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

25 August 2021	Dr Georgia Page
8 September 2021	Dr Jessica Fitch
22 September 2021	Dr Chris Starling
6 Oct	TBA
20 Oct	TBA
3 Nov	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 or 0427 039 776

THEPHN.COM.AU

GP SYNERGY

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

A SNAPSHOT OF DERMATOLOGY

Dr Georgia Page

GP – Your Family Doctors at Erina

Learning Objectives

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

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

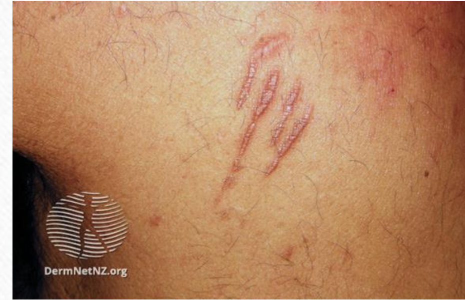
- Exposure (examine the whole body)
- Good lighting
- Dermatoscope

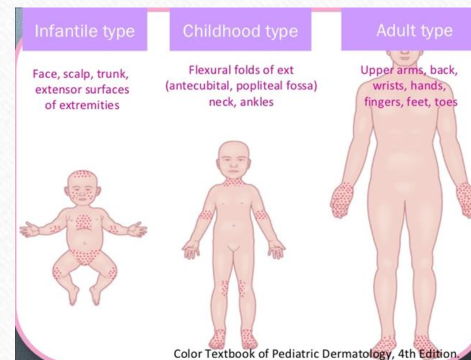
Describing skin lesions

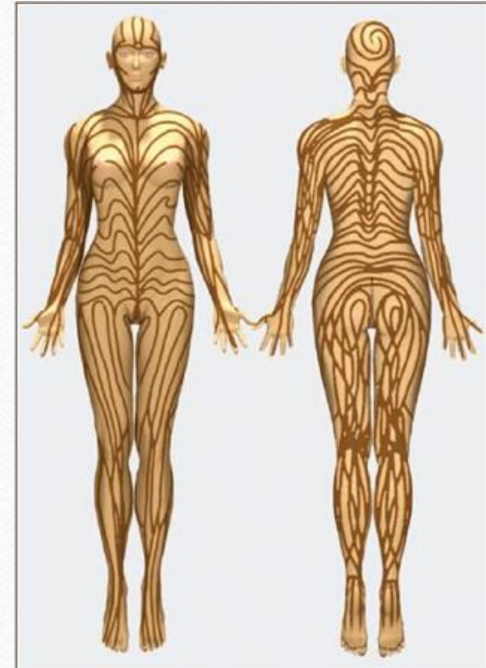
- Distribution – how the skin lesions are scattered or spread out
- Morphology – form or structure of an individual skin lesion
- Arrangement – number, size, colour , sites involved, symmetry, shape and arrangement.

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

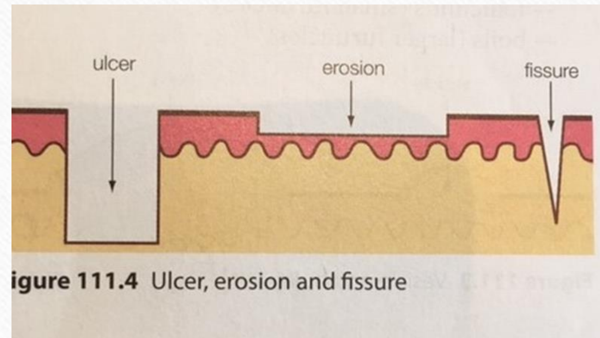






Morphology

- 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



igure 111.4 Ulcer, erosion and fissure

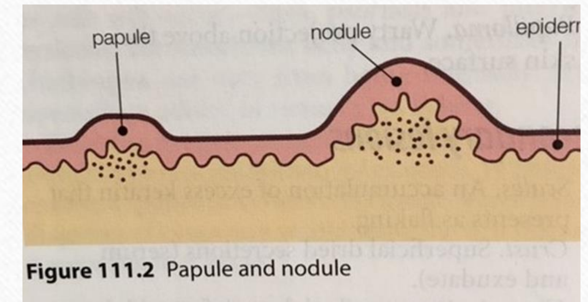


Figure 111.2 Papule and nodule

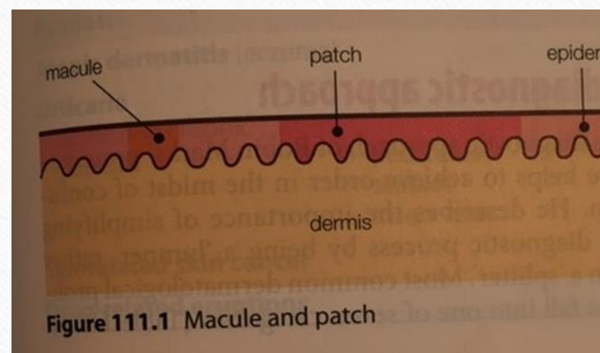
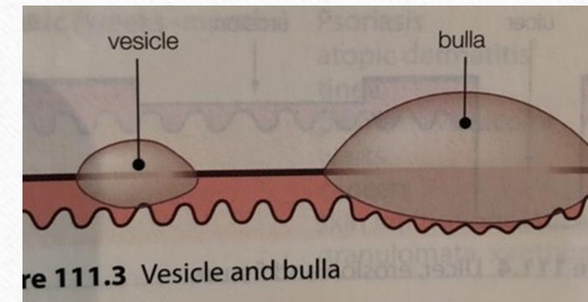


