“I have a rash!”

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Disclosures

- none

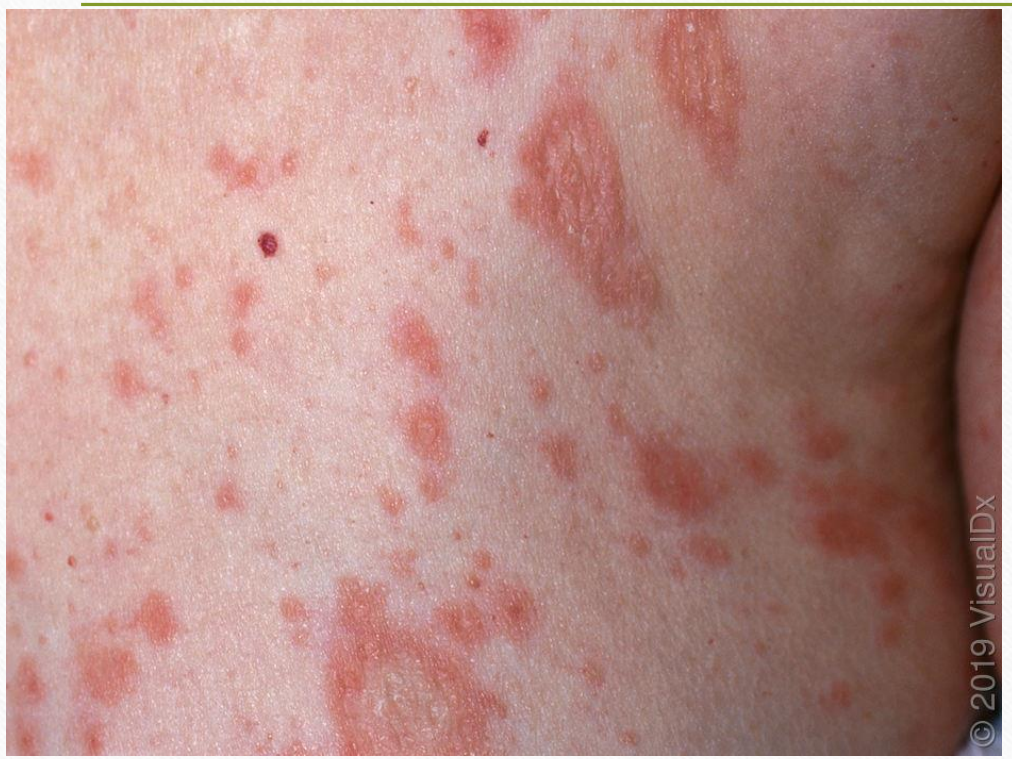
Goals:

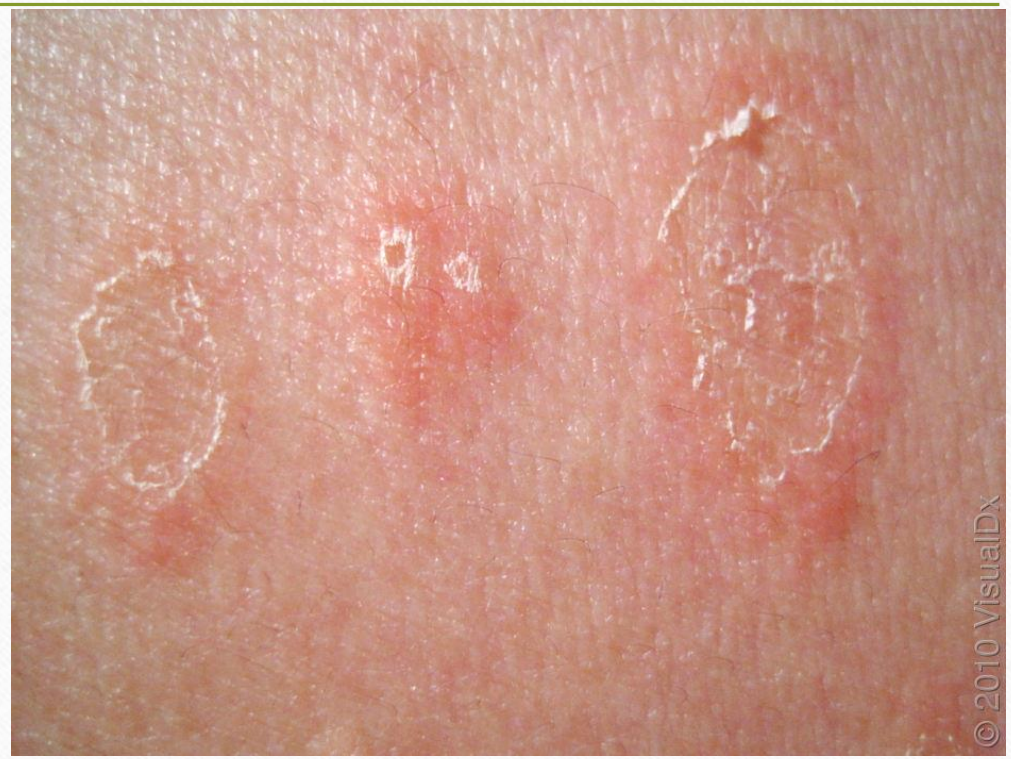
- Compare and contrast some common dermatological conditions
- Present some less common conditions that are mimickers of common conditions

Case #1:

- 25 year old healthy female with a new rash x 4 weeks.
  - It is mildly itchy and covers most of her trunk
  - She is feeling well currently, but notes a cold and sore throat prior to the eruption of the rash that has resolved without treatment
  - She recently started a new job that includes public speaking. Due to her anxiety over this she has started prn propranolol.
  - No other medications or chronic medical conditions
  - Family history significant for an uncle that had "skin problems", no details known
  - Social history: she is single and actively dating. Does admit to recent unprotected intercourse with more than one male partner.

Clinical exam:





Differential diagnosis:

- Guttate psoriasis
- Syphilis
- Pityriasis rosea
- Extensive tinea corporis

A little more history…

- She does feel that the rash started with one plaque on her right anterior hip about a week before it exploded all over her body

Diagnosis:

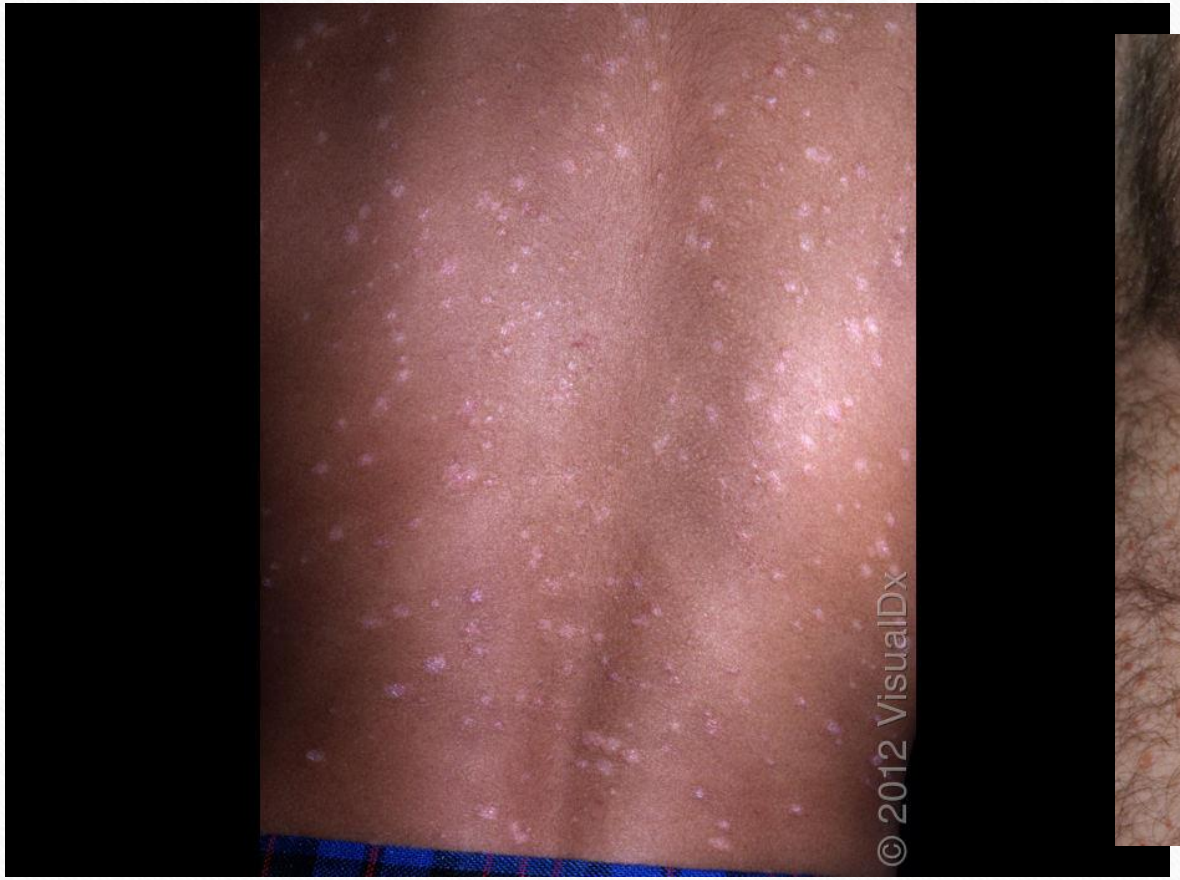
- Pityriasis rosea!
- Should you get an RPR?

Treatment:

- Topical steroids if needed to help with itching
- Consider biopsy if does not resolve within 12 weeks

Considerations:

