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DERMATOLOGY LECTURE NOTES**TYPES OF SKIN LESION:**

- Ulcers & skin cancers
- Plaques / scales
- Rashes
- Blisters
- Eczema
- Erythema

ULCERS & SKIN MALIGNANCIES :

1. BASAL CELL CARCINOMA (BCC), NASOLABIAL FOLDING . A Pearly white umbilicated ulcers anywhere in the face with rolled edges /inverted edge.

2. SQUAMOUS CELL CARCINOMA

Ulcers with everted edges which bleeds easily on touch found anywhere on the neck or arm.

NB: Any ulcer which is located above the neck is always basal cell carcinoma until proven otherwise.

3. MELANOMA. This is a skin cancer of Black or brown, darkly pigmented mole or ulcers which grows rapidly usually on the shin or back. Its usually located on sun exposed areas.

Investigation: Biopsy of the lesion.

ULCERS & SKIN PRE-MALIGNANCIES

1. Black / brown /darkly pigmented mole or ulcers found under the nail = LENTIGO MALIGNA. It is due to prolonged sun exposure over many years.
2. Ulcer or skin lesion on sun exposed area = SOLAR KERATOSIS
3. Ulcers or skin lesion on the sun exposed area which grows slowly for many years= ACTINIC KERATOSIS
4. Ulcer or skin lesion with a central hardcore / horny plug or thorn = KERATOACATHOMA

GENITAL ULCERS:

1. Single painless ulcer = SYPHYLLIS (CHANCRE)
2. Multiple painful ulcers = HERPES SIMPLEX TYPE 2
3. Painful ulcers + lymphadenopathy with dysuria = HAEMOPHILLUS DUCREYI (CHANCROID)
4. Beefy ulcers with the presence of Donovan bodies = CALYMMATOBACTERIUM GRANULOMATIS (LYMPHOGRANULOMA VENERUM / DONNOVIAN DISEASE)
5. Genital ulcers with femoral & inguinal lymph node enlargement forming a groove between them called the " GROOVE SIGN" = CHLAMYDIA TRACHOMATIS (GRANULOMA INGUINALE)

ULCERS IN SYSTEMIC DISEASES:

1. Shiny painful ulcer on the leg with decreased hair distribution & tight skin around, usually on the medial malleoli = VENOUS ULCER
1. Yellowish /whitish waxy ulcer induration on the leg which might be painful with high blood sugar levels (diabetes) = NECROBIOSIS LIPOIDICA
2. Greyish ulcer in patients with inflammatory bowel disease (crohn's disease / ulcerative colitis) = [PYODERMA GANGRENOSUM](#)
3. Pearly or pink umbilicated ulcers with rolled off edges + central depression /punctum + risk of HIV (Iv drug abuser or homosexual) =[MOLLUSCUM CONTAGIOSUM](#)

Treated with fluconazole

INVESTIGATION:

For any suspicion of malignancy = BIOPSY

TREATMENT :

Malignancies = EXCISION

PLAQUES /SCALES:

1. **PSORIASIS** = Silvery scales on the extensor surfaces like knees , elbow , head which bleeds on scratching + onycholysis + psoriatic arthritis + with presence of family history .

Psoriasis is a common condition where there is inflammation of the skin. It typically develops as patches (plaques) of red, scaly skin. Once you develop psoriasis it tends to come and go throughout life. A flare-up can occur at any time.

Treatment:

Management options for the treatment of psoriasis include:

Topical treatment: Regular emollients to soften the plaques

- First-line therapy which includes traditional topical therapies - e. g corticosteroids, vitamin D analogues, dithranol and tar preparations.
- Second-line therapy which includes phototherapy, broad-band or narrow-band ultraviolet B light.
- Third-line therapy which refers to systemic biological therapies that use molecules designed to block specific molecular steps important in the development of psoriasis, such as the TNF antagonists adalimumab, etanercept and infliximab, and ustekinumab, anti-IL12-23 monoclonal antibody.

2. **LICHEN PLANUS** = white or purple polygonal lacy or wavy lines or scales or plaques on flexor surface usually on the limbs.

Treatment = steroids

3. **LICHEN SCLEROSIS** = white or purple polygonal lacy or wavy lines or scales or plaques usually located in the genital area

Treatment = steroids

4. **BOWEN'S DISEASE: This is squamous cell carcinoma in situ. It is a** slow growing scales /plaques on lower leg .It is a pre – malignant condition which may progress into **squamous cell carcinoma**

5. **MYCOSIS FUNGOIDES** (SKIN CD4 T – cell LYMPHOMA)= red scaly patches /tumours on trunk /limbs

6. **ORAL HAIRY LEUKOPLAKIA (ESTEIN BAR VIRUS)** = hairy plaques on oral mucosa of HIV patients

7. **KAPOSI'S SARCOMA** = multicentric skin nodules / plaques involving the mucus membrane common in HIV patients caused by human hominis virus 8 (HHV8)

