Dermatology quiz

Derm quiz

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Contents

- Childhood rashes
- Pigmented lesions
- Sun damage
- Pityriasis
- References

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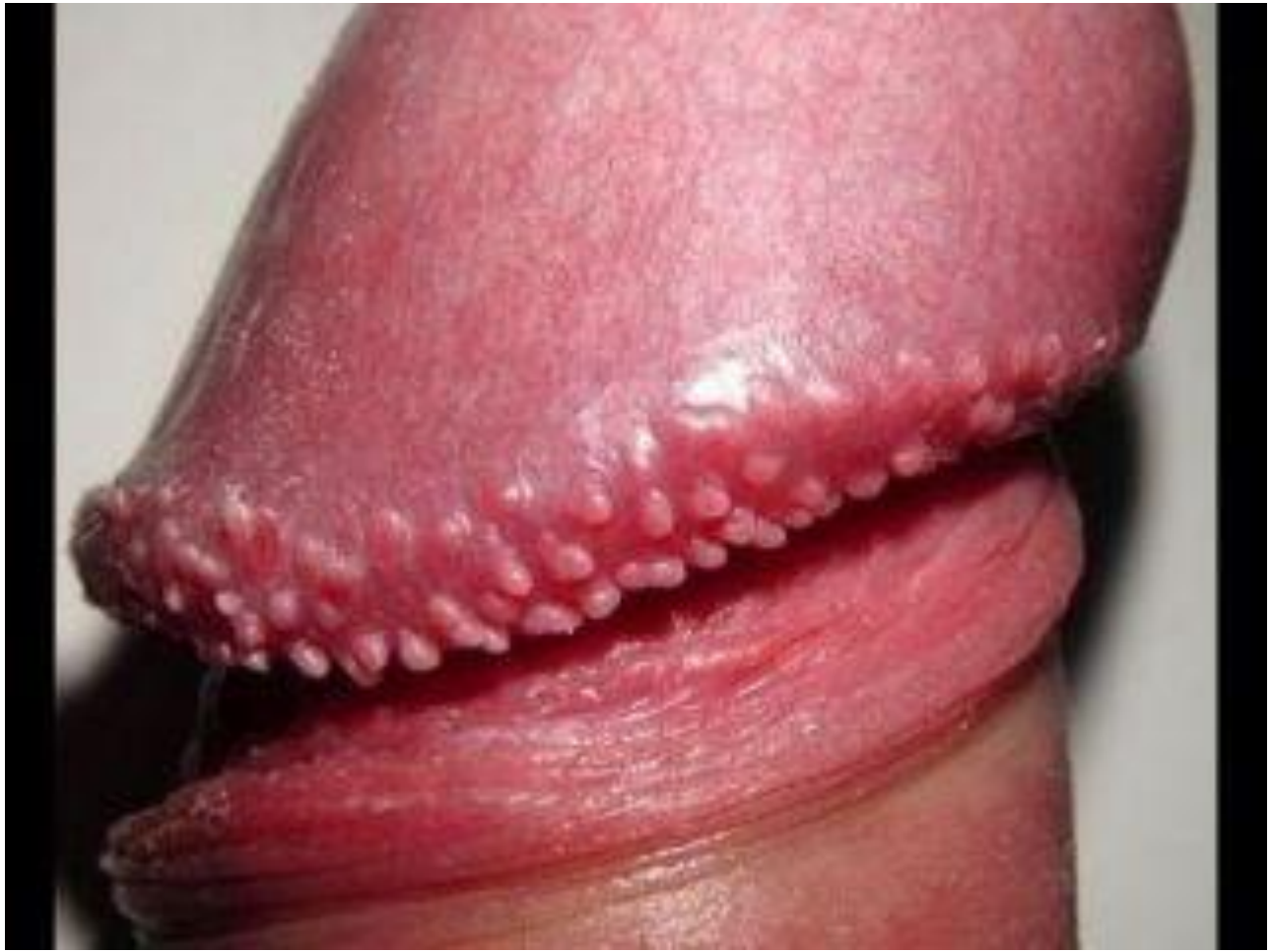

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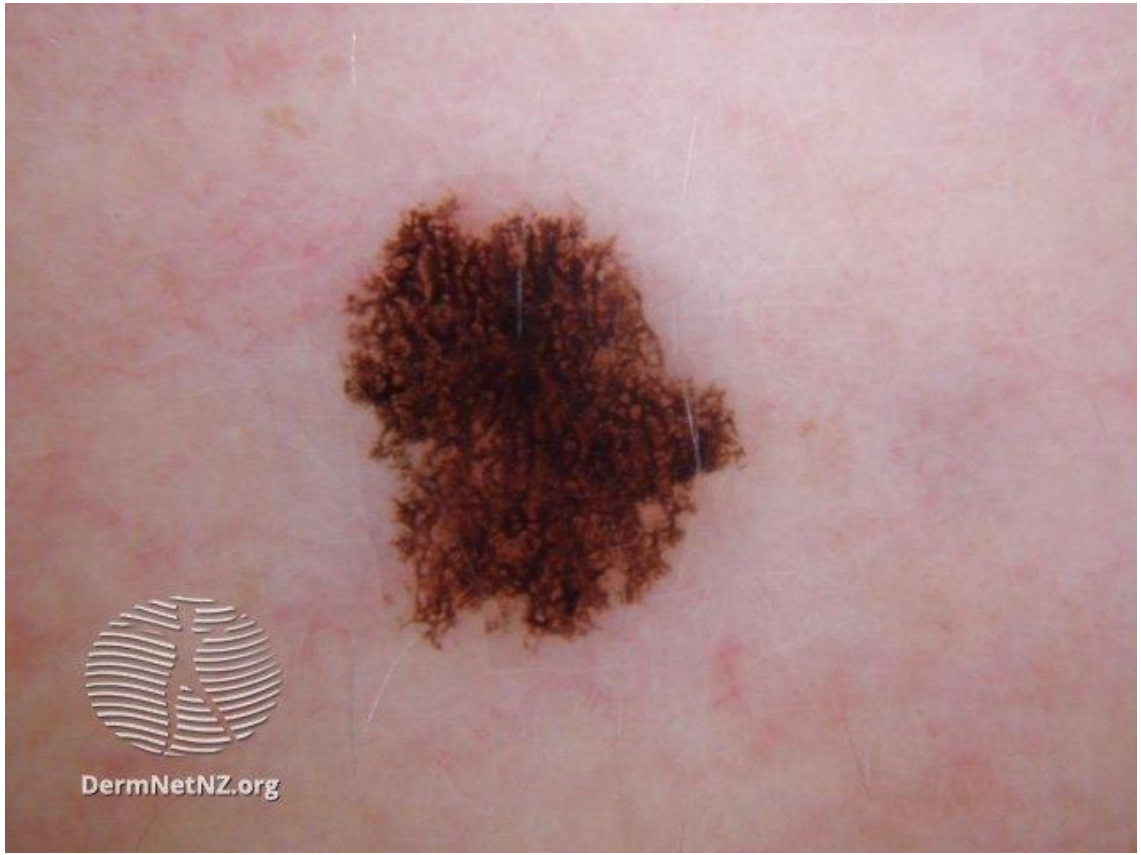

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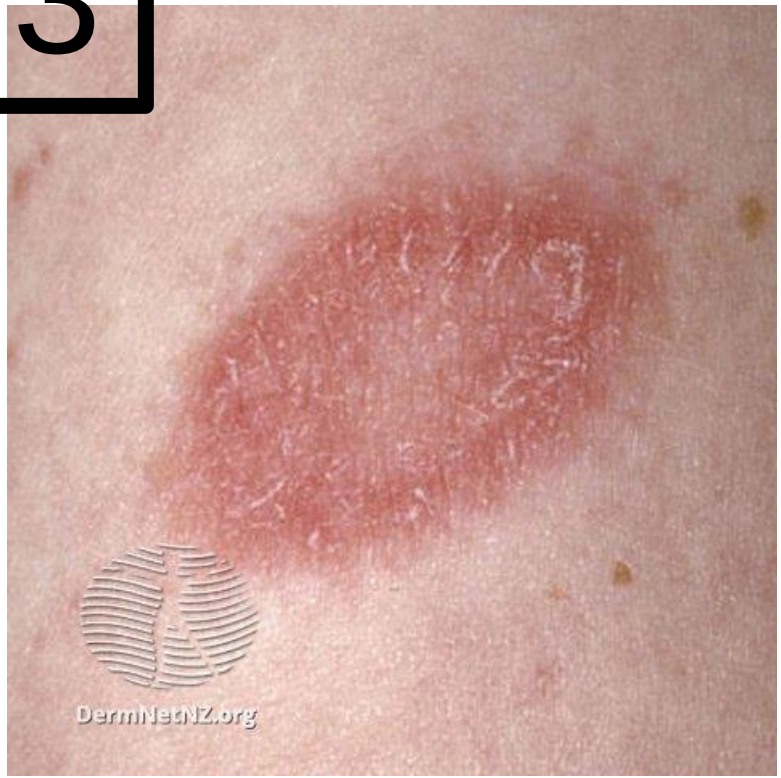

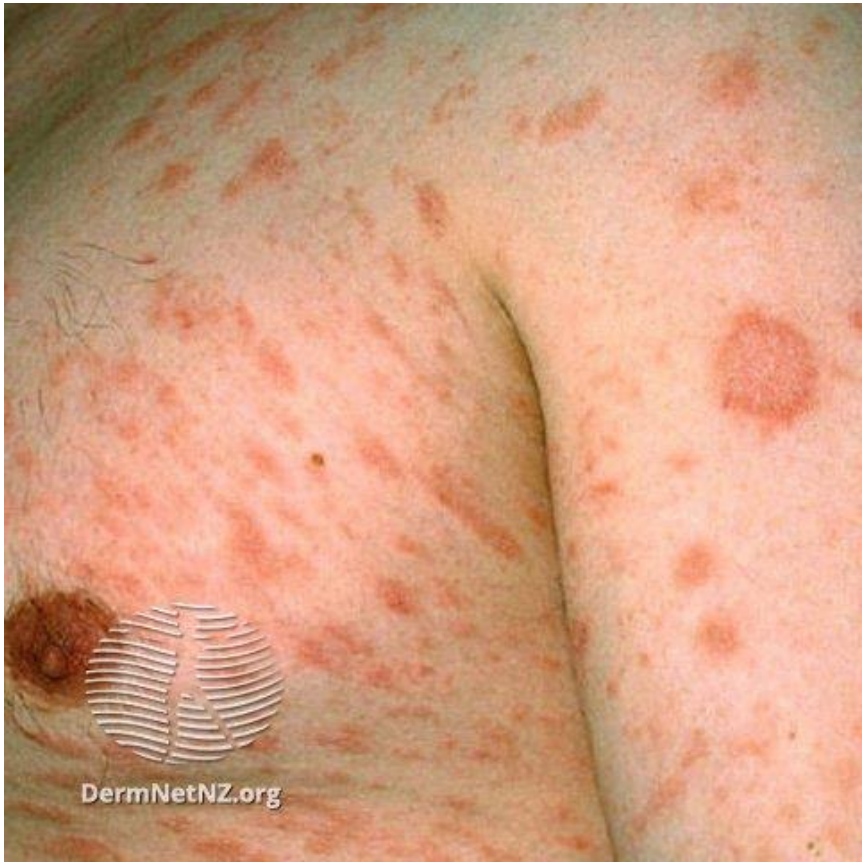

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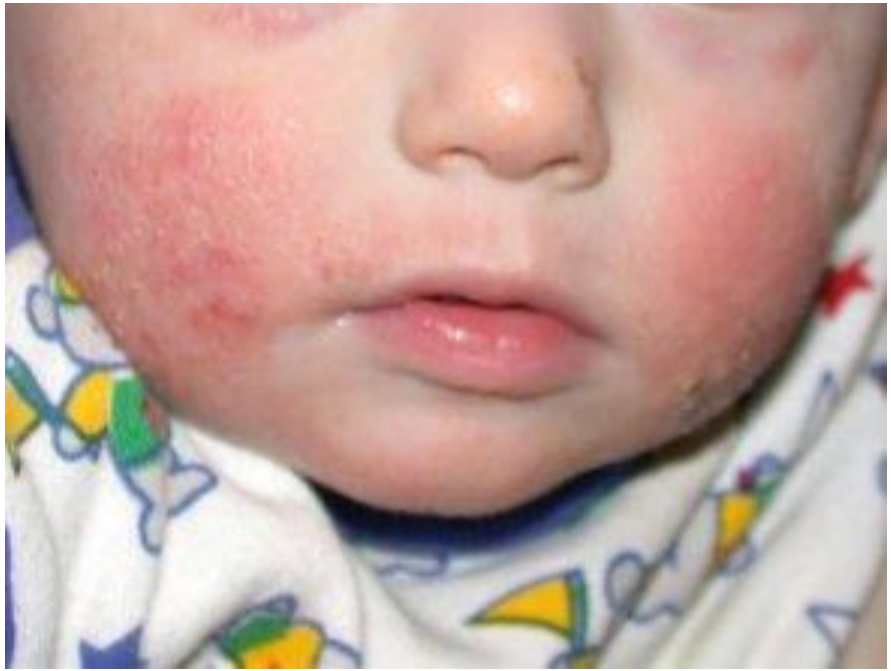

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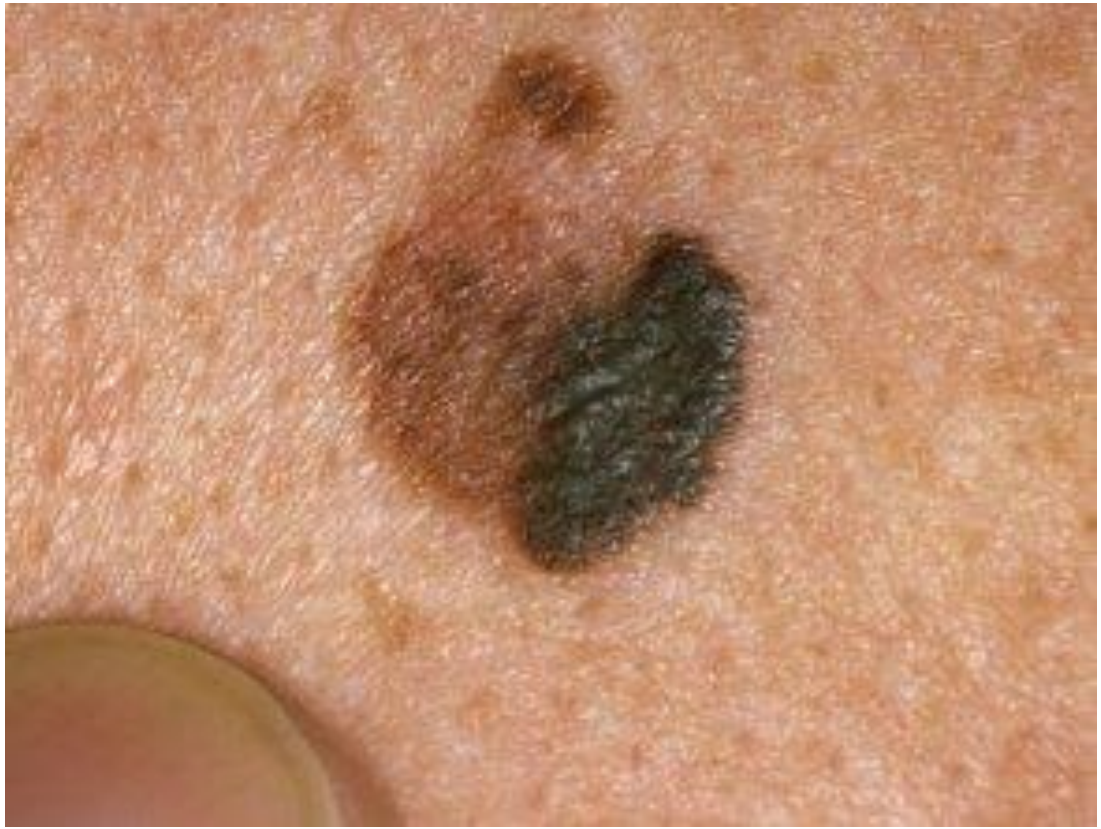

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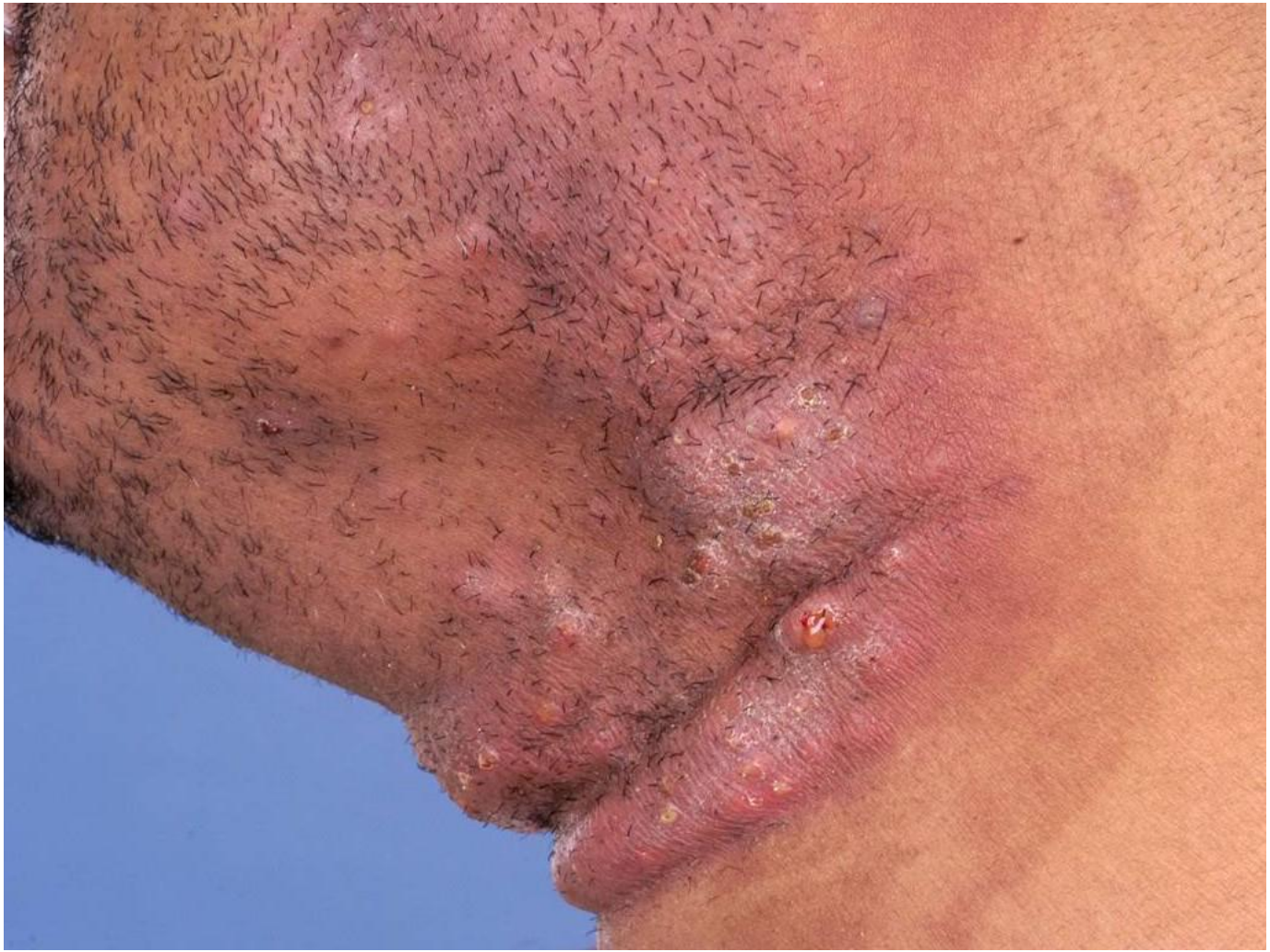

