Overview of Common Skin Conditions In Primary Care

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ECZEMA

ACUTE ECZEMA

Erythema, oedema, papules, vesicles and some large blisters seen

CHRONIC ECZEMA

Lichenification, scaling and fissuring of the hands
Erythema and scaling are present, the surface is dry, and the borders are indistinct.
CONTACT DERMATITIS

Cutaneous inflammation resulting from the interaction of an external agent and the skin.

Irritant Contact Dermatitis

Allergic Contact Dermatitis
Early irritant hand dermatitis with dryness and chapping

Allergic contact dermatitis to nickel in a watchstrap buckle
ACD on the neck due to fragrance

ACD at the axilla due to a component of a roll-on deodorant.
Red, scaling plaques confined to the cheeks.

Eczematous plaques are moist and oozing serum.
Classic appearance of confluent papules forming plaques in the antecubital fossae.
Lichenified, dry antecubital plaque in an adolescent
Many small round plaques on the trunk. Large round plaques are inflamed and may become secondarily infected.
Pompholyx eczema (cheiropompholyx)

vesicles have evolved into pustules.

pompholyx with secondary infection
Seborrheic dermatitis

cradle cap with dense adherent scale.

extensive involvement in the characteristic side

postauricular skin involvement
Asteototic eczema
Lichen simplex chronicus (neurodermatitis)

- an area of lichenified eczema due to repeated rubbing or scratching as a habit or due to 'stress'
- present as single plaque on the lower leg, back of the neck or in the perineum.
- treatment: emollients, topical steroids
Prominent skin marking, localised plaque

The thick plaque with prominent skin marking over scrotum
red, itchy plaque with weeping, crust and fissuring

venous ulcers with surrounding atrophic scar.

Inverted Champagne Bottle sign
Acne Vulgaris

ACNE CLASSIFICATION AND GRADING

Mild
Papules/pustules ++
Nodules 0

Moderate
Papules/pustules +++
Nodules +/++

Severe
Papules/pustules ++++
Nodules +++

Tinea Corporis

Single or multiple plaques, with scaling and erythema especially at the edges. The lesions enlarge slowly, with central clearing, leaving a ring pattern.
Tinea cruris

- can spread to the upper thigh but rarely involves the scrotum.
- The advancing edge may be scaly, pustular or vesicular.
Tinea manuum (hand)

- appears as a unilateral, diffuse powdery scaling of the palm.
- *Trichophyton rubrum* is often the cause.
Fungal infection can be modified in appearance and spread by the anti-inflammatory effect of a topical steroid.
Tinea Capitis

A: Diffuse scale
B: Black-dot pattern
C: Kerion presenting with boggy mass in the scalp
Moccasin Tinea Pedis

• Extensive hyperkeratotic tinea, in which the skin of the entire sole, heel and sides of the foot is dry but not inflamed.
• The affected area does not include the top of the foot.
• This is usually caused by T. rubrum.
Interdigital Tinea Pedis

- Toe web infection.
- The web can become dry, scaly and fissured or white macerated and soggy.
Vesiculobullous Tinea Pedis

- will cause a vesicular eruption on the arch or side of the foot and is most often
- caused by *T. mentagrophytes.*
Distal subungual onychomycosis

- Onycholysis, subungual debris, and discoloration beginning at the hyponychium that spreads proximally.
- Trichophyton rubrum
Proximal subungual onychomycosis

- Begins underneath the proximal nail fold.
- T. Rubrum
- Strongly associated with immunosuppressive state.
Superficial white onychomycosis
Pityriasis (Tinea) Versicolor
Figure 25-1. A, Classic lesion of recurrent herpes simplex with grouped vesicles on an erythematous base. B, Recurrent herpes genitalis. (Courtesy Fitzsimons Army Medical Center teaching files.)
Herpes simplex, type 1, primary
Fig. 28.1 Primary herpes simplex occurring as a herpetic whitlow on a finger.
Wiral warts (verrucae)

- Common warts: dome-shaped papules or nodules with papilliferous surface.
- Usually multiple lesions and are commonest on the hands or feet.
- Their surface interrupts skin lines.
- Some facial warts are filiform with fine digit-like projections.
• Plane warts: smooth flat-topped papules, slightly brown in colour
• Commonest on the face and dorsal aspects of hands
• Usually multiple and resist treatment, eventually resolve spontaneously
• Koebner phenomenon
- Plantar warts: soles of the feet.
- Pressure causes them to grow into the dermis.
- Painful and covered by callus which will reveals dark punctate spots (thrombosed capillaries) when pared.
- Anogenital warts: penis, perianal area, vulva, vagina and perianal area
- Small or ‘cauliflower-like’ condylomata acuminata.
Molluscum contagiosum
Chickenpox (Varicella)

- Lesions in different stages of evolution, including vesicles, pustules and hemorrhagic crust.
Herpes zoster (Shingles)

Herpes zoster of the C4 dermatome.

