



# Vertical Integration for Central Coast Medical Students, JMOs, GPs & Registrars

LEARN & CONNECT

You are invited to join colleagues for a series of activities August 2021 – May 2022 in a supportive environment facilitated by experienced GP educators. Designed to be informative and collaborative, there is an opportunity to learn, mentor and build new relationships. This is a pilot program for General Practice and there is no cost to participate or obligation to attend every session. Please put the dates in your calendar now.

# Welcome!

**VERTICAL INTEGRATION  
ONLINE TEACHING AND  
LEARNING SESSIONS  
7.30AM - 8.30 AM  
EVERY FORTNIGHT**

|                          |                   |
|--------------------------|-------------------|
| <b>25 August 2021</b>    | Dr Georgia Page   |
| <b>8 September 2021</b>  | Dr Jessica Fitch  |
| <b>22 September 2021</b> | Dr Chris Starling |
| <b>6 Oct</b>             | TBA               |
| <b>20 Oct</b>            | TBA               |
| <b>3 Nov</b>             | TBA               |

**GP CLUB  
6-8PM THURSDAY  
21 OCTOBER 2021  
(2022 DATES TBC)**

Guest speakers, networking dinner,  
hands-on practical teaching and  
learning sessions.

**CERTIFICATE OF  
CLINICAL TEACHING  
AND SUPERVISION:  
GENERAL PRACTICE**

Group activity facilitated by UoN  
academics online 3 x 3 hour modules  
Saturday afternoon, Saturday  
evening and Sunday morning  
30 - 31 October 2021.

**TO REGISTER:**

Complete this online form by 5pm Friday 20 August 2021

<https://forms.office.com/r/Wj7Xq9tFcM>

**ENQUIRIES TO:**

Marguerite Grey  
Central Coast GP Workforce Project Officer  
at [mgrey@thephn.com.au](mailto:mgrey@thephn.com.au) or 0427 039 776

**THEPHN.COM.AU**



GP SYNERGY



THE UNIVERSITY OF  
**NEWCASTLE**  
AUSTRALIA



# A SNAPSHOT OF DERMATOLOGY

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Dr Georgia Page

GP – Your Family Doctors at Erina



# Learning Objectives

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To discuss common and interesting skin conditions and rashes presenting in the GP setting

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An interactive discussion based on photographs sent in by GP supervisors, registrars and medical students.

It's not  
just a 'spot  
diagnosis'

#### History

- Chronology, distribution, associated symptoms, itch, triggers, aggravating/ relieving factors

#### Past Medical History

#### Medications

- Including over the counter, herbal medications, what have they tried so far.

#### Social History

- Occupation, leisure activities, sun exposure, impact on life

#### Family History

- Atopy, familial skin conditions

# Describing Skin Lesions

## Examination

- Exposure (examine the whole body)
- Good lighting
- Dermatoscope

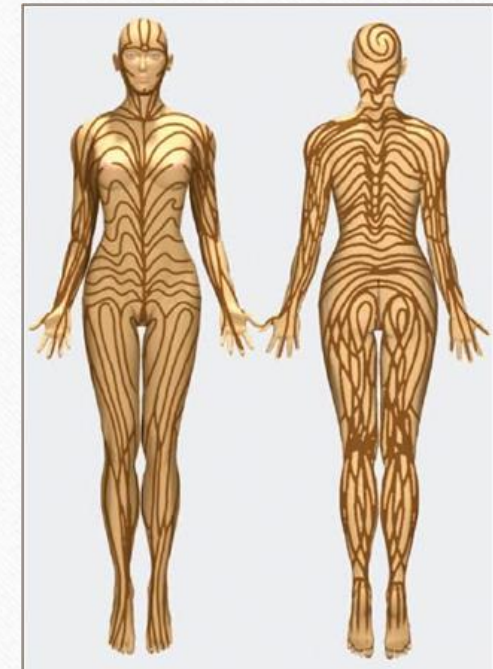
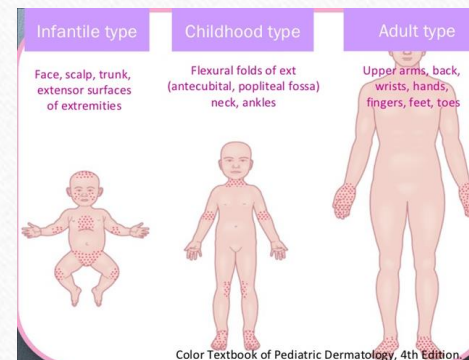
## Describing skin lesions

- Distribution – how the skin lesions are scattered or spread out
- Morphology – form or structure of an individual skin lesion
- Arrangement – number, size, colour , sites involved, symmetry, shape and arrangement.



