Dermatology Review

Sue Bednar NP
Ali Atwater PA-C

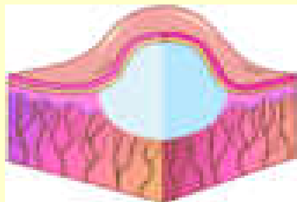
Physical Assessment of the Skin

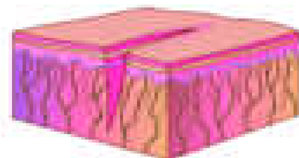
- Character : redness, scaling, crusting, exudate, blisters, papules: are the lesions all the same?
- Shape: small, large, ring-shaped, linear, irregular
- Distribution: where the lesions are found and patterns of lesions

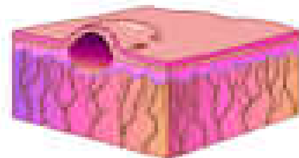
Primary Lesions

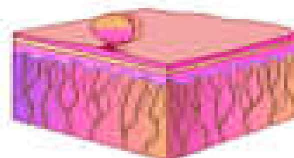
- Lesions that are present at the onset of the disease

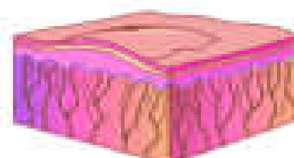
Primary Skin Lesions











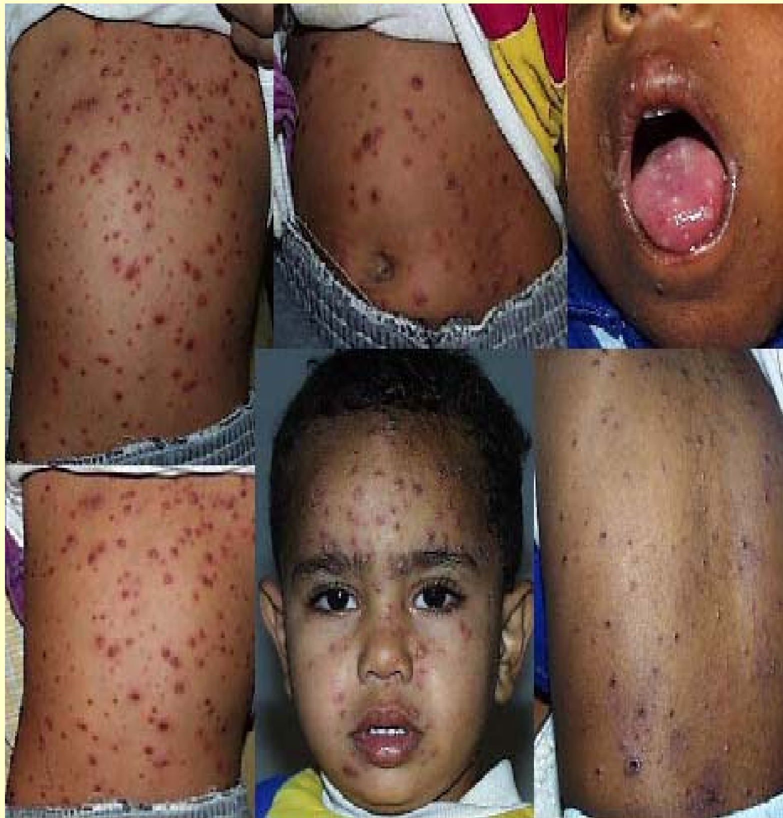
Secondary lesions

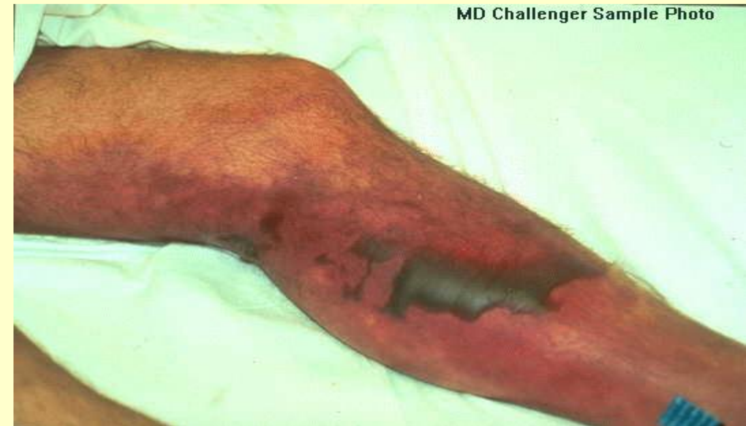
- Lesions that are the result of changes over time caused by disease progression or manipulation (scratching, rubbing, picking)
- Scales, erosions, ulcers, fissures and crusts (scabs)

