Dermatology

Top Tips in 10 minutes

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What you already know

- Skin disorders are a common
- Presentation in primary care accounting for up to 10% - 15% of GP consultations
- Little undergraduate training
- Services inconsistent around the country

Learn What’s Common To Your Practice

Prevalence of self reported skin diseases in adults

Prevalence % (95% confidence interval)

	Past 2 weeks	Past 6 months (excluding last 2 weeks)
Acne/pimples	16.2 (9.6-22.7)	9. (5.44-12.5)
Cold sores	15.1 (7.3-18.9)	30.3 (23.9-56.7)
Dermatitis/eczema	25.5 (18.1-32.8) 1	2. (7.96-17.3)
Psoriasis	4.5 (1.0-7.9)	3. (0.95-5.1)
Skin cancer	0.5 (0.0-0.9)	5. (2.30-7.7)
Thrush	2.5 (0.2-4.8)	5. (2.77-8.6)
Tinea	11.2 (5.9-16.5)	19. (15.84-24.9)
Urticaria/hives	1.1 (0.0-2.7)	0. (0.09-2.1)
Warts	16.1 (9.8-22-4)	8. (4.69-12.4)

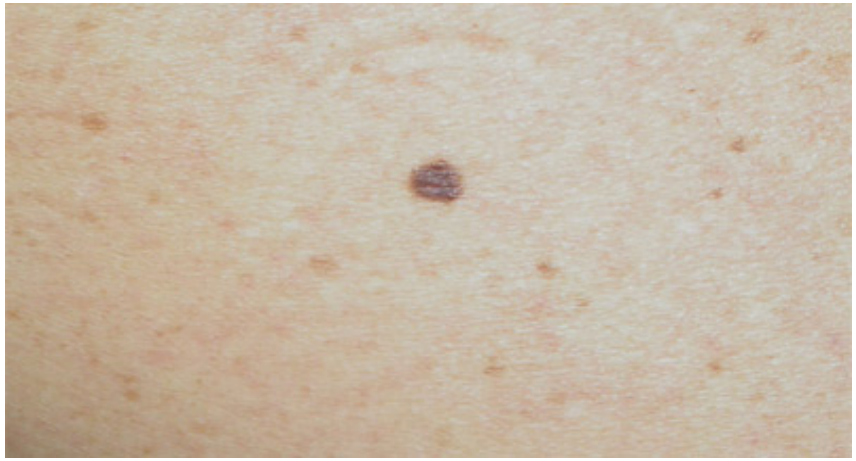
Skin diseases in preschool children reported by their parents

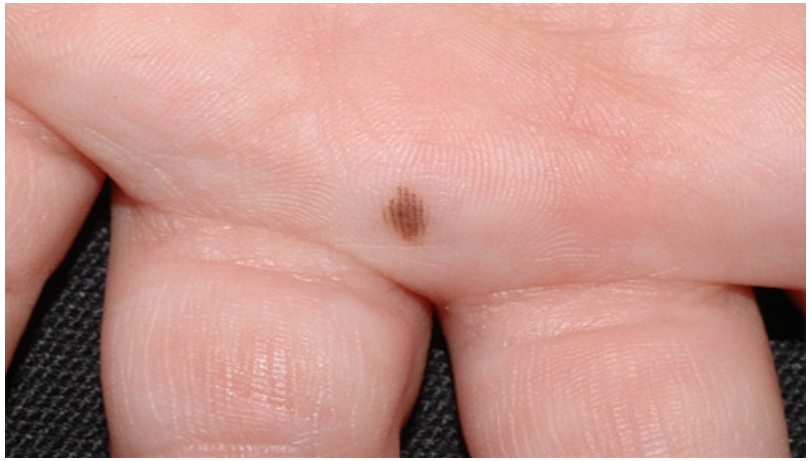
	Prevalence % (95% CI)	
Overall	49.1	(46.1-52.1)
Eczema/dermatitis	29.4	(26.7-32.1)
Seborrhoeic dermatitis/ cradle cap	19.5	(17.2-21.9)
Nappy rash/ diaper dermatitis	15.0	(12.9-17.1)
Tinea/ringworm	0.9	(0.5-1.7)

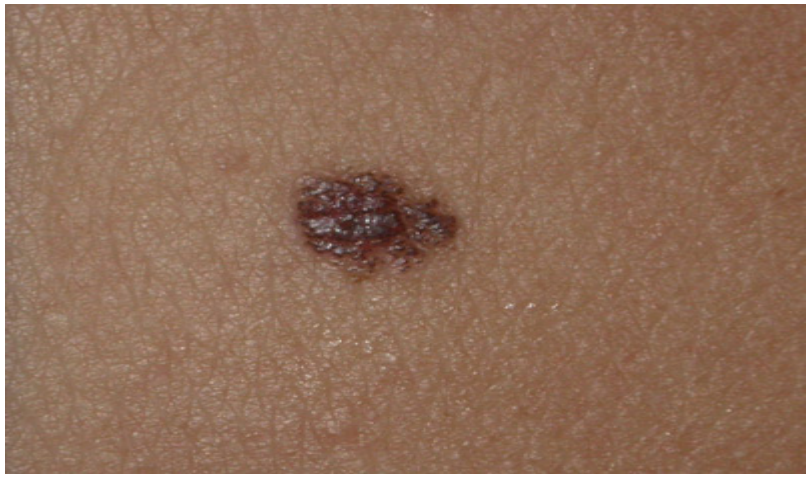
Top 10 GP Presentations

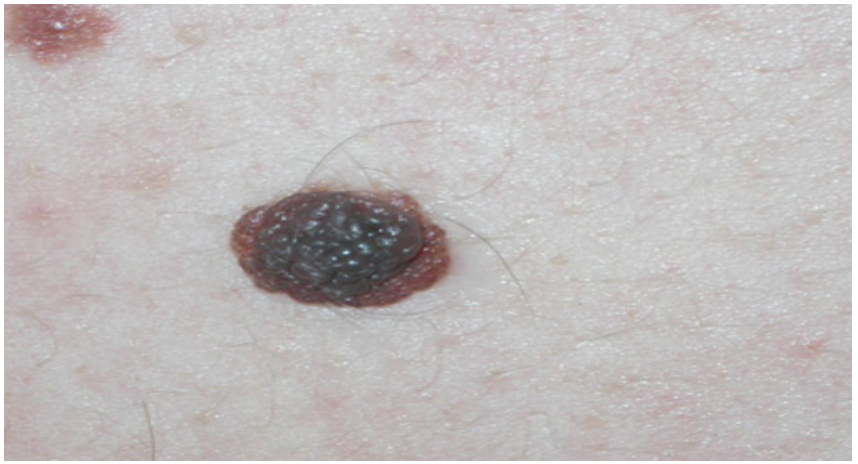
1. Eczema
2. Acne / roseacea
3. Seborrheic dermatitis / nappy rash
4. Warts
5. Tinea pedis and tinea unguium
6. Psoriasis
7. Birthmarks
8. Seborrheic keratosis
9. Hives
10. Pre Cancer / Skin Cancer

Doctor can you check this mole please !!!



