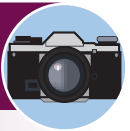

Case 1

Papule on Forehead

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A 74-year-old male presents with a crusted bleeding papule on his forehead of one year duration.

Questions

1. What is your diagnosis?
2. What is the etiology of this lesion?
3. How would you treat this lesion?

Answers

1. Basal cell carcinoma (BCC)
2. Chronic sun exposure is believed to be the cause in most cases. Other causes include radiation (X-ray, Grenz ray), arsenic exposure, and various genetic syndromes (*e.g.*, nevoid basal cell carcinoma syndrome, xeroderma pigmentosum).
3. Surgical excision or electrodessication and curettage are good treatment options. If accessible, Mohs surgery can be considered. In some cases, aggressive liquid nitrogen therapy or topical imiquimod can also be considered with close follow-up, as cure rates are lower.

Provided by: Dr. Benjamin Barankin

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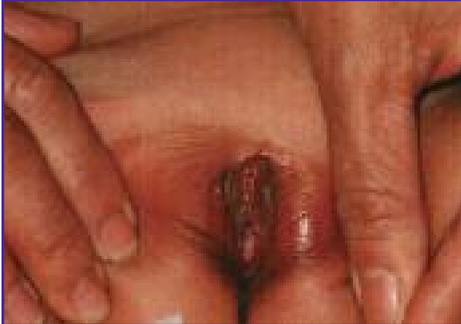
Case 2



Protruding Mass

A 6-month-old girl presents with a mass protruding from the introital area. The lesion is asymptomatic and has been present since birth.

Questions

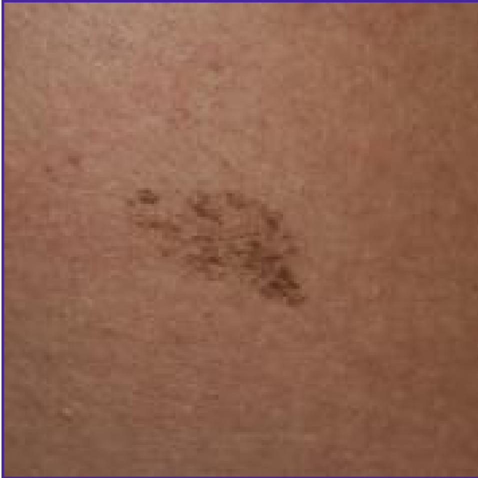
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. Hymenal tag
2. Hymenal tag is a common finding in infancy. The condition is present in approximately 3 to 13% of newborn girls. The tags are most commonly found in the superior and inferior positions of the hymen. Hymenal tags may represent a remnant of a vaginal septum present earlier in fetal development. New hymenal tags may develop postnatally as a result of the extension of an intravaginal or external hymenal ridge. The condition is usually asymptomatic. Rarely, a hymenal tag may bleed or become infected.
3. Hymenal tags tend to regress with time. No treatment is necessary.

Provided by: Dr. Alexander K.C. Leung and Mr. David Low

Case 3



Speckled Plaque

This 32-year-old man presents with a pigmented lesion measuring 2 cm in diameter on his lower back. The lesion has been present since childhood and has not changed significantly over time.

Questions

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

Answers

1. This patient has a speckled lentigenous nevus or nevus spilus. A nevus spilus is an oval or irregularly-shaped, lightly-pigmented flat lesion containing focal areas of dark-brown, hyperpigmented macules or papules.
2. A nevus spilus can appear in infancy as a lightly-coloured macule, developing dark-brown macules or papules over several years. The etiology of these lesions is not related to sun exposure. The risk of malignant transformation is low.
3. Excision is generally not necessary; however, suspicious areas may be biopsied, if recommended. Patients should be educated about the clinical signs of melanoma and instructed to report such changes to their physicians.

Provided by: Ms. Lesley Latham and Dr. Richard Langley

Case 4

Siblings with Ataxia

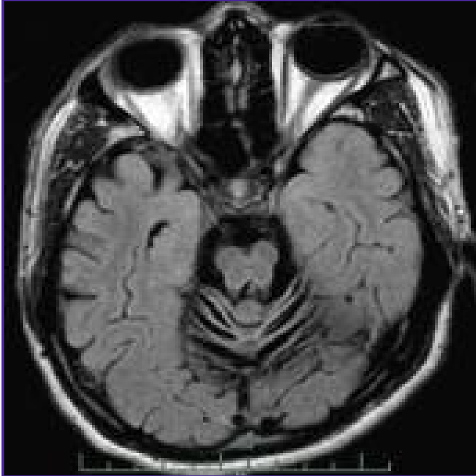


Figure 1: MRI brain axial view T1 images showing generalized cerebral atrophy and marked cerebellar atrophy