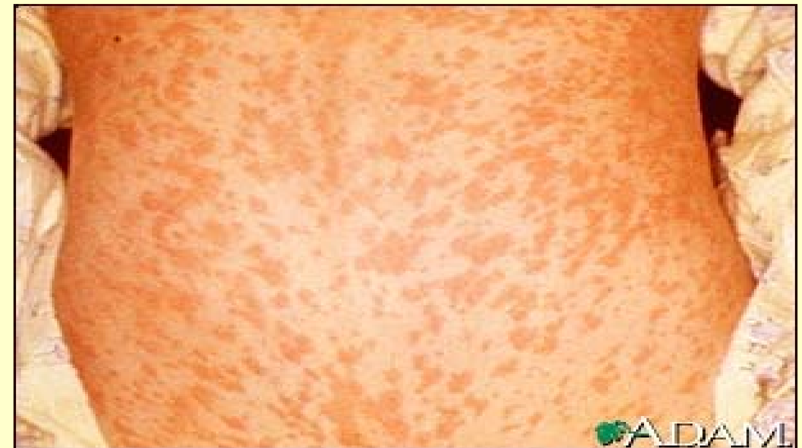
Dermsss Findings Not to Miss

- Non blanching, erythematous rash with fever (ie meningiococcemia, endocarditis)
- Vesicular rash with fever
  - Diffuse: chicken pox, small pox
  - Localized: necrotizing fasciitis
- Erythematous rash with fever (ie toxic shock, scolded skin, Stevens Johnson, Lyme disease (erythema migrans), Syphilis

