



SPOT DIAGNOSIS IN INTERNAL MEDICINE VOLUME II

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Preface

The first volume of Spot Diagnosis in Internal Medicine was published in 2014 and due to the great demand, this second volume was published faster than expected. It is a noble sign that in the midst of all spectacular evolving new technology and advances in medicine, our internists are still interested in learning and improving their professional practice with the discipline of clinical signs and hallmarks which will lead them to the rapid diagnosis of the patients.

After the publication of the first volume, there has been substantial increase in the interest of spot diagnosis which results in submission of more photos and questions to RCPT. In this second volume, the editorial team has selected additional 177 all-new photos and questions, not repetitive to the first volume, including cardinal clinical signs, interesting imaging and X-rays, as well as pathognomonic laboratory pictures.

Finally, RCPT continues to highly appreciate the outstanding performances of Professor Priyamitr Sritara, the Scientific Chairman of the RPCT, Associate Professor Nakarin Sansanayudh, the Editors and all the contributing authors for bringing this latest volume of Spot Diagnosis in Internal Medicine to fruition in a timely manner.

Tanin Intragumtornchai, MD, MS, FRCPT, FACP

President

The Royal College of Physicians of Thailand

Forward

I am pleased and honoured to write a forward to “**Spot Diagnosis in Internal Medicine: Volume 2**” of The Royal College of Physicians of Thailand under the Royal Patronage of H.M. the King edited by Associate Professor Nakarin Sansanayudh and his colleagues. Two years ago “**Spot Diagnosis in Internal Medicine (Volume 1)**” was a big success on its debut at the Annual Scientific Meeting of the Royal College of Physicians in 2014. Two thousand books were completely sold in a very short time, requiring a second printing to meet the demand of interested residents and general practitioners.

The authors are a group experienced internists from many specialties of RCPT training institutes. The book is an original work, presenting typical signs and symptoms as well as relevant laboratory investigations of various diseases. Its materials has come from years of gathering to develop a database of diseases among Thai patients, making the book an invaluable source of knowledge. The authors have meticulously reviewed the content and added clear descriptions as well as providing cross-checked references. The organisation of the book is well arranged into an attractive concise pocket book, which can be carried to read at leisure anywhere to enrich knowledge in internal medicine. The book was written in English with the intention to share this resource with interested colleagues from ASEAN Economic Community (AEC).

To write up a high-quality book, with which Associate Professor Nakarin Sansanayudh and his colleagues have devoted much time and energy to come up, is an important means to pass on the original information fortified with new knowledge. I believed this book will help to enrich the knowledge in internal medicine for the whole society of AEC physicians.

Piyamitr Sritara, MD, FRCPT, FACP

*Chairman of the Scientific Committee
The Royal College of Physicians of Thailand*

Acknowledgement

I would like to thank Professor Piyamitr Sritara, The Chairman of the Scientific Committee of the Royal College of Physicians of Thailand (RCPT) for his valuable advice, encouragement and continuing assistance. I would like to express my appreciation to Professor Tanin Intragumtornchai, the President of RCPT, who provides all the support and resources needed for the project.

I would like to express my gratitude to all authors who shared their interesting cases and photos with RCPT. We have received substantial numbers of photos which cover vast variety of diseases in internal medicine. Some photos are classical signs which all physicians should know and some are the beautiful, hard-to-find, photos of the diseases which many of us might not have seen before during our practice.

I am grateful to all distinguished members of our editorial team for their expertise and dedication. I would particularly like to thank my deputy editors, Dr. Tomon Thongsri and Dr. Manop Pithukpakorn for their passion, devotion and hard-working. I am pleased to acknowledge Dr. Sorachat Niltwat for English editing of this book. This book would not be possible without this extra-ordinary editorial panel. Finally, I would like to express my sincere thank to Mrs. Wannaporn Loisawat and all the staff of RCPT secretariat, especially Ms. Suchiitra Sangwan, for their supports.

Last but not least, I would like to thank the readers of “Spot diagnosis in internal medicine” for their constructive criticisms, valuable suggestions and kind supports. I hope this latest volume would not only be entertaining and challenging but also help improving the medical competency and quality of care for the patients.

Col. Nakarin Sansanayudh, MD, PhD

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1

A 68-year-old man presents with back pain and deformity for 7 years.

- a. What are abnormal findings in this thoracolumbar spine film?
- b. What is the most likely diagnosis?



2

An 18-year-old female presents with short stature and primary amenorrhea. Proportionate short stature and delayed secondary sex characteristics are noted. Other physical findings are as shown in the picture.

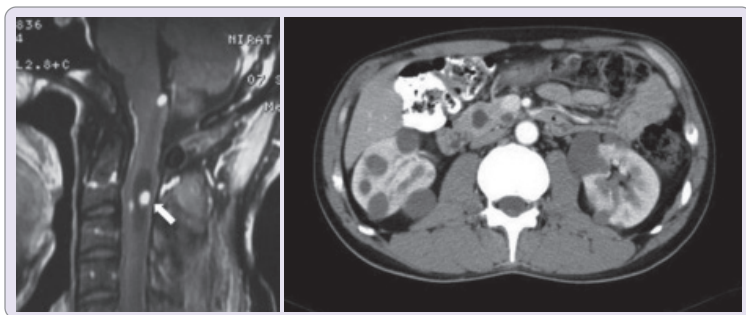


What is the most likely diagnosis ?

