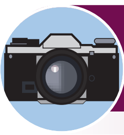
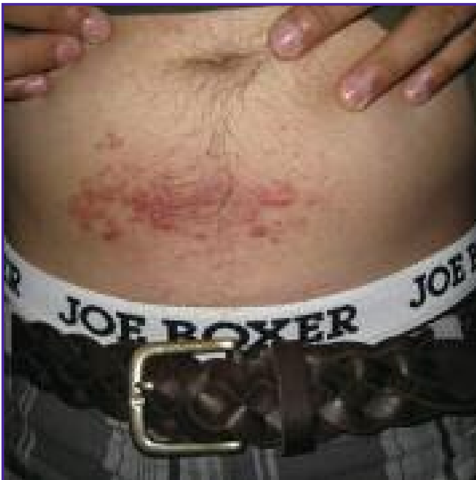


# Photo Diagnosis

*Illustrated quizzes on problems seen in everyday practice*

Case 1




# *Puritic Eruption on Abdomen*

A 17-year-old male presents with a pruritic eruption that comes and goes on his abdomen.

## Questions

1. What is your diagnosis?
2. What should he avoid?
3. How would you treat this patient?

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## Answers

1. Allergic contact dermatitis to nickel
2. Avoid jewelry, watches, earrings, buttons, and snaps that contain nickel.
3. Potent topical steroids are required b.i.d. for approximately two weeks, but avoidance of nickel deals with the root cause to prevent recurrence.

Provided by: Dr. Benjamin Barankin



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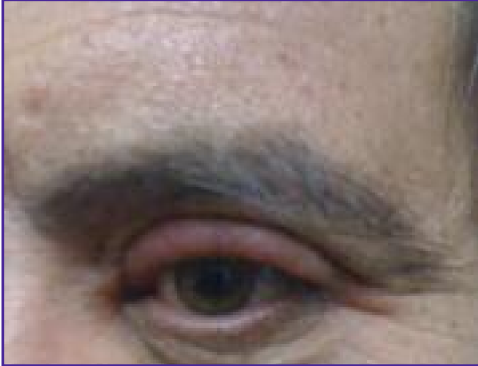
## Case 2



# *Eyelid Inflammation*

A 58-year-old male presents with a four-day-history of an irritated, red, and swollen left upper eyelid, associated with clear discharge. There is crusting around the glands of his left upper eyelashes.

### Questions.

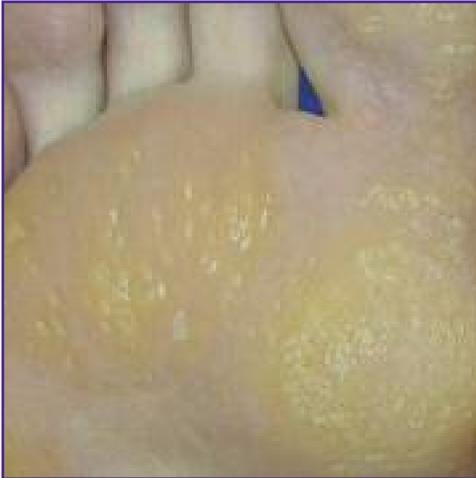
1. What is the diagnosis?
2. What are the variants of this condition?
3. What is the management?

### Answers

1. Blepharitis
2. Seborrheic blepharitis, staphylococcal blepharitis, and meibomian gland dysfunction (MGD)
3. Patients are asked to apply warm compresses to their eyelids for five to ten minutes b.i.d to q.i.d to encourage cleansing and evacuation of the secretory passages. Gentle scrubbing with baby shampoo can also be used. Antibiotic ointments could be used in the case of staphylococcal blepharitis. Follow-up should be arranged in one to four weeks.

Provided by: Dr. Javier Benavides and Dr. Karen Choi

## Case 3



# *Hyperkeratotic Papules*

A 41-year-old male presents with a 10-year-history of numerous hyperkeratotic papules on the palmoplantar surface. He was diagnosed with having flat warts and has been treated with cryotherapy as well as imiquimod with no improvement.