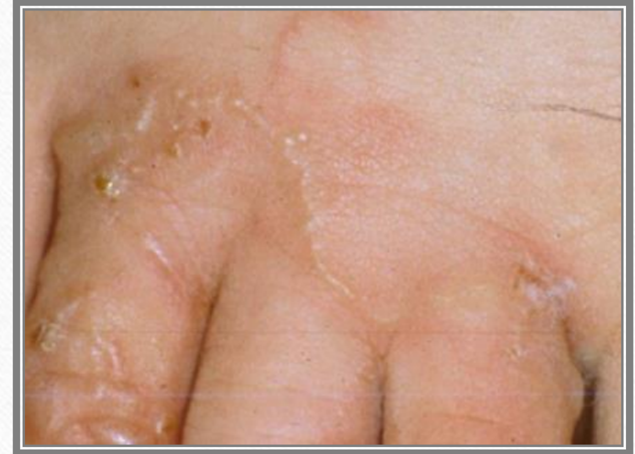
Figure 111.1 Macule and patch

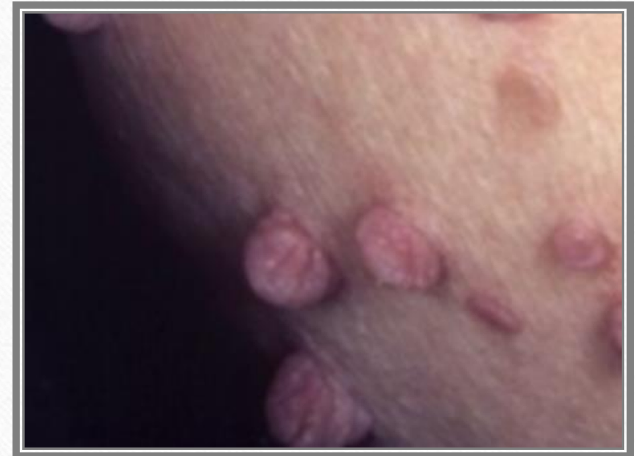


re 111.3 Vesicle and bulla

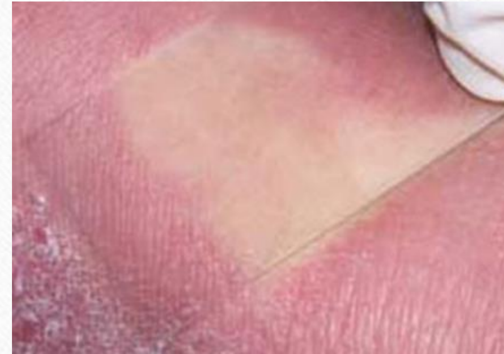
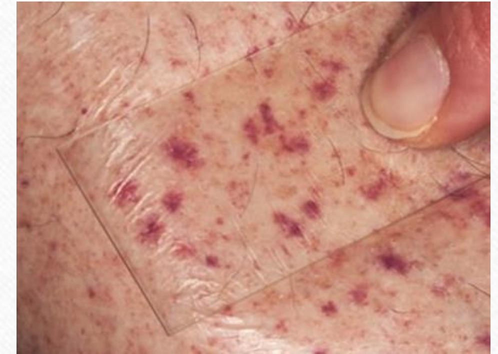
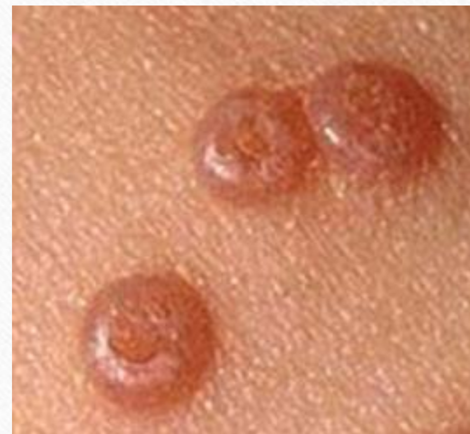
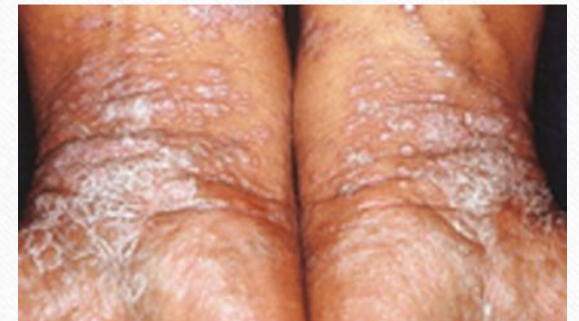
Arrangement

