Managing dermatological problems in Primary Care

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areas to be covered

- leg ulcers
- feet
- hair
- facial rashes
- drug rashes

Leg ulcers aetiology

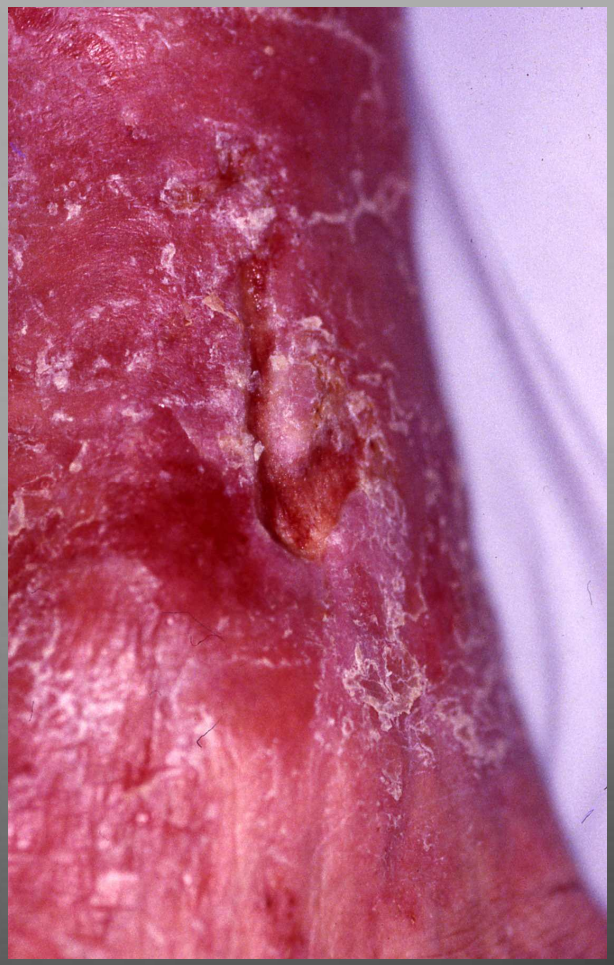
- 70-80% venous
- 10- 20% mixed arterial/venous
- 10% others -
  - diabetic
  - linked to a medical condition
  - traumatic
  - malignancy

Please would you see Mr Kenneth Briggs in your clinic. This 64 year old gentleman has developed an ulcer on his left leg down at the left ankle, and it is not healing despite the best efforts of the District Nurses. A list of the dressings and medication is included with this referral.

He is overweight and has recurrent attacks of bronchitis.

what type of ulcer?

1. arterial ulcer
2. diabetic ulcer
3. malignant ulcer
4. venous ulcer



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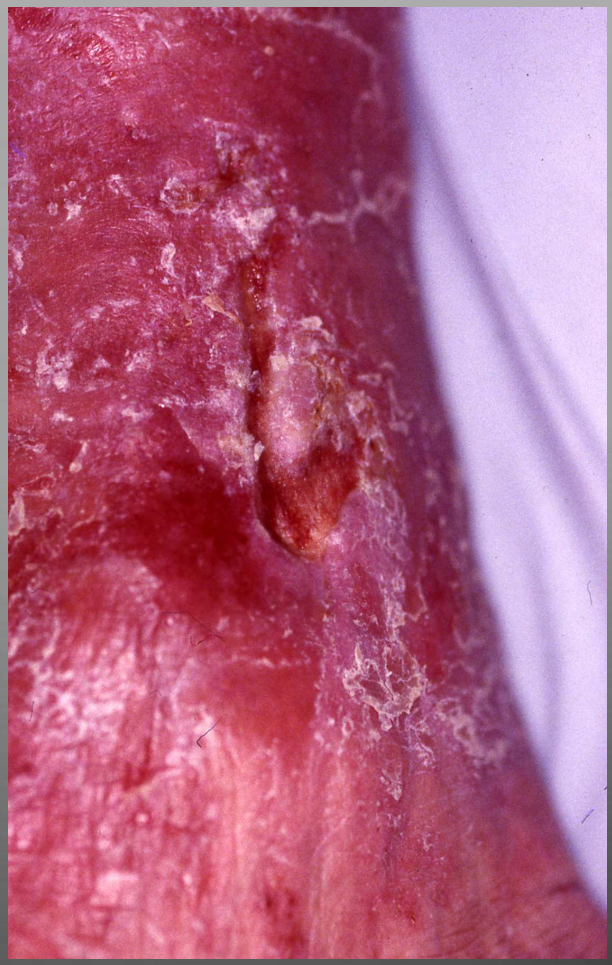
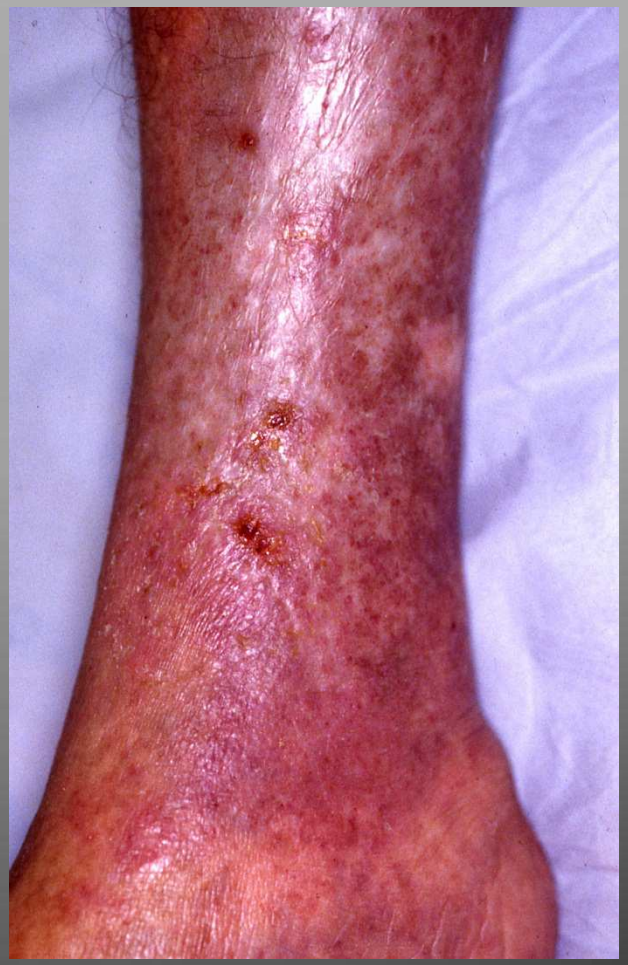


venous ulcers

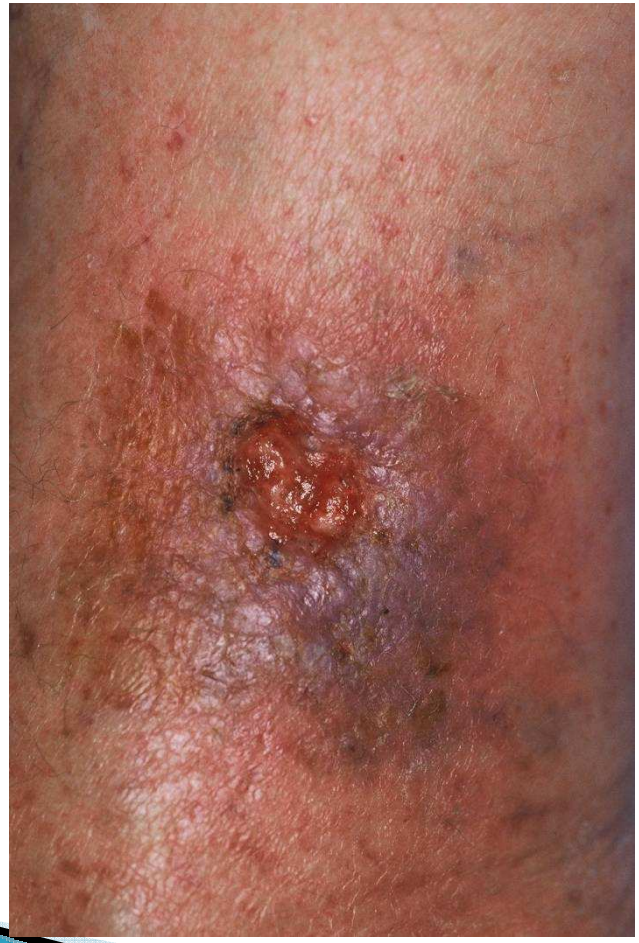
- gaiter area lower leg
- shallow
- medial area> lateral
- lipodermatosclerosis
- eczema
- may be painful



venous ulcers

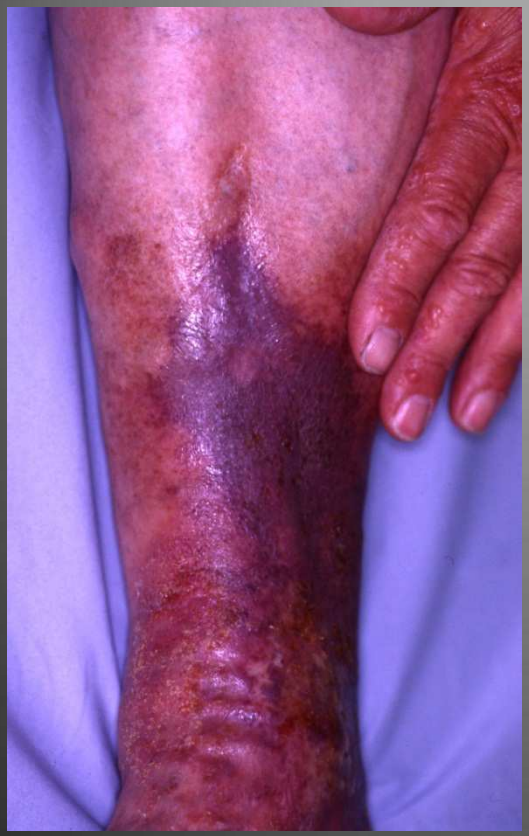
- varicose veins and DVTs
- oedematous legs
- high BMI
- reduced mobility
- previous fractures

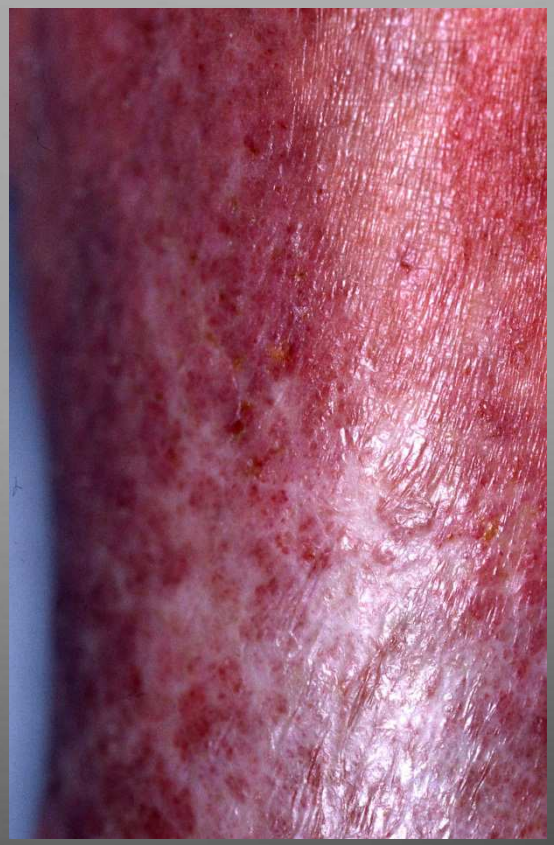
treatment of venous ulcers



- 70% heal in 3 months
- dressings & bandaging
- elevation or compression
- compression to heal
- compression to preserve

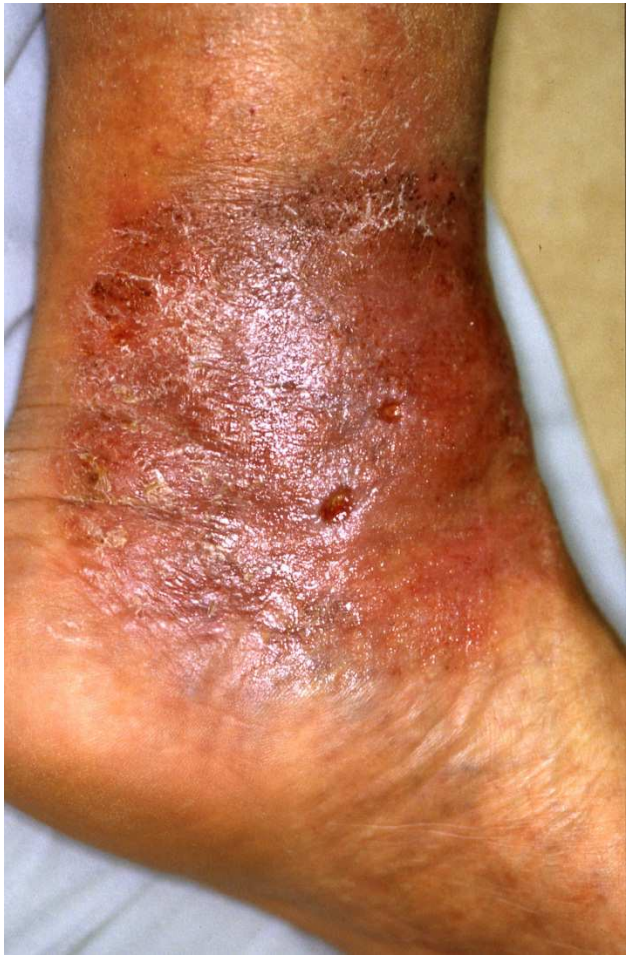
pigmentary changes

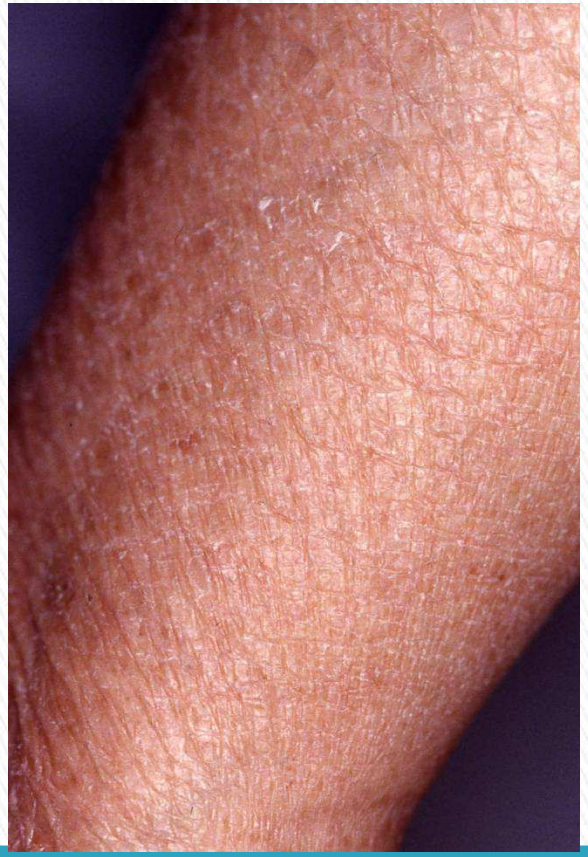




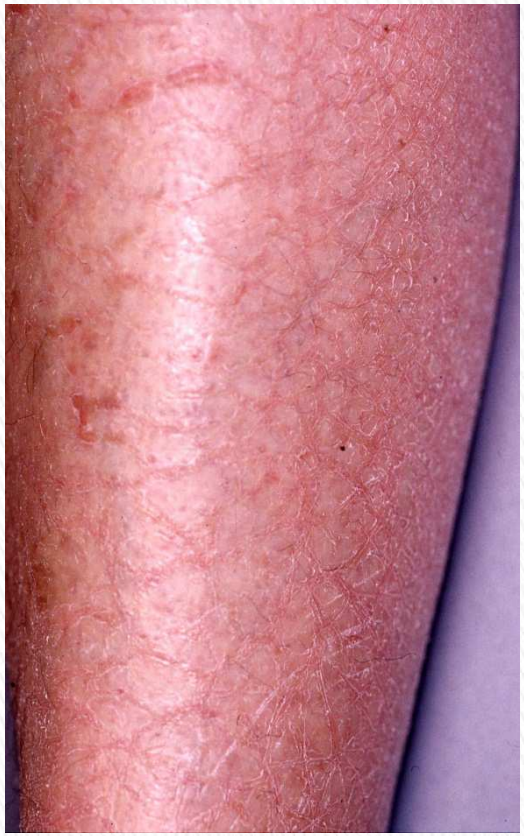
varicose eczema

- seniors
- itchy, scaly rash
- venous disease
- medication can cause problems – topical antibiotics
- potency of steroid
- emollients





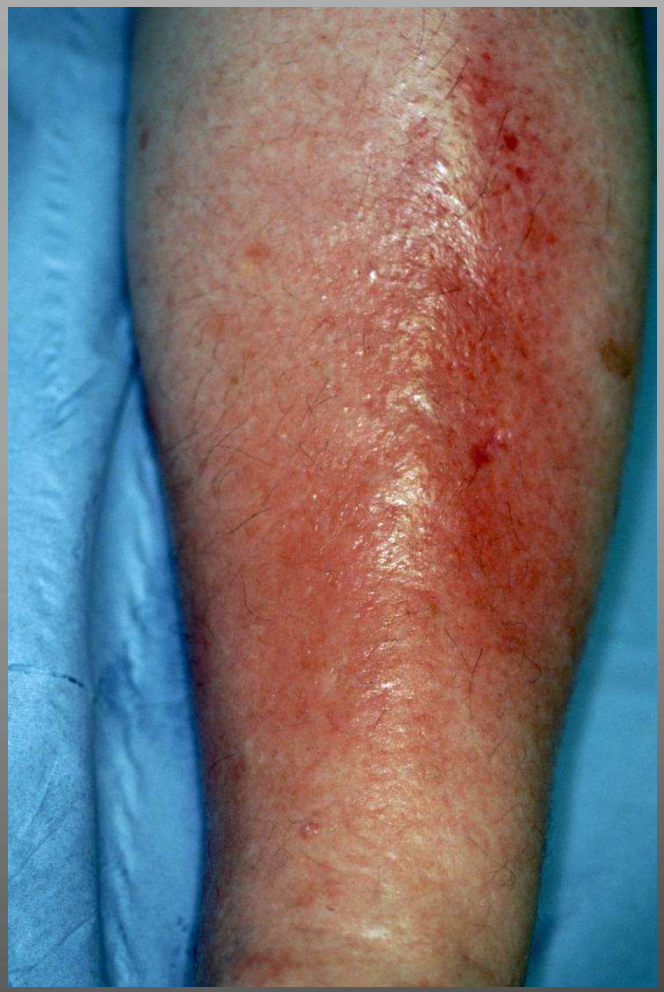
icthyosis



asteatotic eczema

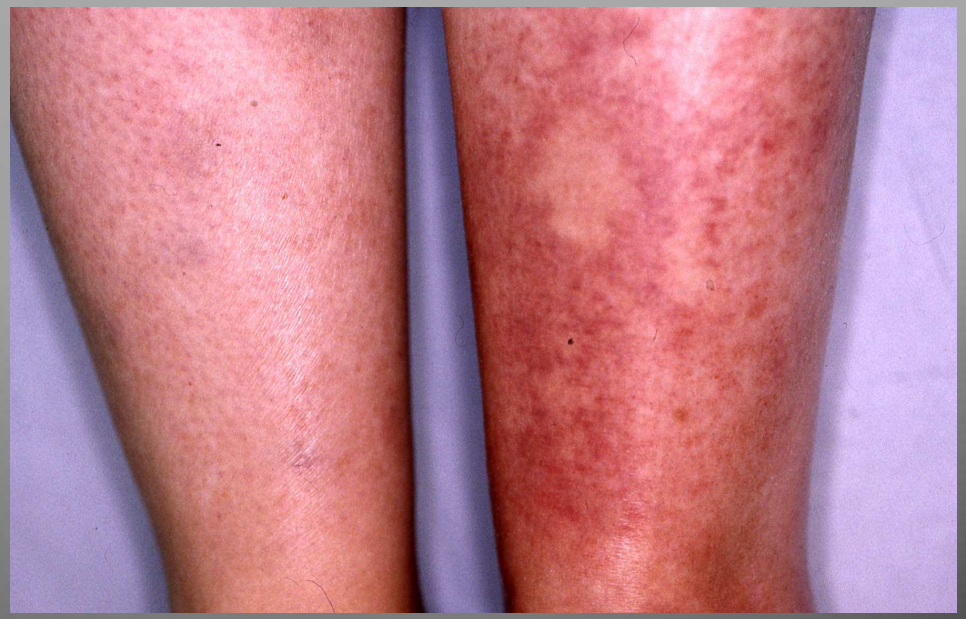
cellulitis

- ulcer- portal of entry
- Staph or Strep
- patient unwell - fever
- swollen leg
- hot & tender
- differential DVT



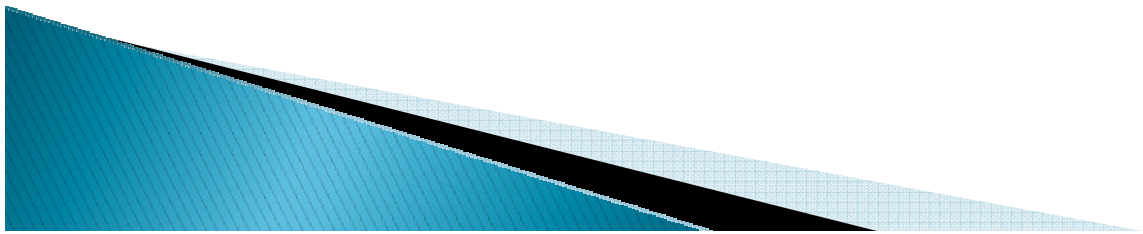
cellulitis

- unilateral



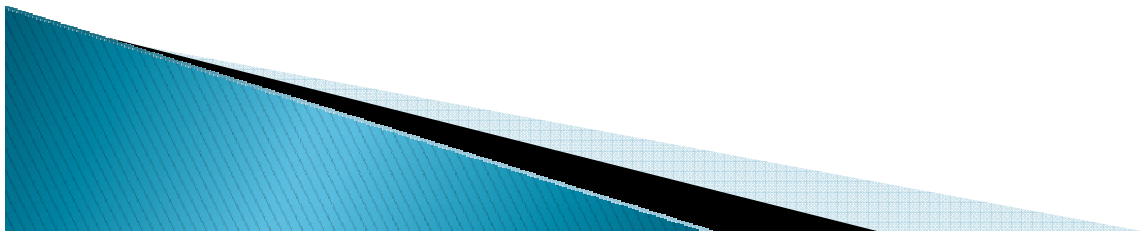
treatment of cellulitis

- flucloxacillin 500mg qds
- penicillin 500 mg qds
- clarithromycin 250-500mg bd
- clindamycin 150-300mg qds
- clindamycin high dose 450mg qds
- doxycycline and vancomycin

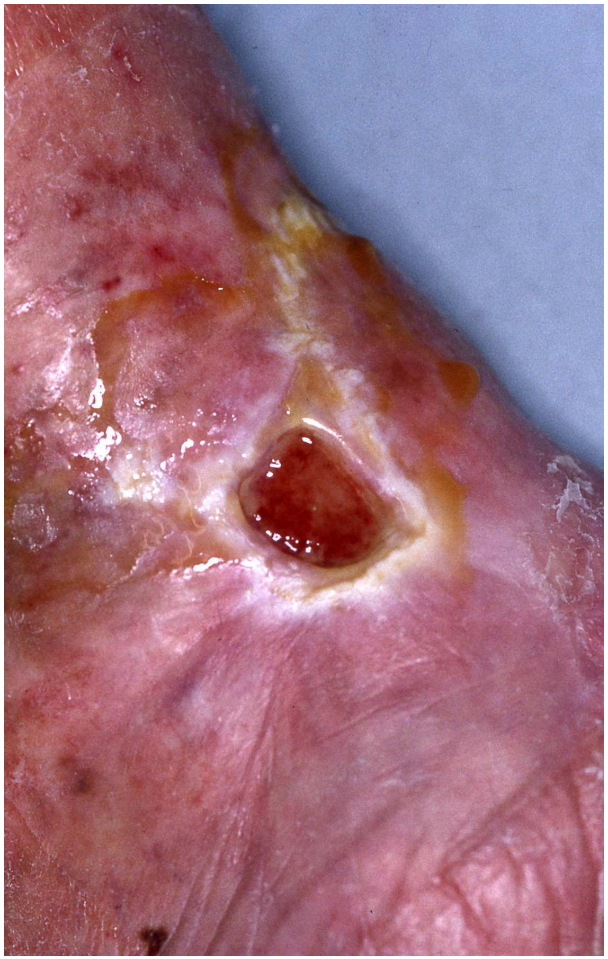


Please would you see Mr Peter Jones in your ulcer clinic. He has a painful, dry, non-healing, deep ulcer on his right leg.