- What if she had strep throat prior to the eruption of the rash?
- What if she had erythematous macules on her palms?
- What if you saw her the first week, when she only had one lesion?
- Is the addition of propranolol important?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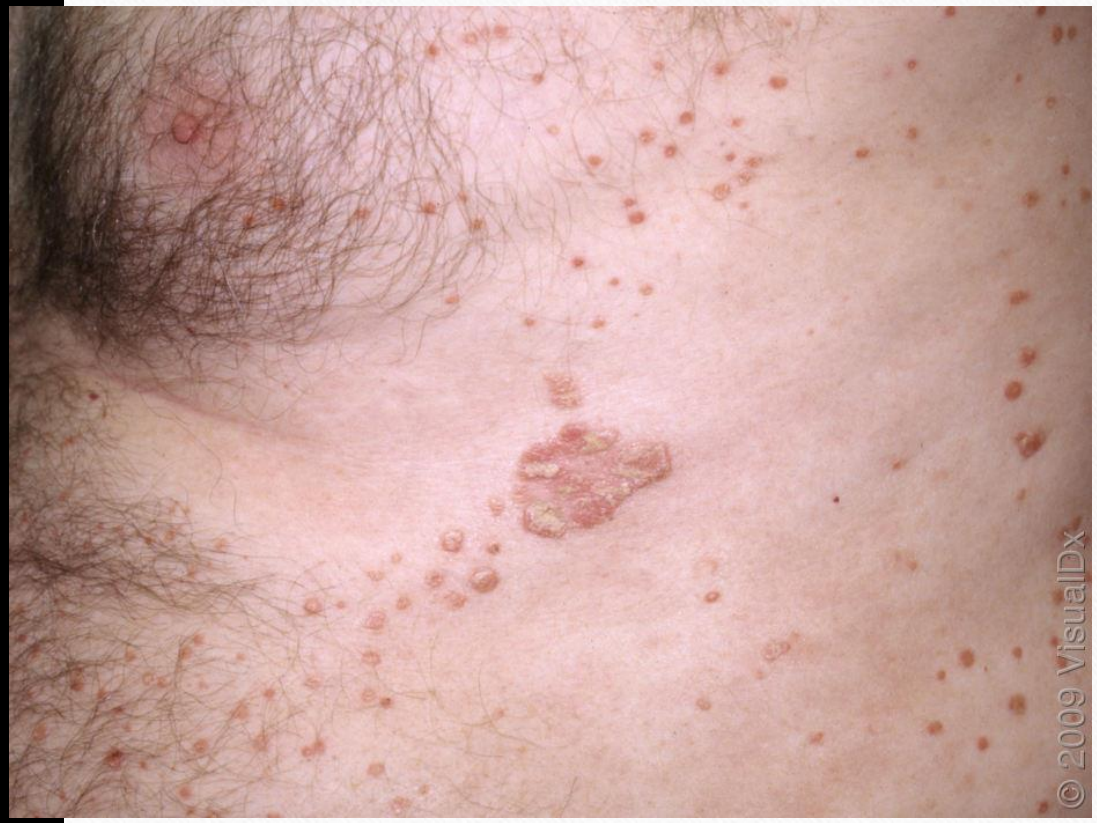
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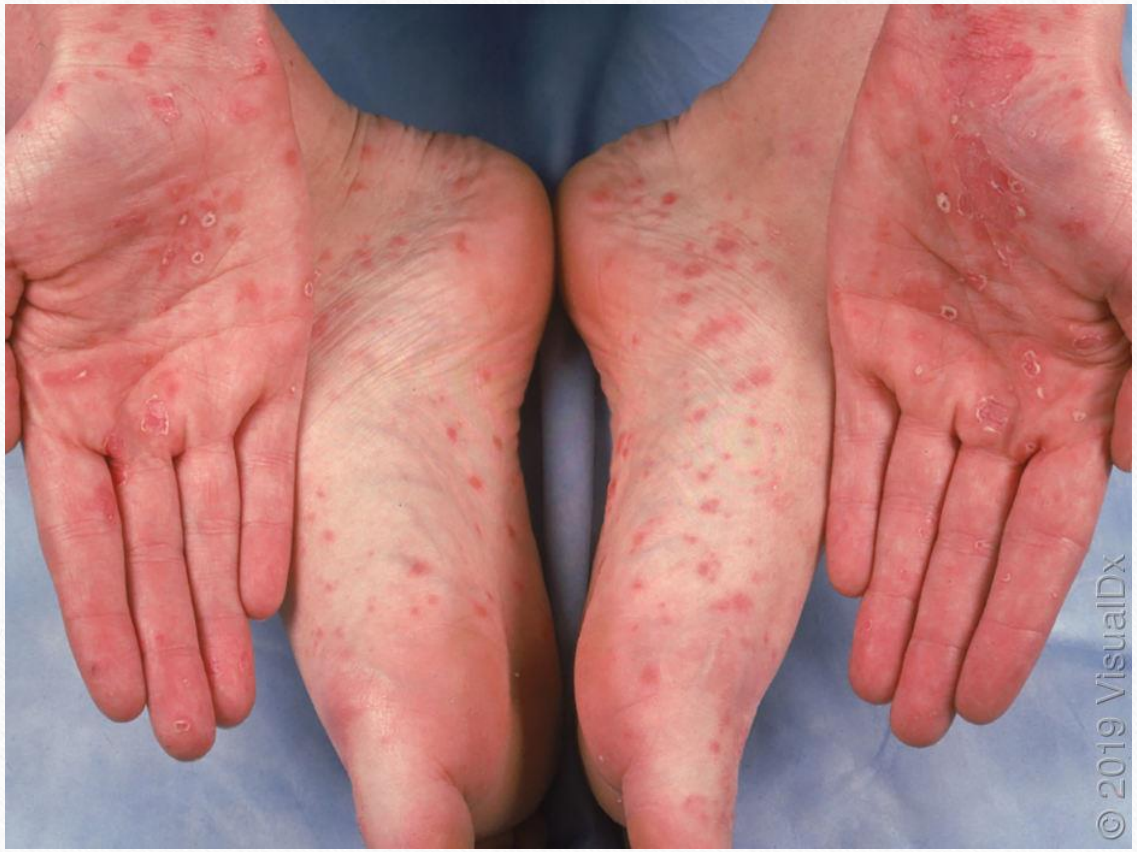
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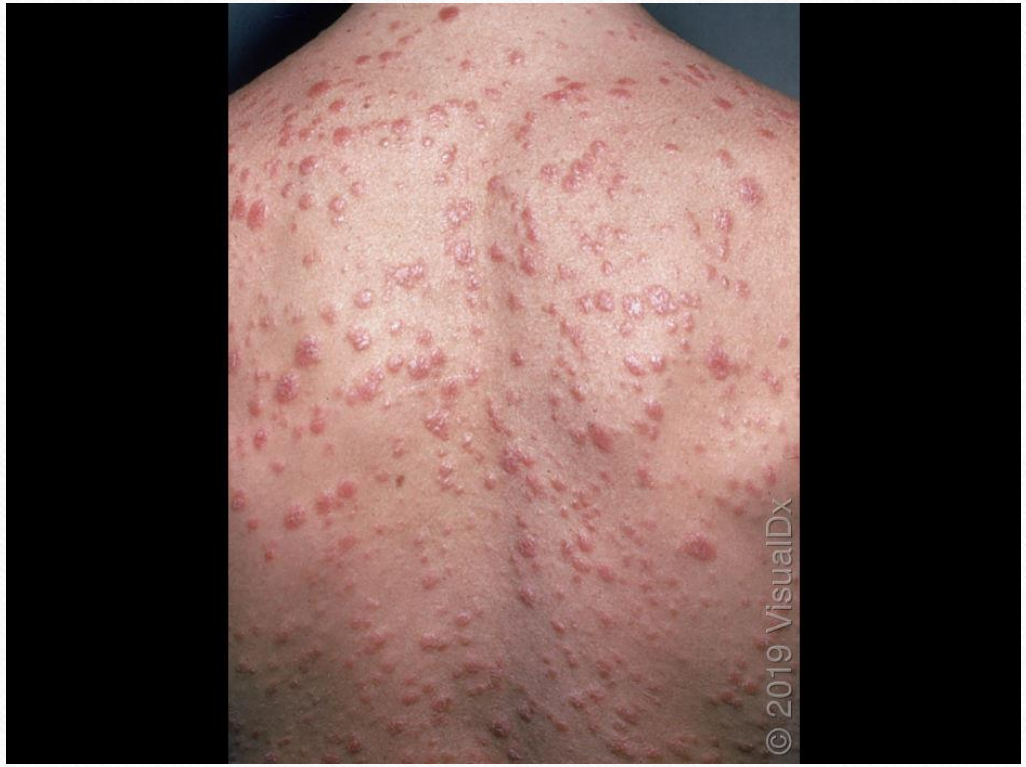
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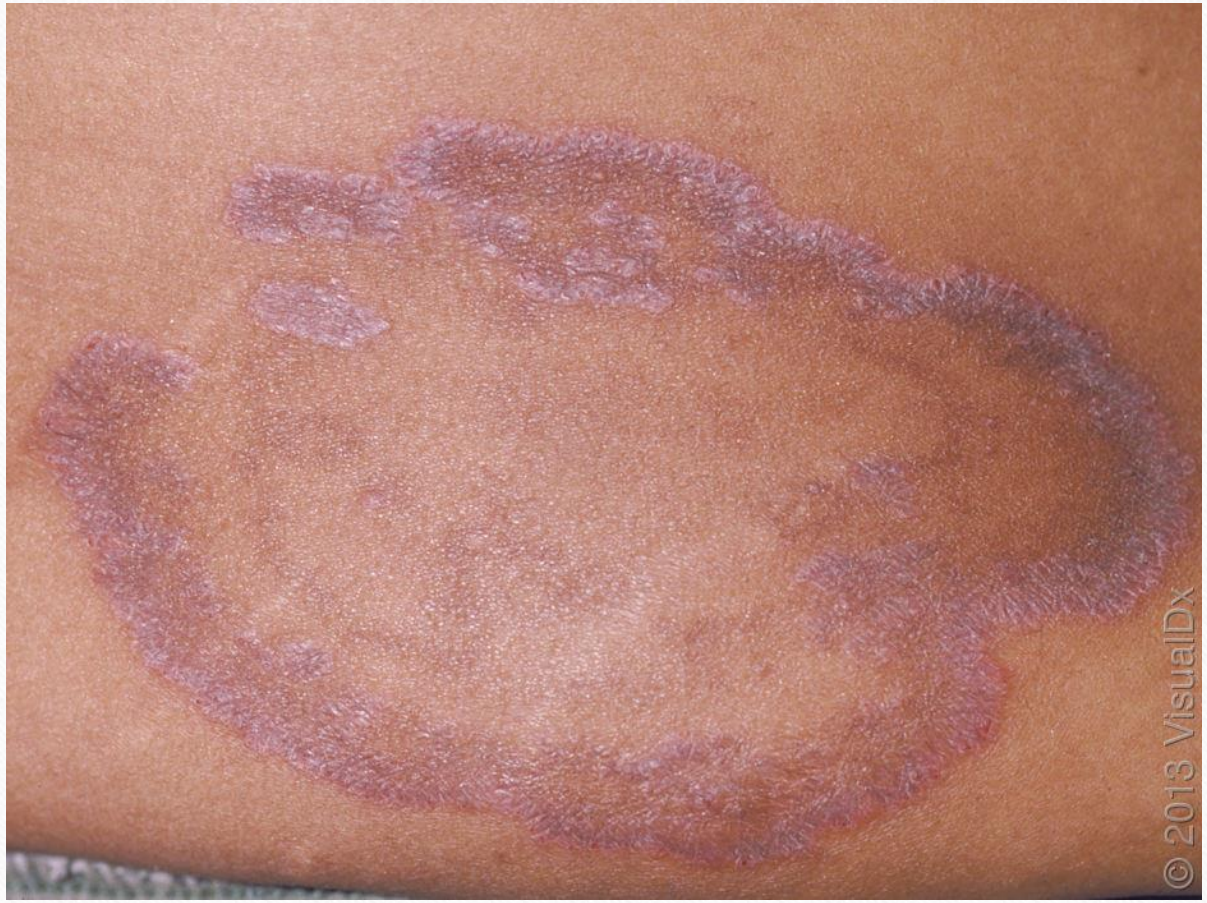
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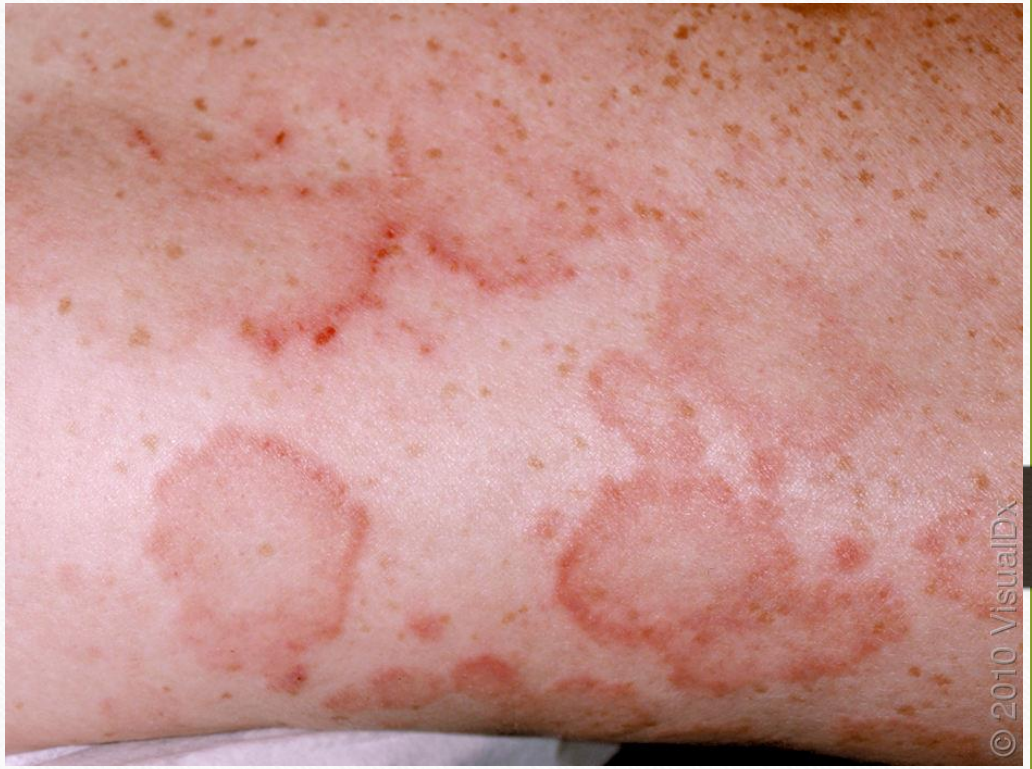
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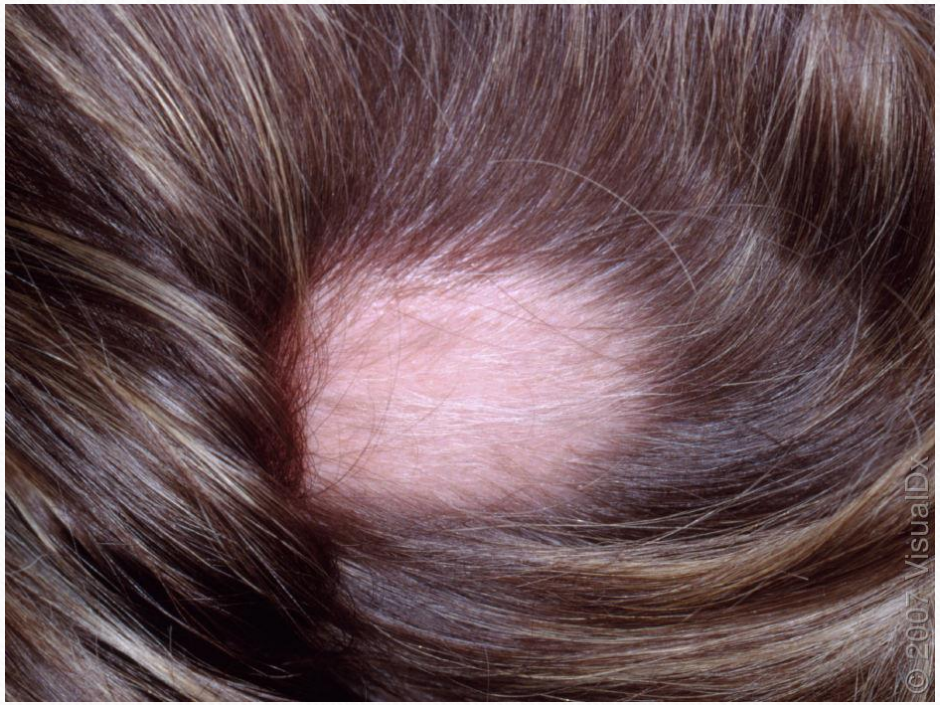
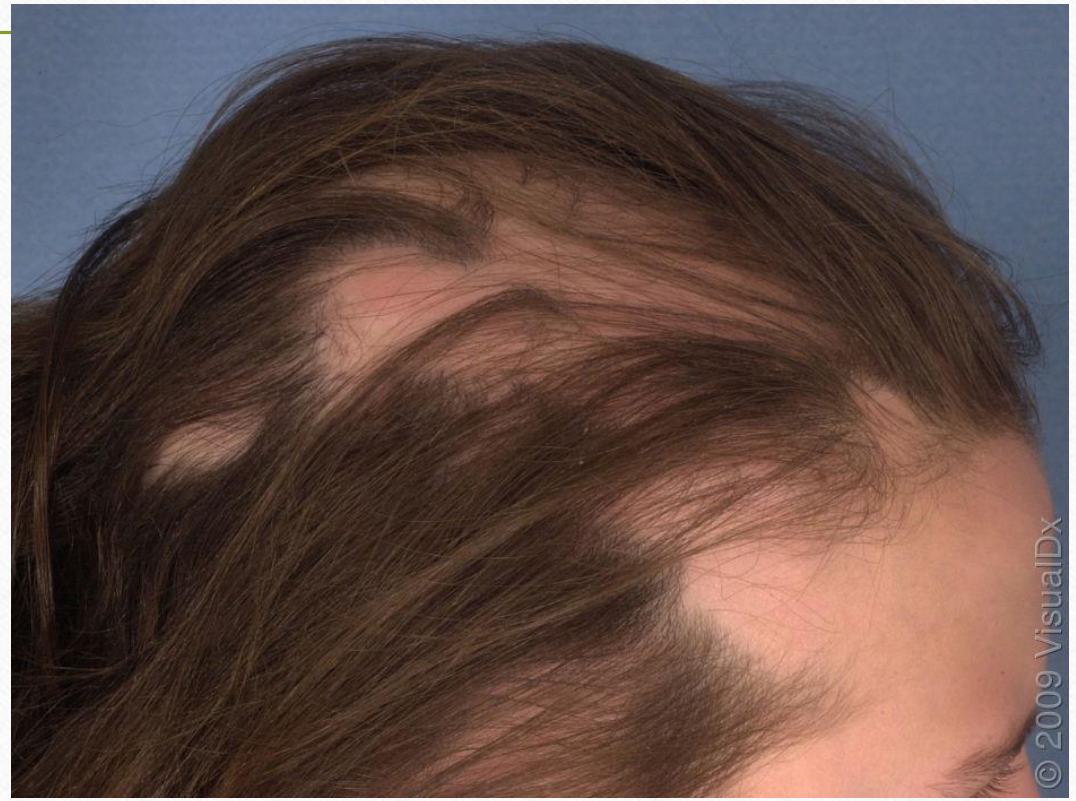
Case #2

