

Photo Diagnosis

An illustrated quiz on problems seen in everyday practice



Case 1

A 42-year-old woman presented with silvery plaques over her legs. The affected areas were not itchy.

Questions

1. What is the diagnosis?
2. Where else should you look for lesions?
3. What may this be associated with?

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



Case 2

A three-day-old jaundiced infant broke out with a “flea-bite” rash on the body.

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.

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Case 3

A 79-year-old man presented with wasting of the first dorsal interosseous muscle of the right hand.

Questions

1. What is the cause of such wasting?
2. What test can support your diagnosis?

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



Case 4

This condition was caused by chronic biting.

Questions

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

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



Case 5

A 56-year-old woman presented with a long history of numerous soft tumours which vary in diameter (from a few mm to cm) and a number of light brown spots disseminated over the body, mostly on the trunk and the extremities.

Questions

1. What is this genodermatosis inherited as an autosomal dominant gene?
2. Describe the significant features of the disease?

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

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Case 6

A nine-year-old girl presented with an itchy rash over the right side of her face and both lips. On her right cheek, visible weeping blisters grouped in a linear fashion.

Questions

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

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



Case 7

A 49-year-old woman presented with galactorrhea.

Questions

1. What is galactorrhea?
2. Is galactorrhea always associated with an elevated serum prolactin level?
3. Which thyroid complaint may be associated with galactorrhea?

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



Case 8

An 11-month-old infant was noted to have hypopigmentation of the skin following topical application of a cream for the treatment of atopic dermatitis.

Questions

1. What is the diagnosis?
2. What are the other potential adverse effects of the cream?

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

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Case 9

A 56-year-old woman developed enlargement of the distal fingers over the years without associated history of trauma or other disease.

Question

1. What is the diagnosis?

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



Case 10

A three-year-old child was noted to have soft cystic mass in the right iliac crest. The mass transilluminates brilliantly.

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 11

A woman sustained a blunt injury to her left eye and developed a "black eye."

Questions

1. What other ocular or orbital injuries may be presented?
2. How would you diagnose them?

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

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Case 12

The mother of this two-year-old girl was concerned because of the abnormal shape of her daughter's uvula.

Questions

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

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



Case 13

A 56-year-old woman presented with bilateral lesions of the inner labia with minor pain, itching, and redness. She has a history of recurrent cold sores. This is her first case of genital lesions.

Questions

1. What test might be helpful?
2. What is the most likely diagnosis?

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



Case 14

A seven-year-old girl presented with a purulent exudate from her left ear canal. She was diagnosed as having otitis externa. Itchy patches developed around the ear.

Questions

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

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

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Case 15

A 42-year-old man presented with a bright red nodule on his right foot. A recurrent bleeding from the lesion was noticed.

Questions

1. What is the diagnosis?
2. What diagnosis do we need to rule out?

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



Case 16

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 16 is a correction from the March 2003 issue of The Canadian Journal of Diagnosis. We apologize to the author and to our readers.

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Answers

Case 1

1. Psoriasis vulgaris.
2. Scalp, nails, knees, umbilicus, lower back, and anogenital area.
3. Various forms of arthropathy; rheumatoid arthritis-like, osteoarthritis-like; affecting various distal interphalangeal joints of the fingers; ankylosing spondylitis-like affecting sacro-iliac joints; arthritis mutilans.

Case 2

1. Erythema toxicum neonatorum.
2. Erythema toxicum neonatorum is a dermatosis of the newborn infant consisting of erythema, macules, and, sometimes, pustules. The exact etiology is not known, but it occurs in approximately one-third to one-half of all neonates. The eruption appears within the first few days of life and generally disappears by the tenth day.

Case 3

1. Damage to the ulnar nerve leads to wasting of the intrinsic muscles, most obviously the first dorsal interosseous.
2. Froment's test-sign. When the patient attempts to grip a flat object between the thumb and the hand, the flexor pollicis muscle comes into action because the adductor pollicis is paralysed. Hence, the thumb on the affected side flexes at the interphalangeal joint.

Case 4

1. Fibroepithelial polyp on buccal mucosa.
2. Simple excision.

Case 5

1. Neurofibromatosis.
2. Café-au-lait patches, neurofibromata, pigmented hairy naevi, malignant degeneration of a neurofibroma, neurogenic tumours (bilateral acoustic neuromata believed to occur almost exclusively in neurofibromatosis), epilepsy, kyphoscoliosis, associated endocrine disorders (*i.e.*, acromegaly, Addison's disease, or pheochromocytoma).

Case 6

1. Poison ivy contact dermatitis.
2. Treatment consists of cool, wet compresses in conjunction with topical steroids. If the rash is extensive, a course of systemic steroids is indicated.

Case 7

1. Galactorrhea is lactation in the absence of an appropriate physiologic stimulus.
2. No.
3. Primary hypothyroidism was the cause in this patient.

Case 8

1. Hypopigmentation of the skin from topical application of hydrocortisone.
2. Other potential local adverse effects include skin atrophy, striae, telangiectasia, decreased subcutaneous adipose tissue, rosacea, perioral dermatitis, folliculitis, and steroid acne. Systemic side-effects, though rare, include Cushing's syndrome, adrenal suppression, cataracts, glaucoma, and growth retardation.

Answers

Case 9

1. Primary, generalized osteoarthritis with typical involvement of the terminal interphalangeal joints of the fingers in which Heberden's nodes can be seen on the dorsum of the joints.

Case 10

1. Cystic hygroma.
2. Surgical excision.

Case 11

1. The use of a hand torch may show the presence of blood in the anterior chamber or rupture of the globe. The use of an ophthalmoscope may show the presence of retinal changes. Any orbital complication may be diagnosed by the subjective signs of diplopia or the demonstration of limited eye movements.
2. See above.

Case 12

1. Bifid uvula.
2. A bifid uvula can be associated with a submucous cleft of the soft palate.

Case 13

1. The diagnosis should include viral culture with viral typing and/or type-specific serology.
2. Genital herpes, possibly herpes simplex virus (HSV)-1 because of her history of recurrent cold sores. Genital presentations of HSV-1 are becoming increasingly common.


Case 14

1. Infectious eczematoid dermatitis.
2. Oral antibiotics and topical corticosteroids with antibiotic cream.

Case 15

1. Pyogenic granuloma is a rapidly developing benign tumour that consists of a proliferation of capillaries.
2. Amelanotic, malignant melanoma must be ruled out by histologic examination.

Case 16

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. 

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