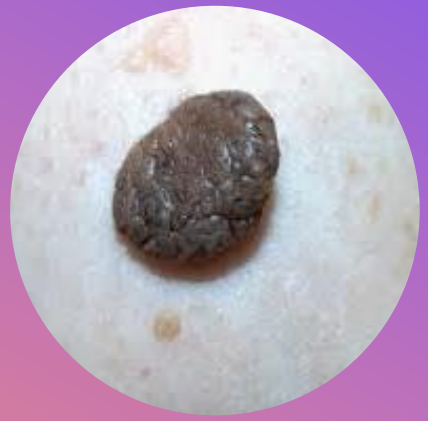

DERMATOLOGY VISUAL REVIEW: IMPORTANT HORSES AND ZEBRAS FOR THE PRIMARY CARE PROVIDER

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Mohs Surgery and Dermatology

Elgin, IL

DISCLOSURES

- Declaration Statement: I have relevant relationships with consulting for Leo Pharmaceuticals and SUN Pharmaceuticals within the last 24 months.

EDUCATIONAL OBJECTIVES

At the conclusion of this session, participants should be able to:

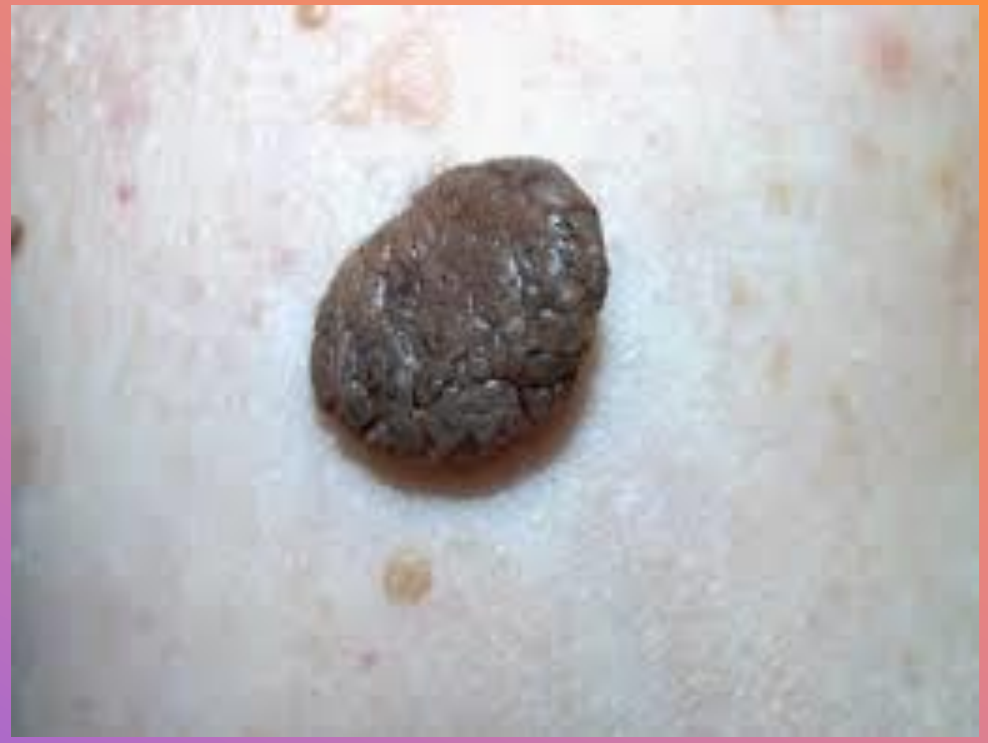
- Discuss features of morphologically similar skin diseases and common pitfalls that are encountered on examination

- Review referral patterns

- Provide a brief overview of treatment only, the focus of this lecture will be mainly visual recognition cues

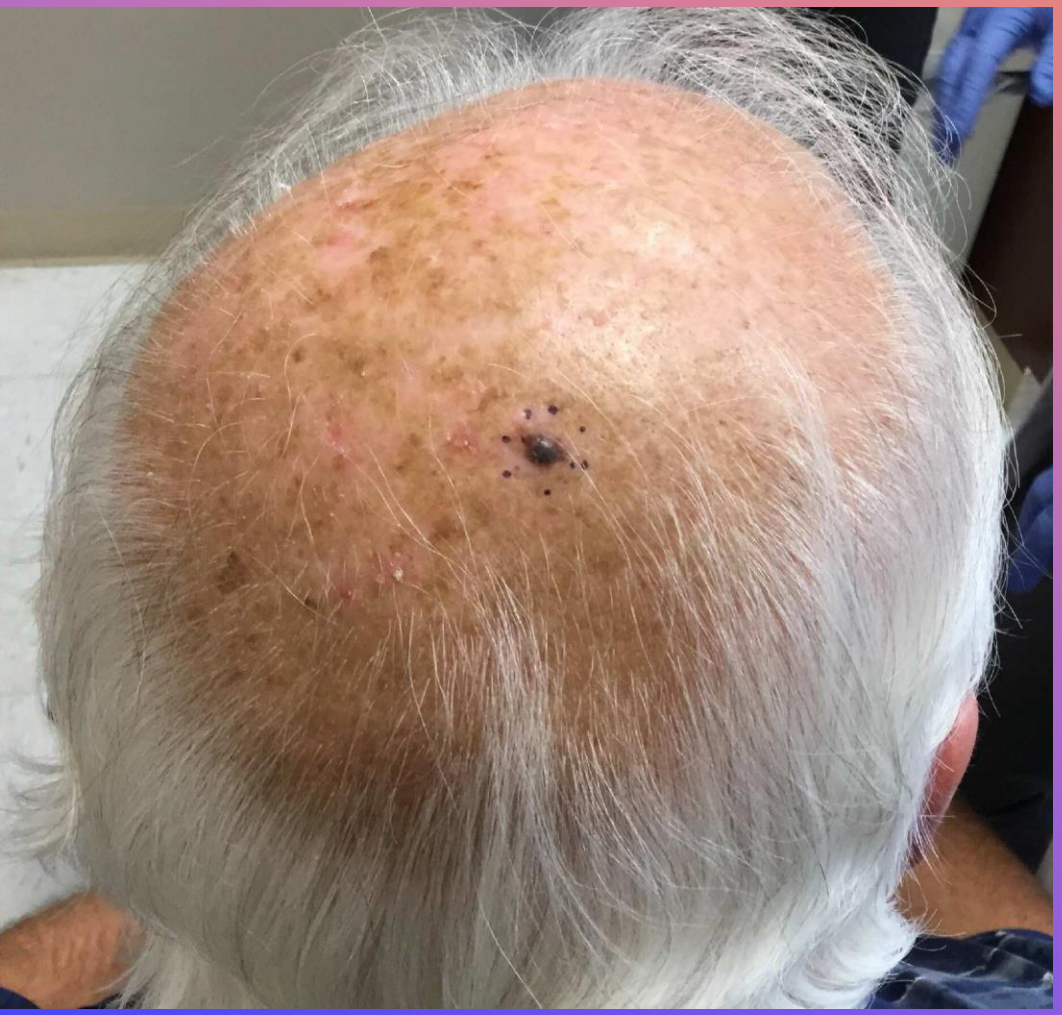
SEBORRHEIC KERATOSES CHARACTERISTICS

- Well demarcated scaly papules
- “stuck-on” appearance
- Older patients, can start in 30s-40s
- Trunk, face, proximal extremities
- Contain horn pseudocysts
- No Rx required
- Can use LN2 or shave removal
- Fave product recommendation: OTC lactic acid 15% lotion to lesions: lactic acid can smooth, soften SKs so patients don’t pick!
- REASSURANCE!