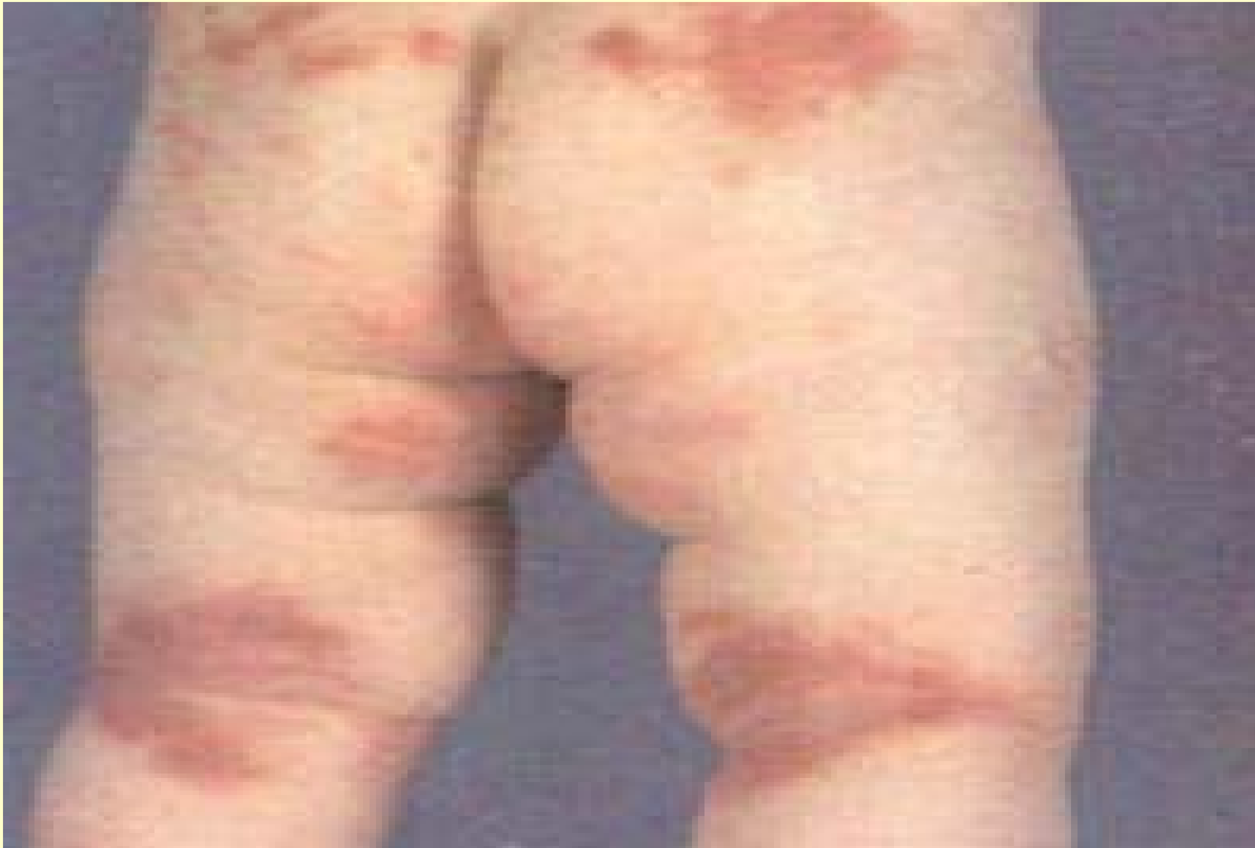
Rashes Not to Miss







Top Ten Common Rashes

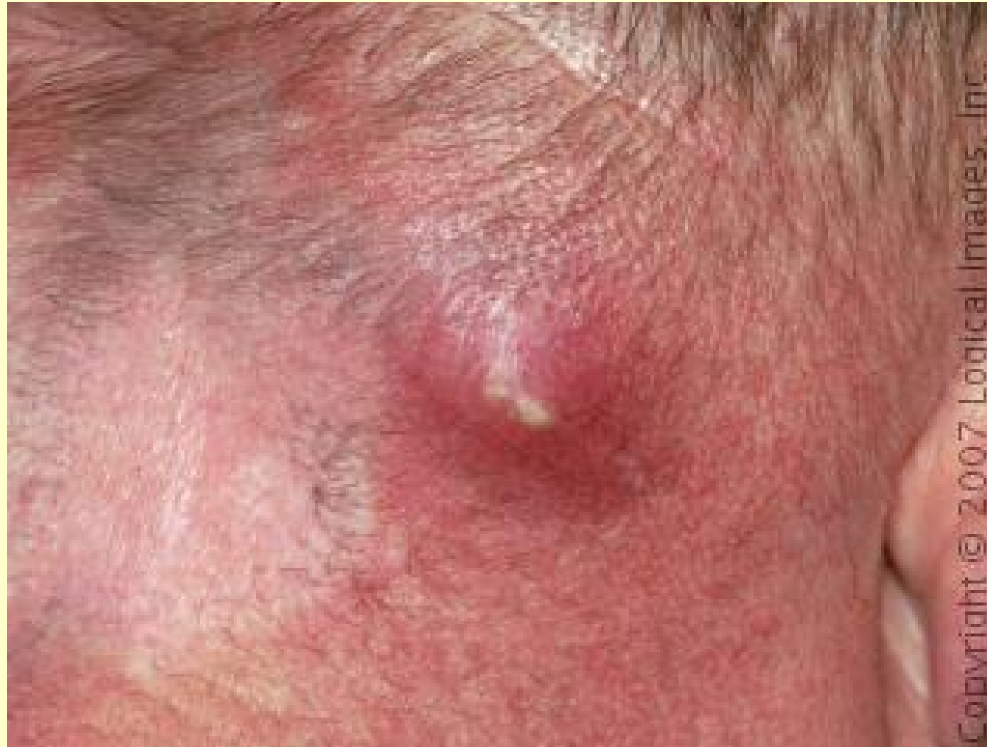


Top Ten Common Rashes cont.

1. Eczema/topical dermatitis:

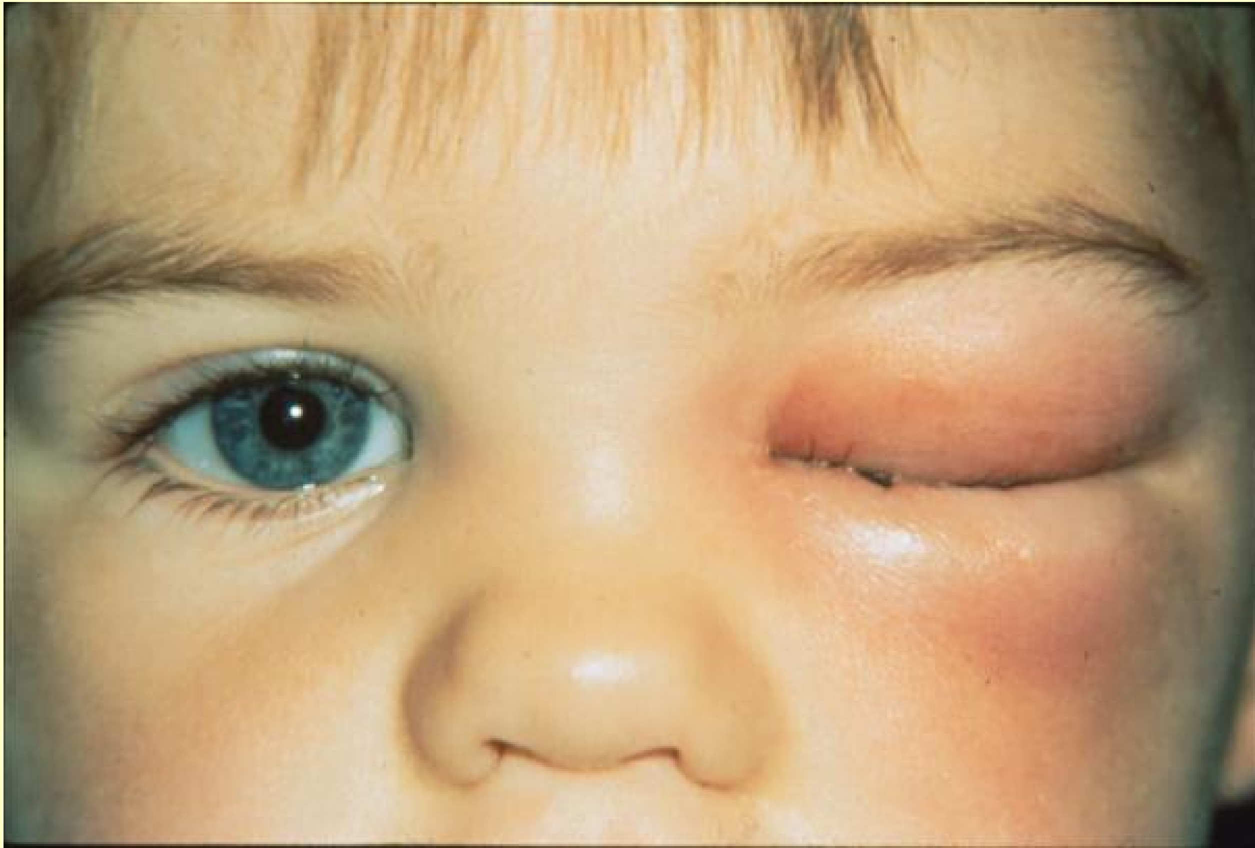
   flexor surfaces of upper and lower extremities: pruritic: sometimes red, scaly, plaque.

Top Ten Common Rashes cont.



- 2 Abscess/MRSA
  - Fluctuant, erythematous lesion/nodule/cyst
  - Various locations

Top Ten Rashes Cont.

