



# Photo Diagnosis

*Illustrated quizzes on problems seen in everyday practice*

## Case 1



## *A Mass on the Back*

A 44-year-old man has developed a mass on his back. He has been taking supraphysiologic doses of cortisone for years now, for a rheumatologic condition.

### Questions

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

### Answers

1. Buffalo hump secondary to fat redistribution by Cushing disease.
2. Try to diminish cortisone doses. If still an issue after that, esthetic surgery (liposuction) can be an option.

Provided by: Dr. Jean-François Roussy

## Share your photos and diagnoses with us!

Do you have a photo diagnosis? Send us your photo and a brief text explaining the presentation of the illness, your diagnosis and treatment and receive \$25 per item if it is published.

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## Case 2



- Liquid nitrogen, curettage and electrodesiccation are appropriate treatments, however excision is usually the most effective.

Provided by: Dr. Richard Langley and Aimee MacDonald

## *Bright Red Papule*

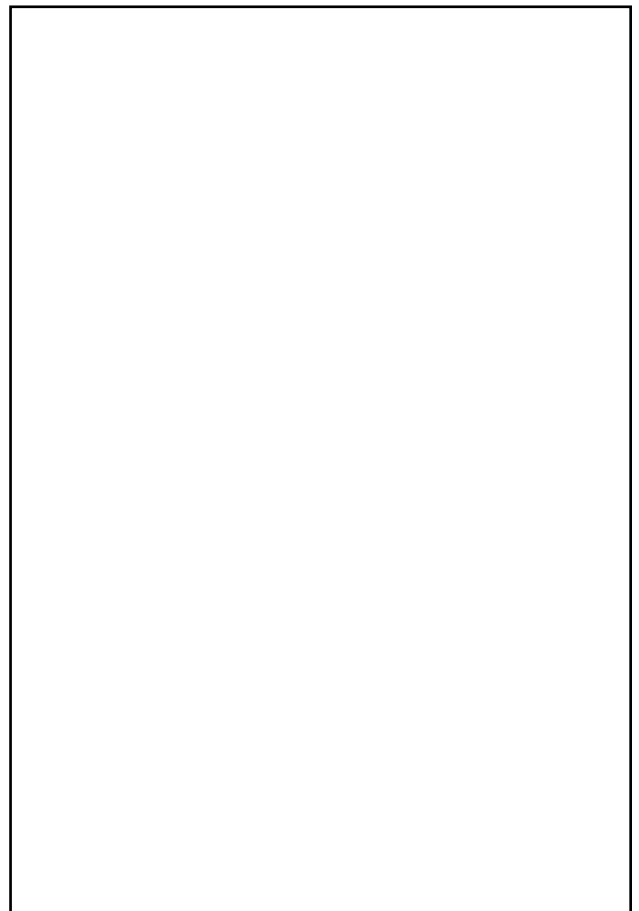
Shortly after minor trauma to the skin on his right knee, the mother of this 11-year-old boy noted an erythematous papule in the same area.

### Questions

- What is the diagnosis?
- What is the significance?
- What is the treatment?

### Answers

- Pyogenic granulomas typically present as solitary, small (1 cm to 2 cm), vascular lesions on the face, fingers, toes and trunk of children and adults. The lesions may bleed spontaneously or with minor trauma. They can develop rapidly and, as in this case, may appear at the site of previous injury to the skin.
- Amelanotic melanoma may mimic pyogenic granuloma and a biopsy is needed to confirm the diagnosis.



### Case 3



## *Leathery Neck*

Randolph is a 72-year-old retired farmer who comes to the office for regular skin check up. Examination reveals a pleasant man with a fair complexion. Scattered crusted papules (actinic keratoses) are present on the sun exposed areas of the body. A rodent ulcer (basal cell carcinoma) is noted on his nose. The nape of his neck has deep furrows and a leathery, brawny appearance.

### Questions

1. What is the name of this finding?
2. What is your management?
3. What is the significance of this finding?

### Answers

1. *Cutis rhomboidalis nuchae*. This condition is commonly seen in older patients with a history of chronic sun exposure. The skin becomes thickened and leathery with significant pigimentary changes. Deep furrows form and lie in a criss-cross fashion, resulting in a rhomboid pattern.
2. No active treatment, however, Botox injections may improve appearance. Counsel patient on the importance of sun avoidance, sun protection and sunscreen use.
3. Ensure thorough examination of the integument, including hair bearing parts of the body (ie scalp) as well as palms of hands and soles of feet for melanoma and other skin cancers.

Provided by: Dr. Simon K. Lee

## Case 4



## Reticulated Erythema

An 18-year-old female has a four-month history of reticulated erythema on bilateral thighs and legs. The symptoms appear after she started using a new heater she bought for the winter.

