PART ONE

Diseases

ACANTHOSIS NIGRICANS

ALTERNATE DISEASE NAME

- None

HISTORY

- Gradual onset of asymptomatic areas of darkening & thickening of the skin
- History or family history of diabetes mellitus and/or insulin resistance, often in overweight pts
- Associated w/ endocrinopathies, such as hyperandrogenemia, or an autoimmune disease such as systemic lupus erythematosus, scleroderma, Sjögren syndrome or Hashimoto thyroiditis
- More common in people w/ darker skin pigmentation
- Rapidly evolving subset in adults associated w/ internal malignancy, particularly of the GI tract, where skin changes precede the malignancy diagnosis in 1/3 of cases

PHYSICAL EXAMINATION

- Symmetrical, hyperpigmented, velvety plaques, occurring in intertriginous areas, such as axillae & groin, on the nipples & on the neck
- Vulva is most commonly affected site in females in those who are hyperandrogenic & obese
- Skin tags in the vicinity of the plaques
- Physical findings identical for both the malignant & benign forms

DIFFERENTIAL DIAGNOSIS

- Becker nevus
- Confluent & reticulated papillomatosis of Gougerot & Carteaud
- Dowling-Degos disease
- Seborrheic keratosis
- Ichthyosis hystrix
- Linear epidermal nevus
- Parapsoriasis en plaque
- Pemphigus vegetans
- Pellagra

LABORATORY WORK-UP

- In adult-onset type, perform basic workup for underlying malignancy

- In early-onset disease, particularly in obese pts, obtain serum insulin level & hemoglobin A1C

MANAGEMENT
- Weight reduction in obese pts
- Treat underlying malignancy, if present

SPECIFIC THERAPY
- None

CAVEATS AND PITFALLS
- Advise that pt is at risk for diabetes, even if there is no evidence at present.

ACNE KELOIDALIS

ALTERNATE DISEASE NAME
- Acne keloidalis nuchae
- Folliculitis keloidalis
- Folliculitis keloidalis nuchae
- Acne keloid

HISTORY
- Occurs mainly in men of African descent, after puberty & before age 50
- Begins as chronic folliculitis of posterior neck & occipital scalp
- May be related to close shaving of hair and/or irritation from clothing

PHYSICAL EXAMINATION
- Firm, dome-shaped, follicular papules on nape of neck and/or on occipital scalp
- Papules coalesce into sclerotic plaques
- Scarring alopecia & subcutaneous abscesses w/ draining sinuses later in the course

DIFFERENTIAL DIAGNOSIS
- Folliculitis
- Acne vulgaris
- Perifolliculitis capitis
- Nevus sebaceous

- Keloid
- Pediculosis capitis
- Squamous cell carcinoma
- Basal cell carcinoma

LABORATORY WORK-UP
- Skin biopsy if there is doubt of the diagnosis
- Culture for bacterial pathogens if there are pustules

MANAGEMENT
- Avoid potential trauma to neck & posterior scalp area, such as close-cropped hairstyles, tight-fitting hats
- Surgical excision
- Destruction by laser or liquid nitrogen cryotherapy
- Intralesional corticosteroids
- Systemic antibiotics for secondary bacterial infection or as anti-inflammatory agent

SPECIFIC THERAPY
- Tetracycline 500 mg PO BID; alternative is doxycycline 100 mg PO BID
- CO_2 laser vaporization followed by intralesional triamcinolone (5–10 mg/mL) or imiquimod 5% cream applied daily for 6–8 wks
- Triamcinolone (5–10 mg/mL) intralesional after softening the site w/ light liquid nitrogen cryotherapy
- Punch excision of individual papules
- Horizontal elliptical excision w/ or w/out primary closure

CAVEATS AND PITFALLS
- Once scarring has occurred, the skin does not return to normal.

ACNE VULGARIS

ALTERNATE DISEASE NAME
- Acne varus

HISTORY
- Peak incidence at puberty but may begin in first decade
- Women often have sustained activity until late 30's
- Severity may have genetic component
- Flares may occur in times of stress

PHYSICAL EXAMINATION
- Lesions in areas w/ abundant sebaceous follicles: face, back, upper chest wall
- Closed comedos (whitehead) & open comedos (blackhead)
- Inflammatory papules, pustules, nodules & cysts
- Draining sinuses
- Postinflammatory scars
- Hormonal component: flares w/ menses

DIFFERENTIAL DIAGNOSIS
- Acne aestivalis
- Rosacea
- Perioral dermatitis
- Folliculitis
- Acne medicamentosa
- Occupational acne
- Tropical acne
- Acne cosmetica
- Syndrome of Favre-Racouchot
- Flat warts
- Trichostasis spinulosa

LABORATORY WORK-UP
- None

MANAGEMENT
- Systemic antibiotics
- Topical antibiotics
- Topical retinoids
- Azelaic acid
- Isotretinoin
- Hormonal therapy
- Acne surgery

SPECIFIC THERAPY
- Tetracycline 250–500 mg PO BID
- Doxycycline 100 mg PO QD-BID
- Minocycline 50–100 mg PO BID
- Erythromycin 250–500 mg PO BID
- Topical 1% clindamycin solution, cream, gel or lotion applied BID; use w/ benzoyl peroxide to minimize drug resistance

- Topical 2% erythromycin solution, cream, lotion or gel applied BID; use w/ benzoyl peroxide to minimize drug resistance
- Benzoyl peroxide 5–10% gel or cream applied BID
- Tretinoin 0.025% cream applied HS; alternative is adapalene 0.1% gel applied HS
- Isotretinoin 1 mg/kg per day PO for 5 months; advise about strict contraception in women
- Spironolactone 100–200 mg PO per day in women only
- Oral contraceptives, particularly Desogen™ or Ortho Tri-Cyclen™
- Acne surgery, including comedo expression; incision & drainage of fluctuant cysts & abscesses; chemical peel; microdermabrasion; intralesional triamcinolone 2–4 mg/mL

CAVEATS AND PITFALLS

- Use isotretinoin only in severe scarring acne, unresponsive to other measures.
- Erythromycin has high incidence of early drug resistance.
- Doxycycline may produce sun sensitivity.
- Spironolactone may produce menstrual irregularity.
- Benzoyl peroxide may cause bleaching of clothes.