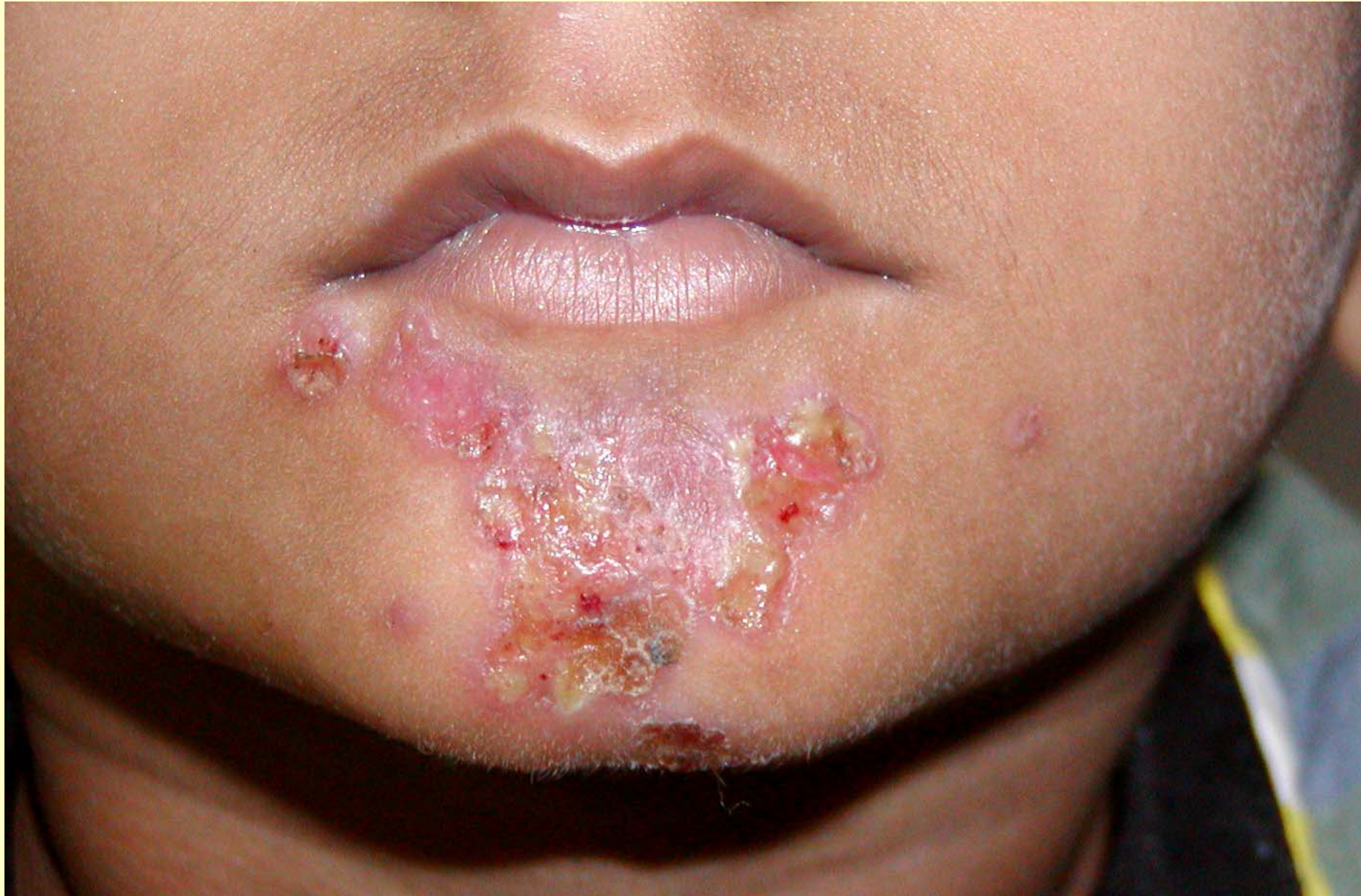


- **3. Cellulitis**

  erythematous, tender, can occur in various locations, typically associated with entrance wound of some sort into skin

