

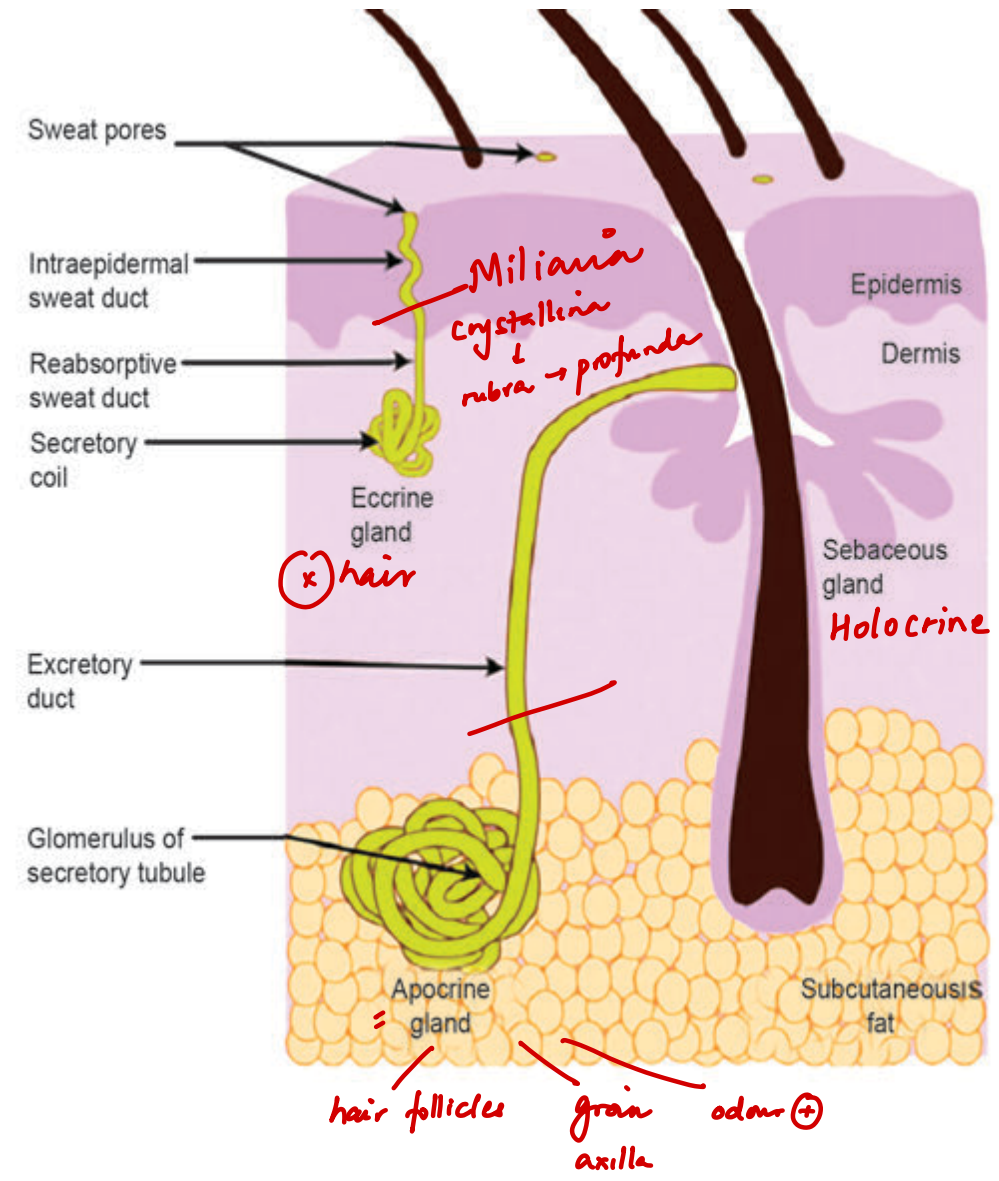
DERMATOLOGY

BASICS OF SKIN

- Layers**
- **Epidermis** (ectoderm) ^a
 - Melanocyte: **NC**
 - Langerhans: **meso derm** ^{a-p}
 - Dermis (mesoderm) ^r
 - Dense irregular collagen** ^a
 - Hypodermis (mesoderm)



↓
Fox-Fordyce disease → **2° inflamⁿ discharging sinuses ++**
Hidradenitis suppurate

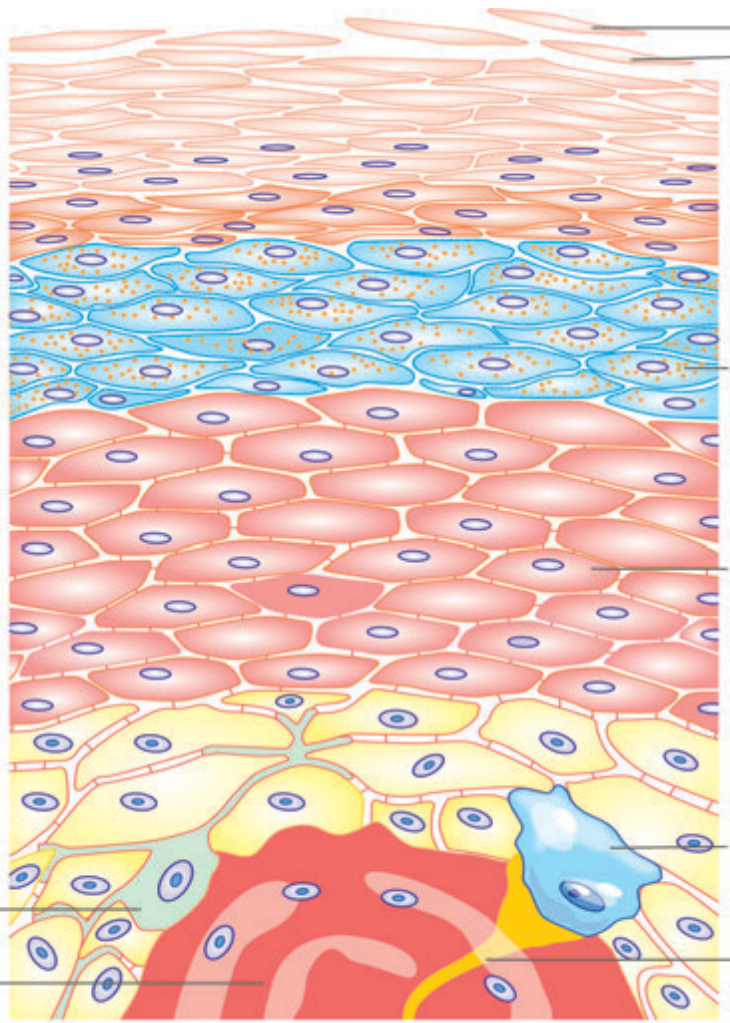


- Ectopic sebaceous gland:**
- Fordyce spots** ^{lips}
 - Montgomery tubercles** ^{areola}
 - Mebomian** ^{chalazion} ^{eyelids}
 - Zeiss**
 - Tyson's glands** ^{prepuce}

- Modified apocrine glands:**
- Mammary / breast
 - Moll's (eyelids)
 - Ceruminous

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BASICS OF SKIN



Corneum

Lucidum

Only in palms and soles
Refractile granules of Eleidin

Granulosum

Odland/lamellar bodies/ Keratohyaline granules

↓^x
asteatotic eczema

↓^x
Fillagrin \rightarrow Ichthyosis

Spinosum

Acanthocytes: DSG
Langerhans cells (APC)

Pemphigus/- Acantholytic cells
HSV

SSSS

Ca²⁺ ATPase - Darier / Hailey Hailey

basale

Melanocyte
Merkel cell

S-100 (HMB45) Melanin

CK 20+ } ca of
CK 7 - } colon

Malpighian :
B + S



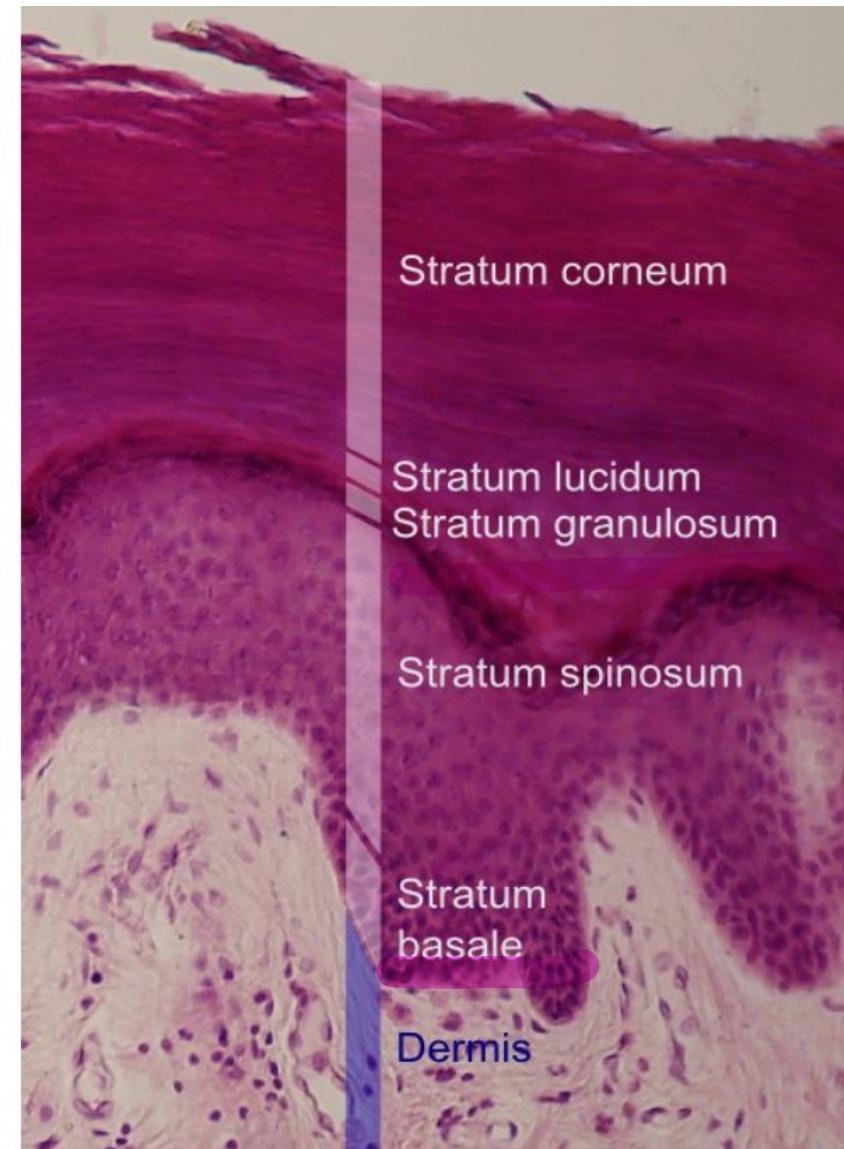
LCH Birbeck
granules

Hand-Schuller-Christian
proptosis
rash/hair

CD207 = langerin
S-100
CD1a

Epidermal melanin unit: 1 : 36
Epidermal turnover time: 56d
Psoriasis: 5-6d

DERMATO-PATHOLOGY



Hyperkeratosis: Psoriasis, (LP)
(Thick)

Parakeratosis: Psoriasis, eczema, actinic keratosis, sqcc
(nuclei) (PEAS)

Orthokeratosis: (LP)
(Hyper-Para)

Dyskeratosis: Darier's / actinic keratosis / sqcc
(premature kerat)

