

DERMATOLOGY NOTES

PROF.KHITAM AL-REFU

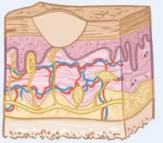
How to diagnose skin diseases:

- Profile
- History taking
- Physical examinations
- Special skin tests
- Lab tests
- Skin biopsy

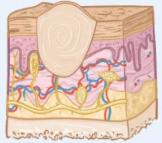
PRIMARY LESIONS



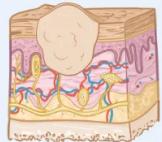
MACULE



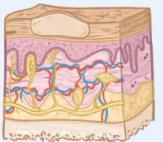
PAPULE



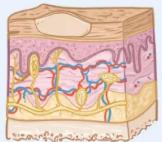
NODULE



TUMOR



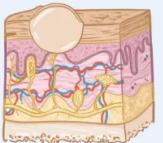
PLAQUE



WHEAL



VESICLE



BULLA

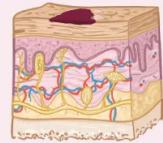


PUSTULE

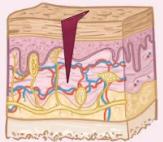
SECONDARY LESIONS



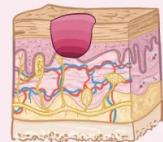
SCALES



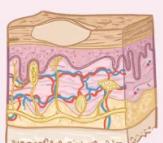
CRUST



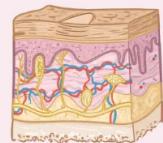
FISSURE



ULCER



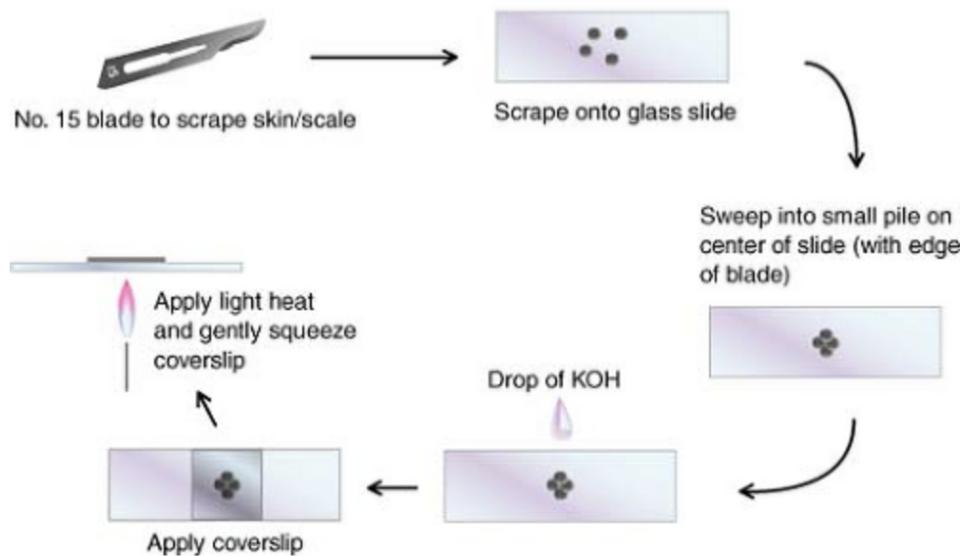
SCAR



ATROPHY

KOH scrapping

KOH Preparation for microscopic analysis of scale for fungal forms



KOH scrapping



KOH Scrapping



KOH scrapping



Spores and hyphae



Wood's light

Diagnosis / follow up .

