

COLOUR ATLAS

Golyar Keyhan and Sophie Sun, editors
Deborah Cheng, associate editor

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SECTION A: DERMATOLOGY



A1. Stasis Dermatitis
Erythematous scaling
patches on lower legs. May
see hyperpigmentation,
swelling, and ulceration.
(Courtesy Dr. L. From)



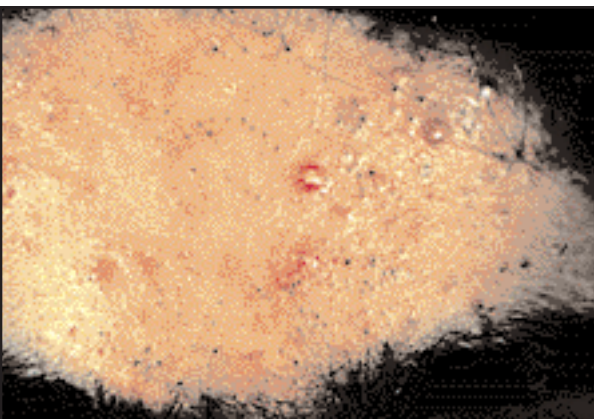
A2. Contact
Dermatitis
Sharply demarcated,
weeping and crusting
papules and vesicles.



A3. Atopic Dermatitis
Excoriated, lichenified plaques with erythema,
dryness, and crusting.



A4. Seborrheic
Dermatitis
Diffuse within
scalp margin,
greasy
yellow-white
scales and
underlying
erythema.



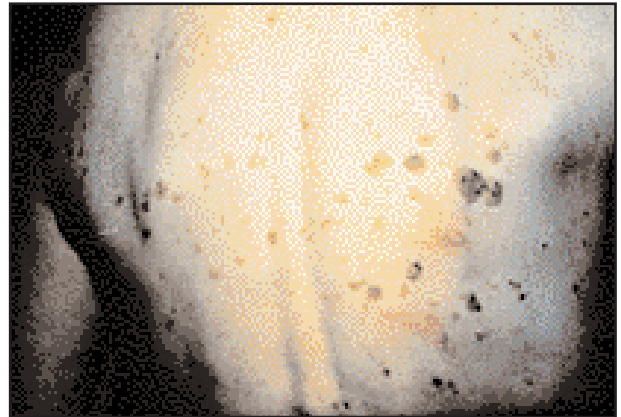
A5. Acne Vulgaris
Inflammatory papules, pustules, and open comedones.



A6. Acne Rosacea
Prominent facial erythema,
telangiectasia, rhinophyma,
and scattered papules.
(Courtesy Dr. L. From)



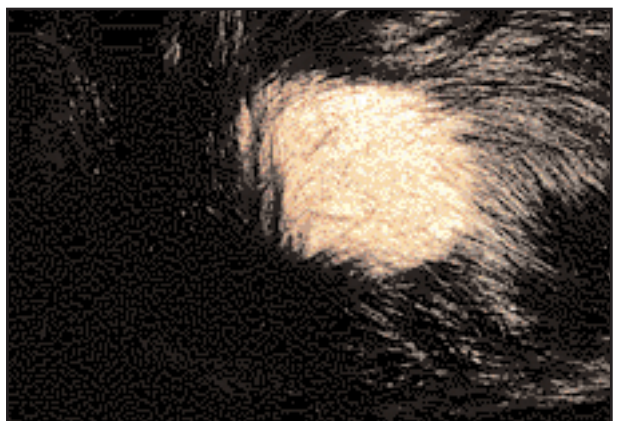
A7. Psoriasis
Dry, well-circumscribed, silvery scaling papules and plaques. (Courtesy Dr. L. From)



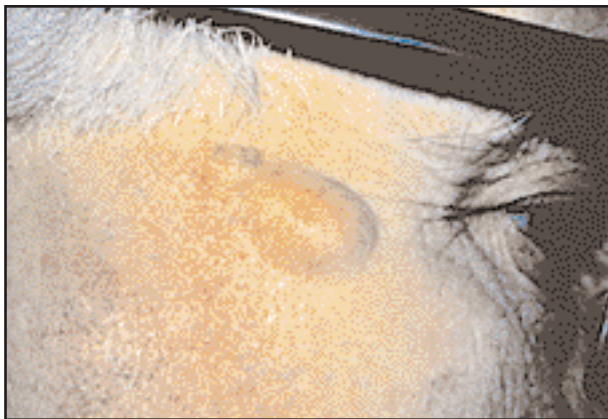
A8. Seborrheic Keratosis
Well-demarcated, waxy, brownish-black or tan papules/plaques; warty and "stuck-on" appearance.



A9. Onychomycosis
Distal onycholysis, nail pitting, and subungual hyperkeratosis.



A10. Tinea Capitis
Diffuse area of mild scaling and hair loss with follicles present and occasionally erythema and pyoderma.



A11. Epidermal Cyst
Round, firm, yellow/flesh coloured, mobile nodule; may observe a follicular punctum on the overlying epidermal surface.

A12.
Alopecia
Areata
Sharply
demarcated
circular patch
of scalp
completely
devoid of hair.





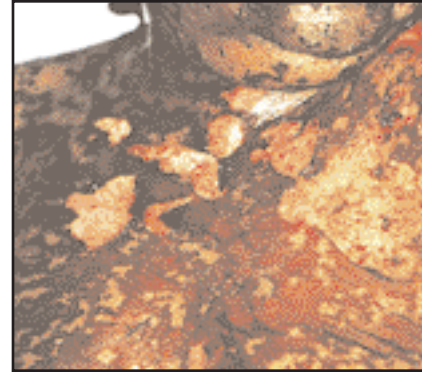
A13. Vitiligo
Typical acral distribution showing cutaneous depigmentation due to an acquired loss of melanocytes.



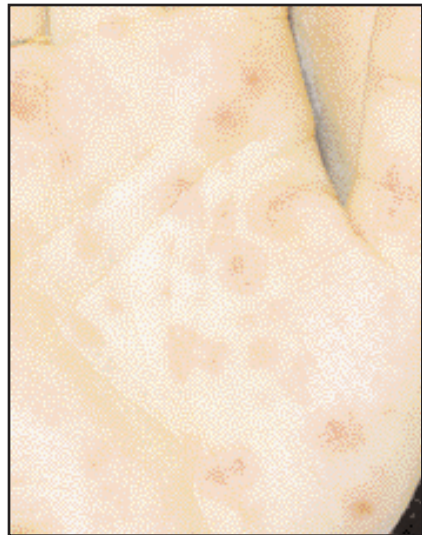
A15. Erythema Nodosum
Tender, poorly demarcated, deep-seated nodules and plaques usually on lower extremities. (Courtesy Dr. M. Mian)



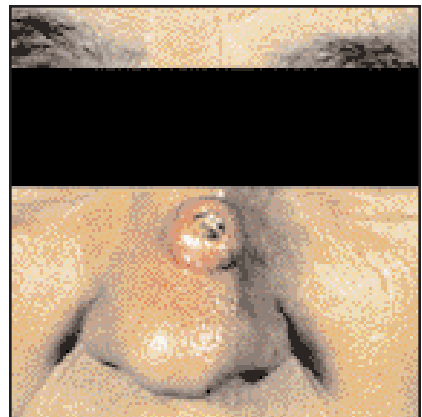
A17. Squamous Cell Carcinoma
Indurated erythematous nodule or plaque with hyperkeratotic surface scale/crust and ulceration.



A14. Toxic Epidermal Necrolysis
Widespread necrosis with painful blistering and denuding of epidermis.



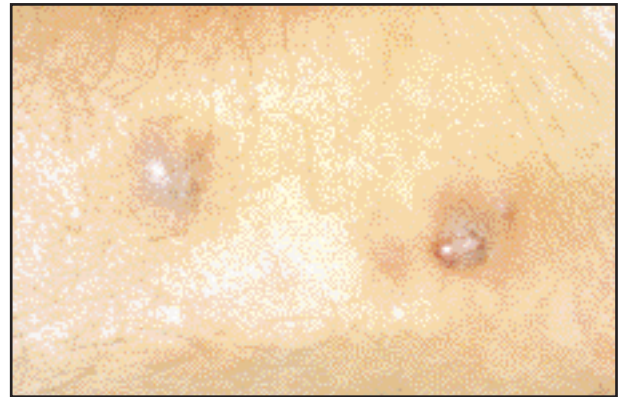
A16. Erythema Multiforme
Macules/papules with central concentric rings. (Courtesy of Women's College Hospital Slide Library, Toronto)



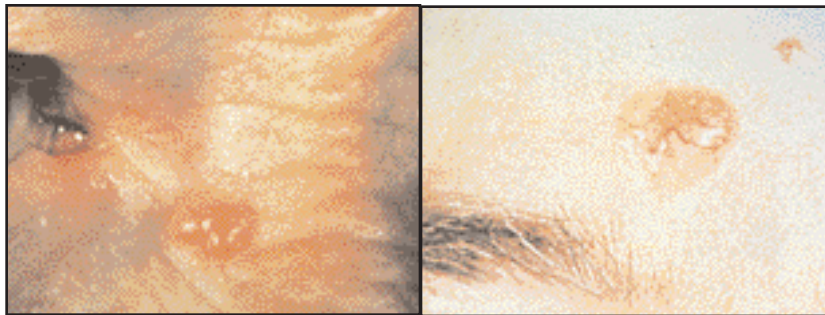
A18. Keratoacanthoma
Benign squamous exophytic nodule with central keratin-filled crater.



