

dermatology

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Pityriasis rosea

- classically presents with an initial single annular erythematous patch with a collarette of scale – the herald patch.
- multiple smaller scaly patches on the trunk and upper arms and thighs.
- The rash settles spontaneously over about 4–6 weeks, but a mild topical steroid, antibiotics (erythromycin) or anti-histamines and emollient can be given if the rash is pruritic or inflammatory.
- **Tinea vs Pityriasis rosacea**
 - * Tinea corporis can often be diagnosed on the basis of a positive potassium hydroxide examination .
 - * Scales of tinea are on the whole lesion, scales of pityriasis rosea are in the periphery (collarette).



Herald patch

Lichen planus

- violaceous in color with white stria called Wickham striae.
- It affects the skin and mucus membranes (Oral cavity, vulva, penis scalp)
- 6 Ps :
 - 1) Pruritic
 - 2) Planar
 - 3) Polygonal
 - 4) Purple
 - 5) Plaques
 - 6) Papules



Psoriasis

- Occurs on the extensor surfaces (Knees, elbows) .
- Koebner phenomena
- Treatment is usually Topical treatment (emollient, corticosteroids, Vit D analogue) unless it is extensive then it is treated systematically.



Mild Acne

- Look for Comedones .
- Treatment depends on the severity of acne.
- In this case cleansers are enough.
- ddx : plane warts.



Severe Acne

- Treatment: Topical and Oral Abx (clindamycin or erythromycin) if there is no improvement give isotretinoin.
- One of the most important risk factors is **teratogenicity** so always make sure to do pregnancy test to the patient and tell the patient to use two contraceptive methods.



Pseudo-folliculitis barbae

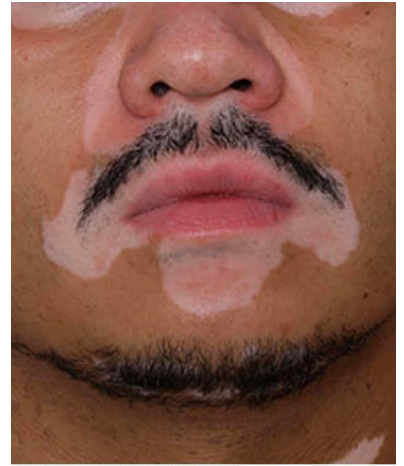
- Results from shaving
 - Treatment depends on severity.
 - Complications include:
 - * Post inflammatory hyperpigmentation.
 - * Hypertrophic scarring and keloid formation
 - * Temporary and permanent hair loss
- In pseudo folliculitis the pustules are monomorphic and sterile

This image is for folliculitis barbae

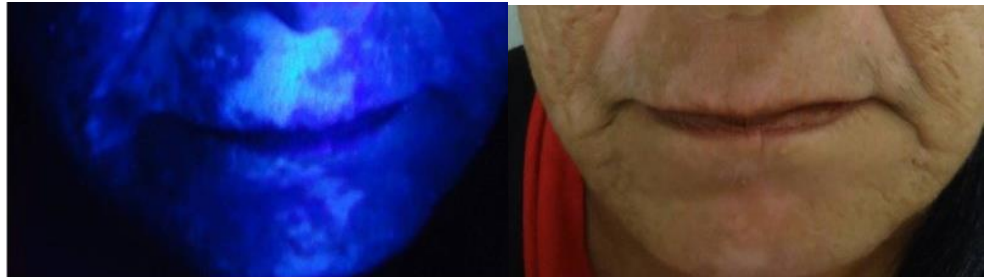


Vitiligo

- symmetrical depigmentation around the mouth and the nose.
- Diagnosis is clinically with woods light → white spots fluoresce bright white.
- Screen for other autoimmune diseases.



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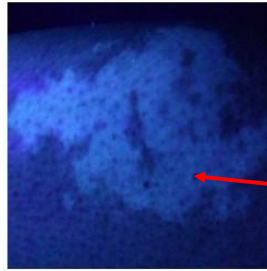
Vitiligo seen with woods light (Bright white batches)

Nevus depigmentosus (Achromic naevus);

- Seen as hypopigmentation.
- Irregular but well-defined borders.
- Wood lamp examination: achromic naevus appears off-white, compared to the chalk-white accentuation seen in vitiligo.

