



Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

CASE 1: LYDIA'S LOWER TEETH



Lydia, nine, was assessed because her mother was concerned that her lower teeth did not look right.

Questions

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

Answers

1. Ectopic eruption of the lower left central permanent incisor.
2. The condition results from either premature eruption of the permanent tooth, or prolonged retention of the deciduous tooth.
3. No treatment is necessary. The ectopic lower left central permanent incisor will move forward into the normal position after exfoliation of the corresponding deciduous tooth.

Provided by: Dr. Alexander K. C. Leung; and
Dr. W. Lane M. Robson

Share your photos and diagnoses with us!

Do you have a photo diagnosis? Send us your photo and a brief text explaining the presentation of the illness, your diagnosis and treatment and receive \$25 per item if it is published.

The Canadian Journal of Diagnosis

955, boul. St. Jean, suite 306

Pointe-Claire, Quebec H9R 5K3

E-mail: diagnosis@sta.ca

Fax: (888) 695-8554

CASE 2: ROBERT'S RED PAPULE



This lesion could most commonly be treated by electrocautery or laser.

Robert, 45, is bothered by the appearance of a red papule on his chest. He has similar papules on his back. These lesions are less protrusive.

Questions

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

Answers

1. Cherry angioma.
2. Trunk.
3. This lesion could most commonly be treated by electrocautery or laser. Excision or cryotherapy are other options.

Provided by: Dr. Benjamin Barankin

TABLET DAILY
SINGULAIR®
 (montelukast sodium) Leukotriene receptor antagonist

MERCK FROSST
 Discovering today
 for a better tomorrow.

Merck Frosst Canada Ltd., Kirkland, Quebec

Before prescribing SINGULAIR®, please consult the Prescribing Information.
 ® Registered Trademark of Merck & Co., Inc. Used under license.

SGA-06-CDN-34350832a-JA

CASE 3: EDGAR'S ERUPTION



Edgar, a 35-year-old golfer went hunting for balls in the woods adjacent to his golf course. He now has an intensely pruritic rash on his legs, with some early involvement on his arms.

Questions

1. What is the diagnosis?
2. What is the name of the plant family and other members of it that could cause this condition?
3. How would you manage this patient?

Answers

1. Poison ivy dermatitis.
2. The plant genus is *Toxicodendron* which includes:
 - poison ivy,
 - poison oak and
 - poison sumac.
3. Potent topical steroids and sedating antihistamines. Oral prednisone can be used for widespread involvement.

Provided by: Dr. Benjamin Barankin

Treat poison ivy dermatitis with potent topical steroids and sedating antihistamines. Oral prednisone can be used for widespread involvement.

Cont'd on page 58 →

CASE 4: PARKER'S PLAQUE



An epidermal nevus is a hamartoma arising from embryonic ectoderm.

Parker, three-months-old, was noted to have a velvety plaque on his left forefoot at birth.

Questions

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

Answers

1. Epidermal nevus.
2. An epidermal nevus is a hamartoma arising from embryonic ectoderm which differentiates into:
 - keratinocytes,
 - apocrine glands,
 - eccrine glands,
 - hair follicles and
 - sebaceous glands.

As such, it has a wide variety of clinical and histological appearances. The onset is usually within the first year of life and the lesion is usually:

- solitary,
- well circumscribed and
- asymptomatic.

The lesion may thicken and become more verrucous with time.

3. The treatment is conservative. Surgical excision may be necessary as the child grows and starts to wear footwear.

Provided by: Dr. Alexander K. C. Leung; and
Dr. C. Pion Kao

CASE 5: TOMMY'S TONGUE

Tommy, five, presents to you with his father who complains about the appearance of his son's tongue.

Questions

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

Answers

1. Dorsal surface and sides of tongue are covered by painless shallow or deep fissures which may collect debris and in turn, become infected.
2. Fissured scrotal tongue.

Provided by: Dr. Jerzy Pawlak

These deep fissures may collect debris and in turn, become infected.

A **CONVENIENT**
REMINDER
TO SEE
PAGE **39**



CASE 6: CHANDLER'S CHEST

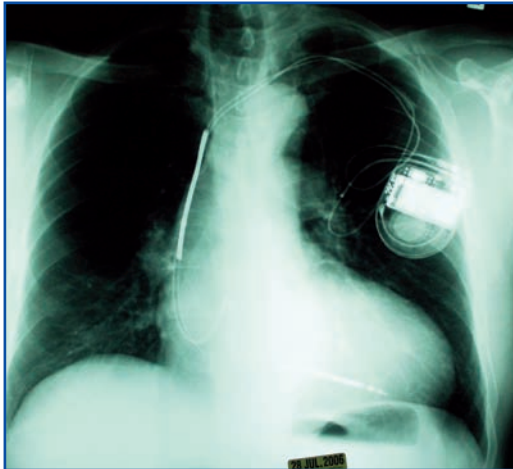


Figure 1. Anteroposterior view.

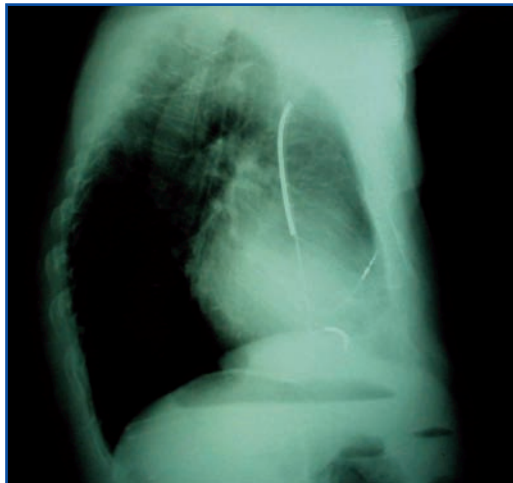


Figure 2. Lateral view.