He has had a previous myocardial infarct and gets pain in his calves on walking. He is trying to stop smoking. A list of his medication is included - he is on aspirin, an ace, a B blocker and a statin.



on examination



What type of ulcer?

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2. diabetic ulcer
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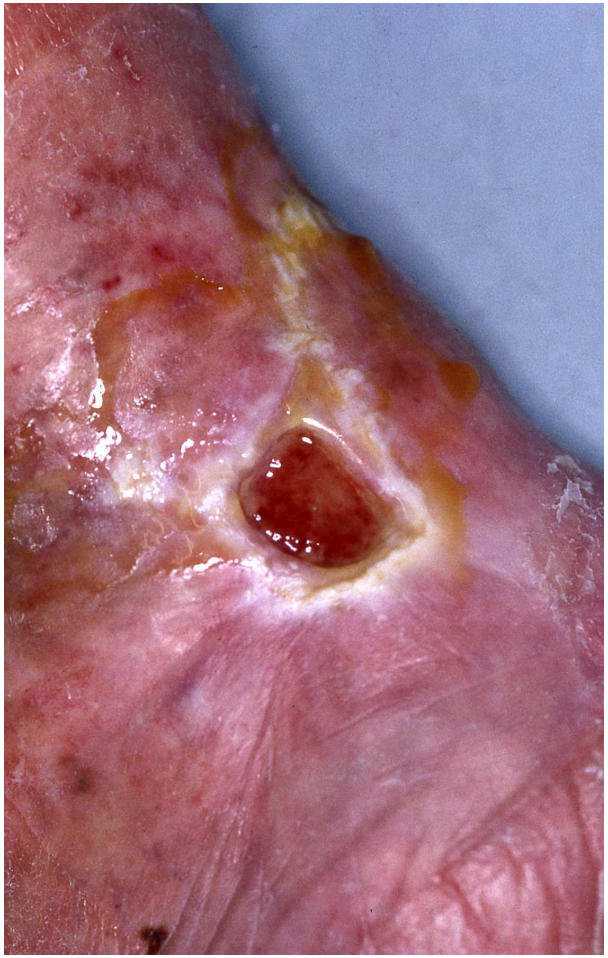
4. venous ulcer



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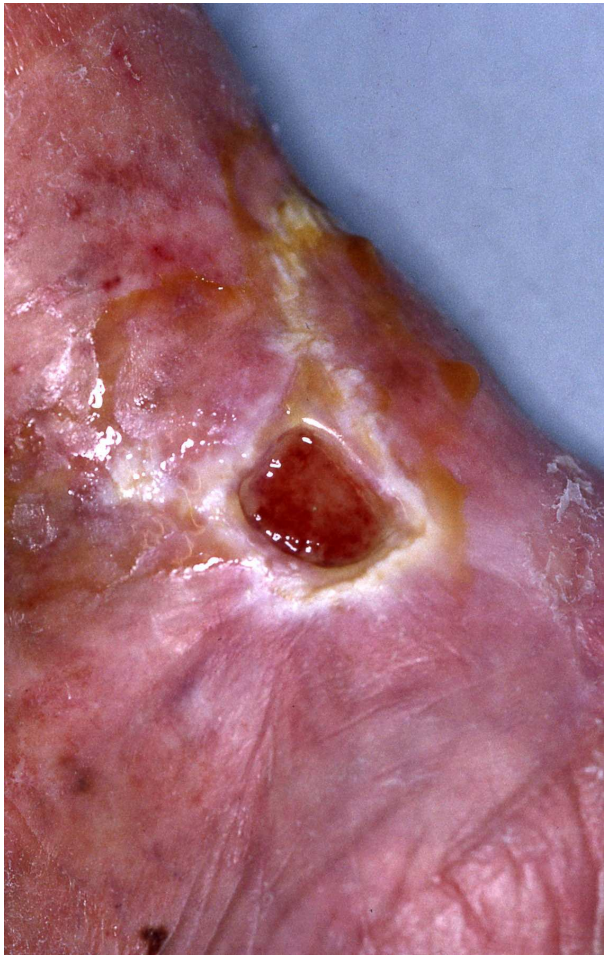


arterial leg ulcers – history

- claudication
- medication
- vascular disease
- smoking
- hypertension
- renal failure

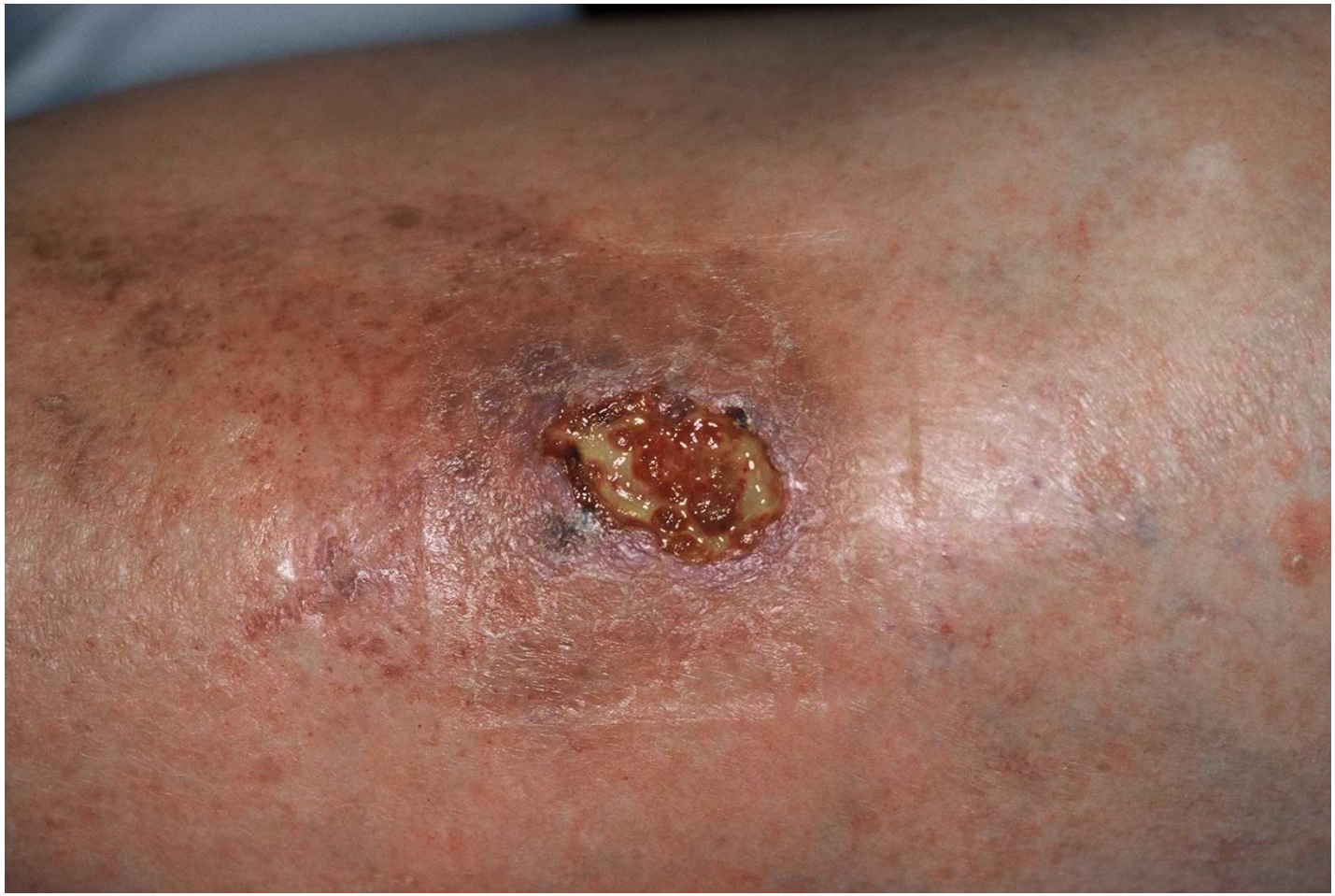
arterial ulcer – examination

- deep ulcer
- punched out
- cold limb
- lack of hair
- peripheral pulses – reduced or absent
- capillary return– reduced

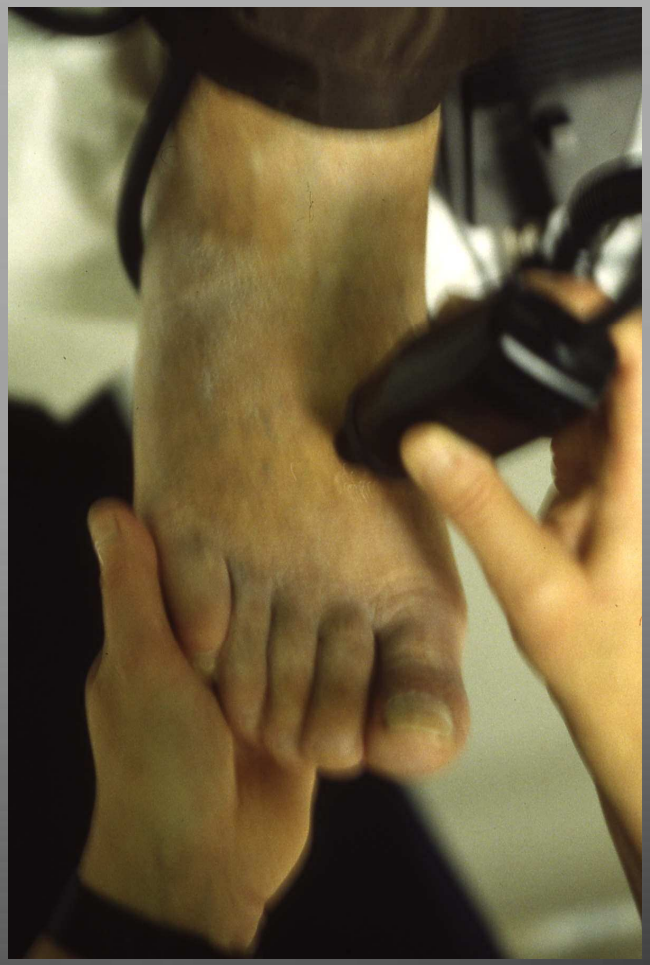
treatment arterial ulcers

- vascular opinion
- exercise
- smoking cessation
- aspirin, statin

mixed ulcer



Dopplers



investigations

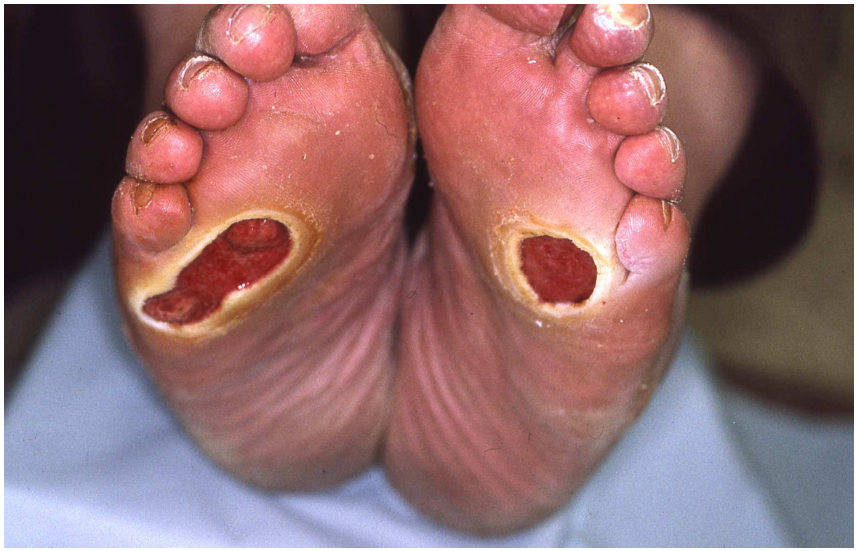
- Doppler's
- <0.9 some vascular disease
- 0.8 and above ok for compression
- <0.8 refer
- 0.5 vascular surgery
- diabetes – special case and care

Please would you see Mrs Sheila Watkins in your diabetic foot clinic. She has type 2 diabetes and has developed bilateral foot ulcers.

A copy of her last diabetic clinic is attached along with her medication and recent bloods.

the ulcer is due to?

1. diabetes
2. malignancy
3. sickle cell



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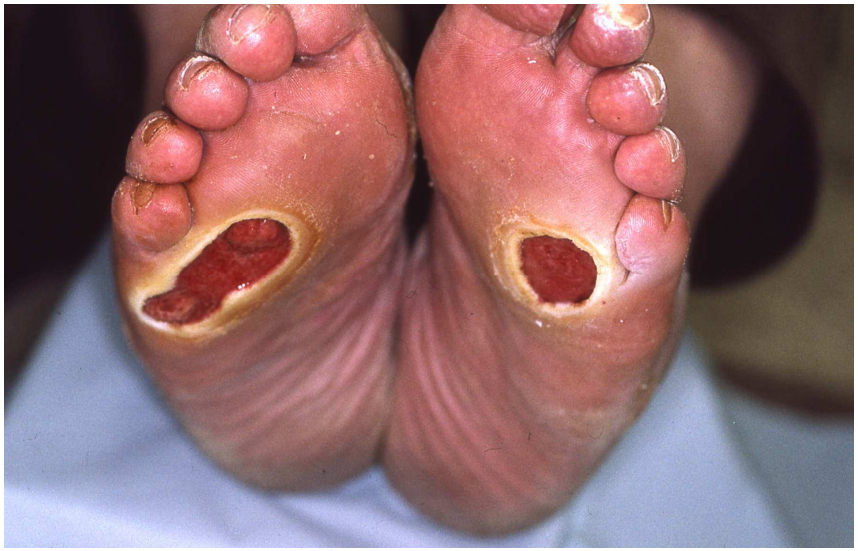
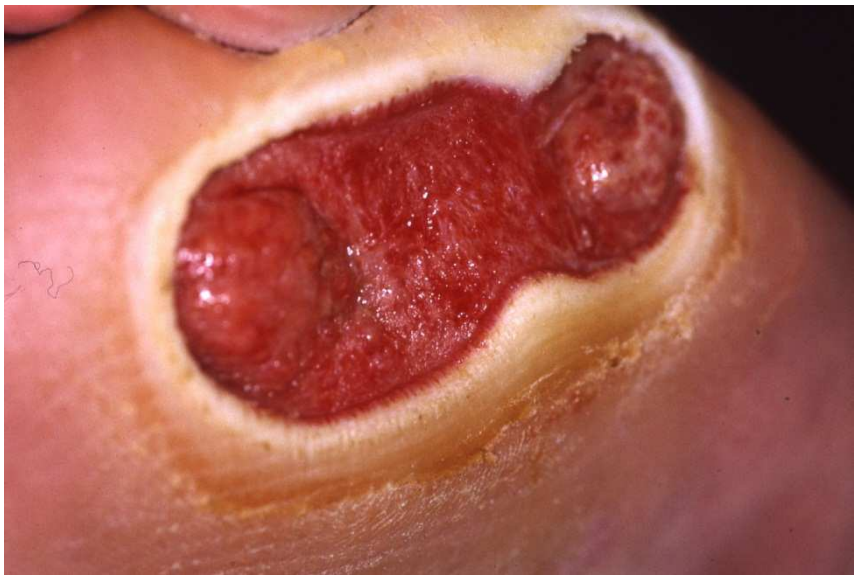


diabetic foot ulcer

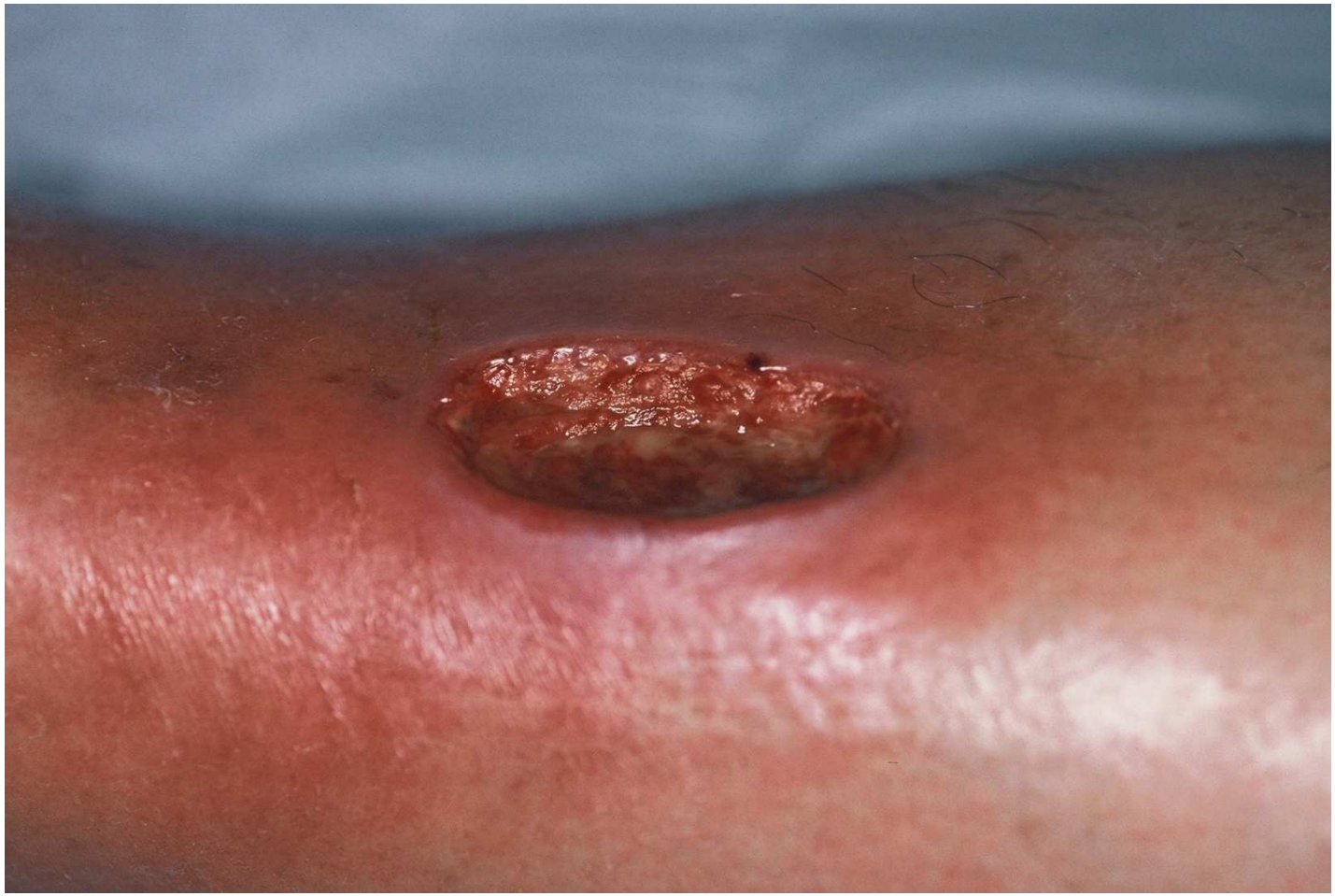
- neuropathy
- vascular



malignant leg ulcers

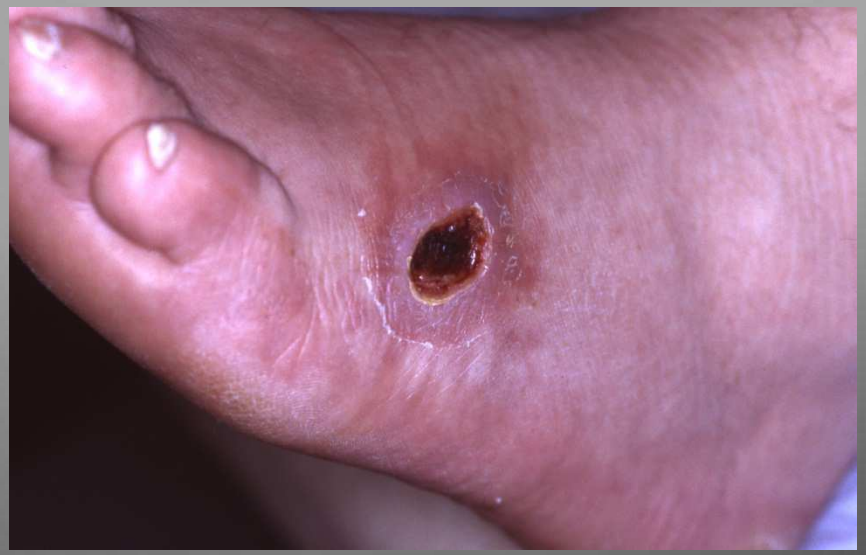
- basal cell carcinomas
- squamous cell carcinomas
- ulcer due to malignancy
- malignant change in a chronic ulcer
- beware atypical and non-healing ulcer

traumatic leg ulcer



traumatic leg ulcer

- injury
- human bites -
- co-amoxiclav



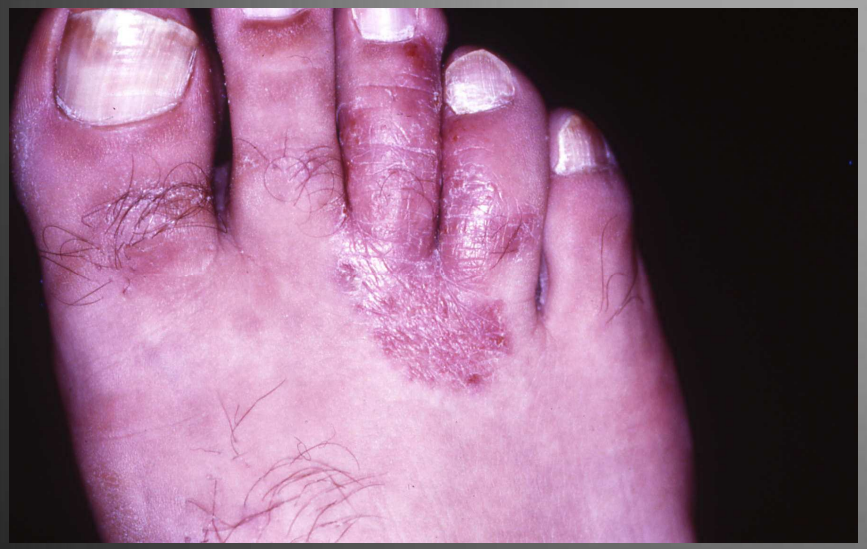
SIGN referral guidelines for venous ulcers

Patients who have the following features should be referred to the appropriate specialist at an early stage of management:

- ..suspicion of malignancy
- ..peripheral arterial disease *(ABPI <0.8)*
- ..diabetes mellitus
- ..rheumatoid arthritis/vasculitis
- ..atypical distribution of ulcers
- ..suspected contact dermatitis or dermatitis resistant to topical steroids
- ..non-healing ulcer

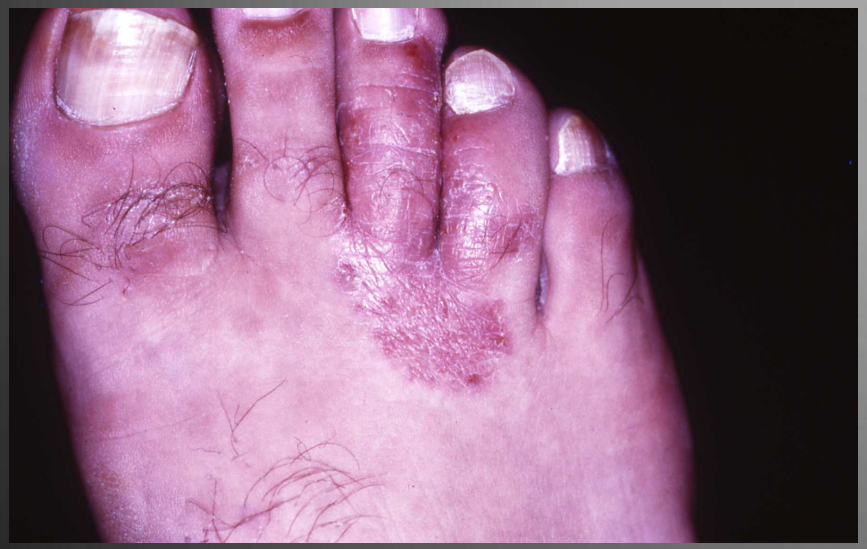
- George has an itchy scaly rash on his feet. He has tried various treatments, including nystatin cream without success. Please would you see and advise.

the rash is due to?



