

Manifestaciones Dermatologicas

Alexander Lugo Janer MD, FAAD



This 25-year-old boy had a 6 month history of multiple asymptomatic hyperpigmented scaly patches on her chest, shoulders, neck and back. The eruption was most pronounced and confluent around the axillae.

Diagnosis ?

Tinea Versicolor

- Rash hypopigmented with sun
- The eruption worsened in hot weather. A potassium hydroxide preparation revealed pseudohyphae and spores typical of tinea versicolor

Treatment?

- Ketaconazole 1-2 weeks, ketaconazole
- shampoo or single dose fluconazole

Tinea versicolor
Fluoresce with wood lamp
Malazzessia furfur





This 43-year-old woman had a history of recurrent painful nodules and cysts with draining sinuses in the axillae and groin for over 20 years before the lesions were successfully excised.

Diagnosis?

Hydradenitis Suppurative

(apocrine gland inflammation)

Starts w occlusion of hair follicle and subsequent inflammation of apocrine gland

Female have more vulvar involvement, Men more perianal involvement

Treatment ? Tx: **Tetracycline** or erythromycin, then topical antibiotics for prophylaxis
Usually will eventually need **surgical excision**



A healthy 10 year old girl inoculated warts from her fingers to her mouth.
All lesions eventually resolved without therapy

Diagnosis ?

Treatment ?

Cutaneous warts

- In fingers and feet
- Treatment: salicylic acid or plasters or cryotherapy





This 23-year-old woman had a history of an itchy eczematous eruption on her face and neck for 12 months. She also had a lifelong history of this disease ?????

Atopic Dermatitis

- Usually family hx of asthma or rhinitis
- Erythematous, edematous, PRURITIC rash
- IN ADULTS it involves the flexural areas
- **Treatment**
 - Hydration, water trapping agents
 - **Moderate strength topical steroids**
 - Face → Tacrolimus or pimecrolimus or low strength topical steroids
 - Severe → Oral cyclosporine



Atopic dermatitis in adults





White heads: closed comedones Black heads: open

Diagnosis?

Comedonal acne (Non inflammatory)

Noninflammatory acne common in teenagers

Tx: topical retinoids: tretinoin, tazarotene, adapalene



Diagnosis ?

Inflammatory acne (due to *Propionibacterium acnes* within the follicle)

Mild

Treatment?

Benzoyl peroxyde combined with topical erythromycin or clindamycin

Moderate to severe

Antibiotics: tetracycline, doxycycline, minocycline and





Rosacea



Acne roseacea

Middle age

Erythema, telangiectasias on central face

Fushing (to alcohol, stress)

Rhinophyma (big nose)

Txt tetracycline



30-year-old an complained of an intensely itchy eruption on his right arm after hiking

Diagnosis ?

