

Cutaneous diseases to recognize

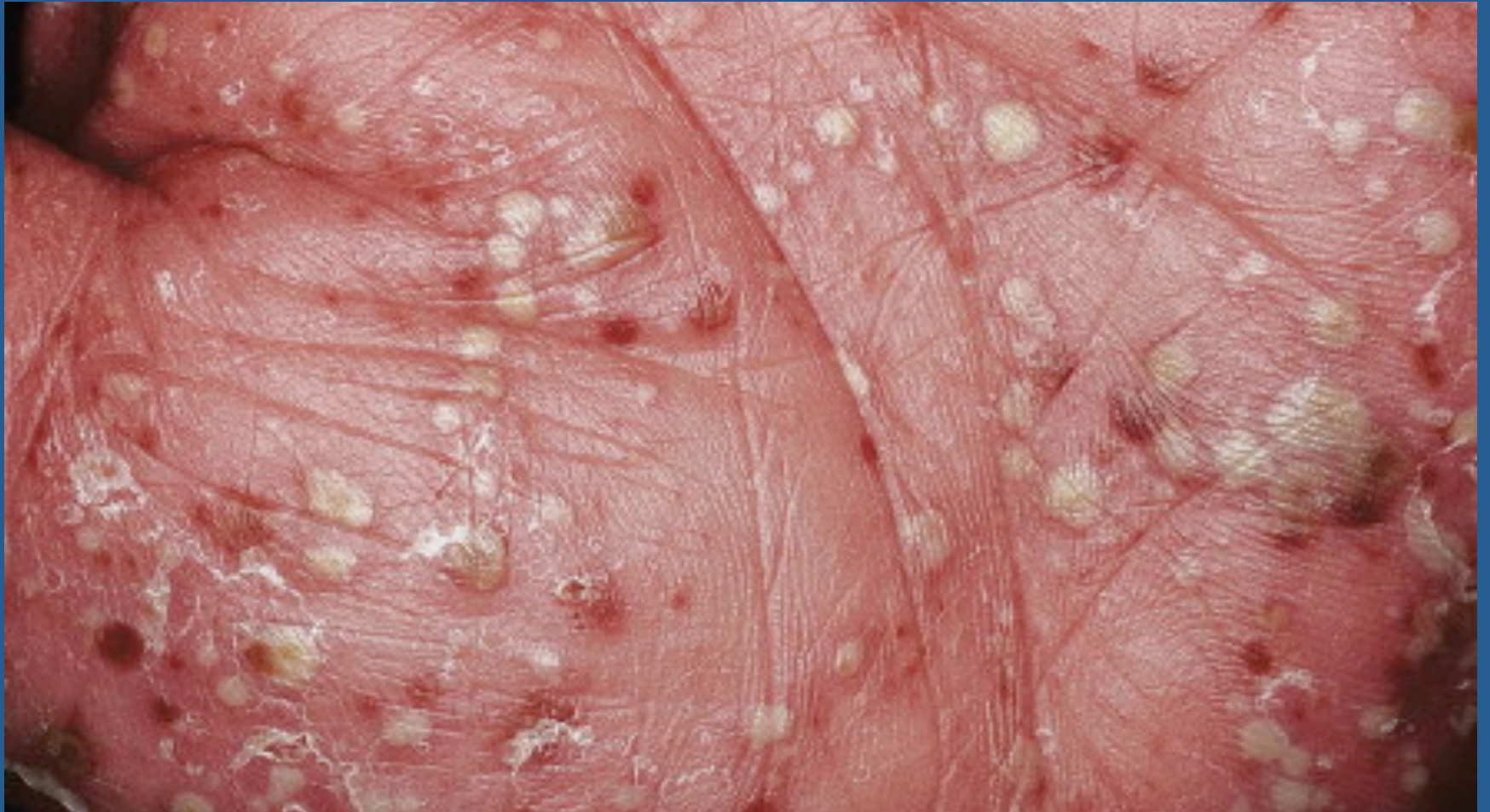
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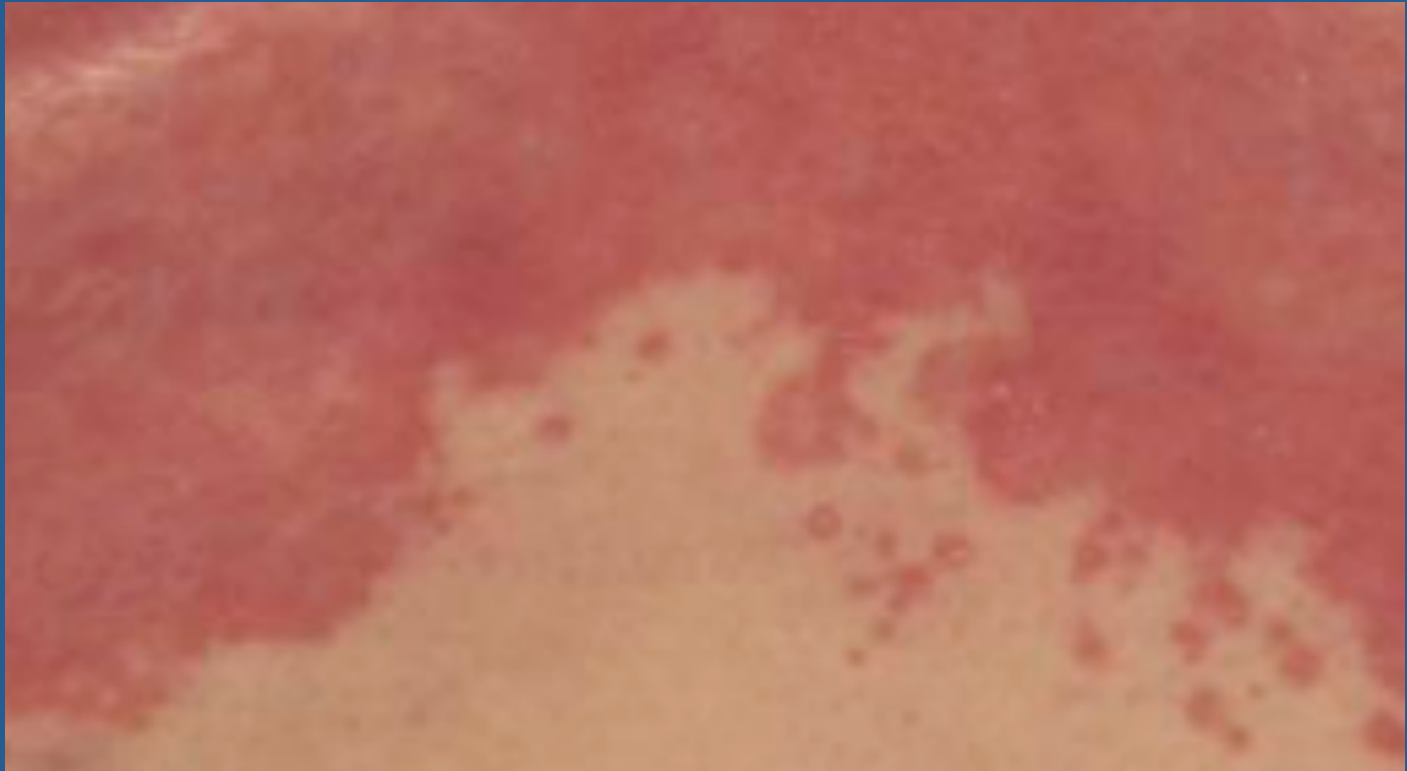
Board certified dermatologist

