"Other"

Common Rashes & Conditions

PART I

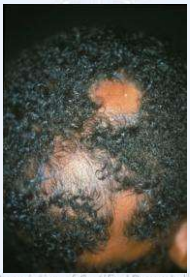
Common Rashes & Conditions

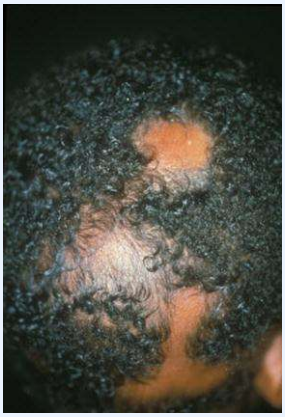
- In these modules, we'll be providing a **brief synopsis** of the most common diagnoses which aren't covered elsewhere in our program.
  - *The purpose is to provide you with a general familiarity of the…*
    - Typical Presentation
    - Etiology — "What causes it"
    - Course/Prognosis
    - Most Common Treatment Approaches

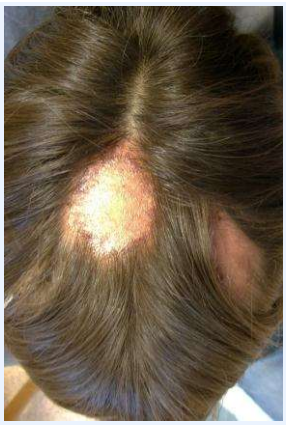
Alopecia Areata

Alopecia Areata

Typical Presentation







Alopecia Areata

Cause

- Results from the immune system (T-cells) mounting an attack against the follicles.
  - Reason why is *unknown.*
    - Genetics?
    - Stress?

Alopecia Areata

Course/Prognosis

- Varies significantly from person to person.
  - Some experience a single episode, while others experience occasional flares throughout their lifetime.
- Most flares resolve within a matter of months, occasionally longer. Very rarely, the hair loss is permanent.

Alopecia Areata

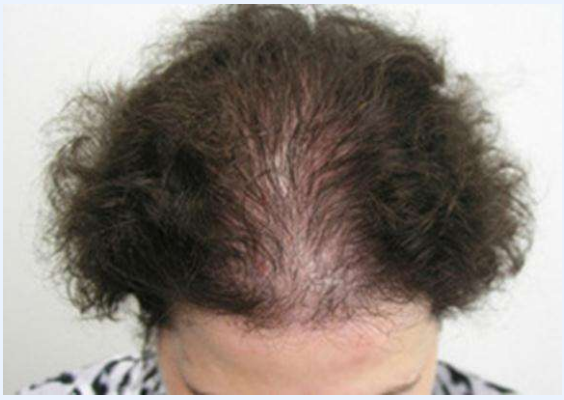
Treatment

- Monitor
  - Most cases resolve without treatment.
    - Hair may grow back with different color/texture, though.
- Otherwise…
  - Corticosteroids (Topical/IL/Systemic)
  - Phototherapy
  - Anthralin, Squaric Acid, DPCP, etc.
  - Minoxidil

Androgenetic Alopecia

Androgenetic Alopecia

Typical Presentation



Androgenetic Alopecia

Cause

- The name explains the cause.

Androgens like testosterone, DHEA, DHT, etc.

Androgenetic Alopecia

Androgenetic Alopecia

Cause

- The name explains the cause.

Androgenetic Alopecia

Cause a genetically predetermined response in which the follicles go dormant

Androgenetic Alopecia

Course/Prognosis

- All "genetically marked" hairs will be lost unless treatment intervenes beforehand.
- **Best treated early!**
  - If follicles remain dormant for too long, they will essentially "close up", after which they'll never be able to produce hair again.