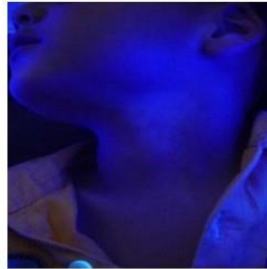


- Note the difference between vitiligo and nevus depigmentosus of woods lamp



Woodslamp
vitiligo:
groot contrast

Vitiligo appears
as bright white



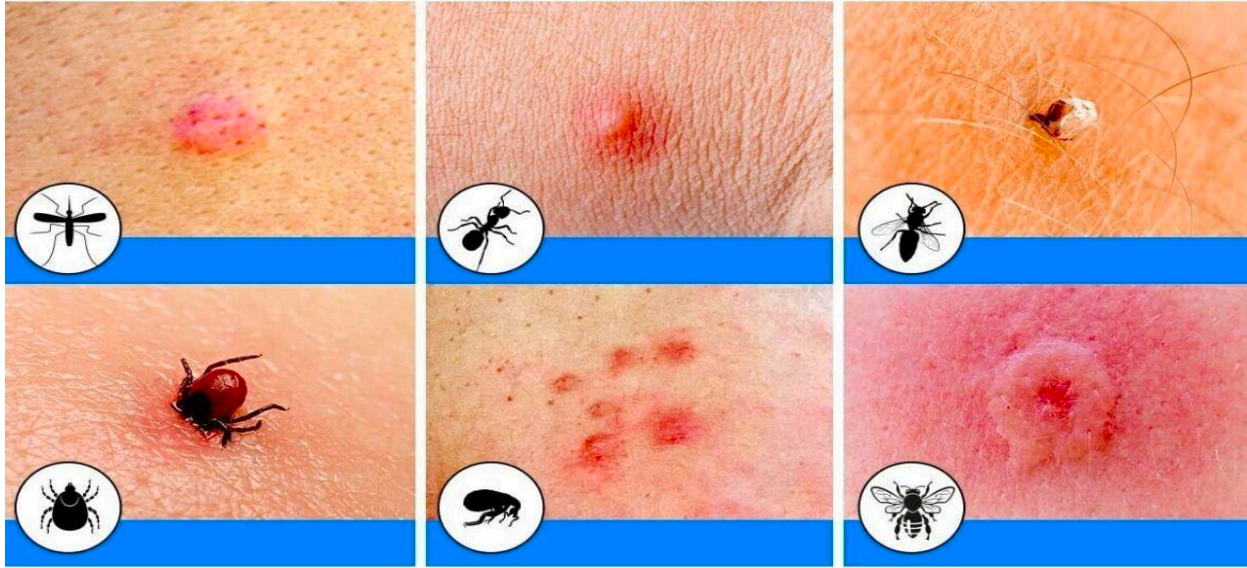
Woodslamp
naevus depigmentosus
- gering contrast

Chloasma, melasma ,pregnancy mask

- Hyperpigmentation
- Risk factors: Pregnancy ,OCP, Sun exposure, medications that causes photosensitivity (Doxycycline, Diuretics)



Insect Bite: Papule+ Punctum





Spider



Mosquito



Tick



Bed Bug



Bee



Insect bite vs Cellulitis

- Insect Bite: Highly itchy, always look for Punctum.
- Cellulitis: Painful.

Complications of insect bite:

- 1) Insect bite reaction.
- 2) Cellulitis.
- 3) Staph infection.
- 4) Urticaria.

Treatment: Topical Potent steroids and Abx and oral anti histamines
We could give Anti staph abx.

- **Erysipelas with bullae**
- Erysipelas is more superficial than cellulitis therefore bullae are more common with erysipelas.
- Caused by Staph aureus or streptococcus pyogenes.
- Bullae are caused by toxins produced by staphylococcus.
- Ddx : Bullous pemphigoid, Burn, eczema, insect bite reaction cellulitis with bullae.