- 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



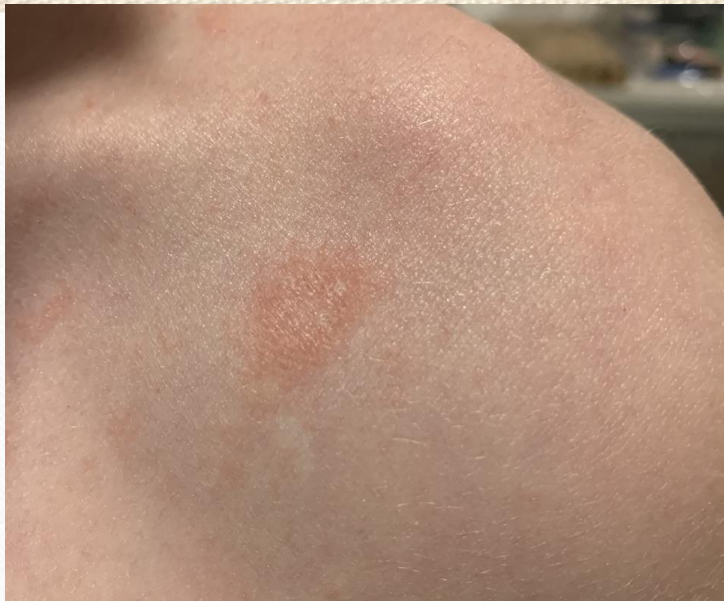


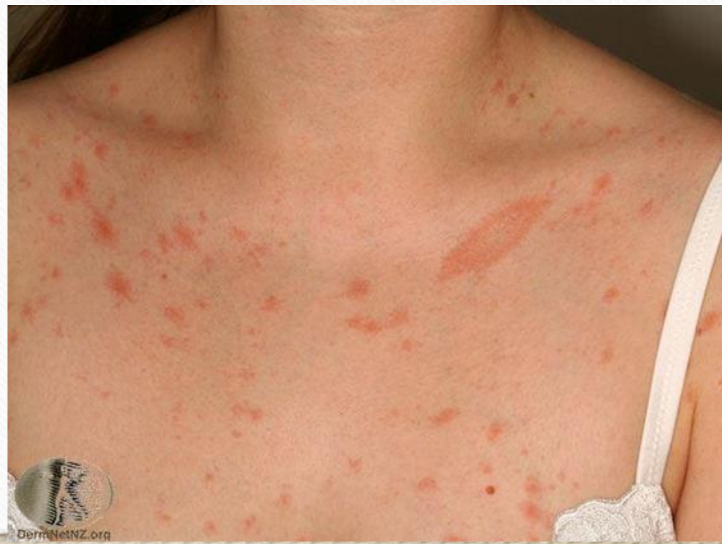
- Colour
  - Erythema – blood vessel dilation
  - Purpura – extravascular blood
  - Telangiectasia – blood vessel dilation visible to the eye
  - Yellow – lipids, staph infection
  - Purple – lichenoid lesions, thickened eczema
- Surface features – generally the epidermal response
  - Scaly, lichenoid, keratotic, warty, crusted, umbilicated, macerated, excoriated, eroded, desquamated

Common and Interesting Skin Conditions and Rashes in General Practice

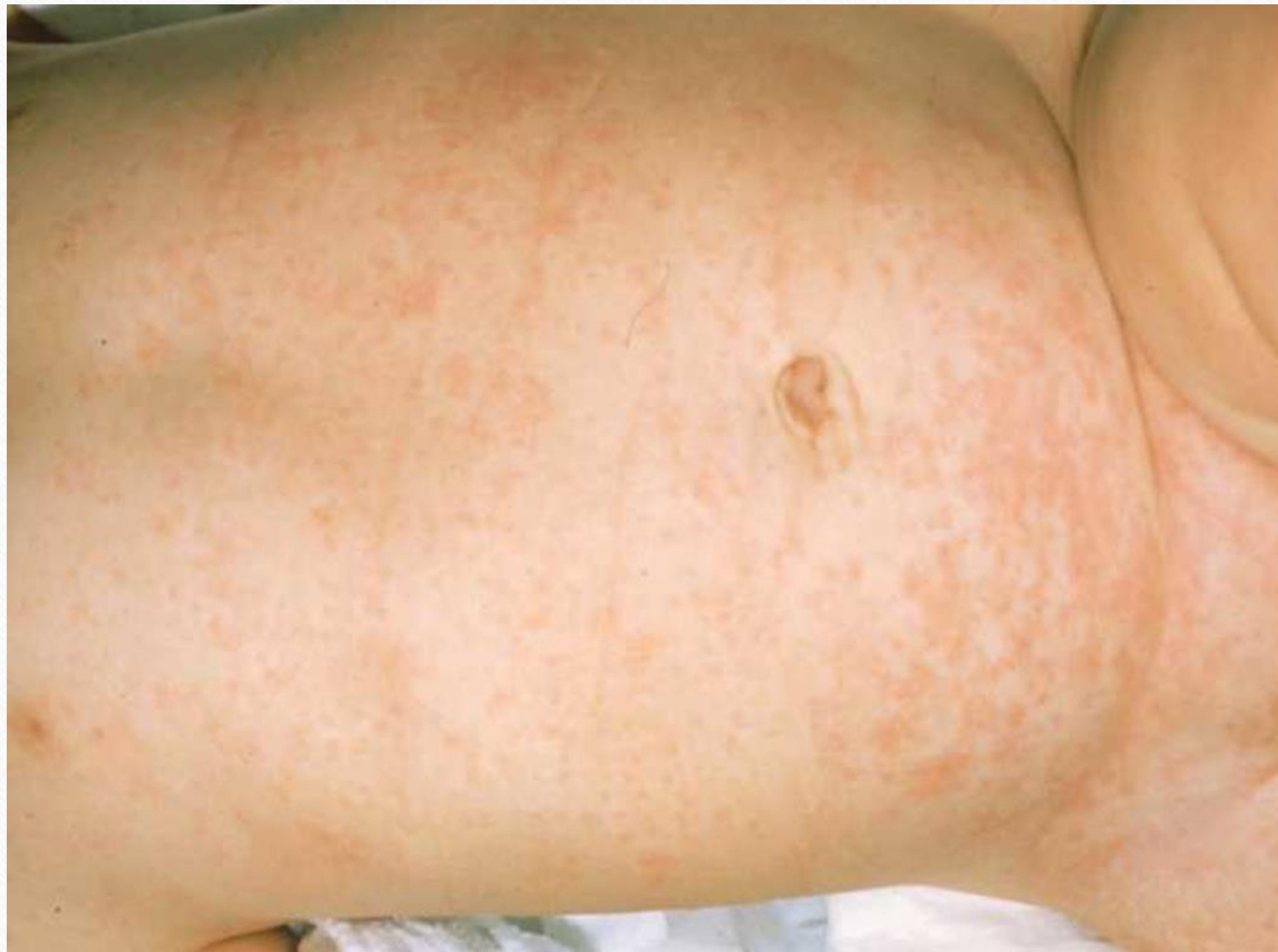
- Lets start with……..




