

# Photo Diagnosis

*An illustrated quiz on  
problems seen in everyday practice*



## Case 1

This 32-year-old man presented with a painless mass at the tip of the tongue for one year.

## Questions

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

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



## Case 2

A 51-year-old man has a long history of numerous soft tumours, which vary in diameter. A number of light brown spots disseminated over his body, mostly on the trunk and extremities.

## Questions

1. What is the diagnosis?
2. What are some of the manifestations?

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

**ANSWERS ON PAGE 57**



## Case 3

A nine-year-old girl presented with shortness of the left upper limb.

## Questions

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

Provided by Dr. Alexander K.C. Leung and Dr. Andrew L. Wong, Calgary, Alberta.



## Case 4

A 14-year-old boy presented with recurrent abdominal cramps and bloody diarrhea for two months.

## Questions

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

Provided by Dr. Alexander K.C. Leung and Dr. C. Pion Kao, Calgary Alberta.



## Case 5

This two-month-old infant was noted to have tilting of the head.

## Questions

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

Provided by Dr. Alexander K.C. Leung and Dr. Andrew L. Wong, Calgary, Alberta.

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## Case 6

A 10-year-old girl visited a clinic because of a left ring finger contusion. A left hand X-ray was performed.

## Questions

1. What does the X-ray show?
2. What is this condition called?

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



## Case 7

A 75-year-old male presented with significant wasting of thenar muscles in the right hand.

## Questions

1. What is the cause of thenar muscles wasting?

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



## Case 8

This 13-year-old girl has a long-standing history of atopic dermatitis. She presented a flare with fever and multiple erosions and crusted lesions around and inside her mouth.

## Questions

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

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

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## Case 9

This girl is epileptic and she developed hyperplasia of the gums.

## Questions

1. What kind of medication is she taking?

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



## Case 10

A two-year old child was seen because of circumferential ring-like constrictions on the child's legs which had been present since birth.

## Questions

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

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



## Case 11

A two-month-old infant had a scar on his forehead. He had neonatal hypocalcemia and was treated with an intravenous infusion of calcium gluconate. Sloughing of the skin was noted a few days later at the site of the scalp vein infusion.

## Questions

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

Provided by Dr. Alexander K.C. Leung and Dr. Reginald S. Sauve, Calgary, Alberta.

*Questions 10 and 11 are corrections from the December 2002 issue of The Canadian Journal of Diagnosis. We apologise to the author and to our readers.*

## Answers

**Case 1**

1. Papilloma of the tongue.
2. Surgical excision.

**Case 2**

1. Von Recklinghausen neurofibromatosis.
2. Café au lait patches usually develop within the first year of life, and may be present at birth. There may also be bilateral axillary and inguinal freckling, and cutaneous neurofibromas (which do not develop until later in childhood). Iris hamartomas (Lisch nodules) develop in time in all patients. Congenital bone anomalies and peripheral nerve and central nervous system tumours (particularly optic glioma) can be complications in the future.

**Case 3**

1. Multiple enchondromatosis (Ollier's disease).
2. Multiple enchondromatosis may result in bony dysplasia, short stature, limb length inequality, joint deformity, pathologic fracture, and malignant transformation. When associated with angiomas of the soft tissue, the condition is referred to as Maffucci's syndrome.

**Case 4**

1. Ulcerative colitis.
2. Sulfasalazine is the drug of choice. Children with moderate to severe pancolitis or colitis unresponsive to sulfasalazine should be treated with corticosteroids. Colectomy should be considered in patients with uncontrolled hemorrhage or severe colitis that fails to respond to intensive medical treatment, and for those with complications, such as toxic megacolon, stricture, or perforation.

**Case 5**

1. Congenital torticollis.
2. Congenital muscular torticollis is by far the most common form of congenital torticollis. Clinically, a sternomastoid tumour can be found and is believed to result from hemorrhage into the muscle at birth with subsequent healing by fibrosis. Other causes of congenital torticollis include postural torticollis, Klippel-Feil syndrome, hemivertebrae, unilateral absence of sternomastoid muscle, unilateral atlanto-occipital fusion, and pterygium colli.

**Case 6**

1. Fracture at the base of the proximal phalanx of the ring finger.
2. Type II Salter-Harris fracture.

**Case 7**

1. The median nerve is damaged.

**Case 8**

1. Eczema herpeticum.
2. Systemic antiviral medication.

**Case 9**

1. Phenytoin.

**Case 10**

1. Congenital constriction bands.
2. Congenital constriction bands are the result of intrauterine entanglement of the fetal parts, particularly limbs by amniotic bands or umbilical cord.

**Case 11**

1. Chemical burn.
2. Chemical burn may result from an inadvertent extravasation of calcium into the subcutaneous tissue. Dx