

# **Dermatology**



## **How to approach a patient**

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- Accurate history taking and examination are as important as in any other field of medicine.
- A systematic approach is required.
- The diagnosis and management of skin disease makes up a large component of primary health care.



**How to begin with the  
patient who 📢 presents to  
you with skin rash?**

# Positive impression on the patient

Create a favorable impression in 60 seconds



- Read the patient notes thoroughly before meeting.
- Be the first to greet the patient.
- Introduce yourself.
- Take consent.
- Asking questions by calling his/ her name.
- Be alert to factors that might hinder physician-patient communication.



# History taking

# History : The starting point

Note basic demographics of the patient:

- Name
- Age.
- Sex.
- Race and country of origin.
- Current residence.
- Marital status
- Occupation
- Date of admission
- Mode of admission

A photograph of a medical history form on a clipboard. The form is titled "MEDICAL HISTORY FORM" and includes sections for "Patient's name", "DOB", "Weight", "Gender", "CURRENT SYMPTOMS", "ALLERGIES", and "MEDICAL HISTORY". A pen is resting on the form. The form is partially filled out with handwritten text and checkboxes.



# Chief complaints

In chronological order:

- Nature of skin lesion.
- Site of skin lesion.
- Duration of skin lesion.
- Systemic symptoms.



# Consider the lesion

You should know the basic skin lesions

- Papule
- Pustule
- Plaque
- Nodule
- Macule
- Patch
- Bulla
- Vesicle







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FIGURE 1

1.5-cm nodule on chin and 2 pink papules in preauricular area



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- For example,



- C/C:

Erythematous plaque with silvery scales on extensors –  
1 month

Pain and swelling in small joints – 2 weeks.

# History of present illness

## Consider the lesion

- Onset - sudden versus gradual.
- Duration.
- Evolution.
- Previous episodes.
- Change - Fluctuation versus persistence.  
Variation in severity



Day 15



Day 32



Day 53



**Figure 1.** Tense bulla arising from non-inflamed skin on the foot of a patient with diabetes



- Location - Skin.  
Mucous membranes.  
Flexural surfaces.  
Extensor parts.



- Provoking factors.
- Relieving factors.
- Response to treatment.



- Associated symptoms

Itch.

Tenderness.

Bleeding.

Discharge.



- Systemic symptoms

Pyrexia.

Malaise.

Joint pain.

Swelling.

Weight loss.



# Past medical history

**PAST MEDICAL HISTORY**

- Allergies
- Cancer
- Diabetes
- Hepatitis
- High blood pressure
- Rheumatic fever
- Seizures

Sei

Sur

Thy

Ver

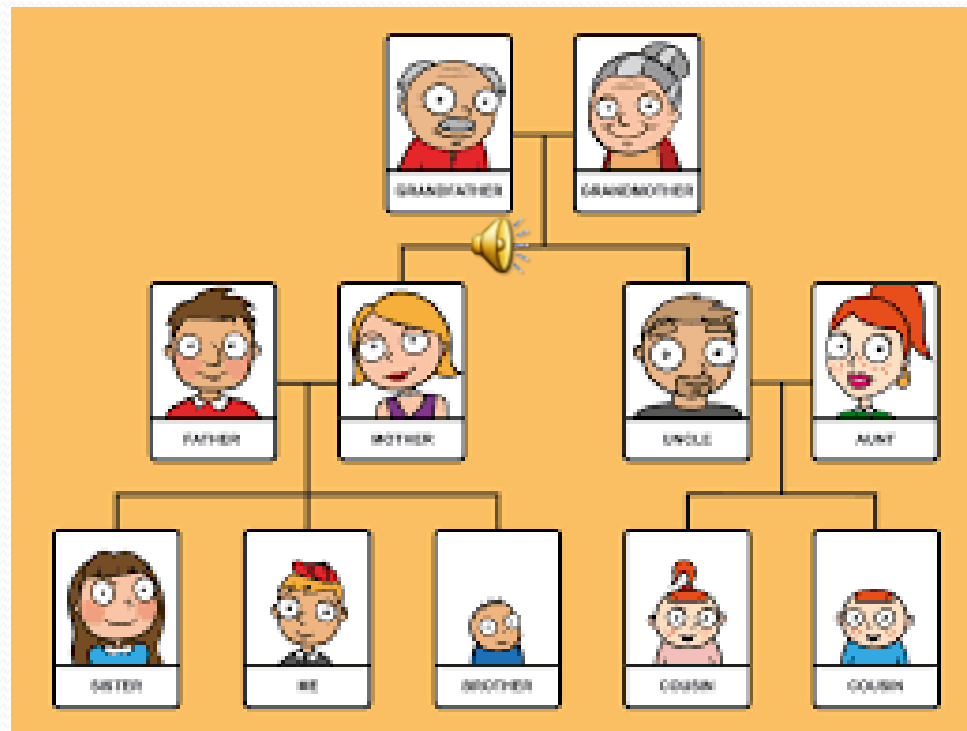
Oth

—





# Family history



# Social history



# Occupation, Hobbies and Pastimes



# Travel



# Drugs





# Allergies



ASTHMA



RHINITIS



RASH



STREAMING EYES



INSECTS



MEDICAMENTS



DUST



LATEX



GLUTEN



SEAFOOD



PROTEIN



CITRUS



POLLEN



ANIMALS



NUTS



MOLD



# Addictions

- Smoking.
- Alcohol.



