

Image Challenge: Mysterious Ulcers

Amir Dagan MD^{1,2,3}, Chen Avaky MD¹, Michael Ehrenfeld MD^{2,3} and Gad Segal MD^{1,4}

¹Department of Medicine 'T', ²Zabludowicz Center for Autoimmune Diseases and ³Rheumatic Disease Unit Sheba Medical Center, Tel Hashomer, Israel

⁴Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

KEY WORDS: Raynaud syndrome, digital ulcers, iloprost, peripheral vascular disease, ischemia

IMAJ 2017; 19: 528

A 67 years old male was admitted with painful ischemic necrotic acral ulcers on both hands. The ulcers, which were limited to the upper limbs, developed

progressively over a period of 4 months without weight loss and while consuming 100 mg/day aspirin. Past history was significant for working in a chemical factory and 16 pack-years of active cigarette smoking. He had no personal or familial history of Raynaud's phenomenon or other symptoms suggestive for connective tissue diseases. Pulses on all four limbs were normal. During his hospitalizations he had normal transthoracic and transesopha-

geal echocardiogram, normal computed tomography (CT) angiography of the aortic arch, and normal chest and abdominal CT. Blood samples were tested for cultures, antinuclear antibodies, extractable nuclear antibodies, and anti-phospholipid antibodies. In addition, an extensive range of clotting tests were normal. There were no clinical or laboratory signs suggestive of cholesterol emboli. Screening for illicit drugs, including cocaine, was negative. A review of the chemical agents used in the factory revealed no agents with vasoconstrictive qualities. The patient was asked to stop smoking and temporarily stop working in the factory. Treatment was initiated with nifedipine 30mg, with a course of ilomedin, and a trial of anticoagulants with some subjective improvement.

What is your diagnosis? What would you do with the patient?



Correspondence

Dr. A. Dagan

Dept. of Internal Medicine 'T', Sheba Medical Center, Tel Hashomer 52621 Israel

Phone: (972-3) 530-7288

Fax: (972-3) 530-7281

email: amir.dagan@sheba.health.gov.il

Capsule

Creating a weakness in prostate cancer

Breast cancer cells with *BRCA* mutations are selectively vulnerable to PARP inhibitors, but these mutations are less frequent in other types of cancer. Li and co-authors found that androgen receptor inhibition decreased *BRCA1* expression in prostate cancer cells. In a mouse model of prostate cancer, treatment, first with the androgen receptor inhibitor then with a PARP inhibitor, suppressed tumor growth better than

when either drug was used alone or when both drugs were administered simultaneously. Thus, a *BRCA*-deficient state could be induced therapeutically to increase the utility of PARP inhibitors, not only for prostate cancer but also for other cancers lacking *BRCA* mutations.

Sci Signal 2017; 10: eaam7479

Eitan Israeli

“Trust yourself. Create the kind of self that you will be happy to live with all your life. Make the most of yourself by fanning the tiny, inner sparks of possibility into flames of achievement”

Golda Meir (1898–1978) Israeli teacher, kibbutznik, stateswoman, politician, and the fourth Prime Minister of Israel