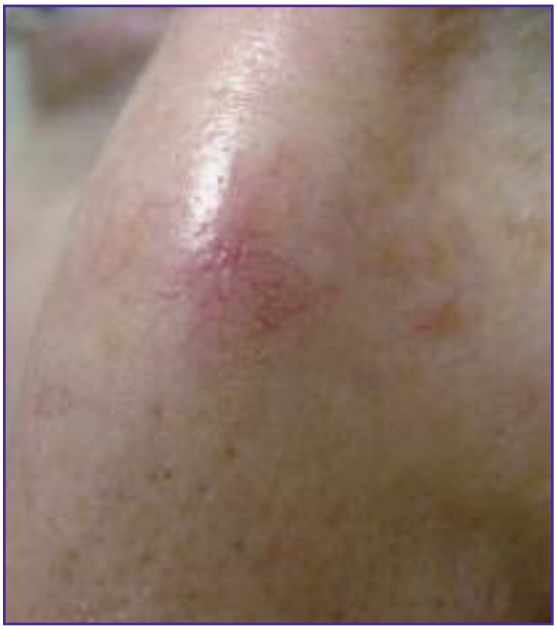
Illustrated quizzes on problems seen in everyday practice

Case 1: Leilani's Lesion



Leilani, 22, presents with a three-year history of a telangiectatic lesion on her nose. She has a similar lesion on her cheek. She takes OC pills and multivitamins.

Questions

1. What is the diagnosis?
2. Which individuals are most commonly affected by this condition?
3. How would you manage this lesion?

Answers

1. Spider angioma. This is a benign acquired vascular lesion.
2. Though there is no known reason, young children and pregnant women are those most commonly affected.
3. This lesion could be removed by laser or electrosurgery, purely for cosmetic purposes.

Provided by: Dr. Benjamin Barankin

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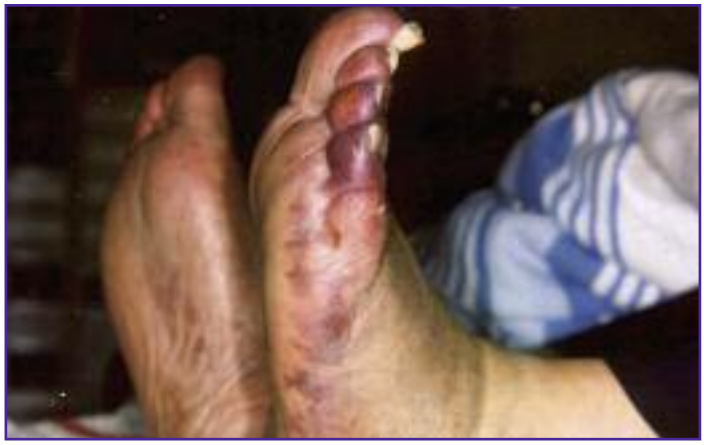
Case 2: Bertha's Blue Toes



Bertha, 74, receives hemodialysis treatment. She presents complaining about pains in her feet. The pain started one week after she began anticoagulation treatment with warfarin.

Questions

1. What does the initial exam show?
2. What is the diagnosis?
3. What are the treatment options?

Answers

1. One sees the appearance of a bilateral blue toe syndrome, most prominent on the left foot and particularly on the fourth left toe.
2. This condition is caused by cholesterol crystal embolisms coming mainly from ulcerated atherosclerotic plaques in the aorta and iliac artery.

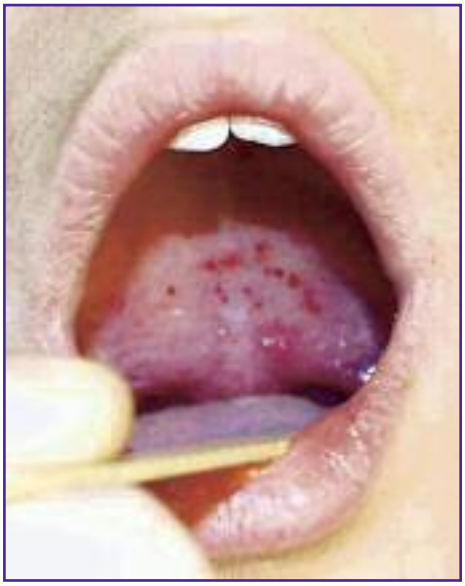
   The introduction of anticoagulation therapy likely caused the atherosclerotic plaques to hemorrhage, releasing cholesterol crystals into the smaller arteries. This resulted in partial or total occlusion leading to tissue ischemia.
3. Therapeutic intervention is necessary to treat the pain and to prevent further atherosclerotic disease.

