A 12-year-old male presents with an acute swelling and blistering of his lips and with a rash on his trunk. He also has conjunctivitis.

Questions
1. What is your diagnosis?
2. What is the name of the rash on his trunk?
3. What organ involvement must be looked for?

Answers
1. Stevens Johnson Syndrome.
2. Erythema multiforme (EM). When EM occurs with two mucosal surfaces involved it is called Stevens Johnson Syndrome or erythema multiforme major.
3. The most common and serious long-term sequelae of Stevens Johnson Syndrome are the ocular complications. The corneal damage can lead to decreased visual acuity and even blindness.

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

CASE 1
An elderly female presents with a widespread blistering eruption on her arms, legs and torso, which has been present for a month.

**Questions**
1. What is your diagnosis?
2. How is the diagnosis confirmed?
3. What is the differential diagnosis?

**Answers**
1. Bullous pemphigoid.
2. Skin biopsies from the edge of the blisters for routine pathology, as well as direct immunofluorescence, will show a sub-epidermal blister on routine pathology and immune complex deposition on immunofluorescence.
3. The main differential diagnosis would include *pemphigus vulgaris* and erythema multiforme.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.
A 24-year-old male develops a rash one week after having a cold sore infection on his lips. He had a similar eruption two months ago, which also followed a cold sore.

Questions
1. What is your diagnosis?
2. What is the clinical description given for these lesions?
3. What is the cause?
4. What is the treatment?

Answers
1. Erythema multiforme.
2. Iris or target eye lesions.
3. Erythema multiforme can frequently be precipitated by herpes simplex virus (HSV) infections.
4. If this is a recurrent problem, HSV prophylaxis would be appropriate.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.
CASE 4

A 14-year-old male presents with a two-month history of irregular, patchy hair loss.

Questions
1. What is your diagnosis?
2. What investigations are desirable?

Answers
2. Microscopic examination and culture of hairs at the margins of the patches to demonstrate fungus, as well as Wood’s light examination of the scalp (infected hairs often fluoresce).

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 5

A 57-year-old male presents with a one-month history of contusion to the right fifth finger. An X-ray was performed.

Questions
1. What does the X-ray show?

Answers
1. There is a comminuted fracture of the middle phalanx. No significant displacement is seen. There appears to be some callous formation present, indicating this is a healing fracture and not a recent fracture.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.
A 27-year-old male presents with a chronic history of boils in both axillae and, occasionally, in the groin. They can be foul-smelling and often tender. He has been on multiple courses of antibiotics, but the problem is not resolving.

Questions
1. What is your diagnosis?
2. What are the characteristics of this condition?
3. How do you manage this condition?

Answers
1. *Hidradenitis suppurativa*.
2. There is follicular occlusion, chronic relapsing inflammation, mucopurulent discharge, painful papules or nodules and progressive scarring.
3. General measures include: local hygiene, weight reduction, antiperspirants and antiseptics and wearing loose-fitting clothing. Medical management (oral and topical antibiotics, oral retinoids, intralesional triamcinolone) is recommended in early stages, whereas surgery should be performed as early as possible after the formation of abscesses, fistulas and scars.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.
CASE 7

A 22-year-old female with a long history of recurrent sinusitis presents with fever and severe headaches. Her pain is aggravated by movement of the proptosed right eye. Her upper-right eyelid is red, swollen and hot.

Questions
1. What is the most likely diagnosis?
2. What complications may occur?

Answers
1. Orbital cellulitis.
2. Panophthalmitis may develop with the danger of extension to the meninges and brain. In some patients there is a retrobulbar neuritis, which may progress to optic atrophy.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.
A 56-year-old male presents with a one-month history of neck pain and left shoulder pain. Radiographs of the cervical spine are taken.

**Questions**
1. What does this left lateral radiograph of the cervical spine show?
2. What is the significance?

**Answers**
1. There is loss of the normal cervical lordosis due to muscle spasm. There is also narrowing of disc space at C5-C6 with anterior and posterior end-plate osteophytes. Tiny anterior end-plate spurs at the inferior plate of C4 and C6 are also seen. There is some early osteoarthritis involving the C5-C6 uncovertebral joints with mild left C5-C6 foraminal encroachment due to small osteophytes.
2. Osteophytes are common in the aging spine and occur mainly at the sites of maximal cervical movements—namely, C5-C7. Small osteophytes are usually asymptomatic. Large osteophytes may cause complications by compressing adjoining structures.

Provided by Dr. Alexander K.C. Leung, Dr. Jusine H.S. Fong and Dr. Alexander G. Leong, Calgary, Alberta.
A 16-year-old male presents with a six-month history of multiple hyperkeratotic lesions on the sole of his right foot.