RASHES:

1. **ACNE VULGARIS** = pimples , inflamed follicle especially in teenagers forming comedones. It is common in teenagers but it also be found in condition like cushing disease, polycystic ovarian syndrome e.t.c



Treatment: Salicylic acid 10%

2. **ACNE ROSACEA** (chlamydia pneumonia) = chronic recurring condition causing flushes of face after taking alcohol or spicy food

Treatment = zelaic acid , metronidazole , doxycycline , azithromycin

3. **IMPETIGO** = infection due to staphylococcus aureus , usually on face with honey coloured fluid in a erythematous base (usually around the mouth and nose and common in children)

Impetigo can develop on unaffected skin as well as on the affected skin e.g on top of eczematous skin.

- Children should be kept off school or nursery until there is no more blistering or crusting, or until 48 hours after antibiotic treatment has been started.



Treatment = Flucloxacillin

4. **ERYSIPELAS** = infection due to streptococcus pyogenes , usually on the face associated with high temperature

Treatment = benzyl penicillin + Flucloxacillin (if super infected with staph aureus)

5. **GENITAL WARTS**= Are caused by HUMAN PAPILLOMA VIRUS (HPV) infection. They are usually transmitted during sexual intercourse.

Treatment = wait & see , salicylic acid, cryotherapy

6. **HERPES SIMPLEX VIRUS: CAUSES** gingivostomatitis which is the infection of the mouth causing very painful ulcers which makes it difficult to eat and may cause dribbling of saliva

Treatment = acyclovir

7. **HERPES ZOSTER (shingles)** = affects dermatomes as it remains dormant on the nerve roots caused by varicella zoster)
2 common presentation is ophthalmic shingles or between the ribs usually starting from the back.

Treatment = acyclovir

Treatment for herpetic neuralgia = Amitriptylin / gabapentin / carbamazepine (anti-epileptic or anti-depressant)

8. **PITYRIASIS ROSEA** = caused by herpes hominis Virus (HHV 6&7) , this rash is preceded by a "**herald patch**" which is scaly ovoid patch which is larger than the rash that comes later

Treatment = self – limiting , oral erythromycin in increased severity

9. **PITYRIASIS VERSICOLOR** = areas of hyperpigmentation on fair skinned people / areas of hypopigmentation in dark people caused by malassezia furfur which is a fungal infection

Treatment = ketoconazole cream

10. Chicken pox:

- The first feature is often pyrexia - temperature of around 38-39°C is usual for up to four days.
- Headache, malaise and abdominal pain may be reported.
- Crops of vesicles appear over the course of 3-5 days - mostly on the head, neck and trunk and very sparse on the limbs



Treatment: In children between 1 year and 12 years no treatment is required. In adult treat with oral acyclovir. Treatment is also recommended in patient who are immunocompromised.

BLISTERS :

1. **PEMPHIGOID** = Tense thick walled bullae in an **old patient**. **Bullae** which is difficult to break and there **antibodies to the basement membrane**

Bullous pemphigoid is a skin disease that causes blisters. It mainly affects elderly people aged over 70 years.

The blisters are quite firm and dome-shaped which are difficult to break

- Tense bullae can form anywhere but commonly around flexural areas.
- They can appear both on normal and erythematous skin.
- Mucosal involvement is rare and not clinically significant when it does occur

Investigation: 1) Skin biopsy 2) antibodies to basement membrane.

Treatment is usually with steroid creams or oral steroids

2. **PEMPHIGOUS VULGARIS** = thin walled bullae + **young patient** + easily breakable & prone to infections + antibodies to the desmosomal components.

The blisters are flaccid (loose) and fragile so they easily burst.
Patients are usually above 50 years of age.

Investigation: skin biopsy & immunofluorescence

Treatment = Corticosteroids e.g prednisolone

Investigation: skin biopsy & immunofluorescence

ECZEMA :

ATOPIC ECZEMA = Allergic reaction (atopy) which is usually associated with asthma/hay fever

- The skin usually feels dry.
- Some areas of the skin become red and inflamed. The most common areas affected are flexor areas of the elbows, wrists, knees, and around the neck.

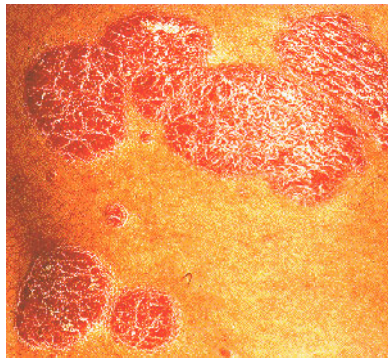
However, any areas of skin may be affected.

- Inflamed skin is itchy. If you scratch a lot it may cause patches of skin to become thickened.
- Sometimes the inflamed areas of skin become blistered and weepy.
- Sometimes inflamed areas of skin become infected.

