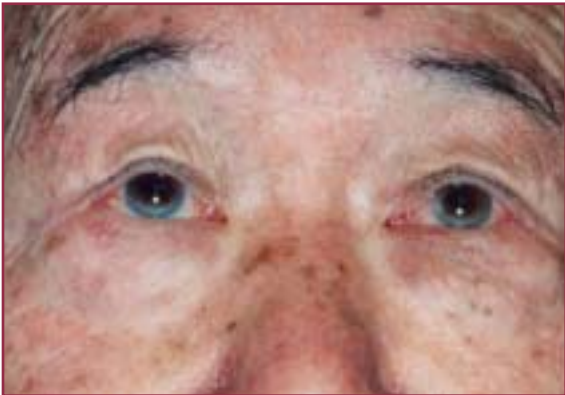




CASE 1



A 65-year-old man is noted to have a lazy, grey ring separated from the limbus with a clear interval in both eyes.

Questions

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

Answers

1. Arcus senilis.
2. Arcus senilis is a benign peripheral corneal degeneration that is a normal consequence of aging. If this occurs in patients under age 50, workups for hypercholesterolemia and hyperlipidemia should be performed.

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

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CASE 2



A wheal with a flare occurs on the back of this eight-year-old girl within seconds of her back being stroked with a fingernail.

Questions

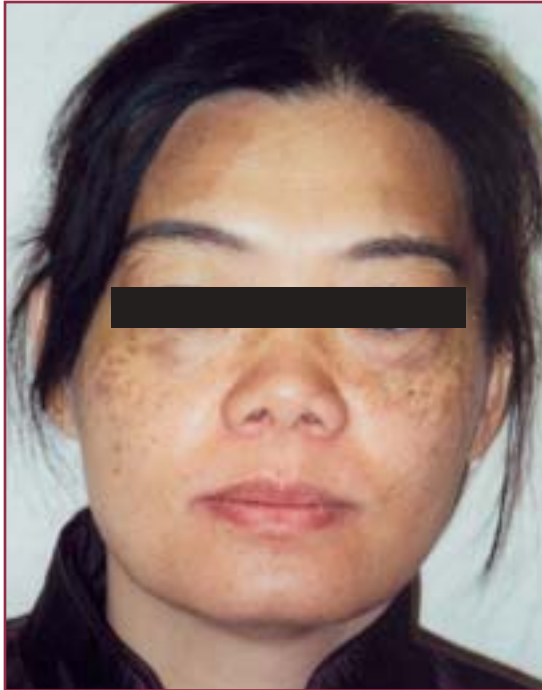
1. What is the diagnosis?
2. What is the significance?

Answers

1. Dermographism (factitious urticaria)
2. Dermographism, or the ability to write on the skin, is a form of trauma-induced pressure urticaria. A transient, pruritic, erythematous wheal occurs at the site of scratching and usually fades within one to two hours. Mucosal involvement does not usually occur. It is difficult to interpret skin test results with dermographism.

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

CASE 3



A 38-year-old woman presents with hyperpigmentation on her face. The hyperpigmentation was first noted four years ago.

Questions

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

Answers

1. Hori's nevus.
2. Hori's nevus is an acquired pigmented lesion involving bilateral blue-brown facial macules. The lesion appears mainly in Asian women after age 20. Characteristically, there is lack of mucosa or optic involvement. Histologically, dermal melanocytes are found scattered in the upper and middle portions of the dermis. In contrast, nevus of Ota is usually unilateral and melanocytes are diffusely distributed throughout the entire dermis. Compared with nevus of Ota, Hori's nevus is more recalcitrant to treatment.

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

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CASE 4



Chest X-ray.

A 67-year-old man presents with chest pain on his left side. Physical exam of the left chest wall reveals a 3 cm x 4 cm protuberance in the left posterolateral lower rib cage. X-rays of the chest and ribs are performed.

Questions

1. What does the chest X-ray show?
2. What does the rib X-ray show?
3. What is the diagnosis?

Answers

1. Chest X-ray shows a large mass in the right upper lobe.
2. Rib X-ray shows bone metastases.
3. Lung cancer with bone metastases.

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



Rib X-ray.

CASE 5



An eight-year-old girl has whooping cough and develops bright red patches in the bulbar conjunctivae of both eyes.

