Diagnostic Dilemmas in Dermatology

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Skin, Bones, Hearts & Private Parts

Disclosures

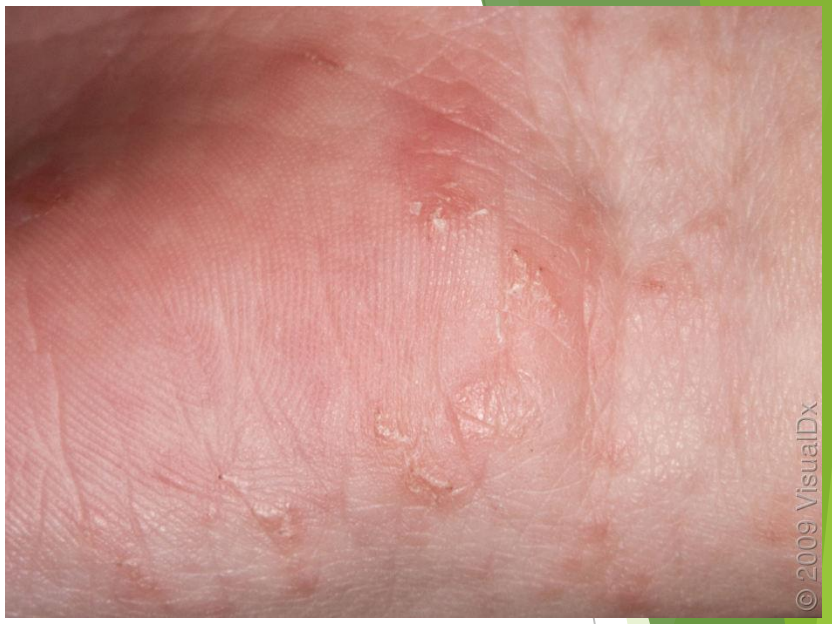
- I am not representing the Veterans Health Administration
- Speakers' Bureaus/Consultant/Advisory Board:
  - AbbVie
  - Lilly
  - Celgene
  - Sanofi Genzyme
  - Regeneron
  - UBC
- Images are kindly provided by VisualDx

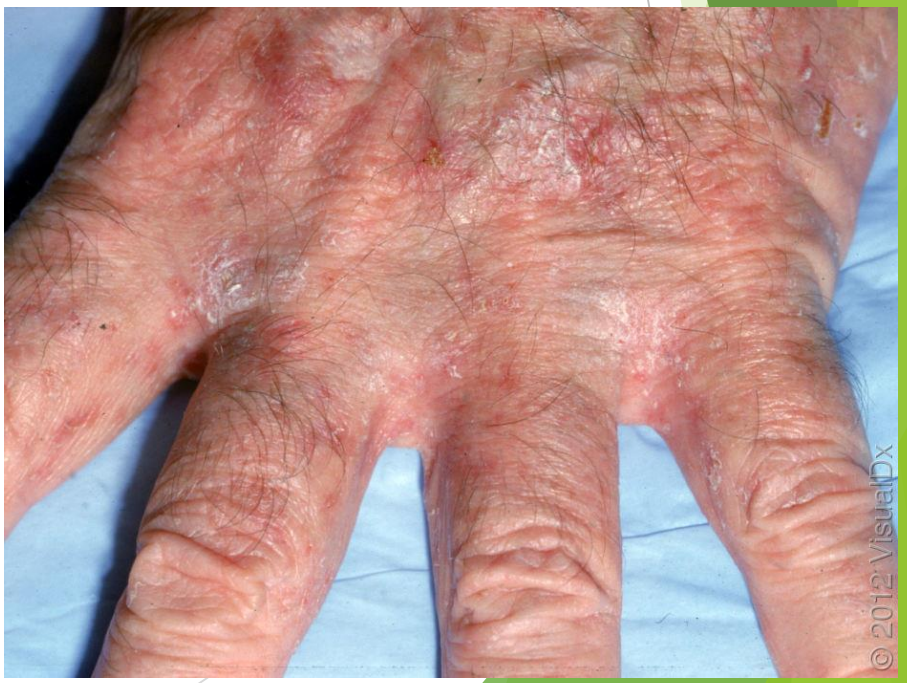
Objectives

- Improve visual assessment skills of dermatoses
- Review diagnostic criteria for several dermatoses
- Provide a venue for discussing diagnosis and treatment of dermatoses

Case 1

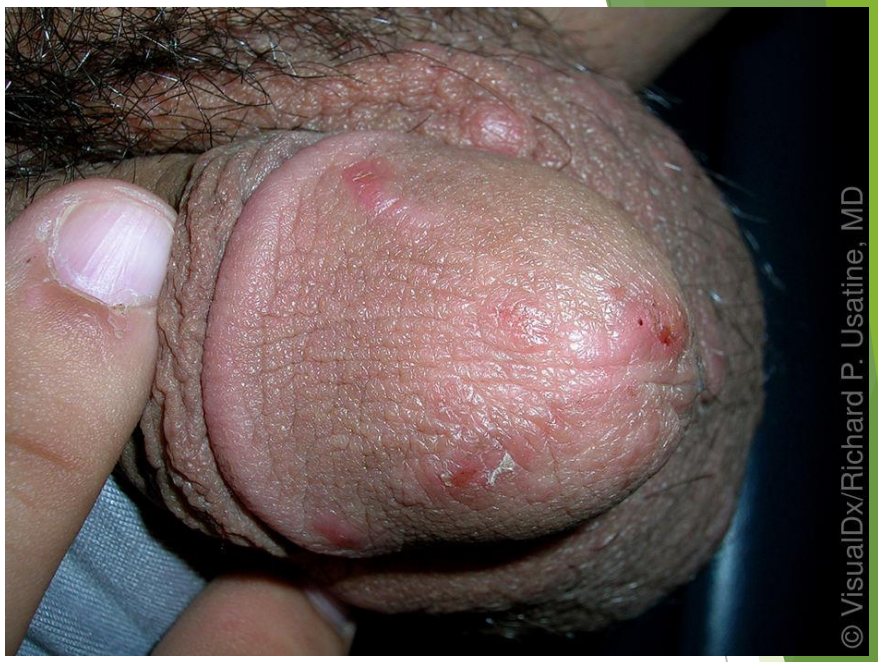
- 23 y/o WF with 2 wk h/o severe itching on the hands and arms
- Not helped with otc hydrocortisone
- No new soaps or detergents
- Recently stayed in a hostel while visiting Mexico.

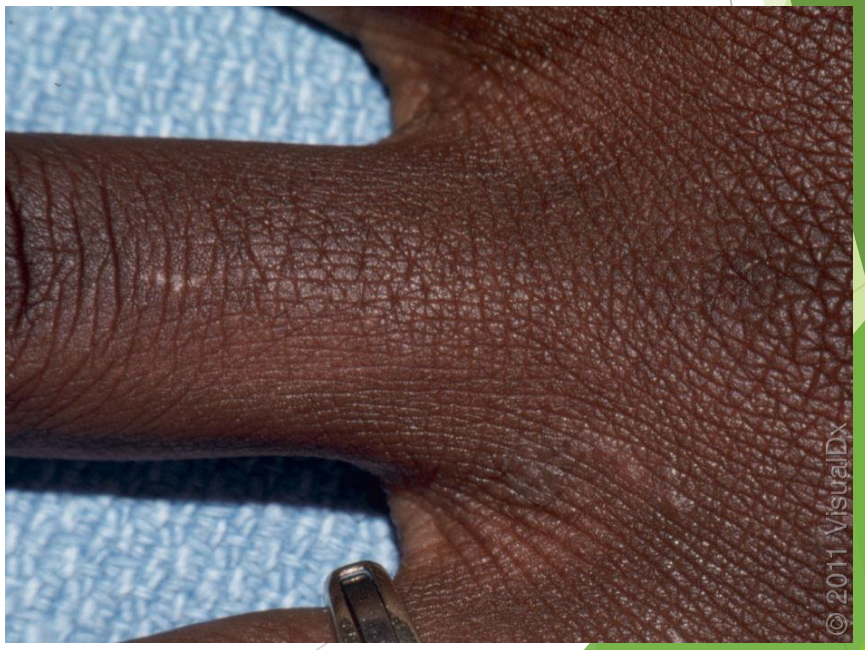




Scabies

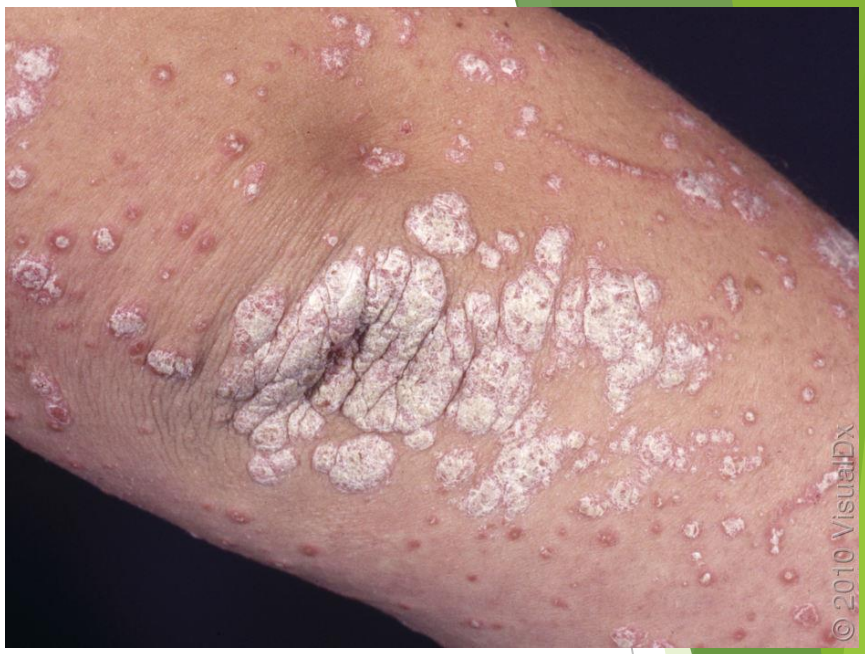
- Finger webspace involvement
- Linear burrows
- Severe pruritis
- Difficult to get positive scraping
- Need to treat household contacts

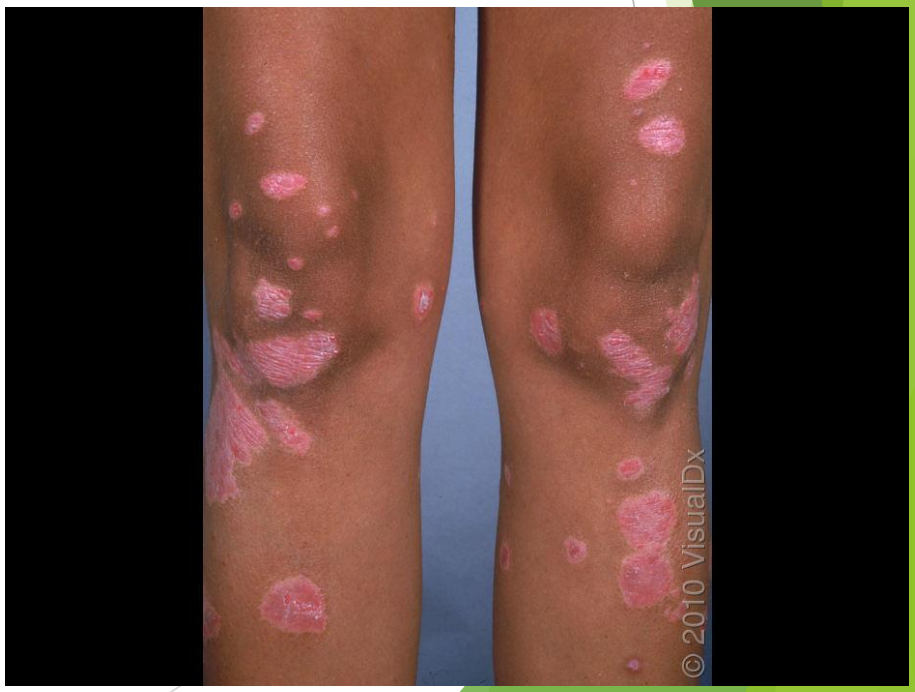




Case 2

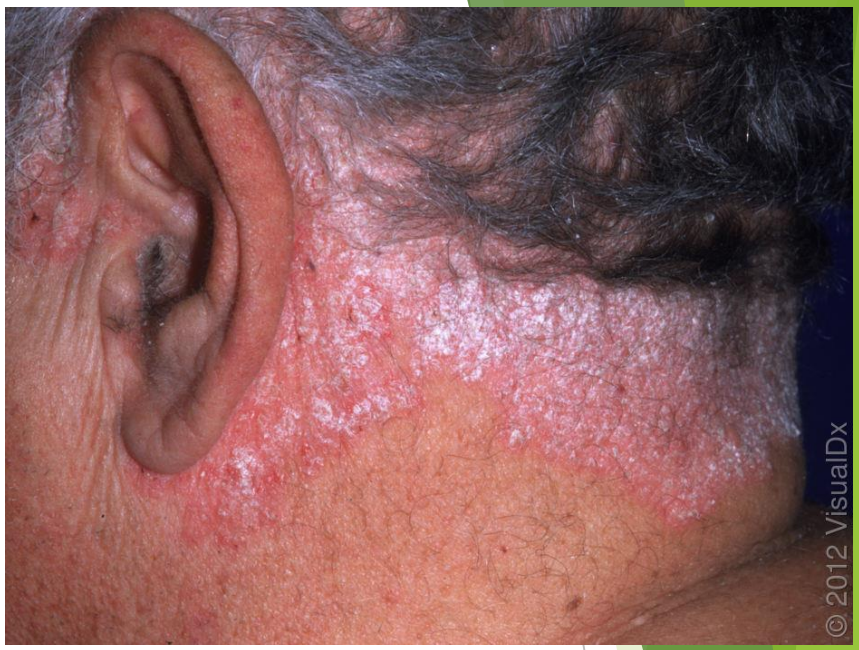
- 32 y/o WM with several month onset of mildly pruritic, erythematous papules and plaques on back, exts
- Father with similar condition

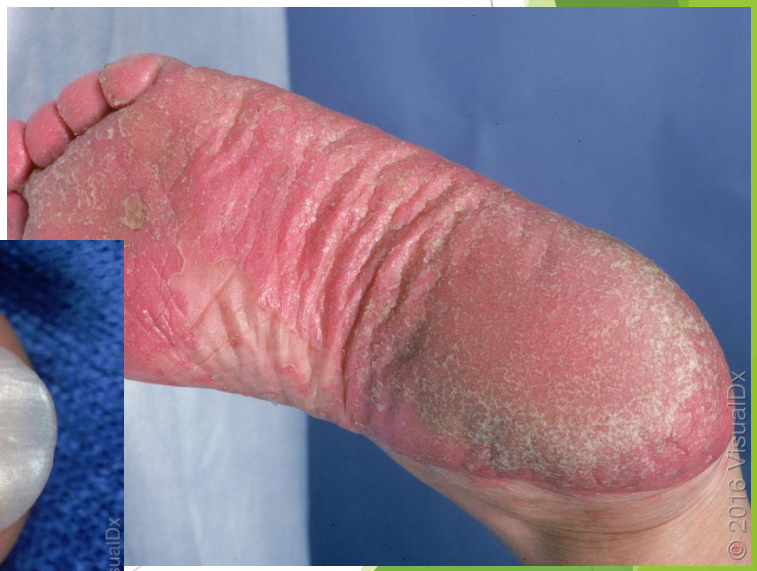


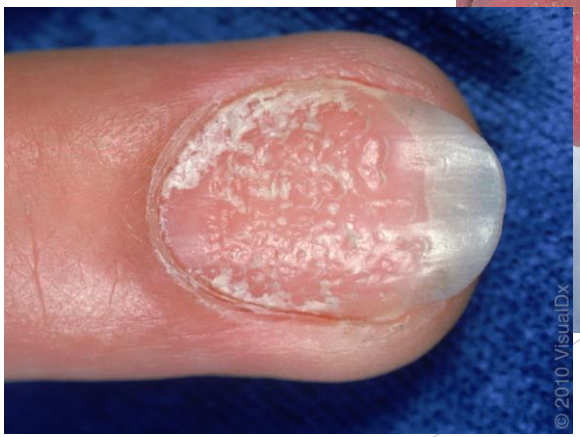


Psoriasis

- Erythematous, thick plaques with silvery scale
- Classically on elbows, knees, gluteal cleft
- Rx: topical steroids, Dovonex, mtx, biologics

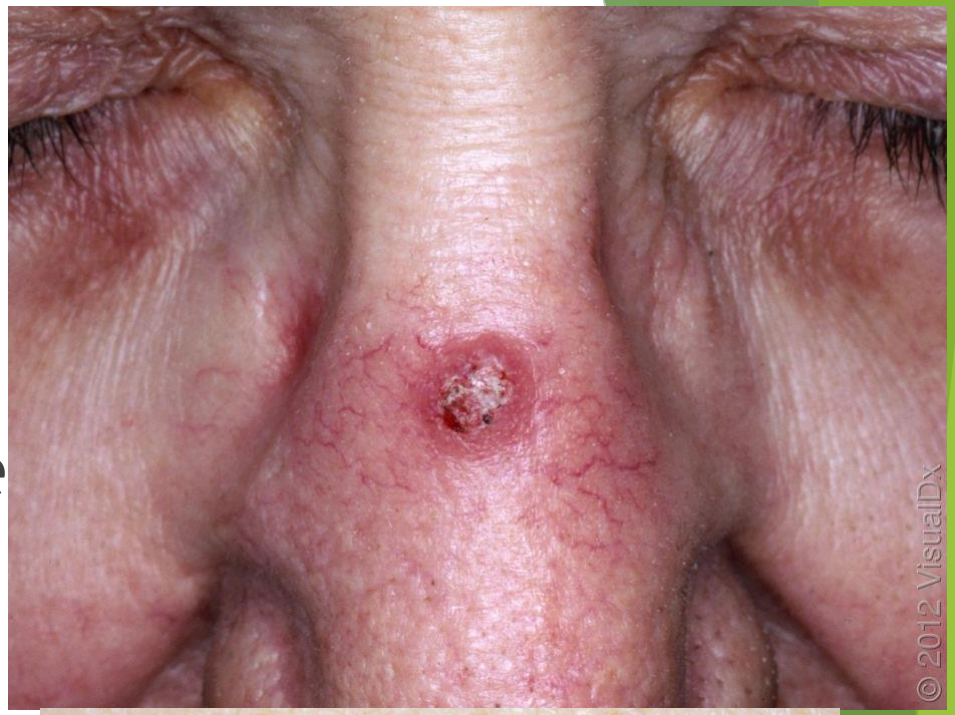


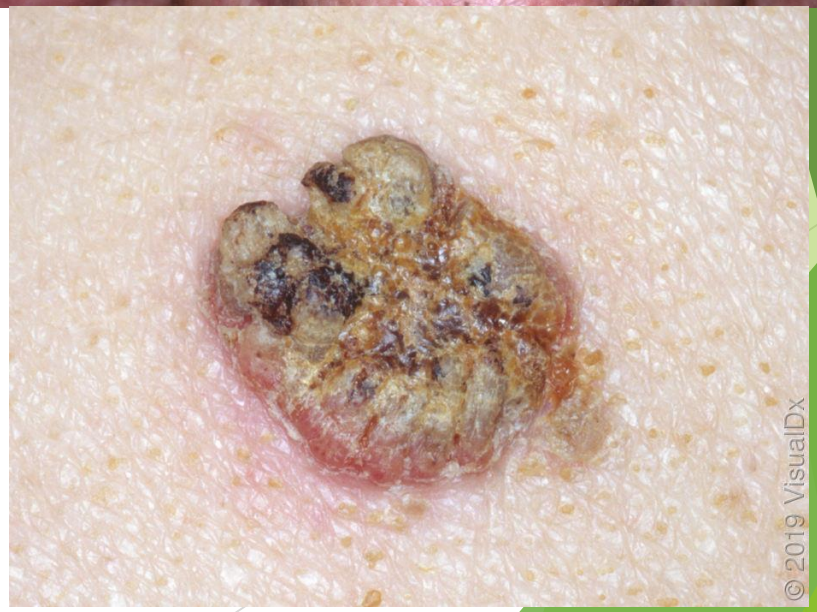




Case 3

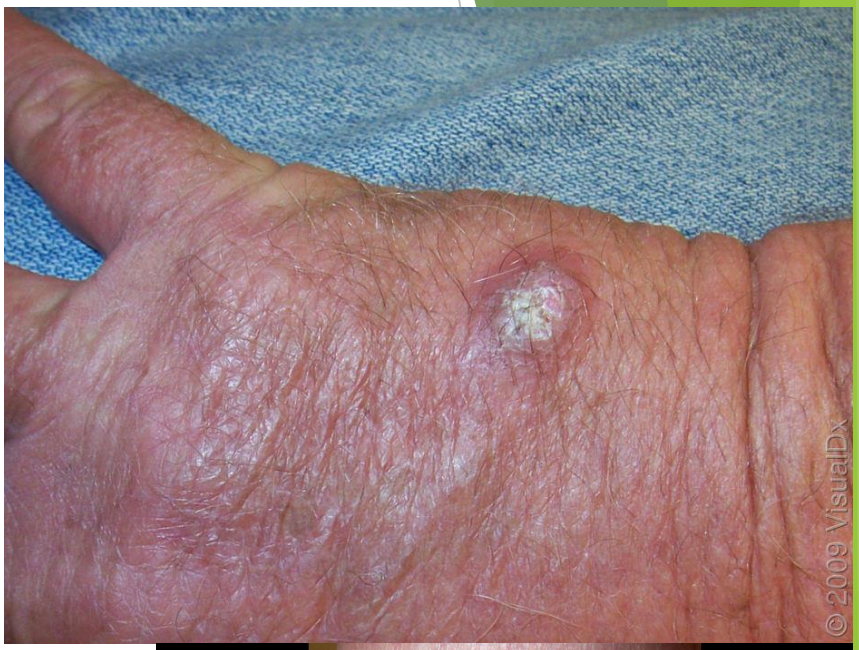
- 82 y/o WF with painful, erythematous papule
- Onset over months
- Numerous, similar erythematous papules on face, forearms and dorsal hands
- Sig sun tanning hx

