Pitfalls in Dermatology

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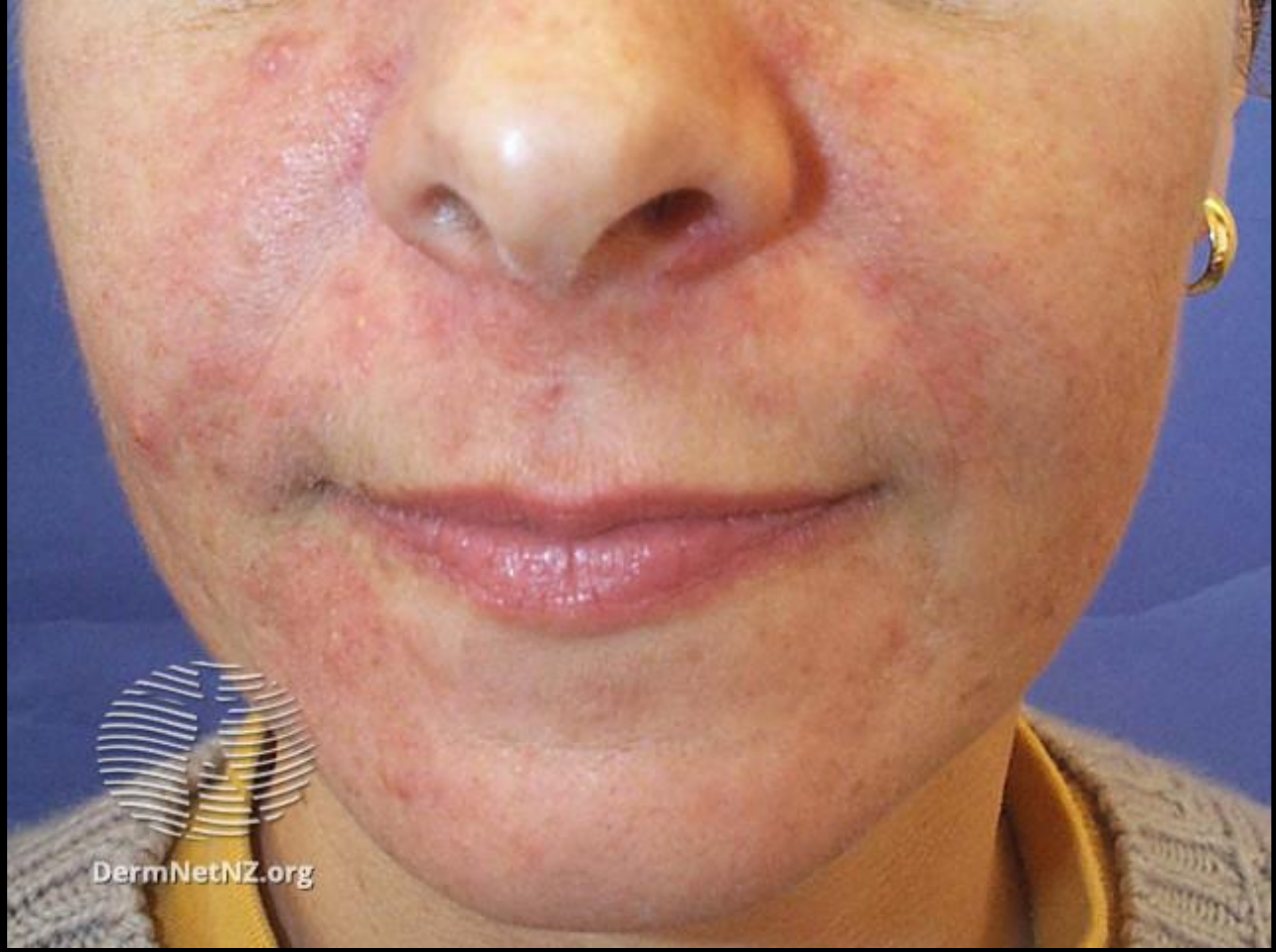
Overview

- Spot diagnosis with photos
- Clinical features of conditions
- Treatment of conditions
- Potential complications of certain treatments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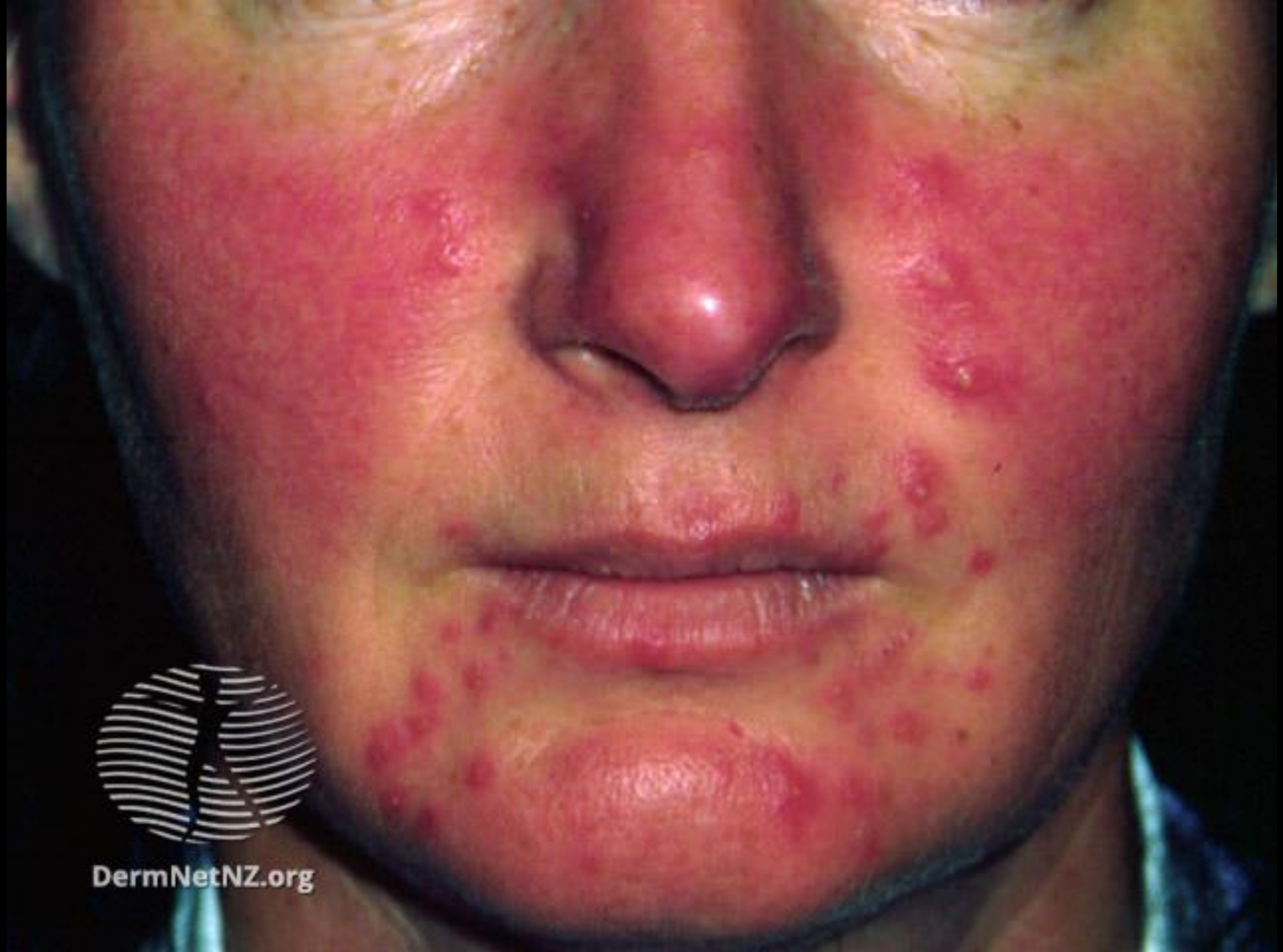
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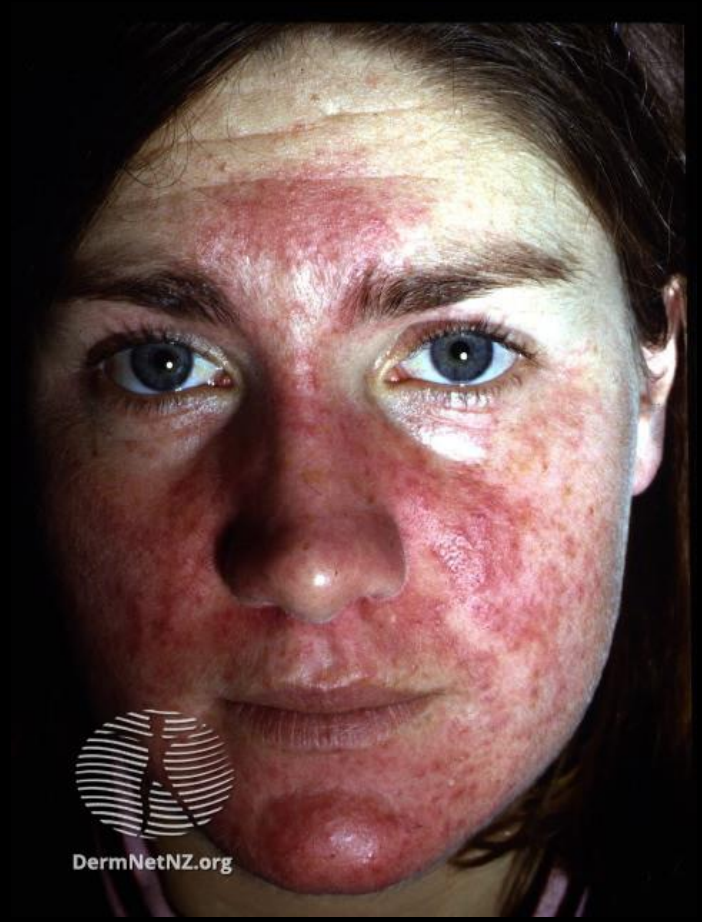
Rosacea

- Chronic rash involving central face
- Between age 30 and 60 years
- Frequent blushing or flushing
- Telangiectasia, papules and pustules
- Aggravated by sun, spicy food