- 40 year old female with new onset hair loss first noticed by her hair dresser, however it is progressing quickly.
  - She is relatively healthy with history of Raynaud's phenomenon and mild psoriasis affecting her elbows and knees, no other chronic medical conditions
  - She is on no new medications, however she takes a variety of vitamins and supplements
  - Family history significant for a sister with psoriasis and psoriatic arthritis
  - Social history: she plays roller derby and does cross fit
  - ROS: fatigue, although notes she has not decreased her activity level

Clinical exam:





Differential diagnosis

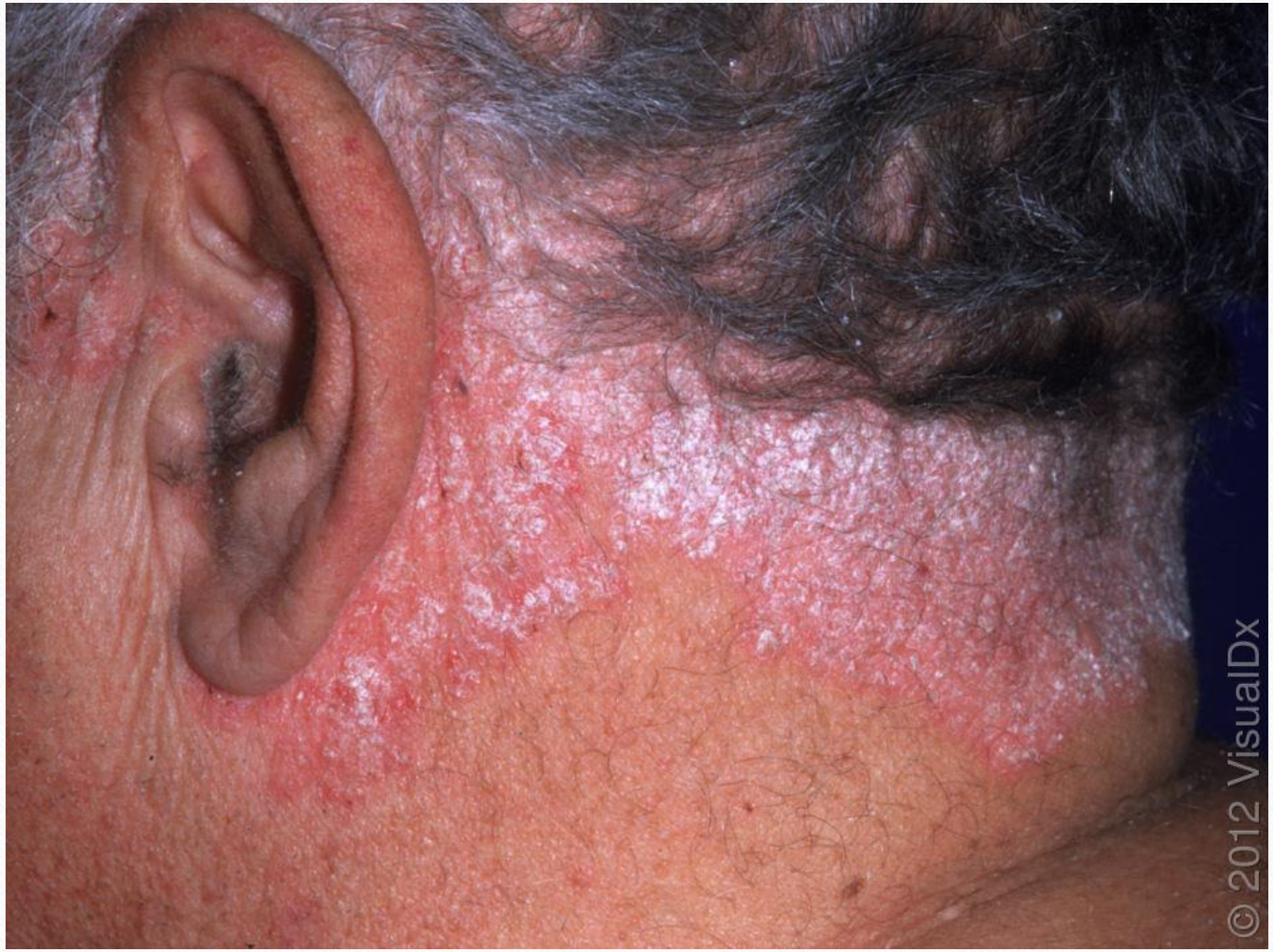
- Alopecia areata
- Flaring scalp psoriasis
- Lupus
- Lichen planopilaris

Treatment

- Treatment with intralesional kenalog and topical clobetasol scalp solution are initiated in addition to the recommendations of start Minoxidil
- At follow up she is showing significant improvement

Considerations

- What if she had diffuse redness and scaling in addition to the alopecia?
- What if her systemic symptoms continued/progressed?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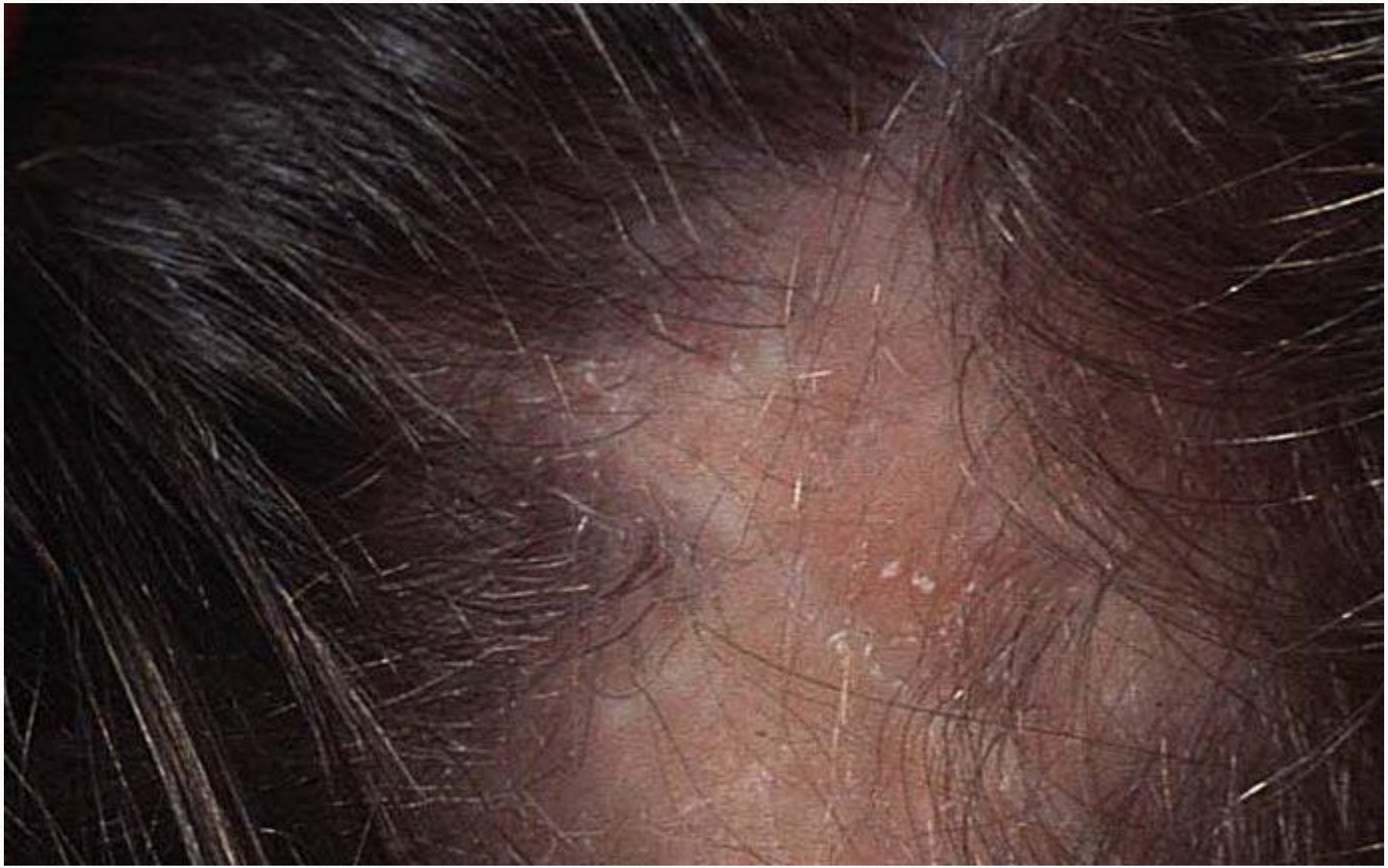
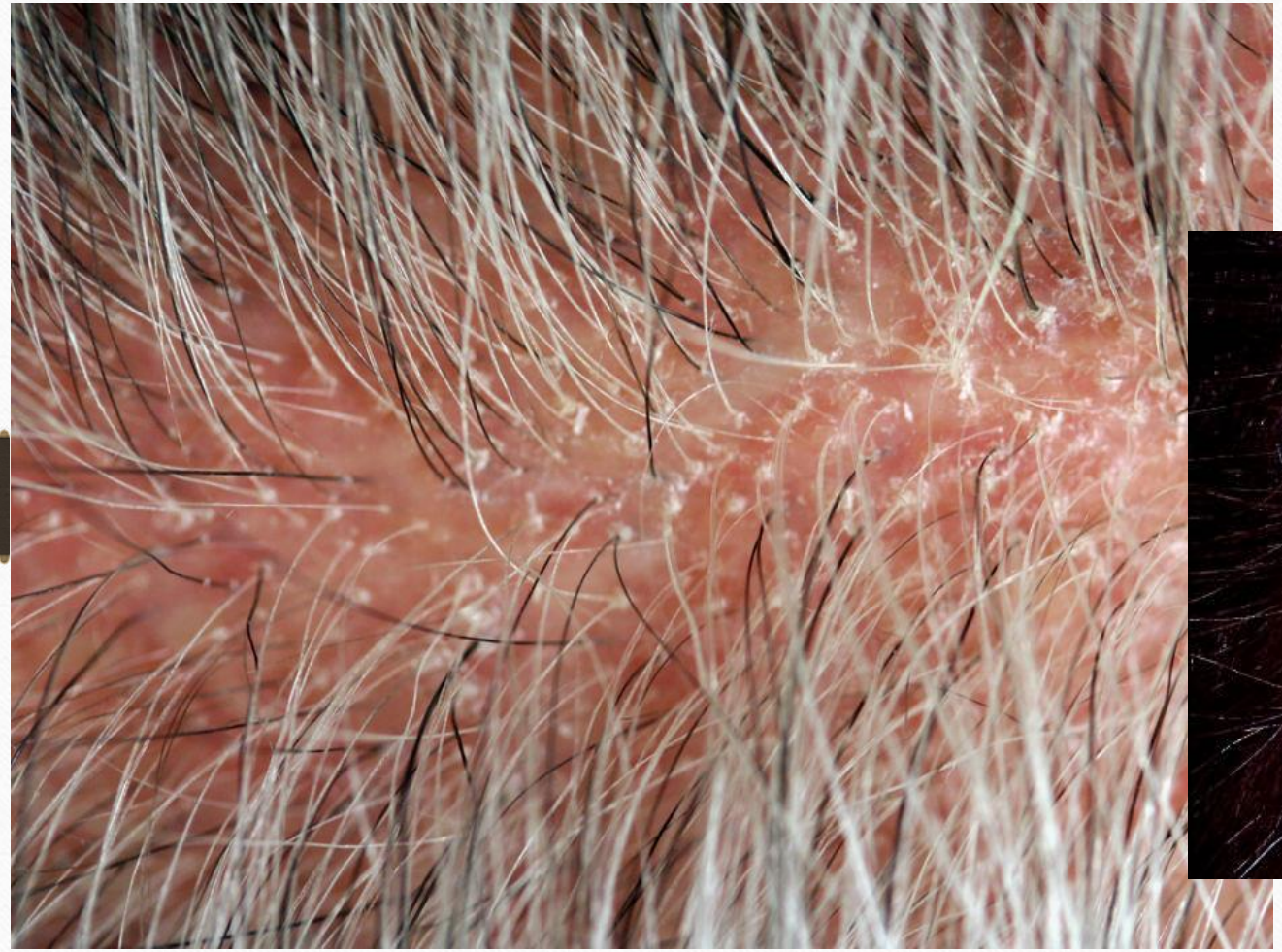
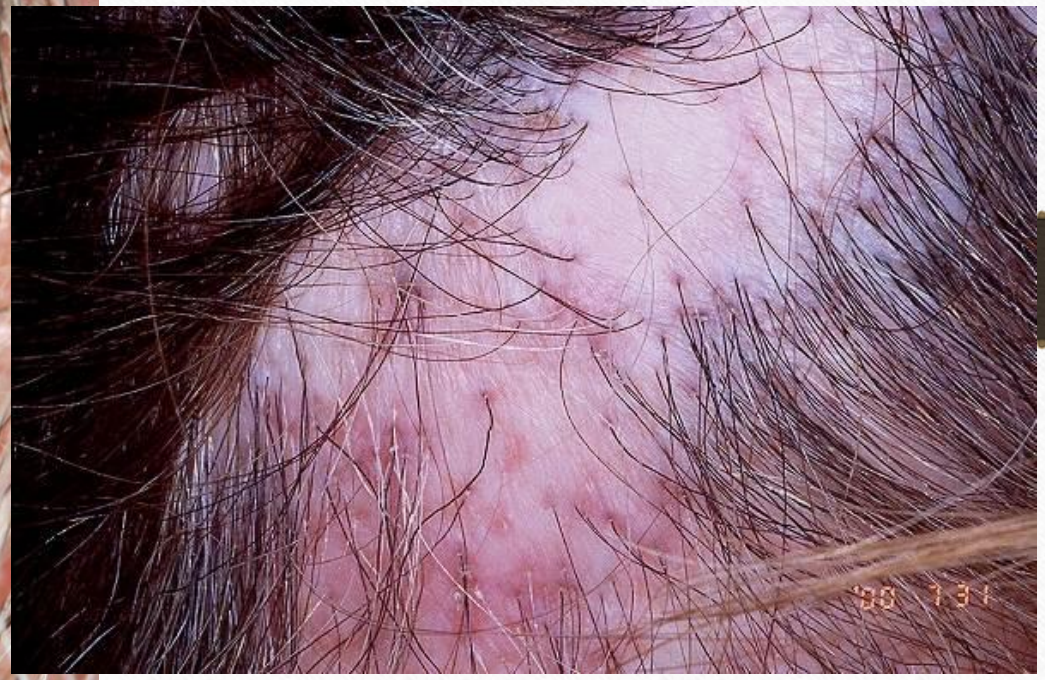