1. atopic eczema
2. juvenile plantar dermatosis
3. pitted keratolysis
4. psoriasis
5. tinea pedis

the rash is due to?



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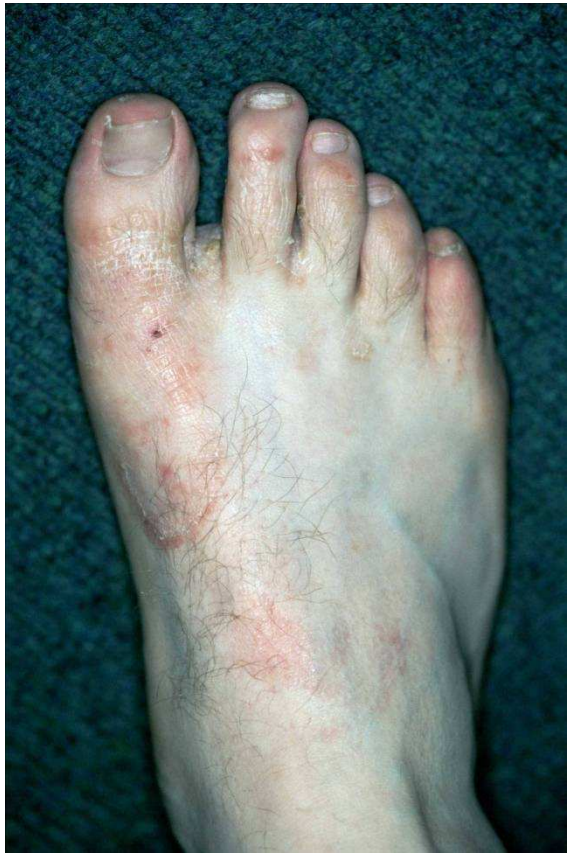
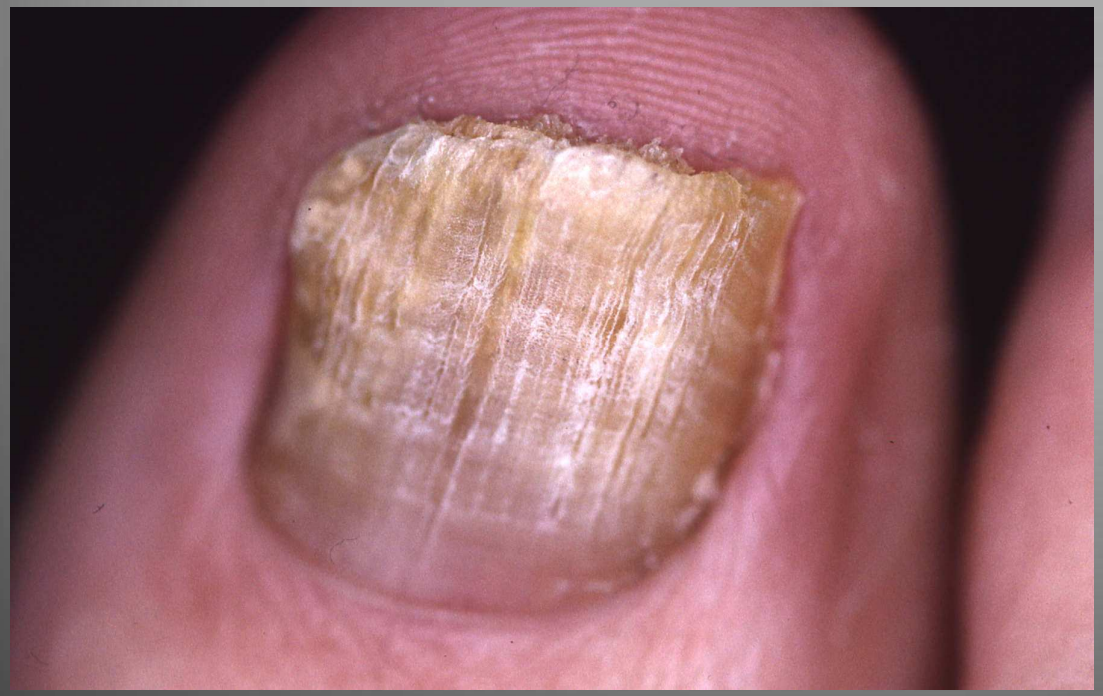
tinea pedis

- dermatophyte infection
- itchy dry scaly rash
- clotrimazole, miconazole , or terbinafine
- can involve nails & other sites

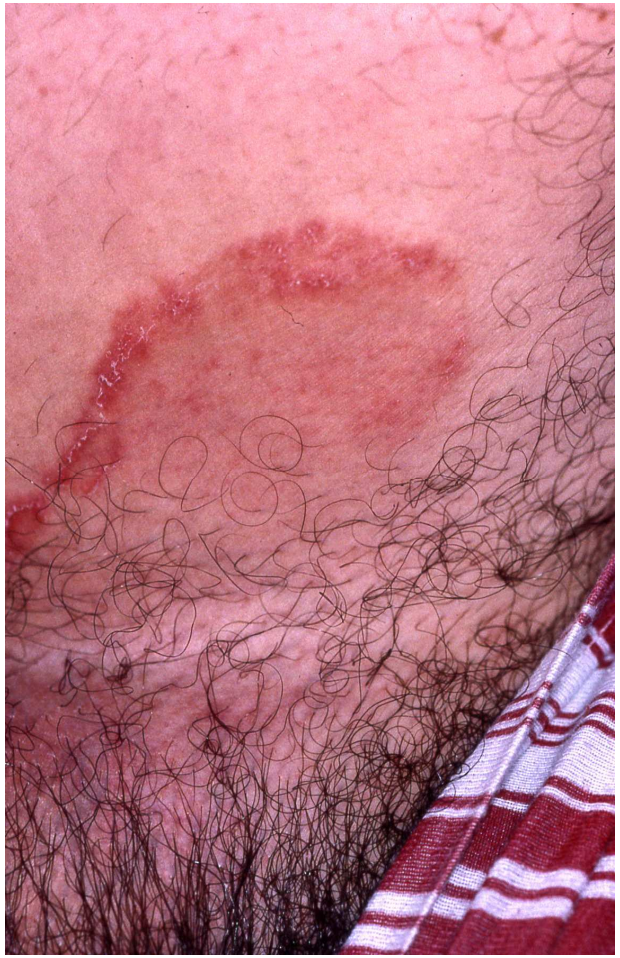


tinea nails

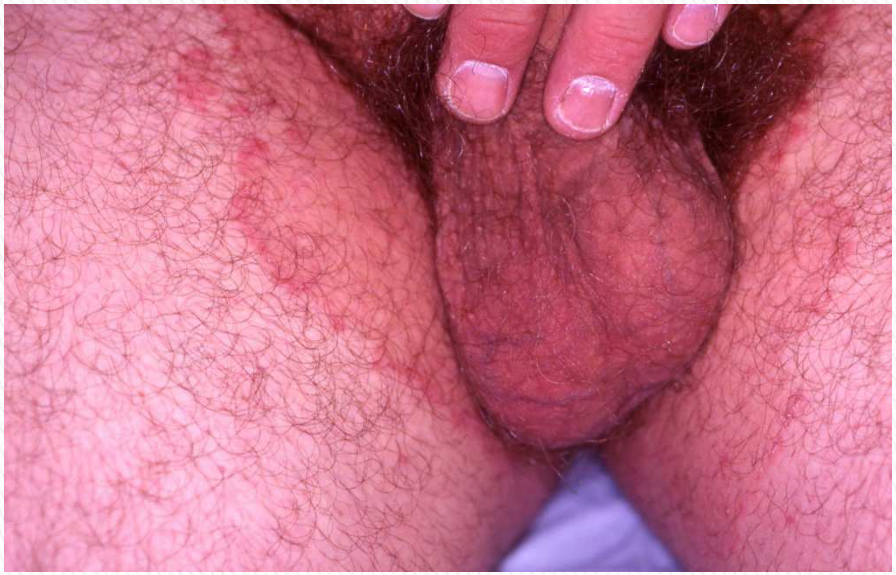


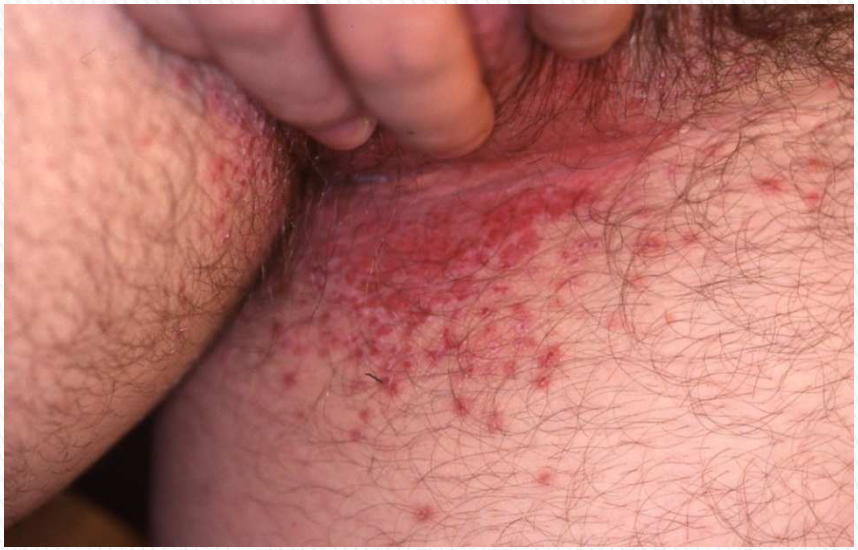
tinea groin

- males>females
- itchy scaly rash
- raised edge
- scrotal sparing



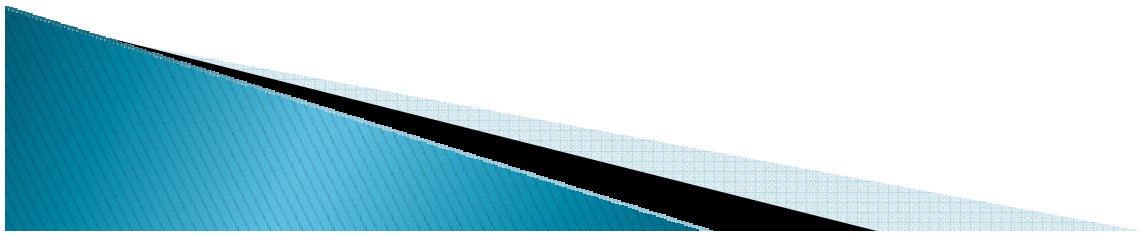
tinea



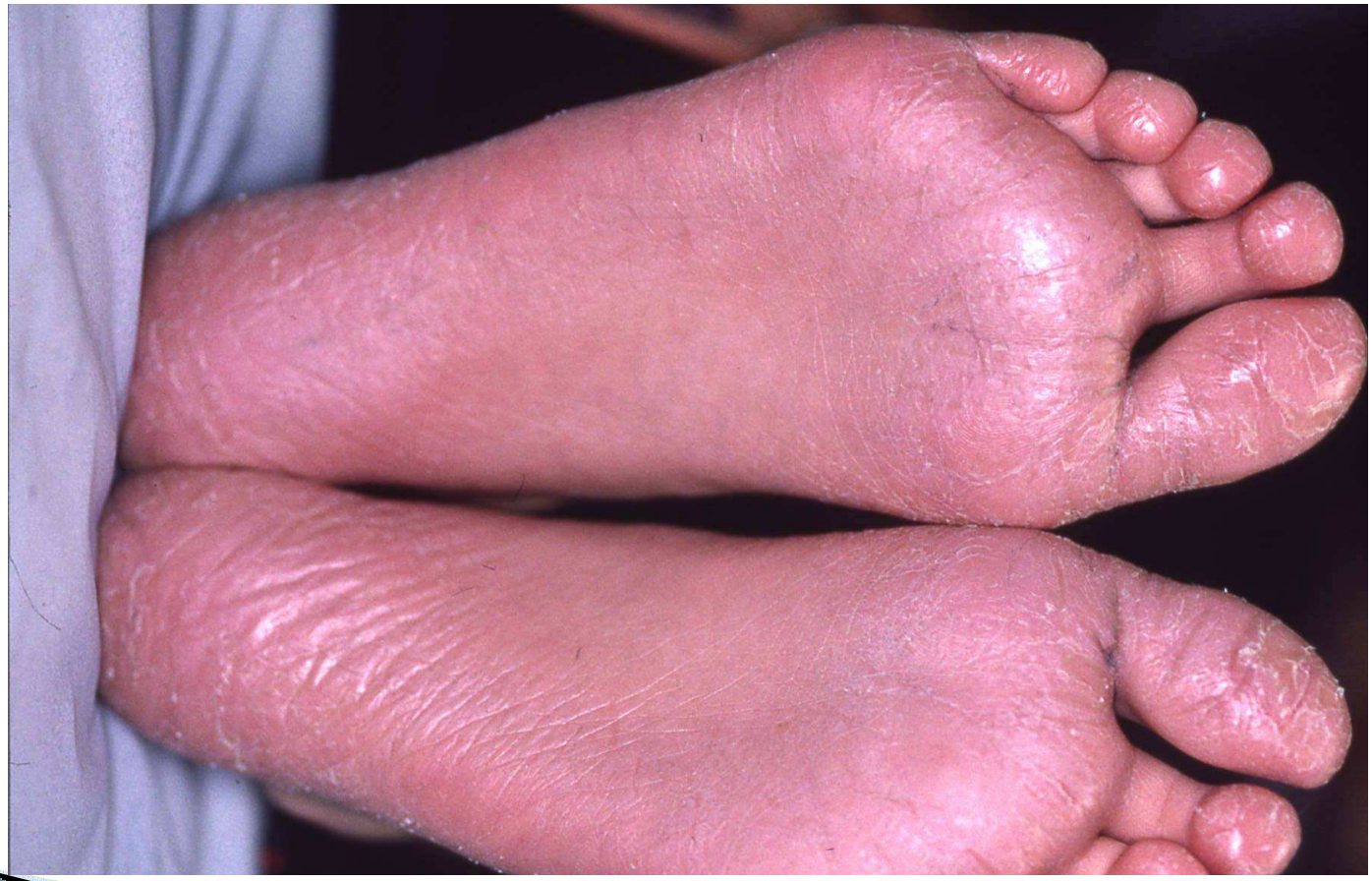


candida

Please could you see this young chap with an itchy rash on his feet. On examination the skin is shiny and has developed painful fissures. It is not responding to Nystaform® HC cream. Please see and do the necessary.



On examination!



the rash is?

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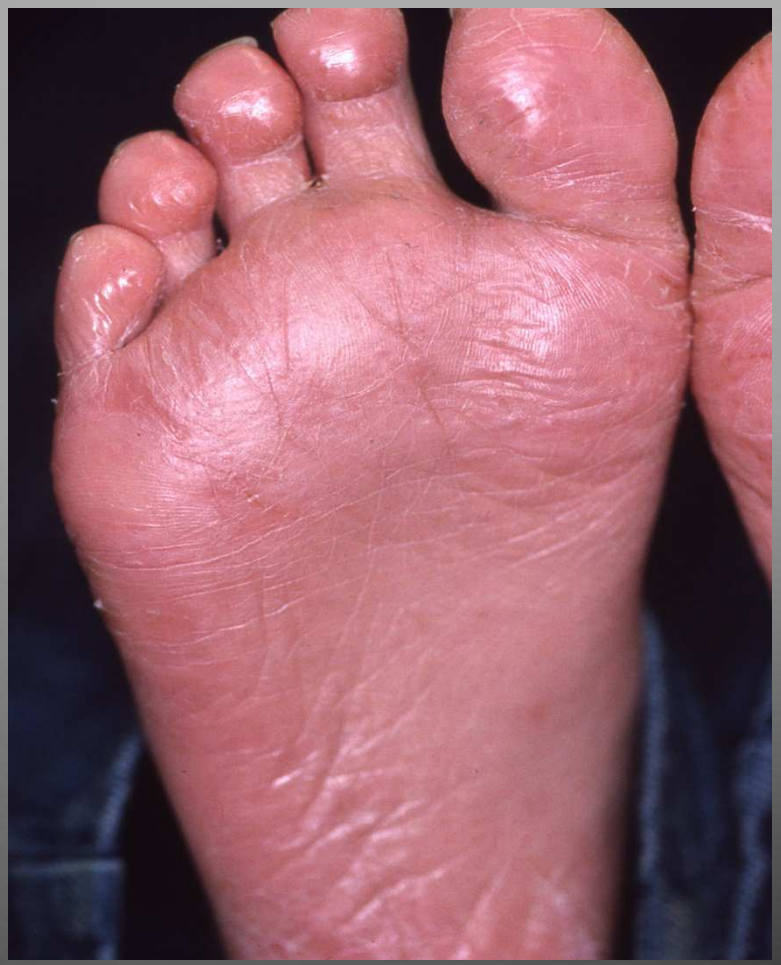
2. juvenile plantar dermatosis
3. pitted keratolysis
4. psoriasis
5. tinea pedis



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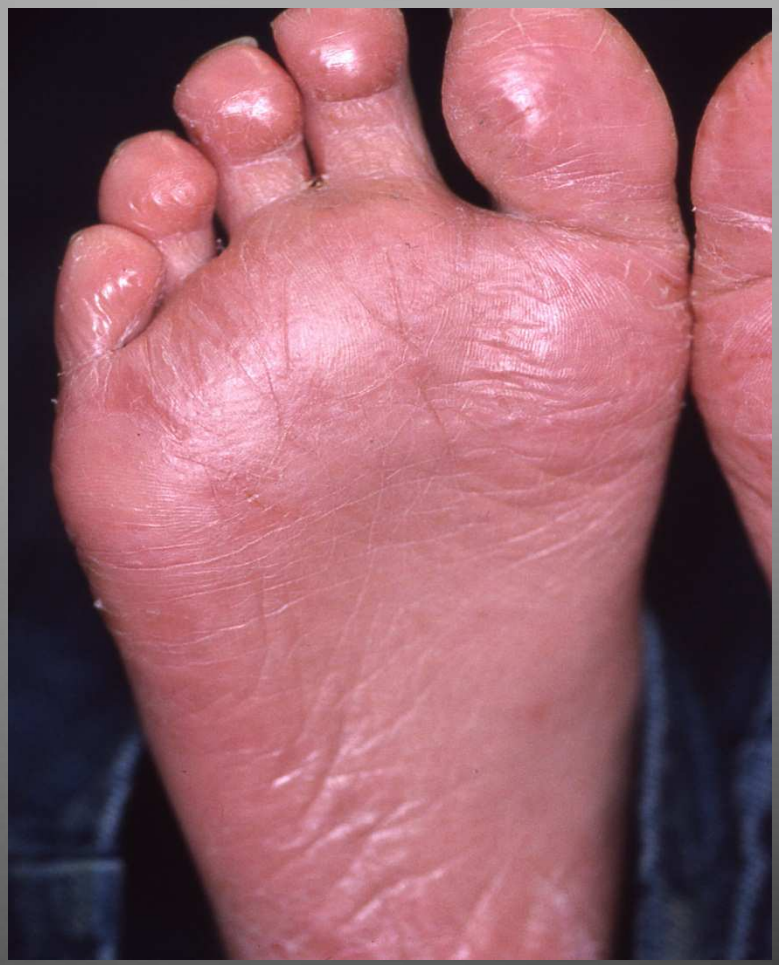
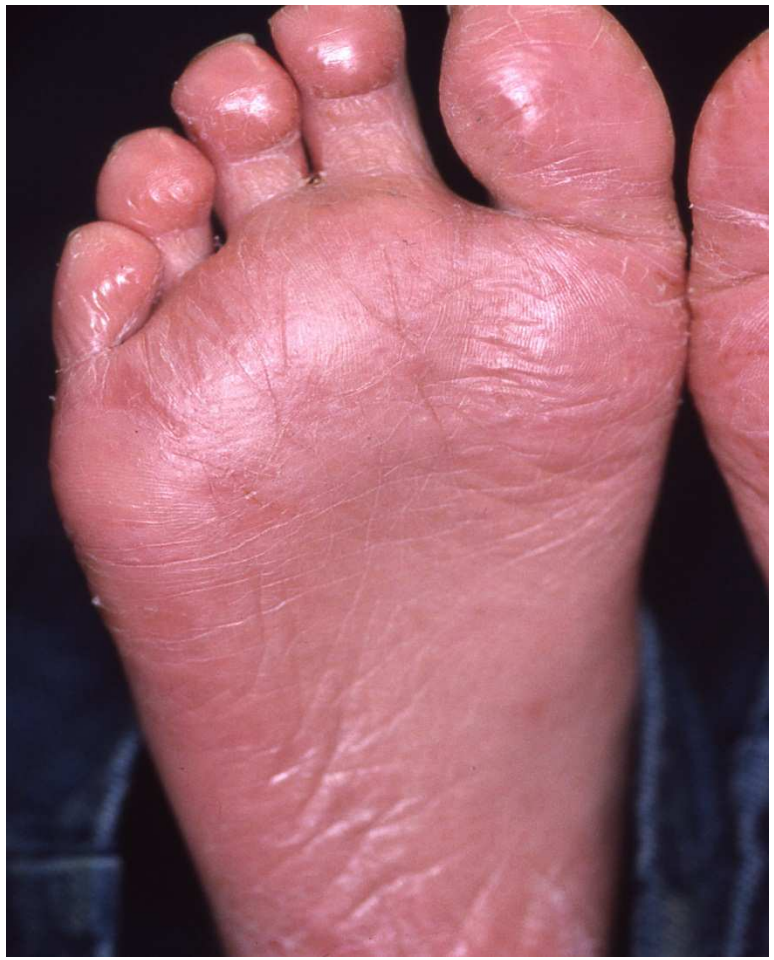


juvenile plantar dermatosis

- atopic children
- boys>girls
- shoes
- emollients

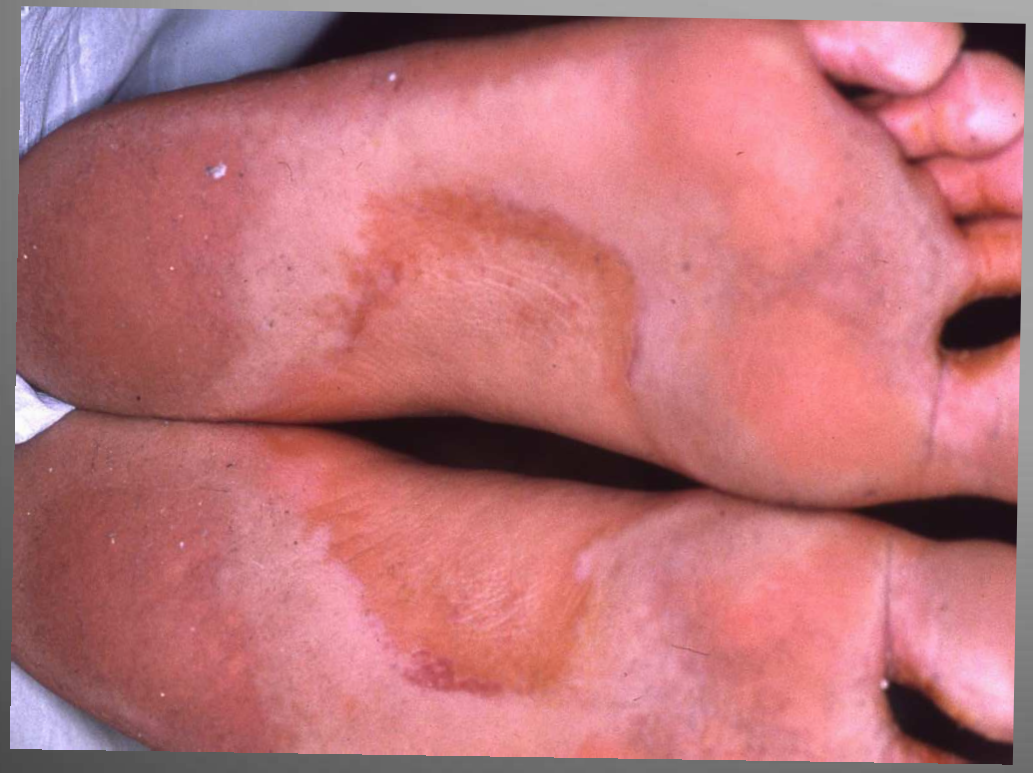


Dear Freddy,

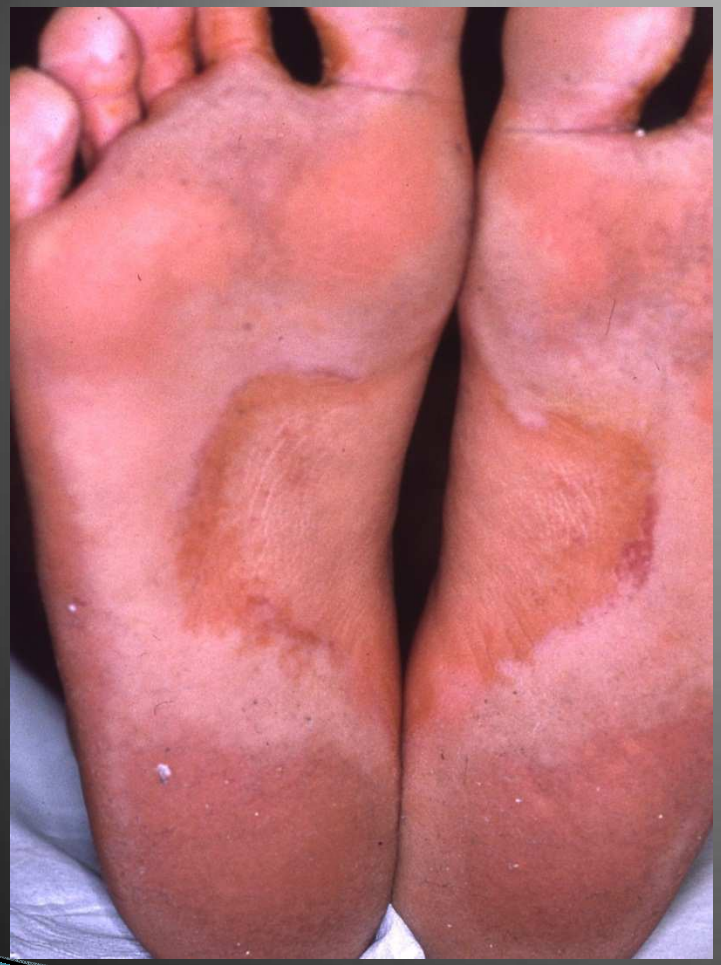
Please could you see this young chap with an itchy rash on his feet. There is a strong odour from the feet. It has not responded to either Canesten® cream or Betnovate® ointment. I am not sure what it is, please see and advise,

…….

on examination



the rash is?



