Approach to skin problems
Dermatology

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Overview

• Ageing skin
• Skin cancer
• Generalised Rashes
• Localised Rashes

We will not cover vasculitides
Skin Cancer

• 3 main types
  – Basal Cell Carcinoma
  – Squamous Cell Carcinoma
  – Malignant Melanoma

• Non-Melanoma Skin Cancer (NMSC)
  – At least 75,000 UK cases per annum
  – Low mortality but considerable morbidity and cost to NHS

• MM
  – 7-8000 UK cases per annum
  – Approx 2000 UK deaths per annum
SCC

- Diagnosis harder
- Variable clinical morphology and features
- Depends partly on degree of differentiation
  - Well differentiation >>>>>>>> Poor diff
  - Hyperkeratotic lesion >>>> Raw nodule

- Management
  - Surgery
  - Radiotherapy
Bcc clinical features

- Slow growing
- **Classical**
  - Pearly translucent lesion with arborising telangiectasia
  - Ulcerated
- Often asymptomatic!
Treatment

- Excision
- Currettage
- Radiotherapy
- Cryotherapy
- Topical treatment
Prognosis

• Excellent
Generalised rashes

- Maculopapular
- Mucocutaneous
- Blistering
- Erythroderma
Maculopapular Eruptions

- Most common
- Toxic Erythema
  - Mobilliform/ scartiniform/ confluent
  - Infections incl post viral
  - Drug eruptions

- At risk groups:
  - HIV
  - Leukaemia
  - EBV

- If Drug eruption: Risk of progression
Common Culprits for Cutaneous Drug Eruptions

- Penicillins
- Carbamazepine
- Allopurinol
- Gold
- Sulphonamides
- NSAIDS
- Phenytoin
- Isoniazid
- Chloramphenicol
- Erythromycin
- Streptomycin
Generalised Rash

MACULOPAPULAR

Prodrome Contagious Contact

Infections Viral or bacterial

New drug or increase in dose

Cutaneous Drug Reactions
Blistering Eruptions

• Vesicles- Bullae- Sheet loss
• Eczema Herpeticum
• Bullous Pemphigoid
• Severe Cutaneous Drug Reactions (SCARs)
Generalised Rash

BULLOUS

Prodrome
Contagious Contact

Infections
Viral or bacterial

New drug or increase in dose
Cutaneous Drug Reactions
SCARs?

Age > 60
Bullae on background of erythema
Bullous Pemphigoid
Mucocutaneous

• Infections
  – HSV
  – Candida

• Erythema Multiforme Major

• Severe Cutaneous Adverse Reactions to drugs (SCARs)
EM Major

- Distinct entity from SJS/ TEN
- Self limiting
- Single most common trigger HSV
- Drugs uncommon if suspected think SJS/TEN
ESSENTIAL

EARLY withdrawal of causative drug

Call specialist
Generalised Rash

MUCOCUTANEOUS

Localised
  - HSV: Childhood infections

No history of drugs
  - Maculopapular
    - Targetoid
  - Erythema Multiforme Major

New drug or increase in dose last 3 months
  - Widespread
    - Atypical targets
      - Skin Detachment > 10%

SJS-TEN
Erythroderma

• Clinical description rather than a diagnosis
  – >90% skin involvement
• Look for underlying cause
  – Psoriasis
  – Eczema
  – Drug- Drug Hypersensitivity Syndrome
  – Cutaneous T-cell lymphoma
WHY DOES IT MATTER?
Complications

- Acute Skin Failure
- Infection
- Altered immune function
- Respiratory distress
- Altered thermoregulation
- Electrolyte imbalance
- Metabolic
- High output cardiac failure
Management of Skin Failure

- **Thermoregulation:** Thermostatic controlled room > 25°C
- **Homeostasis:** Fluid Resuscitation
- **Barrier-Infection:** Topical antiseptics, Screening swabs, Reverse Barrier
- **Nutrition:** NG or iv
- **Specific sites:** Eyes, Mouth, Genitalia

**HDU/ITU/Burns Unit**
Acute Generalised Rashes

Summary

• Thorough history- go hunting for clues
  – Past skin history
  – ‘Drug’ history
  – Infectious contacts
• Consider presenting lesions
• Be SUSPICIOUS for signs of SCARs- Early withdrawal of drug (s)
• Supportive measures for Skin Failure

Call Specialists
Scabies

Common sites
– Flexures, wrists,
– Scrotum

• Norwegian crusted scabies
  – Diabetic
  – Dementia
  • RH/ NH call PH team

Immunocompromised
Herpes virus

**Simplex**
- Primary infection in adults
  - Oral involvement
  - Pyrexia
- Eczema herpeticum

**Varicella/Zoster**
- Primary infection in adults
  - Pyrexia
  - Stages of evolution
  - Complications: respiratory
- Zoster can generalise
- CN V urgent ophthalmology opinion

**ARE THEY IMMUNOCOMPROMISED?**
Urticaria

- Acute vs Chronic
- Many subtypes
  - Idiopathic, physical, rare systemic disorders
- Clue: do the lesions last < 24hrs
- Antihistamines NOT steroids

Angioedema
  - Alone or with wheals
  - Time of onset
  - Other symptoms
  - FHx

BGS Trainees Weekend 2018
Take home messages

• Don’t just glance..
• Generalised rashes
  – BSA
  – Morphology of lesions
  – Acute Skin Failure: could this be life threatening?
• Localised rashes
  – morphology
  – Look for clues Total Body Skin Examination (TBSE)