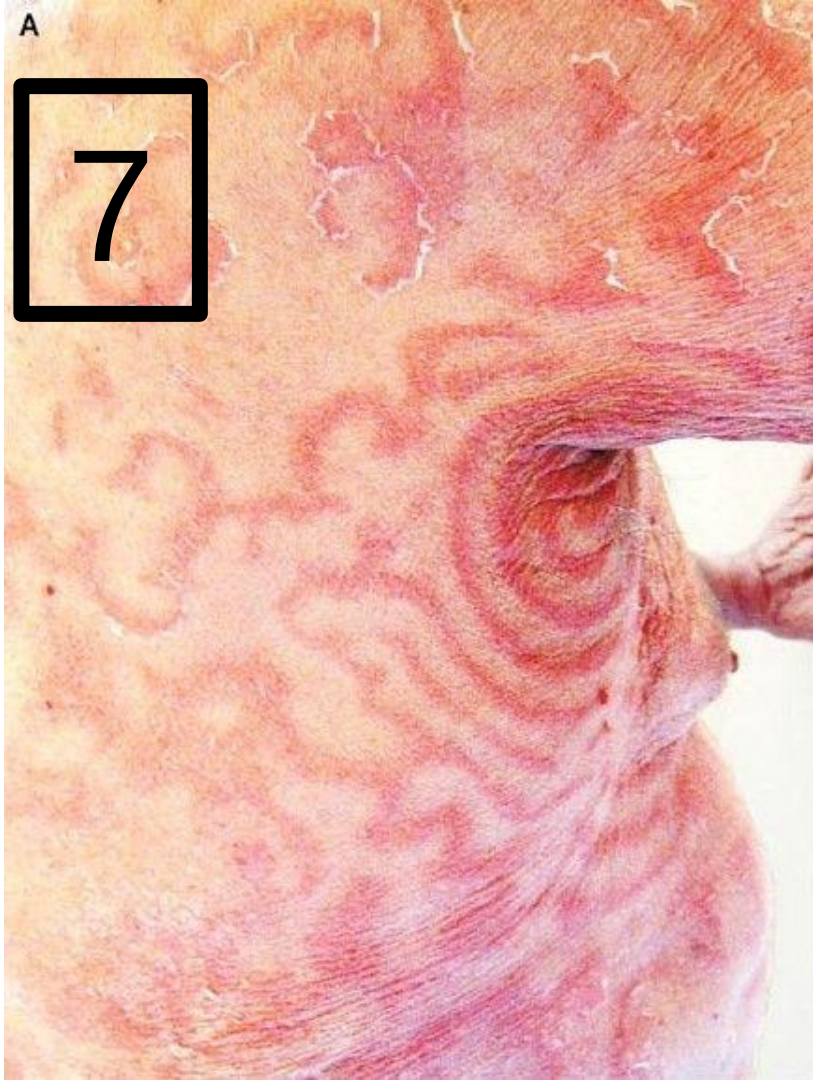
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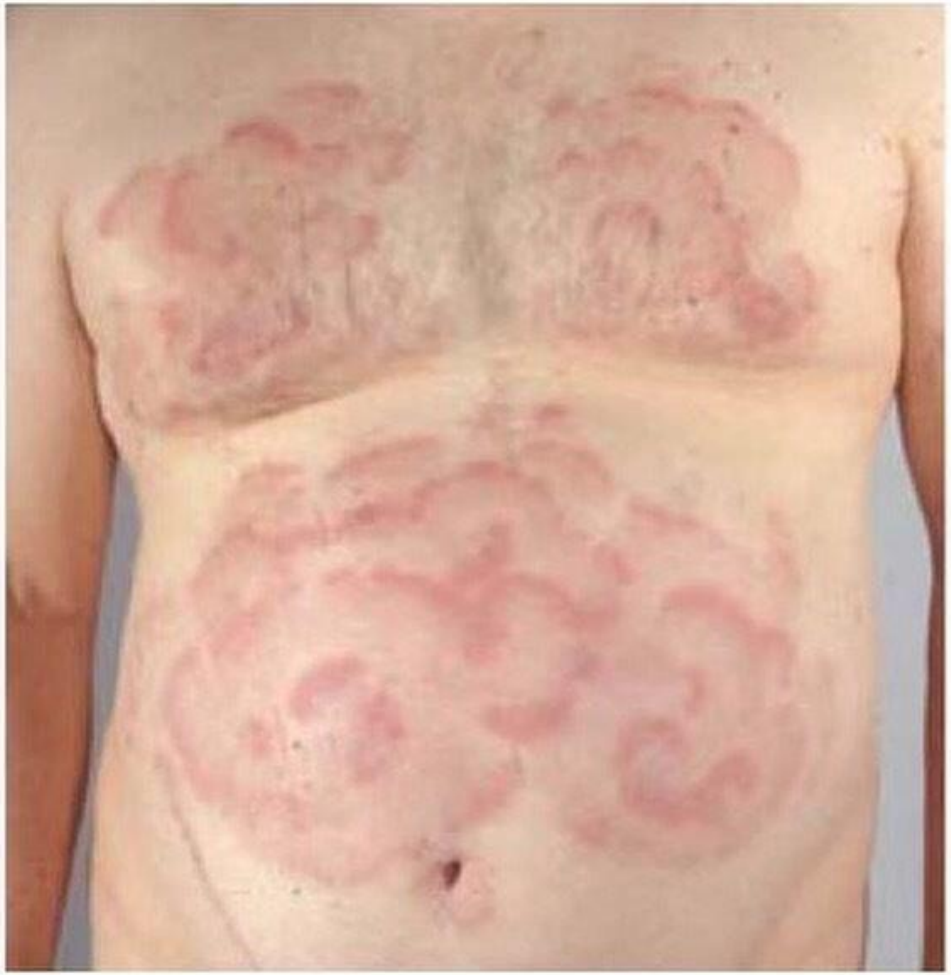

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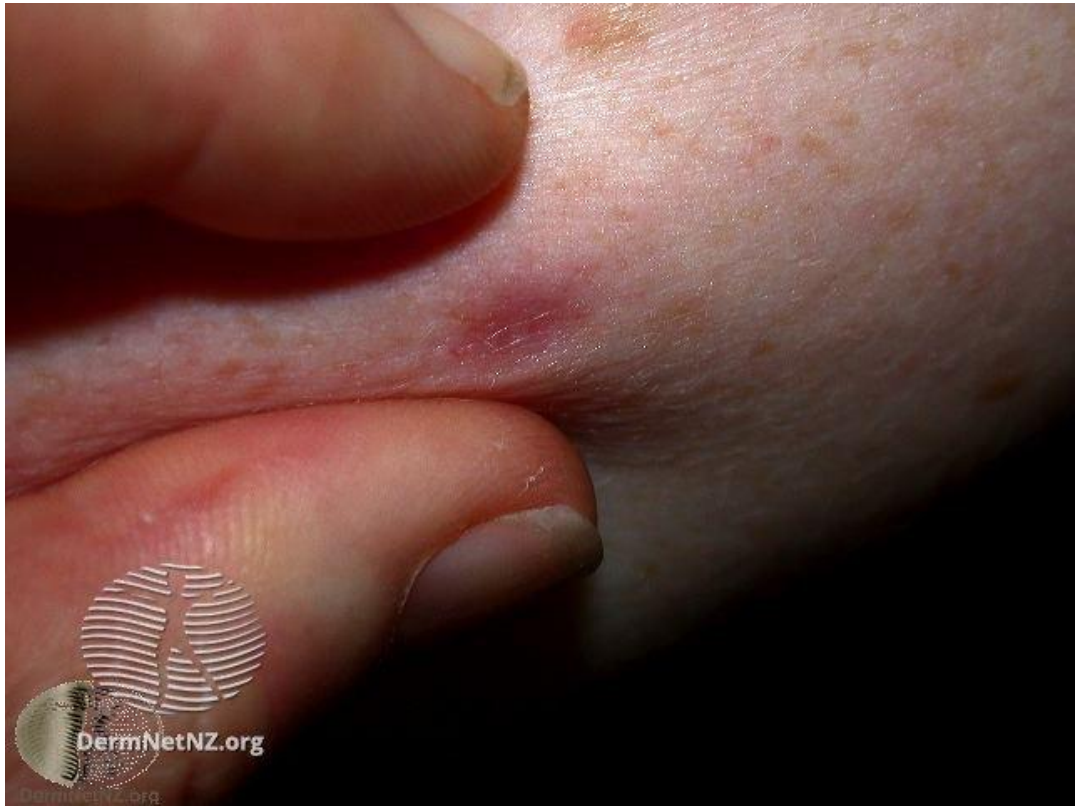

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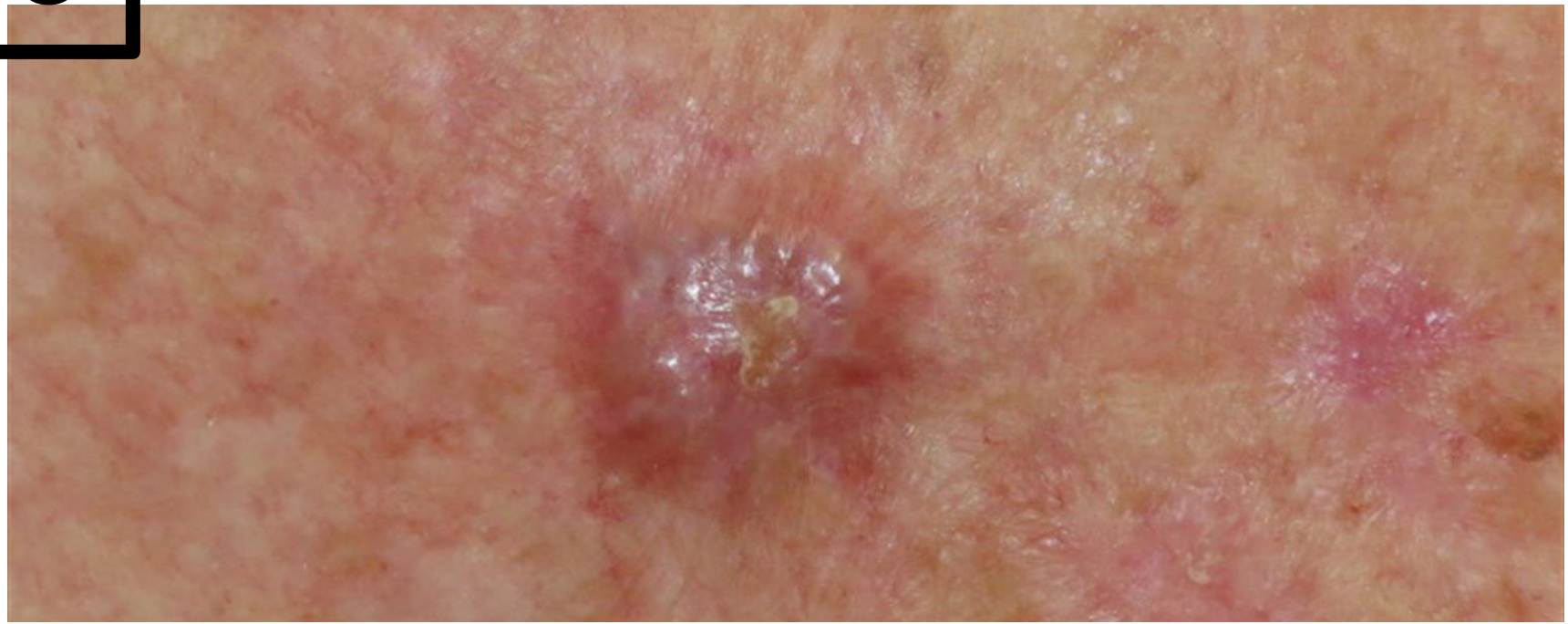

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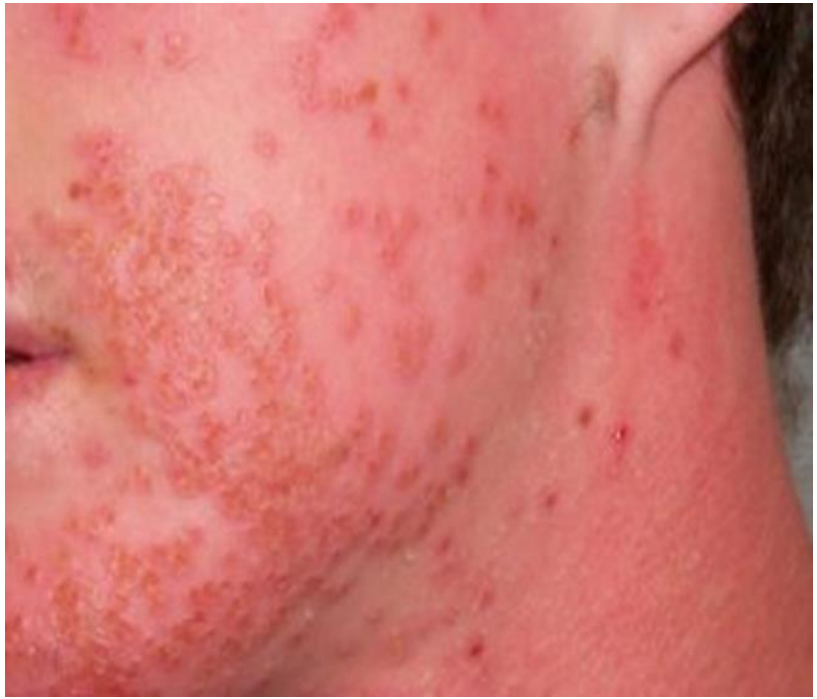

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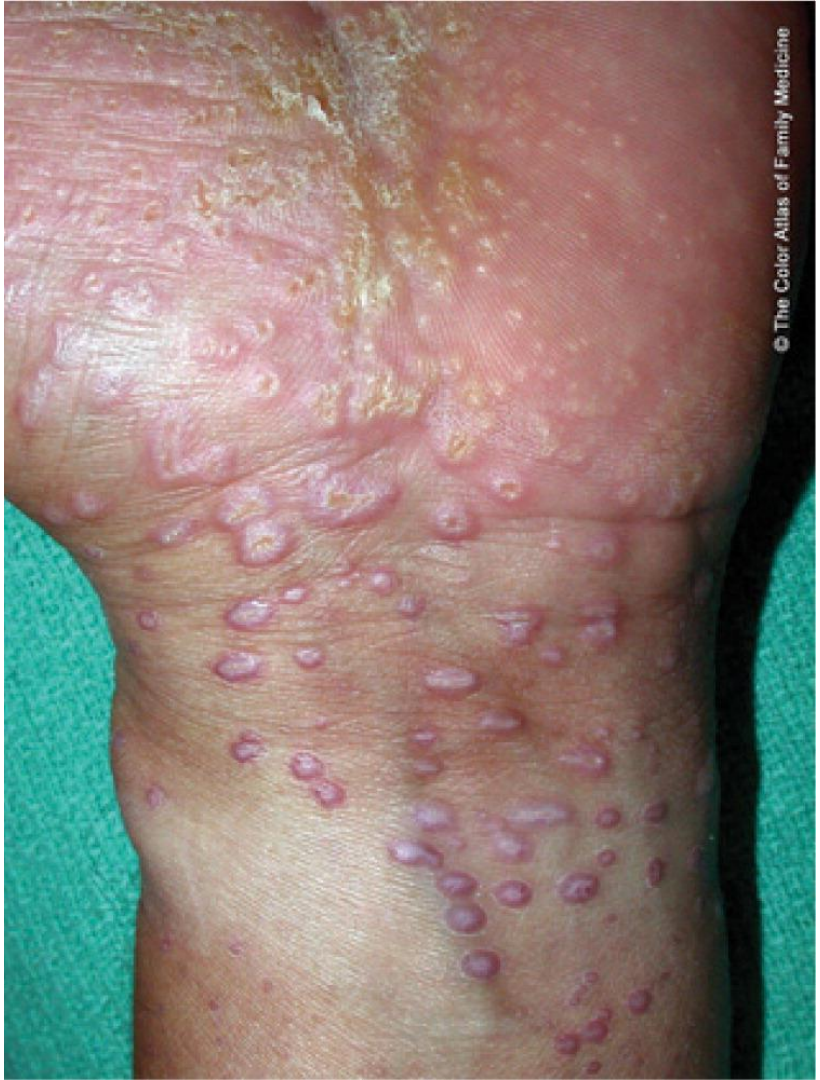

