



Coole
Clinic
Medical - Dental - Physiotherapy

Dermatology

Top Tips in 10 minutes

Dr. Richard Look Tong
Coole Surgery
Coole
Co Westmeath

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)

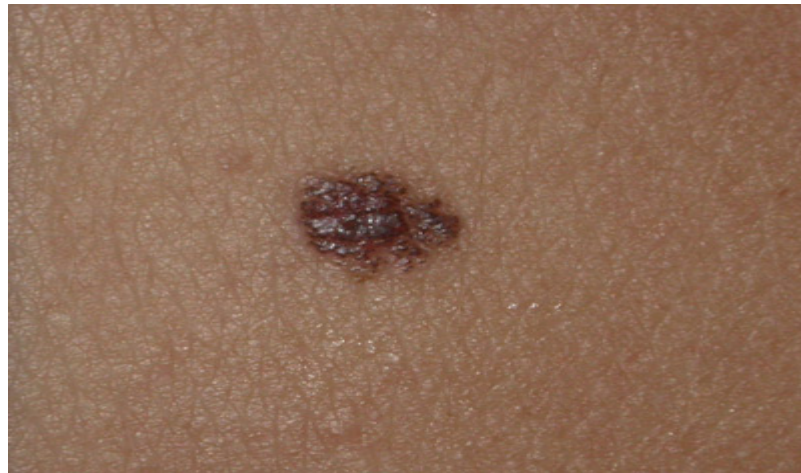
Skin diseases in preschool children reported by their parents

	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

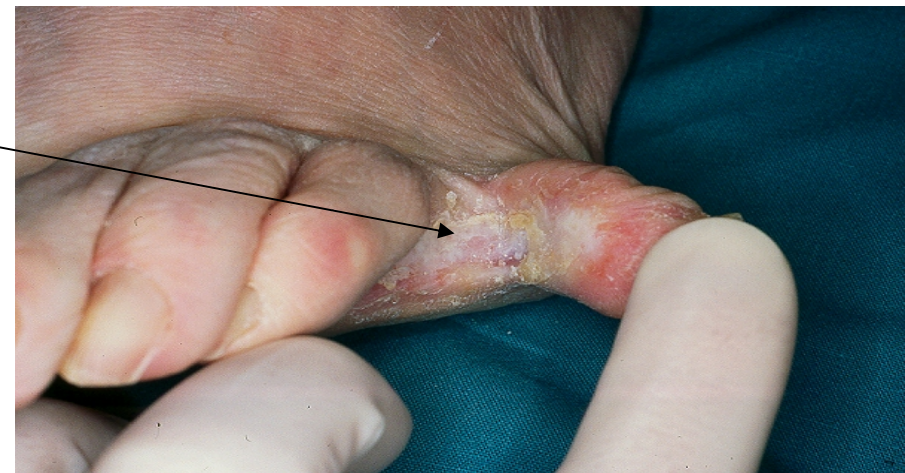
- **Macule** - small flat skin discolouration
- **Patch** - a larger flat area of skin discolouration
- **Papule** - elevated skin lesion less than 0.5cm in diameter
- **Nodule** - elevated skin lesion more than 0.5cm in diameter
- **Plaque** - elevated flat topped lesion