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

Answers
1. Plantar warts (verrucae plantares). Plantar warts are endophytic lesions on the sole of the foot. Debridement of the hyperkeratotic surface reveals brown flecks that represent thrombosed superficial capillaries or extravasated erythrocytes. This finding is pathognomonic and helps to differentiate a plantar wart from a corn or a callus.
2. Plantar warts are caused by human papillomavirus.
3. The most common form of treatment is paring of the excess keratotic debris followed by the application of liquid nitrogen, salicylic acid and lactic acid in collodion, 40% salicylic acid or urea plasters.

Provided by Dr. Alexander K.C. Leung and Dr. C. Pion Kao, Calgary, Alberta.
A 17-year-old male develops a fleshy, collar-stud lesion on the left auricle following an ear piercing.

**Questions**

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

**Answers**

2. A keloid represents an excessive response to cutaneous injury. Common examples of cutaneous injury include varicella infection, ear piercing, laceration and surgical incision. The condition is more common in dark-skinned individuals. In contrast to a hypertrophic scar that tends to stay within the margins of the original wound, a keloid extends well beyond the original wound.
3. Small keloids may not need to be treated. Large keloids or keloids in an exposed area can be treated with intralesional injections of triamcinolone, alone or in combination with surgical excision.

Provided by Dr. Alexander K.C. Leung and Dr. Justine H. Fong, Calgary, Alberta.
A two-year-old male presents with an asymptomatic lesion in the lower-right eyelid.

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

Answers
1. Chalazion (meibomian cyst).
2. A chalazion is a lipogranuloma caused by retention of secretions from a meibomian gland. The lesion can become secondarily infected or, if large enough, may cause visual problems by exerting pressure on the eyeball.
3. Small chalazions usually resolve spontaneously in weeks to months. However, if the lesion is large or symptomatic in spite of conservative treatment, such as warm compresses or massage, transconjunctival incision and drainage may be necessary.

Presented by Dr. Alexander K.C. Leung and Dr. Justine H.S. Fong, Calgary, Alberta.
A 50-year-old female presents with a three-year history of slowly progressive, diffuse hair loss.

Questions
1. What is your diagnosis?
2. How does this differ from male pattern baldness?
3. What are the treatment options?

Answers
1. Androgenetic alopecia or female-pattern hair loss.
2. Bitemporal recession occurs to a lesser degree in women, who tend to maintain a frontal hairline.
3. Minoxidil, antiandrogenic drugs (e.g., spironolactone), hair transplant or a hair prosthesis.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.
A 55-year-old male presents with a constantly scaling lower lip.

Questions
1. What is your diagnosis?
2. What is the etiology?
3. What is the concern?

Answers
1. Actinic cheilitis.
2. Chronic sun exposure.
3. Development into squamous cell carcinoma.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.
A three-month-old male presents with an orange-pink papule that has developed on his chest.

**Questions**
1. What is your diagnosis?
2. Discuss this lesion.
3. What is the management?

**Answers**
1. Juvenile xanthogranuloma (JXG).
2. A JXG is a benign, asymptomatic, self-healing, yellow-orange papule occurring in infancy. They can occur in the skin, eyes and *viscera*. It is the most common form of non-histiocytosis X.
3. Families should be reassured of the self-limited, benign nature of these lesions. Lesions may be excised for diagnostic and cosmetic reasons. Infants with multiple JXGs should be referred to an ophthalmologist for possible ocular involvement. Patients with JXG and *café au lait* macules have an increased risk of seizures, and patients with multiple JXGs (especially if they also have neurofibromatosis) have an increased risk of chronic myelogenous leukemia.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.
CASE 15

A 22-year-old female with long-standing eczema presents with an outbreak and areas of thick crusts. She is extremely pruritic and not sleeping well.

Questions
1. What is your diagnosis?
2. What causes this condition?
3. How would you manage the condition?

Answers
1. Impetigo (impetiginized eczema)
2. There are bullous (*staphylococcus aureus*) and nonbullos (*staphylococcus aureus* and group A beta hemolytic *streptococci*) forms, of which nonbullos accounts for 70% of cases.
3. Local wound care consists of cleansing and removal of the honey-coloured crusts. Topical mupirocin or sodium fusidate should be used in uncomplicated localized impetigo. Patients with widespread or complicated infections require gram-positive beta-lactamase resistant antibacterial coverage (*e.g.*, cloxacillin or cephalosporins).

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.
This renal-transplant patient presents with a six-month history of a lesion on his ear. He has had similar lesions elsewhere on his face and hands.

**Questions**
1. What is your diagnosis?
2. What is the treatment?
3. Why does this patient get these lesions?

**Answers**
1. Hyperkeratotic actinic keratosis (Squamous cell Ca-in-situ)
2. Surgical excision.
3. Immunocompromised individuals, such as kidney transplant patients, are more prone to premalignant and malignant tumours.

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