  Can be caused by secondary lesions

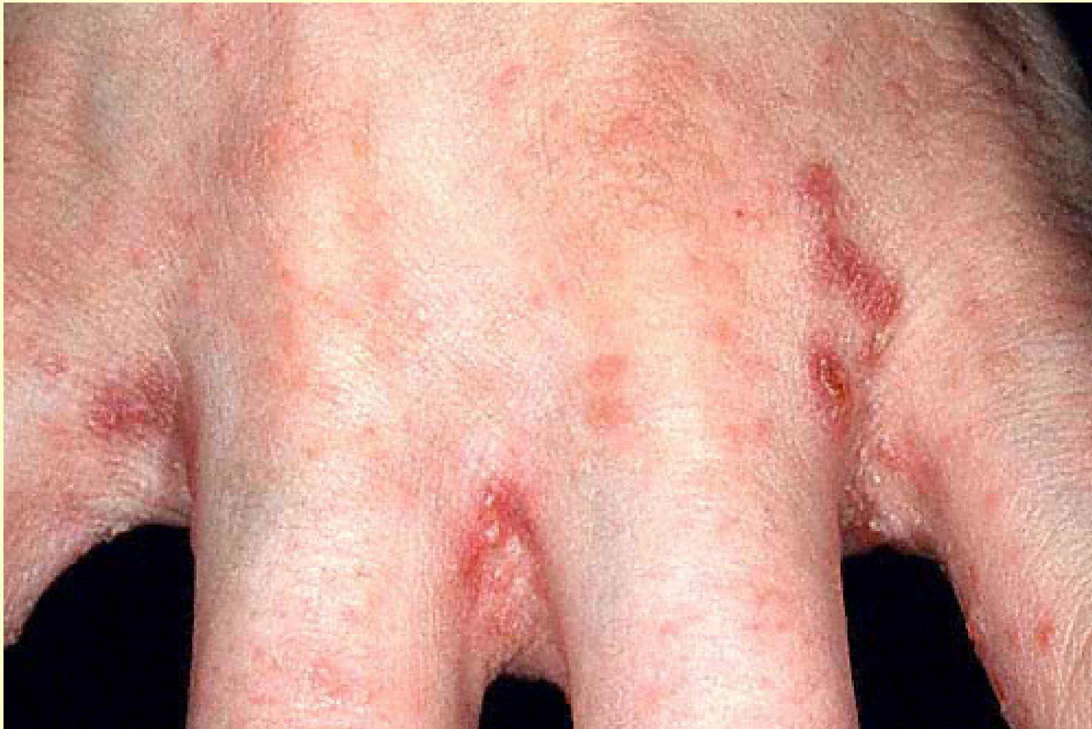
Top Ten Rashes Cont



- **4. Impetigo (superfical-caused by strep/staph)**

  weeping honey crusted lesion

Scabies



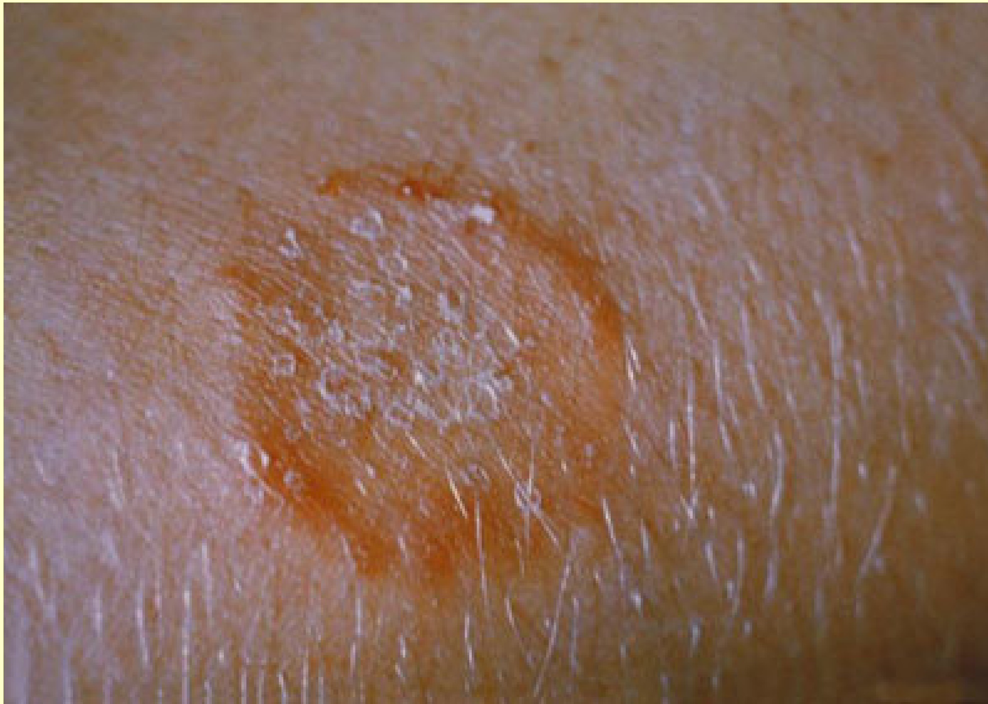
- **5. Scabies**

  typically seen between web spaces of fingers and toes

  excoriations due to mite excrement (black appearing lesion sometimes seen)

  Highly contagious: home care paramount

Top Ten Rashes Cont.



