Clinical Images

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Figure 1: Background

This 21-year-old female presented with dyspnea for the last few weeks (grade IV according to the modified Medical Research Council dyspnea scale). She was diagnosed to have smear-positive pulmonary tuberculosis and started on antitubercular treatment three months back. In spite of therapy, she developed wheezing which subsided subsequently. Based on this chest radiography and computed tomography scan of the thorax, a virtual bronchoscopy was done and it showed complete luminal narrowing of the left main bronchus (LMB). A diagnosis of fibrostenotic narrowing of LMB leading to collapse as sequelae of endobronchial tuberculosis was made.

Final diagnosis: Fibrostenotic narrowing of LMB as sequelae of endobronchial tuberculosis.

(**Acknowledgment:** Dr Krishanu Mukhoti, Junior Resident, Department of Respiratory Medicine, IPGMER and SSKM Hospital, Kolkata, West Bengal, India)

Figure 2: Background

A 50-year-old hypertensive male presented with the chief complaints of lower abdominal pain, dysuria, and gradually progressive reduction in urine output since last 2 months without any history of hematuria, frothy urine, periorbital puffiness, or abdominal distension. Initially, it was thought to be a case of hypertensive nephropathy with urinary tract infection, but abdominal radiography established the diagnosis of bilateral staghorn calculi leading to chronic kidney disease. Hemodialysis was started and he was referred to the department of urology for surgical treatment.

Final diagnosis: Bilateral staghorn calculi.

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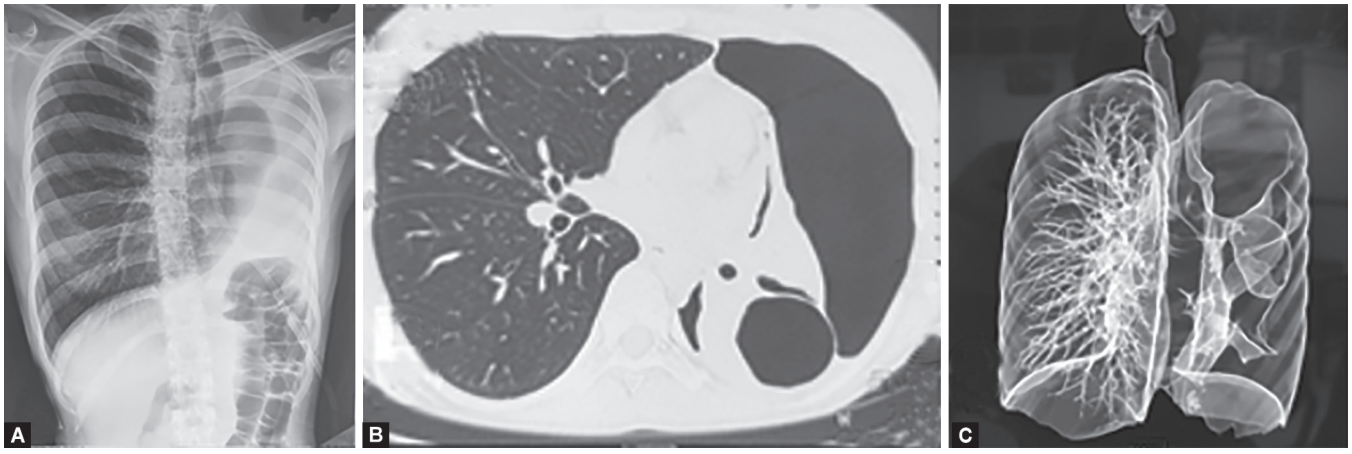
Figure 3: Background

A 35-year-old man presented with a reddish, firm itchy scar over his chest for 8 months, which progressively increased in size after



Figs 1A to C: Fibrostenotic narrowing of LMB as sequelae of endobronchial tuberculosis

