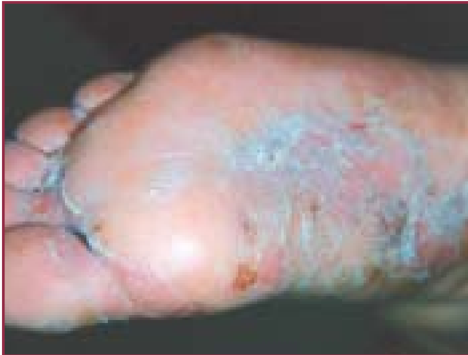
Illustrated quizzes on problems seen in everyday practice

Case 1



A 30-year-old male developed an itchy eruption over the plantar aspect of both his feet.

Questions

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

Answers

1. Ringworm (*tinea pedis*).
2. Soak feet for 10 minutes, twice daily in a potassium permanganate solution (1 in 1000 cc), a topical imidazole cream, or in more severe cases, oral antifungal medicine.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

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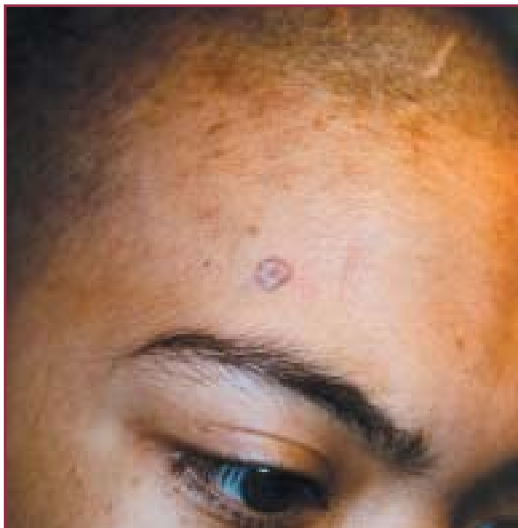
Case 2



A 14-year-old male developed a skin lesion on the right side of his forehead.

Questions

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

Answers

1. Common wart.
2. A DNA-containing papillomavirus.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

Case 3

A 22-year-old male presents with bright red blood dripping into the toilet during defecation. He has had only one bowel movement in three days. The stools were hard.

Questions

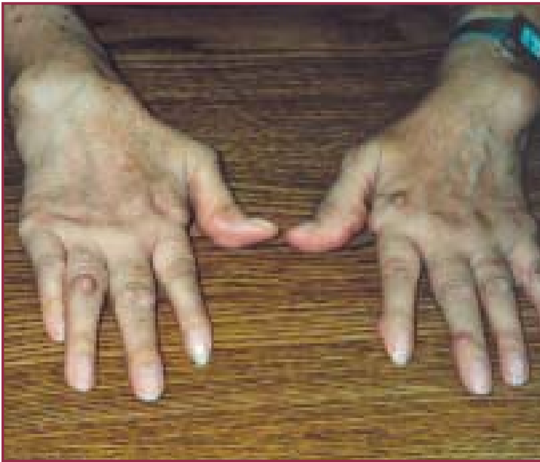
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. Hemorrhoids.
2. Hemorrhoids usually return to the rectum spontaneously or they need to be pushed back.
   If the prolapse cannot be reduced, it may lead to thrombosis, ulceration, strangulation, infraction and gangrene.
3. Most hemorrhoids respond to proper bowel habits—high-fibre diets, stool softeners and sitz bath. Those that fail to respond to medical treatment may be treated with elastic band ligation, sclerosis, photocoagulation, cryosurgery and hemorrhoidectomy.

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

CASE 4



A 58-year-old female presents with multiple nodules on the dorsa of both hands. She was diagnosed to have rheumatoid arthritis 14 years ago. She has been treated with methotrexate, 15 mg, once a week for the past two years.

