

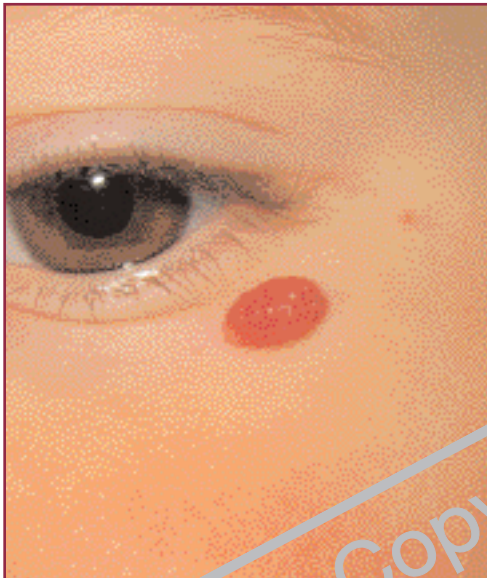


Illustrated quizzes on problems seen in everyday practice

Cases this month

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CASE 1: STRAWBERRY FIELDS



A four-month-old female presents with a bright-red papule under her eye that has been growing in size. She was not born with it.

Questions

1. What is your diagnosis?
2. Which infants are most likely to develop these lesions?
3. How can most of these lesions be managed?

Answers

1. Hemangioma of infancy/infantile hemangioma, often called strawberry hemangioma.
2. Females, premature infants and Caucasians.
3. If there is no obstruction of vital structures (e.g., eyes) and the lesion is not ulcerated, most hemangiomas can be observed, since roughly 50% resolve by age five, 70% by age seven and 90% by age nine. Some lesions will benefit from laser or surgery if there is any residual telangiectasia or loose skin.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 2: CRACKING THE SURFACE



A 50-year-old male presents with erythematous, cracked-looking skin on his legs

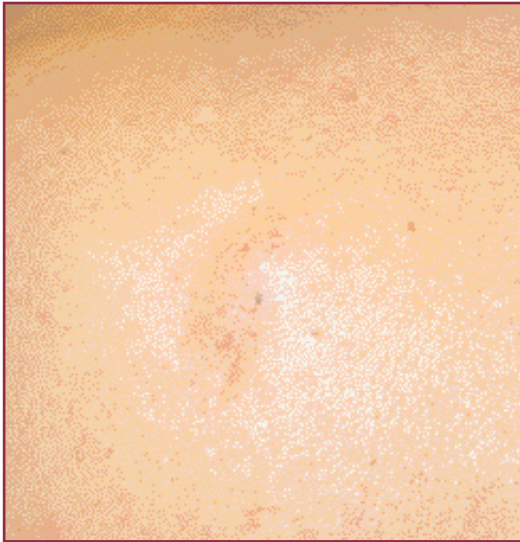
Questions

1. What is your diagnosis?
2. How does it typically present?
3. How do you treat the condition?

Answers

1. Eczema craquele or asteatotic dermatitis.
2. It typically presents on the shins of elderly patients as pruritic, dry and cracked skin with irregular scaling.
3. Mild-moderate potency topical steroids are the treatment of choice. Patients should be advised to moisturize with thick creams or ointments, to have a humidifier at home and to avoid the use of harsh cleaners or soaps on the affected areas.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 3: NODULE RISING

A 45-year-old male presents with a firm nodule on his back that was excised in the past, but appears to have recurred. There is a central punctum evident.

Questions

1. What is your diagnosis?
2. How can the contents of the lesion be described?
3. How do you treat this lesion?

Answers

1. Epidermoid cyst (often incorrectly called a sebaceous cyst).
2. A foul-smelling, cheese-like material.
3. Asymptomatic cysts do not require treatment. If infected, incision and drainage are required. Otherwise, intralesional triamcinolone can be beneficial, although definitive treatment involves surgery, with careful removal of the entire cyst wall.

Provided by Dr. Benjamin Barankin, Edmonton Alberta.