- pseudomenas
- vitiligo
- Tinia
- milasmer



Wood's light



erythrasma

-tt: erythromycin



Pseudomonas infection

DDX: Tinea pedis
candida
Erythrasma

bluish



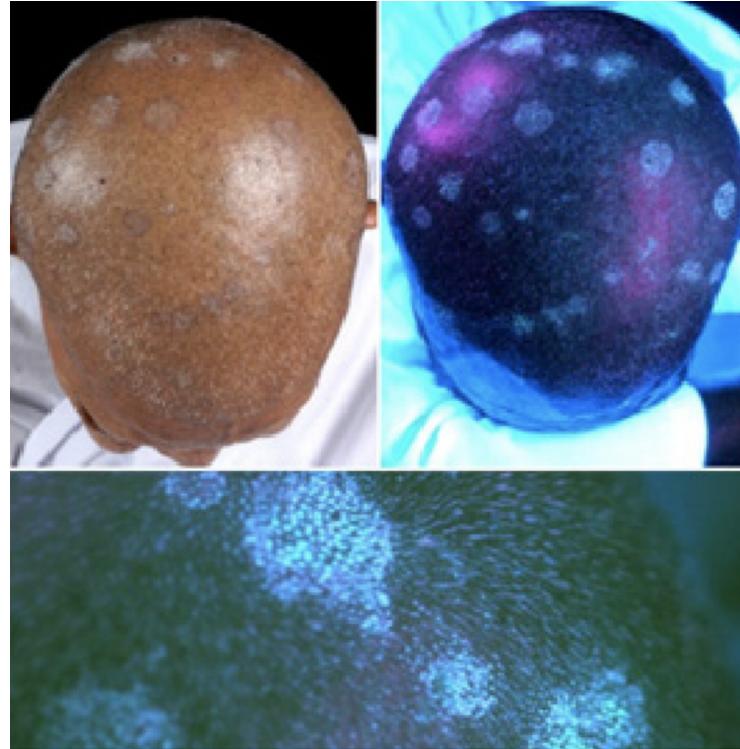
figure 1. Purulent toe web erosions



Tinea capitis

DDx :

- * trichotillomania ?
- * Alopecia areata
↓
Normal Skin

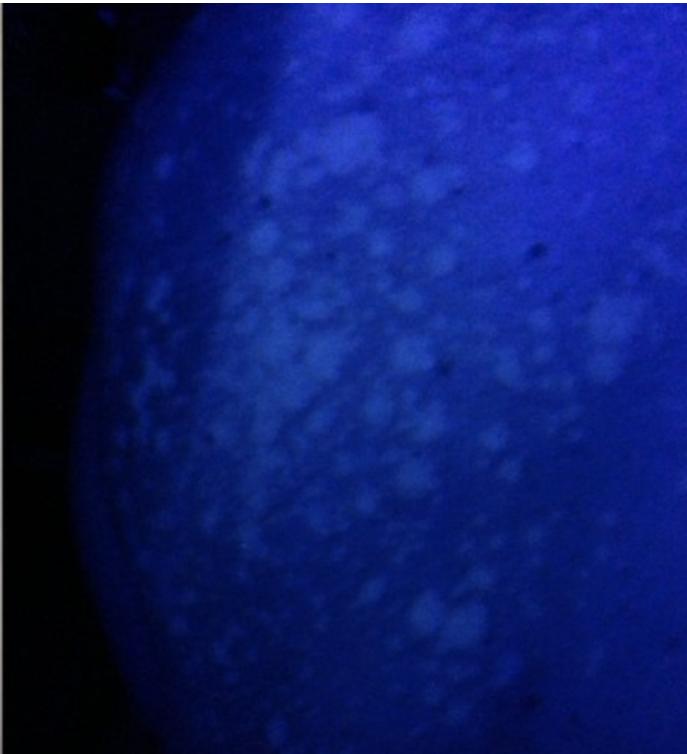


ectothrix

ما يُعدى
↓

Leaves hypopigmentation.

