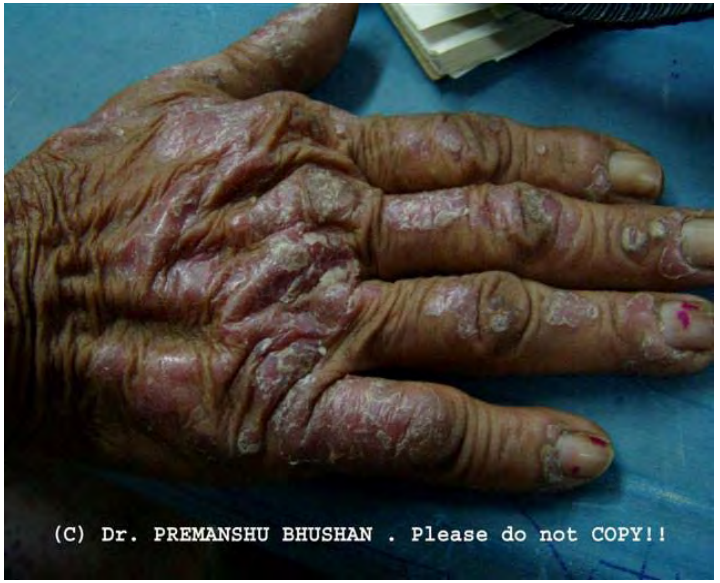
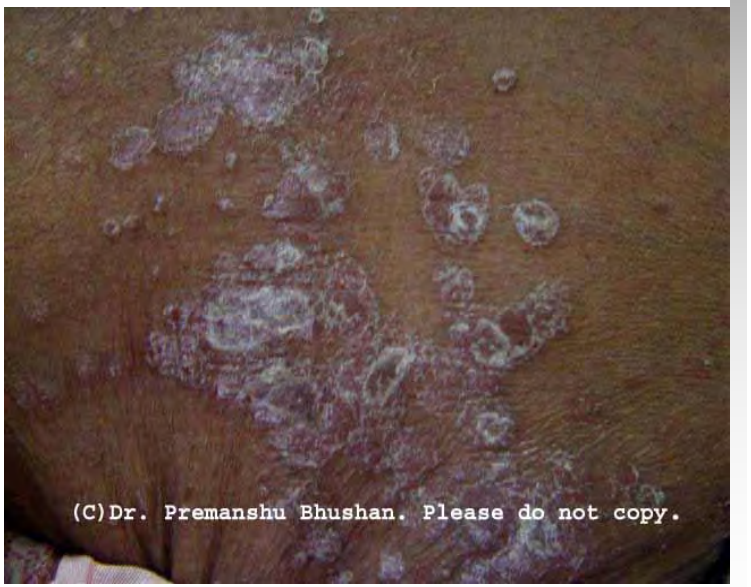
Psoriasis

- Well defined, deeply erythematous plaques, usually symmetrical on extensors
- Silvery (because of air trapped between scales), micaceous scale





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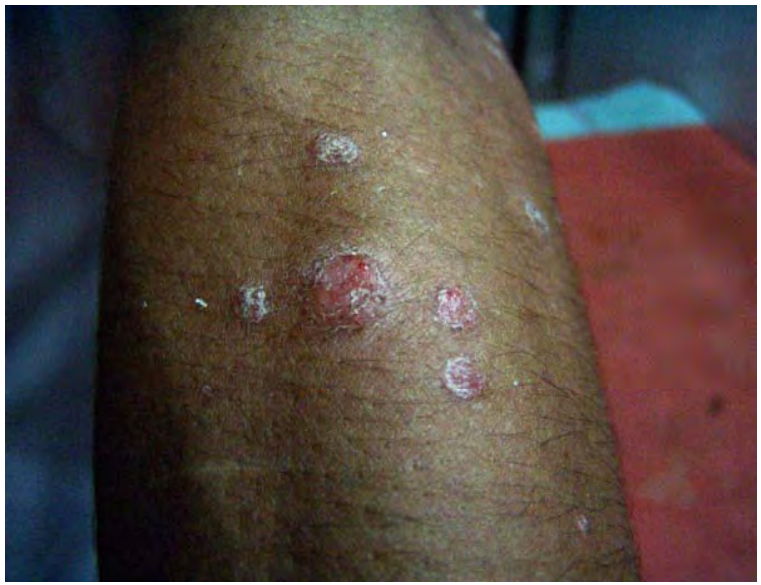
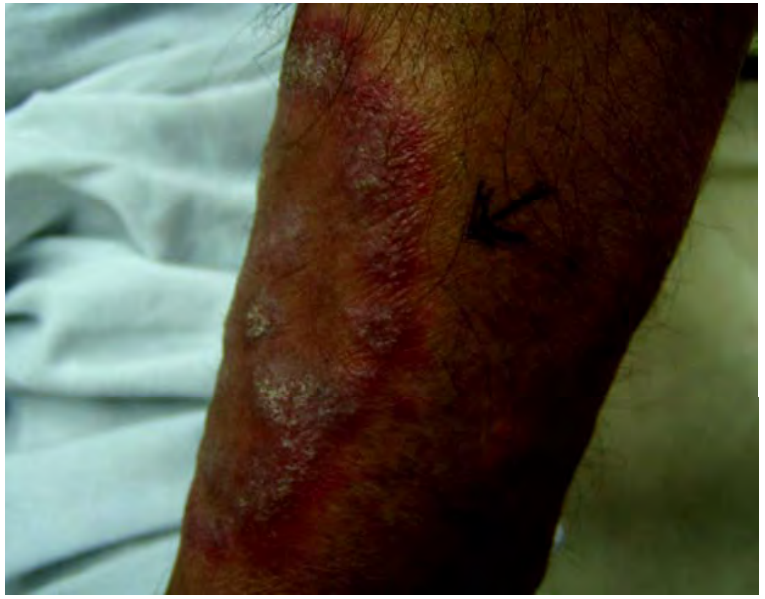
Psoriasis

- Grattage test (Auspitz sign)
- Koebner's phenomenon
- Wornoff's ring





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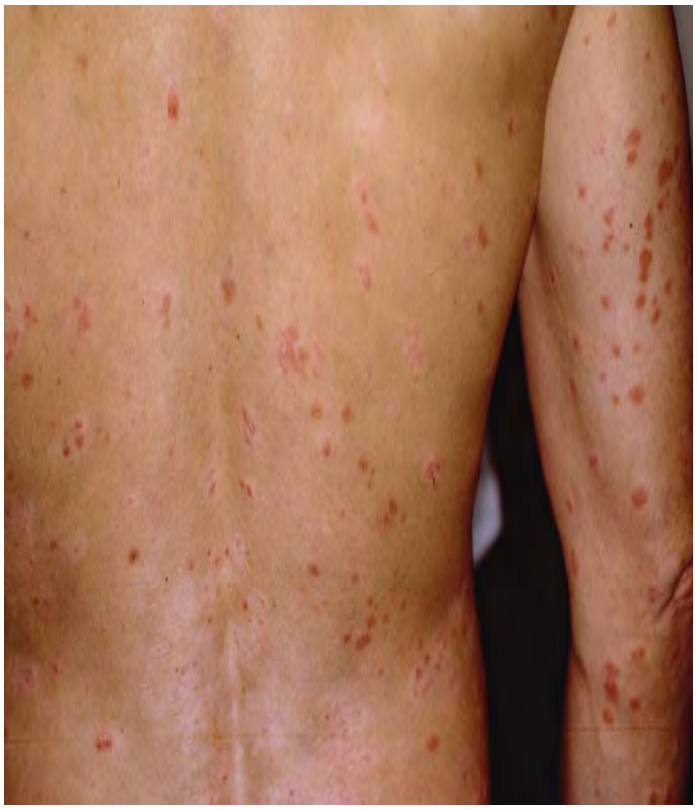
Guttate psoriasis

- Small raindrop like <1 cm sized plaques, symmetrically distributed on trunk
- Comes in crops
- Associated with Streptococcal sore throats
- Mainly in children
- Antibiotic (erythromycin) treatment is indicated



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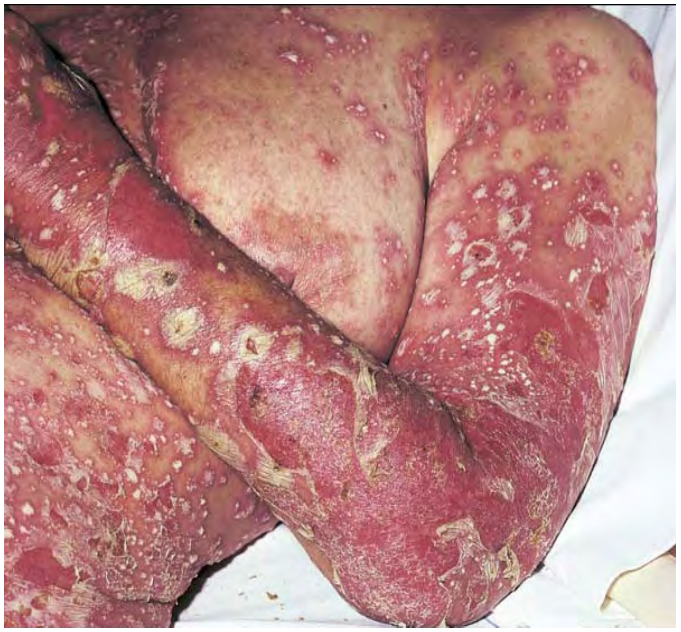
Pustular psoriasis

- Generalized (von Zumbusch):
  - Acute, widespread, severe, life-threatening, emergency
  - characterized by *lakes of pus*
  - precipitated by WITHDRAWL of SYST SEROID and others
  - Rx:
    - **DOC: pustular psoriasis is oral retinoid = acitretin**
    - Methotrexate
    - PUVA



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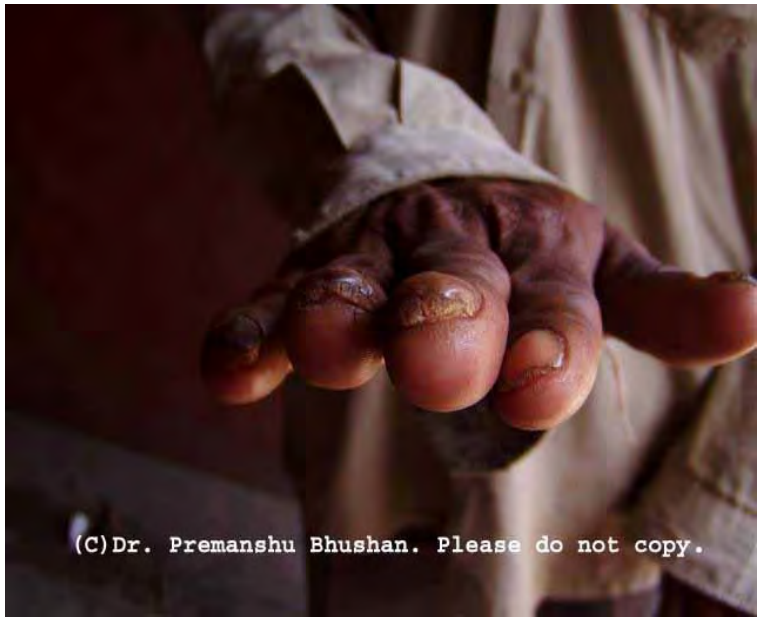
Nail psoriasis: (10-50%)

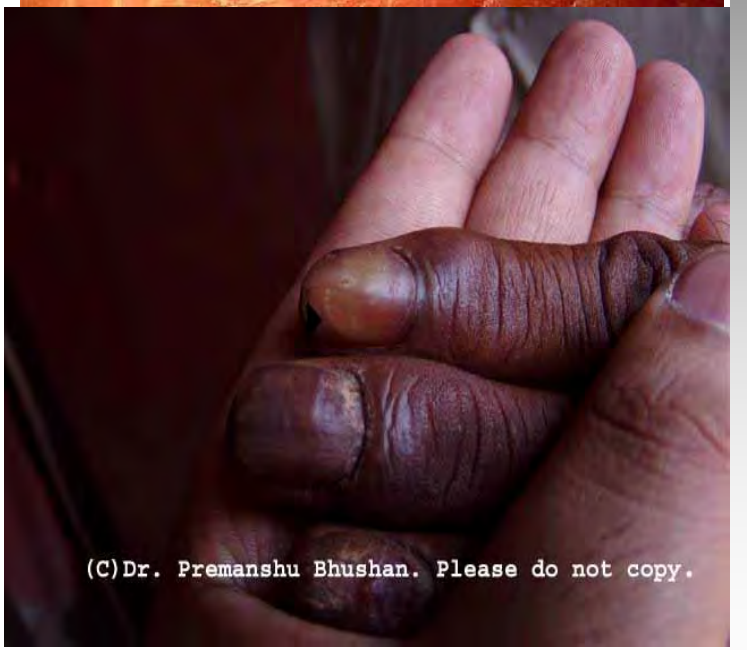
- Pitting (random, irregular, deep and large)=Thimble pitting

Other causes of nail pitting;

  - Alopecia areata (patterned pits), Nail biting and trauma, eczema

- Onycholysis and oil-drop sign
- Subungual hyperkeratosis





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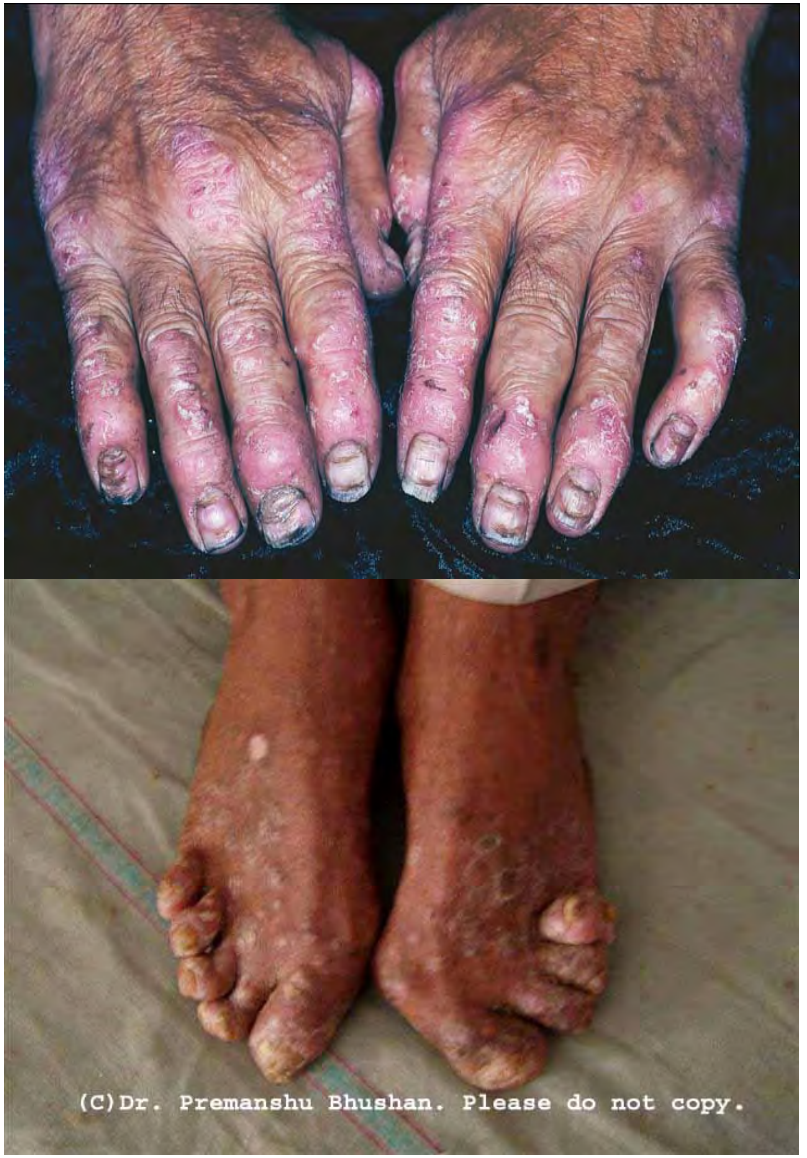
Arthropathic psoriasis: 5-10%

- HLA B-27

- **A**symmetrical oligoarthritis: **MC**. One or few joints of the hand and feet leading to **sausage digits**.
- **D**istal IP joint disease: **most characteristic** but not most common.
- Arthritis **M**utilans: destructive arthritis of fingers and toes with **“opera glass deformity”** or **“pencil in cup”** deformity.



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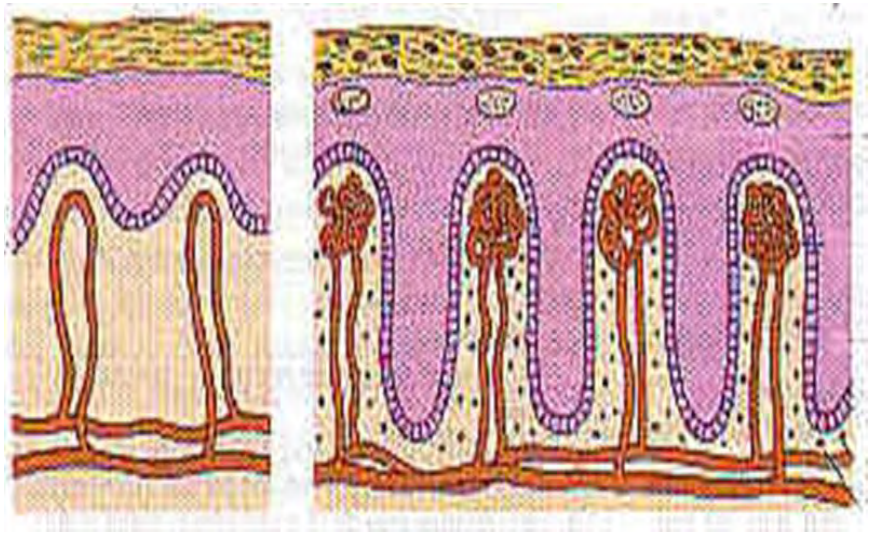
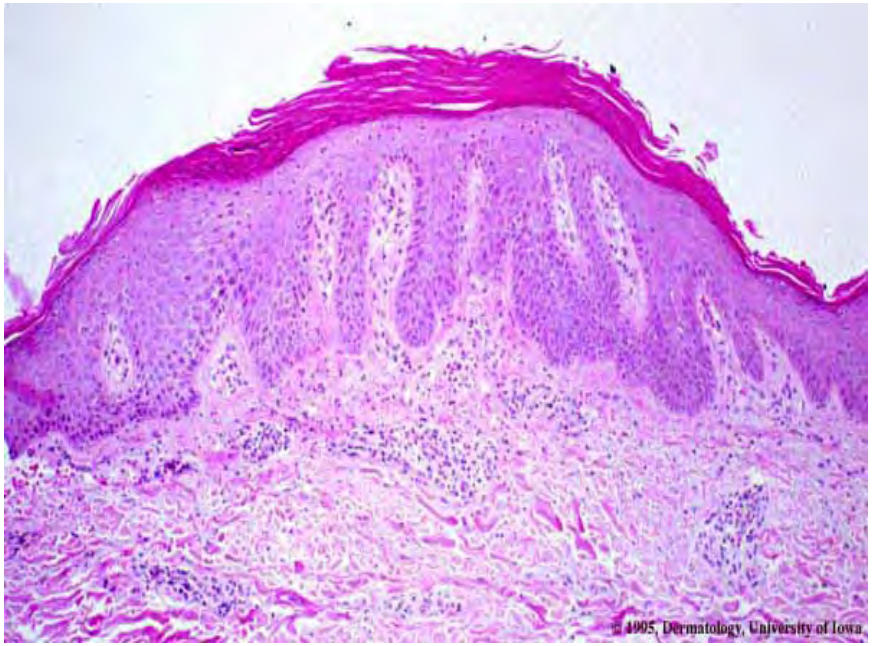
Psoriasis: Histology

- HK with PK
- Munro's microabcess
- Hypogranulosis
- Acanthosis and papillomatosis with rounding and elongation of rete ridges
- Spongiform pustules of Kogoj
- Suprapapillary thinning
- Upper dermal vessel dilatation and tortusity with mononuclear infiltrate





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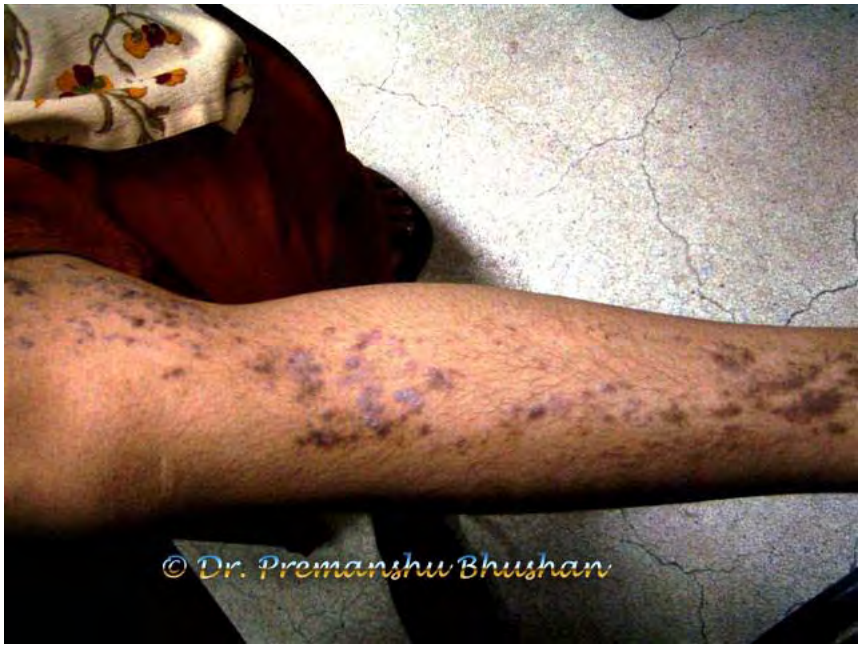
Lichen Planus

- Idiopathic inflammatory disease of skin with significant MUCOSAL and NAIL involvement
- CMI mediated autoimmune disease with possible association with HCV
- KOEBENERIZATION is characteristic



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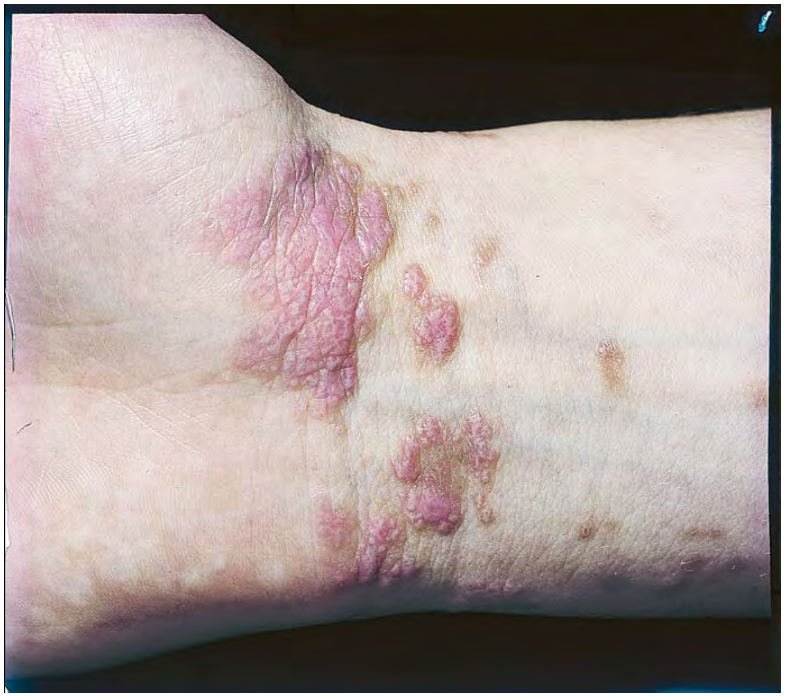
Lichen Planus

- ***5 P's**: **p**ruritic, **p**urple or violaceous, **polygonal**, **p**lane topped, **p**apules & plaques*
- White reticualte lines: *Wickham striae: Tyndall effect due to focal hypergranulosis*



- Flexor aspect of wrist, lumbar area, scalp, penis, oral mucosae and shins
- Possible nail involvement

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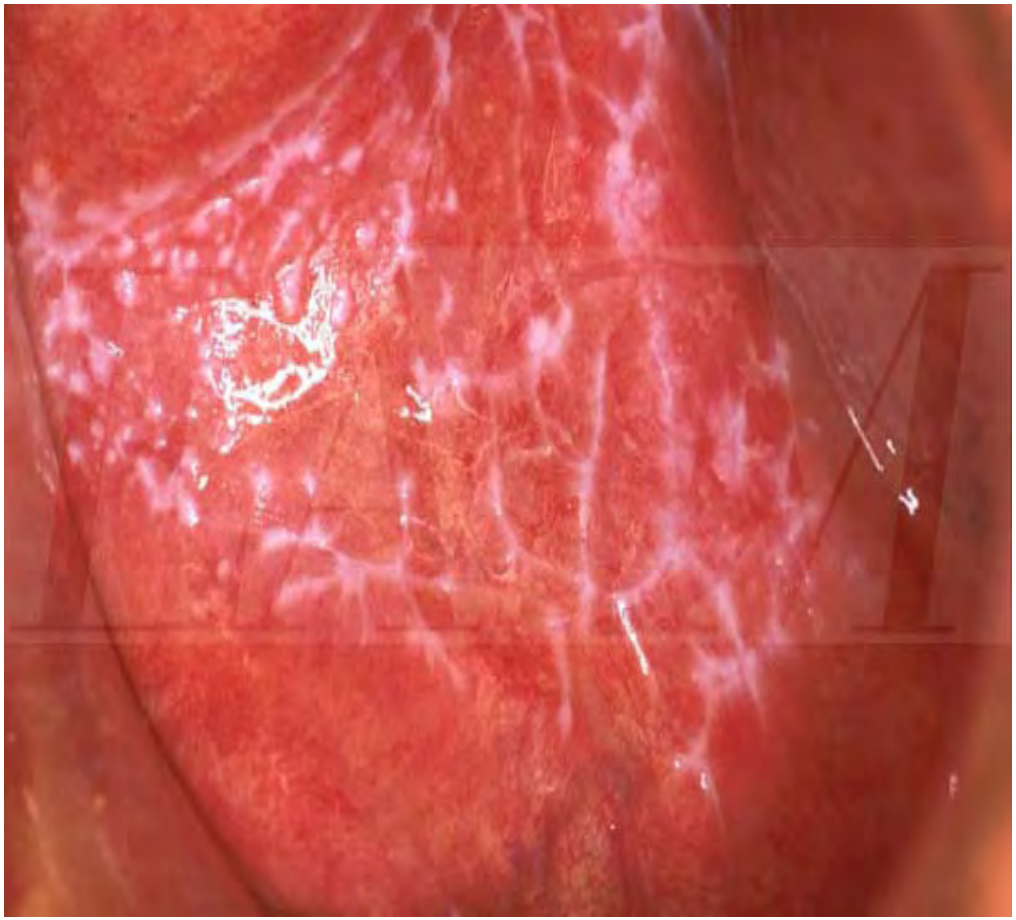
Lichen Planus

Mucosal LP:

- 50% of pt
- Net-like white, non-removable, *reticular* pattern is ***most characteristic***
- More chronic



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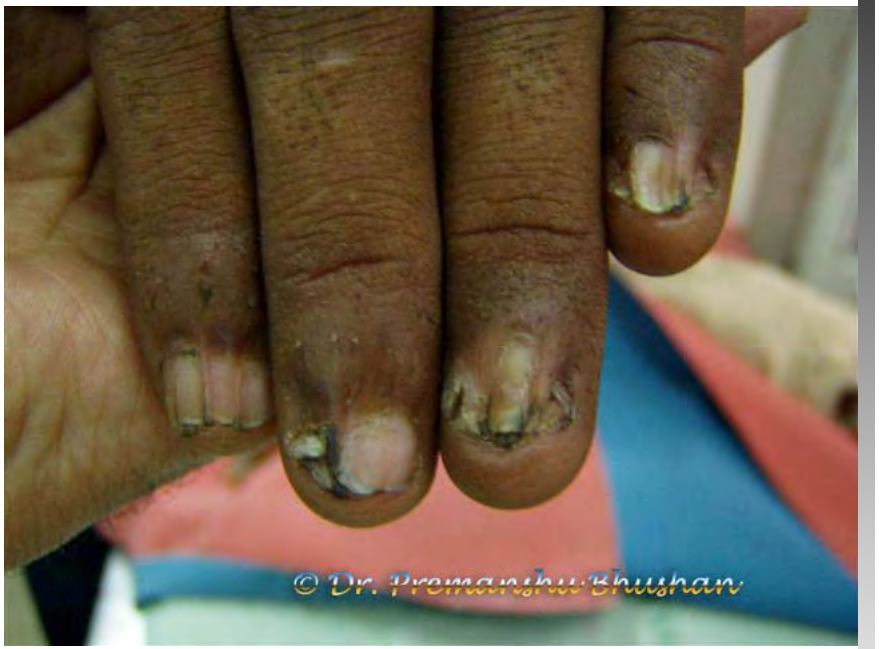
Lichen Planus

Nail LP:

- 10-25% of pt
- **L**ongitudinal ridging and grooving and scarring leading to **dorsal pterygium formation,**
- Difficult to treat



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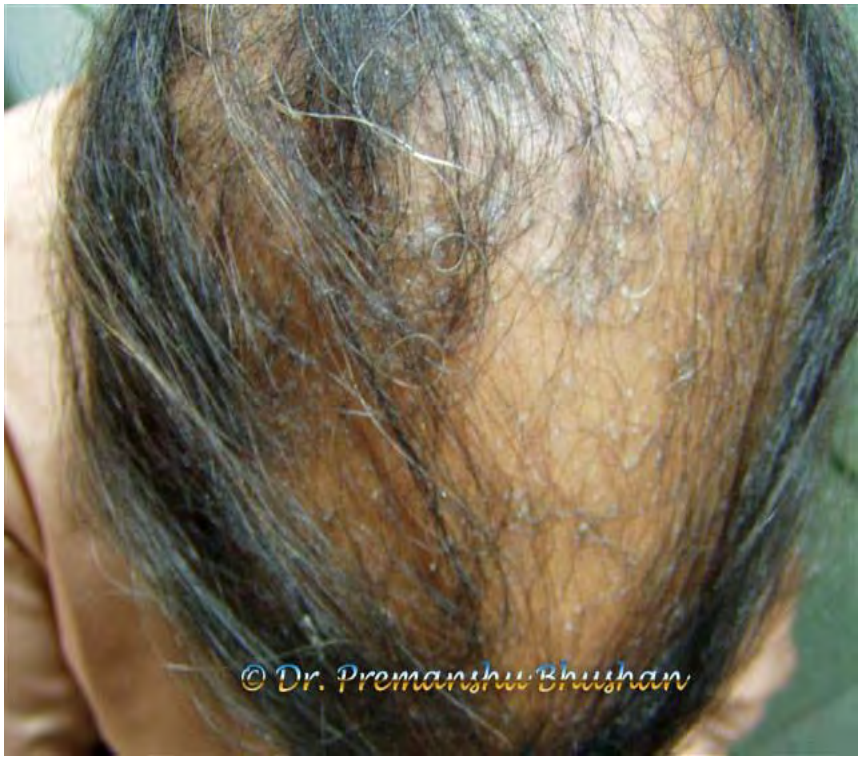
Lichen Planus

Scalp LP: Lichen planopilaris or follicular LP

- follicular LP papules with atrophic scarring alopecia.
- Difficult to treat



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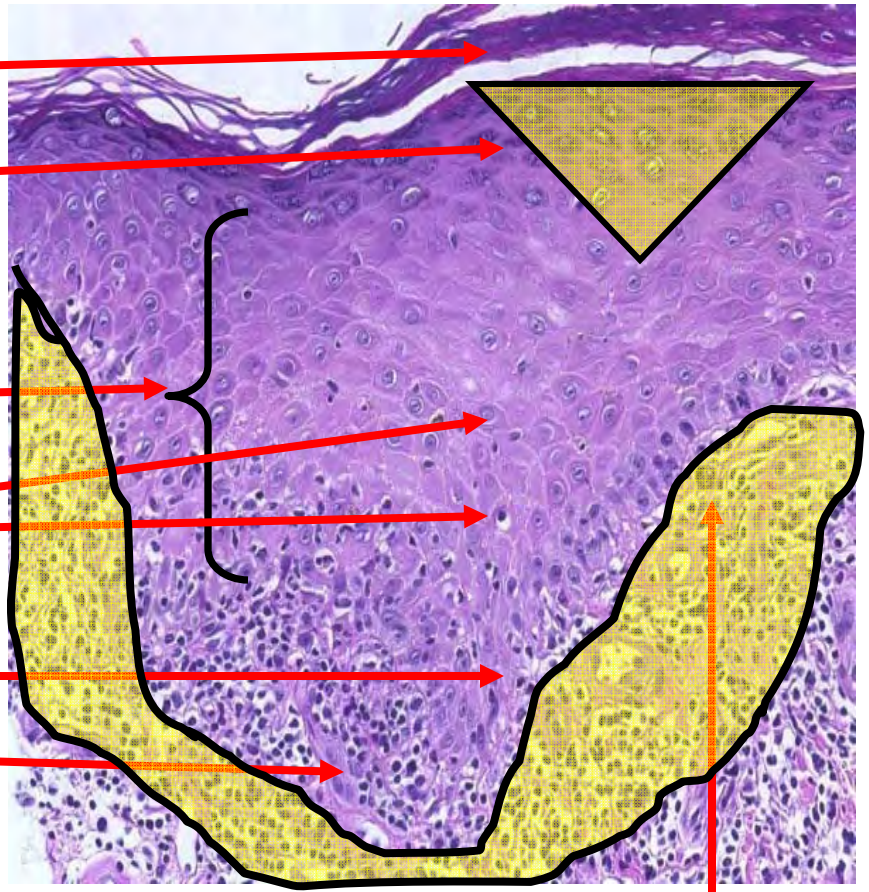
Lichen Planus

Histology

- *Hyperkeratosis without PK*
- *focal wedge shaped hypergranulosis*
- irregular *acanthosis (saw toothing)*
- ***Civatte or colloid bodies*** (*Apoptotic*),
- *basal cell degeneration* (BCD),
- *MAX-JOSEPH space*
- *band-like infiltrate of lymphocytes at the DEJ*. MOST CH.



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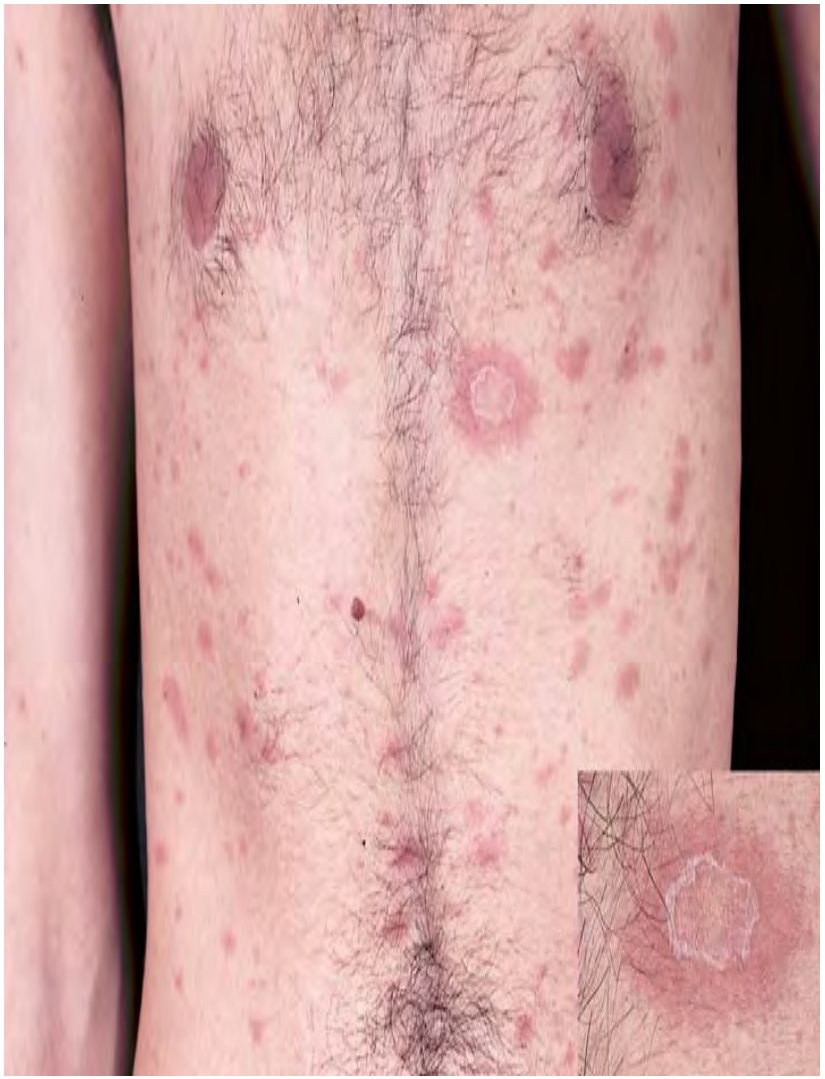
PITYRIASIS ROSEA:

- **Etiology:** ? (***HHV7)***.
- **C/F:**
  - **herald patch** is followed in a few days to weeks by **eruption of multiple smaller lesions** following **skin lines** in a **"fir tree"** pattern with typical peripheral **collarette scale**
  - **Course:** *Spontaneous resolution* after 4-8 weeks.
  - **Differential Diagnosis:** ***Secondary syphilis*** is an important differential



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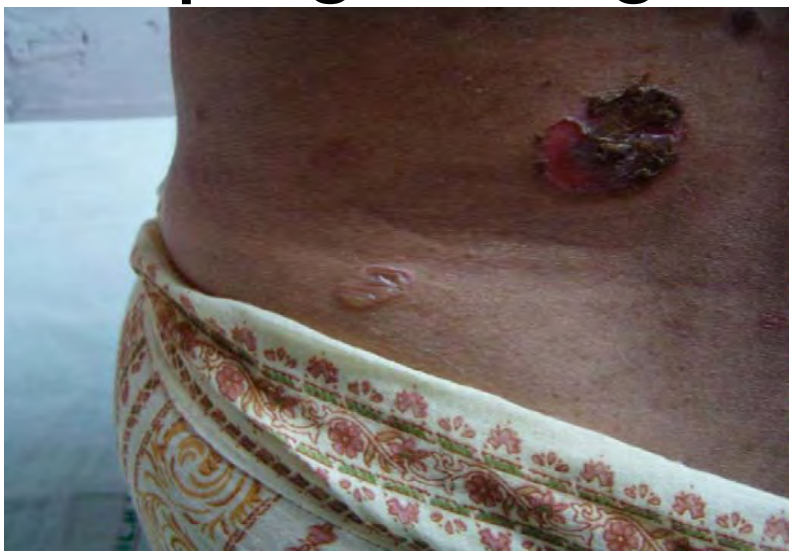
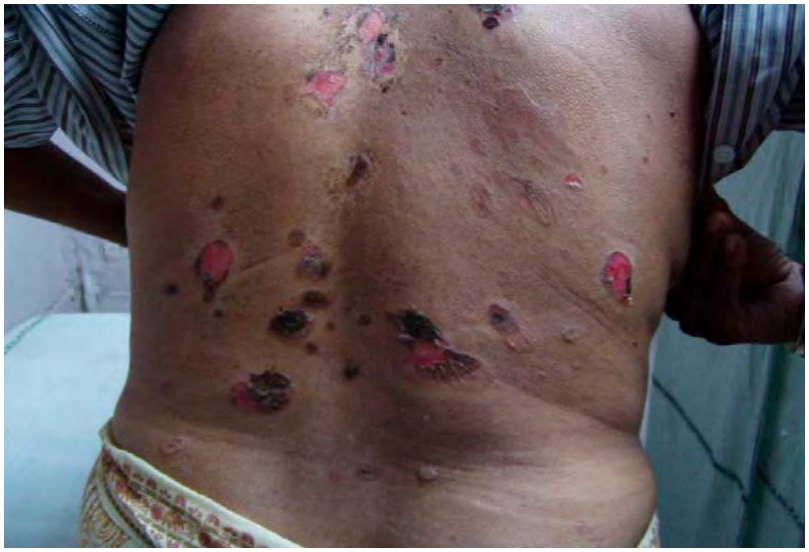
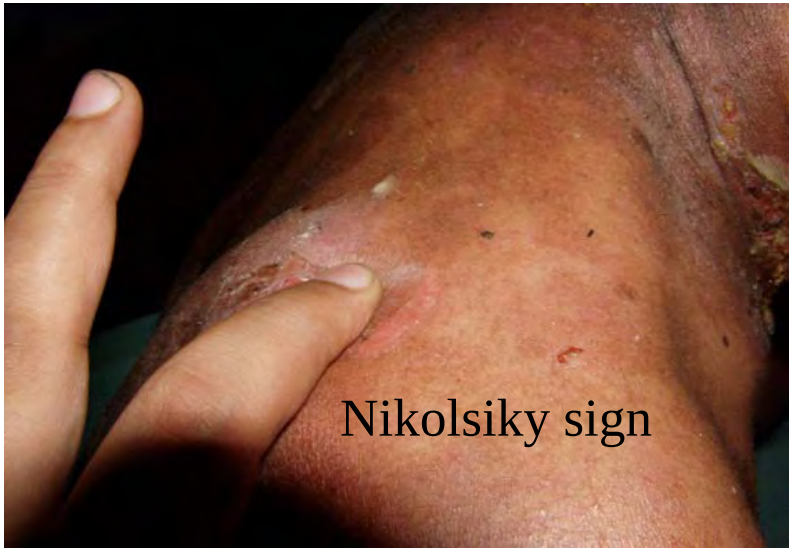
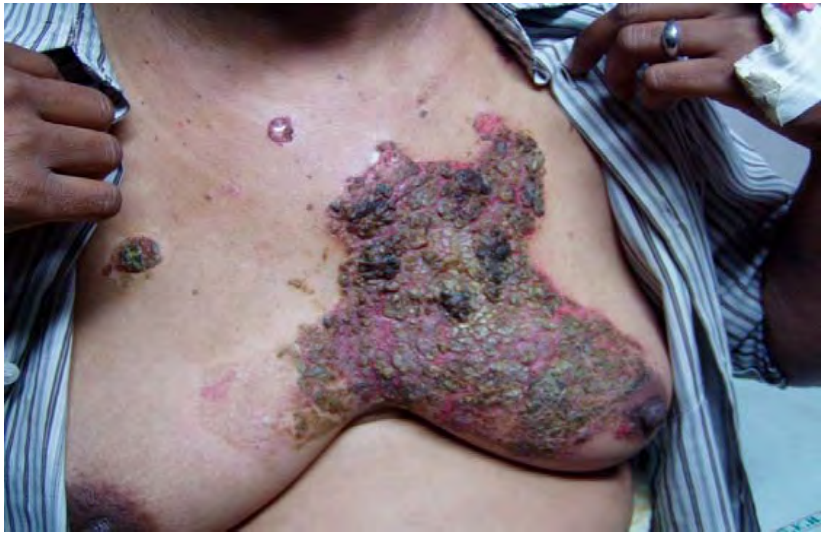
Pemphigus vulgaris