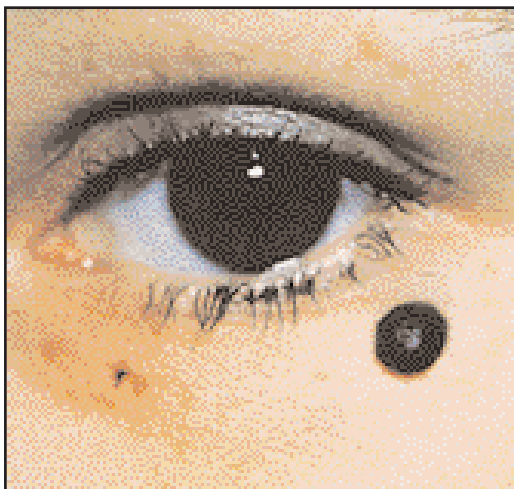
A19. Actinic Keratosis
Hyperkeratotic, erythematous, slightly elevated, flat-surfaced papules and patches on sun-exposed skin. (Courtesy Dr. C. Forrest)



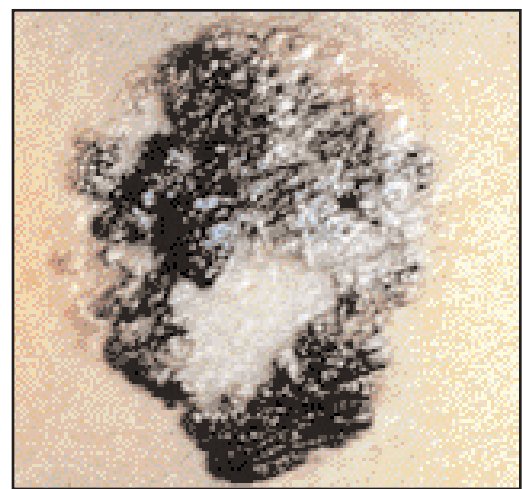
A20. Kaposi's Sarcoma
Bluish-red cutaneous nodules on the lower extremity. (Courtesy Dr. J. Murray)



A21. Basal Cell Carcinoma
Skin-coloured papule or plaque with rolled, translucent/pearly, telangiectatic outer border.



A22. Benign Compound Nevus
Proliferation of nevomelanocytes characterized by hyperpigmented macules or papules of regular shape and uniform colour.



A23. Malignant Melanoma
Superficial spreading lesion characterized by asymmetrical irregular border, variegated colour, and diameter greater than 0.6 mm.

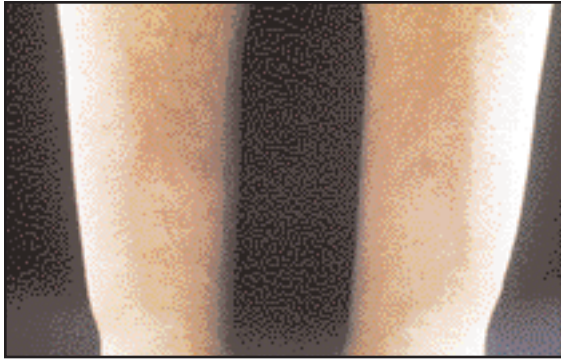
SECTION B: ENDOCRINOLOGY



B1. Cushing's Syndrome
Note moon face, plethora, truncal obesity, and thinning of extremities.
(Courtesy Dr. W. Singer)



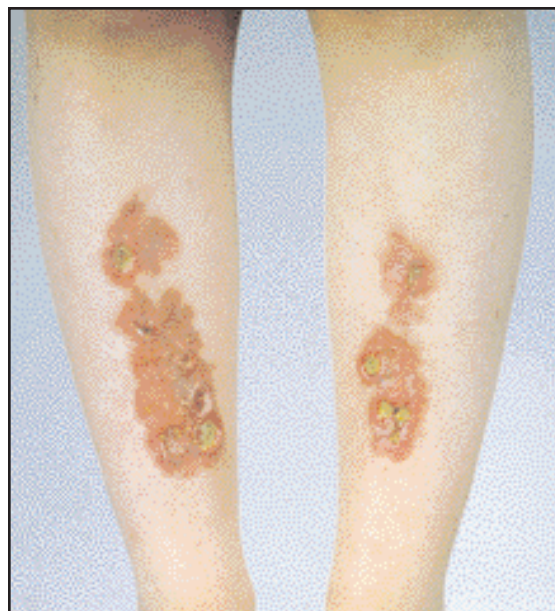
B2. Grave's Disease
Proptosis and lid lag.
(Courtesy Dr. W. Singer)



B3. Pretibial Myxedema
Waxy infiltrative plaques and edema, consistent with infiltrative dermopathy of Grave's disease.
(Courtesy Dr. W. Singer)



B4. Acromegaly
Broad nose, thick skin, deep skin creases, skin tags, and general coarse features.
(Courtesy Dr. W. Singer)



B5. Necrobiosis Lipoidica
Erythematous papules or nodules forming shiny/waxy, yellow-red plaques covered with telangiectatic vessels with scaly, atrophic, and depressed centre.
(Courtesy The Hospital for Sick Children Slide Library, Toronto)

SECTION C: GASTROENTEROLOGY



C1. Small Bowel Obstruction
Gas in distended loops of small bowel (note plicae circulares), ladder pattern, air-fluid levels, and colon devoid of gas.



C2. Bowel Perforation
Upright chest film showing subdiaphragmatic free air above the liver. (Courtesy Dr. G. Olscamp)



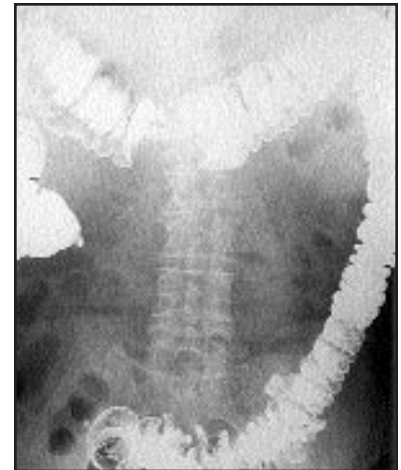
C3. Diverticular Disease
Mucosal and submucosal herniations through muscular layer of bowel. (Courtesy Dr. G. Olscamp)



C4. Crohn's Disease
Terminal ileitis and narrowing of the lumen due to mucosal ulceration, extensive thickening and rigidity of the bowel wall.



C5. Ulcerative Colitis
Colon appears like a smooth tube due to loss of haustrations; ileocecal valve widely patent with involvement of terminal ileum.



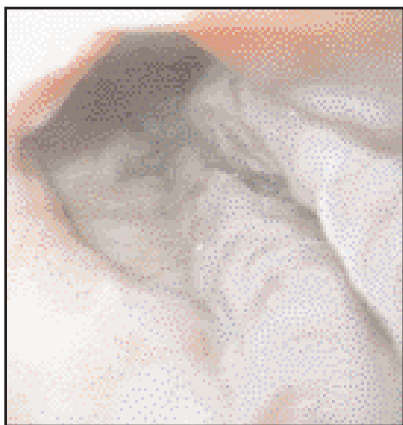
C6. Colon Carcinoma
Classic "apple core" malignant lesion in transverse colon. (Courtesy Dr. G. Olscamp)

SECTION C: GASTROENTEROLOGY . . . CONT.

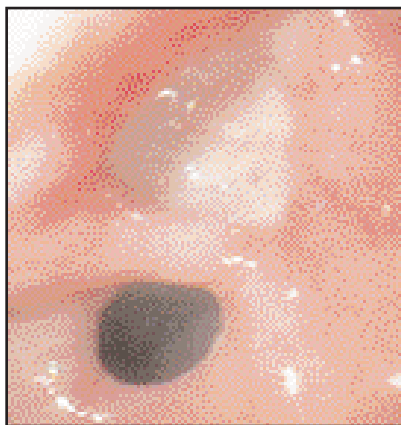


C7. Pancreatitis
Mottled calcification in left upper quadrant suggestive of chronic pancreatitis. Note right-sided pleural effusion.

ENDOSCOPY



C8. Esophageal Varices
(Courtesy Dr. G. Kandel)



C9. Peptic Ulcer Disease
(Courtesy Dr. G. Kandel)



C10. Colon Carcinoma
(Courtesy Dr. G. Kandel)

SECTION D: GYNECOLOGY



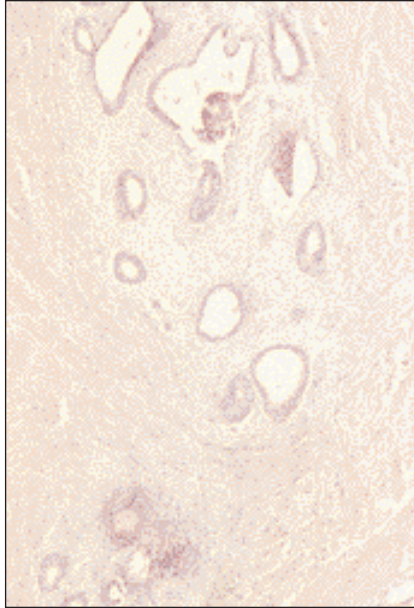
D1. Endometriosis
Uterus with hemorrhagic fibrovascular adhesions on its serosal surface. (Courtesy Dr. I. Zbeirnowski, Women's College Hospital, Toronto)



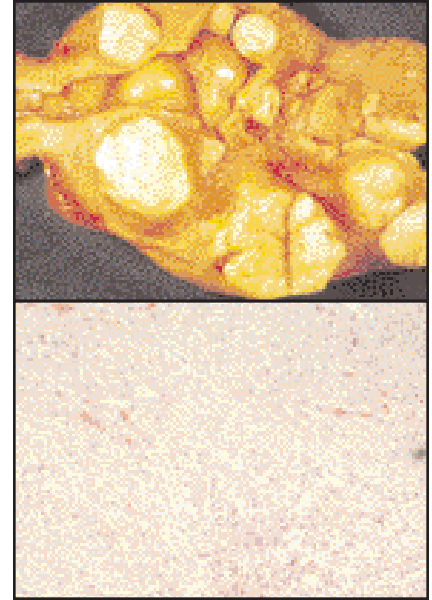
D2. Endometriosis Laporoscopic view
Brownish-black implant on the uterosacral ligament. (Courtesy Dr. R. Pittini)



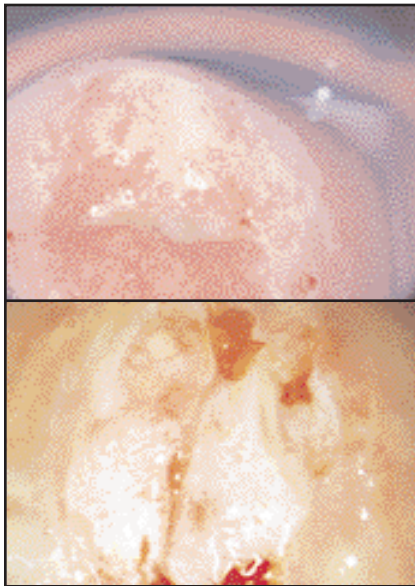
D3. Ovarian Teratoma
Gross appearance of an ovary with a mature cystic teratoma. (Courtesy Dr. I. Zbeiranowski, Women's College Hospital, Toronto)