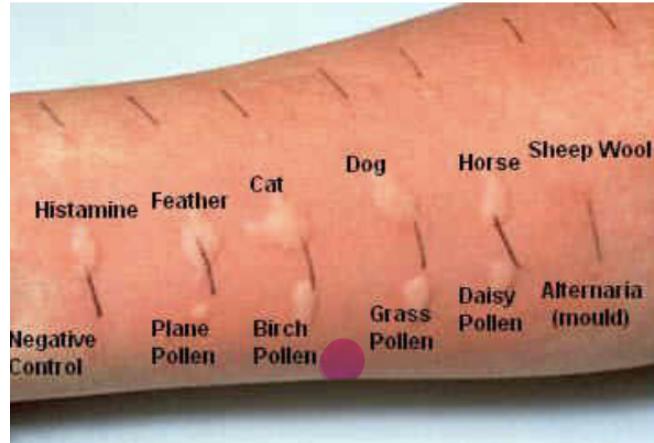
عرق ارجوانية



Tenia
Virsecolor

Prick test

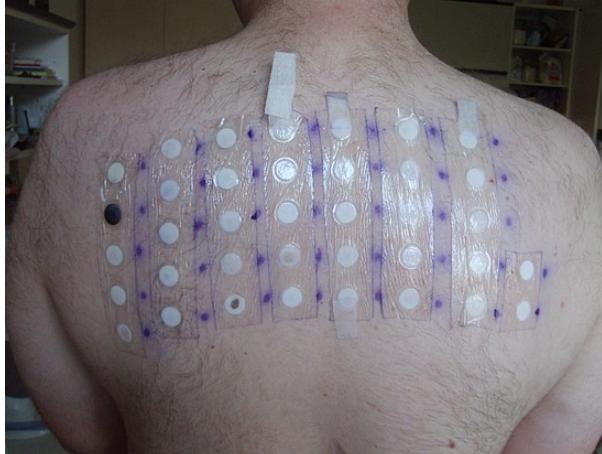
type I hypersensitivity



Patch test

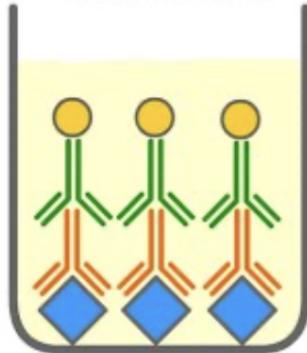
delayed (type IV) hypersensitivity

for allergic contact dermatitis

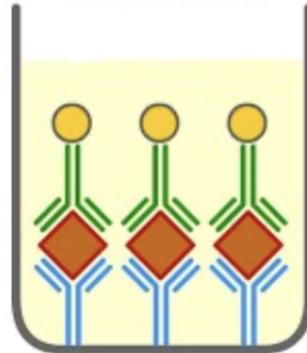


ELISA test

Indirect ELISA



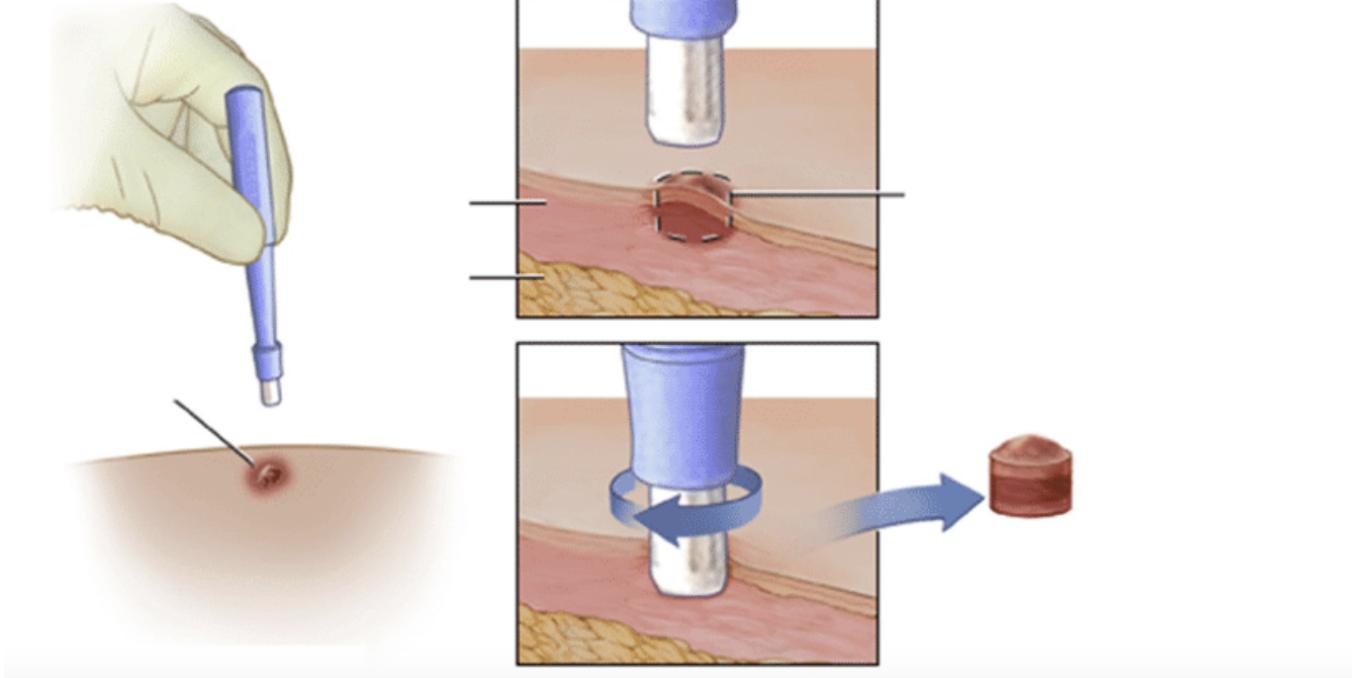
Direct ELISA



Skin biopsy

Indications:

