



Case 1

A 21-year-old woman presents with brownish, linear lesions on her forearm and thigh. She mentions she applied lime to insect bites during the days preceding this visit to your office.

What is the diagnosis?

Phytophotodermatitis.

What is the treatment?

Lime contains furocoumarins (psoralens), which produce a cutaneous phototoxic reaction in less than 24 hours after exposure to UVA rays. This reaction is manifested by erythema that may be accompanied by vesicles and bullae. Hyperpigmentation then appears within two weeks and may last several months. The pigmentation sometimes occurs in the absence of erythematous or vesicular phase (low UVA dose or low concentration of furocoumarins).

Celery is another frequent cause of phytophotodermatitis. Prevention is the best treatment for phytophotodermatitis. In the case of contact with a phototoxic plant, the skin should immediately be washed with soap and water to avoid a phototoxic reaction.

Provided by Jean Bernard, MD, FRCPC, Sainte-Foy, Quebec.

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Case 2

A 20-year-old woman comes to the clinic with pruriginous and serpiginous lesions on her left breast, which have been present for the past month.

What is the matter?

The woman has cutaneous larva migrans.

What is the treatment?

Cutaneous larva migrans is a migratory, inflammatory condition caused by the larva of a hookworm. Having penetrated the skin, the larva migrate, at the rate of one to two cm/day, to the horny layer of the epidermis, forming erythematous furrows that may be accompanied by vesicles and an eczematous reaction.

The inflammatory reaction occurs roughly three weeks after contact with the hookworm and may be accompanied by pruritus. The infection is usually contracted while walking barefoot in sand contaminated by animal excrement. The eruption is self-limited, but may last several months if untreated.

Treatment is normally required owing to the eruption's duration and the discomfort related to the pruritus. Cryotherapy is rarely enough to heal the larva migrans. Albendazole (400 mg in single dose or 15 mg/kg/day in two doses for a patient weighing under 60 kg) brings about healing in 45% to 100% of cases, while ivermectin (12 mg orally in a single dose or 150 ug/kg in a single dose for a child) produces a healing rate of 80% to 100%.

Provided by Jean Bernard, MD, FRCPC, Sainte-Foy, Quebec.



Case 3

A 22-year-old patient presents with papulo-pustulous lesions with erythema and desquamation, despite a powerful topical corticoid treatment for dermatitis.

What is the diagnosis?

Tinea incognito.

What is the best treatment for this condition?

Tinea corporis is a dermatophyte cutaneous fungal infection usually presenting with a well-defined squamous edge. However, in the present case, this characteristic has been altered by the anti-inflammatory effect of the topical steroid used to treat the dermatitis. The topical corticoid allows the infection to advance in atypical fashion and this translates into papules, pustules, desquamation, and diffuse erythema.

The patient must stop applying the topical steroid and use a topical anti-fungal agent (clotrimazole, miconazole, econazole, terfenadine, or ciclopirox) for a minimum of two weeks. If the lesions extend, despite a topical antifungal treatment, a systemic therapy (itraconazole or terbinafine) may be needed. The diagnosis of tinea incognito can be confirmed by a potassium hydroxide microscopic examination or by mycologic culture.

Provided by Jean Bernard, MD, FRCPC, Sainte-Foy, Quebec.



Case 4

A 12-year-old girl was concerned about punctate depressions on her fingernails. She also had erythematous plaques with fine, silvery scales on her knees. Her hair was normal.

What is the diagnosis?

Pitting of the nails.

What is the significance?

Pitting of the nails may be found in children with localized trauma to the nail matrix, alopecia areata, atopic dermatitis, and psoriasis. In the present case, the patient had the skin lesion typical of psoriasis. Psoriatic arthropathy, however, is rare in children.

Provided by Dr. Alexander K.C. Leung and Dr. Justine H.S. Fong, Calgary, Alberta.

Alzheimer Disease



Dispelling the myths

There are many myths surrounding Alzheimer Disease — about the cause, the prevention and the people who have it.

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Myth 6 Alzheimer Disease is preventable.

Reality: Because there is no known cause for Alzheimer Disease, there is no conclusive evidence that Alzheimer Disease can be prevented. There is, however, a growing amount of evidence that lifestyle choices that keep mind and body fit may help reduce the risk. These choices include physical exercise, a healthy diet including fresh fruits, vegetables and fish, as well as keeping your brain active.



Case 5

On a routine physical examination, this five-year-old boy was noted to have absence of several toenails. According to his mother, the abnormality was present at birth.

What is the diagnosis?

Anonychia.

What is the significance?

Anonychia refers to the absence of all, or part, of some, or several, nails. Anonychia is usually congenital and may be associated with ectrodactyly. Anonychia may also result from trauma.

Provided by Dr. Alexander K.C. Leung and Dr. Justine H.S. Fong, Calgary, Alberta.



Case 6

A 21-year-old male presented with a pruritic, erythematous, edematous eruption on his forearm.

What is the diagnosis?

Allergic contact dermatitis.

Which test can confirm the diagnosis?

Patch testing.

Provided by Dr. J.K. Pawlak and Mr. T.J. Krocak, Winnipeg, Manitoba.

Remember This...

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The Alzheimer Society provides information, support and funds research into the cause and cure. To find out more contact your local Alzheimer Society.

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