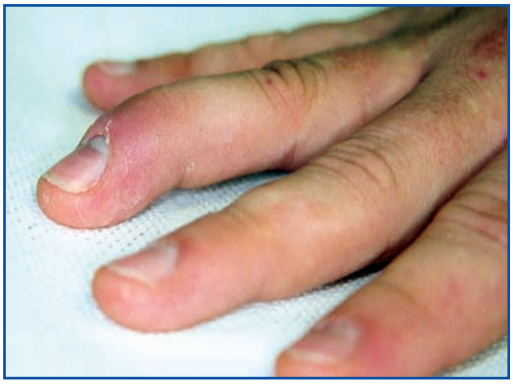
Illustrated quizzes on problems seen in everyday practice

Cases this month

Case 1: Phalangeal Fracture



This 27-year-old male explains that he was in a scuffle at home and his right ring finger was slammed by a door. The right ring finger is swollen and painful at the distal joint (top photo). An X-ray was performed (bottom photo).

Questions

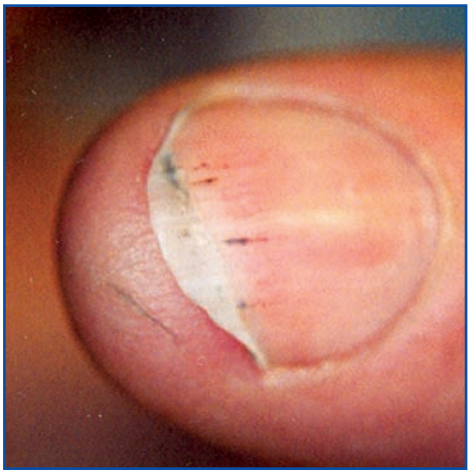
1. What does the X-ray show?
2. What is the treatment?

Answers

1. There is an avulsion fracture of the dorsal aspect at the base of the distal phalanx. There is separation of the fracture fragments.
2. Immobilize the finger by placing a splint on the ring right finger, in extension.

Provided by Dr. Jerzy K. Pawlak, Winnipeg, Manitoba.

Case 2: Splinter Hemorrhages



This is the finger of 41-year-old male. The characteristic linear shape lesions are visible under the nail.

Questions

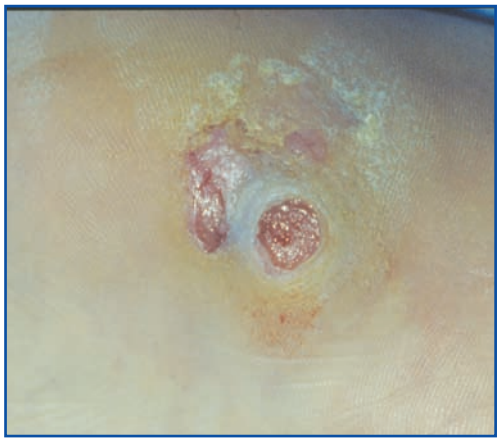
1. What is the diagnosis?
2. What is the significance of the lesions?

Answers

1. Splinter hemorrhages.
2. The characteristic linear shape of these lesions is determined by the longitudinal ridges and grooves in the nail bed. Most particularly, the distal ones are due to minor trauma. Proximal splinters may be a part of subacute bacterial endocarditis.

Provided by Dr. Jerzy K. Pawlak, Winnipeg, Manitoba.

Case 3: Amelanotic Malignant Melanoma



This 56-year-old male has had this persistent wart on his heel for the last five years. Multiple treatments with liquid nitrogen have failed to eradicate it.

