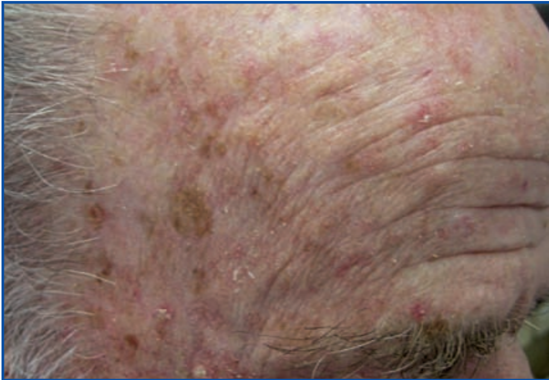
Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

Case 1: Seth's Scaly Papules



Seth, 83, presents with rough, red, scaly papules on his:

- forearms,
- dorsal hands and
- temples.

Questions

1. What is the diagnosis?
2. What are the risk factors for developing these lesions?
3. What topical therapies might you consider?

Answers

1. Actinic keratoses.
2. Chronic sun exposure in fair-skinned individuals.
3. Possible treatment options include:
   - imiquimod,
   - 5-fluorouracil and
   - diclofenac.

Provided by: Dr. Benjamin Barankin

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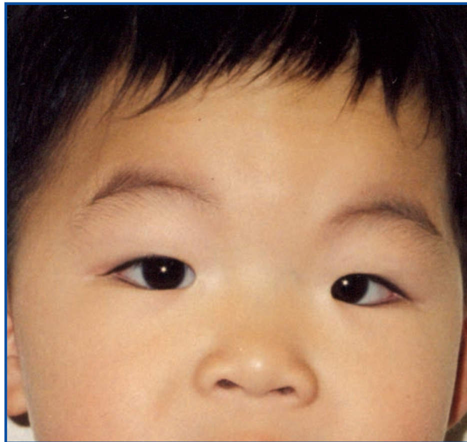
Case 2: Cory's Crossed Eyes



Four-year-old Cory's mother is concerned because Cory's eyes turn in towards his nose. With the Hirschberg corneal light reflex test, the light reflex is well centered in each eye.

Questions

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

Answers

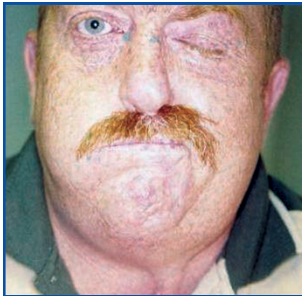
1. Pseudostrabismus (pseudoesotropia).
2. Pseudostrabismus is characterized by the false appearance of strabismus when the visual axes are aligned accurately. The appearance may result from:
   - a flat, broad nasal bridge,
   - prominent epicanthal folds, or
   - a narrow interpupillary distance.

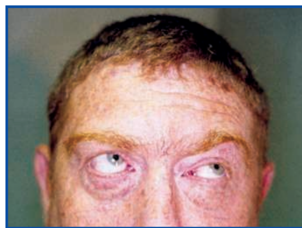
   The condition is more common in Asian children. Pseudostrabismus can be differentiated from strabismus in that the corneal light reflex is centered in both eyes and the cover-uncover test shows no refixation movement.
3. No treatment is necessary. As the child grows, the bridge of the nose becomes more developed and prominent and displaces the epicanthal folds and the medial sclera becomes proportional to the amount seen on the lateral aspect.

Pseudostrabismus can be differentiated from strabismus in that the corneal light reflex is centered in both eyes and the cover-uncover test shows no refixation movement.

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

Case 3: Dan's Diagnosis





Dan, 65, was diagnosed as having right Bell's Palsy.

Questions

1. What are the characteristic indications of Bell's Palsy?
2. Is it upper or lower motor lesion?

Answers

1. Characteristic indications of Bell's Palsy on the affected side include:
   - marked facial asymmetry,
   - eyebrow droop,
   - atrophy of facial muscles,
   - drooping of the corner of the mouth,
   - smoothing out of forehead and nasolabial folds,
   - uncontrolled tearing,
   - lips cannot be held tightly together or pursed,
   - inability to close eyes and
   - difficulty keeping food in the mouth while chewing on the affected side.
2. A lower-motor lesion of central nerve VII which occurs at or beyond the stylomastoid foramen.

This is a case of lower-motor lesion of central nerve VII.