### Questions

1. What is the diagnosis?
2. What is the age of onset?
3. What is the treatment?
4. What is the prognosis?

### Answers

1. Punctate keratoderma
2. Age of onset varies between 10- and 70-years-old, but this condition most commonly appears in late-childhood or early-adulthood.
3. Treatment includes emollients, keratolytics (such as salicylic acid), and topical and systemic retinoids.
4. Punctate keratoderma persists for life and may be inherited in an autosomal dominant manner. General health is not affected.

Provided by: Dr. Francesca Cheung

Case 4

# Signal Abnormalities

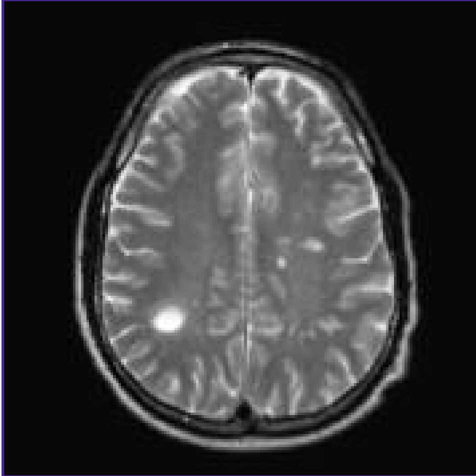


Figure 1. MRI brain showing multiple T2 weighted white matter, hyperintense, signal abnormalities.

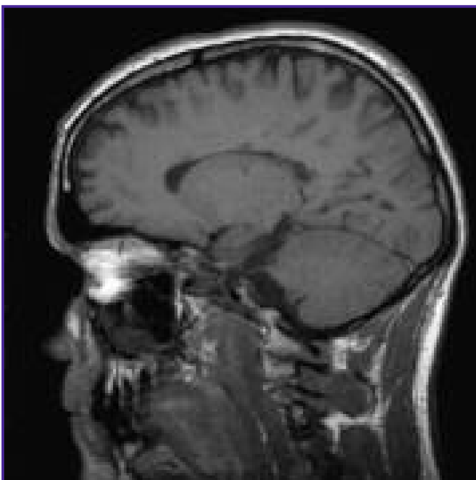


Figure 2. MRI brain, T1 weighted image showing multiple hypointense signal abnormalities involving corpus callosum and subcortical white matter.

A 27-year-old male presents with gradual onset of blurred vision and numbness on the right side of his body which lasts for about three weeks and then resolves gradually.

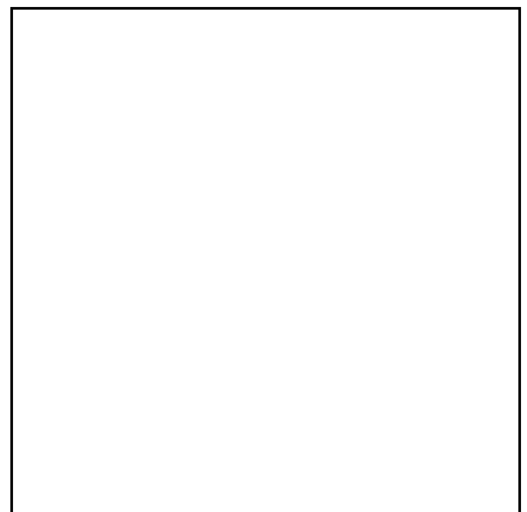
## Questions

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

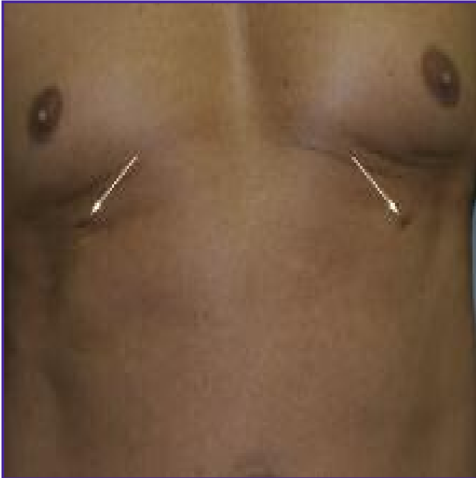
## Answers

1. MRI brain, Figure 1 is an axial view showing multiple T2 weighted white matter, hyperintense, signal abnormalities. Figure 2 is a sagittal view, T1 weighted image showing multiple hypointense signal abnormalities involving corpus callosum and subcortical white matter.
2. Demyelinating disease (*e.g.* Multiple Sclerosis or MS)
3. Acute exacerbations of multiple sclerosis are treated with intravenous corticosteroids followed by oral prednisone with a tapering schedule. Once a patient is stable, he or she is treated with immune modulating therapy.