# Distribution

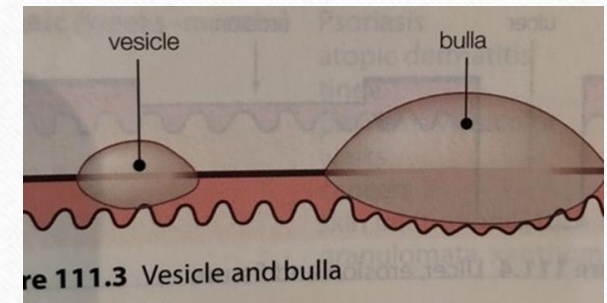
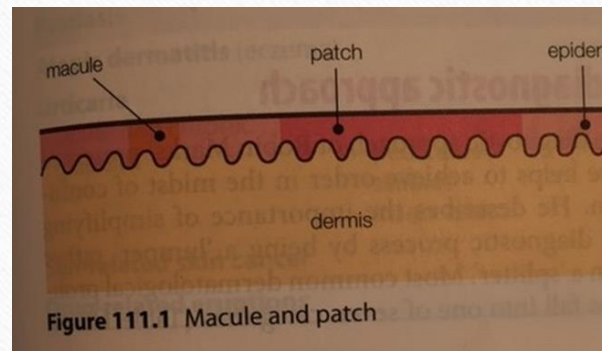
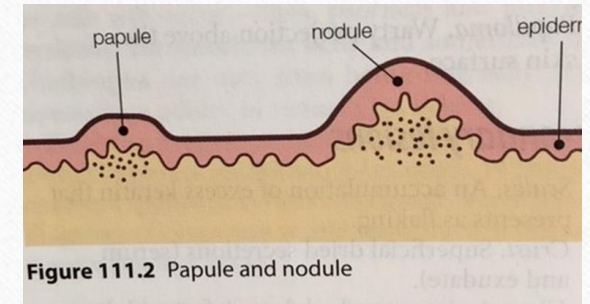
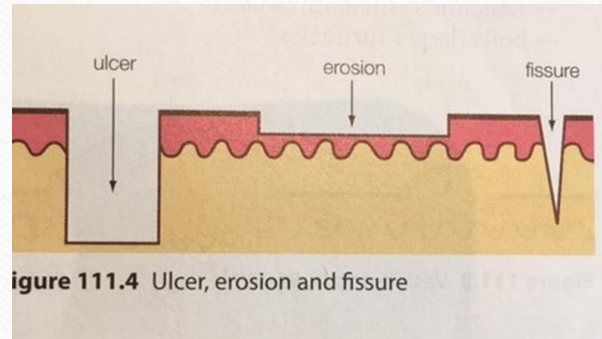
- Symmetrical
- Generalised
- Acral (peripheral)
- Truncal
- Photo-distributed
- Uni/bilateral
- Segmental (dermatomal, Blaschko lines)
- Flexural or extensor
- Koebnerised (along the lines of trauma)
- Pressure areas





# Morphology

- Macule – smooth area of colour change <1.5cm
- Patch – macule >1.5cm
- Papule – small palpable lesion <1cm
- Nodule – papule >1cm
- Plaque – palpable lesion > 1cm diameter.
- Cyst – fluid filled papule or nodule (usually dermal)
- Vesicle – fluid filled blister <0.5cm
- Bulla – vesicle >0.5cm
- Pustule – purulent vesicle
- Abscess – localised collection of pus in dermis or subcutis
- Erosion – superficial breakdown of skin
- Ulceration – deeper erosion





# Arrangement

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- Configuration – shape and outline/border of the lesion
  - Sharply demarcated, vaguely defined
  - Annular/circular (check for active border or central clearing)
  - Oval
  - Serpiginous (wavy margin)
  - Irregular (look for other signs of malignancy)
  - Pedunculated
  - Linear