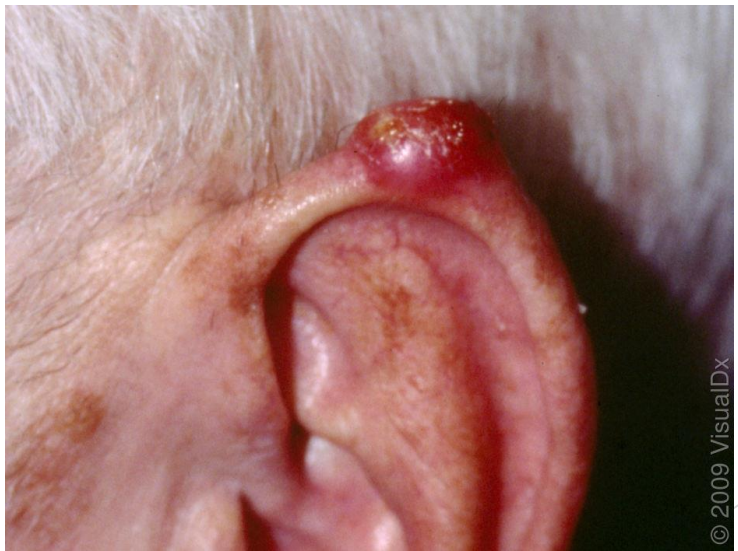


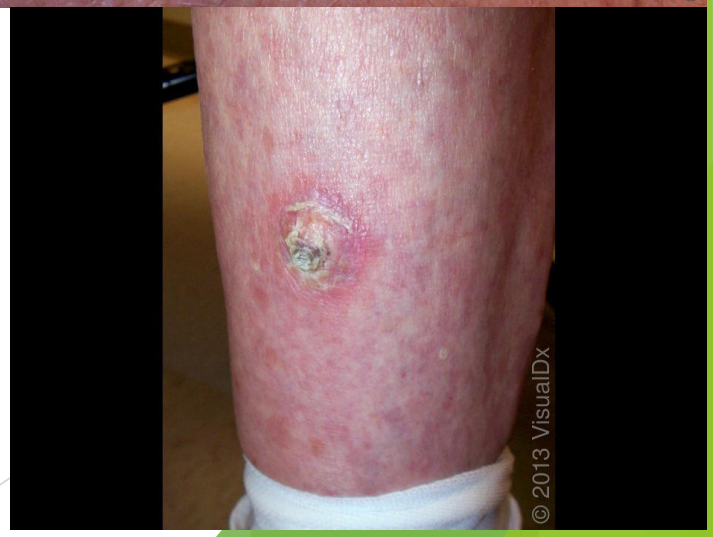


Squamous cell carcinoma

- Sun-exposed skin
- Some with features of keratoacanthoma
- Tmt: excision, CXD, Efudex
- Counseling re: sun protection important

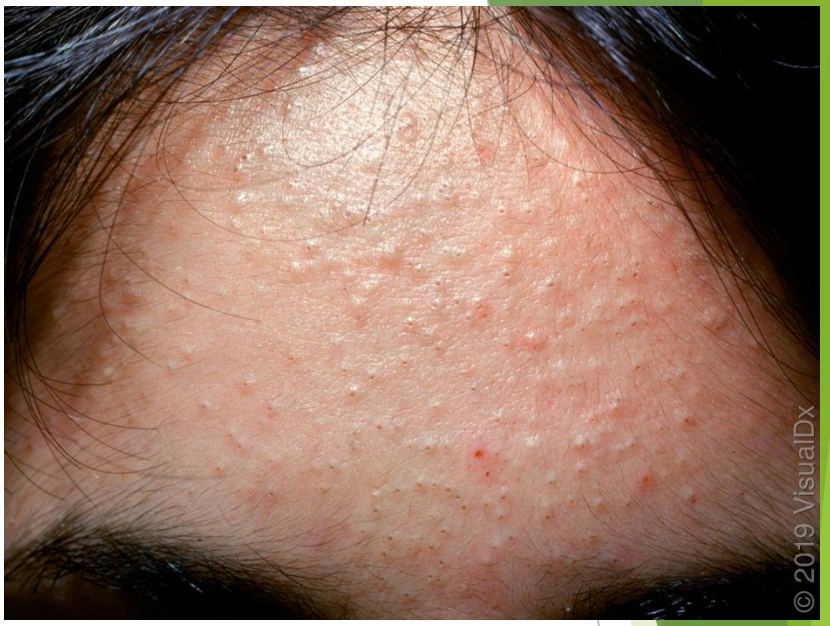


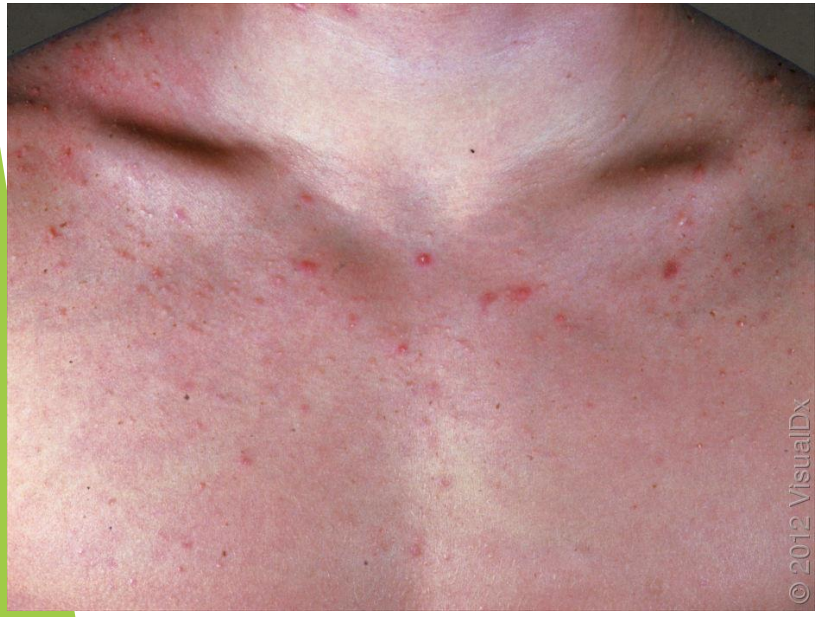


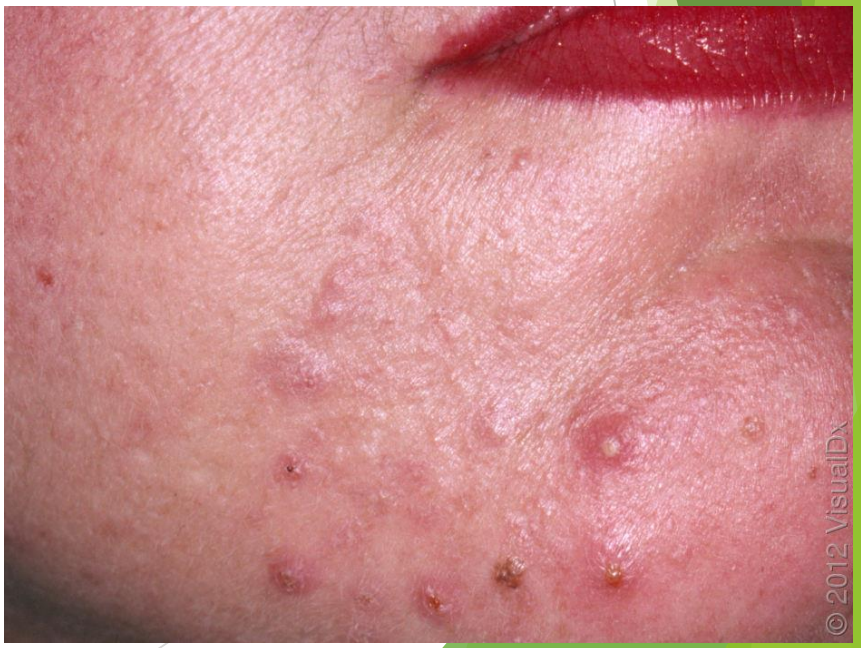


Case 4

- 16 y/o WF with new and worsening outbreak of asmptx bumps on forehead
- Some pustules around the perioral area
- Few around the chest and upper back

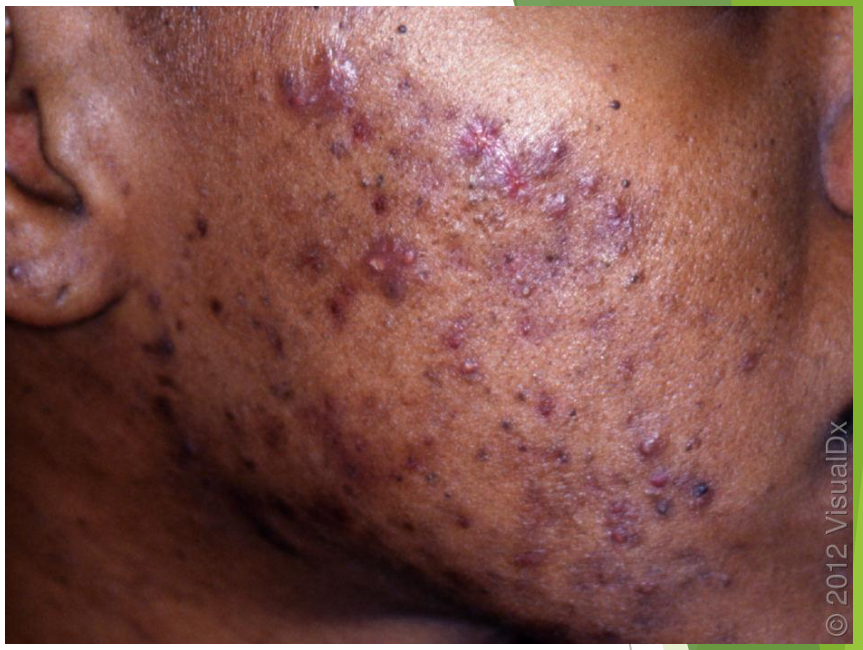


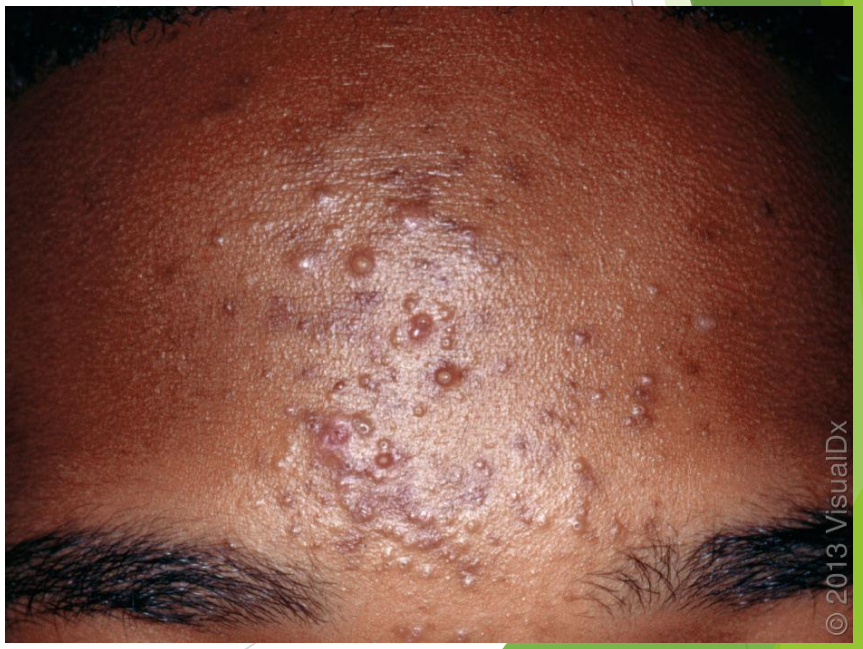




Acne vulgaris

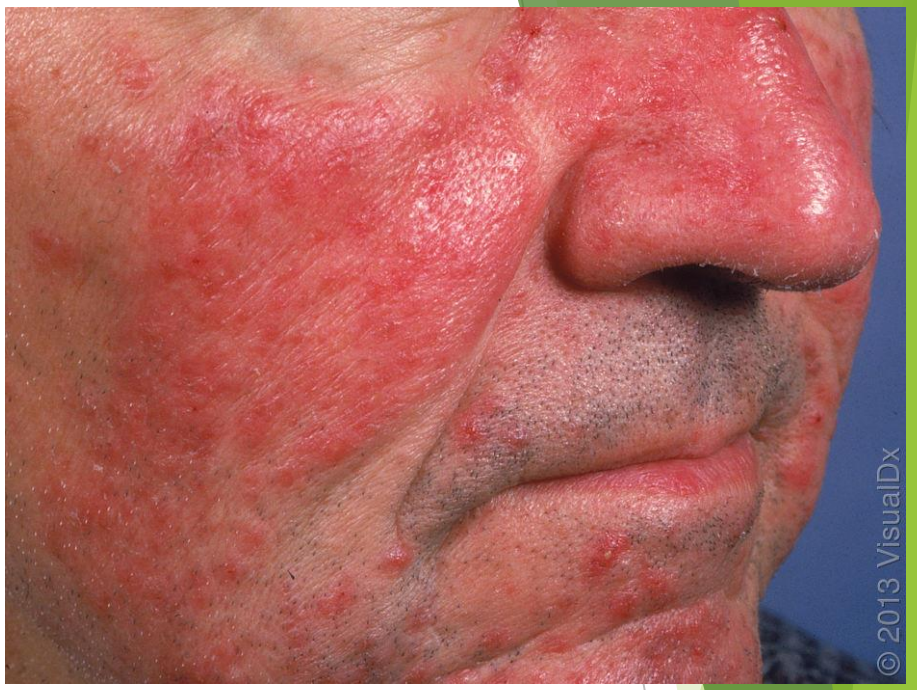
- 1st line tmt: topical benzoyl peroxide or witch hazel
- 2nd line: add topical antbx (clindamycin)
- 3rd line: add topical retinoid (teratogenic)
- 4th line: add systemic antbx for 3 months only (along with topical tmt)
- 5th line: systemic retinoid

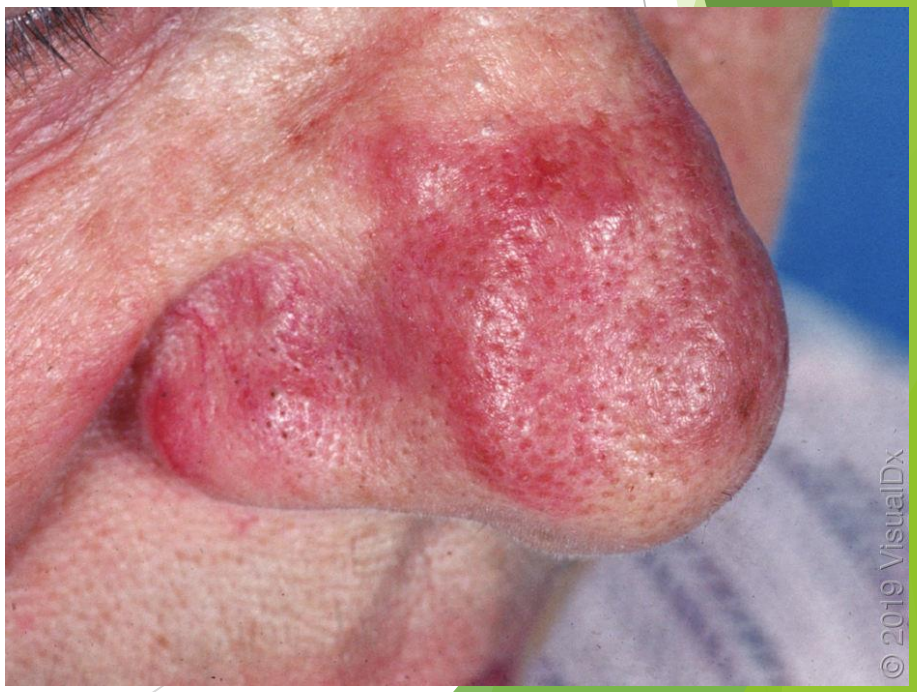




Case 5

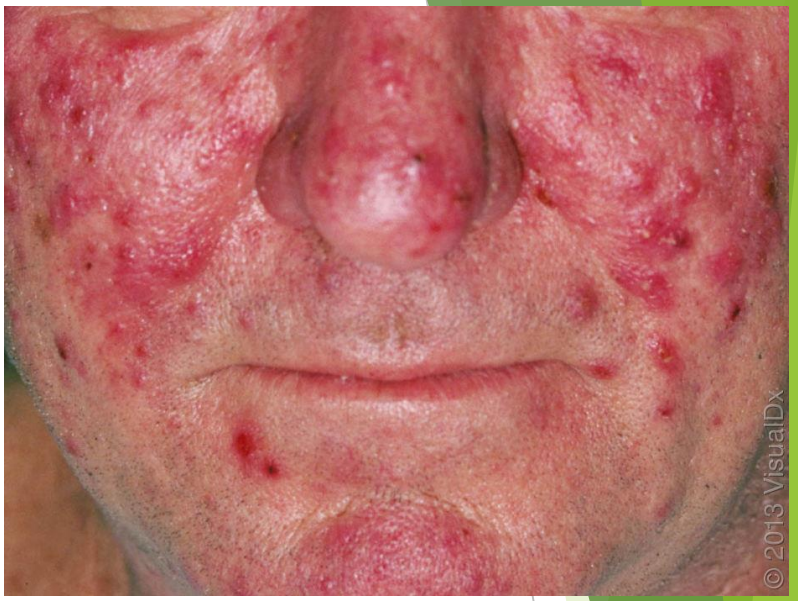
- 58 y/o WM with h/o erythematous confluent red papules on bilat cheeks, nose
- Not sig helped with hcts
- Worse in sun
- Eye irritation and sensitivity

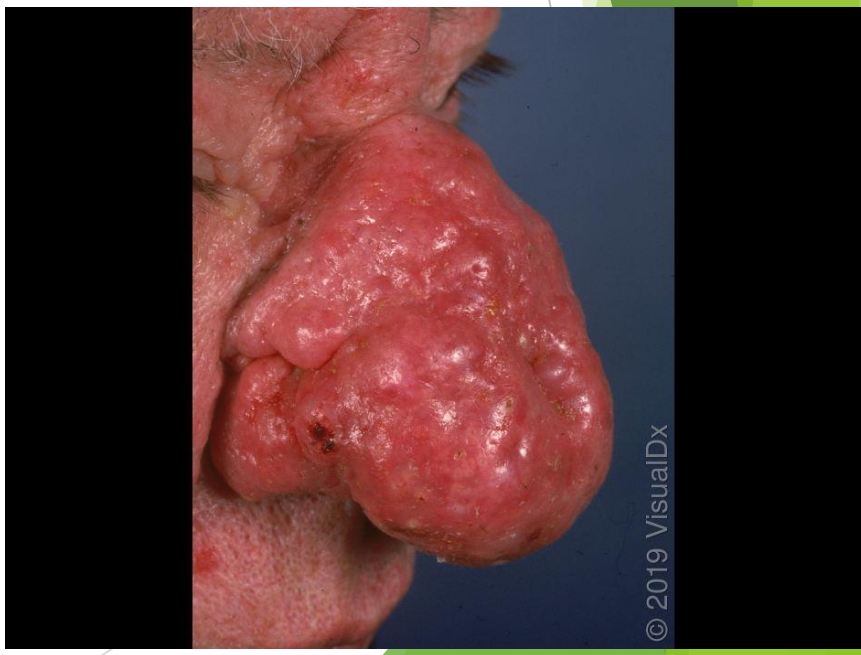




Acne rosacea

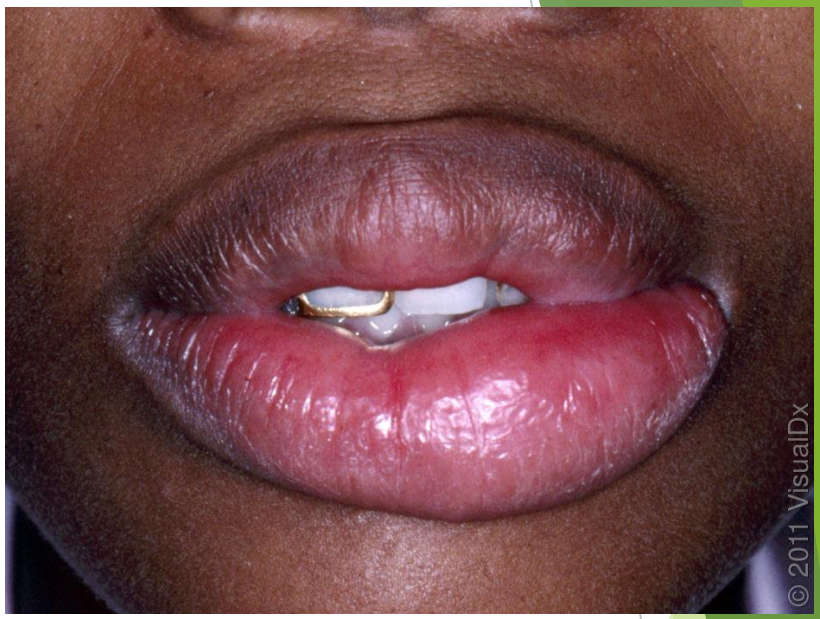
- Ist line tmt: metronidazole cream
- 2nd line: doxycycline 50-100mg BID x 3 months
- Ask about ocular symptoms (refer to opthal)
- Strict sun protection
- Treat for demodex (permethrin)
- Ivermectin





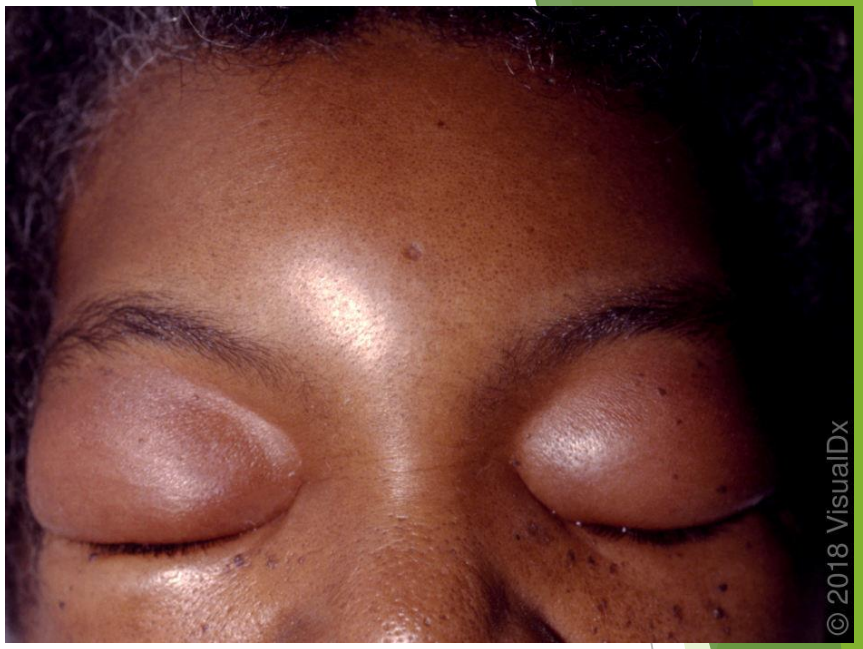
Case 6

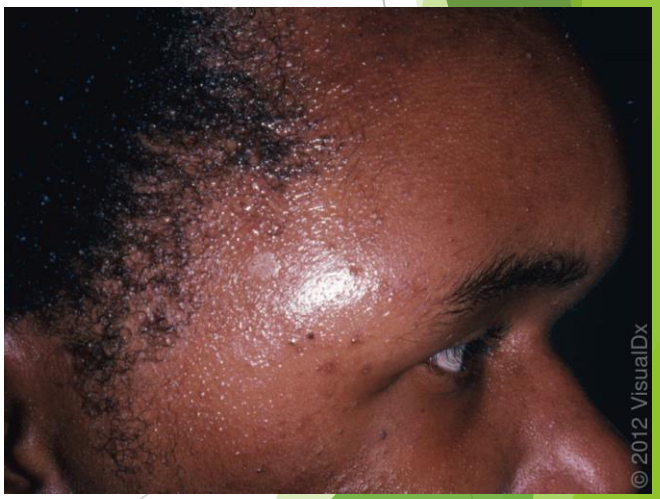
- 43 y/o AAM awoke with swollen, painful upper lip
- Otherwise healthy male
- No other skin findings

