



Illustrated quizzes on problems seen in everyday practice

Cases this month

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CASE 1: UNSIGHTLY PLAQUES



A 57-year-old female presents with yellow-orange asymptomatic plaques on her superior medial eyelids.

Questions

1. What is your diagnosis?
2. Are there any medical concerns?
3. What is the management?

Answers

1. Xanthelasma.
2. Half of these lesions are associated with elevated plasma lipid levels.
3. Order plasma lipid levels and LDL and HDL cholesterol. The treatment of xanthelasma includes: surgical excision, carbon dioxide laser ablation, chemical cauterization and electrodesiccation.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

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CASE 2: LEADING LESIONS



A 16-year-old male presents with lesions on his forehead.

Questions

1. What is your diagnosis?
2. What is the optimal treatment?
3. What is the concern with these lesions?

Answers

1. Acne vulgaris (comedonal type).
2. Topical or oral retinoids. Chemical peels (*e.g.*, glycolic) are also beneficial.
3. Along with the cosmetic concern, comedones can progress to papules, pustules and nodules, which can ultimately result in scarring.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 3: SCALP CIRCLES

A 13-year-old female presents with an 8-month history of round areas of hair loss on her scalp.

Questions

1. What is your diagnosis?
2. What is the most likely etiology?
3. What are the treatment options?

Answers

1. Alopecia areata.
2. The etiology is not fully elucidated, but appears to be a T-cell mediated autoimmune condition affecting those with a genetic predisposition.
3. The typical treatment options include potent topical steroids or, preferably, intralesional triamcinolone. Oral prednisone or other immunosuppressants are occasionally used.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 4: PASSIVE PAPULE



A 19-year-old female presents with an asymptomatic red papule, which has been present for many years, on her nose.

Questions

1. What is your diagnosis?
2. What is the most common location for this lesion?
3. How would you treat this patient?

Answers

1. Fibrous papule of the face.
2. The nose is the most common location for these lesions.
3. Shave excision or curettage, however, vascular or ablative lasers are more cosmetically appealing options.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 5: RETURN OF THE PLAQUE



A 54-year-old male presents with a four-year history of a slowly enlarging asymptomatic plaque, which was previously “scraped off,” on his neck

Questions

1. What is your diagnosis?
2. What are the subtypes of this lesion?
3. What is the treatment of choice?

Answers

1. Basal-cell carcinoma (sclerosing subtype).
2. Nodular, superficial, cystic, pigmented, sclerosing, micronodular, morpheaform and infiltrating.
3. For the sclerosing variant, Moh’s micrographic surgery is the treatment of choice.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

CASE 6: LINGERING LESION



A 65-year-old female presents with an incidental, dark blue lesion, which has been present for many years, on the dorsal surface of her hand.

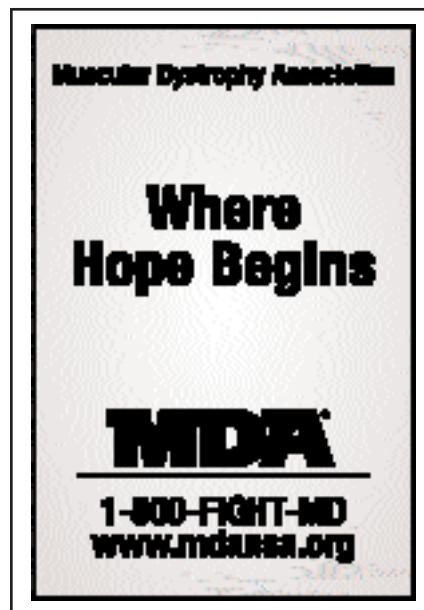
Questions

1. What is your diagnosis?
2. In whom are these lesions more common?
3. How is it managed?

Answers

1. Blue nevus.
2. It is most common in Asians and in women.
3. This benign lesion requires no treatment. It should be biopsied if a change in size, shape or colour is noted.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.



CASE 7: TEMPLE LESION



This 55-year-old male has a gradually developing and enlarging lesion on his right temple region.

Questions

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

Answers

1. Malignant melanoma.
2. Appropriate excision margins based on tissue depth of invasion (Breslow measurements).

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

CASE 8: TONGUE GROWTH



A 25-year-old female presents with an asymptomatic growth, which has slowly increasing in size in the last four months, on the lateral aspect of her tongue.

Questions

1. What is the probable diagnosis?
2. What investigation should be done?

Answers

1. Fibroepithelial polyp or papilloma.
2. Total excisional biopsy.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

CASE 9: WELTING LESION



This six-year-old male has had this brownish lesion on his back for the last few years. When examined by his family doctor, it is noticed that when the lesion is rubbed, a welt develops.