Hypergranulosis: (LP) - Wickham's striae

Spongiosis: intercellular edema - acute eczema

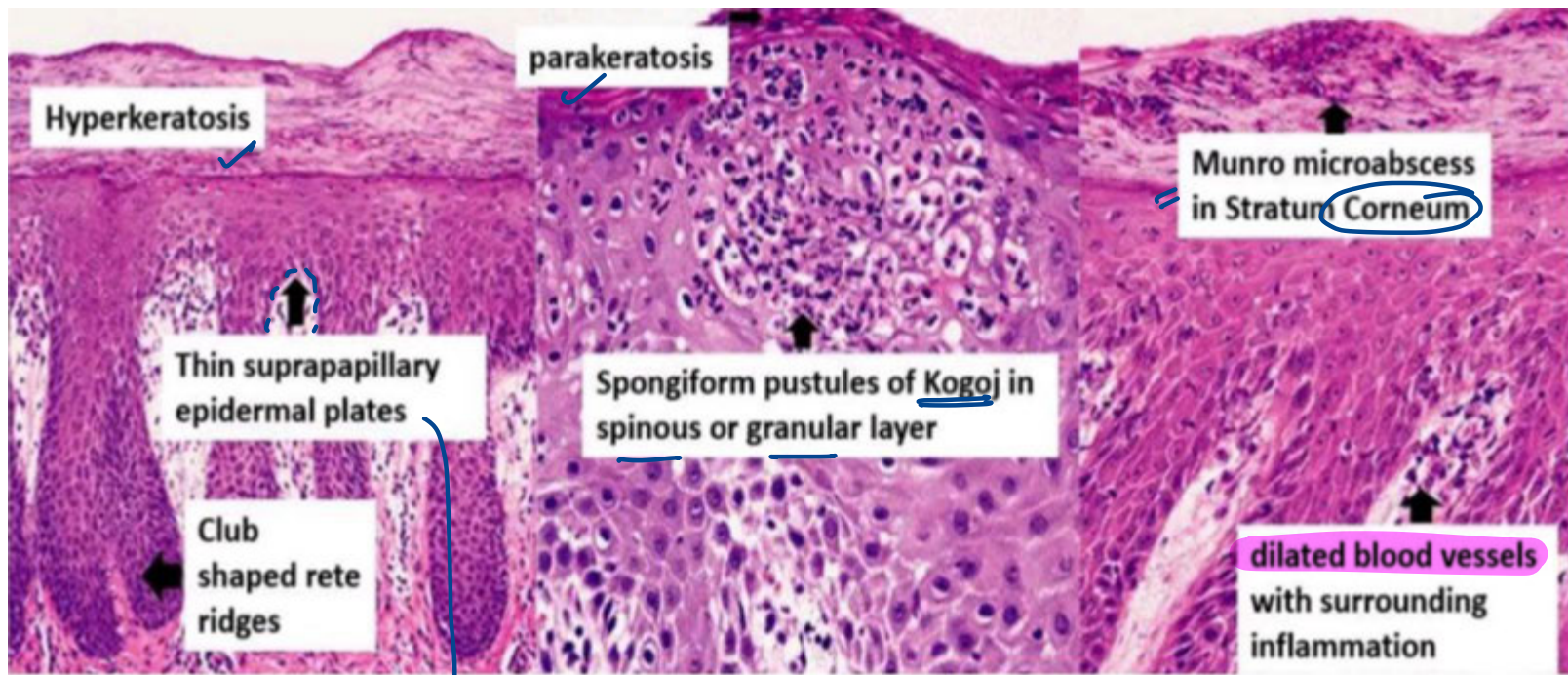
Acanthosis: Psoriasis vs intracellular ballooning → HSV

Acantholysis: pemphigus / SSSS / HSV / Darier-Hailey Hailey

Munro's microabscess: Psoriasis
(neutrophil)

Pautrier's microabscess: Mycosis fungoides = Cut T cell Lymphoma
(lymphocytes)

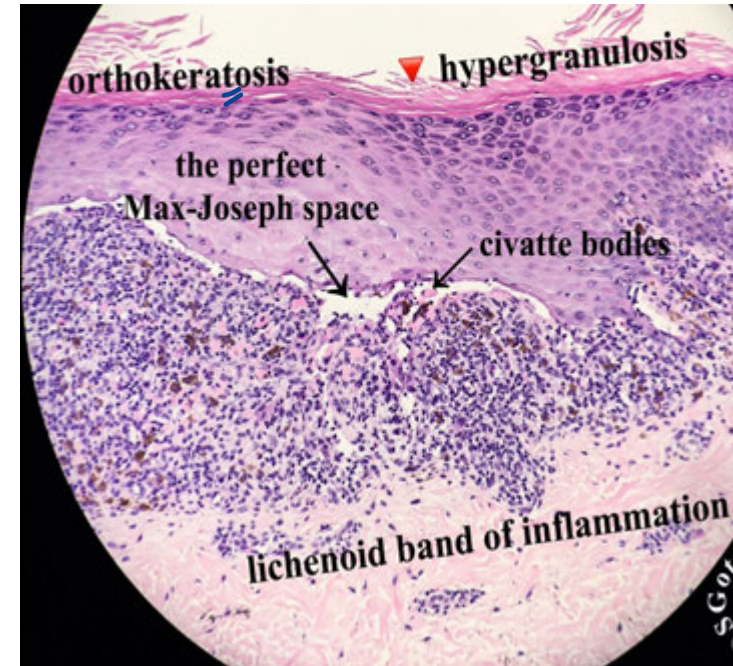
Civatte bodies: (LP) - apoptotic - Conncillman bodies
Hep C



earliest

Psoriasis

TNF- α , IL-6, CRP, HLA B27



LP

T-cell mediated (CD8+):
interface dermatitis

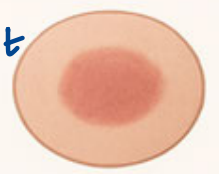
SKIN LESIONS

PRIMARY LESIONS



Macule
Flat discoloration
≤ 1 cm in diameter

flat



Patch
Flat discoloration
> 1 cm in diameter



Papule
Elevated, solid
skin lesion ≤ 1 cm



Plaque
Elevated, flat-topped lesion
> 1 cm in diameter

Nodule

Firm, deep lesion, > 1 cm

Tumor

Large solid mass, deeper in dermis

Vesicle

Small fluid-filled blister, ≤ 1 cm

Bulla

Large fluid-filled blister, ≥ 1 cm

Pustule

Pus-filled vesicle

Wheal *dermal edema - Urticaria^a (x annular)*

SECONDARY LESIONS



Scale
Thickened stratum corneum



Lichenification
Thickened, rough skin with accentuated skin markings

Crust

Dried serum, blood, or pus

Erosion

Loss of part of the epidermis, heals without scar

Ulcer

Full-thickness loss of epidermis and dermis, heals with scar

Excoriation

Linear erosion caused by scratching

Abscess, Petechiae, Purpura, Ecchymosis

vs
 RBC extravasation x blanching
 Erythema → vasodilation
 → blanch ✓
 Diascopy

ANNULAR LESIONS-PATTERN



E. nodosum



Histoplasma, TB
Sarcoidosis - hilar LN
Syndrome: Lofgren⁺
Behcets
IBD - CD > UC

- post
- scar ✓
- Indurⁿ ✓
E I B
E. Induration of
Bazin
↳ Tuberculide

E. marginatum

E. multiforme

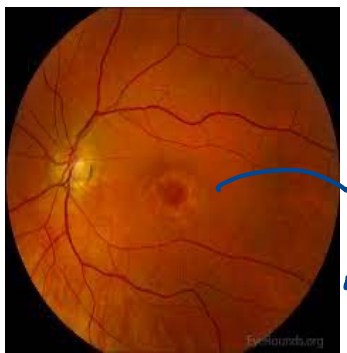
target

E. migrans
h/o trek

→ Hot *E. ab igne*

Acute rheumatic fever

Lyme disease



Bull's eye maculopathy

HSV, mycoplasma
Sulfa drugs, B lactams, **Chloroquine** ^{q/}



pyoderma gangrenosum
UC > CD

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E. gyratum repens
paraneoplastic - adenoca

PAPULO-SQUAMOUS DISORDERS

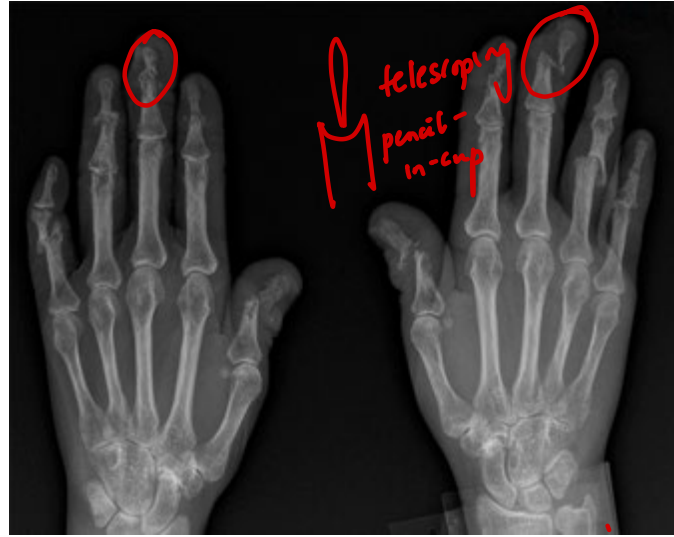
PSORIASIS



- extensor
- silvery scales



- irregular pitting
- oil droplet - Patnognomic
- Subungual ↑keratosis



arthralgia mutilans

Ps. A MC: DIP
L oligo A (<5jt)



Inverse psoriasis (flexural)



Auspitz sign
Berkeley membrane
Crustage test



Koebner's / isomorphic

Wormoff ring - halo - PA - R^{post}



- VRTT
- strep asp A
Guttate psoriasis
R^o - Macrolides



Rupoid psoriasis



Pustular psoriasis (withdrawal of steroids)

LP V
LP Ps vitiligo (Reverse)

Pseudo Koebner's : warts (auto-inoculⁿ)

HLA-CW6, HLA-B27

TNF-a, IL-17, IL-23

Conditions worsening psoriasis: Lithium, Chloroquine, B blockers, NSAIDs, Steroids, Alcohol, smoking

Rx: Psoriasis <10%: topical steroids

Psoriasis >10%: Phototherapy (PUVA / NB-UVB) \xrightarrow{x} Mtx
311nm

Psoriatic arthritis, Erythrodermic psoriasis: Mtx

Pustular psoriasis: Acitretin (3yrs - avoid pregn) (vs) Isotretinoinic acid - 3mon

Impetigo herpetiformis/Pregnancy: Steroids systemic
(pustular ps)

Von Zumbusch disease: diffuse pustular ps

Ixekizumab, Secukinumab IL-17 (-)

Risankizumab, Guselkumab, Tildrakizumab IL-23 (-)

Ustekinumab IL-12, IL-23 (-)

Apremilast PDE 4 (-)

Tofacitinib JAK 1/3 (-)



LP

Wickham's striae

Papule Pterygium

Pruritic, Purple, Planar, Polygonal, Papules, Plaques

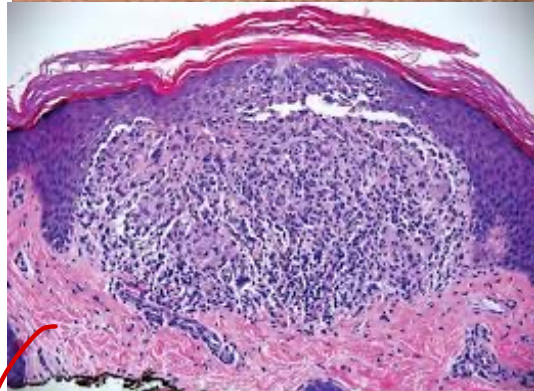
- flexural

- Hep C

- alopecia, scarring

lacy reticular

(x) wipe off



Lichen nitidus

claw catching a ball H/P

P R P
Pityriasis Rubra Pilalis

- palmoplantar keratoderma

Checkerboard pattern: alternating orthokeratosis and parakeratosis

Trigger: ACE-, B blockers, Chloroquine, Dental Hg amalgam

Rx: Topical steroids

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Christmas tree

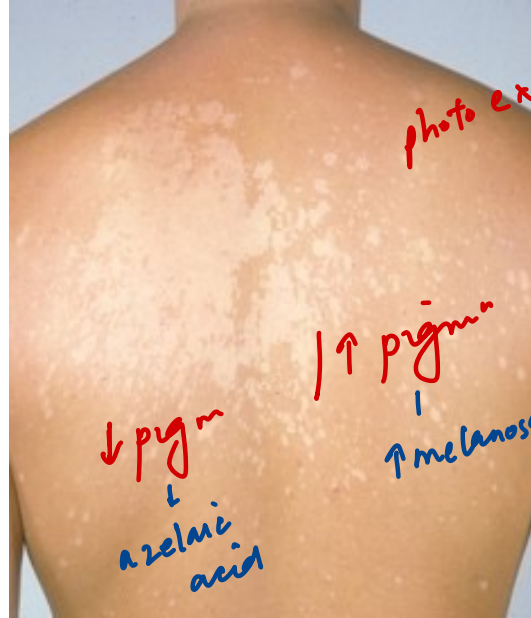
P. ROSEA

Herald patch

HHV 7

cigarette / colarette of scales

R - conservative

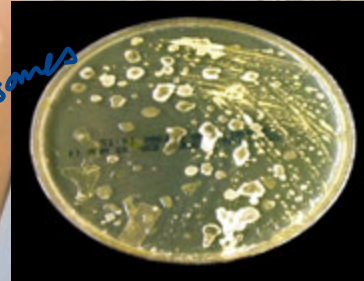


↓ pigm
↓ azelaic acid
↑ pigment
↑ melanosomes

photo ex



KOH
spaghetti-meatball



Golden yellow-Wood's lamp
Branny scales

P. versicolor

Malassezia globosa mc > furfur



Hortaea werneckii

T. nigra

SDA + olive oil
lipophilic
fried egg

Wood's lamp: UV-A 365nm
Barium silicate + 9% NiO filter

BACTERIAL SKIN INFECTIONS



"honey crusting"

Impetigo

- Strep / Staph
Gp A
↓
molecular mimicry
ARF / PSGN



Bullous impetigo
Staph: exfoliatin
↓
Toxin
↓
Dsg-1



- well-defn
- raised
- Millian ear

Erysipelas (sup dermis)
Strep



Cellulitis (deep)
Strep / Staph

SSSS/ Ritter disease: infant + diffuse peeling
Oral mucosa? No
VS Reiter disease: conjunctivitis / arthritis / urethritis (seroneg)
past h/o STD/GI - *Campylobacter*

