



Case 1



Lumps in the Lower Chest

A 61-year-old male was noted to have lumps in the lower part of his chest bilaterally. The lumps are asymptomatic and lobulated.

Questions

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

Answers

1. Lipoma.
2. If symptomatic, surgical excision should be performed. Otherwise, it could be done for cosmetic reasons.

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Provided by: Dr. Jerzy Pawlak

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955, boul. St. Jean, Suite 306
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Case 2



Dry, Cracked Skin

A 72-year-old male presents with dry, cracked and itchy skin on his leg. He has two such patches on his legs.

Questions

1. What is your diagnosis?
2. What is the demographic most commonly affected?
3. How would you treat this condition?

Answers

1. Eczema craquelé or asteatotic eczema.
2. Shins of elderly persons with dry skin, especially men.
3. Advise baths with lukewarm water, reduced use of soaps or harsh cleansers, use of humidifier and thick moisturizers immediately following bathing. A mid-potency topical steroid can be applied twice a day for one week to hasten resolution.

Provided by: Dr. Benjamin Barankin

Case 3



A Hyperpigmented, Linear Patch

A 38-year-old woman presented with a history of epilepsy, mild cognitive impairment, hemiparetic gait and lower extremity hyperpigmented, linear skin lesions. She is in the second trimester of her third pregnancy and has had two previous miscarriages. There is no family history of deep vein thrombosis or antiphospholipid antibody syndrome.

Questions

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

Answers

1. Incontinentia pigmenti.
2. This is a rare x-linked dominantly inherited neurocutaneous disorder. These patients usually present with cerebral atrophy, microgyria, mental retardation, epilepsy, retinal lesions, absent or conical teeth and macular, slate gray or brown skin hyperpigmentation. It has two types: incontinentia pigmenti and incontinentia pigmenti achromians. Mutation of NEMO/IKK gamma gene is located on chromosome Xq28, therefore the male fetuses do not survive. Pregnant women with incontinentia pigmenti carry a 25% risk of miscarriages.
3. Although there is no treatment for this disorder, the following specialties should be involved in patient management:
 - Neurologist for seizure management
 - Ophthalmologist to prevent blindness
 - Dentist for dental care
 - Geneticist for genetic counselling

Provided by: Dr. Mohammad S. Ijaz

Case 4



Two Lesions on the Leg

This 82-year-old male who is an ex-smoker has two lesions on his leg.

Questions

1. What are they?
2. What are the characteristic features of this skin nodule?

Answers

1. Squamous cell carcinoma (SCC) and a scar on the medial side, for the vein graft of his previous coronary artery bypass operation.
2. SCC begins as a small nodule and as it enlarges, the center becomes necrotic and sloughs and the nodule turns into an ulcer.

SCC is the second most common cancer of the skin (after basal cell carcinoma but more common than melanoma). It usually occurs in areas exposed to the sun. Sunlight exposure and immunosuppression are risk factors for SCC of the skin with chronic sun exposure being the strongest environmental risk factor. The risk of metastasis is low, but is much higher than basal cell carcinoma.

Incidence of SCC varies with age, gender, race, geography and genetics. The incidence of SCC increases with age and the peak incidence is usually around 66-years-old. Males are affected with SCC at a ratio of 2:1 in comparison to females. Caucasians are more likely to be affected, especially those with fair Celtic skin, if chronically exposed to UV radiation. Other characteristics include:

- The lesion caused by SCC is often asymptomatic
- The clinical appearance is highly variable
- Usually the tumour presents as an ulcerated lesion with hard, raised edges
- The tumour commonly presents on sun-exposed areas (e.g., back of the hand, scalp, lip and superior surface of pinna)
- On the lip, the tumour forms a small ulcer, which fails to heal and bleeds intermittently

Provided by: Dr. Hayder Kubba

Case 5



Asymptomatic Dark Papule

An 83-year-old male presents with a dark lesion on his ear which concerns his daughter. It is asymptomatic and has not changed in size or colour in the past three months.

Questions

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

Answers

1. Venous lake, a dark blue-purple compressible papule due to venule dilatation.
2. Sun-exposed areas such as the lower lip and ear.
3. Reassure as to the benign nature. Occasionally it can be difficult to distinguish from a melanoma and so then biopsy or excision are warranted.

Provided by: Dr. Benjamin Barankin

Case 6



A Mass on the Palate

A 25-year-old noticed an asymptomatic mass on her palate.

