Dermatology Pearls

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Jefferson Healthcare Dermatology

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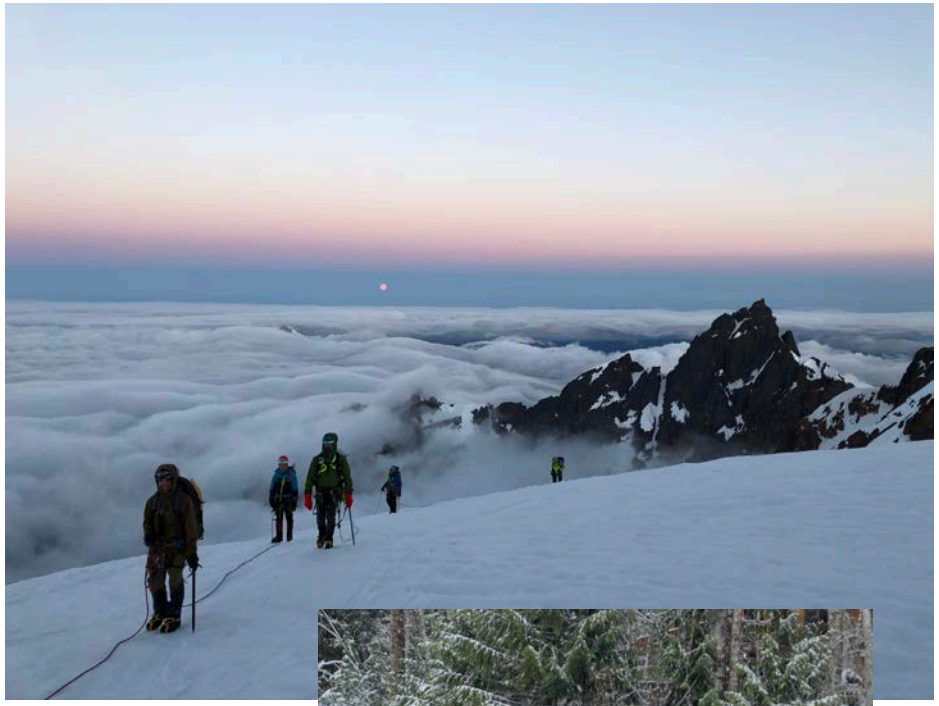
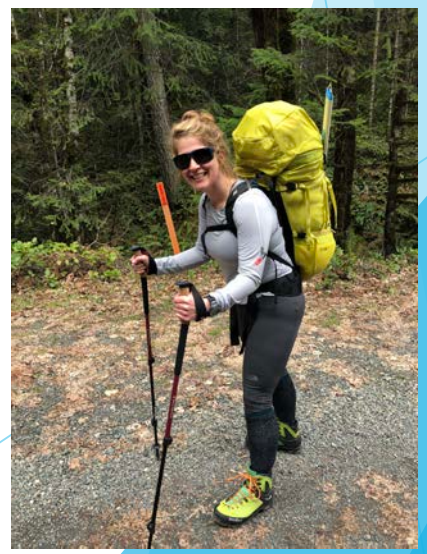
What’s on the agenda?

- Common skin conditions and where to start with treatment
- Gentle skin care regimen
- PCP and Biologics
- Sun protection regimen
- Things to avoid when treating dermatologic conditions
- Emergencies
- Q&A





Eczema

- Skin with a barrier dysfunction
- Itch and irritation are main symptoms
- Flexural surfaces common
- Foundations of treatment: gentle skin care, ***liberal moisturization***, topicals
  - Topical steroid potency charts
  - Tips on selecting topicals
- Counseling re: no cure
- In most patients, no evidence of relationship to food allergies
- DDx: drug rash, psoriasis, contact dermatitis, tinea

Topical Steroid cheatsheet

- Class I: clobetasol
- Class II: Lidex
- Class III-IV: Triamcinolone 1%
- Class V-VI: desonide, hydrocortisone