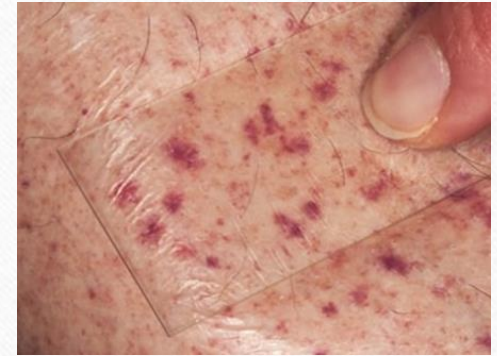
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- Colour

- Erythema – blood vessel dilation
- Purpura – extravascular blood
- Telangiectasia – blood vessel dilation visible to the eye
- Yellow – lipids, staph infection
- Purple – lichenoid lesions, thickened eczema

- Surface features – generally the epidermal response

- Scaly, lichenoid, keratotic, warty, crusted, umbilicated, macerated, excoriated, eroded, desquamated





# Common and Interesting Skin Conditions and Rashes in General Practice

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- Lets start with.....







# Pitiriasis Rosea

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- Viral rash – Human Herpes Virus 6/7
- Features
  - Lasts 6 – 12 weeks
  - Herald patch followed by similar smaller oval salmon coloured patches
  - Mainly chest and back (skin tension line/ langer lines distribution)
  - Teenagers and young adults
  - May be itchy
- Diagnosis – clinical
- Treatment – moisturise, a bit of cautious sunlight, topical steroid for itch





# Roseola Infantum

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- Also known as 'sixth syndrome', Human Herpes Virus 6
- Viral infection of infancy 6 – 18 months
- Features
  - High fever up to 40 degrees for several days, runny nose, irritability
  - Temperature falls after approx. 3 days then red macular or maculopapular rash appears (truncal, usually spares face and limbs lasting days)
  - Mild cervical lymphadenopathy,
  - Febrile convulsions may occur in 5 – 15% due to high fevers
  - Usually mild and self limiting (fluids, paracetamol)





# Keratoacanthoma

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- Raised lesion with central keratin plug
- Rapid growth over a few weeks, then can spontaneously disappear after 4 – 6 months
- Difficult to differentiate from SCC
- Treatment excision







# Rosacea

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- Chronic inflammatory eruption of forehead, cheeks, nose and chin
- Features
  - Flushing, papules, pustules, erythema and telangiectasia
  - Often females 30 – 50 years
  - Chronic, persistent, fluctuant cause
  - Often aggravated by sun exposure, spicy food, alcohol, steroid creams
- Treatment
  - Mild cases – metronidazole gel, ivermectin cream, avoid triggers
  - Severe cases – oral doxycycline or erythromycin for 8 weeks
  - Laser treatment of telangiectasia





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# Pitiriasis Versicolour

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- Differentials ?
  - Features
    - Scale
    - Versicolour – varying colours and pigment depending on skin type
    - Young adults, men > women
    - Trunk, neck, arms
    - Warm climates, sweating
    - Asymptomatic, some itch
  - Cause – Malassezia (yeast commensal on skin). Interferes with melanocyte function
  - Diagnosis – Clinically. Don't order fungal culture. KOH microscopy
  - Treatment
    - Topical azoles
    - Selenium sulfide (Selsun)
    - Persistent/ extensive disease – oral azoles e.g fluconazole 400mg stat dose
    - Patient Education – recurrence rate, not indicator of poor hygiene, expectation of time for pigmentation to return.







# Grover's Disease

- Also known as 'Transient Acantholytic Dermatitis'
- Acanatholysis – Splitting of dermis
- Features
  - Itchy truncal rash
  - Men > 50 years
  - Association with some medications (immunotherapy, chemotherapy)
  - Risk factors also include sun-exposure, sweating, fever, malignancy (some reports of similar rash in febrile phase of Covid-19)
  - Lesions – red, crusted, erode papules and vesicles. May bleed
  - Duration – usually 2 – 4 week but can be complicated by dermatitis. Can be relapsing, seasonal or become chronic.
- Diagnosis – usually clinical (or skin biopsy)
- Treatment
  - remain cool/prevent sweating, moisturising creams, mild topical steroid
  - calcipotriol, phototherapy, oral retinoids.