Androgenetic Alopecia

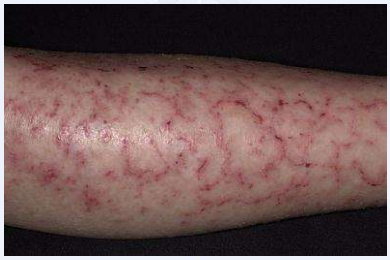
Treatment

- Responses vary significantly.
  - Hormone Blockers
    - Finasteride (Propecia®)
      - Seems to be more effective in men.
    - Spironolactone
      - Generally prescribed only for women.
  - Minoxidil (Rogaine®)
    - Exactly *how* it works is uncertain.
- Hair transplants effective, but *expensive.*

Asteatotic Eczema

Asteatotic Eczema

Typical Presentation



Asteatotic Eczema

Cause

- Asteatotic Eczema and Xerosis go hand-in-hand.

used when inflammation results from that dryness

used when someone simply has "dry skin"

Asteatotic Eczema

Cause

- Asteatotic Eczema and Xerosis go hand-in-hand.
  - *Refer to the "Moisturizers & Medication Vehicles" and "Eczema" modules to learn more about the role dry skin plays in causing inflammation.*

Asteatotic Eczema

Course/Prognosis

- Chronic unless measures are taken to prevent the dryness.

Asteatotic Eczema

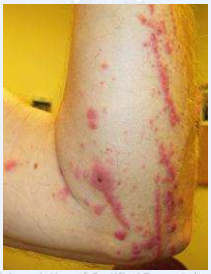
Treatment

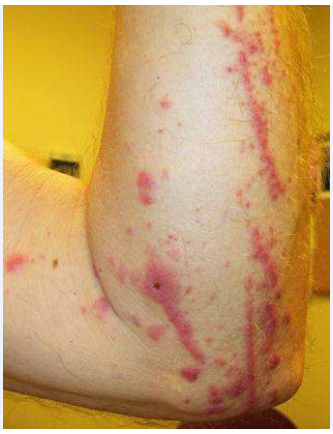
- **The xerosis (dryness) must be managed!**
- Topical corticosteroids help to manage acute inflammation.

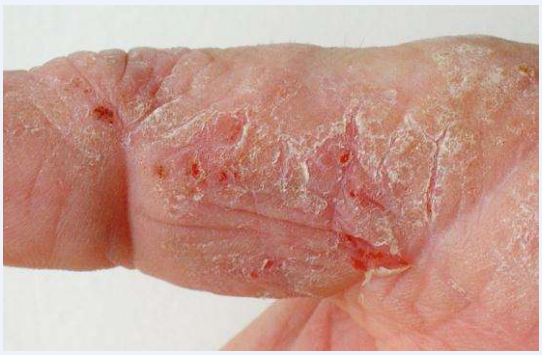
Contact Dermatitis

Contact Dermatitis

Typical Presentation







Contact Dermatitis

Cause

- There are two types:
  - *Allergic* Contact Dermatitis
    - Occurs when the immune system becomes *hypersensitive* to a substance and mounts a response in the form of swelling, blistering, etc.
      - e.g., "Poison Ivy"
  - *Irritant* Contact Dermatitis
    - Occurs when a substance literally *irritates* the skin to the point of causing cracking, peeling, etc.
      - e.g., "Hand Eczema" in someone working as a dishwasher

Contact Dermatitis

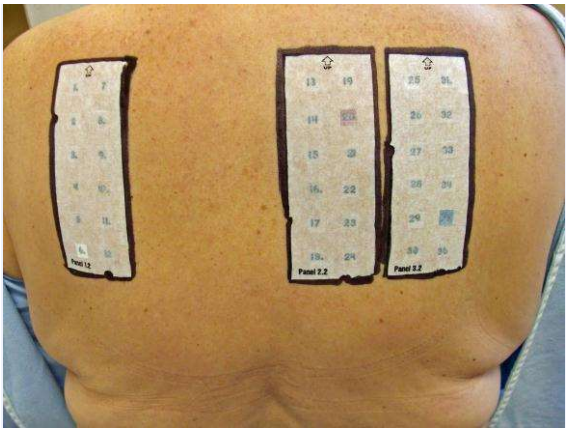
Course/Prognosis

- Will always be prone to recurrence upon exposure to the offending substance.
- Depending on the source of the exposure, it may become a chronic problem unless significant lifestyle changes are made.

