

Approach to the Patient With Cutaneous Disorders

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Disclosures

- I am not representing the Veterans Health Administration
- Speakers' Bureaus/Consultant/Advisory Board:
 - AbbVie
 - Lilly
 - Celgene
 - Sanofi Genzyme
 - Regeneron
 - UBC
- Images are kindly provided by VisualDx

Objectives

- Identify the correct terminology to describe specific skin lesions
- Identify a systemic approach to assess the patient with cutaneous complaints
- Recognize the key components of an appropriate dermatology consult

Friday, 4:45 pm: ADD ON PATIENT





Why is it important to describe skin lesions correctly?

- So that we can provide an accurate verbal or written description to another provider in order to aid with timely diagnosis and treatment plan
- As a member of the health care team, we need to all “speak the same language”

Primary Lesions

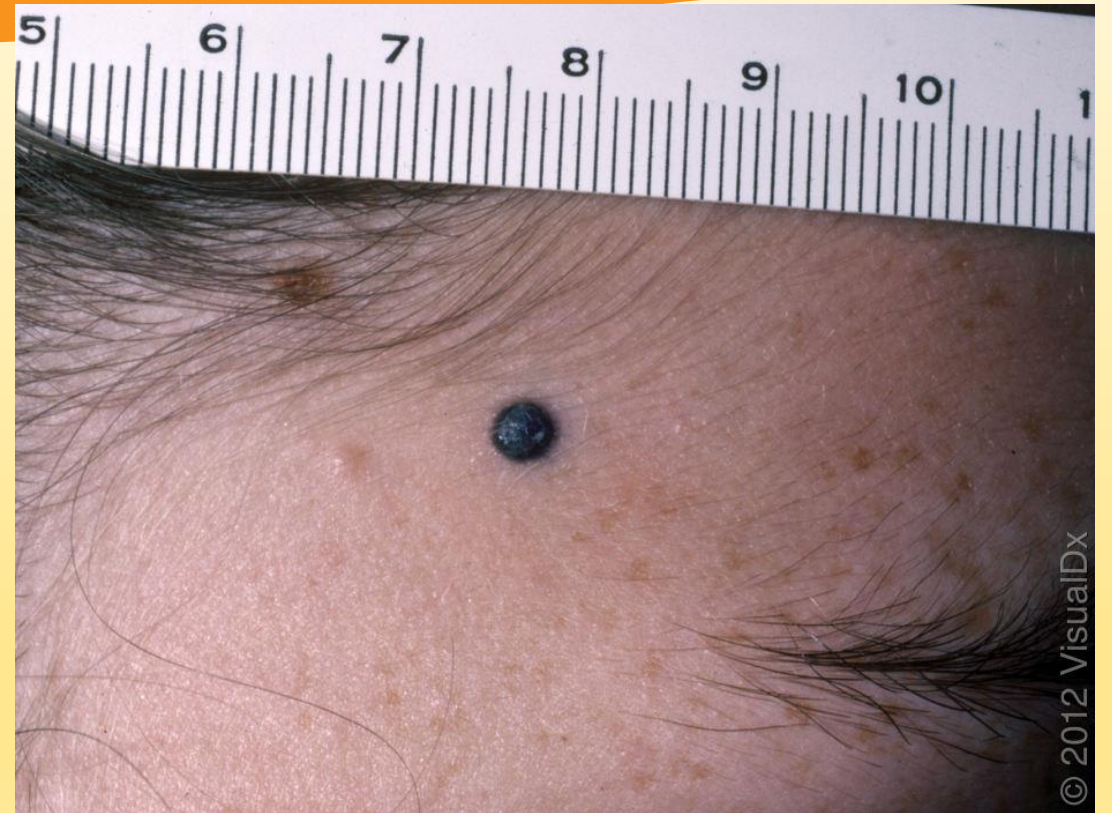
Macules

- Flat lesions
- Less than 5mm in diameter
- If you close your eyes, you can't feel them
- Examples include pityriasis rosea, solar lentigines, tinea versicolor



Papules

- Raised lesions
- less than 5mm in diameter
- If you close your eyes, you can feel them
- Examples: molluscum, warts, comedones