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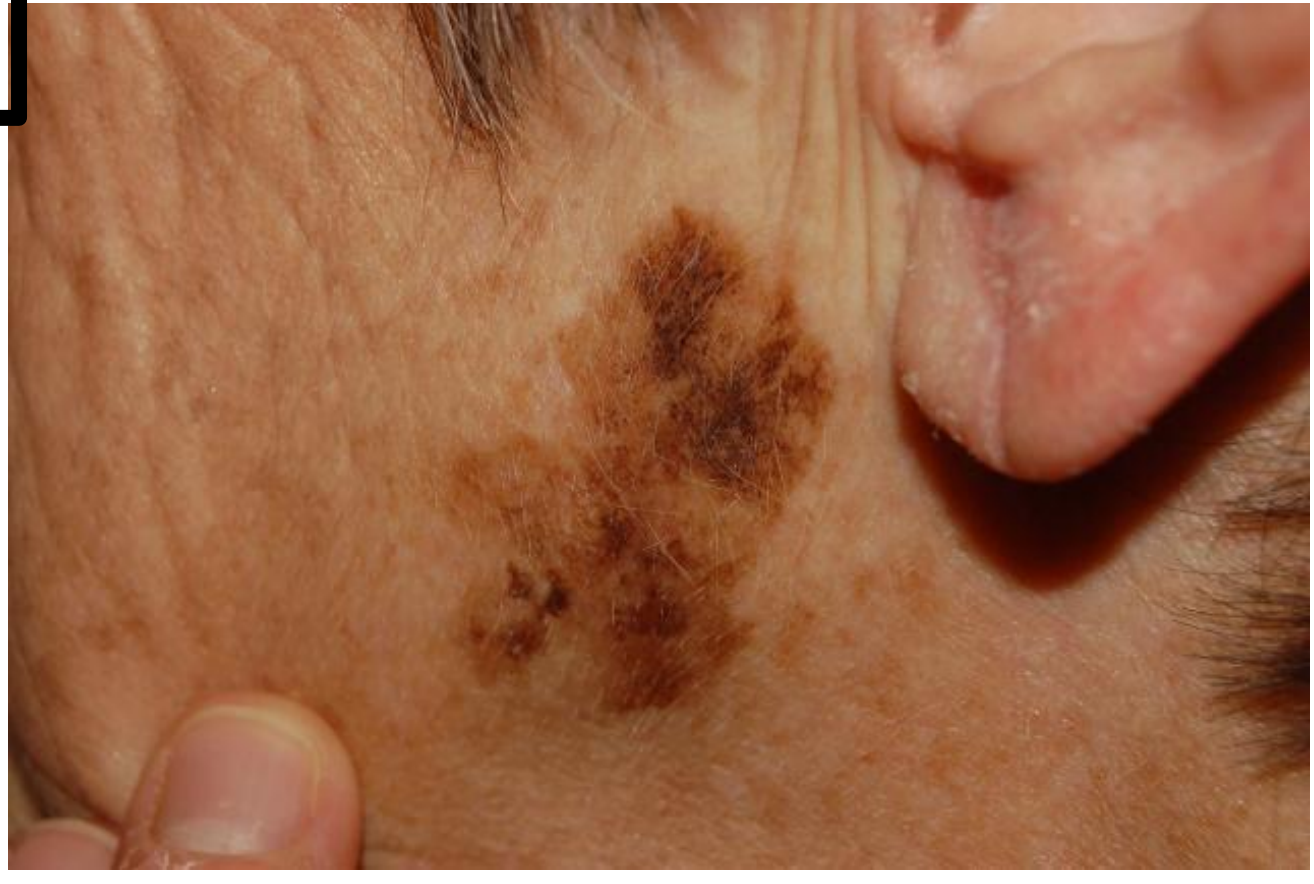

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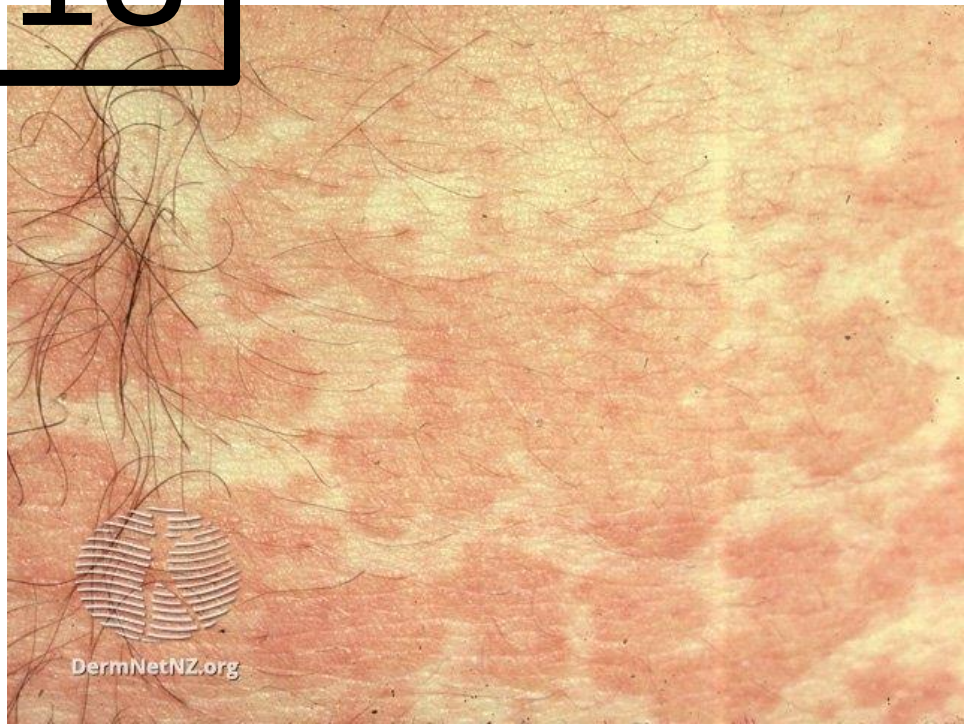

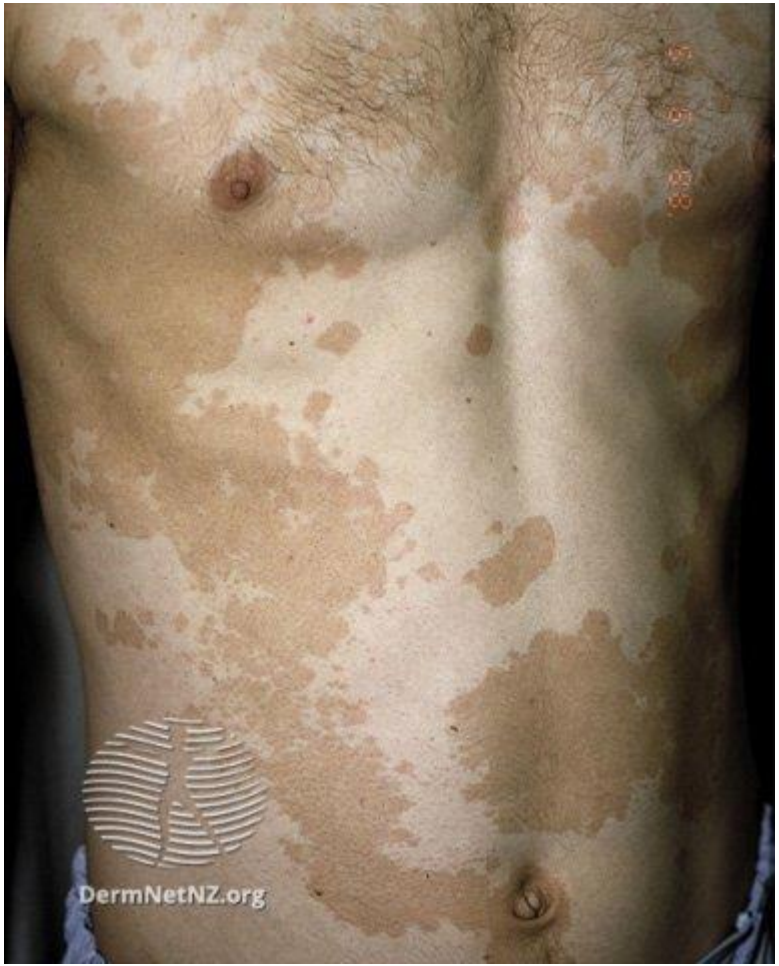

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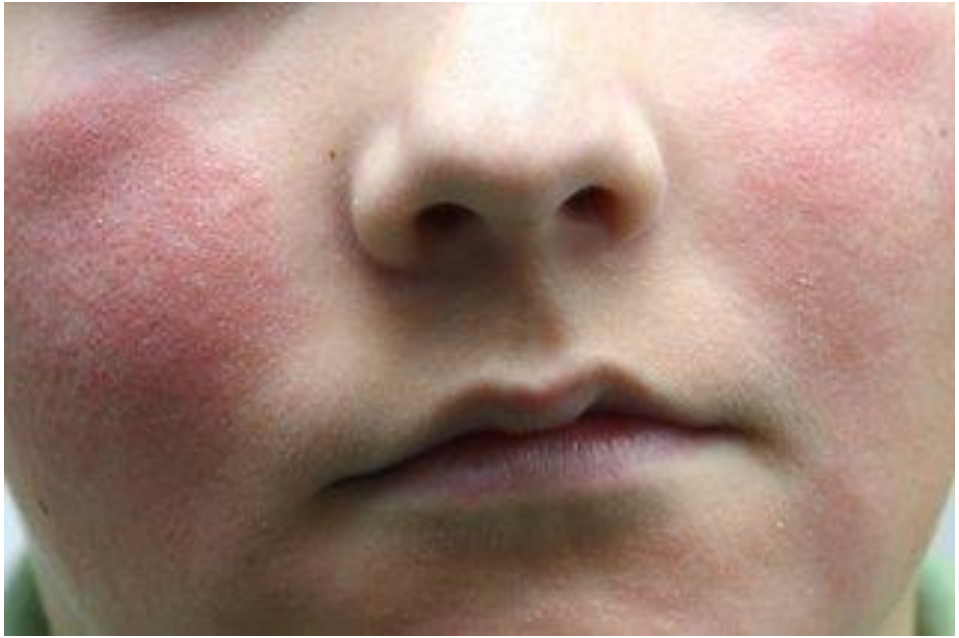

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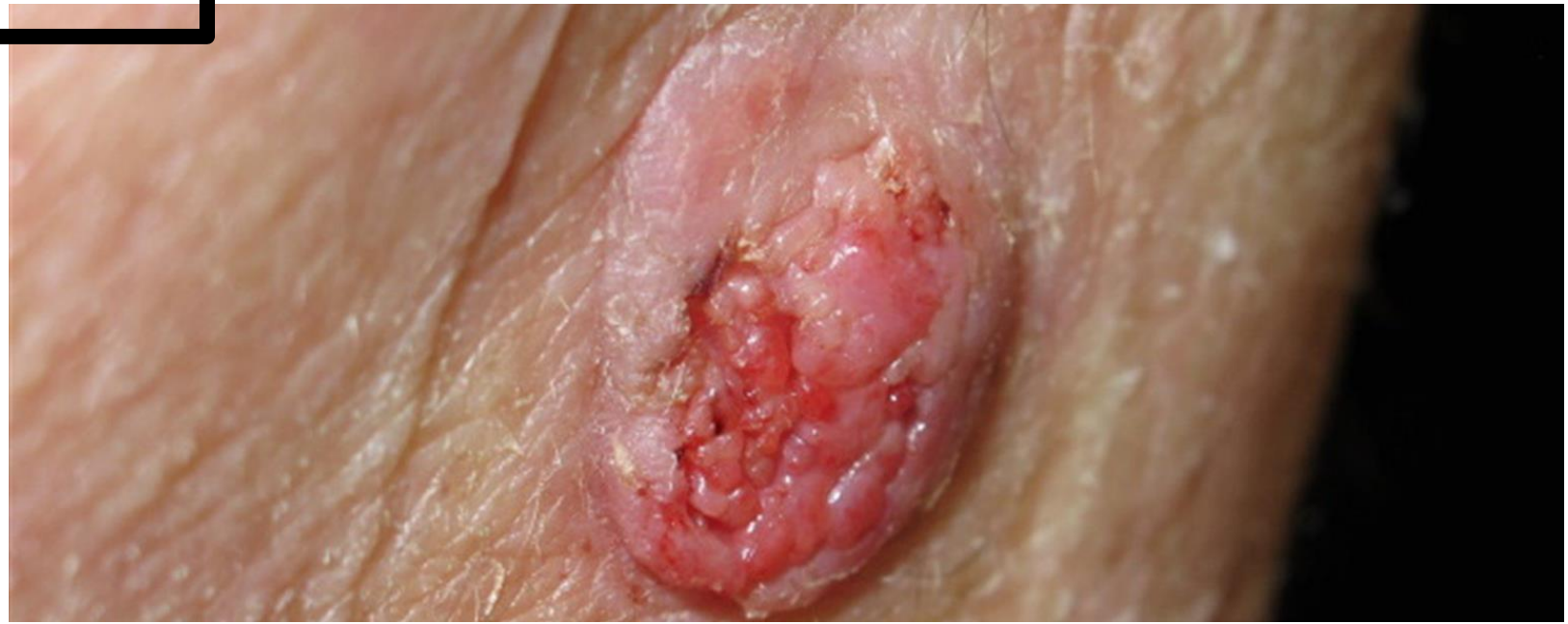

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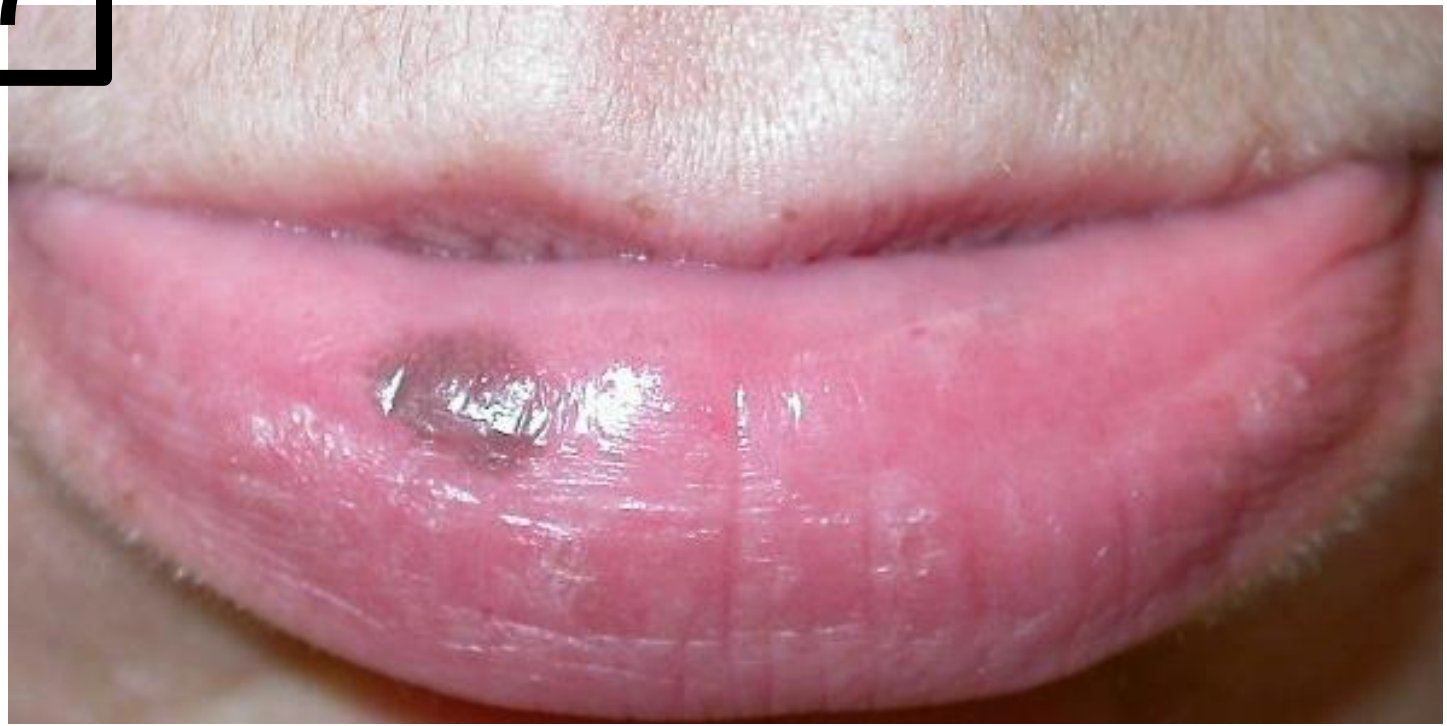

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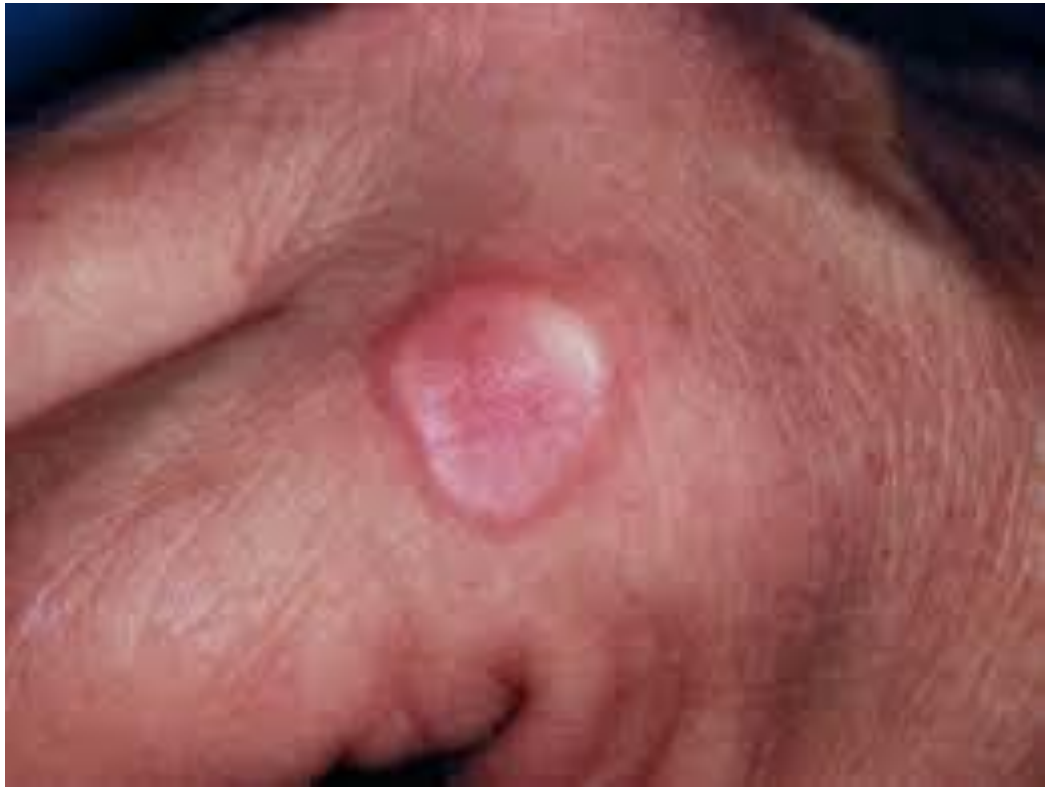