D4. Adenomyosis
Microscopic endometrial stroma and glands present deep within myometrium. (Courtesy Dr. I. Zbeiranowski, Women's College Hospital, Toronto)



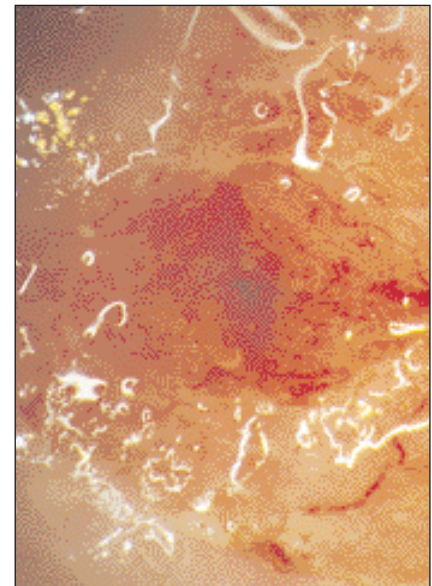
D5. Leiomyoma
Top: Uterus with multiple leiomyomas. Bottom: Microscopic view showing proliferative smooth muscle cells. (Courtesy Dr. I. Zbeiranowski, Women's College Hospital, Toronto)



D6. Cervical Lesion
Top: Low-grade squamous intra-epithelial lesion stained with acetic acid. Bottom: Invasive cervical cancer. (Courtesy Dr. G. Likrish)

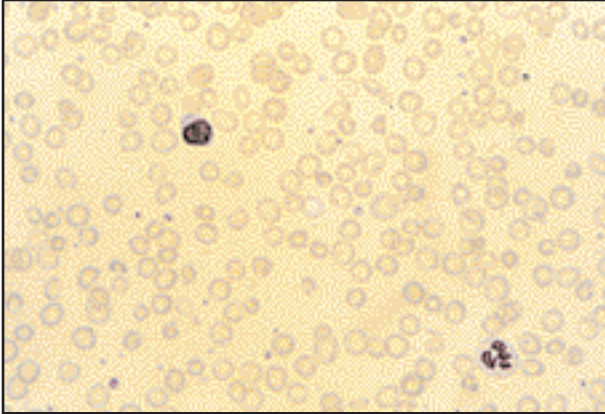


D7. Condyloma Acuminata ("genital warts")
View of the cervix. Range from pinhead papules to soft cauliflower-like, skin coloured masses in clusters; associated with HPV. (Courtesy Dr. W. Chapman)

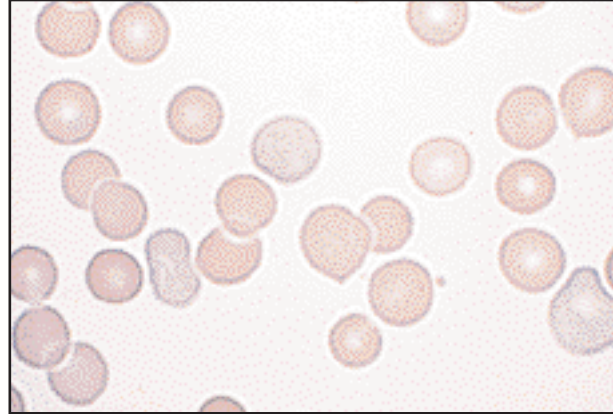


D8. Ectropion
Eversion of cervical canal, with columnar epithelium farther outside the external os of the cervix. (Courtesy Dr. G. Likrish)

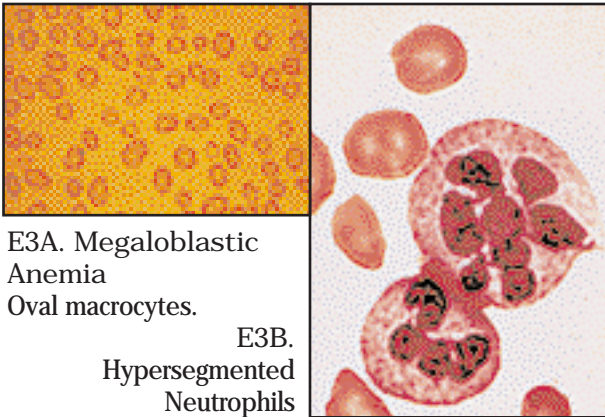
SECTION E: HEMATOLOGY



E1. Iron Deficiency Anemia
Microcytosis and hypochromia of red blood cells.
Note increased area of central pallor.

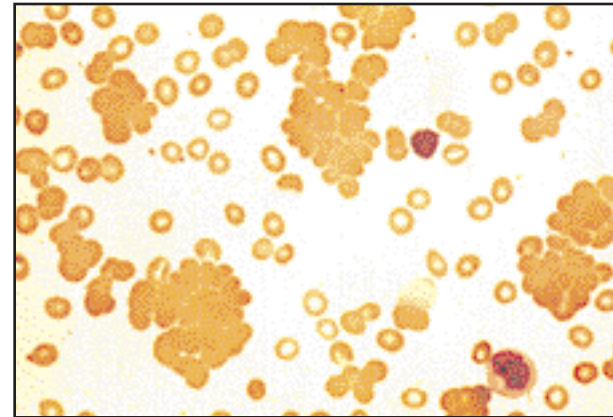


E2. Hemolytic Anemia
Macrocytes and microspherocytes with polychromasia (purplish tinge).

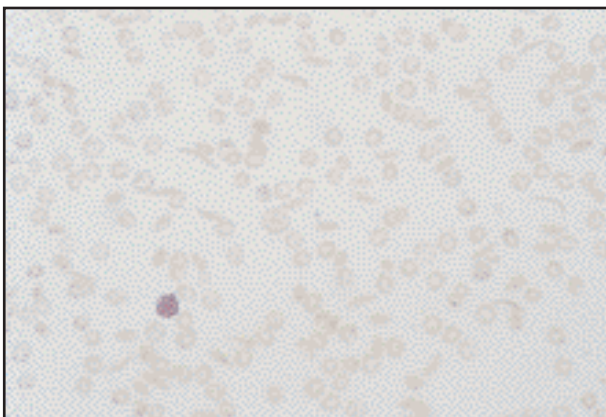


E3A. Megaloblastic Anemia
Oval macrocytes.

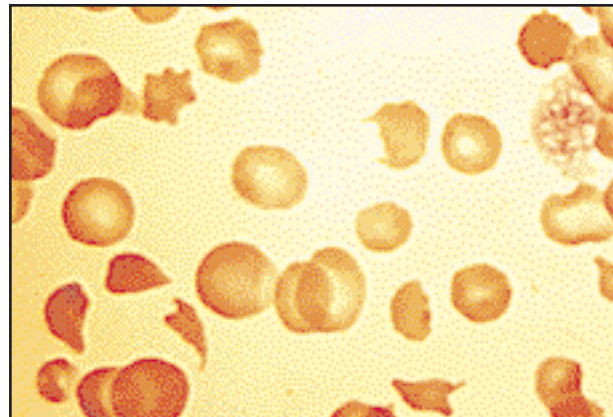
E3B.
Hypersegmented Neutrophils



E4. Autoimmune Hemolytic Anemia
Agglutination of red blood cells.

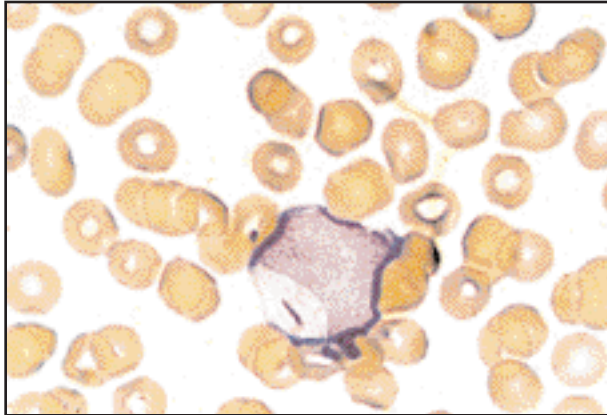


E5. Sickle Cell Anemia
Elongated, crescent-shaped and sickle red blood cells.
Also note target cells and Howell-Jolly body (both due to autosplenectomy secondary to repeated splenic infarcts).
(Courtesy Dr. M. Reis)

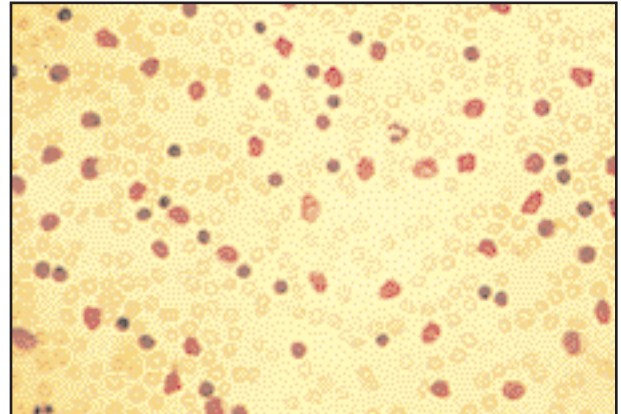


E6. Microangiopathic Hemolytic Anemia
Fragmented red blood cells (schistocytes).
Note helmet cell and triangle-shaped cell in bottom right field.

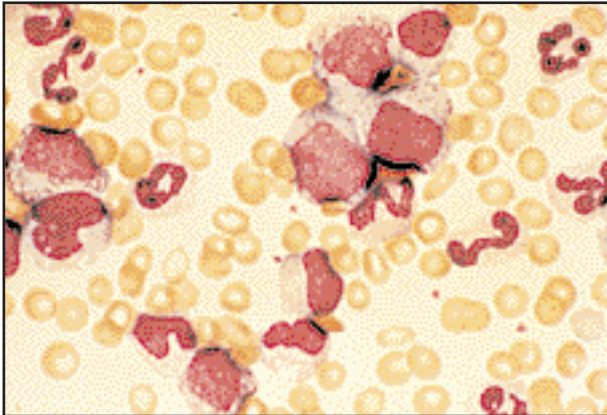
HAEMATOLOGIC MALIGNANCIES



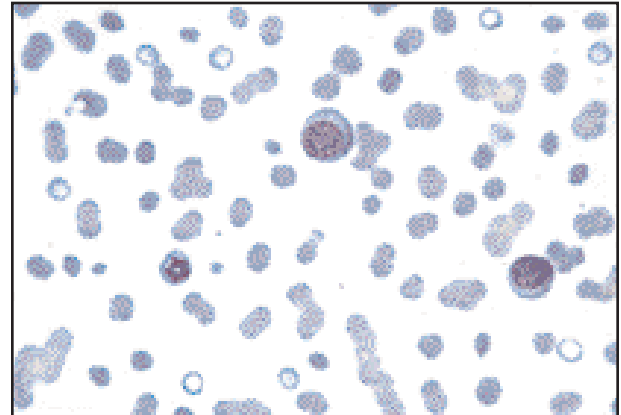
E7. Acute Myelogenous Leukemia
Note blast cell with Auer rod.