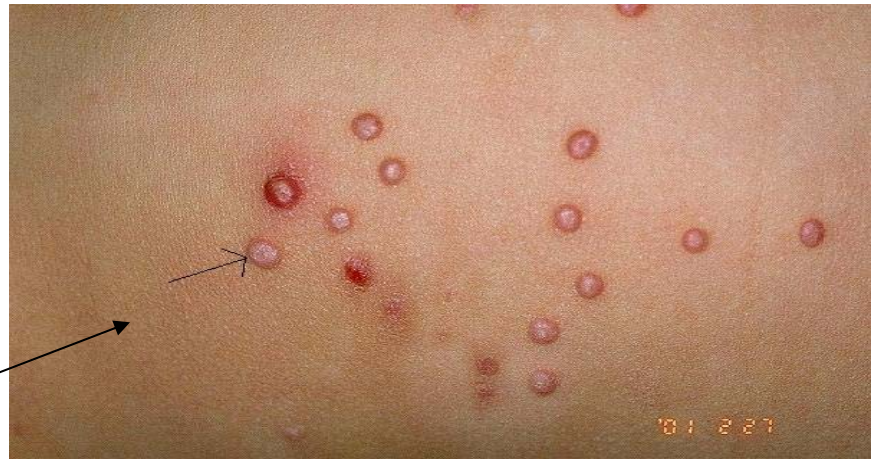


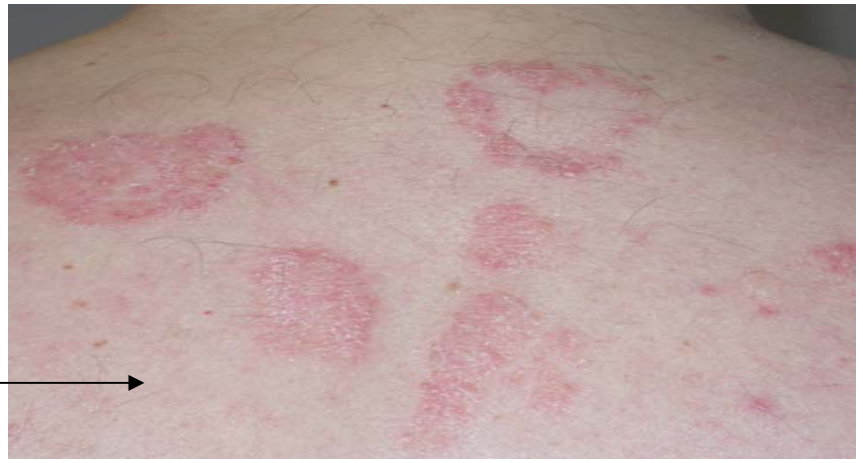




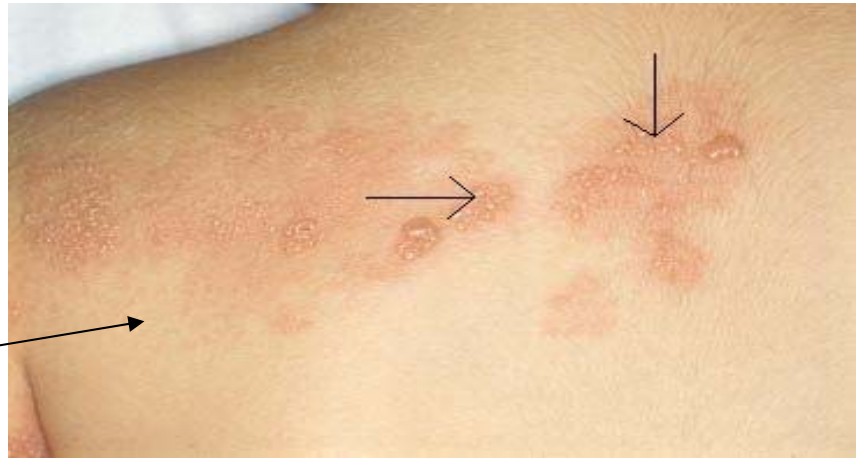
Tip: Description

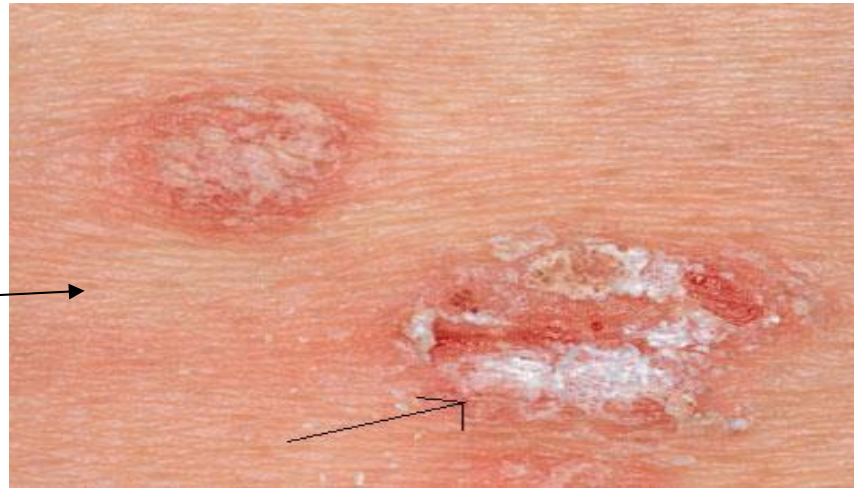
- **Macule - small flat skin discolouration**
- **Patch - a larger flat area of skin discolouration**
- **Papule - elevated skin lesion less than 0.5cm in diameter**
- **Nodule - elevated skin lesion more than 0.5cm in diameter**
- **Plaque - elevated flat topped lesion**



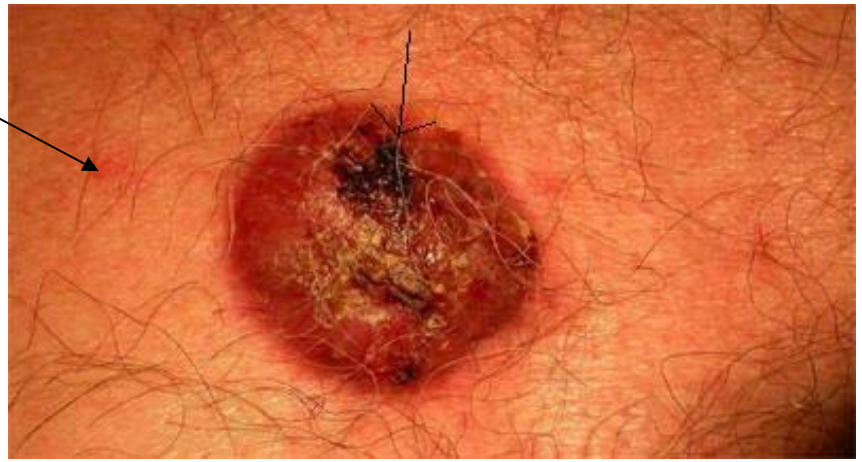


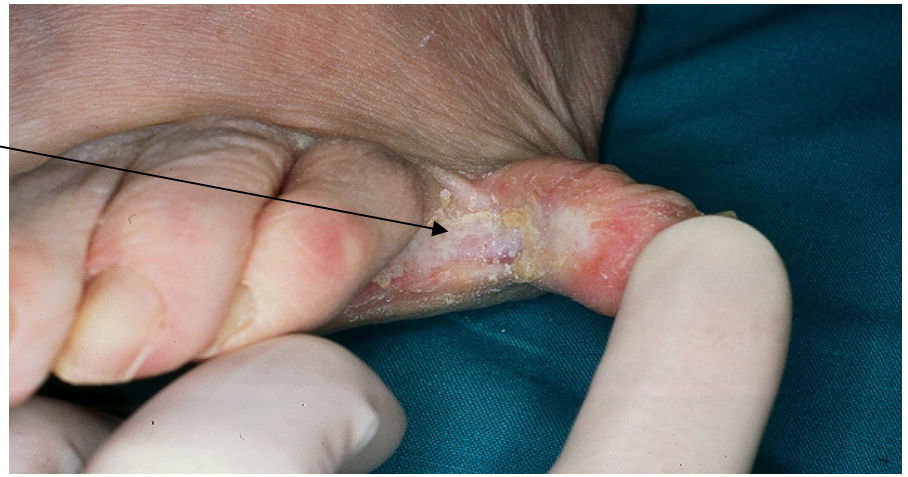
- **Wheal** - raised area caused by cutaneous oedema
- **Vesicle** - fluid-filled lesion less than 0.5cm in diameter
- **Bulla** - fluid-filled lesion more than 0.5cm in diameter
- **Pustule** - pus-filled lesion
- **Scale** - visible and palpable flakes of grouped epidermal cells





