



# Photo Diagnosis

*Illustrated quizzes on problems seen in everyday practice*

## CASE 1: NICOLE'S NODULE



Nicole, 84, presents with an asymptomatic nodule on her shin.

### Questions

1. What is the diagnosis?
2. Is this the most common skin cancer in Caucasians and in African-Americans?
3. How would you treat this lesion?

### Answers

1. Squamous cell carcinoma.
2. It is the second most common skin cancer in Caucasians and the most common skin cancer in African-Americans.
3. Treatment options include:
  - excision,
  - electrodesiccation and curettage,
  - aggressive cryosurgery, or
  - radiation.

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Provided by: Dr. Benjamin Barankin

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## CASE 2: PIERRE'S PARALYSIS



Pierre, 16, presents with an abrupt onset of drooping of the left corner of his mouth and the inability to close his left eye.

### Questions

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

### Answers

1. Bell's palsy.
2. Bell's palsy is an acute unilateral paralysis of the facial nerve. The etiology is not known but a post-infectious allergic- or immune-mediated demyelination process is considered possible. Bell's palsy is occasionally associated with the acute onset of severe hypertension.
3. The majority of patients recover completely within a few weeks or months. Until the condition resolves, the eyes should be protected with methylcellulose eye drops. Treatment with a short course of oral corticosteroids is controversial.

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

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### CASE 3: HANK'S HEMOPTYSIS



Hank, 74, visits the clinic because of a few episodes of hemoptysis. He has a long history of smoking and was diagnosed as having chronic obstructive pulmonary disease.

#### Questions

1. What do the x-rays show?
2. How do you investigate further?

#### Answers

1. Hank's x-rays show that the lungs are hyperinflated, with mild cardiomegaly. A nodule is found on the right upper lobe.
2. Further investigation includes a CT scan. A CT scan of Hank's lungs showed a 2.5 cm stellate lesion, within the posterior segment of the right upper lobe. This finding is in keeping with bronchogenic carcinoma. No metastatic disease is identified.

Hank underwent right upper lobectomy and path. A biopsy revealed adenocarcinoma.

Provided by: Dr. Jerzy Pawlak

## CASE 4: PLATO'S PATCHES



Plato, 48, presents with enlarged patches/plaques of inflammation on his lower legs. He has always been told that these patches are psoriasis. Lately, the lesions on his legs have been getting more indurated, inflamed and itchy. Plato has known:

- obesity,
- diabetes,
- hypertension,
- hypercholesterolemia and
- a history of smoking.

### Questions

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

### Answers

1. Chronic psoriasis with cellulitis.
2. Place Plato on oral antibiotics (cephalexin) for 14 days and advise him to apply topical fusidic acid to the affected areas. Once erythema and itch improve (in about one week) switch over to calcipotriol daily for two weeks or maintenance.

Provided by Dr. Katherine J. M. Abel

## CASE 5: PAUL'S PRURITUS



Paul, a 42-year-old Filipino complains of pruritus on his body, especially near his axillae.

### Questions

1. What is the diagnosis?
2. What should he do to remedy the problem?
3. Is there seasonality to this problem?

### Answers

1. Xerosis (dry skin).
2. Treatment consists of:
  - mild soaps and cleansers,
  - reducing shower/bath temperature,
  - immediately moisturizing after bathing with a thick cream or ointment.
3. Most patients present with xerosis in the winter due to the dry, cold outdoor air and indoor heating, which further reduces air humidity.

Provided by: Dr. Benjamin Barankin

*Most patients present with this condition in the winter due to the dry, cold outdoor air and indoor heating, which further reduces air humidity.*

### CASE 6: FELICIA'S FAT FACE



Felicia, 12, is concerned that her face is fat. Six months ago she was ill with a fever, malaise, facial rash, swollen painful knees and blood in her urine. Her physician started treatment with a medication, the dose of which was reduced in the past two months. She has gained 5 kg and has purplish striae on her abdomen and hips.