- **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

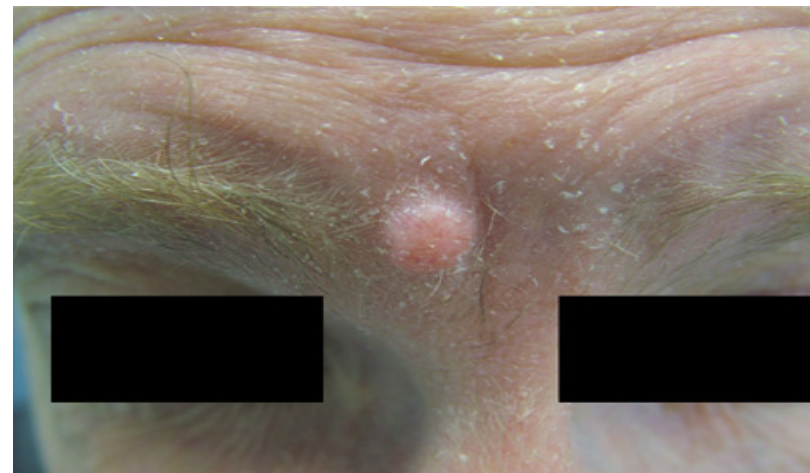


- **Crust** - dried exudate
- **Horn** - a firm projection of keratin
- **Ulceration** - loss of epidermis
- **Excoriation** - breaks in the skin as a result of scratching
- **Maceration** - softened, soggy epidermis
- **Lichenification** - flat-topped epidermal thickening caused by rubbing



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



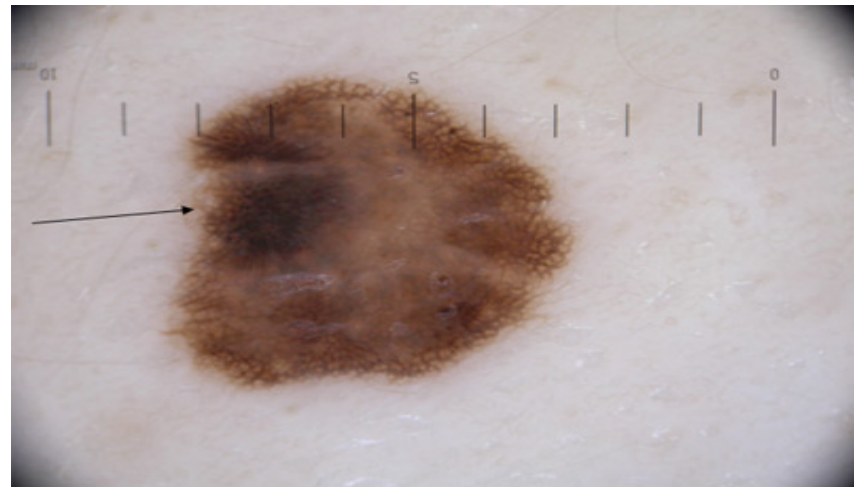
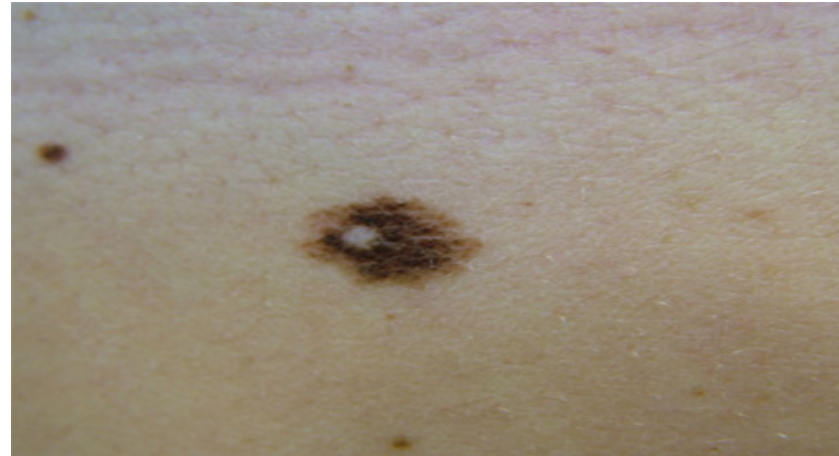
- Junctional Naevus
- Compound Naevus
- Intradermal Naevus
 - As melanocytic naevi mature their malignant potential reduces
 - malignant change in compound naevi is uncommon,
 - and malignant change in intradermal naevi is rare