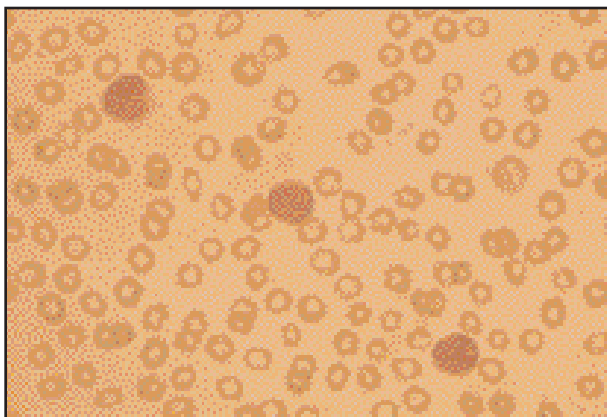
E8. Chronic Lymphocytic Leukemia
Increased number of small, well-differentiated lymphocytes. Note "smudge cells."



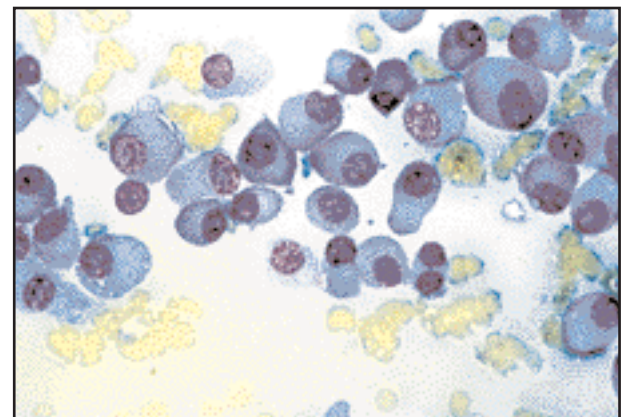
E9. Chronic Myelogenous Leukemia
Increased numbers of granulocytes and their precursors.
Note most WBCs are band forms or segmented granulocytes.



E10. Plasma Cell Myeloma
Note "rouleaux."

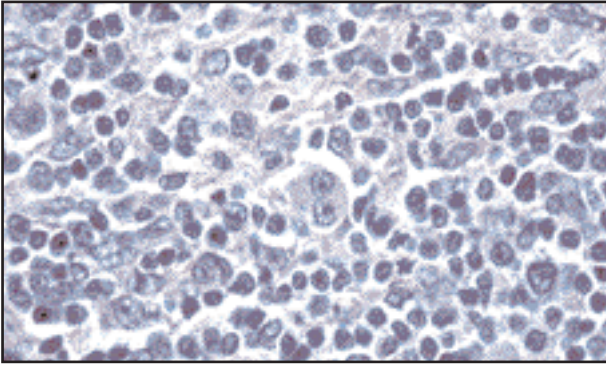


E11. Acute Lymphoblastic Leukemia
Round or convoluted nuclei, absence of cytoplasmic granules, and high nuclear:cytoplasmic ratio.
(Courtesy Dr. D. Sutton)

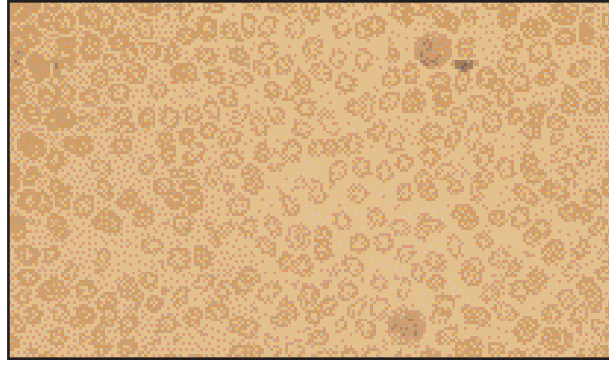


E12. Multiple Myeloma (Bone Marrow)
Plasma cells in marrow. Note binucleate malignant plasma cell right of center field.

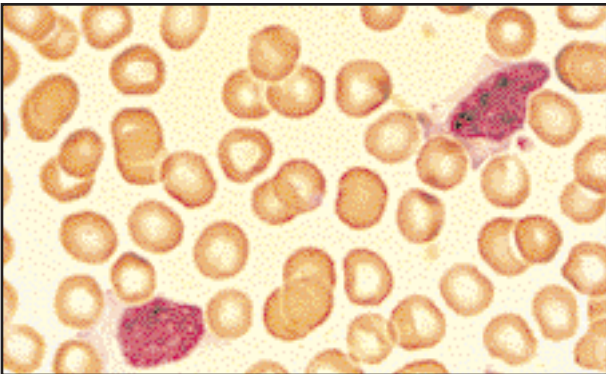
SECTION E: HEMATOLOGY . . . CONT.



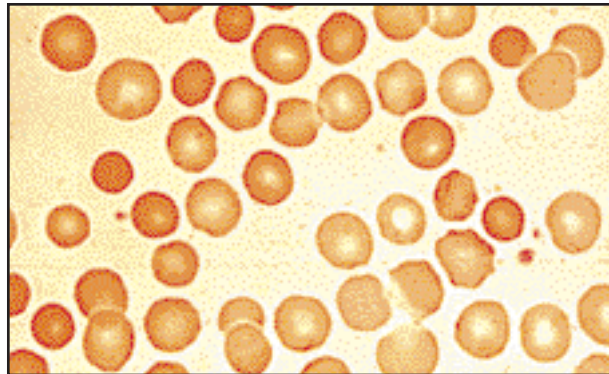
E13. Hodgkin's Lymphoma (Lymph Node)
Reed-Sternberg cell is large and bilobed or binucleate. Prominent within the mirror-image nuclei are giant inclusion-like nucleoli ("owl's eyes").



E14. Myelofibrosis
Tear drop red blood cells (poikilocytes) in the center field. (Courtesy Dr. D. Sutton)



E15. Infectious Mononucleosis
Reactive large, cytoplasmic lymphocytes. Note indented cytoplasm and eccentrically placed nucleus.

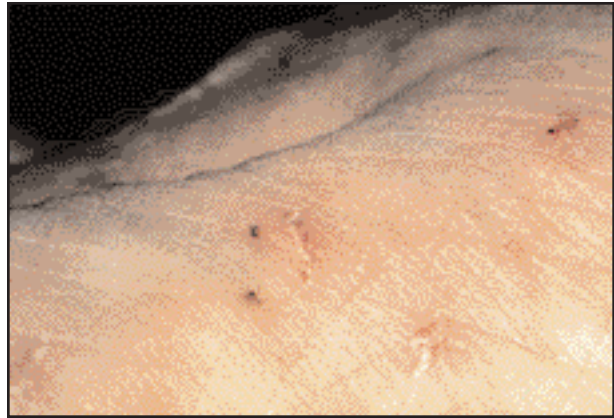


E16. Hereditary Spherocytosis
Small, round, densely staining red blood cells with no central area of pallor.

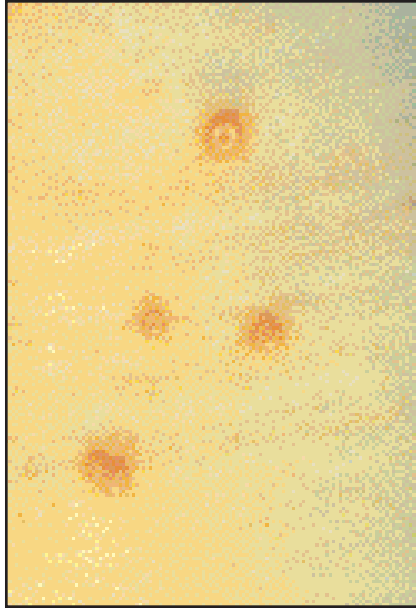
SECTION F: INFECTIOUS DISEASES



F1. Meningococemia
Hemorrhagic papules or petechia with purpuric centres in acral distribution.
(Courtesy The Hospital for Sick Children Slide Library, Toronto)



F2. Scabies
Small crusted papules, eczematous plaques, intense pruritus and excoriations, and superficial linear burrows.



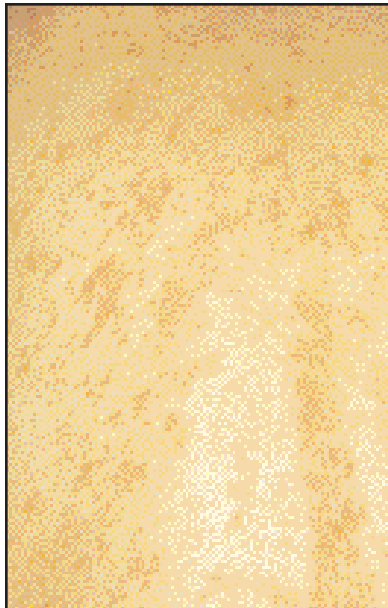
F3. Molluscum Contagiosum
Discrete, umbilicated pearly white papules.



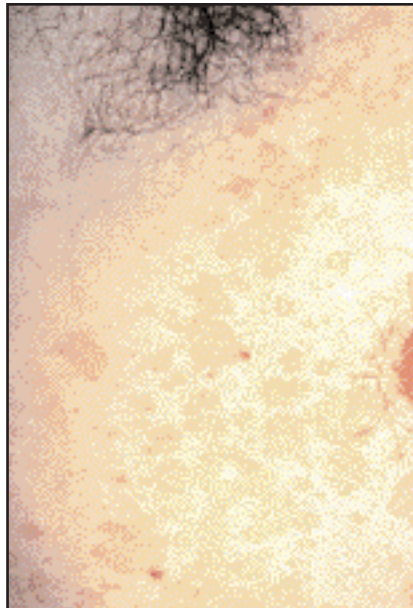
F4. Verruca Vulgaris ("common warts")
Multiple hyperkeratotic, elevated, discrete epithelial growths with papillated surface.



