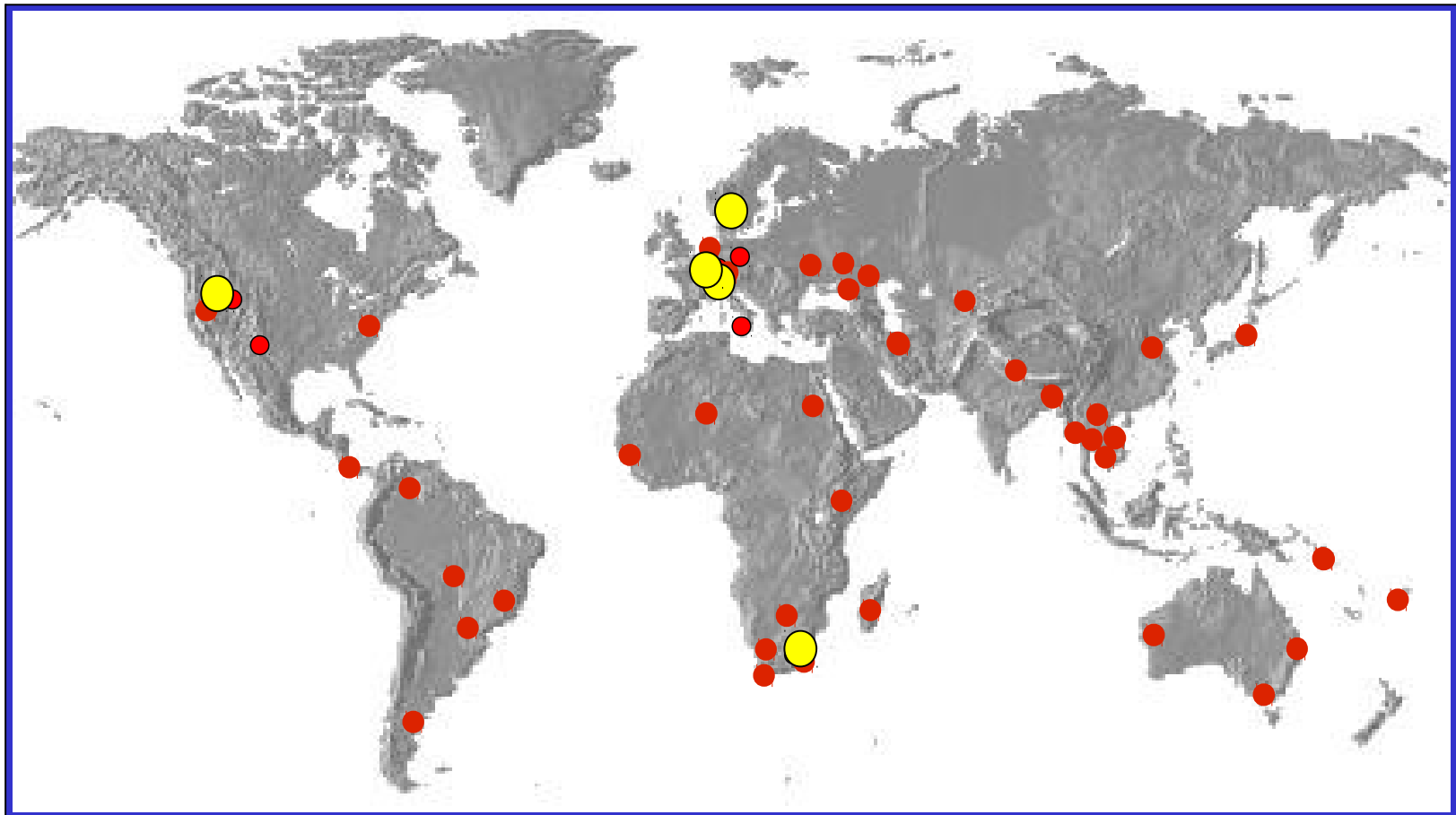


Global iPath- Network

<http://www.ipath-network.com>