Circinate balanitis



keratoderma blenorrhagicum





Folliculitis



Furuncle



Carbuncle

Diabetics

SCLERODERMA

- mucin ++



Necrotizing fasciitis



Fournier's gangrene

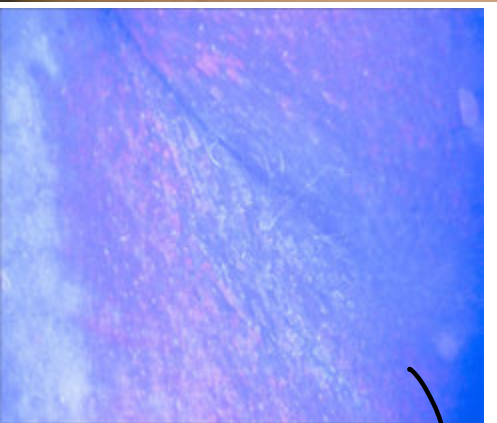
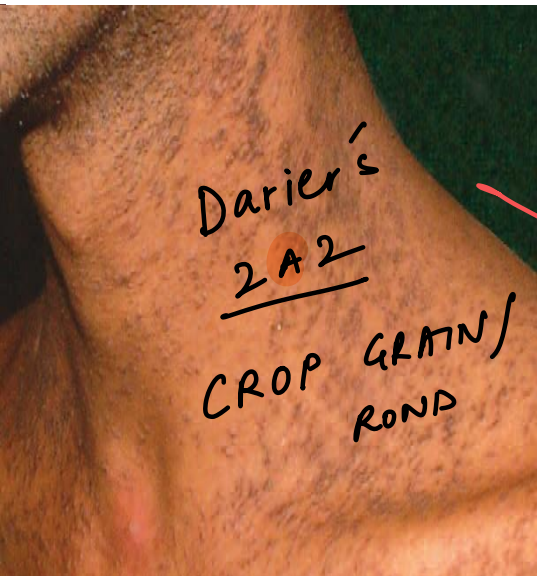


Meleney's gangrene

Polymicrobial ~~Q~~

Testes involved? NO

Drug causing? SGLT-2 ⊖



- humid (+)
 - satellite lesions
 Candida

black velvetysh
 Acanthosis nigricans



Erythraema
 C. minutissimum

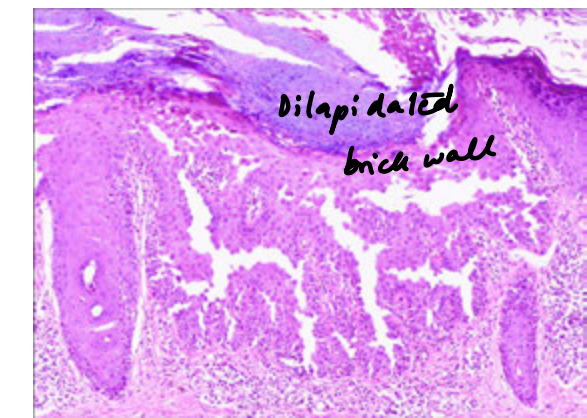
coral red
 Wood's lamp

- insulin R (DM PCOD)
 - paraneoplastic (adenoca)

HAIR - AN
 ↑ androgenism

SAHA:

seborrhea, acne, hirsutism, alopecia



PERIANAL DERMATOSIS



	Contact Dermatitis	Candida Dermatitis	Perianal Streptococcus
Age group	Infants (most common)	Infants (2nd most common)	School-aged children
Rash location	Spares skinfolds	Involves skinfolds	Perianal/perineal area
Rash appearance	Red, irritated skin	Beefy-red, satellite lesions	Bright, sharply demarcated erythema
Treatment	Barrier ointment/paste	Topical antifungals	Oral antibiotics

ALOPECIA

Scarring Alopecia: T L D
 Doc: Anisofaltrin MT ⊖ T. capitis LP DLE
 focal fibrosing alopecia

Non-scarring Alopecia:
 Stress / pregnancy (3mon)- Telogen effluvium
 Chemotherapy- Anagen effluvium
 Accessible areas- Trichotillomania (OCD-Related)



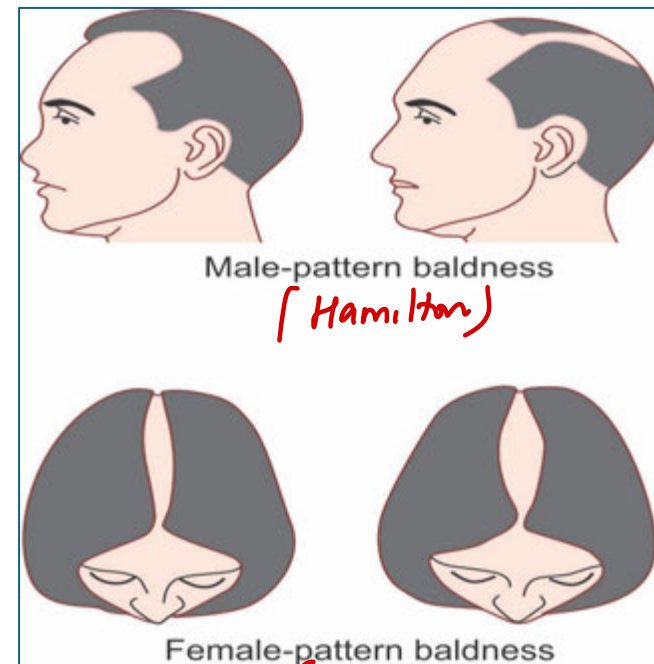
Footprints in snow:
 Pseudopalade of Brocq



Bezoar



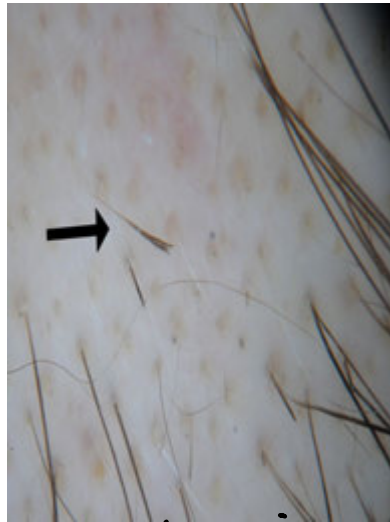
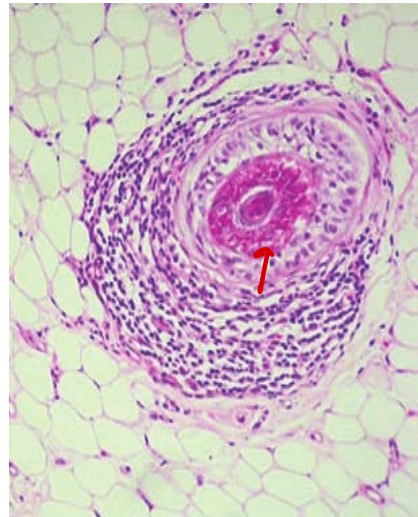
Friar Tuck sign



Androgenetic alopecia
 Rx: - Minoxidil - topical
 2% or 5%
 ♀ →
 - Finasteride - systemic
 5α red ⊖
 T → DHT
 ♀: anti-androgens

Broken hair follicles, hemorrhage, various length

ALOPECIA AREATA



Swarm of bees

Exclamation mark
AI - hair follicles

Nail: Regular pitting
Going white overnight

Rx: *Intra* steroids \Rightarrow systemic steroids

Term	Description
Alopecia totalis	Total or almost total loss of scalp hair
Alopecia universalis	Loss of all body hair
Ophiasis	Alopecia along the scalp margin (serpentine band-like pattern)
Saisipho pattern	Reverse ophiasis: hair loss spares the sides & back of the head

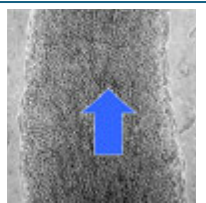
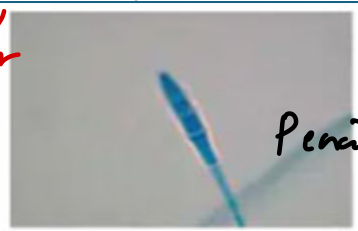
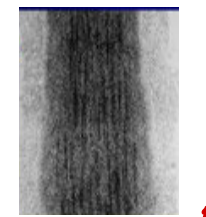
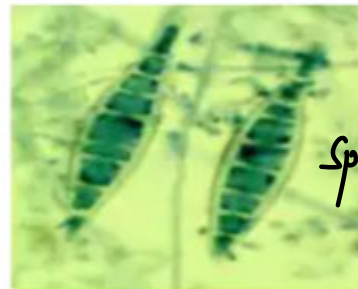
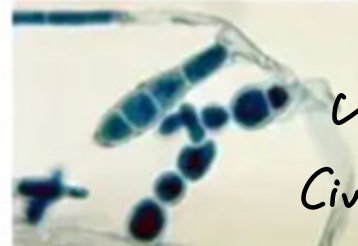
DERMATOPHYTES

keratin

KERION

T. capitis

FAVUS

	Macro	Micro
<u>Trichophyton</u>	 <p>skin, nail, hair</p> <p>Endotrix = black dot</p>	 <p>Pencil ++</p>
<u>Microsporum</u>	 <p>skin, hair</p> <p>ectotrix = gray patch</p> <p>Blue-green</p>	 <p>Spindle +/-</p>
<u>Epidermophyton</u>	<p>skin, nail</p>	 <p>Club/Civatte -</p>



tender, boggy, LM (+)



Dull-green

KOH, wood's lamp: (N)

T. mentagrophyte / verrucosum

Crust (+) Scutula (+)
T. Schmalleri

Hair Perforation Test: +ve



central clearing - KOH (+)

Doc: Azoles



T. incognita (skind - Tinea)


Amorolfine 5%, Ciclopiroxolamine 8% - laquers
Tavaborole, Efficonazole - topical

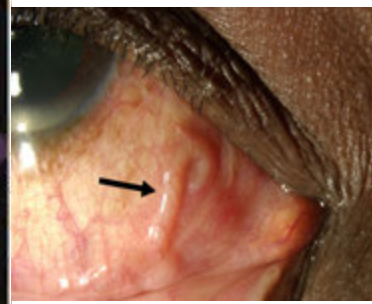
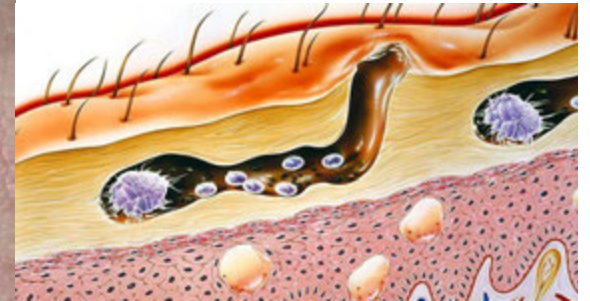


mc: DL50

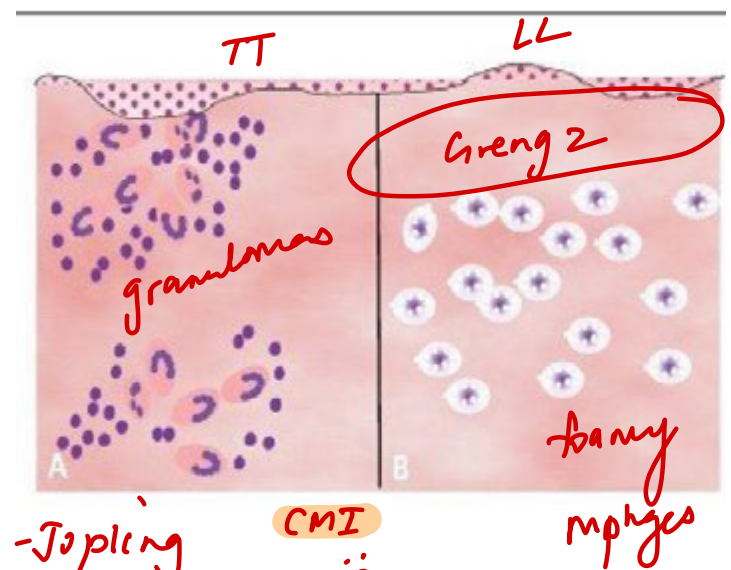
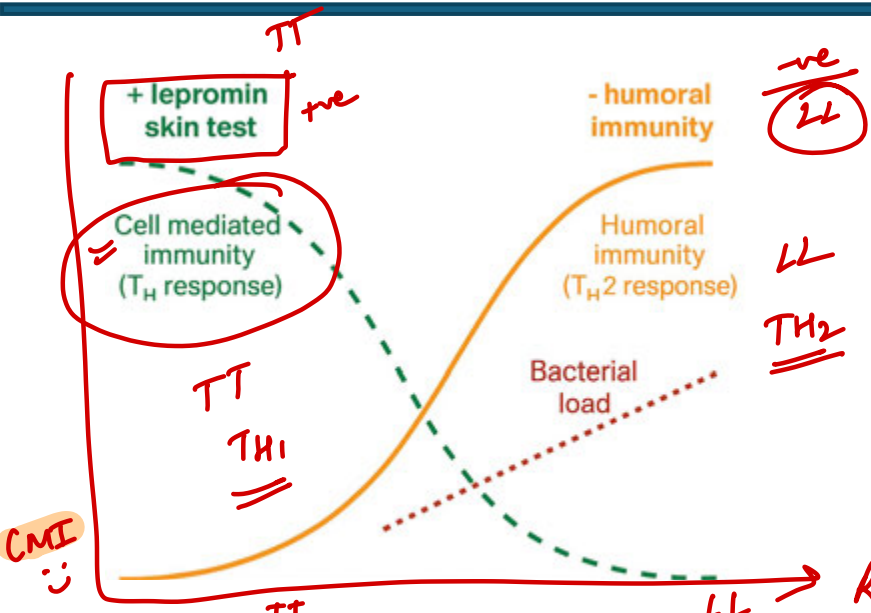
mychomycosis
6w - finger
12w - toe
Terbinafine