   Endarterectomy and vascular bypass surgery may be necessary, depending on angiographic findings.

   In this case, Bertha received optimal medical treatment and then underwent an endarterectomy of the left iliac artery. Six months later, Bertha died after experiencing an embolic episode, which only confirms the poor prognosis associated with this disease.

Provided by: Dr. Michel Vallée

Case 3: Theodore's Throat



Theodore, 17, presents with a high fever, very sore throat and enlarged, tender lymph nodes over his neck. Upon examination of the oral cavity and the pharynx, shallow ulcers with red margins on the hard and soft palates are seen. Streptococcus is not present.

Questions

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

Answers

1. Acute herpetic pharyngitis.
2. An examination of the oral cavity and pharynx show characteristic painful, shallow ulcers with red margins or vesicles on the hard and soft palates, posterior pharynx and tonsillar pillars. Exudates may be present on the lesions. These lesions can be present on the tongue, gingiva, lips, or buccal mucosa with an associated gingivostomatitis.

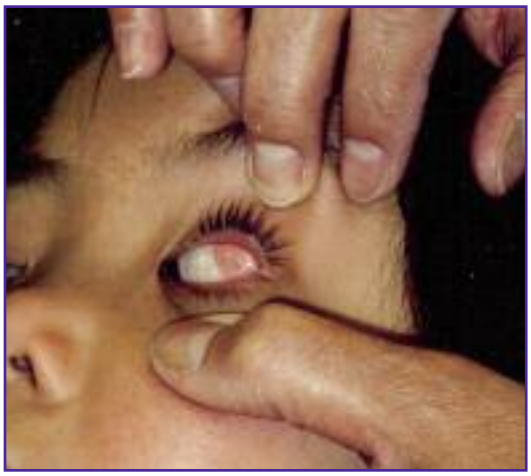
   In one-third of cases, lesions on the tongue, gingiva, or buccal mucosa may appear a few days, weeks or even longer after the initial infection.

   Fever and tender cervical lymphadenopathy are common. Fever may reach temperatures of up to 106°F/41°C in children less than five-years-of-age.

   Clinically, differentiating acute herpetic pharyngitis from bacterial pharyngitis can be difficult as they have very similar clinical symptoms.

Provided by: Dr. Jerzy Pawlak

Case 4: Emilia's Eye



The mass is asymptomatic and best seen when the patient looks down and to the midline.

Emilia, five-years-old, presents with a mass in the lateral aspect of her left eye. The mass is asymptomatic. Her vision is normal.

Questions

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

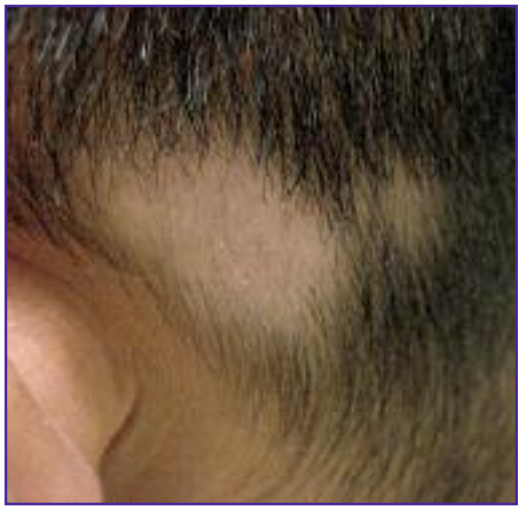
Answers

1. Conjunctival dermolipoma.
2. A conjunctival dermolipoma is a congenital lesion that is often present at birth, but might not be noticeable until late childhood. The mass is asymptomatic and best seen when the patient looks down and to the midline. The mass is lined by conjunctival epithelium and the subepithelial tissue contains collagenous connective tissue and adipose tissue.
3. The lesion is benign and no treatment is usually required. Excision should be considered for large symptomatic lesions and for cosmetic purposes.

