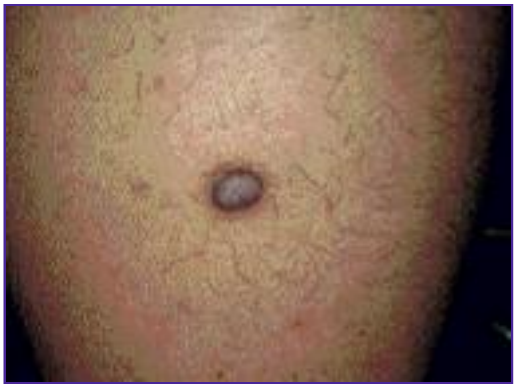
Illustrated quizzes on problems seen in everyday practice

Case 1: Patrick's Papule



Patrick, 28, presents with a dark, indurated papule on his calf which has been present for many months. It is asymptomatic, but he is worried that it might be melanoma.

Questions

1. What is the diagnosis?
2. Where are these lesions most commonly found?
3. How would you manage this condition?

Answers

1. Dermatofibroma.
2. Legs.
3. Reassurance of benign nature.
   Other options include:
   - cryotherapy,
   - excision, or less commonly
   - intralesional steroids.

Provided by: Dr. Benjamin Barankin

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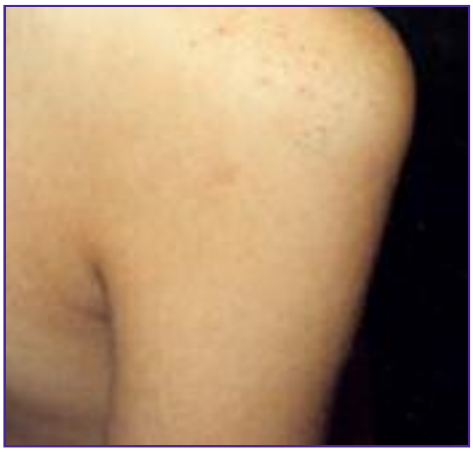
Case 2: Bobby's Blemishes



Bobby, 13, presents with clusters of follicular papules on his left shoulder.

Questions

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

Answers

1. Lichen spinulosis.
2. Lichen spinulosis is characterized by papules that develop at the openings of hair follicles. The papules are:
   - skin-coloured,
   - keratotic and
   - appear in groups.

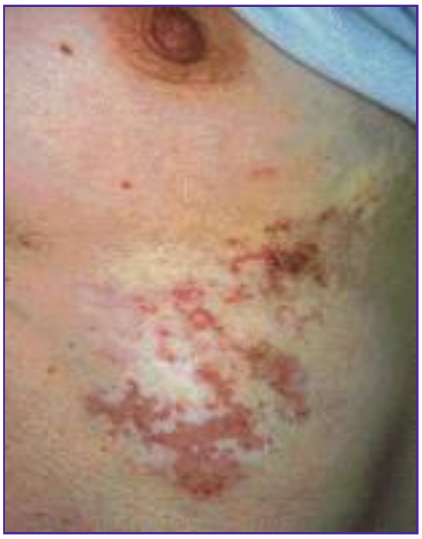
   Each papule has a keratotic spine. The most commonly involved sites include:
   - the neck,
   - shoulders,
   - popliteal fossae and
   - the extensor surfaces of the arms and buttocks.

   The etiology is not known, but hereditary and atopy might play a role.
3. Keratolytics, such as the following, are often helpful:
   - salicylic acid,
   - lactic acid,
   - retinoic acid and
   - urea-containing lubricants.

This disorder is characterized by papules that develop at the opening of hair follicles.

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

Case 3: May's Malformation



May, 47, presents with a venous malformation on the right, lower part of her chest. She wants her malformation to be surgically excised.

Questions

1. Do you think that excision is the right decision?
2. Do you know of different treatment options?

Answers

1. Surgical excision should only be considered for superficial small lesions. Attempts to excise large venous malformations usually cause significant morbidity and can also cause significant scar formation. Therefore, surgical excision should be used for lesions that do not involve significant muscle groups or bones and should only be performed by an experienced surgeon. On the other hand, despite successful removal in many cases, most lesions recur after surgery.
2. Other treatment options include sclerotherapy and radiofrequency ablation.

