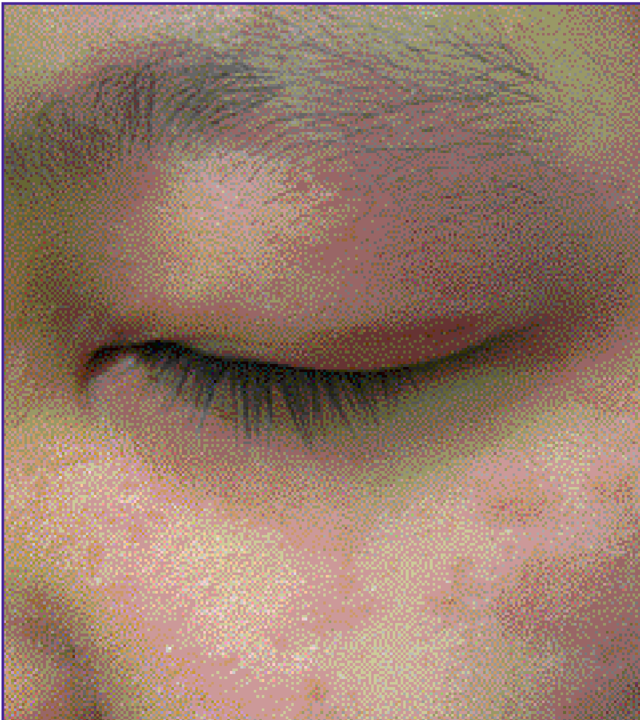
Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

Case 1



Peter's Pruritic Plaques

Peter, 16, presents with pruritic and fluctuating plaques on his face, trunk and arms of one week duration. He is very uncomfortable and not sleeping. He had some upper respiratory symptoms prior to the rash and was treated with a penicillin-family drug. The rash developed immediately after a 10-day course of this medication.

Questions

1. What is your diagnosis?
2. What is his prognosis?
3. How would you manage this patient?

Answers

1. Acute urticaria, likely due to penicillin
2. Eighty per cent of cases will resolve within two weeks and 95% of new-onset urticaria resolves within three months
3. An H1 antihistamine is the drug of choice. If insufficient, an H2 antihistamine agent can be added or another H1 antihistamine tried. Oral doxepin binds both H1 and H2 very effectively. Occasionally, as in this severe case, a course of prednisone is warranted

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Provided by: Dr. Benjamin Barankin

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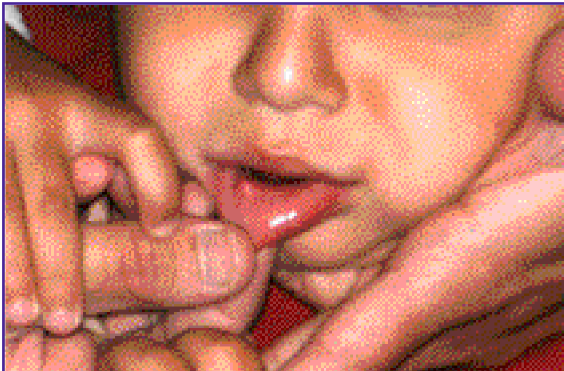
Case 2



Lee's Lower Lip

Lee, a 20-month-old boy, presents with a cystic mass on the inner aspect of the lower lip. There is no history of trauma.

Questions

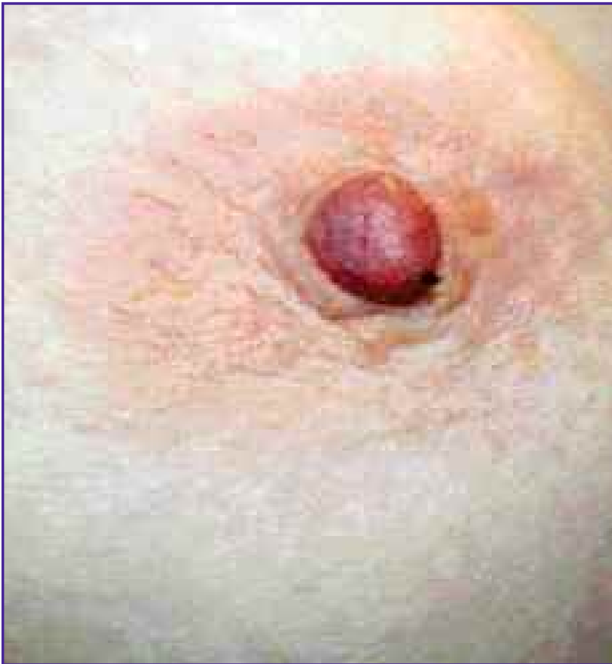
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. Mucocele
2. A mucocele is caused by a blockage or traumatic severance of a duct of a minor salivary gland. This leads to extravasation of sialomucin and submucous retention of the mucus secretion. Typically, a mucocele presents as a painless, fluctuant, tense, cystic mass on the mucosal surface of the lower lip. Occasionally, it may occur on the upper lip, buccal mucosa, gingiva, palate, floor of the mouth, or tongue. The lesion is usually < 1 cm in diameter. A mucocele may rupture spontaneously, but recurrence is common
3. Treatment consists of surgical excision, with extirpation of the involved accessory salivary gland

