ATOPY IS A MAJOR ISSUE IN DERM

- 25% OF NEWBORNS HAVE IT
- IT’S INHERITED
- THE PEARL: YOU’RE SEEING IT MANY TIMES A DAY
- MORE COMMON IN DEVELOPED COUNTRIES
- CAUSES MUCH CONFUSION IN FAMILIES
ATOPIC DERMATITIS

- MANIFESTS EARLY ON
- DRY, THIN, SENSITIVE SKIN
- ON INFANTS: SCALPS, CHEEKS, DIAPER RASH, EXTENSOR SURFACES WITH SCALY, ITCHY RASH
- LATER, BUG BITES LEAVE BIG, RED INDURATION
- OFTEN WITH ECZEMA, ASTHMA, SEASONAL ALLERGIES WITHIN 1ST YEAR
KEYS TO DIAGNOSIS OF AD

• **POSITIVE FAMILY HISTORY** OF ATOPY
• ITCHY RASHES, HYPERLINEAR PALMS, DENNIE-MORGAN FOLDS, KERATOSIS PILARIS
• CLASSIC DISTRIBUTION: BILATERAL, SYMMETRICAL INVOLVEMENT OF ANTECUBITAL + POPLITEAL FOLDS, AROUND NECK, ON TRUNK
KERATOSIS PILARIS, RUBRA FACEI
ADULT KP, TRICEPS, THIGHS
DENNIE-MORGAN FOLDS
INFANTILE ATOPIC DERM
IMPETIGINIZED ECZEMA
LICHENIFIED ECZEMA / AD
AD SUMMARY

* INCREDIBLY COMMON, WORSE EVERY YEAR
  • POSITIVE FAMILY HISTORY OF ATOPY = EXTREMELY HELPFUL
  • WASH ‘EM UP, GREASE ‘EM UP, ROTATE TOPICAL STEROIDS
  • STOP LOOKING FOR THE CAUSE: IT’S RIGHT IN FRONT OF YOU
ANY CELL CAN TURN INTO CA

- ANY CELL IN THE BODY CAN UNDERGO MALIGNANT TRANSFORMATION

- SWEAT GLANDS, SMOOTH MUSCLE, BLOOD VESSELS, HAIR ROOTS, WHITE CELLS, METASTATIC, EACH SKIN LAYER

- BIOPSY OR REFER ANY LESION OF UNKNOWN NATURE
KAPOSI’S SARCOMA
ANGIOSARCOMA
MELANOMA PEARLETS

• MELANOMAS DON’T COME FROM “MOLES”, MUCH
• THEY ARE TYPICALLY NEW LESIONS, BUT SLOW GROWING. HAIR PREDICTS BENIGNANCY
• MM’S ARE MOSTLY FLAT, RARELY BLEED, OCCASIONALLY ITCH
• PAY AS MUCH ATTENTION TO THE OWNER AS TO THE LESION: SUN-FRIED, FAIR SKIN, LIGHT HAIR
MARKER FOR SUN DAMAGE

POIKILODERMA OF CIVATTE
MELANOMA

- One of the few cancers increasing in incidence: General public’s chances are 1 in 50 lifetime risk.
- 85% survive, 15% don’t.
- Better TX now for Mets, but ………….
NODULAR MELANOMA
LOCAL RECURRENCE OF MM
NODULAR MELANOMA
ACROLENTIGINIOUS
MELANOMA

- Bob Marley died of melanoma under right great toenail
- Typical of MM in darker pts, who also get them on soles, palms, acral areas
- Poor prognosis for these lesions/pts
- Most melanomas grow very slowly, seldom cause symptoms until late
ASIAN WOMAN, 10 YR HX
METASTATIC RENAL CELL CA
SCABIES
SARCOPTES
VAR. HOMINIS
SCABIES DX + RX

- Most cases of scabies aren’t scabies
- Permethrin makes eczema worse
- Treat whole family, identify source
- Use ivermectin + permethrin on ages 6 and up, treat twice, 7-10 days apart
- No need to boil the house or call Orkin
SCABIES PEARL # 1

- Whenever possible, prove the diagnosis by KOH scrape
- Look for tiny vesicles on wrists, between fingers, scrape those with # 10 blade, with gusto, examine with 10x lens
- Watch for pt and family scratching
- Sniff test +
SCYBALA (SCABIES DROPPINGS)
SCABIES PEARLS ETC

• SCABIES IS SPECIES SPECIFIC
• LOTS OF OTHER MITES (HAY, CHIGGERS, BIRDS, RABBITS, DOGS, ETC) CAN CAUSE TEMPORARY ITCH BUT CAN’T RESIDE OR MULTIPLY ON HUMANS
• EVERYTHING ITCHES WORSE AT NIGHT
LUES AKA SYPHILIS

- On the increase nationwide
- Multitude of presentations
- Odd rashes, especially palmar
- Have to take sexual history
- Patient often slightly ill, febrile
SECONDARY SYPHILIS
SECONDARY SYPHILIS
SECONDARY SYPHILIS
SYPHILIS DETECTION

- SECONDARY: ODD RASH, PALMS, SOLES
- BIOPSY: PLASMA CELL INFILTRATE PREDOMINATES
- SEXUAL HISTORY
- RPR / VDRL BLOOD TEST
- REPORTABLE TO HEALTH DEPT
SEBORRHEA

• AKA SEBORRHEIC DERMATITIS
• DANDRUFF YES, BUT MANY OTHER AREAS
• EG CHEST, POST AURICULAR, PENILE, AXILLARY, BROWS, BEARD, GROIN
• PINK, SL. SCALY, VARNISHY
• REACTION TO P. OVALE?
PUT SD IN DDX

• FOR GROIN RASHES, AXILLARY, PENILE, FACIAL
• STRESS APPEARS TO BE A MAJOR TRIGGER
• TX WITH IMIDAZOLE CREAM/FOAM
• ADD 2.5% HC AS NEEDED, USE DANDRUFF SHAMPOO AS BODY WASH
MOLLUSCUM CONTAGIOSUM
MOLLUSCUM CONTAGIOSUM

• MCV = DNA VIRUS, LARGEST VIRUS INFECTING HUMANS
• 90% ASSOC’D WITH ATOPY
• UMBILICATED WAXY FIRM PAPULE
• NO PERFECT TX EXISTS
NOVEL TX FOR MOLLUSCUM

- 2% POVIDONE-IODINE (pvp-I) IN A DMSO VEHICLE
- PREPARED BY COMP’D PHARMACY
- DISPENSED IN SMALL CONTAINERS
- FOR BID APPLICATION
- DMSO ENHANCES PENETRATION
PVP-1 2% IN DMSO

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• “MOLLUSCUM CONTAGIOSUM TREATED WITH DILUTE PVP: A SERIES OF CASES”
• PAGES 41-45, CAPRIOTTI, ET AL