Herpes zoster ophthalmicus (Hutchinson’s sign)
IMPETIGO

Honey-colored crusts on the chin (nonbullous impetigo)

Bullous impetigo with huge lesions with a glistening, eroded base and a collarette of moist scale.

Bullous impetigo lesions with a bullous rim.
• Nonbullous impetigo: Serum and crust around the nostrils.
Ecthyma

- Crusted sores beneath which ulcers form.
- A deep form of non-bullous impetigo
- Cause: Strep pyogenes
Folliculitis

Folliculitis: acute pustular infection of multiple hair follicles.
Furuncle: acute abscess formation in adjacent hair follicles.
Carbuncle: deep abscess formed in a group of follicles giving a painful suppurating mass.
ERYSIPelas

- Single circumscribed hot red indurated plaque.
- Advancing border.
- Skin surface develops translucent or haemorrhagic flaccid bullae and pustules.
- Tender lymphadenopathy, often with red streak from plaque to lymph node
- Resolves with desquamation and post-inflammatory dyspigmentation.
Cellulitis

- Ill defined, hot, red, painful swelling
- Advancing border
- Slow resolution of swelling once redness and tenderness has settled.
Scabies

• Sarcoptes scabiei var. Hominis
• Acquired by skin to skin contact
• Very itchy rash (particularly at night)
• Affecting trunk and limbs, sparing scalp (except infants and in crusted scabies)
Scabies burrows appear as curved tracks, most often found in the finger webs and on the wrist.

Tiny vesicles and papules in the finder webs and on the back of hand.
Infestation of the palms and soles is common in infants. The vesicular lesions have all ruptured.

Vesicles and papules found on the glans, shaft and scrotum.
Crusted (Norwegian)
Psoriasis

Typical oval plaque with well-defined border and silvery scales
• Chronic Plaque Psoriasis
  – chronic, noninflammatory, well-defined plaques
  – Silvery surface scales
  – Symmetrically distributed
  – Predilection for extensor surfaces such as elbow and knee.
• Guttate Psoriasis
  – Usually young patient before age 20
  – Strep pharyngitis or viral urti may precede eruption by 1-2 weeks
  – Scaling papules suddenly appear on trunk and extremities sparing the palms and soles
• Generalized pustular psoriasis
  – Von Zumbusch’s psoriasis
  – Numerous tiny, sterile pustules evolve from an erythematous base and coalesce into lakes of pus.
  – Patient is toxic and febrile and has leukocytosis
  – Serious and sometimes fatal disease
• Erythrodermic psoriasis
  – Severe disease
  – Generalized erythema and scaling
• Inverse psoriasis
  – Shiny, pink to red, sharply demarcated thin plaques
  – Much less scale
  – Retroauricular fold, interguteal cleft, inguinal crease, axilla, and inframammary region.
Psoriasis of the scalp with plaques typically form in the scalp and along the hair margin.

Psoriatic arthritis: Asymmetric involvement of the distal interphalangeal (DIP) and proximal interphalangeal (PIP) joints.
Seborrhoeic keratosis

- Harmless warty spot, common sign of ageing.
- Stuck-on, well-demarcated warty plaque
Basal cell carcinoma

- Locally invasive skin tumour
- Slowly growing plaque or nodule
- Skin coloured, pink or pigmented
- Varies in size from a few millimetres to several centimetres in diameter.
- Spontaneous bleeding or ulceration.
Nodular BCC

- Pearly nodule with a smooth surface
- Central depression or ulceration
- Edges appear rolled
- Blood vessels cross its surface
Superficial BCC

- Slightly scaly, irregular plaque.
- Thin, translucent rolled border.
- Multiple microerosions.
Morphoeic BCC

- Waxy, scar-like plaque with indistinct borders.
- Wide and deep subclinical extension.
- May have perineural spread.
Pigmented BCC
Squamous cell carcinoma

- Enlarging scaly or crusted lumps
- Grow over weeks to months
- May ulcerate
- Often tender and painful
- Sun-exposed area
Cutaneous horn type

Keratoacanthoma like lesion.
References

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Thank you