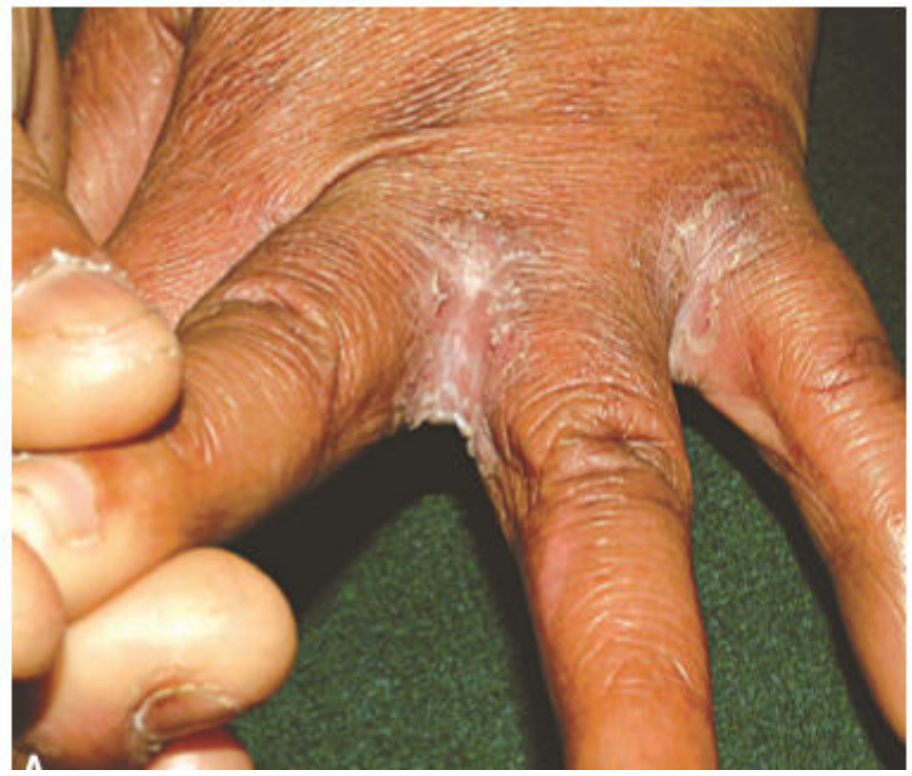
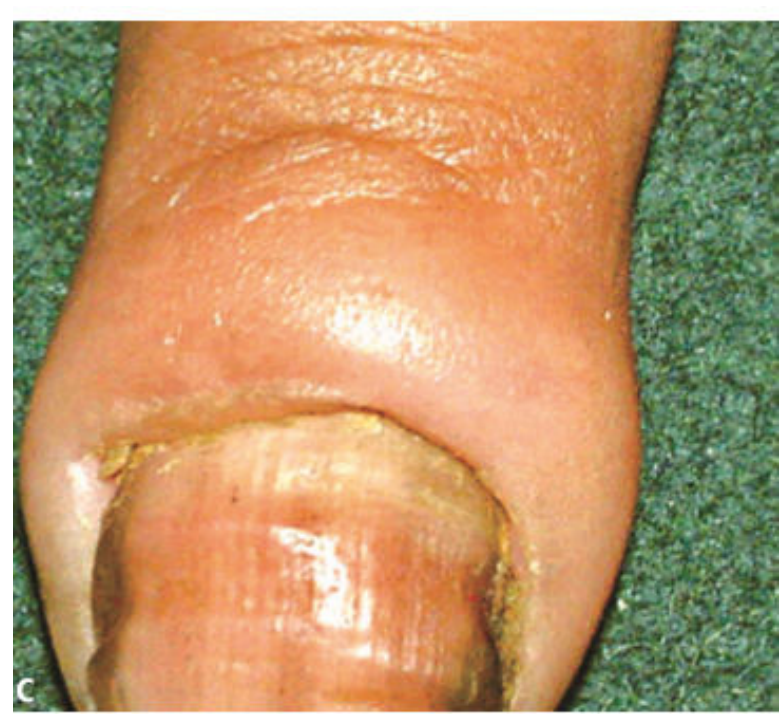
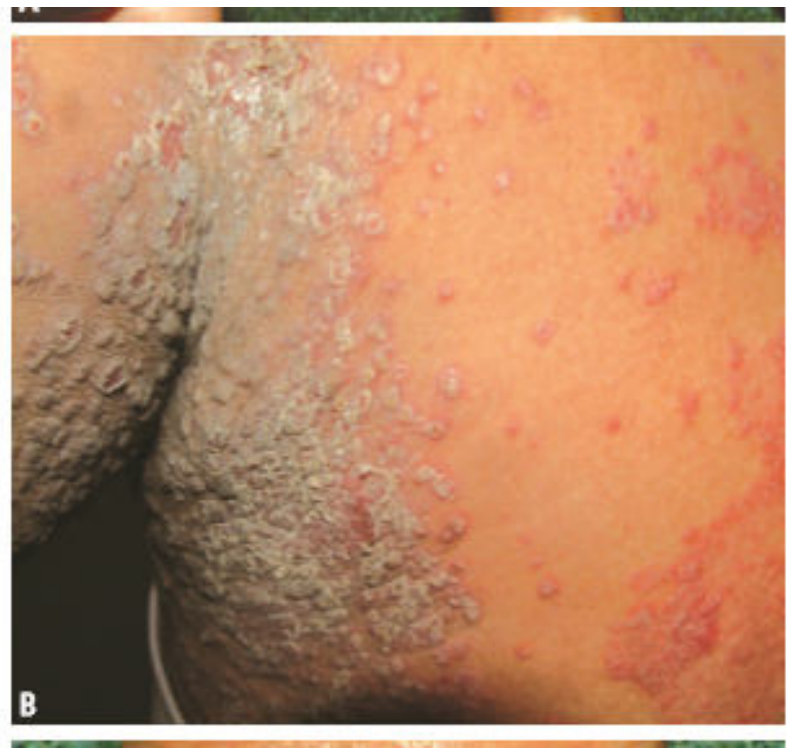
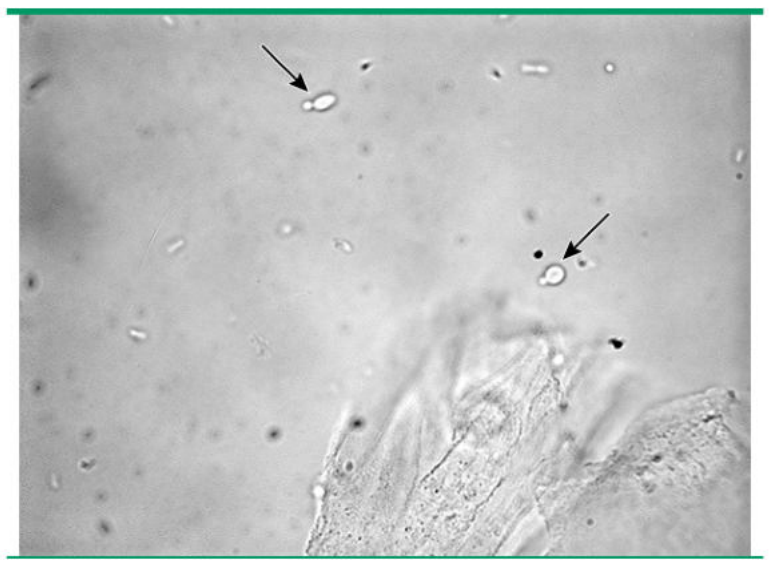
Cutaneous manifestations of systemic diseases

DIABETES MELLITUS

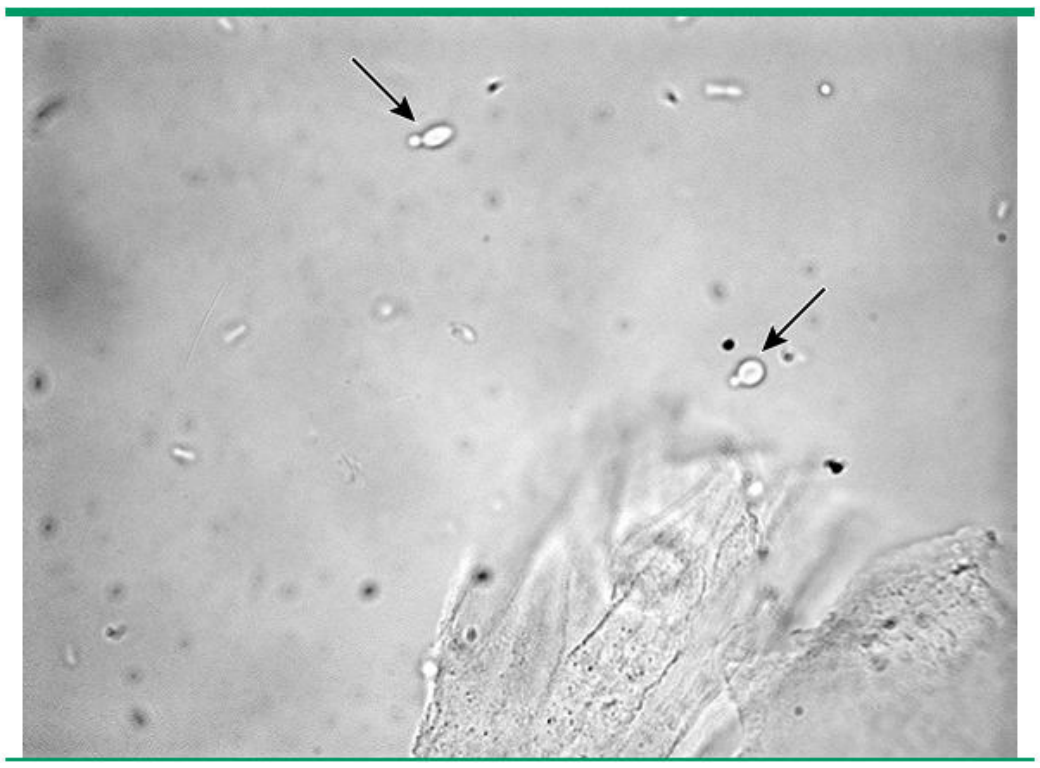




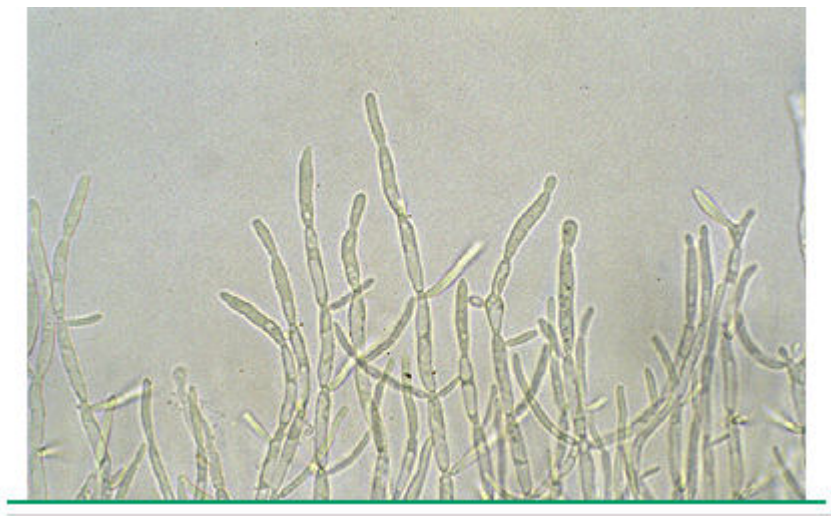




- KOH mount from a patient of vulvovaginitis (vaginal discharge)



