



*Illustrated quizzes on problems seen in everyday practice*

## CASE 1



A 45-year-old female presents with a history of psoriasis and is concerned about changes to her tongue. Her tongue is asymptomatic, but she is curious about the diagnosis.

### Questions

1. What is your diagnosis?
2. What are the concerns related to this condition?
3. How is this condition managed?

### Answers

1. Geographic tongue (benign migratory glossitis).
2. This is a benign condition occurring in 3% of the population and, more commonly, in psoriasis. It is usually asymptomatic, but some patients experience increased sensitivity to hot and spicy foods with waxing and waning discomfort over time.
3. This condition requires reassurance. Discomfort can be treated with a mouth gargle or rinse containing antiseptic and anaesthetic agents. Topical corticosteroids may also be helpful for occasional use.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

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### CASE 2



An 83-year-old female presents with a longstanding, asymptomatic, firm, mobile and yellow-to-skin coloured mass on her temple. Her daughter is concerned that this is cancer.

#### Questions

1. What is your diagnosis?
2. How are the contents of the lesion described?
3. How is the lesion treated?

#### Answers

1. Epidermoid cyst (often incorrectly called a sebaceous cyst).
2. Foul-smelling and cheese-like material.
3. Asymptomatic cysts do not need to be treated. If infected, an incision and drainage can be performed. Otherwise, it may respond to intralesional triamcinolone, although definite treatment involves surgery, with care to remove the entire cyst wall (otherwise it will recur).

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

## CASE 3



A 30-year-old male presents with a two-month history of extremely pruritic palms. He describes small vesicles under the skin, particularly on the sides of his fingers. He has a history of eczema and has had no exposure to animals.

### Questions

1. What is the diagnosis?
2. What is the cause of this condition?
3. How is this condition treated?

### Answers

1. Dyshidrotic eczema (pompholyx).
2. The etiology is unknown, but it is considered a reaction pattern to various endogenous conditions (*e.g.*, atopic dermatitis) and exogenous factors (*e.g.*, allergic contact dermatitis).
3. Potent topical steroids. Occasionally, antibiotics (if infected), systemic steroids, imuran or phototherapy.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

## CASE 4



A 2-year-old male presents with anemia, opsomyoclonus (dancing eyes and dancing feet) and right-sided Horner syndrome. Homovanillic acid (HVA) and vanillylmandelic acid (VMA) are elevated in his urine.

### Questions

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

### Answers

1. Thoracic neuroblastoma.
2. Neuroblastoma is an embryonic tumour of the postganglionic sympathetic nervous system. The clinical presentations are protean because the tumour may develop at any site of the sympathetic nervous system and early dissemination is common. Most tumours secrete catecholamines. Elevated HVA and VMA in the urine help to confirm the diagnosis.
3. Treatment modalities include surgery, chemotherapy and radiation therapy. Treatment must be individualized, taking age at diagnosis, stage and biological features of the tumour into consideration. A pediatric oncologist should be consulted.

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

## CASE 5



A 16-year-old female presents to the emergency department with severe left, lower-quadrant abdominal pain. Ultrasound shows a cystic mass in the left ovary.

## Questions

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

## Answers

1. Torsion of the ovarian cyst.
2. Ovarian cysts (especially those > 5 cm) in childhood are more prone to torsion than those in adulthood because the infundibulopelvic pedicle is relatively longer in childhood.
3. Surgical excision.

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

## CASE 6



A 3-year-old female has a recurrent, dry and chapped area of skin above her upper lip.

## Questions

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

## Answers

1. Perioral dermatitis.
2. The cause is a lip-licking habit. The dry, chapped skin is sore and tends to split. Continued licking makes it more comfortable in the short-term, but worse in the end.
3. Stop the lip-licking habit. Local treatment with 1% hydrocortisone ointment applied, twice daily, and fucidin or mupirocin ointment can be applied, twice daily, to prevent infection.

Provided by Dr. Jerzy Pawlak and Dr. I. Paprocki, Winnipeg, Manitoba.

### CASE 7



A 45-year-old male presents with a mass on his upper left gum.

#### Questions

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

#### Answers

1. Parulis (gum boil).
2. Parulis is a nodular lesion that develops on the alveolar mucosa at the oral terminal of a draining dental sinus tract. The abscess usually perforates spontaneously into the oral cavity. Osteomyelitis of the jaw is a rare complication.
3. Treatment consists of draining the underlying dental abscess and oral penicillin.

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

### CASE 8



A 73-year-old male presents with right shoulder pain with no injury. An X-ray is performed.

#### Questions

1. What does the X-ray show?
2. What is the most likely cause of the fracture?
3. What first-line investigation should have been performed?

#### Answers

1. There is a transverse fracture through the junction of the mid and proximal third of the clavicle with slight inferior displacement of the lateral fragment. There is also mottled demineralization of the bone around this fracture.
2. Pathological fracture (bone metastases).
3. Bone scan.

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

## CASE 9



This 60-year-old male farmer has gradually developed, during a period of two to three years, a bluish discoloration on his face. He was on heart medication for a cardiac arrhythmia.

### Questions

1. What is the cause of the discoloration?
2. What aggravates the discoloration of his skin?
3. What is seen histologically?

### Answers

1. Amiodarone.
2. Amiodarone is a photosensitizing medication and the discoloration is more prominent in people who work outside, such as farmers and fishermen.
3. Histologically, lipofuscin deposition is seen, which is the pigment responsible for the bluish discoloration.

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

### CASE 10



This patient has depigmentation of her face, following dermabrasion to her perioral region five years earlier to erase the signs of aging.

#### Questions

1. What is seen upon skin evaluation?
2. What treatment is available for correction?

#### Answers

1. The patient has developed depigmentation of the treated area as a result of scarring caused by the dermabrasion. There is, however, smoothing of the skin and a loss of wrinkles in the treated area.
2. Unfortunately, nothing can be done to improve this, unless she has further dermabrasion or laser resurfacing to the untreated areas in order to give it a more consistent overall appearance. Cosmetic camouflage might help to minimize the contrasts between the normal and the affected skin areas. **Dx**

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