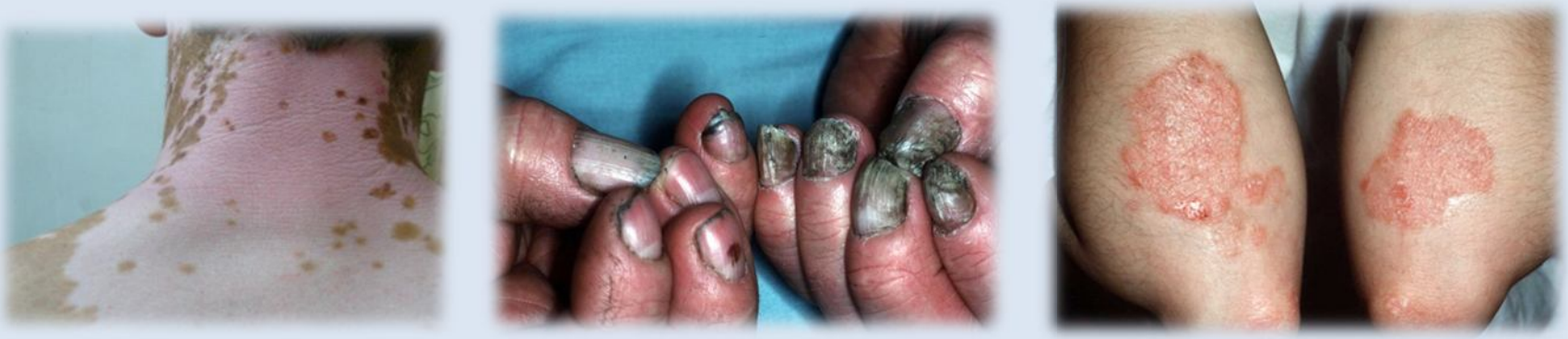

# Case Histories in Dermatology

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GALDERMA

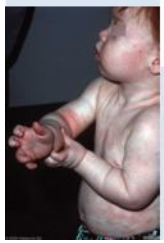


This presentation was developed by Galderma (UK) Ltd

# Stepped approach to management

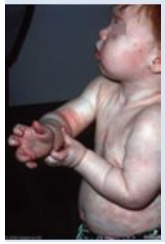
| Mild atopic eczema | Moderate atopic eczema | Severe atopic eczema |
|---|---|---|
| Emollients | Emollients | Emollients |
| Mild-potency topical corticosteroids | Moderate-potency topical corticosteroids | Potent topical corticosteroids |
| | Topical calcineurin inhibitors | Topical calcineurin inhibitors |
| | Bandages | Bandages |
| | | Phototherapy |
| | | Systemic therapy |

Healthcare practitioners should review repeat prescriptions of individual products and combinations of products with children with atopic eczema (and their parents or carers) at least once a year to ensure that treatment remains optimal.

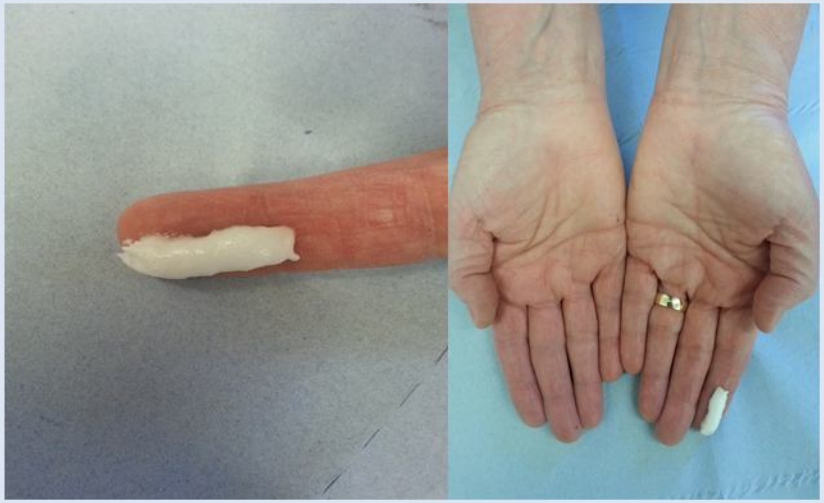


# Supported by education

- How much to use
- How to apply and how often to apply prescribed treatments, including emollients, steroids, calcineurin inhibitors and medicated dressings (bandages)
- Stepped approach to treatment
- How to prevent infection
- How to treat infected atopic eczema



