

Diagnostic and treatment tips in Dermatology

Dr Lucy Ostlere

OTC Treatments

- Benzoyl peroxide – 5 or 10%



- Nicotinamide

- Azeleic acid



- Salicylic acid



- Tea tree



Topical treatments

- Apply to all affected areas nightly
- Warn patients about irritancy + benzoyl peroxide bleaching fabrics
- May take 4 to 6 weeks to start to work
- Trial for 3 months and continue if working

- Duac gel 3% or 5% (Clindamycin + benzoyl peroxide)
- Treclin gel (Clindamycin + tretinoin)
- Epiduo gel (Adapalene and benzoyl peroxide)

- Adapalene cream for comedonal acne

- Clindamycin lotion/solution
- Zineryt solution

Oral antibiotics – 3 months

- **Lymecycline 408mg /d**
- Doxycycline 100mg /d
- Oxytetracycline 500mg bd
(Minocycline 100mg/d)
- Erythromycin 500mg bd
- Trimethoprin 300mg bd

Plus **Adapalene cream** or **Benzoyl peroxide**

Hormonal treatments

- Avoid progesterone only pills
- Combined OCP

Good progesterones:

Desogestrel eg **Marvolon**

Gestodene eg **Femodene**

Drospirenone eg **Yasmin**

Norgestimate eg **Cilest**

CILEST if no contraindications

Dianette

Indications for oral Isotretinoin (Roaccutane)

- Severe acne
- Acne not responding to other oral treatments
- Acne that recurs on stopping systemic therapy

Patients referred for possible oral Isotretinoin

- need to be on 2 forms of contraception
- Fbc, U&E, LFT, lipids

Molluscum contagiosum

- Reassure! In children molluscum will resolve in 12 to 18 months
- Trial of Molludab (5% potassium hydroxide) for up to 14 days
- Dermol 500 lotion or cream as a soap if lesions becoming infected
Treat infected lesions with topical or oral antibiotics
- Treat associated eczema with moderately potent steroids and moisturizers
- Cryotherapy in adults

Actinic keratoses

- Common: Netherlands study 45 years+ 49% men, 28% women had AKs
- No treatment < 0.1% → SCC
- Cryotherapy if symptomatic
- Solaraze bd for 3 months
- Efudix nightly for 2 to 4 weeks or twice a week for 2 months. Warn patient about inflammation!
- Other treatments: 2.5% imiquimod, actikerall and picato

Fungal toenails

- 20% of adults
- Take clippings however mycology false negatives common

Topical treatment eg 5% amorolfine for **superficial** infection only

- Consider use to prevent recurrence after systemic antifungals for 1-3 years
- Diabetics and family members with affected nails increase risk of recurrence

Fungal toenail treatment

- Itraconazole 200mg bd 1 week with 2 further courses 21 days apart or Itraconazole 200mg od 3 months
- Terbinafine 250mg/d 3 months (avoid in psoriasis; auto-immune disease)

Check LFTs pre treatment and after 6 weeks

It takes a year for the toenail to grow out
(6 months for fingernails)

- Candida common in fungal fingernails
- Use itraconazole (not terbinafine)
200mg bd 1 week with 1 further course
after 21 days

...consider other causes of nail
dystrophy eg psoriasis

Treatment of warts

- Reassure! In children 90% of warts resolve within 2 years
- Topical salicylic acid daily 3 months; trichloroacetic acid (Wartner pen)
- Duct tape changed every 4 days for 3 months
- Cryotherapy
- Refer for diphencyprone (DCP) treatment in adults

Atopic Eczema

65% onset < 1 year

10 to 20% children have
eczema

10% eczema persists to
adulthood

Consider referring for patch testing

- Hand and feet eczema
- Facial eczema
- Otitis externa
- Genital eczema
- Contact dermatitis suspected

Treatment of atopic eczema

- Avoid soap / shower gels / water only, use soap substitute
- Dermol cream as a soap if associated folliculitis / recurrently infected / difficult to control/ hands
- Moisturize to prevent flares (warn re fire risk)
- Choose appropriate strength steroids – **ointments** not creams and apply **once at night**

My guide...

It is safe to use the following to a **maximum of 3x per week** (except eyelids)

- **Mild** to face, neck, axillae and groins and **moderate** to body in children < 2 years
- **Moderate** to face, neck, axillae and groins and **potent** to body in children > 2 years and adults

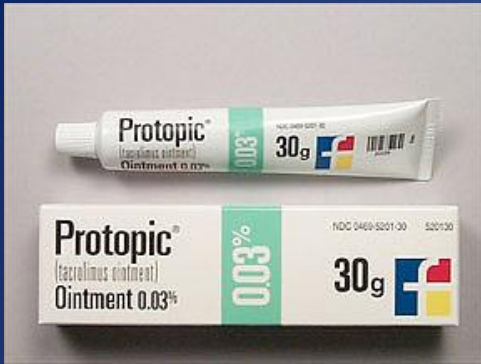
Poorly controlled eczema

Break the cycle...