F5. Impetigo
Honey-coloured, "stuck-on" crusts, and erythematous weeping erosions.



F6. Pityriasis Rosea
Multiple round to oval erythematous patches with fine central scale. (Courtesy Dr. L. From)



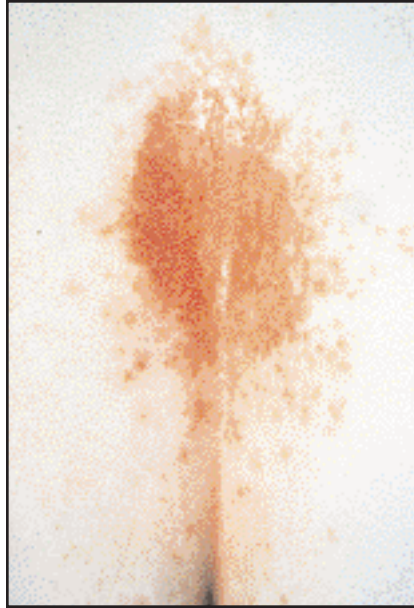
F7. Pityriasis Versicolor
Brownish-white scaling macules on trunk.



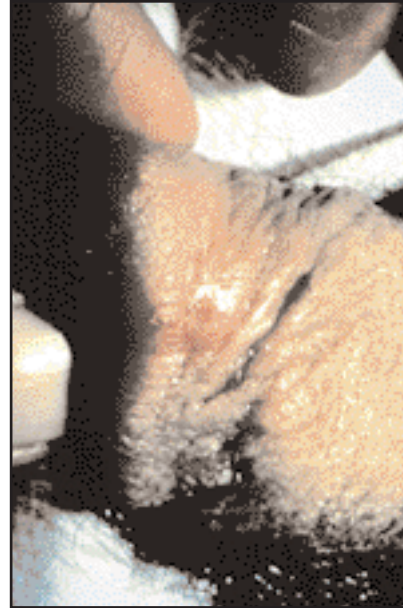
F8. Erysipelas
Streptococcal infection of the superficial dermis consisting of sharply delineated edematous plaques with raised margins. (Courtesy Dr. M. Mian)



F9. Herpes Zoster
Hemorrhagic vesicles and pustules on an erythematous base limited to a dermatome. (Courtesy Dr. L. From)



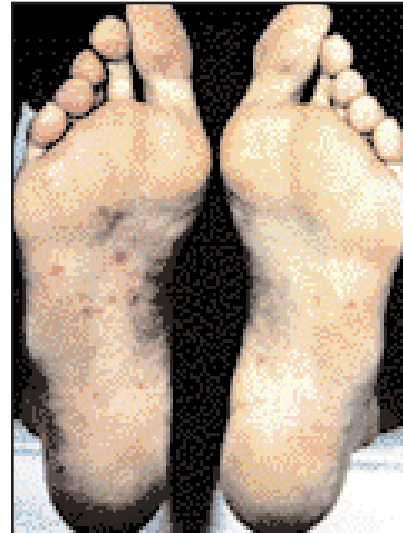
F10. Candidiasis
Macerated or eroded erythematous patches; often studded with papules, pustules, and "satellite" lesions.



F11. Primary Syphilis
Single, erythematous, painless round chancre on penis.



F12. Herpes Simplex
Grouped vesicular eruption (herpetiform arrangement) on an erythematous base of skin.

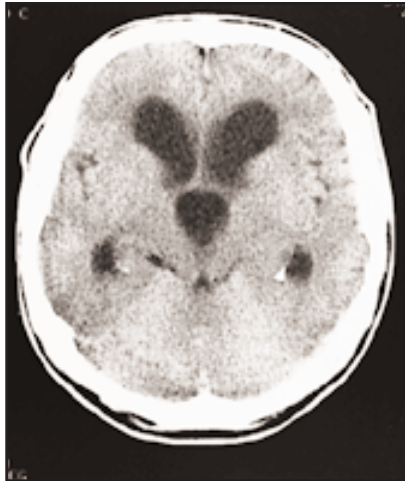


F13. Secondary Syphilis
Commonly affecting palms and soles with oval, flat-topped, scaling, non-pruritic, red-brown papules.

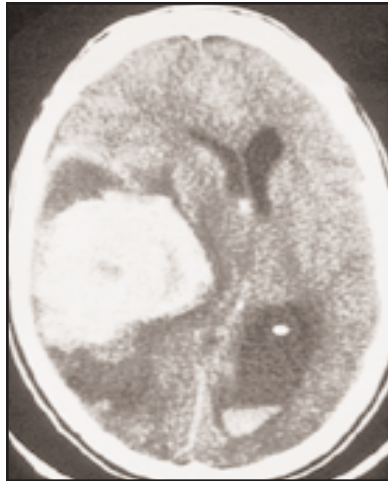


F14. Tinea Corporis
Pruritic, scaly, round/oval plaque with central clearing on the clavicle. (Courtesy Dr. L. From)

SECTION G: NEUROLOGY

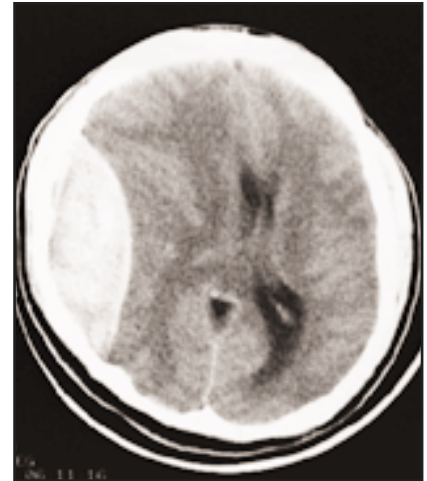


G1. Hydrocephalus
Ventricular enlargement,
periventricular lucency, narrow or
absent sulci +/- fourth ventricular
enlargement.

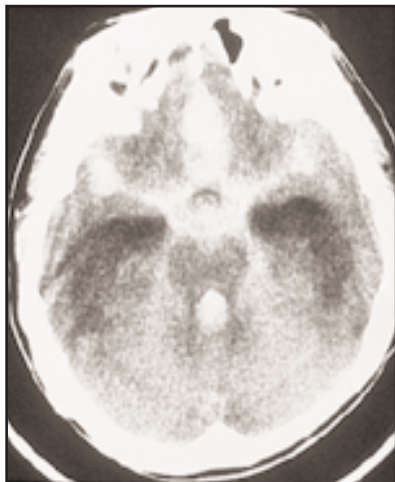


G2. Intracranial Mass
Large glioma with midline
shift and compression of
sulci.

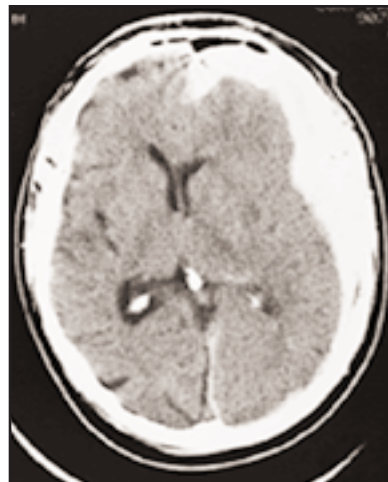
(Courtesy Dr. G. Olscamp)



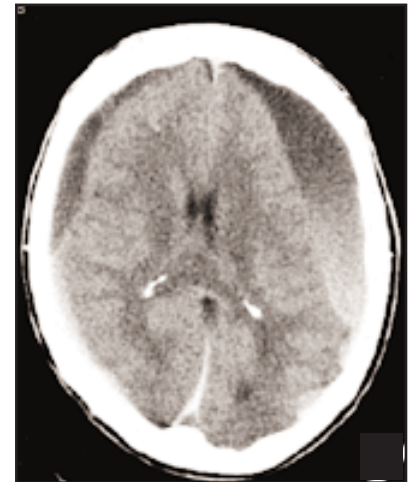
G3. Epidural Hemorrhage
Right high density biconvex mass,
usually uniform density and sharp
margins.



G4. Subarachnoid
Hemorrhage
CT without contrast showing blood
in basal and suprasellar cisterns,
interhemispheric and
sylvian fissures.

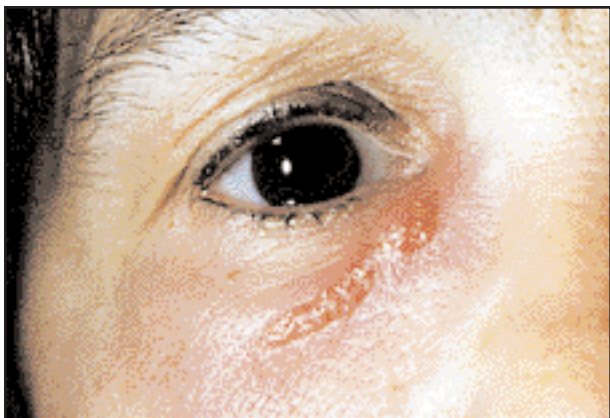


G5. Acute Subdural
Hemorrhage
Left increased density, concave
mass usually less uniform, less
dense, and more diffuse than
epidural hemorrhage.
Note compression of ventricles
and midline shift.

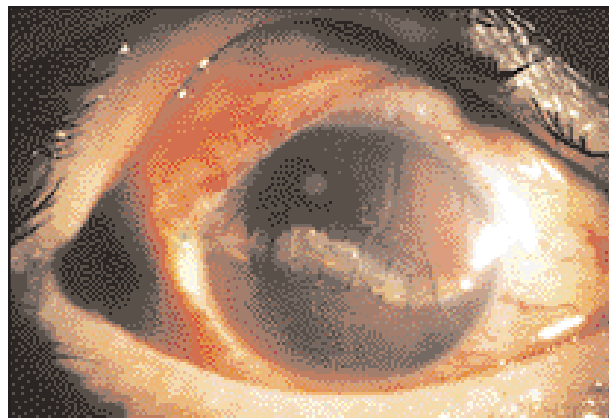


G6. Chronic Subdural
Hemorrhage
Bilateral hypodense areas
representing old blood, mass
effect.