Gentle Skin Care Regimen

- Dove unscented bar soap
- Lukewarm water, no more than once daily showering
- Moisturize within 5 minutes of showering; immediately after handwashing
  - “Grease for peace”
- Vaseline, Cerave cream, Eucerin cream, etc.
  - Olive oil, almond oil, coconut oil, etc. OK if patient can tolerate
- Avoidance of lotions, gel hand sanitizers, perfumes/colognes, products with fragrance, dyes, glitter, etc.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lotions


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Psoriasis

- Autoimmune condition that creates skin cells faster than normal; joint involvement and other systemic risks
  - Triggers: medications (B-Blockers, Lithium, etc.), strep, stress, physical trauma/sunburn
- Itch is main symptom; cosmetic concerns are common
- Extensor surfaces common
- Foundations of treatment: r/o treatable etiologies, topicals
- No oral steroids!!
- Counseling re: no cure
- DDx: seborrheic dermatitis, eczema, other rash, etc.

PCP and Biologics

- No live attenuated vaccines!!
  - Yellow Fever, MMR, FluMist, old shingles vaccine, Varicella
- Consider increased risk of infection, lymphoma, thrush, exacerbations of IBS, etc.
- Annual PCP exam required for patients on Biologics
- Dermatology will perform baseline and monitoring labs

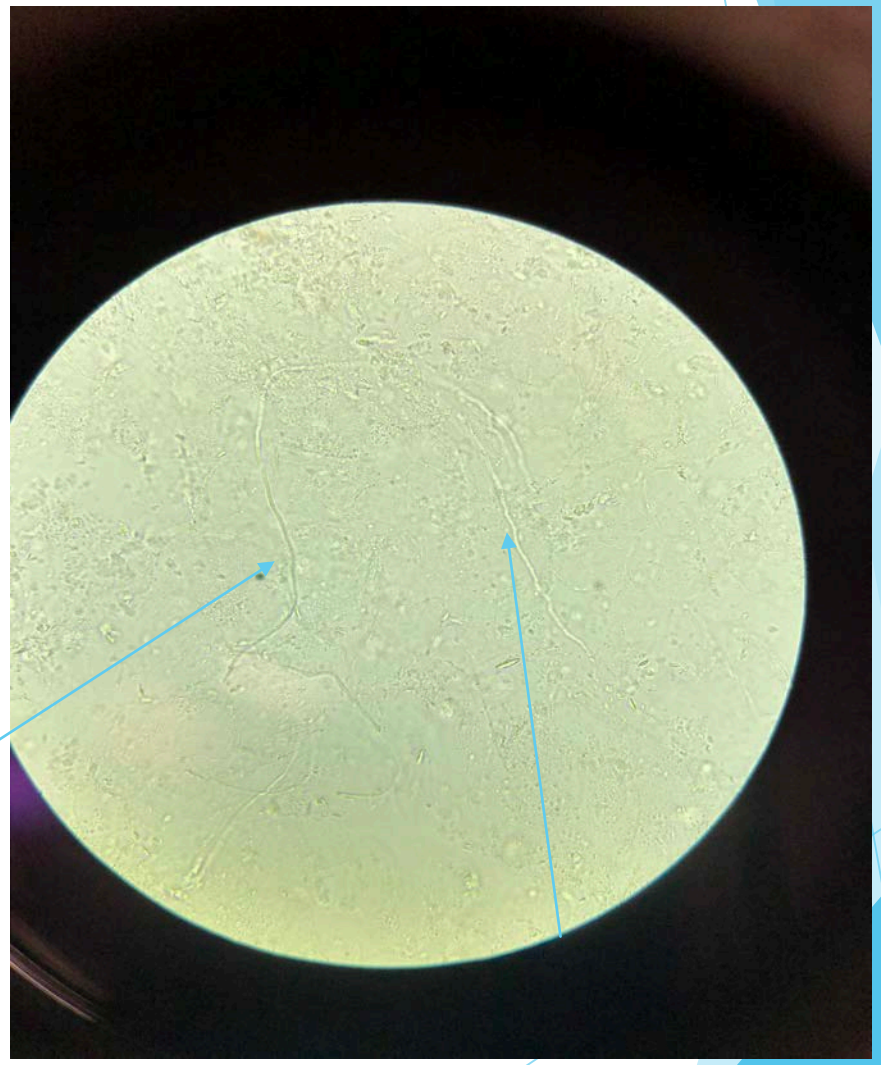
Cosentyx®
(secukinumab)