   Sclerotherapy is generally considered less invasive and a more effective treatment modality. Most patients (approximately 60% to 80%) benefit from sclerotherapy.

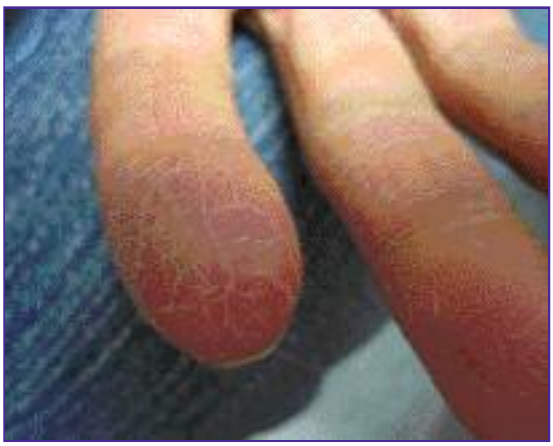
   Radiofrequency ablation is commonly used for cancers of the:

   - liver,
   - kidneys,
   - lungs and
   - bones.

   However, radiofrequency ablation may also be a therapeutic option for patients who are not good surgical or sclerotherapy candidates, or for patients with failed sclerotherapy and/or surgery.

Provided by: Dr. Jerzy Pawlak

Case 4: Fiona's Fissure



Fiona, 28, is a new mother who reports developing fissures on the fingers of her dominant hand. She has no history of atopy and is concerned that she might have something she could pass on to her baby.

Questions

1. What is the diagnosis?
2. Why is Fiona at risk for this condition?
3. What would you advise?

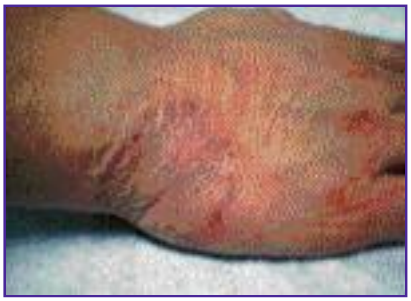
Answers

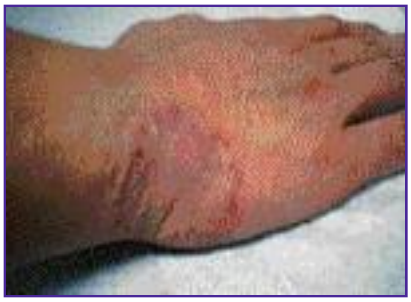
1. Irritant hand dermatitis.
2. "New mother hand dermatitis" is common as hand washing increases significantly with a newborn.
3. Barrier creams and gloves should be employed, as well as mild soaps or cleansers.

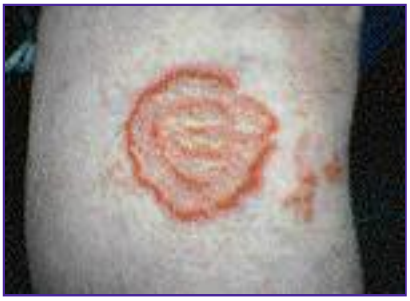
Provided by: Dr. Benjamin Barankin

This condition is common as hand washing increases significantly with a newborn.

Case 5: Leland's Lesions







Leland, 16, lives on farm with parents. He does a lot of physical labour without wearing gloves around the farm (such as dealing with grain and animals). Leland presents with two enlarging circular/annular lesions, one on his right hand and the other on his forearm. The lesions are slightly itchy, but otherwise are not bothersome. Leland has no systemic symptoms.