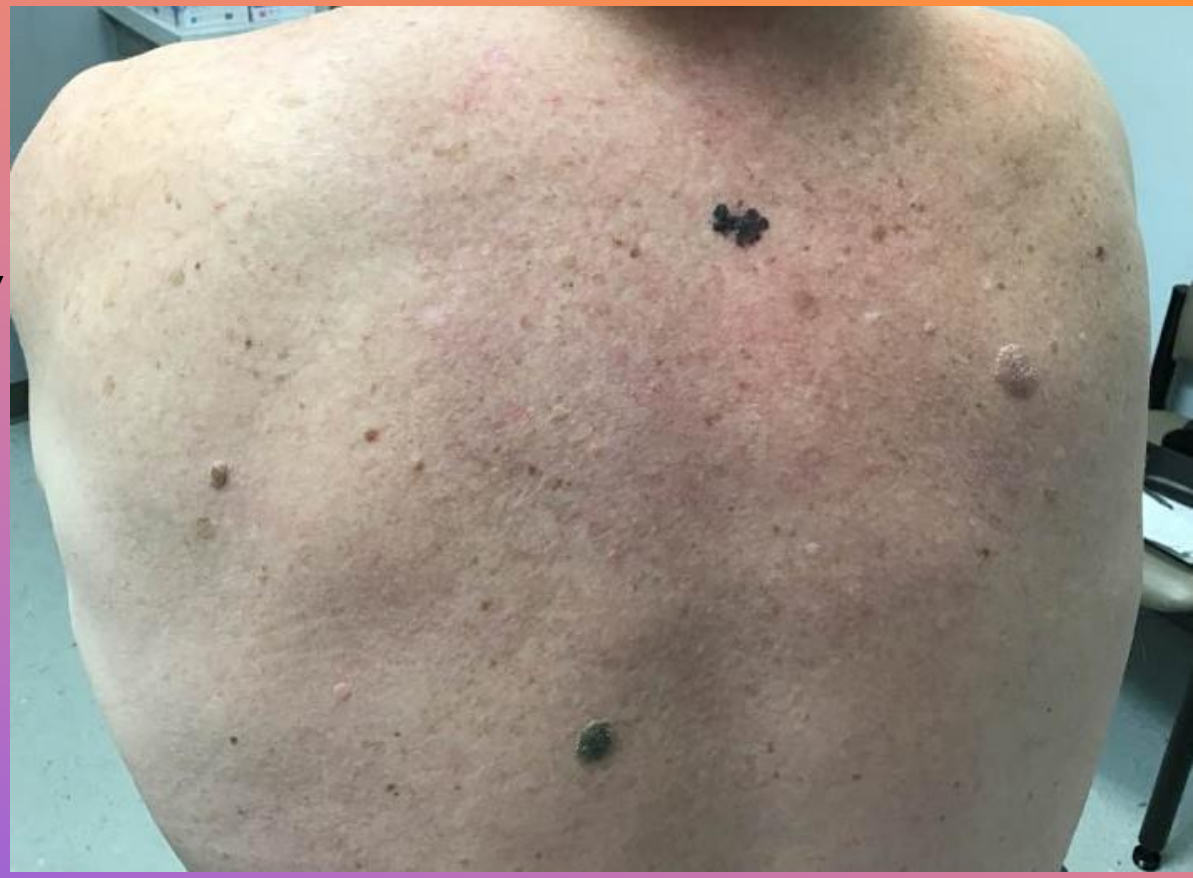


Source https://dermnetnz.org/cme/lesions/benign-keratinocytic-and-adnexal-lesions

MELANOMA



A symmetry
B order
C olor
D iameter
E volving

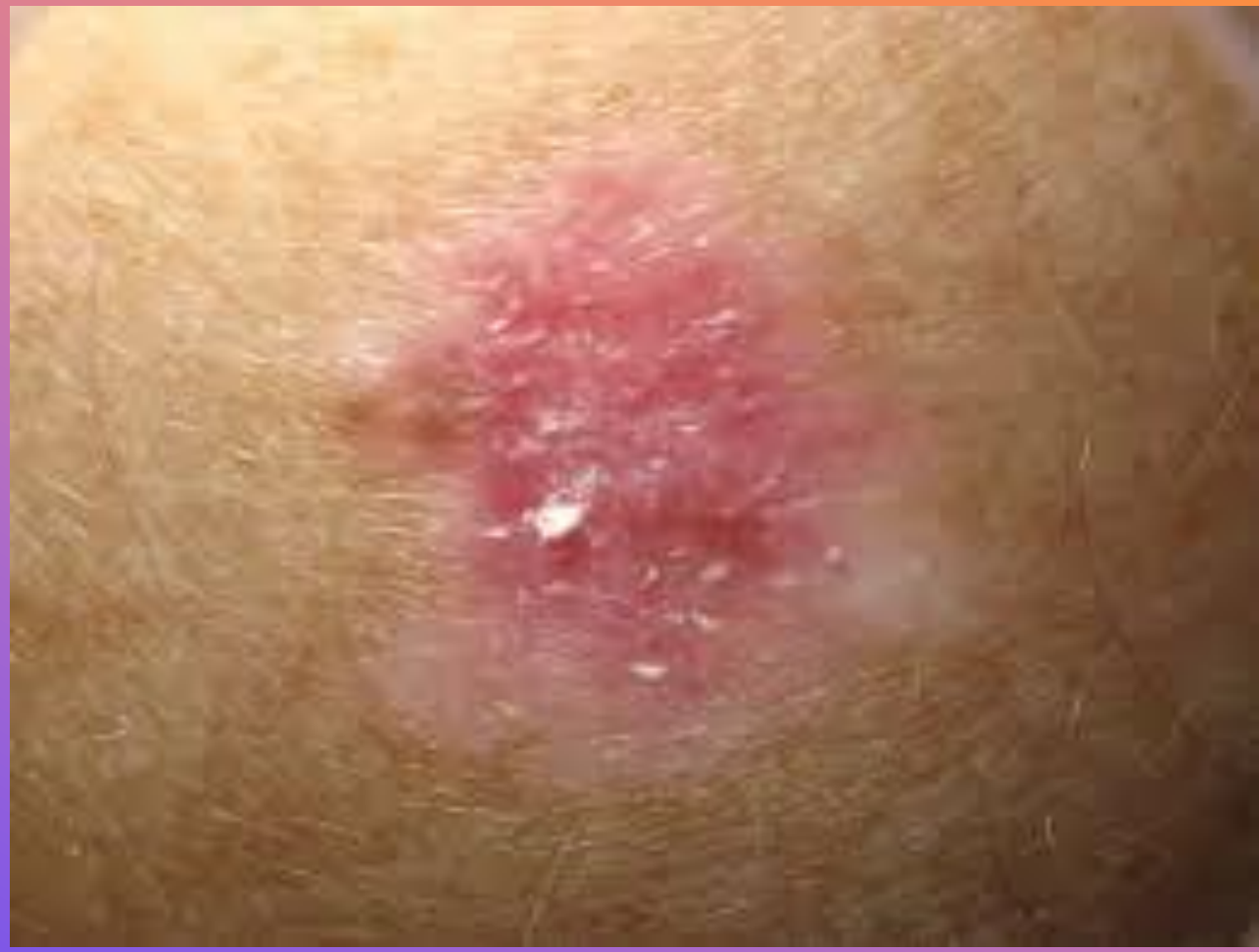


- Check scalps!
- Check groins, vulvas and buttocks!
- Just because a mole is big, does not make it a melanoma

- Refer for biopsy if unsure because we often do DEEP scoop biopsies for suspected melanomas or excisional biopsies

AMELANOTIC MELANOMA

- Pink or red papule or plaque
- Usually has a small amount of pigment
- Often diagnosed late
- Clinically resemble BCC
- When in doubt, refer or if you are comfortable do a biopsy (may leave a scar)



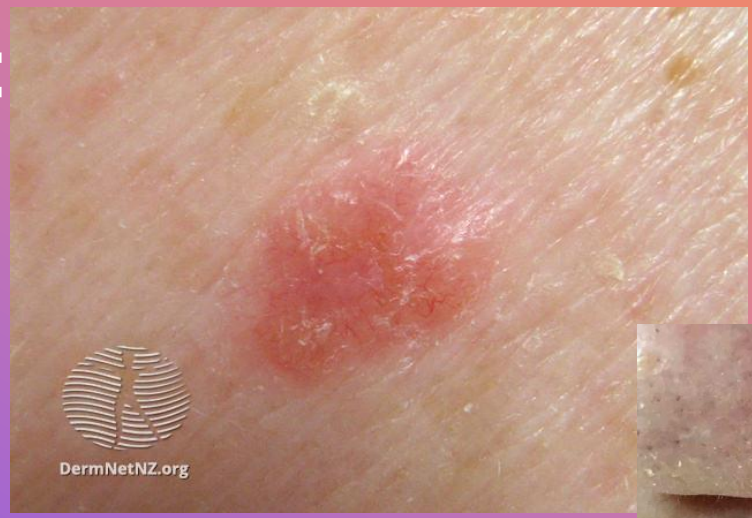
Source: Dermnetnz: amelanotic melanoma images
https://dermnetnz.org/#gsc.tab=1&gsc.q=amelanotic%20melanoma