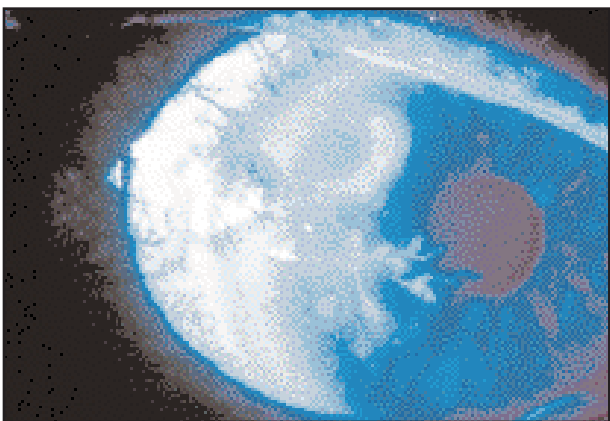
SECTION H: OPHTHALMOLOGY



H1. Dacryocystitis
Erythematous inflammation of the lacrimal sac.



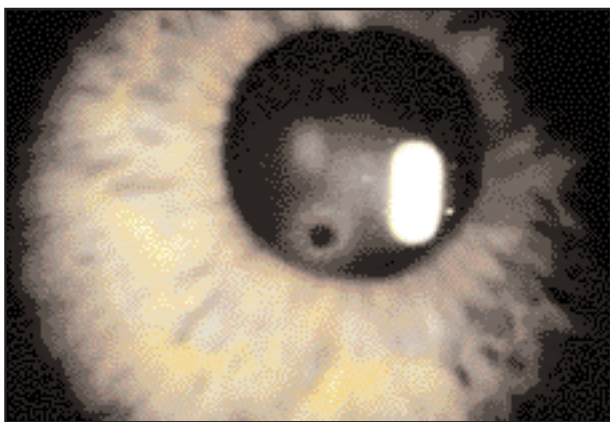
H2. Corneal Laceration



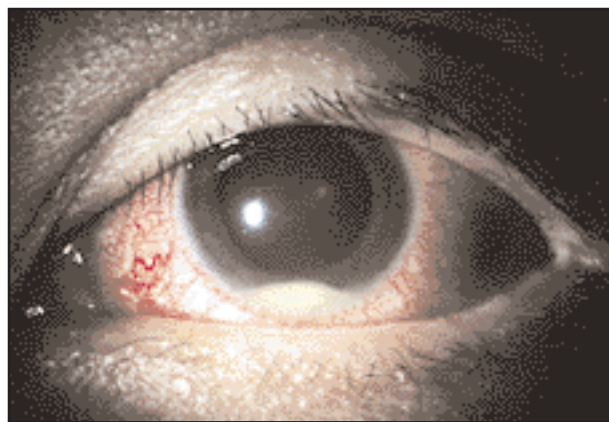
H3. Herpes Simplex
Irregular dendritic (branch-like) lesion of corneal epithelium stained with fluorescein.



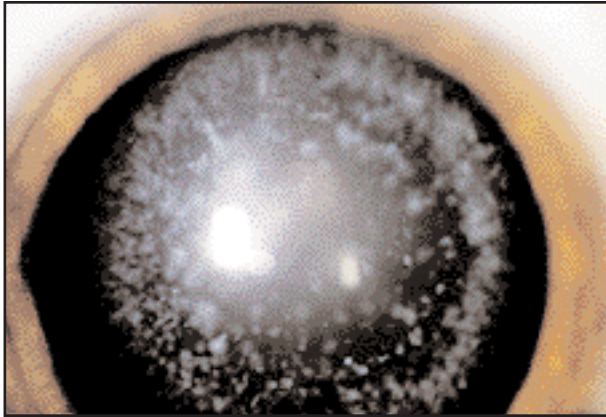
H4. Iritis
Ciliary flush and constricted pupil.



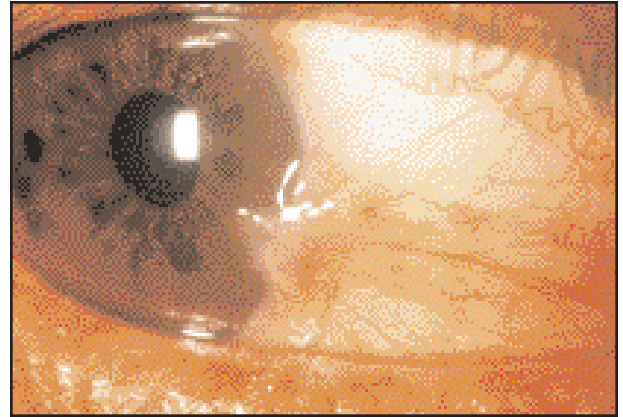
H5. Foreign Body
Presence of rust ring on cornea after removal of metallic foreign body.



H6. Endophthalmitis with Hypopyon
Prominent layer of purulent material in inferior aspect of anterior chamber. Note corneal edema and conjunctival injection.

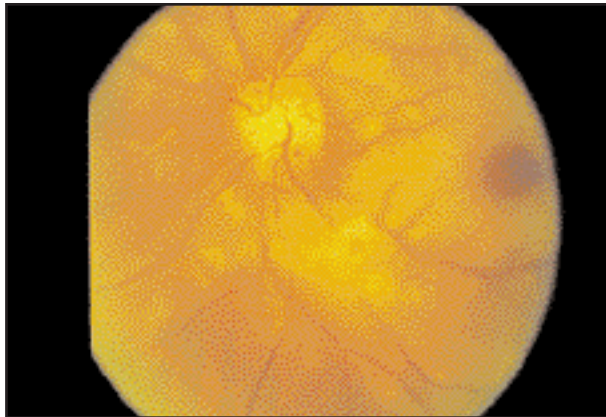


H7. Cataract
Nuclear sclerosis with opacified lens.

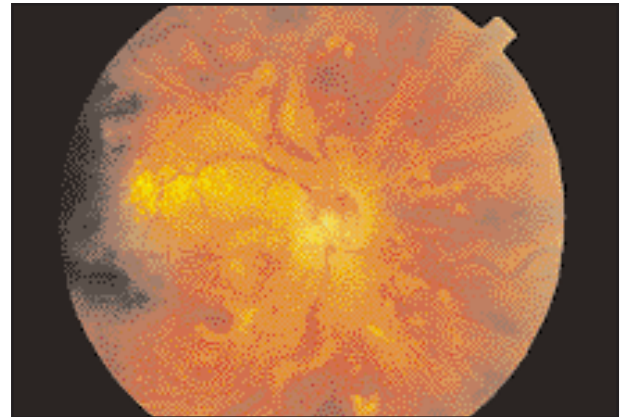


H8. Pterygium
Wedge-shaped growth of vascularized conjunctiva extending onto cornea.

FUNDOSCOPY



H9. Central Retinal Artery Occlusion
Cherry red spot at fovea, constricted vessels, pale retina and disc.



H10. Central Retinal Vein Occlusion
Swollen, blurred disc margin, red congested retina with flame-shaped hemorrhages.
"Blood and thunder" appearance.

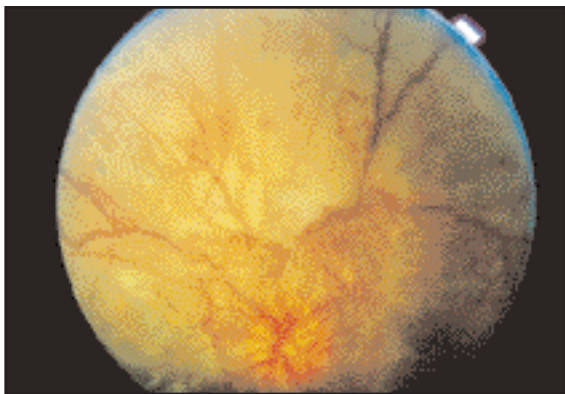


H11. Papilledema
Elevated congested disc with indistinct margins, flame-shaped hemorrhages, and dilated tortuous vessels.

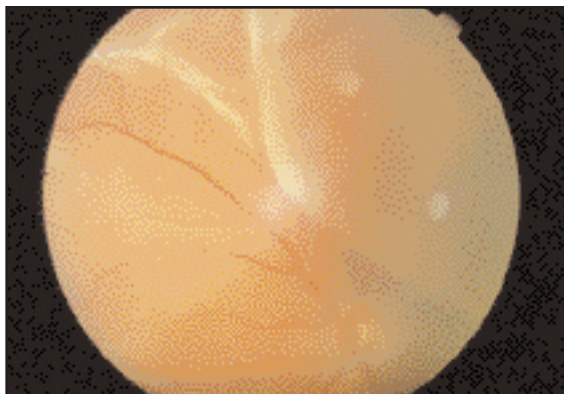


H12. Optic Atrophy
Pallor of optic disc with sharp margins; attenuated vessels.

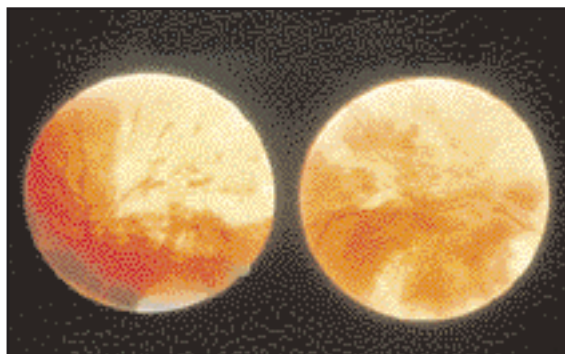
SECTION H: OPHTHALMOLOGY . . . CONT.



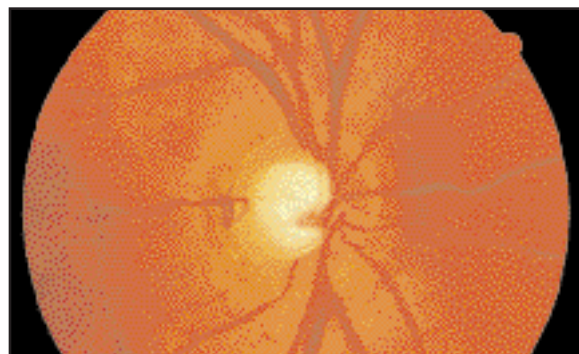
H13. Proliferative Diabetic Retinopathy
Fan-shaped network of new blood vessels branching onto optic disc (neovascularization). Also note dot hemorrhages and microaneurysms.



H14. Retinal Detachment
Bullous retinal detachment with retinal folds on temporal aspect.