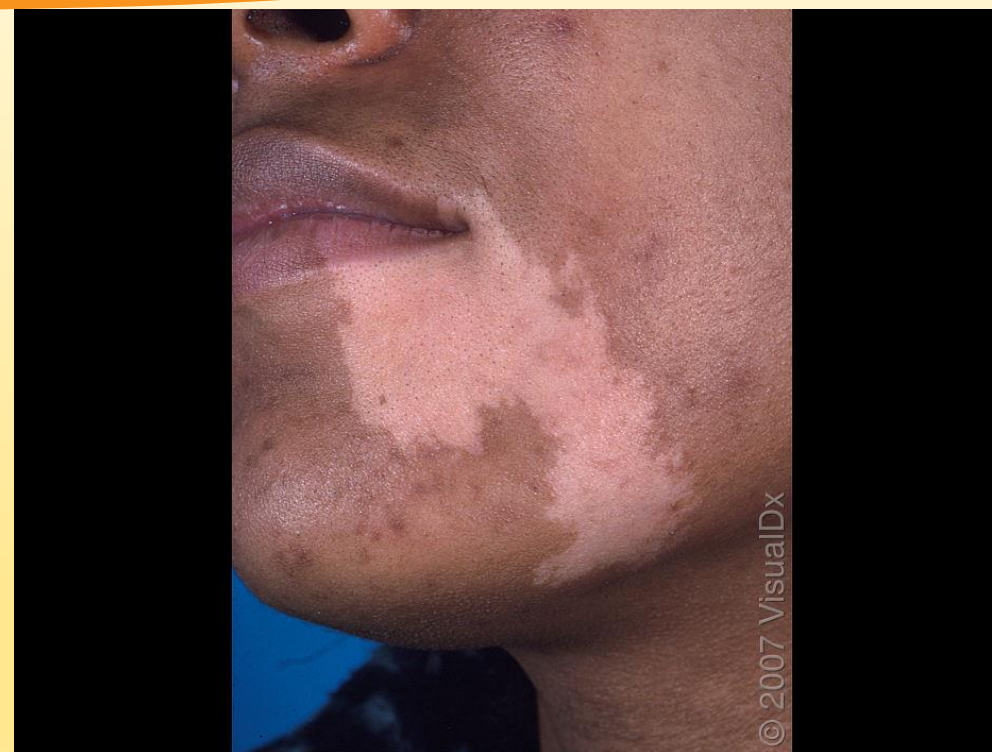


Patch

- Flat lesion
- Greater than 1 cm in diameter
- Can't feel it
- Examples: pityriasis versicolor, port wine stain

Pharma pearl

- steroid overuse
- hydroquinone overuse



Plaque

- Raised lesion
- Greater than 1 cm
- Examples: psoriasis, sarcoidosis

Pharma pearl

- Topical keratolytics and steroids can help thin plaques



Nodule

- Raised lesion
- 1-2.5 cm in diameter
- Examples: Kaposi sarcoma, cyst



Tumor

- Raised lesion
- Greater than 2.5 cm
- Examples: cysts, keratoacanthoma



Pustule

- Raised lesion
- Less than 5mm in diameter
- Containing yellow fluid or pus
- Example: acne vulgaris



Vesicle

- Raised lesion
- Less than 5mm in diameter
- Contains clear fluid
- Example: herpes zoster



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Bulla

- A vesicle greater than 5mm
- Fluid-filled
- Usually “tense”
- Example: bullous pemphigoid



Wheal

- Old English: “a raised mark caused by the blow of a rod or lash”
- Round or flat-topped
- Pale-red papule or plaque that is characteristically evanescent
- May be round, gyrate or irregular
- Example: urticaria, “hives”

Pharma pearl

- Antihistamines are stable, first-line use



Secondary Lesions



Crust

- A dried exudate which may have been serous, purulent or hemorrhagic
- Example: bullous impetigo



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Excoriation

- A shallow hemorrhagic excavation resulting from scratching
- May be linear
- Example: neurotic excoriation

Pharma pearl

- Topical steroids, anti-pruritics and oral antihistamines
- Anti-anxiolytics



Lichenification

- Thickening of the skin with exaggeration of the skin creases
- Often caused by continual rubbing
- Example: atopic dermatitis

