



*Illustrated quizzes on problems seen in everyday practice*

## CASE 1: SIMON'S SCALP



Simon, 42, presents with an isolated patch of alopecia on his scalp. He notes that there was mild pruritus prior to development of this lesion.

### Questions

1. What is your diagnosis?
2. Patients with which syndrome are commonly affected with this condition?
3. How would you treat this patient?

### Answers

1. Alopecia areata, an autoimmune non-scarring form of alopecia.
2. Down syndrome
3. Potent topical steroid lotions can be tried, though intralesional cortisone is considered more effective. For more widespread disease, other options include:
  - topical immunotherapy,
  - phototherapy,
  - prednisone, or
  - cyclosporine.

Provided by: Dr. Benjamin Barankin

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### CASE 2: LIAM'S LOWER BACK



Liam, a 14-year-old boy, presents with isolated horizontal streaks on the lower back. The streaks are purple-colored. He has gained 9 kg and grown 15 cm over the past year. His weight is 58 kg (75th percentile) and height 170 cm (75th percentile). The rest of the physical examination was essentially normal.

#### Questions

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

#### Answers

1. Idiopathic striae atrophicae of puberty.
2. Idiopathic striae atrophicae of puberty occurs in healthy, nonobese individuals at around puberty in association with adolescent growth spurt. The condition is more common in boys, presumably because boys grow faster than girls at around puberty. Idiopathic striae

atrophicae of puberty typically presents as purple, horizontal striae in the lumbar area. Over time, the colour fades and the lesions become atrophic and appear silvery.

In contrast, the lesions of striae cutis distensae occur mainly in areas that are subject to distension, such as the breasts, the lower abdomen, the lateral thighs and the buttocks. Striae cutis distensae are associated in a number of conditions such as:

- obesity,
  - pregnancy,
  - Cushing syndrome,
  - Marfan syndrome and
  - prolonged use of topical or systemic corticosteroids.
3. There is no treatment for this condition.

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

## CASE 3: SAMANTHA'S SHOULDER



The clinical differential diagnosis of melanoma presents a challenge even to experienced physicians. This photograph was taken from the left shoulder of Samantha, a 30-year-old female.

### Questions

1. What is suspicious about this lesion?
2. What is the treatment?

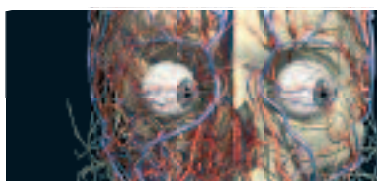
### Answers

1. Excision biopsy was done on the suspicious nature of lesion:
  - Asymmetry: Irregular shape
  - Border irregularity: The edges were not smooth
  - Diameter: It was measured at 0.6 cm in the longest axis
  - Evolving: According to the patient, it increased in size over the last two months

2. Simple excisional biopsy is the procedure of choice for removal and diagnosis of a melanocytic nevus. All removed melanocytic nevi should be submitted for microscopic evaluation. Because the interpretation of pigmented lesions may be challenging, many dermatologists prefer to have their specimens read by a qualified dermatopathologist.

The pathology report indicated a spindle cell nevus and the removal was complete.

Provided by: Dr. Werner Oberholzer; and Dr. Roberta McKay



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### CASE 4: SAUL'S SHORTNESS OF BREATH



Figure 1. Anteroposterior view.



Figure 2. Lateral view.

Saul, a 79-year-old male, after a recent history of pacemaker implanted due to third degree block, developed shortness of breath and slight edema of both ankles. An x-ray of his chest was performed (Figures 1 and 2)

#### Questions

1. What does the x-ray show?
2. What is the management?

#### Answers

1. The patient has a permanent pacemaker and the leads are in satisfactory position. The transverse diameter of the heart is enlarged. There appears to be blunting of both costophrenic angles. There is also suspected to be some vascular congestion. Final conclusion is congestive heart failure.
2. Check up:
  - Blood work (complete blood count, renal function test, electrolytes, thyroid function test)
  - EKG for proper function of pacemaker
  - Proper control of BP
  - Add proper dose of diuretics

Provided by: Dr. Jerzy K. Pawlak

## CASE 5: NICHOLAS' NECK



Nicholas, 33, presents with a red papule on his neck which has bled on several occasions.

