



Case 1



Fissuring Fingers

A 36-year-old new mother presents with dryness and fissuring of her hands.

Questions

1. What is your diagnosis?
2. What is the most commonly affected body part and what is the cause?
3. How would you manage this patient?

Answers

1. Irritant (contact) hand dermatitis or “new mother” dermatitis.
2. Hands. Repeated exposure to soaps, cleansers and solvents.
3. Topical steroids are not advised. Creams containing ceramides and/or dimethicone are particularly helpful. Use of soaps and detergents should be minimized where possible and switched to milder cleansers.

Provided by: Dr. Benjamin Barankin

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Case 2



Bilateral Deformities

A two-year-old child presents with bilateral deformities of the third and fourth toes. The deformities have been noted since birth. His 30-year-old father has similar deformities in the third toes.

Questions

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

Answers

1. Curly toes.
2. Curly toes are characterized by flexion and medial deviation of the proximal interphalangeal joints of the toes. The condition is usually bilateral and caused by congenital tightness of the flexor digitorum longus tendon and flexor digitorum brevis tendon. The third and fourth toes are commonly affected. The condition has an autosomal dominant mode of inheritance with incomplete penetrance. The majority of cases are asymptomatic. However, abnormal pressure on the adjacent metatarsal heads may result in callus formation.
3. The condition tends to resolve in approximately 25% of cases. Surgery should be considered for children who have severe deformity at six-years-of-age. Tenotomy of the flexor digitorum longus tendon and flexor digitorum brevis tendon is the treatment of choice.

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

Case 3

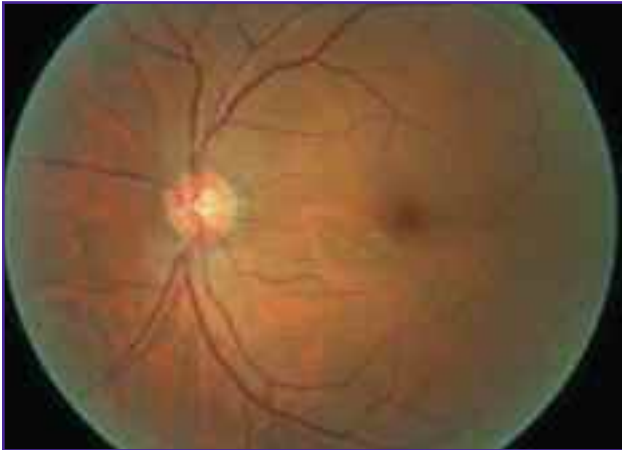


Figure 1. Retinal image of left eye. Normal.



Figure 2. Retinal image of right eye.

Loss of Vision

A 57-year-old male with history of hypercholesterolemia and hypertension, presented with a three day history of sudden onset of persistent inability to see through his right eye in the central field of vision. Figures 1 and 2 show retinal images.

Questions

1. What is your diagnosis?
2. What is the cause of this condition?
3. What investigations will you seek?
4. What is the treatment?

Answers

1. The most likely diagnosis is branch retinal vein occlusion of right eye causing retinal hemorrhage, venous congestion and macular edema.
2. The most common cause of retinal vessel occlusion is an embolus, the source of which in most cases is CV system.
3. Carotid ultrasound, 2-D ECHO, Holter monitor and lipid profile.
4. Emergency treatment is ocular massage. He needs investigations to identify the source of embolus formation and treatment of the underlying cause to decrease the risk of future vascular events. He should be started on antiplatelet treatment involving the modification of the vascular risk factors including hypercholesterolemia, hypertension, diabetes mellitus, coronary artery disease and cardiac arrhythmias if present. Management of any complications and periodic monitoring for neovascularization.

Provided by: Dr. Abdul Qayyum Rana; Dr. Faisal R. Khan; and Dr. Waheed Khan

Case 4



Hair Loss

A 42-year-old female presents with a round area of asymptomatic alopecia at the vertex of her scalp.

Questions

1. What is your diagnosis?
2. What is believed to be the pathogenesis of this condition?
3. How would you manage this condition?

Answers

1. Alopecia areata.
2. A T cell mediated autoimmune condition with a hereditary basis.
3. Consider a potent topical steroid applied once or twice a day. If the response is insufficient, intralesional triamcinolone can be administered.

Provided by: Dr. Benjamin Barankin

Case 5



Figure 1. X-ray of lumbosacral spine, lateral view.



Figure 2. X-ray of lumbosacral spine, lateral view (close up).

Back Pain

A 52-year-old obese male visited the clinic because of back pain. An x-ray of his back was performed (Figures 1 and 2).

Questions

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

Answers

1. There is generalized osteopenia. There are mild central superior and inferior end plate compression deformities seen L3, L4 and L5 which are likely osteoporotic in nature.
2. There is an absence of normal quality of bone, rather than a bone disease. The structure of the bone becomes porous and vertebral compression is common. Disease associated with osteoporosis include:
 - menopause,
 - hyperthyroidism,
 - hyperparathyroidism,
 - Cushing's disease,
 - hypogonadism,
 - rheumatic arthritis,
 - chronic renal and hepatic disease,
 - myeloma and
 - malabsorption syndrome.

