Common skin conditions, and Strategies to Address Them

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Faculty Disclosure

I have no relevant disclosures

Practice gap
+
Educational need

Practice gap:

- An opportunity to improve efficient recognition and management of skin conditions in a primary care setting.

Educational need:

- High quality, in-person dermatologic education is sparse.

Objectives

Upon completion of this educational activity, you will be able to:

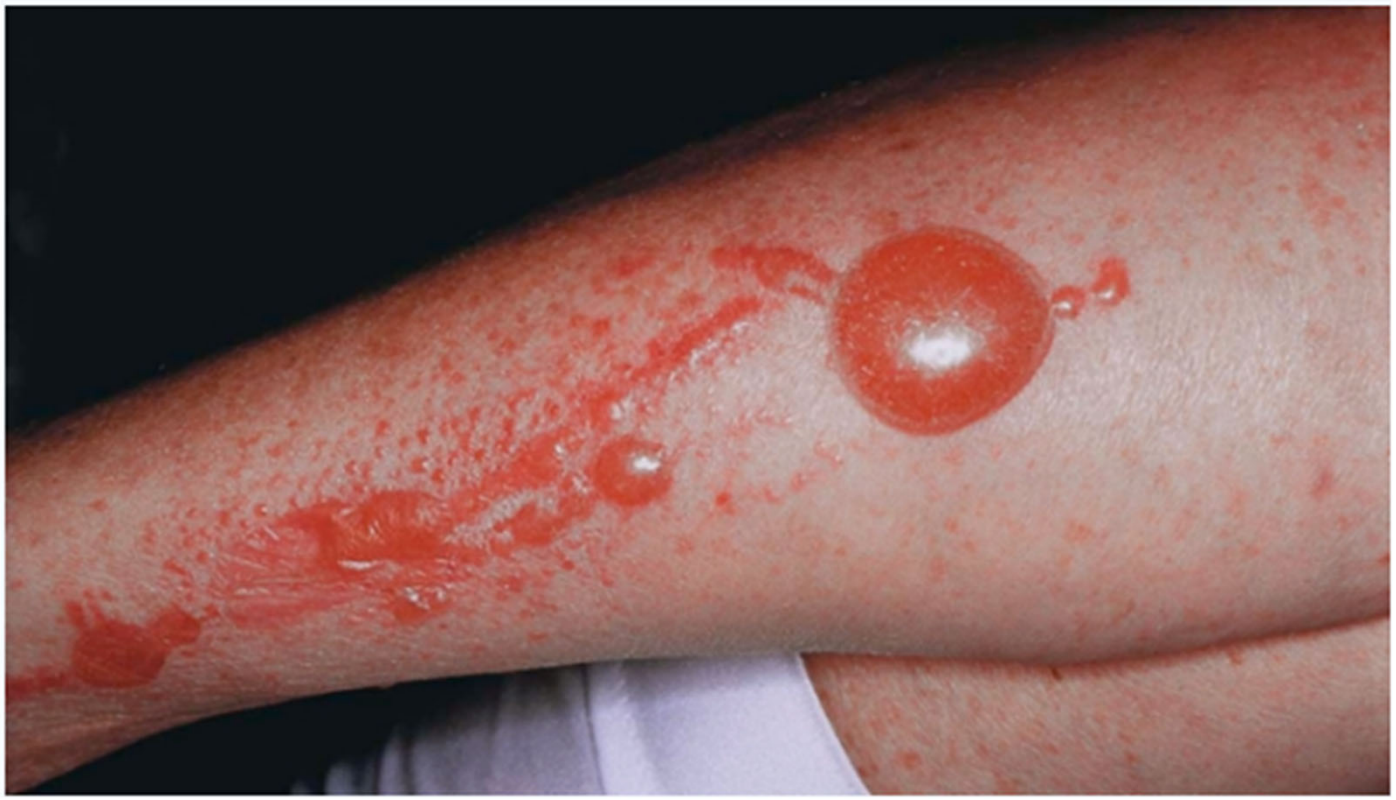
- More readily identify common skin conditions
- Choose proper management options to address them

Expected outcome

- It is desired that this talk will help alleviate patients' suffering under the burden of skin disease, and reduce mental strain on clinicians who attend.

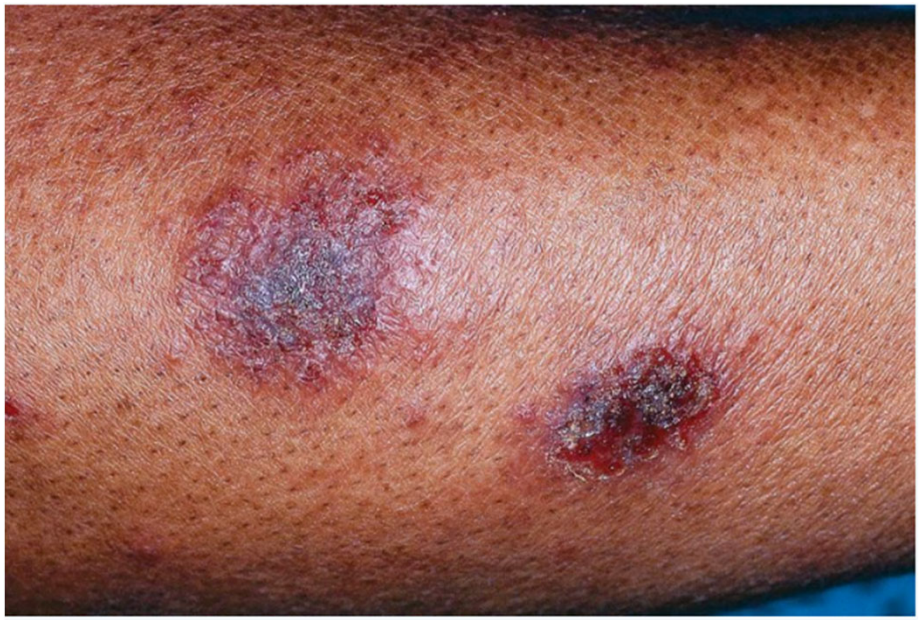
Q1
Identify the following subtype of eczema

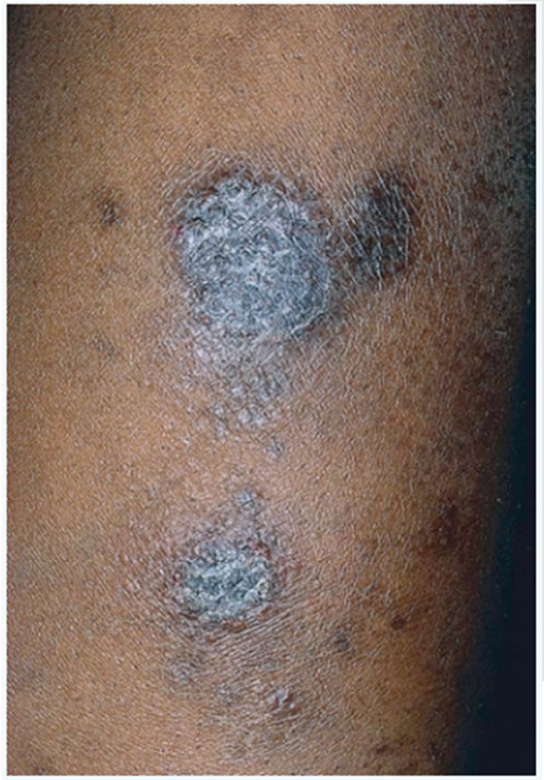
_____ dermatitis



Q2
Identify the following subtype of eczema

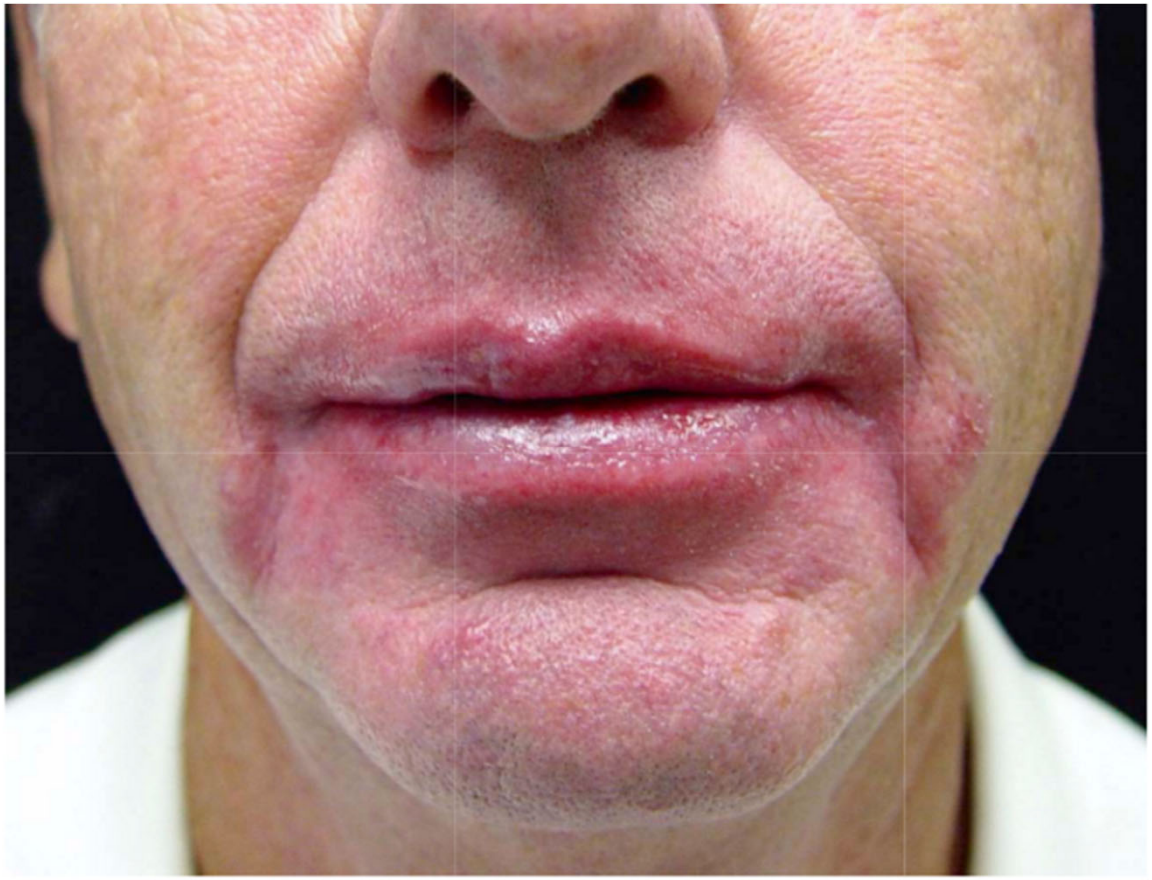
_____ dermatitis





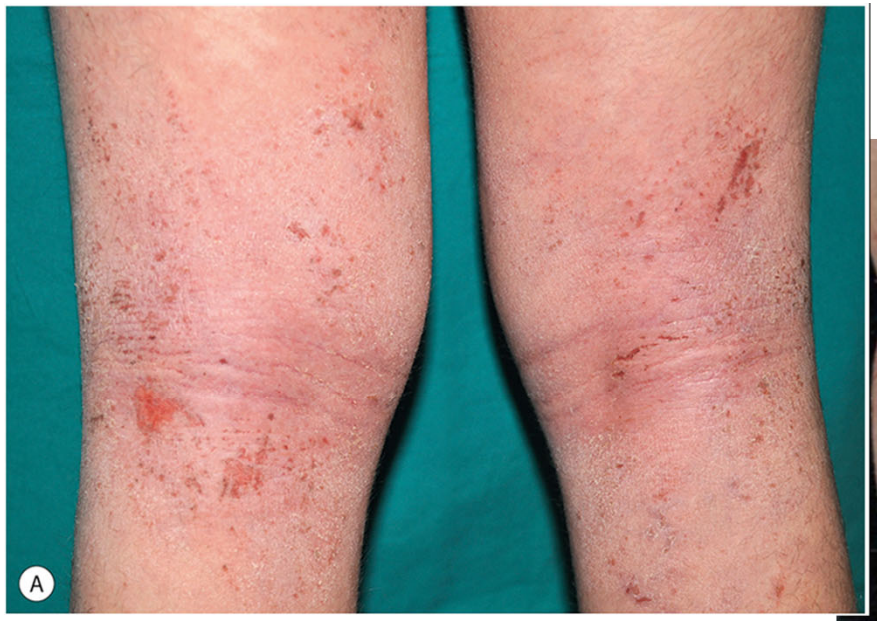
Q3
Identify the following subtype of eczema

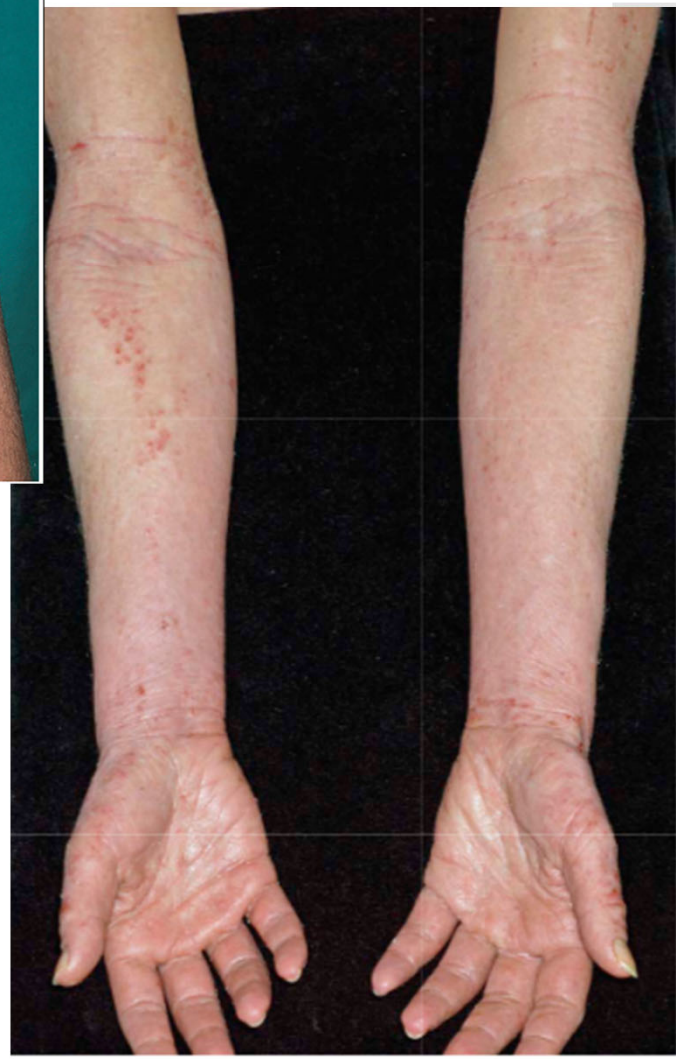
_____ dermatitis



Q4
Identify the following subtype of eczema

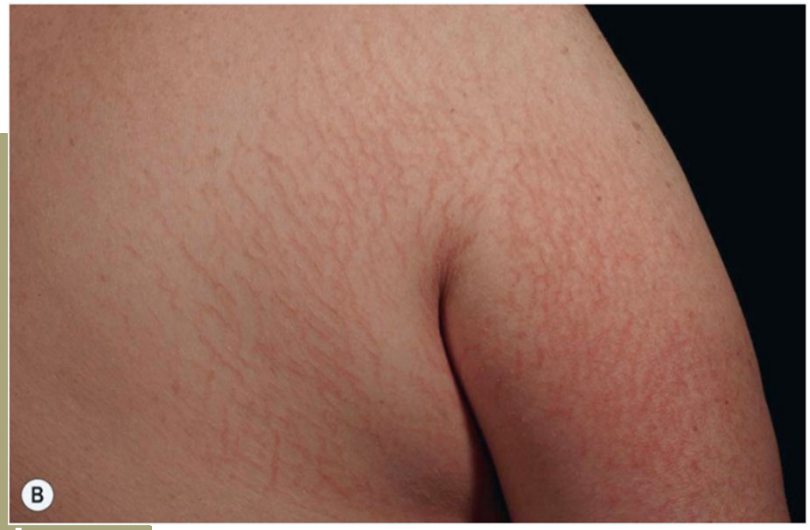
_____ dermatitis

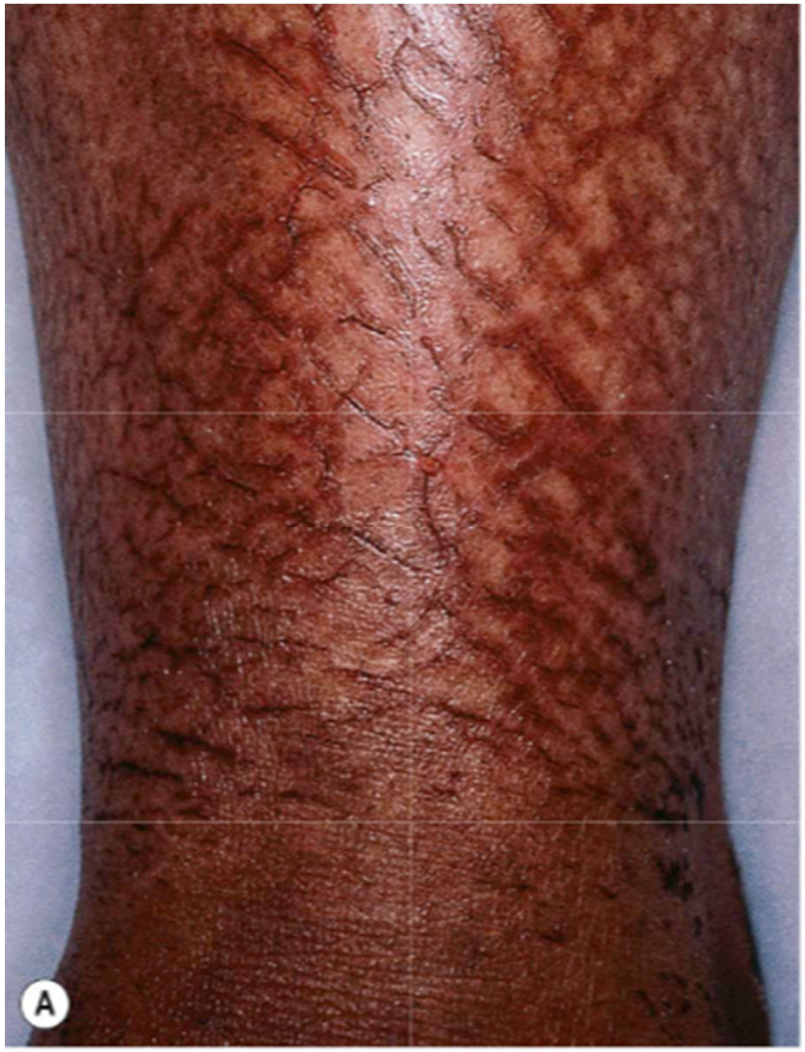




Q5
Identify the following subtype of eczema

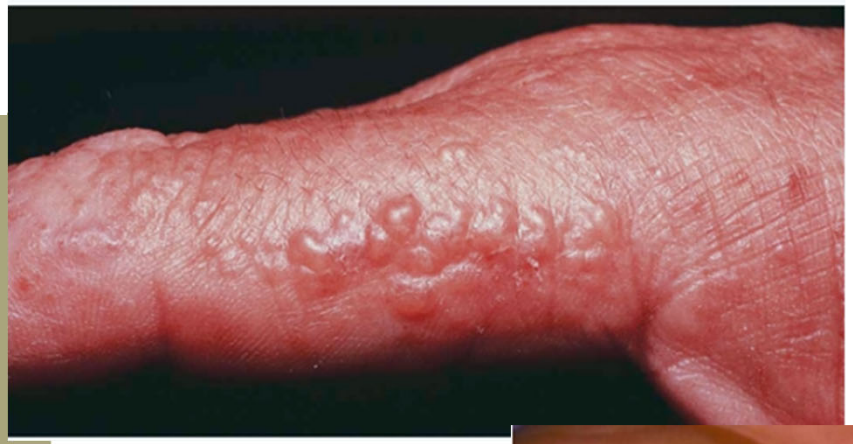
_____ dermatitis

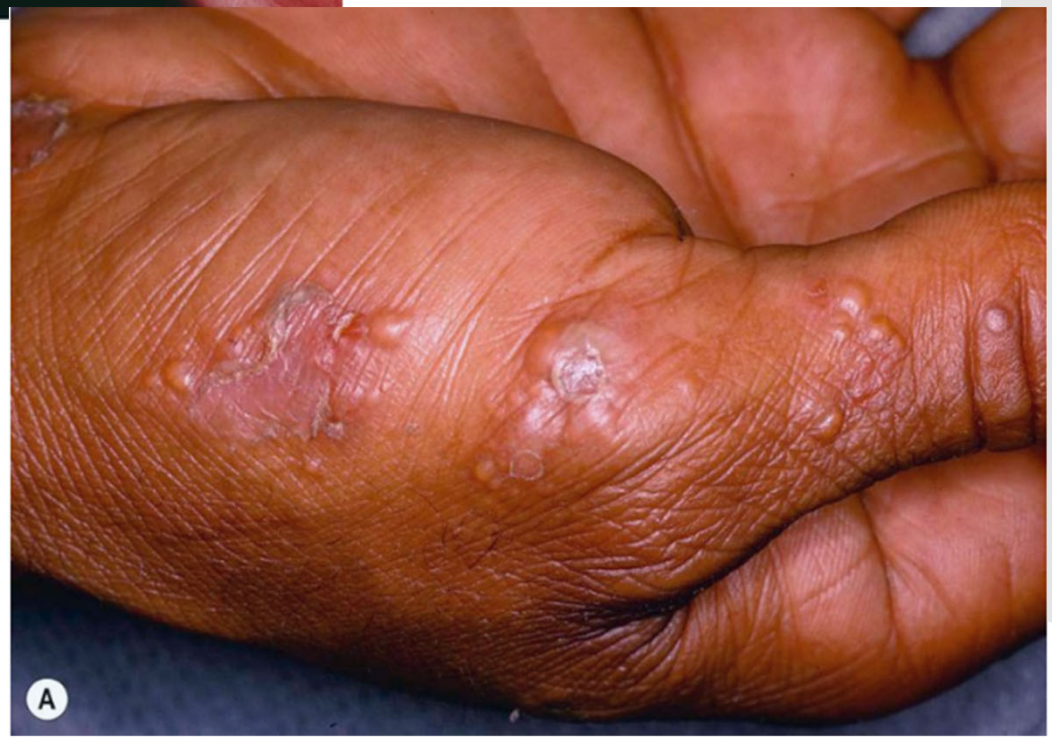




Q6
Identify the following subtype of eczema

_____ dermatitis





Q7
In general, all the previous patients could benefit from (choose ***all*** that apply):

A. Dial antibacterial soap
B. Cerave or Cetaphil cream
C. Tea tree oil
D. Bathing twice daily
E. Dove unscented bar soap
F. Thoroughly drying after each bath/shower
G. Avoidance of use of dryer sheets
H. Oral probiotics

Q8

Neosporin use previously.

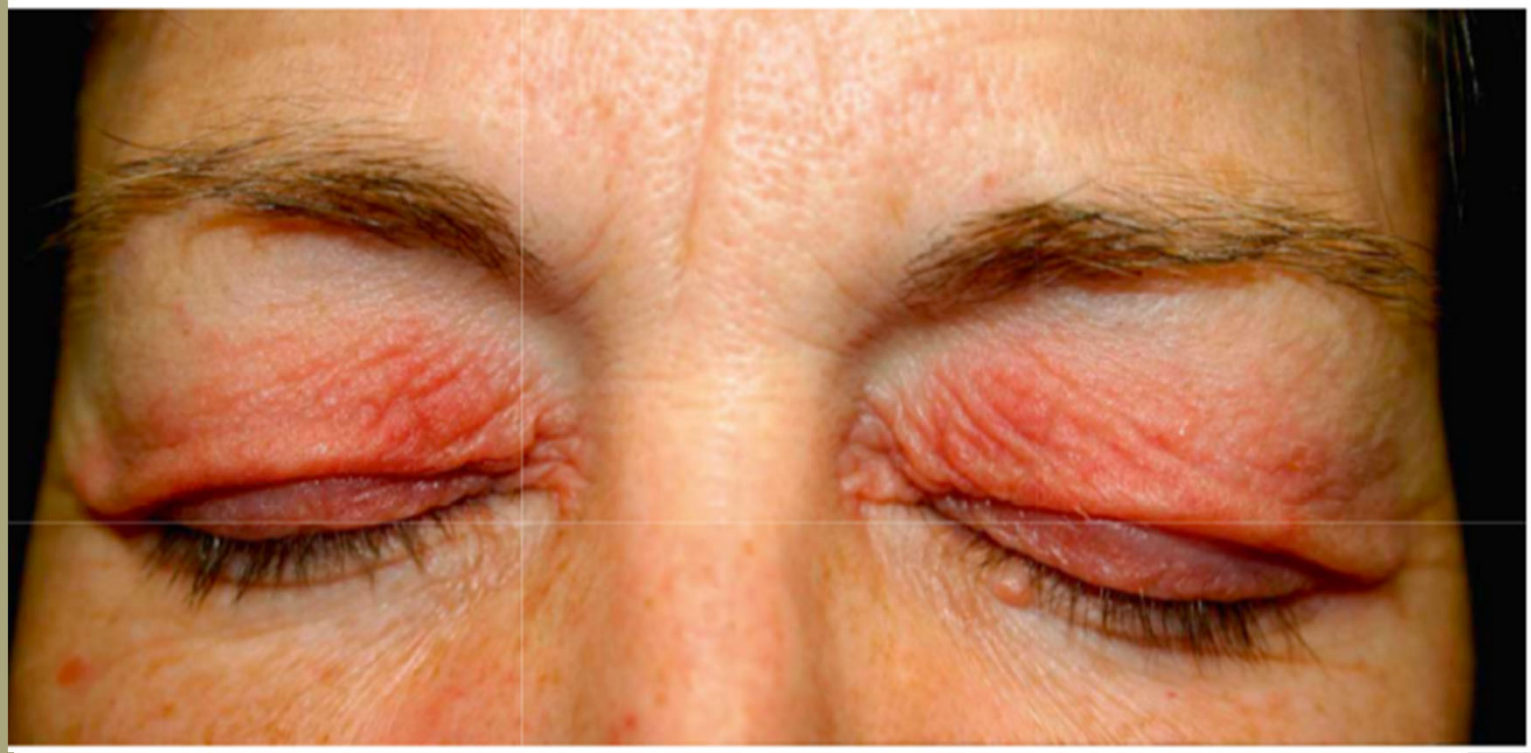
What topical steroid would be most appropriate?

A. Triamcinolone 0.1% cream

B. Desonide 0.05% ointment

C. Hydrocortisone 1% cream

D. Fluocinonide 0.05% ointment



Q9

Pulling weeds off a building.

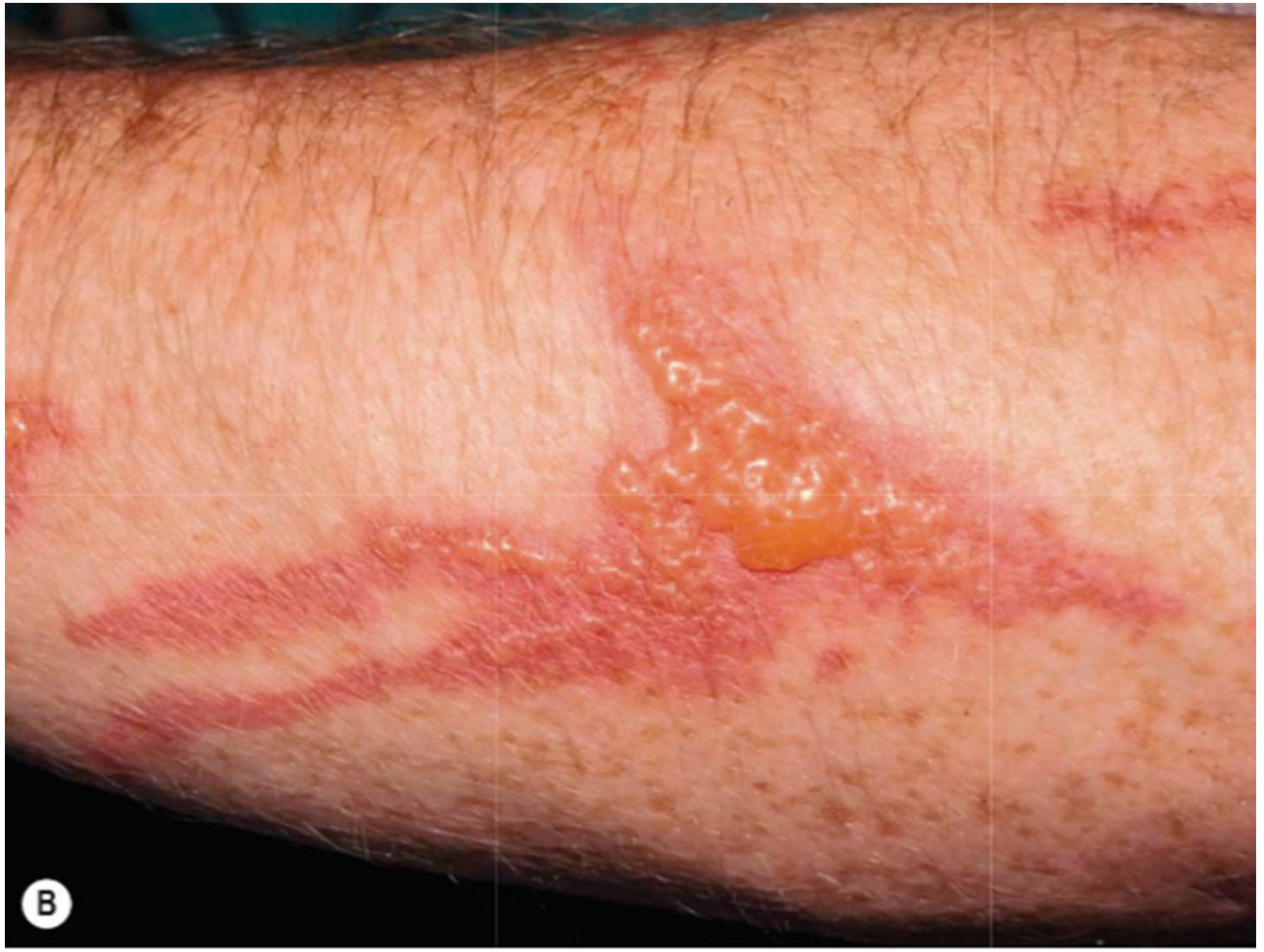
What topical steroid would be most appropriate?

A. Clobetasol 0.05% cream

B. Hydrocortisone 2.5% cream

C. Triamcinolone 0.1% ointment

D. Fluocinolone 0.01% oil



Q10

H/o severe eczema, recently ill and poorly cared for

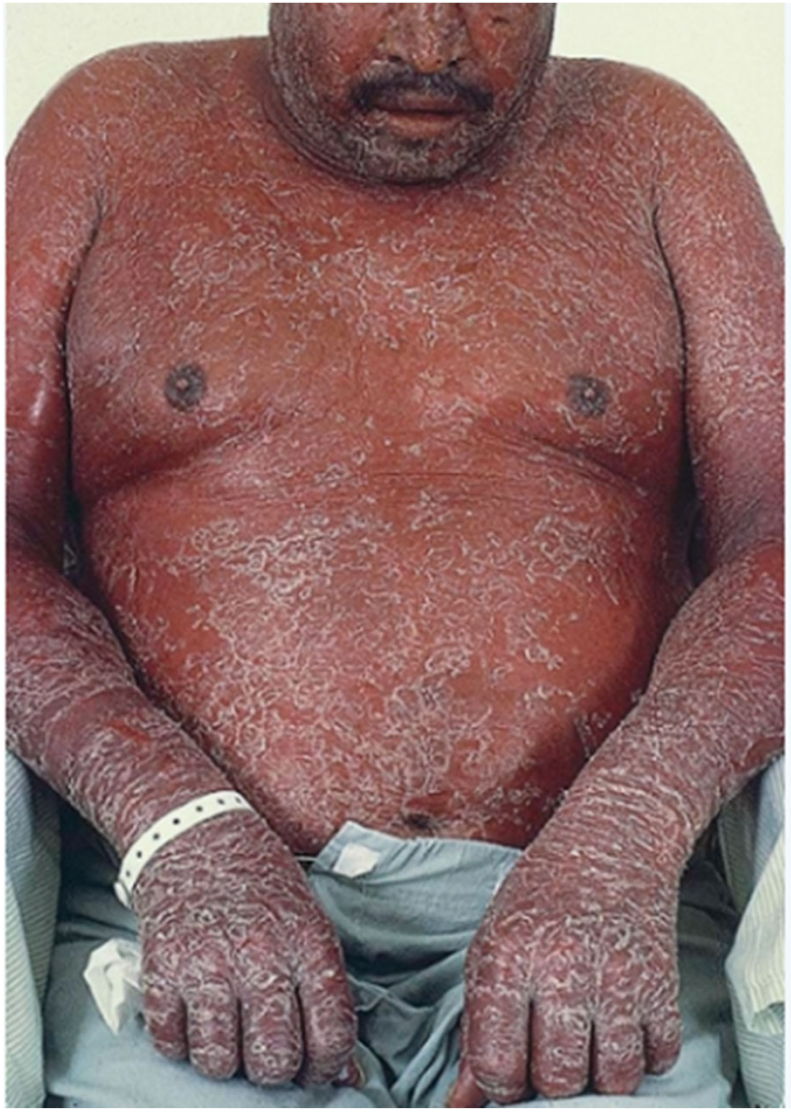
What topical steroid would be most appropriate?

A. Clobetasol 0.05% cream

B. Hydrocortisone 2.5% cream

C. Triamcinolone 0.1% ointment

D. Fluocinolone 0.01% oil



Q11

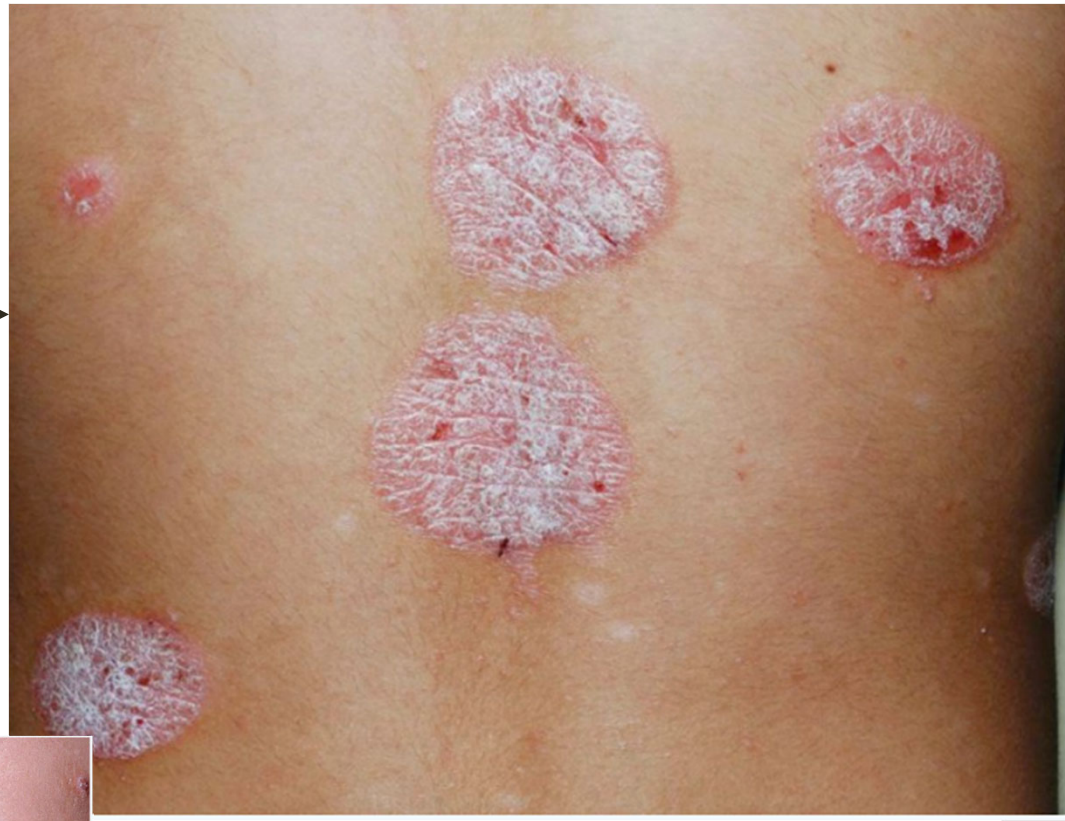
For which of the following types of eczema does Prednisone play a role in promoting a durable long-term response?

