Chronic Skin Lesions in a Construction Worker

(See pages 1450–1 for the Answer to the Photo Quiz.)

Figures 1. Erythematous and verrucous plaque with scrotal ulceration.

A 38-year-old Mexican immigrant with no significant past medical history was admitted to the hospital with a 3-week history of progressive left scrotal lesions that started as a single papule and evolved to become a painful erythematous and verrucous plaque with scrotal ulceration (Figure 1). The patient denied fever, chills, respiratory symptoms, or weight loss and stated that, although these lesions had been present for only 3 weeks, similar lesions had developed 1 year earlier on the dorsal aspect of his left foot and abdomen (Figure 2). Despite these lesions, he had otherwise remained in his usual state of health.
and had been able to continue his occupation roofing houses.

The patient had sought treatment in Mexico 3 months before admission to our hospital and had been given 1 dose of intramuscular gentamicin, which had resulted in transient improvement of all skin lesions. Routine laboratory test results and the findings of a chest radiograph were normal. In addition, the patient underwent computed tomography of his chest, abdomen, and pelvis to ascertain the depth of involvement, and these studies revealed only scrotal cellulitis and soft-tissue inflammation. No pulmonary or visceral involvement was seen.

Figures 2. Ulceration with surrounding hyperkeratotic skin over the dorsal aspect of the left foot.

Figure 3. Hematoxylin and eosin stain of a biopsy sample obtained from the gluteal region.
At admission to the hospital, the patient was given intravenous vancomycin at a dosage of 1 g twice daily and piperacillin-tazobactam at a dosage of 4.5 g administered intravenously every 8 h. No improvement was observed, despite the administration of broad-spectrum antimicrobial therapy for 72 h. A shave biopsy sample was obtained (Figures 3 and 4).

What is your diagnosis?