Hives

- Acute (<6 weeks) v. chronic
  - Triggers: medications (NSAIDs, BP meds, ASA), infections, allergies, autoimmune disorder, basically anything!
- Emergencies? Epi-pen Rx?
- Topicals are ineffective
- Counseling re: no cure
- Foundations of treatment: high-dose oral 2nd generation anti-histamines
  - 1st generation anti-histamines not recommended
  - Allegra up to QID
  - Prednisone PO in severe cases

Tinea

- Capitis, corporis, cruris, pedis
- Skin scraping → KOH+
- Foundations of treatment: topicals, systemics, hygiene, maintenance



Seborrheic Dermatitis

- Inflammatory reaction to yeast overgrowth on skin
- OTC anti-dandruff shampoos
- Rx ketoconazole 2% shampoo
- Topical steroids
- DDx: sebopsoriasis v. psoriasis v. other
- Counseling re: no cure

Other scalp disorders

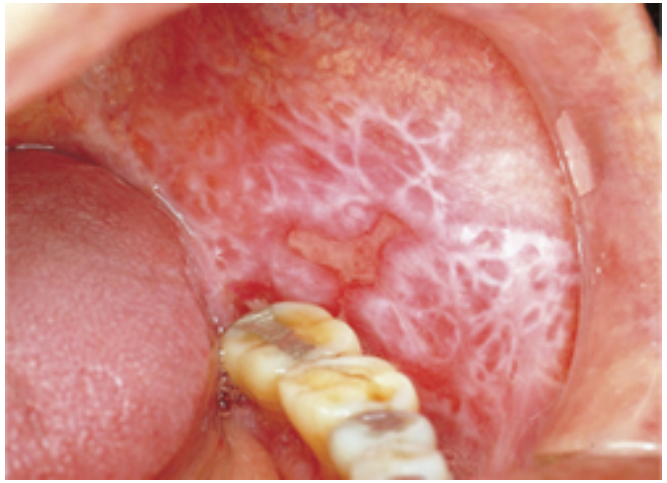
Alopecia
Discoid lupus
Dissecting cellulitis
Lice
Rosacea
Actinic keratoses/skin cancer
Trichotillomania

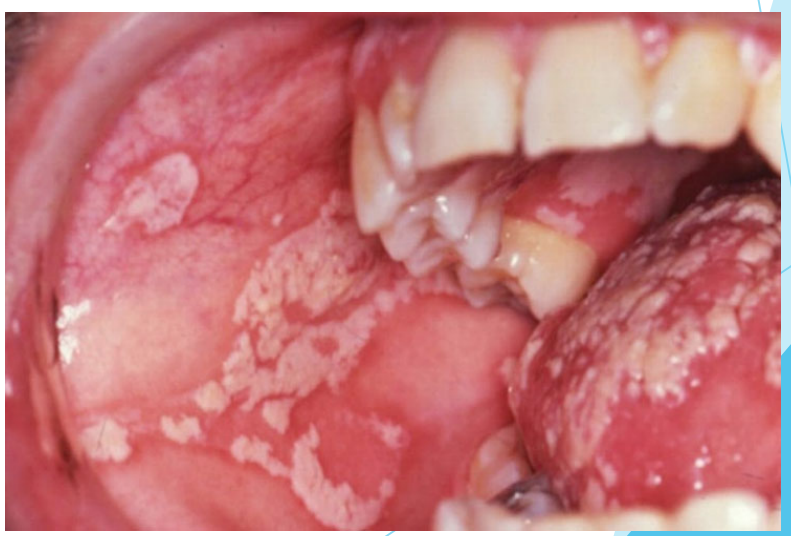
Rash

- r/o fungal, bacterial etiology
- Consider biopsy
- Topical steroids
- If definitely not psoriasis, can consider oral steroids unless patient will be seen in dermatology within 1 week