Questions

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

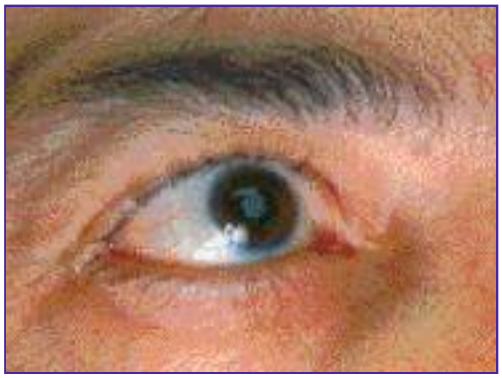
Answers

1. Ringworm, also known as Tinea, is a fungal infection of the skin. Contrary to its name, ringworm is not caused by a worm. A number of different species of fungi cause ringworm, including *Trichophyton* and *Microsporum* (which are the most common dermatophytes for this condition).

   Ringworm is very common and may be spread by skin-to-skin contact, as well as via contact with contaminated items (such as hairbrushes, razors, *etc.*) and/or with domesticated infected animals (*i.e.*, cattle, cats and/or dogs). Ringworm spreads readily, as those infected are contagious even before they show symptoms of the disease.
2. Ciclopirox topical solution or topical ketoconazole should be applied to the lesion twice daily, until it has healed. It may take four weeks to six weeks before clinical resolution is seen. If topical treatment is ineffective, oral antifungals can be considered.

Provided by: Dr. Katherine J. M. Abel

Case 6: Earl's Eyes



Earl, 62, is a diabetic who presents with vision problems.

Questions

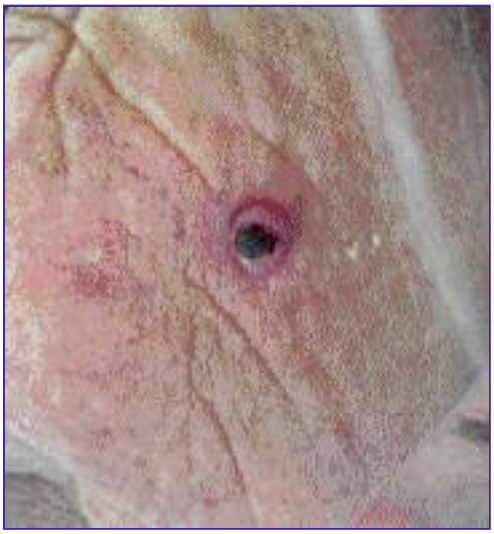
1. What ocular abnormality is shown?
2. Would you expect this patient's visual acuity to improve on pinhole testing?

Answers

1. Absent red reflex: mature cataract.
2. No. Earl requires cataract surgery.

Provided by: Dr. Jerzy Pawlak

Case 7: Nadina's Nodule



Nadina, 56, has developed a rapidly-growing nodule on her cheek. She has no history of skin problems or skin cancer.

Questions

1. What is the diagnosis?
2. How quickly do these lesions develop?
3. How would you manage this lesion?

Answers

1. Keratoacanthoma.
2. Unlike basal or squamous cell carcinomas, these lesions develop quickly, typically over a few weeks time.
3. An incisional or excisional biopsy is warranted.

Provided by: Dr. Benjamin Barankin

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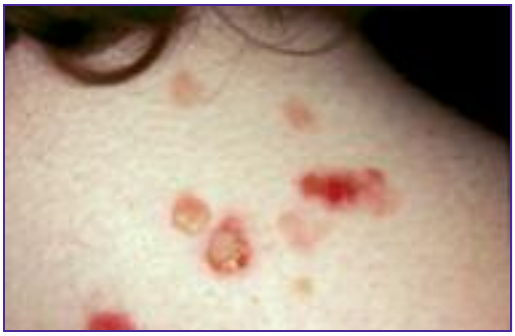
Case 8: Bernadette's Blisters



Bernadette, 29, presents with blisters on her trunk and painful oral ulcers. Nikolsky's sign was positive. A skin biopsy showed deposits of IgG on the surface of keratinocytes.