DermNetNZ.org

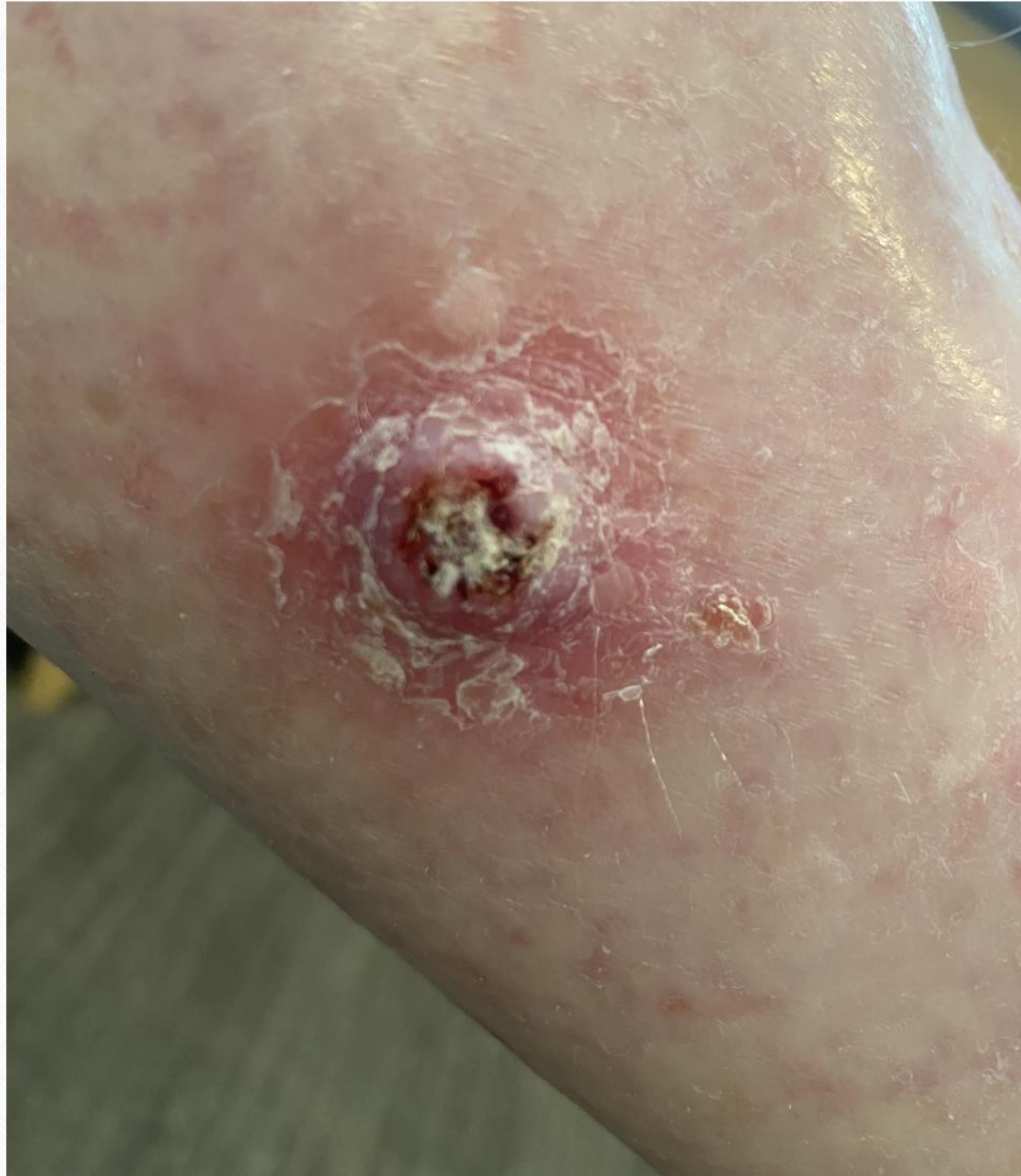
Pitiriasis Rosea

- 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



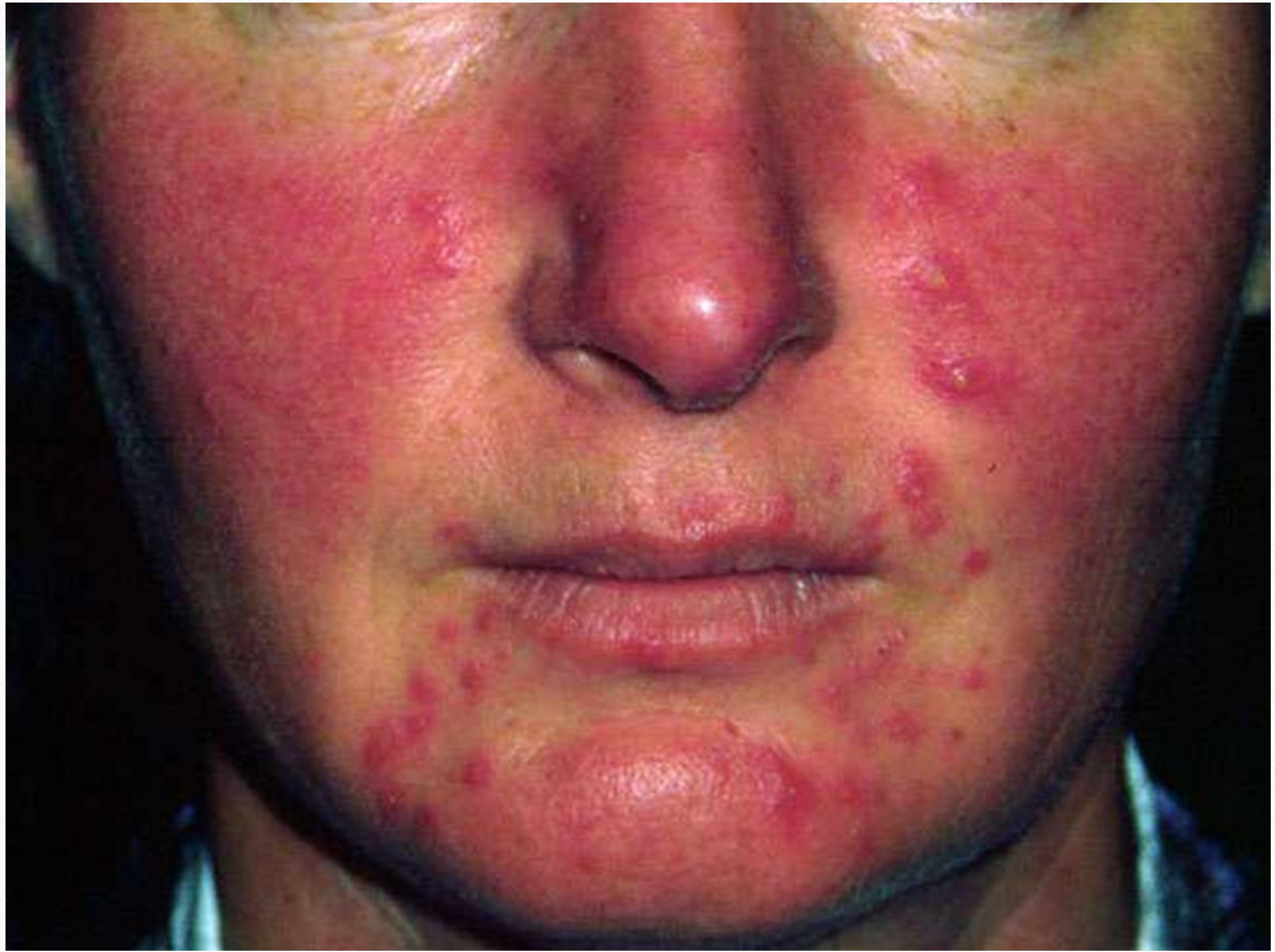
Roseola Infantum

- 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)