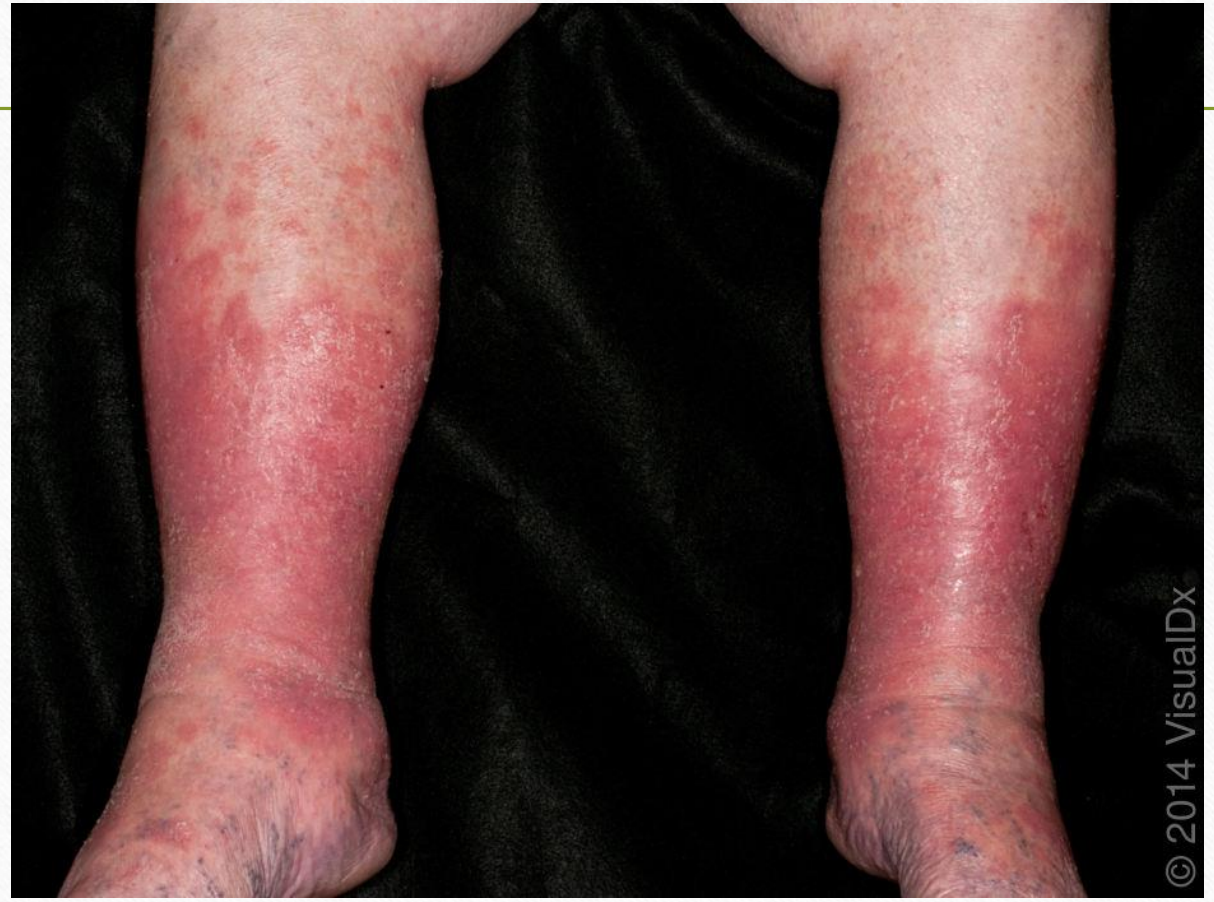




Case #3

- 63 year old obese male following up after a visit to the ER the day before. He notes bilateral leg swelling with itching and pain. Notes several blisters and oozing as well. Notes this started a few weeks ago.
  - Afebrile, generally feeling well
  - Diagnosed with bilateral leg cellulitis and started on Keflex at the ER
  - Past medical history significant for hypertension and hyperlipidemia
  - Medications: several, recently started amlodipine about 6 weeks ago