# Psychological and social sequelae

- Psychological problems due to disease.

People with severe, chronic, visible and disfiguring skin disease may suffer from anxiety, depression and social isolation.



- Psychological problems causing disease.

May also cause skin disease - Dermatitis artifacta.

# Impact on quality of life

- DLQI – Decreased life quality index.



# Examination




# Examination

- A thorough examination of the whole skin is considered best practice



- May not be warranted – e.g, diagnosis of a verruca.

# Examining the skin

- 4 important principles in performing a good examination of the skin:
- INSPECT. 
- DESCRIBE.
- PALPATE.
- SYSTEMATIC CHECK



# Inspection

- Site.
- Number of lesion(s).
- If multiple, pattern of distribution and configuration.



# Distribution

- Widespread
- Generalised
- Localised



- Flexural



- Extensor



- Pressure areas
- Dermatome
- Photoexposed areas



# Describe

**S C A M**

- Size
- Shape
- Color
- Associated changes
- Morphology
- Margin (border)



# Colour

- Erythema
- Purpura
- Violaceous





- De-pigmentation



- Hypo-pigmentation



- Hyper-pigmentation



# Morphology



"This is the worst skin condition I've ever seen!"

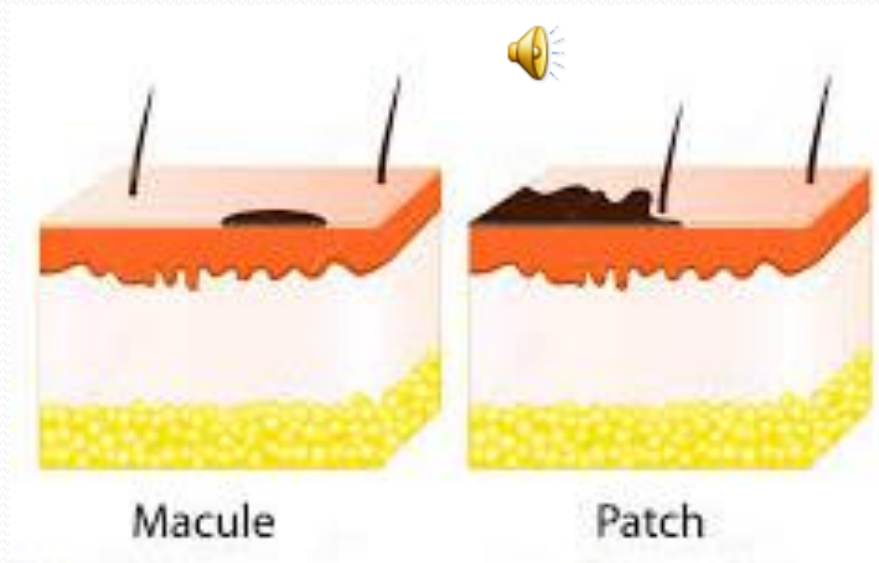
"He hasn't undressed yet, Doctor."

# Macule

Less than 1 cm.