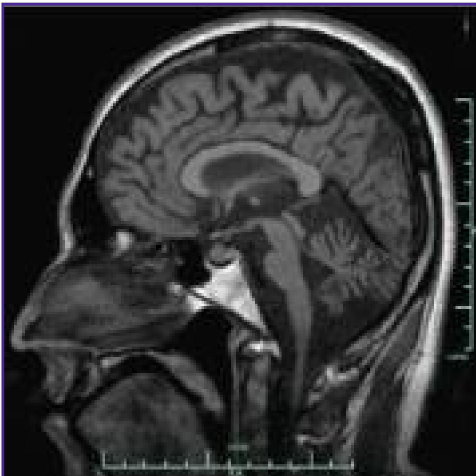


Figure 2: MRI brain T1 saggittal view showing generalized cerebral, marked cerebellar, and pontine atrophy

A 24-year-old male presents with gradual onset of gait problems, slurring of speech, and falls. On examination, he has dysarthria with scanning of speech, spasticity of all four limbs, wide based gait, and hyporeflexia. His sister has similar symptoms. Genetic testing was positive for a hereditary ataxia.

Questions

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

Answers

1. These MRI images show mild generalized atrophy with marked cerebellar and pontine atrophy.
2. Spinocerebellar ataxia type 2
3. Supportive treatment, such as baclofen for spasticity, in addition to a walking aid with physiotherapy for balance and gait training

Provided by: Dr. Abdul Qayyum Rana, Dr. A.N. Rana, and Mr. Atif Khan

Case 5

Pigmented Nail Bands

A 42-year-old Phillipino female presents with pigmented nail bands that are slowly forming on the fingernails of both of her hands.

Questions

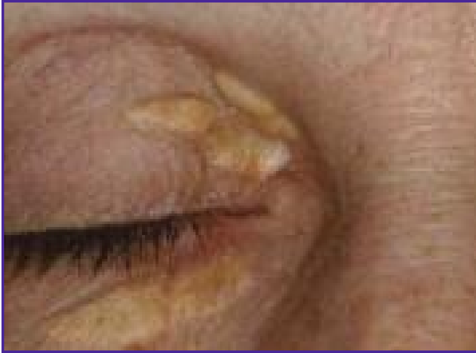
1. What is your diagnosis?
2. Which race is most commonly affected?
3. How could you manage this lesion?

Answers

1. Racial melanonychia or pigmented nail bands
2. People of African descent are most commonly effected. By age 20, three-quarters of this population will have racial melanonychia, and after age 50, 100% will have racial melanonychia to some degree.
3. Reassure the patient as to the benign nature of this condition. Make sure that it is not due to drug use or melanoma.

Provided by: Dr. Benjamin Barankin

Case 6



Plaques on Eyelids

A 44-year-old female developed yellowish plaques near the medial canthi of both the upper and lower eyelids five months ago. Her recent bloodwork shows normal serum lipids.

Questions

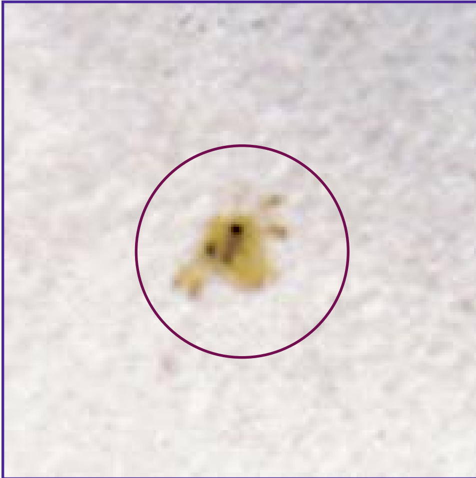
1. What is the diagnosis?
2. What is the pathogenesis of the condition?
3. What is the management?

Answers

1. Xanthelasma palpebrarum
2. Approximately 50% of the lesions are due to elevated plasma lipid levels, with altered lipoprotein composition or structure. It is not clear why xanthelasma palpebrarum also develops in patients with normal serum lipids.
3. The underlying lipid disorder should be identified and treated by dietary and lifestyle modifications as well as pharmacologic methods if appropriate. Treatment of the lipid disorder, however, may show limited result in the clearance of xanthelasma palpebrarum. Xanthelasma palpebrarum may be removed electively by chemical cauterization, electrodessication, laser ablation, or surgical excision. Patients should be warned about potential side-effects, including scarring, pigmentary changes, and recurrence, which are not uncommon.