Clinical exam

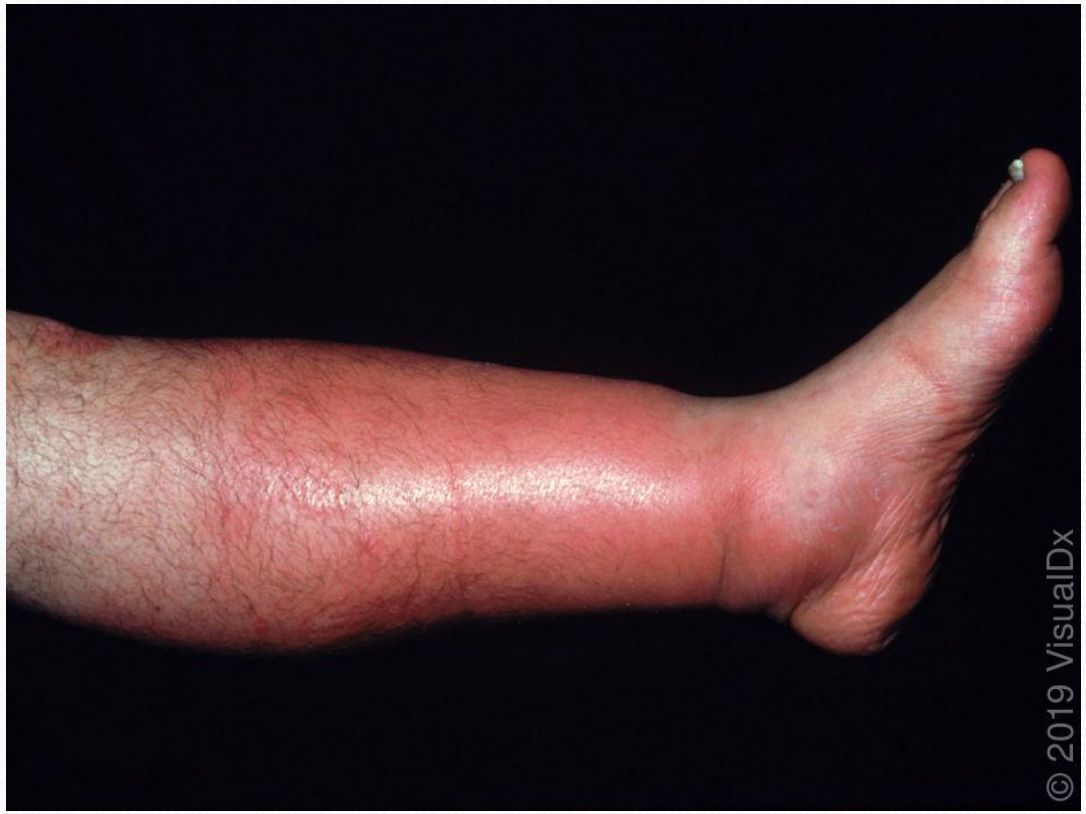


Differential diagnosis

- Cellulitis
- Bullous pemphigoid
- Stasis dermatitis

Treatment

- Slather legs in triamcinolone 0.1% ointment and place unna wrap or profore dressing. Remove in 1 week and replace if needed.
- Or have patient apply triamcinolone at home then wrap with wet gauze/cloths and soak for 20 minutes daily x 2 weeks. Compression stockings during the day are a must.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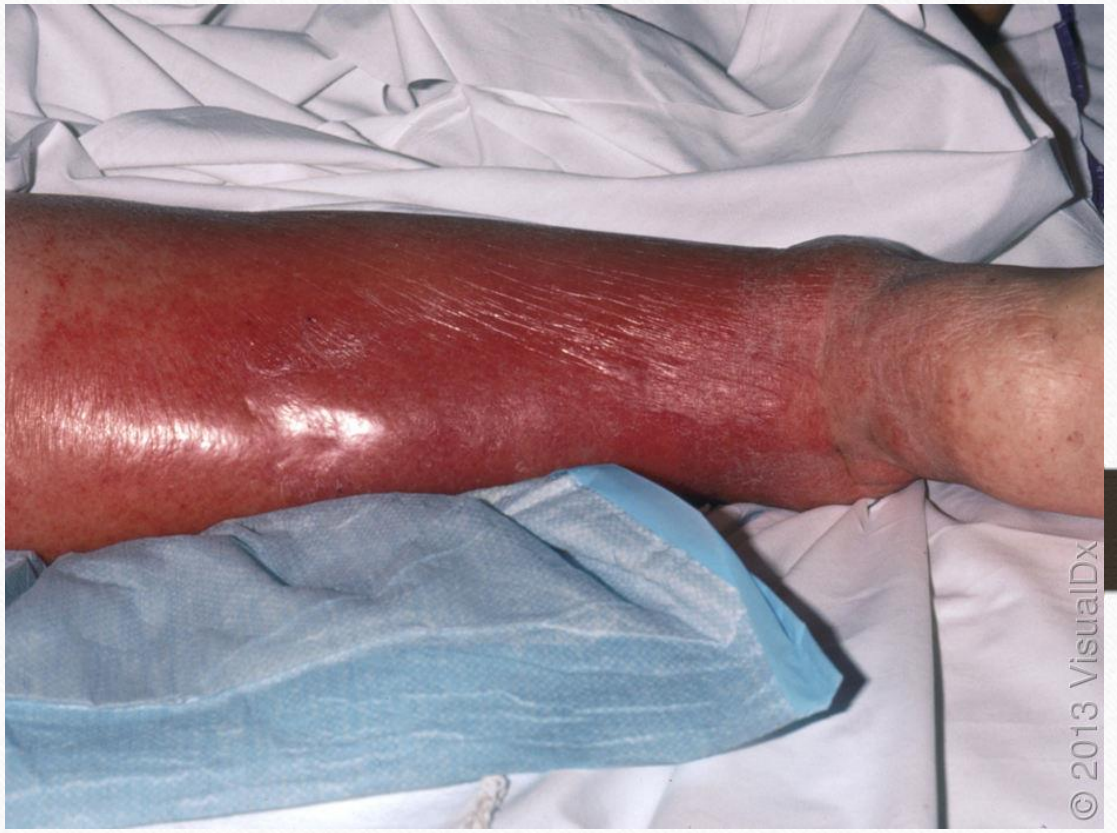
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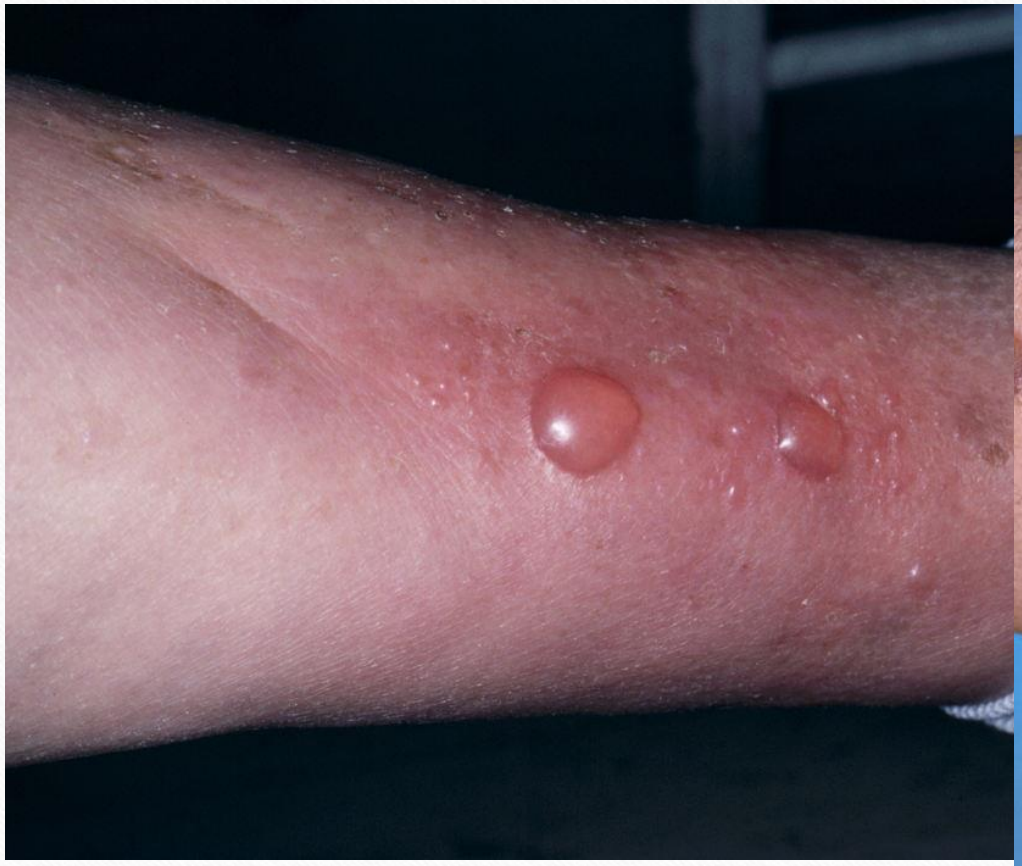

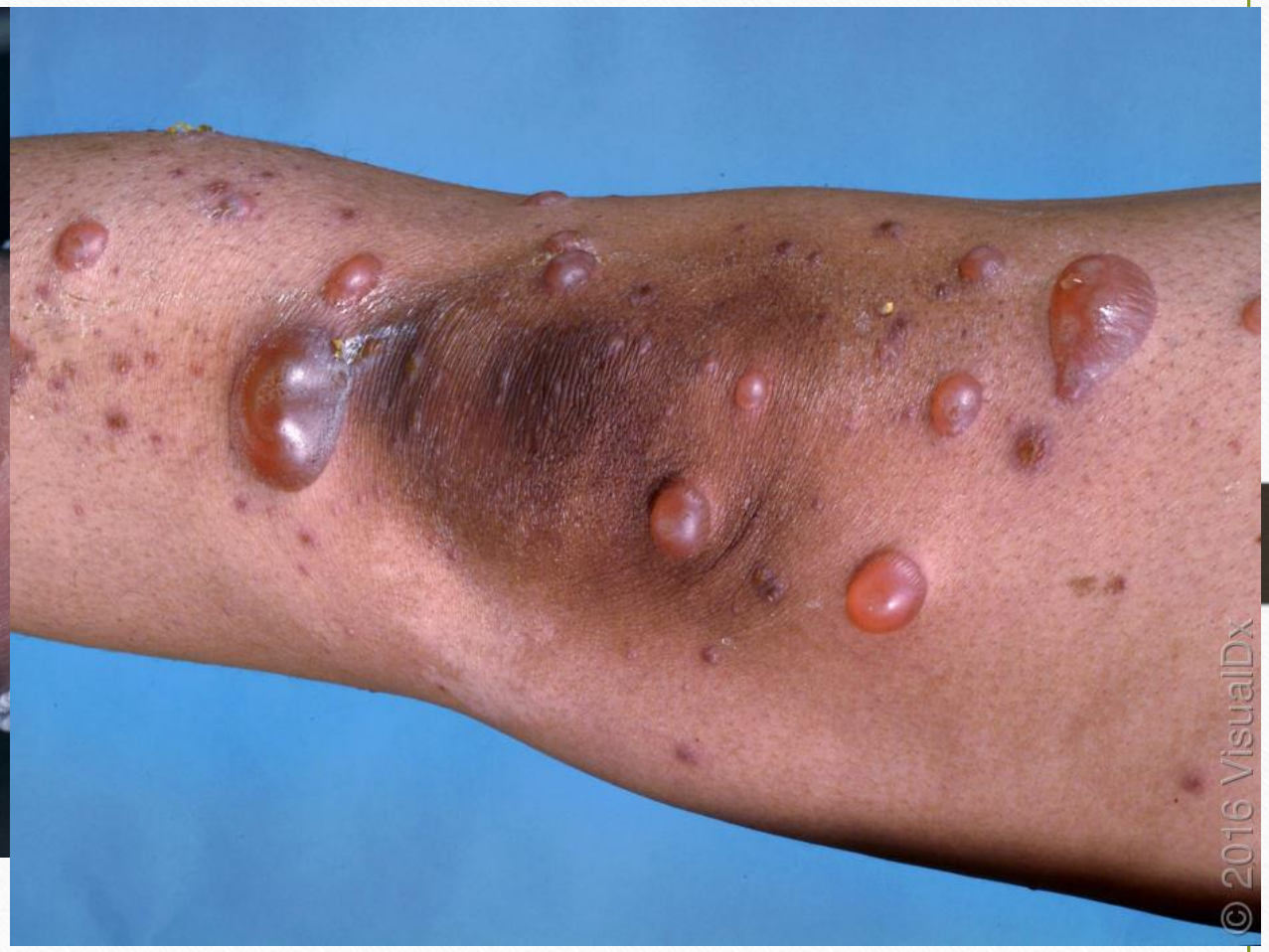
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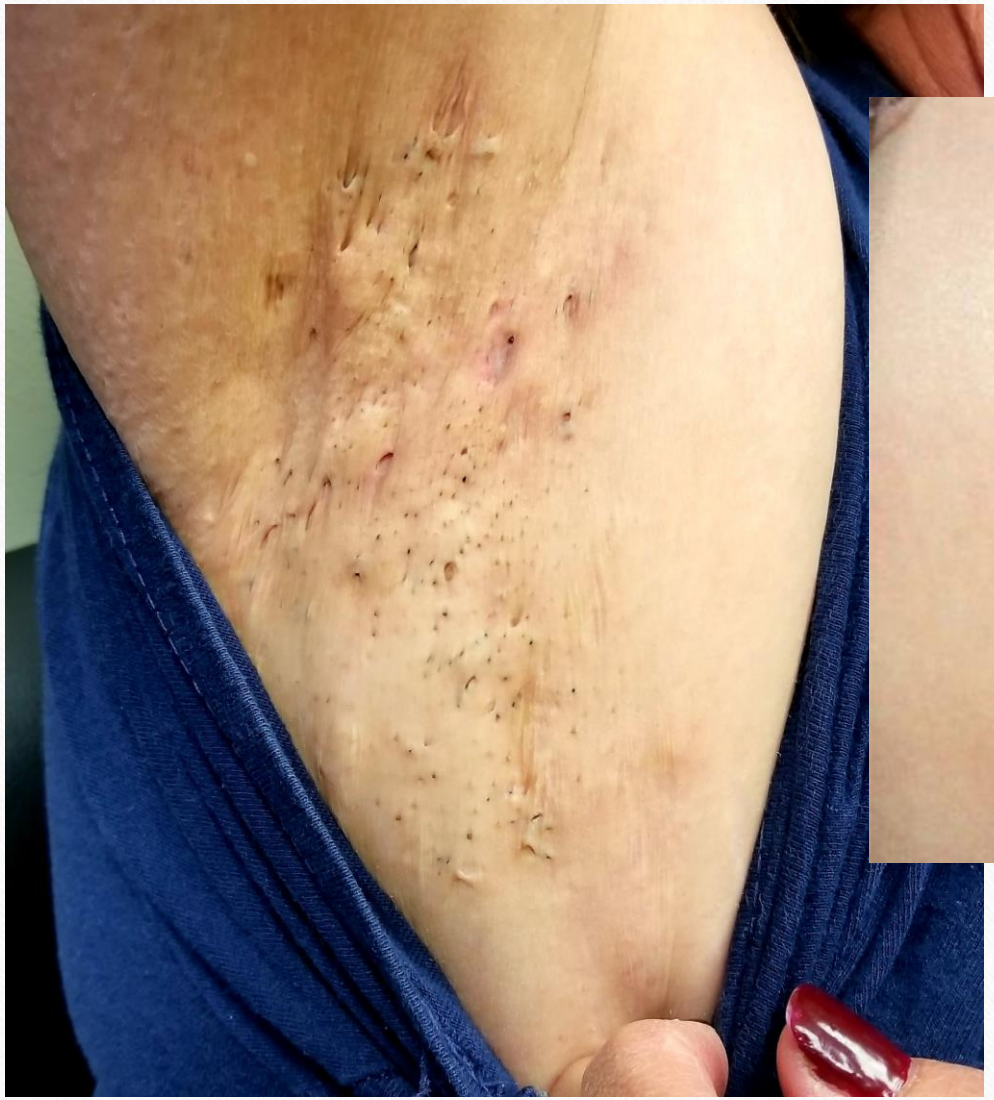
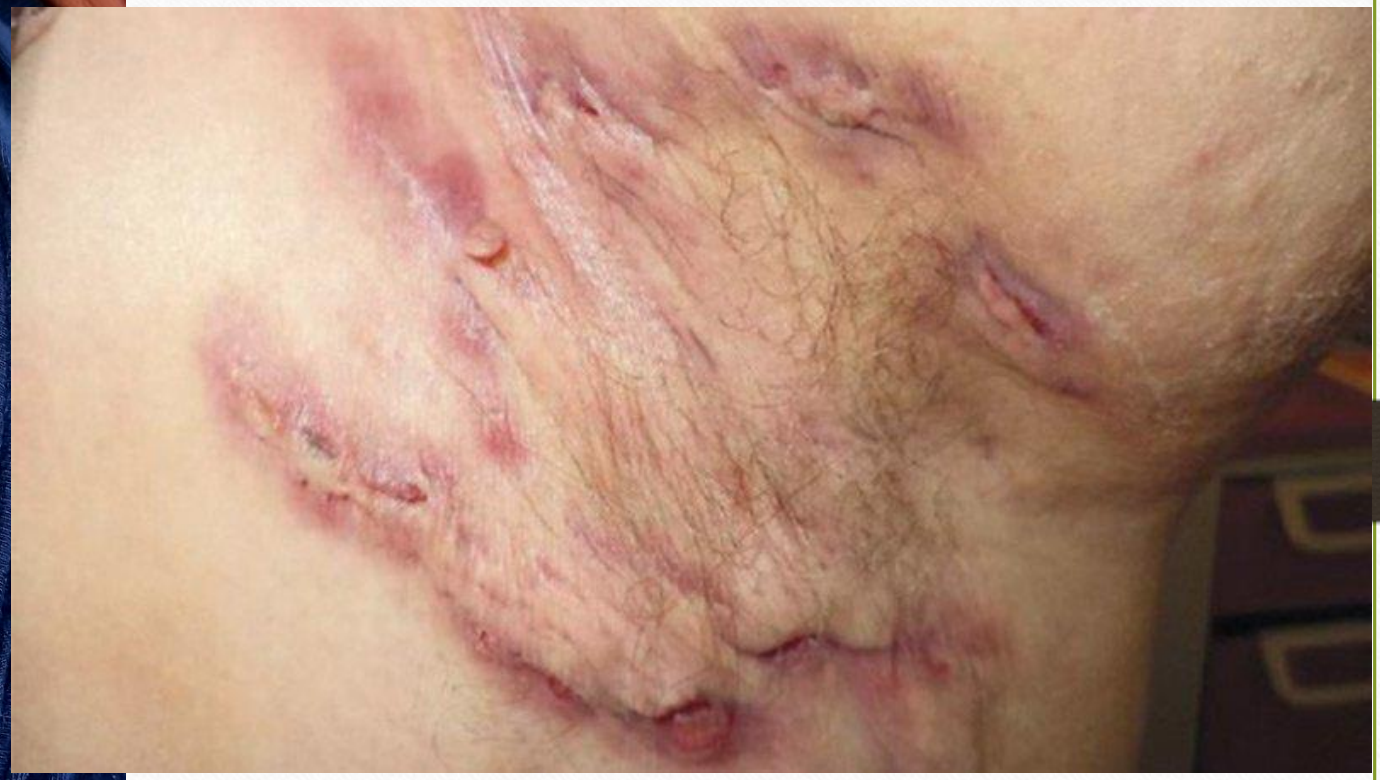
Case #4

