

Photo Diagnosis

An illustrated quiz on problems seen in everyday practice



Case 1

A 77-year-old woman with a long history of hypertension and dyslipidemia presented with vision problems.

Questions

1. What abnormality is found in this picture?
2. Would this abnormality interfere with vision?

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



Case 2

This 49-year-old patient presented with contracted wrist, thumb, and fingers.

Question

1. What has caused these deformities?

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



Case 3

This two-year-old girl was noted to have fusion of the toes in both feet.

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 4

A 59-year-old man presented with complaints of almost constant tiredness of the right leg.

Questions

1. What common condition is presented?
2. What complication may occur?

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



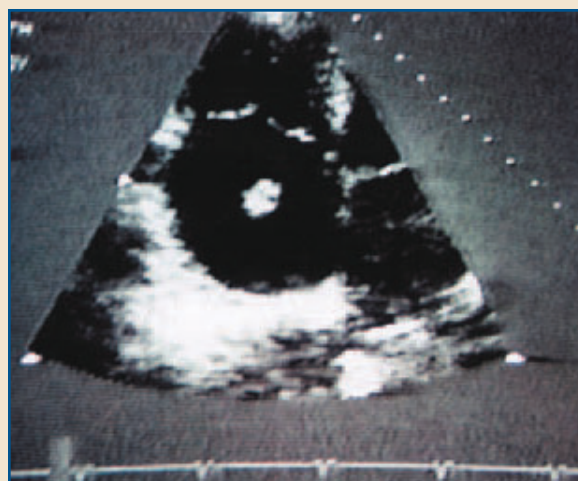
Case 5

A three-year-old boy complained of pain in the penile area.

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 6

A 77-year-old female presented with shortness of breath, weakness, and history of syncope. An echocardiograph (ECHO) was performed (right atrium).

Questions

1. What does the ECHO show?
2. How would you treat this patient?

Provided by Dr. J.K. Pawlak and Dr. W. Wojcik, Winnipeg, Manitoba.

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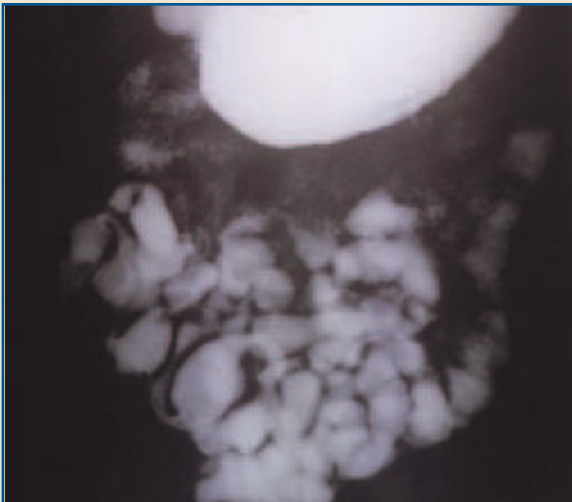
Case 7

A 17-month-old child was noted to pass a clay-coloured stool. The stool was of normal odour. The child was not jaundiced.

Question

1. What is the significance?

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



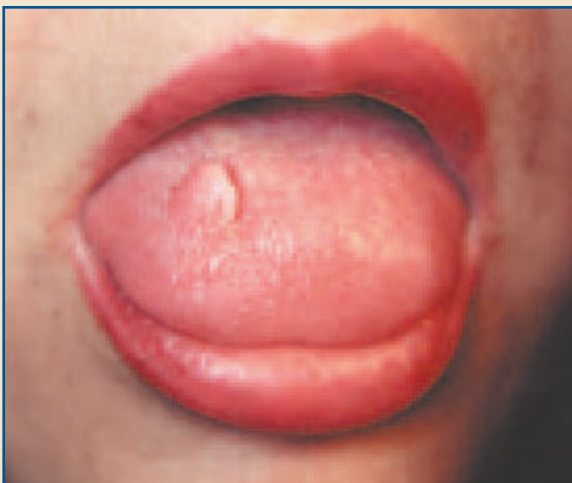
Case 8

A 16-year-old boy presented with recurrent crampy abdominal pain and intermittent diarrhea for one year. He lost 8 lbs. in the last six months.