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Objectives

- To identify some of the most common rashes
To be aware of associations and comorbidities of common rashes
- Know the treatment modalities for common rashes









Psoriasis

- Chronic, inflammatory skin disease classically presenting with symmetric, well-demarcated erythematous plaques with thick silver scale
- Plaque, inverse, pustular, guttate
- Tx: Topical steroids, phototherapy, systemic retinoids, immunosuppressants

- Increased risk of cardiovascular disease, obesity, high blood pressure, inflammatory bowel disease, diabetes, lymphoma in severe cases
- May develop or already have psoriatic arthritis
- QOL may be impaired, consider the psychological impact
- Avoid systemic steroids in psoriasis due to risk of flare upon discontinuation
- Triggers: beta blockers, lithium, strep infection







Eczema

- Nummular, asteatotic, atopic dermatitis, dyshidrosis
- Dry scaly plaques with fissures or nummular scaly plaques, erythematous patches and plaques
- Dry skin care
- Tx: topical steroids and calcineurin inhibitors, antihistamines, phototherapy, immunosuppressants

- Calcium channel blockers may trigger eczema in the elderly
- QOL may be impaired by pruritus
- In children, consider atopic march--seasonal allergies, asthma. If eczema is widespread and severe, consider food allergies.







Contact dermatitis

- extrinsic irritant or allergen
- Pruritus, burning, scaly or edematous erythematous plaques and patches
- Patch testing
- Tx: avoidance of triggers, topical steroids and calcineurin inhibitors, antihistamines