# Patch

More than 1 cm

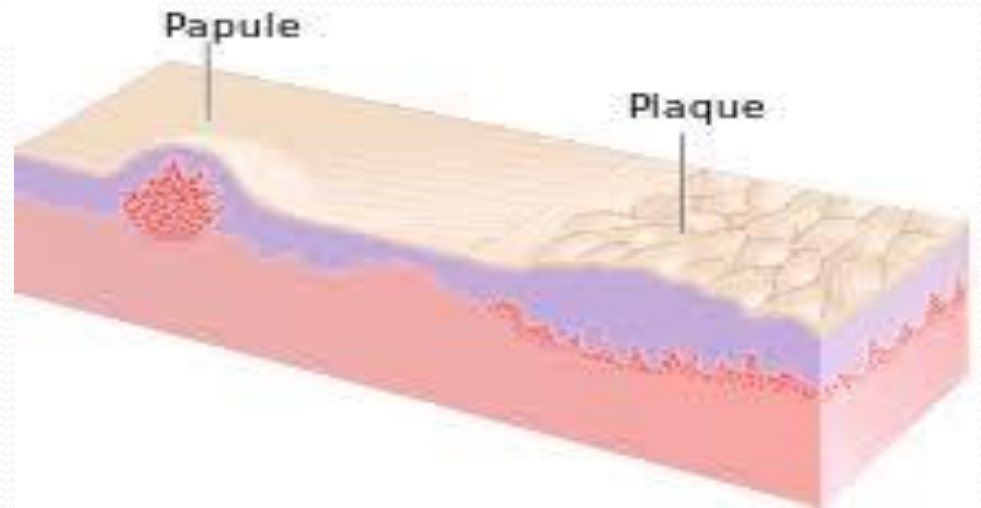
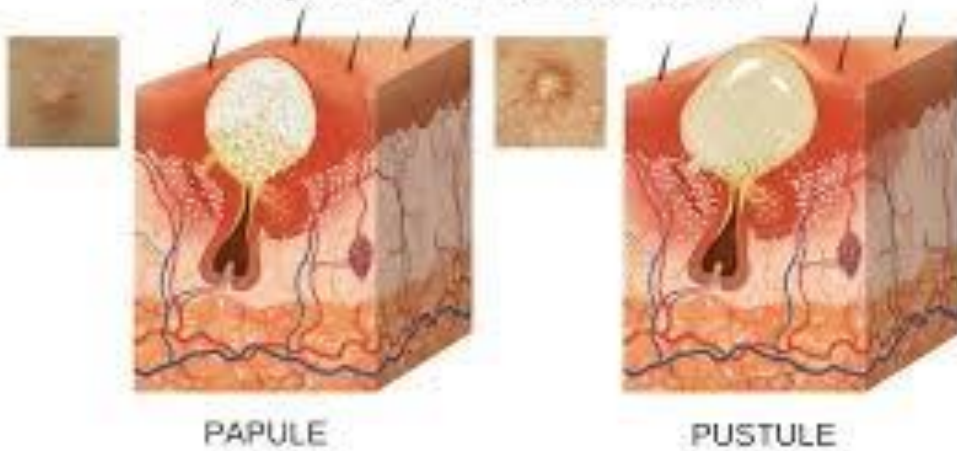