Contact Dermatitis

Delayed hypersensitivity reaction

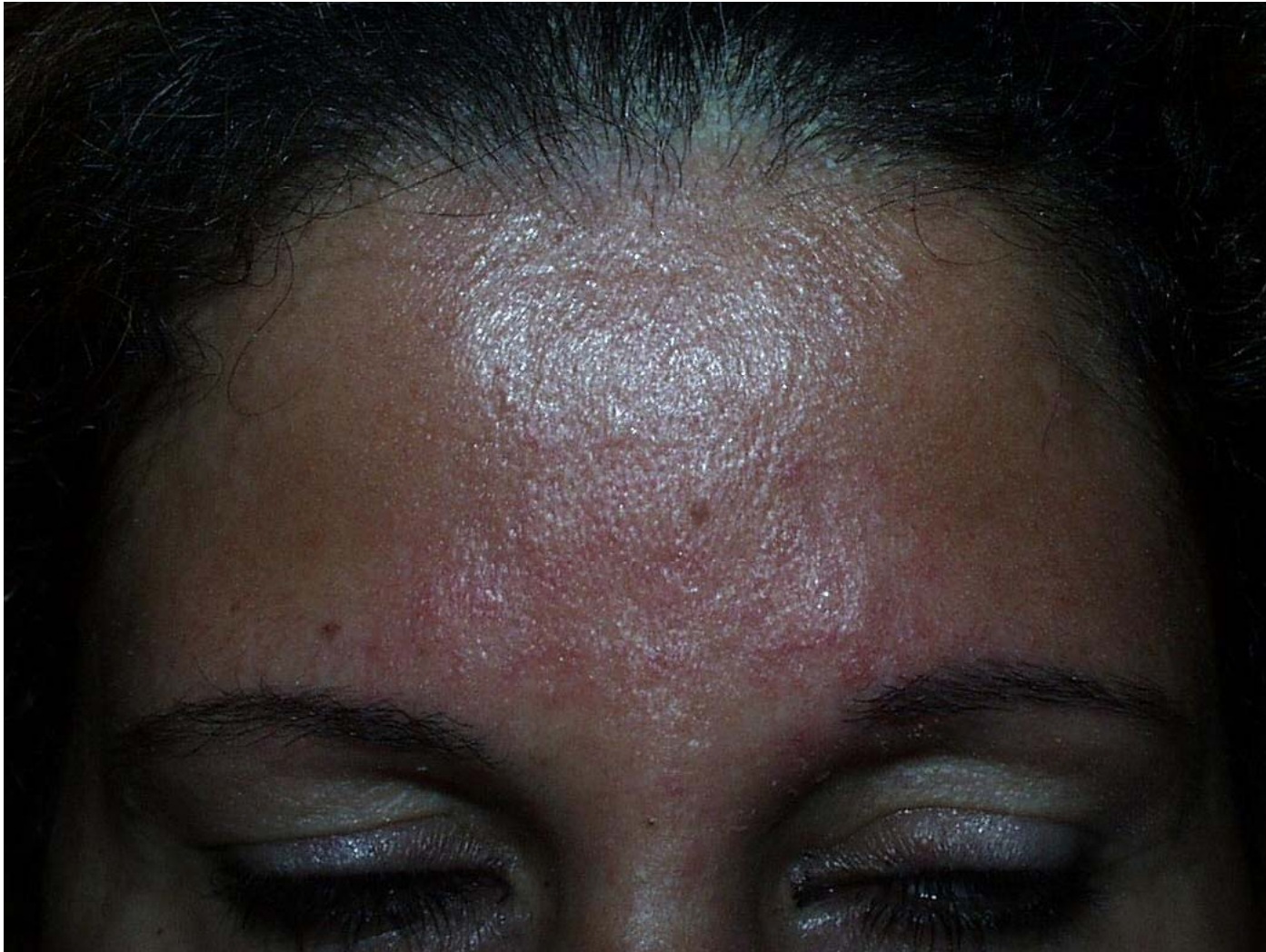
Skin develops pruritic lesions

Ex: nickle, poison oak, poison ivy, chromium neomycin

Cool compressions and Burow's solutions (Aluminium acetate) and topical glucocorticoids

Severe cases oral glucocorticoids





40-year-old woman,
HIV + complained
of an intermittently
itchy red scaly eruption
for 2-3 years

Diagnosis ?

Seborrheic dermatitis

- Greasy scale and erythema
- INVOLVES TYPICALLY Scalp(dandruff), eyebrows, paranasal, and auditory
- Common in HIV
- Antiproliferative shampoo for dandruff with selenium, zinc and tar

Seborrheic Dermatitis





Psoriasis

- Young adult
 - Well defined plaque, none pruritic with silvery scales
 - Nail changes
 - SYMMETRICAL AND EXTENSOR SURFACE
 - Koebner phenomenon
 - Precipitated by sunburn, infection (virus, strep, pharyngitis) and drugs (beta blocker, antimalarial, gold, lithium
 - Txt topical steroid, Tar, retinoid (tazarotene gel, acitritine), Vitamin D, Immunosuppresant (methtrexate, cyclosporine), Biological enbrel, remicade, adalimumab, UV



Possible
Diagnosis ?

Melanomas

Low risk $<1\text{mm}$

Intermediate risk 1-4 mm

High risk $>4\text{mm}$

Do excisional punch bx with 2cm. If intermediate or high risk do sentinel node bx and if positive do lymph node resection. Otherwise excisional biopsy is ok



Molluscum Contagiosum

Tx cryotherapy

Virus ?

