CLINICAL EVALUATION OF RASH

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LEARNING OBJECTIVES

- At the end of lecture, the student should be able to
  - Describe symptoms associated with skin disease
  - Describe what is a primary lesion
  - Explain the types of primary lesion with examples
  - Describe what is a secondary lesion
  - Explain the types of secondary lesion with examples
  - Tell the important pearls of history and examination
  - Explain the diagnostic details of basic skin lesions

Core Concepts

CUTANEOUS SYMPTOMS

- Pruritis
- Burning
- Tingling
- Pricking
- Pain
- numbness

Core Concepts

PRURITIS

- An unpleasant cutaneous sensation which provokes the desire to scratch or rub the skin
- Most common cutaneous symptom
- Carried from the skin by unmyelinated C fibers
- The quality of the itch may be useful in determining the diagnosis

Horizontal Integration

- Pruritis with systemic disease

Hepatobiliary diseases, especially biliary obstructive disease, severe renal insufficiency, iron-deficiency anemia, endocrine disorders, and internal malignancy (especially lymphoma)

Core Concepts

CUTANEOUS SIGNS
PRIMARY LESIONS

A **primary** lesion is the initial lesion that characterizes a dermatologic disorder

Core Concepts

MACULES

- Circumscribed changes in the skin color
- Without elevation or depression
- Circular oval or irregular
- Less than 0.5cm

Core Concepts

PATCHES

- A large macule
- Greater than 0.5cm in diameter
- Example

  vitiligo

Core Concepts

PAPULES

- Circumscribed, palpable elevations
- Less than 0.5cm
- May be acuminate, rounded, flat-topped, conical, or umblicated

Core Concepts

PLAQUES

- Elevated, flat topped
- 0.5cm or more in diameter

Core Concepts

NODULES

- Raised, circumscribed, firm lesion of variable diameter
- deeper in dermis than papule
- More than 0.5 cm in diameter

Vertical Integration

WHEALS

- Itchy, edematous, plateau like elevations of various sizes
- Usually oval or arcuate contours
- Pink to red
- Surrounded by a pink areola
- May be discrete or may coalesce

Core Concepts

VESICLES

- Circumscribed, fluid collections within or beneath epidermis
- Less than 0.5cm

Core Concepts

BULLAE

- Rounded or irregularly shaped blisters containing serous or seropurulent fluid
- Greater than 0.5cm

Core Concepts

PUSTULES

- Small elevations of the skin containing purulent material
- Similar to vesicles and have an inflammatory areola
- May originate as pustules or develop from papules or vesicles

SECONDARY LESIONS

Over time, primary lesions may continue to develop or be modified, producing **secondary** lesions

Core Concepts

SCALES

- Dry or greasy laminated masses of keratin
- When the formation of epidermal cells is rapid or the process of normal keratinization is interfered with, pathologic exfoliation results, producing scales
- Vary in size
- Vary in color

CRUSTS

- Crusts are dried serum, pus, or blood, usually mixed with epithelial and sometimes bacterial debris
- When they become detached, the base may be dry or moist

Horizontal Integration

EXCORIATIONS AND ABRASIONS

- An excoriation is a punctate or linear abrasion produced by mechanical means, usually involving only the epidermis, but not uncommonly reaching the papillary layer of the dermis
- Caused by scratching
- If the damage is a result of mechanical trauma or constant friction – abrasion
- Frequently has an inflammatory areola
- May provide access for pyogenic organisms


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Core Concepts

FISSURES

- A fissure is a linear cleft through the epidermis , or into the dermis
- May be single or multiple
- Sharply defined margins
- May be dry, moist, red, straight, curved, irregular, or branching

Core Concepts

EROSIONS

- Loss of all or portions of the epidermis alone
- May not become crusted
- Heals without a scar

Vertical Integration

ULCERS

- Rounded or irregularly shaped excavations that result from complete loss of the epidermis plus some of the portions of the dermis
- Various sizes, shallow or deep
- Heal with scarring