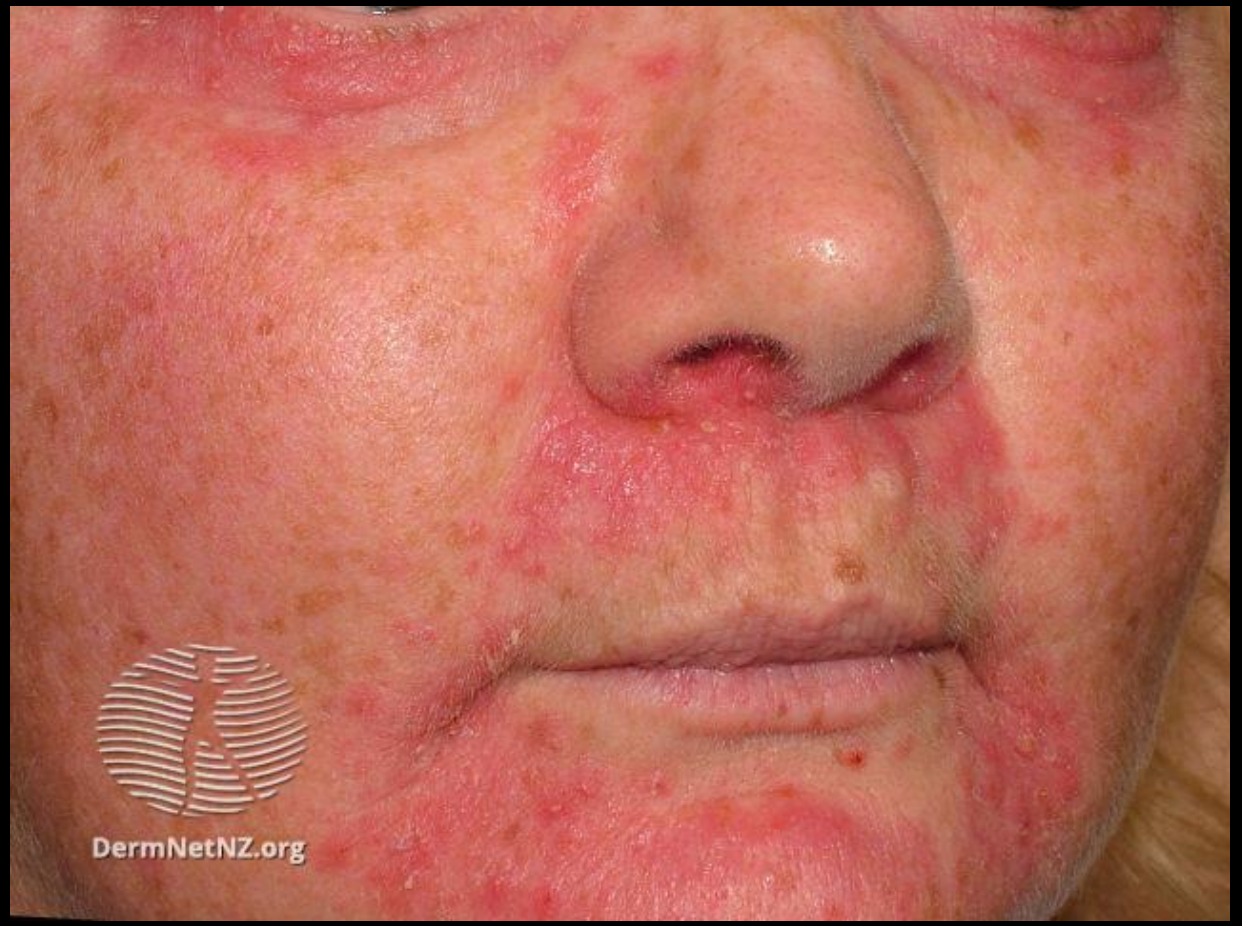
Treatment

- Never apply topical steroid
- Topical treatment: Metronidazole gel, Azelaic acid cream, Ivermectin cream, Brimonidine gel
- Oral treatment: Tetracyclines, Isotretinoin
- Vascular laser

Steroid rosacea



Steroid rosacea

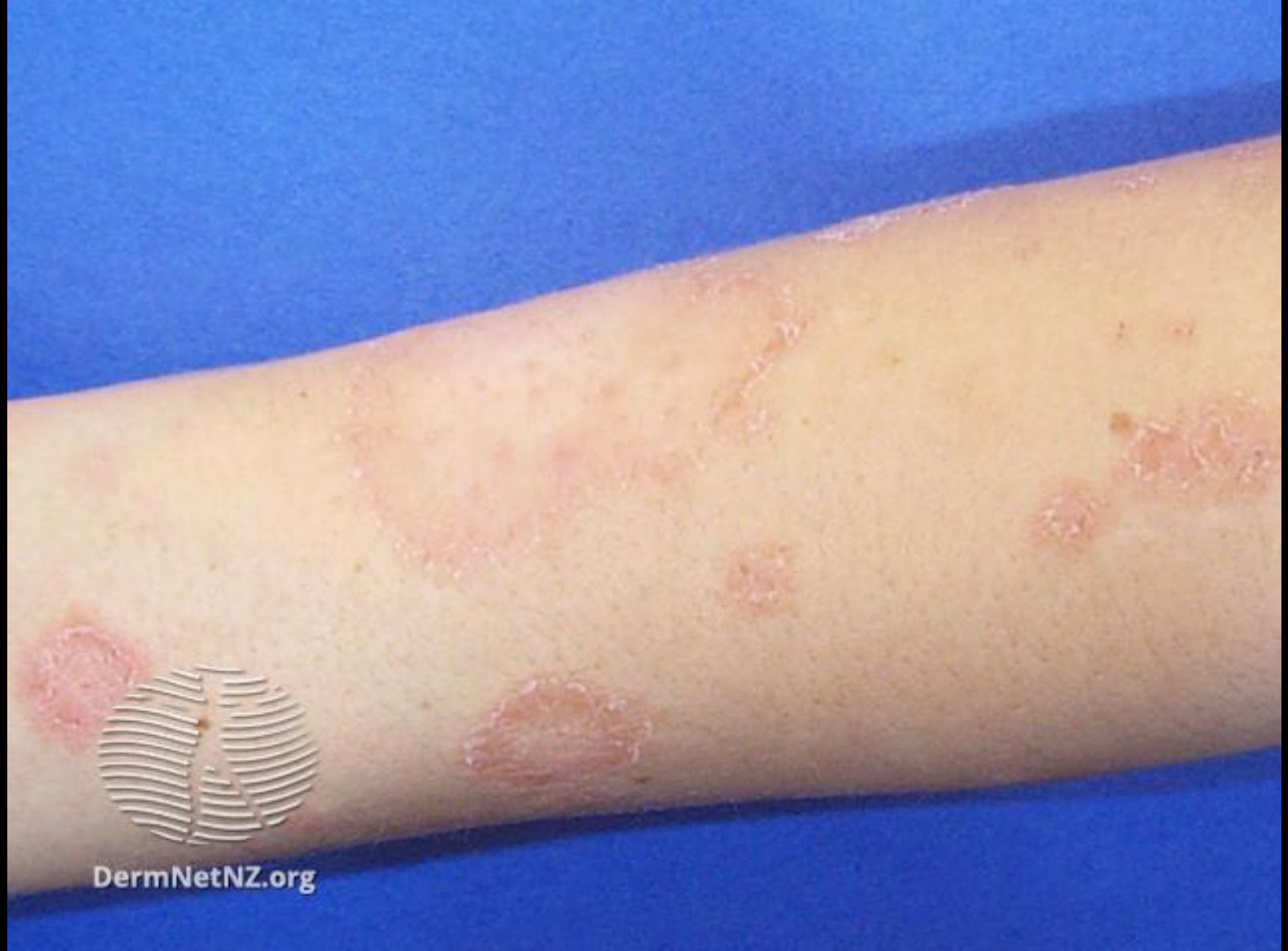


Steroid rosacea

- Rosacea-like condition on mid face
- Caused by potent topical steroids or their withdrawal
- Papules, pustules, telangiectasia

Treatment

- Discontinue topical steroids
- To minimise severe flare, slow withdrawal recommended by reducing potency
- Non oily emollients
- Topical pimecrolimus cream
- Oral tetracycline
- Vascular laser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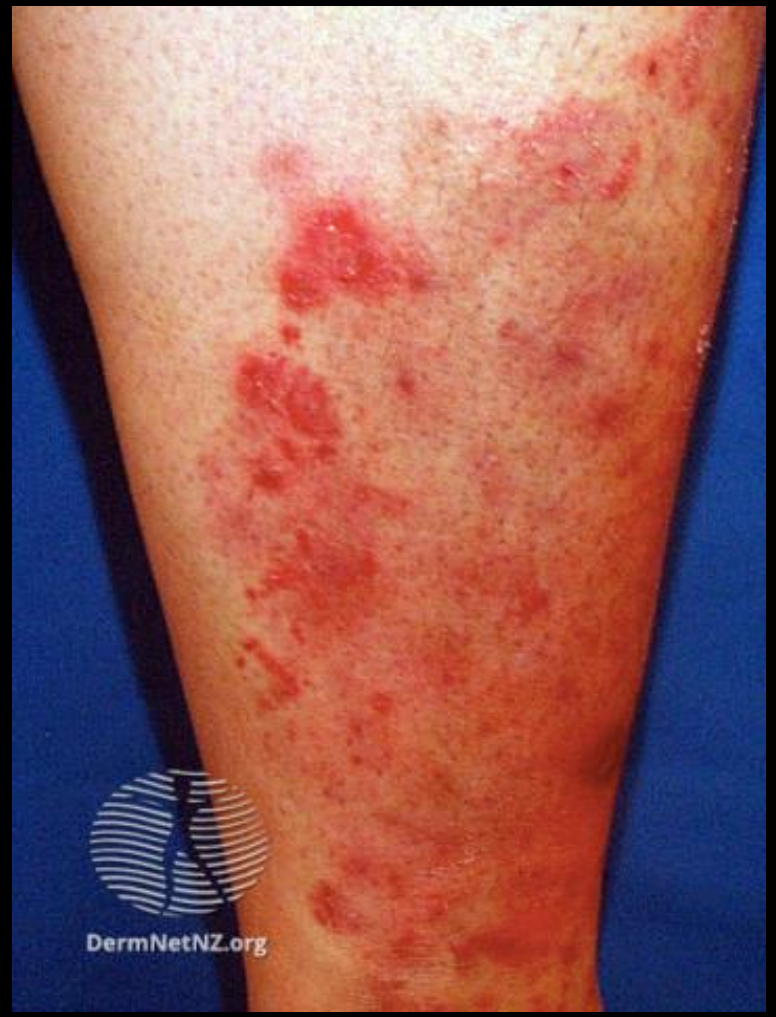
Tinea

- Dermatophyte infection on skin
- Acute – itchy inflamed erythematous & can be pustular
- Chronic – round or oval red scaly patches with central clearing