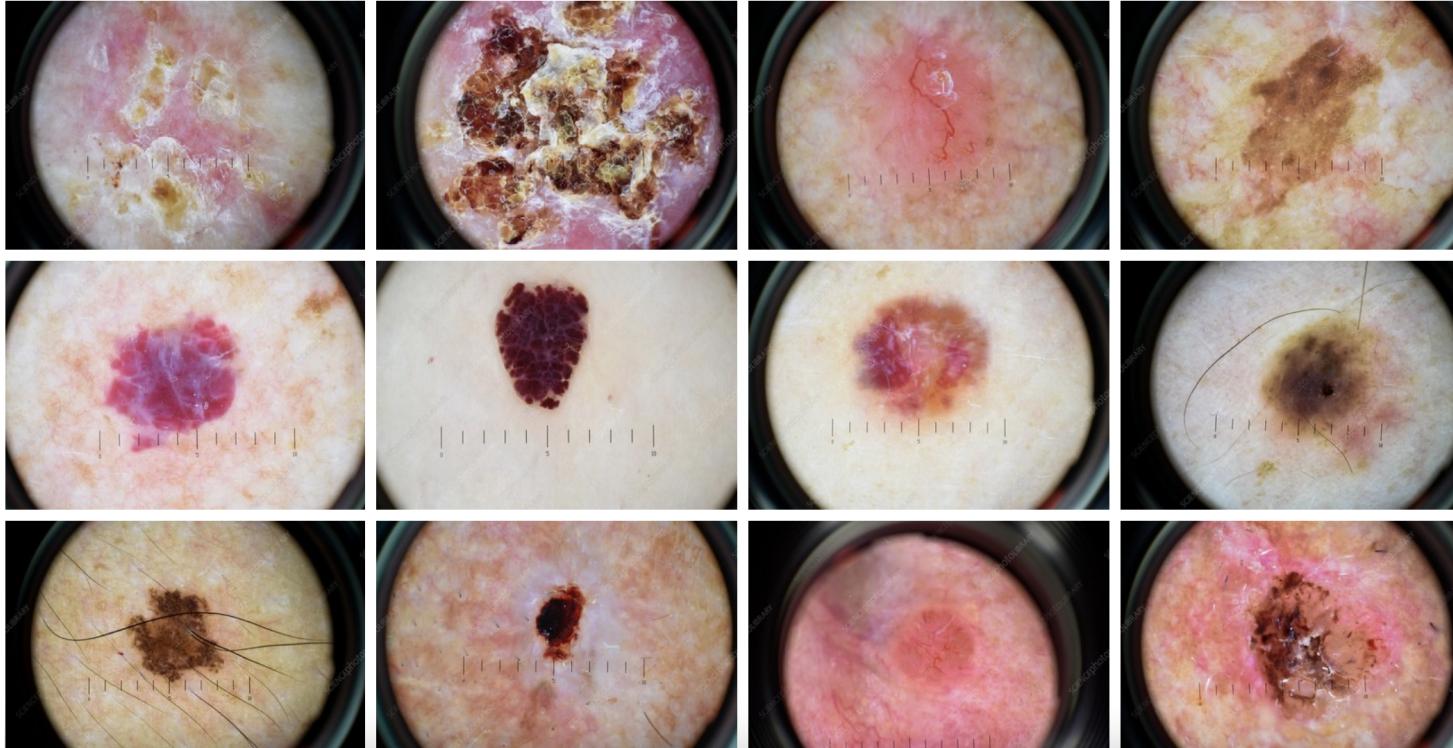
- To confirm
~~Cytological~~
- Malignancy
- Psoriasis
- Lichen planus



Dermoscopy



Dermoscopy



Acne

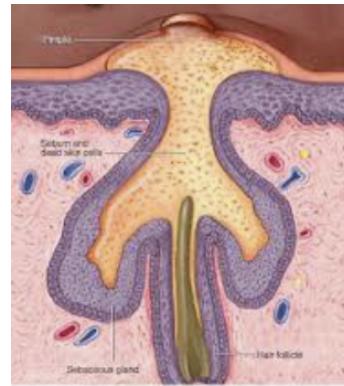
- * Vulgaris
- * Black comedones
- * Papules, pustules,
- * Scar