Questions

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

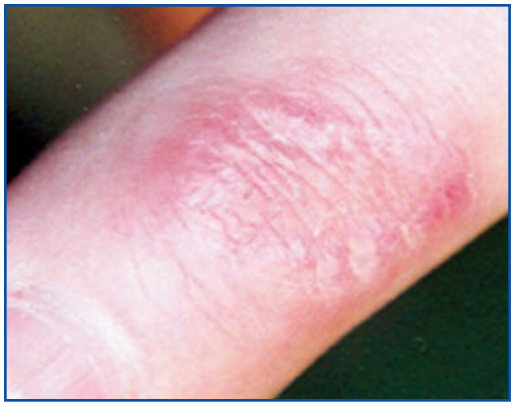
Answers

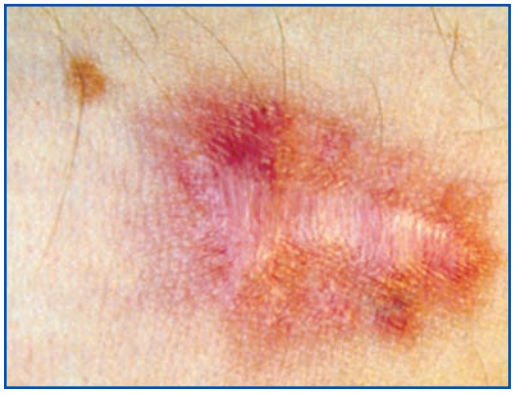
1. Amelanotic malignant melanoma (the lesion pictured was a level IV melanoma).
2. Surgical excision should be performed after biopsy confirmation.

Cont'd on page 46 ⟶

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

Case 4: Scars with Keloid Formation





Five weeks ago, a 34-year-old male injured the left dorsal aspect of his third finger. He underwent a plastic surgery procedure, where a skin graft from his left forearm was taken to cover the area of absent skin over his injured finger (see photos). The patient complains that the scar over forearm is painful.

Questions

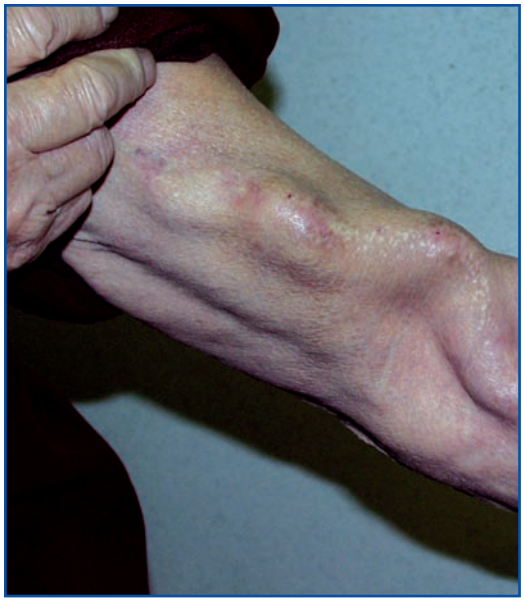
1. What is the diagnosis?
2. What are the factors that predispose such wounds to heal?

Answers

1. Both scars are healing with keloid formation.
2. Factors predisposing to keloid formation are:
   a) Afro-Caribbean origins,
   b) scarring of the upper trunk and earlobes,
   c) family history of keloids,
   d) burns, sepsis and foreign material and
   e) wounds under tension.

Provided by Dr. Jerzy K. Pawlak, Winnepeg, Manitoba.

Case 5: Arteriovenous Fistula



A 77-year old male, diagnosed with renal failure, presents with dry and itchy skin. A long, tortuous induration is visible on the patient's left arm and forearm.

Questions

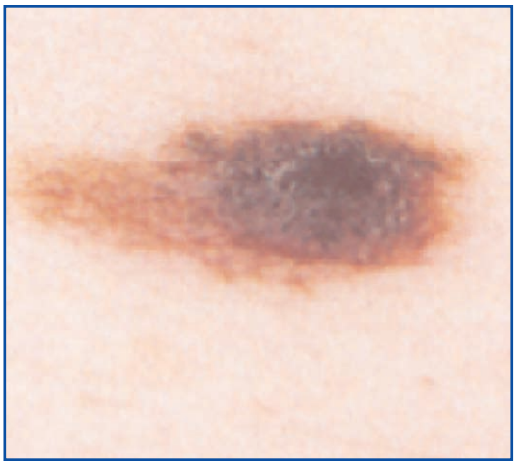
1. What is this?

Answers

1. Arteriovenous fistula, created to carry out renal dialysis.

Provided by Dr. Jerzy K. Pawlak, Winnepeg, Manitoba.