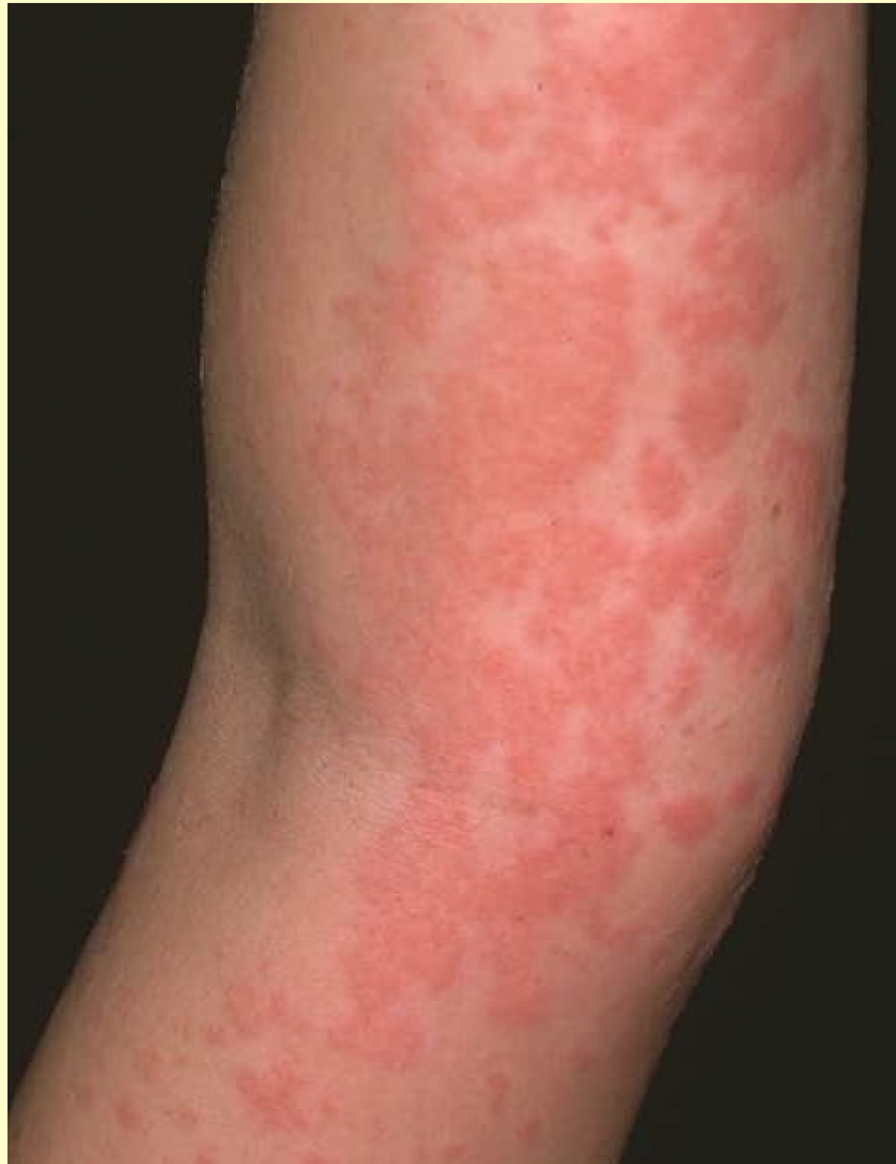
- **6. Tinea**

  Capitus: head

  Corporis: body

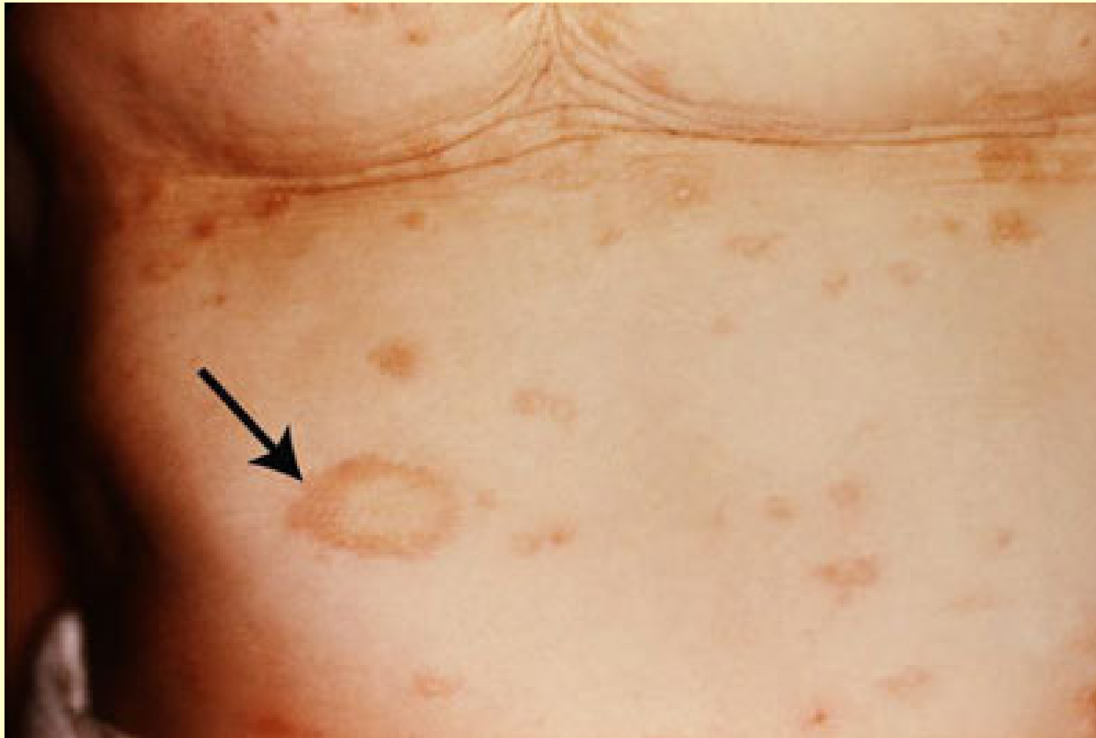
  Pedis: feet

Circular erythematous lesion with central lesion; can be peeling, vesicular, scaling or wheeping