CASE 4: AIDING & ABETING



This 35-year-old male develops a rash after removing an adhesive bandage for a simple abrasion.

Questions

1. What is the cause of this rash?
2. What is the causative agent?
3. What is the treatment?

Answers

1. Allergic contact dermatitis.
2. Colophony, the adhesive found in some adhesive bandages.
3. Cool wet compresses and topical steroid creams.

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

CASE 5: ITCHY WELTS



This 25-year-old male suddenly develops itchy welts, particularly in areas where he has scratched himself.

Questions

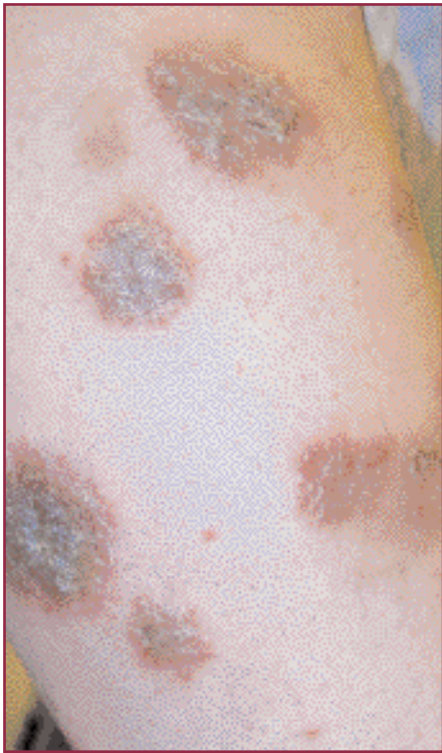
1. What is your diagnosis?
2. What is the cause?
3. What is the treatment?

Answers

1. Symptomatic dermographism.
2. This is a form of physical urticaria where simple pressure against the skin will cause an immediate wheal and flare reaction. Usually no underlying cause is found.
3. Oral antihistamines usually work well for this condition, but need to be taken prophylactically. Many cases do eventually resolve, but some individuals may have this condition for months or years. It may also coexist with classic urticaria.

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

CASE 6: CURING THE CRUST



A 28-year-old female presents with round, excoriated areas of eczema on her arms and legs, covered in yellow-brown crusts.

Questions

1. What is your diagnosis?
2. What are the concerns with this condition?
3. How would you manage this condition?

Answers

1. Impetigo of nummular eczema.
2. Impetigo can be non-bullous (70%) or bullous.
3. Topical antibiotics are useful in localized cases, although in this case, systemic antibiotics (*e.g.*, cephalexin, cloxacillin) would be beneficial. Topical steroids to manage the underlying eczema should be instituted a few days after starting antibiotic therapy.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.


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CASE 7: SPREADING LESIONS



This 45-year-old male develops angiomas on his lips and has similar lesions on his palms, fingers and tongue. He had multiple episodes of epistaxis in his past and, occasionally, gastrointestinal hemorrhage.

Questions

1. What is your diagnosis?
2. What other organs can be affected?
3. What is the inheritance pattern for this condition?

Answers

1. Osler-Weber-Rendu disease (hereditary hemorrhagic telangiectasia).
2. The major cause of morbidity and mortality due to this disorder lies in the presence of multi-organ arteriovenous malformations and the associated hemorrhage that may accompany them. The disease has a wide spectrum of presentations; patients may be asymptomatic or have multiple organ involvement, presenting at any age.
3. Autosomal dominant.

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

CASE 8: PEDIATRIC PAPULES



This four-year-old male presents with two yellowish papules on his face that have been present since the age of six months.

Questions

1. What is your diagnosis?
2. What is the treatment?
3. What other organs can be involved?

Answers

1. Juvenile xanthogranuloma.
2. Most cases spontaneously resolve over a period of five to 10 years.
3. The eye, particularly the uveal tract, is the most frequent site of extracutaneous involvement.

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

An advertisement for the Alzheimer Society. It features a lighthouse on a rocky shore at night, with a beam of light shining across a dark, cloudy sky. The text is overlaid on the image.