- Budding yeast



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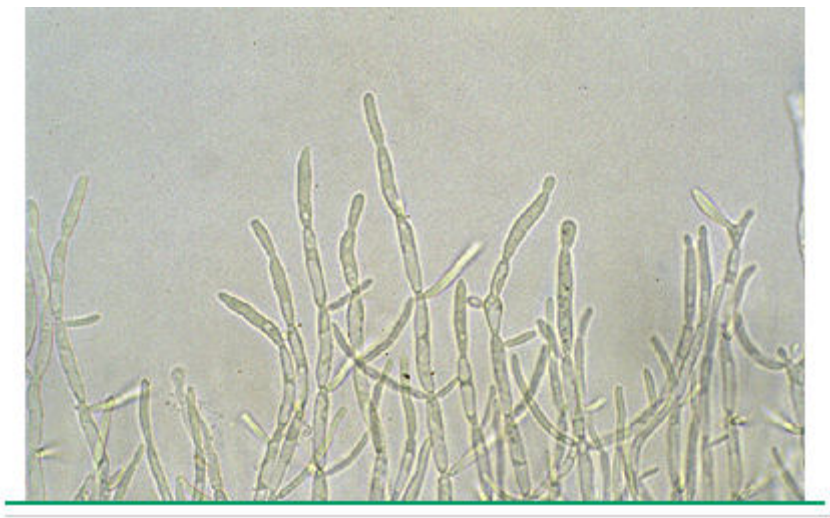
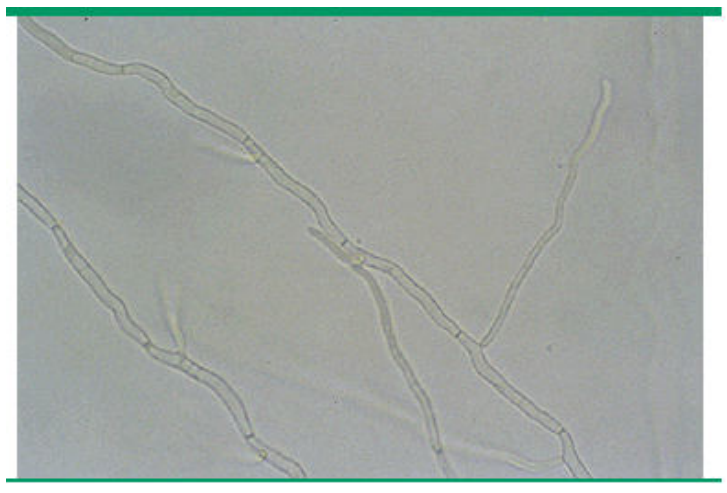


- Pseudohyphae



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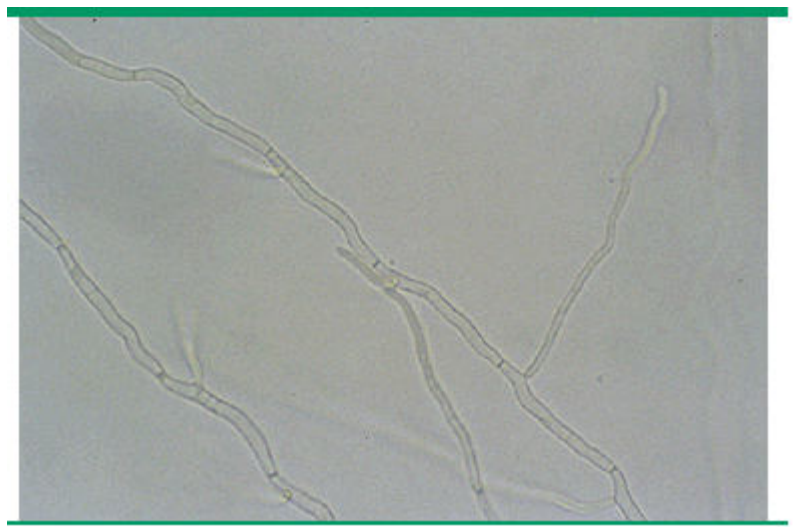
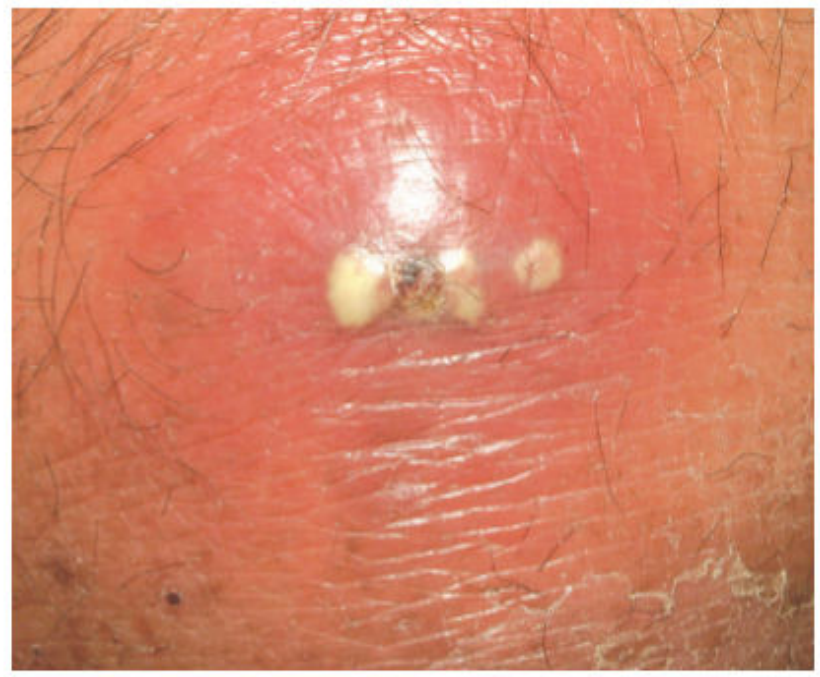
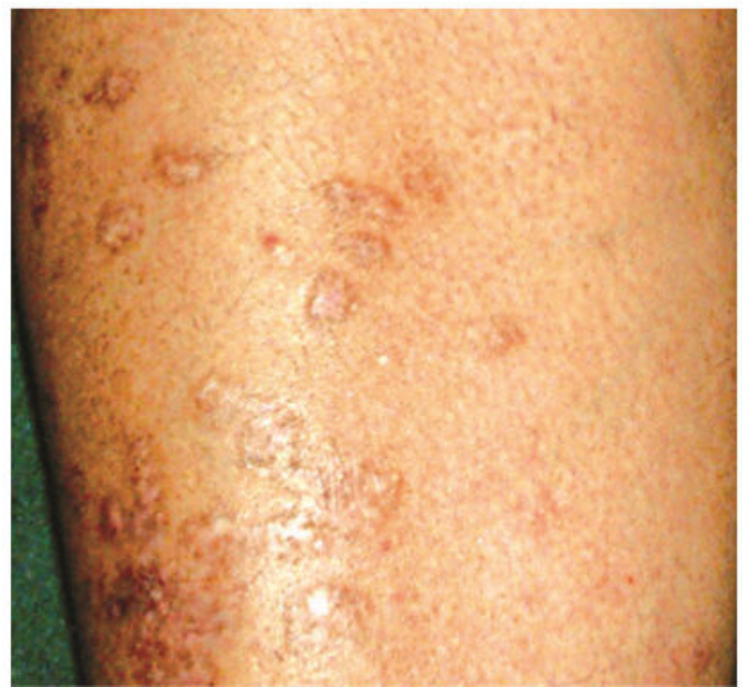


- Hyphae (True)

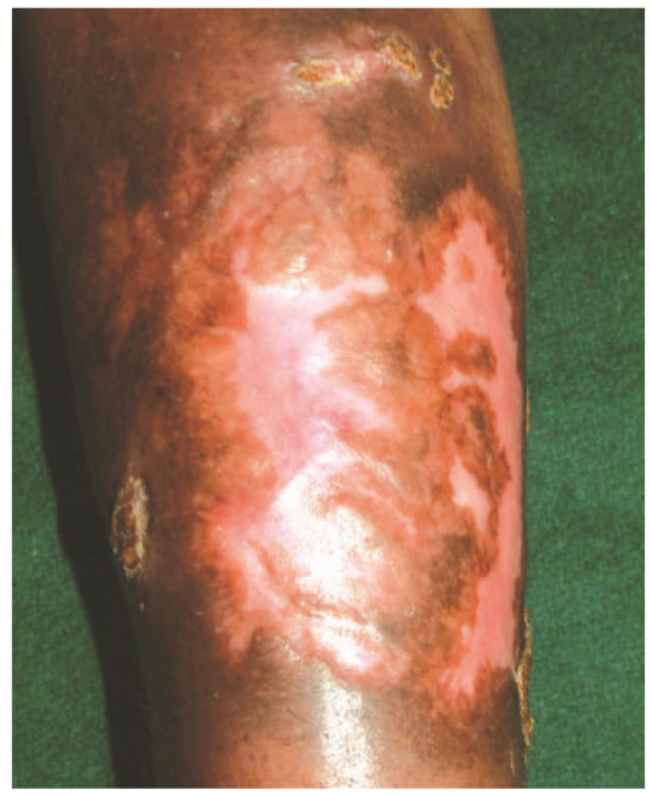
- CANDIDAL INFECTION
- Candidal intertrigo (groins, interdigital, and inframammary),
- paronychia,
- vulvovaginitis, and
- balanoposthitis
- may be the presenting manifestations of undiagnosed diabetes