Provided by: Dr. Abdul Qayyum Rana, S. Naz, and Atif Khan



## Case 5



# Papules on the Chest

This 35-year-old male presents with two symmetrically-distributed, skin-coloured papules on the chest.

## Questions

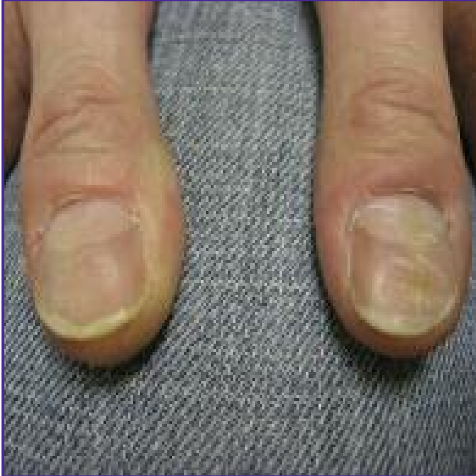
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

## Answers

1. This patient has accessory, or supernumerary, nipples, also known as polythelia. Supernumerary nipples are a common congenital malformation in which nipples or associated tissue are present in addition to the two nipples normally present on the chest. Embryonic supernumerary nipples are typically located along the embryonic milk line, which extends bilaterally from the axilla, down the chest and abdomen to the groin. Up to 5% of supernumerary nipples are ectopic and can be found far from the embryonic milk line. Supernumerary nipples are classified by the amount of areolar and glandular tissue present.
2. Although supernumerary nipples have been loosely associated with systemic disease, this is likely a coincidental finding, and the presence of supernumerary nipples is not, in itself, an indication for a thorough work-up.
   Patients may find the presence of supernumerary nipples distressing and should be assured of the benign nature of this abornomality. Supernumerary nipples do not develop into breast tissue during puberty, but may, over time, undergo subtle changes in elevation and pigmentation due to hormonal fluctuations.
3. Treatment is not required; however, if protruding nipple tissue causes a patient discomfort, or if extra tissue is present in a cosmetically sensitive area, it may be removed surgically following recommendation.

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

Case 6



# Long-standing Nail Deformity

A 32-year-old anxious gentleman presents with an asymptomatic long-standing nail deformity on bilateral thumbs.