- Clinical appearance









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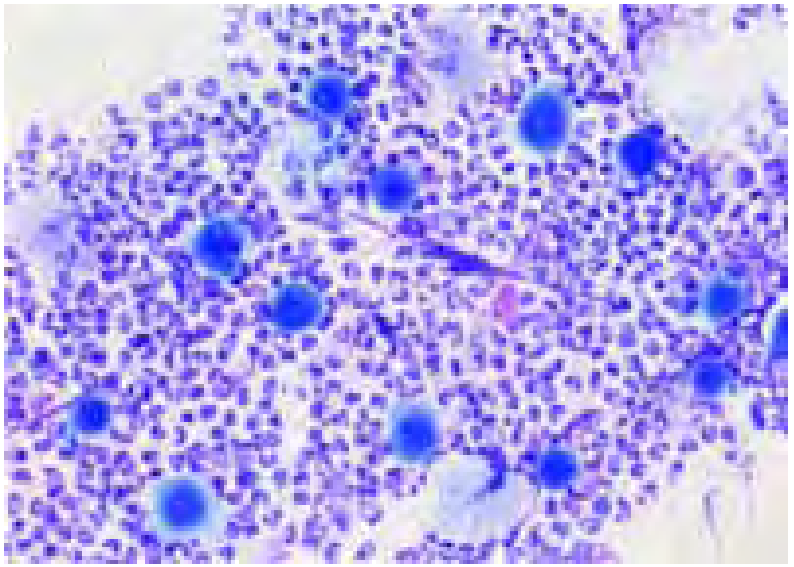
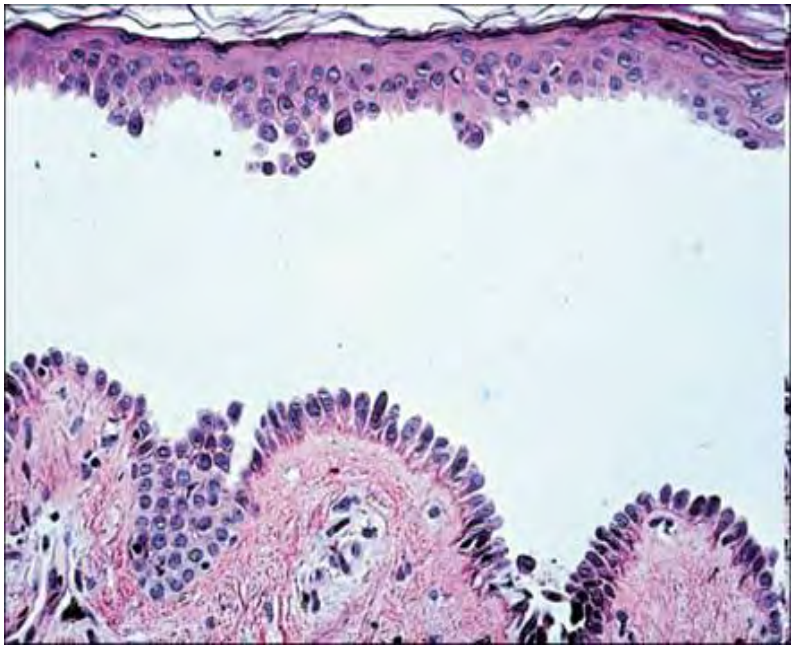
Pemphigus vulgaris

- Tzanck smear: characteristic acantholytic cells.
- Skin biopsy: Fresh blister (<48hr) shows Suprabasal cleavage, acantholysis with row of tombstone appearance.





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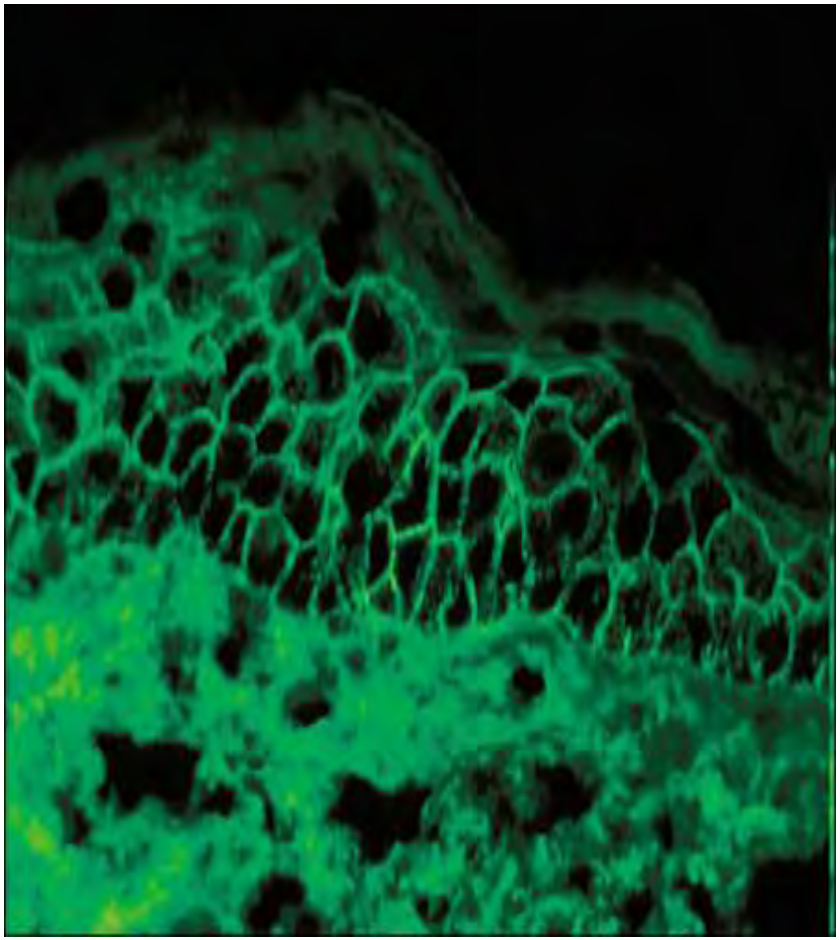
Pemphigus vulgaris

- Skin biopsy for Direct Immunofluroscence (DIF): Perilesional skin shows the presence of intercellular IgG and C3 deposition within the epidermis in a Fish Net Pattern.



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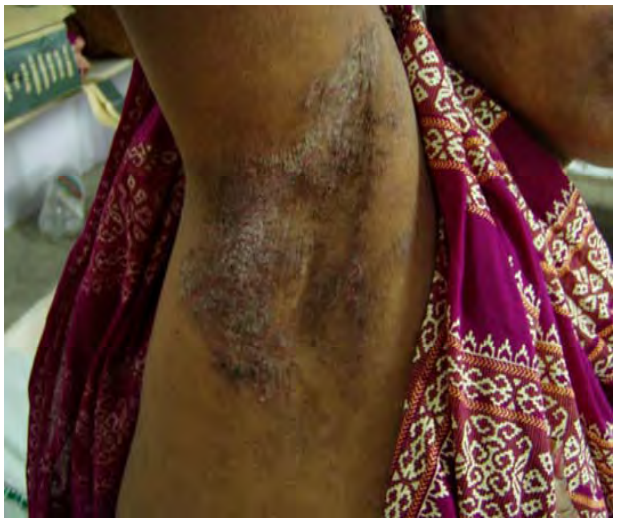
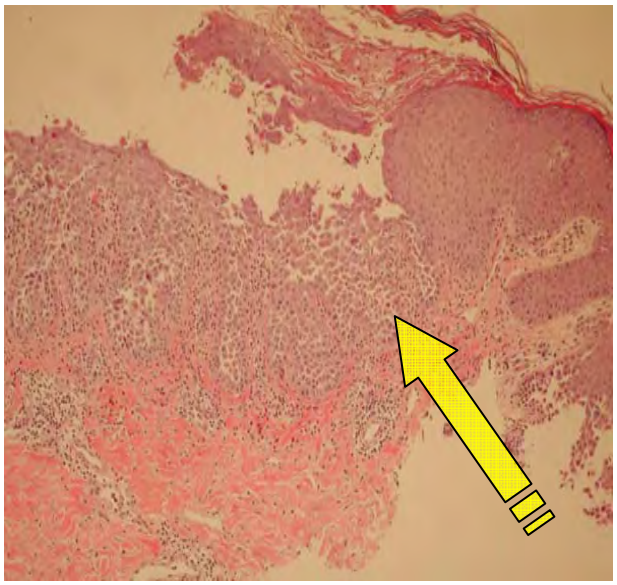
HAILEY-HAILEY DISEASE: (FAMILIAL BENIGN PEMPHIGUS)

- AD disease
- minute vesicles, erosions, crusting, fissures and foul smell in the intertriginous areas
- caused by a defect in calcium pump of cadherin junctions (desmosomes) of epidermal cells leading to acantholysis (ATPase2C1).
- It can be confused with intertrigo, candidiasis & tinea cruris.
- **(IMP:** Histologically appearance is likened to a **"dilapidated or crumbling Brick-wall")**





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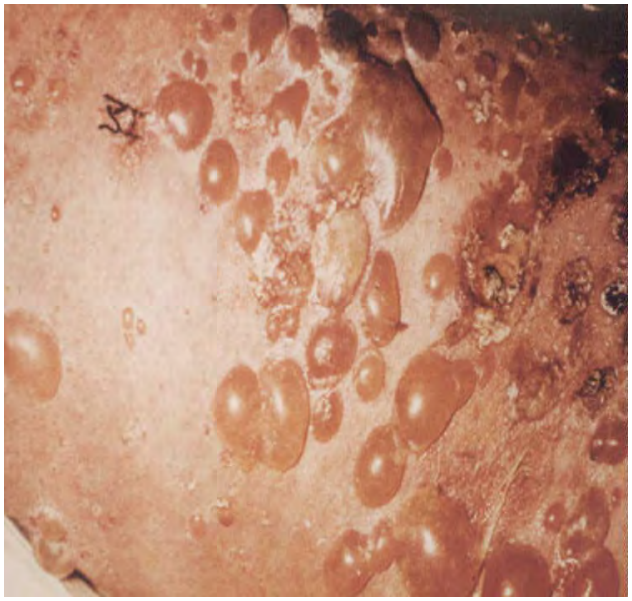
Bullous pemphigoid

- Prototype of subepidermal blistering dis
- commoner than pemphigus vulgaris & occurs in old age (i.e. >60)
- *autoantibody reacting with basement membrane zone:* major & minor bullous pemphigoid antigens (BP AG 1&2 with 230 &180 KD respectively)
- autoantibodies localize to the **epidermal side (ROOF) of NaCl split skin**



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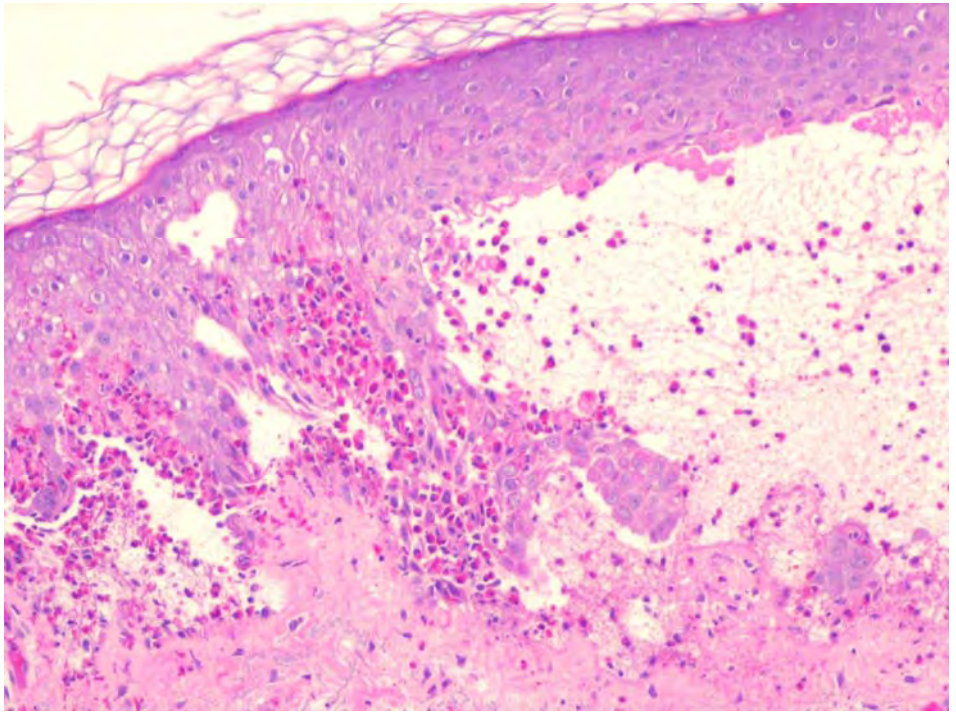
Bullous pemphigoid

- Tzanck smear: *No acantholytic cells, many eosinophils*, few neutrophils
- Histology: *subepidermal blisters* i.e. intact epidermis forms the roof, with mixed dermal infiltrates, especially *eosinophils.*



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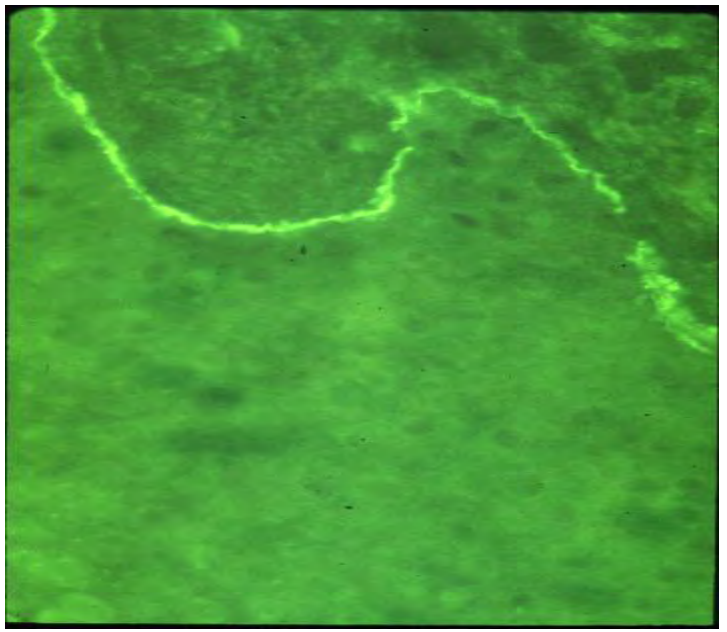
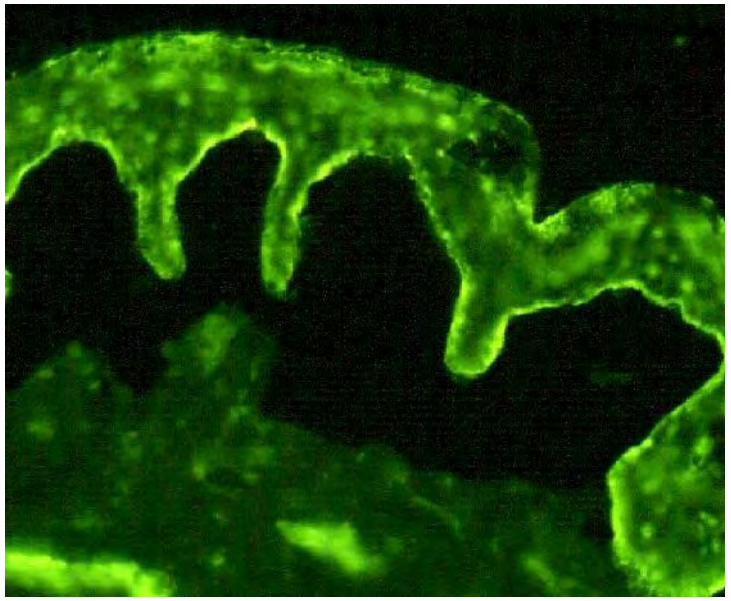
Bullous pemphigoid

- DIF: linear deposition of C3 +/- IgG at DEJ



- Salt split IF: antibodies in the roof of salt split



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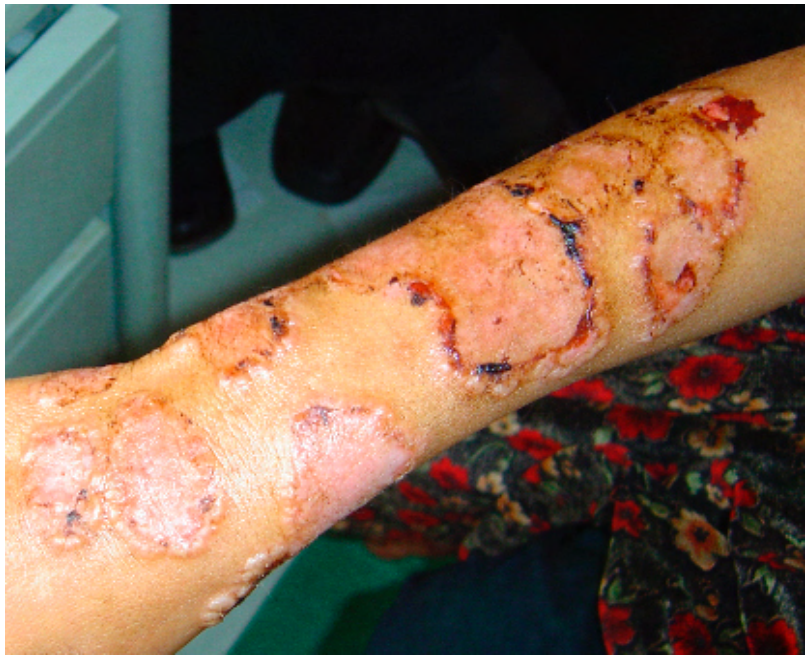
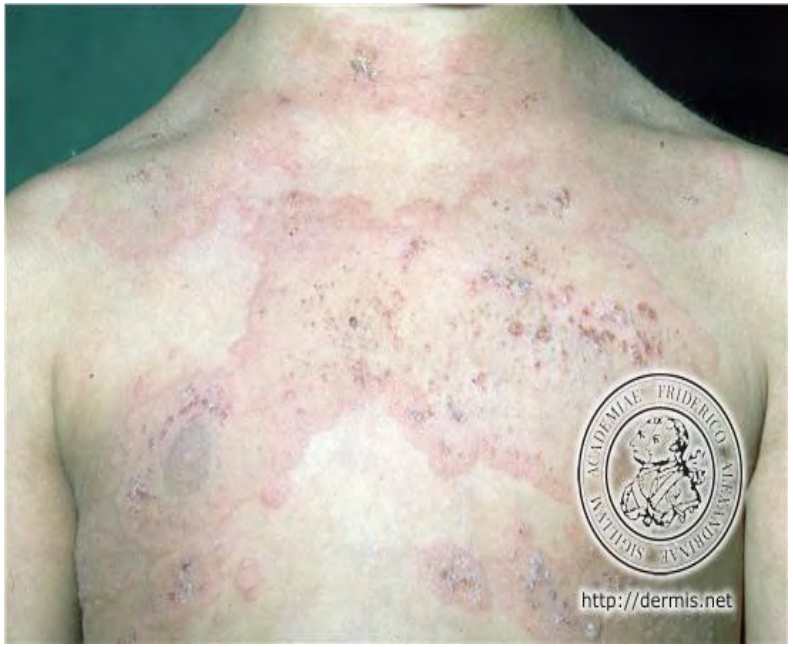
LINEAR IGA DISEASE

- Clinical Picture





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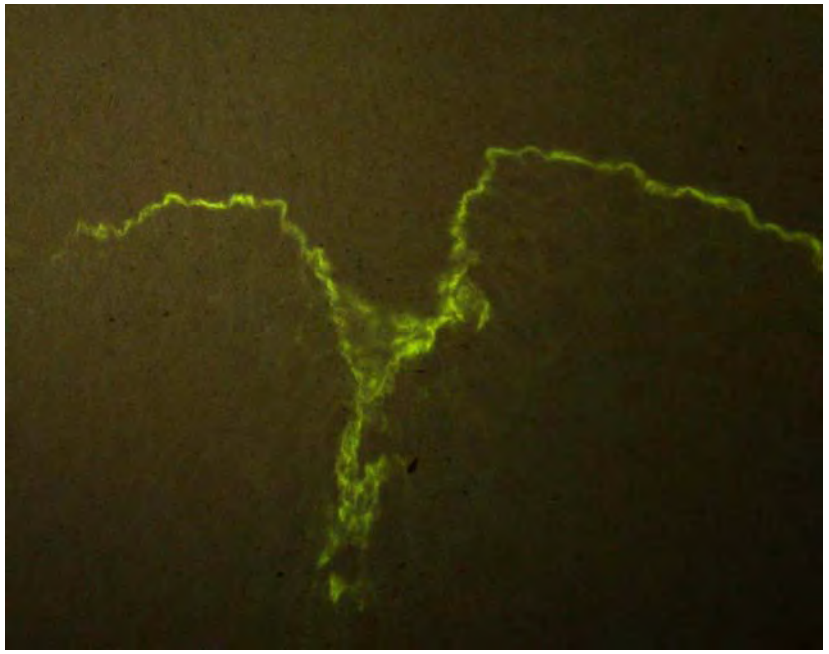
LINEAR IGA DISEASE

- **Histology:** the picture resembles DH or BP.
- **DIF:** Characterized by **linear IgA deposition** in basement membrane zone (BMZ).



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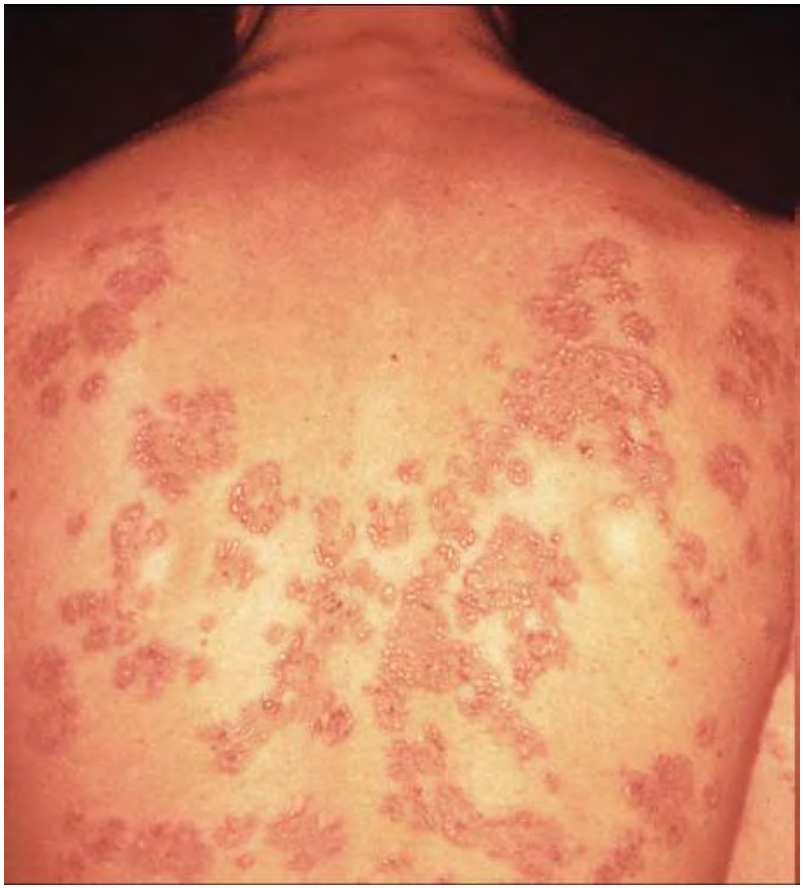
DERMATITIS HERPETIFORMIS

- Intense itching
- **Grouped paulovesicles** which are usually excoriated and scabbed and needs to be differentiated from Scabies and acute atopic dermatitis.
- The sites of predilection are **elbows and knees, buttocks, upper back and face**.
- Intact vesicles seldom seen since they are ruptured by self scratching. Lesions heal with no scarring.



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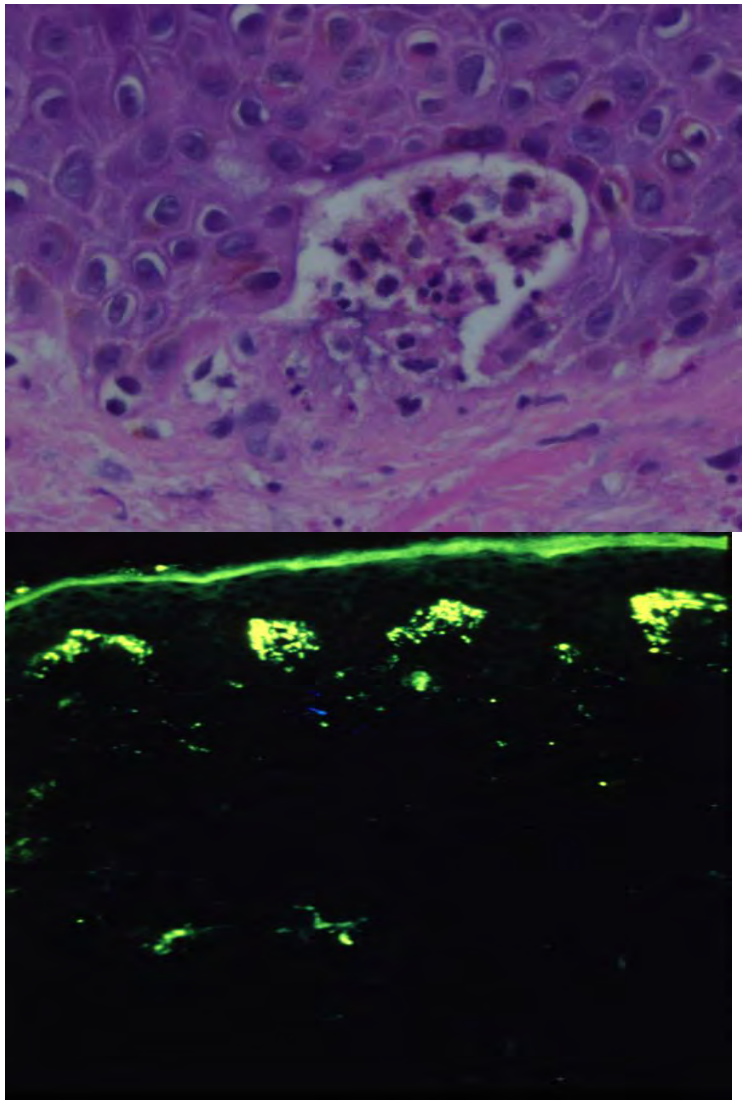
DERMATITIS HERPETIFORMIS

- Histology: Neutrophilic Microabscess in dermal papillary tip is characteristic.
- DIF: It shows granular IgA deposition in BMZ.
- Screening for the presence of celiac disease.
- Provocation test: iodides in diet or patch.



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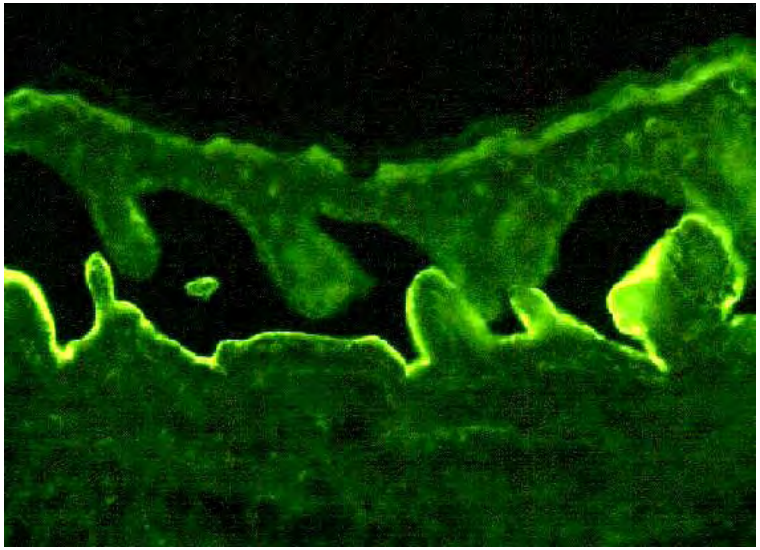
EPIDERMOLYSIS BULLOSA ACQUISITA (EBA)

- An acquired IMMUNOBULLOUS disease mimicking BP
- Bullae tend to occur at sites of trauma.
- The IgG in these patients binds to the anchoring fibrils (COL 7A1) attached to the Lamina densa.
- EBA can be differentiated from BP on a salt-split DIF only (here in BASE of split)



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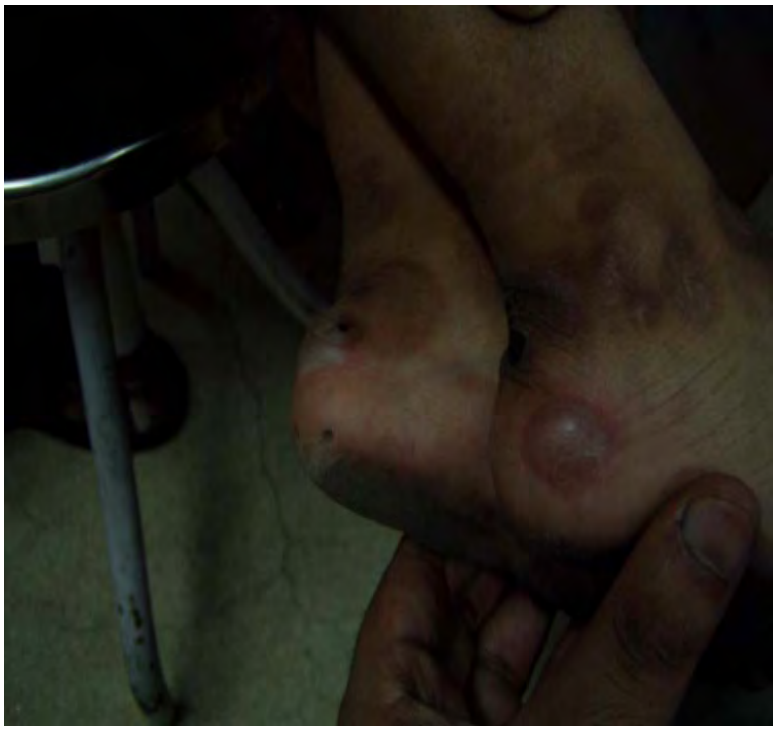
EPIDERMOLYSIS BULLOSA CONGENITA

- Gentetically inherited
- No AUTOANTIBODIES
- MECHANOBULLOUS➔ Trauma prone sites
- 3 main types:
  - EB simplex: **K-5/14:** split thru basal layer without much sequale
  - EB junctionalis: **Laminin 5, $\alpha_6\beta_4$ integrins:** split thru lamina lucida with significant scarring
  - EB dystrophicans: split thru lamina densa/ sublamina densa **(defective Collagen 7)➔** severe scarring mainly in AR form



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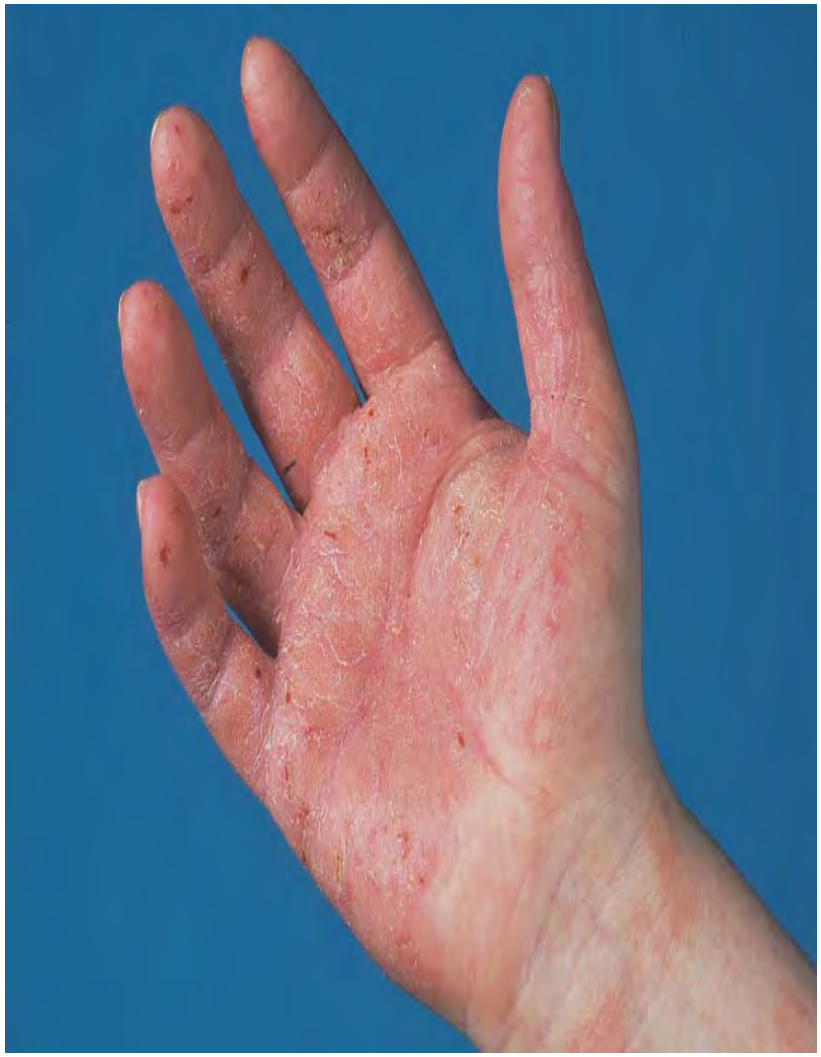
Irritant CD

- **Commonest irritants:**
- ***Water (MC*)**, soaps, solvents, alkalis, acids, feces and urine→ *Napkin dermatitis, detergents, solvents and vegetables etc*→ ***Housewives' eczema.***



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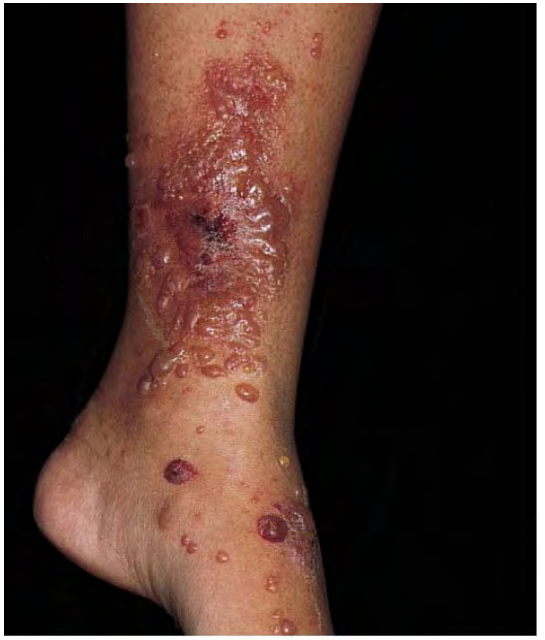
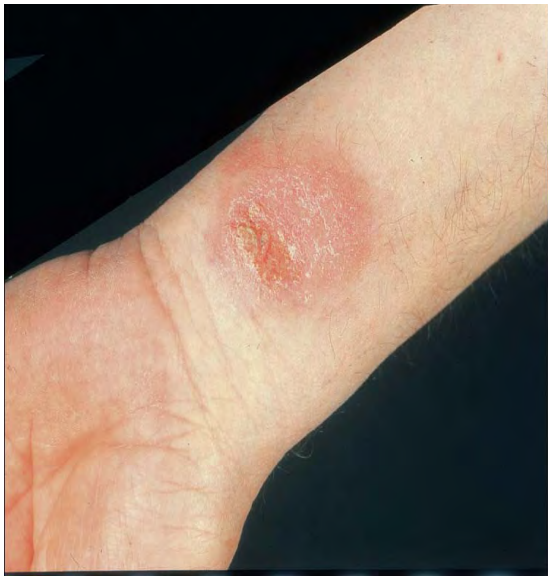
ACD

- Individual susceptibility
- Requires sensitization or priming
- Latency
- Memory T cells are involved
- delayed hypersensitivity reaction (Type IV)
- Patch test
- MC: Nickel





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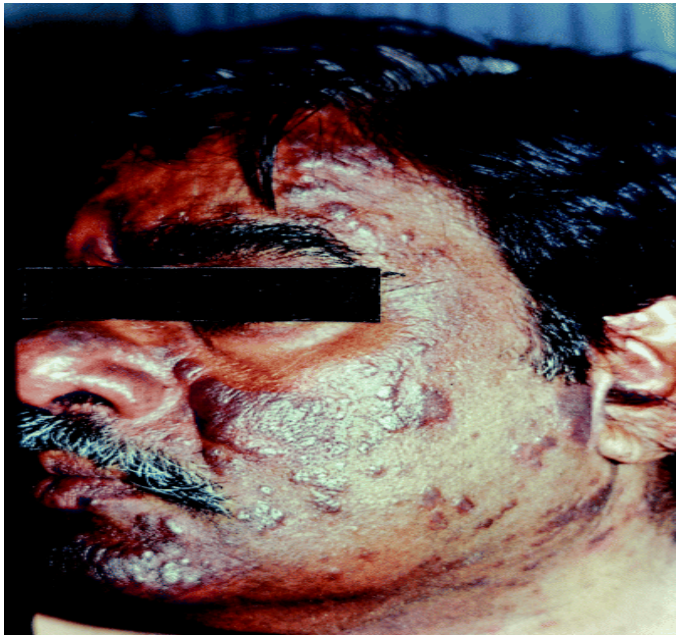
ACD

- ***Airborne allergic contact dermatitis (ABCD):***
  - *Airboene allergens*
  - *Exposed sites*
  - *May spread to all over body*
  - ***Parthenium hysterophorus (congress grass)*** is **commonest cause of ABCD in India.**
  - Sesquiterpene lactone



