

Photo Diagnosis

*An illustrated quiz on
problems seen in everyday practice*



Case 1

This patient suffers acute onset swelling and tenderness of the face and right ear.

Questions

1. What is the diagnosis?
2. What is the differential diagnosis?
3. What investigations would you perform?

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



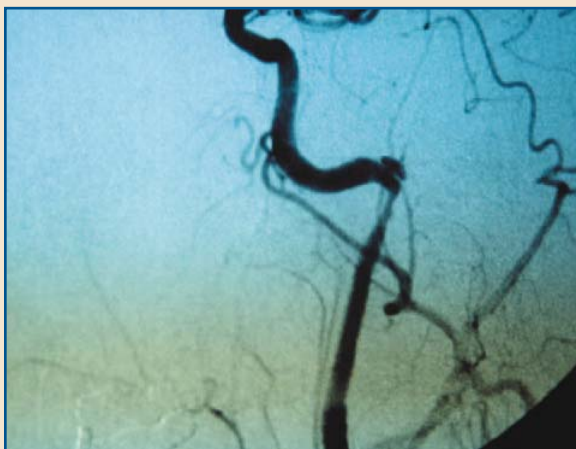
Case 2

This male infant was born at term to a 24-year-old G2P1 mother. Birth weight was 2800 g and length was 51 cm. Respiratory distress was noted at birth.

Questions

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

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



Case 3

A 46-year-old woman presented with a history of sudden onset pulsatile tinnitus in her left ear. A carotid angiogram was performed.

Questions

1. What does the angiogram show?

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

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Case 4

This five-year-old boy was noted to have abnormally shaped fifth fingers since birth.

Questions

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

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



Case 5

A 40-year-old man had an asymptomatic mass above the umbilicus for two years.

Questions

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

Provided by Dr. Alexander K.C. Leung and Dr. Alexander G. Leong, Calgary, Alberta.



Case 6

A one-month-old infant presented with poor feeding, irritability and seizures. Transillumination of the skull showed an absence of cerebral hemispheres.

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.

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Case 7

A 12-year-old boy presented with a skin rash on his trunk. The lesions are various sizes (2 mm to 6 mm), and are flesh-coloured, dome-shaped umbilicated papules.

Questions

1. What is the diagnosis?
2. What is the etiology?
3. How can these lesions be treated?

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



Case 8

The hand of this four-year-old child became swollen, erythematous, and tender after being bitten by a dog the day before.

Questions

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

Provided by Dr. Alexander K.C. Leung and Dr. Alexander G. Leong, Calgary, Alberta.

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CAPPING OFF OUR BIRTHDAY.

50 & 75 mg diclofenac sodium and misoprostol tablets

ARTHROTEC® 50 & 75

(Anti-inflammatory analgesic agent with a mucosal protective agent)

Arthrotec® is contraindicated in pregnancy. Product Monograph available on request.



Case 9

A three-month-old infant had a pigmented lesion in the occipital area since birth.

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.



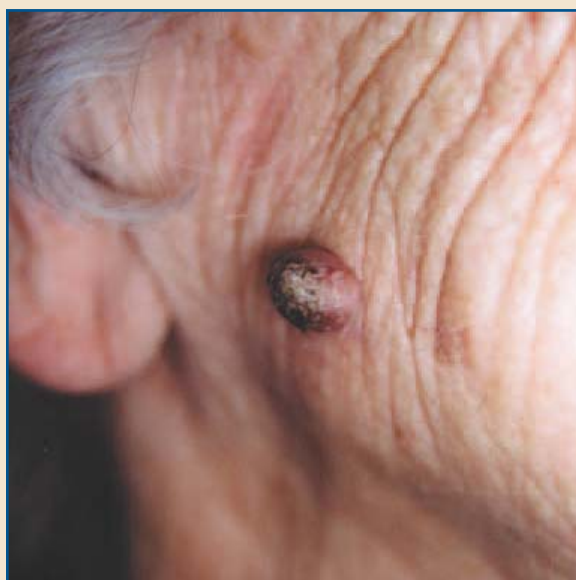
Case 10

A newborn infant was noted to have a huge cystic mass in the occipital area. Transillumination of the mass showed presence of neural tissue.

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 11

This woman presented with a skin lesion, which appeared over the past weeks and has a central keratotic plug and fleshy rim.