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

Case 5: Sovann's Scalp

Sovann, a 24-year-old Asian male, presents with asymptomatic alopecia on his occipital scalp. He had a similar problem several years ago on his beard area.



Questions

1. What is the diagnosis?
2. What is a characteristic clinical finding?
3. How would you manage this condition?

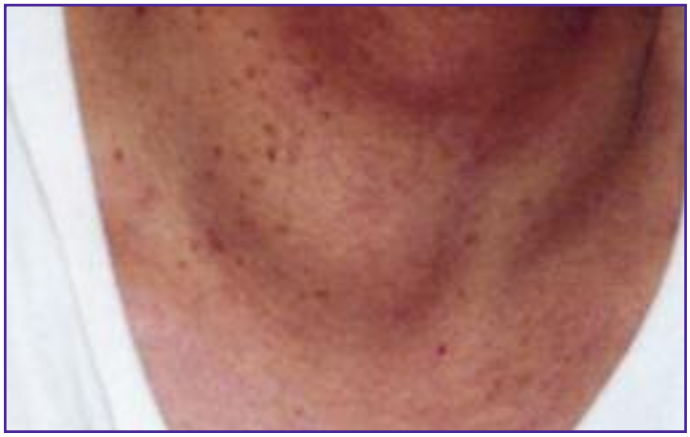
Answers

1. Alopecia areata. This is a recurring non-scarring form of alopecia that can affect any hair-bearing area, but typically affects the scalp and beard area.
2. A characteristic clinical finding is a round area of non-scarring alopecia with no erythema or scale and with exclamation hairs at the periphery.
3. Potent topical steroids or intralesional steroids are commonly employed. Topical calcineurin inhibitors can also be of benefit, especially on the face. Occasionally topical diphencyclopropenone therapy is employed by dermatologists and, less commonly, systemic therapy with oral steroids or cyclosporine.

Potent topical steroids or intralesional steroids are commonly employed to help manage this condition.

Provided by: Dr. Benjamin Barankin

Case 6: Luther's Lump



Luther, 58, noticed the sudden appearance of a painless lump in his neck. An ultrasound showed multiple nodules and cysts in the thyroid gland, especially within the right lobe. A fine needle aspiration revealed chocolate-coloured viscous fluid. Luther is euthyroid.

Questions

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

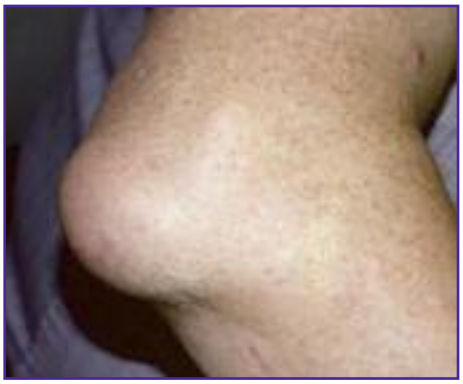
Answers

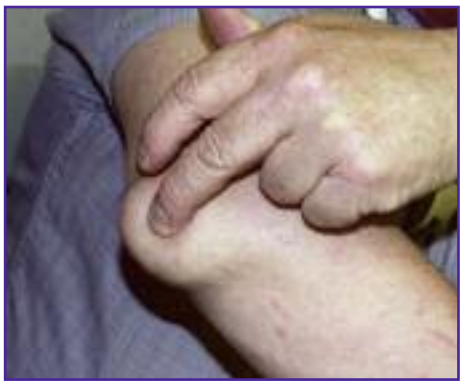
1. Multinodular goitre complicated by hemorrhage.
2. Multinodular goitre is more common in females than in males and the prevalence increases with age. Mild abnormalities in thyroid hormone synthesis are thought to lead to chronic low-grade thyroid-stimulating hormone, which causes episodic growth of cells in the thyroid follicles with the formation of multiple nodules. Not all nodules are palpable because many nodules are buried deeply in the thyroid tissue or reside in posterior or substernal locations.