Chandler, 55, visits our clinic because of a productive cough with hemoptysis. Anteroposterior (Figure 1) and lateral view (Figure 2) x-rays of his chest are taken.

Questions

1. What do the x-rays show?

Answers

1. There is an implanted defibrillator. The heart is increased in its transverse dimension with a left ventricular prominence. The lungs are clear. The pulmonary vasculature is of normal calibre. No bony or pleural abnormality is evident.

Provided by: Dr. Jerzy Pawlak

The heart is increased in its transverse dimension with a left ventricular prominence.

Cont'd on page 62 →

CASE 7: PAIGE'S PARTICLES



Over a period of six days to 10 days, the egg of the head louse hatches into a nymph. The nymph molts three times over the course of nine days to 12 days to become an adult louse.

Paige, 12, presents with itchiness of the scalp. Examination reveals tiny, white, granule-like particles attached to the proximal portions of individual hairs.

Questions

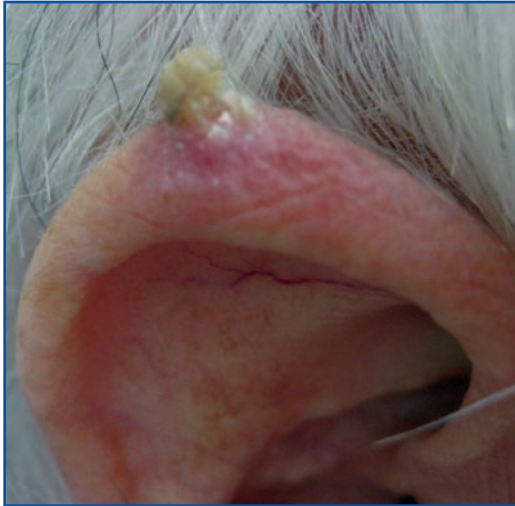
1. What is the diagnosis?
2. What is the treatment?

Answers

1. Pediculosis capitis. The photograph shows an intact egg attached to a shaft of Paige's hair. The egg of the head louse is ovoid, 1 mm long and has an operculum, which always faces away from the scalp. Over a period of six days to 10 days, the egg hatches into a nymph. The nymph molts three times over the course of nine days to 12 days to become an adult louse.
2. Pediculicides are the most effective treatment. Pediculicides, such as permethrin, have a long residual effect and are both pediculicidal and ovicidal. The medication should be applied to the entire scalp of all family members. Most experts advise a second treatment seven days to 10 days later. Potentially contaminated combs and brushes, articles of clothing and linen should be cleaned.

Provided by: Dr. Alexander K. C. Leung;
Dr. Alfredo Pinto-Rojas; and Dr. W. Lane M. Robson

CASE 8: HERALD'S HORN



Herald, 63, presents with a slowly growing horn on his ear. He has a history of actinic keratoses and squamous cell carcinoma.

Question

1. What is the diagnosis?
2. What etiology can be found at the base of this lesion?
3. How would you manage this patient?

Answer

1. Cutaneous horn.
2. The etiology consists of:
 - actinic keratosis,
 - squamous cell carcinoma,
 - verruca vulgaris, or
 - seborrheic keratosis.
3. An incisional or excisional biopsy is warranted (including the base).

Provided by: Dr. Benjamin Barankin

VASOTEC
(enalapril maleate tablets, Merck Frosst Std.)

VASERETIC
(enalapril maleate and hydrochlorothiazide tablets, Merck Frosst Std.)

®VASOTEC® and ®VASERETIC® are Registered Trademarks of Merck & Co., Inc. Used under license.

CASE 9: TRACEY'S TOOTH DECAY



Nursing bottle syndrome results from prolonged exposure to sucrose-rich liquids, especially during sleep.

Tracey, four, presents with tooth decay that primarily affects her upper central teeth.

Questions

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

Answers

1. Nursing bottle syndrome.
2. Nursing bottle syndrome results from prolonged exposure to sucrose-rich liquids, especially during sleep. The mandibular teeth are usually spared by the protective position of the tongue during nursing and by secretions from the submandibular gland.
3. Untreated, the dental caries might lead to:
 - pulpitis,
 - dental abscess and
 - destruction of the tooth.A referral to a pediatric dentist is recommended for oral rehabilitation.

Provided by: Dr. Alexander K. C. Leung; and
Dr. W. Lane M. Robson

Cont'd on page 66 →

CASE 10: IVAN'S ITCH




Ivan, 40, presents with lichenified dorsal hands over the past few years. He has a history of childhood eczema and asthma. His hands are pruritic and he worries that it might be something he is eating.

Questions

1. What is the diagnosis?
2. Is Ivan's diet part of the problem?
3. How would you manage this patient?

Answers

1. Hand dermatitis as part of atopic dermatitis.
2. Unlikely. However, if Ivan notices that certain foods seem to make his hands worse, then it is reasonable to avoid those foods, as long as it does not result in any dietary deficiencies.
3. Discuss the regular use of cream and ointment moisturizers (not lotions!), minimize the use of soaps (preferably use cleansers), wear gloves during wet work and use potent topical steroids. 

Provided by: Dr. Benjamin Barankin

It is unlikely that diet plays a role in this problem. However, if the patient notices that certain foods seem to make his hands worse, then it is reasonable to avoid those foods, as long as it does not result in any dietary deficiencies.