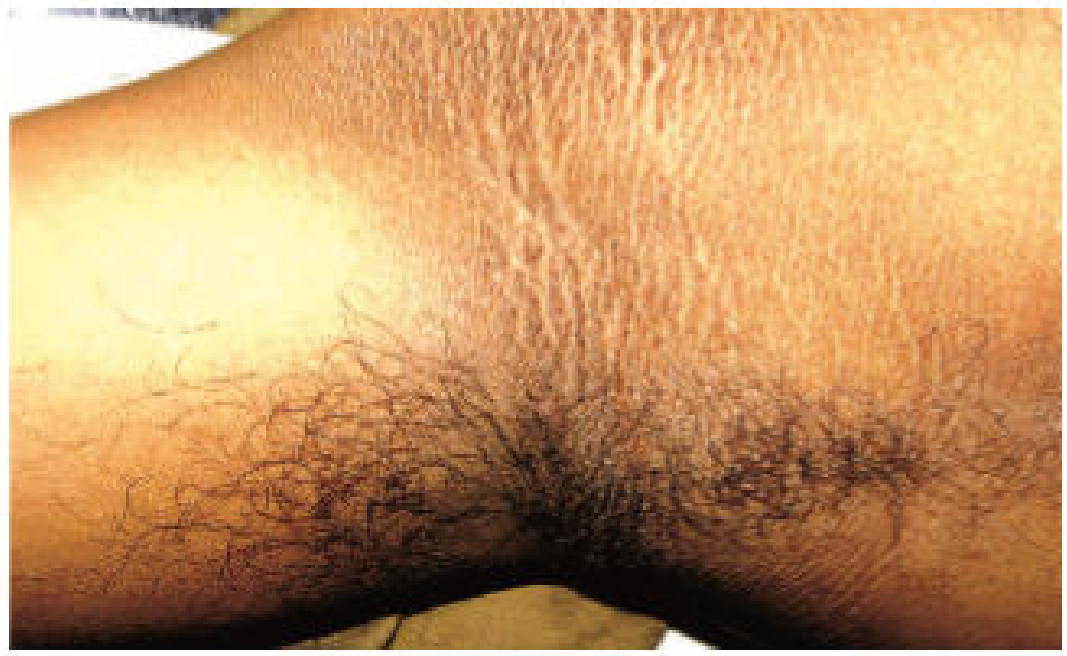
- CARBUNCLE



- **Diabetic dermopathy**
- Most common dermatosis associated with diabetes
- Begins as small, dull red papules with a superficial scales;
- slowly resolve to leave small, brown, depressed scars
- Shins.



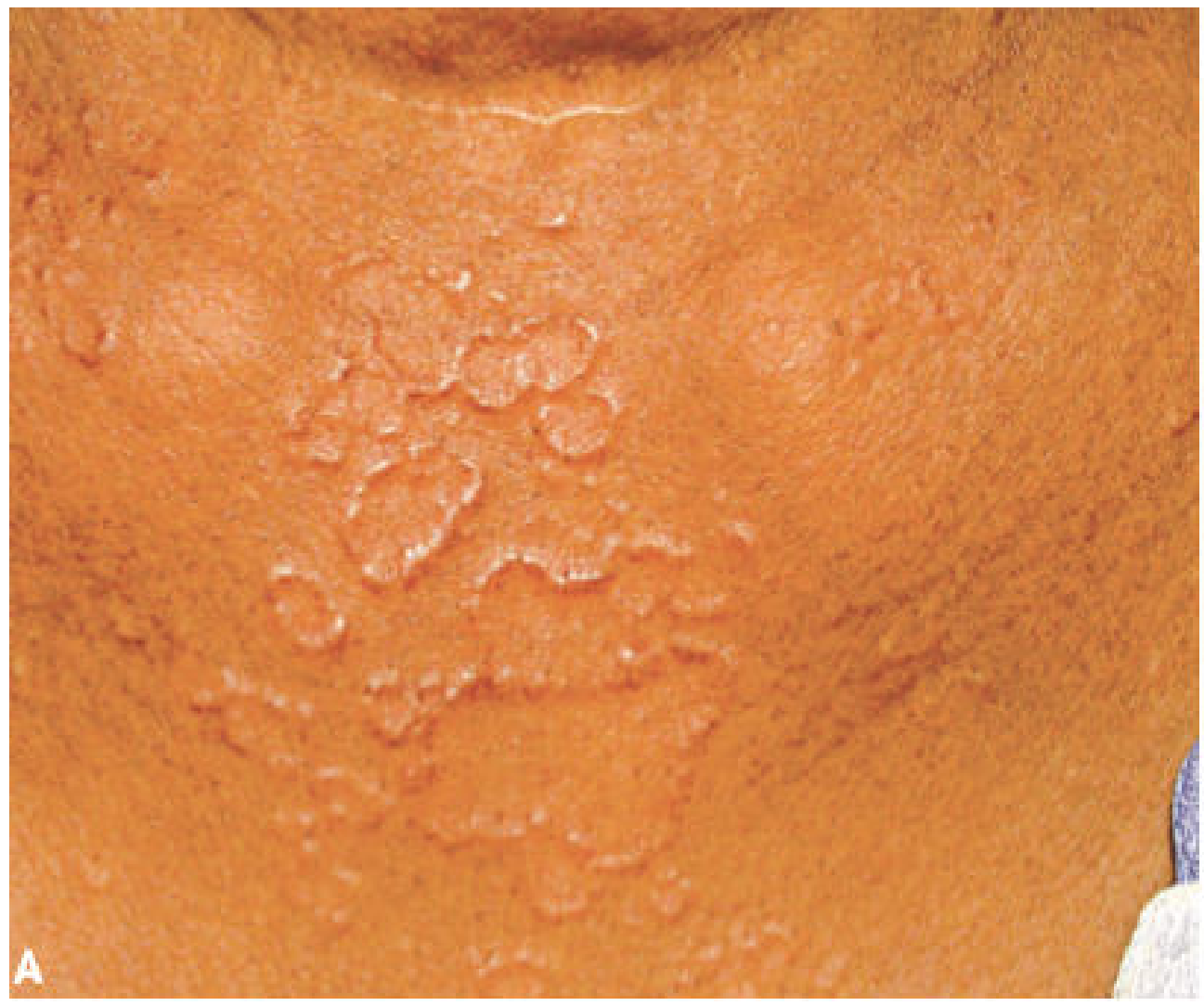
- **Necrobiosis Lipoidica**
- single or multiple,
- asymptomatic,
- indurated annular, yellowish brown plaque(s).
- Center is atrophic with ectatic blood vessels visible through the thinned skin
- Shins.

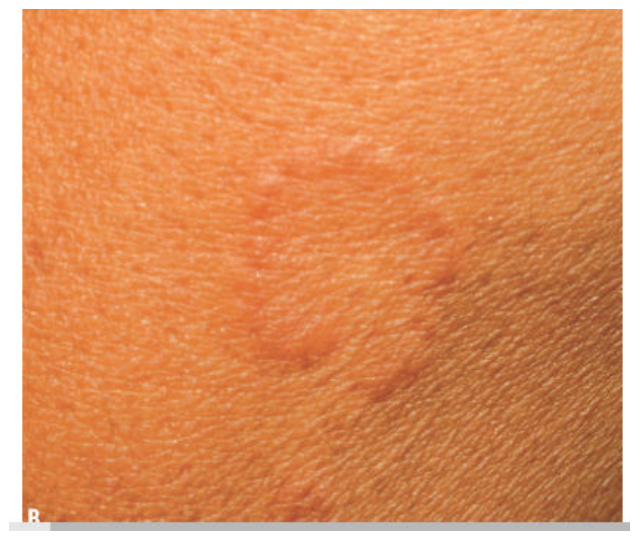


- **Acanthosis Nigricans**

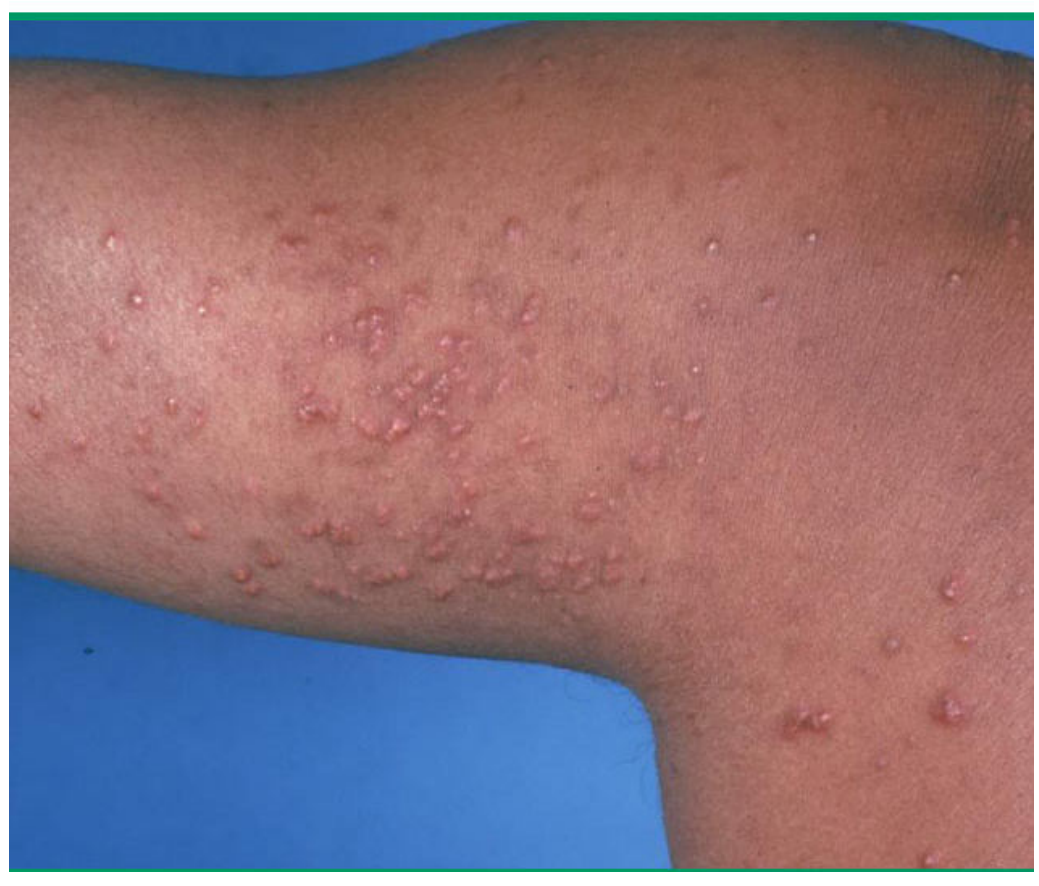
- velvety, hyper pigmented plaques with a feathered edge