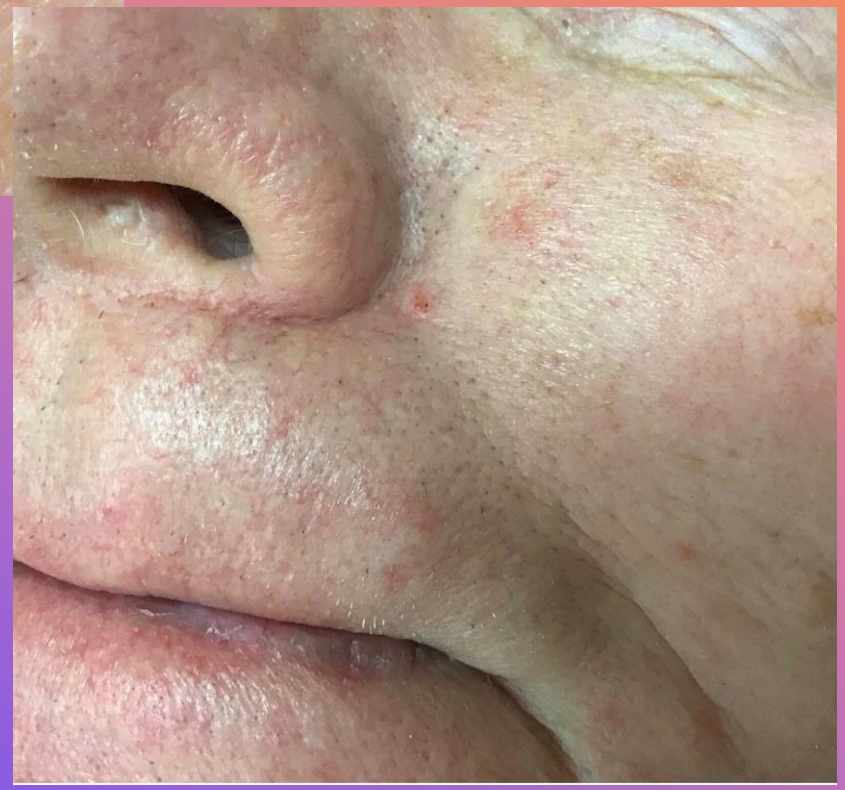
BASAL CELL CARCINOMA

Many Clinical Forms:

- Nodular
- Superficial
- Pigmented
- Morpheaform (less regular and do not have well-defined edges, aggressive subtype)

- They won't always be "textbook" with vessels





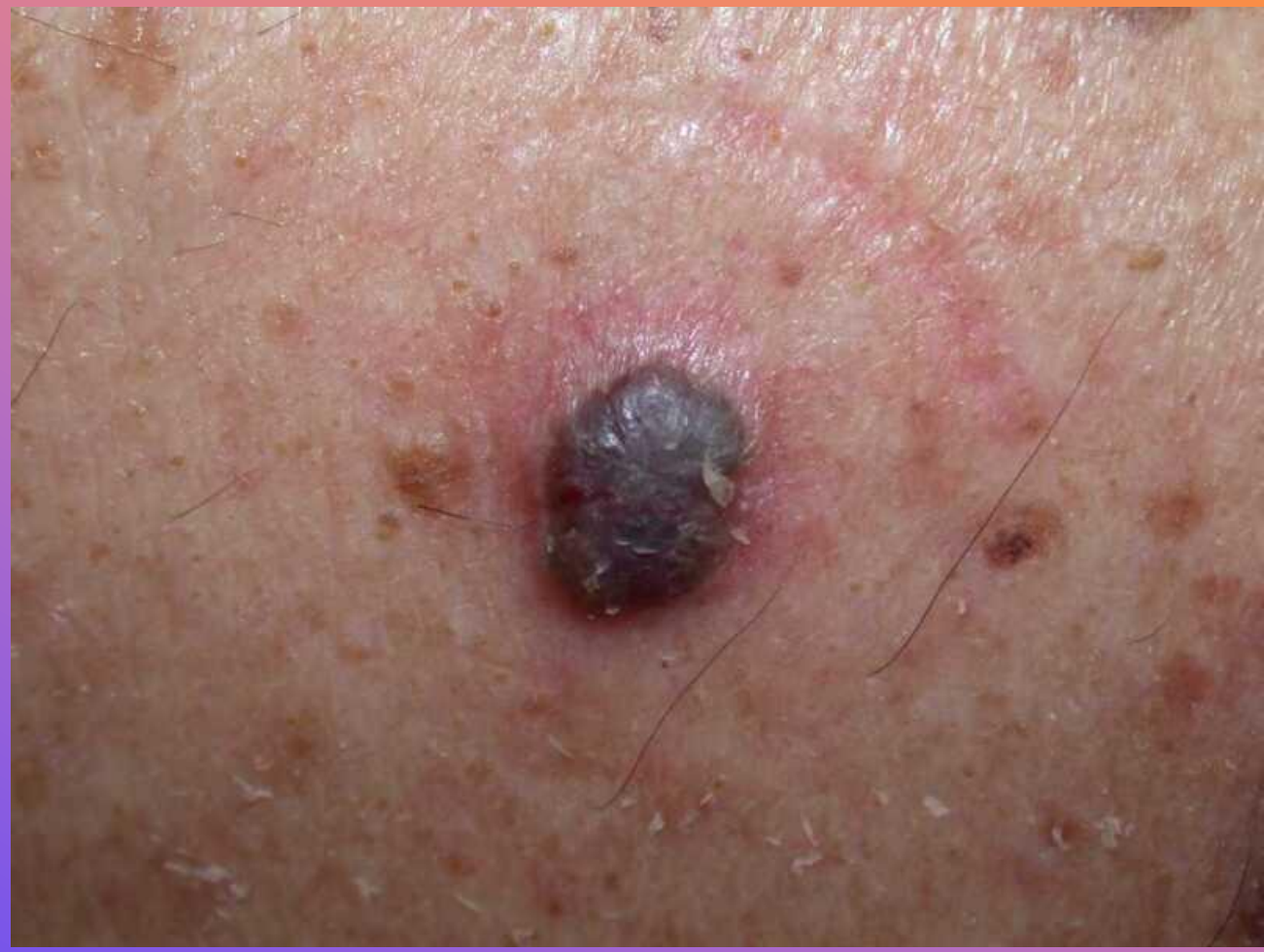
Mohs Surgery and Dermatology Patient

BASAL CELL CARCINOMA

Treatment Varies

Refer for:

- Excision
- Cryosurgery
- Mohs Surgery
- Radiation
- Electrodessication & Curettage (ED&C)

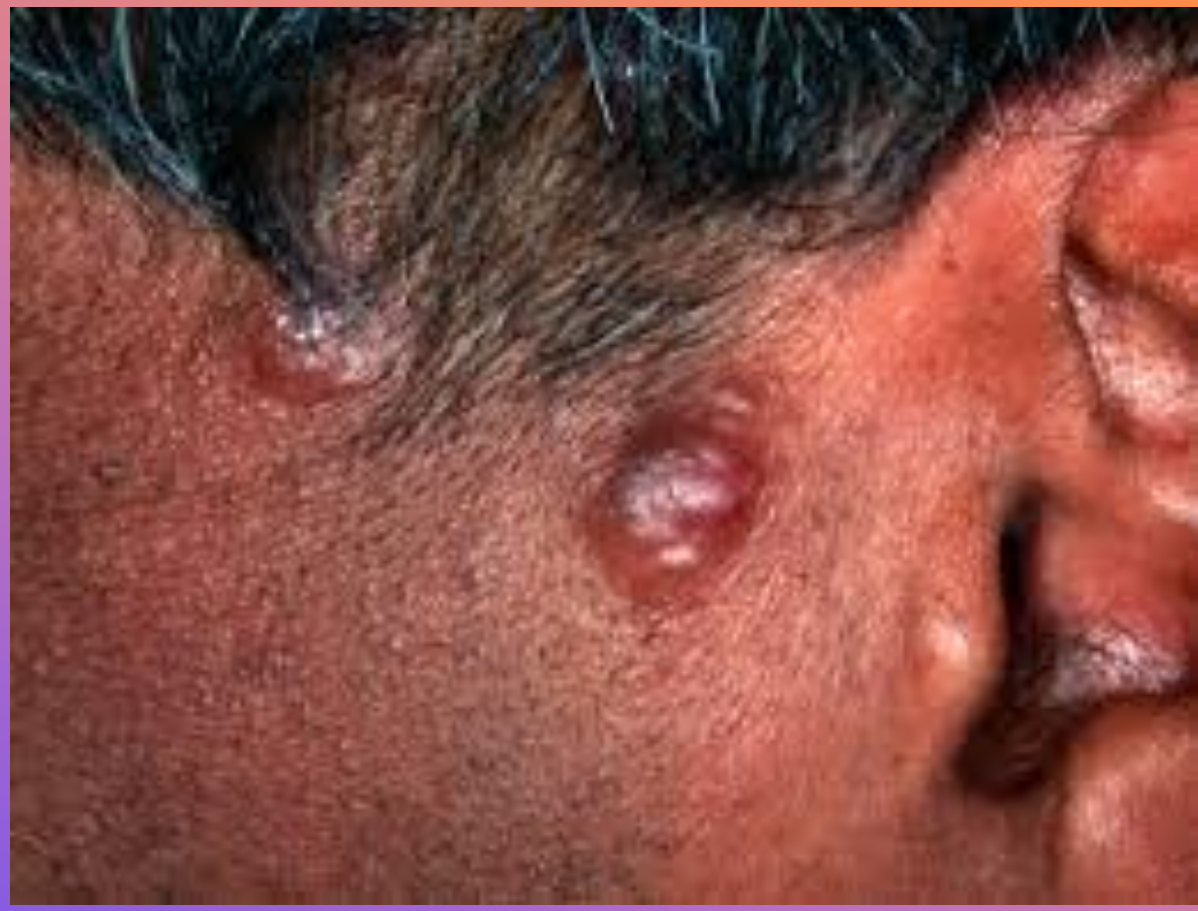


https://www.ncbi.nlm.nih.gov/books/NBK470301/figure/article-29088.image.f2/?report=objectonly

