



Case 1

A 23-year-old man presented with an itchy rash over the posterior part of his neck.

Questions

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

Answers

1. Folliculitis.
2. It is an inflammation of the hair follicle caused by infection, chemical irritation, or physical injury. In this case, staphylococci were isolated by culture.
3. Most cases can be treated with a Burow's tepid, wet compress, or appropriate oral antibiotics for resistant cases.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

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Case 2

A 67-year-old woman presented with a red, swollen, tender left upper eyelid.

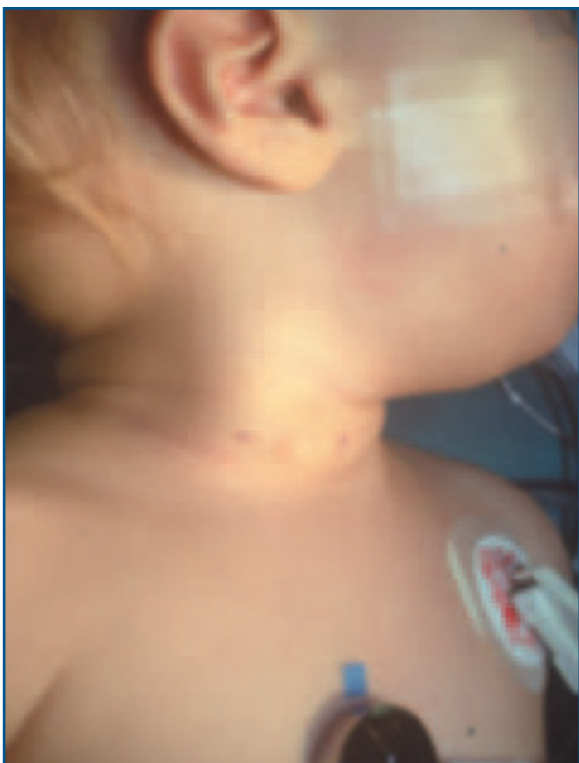
Questions

1. What is the diagnosis?
2. What investigations would you perform?

Answers

1. Cellulitis of the upper eyelid.
2. Culture of skin swabs, aspiration of tissue fluid, or skin biopsy specimens can be performed, but rarely result in a culture of the causative organism (*Streptococcus pyogenes*).

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



Case 3

This nine-month-old infant was noted to have a cystic mass along the anterior border of the sternocleidomastoid muscle.

Questions

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

Answers

1. Branchial cleft cyst.
2. A branchial cleft cyst results from incomplete closure of the branchial arches during embryonic development. The lesion is usually unilateral, and may contain mucus.

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



Case 4

A 43-year-old woman is concerned about a pigmented lesion on her right upper arm that has been present since she was 15 years old.

Questions

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

Answers

1. Non-hairy Becker's nevus.
2. A Becker's nevus consists of a sharply demarcated, irregular area of hyperpigmentation surrounded by islands of blotchy pigmentation. It usually appears in teens. The male to female ratio of its prevalence is 5:1. Hypertrichosis may develop several years later in a high percentage of patients. The condition is cosmetically disfiguring, but melanoma does not develop.

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



Case 5

This 45-year-old man presented with itchy circular patches on his arms which are extremely pruritic.

Questions

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

Answers

1. Nummular eczema.
2. Treatment involves the use of cool, wet compresses (if oozing) and strong topical steroids, as well as oral sedating antihistamines at nighttime, if associated with nighttime pruritis.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.

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Case 6

A 55-year-old man presented with a 12-month history of multiple pigmented lesions over his neck.