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- Bullous pemphigoid
(Tense bullae) and the bullae is surrounded by erythema



- Pemphigus vulgaris
(Flaccid bullae)



Erythema multiform

- Target lesion





A



B

A: Alopecia areata Adult with multiple patches of hair loss with normal scalp, and the patches are completely devoid of hair. (screen for other autoimmune disorders).

B: Tinea Capitis Patch not completely devoid of hair with erythematous and scaly scalp Diagnosed by wood lamp (Green florescence), scraping of scales for microscopy and cultures. (occurs mainly in children and ask about pets)

- Exclamation mark (sign of active alopecia areata)

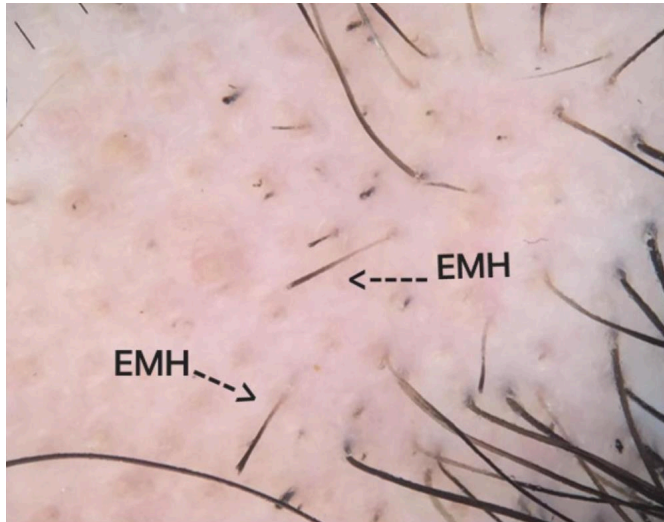


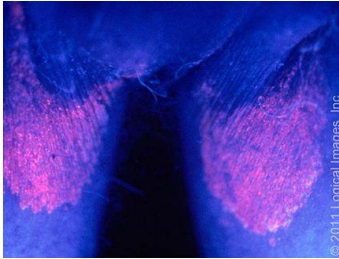
Figure 2. Characteristic "exclamation mark" hairs of alopecia areata: *This exclamation mark appearance describes a damaged strand that is missing its distal end. It is thicker at its damaged section and notably thinner proximally as it enters the scalp.*



Tinea cruris

Ddx: Contact dermatitis, candida ,
Intertrigo, Erythrasma.

- Woods light → to rule out
erythrasma → coral-red
fluorescence .



Tinea manuum



Lichenification

- Sign of chronic itching (Eczema)



Urticaria

- Wheals
- Acute urticaria less than 6 weeks
- Chronic urticaria > 6 weeks
- Ordinary urticaria vs urticarial vasculitis
 - Ordinary : Rapidly resolves, leaves no bruising and it is itchy.
 - Vasculitis: slowly resolves, leaves bruises and it is painful.



Warts

- Treatment: Cryotherapy,
warts paint

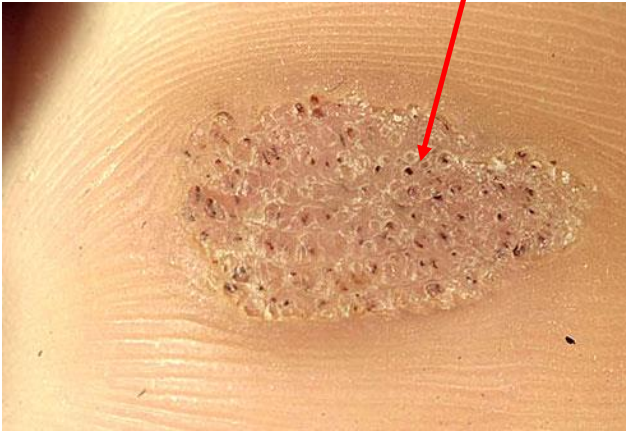


Plantar warts

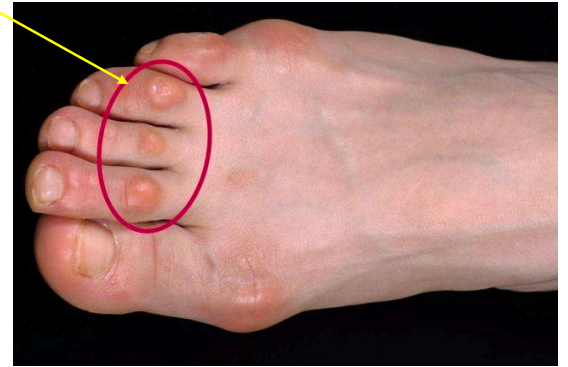


Corns

The difference between corns and warts :
In warts you can see thrombosed blood vessels