CUTANEOUS B-CELL LYMPHOMA

- Erythematous papules, nodules, or tumors
- Occur anywhere
- Middle aged to elderly
- Primary cutaneous lesions - good prognosis
- Secondary (metastatic) lesions - poor prognosis
- REFER for Biopsy

to Derm → Oncology

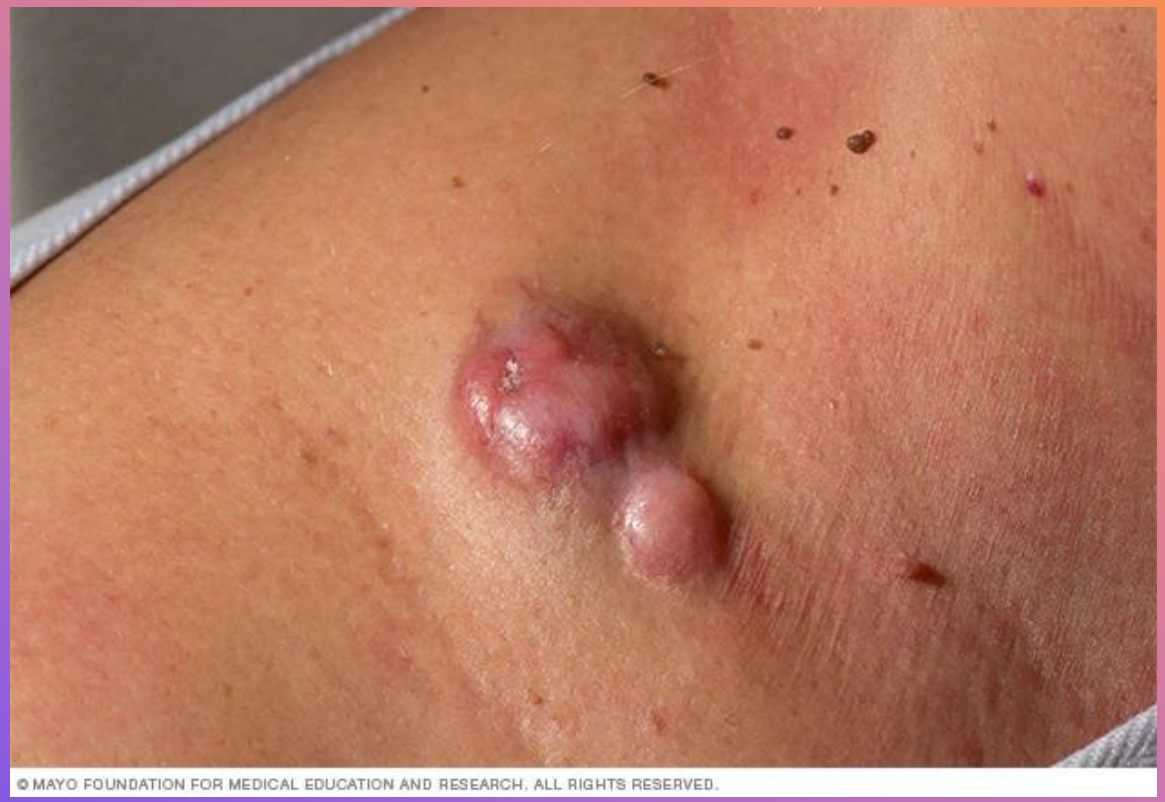


KELOID CHARACTERISTICS

- Thick, erythematous papule, plaque, or nodule
- Usually a result of trauma or acne
- Lesion extends beyond the borders of initial injury
- Often pruritic or painful
- Tx: Intralesional Kenalog, Excision followed by imiquimod, or superficial radiation, cryotherapy

DFSP CHARACTERISTICS

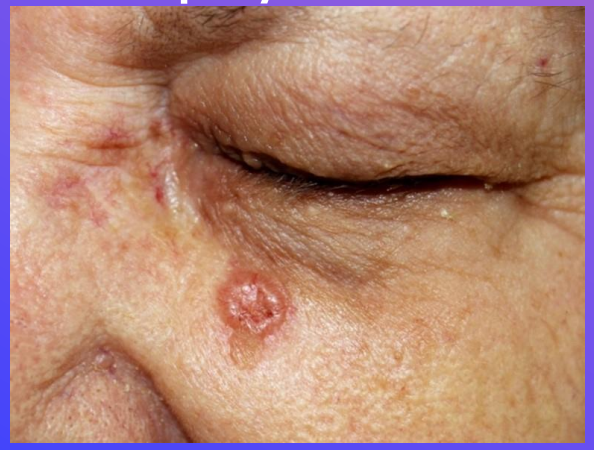
- Slowly growing, keloidal, irregular plaque on trunk or proximal extremities
- Rarely metastasizes
- Often recurs after wide local excision
- Mohs surgery is treatment of choice



CHARACTERISTICS: "CLASSIC" BCC AND SH

BCC

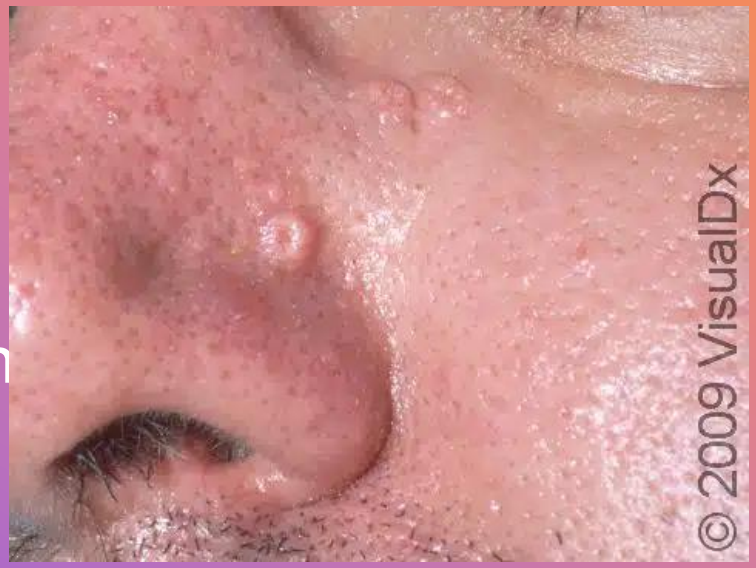
- Pearly papule with telangiectasia
- More friable (bleeds, scabs)
- Refer for biopsy



https://pcmedproject.com/dermatology/basal-cell-carcinoma-clinical-presentation-and-management/

SH

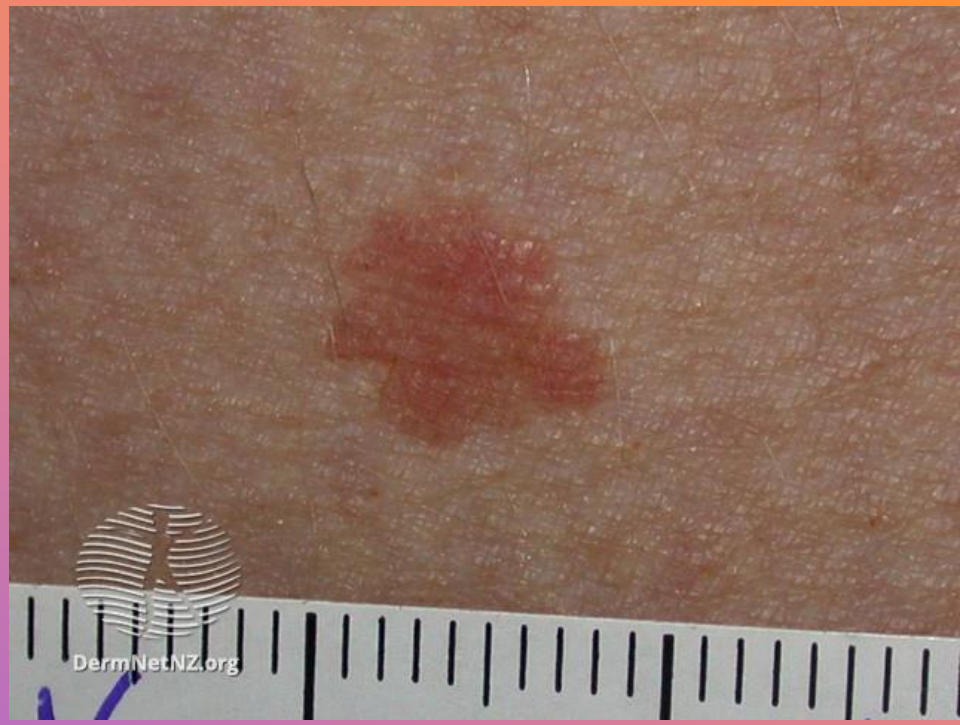
- Yellow papule w/ telangiectasia
- Central dell
- Usually central face
- Sun exposed skin
- Reassurance
- Tx: light hyfrecation



https://skinsight.com/skin-conditions/sebaceous-hyperplasia/

BOWEN'S DISEASE CHARACTERISTICS

- Red scaly papule or plaque
- Well demarcated, scalloped border
- Found anywhere on body, including non sun- exposed areas
- Most often diagnosed on sun-exposed sites of the ears, face, hands and lower legs. When there are multiple plaques, distribution is not symmetrical (unlike psoriasis)
- HOT TIP: often misdiagnosed as a rash – refer for solitary rashes!