Horizontal Integration

SCARS

- Composed of new connective tissue that replaced lost substance in the dermis or deeper parts as a result of injury or disease, as part of the normal reparative process
- Characteristic of certain inflammatory processes
- Scars may be thin and atrophic or keloids
- May be smooth or rough, pliable or firm
- Pink initially, later becoming white and glistening


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Vertical Integration

GENERAL DIAGNOSIS

HISTORY

- Patients age, sex, occupation, hobbies, living conditions
- Onset, duration and course of the disease
- Previous treatment
- Family history
- Other illness, travel abroad, home and work environment, seasonal occurrences and recurrences
- Sexual orientation and practices

Core Concepts

EXAMINATION

- Natural sunlight is ideal
- Magnifying lens
- Palpation
- Scraping
- View entire eruption, no “Peek-a boo” exam

Core Concepts

Diagnostic Details of Lesions

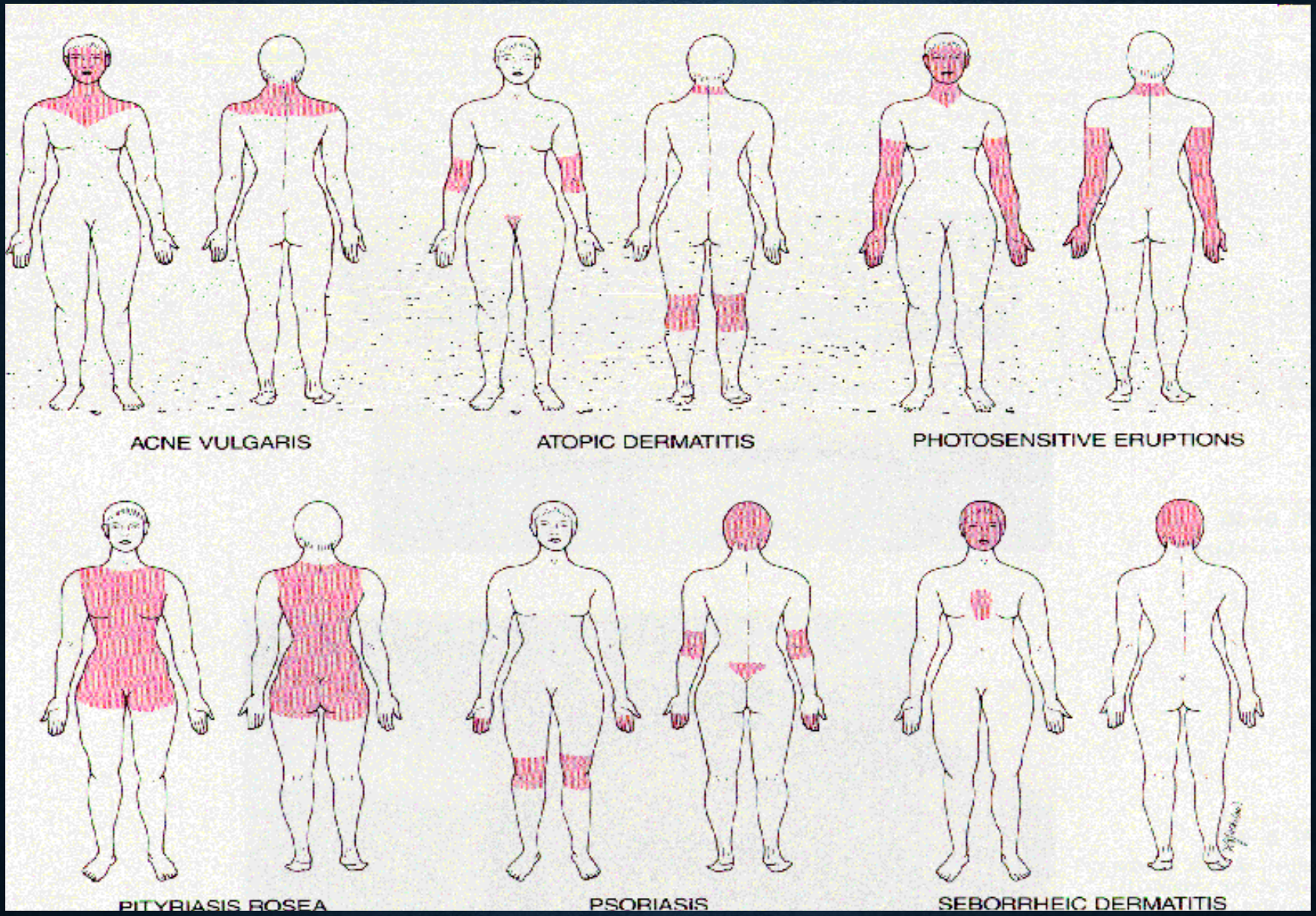
DISTRIBUTION

- Lesions may be few or numerous, and in arrangement they may be discrete or may coalesce to patches of peculiar configuration
- Dermatomes – herpes Zoster
- Blaschko's lines – epidermal nevi
- Grouping- herpes simplex

Vertical Integration

GROUPING

- Characteristic of dermatitis herpetiformis and herpes simplex
- Small lesions around a larger one
- Arthropods bites



Other areas of distribution

EVOLUTION

- Some lesions appear fully evolved
- Others develop from smaller lesions, then may remain the same during their entire existence
- A polymorphous eruption with lesions in various stages of development or involution may be present , chicken pox

Core Concepts

CONFIGURATION

- **Linear**, lesion in a line
- **Annular**, forming a complete circle
- **Arcuate**, portion of a circle
- **Polycyclic**, composed of several intersecting portions of circles
- **Serpiginous**, not straight and not forming parts of circles, snake like
- **Guttate**, small, like drops
- **Nummular**/ discoid, like a coin

polycyclic lesions

Core Concepts

COLOR

- Some lesions can be identified on the basis of color alone.
- The blue nevus and mongolian spots are example

consistency

- Palpation is an essential part of the physical examination of lesions
- Blanch? Fluctuant? Hot or cold? Firm or calcified? indurated?

Vertical Integration

VASCULAR LESIONS

- Purpura: red-purple non-blanching lesions extravasation of blood into the tissue e.g. thrombocytopenia, trauma