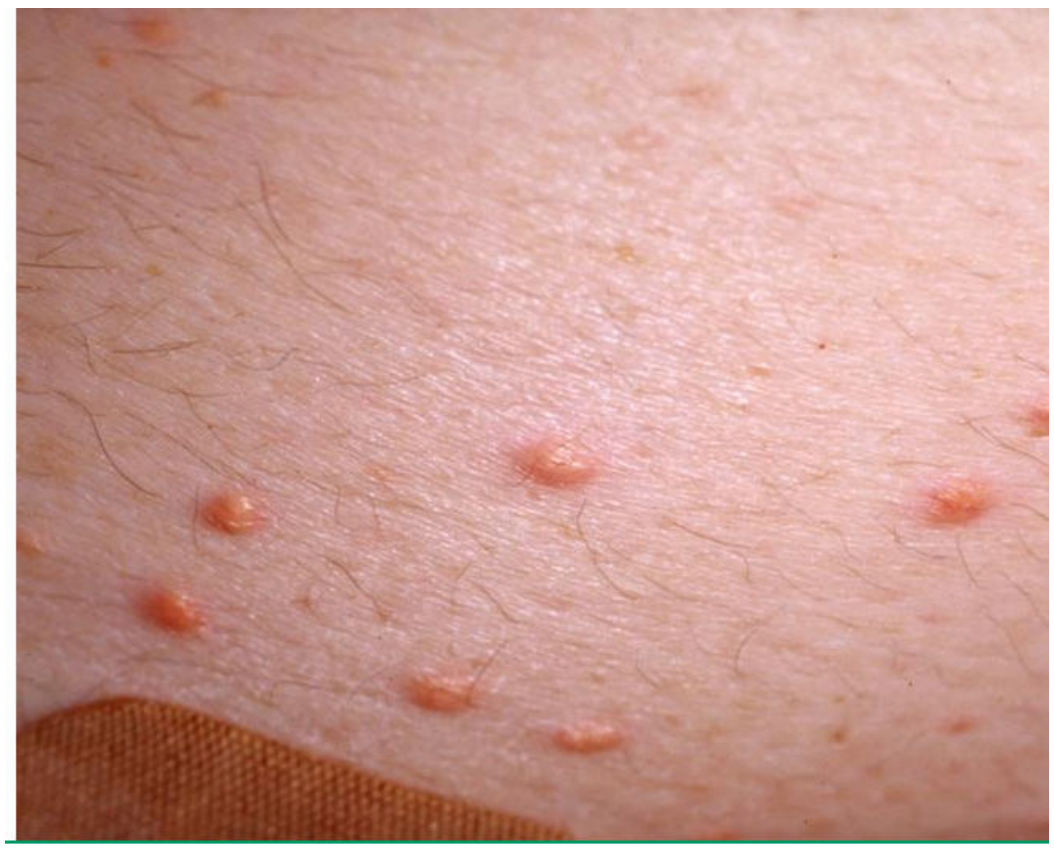
- Axillae, inguinal region, and inframammary folds.





- **Granuloma Annulare**
- Skin colored or erythematous dermal papules
- arranged in an annular pattern

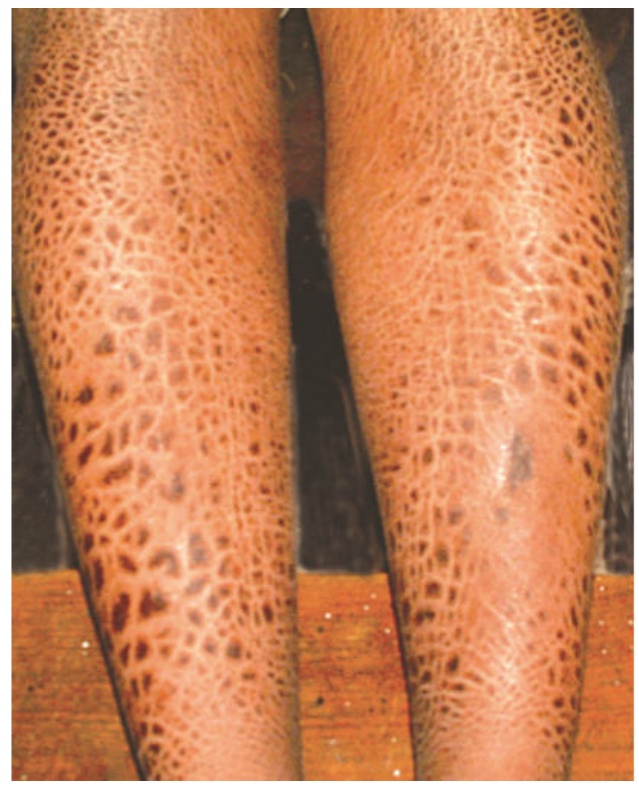




Eruptive xanthomas

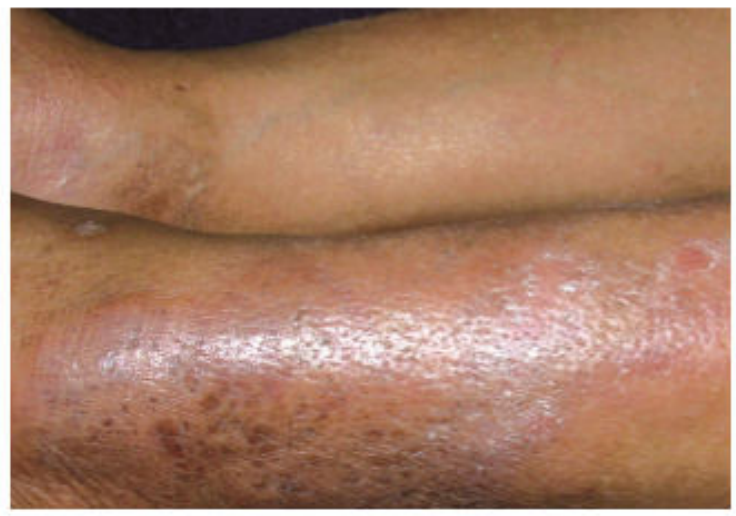
- 1 to 5 mm erythematous to yellow papules
- appear in crops
- have an abrupt onset
- extensor surfaces of the extremities and buttocks
- highly suggestive of hypertriglyceridemia
- Occasionally, eruptive xanthomas are the initial sign of diabetes

