"I have a rash..."

Common skin problems in the outpatient setting

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Objectives

Distinguish among common skin rashes in the outpatient setting

- Cases to highlight differentials in different locations
- Review patterns in a variety of skin tones
- Touch on treatment choices
- Clues that a rash may be life threatening

Disclosures

Author
100 Questions and Answers about Psoriasis
Hidradenitis: Your Questions, Expert Answers

I may speak about off-label uses for some medications

Note: All images in presentation from VisualDx unless noted

Case: scalp rash

38M with scaly eruption on scalp and ears.

- Occasionally itchy
- slowly spreading

→ Psoriasis

Treatment options

- Topical steroids
- Topical vitamin D
- Calcineurin inhibitors
- UV light
- Immunosuppressants
- Biologics
- New: JAK inhibitors

Where else may psoriasis be located?

nails

hands/feet

elbows/knees

skin folds

Contrasting scalp eruptions

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Contrasting scalp eruptions

Seborrheic dermatitis

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Contrasting scalp eruptions

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Prurigo nodularis

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Chronic cutaneous "discoid" lupus

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Frontal fibrosing alopecia

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Frontal fibrosing alopecia

Acne keloidalis nuchae

Scalp treatment pearls

Avoid creams, ointments

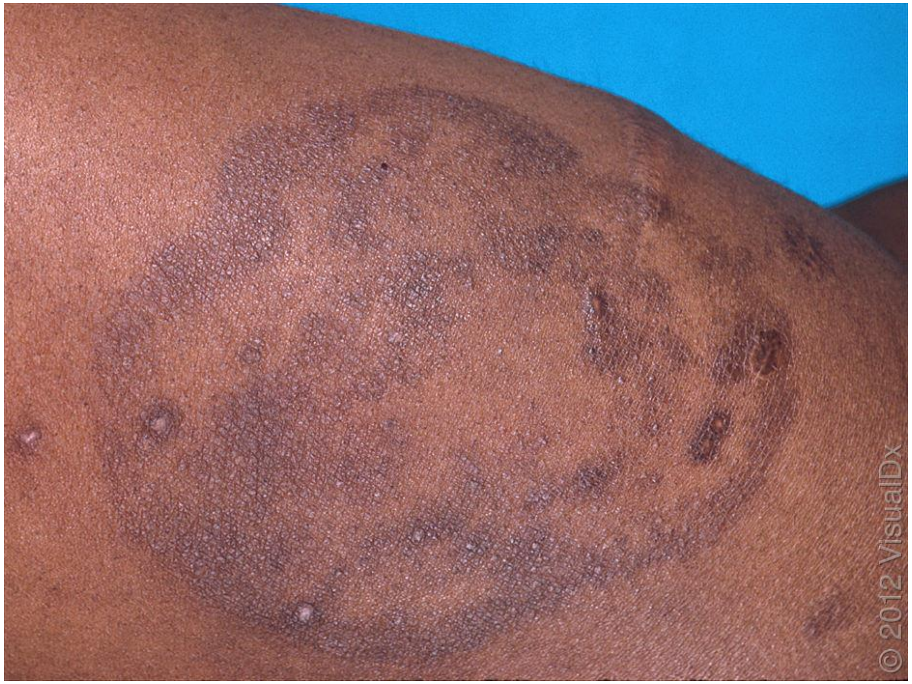
Shampoos are helpful:

- Ketoconazole 2% Rx
- Selenium 2.5% Rx
- Ciclopirox 1% Rx
- Zinc pyrithione OTC
- Tar- ex. T-gel OTC
- Salicylic acid OTC
- Tea tree oil- ex. Trader Joe's Tea Tree Tingle OTC

Topical steroids for scalp:

- Solution- fluocinolone milder, fluocinonide stronger
- Foam- betamethasone; clobetasol strongest
- Oil- fluocinolone oil "DermaSmoothe FS"
- OTC pick: Scalpicin Extra Strength with 1% hydrocortisone + menthol

Case: a single round spot



34F with 4-week history of spreading rash on the upper arm

→ Tinea corporis

- Sources: people, pets, soil

Treatments?

→ Topical azoles
→ Topical terbinafine
→ AVOID STEROIDS!