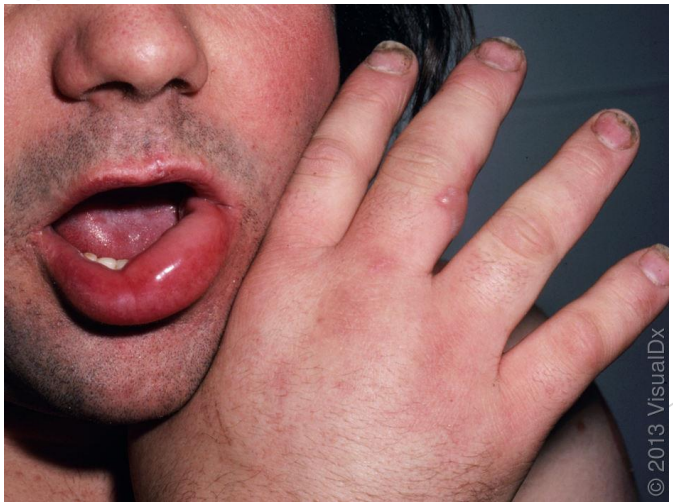


Angioedema

- Deep dermal and subcutaneous swelling
- Often pale and orthel painful
- Can occur with or without wheals
- Different entity than urticaria
- Need to find underlying cause, but most often this is idiopathic
- Can be fatal

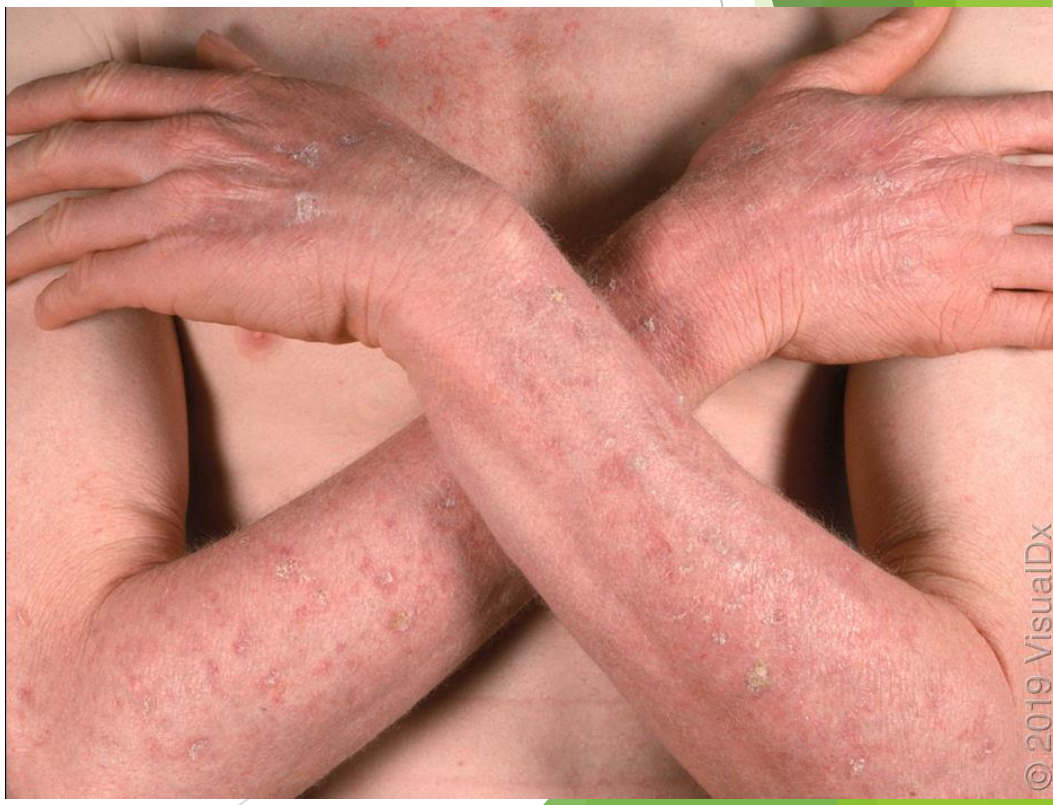






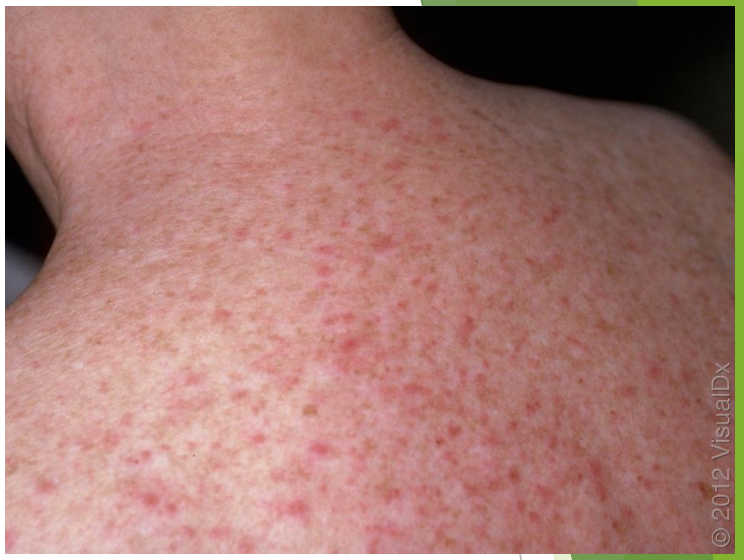
Case 7

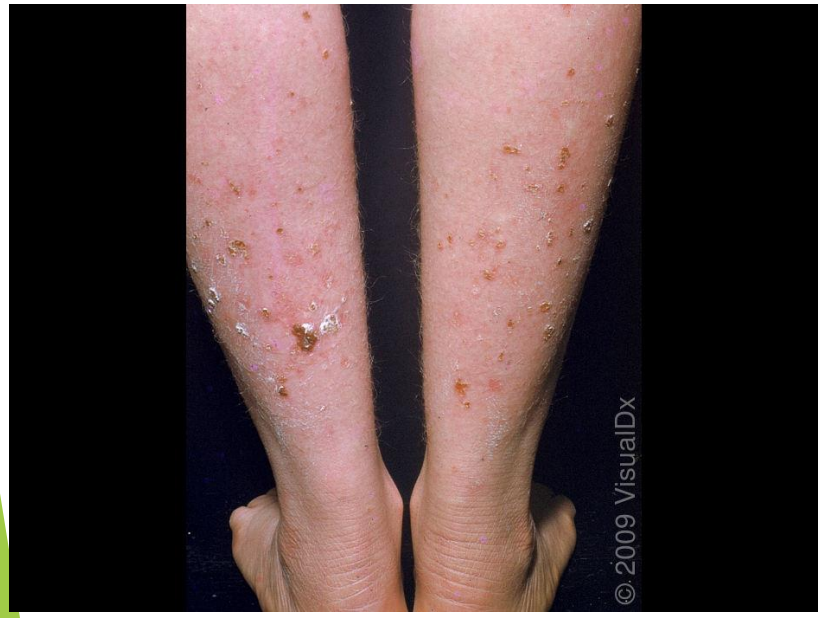
- 64 y/o WM with numerous roughened, slightly itchy red papules with sandpaper texture
- Sig sun exposure working in construction

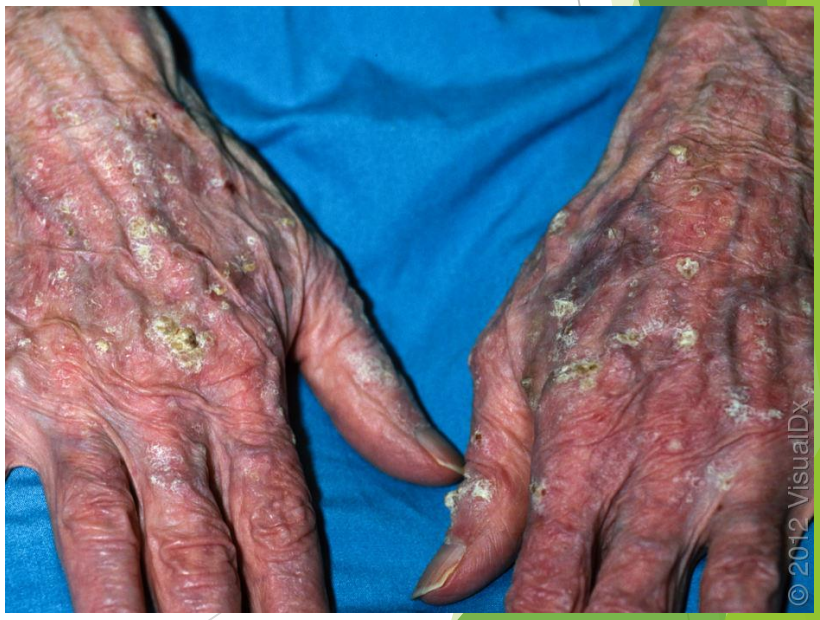


Actinic keratosis

- Typically occurs in sun-exposed skin
- Can be diffuse
- Tmts: cryotherapy, topical fluorouracil, ingenol mebutate

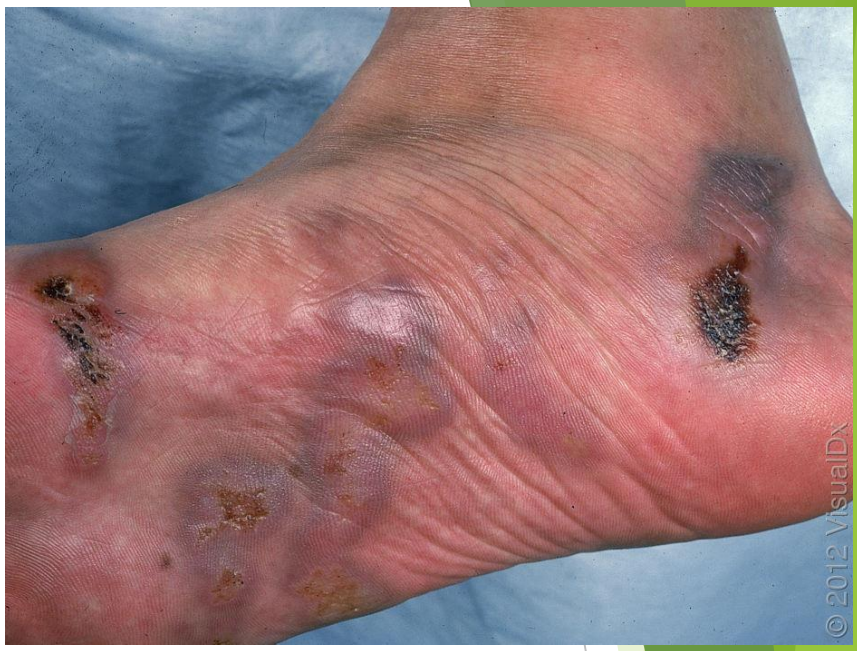


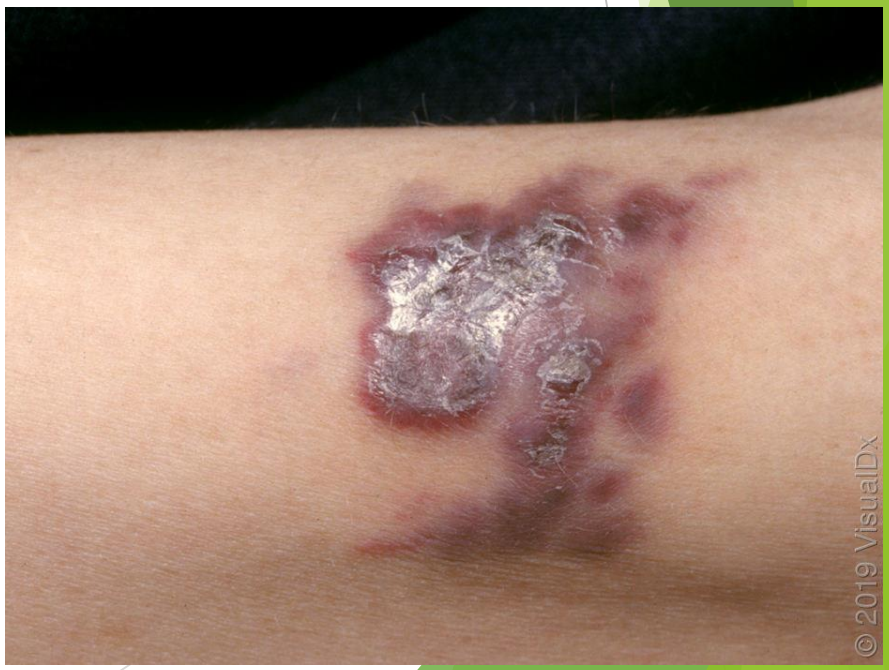




Case 8

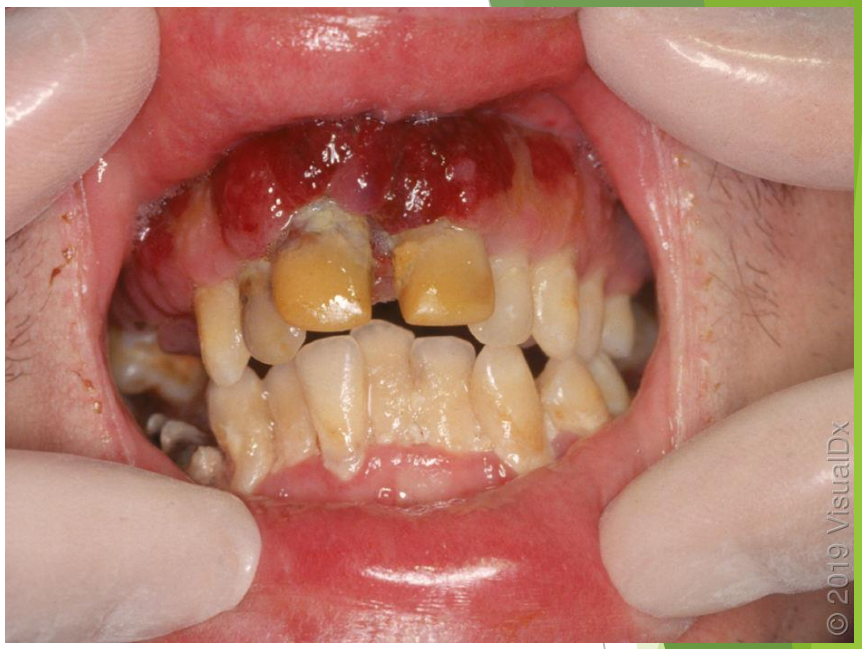
- 56 y/o male dev'd symmetric indurated purple plaques of her soles.
- Asymptomatic
- New lesion in the mouth
- H/o HIV

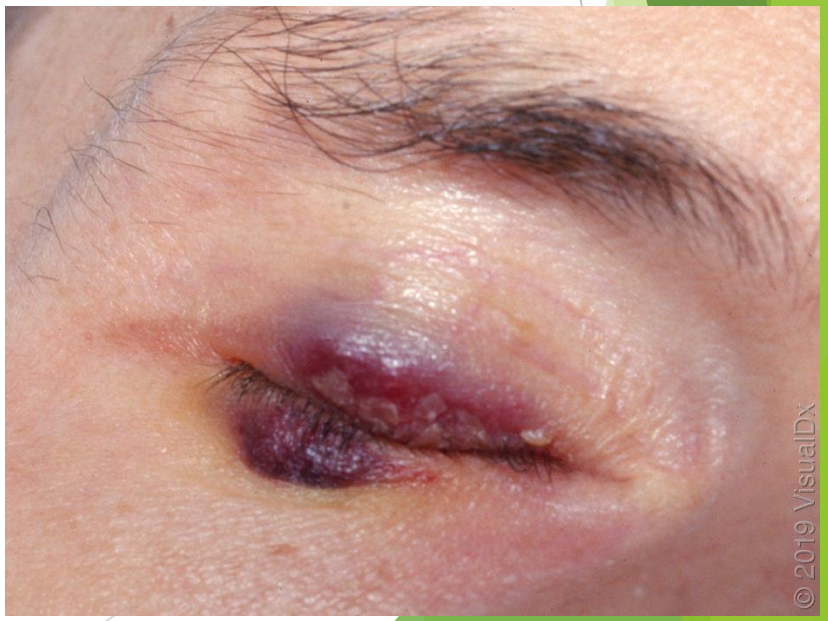




Kaposi's sarcoma

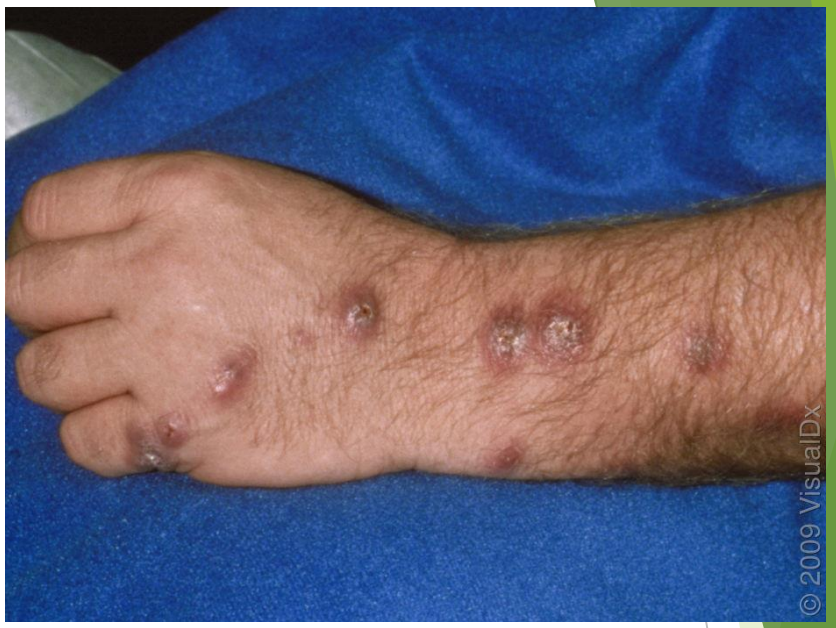
- Virally-associated disease (HHV-8)
- 4 variants:
  1. Classic KS
  2. African endemic KS
  3. KS in iatrogenically immunocompromised pts
  4. AIDs-related epidemic KS
- Classic KS usually develops in Jewish men of Eastern European origin or among men of Mediterranean heritage (primarily Italian).

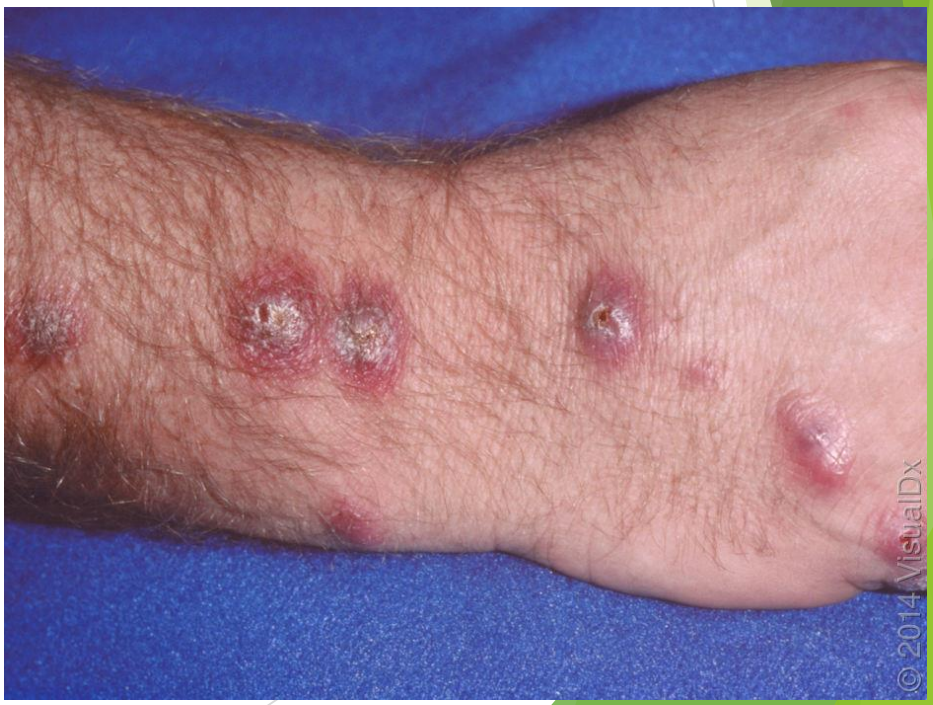




Case 9

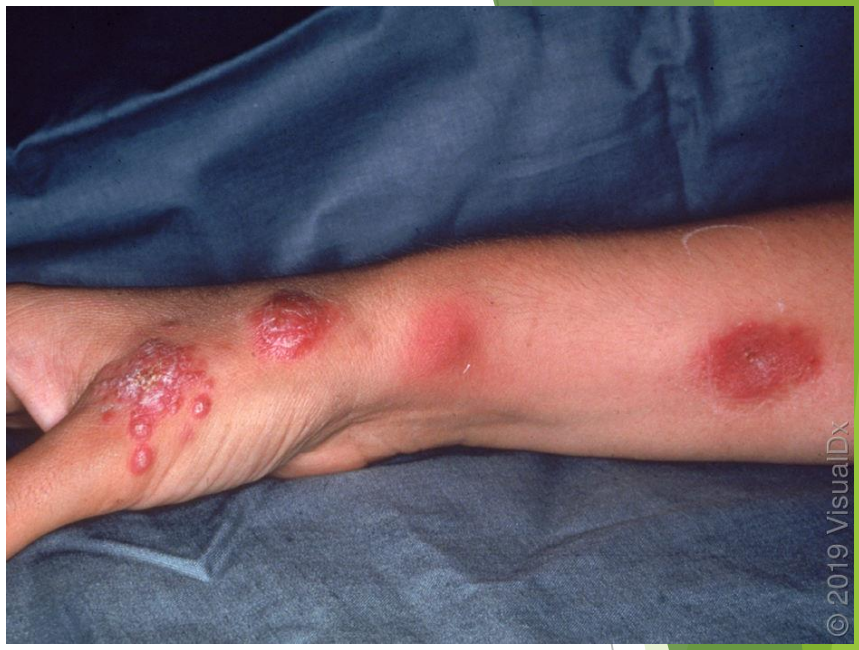
- 72y/o WM with 1 week h/o painful, pruritic papules and plaques
- Otherwise healthy
- No other lesions elsewhere
- Working in garden