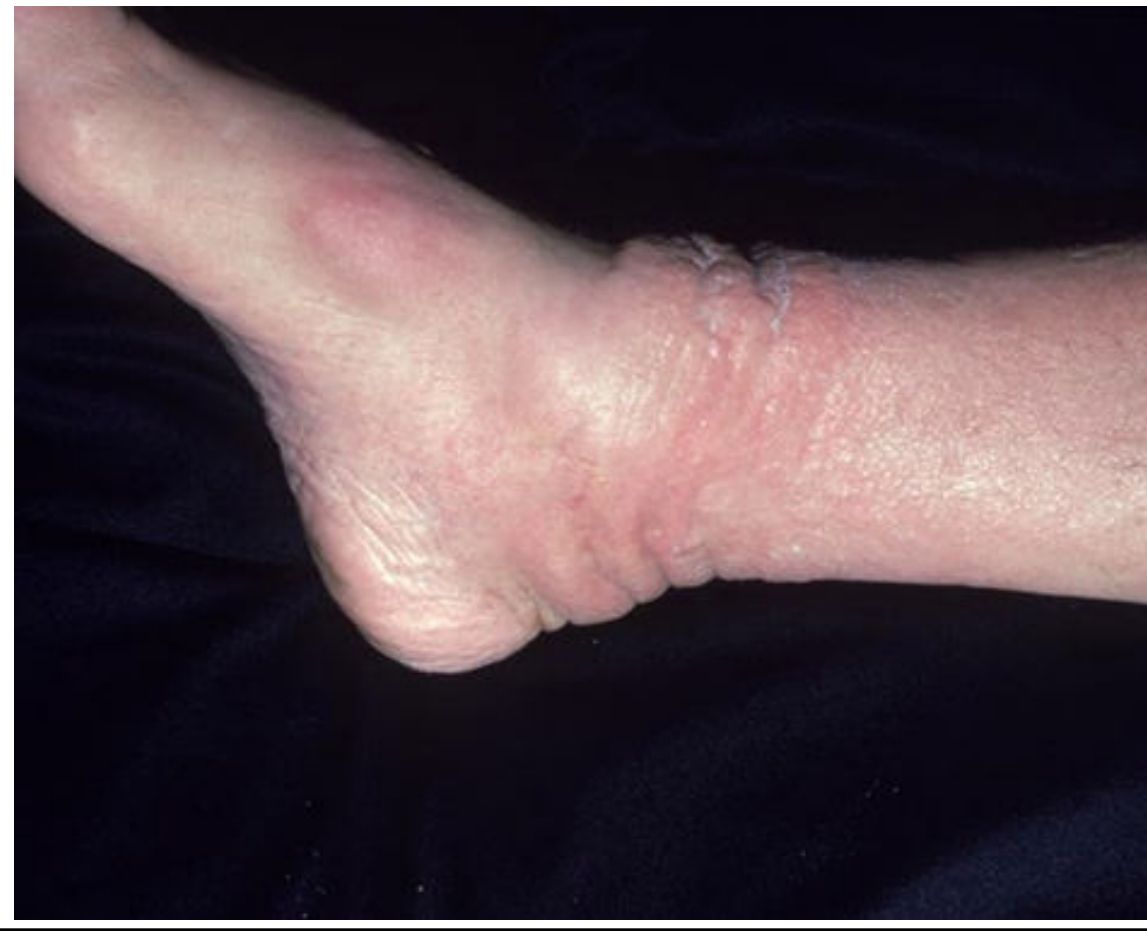
• HYPOTHYROIDISM

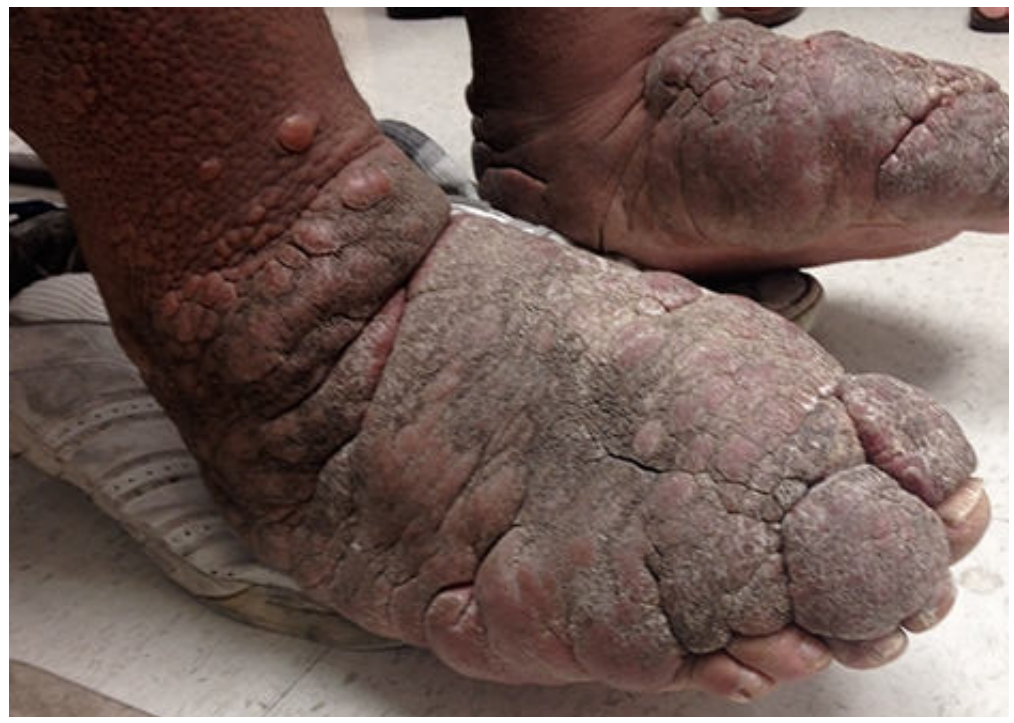


- ichthyosis .
- Skin -dry, cold, and pale.
- Facies: Broad nose, thick lips, and large, thick tongue. Upper lid may droop and the face appears expressionless.
- Myxedema: Podgy, nonpitting edema, which is generalized.
- Hair: Dry, coarse brittle hair.
- Follicular keratoses.
- Alopecia of scalp- patchy or diffuse.
- Supraciliary madarosis of lateral third of eyebrows is typical.

- **HYPERTHYROIDISM**







- Pretibial myxedema
- Asymmetric firm plaques with a “peau d’orange” appearance

- Cold, moist, smooth skin,
- Palmoplantar hyperhidrosis
- Persistent flush of the face and palmar erythema.
- Pigmentary changes: hyperpigmentation of face
- vitiligo

PITUITARY DISORDERS

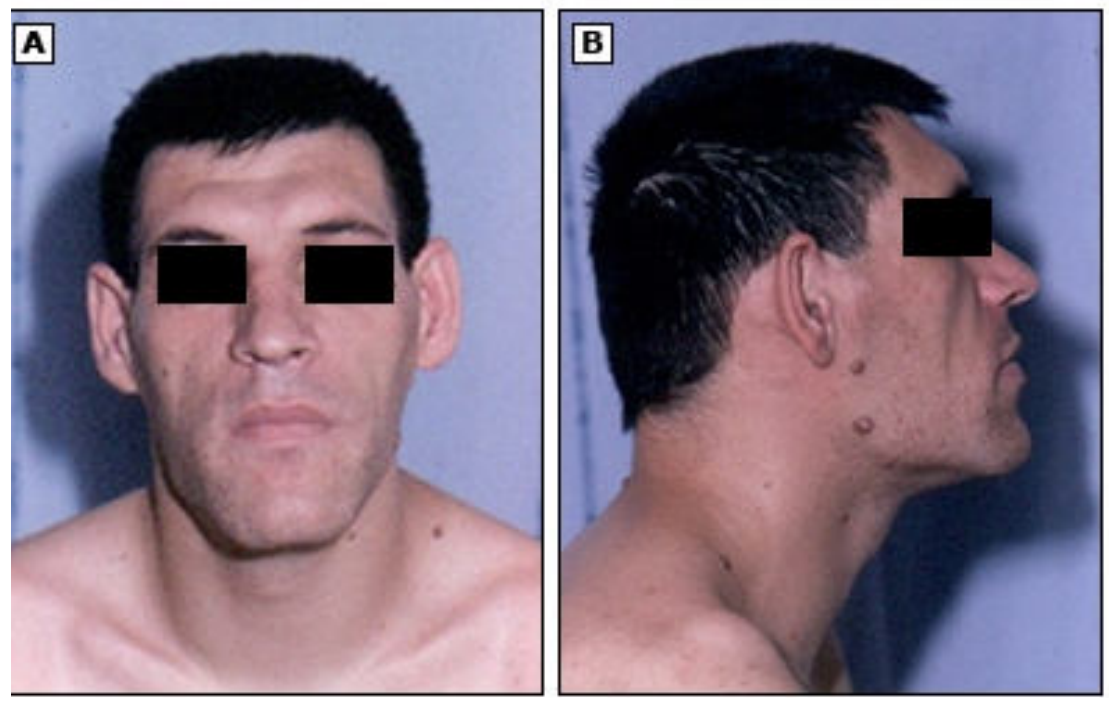
- ACROMEGALY

- excess secretion of growth hormone

- pituitary adenoma.

- CUTIS VERTICIS GYRATA
- Coarsening of facial features, often resulting in corrugated appearance of forehead and scalp

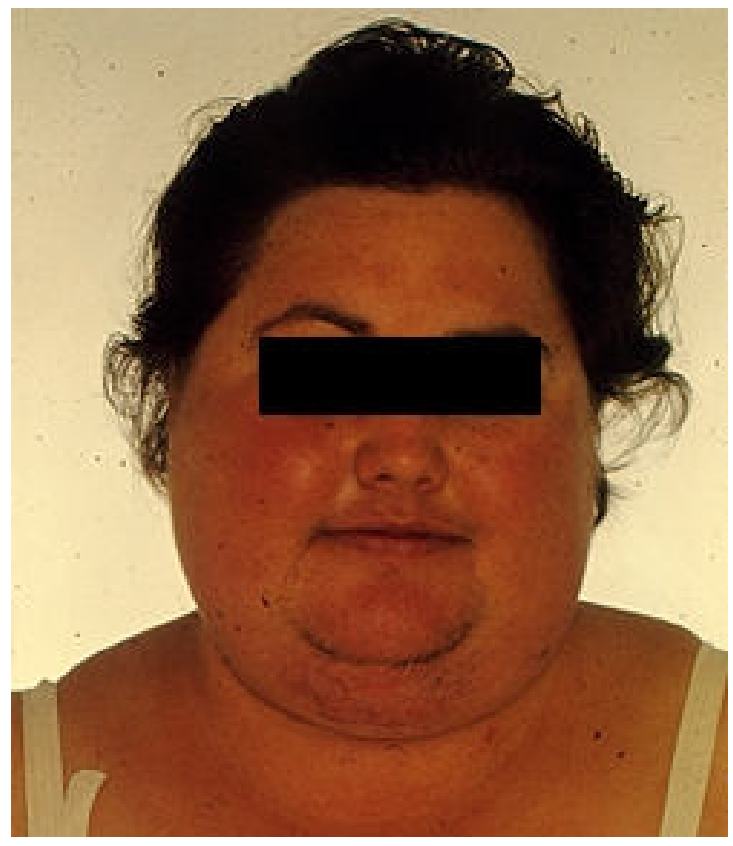
- Seborrhea
- Macroglossia
- Spade-like hands

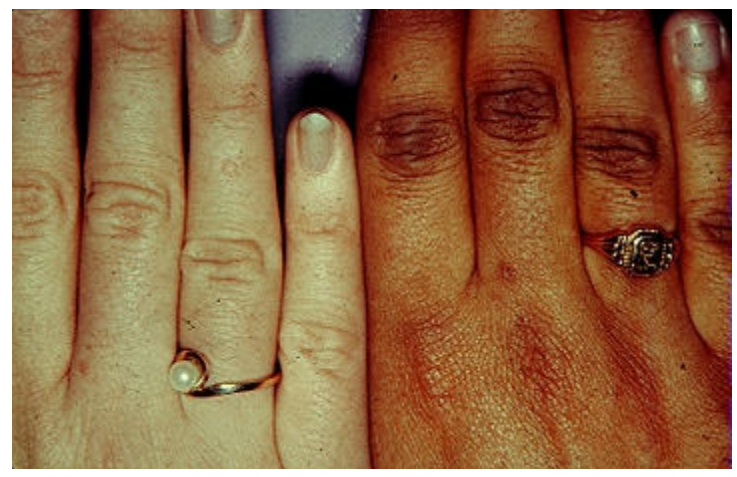


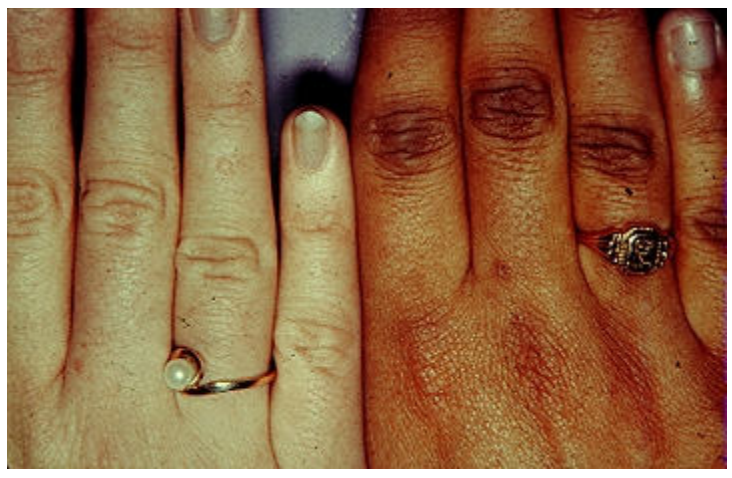
Adrenal Disorders

- Cushing's Disease/Syndrome
- chronic glucocorticoid excess

- Increased ACTH by pituitary gland, e.g., pituitary adenoma.
- Increased secretion of corticosteroids by adrenal gland independent of adrenocorticotrophic hormone.
- Iatrogenic, due to intake of steroids.