Contact Dermatitis

Treatment

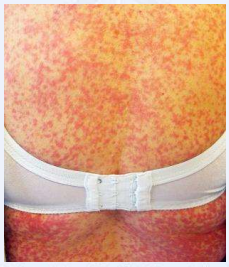
- **Avoidance of causative allergen or irritant is always the first priority.**
- *Otherwise…*
  - Corticosteroids
  - Barrier Creams
  - Non-Steroid Anti-Inflammatories
- Patch testing helpful if patient is uncertain of cause.

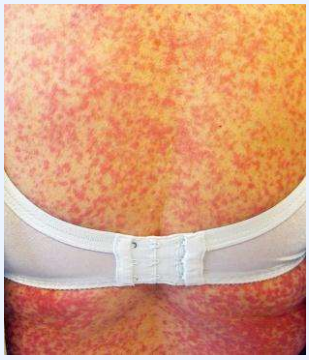


Drug Eruptions

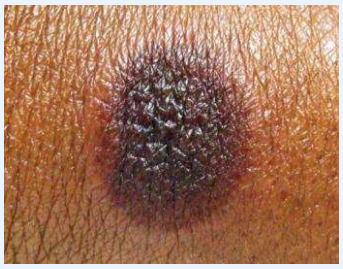
Drug Eruptions

Typical Presentation





"Morbilliform" Drug Eruption



"Fixed" Drug Eruption

Drug Eruptions

Cause

- Occurs when the immune system becomes *hypersensitive* to a drug or one of its "metabolites".
- The reasons this hypersensitivity occurs are quite complex and largely unknown.
  - Genetics seems to play a role.

Drug Eruptions

Course/Prognosis

- Will always be prone to recurrence upon ingestion of the offending substance.
  - However, not every reaction is severe.
    - If only suffering from mild itching and inflammation, and a suspected medication is crucial, sometimes the patient will stay on the medicine and treat the symptoms.

Drug Eruptions

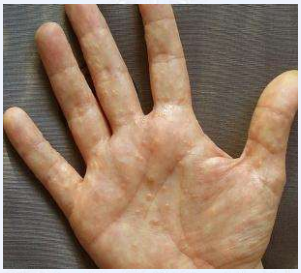
Treatment

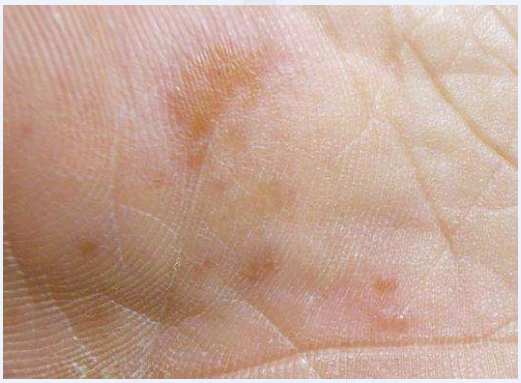
- Avoidance of the causative agent (if possible).
  - Determination of the cause can be difficult!
    - Medications started in the 6 weeks prior to the rash onset are the most suspect.
    - **It is possible, though, for a patient to experience a drug eruption from a medication that he/she has been taking for years.**
- Symptoms usually managed with corticosteroids (topical or systemic) and antihistamines.

Dyshidrotic Eczema

Dyshidrotic Eczema

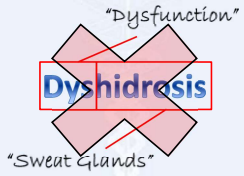
Typical Presentation





Dyshidrotic Eczema

Cause



Dyshidrotic Eczema

Cause

- The etiology is unknown.
  - *Atopy* may play a role.
  - Stress is *almost always* named as a contributing factor.
  - Ingestion of "trace metals"?

Dyshidrotic Eczema

Course/Prognosis

- Unfortunately, it's chronic.
  - However, it will "wax and wane" over time.

