A Traveler’s Chronic Rash
(See pages 1418–9 for Answer to Photo Quiz)

A 56-year-old white man had a 4-year history of a solitary, well-circumscribed, erythematous plaque on the left scapular area. One year before presentation, he developed hypoesthesia and paresthesia in the right ring finger and both feet. Subsequently, 5 months prior to presentation, the patient received amoxicillin as treatment for bronchitis. A few days after the initiation of treatment, he noticed multiple lesions on his face, trunk, and extremities (figure 1) that were similar to the one on his scapula. The skin in these plaques had decreased sen-

Figure 1. Erythematous plaques on the trunk and upper extremities. Similar lesions appeared on the patient’s face and lower extremities.
sation to pin prick, compared with adjacent normal skin. The patient had an unremarkable medical history. He had a history of extensive travel, including visits to or residence in Laos; Burma; Malaysia; Egypt; Turkey; Thailand; and Saudi Arabia, where he resided for 10 years. Skin biopsy of the left scapular lesion (figures 2 and 3) established the diagnosis.

What is your diagnosis?

Figure 2. Hematoxylin-eosin stain of the reticular dermis (low magnification).

Figure 3. Fite stain of the dermis (high magnification).