



*Illustrated quizzes on
problems seen in everyday practice*

CASE 1



A 16-year-old girl presents with a sudden onset of tearing and itching in her left eye, with swelling of the conjunctiva. She has a history of allergies to dust, pollen, grass and cats.

Questions

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

Answers

1. Allergic conjunctivitis.
2. Cold compresses, topical antihistamines and vasoconstrictors can be used. Mast cell stabilizers in the form of sodium cromoglycate are also beneficial. If the patient is highly symptomatic, she can be referred to an ophthalmologist.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

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CASE 2



A 49-year-old man with chronic, untreated hepatitis C presents with painful skin lesions on the dorsa of both hands. The skin lesions began as bullae and vesicles and have now developed into erosions.

Questions

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

Answers

1. Porphyria cutanea tarda.
2. Porphyria cutanea tarda is the most common porphyria, with an estimated incidence of one in 70,000. The disease is characterized by gradual development of tense vesicles and bullae on light-exposed skin, particularly on the dorsa of the hands. Skin erosions may occur and heal to form pink atrophic scars. The affected skin is fragile. Hypertrichosis, hyperpigmentation and sclerotic plaques may occur. The most common age of onset is 40 to 50 years. Porphyria cutanea tarda is often induced by alcohol. Patients with diabetes mellitus, chronic renal failure, hemochromatosis, lupus erythematosus or hepatitis C are particularly susceptible.

Provided by Dr. Alex Wong, Dr. Alexander K.C. Leung and Dr. Michael Libin, Calgary, Alberta.

CASE 3



A five-year-old girl presents with a history of more than eight episodes of painful parotid swellings over the past two years. The swellings are usually bilateral, but, at times, unilateral. There is no associated fever. Pressure over her parotid gland does not result in any discharge from the parotid duct. The swelling usually subsides spontaneously without treatment. Sialography shows bilateral punctate sialectasis. Serum immunoglobulins are normal.

Questions

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

Answers

1. Recurrent parotitis of childhood.
2. Recurrent parotitis of childhood, or juvenile recurrent parotitis, is a rare disease characterized by recurrent parotid inflammation. It is often associated with nonobstructive sialectasis. Both parotid glands may be involved simultaneously or alternately. The age of onset is three to six years.
3. Each episode usually lasts a few days and resolves without treatment.

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

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CASE 4



A 56-year-old man presents with multiple, dark-coloured, peduncled papules on the neck.

Questions

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

Answers

1. Fibroepithelial polyps (acrochordon, skin tags).
2. Fibroepithelial polyps are the most common fibrous lesions of the skin. They present as small, stalk-like lesions with a flattened epithelium or a folded epithelium which may be acanthotic and hyperpigmented. The stroma has loose connective tissue with dilated blood vessels. Skin appendages and nerves are usually absent. These benign and asymptomatic lesions are frequently found on the neck and axillae.
3. The lesions can be treated by snipping with fine scissors, cryotherapy, electrodesiccation or carbon dioxide laser photoablation.

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

CASE 5



A six-year-old girl is noted to have left-sided periorbital swelling and swelling on the dorsum of the left hand after playing in her backyard. The swelling is intensely pruritic.

Questions

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

Answers

1. Mosquito bites.
2. Mosquito bites often result in an immediate wheal and flare reaction (type I hypersensitivity), which may be followed, within 24 hours, by a delayed papular reaction (type IV hypersensitivity). The reactions are due to an allergic response to the mosquito's irritating salivary secretions. Diseases that may be transmitted by certain species of mosquitos include West Nile encephalitis, Japanese encephalitis, Western equine encephalitis, malaria, dengue fever and yellow fever.

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

CASE 6



A 21-year-old woman from a tropical country presents with a complaint of being unable to walk because her feet hurt. She has a history of a recurrent, pruritic and painful rash on her feet and lower limbs. She had been using homeopathic medication from her country of origin in an effort to “drain” and eradicate the problem. On exam, there are hemorrhagic and serous bullae, with golden yellow crusts on a background of mild erythema and swelling.