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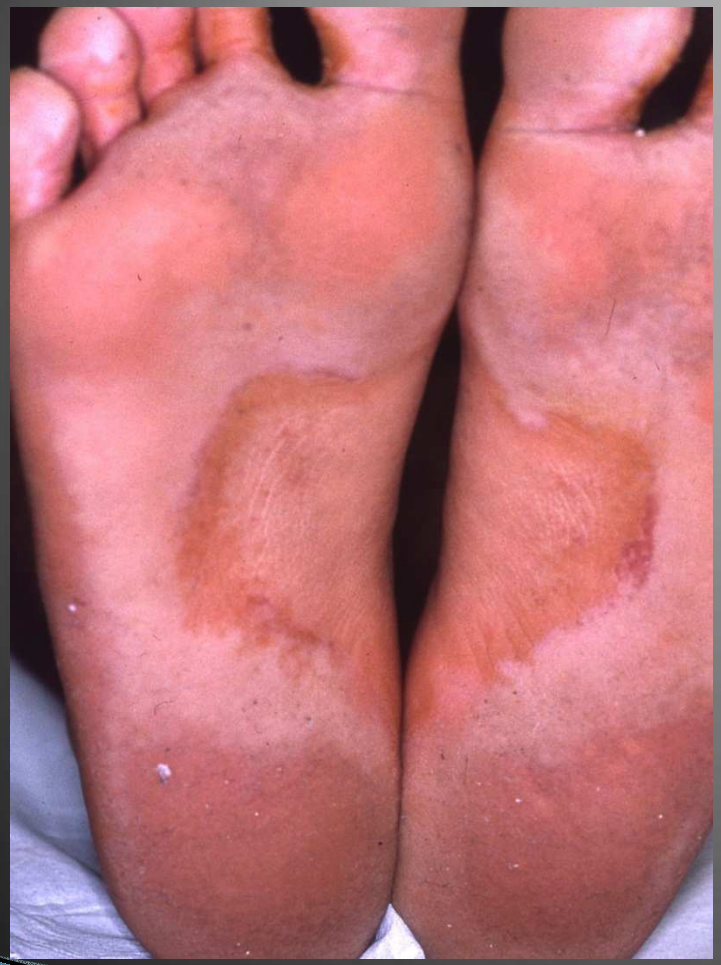

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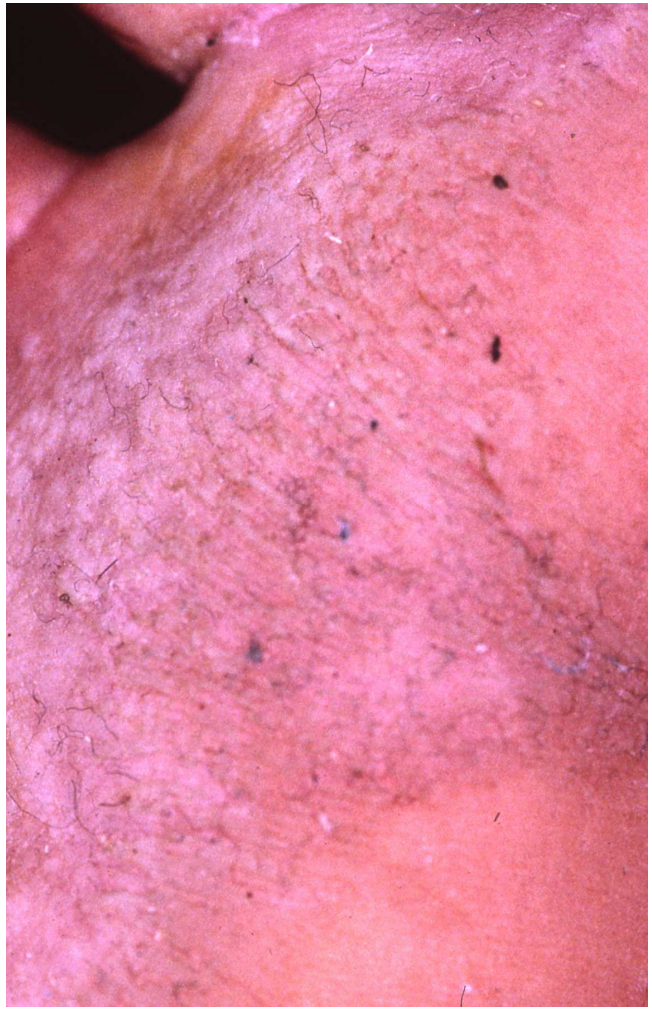
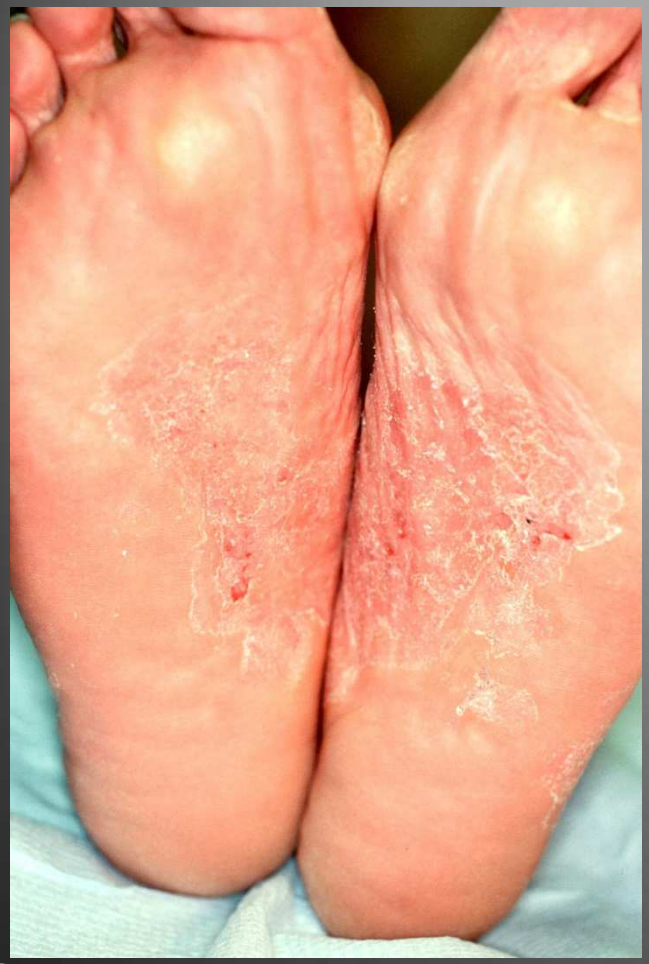
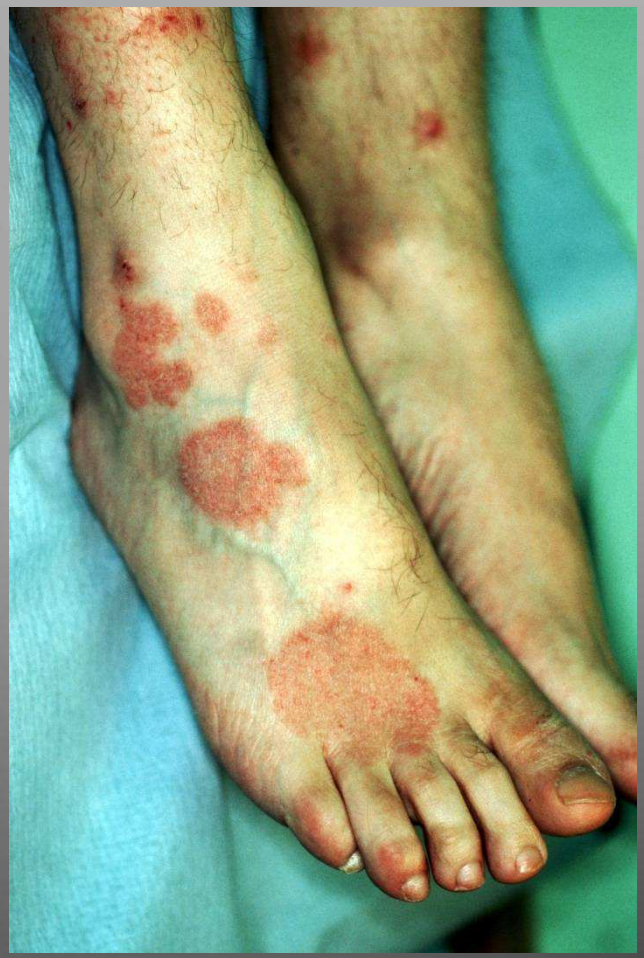
pitted keratolysis

- bacterial infection
- hyperhidrosis
- odour
- improve hygiene
- fusidic acid cream
- oral erythromycin

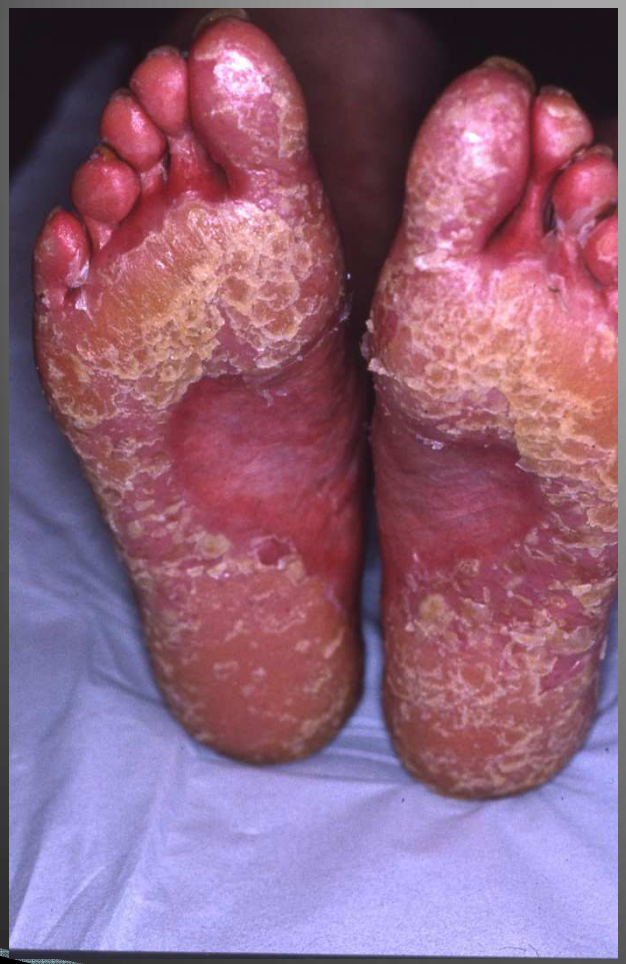


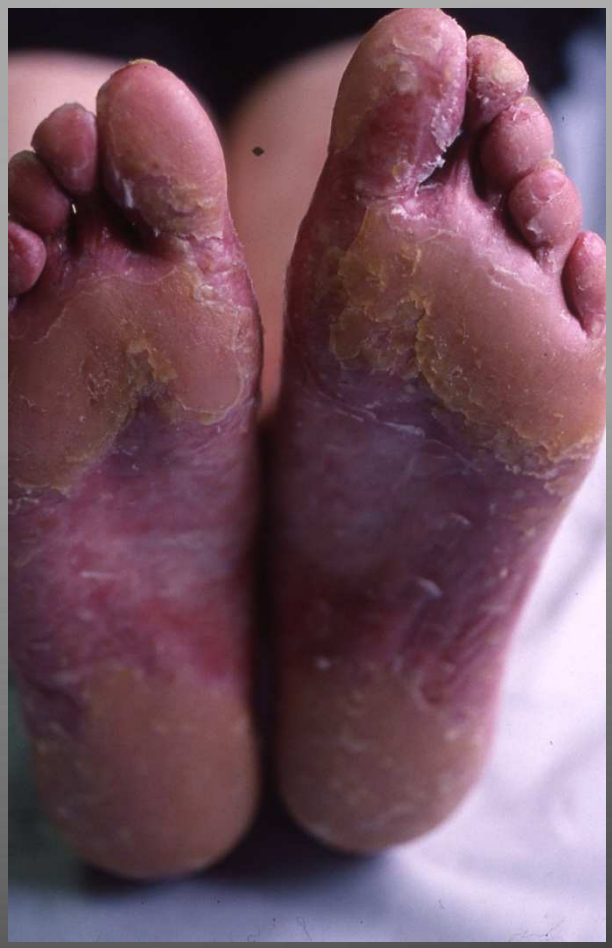
psoriasis of the feet



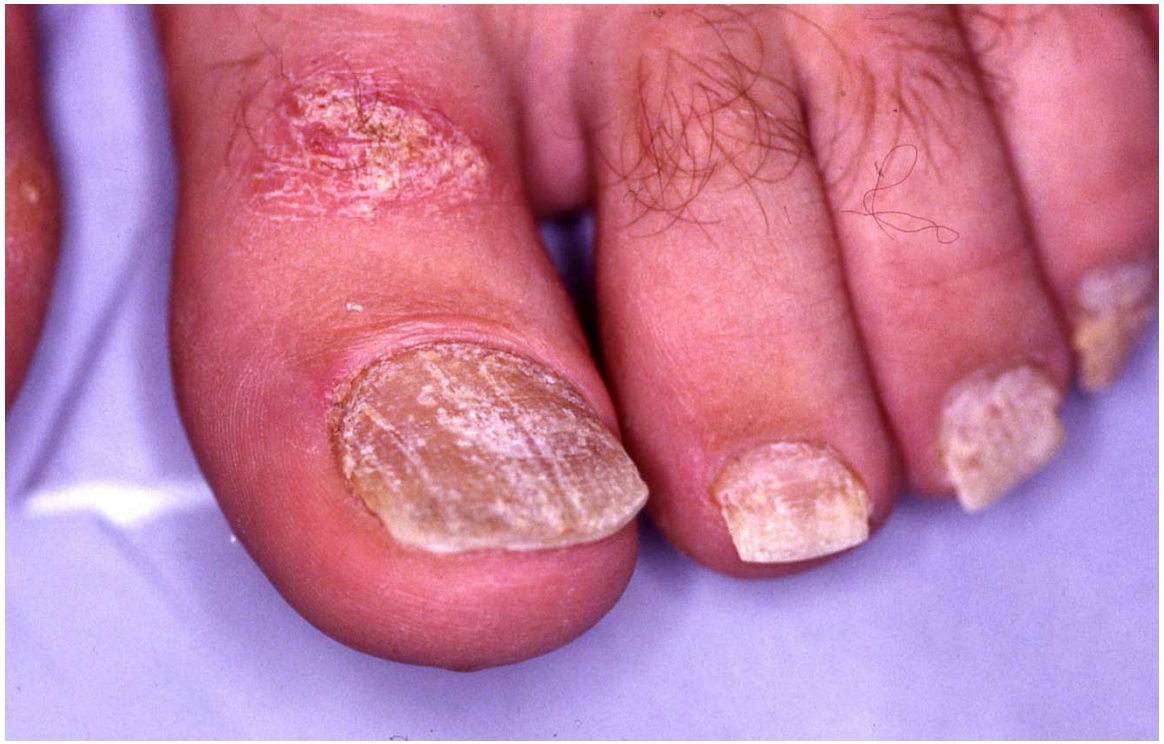


pustular psoriasis of the feet



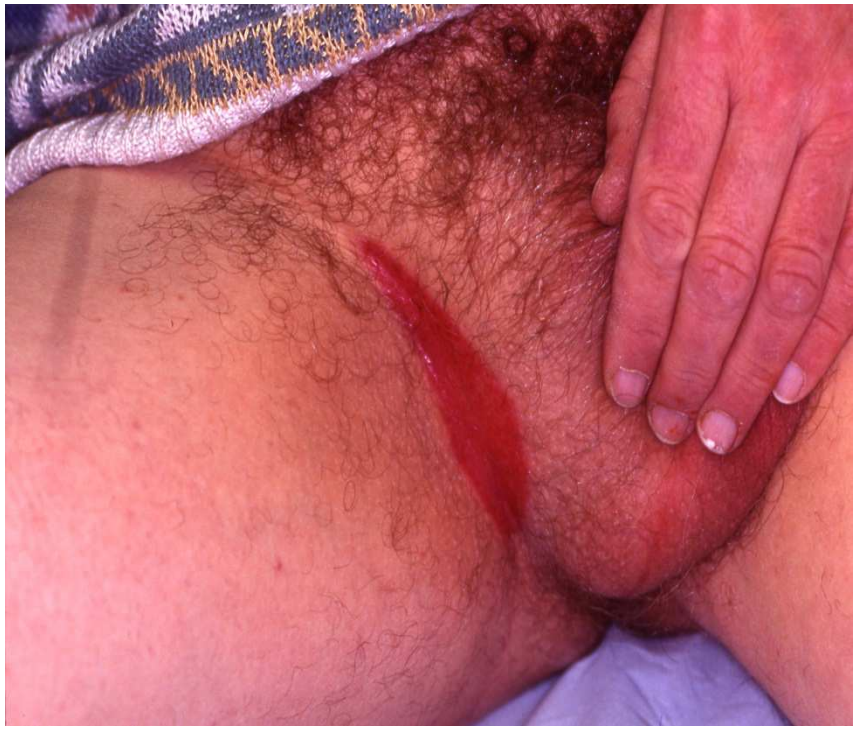


psoriatic nails

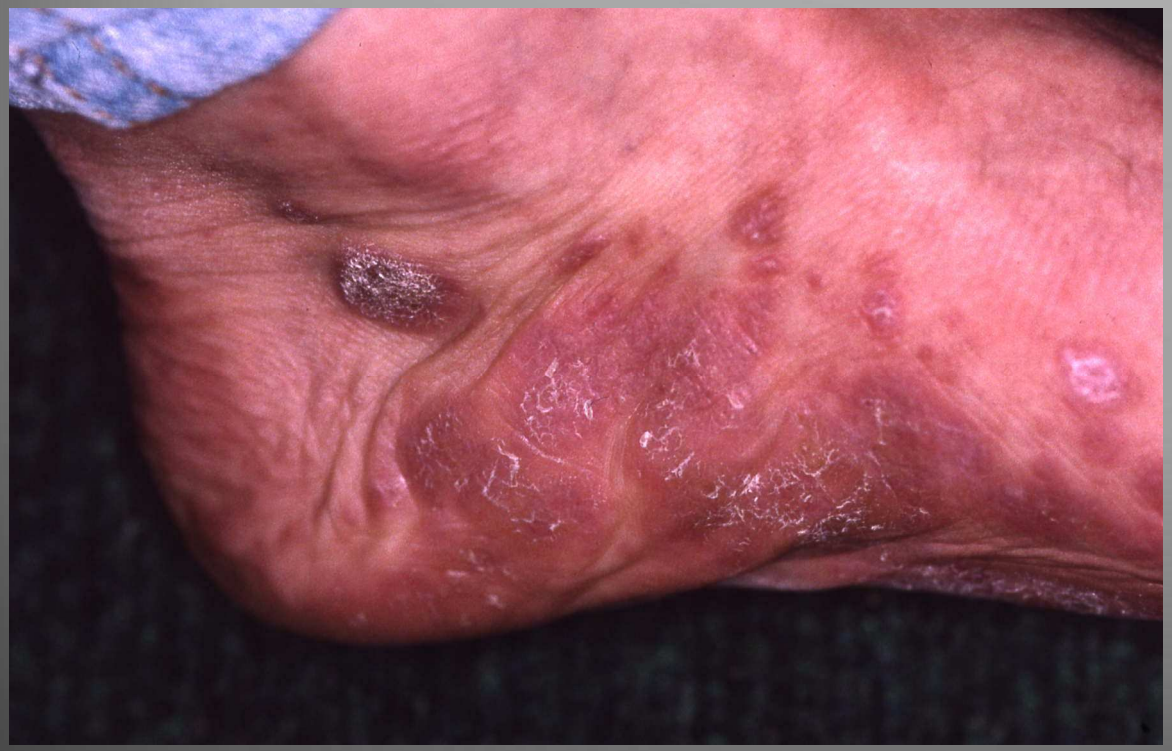


psoriasis in the flexures

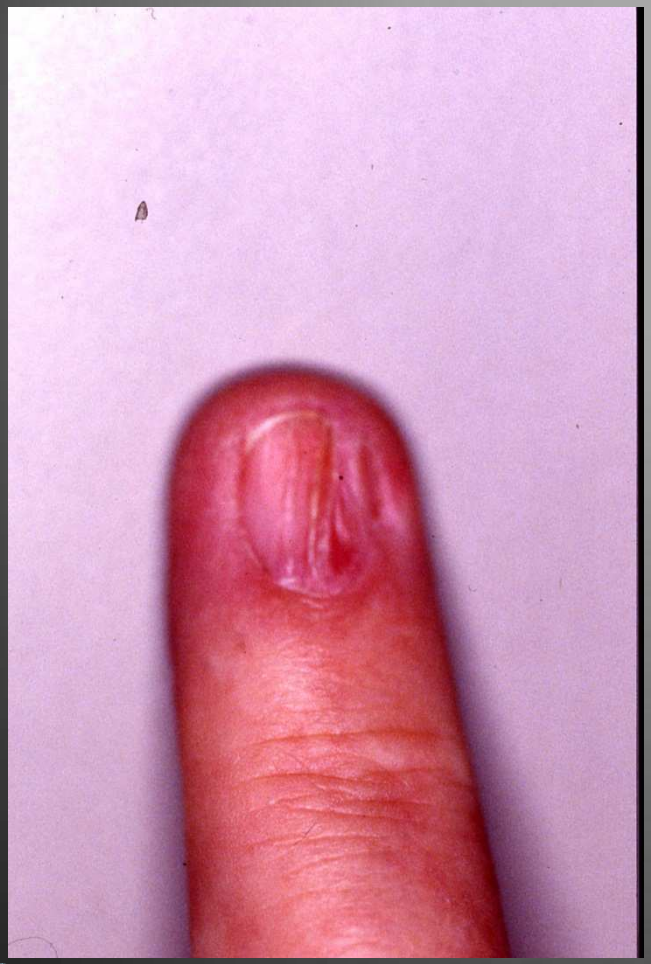
- well defined edge
- erythema
- less scale

