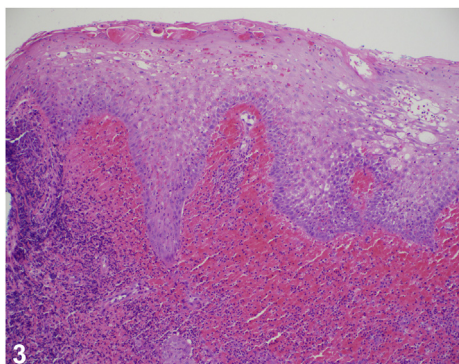
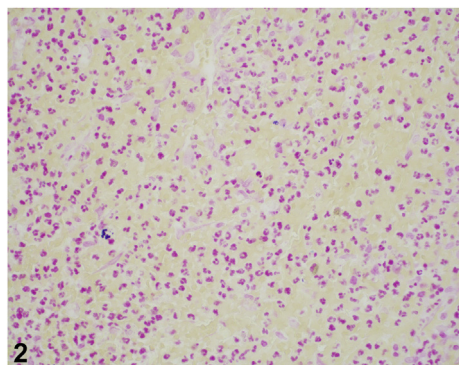


## Rapidly progressive tumors of the neck



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### CASE PRESENTATION

A woman in her late twenties with systemic lupus erythematosus presented with a 1-week history of rapidly progressive tumors without systemic symptoms. Medications included hydroxychloroquine and a recently completed prednisone taper for diffuse alveolar hemorrhage following post-viral pneumonia. She denied recent travel outside the United States. She reported marijuana use and a history of methamphetamine abuse. Examination revealed a well-appearing woman with friable, anesthetic tumors (Fig 1). Gram and hematoxylin and eosin staining were performed (Figs 2 and 3). Periodic acid-Schiff stain and acid-fast bacillus testing revealed no organisms. Tissue and blood cultures grew methicillin-sensitive *Staphylococcus aureus*. Intravenous vancomycin and ampicillin/sulbactam were begun with resolution of the nodules.

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**Question 1: What is the most likely diagnosis?**

- A. Mycetoma
- B. Botryomycosis
- C. Nodular Kaposi sarcoma
- D. Cutaneous leishmaniasis
- E. Natural killer T-cell lymphoma

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**Conflicts of interest**

The authors have no conflicts of interest to declare.