Case 6: Dysplastic Nevus with Severe Cytoarchitectural Atypia



This adult male presents with a skin lesion on his back. The lesion is irregularly shaped and irregularly pigmented, with ill-defined borders. He has a strong family history of malignant melanoma.

Questions

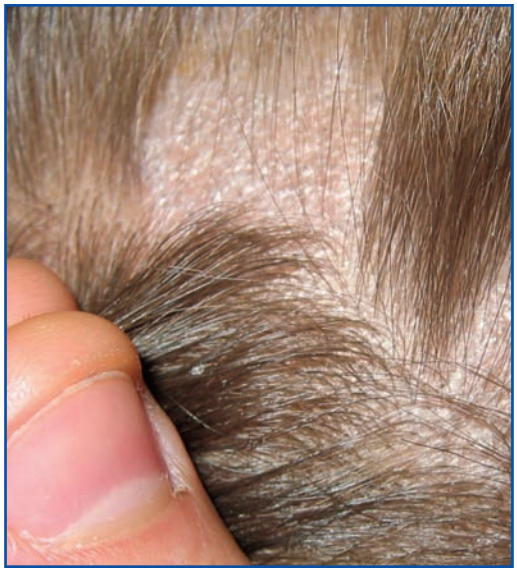
1. How would you manage this patient?

Answers

1. The patient should be referred for surgical excision of what is possibly a left chest melanoma. Excision is performed and shows dysplastic nevus with severe cytoarchitectural atypia. No unequivocal evidence of malignant melanoma is seen.

Provided by Dr. Jerzy K. Pawlak, Winnepeg, Manitoba.

Case 7: Tinea Capitis



A 12-year-old boy presents with a six-month history of slight pruritus and scaling of his scalp that is non-responsive to steroid lotion.

Questions

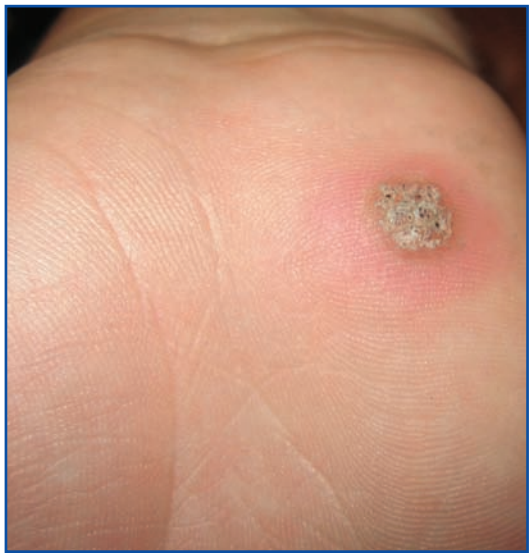
1. What is your diagnosis?
2. What is the most likely cause?
3. How would you manage this condition?

Answers

1. Tinea capitis.
2. *Trichophyton tonsurans.*
3. Topical antifungals can be tried, although systemic agents, such as terbinafine, are often needed. Selenium sulfide shampoo should be used by the patient and family members to reduce shedding of spores.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 8: Wart



A 15-year-old gymnast presents with an occasionally tender verrucous plaque on her palm. There are no other lesions elsewhere and she has no pets.

Questions

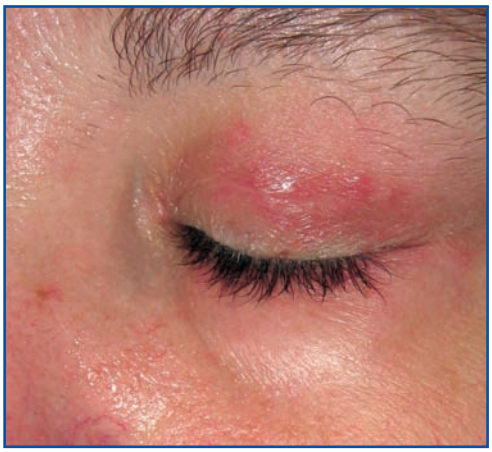
1. What is your diagnosis?
2. What are the different types of this lesion?
3. What is your management?