Questions

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

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

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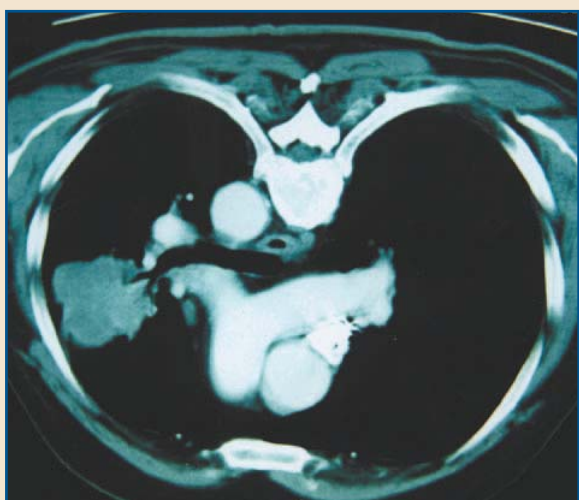
Case 12

An elderly man presents with a sudden onset of a swollen and tender right calf.

Questions

1. What is the most probable diagnosis?
2. What investigation should be performed?

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



Case 13

A 78-year-old man presented with hemoptysis. A computed tomography scan of the thorax with infusion was performed.

Questions

1. What does the scan show?

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



Case 14

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.

Question 14 is a correction from the March 2003 issue of The Canadian Journal of Diagnosis. We apologise to the authors and to our readers.

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Answers

Case 1

1. Erysipelas or cellulitis of the face.
2. This condition is distinguished from acute facial eczema by the associated systemic features of fever, high erythrocyte sedimentation rate, and in retrospect, a raised antistreptolysin O titre.
3. Culture of skin swabs, aspiration of tissue fluid or skin biopsy specimens rarely result in culture of the causative organism, *Streptococcus pyogenes* (Lancefield Group A).

Case 2

1. Congenital cystic adenomatoid malformation of the right lung.
2. Lobectomy is the treatment of choice.

Case 3

1. Long dissection of the left internal carotid artery.

Case 4

1. Clinodactyly.
2. Clinodactyly results from hypoplasia of the middle phalanx. The fifth finger is the most commonly affected. Although clinodactyly can be seen in healthy children, the incidence is increased in children with Down syndrome, Aarskog syndrome, Carpenter syndrome, de Lange syndrome, and Russell-Silver syndrome.

Case 5

1. Epigastric hernia.
2. An epigastric hernia results from herniation of extraperitoneal fat through a defect in the linea alba between the xyphoid and the umbilicus. The condition is usually asymptomatic, although it may occasionally present with upper abdominal pain. Surgical repair is indicated for symptomatic cases.

Case 6

1. Hydranencephaly.
2. Hydranencephaly is characterised by the absence of cerebral hemispheres in spite of intact meninges and a normal skull. There may be associated abnormalities of the cerebellum, olfactory nerves, and optic nerves. Most infants with hydranencephaly do not survive beyond their first year.

Case 7

1. Molluscum contagiosum.
2. Pox virus. The virus infects epithelial cells, creating very large intracytoplasmic inclusion bodies and disrupting cell bonds by which epithelial cells are generally held together.
3. Most lesions are self-limiting and will spontaneously clear in six to nine months; however, they may last much longer. Treatment must be individualised. Conservative non-scarring methods should be used for children who have many lesions. Genital lesions in adults should be definitively treated to prevent spread by sexual contact. Some options include: curettage, cryosurgery or local tretinoin, salicylic acid and lactic acid paint (duofilm), and canthardin.

Answers

Case 8

1. Cellulitis secondary to a dog bite.
2. After the wound has been swabbed for bacterial culture, it should be irrigated with copious amounts of normal saline. The choice between an oral or parenteral antimicrobial therapy should depend on the severity of the infection, signs of systemic toxicity, and the immune status of the child. Amoxicillin-clavulanate is the drug of choice for oral therapy. Ampicillin-sulbactam or ticarcillin-clavulanate is preferred for patients who require parenteral therapy.

Case 9

1. Giant congenital pigmented nevus.
2. There is an increased risk of malignant melanoma and leptomeningeal melanocytosis.

Case 10

1. Encephalocele.
2. The brain underneath the encephalocele is usually abnormal. Infants with a cranial encephalocele are at increased risk for hydrocephalus due to aqueductal stenosis, Chiari malformation, or Dandy-Walker syndrome.

Case 11

1. Keratocanthoma.
2. A relatively common low-grade malignancy that originates in the pilosebaceous glands and closely and pathologically resembles squamous cell carcinoma.
3. Conventional excision and pathology.

Case 12

1. Deep vein thrombophlebitis.
2. Doppler ultrasound is the most useful, non-invasive test, as well as venography.

Case 13

1. Left upper lobe carcinoma.

Case 14

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](#)

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The Canadian Journal of Diagnosis

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