A. Exuberant atopic dermatitis
B. Exuberant dyshidrotic dermatitis
C. Exuberant allergic contact dermatitis
D. Exuberant irritant contact dermatitis

Q12

Identify

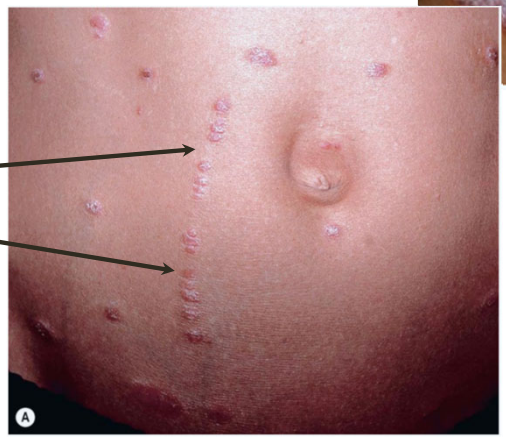
A. Pityriasis rosea
B. Psoriasis vulgaris
C. Seborrheic dermatitis
D. Tinea corporis



Q13

This is the

_____ phenomenon

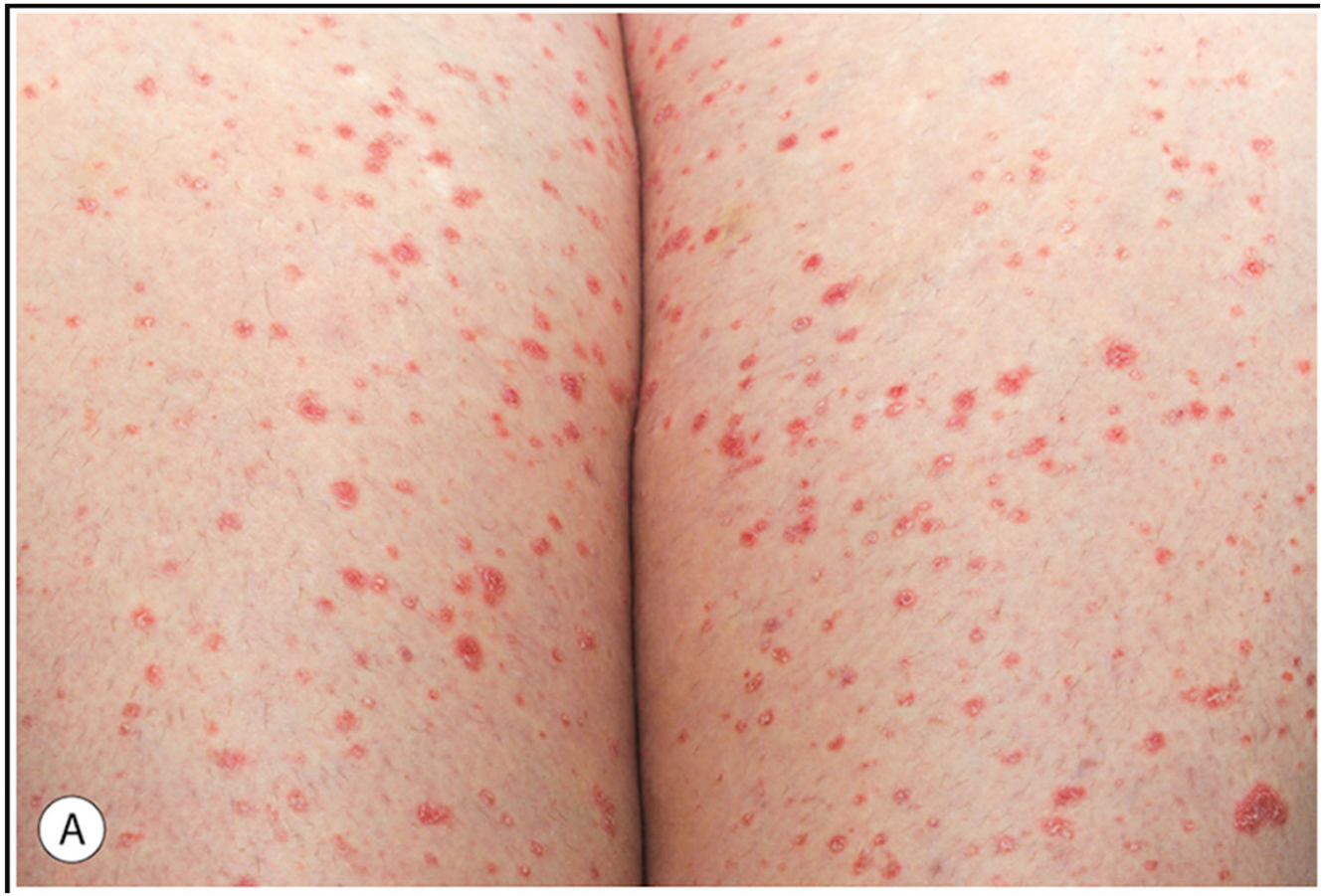


Q14

21yr old female with 3wks of new rash & subtle nail dystrophy.

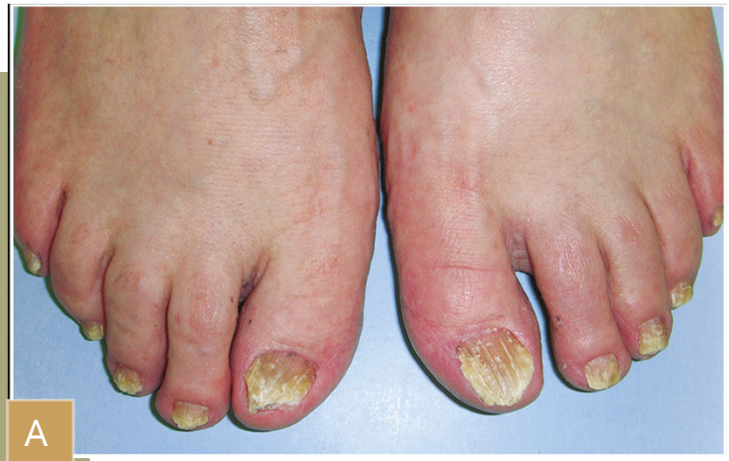
Which of the following blood tests is most likely to reveal an underlying trigger?

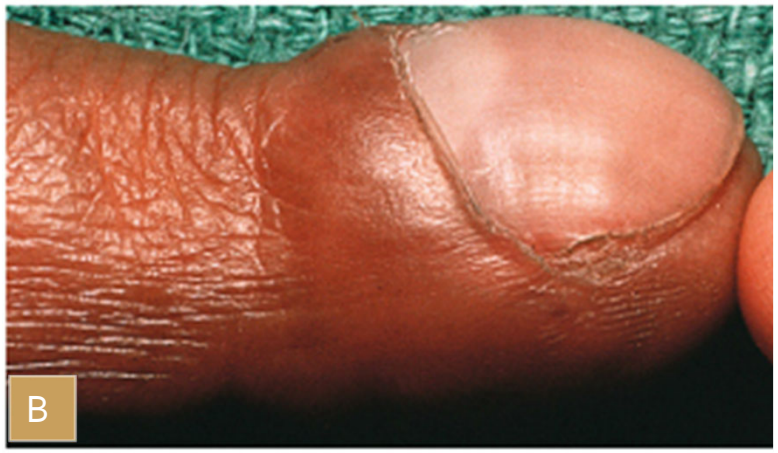
A. ASO titer
B. HIV antibody
C. SPEP
D. CMP

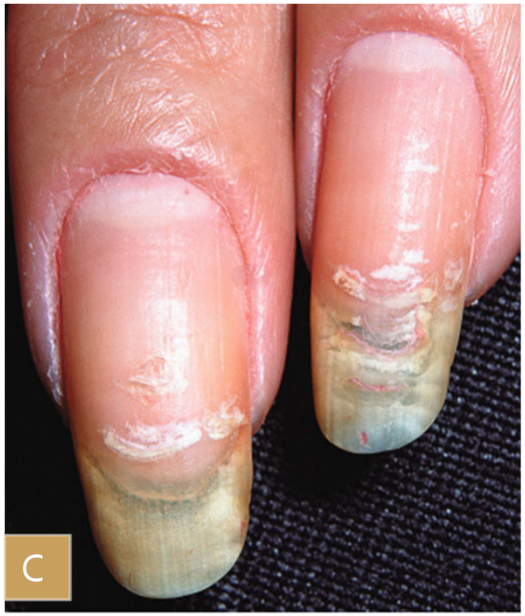


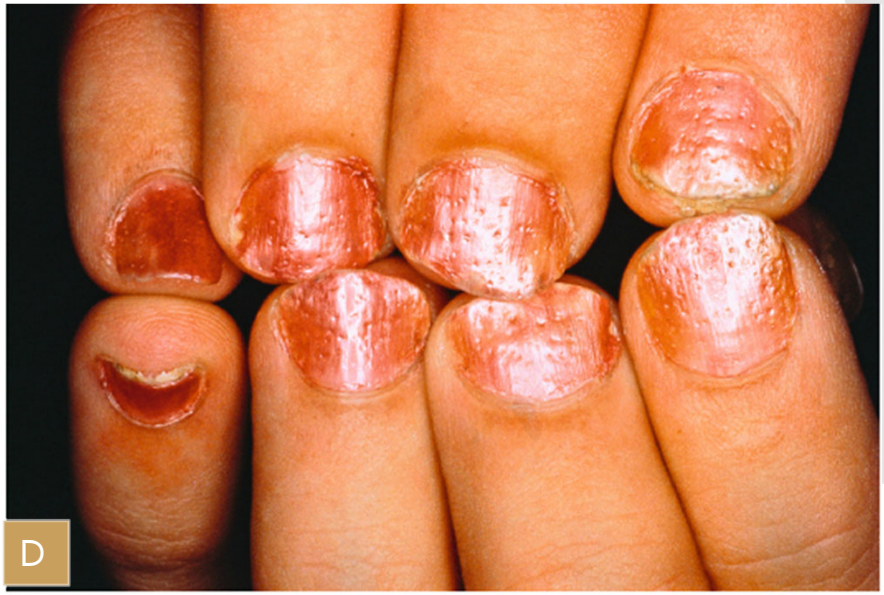
Q15

Which of the following nail changes is most <u>specific</u> for psoriasis?







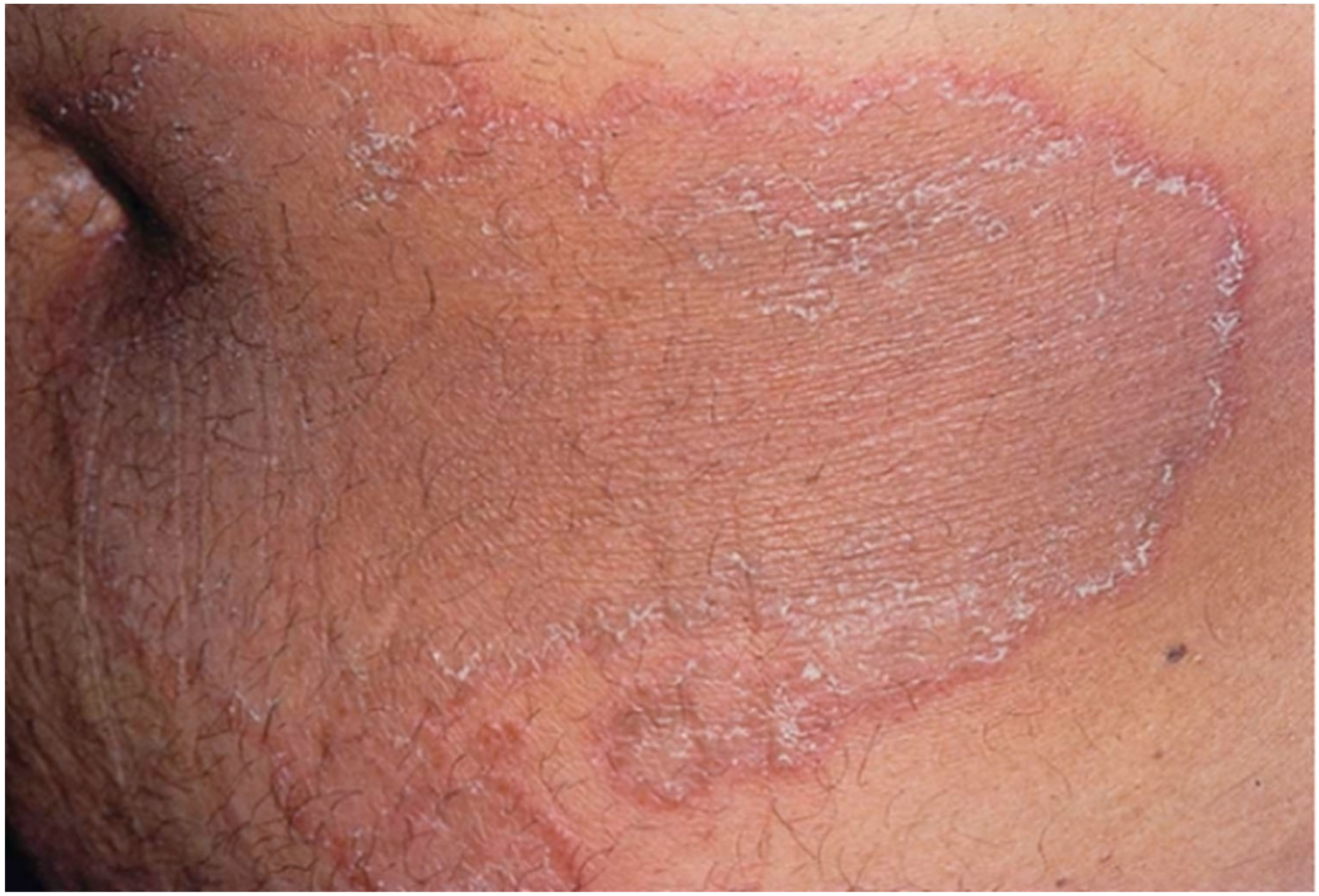


Q16

In general, which of the following are appropriate treatment options for pts with psoriasis? (choose ***all*** that apply):

A. Suprapotent topical steroids for extremity lesions
B. 90-120 minutes of natural sunlight QOD
C. Topical Vitamin D
D. Keratolytics like Salicylic acid or Urea
E. Prednisone (in severe disease)
F. Use of saran wrap occlusion on top of medication

Q17
26yo, Itchy rash on belly
What is the treatment of choice?
A. Terbinafine 1% cream
B. Betamethasone-Clotrimasole cream
C. Nystatin cream
D. Permethrin 5% cream



Q18

35y0, Rash going on months, mildly itchy at times

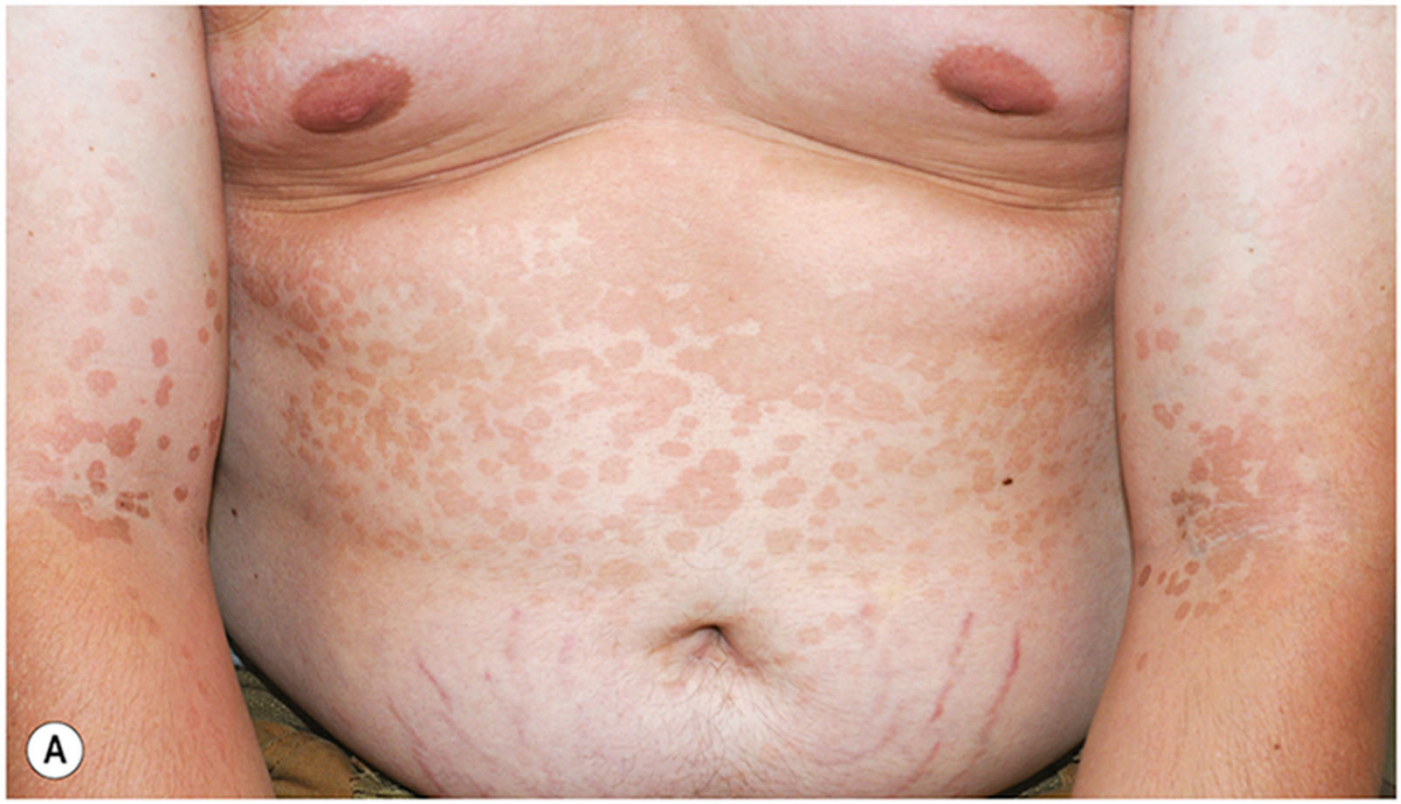
What is the treatment of choice?

A. Ketoconazole 2% shampoo

B. Clindamycin 1% gel

C. Triamcinolone 0.1% cream

D. Terbinafine 1% cream



Q19

32yo, going on 4 weeks, trunk only, mildly itchy

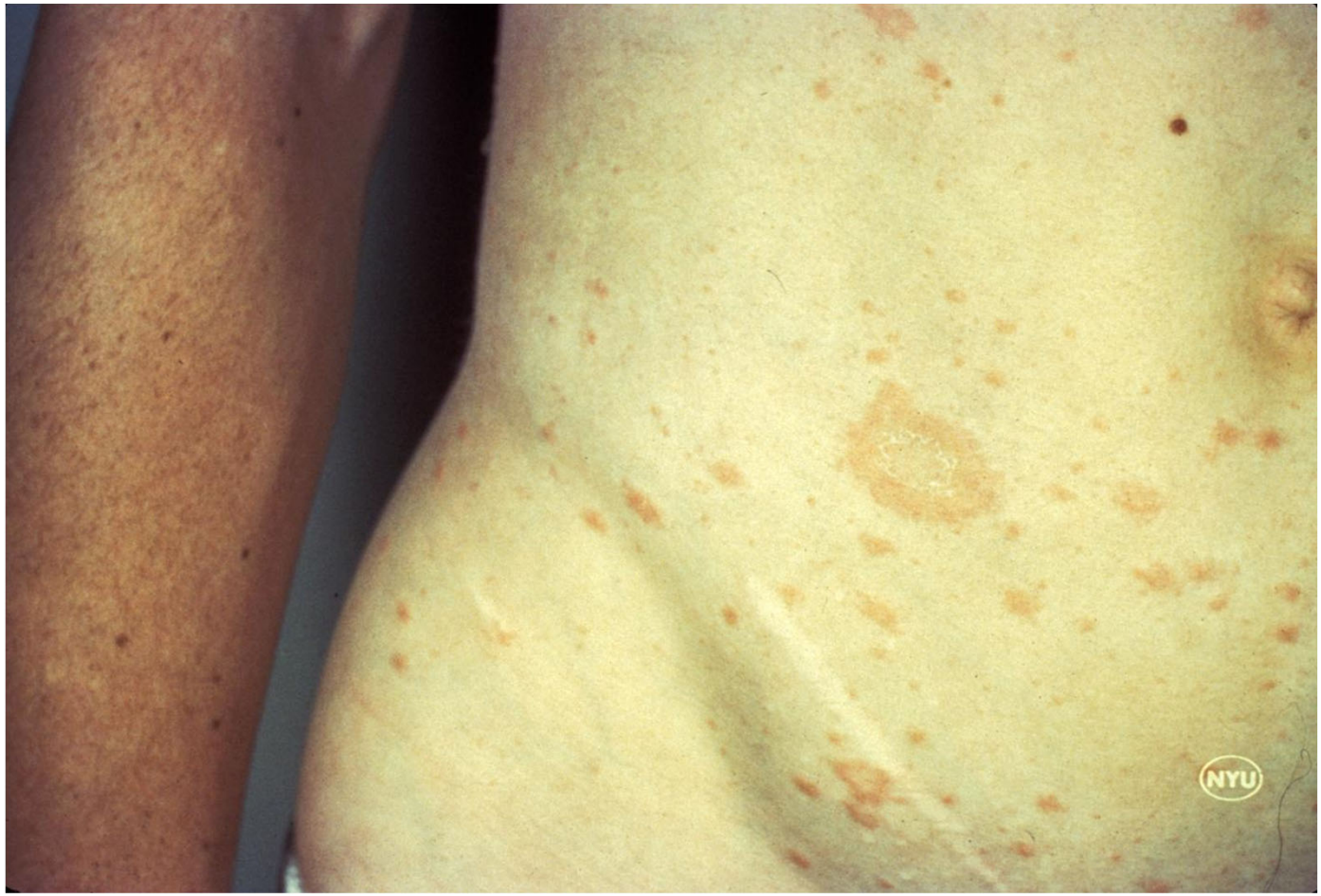
What is the treatment of choice?

A. Ketoconazole 2% shampoo

B. Clindamycin 1% gel

C. Triamcinolone 0.1% cream

D. Terbinafine 1% cream



Q20

45y0, going on 6 weeks, severely itchy

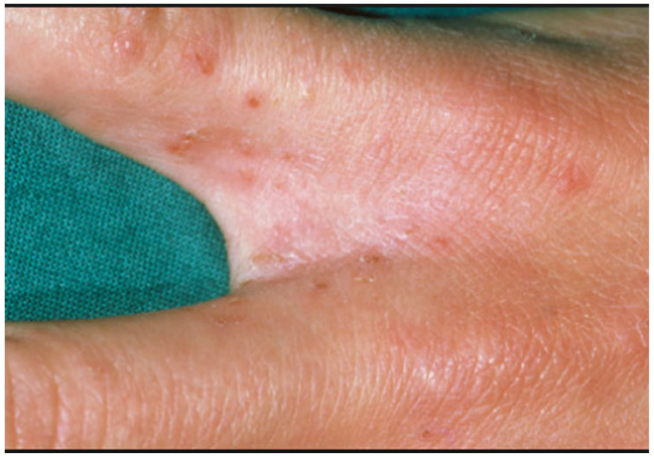
What is the treatment of choice?

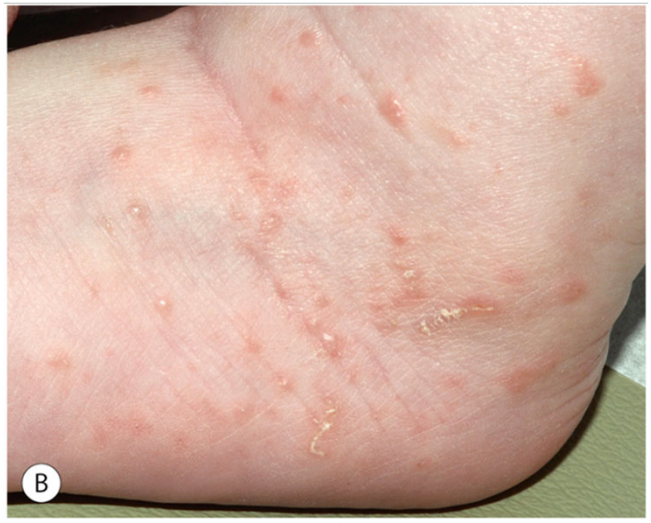
A. Terbinafine 1% cream

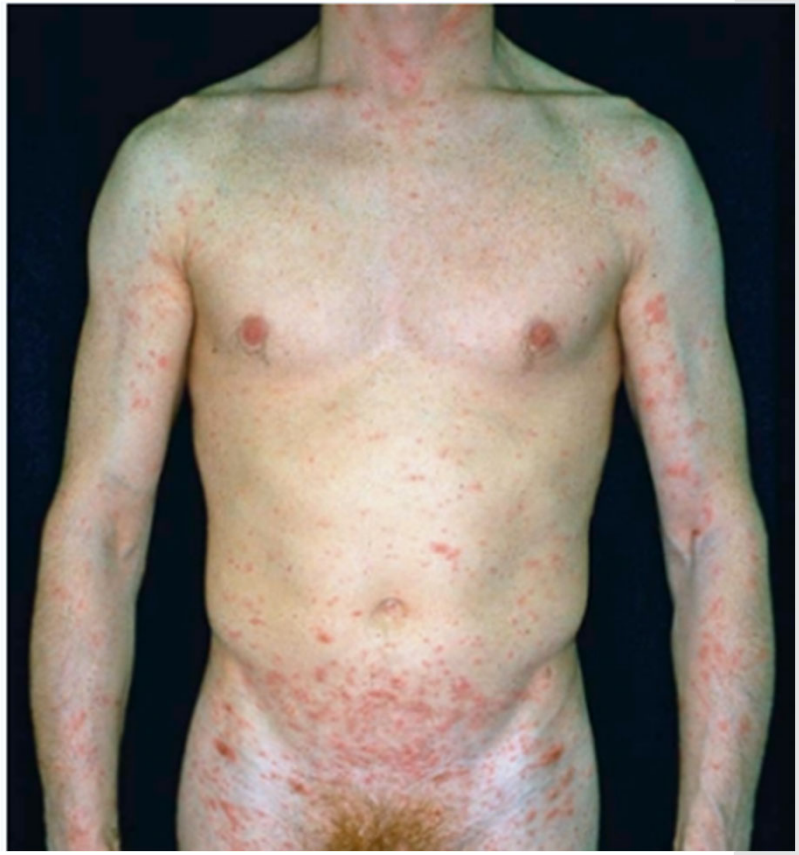
B. Betamethasone-Clotrimasole cream

C. Nystatin cream

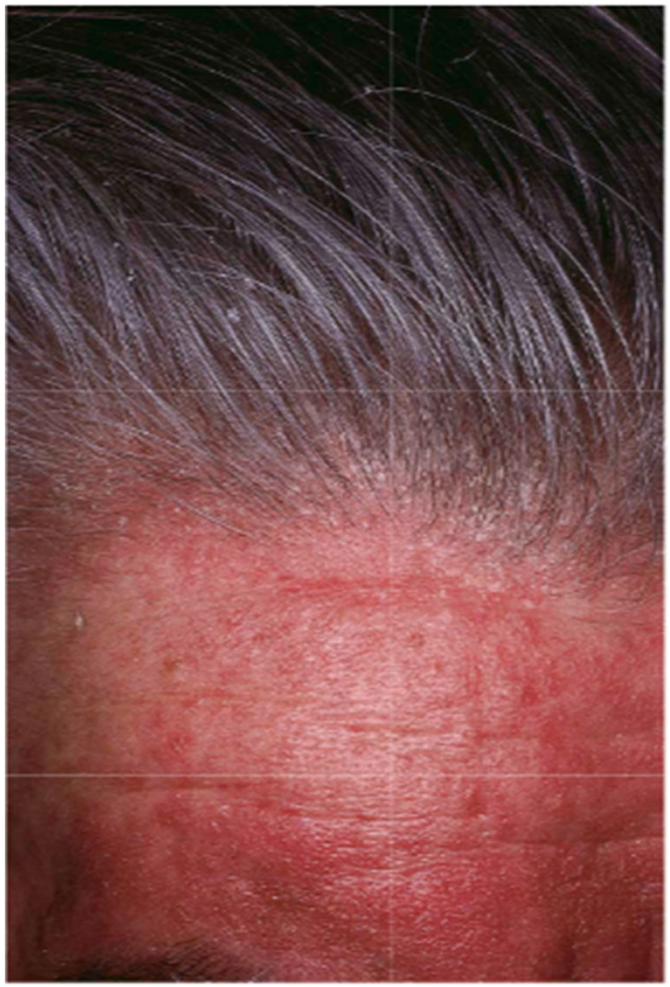
D. Permethrin 5% cream

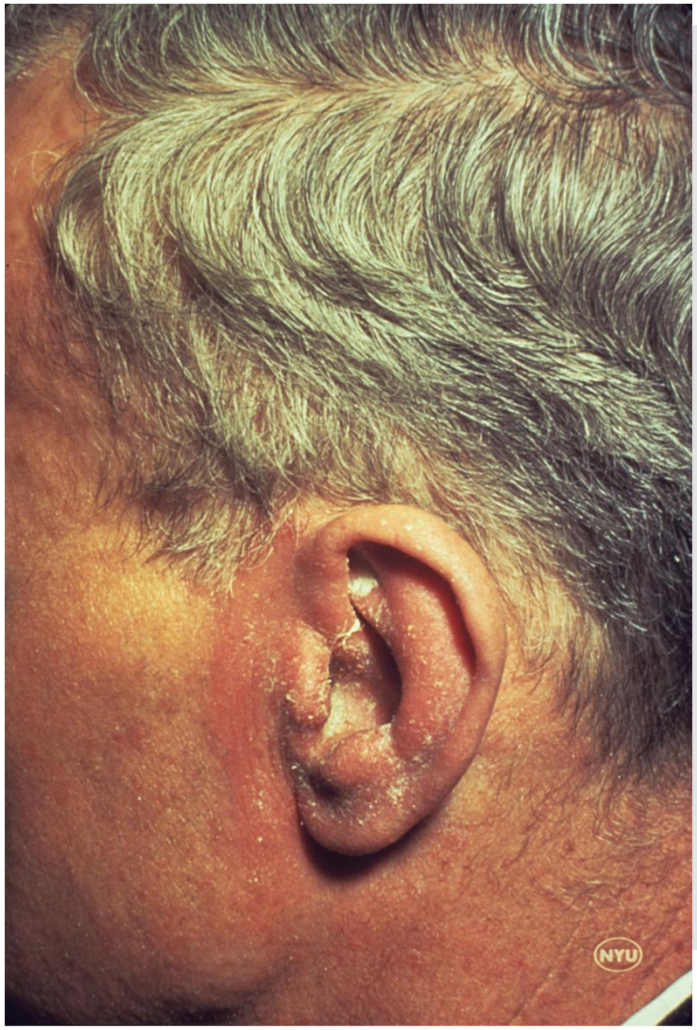






Q21
58yo, itchy scalp for the last few months, white spots slide easily along hair shaft
Which of the following is <u>not</u> a reasonable treatment option?
A. Permethrin 5%
B. Fluocinonide 0.05% solution
C. Ciclopirox 1% shampoo
D. Hydrocortisone valerate 0.2% cream

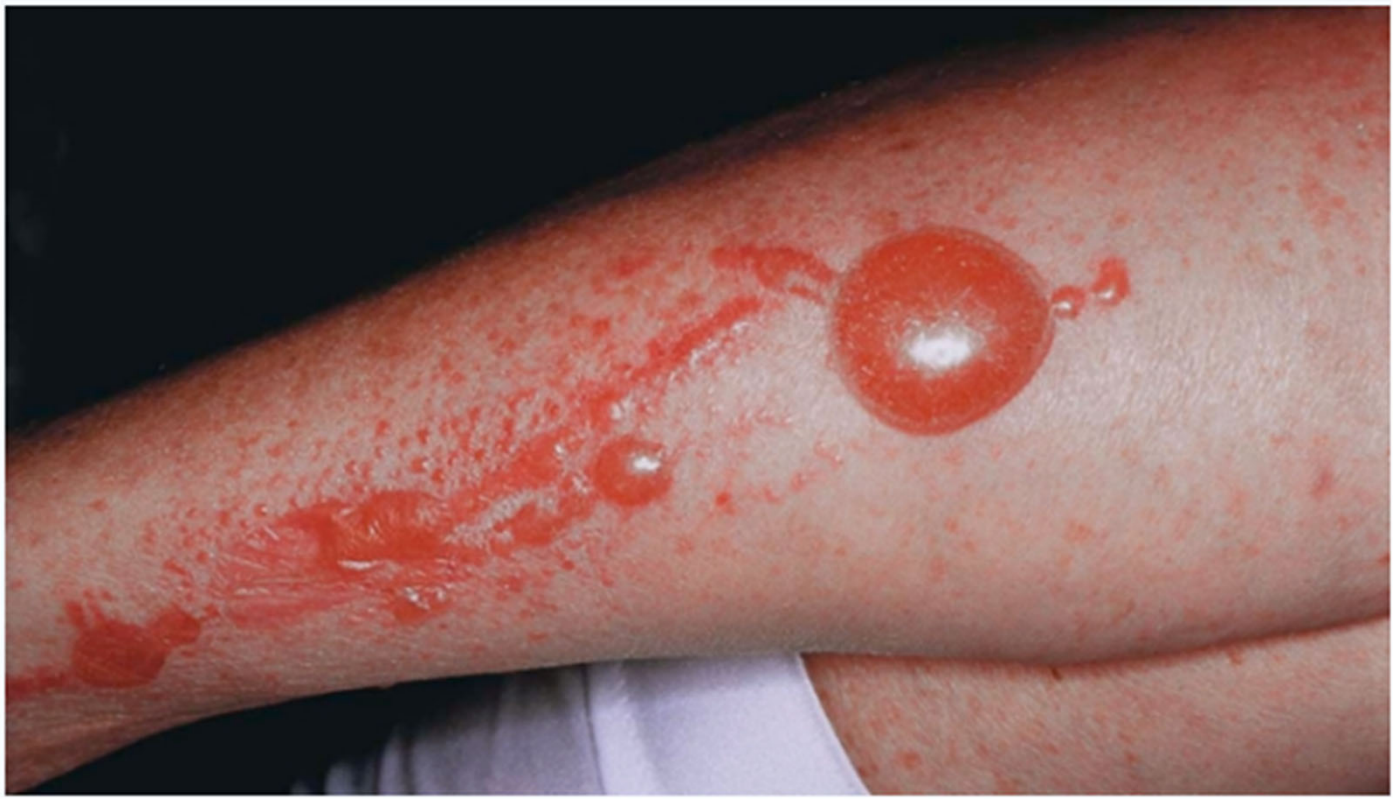




REVIEW TIME!