Provided by: Dr. Francesca Cheung

Case 7



Parasite on Genitals

A 23-year-old male presents with itchiness over his genital area; he found this parasite on his body

Questions

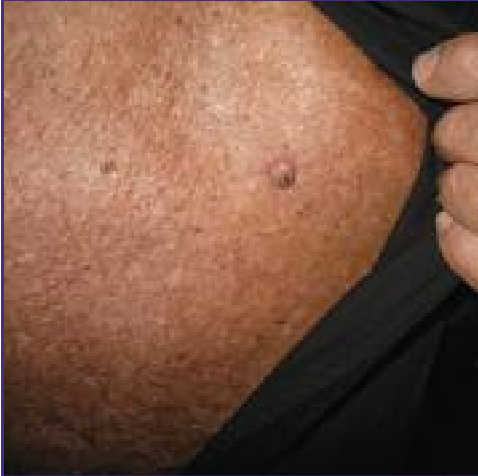
1. What is the parasite?
2. What is the significance?

Answers

1. *Phthirus pubis*
2. The crab louse is small and has a short oval body with prominent claws that resemble those of a sea crab.

Provided by: Dr. Jerzy Pawlak

Case 8



Lesion on Chest

A 55-year-old renal transplant patient presents with a rapidly growing lesion on his chest of three weeks duration.

Questions

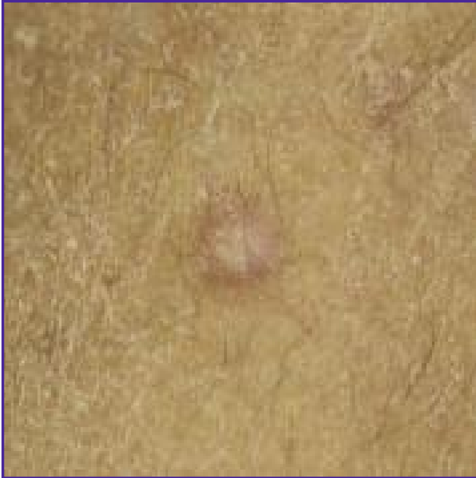
1. What is your diagnosis?
2. What lesion is this considered to be a subtype of?
3. How could you manage this lesion?

Answers

1. Keratoacanthoma
2. It is believed to be a mild variant of an invasive squamous cell carcinoma, even though many cases can self-resolve.
3. Surgical excision, electrodessication, curettage, and/or aggressive cryotherapy can be employed. Intralesional methotrexate or 5-fluorouracil are also effective.

Provided by: Dr. Benjamin Barankin

Case 9



Nodule on Shin

A 50-year-old, otherwise healthy male presents with an asymptomatic nodule on his right shin. The nodule is firm and measures approximately 6 mm in diameter. The lesion is attached to the skin.

Questions

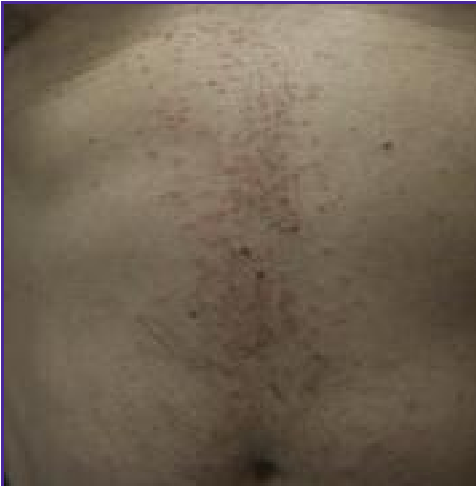
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