- Eg Hands

Elocon (children) Dermovate (adults) ointment
Friday, Saturday and Sunday to recurrently
affected areas 2 months

Calcineurin inhibitors



- Used when eczema not controlled on safe amount of topical steroid, from 2 years
- May cause burning sensation
- Eyelid eczema
- 3-7 days of topical steroid followed by 3-7 days protopic. Then protopic PRN

Rosacea treatment

- Soolantra (ivermectin) gel
- Rosex (metronidazole) cream
- Finacea (15% Azaleic acid) gel

Rosacea treatment (cont)

- Lymecycline 408 mg daily for 6 weeks
- Lymecycline 408 mg daily until the spots clear (usually 3 to 4 weeks) as necessary
- Doxycycline 40mg (Efracea) daily for up to 16 weeks
- Oral isotretinoin – may need low maintenance dose

Treatment of facial erythema

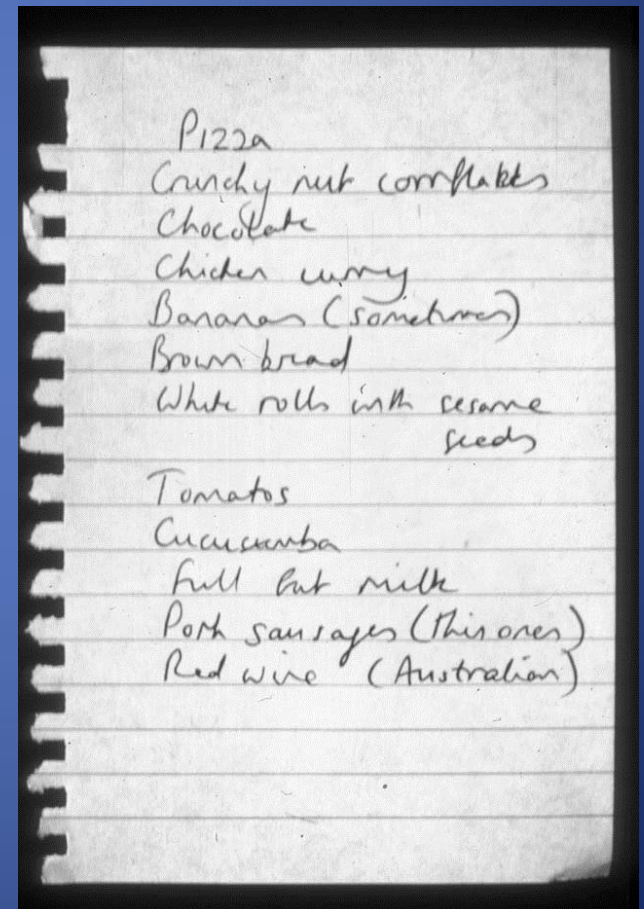
- Laser therapy / intense pulsed light
- Mirvaso gel

Thank you for seeing this 32 year old woman has had a scaly rash beneath her nose and chin for 3 months. It has not resolved despite using eumovate and fucebet

Perioral dermatitis

- Suspect diagnosis if a facial rash not resolving with topical steroids
- Look / ask about spots and pustules
- Stop topical steroids if being used
- Lymecycline o/d for 6 weeks

Thank you for seeing this patient with a widespread itchy rash for the past 2 months. Anti histamines help but it recurs on stopping. He wants to know the cause and is requesting allergy testing.



Chronic spontaneous urticaria

- Do not need allergy testing
- Check Fbc, CRP (C3 and C4 in angioedema)
- Check drug history (ACE inhibitors etc)
- Avoid NSAID and opiates
- Anti-histamines eg Loratadine or cetirazine up to 20mg bd; fexofenadine 180 qds
- Prednisolone (short term), montelukast, omalizumab, ciclosporin

Pityriasis alba

- Presents in summer in children with pigmented skin
 - Hypopigmented (not depigmented as seen in vitiligo)
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- Reassure! It does get better with age
 - Sun protection may make it look less obvious
 - 1% hydrocortisone ointment if redness

Treatment of pityriasis versicolor

- Selsun or ketoconazole shampoo as lotion to trunk and arms left overnight. Repeated once after 3 weeks
- Itraconazole 200mg/day for 1 week (NOT terbinafine!)
- To prevent recurrence Selsun as a lotion 20 minutes before a shower once per month.
- Wash sports tops with bleach/hot cycle

Thank you for seeing this 62 year old woman who has been troubled by itching to the right of her spine at around the level of T7. It has not responded to steroid creams or moisturizers. On examination there is some pigmentation only



Notalgia paresthetica

- A chronic sensory neuropathy characterized by pruritus of the upper to middle back, just lateral to the spinal column
- Symptoms may include pain, hyperesthesia, paresthesia. Hyperpigmentation of the affected area may be seen
- Treatment difficult. Reassure! Capsaicin cream and Botox have been used