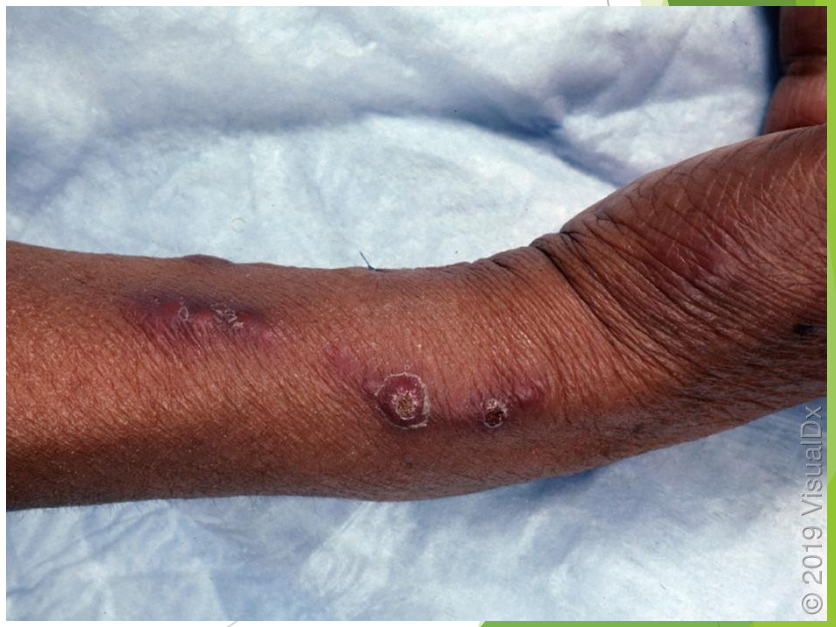




Sporotrichosis

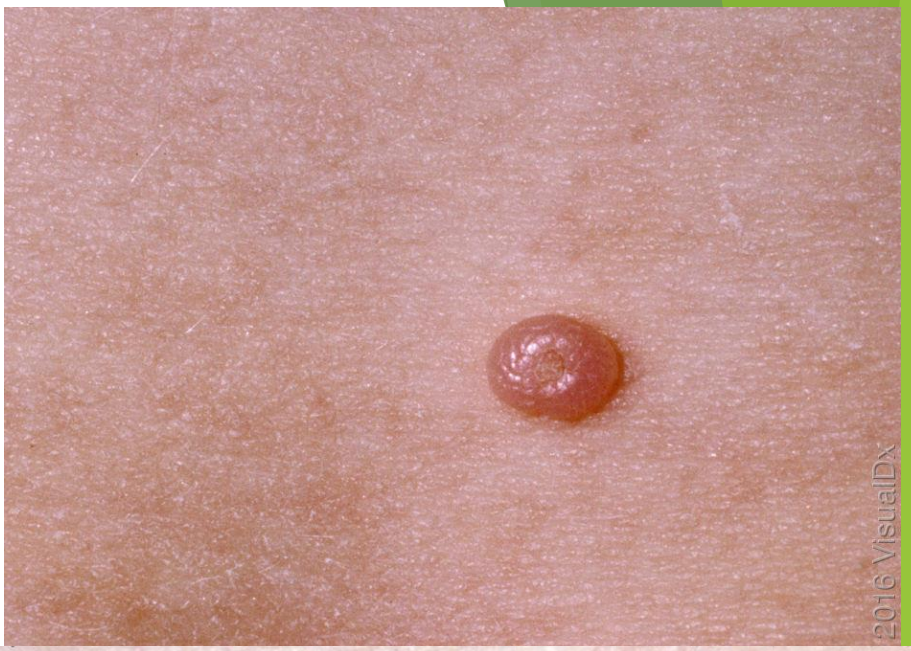
- Most common in tropical and subtropical climates
- Rose thorns
- Painless nodules distal extremity
- Travels along lymphatics
- Skin bx
- Itraconazole 200mg qd 3-6 months
- Terbinafine 500mg BID

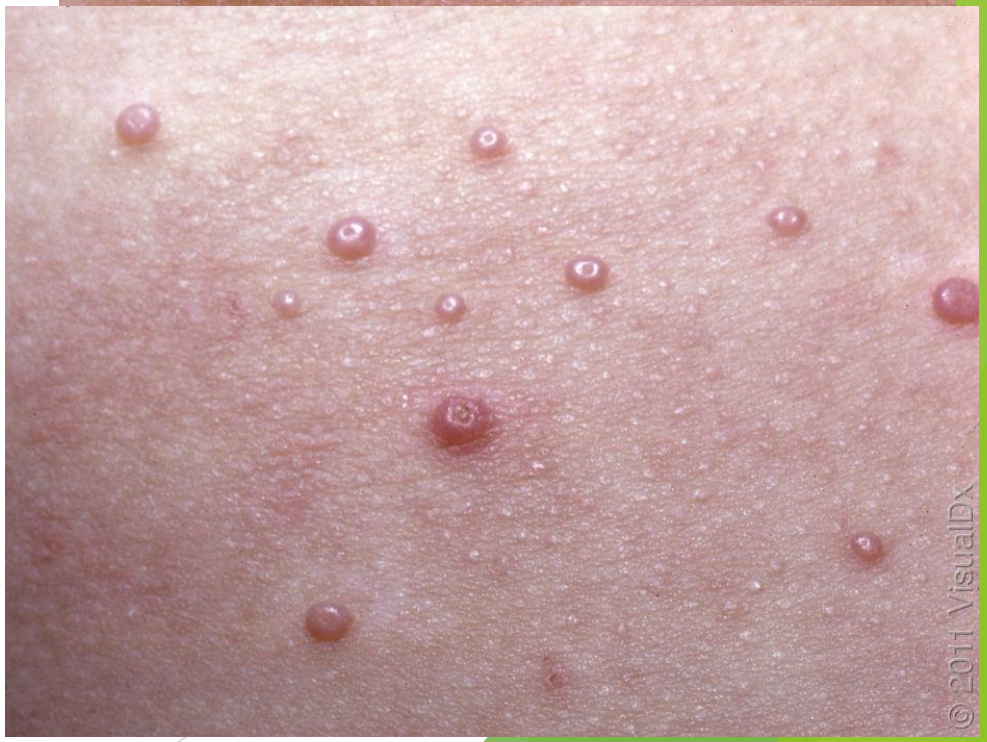




Case 10

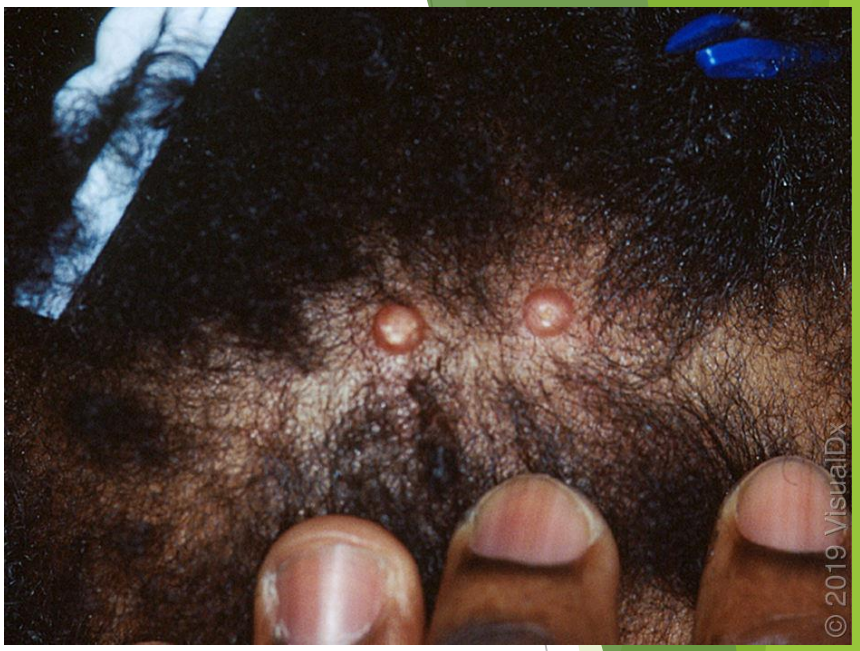
- 6 year old with asmptx papule on the face
- New papules appearing on stomach

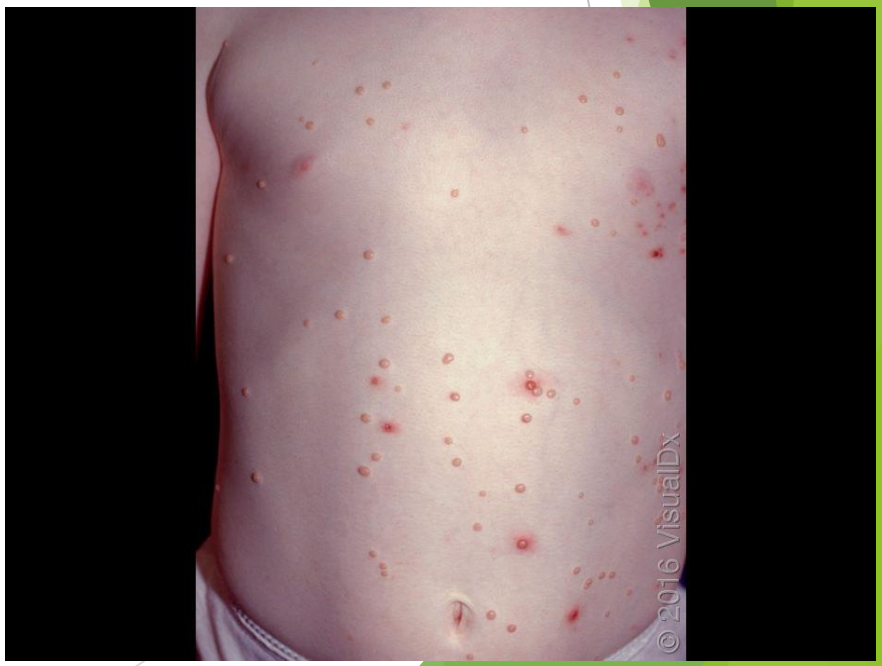




Molluscum contagiosum

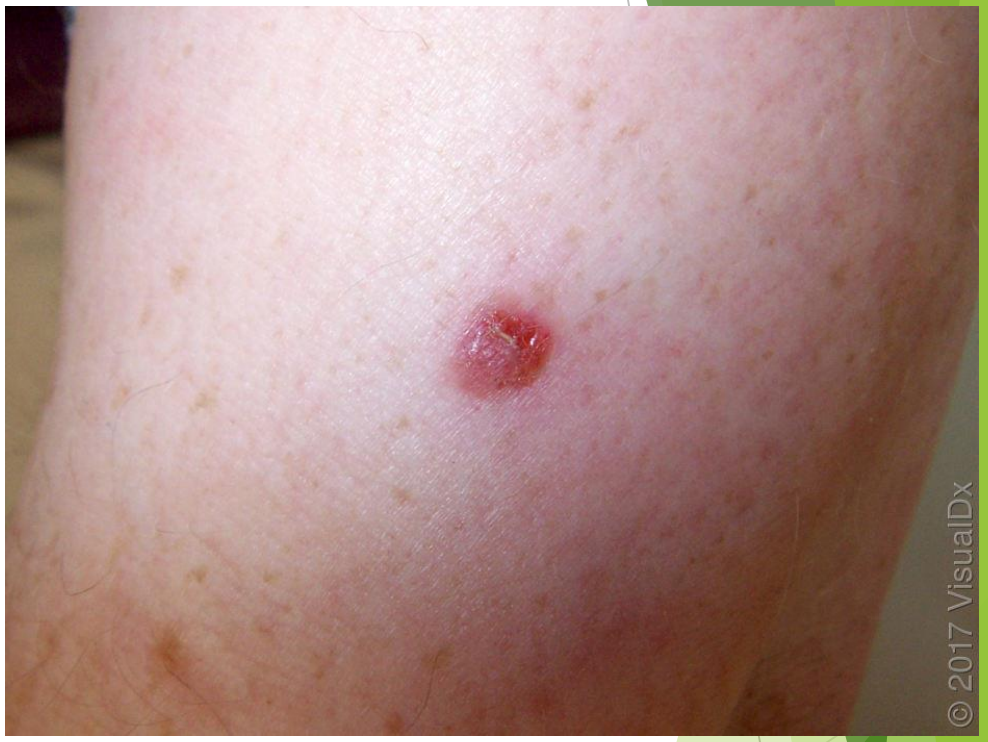
- Lesions are firm, umbilicated, pearly papules
- Waxy surface
- Occur anywhere but most common in skin folds and genital region
- Can be associated with immunosuppression
- Most papules resolve spontaneously
- Rx: CxD, LN, chemovesicants, topical keratolytics, cantharidin





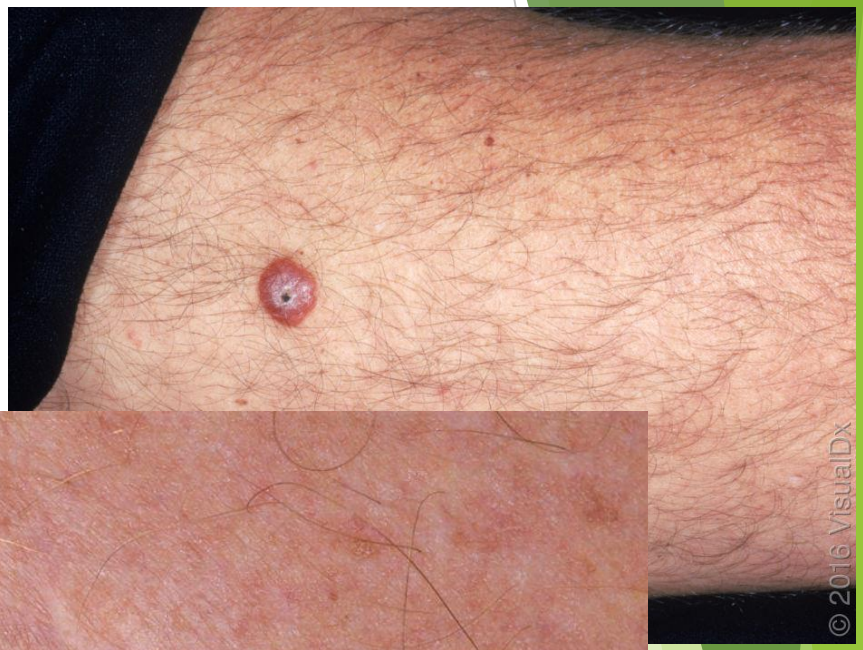
Case 11

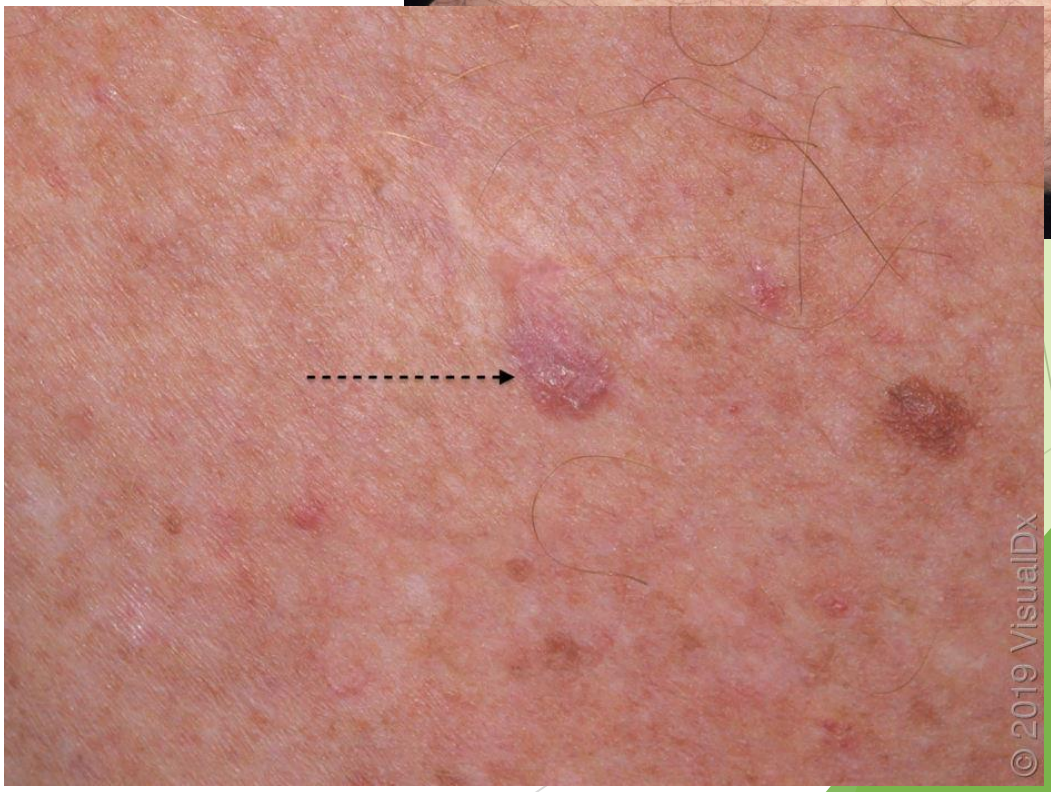
- 53 y/o W
- f with 1 month h/o asmptx lesion on the leg
- Very healthy and well
- Lives in Australia



Metastatic amelanotic melanoma

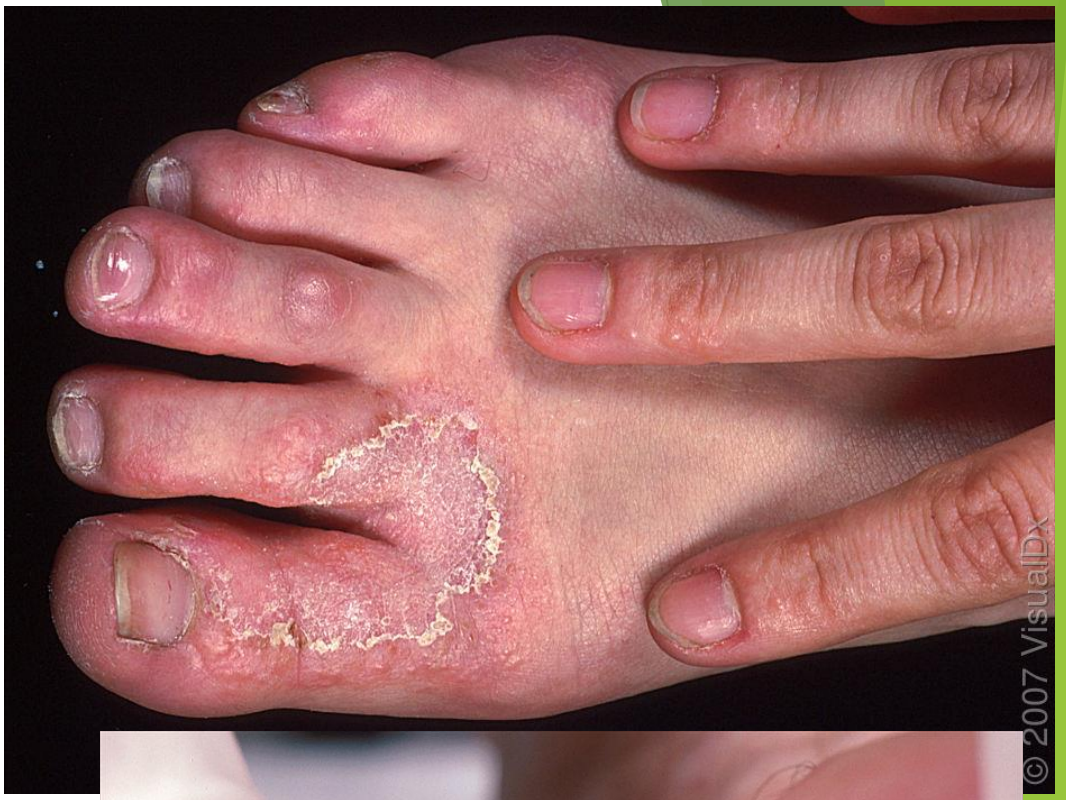
- Malignant melanoma can look like anything!
- Bx, bx, bx!

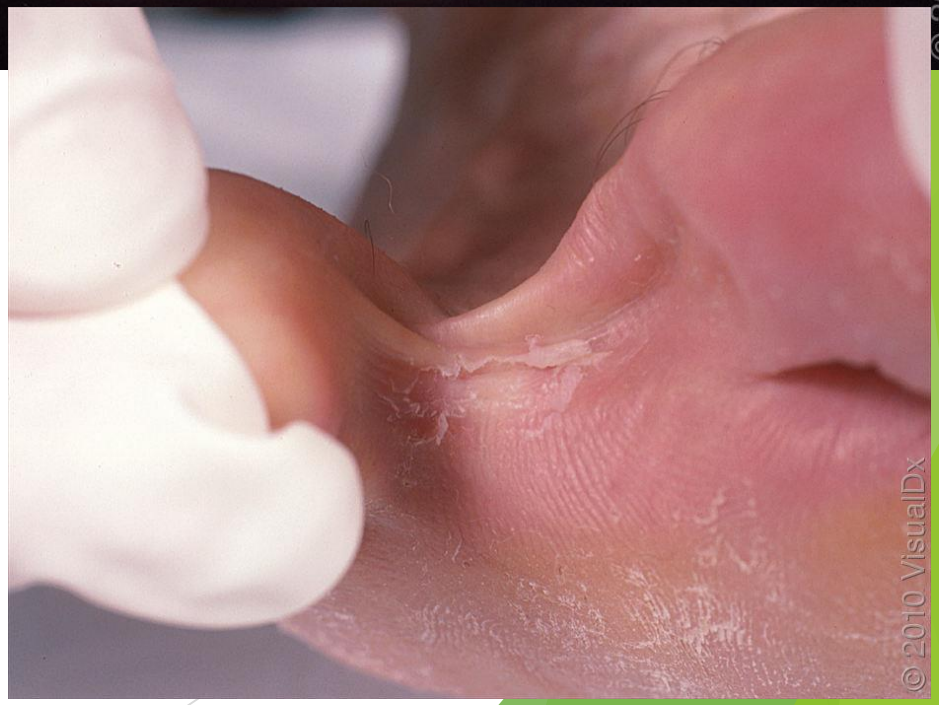




Case 12

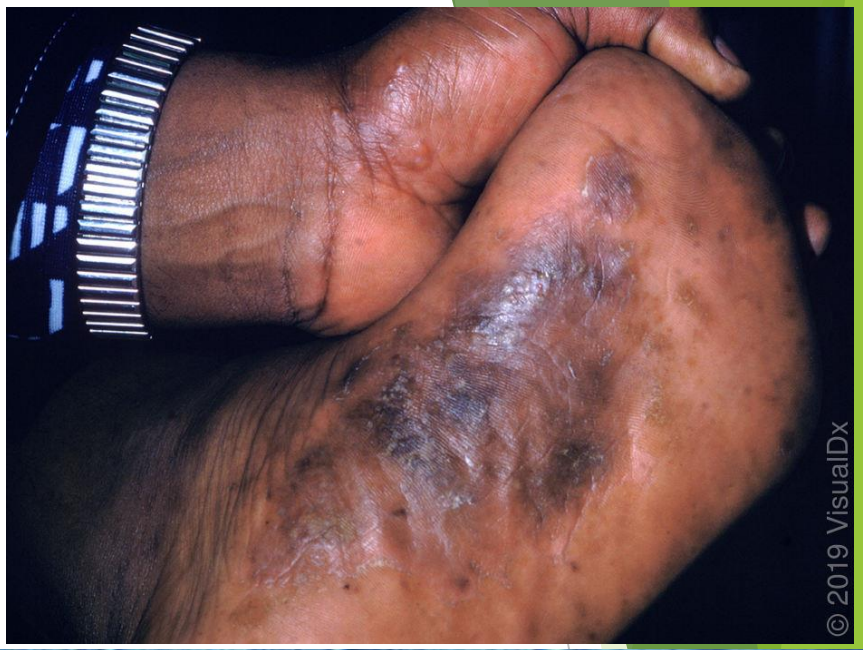
- 43 y/o WF with 2 month h/o pruritic rash on feet
- H/o DM
- Became worse with otc hydrocortisone

