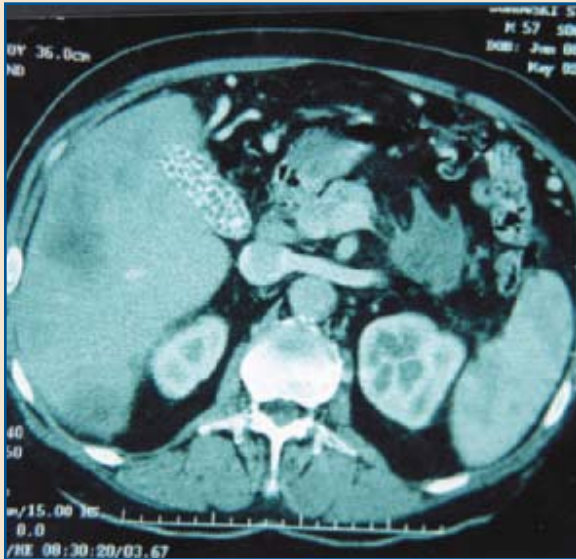


Photo Diagnosis

*An illustrated quiz on
problems seen in everyday practice*



Case 1


A 57-year-old male presented with a history of recurrent abdominal pain and weight loss over the last three months. A computed tomography (CT) scan was performed.

Question

1. What does the CT scan show?

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

ANSWER ON PAGE 72



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Case 2

A 59-year-old male with a history of chronic disease poorly controlled with oral medications, presented with deep ulceration of his right heel.

Questions

1. This condition is most often associated with which disease?
2. What is the significance of this disease?

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



Case 3

This man presented with many warty lesions of various sizes on his face.

Questions

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

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



Case 4

A 66-year-old presented with asymptomatic right thumb nail changes.

Questions

1. What is the condition called?
2. What is the significance?

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

ANSWERS ON PAGE 72



Case 5

A 15-year-old girl presented with a rounded, smooth surface, without crusts or erosion tumour, on the posterior part of her right ear lobe shortly after piercing her ears.

Questions

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

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



Case 6

This five-year-old girl presented with a left-sided scrotal mass which, pre-operatively, was taken to be an inguinal hernia.

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 7

This seven-year-old girl presented with a painful mass in the left cervical area which had been present for three days. The overlying skin was erythematous. The child had a temperature of 40C.

Questions

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

Provided by Dr. Alexander K.C. Leung, Calgary, Alberta.

ANSWERS ON PAGE 72,76



Case 8

This 13-year-old girl had more than 10 café au lait spots, each > 15 mm in diameter. She also had axillary freckling consisting of hyperpigmented areas > 5 mm in diameter.

Questions

1. What is the diagnosis?
2. How did she get these spots?

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



Case 9

This man had a well-defined, acute blistering eruption.

Questions

1. What is it?
2. How would you treat it?

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



Case 10

A 23-year-old male developed a rash which began with a 3 cm single oval patch and was followed 10 days later by multiple scaling oval patches which were slightly pruritic.

Questions

1. What is it called?
2. How is a first lesion often described?
3. How long does the condition last?

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

ANSWERS ON PAGE 76



Case 11

A seven-year-old girl presented with a three-week history of an evolving, progressive rash all over the body. The rash was extremely pruritic. She responded well to topical application of permethrin ointment and Kwellada® shampoo.

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 12

A 44-year-old male presents with progressing, asymptomatic plaques.

Questions

1. What is the diagnosis?
2. Are there any associations with this condition?
3. What is the treatment?

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

ANSWERS ON PAGE 76

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Case 13

A 73-year-old farmer was noticed to have folds and wrinkles of the back of the neck. He was neither bothered, nor aware, of this “wrinkling.”

Questions

1. What is the diagnosis?
2. What is the significance of this finding?

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 14

A 65-year-old female with long-standing pyoderma gangrenosum presents with these asymptomatic lesions on both legs.

Question

1. What is the diagnosis?

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 15

An 83-year-old male presents with an incidental, asymptomatic finding on his eyes.

Questions

1. What is the diagnosis?
2. What causes this condition?
3. What is the clinical significance?

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

ANSWERS ON PAGE 78

Answers

Case 1

1. Metastatic disease of the liver and multiple gallbladder stones.

Case 2

1. Diabetes mellitus (Type 2).
2. Diabetes mellitus is a significant risk factor that may lead to many lower extremity complications, including neuropathy, peripheral vascular diseases, structural deformities, callus formation, foot ulcers, infections, and skin and nail changes. If the sensory nerves are affected, a loss of pain sensation may be followed by painless mechanical, chemical, or thermal trauma until ulceration occurs.