Questions

1. What is the diagnosis?
2. What are the extraintestinal manifestations?

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



Case 9

A 42-year-old woman visited the clinic for the first time with a history of sore throat.

Question

1. What possible question will you ask after this patient's tongue examination?

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

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Case 10

A 10-month-old girl was noted to have erythema and edema in the left infraorbital area. There was no proptosis or limitation of the eye movement.

Questions

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

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

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XENICAL



Xenical prevents the absorption of approximately 30% of

➤ **Effective Weight Loss¹**

➤ **Effective Glycemic Control in combination therapy for overweight/obese type 2 diabetes patients¹**

Xenical (orlistat), when used in conjunction with a mildly hypocaloric diet, is indicated for obesity management, including weight loss and weight maintenance. Xenical, when used in conjunction with a mildly hypocaloric diet, is also indicated to reduce the risk of weight regain in obese patients after prior weight loss. Xenical is indicated for obese patients with a BMI ≥ 30 kg/m² or a BMI ≥ 27 kg/m² in the presence of other risk factors (e.g. hypertension, type 2 diabetes, dyslipidemia, excess visceral fat). Xenical can be used in combination with anti-diabetic agents (sulphonylureas, metformin, insulin) to improve blood glucose control in overweight or obese type 2 diabetes patients who are inadequately controlled on diet, exercise, and one or more of a sulphonylurea, metformin, or insulin. For patients with type 2 diabetes, the reduced calorie diet should be consistent with the dietary recommendations of the Canadian Diabetes Association Guidelines for the Nutritional Management of Diabetes Mellitus in the New Millennium.

Xenical is contraindicated in patients with chronic malabsorption syndrome and cholestasis. Incidence of GI side effects: oily spotting (26.6%), gas with discharge (23.9%), faecal urgency (22.1%), fatty/oily stool (20.0%).

Caution should be exercised when prescribing Xenical to patients with a history of hyperoxaluria or calcium oxalate nephrolithiasis and patients with pre-existing disease of the large bowel or rectum.



Case 11

A 57-year-old male smoker presented with an enlargement of his right tonsil.

Question

1. The large painless tonsil indicates which of the following:

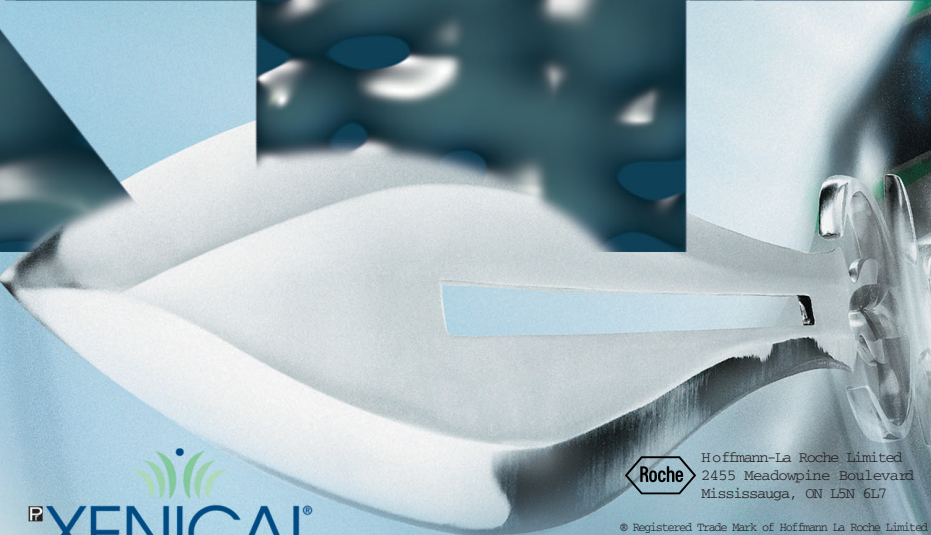
- a) Mononucleosis,
- b) Possibility of streptococcal infection, or
- c) Suspicion of ongoing tonsillar neoplasm?

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

ANSWERS ON PAGE 65

CUTS

IT




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Answers

Case 1

1. Corneal arcus, or arcus senilis, is an annular infiltration of lipids in the peripheral rim of the cornea. It is usually an aging process and most often occurs in patients in their 60s or 70s. When it appears under the age of 40, it is often associated with hypercholesterolemia and diabetes mellitus, but it can also be present without any cause.
2. Corneal arcus does not interfere with vision.