# Herpes Zoster

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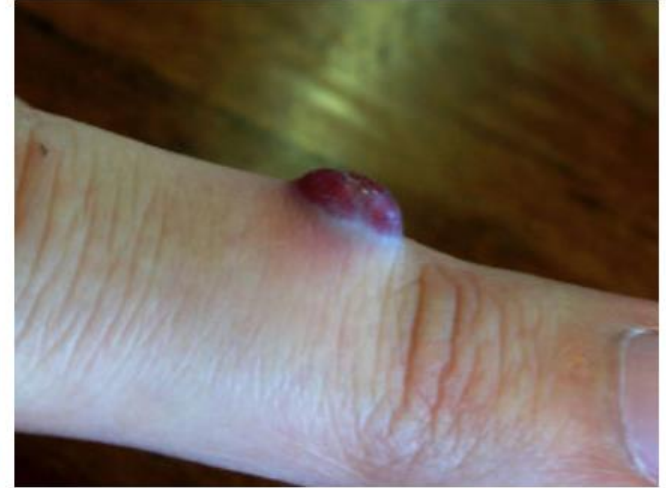
- ‘Shingles’, reactivation of Varicella Zoster in dorsal root ganglion
- Features
  - Several days of radicular pain with hyperaesthesia
  - Unilateral patchy rash in one or two dermatomes
  - Papules, vesicles, erythema and later crusting/ scabs
  - Distribution – any part of body including trigeminal nerve and facial nerves (Ramsay Hunt Syndrome)
- Management
  - Antiviral therapy if within 72 hours onset of vesicles
  - Analgesia
- Vaccination available