Topical treatment

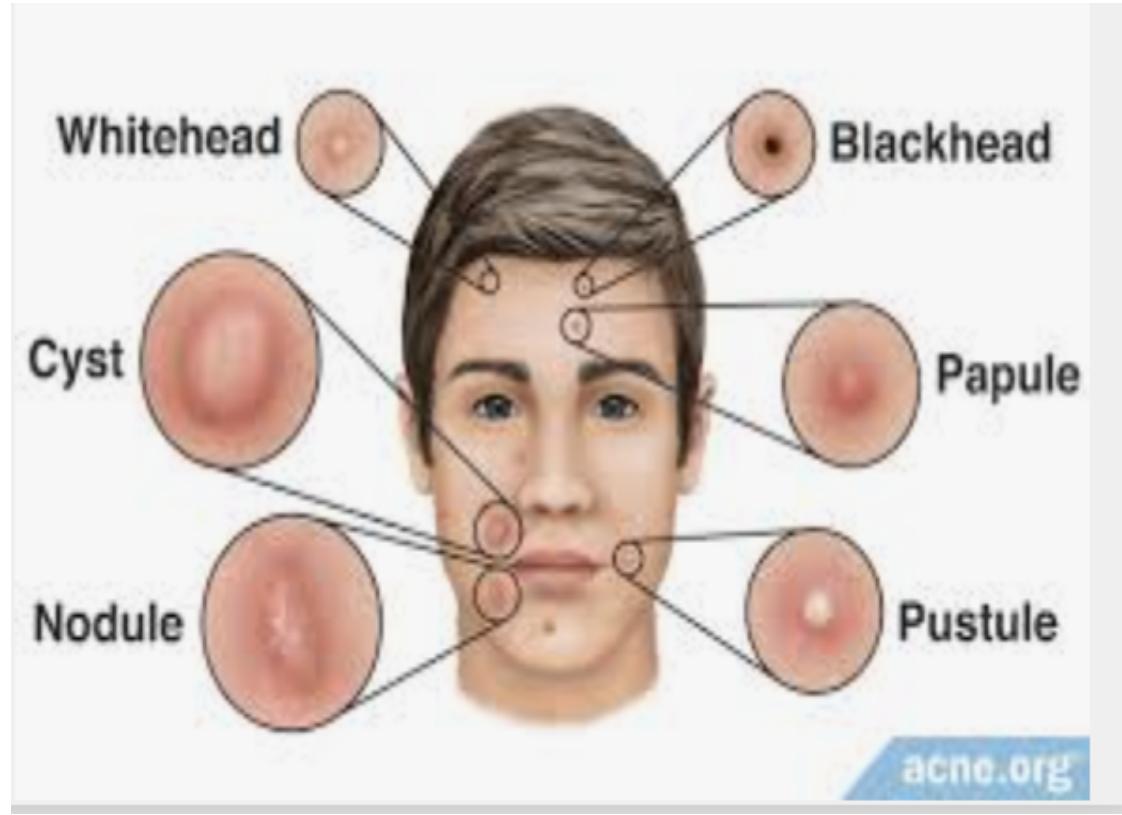


Skin manifestations
of obesity

X Note: 50 yrs with acne → drugs or malignancy.







* Types of scars
in acne :

atrophic scars →

hypertrophic scars

post-inflammatory hyperpigmentation



Infantile acne

(6-16 months)

→ Treat them (*to prevent scars*)

with systemic erythromycin or azithromycin (no doxycycline in children)

- Precocious Puberty?

cause childhood acne (1-7 years)





Rosacea: erythematous papules and pustules in background of erythema and telangiectasia



♥ Demodex mite?
has a role in
Pathogenesis.

* Treatment: topical metronidazole
or systemic metronidazole.

* Monomorphic acne → drug induced (steroids) .



* Gram-ve folliculitis ↛ when taking doxycycline for
Prolonged time ≥ 4 month



pseudofolliculitis barbae (razor bumps)

Note
بسن يحلف
Pseudofolliculitis



Chronic urticaria needs labs

→ could be due to malignancy / brucella / HepB,C / UTI

* Note:

Dirty skin →
Scarlet fever,
Sandpaper skin



Urticaria old women
→ Pap smear

↪ infant → UTI

Adolescent → سرطان

بالغون → Stool analysis

dermatographism



steroids for:
vasculitic urticaria
severe urticaria
recurrent urticaria



Vasculitic urticaria

Biopsy

angioedema & urticaria



Investigations

- Acute spontaneous urticaria
 - **No routine diagnostic tests recommended**
 - Extended testing only if strong suggestion from history e.g. allergy
- Chronic spontaneous urticaria
 - Routine: FBC, ESR or CRP
 - Omit suspected drugs (e.g. NSAIDs)
 - Extended testing based on history
 - Infectious disease, Type I allergy, TFTs and thyroid antibodies, skin tests, low pseudoallergen diet, tryptase, skin biopsy, autoantibodies against IgE receptor, ANA, complement
- Inducible urticarias
 - Physical provocation tests e.g. ice cube test for cold urticaria



Herpes
Simplex

Herpes
Zoster

- Dermatome distribution
- Tingling
- Pain

In old patients
Rule out
malignancy

Red Flag

orf → paramyxovirus

Syndrome ~~group 8~~ due to contact with infected lambs

Treatment: cryo

* contagious



annular lesion with a necrotic center and surrounding inflammation

Chicken pox.