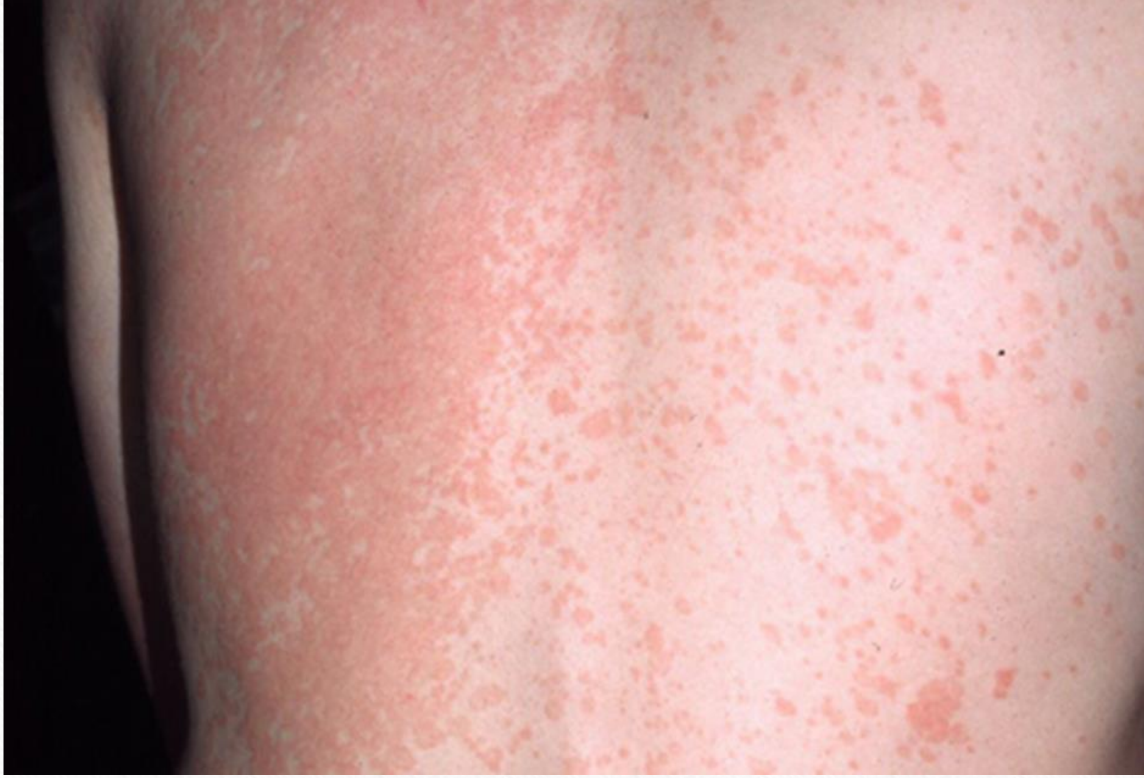
Keratoacanthoma

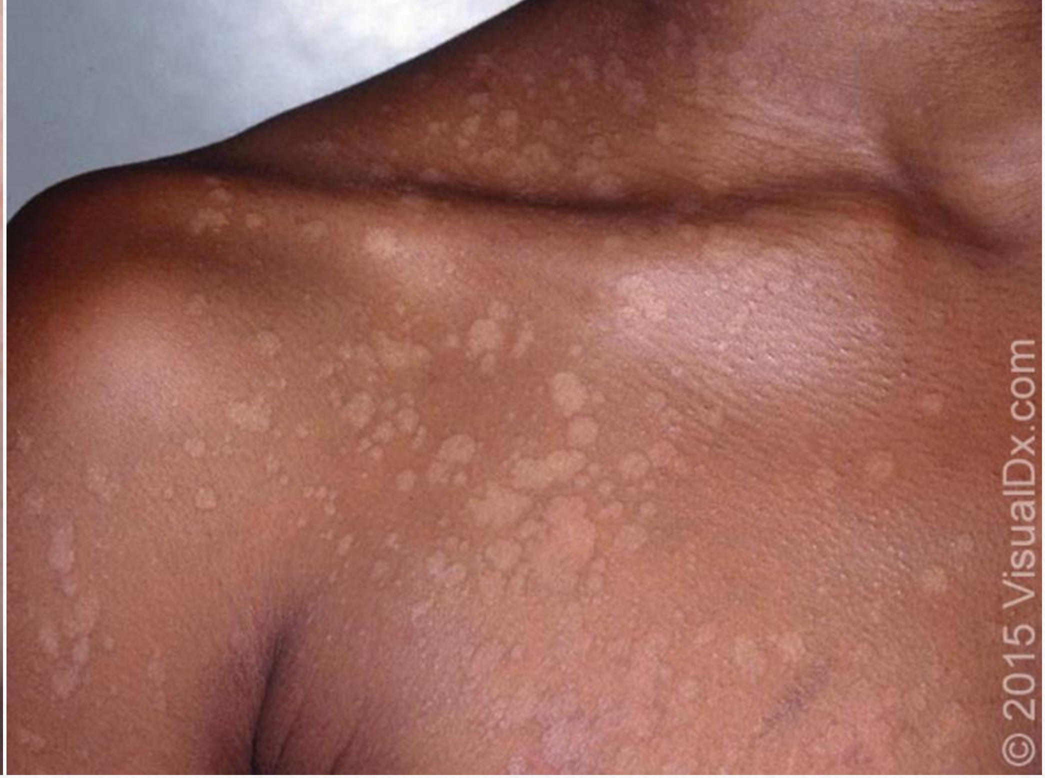
- Raised lesion with central keratin plug
- Rapid growth over a few weeks, then can spontaneously disappear after 4 – 6 months
- Difficult to differentiate from SCC
- Treatment excision



Rosacea

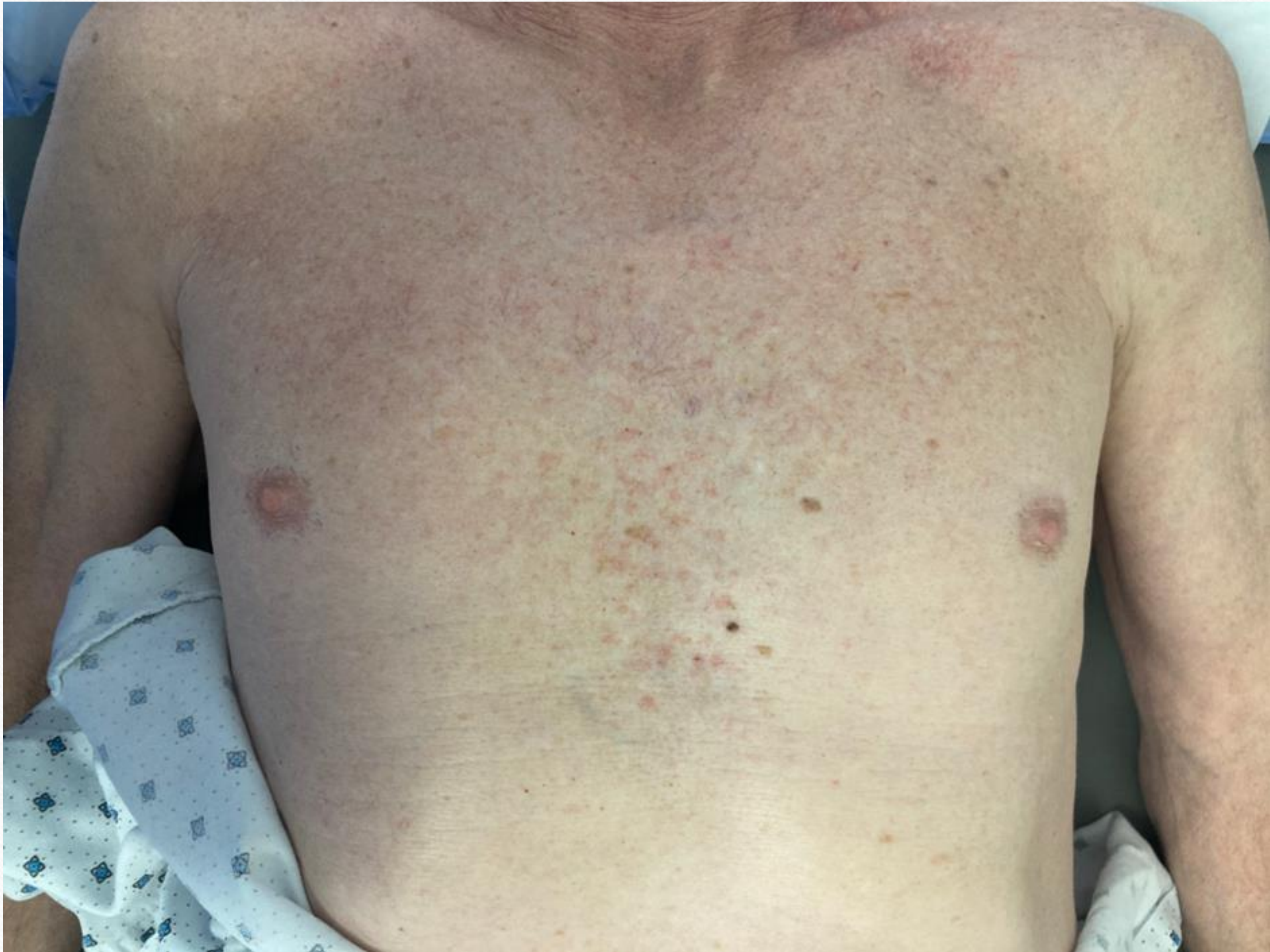
- Chronic inflammatory eruption of forehead, cheeks, nose and chin
- Features
  - Flushing, papules, pustules, erythema and telangiectasia
  - Often females 30 – 50 years
  - Chronic, persistent, fluctuant cause
  - Often aggravated by sun exposure, spicy food, alcohol, steroid creams
- Treatment
  -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




