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**Figure.** Lateral aspect of right thigh with an insidious onset 11 by 5 inch ecchymosis. Used with permission of Lekshmi Vaidyanathan, MBBS, Department of Emergency Medicine, Mayo Clinic, Rochester, MN.

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A 52-year-old woman presented to the emergency department (ED) with a rash of insidious onset, with antecedent burning pain on the lateral aspect of her right thigh. The outbreak involved a single extremely painful lesion with a large area of ecchymosis that enlarged to 11×5 inches in less than 24 hours. She had a history of smaller painful rashes and multiple presentations, with no history of trauma, bite, or bleeding disorder. Physical examination and investigation results were negative.

*For the diagnosis and teaching points, see page 119.  
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## IMAGES IN EMERGENCY MEDICINE

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### DIAGNOSIS:

*Gardner-Diamond syndrome.* The syndrome was first described by Gardner and Diamond in 1955.<sup>1</sup> Subsequently, more than 100 cases have been reported, the largest case series encompassing 71 patients.<sup>2</sup> Cause has remained unclear, but prevalence is greater among women with a history of depression or other psychiatric stressors. How this physiologically triggers the response has not been explained. Gardner and Diamond postulated that patients become sensitized to their own RBCs as a result of previous physical injury. Subcutaneous injection of autologous RBCs and hemolysate has reproduced similar local tenderness and induration in a number of cases, suggesting a probable autoimmune cause. In the ED, this is a differential to be considered alongside self-infliction or abuse because the anatomic sites are similar. Recurrent visits are also typical.

Our patient's stressor was identified as a recent death in the family. The lesion had a classic appearance of being pinkish, with a surrounding violaceous discoloration. The rash faded in a week's time.

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