# Papule

# Pustule

# Plaque

Papules and Pustules

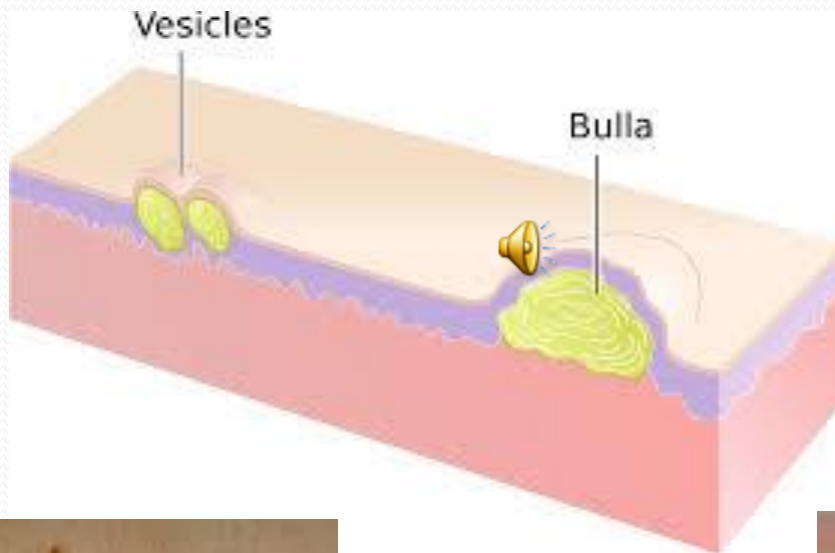


# Nodule



# Vesicle

< 0.5cm



# Bullae

>0.5 cm



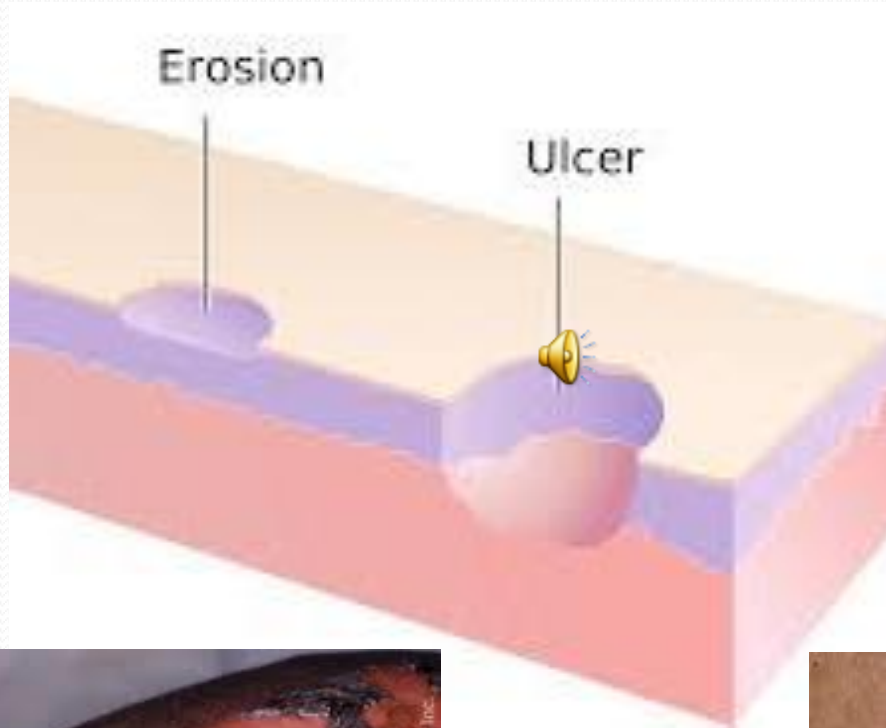


# Excoriation



# Erosion

# Ulcer



# Scale

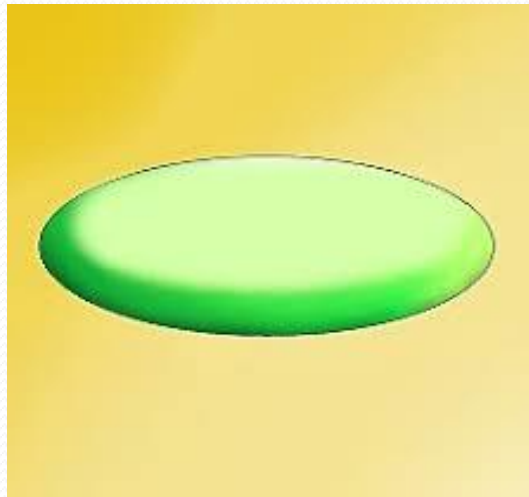
# Crust



- Annular



- Discoid



# Palpate

- Surface
- Consistency
- Mobility
- Tenderness
- Temperature





# Systematic check

- Examine the nails, scalp, hair & mucous membranes.
- General examination of all systems.