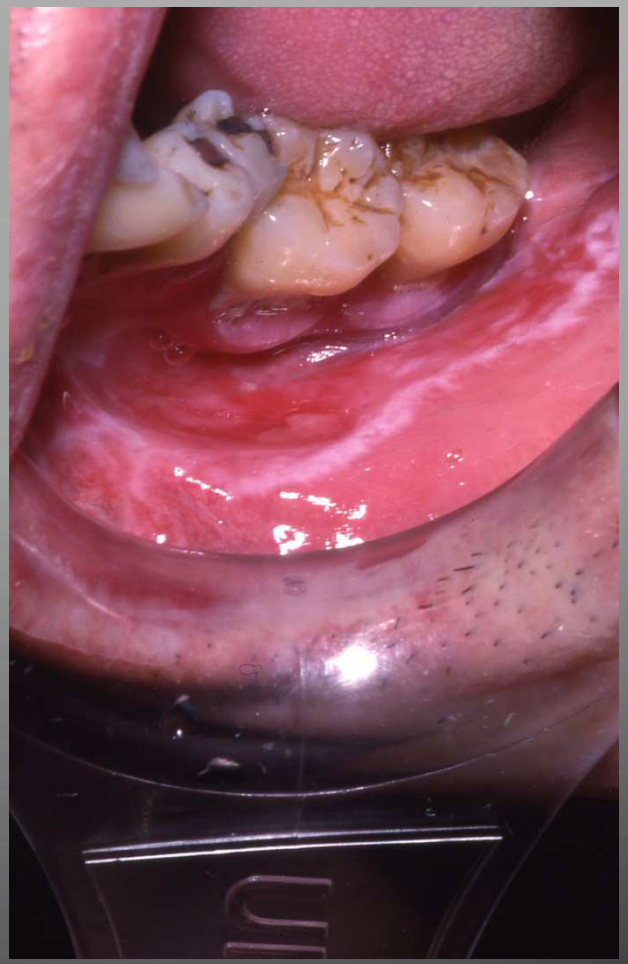


lichen planus on the foot

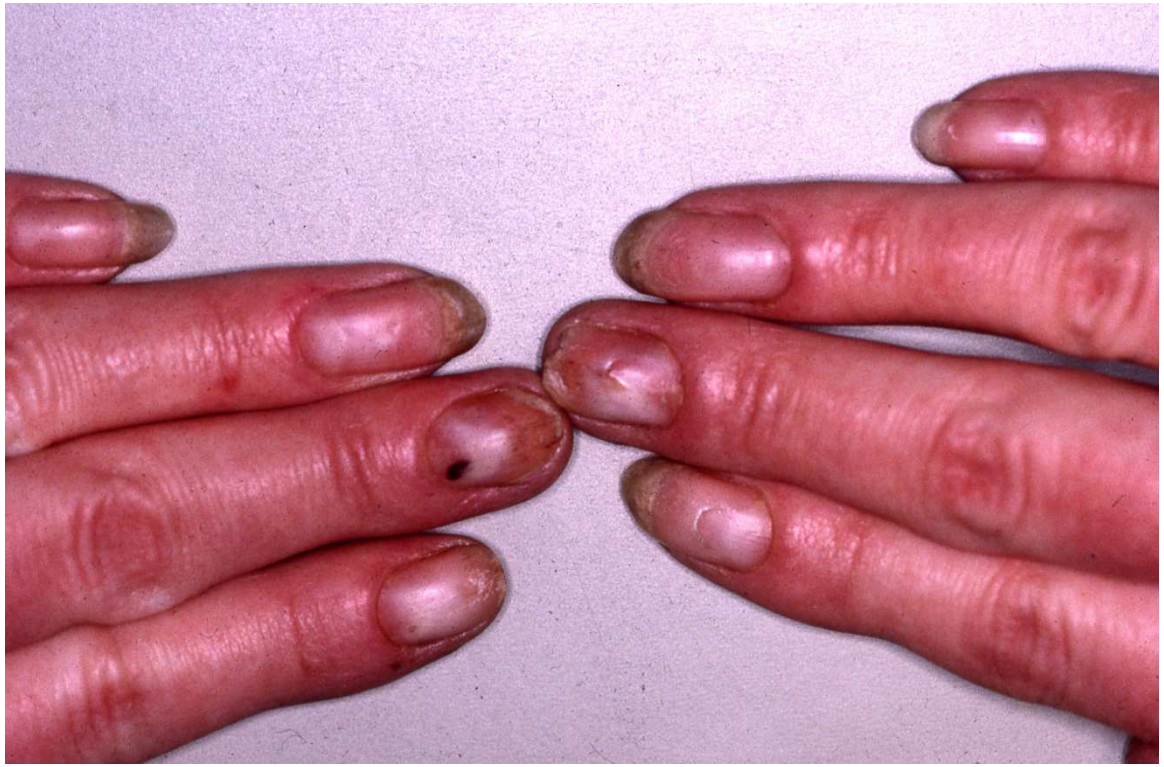


nail and mouth

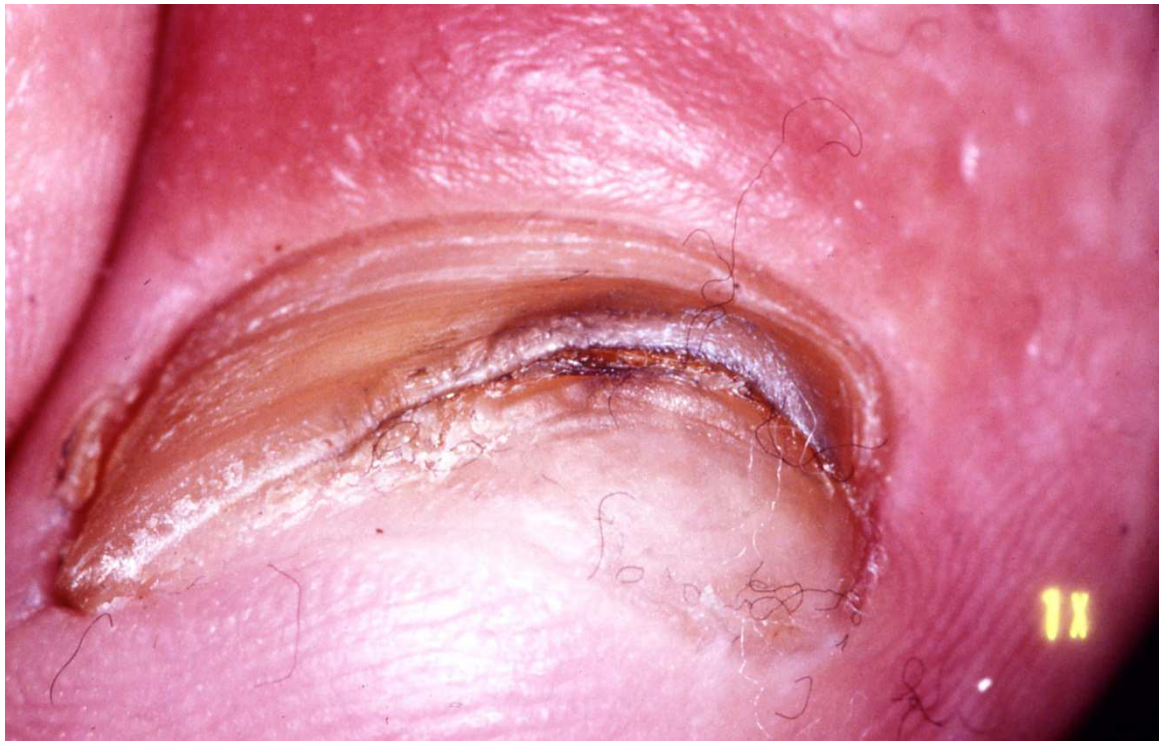




Beau's lines

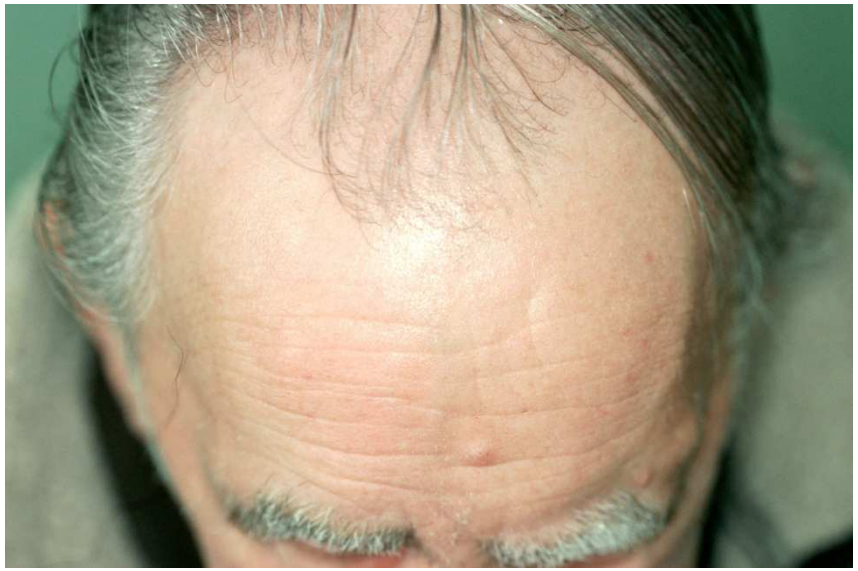


bony exostosis

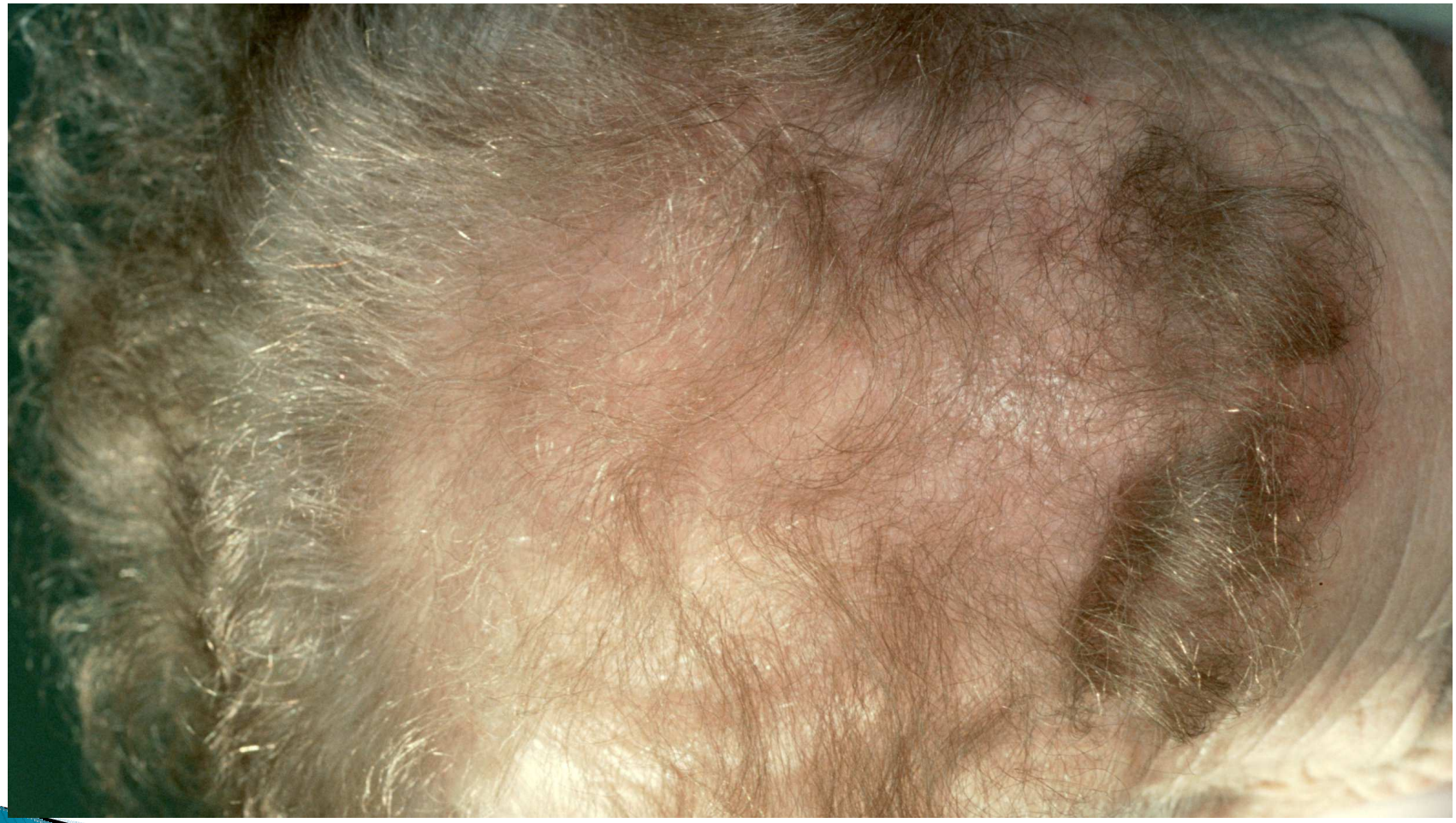


male pattern alopecia

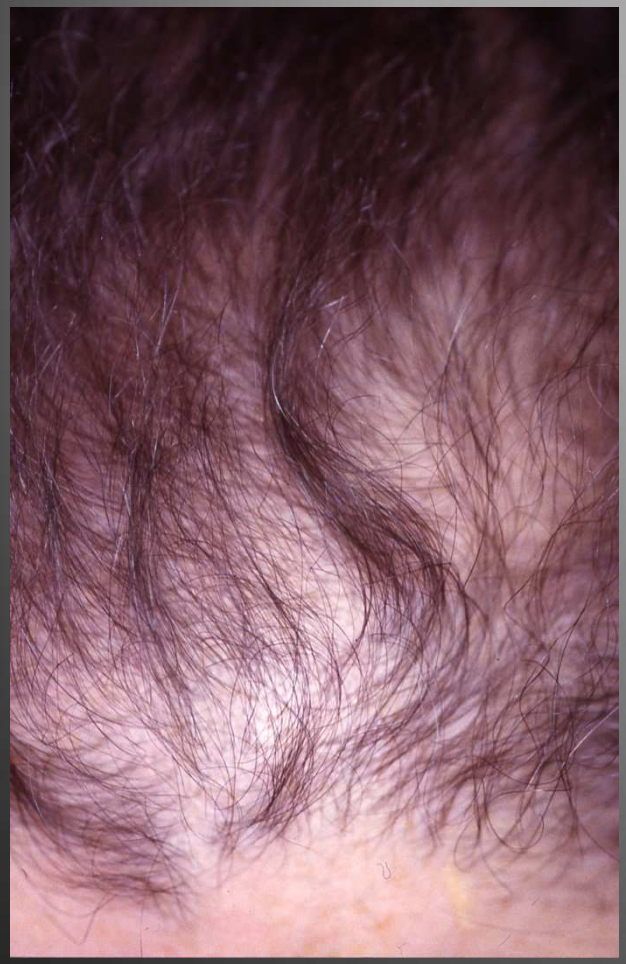
- minoxidil 2%
- minoxidil 5%
- finasteride 1mg



female pattern alopecia



diffuse alopecia



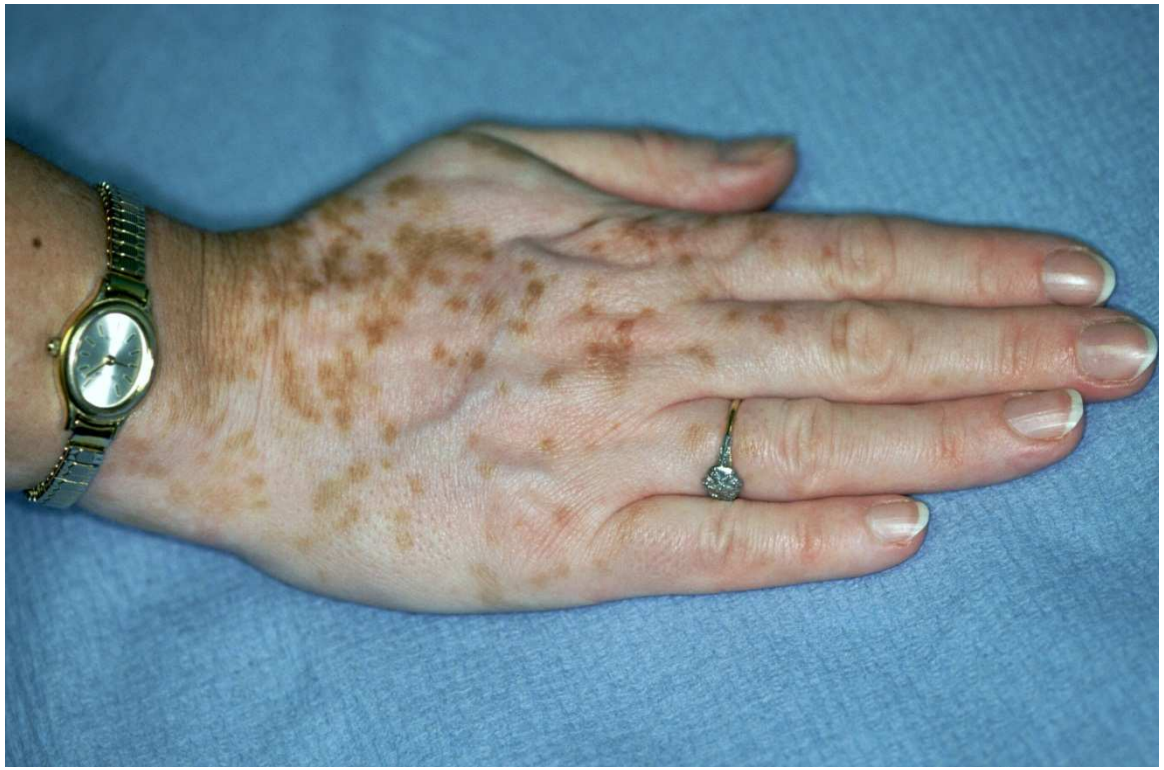
- TFT
- FBC
- ferritin

- medication
- pregnancy
- SLE
- syphilis

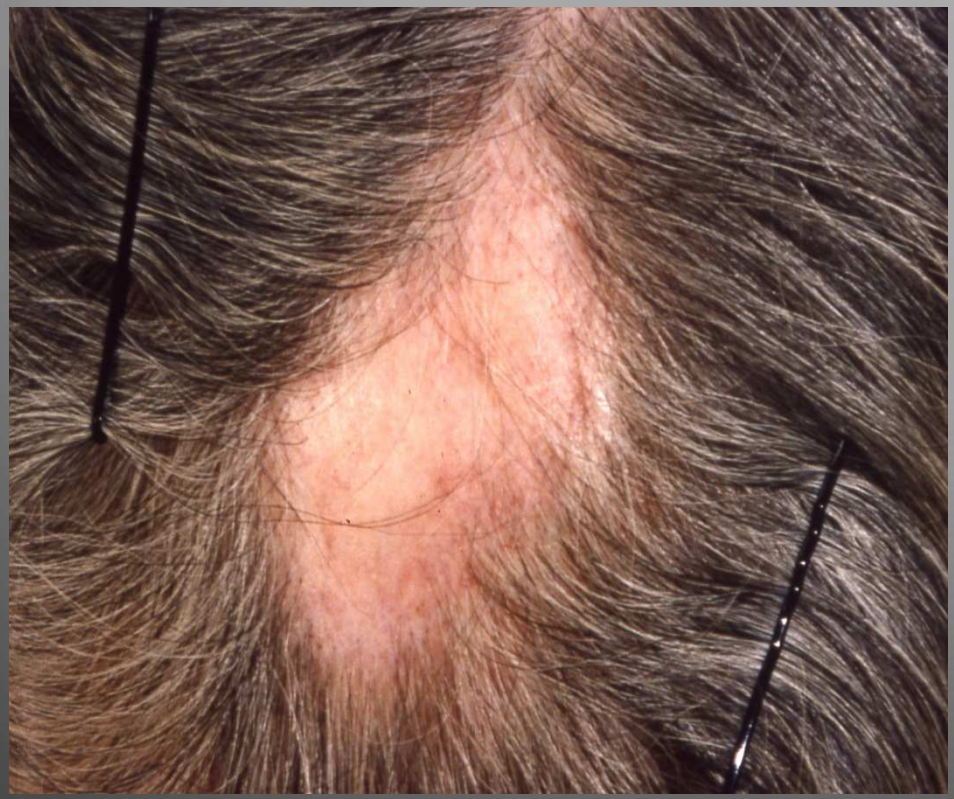
alopecia areata

- ! hairs
- autoimmune disease
- leave alone
- topical steroids

vitiligo



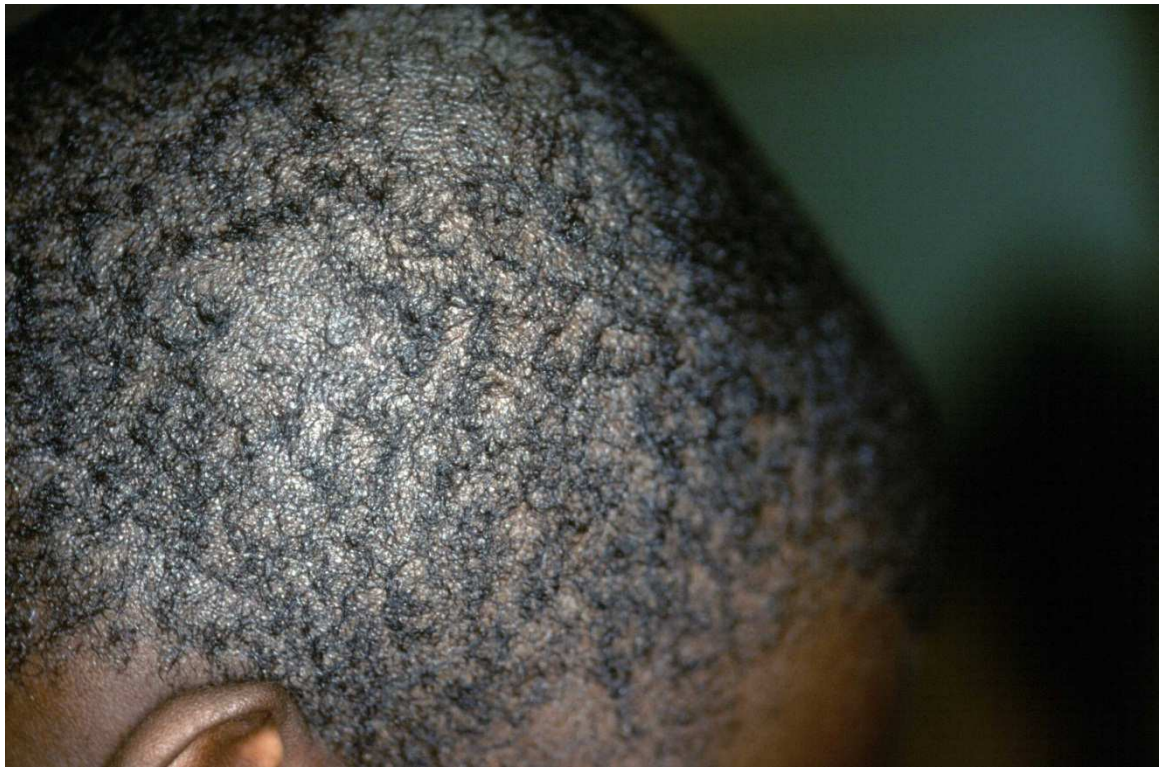
lichen planus



scarring alopecia

- discoid lupus erythematosis
- lichen planus
- morphea
- pseudopalde of Brocq
- infection

fungal scalp disease



scalp ringworm should be treated with?