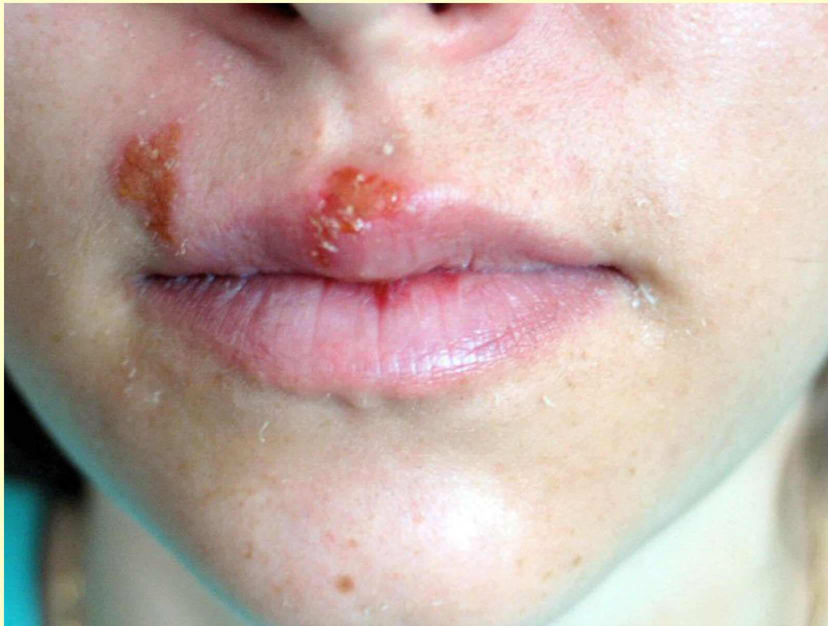
- **7. Urticaria**
  soft pink papules or wheels
  usually generalized
  histamine reaction

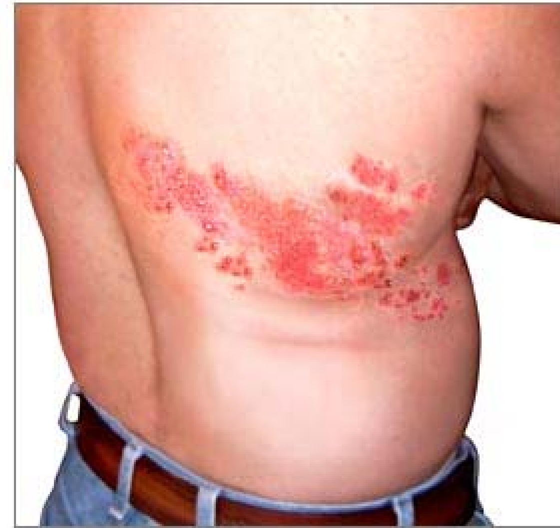
Top Ten Rashes Cont.



- **8. Pityriasis Rosea**
  - Papulosquamous eruption
  - Starts with a herald patch (target lesion)
  - Usually on trunk
  - Progresses to multiple smaller lesions in a Christmas tree pattern
  - Spares the palms and soles

Top Ten Rashes Cont.





- **9. Herpes**

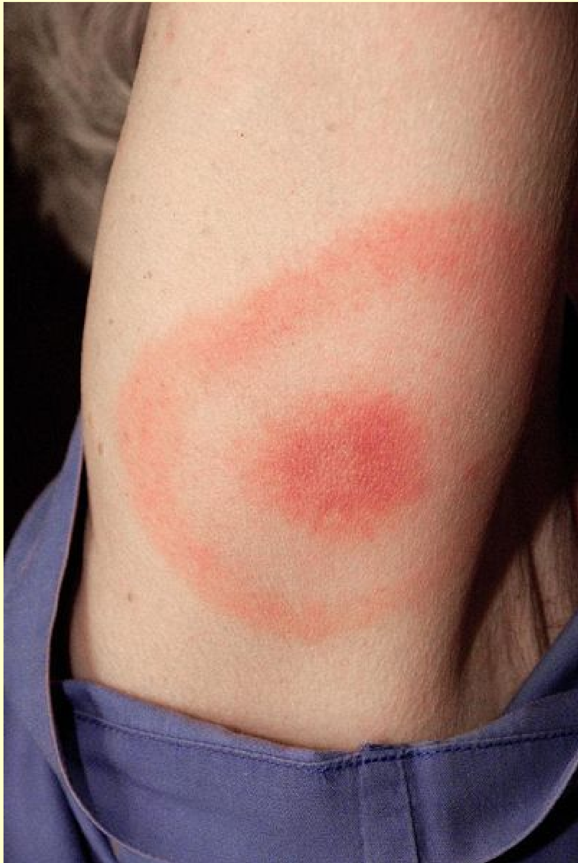
  varicella/zoster: vesicular (blisters), painful, erythematous base

  Chicken pox: lesions is several stages

  Zoster: follows a dermatome: does not cross the midline.

  -pain proceeds rash by 2-3 days

Top Ten Rashes Cont.



- **10. Lyme Disease**
  - Tick-borne illness
  - Large annular lesion with dark erythematous border and central clearing (erythema migrans)
  - Will usually see in 1-2 weeks post initial infection/bite