• Symptomatic

* If Adult → give
Antivirals > 13 years

Oral aciclovir

Shig

* Papule with central punctus

melascum contagiosum

poxvirus

اکلیسیاد، کھینچہ

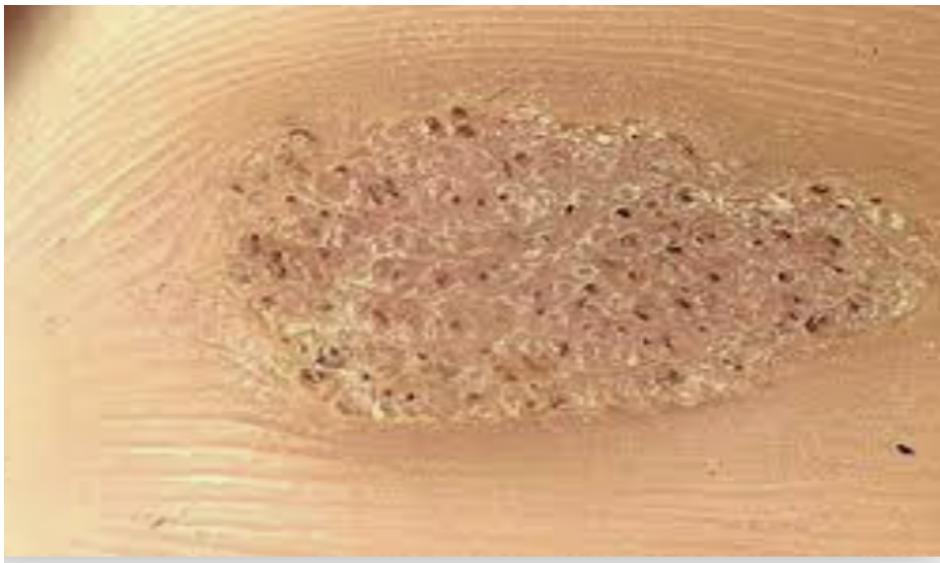


In children who have in
genitals → Abuse

اگر اذد فی علی مکان پارٹی



Common warts



mosaic warts (plantar warts)

cryo



mosaic

* wart

TFT → cryo

Placebo works
with it.

70% self-limited.



genital wart

alldara,
(imiquimod)
vaccine,

Cryo





Hand
foot
mouth

complication →
onychomadesis



Symptomatic
treatment



ringworm (tinea corporis)

