

# 2 – The Dermatology Exam

## Important to form good habits for thorough dermatologic H&P

### Primary lesions

- Flat lesions
  - o Macule (<1cm) – e.g. freckles
  - o Patch (>1cm) – e.g. vitiligo
- Raised lesions
  - o Papule (<1cm) – e.g. acne papule
  - o Plaque (flat and >1cm) – e.g. psoriasis
  - o Nodule (rounded and >1cm) – e.g. epidermal inclusion cyst
- Fluid-filled
  - o Vesicle (<1cm) – e.g. herpes zoster
  - o Bullae (>1cm) – e.g. bullous pemphigoid
  - o Nikolsky sign – lateral pressure on unblistered skin causes shearing of epidermis
  - o Asboe-Hansen sign – vertical pressure on bullae causes lateral spread; seen with deep bullae
- Purulent lesions
  - o Pustules
  - o Furuncles (“boil”)
  - o Carbuncle – coalescing furuncles
- Wheal (hives) – fleshy plaques 2/2 dermal edema

### Secondary lesions (when primary lesion is traumatized)

- o Excoriations – linear scratch or punctate lesions
- o Fissure – crack that reaches dermis
- o Erosion – part of epidermis lost (e.g. ruptured vesicle)
- o Ulcers – excavations that reach dermis
- o Crusts – dry blood, pus, or serum (“scab”)

### Vascular lesions

- o Telangiectasias – small, discrete bv’s, blanch with pressure
- o Petechiae – **nonblanching** red-brown macules <5mm
- o Purpura – nonblanching, >5mm
  - If palpable, think about inflammation of lesions
- o Ecchymosis (i.e. bruise)

### Other terms

- o Scale – pathology in epidermis
- o Reticulate = lacy pattern
- o Lichenification – accentuated skin lines

**Describing rashes (LES T CABS) – adopted from *Derm Notes: Dermatology Clinical Pocket Guide by Anatoli Freiman and Benjamin Barankin***

- o Location (area of body, flexors/extensors, sun-exposed, symmetrical, lateralized, dermatomal)
- o Erythema (pink, red, red-brown, violaceous, near black)
- o Surface (smooth, rough, warty, crusted, scaly)
- o Type of lesion (patch, papule, etc)
- o Color – also includes hypopigmented or depigmented
- o Arrangement – how lesions are arranged in relation to one another (e.g. grouped, generalized, unilateral, linear)
- o Border/shape (well circumscribed vs poorly defined, circular, oval, polycyclic)
- o Special sites (mouth, genitalia, nails, hair)

### Get a good history

- HPI of rash/lesion (OPQRST’s)
  - o Onset
  - o Previous episodes
  - o Progression of disease since onset
  - o Palliating factors (what makes it better)
  - o Provoking factors (what makes it worse)
  - o Quality of symptoms (itching, burning)
  - o Radiation of symptoms
  - o Severity of symptoms (“how itchy are you on scale of 1-10”)
  - o Treatments tried
- PMH
  - o Atopic triad (atopic dermatitis, asthma, seasonal allergies)
  - o Diabetes – predisposed to infection
- PSH
- Allergies
- Medications
  - o Rx, OTC, herbals/supplements, when meds were started, recent dosing changes, changes between generics/brand names
  - o Bleeding time affected by: 5 G’s (garlic, ginseng, ginger, green tea, ginkgo), fish oil, vitamin E, saw palmetto, St. John’s wort
- FH
- SH
  - o Occupation, hobbies, pets, recent travel (hiking),
- Physical
  - o Pick a routine for your FBSE and do it the same each time
  - o Head to Toe (scalp, ears, face, hands, arms, neck, chest, abdomen, back, top of legs, feet, have pt stand up to examine buttocks, groin, and back of legs)
  - o Don’t forget to look in mouth
  - o Palpate areas where AK’s are common (explain to patient why you do this)
  - o Always get permission to examine sensitive areas (breasts, groin)
  - o Nails/nailfolds if worried for CTDZ