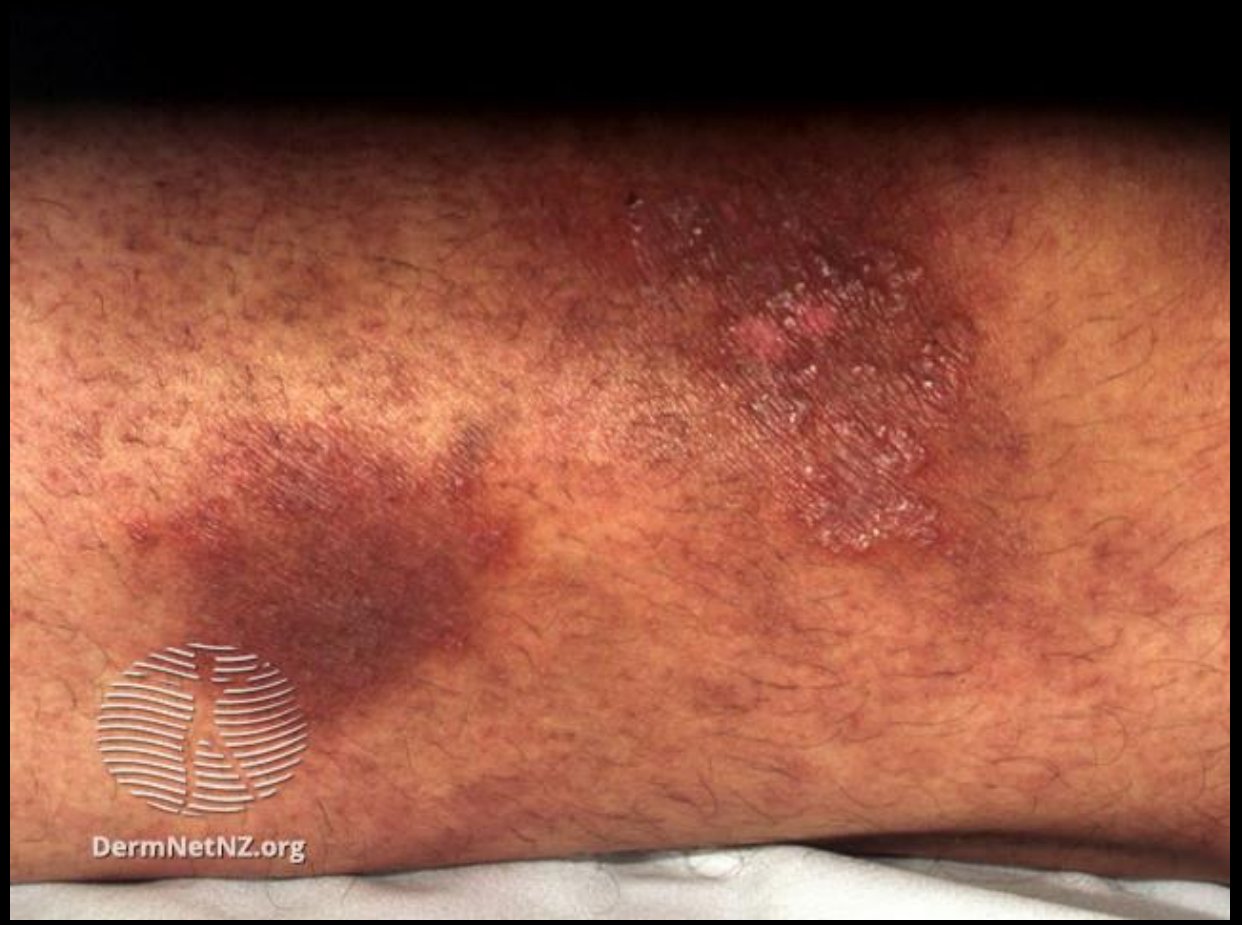
Treatment

- Topical antifungals
- Oral antifungals if topical treatment unsuccessful

Tinea incognita



Tinea incognita

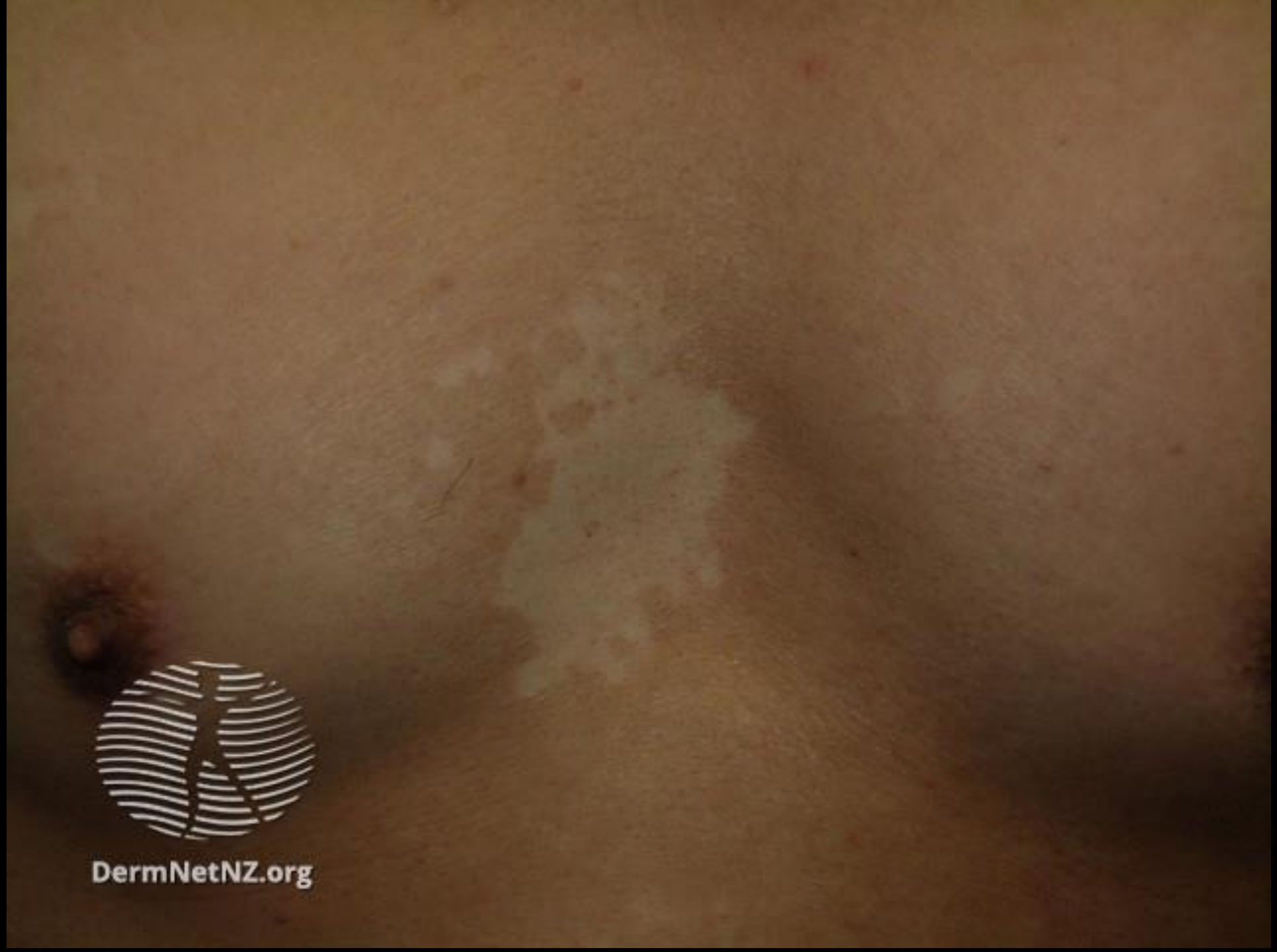


Tinea incognita

- Dermatophyte infection where clinical appearance has been altered by topical steroids
- Extension of original infection
- Can be induced by Pimecrolimus cream, Tacrolimus ointment or systemic steroids
- Less raised, less scaly, more pustular, more extensive, more irritable

Treatment

- Discontinue topical steroid or calcineurin inhibitor
- Topical antifungals
- If topical antifungals not effective, then oral antifungals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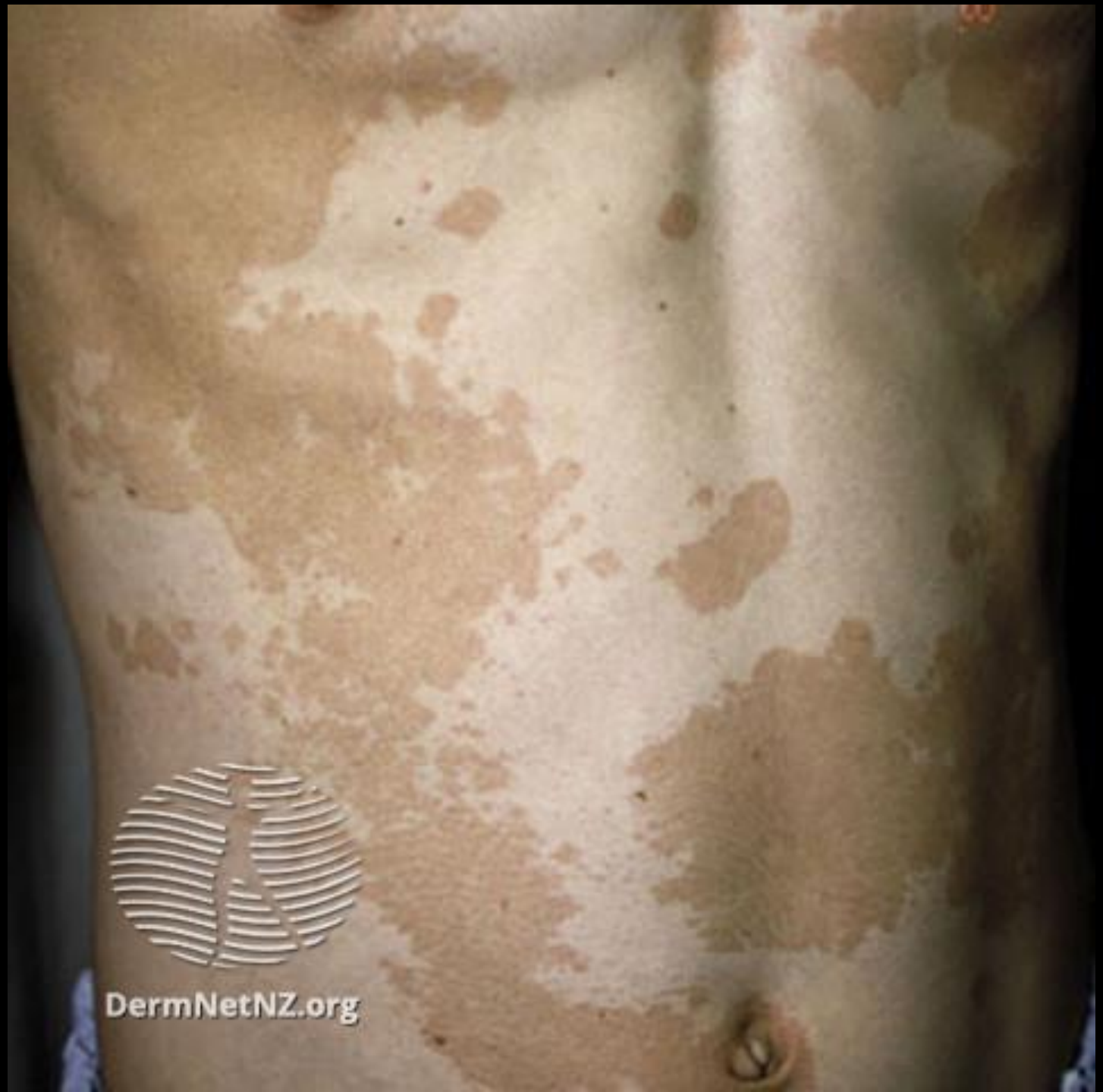
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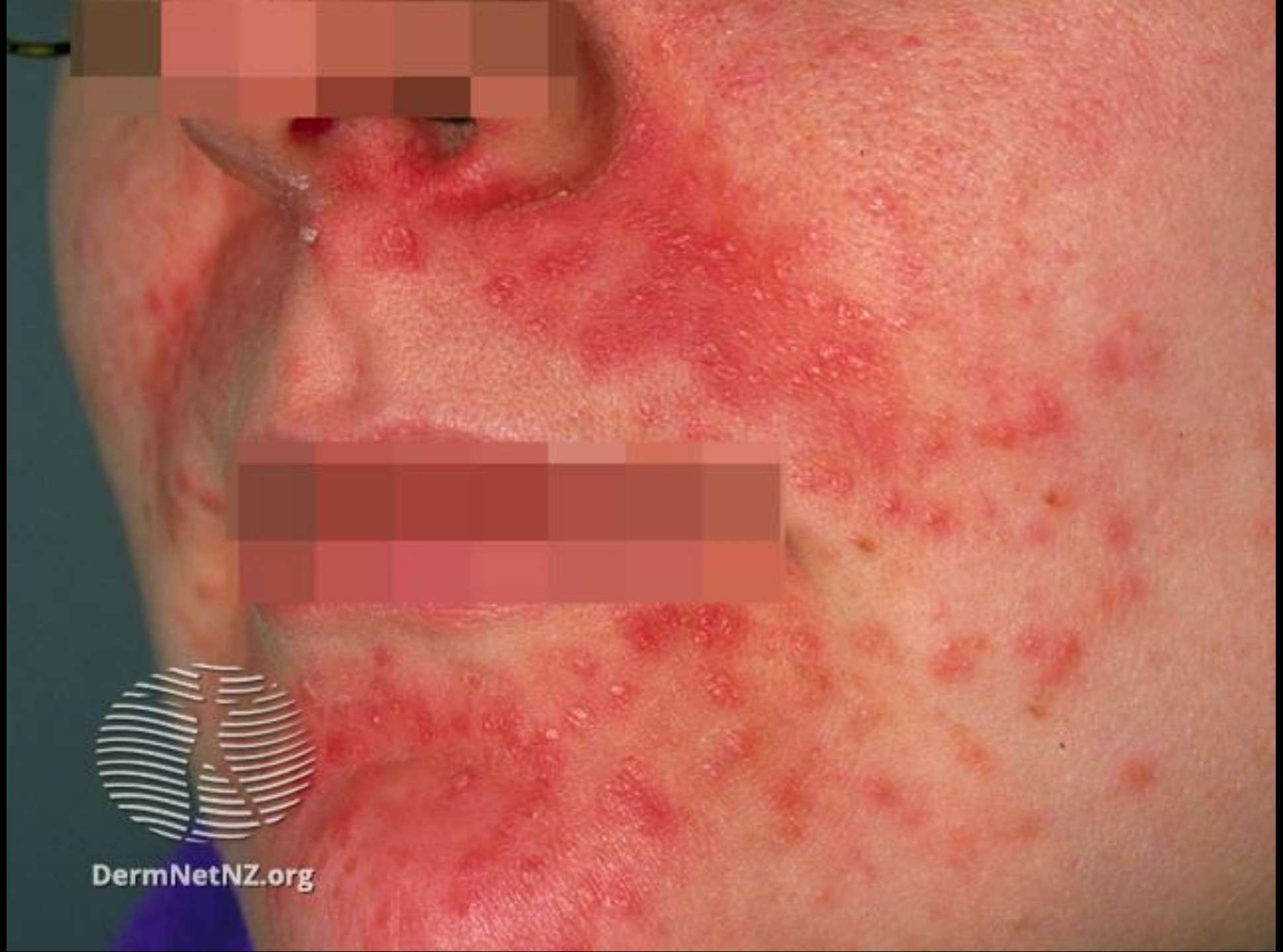
Pityriasis versicolor