Contrasting round spots

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Contrasting round spots

Tinea

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Contrasting round spots

Tinea

Pityriasis rosea:
'Herald Patch"

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Contrasting round spots

Tinea

Pityriasis rosea:
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Pityriasis rosea:
later eruption

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Contrasting round spots

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Pityriasis rosea:
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Granuloma annulare

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Contrasting round spots

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Nummular dermatitis

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Contrasting round spots

Tinea

Pityriasis rosea:
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Pityriasis rosea:
later eruption

Granuloma annulare

Nummular dermatitis

Erythema multiforme

Case: Rash in the groin

26F with recurring 'pimples' in the groin

- Hidradenitis suppurativa
  - Recurring boils in skin folds
  - Pitted scars w comedones, sinus tracts
  - Persist > 6 months, neg cultures
  - Not visible, but painful and disabling
  - Ideally diagnosed early prior to progression to scarring disease

Contrasting genital eruptions

© 2018 VisualDx

Contrasting genital eruptions

Inverse psoriasis

© 2013 VisualDx

Contrasting genital eruptions

Inverse psoriasis

Genital lichen planus

Contrasting genital eruptions

Inverse psoriasis

Genital lichen planus

Candidal intertrigo

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Contrasting genital eruptions

Inverse psoriasis

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Tinea cruris

Contrasting genital eruptions

Inverse psoriasis

Genital lichen planus

Candidal intertrigo

Tinea cruris

Fixed drug eruption

© 2013 VisualDx

Contrasting genital eruptions

Inverse psoriasis

Genital lichen planus

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Tinea cruris

Fixed drug eruption

Lichen sclerosus

Evaluation of genital eruptions

History

- Confirm STD panel up to date
- History of skin rashes elsewhere?
  - boils, atopic, psoriasis, lichen planus
- New medications
- Recent steroid or antibiotic use

Next steps

- Culture- bacteria (strep), yeast, KOH
- Ulcerations- HSV PCR
- Counsel on gentle skin care
- Consider trial of topical steroid
- Consider skin biopsy

Genital rashes: treatment pearls

- Mild (class 5-7) topical steroids
  - Ointment > cream
  - Hydrocortisone 2.5%, desonide
  - Barrier creams like A+D ointment for raw skin
  - Anticandidal coverage
- If good response but rapid rebound to steroids
  - Tacrolimus 0.1% ointment bid
  - Pimecrolimus 1% cream bid
- If minimal response or spreading, biopsy indicated

- Minimize trauma
  - No bathroom wipes
    - Methylisothizolinone, MCI/MI
  - Avoid numbing creams like Vagisil
    - Benzocaine and other allergens
  - Wash with hands, bar soap
  - Pat or air dry after bath
  - Keep stool regular

Case: Rash on the face

- 38F with bumps on lower face

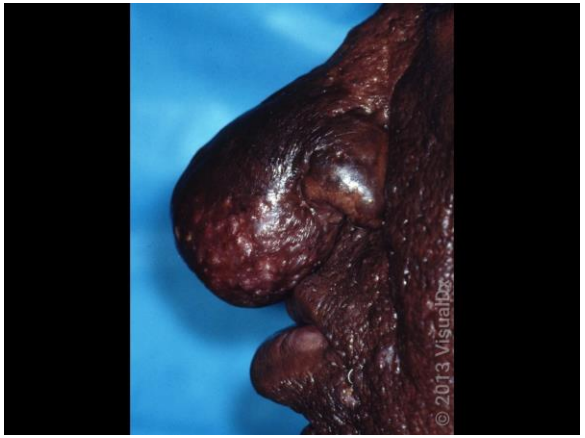
- Perioral dermatitis
  - Type of rosacea
  - More common in women
  - Often adulthood
  - Genetic predisposition
  - Chronic process, no cure yet

Rosacea: one disease, many faces

Papulopustular

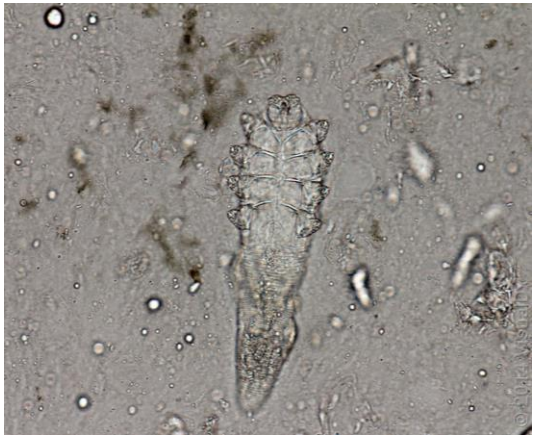
Perioral Dermatitis

Eczematous perioral dermatitis



Rhinophyma

Demodex folliculitis



Demodex mite in mineral oil

Treatment options?

Topical treatment

- Metronidazole 0.75-1% cream, gel
- Sulfacetamide 10% lotion, wash
- Azeleic acid 15% gel
- Sulfur 5% wash or cream
- Topical oxymetazoline 1% cream or brimonidine gel for redness