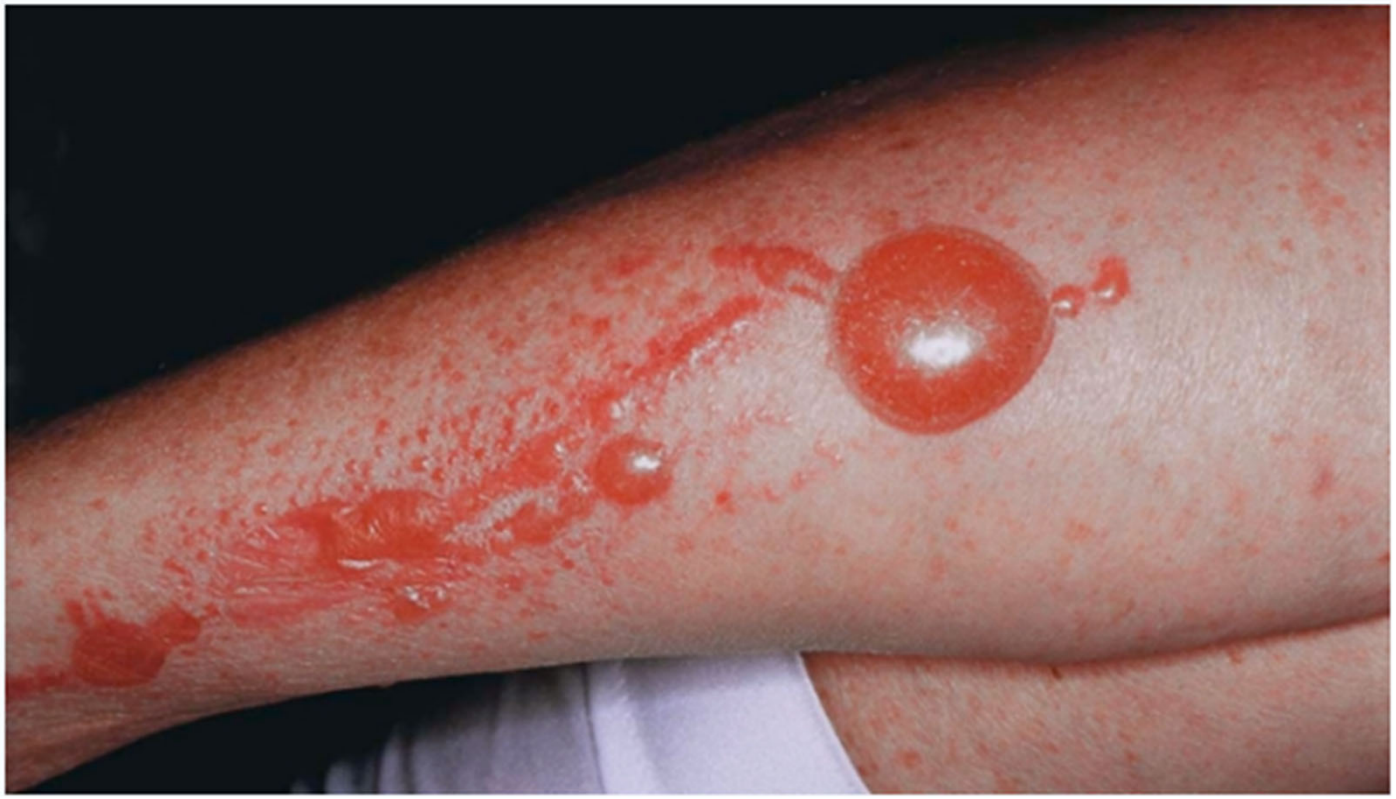
Q1
Identify the following subtype of eczema

_____ dermatitis



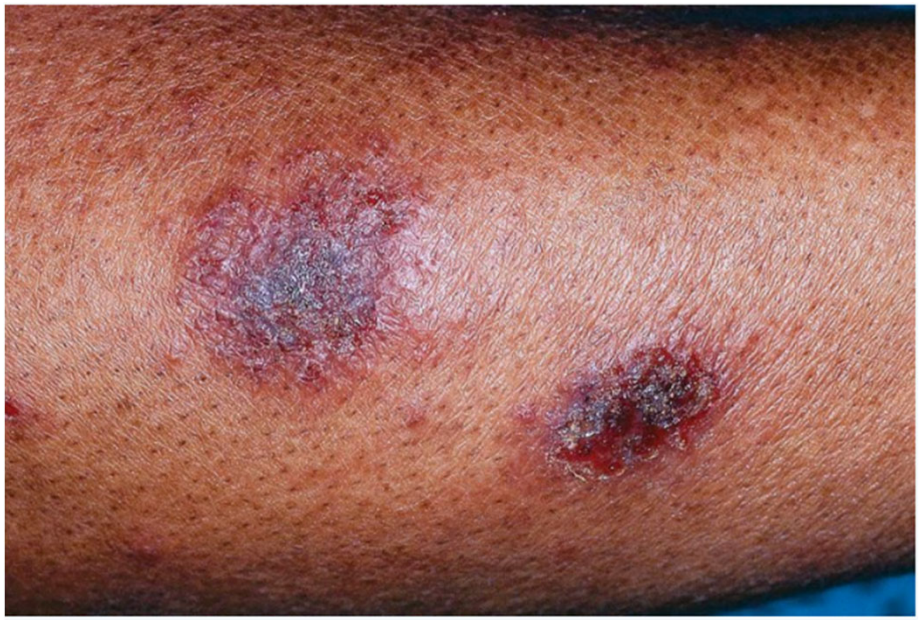
Q1
Identify the following subtype of eczema

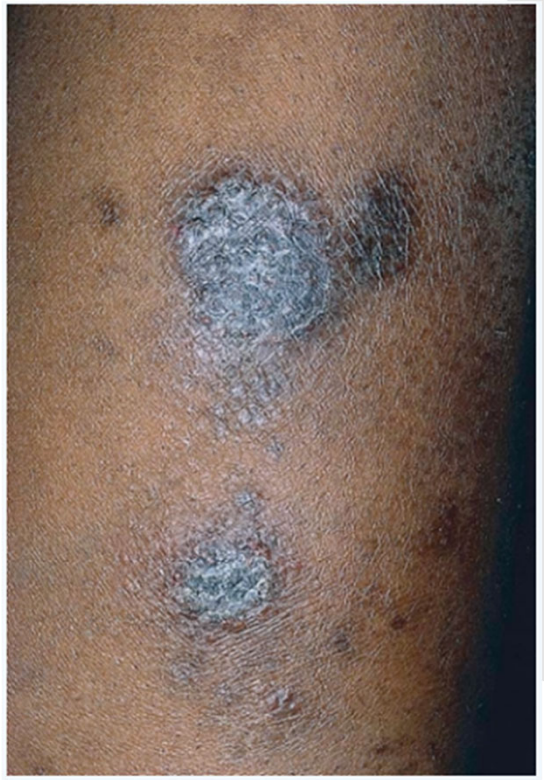
Allergic contact dermatitis



Q2
Identify the following subtype of eczema

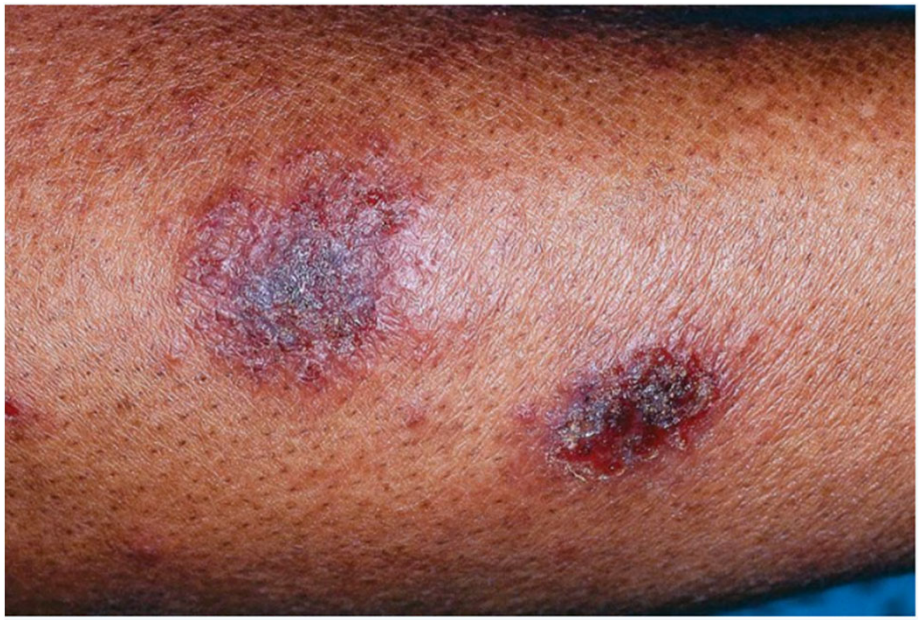
_____ dermatitis

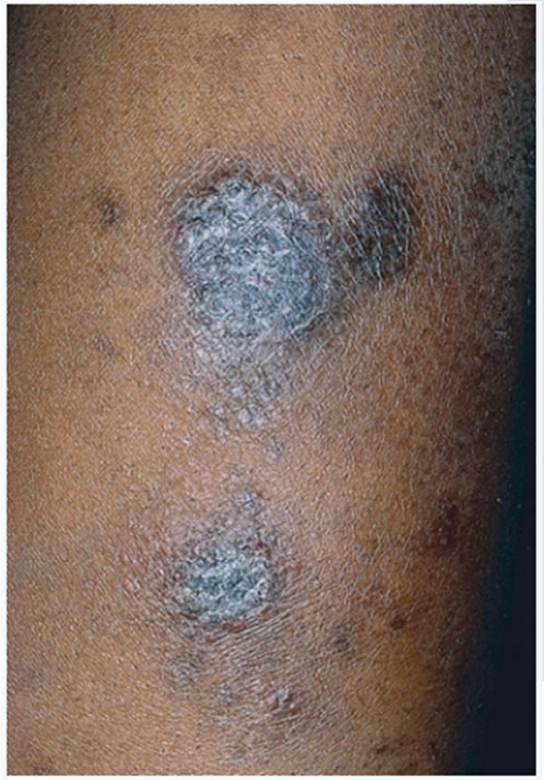




Q2
Identify the following subtype of eczema

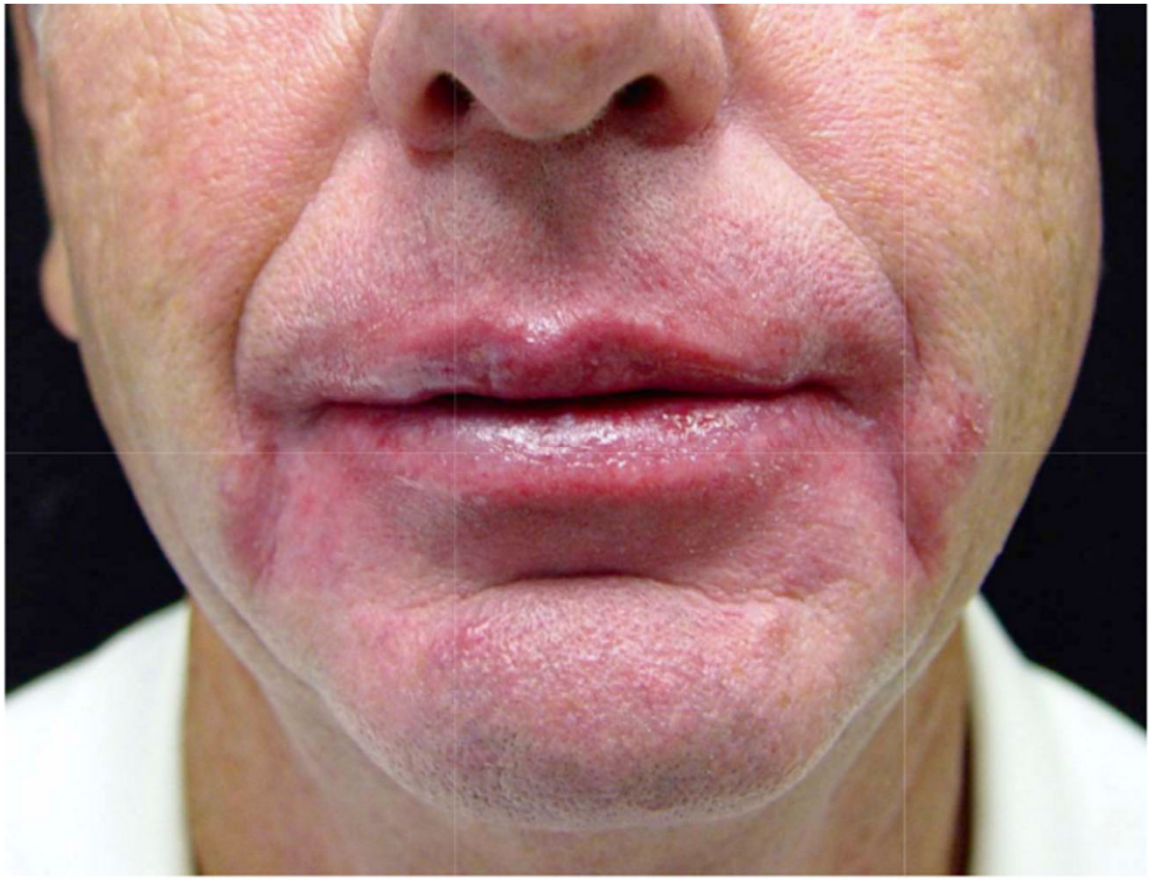
Nummular dermatitis





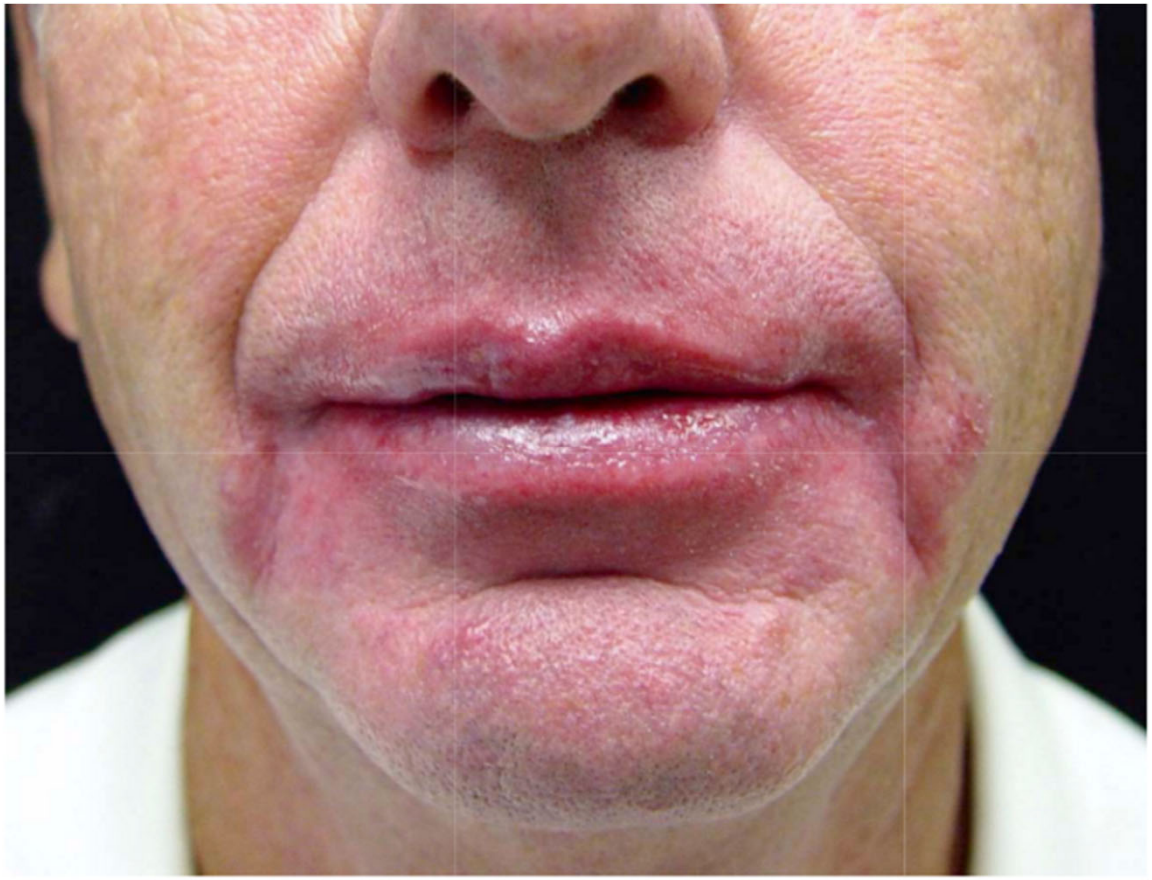
Q3
Identify the following subtype of eczema

_____ dermatitis

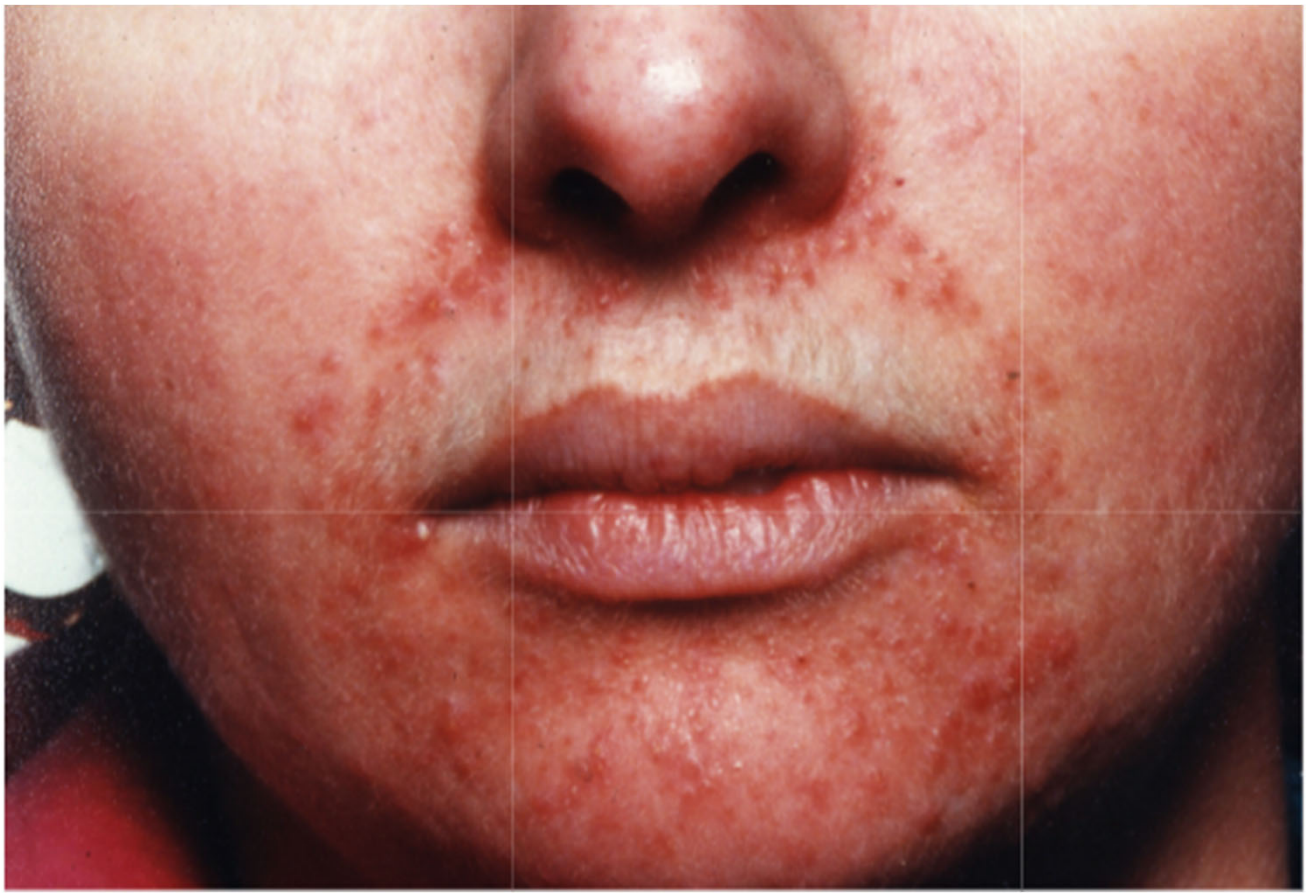


Q3
Identify the following subtype of eczema

Irritant contact (liplicker's) dermatitis

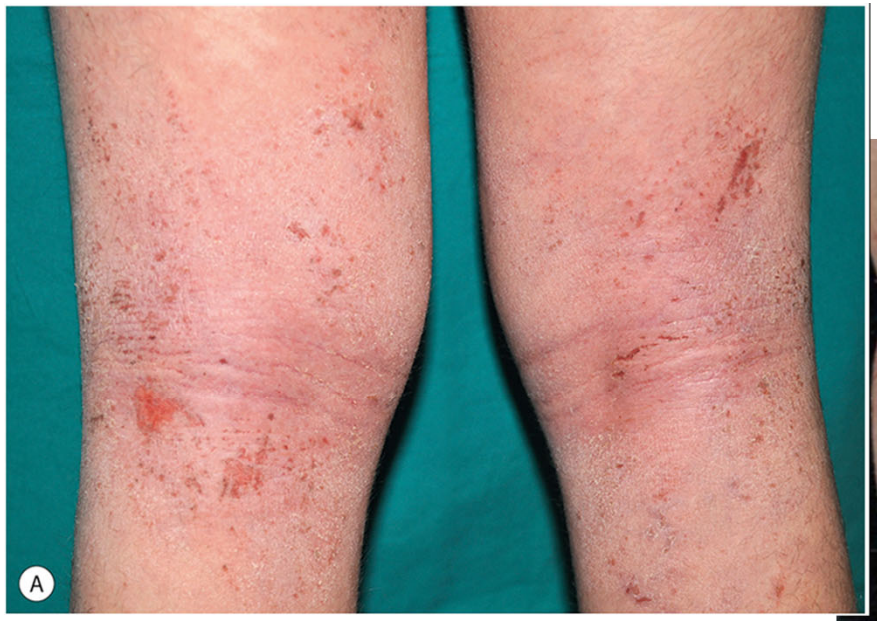


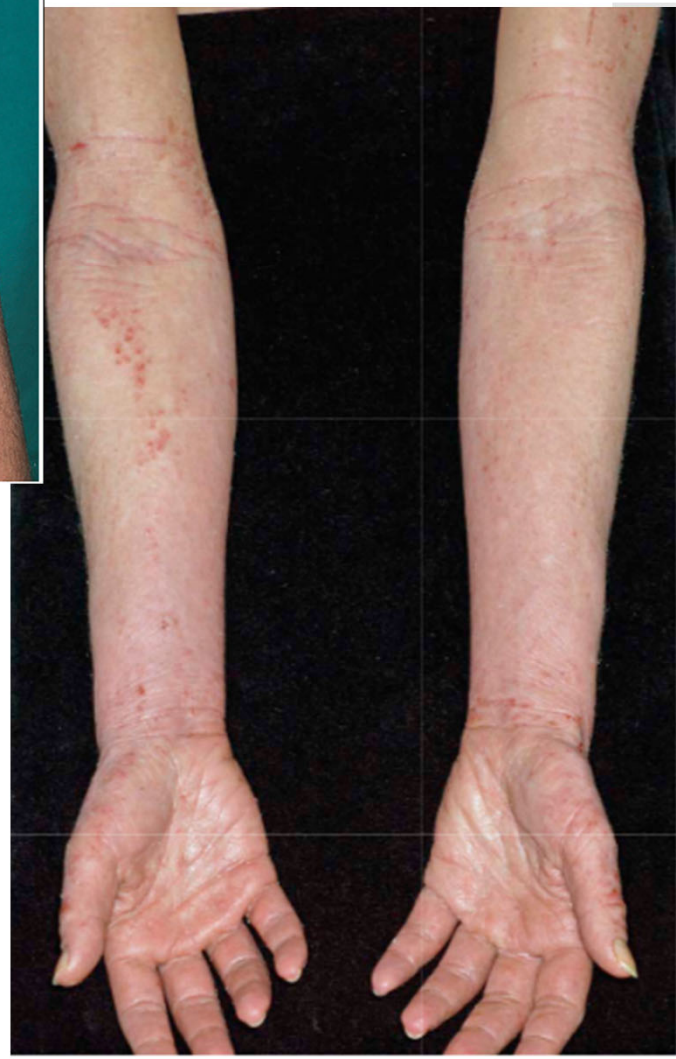
Perioral dermatitis (by comparison)



