



PHOTO DIAGNOSIS

An illustrated quiz on problems seen in everyday practice



Case 1

A man presented with single, annular lesion on his chin. The outer border is red and irregular with fine scaling. The lesion is spreading peripherally and clearing centrally.

Questions

1. What is the diagnosis?
2. What is the etiology?
3. What is the treatment?

Provided by Dr. J.K. Pawlak, Winnipeg, Manitoba.



Case 2

A nine-month-old infant had a reddish mass in the scalp area.

Questions

1. What is the diagnosis?
2. What are the complications?

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

ANSWERS ON PAGE 51



Case 3

A 27-year-old male presented with a painless cyst located on the floor of his mouth.

Questions

1. What is the diagnosis?
2. What is the etiology of this lesion?
3. What type of treatment is indicated?

Provided by Dr. J.K. Pawlak, Winnipeg, Manitoba.



Case 4

A six-year-old boy had itchy lesions on the lower extremities, on and off for six months.

Questions

1. What is the diagnosis?
2. What is the significance?

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



Case 5

A 12-year-old girl was noted to have a reddish lesion on her left cheek.

Questions

1. What is the diagnosis?
2. What is the significance?

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

ANSWERS ON PAGE 51



Case 6

A 24-year-old female presented with bilateral anterior knee discomfort and swelling. On examination, she has generally well-aligned knees with large bony lumps around her patellar tendon insertions bilaterally. The rest of the knee exam is normal.

Questions

1. What is the diagnosis?

Provided by Dr. J.K. Pawlak, Winnipeg, Manitoba.

ANSWERS ON PAGE 51

FAMVIR®

For the treatment
of **Shingles**
and **Genital Herpes.**



Novartis Pharmaceuticals Canada Inc.
Dorval (Québec) H9S 1A9

www.novartis.ca

PAAB Member (R&D)

Product monograph available on request.

FAMVIR®
famciclovir



Case 7

A five-year-old girl presented with pain in her right index finger.

Questions

1. What is the diagnosis?
2. What are the usual causative organisms?

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



Case 8

A 62-year-old male presented with dry, red and very itchy skin around his mouth, and with multiple red spots on his neck and cheeks.

Questions

1. What is the most probable diagnosis?
2. What is the treatment?

Provided by Dr. J.K. Pawlak, Winnipeg, Manitoba.

ANSWERS ON PAGE 51

ANSWERS

Case 1

1. Tinea Corporis.
2. Infection is acquired by direct human contact with an active lesion in an animal (*Trichophyton rubrum*) or, rarely, from soil.
3. In most cases, topical antifungal creams are indicated.

Case 2

1. Strawberry hemangioma.
2. Potential complications include ulceration, hemorrhage, infection and partial involution with scarring.

Case 3

1. Mucocele. If the cyst involves the floor of the mouth, it is called ranula.
2. The etiology of this lesion is unknown, although obstruction of a minor salivary gland duct has been implicated.
3. Total excision is the treatment of choice.

Case 4

1. Atopic dermatitis.
2. Children with atopic dermatitis are more prone to asthma and allergic rhinitis.

Case 5

1. Spider angioma.
2. Spider angioma is a type of telangiectasia characterized by a dilated central feeding arteri-

ole and radiating branches that together suggest a spider's body and legs. In children, the lesion is often idiopathic. In older adolescents and adults, it may be associated with chronic liver disease, alcoholism and estrogen-producing tumors.


Case 6


1. Classic signs of old Osgood-Schlatter disease.

Case 7

1. Paronychia.
2. Paronychia is usually caused by staphylococci or streptococci.


Case 8

1. Allergic contact dermatitis. Before the rash appeared, the patient used a new aftershave lotion.
2. The patient should use topical corticosteroids and avoid contact with the offending agent. 



Asthma Control.

Now available in **DISKUS®** and **MDI.**



^{Pr} **ADVAIR**™ is indicated for the maintenance treatment of asthma in patients, where the use of a combination product is appropriate. This may include patients on effective maintenance doses of long-acting β_2 -agonists and inhaled corticosteroids or patients who are symptomatic on current inhaled corticosteroid therapy. ^{Pr} **ADVAIR**™ should not be used to treat acute asthmatic symptoms.¹

^{Pr} **ADVAIR**™ **DISKUS**® contains lactose and is contraindicated in patients with IgE mediated allergic reactions to lactose or milk.


In adolescents and adults, the most common side effects are throat irritation (2%), hoarseness/dysphonia (2%), headache (2%), and candidiasis (2%) which can be reduced by rinsing and gargling with water after inhalation; and palpitations ($\leq 1\%$). In children aged 4 to 11, the only adverse event with an incidence of $>2\%$ was candidiasis.

HPA-axis function and hematological status should be assessed periodically. Height should also be regularly monitored in children and adolescents receiving prolonged treatment with inhaled corticosteroids.

^{Pr} **ADVAIR**™ is available in 2 dosage forms, ^{Pr} **ADVAIR**™ **DISKUS**®, for patients 4 years and older and ^{Pr} **ADVAIR**™ Inhalation Aerosol for patients 12 years and older.

Reference: 1. Product Monograph of **ADVAIR**™, GlaxoSmithKline Inc., December 2001

^{Pr} **ADVAIR**™ used under license by GlaxoSmithKline Inc. **DISKUS**® is a registered trademark, used under license by GlaxoSmithKline Inc.® The appearance, namely the color, shape, and size of the **DISKUS**® inhalation device, is used under license by GlaxoSmithKline Inc.

 GlaxoSmithKline 