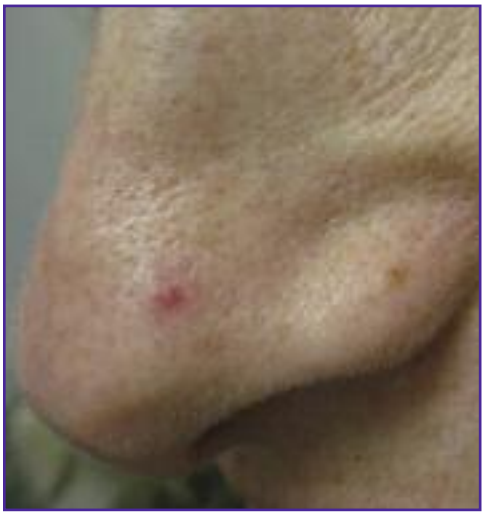
Illustrated quizzes on problems seen in everyday practice

Case 1: Nelly's Nose



Nelly, a 36-year-old female, presents with an asymptomatic, red papule on her nose present for several years.

Questions

1. What is your diagnosis?
2. With what syndrome are these lesions associated with?
3. How would you treat this lesion?

Answers

1. Angiofibroma
2. Tuberous sclerosis (TS) is a genetic condition characterized by multiple hamartomas. It features multiple angiofibromas on the face (also called adenoma sebaceum), periungual fibromas (Koenen tumours), connective tissue nevus (Shagreen patch) and hypomelanotic macules. Epilepsy, mental retardation and other neurologic findings are common with TS.
3. Electrosurgery or laser.

Provided by: Dr. Benjamin Barankin

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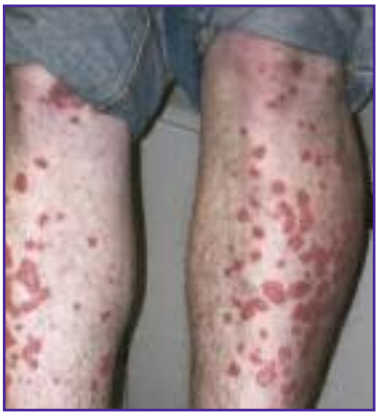
Case 2: Parker's Plaques



Parker, 20, presents with numerous, round, erythematous plaques on his abdomen, back and lower extremities for seven days. Some of the lesions are scaly. He had a sore throat two weeks ago but he did not seek medical attention for that. His nails are normal. There is no evidence of arthritis or joint deformity.

Questions

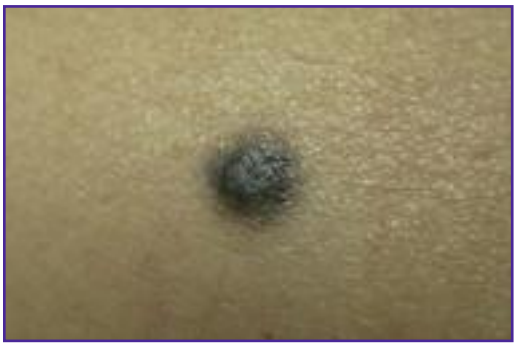
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. Guttate psoriasis.
2. Guttate psoriasis is the most common variant of psoriasis in children, adolescents and young adults. Nail involvement, such as pitting, onycholysis and discolouration, is uncommon in the younger age group. Psoriatic arthritis may precede, coincide with, or follow the development of the skin lesions. Guttate psoriasis is associated with group A ß-hemolytic streptococcal pharyngitis and perianal dermatitis. Streptococcal infection may lead to psoriasis via a mechanism that activates CD4+ T cells by a superantigen.
3. Culture from an appropriate site (throat, perianal area) and measurement of serum anti-streptococcal titers should be considered. Streptococcal infection, if present, should be treated. Optimal skin care and the use of topical corticosteroids or immunomodulators remain the first-line treatment for most patients. Phototherapy should be considered for refractory disease. Systemic treatment with cytotoxic agents (methotrexate, cyclosporine) is usually reserved for severe and generalized lesions that are resistant to other therapies.