Provided by: Dr. Jerzy Pawlak; and Dr. T. J. Kroczak

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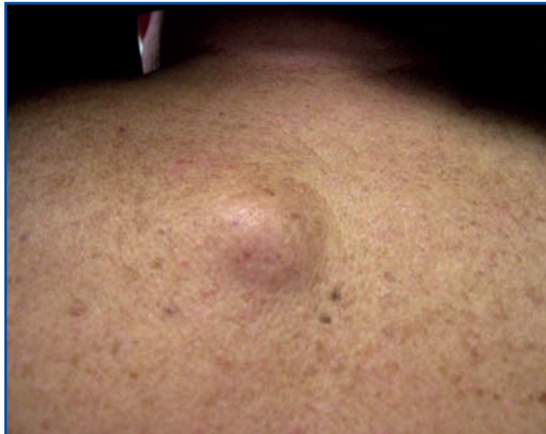
Case 4: Norman's Nodule



Norman, 52, is concerned about a slowly-enlarging nodule, which has been present for many years, with no surface change, on his upper back. He has a family history of breast and lung cancer.

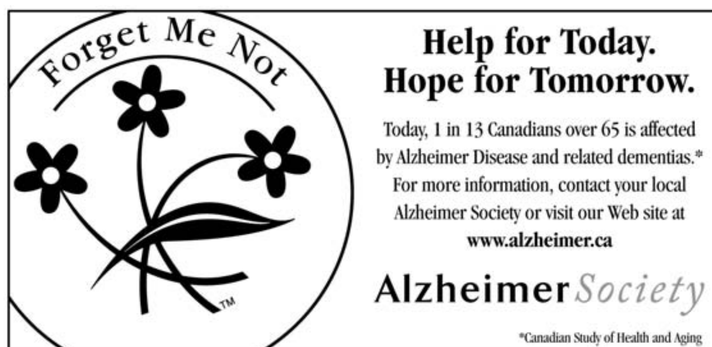
Questions

1. What is the diagnosis?
2. What feature may help you with the diagnosis?
3. How would you manage this lesion?

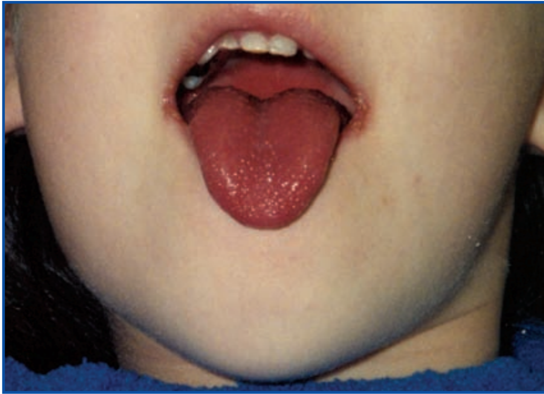
Answers

1. Epidermoid cyst.
2. A small black punctum.
3. Reassurance as to benign nature. The lesion can be excised for definite care, or intralesional steroids can be tried to shrink, or in some cases, resolve the cyst.

Provided by: Dr. Benjamin Barankin



Case 5: Bianca's Bumpy Tongue



A strawberry tongue is often caused by group A ß-hemolytic streptococcal pharyngitis.

Bianca, five, presents with a sore throat and a temperature of 103 F. The tonsillar lymph nodes measure 1.5 cm in diameter and are tender. The tongue looks bumpy.

Questions

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

Answers

1. Strawberry tongue.
2. A strawberry tongue is often caused by group A ß-hemolytic streptococcal pharyngitis, which leads to hypertrophy of the reddened papillae. Group A ß-hemolytic streptococcal pharyngitis may lead to local suppurative complications and the subsequent development of acute glomerulonephritis and rheumatic fever.
3. A throat swab for culture is essential to get the diagnosis confirmed. Once the diagnosis is confirmed, the child should be treated with an appropriate antibiotic.

Provided by: Dr. Alexander K. C. Leung; and
Dr. Justine H. Fong

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Case 6: Becca's Back Pain

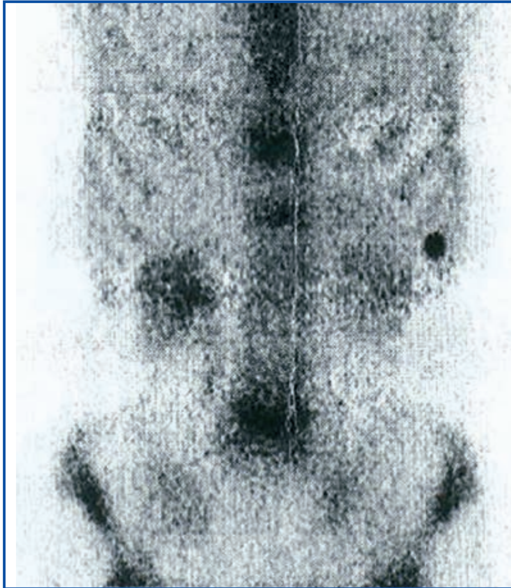


Figure 1. Anteroposterior view.