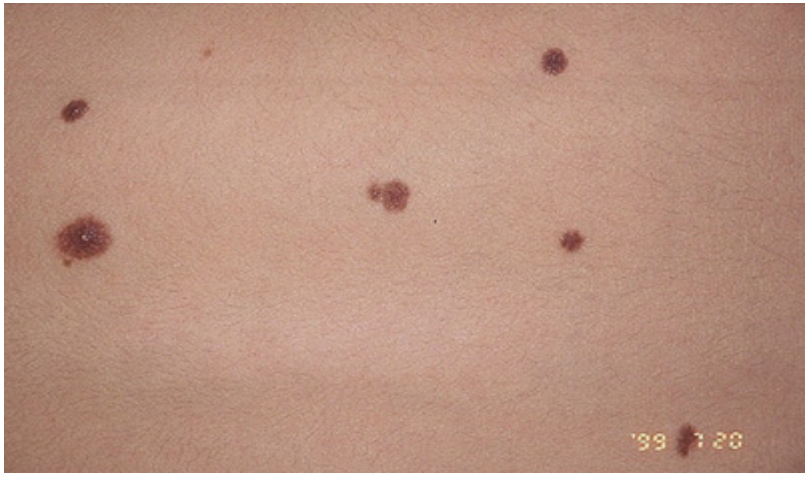
- **Crust** - dried exudate
- **Horn** - a firm projection of keratin
- **Ulceration** - loss of epidermis
- **Excoriation** - breaks in the skin as a result of scratching
- **Maceration** - softened, soggy epidermis
- **Lichenification** - flat-topped epidermal thickening caused by rubbing

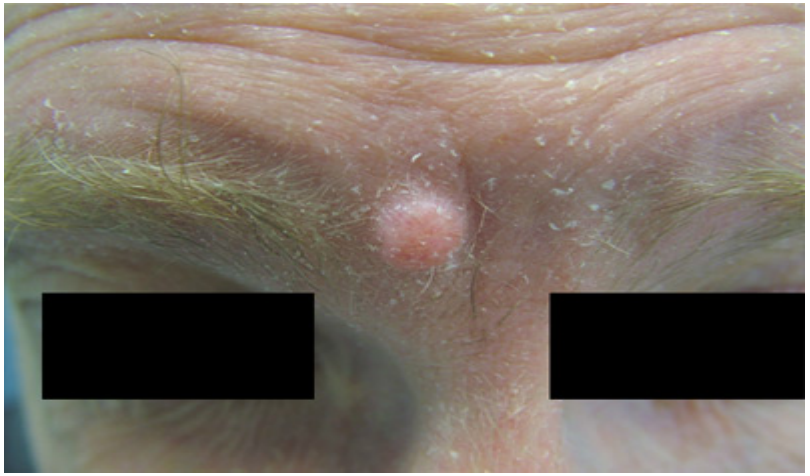




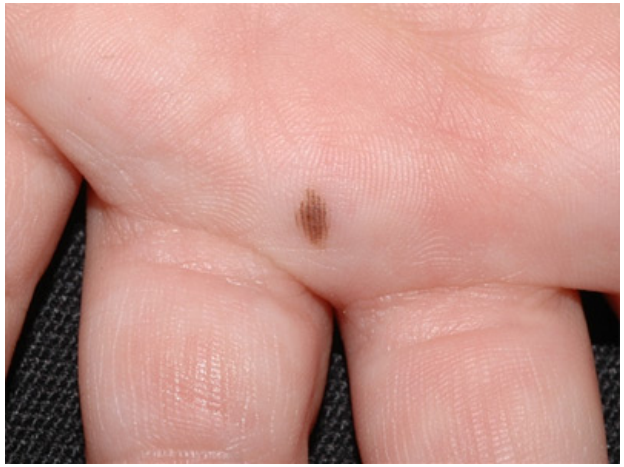
Acquired Melanocytic Naevi

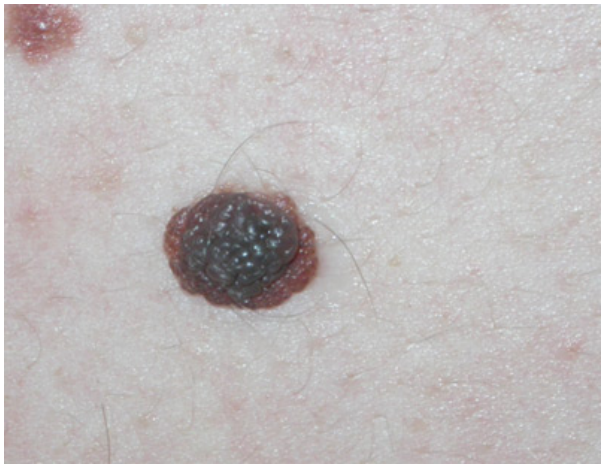
- Common
- Vast majority arise in children and young adults
- New lesions are uncommon in patients over the age of 30
- Macular, symmetrical and brown or brown-black





- Junctional Naevus
- Compound Naevus
- Intradermal Naevus
  - As melanocytic naevi mature their malignant potential reduces
  - malignant change in compound naevi is uncommon,
  - and malignant change in intradermal naevi is rare



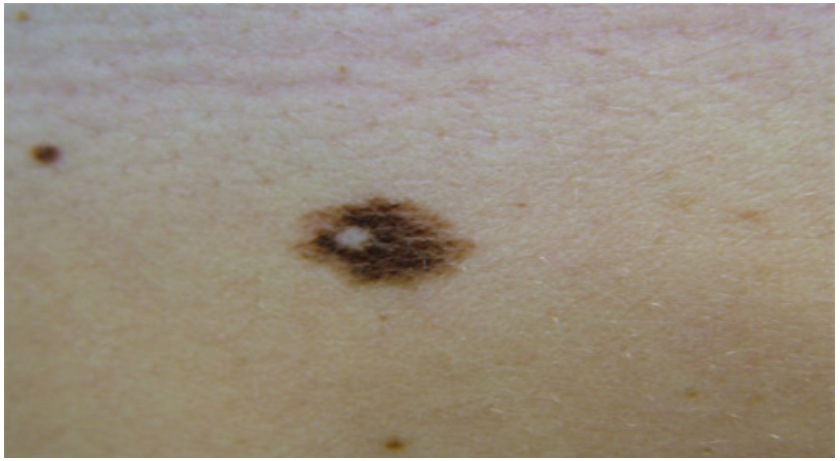


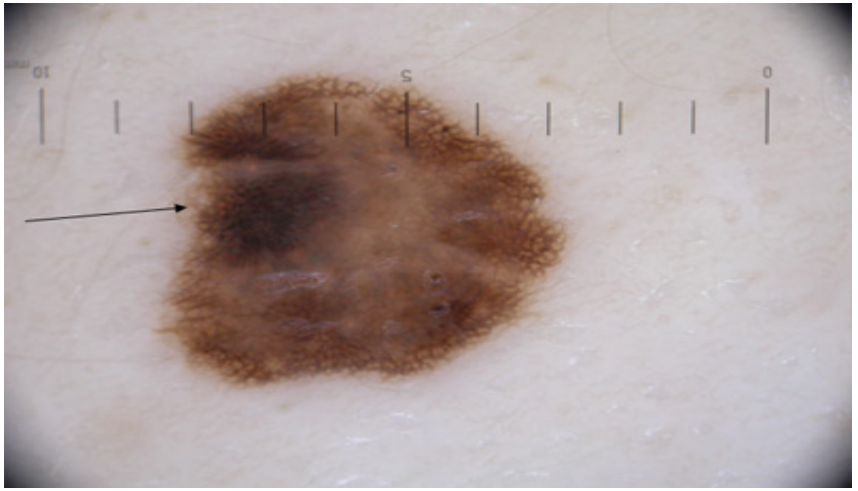
Atypical / Dysplastic melanocytic naevus

