



# Photo Diagnosis

*Illustrated quizzes on problems seen in everyday practice*

## Case 1



## *Papules on Buttocks*

A 69-year-old female presents with pruritic papules on her buttocks and waistline. She has tried various topical steroids with only modest benefits.

### Questions

1. What is your diagnosis?
2. What is the causative organism?
3. How would you treat this rash?

### Answers

1. Bed bug bites.
2. *Cimex lectularius*.
3. Potent topical steroids and oral antihistamines are useful measures to manage symptoms, but ultimately the patient requires an exterminator to assess and treat the home.

Provided by: Dr. Benjamin Barankin

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## Case 2



## Watery Eyes

A 12-year-old boy complains of itchy and watery eyes after visiting a farm. He has a history of eczema and asthma.

### Questions

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

### Answers

1. Allergic conjunctivitis.
2. Allergic conjunctivitis is an IgE-mediated, hypersensitivity ocular condition characterized by ocular pruritus, epiphora, and hyperemia. Other symptoms may include conjunctival burning, stinging, tearing, eyelid swelling, and photophobia. Some patients report gritty, foreign body sensations in the eyes. The conjunctiva may demonstrate chemosis, as is illustrated in the present case. Periorbital edema is a sign of acute ocular allergy. Lid edema and papillary hypertrophy along the tarsal conjunctival surface may sometimes occur.
3. Non-pharmacological measures, such as environmental modification and proper eye care, should be considered for all patients with allergic conjunctivitis. Pharmacological interventions may also be required. Milder cases can be treated with short-term topical ophthalmic therapy such as a decongestant/antihistamine combination, a mast cell stabilizer, or a multi-action agent. Moderate to severe cases may require longer usage of the above agents or the addition of an oral antihistamine. Refractory cases may necessitate the use of topical ophthalmic corticosteroids and/or immunotherapy.

Provided by: Dr. Alexander K.C. Leung; and Dr. Alexander G. Leong.

### Case 3



## *Post Surgical Pain*

A 26-year-old woman who just had a caesarian six days before has been having increasing pain for the last three days at the surgical site. She has also noted redness around the surgical wound that has started in the last 24 hours. She has no fever and is allergic to penicillin (rash but not the IgE type reaction).

### Questions

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

### Answers

1. Post-surgical wound cellulitis. Culture of the wound pus confirmed group B streptococcus.
2. First generation cephalosporin can be a good choice. The cross-reaction allergy with cephalosporin is 5% to 7% for the rash type allergy. Clindamycin could be an alternative but the strep B is getting more and more resistant to it.

Case 4



## *Spider like Lesions on Face*

A 7-year-old girl is noted to have a spider-like lesion on the right side of her face. The child is asymptomatic.

### Questions

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

### Answers

1. Spider angioma.
2. Spider angioma is a type of telangiectasia characterized by a dilated central feeding arteriole and radiating branches that together suggest a spider's body and legs. The lesion blanches when pressure is applied. Pulsations may be visible in larger lesions. Spider angiomas are seen in healthy children and pregnant women. In such circumstances, angiomas are few in number and usually resolve with time. Numerous spider angiomas are seen in patients with chronic liver disease, alcoholism, and estrogen-producing tumors.
3. Treatment should be directed at the underlying cause. In healthy children, treatment is usually not necessary, other than for cosmetic reasons. In such cases, spider angiomas can be treated with electrocoagulation or pulsed dye laser.

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

## Case 5



## *Crooked Neck and Shoulders*

A 36-year-old man reported that he notices he is becoming crooked in the neck and shoulders. He has mild discomfort only when he reaches forward to plug his laptop.

### Questions

1. What is wrong with his anatomy?
2. What is the diagnosis?
3. What profession is associated with this condition.?
4. What is the diagnosis?



### Answers

1. The patient's trapezius muscle is atrophied and absent on the right. The scapula rests laterally, due to the lack of the trapezius's pull to midline. This is accentuated with abduction of the arms as the unopposed serratus anterior causes the lateral winging.
2. Winging scapular due to entrapment of the spinal accessory nerve. Diagnosed with electromyogram.
3. Dentists and dental hygienists, due to entrapment of the nerve in the scalenes. His sternocleidomastoid was also affected.
4. Unfortunately, no treatment at this late stage.

Provided by: Paul Winston

Case 6



## *Scaly Umbilical Region*

A 49-year-old male presents with a red, scaly asymptomatic plaque in the umbilical region.

### Questions

1. What is the diagnosis?
2. What are the common areas to find this rash?
3. How would you treat this patient?

### Answers

1. Psoriasis vulgaris.
2. Scalp, elbows, knees, intergluteal, and umbilicus.
3. For localized involvement, topical steroids, topical calcipotriol or a combination product can be tried. More widespread involvement might require phototherapy, methotrexate, acitretin, or new biologic agents.

Provided by: Dr. Benjamin Barankin

## Case 7




## Retrosternal Pain

A 58-years-old woman presented to emergency for retrosternal pain. First set of troponin is negative and symptoms are typical of pericarditis. The year before, this patient was treated for a left breast cancer. A chest radiograph was initially done.

### Questions

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

### Answers

1. This lesion seems suspect in a patient with breast cancer in the past. However, after looking at an older x-ray, it shows that this lesion has been there for about two years. In fact, this mass is her aortic knob which is bigger and calcified, which displaces her trachea.
2. No particular treatment. 

Provided by: Dr. Jean François Roussy