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

Case 3: Bill's Blue Bump



Bill, a 34-year-old Phillipino male presents with a dark lesion on the arm. He thinks it may have grown larger over the past summer.

Questions

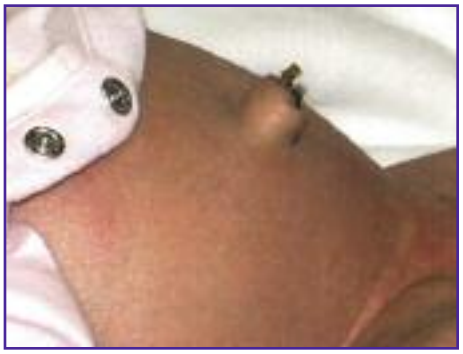
1. What is the diagnosis?
2. What are the two variants of this lesion?
3. Where are these lesions most commonly found?

Answers

1. Blue nevus. Because of the dark colour and change, a biopsy to rule out melanoma is a good idea.
2. The common blue nevus and cellular blue nevus.
3. Head and neck (especially common blue nevus), sacral region, dorsal hands and feet.

Provided by: Dr. Benjamin Barankin

Case 4: Sara's Stomach



The mother of Sara, a four-month-old infant, is concerned because the umbilicus does not look normal. The umbilical protrusion does not increase in size when the infant cries or strains.

Questions

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

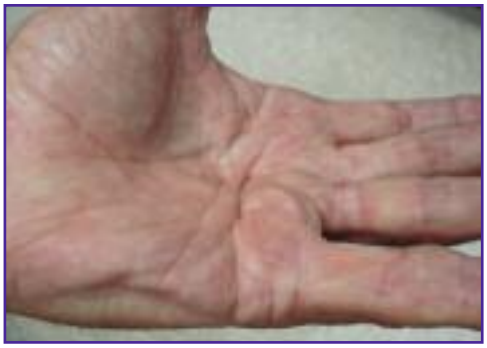
This condition results when the skin extends up the sides of the umbilical cord, forming an outpouching after the umbilical cord falls off.

Answers

1. Umbilicus cutis. Umbilicus cutis results when the skin extends up the sides of the umbilical cord, forming an outpouching after the umbilical cord falls off.
2. Umbilicus cutis is a harmless anomaly. It must be differentiated from an umbilical hernia by the lack of fascial defect and by the fact that there is no further protrusion when the infant cries or strains.
3. No treatment is necessary except for cosmetic purposes. If that is the case, plastic surgery should be considered.

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

Case 5: Harold's Hand



A 64-year-old male presents to the office with worsening stiffness in the palm of his left hand. He has noticed lumps which are painful when pressure is applied to the palm of his hand. He has difficulty fully extending his left ring finger. He has the same problem with his right hand but to a lesser extent.

Questions

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

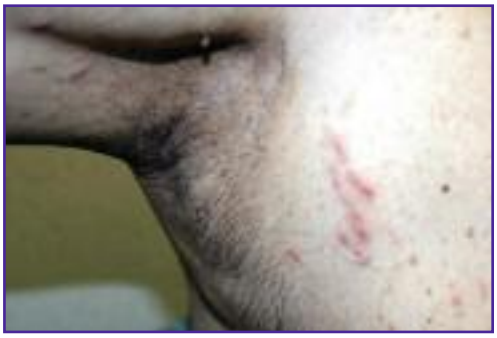
Answers

1. The diagnosis is a Dupuytren's contracture. (Baron Guillaume Dupuytren, French Anatomist and Surgeon, 1777 to 1835)

   Dupuytren contractures affect the palmar fascia as a slowly progressive fibroproliferative disease. It has no clear etiology, but has been associated with other fibroproliferative disorders, diabetes mellitus, alcoholism, hand trauma and epilepsy. There seems to be a familial trend indicating genetic predisposition.
2. It presents clinically with metacarpal-phalangeal or proximal interphalangeal joint contractures, nodules, thickening and atrophic grooves or pits in the skin. The ring finger is most commonly affected and can be unilateral or bilateral.
3. There is no successful management in treating or preventing the progression of the disease. The patient was referred to a plastic surgeon. The goal of surgical care is to excise or incise the diseased fascia. This treatment does not cure the disease, but may prevent progression of the contractures.