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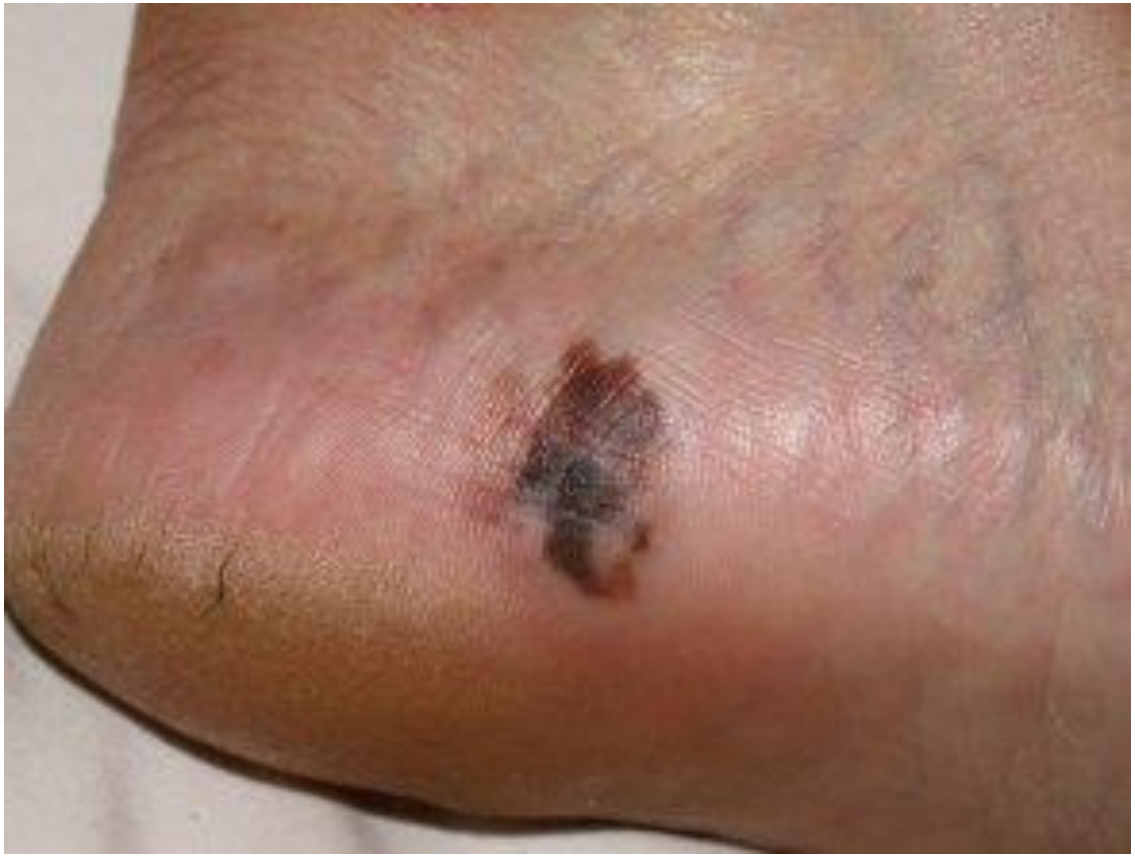

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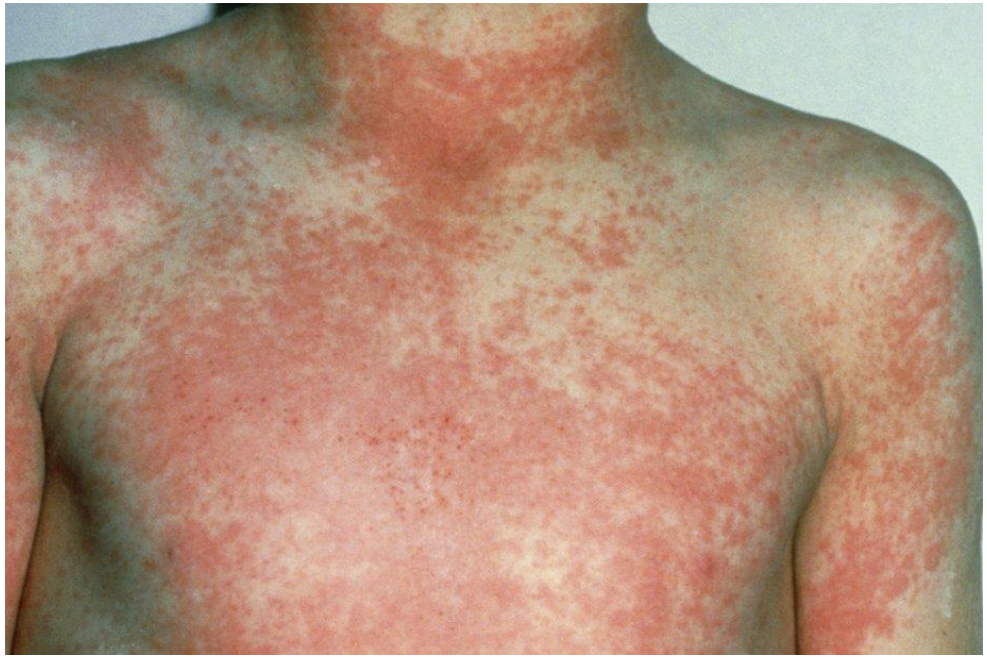

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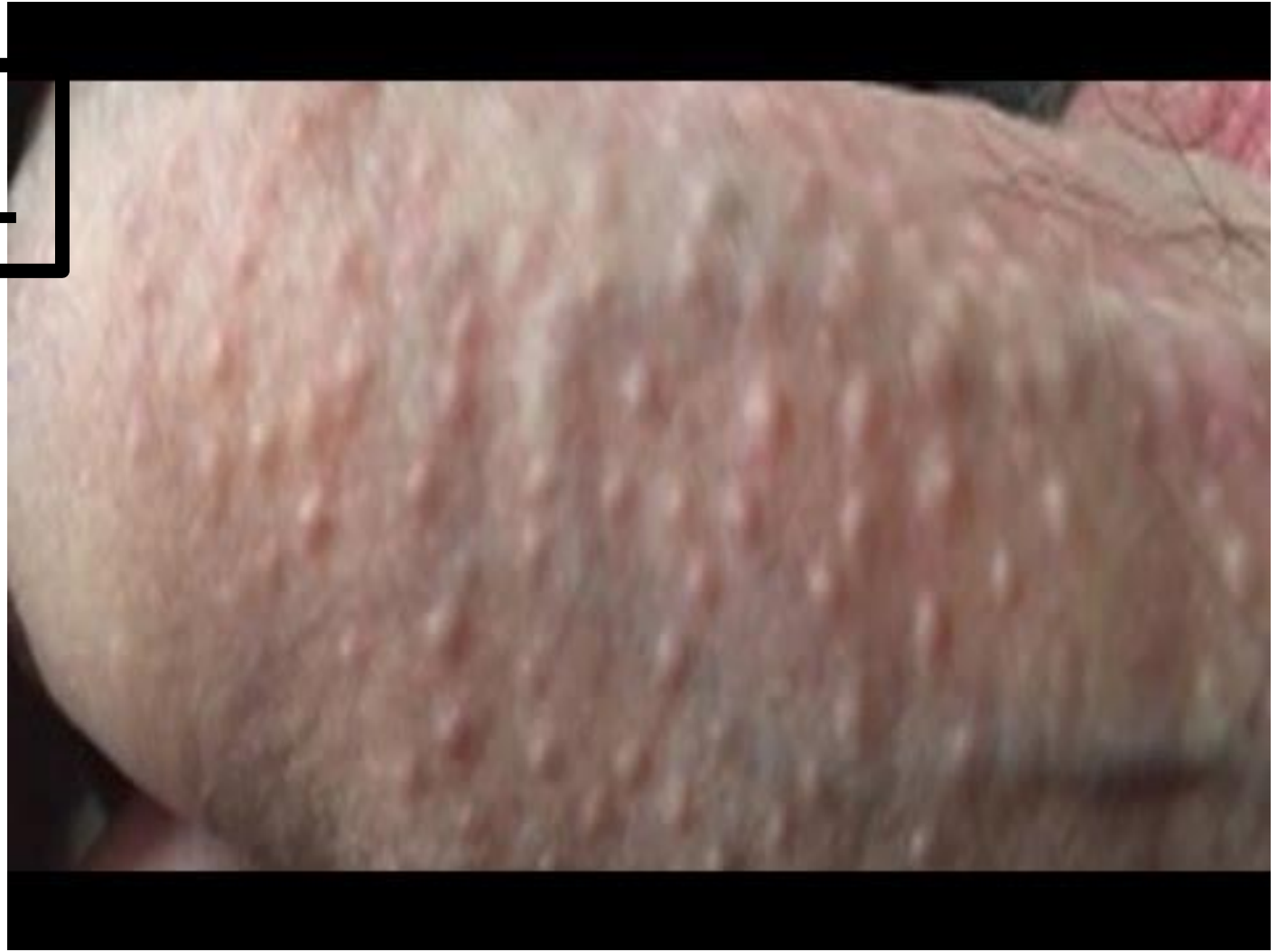

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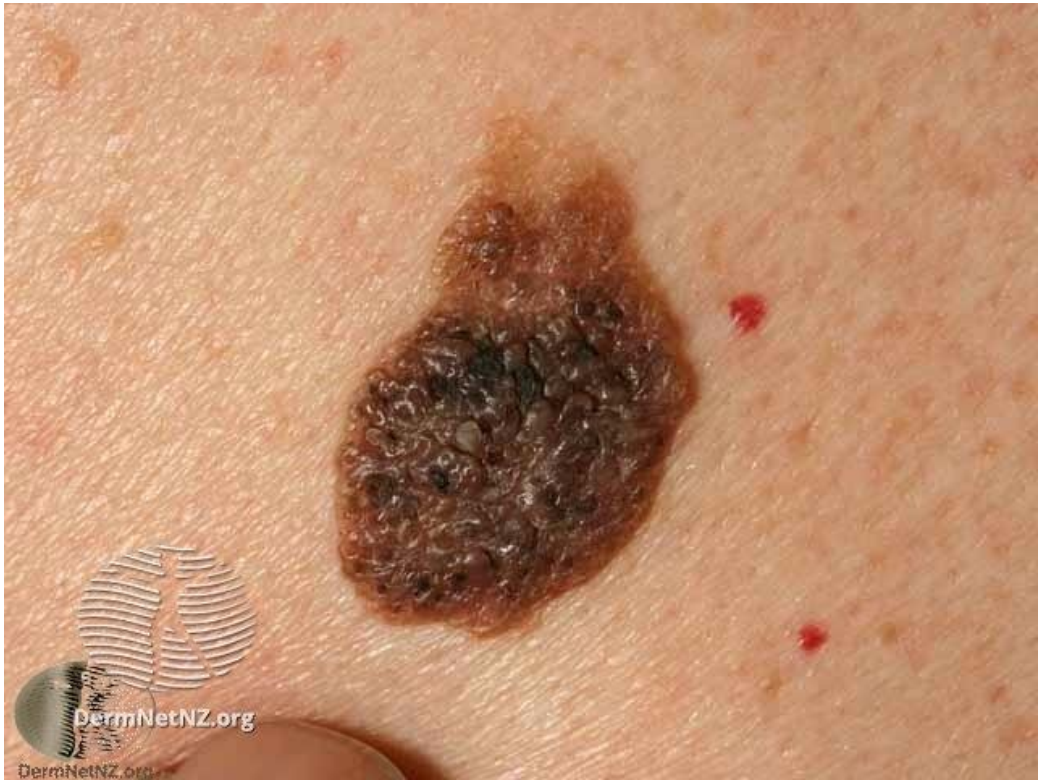

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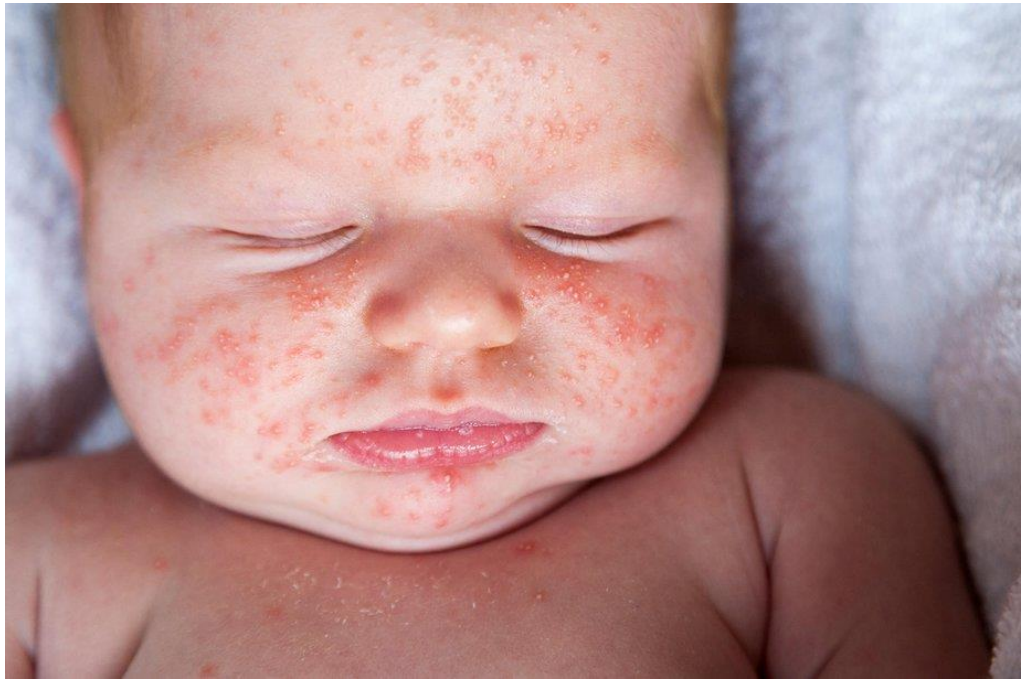

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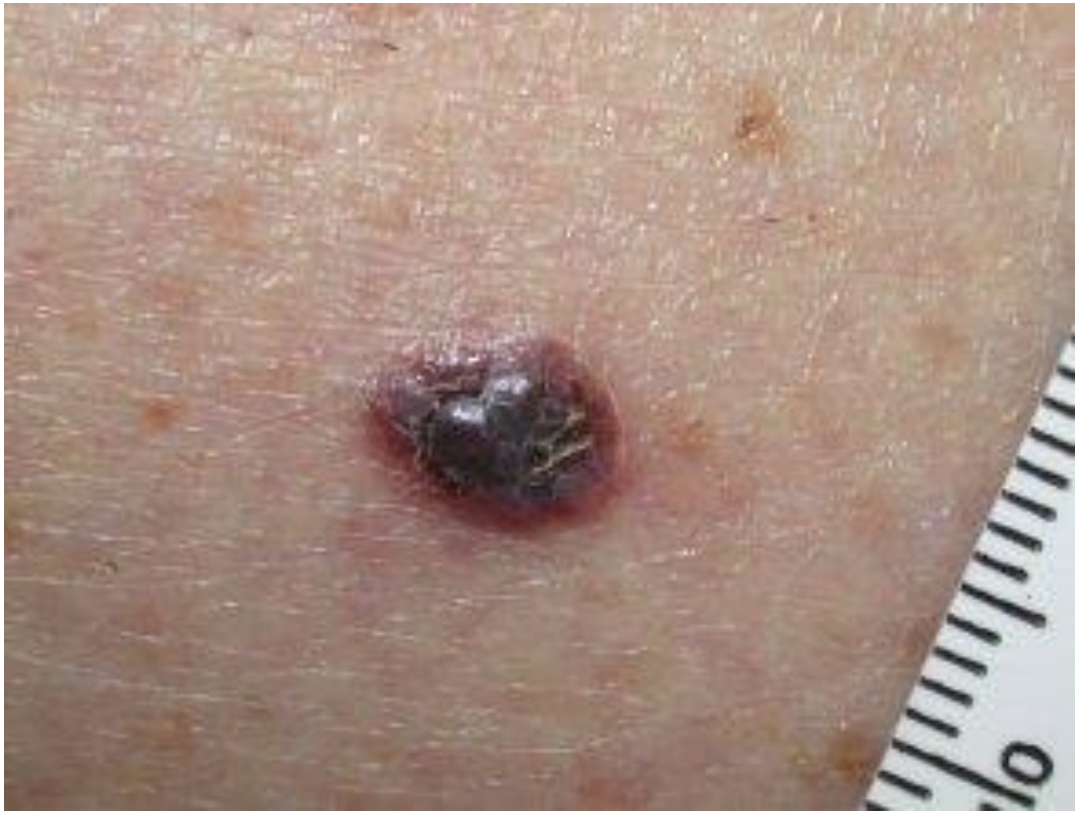

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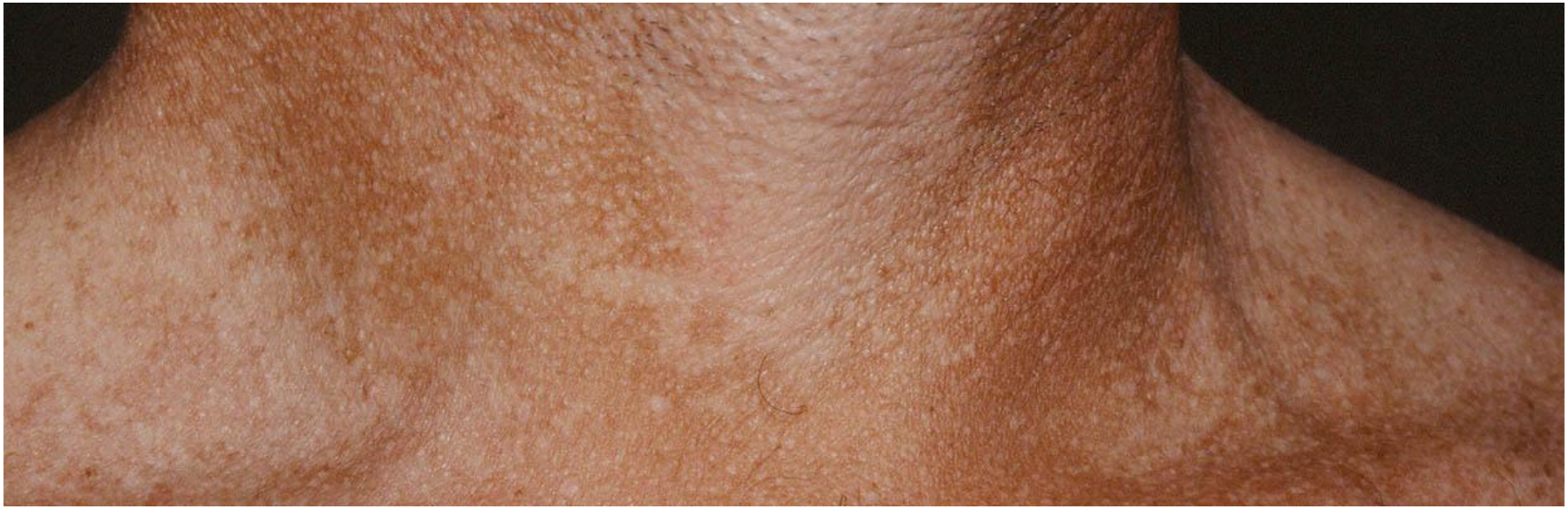