Dyshidrotic Eczema

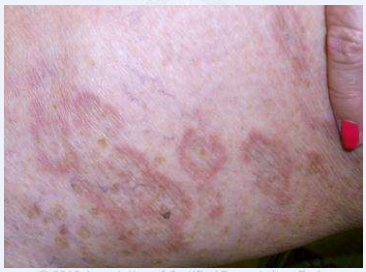
Treatment

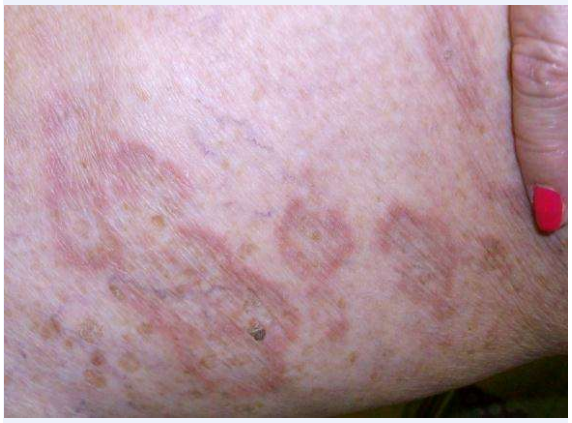
- Potent topical corticosteroids for PRN use is the most common treatment.
- Systemic corticosteroids (IM Kenalog, Prednisone, etc.) help acute flares, but are unsafe for repeated, long-term management.
- Phototherapy sometimes used.

Granuloma Annulare

Granuloma Annulare

Typical Presentation





Granuloma Annulare

Cause

- The etiology is unknown.
  - Within GA lesions, immune cells are seen "building up" around broken down connective tissue. A naturally occurring substance in our skin called "mucin" is usually increased as well. But why?
    - *Various theoretical "triggers" have been considered…*
      - Trauma?
      - UV Exposure?
      - Insect Bites?
      - Diabetes?
      - ***Many others***

Granuloma Annulare

Course/Prognosis

- Usually resolves spontaneously after a few years.
  - It may last longer in some patients.
  - May also recur after what seemed to be full resolution.

Granuloma Annulare

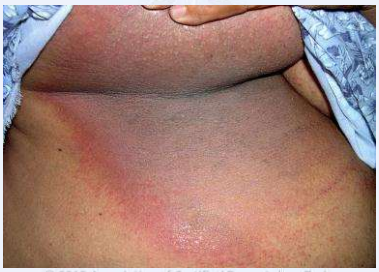
Treatment

- One option is to **do nothing.**
  - In most patients, it's of cosmetic importance only, and will eventually resolve on its own.
- Topical corticosteroids can help, but intralesional corticosteroids (e.g., "IL Kenalog®") are usually more effective.
- Otherwise, there are *a lot* of "alternatives" - including the topical anti-inflammatories, phototherapy, antibiotics, and many others.

Intertrigo

Intertrigo

Typical Presentation



Intertrigo

Cause

- Tightly occluded "skin-on-skin" contact.
  - Those who are obese, have large breasts, etc. are particularly vulnerable.
  - *A number of factors likely contribute…*
    - Sweat
    - Heat
    - Friction
    - Yeast

Intertrigo

Course/Prognosis

- As long as skin folds remain tightly occluded, these patients will always be prone to inflammation.
  - Most patients have a more difficult time controlling inflammation during the summer months.

Intertrigo

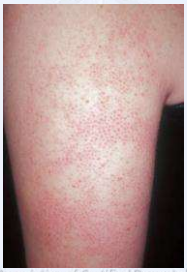
Treatment

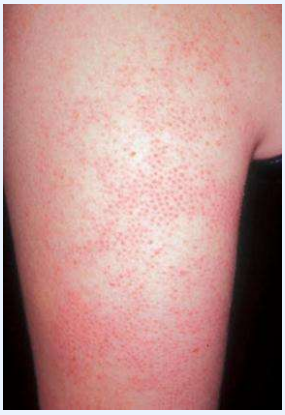
- Goal #1 – Decrease the degree of occlusion!
  - Usually involves weight loss, which is easier said than done.
- *Otherwise…*
  - Keep the skin folds dry.
    - Talcum powder helps many patients.
  - Antifungal creams help for some, but not so much for others.
  - Corticosteroid or corticosteroid/antifungal combo creams usually work well, but must be used with caution.
  - Nonsteroid Anti-Inflammatories helpful, but may "burn" upon application to these sensitive areas.

