

# DERMATOLOGY

## Scabies

Filariasis  
schistosomiasis

- ① pruritic papulovesicular rash with burrows lesion
- ② Areas involved
  - webbed spaces of fingers / interdigital web space
  - Trunk
  - External Genitalia
  - Flexor surface of wrist - Axilla
- ③ more itchy at night + Family finding +ve

## HERPETIFORMIS Dermatitis

Counseling  
Gluten Free Diet  
Dapsone

↳ Alternate sulfasalazine →  $\frac{1}{5}$

Gluten sensitive patient

Excoriation, Erythematous, urticarial plaques & papule with vesicles + pruritic

Areas involved:

Extensor surface of Elbow  
Knees  
BUTTOCK & BACK

Remove part of skin

Excoriated to Erosion -

## LICHEN Planus

itchy papule on the wrist forearm

Papule were purple  
Lesion in oral cavity

## Pamphigus (I3C)

Flaccid blisters & painful

Erosion on  
- chest  
- neck  
- back

Blisters easily ruptured  
oral cavity reveal erosion

Nikolsky sign +ve

## Psoriasis

→ Erythematous plaques

silvery scale  
whitish

Dithranol  
Tar coal Steroid

UVB, PUVA

# DERMA

## Lichen Planus

A 30 year old Female presented with itchy papules on the wrist and forearm. These papule were purple & polygonal. There were also some lesion in oral cavity.

Diagnosis : Lichen planus

### Enlist nails, scalp and mucosal findings of Disease

#### nails :

Dorsal nail pterygium

↳ splitting & destroying nail plate

#### SCALP :

inflammatory scarring Alopecia

#### mucosa :

network of white, lacy striae

### investigation :

- Skin Biopsy
- Drug History
- Clear cut clinical

### Treatment :

Self limiting

Corticosteroid { Local  
systemic

Ciclosporin

Retinoids

Phototherapy

Topical Steroid Applied on Buccal mucosa.

CPR



# Psoriasis

(2017 send-up)  
A 30 year old male pts. presented with  
Symmetrical erythematous plaques covered with silvery  
scales on his Elbow and Knees.

- Pruritic lesion on Extensor surface (elbow, knee)
- Erythematous plaques with whitish scales
- Finger nail pitting

## Diagnosis

What other system can be involved and what are the pattern of involvement of these system.

System involved → Digestive Tract

Skin → scaling lesion

Nails → pitting, onycholysis, horizontal ridging

Eye → Iritis

Joint → polyarthritis  
origo Arthritis

Heart, Lung & Kidney

Joints → Psoriatic joints

Also known as Systemic scleroderma

## Mechanism :

Helper-T cell Lymphocytes overactivated



↑ Amount of cytokines (IL-2, TNF, IF- $\gamma$ )



↑ Inflammation in skin and other  
organs.

## investigation :

Biopsy

Throat Swab For Streptococci (Guette psoriasis)

Joint assessment

## Treatment :

### ① Topical Agent

Emollients

Dithranol & Tar coal

Calcitriol

Corticosteroid

NSAIDS

DMARDs - methotrexate

- cyclosporin

Steroids

Anti TNF

PUVA, B

Retinoids

### ② Systemic Agent

Methotrexate

Cyclosporin

oral retinoids

Biological Agents : Anti-TNF

### ③ Uv Therapies

Ultraviolet B

PUVA



# Pemphigus vulgaris

Flacid Blisters on Torso, head, upper trunk & back  
Nikolsky sign (+ve)  
mucosal involvement.

## Pathogenesis:

Autoimmune Disorder

IgG Antibodies bind to



DES MOSOMES

& causing



Acantholysis & supra basal bullae formation

## investigations:

indirect immunofluorescence - measure level of IgG

ELISA

Dermatopathology : Light microscopy

## Treatment:

- ① Lifelong High dose of oral steroids
- ② immunosuppressive agents  
Azathioprine  
cyclophosphamide
- ③ I/V IgG
- ④ Biological Agents : infliximab
- ⑤ Plasma phoresis

## Fungal infections

Name 4 such infection with specific name & areas are involved.

**Tinea corporis :** Affect Trunk & Limbs

**Tinea cruris :** Thighs , perineum , sacrotum & Perianal region

**Tinea pedis :** Feet , Toes , interdigital clefts

**Tinea Capitis :** Scalp , eyebrows , eyelashes

### Treatment :

#### (i) Topical Antifungal

Clotrimazole

Ketoconazole

Terbinafine

Miconazole

#### (ii) Systemic Antifungal

Itraconazole

Fluconazole

Amphotericin B

### investigations

Fungal culture

Direct microscopy with KOH



# HERPES ZOSTER / varicella (shingles)

## CAUSES:

VZV immunity Decline with

- Age
- Concurrent Disease
- Malignancy
- Chemotherapy, Radiotherapy
- immunocompromised
- HIV

## Specific name given to pain:

### Before Appearance

pre-herpetic neuralgia

### After Appearance

post-herpetic neuralgia

## SITES:

Thoracic > 50%

Trigeminal

Lumbosacral

cervical

## Diagnosis:

viral culture

Direct microscopy

Dermatopathology

Serology

PCR

## Treatment:

Bed Rest

Analgesics

Acyclovir .... 800 mg 5 times/day

Dressing

### Post Herpetic neuralgia

✓ Analgesics Aggressive

TCA

✓ Gabapentin

Topical Analgesics



**Shingles** | organism → varicella zoster

Acute painful infection characterized by group vesicles on erythematous base limited to dermatome innervated by corresponding sensory ganglion.

