Approach to the Dermatology Patient

• Not a typo!: OSAP not SOAP:
• Objective, Subjective, Assessment, Plan:
• Examine the patient before you are misled by a detailed history. Develop a preliminary differential diagnosis from the morphology seen on exam
• Trust your eyes! even if the patient history is contradictory
A dermatologic history is similar to that in other fields of medicine and includes:

- Chief complaint
- History of present illness (HPI)
- Past medical history (PMH)
- Medications
- Allergies
- Family history
- Health-related behaviors
- Social history
- Review of systems
Key questions for a rash

- HPI:
  - When did it start?
  - Does it itch, burn, or hurt?
  - Is this the first episode?
  - Where on the body did it start?
  - How has it spread (pattern of spread)?
  - How have individual lesions changed (evolution)?
  - Provoking/exacerbating factors?
  - Previous treatments and response?
Key questions for a rash

- ROS
  - Any associated symptoms?
- Past medical history
  - Ask about the atopic triad (asthma, allergies, atopic dermatitis)
- Medications
- Travel history
- Environmental exposures

May also yield important information
Key questions for a growth

• How long has the lesion been present?
• Has it changed and, if so, how?
  • Change in size?
  • Shape?
  • Color?
• Any itch?
• Bleeding
Key questions for a growth

• Further questions that may be pertinent:

• PMH:
  – Any history of skin cancer? What type? When?
  – If melanoma, do you remember the tumor depth or mode of treatment?

• Family history:
  – Any family members with skin cancer?
  – Have any family members had melanoma?
The Skin Exam

• The Total Body Skin Exam (TBSE) includes inspection of the entire skin surface, including:
  – the scalp, hair, nails
  – Oral mucosa, eyes
  – Anus and genitals
• Do not forget the so-called “hidden areas” – places on the skin where lesions may be easily missed
  – Medial canthi (angular junction of the eyelids), alConchal bowl (concavity adjacent to the external auditory meatus), auditory canal, postauricular creases
  – ar (nasal) grooves
  – Intergluteal cleft and perianal skin
  – Interdigital spaces
Distributions

- Genital, Buttocks, Perineum
- Acral
- Lymphangitic
- Scattered Few
- Palms and/or Soles
- Elbows and/or Knees
- Bite or Trauma Site
- Dermatomal
Distribution

• Photodistributed
Distribution Example
Distribution Example
Distribution

- Intertriginous
Distribution Example

- Intertriginous
Distribution

- Lymphangitic
Distribution Example

- Ascending erythematous papules and nodules in a lymphangitic distribution in a patient with sporotrichosis
Distribution

• Dermatomal
Distribution Example

- Dermatomal distribution of the lesions in Herpes Zoster infection
Distribution Example

- Dermatomal distribution
Distribution Example

- Palms and/or Soles
Distribution Example

- Palms involvement in psoriasis
Distribution Example

• Soles involvement in Secondary Syphilis
Reasons for performing a TBSE

- To identify potentially harmful lesions, of which the patient is unaware, including:
  - skin cancers, such as basal and squamous cell carcinoma, and melanoma
  - pre-malignant lesions (actinic keratosis)
- To reveal hidden clues to diagnosis
  - e.g. psoriatic plaques on the buttocks or gluteal cleft
- To inform your counseling to the patient on sun protective measures
  - e.g. lentigines are a sign of sun damage and suggest the need for improved sun protection
Indications for a TBSE

– Personal history of skin cancer
– Increased risk for melanoma
  • Two first-degree relatives with melanoma
  • Over 100 nevi (moles)
– Patient with concerning or changing growth
– New rash on body
– New patient with undiagnosed skin condition
– Follow-up patients with extensive skin conditions such as psoriasis
Physical Exam Overview

- Patient in Gown - examine the entire skin
- Adequate Illumination
- Sidelight lesions if necessary
- Use a hand lens if necessary
- Ruler
- Look carefully
- Be thorough
Getting started: Lighting

• The skin exam should be performed with adequate lighting
  – natural sunlight is best
  – if windows are in the exam room, open the blinds
  – the best artificial source is high-intensity incandescent
  – If lighting is too low, turn on as many lights as possible and position the patient directly under available lights
Getting started: Undressed patient

• You cannot diagnose what you cannot see
• Before starting the skin exam, ask the patient to undress to their bra and underwear and put on a gown with the opening to the back
  ▪ Put down a chux or exam table paper so their bare feet don’t touch the floor
  ▪ Tell the patient you will step out, and ask if they would like a chaperone during the exam
    • If you expect to examine the breasts or genitalia of an opposite-gender patient, bring a chaperone regardless
Patient Modesty

- Undressed patients feel very vulnerable
- Before untying a gown or moving it, ask permission
- Ask the patient to expose the area being examined, and cover the area after it has been examined
- Say out loud what part of the body you want to examine next
  - e.g., “Okay, now let’s look at your chest and abdomen”
  - The patient will usually move the gown accordingly
Tools we use: Ruler

- Accurately records the size of a lesion on successive examinations
- Measure in the longest axis first, then in the perpendicular axis
  - e.g., this papule is 6x4mm
Tools we use: A penlight is used for side lighting

- Detects atrophy and fine wrinkling
- Distinguishes
  - Flat from raised lesions
  - Whether lesions are
    - solid or fluid filled
- Also helps look inside the mouth
Tools we use: Magnification

