

Photo Diagnosis

*An illustrated quiz on
problems seen in everyday practice*



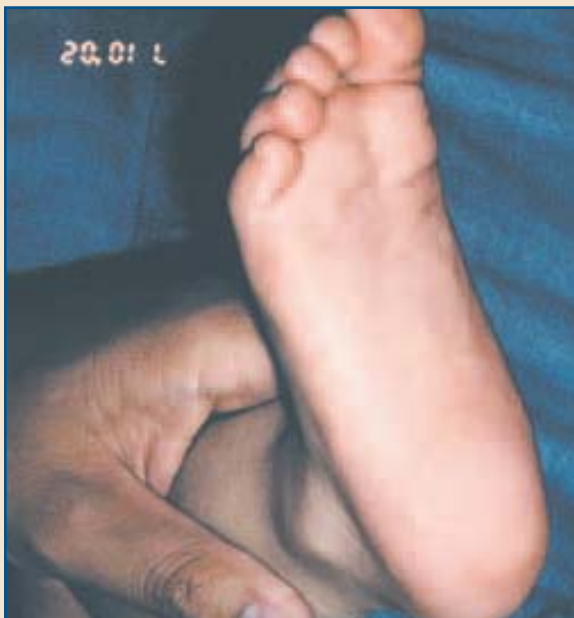
Case 1

A 10-year-old boy was brought in by his mother because she found an irregular area on his scalp where the density of hair is greatly reduced. There is no inflammation or scarring.

Questions

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

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



Case 2

This nine-month-old infant was noted to have a nodule on his right sole for the past two months. His past health was unremarkable, except that he had jaundice in the neonatal period requiring monitoring of serum bilirubin.

Questions

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

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

ANSWERS ON PAGE 64



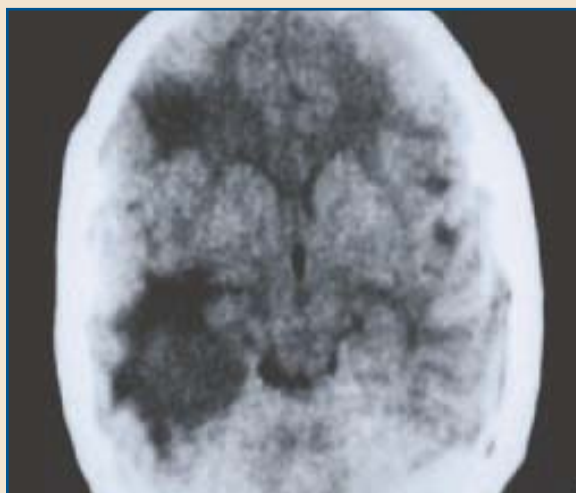
Case 3

A 47-year-old male has had a lump in his left armpit for approximately one month with a rapid increase in size over a few days. He has not lost any weight and denies night sweats. He has no fever or chills. He has smoked one pack of cigarettes per day for the past 20 years.

Questions

1. How should this case be managed?
2. What is your possible diagnosis?

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



Case 4

This 10-year-old child had jaundice, petechiae, and hepatosplenomegaly in the neonatal period. Ophthalmologic examination revealed bilateral chorioretinitis. A head computed tomographic scan was done as shown.

Questions

1. What is the diagnosis?
2. What is the causative organism?

Provided by Dr. Alexander K.C. Leung and Dr. H. Dele Davies, Calgary, Alberta.



Case 5

A 54-year-old diabetic female developed painful erythema with soggy scaling and outlying satellite vesico-pustules under both breasts.

Questions

1. What is the diagnosis?
2. What is the predisposing cause?

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

ANSWERS ON PAGE 64



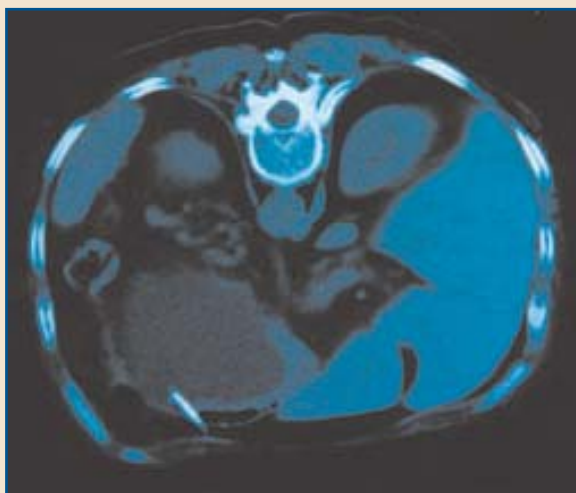
Case 6

This newborn infant could not close his left eye. The left nasolabial fold was absent and there was drooping of the corner of the mouth on the left side.

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.



Case 7

A 62-year-old alcoholic developed acute pancreatitis followed by constant epigastric discomfort. A computed tomography scan of the abdomen was performed.

Questions

1. What does the scan show?
2. What is the treatment?

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



Case 8

A three-year-old girl presented to the emergency department with vaginal bleeding.

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.

ANSWERS ON PAGE 65

Answers

Case 1

1. Trichotillomania.
2. Trichotillomania is the act of manually removing hair by manipulation. This conscious or subconscious habitual act or tic is most commonly performed by young children and adolescents during inactive periods in the classroom, while watching television, or in bed while waiting to fall asleep. The affected area has an irregular angulated border and the density of hair is greatly reduced, but the site is never bald as in alopecia areata.
3. Most patients are psychologically stable and require only a discussion of the problem with an understanding physician or parent, but patients with extensive involvement or who persist should have a psychiatric evaluation.

Case 2

1. Cutaneous nodule resulting from heel pricks. The nodule is an implantation cyst containing calcified epithelial elements.
2. Typically, the nodule appears between four and 12 months after birth and disappears by extrusion through the skin 14 to 18 months later.

Case 3

1. The patient needs a complete blood cell count, biochemistry, X-ray of chest, computed tomography scan of chest and abdomen. A biopsy of the lump should be done to establish the diagnosis and referral to a cancer clinic will be necessary.
2. The history of the rapid growth of the left axillary mass suggests he most likely has lymphoma.

Case 4

1. Congenital toxoplasmosis.
2. *Toxoplasma gondii*.

Case 5

1. Candidiasis of large skin folds (Candida intertrigo).
2. Diabetes mellitus was the predisposing cause here. Skin folds (intertriginous areas in which skin touches skin) contain heat and moisture, providing the environment suited for yeast infection.

Case 6

1. Left-sided facial nerve palsy.
2. In the neonatal period, facial nerve palsy often results from pressure over the facial nerve in utero or from trauma during delivery. The prognosis is good and recovery usually occurs within the first month. The differential diagnosis includes nuclear agenesis of the facial nerve, Möbius syndrome, and absence of the depressor anguli oris muscle.

Case 8

1. Pin in vagina.
2. A pin in the vagina can penetrate the vagina, rectum, bladder or abdominal viscera. In addition, a retained foreign body can lead to vaginitis. [Dx](#)

Case 7

1. Large pseudocyst of pancreas. A pseudocyst is a cystic collection of fluid and necrotic debris whose walls are variously formed by the pancreas and other surrounding organs.
2. The cyst that is expanding or causing appreciable discomfort should be drained, either surgically via anastomosis of the cyst to the gut, or percutaneously with a needle. Complications of abscess, hemorrhage, or rupture require immediate surgical intervention.

Shouldn't the first depression
be the last depression?

