



*Illustrated quizzes on
problems seen in everyday practice*



Case 1

A 32-year-old woman had an enlargement of the right side of the body since early infancy.

Questions

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

Answers

1. Hemihypertrophy.
2. Isolated hemihypertrophy may be associated with internal malignancy, such as Wilms' tumour and hepatoblastoma. Hemihypertrophy is cosmetically unsightly and may lead to social embarrassment, poor self-esteem, and psychologic stress. If the enlargement is severe, the patient may experience difficulties fitting into clothes and shoes. Without adequate compensation, pain, limping, and degenerative bone changes may occur.

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

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Case 2

A 19-year-old man has had a depression in the chest wall since birth. He is otherwise asymptomatic.

Questions

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

Answers

1. Funnel chest (pectus excavatum).
2. The patient should be reassured of the benign nature of the lesion. Surgical correction may be considered for cosmetic reasons or when cardiopulmonary function is compromised.

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



Case 3

A 15-year-old boy was noted to have a progressive, asymptomatic, linear lesion confined to the right arm. The lesion had been present for one year.

Questions

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

Answers

1. Lichen striatus.
2. Lichen striatus usually lasts one to two years and then involutes without scarring. No treatment is required.

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



Case 4

A 35-year-old man presented with a painful rash on the right side of his chest.

Questions

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

Answers

1. Herpes zoster.
2. The majority of cases of herpes zoster in immunocompetent hosts are self-limited. However, involvement of the ophthalmic branch of the trigeminal nerve may result in conjunctivitis, dendritic keratitis, anterior uveitis, and iridocyclitis. Involvement of the geniculate nucleus of the facial nerve may result in unilateral facial palsy often associated with loss of taste in the anterior ipsilateral tongue, tinnitus, and vertigo. Other potential complications include secondary bacterial skin infection, post-herpetic neuralgia, pneumonia, paralysis of muscle groups innervated from the affected dermatome, and ascending myeloencephalitis. In immunocompromised individuals, herpes zoster may result in visceral dissemination.

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



Case 5

A 66-year-old woman presented with a bright red nodule on her right index finger. It was round with a smooth surface. It tended to bleed spontaneously.

Questions

1. What is the diagnosis?
2. How would you manage this condition?

Answers

1. Pyogenic granuloma.
2. The lesion must be surgically removed with ablation to the base of the lesion.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



Case 6

A 79-year-old man presented with inability to extend his right pinky finger. This problem had developed gradually over the last five years.

Questions

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

Answers

1. Dupuytren's contracture-contraction of the palmar aponeurosis.
2. There is a thickening of the palmar fascia with lump formation. The cause is unknown.
3. The treatment is surgical.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



Case 7

A 14-year-old boy presented with right pinky finger contusion. An X-ray was performed.

Question

1. What does the X-ray show?

Answer

1. The X-ray shows fracture of the neck of the fifth metacarpal. There is slight palmar concave angulation of the fracture site.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



Case 8

A 14-year-old girl was noted to have hypopigmented lesions of the face.

Questions

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

Answers

1. Pityriasis alba.
2. Pityriasis alba is characterized by asymptomatic, hypopigmented, round or oval macules. The face is the most commonly affected area. The condition occurs most frequently in atopic individuals, especially during the summer months. In contrast to vitiligo, the lesions have indistinct margins. The condition usually resolves in months to years. Topical hydrocortisone may hasten the resolution.

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



Case 9

A 32-year-old HIV-positive woman presented with progressive, scaly rash over both her feet and affecting her toenails.

Questions

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

Answers

1. Tinea pedis.
2. Patients with extensive tinea pedis, onychomycosis, diabetes, and immunocompromised patients should be treated with oral therapy. Most commonly, terbinafine or itraconazole are used, but griseofulvin and fluconazole are other options.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 10

A 42-year-old man presented with a one-year history of an asymptomatic, slightly scaly rash on his right arm, chest, and back.

Questions

1. What is the diagnosis?
2. Where do you usually find the rash?
3. What causes the problem?

Answers

1. Tinea versicolor.
2. The rash is usually found on the chest and back.
3. The rash is caused by the lipophilic organism, *Malassezia furfur*.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



Case 11

This 75-year-old woman presented with a five-year history of chronic irritation to the corners of her mouth.

Questions

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

Answers

1. Angular cheilitis.
2. This represents a form of intertrigo, which occurs as a result of malocclusion and subsequent drooling of saliva at the corners the mouth, particularly when the patient is sleeping.

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



Case 12

This six-month-old infant presented with a rash in her diaper area. The rash had been present for three months.

Question

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

Answers

1. Napkin psoriasis.
2. Treatment consists of hydrocortisone cream, 1%, to the affected areas two to three times daily. Use of zinc oxide paste over the hydrocortisone will help protect the area from being further irritated. The majority of these cases resolve as the child outgrows her diapers. Psoriasis may occur at a later age in more typical locations.

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

Case 13

A 55-year-old woman presented with a 10-year history of pruritic, reddish-brown macules bilaterally on the arms and legs, which would become bright red and sometimes even blister when rubbed.

Questions

1. What is the disease?
2. What is Darier's sign?
3. Why does she have osteoporosis?

Answers

1. Mastocytosis (also known as urticaria pigmentosa).
2. Darier's sign refers to the development of an urticarial wheal upon rubbing of a lesion. This is due to focal release of histamine from the collections of mast cells in mastocytosis. Occasionally, this can result in an exuberant response causing bulla formation.
3. Mast cells contain other substances in their granules apart from histamine. These other substances (including heparin) are also constantly released by trauma and mast cell degranulators. Patients exposed to chronic high heparin states, as in mastocytosis, are at risk for osteoporosis.

Provided by Dr. Scott Walsh, Toronto, Ontario.

