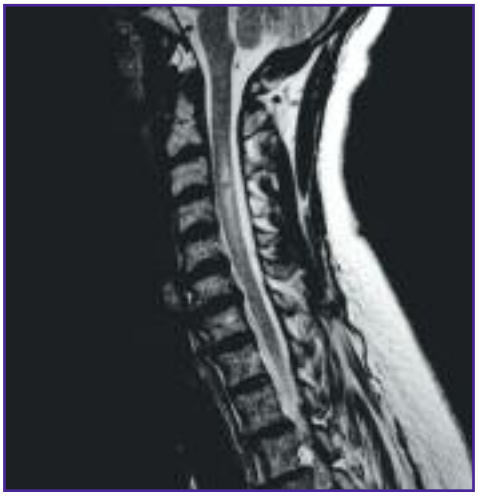
Illustrated quizzes on problems seen in everyday practice

Case 1



Lower Extremity Tingling

A 57-year-old female presented with tingling of her lower extremities. On neurological examination, she had increased tone of lower limbs, hyperreflexia and extensor plantar responses. She also had a patchy sensory loss of both lower extremities. MRI scan of whole spine was performed.

Questions

1. What is seen on this MRI scan?
2. What is your diagnosis?
3. How will you manage this case?

Answers

1. This MRI scan shows hyperintense signal changes of spinal cord at C3-C5 level.
2. Acute transverse myelitis.
3. IV corticosteroids followed by oral prednisone tapered slowly.

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

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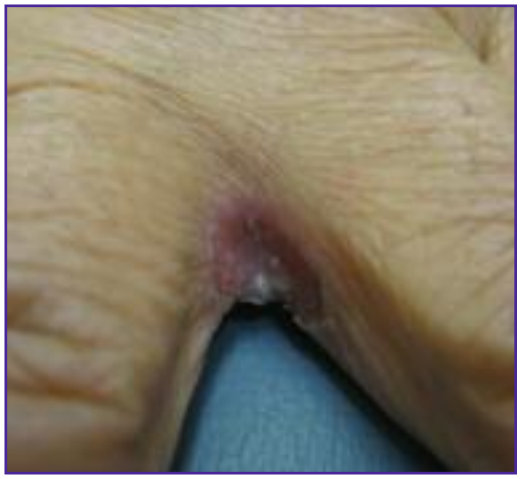
Case 2



Erosive Pink Area

A 44-year-old diabetic male bartender presents with an erosive pink area in his finger webspace. It is occasionally pruritic and painful.

Questions

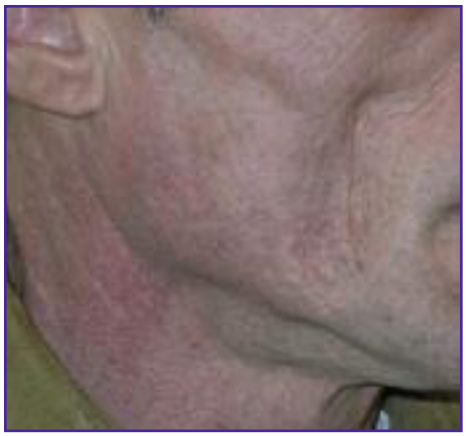
1. What is your diagnosis?
2. Who is most commonly affected?
3. How would you manage this patient?

Answers

1. Erosio interdigitalis blastomycetica (interdigital candidiasis).
2. People exposed to "wet work" on a regular basis such as bartenders, dishwashers and homemakers. It is also one of the cutaneous manifestations of diabetes.
3. Try to minimize wet work and optimize drying of skin following contact with water. Topical anticandidal agents can be applied until clearance.

Provided by: Dr. Benjamin Barankin

Case 3



Facial Lesion

A 45-year-old seropositive man, taking antiretrovirals (stavudine is part of his regimen) for many years, gradually developed this kind of lesion on his face.

Questions

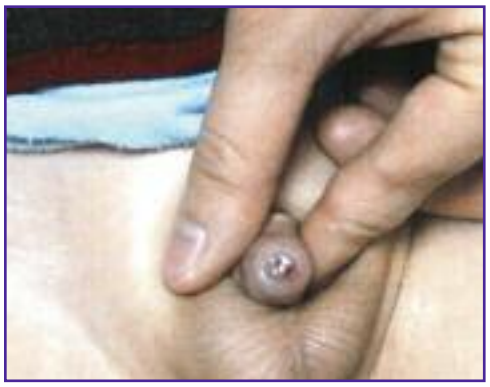
1. What is your diagnosis?
2. What is your treatment?

Answers

1. The diagnosis is facial lipoatrophy.
2. Unfortunately, this condition is hardly treatable. Changing or stopping thymidine analogues (stavudine or zidovudine) will result in modest adipose tissue gains. The last resort would be surgery consisting of injection of an inflating product in the problematic area, which can be effective temporarily.

