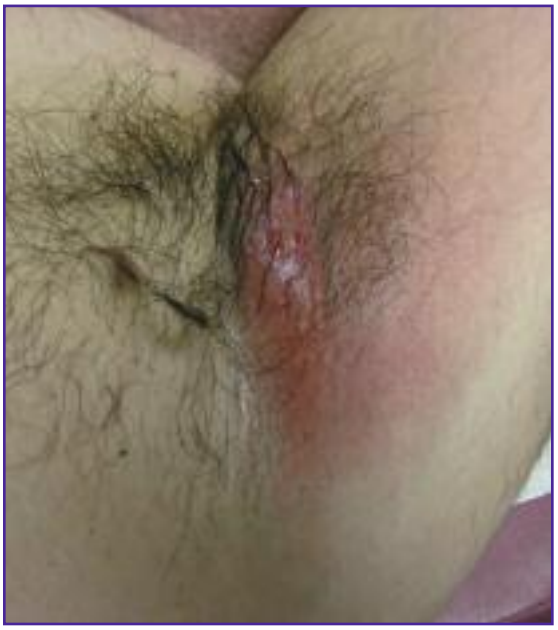
Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

Case 1: Ned's Nodule



Ned, 45, presents with a tender erythematous nodule in his axilla which has been discharging a serosanguinous fluid.

Questions

1. What is the diagnosis?
2. What is the management?
3. Which condition, with recurrent boils in the axillae or groin, is part of the differential diagnosis?

Answers

1. Abscess or furuncle.
2. Management consists of incision and drainage. Swab for culture. Consider systemic antibiotics if febrile or other systemic symptoms.
3. Hidradenitis suppurativa.

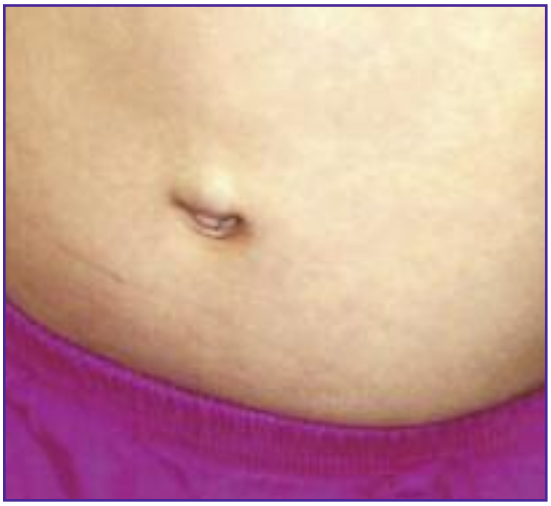
Provided by: Dr. Benjamin Barankin

Share your photos and diagnoses with us!

Do you have a photo diagnosis? Send us your photo and a brief text explaining the presentation of the illness, your diagnosis and treatment and receive $25 per item if it is published.

The Canadian Journal of Diagnosis
955, boul. St. Jean, Suite 306
Pointe-Claire, Quebec H9R 5K3
E-mail: diagnosis@sta.ca
Fax: (888) 695-8554

Case 2: Uma's Umbilicus



Uma, four-years-old, presents with a mass above the umbilicus. There is no associated abdominal pain, vomiting or constipation.

Questions

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

Answers

1. Supraumbilical hernia.
2. A supraumbilical hernia results from a protrusion of the abdominal content, such as omentum or small bowel, through the linea alba just above the umbilicus. It is usually round or oval and tends to sag. The female to male ratio is approximately 5:1.
3. Unlike an umbilical hernia, the neck of the sac in a supraumbilical hernia is relatively narrow, which makes it prone to incarceration and strangulation. As such, surgical repair of a supraumbilical hernia is indicated.

The female to male ratio of this condition is approximately 5:1.

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

Case 3: Peg's Pigmentation

Peg, a West Indian lady, presents with dark brown pigmentations on her tongue.

Questions

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

Answers

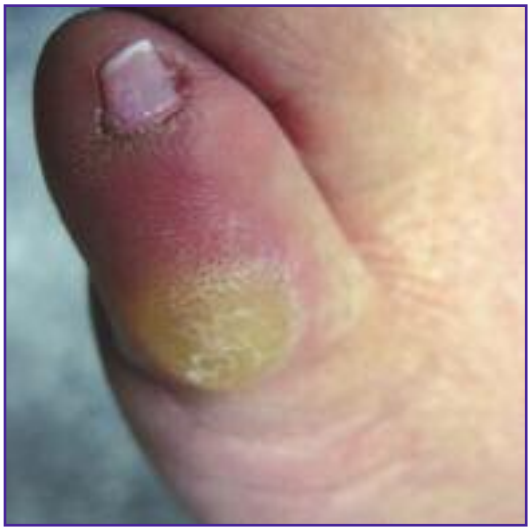
1. Racial pigmentation of the tongue. This condition is not very common, but can be visible at any age. Buccal (racial) pigmentation is normal in African-Americans and does not need any treatment. This type of pigmentation is also seen in Addison's disease and in Peutz-Jeghers syndrome (PJS).
2. Pigmentation in the mouth may be brown/black, or purple/red in colour.

