scabies

- *Sarcoptes scabiei var hominis*
- Typical infestation: 10-20 mites
- Post-scabetic pruritus



Grover Disease

- Transient acantholytic dermatosis
- Treatment not required, can be challenging



Case 5

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Metastatic Breast Carcinoma

- Cutaneous metastases occur in ~ 5% of internal malignancy; first manifestation or late event
- Breast cancer most common source of metastases to the skin in women

Histologic patterns of cutaneous metastases of breast Carcinoma: A Clinicopathologic Study of 232 Cases. Ronen S, et al. Am J Dermatopathol. 2021 Jun 1;43(6):401-411.
Cutaneous Metastasis. Strickley JD, et al. Hematol Oncol Clin North Am. 2019 Feb;33(1):173-197.
Cutaneous metastases in patients with metastatic carcinoma: a retrospective study of 4020 patients. Lookingbill DP, et al. J Am Acad Dermatol. 1993 Aug;29(2 Pt 1):228-36.

Case 6

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Reactive erythema

- *Capnocytophaga canimorsus* bacteremia s/p dog bite 3 weeks prior to presentation
- Commensal gram-negative rod oral flora of dogs
 - Blood cultures: slow-growing, identification can be difficult
- Risk factors: alcoholism, splenectomy, immunosuppression, chronic lung disease
- *C. canimorsus* infection
 - Clinical course ranges from self-limited disease to fulminant sepsis with multiorgan failure, disseminated intravascular coagulation, meningitis, and death
 - Mortality 30% even with treatment (cdc.gov)

Case 7

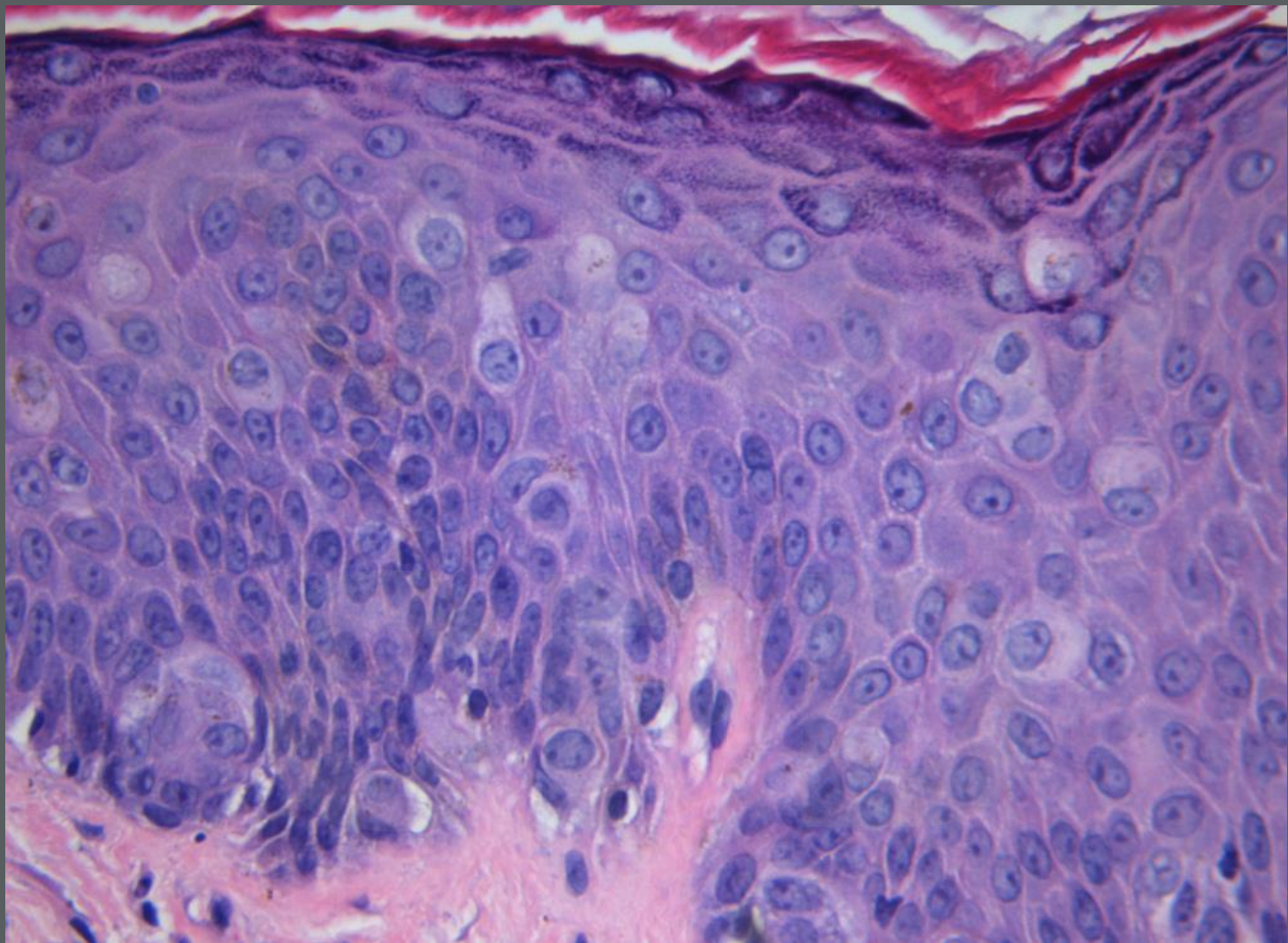
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Intertrigo

