



Case 1



Hammer Toe

This 48-year-old gentleman has a long history of Rheumatoid arthritis, for which he has been on Methotrexate 10 mg weekly for the last four years. He has deformed toes.

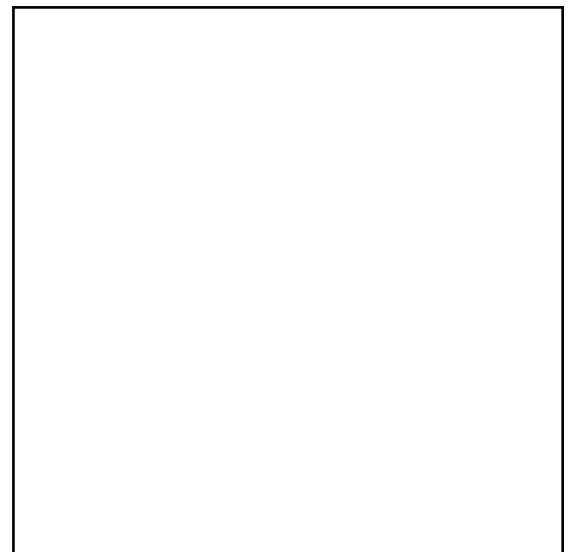
Questions

1. What is the name given to this deformity?
2. What are the other causes for it ?

Answers

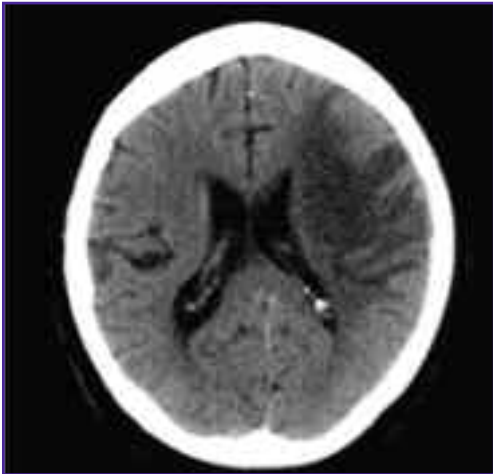
1. A hammer toe is a deformity of the proximal interphalangeal joint of the second, third, or fourth toe causing it to be permanently bent, resembling a hammer. Mallet toe is a similar condition affecting the upper joint.
2. Hammer toe most frequently results from wearing poorly-fitting shoes that can force the toe into a bent position, such as excessively high heels, or shoes that are too short or narrow for the foot. Having the toes bent for long periods of time can cause the muscles in them to shorten, resulting in hammer toe deformity. This is often found in conjunction with bunions or other foot problems. It can also be caused by muscle, nerve, or joint damage resulting from conditions such as osteoarthritis, rheumatoid arthritis, stroke, Charcot-Marie-Tooth disease or diabetes.

Provided by: Dr. Hayder Kubba



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Case 2



Hypodensity

A 77-year-old right handed female presented with sudden onset of speech impairment, word finding problems and right sided weakness.

Questions

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

Answers

1. This is a CT scan of the head showing left frontal hypodensity.
2. Left frontal acute ischemic infarct in the middle cerebral artery distribution.
3. This patient was started on antiplatelet therapy with aspirin and lipid lowering agents such as atorvastatin. She should be assessed for stroke risk factors including hypertension, diabetes mellitus, and dyslipidemia. She should also have a 2-D echocardiogram to rule out cardiac sources of embolism, a holter monitor to rule out cardiac arrhythmias, and a carotid ultrasound to rule out carotid stenosis. The underlying cause of stroke should be treated accordingly.

Provided by: Dr. Abdul Qayyum Rana

Case 3



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.

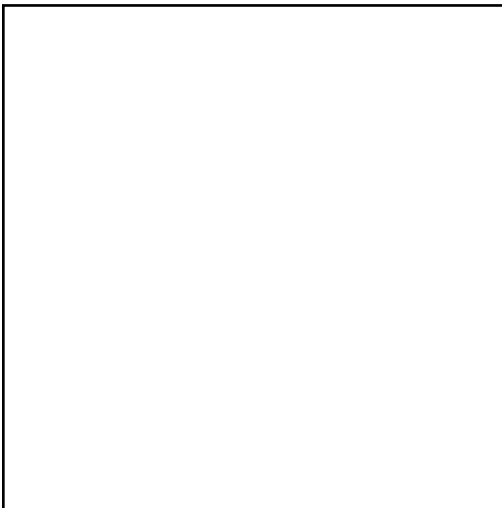
Questions

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 clindamycine were used to treat this condition. Wound care is also very useful in this case.

Provided by: Dr. Jean François Roussy.





Foot Lesions

A 21-year-old male presents with lesions on his feet, which are occasionally tender.