- Common yeast infection on skin
- Scaly discoloured patches on chest and back
- Coppery brown, hypopigmented or pink
- Mild itch or asymptomatic
- Malassezia

Treatment

- Topical antifungals (creams or shampoos)
- Selenium sulfide
- Terbinafine gel
- Ciclopirox cream/solution
- Oral antifungals when extensive or topical agents ineffective
- Oral terbinafine not effective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Periorificial dermatitis

- Characterised by groups of itchy or tender small red papules
- Around eyes, nostrils, mouth and occasionally genitals
- Patients often using topical or inhaled corticosteroids
- Unilateral or bilateral eruption on chin, upper lip & eyelids
- Sparing of skin bordering lips, eyelids, nostrils
- Dry & flaky skin
- Clusters of 1-2mm erythematous papules or papulopustules
- In contrast to steroid rosacea, spares cheeks and forehead

Treatment

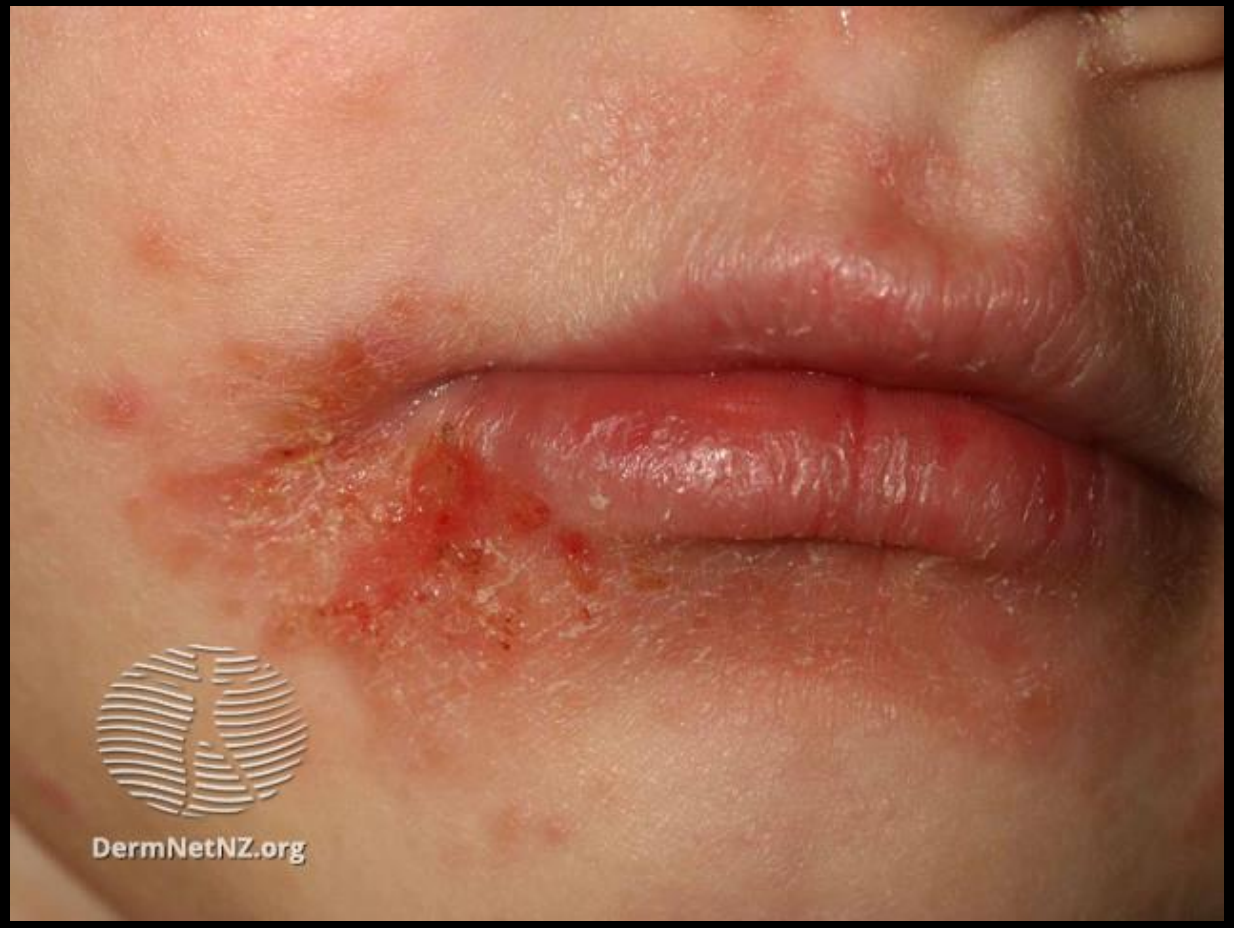
- Discontinue all face creams including topical steroids, cosmetics and sunscreens
- Slower withdrawal of topical steroid/face creams if severe flare after steroid cessation
- Replace with less potent or less occlusive cream with reducing frequency
- Wash with warm water alone when rash present
- When rash cleared, then non soap cleanser can be used
- Use liquid or gel sunscreen

- Topical therapy – Erythromycin, Clindamycin, Metronidazole, Pimecrolimus, Azelaic acid
- Oral therapy – Oral antibiotics, low dose oral Isotretinoin if antibiotics ineffective or contraindicated

How can periorificial dermatitis be prevented

- Avoidance of topical steroids and occlusive face creams
- When topical steroids are needed to treat an inflammatory facial rash, should be applied accurately to affected area, no more than once daily, in lowest effective potency and discontinue as soon as rash responds

Eczematous cheilitis



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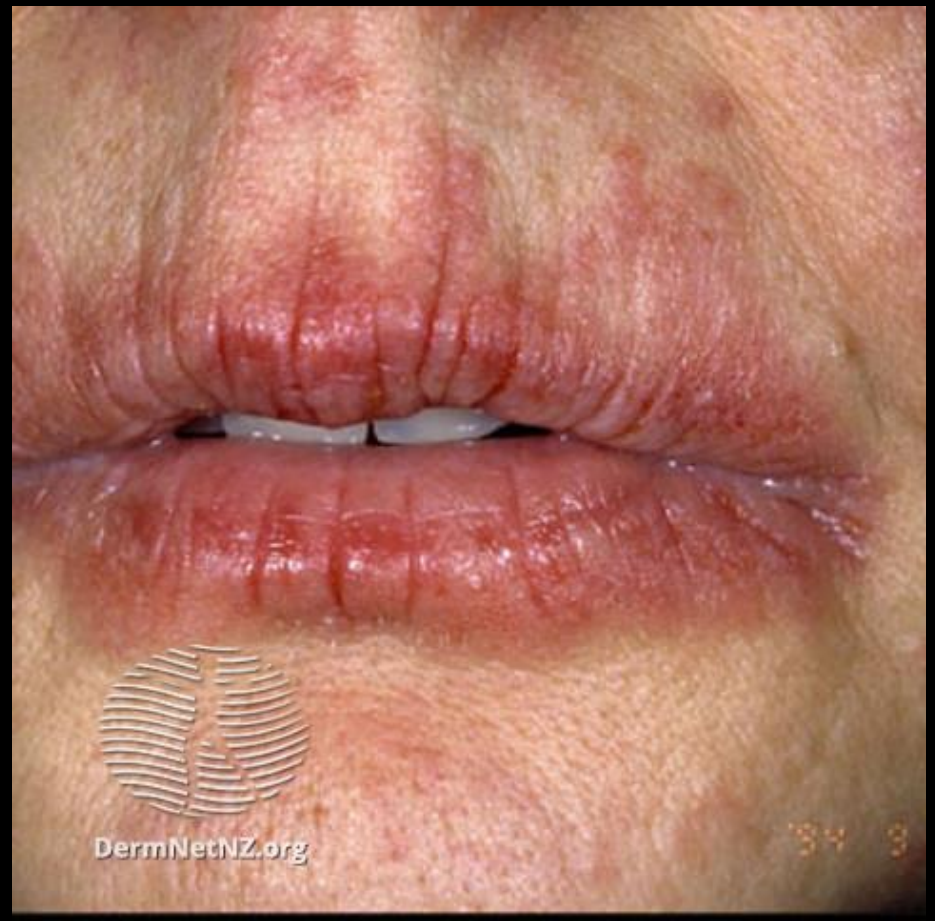
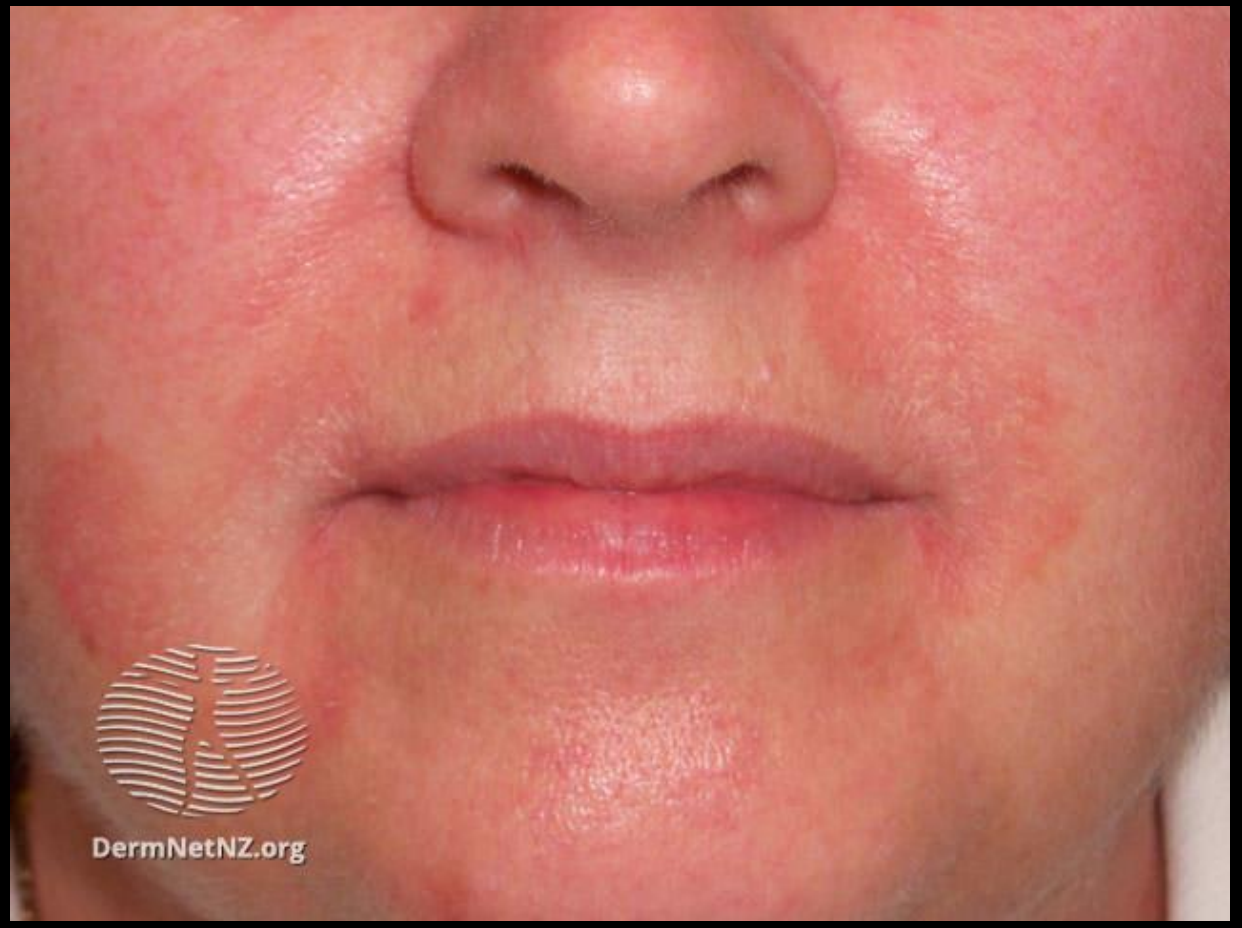