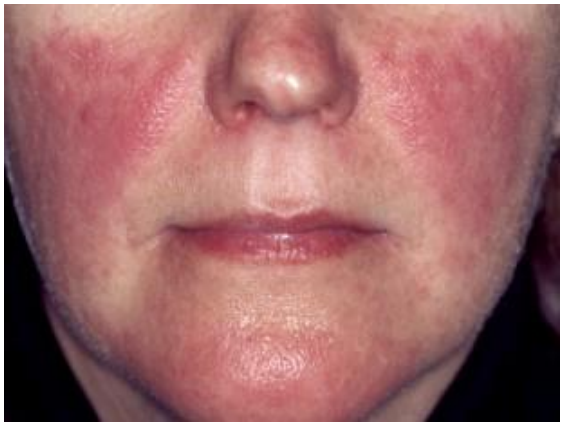
Oral treatment

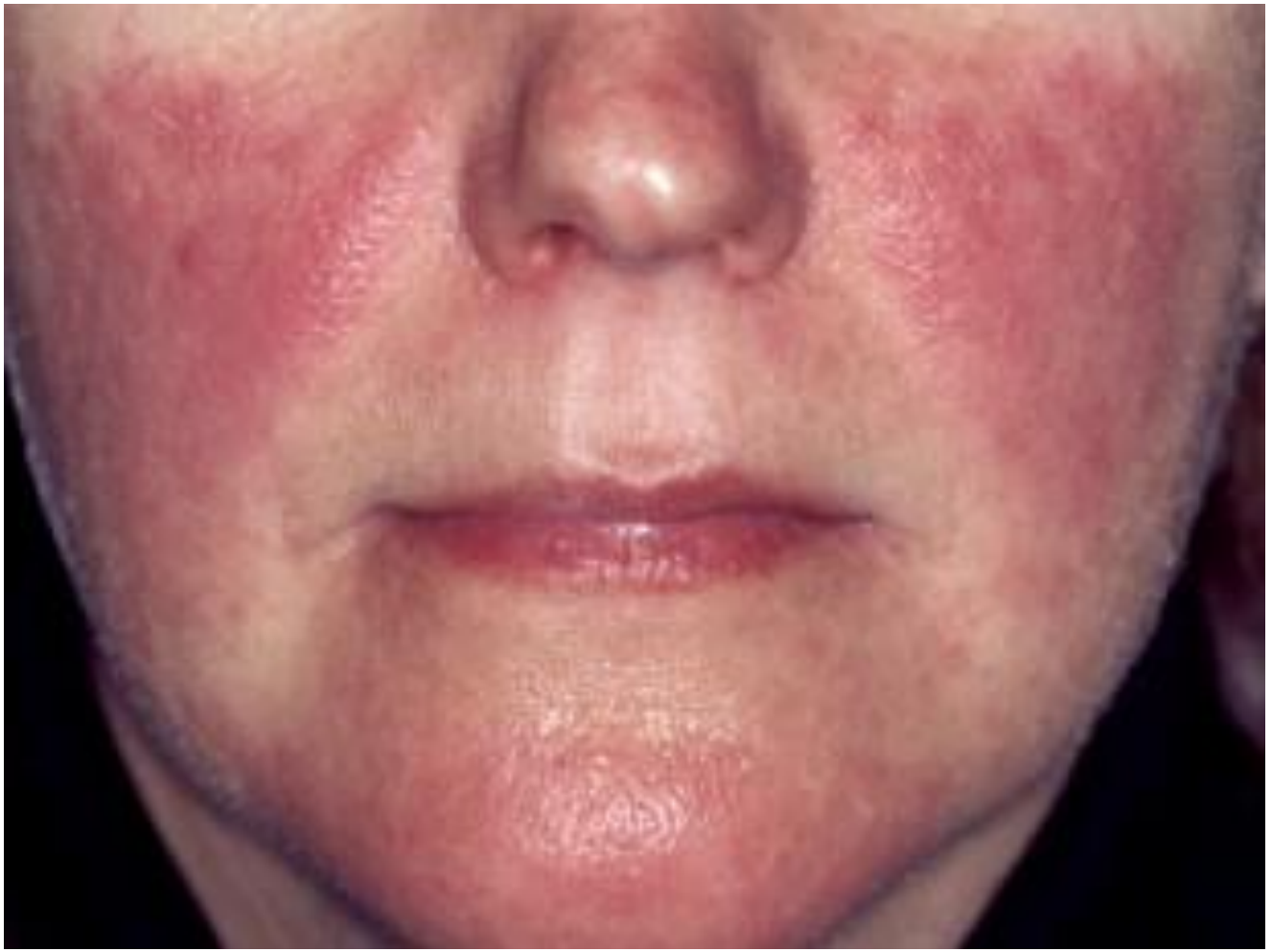
- Doxycycline 100 mg bid x 2-4 wks for flares
- Azithromycin, pcn, minocycline
- Doxycycline 20 or 50 mg daily for maintenance
  - Anti-inflammatory effect blocking MMP-8 and -9
- Isotretinoin for cystic or scarring component

- No role for topical steroids!

