



Case 1



Erythematous Blisters

A 37-year-old male presents with erythematous papulovesicles on his right flank. They are tender and only mildly pruritic. He feels otherwise well.

Questions

1. What is your diagnosis?
2. If someone < 20-years-of-age develops this condition, what underlying conditions should you consider?
3. How would you manage this patient?

Answers

1. Shingles/herpes zoster.
2. Lymphoma, immune deficiency, transplant patients and HIV.
3. Oral acyclovir and its derivatives should ideally be instituted within 72 hours of symptom onset for the purposes of shortening the duration of herpes zoster and decreasing the likelihood and severity of postherpetic neuralgia.

Provided by: Dr. Benjamin Barankin

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955, boul. St. Jean, Suite 306
Pointe-Claire, Quebec H9R 5K3

Email: diagnosis@sta.ca
Fax: (888) 695-8554

Case 2



Hyperpigmented Lesions

A three-year-old girl developed a hyperpigmented lesion on her legs at six-months-of-age. Her 28-year-old father and five-year-old brother had similar lesions on their legs.

Questions

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

Answers

1. Ichthyosis vulgaris.
2. The term “ichthyosis” is derived from the Greek word “ichthys” which means fish and was chosen because the lesions have the appearance of fish scales. Ichthyosis vulgaris is an autosomal dominant disorder characterized by the development of dry, rectangular or polygonal scales. Ichthyosis is caused by altered profilaggrin expression which leads to scaling and desquamation. The profilaggrin gene encodes for structural proteins expressed in the terminally differentiating epidermis. The gene locus resides on chromosome 1q22.

The lesions are not usually present at birth but appear in most patients during the first year of life and in the vast majority by five-years-of-age. The scaling is symmetric and usually intensifies until puberty and subsequently decreases with age. Scaling is most prominent on the extensor aspects of the extremities, particularly the shins. The scales often curl up at the edges which impart a rough feel to the skin.

3. Treatment consists of hydration of the skin and prevention of evaporation. Bathing once or twice daily in warm water for approximately five minutes helps to hydrate the skin. A moisturizer should be immediately applied to minimize evaporation and to keep the skin soft and flexible.

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

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Case 3



Plaques on the Elbows

This 68-year-old patient came to the office after he was discharged from the hospital. He was admitted for exacerbation of heart failure. He previously had a massive anterior MI seven years ago and his recent ECHO revealed an ejection systolic fraction of only 28%. Unfortunately he still smokes four to five cigarettes a day. He was discharged with this patch which he applies for 12 hours every day.

Questions

1. What are the skin lesions on his elbows?
2. What is the drug patch he was discharged with?
3. What are the possible side-effects of this drug?

Answers

1. The skin lesions are typical psoriatic plaques, which characteristically are well demarcated with silvery scales that occur on extensor surfaces of the elbows and knees.
2. The drug patch is a nitroglycerin patch. Nitrates are potent coronary vasodilators, but their principal benefit in heart failure follows from a reduction in venous return which reduces left ventricular work. Many patients on long-term or transdermal nitrates rapidly develop tolerance (with reduced therapeutic effects). Reduction of blood nitrate concentrations to low levels for four to eight hours each day usually maintains effectiveness in such patients.
3. Side-effects are due to vasodilatation and are throbbing headache, flushing, dizziness, postural hypotension and tachycardia (but paradoxical bradycardia has occurred).

Provided by: Dr. Hayder Kubba

Case 4



Figure 1. MRI of the brain.

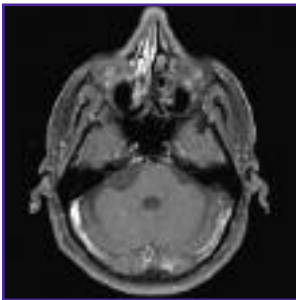


Figure 2. MRI of the brain.

Pain and Numbness of the Face

A 56-year-old man presented with history of episodes of severe pain involving the right side of his face accompanied by numbness. His symptoms were persistent. MRI brain was performed.

Questions

1. What are the findings in the MRI images?
2. What is the diagnosis on the basis of MRI findings?
3. How will you manage this case?

Answers

1. MRI shows a right-sided cerebellopontine angle mass (CPA mass) consistent with a Schwannoma, compressing the right cerebellar peduncle and pons.
2. Right-sided facial pain and sensory symptoms likely due to right trigeminal nerve involvement due to right-sided CPA mass.
3. Surgical resection of the tumour.

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

Case 5



Slowly Enlarging White Area

A 19-year-old male presents with a slowly enlarging white patch in his axilla. There are no other affected areas. He is worried he may have a fungal infection which his pharmacist told him he should treat with selenium sulfide.

Questions

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

Answers

1. Vitiligo, a progressive disorder of depigmented macules and patches.
2. There appears to be both genetic and non-genetic factors such as autoimmune mechanisms that are involved.
3. Potent topical corticosteroids and/or topical calcineurin inhibitors can be effective, as is phototherapy for more extensive involvement. Other autoimmune conditions such as thyroid disease, pernicious anemia and diabetes may be more common and can be ruled out with thorough history, blood work and physical.

Provided by: Dr. Benjamin Barankin

Case 6



A Small Mass on the Nipple

A seven-month-old boy presents with a tiny whitish mass in the left nipple which was first noted at birth. The lesion is asymptomatic.

Questions

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

Answers

1. Milium.
2. A milium is a small epidermoid cyst that contains laminated, keratinized stratum corneum. A milium usually presents as a whitish papule, 1 mm to 2 mm in diameter. The lesion occurs primarily on the face. Occasionally, it may occur on the trunk or extremities. The lesion may present at birth or appear later in infancy. The number of milia may vary from a few to several dozen. Milia on the face are seen in 40% to 50% of neonates. Rarely, milia may be seen as a manifestation of dysmorphic epidermolysis bullosa, oral-facial-digital syndrome type I, pachyonychia congenital and hereditary trichodysplasia (Marie Unna hypotrichosis).
3. No treatment is necessary as the lesion usually resolves spontaneously in several months.

Provided by: Dr. Alexander K. C. Leung; and Dr. Stewart Adams

Case 7



Asymptomatic Swelling

An elderly male presents to the office with asymptomatic swelling to his elbow and fifth finger of his right hand.

Questions

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

Answers

1. The diagnosis is tophaceous gout. Tophi are collections of urate crystals in the soft tissues and may develop in more than half of patients with untreated gout. They are reported as lumps or nodules and are seen classically on the helix of the ear. They may appear in multiple locations, including fingers, toes, the olecranon bursae and along the olecranon. Tophi tend to develop after 10 years in untreated patients with chronic gouty arthritis and may develop earlier in women, particularly those receiving diuretics.
2. Gout results in recurrent episodes of debilitating joint inflammation and can lead to joint destruction and renal damage if left untreated. Patients with gout are 1,000 times more likely to develop renal stones than the average person. Chronic urate nephropathy can contribute to renal insufficiency.
3. An acute attack of gout is managed with NSAIDs. Following this, the mainstay of treatment is to use medication (allopurinol or colchicine) and dietary measures to lower uric acid levels. Patients should avoid beer and hard liquors. Tophi should not be surgically removed unless they are chronically draining or in a critical location. **Dx**

Provided by: Dr. Jess Melle; and Dr. Werner Oberholzer