Oropharynx

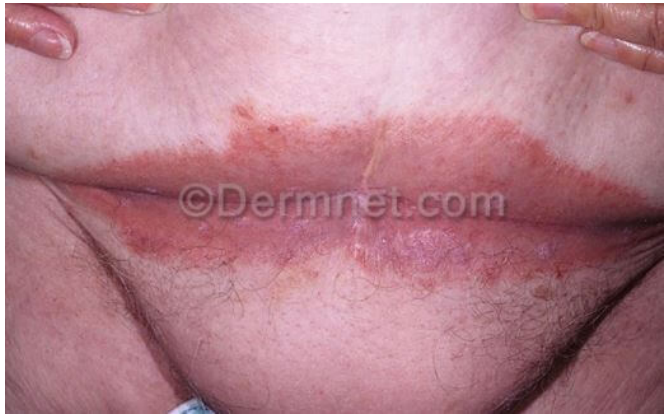
- Oral lichen planus
- Behcet's
- Crohn's
- Oral candidiasis
- Angular cheilitis
- Leukoplakia/actinic cheilitis
- HSV
- Oral blistering disorders (pemphigus/pemphigoid)
- Oral cancer

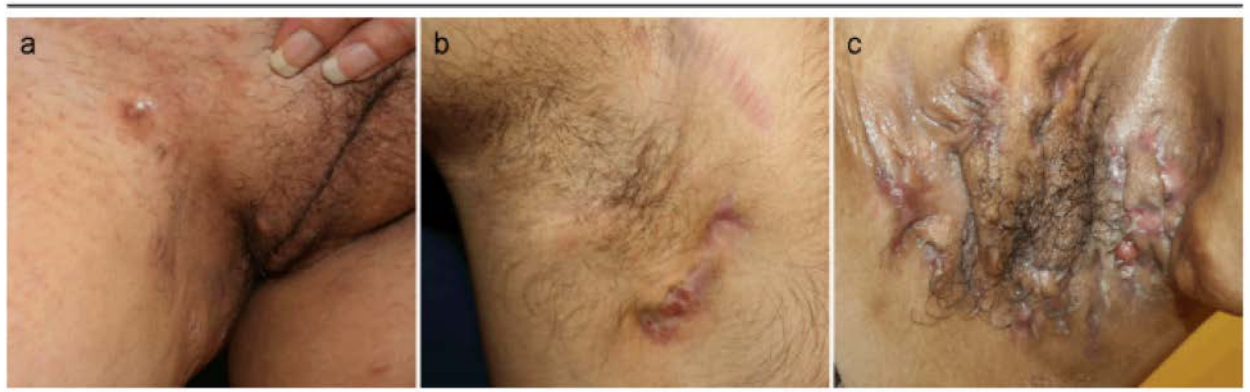




Genitals

- Lichen sclerosus
- STDs
- Pruritus
- Psoriasis
- Tinea
- Dermatitis
- Balanitis
- Intertrigo
- Erythrasma
- Lichen simplex chronicus
- Folliculitis → abscesses → hidradenitis suppurativa
- Skin cancer