# General terms

- Pruritus

Itching

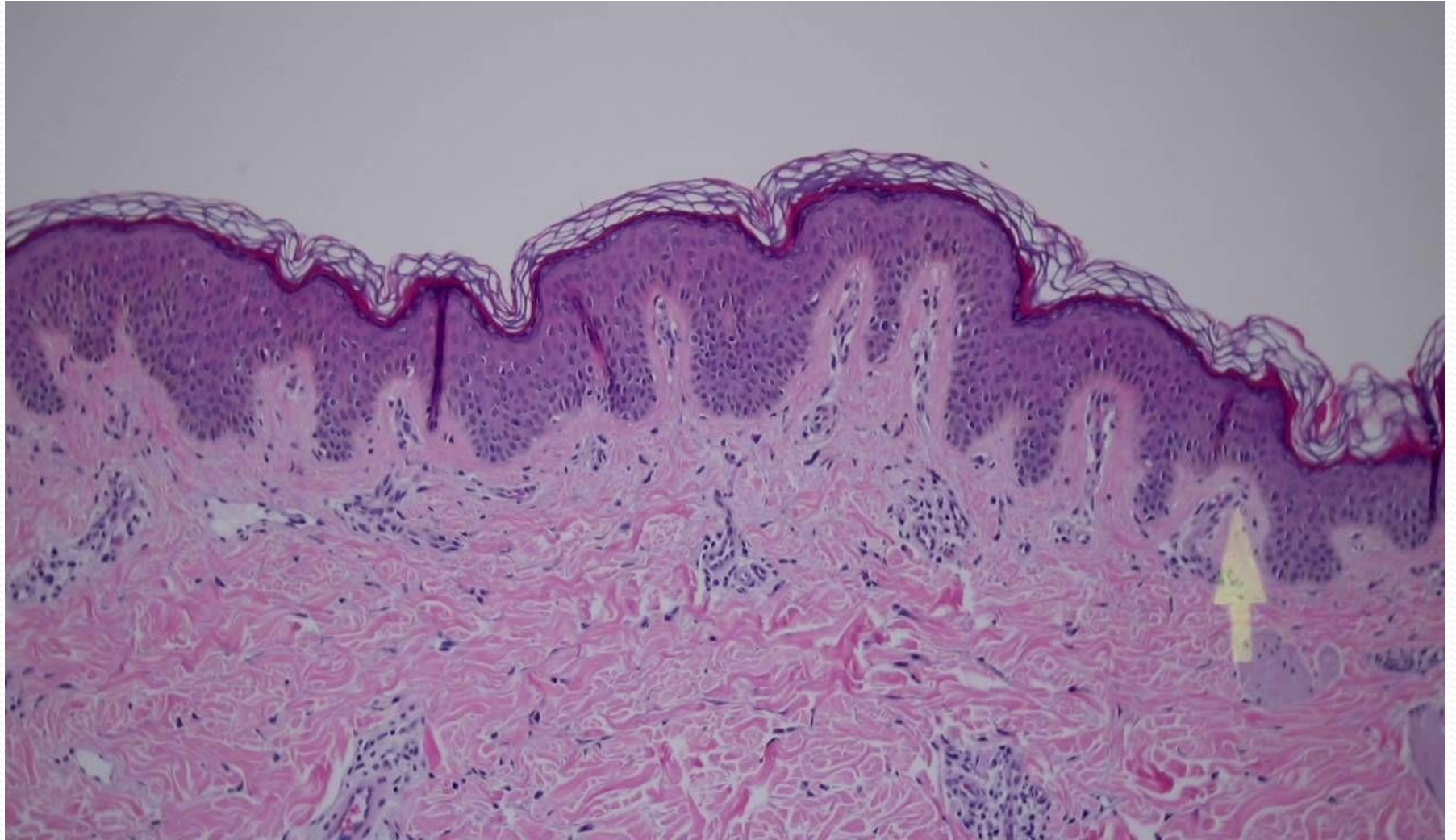
- Lesion

An area  
of altered  
skin

- Rash

Eruption









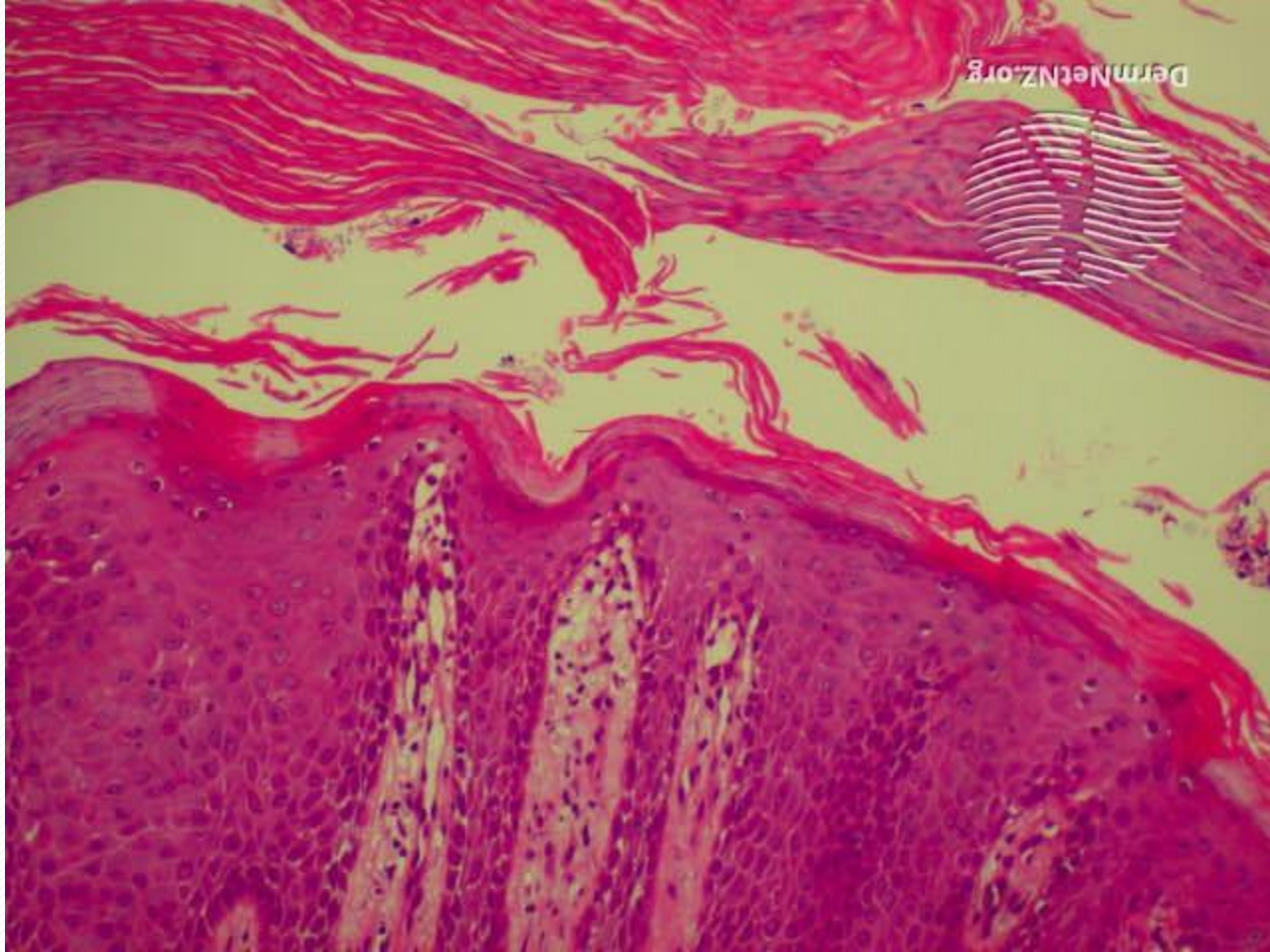
Stratum corneum

Stratum lucidum

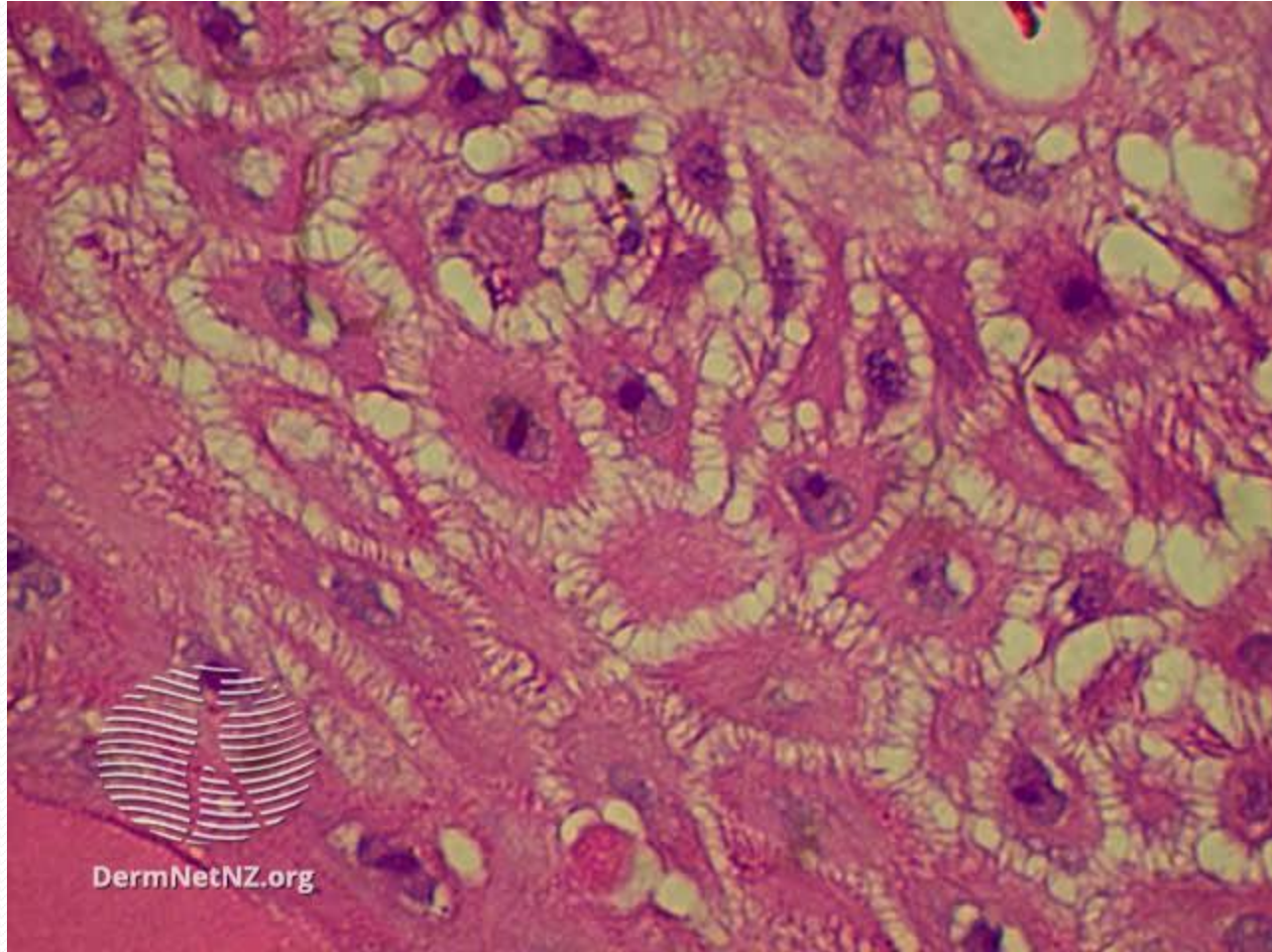
Stratum granulosum

Stratum spinosum

Stratum basale







DermNetNZ.org








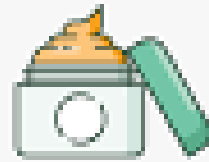
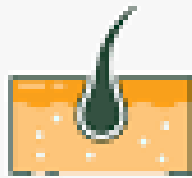
# Differential diagnosis

# Differential diagnosis

- Having completed the full history and examination, it is usually possible to make a firm diagnosis.
-  Where a firm diagnosis cannot be made with a reasonable degree of confidence, investigations may be helpful.
- Even therapeutic trial may be beneficial.

# Investigations

# Investigations in dermatology



# Magnifying glass



- Binocular loupe with magnification of  $3 \times$  to  $4 \times$  most useful.
- Higher magnifications for more useful detail.
- Lower-power binocular magnifiers of  $2 \times$  to  $2.5 \times$  less-than-optimal magnification for diagnostic purposes.