- 36 year old obese female with acne in her arm pits, under her breasts, and in her groin. Present for several years. Worsening with time although waxes and wanes.
  - Current daily smoker
  - Otherwise healthy on no prescription medications, IUD for contraception
  - Family history of severe acne and diabetes



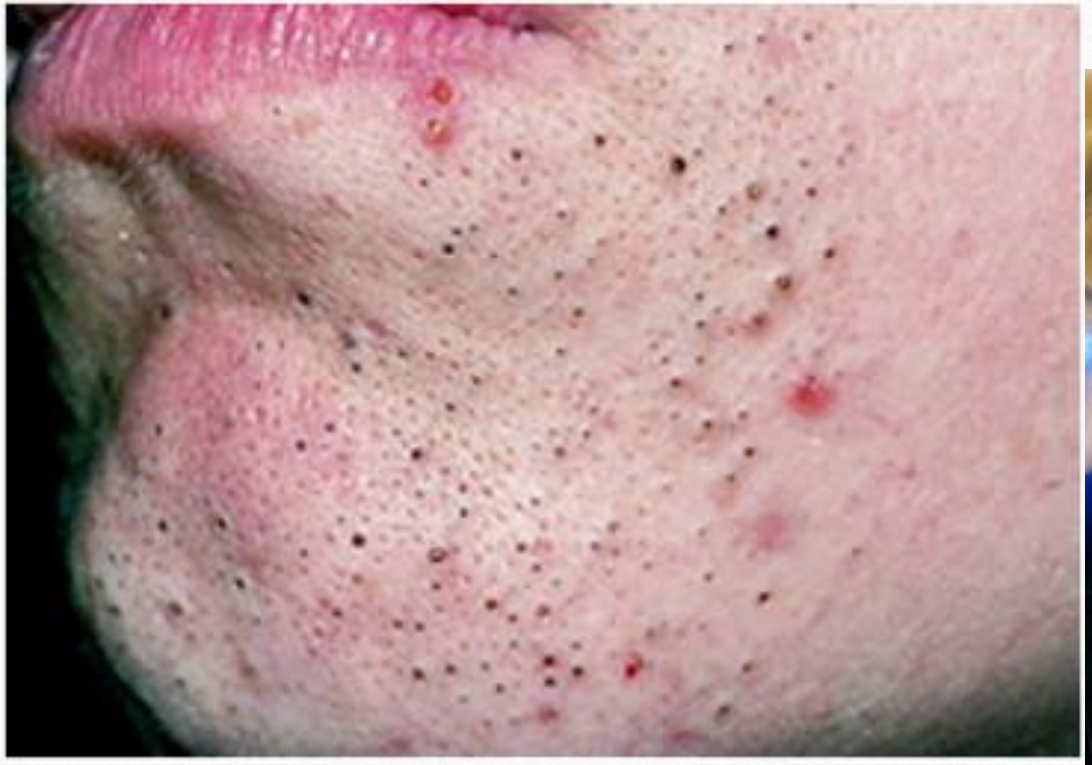


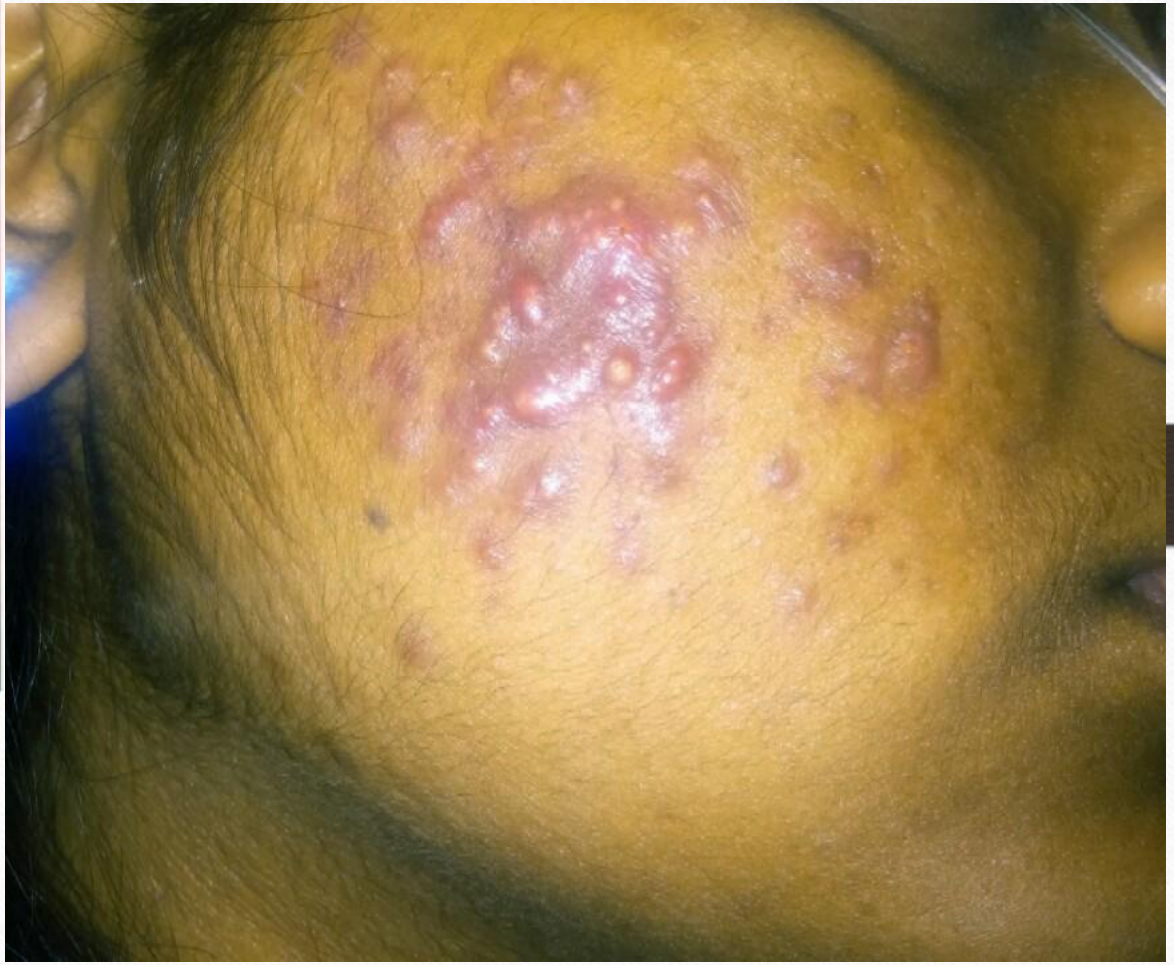
Differential diagnosis

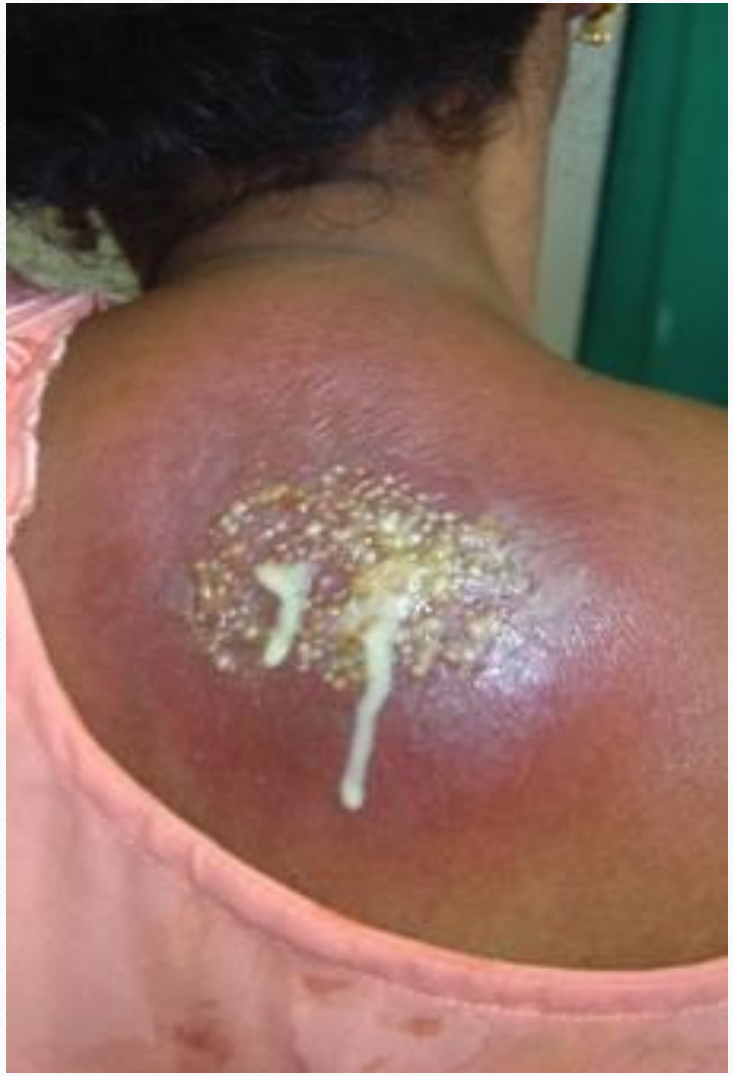
- Acne vulgaris
- Recurrent furunculosis
- Hidradenitis supperativa