Treatment = 1) Avoid irritants

2) constant use of emollients, do not stop even if the skin looks normal

2) 1% hydrocortisone cream first. If skin condition not improving then add 0.05% clobetasone or 0.1% betamethasone cream



NB: When using the emollients and steroid together, apply the emollient first. Wait 10-15 minutes after applying an emollient before applying a topical steroid.

That is, the emollient should be allowed to absorb before a topical steroid is applied (the skin should be moist which means it's better to take it after shower. But the skin should not be slippery.)

Characteristics of infected eczema include weeping blisters, infected skin lumps (pustules), crusts, failure to respond to normal treatment, and rapidly worsening eczema.

IRRITANT DERMATITIS = when comes in contact with irritant like soap, detergent etc. + hands are usually involved + affected area becomes red ± weeping + dry fissuring

Treatment = avoiding irritants, using gloves

ALLERGIC CONTACT DERMATITIS = allergic reaction to metals, latex etc

Investigation = patch test

Treatment = irritant avoidance , topical steroids

ADULT SEBORRHOEIC DERMATITIS = red scaly rash affecting the scalp causing dandruff

Treatment = ketoconazole , metronidazole

ERYTHEMA:

1. ERYTHEMA MARGINATUM – seen in rheumatic fever

2. ERYTHEMA NODOSUM (Painful nodules on limbs)– seen in rheumatoid arthritis , inflammatory bowel disease , TB , **sarcoidosis** ,SLE



3. ERYTHEMA CHRONICUM MIGRANS (round/ ovoid rash with central clearing) = seen in lyme 's disease caused by tick bite in forests or mountain area , the causative agent is "BORRELIA BURGDORFERI".

Treatment = **doxycycline**



4. ERYTHEMA MULTIFORME = drug eruption especially due to NSAIDs and antibiotics usually "without" involvement of mucous membrane

6. STEVEN JOHNSON SYNDROME = drug eruption "with" involvement of mucous membrane

Symptoms

- It often starts with a nonspecific upper respiratory tract infection, which may be associated with fever, sore throat, chills, headache, arthralgia, vomiting and diarrhoea, and malaise.
- Mucocutaneous lesions develop suddenly and clusters of outbreaks last from 2-4 weeks. The lesions are usually not pruritic.
- Mouth: severe oromucosal ulceration.
- Respiratory involvement may cause a cough productive of a thick purulent sputum.
- Patients with genitourinary involvement may complain of dysuria or an inability to pass urine.
- Ocular symptoms: painful red eye, purulent conjunctivitis, photophobia, blepharitis

NB: If after sore throat , patient is treated with amoxicillin or ampicillin and develops generalised rash, it means the sore throat was caused by infectious mononucleosis. Therefore it is not recommended to prescribe the above mentioned antibiotics in any patient who is suspected of having infectious mononucleosis.

SKIN CONDITIONS IN SYSTEMIC DISEASES:

1. Inflammatory bowel disease = **pyoderma gangrenosum , erythema nodosum**

1. SLE = **malar rash or butterfly rash on face (cheeks) & discoid rash**

1. Rheumatoid arthritis = **erythema nodosum**

1. Dermatomyositis = **purple heliotrope rash on eyelids , itchy rash over shoulder & back called "shawl sign"** , dermatomyositis occurs in the presence of cancers

1. Diabetic mellitus = **necrobiosis lipoidica , granuloma annularae**

1. Glucagonoma = **necrolytic migratory erythema**

1. Polyarteritis nodosa (PAN) = **livedo reticularis (red /blue mottling of skin) , erythema nodosum**

1. Hypo/Hyper – thyroidism = **pre-tibial myxoedema**

1. Neurofibromatosis = **café-au-lait spots. Autosomal dominant disease(1:2 chance transmission)**

1. Coeliac disease = **dermatitis herpetiformis (severe blistering itchy rash)**

1. T- cell lymphoma = **erythroderma**

1. Asthma = associated with **eczema**

1. HIV = **kaposi's sarcoma , molluscum contagiosum , oral hairy leukoplakia , oral thrush ,herpes simplex infection ,varicella zoster infection or simply shingles**

1. **Sarcoidosis =erythema nodosum**

SCABIES :

Caused - sarcoptes scabiei

Spreads – from direct person to person contact

Typically affected individuals – old people in care homes , children

Symptoms – severely itchy vesicles / rash in between the fingers , groin area ,waistband area or in between the toes. Itching is allergy to toxin released by the mites.

Investigation – inspection of hands & feet , skin scrapping

Treatment - 1) 5% permethrin
2) malathion

TINEA INFECTION (fungal infection):

TINEA CAPITIS = fungal infection in the head

TINEA CORPORIS = fungal infection on the body

TINEA UNGUIUM = fungal infection of nail

TINEA CRURIS = fungal infection in the groin

Treatment :

Topical anti-fungal application

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