# Finger Tip Unit



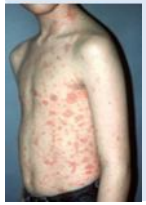
- One FTU is the amount of topical steroid that is squeezed out from a standard tube along an adult's fingertip
- A fingertip is from the very end of the index finger to the first crease in the finger
- One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together

# Guttate Psoriasis

- Wide spread ‘tear drop’ like lesions – trunk and limbs mainly
- Typical onset 7-10 days post URTI/Strep throat infection
- Affects children/young adults
- May spontaneously resolve after 2-3 months
- May go on to develop plaque psoriasis at a later stage in life
- May have slight scale present

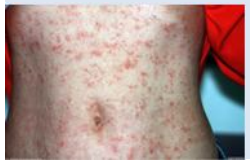
**Management:**

Emollients, natural sunlight, topical corticosteroids may be helpful,  narrowband UVB for widespread, unresponsive disease



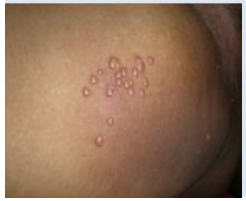
# Scabies

- Provide patient information
- Commence treatment with 5% permethrin cream
- Other scabicides may be more irritant
- Apply to all skin from neck down, skin creases, genitalia and beneath nails & soles of feet
- Wash off after 8-24 hours
- Cream should be reapplied to hands if washed within 8 hours of application
- Repeat after 7 days
- Treat secondary infection as with antibiotics as required
- Remember to treat the contacts
- Educate patient re post infestation itch up to 4 weeks following successful treatment
- Re-treat as necessary and check contacts



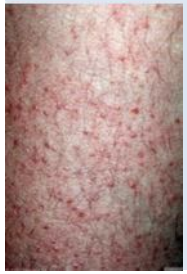
# Molluscum Contagiosum

- Common and relatively harmless viral skin infection
- Can be caught by direct contact
- Most common in children, young adults and eczema sufferers
- Lesions can be itchy or sore and can become inflamed or infected
- Usually go away by themselves over a 6 to 18 months period
- Cryotherapy
- Curettage
- Imiquimod (not licensed to treat these lesions)
- Topical 5% potassium hydroxide, twice daily  for 4-6 days treatment
- Encourage patients to use their own towels, flannels, clothing etc. to prevent spreading it to other family members
- No need to keep off school or stop swimming



# Keratosis Pilaris

- Thought to affect 1:3 people
- Follicular plugging on upper parts of arms and thighs
- Childhood & adolescence into early adulthood
- Inherited - autosomal dominant gene - meaning 1:2 chance of each child of an affected parent inheriting the condition
- Occasionally itchy
- Rarer forms can affect the back and chest, and rarer still, the face and eyebrows
- Some erythema around the small, spiky bumps
- Feels and looks like ‘goose bumps’
- Regular emollients are inadequate
- Emollients containing salicylic acid, lactic acid and/or urea are considered more effective
- May improve on its own



# The acne disease pathway

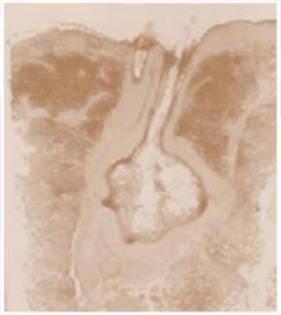
Androgen hormone influences and stimulates sebaceous gland

