



Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

Case 1



Peter's Patch

Peter, an 18-year-old male noticed this brown patch on his arm around the time of puberty which has since developed some hypertrichosis.

Questions

1. What is your diagnosis?
2. Where is this lesion most commonly located?
3. How would you treat this lesion?

Answers

1. Becker's nevus, a benign lesion more common in men and typically presenting itself around the time of puberty
2. Shoulder, upper chest or back
3. Reassure as to the benign nature of this lesion. If small enough, it can be excised or the hypertrichosis treated with a laser. Occasionally it has been associated with a smooth muscle hamartoma and rarely unilateral breast hypoplasia and melanoma have been associated

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Provided by: Dr. Benjamin Barankin

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Case 2



Samuel's Skin Rash

Samuel, a three-year-old child, was brought to the office by his mother with a skin rash that has been present for three weeks. The child has no previous illnesses, no previous surgeries or allergies and has no other complaints.

The rash is present on the right side of his abdomen and chest. It is not pruritic and the mother states that it is spreading in this area.

Questions

1. What is the diagnosis?
2. How does this condition present?
3. How would you treat this lesion?

Answers

1. The diagnosis is molluscum contagiosum. It is caused by the DNA poxvirus and transmitted via direct skin contact or autoinoculation
2. Molluscum contagiosum produces a papular eruption of multiple umbilicated lesions. The individual lesions are discrete, smooth and dome shaped.

They are generally skin-coloured but may be atypical if irritated or when inflamed. The central depression or umbilication is considered typical

3. Molluscum contagiosum is a self-limiting disease, which left untreated, will eventually resolve. "Benign neglect" is thus the first treatment option

Depending on the needs of the patient, electrocautery, cryotherapy, cantharidin or other locally destructive treatments can be used, with the risk of scarring.

Antiviral and immune-modulating treatments have recently been added to the treatment options

Provided by: Dr. Werner Oberholzer

Case 3



Norman's Nose

Norman, a 65-year-old male, was seen in the office with a history of recurrent nasal congestion and sinusitis. An x-ray of paranasal sinuses was performed.

Questions

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

Answers

1. The x-ray showed mucosal thickening in the left maxillary atrium. There is an air fluid level seen in the right maxillary antrum in keeping with acute sinusitis
2. Norman was referred to a laryngologist who performed a flexible nasal endoscopy and found a rather large polyp in the left nasal cavity. He is a good candidate for surgery

Provided by: Dr. Jerzy K. Pawlak

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Case 4



Richard's Red Eye

A 50-year-old male woke up in the morning and found that his left eye was red. There was no history of trauma, cough, or vomiting. He had hypertension and was taking an antihypertensive agent. Physical examination showed a BP of 180/110 mmHg. His vision was normal. In addition to the redness in the left eye, a gray opaque ring surrounding the margin of the cornea was noted bilaterally. His fasting serum cholesterol level was 7.2 mmol/L.

Questions

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

Answers

1. Subconjunctival hemorrhage and arcus corneae
2. Subconjunctival hemorrhage often occurs spontaneously and in this case, most likely secondary to hypertension. Other causes of subconjunctival hemorrhage include trauma, violent coughing or vomiting, acute conjunctivitis, septicemia, blood dyscrasia and scurvy. Arcus corneae is a feature of hypercholesterolemia
3. Subconjunctival hemorrhage will resolve on its own, usually in 10 to 14 days. As such, no treatment is necessary. The hypercholesterolemia was treated by atorvastatin

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

Case 5



Eric's Eruption

A 21-year-old male presents with a pruritic eruption on his trunk of four weeks duration. He recalls possible respiratory symptoms prior to the onset of the rash.

Questions

1. What is your diagnosis?
2. What is believed to be the cause of this rash?
3. How would you manage this patient?

Answers

1. Pityriasis rosea (PR), likely a viral exanthem to an upper respiratory infection
2. Human herpesvirus 6 or 7
3. If diagnosed within a few days, recent studies support the use of oral antivirals. Relief of pruritus with topical steroids and/or oral antihistamines can be helpful. Phototherapy for widespread, persistent or bothersome PR is quite helpful

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Provided by: Dr. Benjamin Barankin

Case 6



Diego's Digits

Diego, a 50-year-old male who recently arrived from Guatemala, presented with a 20-year history of progressively enlarging, painful nodules over multiple joints on his hands.

