



Case 1

A 40-year-old woman presented with gradual development of a bluish pigmentation over the ears, gingiva, and legs. She has been taking a single medication for her facial acne continuously over the past 20 years.

Questions

1. What is that medication?
2. What substances most commonly cause a bluish discolouration of the skin?

Answers

1. Minocin.
2. Other substances that can cause a bluish discolouration of the skin include amiodarone and silver (argyria).

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

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Case 2

A 61-year-old woman presents with progressive facial pigmentation after chronic use of a fading cream to lighten her complexion.

Questions

1. What is the diagnosis?
2. What was likely in her fading cream?

Answers

1. Exogenous ochronosis.
2. Creams containing more than 2% hydroquinone and used for prolonged periods of time may cause exogenous ochronosis in susceptible patients.

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



Case 3

A four-year-old boy was noted to have sharply demarcated, irregular patches with whitish margins on the dorsum of the tongue.

Questions

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

Answers

1. Geographic tongue.
2. The condition is benign and self-limited. It may persist for weeks or months, and then regress spontaneously. The lesion tends to recur.

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

Case 4

A 30-year-old man complained of mild itchiness in the right axilla. On exam, a brownish eruption was noted in that area.

Questions

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

Answers

1. Tinea versicolor.
2. Tinea versicolor is a superficial skin infection caused by the dimorphic lipid-dependent yeasts, *Malassezia furfur* and *Pityrosporum orbiculare*. The skin lesion responds to topical treatment with selenium sulfide or sodium thiosulfate lotion. It also responds to miconazole, clotrimazole, ketoconazole, and terbinafine cream.

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



Case 5

A 12-year-old boy was noted to have brownish pits on the upper central incisors.

Questions

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

Answers

1. Enamel hypoplasia.
2. Enamel hypoplasia results from defective formation of the cranial matrix. The condition presents as pits, grooves, or lines in the enamel surface.
3. Dental restoration of the affected areas is desirable to eliminate the sensitivity of dentin, to prevent caries, and to improve cosmetic appearance.

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





Case 6

A 49-year-old man complained of pain in the right ear canal. On exam, vesicles were seen in the right external auditory canal.

Questions

1. What is the diagnosis?
2. What is the significance?
3. Is there treatment?

Answers

1. Ramsay Hunt syndrome.
2. The condition is caused by reactivation of the varicella zoster virus from the geniculate ganglion to the facial nerve and the adjacent skin. The condition is characterized by vesicular eruption in the external auditory canal and ipsilateral facial nerve palsy.
3. Oral acyclovir is the mainstay of therapy. The use of corticosteroid is controversial. Symptomatic treatment for pain and provision of artificial tears are helpful in the management.

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



Case 7

A 60-year-old man had a painful lesion on his ear.

Questions

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

Answers

1. Chondrodermatitis nodularis chronica helices. This represents an inflammation of the cartilage.
2. Treatment options are cryotherapy and intralesional steroid injections. If these options fail, surgical excision of the inflamed cartilage can be performed.

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



Case 8

A four-year-old boy complained of pain in both ears after he had been outdoors for 20 minutes in -25 C temperature. On exam, the ears were erythematous. Blisters were seen.

Questions

1. What is the diagnosis?
2. What should be done?

Answers

1. Frostbitten ear.
2. The acutely frostbitten area should be rewarmed to prevent additional injury from intracellular ice formation and protein denaturation. If the frostbite occurs more than 24 before presentation, there is no need to rewarm the area.

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



Case 9

A 65-year-old diabetic woman presented with an uncomfortable rash in the region under the breasts.

Questions

1. What is the diagnosis?
2. What is the main differential diagnosis?

Answers

1. Intertrigo with secondary candida infection.
2. Actinic keratosis.

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



Case 10

An infant was noted to have pigmented patches on the lower back.

Questions

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

Answers

1. Mongolian spots. This represents dermal melanocytes which are in their migratory phase from the neural crest to the epidermis.
2. The spots are completely benign and will resolve as the child ages.

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



Case 11

A seven-year-old boy presented with painful, erythematous lesions on the body.

Questions

1. What is the diagnosis?
2. What is the significance?
3. What are the treatment options?

Answers

1. Furuncles.
2. If untreated, furuncles may lead to carbuncle formation. Healing usually occurs with scar formation. Lesions on or above the upper lip may lead to cavernous sinus thrombosis.
3. Treatment consists of frequent application of a hot, moist compress to facilitate drainage of the lesion and the use of systemic penicillinase-resistant antibiotics, such as cloxacillin or cephalosporin. If an abscess or carbuncle develops, incision and drainage may be necessary.

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



Figure 1. X-ray of the right elbow.



Figure 2. Open reduction-internal fixation of the fracture.

Case 12

A 56-year-old man presented with swollen, bruised, and bleeding right elbow shortly after falling down the stairs. An X-ray of the right elbow was performed (Figure 1).

Questions

1. What does the X-ray show?
2. What is the treatment?

Answers

1. There is a transverse fracture through the distal third of the olecranon, with wide separation of the fragments.
2. The best option for treatment is open reduction-internal fixation of the fracture with a screw and a metallic suture (Figure 2). [Dx](#)

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.