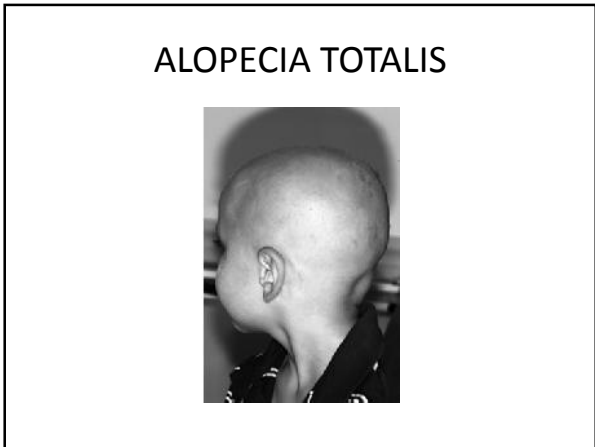
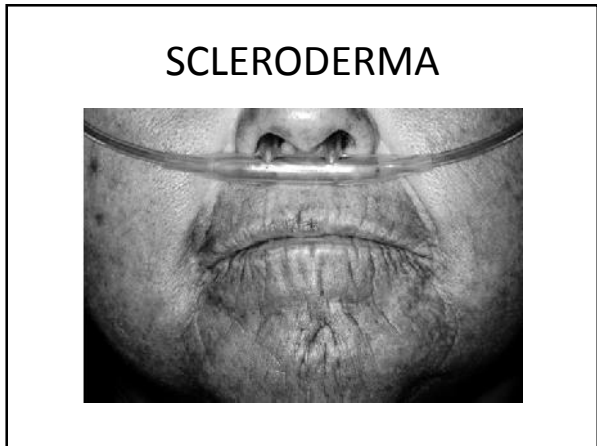
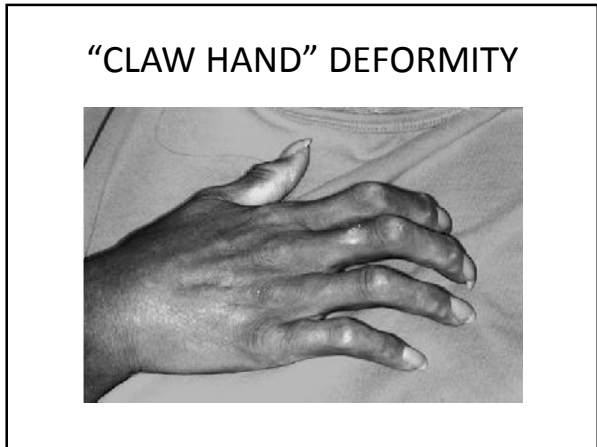


OUTER SIGNS OF INNER
TROUBLE
OSPA COAST CME
2012



- 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





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

LUPUS?



LUPUS?



ROSACEA + ACNE



SEBORRHEA

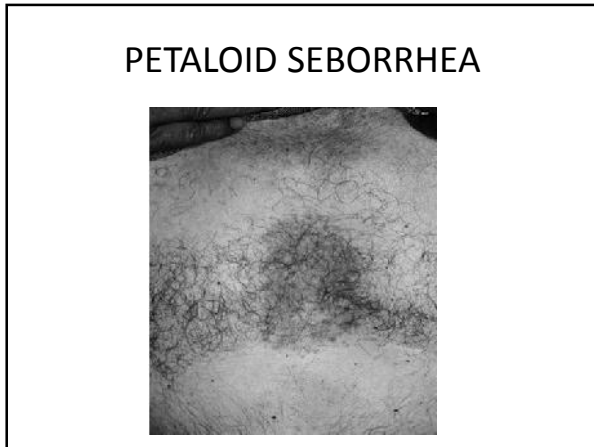


CONTACT: LUPUS LOOKALIKE









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



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

TERRA FIRME FORME



DISCOID LUPUS



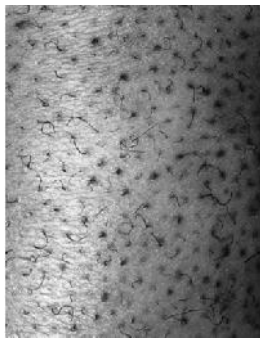
ECZEMA



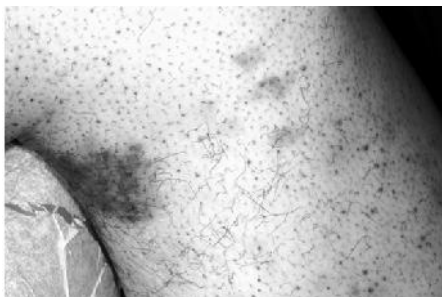
SCURVY: THE "4 – H CLUB"