Pox virus

Molluscum Contagiosum





Heliotrophic rash



Gottron papule



67 y/o female with above findings and muscle weakness. Work up for malignancy + for Ovarian cancer

Diagnosis ?

Dermatomyositis

Tx: glucocorticoids and immunosuppressives if needed
Associated to GI malignancy in older people



Erythema nodosum

IBD, Sarcoid, Behcet, Hairy cell leukemia

OCP, dilantin, sulfa

Coccidiomycosis, leprosy, strep, tb,
syphilis, histoplasmosis

Erythema nodosum

- Red very painful warm nodules appear in shins
- Causes sarcoid, IBD, infection (Tb, strep, fungal), oral contraceptives, sulfa, penicillin)



This 20-year-old woman developed this eruption associated with recurrent oral mucosal ulcerations over several weeks. The eruption worsened with sun exposure. She complained of skin burning, arthralgia and Raynaud phenomenon.

Which serology will confirm diagnosis?

Serological studies revealed positive anti-nuclear antibodies and anti-double stranded DNA antibodies. She improved with oral hydroxychloroquine, prednisolone, and medium potency topical steroids



Diagnosis?

Discoid lupus



Diagnosis?

Patchy alopecia



Diagnosis?

- Disoid lupus: scarring

Henoch-Schonlein Syndrome

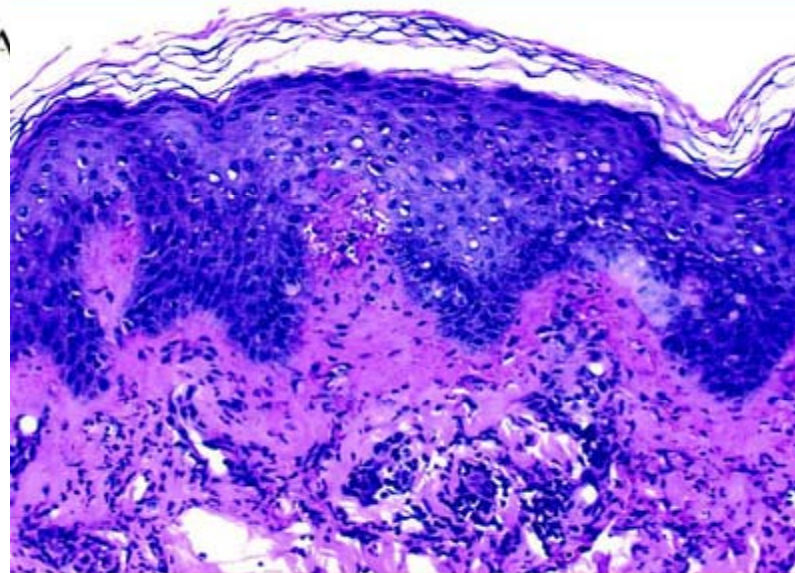
Henoch-Schonlein purpura



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Leukocytoclastic Vasculitis:

Small Vessel Involvement (Capillary-Venule)

- Henoch-Schonlein Syndrome
 - Systemic LV that may involve the GI tract, joints, kidneys and skin
 - Primarily affects children & young adults following URTI's
- Systemic Lupus Erythematosus
 - Other cutaneous findings: discoid lesions, sacring alopecia, ulcers of legs, periungual telangiectases, panniculitis, digital gangrene



Staphylococcus

- Most common cause of impetigo
- Bullous impetigo
- Staphylococcus scalded skin syndrome (separates more superficially than toxic epidermal necrolysis)
 - Toxic epidermal necrolysis is not due to an infection