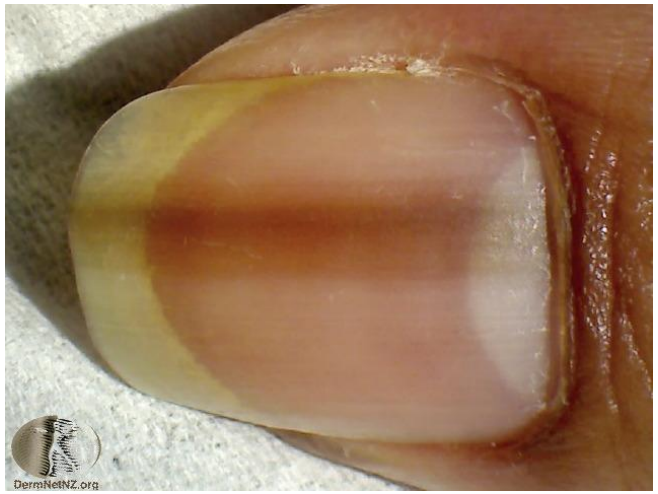


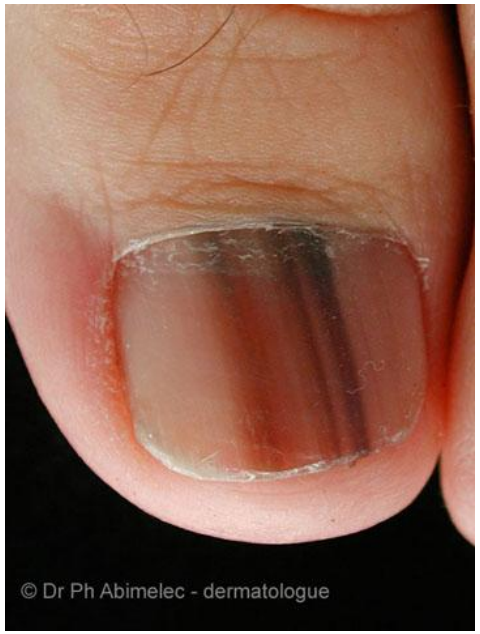


(a) Hurley stage I, right groin and labia majora: recurrent abscesses without sinus tract formation. **(b)** Hurley stage II, right axilla: multiple sinus tracts separated by normal skin. **(c)** Hurley stage III, left axilla: multiple interconnected sinus tracts without normal skin in between.

Nails

- Talon noir
- Melanonychia
- Onychoschizia
- Onychomycosis
- Melanoma
- Lichen planus
- Psoriasis
- Digital mucous cyst





Warts

- No great treatment, conflicting treatment plans
- Goal = irritate it!!
- Cryotherapy + at-home WartStick qHS with weekend soaking and filing

Acne

- Think of treatment as a pyramid
- OTCs, topicals (so many!!!)
- Low-androgenic OCPs: Yaz, Ortho Tri-Cyclen, etc.
- Tetracyclines
- If nodulocystic/severe scarring → dermatology

Rosacea

- Types I-IV
  - Type I: telangiectasia only → avoidance of triggers, sun protection
  - **Type II: papulo-pustular** → as above + topicals, oral antibiotics
  - Type III: rhinophyma
  - Type IV: ocular

Abscesses

- I&D; pack it, don't close it!
- Bacterial culture
- Oral antibiotics if needed
  - Keep things like MRSA colonization, hidradenitis suppurativa, etc. in mind

Benign Lesions

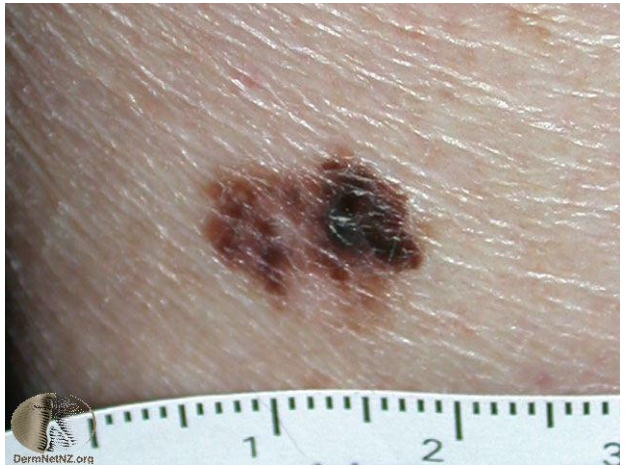
- Seborrheic keratoses
- Cherry angiomas/venous lakes
- Skin Tags
- Nevi (moles) **don’t destroy without sending for pathology!**
- Lentigines (sun spots)
- Sebaceous Hyperplasia