Q4
Identify the following subtype of eczema

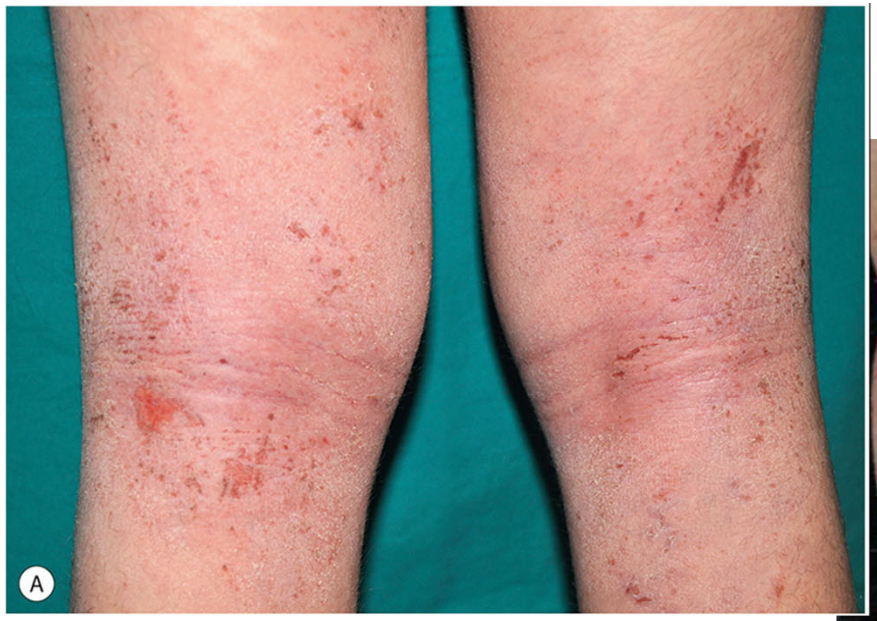
_____ dermatitis

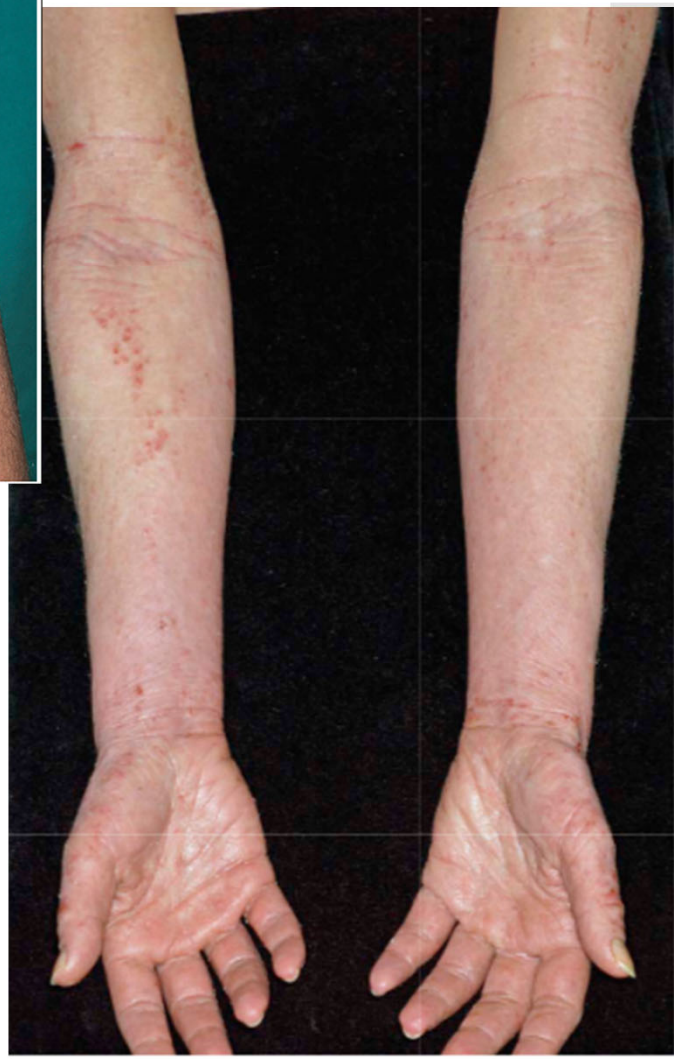




Q4
Identify the following subtype of eczema

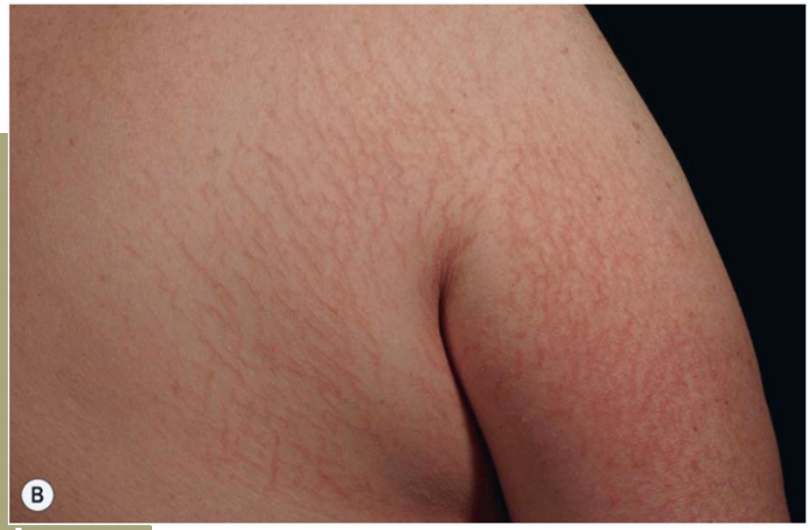
Atopic dermatitis

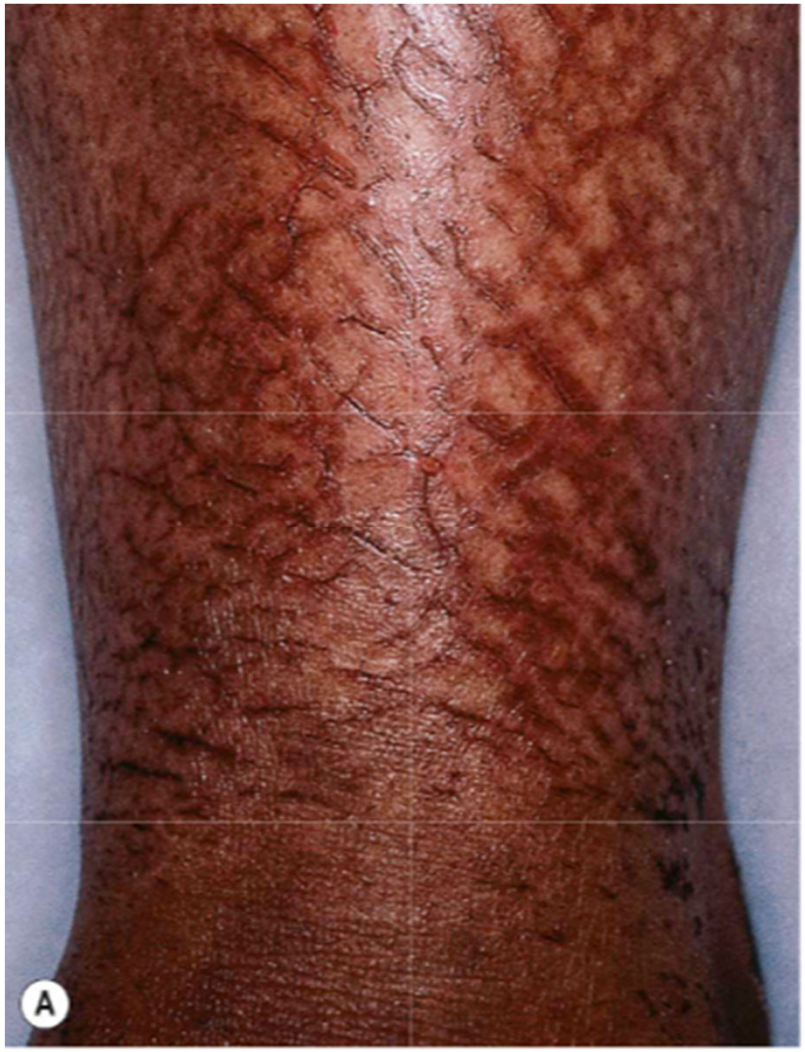




Q5
Identify the following subtype of eczema

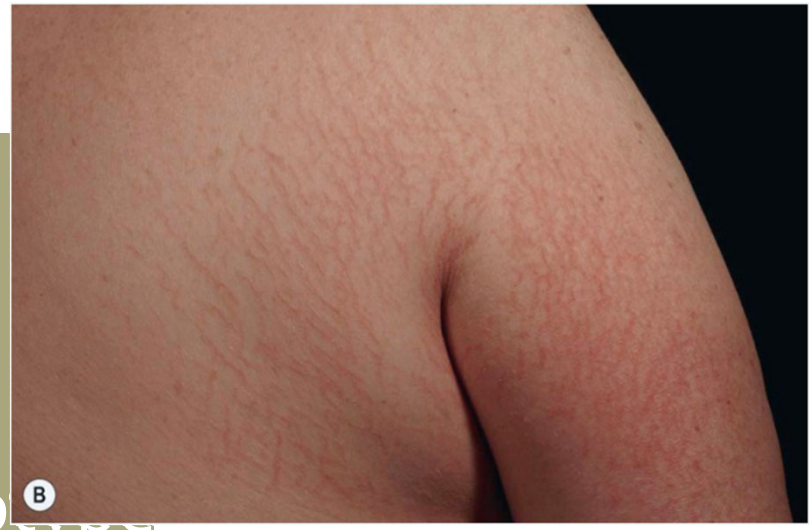
_____ dermatitis

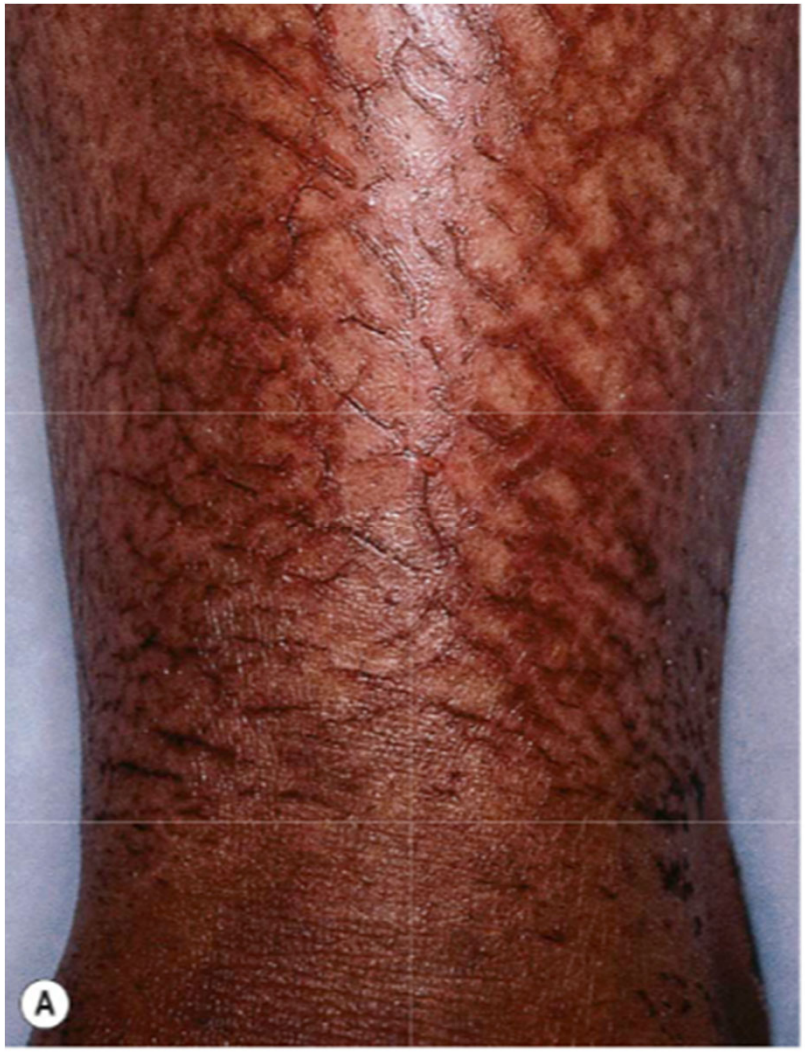




Q5
Identify the following subtype of eczema

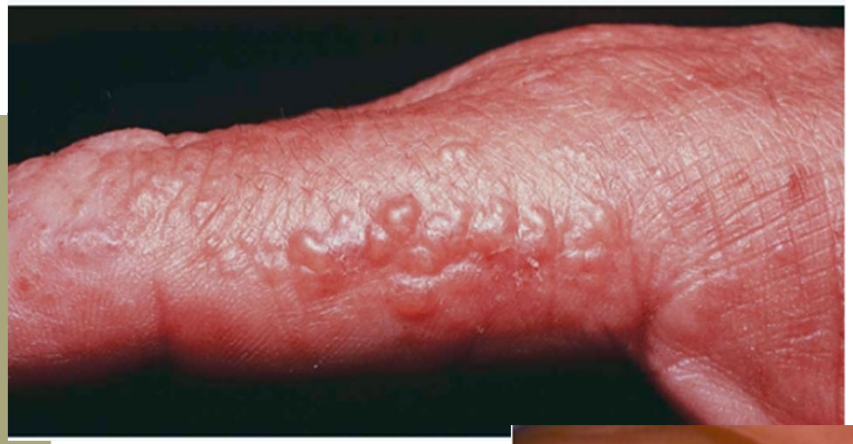
Asteatotic dermatitis

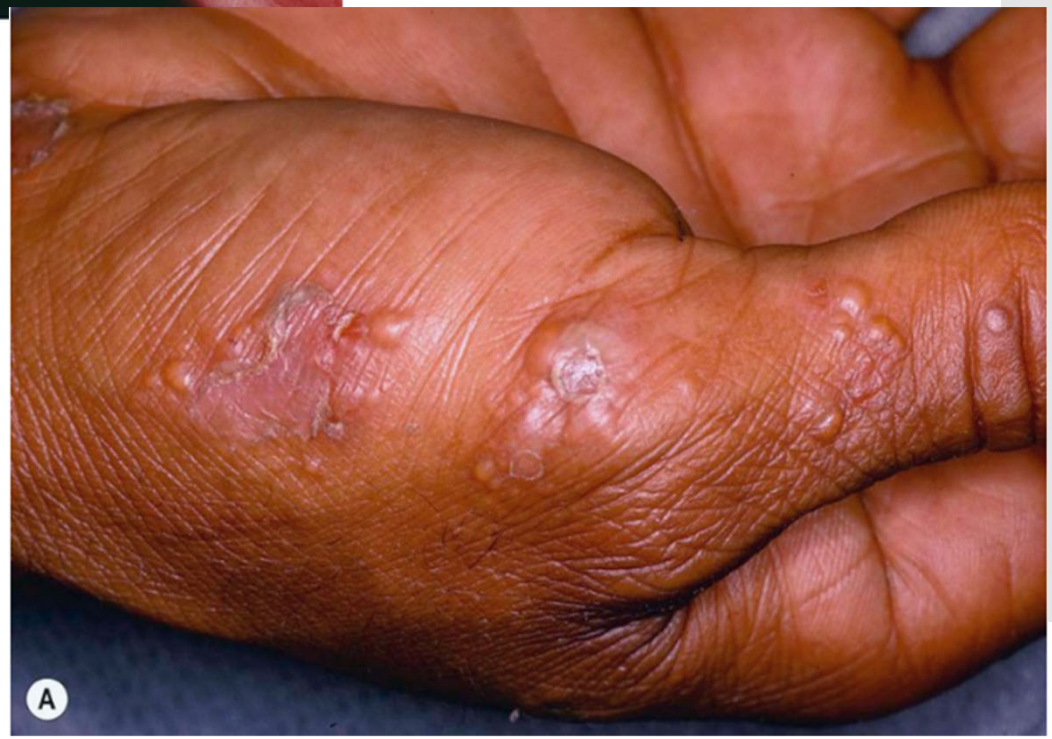




Q6
Identify the following subtype of eczema

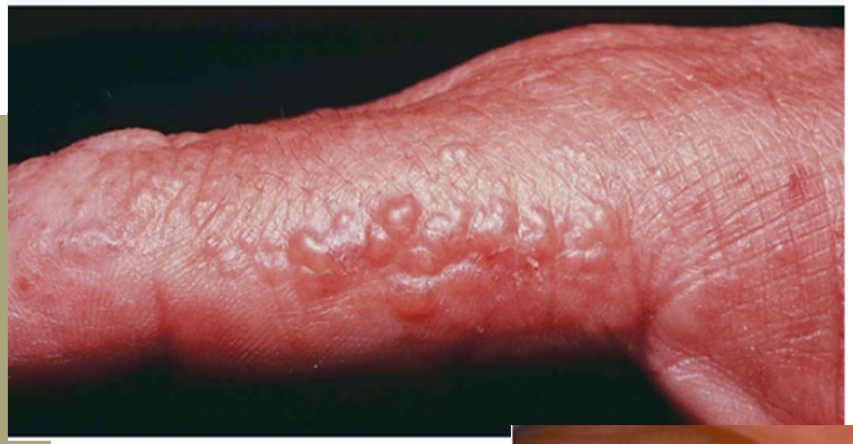
_____ dermatitis

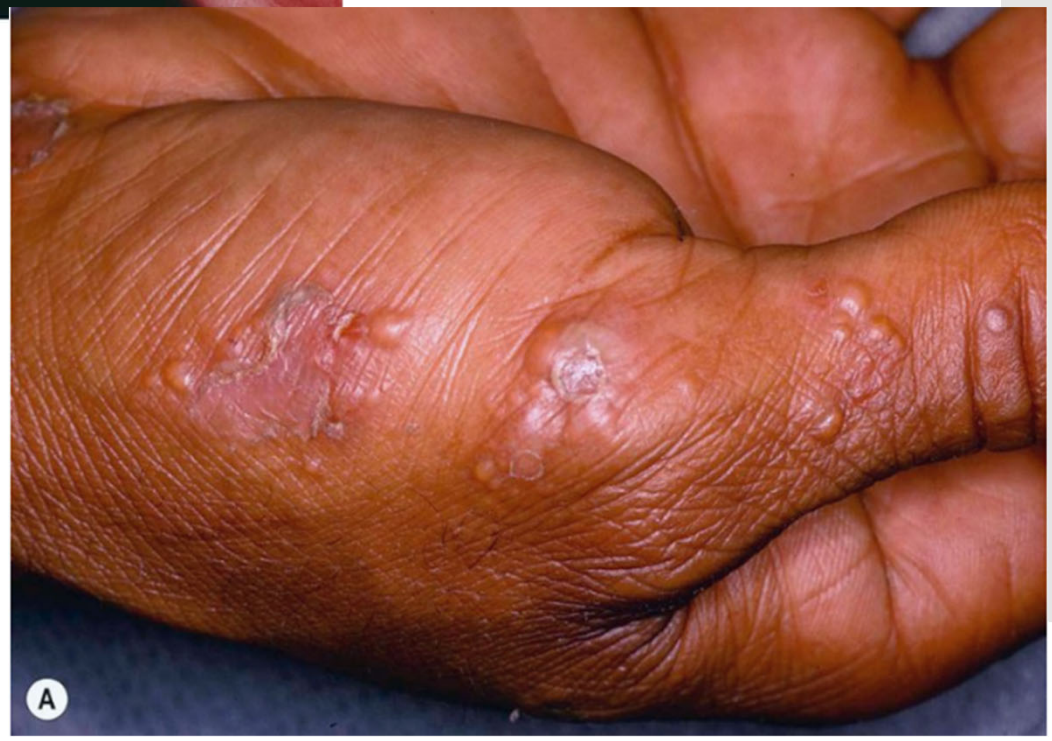




Q6
Identify the following subtype of eczema

Dyshidrotic dermatitis





Q7
In general, all the previous patients could benefit from (choose ***all*** that apply):

A. Dial antibacterial soap
B. Cerave or Cetaphil cream
C. Tea tree oil
D. Bathing twice daily
E. Dove unscented bar soap
F. Thoroughly drying after each bath/shower
G. Avoidance of use of dryer sheets
H. Oral probiotics

Q7
In general, all the previous patients could benefit from (choose ***all*** that apply):

A. Dial antibacterial soap
B. Cerave or Cetaphil cream
C. Tea tree oil
D. Bathing twice daily
E. Dove unscented bar soap
F. Thoroughly drying after each bath/shower
G. Avoidance of use of dryer sheets
H. Oral probiotics

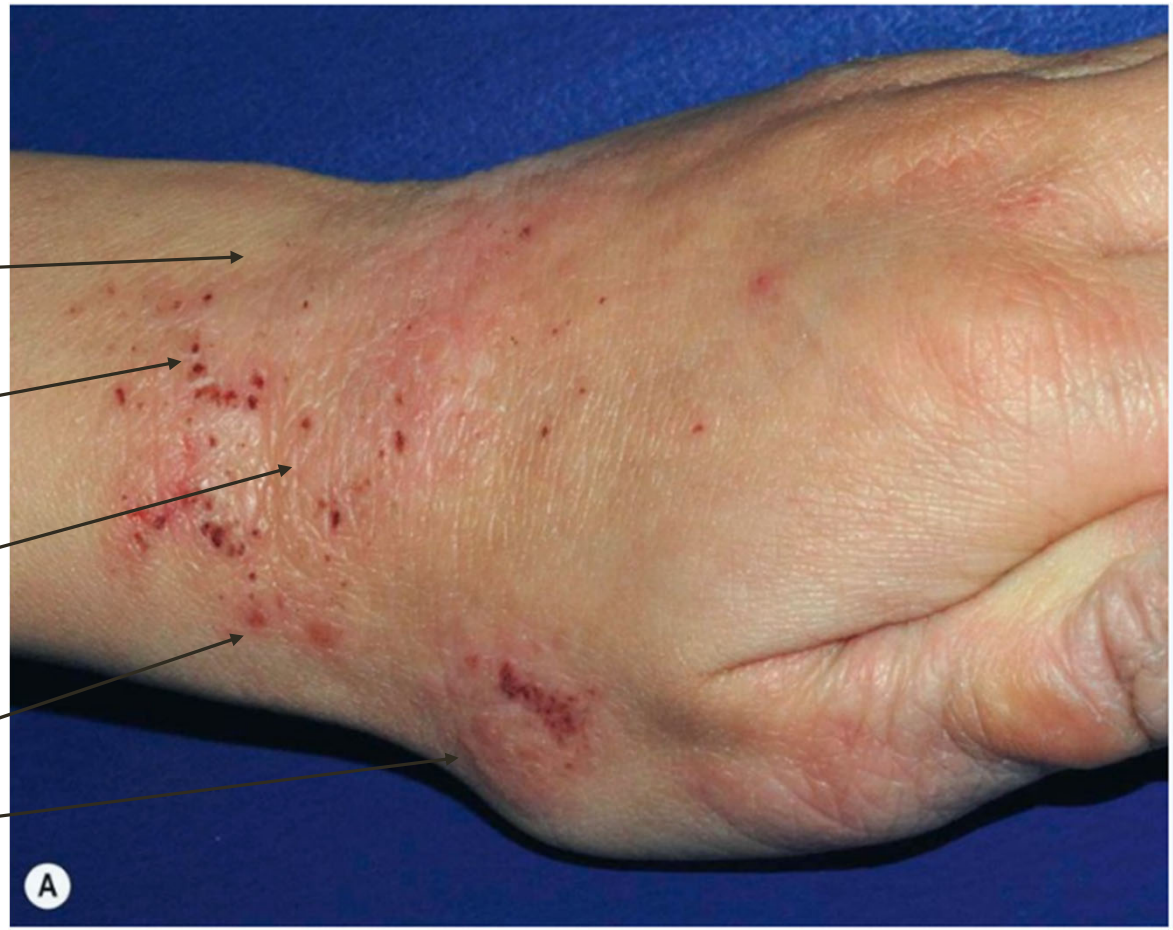
“Eczema” on exam

Relatively ill defined border

Excoriation implies itchy

Lichenification of skin markings

Edematous, juicy plaques and papules



Q8

Neosporin use previously.

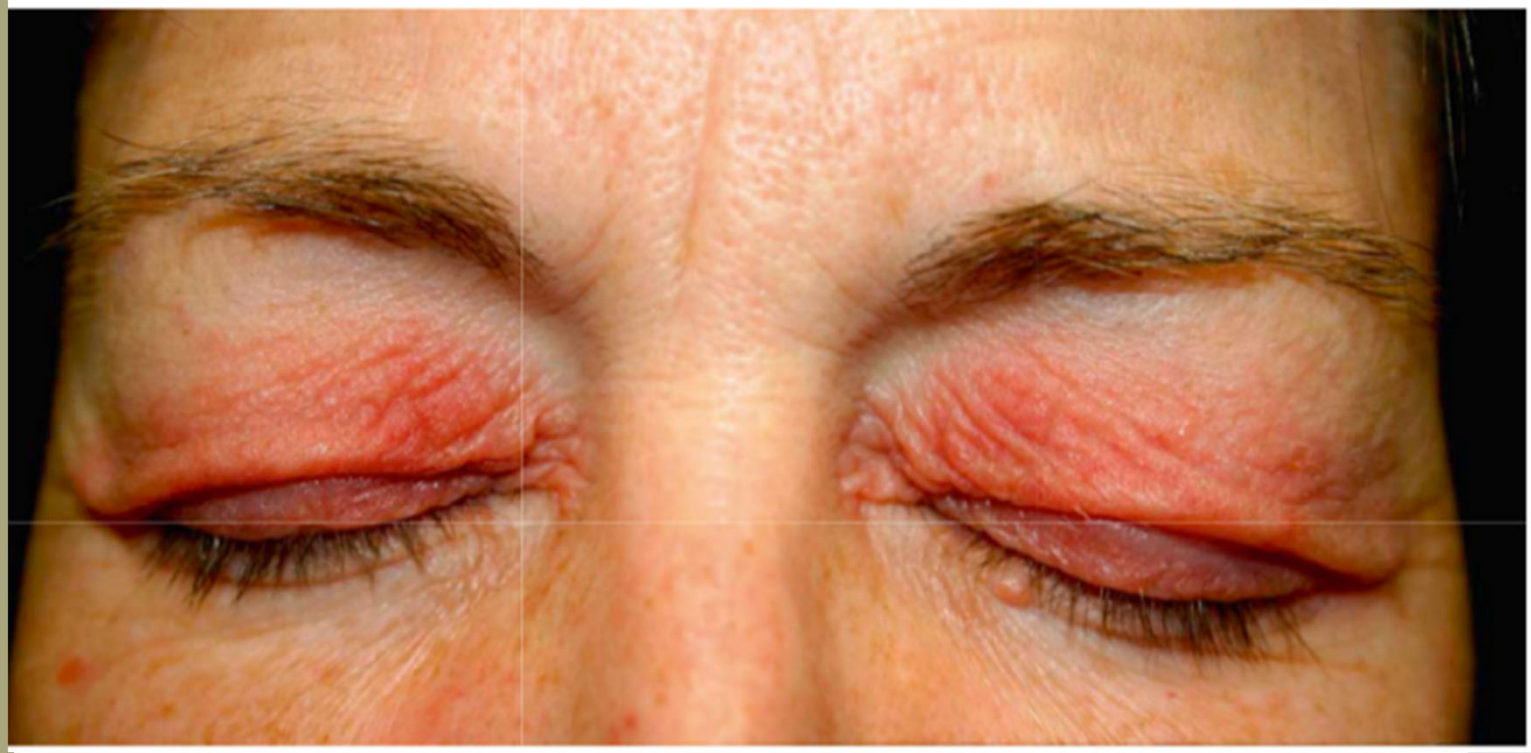
What topical steroid would be most appropriate?

A. Triamcinolone 0.1% cream

B. Desonide 0.05% ointment

C. Hydrocortisone 1% cream

D. Fluocinonide 0.05% ointment



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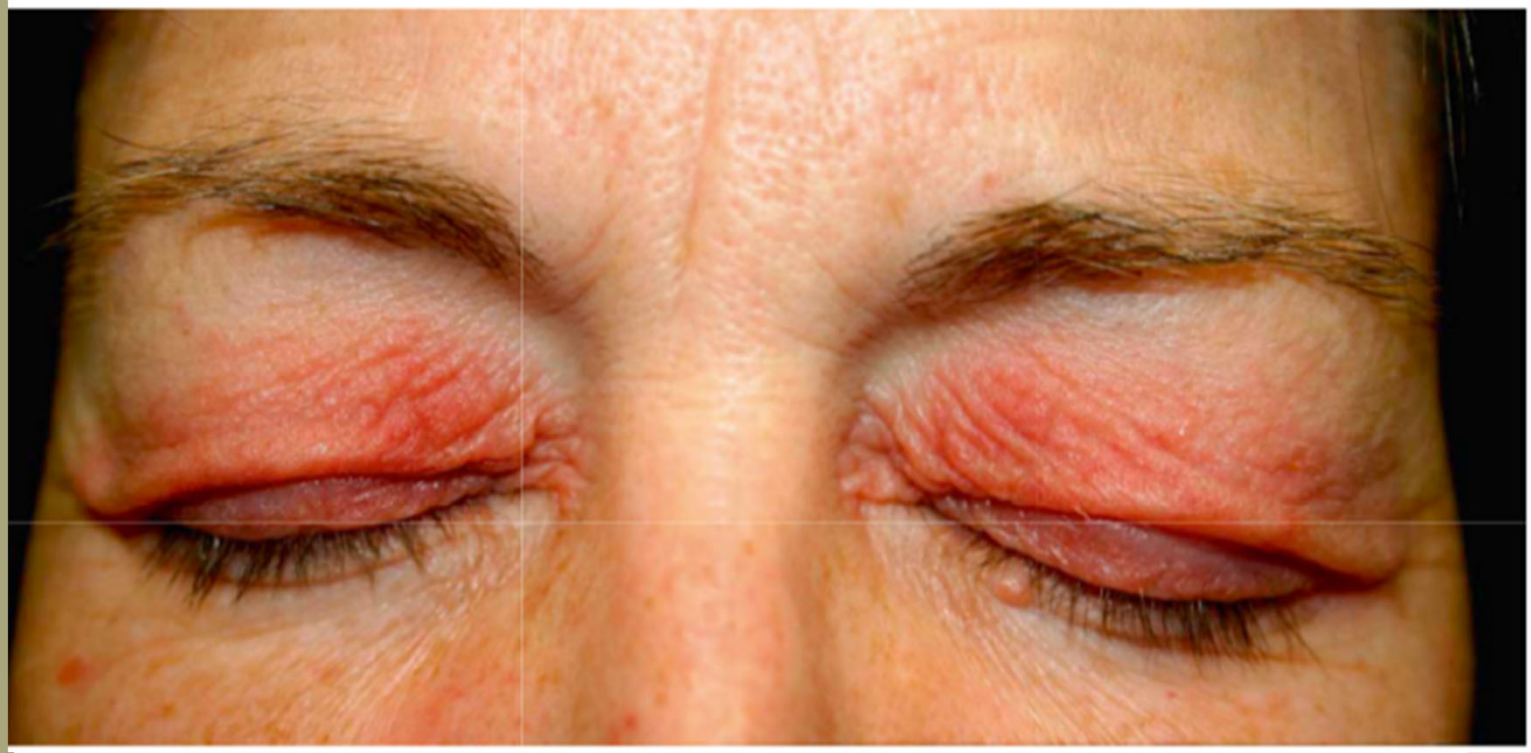


Q9

Pulling weeds off a building.

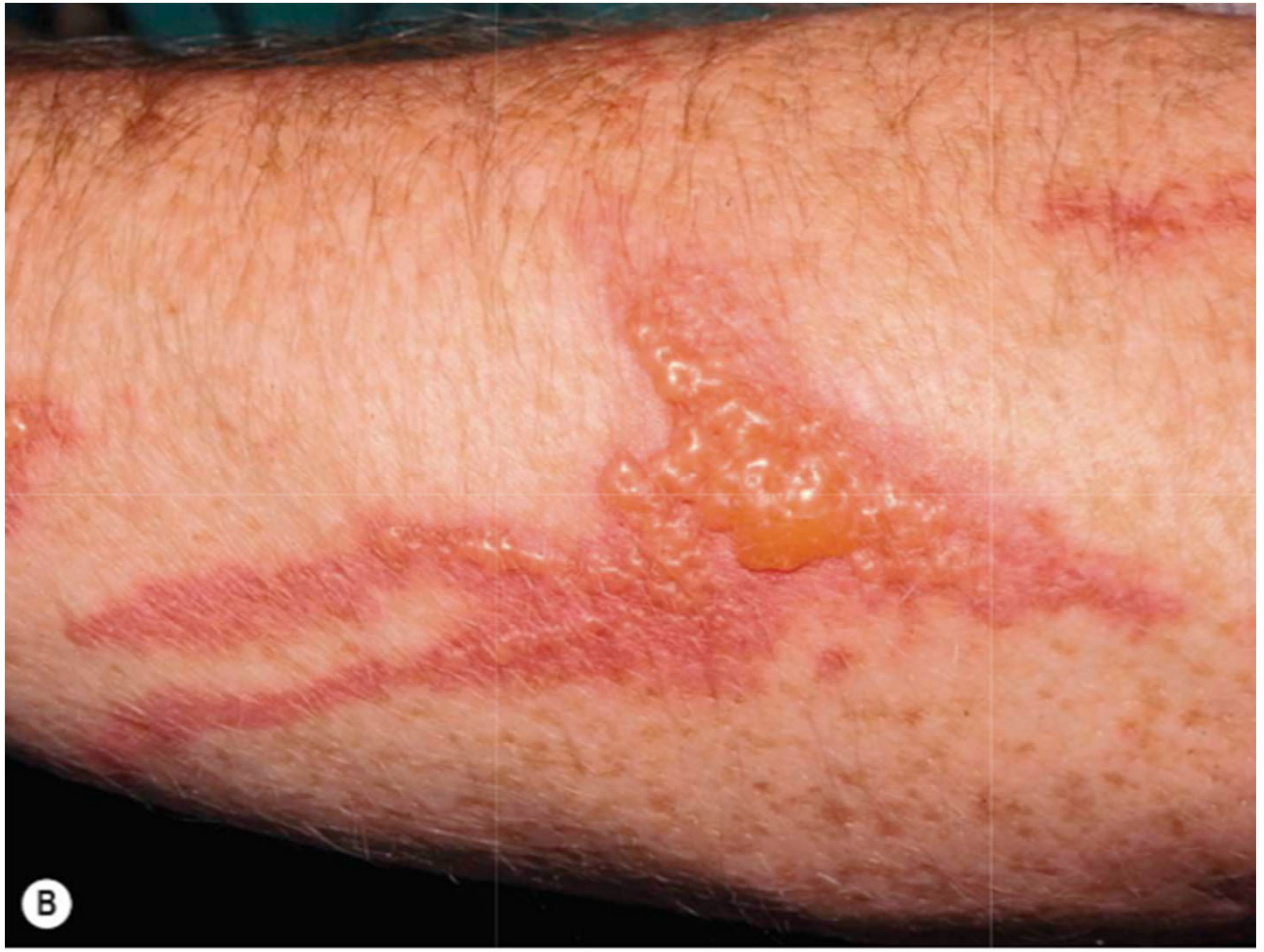
What topical steroid would be most appropriate?

A. Clobetasol 0.05% cream

B. Hydrocortisone 2.5% cream

C. Triamcinolone 0.1% ointment

D. Fluocinolone 0.01% oil



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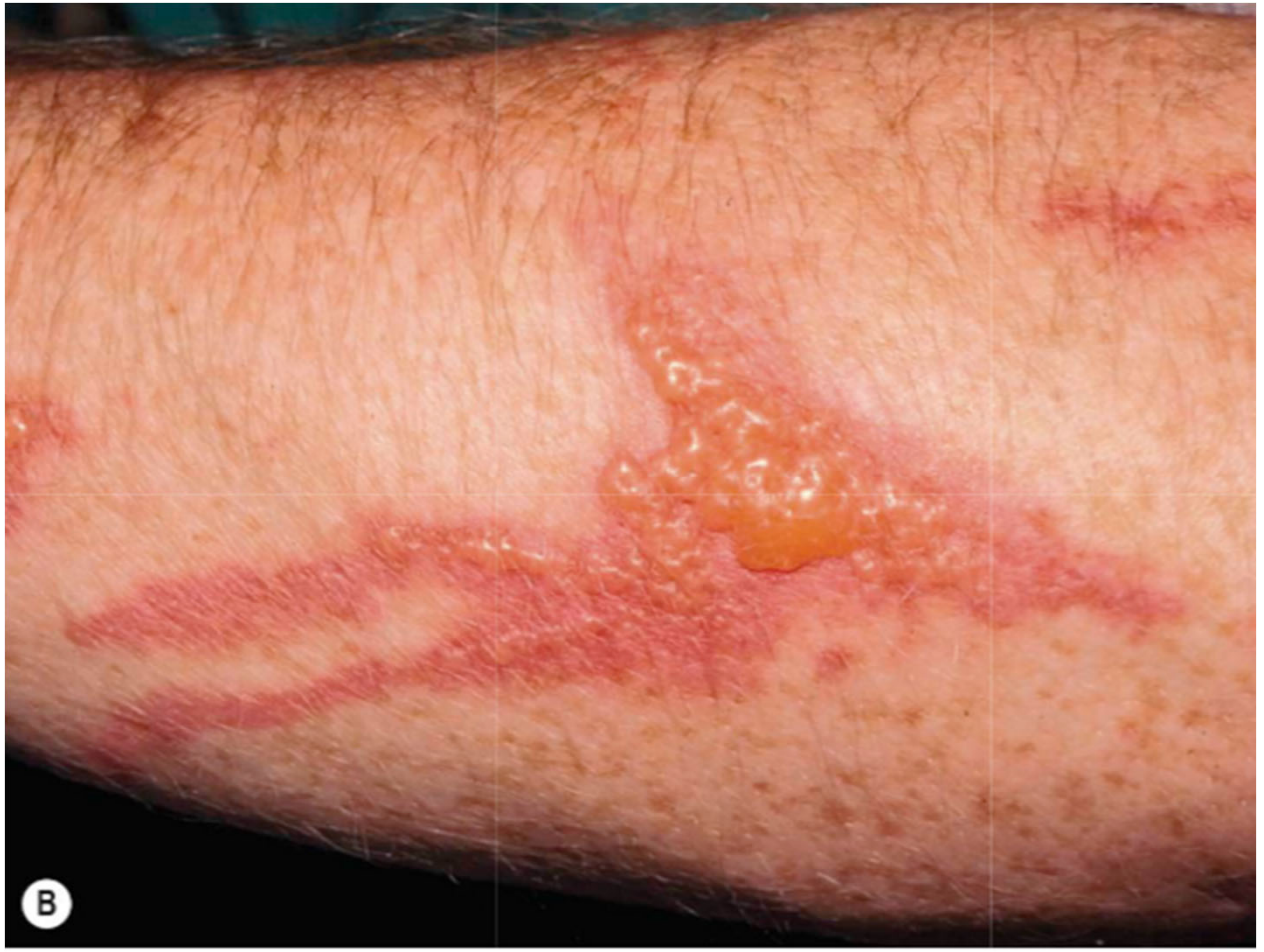

Q10

H/o severe eczema, recently ill and poorly cared for

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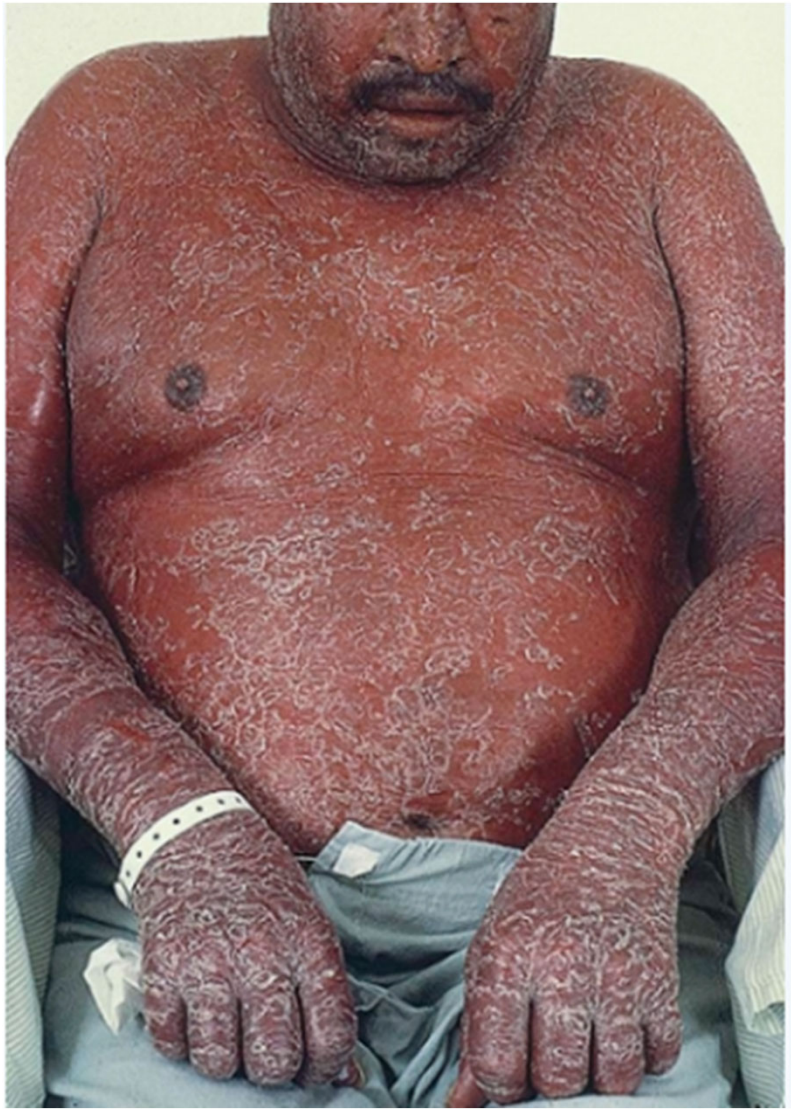

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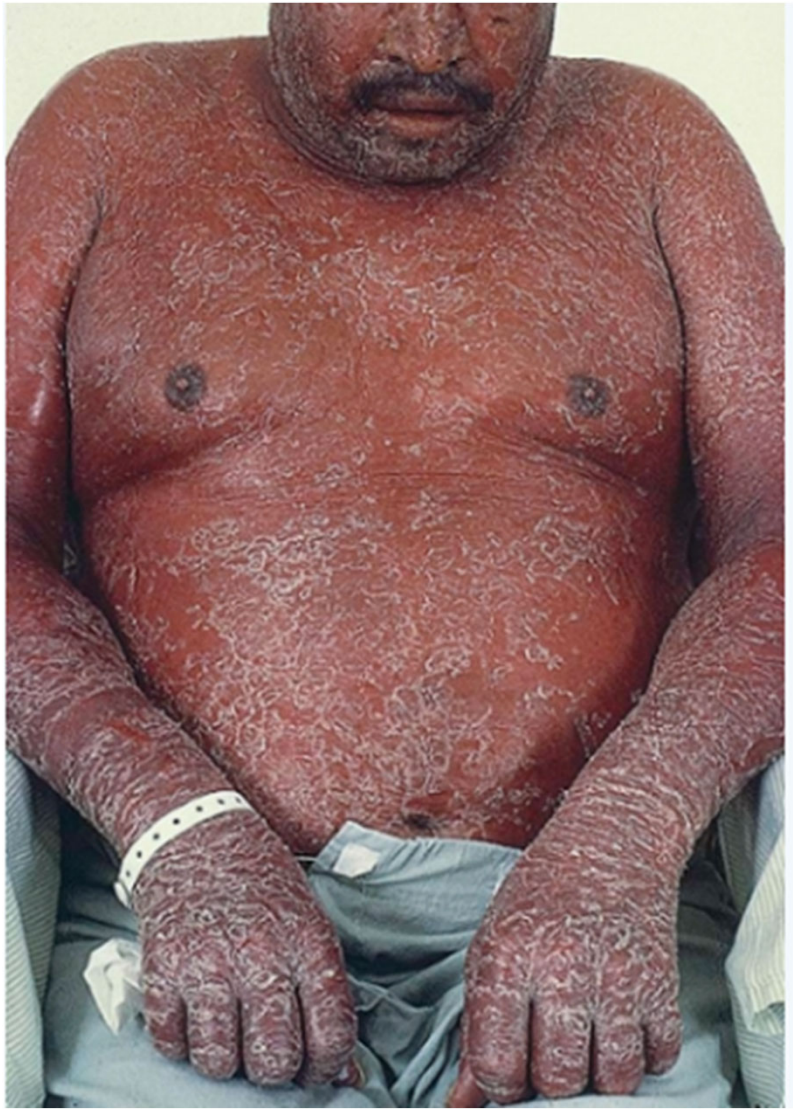


Q11

For which of the following types of eczema does Prednisone play a role in promoting a durable long-term response?

A. Exuberant atopic dermatitis
B. Exuberant dyshidrotic dermatitis
C. Exuberant allergic contact dermatitis
D. Exuberant irritant contact dermatitis

Q11

For which of the following types of eczema does Prednisone play a role in promoting a durable long-term response?

