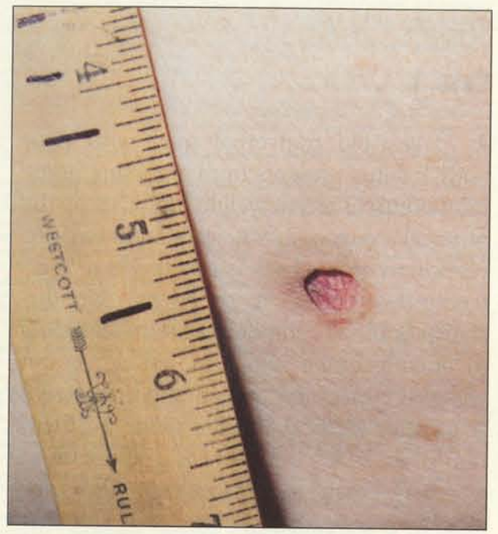
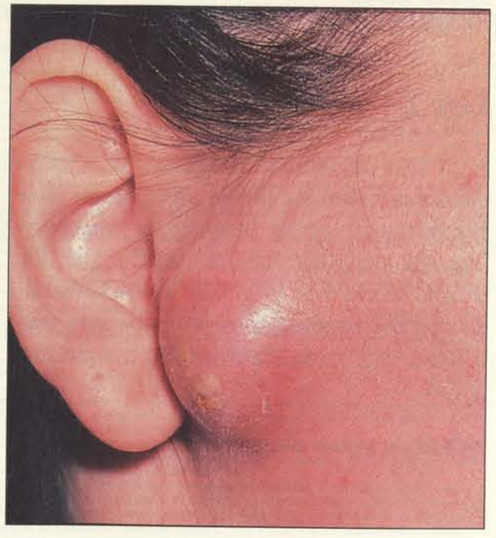


CASE 1

This presumed ulceration was actually the site of a former open comedo. The patient had a workup, including a rapid plasma reagin test (because the lesion resembled a syphilitic gumma) and culture. These were negative. Biopsy revealed granulation tissue without evidence of inflammation, dysplasia, or metaplasia. The patient's poor hygiene, combined with years of neglect, apparently had led to extension of the comedo. The keratin plug eventually sloughed or was expressed at some point, leaving the surrounding tissue distorted and cavernous in appearance. The reason for the patient's weight loss was never discovered.



CASE 2

The patient has an infected sebaceous cyst of the preauricular area. Containing sebum, a cheese-like material, these cysts are found most often around the ear. They are usually soft and mobile, and are asymptomatic unless they become infected or enlarge rapidly. Acute infection is treated with antibiotics, application of hot compresses, incision, and drainage if indicated. Spontaneous resolution can occur, but the treatment of choice is complete removal of the cyst by meticulous dissection of the entire capsule to preclude recurrence. Lesions like this patient's should be differentiated from the infected preauricular cyst and fistula that occur as a result of disunion of the hillocks of the first and second branchial arches, which usually present as a small opening in the preauricular skin. The clinician should also keep in mind that sebaceous adenoma, sebaceous lymphadenoma, or sebaceous carcinoma can arise from the sebaceous gland that rests within the parotid glands.

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CURRENT TRENDS IN THE MANAGEMENT OF INSOMNIA

The authors focus on finding the underlying cause of chronic insomnia, which can range from medical disorders to psychiatric conditions to, most commonly, psychophysiologic causes. Establishing the cause is the key to developing an effective treatment plan.

By Andrew L. Chesson, Jr., MD, and Shawn A. Milligan, MD

Insomnia is best considered a symptom or complaint rather than a disease, requiring a diligent search for the underlying cause. Aspects of insomnia reported by patients may include difficulty in falling asleep, repeated or lengthy awakenings, waking up early, inadequate total sleep time, or poor quality of sleep. Individual differences in sleep requirements and in the consequences of not sleeping well (such as tiredness, lack of energy, difficulty concentrating, irritability, or daytime sleepiness), as well as conflicts between subjective and objective measures of nighttime sleep, all contribute to the challenge of assessing insomnia.

The prevalence of insomnia can be readily appreciated. Approximately one-third of adult Americans have reported being affected by insomnia during the course of a year. About 9% to 15% of patients with insomnia regard the problem as severe. Insomnia is more common in females (1.3 times more frequent than in males) and older patients (frequency at age 65 and older is 1.5 times the frequency before age 65). However, studies indicate significant problems with insomnia in 12% of adolescents. Insomnia is also more common in people of relatively low socioeconomic status and education levels.

