

Mediconf Dermatology 7 12 13 Manchester

Warts don't cryo dark skin melanocyte destruction will cause vitiligo
Molluscum Contagiosum a problem if it congregates on eczema Best rx 1% H₂O₂
Or cryo a few to stimulate immune response cryo painful young kids will not tolerate
Actinic Keratoses usually benign more risk lip, ear
If thick bleeding painful ulcerated Squamous Cell Carcinoma
BCC not 2 week rule SCC is as is anything suspicious of Melanoma
BBC can be flat with definite edge or raised up with telangiectasiae Face excise
Body treat without excising BCC eyelid urgent referral to derm or ophth as eyelid
can't afford damage
Seborrhoeic warts slow slow growth
Cutaneous horn needs Bx as could hide a SCC
Bowen's looks like other things is a scaly solitary roundish lesion
Kerato Acanthoma can't be distinguished from SCC refer 2 week rule
Melanoma Irregular colour and shape pink ones real danger of not being suspicious
of. Refer any funny looking mole
Dermoscopy very useful for any skin tumour diagnosis

Venous Ulcers

Do dopplers then pressure bandage may use short term topical steroid but use oral
antibiotic as allergy frequent. Don't swab unless pus oozing from a suspected
cellulitis

Unilateral cellulitis could be a dvt bilateral more likely an allergy reaction

Asteatotic Eczema do TSH stop diuretics

Arterial Ulcers

Do dopplers

Nail pressure test refill time

Rx statin aspirin

Diabetes special case refer all dopplers unreliable

Very smelly ulcer Bacteriodes rx Pen V or Metronidazole

Human or animal bite give co-amoxiclav

Athlete's Foot and groin rashes

Nystatin does not work

Use Miconazole or Canesten or Terbinafine [expensive]

Juvenile Plantar Desmatosis

Will go on its own use anything eg emollient

Avoid trainers

Pitting Keratolysis

Very smelly

Loosen shoes

Use topical or oral ab eg erythromycin

Psoriasis of Feet

Refer

Psoriasis Flexures

Eumovate

Antifungal eg Canesten HC Daktacort

Rosacea
Do eye check [optician]
Vitiligo
Difficult use sun block
Pimecrolimus Tacrolimus cancer risk
Alopecia Areata
Check TSH and auto antibody screen
Do nothing for several months
Secy Care Pimecrolimus Tacrolimus
If inflamed refer soon as scarring destroys hair
Angio Edema
Risk of Anaphylaxis
Di C1 Esterase
If Latex a poss do RAST
TSH
Folliculitis
Flucloz
Dermol
Acne Abs
Peri Oral Dermatitis
No topical steroid
Use topical or acne ab
Eczema
Only 1% HC on face
Locoid is a potent steroid
Eczema eyelid refer
Seborrheic Dermatitis
Nizoral shampoo
Daktarin/Canesten with or without HC
Fungal
Scalp or Nail oral anti fungals

Webs
Pcds.org.uk
Dermnet.nz.org
Cks.nhs.uk
Bad.org.uk
Nice.org.uk
Sign.ac.uk