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

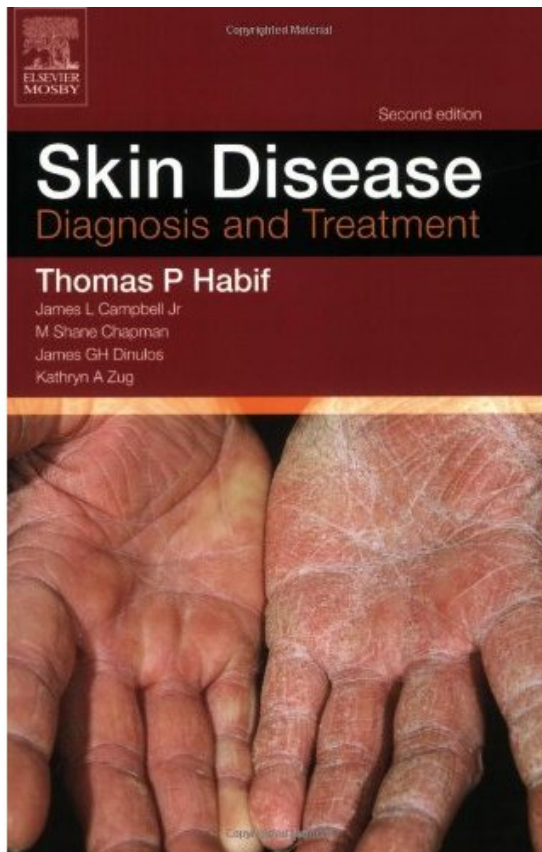
- A new mole growing quickly over the age of puberty
- A long-standing mole which is changing progressively in shape or colour regardless of age
- Any mole which has three or more colours
- Any mole which has lost its symmetry
- Any new nodule which is growing and is pigmented or vascular in appearance
- 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



DermNet NZ thanks its sponsors for their support

DermNet NZ MoleMap ALLERGAN GALDERMA Ad

Facts about skin from the New Zealand Dermatological Society Incorporated. Topic index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

DermNetNZ Patients Doctors Find a dermatologist Jobs About us Contact us Glossary Topics A-Z Search

Home

DermNet NZ: the dermatology resource

- About us: DermNet NZ
- News & notices: NZ Dermatological Society
- Dermatology Nurses and Allied Health Professionals of NZ
- New Zealand Dermatological Society Call for papers, Annual Meeting, 1-4 May 2010 Christchurch, PDF file
- Dermatology jobs
- Extensive information about skin diseases, conditions, procedures and treatment
- Directory of New Zealand dermatologists
- Continuing Medical Education
- Skin care news from eMaxHealth

Google Translate
Select Language

Gadgets powered by Google

TOP 10 WEBSITE NOV-JUN 2009

HON @ CODE CERTIFIED 10/2009

Information for:

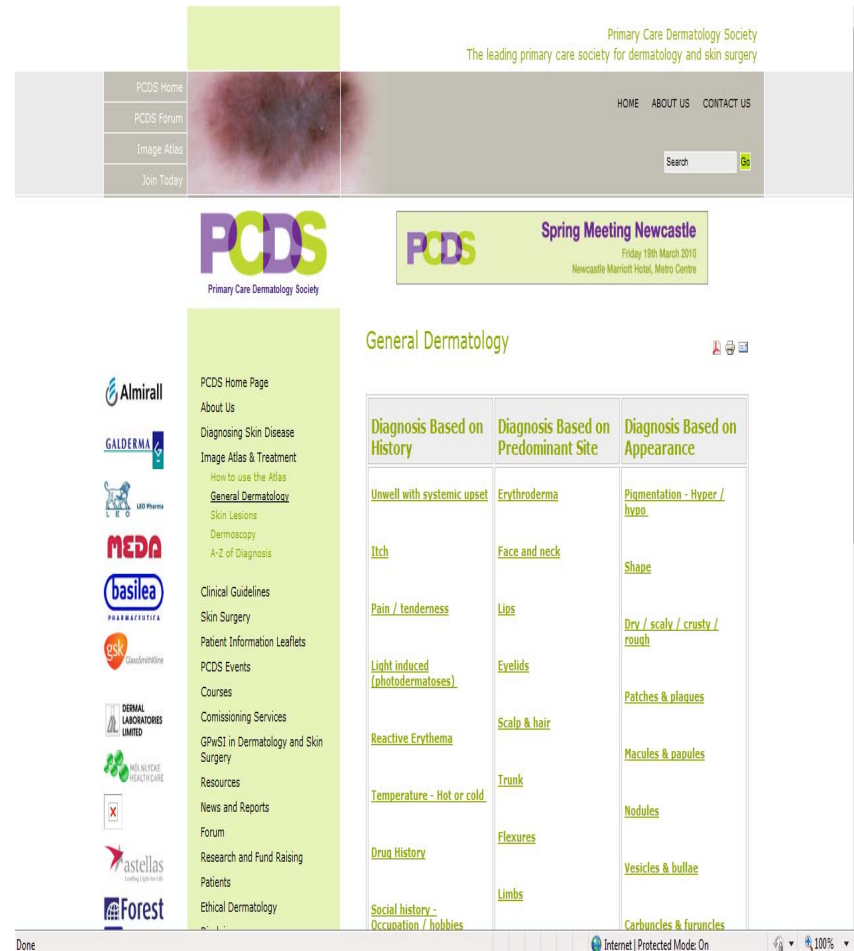
- NZDS Members and Trainees
- Patients with skin problems, their relatives & friends
- Medical practitioners, other health care professionals & students

Support DermNet:

- Install DermNet NZ search plugin for Firefox or IE More ...
- Buy books and skin care products from Amazon
- Advertise on our site
- Support our sponsors

DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a dermatologist for advice.

Created 1996. Last updated 20 Nov 2009. © 2009 NZDSI. Disclaimer.



Primary Care Dermatology Society
The leading primary care society for dermatology and skin surgery

PCDS Home
PCDS Forum
Image Atlas
Join Today

HOME ABOUT US CONTACT US

Search

PCDS Spring Meeting Newcastle
Friday 19th March 2010
Newcastle Marriott Hotel, Metro Centre

General Dermatology

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

PCDS Home Page
About Us
Diagnosing Skin Disease
Image Atlas & Treatment
How to Use the Atlas
General Dermatology
Skin Lesions
Dermoscopy
A-Z of Diagnosis
Clinical Guidelines
Skin Surgery
Patient Information Leaflets
PCDS Events
Courses
Commissioning Services
GPWSI in Dermatology and Skin Surgery
Resources
News and Reports
Forum
Research and Fund Raising
Patients
Ethical Dermatology

Sponsors: Almiral, GALDERMA, LEO Pharma, MEDA, basilea, gsk, DERMAL LABORATORIES LIMITED, WILHELM HEALTCARE, astellas, Forest

PCDS Home

PCDS Forum

Image Atlas

Join Today



HOME ABOUT US CONTACT US

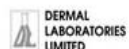
Search



Spring Meeting Newcastle

Friday 19th March 2010
Newcastle Marriott Hotel, Metro Centre

General Dermatology



PCDS Home Page
About Us
Diagnosing Skin Disease
Image Atlas & Treatment
 How to use the Atlas
 General Dermatology
 Skin Lesions
 Dermoscopy
 A-Z of Diagnosis

Clinical Guidelines
Skin Surgery
Patient Information Leaflets
PCDS Events
Courses
Comissioning Services
GPwSI in Dermatology and Skin Surgery
Resources
News and Reports
Forum
Research and Fund Raising
Patients
Ethical Dermatology

Diagnosis Based on History

[Unwell with systemic upset](#)

[Itch](#)

[Pain / tenderness](#)

[Light induced \(photodermatoses\)](#)

[Reactive Erythema](#)