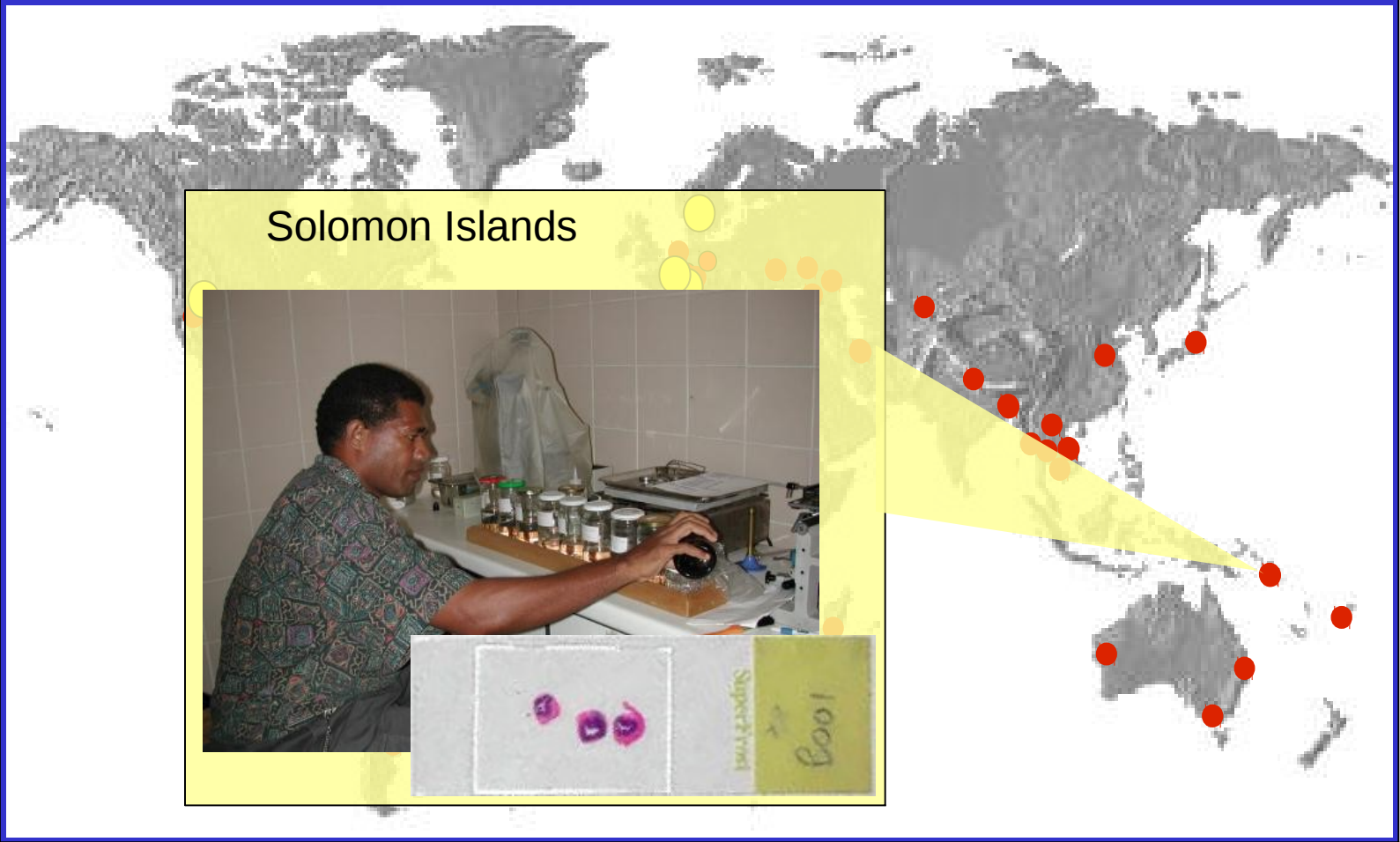
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Telepathology diagnosis

