



Case 1



Raised Lip Lesion

A 40-year-old female presents with a smooth, raised lesion on the lower lip. A depression appears in the center of the lesion.

Questions

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

Answers

1. Epidermal cyst. Epidermal cysts are subcutaneous protuberances that may occur on almost any skin surface. An epidermal cyst may remain stable in size for long periods of time, or may progressively develop. It is not uncommon for cysts to become inflamed.
2. Epidermal cysts can result from the proliferation of surface epidermal cells within the dermis, and the subsequent production of keratin within the circumscribed space.
3. For most cases, no treatment is required and an explanation of the benign nature of the lesion to the patient is sufficient. If epidermal cysts become inflamed, removal may be required, although this can be postponed until the skin is no longer inflamed. The cyst may also be surgically excised for aesthetic reasons.

Provided by: Ms. Jessica Corbin; and Dr. Richard Langley

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Case 2



Scaly Plaque on Calf

A 52-year-old male presents with an isolated, itchy, scaly plaque on his calf. Mid-potency topical steroids have provided some relief, but the lesion remains.

Questions

1. What is your diagnosis?
2. How can you confirm the diagnosis?
3. How would you manage this patient?

Answers

1. Tinea incognito. The use of a topical steroid on a fungal infection may improve erythema and pruritic symptoms, however, in the meantime, the fungal infection slowly progresses.
2. A skin scraping, with potassium hydroxide examination and fungal culture. A biopsy should also reveal the diagnosis.
3. Topical antifungals twice per day for three to four weeks should resolve the lesion. Adding a mild topical steroid can assist with the pruritus.

Provided by: Dr. Benjamin Barankin

Case 3



Forearm Streaks

A 19-year-old man presents with a productive cough. Upon examination, multiple streaks are noted over both his forearms.

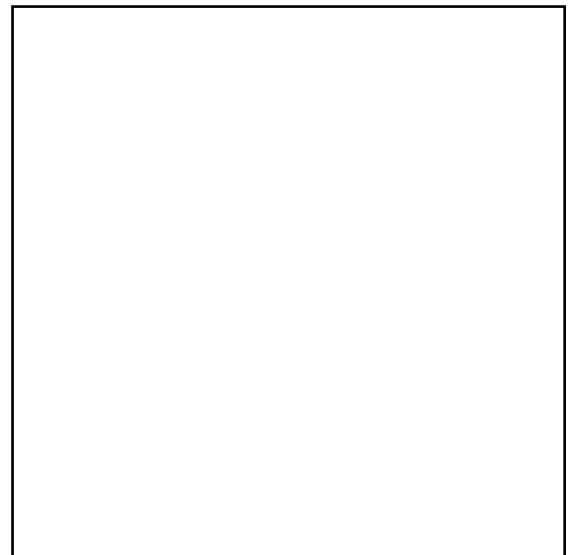
Questions

1. What is your diagnosis?
2. What should be your next step?

Answers

1. Multiple sclerosed superficial veins over both forearms, due to repetitive IV street drug abuse
2. Follow by asking the patient questions regarding IV drug use.

Provided by: Dr. Jerzy K. Pawlak, and Dr. T. J. Krocak



Case 4




Hyperpigmentation on Face

This 33-year-old man presents with diffuse, brown, symmetrical hyperpigmentation on the forehead.

Questions

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

Answers

1. This patient has melasma, a common condition involving hyperpigmentation of the skin on the face and neck. Melasma is thought to be caused by increased stimulation of melanocytes by endogenous and exogenous hormones following sun exposure. Pregnancy, the use of oral contraceptives and thyroid dysfunction may predispose individuals to this condition. Typically, pigmentation deepens slowly without signs of inflammation, and can occur in several distinctive patterns on the cheeks, chin, upper lip, nose and forehead, as in our patient.
2. Melasma can be diagnosed clinically, or by using a Wood's lamp, which determines if there is an increase in melanin in the epidermis or the dermis. Differential diagnosis for melasma includes post-inflammatory hyperpigmentation and lichen planus.
3. Melasma is difficult to treat. Sun avoidance is recommended and hypopigmenting agents, chemical peels and lasers may be recommended. Cosmetics may be used to cover areas of hyperpigmentation. 

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