[Temperature - Hot or cold](#)

[Drug History](#)

[Social history - Occupation / hobbies](#)

Diagnosis Based on Predominant Site

[Erythroderma](#)

[Face and neck](#)

[Lips](#)

[Eyelids](#)

[Scalp & hair](#)

[Trunk](#)

[Flexures](#)

[Limbs](#)

Diagnosis Based on Appearance

[Pigmentation - Hyper / hypo](#)

[Shape](#)

[Dry / scaly / crusty / rough](#)

[Patches & plaques](#)

[Macules & papules](#)

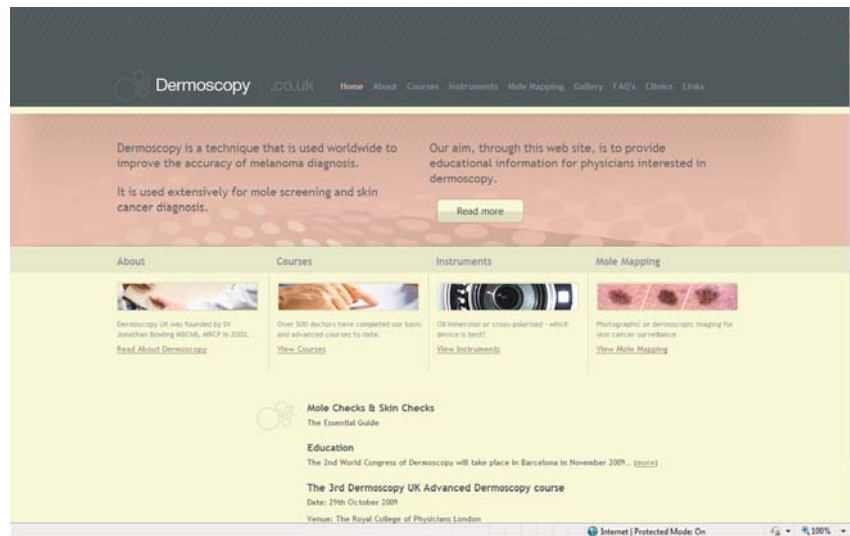
[Nodules](#)

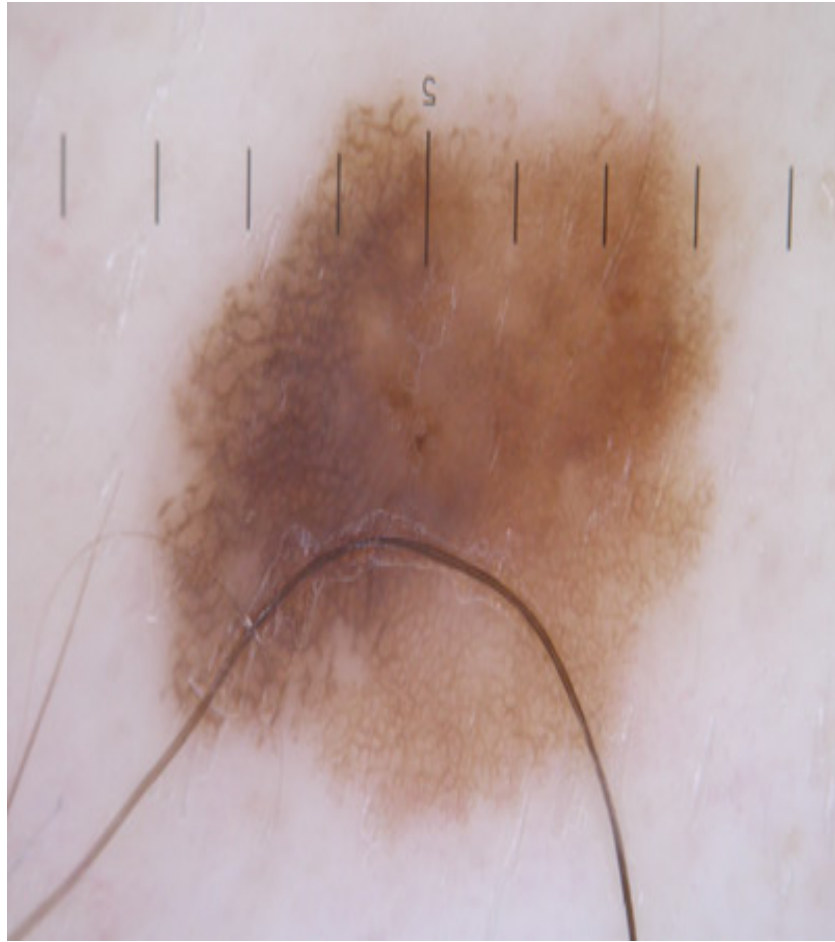
[Vesicles & bullae](#)