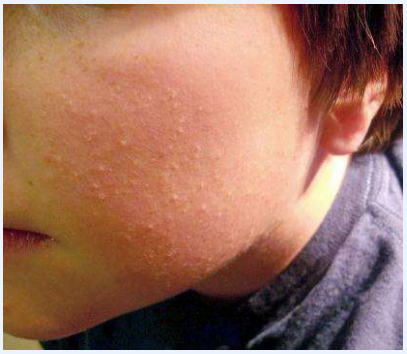
Keratosis Pilaris

Keratosis Pilaris

Typical Presentation







Keratosis Pilaris

Cause

- The "bumps" of KP are the result of a keratin plug within the hair follicles.
  - Exactly why this occurs is a mystery.
  - Role of "atopy"?

Keratosis Pilaris

Course/Prognosis

- The majority of individuals with KP seem to "outgrow it" by early adulthood.
  - For those in whom it does persist into adult years, the course is variable.

Keratosis Pilaris

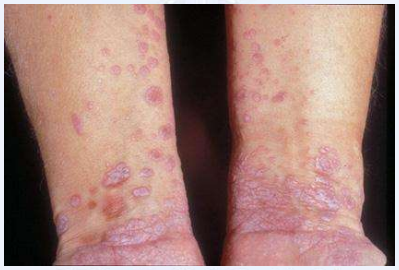
Treatment

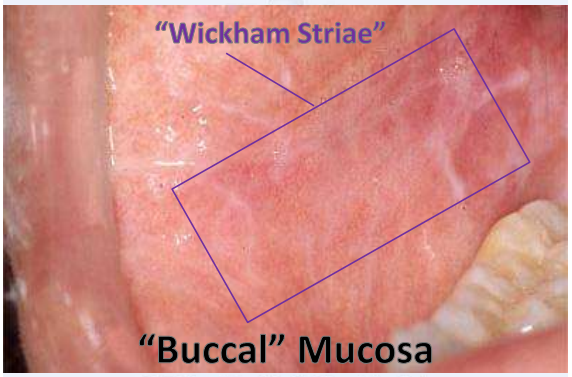
- Some dermatologists will recommend that patients avoid treatment altogether.
- *Otherwise…*
  - Patients should avoid harsh cleansing techniques!
  - If exfoliation is attempted, doing so gently with the use of keratolytics is preferable over physical exfoliation (i.e., "scrubbing").

Lichen Planus

Lichen Planus

"Textbook"
~~*Typical*~~ *Presentation*





Lichen Planus

Cause

- Etiology is unknown.
  - Our immune system's "T-cells" play an active role in causing the inflammation, but it's uncertain what triggers their activity.
    - Infection?
    - Allergens?

Lichen Planus

Course/Prognosis

- Varies from patient to patient.
  - Often waxes and wanes for several years.
  - May recur after what seemed to be a remission.
- **IMPORTANT – Oral LP can increase risk of SCC!**
  - Those with oral involvement should follow-up regularly with both their dentist *and* their dermatologist.

Lichen Planus

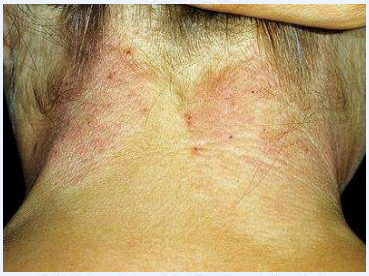
Treatment

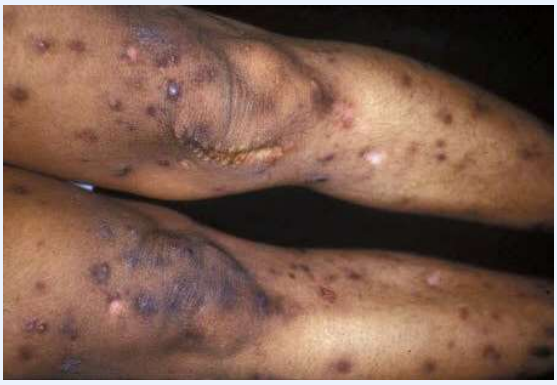
- There are far more treatments for LP than we can possibly list here!
  - *Common treatments include…*
    - Corticosteroids (Topical/Systemic)
    - Non-Steroid Anti-Inflammatories
  - Otherwise, alternatives include Retinoids (Topical/Systemic), Immunosuppressants, Antibiotics (e.g. Metronidazole) and many, many others.