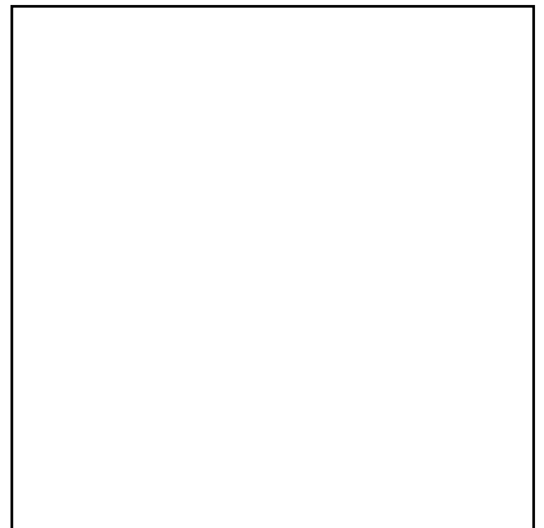
## Questions

1. What is your diagnosis
2. What is the diagnosis for this nail finding?
3. How might you manage this patient?

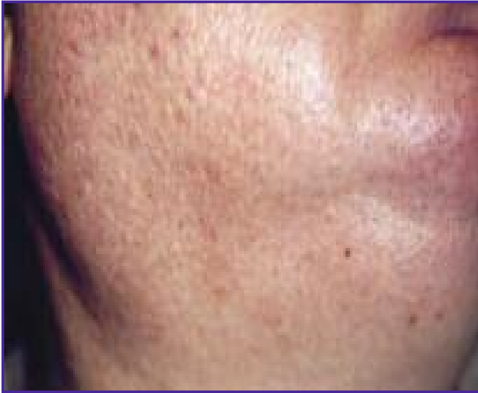
## Answers

1. Habit-tic deformity, due to conscious or subconscious rubbing and picking of the proximal nail fold and cuticle
2. Median nail dystrophy is the diagnosis, though most patients are worried about onychomycosis.
3. Behaviour modification is the best way to manage this deformity. Patients should be told to stop playing with the affected finger, and, if necessary, they can apply tape over the cuticle to interrupt the habitual trauma. A topical steroid can be beneficial for a few weeks to reduce any paronychia. Less commonly, SSRIs can be employed.

Provided by: Dr. Benjamin Barankin



Case 7



# *Swelling in the Parotid Gland*

A 57-year-old obese, diabetic patient presents with a painless recurrent swelling in the right parotid gland.

## Questions

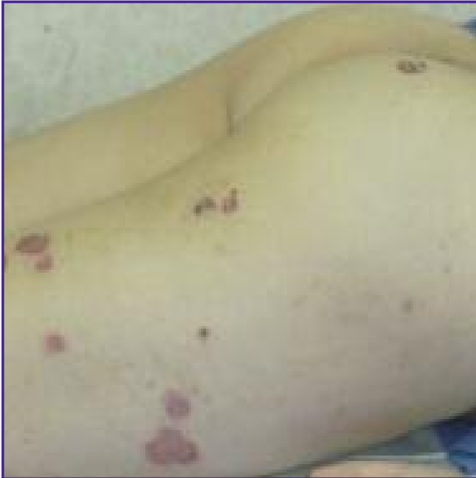
1. What is the diagnosis?
2. What is the significance?

## Answers

1. A recurrent asymptomatic parotid gland enlargement is most likely due to nonobstructive sialectasis.
2. Chronic, asymptomatic parotid enlargement, especially when bilateral, may be secondary to diabetes mellitus, liver cirrhosis, chronic pancreatitis, sarcoidosis, hyperlipoproteinemia, and bulimia nervosa.

Provided by: Dr J.K.Pawlak and Dr. T.J.Kroczak

## Case 8



# Plaques on the Legs

A 10-year-old boy presents with multiple, well-demarcated plaques on the lower extremities and buttocks. The initial lesions were vesiculated papules with red bases. The papules evolved into vesicles and bullae that ruptured to form ulcers surrounded by an area of erythema.

### Questions

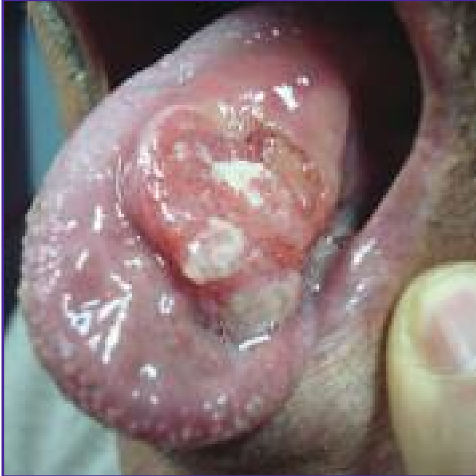
1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

### Answers

1. Ecthyma
2. Ecthyma is an ulcerative skin infection that initially resembles impetigo. The lesion begins as a red macule that enlarges and becomes a slightly elevated papule surrounded by an area of erythema. The papule then evolves to a vesicle or bulla that ruptures to form an ulcer, which has a punch-out appearance and a necrotic base. The condition is usually caused by group A β-hemolytic streptococcus. Lesions are well demarcated and are frequently multiple. They are most common on the lower extremities and buttocks. Although regional lymphadenitis often occurs, systemic symptoms are usually absent. Predisposing factors include trauma, insect bites, poor hygiene, and malnutrition. Complications include cellulitis, lymphangitis, and, rarely, poststreptococcal glomerulonephritis.
3. Ecthyma responds well to oral or parenteral penicillin. The eschar should be soaked and gently removed, and the lesion should be cleaned at least twice daily.