**Risk Factors** | Age, HIV, malignancy, chemotherapy

**Clinical Features**

Pain → sharp, pricking / tingling / burning of involved area.

unilateral dermatome → erythematous based grouped papules then into vesicles / bullae → lead to pustules → rupture to form crust.

**Sites** | Thoracic, Trigeminal, Lumbosacral, cervical

**Ramsay hunt syndrome** | Δ of (i) Facial nerve palsy  
(ii) vesicle on pinna & E.A. meatus (iii) ear pain

**Diagnosis** | (1) Viral culture (2) Direct microscopy (3) Dermato pathology (4) Serology (5) PCR

**Treatment** | (1) Bedrest, analgesics (2) Acyclovir (3) Dressing + normal saline (4) Post herpetic neuralgia (Analgesics, Gabapentin)

## Diagnosis: ACNE vulgaris

### CAUSES:

Genetics - Hormonal ①

Hot climate

Humidity

PCOs

COOKS

② Exogenous substance

- TARS

- Hydrocarbons

- Oily cosmetics

- OCP

### TYPES

- Black head

- white head

- papule & pustules

- cyst

- nodule

### Pathogenesis:

Excessive sebum production

inflammation

Abnormal ductal hyperproliferation



causing keratin formation

annual 2016 )  
Write a note on ACN with special emphasis on  
Etiology, Pathogenesis, TYPES, General &  
specific Treatment



Annual  
2017 )

A 19 year old presents with Black head, Papule  
& pustule on his Face,

Diagnosis: ACNE vulg

CAUSES:

Genetics - Hormon<sup>①</sup>

Hot Climate

Humidity

PCOs

General measures: Avoid cosmetics  
Fairness cream  
massage  
Topical steroid

Treatment

① Topical Retinoids - Antibiotic<sup>↳ Benzyl peroxide</sup>  
Salicylic acid

② System Antibiotic - Azithromycin  
Erythromycin

③ OTHERS: cryotherapy

(Annual 2013)

**Q11:** A 30 year old worker in a flour mill presents to you with complaint of- hyperpigmented itchy papular lesion in both popliteal fossa-of six months duration. There is his past history of treatment of bronchial asthma .

- a. What is the diagnosis?(1)
- b. What advice would you like to give regarding his profession? (2)
- c. How would you treat his skin lesion?(2)

**Ans:**

a: Eczema (Atopic Dermatitis )

b: Avoid exposure to the irritants  
Change the occupation

c: **Topical Treatment:**

- Regular emollients: bath soaps, soap substitutes
- Topical steroids
- Topical calcineurin inhibitors : tacrolimus

**Systemic Treatment:**

- Anti-histamines
- Oral steroids
- Immunosuppressants

**Reference: DAVIDSON MEDICINE EDITION 22 CHAPTER Skin disease (ECZEMAS )  
PAGE NO 1283**



**(Annual 2011)**

**Q14: A 6 years old boy presented with recurrent, severely itchy lichenified plaques in both antecubital and popliteal fossae for the last three years. His mother is asthmatic and has very dry skin.**

- A. What is the most likely diagnosis for the child? (1)**  
**B. How would you manage this problem? (4)**

**Ans:**

- a: Atopic Dermatitis (Eczema)**  
**b: Topical Treatment:**

- Regular emollients: bath soaps, soap substitutes
- Topical steroids
- Topical Calcineurin Inhibitors : Tacrolimus

### **Systemic Treatment:**

- Anti-histamines
- Oral steroids
- Immunosuppressants

### **Prevention:**

- Allergen avoidance
- Protective measures
- Avoid frequent bathing without moisturizing
- Avoid irritants, heat and low humidity
- Change of occupation and hobbies

**Reference: DAVIDSON MEDICINE EDITION 22 CHAPTER Skin disease  
(ECZEMAS ) PAGE NO 1283**



# Basic skin lesions

## Types.

Primary lesions: Arising on normal skin

secondary lesion: Superimposed on existing skin lesions.

## Primary lesions

★ Macule: lesion  $< 1\text{cm}$

Flat

e.g. Freckles.

★ Patches: similar lesion  $> 1\text{cm}$

e.g. naevus.

★ Papule: lesion  $< 1\text{cm}$  e.g. lichen planus.

Having length + breadth & elevation

★ Plaque: circumscribed elevation of skin

$> 1\text{cm}$  psoriasis.

★ Nodule: palpable, solid lesions, round

longer than papule. - enlargement of

3 dimension e.g. Fibroma, lipoma.

★ Wheal Transient, firm, raised &

red swelling of skin e.g. urticaria

★ Vesicle: Fluid containing lesion  $< 1\text{cm}$

e.g. chicken pox

★ Bulla Similar lesion  $> 1\text{cm}$

e.g. pemphigus vulgaris.

★ Pustule: Elevated Pus filled vesicle with circumscribed border

★ Purpura: small  $< 1\text{cm}$  leakage of blood into dermis

Secondary lesion,

★ Crusting: Hard & sticky layer produced by drying of serum or blood eg Impetigo

★ Erosion: Superficial break in the skin involving only dermis

★ Ulcers: Skin defect that extends into the dermis & deeper layers.

★ Excoriation: marks produced by scratching usually linear eg psoriasis

★ Scar: Fibrous tissue replacement of normal skin

★ Lichenification: Thickening of epidermis characterized by eg exaggeration of skin marking.

Chronic eczema.