1. a topical antifungal
2. an oral antifungal

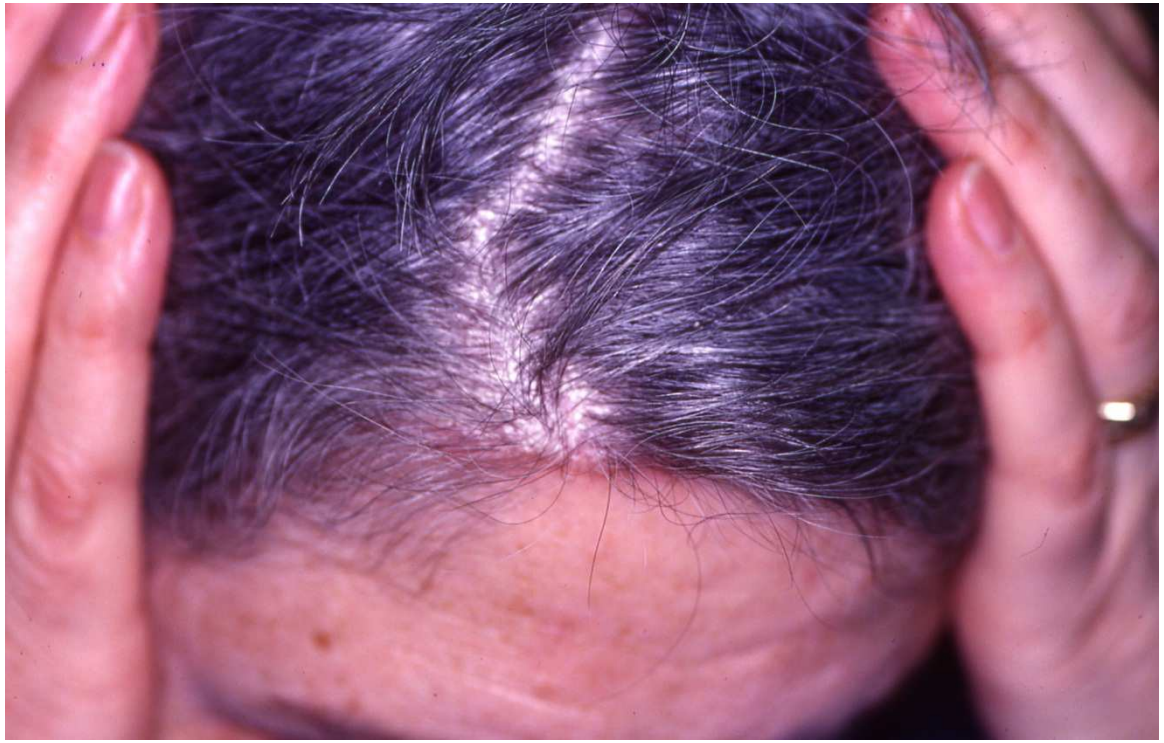
scalp ringworm should e treated with?

1. a topical antifungal
2. an oral antifungal

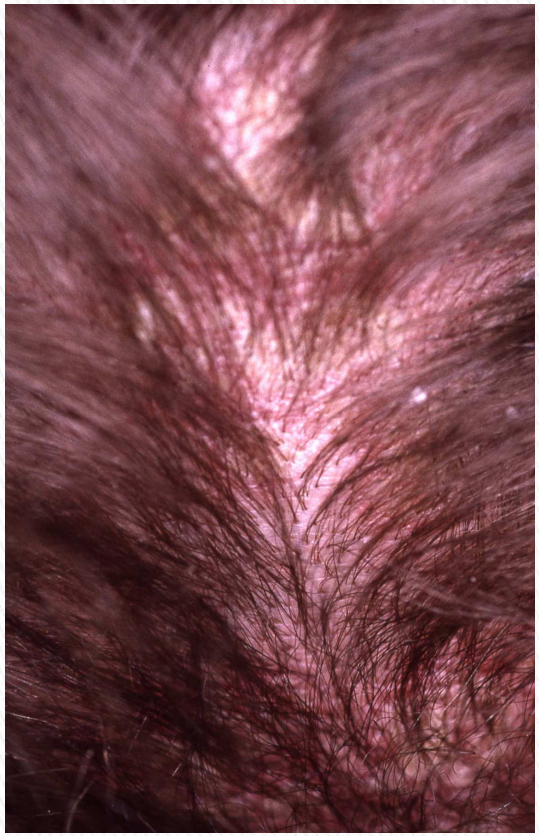
treatment of tinea capitis

- *tinea capitis* is treated systemically
- topical application of an antifungal may reduce transmission
-
- **Griseofulvin -** tinea capitis in adults and children; effective against *Trichophyton tonsurans & Microsporum* spp.
- **terbinafine** - *T. tonsurans* [unlicensed indication, role in management of *Microsporum* infections is uncertain

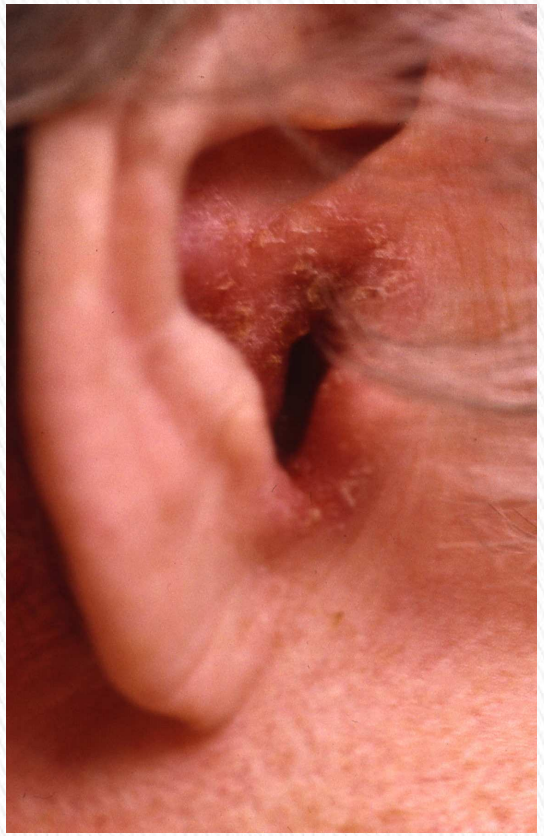
scalp psoriasis



seborrhoeic dermatitis

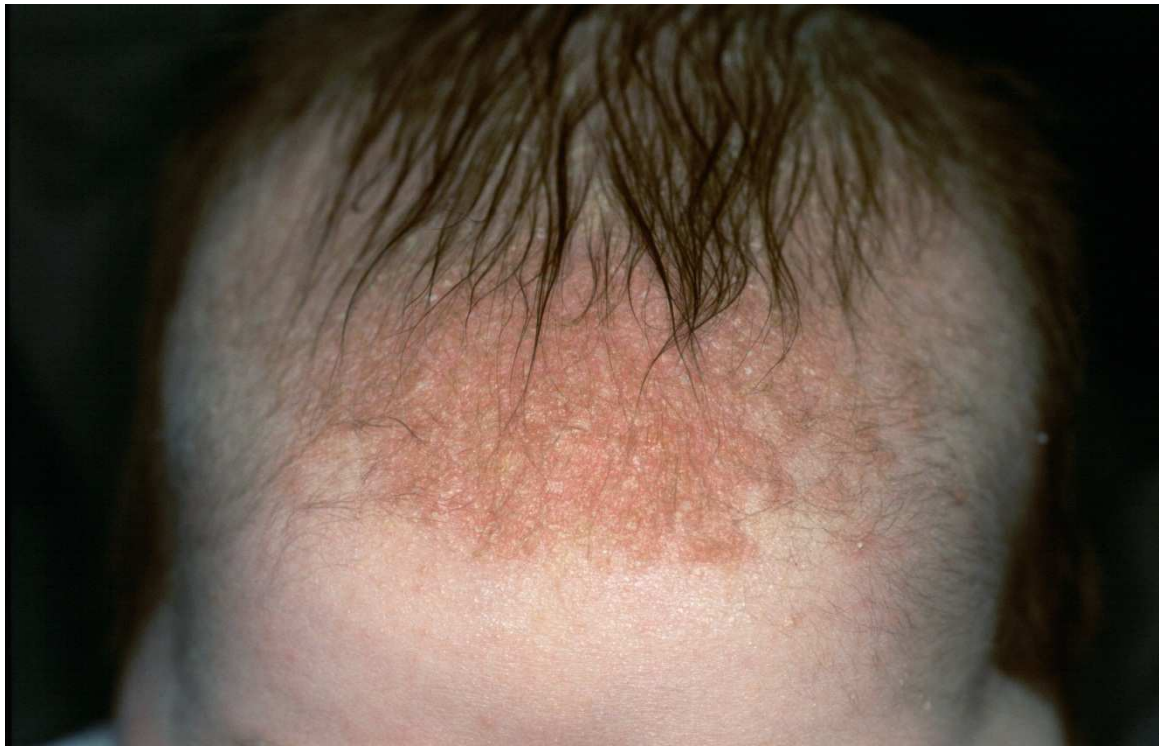


scalp

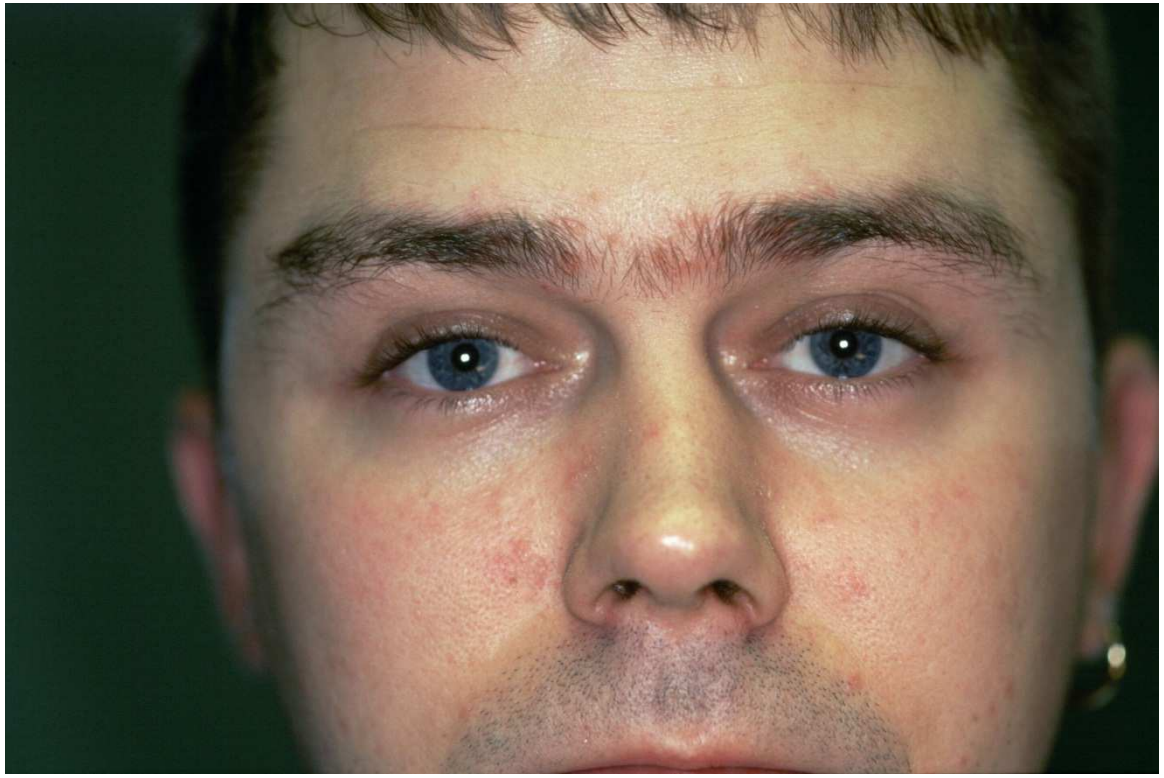


ear

infantile seborrhoeic dermatitis

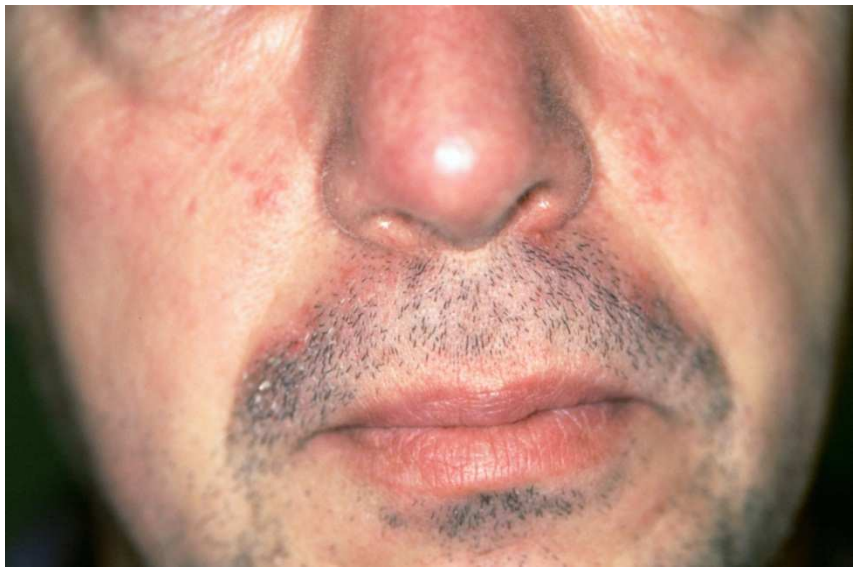


adult seborrhoeic dermatitis

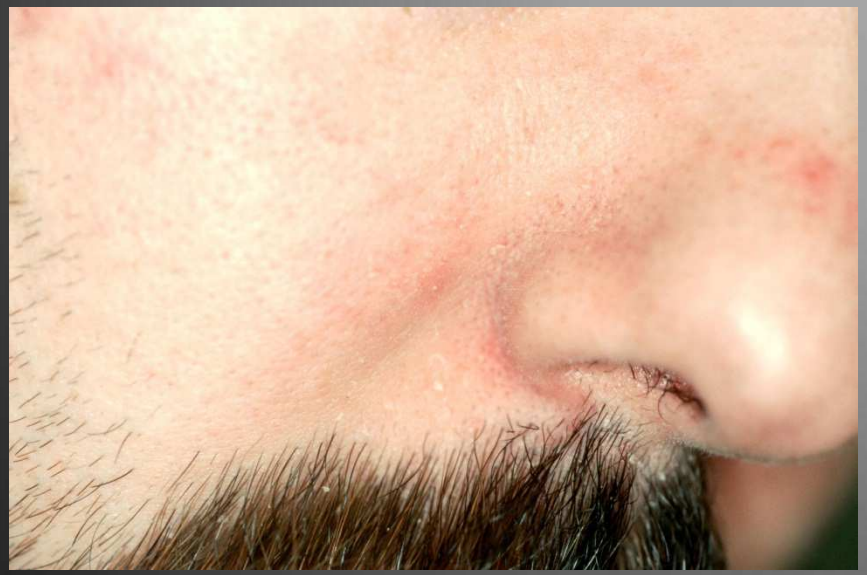


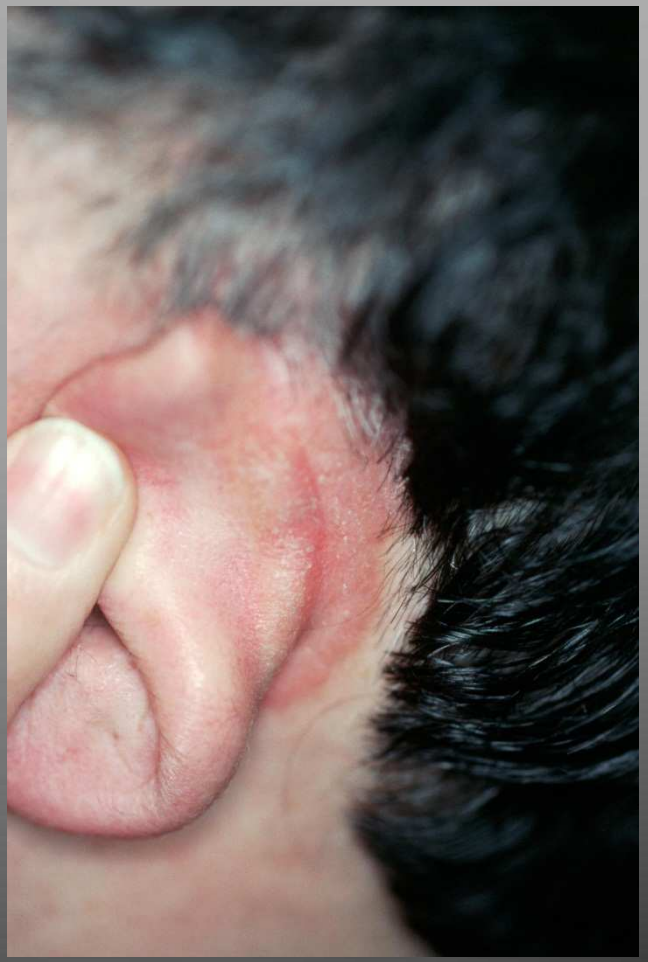
seborrhoeic dermatitis

- ketoconazole cream
- 1 % hydrocortisone cream
- miconazole 1% HC

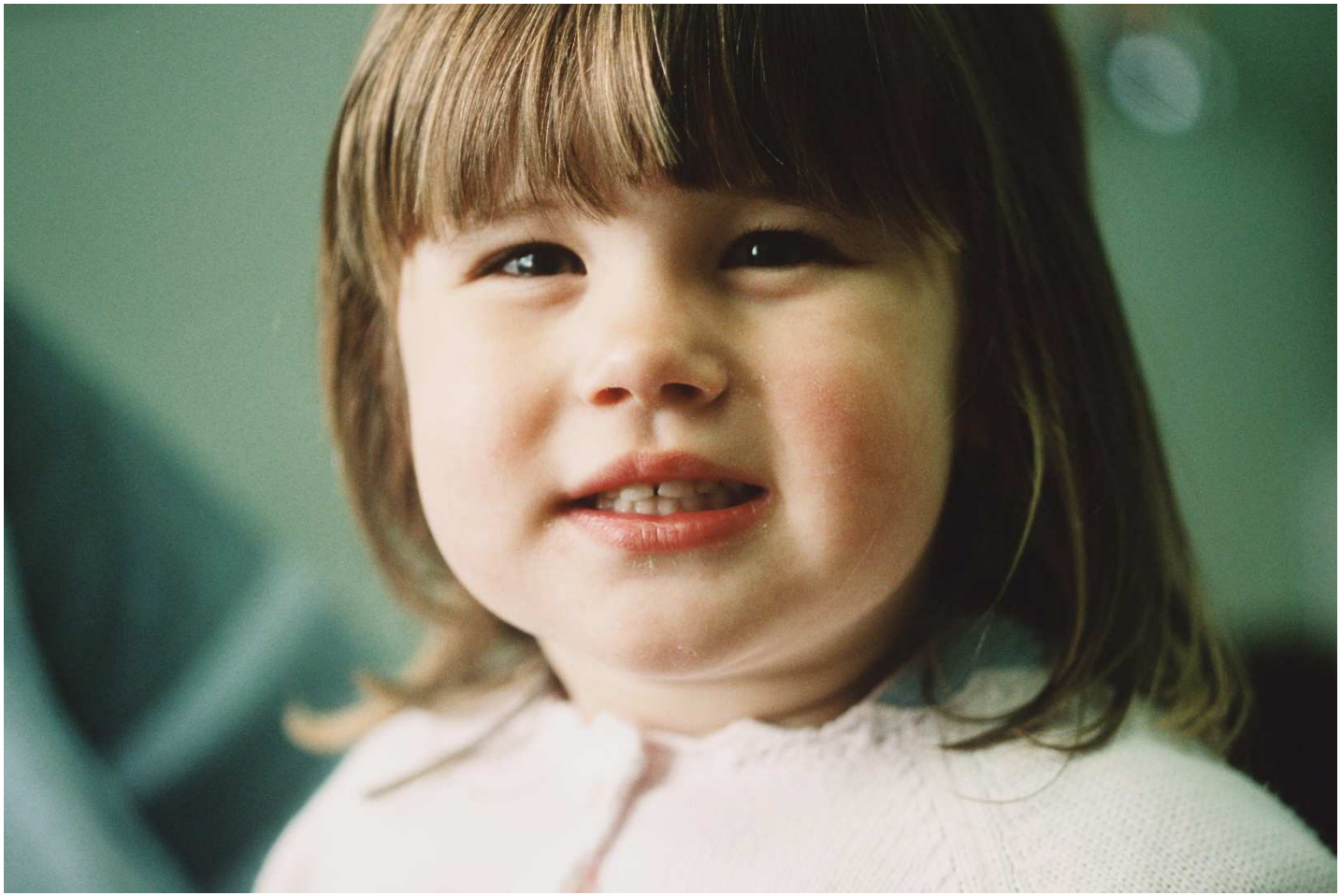


sebo psoriasis





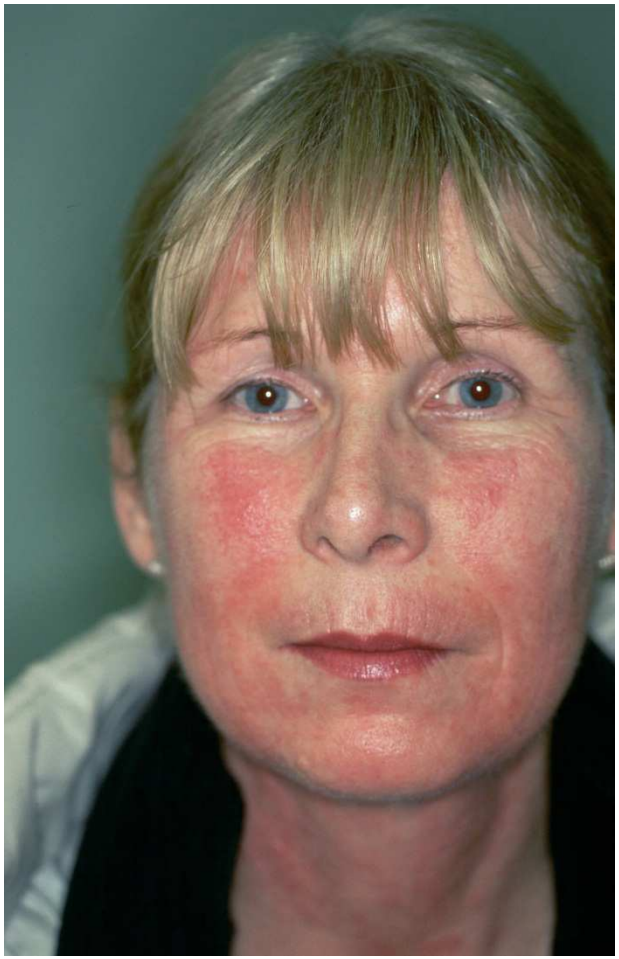
atopic eczema



Please could you see Yvonne. This 46 year old lady has developed an itchy red scaly rash on her face. Her scalp is normal but she does have some eczema on her hands. She has a past history of atopic eczema and hay fever.

She works as a domestic at a local clinic. There has been no change in her duties and she is using the same cosmetics and toiletries.

the rash



the diagnosis is?

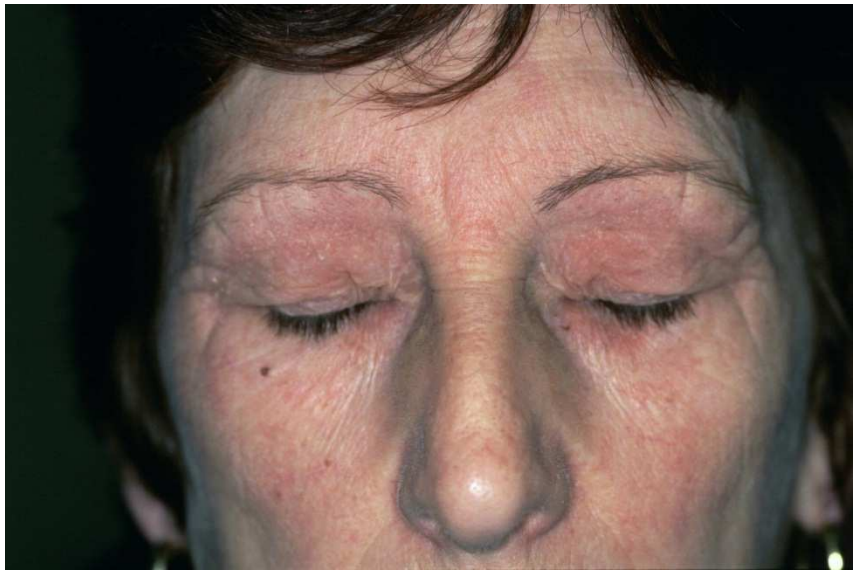
1. atopic eczema
2. contact allergic eczema
3. contact irritant eczema
4. seborrhoeic eczema

the diagnosis is?