Provided by: Dr. Jerzy K. Pawlak

Case 6

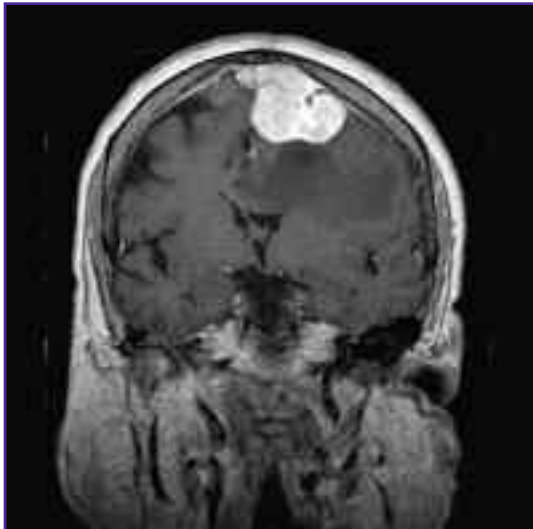


Figure 1. Coronal view of left frontal extraaxial hyperintense mass with dural tail and mass effect, diffusely enhancing after contrast administration.

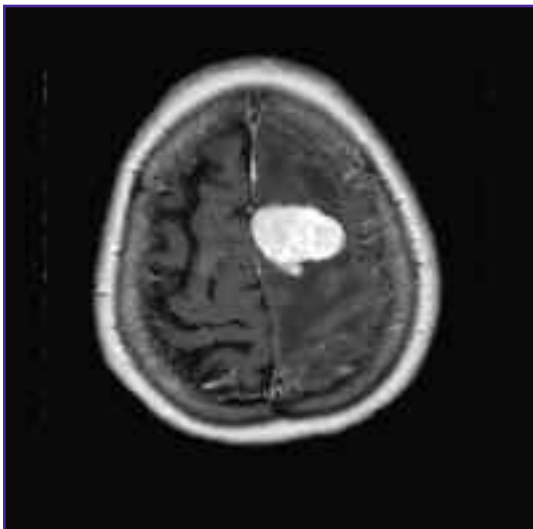


Figure 2. Sagittal view of left frontal extraaxial hyperintense mass with mass effect, diffusely enhancing after contrast administration.

History of Falling

A 65-year-old female presented with a history of falling after waking up in the middle of the night to go to the bathroom. She had a generalized seizure lasting two minutes. MRI of her brain was performed and Figures 1 and 2 show the images.


Questions

1. What do you see on this image?
2. What is the diagnosis?
3. What is the treatment?

Answers

1. MRI scan shows left frontal extraaxial hyperintensity with diffuse enhancement after contrast administrations with a dural tail.
2. Left frontal meningioma.
3. Treatment is antiepileptic medication and surgical removal of the tumour.


Provided by: Dr. Abdul Qayyum Rana; Dr. Faisal R. Khan; and Dr. Waheed Khan



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Case 7



Multiple, Crusted Lesions

A one-year-old boy presented with multiple, crusted lesions on the posterior aspect of his left thigh. He is a daycare attendee.

Questions

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

Answers

1. Impetigo contagiosum (crusted impetigo).
2. Impetigo contagiosum is a common, contagious superficial infection of the skin caused by group A β -hemolytic streptococci, *Staphylococcus aureus*, or both. Crowding, poor hygiene and neglected minor skin trauma increase the opportunity for infection.

Impetigo contagiosum begins as a small, erythematous macule or papule that rapidly develops into a vesicle or pustule. The lesion then ruptures, with release of a thin, cloudy yellow fluid which dries to form a thick, golden-yellow “stuck-on” crust, the hallmark of impetigo contagiosum. New satellite lesions usually appear in the vicinity, spread by autoinoculation. Regional lymphadenopathy is common. Impetigo contagiosum caused by group A β -hemolytic streptococci may result in guttate psoriasis, scarlet fever and post-streptococcal glomerulonephritis.

3. Gentle cleansing and removal of crusts may help prevent local spread of the disease. Topical antibiotics such as neomycin, polymyxin and bacitracin, or 2% fusidic acid are useful in the treatment of mild, localized disease in healthy individuals. Complicated or widespread cases require an oral β -lactamase-resistant antibiotic, such as dicloxacillin, cephalosporin, or clindamycin. Oral antibiotic therapy does not prevent post-streptococcal glomerulonephritis caused by nephritogenic strains of streptococci.

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

Case 8



A Pruritic Scar

A 27-year-old male presents with a pruritic scar on his back, months after a dysplastic nevus was excised.

Questions

1. What is your diagnosis?
2. Which persons are more prone to this lesion and in which location?
3. How would you manage this lesion?

Answers

1. Keloid scar.
2. Most common in Black and Asian skin, especially on the upper trunk and earlobes.
3. Intralesional kenalog with or without careful application of cryotherapy (in lighter skin types). Excision, radiation and topical imiquimod therapy can also be considered, along with silicone gel sheeting.

Provided by: Dr. Benjamin Barankin

Case 9



Cystic Papule on the Eyelid

A 65-year-old woman presents with an asymptomatic blue-hue cystic papule on her upper eyelid. It has been present for many months and has not grown in the past three months.

Questions

1. What is your diagnosis?
2. What is the pathogenesis of this lesion?
3. How would you manage this lesion?

Answers

1. Hydrocystoma.
2. This is a benign cystic proliferation most commonly of apocrine glands found on the eyelids. They grow slowly and typically persist.
3. Reassure as to the benign nature. They can be excised and/or incised and drained. Electrosurgical destruction of the cyst wall can prevent recurrence.



Provided by: Dr. Benjamin Barankin