PARASITIC INFECTIONS OF SKIN

Parasite	Clinical Features	Key Points
Sarcoptes scabiei (~10)  <p>Mite 2 pairs of ant & post legs</p>	Intense pruritus, burrows, papules, interdigital spaces, wrists, waist Face spared in adults	Rx: 5% permethrin Infants/pregnant safe: - Sulphur / permethrin (CI: benzyl benzoate / ivermectin / Lindane) Norvegin scabies
Leishmania/ Oriental sore	Non-healing ulcer with raised edges	Transmitted by sandfly (Phlebotomus) bite
CLM vs VLM → Toxocara canis	Serpiginous, creeping eruption (1-2cm/day)	Ancylostoma braziliense MCC Larva currens: Strongyloides (5-15cm/d)
✓ Onchocerca volvulus	River blindness Nodules, pruritus, "leopard skin," vision loss	Blackfly transmission
✓ Loa loa	Calabar swelling (transient angioedema)	Transmitted by deer fly
Demodex spp.	Rosacea-like facial papules	Commensal mite overgrowth
Pediculosis Contact dermatitis Join our group	P. Corporis P. Pubis P. Capitis	Macula cerulea in P. pubis



LEPROSY



TT	BT	BB	BL	LL
1. Number of lesions _____	_____	_____	_____	_____
2. Well-defined, elevated margins _____	_____	_____	_____	_____
3. Single thickened nerve _____	_____	_____	_____	_____
4. Sit Skin Smear (SSS) negative _____	_____	_____	_____	_____
5. Anesthetic lesions _____	_____	_____	_____	_____
6. Tuberculoid granuloma _____	_____	_____	_____	_____

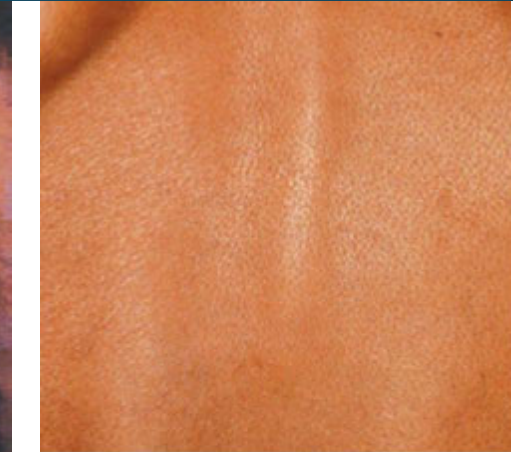
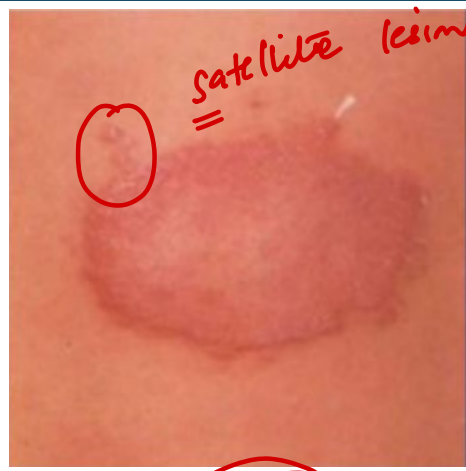
Handwritten notes: increase , ill-defined , $\text{more nerves bilaterally}$, positive AFB (+) , $\text{sensations present (glove \& stocking)}$, $\text{foam macrophages and Grenz zone}$.

Indian
 indeterminate
 - good 😊
 pure neuritic

Fernandez: 48hr - prior sens
Mitsuda: Late - 21d - CMI \approx long-term
Histoid: nodules ++
Lucio: ^{Banito} LL
Lazarine: malnourished - nodulo-ulcerative

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LEPROSY



TT
1

BT
1-3

BB
3-10

BL
10-30

LL
>30

Nikushu / SPARSH
- Sapna

Route of infection - Inhalation
 MC cranial nerve- ^{7th} mc N: ulnar N
 Mc Nerve for biopsy- radial cut N / sural N
 Earliest sensation lost- temp (cold)
 Fite Foraco stain

Prophylaxis in contacts: SD-Rifampicin
 • >2yrs
 • >20hrs per week >3mon
 • Impact indicators: Prevalence <1/10k - Elimination
 • Newly diagnosed cases with grade 2 disability ^{a/}

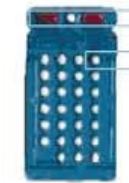
	PBL	MBL
Skin lesions	0-5	>5
Nerves	0	≥1
SSS AFB	-	+ve
MDT duration	6mon	12mon

MDT Lepra rxn



PB adult blister pack

~~PB adult treatment:~~
 Once a month: Day 1
 - 2 capsules of rifampicin (300 mg X 2)
 - 1 tablet of dapsone (100 mg)
 Once a day: Days 2-28
 - 1 tablet of dapsone (100 mg)
 Full course: 6 blister packs



PB child blister pack

~~PB child treatment (10-14 years):~~
 Once a month: Day 1
 - 2 capsules of rifampicin (300 mg + 150 mg)
 - 1 tablet of dapsone (50 mg)
 Once a day: Days 2-28
 - 1 tablet of dapsone (50 mg)
 Full course: 6 blister packs
 For children younger than 10, the dose must be adjusted according to body weight.



MB adult blister pack

MB adult treatment:
 Once a month: Day 1
 - 2 capsules of rifampicin (300 mg X 2)
 - 3 capsules of clofazimine (100mg X 3)
 - 1 tablet of dapsone (100 mg)
 Once a day: Days 2-28
 - 1 capsule of clofazimine (50 mg)
 - 1 tablet of dapsone (100 mg)
 Full course: 12 blister packs



MB child blister pack

MB child treatment (10-14 years):
 Once a month: Day 1
 - 2 capsules of rifampicin (300 mg + 150 mg)
 - 3 capsules of clofazimine (50 mg X 3)
 - 1 tablet of dapsone (50 mg)
 Once a day: Days 2-28
 - 1 capsule of clofazimine every other day (50 mg)
 - 1 tablet of dapsone (50 mg)
 Full course: 12 blister packs
 For children younger than 10, the dose must be adjusted according to body weight.

most eff

Rifampicin	Dapsone	Clofazimine
600mg OAMS	100mg OD	300mg OAMS+ 50mg OD



NATIONAL LEPROSY ERADICATION PROGRAM

	Type 1	Type 2 = ENL
Hysn reaction:	type IV	type III
Seen in:	BB/BT	LL
Relation to treatment:	cin 12mon of Rx	(x) reln
C/F:	pre-existing RED	New - nodular
Systemic involvement:	xx	Fever, arthralgia, orchitis
Treatment:	DO NOT STOP MDT	
	1st: NSAIDs → steroids	Steroids Doc

Contact admin
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Urethral Discharge

- Urethral Discharge (Pus or muco-purulent)
- Pain or burning while passing urine
- Increased frequency of urination
- Systemic symptoms like malaise, fever

Tab. Azithromycin 1 gm
OD Stat +
Tab. Cefixime 400 mg ~~400 mg~~ 800 mg
OD Stat

KIT 1/Grey



Treat all recent partners

Cervical Discharge

- Nature and type of discharge (quantity, color and odor)
- Burning while passing urine, increased frequency
- Genital complaints by sexual partners
- Low backache *Cervical erosions*
(Take menstrual history to rule out pregnancy)

✓ Tab. Azithromycin 1 gm
OD Stat +
- Tab. Cefixime 400 mg
OD Stat

KIT 1/Grey



Treat partners when symptomatic

Painful Scrotal Swelling

- Swelling and pain in the scrotal region
- Pain or burning while passing urine
- Systemic symptoms like malaise, fever
- History of urethral discharge

Tab. Azithromycin 1 gm
OD Stat +
Tab. Cefixime 400 mg
OD Stat

KIT 1/Grey



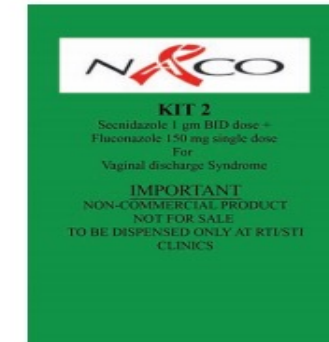
Treat all recent partners

Vaginal Discharge

- Nature and type of discharge (quantity, color and odor)
- Burning while passing urine, increased frequency
- Genital complaints by sexual partners
- Low backache
(Take menstrual history to rule out pregnancy)

Tab. Secnidazole 2 g
OD Stat +
Cap. Fluconazole 150 mg
OD Stat

KIT 2/Green



Treat partners when symptomatic

• Chlamydia > Gonorrhoea
loc : NAAT

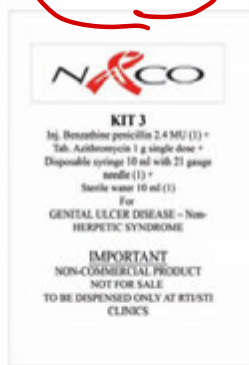
Genital Ulcer-Non Herpetic

- Genital ulcer, single or multiple, painful or painless
- Burning sensation in the genital area
- Enlarged lymph nodes

Inj. Benzathine penicillin (2.4 MU) - 1 vial
Tab. Azithromycin (1 gm) - Single dose

If allergic to Inj. Penicillin:
Doxycycline 100 MG (Bid for 15 days)
Azithromycin 1GM (Single dose)

KIT 3/White



KIT 4/Blue



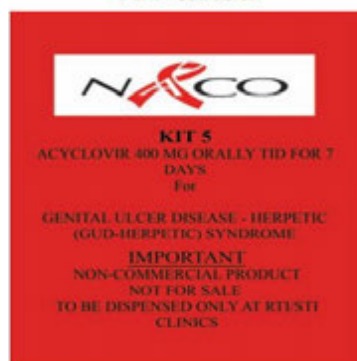
Treat all sexual partners for past 3 months

Genital Ulcer - Herpetic

- Genital ulcer or vesicles, single or multiple, painful, recurrent
- Burning sensation in the genital area

Tab. Acyclovir 400 mg
TDS for 7 days

KIT 5/Red



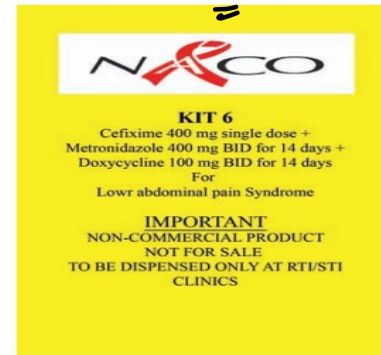
No partner treatment

Lower Abdominal Pain (LAP)

- Lower Abdominal Pain **PID**
- Fever
- Vaginal Discharge **f //**
- Menstrual irregularities like heavy, irregular vaginal bleeding
- Dysmenorrhoea, dyspareunia, dysuria, tenesmus
- Lower backache
- Cervical motion tenderness

Tab. Cefixime ~~400~~ ^{800mg} mg QD stat +
Tab. Metronidazole 400 mg BD X 14 days +
Doxycycline 100 mg BD X 14 days

Kit 6/Yellow (DCM)



Treat male partners with Kit 1

Inguinal Bubo (IB)

- Swelling in inguinal region which may be painful
- Preceding history of genital ulcer or discharge
- Systemic symptoms like malaise, fever etc

Tab. Azithromycin 1 gm OD Stat +
Tab. Doxycycline 100 mg BD for 21 days

Kit 7/Black



Treat all sexual partners for past 3 weeks

1° / 2° / early latent - Benzathine pen 2.4MU im

late latent / 3° " " x 3 doses (w/ly)

Contact admin
Join our group

Nemo - Aqueous penicillin (Procaine) HOIGNE Sx (psychosis)

fever, myalgia

- Jarisch-Herxheimer rxn
- not a CI to penicillin & NSAIDs




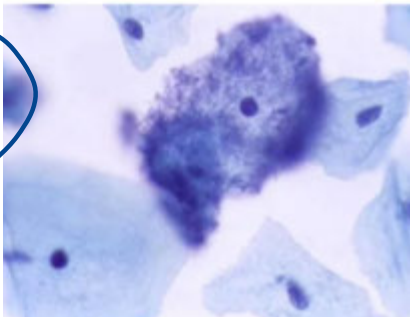
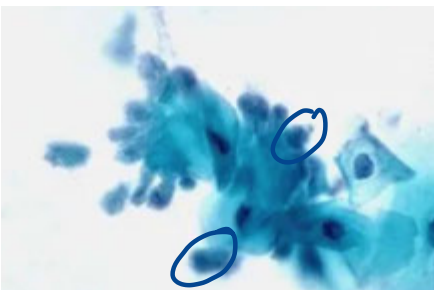
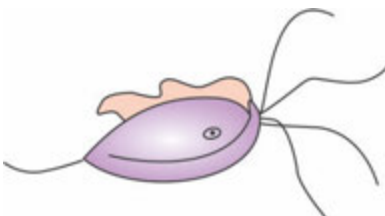

pregn + allergic to penicillin

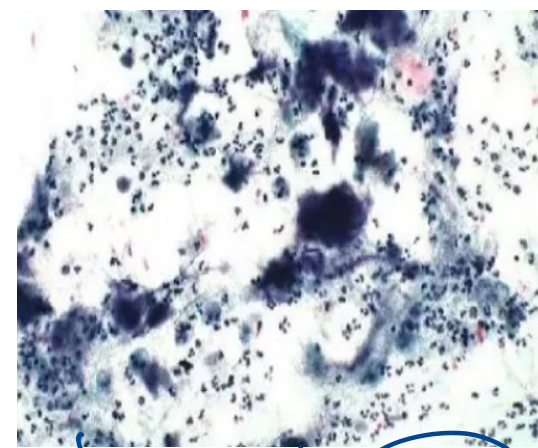
- desensitization to penicillin

BROWN: Anorectal syndr

Cefixime 800mg stat + Doxycycline 100mg BID

- Gray ✓✓ — —
 - Green ✓ ✓
 - White ✓ ✓
 ✓ Blue ✓ ✓
 15d
 ✓ Red x —
 ✓ Yellow DCM
 ✓✓✓
 ✓ Black BD 21d
 Brown CD 7d .