KOH preparation



*Topical antifungals

tinea corporis



* when to give oral
Antifungals
hairy
incognito
nails
scalp



- * Tinea Cruris
- * DDX: Erythrasma
candida
Psoriasis
seborrheic dermatitis



Tinea faciale

DDX: Discoid
eczema

do KOH



Tinea capitis
Systemic treatment

oral griseofulvin



capitis



Pedis

DDx: Pseudo
monas





Tinea Pedis



corporis
جلد



gnychomycosis



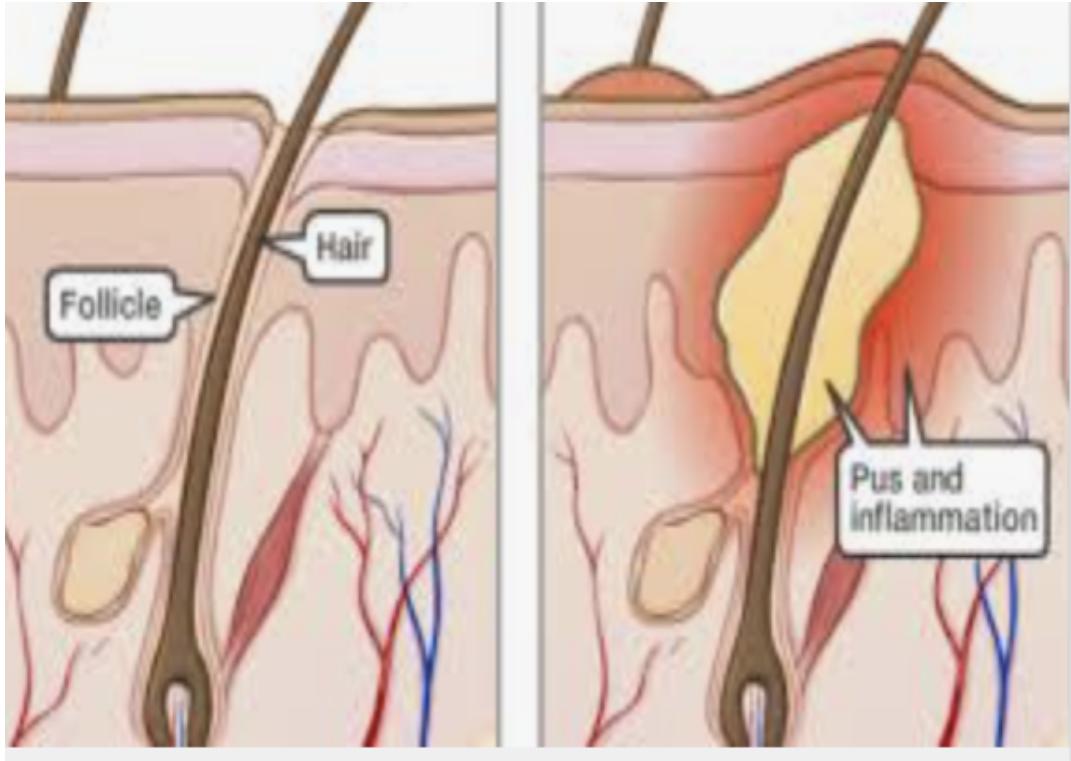


Topical
Fusidic acid



Impetigo
→ complicated by
scalded skin
syndrome.

Admit +
Systemic Abx





Folliculitis

Superficial vs.
carbuncle

Folliculitis vs. Pustules

↓
has hair



furunculosis
require incision and drainage

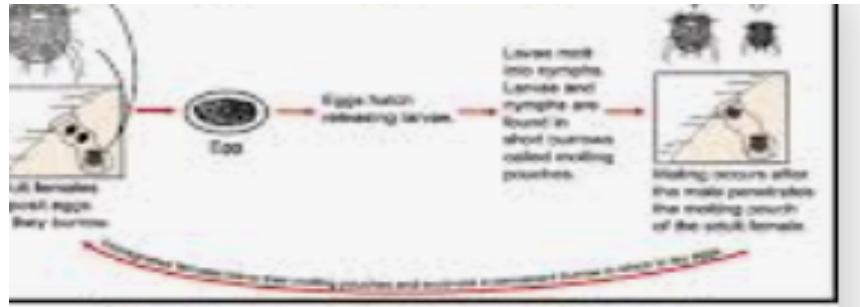


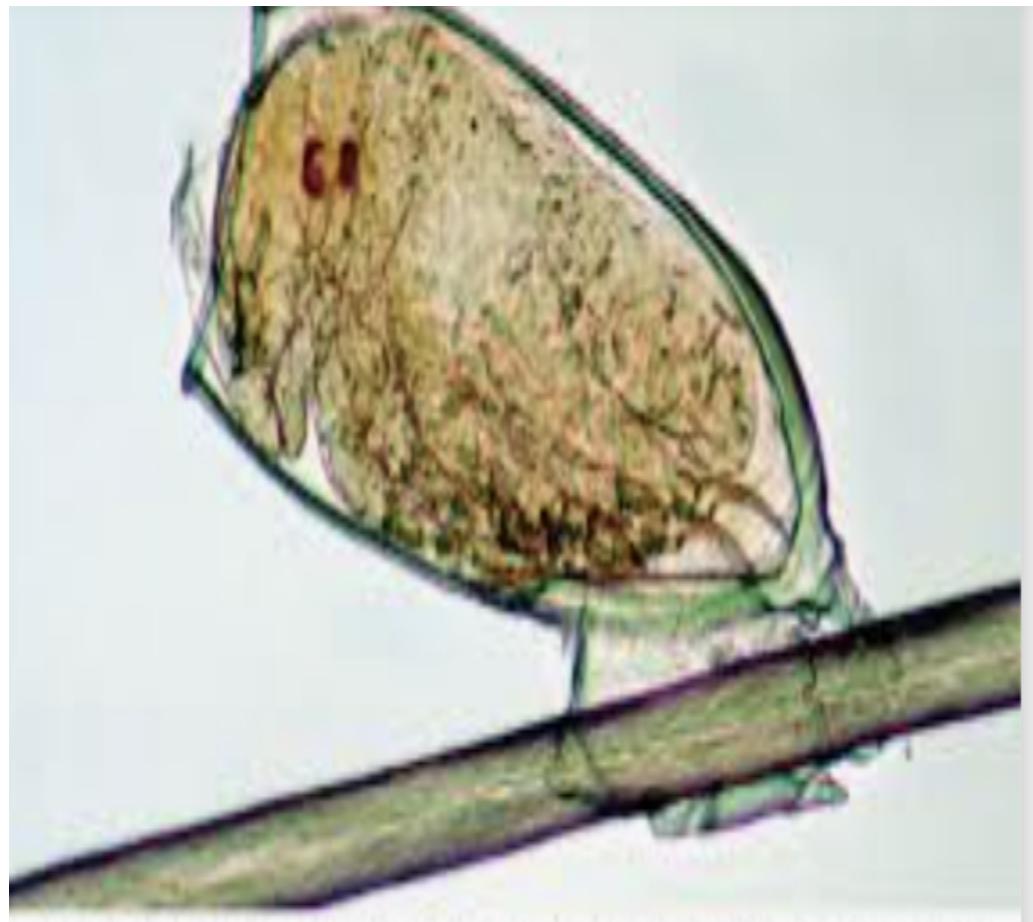
Carbuncle: confluent folliculitis





- * endemic
- * مرض عارطجی می باشد
- * ۱۷ mite to be symptomatic







head lice



Pubic Louse ("crab louse")



Pubic hair

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تساقطِ شعر کرنی

Telogen effluvium





Androgenic
Alopecia



Male pattern

Alpecin

(above the temples, the vertex)



male pattern





Intralesional
Steroids

* Alopecia areata = patch of hair loss with normal scalp.

