



*Illustrated quizzes on  
problems seen in everyday practice*



## Case 1

A four-year-old boy with a history of seizures, hypopigmentation, cardiac rhabdomyomas, and severe developmental delay presents with increasing numbers of smooth, pink papules on the cheeks, nose, and chin.

## Questions

1. What are the facial papules?
2. What is the syndrome?
3. What are the common cutaneous manifestations of this syndrome?

## Answers

1. Adenoma sebaceum (facial angiofibromas).
2. Tuberous sclerosis.
3. Cutaneous manifestations include adenoma sebaceum, hypopigmented macules of various morphologies, periungual fibromas, connective tissue nevi, and molluscum fibrosum pendulosum.

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

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### Case 2

A 24-year-old man with HIV presents with widespread, relatively asymptomatic, umbilicated, flesh-coloured erythematous papules over the abdomen, groin, thighs, and back.

#### Questions

1. What is the diagnosis?
2. What is the infectious agent?

#### Answers

1. Molluscum contagiosum can be a sexually transmitted disease in immunocompetent adults; however, it can be quite widespread in patients with HIV.
2. Molluscum contagiosum belongs to the poxvirus family.

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



### Case 3

A three-week-old infant presents with diffuse erythema and peeling of the skin. Nikolsky's sign is positive. The infant had a yellow, foul-smelling discharge from the umbilicus at 10 days of age.

#### Questions

1. What is the diagnosis?
2. What is the usual causative organism?
3. What is the treatment?

#### Answers

1. Staphylococcal scalded skin syndrome.
2. The predominant causative organism is phage group 2 staphylococci, particularly strains 55 and 71.
3. Treatment consists of systemic administration of a beta-lactamase resistant antistaphylococcal antibiotic.

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



## Case 4

A 19-year-old woman has had a tongue piercing for a few months.

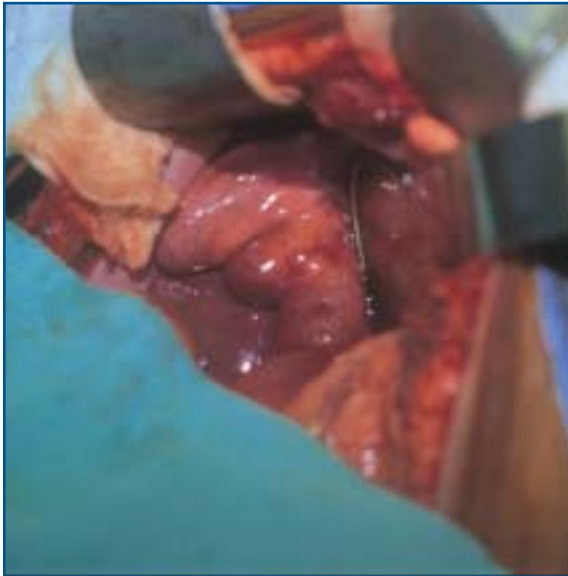
### Question

1. What are the potential complications of tongue piercing?

### Answer

1. Tongue piercing is usually done with no anesthesia or infection control. The most common complications are pain, hemorrhage, and edema of the tongue. The latter may lead to airway obstruction. Aspiration of parts of the ornament may occur, since the jewelry may come apart. Local lingual infection, spread of infection to adjacent areas (*e.g.*, Ludwig's angina, facial cellulitis), and distant parts of the body (*e.g.*, endocarditis, cerebral abscess) may occur. The procedure also serves as a vector for the transmission of systemic infections, such as HIV and hepatitis B. Tongue piercing may also cause impairment in speech and mastication. Traumatic injury to the teeth from metal studs may also occur.

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



### Case 5

A five-year-old boy presents with jaundice and abdominal pain.

#### Questions

1. What is the diagnosis?
2. What is the significance?
3. Can anything be done?

#### Answers

1. Choledochal cyst.
2. A choledochal cyst is a congenital dilation of the common bile duct. It may cause biliary obstruction and biliary cirrhosis. A high incidence of biliary malignancy associated with this condition has also been noted.
3. Treatment consists of primary excision of the choledochal cyst and a Roux-en-Y choledochojejunostomy.

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



### Case 6

A 70-year-old woman is noted to have linear, whitish scars on the extensor aspects of both forearms.