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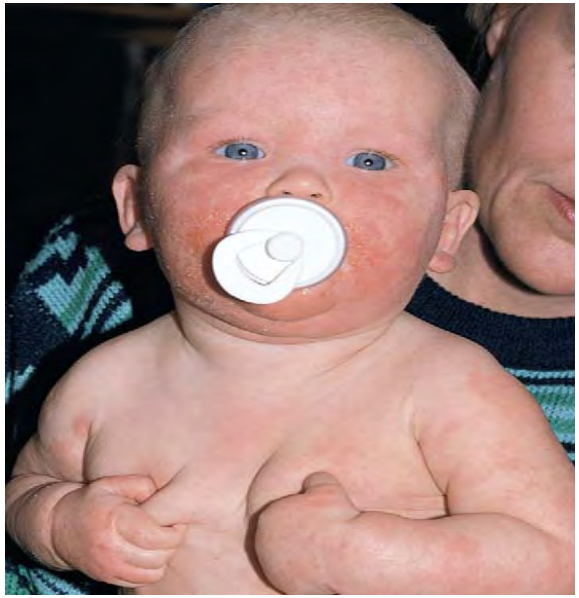
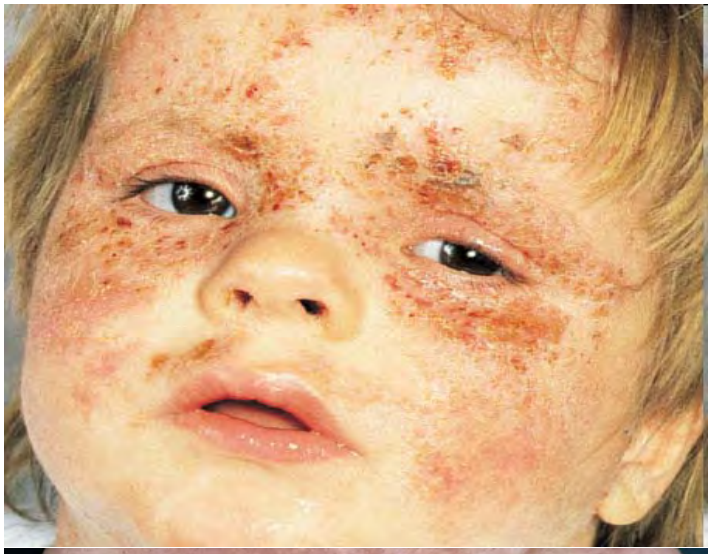
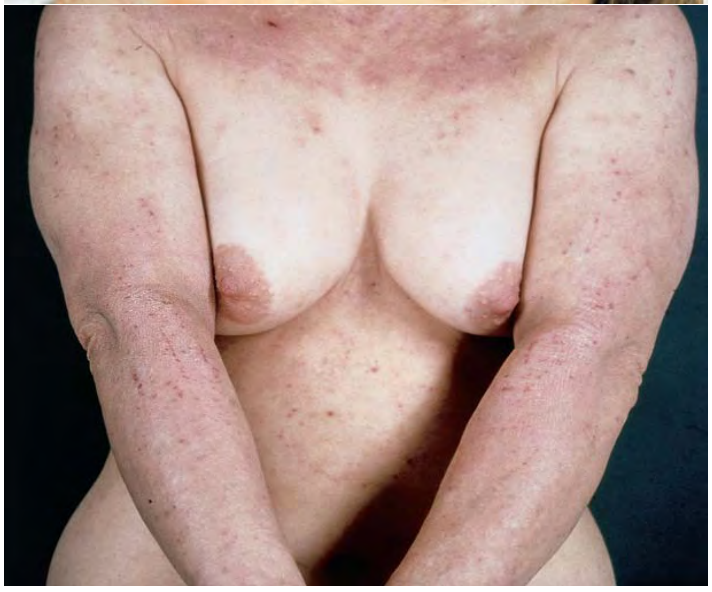
ATOPIC DERMATITIS







Phases of AD:

- ***Infantile: Face & flexures, trunk f/b extensors when crawling***
- ***Children: Flexures***
- ***Adults: Flexural***

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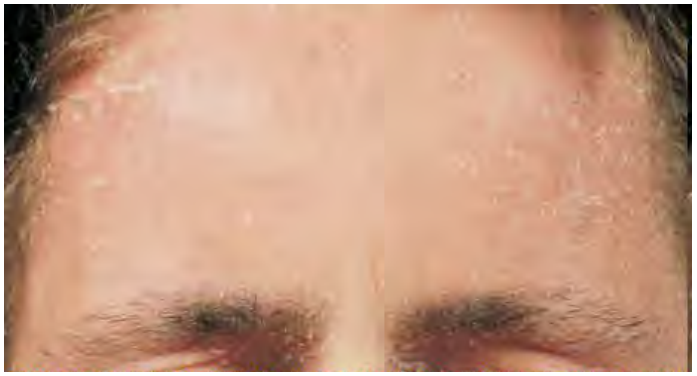
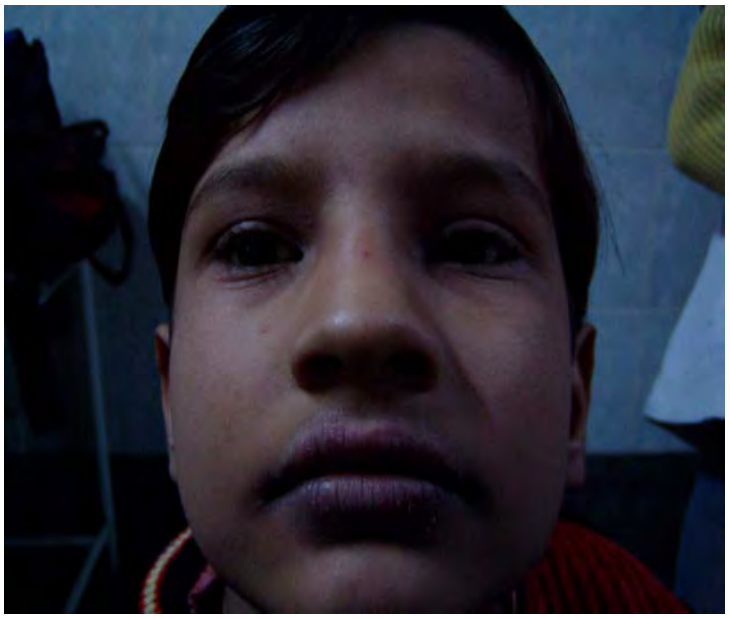
ATOPIC DERMATITIS

ATOPIC STIGMATA:

- *The lateral thinning of the eyebrows is termed **"Hertoghe's sign".***
- *A deep fold **(Dennie-Morgan-fold)** can be found under the lower lid*





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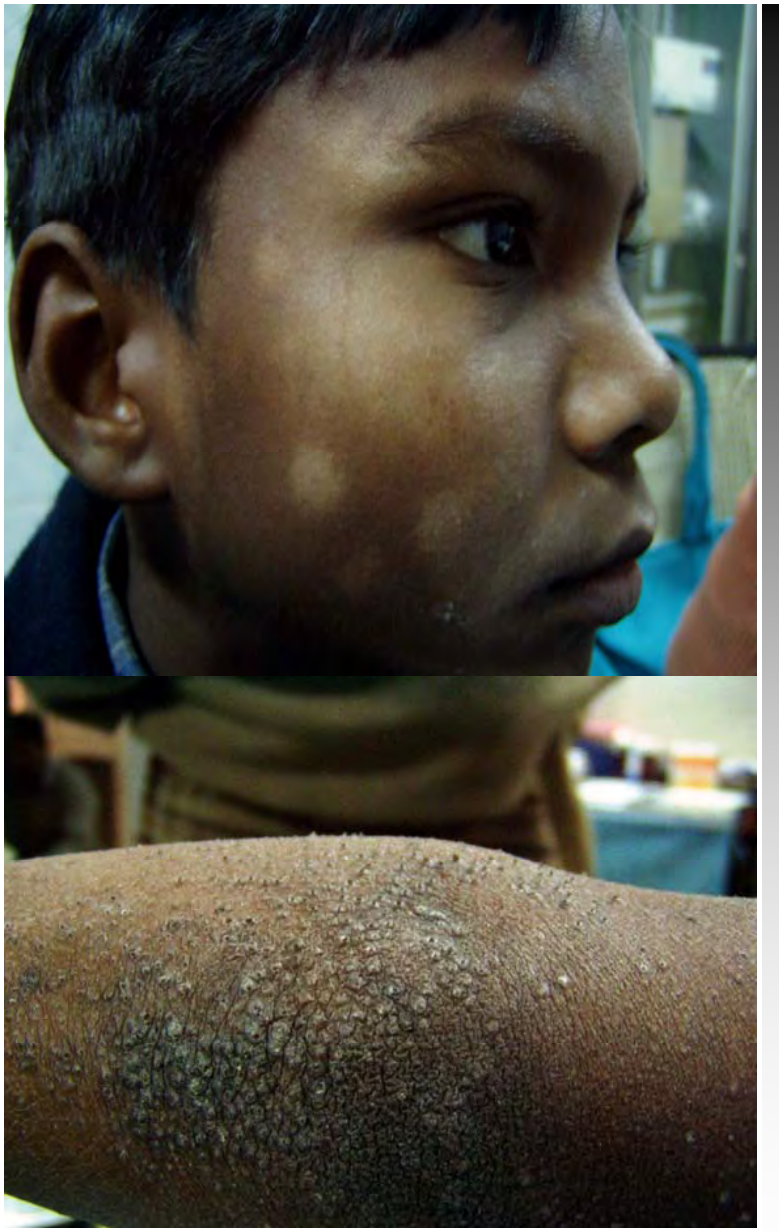
ATOPIC DERMATITIS

ATOPIC STIGMATA:

- ***Hyperlinear palms***
- ***P. Alba:***
  - *white area (alba) with scaling (pityriasis.),*
  - *common in children, atopics, dry skin and malnutrition.*
  - *Usually multiple ill-defined patches on face, neck upper trunk*
- ***Keratosis pilaris: Antenna sign***



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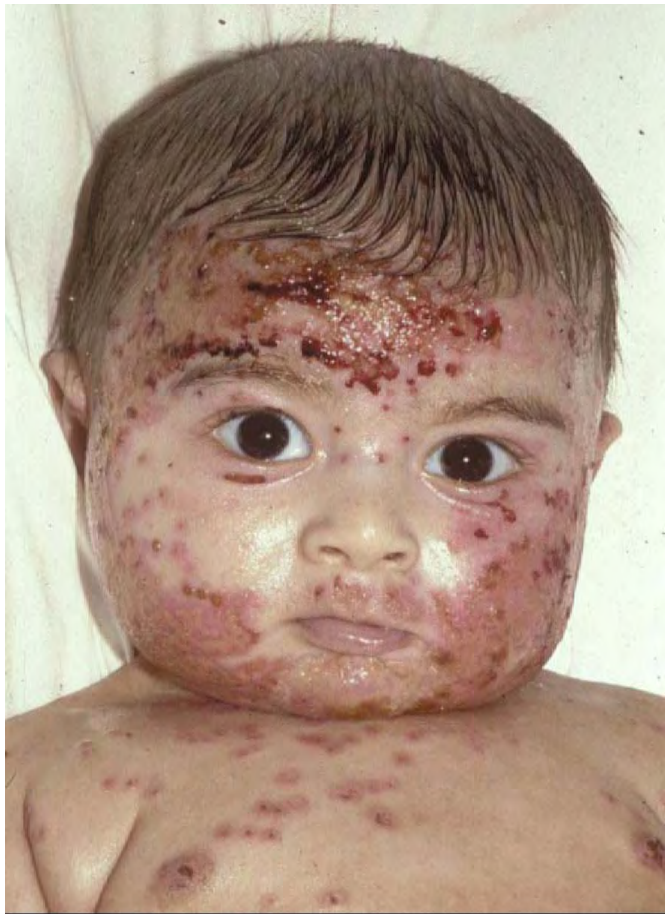
ATOPIC DERMATITIS

ATOPIC STIGMATA:

- *Increased incidence of infections:* ***Eczema herpeticum or Kaposi's varicelliform eruption:*** *severe widespread HSV infection*



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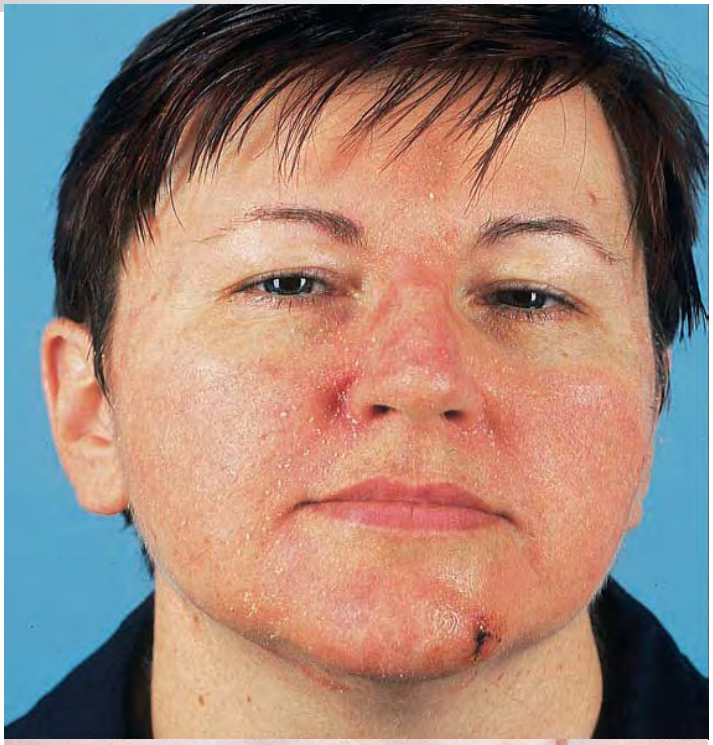
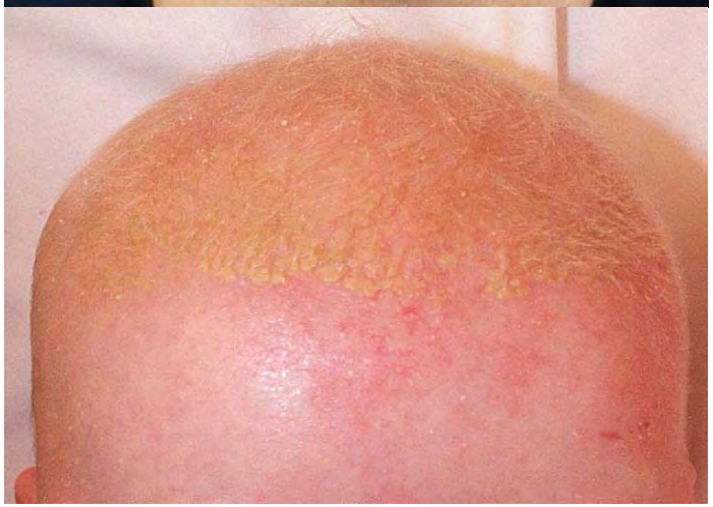
Seborrheic dermatitis

- *distinctive morphology:* Red lesions covered with yellowish, greasy scales
- *distinctive distribution:* (scalp, face and upper trunk) which are areas rich in sebaceous glands.
- **infants:** *Scalp* ***(Cradle Cap)***
- Severe course with *HIV and Parkinsonism*. Also associated with *Cerebrovascular accidents.*
- Rx: topical antifungals, selenium sulfide and steroids





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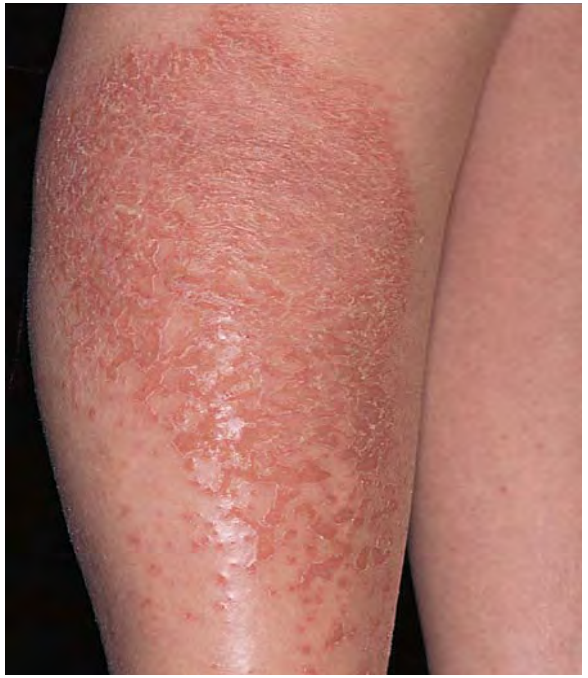
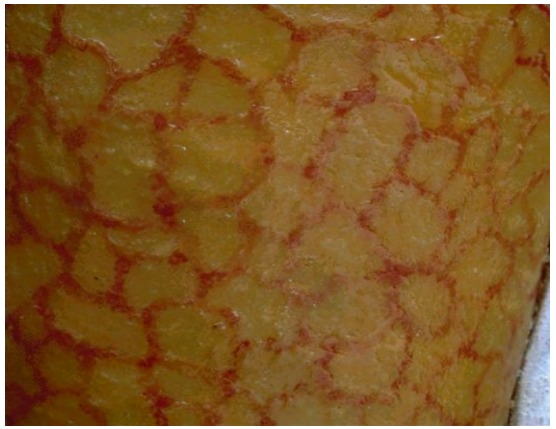
ASTEATOTIC ECZEMA (XEROTIC ECZEMA, ECZEMA CRAQUELE)

- elderly and people with dry skin
- *winter*
- reduction of in skin surface lipid
- Extensor extremities➔ *dry, slightly scaly and criss-crossed on the surface* **(crazy-paving)** to produce a reticulate pattern with *minimal inflammation*





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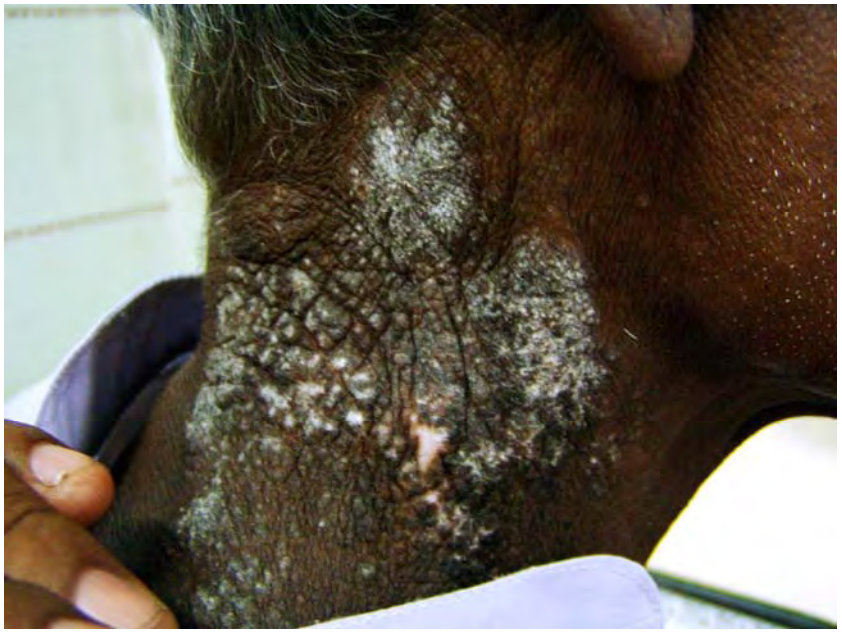
LICHEN SIMPLEX (CIRCUMSCRIBED NEURODERMATITIS)

- *circumscribed area of lichenification*
- Chronic itching and rubbing
- Idiopathic
- Easily acessed sites: wrists, elbows, ankles, back of neck, genetilia



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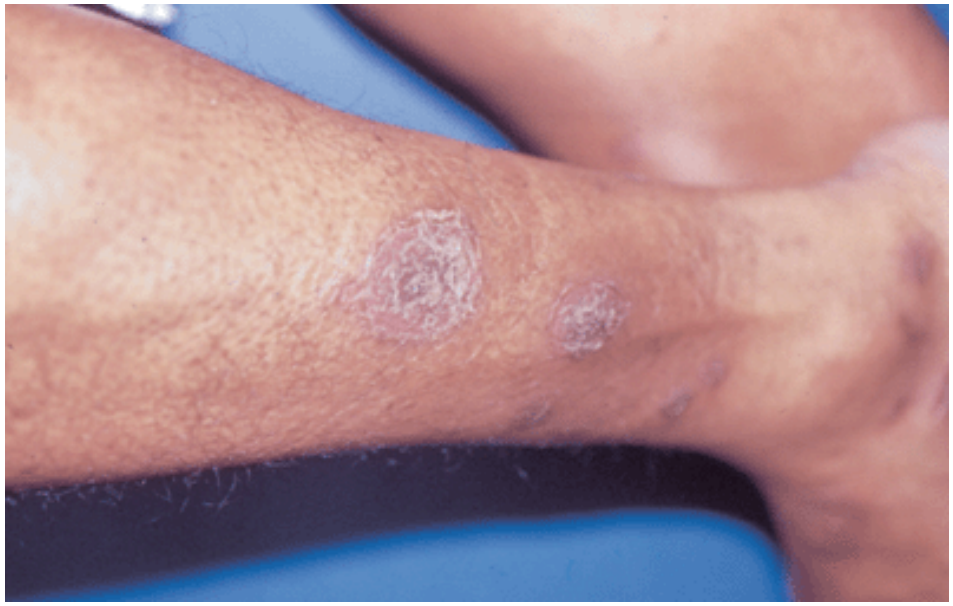
Nummular dermatitis (Discoid Eczema)

- *circular or oval plaques* of eczema with a *clearly demarcated margin*.
- *coin-shaped, 1 to 5 cm in diameter itchy plaques*.
- There are commonly *distributed on the extremities*
- Usually symmetrical



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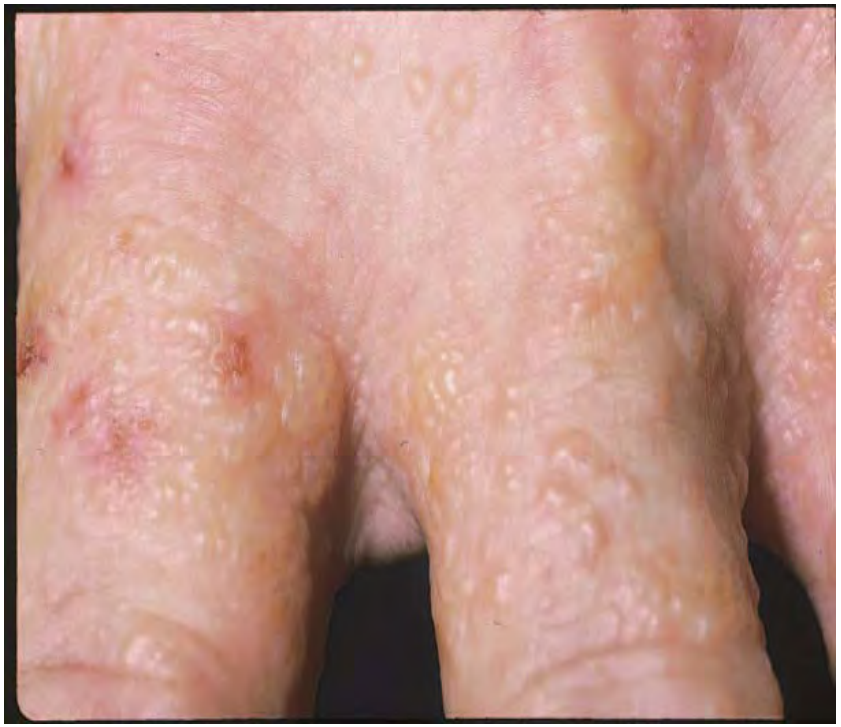
Popmpholyx or Dishydriotic eczema

- *vesicular palmo-plantar dermatitis*
- *deep-seated* ***Tapioca or sago-grain like vesicles*** on palms and soles and sides of fingers,
- Etiology: Idiopathic, allergic contact reactions (nickel), atopy,
- Dyshidriosis is NOT a must.
- Management:
  - self resolving in 2-4 weeks
  - topical corticosteroids, on occasion short course of systemic corticosteroids



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CHANCRE

- Clinical picture

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CHANCROID

- Chancroid
- Giant Chancroid

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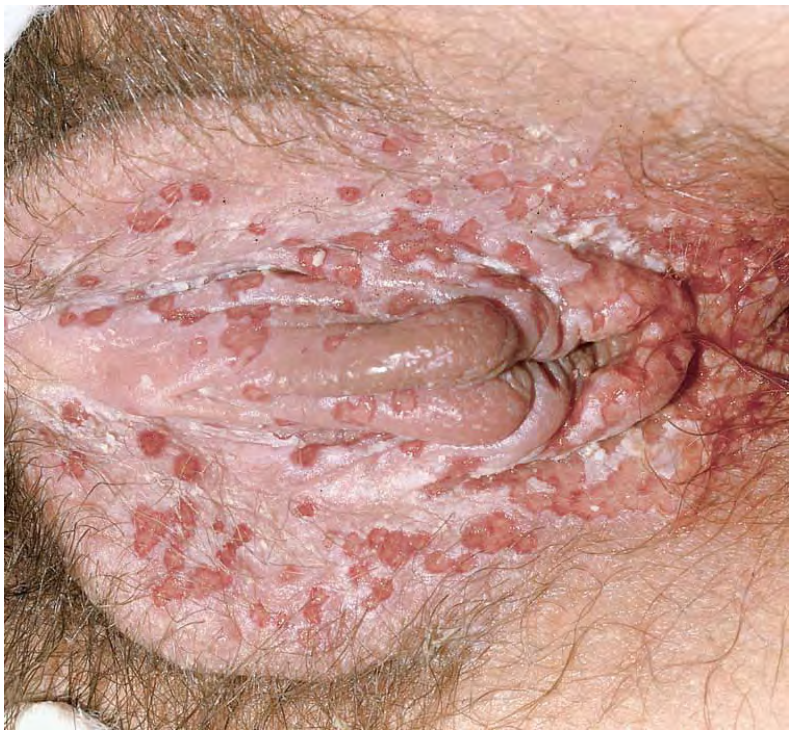
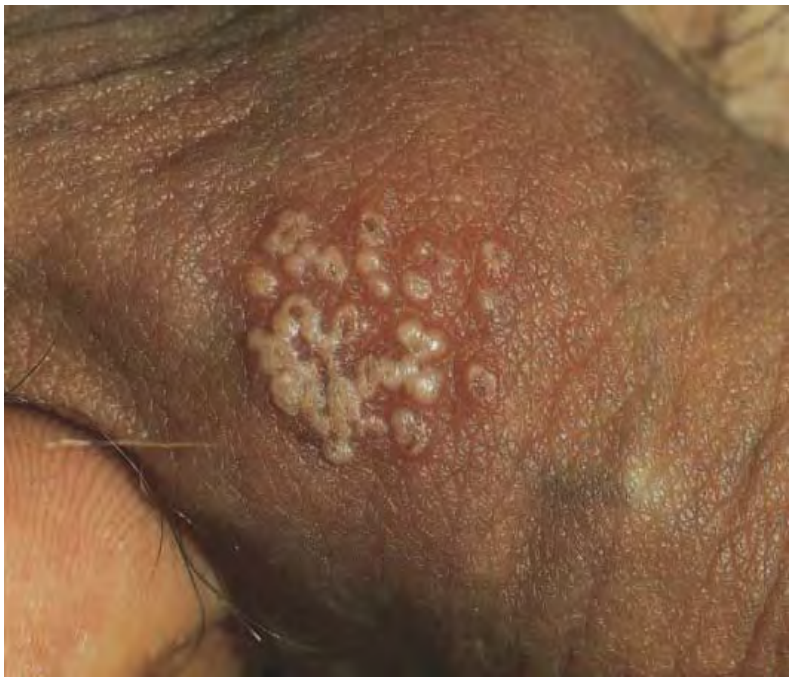
Herpes genitalis

- Primary HG



- Recurrent HG



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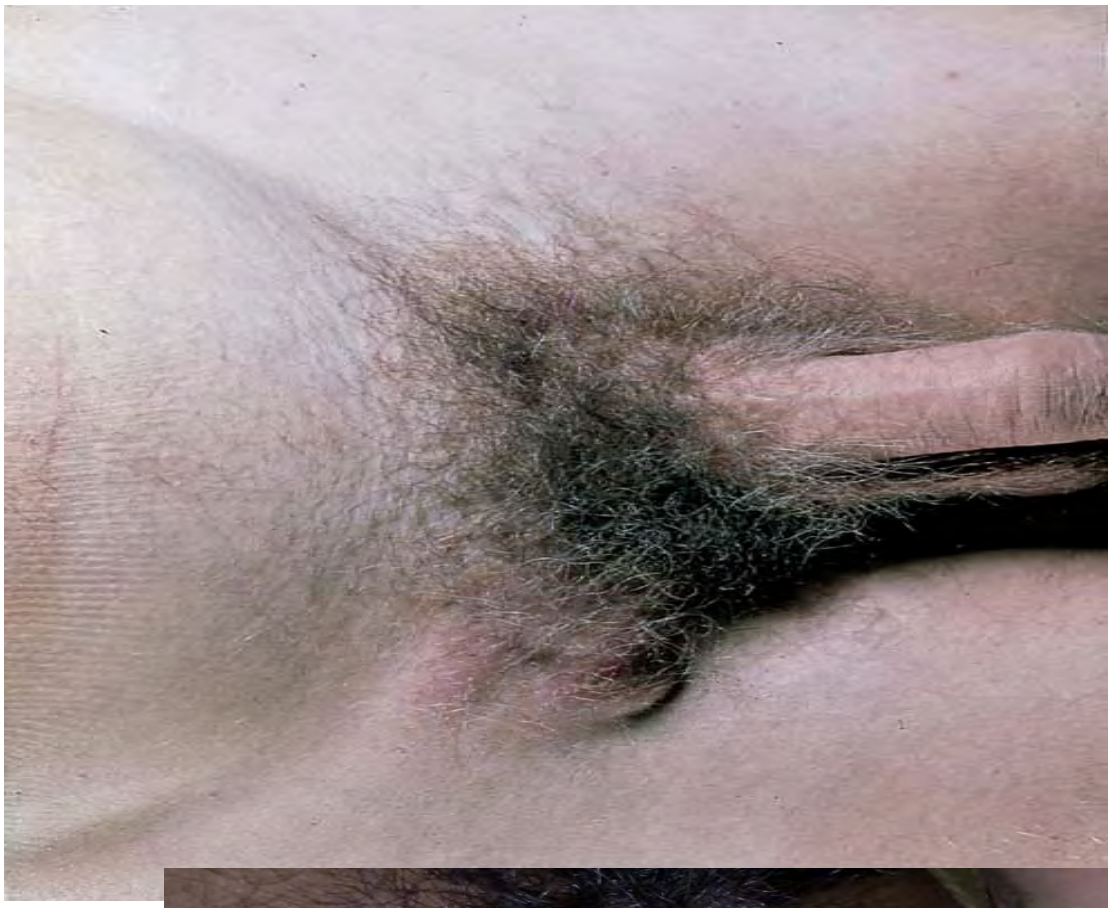
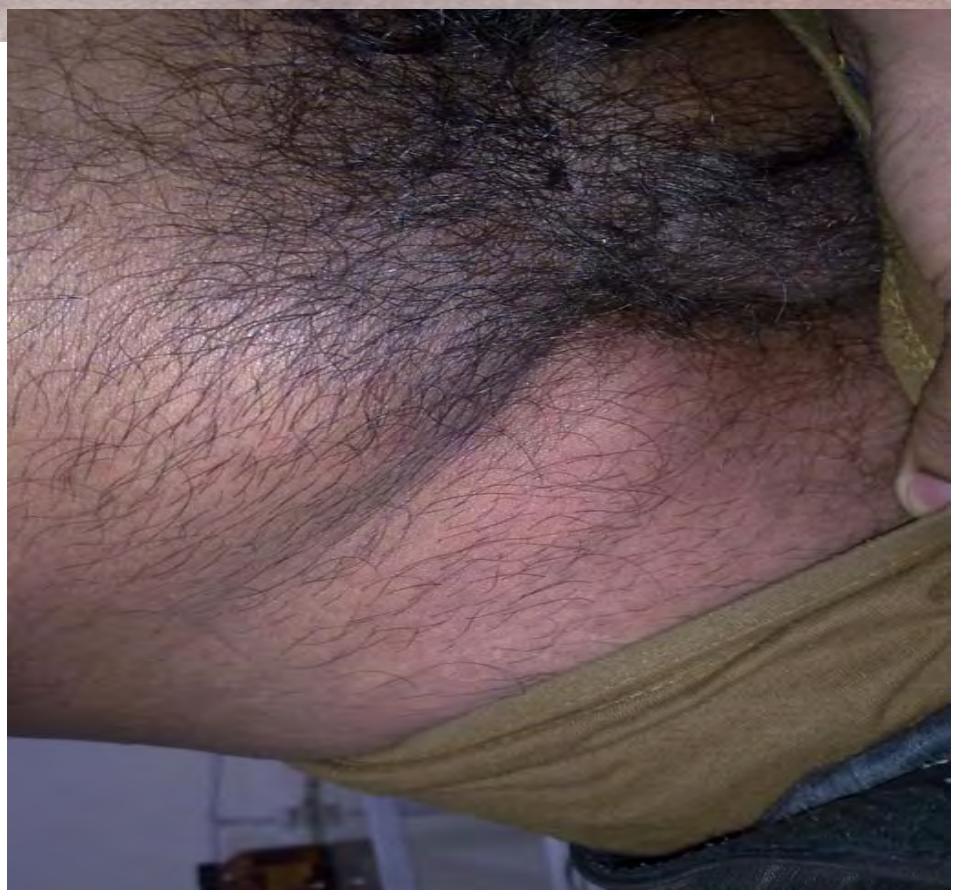
LGV • Sign of Groove





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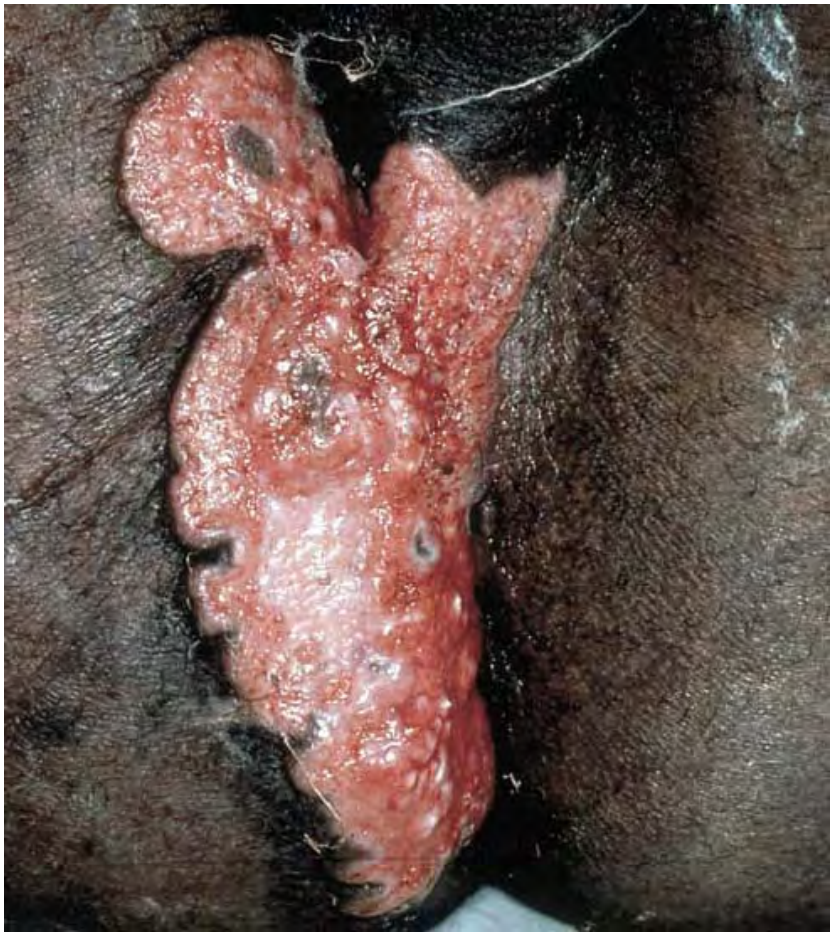
Granuloma Inguinale (Donovanosis)

- **Clinical picture**



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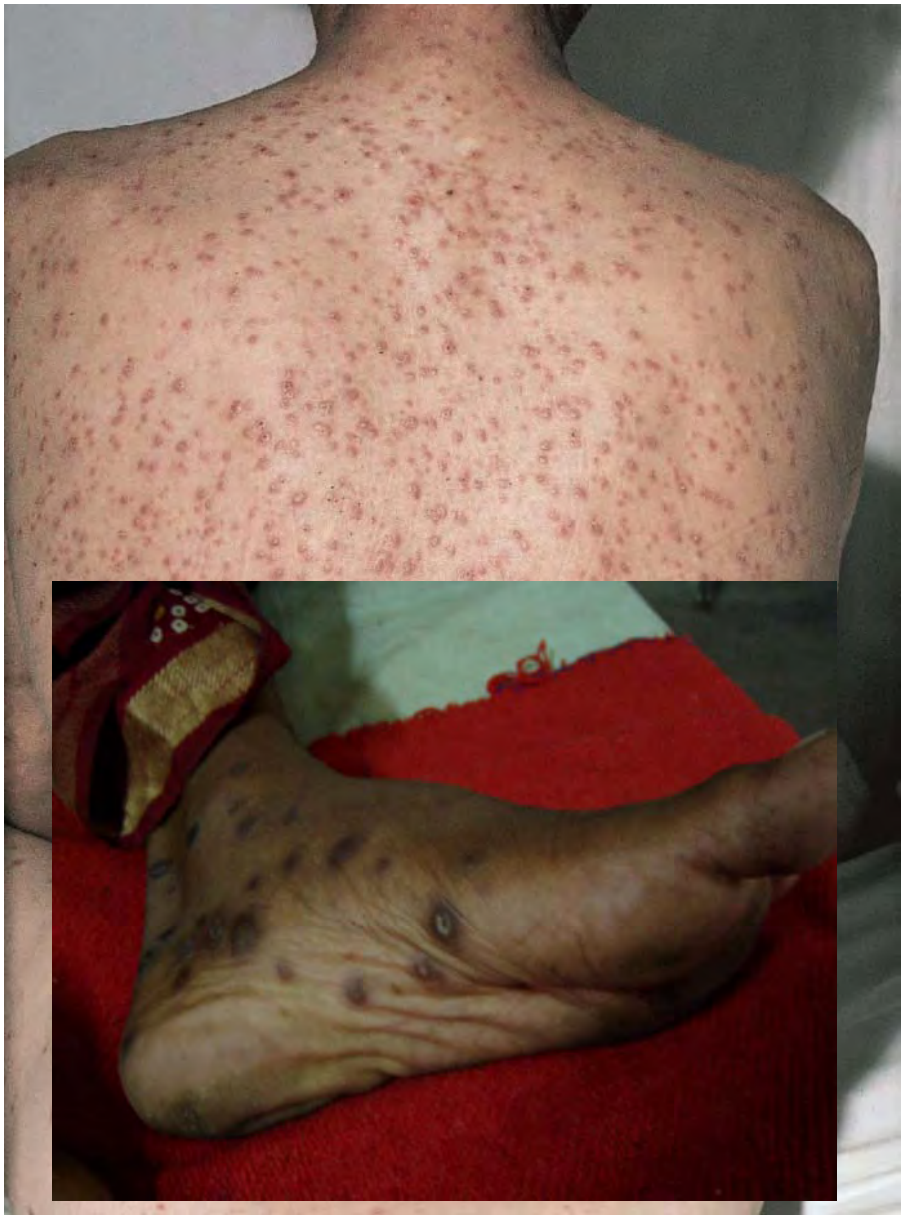
Syphilis

SECONDARY SYPHILIS:

- **Systemic:** fever, malaise, anorexia
- **Skin:** (in 75%):**.** The lesions are *symmetrical, polymorphic* (***never Vesico-bullous);***, *asymptomatic* ***affecting palms and soles.***
- ***Buschke Olendroff sign (BO sign)+:*** *rebound tenderness*