- Common etiologies:
 - Mechanical (irritant contact dermatitis, pruriginiform angiomas)
 - Inflammatory (inverse psoriasis)
 - Infectious (yeast, dermatophyte)



Extramammary Paget Disease

- Primarily 6th – 8th decades
- Apocrine-rich skin, anogenital region
- Relatively rare (underreported?)
- 7-40% of EMPD associated with underlying internal malignancy (in contrast to 90% of mammary Paget disease a/w underlying breast carcinoma)

Case 8

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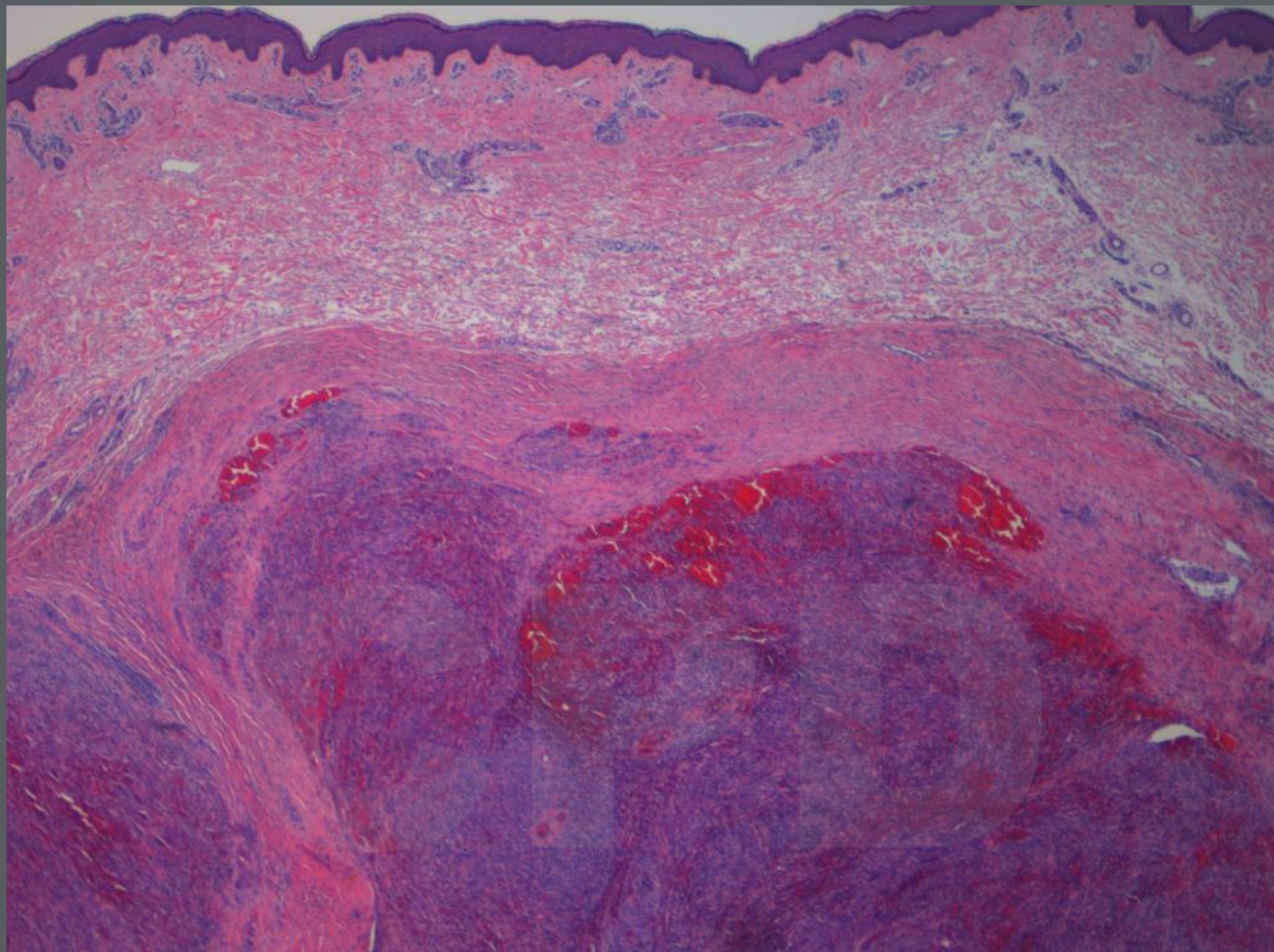


“I don’t know what it is, but it doesn’t look bad.”