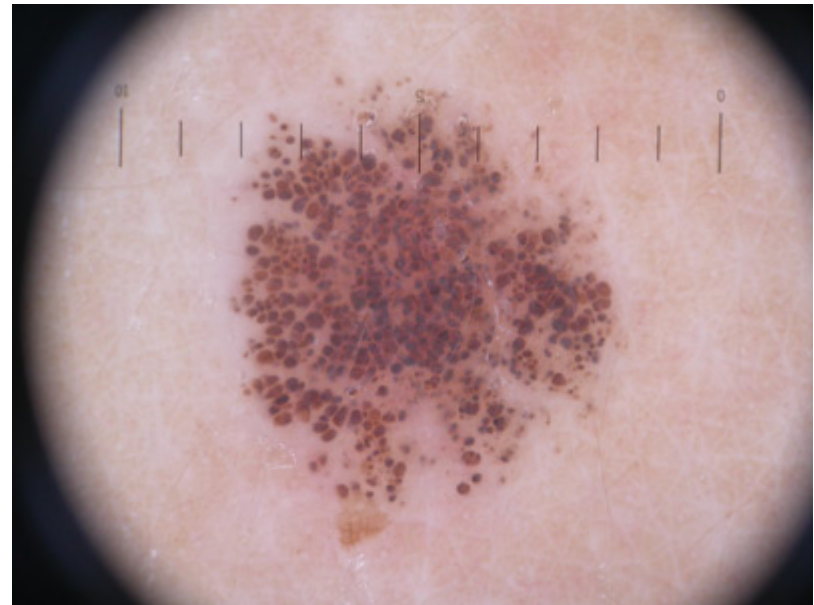
[Carbuncles & furuncles](#)