Questions

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

Answers

1. Pemphigus vulgaris.
2. Pemphigus vulgaris is an autoimmune blistering skin disease that develops due to a loss of cohesion between epidermal cells. The condition typically presents with oral ulcers and large flaccid bullae on either normal-looking or erythematous skin. Early lesions might be pruritic. The bullae eventually rupture and leave denuded areas which are quite painful. The lesions usually heal without scarring, but post-inflammatory hyperpigmentation is common.
3. Pemphigus vulgaris is treated with an oral corticosteroid or other immunosuppressant therapies.

The lesions usually heal without scarring, but post-inflammatory hyperpigmentation is common.

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

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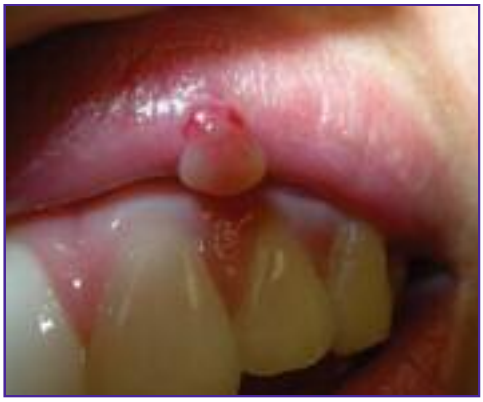
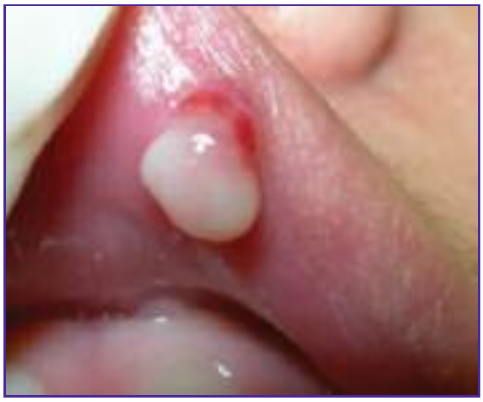
Case 9: Monica's Mass





These lesions often present as rapidly-growing, friable papules or polyps which frequently ulcerate and bleed.

Monica, 30, presents with a mass on her upper lip. She recently gave birth to a baby. The lesion emerged several weeks ago as an extremely small papule. Monica was picking at it and, within weeks, it grew to its present size. It has bled on several occasions.

Questions

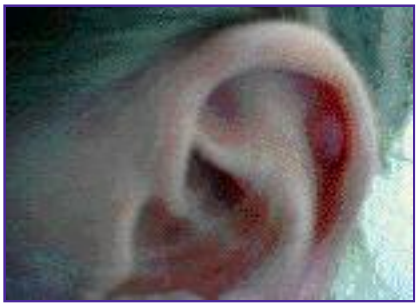
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

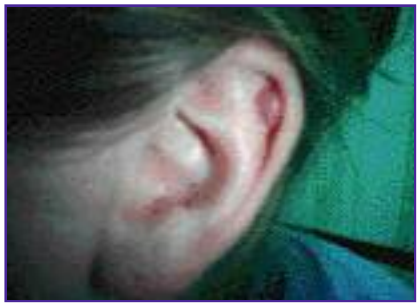
Answers

1. Pyogenic granuloma.
2. A pyogenic granuloma often presents as a rapidly-growing, friable papule or polyp which frequently ulcerates and bleeds. Trauma and hormonal factors are possible etiologic factors. The term pyogenic granuloma is a misnomer as there is no evidence to implicate any infectious agent. Pyogenic granuloma often occurs during the second or the third trimester of pregnancy (granuloma gravidarum). The most common locations of granuloma gravidarum are the gingiva and the oral mucosa.
3. Surgical excision followed by electrodessication.

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

Case 10: Emily's Ear





Emily, 21, presents one month after getting a piercing in the helical part of the pinna of her left ear. The piercing was non-tender, without erythema and was slightly itchy. Emily removed the piercing and came in for assessment.