Seborrhoeic dermatitis



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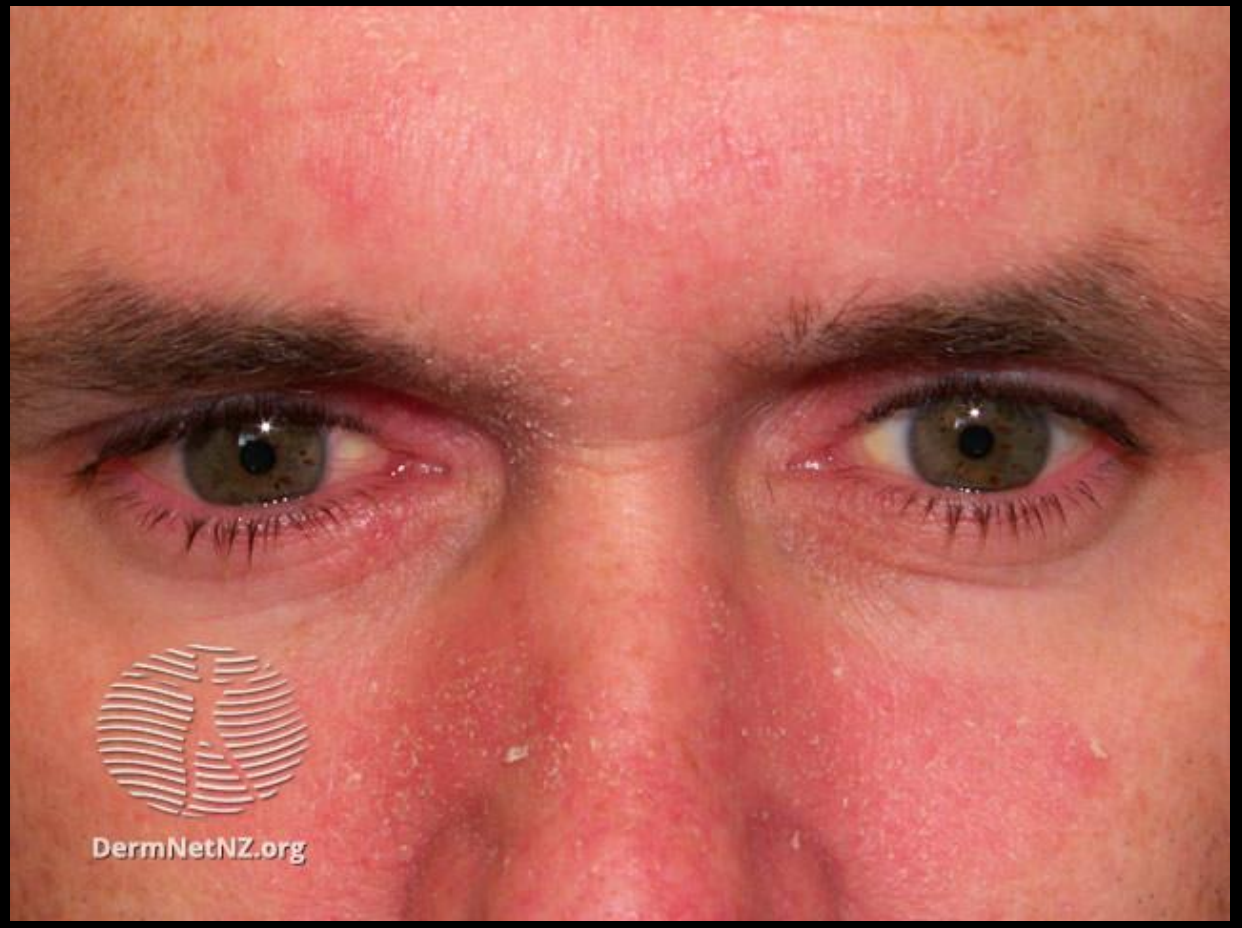

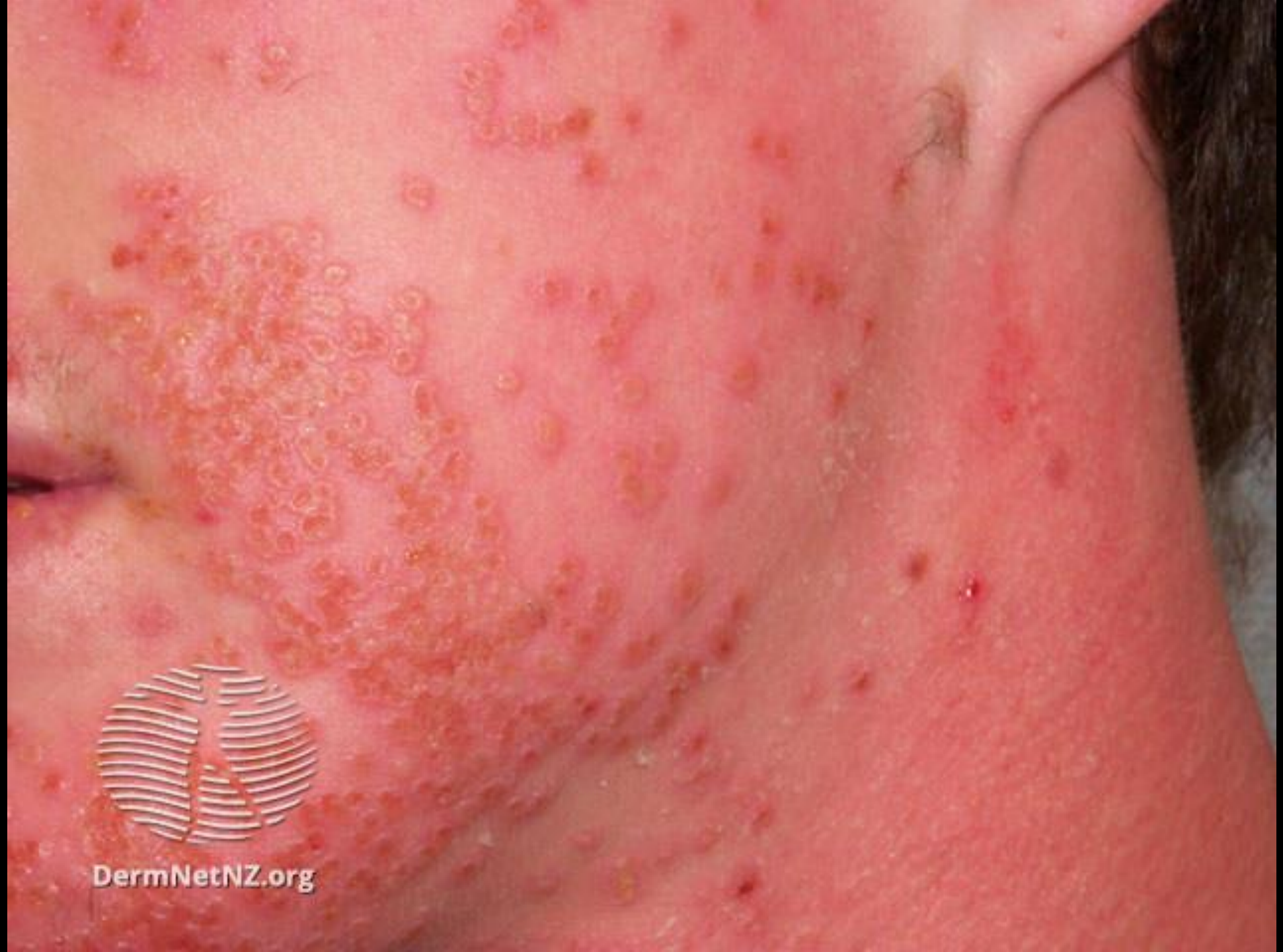
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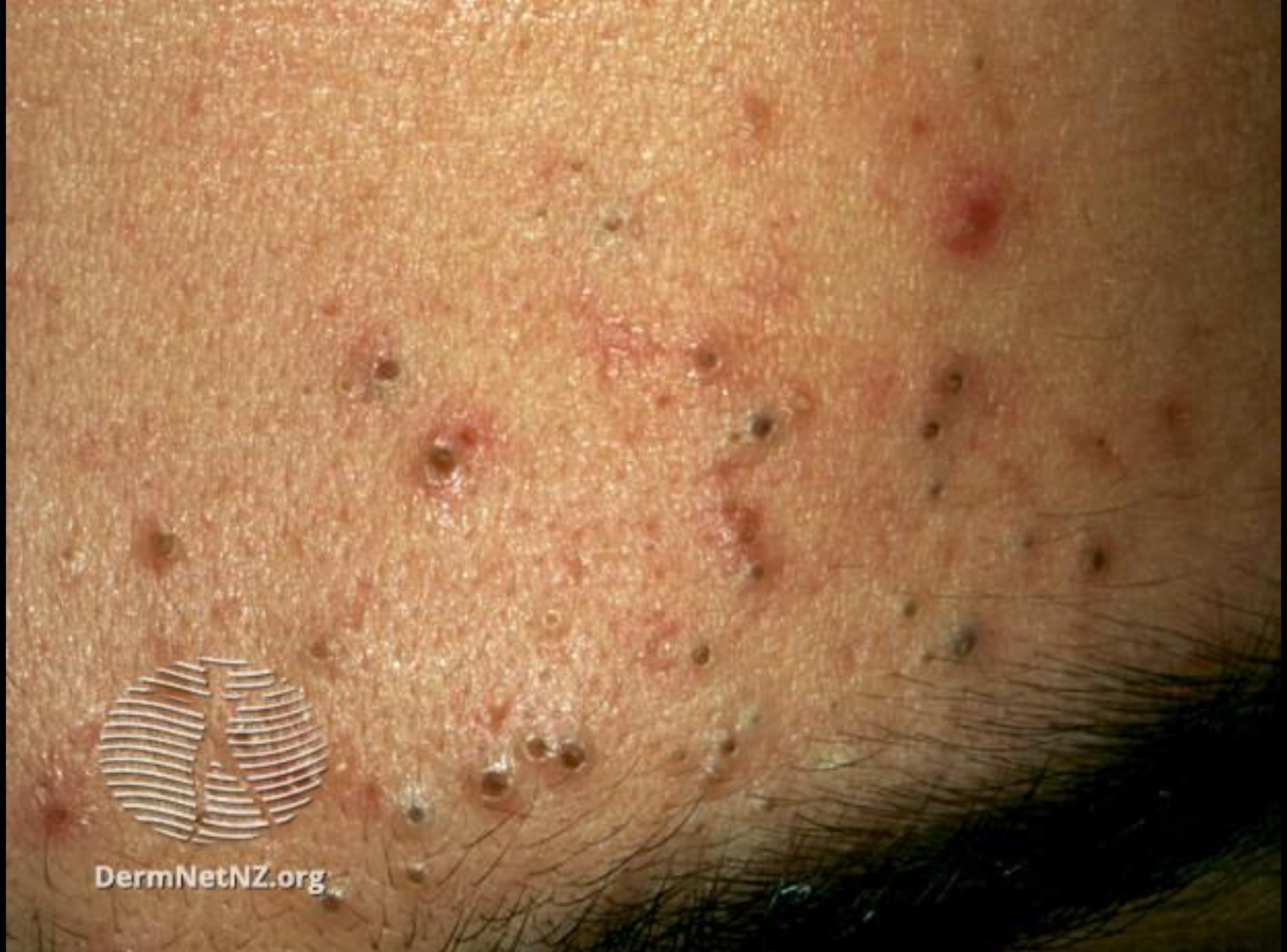
Eczema herpeticum