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

Case 3



Norah's Nipple

Norah, a 64-year-old female, is concerned about a black growth on her left nipple.

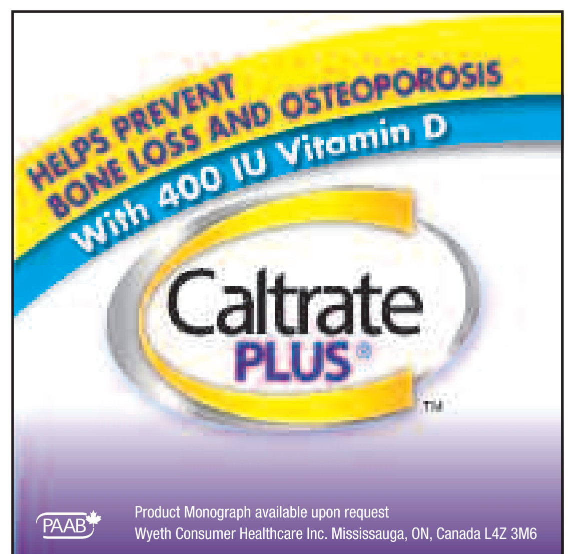
Questions

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

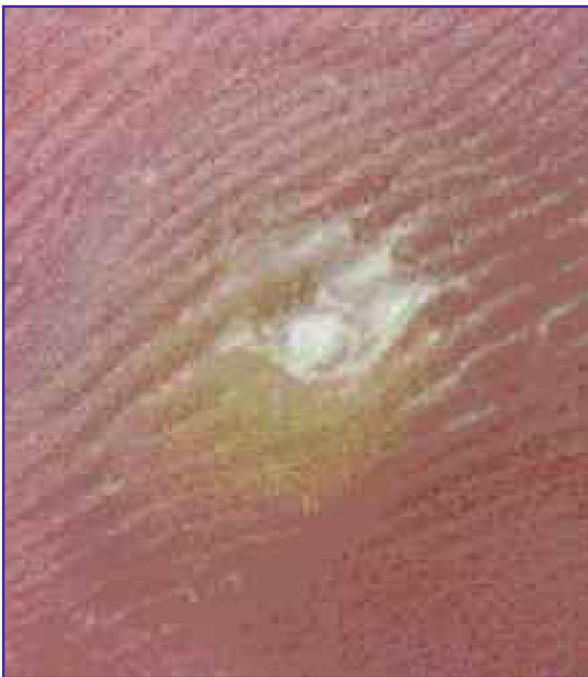
Answers

1. Biopsy is essential for all skin lesions
2. Biopsy showed infracted skin tag
3. Skin tags are pedunculated benign fibroepithelia; polyps, a few millimetre in length. They are common, mainly seen in the elderly. The cause is unknown, but they are often found in obese individuals. The tratment, usually for cosmetic reasons, is by cryotherapy, or cutting through it with hyfrecator

Provided by: Dr. Jerzy K. Pawlak



Case 4



Francine's Foot

Francine, 48, presents with a painful lesion on her plantar foot of two years duration.

