Dermatology quiz
Derm quiz

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End Of Quiz!
Childhood rashes
Answer 1: Atopic Dermatitis/ Eczema

- Often widely distributed in under 1’s
- Cheeks of infants are often first place affected
- **Treatment:**
  - Emollient- Doublebase, Cetraben, Epaderm
  - Steroids- Hydrocortisone, Eumovate, Elocon, Fucibet
  - Topical Immunosuppressants- Tacrolimus (protopic), Pimecrolimus (Elidel)
NICE guidelines for usage of topical Immunosuppressants:

- 2nd line for those not responding to topical steroids aged 2yrs or older
- Use in moderate/severe eczema
- Avoid in recurrent eczema herpeticum
- Avoid UV exposure –photo-carcinogen effect
- Long term safety unknown
Answer 2: Eczema Herpeticum

Remember to avoid topical Immunosuppressants
Answer 3- Slapped Cheek Syndrome/ Fifth Disease/ Parvovirus B19

- Presents with:
  - high temperature of 38C or more
  - Coryza and sore throat
  - Headache

- After 1 to 3 days, a bright red rash appears on both cheeks
- The cheek rash normally fades within 2 weeks

Remember advise to avoid Pregnant women or immunosuppressed
Answer 4: Scarlett Fever (Group A Beta- Haemolytic Strep)

- First signs are flu-like symptoms - high temperature (>38C) and Lymphadenopathy
- Rash appears a few days later
  - Pink-red ‘Sandpaper’ rash on chest and abdo
  - Also get ‘Strawberry Tongue’
Treatment: Penicillin V

• Lasts for around a week.
• Infectious from up to 7 days before sx start and until 24 hours after first antibiotic tablet or 2 weeks after symptoms start, if no antibiotics
Answer 5- Erythema Toxicum

• Raised red, yellow and white spots
• Appear in first few days/weeks
• Affects as many as half of all newborns
• Usually face, body, upper arms and thighs.
• The rash can disappear and reappear.
• Clears up in a few weeks without treatment
Pigmented lesions
Melanoma

- Malignant tumour of the melanocytes
- 4 main cutaneous types:
  - Superficial spreading melanoma - ~70%, sun exposed skin
  - Nodular melanoma - ~5%, occurs at any site, often with ulceration
  - Acral lentiginous melanoma - ~5-10%, most common in Asian, Hispanic and African descent
  - Lentigo maligna (invasive melanoma) - ~4-15% develops from lentigo maligna (in situ), on sun damaged skin
- 50% diagnosed between 35-65 years
Melanoma 7 point checklist

- **Major features of the lesion (2 points each):**
  - Change in size.
  - Irregular shape or border.
  - Irregular colour.

- **Minor features of the lesion (1 point each):**
  - Largest diameter 7 mm or more.
  - Inflammation.
  - Oozing or crusting of the lesion.
  - Change in sensation (including itch).

- Suspicion is greater for lesions scoring 3 points or more.
- **2WW referral if high suspicion and only 1 feature.**
Melanoma differentials: pigmented lesions

- Lentigo
- BCC pigmented
- Seborrhoeic keratosis
- Dermatofibroma
- Melanocytic naevi
- Freckles
Melanoma Management

- 2WW referral if high suspicion
- Biopsy in secondary care
- Further management dependent on TNM and thickness
  - WLE
  - Immunotherapy
Pityriasis
Pityriasis rosea

- Viral rash, lasts about 6-12 weeks
- Due to reactivation of herpes 6/7 (roseola infantum in childhood)
- Rash may follow viral URTI symptoms
- Starts with herald patch, then oval red patches mainly on back/chest
- **Clinical features: discrete circular or oval lesions, scaling, may have central clearance**
- Treatment: none if asymptomatic, if itch: emollient/ top steroid
- Refer if atypical presentation or diagnosis uncertain
Pityriasis versicolor

- Yeast skin infection ‘Malassezia’
- Not contagious
- More common in hot, humid climates
- **Clinical features:** brown/red/hypopigmented patches, scaling - tend to be hypopigmented in darker skin
- Treatment: topical anti-fungals e.g. ketoconazole shampoo 2% 5/7
- Skin discolouration can persist for a few months following rx
Pityriasis Alba

- Type of eczema/dermatitis mainly affecting children
- Cause unknown, often coexists with atopic dermatitis
- Often presents following sun exposure
- **Clinical features:** 1-20 patches/plaques, mostly affecting the face, minimal itching, hypopigmentation, scaling and dryness
- Stages: pink plaque -> hypopigmentation + fine scale -> hypopigmentation macule without scale -> resolution
- Treatment: none if asymptomatic, emollient +/- topical steroid
- Resolution approx 2 months and colour gradually returns to normal
Other rashes
References

- https://www.dermnetnz.org/
- http://www.dermnet.com/
- NICE CKS guidelines - pityriasis
- https://cks.nice.org.uk/melanoma-and-pigmented-lesions