A 46-Year-Old Man With a 4-Year History of Diffuse Brownish Black Pigmentation

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REPORT OF A CASE

A 46-year-old white man whose parents were consanguineous presented with diffuse brownish black hyperpigmentation that had appeared 4 years earlier. Physical examination revealed partially coalesced, grayish blue papules on the dorsal and lateral aspects of the first and second fingers of both hands (**Figure 1**). His ears were mottled, with grayish blue nodules, 1 to 2 mm in diameter, on the right helix and tragus and on the left antihelix and concha (**Figure 2**). His eyes showed a brownish black scleral pigmentation, with an ovoid macule at the site of the rectus muscle insertion (**Figure 3**).

There was no known history of exposure to topical medications containing phenol, phenolic compounds, benzoquinone, or hydroquinone. He also denied taking antimalarial and chemotherapeutic agents as well as any other drugs in the past. His medical history was significant for a progressive arthropathy of 8 years' duration. He also complained of frequent renal colic due to kidney stones. Results of a complete blood cell count and general serum chemistry profile were normal, and the results of serologic tests were negative, including those for rheumatoid factor and HLA-B27.

Radiographs showed calcification of the intervertebral disks, with flattening of the thoracic kyphosis and the lumbar lordosis. Urography revealed the presence of calculi in the left kidney and prostate. A punch skin biopsy specimen from the right hand showed diffuse yellow-brown deposits in the dermis (**Figure 4**).

What is your diagnosis?

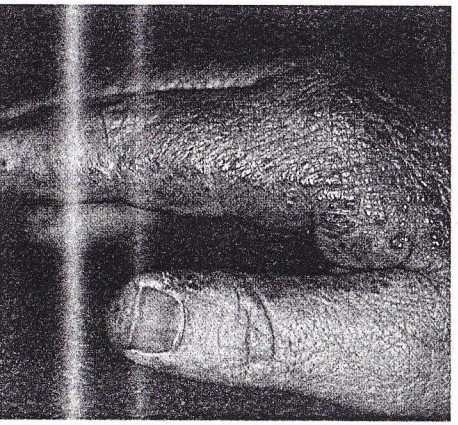

Figure 1.

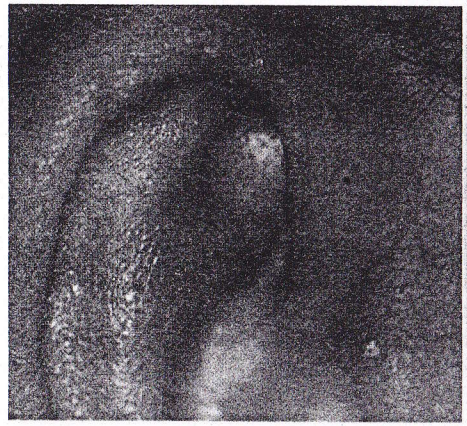

Figure 2.

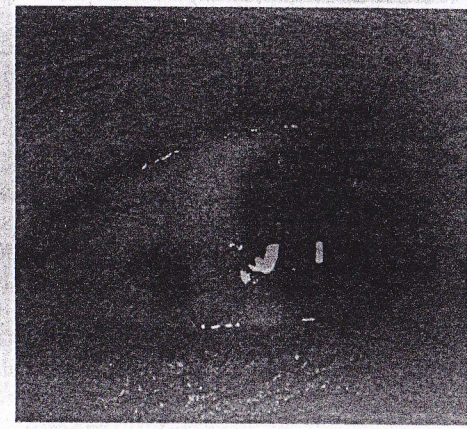

Figure 3.

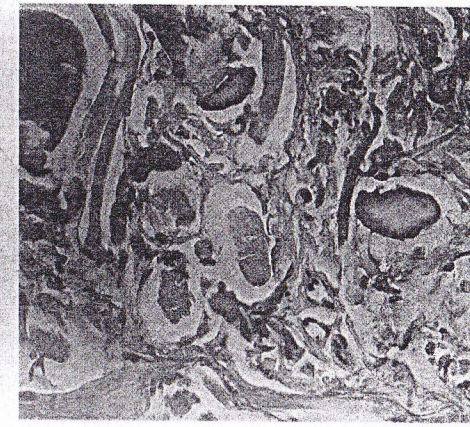

Figure 4.

Perforating Papules in Chronic Renal Failure

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REPORT OF A CASE

A 27-year-old, human immunodeficiency virus–negative white man with an 8-year history of Wegener granulomatosis underwent a frontal sinus biopsy after severe recurrent nose bleeding. The patient's condition remained stable on a regimen of cyclophosphamide and prednisone for approximately 2 years until laboratory tests revealed that his serum urea nitrogen and creatinine lev-

Pertinent laboratory data included the following values: serum urea nitrogen, 37.5 mmol/L (105 mg/dL) (reference range, 2.5-9.0 mmol/L [7-25 mg/dL]); creatinine, 1560 µmol/L (17.7 mg/dL) (reference range, 60-230 µmol/L [0.7-1.6 mg/dL]); calcium, 2.14 mmol/L (8.6 mg/dL) (reference range, 2.10-2.64 mmol/L [8.4-10.6 mg/dL]); phosphorus, 3.55 mmol/L (11.0 mg/dL) (reference range, 0.85-1.45 mmol/L [2.7-4.5 mg/dL]); red blood cells, 2.0×10^{12}/L; hemoglobin, 67 g/L (reference range, 138-172 g/L); and