



*Illustrated quizzes on
problems seen in everyday practice*



Case 1

A 56-year-old woman presented with a two-week history of pruritic urticarial plaques and tense bullae on both erythematous and normal skin. She had recovered one year previously from fairly widespread pyoderma gangrenosum.

Questions

1. What is the diagnosis?
2. What causes the disease?
3. What is the first-line treatment for the disease?

Answers

1. Bullous pemphigoid (BP).
2. BP is an autoimmune subepidermal blistering disorder characterized by deposition of complement and antibody to hemidesmosomal proteins in the basement membrane zone. It is more common with advancing age and potential compromise of autoimmunotolerance, or associated with previous trauma to the skin that possibly exposes otherwise sequestered auto-antigens.
3. First-line treatment includes a trial of potent topical steroids with oral tetracycline and nicotinamide. If this fails to control the disease, prednisone is started at 0.5 mg/kg/day.

Provided by Dr. Scott R.A. Walsh, Toronto, Ontario.

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Case 2

A 44-year-old man presented with a history of recurrent asymptomatic urticarial targetoid papules pronounced on his palms and scattered on his arms, legs, and trunk. He had a cold sore approximately three weeks prior to onset of the rash.

Questions

1. What is the diagnosis?
2. What infectious agents are associated with this rash?

Answers

1. Erythema multiforme (EM).
- 2 EM is a self-limited, relapsing exanthematic reaction pattern most often related to recurrent herpes simplex virus infection and, rarely, to mycoplasma or dimorphic fungi.

Provided by Dr. Scott R.A. Walsh, Toronto, Ontario.



Case 3

A 76-year-old woman presented with a right facial hemiparesis associated with a vesicular rash of the right external ear canal.

Questions

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

Answers

1. Ramsay Hunt syndrome.
2. It is caused by the reactivation and spread of the dormant varicellazoster virus to the facial nerve.
3. Some patients require no treatment, although antivirals and corticosteroids are sometimes used. This patient had complete resolution of signs and symptoms after treatment with famciclovir, 500 mg, three times daily for seven days.

Provided by Dr. Scott R. Perry, Rockwood, Ontario.

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Case 4

A three-year-old girl presented with multiple hyperpigmented areas on her legs. This had been occurring on and off for the past year. The child came from a caring family. Physical exam was normal. In particular, there was no hepatosplenomegaly. A complete blood count, prothrombin time, and activated partial thromboplastin time were also normal.

Questions

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

Answers

1. Multiple bruises.
2. Bruises are common findings in an active child and usually do not indicate a bleeding disorder. Child abuse should be suspected if bruises are widespread and found on areas of the body not normally subjected to injury.

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



Case 5

A 45-year-old man presented with rectal bleeding. A mass was seen in the rectum.

Questions

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

Answers

1. Rectal polyp.
2. Polypectomy.

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



Case 6

A 55-year-old woman has a recurring itchy rash on her hands, arms, and shins. The appearance is of reddish-purple papules in a haphazard pattern. The rash responds to oral prednisone, but recurs a few months after treatment.

Questions

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

Answers

1. Lichen planus.
2. It is being treated with griseofulvin.

Provided by Dr. Wayne Dong, Valemount, British Columbia.





Case 7

A five-year-old boy presented with a depression in the sacral area.

Questions

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

Answers

1. Sacral dimple.
2. A sacral dimple is usually benign, however, it may herald an underlying developmental defect, such as spina bifida occulta or diastomyelia. This is particularly true if the defect is deep or wide, occurs above the gluteal crease, or is associated with other markers. A sacral dimple may also be associated with Bloom syndrome, Smith-Lemli-Opitz syndrome, and Wolf-Hirschhorn syndrome.

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



Case 8

This 36-year-old man developed a raised plaque in the end portion of a tattoo that was acquired one year earlier.

Questions

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

Answers

1. Tattoo granuloma.
2. Delayed hypersensitivity reactions rarely occur with tattoos and are most commonly associated with the red dye cinnabar, which contains mercuric sulfide.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 9

This 47-year-old female farmer presented with asymptomatic scaly annular plaques on her abdomen.

Questions

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

Answers

1. Tinea corporis or ringworm.
2. *Trichophyton (T) rubrum*, although *Microsporum canis*, *T. mentagrophytes*, and *T. tonsurans* are also known to cause infection.
3. Topical therapy with azoles or allylamines is recommended for localized cases. It should be applied to an area at least 2 cm beyond the edge of the identified lesion once or twice daily for at least two weeks. Systemic therapy may be indicated for tinea corporis cases that are extensive, or that involve immunocompromised patients, or patients who are unresponsive to topical therapy.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 10

A nine-month-old infant had a fever of 39 C to 40 C for three days. On the fourth day, the fever spontaneously subsided and an erythematous rash appeared.

Questions

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

Answers

1. Roseola infantum (exanthem subitum).
2. Roseola infantum is caused by human herpes virus 6. It may be complicated by febrile seizures.

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



Case 11

This 68-year-old woman presented with an asymptomatic plaque on her face.

Questions

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

Answers

1. Granuloma faciale.
2. This is a condition of unknown etiology, typically seen in older individuals and almost exclusively on the face. It is benign in nature and responds to oral dapsone therapy.

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



Case 12

A 64-year-old woman presented with fever and painful dusky erythematous plaques, flaccid bullae, and erosions over her neck, breasts, and thighs, (totalling 7% of total body surface area). She had associated mild cheilitis, conjunctivitis, and dysuria. Symptoms started approximately three hours after taking a first dose of allopurinol.

Questions

1. What is the diagnosis?
2. What are the Asboe-Hansen and Nikolsky signs?
3. What are the treatment options?

Answers

1. Stevens-Johnson syndrome (SJS).
2. The Asboe-Hansen sign refers to lateral extension of a blister into neighbouring skin from downward pressure on the blister roof. The Nikolsky sign refers to shearing of perilesional skin with minimal mechanical or twisting pressure applied. Both of these signs are positive in SJS and suggest the blister is above the level of the basement membrane zone.
3. Supportive care with debridement of necrotic skin is paramount. Although controversial, most authorities recommend either a short course of cyclosporine (3 mg/kg/day to 5 mg/kg/day) or intravenous immunoglobulin (2.5 g/kg). Systemic corticosteroids are often associated with a higher mortality.

Provided by Dr. Scott Walsh, Toronto, Ontario.

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Case 13

This eight-year-old boy presented with a four-month history of a red, itchy rash on his face.

Questions

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

Answers

1. This child is atopic and has atopic eczema on his face.
2. Treatment would consist of a non-fluorinated steroid, such as hydrocortisone, or one of the newer non-steroidal anti-inflammatory agents, such as tacrolimus or pimecrolimus.

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



Case 14

A four-year-old boy developed a skin lesion on both feet. He wore sandals at home.

Questions

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

Answers

1. Old sandle dermatitis.
2. The contact dermatitis presumably develops because of allergens leaching out from old sandals. A simple way of establishing the diagnosis is to cut out a piece of sandle that is in direct contact with the dermatitic skin and apply it as a patch test. **Dx**

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