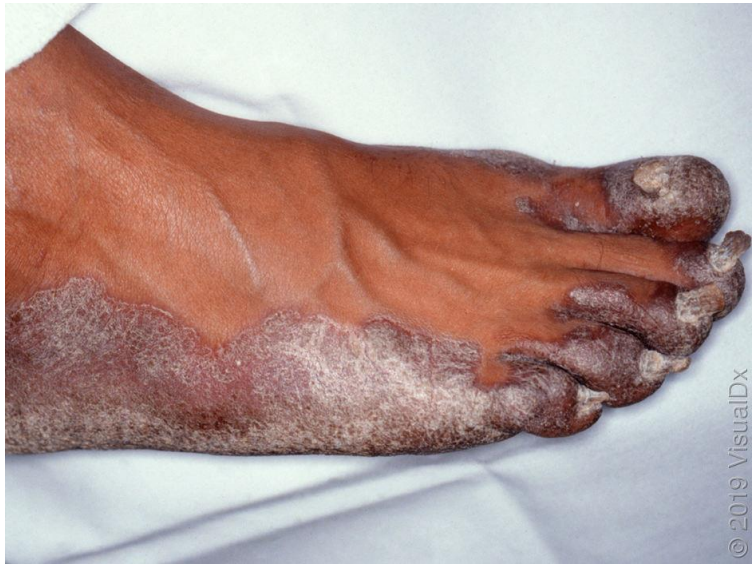


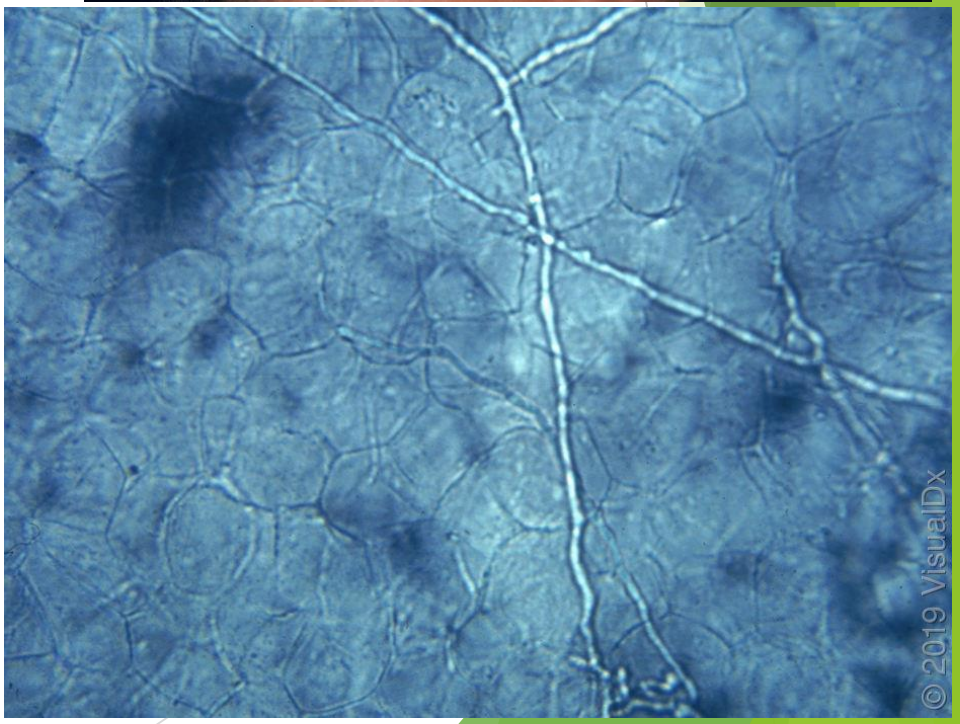


Tinea pedis

- Can be asymptx
- Scaling, erythematous, well-defined
- “Moccasin-distribution”
- Dystrophic, yellow-green nails
- Systemic tmt for 3 months if nails involved

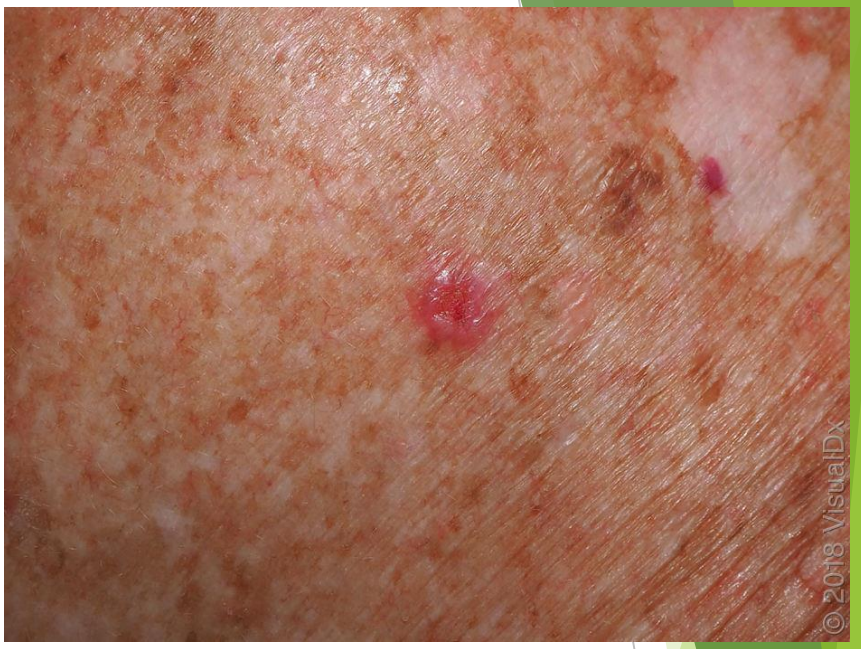


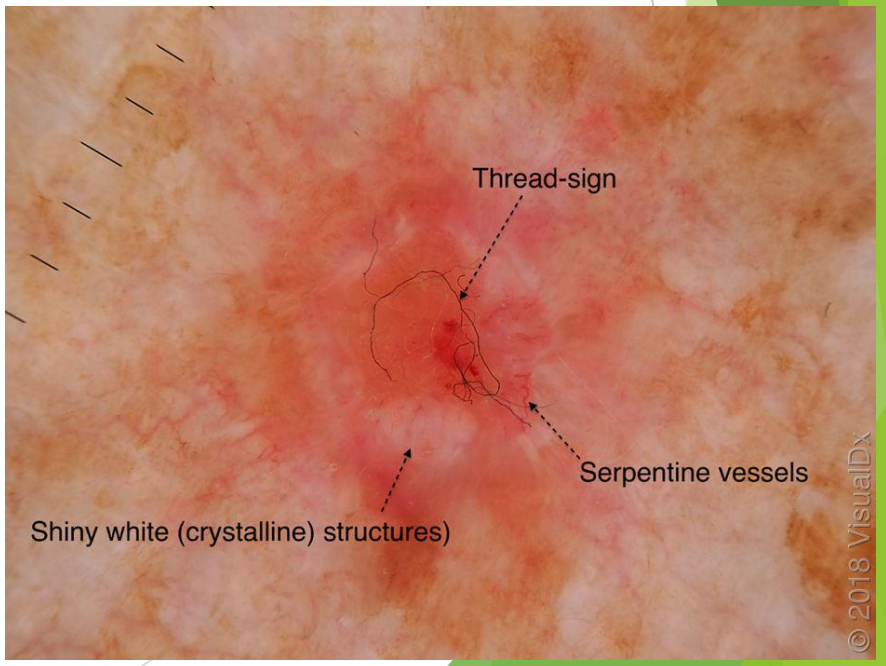




Case 13

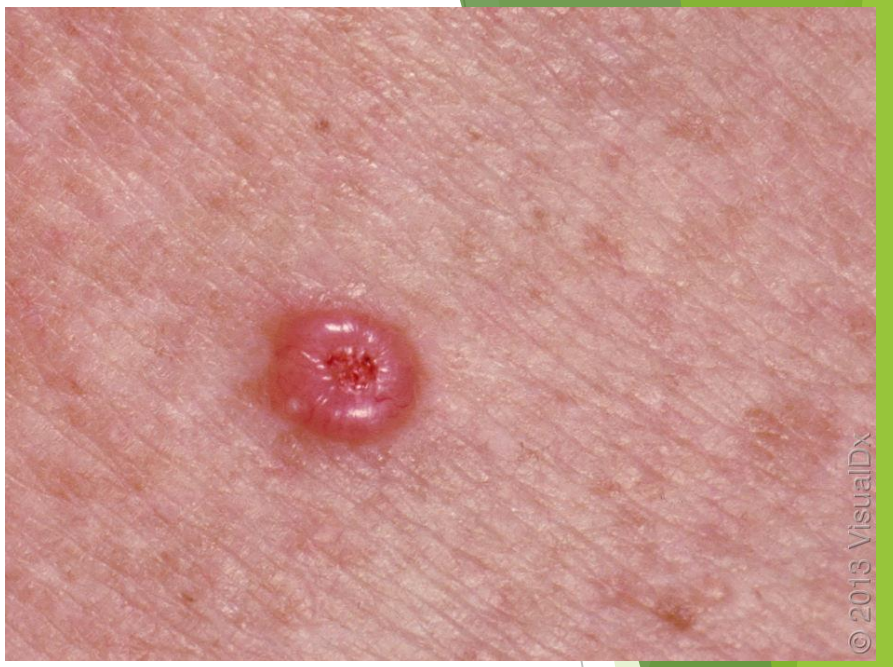
- 73 y/o WF with one month h/o painless papule
- Bleeds easily
- No h/o trauma or injury
- No other similar lesions elsewhere

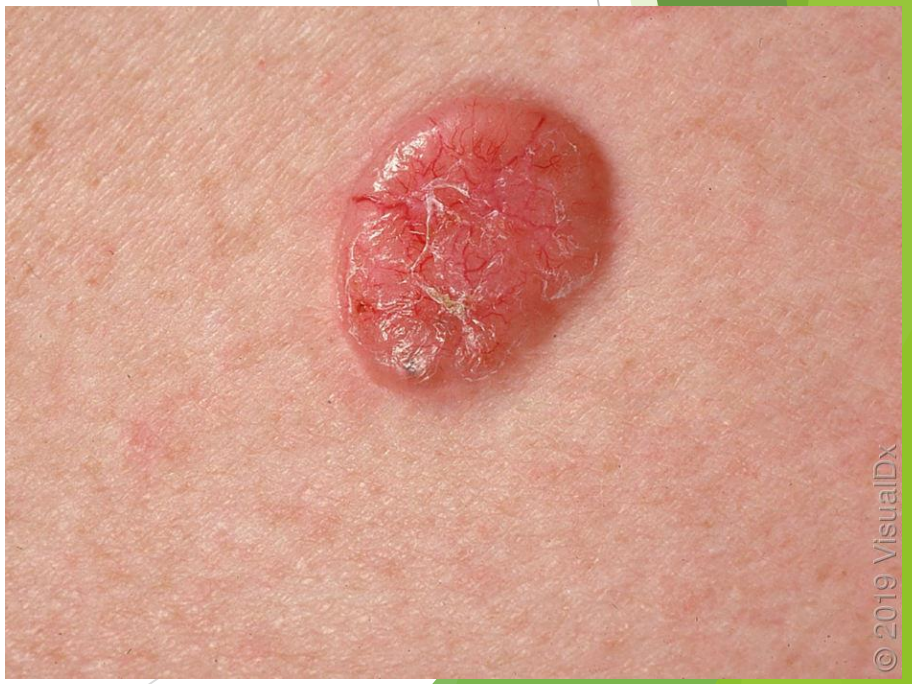




Basal cell carcinoma

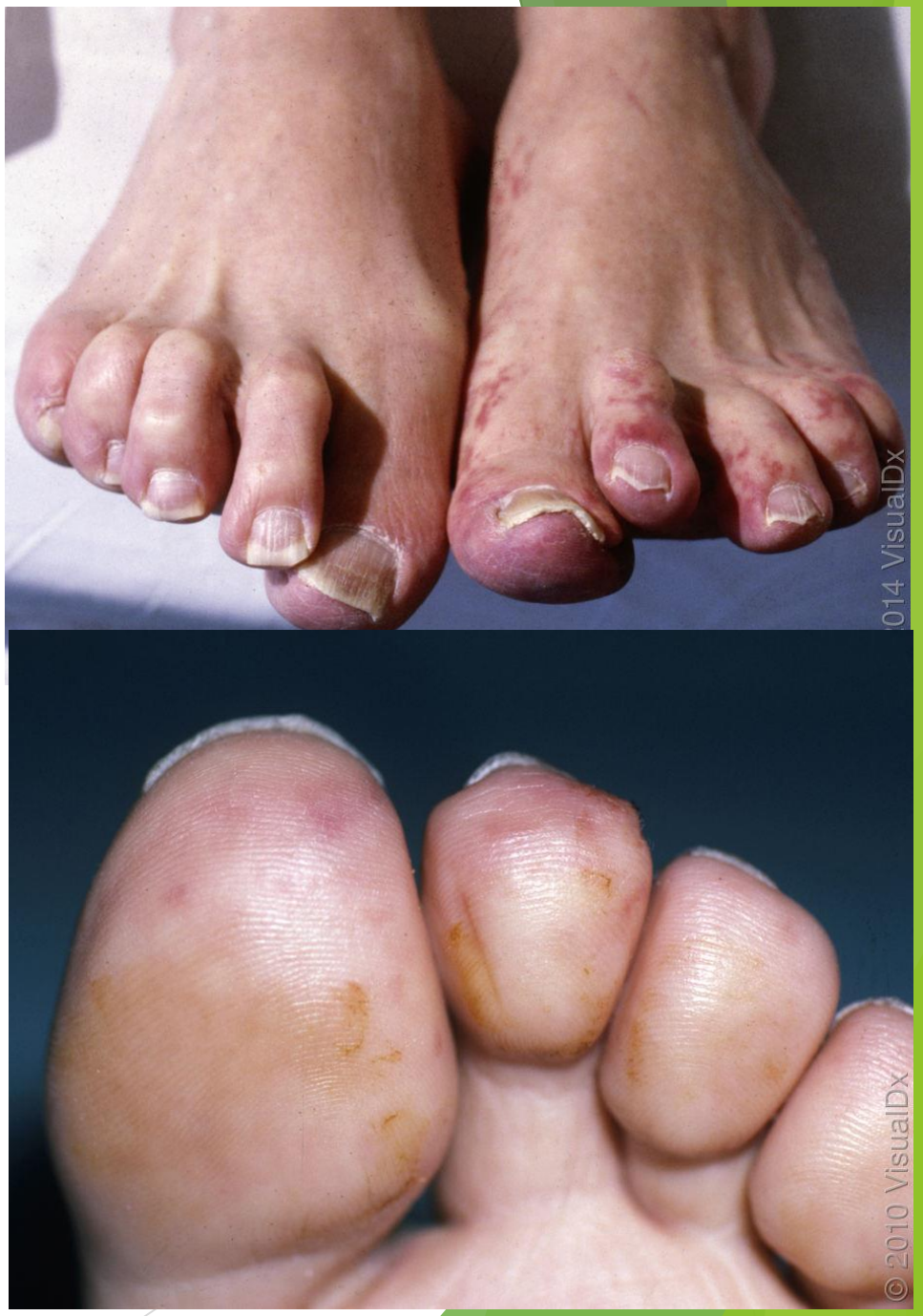
- Most common skin cancer
- “Pearly, rolled border”
- Usually found in sun-exposed skin
- Treated with CxD, excision
- Sun avoidance counseling important





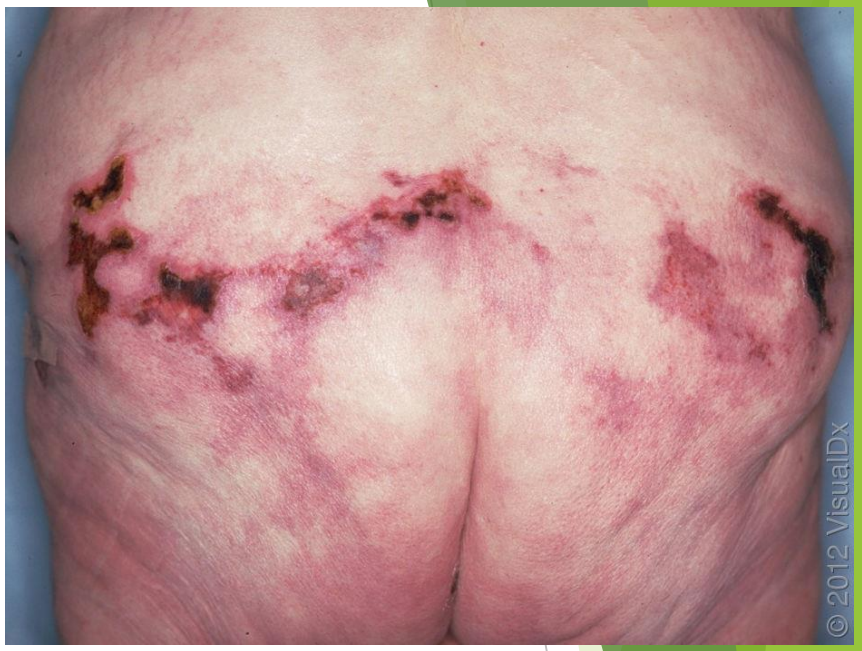
Case 14

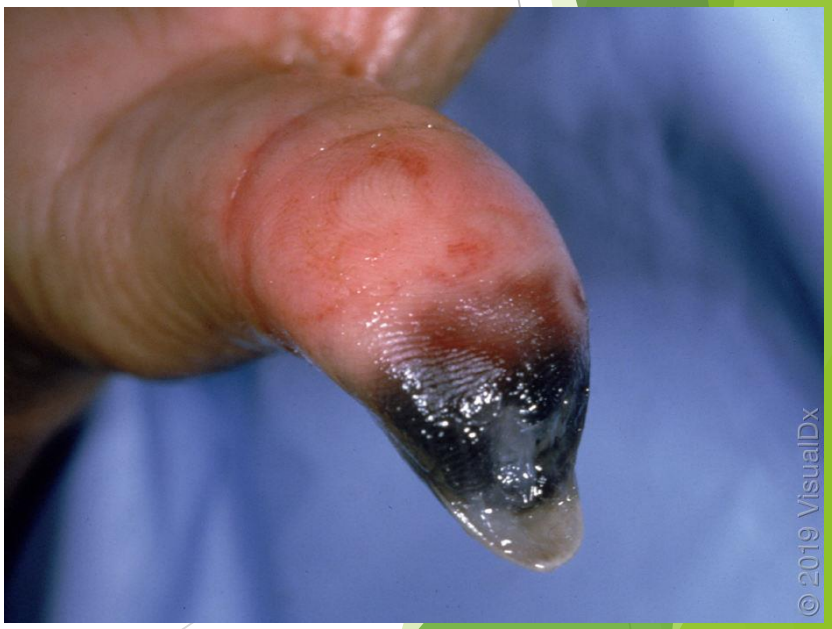
- 73 y/o WM with 2 day h/o violaceous macules and patches on bilat feet
- Painful
- PMH: htn, DM, hyperlipidemia, renal disease
- Recently hospitalized to r/o MI

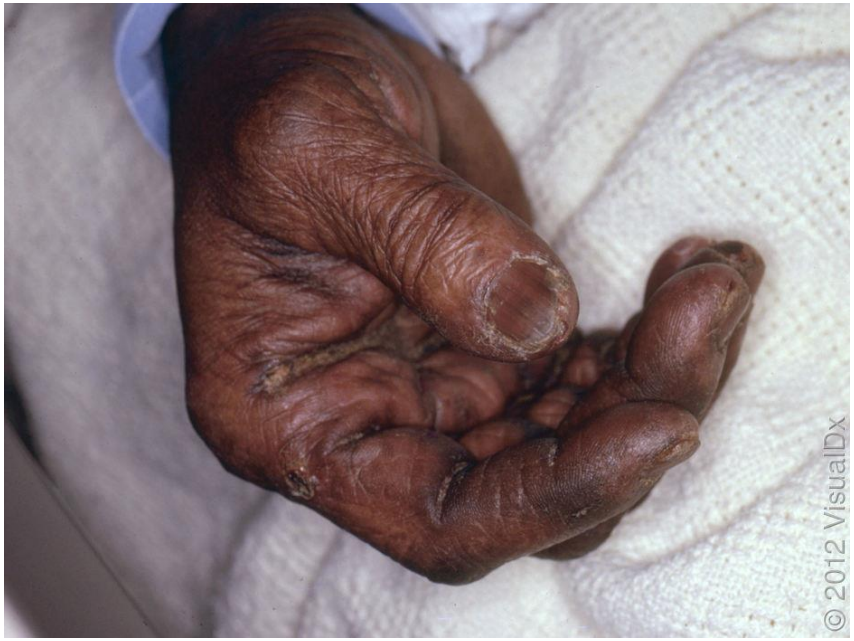


Cholesterol emboli

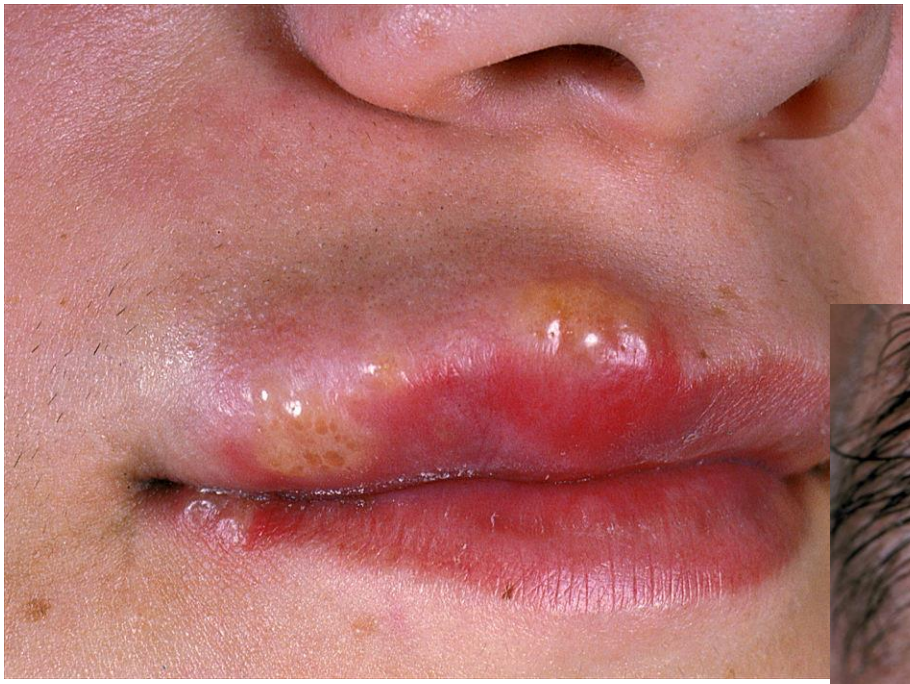
- Coumadin blue toe syndrome
- Abrupt onset
- Distal extremities, esp. legs
- Men age 50+
- Frequently undiagnosed
- Arterial/coronary cath, prolonged coagulation, acute thrombolytic activity given for MI or CVA
- Tmt is supportive/surgical by-pass