- Also known as Kaposi varicelliform eruption
- Disseminated viral infection (HSV 1 or 2)
- Complication of eczema or conditions that disrupt skin barrier
- Clusters or itchy & painful vesicles, may be widespread
- Can have secondary bacterial infection with staphylococci or streptococci
- One of the few dermatological emergencies

Treatment

- Prompt treatment with systemic antivirals
- Oral aciclovir 400-800mg 5 times daily or Valaciclovir 1g BD for 10-14 days
- IV aciclovir if patient too unwell to take tablets or spreading despite oral antivirals
- Topical steroids not recommended but may be necessary to treat active atopic dermatitis
- Refer to ophthalmologist when eyelid or eye involvement is suspected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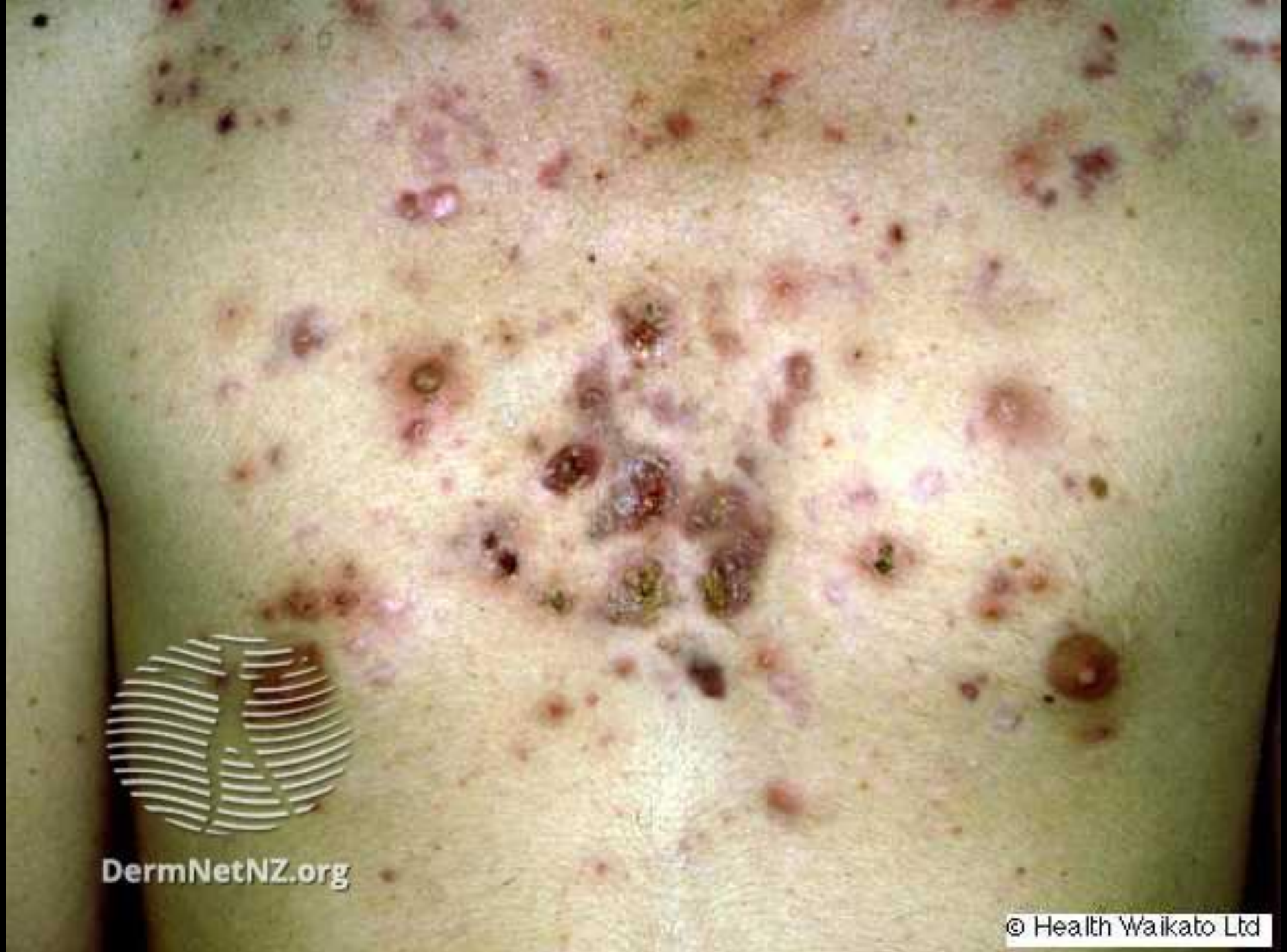
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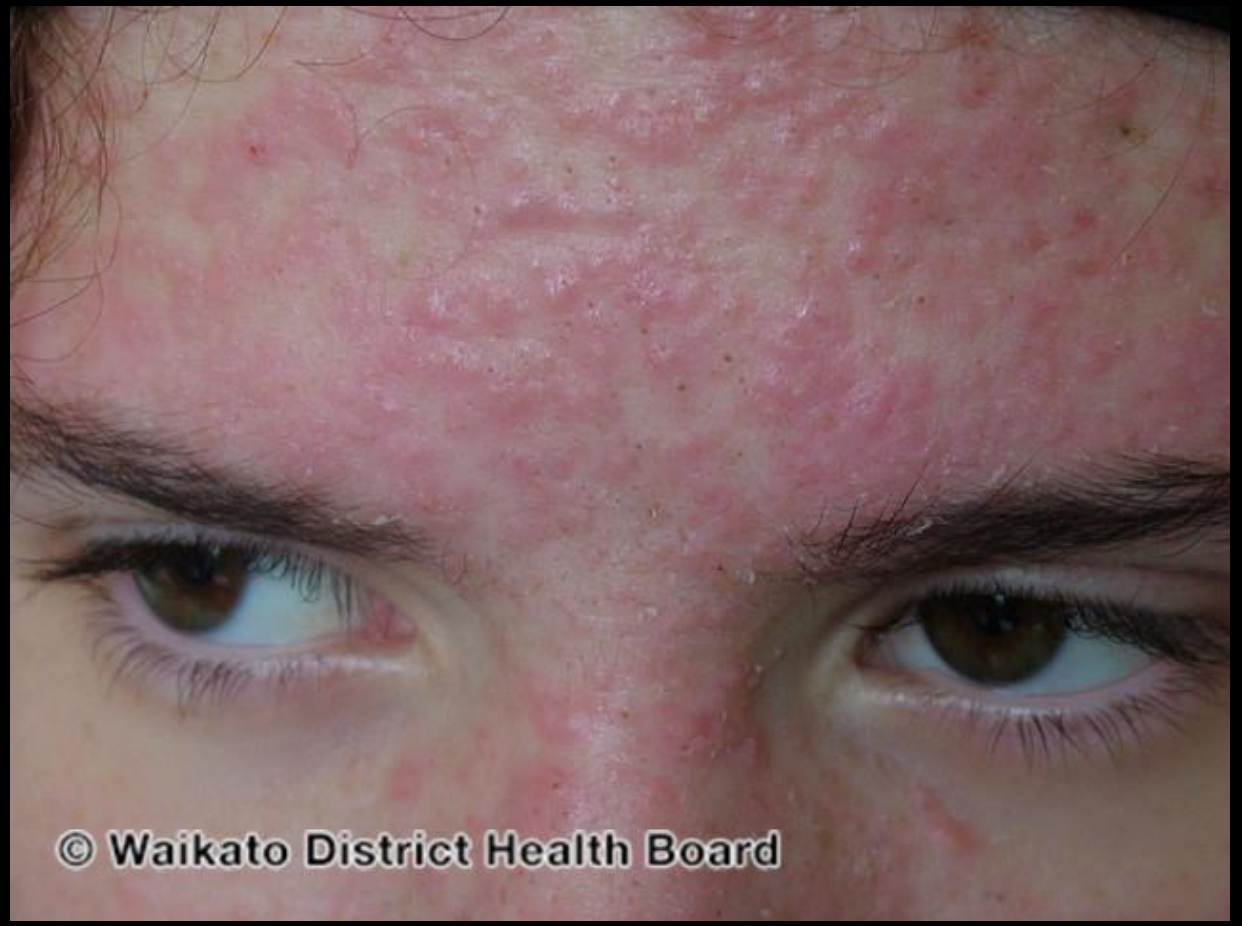
Acne

- Expansion, blockage and inflammation of hair follicles
- Open & closed comedones, inflammatory papules, pustules, nodules, pseudocysts