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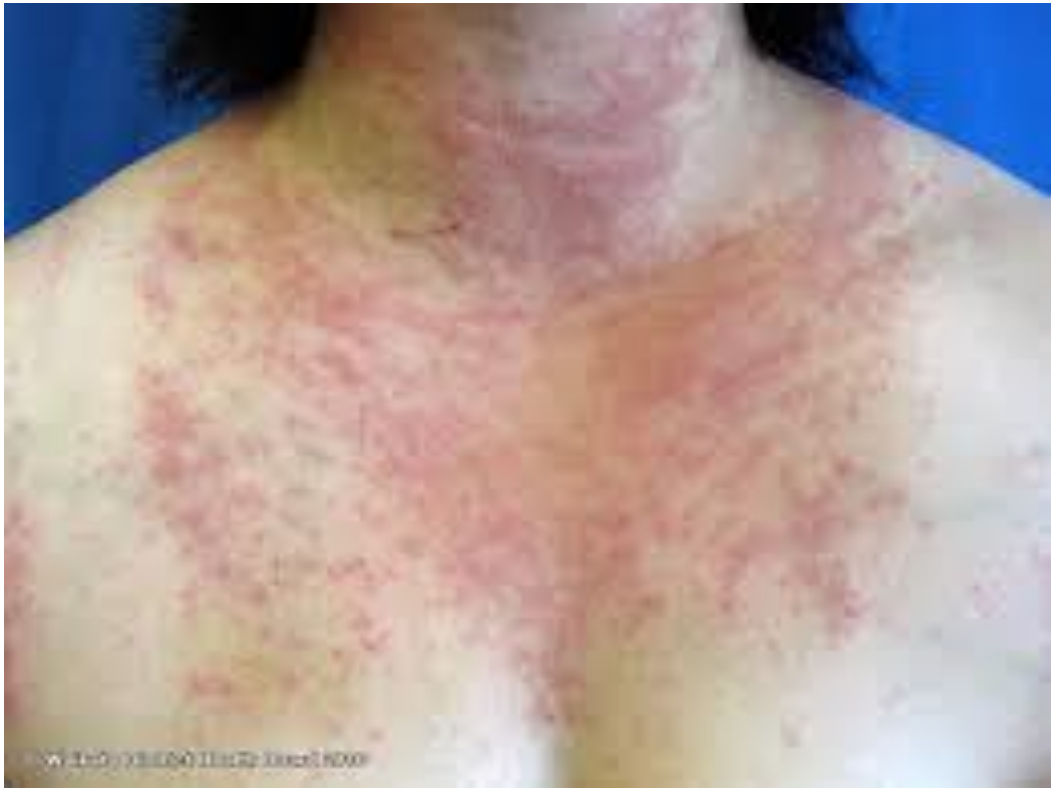

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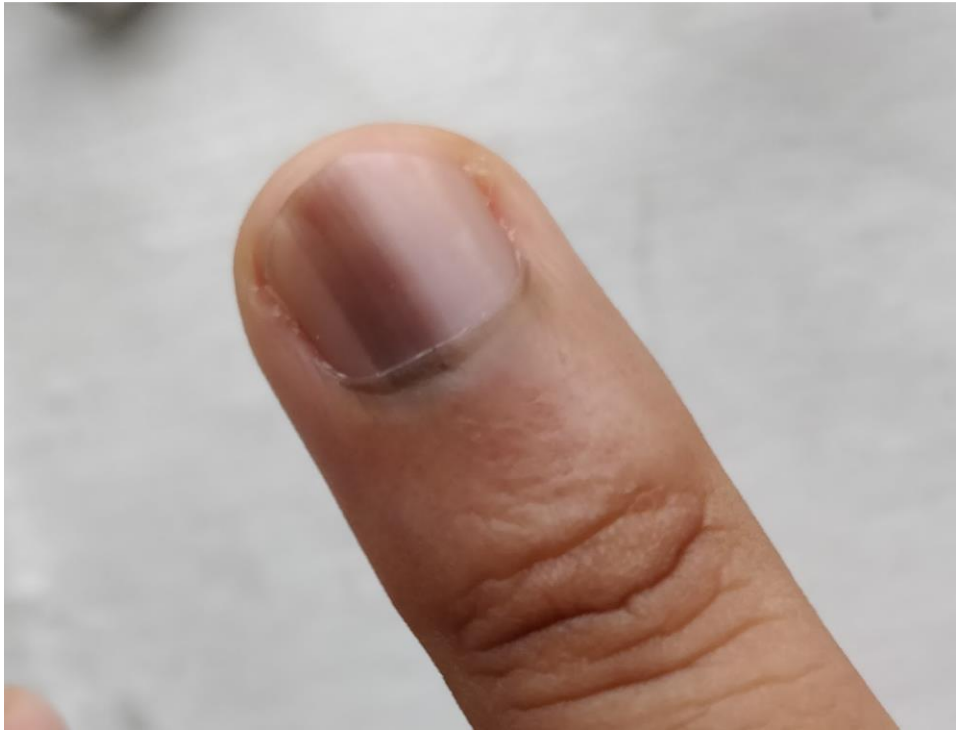

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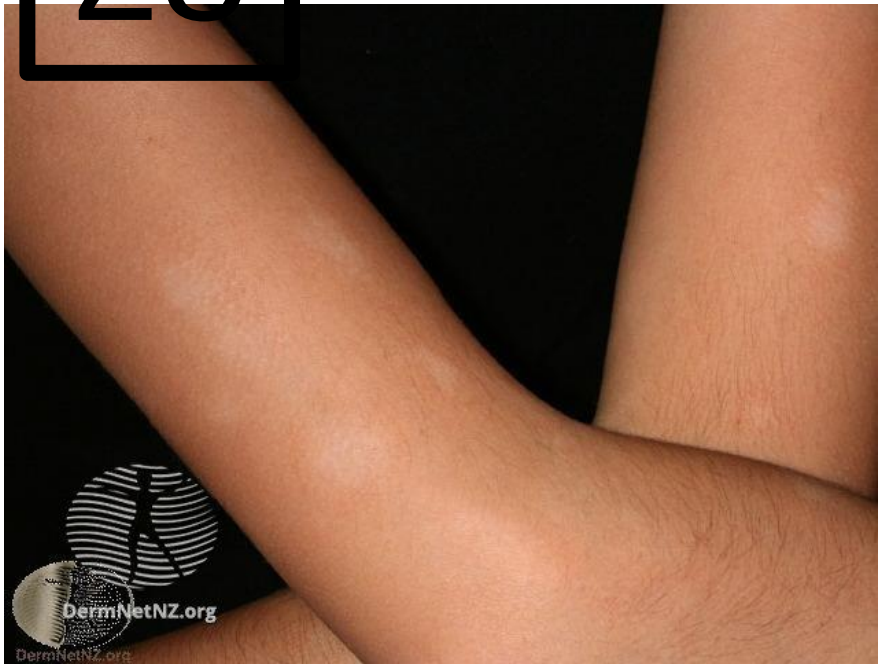

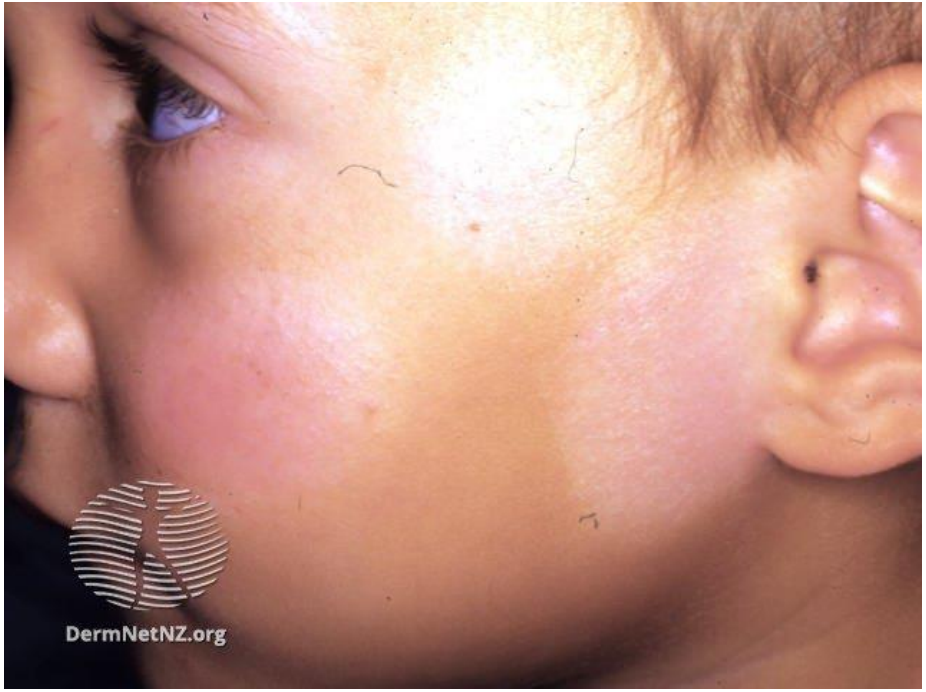

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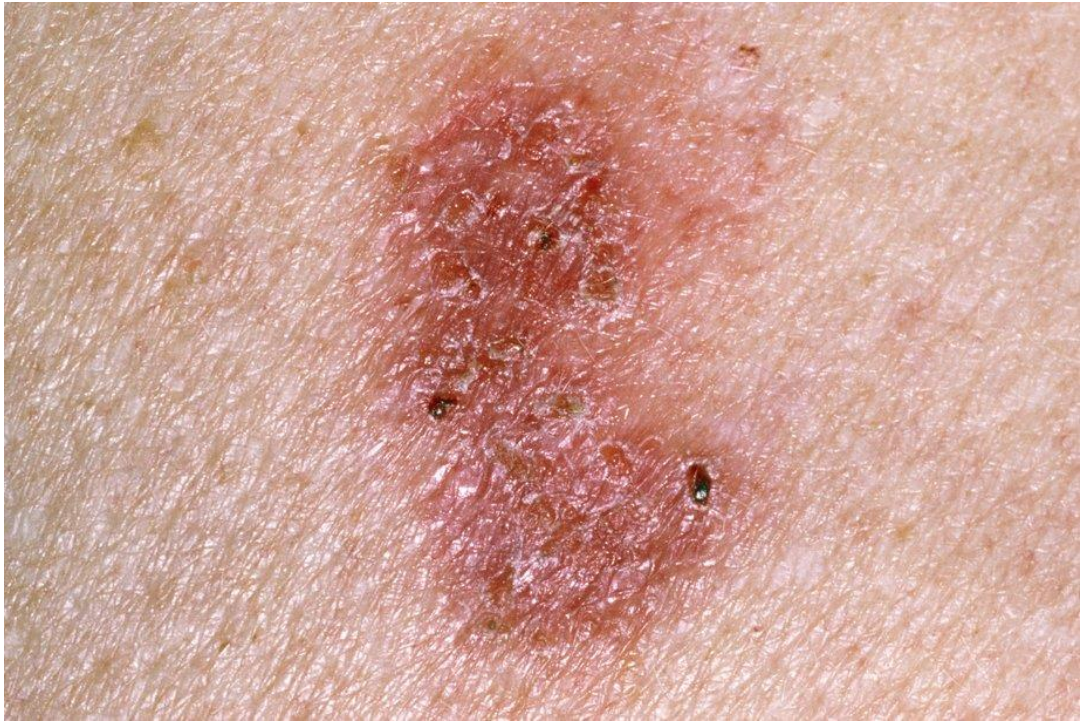

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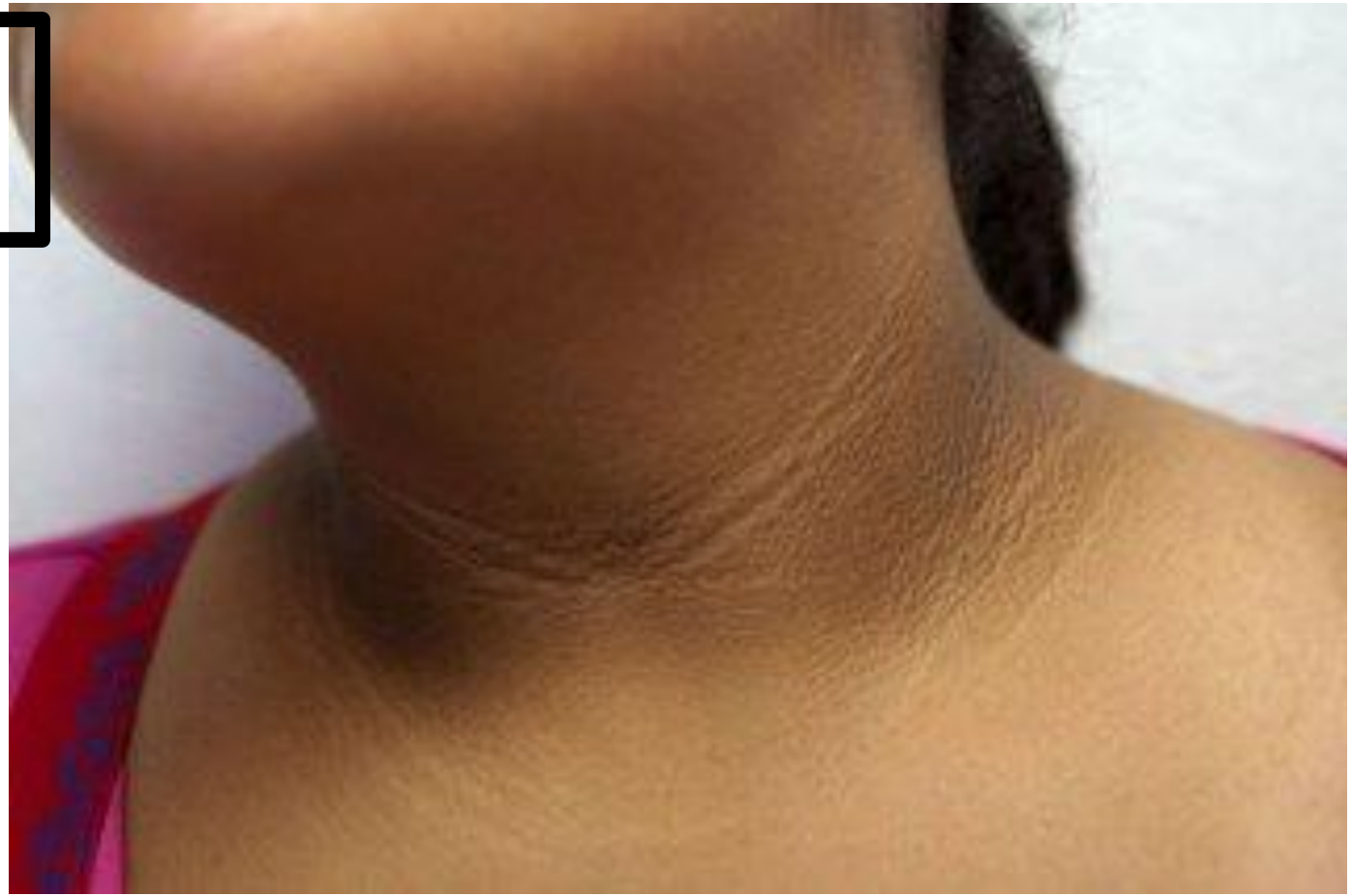

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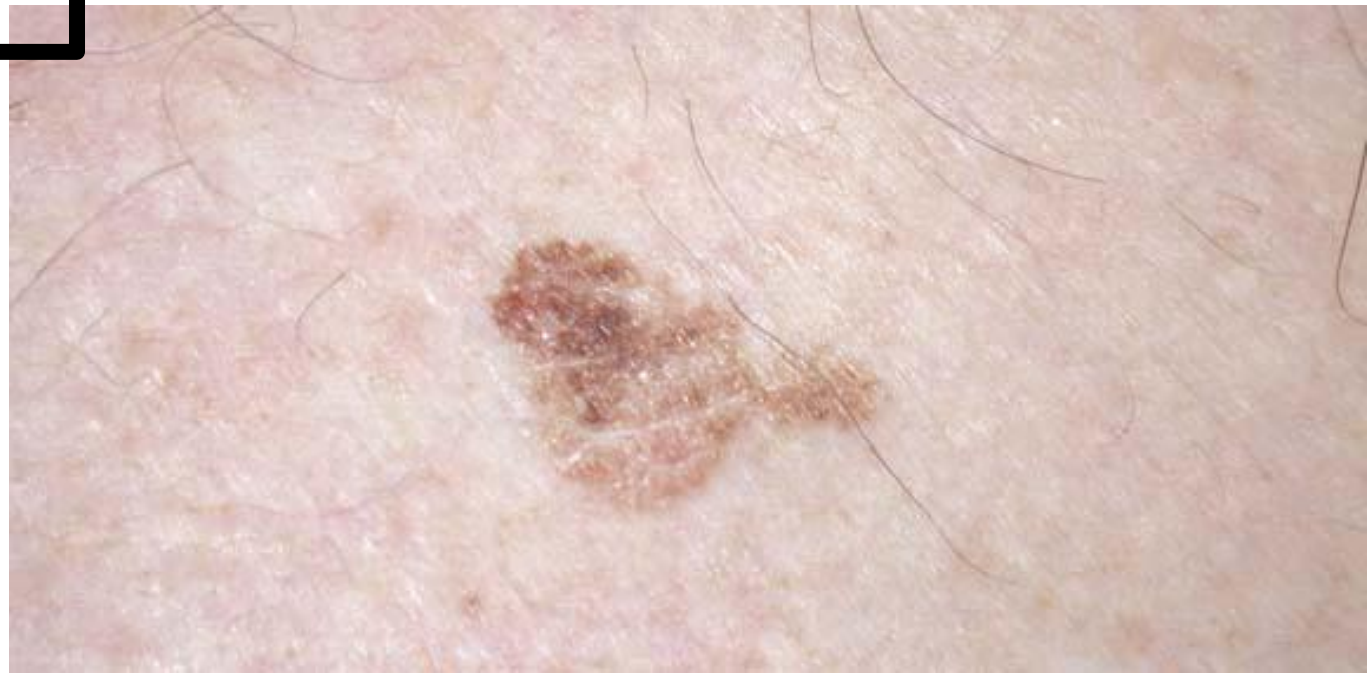

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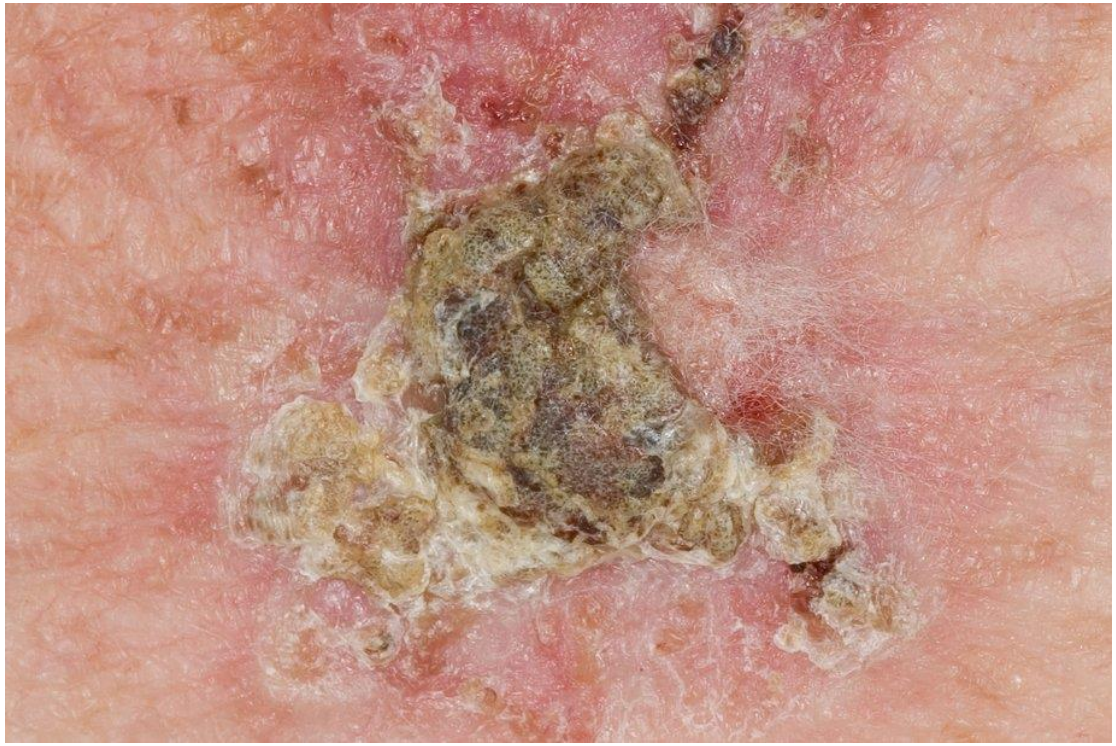