Pharma pearl

- Moisturizers are essential (petrolatum)



Necrosis

- Death of skin tissue
- Usually black in color
- Example: necrotizing fasciitis



Scar

- Final stage of healing of a destructive process
- Involves the deeper dermis
- Results in hypopigmented, smooth, firm, shiny lesions

Pharma pearl

- IV Kenalog



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Erosion

- Partial break of the epidermis
- Heals without scarring unless secondarily infected
- Example: pemphigus vulgaris



Ulcer

- Full thickness loss of the epidermis
- heals with scarring
- Often described in “stages”



Atrophy

- A thinning and transparency of the skin
- Due to diminution of either the epidermis or the dermis, or both
- Wrinkling and translucency of the skin with loss of skin markings

Pharma pearl

- steroid overuse



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Sclerosis

- Circumscribed or diffuse hardening or induration of the skin
- Due to dermal or subcutaneous edema, cellular infiltration or collagen proliferation



Monomorphic

- An eruption that consists of one type or primary lesion
- Example: molluscum contagiosum



Polymorphic

- An eruption which consists of various forms of primary lesions
- Example: Acne vulgaris



Morphology



Secondary Characteristics

Color

- Very characteristic of certain skin diseases
- Essential in description of the lesion
- Use “skin-colored” versus “flesh-colored”
- Examples: blue nevus, measles



Scale

- Shedding of the stratum corneum or epidermis
- Described as “fine” or “thick”
- Easily scraped off or tenacious



Shape



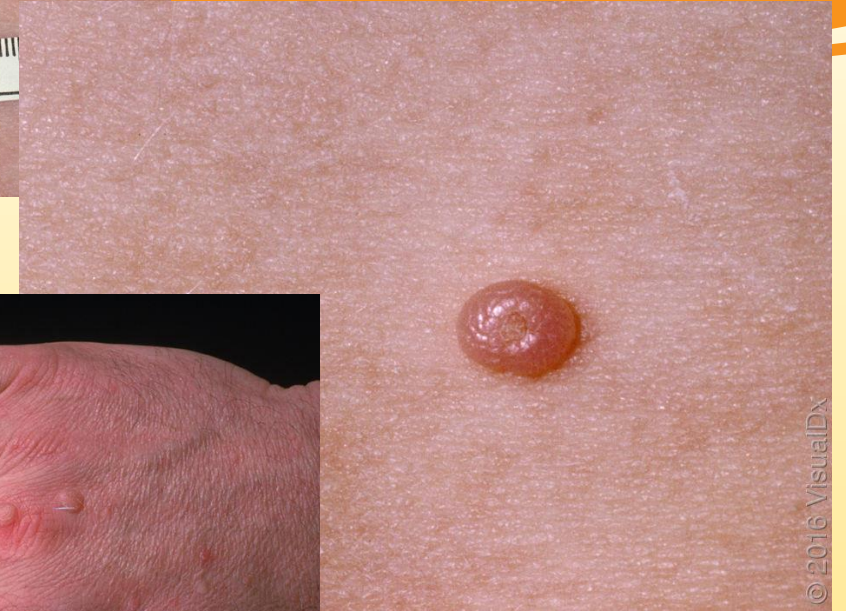
- Round or discoid (nummular eczema)
- Annular (round or oval with clear center)
- Irregular (polygonal)



Surface



- Rough (Seborrheic keratosis or wart)
- Smooth (nevus)
- Dome shaped and umblicated (molluscum contagiosum)
- Verrucous (wart)