A. Exuberant atopic dermatitis
B. Exuberant dyshidrotic dermatitis
C. Exuberant allergic contact dermatitis
D. Exuberant irritant contact dermatitis

Topical steroid--Strength

Class 1 (superpotent)	Clobetasol propionate 0.05%
Class 2	Fluocinonide 0.05%
Class 3	Mometasone 0.1%
Class 4	Triamcinolone 0.1%
Class 5	Hydrocortisone valerate 0.2%
Class 6	Desonide 0.05%
Class 7 (weak potency)	Hydrocortisone 2.5%

Non-fluorinated

Much safer for face, groin, armpits

Topical steroid vehicle

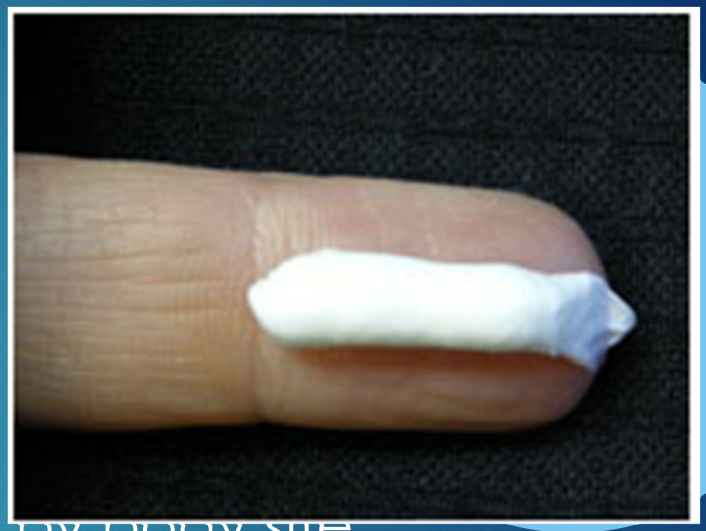
- Ointment
  - Stronger
  - Best for dry and thick dermatoses
  - Best for cracked/burning dermatoses
- Cream
  - Best for blistering/moist dermatoses
  - ↑ Application site burning on cracked skin
- Gel
  - Have drying effect
- Solution

Topical steroid amount dispensed

- Standard Rx is to:
  - Apply BID TAA for up to:
    - Face and intertriginous ≤ 2 weeks
    - Trunk and arms ~2-3 weeks
    - Palms and soles ~up to 4 weeks
  - Then, "take a break" before repeating
    - Totally stop medication, or
    - BID on weekends only for awhile

Topical steroid amount dispensed

- One fingertip-unit
  =0.5 grams
  = ~2% BSA of application
  = ~Dorsa and palm of hand



- Grams needed for application x1, by body site:
  - Face = 1.25g
  - Trunk = 7g
  - Arm = 1.5g

Topical steroid amount dispensed

- Hydrocortisone 2.5% and Triamcinolone = 454g jar
- Most of the stronger steroids are limited to ≤ 60g tubes

Eczema treatment options

- All patients:
  - Use of gentle bar soap when bathing
  - Emollients
  - Avoid overwashing
  - Appropriate strength topical steroids
  - 15 min natural sunlight qod

Eczema treatment options (cont'd)

- Steroid sparing options:
  - Crisaborole ointment
  - Pimecrolimus cream
  - Tacrolimus ointment
  - Roflumilast cream
  - Ruxolitinib cream
- For atopic dermatitis pts: Probiotics PO
- Prednisone in rare situations (except ACD)

For eczema that gets frequently infected: Bleach Baths

- ¼ cup plain Clorox :: ½ bathtub full of water
- Once to twice weekly
- Soak for >5 min, then rinse with fresh water

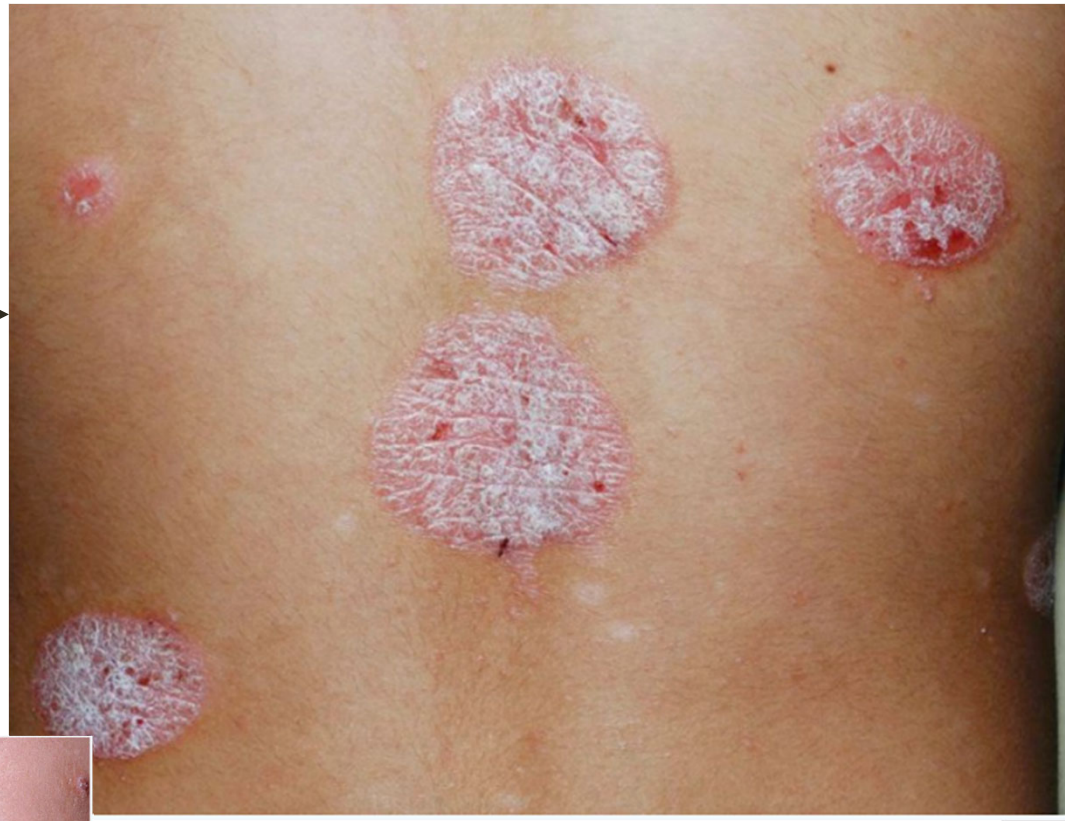
For thick or more severe eczema: "soak and smear"

- First, search for nidus of skin infection
- Next, consider soak and smear technique
  - Warn the patient this can be messy!
  - Soak in bath of plain water for 20 minutes
  - Smear the chosen steroid *ointment* **immediately** onto affected skin w/o drying
  - Clothe with some old, snug pajamas
  - Repeat nightly for up to 2 weeks
  - Continue morning time application as usual

Q12

Identify

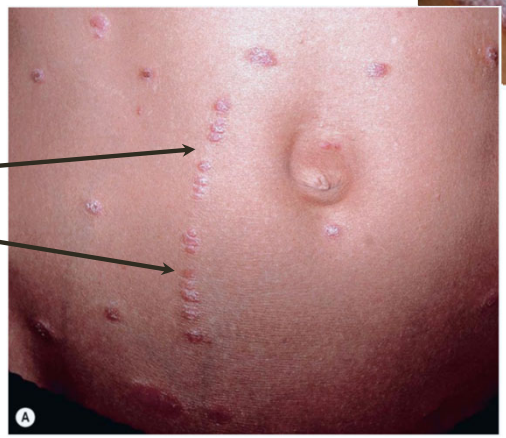
A. Pityriasis rosea
B. Psoriasis vulgaris
C. Seborrheic dermatitis
D. Tinea corporis



Q13

This is the

_____ phenomenon



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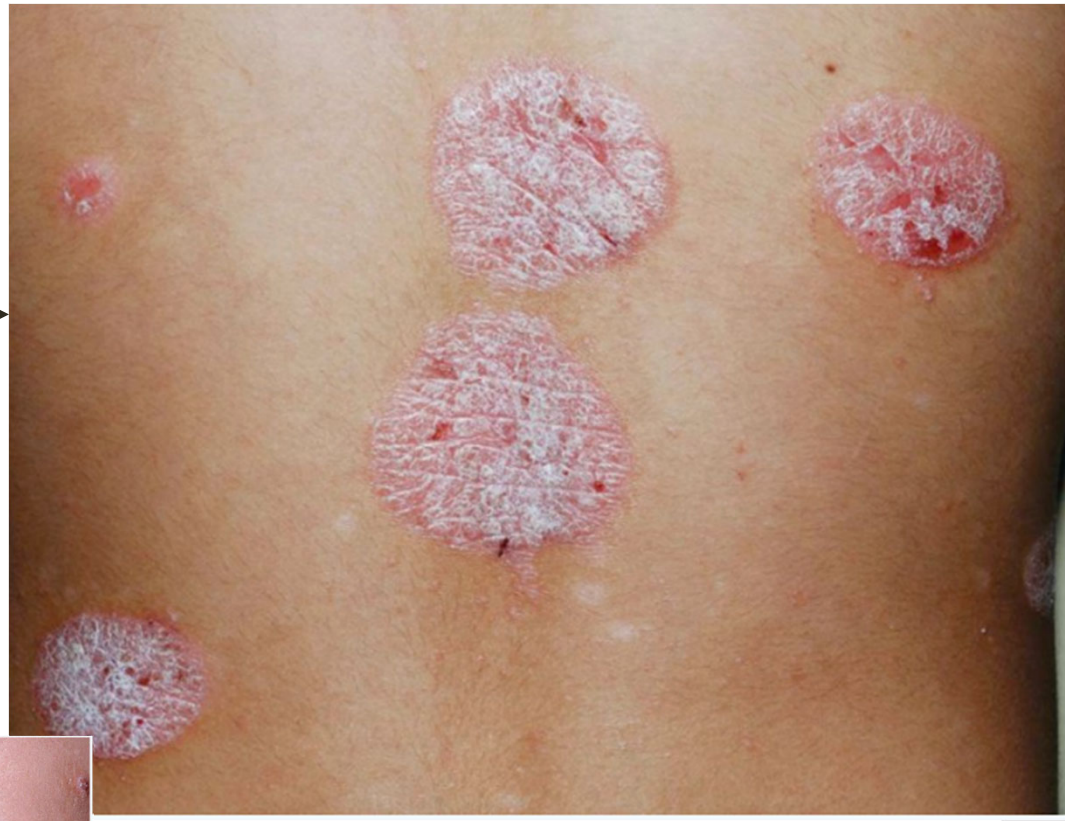
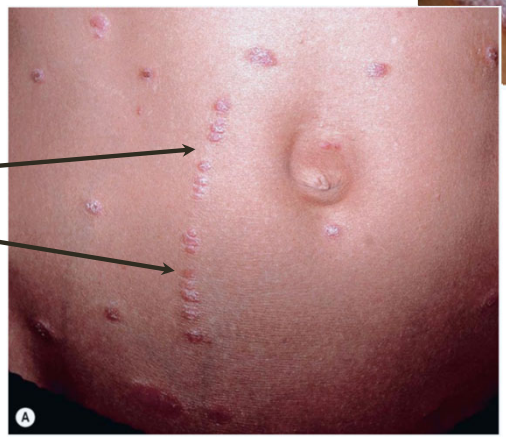


Q13

This is the Koebner phenomenon

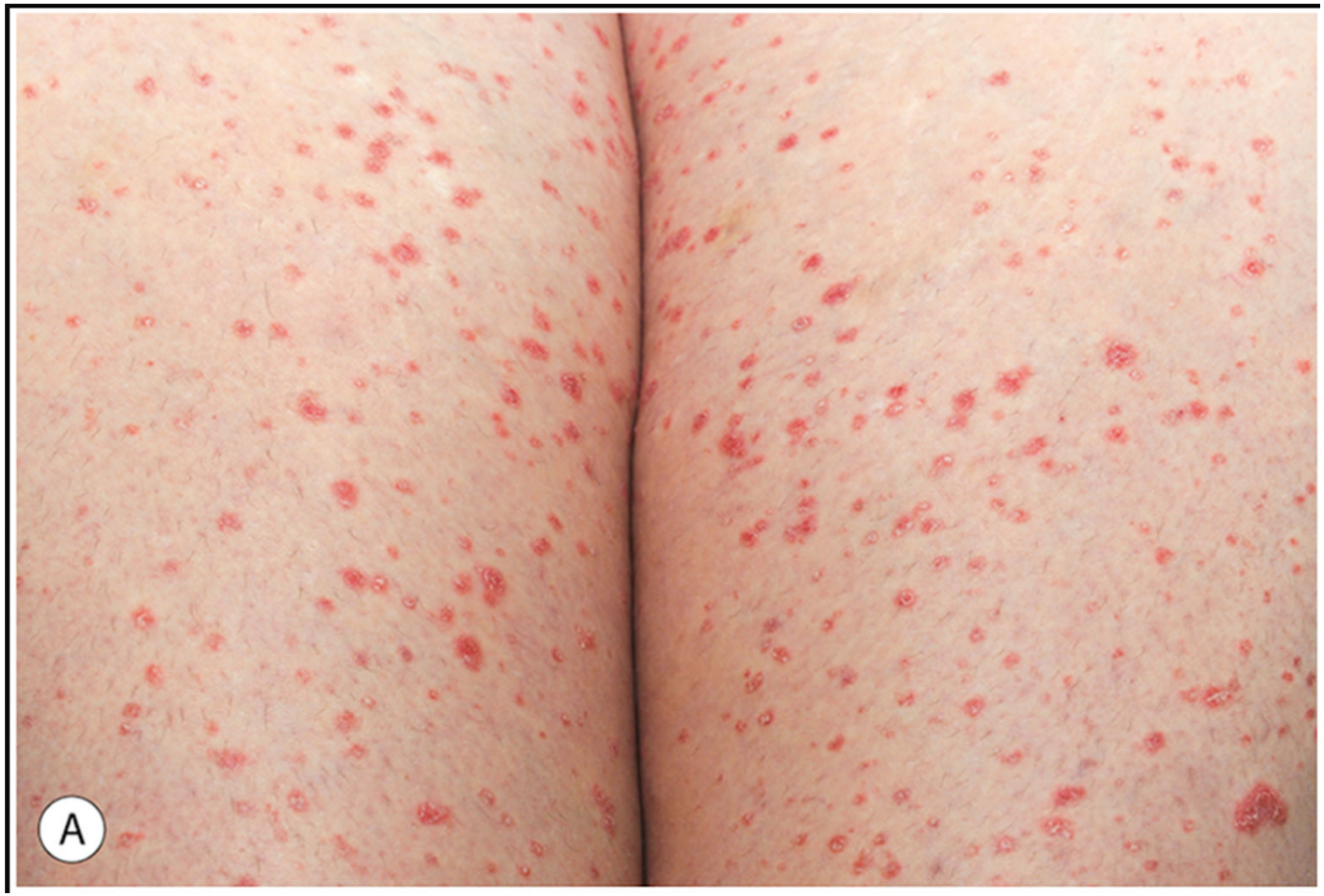


Q14

21yr old female with 3wks of new rash & subtle nail dystrophy.

Which of the following blood tests is most likely to reveal an underlying trigger?

A. ASO titer
B. HIV antibody
C. SPEP
D. CMP



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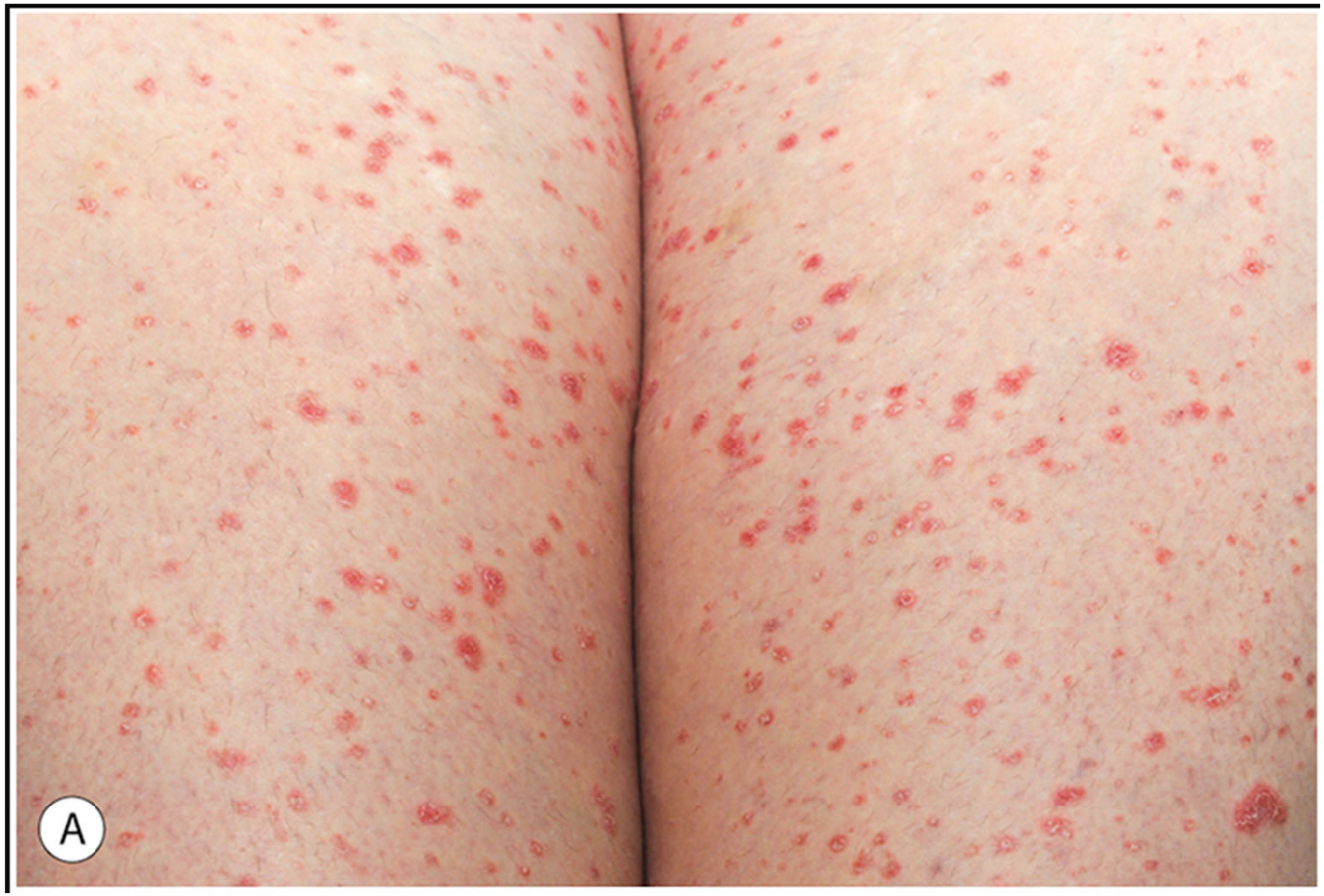
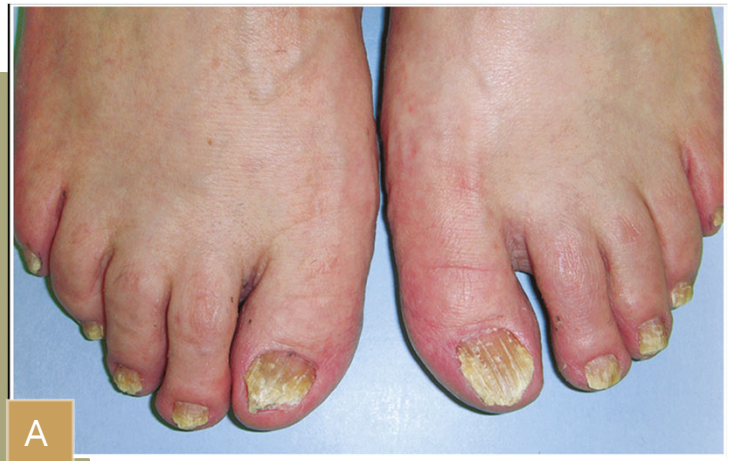
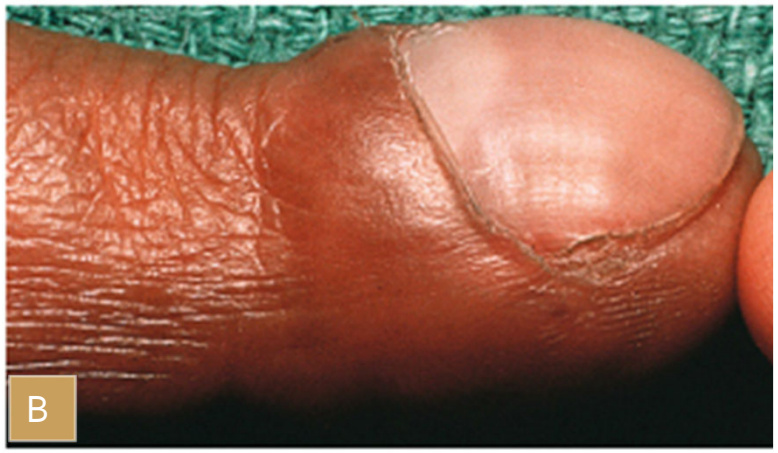
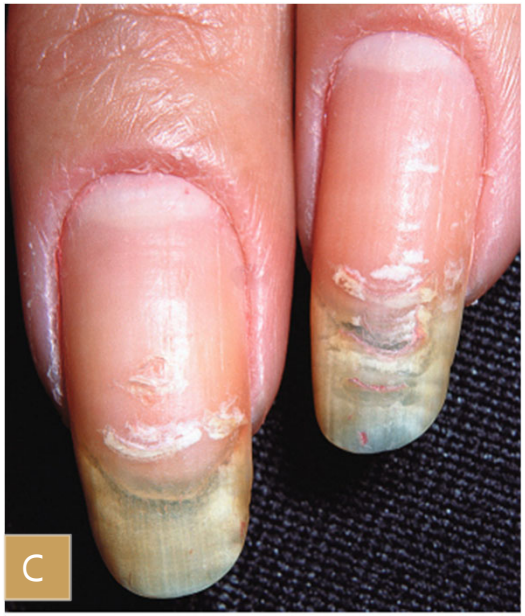


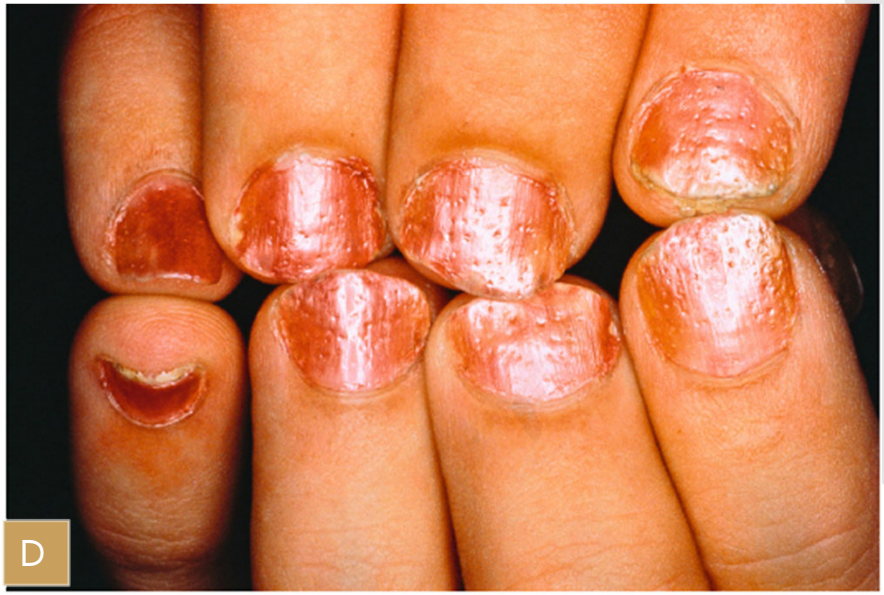
Q15

Which of the following nail changes is most <u>specific</u> for psoriasis?









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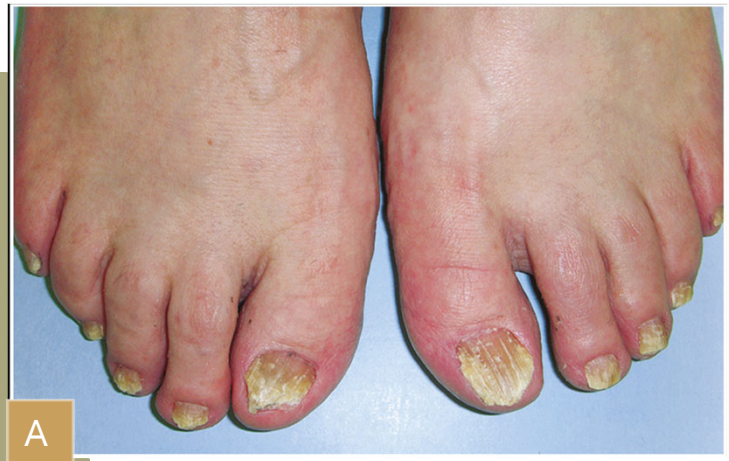

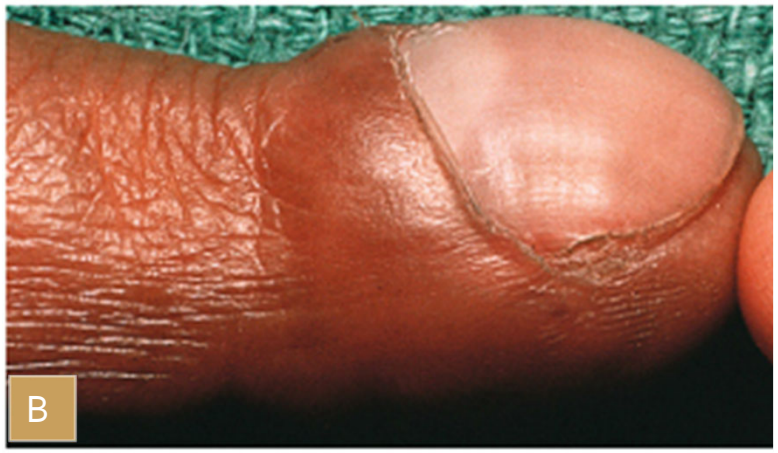

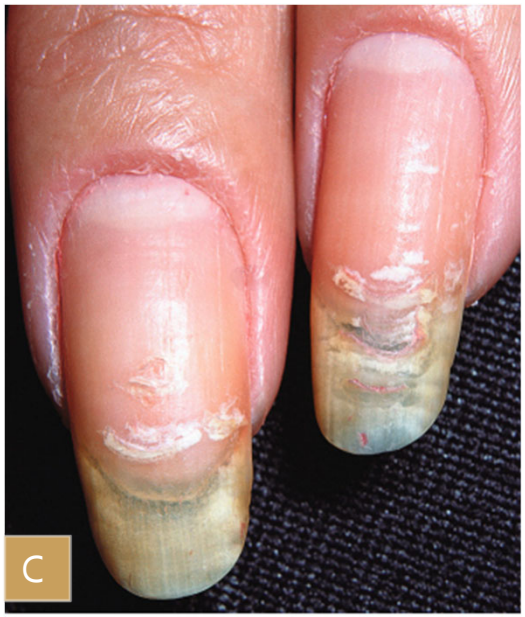

Q16

In general, which of the following are appropriate treatment options for pts with psoriasis? (choose ***all*** that apply):

A. Suprapotent topical steroids for extremity lesions
B. 90-120 minutes of natural sunlight QOD
C. Topical Vitamin D
D. Keratolytics like Salicylic acid or Urea
E. Prednisone (in severe disease)
F. Use of saran wrap occlusion on top of medication

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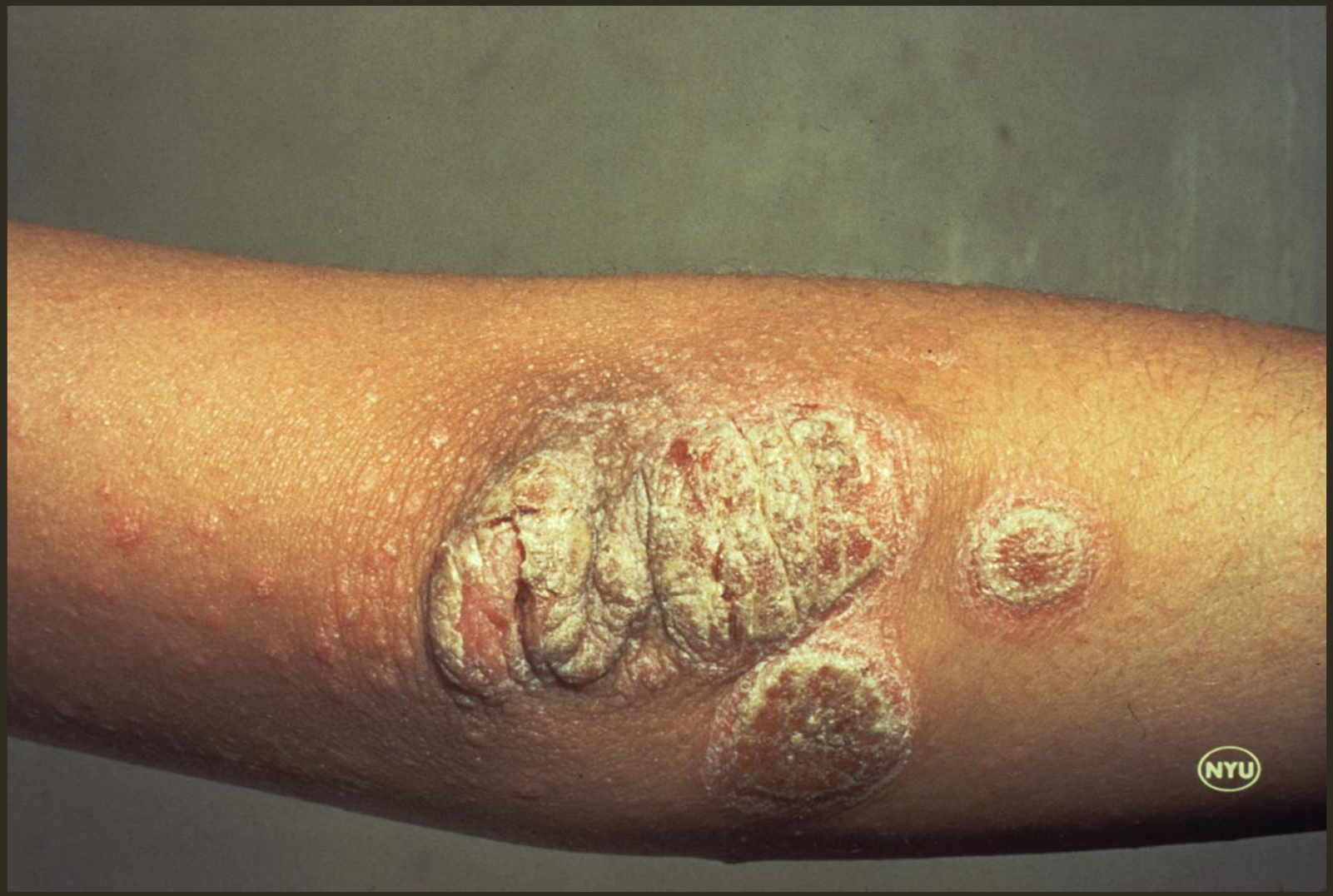
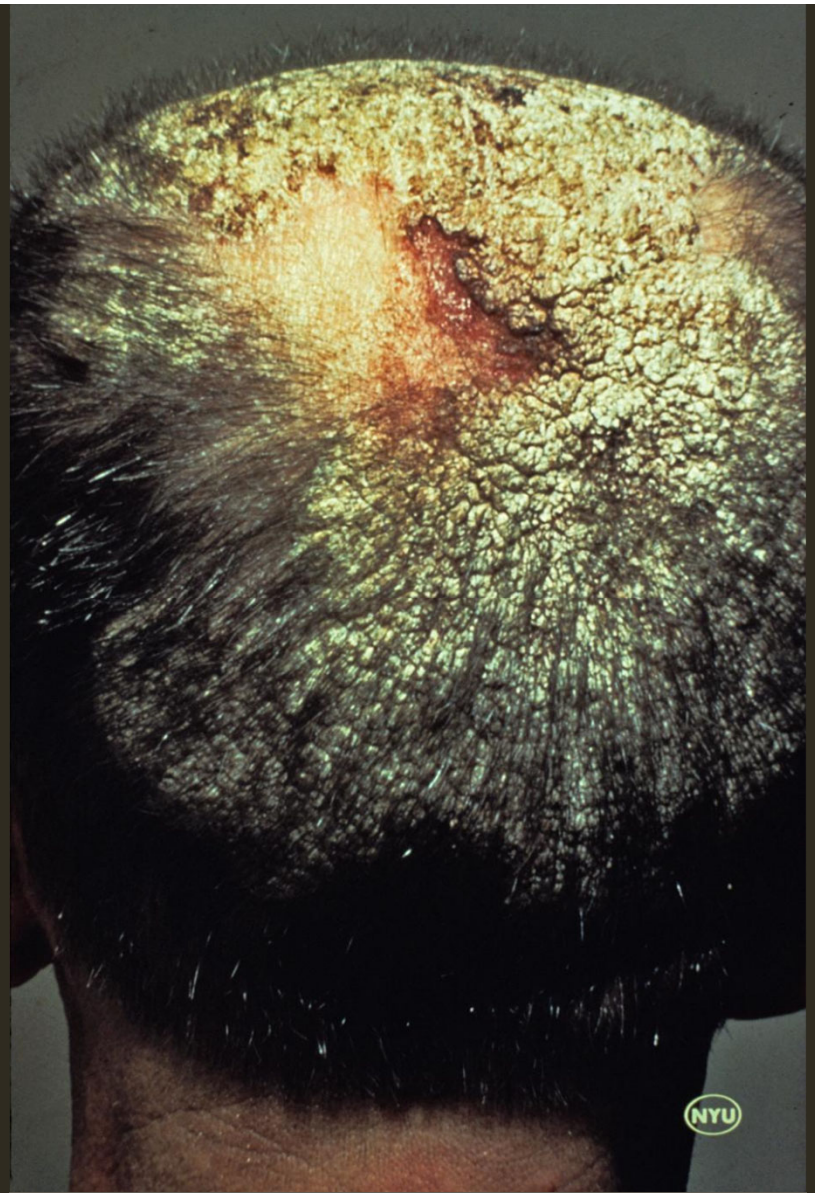
Psoriasis treatment options

- Appropriate strength topical steroids
  - Ointments preferred over creams
- Use of occlusion for thicker plaques
- Natural midday sunlight 15-30min QOD
- Calcipotriene for maintenance therapy (M-F)
- Scale debulking agents: Salicylic acid + Urea

- NOT Prednisone!