A Beacon of Hope

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It's been called an "insidious fog"... and "sailing into the dark"... Alzheimer Disease affects the brain, erases memory and eventually takes life itself.

The Alzheimer Society provides a beacon of hope to people with the disease and their families. The Society provides information, support and funds research into the cause and cure of the disease. We're fighting back.

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CASE 9: HORMONAL CHANGES



A 30-year-old female presents with a painful soft-tissue mass in the right axillary that has been present for the last two months, since giving birth. She had a similar mass in the same spot three years ago after she gave birth to her first child. The mass subsided in a few months.

Questions

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

Answers

1. Supernumerary breast tissue. In the female, the supernumerary breast tissue may enlarge and swell with hormonal changes, such as during pregnancy and lactation. Pain or dribbling of milk during the period of lactation may occur.
2. Although malignant changes may occur, it is not established whether carcinomas arise with greater frequency in ectopic breast tissue than in normally situated ones. An increased risk of renal anomalies have been reported in Jewish, Hungarian and Italian populations, but not in the African American population.
3. Female patients should be advised about the potential physiologic consequences associated with pregnancy. A renal ultrasound should be considered in susceptible individuals.

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

CASE 10: INTO THE WOODS



A 15-year-old male presents with non-pruritic brownish patches on the axillae. Wood's lamp examination of the lesion reveals a coral-red fluorescence.

Questions

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

Answers

1. Erythrasma. Erythrasma is a superficial bacterial infection of the skin, characterized by asymptomatic brown patches in the intertriginous areas. A generalized form is more often seen in patients with diabetes. The coral-red fluorescence on Wood's lamp examination is due to coproporphyrin III produced by the bacteria.
2. *Corynebacterium minutissimum*—a rod-like, gram-positive bacillus.
3. Treatment consists of topical application of erythromycin, clindamycin, clotrimazole or miconazole.

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

CASE 11: SENSIBLE SHOES



A 25-year-old male develops a painful lesion on his right heel after prolonged jogging.

Questions

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

Answers

1. Friction blister.
2. A friction blister results from an accumulation of tissue exudate within the epidermis. The condition is often caused by repeated friction (*e.g.*, prolonged walking or running in poorly fitting shoes). The patient may complain of a burning sensation or pain at the affected site.
3. Friction blisters usually heal spontaneously. Drainage may be necessary to relieve the pressure and discomfort and prevent the accumulation of fluid. The blister roof should be allowed to remain largely intact to act as a natural protective membrane.

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

CASE 12: RING AROUND THE COLLAR



A 57-year-old male is noted to have bands on the anterior neck after prolonged talking.

Questions

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

Answers

1. Platysmal bands.
2. The platysma is a thin superficial sheet of muscle extending from the base of the neck to the periosteum of the mandible and the fascia at the corner of the mouth. With aging, there is a loss of muscle tone. Platysmal bands are formed when the anterior fibres of the platysma separate into two vertical bands. The bands are more visible when the patient talks, especially with the neck extended.

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

CASE 13: GUM TROUBLES



A two-week-old male is noted to have whitish lesions on his upper gum.

Questions

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

Answers

1. Bohn nodules.
2. Bohn nodules arise from remnants of mucous gland tissue. They are usually multiple and are found on the buccal or lingual aspects of the alveolar ridges. They are firm, whitish, and have a rice-like appearance. They are asymptomatic and do not interfere with feeding. They may be mistaken by parents as erupting teeth.
3. Bohn nodules are spontaneously shed within a few weeks to a few months. No treatment is necessary.

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

CASE 14: OUT OF CONTROL

This 25-year-old male developed an asymptomatic rash over his arms, legs and buttocks in the last two to four weeks. In addition, he notices increased thirst and the need to urinate several times at night.

Questions

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

Answers

1. Eruptive xanthomas.
2. These lipid deposits in the skin are seen in association with hyperlipidemia and out-of-control diabetes.
3. These lesions will gradually resolve once his lipid condition becomes controlled. **Dx**

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