Provided by: Dr. Werner Oberholzer

Case 6: Roger's Itchy Rash



Linearity of the lesion rarely occurs in any other dermatitis and therefore can be an important diagnostic factor.

A 62-year-old male presented with a pruritic, erythematous rash on his right arm and front of chest. Some lesions appeared to have linear configuration. He had been fishing three days earlier.

Questions

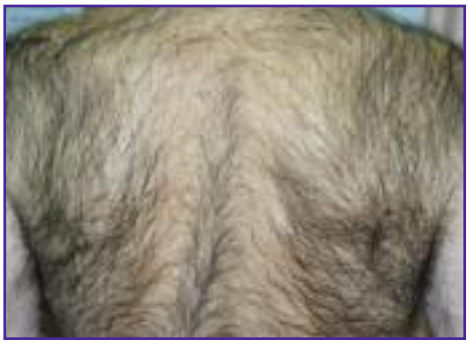
1. What is the diagnosis?
2. What is the cause?

Answers

1. Acute allergic contact dermatitis/ poison ivy. Linearity of the lesion rarely occurs in any other dermatitis and therefore can be an important diagnostic factor.
2. Poison ivy, poison oak and poison sumac are responsible for most cases. Poison ivy is the most popular. These plants contain an oily fluid called oleoresin-urushiol. This is mild "soap" that exudes from the injured plant parts and contains an allergen that causes the allergic reaction after contact with skin.

Provided by: Dr. Jerzy Pawlak

Case 7: Barry's Back



Barry presented with a history of excessive hair growing over his upper back.

Questions

1. What do you call such a condition?
2. What is the significance?

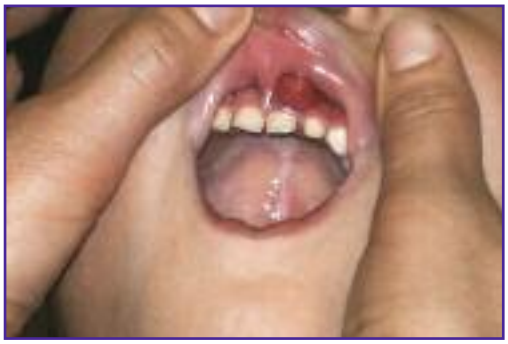
Answers

1. Hirsutism.
2. Excessive hair growth (also called hirsutism) can occur in both men and women, but it is usually only a problem for women. Women who experience hirsutism have excessive growth of dark, course body hair that may appear on the face, chest, abdomen and back. Excessive facial hair is the most troublesome for women. The cause of excessive hair growth varies. Common causes include:
   - genetics,
   - endocrine disorders,
   - polycystic ovary syndrome and
   - medications like hormones, steroids and birth control pills.

   It can be normal depending on race and geographic origin and if it runs in families.

Provided by: Dr. Jerzy Pawlak

Case 8: Gilbert's Gums



Gilbert, a four-year-old boy, presents with a nodular lesion on the upper gum. There is no associated fever, pain or difficulty with eating.

Questions

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

Answers

1. Parulis or periodontal abscess.
2. A parulis usually presents as an asymptomatic nodular lesion that develops on the alveolar mucosa at the oral end of a draining sinus. The lesion is usually secondary to a chronic periapical or alveolar abscess. The maxillary labial or buccal alveolar mucosa is the most frequent site of a parulis. The parulis usually perforates spontaneously into the oral cavity, but exacerbations are common. Occasionally, this may be complicated by periodontal fistula formation.
3. Treatment consists of systemic antibiotics and surgical drainage of the abscess. Dx

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