3

A 27-year-old man presents with severe back pain, subsequent paraplegia and urinary retention. Physical examination reveals numbness below his waist. His lower limb reflexes are brisk and ankle clonus are present. Sagittal magnetic resonance imaging of the spine is demonstrated in image or picture on the left. In addition, the lesion from an axial computed tomography with contrast is shown in image on the right.

- Describe the radiological findings in the left and the right.
- What is his diagnosis?



4

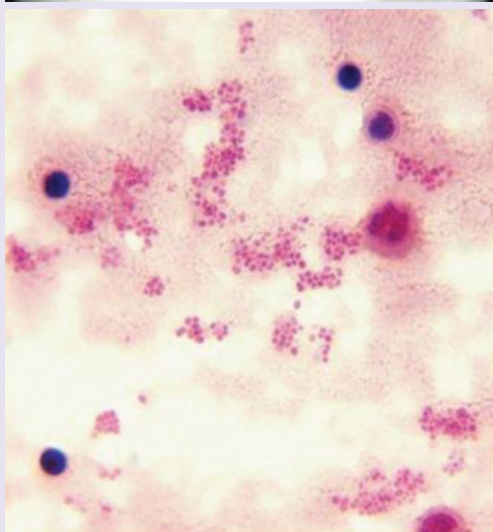
A 45-year-old man presents with dyspnea for 1 week. He denies coughing, fever, chest pain, orthopnea, paroxysmal nocturnal dyspnea (PND) nor edema. His oxygen saturation while breathing room air is 90%.

- a. Describe the film.
- b. Give the diagnosis



A 45-year-old man who has been diagnosed with lymphoma presents with fever and cough for 2 weeks. His chest X-ray and sputum examination are as shown.

- a. What is the diagnosis?
- b. What is the drug of choice for this condition?



6

A 76-year-old man presents with multiple well-defined erythematous plaques on the back, arms and legs. He also has deformities at both hands as shown in the figures.

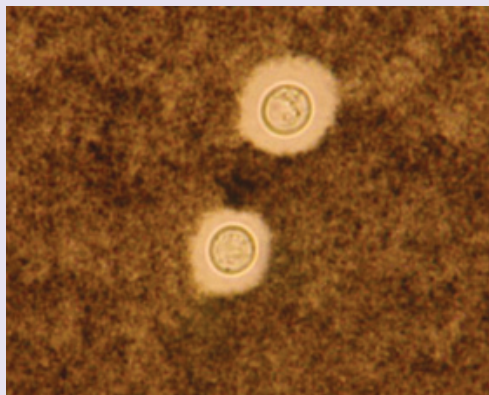
- What is the most likely diagnosis?
- What is the test for the diagnosis according to the World Health Organization (WHO)?



7

A 25-year-old HIV-positive man presents with fever and headache for 1 week. He also has stiffness of neck and vomiting. Cerebrospinal fluid (CSF) shows lymphocytic-pleocytosis, high CSF protein and low CSF glucose. India ink examination of the CSF is as shown in the figure.

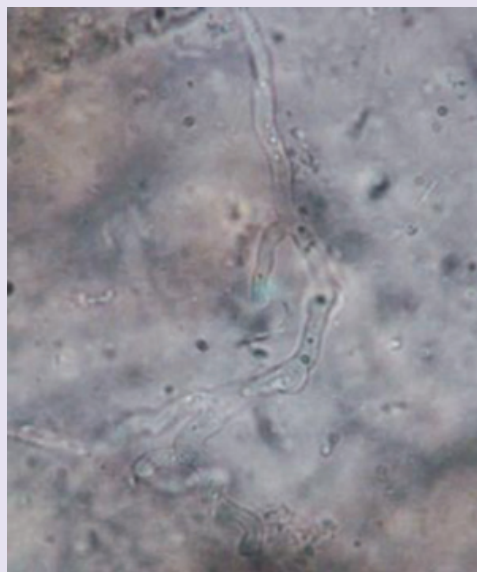
- What is the diagnosis?
- What is the specific treatment?



8

A 20-year-old thalassemic man presents with chronic ulcer at left leg and gangrene at left little toe. Angiography shows an occlusion at left anterior tibial artery. Fresh KOH examination of pus from the ulcer is as shown in the figure.

- What is the most likely organism?
- What is the diagnosis?
- What is the treatment?



9

A 35-year-old alcoholic fisherman presents with fever for one day. He also complains of tenderness and erythematous swelling at left leg. The lesion progresses rapidly and is shown in the picture.

- What is the diagnosis?
- What is the most likely causative organism?
- What are the effective treatments?



10

A 35-year-old man complains of progressive bone pain for 5 years. Laboratory tests show persistent elevation of serum alkaline phosphatase. Multiple osteolytic and osteoblastic lesions are found on skeletal X-rays. Underlying malignancy has been thoroughly searched, but to no avail. Results of the bone scan and bone biopsy are as shown.

- What is the diagnosis?
- What is the treatment of choice?