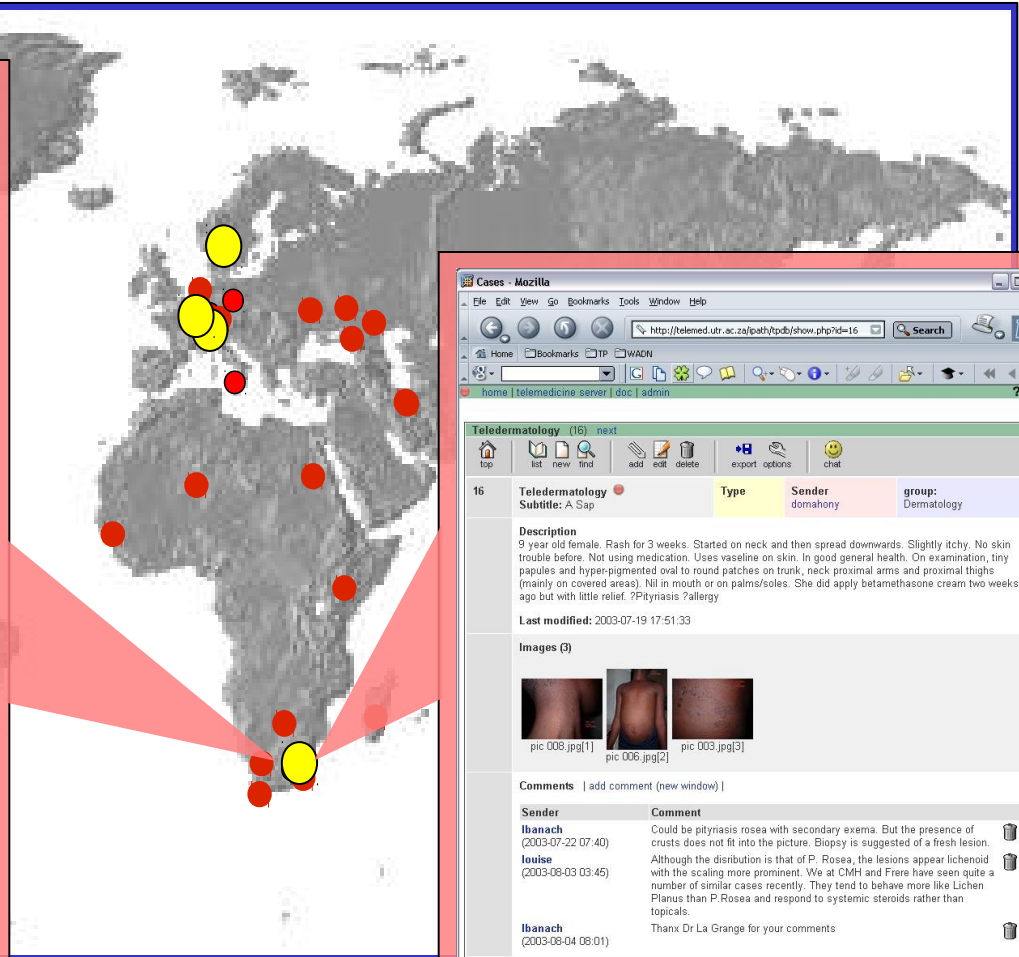


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Tele-Dermatology

Transkei - South Africa



Cases - Mozilla

http://telemed.utr.ac.za/path/tpdb/show.php?id=16

home | telemecine server | doc | admin

Teledermatology (16) next

Type	Sender	group
Teledermatology	domahony	Dermatology

Description
9 year old female. Rash for 3 weeks. Started on neck and then spread downwards. Slightly itchy. No skin trouble before. Not using medication. Uses vaseline on skin. On examination, tiny papules and hyper-pigmented oval to round patches on trunk, neck proximal arms and proximal thighs (mainly on covered areas). Nil in mouth or on palms/soles. She did apply betamethasone cream two weeks ago but with little relief. ?Pityriasis ?allergy

Last modified: 2003-07-19 17:51:33

Images (3)

pic 008.jpg[1] pic 006.jpg[2] pic 003.jpg[3]

Comments | add comment (new window) |

Sender	Comment
ibnach (2003-07-22 07:40)	Could be pityriasis rosea with secondary axems. But the presence of crusts does not fit into the picture. Biopsy is suggested of a fresh lesion.
louise (2003-08-03 03:45)	Although the distribution is that of P. Rosea, the lesions appear lichenoid with the scaling more prominent. We at CMH and Frere have seen quite a number of similar cases recently. They tend to behave more like Lichen Planus than P.Rosea and respond to systemic steroids rather than topicals.
ibnach (2003-08-04 08:01)	Thank Dr La Grange for your comments

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Multi-discipline collaboration

Tumourboard meeting

Lörrach (Germany) + Basel (Switzerland)

LOE_20060504_4 (84243) <| up |>

Home List Find Edit Add Delete print Chat Image drop Export Slideshow Compare referral

LOE_20060504_4 Type: **Sender:** 2006-04-24 14:39
Subtitle: Magen, gastrointestinaler Stromatumor, GIST glienke Oncology Center Lörrach