NYU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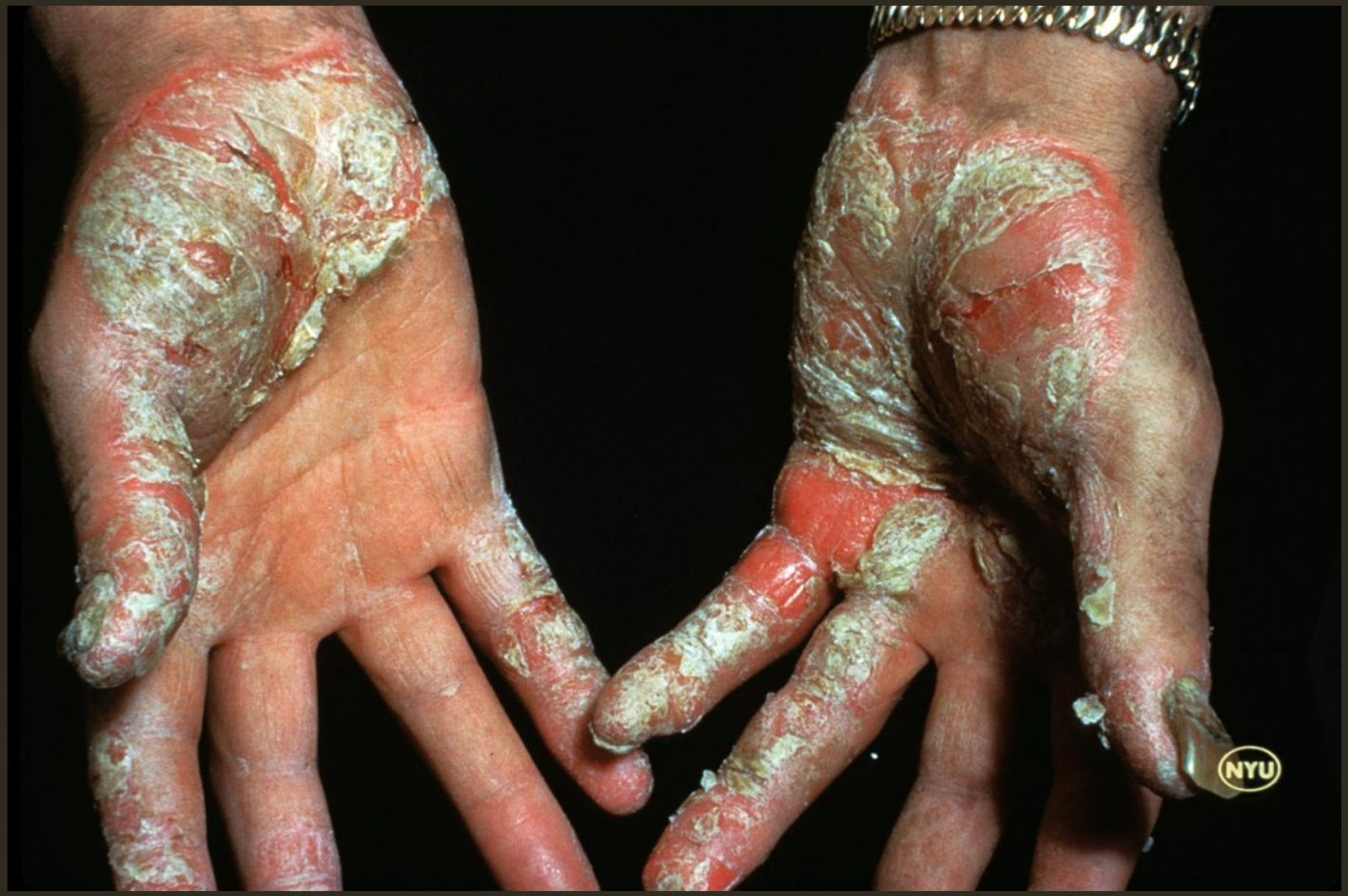
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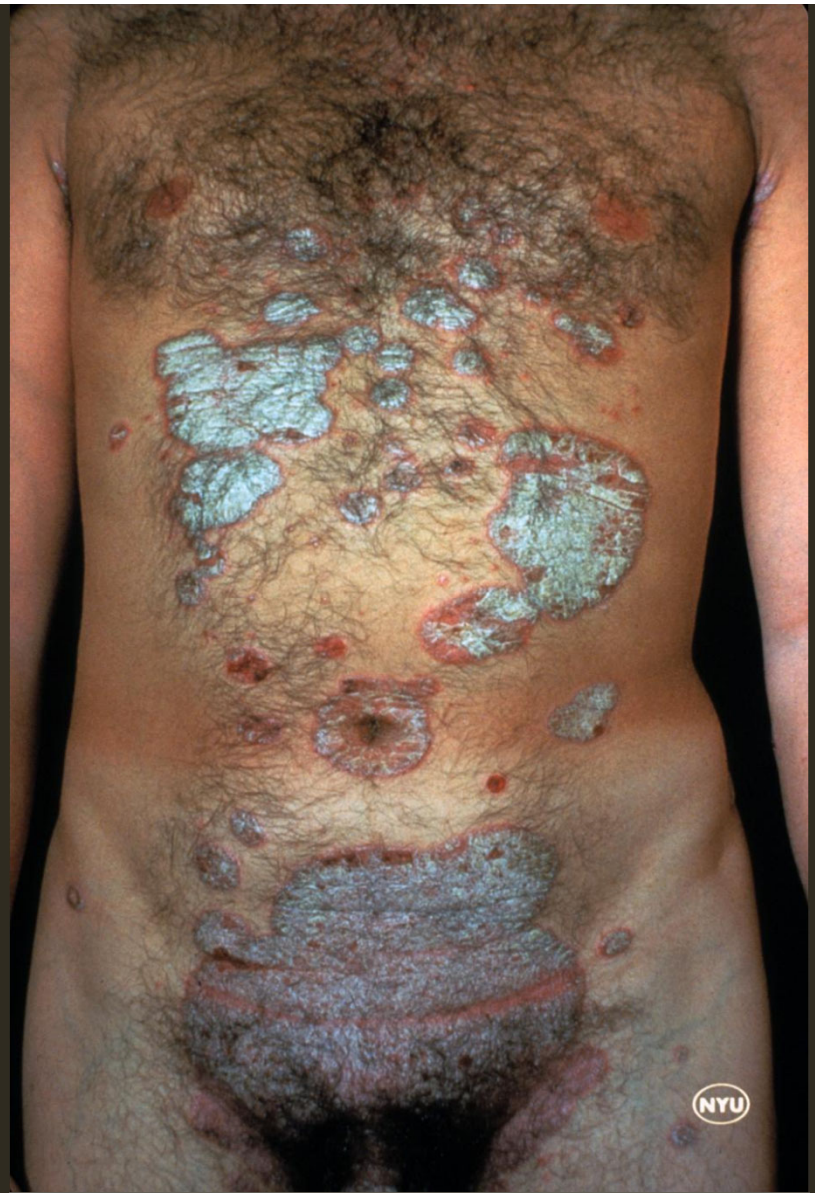
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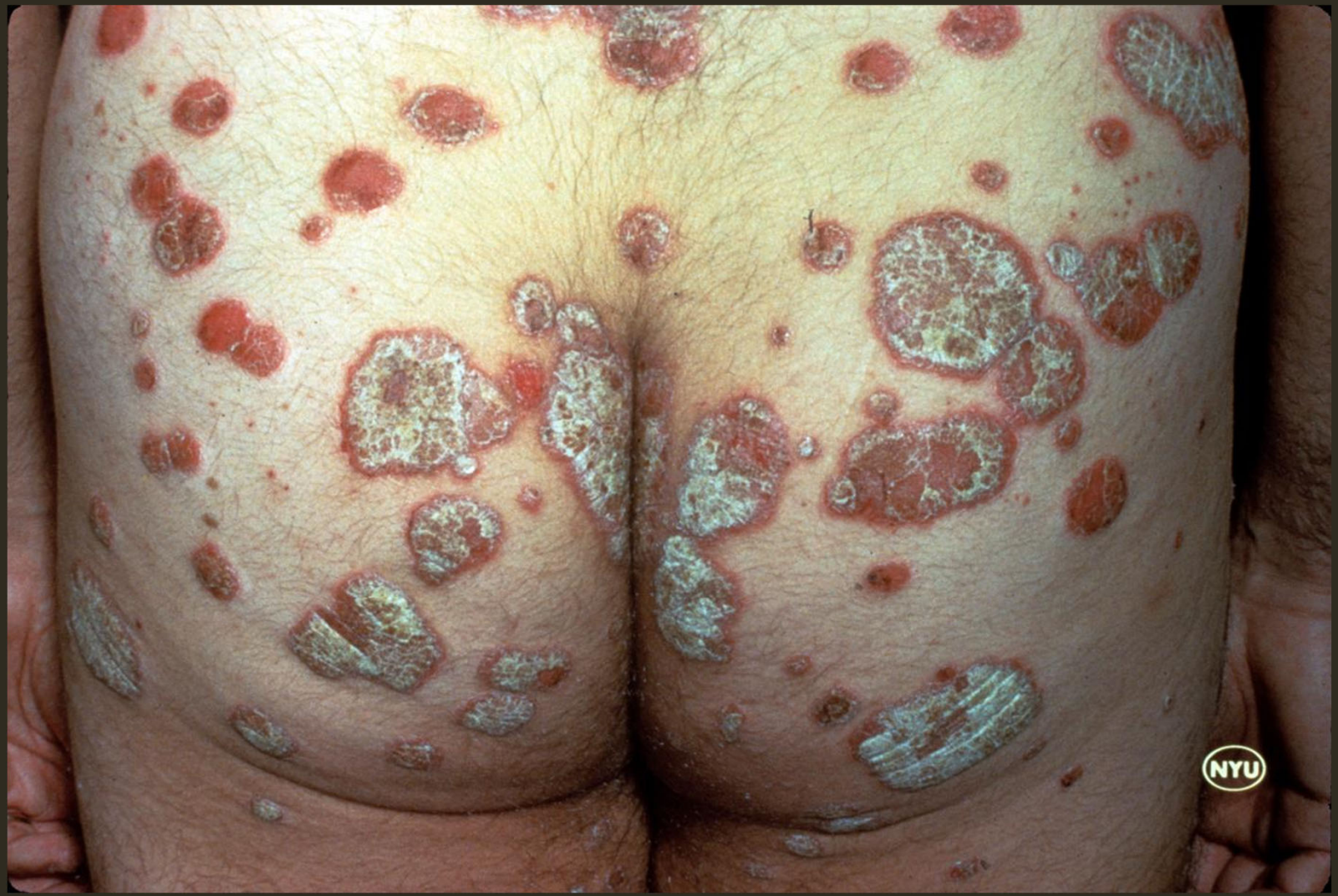
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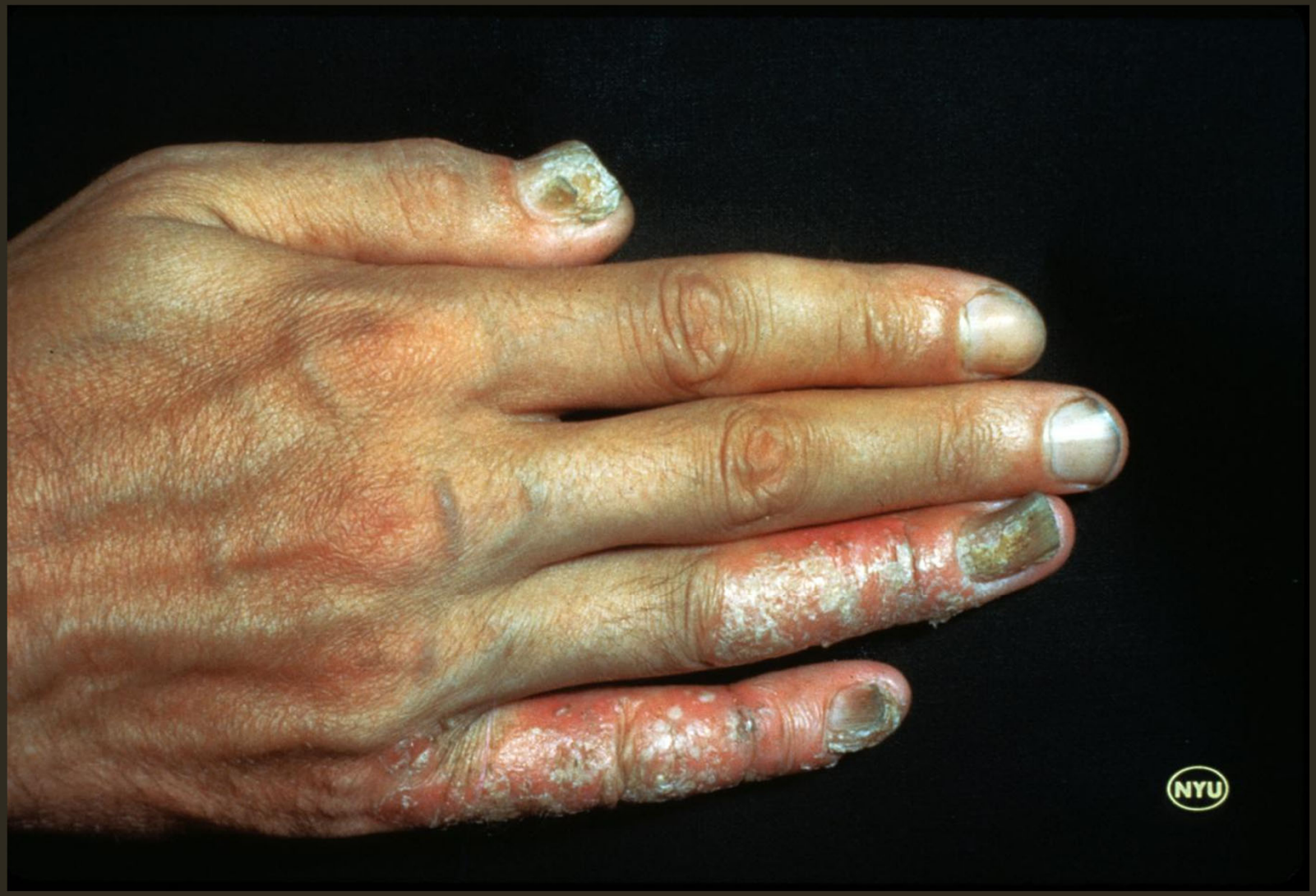
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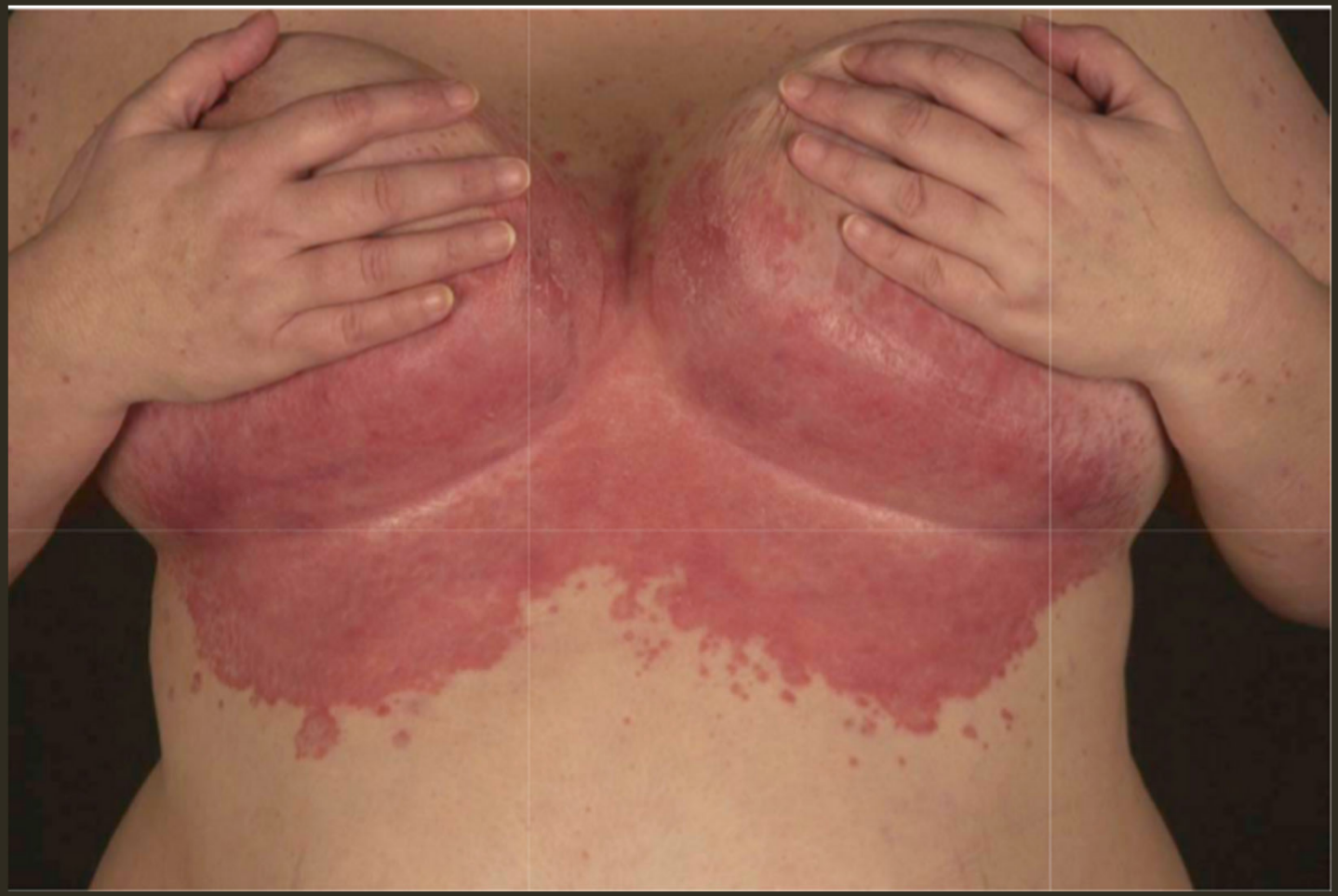

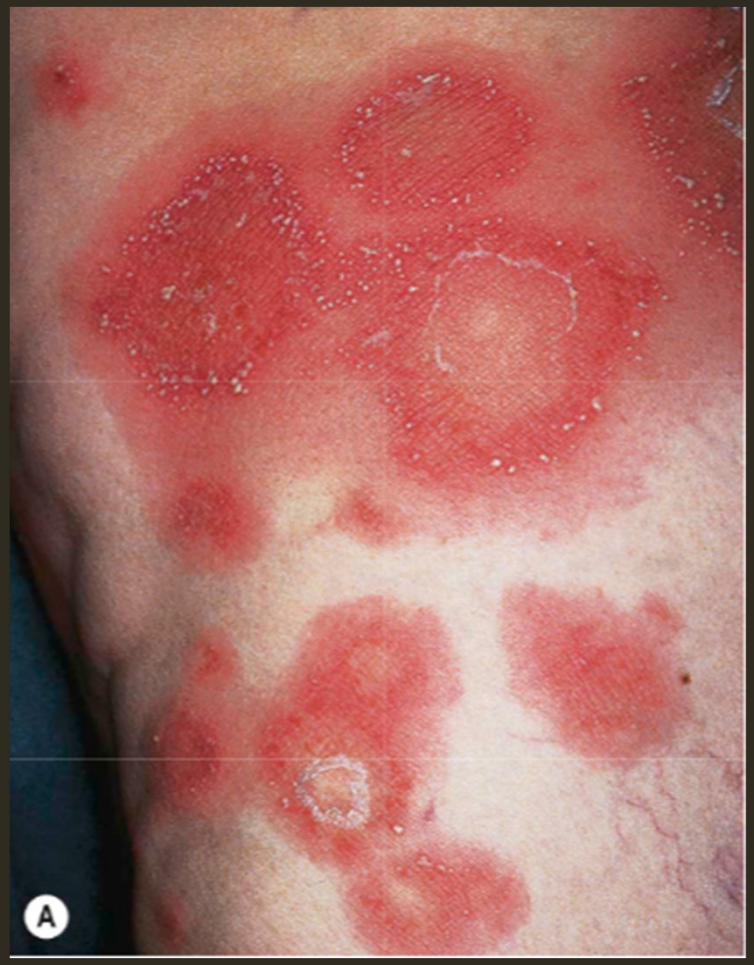
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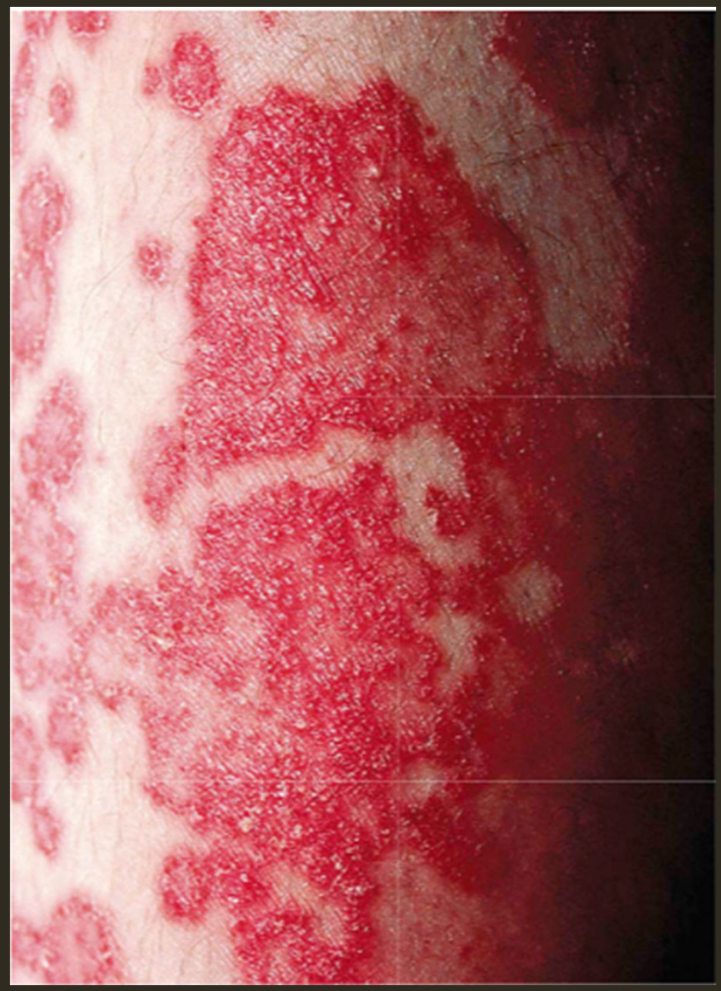
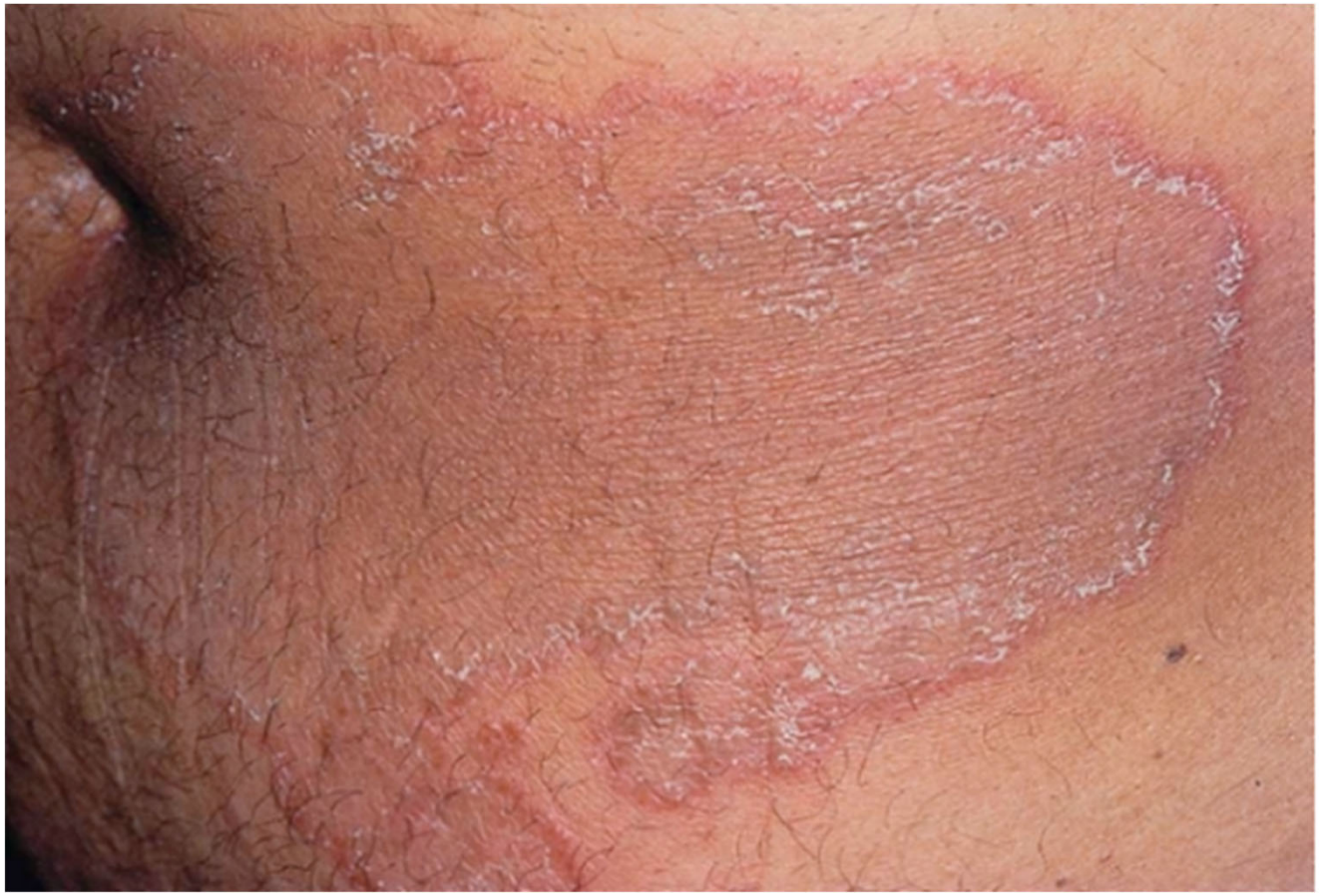


Q17
26yo, Itchy rash on belly
What is the treatment of choice?
A. Terbinafine 1% cream
B. Betamethasone-Clotrimasole cream
C. Nystatin cream
D. Permethrin 5% cream

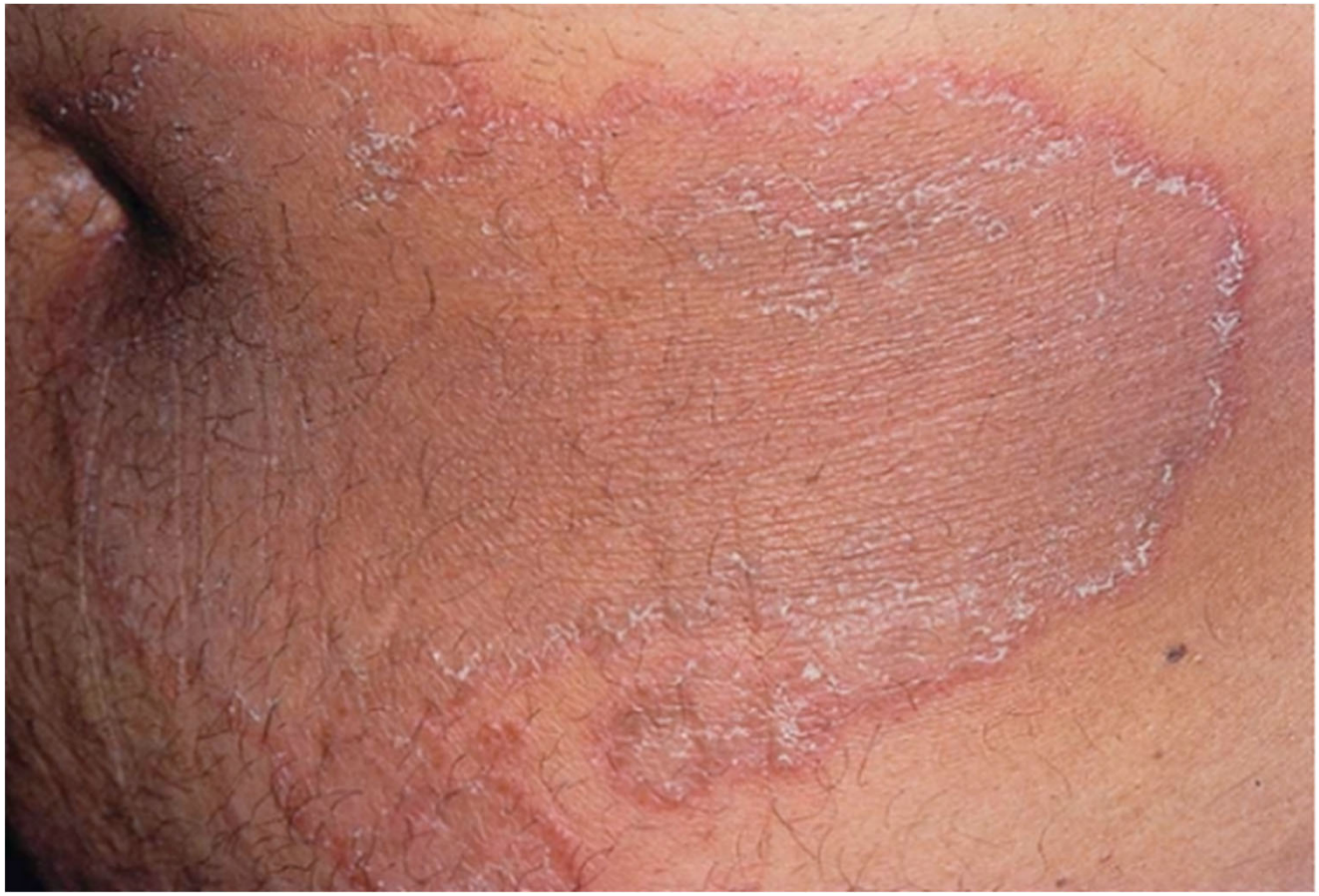


Q17

TINEA CORPORIS

What is the treatment of choice?

A. Terbinafine 1% cream
B. Betamethasone-Clotrimasole cream
C. Nystatin cream
D. Permethrin 5% cream

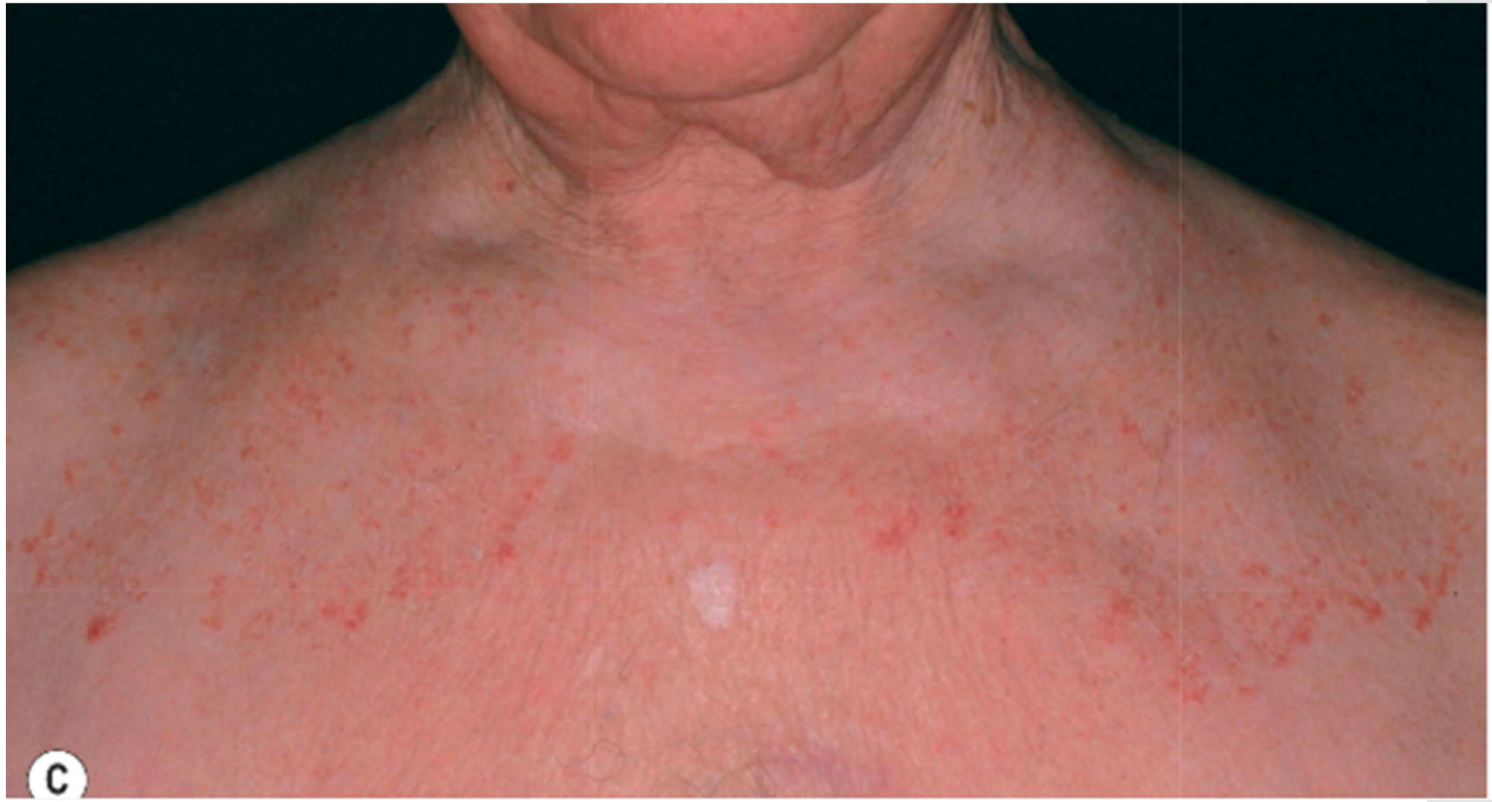


Break in the action for an important PSA—

Things I pretty much never* prescribe:

- Nystatin cream
- Lotrisone (Betamethasone-Clotrimazole)
- Prednisone for psoriasis

Dermatophyte (tinea) infections



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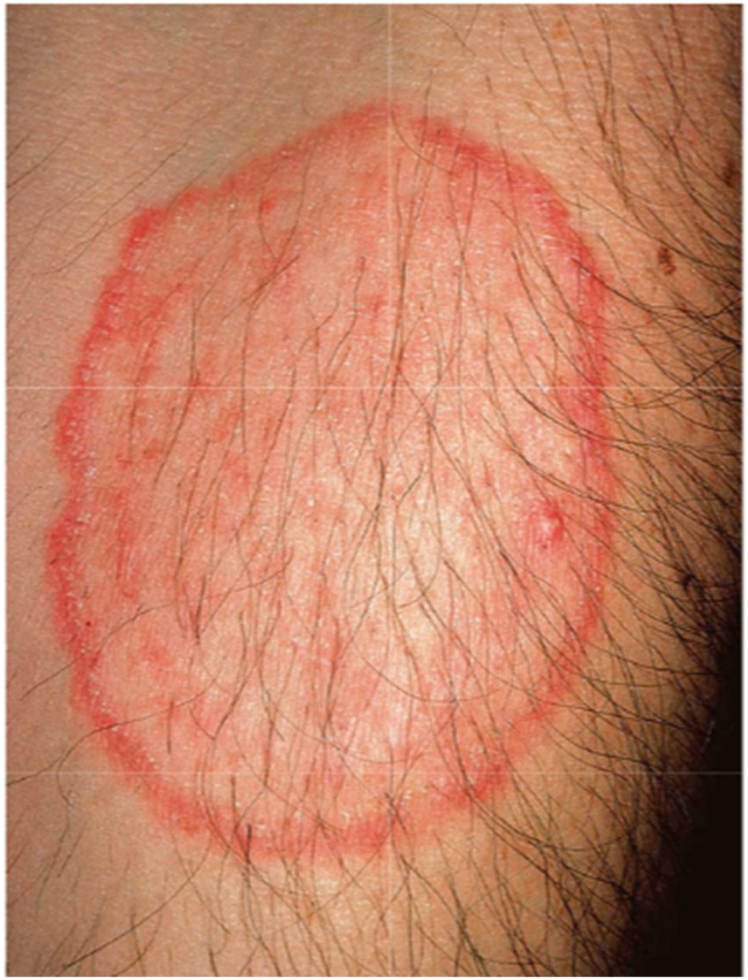

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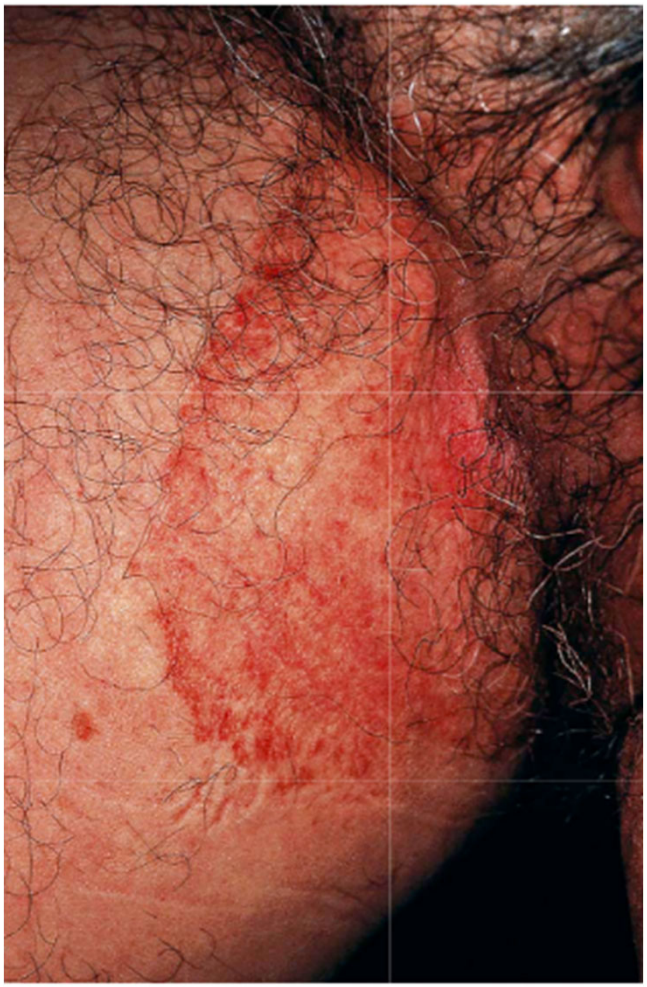