Bullous pemphigoid

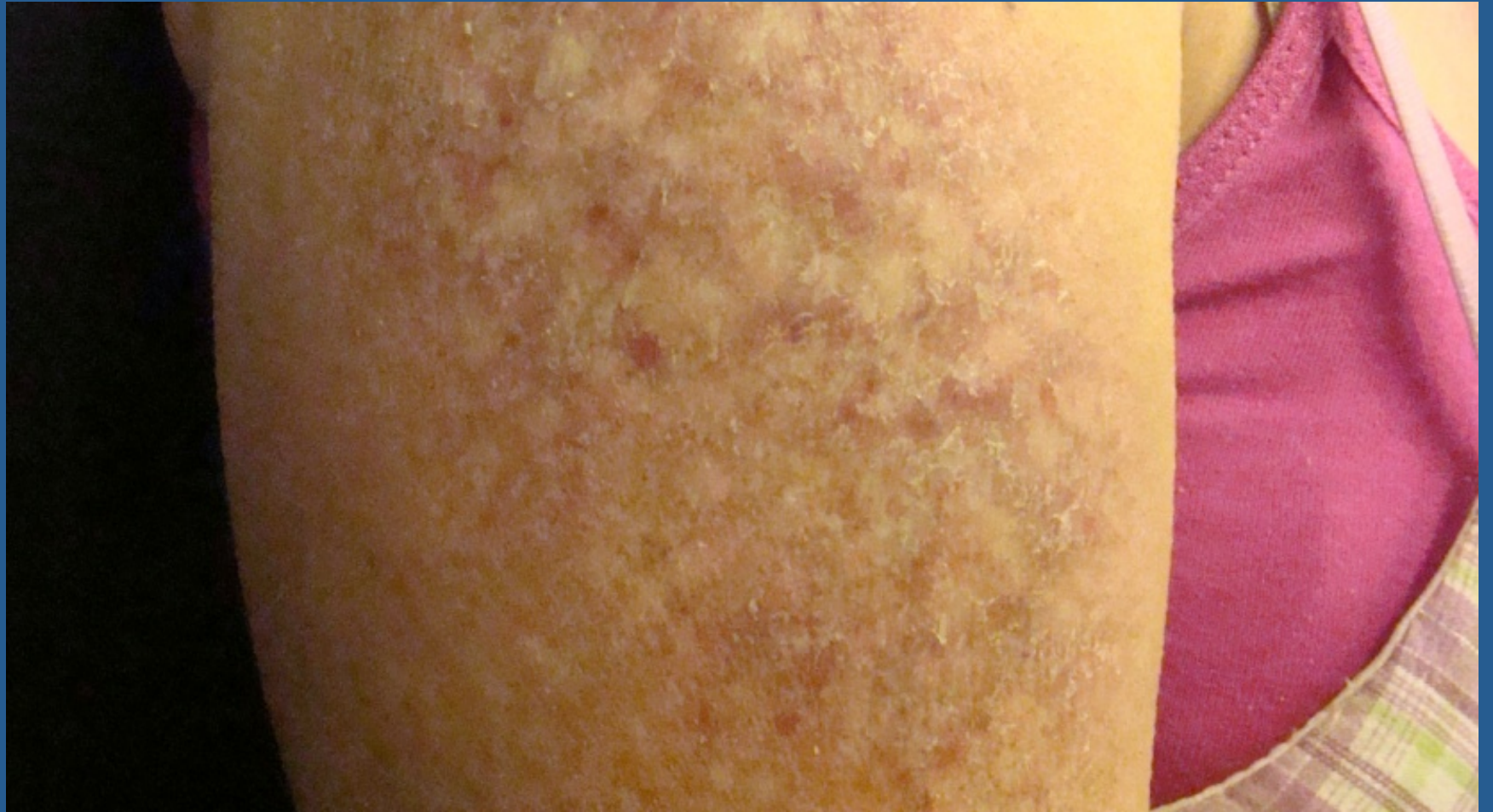
- Vesicles, bullae, urticarial plaques in elderly
- Tx: topical steroids, prednisone, immunosuppressants

Bullous pemphigoid

Monitoring while on chronic prednisone:

- Baseline DEXA, may need bisphosphonate
- Baseline hepatitis B, C, HIV, quantiferon gold
- Blood pressure monitoring
- Blood cholesterol monitoring
- Blood glucose monitoring
- Monitoring of weight
- Ophthalmology to monitor for cataracts/glaucoma
- Monitoring for infection











Dermatomyositis

- Periungual telangiectasias, pruritus, heliotrope, Gottron's sign, Gottron's papules
- Ddx: lupus, psoriasis, and contact dermatitis
- Tx: topical steroids, prednisone, immunosuppressants

- Rheumatology consult
- History and Physical
- Potential for lung and heart involvement
- Adults require cancer screening for 3 years after the diagnosis

Summary

- Be able to identify some of the most common rashes in dermatology including psoriasis and eczema
- Identify treatment modalities for common rashes
- Identify medication triggers and comorbidities in rashes



Melanoma

- Asymmetric, irregular, variegated, or evolving flat or raised growth
- RF: age, sun exposure, genetic susceptibility, immunosuppression, smoking
- Tx: wide local excision +/- sentinel lymph node
- Ophthalmologic, gynecologic, dental, physical exams







Basal Cell Carcinoma

- Clinical types: superficial, nodular, morpheaform
- Scar-like, scaly and erythematous; pearly papule; erosion
- RF: sun exposure, age, genetic susceptibility
- Tx: surgical excision, topical chemotherapy, curettage and desiccation