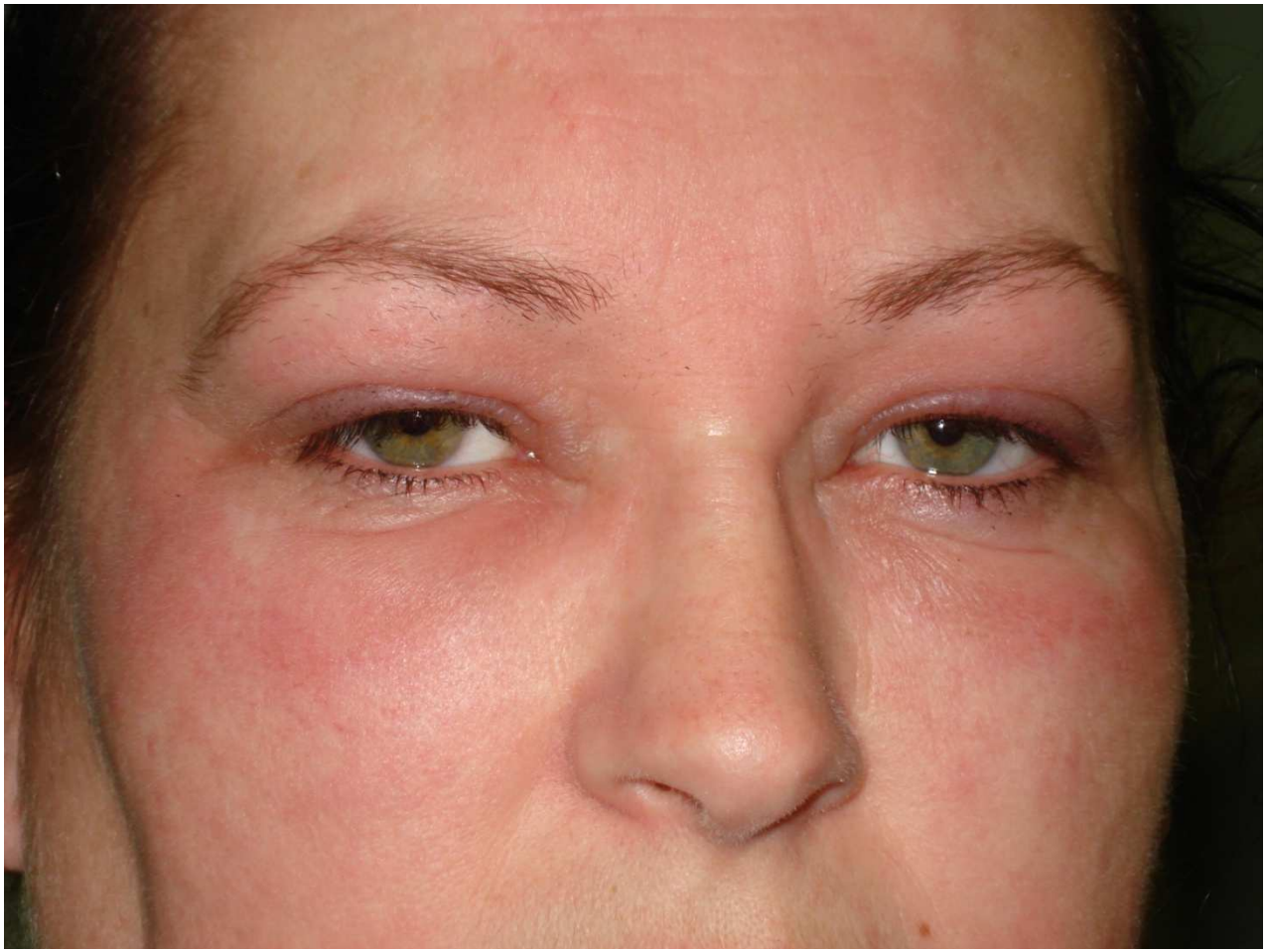
1. atopic eczema
2. contact allergic eczema
3. contact irritant eczema
4. seborrhoeic eczema

tips

- distribution?
- light exposed areas?
- look behind ears?



contact allergic dermatitis



Nickel	Jewellery, jean studs
Chromate	Cement, leather
Balsam of Peru	Medications, orange peel
Colophony	Plasters, glue
Formaldehyde	Cardboard
Fragrances	Medication, cosmetics, perfumes
Topical anaesthetic, antihistamines & antibiotics	Creams - neomycin
Parabens	Cosmetics
Paraphenylenediamine	Hair dye, shoes, henna, cosmetics
Primin	Primula
Sesquiterpine	Chrysanthemums
Rubber	Shoes, gloves
Thiuram	Rubber

what steroid to use routinely on the face?

1. 1% hydrocortisone cream
2. Locoid ® cream
3. Eumovate ® cream
4. Betnovate ® cream
5. Dermovate ® cream

what steroid to use routinely on the face?

1. 1% hydrocortisone cream
2. Locoid ® cream
3. Eumovate ® cream
4. Betnovate ® cream
5. Dermovate ® cream

how long to use a moderate potency topical steroid on the face?

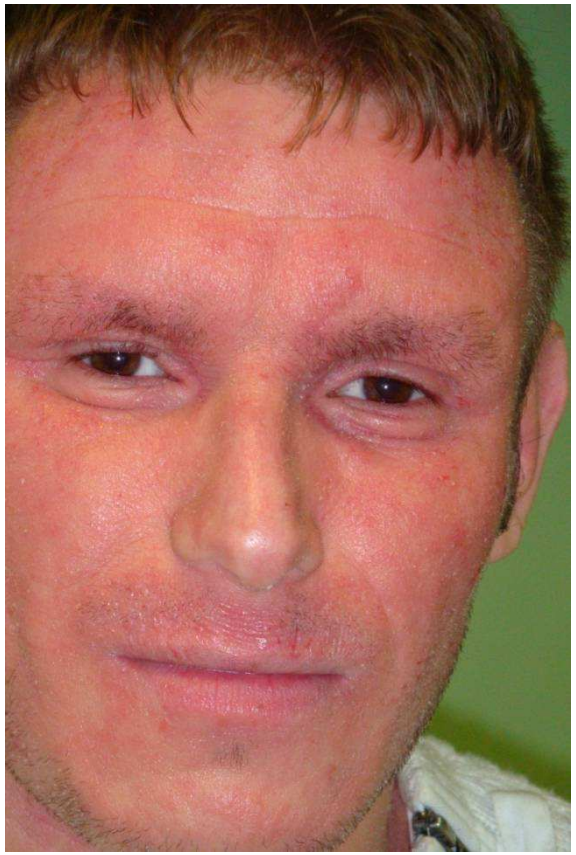
1. never
2. 3-5 days
3. 6-14 days
4. 15-28 days

how long to use a moderate potency topical steroid on the face?

1. never
2. 3-5 days
3. 6-14 days
4. 15-28 days

adult facial eczema

- light emollients
- mild steroids
- calcineurin inhibitors



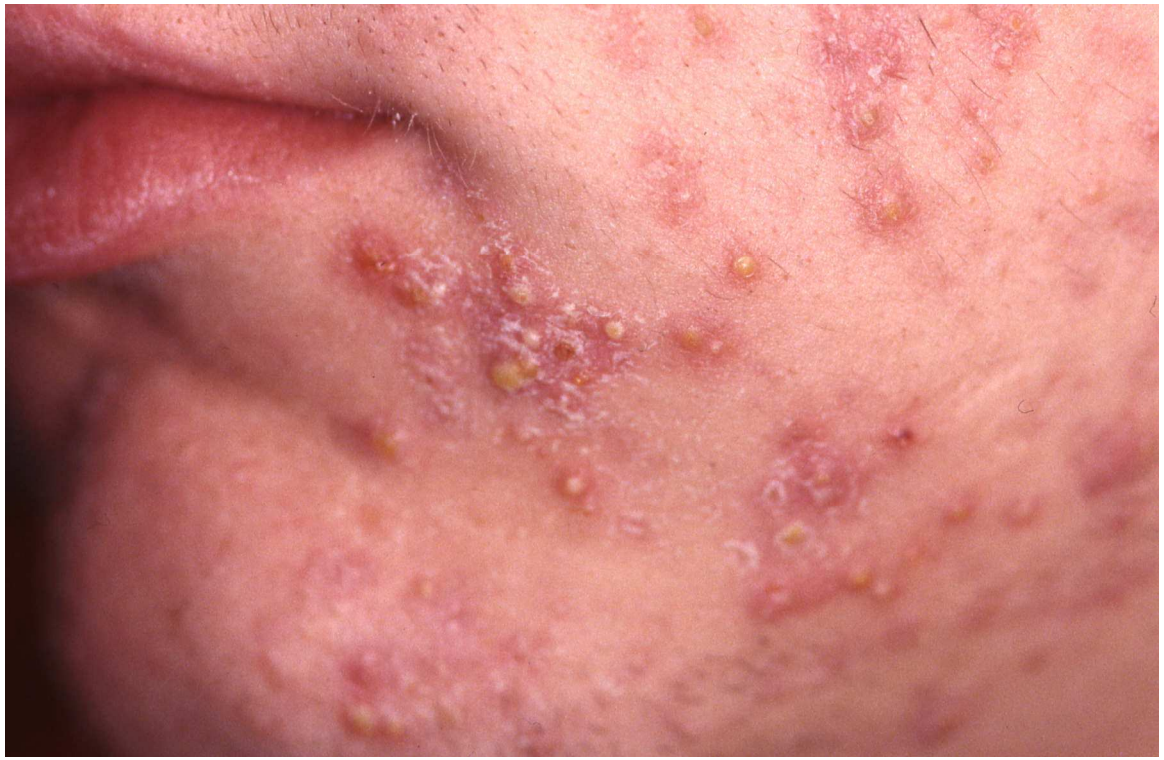
which calcineurin inhibitor is as potent as Betnovate®?

1. pimecrolimus 1% cream
2. tacrolimus 0.1% ointment
3. tacrolimus 0.03% ointment

which calcineurin inhibitor is as potent as Betnovate®?

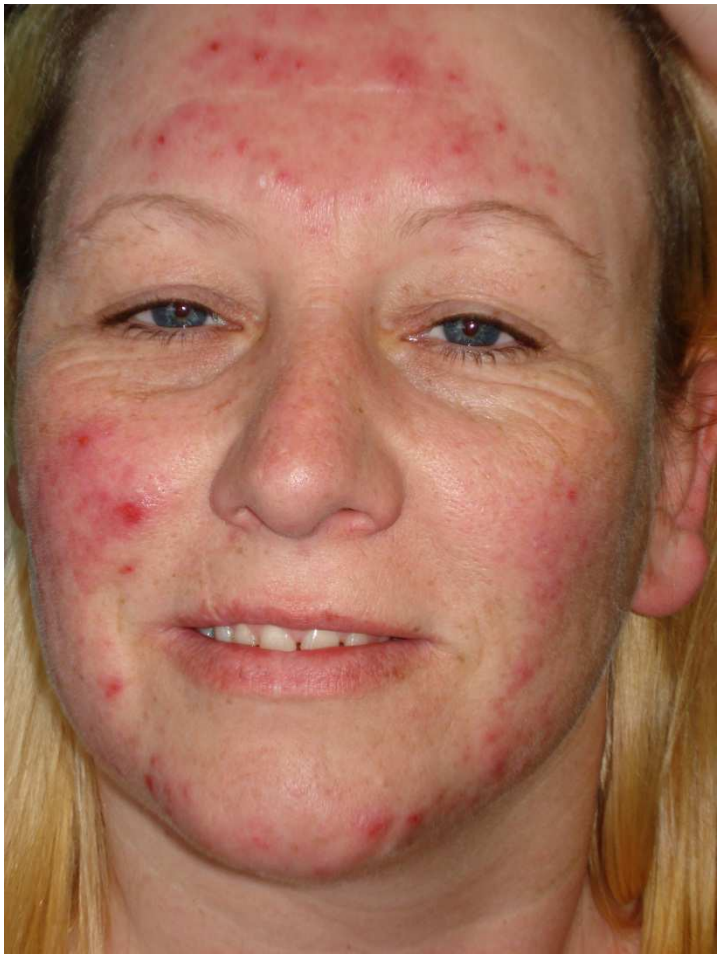
1. pimecrolimus 1% cream
2. tacrolimus 0.1% ointment
3. tacrolimus 0.03% ointment

acne



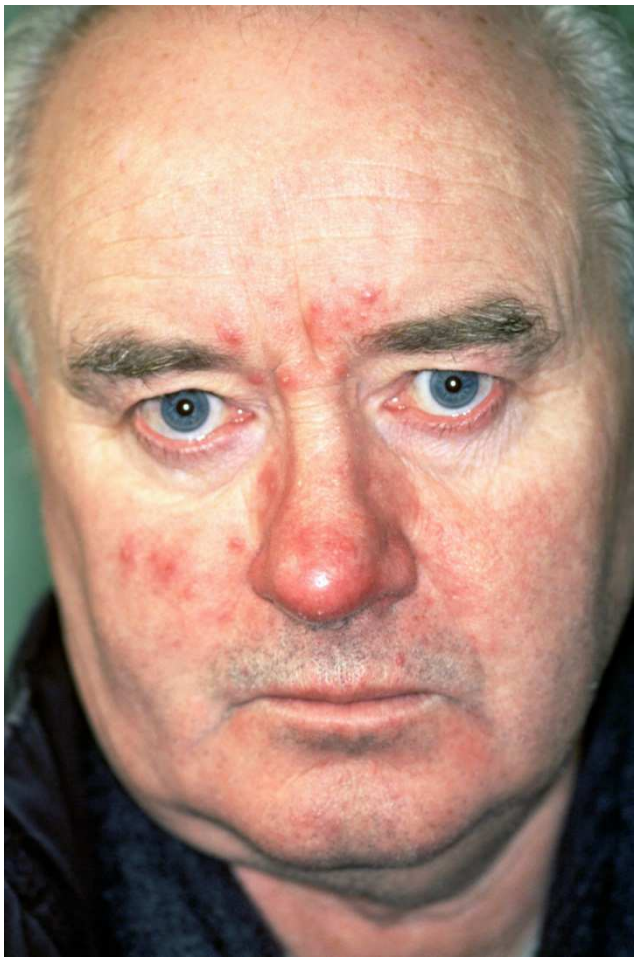
rosacea

- papules pustules
- no comedones
- erythema
- cruciate distribution
- no seborrhoea
- stop topical steroids



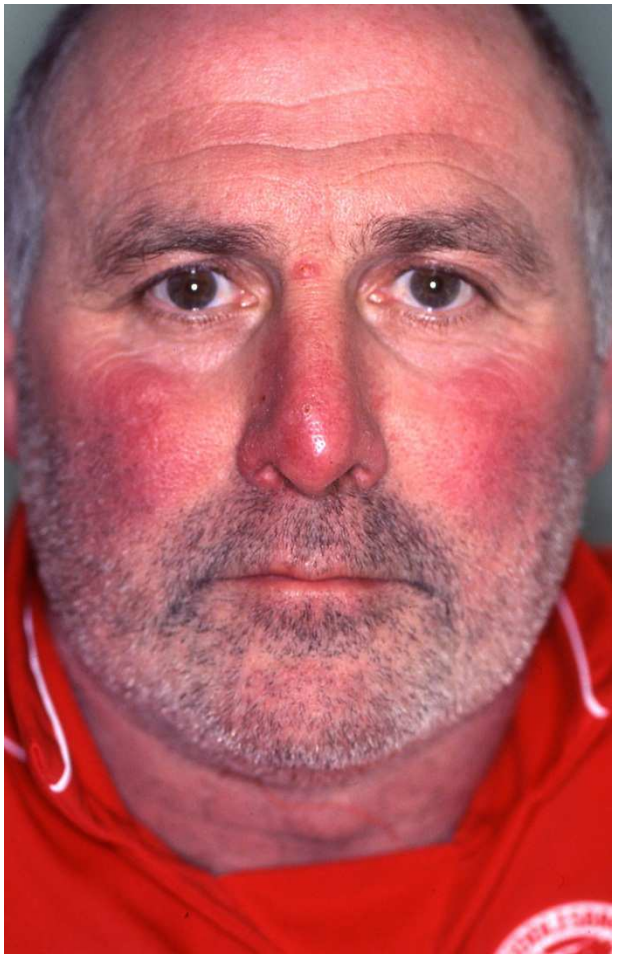
rosacea

- oral antibiotics
- azelaic acid 15% cream
- metronidazole
- sunscreen
- green cream

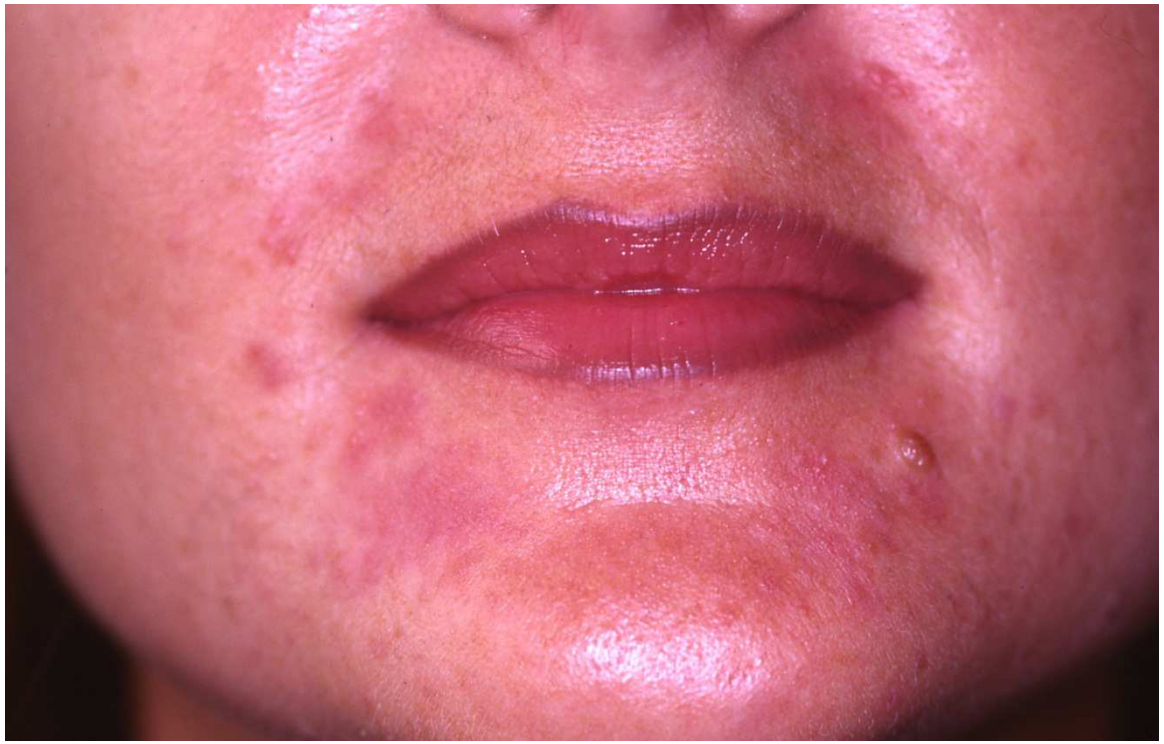


rosacea

- lasers for erythema
- eye checks

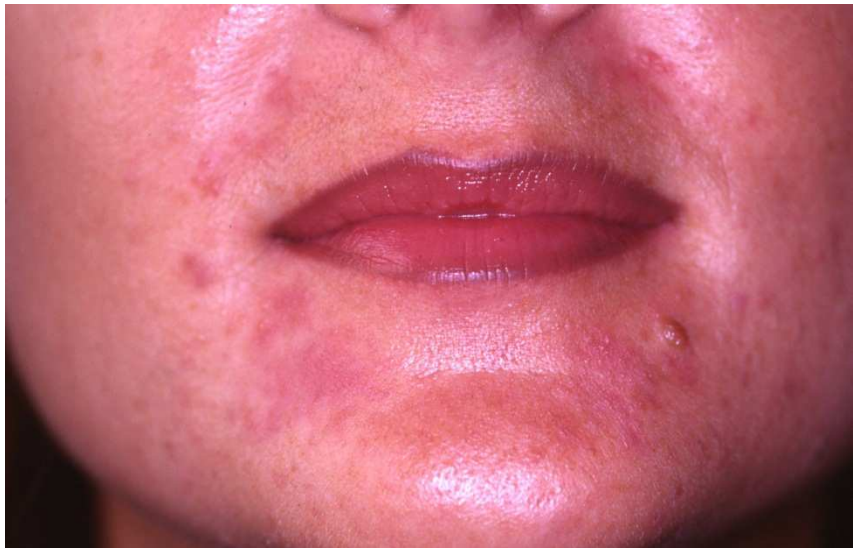


peri oral dermatitis

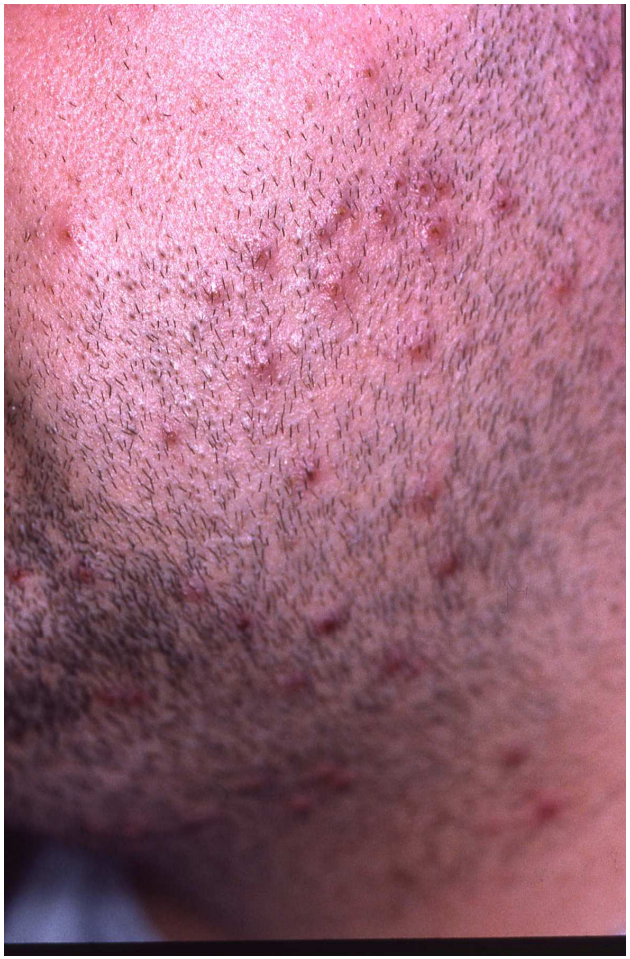


peri oral dermatitis

- stop topical steroids
- antibiotics

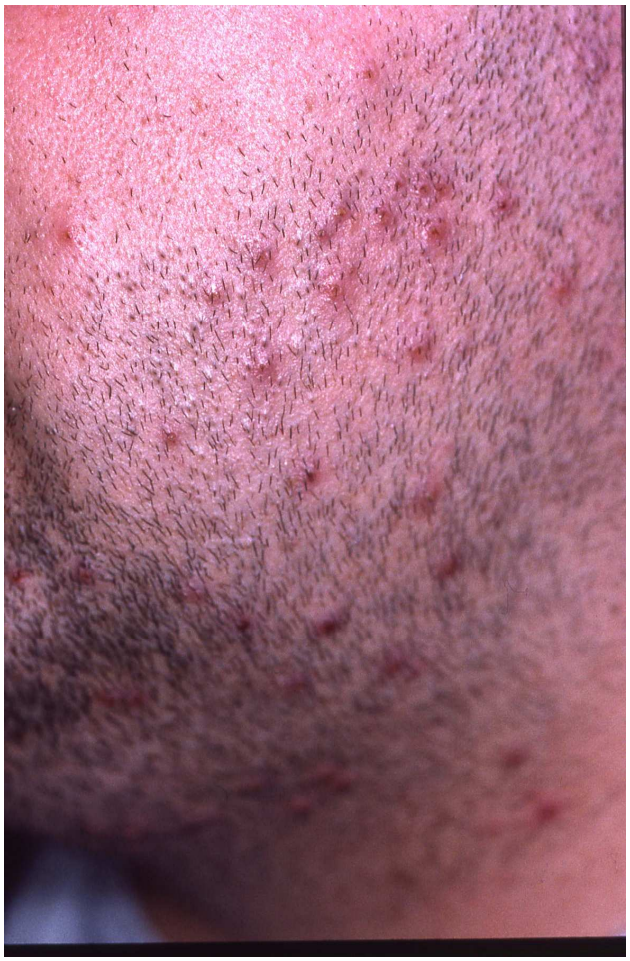


folliculitis (sycosis barbae)