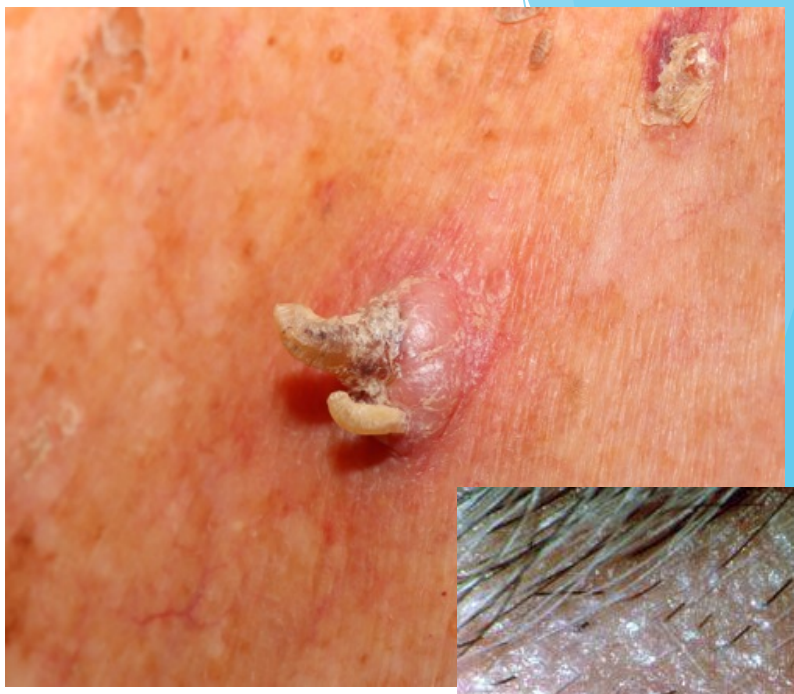
Actinic Keratoses

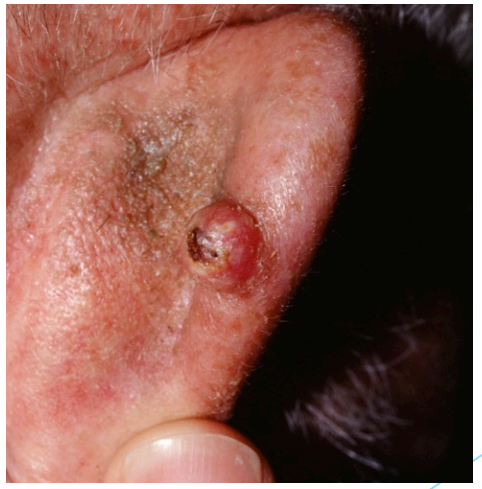
- Cryotherapy x 2
  - Cover eyes and ear canals
- If this appears thick or has any features and/or concerns for a skin cancer, biopsy or refer to dermatology; risks with treating a skin cancer with cryotherapy
- “1 strike and you’re out”
- Topical field therapies: Efudex, Aldara, etc.
- View as chronic skin disorder