Questions

1. What is the diagnosis?
2. What is the pathology of this abnormality?
3. What is the treatment?

Answers

1. Torus palatinus.
2. Torus palatinus is benign developmental exostosis of the palate. It is usually situated at the median palatine suture.
3. Patients need reassurance as this is a benign condition and the majority are asymptomatic.

Provided by: Dr. Jerzy Pawlak

Case 7



Minute, Red Papules

A 16-year-old girl presents with a six-month history of small, red papules on her arms. The lesions are asymptomatic.

Questions

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

Answers

1. Keratosis pilaris.
2. Keratosis pilaris is a disorder of keratinization of the infundibulum of pilosebaceous follicles that results in horny plugs that fill the follicular orifice. Clinically, keratosis pilaris presents as minute, discrete, keratotic, follicular papules with variable perifollicular erythema. The lesions are not grouped and show no tendency to coalesce to form plaques. The affected skin looks like gooseflesh and feels like sandpaper. The lesions are not pruritic. Keratin plugs cannot be expressed with pressure and are usually painless. The lesions may be isolated or widespread; they have a predilection for the lateral aspects of the upper arms, thighs and buttocks. The hands and feet are usually spared, but palmoplantar markings are more accentuated.
3. Measures should be taken to prevent excessive skin dryness. These include decreasing the frequency of skin cleansing, taking brief, tepid showers rather than long, hot baths, using mild soaps and humidifying the home. In mild cases, an emollient such as hydrophilic petrolatum or a 10% to 20% urea cream usually alleviates the rough surface. More pronounced or widespread lesions may require treatment with a keratolytic agent, such as lactic acid, salicylic acid, or urea in combination with a topical corticosteroid or retinoic acid.

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

Case 8



White Spots on the Nails

A healthy 10-year-old girl recently noticed white spots on her nails. Her mother is concerned about possible nutritional deficiency. She eats a well-balanced diet. Inquiry reveals she has a habit of biting her nails. The anxious parent requests a second opinion.

Questions

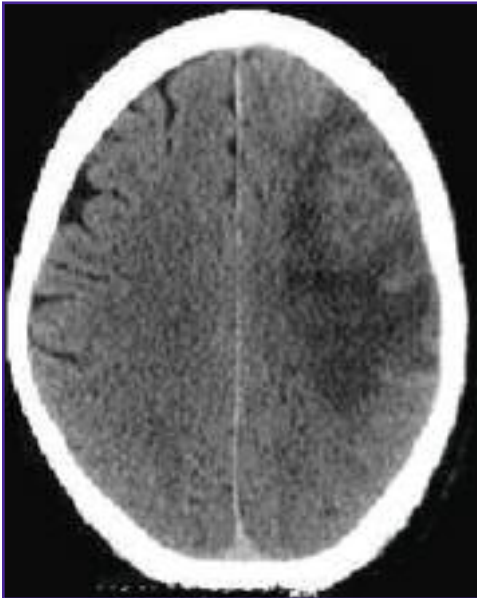
1. What is the diagnosis?
2. What is the most common cause?
3. What are other causes?

Answers

1. Focal or punctate leukonychia.
2. The most common cause is incidental injury to the nail matrix. This phenomenon is also frequently seen in children with a nail biting habit. The lesions tends to resolve spontaneously in six to 12 months which is the time required for replacement of the injured nail plate.
3. Persistent leukonychia may be seen in patients with zinc deficiency (hypo-zincemia) due to underlying medical conditions such as malabsorption, anorexia nervosa, liver diseases, renal disorders and bariatric surgery. Transient deficiency may also occur during pregnancy and growth phase of children. Foods rich in zinc include oysters, meat, fish and poultry. Options include oral zinc supplementation.

Provided by: Dr. Christina Lo; and Dr. Simon Lee

Case 9




Sudden Inability to Speak

This is a 63-year-old male who presented with sudden onset of inability to speak because of difficulty finding words and right-sided weakness. His deficit was persistent. A CT scan brain was performed to evaluate the cause.

Questions

1. What does the CT scan show?
2. What is your diagnosis?
3. How will you treat this patient?

Answers

1. The CT scan image shows an area of hypodensity in the left frontoparietal region.
2. Left frontoparietal ischemic infarct.
3. The patient should be started on antiplatelet therapy, a cholesterol lowering agent and his lipid profile should be checked to rule out hypercholesterolemia. A Holter monitor to rule out cardiac arrhythmias, an ECHO to rule out cardiac source of embolus formation and carotid ultrasound to rule out carotid stenosis should be done. 

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