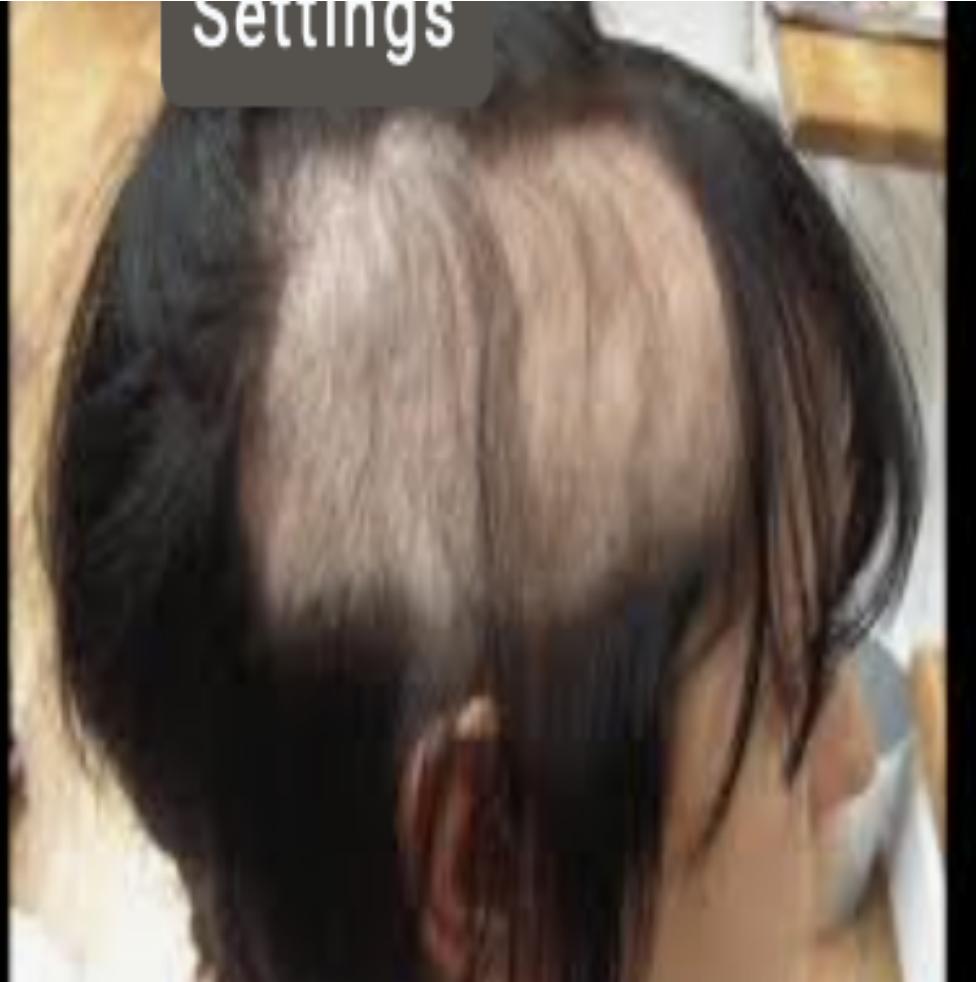




Alopecia Universalis

Minipulse =
steroid treatment

↓
سلووجن جب
Note جب



Settings

Psychologic

Trichotillomania



Pulling test

+ue ឈរ៉ា

for alopecia areata, telogen effluvium





Scalp psoriasis



Erythrodermic





Salmon like
Psoriasis
(plaque)



Atopic dermatitis





Pityriasis rosea
(herald patch)

lichen planus



areolar
Precancerous

oral lichen planus

Wickham's striae





Melasma

MELASMA

Skin Condition
(hyperpigmentation)

Sun exposure

Medications

Genetics

Hormones

Pregnancy

Blue light
(electronic
devices, etc.)

Sun protection

Sunscreen (spf 50+)

Sunglasses

Wide-brim hat

Topical
medication

Cosmetic
procedures

Facial
cosmetology
treatments

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freckles





* Tests

ANA
Thyroid
Blood Sugar

Pityriasis
Alba -
ill-defined.