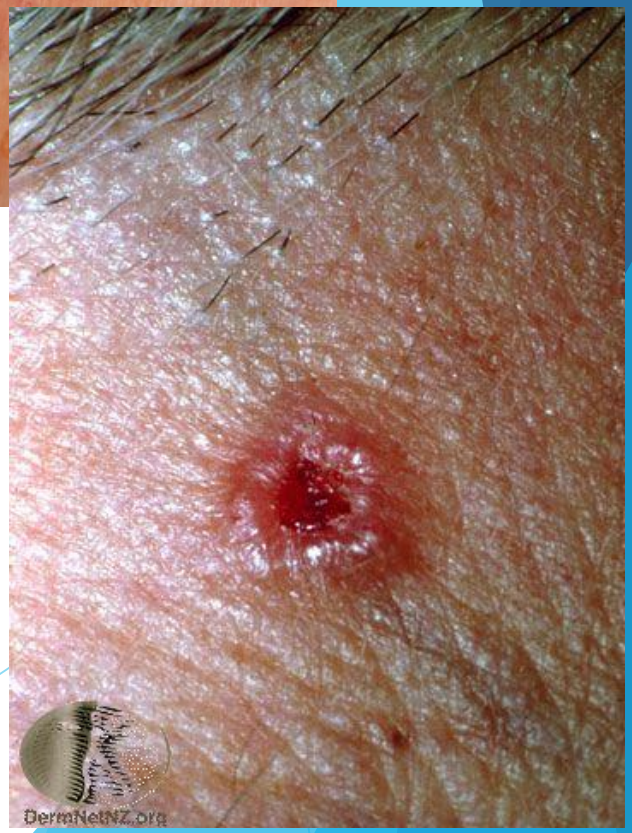
Skin Cancers

- BCC
- SCC
- Melanoma
  - Genetic component





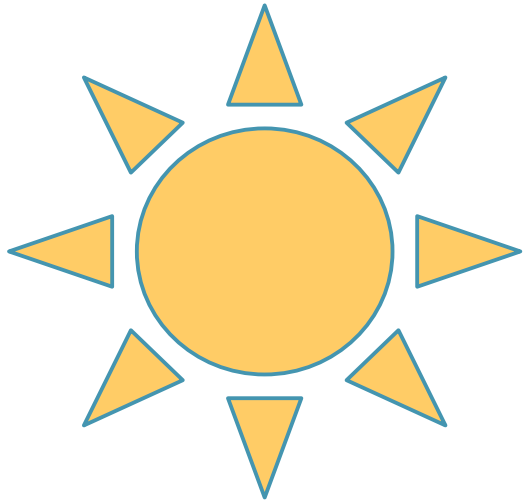


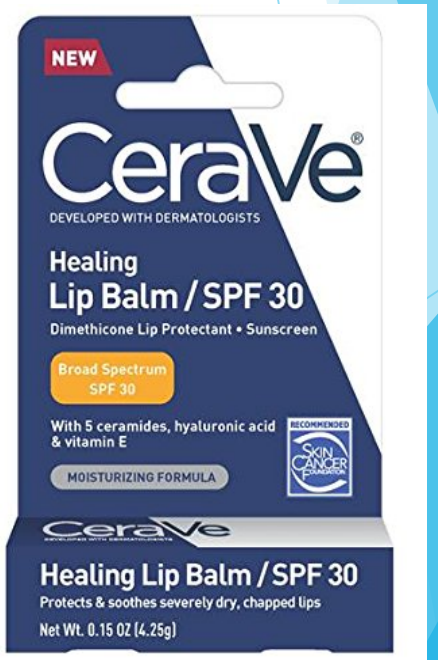


- Recent melanoma diagnosis will require regular dermatology f/u
- AAD treatment guidelines:
  - BCC – 3 months
  - SCC – 2 months
  - Melanoma – 1 month

Sun Protection Regimen

- Broad-spectrum SPF30 or above, reapplied hourly
- Lip balm with SPF
- Wide-brimmed hats, UPF clothing, sun gloves, etc.
  - https://www.columbia.com/uv-protective-clothing/
- “Sunscreens and skin cancer” / ”sunscreens and environmental hazards”





Things to Avoid

- Combination steroid-anti-fungal formulations
- No pic of biopsy site
- Destroying a lesion you're not 100% on
- Partially treating skin cancers with cryotherapy and/or topicals
- Oral steroids for psoriasis; steroids for tinea
- Not highlighting the importance of maintenance therapy
- Treating for scabies without positive mineral oil prep

Emergencies?

- Vitals signs unstable
- Sepsis concerns
- Stevens-Johnson Syndrome or other blistering eruptions
- Need for IV antibiotics

Questions?!