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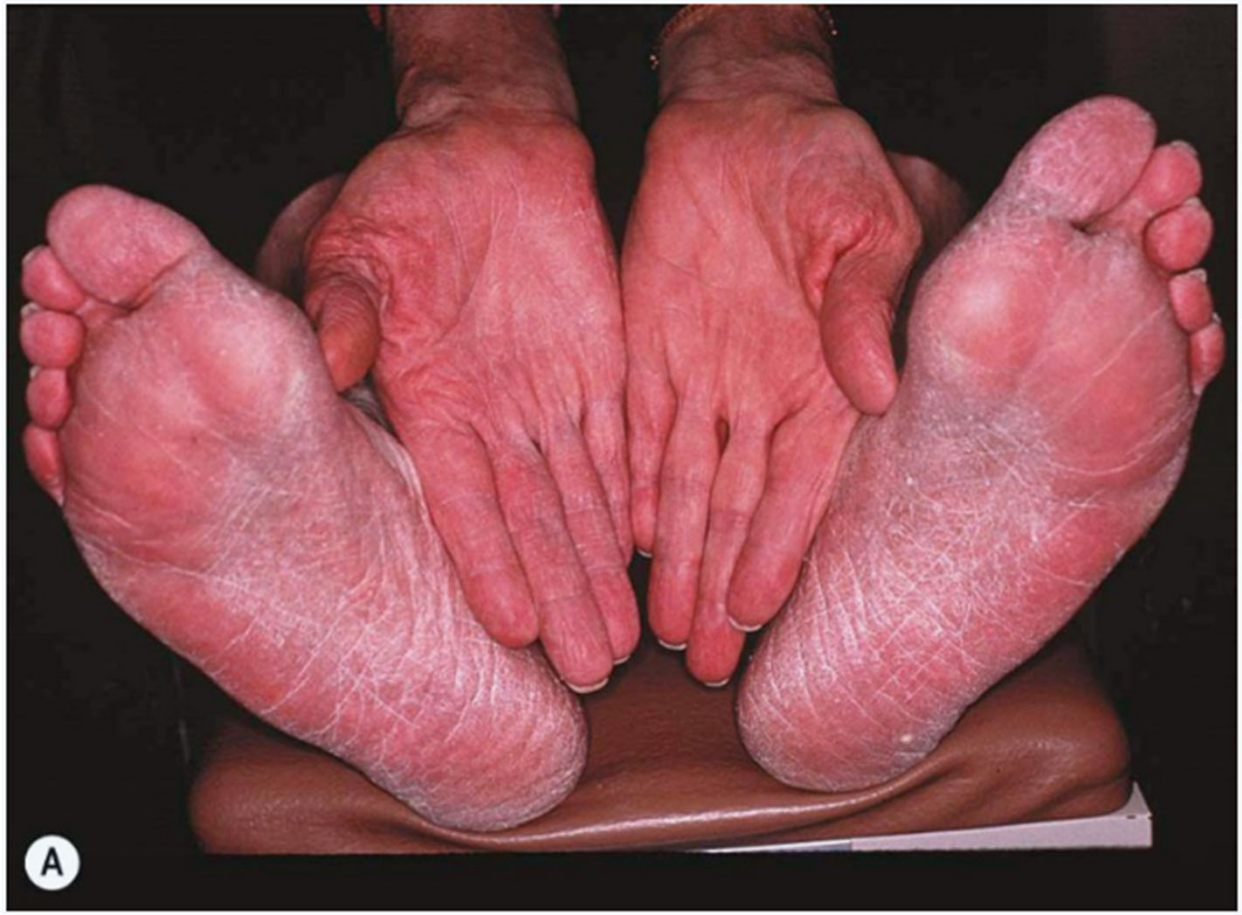
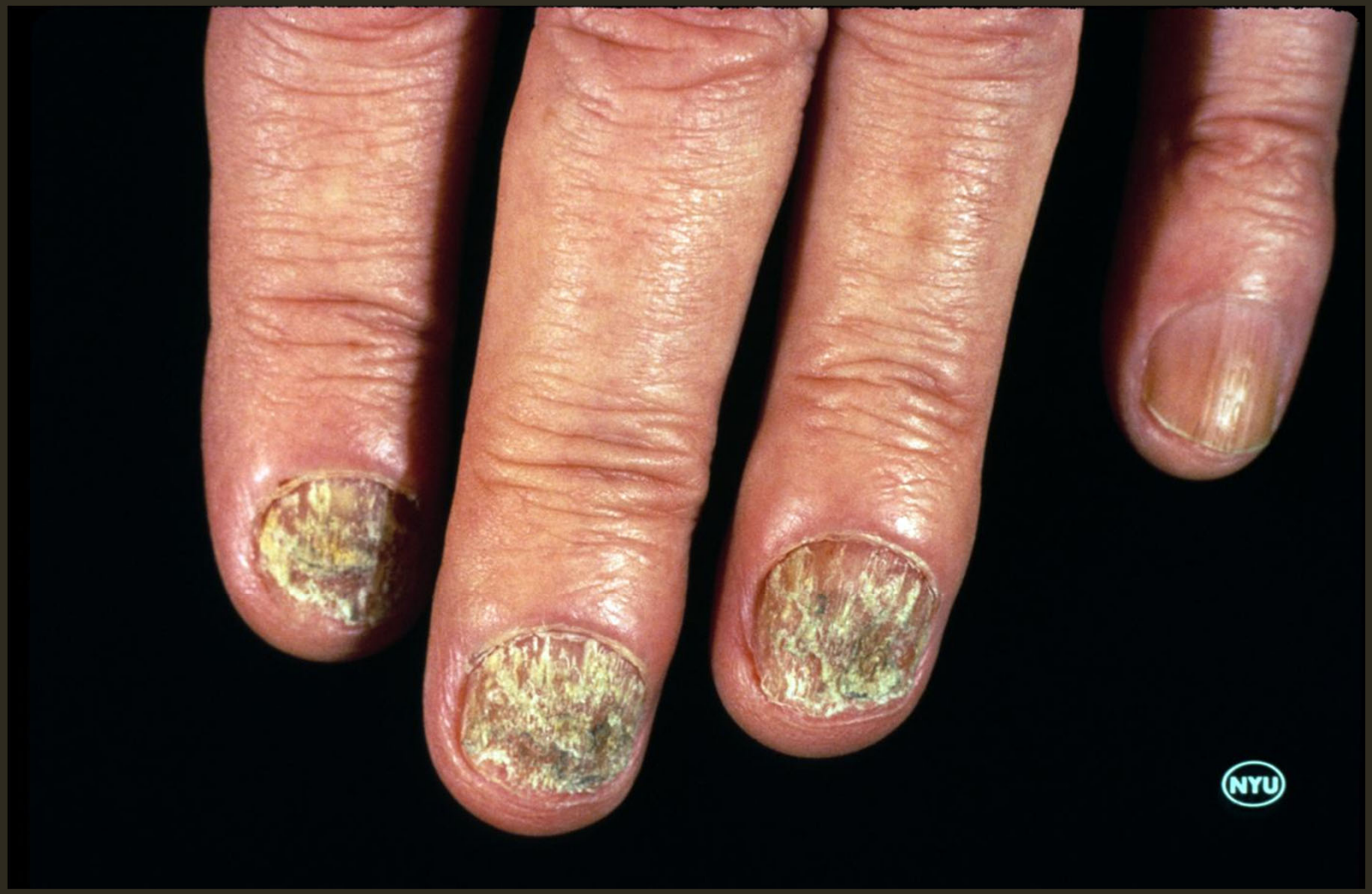
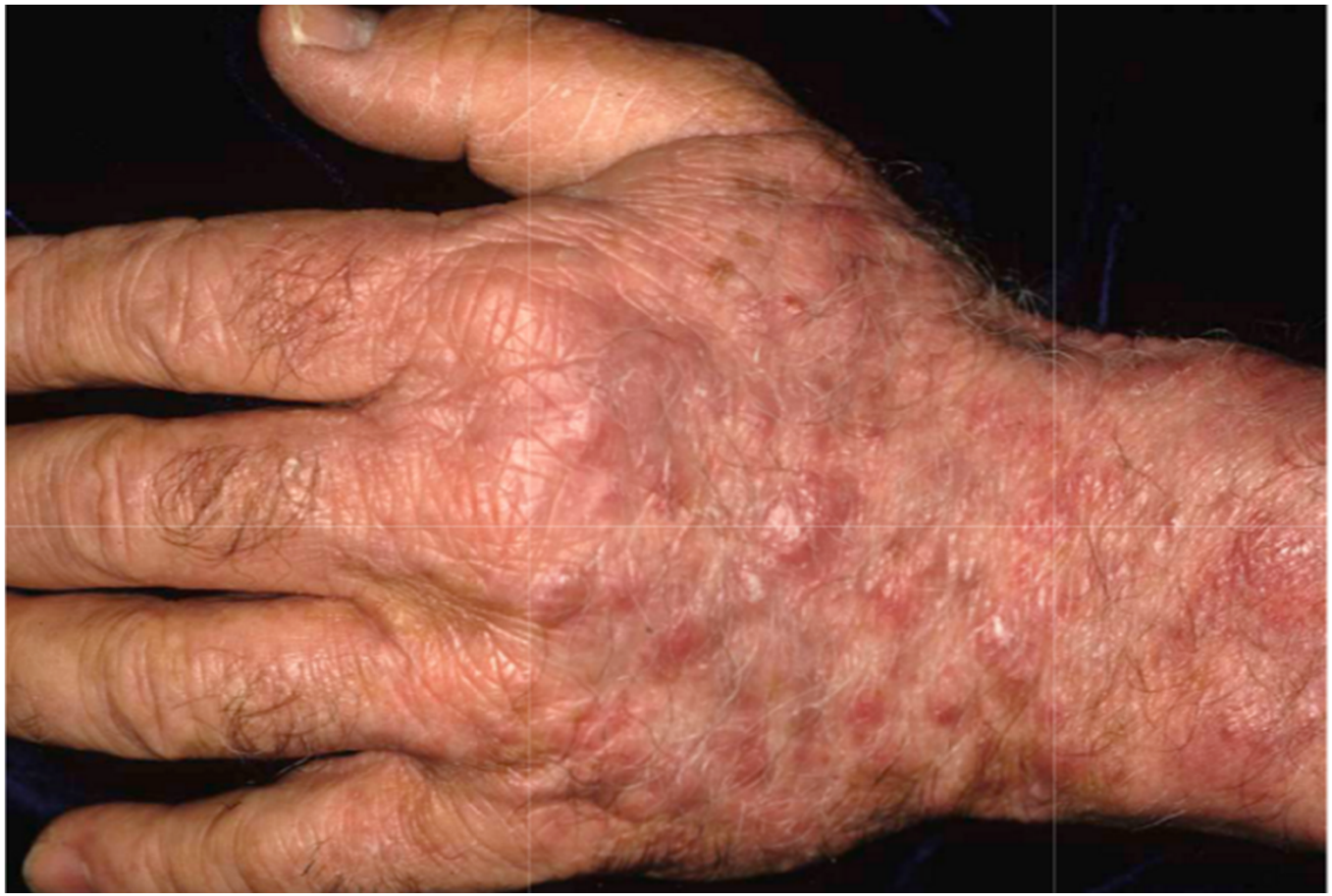



NYU

Dermatophyte (tinea) infections

- Treatment
  - If localized, topical therapy is often best
  - If multifocal or Hair/nail involved → Terbinafine PO
    - 250mg PO daily x4 weeks (6-12wks if nails)
    - Check baseline CMP and counsel patient to avoid EtOH
- There is *no* utility for Nystatin
- There is *no* utility for Betamethasone-Clotrimazole (Lotrisone)

Deep dermatophyte (tinea) infections



Q18

35y0, Rash going on months

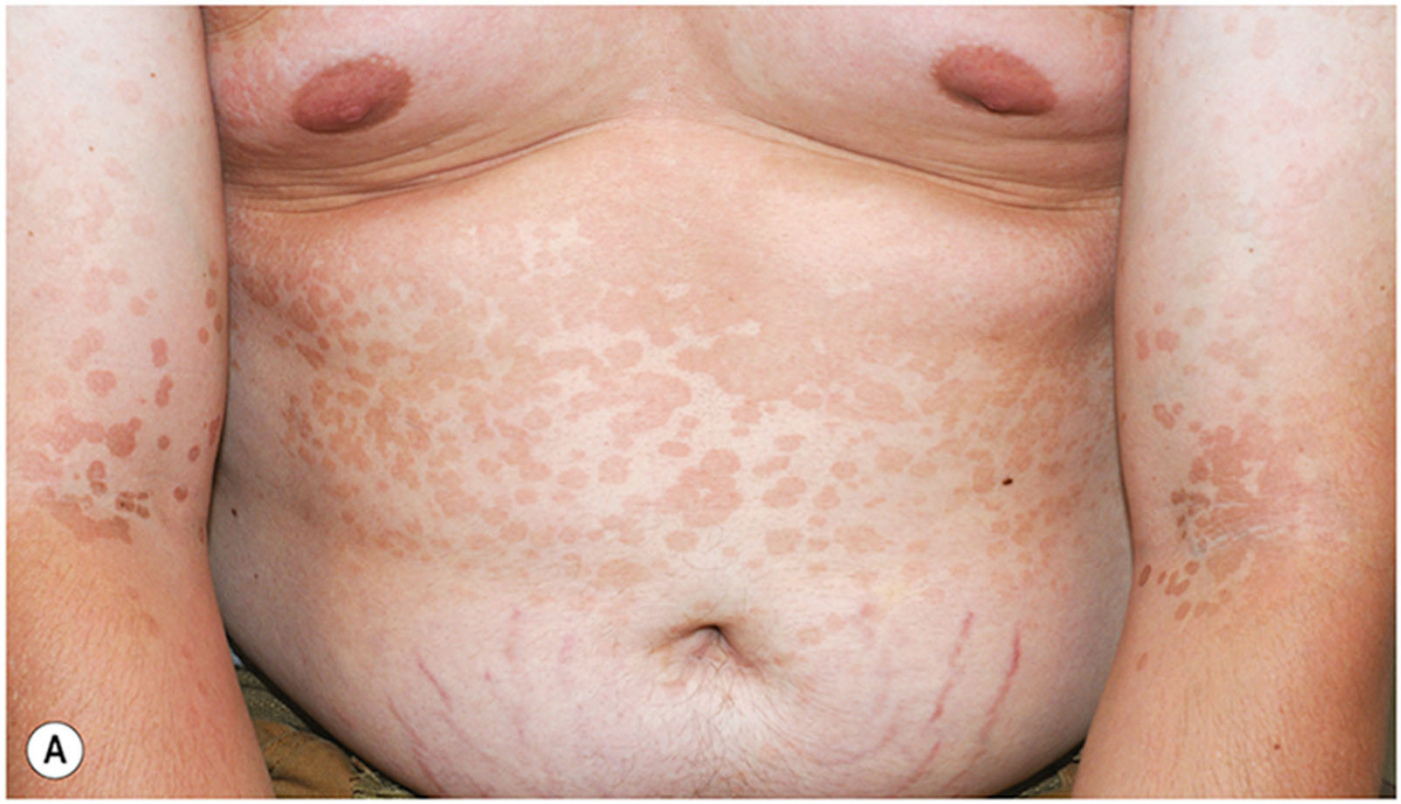
What is the treatment of choice?

A. Ketoconazole 2% shampoo

B. Clindamycin 1% gel

C. Triamcinolone 0.1% cream

D. Terbinafine 1% cream

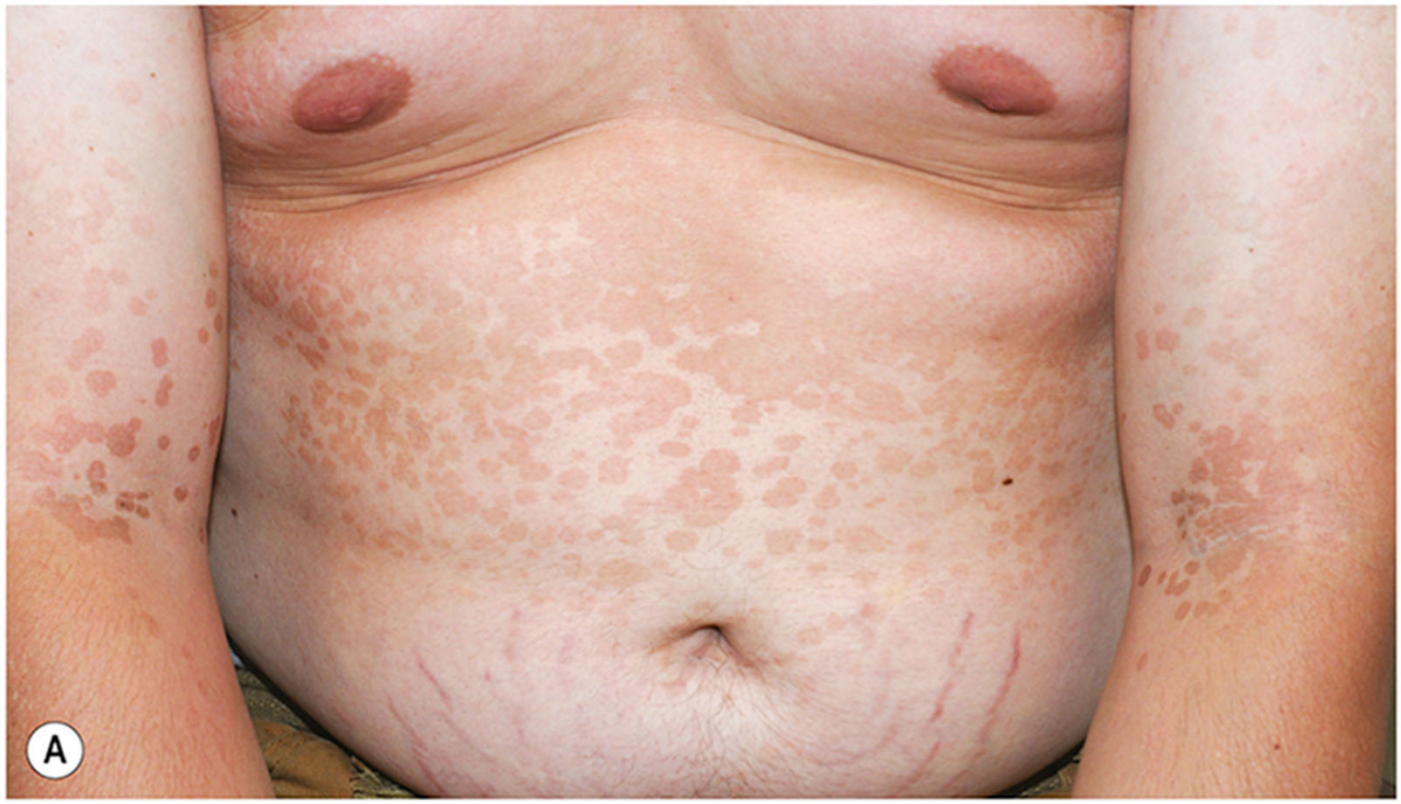


Q18

TINEA VERSICOLOR

What is the treatment of choice?

A. Ketoconazole 2% shampoo
B. Clindamycin 1% gel
C. Triamcinolone 0.1% cream
D. Terbinafine 1% cream



Q19

32yo, going on 4 weeks, trunk only, mildly itchy

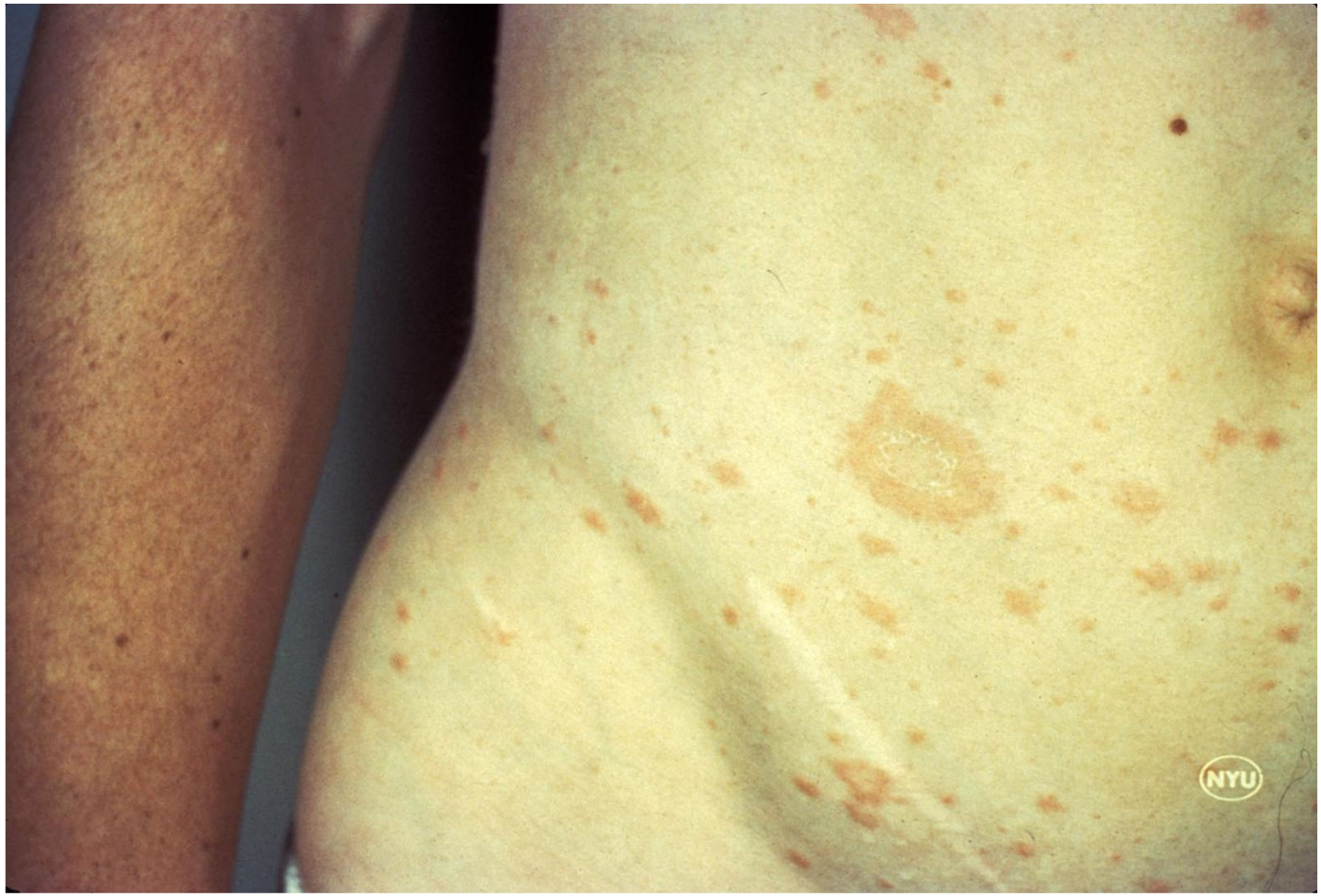
What is the treatment of choice?

A. Ketoconazole 2% shampoo

B. Clindamycin 1% gel

C. Triamcinolone 0.1% cream

D. Terbinafine 1% cream

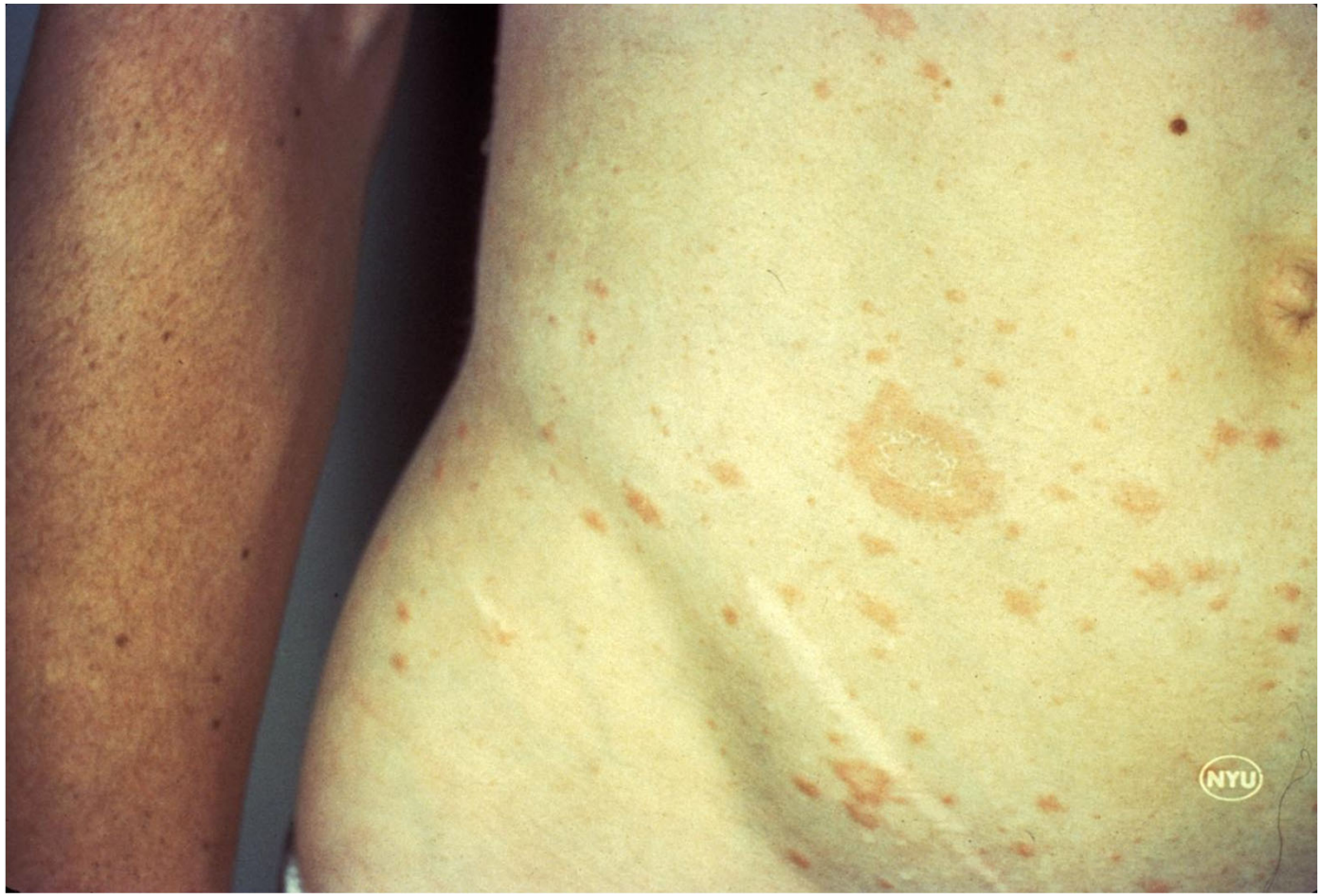


Q19

PITYRIASIS ROSEA

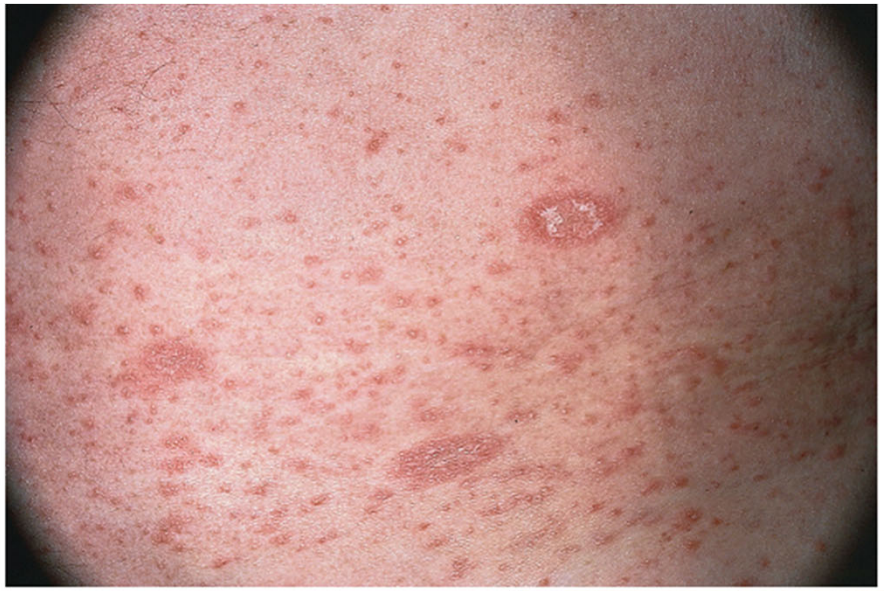
What is the treatment of choice?

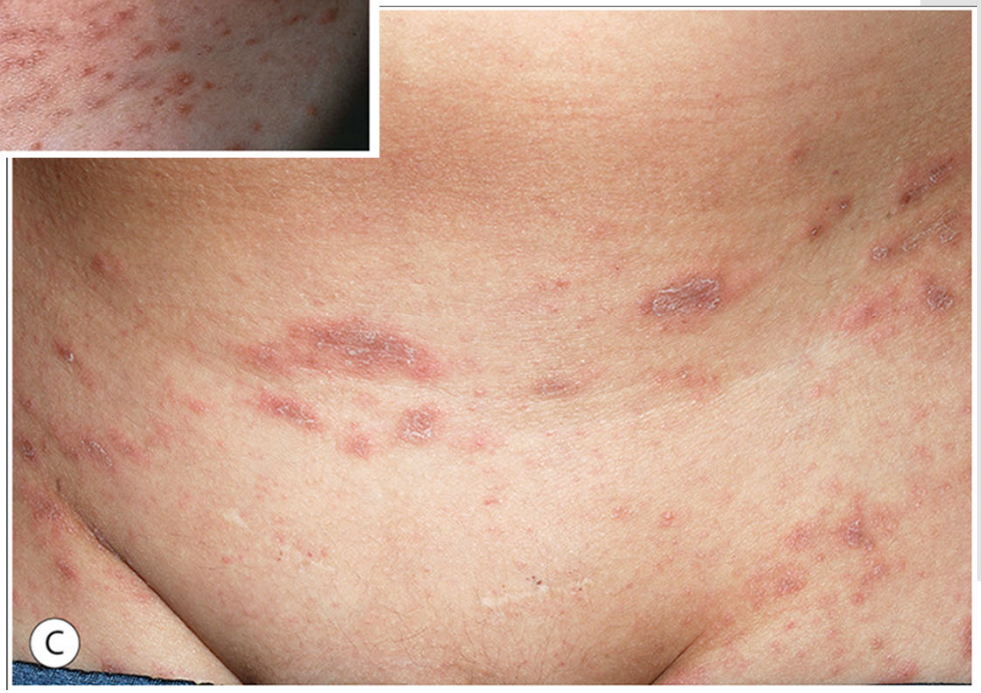
A. Ketoconazole 2% shampoo
B. Clindamycin 1% gel
C. Triamcinolone 0.1% cream
D. Terbinafine 1% cream

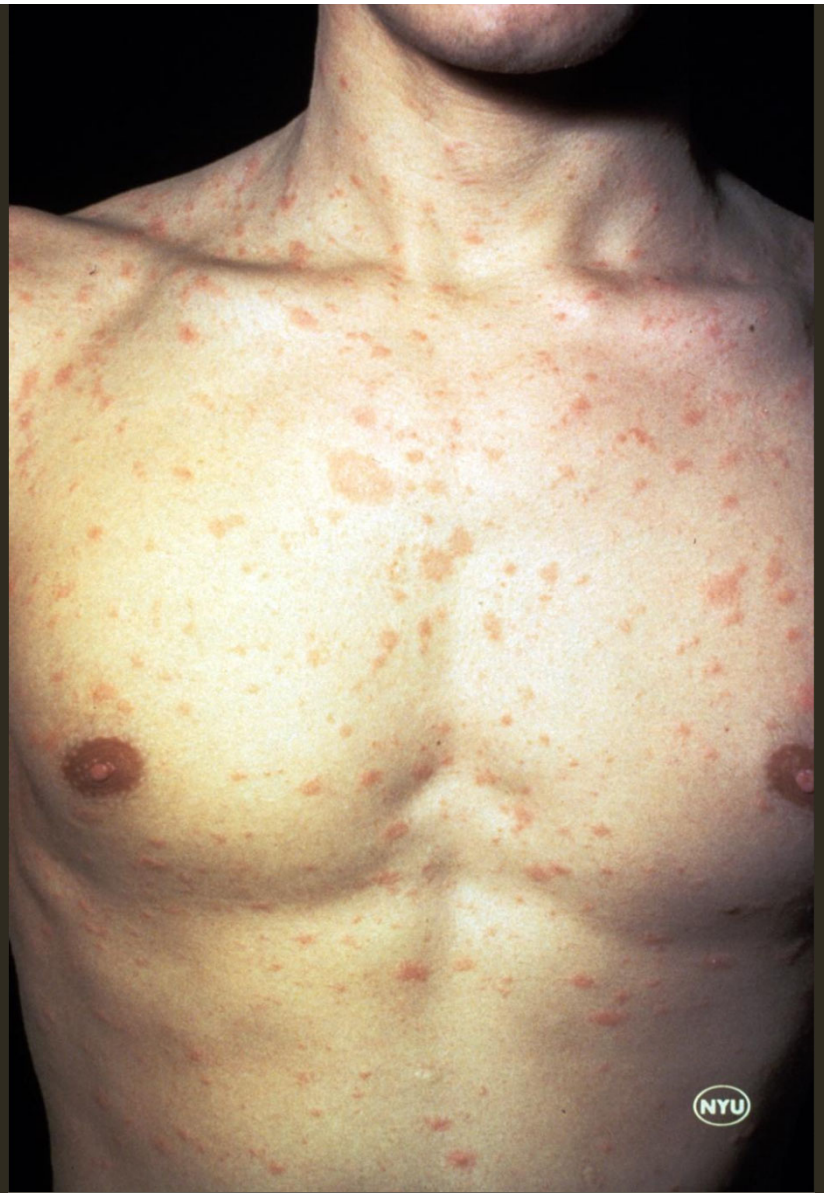


Q19

PITYRIASIS ROSEA






NYU

Q20

45y0, going on 6 weeks, severely itchy

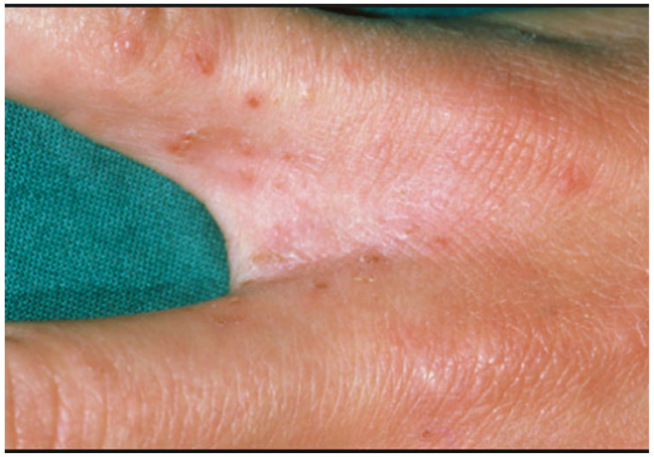
What is the treatment of choice?

