



## Case 1

A 70-year-old woman presented with a painful toenail, with no history of trauma or prior fungal infection.

## Questions

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

## Answers

1. Pincer nail deformity is defined as increased transverse curvature of the nail plate. This may cause pain due to ingrowing of the lateral nail edges with shoe pressure, or discomfort due to entrapment of the soft tissue of the nail bed. It may be idiopathic, hereditary, or post-traumatic in origin.
2. If symptomatic, surgical ablation of the lateral nail edges must be performed. In severe cases, ablation of the entire nail plate and matrix usually results in relief of pain.

Provided by Dr. Elizabeth O'Brien, Montreal, Quebec.

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### Case 2

A seven-year-old boy presented with a three-month history of asymptomatic, patchy hair loss and scaling of the scalp. He also had enlarged postauricular lymph nodes.

#### Questions

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

#### Answers

1. Tinea capitis, caused by *Trichophyton tonsurans*. This organism is now the most common cause of tinea capitis in North America, and often presents with minimal or no inflammatory changes.
2. Tinea capitis requires oral antifungal therapy for a minimum of six to eight weeks. Griseofulvin is the standard medication, with oral terbinafine used when necessary for resistant cases. Because *trichophyton tonsurans* is highly contagious, all family members should be screened and treated if affected.

Provided by Dr. Elizabeth O'Brien, Montreal, Quebec.



### Case 3

A 57-year-old man with a known history of melanoma presented with lesions on his right leg.

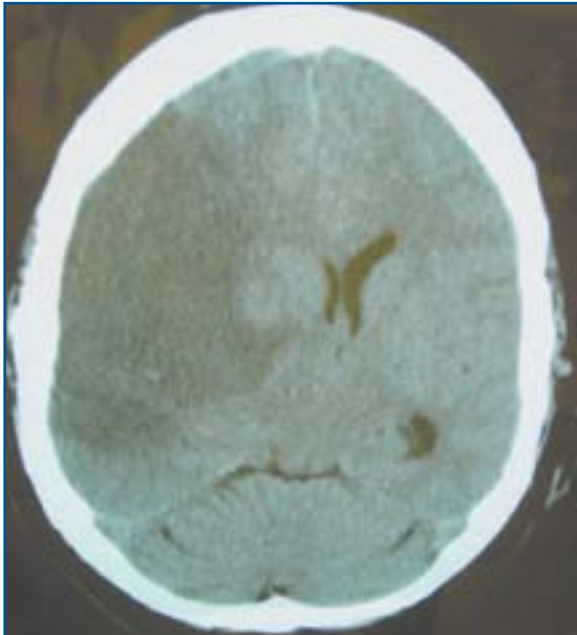
#### Questions

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

#### Answer

1. In-transit metastasis of melanoma.
2. Interferon and melanoma vaccine study.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



## Case 4

A 64-year-old woman presented with weakness and a gradually reduced level of consciousness.

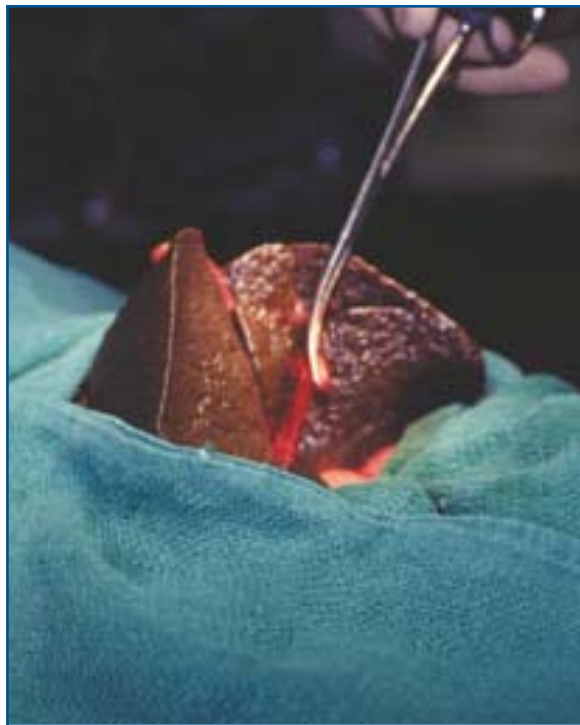
### Question

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

### Answers

1. Right middle cerebral artery ischemic stroke.
2. The patient required emergency neurosurgery.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



## Case 5

A three-year-old child presented with chronic diarrhea and recurrent chest infection. Sweat chloride test done at nine months of age had showed a chloride level of 80 mmol/L.

### Questions

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

### Answers

1. Biliary cirrhosis.
2. Biliary cirrhosis is a known complication of cystic fibrosis and is found in 25% or more of patients with cystic fibrosis at post-mortem.

