



Photo Diagnosis

Illustrated quizzes on problems seen in everyday practice

Case 1



Figure 1. Anteroposterior view.



Figure 2. Lateral view.

Dry Cough

A 62-year-old female presented with a dry cough over the last week. She had previous history of lung cancer following surgery one year ago. She had a history of smoking. An x-ray of her chest was performed.

Questions

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

Answers

1. The x-ray showed changes from a left lobe lobectomy. The lungs are clear. An acute process is not identified.
2. After left upper lobe lobectomy. Rule out pneumonia, bronchopneumonia and lung metastases.

Provided by: Dr. Jerzy Pawlak

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Case 2



Erythematous Pustules

A 17-year-old male presents with erythematous papules, pustules and scarring on his cheeks.

Questions

1. What is your diagnosis?
2. What are some pathogenic factors for this condition?
3. How would you manage this patient?

Answers

1. Acne vulgaris.
2. Follicular epidermal hyperproliferation and plugging, excess sebum production, *Propionibacterium acnes* and inflammation.
3. Start with topical retinoids, benzoyl peroxide and/or topical clindamycin or erythromycin. Consider oral antibiotics if improvement is not sufficient by two months.

Provided by: Dr. Benjamin Barankin

Case 3



A Sensitive Tongue

A five-year-old girl complains of a sensitive tongue of six months duration. Her parents notice changes in its appearance consisting of red and white patches. They are worried about the possibility of skin cancer.

Questions

1. What is your diagnosis?
2. What is your differential diagnosis?
3. What is your management?

Answers

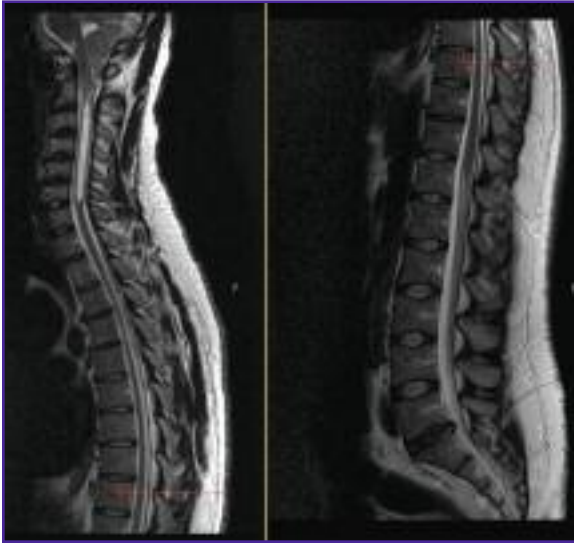
1. Geographic tongue. It is a common benign condition of unknown etiology. It is also called benign migratory glossitis. There is a typical history of transient migratory lesions on the tongue consisting of red patches and annular white borders. The lesions may be asymptomatic or associated with tenderness and pain. Individual lesions may last for several days to weeks. Often the condition may resolve spontaneously. There may be associated atrophy of filiform papillae. This disorder affects up to 3% of the general population. It is more common in adults and has a higher incidence in patients with psoriasis. There is no association with vitamin deficiency. No active treatment is required since spontaneous resolution is the rule.

The lesions in oral candidiasis are easily scraped off with a tongue depressor or cotton gauze, leaving a bleeding and eroded surface. Squamous cell carcinoma typically occurs in adult smokers.

2. Oral candidiasis, lichen planus, fixed drug reaction and squamous cell carcinoma.
3. Reassurance.

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

Case 4



Numbness of the Fingertips

A 34-year-old male presented with numbness of the fingertips and lower extremities. He also had headaches associated with cough. He had hyperreflexia of lower extremities, planter responses were equivocal, bilateral unsustained clonus and there was decreased sensation to pinprick in C5 to C6 dermatome. MRI scan 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. MRI scan shows herniation of cerebellar tonsils 2 cm below the foramen magnum and syrinx formation within the cord extending from C2 to C6.
2. Arnold-Chiari malformation with syringomyelia.
3. Surgical decompression of Arnold-Chiari malformation and syringomyelia.

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

Case 5



Brown Nodule

A 17-year-old boy presents with a brownish nodule on his right forearm. The lesion is asymptomatic. Lateral compression of the lesion causes dimpling of the skin.

Questions

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

Answers

1. Dermatofibroma.
2. Dermatofibroma is a common benign dermal lesion composed primarily of fibroblasts with excessive deposition of collagen in the dermis. The condition most frequently affects young adults and occasionally children. There is a slight predominance in females. Typically, the lesion presents as an asymptomatic, red or reddish-brown nodule. The lesion is attached to the skin but not to the underlying structure. Although the lesion can develop anywhere in the body, the lesion is most commonly found on the limb. The size varies from a few millimeters to 2 cm. Pinching of the lesion results in dimpling of the lesion (“dimple sign,” “bullet sign,” or “Fitzpatrick’s sign”).
3. No treatment is necessary although the lesion tends to persist. Excisional biopsy should be considered if the diagnosis is in doubt or for cosmetic reasons.

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

Case 6

Multiple Scratch Marks



A young man was seen for headaches, body aches and pains. On examination, multiple streaks were noted over both his hands and forearms.

Questions

1. What is your diagnosis?
2. What important question would you ask regarding his past history?

Answers

1. These are sclerosed superficial veins due to repetitive IV street drug abuse.
2. You will ask questions regarding any history of illicit drug use in the past, as it was obvious from the clinical examination and the visit was also to get some pain killers for his headaches.

Provided by: Dr. Mohammad S. Ijaz

(Anti-inflammatory analgesic agent with a mucosal protective agent.)
Arthrotec* is contraindicated in pregnancy. Product Monograph available on request.

