



# Photo Diagnosis

*Illustrated quizzes on problems seen in everyday practice*

## Case 1



## *Backache After a Fall*

A 74-year-old female presents with a history of sudden onset backache after a fall. On examination, she had weakness of lower extremities, hyperreflexia, bilateral extensor plantar responses and sensory level up to T-12. CT scan of whole spine was performed.

### Questions

1. What is seen in this CT scan image?
2. What is your diagnosis?
3. What is the treatment?

### Answers

1. This CT scan shows fracture of T-12 vertebral body.
2. Spinal cord compression secondary to burst fracture of T-12 vertebral body.
3. Neurosurgical consultation and pain management.

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

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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



## Light Pinkish Spots

A 51-year-old female presents with nonpruritic eruption of light pinkish spots sharply marginated, with fine scaling on her upper back for the last five months. They are occasionally pruritic. She is otherwise healthy.

### Questions

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

### Answers

1. Pityriasis versicolor.
2. Pityriasis versicolor is a chronic asymptomatic fungus infection of the trunk, characterized by white or brown macules and caused by *Pityrosporum orbiculare* and is particularly common in humid or tropical conditions. In untanned, white Caucasians, brown or pinkish oval or round superficially scaly patches are seen, but in tanned or racially pigmented skin, hypopigmentation is found due to the release by the organism of carboxylic acids which inhibit melanogenesis.
3. Treatment involves either the topical application of one of the imidazole antifungals or the use of 2.5% selenium sulphide shampoo (applied to all affected areas at night and washed off the following morning, repeated twice at weekly intervals). Oral itraconazole, 200 mg q.d. for seven days, is effective for resistant cases. Recurrences are common.

Provided by: Dr. Jerzy Pawlak and Mr. Pawel Utko

### Case 3

# *Pruritic Lesions on the Ear*



A 26-year-old male, who works part-time as a gardener, developed pruritic erythematous lesions on the ears that evolved into vesicles, crusts and erosions three times last summer. The lesions heal within two weeks with no scarring.

### Questions

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

### Answers

1. Juvenile spring eruption.
2. This condition is probably a variant of a localized form of polymorphic light eruption. The lesions tend to appear within eight to 24 hours after sun exposure and heal within two weeks. Recurrences can occur under similar climate conditions.
3. Hats and sunscreens should be used to minimize sun exposure and recurrences. The lesions may be treated with topical corticosteroids. Antihistamines may be prescribed for relief of pruritus.

Provided by: Dr. Francesca Cheung

### Case 4



## Tongue Notch

A three-year-old boy is noted to have a notch at the tip of his tongue on protrusion of the tongue. His speech is normal and he has no problem eating.

### Questions

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

### Answers

1. Ankyloglossia (tongue-tie).
2. Ankyloglossia is a congenital anomaly characterized by a short lingual frenulum, which hinders movement of the anterior tip of the tongue. With attempted protrusion of the tongue, there is frequently a notch or heart-shaped deformity at the tip of the tongue. Contemporary studies conducted in well-baby nurseries have yielded prevalence rates in the range of 1.7% to 4.8%. The condition is usually sporadic and occurs as an isolated finding in an otherwise normal child. Ankyloglossia may cause breastfeeding difficulties such as sore nipples, sub-optimal latch, inefficient and inadequate sucking, poor infant weight gain and early weaning. Speech difficulties secondary to ankyloglossia may result if restriction of the tongue movement is severe.
3. Ankyloglossia is usually a harmless condition. The frenulum usually lengthens as the child gets older. Indications for surgical intervention include notching of the protruding tongue tip, inability of the tongue tip to contact the maxillary alveolar ridge and articulation problems or breastfeeding difficulties as a result of the ankyloglossia.

Provided by: Dr. Alexander K. C. Leung; and Andrew S. Wong

## Case 5



## *Warmth and Redness of the Breast*

A 53-year-old woman, who is obese and is a Type 2 diabetic, presents to the emergency for warmth and redness of the right breast. It is also very painful and has progressed rapidly in the last 24 hours. She has no fever.

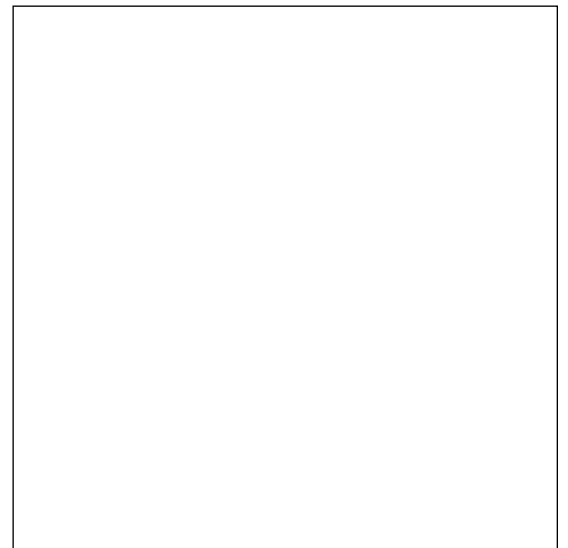
### Questions

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

### Answers

1. Right breast cellulitis.
2. Antibiotics to cover skin germs. Initially, IV cefazolin was used to take control of the infection. Cefazolin taken orally was used after to complete a total of 10 days of antibiotics.

Provided by: Dr. Jean François Roussy



### Case 6



## *White Macules on the Back*

Following a trip to Cuba, this 30-year-old female noted multiple, small, white, circular macules on her mid back.

### Questions

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

### Answers

1. Tinea versicolor. It is a superficial fungal infection of the skin which may present as a scaly, hypopigmented or light brown coloured macules and plaques typically affecting the back, chest and abdomen. The condition is usually asymptomatic and scraping the lesions with a surgical blade should generate a white powdery scale.
2. Tinea versicolor is caused by the yeast *Pityrosporum orbiculare*.
3. Topical ketoconazole 2% shampoo or 2.5% selenium sulfide (either in a shampoo or lotion) are recommended treatments. Less frequently, systemic antifungals (fluconazole, ketoconazole, itraconazole) may be required for more extensive, recurrent disease, or failure of topical treatments.

Provided by: Aimee MacDonald; and Dr. Richard Langley




## *Velvety Mass in Umbilical Area*

A three-month-old boy presents with a soft, moist, velvety, dull red mass in the umbilical area.

### Questions

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

### Answers

1. Umbilical granuloma.
2. An umbilical granuloma forms from excess granulation tissue persisting at the base of the umbilical area after separation of the umbilical cord. The condition represents continuing inflammation of the granulation tissue that has not yet epithelialized. Delayed separation of the umbilical cord increases the risk of granuloma formation. The presence of saprophytic organisms in the umbilical area increases the chance of invasion by pathogenic organisms. Typically, an umbilical granuloma presents as a red papule or a pedunculated mass which has a soft, velvety appearance. The lesion is usually 3 mm to 10 mm in size. An umbilical granuloma has to be differentiated from an umbilical polyp which results from persistence of all or part of the omphalomesenteric duct.
3. The most commonly used treatment is topical application of silver nitrate solution or 75% silver nitrate stick. Because of the possibility of chemical burns to the periumbilical area, caution should be exercised during silver nitrate application. Other treatment options include alcoholic wipes at each nappy change, topical antibiotic ointment, cryosurgery, electrocautery, excision and application of absorbable hemostatic material and salt crystals. 

Provided by: Dr. Alexander K. C. Leung; and Andrew S. Wong