https://dermnetnz.org/topics/intraepidermal-carcinoma-images

- Tx: Refer for excision, Mohs or ED&C

NUMMULAR ECZEMA CHRACTERISTICS

- “Coin-like” papules and plaques on trunk and extremities
- Characterized by poorly demarcated red, dry areas with fine scale
- Background of xerosis “eczematous appearance”
- Pruritic
- Fall and winter mostly
- Multiple lesions without distinct rim of scale differentiate this from tinea
- DON’T GIVE LOTRISONE

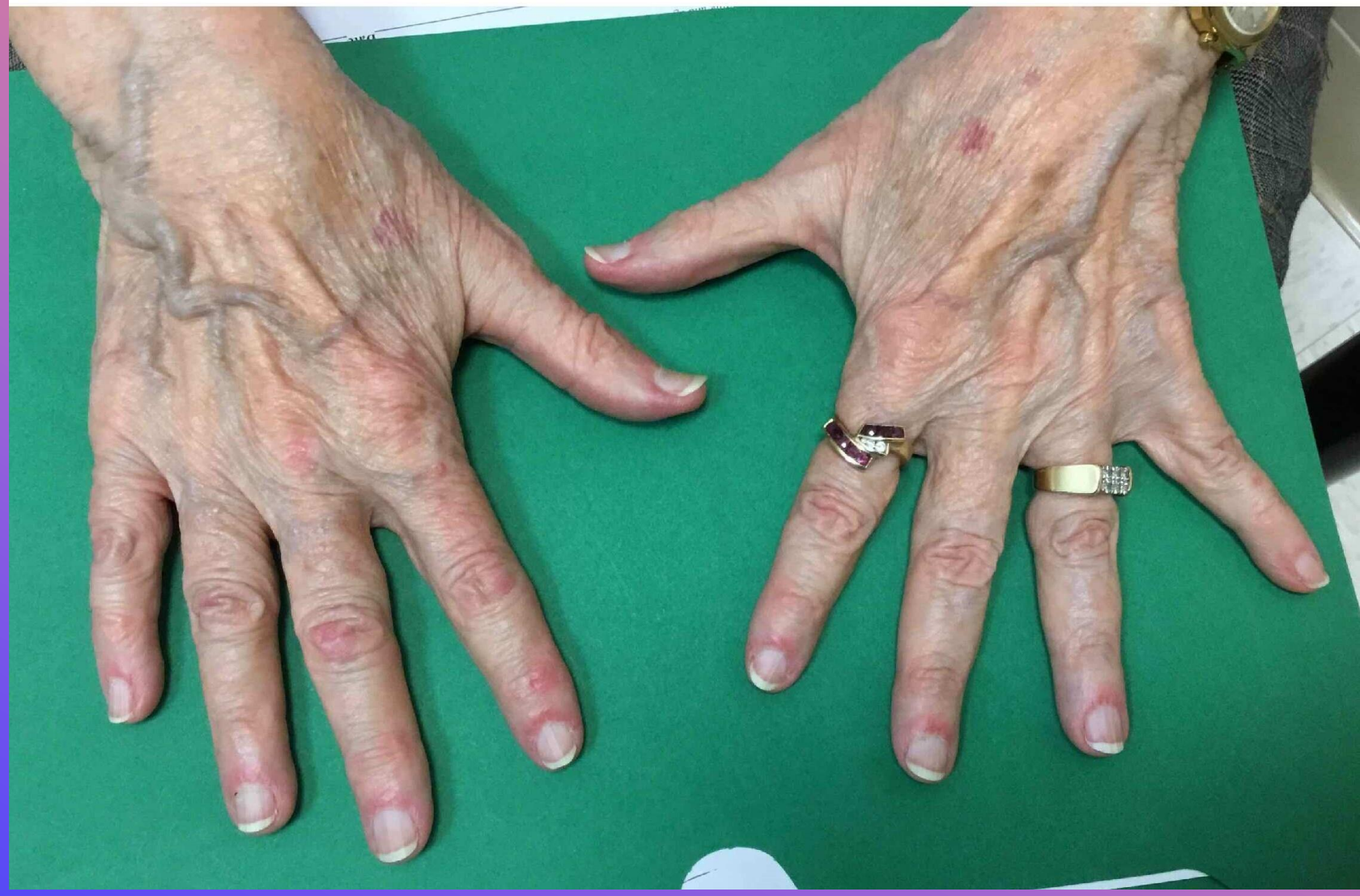
https://gladskin.com/blogs/resources/types-of-eczema-nummular-eczema

BLASTOMYCOSIS CHARACTERISTICS

- Skin disease is the second most common manifestation of blastomycosis after pneumonia.
- You can get blastomycosis by contact with moist soil, most commonly where there is rotting wood and leaves.
- Usually a verrucous plaque, can mimic a squamous cell
- Usually spread from blood, very few are from direct inoculation.
  - REFER! Biopsy plus tissue cultures were needed for this diagnosis
  - You never know what's going to walk in the door, so be ready!
    - We referred to infectious disease to rule out systemic infection, he is on itraconazole and lesion is melting away!

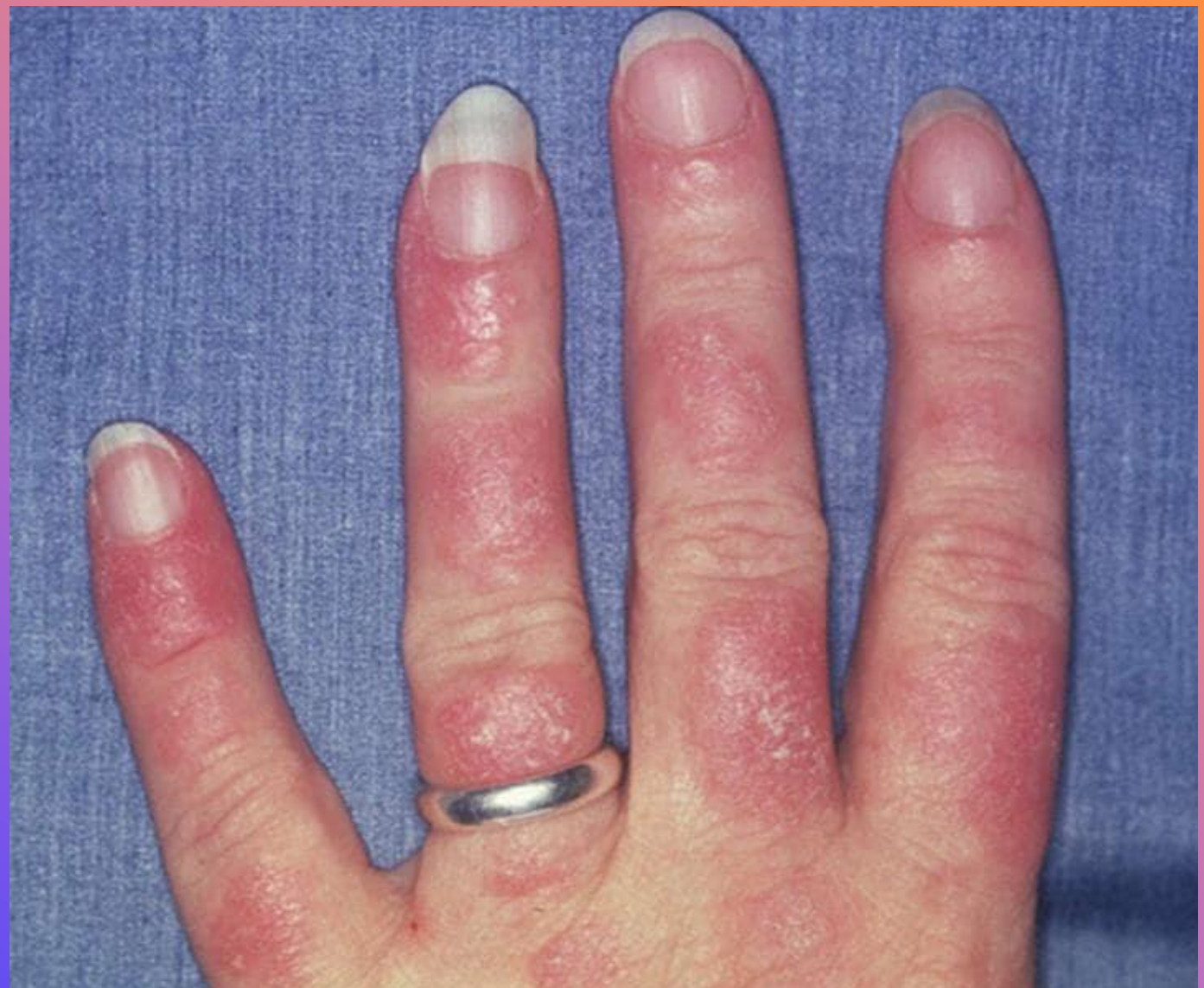
DERMATOMYOSITIS (DM) CHARACTERISTICS

- Violaceous erythema of lids (heliotrope rash)
- Photodistribution
- Erythema on upper back (shawl sign) and hands
- Papules over IP joints
  - (Gottron's papules)
- Dilated capillary loops on nail folds