Provided by: Dr. Alexander K.C. Leung and Dr. Stewart Adams

## Case 9



# Tongue Mass

A 71-year-old gentleman presents with a three-week-history of a painless mass on the bottom of his tongue. There is no history of smoking, alcohol, or tobacco use. Surgical resection was completed due to a concern of malignancy.

## Questions

1. What is the diagnosis?
2. What is the treatment?
3. How common is the lesion?

## Answers

1. Histologically confirmed squamous cell carcinoma (SCC). SCC typically appears as a raised, firm, pink to flesh coloured keratotic papule or plaque. Surface changes may include scaling, ulceration, or crusting.
2. SCC accounts for 95% of all oral cavity cancers. The tumour most often occurs in male patients between the ages of 50 to 60 with a positive smoking, alcohol, or tobacco use history. Recent studies have shown that HPV can account for up to 25% of all oral cavity tumours.
3. Surgical resection with possible neck dissection and free flap reconstruction is often the treatment of choice with post-operative radiation therapy. However, radiation may be used alone for elderly patients or large unresectable tumours.

Provided by: Dr. Werner Oberholzer and Mr. Han Zhang

## Case 10

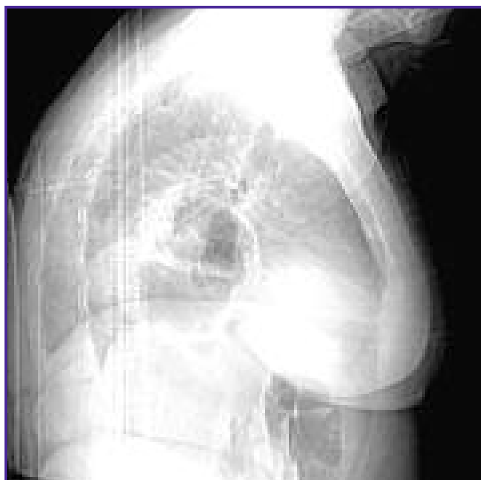


Figure 1. Lateral View

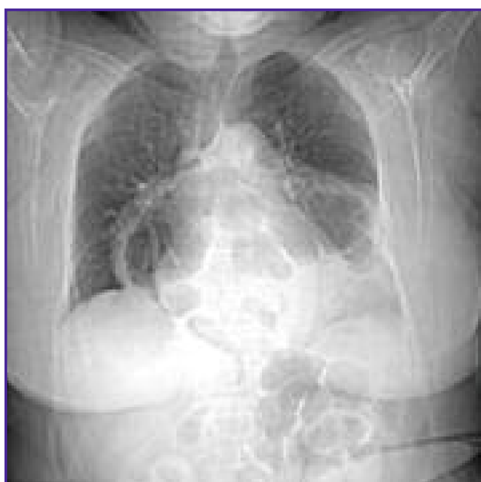


Figure 2. Antero-posterior view

# Abdominal Discomfort

An 83-year-old woman presents with sudden onset of chest and abdominal discomfort. She is short of breath and had heart palpitations shortly after lifting her 5-year-old grandson. An X-ray of the chest was performed (Figure 1, 2).

## Questions

1. What does the x-ray show?
2. What is the significance?
3. What are the clinical findings?
4. What is the management?

## Answers

1. There is a large fixed hiatus hernia in the retro-cardiac region containing a single, large air-fluid level. The heart size is normal. The lungs are clear.
2. Diaphragmatic hernias are caused when a defect in the diaphragmatic wall allows for the herniation of the abdominal contents into the thoracic cavity. The diaphragm is most commonly injured by a direct blow to the abdomen, causing a sudden increase in intra abdominal pressure, or by a direct laceration from rib fractures. The majority of diaphragmatic tears are on the left side.
3. Clinical findings include marked respiratory distress, decreased breath sounds on the affected side, palpitation of abdominal contents, auscultation of bowel sounds in the chest, paradoxical movement of the abdomen with breathing, and diffuse abdominal pain.
4. All acute cases must be repaired surgically, either by laparatomy, thoracotomy, thoraco-abdominal approach, or by minimal access surgery to avoid long-term sequel. Dx

Provided by: Dr Jerzy K. Pawlak