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

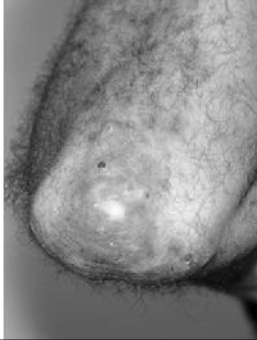
SCURVY



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

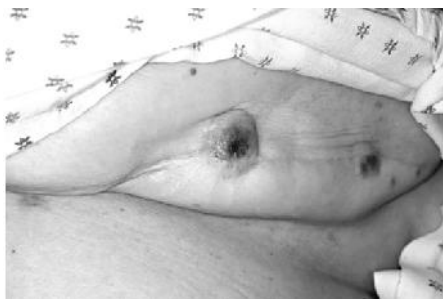


PERINEOPLASTIC SIGNS





METASTATIC BREAST CANCER



METASTASTIC BREAST CANCER



MYCOSIS FUNGOIDES



CUTANEOUS T-CELL LYMPHOMA



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

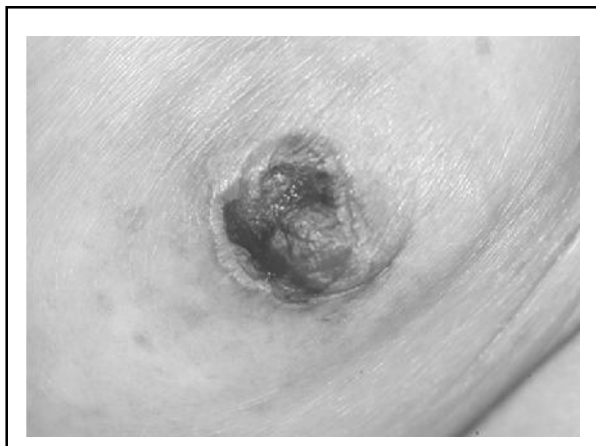
- CANNOT MAKE CANCER SPREAD
- GENERALLY NEEDS PUNCH BIOPSY (4 MM = TYPICAL)
- THE CANCER OFTEN LOOKS PAINFUL, BUT SELDOM HURTS
- A NUMBER OF CANCER TYPES CAN PRESENT AS A RASH

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

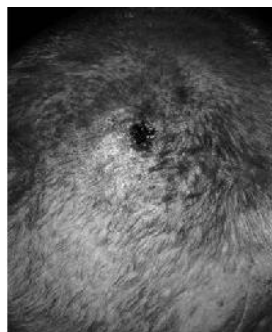
EXTRAMAMMARY PAGET'S DISEASE



**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 NEUROFIBROMTOSIS
- TYPE 2 PRESENTS WITH BILATERAL ACOUSTIC NEUROMAS
- TYPE 1: 50% SPONTANEOUS, 50% HEREDITARY
- SHORT, SWARTHY, 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



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



ECZEMA/ATOPIC DERMATITIS



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

ECZEMA/ATOPIC DERMATITIS



PSORIASIS VULGARIS



PSORIATIC NAILS



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



DACTYLITIS

- INFLAMMATION OF WHOLE FINGER
- CAN ACCOMPANY PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS AND OTHER ARTHRITIDES
- CALLS FOR ADDT'L HISTORY, JOINT EXAM, BLOODWORK (ANA, RA)

SARCOIDOSIS



SARCOIDOSIS



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

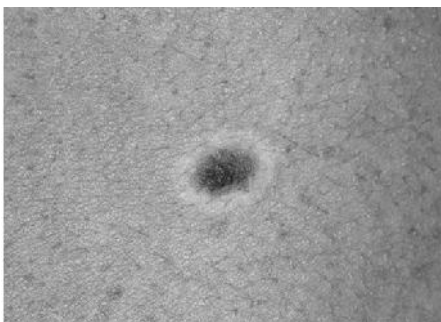




VITILIGO FACTS

- POLYGENIC ORIGIN, NOT ALWAYS AUTOIMMUNE
- INCREASED INCIDENCE OF OTHER AUTOIMMUNE DISEASES SUCH AS TYHROID, 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