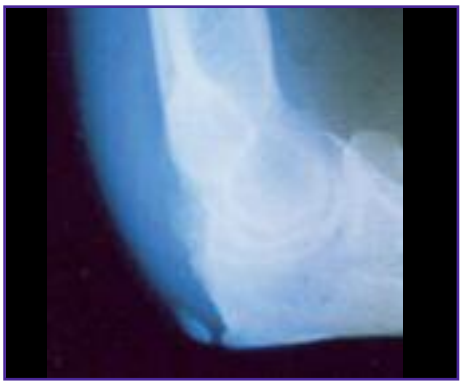
   A sudden enlargement is usually caused by hemorrhage into a nodule, which can be painful. A multinodular goitre is associated with a low-risk of malignancy (approximately 0.5%).
3. Most nontoxic multinodular goiters can be managed conservatively. Surgery should be considered if the increase in size is associated with discomfort or tracheal compression.

Provided by: Dr. Alexander K. C. Leung; Dr. W. Lane M. Robson; and Dr. Justine H. S. Fong

Case 7: Elvin's Elbow







Elvin, 54, injured his right elbow, which is swollen and painful. An x-ray of the right elbow was taken.

Questions

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

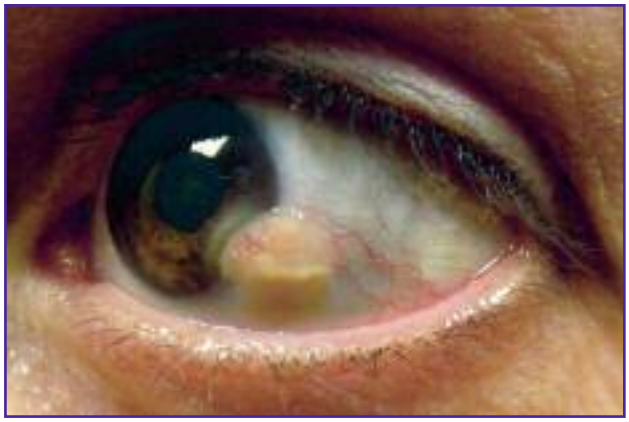
Answers

1. There is a small spur off the olecranon which appears to have been previously fractured. There is overlying soft tissue swelling suggesting an olecranon bursitis.
2. Aspiration of elbow joint and local steroid injection may speed resolution. Oral anti-inflammatory medicine may be used to help with the pain. Excision of the bursa is avoided as healing of the overlying skin may be slow.

Provided by: Dr. Jerzy Pawlak

Aspiration of elbow joint and local steroid injection may speed resolution.

Case 8: Iris' Irritation



Iris, 31, presents because of irritation to her left eye and mildly altered visual acuity. She has had a lesion to her left eye for the last 10 years, but she has dismissed it as she was told it was only a pterygium.

Questions

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

Answers

1. Limbal dermoid.
2. Limbal dermoids are benign congenital tumours that are generally seen as circumscribed, oval mass lesions which appear most frequently at the inferior temporal quadrant of the corneal limbus. They arise from the bulbar conjunctiva and virtually always protrude across the limbus onto the cornea.

   These lesions are present at birth but may not be recognized until the first or second decade of life.

   Limbal dermoids are formed by choristomatous tissue (tissue with cells atypical to the organ in which they are found). They may contain connective tissue, sweat glands, hair, skin, muscle, fat, teeth, cartilage, vascular structures, bone and sometimes brain tissue. The malignant degeneration is extremely rare.