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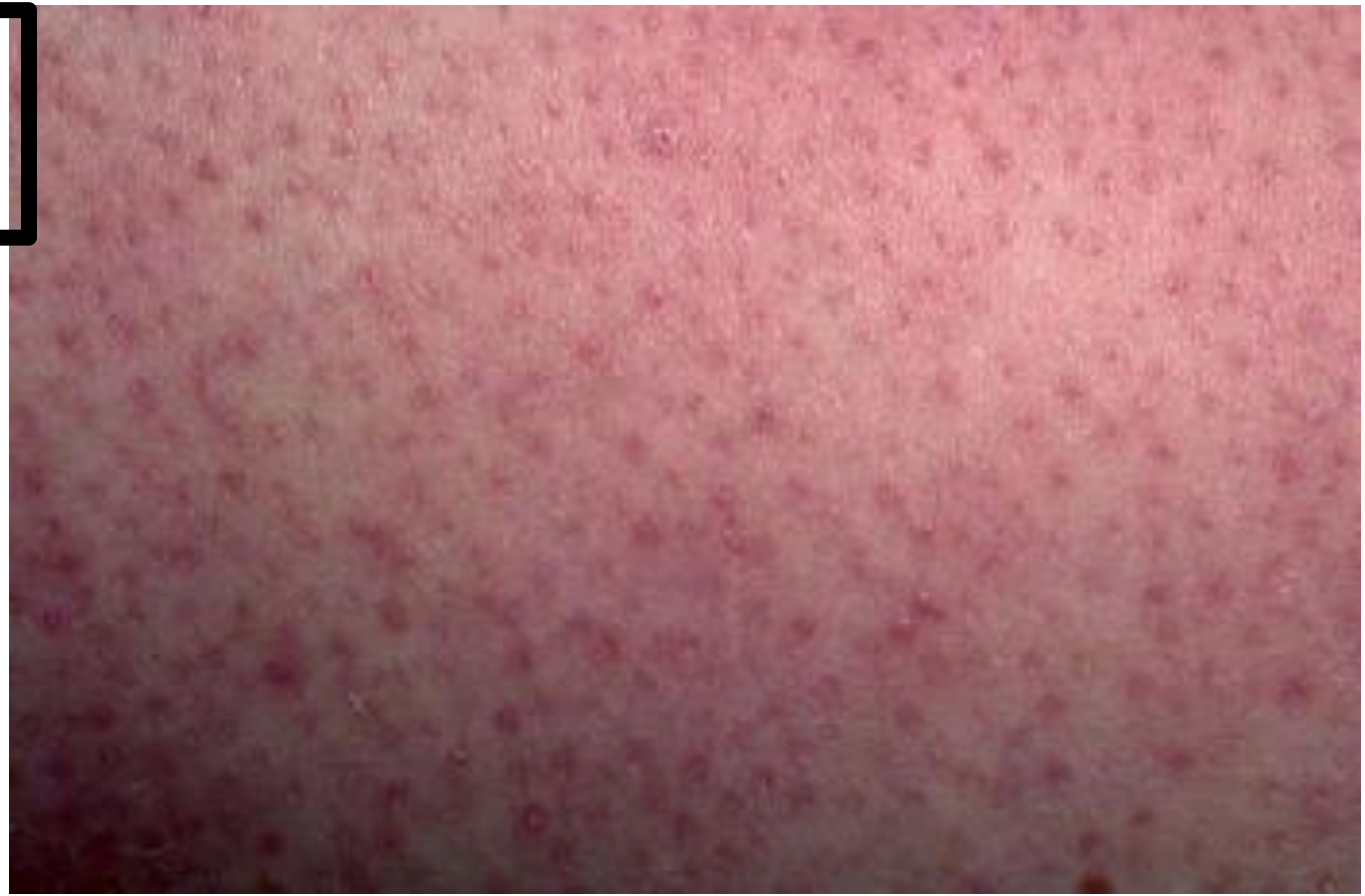
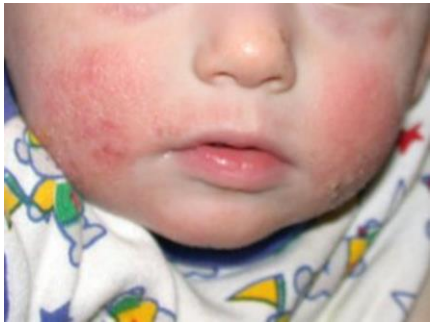


End Of Quiz!

Childhood rashes

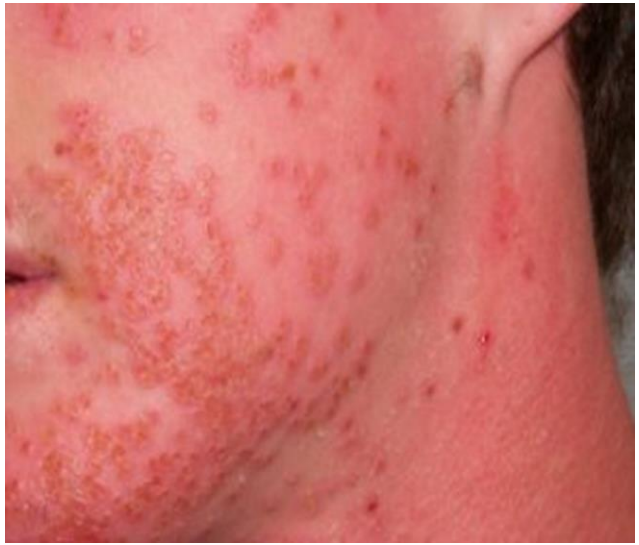
Answer 1: Atopic Dermatitis/ Eczema



- Often widely distributed in under 1's
- Cheeks of infants are often first place affected
- **Treatment**:
  - Emollient- Doublebase, Cetraben, Epaderm
  - Steroids- Hydrocortisone, Eumovate, Elocon, Fucibet
  - Topical Immunosuppressants- Tacrolimus (protopic), Pimecrolimus (Elidel)

NICE guidelines for usage of topical Immunosuppressants:

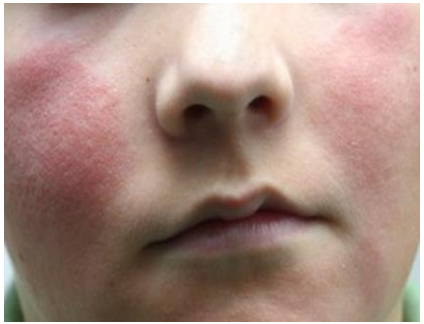
- 2nd line for those not responding to topical steroids aged 2yrs or older
- Use in moderate/severe eczema
- Avoid in recurrent eczema herpeticum
- Avoid UV exposure –photo-carcinogen effect
- Long term safety unknown



Answer 2: Eczema Herpeticum

Remember to avoid topical Immunosuppressants

Answer 3- Slapped Cheek Syndrome/ Fifth Disease/ Parvovirus B19

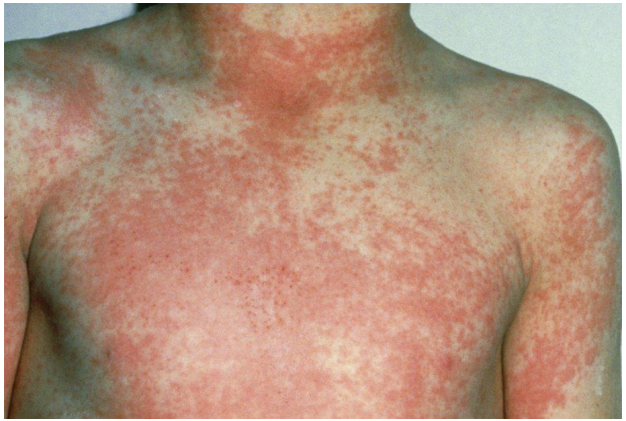


- Presents with:
  - high temperature of 38C or more
  - Coryza and sore throat
  - Headache

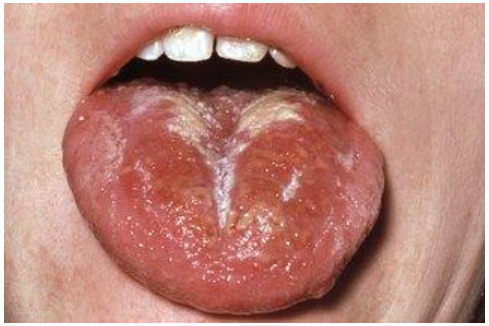
- After 1 to 3 days, a bright red rash appears on both cheeks
- The cheek rash normally fades within 2 weeks

Remember advise to avoid Pregnant women or immunosuppressed

Answer 4: Scarlett Fever (Group A Beta- Haemolytic Strep)



- First signs are flu-like symptoms- high temperature (>38C) and Lymphadenopathy
- Rash appears a few days later
  - Pink-red ‘Sandpaper’ rash on chest and abdo

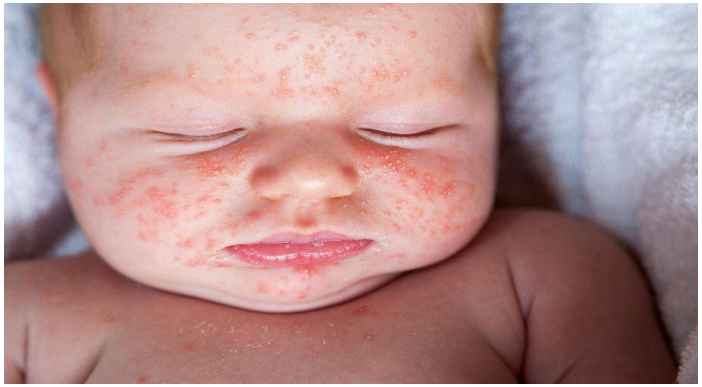


Also get ‘Strawberry Tongue’

Treatment: Penicillin V

- Lasts for around a week.
- Infectious from up to 7 days before sx start and until 24 hours after first antibiotic tablet or 2 weeks after symptoms start, if no antibiotics

Answer 5- Erythema Toxicum

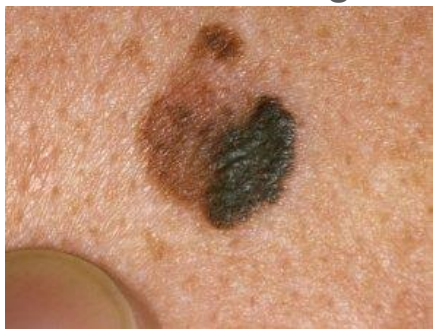
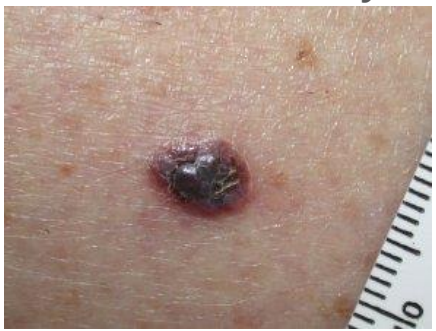
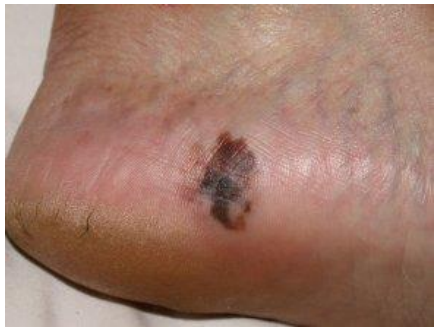
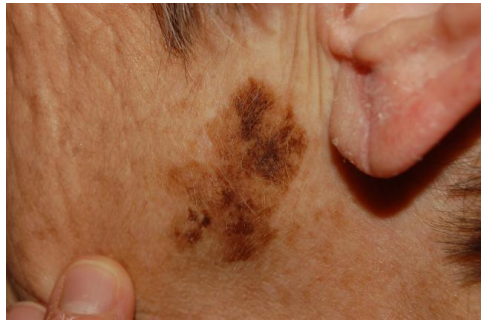


- Raised red, yellow and white spots
- Appear in first few days/ weeks
- Affects as many as half of all newborns
- Usually face, body, upper arms and thighs.
- The rash can disappear and reappear.
- Clears up in a few weeks without treatment

Pigmented lesions

Melanoma

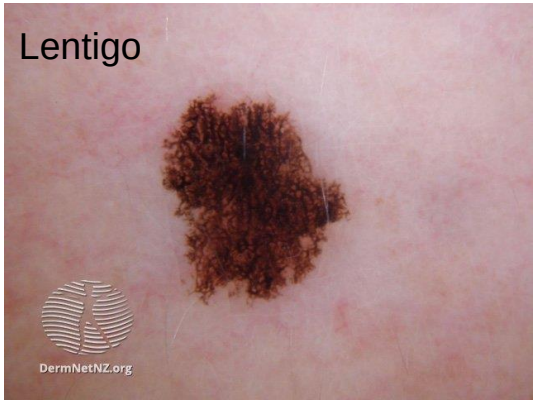
- Malignant tumour of the melanocytes
- 4 main cutaneous types:
  - Superficial spreading melanoma - ~70%, sun exposed skin
  - Nodular melanoma - ~5%, occurs at any site, often with ulceration
  - Acral lentiginous melanoma - ~5-10%, most common in Asian,Hispanic and African descent
  - Lentigo maligna (invasive melanoma) - ~4-15% develops from lentigo maligna (in situ), on sun damaged skin
- 50% diagnosed between 35-65 years

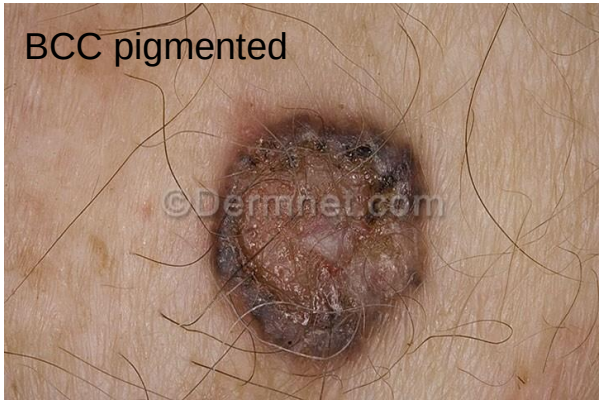





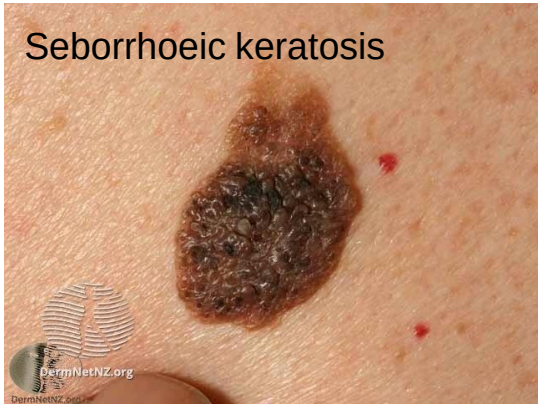
Melanoma 7 point checklist

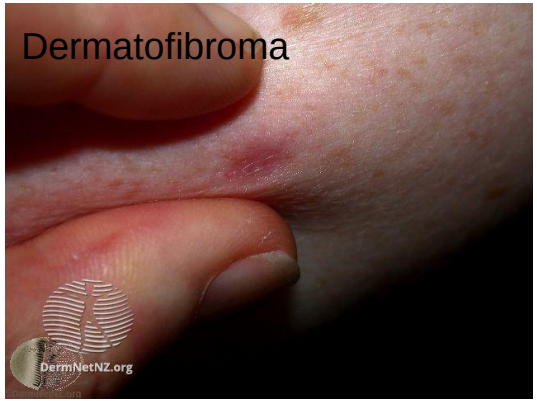
- Major features of the lesion (2 points each):
  - Change in size.
  - Irregular shape or border.
  - Irregular colour.
- Minor features of the lesion (1 point each):
  - Largest diameter 7 mm or more.
  - Inflammation.
  - Oozing or crusting of the lesion.
  - Change in sensation (including itch).
- Suspicion is greater for lesions scoring 3 points or more.
- 2WW referral if high suspicion and only 1 feature.