- Histological range from a common mole to a melanoma
- Rarely progress to melanoma
- Most over 7mm in diameter
- AMN can develop throughout a person’s lifetime
- most commonly found on the trunk and upper limbs, scalp and buttocks

- **Routine referral** :
  - Several atypical moles
  - Very large numbers of moles, some of which are atypical.
  - **The Familial Atypical Mole and Melanoma syndrome (FAMM)** –
    - large numbers of typical and atypical melanocytic lesions AND
    - a family history of melanoma in 1 or more 1st or 2nd degree relatives.

- **Urgent referral:**
  - Any atypical mole which is changing in size, shape or colour
  - Any atypical lesions causing diagnostic uncertainty

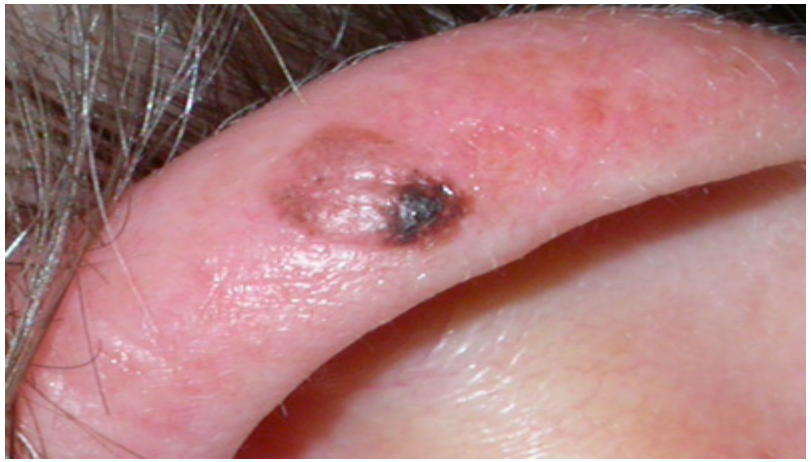


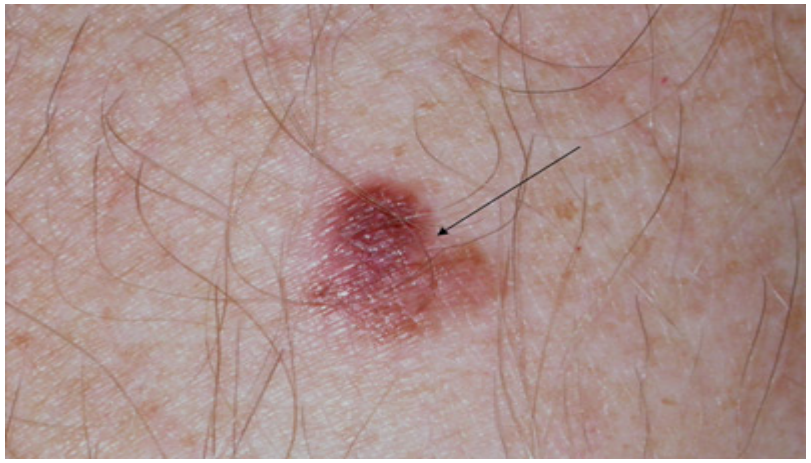


Common scenarios that result in the misdiagnosis of melanoma

- An incomplete biopsy - where at all possible a pigmented lesion should be excised with a 2 mm clear margin

- A melanoma misdiagnosed by the pathologist as a 'dysplastic naevus involving margins' - always re-excise all incompletely excised 'dysplastic naevi'



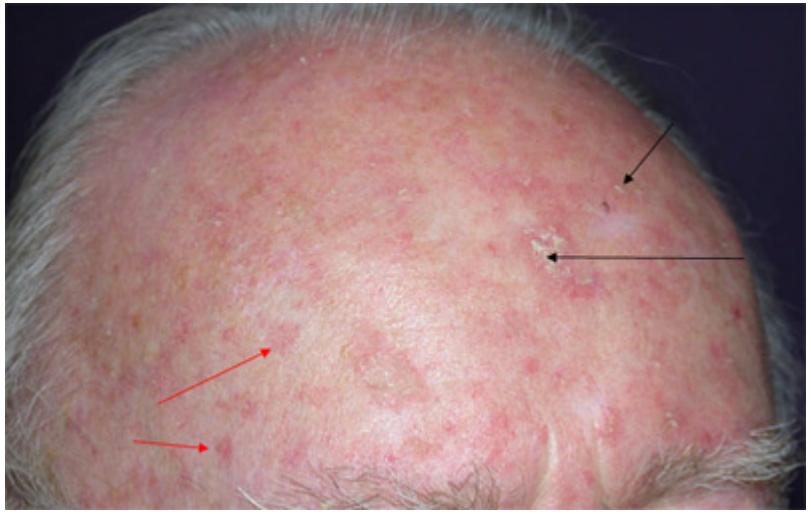


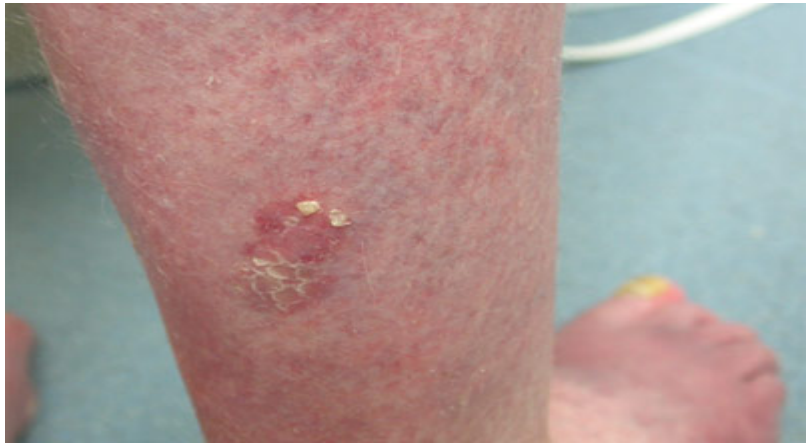
Other reasons to refer

- A new mole growing quickly over the age of puberty
- A long-standing mole which is changing progressively in shape or colour regardless of age
- Any mole which has three or more colours
- Any mole which has lost its symmetry
- Any new nodule which is growing and is pigmented or vascular in appearance
- A mole which has changed in appearance and which is also itching or bleeding
- A new pigmented line in a nail
- Lesions growing under a nail
- Pigmented lesions on mucosal surfaces