### Questions

1. What is your diagnosis?
2. Pregnant women often also develop this lesion. Where on the body?
3. How would you treat this person?

### Answers

1. Pyogenic granuloma, a misnomer and benign vascular lesion.
2. Most commonly the gingival mucosa.
3. Shave excision with electrocautery is quite effective. Lasers are another option, as are silver nitrate and liquid nitrogen cryotherapy which have higher recurrence rates.

*Lasers are another option, as are silver nitrate and liquid nitrogen cryotherapy which have higher recurrence rates.*

Provided by: Dr. Benjamin Barankin

## CASE 6: ERICA'S EAR



Erica, a four-year-old, presents with a whitish nodule in the left auricle. The mass has been present since birth. There is no history of trauma. The lesion is asymptomatic.

### Questions

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

### Answers

1. Subepithelial calcified nodule.
2. Subepithelial calcified nodule is known as solitary congenital nodular calcification and Winer's nodular calcinosis. The condition is characterized by a solitary, firm, white or flesh-coloured, asymptomatic nodule usually seen on the face, particularly the helix of the auricle. The lesion may

appear at birth. It may not appear until late infancy or early childhood. The male to female ratio is 2:1.

Histologically, globules of amorphous collections of calcium with histiocytic infiltration and granular formation are seen in the dermis. The exact etiology is not known; the serum calcium level is often normal. Trauma has been suggested to play a pathogenic role.

3. Surgical excision is the treatment of choice.

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

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## CASE 7: LINDSAY'S LEG



*Cosmetically, this lesion can be improved with a shave excision or liquid nitrogen cryotherapy, with more definitive removal by deep excision.*

Lindsay, a 33-year-old female, presents with an asymptomatic, firm, brown papule on her leg. It has not grown in size and she seems to have developed two more of these lesions on her other leg.

### Questions

1. What is your diagnosis?
2. In whom and in what location is this lesion most commonly noted?
3. How might you treat this lesion?

### Answers

1. Dermatofibroma, a benign, idiopathic, cutaneous nodule.
2. It is most commonly found on the legs of women.
3. Reassure the patient as to the benign nature. Cosmetically, the lesion can be improved with a shave excision or liquid nitrogen cryotherapy, with more definitive removal by deep excision.

Provided by: Dr. Benjamin Barankin

## CASE 8: PATRICK'S PAIN



Patrick, a 12-year-old boy, complains of pain in both ears. He had been outdoors for two hours with his friends the day before. The temperature on that particular day was  $-25^{\circ}\text{C}$ .

### Questions

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

### Answers

1. Frostbitten ears.
2. Frostbite presents initially as stinging or aching of the skin which progresses to cold, numb, hard, white areas. After thawing, the site is painful, swollen, and erythematous. If the damage is severe enough, this condition may progress to blistering and then, if the arterial circulation is compromised, to bluish discoloration.

3. Frostbitten ears should be managed by rapid rewarming of the frozen area to prevent additional injury from intracellular ice formation and protein denaturation. This can be achieved by warm irrigation of the ears or application of warm compresses on the ears. Potent analgesics are often necessary. Blisters should be treated by regular cleansing, debridement and application of an antibiotic cream. Vasodilating agents such as prazosin or phenoxybenzamine may be of help in the prevention of impending vascular necrosis. Avascular areas may require surgical excision.

Provided by: Dr. Alexander K. C. Leung; and  
Dr. Alexander G. Leong



## CASE 9: MARK'S MOLE




*Although controversial, these typically do not need to be excised unless they are changing or a concern for melanoma is present.*

A 22-year-old male presents with an unusual mole on his back. His mother feels that it may be changing in size and colour, but is not sure.

### Questions

1. What is your diagnosis?
2. What features or characteristics of this lesion would be worrisome?
3. How would you manage this patient?

### Answers

1. Atypical nevus/dysplastic nevus.
2. Sudden change in size, development of irregular borders (“notched”), surrounding inflammation, darkening, pain or pruritus, bleeding and ulceration.
3. The presence of atypical nevi warrants a thorough cutaneous examination and patients should be advised and taught about self-examination. Although controversial, atypical nevi typically do not need to be excised unless they are changing or a concern for melanoma is present. If melanoma is in the differential, a biopsy is warranted. 

Provided by: Dr. Benjamin Barankin