© 2015 VisualDx.com

Pitiriasis Versicolour

- 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 microscopye
- 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.

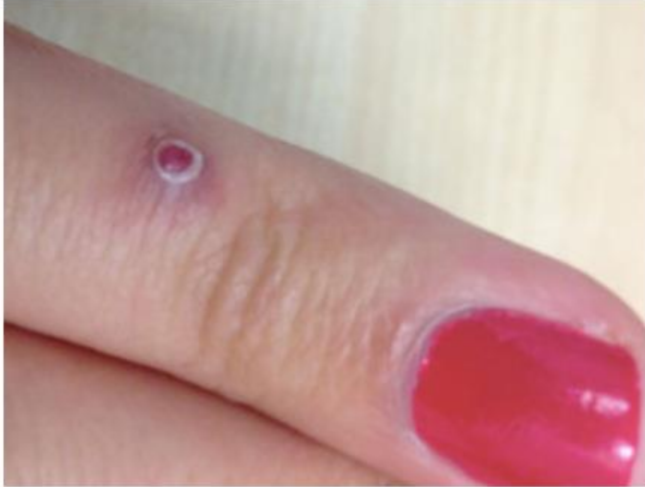


Grover's Disease

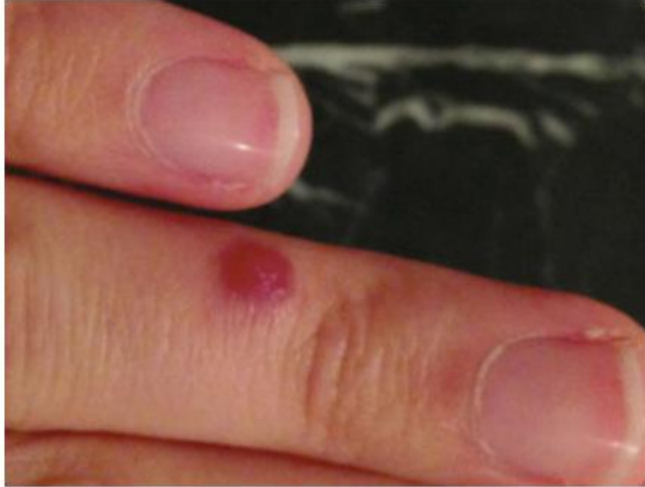
- Also known as 'Transient Acantholytic Dermatosis'
- Acanatholysis – Splitting of dermis
- Features
  - Itchy truncal rash
  - Men > 50 years
  - Association with some medications (immunotherapy, chemotherapy)
  - Risk factors also include sun-exposure, sweating, fever, malignancy (some reports of similar 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

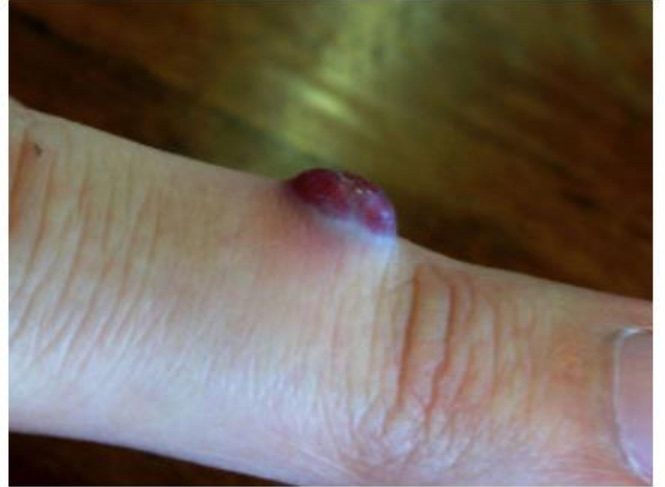
- ‘Shingles’, reactivation of Varicella Zoster in dorsal root ganglion
- Features
  - Several days of radicular pain with hyperaesthesia
  - Unilateral patchy rash in one or two dermatomes
  - Papules, vesicles, erythema and later crusting/ scabs
  - Distribution – any part of body including trigeminal 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

