CAN GOOGLE HELP WITH DIFFICULT-TO-DETERMINE ETIOLOGY?
By Ron Ramirz, JD MS4 and Kathryn Zeoli, MD, FAAD

Sometimes a patient presents with a dermatitis where the biopsy is consistent with an urticarial type dermal hypersensitivity reaction, yet the etiology remains elusive. Then the patient comes back and reports that she found the cause by “Googling” it!

Clinical Case
A healthy 65-year-old woman taking no medication or supplements reported that she noticed an asymptomatic flagellate rash on her abdomen (See figure, next page). The evening prior to the onset of the rash, she said she ate Asian food and assumed she was reacting to something she had eaten. The rash completely subsided within 48 hours. Two weeks later, she ate the same Asian cuisine with four different types of undercooked mushrooms, including shiitake mushrooms, and the rash recurred. She

ASK AN EXPERT: DIAGNOSIS AND MANAGEMENT OF PRURITUS

Timothy Berger, MD sat down with Adam Friedman, MD to discuss his approach to diagnosing and managing pruritus, focusing on critical considerations when treating pruritus in elderly patients.

Dr. Berger explains that patients who have no obvious skin disease either don’t have skin disease or have what he calls an invisible dermatosis. Those include dry skin, chronic urticaria that’s not obvious, scabies, bullous pemphigoid, dermatitis or pediformis, or cutaneous lymphoma with very subtle lesions.

“So when I see a patient, I go through those invisible dermatoses and I make sure that I’ve excluded those. Then I look at all the metabolic and neurologic causes the patients have for itching and I make sure they have the basic laboratory evaluation for those conditions,” Dr. Berger says. “In that group of patients, the treatment is directed at whatever the underlying defect is that is found. So if the patient has primarily dry skin, you need to moisturize the patient. If the patient has scabies, you treat the scabies. If they have thyroid abnormalities, you have to fix their thyroid problem. So the patient with no rash either has a rash that’s invisible or has an underlying metabolic or neurologic cause. And the key is to figure out what that is and direct a treatment specifically at that.”

For more from Dr. Berger on getting a good history from the patient, visit http://newdermmd.com/2014/10/ask-an-expert

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reported that she went on Google and typed in “a rash that looks like you scratched” and determined that it was flagellate dermatitis caused by eating undercooked Shiitake mushrooms.

Discussion
Shiitake (Lentinus edodes) mushrooms are heavily consumed, especially in Asia. These mushrooms contain a heat labile polysaccharide, lentinan. Lentinan is believed to be anticarcinogenic (adjuvant therapy for colorectal and gastric cancer) and is also used to lower lipids and treat hypertension. The dermatitis caused by raw or undercooked shiitake mushrooms is usually pruritic and occurs from 12 to 48 hours after ingestion. The lesions present as urticarial or petechial in a linear or crisscrossed pattern mainly on the trunk; thus the descriptive term: flagellate dermatitis.2,3

Since lentinan is heat-labile, the dermatitis does not occur after eating cooked shiitakes. The flagellate pattern is consistent with the Koebner phenomenon, however our patient denied any pruritus. Drugs reported to cause flagellate dermatitis include bleomycin, ACE inhibitors, and diuretics. Bleomycin produces a form of flagellate-like hyperpigmentation of the skin in eight to 66 percent of those exposed.4 Lesions begin as linear, erythematous, pruritic lesions that are slowly replaced by hyperpigmentation and present hours to weeks after dosing. The eruption usually resolves without treatment over weeks to months.5

Ron Ramirez, JD, MS4 is at the American University of the Caribbean School of Medicine, Sint Maarten, NA. Kathryn Zeoli, MD, FAAD is with the Skin Cancer Treatment Center, Inc., Pembroke Pines, FL, and a Voluntary Assistant Clinical Professor at the University of Miami Dept of Dermatology.

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