## Priority Topic: SKIN DISORDERS

### Key Features:

The American Academy of Dermatology is a great resource with online modules (in the form of powerpoint slides) and videos that you can watch. Check it out at [www.aad.org](http://www.aad.org)

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<td>1.</td>
<td>In dealing with a <strong>persistent skin problem</strong> that is <strong>not responding</strong> to treatment as expected:</td>
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<td>a) <strong>Reconsider the diagnosis</strong> (e.g., “eczema” may really be a fungal infection).</td>
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<td>b) <strong>Investigate or modify treatment</strong> (e.g., for acne).</td>
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**What you should study:**

To be able to get a complete understanding of this Key Feature, you have to know how to describe skin lesions, know the differential diagnosis and treatment of “common” skin disorders. Study with these considerations in mind. The list of diagnoses is near endless, but knowing these ones well is a good start.

- Acne in the clinic AIM 2008 - Excellent article
- Acne Guidelines CMAJ 2015 - newer, some good photos
- Acne PBSGL [https://members.fmpe.org/](https://members.fmpe.org/) You all received login access for all the PBSG’s This site is a treasure trove of amazing learning materials
- Atopic Dermatitis in the clinic AIM 2011
- Diagnosis and Management of Tinea Infections AAFP 2014
- Psoriasis in the clinic AIM 2011
- Psoriasis PBSGL [https://members.fmpe.org/](https://members.fmpe.org/)
- Choosing topical steroids
- Topical Steroid Chart - National Psoriasis Foundation
2. In a patient presenting with a skin lesion, **distinguish benign** from **serious pathology** (e.g., melanoma, pemphigus, cutaneous T-cell lymphoma) by **physical examination** and appropriate **investigations** (e.g., biopsy or excision).

**What you should study:**

- ✓ Atypical Moles AAFP 2015
- ✓ Cutaneous Malignant Melanoma AAFP 2012
- ✓ Bullous Dermatoses AAFP 2002 *(Pemphigus)*
- ✓ Cutaneous T-cell Lymphoma AAFP 1999
- ✓ Cutaneous T-cell Lymphoma NEJM 2004
- ✓ Shave and Punch Skin Biopsies AAFP 2011
- ✓ **Video: Skin biopsies**
  
  [https://www.aad.org/education/basic-derm-curriculum/video-library](https://www.aad.org/education/basic-derm-curriculum/video-library)

3. In a patient presenting with a cutaneous manifestation of a **systemic disease** or condition (e.g., Wegener’s granulomatosis, lupus, a drug reaction), consider the diagnosis of systemic disease and confirm it through **history**, **physical examination**, and **appropriate investigations**.

**What you should study:**

- ✓ Skin manifestations of systemic disease AFP 2009
- ✓ SLE AAFP 2016
4. When prompted by a patient with a concern about a localized skin lesion or when screening for mucocutaneous lesions, inspect all areas of the skin (e.g., nails, scalp, oral cavity, perineum, soles of the feet, back of the neck).

**What you should study:**

- Video: Complete physical exam of the skin  
  https://www.aad.org/education/basic-derm-curriculum/video-library
- Hair and Nails AFP 2011
- Le Lichen Plan du muqueuse MduQ 2014

5. Diagnose and promptly treat suspected life-threatening dermatologic emergencies (e.g., Stevens-Johnson syndrome, invasive cellulitis, chemical or non-chemical burns).

**What you should study:**

- Dermatologic Emergencies AAFP 2010
- Outpatient Burns AAFP 2012
- Skin & Soft Tissue Infections AAFP 2015
- Necrotizing soft tissue infections NEJM 2017
- TEN and SJS review 2010
6. In **high-risk patients** (diabetics, bed or chair bound, peripheral vascular disease):
   
   a) **Examine the skin** even when no specific skin complaint is present.
   
   b) **Treat** apparently minor skin lesions **aggressively**.

**What you should study:**

- Acute Cutaneous Wounds NEJM 2008
- Skin Ulcers PBSGL 2013  [https://members.fmpe.org/](https://members.fmpe.org/)
- Venous Leg Ulcers in the clinic AIM 2016
- Leg Ulcers NEJM 2017
- L’ABC des plaies chroniques MduQ 2015

7. In a patient being treated for a new or persistent skin condition (e.g., acne, psoriasis), determine the **impact on the patient’s personal and social life**.

**Exam tip:** **Think SOO, SOO, SOO!**

*Even on a SAMP, if you are given a case of involving a potentially disfiguring skin disease, one of the answers on the “management” will likely involve “evaluating the patient’s mood and impact of their skin disease”*