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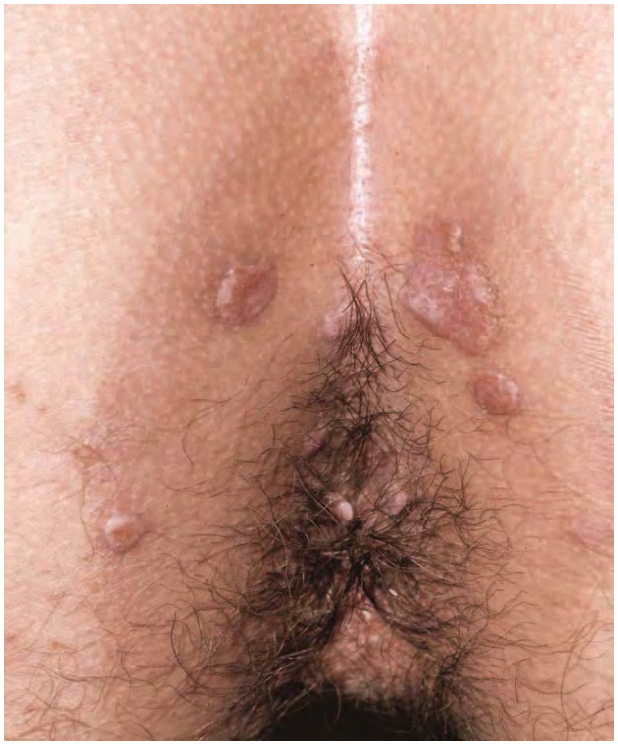
Syphilis: S2

- **Generalized lymphadenopathy**
- **Mucosal involvement (in 1/3rd):** over genitalia and mouth:
  - ***Mucous patches:***
  - **Snail-track ulcer:**
  - **Condylomata lata**



Infectivity: Mucous patches> C lata > Chancre > S2 skin lesions

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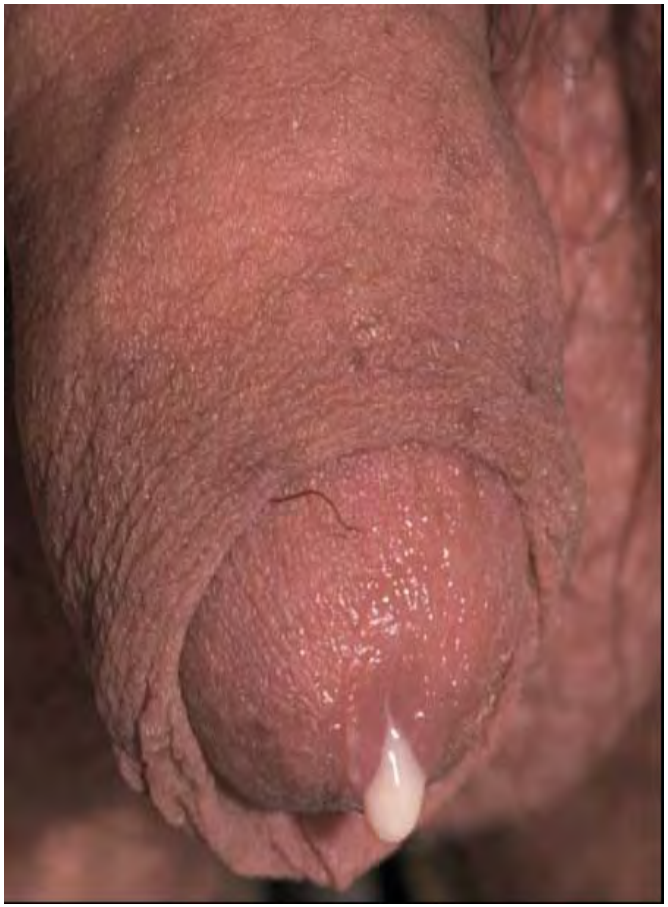
URETHRAL DISCHARGE: Gonorrhea

- ***Neisseria gonorrhoeae*** (gonococcus) GNDC
- **Incubation period: 1-10 days**
- MALES:
  - *acute gonococcal urethritis*➔ burning micturition, frequency, purulent discharge per-urethra
  - NOT ALWAYS *frankly purulent* and patient may be asymptomatic.
  - complicated by *Tysonitis, periuretheral abscess, littritis, cowperitis, prostatitis, seminal vesiculitis and epididymitis.*



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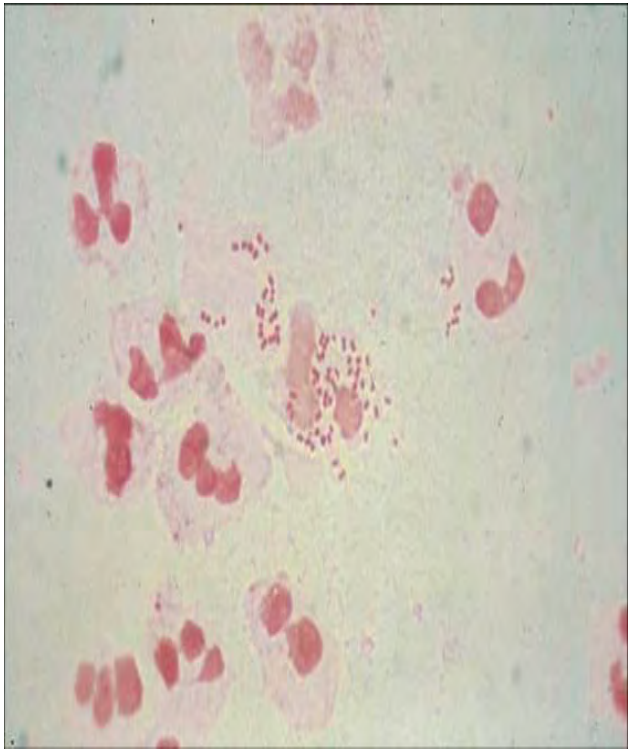
URETHRAL DISCHARGE

DIAGNOSIS:

- **Gram's staining.** Presence of ***GNDC inside the PMN's is diagnostic of Gonorrhoea.*** (95% sensitive and specific in males while *sensitivity is less* ***in cervical, rectal, oropharyngeal cases➔ Do a culture.***)
- **Culture:** on *Thayer-Martin* medium. *Transport on Stuart's medium*]
- There is *no useful serological test for gonorrhoea.*



TREATMENT:

- ***Cefixime*** or ***ceftriaxone***
- **V.V. IMP: Syndromic approach** *advocates ADDING* ***drug for Chlamydia For all cases of uretheral discharge****: Cefixime 400 mg stat + Azithromycin 1 g stat.*

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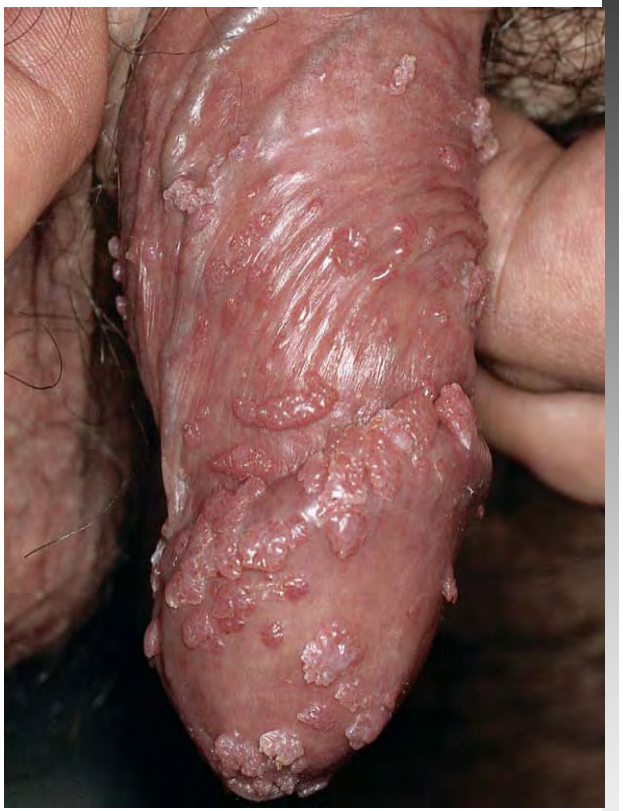
GENITAL WARTS: CONDYLOMA ACUMINATA

- HPV: 6, 11 most commonly; Types 16, 18, 31, 33, and 35 are strongly associated with genital dysplasia and carcinoma.
- ***C/F:*** *Multiple, soft, filiform papules, discrete with some coalescing to raspberry-like lesions, on the glans penis and prepuce or perianally.*
- **Diagnosis:**
  - primarily **clinical;**
  - **Acetowhitening:**
  - **Pap smear** All women should have an annual Pap smear.



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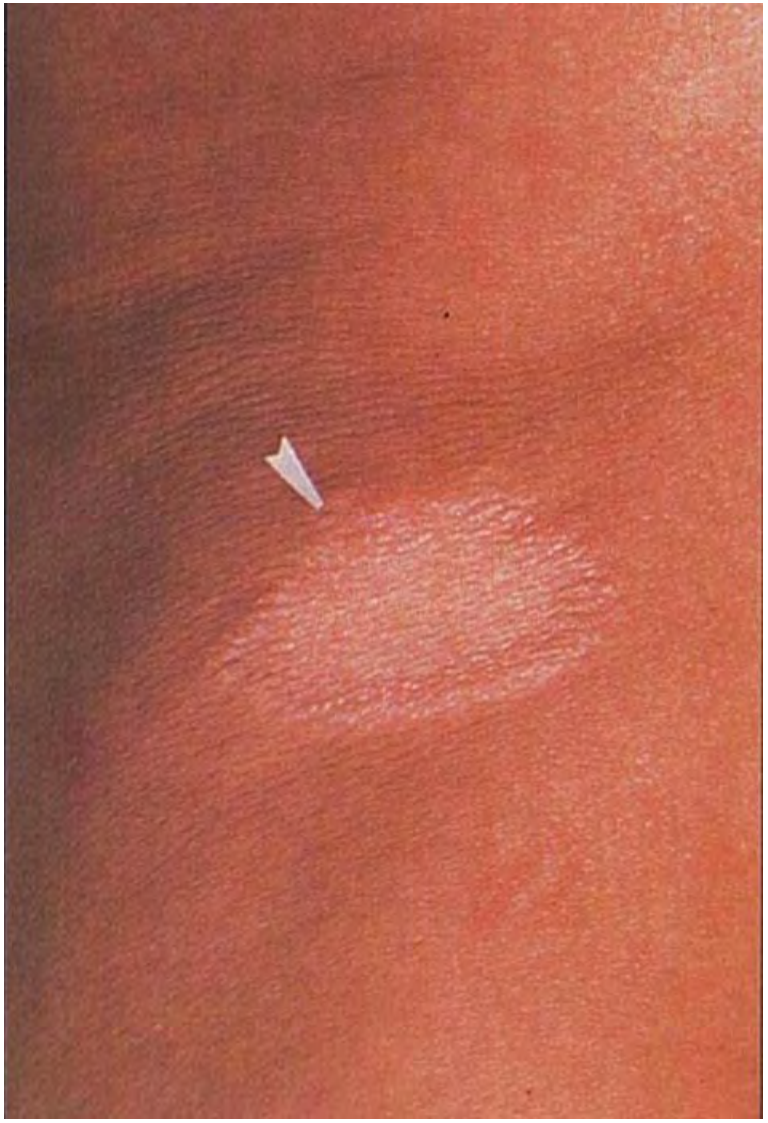
TT

Skin lesions

- Number: 1-3
- Symmetry: Localized
- Size: Large
- Borders: Regular: Well-defined raised border and depressed center ***(saucer right side up)***
- Sensation: Total anesthesia
- Hair: Total loss
- Surface: Dry and scaly



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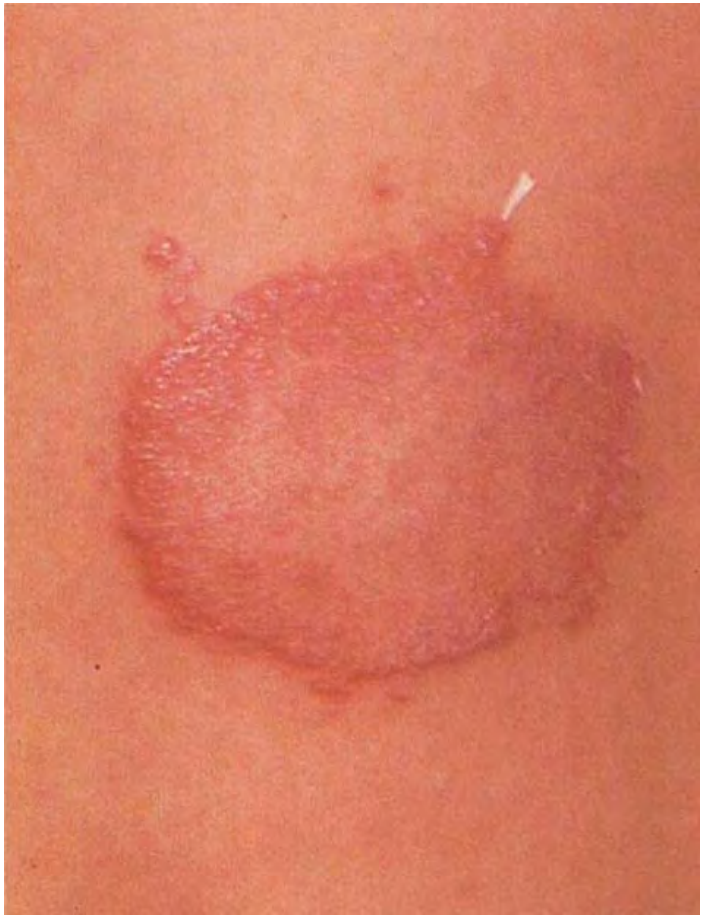
BT

Skin lesions

- Number: Single or few (3-10)
- Symmetry: Localized
- Size: Large→ small
- Borders: Well-defined but with areas of poor definition ***(Serrated)***;***→Satellite lesions*** near margins
- Sensation: Significant hypesthesia
- Hair: Significant loss
- Surface: Significantly Dry +/- scaly



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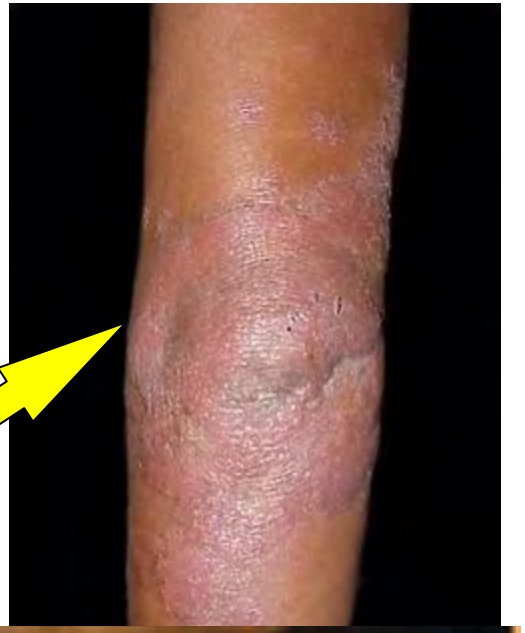
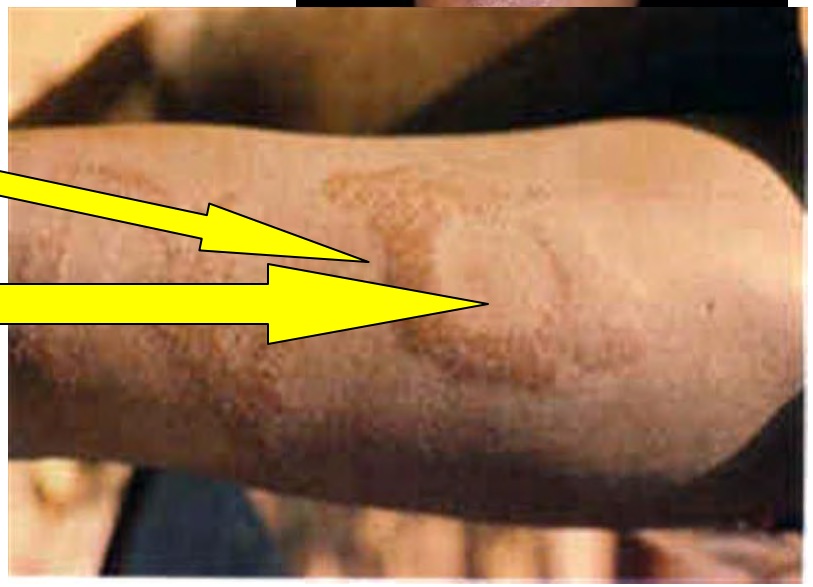
Skin lesions

- Number: Several (10-30):
- Symmetry: Asymmetrical
- Size: small> large
- Borders:
  - →Both well defined and ill defined lesions coexist ***(polymorphic) in equal number***
  - ***→Bizarre geographical*** lesion
  - ***→Annular*** **l**esions
  - ***→Swiss cheese*** *or* ***punched out*** *lesions* are characteristic
- Sensation: Mild-moderate hypesthesia
- Hair: mild loss
- Surface: dry/ shiny

BB





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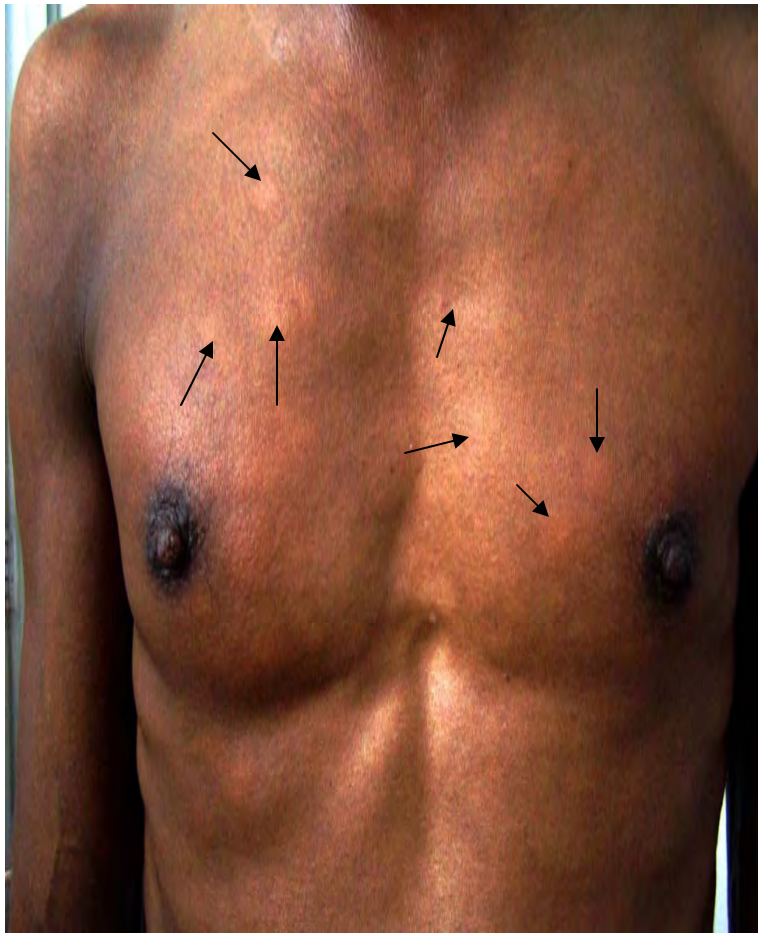
Skin lesions

- Number: Numerous, uncountable
- Symmetry: B/L symmetrical
- Size: small
- Borders: Ill-defined
- Sensation: Normoaesthetic
- Hair: normal
- Surface: shiny

LL



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LL: Other Imp Details

- ***oil-smeared appearance***
- **shiny and succulent nodules**.
- **infiltration of the facial skin** especially over the forehead, the zygoma, the chin, and the earlobes
- **lateral madarosis**
- **depressed nasal bridge**
- **leonine facies**.
- **Nasal symptoms** (stuffiness, crusts & epistaxis) ➔ **earliest** symptoms.

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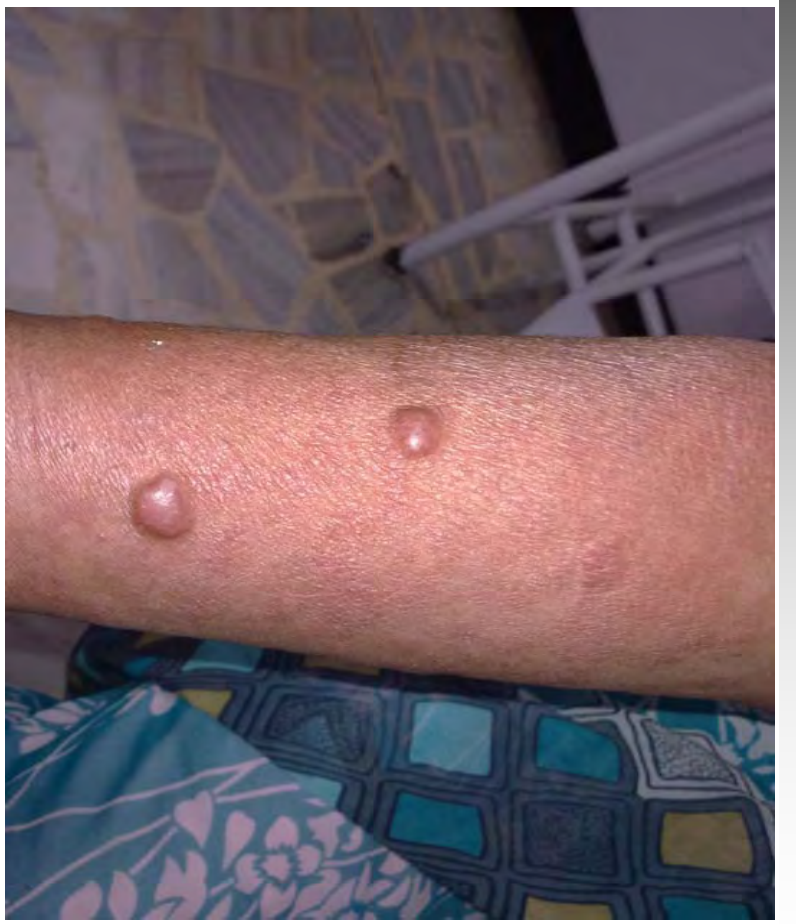
LL: VARIANTS

- **LUCIO LEPROSY (lepra bonita or beautiful leprosy):**
  - Shiny, thickened skin, loss of body hair, and widespread sensory loss without distinct leprosy lesions on skin.
  - variety of LL Hansen's disease.
  - Usually in Mexico, central America



- **HISTOID LEPROSY:**
  - firm, succulent papules or nodules ON rather than within the skin.
  - **relapse, primary dapsone resistance** and rarely de novo also in LL.
  - They have a **characteristic histology** of **bundles of spindle cells** a la dermatofibroma
  - **highly bacillated** but WITHOUT globi.

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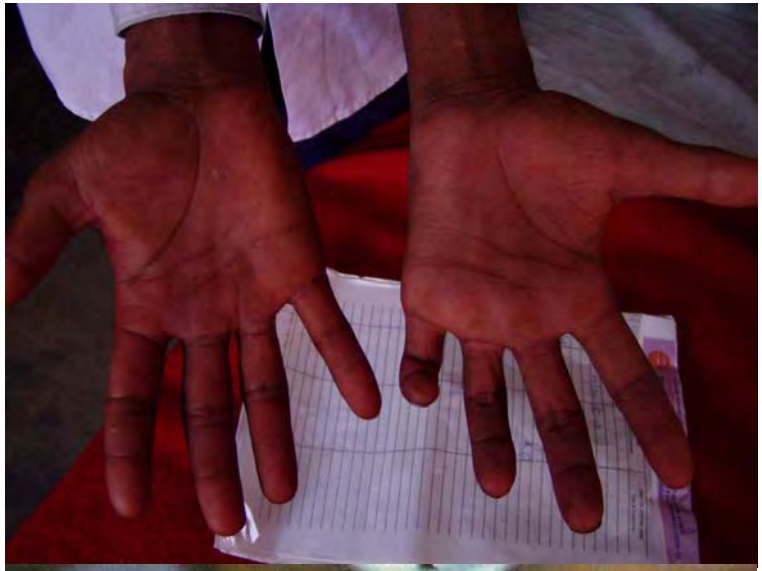
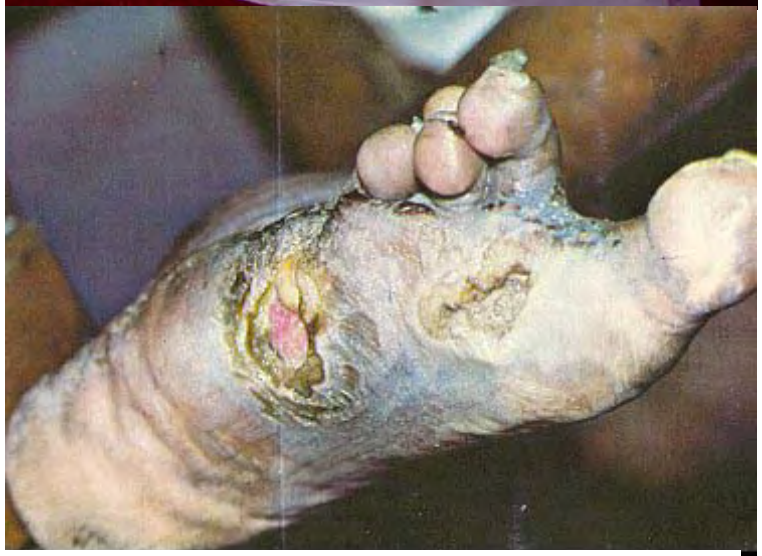
Leprosy: Some Imp Details

- **Deformities** are major cause of morbidity with leprosy. Hand deformities include mainly *claw hand* (Ulnar nerve paralysis). *Foot drop* is commonest complication in foot.
- <u>trophic ulcerations.</u>





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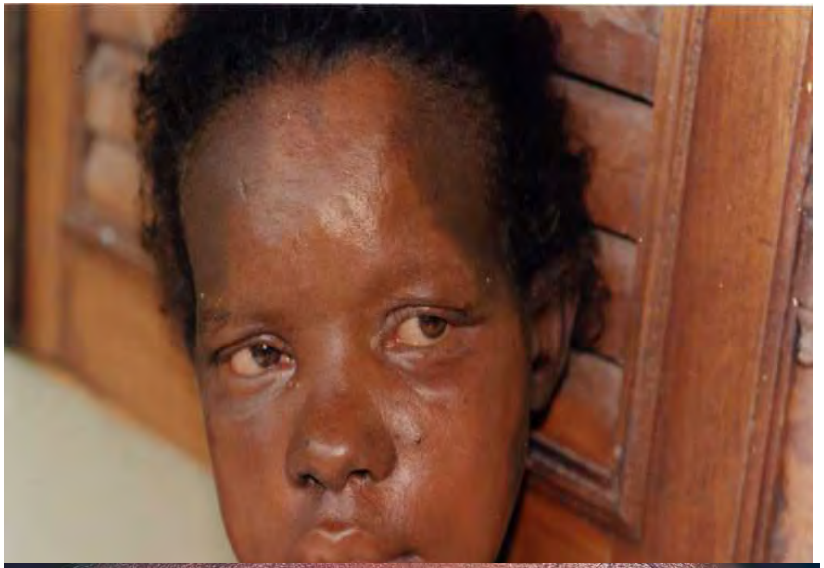
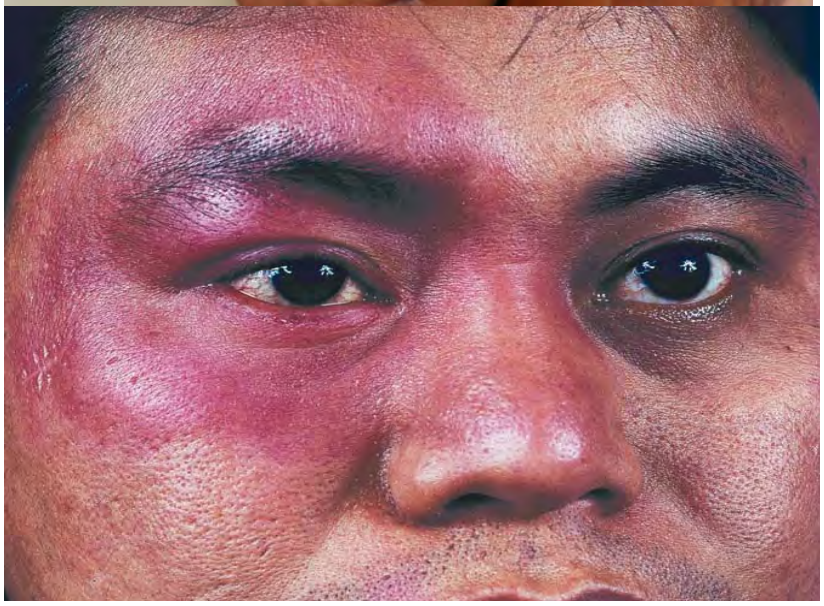
Type-1 Lepra Reaction

- erythema, edema, and tenderness of the existing skin lesions without new lesions
- In downgrading type some new lesions may appear
- Resolving lesions desquamate
- Neuritis is the major complaint and can lead to significant deformities.
- Sometimes there is SILENT neuritis





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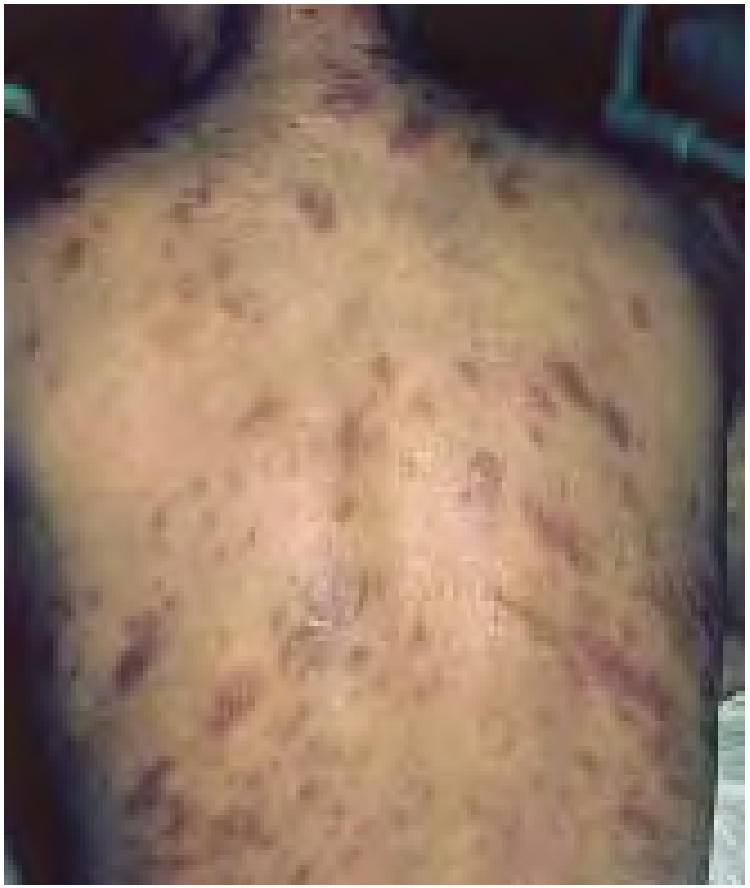
Type-2 lepra reaction

- Systemic features are SEVERE: fever, malise, arthralgias, Myalgias
- Cutaneous lesions: ENL: multiple, symmetrical, tender, erythematous, S/C nodules in CROPS on face, extremities and trunk.
- They heal in 3-7 days with bruise like changes
- Existing skin lesions remain unchanged



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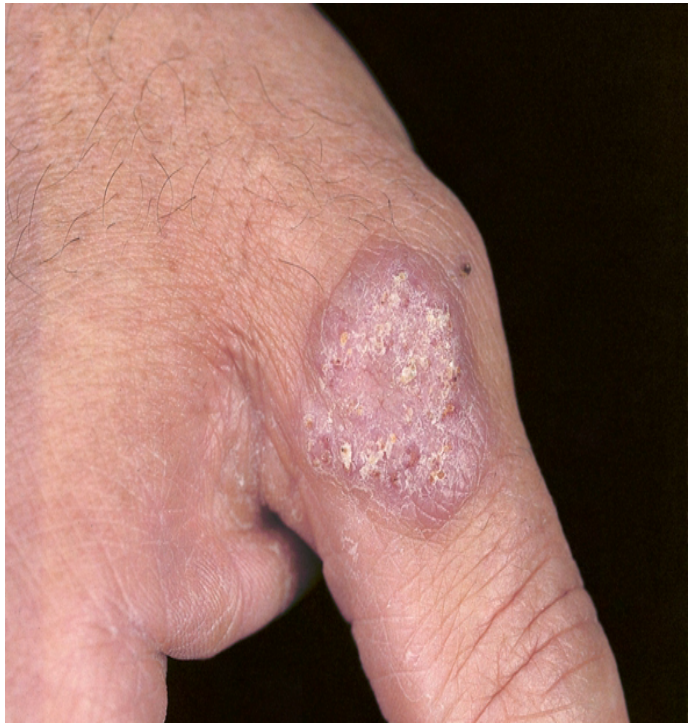
ATYPICAL MYCOBACTERIAL CUTANEOUS INFECTION:

- ***M. marinum: Swimming pool granuloma or Fish Tank Granuloma***
- **C/F:** Red-brown asymptomatic papules which enlarge into plaques with verrucous surface at the site of *inoculation* (extremities) in individuals working with aquarium etc, usually ***without LN enlargement*** but sometimes spread along lymphatics gives a *sporotrichoid pattern*.
- **Rx:** ATT poorly effective. **Minocycline** is most effective drug.



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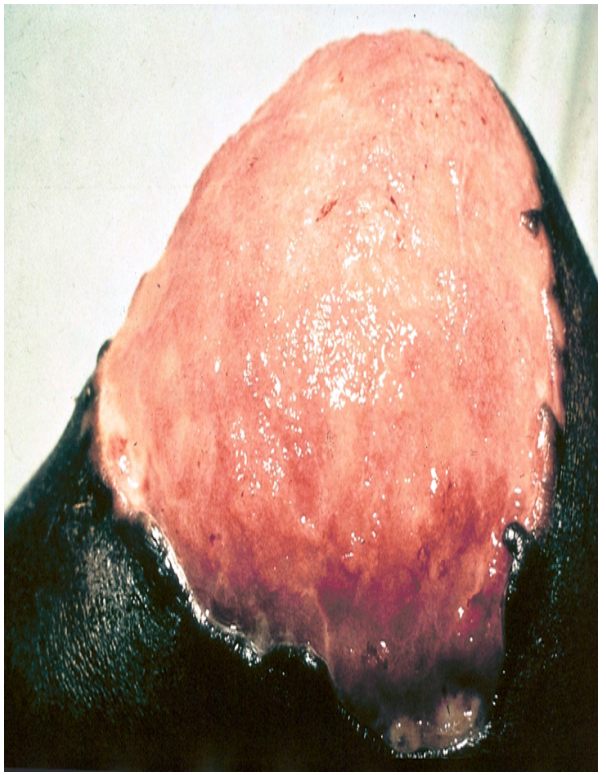
ATYPICAL MYCOBACTERIAL CUTANEOUS INFECTION:

- ***M. ulcerans:*** **Buruli ulcer:**
- Develops as a *painless SC swelling* which ulcerates to form a *painless, deeply undermined grossly necrotic ulcer with exposure of underlying fat* usually present on extremities and persisting for years *without LN enlargement*
- Malnourished/ immunosuppressed
- Rx: ATT ineffective. *Excision and grafting* may be required though *Rifampicin and TMP-SMX* may be effective.



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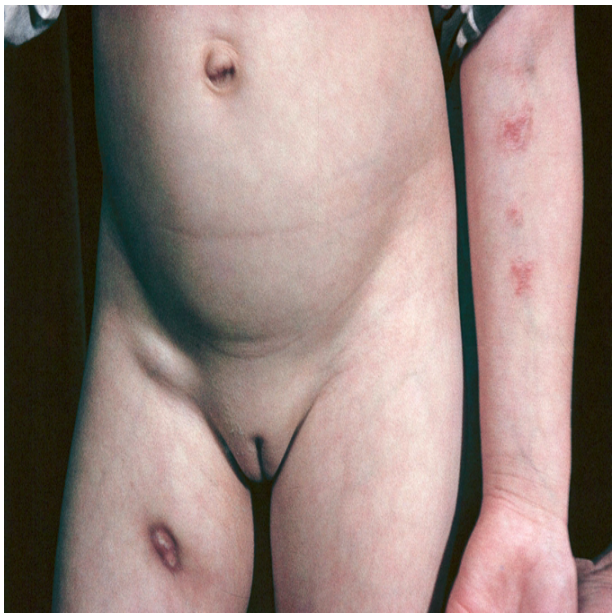
Primary TB

*TB **C**hancre* :

- 5% of Cutaneous TB *(rare)*
- Cut. *analog* of pulmonary *Ghon's complex* (skin lesion and draining lymph node)
- Well defined *painless nodule* breaking down to a *non-tender ulcer with undermined edges* occurring on *extremities and face* in mainly *children* following a *penetrating injury* associated with *regional LN enlargement* (3-8 weeks).