Answers

1. *Verruca vulgaris* (wart).
2. Common, filiform, flat, mosaic and deep palmoplantar.
3. Patients should be educated as to the viral, benign and stubborn nature of warts. Liquid nitrogen cryotherapy should be repeated monthly and home use of salicylic acid preparations is the standard treatment. Patience on the part of patients is key.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 9: Allergic Contact Dermatitis (Eyelid)



A 52-year-old female presents with a constantly swollen, pruritic eyelid. She uses a number of cosmetic products on her face, dyes her hair and wears artificial nails.

Questions

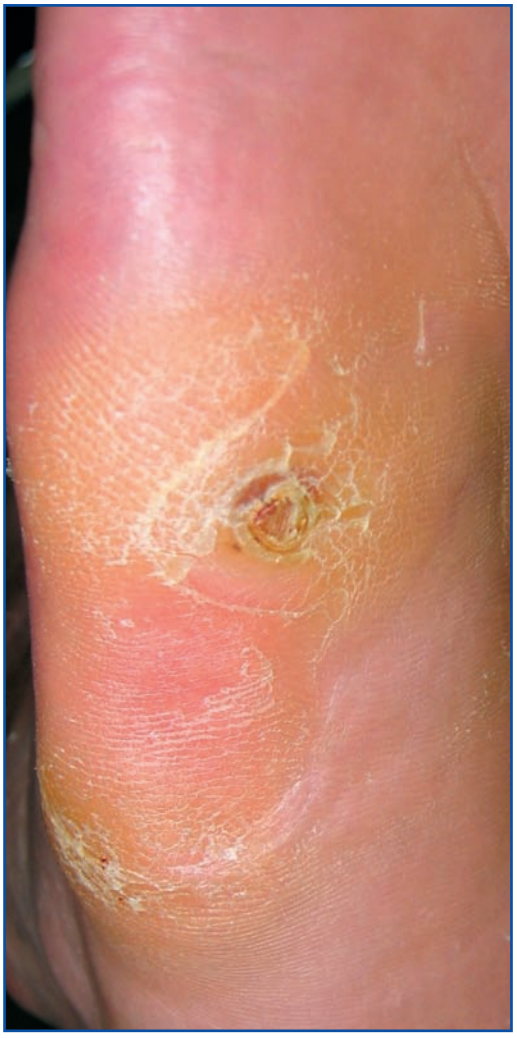
1. What is your diagnosis?
2. What is the etiology?
3. How can you clarify the offending agent?

Answers

1. Allergic contact dermatitis.
2. Likely, nail products, such as acrylates in artificial nails, or formaldehyde resin in nail polish. Moisturizer preservatives and fragrances would also be important causes.
3. Patch testing by a dermatologist.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 10: Diabetic Foot Calluses



A 46-year-old diabetic male presents with a several year history of slow thickening of his plantar feet. He notes occasional pain, but no pruritus.

Questions

1. What is your diagnosis?
2. How do you explain this problem to the patient?
3. How would you manage the patient?

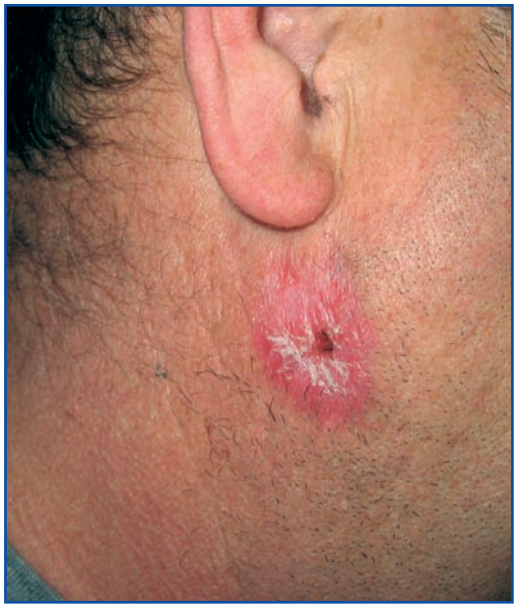
Answers

1. Callus.
2. A callus is an area of focal skin thickening following repetitive forces such as rubbing from inappropriate footwear.
3. After soaking the foot, the callus can be pared down with a pumice stone, followed immediately by use of humectant moisturizers. An appropriate foot exam and referral to a chiropodist or podiatrist is often beneficial for consideration of orthotics and proper footwear.