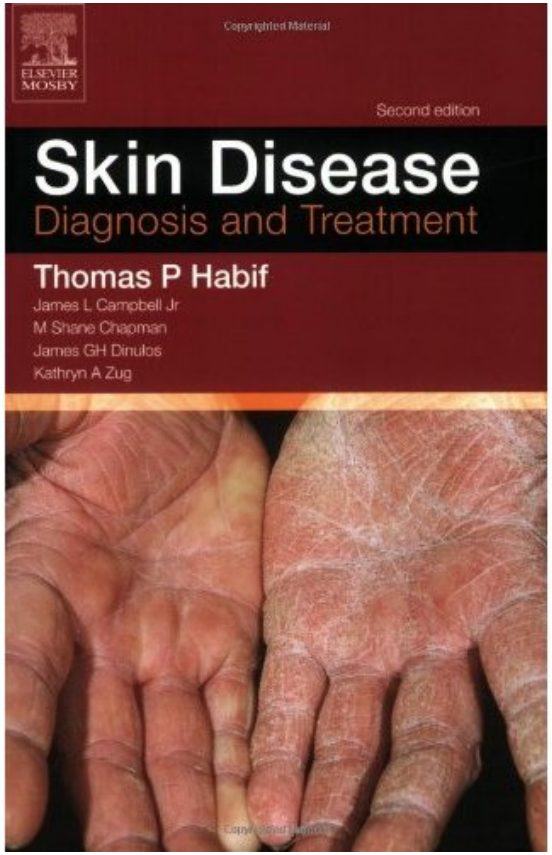
Non Melanoma Skin Tumors

- Actinic Keratosis
- Basal Cell Ca
- Sqamous Cell Ca
- Bowens disease





Tip : Texts

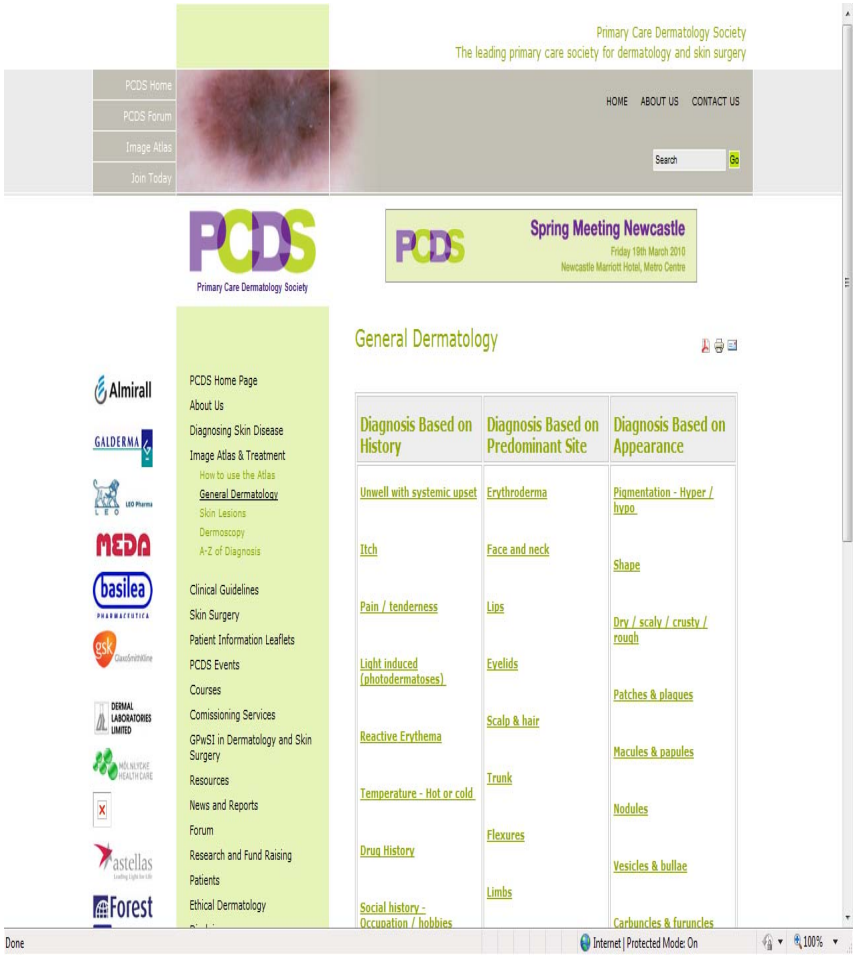


- Choose ONE
- Be comfortable with how to use it

Tip : Web References

www.dermnetnz.org

www.pcds.org.uk



PCDS
Primary Care Dermatology Society

General Dermatology

Diagnosis Based on History	Diagnosis Based on Predominant Site	Diagnosis Based on Appearance
Unwell with systemic upset	Erythroderma	Pigmentation - Hyper / hypo
Itch	Face and neck	Shape
Pain / tenderness	Lips	Dry / scaly / crusty / rough
Light induced (photodermatoses)	Eyelids	Patches & plaques
Reactive Erythema	Scalp & hair	Macules & papules
Temperature - Hot or cold	Trunk	Nodules
Drug History	Flexures	Vesicles & bullae
Social history - Occupation / hobbies	Limbs	Carbuncles & furuncles

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Classified by Appearance

Brown / Black

(unless stated otherwise)

Macule

Benign

- Ephilis (freckle)
- Lentigo
- Junctional Naevus
- Atypical (dysplastic) Naevus
- Halo Naevus (white rim, central naevus)
- Talon Noir (trauma-heel)
- Actinic (Solar) Keratosis - pigmented type (adherent scale, pre-malignant)
- Cockade Naevus (rosette-like, rare)

Malignant

- Melanoma in Situ
- Lentigo Maligna
- Superficial Spreading Melanoma

Patch

Benign - common

- Congenital Melanocytic Naevus (often elevated)
- **Café-au-lait Patch** (often multiple)

Benign - rare

- **Becker's Naevus** (develop coarse dark hair)
- **Speckled & Lentiginous Naevus**
- **Mongolian Spot** (dark-

Skin-coloured / red

(unless stated otherwise)

Depressed

- Basal Cell Carcinoma - **morphoeic type** (yellow tinge, waxy, central face)

Flat and smooth

Macule

- Spider Naevus

Patch

- Salmon Patch
- Port-Wine Stain (purple, can develop elevated components)

Scaly

Benign - common

- Viral Wart
- Seborrhoeic keratosis (waxy scale, cerebriform surface)
- Chondrodermatitis Nodularis Helicis (tender - ear)
- **Clear-cell Acanthoma** (rare, nodule with scaly rim)

Pre-malignant / malignant

- Actinic Keratosis (adherent scale)
- Bowen's Disease (pink scaly plaque)
- Cutaneous Horn (horn-like)
- Superficial BCC (flat, punctate erosions and whip-

Classified by Site

Group A - Lesions with wide potential distribution

Widely distributed

The following skin lesions are widely distributed and should be considered at most sites:

- Seborrhoeic Keratosis
- Viral Wart (black punctate thrombosed capillaries)
- Molluscum Contagiosum (pearly, umbilicated, clustered)
- Acquired Melanocytic Naevi - common i.e. junctional; compound and intradermal
- Melanoma (esp. back in males & posterior legs in females, **but can affect any site including genitalia, mucosae and nails)**
- Basal Cell Carcinoma (60 % head & neck / 25 % trunk - common site for superficial BCC / forearms and hands seldom involved)
- Blue Naevus (dorsa hands & feet, forearms, face, sacral area)
- **Lipoma**
- **Neurofibroma**
- Spitz Naevus (rare. face and legs)
- Appendageal tumours (rare, some associated with significant internal disease)

Sun exposed sites

The following should be considered when lesions arise on the head and

Group B - Lesions relatively site specific

(also consider lesions listed in group A)