Questions

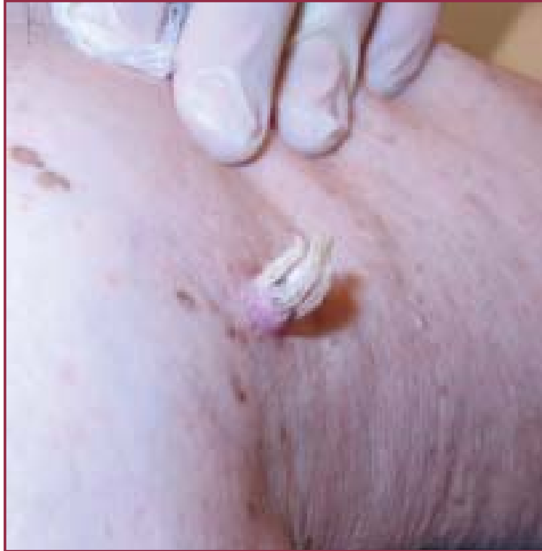
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. Rheumatoid nodules.
2. Rheumatoid nodules occur in approximately 20% of patients with seropositive rheumatoid arthritis. These nodules are most often found on the extensor surfaces, usually over bony prominences and in areas of pressure. Rheumatoid nodules are comprised of destructive granulomas and are usually in subcutaneous locations. Accelerated nodulosis is a recognized complication of methotrexate treatment. Induced rheumatoid nodules are preferentially located on the fingers.
3. In general, no treatment is necessary. Indications for surgical removal include pain, restriction of joint mobility, nodule erosion and nerve compression.

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

Case 5



A 77-year-old male presents with a slowly growing filiform, hyperkeratotic papule on his inner thigh. He has a history of several skin cancers.

Questions

1. What is your diagnosis?
2. Should you have any concerns?
3. How would you manage this lesion?

Answers

1. Cutaneous horn.
2. The lesion at the base of the keratin mound is often benign, although malignancy is present in 16% to 20% of cases. The most common malignancy is squamous cell carcinoma. Other reported lesions at the base include actinic keratosis, warts, seborrheic keratoses and several others.
3. Biopsy the lesion and its base. Malignancies should be excised with appropriate margins. The diagnostic biopsy can be therapeutic for benign lesions and/or liquid nitrogen cryotherapy can be performed.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 6

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

This 50-year-old female gives a two-month history of applying a corticosteroid cream to her face for a rash around her mouth. The cream helped, but each time she discontinued use, the rash recurred and seemed to be worsening.

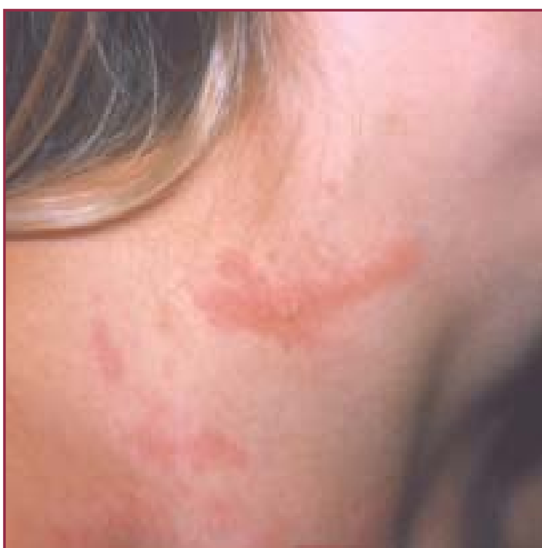
Questions

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

Answers

1. Perioral dermatitis.
2. Topical fluorinated steroids.
3. Discontinuation of the topical steroid is most important. The patient, however, must be warned that the rash may initially worsen with discontinuation of the cortisone cream. In addition, a four- to six-week course of oral antibiotics (minocyline or erythromycin) is the most effective way to resolve the eruption.

Case 7



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

This 15-year-old female developed an itchy rash on the side of her neck, arms and legs.

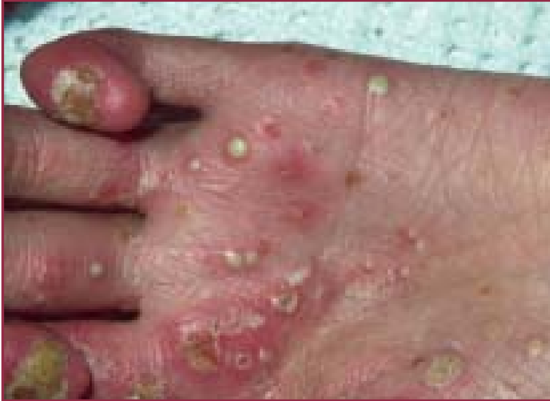
Questions

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

Answers

1. Poison ivy dermatitis. The linear aspect to this rash should immediately cause suspicion that this dermatitis was caused by something rubbing across the surface of the skin. Plant dermatitis is the most common cause.
2. Treatment involves cool, wet compresses in conjunction with a topical steroid or oral antihistamines. Occasionally, if the case is extensive, a short course of systemic steroids may be necessary.