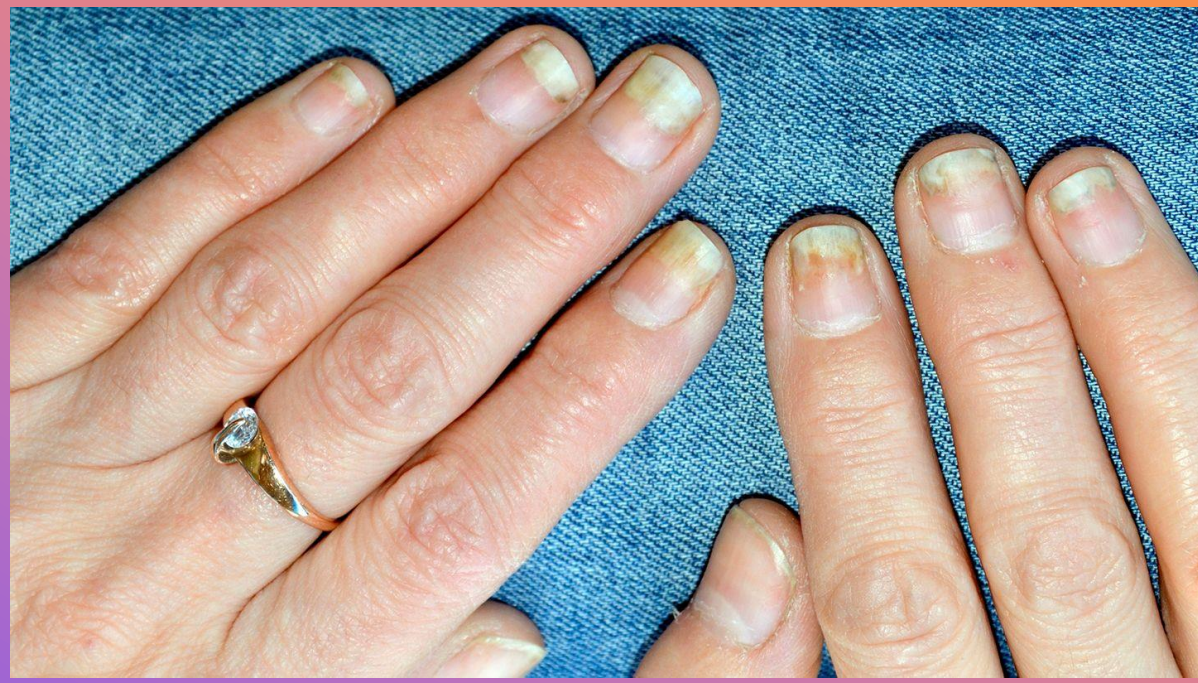
SLE CHARACTERISTICS

- Photodistributed scaly plaques
- “Butterfly Rash”
- Rash over phalanges,
  - knuckles spared
- **Dilated periungual capillary loops**
- Oral ulcers
- Refer to Derm or Rheum



PSORIASIS CHARACTERISTICS

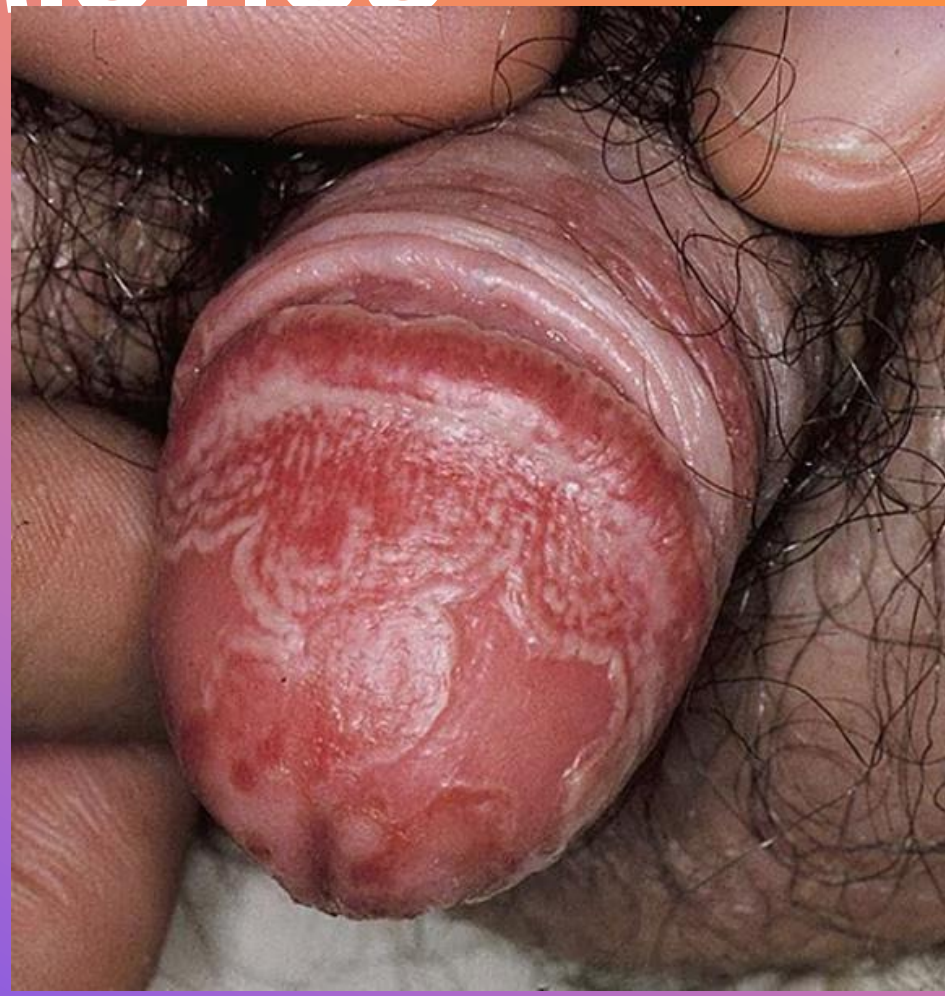
- Well demarcated scaly plaques on elbows, knees, scalp, trunk, extremities, genitals
- Scaling, fissuring hands and feet
- Nail changes (onycholysis, pitting, oil drop spots)
- PCP Perspective: can always start with a topical steroid from but many new, effective topical nonsteroid treatments as well as orals, biologics. Passion of mine!



https://www.everydayhealth.com/psoriatic-arthritis/living-with/psoriatic-arthritis-nail-care/

