DERMATOLOGY FOR FINALS

Andrew Ilchyzhn
2010
what is a dermatologist?
speak like a dermatologist

- accurate description will impress examiners; but also

- accurate notes
- more effective communication
history

• how long?
• where did it begin?
• how has it spread/
• symptoms? itch or pain or…?
• exacerbating factors?
• response to treatments?
history

- past history of asthma or hayfever
- family history of atopy, or inherited disease, or infection or infestation
- social/occupation, hobbies, travel, work, holidays, alcohol
- medication, oral and topical, prescribed or not
examination

- good lighting
- undress the patient
- magnifier

- mouth hair and nails

- not only look but feel

- determine the primary skin lesion

- localised universal or symmetrical
describing skin lesions

A. sites and distribution
B. erythematous or not
C. surface characteristics/palpation
D. types of individual lesion
E. colour
F. border/shape of lesions
G. arrangement of lesions
A. sites and distribution - symmetry

• involves both sides of the body to a similar extent
• often implies a constitutional/endogenous aetiology
• eg psoriasis, eczema, acne
psoriasis

- red scaly plaques
- scalp, elbows, knees
- appears between 15 - 55 yrs
- relapsing and remitting course
guttate psoriasis

- often follows a streptococcal sore throat
- may be first presentation
scalp psoriasis

- red scaly plaques
- often palpable, unlike seb dermatitis
- extends beyond scalp margin
psoriatic nails

- pitting
- onycholysis
- subungual hyperkeratosis
psoriatic arthropathy

- DIP joints
- RA like
- arthritis mutilans
- spondylo-arthropathy
- sacro iliitis
acne

- chronic inflammatory disease of pilo-sebaceous apparatus
- symmetrical polymorphic eruption
drug induced acne

- cortico steroids
- androgens/anabolic steroids
- oral contraceptives
- lithium
- iodides
- anti-TB medication
- anticonvulsants
A. site and distribution asymmetry

- predominantly one or other side
- usually an external cause
- eg infections, contact eczema
cellulitis

- streptococcal infection
- differentiate from varicose eczema, DVT
- often on the legs
- check the feet
necrobiosis lipoidica

- type 1 diabetes
- patch of shiny atrophic skin on the shin
- often a yellow/orange colour
- may ulcerate
B. erythema or not

• Erythema vs purpura vs telangiectasia
erythema

- redness blanches on pressure
- here due to sarcoidosis with abnormal CXR, ACE etc
purpura

- erythema that doesn’t blanch on pressure
- leakage of red cells into the skin
- thrombocytopenic vs non-thrombocytopenic
vasculitis - palpable purpura

- infection
- CT diseases
- drug eruption
- idiopathic – Henoch-Schoenlein purpura
telangiectasia

• Visible dilated small blood vessels
• Eg hered haem telangiectasia, rosacea
C. surface features

- normal/smooth
- scaly
- crusted
- lichenified
redness and scaling

- **Well defined erythema**
  - Psoriasis
  - Pityriasis rosea
  - Lichen planus
  - Fungal infections
  - Discoid eczema

- **Poorly defined erythema**
  - Atopic eczema
  - Seborrhoeic eczema
  - Contact dermatitis
crusting

- Due to dried exudate eg impetigo
lichenification

- often part of atopic dermatitis
- increased or exaggerated skin markings
- due to rubbing
D. types of skin lesion

- macules
- papules
- nodules
- plaque
- vesicle
- bulla etc
etc
macule - a flat lesion

- actinic lentigo
- lentigo maligna
papule - raised lesion < 1cm

- solitary eg basal cell carcinoma
- multiple eg lichen planus
nodule - raised and >1cm

- squamous cell carcinoma
- fair skin
- sun exposure
- also photo damage and solar keratoses
plaque - raised but diameter >> thickness

- single or few eg chronic discoid LE  
- multiple
Vesicle - fluid-filled lesion < 1cm

- herpes simplex type 1 infection
- varicella-zoster
bulla - blister >1cm

- localised eg insect bites
- widespread eg bullous pemphigoid
wheal - transient swelling due to dermal oedema

- acute urticaria
- chronic urticaria
- physical urticaria
ulcer - breach in the continuity of the epidermis

- leg ulcer
  - venous
  - arterial
  - mixed
- tumour
- vasculitis
E. colour of lesions

- Red
- Yellow
- Pink
- Green
- Orange
- Purple
- Blue
Red - due to blood

- **Erythema multiforme**
  - target lesions
  - acral
  - May be associated with mucosal involvement
Yellow

- Resolving bruise
Purple polygonal papules

- Lichen planus
- anterior wrists and lumbar area
- lacy streaks in the mouth
- often idiopathic
- may be drug-induced
Blue - blood or melanin

- Mature port wine stain
- Blue naevus
F. border/shape of lesions

- Well defined or not
- Dome shaped
- Pedunculated
- Verrucous
- Umbilicated
- Flat topped
- Acuminate
pedunculated

- Lesions on a stalk
- warts
- skin tags
verrucous

- Common warts
- hyperkeratotic surface
umbilicated

- Molluscum contagiosum
- skin coloured papules
- few or numerous
F. arrangement of lesions/rash

- grouped
- linear
- serpiginous
- arcuate
- nummular
- annular
- reticulate
- gyrate
serpiginous

- Larva migrans
- snake-like tracks
nummular

- Discoid eczema
- coin shaped patches of eczema
- variety of endogenous eczema
gyrate

- Erythema gyratum repens
- ‘waves’ of erythema and scaling
- wood grain appearance
- marker of internal malignancy
the urologist