In primary care practice, the prevalence of insomnia ranges from 10% to 69% in various studies. Gallup polls have revealed that 9% to 12% of respondents had "regular" or "frequent" difficulty sleeping. About 31% of patients report discussing the problem of insomnia with their physicians. In one study of hospitalized patients, there was no mention of insomnia in the patients' charts despite the fact that nearly half of them had complained of the problem when they were interviewed.

The direct cost of insomnia was estimated at $10.9 billion in 1990, $15.4 billion in 1994, and $11.8 billion in 1995. The cost of substances used for insomnia in 1995 was $1.6 billion.

In 1994, an estimated 7.11 million office visits to physicians for insomnia occurred; in 2.17 million of these visits, no insomnia complaints were recorded in charting but a hypnotic medication was prescribed.

ACUTE INSOMNIA: EXTREMELY COMMON

One classification system for insomnia is based on how long the patient has had a problem sleeping. These categories include transient (lasting one to three nights), acute (lasting from three nights to three weeks), and chronic (lasting more than three weeks, even months or years). The duration of the insomnia will often influence the treatment plan, which is why the question "When

Dr. Chesson is professor of neurology, associate dean of academic affairs, and director of the Sleep Disorders Center at Louisiana State University Health Sciences Center in Shreveport, Louisiana. Dr. Milligan is associate professor in the Section of Pulmonary and Critical Care Medicine at LSU Health Sciences Center and VA Medical Center in Shreveport.

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DIAGNOSIS AT A GLANCE

By Youn W. Park, MD, J. Chris Cook, DO, and Brian R. Irwin, DO

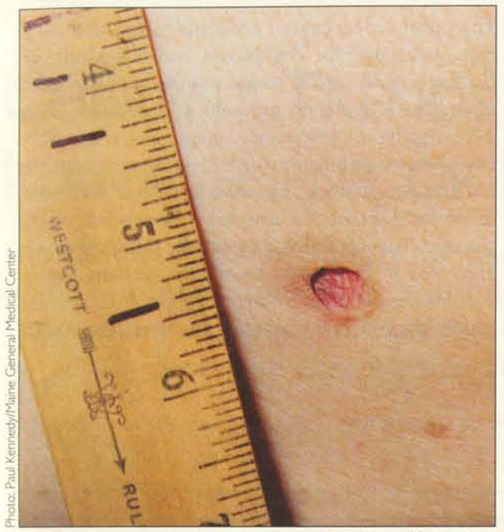


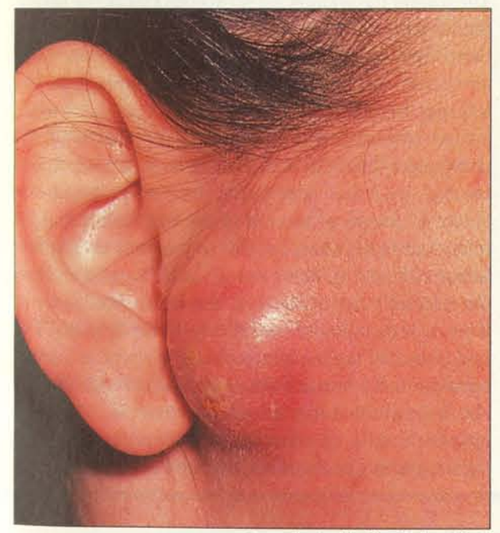
Photo: Paul Kennedy/Maine General Medical Center

Case submitted by Dr. Irwin

CASE 1

A 71-year-old nonverbal man with poor body habitus presents from a nursing home for workup of recent weight loss. During the physical exam, a 2-cm, well-circumscribed ulceration on his back is noted. There is no tenderness, erythema, or edema. No discharge or blood can be expressed. According to nursing home staff, this lesion has not changed since the patient's admission 8 years ago. Medical records make no mention of an ulcer, but there is a reference to a "crusty, black" lesion in exactly the same area 15 years earlier.

What is your diagnosis?



Case submitted by Drs. Park and Cook

CASE 2

A 22 year-old woman presents with a painful, tender swelling of the preauricular area following an upper respiratory infection. The soft mass she has had on the area for several weeks was originally asymptomatic. A computed tomography scan characterizes it as a cystic mass superficial to the parotid gland.

What is your diagnosis?

Turn page for answers