Photo Diagnosis

An illustrated quiz on problems seen in everyday practice



Case 1

A 48-year-old man presented with heat intolerance, weight loss (despite a good appetite), palpitations, tremor, increased fatiguability, sweating, blurred vision, and insomnia. On examination, he had puffiness around both eyes, increased tearing, and conjunctival ingestion.

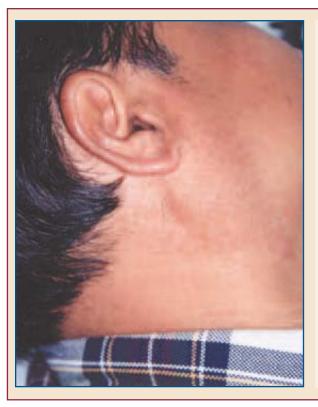
Questions

- 1. What is the diagnosis?
- 2. What are the ophthalmic manifestations of this disease?

Answers

- 1. Graves' disease.
- 2. Ophthalmic manifestations include exophthalmos, upper lid retraction, lid lag, periorbital edema, chemosis, conjunctivitis, and diplopia. Papilloedema, when present, constitutes an ophthalmologic emergency.

Provided by Alexander A.C. Leung, Dr. Norman C.W. Wong, and Dr. Alexander K.C. Leung, Calgary, Alberta.



This 51-year-old man complained of a painless swelling below and in front of the lower lobe of his right ear. The lump had grown very slowly over the past seven months.

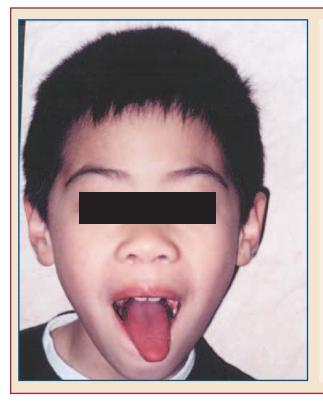
Question

1. What is the differential diagnosis?

Answer

1. A slow-growing, solid tumour in the above area is most likely to be a mixed tumour of the parotid gland. A sebaceous cyst or lymphatic gland are more superficial and a carotid body tumour of this size is usually a little bit lower. An adenolymphoma is usually very soft on palpitation.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



Case 3

A six-year-old boy had fever (temperature of 40 C) and sore throat one week ago. The fever lasted two days. He also had a skin rash which felt like fine sandpaper.

Questions

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

Answers

- 1. Scarlet fever.
- 2. Scarlet fever may be complicated by rheumatic fever and glomerulonephritis.

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



A 55-year-old man was noted to have cherry red papules on his upper right arm for the past two years.

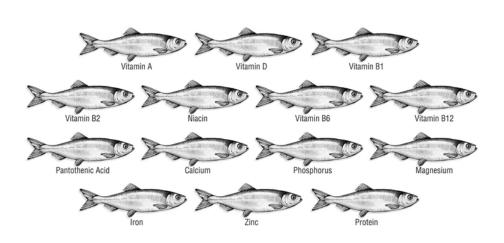
Questions

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

Answers

- 1. Cherry angiomas (Campbell de Morgan spots).
- 2. Cherry angiomas commonly occur in elderly patients, but may have their onset in early adult life. The lesion increases in number and size with time. Histologically, they are angiokeratomas. The term "cherry angioma" is derived from the colour of the lesion.

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



A new school of thought.

Sardines are an honest, natural, functional food. Nutrient dense and swimming with 14 vitamins and nutrients, including calcium and omega-3 fatty acids, for people concerned about strong bones and healthy hearts. Available in seven sauces and styles, they're a smart choice for health savvy people.

Sardines – Start a Healthy Habit



visit www.brunswick.ca





A two-month-old infant presented with recurrent regurgitation.

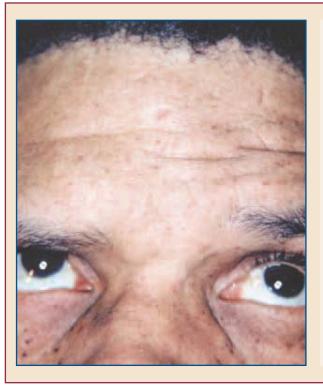
Questions

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

Answers

- 1. Hiatal hernia
- 2. A hiatal hernia may be associated with gastroe-sophageal reflux and esophagitis.

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



Case 6

A 57-year-old man visited our office with classic right facial palsy.

Question

1. How can you differentiate a lower motor neuron palsy from an upper motor neuron palsy?

Answer

1. Ask the patient to wrinkle his brow. In a lower motor neuron palsy or Bell's palsy, all the facial muscles on one side are paralyzed. In upper motor neuron palsy (*e.g.*, stroke), the muscles of the brow are spared.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



A 10-year-old child presented with fever, vomiting, and abdominal pain. On examination, there was tenderness and rebound tenderness in the McBurney's point.

Questions

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

Answers

- 1. Fecalith in the appendix (appendicolith).
- 2. The presence of appendicolith is not an absolute diagnostic criterion for appendicitis. Its presence, coupled with a positive history and physical findings, certainly supports the diagnosis.

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

Last case on page 56

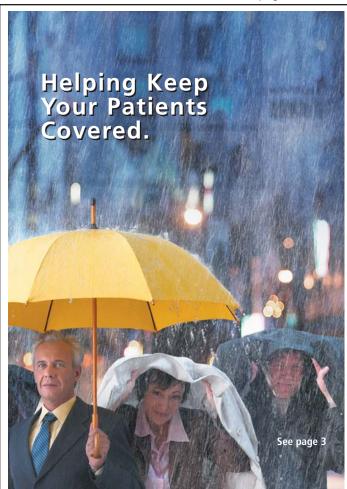
Share your photos and diagnoses with us!

Do you have a photo diagnosis? Send us your photo and a brief text explaining the presentation of the illness, your diagnosis and treatment, and receive \$25 per item if it is published.

The Canadian Journal of Diagnosis 955, boul. St. Jean, suite 306, Pointe-Claire (Quebec) H9R 5K3

E-mail: diagnosis@sta.ca

Fax: (514) 695-8554





This six-month old boy had an asymptomatic yellowish-orange, 8 mm, round nodule on his right upper back.

Questions

- 1. What is your diagnosis?
- 2. Is there any importance to this lesion?

Answers

- 1. Juvenile xanthogranuloma.
- 2. Occasionally xanthogranuloma may be associated with increased number of café au lait spots and, rarely, chronic myelogenous leukemia. Other rare associations have been reported. Infants should probably undergo an eye examination to exclude xanthogranulomas that may involve the irides D_x

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