#### Questions

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

#### Answers

1. Cushing syndrome due to the exogenous administration of corticosteroid.
2. The most common cause of endogenous Cushing syndrome in children is excessive adrenocorticotrophic hormone (ACTH) secretion by a pituitary adenoma. Ectopic production of ACTH is rare in children, but can be associated with neuroblastoma or ganglioneuroblastoma.  
ACTH-independent Cushing syndrome is often the result of a functional adrenocortical tumour.  
Cushing syndrome can also be a feature of Carney complex or McCune-Albright syndrome.
3. Felicia has systemic lupus erythematosus for which prednisone is a conventional therapy. A dose of prednisone sufficient to suppress symptoms should be prescribed and the dose should be tapered as the symptoms are controlled.

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



## CASE 7: PEIGI'S PLAQUES



*The most commonly affected areas are the inner canthus and upper eyelids.*

Peigi, 51, presents with bilateral symmetric yellow-orange plaques on the medial upper eyelid.

### Questions

1. What is the diagnosis?
2. Is it worth checking the lipid profile?
3. How could you manage these lesions?

### Answers

1. Xanthelasma; the inner canthus and upper eyelid are most commonly affected.
2. Laboratory testing is advised since half the lesions are associated with elevated plasma lipid levels.
3. After ruling out a lipid abnormality, reassurance is an option. Otherwise, the following can be employed:
  - chemical cauterization (e.g., trichloroacetic acid),
  - surgical excision,
  - laser ablation,
  - electrodesiccation, or
  - cryosurgery.

Provided by: Dr. Benjamin Barankin

## CASE 8: DIANE'S DISCOMFORT



Diane, 40, presents with a swollen neck and feels that her eyes are slightly bulging. She has noted a weight loss of 4 kg over a period of two months, notwithstanding an increase in appetite. She has:

- heat intolerance,
- palpitations and
- hand tremors.

### Questions

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

### Answers

1. Graves' disease.
2. Graves' disease occurs in up to 2% of women but only 0.2% of men. The disease can be complicated by:
  - ophthalmopathy,
  - dermopathy,
  - acropachy,
  - atrial fibrillation, or
  - a hyperthyroid crisis.
3. Graves' disease can be treated with
  - antithyroid drugs, such as:
    - propylthiouracil,
    - carbimazole or
    - methimazole,
  - radioactive iodine ( $I^{131}$ ), or
  - a subtotal thyroidectomy.

*This disease occurs in up to 2% of women but only 0.2% of men.*

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



## CASE 9: SUZANNE'S SPOTS



*This disorder is caused by *Candida albicans* which is normal flora found in the GI tract.*

Suzanne, 28, presents with recurrent, adherent white patches/spots on her tongue.

### Questions

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

### Answers

1. Oral candidiasis or oral thrush.
2. Oral candidiasis is caused by *Candida albicans* which is normal flora found in the GI tract. The organism becomes invasive in:
  - the elderly,
  - immunocompromised patients and
  - in those whose microbial flora has been altered by disease or by antibiotic therapy.

The typical lesions are adherent white patches on the tongue and buccal mucosa and there is often associated angular stomatitis. The infection may also involve the:

- urogenital area,
- esophagus and
- alimentary tract producing intractable and sometimes unexplained diarrhea.

Provided by: Dr. Jerzy Pawlak

## CASE 10: PACEY'S PAPULES




*As this can be a sign of chronic ultraviolet light exposure, it is worthwhile to do a full-body skin exam.*

Pacey is a 69-year-old farmer who presents with asymptomatic purple papules on his lips.

### Questions

1. What are these lesions?
2. What are the different classifications for vascular anomalies?
3. How would you manage this patient?

### Answers

1. Venous lakes. These are dark blue-purple papules due to the dilation of venules typically noted in the elderly.
2. The different classifications for vascular anomalies include:
  - malformation,
  - vascular ectasia (venous lake),
  - vascular hyperplasia,
  - hamartoma and
  - benign and malignant neoplasm.
3. Reassure the patient and since this can be a sign of chronic ultraviolet light exposure, it is worthwhile to do a full-body skin exam. Venous lakes can be treated by:
  - laser,
  - excision,
  - electrodesiccation or
  - cryosurgery. 

Provided by: Dr. Benjamin Barankin