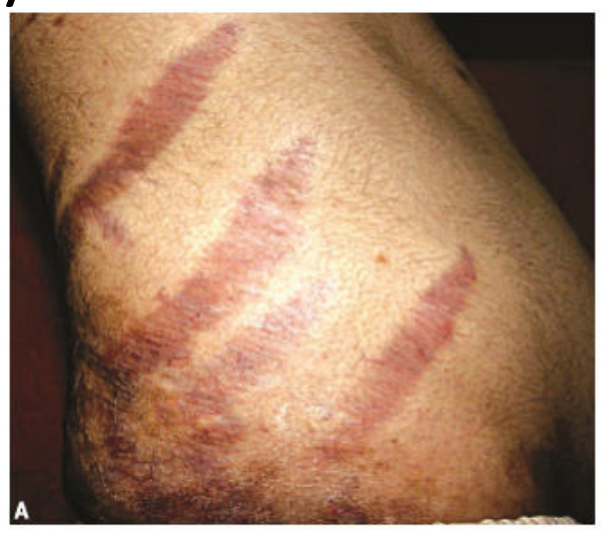


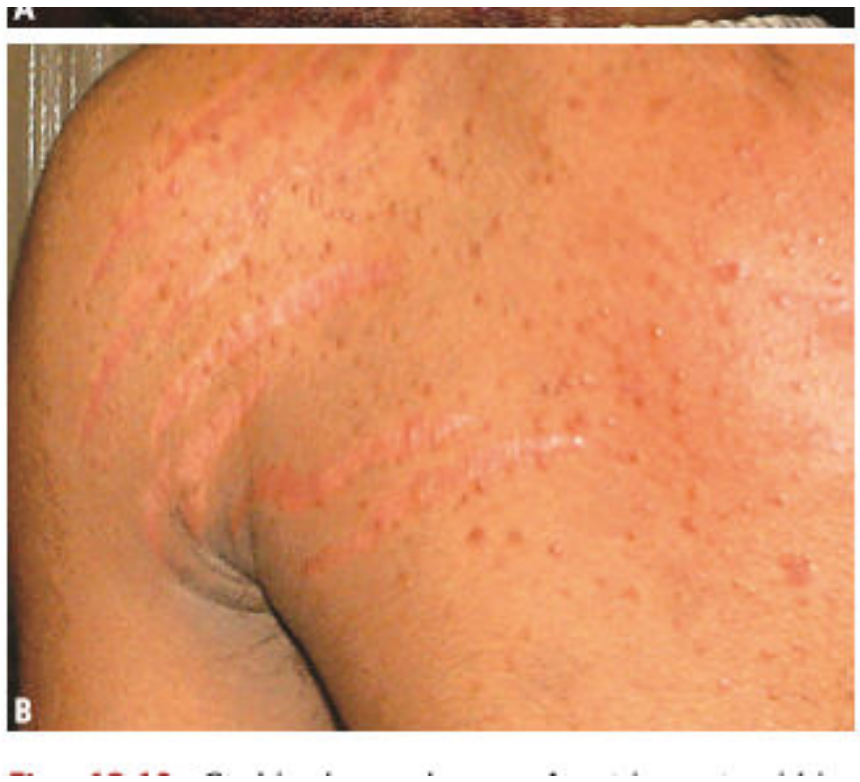




- An exaggeration of the normal pigmentation, seen especially on the photo-exposed areas and at sites of trauma—pressure points and areas of friction (Addisonian pigmentation).

typically wide and red





Acneiform eruption

- Monomorphic papules
- No comedones

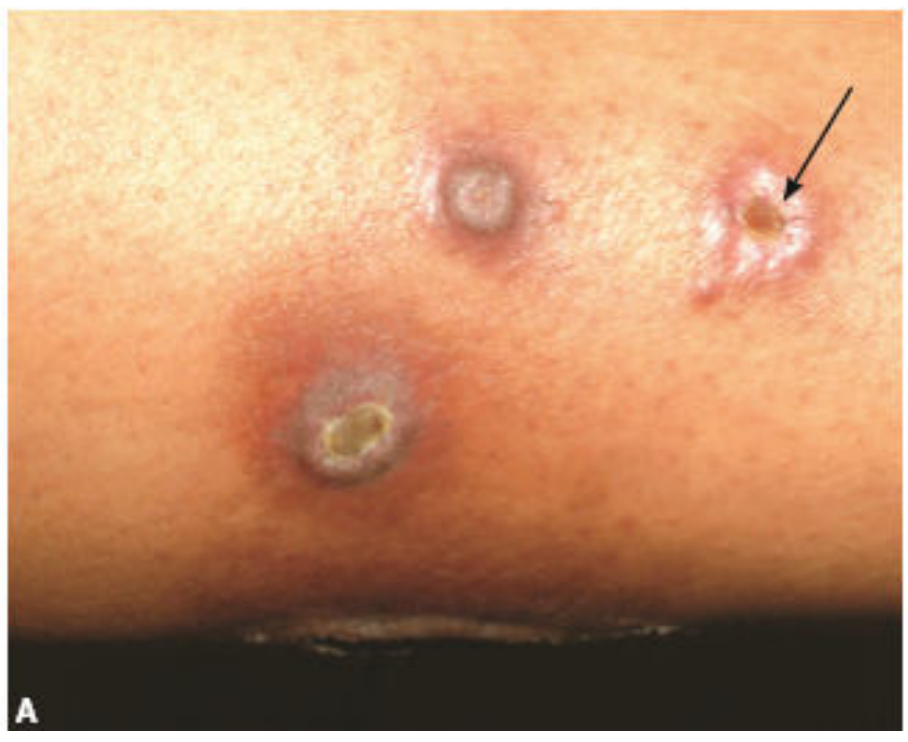
ADRENAL INSUFFICIENCY

- pigmentation
- An exaggeration of the normal pigmentation
- photo-exposed areas
- sites of trauma—pressure points and areas of friction (Addisonian pigmentation).
- chloasma-like pigmentation
- Mucosal pigmentation
- Pigmentation of nails

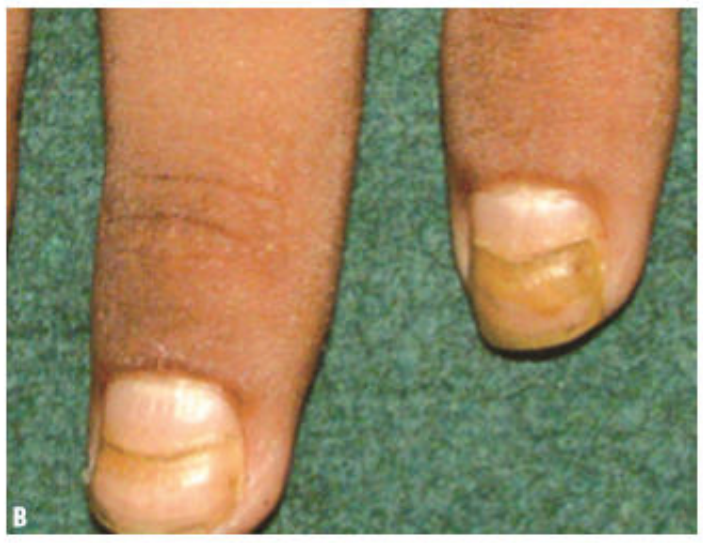
SKIN IN RENAL DISEASE

- PrurituS-
- Generalized xerosis of the skin.

- Nephrogenic systemic fibrosis
- use of radiocontrast agents that contain gadolinium in patients with renal failure.
- erythematous/yellowish indurated plaques with finger-like projections.



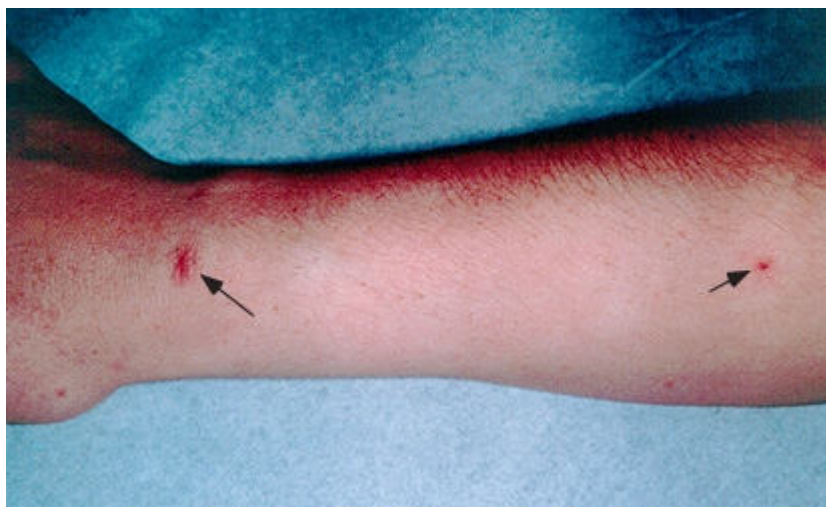
- Perforating keratosis



Half-and-half nails

- Pigmentation of distal half of the nail, while the proximal part remains pale.