LSC & Prurigo Nodularis

LSC & Prurigo Nodularis

Typical Presentation





LSC & Prurigo Nodularis

Cause

- Both Lichen Simplex Chronicus (LSC) and Prurigo Nodularis (PN) are caused by essentially the same thing….
  - LSC results from habitual "scratching" or "rubbing".
  - PN results from "picking" or "digging".
  - The urge to scratch/rub/pick varies from patient to patient.
    - Sometimes scratching at underlying Eczema, Contact Derm, etc. just got out of hand.
    - Other times (especially with PN patients), the patient has an underlying psychological disorder.

LSC & Prurigo Nodularis

Course/Prognosis

- Depends *entirely* on whether the patient can abstain from picking/scratching/rubbing.
  - If they can stop, the inflammation will resolve.
  - **If they cannot, it never will.**

LSC & Prurigo Nodularis

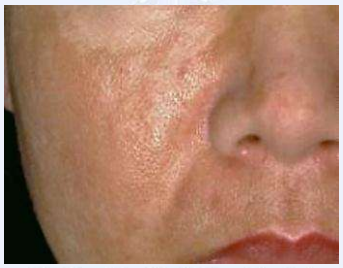
Treatment

- **MOST IMPORTANT – Convincing the patient to stop picking/scratching!**
- Topical/IL corticosteroids are helpful, especially if pruritus is the reason for scratching.
- Topical anti-pruritics (e.g., Zonalon®) and the "sedating" antihistamines can also be helpful, but only for combatting pruritus.
- If patient unable or unwilling to stop picking/scratching, referral back to PCP or even to a psychiatrist may be necessary.

Melasma

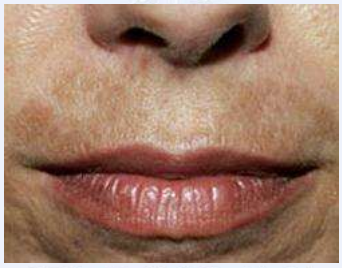
Melasma

Typical Presentation



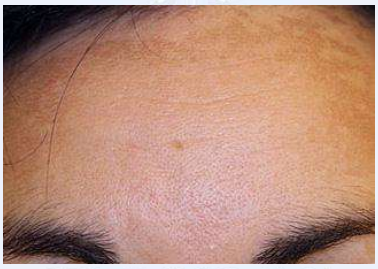
Melasma

Typical Presentation



Melasma

Typical Presentation



Melasma

Cause

- The "Melasma Formula"

  [Genetics + Hormones + UV Exposure]

  - *Estrogen* is thought to be the primary hormonal stimulus, though others (e.g., "Thyroid") may play a role as well.
    - Because of estrogen's likely role, **Melasma occurs almost entirely in women** (esp. when pregnant, taking oral contraceptives or estrogen therapy, etc.).
- Essentially, upon exposure to UV, the "melasma-prone" melanocytes produce too much melanin.

Melasma

Course/Prognosis

- The course is variable.
  - Those prone to Melasma will always be prone to "excess" pigmentation upon repeat UV exposure.
  - Melasma may improve if a hormonal trigger can be identified and avoided.
  - **Longstanding Melasma is especially difficult to treat!**
    - Excess melanin has the potential to "leak" into the dermis, giving it a "tattoo-like" effect.

Melasma

Treatment

- **Must avoid UV exposure!**
- Discontinuation of exogenous hormones (if applicable).
- *Otherwise, options include…*
  - Topical products containing Hydroquinone, Retinoids, Azelaic Acid, Kojic Acid, and others.
  - Procedures such as chemical peels, laser, or IPL.

…continued in Part II