Questions

1. What is the diagnosis?
2. What are the most common strains causing this lesion?
3. How would you manage this patient?

Answers

1. Plantar warts.
2. Human papillomavirus 1, 2, or 4.
3. Plantar warts will in many cases resolve on their own, so treatment isn't always necessary. Treatment options include topical salicylic acid, or other acid preparations and often liquid nitrogen cryotherapy. Less commonly, laser ablation, excision, or immunotherapy can be employed.

Provided by: Dr. Benjamin Barankin

Case 5



Non-Healing Ulcer

A 48-year-old female, who is otherwise healthy, has a nine month history of a painful non-healing ulcer on the dorsum of her right hand. Previous treatments with multiple courses of different oral antibiotics and local wound care have provided inadequate improvement.

Questions

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

Answers

1. Pyoderma gangrenosum. Two main variants of pyoderma gangrenosum exist: classic and atypical. Atypical pyoderma gangrenosum usually occurs on the dorsum of the hands, extensor parts of the forearms, or the face, with vesicles and pustules at the border surrounding central erosion and superficial ulceration.
2. No specific cause has been identified. Pathergy occurs in which trauma to the skin in patients with pyoderma gangrenosum may induce new lesion.
3. Treatment options include local wound care and dressings, very potent topical corticosteroids, intralesional steroid injections and immunosuppressive therapy such as prednisone and cyclosporine. This patient responded well to very potent topical corticosteroid and intralesional steroid injections.

Provided by: Dr. Francesca Cheung

Case 6



Pruritus on Back

A 46-year-old Asian male in a high stress job presents with a very pruritic eruption on the upper back of several months duration.

Questions

1. What is your diagnosis?
2. What age group is most commonly affected by this condition?
3. How might you manage him?

Answers

1. Lichen simplex chronicus.
2. 30 to 50-years-of-age.
3. Stress reduction or anti-anxiety medications can be helpful. Potent topical steroids and occasionally, intralesional steroids are employed.

Case 7



Dark Macules on Skin

A 34-year-old male presents with a dark macule on his thigh of unknown duration. The macule is asymptomatic, and it is not clear if there has been a change in size or colour.

Questions

1. What is your diagnosis?
2. What are the features of such a lesion?
3. How would you manage this lesion?

Answers

1. Atypical or dysplastic nevus.
2. Asymmetry, Border irregularity, Colour variegation, Diameter $>6\text{mm}$, or Evolution (changing lesion). These are the ABCDEs of a possible melanoma.
3. A biopsy to rule out melanoma is warranted.

Provided by: Dr. Benjamin Barankin

Case 8



Back and Shoulder Rash

A 47-year-old woman has been treated with cloxacillin for 14 days for a possible staph aureus endocarditis. The last few days, she has had pruritis without any lesions. However, one morning she has these lesions.

Questions

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

Answers

1. Allergic rash to cloxacillin.
2. Substitute vancomycin for cloxacillin.

Case 9



Ulceration after Trauma

This 92-year-old female presented with a huge ulceration over the lateral aspect of her right calf which occurred after a very minor trauma. She has a previous history of varicose veins.

Questions

1. What is the diagnosis?
2. What is the significance?
3. What does the greenish colour mean?

Answers

1. Stasis dermatitis and ulceration.
2. Ulceration is almost inevitable once the skin has been thickened and circulation is compromised. Ulceration may occur spontaneously or after minor trauma. The ulcer may remain quite small or may enlarge rapidly without any further trauma. A dull constant pain that improves with leg elevation indicates an ulcer. Ulcers have a sharp or sloping border and may be deep or superficial. Healing is slow, and may require several weeks or months. After healing, it is not uncommon to see ulcers rapidly recur.
3. The greenish colour on the base suggests a pseudomonas infection.

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

Case 10



Lesions on Forehead

A 14 year-old female presents with asymptomatic lesions on her forehead of several months duration.

Questions

1. What is your diagnosis?
2. What are the different types of these lesions?
3. How would you manage this condition?

Answers

1. Acne – predominantly comedonal.
2. Comedones (open & closed), papules, pustules, nodules and cysts.
3. Comedonal acne is best managed with topical retinoids. Benzoyl peroxide also has comedolytic properties, while topical antibiotics do not.

Case 11




Swelling on the Scalp

A 47-year-old male presents with an asymptomatic swelling on the scalp.

Questions

1. What is your diagnosis?
2. What is the name of the very small version of this lesion?
3. How would you manage this individual?

Answers

1. Epidermoid cyst.
2. Milia cyst.
3. Reassure patient as to the benign nature of the lesion. Surgical excision with removal of the sac and its contents can be performed for symptomatic lesions or for cosmetic concern. 

Provided by: Dr. Benjamin Barankin