Classified by Appearance		Classified by Site	
<p>Brown / Black (unless stated otherwise)</p>	<p>Skin-coloured / red (unless stated otherwise)</p>	<p>Group A - Lesions with wide potential distribution</p>	<p>Group B - Lesions relatively site specific (also consider lesions listed in group A)</p>
<p>Macule</p> <p>Benign</p> <ul style="list-style-type: none"> + Ephelis (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) <p>Malignant</p> <ul style="list-style-type: none"> + Melanoma in Situ + Lentigo Maligna + Superficial Spreading Melanoma <p>Patch</p> <p>Benign - common</p> <ul style="list-style-type: none"> + Congenital Melanocytic Naevus (often elevated) + Café-au-lait Patch (often multiple) <p>Benign - rare</p> <ul style="list-style-type: none"> + Becker's Naevus (develop coarse dark hair) + Speckled & Lentiginous Naevus + Mongolian Spot (dark) 	<p>Depressed</p> <ul style="list-style-type: none"> + Basal Cell Carcinoma - morphoic type (yellow tinge, waxy, central face) <p>Flat and smooth</p> <p>Macule</p> <ul style="list-style-type: none"> + Spider Naevus <p>Patch</p> <ul style="list-style-type: none"> + Salmon Patch + Port-Wine Stain (purple, can develop elevated components) <p>Scaly</p> <p>Benign - common</p> <ul style="list-style-type: none"> + Viral Wart + Seborrhoeic keratosis (waxy scale, cerebriform surface) + Chondrodermatitis Nodularis Helicis (tender - ear) + Clear-cell Acanthoma (rare, nodule with scaly rim) <p>Pre-malignant / malignant</p> <ul style="list-style-type: none"> + Actinic Keratosis (adherent scale) + Bowen's Disease (pink scaly plaque) + Cutaneous Horn (horn-like) + Superficial BCC (flat, punctate erosions and whin- 	<p>Widely distributed</p> <p>The following skin lesions are widely distributed and should be considered at most sites:</p> <ul style="list-style-type: none"> + 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) <p>Sun exposed sites</p> <p>The following should be considered when lesions arise on the head and</p>	<p>Scalp</p> <p>Common</p> <ul style="list-style-type: none"> + Trichilemmal Cyst - Pilar Cyst (autosomal dominant, no punctum) <p>Rare</p> <ul style="list-style-type: none"> + Sebaceous Naevus (occasionally affects the face) + Dermal Cylindroma <p>Face</p> <p>Relatively common</p> <ul style="list-style-type: none"> + Sebaceous Gland Hyperplasia + Milia (white) + Xanthasma (yellow) + Solitary Circumscribed Neuroma <p>Rare</p> <ul style="list-style-type: none"> + Dermoid Cyst + Fibrous Papule of the Face + Appendageal tumours + Sebaceous gland tumours (single, yellow) + Angiofibroma (Adenoma Sebaceum) + Naevus of Ota (peri-orbital) <p>Ears</p> <ul style="list-style-type: none"> + Chondrodermatitis Nodularis Helicis (painful)

Dermoscopy







Tip: Join a Network / Forum

Primary Care Dermatology Society
The Leading Dermatological Society For GPs

PCDS Home
PCDS Forum
Image Atlas
Subscriptions

Search... GO
Advanced search

PCDS
Primary Care Dermatology Society

[LOGIN](#) • [REGISTER](#)

Username

Password

Keep me Logged in [Login](#)

WHO IS ONLINE

In total there are **3** users online ::
0 registered, 0 hidden and 3
guests (based on users active
over the past 5 minutes)
Most users ever online was **25** on
02 Oct 2009, 01:08

Registered users: No registered
users
*Legend: Administrators, Global
moderators*

STATISTICS

Total posts **2** • Total topics **1** •
Total members **24** • Our newest
member **looktong**

[Board index](#)

[FAQ](#) [Register](#) [Login](#)

It is currently 28 Nov 2009, 06:58

[View unanswered posts](#) • [View active topics](#)

THE PCDS LOUNGE	TOPICS	POSTS	LAST POST
The Lounge Welcome to the PCDS Lounge. Come in, introduce yourself, chat and discuss.	1	2	by moraine28 on 04 Apr 2008, 14:38

PCDS COMMUNITY FORUMS	TOPICS	POSTS	LAST POST
Clinical	0	0	No posts
Meetings	0	0	No posts
GPwSI and Service Design	0	0	No posts
General	0	0	No posts

[Board index](#) [The team](#) • [Delete all board cookies](#) • [All times are UTC](#)

Internet | Protected Mode: On 100%

Tip E-Dermatology / Tele Dermatology

E dermatology - groin rash - Microsoft Word

File Edit View Insert Format Tools Table Window Help

Type a question for help

50% Normal + 18 pt, l Verdana 11


Change Text Direction

Cooler surgery

Cooler Surgery
Cooler
Co. Westmeath T 044-9561104 E info@coolerurgery.ie
F 044-9562977 www.coolerurgery.ie

E-DERMATOLOGY-REFERRAL-FORM

Date: 6/10/09
Patient ID: 2
DOB: 15/7/08
Occupation: nil
Recent Travel: nil
Family Hx: nil