Francis Wong of CBS Miami via Instagram

Contrasting facial eruptions





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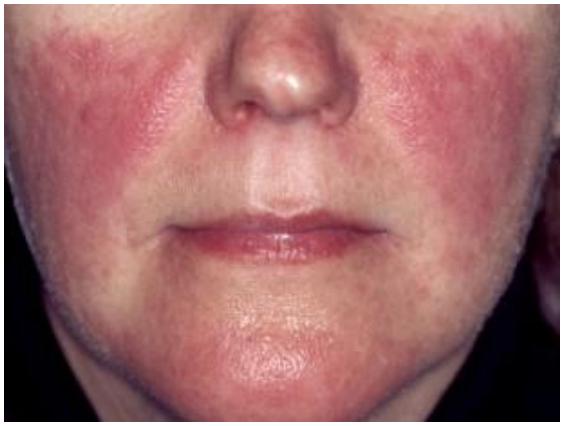
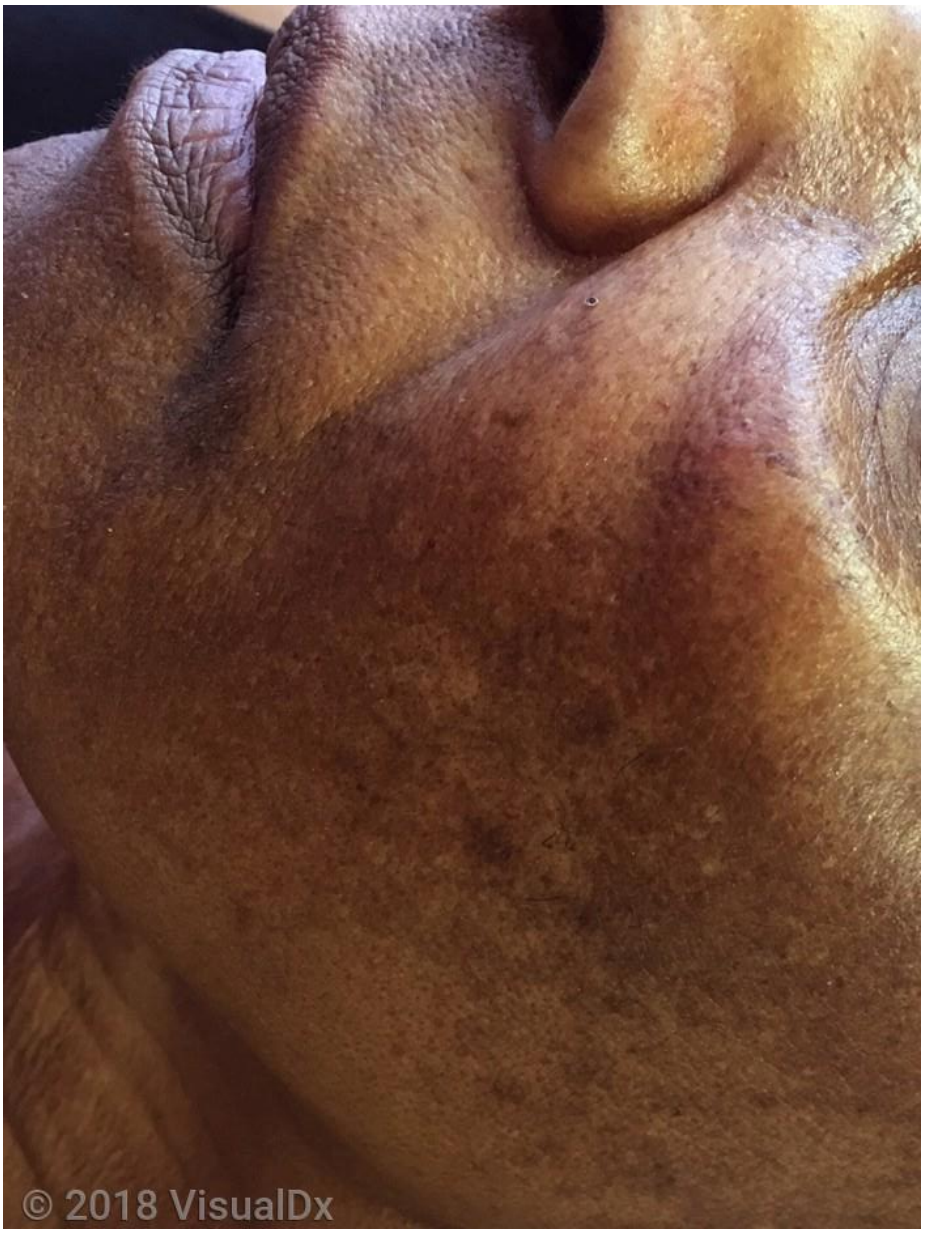