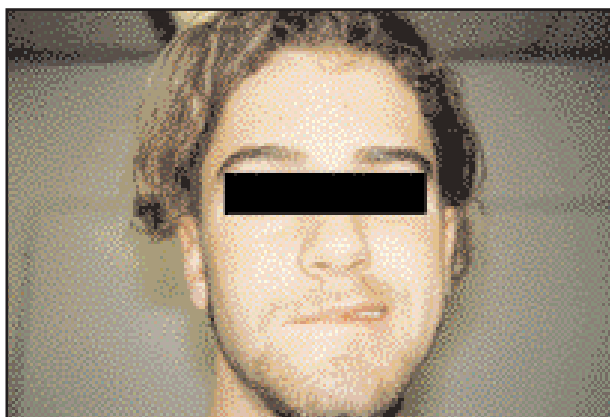


H15. Cytomegalovirus Retinitis
White exudate surrounding hemorrhages and areas of necrosis. Distinct border between diseased and normal retina.



H16. Glaucoma
Asymmetrical increase of cup:disc ratio (0.8). Cupping seen where vessels disappear over the edge of the attenuated rim.

SECTION I: OTOLARYNGOLOGY



I1. Bell's Palsy
Unilateral right facial nerve paralysis. Note patient smiling with mouth droop and loss of nasolabial fold. (Courtesy Dr. A. Waitzman)



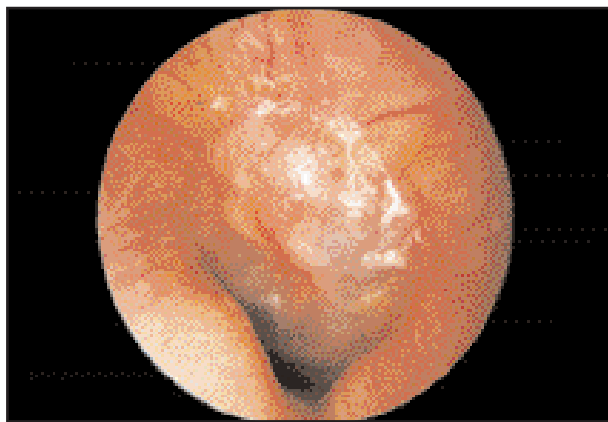
I2. Exudative Tonsillitis
Enlarged and inflamed tonsils with purulent exudate in a patient with mononucleosis. (Courtesy Dr. A. Waitzman)



13. Thyroglossal Duct Cyst
Firm midline mass that moves up and down with swallowing.



14. Branchial Cleft Cyst
Persistence of branchial cleft remnant as firm cystic mass in lateral neck.



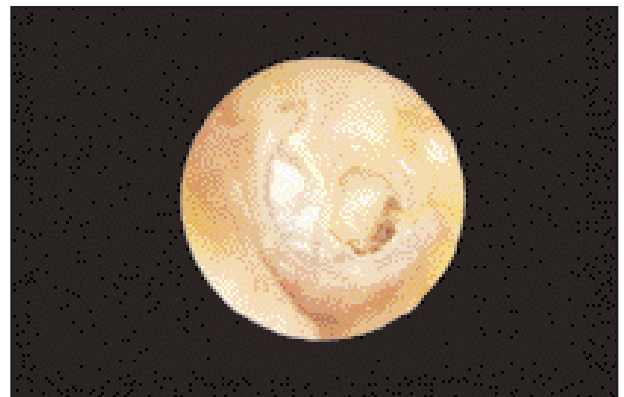
15. Acute Otitis Media
Bulging, hyperemic tympanic membrane with indistinct landmarks.



16. Serous Otitis Media
Air bubbles and serous fluid behind retracted amber tympanic membrane. (Courtesy Dr. M. Hawke)

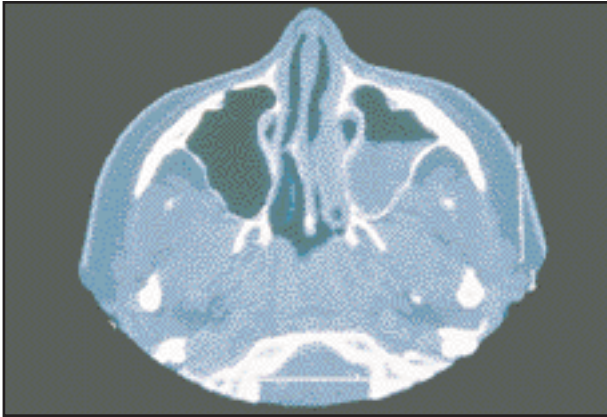


17. Cholesteatoma
Cyst-like mass lined with keratinized squamous epithelium and filled with desquamating debris in the middle ear. Progressive enlargement may lead to bony/soft tissue destruction. (Courtesy Dr. M. Hawke)



18. Perforated Tympanic Membrane
(Courtesy Dr. M. Hawke)

SECTION I: OTOLARYNGOLOGY . . . CONT.



19. Maxillary Sinusitis (CT scan)
Air-fluid level in left maxillary sinus.
(Courtesy Dr. A. Waitzman)

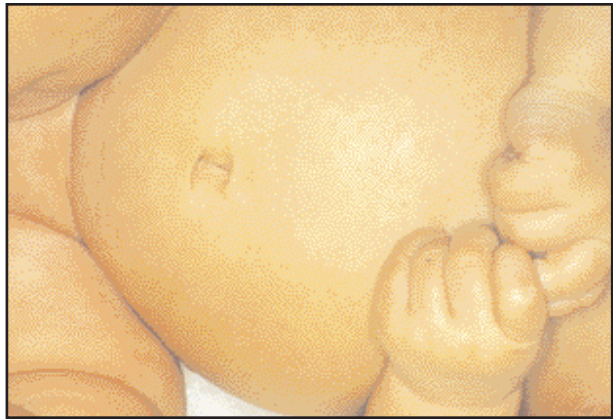


110. Tympanostomy Tube
Plastic tube placed in inferior portion of tympanic membrane. (Courtesy Dr. M. Hawke)

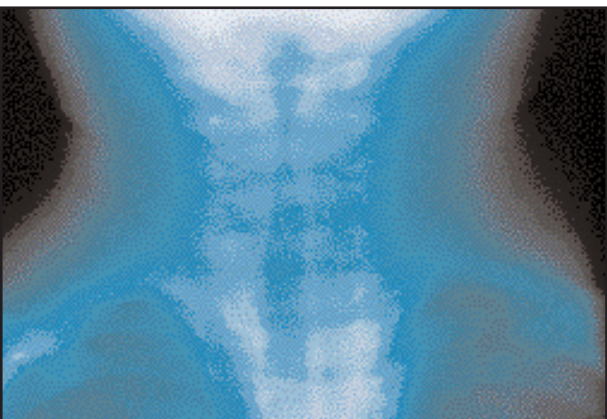
SECTION J: PEDIATRICS



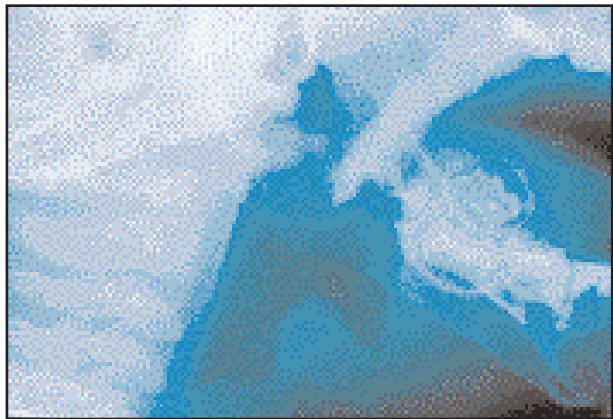
J1. Chicken Pox
Maculopapular rash on trunk progressing to vesicles and to crusts. (Courtesy Dr. M. Mian)



J2. Roseola
Diffuse maculopapular rash. (Courtesy The Hospital for Sick Children Slide Library, Toronto)



J3. Croup
"Steeple sign" showing inflammation of tissues in narrow subglottic space. (Courtesy Dr. M. Mian)

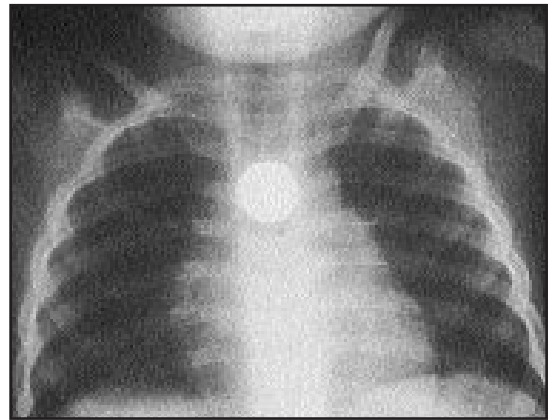


J4. Epiglottitis
"Thumb sign" showing a swollen epiglottis seen just at level of hyoid bone. (Courtesy Dr. M. Mian)

SECTION J: PEDIATRICS . . . CONT.