Questions

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

Answers

1. Subconjunctival hemorrhages are the result of rupture of small vessels from increased intravascular pressure during the explosive and repetitive bouts of coughing associated with whooping cough and in patients with hypertension. These hemorrhages can occur in patients with a blood dyscrasia, such as aplastic anemia and thrombocytopenia.
2. No treatment is required for hemorrhages in this case, but cough suppressant may be helpful.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 6



A 72-year-old man presents with a lump below his left ear. The lump has been growing very slowly over the last 10 years. The mass is soft and lobulated.

Questions

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

Answers

1. Lipoma.
2. Surgical excision, if necessary.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 7



A 25-year-old man has had a daily, itchy eruption for the last week.

Questions

1. What is the diagnosis?
2. What varieties of the condition are encountered?
3. What is the treatment?

Answers

1. Urticaria.
2. The three types are acute (*i.e.*, related to food and drugs), physical (*i.e.*, heat, cold, pressure, solar, cholinergic, aquagenic) and chronic (*i.e.*, uncommonly related to systemic disease).
3. Try to prevent attacks by eliminating etiologic chemicals, drugs or food, especially in chronic, recurrent urticaria. Antihistamines (H1 and H2 blockers) may also be used. Prednisone use is indicated for angioedema-urticaria-eosinophilic syndrome.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 8



A 45-year-old man has had very thick soles and palms for the last six months. In addition, he has some arthritis, urethritis and conjunctivitis.

Questions

1. What is the diagnosis?
2. What disease is this seen with?
3. What is the differential diagnosis?

Answers

1. Keratoderma blenorrhagicum.
2. Reiter's disease.
3. Psoriasis or some form of hereditary keratoderma.

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

CASE 9



A four-year-old boy presents with a whitish cystic lesion in both nipples.

Questions

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

Answers

1. Milia.
2. Milia are small epidermoid cysts that contain laminated, keratinized material. Milia present as white to yellow papules, 1 mm to 2 mm in diameter.
3. Milia often exfoliate spontaneously and, therefore, no treatment is necessary.

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

CASE 10



A 22-year-old man developed a lesion on his neck about one week before developing a widespread rash over his body.

Questions

1. What is the diagnosis?
2. What is the name for the initial patch?
3. What is the differential diagnosis?

Answers

1. Pityriasis rosea.
2. Herald patch.
3. The differential diagnosis would include Tinea corporis, secondary syphilis, drug eruption and nummular dermatitis.

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

CASE 11



A 52-year-old man presents with a chronic history of pruritic and occasional edematous eyelids.

Questions

1. What is your diagnosis?
2. What is the best way to identify and confirm the diagnosis?
3. What is the treatment?

Answers

1. Allergic contact dermatitis.
2. Appropriate medical history and patch testing are required.
3. If identified, the allergen must be avoided. Cool saline compresses and oral antihistamines provide modest benefit. On the face, mild topical steroids (class 6 or 7) can be used, or the newer topical immunomodulators, such as tacrolimus and pimecrolimus.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



CASE 12



A 14-year-old boy with allergies to ragweed presents with pruritic and excoriated plaques on his knees and antecubital fossae. The plaques have been present for the past 10 years or so.

Questions

1. What is your diagnosis?
2. What is the nature of this condition?
3. How would you treat this patient?

Answers

1. Atopic dermatitis.
2. This is a Th2-mediated disease of unknown origin that begins in early infancy. It is characterized by pruritus, eczematous lichenified lesions and xerosis of the skin. It is associated with other atopic diseases (asthma, allergic rhinitis) and increased Immunoglobulin E levels.
3. General measures related to bathing, moisturizing, *etc.* Topical steroids are the mainstay of treatment, with potency dependent on age and location treated. Newer agents, such as tacrolimus and pimecrolimus, are beneficial on the face, intertriginous areas and for chronic maintenance. Occasionally, antihistamines, antibiotics and/or phototherapy are required.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 13




A 24-year-old woman presents with an acute history of a very itchy eruption localized to the wrists and lower legs. She notices she has developed similar lesions where her cat scratched her. She also notices some whitish patches inside her mouth.

Questions

1. What is the diagnosis?
2. What are the clinical features of this condition?
3. What is the dermatologic term used to describe lesions occurring in areas of trauma?
4. What is the treatment?
5. What is the significance of the whitish patches in the buccal mucosa?

Answers

1. Lichen planus.
2. Lichen planus lesions are polygonal, purplish, pruritic, planar and papular in nature.
3. Koebner phenomenon. Koebner was a European dermatologist who described this occurrence in the 19th century. Initially, he described it for psoriasis, but it has now been described in a number of conditions.
4. Fluorinated topical steroids.
5. Patients with Lichen planus may also have mucosal involvement (leukoplakia). 

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