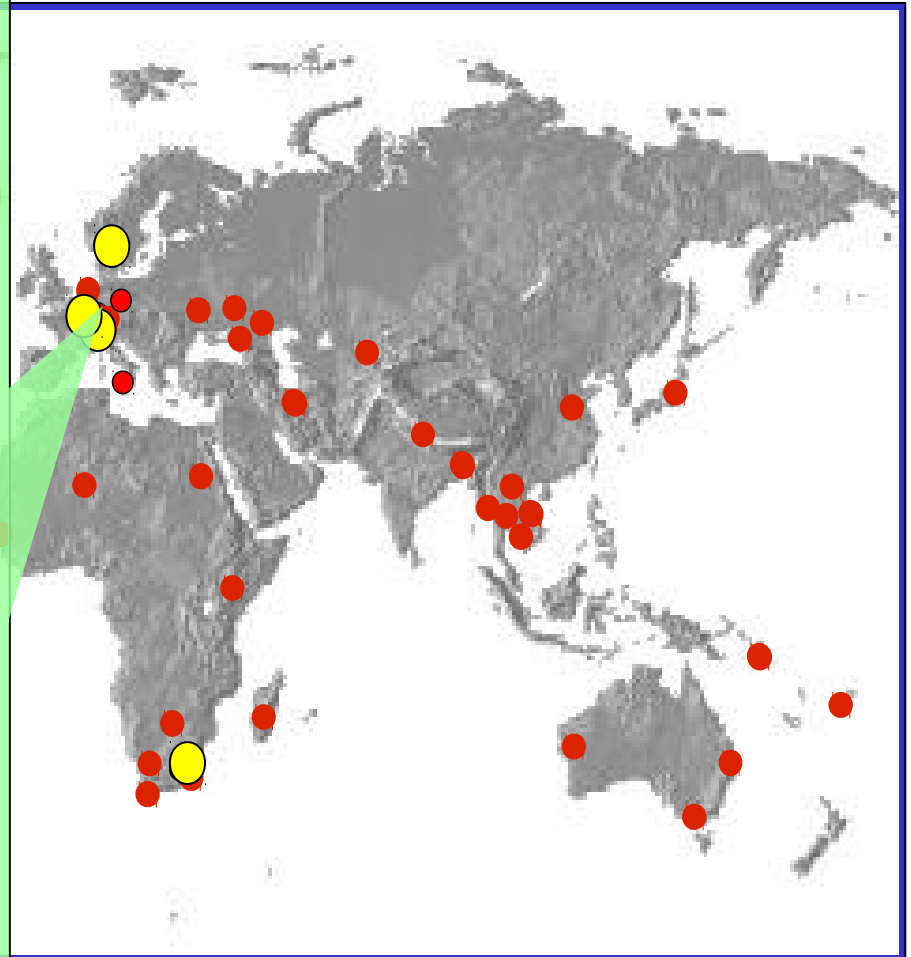
Gastrointestinaler Stromatumor an der Cardialippe, 7mm, Mitoserate <1%. Status nach bioptischer Entfernung mit schwerer Nachblutung und Notfalllaparotomie sowie Thoraxdrainage.
 Frage an die Pathologie: Demonstration des Befundes.
 Frage an die Internistische Onkologie: Ist eine chirurgische `Nachresektion` zu empfehlen? Wäre alternativ eine Beobachtung erlaubt?
 Beschluß der Tumorkonferenz
 Aufgrund des sehr niedrigen Risikos (<2cm, Mitoserate <1%) ist eine Beobachtung zu empfehlen. Die erste endosonographische Kontrolle sollte nach abgeschlossener Wundheilung als Ausgangs-befund

Gallery:

schm0001.jpg schm0002.jpg schm0003.jpg schm0004.jpg schm0005.jpg

DSCN8233.JPG CD117.JPG Ki-67.JPG BASEL Report Folie5.JPG

Folie6.JPG Folie7.JPG



Presentations

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https://www.ipath-network.com/inctr/presentation/master/359

iPath INCTR

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English

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presentations

Admin
User list
Group settings
Administration

Site statistics
Active users: 358
Groups: 9
Server statistics
group statistics

PPT for Presentations
Type: Sender: hublerm

Subtitle: Several topics

- 1.)Diagnostic Findings Bone marrow
- 2.)Lymphknoten, malignes folliculaeres non-Hodgkin Lymphom
- 3.)General conception of ipath
- 4.)multiple lung nodules of varying sizes

Gallery:

- Differential diagnosis
- KM DD Myelom.jpg
- KM Lymphome Vert...jpg
- KM Lymphome.jpg
- DD MDS MPD.jpg
- DSCN
- DSCN5136.JPG
- DSCN5137.JPG
- DSCN5138.JPG
- DSCN5139.JPG
- DSCN

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slide 1

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