Case 3

1. Dermatitis papulosa nigra.
2. These warty lesions on the face are common in those of Afro-Caribbean descent. Histologically, the lesions resemble seborrheic warts.

Case 4

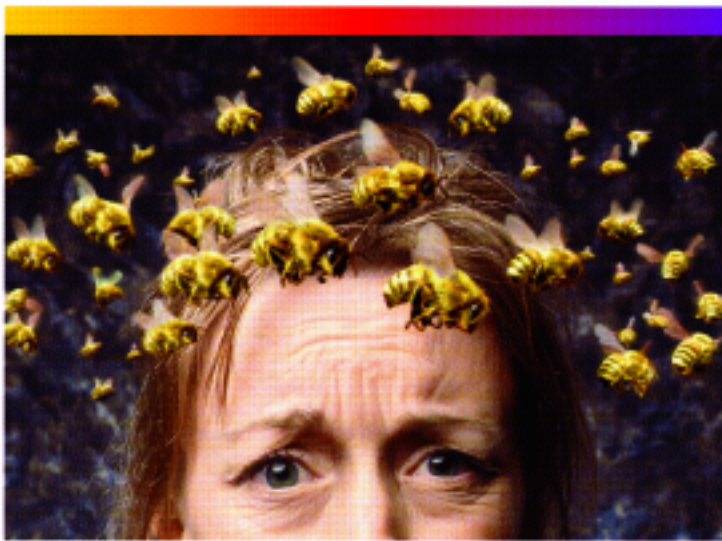
1. Onycholysis.
2. Onycholysis describes the separation of the nail plate from the nail bed. Onycholysis is a sign rather than a disease, *per se*. It usually starts from the central or lateral promotion of the nail plate free margin and progresses proximally. Onycholysis creates a subungual space that looks whitish because of the presence of air. Onycholysis results from an alteration of the nail bed-nail plate junction and may be caused by a large number of inflammatory diseases that affect the hyponychium or the nail bed. There are many causes of onycholysis and the most common are psoriasis, fungal infection, and trauma.

Case 5

1. Pyogenic granuloma.
2. Surgical excision; always check the histology to exclude amelanotic melanoma.

Case 6

1. Lipoma of the spermatic cord.
2. The lipoma should be excised to prevent confusion as to the diagnosis at a later date.



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Answers

Case 7

1. Cervical lymphadenitis.
2. Most cases of cervical lymphadenitis are viral in origin and require no treatment. If a bacterial infection is suspected, systemic antibiotic treatment covering at least streptococci and staphylococci is indicated. Surgical drainage is required if an abscess forms.

Case 8

1. Neurofibromatosis type 1 (von Recklinghausen disease).
2. The condition is inherited as an autosomal dominant trait. However, approximately 50% of the index cases represent new mutations. The mutated gene resides on the proximal long arm of chromosome 17.

Case 9

1. Herpes simplex, recurrent (secondary) infection.
2. Topical acyclovir cream should be applied five times daily as soon as tingling starts and should also be applied to intact blisters.

Case 10

1. Pityriasis rosea, a presumed virus infection.
2. As a “herald” patch.
3. Four to six weeks.

Case 11

1. Scabies.
2. Scabies, if left untreated, may lead to secondary eczematization, excoriation, impetiginization, and nodular lesions.

Case 12


1. Granuloma annulare (GA).
2. GA may be linked to diabetes mellitus (Type 2), necrobiosis lipoidica diabetorum, and rheumatoid nodules.
3. GA is a benign, self-limited dermatosis, characterized by a raised annular configuration. Topical steroids are the most common treatment if there is associated pruritus.

Answers

Case 13

1. Cutis rhomboidalis nuchae.
2. These deep folds and wrinkles on the back of the neck are due to chronic sun exposure and damage. They appear as furrows in criss-cross fashion, dividing the thick, leathery skin. This patient is probably at increased risk of developing skin cancer due to the chronic sun damage.

Case 15

1. Arcus senilis.
2. This is a deposit of calcium and cholesterol salts around the corneoscleral junction. It appears as a grey-white ring and is common in persons > 60 years old.
3. There is no clinical significance. 

Case 14

1. Steroid-induced atrophy.

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