   The most sinister of these is malignant melanoma. Therefore, it is important to distinguish this from the other causes of oral black or brown pigmentation, such as:
   - Pigmented nevi (uniform colouration)
   - Amalgam tattoo
   - Addison's disease (increased adrenocorticotropic hormone produced)
   - PJS (perioral freckles, intestinal polyps)
   - Lichen planus (rare)
   - Smoker's melanosis (caused by local irritation)
   - Pregnancy or use of the OC pill

This condition is not very common, but can be visible at any age.

Provided by: Dr. Jerzy Pawlak

Case 4: Thalia's Thickening Skin



Thalia, 44, presents with a thickening of skin on her fifth toe which is occasionally sore. She would like treatment for her "wart."

Questions

1. What is the diagnosis?
2. How would you distinguish this lesion from a wart?
3. How would you manage this patient?

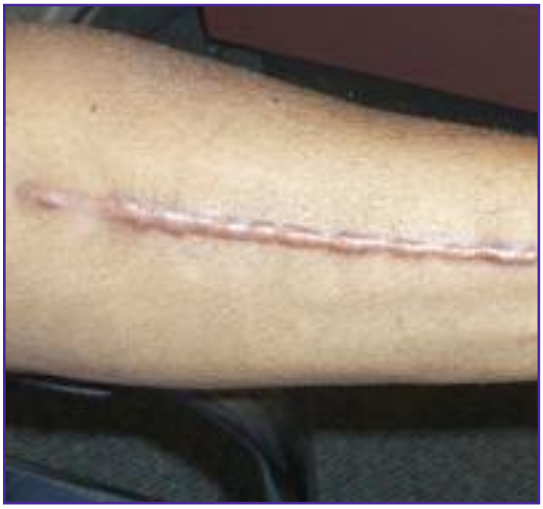
Answers

1. Callus. This is thickened or hyperkeratotic skin due to intermittent pressure and friction.
2. A callus is most painful with direct pressure, while a wart is most painful with lateral pressure. When pared, a wart bleeds easily while a callus does not.
3. The callus can be pared. The use of orthotics and shoes with a wider toe-box can be beneficial. Topical salicylic acid compounds or other keratolytics (*e.g.*, urea, lactic acid) can also help.

Provided by: Dr. Benjamin Barankin

This condition is thickened or hyperkeratotic skin due to intermittent pressure and friction.

Case 5: Alex's Abnormal Scars



Following coronary artery bypass graft surgery, Alex noted the appearance of abnormal scars on the flexor surface of his left forearm.

Questions

1. What is the name of these types of scars?
2. What is the likely outcome of excising these scars?
3. What advice would you give to Alex about any future injections, if needed?

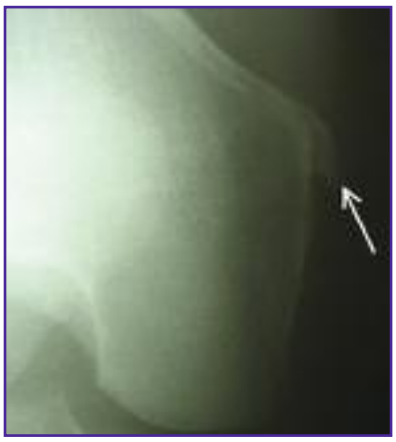
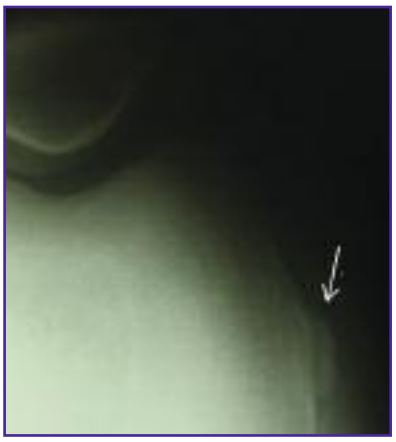
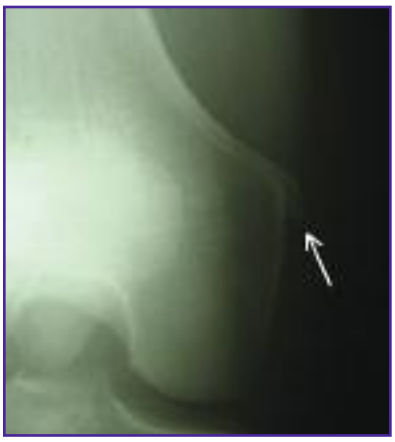
Answers

1. This type of scar is known as a keloid.
2. The likely outcome of excision would be recurrence. The best way to avoid these scars is by repeated intralesional steroid injections, post-operatively for six weeks.
3. Use the buttock rather than the arm for any future intramuscular injections if needed, to avoid visible keloids.

