Introduction To Dermatology

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What Are the Functions of the Skin?

- Temperature regulation
- Water conservation
- Protection (mechanical, UV, microbes)
- Sensation
- Synthesis & storage
- Psycho-sexual
Why Refer to a Dermatologist?

- Diagnostic difficulty
- Management advice
- Failure of agreed treatment protocol
- Patient counselling or education
- Increasing use of potent topical steroids
- Special treatment e.g. PUVA
- Special investigation e.g. Patch Tests
In-patient Dermatology

- Infections
- Urticaria & angioedema
- Drug eruptions
- Connective tissue diseases
- Erythema nodosum & multiforme
- Cutaneous marker of systemic disease
- Severe pre-existing skin disease
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Infections - Erysipelas

- Fever & Rigor
- Defined erythematous rash
- Leg > face > elsewhere
- Haemolytic streptococcus
- Mild pre-existing skin disease
- IV Benzyl penicillin
- Lymphoedema and relapse
Infections – Herpes simplex

- Severe primary infection
- Kaposi’s varicelliform eruption
  - Atopic eczema
  - Cutaneous T-cell lymphoma
  - Darier’s disease
- IV Aciclovir
- Anti-staphylococcal antibiotic
Infections - Herpes Zoster

- Varicella – Zoster virus
- Pain confined to a single dermatome
- Vesicles confined to single dermatome
- Patients are infectious
- IV Aciclovir
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Urticaria

- May be associated with angioedema
- Vasoactive amine release from mast cells
- Acute attacks frightening, not dangerous
- Most attacks have no simple cause
- Antihistamines
Anaphylaxis

- Urticaria – angioedema
- Bronchospasm, Laryngeal obstruction
- Hypotension
- Penicillin, peanuts, latex, insect stings
- Adrenaline
- Hydrocortisone & antihistamines
- Oxygen & IV fluids
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Drug eruptions - 1

- Morbilliform
- Toxic epidermal necrolysis
- Fixed drug eruption
- Stevens-Johnson syndrome
- Lichenoid drug rash
- Acneiform
Drug eruptions - 2

- Any drug, any rash, any time
- Likely: sulphonamides, penicillins
- Unlikely: digoxin, insulin
- Suspect recent agents
- Stop inessential drugs
- A dermatologist may not solve your problem
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Connective tissue diseases

- Lupus erythematosus
- Dermatomyositis
- Systemic sclerosis
- PAN – Wegener’s granulomatosis
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Erythema nodosum

- Sarcoidosis
- Post-streptococcal
- TB
- Inflammatory bowel disease
- Leprosy
- Histoplasmosis, coccidiomycosis
Erythema multiforme

- Oral, Ano-genital & Cutaneous
- ‘Target lesions’ are acral
- Often follows herpes simplex
- Lasts 10-14 days
- May be recurrent
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Cutaneous markers

- Neoplasia
  - Acanthosis nigricans, Dermatomyositis
  - Secondaries & infiltrates

- Non-neoplastic
  - Sarcoidosis and xanthomas,
  - Endocrine: e.g. necrobirosis, PTM

- Inherited conditions
  - Neurofibromatosis
  - Tuberous sclerosis
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Severe pre-existing skin disease

- Erythroderma
- Extensive eczema
- Acute pustular psoriasis
- Leg ulcers – venous eczema
- Photosensitivity
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