



*Illustrated quizzes on
problems seen in everyday practice*



Case 1

An 80-year-old man presented with a slowly growing, asymptomatic, pearly telangiectatic nodule on the chest. He had worked much of his life as a farmer.

Questions

1. What is the diagnosis?
2. What is the potential for metastasis?

Answers

1. Basal cell carcinoma (BCC), nodular type.
2. This is the most common type of cancer in humans, comprising approximately 25% of cancers diagnosed in the U.S. It is associated with a history of intermittent ultraviolet light exposure in fair-skinned people and commonly appears on sun-exposed sites. It is a slow-growing tumour that is locally invasive and destructive, but very rarely metastasizes.

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

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Case 2

A neonate born at 30 weeks' gestation presented with hyaline membrane disease. He was treated with mechanical ventilation and supplemental oxygen. This was complicated by a left-sided pneumothorax requiring suction through a chest tube. Some residual air, however, persisted on the chest roentgenogram.

Questions

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

Answers

1. Pneumopericardium.
2. Pneumopericardium may lead to cardiac tamponade. Increased pressure around the heart interferes with diastolic filling, resulting in increased central venous pressure and decreased cardiac output.

Provided by Dr. Alexander K.C. Leung and Dr. Reginald S. Sauve, Calgary, Alberta.



Case 3

A 52-year-old man presented with a pigmented lesion on his left arm. The lesion had been present since shortly after birth.

Questions

1. What is the diagnosis?
2. Is there a malignant potential for such lesions?
3. What should be done?

Answers

1. Becker's nevus.
2. Malignancy has never been reported.
3. No treatment is necessary.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



Case 4

An 80-year-old woman presented with a one-year history of non-healing ulceration in the lower left leg, despite fairly aggressive medical management. A biopsy was taken.

Questions

1. Why is the ulcer not healing?
2. When should an ulcer be biopsied?

Answers

1. The ulcer is not healing because it is a squamous cell carcinoma.
2. An ulcer in a patient with adequate circulation that is not showing signs of healing within three to four weeks (despite appropriate medical management) should be biopsied to exclude neoplastic or inflammatory causes.

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



Case 5

A 65-year-old man presented with a two-year history of gradually enlarging lesion on the right upper lip region.

Questions

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

Answers

1. Cystic basal cell carcinoma.
2. Surgical excision.

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

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Case 6

A 30-year-old woman presented with a one-year history of a slowly enlarging, pigmented lesion that has recently begun to bleed.

Questions

1. What is the diagnosis?
2. What factors are used in the most recent staging system (2002) of the American Joint Committee on Cancer (AJCC)?

Answers

1. Malignant melanoma, superficial spreading type.
2. The revised staging system focuses on Breslow depth (thresholds of 1.0 mm, 2.0 mm, and 4.0 mm), level of invasion for thin lesions, presence of ulceration, lymph node metastases, in-transit/satellite metastases, distant site, lung, or other visceral metastases.

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



Case 7

A teenager noticed this lesion on his back during the summer.

Questions

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

Answers

1. Halo nevus. This represents an immunologic response against the melanocytes in the nevus, resulting in the loss of pigment in the mole and the surrounding skin.
2. It is benign in nature and no therapy is necessary. The patient should be warned that the mole will sunburn more easily as a result of pigment loss.

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



Case 8

A 38-year-old man presented with multiple hyperkeratotic plaques scattered over his trunk and limbs. He has no oral findings and no nail dystrophy. There is no family history of psoriasis or other skin disorders.

Questions

1. What is your diagnosis?
2. What percentage of North Americans are affected by this condition?
3. What lab investigations would you order?

Answers

1. Psoriasis—plaque-type.
2. 1% to 2%.
3. None. If systemic therapy is being considered, order: complete blood count, liver function tests, lipid profile, and creatinine.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 9

A three-week-old infant was noted to have bilateral breast enlargement. The infant was breastfed.

Questions

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

Answers

1. Neonatal gynecomastia.
2. Neonatal gynecomastia is due to high levels of estrogen in the placental-fetal circulation. Enlargement of the breasts is often transient, but may persist longer in breastfed infants.

Provided by Dr. Alexander K.C. Leung and Dr. Reginald S. Sauve, Calgary, Alberta.

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Case 10

A 64-year-old man presented with a long history of soft to firm, deep, non-painful masses bilaterally on the arms and abdomen. There is no surface change to the areas affected. He is otherwise healthy, and is not taking any medications. There is no family history of skin problems.

Questions

1. What is your diagnosis?
2. Are there any specific concerns?
3. How would you treat this condition?

Answers

1. Lipomas ("multiple symmetrical lipomatosis").
2. Lipomas are the most common soft tissue tumors and are benign. Rarely, they may undergo sarcomatous change.
3. Surgical excision or liposuction.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 11

A six-month-old infant presented with persistent scaly rash involving the scalp.

Questions

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

Answers

1. Cradle cap (seborrheic dermatitis). This condition usually resolves by the time an infant reaches the age of one.
2. Therapy consists of mineral or olive oil applications to the scalp on a regular, nightly basis, followed by a gentle shampoo the following morning to gradually dislodge the tenacious scaling.

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



Case 12

A three-year-old boy presented with pruritic pustules on his hands and feet. The pustules had been appearing on and off since eight months of age. The last episode was about six months ago.

Questions

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

Answers

1. Acropustulosis of infancy (infantile acropustulosis).
2. Acropustulosis of infancy is a chronic or recurrent benign condition characterized by pruritic vesiculopustular or pustular lesions on the hands and feet. The etiology is not known. Dark-skinned individuals have a predisposition for this eruption. The onset is usually between two and 10 months of age. It may continue throughout infancy and early childhood.
3. Topical corticosteroids or oral antihistamines may be used to minimize the itchiness. Dapsone, 2 mg/kg/day, divided twice daily may hasten resolution of the lesion. Because dapsone may cause hemolytic anemia and methemoglobinemia, the drug should be used with caution.

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





Case 13

A 16-year-old girl presented with a painful, swollen, bruised left ankle. She stated that three weeks prior, she fell and injured the ankle. The ankle was bruised laterally, with tenderness at the lateral malleolus. Movements of the left ankle and foot were moderately restricted. An X-ray was performed.

Questions

1. What does the X-ray show?
2. What should be done?

Answers

1. The X-ray shows a small chip fracture at the tip of the distal fibula.
2. The ankle should be immobilized by a left ankle corset and the patient should be advised not to partake in any physical activity for three weeks.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.




Case 14

A 51-year-old man is concerned about his nail changes.

Questions

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

Answers

1. Onycholysis, which is a separation of the nail from the nail bed.
2. There are many causes of onycholysis, but the most common are psoriasis, fungal infection, thyrotoxicosis, trauma, and tetracycline use.
3. If possible, treat or eliminate causes. 

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.