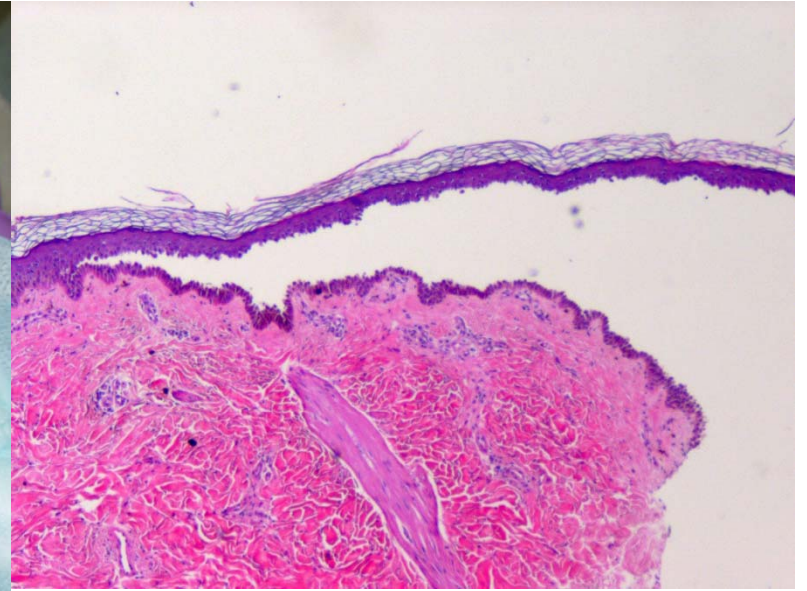


This 80-year-old woman with a history of hypertension and atrial fibrillation developed diffuse itching followed by widespread blistering especially on the central trunk.

Diagnosis ? **Bullous pemphigoid** Associated to immune diseases (DM)

Subepithelial deposition C3 and antibodies

Treatment ? Oral steroids, Tetracycline and niacinamide



Diagnosis? ***Pemphigus Vulgaris***

Intradermal with antibodies between cells desmosomal cells
Tx: high dose glucocorticoids and Aza/cyclophosphamide or cyclosporine



This 10 year old girl and several of her friends who spent an evening together at a hot tub party developed painful red follicular papules and pustules on bathing suit covered parts of the trunk

Diagnosis?

Pseudomonas hot tub folliculitis

Treatment?

No treatment



Urticaria

- Transient extravasation of plasma **into the dermis**
 - **Wheal** with or without surrounding redness (**flare**) and **pruritus**.
 - Individual lesion lasts less than 24 hours
- Types:
 - **Acute Urticaria**: lesions occur for up to 6 wks
 - **Chronic Urticaria**: occurring at least twice a week for more than 6 weeks
 - **Episodic Urticaria**: occurring less than twice a week, but for more than 6 weeks (usually with an identifiable environmental cause)
- Prevalence: 1-5%; any age, highest in young adults
- Female > male, except in physical urticarias
- May involve respiratory, GI, and CV

Dermographism



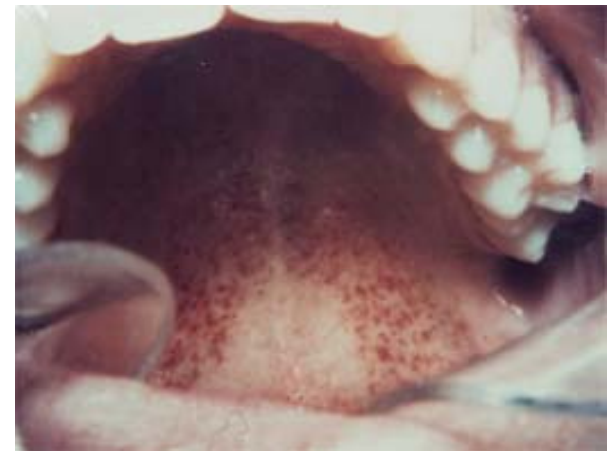
Sport injuries

Runner's nail



Tennis toe





Erythema Infectiosum







- Inflammatory disease
- Affects mainly the hairy scalp (cradle cap) and intertriginous folds with greasy-looking scales and crusts.
- If extension to retroauricular folds, otitis externa is often a complicating factor.
- There is no indication that infants with seborrheic dermatitis are more likely to suffer from adult form of the disease.
- DDX: atopic dermatitis, histiocytosis X



- Lacelike pattern of dusky erythema over the extremities and trunks of neonates when exposed to a ↓ in temperature.
- Occurs virtually in all babies
- Due to immaturity of the autonomic control of the skin vascular plexus
 - constriction of the deeper plexus and opening of the superficial plexus.
- Disappears on rewarming...if not, consider cutis marmorata telangiectatica congenita and livedo reticularis.
- Normal mottling resolves spontaneously by 6 months of age.