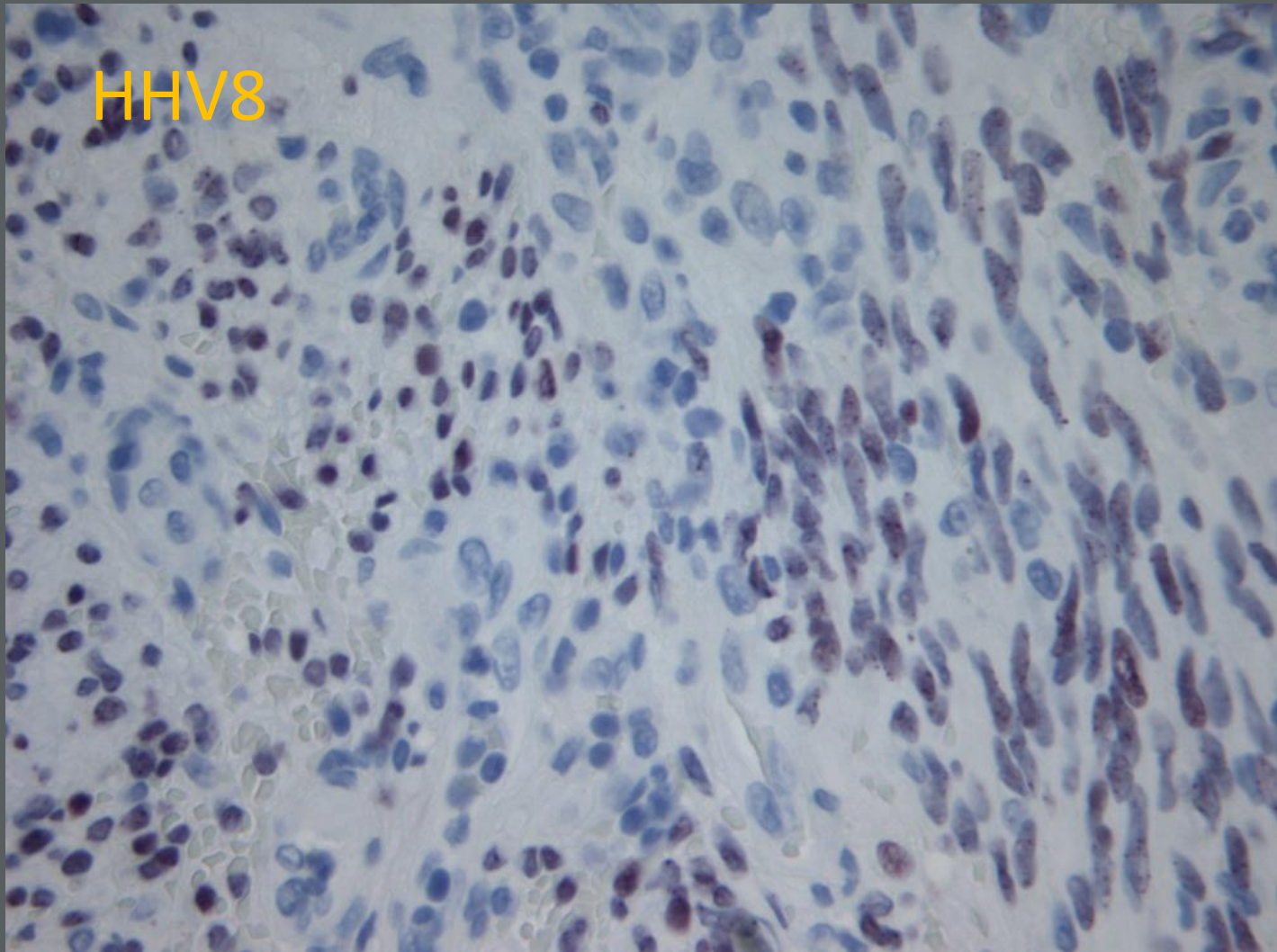
— Resident physician

Differential

- Dermatofibroma
- Blue rubber bleb nevus
- Eccrine spiradenoma
- Neurilemmoma/neuroma
- Glomus tumor
- Angiolipoma/Angioleiomyoma
- Leiomyoma



HHV8



Kaposi Sarcoma – classic type

- Human herpesvirus 8 (HHV8)
- Classic (Mediterranean)
 - M > F, 10:1
 - older adult
 - Papules, purple nodules predominating on the lower extremities (legs, ankles, feet)
 - Often indolent, slow evolution

Diagnostic conundrum of common skin diseases

- Infection
- Inflammatory
- Neoplastic

“Master dermatologist Bill James was famous for warning graduating residents that they would miss a number of diagnoses in their careers, especially tinea, scabies, and syphilis. He has been proved right many times.”

—Dirk Elston



Thank You