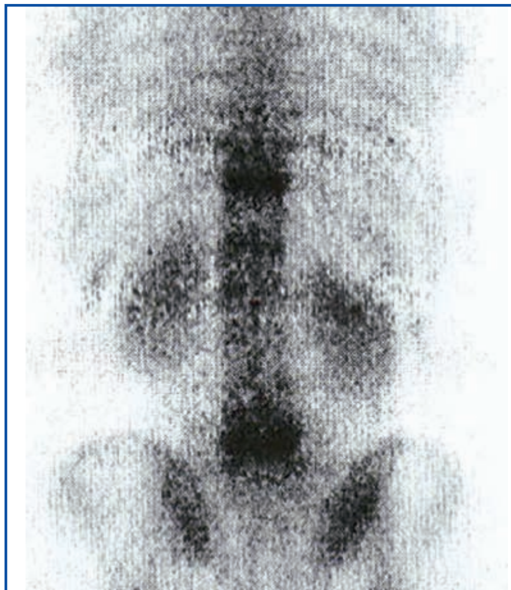


Figure 2. Lateral view.

Becca, 42, presents with a history of recent, severe back pain.

Questions

1. What does the bone scan show?
2. What is the diagnosis?

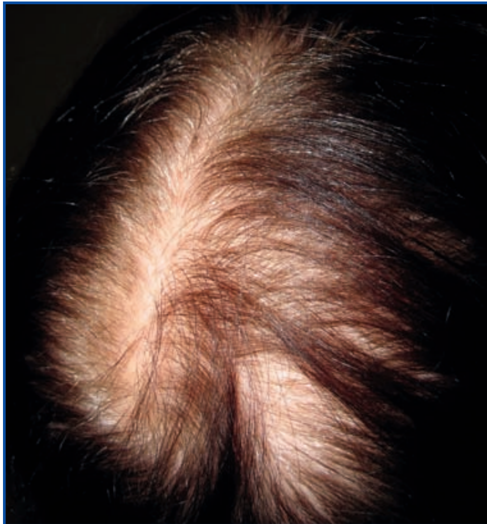
Answers

1. There are findings consistent with recent compression fractures in the lower thoracic and lower lumbar spine. The uptake in the upper lumbar spine is sufficiently faint that one would think this was more remote in time.
2. Becca was diagnosed as having breast cancer with bone metastases.

Provided by: Dr. Jerzy Pawlak

There are findings consistent with recent compression fractures in the lower thoracic and lower lumbar spine.

Case 7: Thelma's Thinning Scalp



Thelma, 48, presents with diffuse areas of thinning of the scalp for the past few months. There is no preceding stress or illness. She has not had blood tests in over five years.

Questions

1. What is the diagnosis?
2. What blood tests might be beneficial?
3. How might you treat this condition?

Answers

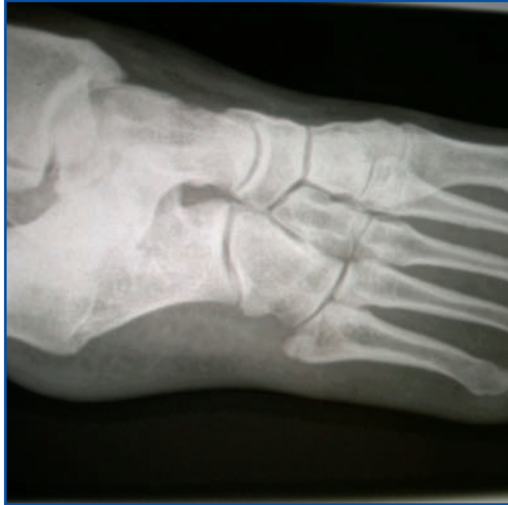
1. Androgenetic alopecia.
2. Blood tests to consider include:
   - complete blood count,
   - thyroid stimulating hormone and
   - ferritin.

   Work-up for polycystic ovarian syndrome if clinically suspected.
3. Topical minoxidil 5% should be considered. Other options include:
   - anti-androgenic oral contraceptives, or
   - spironolactone.

Provided by: Dr. Benjamin Barankin

Blood tests to consider include complete blood count, thyroid stimulating hormone and ferritin.

Case 8: Peggy's Pain



Peggy, 30, is an ice hockey goalie who presents with pain and swelling in her left mid-foot after another player fell on her outstretched foot. Since the incident, she is not able to bear weight on that foot.

