So Many Rashes, So Little Time!

Terri Nagy, MPAS, PA-C

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What do I already know?
Systematic Approach

What I know…

• **Age/gender/race of patient**
  • Past medical history
  • Duration of rash
  • Symptoms: itching, burning, etc
  • Associated symptoms?
  • New exposures?
  • Friends and family?
  • Occupation/hobbies

Additional clues

• Location and distribution
  • Primary lesion
• Morphology
• Color
• Scale or no scale
  • Type of scale
• Where is the pathology?
  • Epidermal or dermal
Age/ gender and race

Few rashes specific to gender – ex: PUPPP

Pruritic urticarial papules and plaques of pregnancy

Childhood rashes

Treatments
Systematic Approach

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Past medical history

- Impact treatment
- Culprit
- Comorbidity
Systematic Approach

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Duration of ‘rash’

- Chronic?
- Acute?
  - Contact – immediate to few days
  - Medications – days to within 2-4 months
Systematic Approach

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Symptoms

- Pruritic?
- Burns?
- Spreading?
- Painful?
  - (infectious)
- Non pruritic?
Systematic Approach

What I know…

- Age/gender/race of patient
- Past medical history
- Duration of rash
- Symptoms: itching, burning, etc
- **Associated symptoms?**
- **New exposures?**
- **Friends and family?**
- Occupation/hobbies

Additional clues

- Location and distribution
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Symptoms:

- Itching all night?
- New' medications?
- New contacts? Pets?
- Other family members with similar complaints?
- Recent illnesses?
- Travel?

Products:

- Sexual contacts
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Almost Anywhere...

- Tinea
- Contact/irritant
- Atopic
- Urticaria
- Lichen Planus
Seborrheic Dermatitis
Plaque Psoriasis
Lice
Contact/irritant
Perioral Dermatitis
Angular Cheilitis
Dyshidrotic eczema

Hyperkeratosis

Plantar Psoriasis

Hand – two feet
Acanthosis Nigricans

Tinea Versicolor

Viral Exanthums

Intertrigo

Folliculitis

Drug eruptions
Plaque Psoriasis - extensor
Atopic Dermatitis - flexure
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MACULE: Skin color change without elevation, i.e., flat (freckles or petechia). Described as a “patch” if greater than 1 cm (vitiligo).

PAPULE: Elevated, solid lesion of less than 1 cm, varying in color (warts or elevated nevus).

PLAQUE: Raised, flat lesion formed from merging papules or nodules.

NODULE: Larger than a papule. Raised solid lesion extending deeper into the dermis. A large nodule is referred to as a tumor.

WHEAL (hives): Fleeting skin elevation that is irregularly shaped because of edema (mosquito bite or urticaria).

SCALE: Dried fragments of sloughed epidermal cells, irregular in shape and size and white, tan, yellow, or silver in color (dandruff, dry skin, or psoriasis).

EROSION: A moist, demarcated, depressed area due to loss of partial- or full-thickness epidermis. Basal layer of epidermis remains intact (ruptured chickenpox vesicle).

DEEP ULCER: Irregularly shaped, exudative, depressed lesion in which entire epidermis and all or part of dermis are lost. Results from trauma and tissue destruction (pressure ulcer).

SCAR: Mark left on skin after healing. Replacement of destroyed tissue by scar tissue.

LICHENIFICATION: Epidermal thickening resulting in elevated plaque with accentuated skin markings. Usually results from repeated injury through skin scratching (chronic atopic dermatitis).
Edges

SHARPLY DEMARCATED?

POORLY DEMARCATED?
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Tinea
Last but not least...
Previous Treatments/diagnostic tests?

1. Eliminate diagnoses
2. Adds to differential
3. Fine tune treatment options
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<tr>
<td>PHYSICIAN:</td>
<td>TERRI NAGY, PA-C</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>9075 TOWN CENTRE DR #100</td>
</tr>
<tr>
<td>CITY:</td>
<td>BROADVIEW HEIGHTS, OH</td>
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<tr>
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**CLINICAL DATA:**
PUNCH/ DERMATITIS UNSPECIFIED VS HIVES VS DRUG ERUPTION VS BITE REACTION

**DIAGNOSIS:**
LT ANT PROX THIGH
SCABIES.

**COMMENT:** This material was reviewed with Dr. Bass.

**GROSS DESCRIPTION:**
LT ANT PROX THIGH
punch 0.3x0.3x0.5cm (hb/var 11/9/2018)
DERMATOPATHOLOGY REPORT

PATH #: V18-7720
PATIENT:
DOB: 6/5/1951 (67)
SEX: F
9075 TOWN CENTRE DR #100
BROADVIEW HEIGHTS, OH 44147
(216) 524-1750

SERVICE: 11/28/2018
RECEIVED: 12/05/2018
REPORTED: 12/05/2018

PHYSICIAN: TERRI NAGY, PA-C

CLINICAL DATA: A: Morphology: violaceous, ulcerated macules and papules ;DDX: Dermatitis Unspecified vs. Intertrigo vs pyoderma Gangrenosum vs hailey hailey

DIAGNOSIS: LT RIBCAGE
ACANTHOLYTIC DERMATOSIS, CONSISTENT WITH HAILEY-HAILEY DISEASE (SEE COMMENT).
COMMENT: There is focal dyskeratosis as well, which may be seen in Darier’s disease. Clinical correlation is suggested. This material was reviewed with Dr. Bass.

GROSS DESCRIPTION:
LT RIBCAGE
punch 0.3x0.3x0.6cm (cd/vr 11/30/2018)
VisualDx

https://www.visualdx.com/

FOR PROVIDERS
FOR PATIENTS