



Illustrated quizzes on problems seen in everyday practice

CASE 1: MALCOLM'S MARKS



Malcolm, 17, presents with mixed inflammatory and comedonal papules on his cheeks and forehead. His trunk is spared.

Questions

1. What is the diagnosis?
2. In adolescence, are females or males more commonly affected? What about in adulthood?
3. What treatment options should you consider?

Answers

1. Mixed inflammatory and comedonal acne.
2. More males are affected during adolescence while more females are affected during adulthood.
3. Malcolm would likely benefit from a course of oral antibiotics from the tetracycline family, or a course of isotretinoin. Topical therapy with benzoyl peroxide and a retinoid are useful adjuncts to oral antibiotic therapy.

Provided by: Dr. Benjamin Barankin

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955, boul. St. Jean, Suite 306

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CASE 2: PERCY'S PEELING MOUTH



Percy, 35, presents with peeling skin on the inside of his mouth and inner cheek. The skin is peeling close to the corners of the mouth on both sides. There is no bleeding and, overall, he feels fine. He did notice a spot on his upper gum that looked like a piece of skin, but it detached when he gently brushed the area while cleaning his teeth. This has been occurring for the last week with no pain. Percy is a smoker.

Questions

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

Answers

1. Mucosal peeling.
2. Percy's mucosal peeling is likely due to the use of a new toothpaste which he started two to four weeks earlier. When the toothpaste was not used the lesions disappeared.

The lesions may be caused by sodium lauryl sulphate and/or sodium polyphosphates, which can be found in some toothpaste brands.



Provided by: Dr. Jerzy Pawlak

This condition is likely due to the use of a new toothpaste.

CASE 3: HALEIGH'S HAIR



Haleigh, six-years-old, is noted to have axillary hair. She does not have pubic hair or other signs of puberty.

Questions

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

Answers

1. Premature adrenarche.
2. Premature adrenarche refers to a precocious secretion of adrenal androgens before eight-years-of-age in girls and nine-years-of-age in boys.

Clinically, this manifests as an isolated development of pubic hair, which may be accompanied by axillary hair.

Occasionally, the appearance of axillary hair may be the only sign of premature adrenarche.

Current literature suggests that premature adrenarche in some girls may be a forerunner of polycystic ovary

syndrome and syndrome X. The latter is characterized in some girls by:

- obesity,
 - hypertension,
 - insulin resistance,
 - Type 2 diabetes and
 - dyslipidemia.
3. Continued observation and periodic re-evaluation are necessary as premature adrenarche may be the first sign of precocious puberty.

Provided by: Dr. Alexander K. C. Leung; and
Dr. Hardally R. Hegde

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CASE 4: STEFAN'S SKIN



Stefan, 26, has recently returned from a trip to Florida. He is concerned about his peeling skin. He currently takes tetracycline for his acne.

Questions

1. What is the diagnosis?
2. Which wavelength of light is primarily responsible for his condition?
3. What would be the demographic features of the typical person with sunburn?

Answers

1. Sunburn.
2. UVB is the wavelength (280 nm to 320 nm) associated with sunburns.
3. Adolescent or young adult
Caucasian males are most commonly affected by sunburn as they are less likely to use sunscreens.

Provided by: Dr. Benjamin Barankin

Adolescent or young adult Caucasian males are most commonly affected.

CASE 5: NELLA'S NECK

Nella, a young female, presents with painful neck spasms which suddenly developed overnight.

Questions

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

Answers

1. Acute torticollis (known as acute wryneck).
In children, adolescents and young adults, acute torticollis is characterized by atlantoaxial rotary fixation (rotational subluxation) of sudden onset. The condition is usually attributed to synovial fold entrapment in the C1-C2 interspace. A tear and invagination of capsular ligaments about the atlantoaxial synovial joints has also been suggested as a cause. More rarely, the condition is caused by an ear or upper respiratory tract infection. Often, there is a history of trauma. However, the condition may be triggered by simple neck rotation. Sometimes a click is heard at the onset. In up to 25% of the cases, no clear cause may be identified.
2. Symptoms usually resolve spontaneously within two weeks. Treatment is symptomatic and consists of the use of:



- heat,
- massage,
- a supportive cervical collar,
- muscle relaxants and
- analgesics.

Provided by: Dr. Jerzy Pawlak

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CASE 6: BARDEN'S BACK



This condition is due to weakness of the serratus anterior muscle or in association with muscular dystrophy.

Barden, nine-years-old, presents with his parents who are concerned that his upper back does not look right. Barden can smile and close his eyes normally. The family history is unremarkable.

Questions

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

Answers

1. Winging of the scapulae.
2. Winging of the scapulae is due to weakness of the serratus anterior muscle, which can develop due to an injury to the long thoracic nerve (Bell's nerve) or in association with muscular dystrophy. Injury to the long thoracic nerve can develop after lifting heavy weights or as a result of neuritis. Facioscapulohumeral muscular dystrophy, an autosomal dominant disorder, typically presents with winging of the scapulae, loss of flexion and abduction of the shoulder and weakness of the facial muscles.
3. Treatment is conservative.

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

CASE 7: GRACE'S GROWTHS



Grace, 49, presents with pedunculated papules around her neck and axillae. She is obese and has acanthosis nigricans. She is currently being investigated for diabetes.

Questions

1. What is the diagnosis?
2. With which syndrome have skin tags been associated (along with fibrofolliculomas and trichodiscomas)?
3. How could you manage these lesions?

Answers

1. Skin tags.
2. Skin tags have also been associated with Birt Hogg Dube syndrome, which is an autosomal dominant disorder of:
 - benign hair follicle tumours,
 - spontaneous pneumothorax and
 - renal neoplasms.
3. Try electrodesiccation for smaller skin tags and excision under local anesthetic for larger lesions.

Provided by: Dr. Benjamin Barankin

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CASE 8: SAMSON'S SCROTUM



Samson, 10-months-old, was born after an uncomplicated pregnancy at 34 weeks gestation to a gravida 2 para 1 (G2P1) 20-year-old mother. On examination, his scrotum was underdeveloped. The testes were not palpable in either the scrotum or the inguinal canals.

Questions

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

Answers

1. Bilateral cryptorchidism.
2. Cryptorchidism is present in 3% to 5% of full-term male infants and the incidence is higher in preterm or low birth weight infants.


Approximately:

- 50% of the undescended testes are intraabdominal,
- 45% are atrophic or absent and
- 5% are located in the inguinal canal but missed by palpation.

An undescended testis should be differentiated from a retractile testis.

A retractile testis moves freely from the intrascrotal position into the groin secondary to an overactive cremasteric reflex. Unlike an undescended testis, a retractile testis can be relocated to the normal scrotal location.

3. In bilateral cryptorchidism, ultrasonography should be performed to locate the testes and to exclude the presence of a uterus. Karyotyping and the measurement of serum electrolytes should be considered if the testes cannot be located. An older boy with bilateral nonpalpable testes requires an endocrine evaluation. The measurement of serum follicle-stimulating hormone, luteinizing hormone and testosterone concentrations before and after administration of human chorionic gonadotropin might be helpful.

Orchidopexy is the treatment of choice for undescended testes. The recommended time to perform the procedure is between six and 12-months-of-age. 

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