Questions

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

Answers

1. Undisplaced, intra-articular fracture of the base of the fifth metatarsal bone.
2. Fracture of the base of the fifth metatarsal bone is frequently complicated by non-union and malunion.
3. The patient needs to be in a non-weight-bearing cast for at least six weeks. Surgical intervention is indicated if there is a major displacement.

Fracture of the base of the fifth metatarsal bone is frequently complicated by non-union and malunion.

Provided by: Dr. Alex H. C. Wong; Dr. Stefani Barg; and Dr. Alexander K. C. Leung

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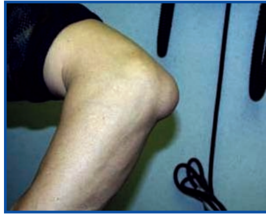
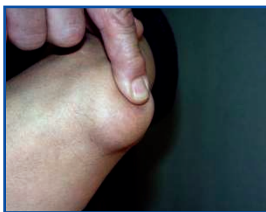
Case 9: Elton's Elbow





Olecranon bursitis may be infective or traumatic in origin.

Elton, 45, presents with soft, painless swelling over his left elbow.

Questions

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

Answers

1. Olecranon bursitis. Inflammatory swelling of the bursa over the olecranon. It may be infective or traumatic in origin.
2. If infected then antibiotics and surgical drainage can be performed and/or if traumatic then drainage and local a steroid injection can be used to speed the resolution. Excision of the bursa is avoided.

Provided by: Dr. Jerzy Pawlak

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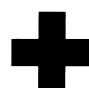

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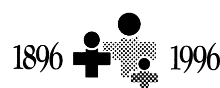
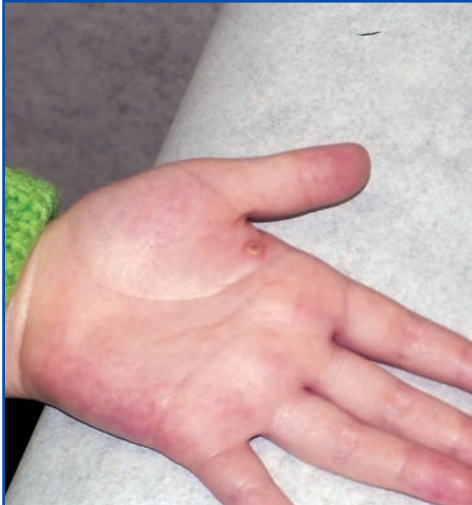


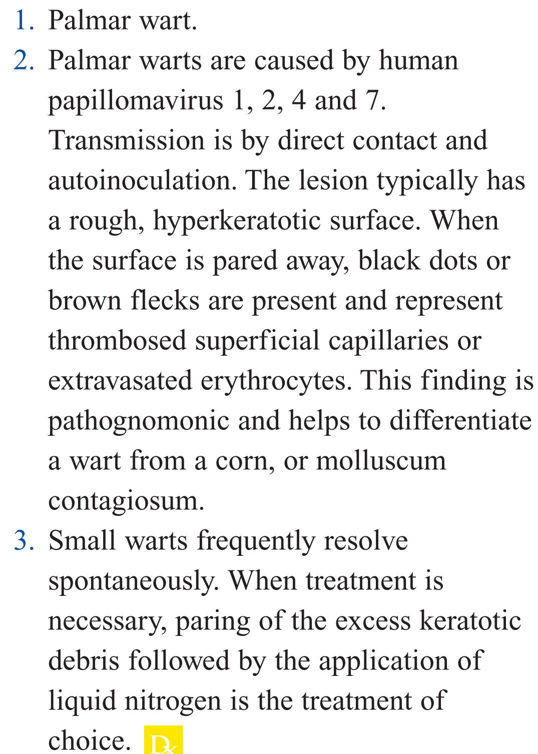
Case 10: Leonora's Lesion



Leonora, 10, presents with a hyperkeratotic lesion that has been present for seven months, on her left palm. The top of the lesion has been pared with a scalpel in preparation for treatment.

Questions

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



Answers

1. Palmar wart.
2. Palmar warts are caused by human papillomavirus 1, 2, 4 and 7. Transmission is by direct contact and autoinoculation. The lesion typically has a rough, hyperkeratotic surface. When the surface is pared away, black dots or brown flecks are present and represent thrombosed superficial capillaries or extravasated erythrocytes. This finding is pathognomonic and helps to differentiate a wart from a corn, or molluscum contagiosum.
3. Small warts frequently resolve spontaneously. When treatment is necessary, paring of the excess keratotic debris followed by the application of liquid nitrogen is the treatment of choice. Dx

Transmission of a palmar wart is by direct contact and autoinoculation. The lesion typically has a rough, hyperkeratotic surface.

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