Provided by: Dr. Hayder Kubba

The best way to avoid these scars is by repeated intralesional steroid injections, post-operatively for six weeks.

Case 6: Norman's Knee

Norman, 29, comes to you because of intermittent right knee pain that he has had for the last eight months. His pain started after he collided with a fellow soccer player and suffered a direct trauma in valgus to his right knee. He did not seek medical attention at that time and rested only for two days because he was in the middle of a tournament. He self-managed his trauma by wearing a polychloropene knee brace that was prescribed to his brother when he had a knee trauma.

Questions

1. What lesion is demonstrated in the x-rays and what clinical diagnosis is supported by this radiological finding?
2. What is the management for this type of injury?

Answers

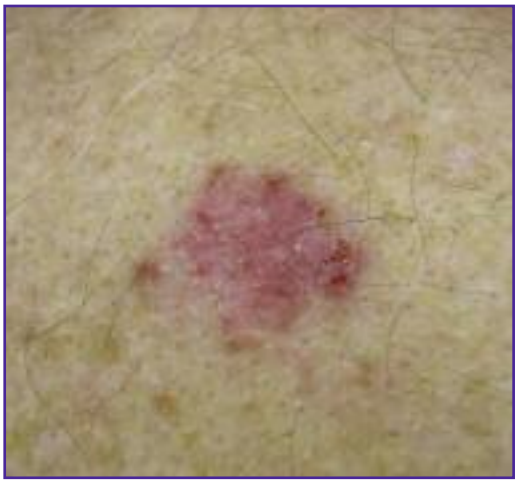
1. Pellegrini-Stieda lesion is an ossification at the femoral insertion of the medial collateral ligament (MCL) and is indicative of an old injury.
2. The initial treatment should have been the RICE protocol (rest, icing, compression and elevation) and the use of crutches to protect weight-bearing until Norman could have obtained normal gait.

Once other concomitant knee lesions have been ruled out, concentrate on combined MCL management. Grade 1 and 2 MCL lesions are incomplete tears and can be treated with double-upright hinged knee braces and temporary support with crutches. The next step is a rehabilitative physiotherapy program, initially focused on restoring full range of motion. After this is accomplished, a strengthening program is started, including specifically the quadriceps and vastus medialis oblique muscles. Once pain-free range of motion and full strengthening has been achieved, a graded return to play training program is completed. The patient can usually return to regular sports activities in six weeks.

Grade 3 lesions (full tear lesions) can have similar, but more prolonged conservative treatment or can be treated operatively.

Provided by: Dr. Juan Antonio Garcia-Rodriguez

Case 7: Pablo's Patch



Pablo, 61, presents with an asymptomatic erythematous well-circumscribed patch on his back.

Questions

1. What is the diagnosis?
2. What are the etiologic factors for this lesion?
3. How might you manage Pablo?

Answers

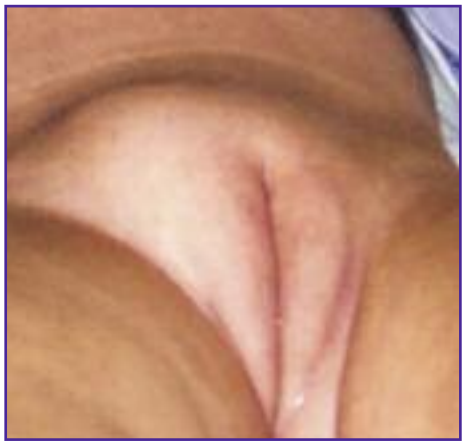
1. Bowen's disease (squamous cell carcinoma *in situ*).
2. Etiologic factors for this lesion are:
   - chronic sun exposure,
   - arsenic ingestion,
   - HPV,
   - genetics,
   - trauma and
   - radiation.
3. A total skin exam is warranted to rule out other skin cancers and pre-cancers (*i.e.*, actinic keratoses).

   Effective treatment options include:
   - simple excision,
   - Mohs surgery,
   - electrodesiccation and curettage,
   - aggressive cryosurgery,
   - topical imiquimod, or
   - 5-fluorouracil.

A total skin exam is warranted to rule out other skin cancers and pre-cancers.

Provided by: Dr. Benjamin Barankin

Case 8: Maranda's Mass



Maranda, three-months-old, presents with a mass in the right groin. The mass is reducible but increases in size when she cries or strains.