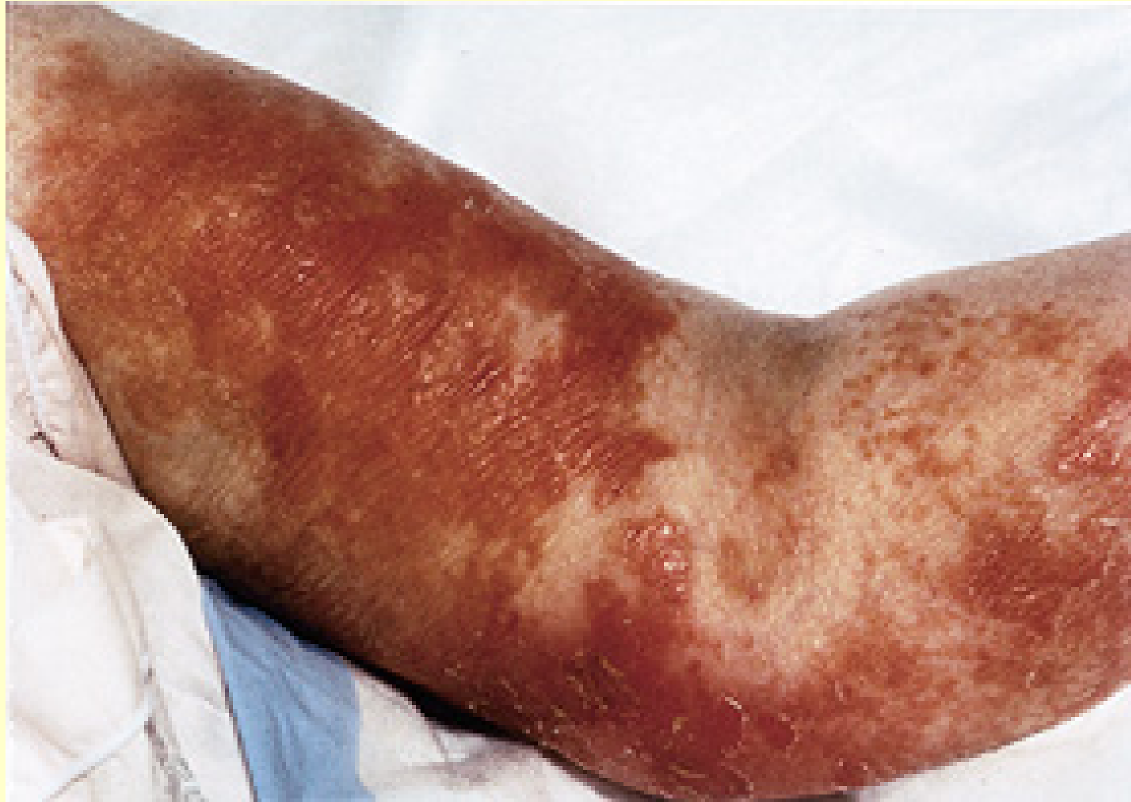
Case study #1

- 19 y/o NUSH female student presents to the ED with chief complaint, “high fever for the last 48 hours, generalized rash”.
- Roommate found patient in dorm room- thought she was sleeping and was difficult to arouse. Oriented X 1: T-103 ®; BP 84/50: PR 120: RR 28; pulso ox 96% r/a

Physical findings

- PMHx: non significant
- MEDS: none
- Allergies: none
- LMP: current
- HEENT: +periorbital swelling /facial swelling
- LUNGS/HEART: LCTA bilaterally: HR RRR
- ABDOMEN: soft, non-tender
- G/U: retained tampon
- SKIN: non blanching petechiae rash to trunk: hands and feet edmatous

?????



Differentials

- Scalded skin symdrome
- Scarlet fever
- Toxic shock

Diagnosis

- TOXIC SHOCK SYNDROME

Case Study #2

- 2 mo old hispanic female c/o fever x 12hours.
- began this morning and have been progressively worsening.
- Eating less and lethargic.
- Rash to the trunk that started as small bumps and some blisters and now are reddish/purple in color.
- Vomiting x 2
- Decreased appetite.
- Making less wet diapers today.

Peds Derm cont.

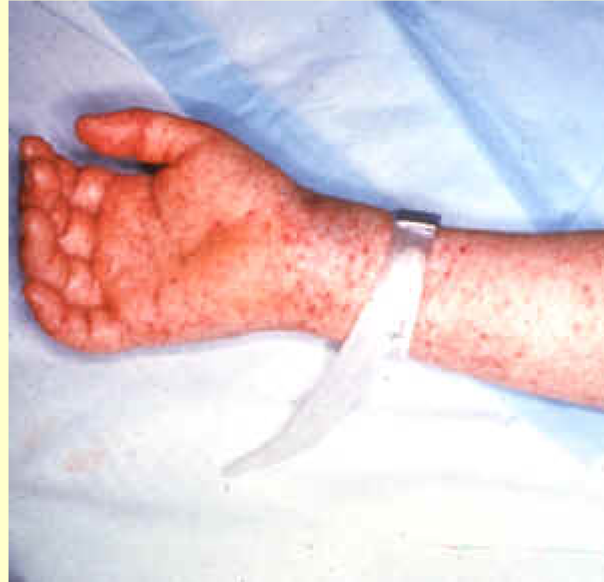
- PMH: none
- Meds: none
- Allergies: NKDA
- NSVD
- Full term

PE

- Vitals: T 102.0 rectally, R: 30 P: 140 BP: 75/palp
- Lethargic in mom's lap. Able to examine pt without pt crying or resisting.
- HEENT: NCAT. Fontanels WNL.
  - Mucous membranes dry.
  - TMs clear bilat
  - OP: clear
- Neck supple no LAD.
- Lungs: CTA bilat.
- CV RRR no murmurs
- Abd: soft NT ND NABS.
- Skin: petechial rash to trunk.

PE

- Skin



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Diagnosis

Sepsis

Megningcoccemia

H. Influenzae

Strep pneumoniae

Staph aureus