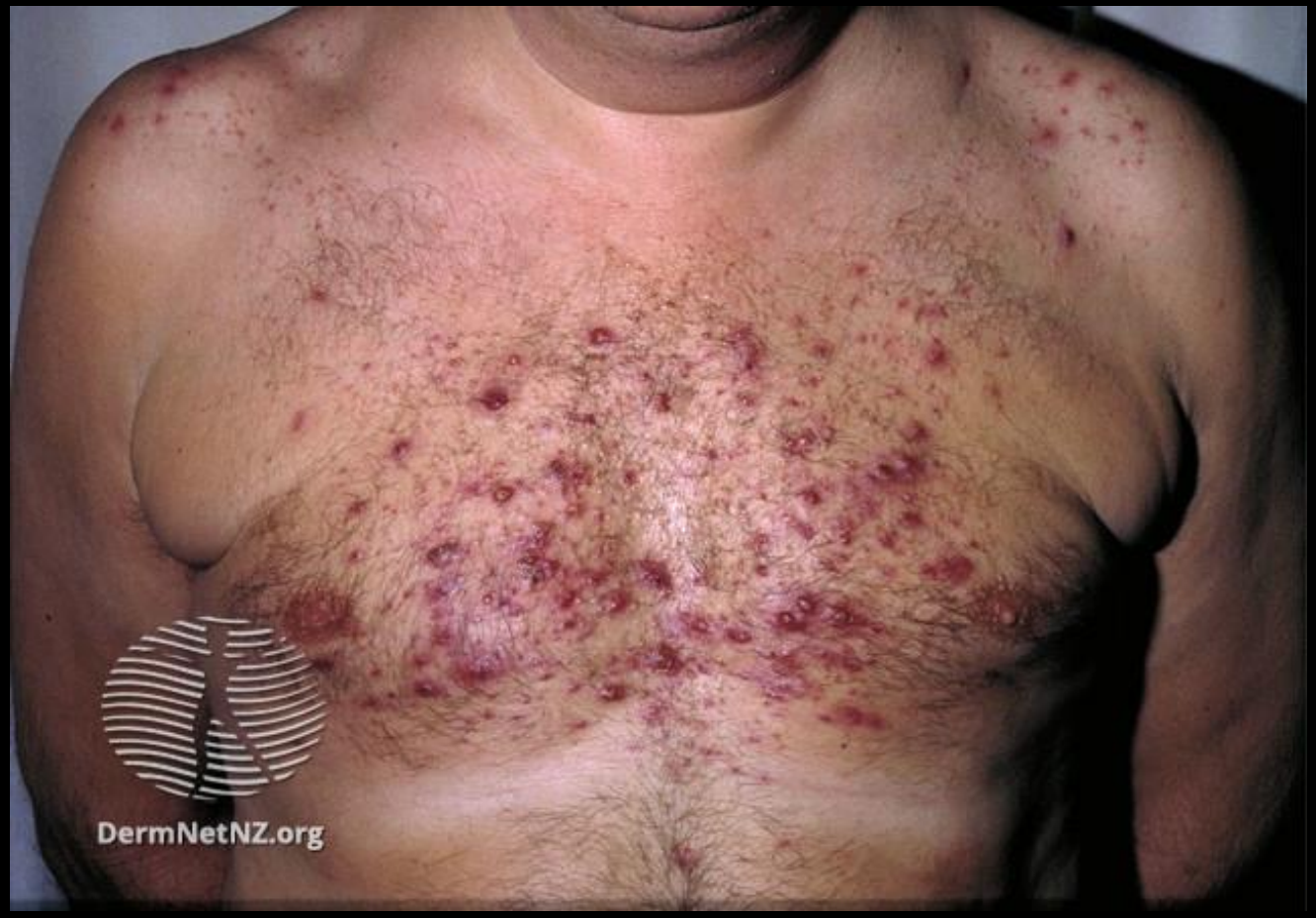
Treatment

- Mild – Topical benzoyl peroxide, adapalene or tretinoin, low dose COCP, antiseptic washes, light/laser therapy
- Moderate – As for mild acne plus oral antibiotics, antiandrogen therapy, Oral Isotretinoin
- Severe – Oral antibiotics, Oral Isotretinoin

Steroid acne



Steroid acne

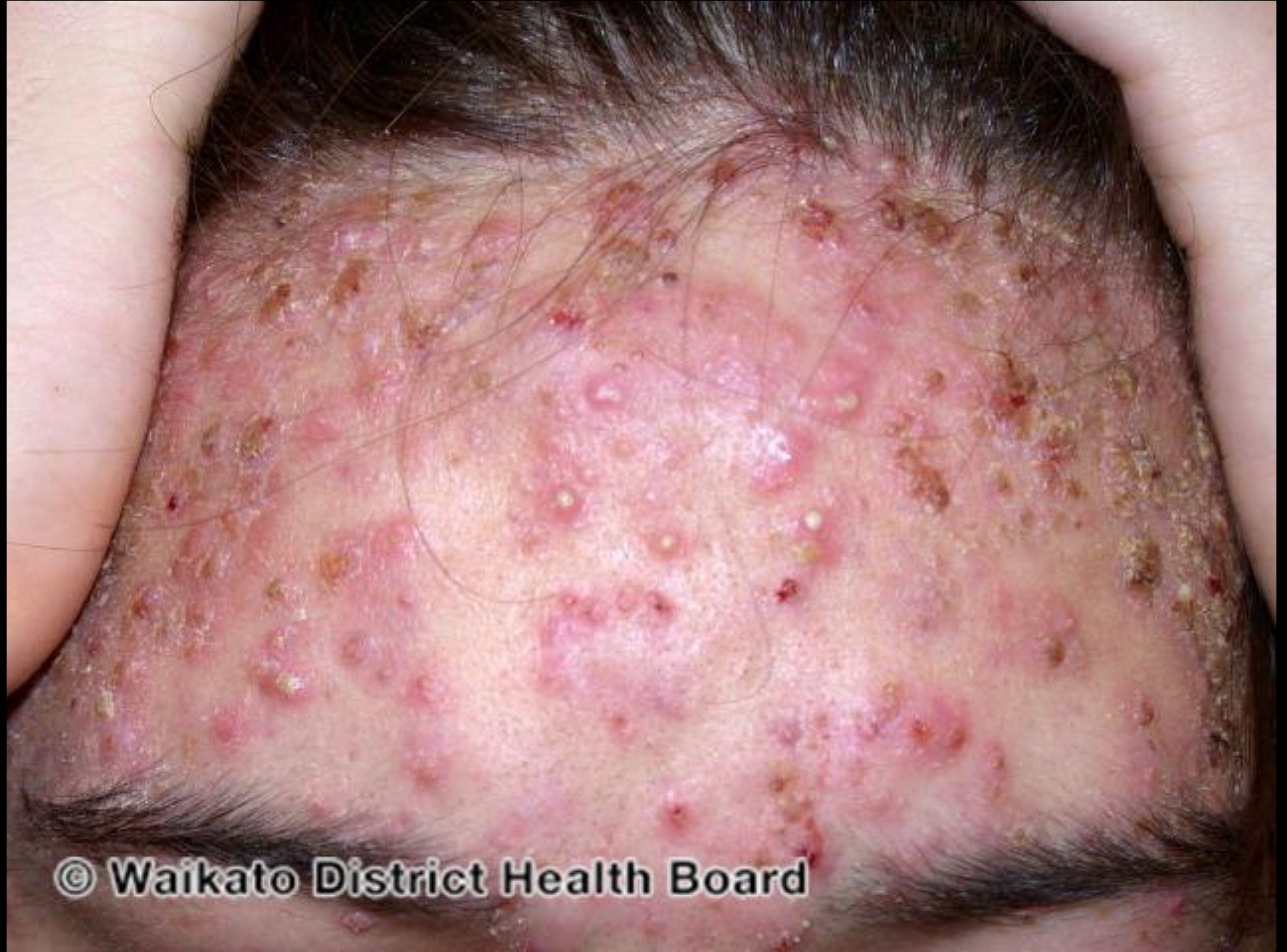


Steroid acne

- Acne-like condition in people with high levels of circulating corticosteroids
- Also side effect of use of anabolic steroids
- Distinct from steroid rosacea, which is due to long-term application of topical corticosteroids
- Most often on chest, may also develop on face, neck, back and arms