• Inexpensive magnifying glasses may help detect fine details
  – Avoid LED lights, which cast a blue hue

• Dermatoscopes help evaluate patterns in pigmented lesions
  – Requires additional training to become proficient
Dermatoscopy
Dermatoscopy
Dermatoscopy
Dermatoscopy

- Black clot from hemorrhage
- Lovely vessels branched serpentine
- Grey blue dots
- Blue clot

Sometimes the serpentine vessels as vessels lines branched are very obvious in BCCs.
Use Your Hands to Assess

• Texture and consistency
• Evaluate Tenderness
Performing the Skin Exam

- The TBSE must be complete and systematic
- We will first discuss a method for the complete skin exam (TBSE) when the patient has a primary skin complaint
- Then we will discuss incorporating the skin exam into a complete physical exam
Sequence of the Skin Exam

• The following sequence may be used to perform the TBSE
Start with Head and Neck

- Face
  - Medial canthi
  - Alar creases
  - Conchal bowl
- Conjunctivae
- Lips
- Oral mucosa
- Ears
- Scalp
  - Use fingers or a Q-tip to part the hair
- Neck
Back of Head and Neck

- Back of scalp
- Postauricular folds
- Back of neck
Arms: fingernails, palms, and underarms
Chest Exam

- Can be examined seated, lying, or standing
- For female patients, ask permission to examine the skin of the breasts
Abdomen, Genital area, Legs

- Abdomen
  - *Place a drape or sheet over the groin when examining the abdomen*

- Genital area
  - *Ask permission to examine the genital area*

- Legs
Don’t Forget the Feet

• Examine dorsal and plantar skin, in between the toes, and the toenails
Buttocks, Legs, Feet

- Buttocks, intergluteal area, including the perianal area (ask permission)
- Legs, including heels
Special Tips

- While ultimately you must respect patients’ wishes about modesty, do not relent too easily when patients initially request only a focal exam of a problem and you feel other areas may be informative.

- Even a focal exam should include areas contralateral to the affected part to look for symmetric or asymmetric processes.

- Consider carefully whether TBSE should be done with or without other family members in the room.
The Integrated Skin Exam

- The above approach to the TBSE is often performed in the dermatology clinic, however, a full skin exam can and should be done in other clinical settings
- A “head to toe” approach of the skin exam easily incorporates into the full physical exam
Special Tips

- Do not underexamine patients with limited mobility. Ask for assistance to help the patient change positions.
- When practical, look under dressings.
- Erythema can be hard to detect in skin of color. Look carefully and ask the patient if he or she thinks the area is pinker than normal.
Take Home Points

- The dermatologic history for rashes and growths encompasses focused and relevant questions
- The TBSE should be complete and systematic
- Do not forget the so-called “hidden areas” – places on the skin where lesions may be easily missed
- Remember to consider patient comfort and modesty
- The skin exam should always be incorporated into the full physical exam
Putting it All Together

• An adult patient presents as shown. Some fluid is seen in the lesions. How would you describe to your consulting dermatologist what you see on exam?
• A 47 year old man with dozens of grouped, umbilicated vesicles on an erythematous base. The vesicles and surrounding erythema were in a dermatomal distribution at the left chest wrapping to the back.
Describe the Lesion

A. Vesicle
B. Atrophy
C. Erosion
D. Plaque
E. Ulcer
Describe the Lesion

A. Erosion
B. Vesicle
C. Atrophy
D. Plaque
E. Ulcer
Describe the Lesion

A. Nodule
B. Papule
C. Patch
D. Plaque
E. Bullae
Describe the Lesion

A. Nodule
B. Papule
C. Patch
D. Plaque
E. Bullae
Describe the Lesion

A. Papule
B. Palpable purpura
C. Macule
D. Plaque
E. Nodule
Describe the Lesion

A. Papule
B. Palpable purpura
C. Macule
D. Plaque
E. Nodule
Describe the Lesion

A. Macule
B. Patch
C. Nodule
D. Telangiectasia
E. Erosion
Describe the Lesion

A. Macule
B. Patch
C. Nodule
D. Telangiectasia
E. Erosion
Describe the Lesion

A. Nodule
B. Erythema
C. Plaque
D. Patch
E. Ulcer
Describe the Lesion

A. Nodule
B. Erythema
C. Plaque
D. Patch
E. Ulcer

The image shows a condition with plaques on the skin.
Describe the Lesion

A. Plaque
B. Papule
C. Bullae
D. Nodule
E. Macule
Describe the Lesion

A. Plaque
B. Papule
C. Bullae
D. Nodule
E. Macule
Describe the Lesion

A. Plaque
B. Papule
C. Bullae
D. Nodule
E. Macule
Describe the Lesion

A. Papule
B. Vesicle
C. Pustule
D. Nodule
E. Macule
Describe the Lesion

A. Papule
B. Vesicle
C. Pustule
D. Nodule
E. Macule
Describe the Lesion

A. Ulcer
B. Patch
C. Plaque
D. Eschar
E. Purpura
Describe the Lesion

A. Ulcer
B. Patch
C. Plaque
D. Eschar
E. Purpura

The lesion described in the image is a **Eschar**.
Describe the Lesion

A. Vesicle
B. Bullae
C. Cyst
D. Papule
E. Macule
Describe the Lesion

A. Vesicle
B. Bullae
C. Cyst
D. Papule
E. Macule