ARTHROTEC[®]
50 & 75 mg diclofenac sodium and misoprostol tablets



Case 7



Thick Red Plaques

A 66-year-old female presents with thick red plaques on her back that are occasionally pruritic. Her hands are frequently swollen and painful. She has had this problem for several years and finds that hydrocortisone 1% which her pharmacist recommended is not very helpful.

Questions

1. What is your diagnosis?
2. What are the two age peaks for this condition?
3. How would you manage this person?

Answers

1. Psoriasis, plaque-type with psoriatic arthritis.
2. 15- to 22-years-old and 55- to 65-years-old.
3. For extensive involvement, phototherapy (no benefit for psoriatic arthritis), systemic agents (e.g., methotrexate), or biologic agents (e.g., etanercept, infliximab, adalimumab) should be considered.

Provided by: Dr. Benjamin Barankin

Case 8

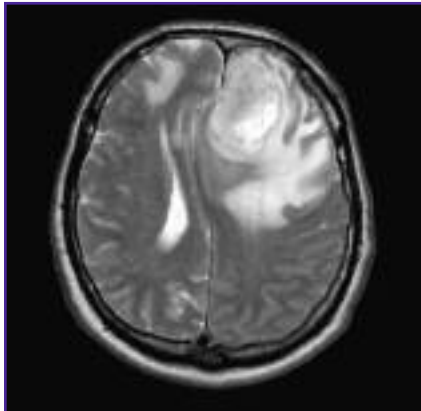


Figure 1. MRI brain showing left frontal mass lesion with edema and midline shift.



Figure 2. MRI brain showing left frontal mass lesion with post contrast ring enhancement.

Recent Onset Headaches

A 65-year-old man presented with history of recent onset headaches causing early morning awakening, personality changes and a generalized seizure. MRI brain was performed.

Questions

1. What does this image show?
2. What is your diagnosis based on MRI findings?
3. What is the treatment of this condition?

Answers

1. MRI shows a large mass in the left frontal lobe with edema and midline shift with post contrast ring enhancement.
2. The findings are consistent with a brain tumour, likely glioblastoma multiforme.
3. Treatment involves palliative resection of the tumour, antiepileptic medication and postoperative radiotherapy.

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

Case 9



Lesions on the Legs

A 27-year-old obese man came to the clinic for lesions that appeared a few months ago on his elbows, knees and lower back. He also noticed polyuria and polydipsia.

Questions

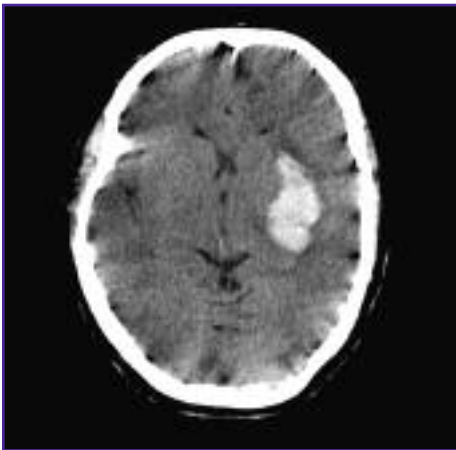
1. What is your diagnosis?
2. What is your treatment?

Answers

1. It is cutaneous xanthomas—lesions that can appear when an individual has a high triglyceride level. This patient had serum triglycerides at 19 mmol/l. Type 2 diabetes was also diagnosed.
2. Lowering triglyceride levels by treating hyperglycemia and by using fibrates will be enough most of the time to eradicate the xanthomas. Also, advice about adopting a healthy lifestyle is crucial.

Provided by: Dr. Jean-François Roussy

Case 10



Right-Sided Numbness

A 65-year-old female with history of hypertension presented with sudden onset right-sided weakness and numbness. She stopped taking her antihypertensive medication a few weeks ago. A CT scan without contrast was performed immediately.

Questions

1. What are the findings on this CT scan image?
2. What is the diagnosis based on the CT scan findings?
3. How will you manage this case?

Answers

1. CT scan shows a hyperdensity in the left basal ganglia and internal capsule region.
2. CT findings are consistent with acute, left, intracerebral hemorrhage likely due to uncontrolled hypertension.
3. Treatment involves neurosurgical consultation, adequate BP control, supportive care and close observation.

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

Case 11




Papules, Vesicles and Ulcers

An eight-year-old boy presented with a low-grade fever, malaise and sore throat. On examination, papules and vesicles were noted on the palms and soles. Ulcers were noted on the palate.

Questions

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

Answers

1. Hand, foot and mouth disease.
2. Hand, foot and mouth disease is characterized by vesicular stomatitis and cutaneous lesions on the palms and soles. The disease has an incubation period of three to six days. There is usually a mild prodrome consisting of low-grade fever, anorexia, sore mouth and malaise. Children < 10-years-old are most commonly affected. Oral lesions occur chiefly on the anterior buccal mucosa and tongue, where the vesicular surfaces are eroded rapidly, leaving ulcers with erythematous borders. The lips and often the gingivae are spared. The lesions on the palms and soles are papules or vesicles on a surrounding zone of erythema. Lesions on the buttocks are common, but typically they do not progress to vesiculations. The lesions are non-pruritic and usually resolve without crusting. Hand, foot and mouth disease caused by enterovirus 71 generally is more severe than that attributable to coxsackievirus A16 or other viruses and may be complicated by interstitial pneumonia, pulmonary edema, pulmonary hemorrhage, aseptic meningitis, encephalitis, acute flaccid paralysis, myocarditis, or even death.
3. The disease is usually benign and resolves in five to 10 days. Treatment is mainly symptomatic. 

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