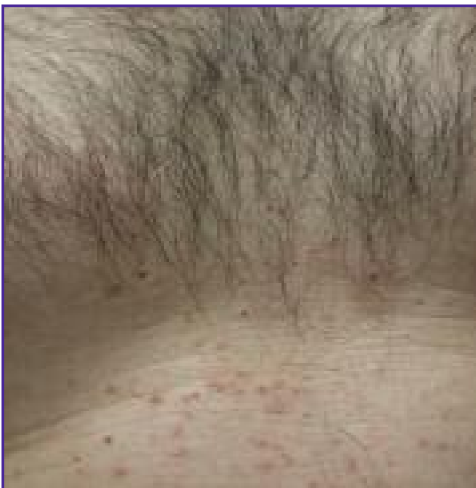
Answers

1. Dermatofibroma
2. Dermatofibroma is a common, benign, dermal lesion composed primarily of fibroblasts with excessive deposition of collagen in the dermis. Typically, the lesion presents as an asymptomatic nodule. The lesion can have variable colours, ranging from pink to tan to brown. Although the lesion can develop anywhere on the body, it is most commonly found on the extremities. The lesion is attached to the skin but not to the underlying structure. Pinching of the lesion often leads to depression, or "dimpling," of the nodule ("dimple sign," "bullet sign," or "Fitzpatrick's sign"). Dermatofibroma tends to reach a certain size and remain stable chronically.
3. Treatment is usually unnecessary, as surgical removal results in a scar that may be larger than the original lesion.

Provided by: Dr. Alex H.C. Wong, Dr. Ernesto Gonzalez, and Dr. Alexander K.C. Leung

Case 10





Papular, Pustular Rash

A 56-year-old male presents with a mildly pruritic rash, of a few weeks duration, on his chest and abdomen. He denies use of hot tubs or hot springs.

Questions

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

Answers

1. Folliculitis
2. This condition is caused by a superficial bacterial infection of the hair follicles. *Staphylococcus aureus* is the most common etiologic agent. *Pseudomonas aeruginosa folliculitis* can be associated with exposure to hot tubs or other recreational water exposure. In patients exposed to broad spectrum antibiotics, *Candida* species can be implicated.
3. Most cases of folliculitis will resolve spontaneously or with the use of warm compresses t.i.d. to q.i.d. Future outbreaks may be prevented by good hand hygiene and the use of antibacterial soaps. If lesions persist or are deep, treatment with mupirocin topically t.i.d. for 10 days can be considered, though this will not resolve *Pseudomonas*.

Provided by: Mr. John Taylor and Dr. Karen Choi

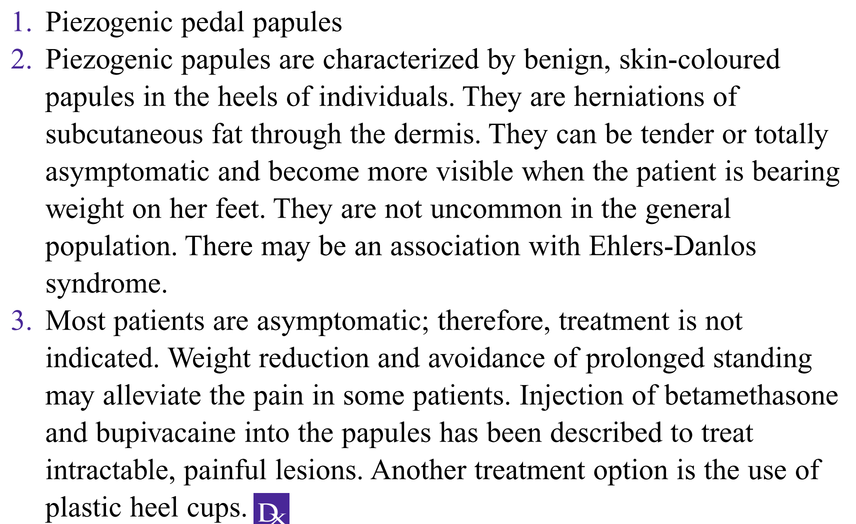
Case 11

Flesh-coloured Papules

A 30-year-old, otherwise healthy female presents with scattered, asymptomatic, flesh-coloured, 2 to 3 mm papules in her heels bilaterally. They have been there for over 10 years.

Questions

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



Answers

1. Piezogenic pedal papules
2. Piezogenic papules are characterized by benign, skin-coloured papules in the heels of individuals. They are herniations of subcutaneous fat through the dermis. They can be tender or totally asymptomatic and become more visible when the patient is bearing weight on her feet. They are not uncommon in the general population. There may be an association with Ehlers-Danlos syndrome.
3. Most patients are asymptomatic; therefore, treatment is not indicated. Weight reduction and avoidance of prolonged standing may alleviate the pain in some patients. Injection of betamethasone and bupivacaine into the papules has been described to treat intractable, painful lesions. Another treatment option is the use of plastic heel cups. Dx

Provided by: Dr. Alex H.C. Wong, Ms. Allison Burnham, and Dr. Alexander K.C. Leung