EDITORIAL

When Skin Lesions Signal Systemic Disease in Primary Care

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Cutaneous complaints frequently prompt outpatient evaluation, yet they may reflect underlying systemic disease rather than isolated dermatologic conditions. The March 2026 issue of *Consultant* focuses on clinical scenarios in which persistent, atypical, or systemically associated skin lesions demand thoughtful assessment and appropriate diagnostic escalation.

This month includes 2 installments of "**What's Your Diagnosis?**. The first involves a 67-year-old man who presents with 3 weeks of generalized weakness, lightheadedness, dyspnea on exertion, and new pink papules localized over his pacemaker site. The laboratory evaluation reveals hematologic abnormalities, and the skin biopsy demonstrates an infiltrative process. The case challenges clinicians to consider how constitutional symptoms combined with new cutaneous findings should prompt early tissue diagnosis and systemic evaluation.

The **second diagnostic case** follows a 68-year-old woman with a 3-year history of tender, intermittently draining purpuric nodules of the lower extremity in the setting of chronic venous stasis, prior trauma, and immunosuppression. The initial histopathology and conventional stains are nondiagnostic, requiring a broad differential diagnosis for chronic, nonhealing skin lesions.

Our **Lumps and Bumps Quiz** features a nail unit lesion encountered during routine examinations. This visual challenge highlights the broad nature of nail abnormalities in primary care settings.

Rounding out the issue is an **original research study** evaluating the feasibility of incorporating grip strength testing into the annual examination in an ambulatory care setting. Patients reported high levels of comfort and satisfaction, and slightly more than half described increased exercise following testing. Although limited by response rate and self-reported outcomes, the authors note that functional strength assessment may serve as a practical adjunct and educational tool in preventive care.

Collectively, the March issue reinforces a central principle of primary care practice: persistent or atypical skin lesions warrant careful evaluation, timely biopsy, and appropriate diagnostic escalation.

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