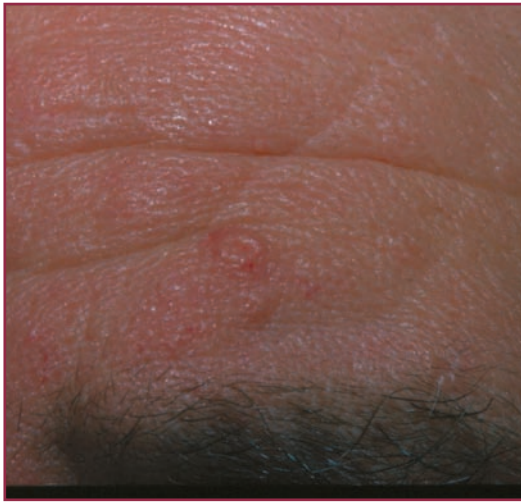
Questions

1. What is your diagnosis?
2. What is the nature of these lesions?
3. What is the treatment?

Answers

1. Urticaria pigmentosa.
2. These lesions resemble congenital nevi; however, rather than containing collections of melanocytes, they contain increased numbers of mast cells in the dermis. When they are scratched the mast cells degranulate and release histamine, which results in vasodilation and subsequent wheal formation.
3. No treatment is necessary as these lesions usually resolve with age.

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

CASE 10: BUMPY BROW

This 57-year-old male noticed some asymptomatic bumps on his forehead.

Questions

1. What is your diagnosis?
2. What is the nature of these lesions?
3. What is the treatment?

Answers

1. Senile sebaceous hyperplasia.
2. These lesions represent increased collections of sebaceous glands in the dermis. If squeezed they will frequently discharge a clear oily material, indicating their sebaceous origin.
3. These lesions are completely benign. Electrodesiccation with a small epilating needle will frequently resolve these lesions.

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

CASE 11: CAFÉ AU LAIT



This 10-year-old male noticed a number of *café au lait* spots on his trunk.

Questions

1. What is your diagnosis?
2. What is the genetic inheritance of this condition?
3. What is the name of the lesions seen on slit-lamp evaluation of the eyes?

Answers

1. Neurofibromatosis (Type 1).
2. This condition is inherited in an autosomal dominant pattern, although many cases represent spontaneous mutations.
3. Lisch nodules (pigmented hamartomas of the iris).

Provided by Dr. Rob Miller, Halifax, Nova Scotia



CASE 12: RING AROUND THE MOLE



This 10-year-old boy has developed a whitish ring around a benign-looking mole on his back.


Questions

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

Answers

1. Halo nevus.
2. This condition is considered to represent an autoimmune reaction in which the melanocytes in and around the nevus are destroyed.
3. No treatment is necessary, as this is benign.

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



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CASE 13: ANKLE LESION



A two-year-old male presents with erythematous skin lesions on his legs and ankles.

Questions

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

Answers

1. Atopic dermatitis.
2. Atopic dermatitis is a chronically relapsing dermatosis characterized by pruritus, erythema, vesiculation, papulation, exudation, excoriation, crusting, scaling and sometimes lichenification. Bacterial infection is the most common complication of atopic dermatitis, which also increases the risk of widespread herpes simplex infection (Kaposi varicelliform eruption).
3. Hydration to maintain the skin's barrier function is of paramount importance and can be achieved by daily baths in warm water for approximately five to 10 minutes, followed by patting dry with a towel. A moisturizer should be applied within three minutes to prevent evaporation and keep the skin soft and supple. Topical corticosteroids and immunomodulators (*e.g.*, tacrolimus, pimecrolimus) are the mainstay of therapy.

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

CASE 14: BEEFY SORE THROAT



An eight-year-old girl presents with a sore throat and is noted to have a reddish patch on the hard palate. She also has a beefy red throat, exudate on the tonsils and a strawberry tongue on examination. A throat swab culture grew group A β -hemolytic streptococci.

Questions

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

Answers

1. Palatine hemorrhage secondary to streptococcal pharyngitis.
2. Palatine hemorrhage may result from inflammation, notably streptococcal pharyngitis or trauma. It may occur spontaneously without an apparent cause and occasionally may result from severe coughing. Rarely, palatine hemorrhage may be a manifestation of blood dyscrasias.
3. No treatment is necessary for the palatine hemorrhage as the condition is self-limited. Streptococcal pharyngitis requires antibiotic therapy.

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

CASE 15: FOREARM GROWTH



A 54-year-old male presents with an asymptomatic growth on his right forearm. The growth has appeared in last two months and has a central keratotic plug and fleshy rim.

Questions

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

Answers

1. Keratoacanthoma.
2. Keratoacanthoma is a rapidly developing benign epithelial neoplasm that simulates squamous cell carcinoma. It is impossible to make a clinical distinction between keratoacanthoma and squamous cell carcinoma.
3. Treatment involves conventional excision and pathologic examination.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.



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CASE 16: RED MASS



A six-month-old female presents with a reddish mass on her right arm. The mass was first noted when the infant was three weeks old. The mass has rapidly increased in size since.

Questions

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

Answers

1. Hemangioma of infancy.
2. Hemangioma of infancy is the most common vascular tumour encountered during infancy and childhood. The majority of the lesions develop within the first few weeks of life and are often heralded by a precursor lesion that may take the form of telangiectasia, a pale or erythematous patch, or a bruise-like macule. The lesion then grows rapidly into a protuberant, sharply demarcated bright red mass.

The rapid proliferative phase lasts for three to nine months. The mass continues to grow for another six to nine months, at which time it slows to parallel the growth of the child. Involution begins, in most cases, by the time the child is three to four years old. Half of these lesions will show complete involution by the time the child reaches five; 70% will have disappeared by age seven, and 95% will have regressed by ages 10 to 12. When involution is complete, the skin looks completely normal; partial involution may leave an atrophic area with a few telangiectatic vessels.

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