Questions

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

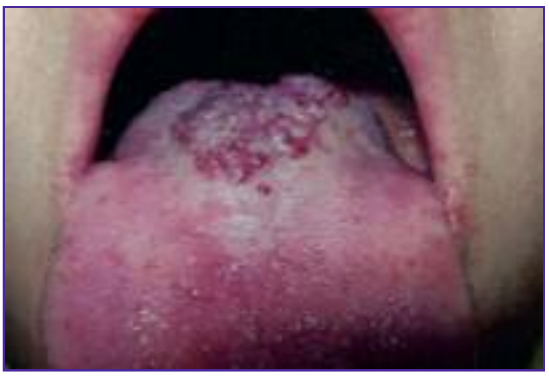
Answers

1. Keloid scarring from piercing. Keloids are overgrowths of scar tissue that follow skin injuries. Keloids may appear after such minor trauma as ear piercing (or tongue piercing, surgical biopsies, *etc*). The exact pathogenesis of keloid formation is largely unknown, although a familial tendency is well documented. Individuals > 11-years-of-age are more prone, especially in the ear region. Dark-skinned individuals tend to form keloids more readily than lighter-skinned individuals.
2. Reassure Emily. If the keloid becomes bothersome, the patient can be referred for surgical excision, or receive a steroid injection to reduce the size.

The exact pathogenesis of formation is largely unknown, although a familial tendency is well documented.

Provided by: Dr. Katherine J. M. Abel

Case 11: Trudy's Tongue



Trudy, 11, presents with a red, purple mass at the back of her tongue. She also has a purplish vascular lesion involving the upper lip, lower lip and chin.

Questions

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

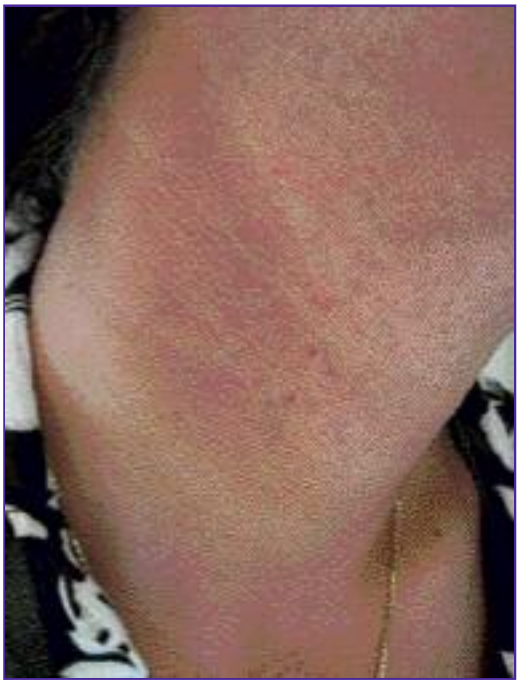
Answers

1. Cavernous hemangioma.
2. Cavernous hemangiomas are benign vascular lesions and may represent localized proliferation of endothelial cells and supporting stroma, leading to enlarged vascular channels. They are often purplish in colour and soft in consistency. Potential complications include:
   - hemorrhage,
   - infection,
   - ulceration and
   - trapping of platelets (if the hemangioma is large enough).
3. A strategy of carefully watching should be followed in most cases. Indications for active intervention include:
   - an alarming growth rate,
   - threatening ulcerations,
   - interference with vital structures,
   - severe bleeding,
   - congestive heart failure and
   - life-threatening thrombocytopenia.

   If treatment becomes necessary, a course of 2 mg/kg of prednisone q.d. for two weeks, 1 mg/kg q.d. for another two weeks and 0.5 mg/kg q.d. for a final two weeks, is effective in 30% to 90% of patients. Other modes of treatment include subcutaneous interferon α-2a and surgical ablation.

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

Case 12: Raquel's Rash



Raquel, 52, presents with a concern regarding a rash on her lateral neck. There is no rash on her anterior neck. Raquel is worried that she might have lupus.

Questions

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

Answers

1. Poikiloderma of Civatte. This is the pigmentary change of red and brown skin with telangiectases due to sun damage.
2. Chronic sun exposure.
3. Sun protection education. Laser or intense-pulsed light can be beneficial to even out the skin/pigmentation. Dx

Provided by: Dr. Benjamin Barankin

This condition is the pigmentary change of red and brown skin with telangiectases due to sun damage.