Scalp

Common

- **Trichilemmal Cyst** - Pilar Cyst (autosominal dominant, no punctum)

Rare

- Sebaceous Naevus (occasionally affects the face)
- Dermal Cylindroma

Face

Relatively common

- Sebaceous Gland Hyperplasia
- **Milium** (white)
- **Xanthalasma** (yellow)
- **Solitary Circumscribed Neuroma**

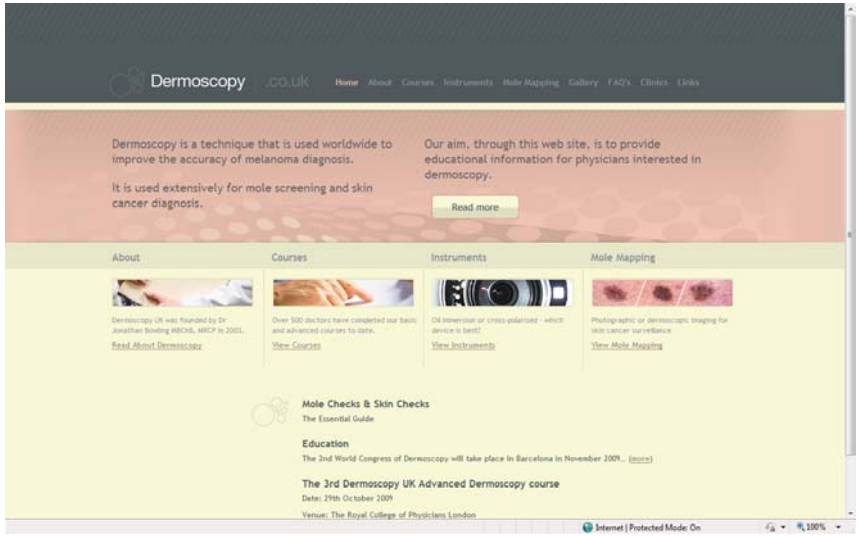
Rare

- **Dermoid Cyst**
- **Fibrous Papule of the Face**
- Appendageal tumours
- Sebacous gland tumours (single, yellow)
- **Angiofibroma** (Adenoma Sebaceum)
- **Naevus of Ota** (peri-orbital)

Ears

- Chondrodermatitis Nodularis Helicis (painful)

Dermoscopy


Dermoscopy .co.uk
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Dermoscopy is a technique that is used worldwide to improve the accuracy of melanoma diagnosis.
It is used extensively for mole screening and skin cancer diagnosis.
Our aim, through this web site, is to provide educational information for physicians interested in dermoscopy.
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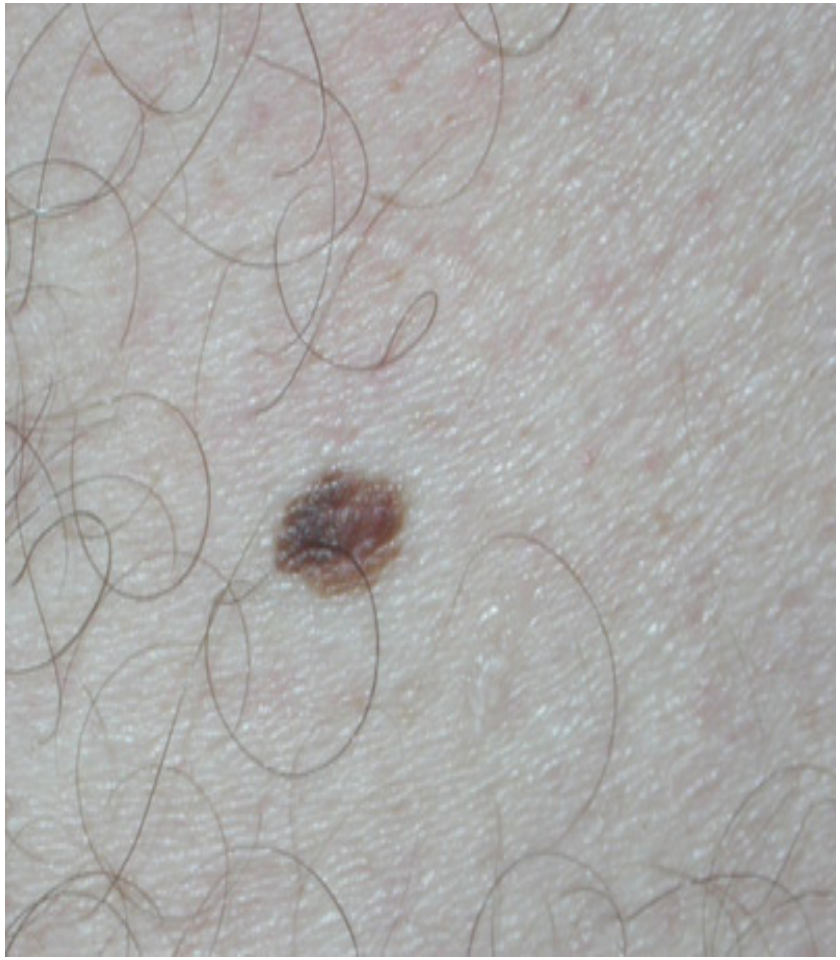