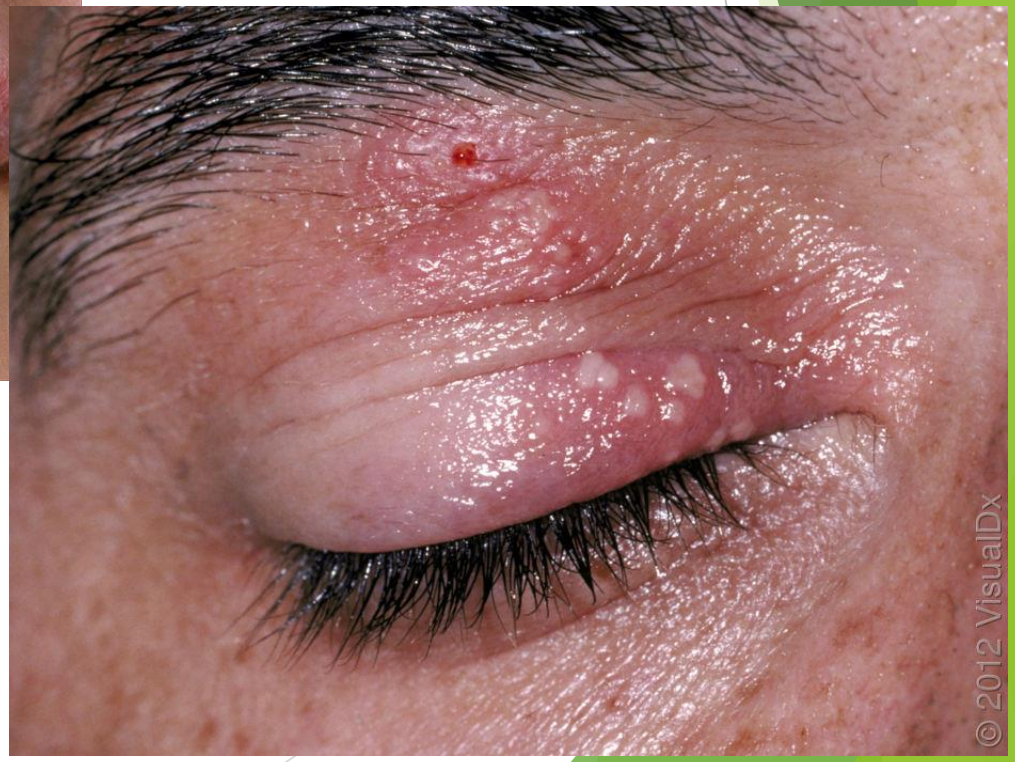






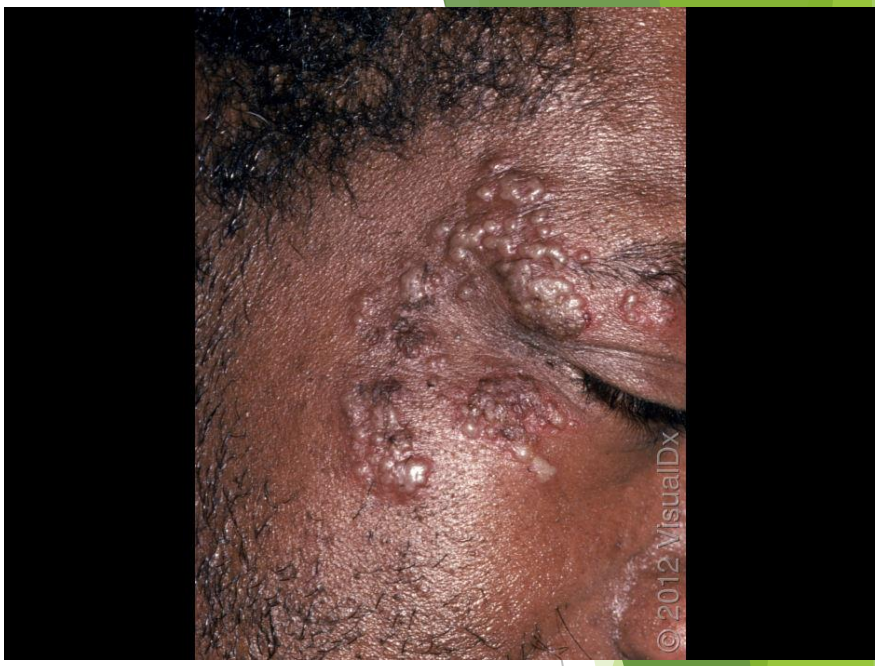
Case 15

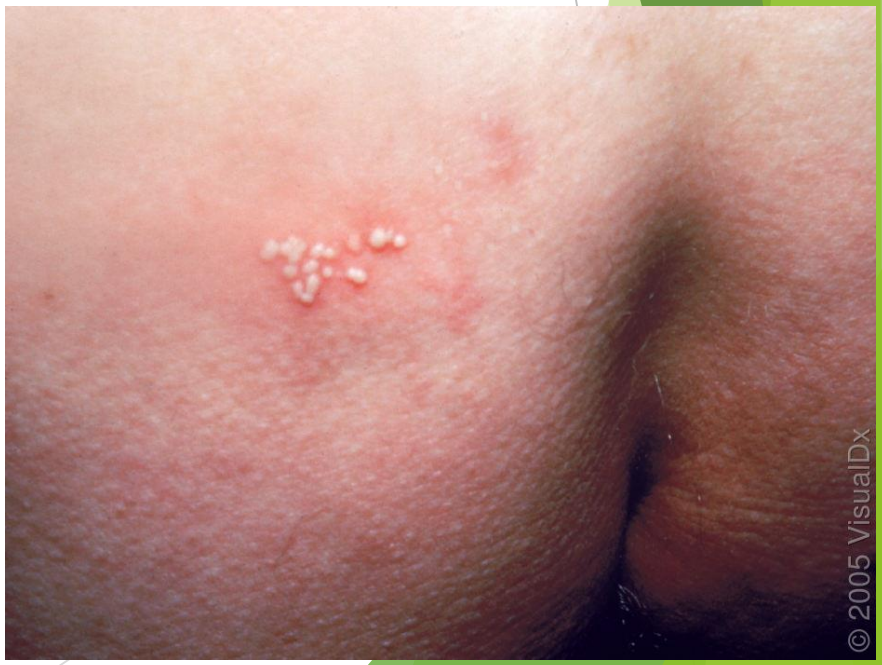




Herpes Simplex Virus

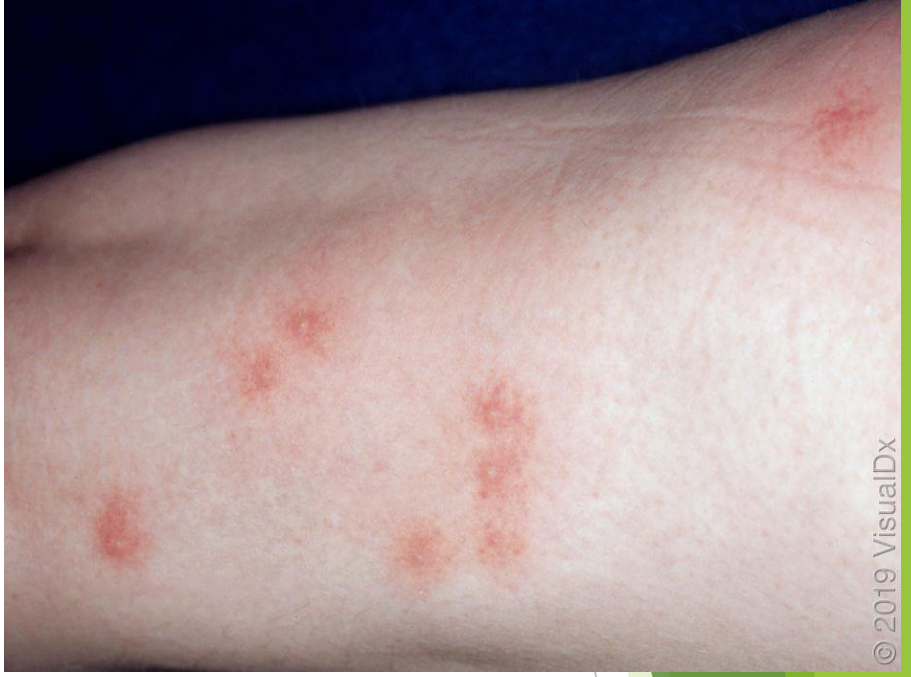
- Whenever you see a vesicular process, you need to think HSV or zoster
- Can be disseminated
- Tzank prep demonstrates multi-nucleated giant cells

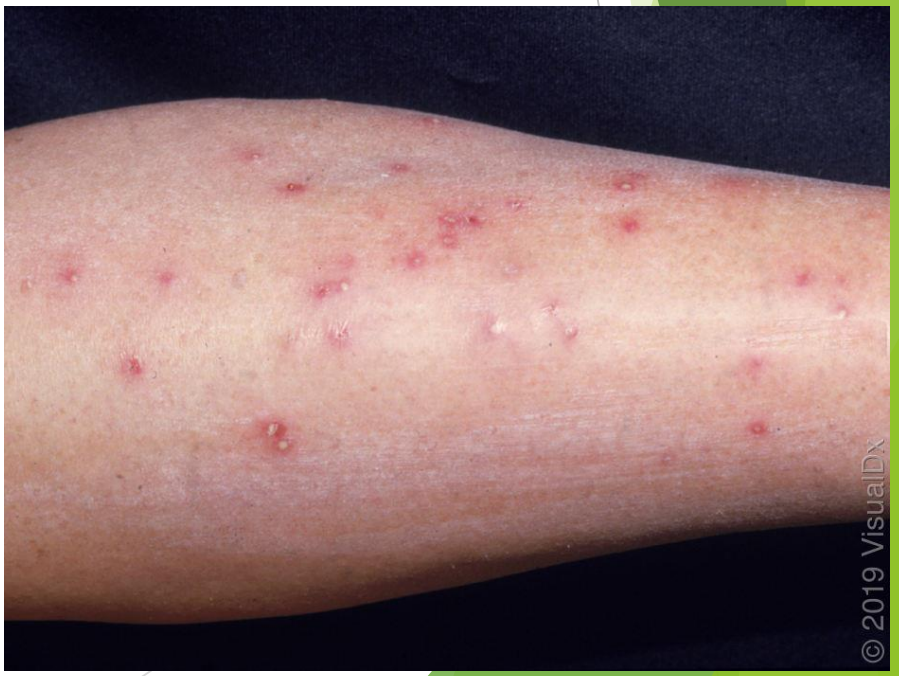




Case 16

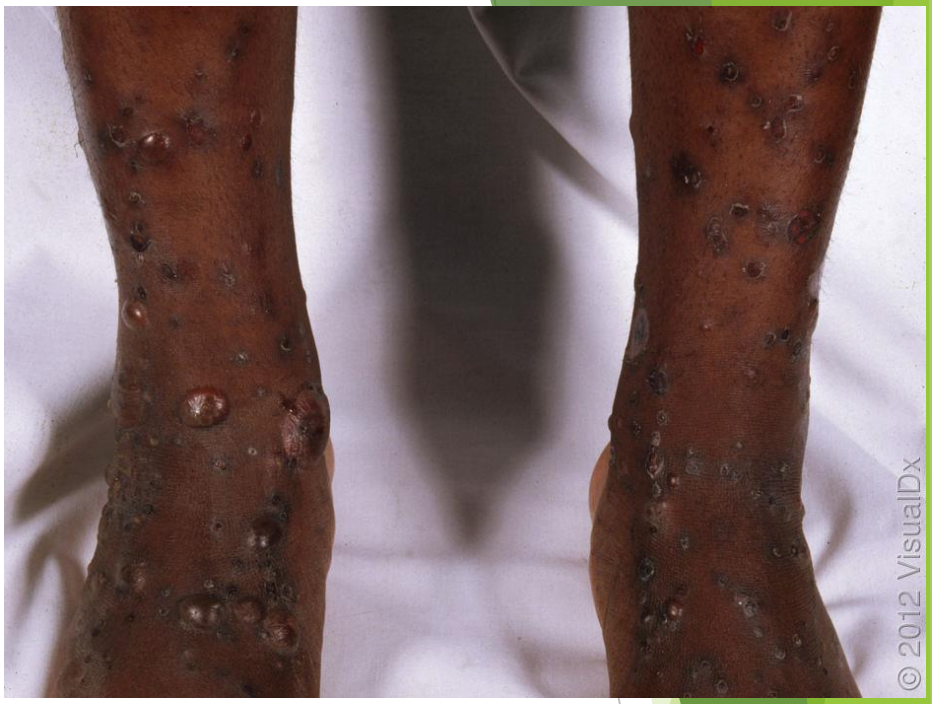
- 56 y/o WM with several day h/o pruritic papules which developed into vesicles
- Located on lower legs
- Otherwise healthy and well
- No h/o heart disease
- No meds

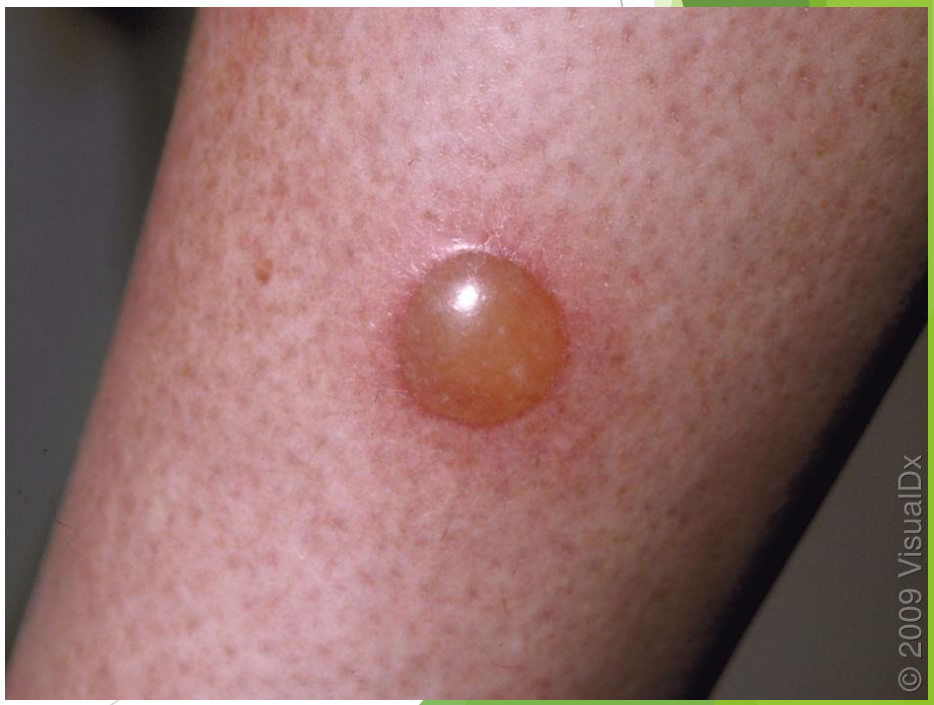




Arthropod bites

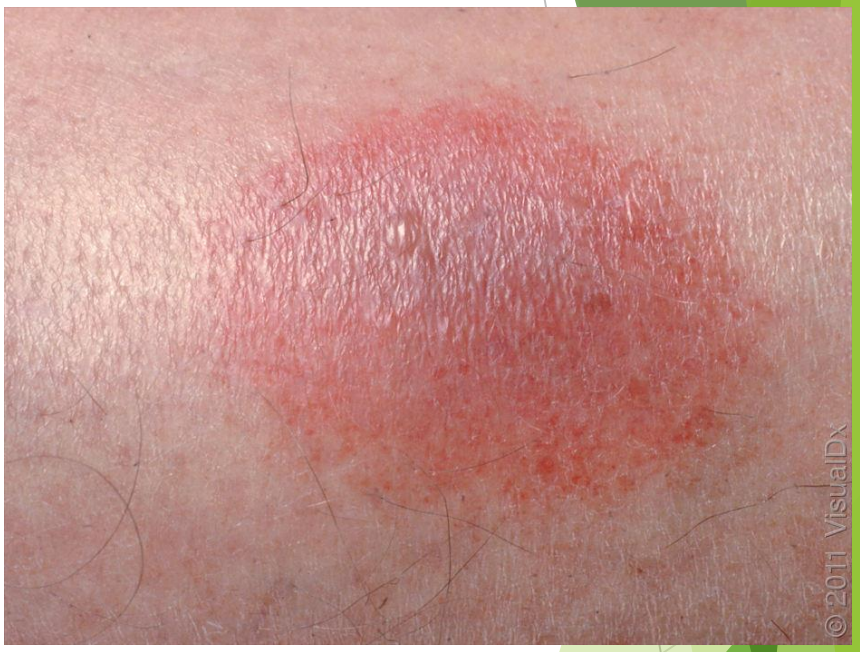
- Erythematous papules that can become vesicles, ulcers and even necrotize
- Breakfast-lunch-dinner
- Think about topical tmt as well as systemic





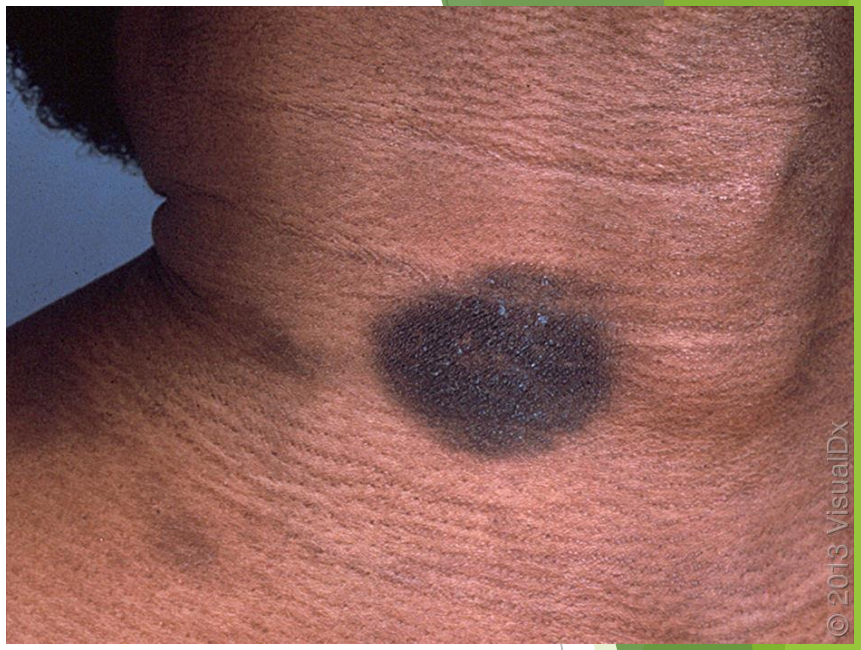
Case 17

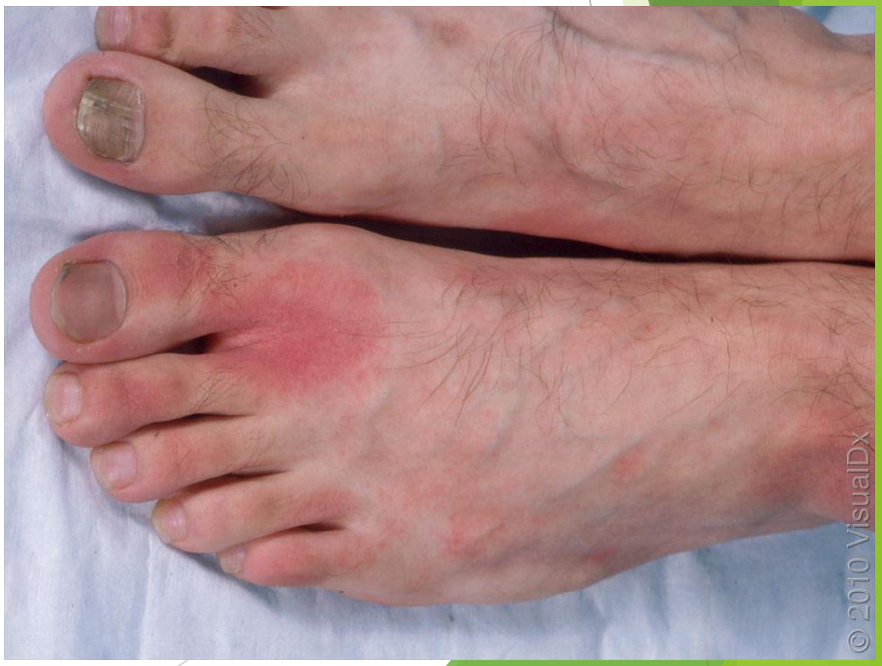
- 26 y/o WF with 2 week onset of asmptx plaque
- Seen in ECU earlier in the month and dg'd with strep throat



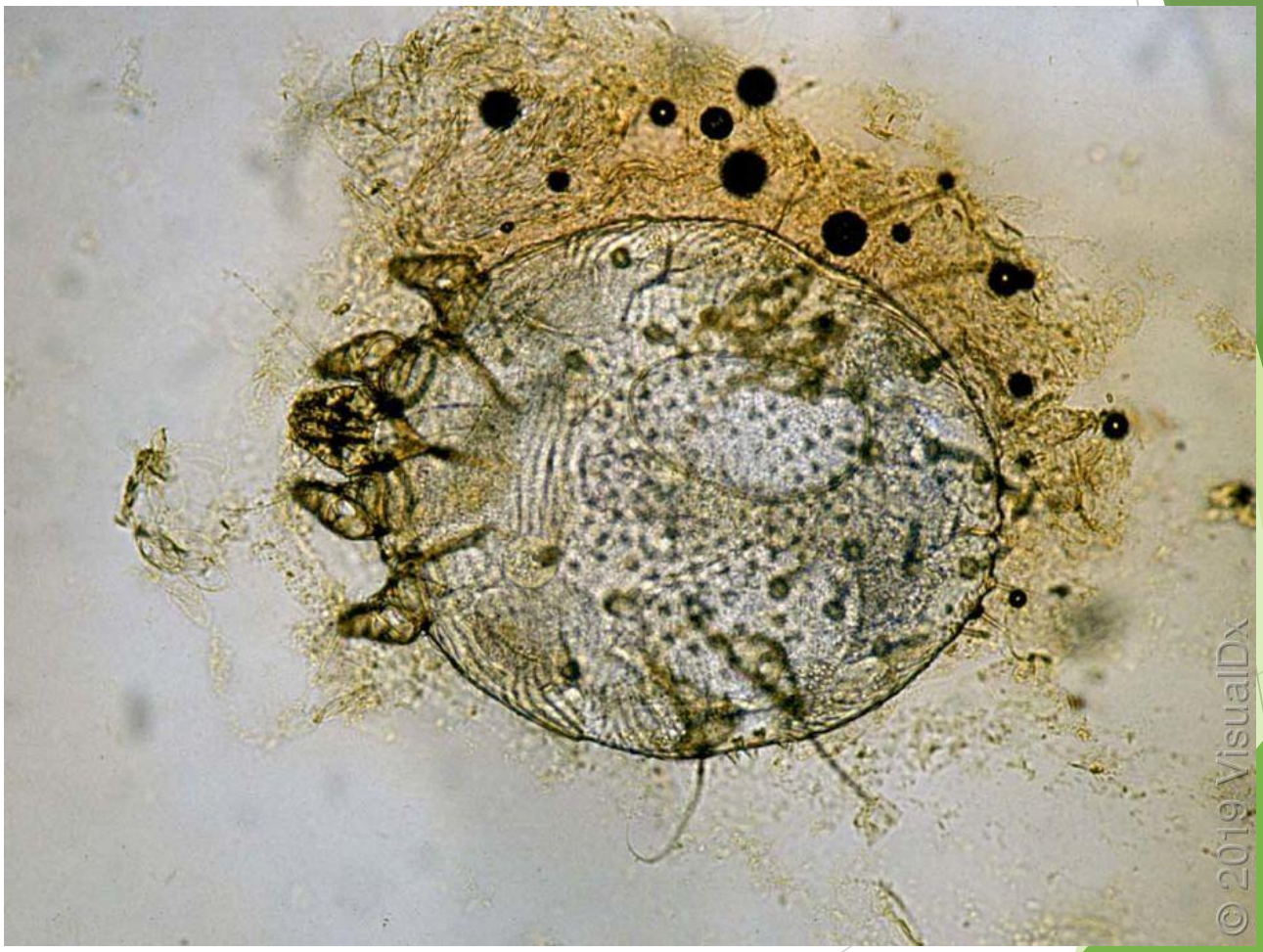
Fixed Drug Reaction

- Usually occur 1-2 weeks after first exposure
- Can appear anywhere on the body but favor the lips, face, hands, feet and genitalia
- Upon re-administration of the causative drug, the lesions recur at exactly the same sites.
- Drugs: sulfonamides, NSAIDs, barbiturates, TCN, carbamazepine.