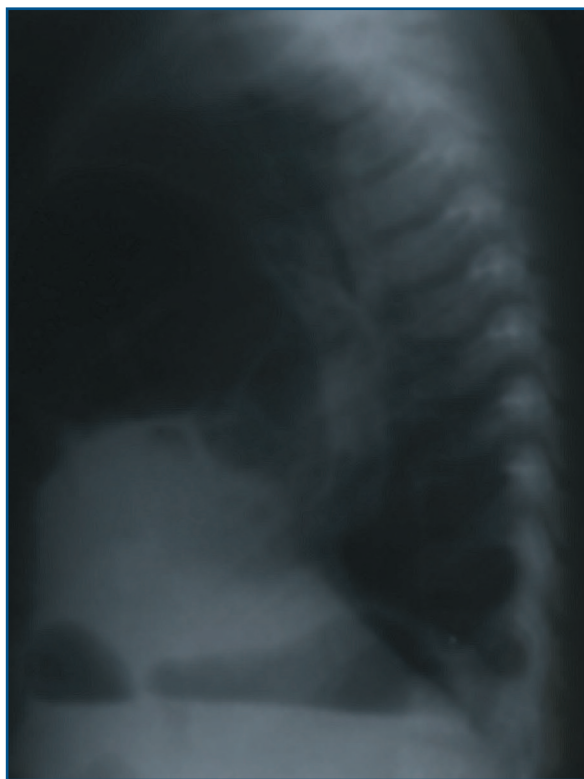
Questions

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

Answers

1. Dermatitis papulosa nigra.
2. The lesions of dermatosis papulosa nigra present as discrete, smooth, pigmented papules most often located on the malar areas and the neck. The condition is more common in dark-skinned individuals. The number of papules increases with age. The lesions are benign, and treatment is indicated mainly for cosmetic reasons.

Provided by Dr. Alexander K.C. Leung and Dr. Alexander G. Leong, Calgary, Alberta.



Case 7

This neonate was noted to have tachypnea, grunting respirations, and cyanosis shortly after birth.

Questions

1. What is the diagnosis?
2. What are the complications?

Answers

1. Diaphragmatic hernia.
2. Complications include pulmonary hypoplasia, persistent pulmonary hypertension, persistent fetal circulation, congenital heart disease, and intestinal obstruction.

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



Case 8

This teenage girl presents with an asymptomatic rash on her upper arms and lateral thighs, which she finds cosmetically upsetting.

Question

1. What is the diagnosis?

Answer

1. Keratosis pilaris. This condition is genetic and occurs in 3% to 5% of the population. It is asymptomatic and lasts all through life, although it tends to improve with age. It is frequently seen in atopic individuals, and is a marker for atopy.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.



Case 9

This 42-year-old woman presented with bilateral erythematous plaques with overlying scales on both knees.

Questions

1. What is the diagnosis?
2. Where are lesions most commonly found?
3. How common is this condition?

Answer

1. Psoriasis (plaque-type).
2. Characteristically distributed over extensor body surfaces and the scalp.
3. 1% to 2% incidence in North America.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 10

This 54-year-old woman has had scaly, erythematous palms and soles for many years.

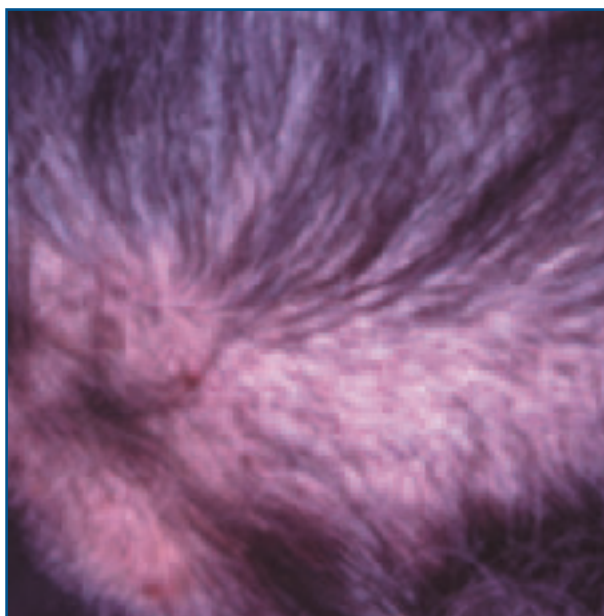
Questions

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

Answers

1. Psoriasis (palmoplantar).
2. High-potency topical steroids with or without keratolytics can be tried. Local psoralen ultraviolet A-range works well. Depending on the degree of disability, systemic therapy, such as methotrexate, cyclosporin, or acitretin, can be used under the supervision of a dermatologist.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 11


This 15-year-old woman presents with a patch of alopecia which has been present for several months.

Question

1. What is the diagnosis?

Answer

1. Trichotillomania. The differential diagnosis for the acute onset of hair loss in a single patch is usually one of three diagnoses: tinea capitis, alopecia areata, and trichotillomania. The absence of inflammation and scaling is against the diagnosis of tinea infection. With alopecia areata, there is usually a smooth patch of complete hair loss with exclamation point hairs.

Trichotillomania occurs in individuals who play with their hair and represents a “habit tic.” 

Provided by Dr. Rob Miller, Halifax, Nova Scotia.