Cont'd on page 54 ⟶

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 11: Discoid Lupus of the Neck



A 44-year-old male presents with a six-month history of an erythematous scaly plaque on his neck, which developed after a trip to South Africa. He is otherwise healthy and is not taking any medications.

Questions

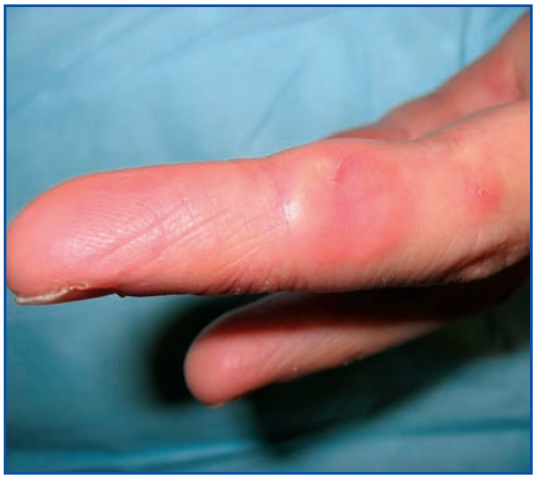
1. What is your diagnosis?
2. What is the main concern with this lesion?
3. How would you treat this patient?

Answers

1. Discoid lupus erythematosus (DLE).
2. In less than five per cent of patients with DLE, there may be progression to systemic lupus erythematosus (SLE).
3. Potent topical steroids and intralesional steroids are effective and there are now reports of benefit with the new topical calcineurin inhibitors. Patients should be advised about sun protection and avoidance and any symptoms consistent with SLE should be promptly reported. In most cases, more diffuse lesions of DLE can be managed with hydroxychloroquine.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 12: Granuloma Annulare



Following a trip to Mxico, a 23-year-old female presents with several asymptomatic papulonodules on her hands. She is concerned that she has caught an infection.

Questions

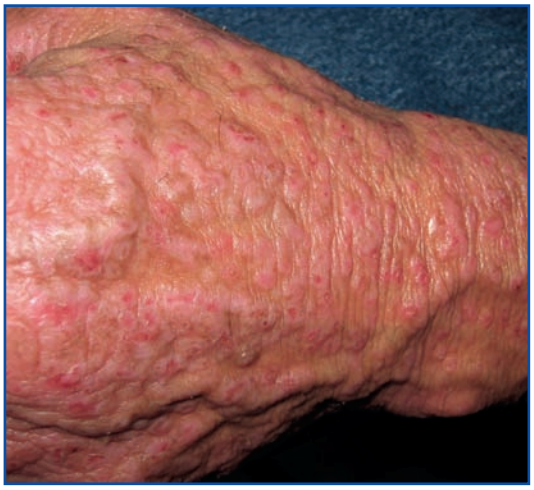
1. What is your diagnosis?
2. What are the variants of this lesion?
3. How would you treat these few lesions?

Answers

1. Granuloma annulare (GA).
2. There is localized and generalized GA, subcutaneous, perforating, and arcuate dermal erythema.
3. Potent topical steroids or preferably intralesional steroids would be the treatment of choice. Liquid nitrogen cryotherapy can be beneficial, as can oral retinoids. She should be reassured that most of these lesions will likely spontaneously resolve over a period of months to a few years.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 13: Lichenoid Mucinosis



A 50-year-old Aboriginal-Canadian presents with extremely pruritic skin on the back of his hands and on his shins. He has tried various moisturizers and mild topical steroids, without benefit.