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



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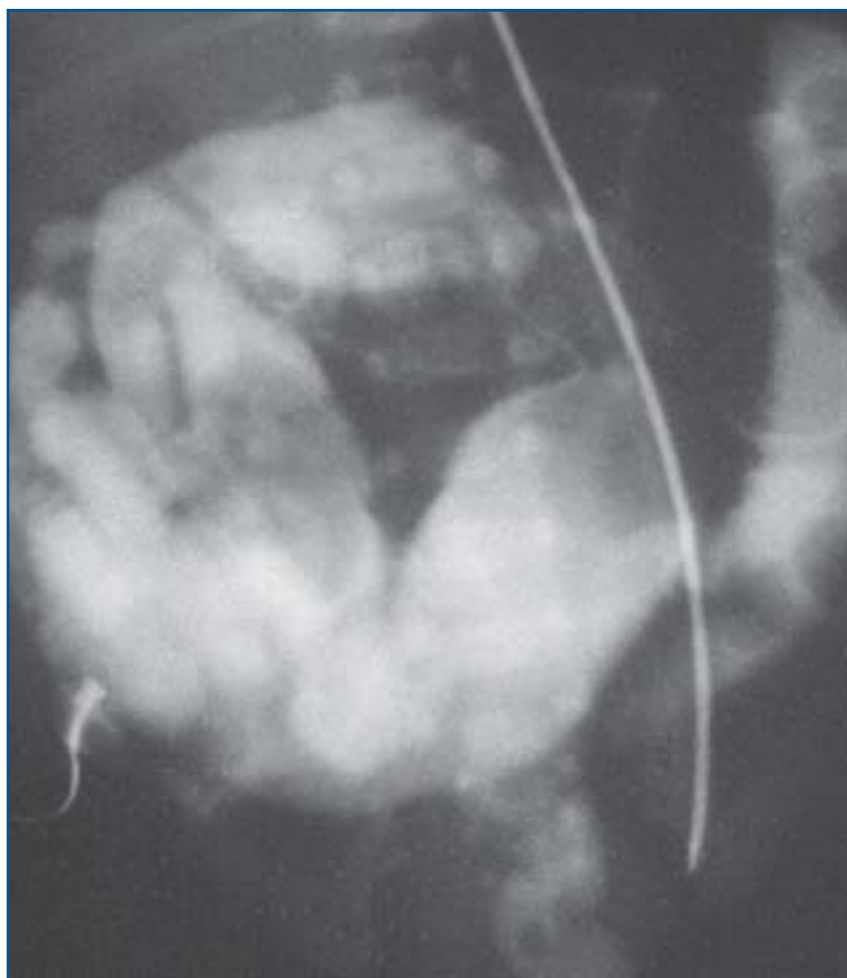


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## Case 6

This infant, who required nasogastric suction, was noted to have marked abdominal distension, tachypnea, and tachycardia.

## Questions

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

## Answers

1. Gastric perforation.
2. Perforation of the stomach is often caused by vigorous nasogastric or orogastric suction. It may also develop as a result of severe gastric distension during a course of positive pressure ventilation.

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



## Case 7

A one-year-old infant presented with itchy skin since the age of four months.

### Questions

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

### Answers

1. Atopic dermatitis.
2. Up to 65% of children with atopic dermatitis have it clear up by the age of 11, and many have it clear up even earlier.

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



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### Case 8

A 55-year-old man presented with recurrent swelling and tiredness of the legs.

#### Questions

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

#### Answers

1. Varicose veins.
2. Thrombophlebitis.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



### Case 9

This 96-year-old man presented with a swollen, painful right knee, and reduced range of motion.

#### Questions

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

#### Answers

1. Prepatellar bursitis (common in individuals whose work necessitates kneeling for extended periods of time).
2. Treatment begins with avoidance of aggravating activity. In some individuals, drainage or excision of the bursa may be indicated. In cases of infection, it is important that antibiotics are also administered.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

## Case 10

A 19-year-old man presented with sudden onset of shortness of breath and chest pain.

### Questions

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

### Answers

1. Left-sided pneumothorax.
2. Pneumothorax can be spontaneous or traumatic. Spontaneous pneumothorax is subclassified as either primary or secondary. A primary, spontaneous pneumothorax occurs in an otherwise healthy individual without an underlying lung disease or condition known to promote it. Conditions that have been associated with secondary spontaneous pneumothorax include pneumonia, pertussis syndrome, cystic fibrosis, tuberculosis, pulmonary abscess, asthma, pneumatocele, cystic adenomatoid malformation, Marfan's syndrome, Ehlers-Danlos syndrome, and pulmonary neoplasms. **Dx**

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