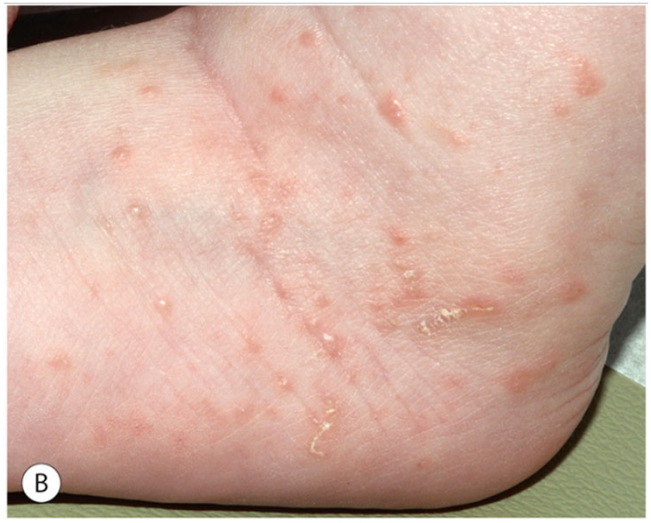
A. Terbinafine 1% cream

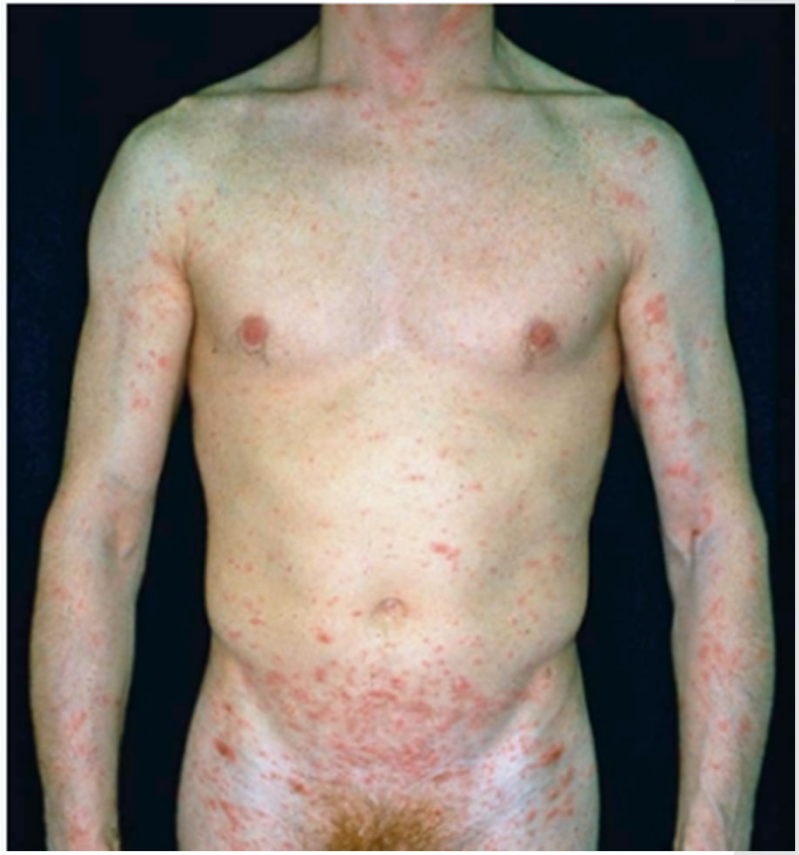
B. Betamethasone-Clotrimasole cream

C. Nystatin cream

D. Permethrin 5% cream





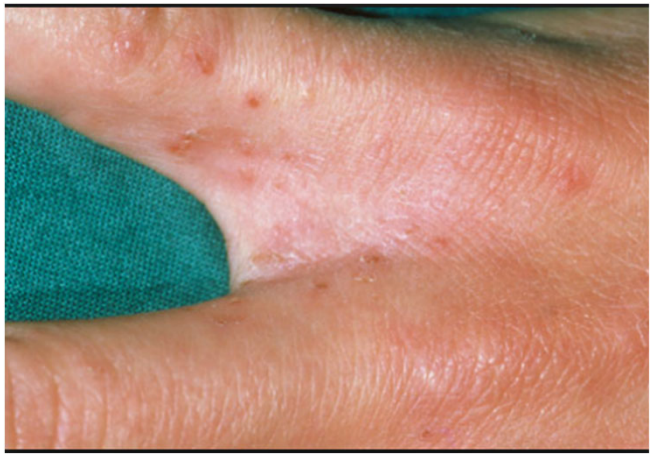


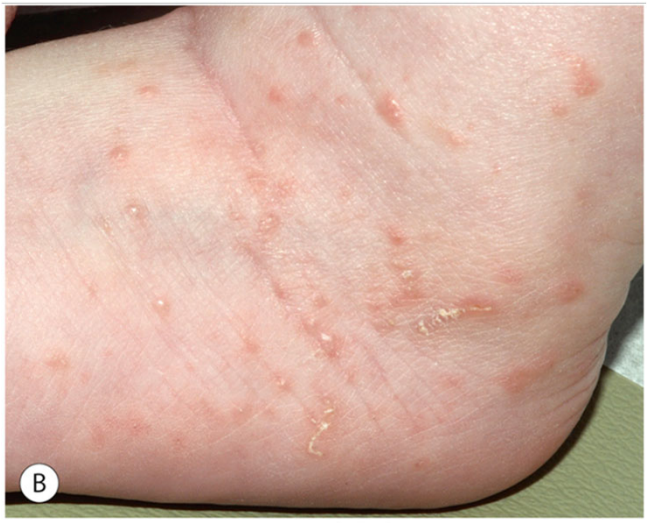
Q20

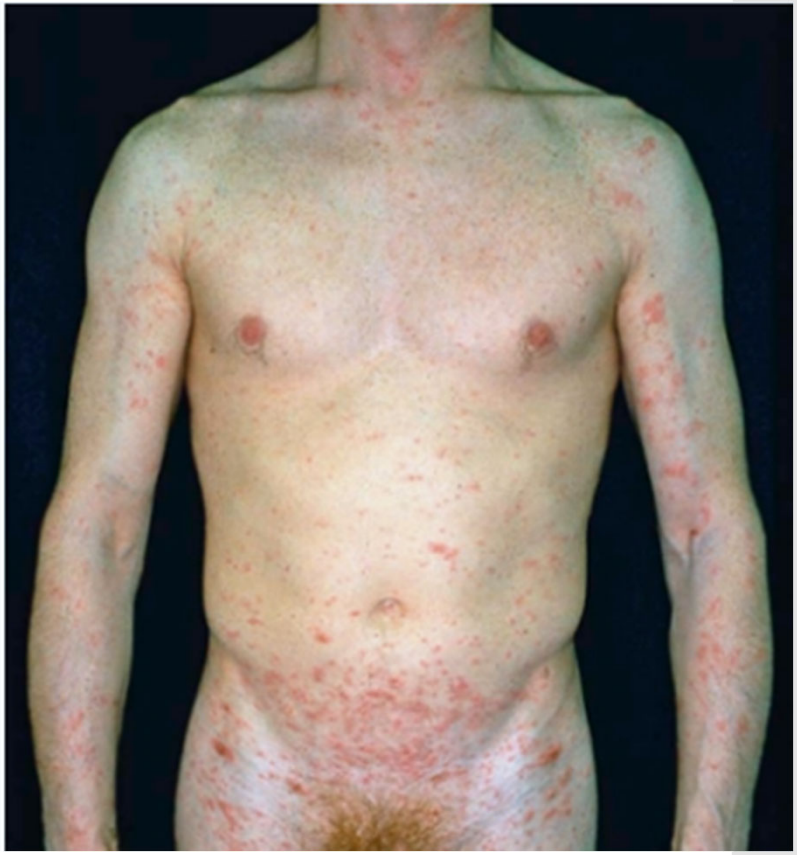
SCABIES

What is the treatment of choice?

A. Terbinafine 1% cream
B. Betamethasone-Clotrimasole cream
C. Nystatin cream
D. Permethrin 5% cream



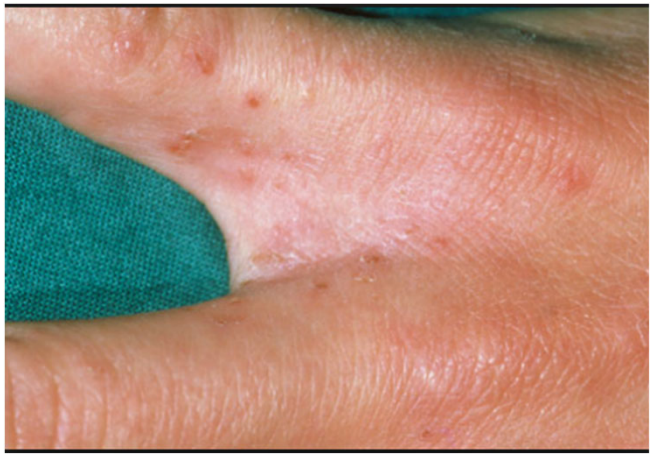


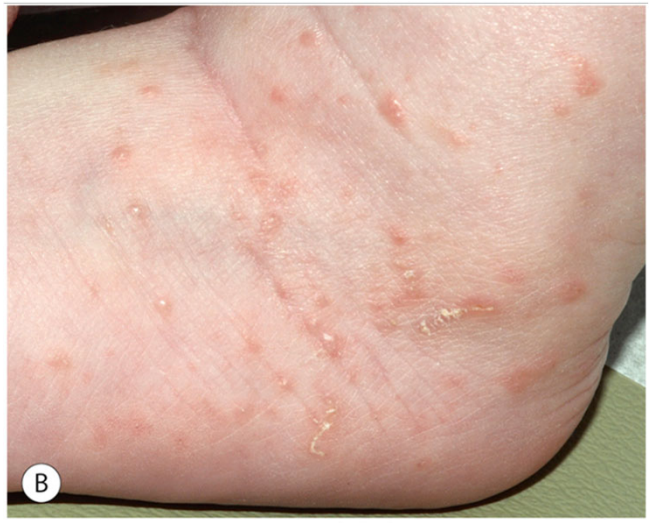


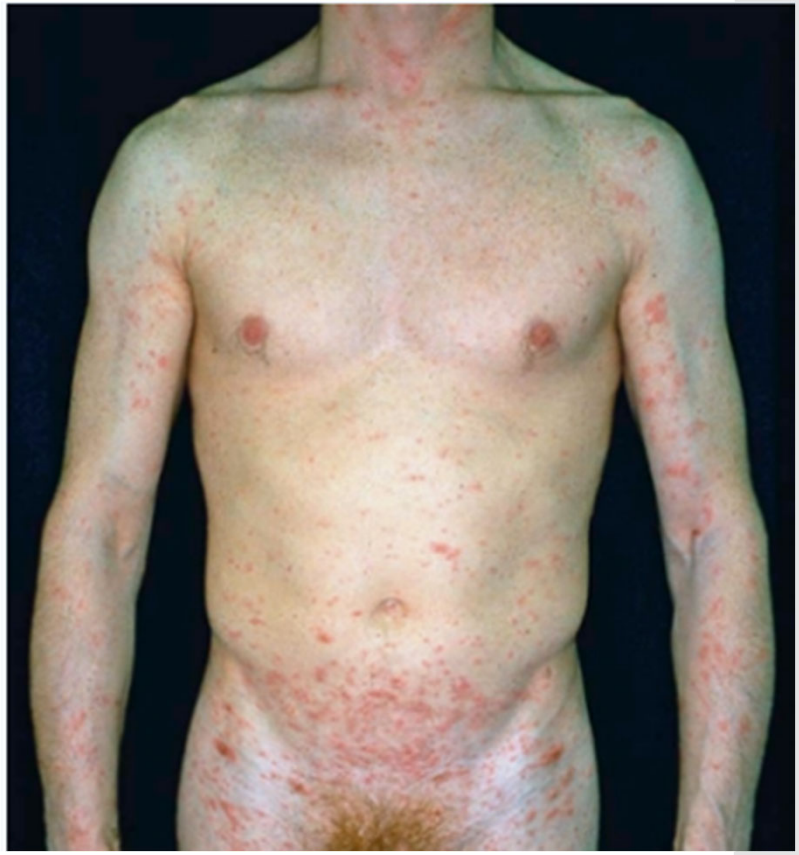
Q20

SCABIES (add'l tips)

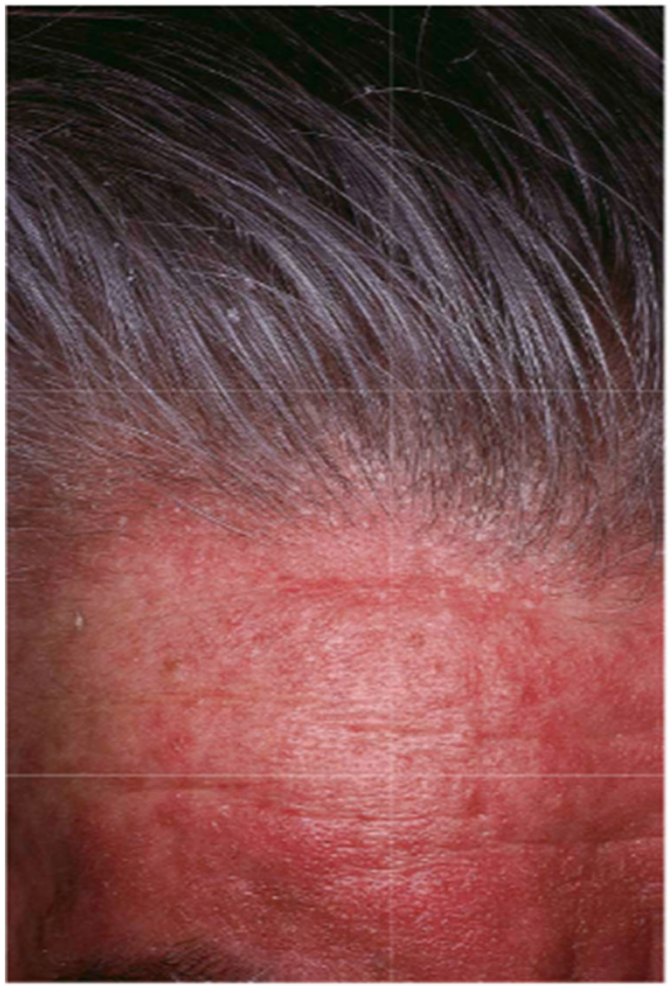
*Treat close contacts
*PO Ivermectin 200mcg/kg is a backup
*Prepare to treat post-scabies itch

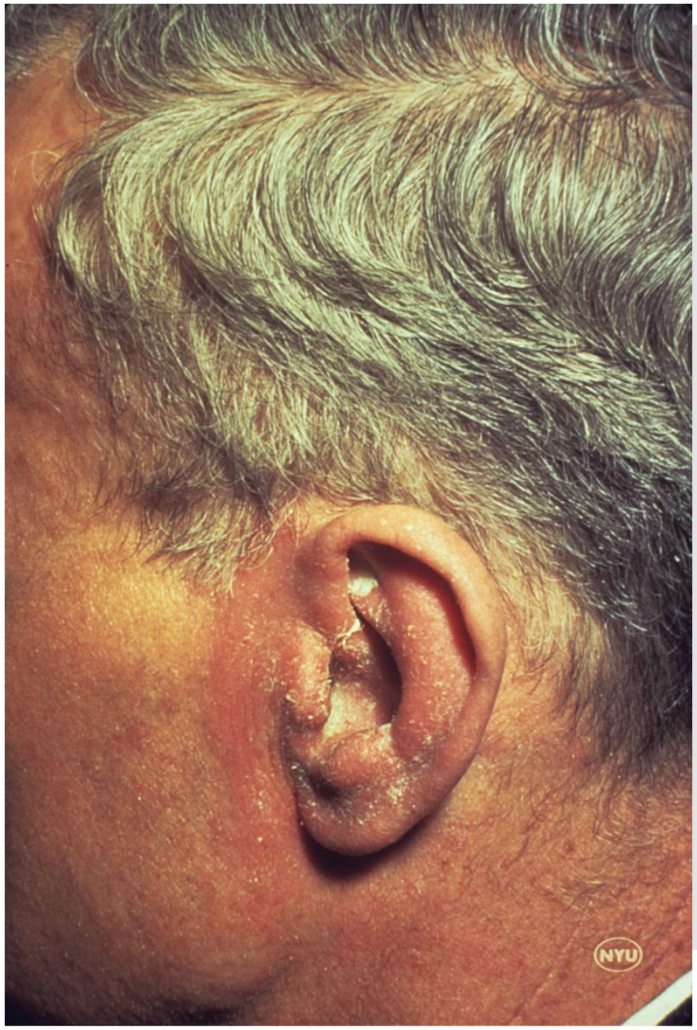






Q21
58yo, itchy scalp for the last few months, white spots slide easily along hair shaft
Which of the following is <u>not</u> a reasonable treatment option?
A. Permethrin 5%
B. Fluocinonide 0.05% solution
C. Ciclopirox 1% shampoo
D. Hydrocortisone valerate 0.2% cream





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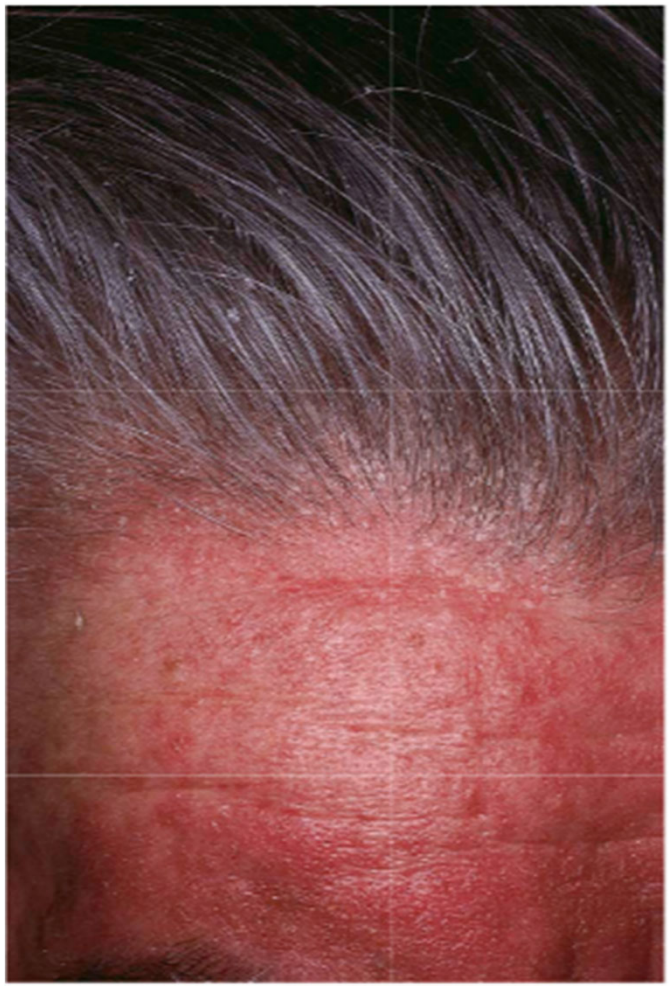
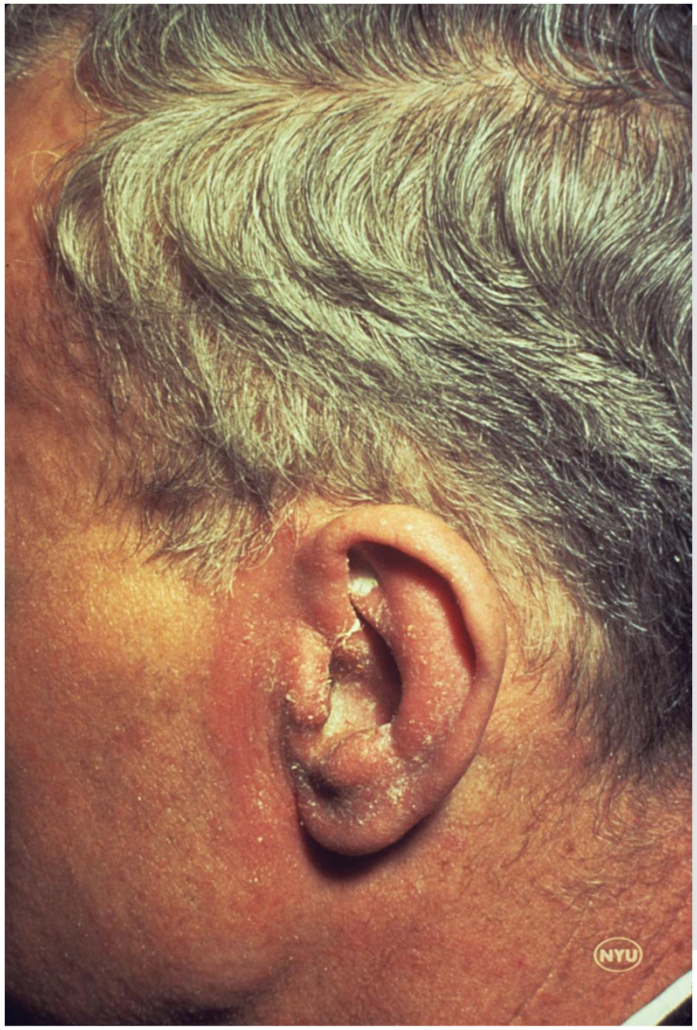
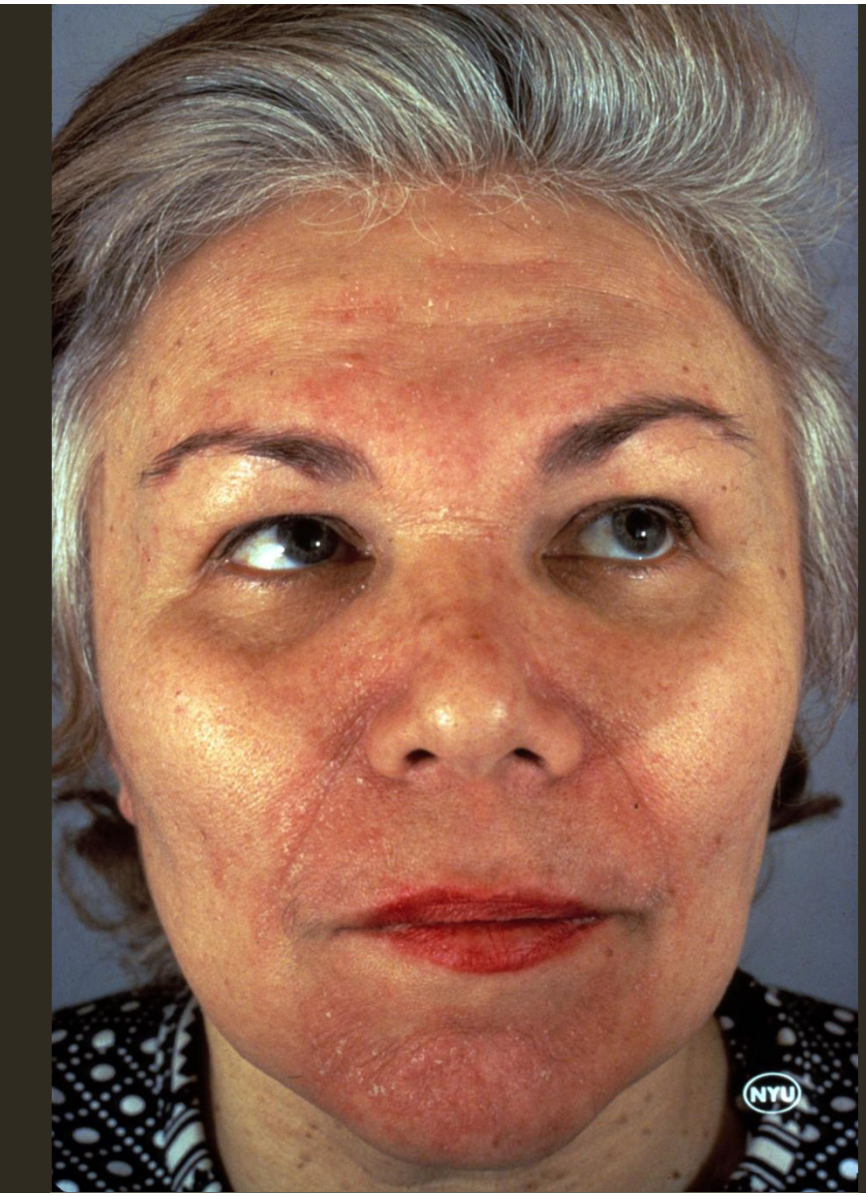
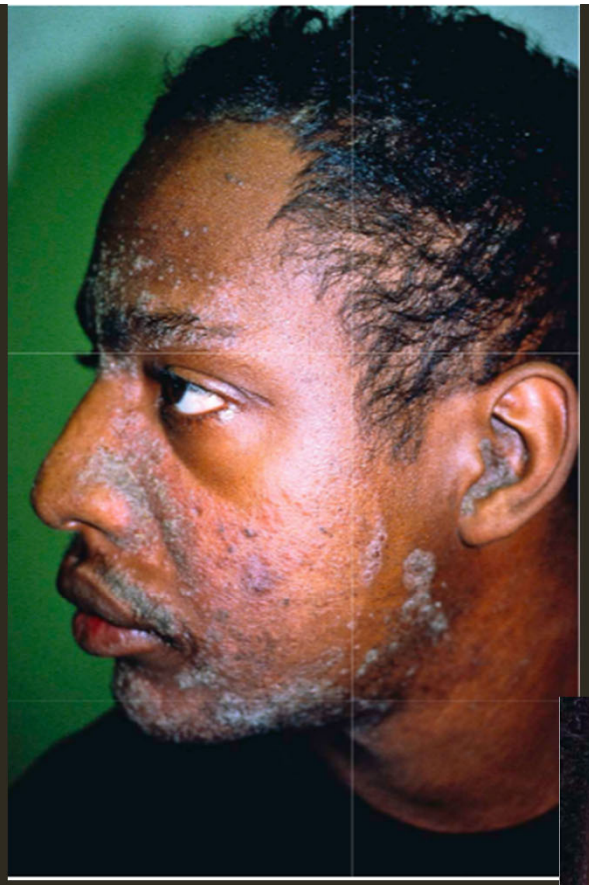
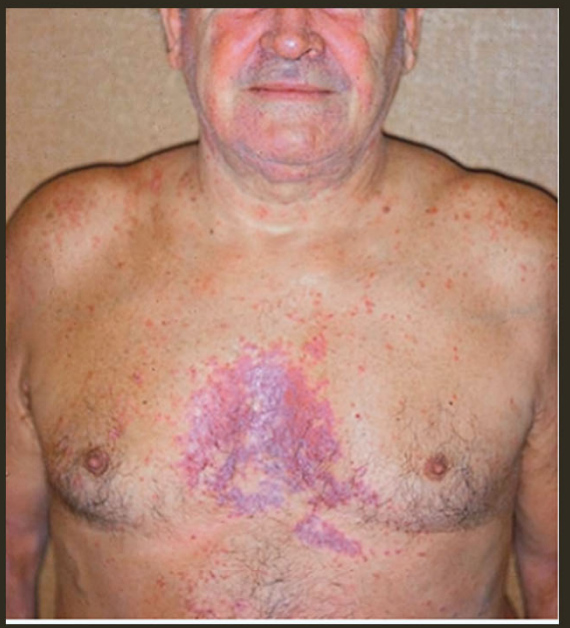
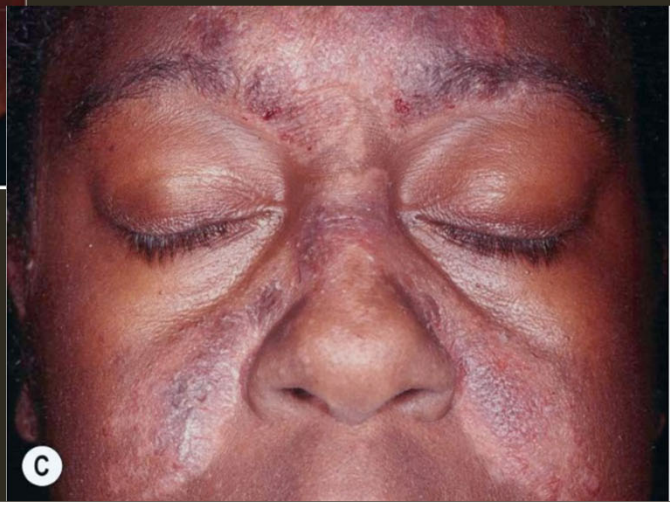




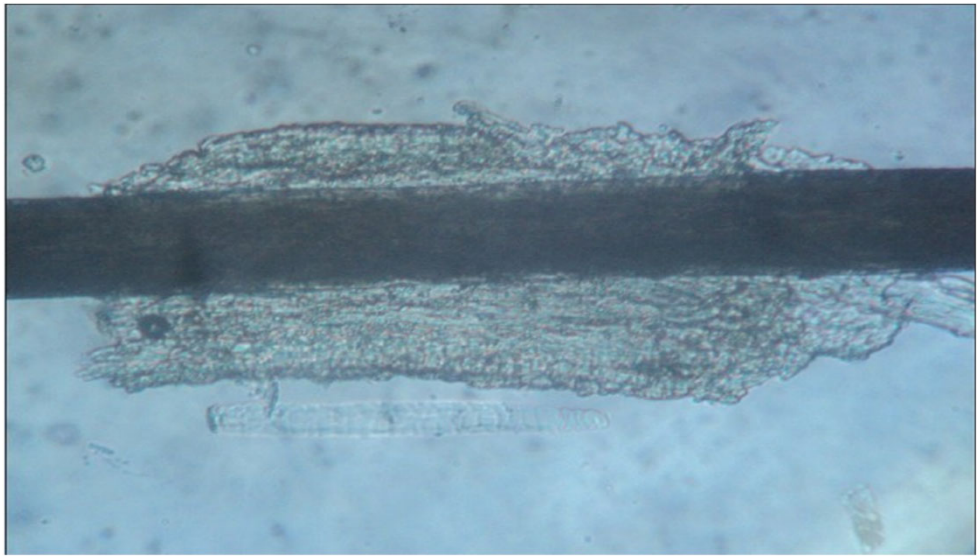

NYU

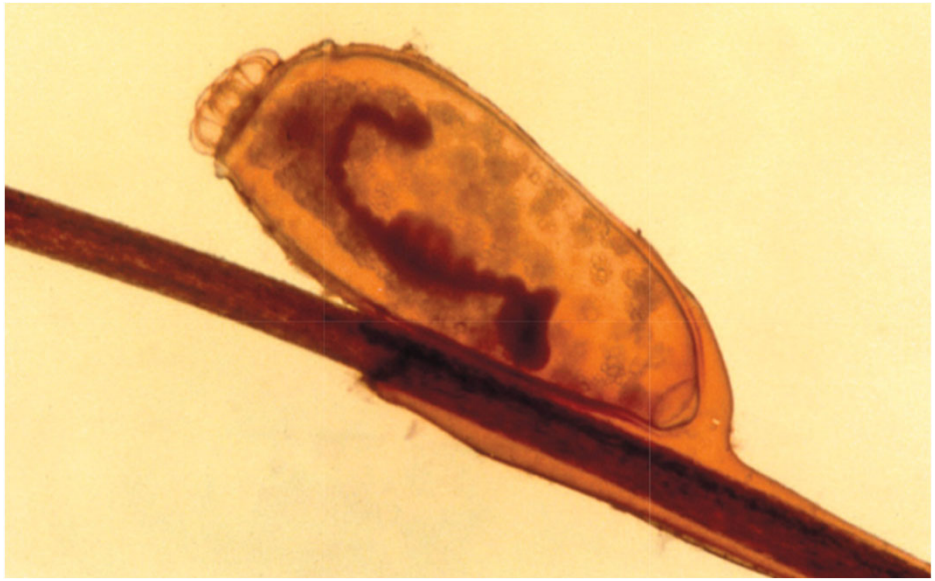


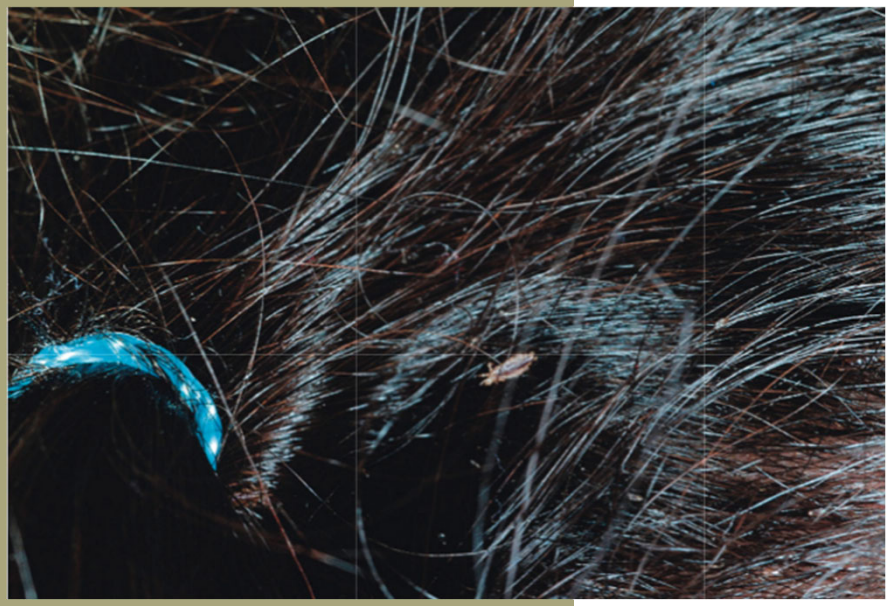


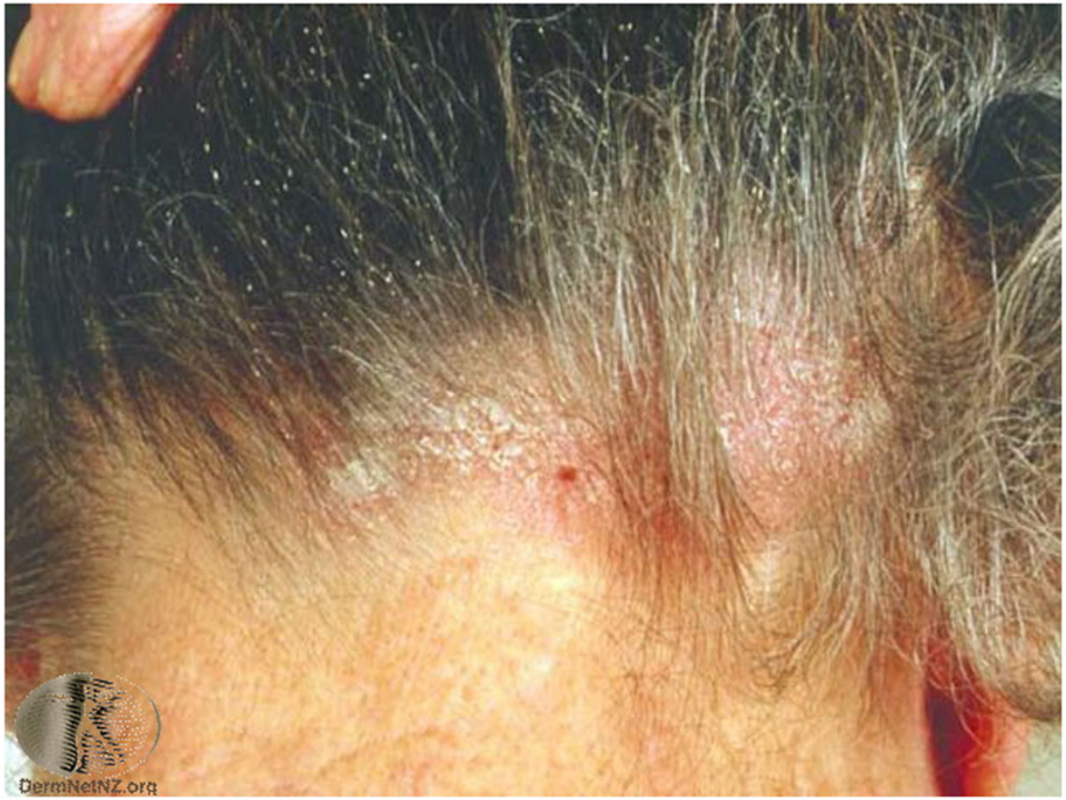

C

Pseudonits vs nits








DermNetNZ.org

Questions?

Thank you for your attention!

Works cited available on request.

Contact me at:

kbrau@lexclin.com

Handouts of summary slides can be found at:

https://drive.google.com/open?id=1cFOxF5A_-fGedHjoRyVfjpZjeKah7Dg_