Questions

1. What is your diagnosis?
2. Any concern with this condition?
3. What is the treatment?

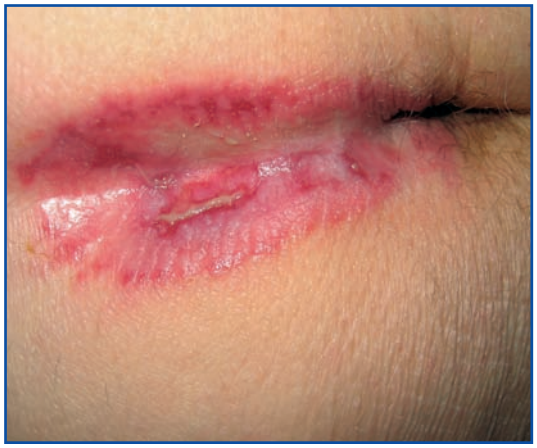
Answers

1. Lichen myxedematosus, or papular mucinosis.
2. Many patients will have a monoclonal paraproteinemia with the rare possibility of developing multiple myeloma.
3. Treatment is difficult, but includes:
   a) oral retinoids,
   b) prednisone,
   c) phototherapy,
   d) thalidomide and
   e) plasmapheresis.

Cont'd on page 58 ⟶

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 14: Extramammary Paget's Disease



A 74-year-old diabetic male presents with a slowly expanding plaque in the perianal region, with recent ulceration.

Questions

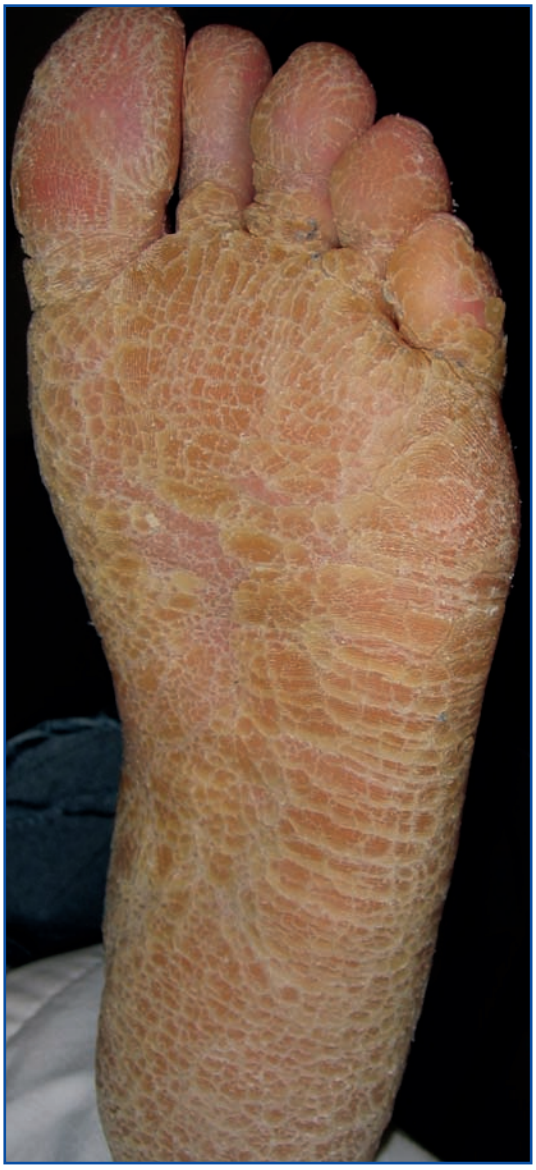
1. What is your diagnosis?
2. What is the concern with this lesioin?
3. How would you manage this condition?

Answers

1. Extramammary Paget's disease.
2. Approximately 30% of patients with perianal disease will have an underlying colorectal carcinoma.
3. Following a full cutaneous and lymph node exam, a skin biopsy for confirmation is necessary, followed by referral to gastroenterology for sigmoidoscopy or colonoscopy.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 15: Palmoplantar Keratoderma



A 38-year-old female presents with hyperkeratotic skin affecting palms and soles. This problem appears to run in her family. She is bothered by the appearance and the discomfort that goes with the fissures.

Questions

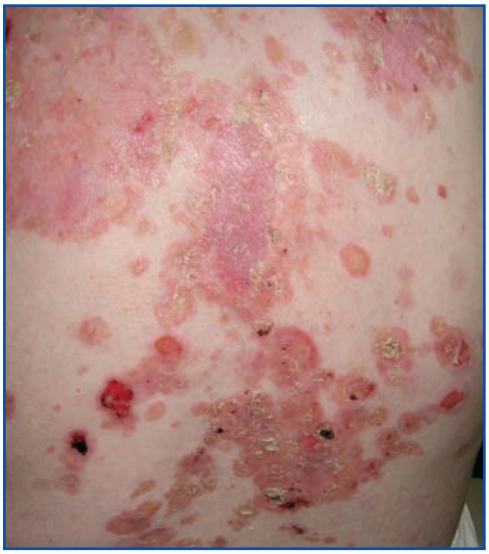
1. What is your diagnosis?
2. What are the different types of this condition?
3. What is the treatment?