Questions

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

Answers

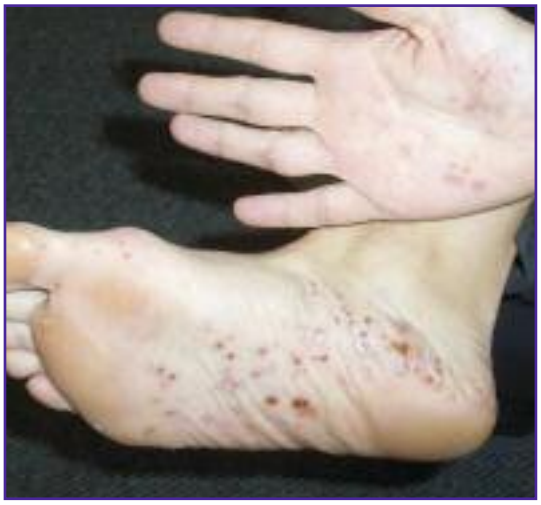
1. Right indirect inguinal hernia.
2. The hallmark of an indirect inguinal hernia is an intermittent bulge in the groin, scrotum, or labia. The bulge is most apparent during periods of increased intra-abdominal pressure, such as crying, straining, or coughing. The condition is often asymptomatic. However, the hernia may become incarcerated and the patient may present with vomiting, abdominal distention and a painful mass that is irreducible. The overlying skin may be erythematous. An incarcerated hernia occurs most often during the first six months of life. Occasionally, strangulation may occur and infarction of the small bowel, testis, or ovary may result.

   The incidence of an indirect inguinal hernia in term infants is 1% to 2%. The male to female ratio is 9:1. The incidence is higher in premature infants and in those with connective tissue disorders, bladder exstrophy and increased intra-abdominal pressure.
3. Surgical repair of the hernia should be carried out electively shortly after diagnosis. Bilateral inguinal hernias, a hernia containing a gonad and a family history of complete androgen insensitivity syndrome, should prompt clinicians to consider complete androgen insensitivity in all female infants with inguinal hernia(s).

The incidence of this condition in term infants is 1% to 2%.

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

Case 9: Erin's Eruption



Erin suffers from a chronic eruption on the soles of her feet and palms.

Questions

1. What is the likely diagnosis?
2. What differential diagnosis is important if this is asymmetrical?
3. In what ways might the social history be of importance?

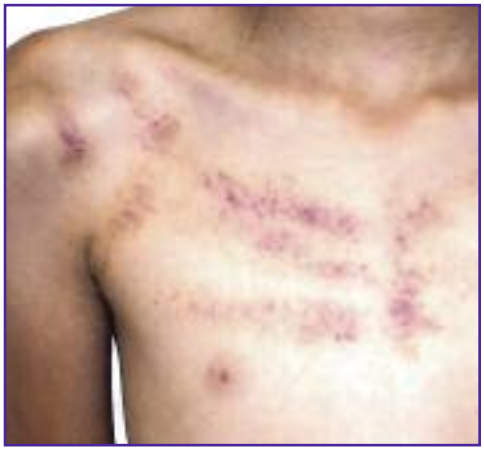
Answers

1. Palmoplantar pustulosis (localized pustular psoriasis). This condition is generally resistant to the usual psoriasis treatment; therefore, it is common to treat it with very potent steroid ointments (*e.g.*, clobetasol) as the first-line approach and to use oral acitretin as the second option if the first fails to achieve the desired results.
2. Tinea pedis.
3. This disorder is strongly associated with cigarette smoking. Alcohol history may be important if systemic therapy is indicated; occupation and social circumstances are relevant as this can be a chronic and disabling condition.

Provided by: Dr. Hayder Kubba

This disorder is strongly associated with cigarette smoking.

Case 10: Dan's Discoloured Marks



Dan, 16, presents with a fever and sore throat. During his physical examination, extensive ecchymoses are noted on his chest and back.

Questions

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

Answers

1. Ecchymoses from spoon scratching.
2. Spoon scratching (*quat sha*) is a Chinese folk dermabrasion therapy used to "scratch the wind" (to rid the body of "bad winds") and to relieve symptoms, such as fever and headache. Water or saline is applied to the site of scratching, which is often the back. The area is then patted, pinched, or massaged until the skin turns red. The skin is then scratched with a porcelain spoon until bruises appear. The resulting ecchymoses often have a Christmas tree appearance.
3. No treatment is necessary as the ecchymoses will resolve with time. Regardless of whether spoon scratching has a scientific basis, the procedure is practiced by caring families with good intentions. Failure to recognize the cultural origins of spoon scratching may result in a false accusation of child abuse. Dx

Failure to recognize the cultural origins of this particular practice may result in a false accusation of child abuse.

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