



Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

CASE 1: NATHAN'S NOSE



Nathan, a 61-year-old male, presents with erythema, telangiectases and swelling of his nose.

Questions

1. What is the diagnosis?
2. What are the main subtypes of rosacea?
3. How would you manage this patient?

Answers

1. Rhinophyma (phymatous rosacea)
2. Papulopustular, erythematotelangiectatic, ocular and phymatous.
3. Topical metronidazole and a course of oral tetracycline would be a reasonable start. Oral isotretinoin in low doses is often beneficial. For the enlarged nose itself, laser ablation, dermabrasion or other surgical shave techniques are often quite successful.

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

Email: diagnosis@sta.ca

Fax: (888) 695-8554

CASE 2: SALLY'S SPOTS



Sally, a 50-year-old woman, presents with hyperpigmented lesions on the forearms and legs. The lesions were first noted at the age of 10 months. Her 24-year-old son had similar lesions on the legs.

Questions

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

Answers

1. Ichthyosis vulgaris.
2. Ichthyosis vulgaris is a disorder of cornification characterized by the development of dry, rectangular or polygonal scales, most prominent on the extensor aspects of the extremities, particularly the shins. The term "ichthyosis" is derived from the Greek word *ichthys*, which means fish and was chosen because the lesions have the appearance of fish scales. The condition is transmitted as an autosomal dominant trait with variable phenotypic expression between and within families. The gene locus resides in chromosome 1q22. The primary genetic defect is a factor

- that reduces profilaggrin and filaggrin synthesis. The lesions are not usually present at birth, but appear in most patients during the first year of life. The scaling is symmetrical and usually intensifies until puberty and subsequently decreases with age. The scales often curl up at the edges, which imparts a rough feel to the skin. Some patients report "lizard-like" skin.
3. Bathing in warm water helps to hydrate the skin. Afterward, the body should be gently patted dry and a moisturizing cream should be immediately applied to minimize evaporation and to keep the skin soft and flexible. Frequent application of a moisturizing agent throughout the day helps to maintain a high level of hydration of the stratum corneum.

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

CASE 3: ERIC'S ERUPTION



Figures 1-3. Symptoms at initial presentation, after two weeks treatment with antiviral agents and after three weeks.

Eric, 64, presents with left-sided chest pain and a burning sensation over his upper back. The duration of symptoms was 48 hours.

Questions

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

Answers

1. The diagnosis of herpes zoster was made on the typical clinical appearance.
2. Herpes zoster is an acute vesicular eruption that typically appears in one or two adjacent dermatomes. It is related to the reactivation of latent varicella.
3. The diagnosis of acute herpes zoster often raises the question not only of treatment with antiviral agents, but also of treatment with corticosteroids.

It is deemed reasonable to treat patients > 50-years-of-age with both antiviral agents and corticosteroids, provided the appropriate monitoring is undertaken and no contraindication to the use of these exist. It is of value if treatment can be initiated within 72 hours of the onset of the rash.

Corticosteroids can reduce acute pain and improve quality of life in the short term, but have no effect on the severity of postherpetic neuralgia.

Provided by: Dr. Werner Oberholzer

CASE 4: PAMELA'S PAPULES



Pamela, a 39-year-old female, has slowly developed dark brown papules on her neck and face. Her mother has similar lesions.

Questions

1. What is the diagnosis?
2. Histologically, what do these lesions most closely resemble?
3. How might you treat these lesions?

Answers

1. Dermatitis papulosa nigra, a benign skin finding most common in black skin.
2. Seborrheic keratoses, as they are histopathologically very similar.
3. Due to the risk of dyspigmentation, treatment should be carefully performed by a dermatologist, typically with gentle electrocautery or curettage.

Due to the risk of dyspigmentation, treatment of this condition should be carefully performed by a dermatologist.

Provided by: Dr. Benjamin Barankin

CASE 5: HENRY'S HAND



The condition may be associated with other musculoskeletal deformities, notably club feet.

Henry, a 10-month-old boy, presents with deformities of the digits in the left hand.

Questions

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

Answers

1. Constriction band syndrome (amniotic band syndrome or amnion disruption sequence).
2. Constriction band syndrome is due to an early rupture of the amnion, resulting in oligohydramnios and amniotic bands. The amniotic bands may cause constricting digital bands and amputations. The incidence is approximately 1 in 15,000 live births. The condition may be associated with other musculoskeletal deformities, notably club feet.
3. Treatment is mainly symptomatic and cosmetic and may require plastic surgery. Constricting bands causing vascular compromise should be released.

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

CASE 6: RENATA'S ROUGH PATCHES



Treatment is with periodic liquid nitrogen cryotherapy if there are a handful of lesions.

Renata, a 70-year-old Italian female, presents with numerous asymptomatic red rough areas on her face. She has no history of skin problems.

Questions

1. What is your diagnosis?
2. What is the concern with these lesions?
3. How would you treat these lesions?

Answers

1. Actinic keratosis.
2. These lesions are a marker for significant sun exposure and sun damage. They also put her at greater risk for developing squamous cell carcinoma.
3. Treatment is with periodic liquid nitrogen cryotherapy if there are a handful of lesions. For more widespread involvement, topical imiquimod or 5-fluorouracil should be considered. Photodynamic therapy or chemical peels are also beneficial.

Provided by: Dr. Benjamin Barankin

CASE 7: HILLARY'S HEMANGIOMA



Hillary, a three-year-old girl, presents with a telangiectatic lesion on the left side of the chest. According to the parents, the lesion was red and raised, simulating a strawberry one year ago.


Questions

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

Answers

1. Involuting infantile hemangioma.
2. Typically, infantile hemangiomas appear in the first few weeks of life as areas of pallor, followed by telangiectatic patches. They then grow rapidly in the first three to six months of life. Superficial lesions are bright red, protuberant and sharply demarcated and are often referred to as “strawberry hemangiomas” or “capillary

hemangiomas.” Deep lesions are bluish and dome-shaped. Hemangiomas consist of collections of dilated vessels surrounded by masses of proliferating endothelial cells. Infantile hemangiomas continue to grow until nine to 12 months of age, at which time the growth rate slows down to parallel the growth of the child. Involution begins in most cases by the time the child is three- to four-years-old. A central graying of the lesion and shrinkage in size are the visible stages of this process. Half of these lesions will show complete involution by the time a child reaches age five; 70% will have disappeared by age seven; and 95% will have regressed by ages 10 to 12. When involution is complete, the skin looks completely normal; partial involution may leave an atrophic scar with a few telangiectatic vessels.

3. No treatment is necessary. 

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