SKIN IN LIVER DISEASES



- SPIDER ANGIOMA

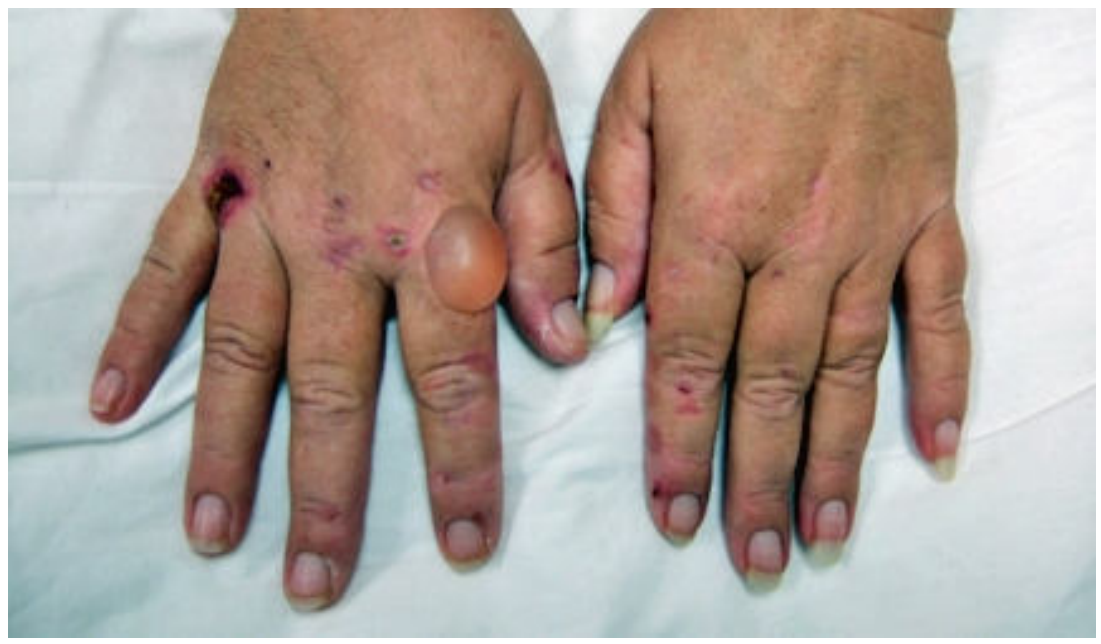
- Pruritus- Due to accumulation of bile salts, when there is obstructive jaundice.
- Yellowish pigmentation:Due to accumulation of bile pigments.
- Spider nevi and palmar erythema: Due to accumulation of estrogen and progesterone.
- White nails:Due to hypoproteinemia.

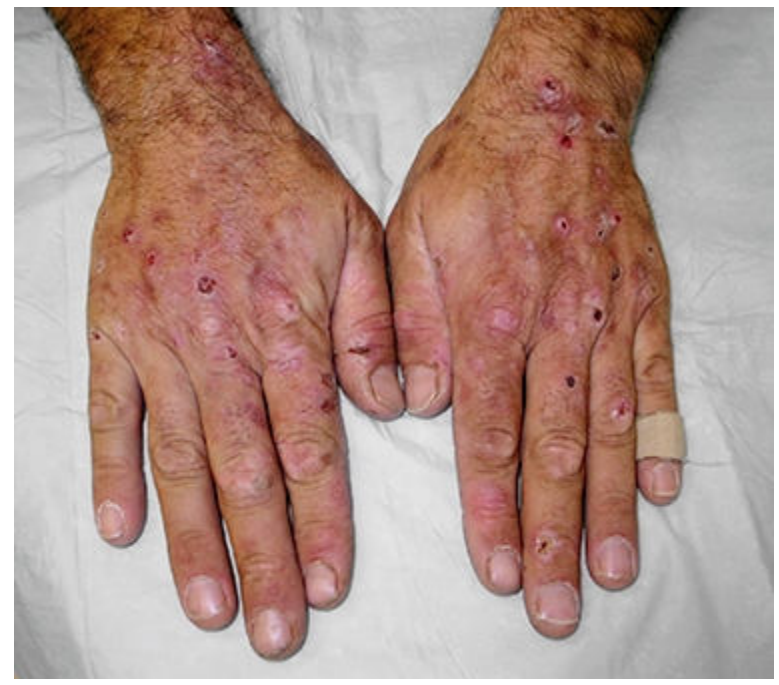
SKIN AND METABOLIC DISEASES

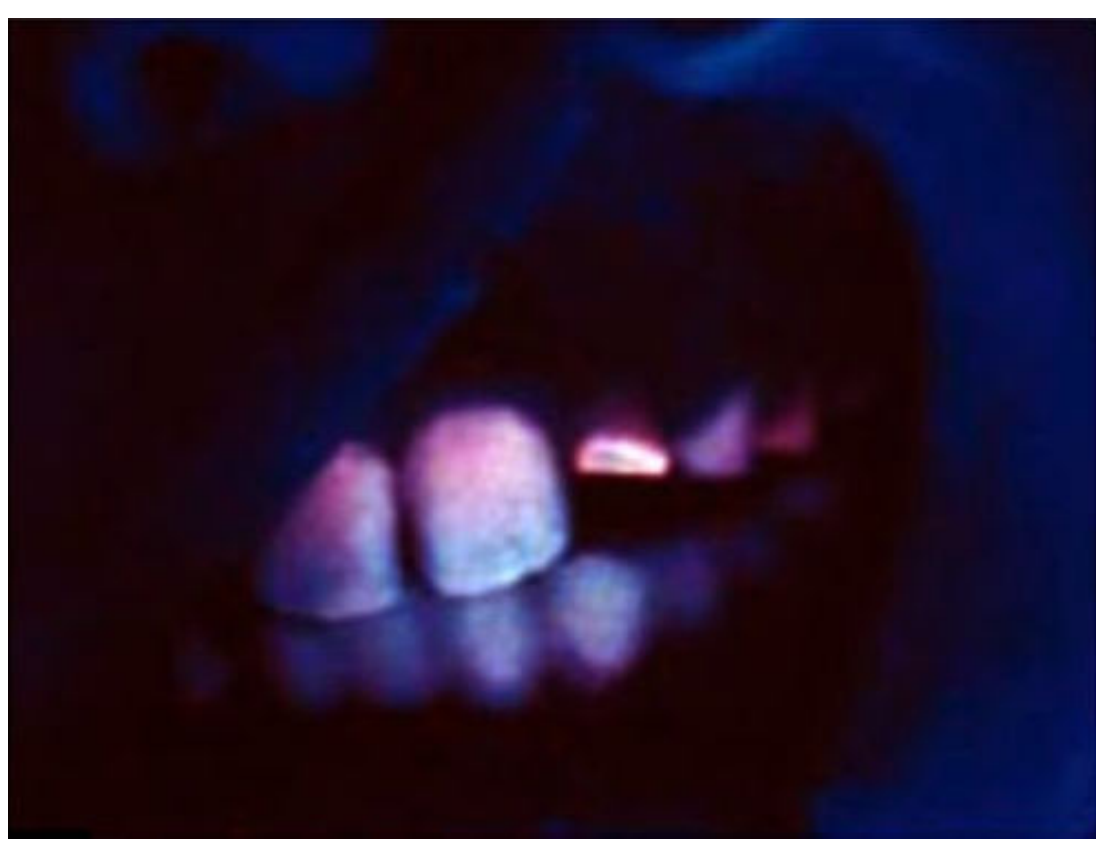
- **Porphyrias**
- partial deficiency of one of the many enzymes required for biosynthesis of haem.
- accumulation of substrate (intermediary porphyrins), many of which cause photosensitivity induced by light of wave length 400 nm (Soret band).

- Blistering photosensitivity/
- Non- Blistering photosensitivity

- CONGENITAL ERYTHROPOIETIC PORPHYRIA-
  - brown teeth,
  - yellow colored urine,
  - Blistering photosensitivity
- ERYTHROPOIETIC PROTOPORPHYRIA-
  - Burning, oedema & urticaria on sunexposure