New lesion



2 weeks later



4 weeks after first photograph

Source: Dermnet

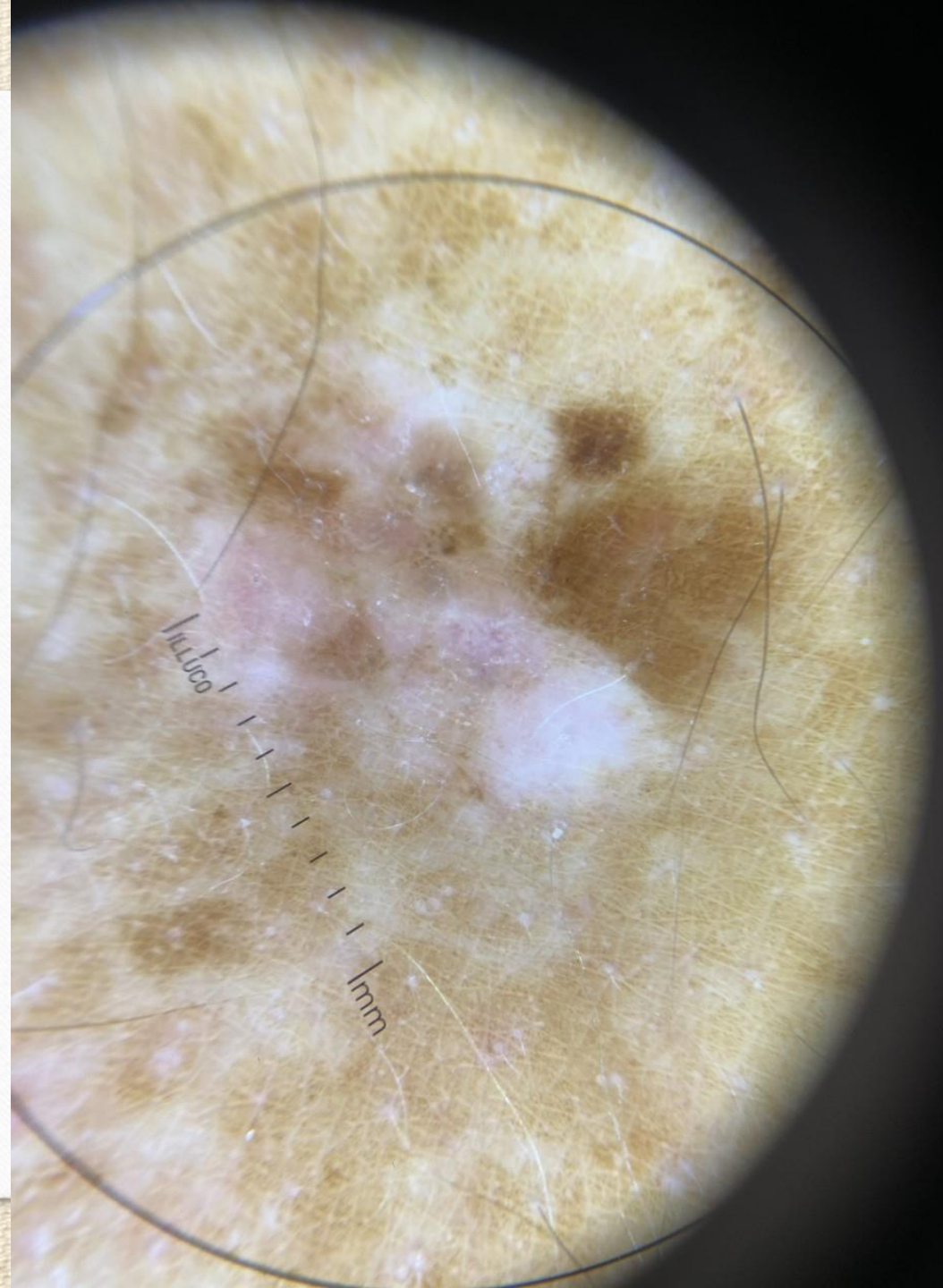
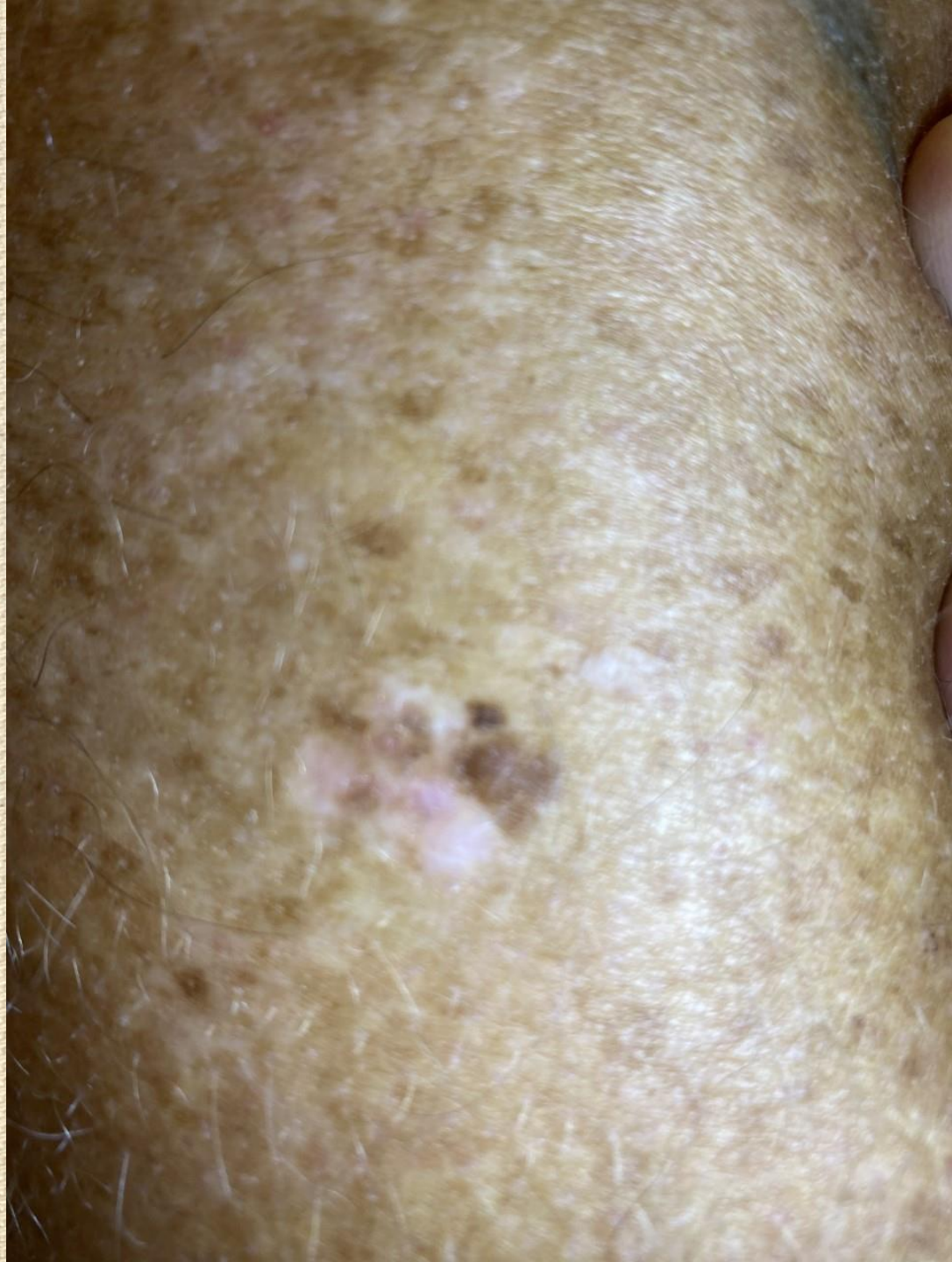