Answers

1. Palmoplantar keratoderma.
2. There are numerous and confusing hereditary forms and acquired forms, due to inflammation, infection and medication. All forms of palmoplantar keratoderma are associated with internal malignancy.
3. Referral to a dermatologist is often beneficial to help classify the particular palmoplantar keratoderma. Therapies include the use of topical keratolytics such as salicylic acid and the use of oral retinoids.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 16: Pemphigus Vulgaris



A 55-year-old male presents with numerous erosions and crusts scattered over his trunk and arms, with several erosions inside his mouth.

Questions

1. What is your diagnosis?
2. What are the different subsets of this condition?
3. How would you manage this patient?

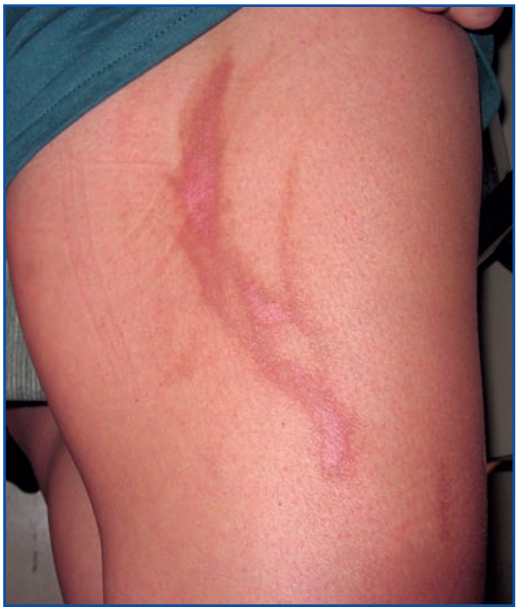
Answers

1. Pemphigus vulgaris
2. In the pemphigus family, there is pemphigus vulgaris (70% of all cases), pemphigus foliaceus and paraneoplastic pemphigus.
3. Referral to a dermatologist with experience in managing the autoimmune blistering diseases is imperative. Typically, oral prednisone is initiated, with subsequent addition of a steroid-sparing immunosuppressive such as azathioprine. Orodental and ocular care are often important adjuncts.

Cont'd on page 64 ⟶

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 17: Phytophotodermatitis on the Thigh



Following a trip to Bermuda, a 31-year-old female presents with a linear brown streak on her thigh.

Questions

1. What is your diagnosis?
2. What are some foods or plants that can cause this problem?
3. How would you manage this patient?

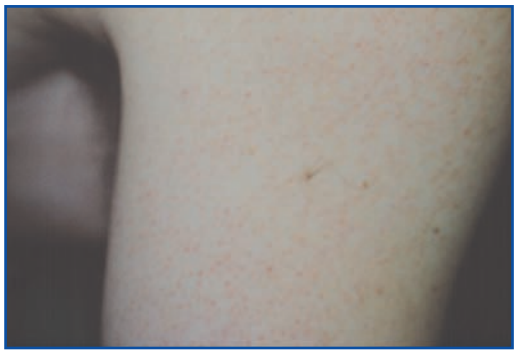
Answers

1. Phytophotodermatitis to lime juice.
2. Parsnip, celery, lime and fig.
3. Patient reassurance, since this is a self-limited problem. In the acute setting, cool wet compresses, topical steroids and oral non-steroidal anti-inflammatory drugs can be beneficial.

Cont'd on page 66 ⟶

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

Case 18: Keratosis Pilaris



This teenage girl is upset about the rash she has on her arms and legs.

Questions

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

Answers

1. Keratosis pilaris.
2. This is an autosomal dominant condition characterized by keratin blockage of the hair follicles. It is frequently seen in atopic individuals.
3. Moisturizers may be of some help.

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