Case 8



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

This 60-year-old female has had recurrent pustules on the palm of her hands and on her feet for many years.

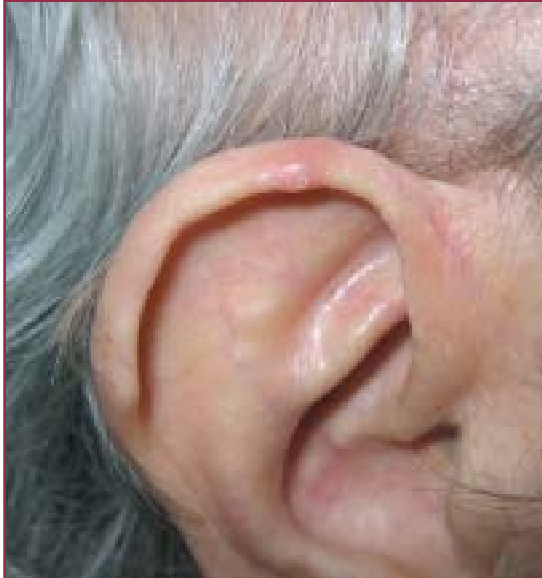
Questions

1. What is the diagnosis?
2. What do the pustules contain?
3. What is the treatment for this condition?

Answers

1. Palmoplantar pustular psoriasis.
2. The pustules are sterile and only contain neutrophils. There are no pathogenic bacteria present.
3. Treatment is extremely difficult. Topical steroids may help and oral retinoids, such as acitretin, may also be helpful.

Case 9



A 68-year-old female presents with a tender-scaly papule on the helix of her ear. She usually sleeps on that ear, and finds she wakes at night because of discomfort. She has no history of skin cancer.

Questions

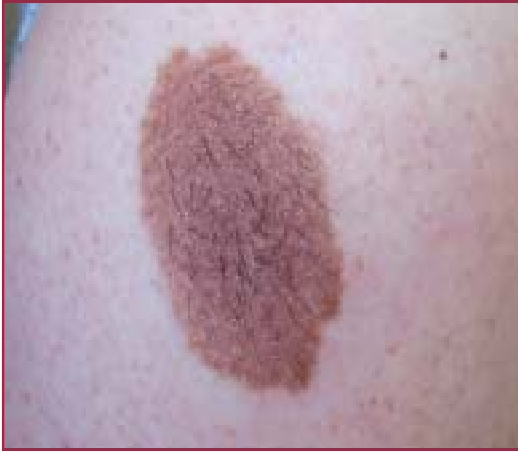
1. What is your diagnosis?
2. Discuss the condition.
3. How would you treat this patient?

Answers

1. *Chondrodermatitis nodularis (chronica) helicis.*
2. This is a common benign, painful lesion affecting either the helix or the antihelix of the ear. It usually affects older patients and, more often, men. It can also be stubborn to treat.
3. The primary goal is to relieve or eliminate pressure, which can be difficult after a lifetime's preference for sleeping on one side. A special pillow is available that can relieve pressure on the ear or one can be made by cutting a hole into a foam pillow where the ear rests. Temporizing measures include intralesional cortisone or cryotherapy. Surgical excision to remove the underlying cartilage is often required.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 10



Provided by: Dr. Benjamin Barankin, Edmonton, Alberta.

An 8-year-old male presents with a congenital lesion on his arm. The lesion has hair growing from it. He has been told to watch the lesion carefully because of skin cancer risks. He applies sunscreen only to this lesion.

Questions

1. What is your diagnosis?
2. How concerned should you be with this lesion?
3. How would you treat this lesion?

Answers

1. Congenital melanocytic nevus (CMN)—medium.
2. Melanoma in prepubescent children is exceedingly rare. There appears to be no increased incidence in small CMN (< 1.5 cm) and minimal increase of risk for melanoma in medium-sized CMN (1.5 cm to 19.9 cm) compared to normal skin.
3. Initially, CMN can be monitored for changes annually and then every two to three years afterwards (no specific guidelines). The patient and their family should be advised about the ABCs of changing nevi. Nevi can be excised for cosmetic reasons if not too large. Biopsy or excision should be performed if nevus shows suspicious changes (*e.g.*, darkening area). Dx