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Skin Conditions 1

NOTE: This is a general guide for routine skin conditions. Many conditions have more serious presentations that may require more intensive care or even hospitalization.

DESCRIBING COMMON LESIONS

	<1cm	≥ 1cm
Flat	Macule	Patch
Raised	Papule	Plaque
Solid	Nodule	Tumor
Fluid-filled	Vesicle	Bulla

Criteria for evaluating suspicious skin lesions

Asymmetry
Border irregularity
Color variation
Diameter
Evolution (size, shape, surface)

Melanoma will have at least one of these

Neoplastic		
	Basal Cell Carcinoma	Pearly papule/nodule, slow growing, sun exposed regions
	Squamous Cell Carcinoma	Firm, tender, erythematous/scaly papule/plaque
	Malignant Melanoma	Irregular borders Heterogeneous color >6mm in diameter

COMMON NOMENCLATURE

Primary Lesions: Directly caused by disease process	
Cyst	Epithelial-lined, semi-solid, fluid filled
Pustule	Raised, filled with pus
Erosion	Disruption to epidermis, (does not scar)
Ulcer	Disruption to dermis, (scars)
Fissure	Linear cracks in skin
Scar	Normal tissue replaced by fibrosis
Wheal	Transient, compressible, edematous
Secondary Lesions: Injury or modification of primary lesions	
Scale	Fragments of outer layer of epidermis
Crust	Accumulation of dried exudate
Lichenification	Thickened epidermis
Atrophy	Thinning of skin

LIFE THREATENING SKIN CONDITIONS

Condition	Features	Management
Malignant Melanoma	See ABCD(E) criteria above	Excision
Necrotizing Fasciitis	Erythematous area lacking sharp borders; pain dispro-portionate to visible lesion	Transfer to ED. Surgical debridement, empiric antibiotics
Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis	Rxn to meds or infections; Cutaneous blistering, red patches with dark center; May have skin detachment	Remove offending agent, Transfer patient to ED, Patient may be admitted ICU/Burn unit, IVIG, immune suppression
Pemphigus Vulgaris	Flaccid bullae that rupture easily, starts in oral mucosa	Refer to dermatologist; immune suppression
Toxic Shock Syndrome	Diffuse severe rash on palms and soles; fever, hypotensive, dehydrated (SHOCK!!)	Activate EMS, hospital admission, IV antibiotics

ACNE			
	Mild	Several comedones and inflammatory lesions	Topical: salycylic acid, benzoyl peroxide, clinda.
	Moderate	Multiple comedones and inflammatory lesions	Topical + oral antibiotics (Tetracycline family)
	Severe	Widespread comedones and inflammatory lesions, nodulocycstic lesions and scarring	Isotretinoin (PO), high dose oral antibiotics

Key References: 1) Pochi P.E., Shalita A.R., Strauss J.S., Webster S.B., Cunliffe W.J., Katz H.I., ..& Webster, G.F. (1991) Report of the Consensus Conference on Acne Classification. Washington, D.C., March 24 and 25, 1990. *Journal of the American Academy of Dermatology*. 24, 495-500 2) Whited JD, Grichnik JM. Does This Patient Have a Mole or a Melanoma?. JAMA. 1998;279(9):696-701