- Ecchymoses: purpura greater than 1 cm in diameter e.g. trauma, vasculitis
- Petechiae: small nonblanching erythematous macules <0.5 cm e.g. thrombocytopenia
- Telangiectasia: blanching permanent dilated superficial blood vessels e.g. liver disease, breast cancer

Purpura

Telengiectasia

Petechiae

Ethical Concerns in Dermatology and Cosmetic Applications

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Abstract

Our aim in this article is to consider ethical concerns and sensitivities in Dermatology and Cosmetic applications. It is appropriate for dermatologists to make cosmetic applications and use artificial intelligence aid as experts who know the structure and diseases of the skin best. The practice of cosmetology by physicians other than dermatologists creates ethical problems.

Women are especially more interested in dermatology. Body dysmorphic disorders are more common in women. When dermatologists evaluate the cosmetic dermatology patient and create a treatment plan, if there are unrealistic expectations, the patient should be guided correctly by considering the patient's wishes. Social media applications, which have attracted attention in recent years, have caused an increase in body dysmorphic disorders in individuals.

Cosmetology is a division that can never be separated from dermatology. Patients frequently apply to cosmetic dermatology because of hyperpigmentation problems, aging problems, hair problems, toxin applications, dermal filler procedures, chemical peels, and mesotherapy, and ablative laser procedures. Burns resulting from laser epilation applications performed in aesthetic centers, complications such as tissue necrosis caused by dermal filler procedures performed by non-physicians, cosmetic problems, soft tissue infections, and allergic reactions resulting from applications such as mesotherapy and platelet-rich plasma are diseases frequently seen in dermatology outpatient clinics.

Another important issue is the materials used in platelet-rich plasma, mesotherapy, toxin application, and dermal filler applications must be in the Class 3 Medical device category. Patients who apply to clinics for treatment should be made aware of this issue and patients should be protected from the complications that these medications may cause. Physicians should not use products that do not have class 3 certificates in cosmetic dermatology to keep the cost of the product low, especially when choosing materials.