



Illustrated quizzes on problems seen in everyday practice

CASE 1: SEYMOUR'S SCALES



Seymour is a 35-year-old obese male who presents with a two month history of increasing scaling and itching on his shin. There are no systemic symptoms. Aside from a history of sarcoidosis, nothing else is noted as significant. (He does not have diabetes hypertension, thyroid disease, etc.)

Questions

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

Answers

1. Inflamed eczema.
2. Treatment consists of applying a fusidic acid hydrocortisone cream twice a day for two weeks to the affected area. As the erythema improves, switch to hydrocortisone-only creams.

Following this, Seymour's symptoms should subside and the skin should heal without any further intervention.

Provided by: Dr. Katherine J. M. Abel

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CASE 2: MARISSA'S MASS



Persistence of the cervical sinus of His accounts for the presence of this anomaly.

Marissa, seven-years-old, presents with a mass on the left side of her neck. The mass measures 2 mm in diameter and feels hard. It does not move when Marissa swallows.

Questions

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

Answers

1. A branchial cleft cartilaginous remnant.
2. During the sixth embryonic week, the second branchial arch starts to grow caudally and eventually overgrows the third and fourth branchial arches by merging with the epipericardial ridge of the lower neck. As the branchial arches coalesce, the cervical sinus of His, which is formed from the second, third and fourth clefts, is obliterated. Persistence of the cervical sinus of His accounts for the presence of a branchial cleft anomaly. Branchial cleft anomalies can present as a:
 - cyst,
 - sinus,
 - fistula, or
 - cartilaginous remnant.
3. Complete surgical excision is the treatment of choice.

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

CASE 3: BURT'S BUMPS



Burt, 66, presents with asymptomatic red-purple papules measuring 2 mm to 4 mm. The papules, scattered on his trunk, have increased in number progressively over time.

Questions

1. What is your diagnosis?
2. What is the natural history of these lesions?
3. What is the treatment?

Answers

1. Cherry angiomas.
2. These are benign lesions formed by a proliferation of dilated venules. They occur with advancing age and persist.
3. Treatment is mainly cosmetic, although lesions may occasionally be irritated or bleed.

Angiomas can be treated by:

- shave-excision,
- curettage and electrodesiccation,
- cryotherapy, or
- laser.

Provided by: Dr. Benjamin Barankin

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CASE 4: ERIC'S EYE



The most common complication of warfarin therapy is bleeding, which occurs annually in 6% to 39% of recipients.

Eric, 67, presents with a sudden onset of bleeding from his left eye. He has a long history of hypertension and atrial fibrillation (for which he is on medication).

Questions

1. What is the management?
2. Why is there a concern for Eric's warfarin use?

Answers

1. As Eric is on warfarin, immediately examine his international normalized ratio (INR) and prothrombin time. Then, refer to an ophthalmologist.
2. Warfarin is the oral anticoagulant most frequently used to control and prevent thromboembolic disorders. The most common complication of warfarin therapy is bleeding, which occurs annually in 6% to 39% of recipients. If bleeding occurs during warfarin therapy, the physician should immediately consider:
 - the severity of bleeding and
 - the intensity of anticoagulation at the time of the bleeding episode.

Warfarin is monitored by the one stage prothrombin time. Prothrombin times are reported in seconds, as a ratio of the prothrombin time in seconds to the mean normal prothrombin time of the laboratory and as the INR. The INR is the most reliable way to monitor the prothrombin time.

Provided by: Dr. Jerzy Pawlak

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CASE 5: SULLY'S SORES



Sully, 19, presents with itchy circular lesions on his chest. He had a cold sore on his lip one week prior. No other symptoms are present.

Sully has no signs of:

- malaise,
- fever,
- chills,
- other rashes,
- joint aches, *etc.*

Sully has not recently been exposed to long-term prophylactic antibiotics.

Questions

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

Answers

1. The diagnosis is that of atypical erythema multiforme (EM). EM is an acute, self-limiting, inflammatory skin eruption. The rash is made of spots that are red welts, sometimes with purple or blistered areas in the center. It can affect the mouth, eyes and other moist surfaces.

EM is so named because of the multiple forms it appears in; there is a large degree of variety in its clinical presentation. This variation has led to EM being divided into two overlapping subgroups:

- EM minor and
- Stevens Johnson syndrome.

(There is the possibility that the condition is tinea).

2. Treatment of EM begins with the identification and removal of the trigger factor, which is not always possible.

EM minor is typically asymptomatic and therefore, requires no treatment as the lesions will clear by themselves within two to four weeks.

As tinea is a reasonable alternative diagnosis in this case, a trial course of topical antifungals (e.g., ciclopirox) can be tried, with close follow-up.

Provided by: Dr. Katherine J. M. Abel

CASE 6: BROOKE'S BLEMISHES



Brooke, four-months-old, is noted to have a reticular or “fish-net” pattern on her back. The bluish-purple discoloration has persisted since the neonatal period and does not disappear when the skin is warmed.

Questions

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

Answers

1. Livedo reticularis.
2. Livedo reticularis is characterized by the presence of a bluish-purple, net-like pattern in the skin. In contrast to cutis marmorata, the mottling does not disappear when the skin is warmed and the discoloration is bluish-purple rather than red. Children with livedo reticularis have been reported to have a slightly increased risk for cerebrovascular accidents.
3. There is no specific treatment.

