OUTER SIGNS OF INNER TROUBLE
OSPA COAST CME
2012

ALOPECIA TOTALIS

ALOPECIA AREATA

• CAN PROGRESS TO ALOPECIA TOTALIS
• AND THAT TO ALOPECIA UNIVERSALIS
• MUCH HIGHER INCIDENCE OF OTHER AUTOIMMUNE DISEASES IN THESE PATIENTS
• TREATMENT IS LESS THAN SATISFACTORY
• PROGNOSIS IS POOR
SCLERO DERMA

“CLAW HAND” DEFORMITY

SCLERODERMA aka SYSTEMIC
SCLEROSIS
• SCLEROSIS OF ALL BODY TISSUES
• CAN BE AGGRESSIVE OR INDOLENT
• CAN AFFECT ALL ORGANS INCLUDING SKIN
• OFTEN STARTS WITH EDEMA OF THE HAND
• CAN PRESENT WITH CREST, BUT = SAME
PETALOID SEBORRHEA

SEBORRHEA
• CAN BE ASSOCIATED WITH PARKINSON’S, HIV
• STRESS IS FREQUENTLY THE TRIGGER
• ALCOHOL INTAKE INCREASE CAN TRIGGER
• TX = MID-STRENGTH STEROID CREAM
ACANTHOSIS NIGRICANS

• Usually benign, associated with overweight
• Can presage onset of diabetes
• Velvety, brown, found in axillae, groin as well as neck
• Darker skin = darker an

TERRA FIRMA FORME

• Not dirt, wipes off with alcohol swab
• Recurs but slowly
• Biopsy can confirm
• Neck, face, arms
• No known cause
SCURVY: THE “4 – H CLUB”

- HEMATOLOGIC SIGNS: profound anemia
- HEMORRHAGIC SIGNS: purpura, perifollicular hemorrhage
- HYPOCHONDRIASIS
- HYPERKERATOSIS: perifollicular

SCURVY

PURPURA AND CORKSCREW HAIRS OF SCURVY
DERMATITIS HERPETIFORMIS

GLUTEN SENSITIVITY

- ITCHY VESICLES ON EXTENSOR SURFACES, SCALP, SACRUM
- +/- GI SYMPTOMS/SIGNS
- IgA found on biopsy of skin and bowel
- TREAT WITH GLUTEN-FREE DIET OR WITH DAPSONE p.o.

DERMATITIS HERPETIFORMIS
DERMATOMYOSITIS

• UNUSUAL CONNECTIVE TISSUE DISEASE AFFECTING SKIN AND MUSCLE
• PATIENT LOOKS SUNBURNED, BUT NO SUN
• WEAKNESS, JOINT PAIN
• AUTOIMMUNE BASIS
• BIOPSIES OF SKIN AND MUSCLE + EMG + CLINICAL PICTURE = DIAGNOSIS
• CAN BE PERINEOPLASTIC

DILATED CAPILLARY LOOPS

PERIUNGUAL TORTUOUS VESSELS

• CAN BE A SIGN OF DERMATOMYOSITIS, LUPUS OR SCLERODERMA
• BEST SEEN WITH AN OPHTHALMOSCOPE SET ON RED 3, SITE OILED FIRST
• LOOK AT YOUR OWN TO SEE WHAT NORMAL LOOKS LIKE
“SUNBURNED LOOK” OF DM

GOTTRON’S PAPULES OF DM

GOTTRON’S PAPULES
PERINEOPLASTIC SIGNS

METASTATIC BREAST CANCER
CUTANEOUS T-CELL LYMPHOMA

MF aka CUTANEOUS T CELL LYMPHOMA
- CAN TAKE 15 – 20 YEARS TO FULLY DEVELOP, & BECOME FULL-BLOWN
- CAN START WITH PURPURIC PATCHES, PSORIASIFORM LESIONS
- HIGH DEGREE OF SUSPICION NECESSARY TO FOLLOW PT WITH SERIAL BIOPSIES
- GROIN, LEGS, WAISTLINE = COMMON AREAS

METASTATIC RENAL CELL CA
BIOPSY OF POSS. SKIN CANCER

• CANNOT MAKE CANCER SPREAD
• GENERALLY NEEDS PUNCH BIOPSY (4 MM = TYPICAL)
• THE CANCER OFTEN LOOKS PAINFUL, BUT SELDOM HURTS
• A NUMBER OF CANCER TYPES CAN PRESENT AS A RASH