Malar rash of SLE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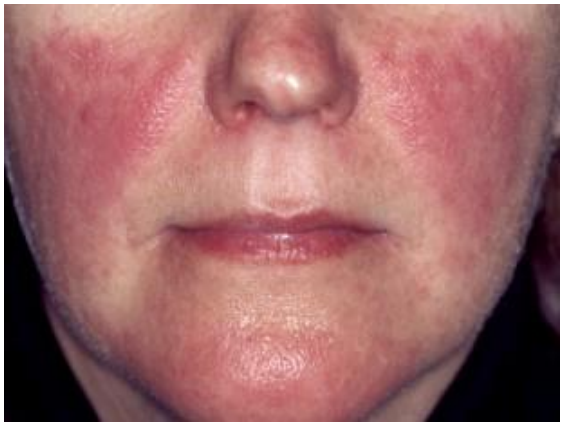
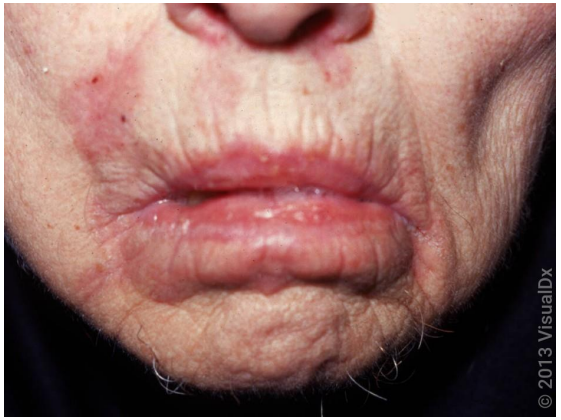


Malar rash of SLE

Lichen planus pigmentosus



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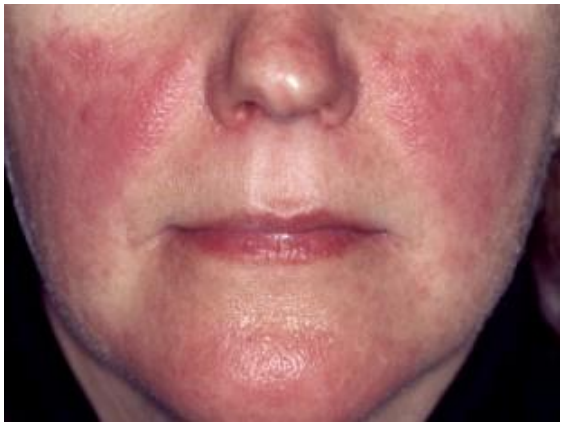
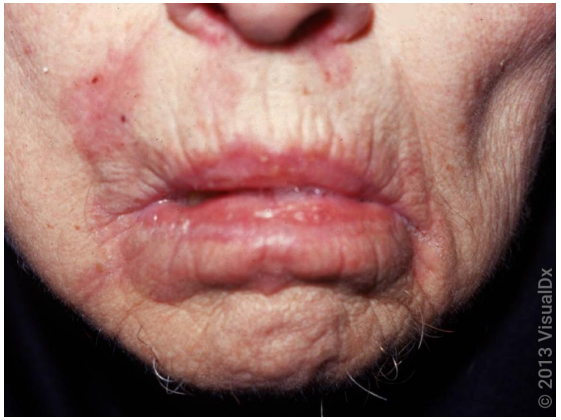


Malar rash of SLE

Lichen planus pigmentosus

Steroid rosacea



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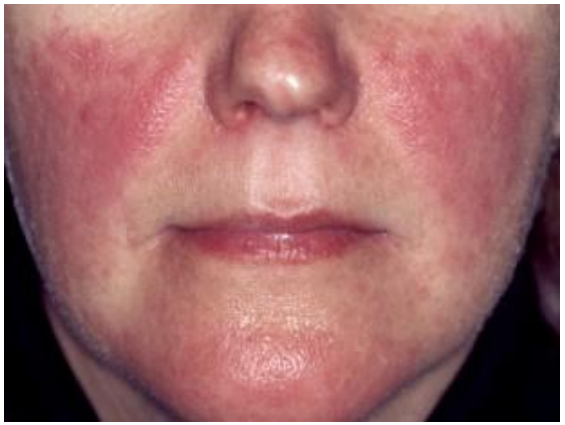

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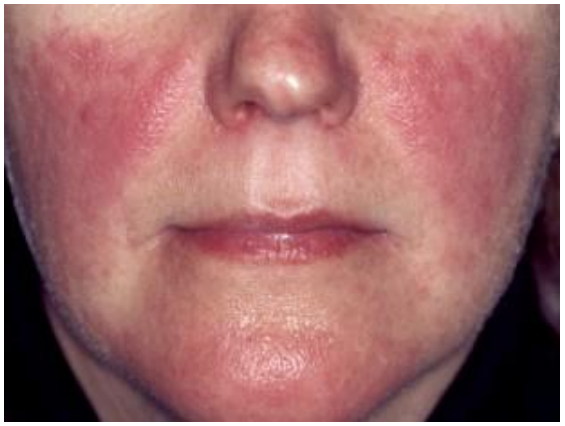