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

This condition is characterized by the presence of a bluish-purple, net-like pattern in the skin.

CASE 7: BELINDA'S BLISTERS



The bodily areas that are most commonly affected include the axillae, the groin, the inframammary and the buttocks.

Belinda, 23, is bothered by the acneiform lesions she has been developing in her axillae and groin. She is overweight and is on an oral contraceptive pill.

Questions

1. What is the diagnosis?
2. What areas of the body are typically affected?
3. Which systemic treatment options should be considered?

Answers

1. Hidradenitis suppurativa (early stages), also known as acne inversa. It is a chronic, frustrating and difficult to manage inflammatory acneiform condition of the apocrine glands.
2. The bodily areas that are most commonly affected include the:
 - axillae,
 - groin,
 - inframammary and
 - buttocks.
3. Treatment options to consider are:
 - the oral tetracycline family,
 - isotretinoin,
 - antiandrogenic contraceptives,
 - spironolactone and
 - dutasteride.Results are variable.

Provided by: Dr. Benjamin Barankin

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CASE 8: GUIDO'S GROWTH



The condition can be complicated by ulceration, hemorrhage, infection and partial involution with scarring.

Guido, three-years-old, presents with a reddish mass on his left thigh. The mass was first noted in the neonatal period and has increased in size.

Questions

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

Answers

1. Capillary (strawberry) hemangioma.
2. A capillary hemangioma can be complicated by:
 - ulceration,
 - hemorrhage,
 - infection and
 - partial involution with scarring.
3. No treatment is necessary.
Approximately:
 - 50% of the lesions disappear completely by five-years-of-age,
 - 70% disappear by seven-years-of-age and
 - 95% disappear by 12-years-of-age.

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

CASE 9: PEGGY'S PAPULES



Peggy, a 23-year-old Filipino, presents with rough hyperkeratotic papules on her extensor arms. She notes that before moving to Canada four-years-ago, she did not have this problem.

Questions

1. What is the diagnosis?
2. Is this condition common?
3. How might you manage this condition?

Answers

1. Keratosis pilaris.
2. Approximately half of the North American population has this condition to some extent. It is likely related to a dry climate as well as genetic factors.
3. Avoid scrubbing and use mild soaps. The following are beneficial:
 - humectants and emollients,
 - urea and lactic acid-based products,
 - tretinoin and
 - mild topical steroids.

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CASE 10: LIVVY'S LESIONS



Livvy, 54, presents with multiple skin lesions over her arms and chest. She also has a yellowish discoloration of the sclera.

Questions

1. What are these lesions?
2. What is the most likely diagnosis?

Answers

1. Spider (nevi) angiomas. These lesions initially form as an arteriole (spider body) and eventually become more prominent near the surface of the skin with radiating capillaries (spider legs). They are most common on the exposed surfaces of the face and arms. They are stimulated by higher than normal estrogen levels and increase in number with liver diseases, as well as during pregnancy.

2. Liver cirrhosis. Numerous prominent spider angiomas are one of the strong clinical pointers to severe liver dysfunction in patients with alcoholic liver disease. Spider nevi can be used as one of the most useful parameters for predicting the grade and stage of Hepatitis C with moderate accuracy. In Livvy's case, the spider angiomas indicate the severity of her liver dysfunction.

Spider nevi also assist in the diagnosis of hepatopulmonary syndrome. Thus, this small, yet valuable, physical sign must be carefully looked for in patients with liver disease as it can provide important information, not only regarding severity, but also prognosis of the illness.

Provided by: Dr. Jerzy Pawlak

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CASE 11: HUGO'S HANDS



Hugo, a 35-year-old bartender, presents with scaly lesions of both hands.

Questions

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

Answers

1. Irritant contact dermatitis (barmaid's hands).
2. Irritant contact dermatitis is an inflammatory reaction in the skin resulting from exposure to an irritating substance. The most common irritants are harsh soap and detergents.
3. Treatment consists of avoidance of the irritant and temporary treatment with a topical corticosteroid.

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

This is an inflammatory reaction in the skin resulting from exposure to an irritating substance.


CASE 12: ROMAN'S RASH

Roman, 27, presents with a slightly pruritic rash predominantly on his trunk. He initially developed a large, red, scaly patch on his lower back and one week later, the rash spread onto the anterior aspect and remainder of the posterior trunk.

Questions

1. What is the diagnosis?
2. What is the name of the original lesion which Roman developed?
3. What are the treatment options?

Answers

1. Pityriasis rosea. This is thought likely to be a viral exanthem.
2. Herald patch. It is the first and often largest lesion to develop typically on the trunk preceding an eruption.
3. First, one should reassure the patient as to the benign nature of the condition. Emollients and topical steroids can aid with pruritus. Antihistamines are of modest benefit. Phototherapy can be beneficial. Oral erythromycin or antivirals are employed less commonly with only variable benefit. 




Herald patch is the first and often largest lesion to develop typically on the trunk preceding an eruption.

Provided by: Dr. Benjamin Barankin

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