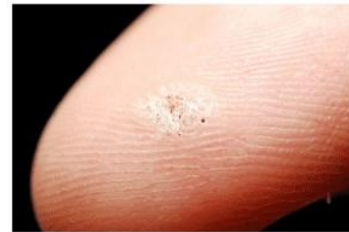


Plantar warts with thrombosed blood vessels





CORN VS. CALLUS VS. WART



- smaller, round, well defined
- usually on toes and non-weight bearing areas of the feet
- usually very painful when pressed
- It is caused by pressure & friction

- larger and more diffused and they vary in size
 - usually on weight bearing areas such as soles of the feet (ball of feet, heels). Calluses can also form on elbows, hands, ankles due to high pressure to that area
- It is caused by pressure & friction

- round or diffuse
- can be anywhere on the feet or other parts of the body
- Specific only for warts and not for corns or calluses is that warts have small capillaries growing thru them and that is why many times when they are shaved you can see pinpoint bleeding
 - It is caused by a virus

<https://hallandalebeachfootdoctor.com>

Acanthosis Nigricans

Causes:

- Insulin resistance.
- Hormonal disorders. .
- Certain drugs and supplements. .
- Cancer.



Hair loss

- Could be diffuse or patchy.
- Androgenic alopecia (More in males, but could be seen in females (Elderly, PCOS)).

Male-pattern hair loss: receding hairline

Female- pattern hair loss: retention of the frontal hair line

- Other causes of hair loss is **telogen effluvium** , caused by diet, exercise, stress, illness.

Check for vitamins deficiency.



Beau's Line

- Chronic illness, severe illness.



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Paronychia



Clinical Presentation of Moderate to Severe Fingernail Psoriasis

Nail Matrix Features



Pitting

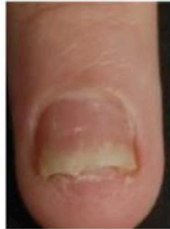


Leukonychia

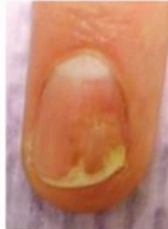


Crumbling

Nail Bed Features



Subungual hyperkeratosis



Onycholysis



Splinter hemorrhages



Onychomycosis

TYPES OF MOLES

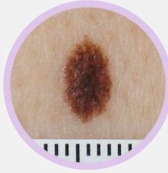
CONGENITAL MELANOCYTIC NEVI



Combined
Nevus



Compound
Nevus

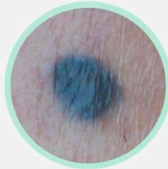


Junctional
Nevus

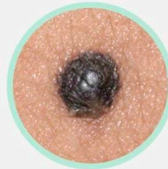


Intradermal
Nevus

ACQUIRED MELANOCYTIC NEVI



Blue Nevus



Dark Nevus



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Impetigo

Impetigo

- Yellowish (golden) crust
- Caused by staph aureus or streptococcus pyogenes.
- Highly contagious.
- Bullous lesion more likely with staph
- Could be mixed (strep and staph).
- Develops rapidly as clusters of vesicles and pustules that breaks down into golden clusters.
- Treatment: Antiseptic wash + topical Abx (Mupirocin)
- Topical and Oral antibiotics are given for severe extensive disease (flucloxacillin and erythromycin)





Leishmania

- treatment: cryotherapy and
intralesional meglumine
antimoniate



Telogen effluvium of newborn



localized hypertrichosis



Post inflammatory Hyperpigmentation

- Could be seen in many diseases (Ex: Lichen planus).



Insect Bite reaction



molluscum contagiosum

- Molluscum on the genitalia this is STD
- Umbilicated shiny papule.
- Treated by cryotherapy.