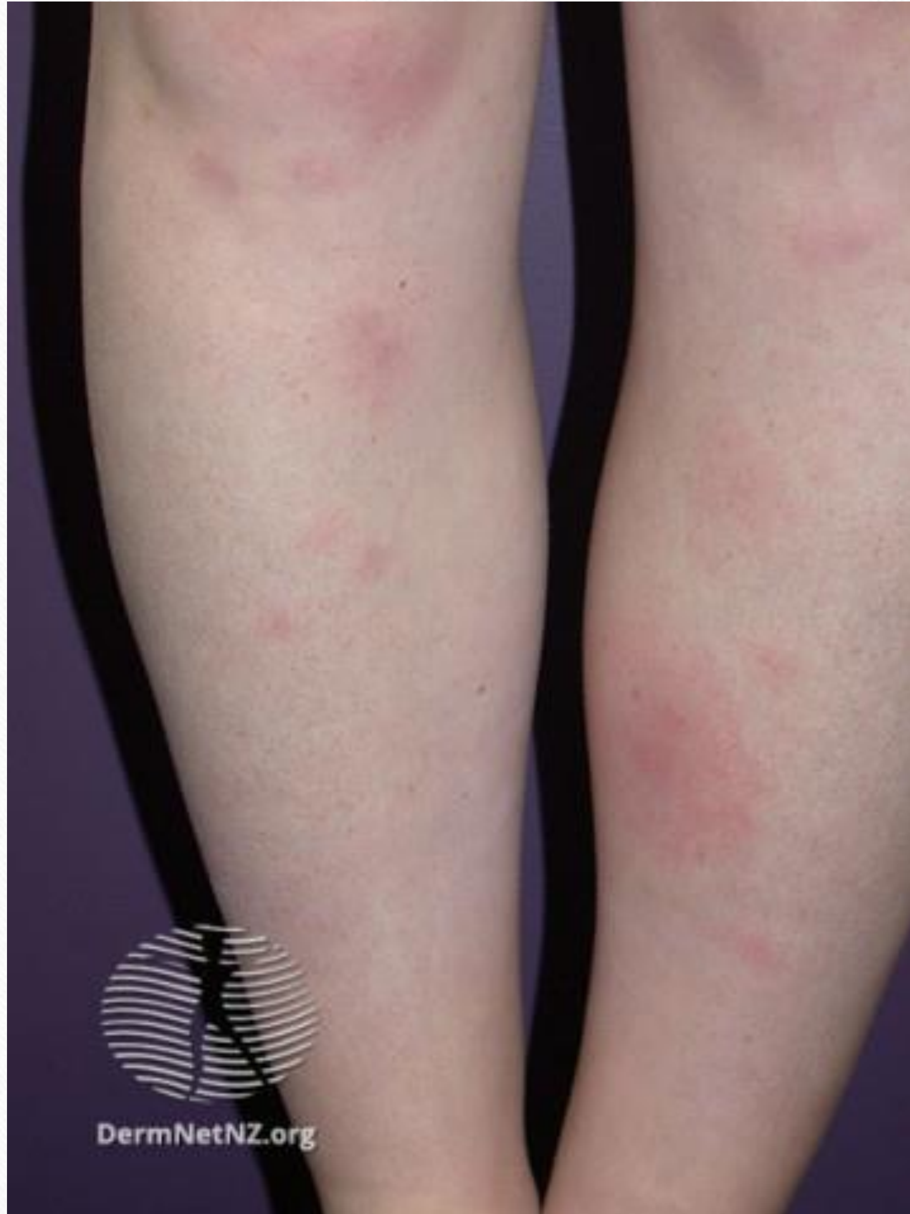
Source: Dermnet

Pyogenic Granuloma

- 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
  - Spontanous regression (more so after pregnancy)

Melanoma

- 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 lentignous, 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

- 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, nsaids, systemic steroids.
- Relapses common

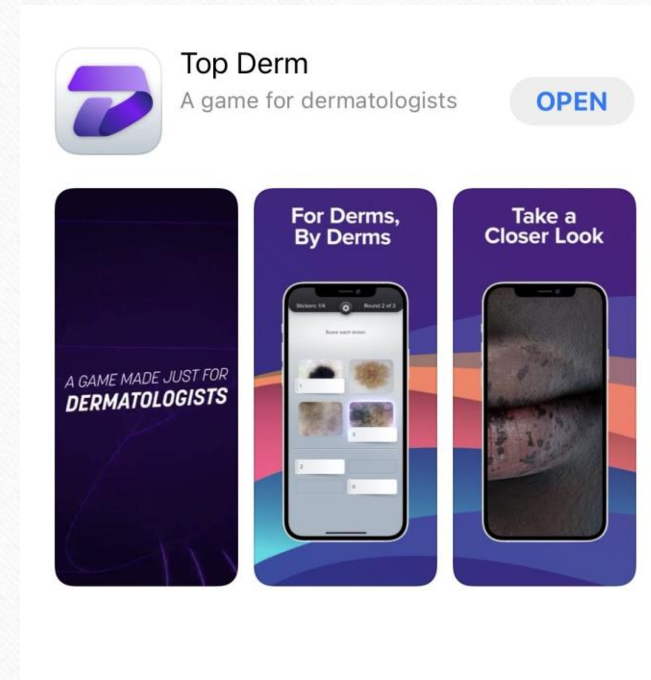
DermNetNZ.org

Tick Removal

- 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
  - Risk of allergic reactions, mammalian meat allergy, infection, tick paralysis (rare)

Resources

- www.dermnetnz.org
- Therapeutic guidelines – dermatology
- Murtagh
- App – Top Derm



Future Sessions…..

- Is your practice interested in delivering a future teaching and learning session?
- Email - georgiapagey@hotmail.com
- Marguerite Grey – mgrey@thephn.com.au

- See you in 2 weeks for the next Teaching and Learning session