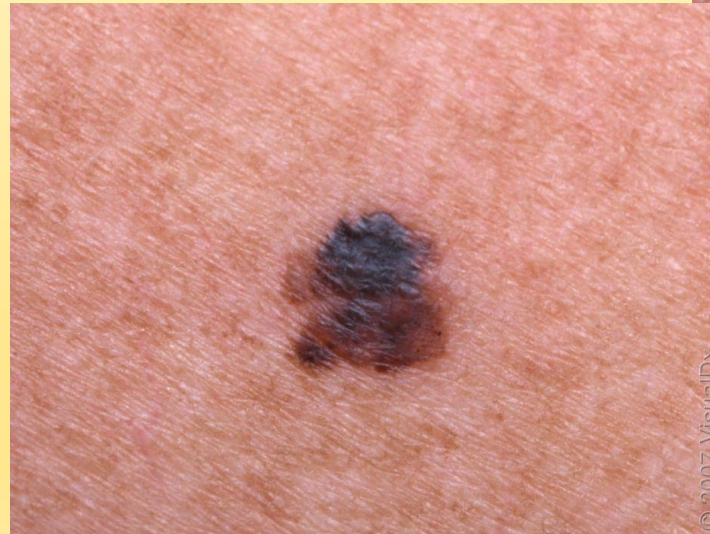
Consistency

- The lesion can be firm (dermatofibroma)
- Hard and “tethered” (scleroderma)
- “Edematous” (angioedema)



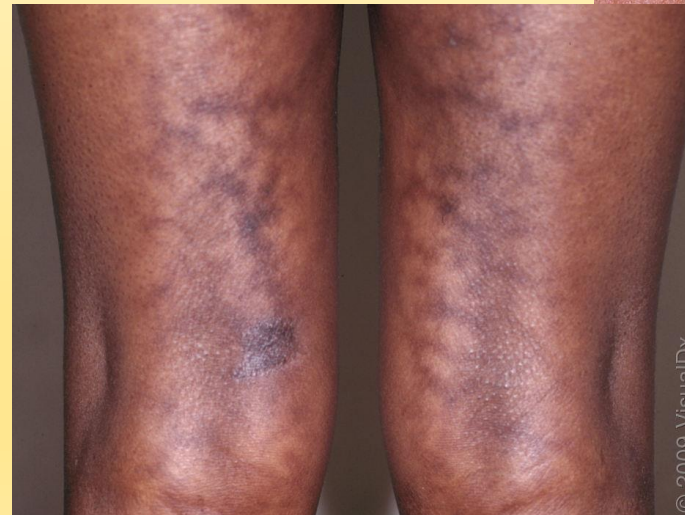
Margin

- Clearly demarcated (tinea)
- Rolled and raised (basal cell ca)
- Irregular (melanoma)



Pattern

- Linear or following a dermatome (zoster)
- Annular, arciform (incomplete circles)
- Grouped (herpes, “herpetiform”)
- Reticular or “net like” (livido reticularis)



Distribution

- Localized (herpes simplex)
- Regional (acne vulgaris)
- Generalized (erythroderma)
- Bilateral or unilateral



Getting to the diagnosis....

75 y/o patient



History

- How long?
- Precipitating factors
- Medication changes (new)
- Any other locations?
- Any other family members affected?



Symptoms

- Pain
- Pruritus (Itch)
- Asymptomatic
- Comes and goes
- Morning, evening



Treatments Tried

- Over-the-counter
- Home remedies
- Prescription

- How long was it used?
- What was the response?
- How did it affect the symptoms?