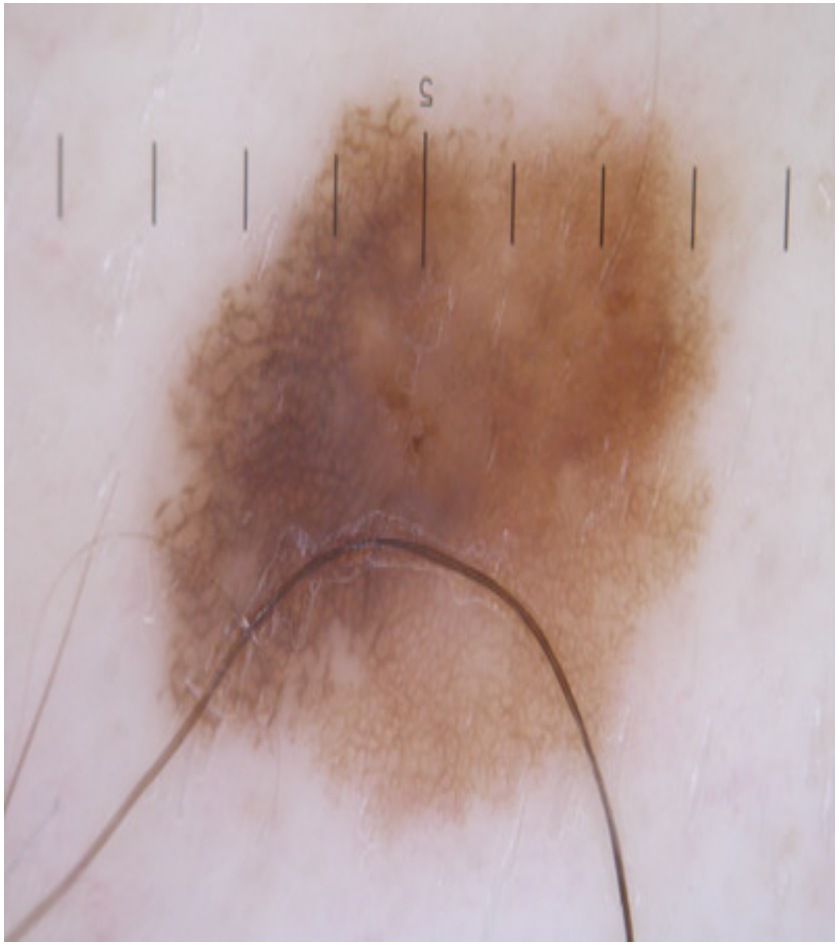

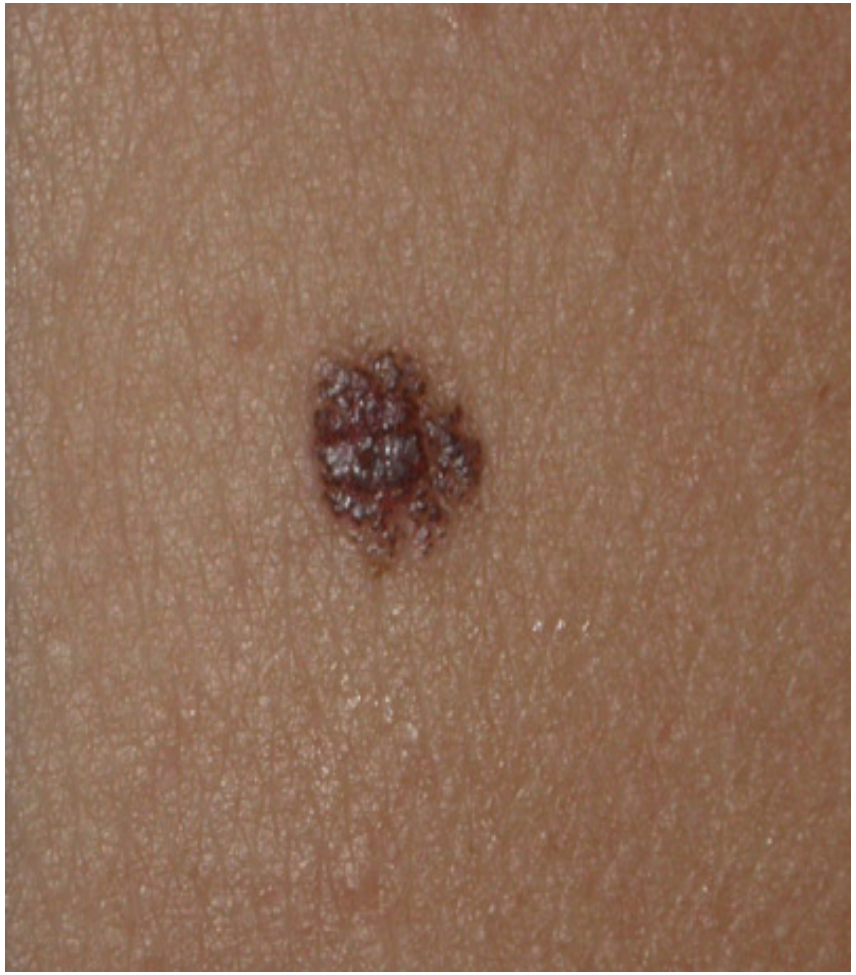

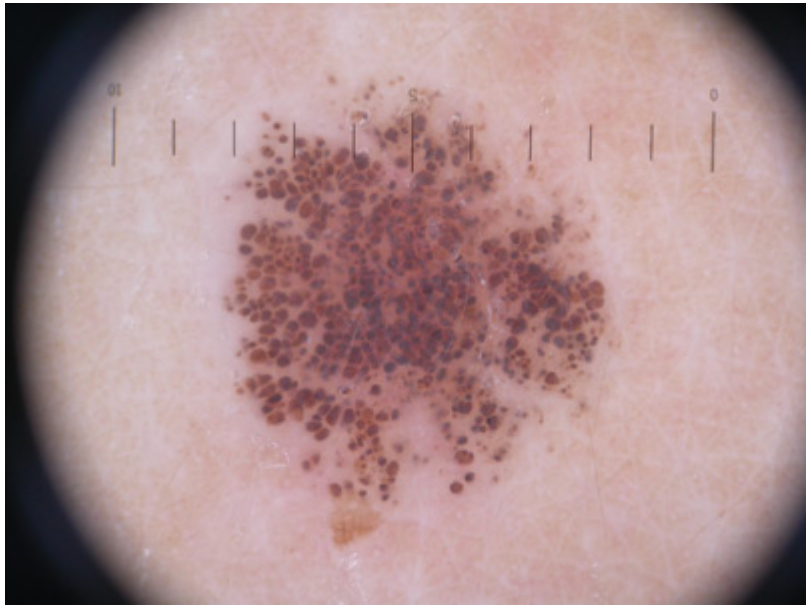

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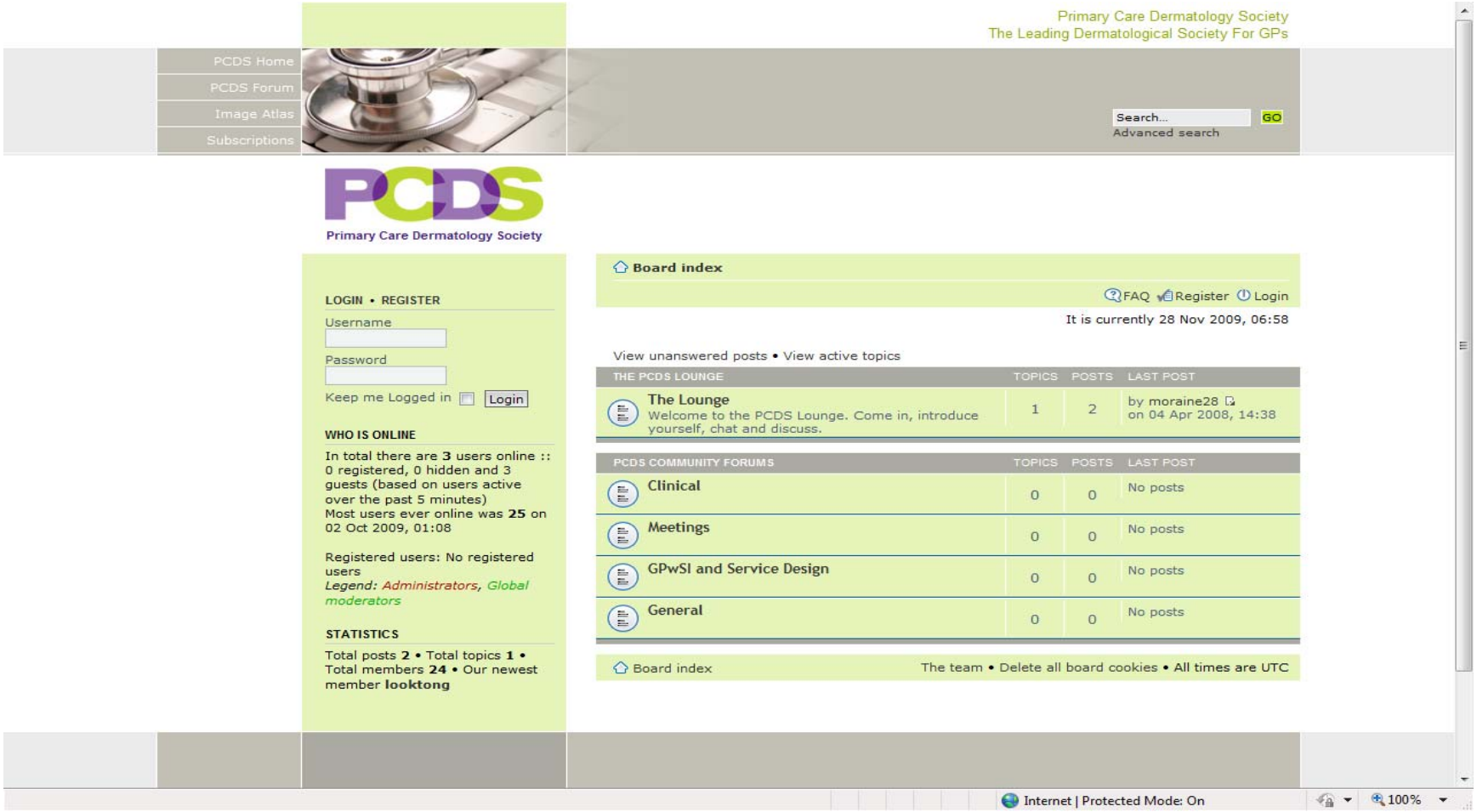
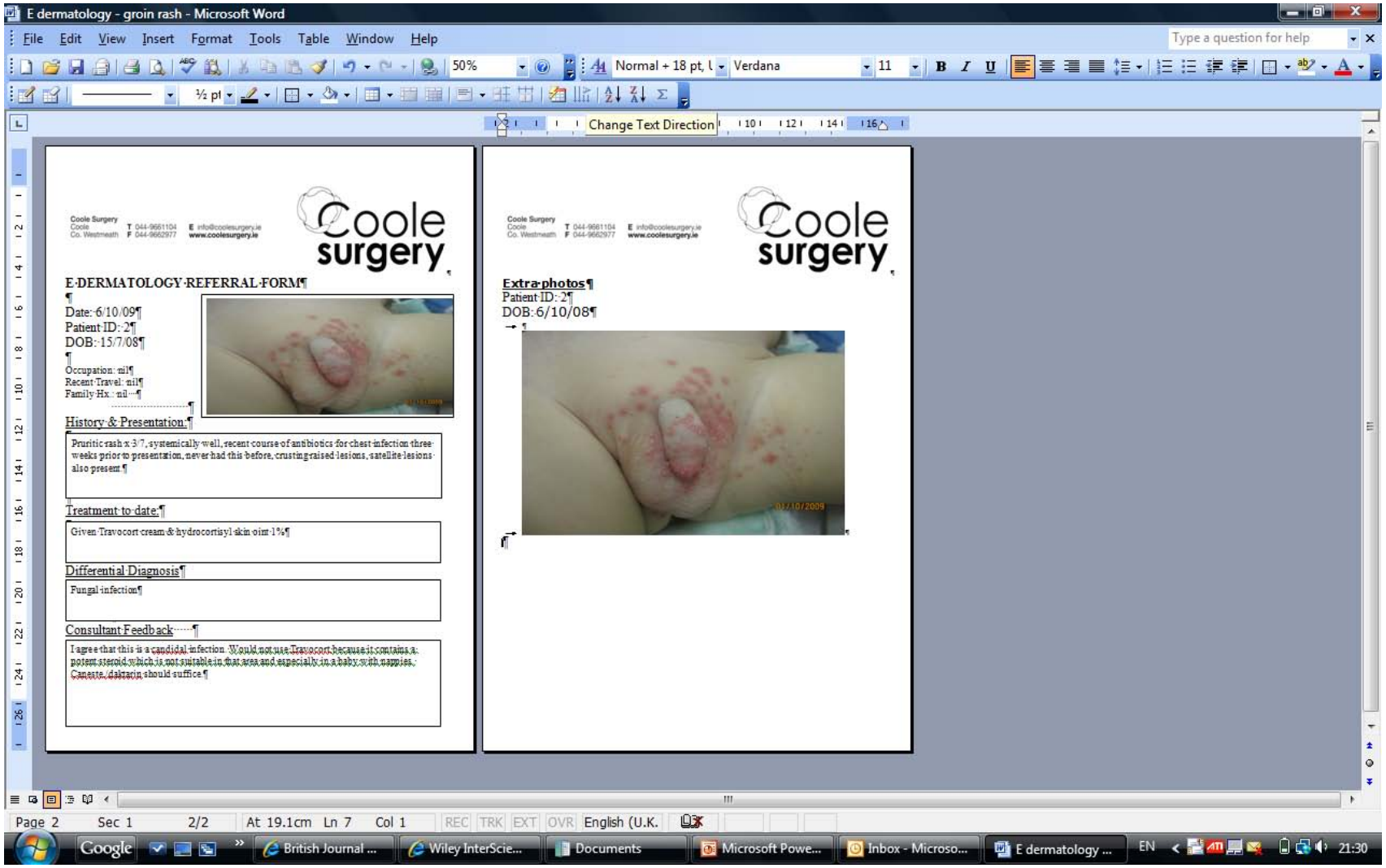


Tip E-Dermatology / Tele Dermatology



E dermatology - man with back lesions - Microsoft Word

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E·DERMATOLOGY·REFERRAL·FORM¶

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Date:·6/10/09¶
Patient·ID:·3¶
DOB:·1/2/65¶
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Occupation:·nil¶
Recent·Travel:·nil¶
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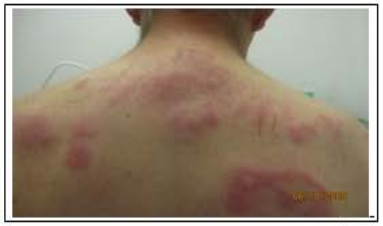

History·&·Presentation:¶

Puritic·rash·present·for·2/12,·raised·erythematous,·well·defined·lesions·with·some·displaying·central·clearing,·excoriation·marks·present,·confined·to·trunk·and·especially·on·back,·never·had·before,·no·systemic·symptoms.¶

Treatment·to·date:¶

Had·two·courses·of·steroid·each·lasting·a·week·which·led·to·improvement·but·lesions·returned·when·steroids·stopped.¶