Questions

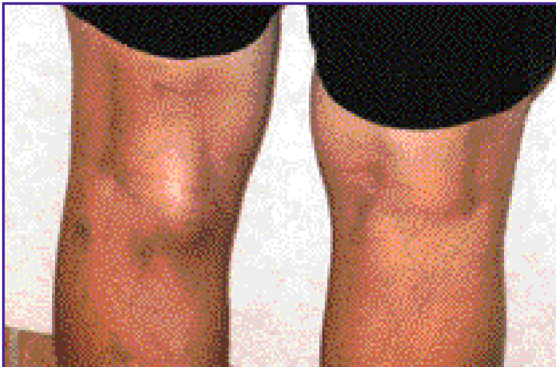
1. What is your diagnosis?
2. What are the three subtypes of this lesion?
3. How would you treat this lesion?

Answers

1. Corn or clavi are painful, hyperkeratotic papules that develop due to persistent, excess pressure on bony prominences of the feet
2. A hard corn is typically observed over the interphalangeal joints. A soft corn is macerated and soft, typically found in interdigital locations. A periungual corn occurs near the edge of a nail
3. Debulking or paring the lesion without drawing blood is recommended. Regular debridement, especially in diabetic patients, is recommended. Ultimately, finding proper footwear that correctly matches the length and width of the feet is necessary. Topical keratolytics with urea, lactic or salicylic acid can also be beneficial

Provided by: Dr. Benjamin Barankin

Case 5



Natalie's Knee

Natalie, a 50-year-old woman, presents with a fluctuant, cystic mass on the posterior aspect of her left knee. There is no history of trauma but she has had recurrent pain in her left knee for the past six months.

Questions

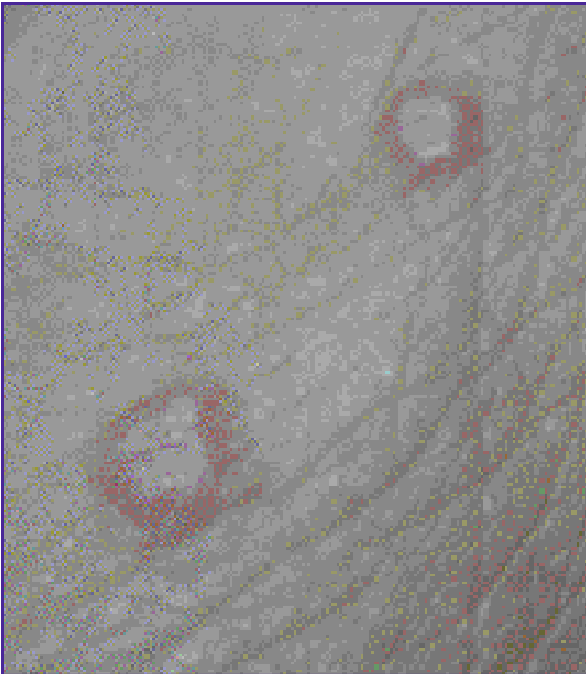
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. Popliteal cyst, also known as Baker's cyst
2. A popliteal cyst forms when the synovial fluid from the knee joint fills and distends the bursa in the popliteal area. The cyst is called "primary" if there is a valvular connection with the joint cavity, impeding reflux of synovial fluid from the cyst into the joint and there is no knee derangement. The vast majority of primary cysts are found in children and young adults and are usually asymptomatic. On the other hand, the cyst is called "secondary" if it communicates freely with the joint cavity and is associated with an intra-articular lesion. Secondary cysts occur mainly in adults. Meniscal tears account for at least 75% of these lesions. Other causes include osteoarthritis, rheumatoid arthritis and infectious arthritis. Standard radiographs, ultrasound, CT scan and MRI scan can be useful in the evaluation of popliteal cysts
3. The underlying cause should be treated if possible. If the cyst persists after proper treatment of the underlying lesion and is symptomatic, surgical excision of the cyst should be considered

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

Case 6



Ian's Itchy Papules

Ian, 48, presents with itchy papules on his dorsal hands and wrists, with new lesions now appearing on his ankles.