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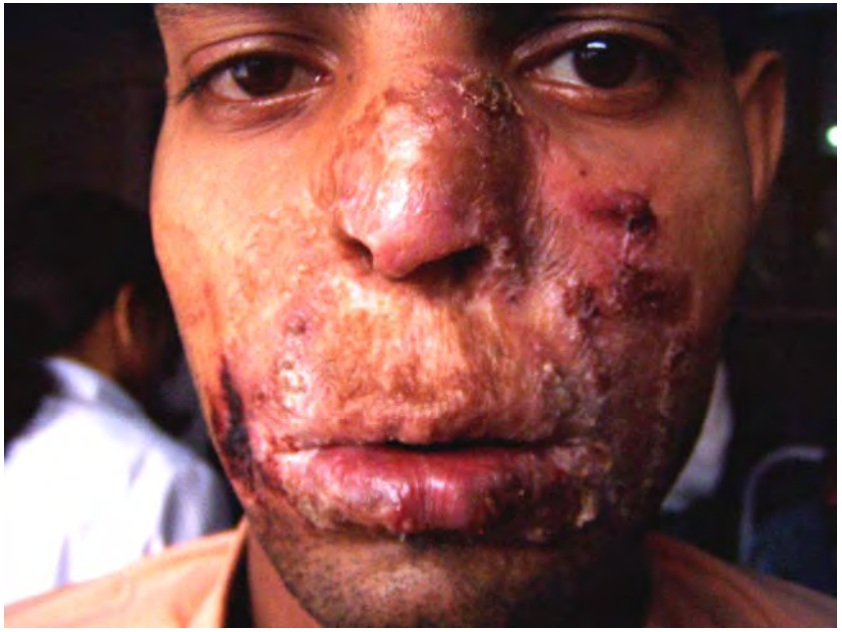
Secondary TB

Lupus vulgaris



- *Usually solitary, asymptomatic, well defined, red-brown annular plaque*
- *extends peripherally with central atrophy and scarring and an advancing and a receding edge.*
- *Sentinel lesions*
- *The lesion is soft on probing (gelatinous consistency) and **diascopy** reveals apple-jelly nodules)*

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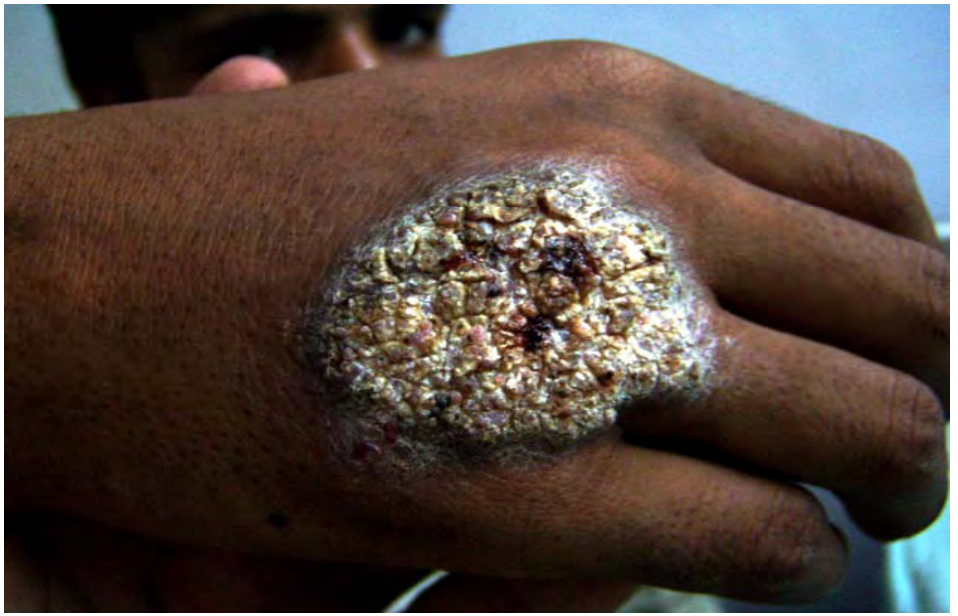
Secondary TB

TBVC (Tuberculosis verrucosa cutis)

Syn: prosecutor's wart, anatomist's wart



- *Secondary re-infection TB in a patient with good immunity*
- *seen on exposed sites (feet > hand).*
- *Irregular, verrucous red-brown plaque with rough horny surface and deep clefts and fissures with crusting and purulent discharge.*
- ***LN spared** unless secondarily infected.*

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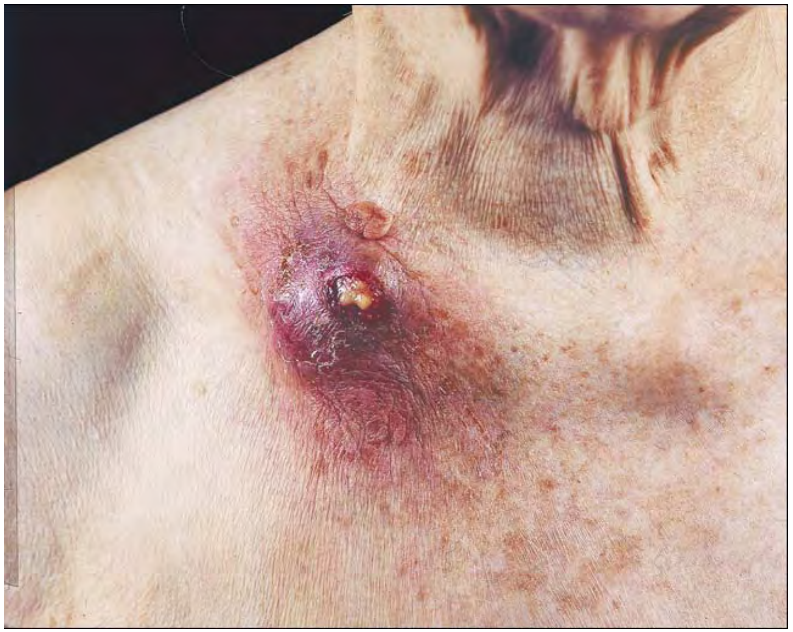
Secondary TB



Scrofuloderma :

Syn: TB Colliquativa Cutis, King's Evil

- ***MC Cut. TB in India.***
- *Secondary reactivation tuberculosis spread by contiguity.*
- *A **pre existing TB focus** (**Lymph Node MC**, bone , joint, tendon, lacrimal apparatus etc) breaks through the overlying skin to form a characterstic painless TB ulcer (sinus) with bluish margins and undermined edges.*
- *The ulcer (sinus) is fixed to underlying structure (eg. LN).*
- *Heals with puckered or cord-like scars.*

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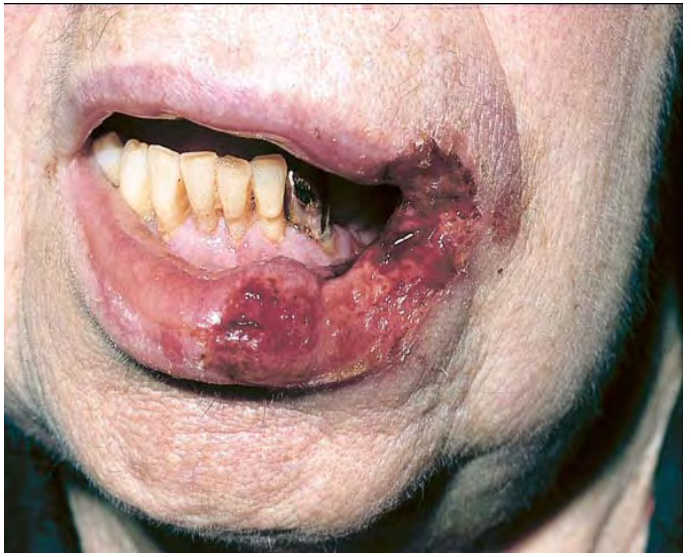
Secondary TB

TBCO (Tuberculosis cutis orificialis)



- *Rare TB of mucosal orifices and adjacent skin in patients with advanced visceral (Genitourinary, gastrointestinal and pulmonary) TB due to autoinoculation.*
- *Clinically presents as PAINFUL shallow ulcers at the skin near mouth, anus, and urethral meatus.*

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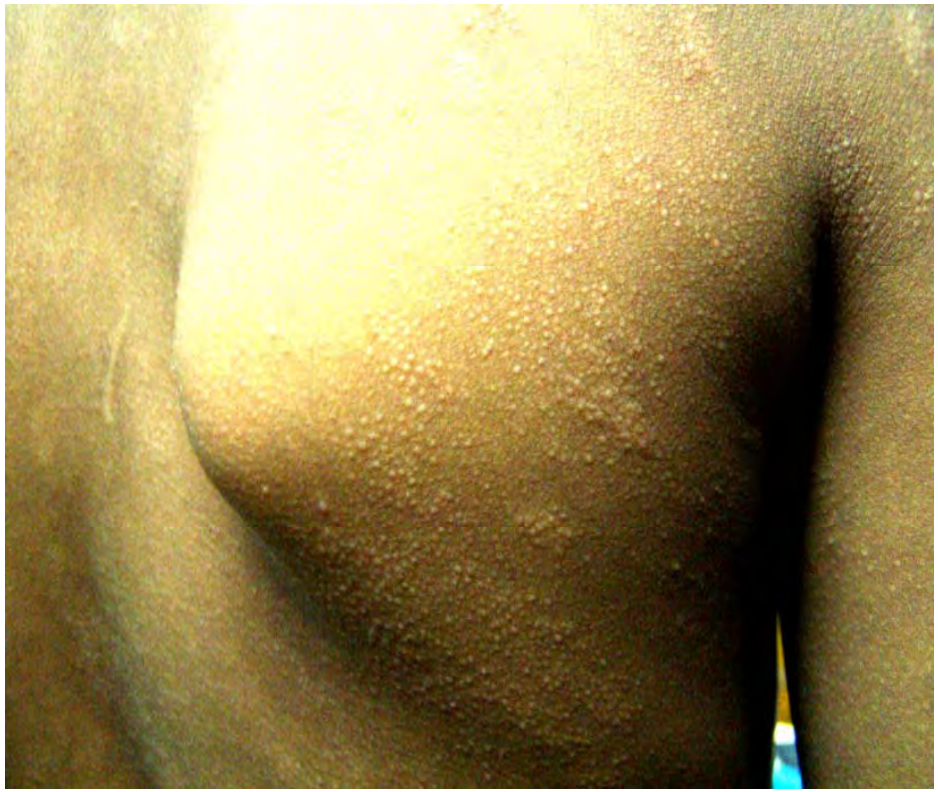
TUBERCULIDS

***Lichen scrofulosorum*:**



- *Grouped lichenoid papules* with *perifollicular* pattern over the trunk.
- found in *children* or young adults
- Sweat gland and perifollicular epitheloid cell granuloma without caseation

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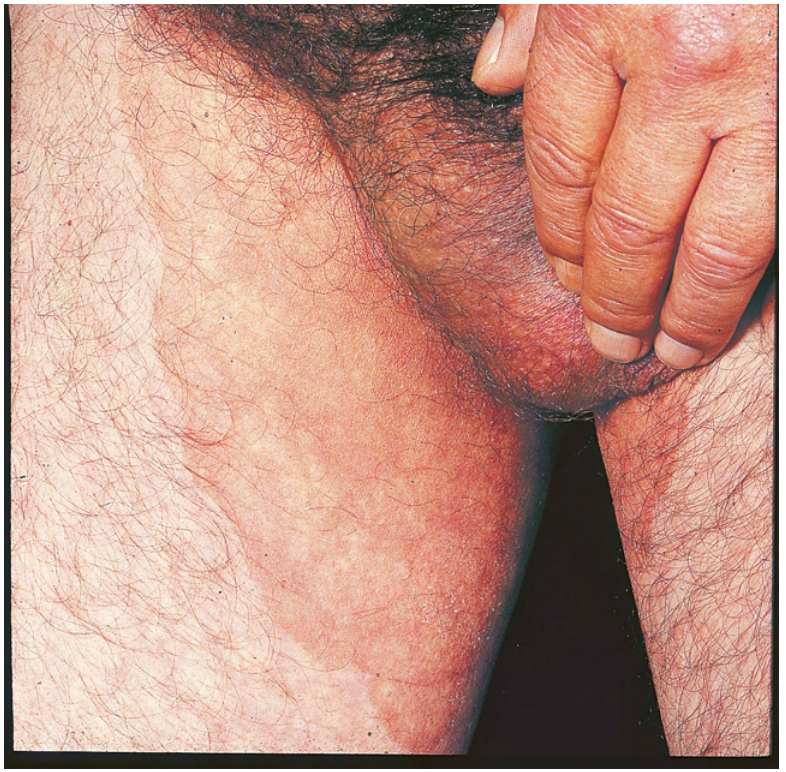
Bacterial Infections

- **ERYSEPLOID:** rare infection caused by *Erysiplothrix* in *fisherman*, *butchers* presenting as painful, tender, erythematous lesion with a purplish hue.

ERYTHRASMA:

- ***Corynebacterium minutissimum.***
- *reddish-brown, scaly and finely wrinkled macules in* **Axillary and genitocrural areas.**
- characteristic **"coral-red" fluorescence** under Wood's light.
- Rx: 1) Oral erythromycin 2) Topical : clindamycin, whitfield's ointment or miconazole



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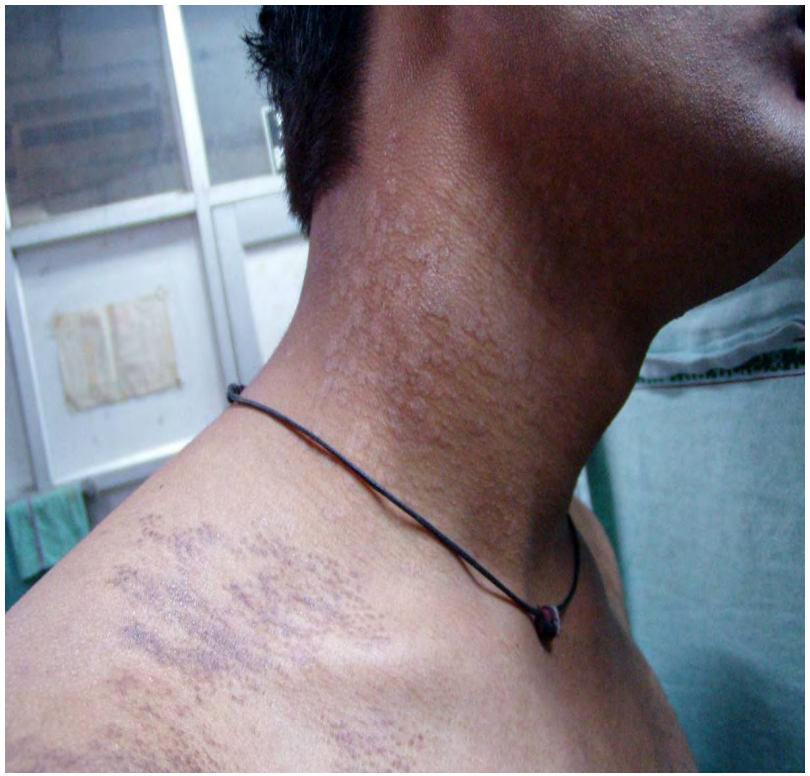
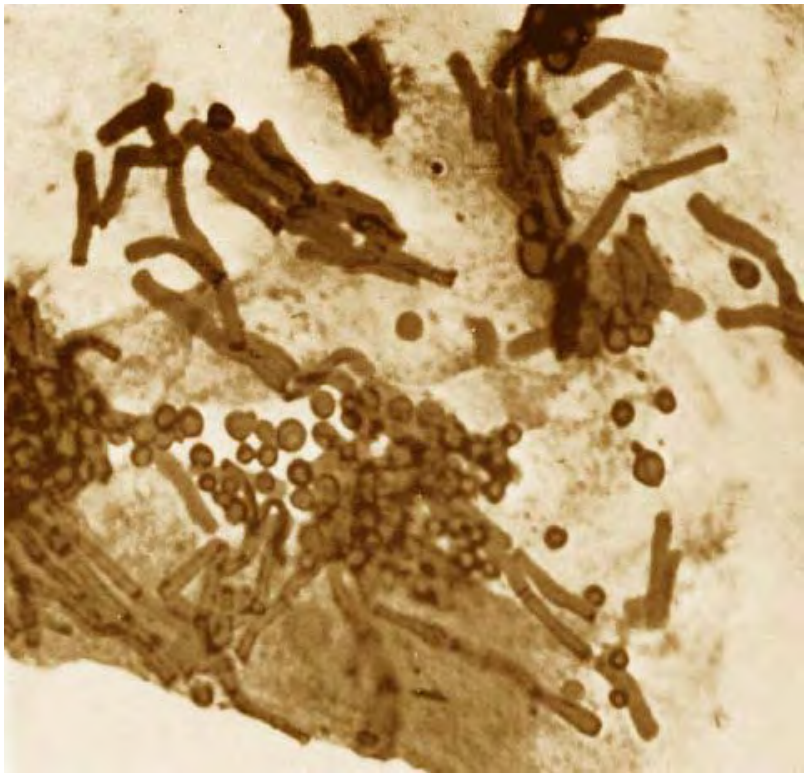
Pityriasis versicolor:



Clinical Picture



KOH: Sphagetti & Meatball

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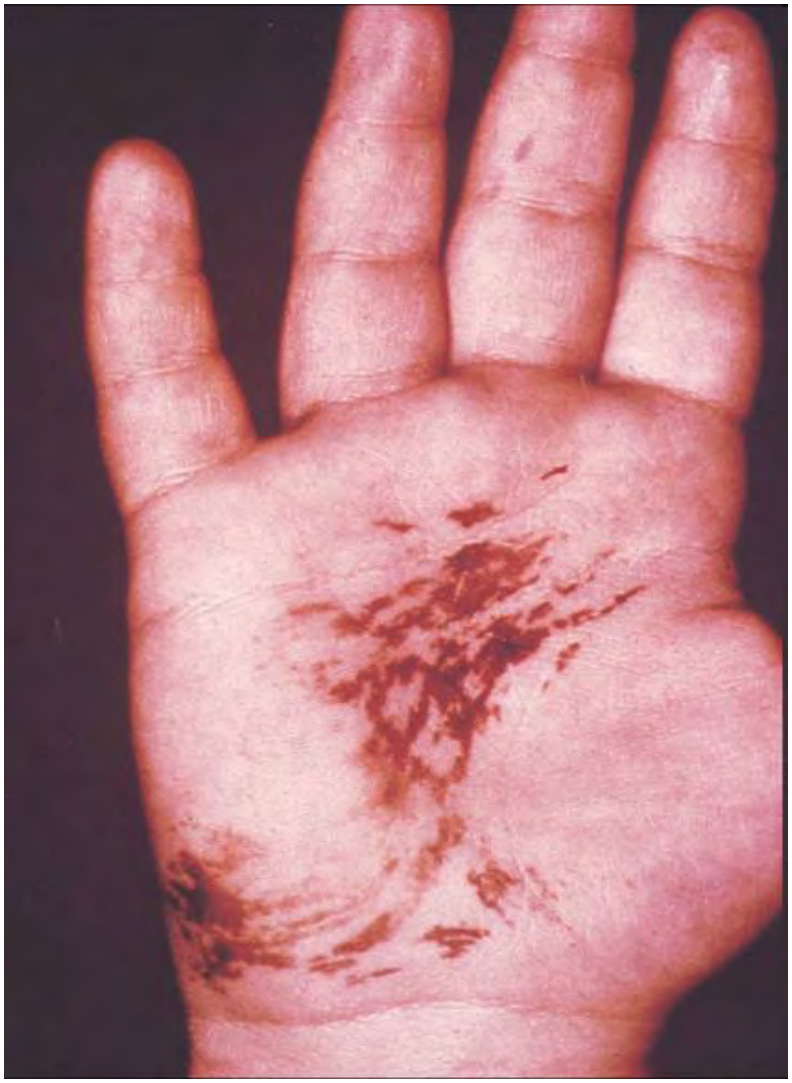
Tinea nigra

- *Exophiala (Phaeoannellomyces) werneckii*
- *Brown or black asymptomatic annular lesions*
- **Palms**/ soles
- Western Hemisphere
- Rx: topical keratolytics (sulfur/ salicylic acid), scraping, antifungal



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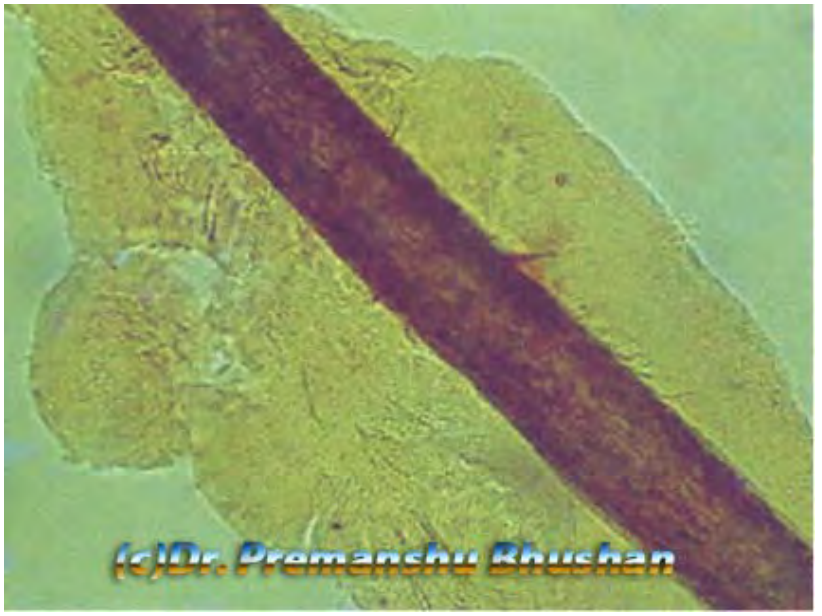
Piedra



- ***superficial infection of hair shaft***
- **Nodules** along the hair-shaft: nodule is the ascomycete fruiting body of the fungus, know as an ascostroma
- In tropics
- does not fluoresce under Wood's light
- ***Trichosporon beigelii*** → white **Piedra➔ easily detached**
- ***Piedra hoartae*** → black **Piedra➔ very adherent**
- Rx: SHAVING, salicylic acid, Azoles, Formalin shampoos

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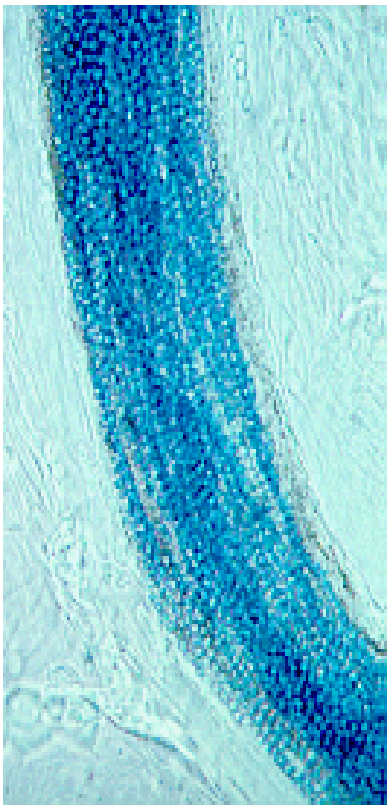
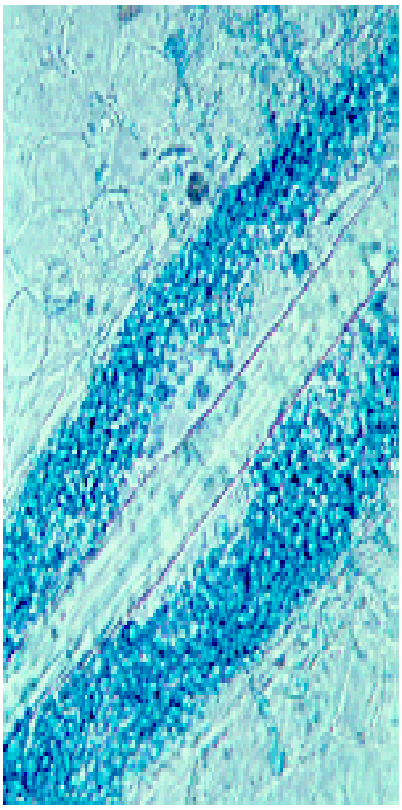
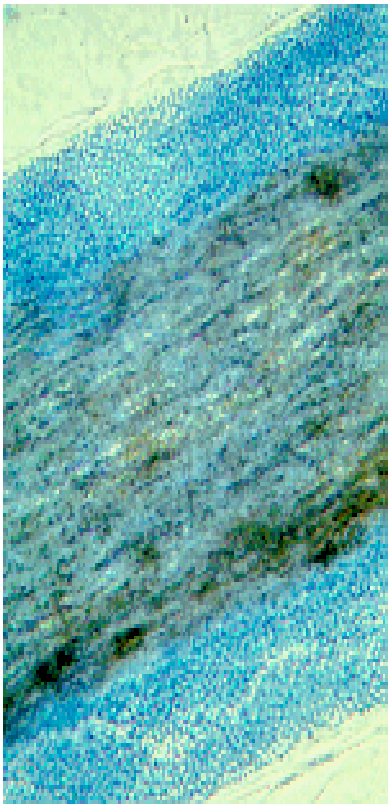
Tinea capitis

- ENDOTHRIX





- ECTOTHRIX



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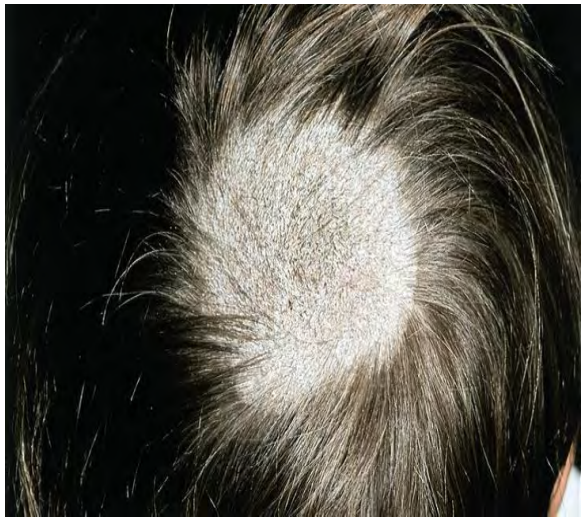
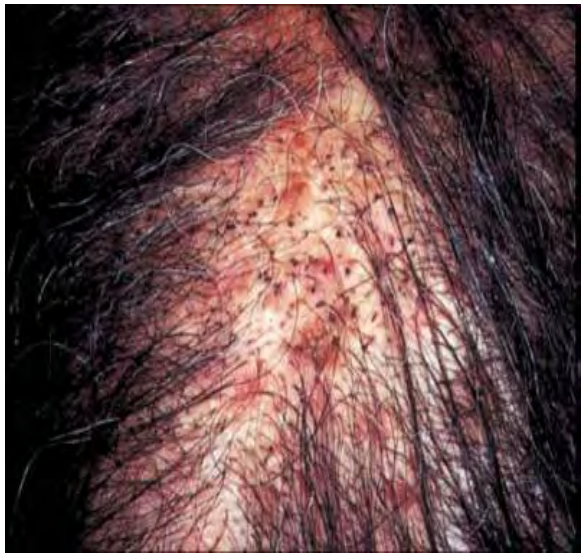
Tinea capitis: NON-Inflammatory

CATEGORIES	CLINICAL APPEARANCE
Grey patch	•Ectothrix •*Microsporum sp.* •Greenish fluroscence •one or several patches of scaly scalp with hairs broken just above the level of the scalp •hair is lusterless and gray (covered with arthrospores)
"Black dot"	•Endothrix •*T.tonsurans, violaceum* •hairs are notably fragile and break easily at the level of the scalp➔looks like "black dots".





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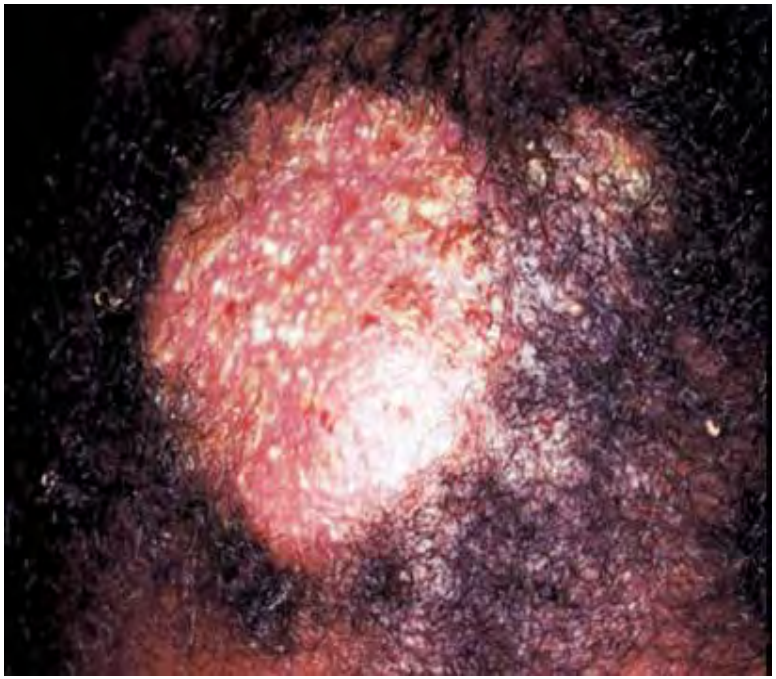
Tinea Capitis: Inflammatory

- KERION:
- Severe *tender, inflammatory, boggy, cystic swelling with easily plucked hair*
- Caused by zoophilic organisms (M. canis, M. nanum, T. equinum, T mentagrophytes var. mentagrophytes)
- Scarring alopecia
- **Agminate folliculitis:**
- Less severe inflammation than kerion with sharply defined, dull red plaques studded with follicular pustules.
- Caused by zoophilic species



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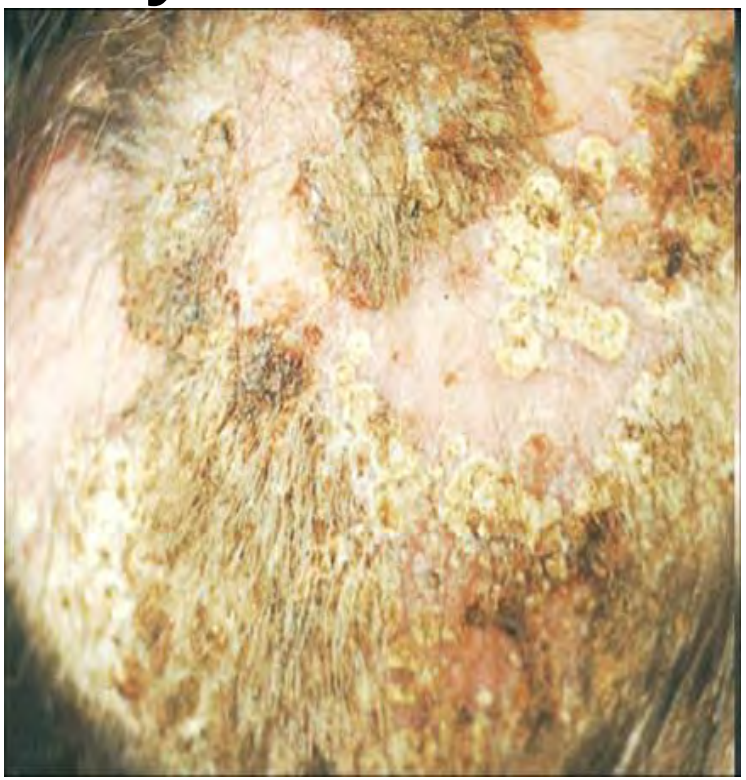
Tinea Capitis: Inflammatory

- FAVUS: honeycomb
- *T. Schoenleinii*
- Jammu & Kashmir
- *cup shaped yellow* ***scutula*** *coverd with crusts* & foul smell
- endothrix-style growth, but without the arthrocondia
- channels are formed within the hair shaft➔ as air bubbles move along these channels in KOH mount
- Woods lamp: bluish fluroscence
- Scarring alopecia



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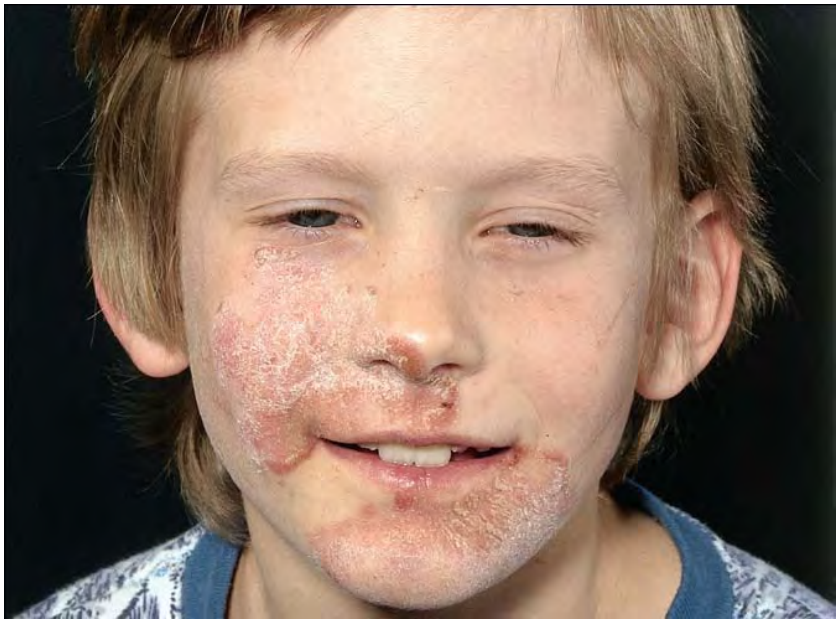
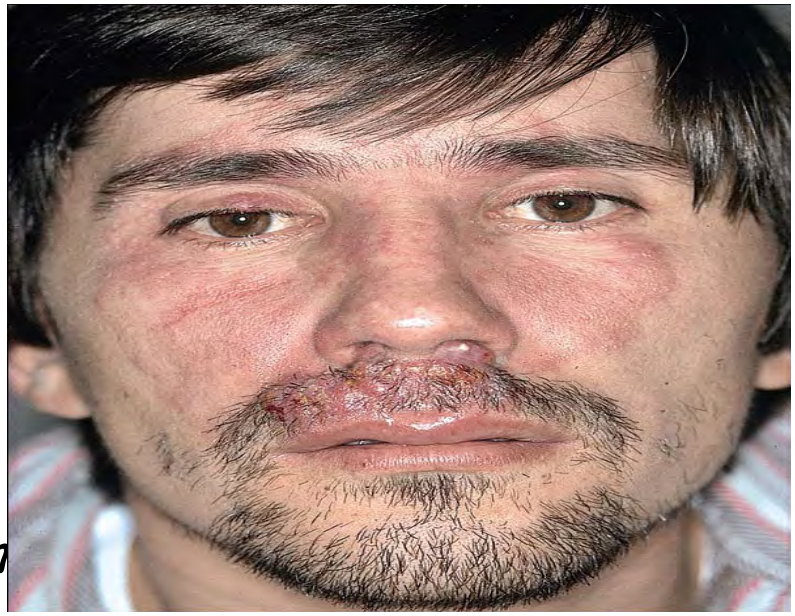
T facei/ barbae

- Facei: children, females:
  - Sharply marginated, erythematous, scaling, and crusted plaques Note asymmetry.
  - May be associated with T. capitis
- Barbae:
  - adult males➔ shaving with infected material
  - closely resembling tinea capitis, with invasion of the hair shaft.
  - Pustular folliculitis
  - Easily removable hair
  - Rarely KERION
- **Tinea Incognito:** Picture modified by *steroid application*





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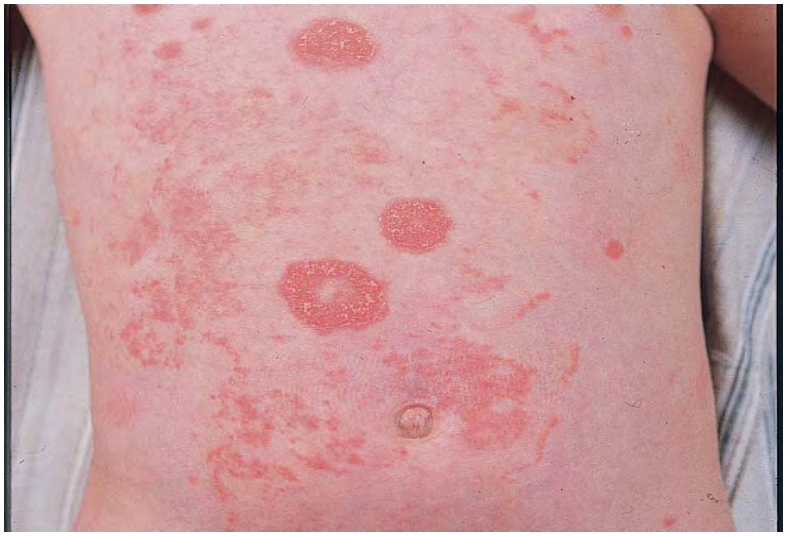
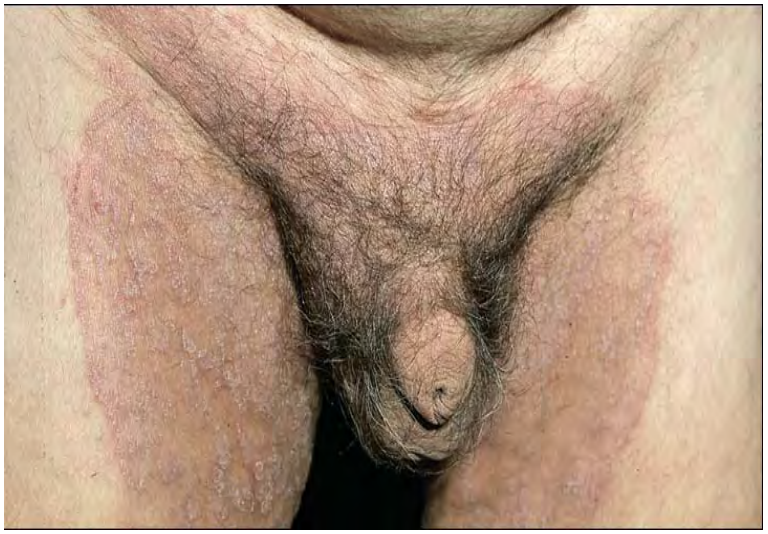
T. corporis/ cruris

- Annular lesions with peripheral enlargement and central clearing & scaling, sharply marginated plaques with or without pustules or vesicles, usually at margins.
- fusion of lesions produces gyrate patterns.
- *T. rubrum*

CRURIS: Synonym: "Jock itch" , Dhobi itch"

- similar lesions in groin area





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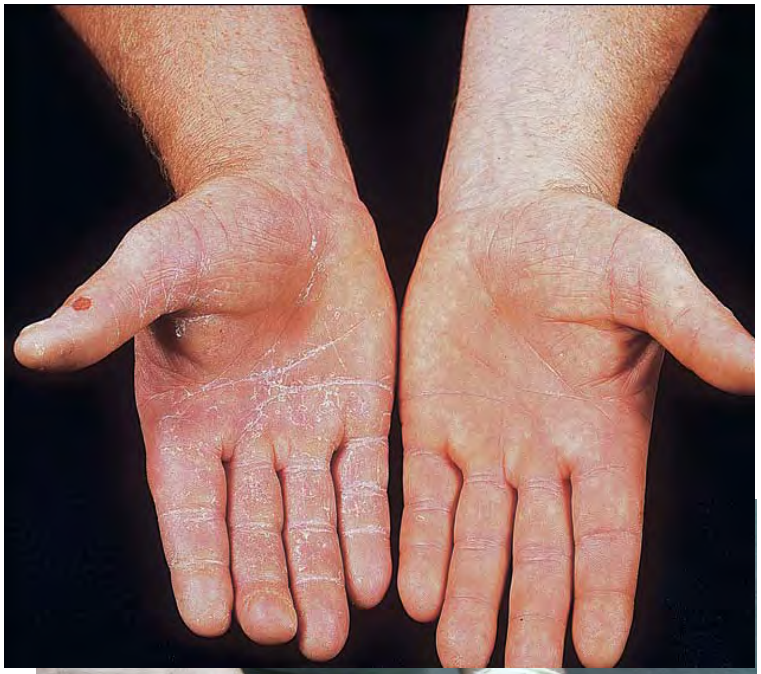
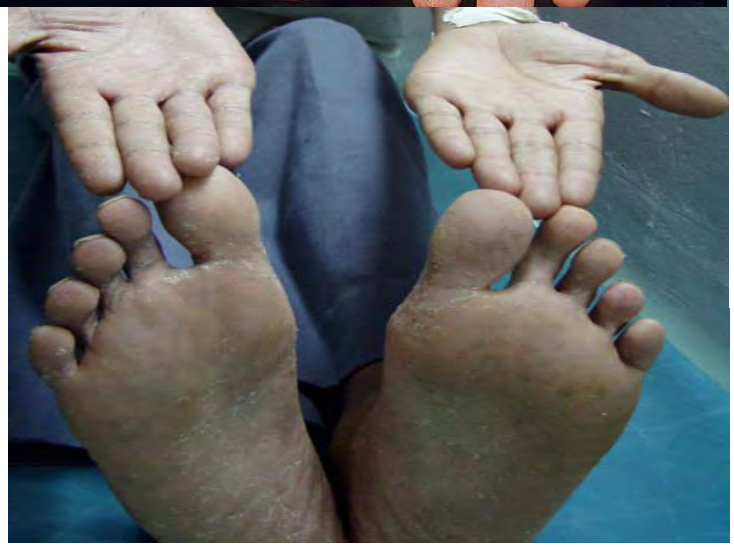
T. mannum

- unilateral (dominant) scaling particularly in the skin creases and the nails are usually involved
- *"one hand, two feet" distribution is typical of epidermal dermatophytosis of the hands and feet.*
- After treatment, recurs unless onychomycosis of fingernails, feet, and toenails is eradicated
- Fissures and erosions provide portal of entry for bacterial infections





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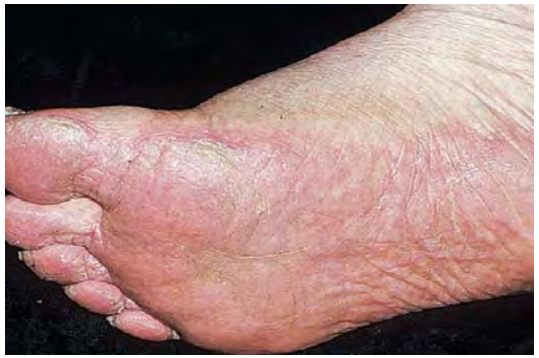
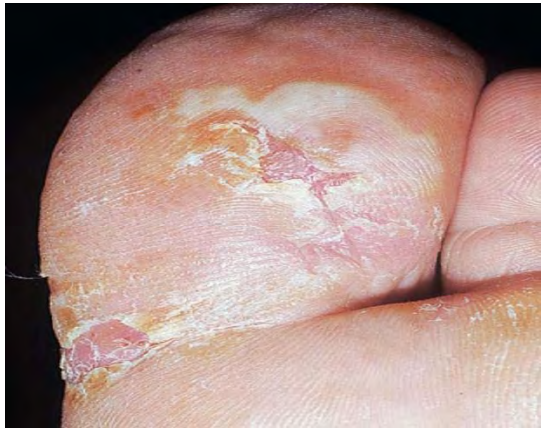
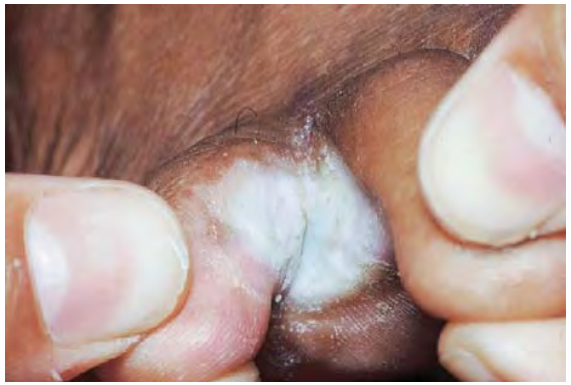
T. pedis (**Athlete's foot):**

- infection of the toe *web-spaces and the soles*.
- There are 3 main clinical patterns.
- *Chronic Plantar Scaling = Dry or "**Moccasin"*** type.
- *Bullous Tinea Pedis:* Sudden eruption of pruritic or painful vesicles on the soles. The eruption is usually unilateral. It is usually caused by ***T. Mentagrophytes.***
- *Interdigital Tinea Pedis:* Peeling, maceration and fissuring occurs frequently in the lateral *toe clefts (4^{th} and 5^{th})*.