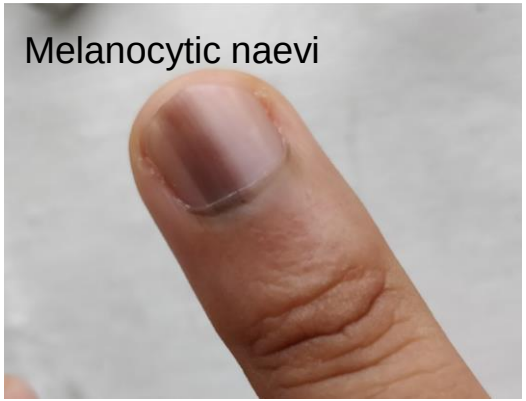
Melanoma differentials: pigmented lesions









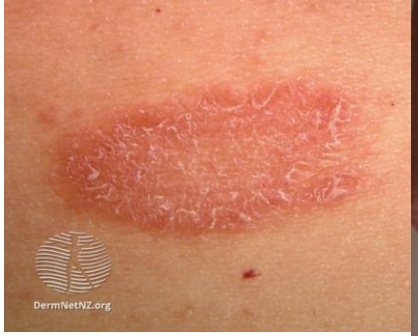


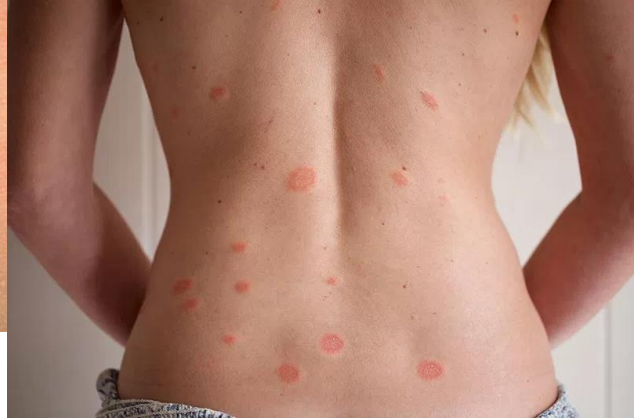
Melanoma Management

- 2WW referral if high suspicion
- Biopsy in secondary care
- Further management dependent on TNM and thickness
  - WLE
  - Immunotherapy

Pityriasis

Pityriasis rosea

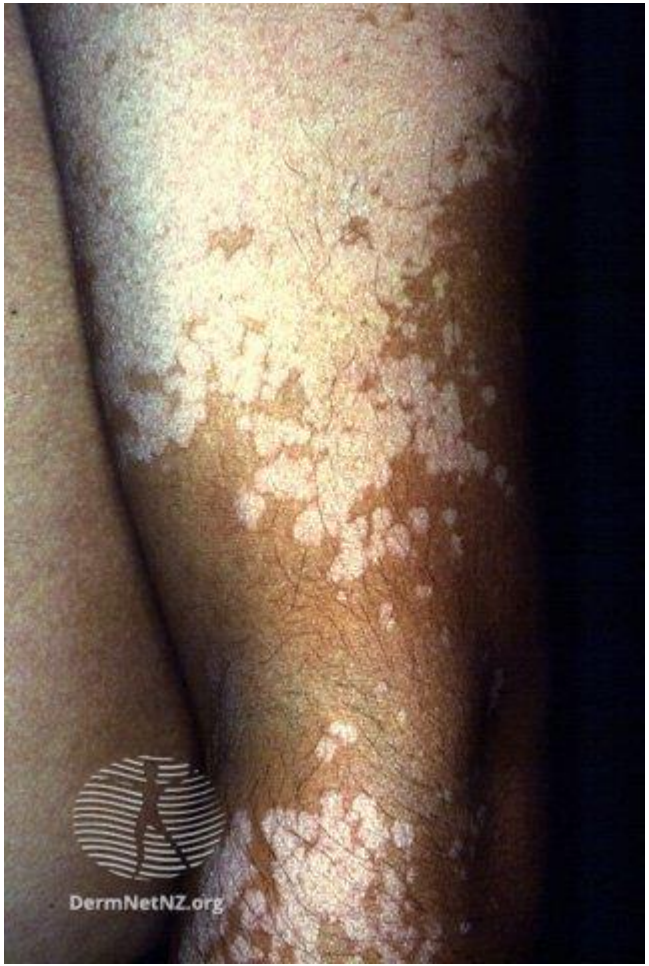




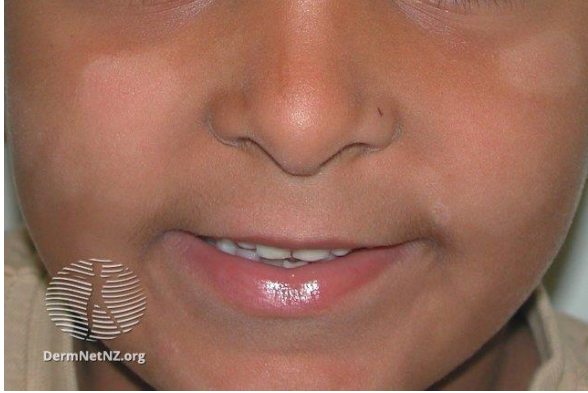
- Viral rash, lasts about 6-12 weeks
- Due to reactivation of herpes 6/7 (roseola infantum in childhood)
- Rash may follow viral URTI symptoms
- Starts with herald patch, then oval red patches mainly on back/chest
- **Clinical features: discrete circular or oval lesions, scaling, may have central clearance**
- Treatment: none if asymptomatic, if itch: emollient/ top steroid
- Refer if atypical presentation or diagnosis uncertain

Pityriasis versicolor

- Yeast skin infection ‘Malassezia’
- Not contagious
- More common in hot, humid climates
- **Clinical features: brown/red/hypopigmented patches, scaling - tend to be hypopigmented in darker skin**
- Treatment: topical anti-fungals e.g. ketoconazole shampoo 2% 5/7
- Skin discolouration can pesist for a few months following rx

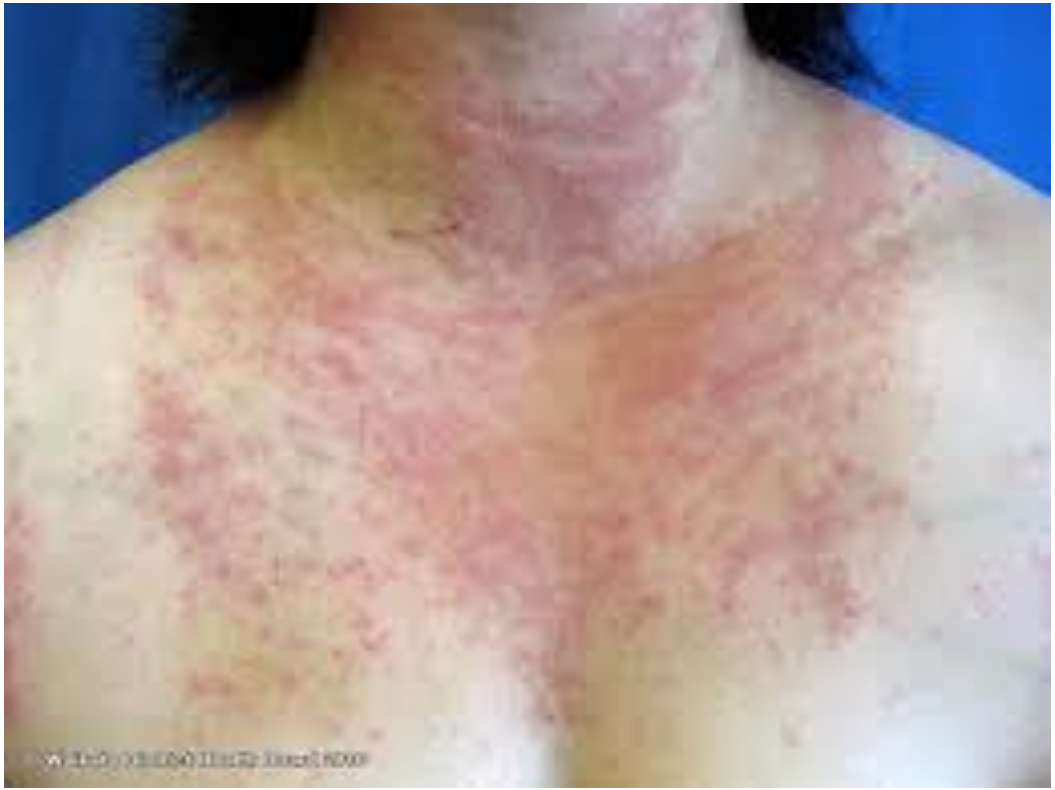


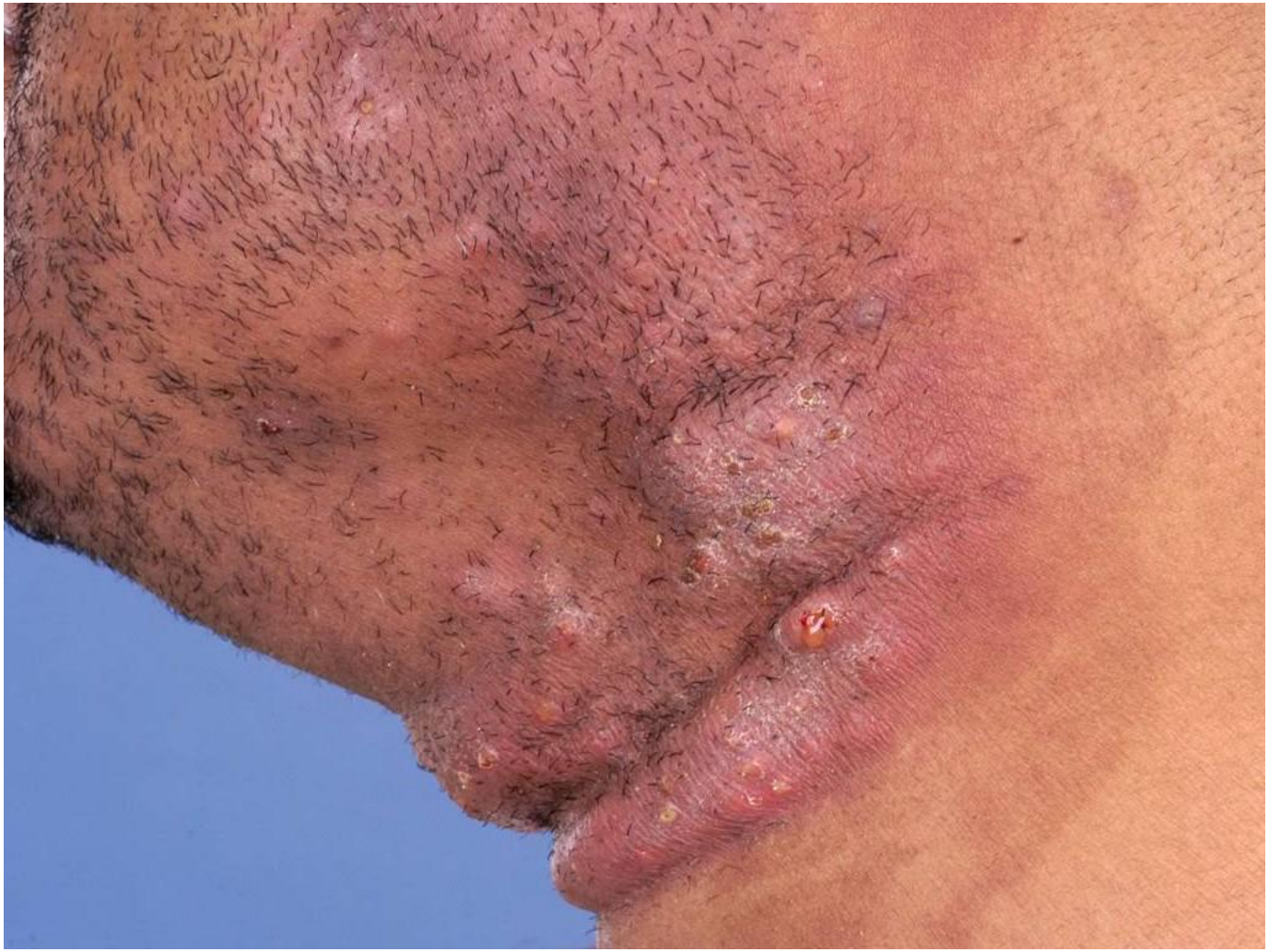
Pityriasis Alba

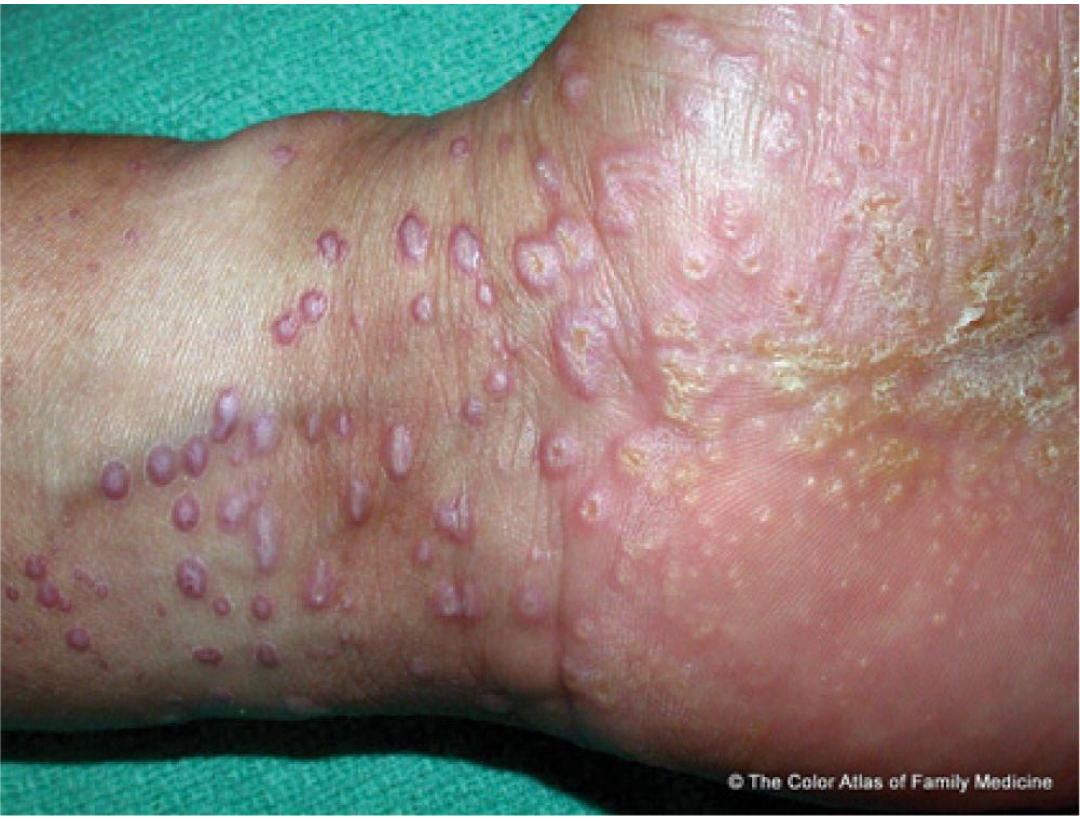


- Type of eczema/dermatitis mainly affecting children
- Cause unknown, often coexists with atopic dermatitis
- Often presents following sun exposure
- **Clinical features: 1-20 patches/plaques, mostly affecting the face, minimal itching, hypopigmentation, scaling and dryness**
- Stages: pink plaque -> hypopigmentation + fine scale -> hypopigmentation macule without scale -> resolution
- Treatment: none if asymptomatic, emollient +/- topical steroid
- Resolution approx 2 months and colour gradually returns to normal

Other rashes



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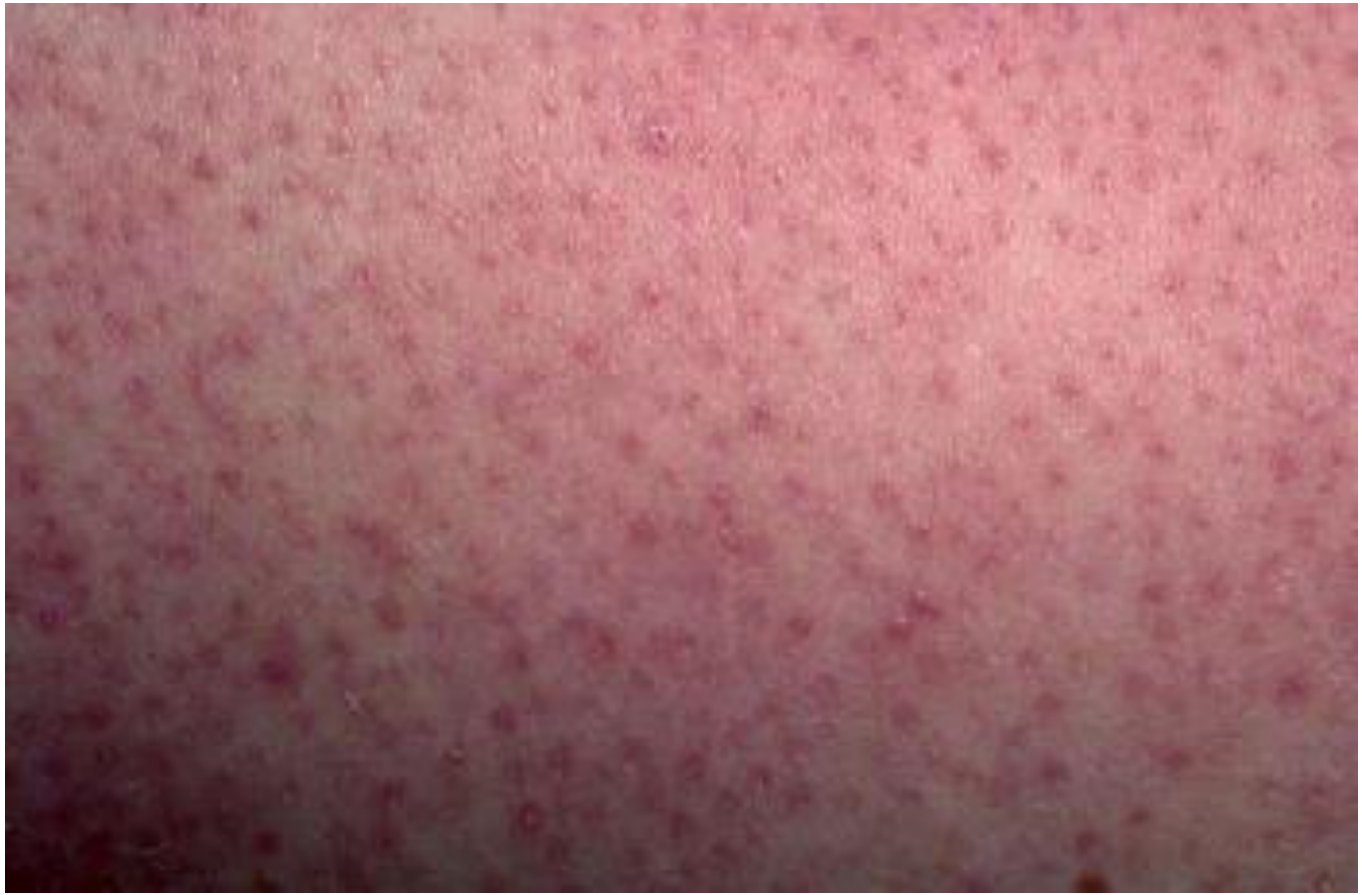