ERODED NIPPLE + AREOLA

MAMMARY PAGET’S DISEASE
MAMMARY PAGET’S

• SIGNALS THE PRESENCE OF AN UNDERLYING INTRADUCTAL BREAST CARCINOMA
• CAN LOOK LIKE ECZEMA BUT INVOLVES EROSION OF THE NIPPLE
• UNRESPONSIVE TO TOPICAL MEDS = LARGE CLUE

EXTRAMAMMARY PAGET’S DISEASE
CANCER IN RASH-LIKE MORPHOLOGY
• Non-response to topical meds = TIPOFF
• Asymptomatic = TIPOFF
• Have to biopsy (punch), and tip off the pathologist
• Or refer to derm

ANGIOSARCOMA

NEUROFIBROMATOSIS, TYPE 1
NF TYPE 1

• CONSTITUTES 95% OF ALL NEUROFIBROMATOSIS
• TYPE 2 PRESENTS WITH BILATERAL ACOUSTIC NEUROMAS
• TYPE 1: 50% SPONTANEOUS, 50% HEREDITARY
• SHORT, SWARTH, FRECKLED

CUTIS LAXA

PART OF EHLERS-DANLOS

• 10 – 11 TYPES OF ED
• CUTIS LAXA, HYPEREXTENSIBLE JOINTS
• EASY BRUISABILITY
• RETINAL BLEEDS
• DIFFICULTY CARRYING PREGNANCY TO TERM
• CONNECTIVE TISSUE DEFECT
MOUNTAIN ASH LEAF SPOT

• ONE SIGN OF TUBEROUS SCLEROSIS
• ALONG WITH FACIAL PAPULES, ORAL LESIONS
• LEARNING POINT: HYPOPIGMENTED MACULE = THE OPPOSITE OF THE CAFÉ-AU-LAIT SPOTS OF NF TYPE 1

ORAL FIBROMAS OF TS
ANGIOFIBROMA

“SHAGREEN” PATCHES OF TS

HEREDITARY HEMORRHAGIC TELANGIECTASIA
HHT aka OSLER-WEBER-RENDU

OSLER – WEBER - RENDU
• HEREDITARY HEMORRHAGIC TELANGIECTASIA
• AUTOSOMAL DOMINANT MODE
• GI, RETINAL, INTRACRANIAL BLEEDS
• CAN PRESENT WITH EPISTAXIS (chronic, recurrent), FAMHX GI BLEEDS
• SCREEN, REDUCE RISK OF BLEEDS

PEUTZ – JEGHERS SYNDROME
ECZEMA/ATOPIC DERMATITIS

• 15 – 20 % OF NEWBORNS, AND INCREASING WORLDWIDE
• BUT ONLY IN DEVELOPED COUNTRIES WITH WELL-WASHED CHILDREN
• SENSITIVE, DRY SKIN OVERREACTS TO MANY TRIGGERS INCLUDING STRESS
• SEASONAL ALLERGIES, ASTHMA, ETC
PSORIASIS
- 20 – 30% develop psoriatic arthropathy
- Psoriatics have much higher incidence of some cancers
- Affects skin and nails as well
- Many different forms can make diagnosis problematic

DACTYLITIS
- Inflammation of whole finger
- Can accompany psoriatic arthritis, ankylosing spondylitis and other arthritides
- Calls for add’tl history, joint exam, bloodwork (ANA, RA)
SARCOIDOSIS

• MULTISYSTEM GRANULOMATOUS DISEASE CAN AFFECT THE SKIN, LUNGS, KIDNEYS
• CAN BE SKIN ONLY, BUT OFTEN AFFECTS THE LUNGS
• CAN TAKE MANY FORMS ON THE SKIN, NEEDS BIOPSY TO DIAGNOSE
VITILIGO FACTS

- Polygenic origin, not always autoimmune
- Increased incidence of other autoimmune diseases such as thyroid, lupus, Addison's
- Sharply defined, complete pigment loss
HALO NEVUS aka SUTTON’S NEVUS

HALO NEVUS

- TEENS, TRUNCAL, BACK, AFTER SUN = MOST COMMON
- AUTOIMMUNE PROCESS?
- LOOK FOR SYMMETRICAL SHAPE, CENTRAL PLACEMENT OF NEVUS
- NEVUS IS DESTROYED BY THE PROCESS
- RARELY ASSOC’D WITH MELANOMA