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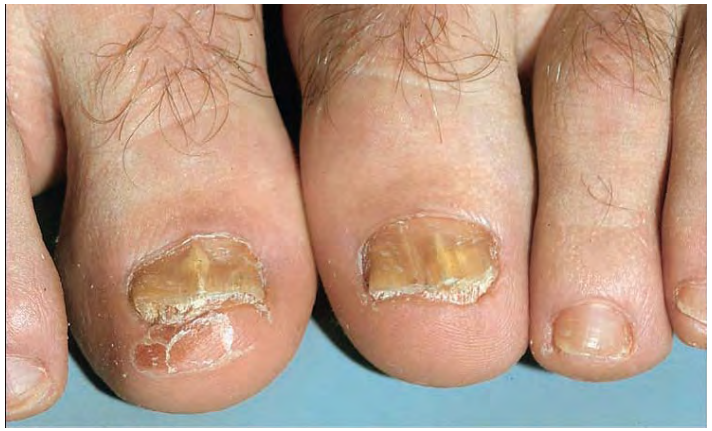
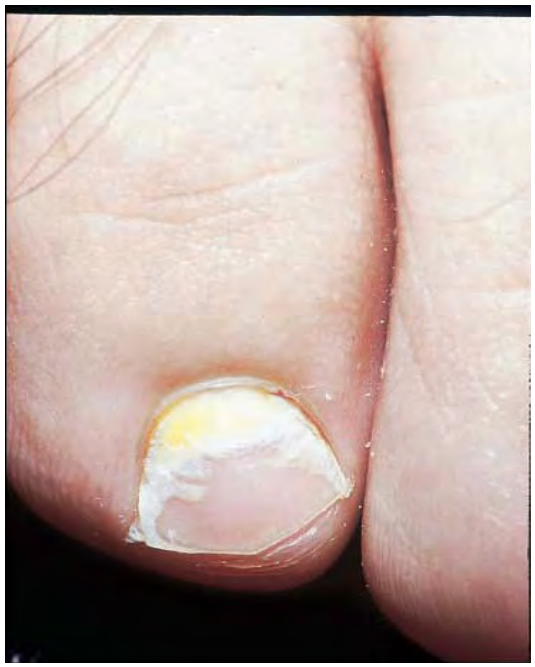
Onychomycosis (T. Unguium)

- Etio: *T. rubrum (MC).*
- Types:
- (1)DSO (MC):
- Initial Infection of Nail bed and hyponychium.
- *distal nail edge onycholysis with subungual debris, subungual hyperkeratosis* and discolouration
- *(2) PSO (LC):*
- *Nail fold→ nail plate*
- *IMP: Seen Mostly in IMMUNOCOMPROMISED AND HIV.*
- *Rx:* **DOC: TERBINAFINE** X 6-12 weeks [Griso: 6 (fingernail)-12(toenail) months].





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Candidiasis

- *moist, flexural sites*.
- ***Pustules (Sattelite) at the edges are characterstic.*** Shows ***Psedohyphae*** in **KOH** prep***.***
- more common at the *extremes of age and during pregnancy*.
- *Predisposing factors:*
  - **diabetes mellitus, pregnancy,**
  - **broad-spectrum antibiotics,**
  - **obesity, dentures,**
  - **Cushing disease, uremia,**
  - **malignancy and immunodeficiency**.

Topical treatment

Nystatin, imidazole cream, amphotericin lozenges (in oral candidiasis =**swish and spit**)

Systemic treatment: *AMP- B* DOC in disseminated Candidiasis. Oral fluconazole, itraconazole, ketoconazole

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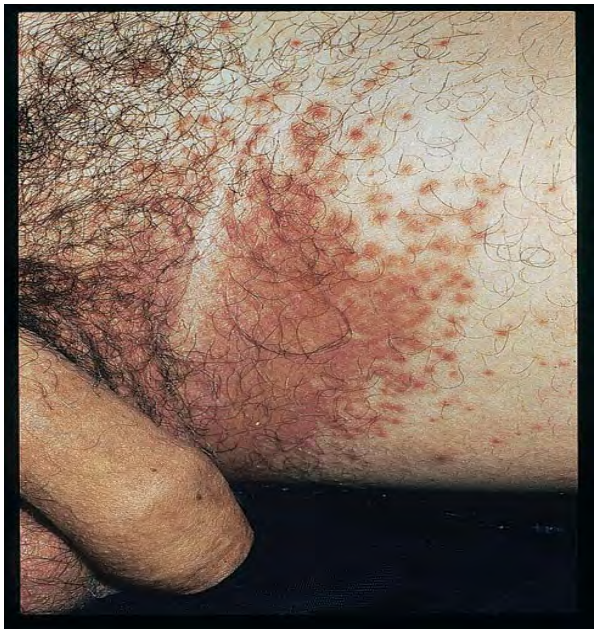

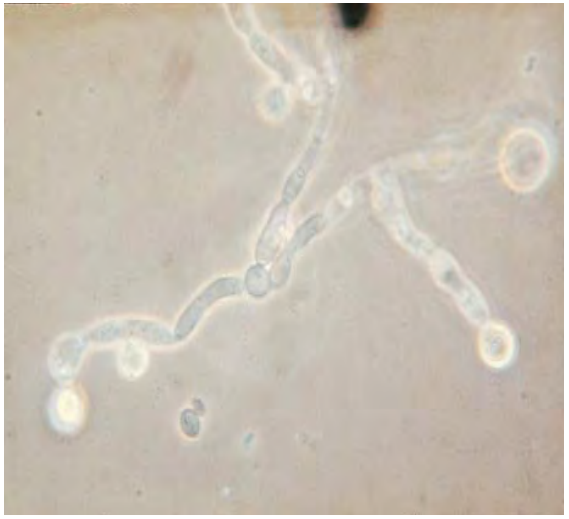

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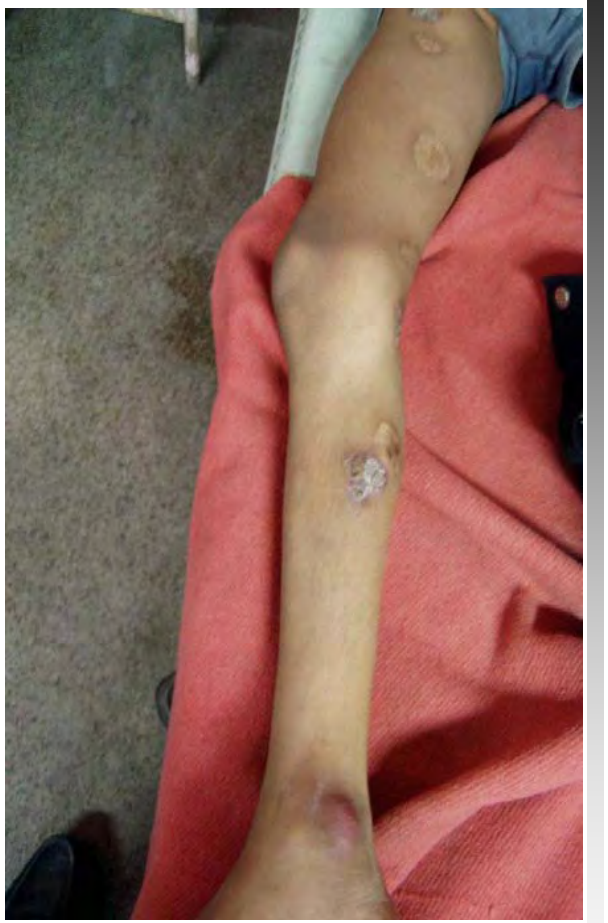
SPOROTRCHOSIS

- ETIO: *Sporothrix schenckii* (Dimorphic)
- C/F:
  - patients working with plants and *farmers*
  - follows *penetrating injury* by plant product *(thorn)*
  - months after the injury there is subcutaneous nodule which breaks down to form chronic ulcer (Fixed Cutaneous Sporotrichosis =15%)
  - Lymphangitic form (85/%) is characterized by appearance of a *chain of similar dermal nodules along the drainig lymphatics* in a linear configuration (Sporotrichoid pattern)
  - Other sporotrichoid infections: *M. marinum, kansasii*
- **LAB:** Biopsy shows *foreign body granuloma* with *cigar shaped bodies* and *asteroid bodies* surrounded by *eosinophilic material.*
- **TREATMENT:** Saturated Sol. of KI.



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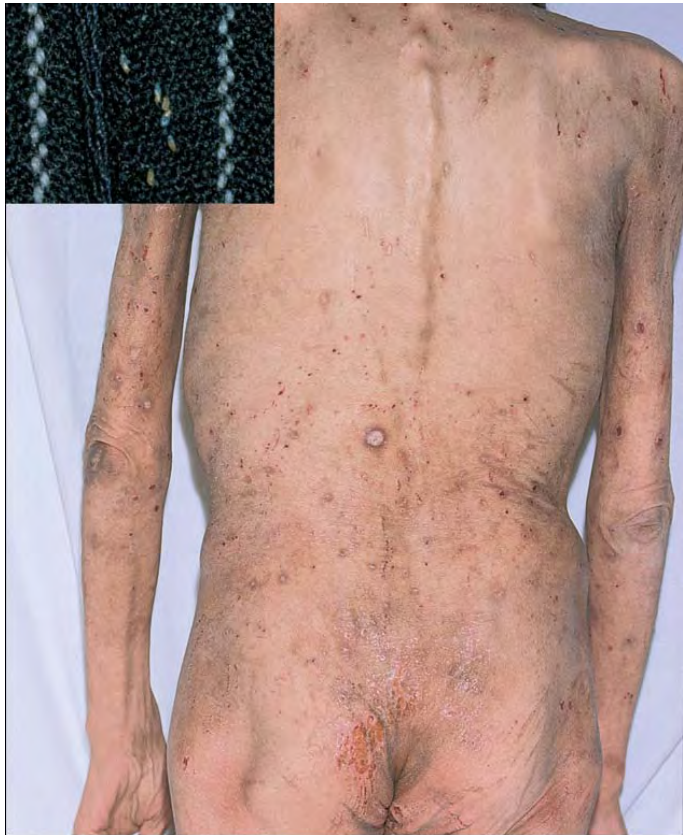
PEDICULOSIS CORPORIS

- affects the *poor and neglected* and flourishes in *overcrowded, dirty situations* →Transmission is mainly by direct close body contact or by sharing infested clothing
- **seen on the clothing only (NOT on body) esp.** the *inner lining of clothing including the seams of underpants*..
- *Intense pruritus*
- Excoriation with *secondary bacterial infection* and *hyperpigmented* changes are common.
- predilection for the *upper back.*
- **Treatment**: ***It is the clothing rather than the patients which require treatment*** →Laundering or boiling the clothing and bedding is essential. The patient should bath thoroughly with soap and water.



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PEDICULOSIS PUBIS:

- crab louse **(Phthirus pubis)**
- ***confined to the pubic and anal hair***, *but in hirsute or heavily infested patients, the chest hair, arm and leg hair, as well as the axilla, beard and eyelashes can be infested.*
- **attach themselves to hairs** with their strong back legs
- The **nits attach themselves to the hair and** probably are nourished by apocrine secretion.

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PEDICULOSIS PUBIS:

- ***all classes of society, as opposed to other varieties of lice***
- **sexually transmitted disease** although this is not always the case.
- Blue black colored pigmented macule on the sides of trunk and inner aspect of thighs **(Maculae ceruleus= taches Bleues= Tache Bleuâtres)** may be present**.**
- **Rx:**
  - **pt + sexual partners**
  - Screen for other STDs
  - SHAVING THE HAIR
  - Permethrin, lindane
  - Eyelids: permethrin or physostigmine or petroleum jelly

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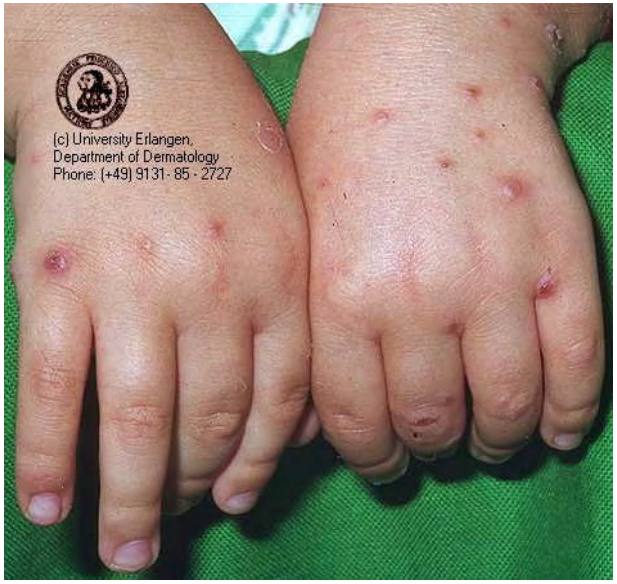
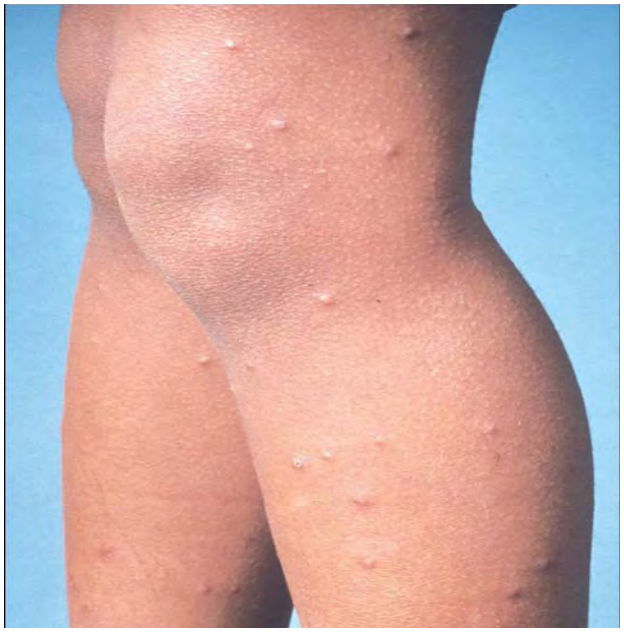
PAPULAR URTICARIA:

- **PAPULAR URTICARIA (lichen urticatus)** is a **hypersensitivity reaction pattern** to insect/arthropod bites like mosquitoes, bed bugs, other insects seen in **rainy season** etc.
- multiple, itchy, reddish and excoriated papules
- on **exposed parts of body**
- **recurrent**
- mainly in children.





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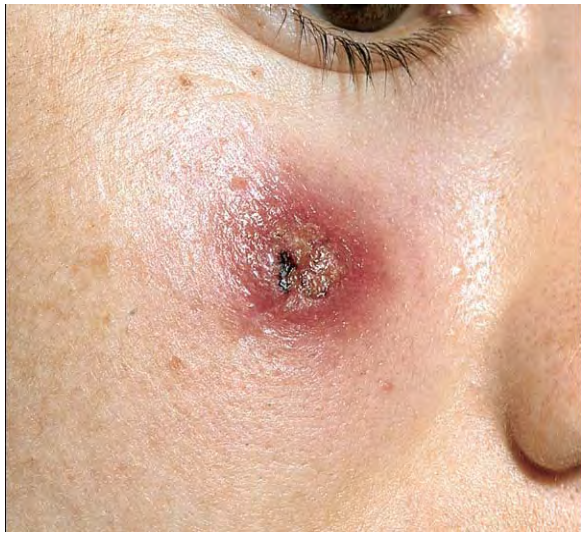
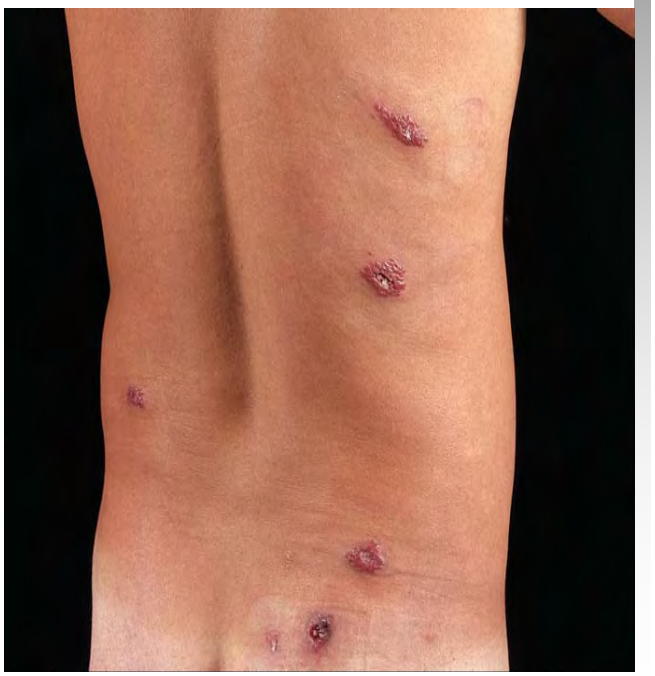
Cutaneous leishmaniasis

- OLD WORLD: *(L. major, L. tropica*):
- **Vector**: sandfly **Phlebotomus**.
- Purely cutaneous form also known as **Baghdad Boil, Oriental Sore, Delhi Boil, Kandahar sore and Lahore Sore**. (pt. from Rajasthan)
- Exposed skin of face and extremeties
- It is of two types viz. **moist or rural type** characterized by ulcer formation and **dry or urban type** with non ulcerating chronic erythematous, succulent and infiltrated nodules
- Lesions may become annular with central clearing, scarring and crusting➔ VOLCANO sign





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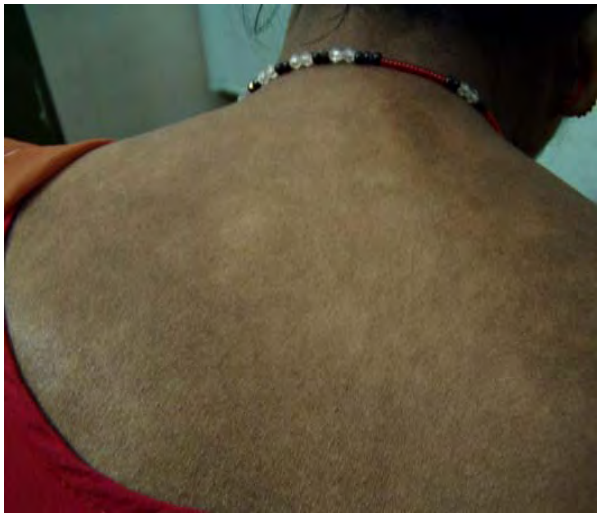
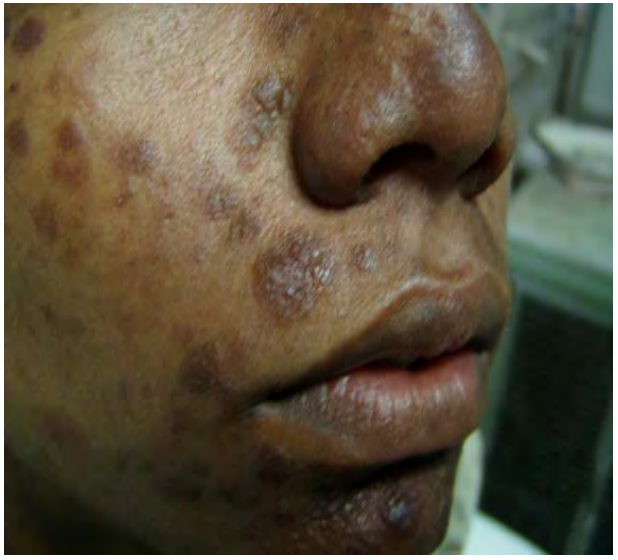
Post Kala-azar Dermal Leishmaniasis (PKDL)

- *L. donovani*
- many years after *incompletely treated visceral Leishmaniasis* patients develop *either*
  - *(a) macular hypo or depigmented macules* on face, arms and upper trunk *simulating LL Hansen's or,*
  - *(b) Warty, infiltrated papular lesions* in the central area *of face near nose and mouth* ***(Muzzle sign).***





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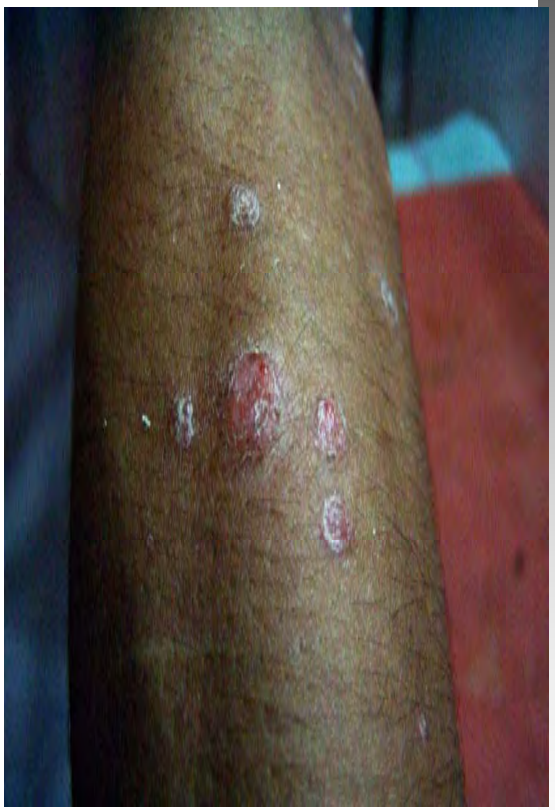
Dermatological diagnostics

- **Acetowhitening:** subclinical condylomata acuminata.
- **Diascopy (VITROPRESSION):**
  - **distinguish erythema from purpura**
  - ***Apple Jelly Nodules: Lupus vulgaris***
- **Darier's sign:** ***urticaria pigmentosa (cutaneous mastocytosis)***
- **Grattage test & Auspitz's sign:** slight scratching of a scaly lesion reveals
  - initially fine scales
  - **candle wax** scales
  - red **Berkley's membrane**;
  - **punctate bleeding points (Auspitz sign)**
- suggests of psoriasis. *(others: Darier's disease and actinic keratosis)*



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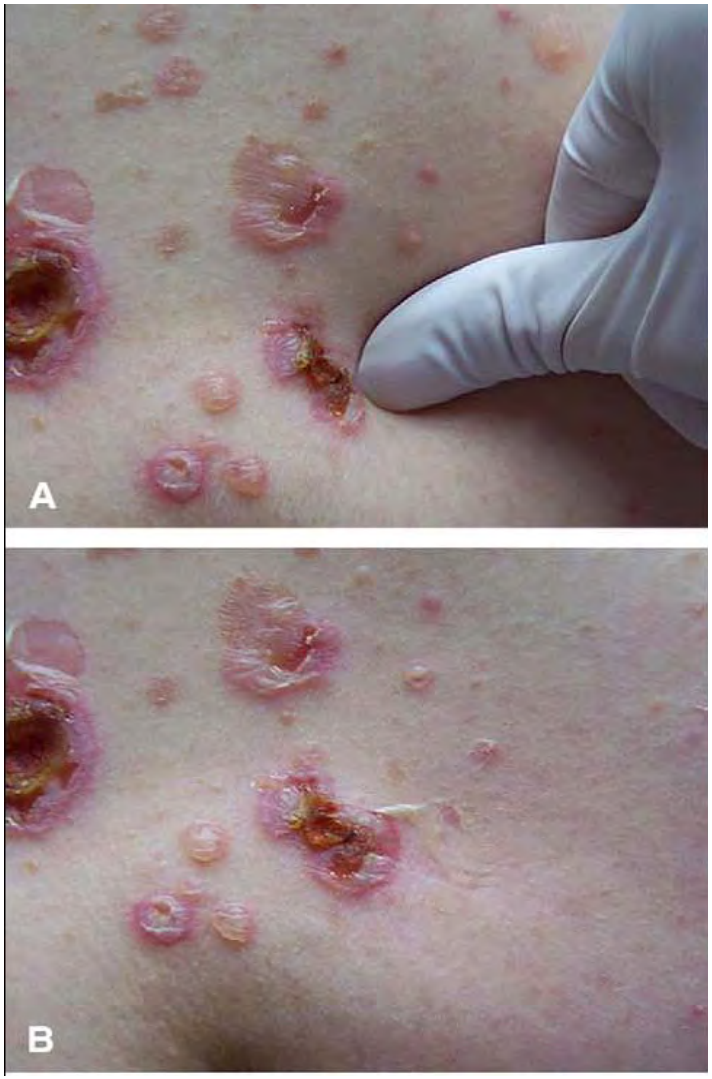
Dermatological diagnostics

- **Nikolskiy sign :** an indicator of active acantholysis➔ distinguish between intraepidermal and subepidermal blistering diseases ➔
  - Pemphigus (vulgaris/ foliaceous)
  - S.S.S.S.
  - epidermolysis bullosa
  - toxic epidermal necrolysis/ SJS (Pseudo Nikolskiy)



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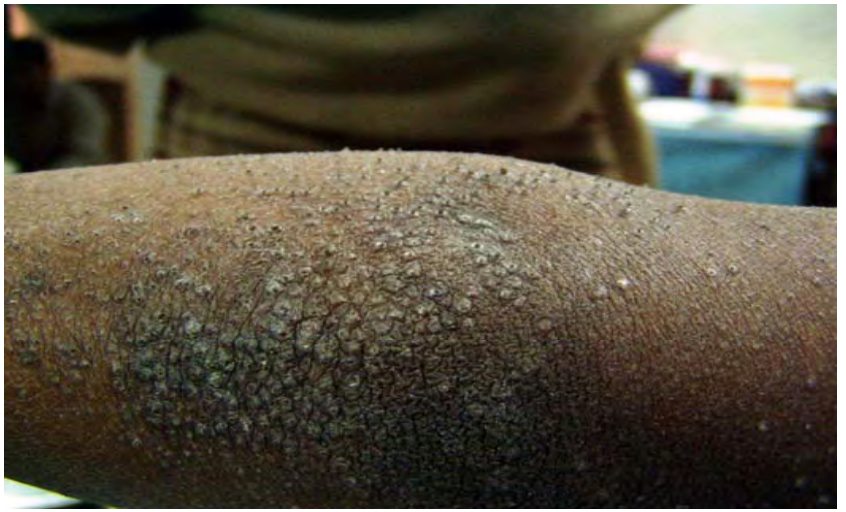
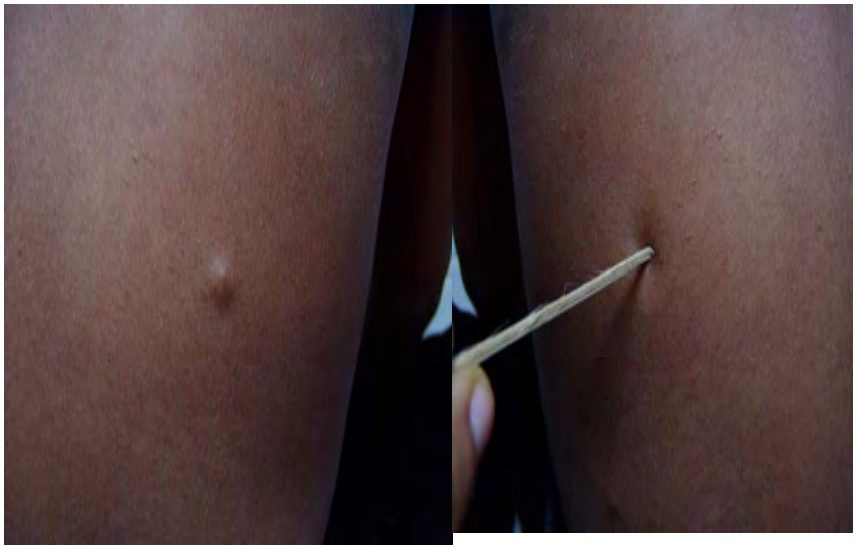
Dermatological diagnostics

- **Antenna sign:** grossly plugged follicular prominances showing a long strand of keratin protruding when examined in light seen in Keratosis Pilaris.
- **Buttonholing sign:** NF 1 (with central vertical pressure the lesion disappears under the skin)





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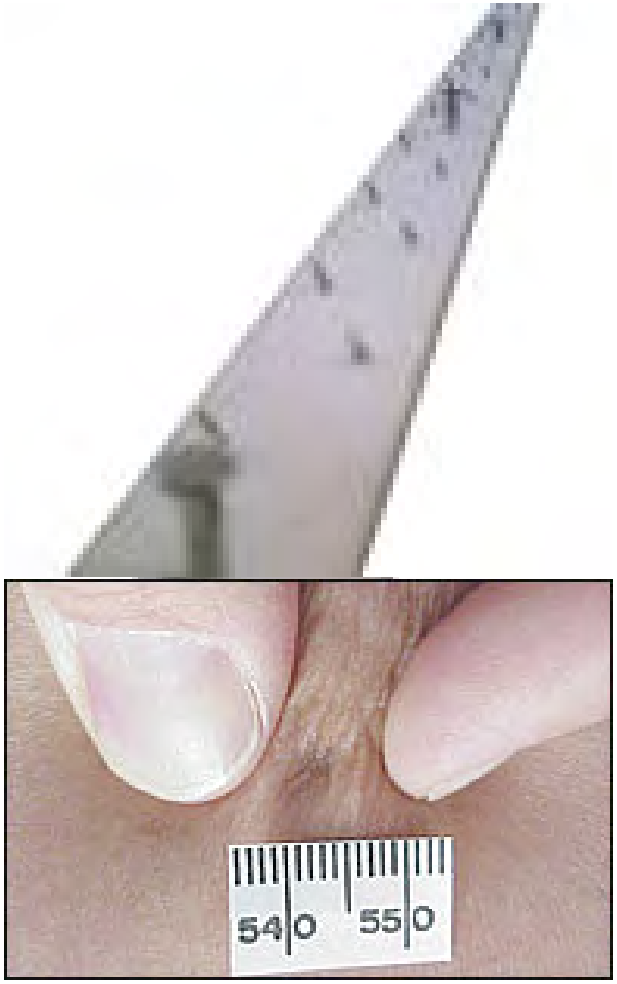
Dermatological diagnostics

Carpet Tack Sign: or carpet en tack sign: removal of adherent scales in **DLE** reveals downward projection of scales which are follicular plugs



- **Dimpling sign:** dermatofibroma.

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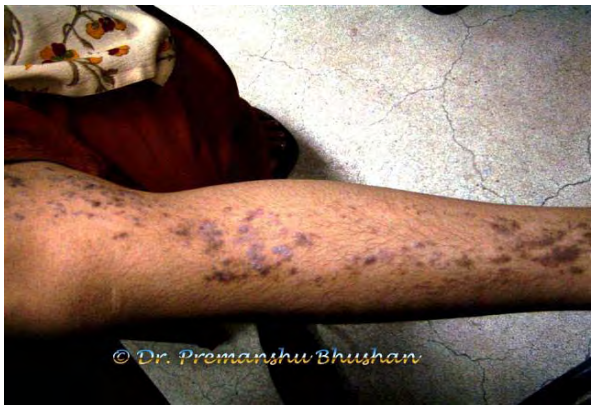
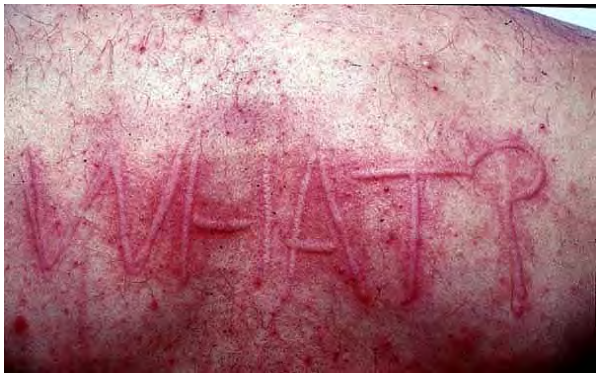
Dermatological diagnostics

- **Koebeners' Phenomenon:** Spread of lesions of same morphology **(isomorphic phenomenon)** at the site of trauma. Characteristically seen in **Lichen planus, psoriasis, vitiligo** and by Auto-inoculation in Verruca, Molluscum contagiosusm
- **Dermographism**: Physical urticaria, Normal
- **White Dermographism**: AD





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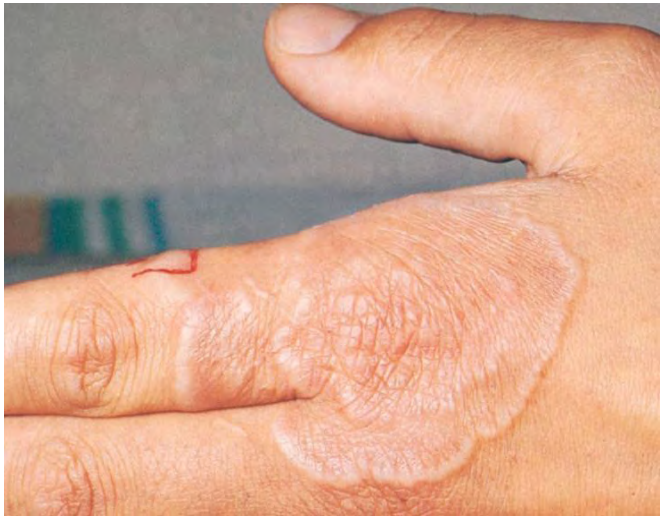
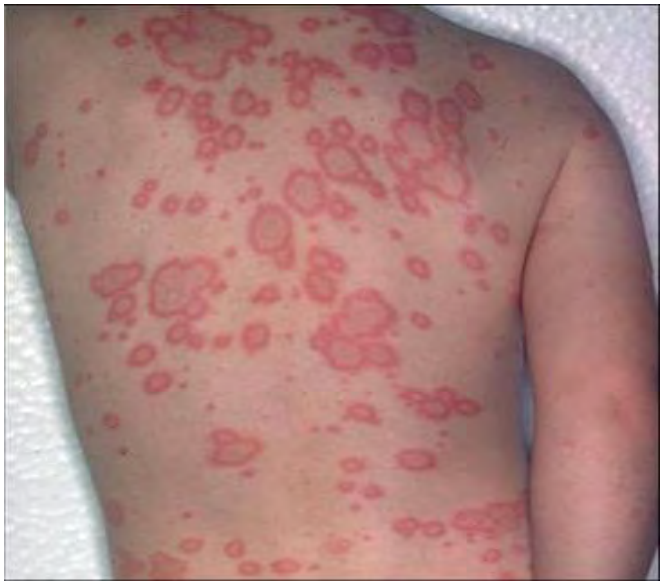
Annular/ Figurate lesions:

- **Granuloma annulare:** annularly arranged papules over dorsum of hands in diabetes.

- **Erythema annulare centrifugum:** variable causes, supposed to be a *hypersensitivity reaction* to many causes including drugs, infections and malignancies. Lesions spread centrifugally while clearing in center at a rate of around 5 mm/day with a characteristic **trailing scale.**





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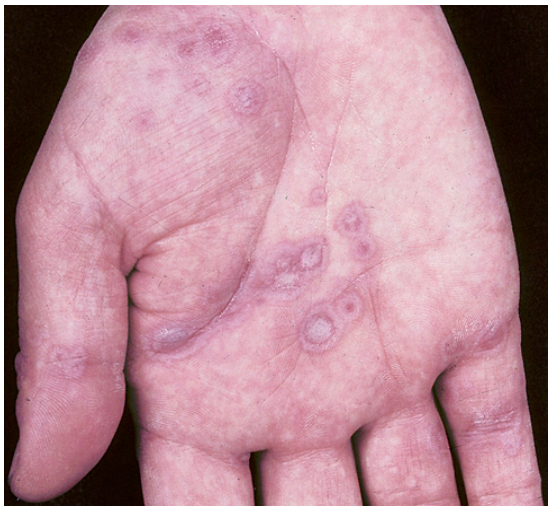
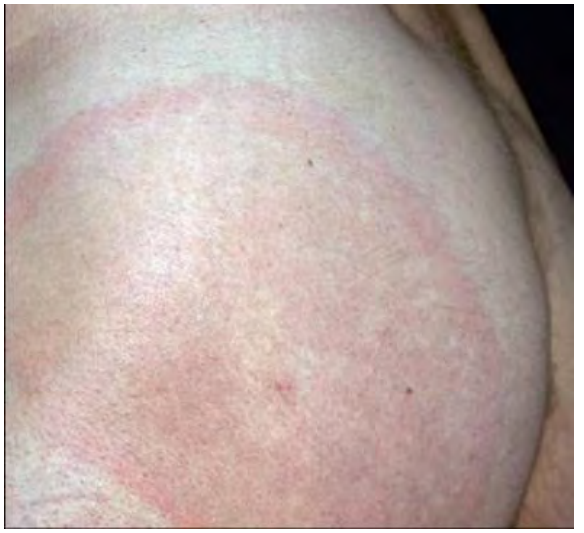
Arrangement of lesions

- **Erythema multiforme:** Target lesions, drugs and herpes/mycoplasma infections.

- **Erythema chronicum migrans:** In Lyme's disease small papules develop into gradually enlarging annular lesions and clearing from center and is long lasting (1-3 months).