Diagnosis	<u>Bacterial vaginosis</u>	Trichomonas	Candida
Examination	<p><i>Gardnerella</i></p>  <ul style="list-style-type: none"> ● Thin, off-white discharge with fishy odor ● No inflammation 	 <ul style="list-style-type: none"> ● Thin, yellow-green malodorous, frothy discharge ● Vaginal inflammation <p><i>strawberry</i> cx</p>	 <ul style="list-style-type: none"> ● Thick, "cottage cheese" discharge ● Vaginal inflammation
Laboratory findings	<p><i>Nugent score</i></p>  <ul style="list-style-type: none"> ● pH > 4.5 ● Clue cells ● Positive whiff test (amine odor with KOH) <p><i>Amsel's criteria</i></p>	  <ul style="list-style-type: none"> ● pH > 4.5 ● Motile trichomonads 	 <p><i>'sheekh-kebab'</i></p> <ul style="list-style-type: none"> ● Normal pH (3.8 - 4.5) ● Pseudohyphae
Treatment	Metronidazole or clindamycin	Metronidazole; treat sexual partner	Fluconazole

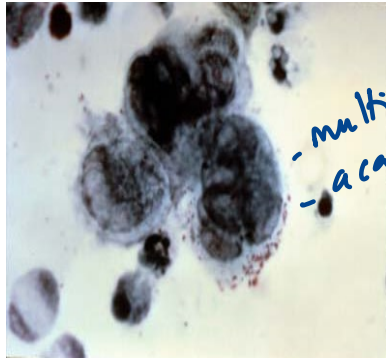
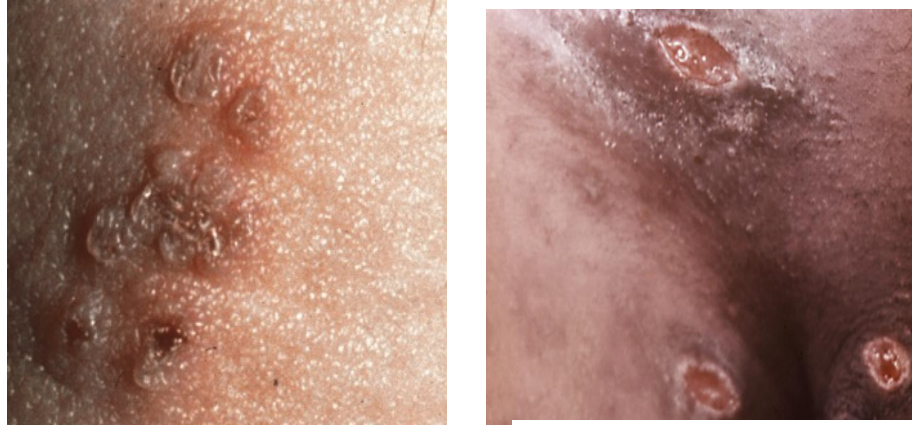


'cotton ball'
Actinomyces
 - h/o IUD
 - PID

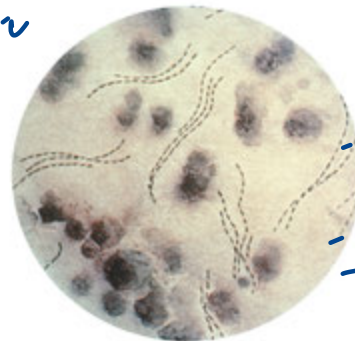
Physiological :
 - (x) malodour
 - (x) itching
 - mid-cycle

APPROACH TO GENITAL ULCERS

Painful



- multinucleated
- acantholysis



- school of fish
- bipolar

- erosions
- erythematous base

HSV-2

Chancroid

H. ducreyi

- LN painful -bubo

2-5d

Painless

transient ulcer



HARD CHANCERE

Syphilis

- painless / shotty LN

9-90d



Red, beefy (+)

Donovanosis / 8-80d

Granuloma inguinale

pseudo-bubo

- erosions lymphatics



Groove sign

BUBO

Genital elephantiasis

C. trachomatis
LGV

- Esthimerie
- Saxophone

L2 mc

Miyagawa corpuscle

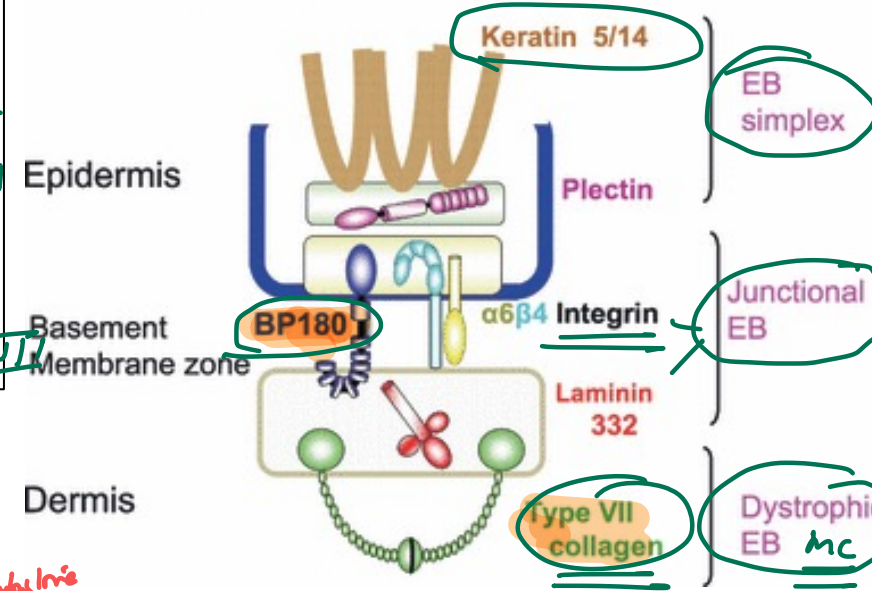
Frie test

3-30d

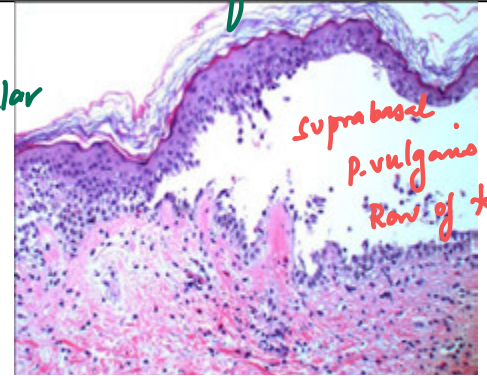
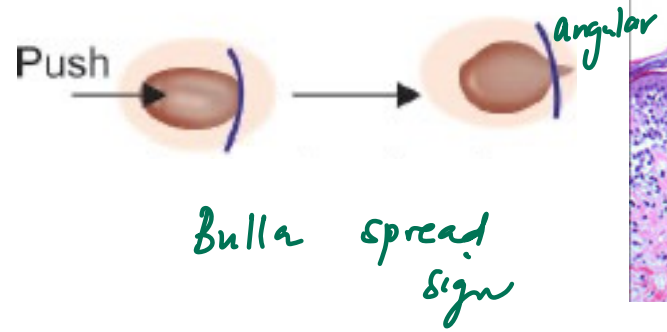
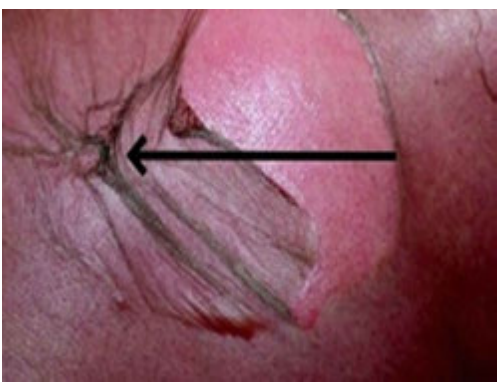
VESICO-BULLOUS DISORDERS

EPIDERMAL - Pemphigus - Dsg FLACCID - \otimes oral ulcers
 DSG-1: SUBCORNEAL SPLIT - erosions (seborrheic) - P. foliaceus - SSSS
 DSG-3: SUPRABASAL SPLIT; ORAL ULCERS - P. vulgaris - SJS-TEN
DERMAL BP - BP Ag 2 > 1 Tense
 MECHANO-BULLOUS: Epidermolysis bullosa { Congenita
 Acquired - Coll. III

Three major categories of epidermolysis bullosa (EB)



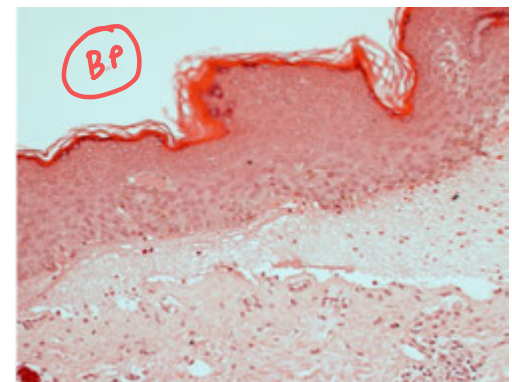
Salt split IF:
 Roof- BP
 Floor- EB



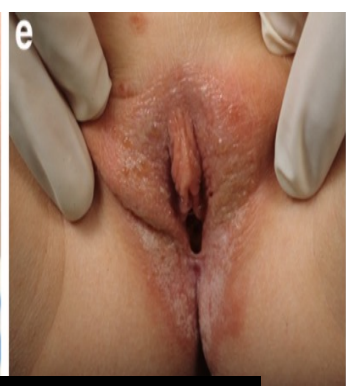
Tangential pressure

Nikolsky sign
+ve Pemphigus
-ve BP
 • Contact dermatitis
 • Join our group
 • SSSS

\oplus : Pemphigus



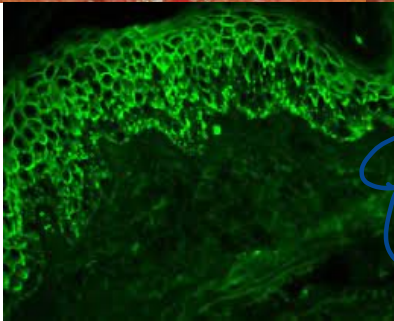
Drug-induced Pemphigus:
 D-penicillamine, Captopril, Rifampicin
Paraneoplastic pemphigus: NHL (CML)



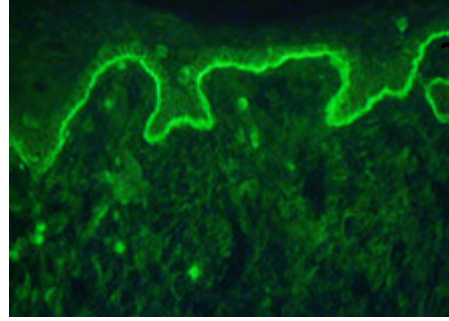
string of pearls



itchy extensor



P. vulgaris
DIF -10C - IgG / C3
fish net margins



→ IgG / C3
↓
D-E jn



→ Linear IgA / Chronic bullous of childhood



IgA - papillary tips
picket fence
neutrophilic abscess

1st: Tzanck smear
floor acantholytic cells

TOC: steroids

Rx - Dapsone

Dermatitis herpetiformis

Celiac D
epidermal transglutaminase 3

Rx - Avoid BROWN
Rye

Bullous pemphigoid
Herpes gestationis/ pemphigoid gestationis (PG) } BP Ag 2 > 1
Linear IgA } BP Ag 2 -180
Cicatricial pemphigoid } BP Ag 2 -180