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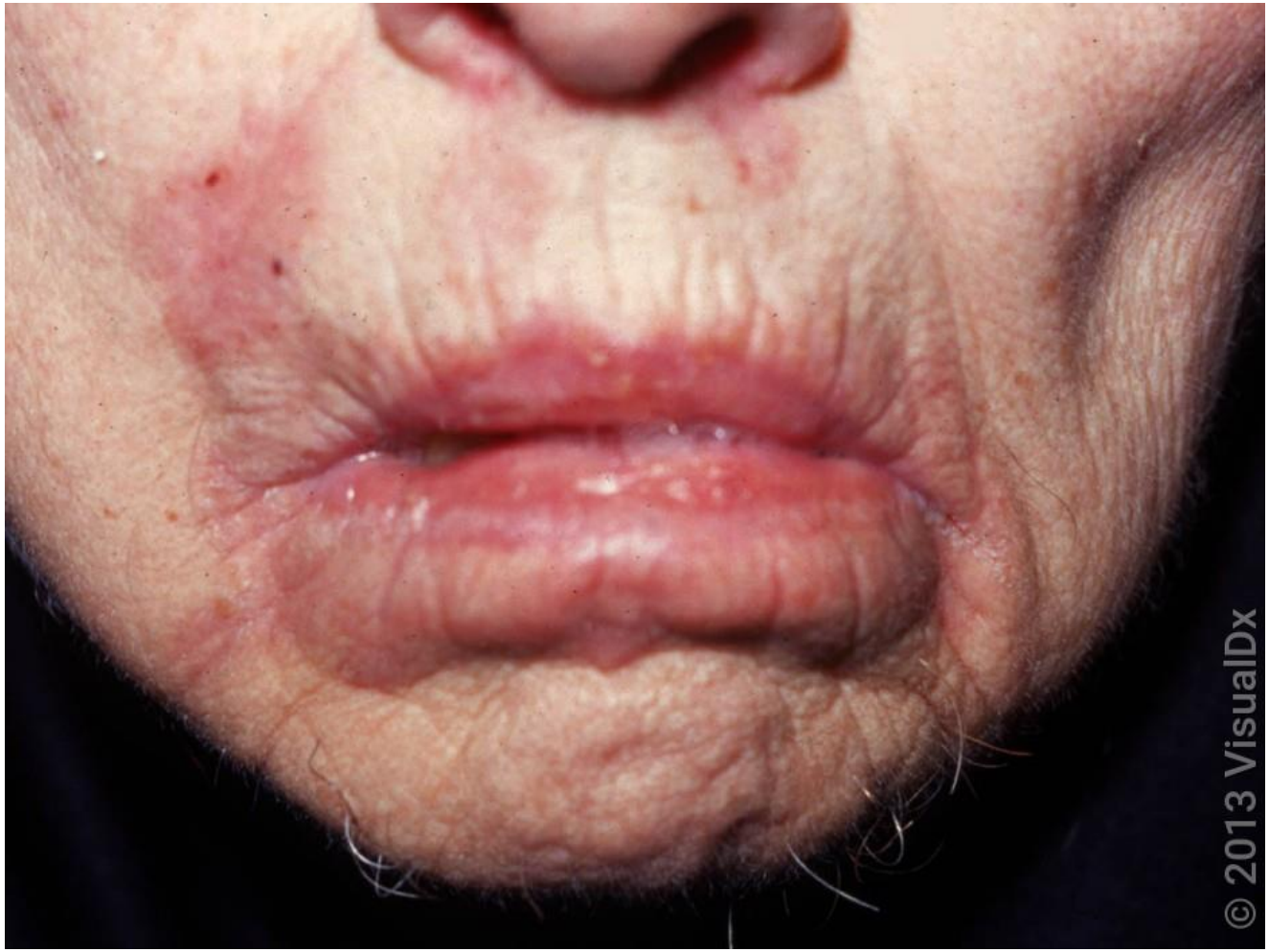
Majocci's granuloma:
tinea + topical steroids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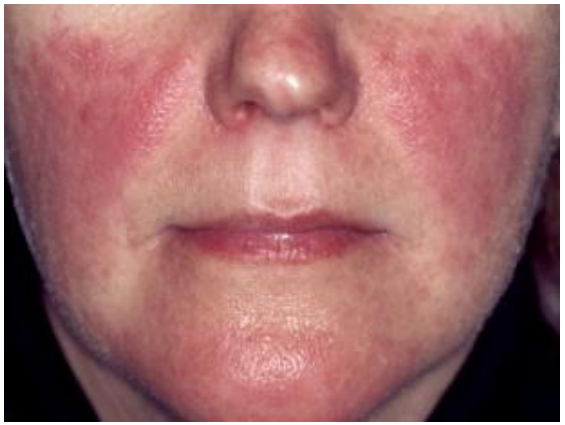
Contrasting facial eruptions