Differential·Diagnosis¶

Chronic·urticaria¶
Erythema·multiforme¶

Consultant·Feedback·····¶

Ask·the·patient·if·the·rash·moves/clears·from·a·site·affected,·draw·a·ring·with·a·pen·around·a·lesion·to·help·aid·this.·If·it·moves·within·hours·it·is·urticaria·and·should·be·treated·with·plenty·of·antihistamine.·If·it·persists·>12·hours·and·leaves·a·red/blue·tinge·it·is·likely·to·be·an·urticarial·vasculitis·and·I·think·that·is·what·it·is.·Do·an·esr,·fbc,·ana·and·urinalysis.·Would·try·not·to·give·oral·steroids·in·urticaria.·Could·also·be·a·jessners·lymphocytic·infiltrate·or·lupus.·If·it·persists·and·is·not·a·chronic·urticaria·might·seek·derm·opinion.¶

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DOB:·1/2/65¶
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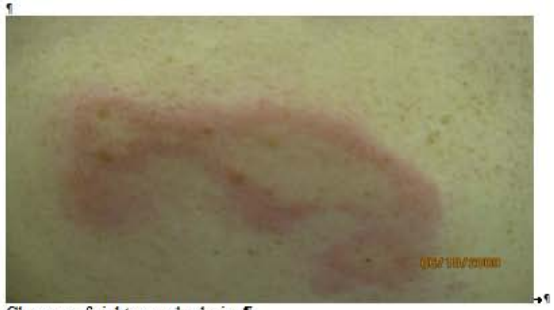

Close·up·of·right·scapular·lesion¶
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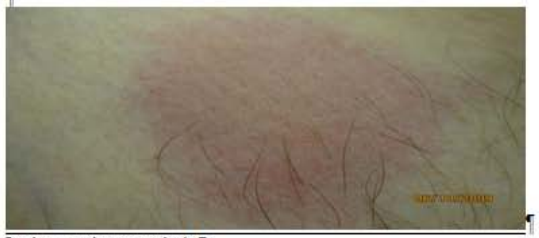

Lesion·on·chest·anteriorly¶

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