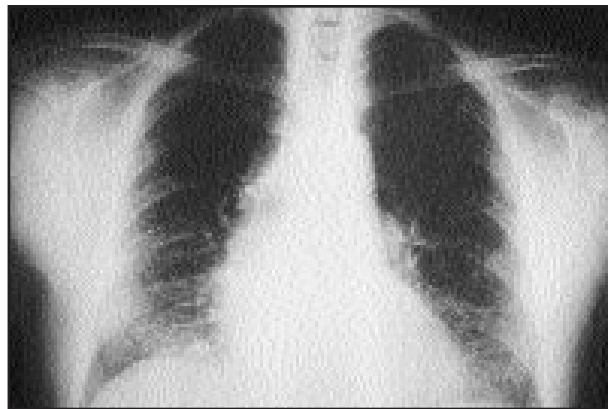


J5. Scarlet Fever
Strawberry tongue. (Courtesy Dr. M. Mian)

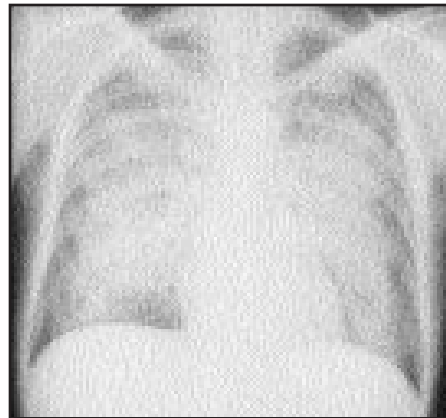


J6. Foreign Body
Coin lodged in esophagus.
(Courtesy Dr. A. Waitzman)

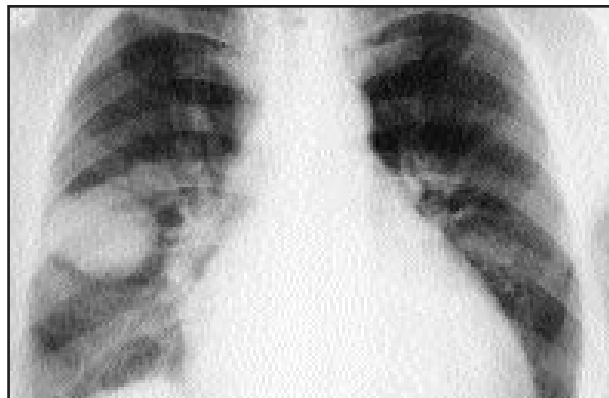
SECTION K: RESPIROLOGY



K1. Interstitial Disease
Diffuse reticulonodular markings prominent in the lower lung zones; linear strands and spherical densities.
(Courtesy Dr. M. Hutcheon)



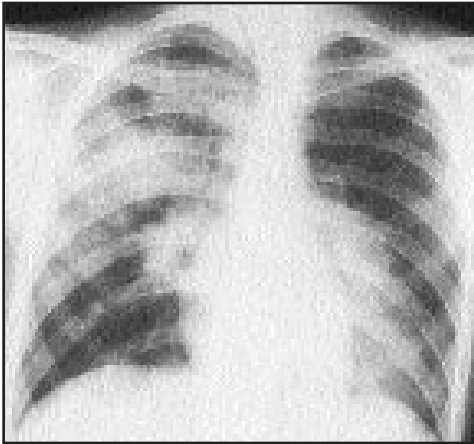
K2. Airspace Disease
Ill-defined fluffy structures with confluences +/- air bronchograms. (Courtesy Dr. M. Hutcheon)



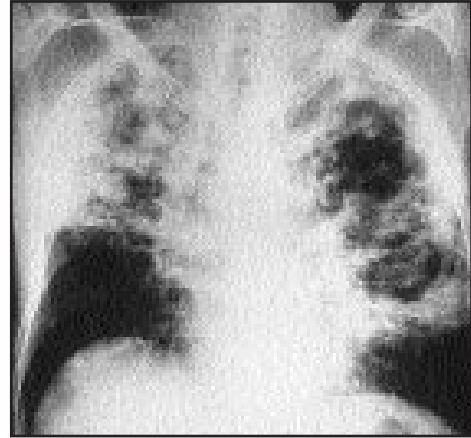
K3. Congestive Heart Failure (PA film)
Cardiomegaly, pulmonary congestion, blunting of costophrenic angles, and loculated pleural effusion.



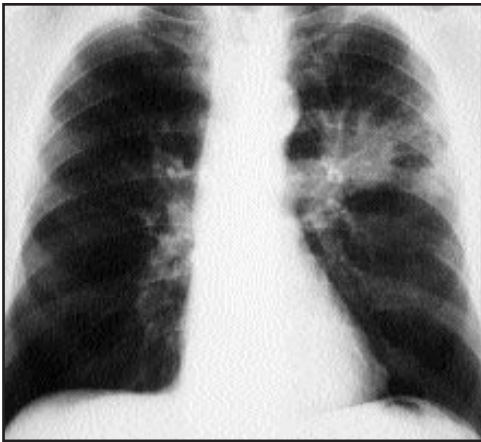
K4. Congestive Heart Failure (Lateral film)
Post-treatment for CHF. Note scant effusion within fissure lines.



K5. Wegener's Granulomatosis
Patchy alveolar infiltrates, widely distributed multiple irregular masses
± pleural effusion and
± thick-walled cavities.
(Courtesy Dr. M. Hutcheon)



K6. Active Tuberculosis
Cavitation in apical regions and posterior segments of upper lobe
± calcification. (Courtesy Dr. M. Hutcheon)



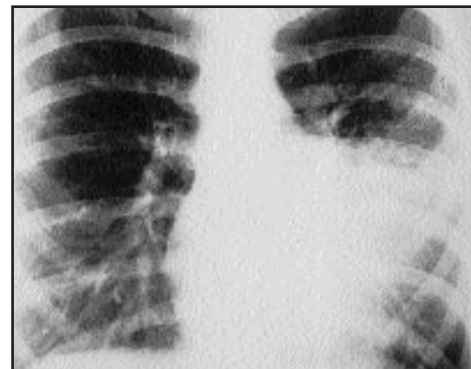
K7. Bronchogenic Carcinoma
Well-defined infiltrating lesion in left hilar region.



K8. Pneumothorax
Separation of visceral and parietal pleura. Note hyperlucent lung field and small, deflated lung on right with lack of peripheral lung markings.
(Courtesy Dr. G. Olscamp)

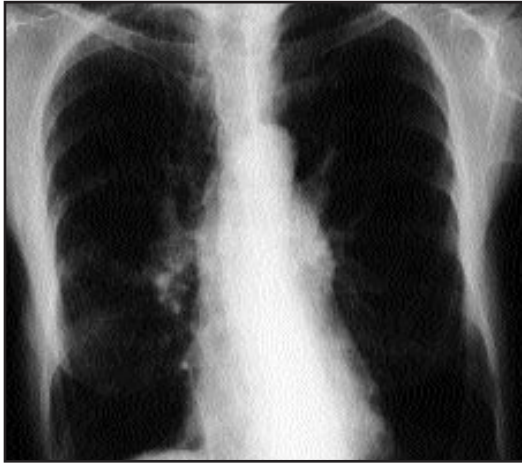


K9. *Pneumocystis carinii* Pneumonia
Bilateral interstitial and alveolar infiltrates with typical sparing of apices. Arrow showing pneumothorax.



K10. Bacterial Pneumonia
"Silhouette sign". Unilateral localized infiltrate involving lingula and obliterating left heart border.

SECTION K: RESPIROLOGY ... CONT.



K11. Emphysema (PA film)
Hyperinflation, darkened lung fields, vascular redistribution.

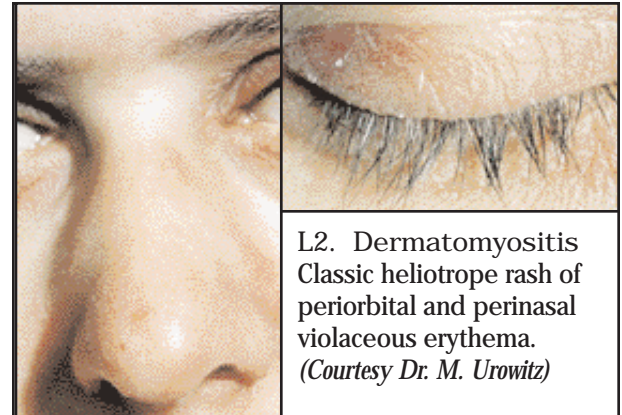


K12. Emphysema (Lateral film)
Large retrosternal airspace, increased AP diameter "barrel chest", flattened hemi-diaphragms.

SECTION L: RHEUMATOLOGY



L1. Systemic Lupus Erythematosus
Prominent scaly fixed erythema, flat or raised over malar eminences, tending to spare nasolabial folds ("butterfly rash").



L2. Dermatomyositis
Classic heliotrope rash of periorbital and perinasal violaceous erythema.
(Courtesy Dr. M. Urowitz)

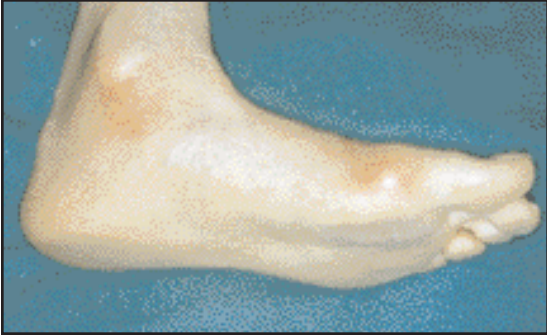


L3. Discoid Lupus Erythematosus
Violaceous, hyperpigmented, atrophic plaques; keratotic scale with follicular plugging and scarring.
(Courtesy Dr. L. From)

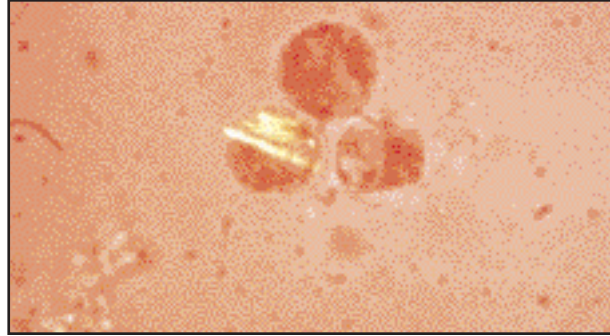


L4. Dermatomyositis (Hands)
Erythematous flat-topped scaling papules over the knuckles showing Gottron's papules and periungal telangiectasia. (Courtesy The Hospital for Sick Children Slide Library, Toronto)

SECTION L: RHEUMATOLOGY ... CONT.



L5. Acute Gouty Arthritis
Classic inflammation resembling cellulitis of the first metatarsophalangeal (MTP) joint, referred to as podagra. The first MTP is the most common site of initial involvement. (Courtesy Dr. A. Fam)



L6. Acute Gout: Monosodium Urate Crystals
Polarized light microscopy showing monosodium urate crystals. Note the negative birefringence (yellow) of needle-shaped crystals versus the rhomboid-shaped and positively birefringent (blue) crystals of CPPD. (Courtesy Dr. A. Fam)



L7. Vasculitis
Note purpuric papules. (Courtesy Dr. A. Fam)



L8. Scleroderma
Sclerodactyly showing bilateral swelling, a shiny wax-like appearance, and tapering of the fingers. May also note digital ulcers, nailfold telangiectasia, and periarticular calcinosis. Flexion contractures present in advanced disease. (Courtesy Dr. A. Fam)

SECTION M: UROLOGY



M1. Ureteric Calculus
Small stone seen at right pelvic brim.

M2. Ureteric Obstruction
Intravenous pyelogram (1 hour post-dye injection) showing right hydronephrosis, hydroureter, dilated renal pelvis and calyx.