REITER'S DISEASE/REACTIVE ARTHRITIS CHARACTERISTICS

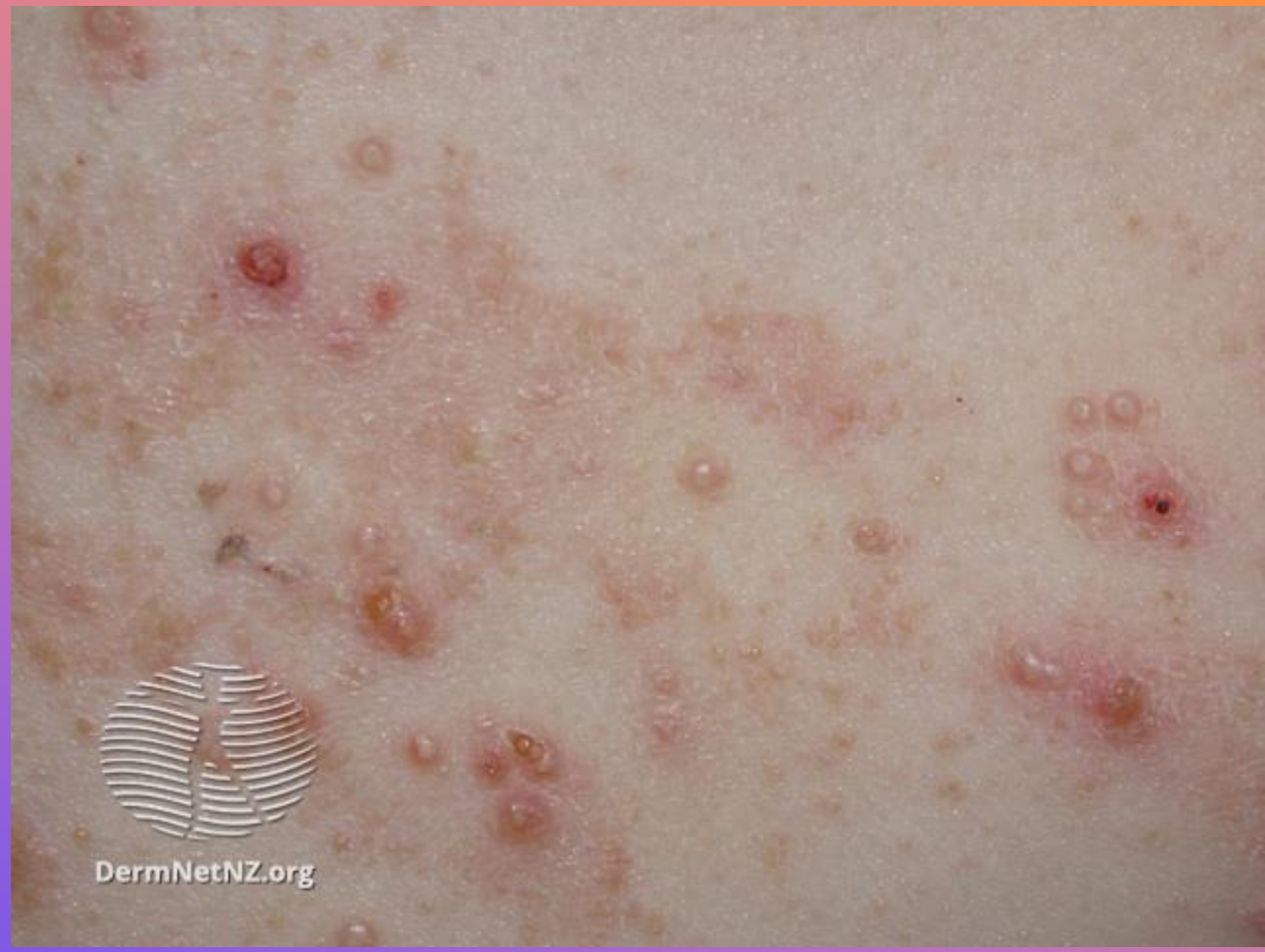
- Reactive Arthritis – formerly Reiter's Syndrome
  - Autoimmine, in response to an infection
    - Associated with *Shigella, Salmonella, Campylobacter,* and other organisms, as well as with GU infections (especially with *Chlamydia trachomatis*).
    - Some cases reported after Covid 19
- Arthritis, urethritis, uveitis, oral ulcers
- Balanitis circinata
- Keratoderma blenorrhagica (thickening of feet)
- Psoriasis like lesions on the trunk and extremities
- *"Can't eat, can't see, can't pee, can't climb a tree"*



Source: Medscape https://emedicine.medscape.com/article/331347-overview#:~:text=Reactive%20arthritis%20(ReA)%20is%20an,in%20response%20to%20an%20infection.&text=ReA%20has%20been%20associated%20with,(especially%20with%20Chlamydia%20trachomatis).

MOLLUSCUM CONTAGIOSUM

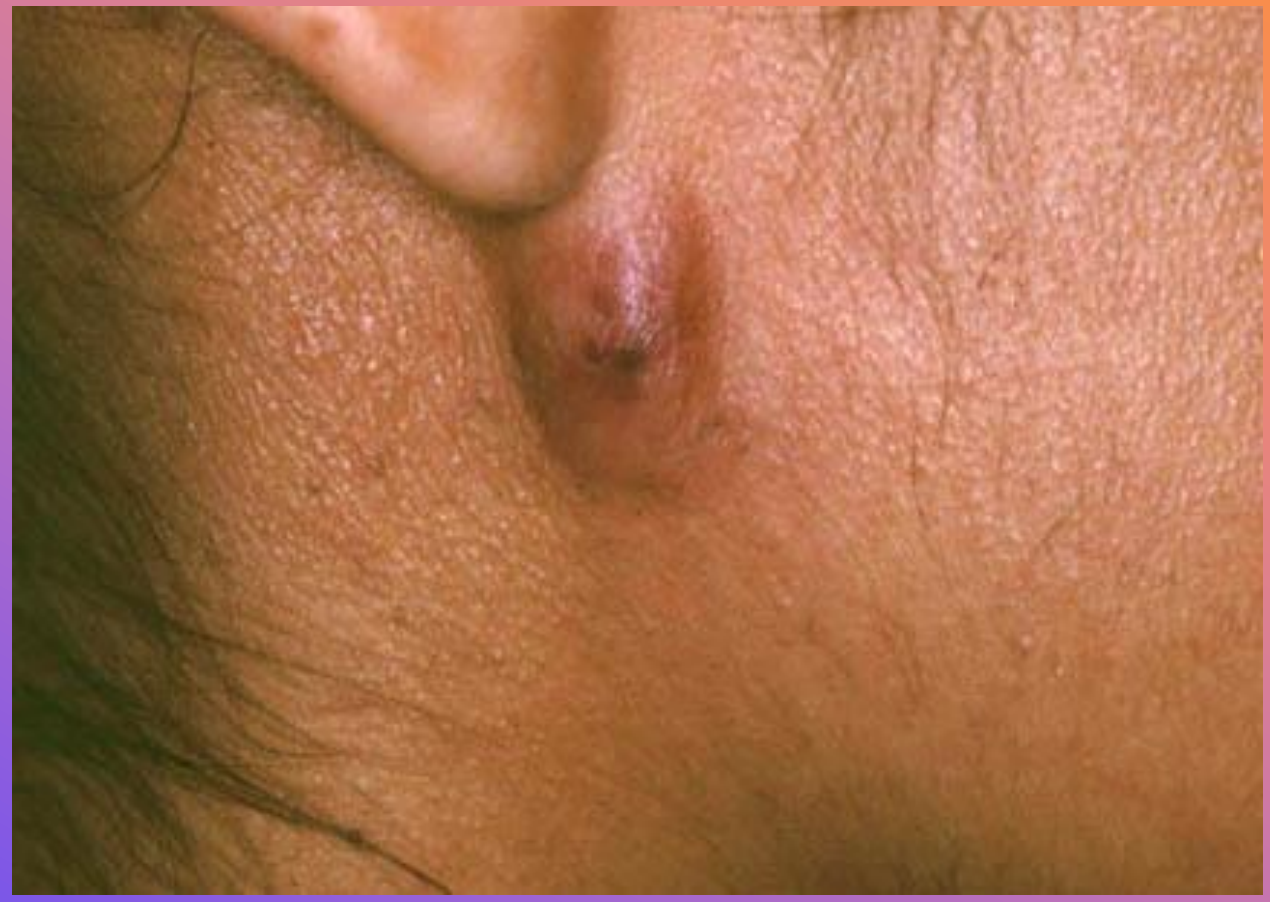
- Flesh colored umbilicated papules in any location
- Younger individuals
- Adults – usually genital distribution
- Spread rapidly
- Will eventually spontaneously resolve
- HOT TIP: TREAT UNDERLYING ECZEMA FIRST
- Refer to Derm for Tx with Cantharidin, curettage, light LN2 or new tx: berdazimer gel