DRUG-RELATED DISORDERS



FDE fixed drug eruption
 Type IV hypersensitivity
 - NSAIDs / metformin
 leave to ↑ pigment

SJS - TEN
 <10% BSA >30% BSA
 AED, Allopurinol, NSAIDs, Sulfas

Score of Toxic Epidermal Necrolysis (SCORTEN)

Red man: Vancomycin (Histamine ↑)
Grey baby: Chloramphenicol
Pseudo-jaundice: Rifabutin / β-carotene ↑
Skin / nail pigmentation (ART): Zidovudine
Palm/soles pigmentation: Emtricitabine
Hand foot syndrome: 5FU / Capecitabine (oral)
Purple toe syndrome: Warfarin
Pseudolymphoma / Purple glove syndrome: Phenytoin
Vesicular eruptions: Barbiturate
Icthyosis, copper discolouration: Clozapine

CONTACT DERMATITIS

Air borne

ABC D



Irritant



Allergic



Patch test
48 hr (96 hr)^{ccg}



Parthenium = congress grass
Sesquiterpene lactone

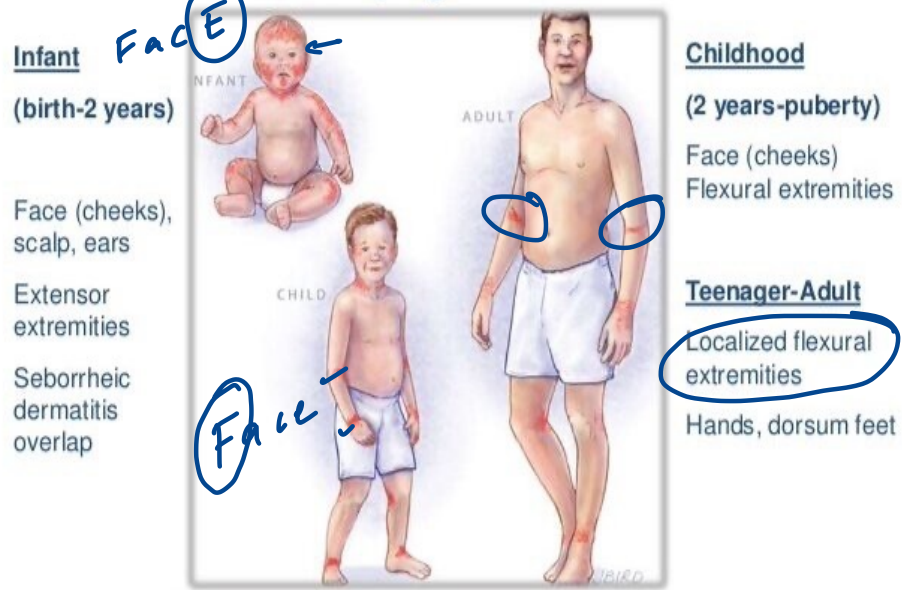
- Type IV hypersensitivity**
- Nickel (mc) - artificial Jewellery
 - Chromium - cement
 - PTBP - bindi
 - PPD - hair dyes
 - Neomycin - topical ointments
 - Mono-benzyl ether of Hydroquinone (MBEH) - rubber
- contact admin
Join our group

contact leukoderma



ATOPIC DERMATITIS

Distribution of AD by Age



Acute: Erythema, intercellular edema (spongiosis), vesicles, crusting
Subacute: Erythema, scaling
Chronic: Lichenification



Hanifin and Rajka criteria

Major: Chronic + atopy + pruritus + location (TH2 response - IL-4, IL-5) ^{type 1 hypers}

Dennie Morgan fold, Shield cataract, keratoconus, Headlight sign

Rx - Steroids, Calcineurin inhibitors

Crisaborole: PDE4 -

Dupilimab IL4-

vs ulcer - VKC



HISTAMINE RELATED DISEASES



URTICARIA

Pruritic transient wheal
Dermal edema
Dermographism
Type 1 hypersensitivity



Cholinergic urticaria
Sweating (+)



DARIER'S sign
cut mastocytosis
CKIT (+)

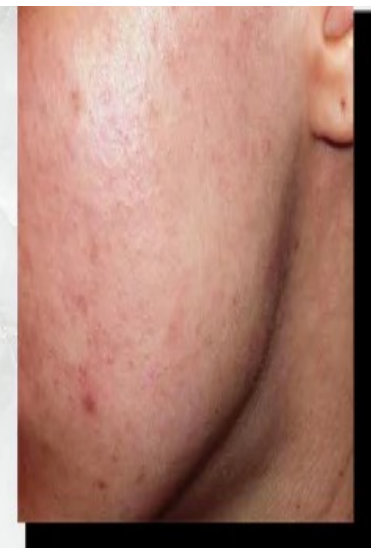


Hereditary angioedema

No wheals (AD) ✓ C1 esterase inh
Not histamine mediated (⊖)
Bradykinin: (↑)
C4: (↓)
DOC: C1 esterase (⊖)
Plasma kallikrein inhibitors:
Ecallantide, Lanadelumab,
Berotralstat
Bradykinin B2 receptor
antagonist: Icatibant

ACNE

obstruction of piloseb unit \pm 2^o infn - P.acnes



COMEDONES
 / \
 open closed
 | |
 black white

Papules

Pustules

Nodulocystic
 acne

Rosacea

Sparing of NL
 fold
 ↓
 SLE - Malar
 rash

Ro - Topical retinoids \rightarrow + topical AB-clinda \rightarrow + oral AB: doxycycline
 ↳ tretinoin acid / adapalene \pm BP

oral Isotretinoin acid \rightarrow 6mm

- 3mon
- keratogenic
- cheilitis -mc
- ↑Tg, Hepatotoxic

- Erythematous telangiectasia
- NO comedones
- Flushing in response to triggers hot / alcohol

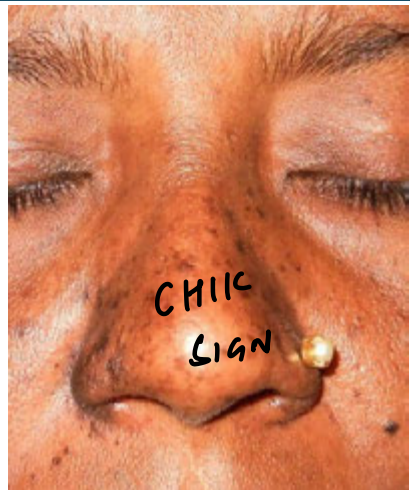
Rule out hyperandrogenism in resistant acne ^Q

Drug induced acne - ^{dermal atrophy} Steroids, Li
 ↳ (x) comedones / monomorphic

PIGMENTATION DISORDERS



Melasma - Pregn / Myriad
↓
Chloasma



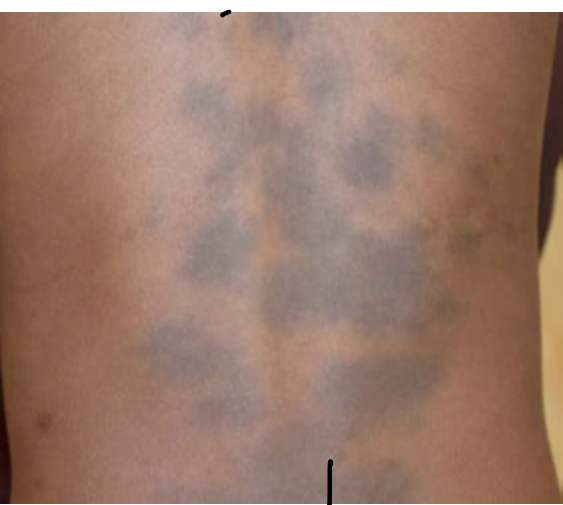
CHIK SIGN

(Chikungunya)



Becker's nevus

Freckles (Ephelides): ↑ activity
NAME Sx (XP) nucleotide
Lentigines: ↑ no
Peutz Jeger's



Mongolian spots

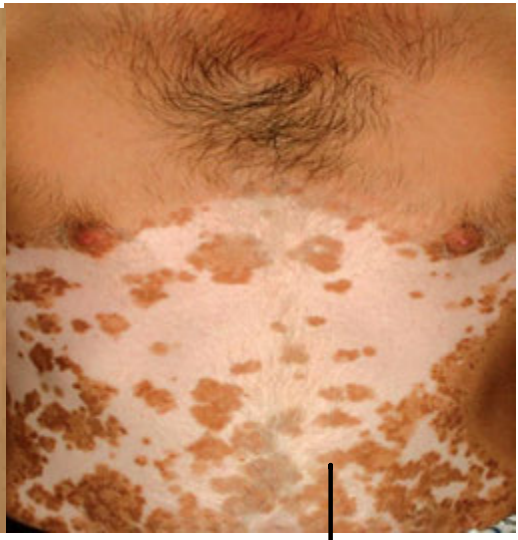


Nevus of Ota

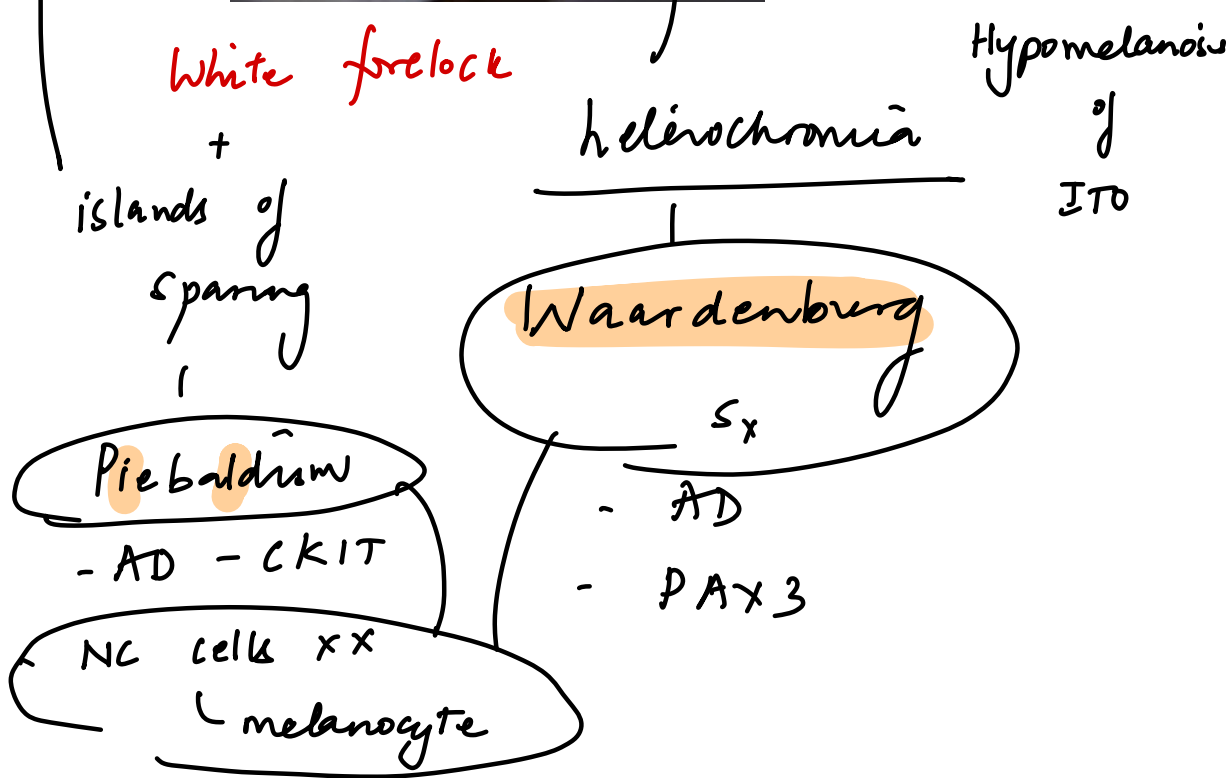
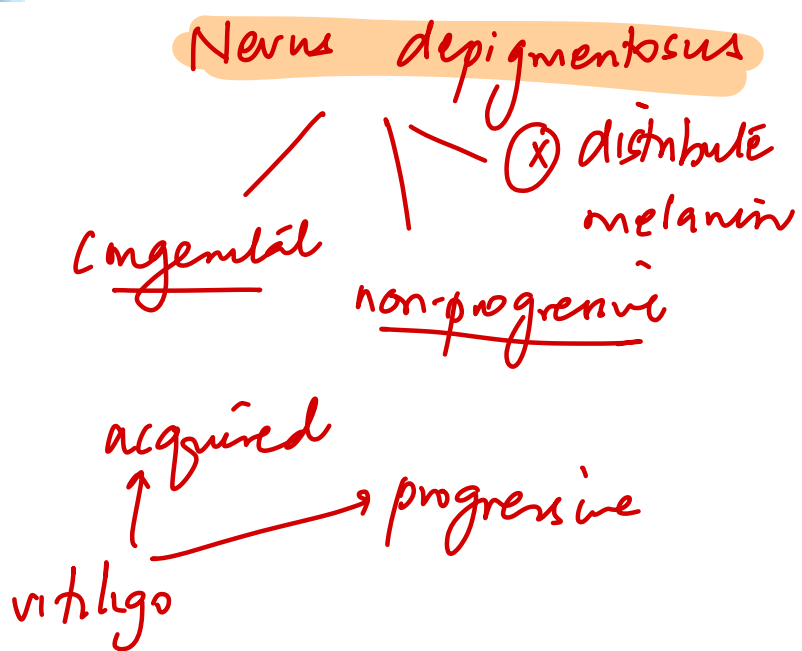