# Pyogenic Granuloma

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- A common, benign, reactive proliferation of capillary blood vessels.
- Features
  - presents as a shiny red lump with a raspberry-like or minced meat-like surface.
  - benign, but can cause discomfort and profuse bleeding.
  - Often occurs in children, young adults, pregnant women.
  - Most common sites – fingers, face , lips.
- Treatment
  - Silver nitrate
  - Cryotherapy
  - Cautery / surgical excision/ shave excision
  - Spontaneous regression (more so after pregnancy)







# Melanoma

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- Only 30% arise in pre-existing moles
- Suspect if recent change in mole or freckle or development of new mole after age 50
- Most common – lower limb (women) and upper back (men)
- Different types – lentigo maligna, superficial spreading, nodular, acral lentiginous, amelanotic
- Always look at patients back when listening to their chest – you never know what you will find!
- Dermoscopy is a great tool!



DermNetNZ.org



# Erythema Nodosum

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- Type of panniculitis
- Features
  - Tender red nodules anterior shins (can affect thighs and forearms)
  - Most common women between 25 – 40 years.
  - Can have associated fevers and joint pain
  - Cause – idiopathic in 55%, the rest – infection, drugs, inflammatory conditions, malignancy)
- Management – treat underlying cause, nsais, systemic steroids.
- Relapses common







# Tick Removal

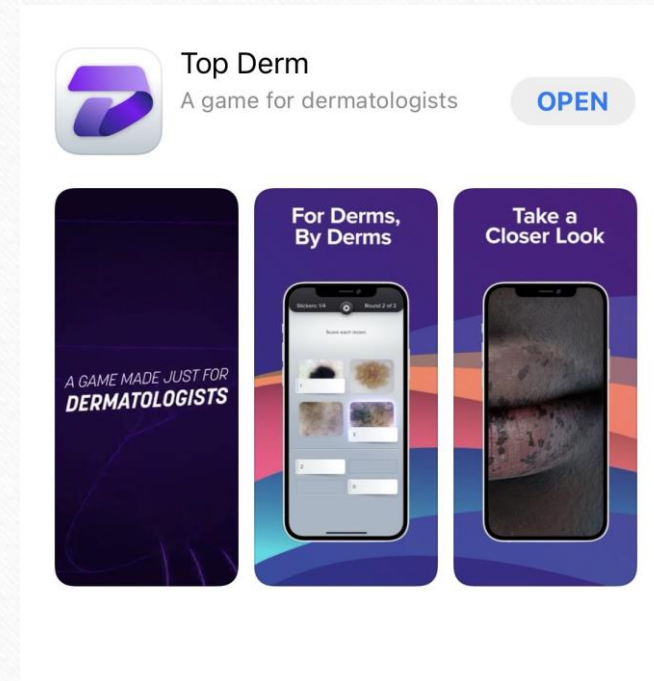
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- Freeze it don't squeeze it! (smaller ticks – permethrin 5%)
- Disturbing a tick may cause more allergen- containing saliva to be injected by the tick
  - ASCIA - [allergy.org.au](http://allergy.org.au)
  - Risk of allergic reactions, mammalian meat allergy, infection, tick paralysis (rare)

# Resources

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- [www.dermnetnz.org](http://www.dermnetnz.org)
- Therapeutic guidelines – dermatology
- Murtagh
- App – Top Derm





# Future Sessions.....

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- Is your practice interested in delivering a future teaching and learning session?
- Email - [georgiapagey@hotmail.com](mailto:georgiapagey@hotmail.com)
- Marguerite Grey – [mgrey@thephn.com.au](mailto:mgrey@thephn.com.au)
- See you in 2 weeks for the next Teaching and Learning session