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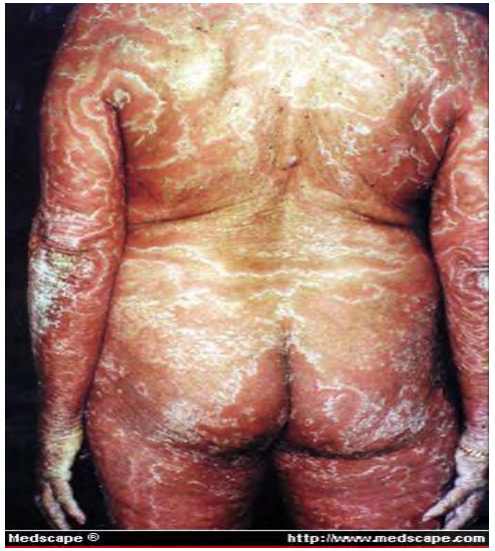
Arrangement of lesions

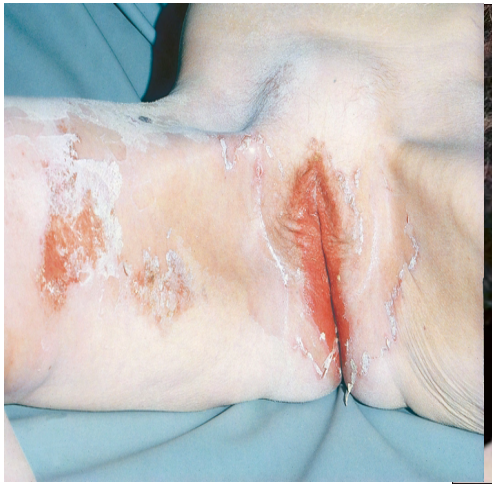
- **Erythema gyratum repens:** Associated with **malignancies** with **wood grain pattern** of rings.→ Most common : LUNG Ca

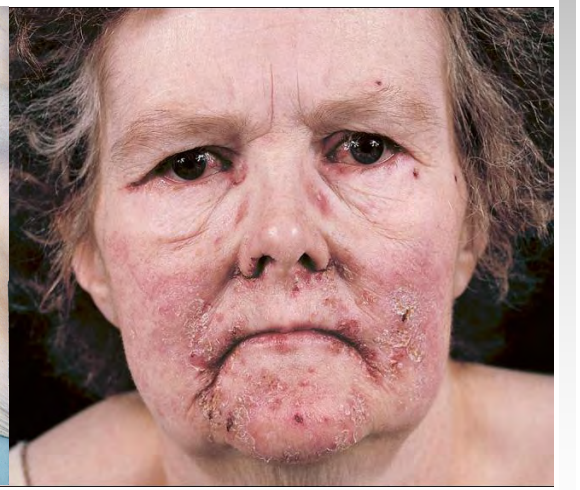
  Most characterstic: Breast Ca



·**Erythema marginatum:** In rheumatic carditis erythematous annular plaques develop on mainly trunk and extensor extremities which are transient and keep on coming and going

- **Necrolytic Migratory Erythema:** Seen in **Glucagonoma.**





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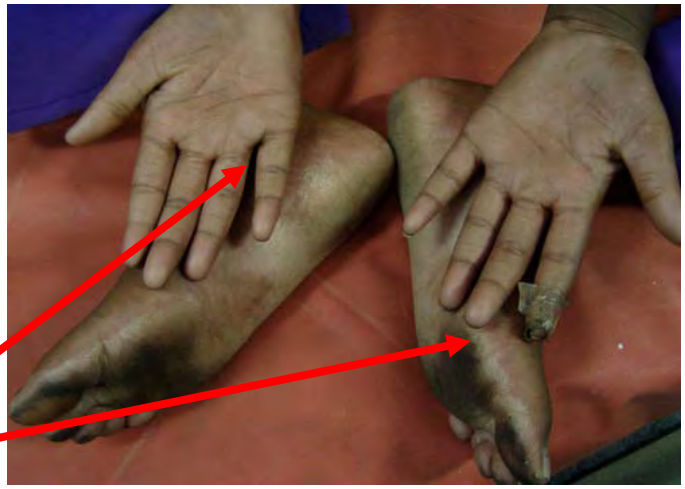
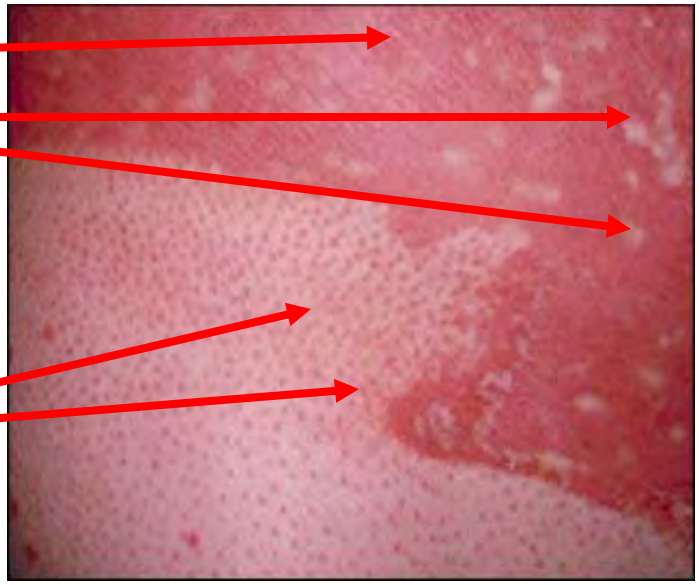
PITYRIASIS RUBRA PILARIS:

An uncommon cause of erythroderma, where the underlying defect is abnormal keratinisation:

- *Palmoplantar keratoderma (PRP Sandal)*
- Red (salmon colored) patches with islands of sparing
- Papules: perifollicular hyperkeratotic over dorsum of hands and trunk





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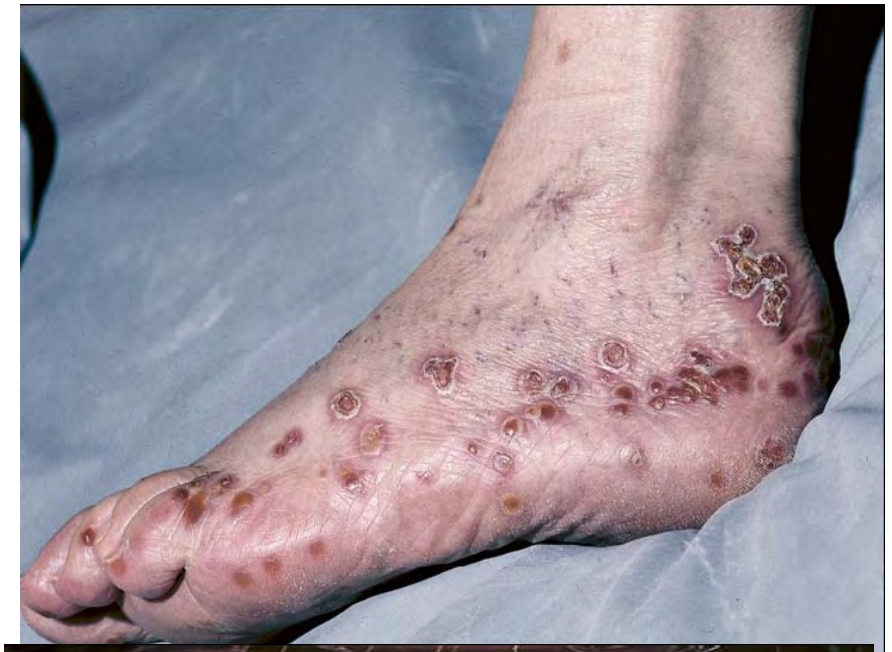
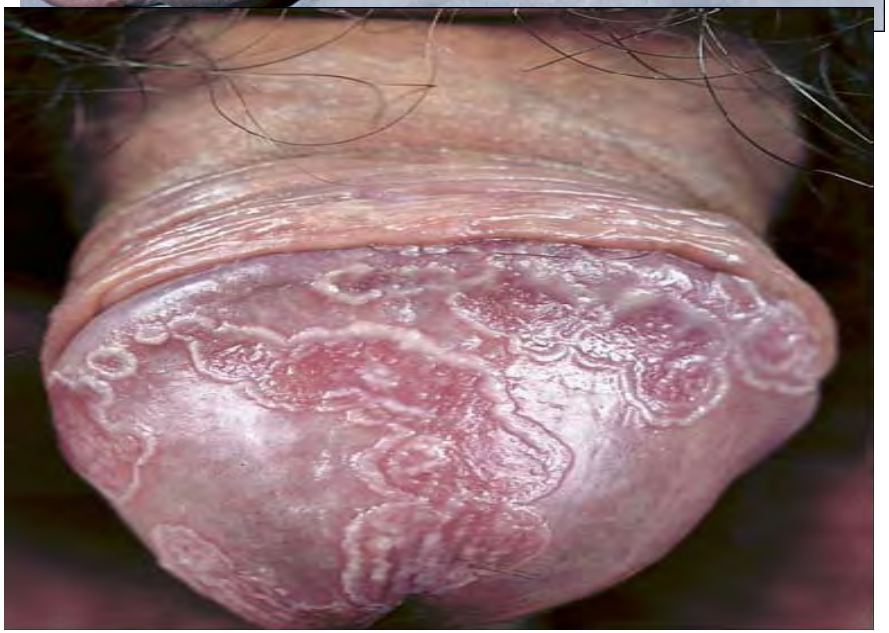
Reiter's disease

- **KDB**



- **Circinate balanitis**



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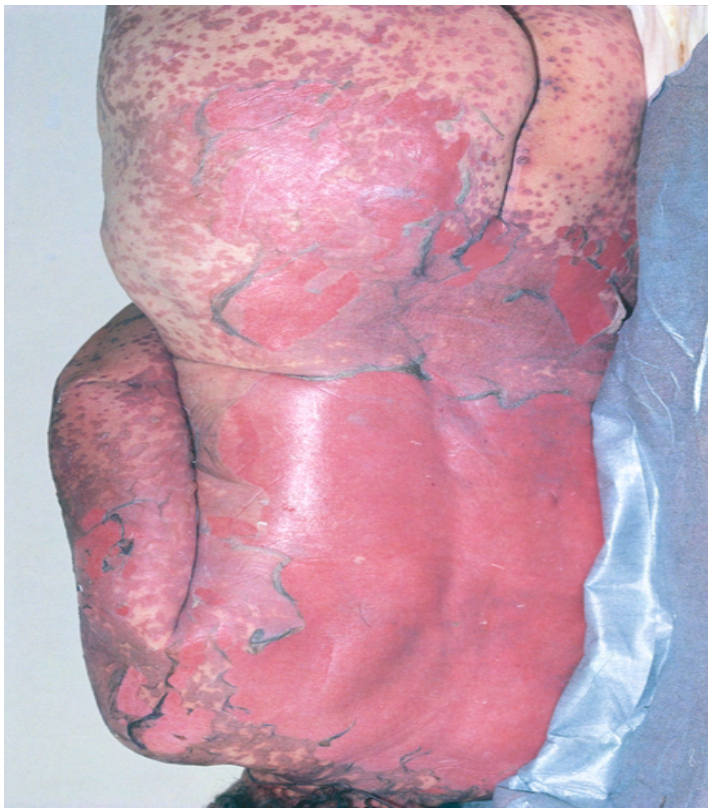

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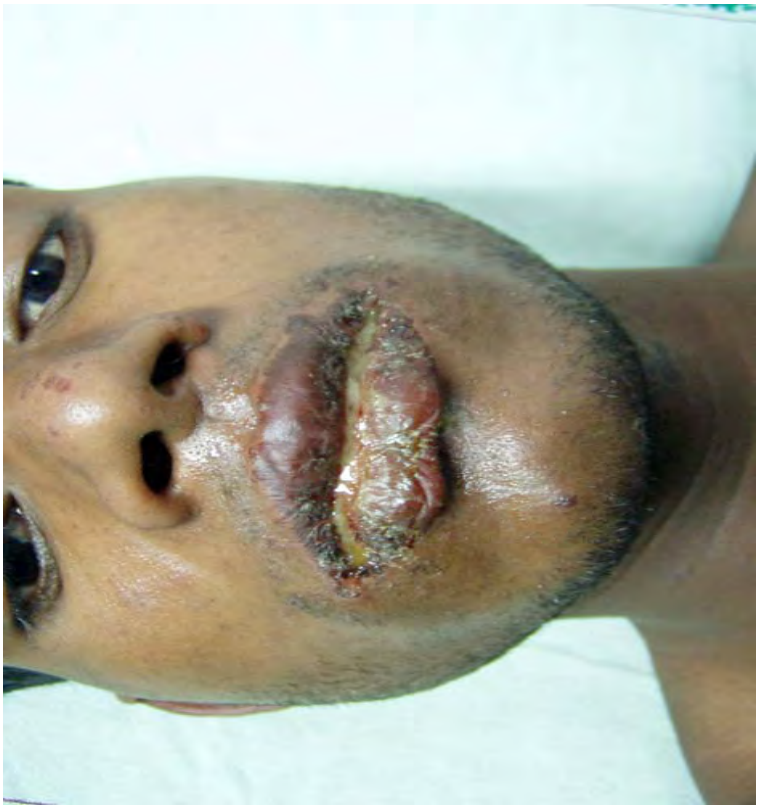

SJS/ TEN

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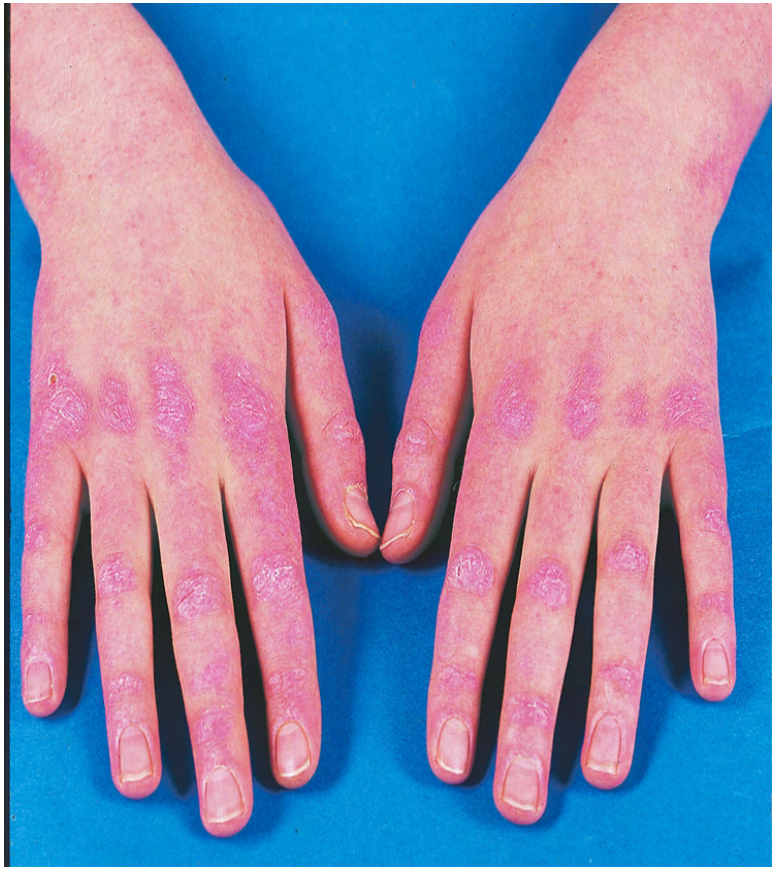
DERMATOMYOSITIS (DM)/ (PM)

SKIN: photosensitive rash

- Pathognomic skin findings:
  - GOTTRON'S PAPULES: Small violaceous to red, flat topped papules with central depression over dorsal IP and MCP joints.
  - GOTTRON'S SIGN: Confluent macular violaceous erythema (CMVE) over the same sites, Elbows, malleoli etc. (IMP: in SLE the CMVE SPARES the joints)



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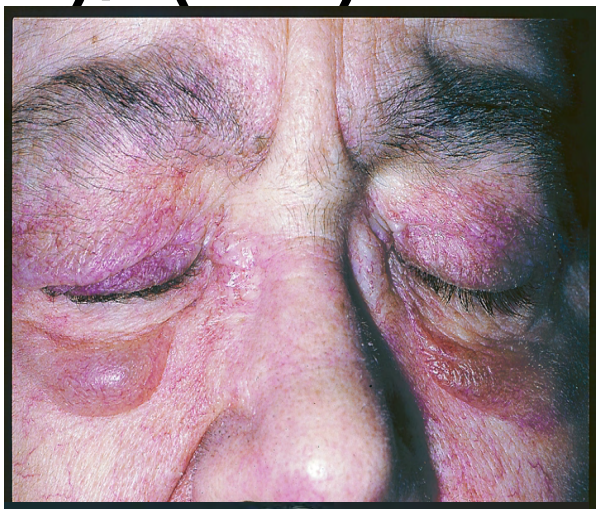
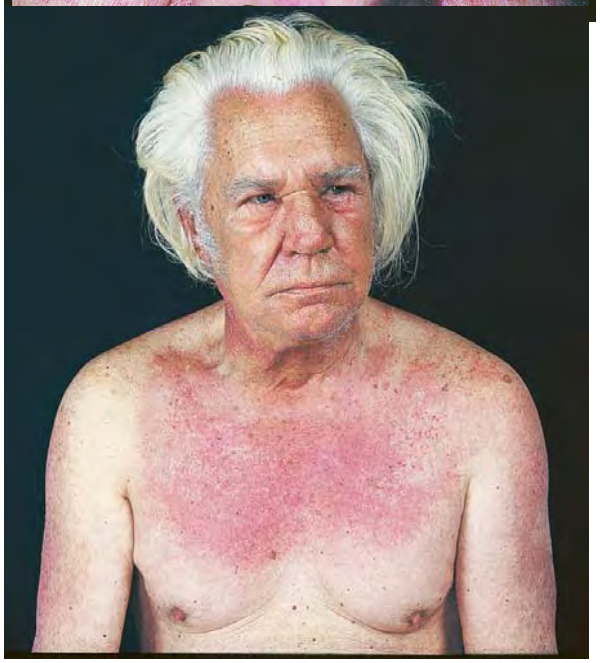
DERMATOMYOSITIS (DM)/ (PM)

- Characteristic skin findings:
  - HELIOTROPE Rash: violaceous or purplish periorbital erythema and edema
  - Nail fold telangiectasia and cuticle-dystrophy
  - V sign: CMVE in the V area of neck; SHAWL sign: CMVE over shoulder girdle
  - Linear CMVE on dorsum of hands tracking along the tendons (Dowling's lines)
  - MECHANICS' hand: non pruritic, hyperkeratotic, symmetrical, fissured, scaly and hyperpigmented hands.





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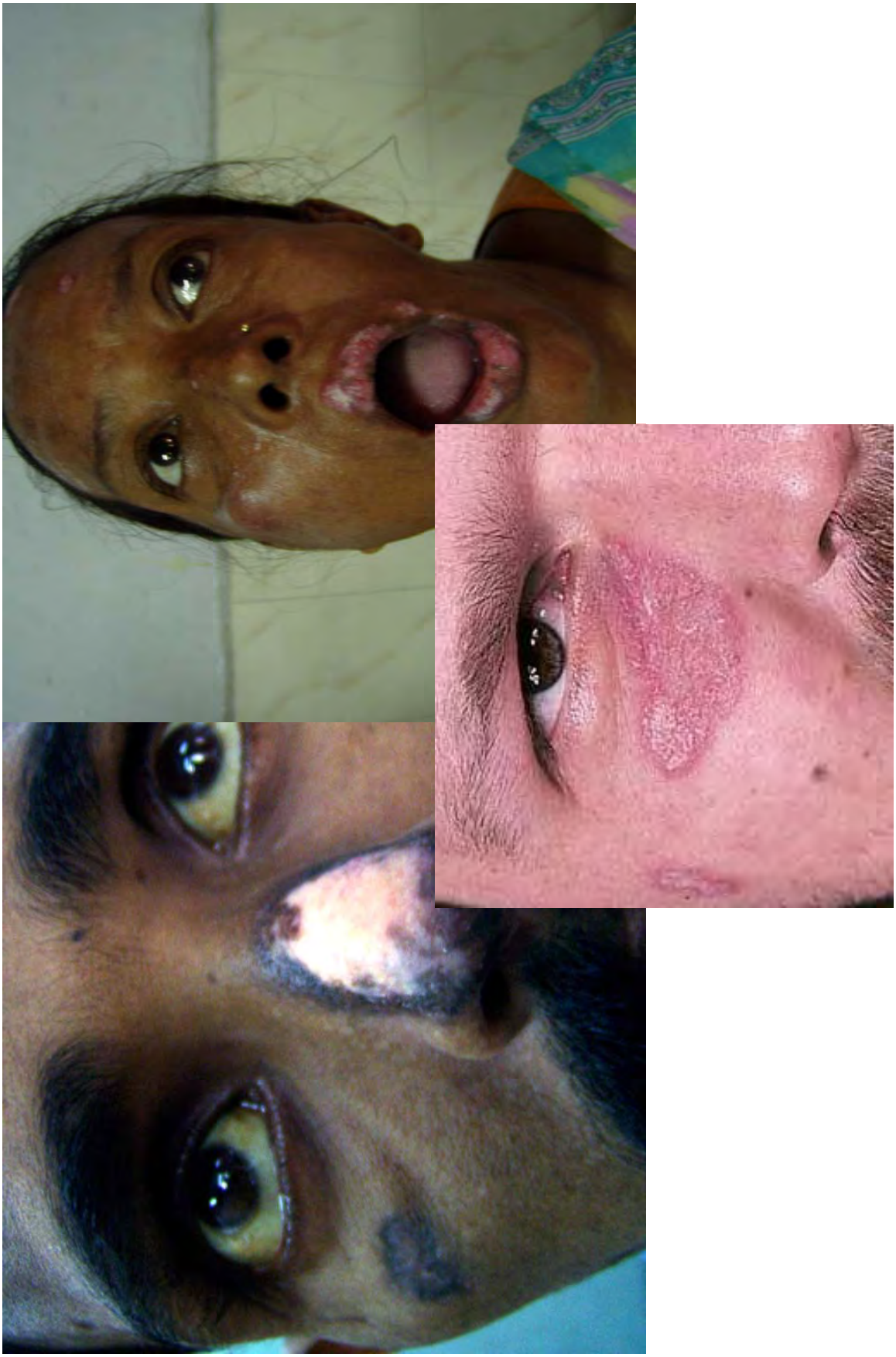
DLE: CHRONIC CUTANEOUS LE (CCLE)



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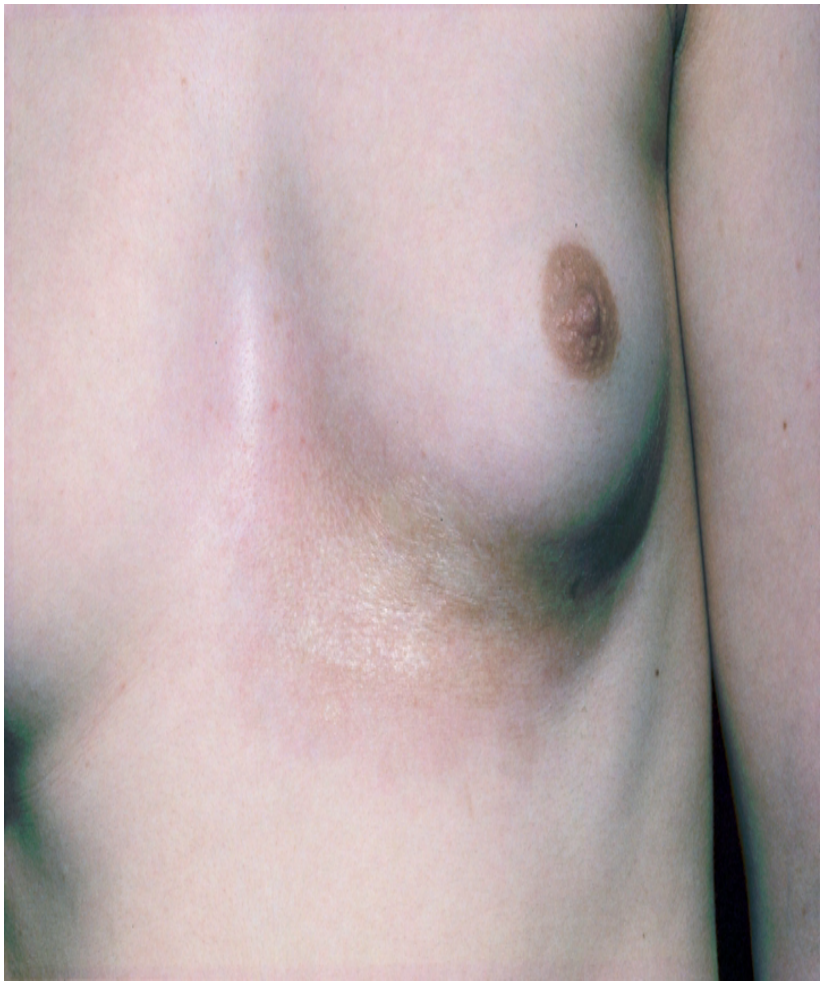
Scleroderma: MORPHEA

- Cutaneous sclerosis alone without systemic involvement.
- Ivory colored plaques with a peripheral rim of violaceous color and the surface is shiny, smooth and bound down with loss of hair (Scarring Alopecia) and sweat glands and in late stages even nerves



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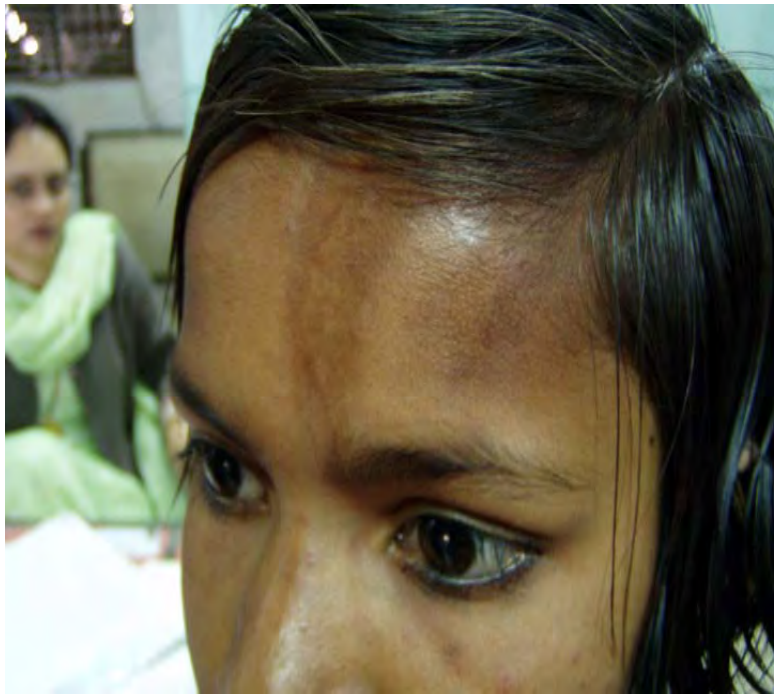
Scleroderma: MORPHEA



Types:

- **Circumscribed or localized:** usually on trunk.
- **Linear scleroderma:** upper or lower extremity especially in children.
- **Frontoparietal (en coup de sabre)**: linear scleroderma occurring on the head with or without hemiatrophy of face. PARRY ROMBERG SYNDROME: **[SAFE]** **S**eizures, **A**lopecia, **F**acial hemiatrophy **E**xophthalmos

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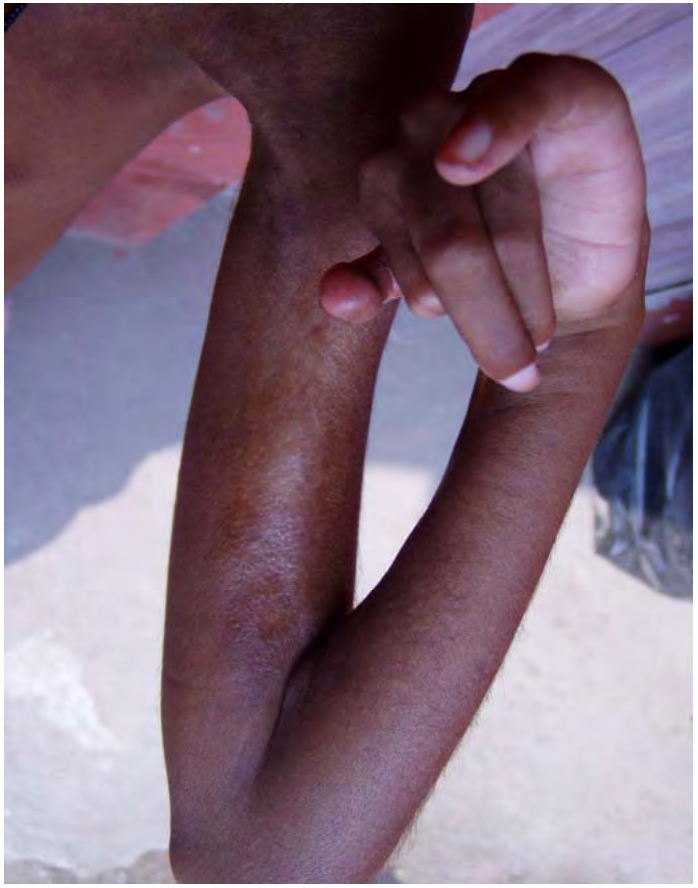
Scleroderma: MORPHEA

- **Generalized morphea:** widespread morphaeic plaques over trunk and limbs.
- **Pansclerotic (Morphea profunda):** involvement (trunk, extremities, face, and scalp, with sparing of fingertips and toes) of **dermis, fat, fascia, muscle, bone.** Mostly seen with linear morphea. Can lead to severe contractures and disability.



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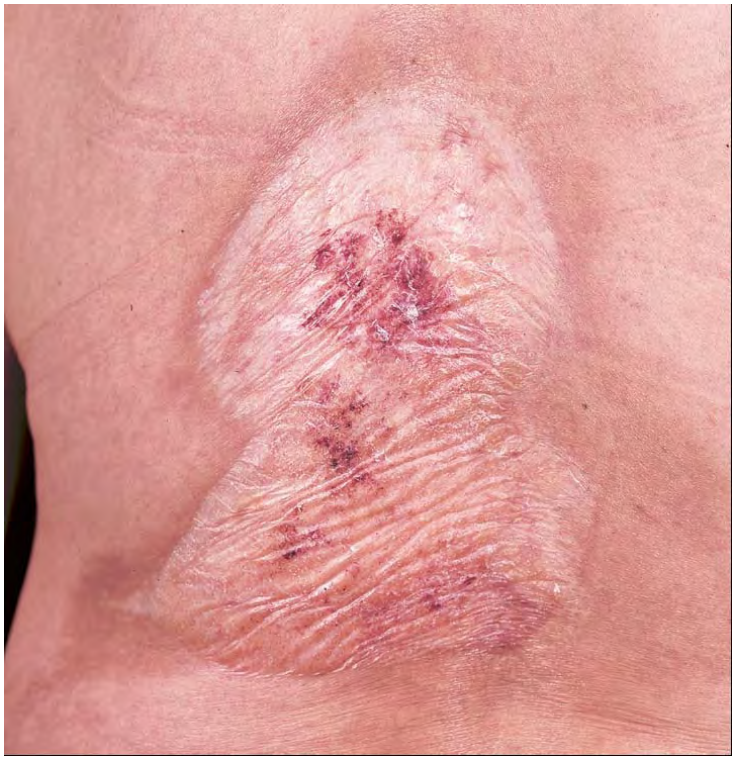
LICHEN SCLEROSUS ET ATROPHICUS (LSA):

- **atrophic, porcelain-white, angular, well-defined, indurated papules or plaques,** and characteristic follicular dilatation & keratotic plugs, known as ***dells*** occurring most commonly on the **ANOGENITAL SKIN** of both sexes. It is more common in females than males (10:1).
- The ***epidermal changes differentiate it from morphea.***



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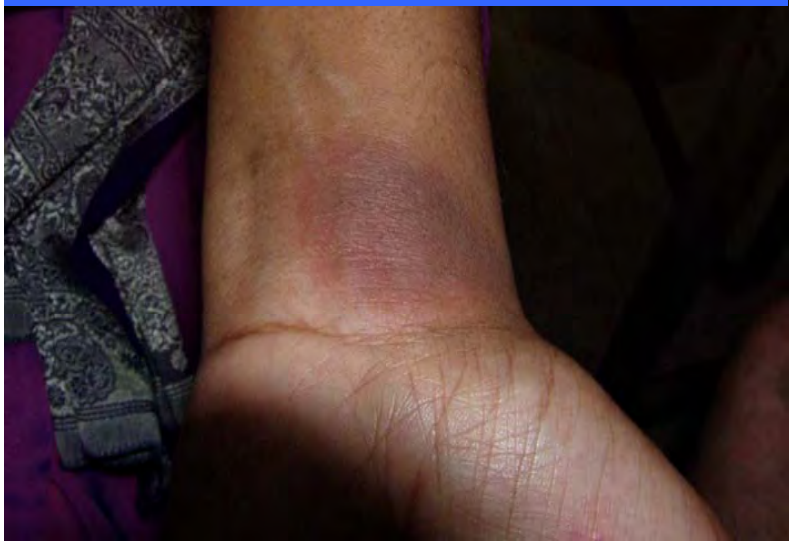
Fixed drug eruption

- Persistent purplish erythema that lasts 4-8 weeks, can be bullous and recurs at the same spot on taking the drug again
- Heals with hyperpigmentation
- Genitals and acral extremities

- Drugs commonly implicated:
  - **Barbiturates**
  - **OCP**
  - **NSAIDs**
  - **Foscarnet (penile ulcers)**
  - **Sulfonamides**
  - **Phenolphthalein**
  - **Allopurinol**
  - **Dapsone**

BOND
Fixed
Shiny
PAD



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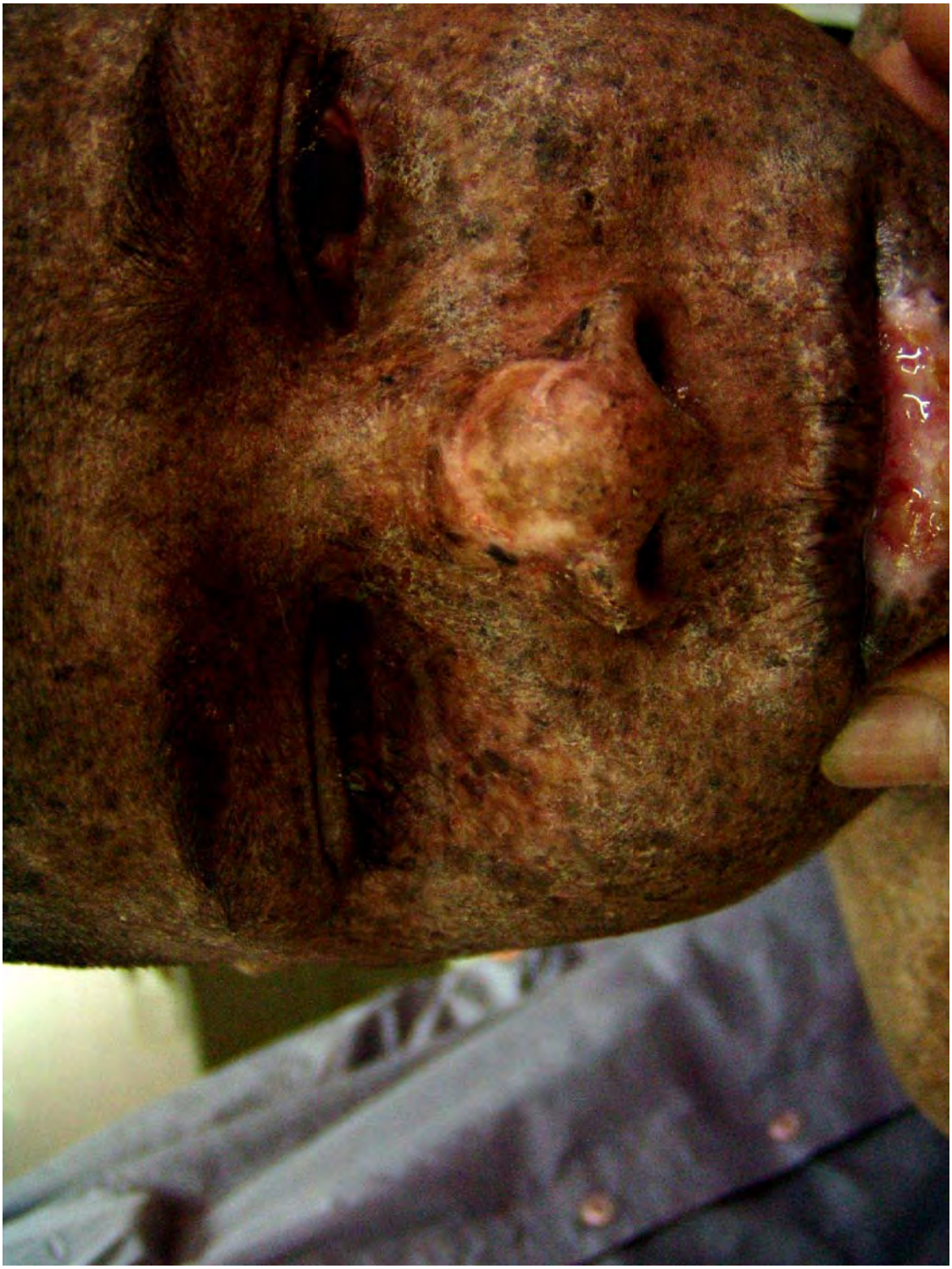
Xeroderma pigmentosum: (AR)



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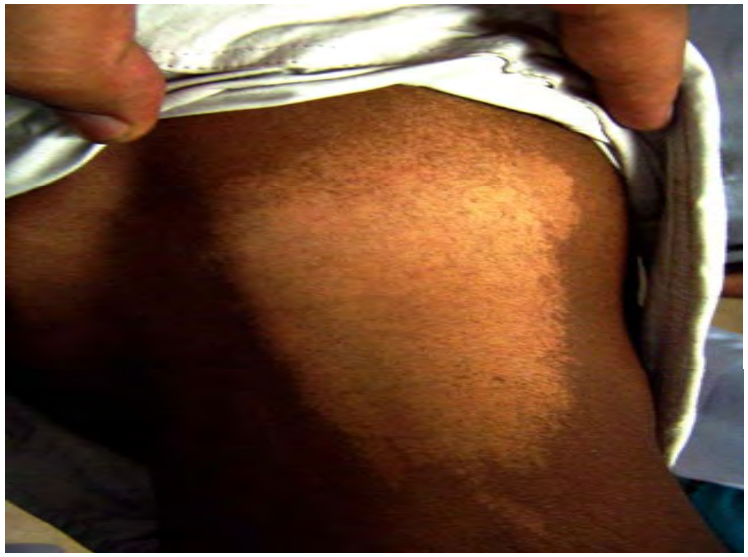
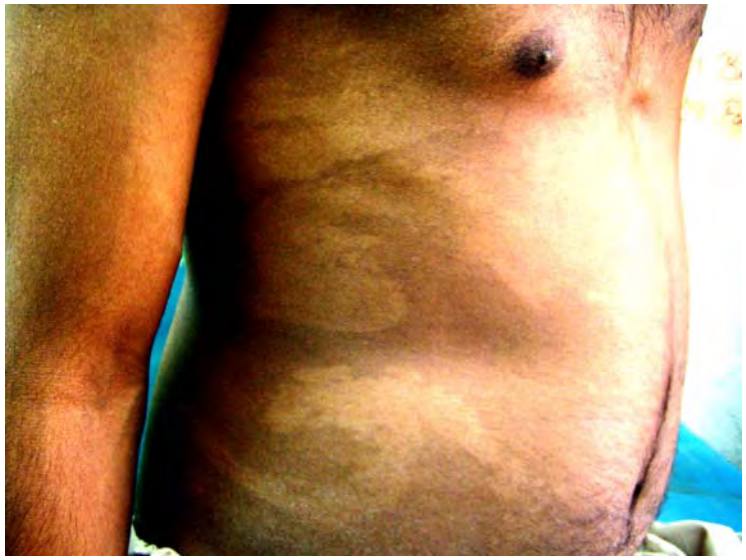
Melanopenic diseases

- **Nevus depigmentosus (Achromicus):** stable, congenital, off-white macules, unilateral, may have rounded borders or irregular along lines of Blaschko but usually without underlying skeletal or other abnormality.
- **Hypomelanosis of Ito:** bilateral, along embronal skin fusion lines **(Blaschko's lines), marble cake pattern or fountain-spray pattern;** 60 to 75% have systemic involvement—CNS, eyes, musculo-skeletal system.