Nevus of ITO

epidermal
- brown (+)
- wood's lamp ++
dermal
- blue / slate gray
- Tyndall



albinism
 tyrosinase (x)
 (AR)



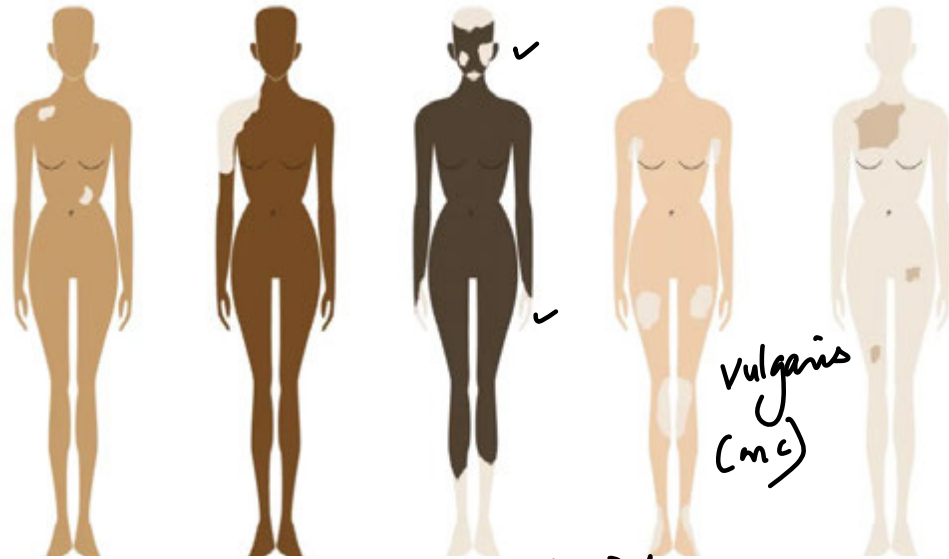
NEVUS ANEMICUS: $\Pi(\alpha_1)$ - vc

Contact admin
 join our group



Segmental

- dermatome (+)
- stable



Focal

Segmental

Acrofacial

Lip-Tip

Universalis

Vulgaris
(mc)



VITILIGO

AI - melanocytes

- Poor prognosis:

 - Long standing
 - Bony prominences
 - Leukotrichia
 - Lip-tip

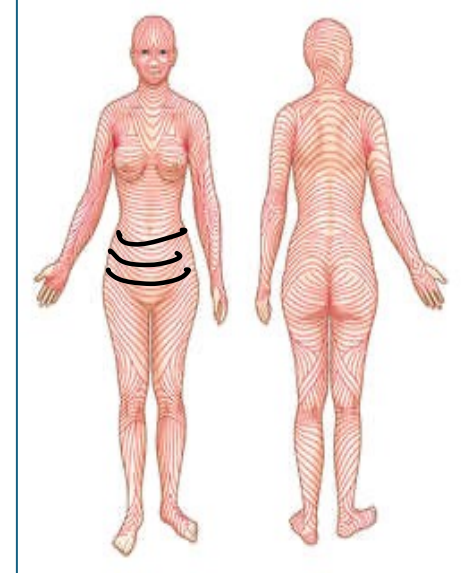
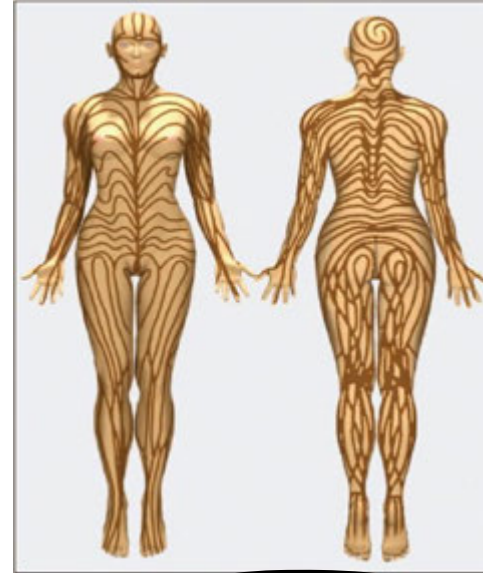
↳ Topical steroids



Systemic steroids /

C (-)

tacrolimus

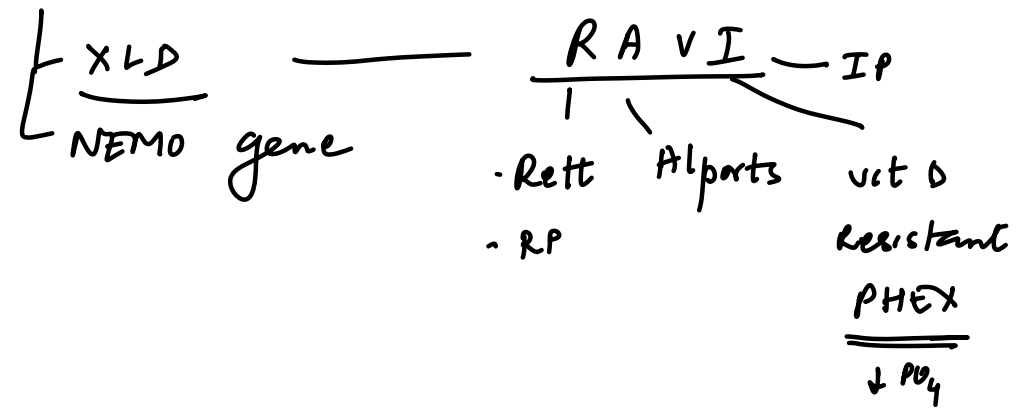


Vesicular → verrucous → ↑ pigm → ↓ pigment

Blaschko lines
embryological

Langer's lines
- collagen
- skin incisions

Incontinentia pigmenti



Kraissl's =
Relaxed
skin tension
lines

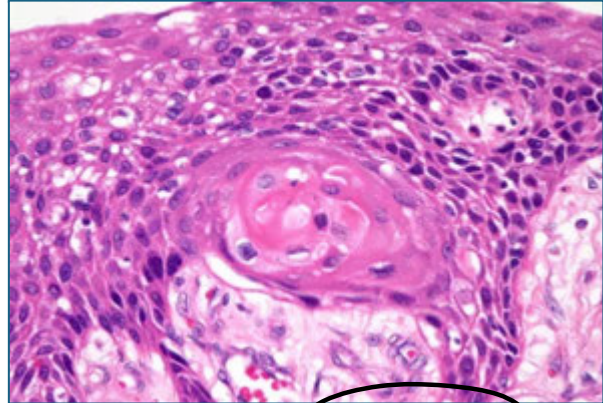
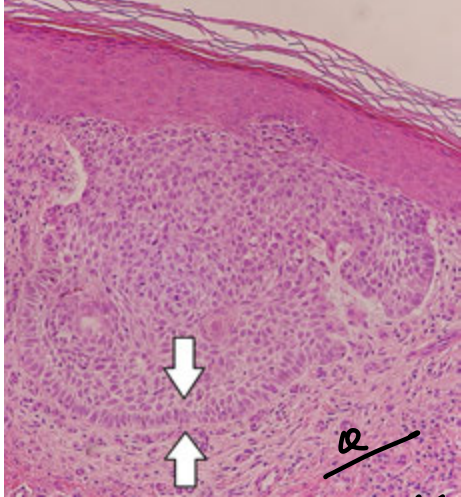
TYPES OF NEVI

Type	Clinical Features	Histopathology
Junctional Nevus	Flat, uniformly pigmented macule	Nests of melanocytes at the dermoepidermal junction
Compound Nevus	Slightly elevated papule, uniformly pigmented	Nests of melanocytes at both dermoepidermal junction and dermis
Intradermal Nevus	Dome-shaped papule, flesh-colored or lightly pigmented	Melanocytes entirely within the dermis
Congenital Melanocytic Nevus (CMN)	Present at birth, may have hair, large variants have malignancy risk	Melanocytes in dermis, sometimes deep into subcutaneous fat or around adnexa
Halo Nevus	Central pigmented nevus with surrounding depigmented halo	Lymphocytic infiltration around nevus cells
Dysplastic (Atypical) Nevus <small>Contact admin Join our group</small>	Irregular border, color variation, may resemble melanoma	Architectural disorder, cytologic atypia of melanocytes, bridging of rete ridges

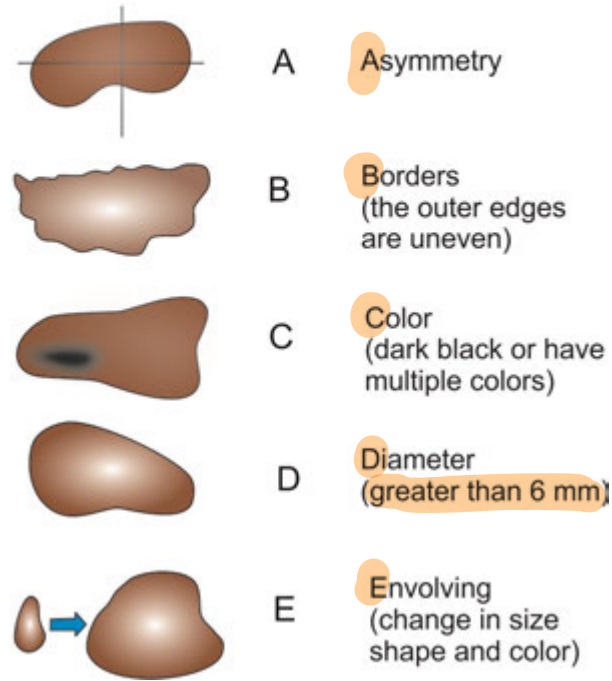


Giant > 20cm : ↑ r/o melanoma

SKIN MALIGNANCIES



ABCDE
Rule for the early detection of melanoma



Breslow depth - most imp prognostic

TYPES

- Superficial Spreading (mc) - world
- Lentigo Maligna radial spread
- Nodular ↑ depth
- Acral Lentiginous mc in Asians



BCC

true palisading (pseudo palisading (GBM))

SQ CC
Keratin pearls

MC Skin cancer ✓
Vismodegib (SHH ⊖)
Moh's micrographic surgery ✓
Contact admin group TOC

Sun exposure, age, immunosuppression, chronic wounds, Marjolin ulcer, burns, arsenic

MC site in India: extremities ✓
BRAF (V600E), CDKN2A
Vemurafenib

PRE-MALIGNANT?



Scaly (+)

photo-exposed (+)

Actinic keratosis

✓ pre-malignant



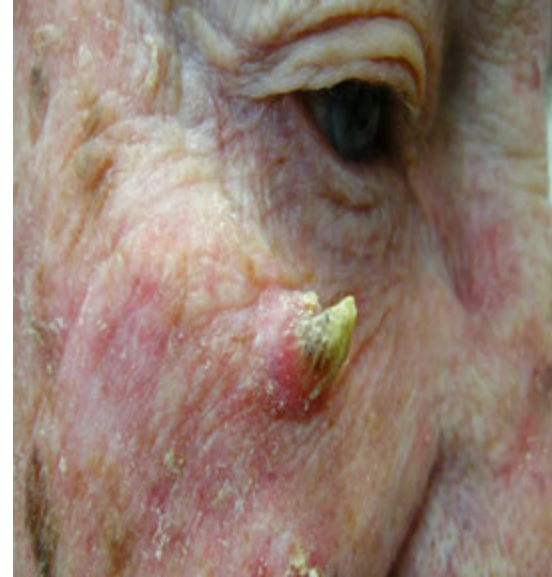
Seborrheic

keratosis

'stuck on'

Sign of lesser Trelat
↳ paraneoplastic

↳ adenoca

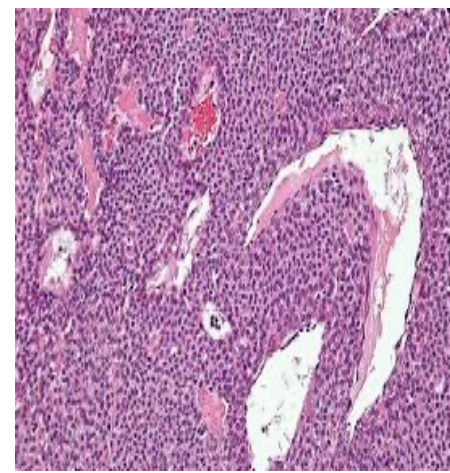


cut horn /

Keratoacanthoma

(x) pre-malignant

VASCULAR TUMORS



Infantile hemangioma

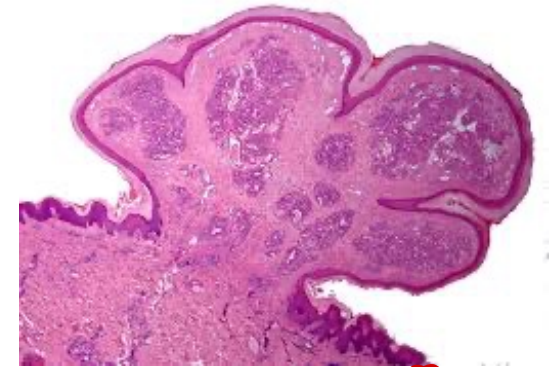
- Spont involute (⊕)
- may (↑) initially
- Strawberry / Stork bite