### Questions

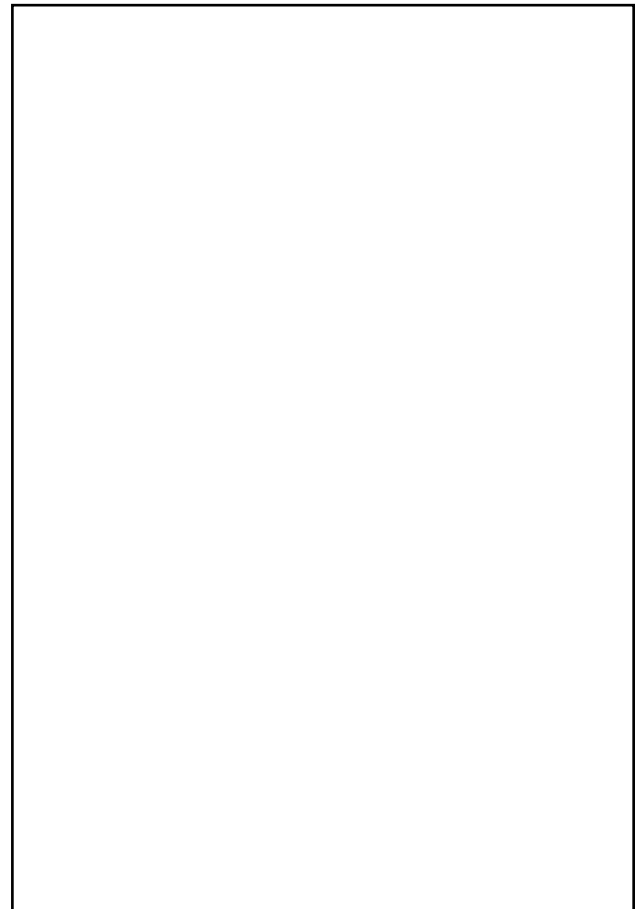
1. What is the diagnosis?
2. What is the pathogenesis of the condition?
3. What is the management?

### Answers

1. Erythema *ab igne*.
2. This condition occurs in skin that is repeatedly exposed to moderate heat or infrared radiation from an external heat source.

3. In mildly affected patients, symptoms may resolve within a few months after cessation of repeated heat exposure. In patients with chronic erythema *ab igne*, laser may improve the appearance of the lesions.

Provided by: Dr. Francesca Cheung



### Case 5



## *Nail Deformity*

A 41-year-old stressed out accountant presents with an asymptomatic nail deformity of nine months duration.

### Questions

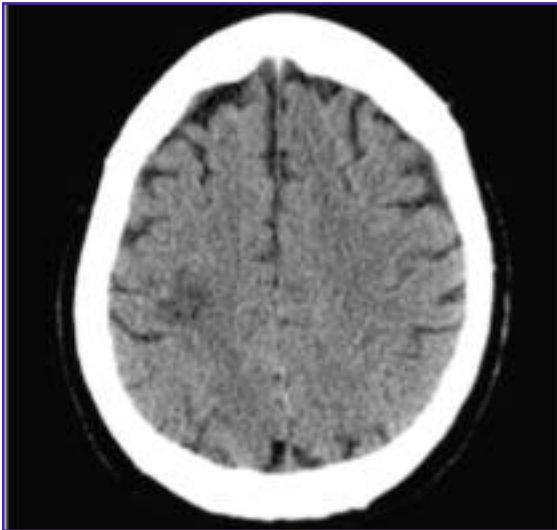
1. What is your diagnosis?
2. What is the cause of this condition?
3. How would you manage this person?

### Answers

1. Habit tic nail deformity.
2. It is due to the conscious or subconscious rubbing and picking of the proximal nail fold and cuticle, typically due to the index finger manipulating the thumb of the dominant hand.
3. Behaviour modification (including stress reduction) is helpful and informing the patient as to the cause. Covering the affected area with tape can be helpful to remind the patient to leave the area alone. A mild topical steroid with or without antibiotic for any paronychia can also be helpful. If the patient is anxious or compulsive, then psychiatric management can also be beneficial.

Provided by: Dr. Benjamin Barankin

## Case 6



## Arm Weakness


A 65-year-old right handed male presented with a sudden onset of left arm weakness which started improving after two to three hours. When he presented to the hospital 15 hours later, a significant improvement of his right arm weakness was noticed. Neurological examination revealed a pronator drift of left upper extremity.

### Questions

1. What does this image show?
2. What is your diagnosis?
3. What is the treatment?

### Answers

1. This CT scan of head shows a small right posterior frontal hypodensity.
2. Right frontal ischemic infarct in middle cerebral artery branch distribution.

3. This patient was started on antiplatelet therapy using aspirin. A lipid lowering agent atorvastatin was also initiated. He should be assessed for stroke risk factors including hypertension, diabetes mellitus, and hypercholesterolemia. A 2-D echocardiogram to rule out cardiac source of embolism, holtor monitor to rule out cardiac arrhythmias, and carotid ultrasound to rule out carotid stenosis should be performed. The underlying cause of stroke should be treated accordingly. 

Provided by: Dr. Abdul Qayyum Rana; Atif Khan B.Sc. and, Sughra Naz