# Dermoscopy

- Dermoscopy noninvasive technique.
- Hand-held self-illuminating device.
- Visualizes features present under the skin surface that are not normally visible to unaided eye.
- Images can be digitally photographed or recorded for future reference.





# Diascopy

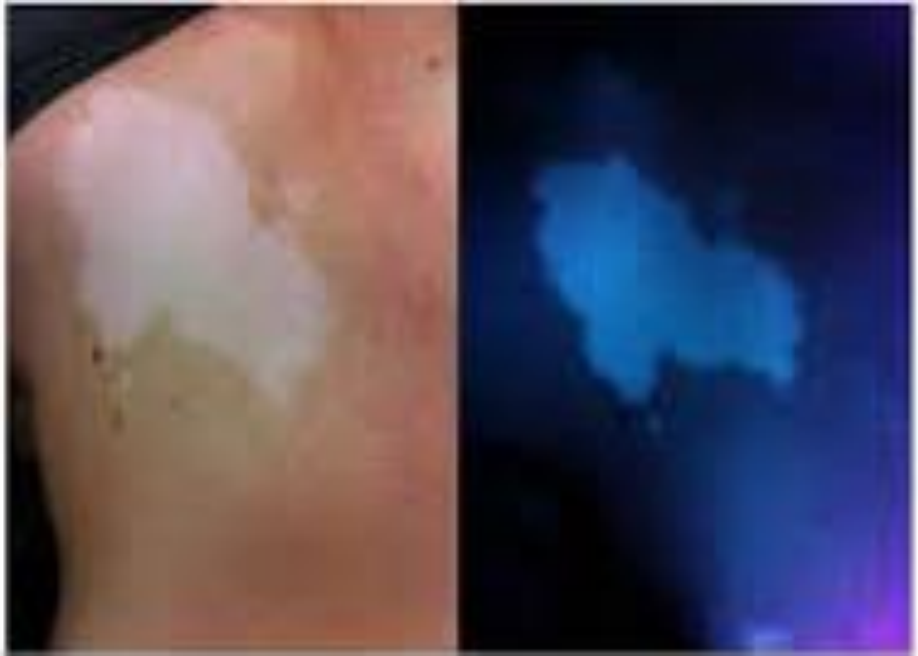
- **Diascopy** for blanching by applying pressure with a glass slide and observing color changes.



# Wood lamp

- Small hand-held device.
- Uses black light to illuminate areas of skin.
- Covered by a Wood filter (barium silicate and 9% nickel oxide)
- Emits wavelength 320–450 nm (peak 365 nm)





# Scrapping for fungus

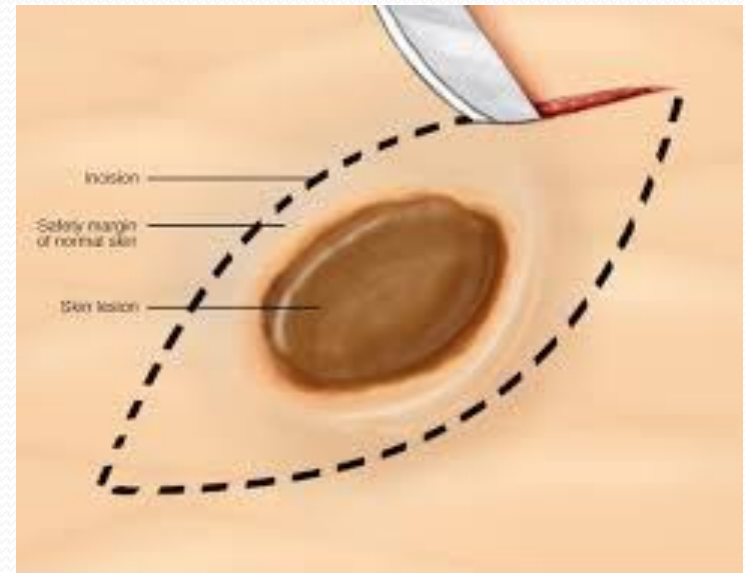
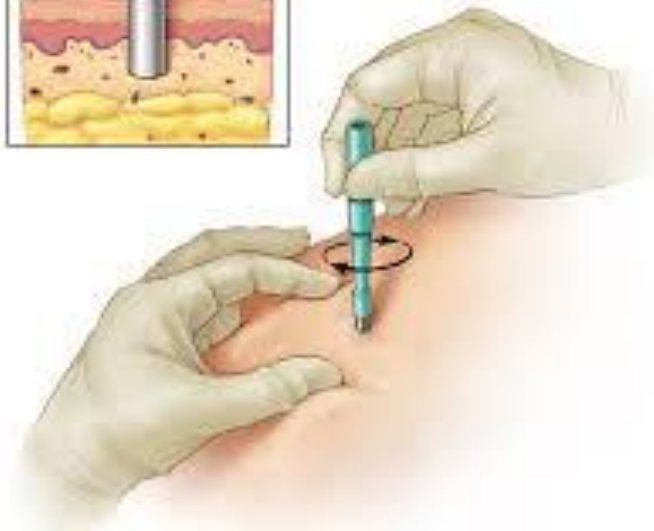
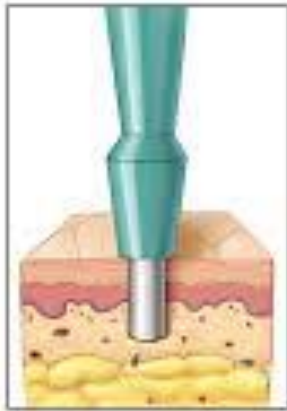