Cherry angioma

- adults
- capillary hemangioma
- (x) involute

- PAINFUL / red Glomus tumor

thermoregn



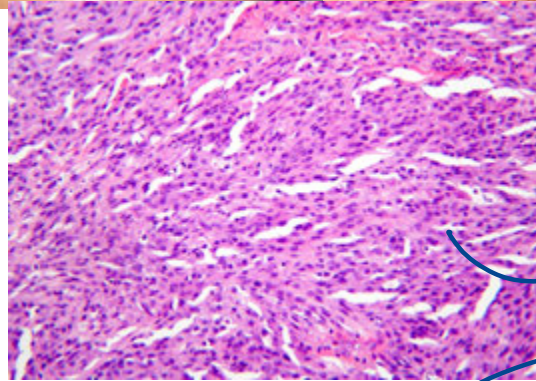
- pregnancy (↑)
- Pyogenic granuloma



HIV (+)

Bacillary angiomatosis

• Bartonella henselae
↳ Warthin starry (+)



HIV (+)

• violaceous

spindle cells

Kaposi sarcoma

HHV-8

R₀ - α-INF

Castelman's Δ

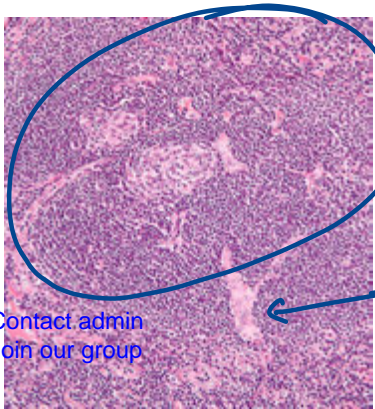
1° effusion lymphoma

Lymphedema

↳ yrs

Lymphangiosarcoma

↳ Stewart-Treves S_n



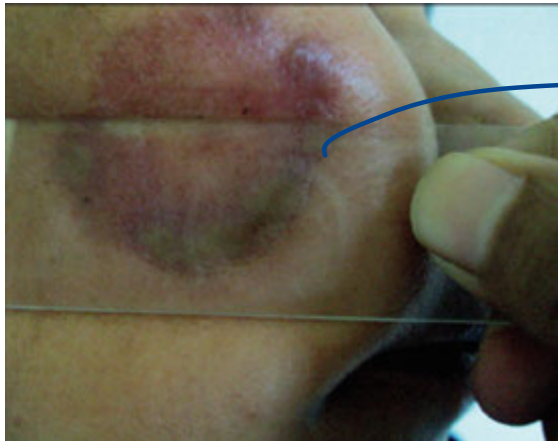
Lollipop sign

SYSTEMIC DISORDERS



MC cut
TB adults
↓
Lupus
vulgaris

- paucibacillary
AFB (-) ✓
- granulomas



apple ⁽⁺⁾ skin bx
jelly
nodules



MC cut TB children
↓
Scrofuloderma



↳ tuberculide
hyon to TB
↳ Lichen
scrofulosorum
type IV
hyon

Central Scarring: cut TB
Central Clearing: Tinea
Central Crusting (Volcano sign): kala azar (PKDL)

Contact admin
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Neurocutaneous syndromes

	INH	CHR GENE	IMP POINTS
NF1	AD	17 Neurofibromin	Neurofibromas
NF2	AD	22 Merlin	B/L VS MISME Schwannoma mening ependy
TSC	AD	9, 16 Hamartin tuberin	Hamartomas p - mTOR ⊖ everolimus
VHL	AD	3	clear cell RCC pheo Hemangioblastoma - cerebellar
SWS	Sporadic	GNAQ ⑨	forebrain track + portwine stain + cong glaucoma (V1 mc)
<u>ATM</u>	AR	⑪	ataxia + telangiectasis



NF1 Diagnostic Criteria

≥6 café-au-lait macules (>5 mm in prepubertal children, >15 mm in postpubertal persons)

Axillary or inguinal freckling *Crowe sign*

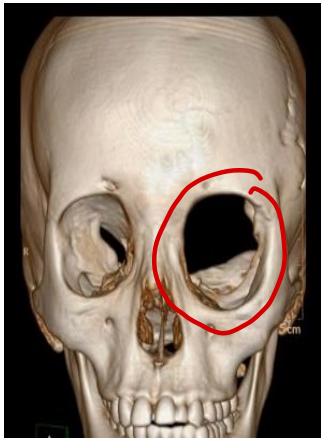
≥2 neurofibromas (any type) or 1 plexiform neurofibroma

Optic pathway glioma

≥2 Lisch nodules (iris hamartomas)

Sphenoid dysplasia or tibial pseudoarthrosis / cortical bone lesion

First-degree relative with NF1



CALMs

California

vs

McCune Albright: Maine

button hole sign

bare orbit sign

Major Features (TSC) *Bourville's*

Facial angiofibromas

Hypomelanotic macules *Ash leaf*

Shagreen patches

Cortical tubers

Subependymal nodules

Subependymal giant cell tumors

Retinal hamartomas

Cardiac rhabdomyomas

Renal angiomyolipomas (AML)

Pulmonary LAM

Epiloia

Minor Features (TSC)

"Confetti" skin lesions

Gingival fibromas

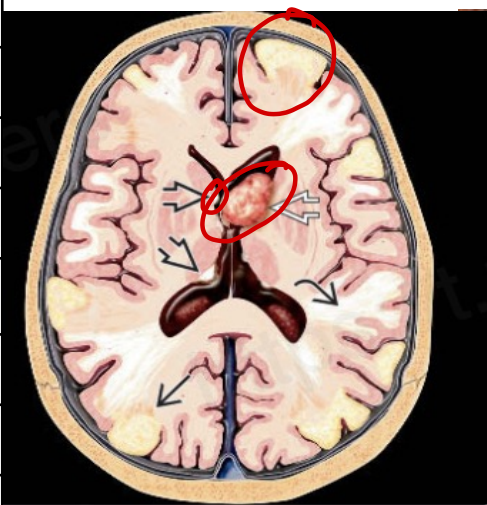
Pits in dental enamel

Cerebral white matter radial migration lines

Retinal achromatic patches

Bone cysts

Hamartomatous rectal polyps



Contact admin
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MISCELLANEOUS



Discoid / Nummular
eczema



DLE

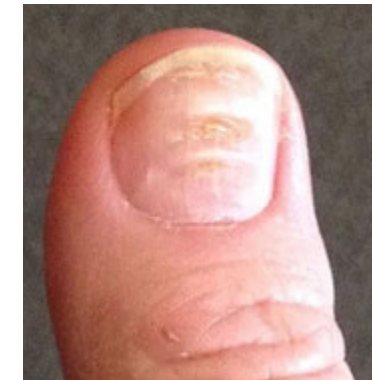


Salt-pepper pigm
seno derma



Scalp
NL fld

Seborrheic dermatitis

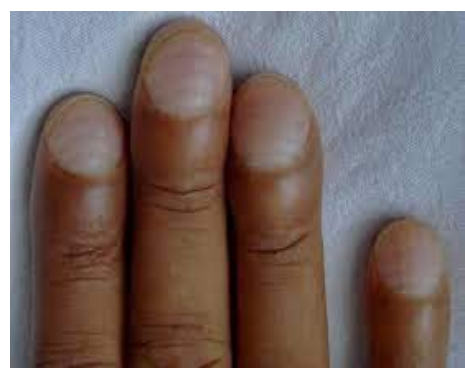


Beaus lines



Mees lines

As



Muehrcke's bands

malnourished



Lindsay nails

renal failure
SD-SD



Terry nails

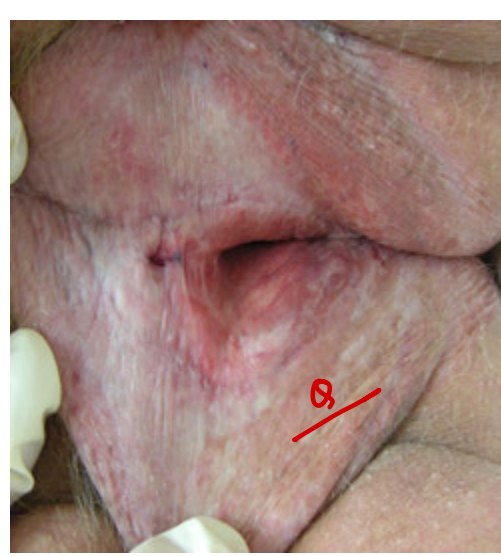
liver failure



Icthyosis vulgaris
fillagrin (x)



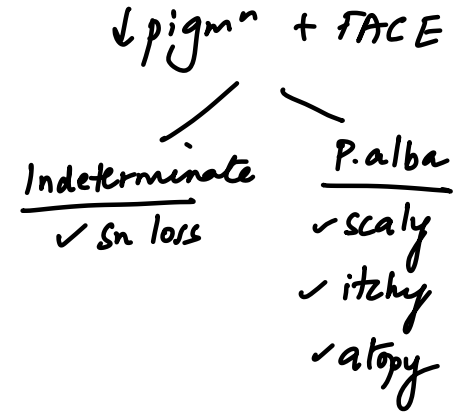
Collodion baby



Lichen sclerosus



Dermatitis artefacta

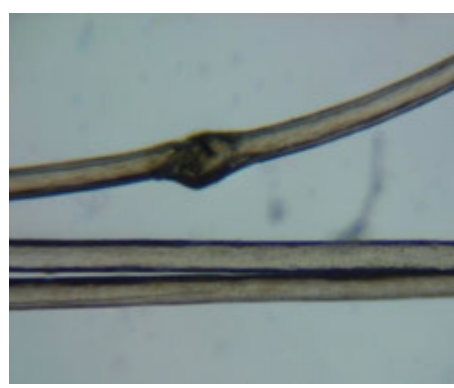
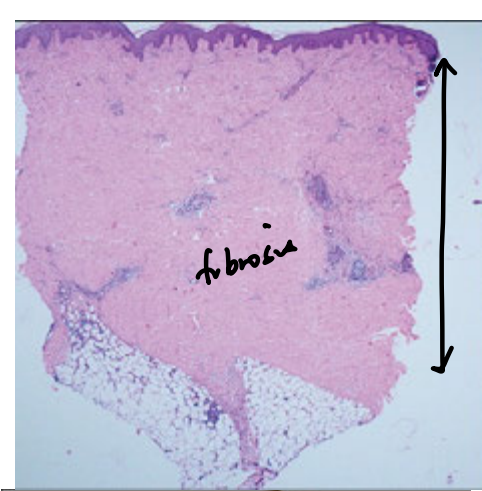


Lamellar ichthyosis:
 Membrane + scales on trunk
 Epidermal transglutaminase-1
 Ectropion

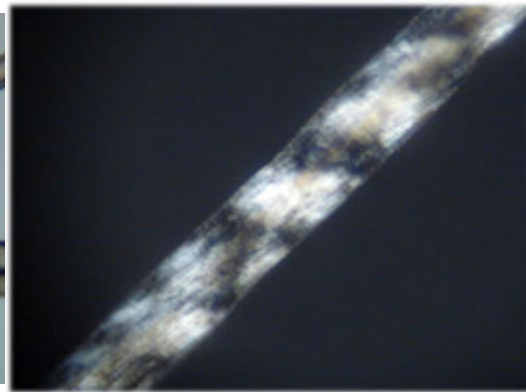
XLR ichthyosis trunk scales
 Steroid sulfatase x



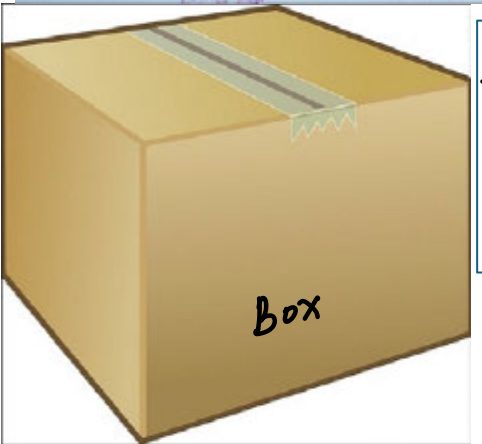
Harlequin baby



Netherton Sx



Trichotriodystrophy



Morphea = localised Scleroderma

Bamboo hair
Atopic dermatitis
Ichthyosis
SPINK5 gene

Tiger tail hair
PIBIDS
(photosensitivity, ichthyosis, brittle hair, intellectual impairment, decreased fertility and short stature)



Plantar warts: 1, 2
Verruoca vulgaris: 2, 4, 27
Verruca plana: 3, 10
Focal epithelial hyperplasia 13, 32
Condyloma acuminata HPV 6, 11 Gardasil-9
High risk HPV 16, 18, 31, 33, 45, 52, 58

Methylisothiazolinone → preservative

Rx: Podophyllin / Imiquimod / Trichloroacetic acid } - TLR 7 (+)
Cryotherapy } pregnancy ✓