Sebaceous glands enlarge

Over production of epithelial cells lining follicles

1 Excessive sebum production

2 Hyperkeratinization



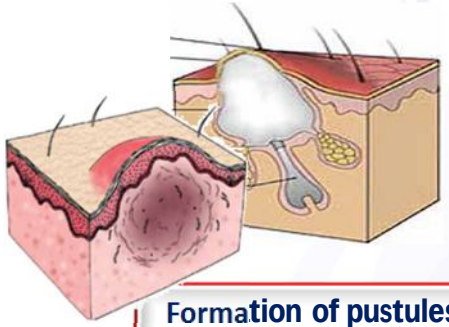
Microcomedone formation

A thick hyperkeratotic plug

White heads and black heads form

4 *Propionibacterium acnes* colonization in anaerobic environment

3 Inflammation and immune response



Formation of pustules and cysts

Scars

**Pathogenic factors of acne**

1. Excessive sebum production
2. Hyperkeratinization (abnormal cell turnover)
3. Inflammation and immune response
4. *P. acnes* colonization

**Goal of treatment: To target as many pathogenic factors of acne as possible**

# EDF Guidelines on Acne

**COMEDONAL**

**HIGH STRENGTH**

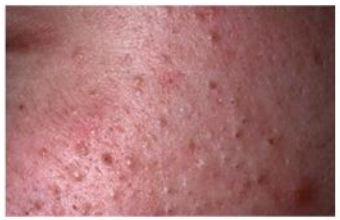
- None

**MEDIUM STRENGTH**

- Topical retinoids

**LOW STRENGTH**

- BPO or
- Azelaic acid



**MILD TO MODERATE PAPULOPUSTULAR ACNE**

**HIGH STRENGTH**

Adapalene + BPO (FC) or

BPO + Clindamycin (FC)

**MEDIUM STRENGTH**

Azelaic acid or

BPO or

topical retinoid or

systemic antibiotic + adapalene

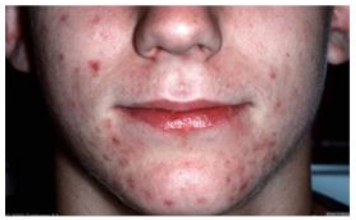
**LOW STRENGTH**

Blue light or oral zinc or

topical erythromycin+ isotretinoin(FC) or

topical erythromycin + tretinoin (FC) or

systemic antibiotic + azelaic acid or systemic antibiotics +adapelene + BPO (FC)



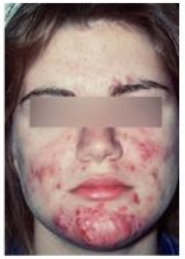
**SEVERE PAPULOPUSTULAR/ MODERATE NODULAR ACNE**

**HIGH STRENGTH**
Isotretinoin

**MEDIUM STRENGTH**
Systemic antibiotics +adapalene or systemic antibiotics + axclaic acid or systemic antibiotics +adapelene+BPI (FC)

**LOW STRENGTH**
Systemic antiobiotics + BPO

**Females** - hormonal antiandrogens +topical treatment or hormonal antiandrogens +systemic antibiotics



**SEVERE**

**HIGH STRENGTH**
Isotretinoin

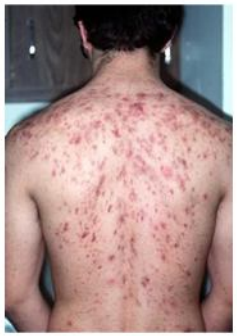
MODERATE STRENGTH

systemic antibiotics + azelaic acid

LOW STRENGTH systemic antibiotics +BPO or systemic antibiotics + adapelene or

Systemic antibiotics + adapelene +BPO (FC)

**Females** – Hormonal antiandrogens + systemic antibiotics



# In summary

- As Healthcare professionals, it is important that we care for people with skin problems in an holistic manner – often psychosocial comorbidities are experienced by a majority of patients with skin disease
- Skin disease may elicit psychosocial comorbidities, and psychosocial stresses may elicit skin disease

# Evidence sources

- British Association of Dermatologists – www.bad.org.uk
- Primary Care Dermatology Society - www.pcds.org.uk
- NICE - nice.org.uk
- DermNet.NZ - www.dermnetnz.org
- Dermquest.com
- www.gmc-uk.org