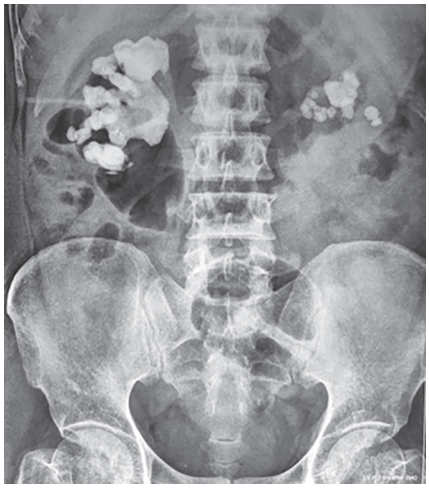


Fig. 2: Bilateral staghorn calculi

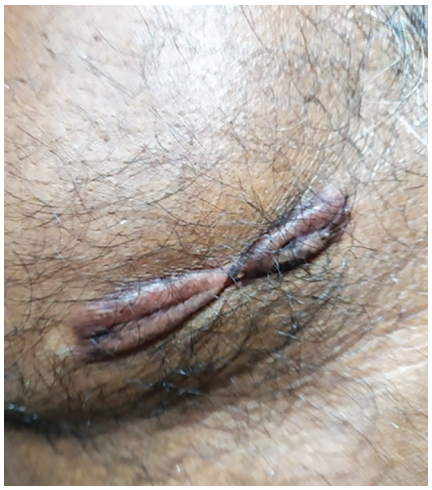
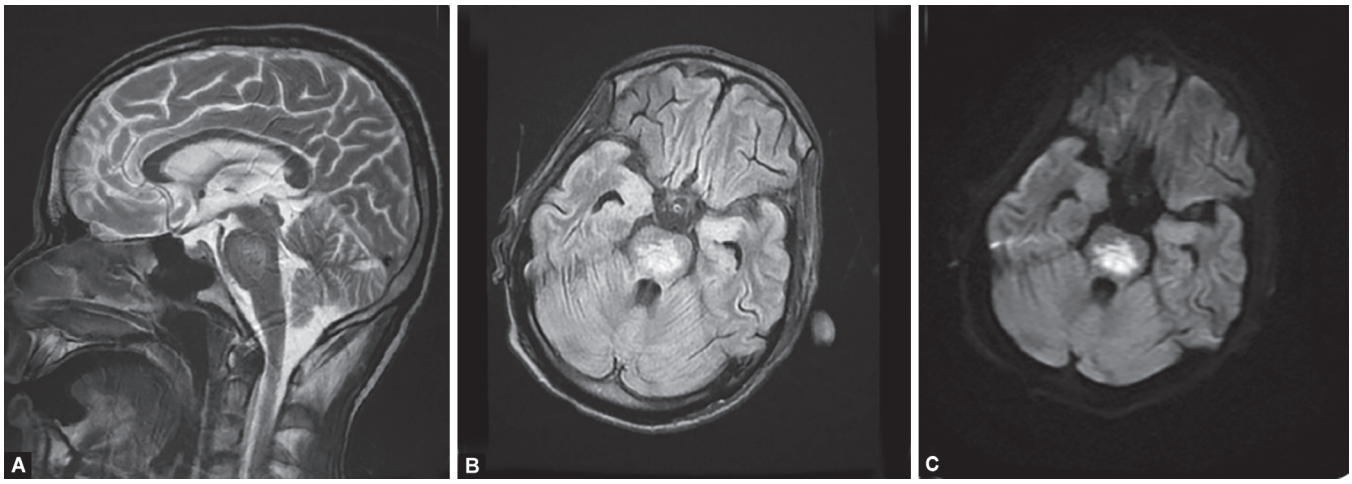


Fig. 3: Chromosome-shaped keloid



Figs 4A to C: Trident sign of osmotic demyelination syndrome

a trivial trauma. The lesion was an elevated, firm, and nontender plaque that uniquely represented a metacentric chromosome. He was diagnosed with keloid and was given intralesional injection of triamcinolone acetonide along with antihistaminics; after 4 weeks, the lesion reduced significantly in size.

Keloids represent an overgrowth of fibrous tissue due to aberrant wound healing in response to cutaneous injury. Keloids are irregular, extend beyond original wound margin, grow beyond 6 months of injury, and most commonly occur on the anterior part of chest, upper back, shoulders, and earlobes. Intralesional steroids, excision, phototherapy, cryotherapy, and silicone gel sheeting are common treatment modalities, with unsatisfactory results and chances of recurrence. Keloids can present in absurd shapes and sizes, but this unique shape sparks awe in the clinician's mind.

Final diagnosis: Chromosome-shaped keloid.

(**Acknowledgment:** Dr Kaushiki Hajra, Junior Resident, Department of Dermatology, School of Tropical Medicine, Kolkata; Dr Uddalak Chakraborty, Senior Resident, Department of Neurology, Bangur Institute of Neurosciences, IPGMER and SSKM Hospital, Kolkata, West Bengal, India)

Figure 4: Background

A 40-year-old male had presented with altered sensorium and marked rigidity of all four limbs following rapid treatment for hyponatremia at an outside institution. He had been administered three doses of 3% NaCl (100 mL each) following which he had developed these symptoms. We suspected osmotic demyelination syndrome (ODS) and hence magnetic resonance imaging (MRI) of brain was done. This revealed the classical "trident sign" of ODS in the pons (left panel—sagittal T2W MRI showing pontine hyperintensities; middle panel—the "trident sign" of ODS on T2-FLAIR imaging; right panel—the "trident sign" of ODS on corresponding DWI imaging). This sign is caused by the affliction of the transverse pontine fibers with relative sparing of the descending corticospinal tract fibers, in the pons. The patient received appropriate intensive care but unfortunately, he passed away within a few days.

Final diagnosis: Trident sign of osmotic demyelination syndrome.

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