

Dermatology - Case Studies

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Madrid I ~ 4:20pm - 5:00pm

Jim Stewart, MD
Email: jsstew1pc@aol.com

Objectives

- Prepare for certification/recertification for Family Physician regarding dermatology

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None

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Common Skin Problems

Warts

Acne

Nevi

Tinea

Tinea Versicolor

Herpes Simplex

Herpes Zoster

Use of Steroids

Seborrheic Keratosis

Seborrheic Dermatitis

Rosacea

Pityriasis Rosea

Skin Cancers

Basal Cell Carcinoma

Squamous Cell Carcinoma

Malignant Melanoma

Psoriasis

Lichen Planus

Impetigo

Contact Dermatitis

Eczema

Urticaria

Intertrigo

Xerosis

Alopecia Areata

Warts

Verrucous papules w/ capillary hemorrhages

Clinical/ Bx

Irritants (salicylic/lactic acid), laser, LN, Imiquimod, others

Acne

Comedones, papules, pustules, cysts

Clinical

Topical retinoids, benzoyl peroxide, antibiotics, accutane

Nevi

Symmetrical, small, uniform, pigmented

Clinical, biopsy if question

No treatment unless symptomatic

Tinea (Dermatophyte)

Plaque, active border-scale, trailing scale, central clearing

KOH/ Culture

Antifungal (topical for local/ systemic for diffuse, hard to treat)

Imidizoles/ allylamines

Tinea Versicolor

Scaling Macules, hypo or hyperpigmented

KOH-spaghetti & Meatball hyphae

Selenium Sulfide shampoo 10 min/d X 2W

Then once per 2W

Ketaconazole orally 400mg wait, sweat, repeat in 2W

Herpes Simplex

Grouped vesicles on a red base
Tzanck smear/ Culture
VIR (Acyclovir, Famcyclovir, Valcyclovir)

Herpes Zoster

Grouped Vesicles on a red base- dermatomal
Tzanck smear/ Culture
VIR and Pain Meds
Beware Post Herpetic Neuralgia

Use of Steroids

Seborrheic Keratosis
Tacked on verrucous papule w/ horned pseudocyst
Many, if one or concerned, BX
Observe/ LN if symptomatic

Seborrheic Dermatitis

Scale, central face, mid chest, axillae, inguinal
Clinical- BX Unresponsive
Mild topical steroid, followup 6W -2M

Rosacea

Red plaques cheeks, nose/ pustules/ rhinophyma
Clinical- BX unresponsive/ Refer
Sun Protection, Topical Metronidazole, oral Doxycycline

Pityriasis Rosea

Cigarette Scaling Oval Plaques/ Herald Plaque
Clinical DX by HX
Observe/ Mild Steroid/ Acyclovir

Skin Cancers

60 kinds of skin cancer
3.5M NMSK/Y
Approx 16000 deaths/y SCC
44K MM/y
8000 deaths/Y MM

Basal Cell Carcinoma 2.5M/Y

Pearly Papules W/ Capillary telangiectasia/ ulcer
BX
ED&C/ Excision/ Radiation TX/ Mohs

Squamous Cell Carcinoma 850K/Y

Scaling Plaque on Sun Damaged Skin

BX

Excision/ Radiation TX/ Mohs/ Occasional ED&C (Thin)

Malignant Melanoma 44K/Y

ABCD, Color Change, Enlarging

Excisional BX/ BX

Excision/ Treat for stage

Psoriasis

Silver scales-elbows, knees, scalp, genital

Clinical-topical TX/ BX for oral Tx

Steroid/ Tar/ UV light/ MTX/ Retinoid/ Biologics

Lichen Planus

5P's (Purple, Polygonal, Planar, Pruritic, Plaques)- also genitals

BX

Time/ Topical Steroid/ Accutane

Impetigo

Honey Combed Colored Crust

Clinical, Culture, BX

Antibiotics for Staph/ Strep

Contact Dermatitis

Red Plaques Patterned (Allergic/ Irritant)

History/ Clinical Correlation/ Patch Test

Prevention

Allergic Contact Dermatitis

Immune mediated- T Cell memory

Not Time or Concentration Dependent-Generally

Small amount-Big response

Rash in 48 to 72 Hours

Patterned--Angulated or linear

Avoidance/ Steroid Responsive

Irritant Contact Dermatitis

Chemical Mediated- Chemical Reaction Skin Proteins/Lipids

Reaction Concentration and Time Dependent

Rash immediately W reaction

Patterned--Angulated or Linear

Avoidance- Supportive Measures

Eczema-Dermatitis- 4 types

Atopic
Nummular
Contact-Allergic/ Irritant
Dyshidrotic

Atopic Eczema

Scaling Plaques, Excoriation
Face, Antecubital, Popliteal
Emollients, Emollients, Emollients, Steroids
Short tepid baths, Emollients
Control Not Cure
No Help—Think Referral

Nummular Eczema

Round, Oval Scaling Plaques Arms, Legs, Trunk
Clinical. BX unresponsive in 6W
Potent topical steroids

Dyshidrotic Eczema

Pruritic Vesicles Hands/ Feet
Clinical-HX Very Pruritic, Improves W/ rupture blister
Potent Topical Steroid

Urticaria—Hives

Hives, Duration <24H
Clinical-Infection/ Collagen Vascular/ Drugs
Antihistamines—Treat Underlying Cause
Unusual to find Underlying Cause

Xerosis

Dry Skin
Short Tepid Baths
Emollients

Alopecia Areata

Patchy Hair Loss, Exclamation Point Hairs
Clinical DX
Observe/ Steroid-Topical/ Injection