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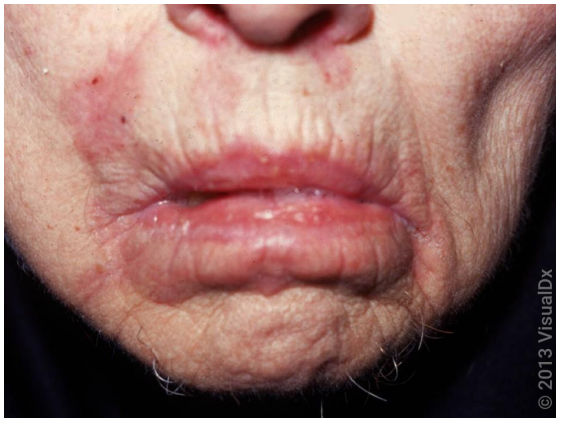


Acrodermatitis enteropathica:
Zinc deficiency

Case: new rash "all over"

Urticaria, acute

Each spot lasts < 24 hrs

- Check for angioedema
  - This deep swelling can last 2-3 days, increases risk of airway compromise
  - Particularly dangerous around face

- Check for signs and symptoms of respiratory compromise
  - If swelling of lips, tongue, mouth, or dizziness- consider EpiPen, iv antihistamines, systemic steroids.

Same history, different rash

What is this rash?

- Morbiliform eruption

Morbiliform eruptions

- Blanchable erythema
  - Mucous membrane involvement?
    - Ocular
    - Oral
    - Pharyngeal
    - Urogenital
- Drug and viral causes most common
  - 95% of drug eruptions are morbiliform
  - Drug history is important
  - 7-14 days after exposure

Red flags

- Systemically ill
- Mucous membrane involvement, 2+ sites
- Skin pain
- Bullae
- Purpura- consider vasculitis
- Elevated LFTs, eosinophils
  - Drug-induced hypersensitivity syndrome, DIHS/DRESS, at 2-6 weeks

Contrasting generalized eruptions

Contrasting generalized eruptions

Morbiliform eruption

Contrasting generalized eruptions

Morbiliform eruption

Severe eczematous dermatitis

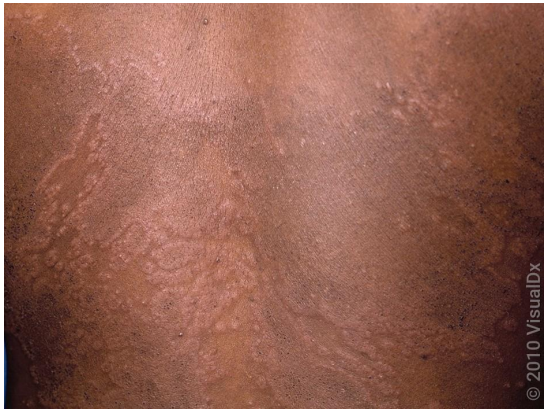
© 2013 VisualDx

Contrasting generalized eruptions

Morbiliform eruption

Severe eczematous dermatitis

Extensive urticaria



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Contrasting generalized eruptions

Morbiliform eruption

Severe eczematous dermatitis

Extensive urticaria

Pityriasis rosea, extensive

Contrasting generalized eruptions

Morbiliform eruption

Severe eczematous dermatitis

Extensive urticaria

Pityriasis rosea, extensive

Extensive tinea corporis

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Contrasting generalized eruptions

Morbiliform eruption

Severe eczematous dermatitis

Extensive urticaria

Pityriasis rosea, extensive

Extensive tinea corporis

Psoriasis

Case: new white spots on trunk

What is this?

→ Tinea versicolor

If you scrape it, you will notice the scale!

Treatments?

→ Topical azoles, shampoos, pulse oral antifungals if severe

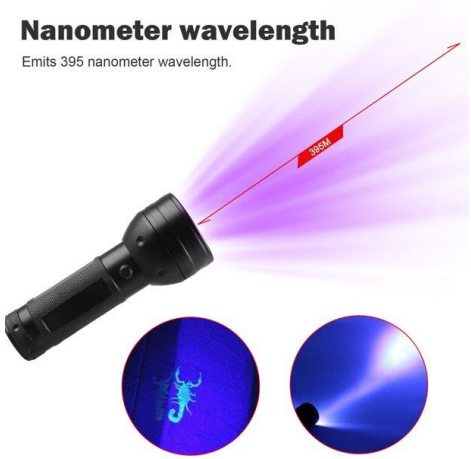
In contrast:

What is this?