Provided by: Dr. Jean-François Roussy

Case 4



Two Openings at the Tip of the Genital Area

A two-year-old boy is noted to have two openings at the tip of the penis on retraction of the foreskin during a routine physical examination. The child is asymptomatic. There is no history of urinary tract infection.

Questions

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

Answers

1. Urethral duplication.
2. Urethral duplication is an uncommon congenital anomaly, affecting mainly boys. Presumably, the anomaly results from misalignment between the termination of the cloacal membrane and its relationship with the formation of the genital tubercle and urogenital sinus. Urethral duplication is most common in the saggital plane with a dorsal and ventral urethra. Usually the ventral urethra is most functional and contains the sphincteric mechanism. Less commonly, the urethras lie collateral or side-by-side. The accessory urethra may be complete or incomplete, epispadiac or hypospadiac and normotopic or perineoanal. Affected patients may present with a blind urethral pit and a normal urethral opening, two urethral openings, double urinary stream, urinary incontinence, recurrent urinary tract infection or be totally asymptomatic.
3. The investigation of choice is a micturating cystourethrogram. If this is inadequate, this can be followed with an ascending urethrography. Occasionally, a cystoscopy is necessary to give a complete picture of the altered anatomy. Some asymptomatic children may be left untreated. Other affected patients may require surgery—the type of surgical treatment varies from case to case.

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

Case 5

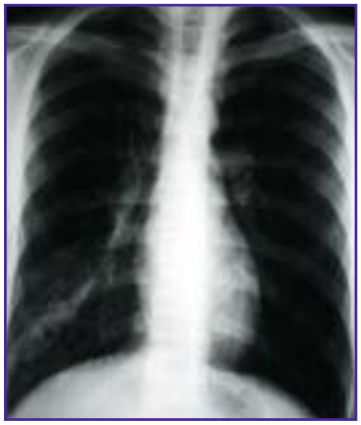


Figure 1. Anteroposterior view.

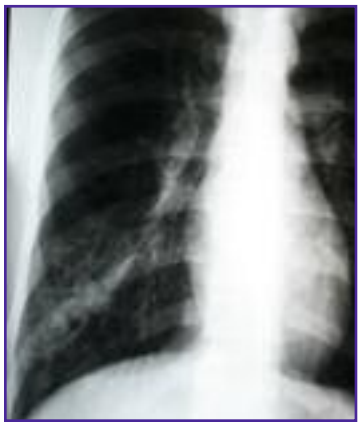


Figure 2. Anteroposterior view.

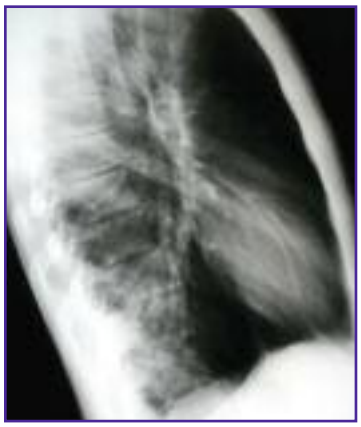


Figure 3. Lateral view.

Fatigue, Fever and Dry Cough

A 21-year-old male presented with general tiredness, fever and dry cough. An x-ray of the chest was performed (anteroposterior views [Figure 1 and 2] and lateral view [Figure 3]).

Questions

1. What does the x-ray show?
2. What are the signs and symptoms?
3. What is the treatment?

Answers

1. The x-ray showed right lower lobe pneumonia (community-acquired pneumonia [CAP]).
2. Symptoms include malaise, cough, dyspnea and chest pain. Typically, cough is productive in older children and adults and dry in infants, young children and the elderly. Dyspnea usually is mild and exertional and is rarely present at rest. Chest pain is pleuritic and is adjacent to the infected area. Pneumonia may manifest as upper abdominal pain when lower lobe infection irritates the diaphragm. Symptoms become variable at the extremes of age—infection in infants may manifest as nonspecific irritability and restlessness and in the elderly, as confusion and obtundation. Signs include fever, tachypnea, tachycardia, crackles, bronchial breath sounds, egophony and dullness to percussion. Signs of pleural effusion may also be present. Nasal flaring, use of accessory muscles and cyanosis are common in infants. Fever is frequently absent in the elderly.
3. Macrolides or fluoroquinolones can be an important part of initial antimicrobial therapy. The bacterial organisms responsible for most CAP cases are *Streptococcus pneumoniae*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, *Legionella species* and *Haemophilus influenzae* are usually susceptible to these two classes of medication. Our patient was treated at first with clarithromycin 500 mg two tablets with meals. Two days later he visited the clinic with improvement, but had signs and symptoms of right otitis media. Cefprozil 500 mg b.i.d. was added and outcome was very satisfactory for both problems.

Provided by: Dr. Jerzy Pawlak; and Mr. T. J. Kroczak