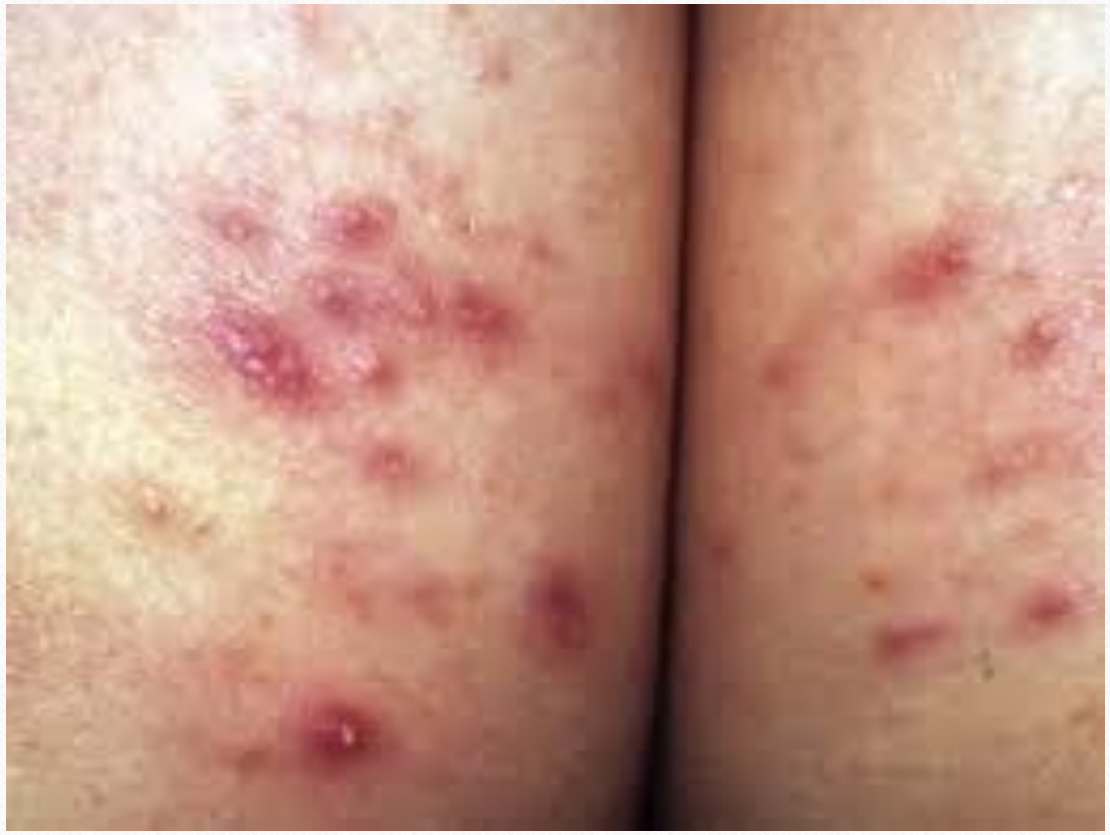
Treatment

- Benzoyl peroxide wash
- Topical clindamycin
- Oral antibiotics (doxycycline) for flares
- Intralesional Kenalog injections
- Punch deroof with curettage
- Isotretinoin
- TNF inhibitors
- Surgery
- Stop smoking!!!



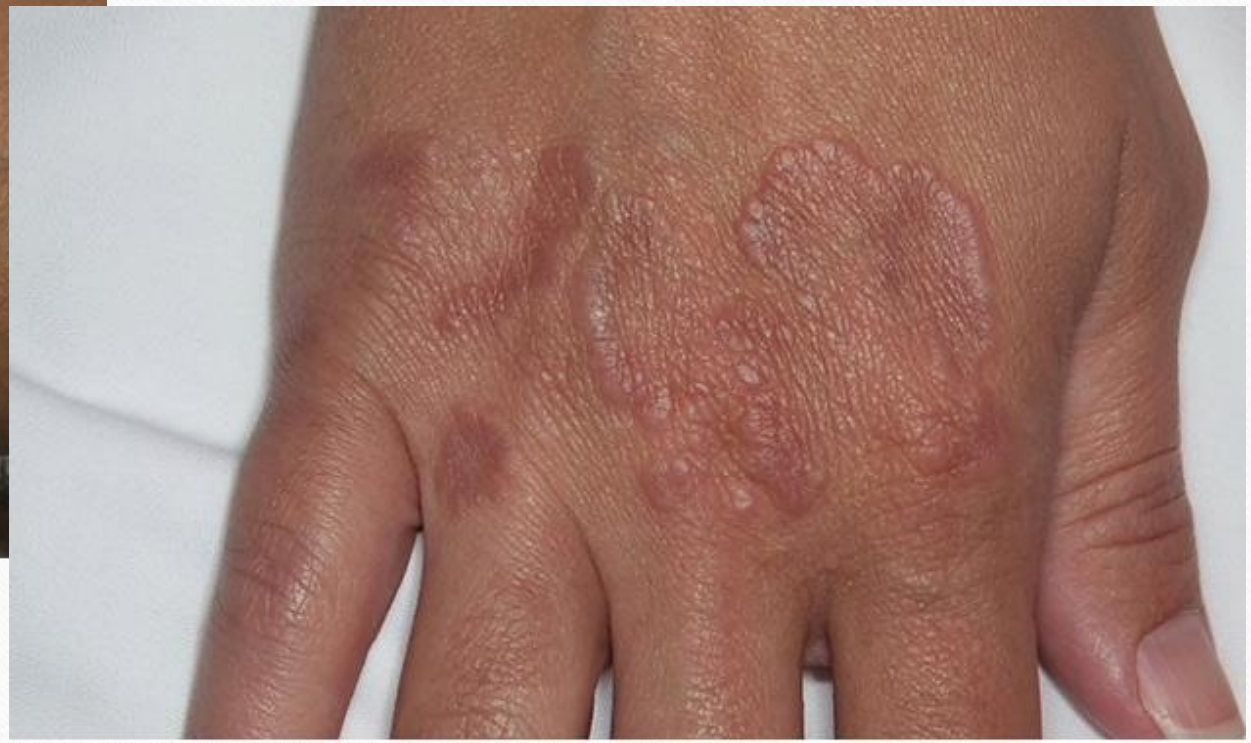






Case #5

- 47 yo male with new onset itchy rash on his forearms, seems to be appearing within his tattoos, but is also on non-tattooed skin. He has applied over the counter hydrocortisone with some relief of his itching.
  - PMHx: atopic dermatitis, asthma
  - Fhx: unremarkable
  - Meds: triamcinolone, albuterol

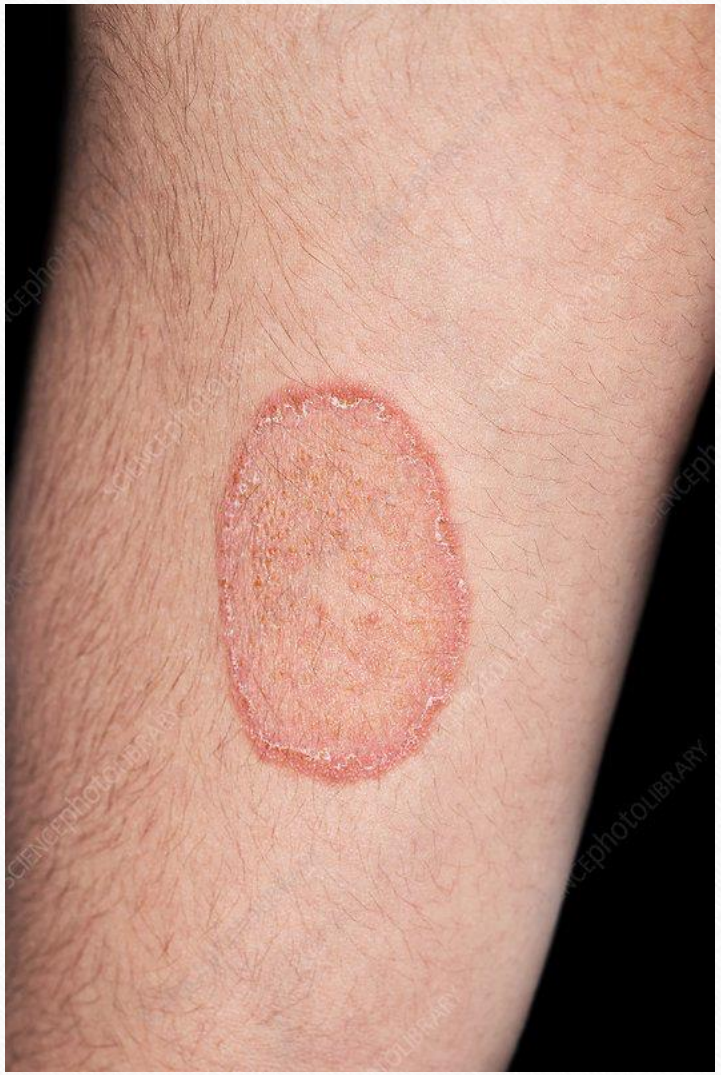


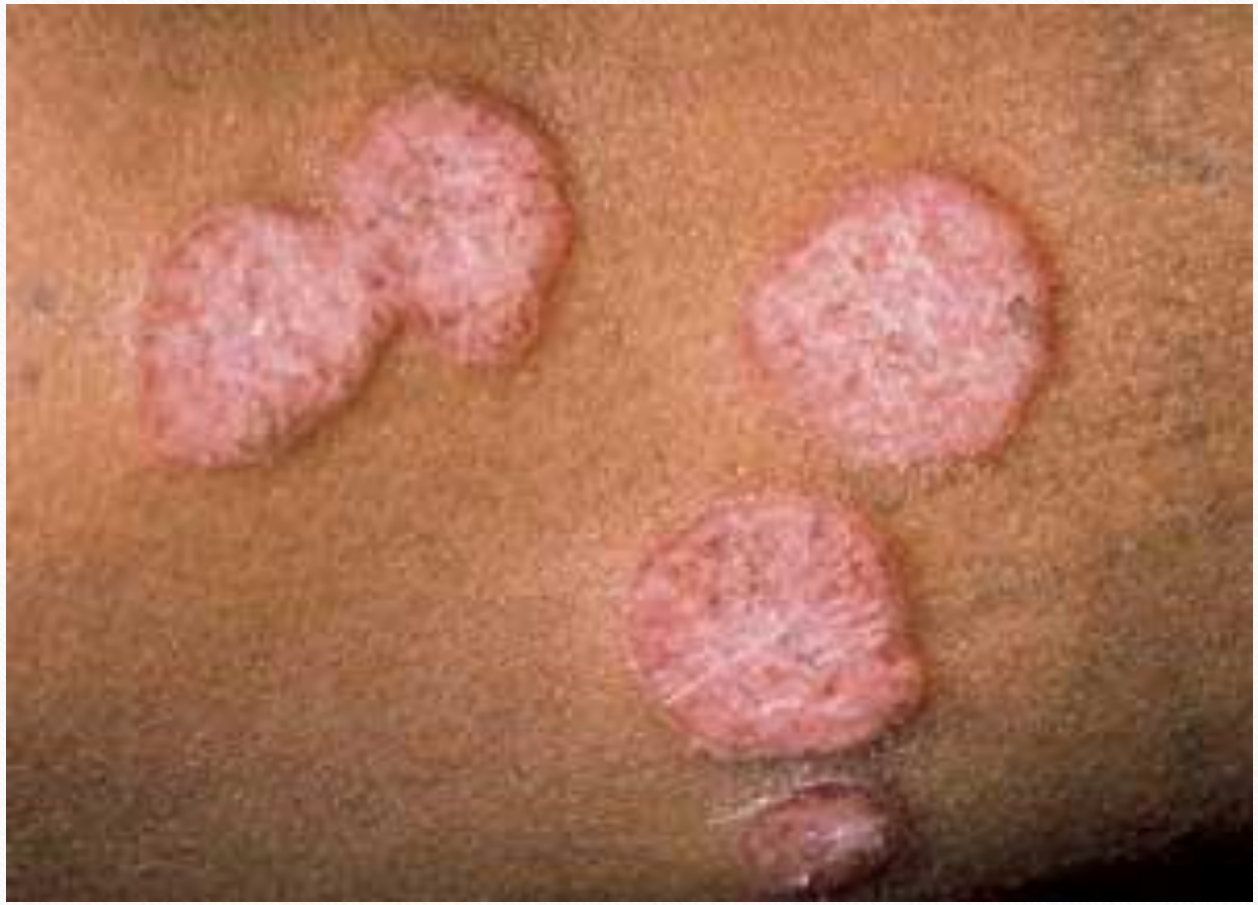
Differential diagnosis

- Sarcoidosis
- Granuloma annulare
- Tinea corporis

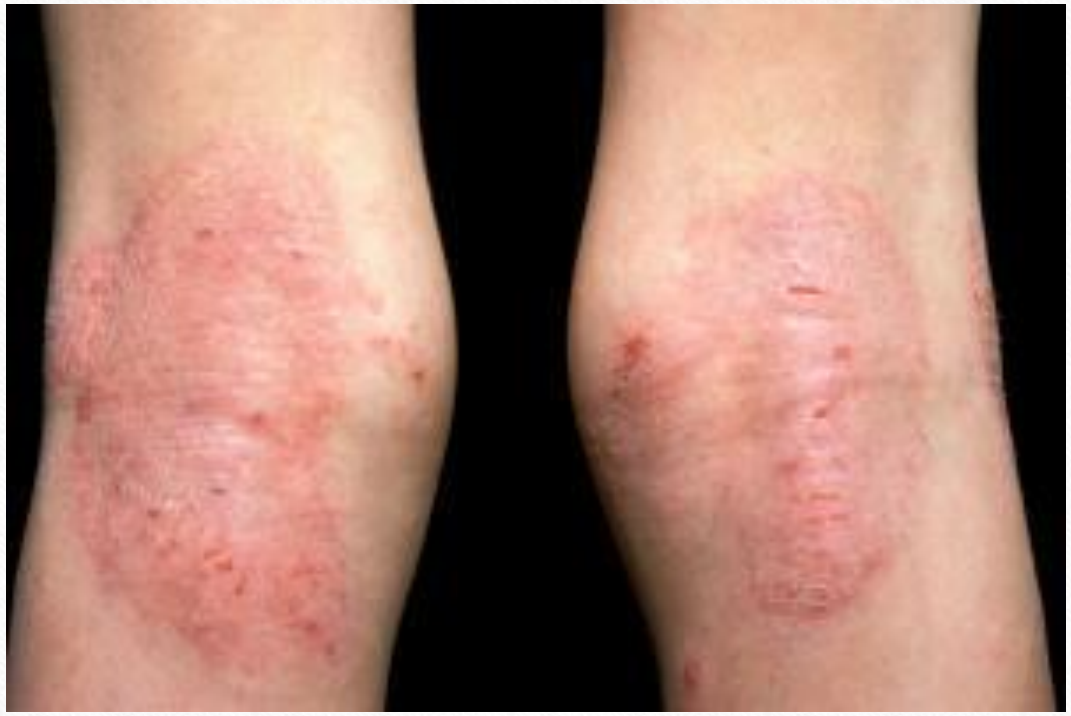
Treatment

- Biopsy if unsure
- High potency topical steroids +/- occlusion
- Intralesional injections
- Phototherapy





Eczema or psoriasis?