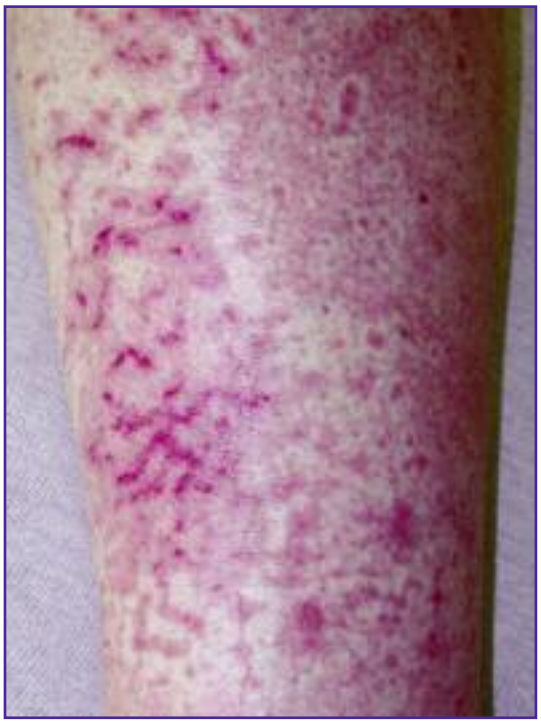
   In 30% of cases, these lesions can be associated to abnormalities, such as Goldenhar syndrome (a craniofacial abnormality), neurofibromatosis and colobomata.

   Sometimes the encroachment of the lesion into the visual axis can produce visual morbidity, development of astigmatism, or obstruction of the visual axis due to lipid infiltration of the cornea.
3. Small, asymptomatic lesions can simply be left alone. Irritating cilia is treated with periodic removal. Mild irritation or foreign body sensation can be managed with topical lubrication or even a short course of topical corticosteroids.

   Surgical treatment may be necessary for cosmetic reasons or if the mass growth results in astigmatism and visual impairment.

Provided by: Dr. Juan Antonio Garcia-Rodriuez

Case 9: Craig's Cracked Skin



Craig, 50, presents with erythematous, cracked-looking skin on his legs.

Questions

1. What is the diagnosis?
2. How does it typically present?
3. What is the treatment?

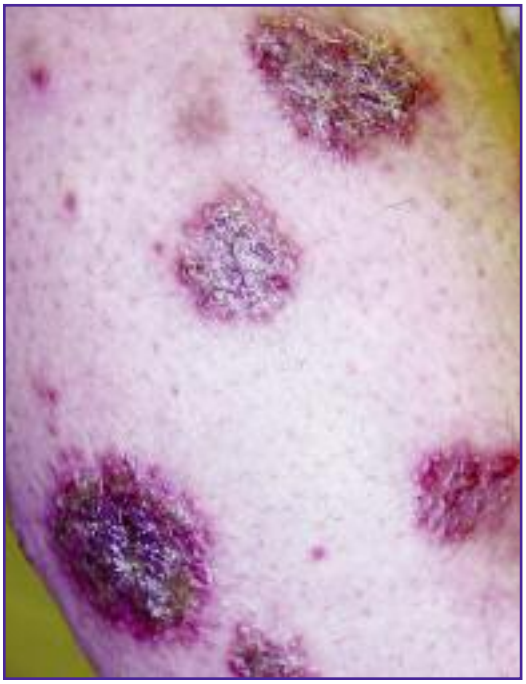
Answers

1. Eczema craquele or asteatotic dermatitis.
2. It typically presents on the shins of elderly patients as pruritic, dry and cracked skin with irregular scaling.
3. Topical steroids of mild-to-moderate potency are the treatment of choice. Patients should be advised to moisturize with thick creams or ointments, to have a humidifier at home and to avoid the use of harsh cleansers or soaps on the affected areas.

Provided by: Dr. Benjamin Barankin

This condition typically presents on the shins of elderly patients as pruritic, dry and cracked skin with irregular scaling.

Case 10: Elaina's Eczema



Elaina, 28, presents with round, excoriated areas of eczema on her arms and legs, covered in yellow-brown crusts.

Questions

1. What is the diagnosis?
2. What are the concerns with this condition?
3. How would you manage this condition?

Answers

1. Impetigo of nummular eczema.
2. Impetigo can be non-bullous (70%) or bullous.
3. Topical antibiotics are useful in localized cases, although in this case, systemic antibiotics (*e.g.,* cephalexin, cloxacillin) would be beneficial. Topical steroids to manage the underlying eczema should be instituted a few days after starting antibiotic therapy. Dx

Provided by: Dr. Benjamin Barankin

This condition can be non-bullous (70%) or bullous.