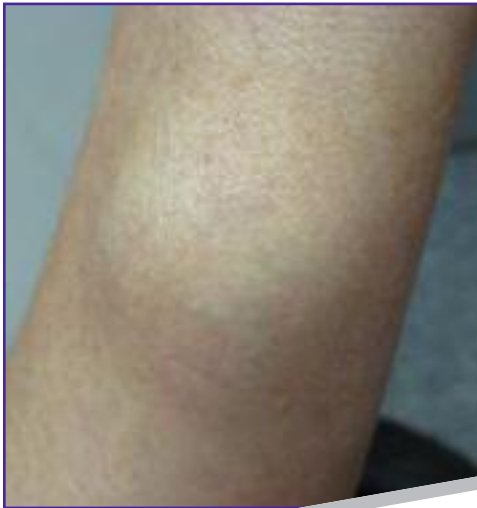




Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

CASE 1: NAZANEEN'S NODULE



Nazaneen, a 44-year-old Asian female, presents with a large, tender nodule on her arm which has slowly grown over the past six years.

Questions

1. What is the diagnosis?
2. Where are these lesions typically found?
3. How would you treat this lesion?

Answers

1. Angiolipoma, an often painful lipoma with numerous thin-walled proliferating blood vessels.
2. Lesions are typically found on the:
 - upper extremities,
 - abdomen and
 - back.
3. Surgical excision. The infiltrative variety requires wide excision to avoid recurrence.

Provided by: Dr. Benjamin Barankin

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CASE 2: LUCIO'S SCROTAL LUMP



Lucio, a four-year-old boy, presents with a painless mass in the left side of the scrotum which gets bigger when he cries, strains, or coughs. It gets smaller but does not disappear entirely when compressed. It also transilluminates, although not brightly.

Questions

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

Answers

1. A coexisting hydrocele and indirect inguinal hernia.
2. A hydrocele or indirect inguinal hernia results from a failure of fusion of the processus vaginalis. A hydrocele refers to a collection of fluid within a processus vaginalis and often presents in the male as a cystic scrotal mass that transilluminates brightly. In the female, it may present as a cystic mass in the inguinal area.

A hydrocele can be distinguished clinically by its cystic nature, transillumination and characteristic location. Descent of the bowel through the

inguinal canal results in an indirect inguinal hernia. 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 spermatic cord on the ipsilateral side is often thickened (“silk string” sign or “silk glove” sign).

Inguinal hernias are more common in boys and up to 10% are bilateral. An indirect inguinal hernia is often asymptomatic. At times, it may become incarcerated or strangulated.

3. Most hydroceles will disappear by the end of the first year of life and surgery can be withheld in the first two years of life unless an indirect inguinal hernia cannot be excluded. Surgical repair of the hernia should be carried out electively shortly after diagnosis. Laparoscopic inguinal repair has become an alternative to the conventional “open” procedure.

Provided by: Dr. Albert Y. F. Kong; and
Dr. Alexander K. C. Leung

CASE 3: CHRIS' COUGH



Chris, 73, who is under chronic hemodialysis treatment complains about a cough, purulent expectorations and associated fever. One month ago, Chris was treated for pneumonia. He is a former tobacco user.

Questions

1. What do the lung x-rays show?
2. What is the diagnosis?
3. What is the treatment?

Answers

1. The lung x-rays show alveolar opacities located at the right supra-hilar level. There is also a jugular catheter located at the junction of the superior vena cava and the right auricle.
2. The patient underwent a bronchoscopy and bronchoalveolar lavage of the suspect area. The cytology result showed the presence of neoplastic cells suggesting squamous cell carcinoma.
3. Several therapeutic options are available depending on the staging and the associated comorbidities. As Chris has a huge local extension since the lesion is > 4 cm and is proximal to the right main bronchus and has very important comorbidities including renal insufficiency necessitating hemodialysis, peripheral and cardiac vascular disease and diabetes, he was given local radiotherapy without other treatment.

Provided by: Dr. Michel Vallée

CASE 4: PAUL'S PIMPLES



Paul, a 29-year-old African-American male, presents with a several-year history of itchy and tender nodules on his occipital scalp. He has no acne on his face or trunk.

Questions

1. What is the diagnosis?
2. Why did Paul develop these lesions?
3. How would you treat this condition?

Answers

1. Acne keloidalis nuchae. These are keloid-like papules and plaques found on the occipital scalp.
2. It is not exactly clear how Paul developed these lesions, although this condition is almost exclusive to dark skin. Irritation from shirt collars, low-grade bacterial infection, autoimmune factors or medications may play a role.
3. Although potent topical steroids and/or retinoids may be tried, most cases are controlled by intralesional steroids. Occasionally, excision of the affected area is required.

Most cases of this condition are controlled by intralesional steroids.