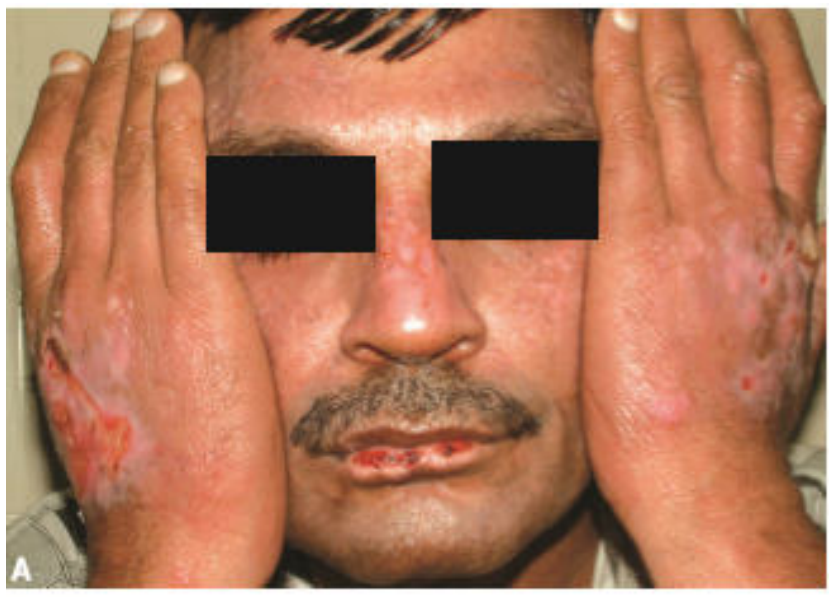


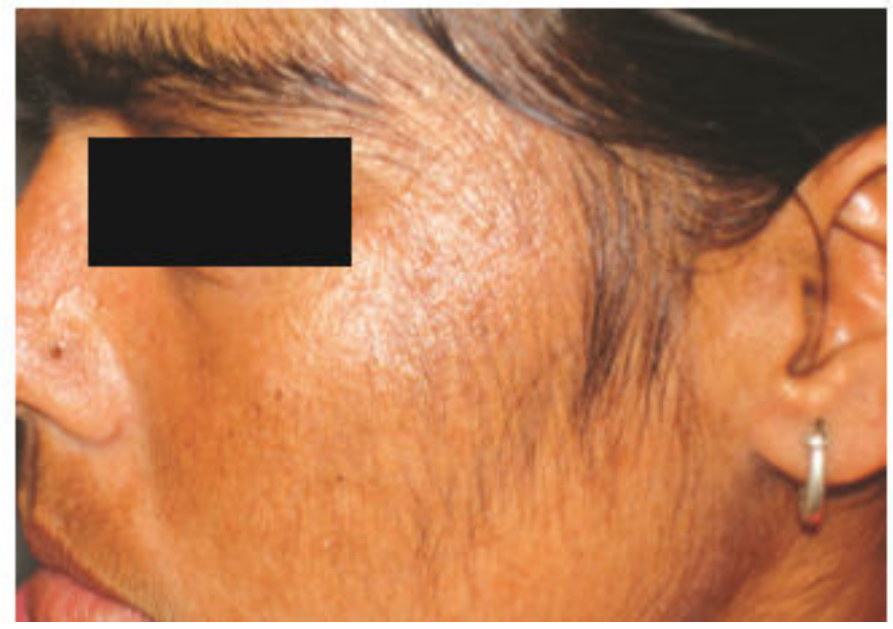




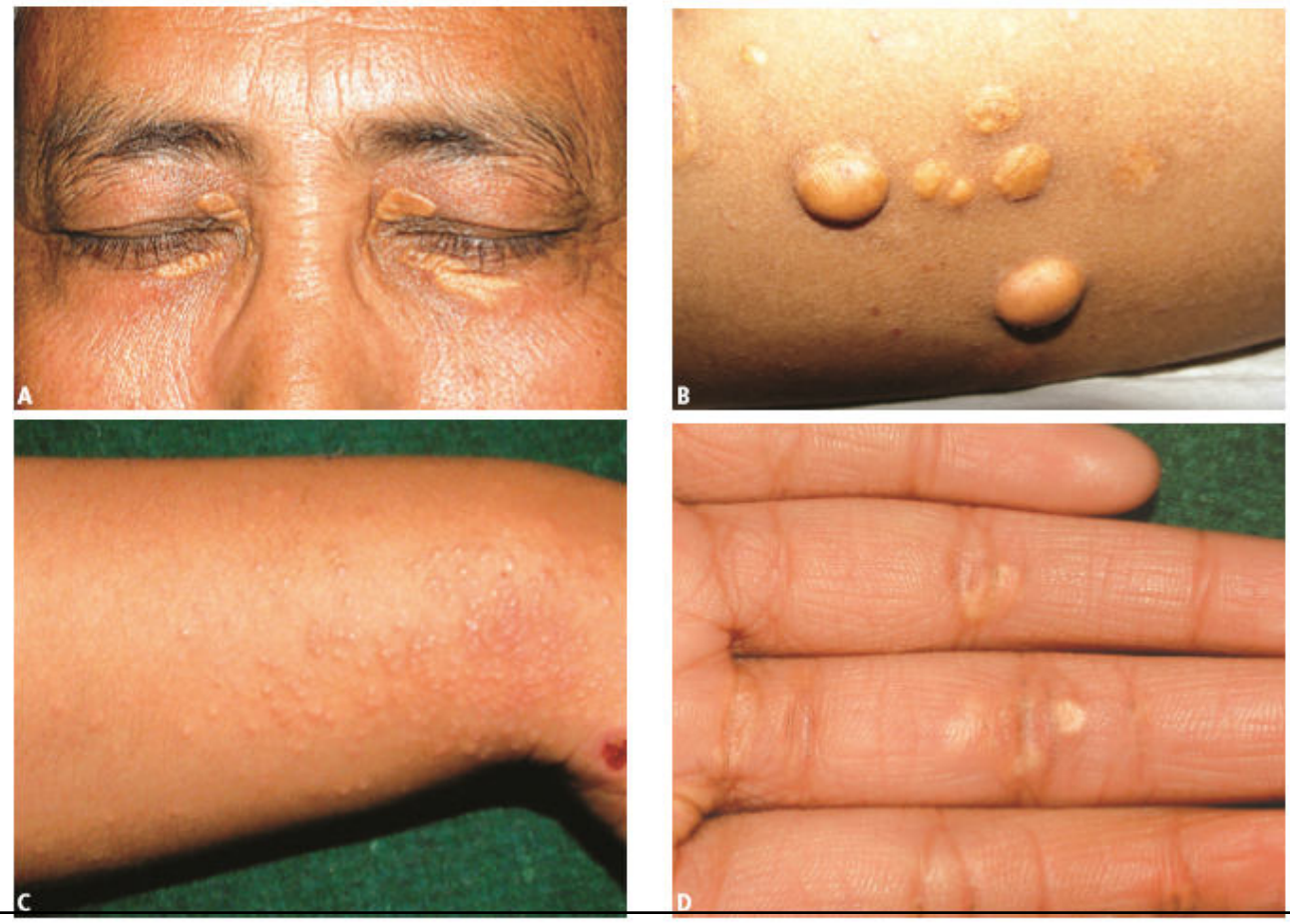
- Wood's lamp emits ultraviolet A light with a peak emission at 365 nm

- PORPHYRIA CUTANEA TARDA
  - Blisters in photo-exposed parts on sun exposure.
  - Sclerodermoid changes
  - Hypertrichosis
- VARIEGATE PORPHYRIA
  - Cutaneous lesions Like those in PCT





xanthomas



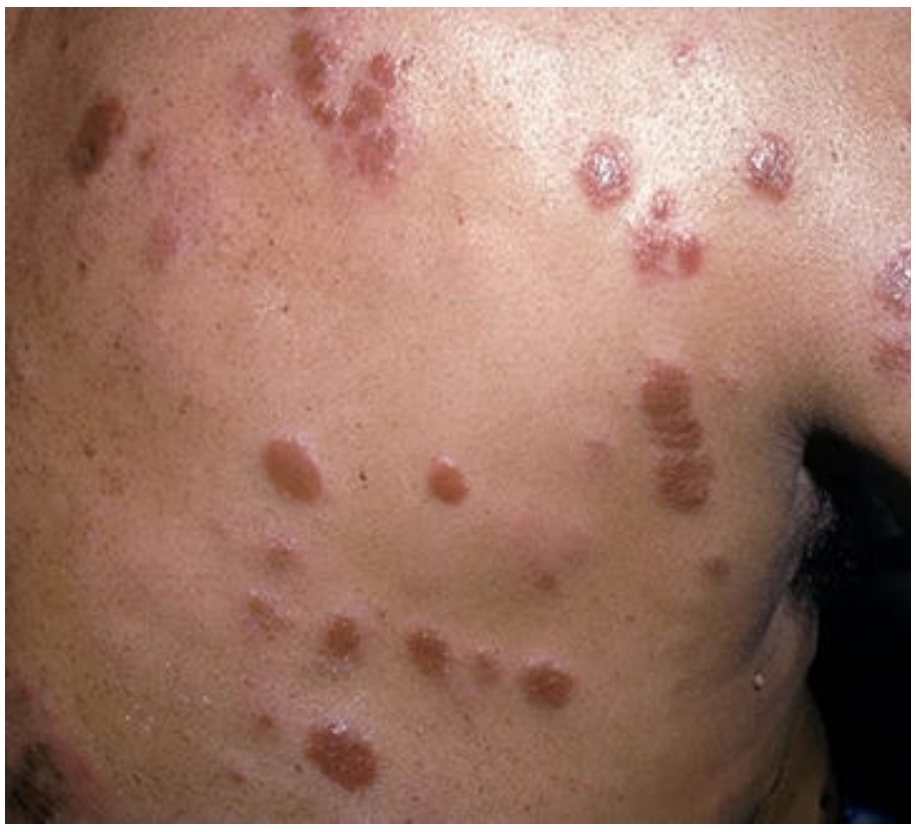
- Investigations- MUST in xanthomas
- LIPID PROFILE
- IF NORMOLIPEMIC…….
- Rule out Diabetes, liver disease, hypothyroidism

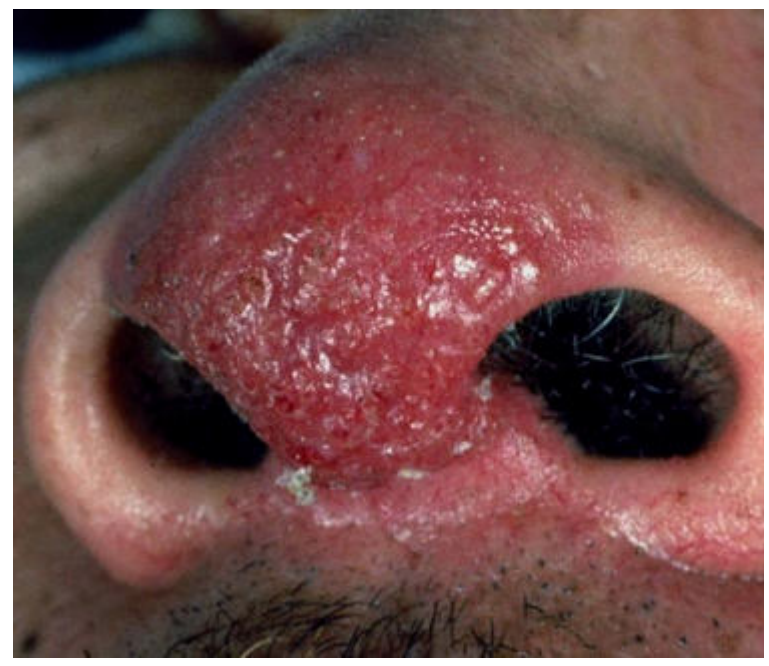
SARCOIDOSIS

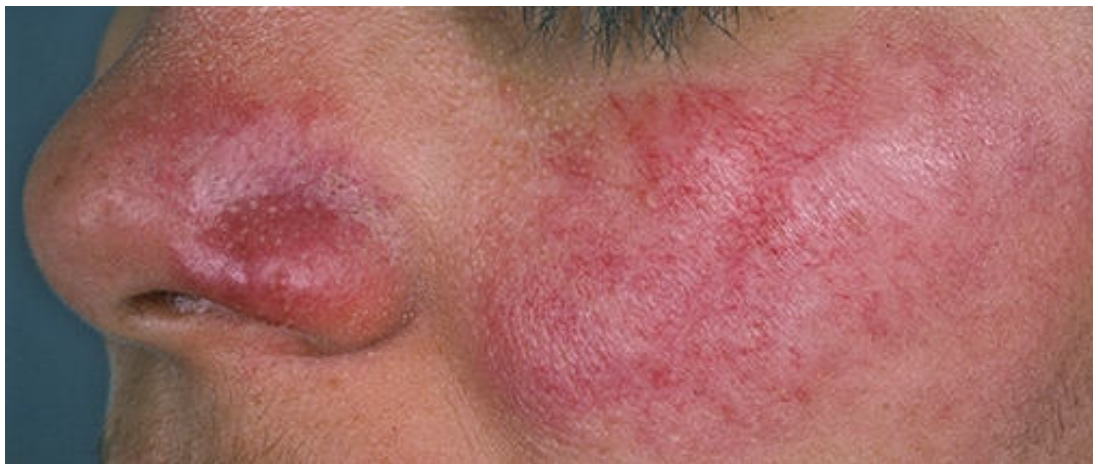
- multisystem inflammatory disorder
- Non caseating granulomas in many organs

- Skin prototype lesion- juicy, shiny , infiltrated, red-brown papules------ discoid/annular plaque

- Variants-
- lupus pernio (nose, earlobes, cheeks and digits)
- Angiolupoid sarcoidosis
- Scar sarcoidosis
- Erythema nodosum







- Skin biopsy- naked granulomas
- Treatment- steroids

- **THANK YOU**