History & Presentation

Pruritic rash x 3/7, systemically well, recent course of antibiotics for chest infection three weeks prior to presentation, never had this before, crusting raised lesions, satellite lesions also present

Treatment to date

Given Travocort cream & hydrocortisyl skin oint 1%

Differential Diagnosis


Fungal infection

Consultant Feedback

I agree that this is a candidal infection. Would not use Travocort because it contains a potent steroid which is not suitable in test area and especially in a baby with nipple. Canexol, Diflucan should suffice

Extra-photos

Patient ID: 2
DOB: 6/10/08



Page 2 Sec 1 2/2 At 19.1cm Ln 7 Col 1 REC TRK EXT OVR English (U.K.)

Google British Journal ... Wiley InterSci... Documents Microsoft Powe... Inbox - Microso... E dermatology ... EN 21:30

Coolle Surgery
Coolle T 044-9661104 E info@coollesurgery.ie
Co. Westmeath F 044-9662977 www.coollesurgery.ie



E-DERMATOLOGY-REFERRAL-FORM

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



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 ecg, fbc, urea and urinalysis. Would try not to give oral steroids in urticaria. Could also be a Jessner's lymphocytic infiltrate or hives. If it persists and is not a chronic urticaria might seek dermat opinion.

Coolle Surgery
Coolle T 044-9661104 E info@coollesurgery.ie
Co. Westmeath F 044-9662977 www.coollesurgery.ie



Extra-photos

Patient ID: 3
DOB: 1/2/65

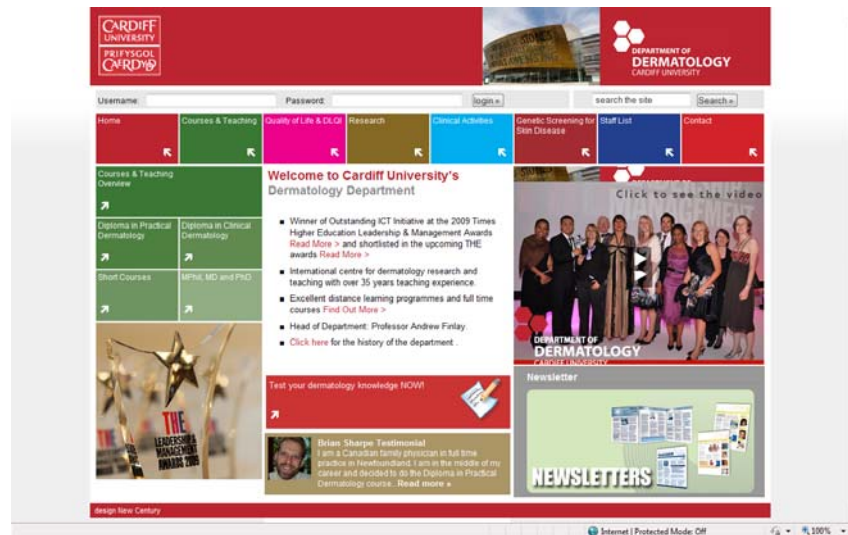


Close up of right scapular lesion



Lesion on chest anteriorly

Tip: Continuing Education



Contact Us	<h2>Graduate Diploma in Dermatology</h2>
Annual Reports	23 June 2009
College Structure	print version send to a friend
Events	Applications are now being invited for the above course, www.ucd.ie/apply . This is a one year course, delivered on Friday afternoons at the Mater campus. It is designed to give General Practitioners and GP's in training an enhanced knowledge of the disorders of the skin and approach to diagnosis and management.
Photo Galleries	
News	For further information visit the UCD website - www.ucd.ie - or contact Stephanie Begley, UCD School of Medicine & Medical Science, Tel. 01 716 6314, E-mail Stephanie.Begley@ucd.ie .
Partnership With Patients	
Policies & Statements	back
Press Area	
ICGP Services Ltd	
Press Releases	
Information Links	