Pharma pearl

- Antibiotics are often rx'd first
- Topical steroids ineffective

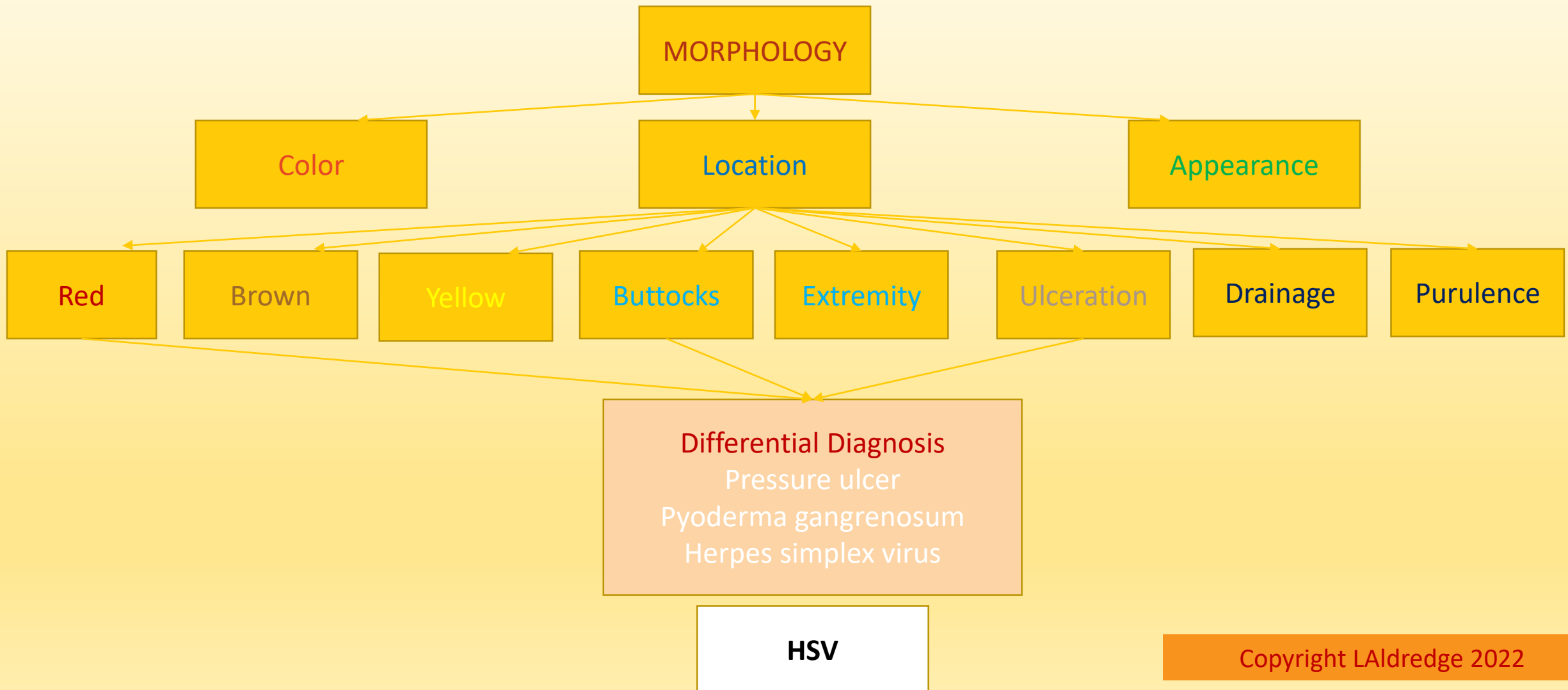


Describing the condition

- Location: bilat gluteal
- Color: erythematous
- Size: macular, patches
- Shape: Shallow, punched-out, annular
- Pattern?
- Presence of exudate or drainage or odor
- New lesions, older lesions
- Scaling?
- Underlying color change or swelling?



Differential Diagnosis



Confirming the diagnosis

What do you want to do next?

- CULTURE THE LESION (viral)

Labs?

- Maybe a CBC but not necessary
- Ask about symptoms (fevers)

Biopsy?

- Maybe



Treatment for HSV

- Acyclovir 400 mg orally 3 times daily for 7-10 days, or
- Acyclovir 200 mg orally 5 times daily for 7-10 days, or
- Famciclovir 250 mg orally 3 times daily for 7-10 days, or
- Valacyclovir 1 g orally 2 times daily for 7-10 days



Dermatology Consult



Key elements to a GREAT consult

- If you can, take a picture and post with consult
- Give a brief history and precipitating factors
- Describe the lesion: color, pattern
- Describe any symptoms
- Describe what has been tried
- Describe any tests that have been done or that you have ordered

While your patient is waiting 9 months for a dermatology consult.....



- Give the patient a reasonable treatment (topical or systemic)
- Reassure the patient a consult has been sent
- Give them a timeframe to check in with them
- Have your medical assistant call in a reasonable time to follow up



Summary (Hallelujah!)

- Ensuring that you are describing a skin lesion or rash is essential to nailing the diagnosis
- Describing the morphology (size, shape, color, location) will help in creating your differential diagnosis
- A thorough history is ESSENTIAL in order to not miss critical clues (travel, family members affected, timing)
- Utilizing a consistent systematic approach or algorithm will aid in getting appropriate differential diagnosis
- When a consult is needed, ensure it is thorough and useful

Objectives revisited

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Thank you!



