EDITOR'S CUTTING EDGE



DIAGNOSTIC CHALLENGE

Check the correct answer on page 34

Case 1

Courtesy Dr. Moizza Tahir, Dr Jauhar Mumtaz Pak Emirrate Military Hospital (PEMH), Rawalpindi

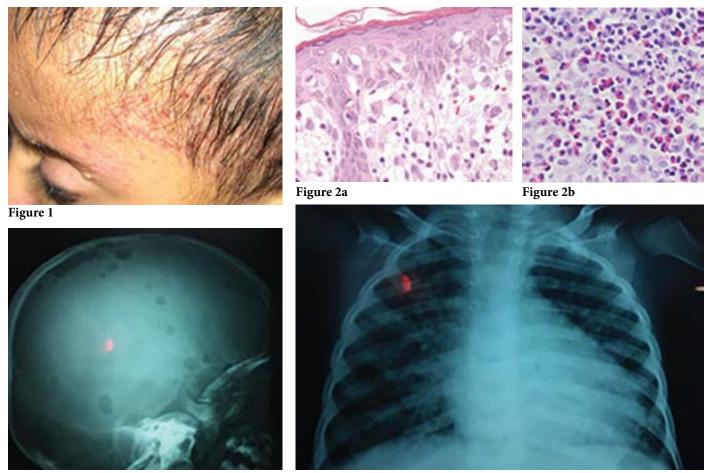


Figure 3 Figure 4

A three and a half years-old-child presented with a history of low-grade fever, off and on for nine months. There was a two-month history of progressive pallor, cough, skin rash, polydipsia, polyuria and a five-day history of epistaxis. Examination revealed pallor, proptosis, right posterior cervical lymphadenopathy, bilateral coarse lung crepitation and hepatosplenomegaly. There was erythematous macular rash over the scalp, covered with greasy crusts and showed multiple petechial spots over its surface (Figure 1). Blood complete picture revealed TLC of 4.6×10^9 /l, Hb 2.6 G/dl and Platelets $50/\text{mm}^3$. Urine examination showed osmolality of <300mOsmol/L. Bone marrow biopsy showed a granulomatous infiltrate. Skin biopsy findings are shown in Figure 2a & b. X ray skull (Figure 3) and chest X ray (Figure 4) was also done.

- 1. What is your diagnosis?
- 2. What further investigation will you perform on skin biopsy specimen in order to confirm your diagnosis.

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Case 2

Courtesy Dr. Memoona Aslam Combined Military Hospital, Rawalpindi



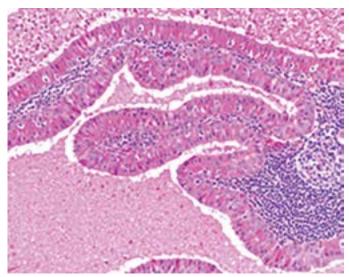


Figure 1

Figure 2

A 59-year-old male patient, a smoker for the past 30 years, presented with a complaint of a painless swelling near his left ear which he first noticed three months ago. The lump had been gradually increasing in size without causing pain or discomfort. On examination, a 3cm, firm, non-tender, mobile mass was found at the angle of the right mandible (Figure 1). Histopathological examination was performed to confirm the diagnosis (Figure 2).

- 1. What is the differential diagnosis of the case based on clinical findings?
- 2. Looking at histology, what is your definite diagnosis?