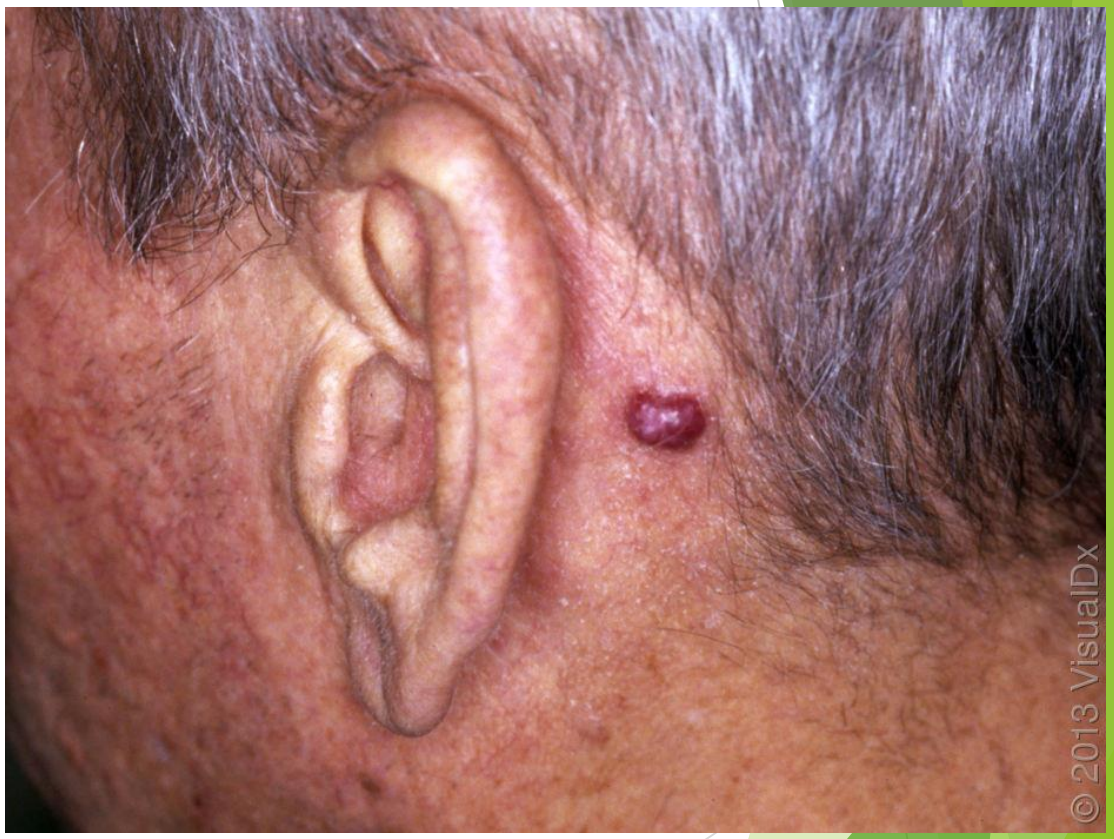


What's under the scope?

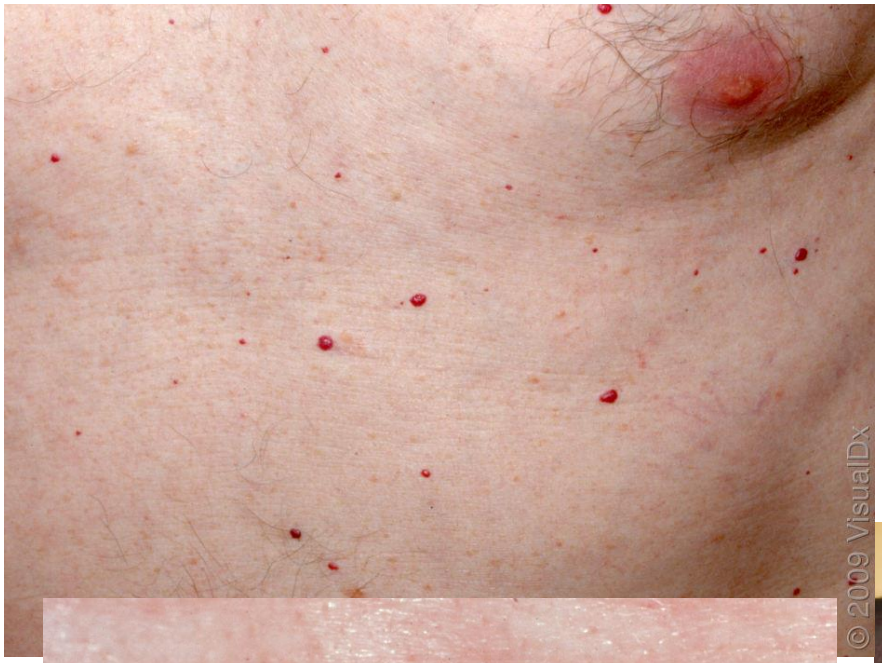


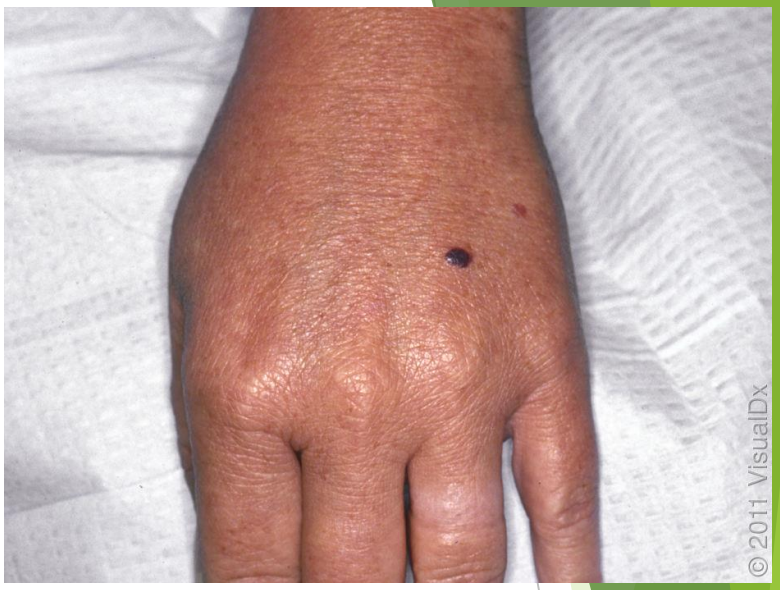
Case 18

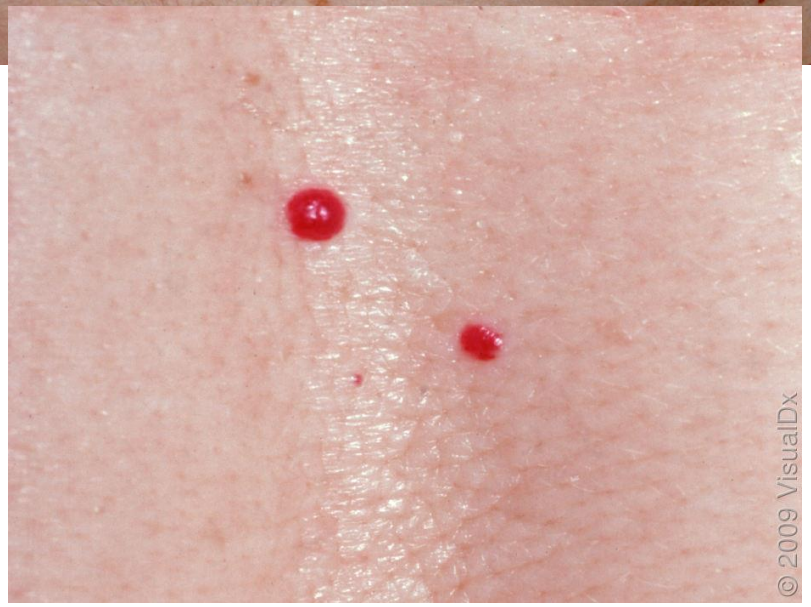
- New red bump in 74 y/o Wm
- No h/o skin ca
- Healthy otherwise

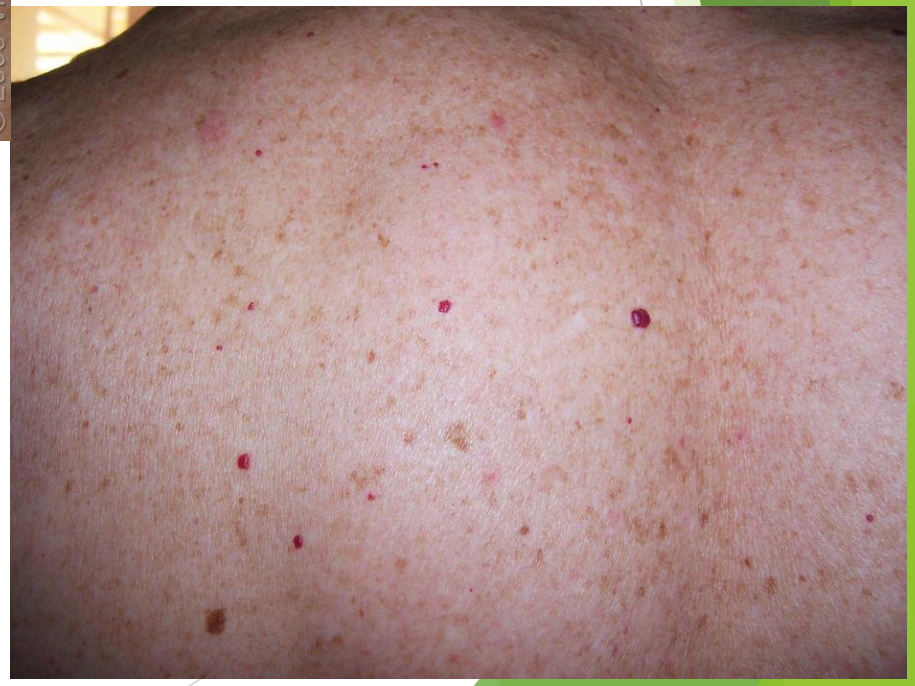


Cherry angioma



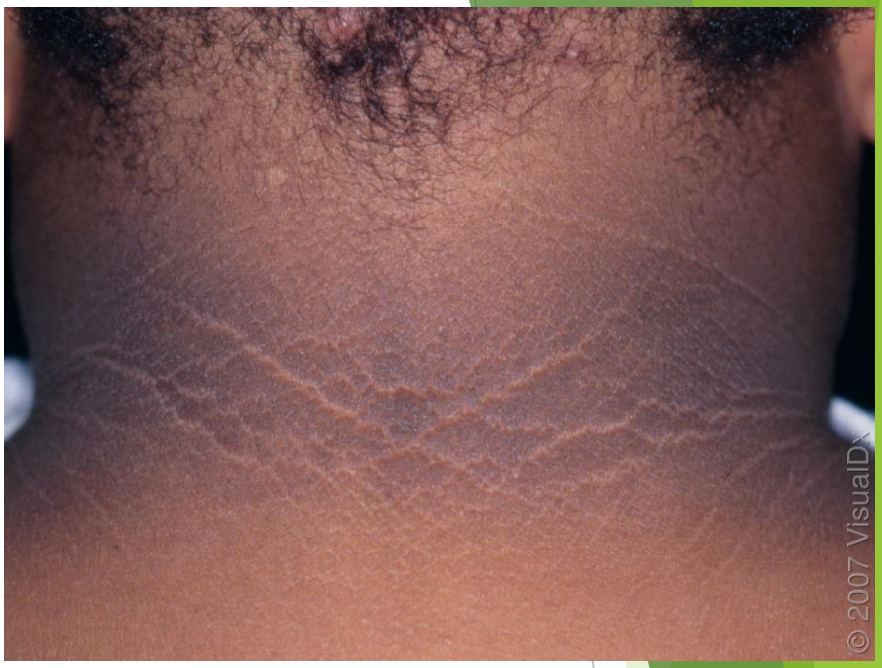


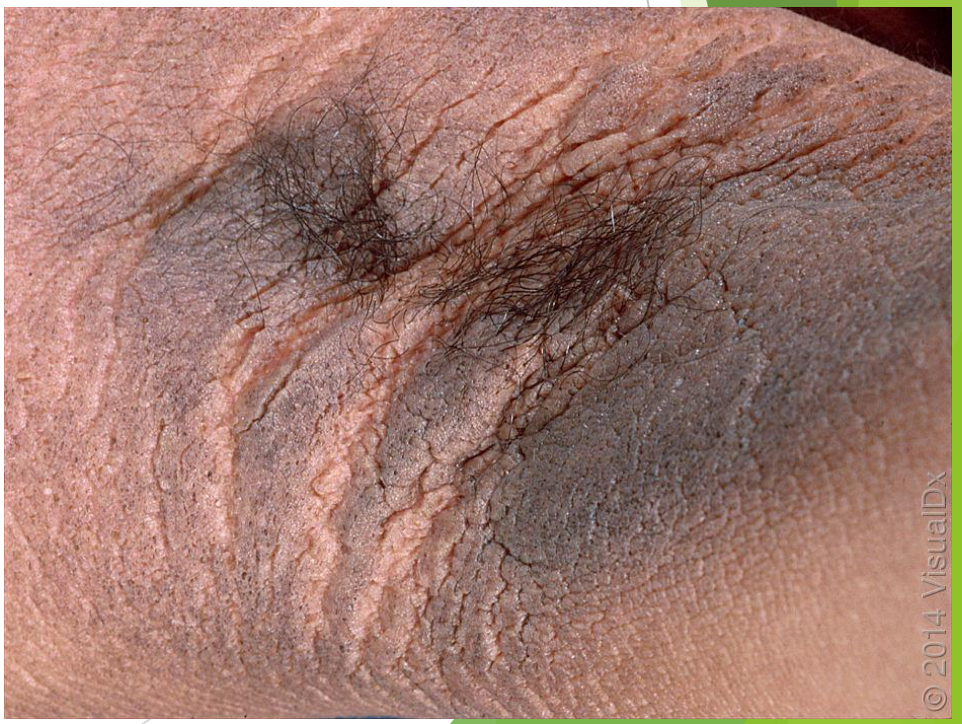




Case 19

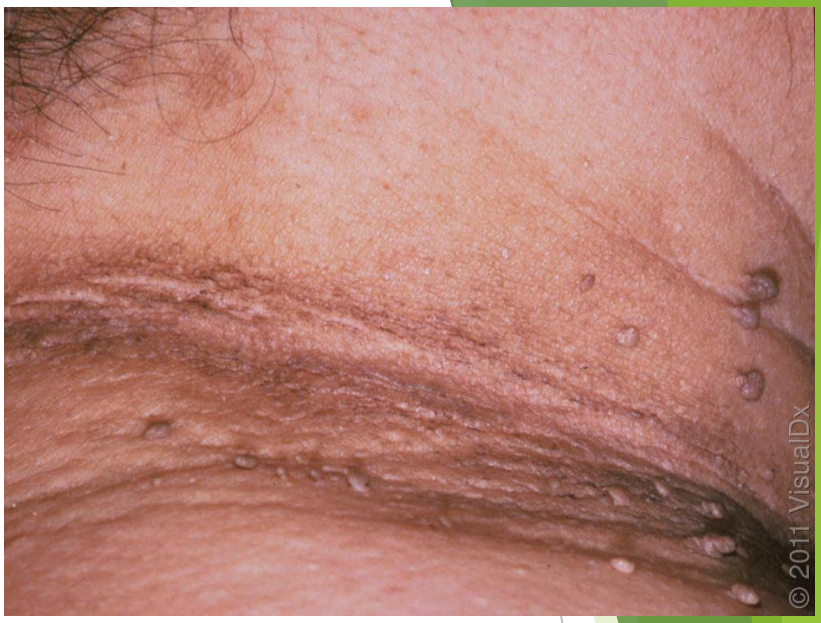
- 54 y/o AAM with h/o DM, HTN, and CAD
- Developed tan/grey rash in both axillae and groin
- Numerous skin tags in these areas as well as comedones

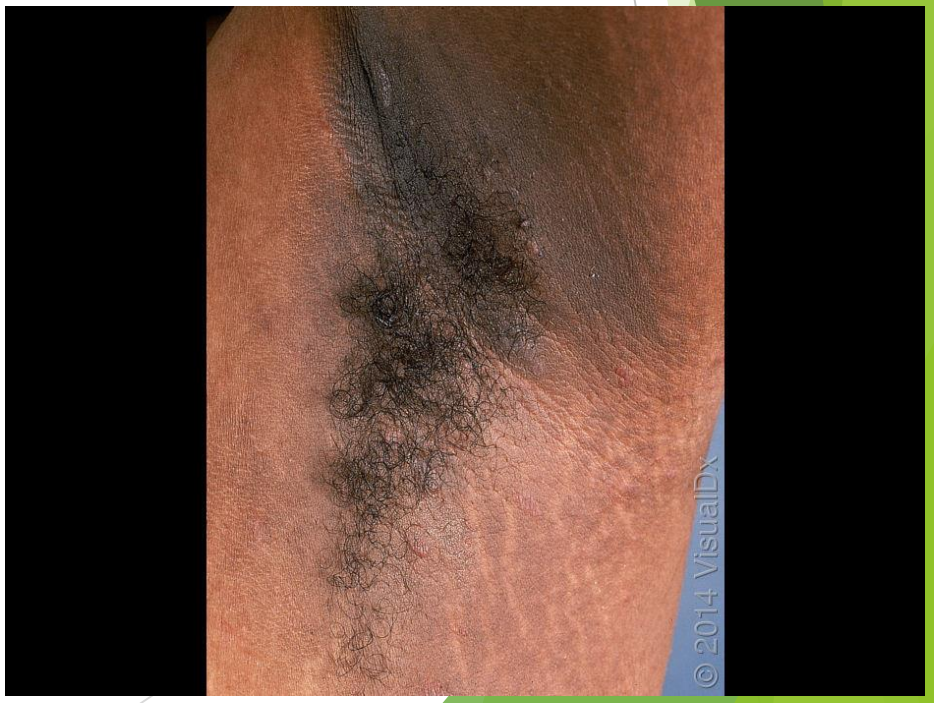




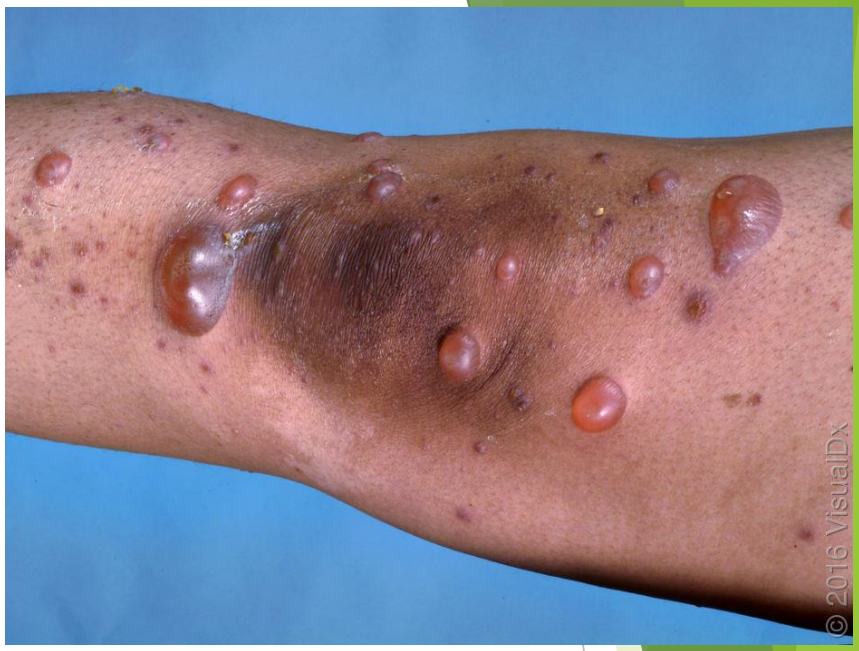
Acanthosis Nigricans

- Velvety hyperpigmentation of intertriginous surfaces
- Traditionally associated with internal malignancy and DM
- Treat underlying disorder
- Recurrence of AN signals recurrence of malignancy



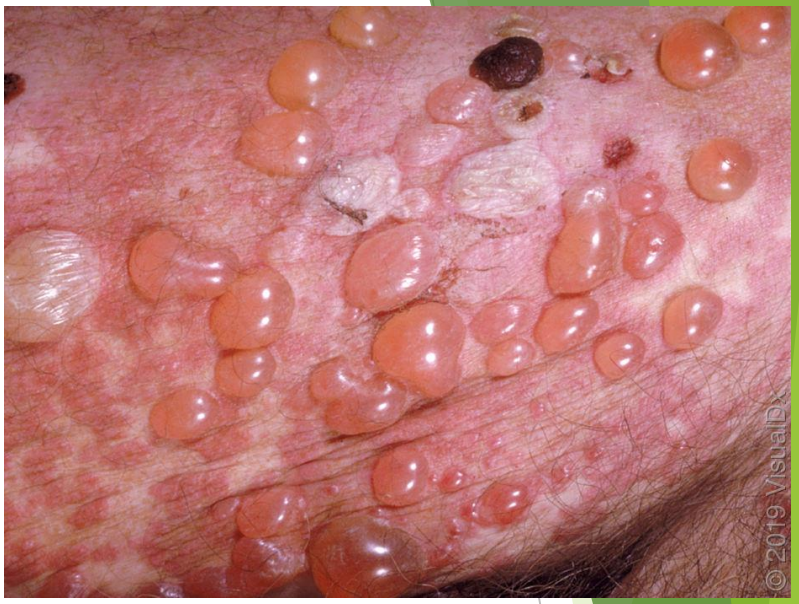


Case 20

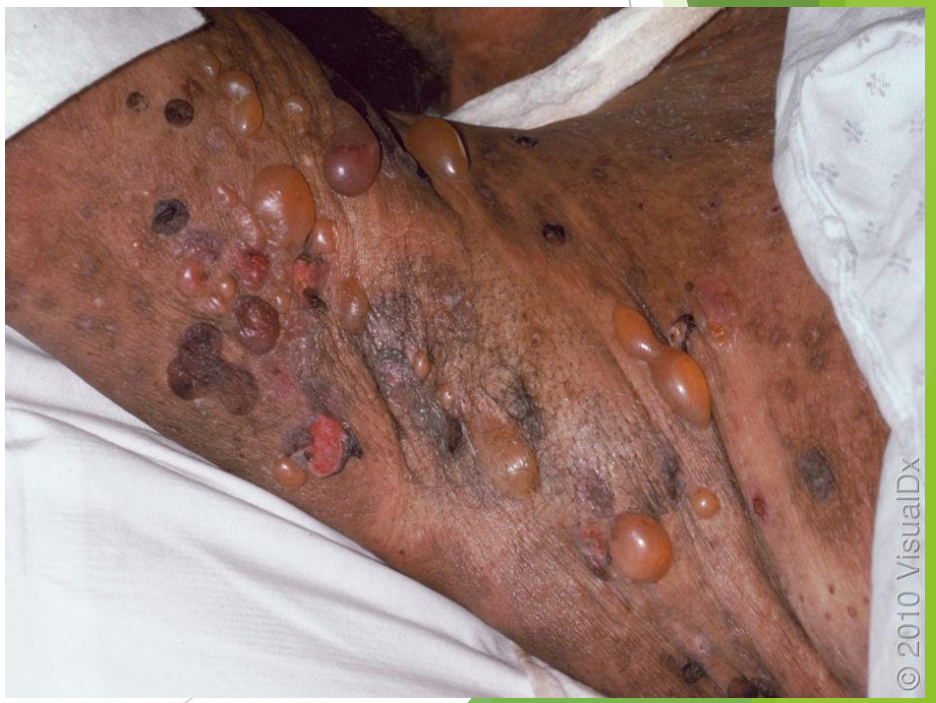


- 78 y/o WF developed slight edema in R arm along with formation of blisters suddenly
- Overall healthy but noted fatigue, slight fever and extreme pruritis

