



Illustrated quizzes on problems seen in everyday practice

Cases this month

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| 2. <i>Tormenting Callus</i> | 7. <i>Breakout Rash</i> | 12. <i>A Raised Brow</i> |
| 3. <i>Cradle Crisis</i> | 8. <i>Stubborn Horn</i> | 13. <i>CAD Checkup</i> |
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CASE 1: INKY LESION



A 26-year-old male with fair skin presents with a newly developed pigmented lesion. He has a significant history of severe sunburns in the area.

Questions

1. What is your diagnosis?
2. What are your concerns?
3. How will you manage it?

Answers

1. Ink spot lentigo. It has a dark colour and its outline is irregular. It resembles a spot of ink on the skin.
2. Patients and many primary care physicians are concerned about the possibility of melanoma.
3. It is a benign lesion.

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... protective
... the lesion should
... rule out melanoma.

... provided by Dr. Scott Walsh and Ms. Jennifer Sharma, Toronto, Ontario.

CASE 2: TORMENTING CALLUS



A 45-year-old diabetic male presents with a painful thickening on the bottom of his foot.

Questions

1. What is your diagnosis?
2. What are some predisposing factors for this condition?
3. How is this condition treated?

Answers

1. Callus.
2. Ill-fitting shoes, participation in sports, the presence of bony prominences, faulty foot function or structure.
3. The patient should soak the callus in warm, soapy water, use a pumice stone, apply a protective bandage to decrease friction and use moisturizing creams. Any sign of infection should be treated with topical or systemic antibiotics. The thickened, hardened area should be shaved off with a scalpel blade. Orthotics can often be beneficial, particularly in a patient with diabetes.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 3: CRADLE CRISIS



A three-month-old male presents with mild erythema and yellow scaling on his scalp.

Questions

1. What is your diagnosis?
2. What is the etiopathogenesis of this condition?
3. What is the treatment?

Answers

1. Cradle cap or seborrheic dermatitis.
2. Malassezia organisms, T-cell depression or increased sebum levels.
3. Mild-moderate topical steroid lotions and/or antifungals can be beneficial. Washing out the thick scale using plain water or mineral oil is also helpful. Most infants will outgrow their cradle cap.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 4: BROWNISH PATCHES

A 65-year-old male presents with brownish patches on his legs.

Questions

1. What is your diagnosis?
2. What disease are they associated with?
3. What is the differential diagnosis?

Answers

1. Pretibial pigmented patches.
2. Diabetes.
3. Chronic pigmented purpura.

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

CASE 5: DIMPLE SIGN



A 31-year-old female presents with a firm, brown papule on her leg.

Questions

1. What is your diagnosis?
2. What clinical test can you perform to assist you in the diagnosis?
3. How can this lesion be treated?

Answers

1. Dermatofibroma.
2. Lateral compression of the lesion can produce dimpling (“dimple sign”).
3. Reassurance is often sufficient. Otherwise, excision is definitive or liquid nitrogen cryotherapy can be tried.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 6: RAGING RASH



A four-month-old male presents with a rash that he has had for more than a month.

Questions

1. What is your diagnosis?
2. What can be done to correct this problem?

Answers

1. Irritant contact dermatitis and *candidiasis*.
2. Oral nystatin, 100,000 units, three times daily, to eliminate *candida* from the gastrointestinal tract; topically, 1% hydrocortisone in clotrimazole cream, three times daily; Lassar’s paste or zinc oxide paste to protect the area and keep it dry; frequent diaper changes to keep the area dry.

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

CASE 7: BREAKOUT RASH



A 25-year-old male presents with a rash on his chest. The rash occurred a few months after being admitted to the hospital with severe head trauma.

Questions

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

Answers

1. Steroid acne.
2. High-dose systemic steroids to decrease brain swelling following his head injury.
3. It will eventually resolve spontaneously. Topical preparations containing benzoyl peroxide or antibiotics may be helpful.

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

CASE 8: STUBBORN HORN



A 68-year-old male presents with a thick, hyperkeratotic papule on his leg. The papule has been present for nine months.

Questions

1. What is your diagnosis?
2. Why should the lesion be treated?
3. How would you manage this patient?

Answers

1. Cutaneous horn.
2. More than 50% of lesions are benign, though others may have an actinic keratosis, wart or squamous cell carcinoma at the base.
3. A biopsy (down to the base) can be both diagnostic and therapeutic. Based on the histology, the remaining lesion can either be left alone (if benign), excised further or treated with liquid nitrogen cryotherapy.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 9: TOE TROUBLES



A 45-year-old female presents with a scaly rash between her toes.