Treatment

- Discontinue systemic corticosteroids
- Topical antiacne agents, oral tetracyclines or oral Isotretinoin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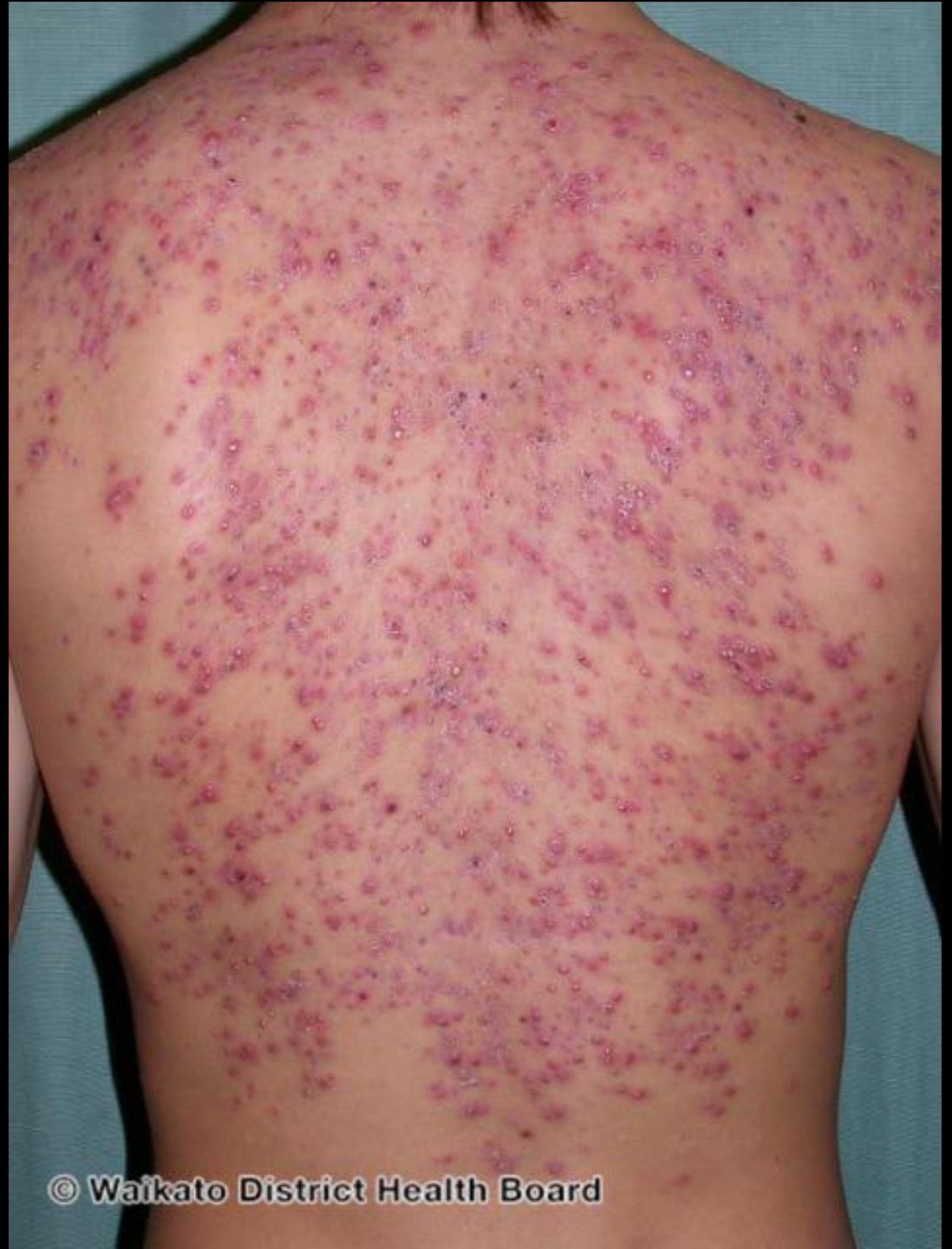
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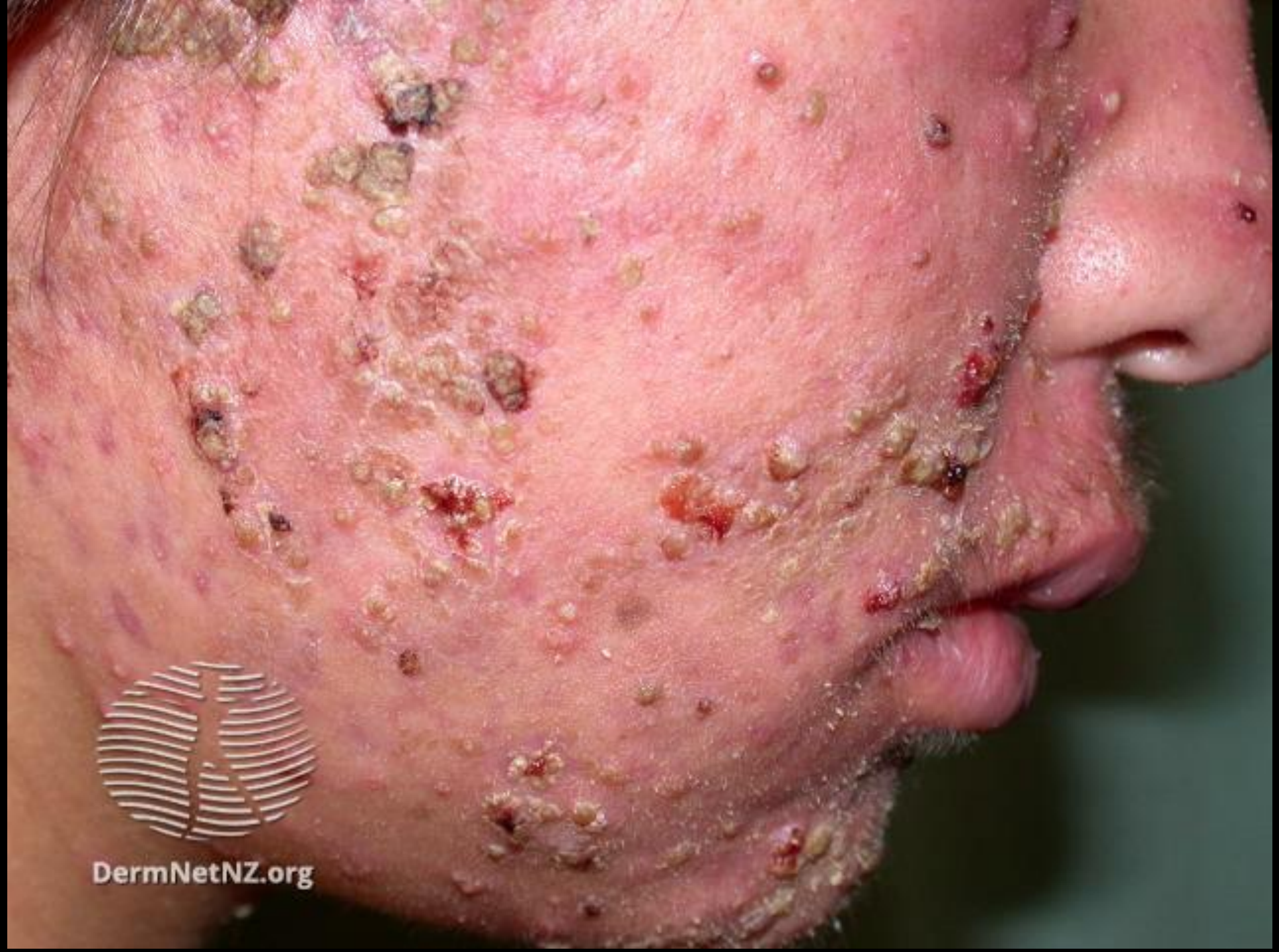
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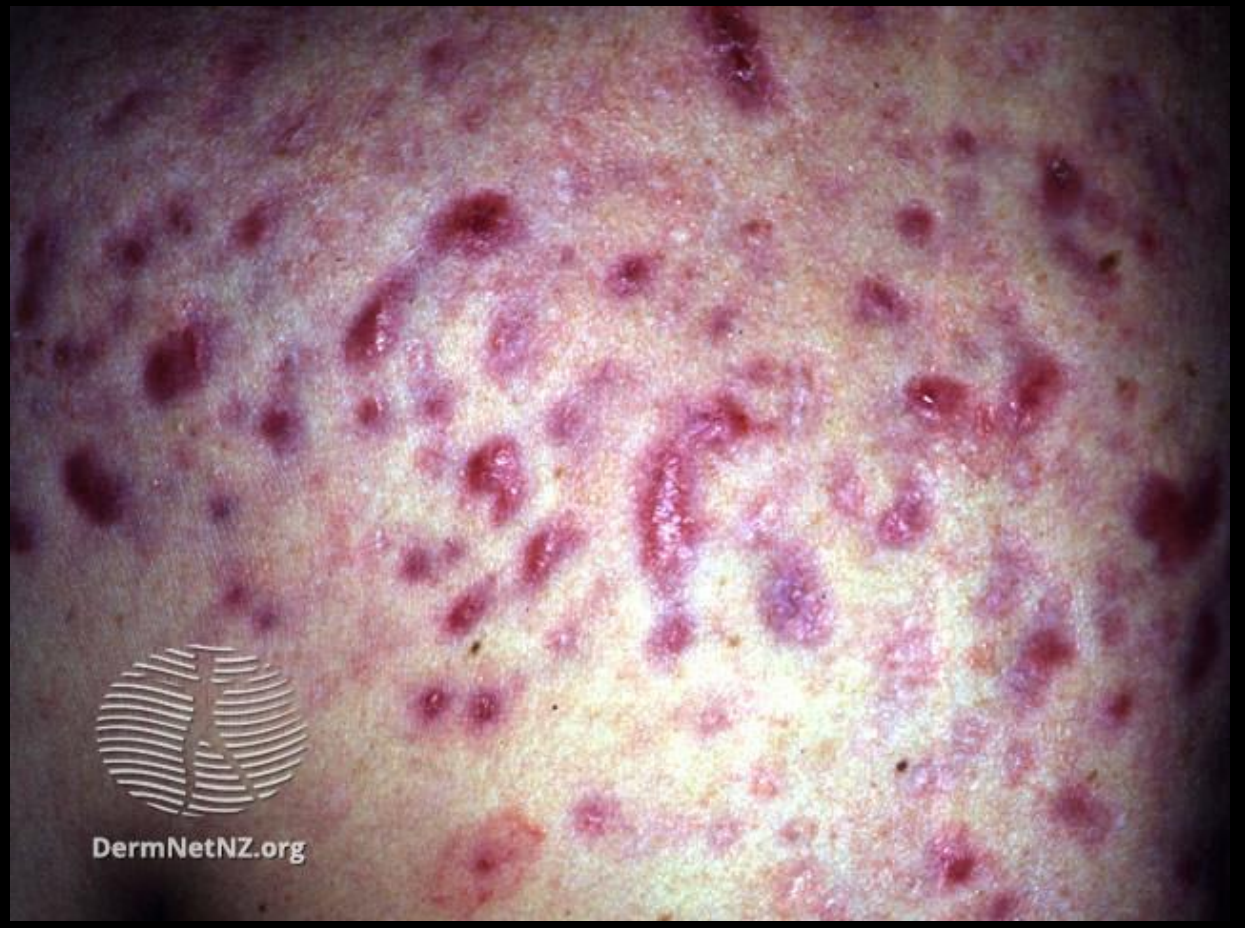
Acne fulminans

- Very severe form of acne conglobata
- Associated with systemic symptoms
- Nearly always affect adolescent males
- Abrupt onset, painful
- Inflammatory & ulcerated nodular acne on chest & back
- Bleeding crusts over ulcers
- Fluctuating fevers, arthralgia, hepatosplenomegaly
- Causes – Testosterone, anabolic steroids, oral isotretinoin

Treatment

- Systemic corticosteroids
- Anti-inflammatories such as aspirin
- Dapsone
- Ciclosporin
- High doses of oral antibiotics, ie. Erythromycin
- TNF inhibitors, ie. Infliximab
- Topical acne preparations not effective

Acne scarring



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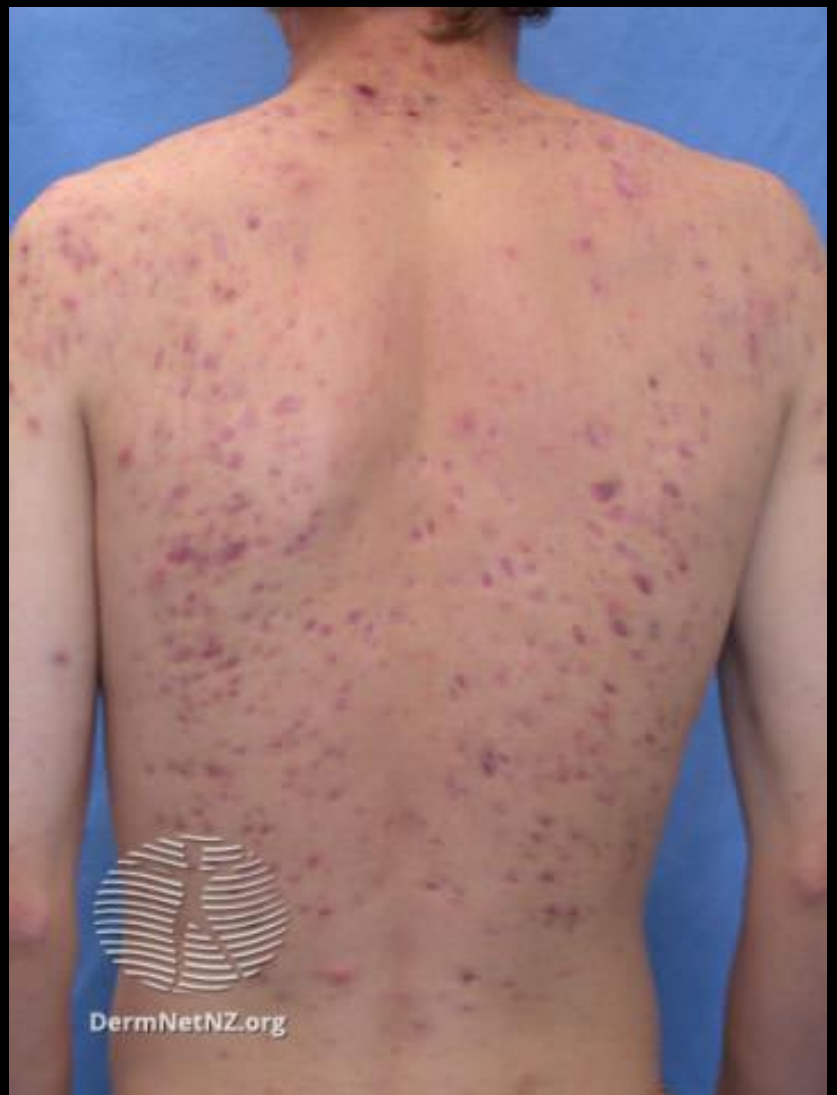

Conclusion

- Accurate diagnosis of rashes is important
- Facial rashes should only be treated with mild topical steroids for the shortest time possible
- Not all rashes can be treated with topical steroids
- Caution is needed when starting Isotretinoin