# Culture and sensitivity



# Skin biopsy

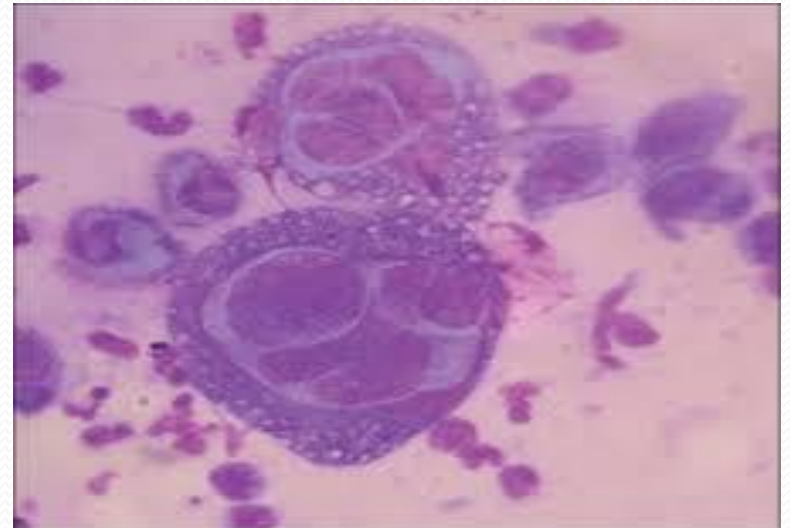
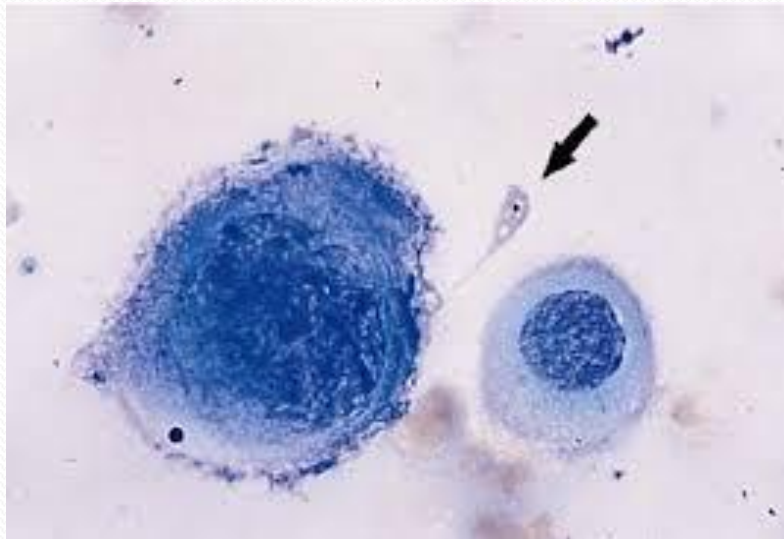
## Punch and elliptical skin biopsy





# Tzank smear



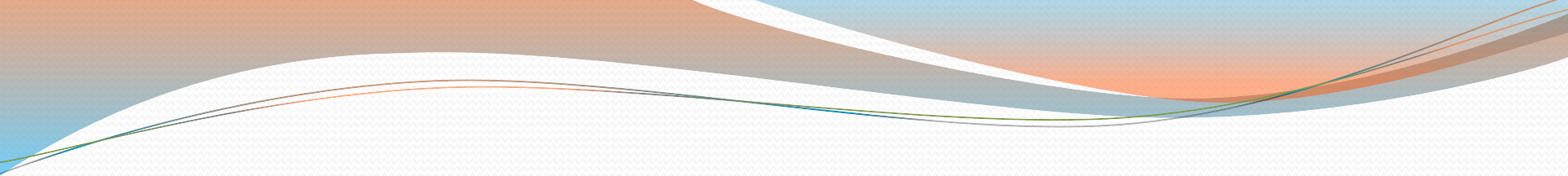


# Slit skin smear



# Patch and skin prick tests





**An experienced clinician can often diagnose a skin condition on basis of history and examination without the need for investigations. However, investigations help in confirming the diagnosis of skin diseases.**



# THANK YOU

LIVE.

LAUGH.

WEAR SUNSCREEN.