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**HISTORY:** A 17 years old female soccer player presented at pre-participation physical examination (PPE) to receive clearance to play. On the questionnaire, she admitted to having a “sun allergy” that began as red papules on sun-exposed areas with a sensation of “closing off” her throat in the past. Although she had never experienced a true anaphylaxis, she voiced being unable to stay out in the sun for a long time. She denied any known environmental, food or drug allergies and did not have other past medical, surgical or family history of any disease or condition.

**PHYSICAL EXAMINATION:** Thorough examination revealed pink and moist mucosa; no rashes, scars, lesions, hives or signs of scratching; normal cardiopulmonary auscultations, upstroke and symmetric pulses; grossly intact cranial nerves without focal finding, normal sensory and motor exam with full range of motion of all joints without effusion, erythema, warmth, nodules or tenderness to palpation.

**DIFFERENTIAL DIAGNOSIS:**


**TESTS AND RESULTS:**
Evaluation by dermatologist revealed normal CBC, CMP with negative ANA, SS-A, SS-B as well as normal urine and blood porphyrin levels.

**FINAL DIAGNOSIS:**
Based on clinical picture and laboratory findings, she was diagnosed with PMLE by her dermatologist.

**TREATMENT AND OUTCOMES:**
She was started and remained asymptomatic on oral prednisone, Hydroxychloroquine, beta-carotene and antihistamines. She was cleared to play soccer and was further advised to use prophylactic measures such as applying frequent broad-spectrum sunscreens with high sun protection factor (SPF) values, protective clothing, and to avoid ultraviolet exposure from other sources such as tanning beds, black lights and germicidal lights.

**Statement of disclosure:**
Authors have no disclosures.