



Case 1



Rapidly Growing Tumour

A 55-year-old male presents with a rapidly growing tumour on the base of his thumb. He stated that it started as a small lesion that rapidly increased in size over the last four weeks.

Questions

1. What is the diagnosis?
2. How should this be treated?
3. What should be the patient's follow-up?

Answers

1. Keratoacanthoma
2. There are various treatment options available for these types of lesions:
 - Surgery: electrodesiccation and curettage or blunt dissection is efficient and effective for smaller lesions. Excision should be considered for large tumours.
 - Topical treatments: 5-fluorouracil, imiquimod, podophyllum resin
 - Intralesional injections: interferon α -2A, methotrexate
3. Patients who develop this type of skin lesion, or non-melanoma skin cancer, such as squamous cell carcinoma, Bowen's disease or basal cell carcinoma, are at high risk for developing subsequent skin cancer. Education, periodic follow-up examinations and early detection of possible skin cancers should be done.

Provided by: Dr. Werner Oberholzer

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Case 2



Cystic Mass

A 10-year-old boy presents with a cystic mass on the inner aspect of the lower lip. The mass is asymptomatic. There is no history of trauma.

Questions

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

Answers

1. Mucocele
2. A mucocele is caused by a blockage or traumatic severance of a duct of a minor salivary gland. This leads to extravasation of sialomucin and submucosal retention of the mucus secretion. The overlying mucosa is normal in colour. Typically, a mucocele presents as a painless, fluctuant, tense, cystic mass on the mucosal surface of the lower lip. Occasionally, it may occur on the upper lip, buccal mucosa, gingiva, palate, floor of the mouth, or tongue. The lesion is usually < 1 cm in diameter. The diagnosis is mainly clinical. A mucocele may persist for weeks or months before it ruptures spontaneously. Recurrence is common and may lead to fibrosis.
3. Treatment consists of surgical excision, with extirpation of the involved accessory salivary gland. Other treatment options include drainage followed by coagulation of the sac, CO₂ laser ablation and cryosurgery.

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

Case 3



Discoloured, Brittle Nails

A 54-year-old male presents with thick, discoloured, brittle nails on his feet. His fingernails are not affected.

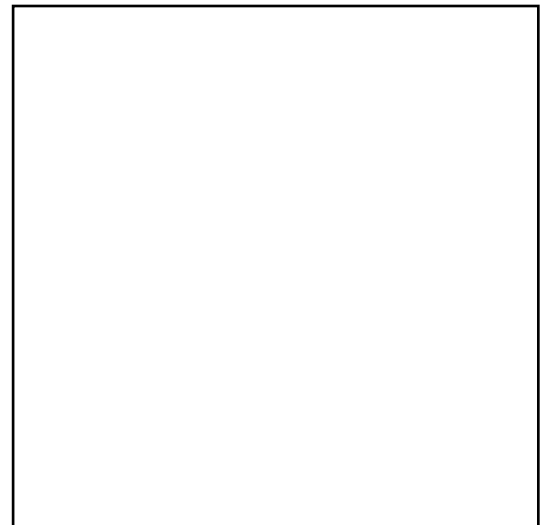
Questions

1. What is your diagnosis?
2. What are the main subtypes of this condition?
3. How would you manage this patient?

Answers

1. Onychomycosis
2. Distal lateral subungual onychomycosis (most common), white superficial onychomycosis, proximal subungual onychomycosis (least common) and candidal onychomycosis. Combinations of the above can occur.
3. Topical antifungal creams and lacquers have modest benefit. This is a good starting point if only a few nails are involved and topical treatments are instituted early, especially if the patient is on multiple medications or has liver pathology. Otherwise, oral antifungals (especially terbinafine and itraconazole) are the agents of choice. Surgical nail avulsion is also an option.

Provided by: Dr. Benjamin Barankin



Case 4



Chemical Burn from Wig

A 46-year-old woman was hospitalized in the ICU for severe sepsis, caused by a presumptive acalculous cholecystitis. She was still spiking a fever even a couple of days after a cholecystostomy. During reassessment, she talked about wearing a half wig made with natural hair that she has to glue on with a special product each month. However, the last time she glued the wig, two days before admission, she had intense burning pain along the glue site. On removal of the wig, the illustrated lesion was visible.

Questions

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

Answers

1. Cellulitis secondary to a chemical burn induced by the glue that was used for the wig. We also saw some pus all around the lesion.
2. Cefazolin and clindamycin were used to treat this condition. Care of the wound is also very useful in this case.

Provided by: Dr. Jean-François Roussy.

Case 5




Large Lump

A 43-year-old female was noted to have a huge lump in the lower part of the left side of her back. The lump so far is asymptomatic and lobulated.

Questions

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

Answers

1. Lipoma
2. Lipomas are the most common soft-tissue benign tumours. These slow-growing, benign, fatty tumours form soft, lobulated masses enclosed by a thin, fibrous capsule. Although it has been hypothesized that lipomas may rarely undergo sarcomatous change, this event has never been convincingly documented. Multiple lipomas often appear, and are mostly found on the trunk, neck and upper extremities. Lipomas occur in 1% of the population. Most of these are small, subcutaneous tumours. They are occasionally painful.
3. If symptomatic, surgical excision should be performed. Otherwise, excision could be done for cosmetic reasons. 

Provided by: Dr. Jerzy Pawlak