



*Illustrated quizzes on
problems seen in everyday practice*

CASE 1



A 66-year-old male presents with ruddy-brown, pruritic papules on his chest and back that have been present for several years. The patient notes that no creams work.

Questions

1. What is your diagnosis?
2. What is the nature and natural history of this condition?
3. How would you manage this patient?

Answers

1. Grover's disease (transient acantholytic dermatosis).
2. This benign, but often persistent pruritic disorder of the middle-aged to elderly is more common in men. The presentation can be subtle and the condition difficult to manage.
3. Patients should be advised to avoid heat and sweating. Treatment is symptomatic and includes antihistamines and topical corticosteroids.

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CASE 2



A 29-year-old gardener develops an acute onset of scaly, erythematous papules on his trunk and proximal limbs. He reports having felt unwell prior to the rash developing.

Questions

1. What is your diagnosis?
2. Is there any association with this condition?
3. What is the treatment?

Answers

1. Guttate psoriasis.
2. It is associated with upper respiratory tract infections, particularly group A beta-hemolytic streptococci (*e.g.*, streptococcus pyogenes).
3. Education and reassurance are important, as well as the use of emollients for this type of psoriasis, as it often spontaneously clears in a few weeks. Topical steroids can be useful, but cumbersome, in widespread disease. Phototherapy is often effective in hastening the course.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 3



This infant is born to a G2P1, 24-year-old mother by cesarean section at 35 weeks gestation. At birth, loops of small bowels are found protruding from the abdominal cavity.

Questions

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

Answers

1. Gastroschisis.
2. Gastroschisis refers to a complete defect through all layers of the anterior abdominal wall. Clinically, the lesion presents as visceral exposure, almost always to the right side of the abdomen. Malrotation, stenosis or atresia of the intestine is common. Extra-abdominal abnormalities are rare.
3. The exposed intestine should be covered with warm, moist saline gauze and the infant placed under a radiant warmer. A nasogastric tube should be inserted for gastric decompression. Intravenous hydration is important. Prophylactic parenteral broad-spectrum antibiotics should be given to prevent sepsis. Gastroschisis requires prompt surgical intervention.

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

CASE 4



A 16-year-old female presents with white areas that have developed around most of the moles on her trunk. She is otherwise healthy, but her parents are quite concerned.

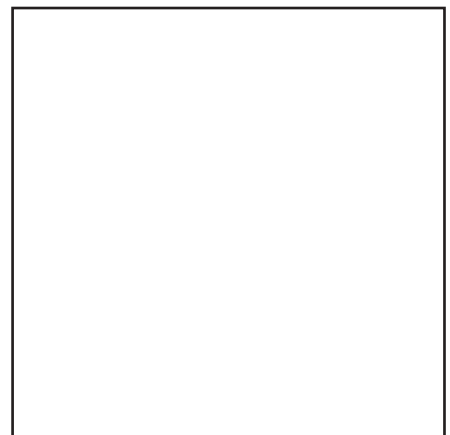
Questions

1. What is your diagnosis?
2. What are these white areas?
3. What is the main concern and distinction for this lesion?

Answers

1. Halo nevi.
2. These are common, benign skin lesions in children representing melanocytic nevi in which an inflammatory infiltrate develops, resulting in a zone of depigmentation surrounding the nevus. They are only of cosmetic significance.
3. Melanoma that is undergoing regression should be considered. However, melanomas are usually solitary and affect adults, while halo nevi are often multiple and affect children.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



CASE 5



A 16-year-old male presents with a linear, brown, warty lesion on his neck that has been present since birth. There are no other developmental anomalies.

Questions

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

Answers

1. Linear epidermal nevus.
2. A linear epidermal nevus is a hamartoma of the epidermis arising from an aberrant clone of keratinocytes. The lesion is hyperpigmented, linear and has a velvety or verrucous surface. The lesion is most commonly found on the neck and extremities. Both sexes are equally affected. The lesion usually presents at birth or appears shortly thereafter. It rarely progresses after adolescence.
3. No treatment is usually required. Full-thickness surgical excision of the lesion may be considered for cosmetic purposes.

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

CASE 6



A 30-year-old female is noted to have a flesh-coloured mass on her scalp.

Questions

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

Answers

1. Intradermal nevus.
2. An intradermal nevus consists of nests of melanocytic nevus cells within the dermis. The lesion is often flesh-coloured and dome-shaped.
3. Routine removal of the lesion is unnecessary. Surgical removal should be considered for cosmetic reasons and for lesions that ulcerate, bleed, irritate or show signs of malignant changes.

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

CASE 7



A 41-year-old female complains of a recurrent, vague abdominal pain, for a month. She is a recent immigrant to Canada from China. A plain abdominal radiograph is taken.

Questions

1. What does this radiograph show?

Answers

1. The abdominal radiograph shows a ring-shaped intrauterine contraceptive device.

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

CASE 8



A 10-year-old male presents with an asymptomatic, linear eruption spreading down the inner thighs of his leg that has been present for four months.

Questions

1. What is your diagnosis?
2. What is the differential diagnosis?
3. What is the treatment?

Answers

1. Lichen striatus.
2. The differential diagnosis would include linear epidermal nevus or linear psoriasis.
3. No treatment is necessary as the lesion is asymptomatic. It usually resolves spontaneously within a few years.

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

CASE 9



A 26-year-old female presents with an itchy rash on the right side of her face, consisting of weeping blisters grouped in a linear fashion.

Questions

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

Answers

1. Poison ivy contact dermatitis.
2. Treatment consists of cool, wet compresses in conjunction with topical steroids. If the rash is extensive, a course of systemic steroids is indicated.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 10




A 46-year-old female has had a slightly painful lesion on the plantar surface of her big toe for the last few years. When punctured it exudes a jelly-like material.

Questions

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

Answers

1. Digital mucous cyst.
2. Surgical excision is the best means of therapy. 

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