Questions

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

Answers

1. Impetigo.
2. She is treated successfully with a combination of systemic and topical antibiotics (cephalexin, 500 mg orally four times daily, and sodium fusidate cream twice daily), as well as saline soaks twice daily.

Provided by Dr. T.K. Sidhu, Victoria, British Columbia.

CASE 7



A 51-year-old woman is about to undergo dental surgery. An X-ray of her chest is done.

Questions

1. What does the X-ray show?
2. What is important to remember in this case?

Answers

1. Tricuspid valve replacement.
2. Prophylactic antibiotic is necessary before dental surgery.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

Cont'd on page 54 →

CASE 8



An 82-year-old man presents with dry, red, peeling, itchy skin around his mouth and nose, as well as on his cheeks.

Questions

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

Answers

1. Allergic contact dermatitis after using a new scalp lotion.
2. Topical corticosteroids should be prescribed and the patient should be advised to avoid contact with the offending agent.

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

CASE 9



A 10-year-old boy presents with bumps on his knee. One year ago, he had scraped that same knee.

Questions

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

Answers

1. Multiple milia (epidermal inclusion cysts). There are many causes for milia, one of which is previous trauma. Most frequently, milia occur secondary to a blistering disorder.
2. In many cases, milia resolve on their own. If necessary, light electrocautery using a fine epilating needle can eliminate them.

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

CASE 10



A patient presents with a two-week history of a red papule on his back that frequently bleeds with minimal trauma.

Questions

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

Answers

1. Pyogenic granuloma. This essentially represents an angioma and is neither pyogenic, nor a granuloma. It is completely benign.
2. Curettage with electrodesiccation is the preferred treatment modality. Occasionally, they recur and may require retreatment.

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

CASE 11



A 40-year-old woman has, over the last 10 years, developed a number of skin-coloured papules in the periocular areas of the face.

Questions

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

Answers

1. Multiple syringomas. These are benign appendageal tumours of eccrine origin.
2. No therapy is necessary. If needed, carbon dioxide laser therapy can improve the cosmesis.

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



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CASE 12



A 60-year-old man presents concerned about the appearance of a small number of skin-coloured papules on the forehead area.

Questions

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

Answers

1. These represent senile sebaceous hyperplasia. They frequently have a small cell in the centre, which, when squeezed will express sebum.
2. The hyperplasia are benign in nature, but can be treated with light electrocautery using a fine epilation needle.

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

CASE 13



A 70-year-old retired farmer presents with rough, red, scaly areas on the dorsa of his hands and on his cheeks.

Questions

1. What is your diagnosis?
2. Who is most prone to this condition?
3. How would you treat this patient?

Answers

1. Actinic keratoses.
2. People who are fair-skinned, burn easily and tan poorly (Fitzpatrick type I or II skin). Also those with occupations or hobbies resulting in excessive sun exposure.
3. Liquid nitrogen is used for occasional lesions. For more diffuse involvement, 5-fluorouracil, imiquimod, chemical peels and/or photodynamic therapy can be used.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 14



A 42-year-old truck driver is concerned about an asymptomatic firm papule on his thumb that he developed three months prior.

Questions

1. What is your diagnosis?
2. What is the nature and presentation of this condition?
3. What is the treatment?

Answers

1. Acquired digital fibrokeratoma.
2. This is a benign, asymptomatic, acquired growth usually occurring on the digits. It is usually a smooth, dome-shaped, skin-coloured papule.
3. Surgery is curative and recurrence unlikely.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 15




A 17-year-old woman presents with concerns regarding the black spots on her forehead.

Questions

1. What is your diagnosis?
2. What are the four key factors underlying this condition?
3. What is your treatment of choice?

Answers

1. Acne vulgaris—comedonal type (open comedones).
2. Follicular epidermal hyperproliferation and hyperkeratinization, excess sebum, *Propionibacterium acnes* and inflammation.
3. Retinoids, topical or systemic, work best for comedonal acne. 

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.