https://dermnetnz.org/topics/molluscum-contagiosum

COCCIDIOMYCOSES

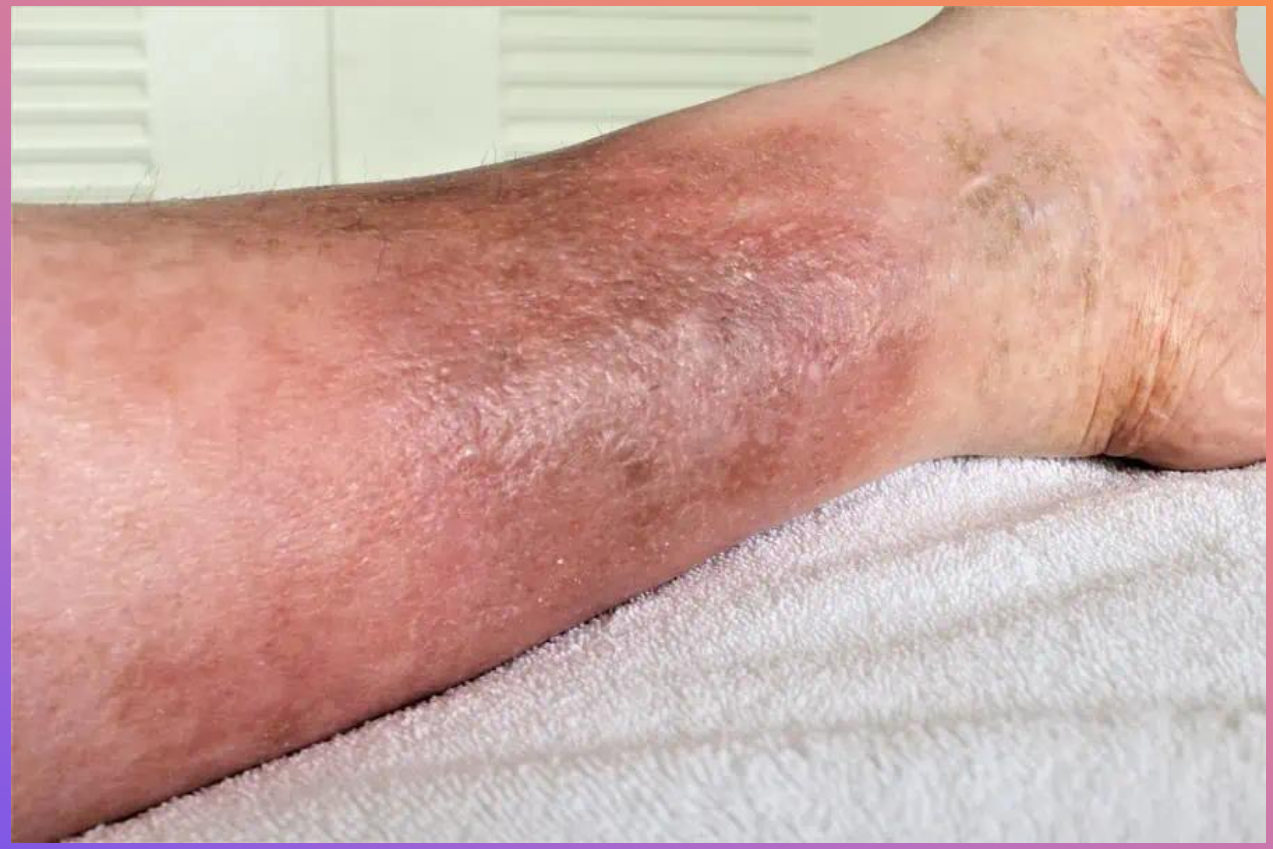
- “San Joaquin Valley Fever”
- Considered one of the most infectious fungal infections
- Molluscum-like lesions in an immunosuppressed individual
- Associated with AIDS



https://emedicine.medscape.com/article/1092017-overview

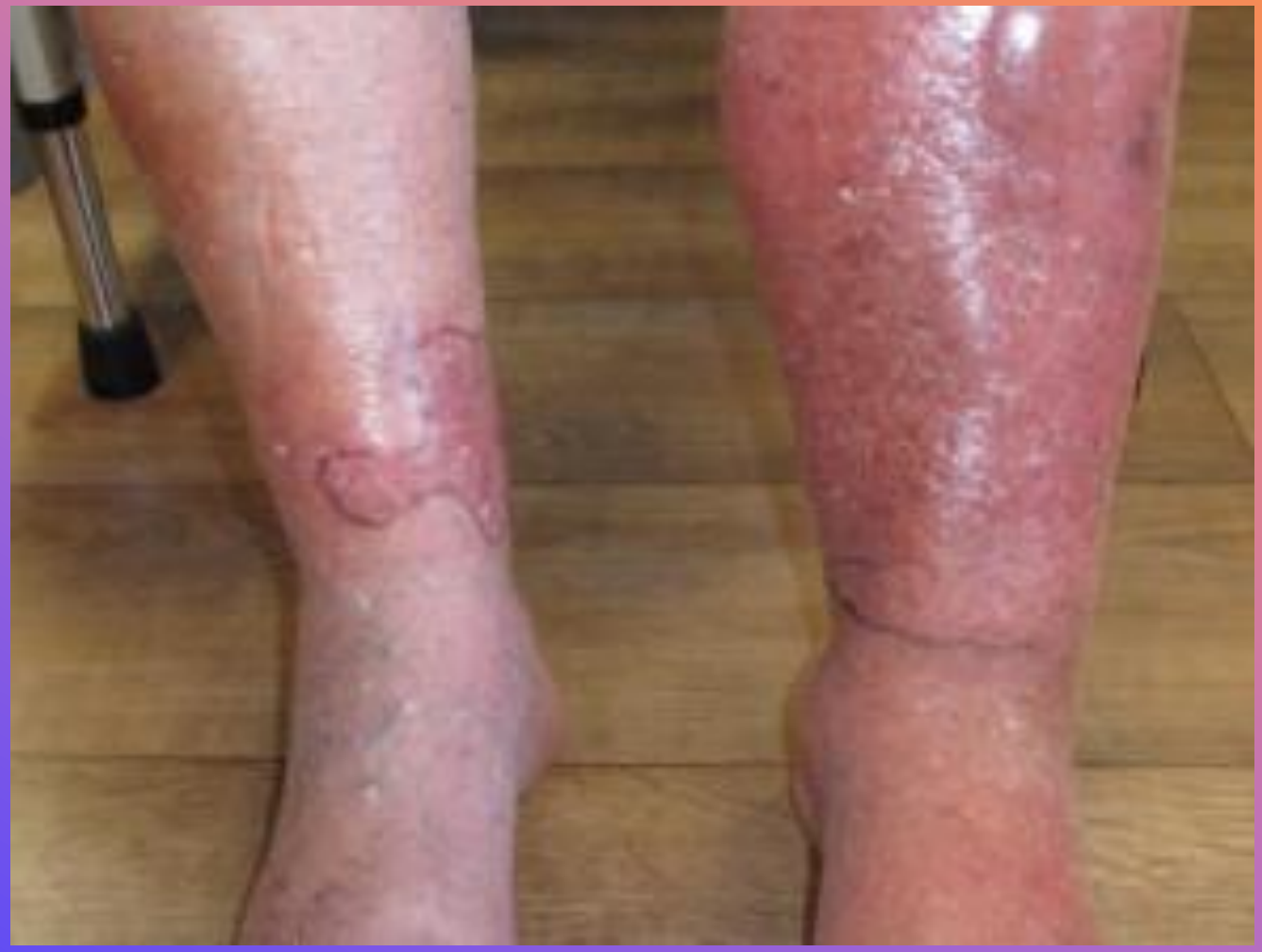
STASIS DERMATITIS CHARACTERISTICS

- Brown scaly plaques
- Mild erythema, minimal tenderness
- Not warm
- May itch
- Background of edema
- Usually bilateral
- Tx: Treat underlying cause of edema, moisturizers like ammonium lactate or Lac-Hydrin, topical steroids for itch; compression stockings



CELLULITIS CHARACTERISTICS

- Erythematous, tender, unilateral plaques
- Warm to touch
- May have constitutional symptoms (fever)
- Leukocytosis
- Elevated ESR
- Tx: Antibiotics



HS CHARACTERISTICS

- **KEY FEATURES: Double headed black heads, inflamed lesions, scarring - INVERSE ACNE**
- Inflammatory nodules and sterile abscesses that target apocrine gland bearing sites (axilla, anogenital, breast folds)
- F>M
- Rx: wt loss, abx, ILK, incision and drainage, REFER for inc anti TNF, IL-17, surgery

HERPES ZOSTER (VARICELLA) CHARACTERISTICS

- Erythematous papules and grouped vesicles typically in a single dermatome or several contiguous dermatomes
- High morbidity and mortality of VZV in immunocompromised
- Early initiation of antiviral treatment is crucial
- Infectious 1 to 2 days before skin lesions appear until all of the vesicles have crusted
- New recombinant vaccine: Shingrix

TIPS AND PEARLS

- Common things are common
- SKs are BENIGN! We get many referrals from PCP for these and if you are not sure, always best to refer but look closely, Does it have a “stuck on” appearance? Does it have little horny cysts?
- When in doubt, and if you are comfortable with it, start with a biopsy

TIPS AND PEARLS

- If it's a rash and it's unresponsive, and you don't have access to derm, do a punch biopsy to get full thickness, (Eczema vs psoriasis, tinea vs eczema, can at least get a PAS so you are headed on the right path)
  - Can also do a KOH prep if you are trained on this and/or have microscope access
- Don't give Lotrisone (Clotrimazole/betamethasone)! Do a trial of one x 2 weeks then the other for 2 weeks.
- Don't give continuous refills of Lotrisone or high potency topical steroids, they often get overused. Counseling on overuse of TCS can start with PCP

QUESTIONS?

- Only scratching the surface here, many common derm presentations not covered here like acne, warts, other rashes, etc

REFERENCES

1. McBride JA, Gauthier GM, Klein BS. Clinical Manifestations and Treatment of Blastomycosis. Clin Chest Med. 2017 Sep;38(3):435-449. doi: 10.1016/j.ccm.2017.04.006. Epub 2017 Jun 12. PMID: 28797487; PMCID: PMC5657236.
2. Pennmedicine.org. Published 2023. https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/blastomycosis#:~:text=You%20can%20get%20blastomycosis%20by
3. Lichenoid Drug eruptions: https://www.visualdx.com/visualdx/diagnosis/lichenoid+drug+eruption?diagnosisId=51448&moduleId=101

THANK YOU

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