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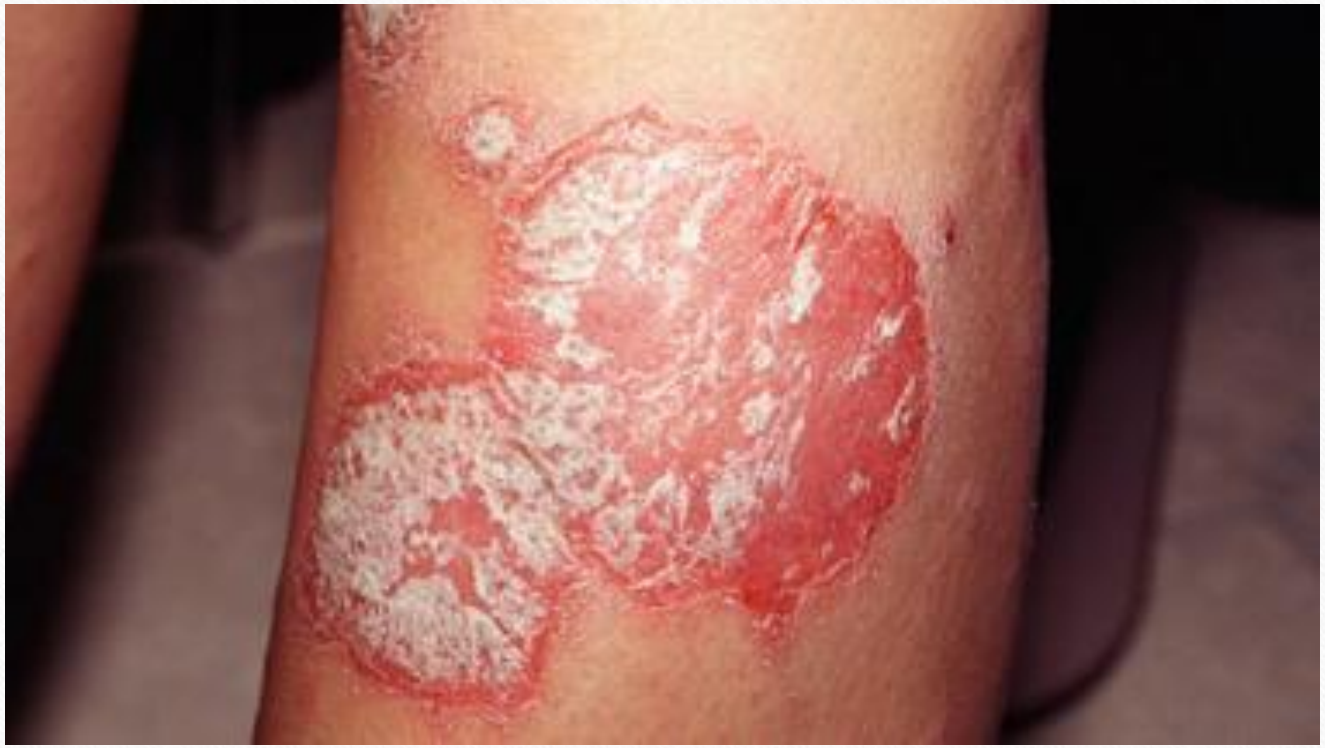

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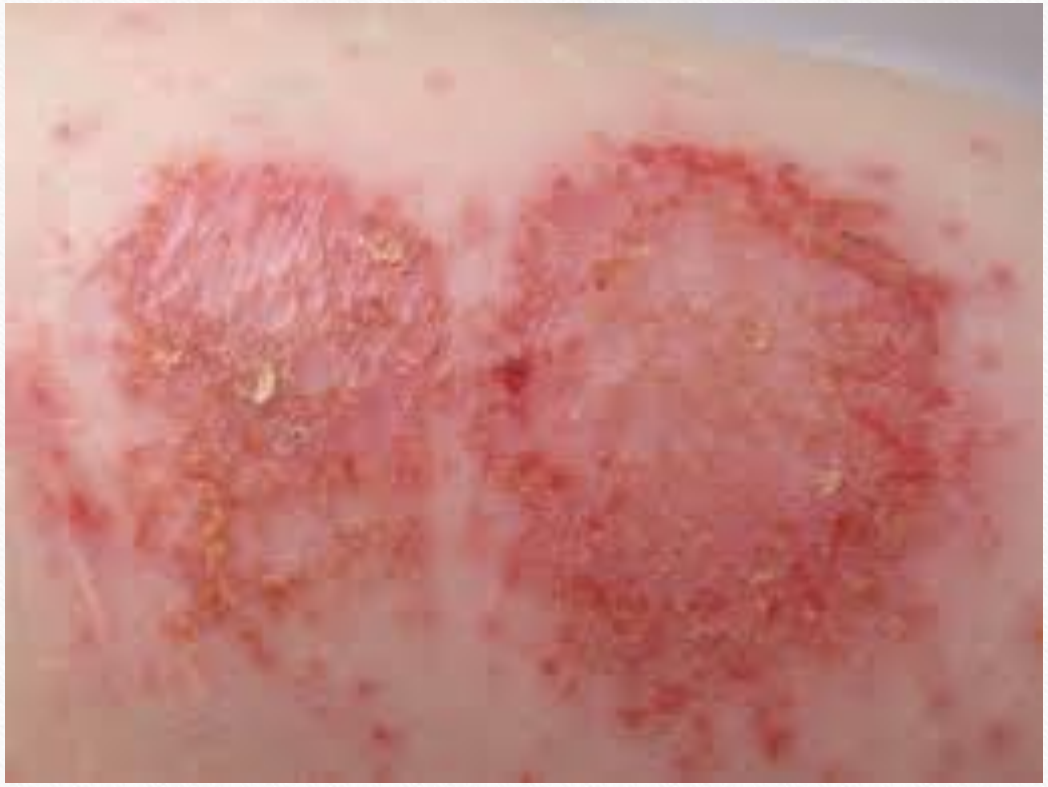

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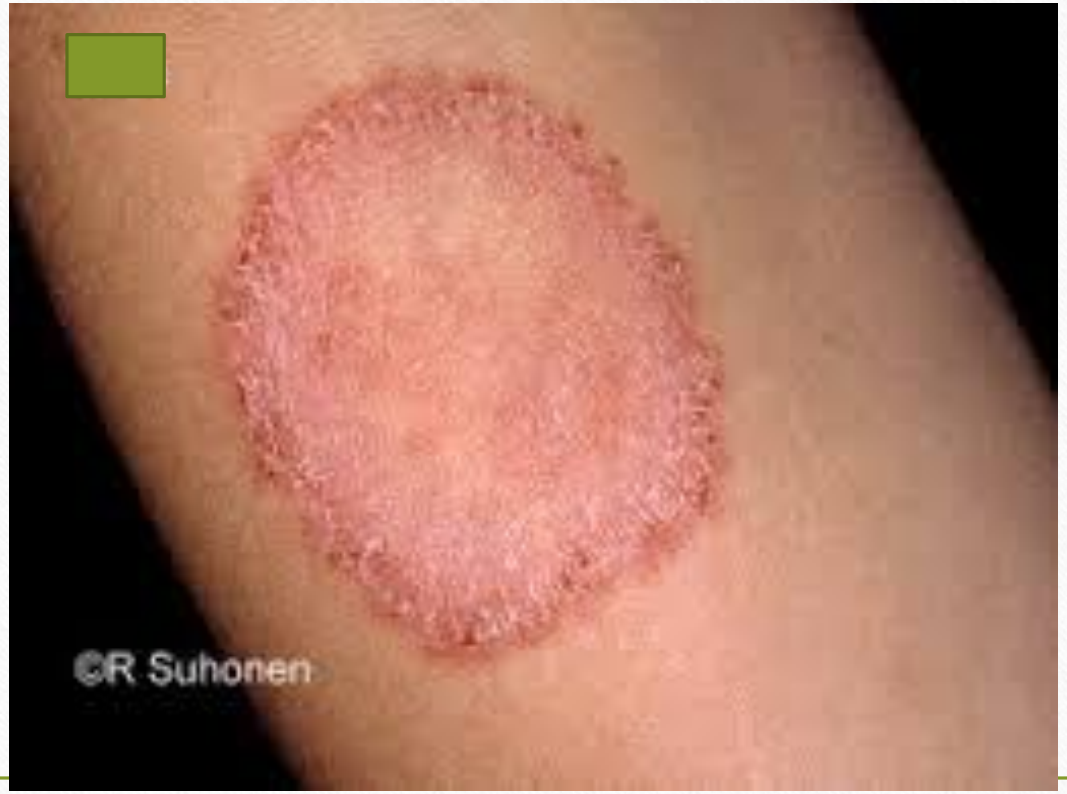
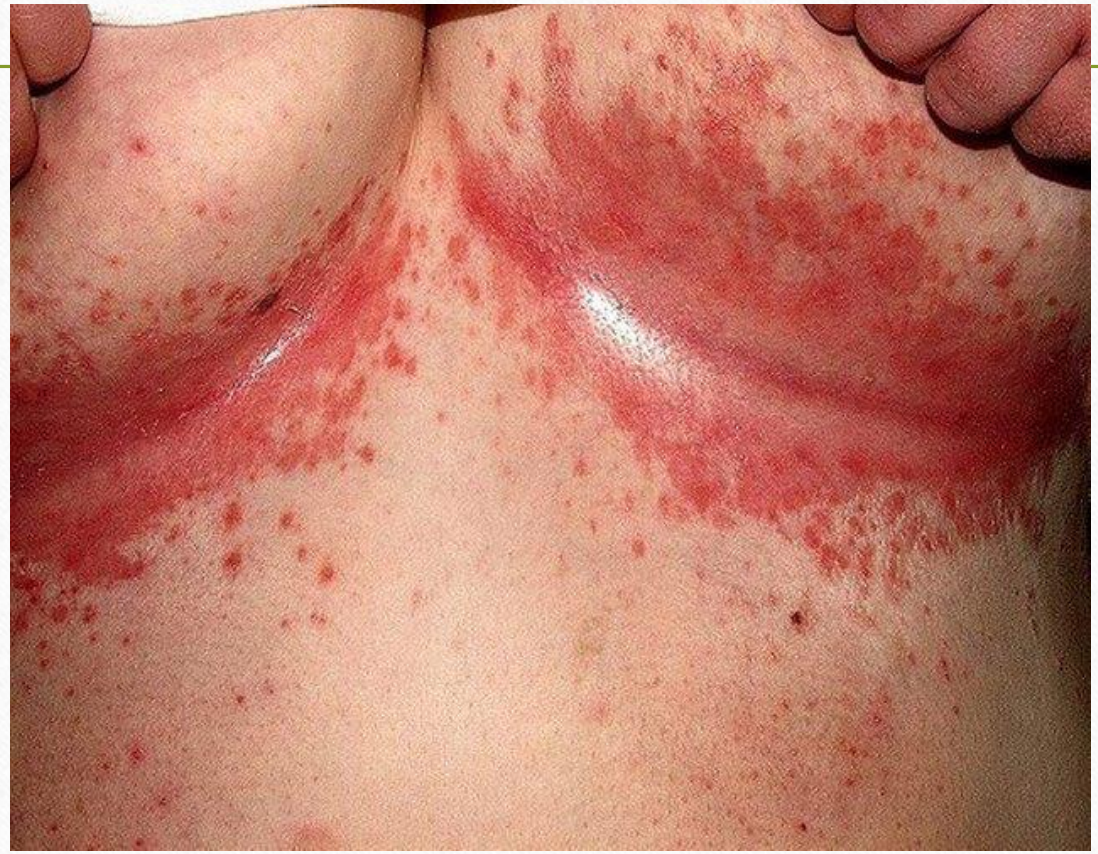


Intertrigo?

Intertrigo?



Thank you!!!