Questions

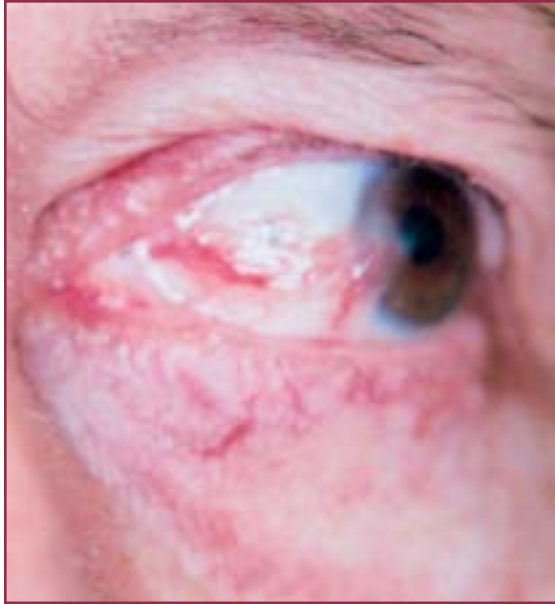
1. What is your diagnosis?
2. What is the differential diagnosis?
3. What is the treatment?

Answers

1. Interdigital psoriasis. The well-demarcated erythema is the tip-off that this is likely psoriasis.
2. *Tinea pedis*. Usually, there is more maceration and fissuring and the erythema is not as well-demarcated or as red.
3. Topical steroids and/or topical vitamin D preparations.

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

CASE 10: EYE IRRITATION



A 57-year-old male presents with a left-eye corneal lesion that has steadily progressed in size, causing irritation.

Questions

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

Answers

1. Pterygium.
2. A pterygium of this kind should be removed surgically and beta radiations should be applied at the time of removal, which significantly reduce the incidence of recurrence.

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

CASE 11: BREAKING THE FALL



A 21-year-old female fell down and injured her left wrist. An X-ray of her wrist is taken.

Questions

1. What does the X-ray show?
2. What is the treatment?

Answers

1. There is an undisplaced fracture of the distal radius and the ulnar styloid.
2. Patients with undisplaced forearm fractures that have been properly splinted may be referred to orthopaedic consultation within three days.

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

CASE 12: A RAISED BROW



A 43-year-old male presents with a lump on the right side of his forehead that has slowly grown during the last five years. The lump is soft, lobulated and asymptomatic.

Questions

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

Answers

1. Lipoma.
2. Surgical excision.
3. Lipomas, a common cause of subcutaneous nodules, are benign tumours composed of adipose tissue. They may be single or multiple and are frequently lobulated. They are often rubbery or compressible, occurring most often on the trunk and back of the neck and forearms. Occasionally, subcutaneous lipomata may be painful and associated with marked obesity; this condition, known as Dercum's disease, is most common in middle-aged females.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 13: CAD CHECKUP



A 75-year-old male with a long history of coronary artery disease presents for his annual checkup. A chest X-ray is performed.

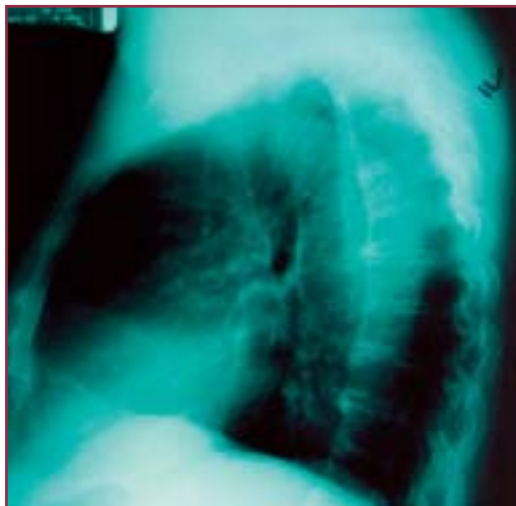
Questions

1. What does the X-ray show?
2. What is the treatment?

Answers

1. Aneurysmal dilatation of the thoracic aorta is present.
2. There are two options to consider—surgical repair or possibly an endovascular stent graft.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



CASE 14: "KNEEDING" ATTENTION



Figure 1. Swelling at the right tibial tuberosity



Figure 2. Radiograph of right knee.

A 13-year-old male presents complaining of pain in the right knee for the past six months. Physical examination reveals a tender swelling at the right tibial tuberosity (Figure 1). A radiograph of the right knee is taken (Figure 2).

Questions

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

Answers

1. Osgood-Schlatter's disease. Osgood-Schlatter's disease is caused by repetitive microavulsion injuries of the tibial tubercle, often accompanied by inflammatory changes and swelling. The condition is most often seen in boys between 12 and 14 years of age.
2. The treatment is primarily reassurance, restriction of activities and, sometimes, a knee brace.

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

CASE 15: AN AWAKENED CYST

A 10-year-old male presents with a painless cystic swelling along the anterior border of the right sternomastoid muscle.

Questions

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

Answers

1. Branchial cyst.
2. A branchial cyst is a remnant of a branchial cleft (usually the second cleft). Although the cyst is present at birth, it may not distend and become symptomatic until later childhood or adulthood.
3. Surgical removal. **Dx**

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