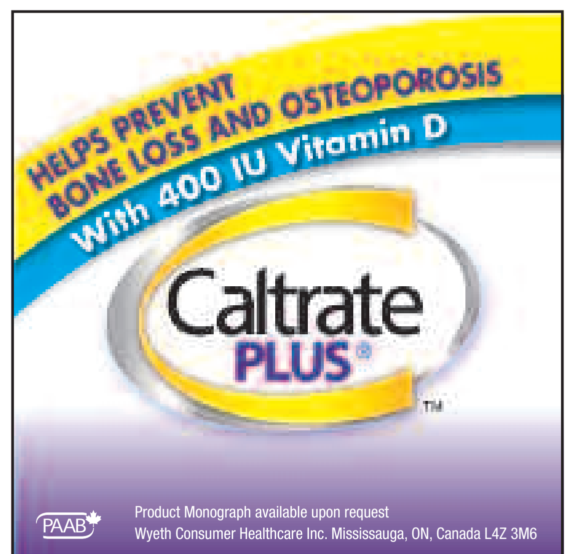
Questions

1. What is your diagnosis?
2. What condition has this rash been associated with?
3. How would you treat this condition?

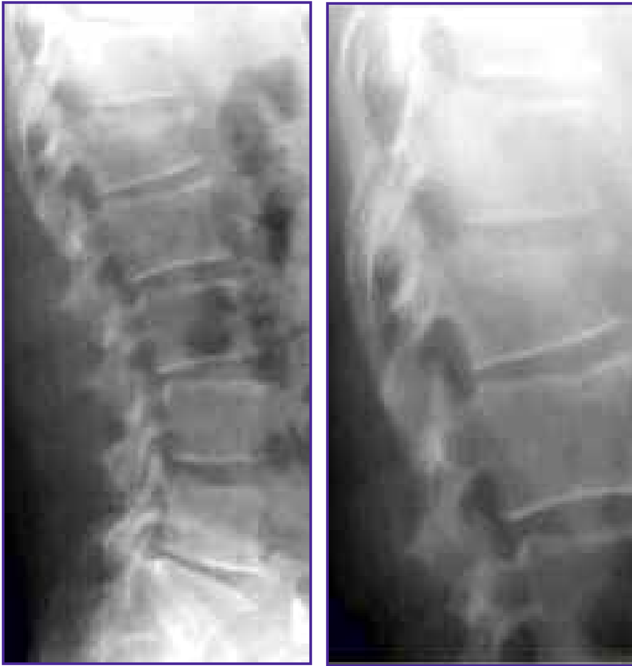
Answers

1. Lichen planus, an idiopathic, cell-mediated immune condition
2. Hepatitis C virus infection is associated with oral erosive lichen planus
3. Potent topical steroids and intralesional steroids are beneficial for localized disease. Oral retinoids, cyclosporine, prednisone and phototherapy are all options for more extensive involvement

Provided by: Dr. Benjamin Barankin



Case 7



Barry's Bothersome Back

Barry, 48, fell down on his back. Because of severe pain, he was taken to Emergency and an x-ray of lumbosacral spine was performed. Only local tenderness and restriction of the thoracolumbar movements was found. His neurological exam is normal.

Questions

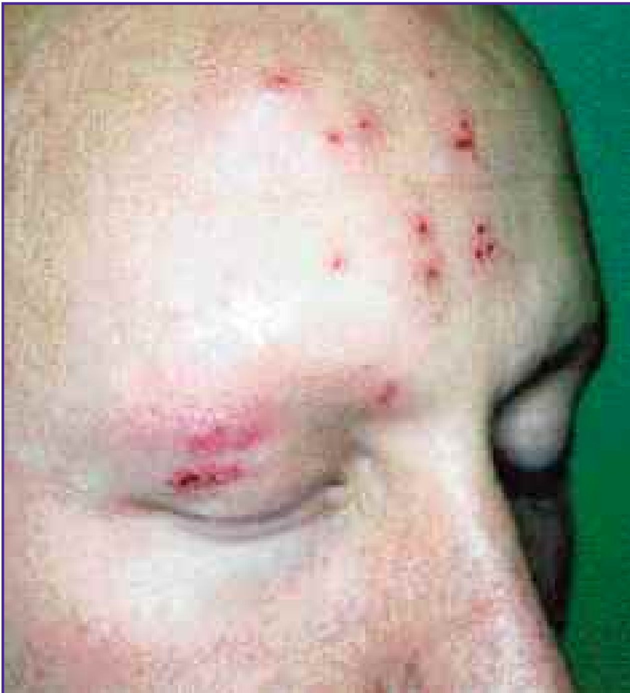
1. What do the x-rays show?
2. What is the management?

Answers

1. Five lumbar type vertebra, S1 is partially lumbarized. Multi-level end-plate spurring and multi-level mild disc narrowing. There is superior end-plate compression of L1 with approximately 70% loss in anterior vertebral height. This is felt to represent acute compression fracture
2. Management includes orthopedic surgeon consultation, painkillers, lumbosacral corset, bone density study

Provided by: Dr. Jerzy K. Pawlak

Case 8



Frank's Forehead

Frank, 27, developed headaches, followed by vesicular eruptions that involved the right side of his forehead.