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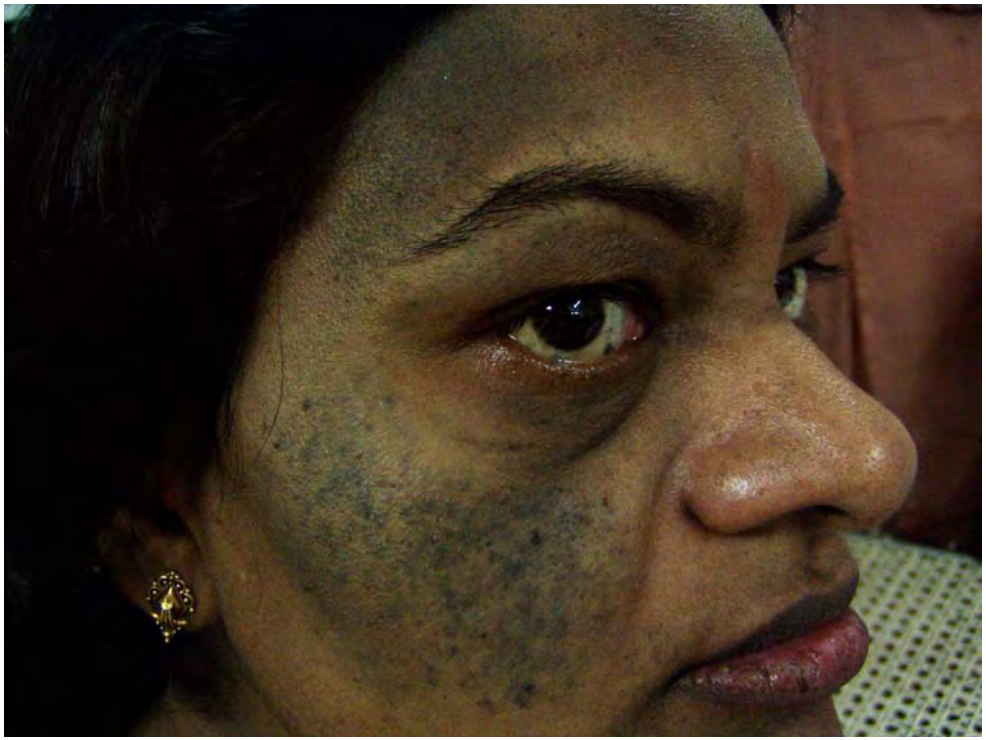
Dermal Melanocytosis: Hamartomas



- Nevus of Ota: periorbital speckled slate gray pigmentation➔ PERSIST
- Nevus of Ito: similar pigmentation of the acromioclavicular areas: PERSIST

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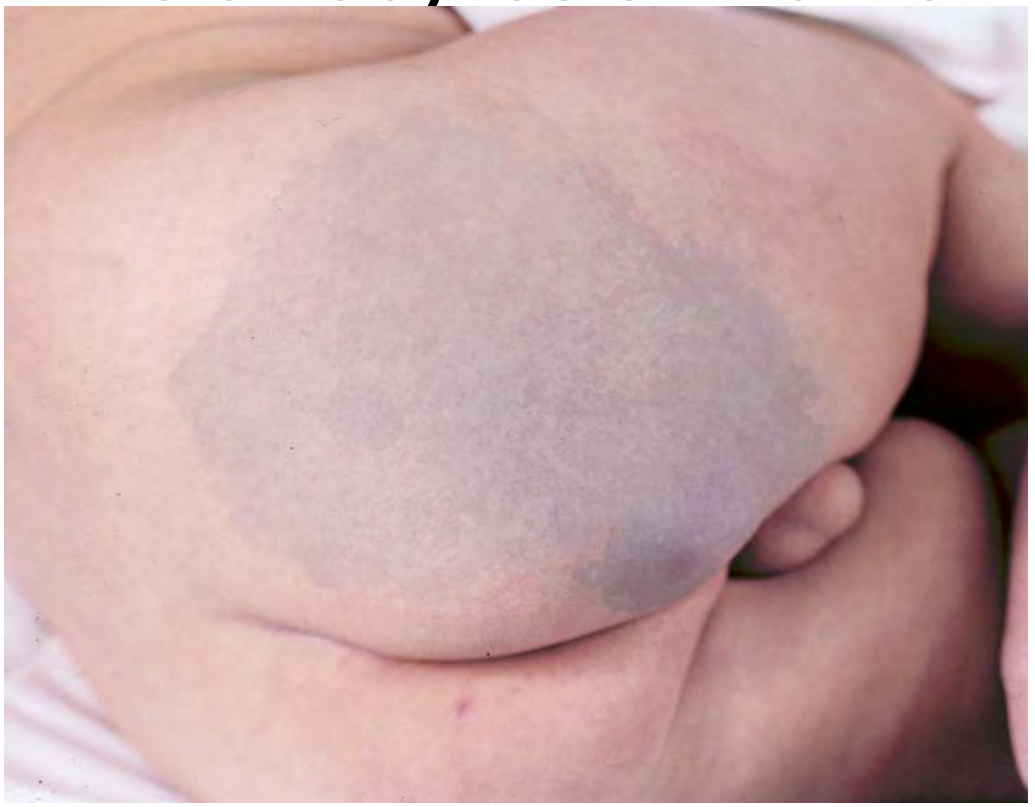
Dermal Melanocytosis: Hamartomas



- Mongolian Spots: congenital gray-blue macular lesions, which are characteristically located on the lumbosacral area in ~80% of Asians and disappear in early childhood

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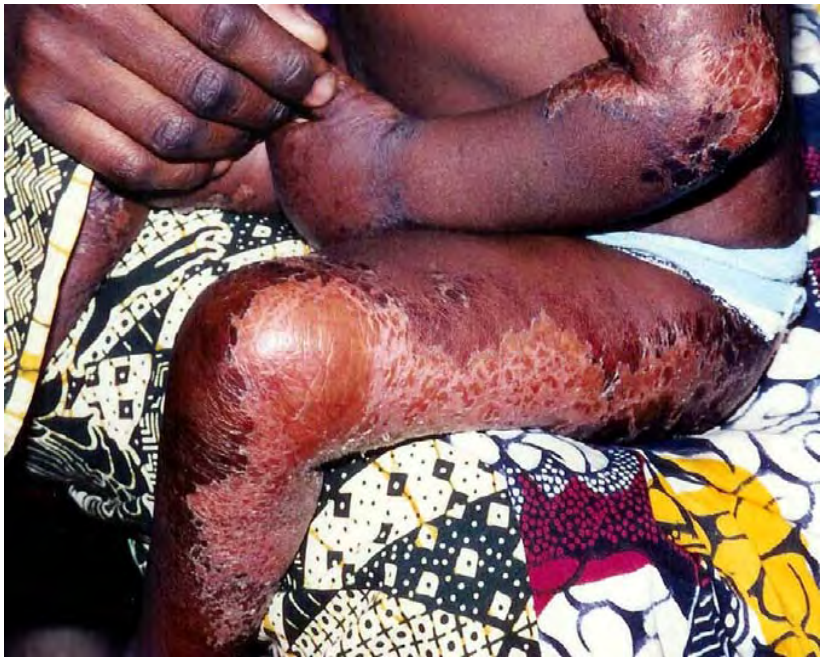
Nutritional dermatoses:

- Kwashiorkor:
  - Flaky or enamel paint dermatosis and flag sign
- Vit A defeciency and EFA def:
  - PHRYNODERMA
- Riboflavin def:
  - Deficiency causes Keratoconjunctivitis, Angular stomatitis, Chelitis, Perleche and smooth tongue. It can also cause genital scaly and patchy rashes. **(Oro-Oculo-Genital syndrome).**



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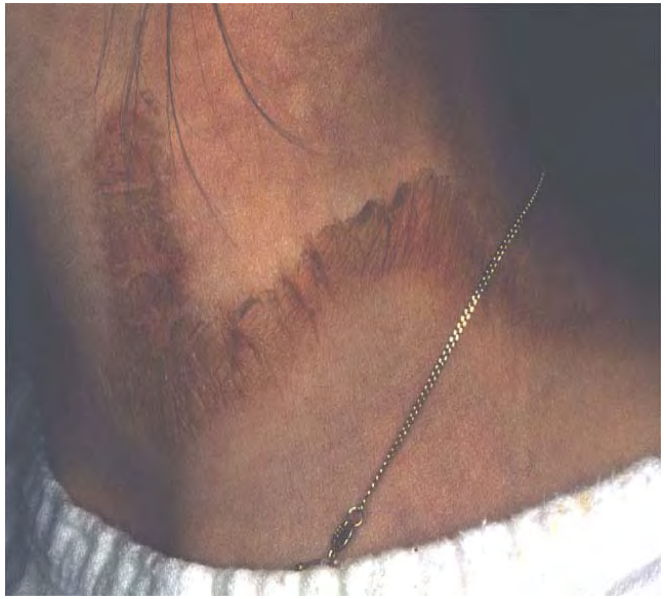
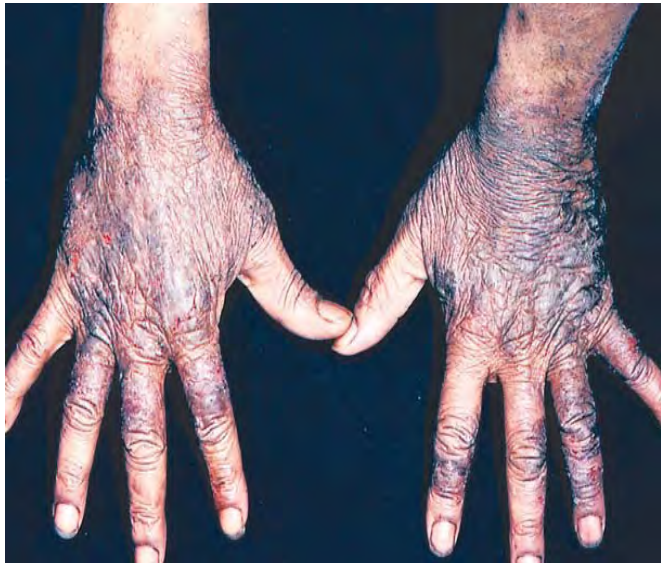
Nutritional dermatoses:

- Niacin def: pellagra:
  - Diarrhoea, Dermatitis and Dementia
  - symmetric, photosensitive and photo-exacerbated rash
  - initially diffuse erythema with itching ➔ vesicles which lead to heavy, Dry-Brown crusting, Hyperkeratosis and lichenification on being ruptured.
  - The rash on neck is called **“Casal’s Necklace”** while that on the dorsum of hands are called the **“Glove” or “Gauntlet” of Pellagra**. (Similarly **Boot of Pellagra** over feet.)





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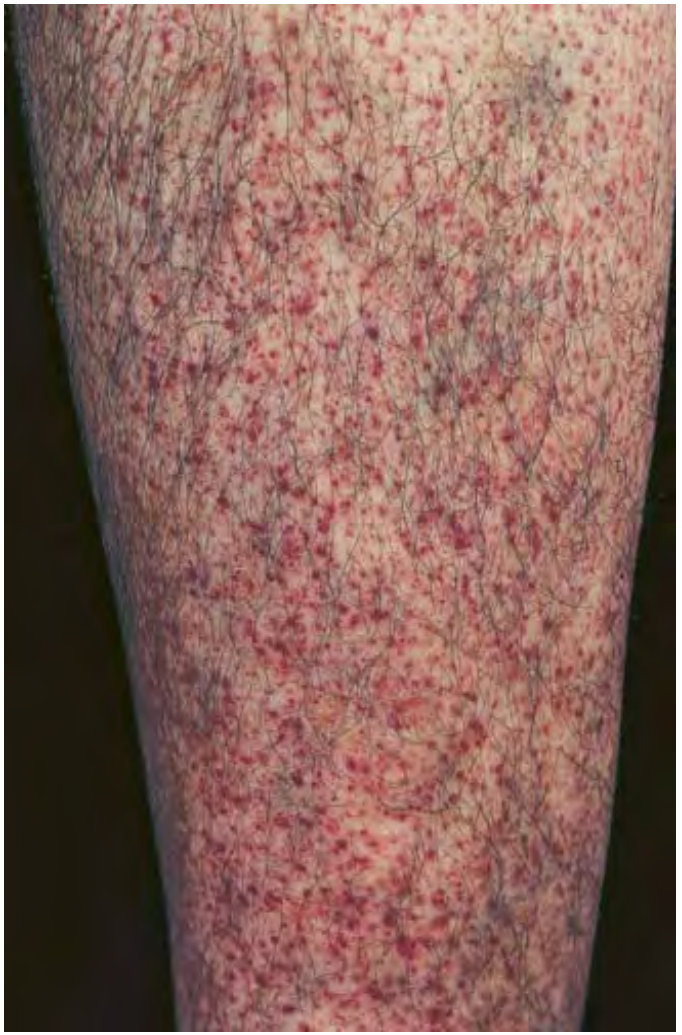
Nutritional dermatoses:

- Vit C def: SCURVY
  - **H**emorrhagic signs: includes hemorrhagic gingivitis, perifollicular petechiae and subperiosteal hemorrhages leading to pseudoparalysis in childhood.
  - **H**yperkeratosis of hair follicles: Presents as rough, pointed, follicular papules the hair of which has a **"swan-neck"** or **"Cork-Screw"** appearance mainly over upper arms, buttocks, thighs, calves, shins etc.
  - **H**ematologic abnormalities: Anemia, ↑capillary fragility test etc.



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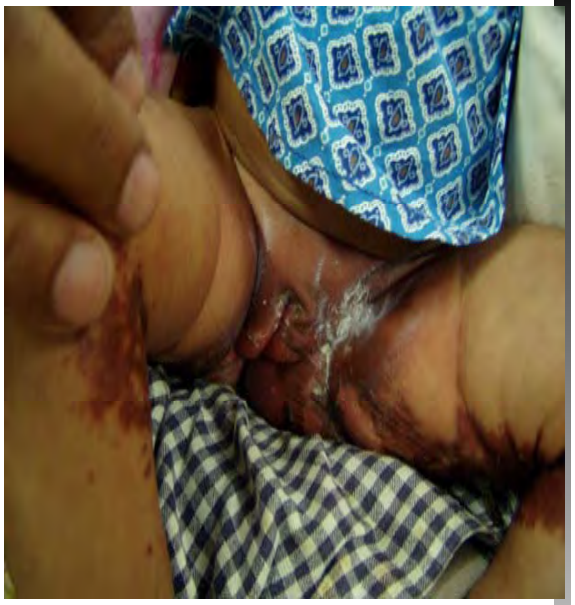
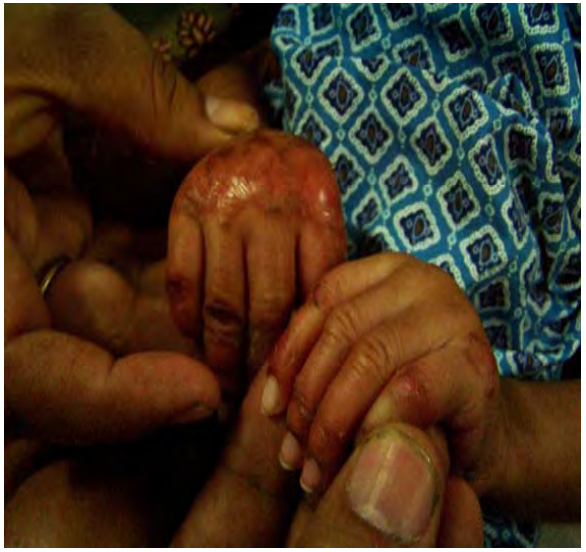
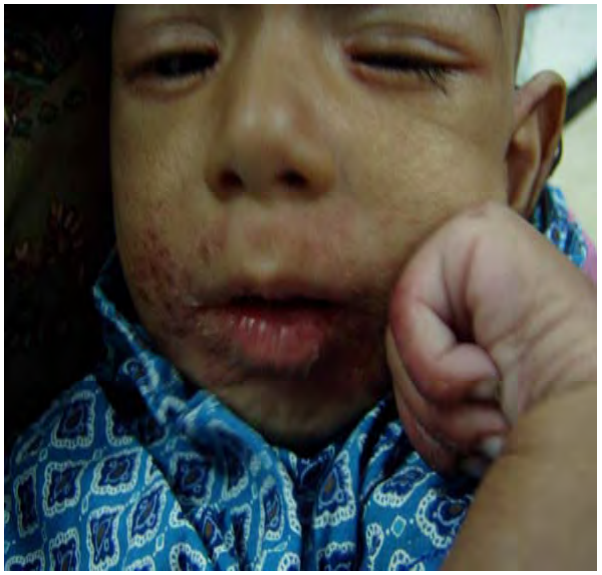
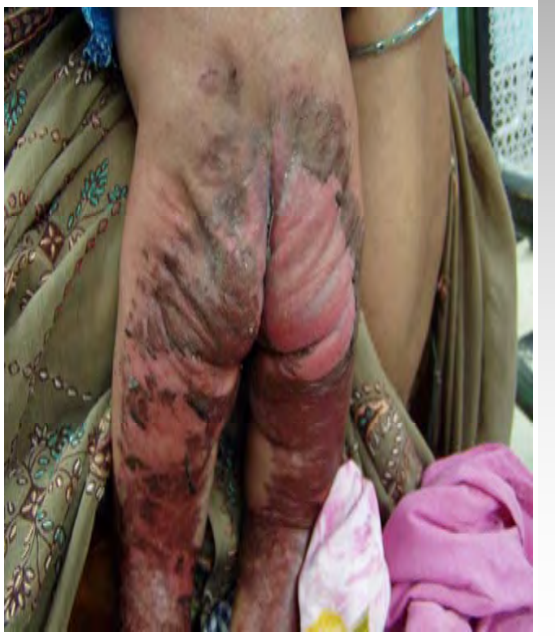
Nutritional dermatoses:

- Zn def: Acrodermatitis enteropathica (AR)
  - Diarrhea, Alopecia and Dermatitis
  - periorificial & acral moist, crusted with large erosions and peripheral scales.
  - Low serum zinc levels but inc on oral dosing
  - ZEBRA STRIPED Hair









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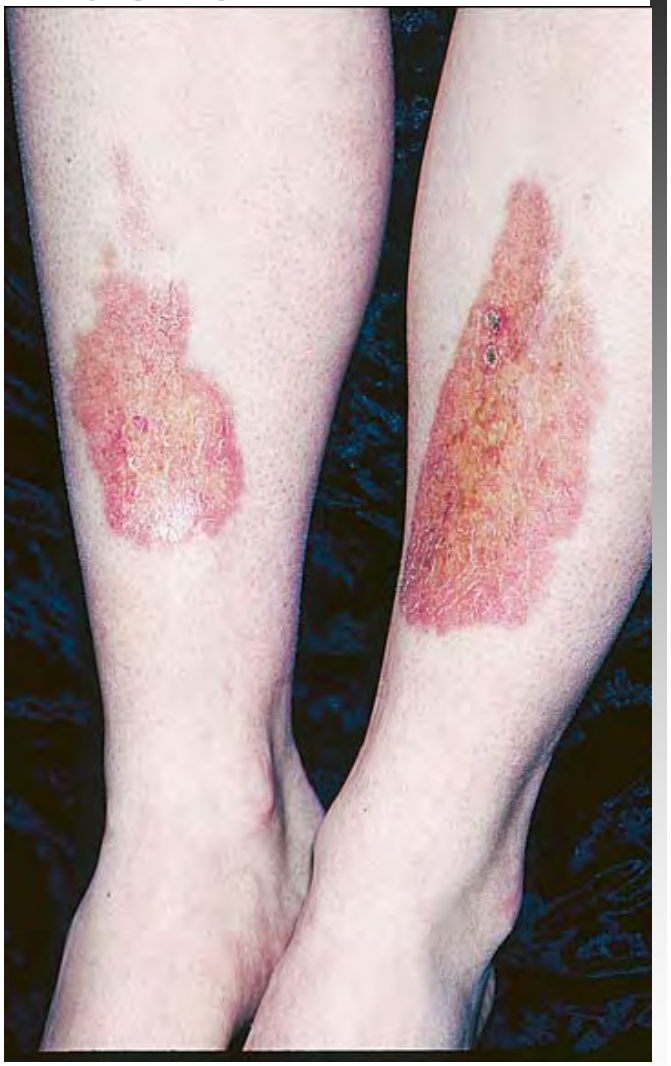
Necrobiosis lipoidica diabeticorum

- More common in young female diabetic patients.
- **symmetrical, well defined, irregular, brown-red plaques on both shins** and feet. Sometimes, it may appear on the face, arms and trunk. The epidermis is **atrophic and delicate vessels** occur over the surface. Chronic stage may present as Ulcers.
- **Treatment** : unsatisfactory; I/L steroids
- Does not correlate with normalization of hyperglycemia.



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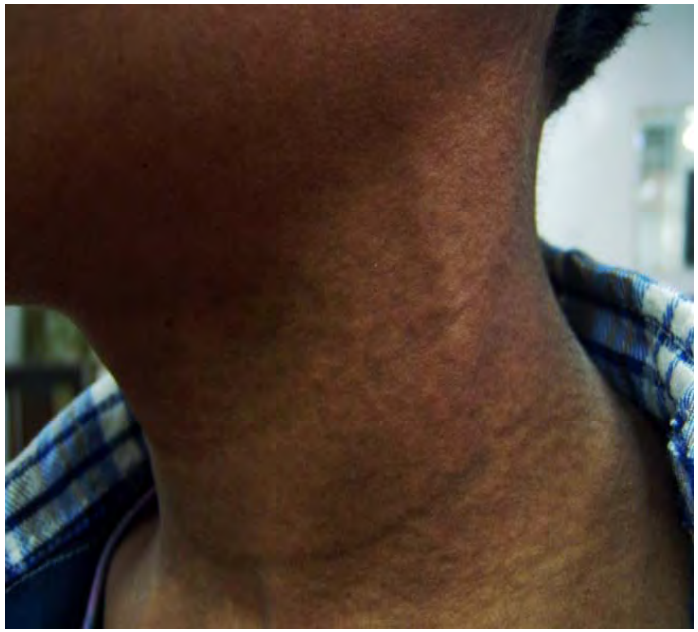
Pseudo Xanthoma Elasticum

- Defective elastin
- distinctive peau d'orange surface pattern resulting from closely grouped clusters of yellow (chamois-colored) papules in a reticular pattern on the neck, axillae, and other body folds
- Angioid streaks and hemorrhages in retina



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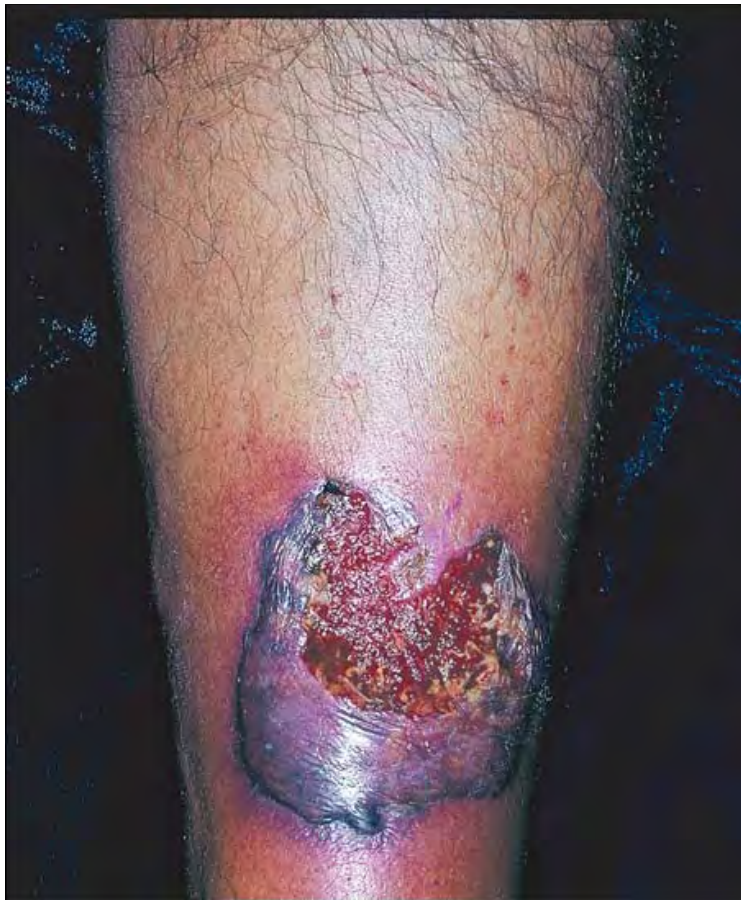
Neutrophilic dermatosis

- Pyoderma gangrenosum presents with chronic painful ulcers with irregular geographical borders
- MC on legs
- Associated with Ulc. Colitis and Crohn's



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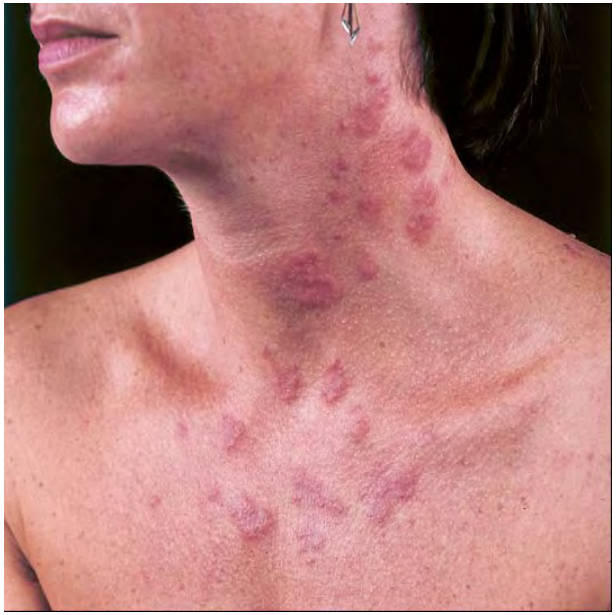
Neutrophilic dermatosis



Sweets Syndrome:

- ***Associated with***
  - ***Idiopathic***
  - ***Infections***
  - ***Drugs***
  - ***Malignancies (leukemias)***
  - ***IBDs & other autoimmune diseases***
  - ***Pregnancy***
- ***Acute, Febrile neutrophilic dermatosis***
- ***Skin lesions are tender, erythematous asymmetrical papulo-nodules which at times may look pseudovesicular***
- ***Wonderful response with STEROIDS & Potass. Iodide***

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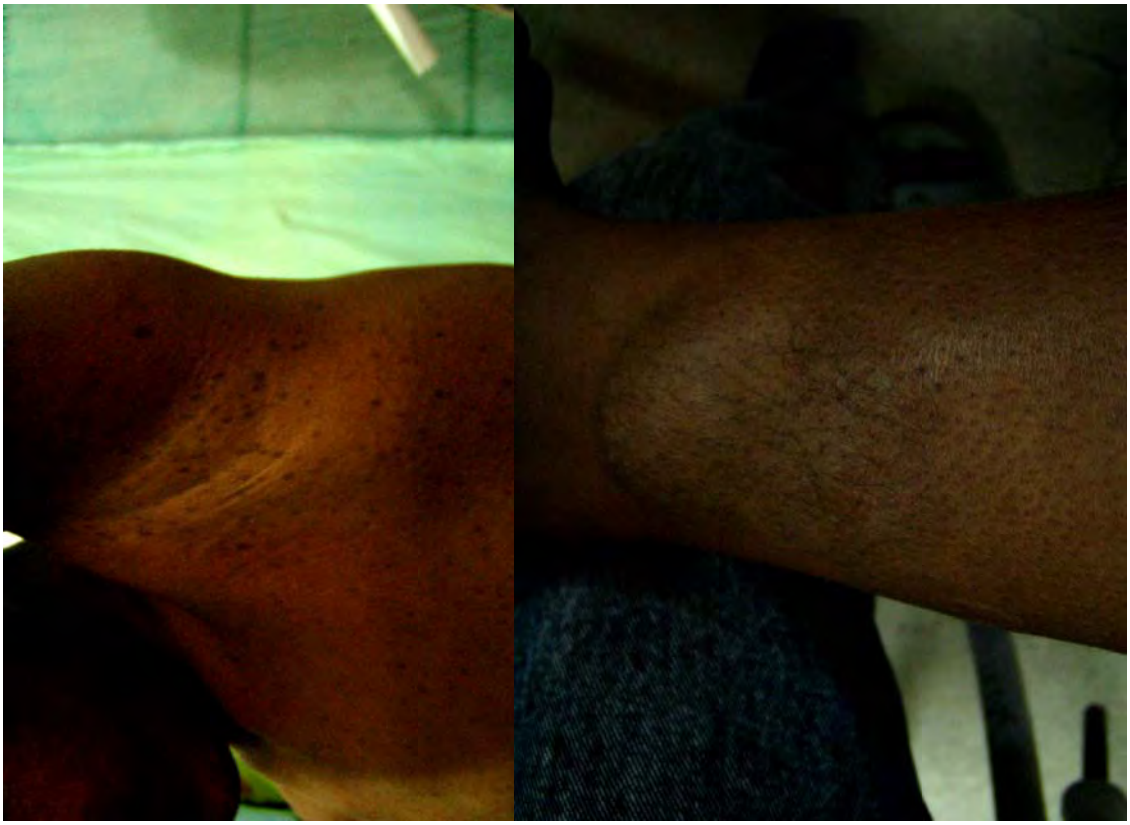

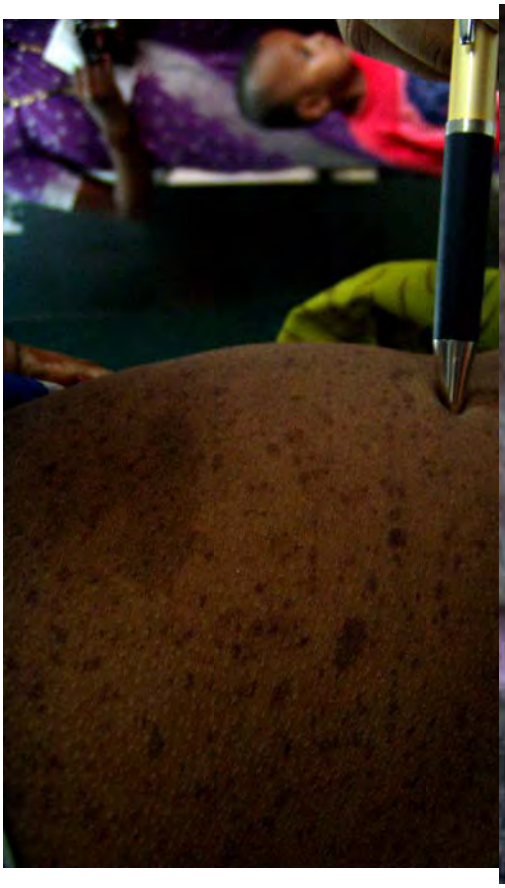

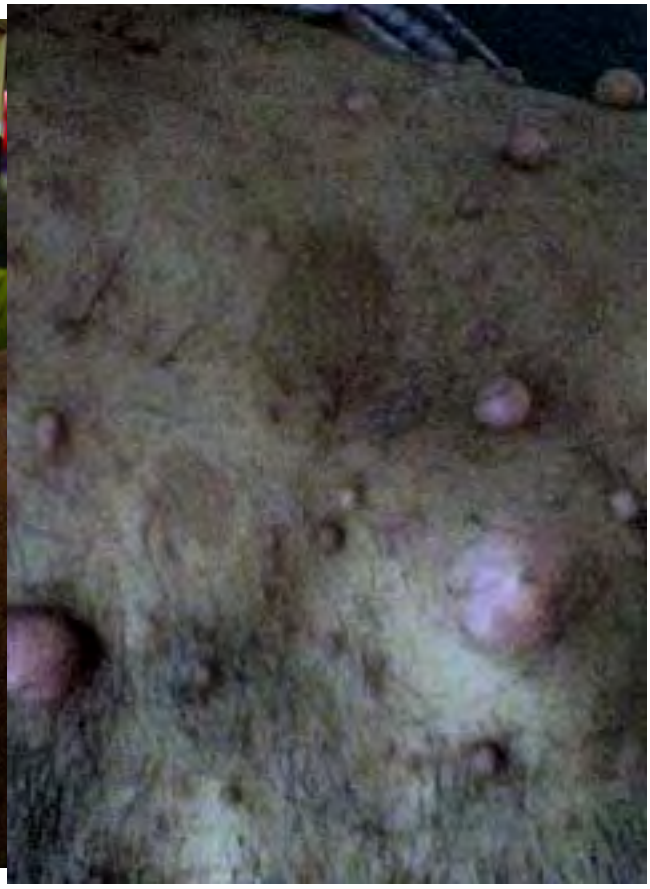

Neurofibromatosis-1

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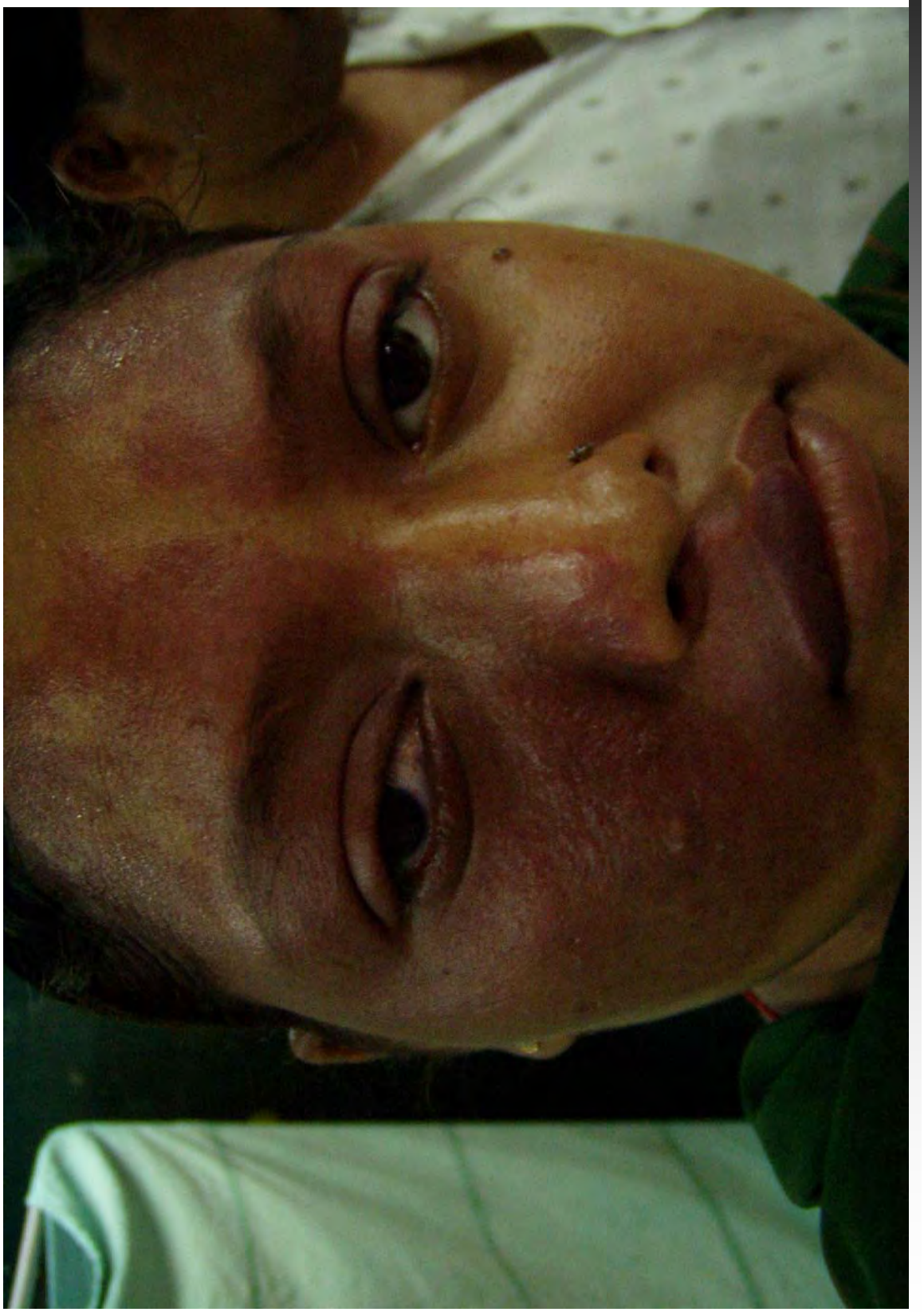
STURGE- WEBER syndrome



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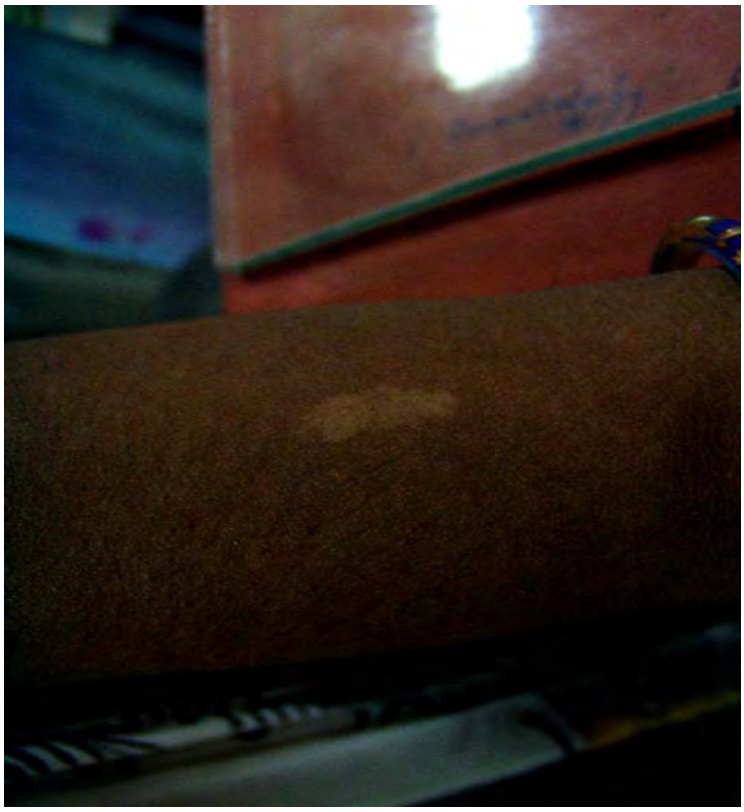
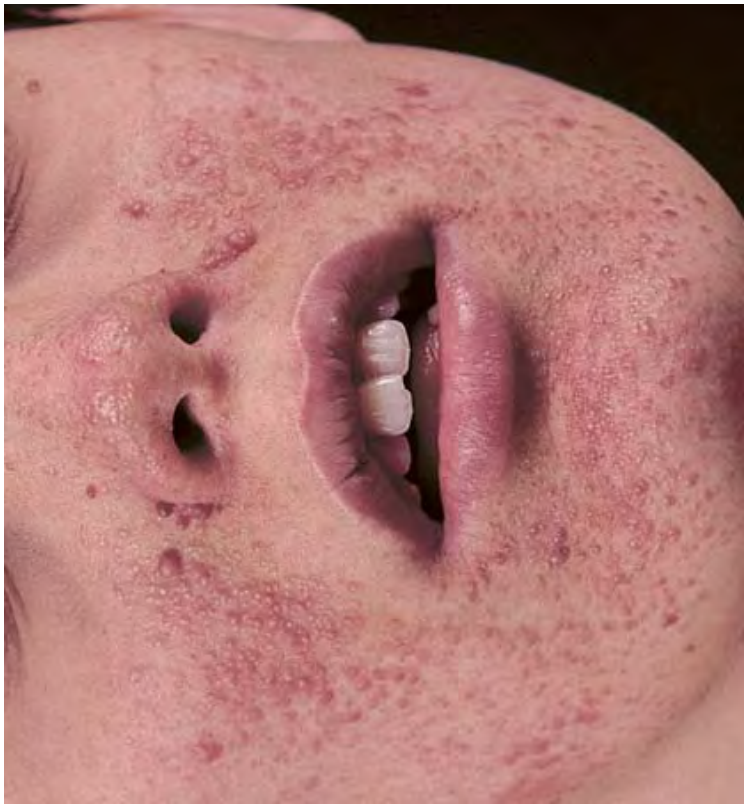
Tuberous Sclerosis Complex





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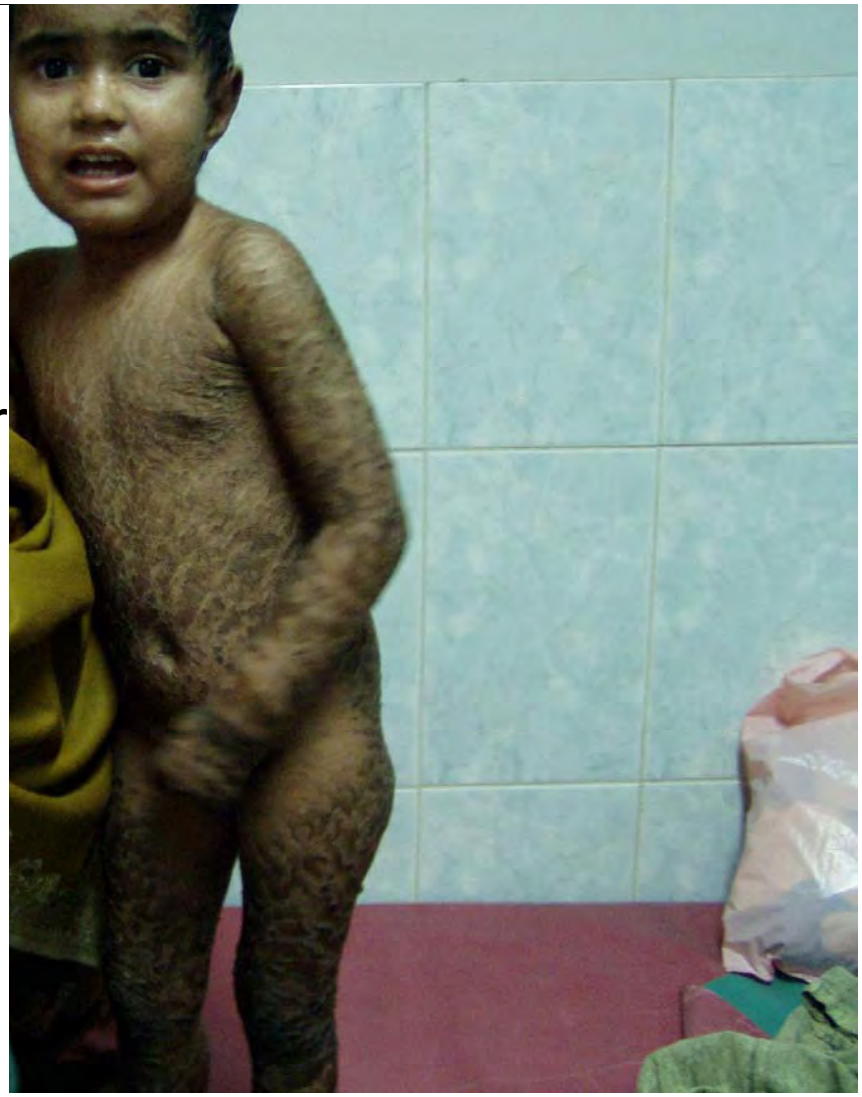
Ichthyosis

- Lamellar Ichthyosis
  - AR
  - Defective TRANSGLUTAMINASE
  - ABSENT GRANULAR layer
  - Onset within 1 yr/birth
  - Plate like thick brown scales
  - Scarring with ectropion etc possible



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