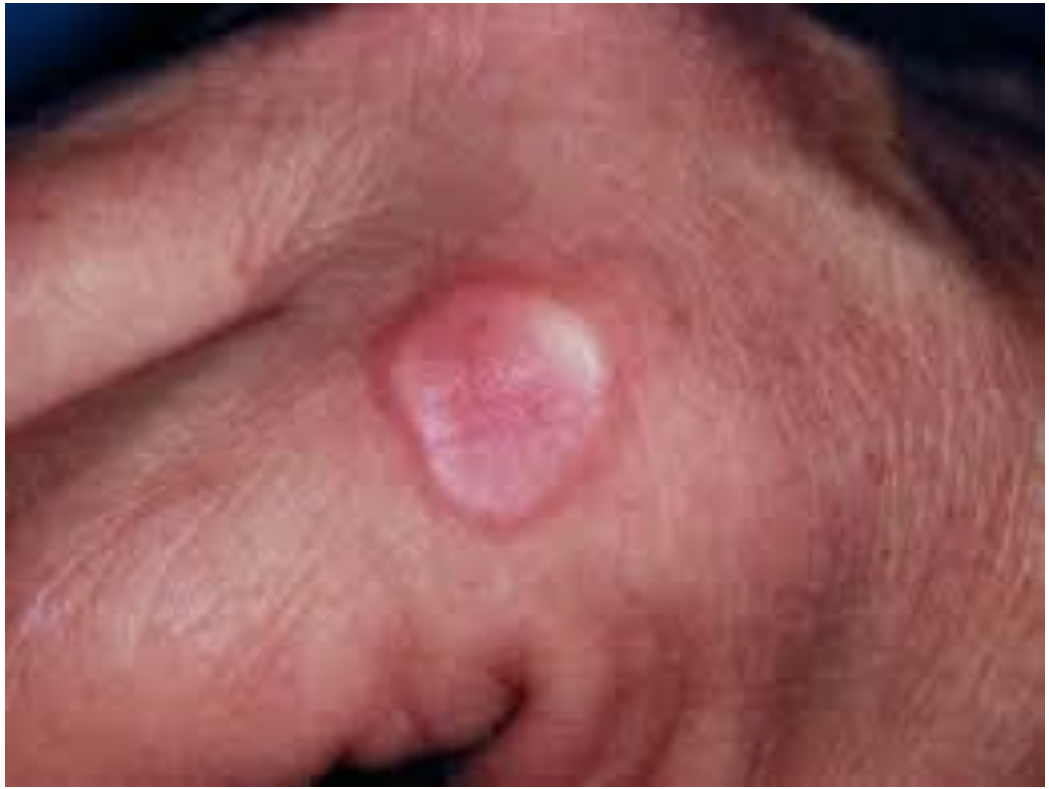

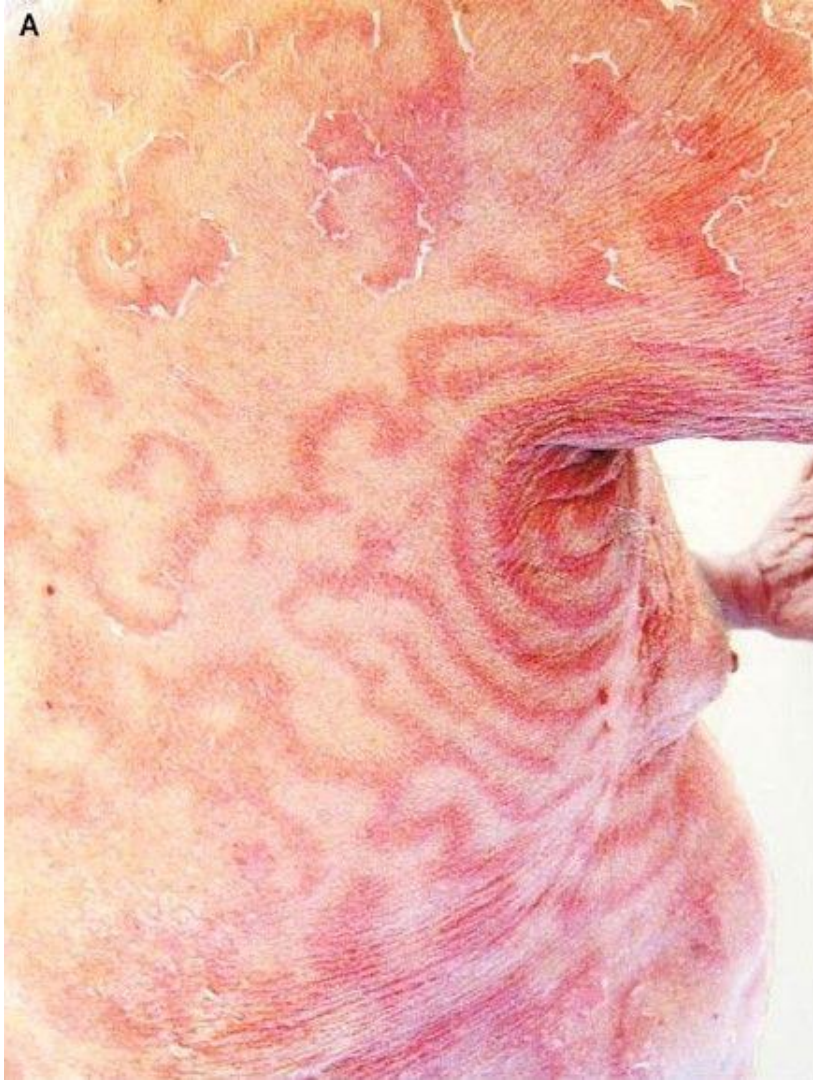
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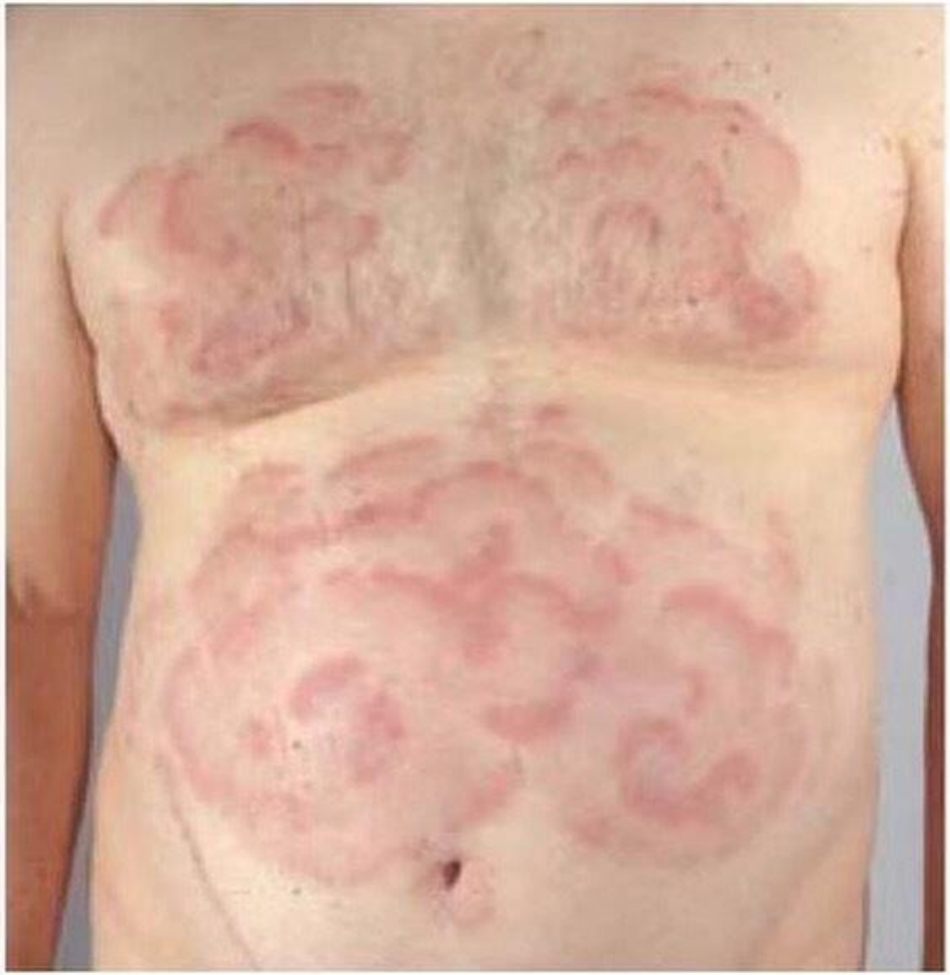

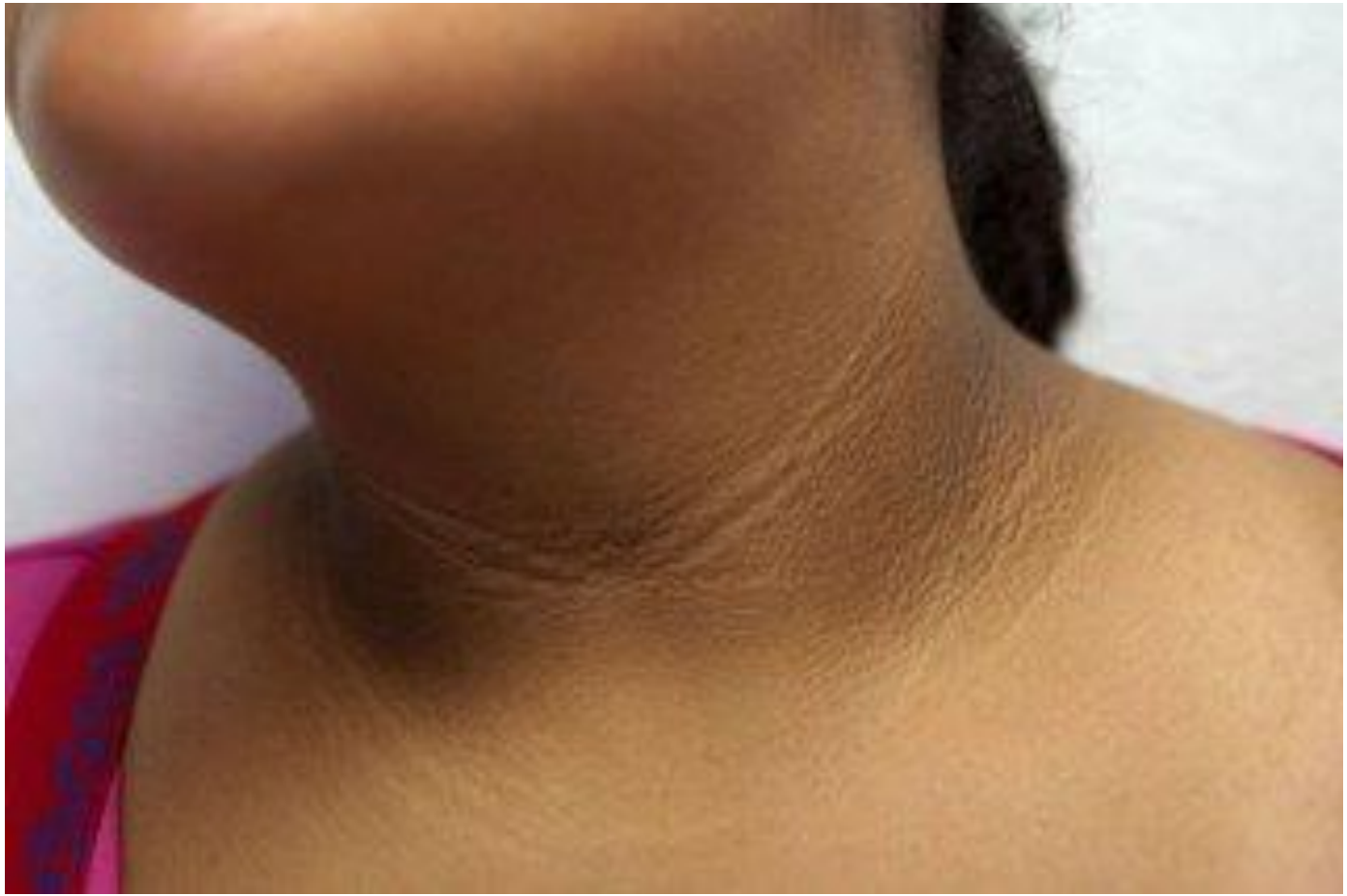

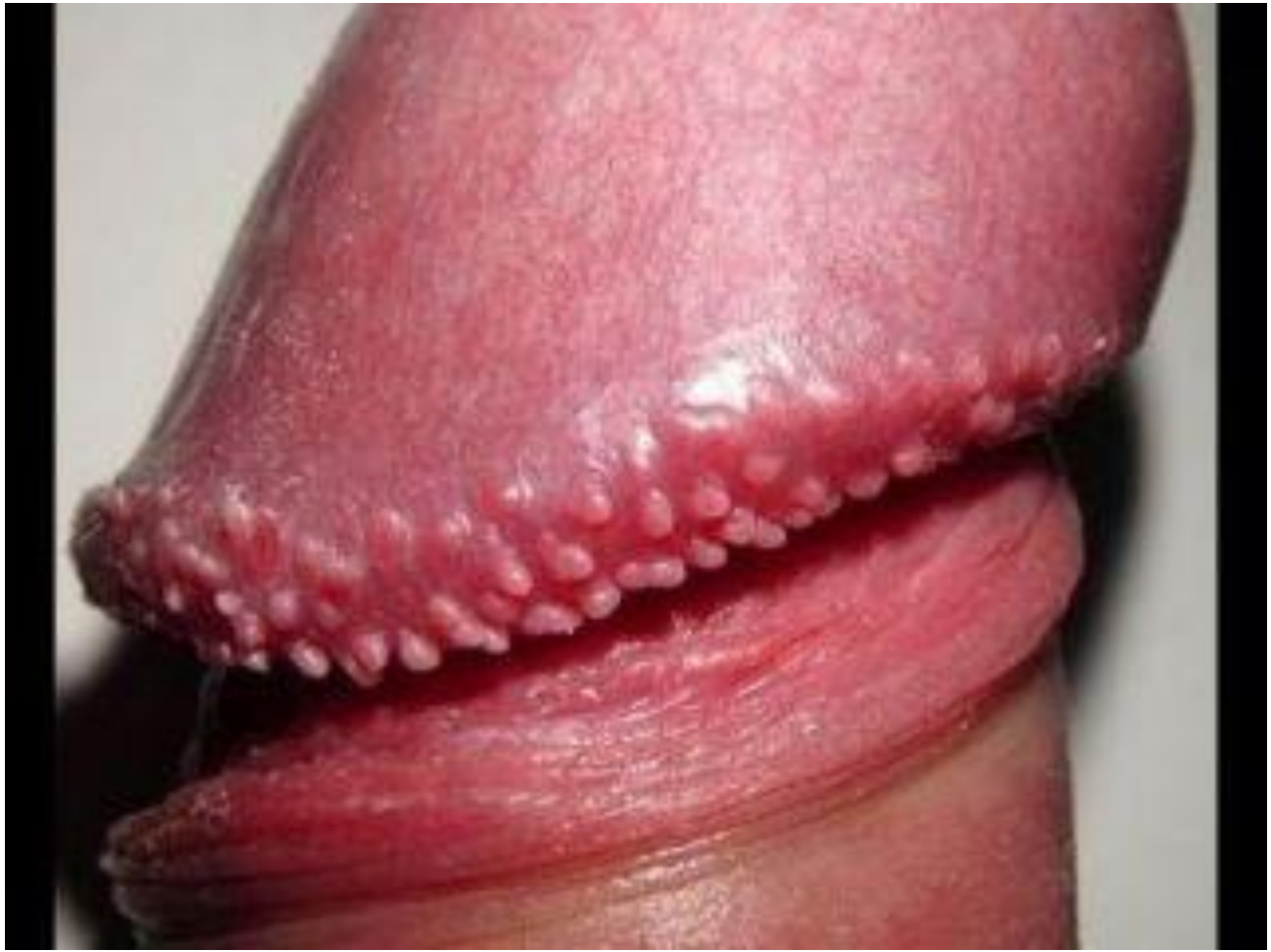

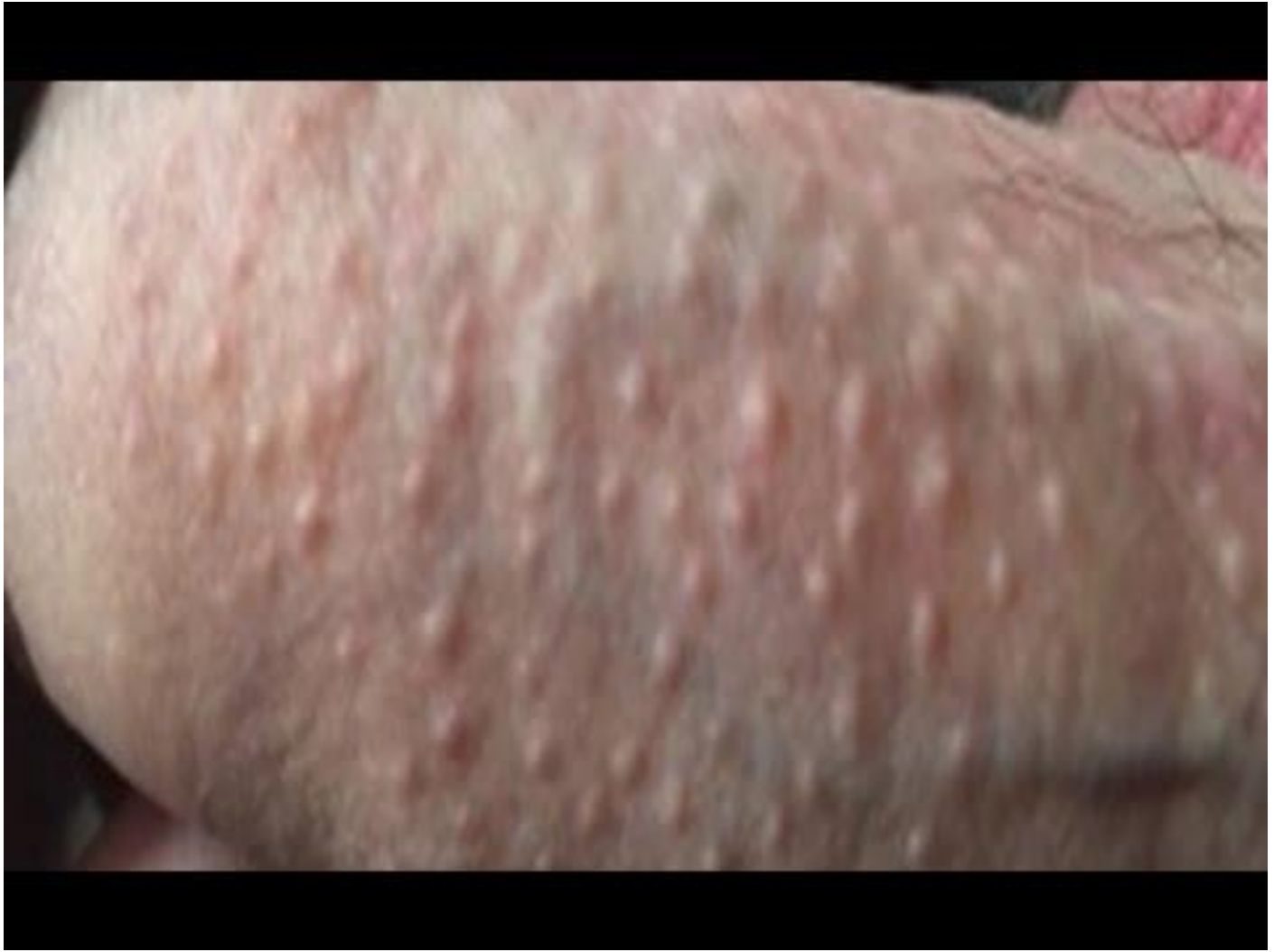

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