Questions

1. What is the diagnosis?
2. What is the Hutchinson's sign?

Answers

1. Herpes zoster ophtalmicus. The ophthalmic division of the trigeminal nerve divides into frontal, lacrimal and nasociliary nerves. Involvement of any branch of this nerve is called herpes zoster ophthalmicus
2. The tip and side of the nose and eye are innervated by the nasociliary branch of the trigeminal nerve. Vesicles on the side or top of the nose occurring during an episode of zoster are called Hutchinson's sign. They are mostly associated with the most serious ocular complications

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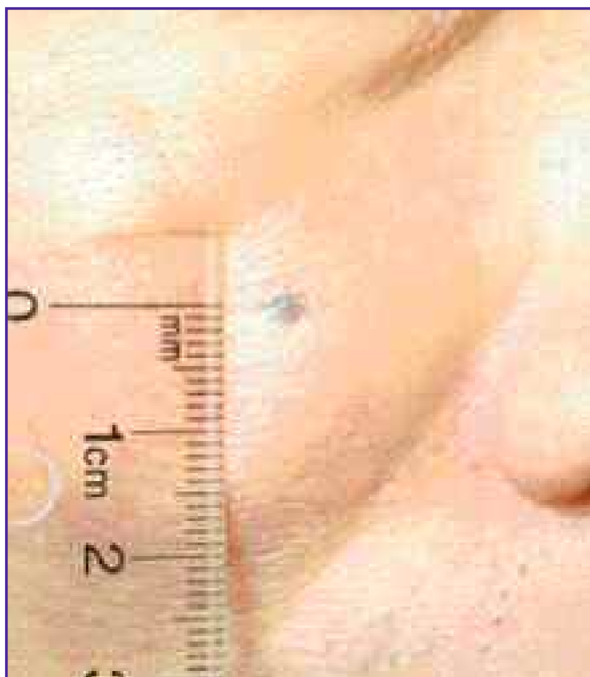
See prescribing summary on page 132

Case 9



Chung's Cheek

Chung is a 40-year-old male of Asian descent. He previously went to a laser clinic to have a "mole" removed on the right cheek. Unfortunately, it has recurred 12 months later. Examination reveals a translucent 4 mm papule with focal clusters of black pigment and telangiectasias. There is no cervical lymphadenopathy.

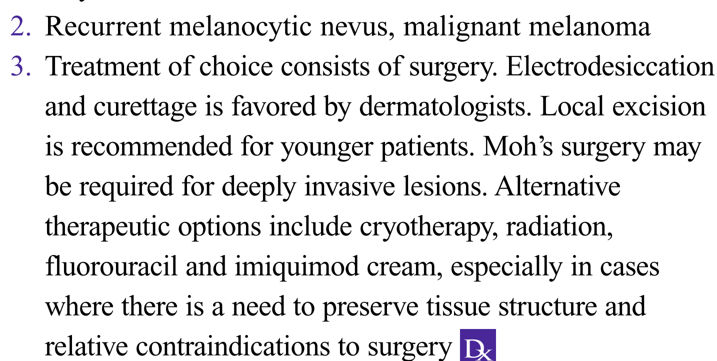
Questions

1. What is your diagnosis?
2. What are your differential diagnoses?
3. What is the treatment of choice?

Answers

1. Pigmented basal cell carcinoma (BCC). BCC is one of the most common skin neoplasms. The majority of lesions occur on the sun exposed areas of the body. Fortunately, BCC rarely metastasizes; however, untreated lesions are locally invasive and may cause bone destruction if left untreated

   There are four major types including nodular, cystic, superficial and pigmented BCC. Pigmented BCC has a higher prevalence in patients with darker complexions and may be confused with nodular melanoma



2. Recurrent melanocytic nevus, malignant melanoma
3. Treatment of choice consists of surgery. Electrodesiccation and curettage is favored by dermatologists. Local excision is recommended for younger patients. Moh's surgery may be required for deeply invasive lesions. Alternative therapeutic options include cryotherapy, radiation, fluorouracil and imiquimod cream, especially in cases where there is a need to preserve tissue structure and relative contraindications to surgery Dx

Provided by: Dr. Simon Lee