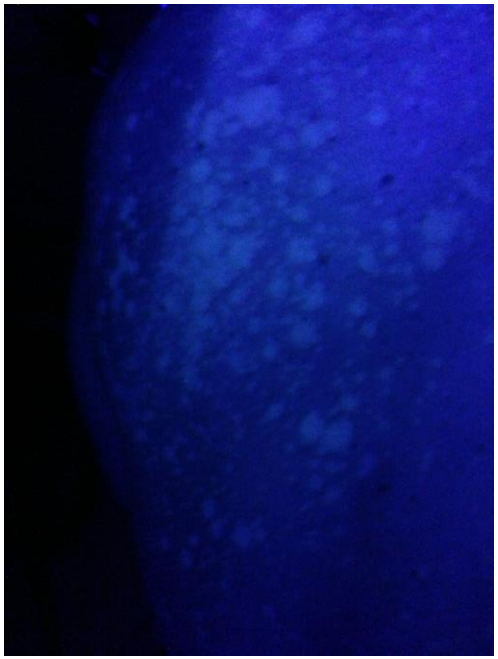
→ Vitiligo

This is depigmented (absent pigment) with no scale

Less pigment or no pigment?
395 nm Wood's Lamp

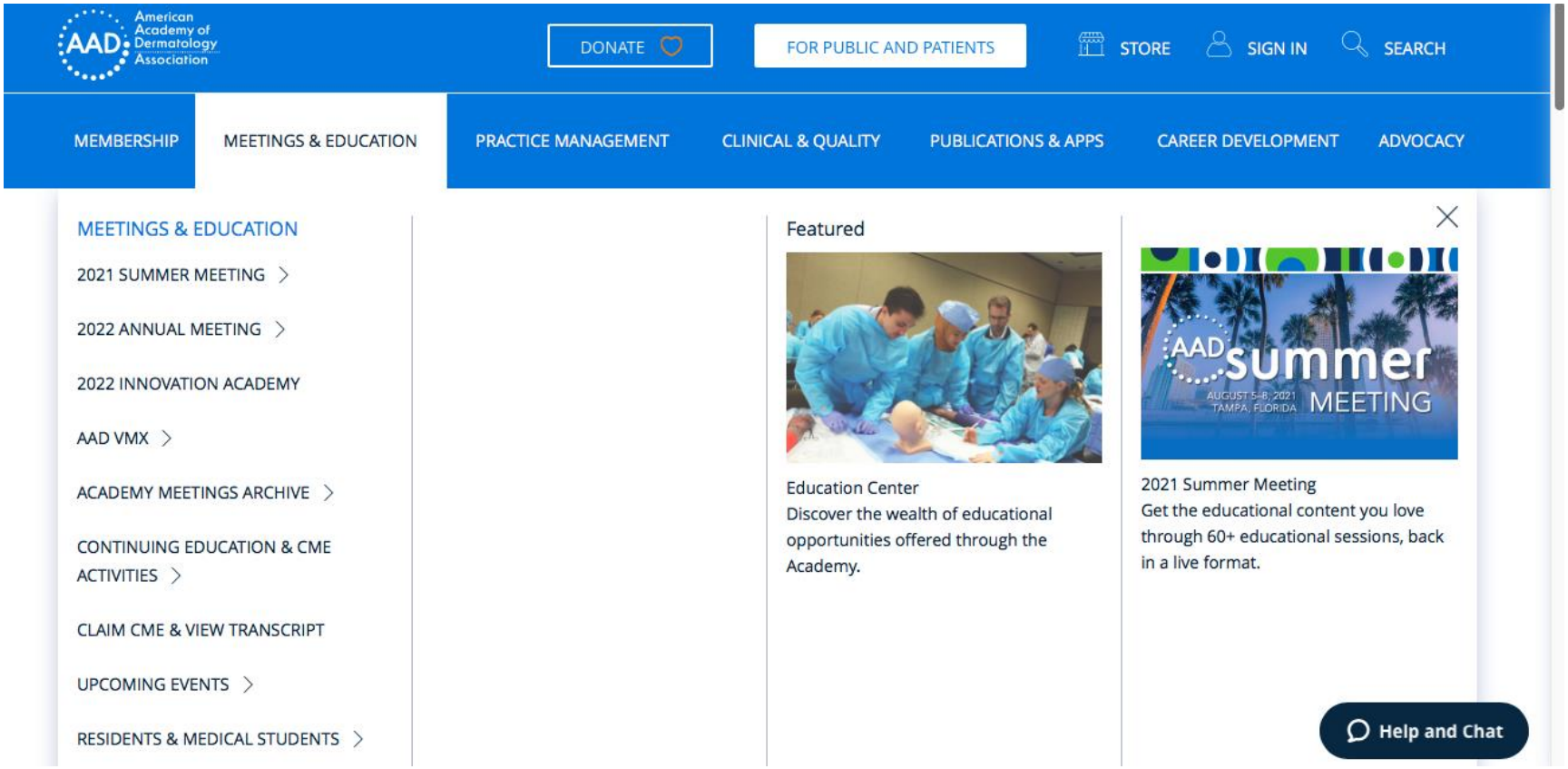


vitiligo vs. tinea versicolor



Resources for Dermatology

- AAD.org, DermNetNZ.org for patient handouts and education
- VisualDx for diagnostic information through UW Health Sciences Library
- UpToDate for therapeutic recommendations



Thank you!

Questions?

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