Bullous pemphigoid

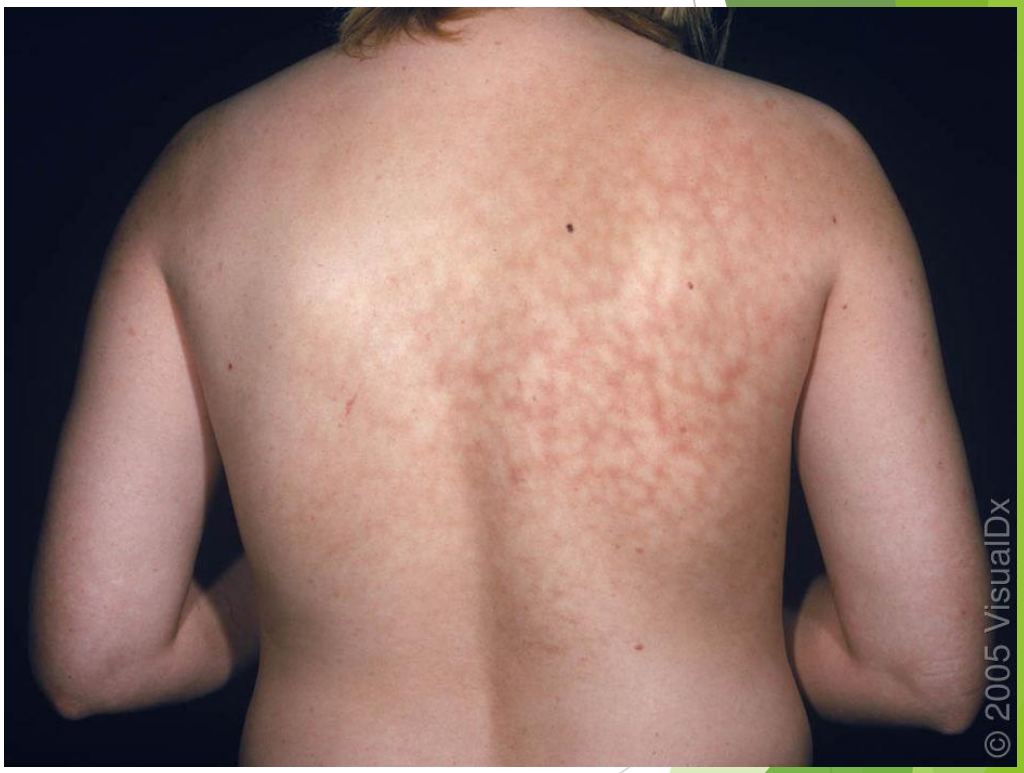


- Most common autoimmune subepidermal blistering disease
- Primarily seen in elderly
- Chronic disease with spontaneous exacs/remissions
- Antigens targeted by antbds are components of junctional adhesion complexes for the skin and mucosa
- Dx: DIF
- RX: systemic steroids, cyclosporin, mtx, Cellcept



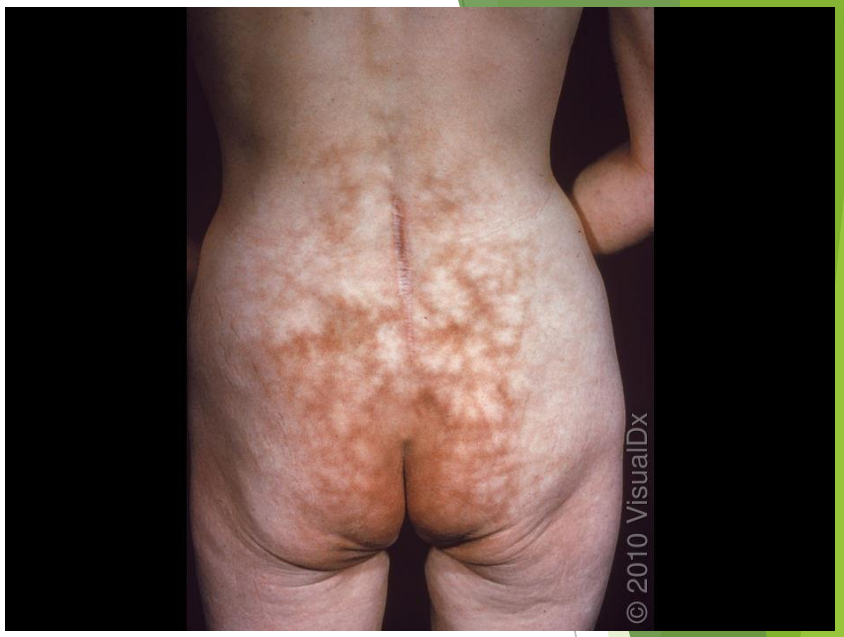
Case 21

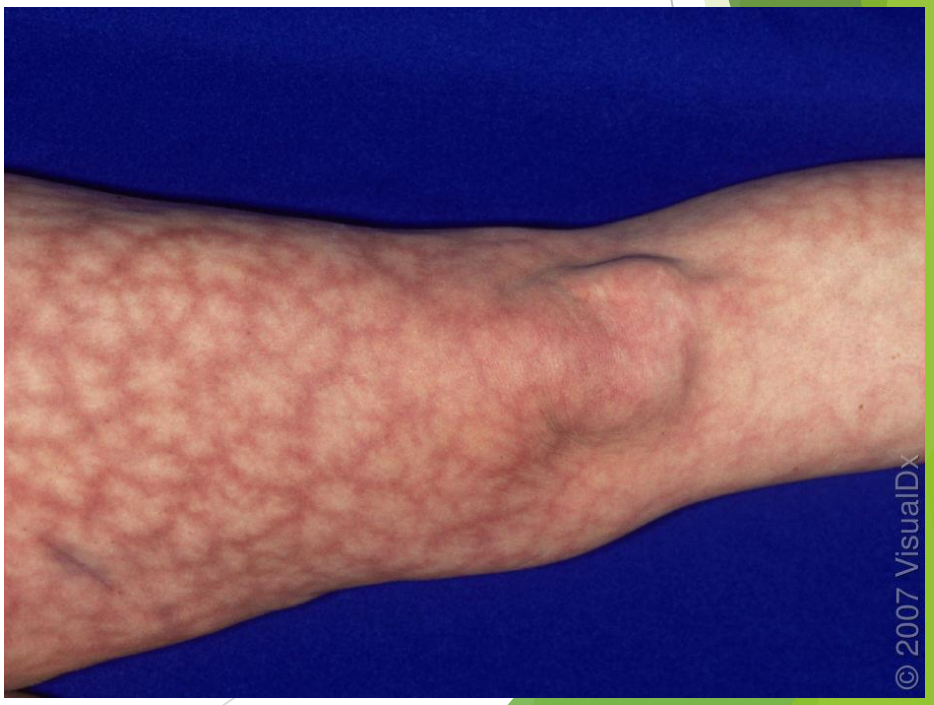
- 25 y/o WM developed red, asmptx rash on R upper back suddenly
- Previously healthy and well other than chronic back pain from MVA
- Rash not helped with otc HCTS



Erythema ab igne

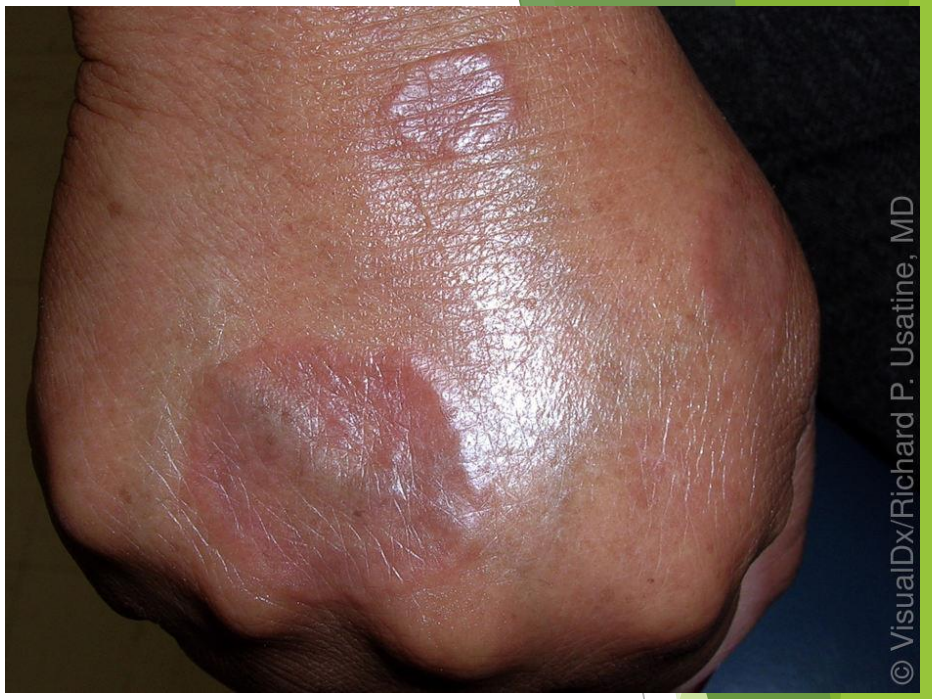
- Toasted skin syndrome or fire stains
- Localized areas of reticulated erythema and hyperpigmentation
- Usually related to heat
- Risk of scca

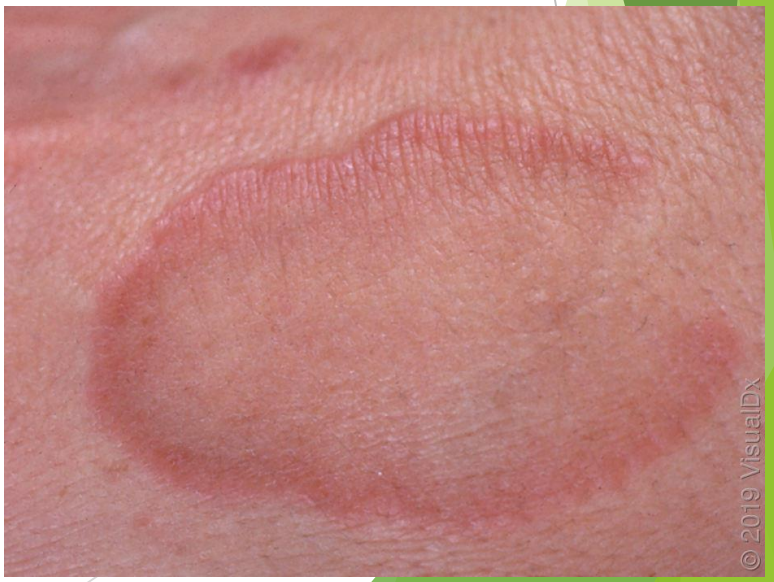




Case 22

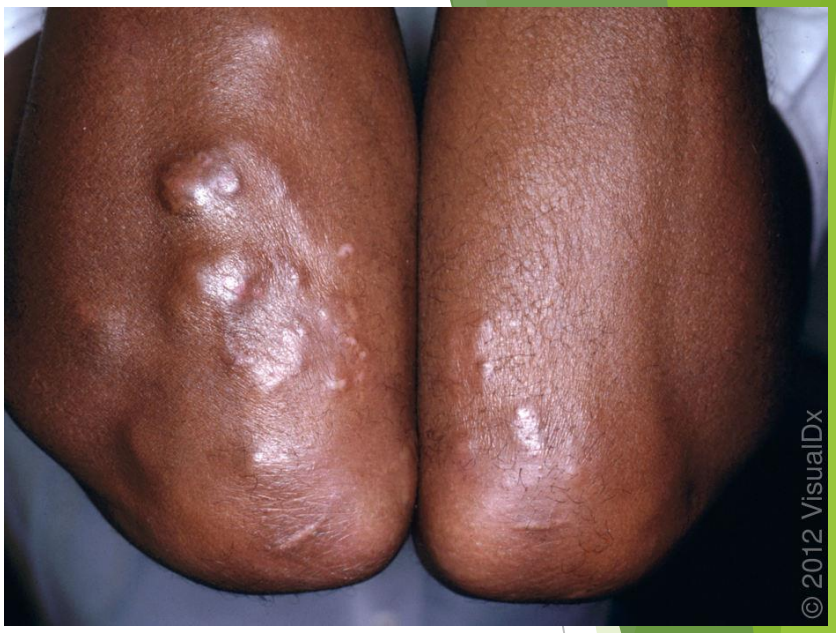
- 27 y/o Wm developed erythematous, mildly pruritic, red patches and plaques on dorsal hands
- No h/o other skin disorders
- No contactants or other exposures

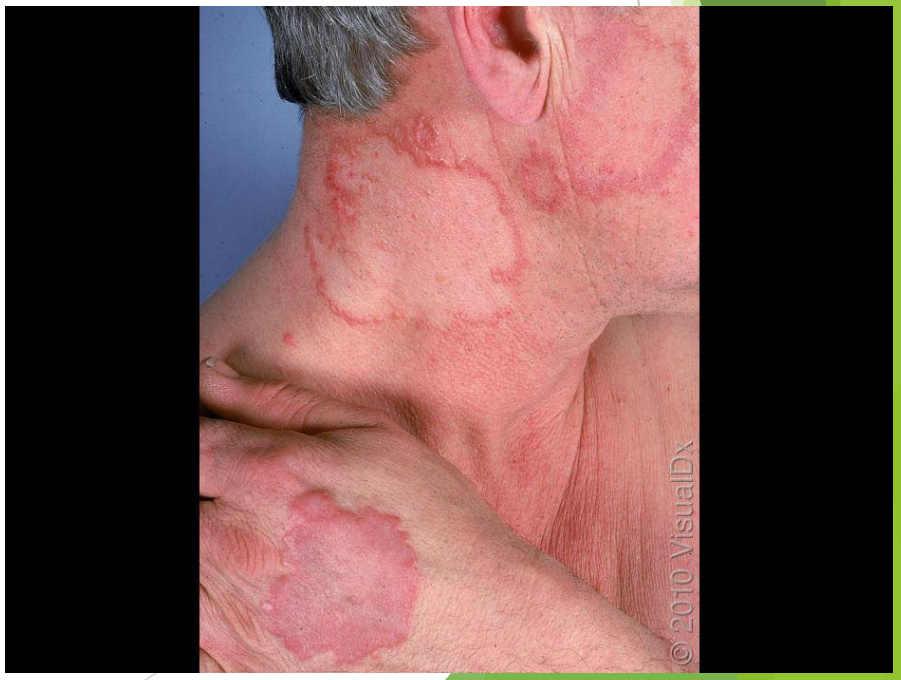




Granuloma Annulare

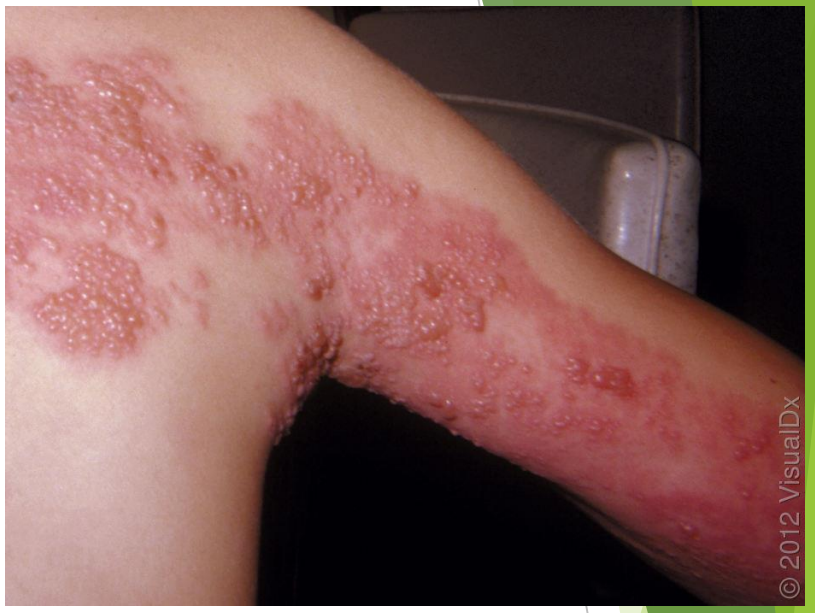
- Two-thirds of pts with GA are under 30 y/o.
- Erythematous annular plaques
- Etiology unclear: trauma, insect bite, TB skin test, sun exposure, PUVA, Viral infx
- Self-limiting
- 60% on hands and arms
- IL or topical steroid

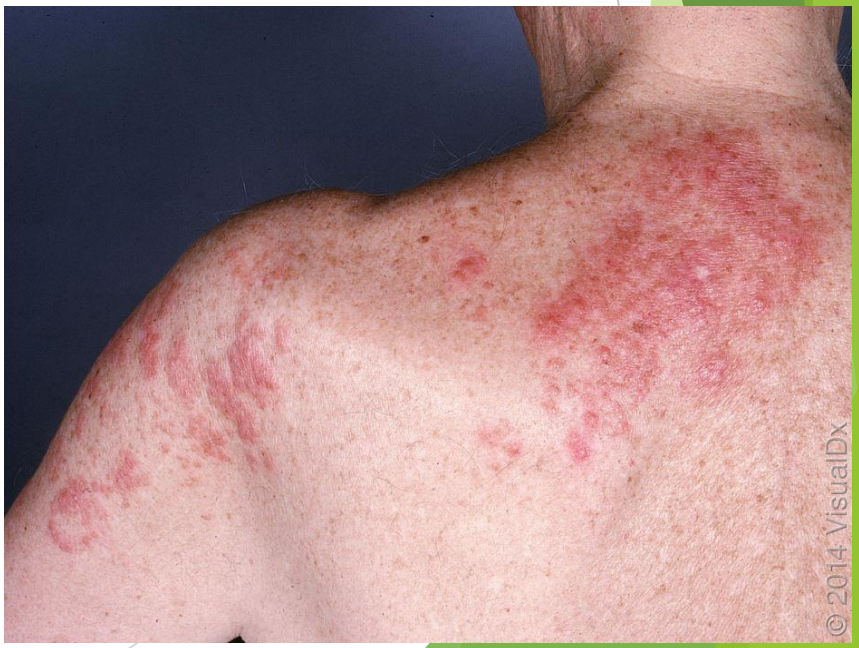




Case 23

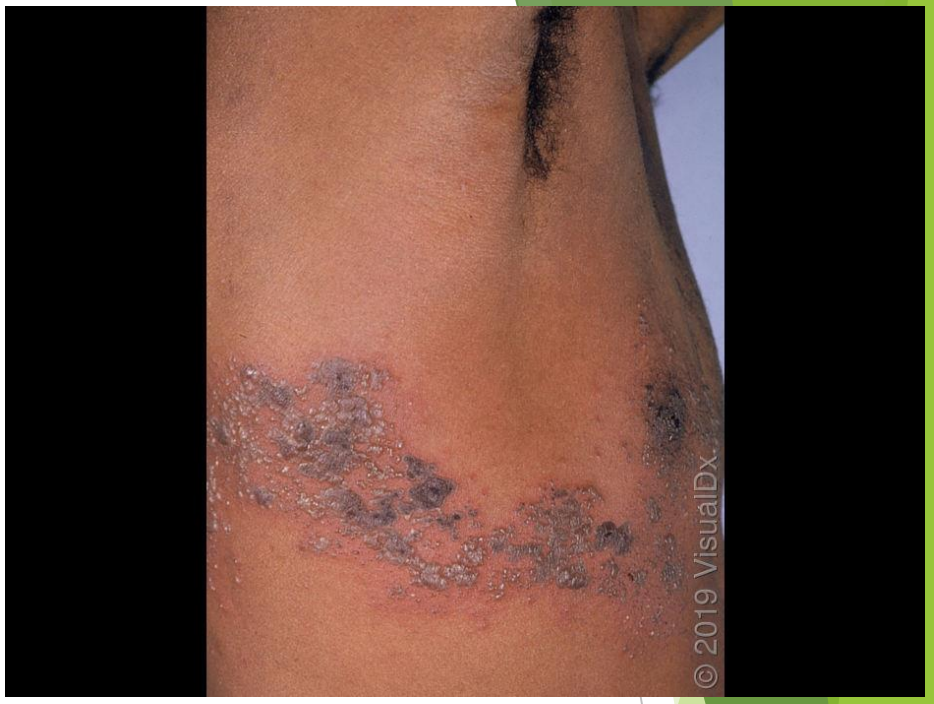
- 57 y/o WF developed painful, pruritic rash on R upper back and arm over several days
- Numerous vesicles along with papules
- Babysits 3 y/o grandchild who is healthy

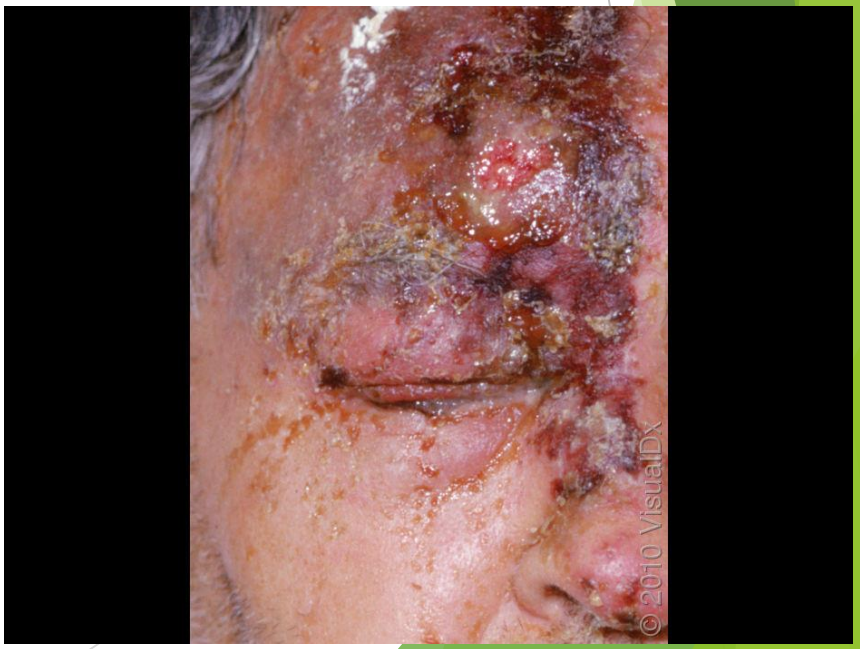




Herpes Zoster

- “Shingles”
- Painful and pruritic
- Dermatomal pattern
- Exposure to HSV, varicella
- Can treat with anti-virals but mostly supportive therapy





The End

(Thank God that's over with!)