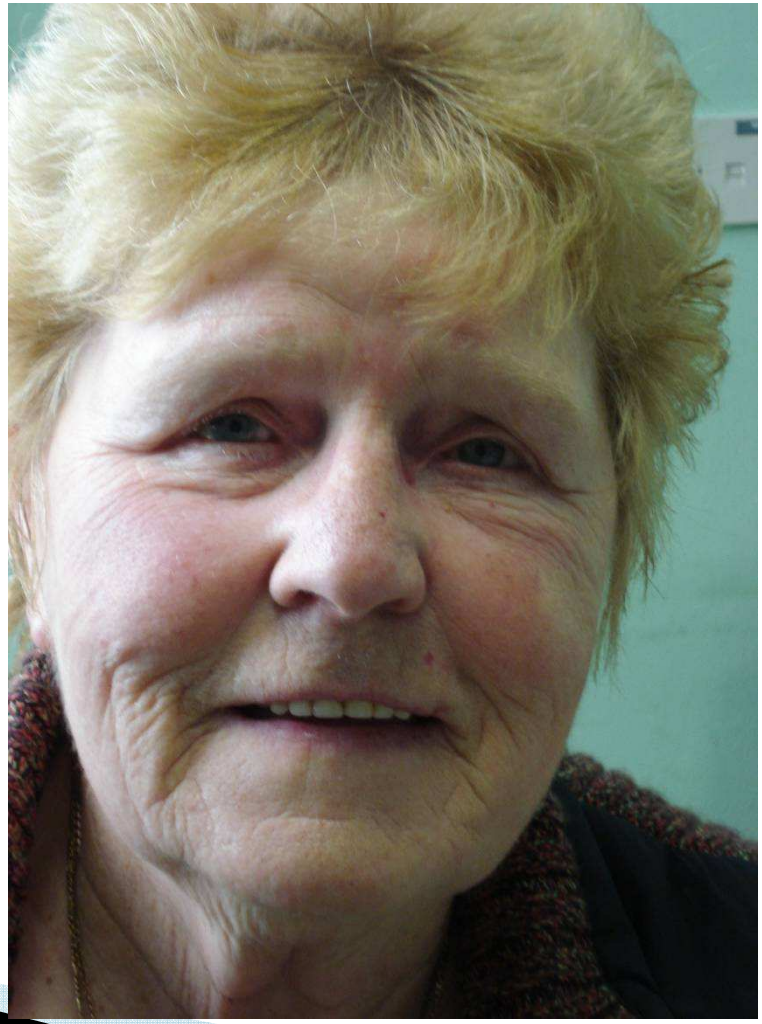


folliculitis

- males, beard area
- hygiene
- antibiotics – flucloxacillin
- antiseptics



result

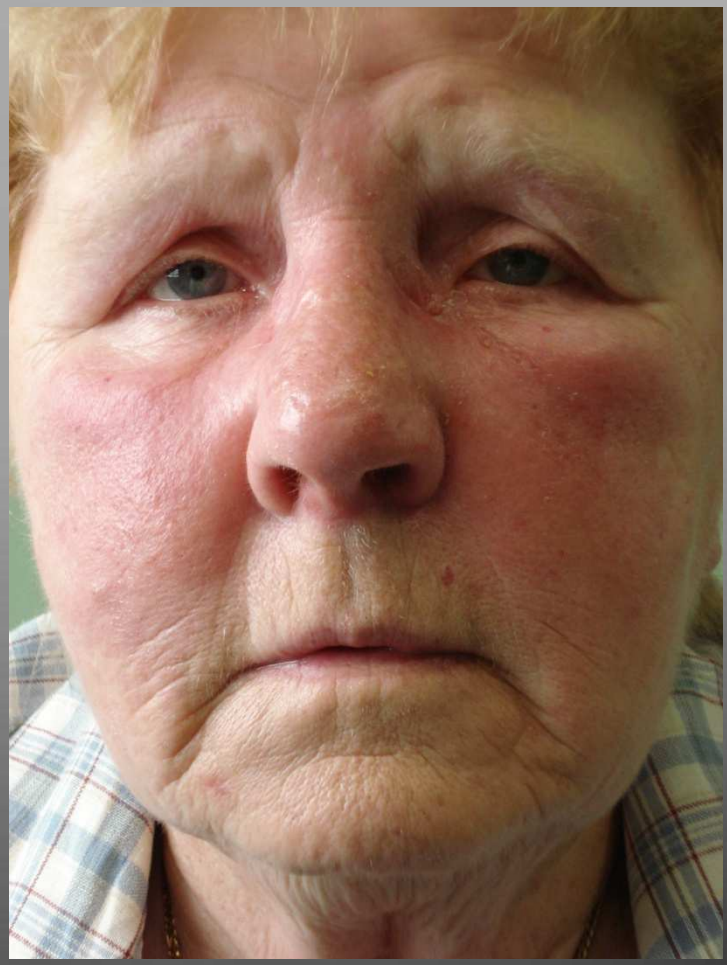


angioedema – tips

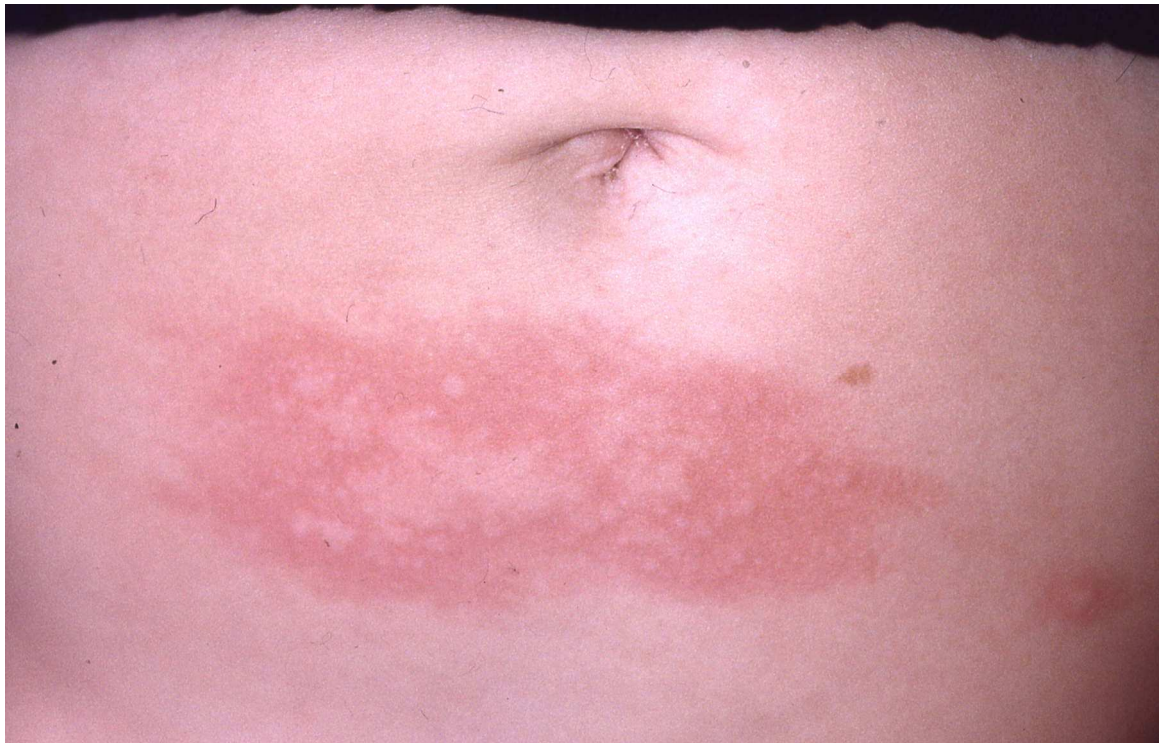
- antihistamines
- oral steroids

- anaphylaxis – adrenalin

- C1 esterase inhibitor
- latex allergy
- RAST
- TFT

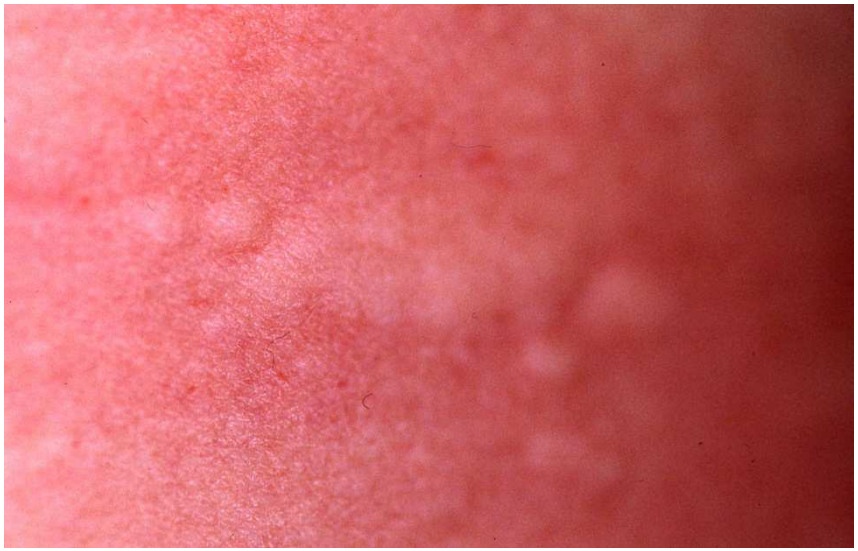


urticaria



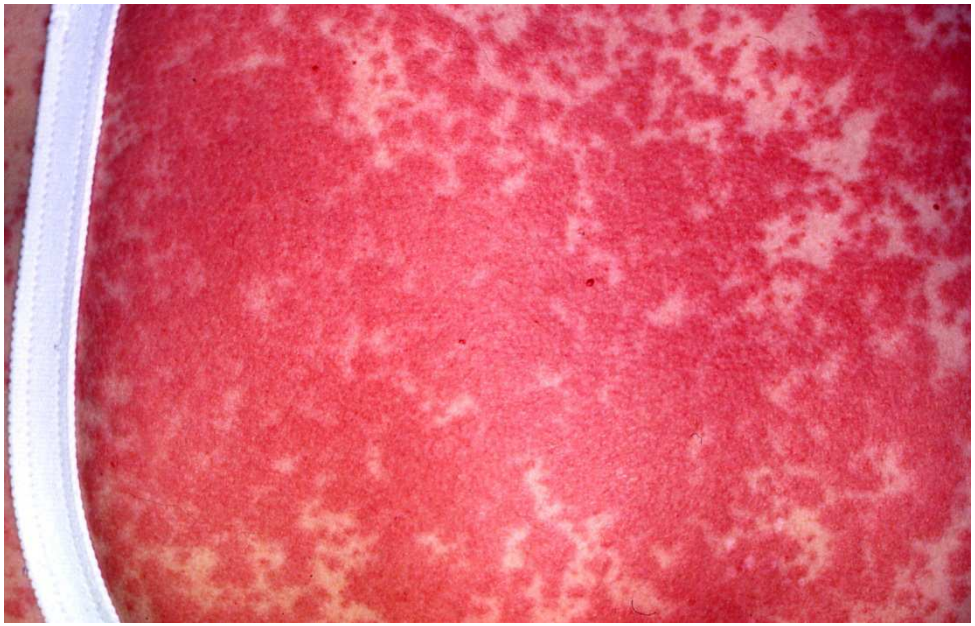
urticaria and drugs

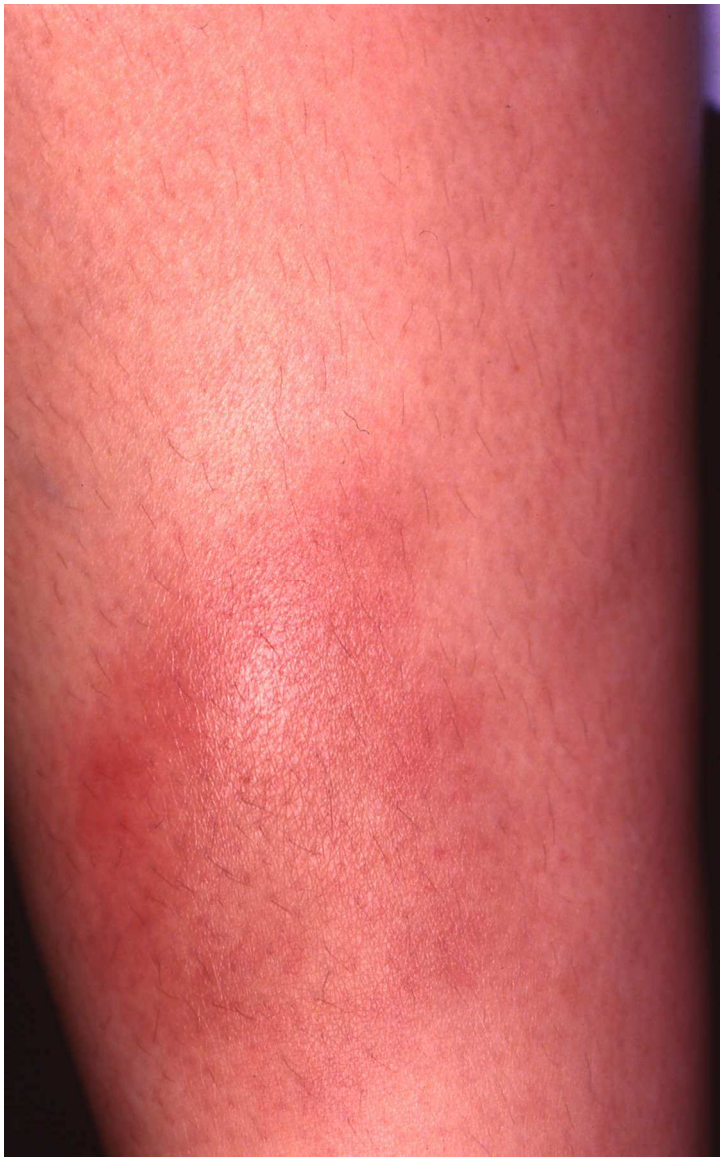
- aggravated aspirin, codeine, morphine
- allergy – aspirin, amoxicillin

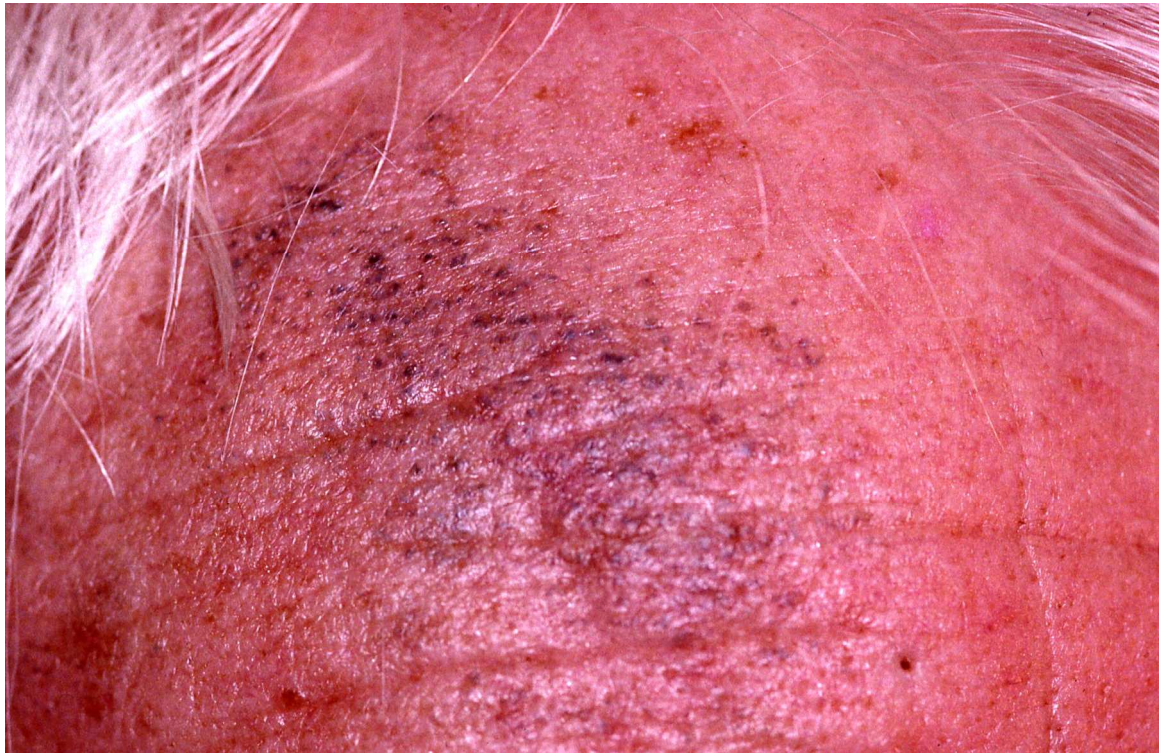


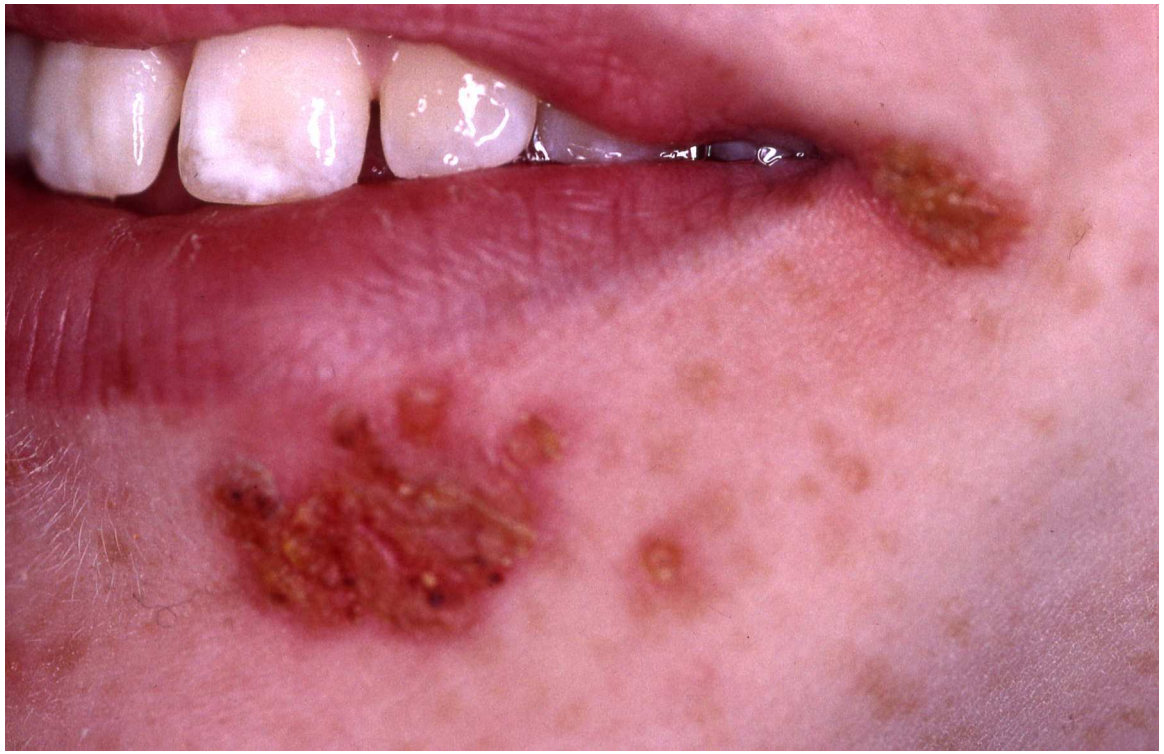
drug rashes

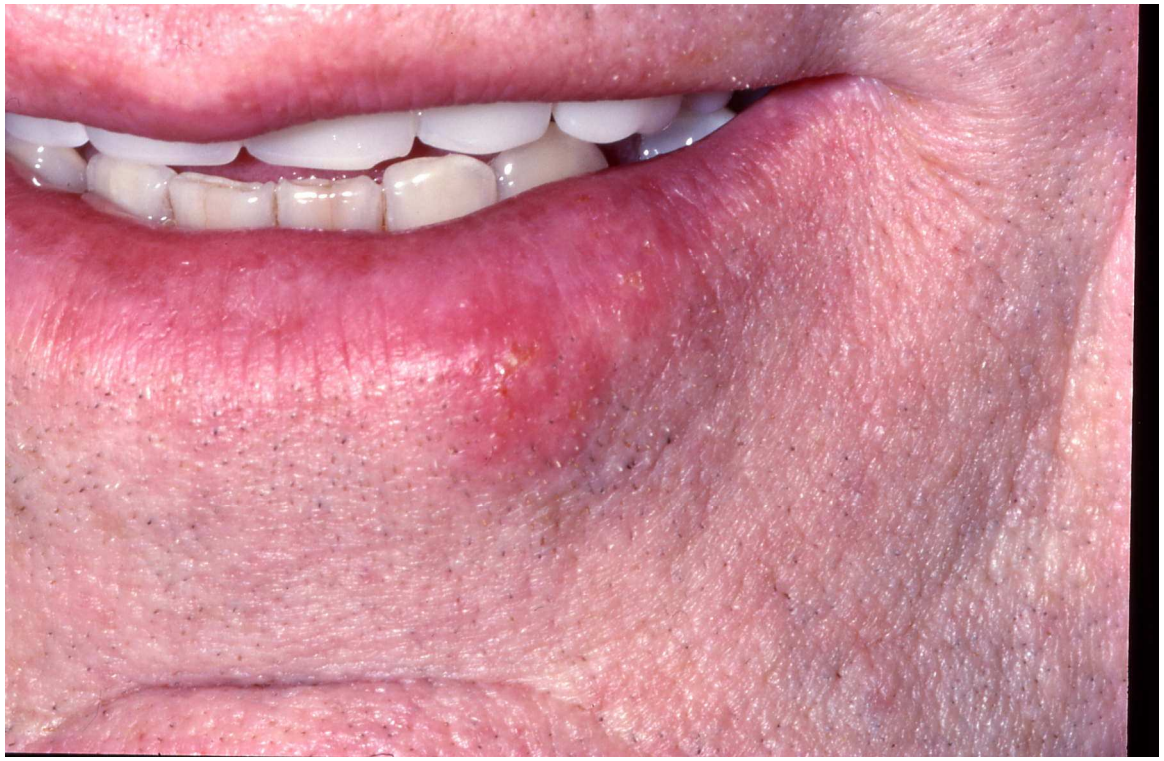
- urticaria
- toxic erythema
- fixed drug eruptions
- ‘great mimic’

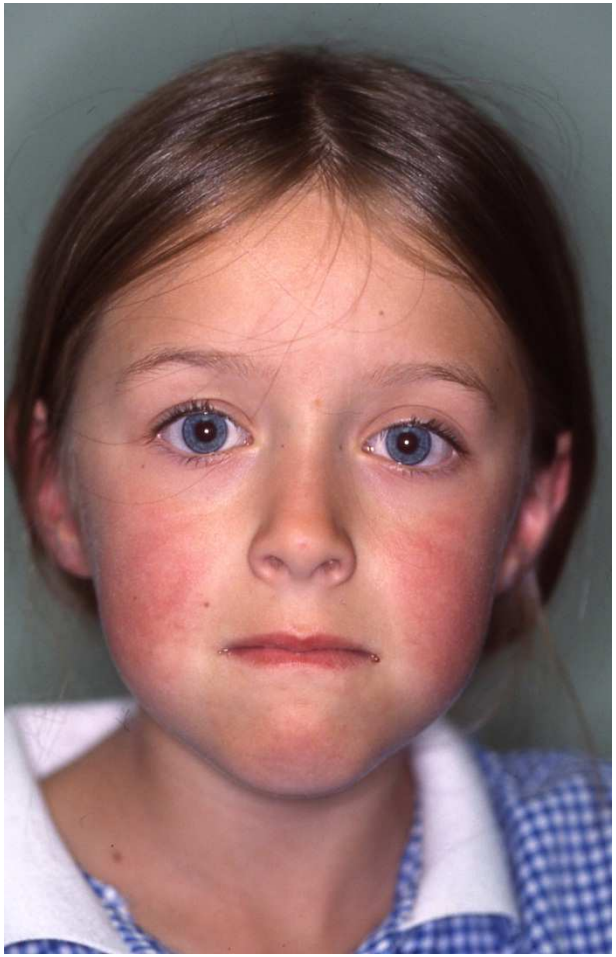












Advice

- www.pcds.org.uk/
- General information
- www.dermnet.nz.org
- General information
- www.cks.nhs.uk
- Advice on skin diseases