Questions

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

Answers

1. These are gouty tophi, which are deposits of monosodium urate crystals in the soft tissue
2. Gouty tophi are painful, skin-covered nodules. The overlying skin may be yellow, erythematous, or ulcerated. Acral joints, extensor surfaces and helix of the ear are sites of predilection. The tophi usually occur at least ten years after the onset of gout and are present in < 10% of patients with gout. Gouty tophi may cause joint erosion and destruction
3. Early diagnosis of gout and prevention of subsequent attacks can lessen the chances of tophus development. Treatment is difficult but minimal to partial resolution can occur with the normalization of serum uric acid level, depending on the size of lesions. Urate-lowering pharmacotherapy using a xanthine oxidase inhibitor or uricosuric agent is recommended

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

Case 7



Barry's Breasts

Barry, a 58-year-old male, presented with bilateral breast enlargement.

Questions

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

Answers

1. Gynecomastia (breast enlargement in the man)
2. Gynecomastia has many causes and associations:
 - Age-related (*e.g.*, puberty, senile [rise in estrogens and fall in androgens])
 - Endocrine (*e.g.*, thyrotoxicosis, hypothyroidism, pituitary disease, Addison's disease, testicular tumours, adrenal carcinoma, isolated gonadotropin deficiency)
 - Chromosomal (*e.g.*, Klinefelter's syndrome-47,XXY)
 - Metabolic (*e.g.*, hepatic failure)
 - Neoplastic (*e.g.*, carcinoma of the lung)
 - Drug-induced (*e.g.*, estrogen therapy, spironolactone, digoxin, alkylating agents, Griseofulvin, methyl dopa, phenothiazines, isoniazide, calcium channel blockers, tricyclic antidepressant, tricyclics anabolic and adrenocortical steroids)

The above patient has history of alcoholism with hepatitis following treatment with spironolactone



Provided by: Dr. Jerzy K. Pawlak

Case 8



Clark's Circular Marks

Clark, a 16-year-old male, presents with white halos of depigmentation surrounding several nevi on his trunk.

Questions

1. What is your diagnosis?
2. Which demographic is most commonly affected?
3. How would you manage this person?

Answers

1. Halo nevi
2. Children and adolescents; there is no gender or racial predilection
3. Halo nevi are benign and only of cosmetic significance. Since melanoma can sometimes undergo regression and thus present with white colouration, it can be helpful for a dermatologist to assess and/or biopsy the lesion if warranted

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Provided by: Dr. Benjamin Barankin

Case 9



Lukas' Line

Lukas, a three-month-old boy, presents with a hyperpigmented streak that extends from the umbilicus to the pubis.

Questions

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

Answers

1. Linea nigra
2. Linea nigra is characterized by a brown streak running from the umbilicus to the pubis. The condition is more common in dark-skinned individuals. Linea nigra is more common in females than males.

Presumably, the lesion results from an excess in estrogen and progesterone which have a melanocyte-stimulating effect. In the neonatal period, this may be due to high levels of estrogen in the placental-fetal circulation. The occurrence of linea nigra is not uncommon during pregnancy, where it assumes the name of linea gravidarum. Linea nigra has to be differentiated from postinflammatory hyperpigmentation and pigmentary demarcation line (Ito's line)

3. The condition is benign and no treatment is necessary

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

Case 10



Nicholas' Neck

Nicholas, 15, presents with verrucous papules on his neck of several years duration.

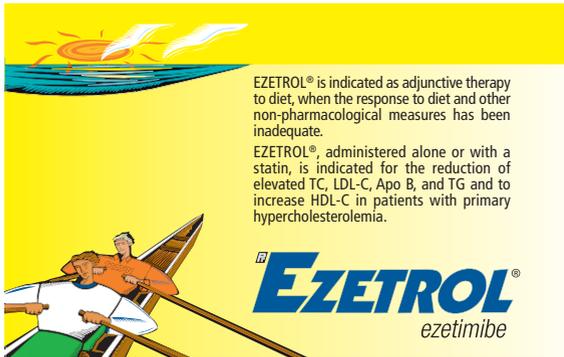
Questions

1. What is your diagnosis?
2. What is the most commonly affected area?
3. How would you manage this lesion?

Answers

1. Linear epidermal nevus, often mistaken for verruca vulgaris
2. Head and neck, as well as trunk
3. Reassure as to the benign nature of the lesion. Can be excised or laser ablated for cosmetic improvement 

Provided by: Dr. Benjamin Barankin



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