Provided by: Dr. Benjamin Barankin

CASE 5: FOSTER'S FOOT ABNORMALITY



At times, this condition may be inherited as an autosomal dominant trait with incomplete penetrance.

Foster, a four-year-old boy, is brought in by his mother who is concerned because her son's feet look abnormal. There is no family history of a similar skeletal abnormality.

Questions

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

Answers

1. Bilateral shortening of the fourth metatarsals.
2. Bilateral shortening of the fourth metatarsals is usually an isolated finding which is often idiopathic. At times, it may be inherited as an autosomal dominant trait with incomplete penetrance. Bilateral shortening of the fourth metatarsals is also a component of Albright hereditary osteodystrophy, pseudopseudohypoparathyroidism and Pallister-Hall syndrome. Patients with Albright hereditary osteodystrophy and pseudopseudohypoparathyroidism also have bilateral shortening of the fourth metacarpals.
3. No treatment is necessary.

Provided by: Dr. Alexander K. C. Leung; and
Dr. James C. W. Kong

CASE 6: PARSON'S PURPLE PAPULES



Treatment is for cosmetic purposes, with laser or electrocautery most commonly employed.

A 21-year-old male presents with purple papules on his scrotum. He is afraid he may have genital warts.

Questions

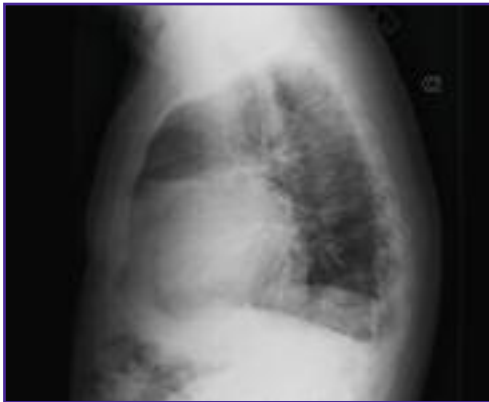
1. What is the diagnosis?
2. If these lesions are found widespread on the body, what is the name of the syndrome?
3. How would you treat these lesions?

Answers

1. Angiokeratomas (of Fordyce).
2. If these lesions are widespread on the body, they are referred to as Fabry syndrome (or angiokeratoma corporis diffusum). This is a rare x-linked inherited disorder due to a deficiency of the lysosomal enzyme α -galactosidase, resulting in the involvement of the:
 - skin,
 - heart,
 - lungs,
 - extremities,
 - eyes and
 - neurologic system.
3. Treatment is for cosmetic purposes, with laser or electrocautery most commonly employed. Lesions can also be excised and, less commonly, cryosurgery employed.

Provided by: Dr. Benjamin Barankin

CASE 7: SHELTON'S SHORTNESS OF BREATH



Shelton, 73, complains of shortness of breath associated with thoracic pains for three days. As of his admission to hospital, Shelton develops a progressive BP decrease.

Shelton had been followed at a pre-dialysis clinic for several years and his renal function, which has worsened slowly, is 9 ml/minute.

Questions

1. What do the lung x-rays show?
2. What is the diagnosis?
3. What is the treatment?



Answers

1. One can see an enlarged cardiac silhouette with clear lung fields and light bilateral pleural effusion. On the lateral view, there is a significant displacement of the heart to the anterior region. Incidentally, a partial depression of T12 is noted.
2. Cardiac tamponade following a uremic pericarditis.
3. Removal of pericardial fluid using echocardiographic guidance. Following this, Shelton begins hemodialysis treatment without anticoagulation. He has hemodialysis treatment for five successive days, then three times per week.

Provided by: Dr. Michel Vallée

CASE 8: LAWFORD'S LESION



Lawford, 75, presents with a one month history of a slowly-growing nodular lesion on his left lower leg. It began as a small scaly, pruritic lesion and Lawford assumed that it was a “bug bite” and started putting hydrogen peroxide on it. The lesion continued to grow and became large (2 cm), round, nodular, indurated and firm with a central hyperkeratosis.

Questions

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

Answers


1. Squamous cell carcinoma.
2. Cutaneous squamous cell carcinoma comes from the malignant development of keratinocytes in the epidermis of the skin. While genetic and environmental factors both contribute to its development, cumulative sun exposure and old age are the most important risk factors. Other risk factors include trauma, chronic

inflammation, burn scars and albinism. Mutations in the *p53* gene are common.

Typically, squamous cell carcinoma presents as a firm, skin-coloured or erythematous, keratotic papule or plaque. Other presentations include an ulcer, nodule, or horn. The surrounding tissue is often inflamed. Induration is a sign of malignancy.

Although not common, squamous cell carcinoma has the potential for developing metastatic disease.

3. Complete excision of the tumour is the treatment of choice. The overall prognosis for patients with cutaneous squamous cell carcinoma is good, especially if they are treated early.

Treatment of primary squamous cell carcinoma will result in a five-year cure rate of > 90%. 

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