Case 3

1. Syndactyly of the toes.
2. Syndactyly is due to failure of segmentation that usually involves the soft tissues, but may also involve the bones. It is generally inherited as an autosomal dominant trait, with variable degrees of penetrance. It may also occur as a component of a number of syndromes, such as Apert's syndrome, Carpenter's syndrome, Pfeiffer's syndrome, and Poland's syndrome.

Case 2

1. These deformities are characteristic of cerebral palsy or can occur following a stroke.

Case 4

1. Marked blown up veins due to varicose veins.
2. This may lead to thrombophlebitis, which is very painful.

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The Alzheimer Society provides a beacon of hope to people with the disease and their families. The Society provides information, support and funds research into the cause and cure of the disease. We're fighting back.

Alzheimer Society

Case 5

1. Balanoposthitis, an inflammation of the glans penis and prepuce. It is usually caused by a bacterial infection.
2. Repeated episodes of balanoposthitis can lead to preputial scarring and phimosis. Circumcision is indicated for recurrent balanoposthitis.

Case 6

1. A large thrombus is seen in the right atrium.
2. Treat with intravenous streptokinase for 24 hours, after which, streptokinase is replaced with intravenous heparin infusion for seven to 10 days to maintain partial thromboplastin time at 2 to 2.5. Then, use oral warfarin.

Case 7

1. Normal children can, very occasionally, pass clay-coloured stool. Such stool may change to the normal colour on prolonged standing. Children with viral gastroenteritis, notably rotavirus gastroenteritis, can have milky-white stools. Clay-coloured stool may also signify biliary obstruction or cholestasis.

Case 8

1. Crohn's disease.
2. Extraintestinal manifestations include aphthous ulcer, arthritis, erythema nodosum, digital clubbing, episcleritis, renal stones, and gallstones.

Case 9

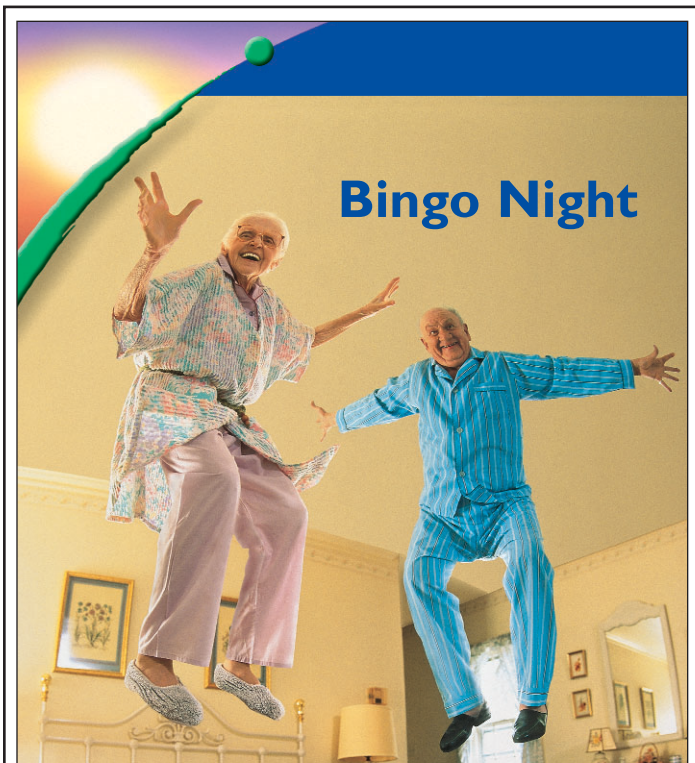
1. You would most likely ask if the patient had any history of epilepsy or seizures.

Case 10

1. Periorbital (preseptal) cellulitis.
2. Periorbital cellulitis may be secondary to sinusitis, bacteremia, puncture wound, insect bite, or nearby infection (e.g., impetigo, pustule, hordeolum, dacryocystitis).

Case 11

1. c—Suspicion of ongoing tonsillar neoplasm. \mathcal{D}_x



Anti-inflammatory analgesic agent. Product Monograph available on request.
General warnings for NSAIDs should be borne in mind.

Co-promoted with
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