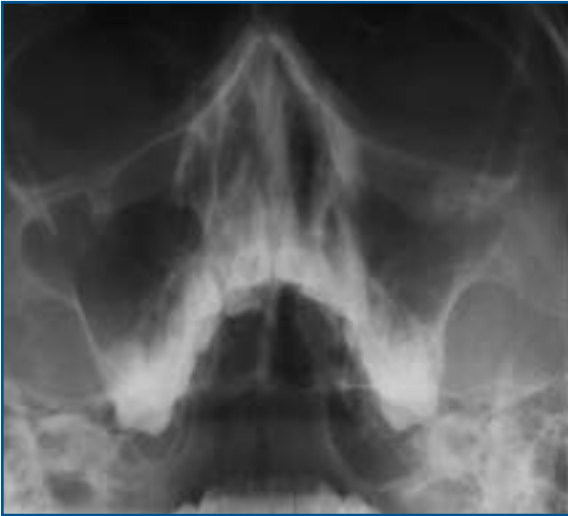
#### Questions

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

#### Answers

1. Stellate scars of the hand and forearms (also known as pseudoscars of Colomb).
2. These linear scars occur as a result of tearing of fragile photodamaged skin. Frequently, they are seen in association with senile purpura.

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



## Case 7

A 29-year-old man presents with a history of purulent discharge from the left nostril intermittently for the past six months.

### Questions

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

### Answers

1. Nasal polyp. The polyp can be seen in the roof of the left maxillary antrum.
2. Polyps of the paranasal sinuses often result from chronic inflammation. In adults, the most common causes are chronic sinusitis and allergic rhinitis. In children, cystic fibrosis should be suspected. Bilateral polyposis may be associated with acetylsalicylic acid sensitivity syndrome.

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



### Case 8

A seven-year-old boy presents with a dark red nodule that recently appeared on the posterior part of his neck. There is recurrent bleeding from the lesion.

#### Questions

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

#### Answers

1. Pyogenic granuloma/granuloma telangiectaticum.  
The lesion is benign, but may bleed and is sometimes mistaken for a melanoma.
2. The lesion does not spontaneously regress and needs to be excised for histologic exam.  
Amelanotic malignant melanoma must be ruled out by histologic exam.

Provided by Dr. Jerzy Pawlak and Mr. T.J. Krocak, Winnipeg, Manitoba.



### Case 9

A 62-year-old woman presents with cystic swelling on the dorsum of her finger.

#### Questions

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

#### Answers

1. Ganglion.
2. Excision is the best treatment option.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.





## Case 10

A 19-year-old woman is noted to have white spots in her left fourth fingernail and right third, fourth, and fifth fingernails.

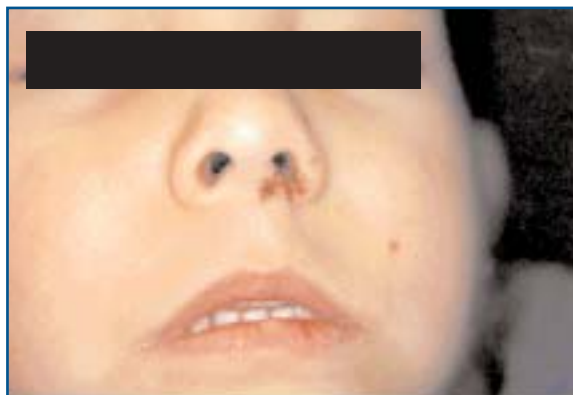
### Questions

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

### Answers

1. Punctuate leukonychia.
2. Punctuate leukonychia usually results from repeated minor trauma to the developing nail matrix. The condition may occur singly or in groups.

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



## Case 11

A four-year-old boy presents with a crusted left nostril.

### Question

1. The nasal vestibulitis is mostly related to:
  - a) Maxillary sinusitis
  - b) Generalized eczema
  - c) A foreign body
  - d) A self-induced lesion (picking)

### Answer

1. c. Always look for the presence of foreign bodies in cases of nasal vestibulitis in children.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

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### Case 12

A 57-year-old woman presents with a sudden onset of puffy face and eyelids. She is otherwise stable. Her blood pressure is 122/82 mmHg and her heart rate is 86 beats per minute.

#### Questions

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

#### Answers

1. Angioneurotic edema.
2. In most cases, angioneurotic edema can be controlled with an oral antihistamine. In some cases, observation is necessary. For severe cases, systemic epinephrine should be used. The dangerous, but rare inherited type of this condition is autosomal dominant and due to a functional deficiency of C1-esterase inhibitor. Laryngeal obstruction is a real risk in such cases.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



### Case 13

This six-month-old infant has developed a large circumferential hemangioma around the forearm.

#### Questions

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

#### Answers

1. Capillary hemangioma.
2. These hemangiomas gradually resolve over a period of five to 10 years with no therapy. **Dx**

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