ACROANGIODERMATITIS

ALTERNATE DISEASE NAME

- Pseudo-Kaposi's sarcoma
- Mali disease

HISTORY

- Longstanding history of venous stasis (w/ bilateral involvement), arteriovenous shunt for hemodialysis, or arteriovenous malformation (w/ unilateral involvement)

PHYSICAL EXAMINATION

- Confluent, violaceous or brown-black papules & plaques over distal legs
- Occasional erosions, ulcerations and/or bleeding

DIFFERENTIAL DIAGNOSIS
- Kaposi's sarcoma
- Stasis dermatitis
- Contact dermatitis
- Lichen planus
- Lupus erythematosus
- Benign pigmented purpura
- Cutaneous vasculitis

LABORATORY WORK-UP
- Skin biopsy for routine light microscopy to rule out Kaposi's sarcoma
- Plethysmography, Doppler ultrasonography & oscillography to assess venous flow & to detect vascular malformations

MANAGEMENT
- Compression therapy
- Correct underlying venous disease

SPECIFIC THERAPY
- Unna boots
- Sequential compression device, 30–40 mm, applied 30–45 minutes per day
- Surgical excision of shunts if there is arteriovenous malformation

CAVEATS AND PITFALLS
- Goal of therapy is to reduce edema.

ACROCHORDON

ALTERNATE DISEASE NAME
- Skin tag
- Soft wart
- Fibroepithelial polyp

HISTORY
- Slow-growing asymptomatic lesions, most frequently on neck & axillae
- More common in obese pts
- May be associated w/ acanthosis nigricans

PHYSICAL EXAMINATION
- Round, soft, pedunculated papules, which are either flesh-colored or hyperpigmented
- May be tender or bleed when traumatized

DIFFERENTIAL DIAGNOSIS
- Wart
- Neurofibroma
- Seborrheic keratosis
- Melanocytic nevus
- Melanoma
- Fibroepithelioma of Pinkus
- Pseudosarcomatous polyp

LABORATORY WORK-UP
- None

MANAGEMENT
- Surgical removal

SPECIFIC THERAPY
- Scissors excision; use local anesthesia for broad-based lesions
- Liquid nitrogen cryotherapy; advise about post-procedure hypopigmentation
- Destruction by electrodesiccation; advise about possible scarring
  - ➢ Dichloroacetic acid applied sparingly; advise about burning sensation after application

CAVEATS AND PITFALLS
- Removal for cosmetic reasons only.

ACRODERMATITIS ENTEROPATHICA

ALTERNATE DISEASE NAME
- Zinc deficiency syndrome
- Zinc depletion syndrome
- Transient symptomatic zinc deficiency
- Self-limiting acrodermatitis enteropathica
- Danbolt-Closs syndrome

HISTORY
- Symptoms occur within the first few months after birth, often shortly after discontinuation of breast-feeding
- Development of marked irritability, variable diarrhea & nonspecific dermatitis

PHYSICAL EXAMINATION
- Presents as red patches and/or scaly plaques
- Evolution into crusted, vesiculobullous, erosive & pustular plaques
- Periorificial & acral distribution on face, scalp, hands, feet & anogenital areas
- Alopecia of scalp & eyebrows

DIFFERENTIAL DIAGNOSIS
- Seborrheic dermatitis
- Atopic dermatitis
- Biotin & multiple decarboxylase deficiencies
- Essential fatty acid deficiencies
- Langerhans cell histiocytosis
- Mucocutaneous candidiasis
- Glucagonoma syndrome
- Cystic fibrosis

LABORATORY WORK-UP
- Plasma or serum zinc level

MANAGEMENT
- Zinc supplementation

SPECIFIC THERAPY
- Elemental zinc 50 mg PO per day

CAVEATS AND PITFALLS
- May develop secondary bacterial or candidal skin infection.
- Lifetime zinc therapy needed.

ACROKERATOELASTOIDOSIS

ALTERNATE DISEASE NAME
- Acrokeratoelastoidosis marginalis

- Acrokeratoelastoidosis of Costa
- Acrokeratoderma hereditarium punctatum
- Hereditary papulotranslucent acrokeratoderma

HISTORY
- Gradual onset of small papules over margins of hands & feet, usually after puberty
- Remains stable once fully developed

PHYSICAL EXAMINATION
- Keratotic translucent papules that arise on margins of hands & feet, in a linear distribution

DIFFERENTIAL DIAGNOSIS
- Keratoelastoidosis marginalis
- Focal acral hyperkeratosis
- Flat warts
- Acrokeratosis verruciformis of Hopf

LABORATORY WORK-UP
- None

MANAGEMENT
- No effective therapy

SPECIFIC THERAPY
- None

CAVEATS AND PITFALLS
- None

ACROPUSTULOSIS OF INFANCY

ALTERNATE DISEASE NAME
- Infantile acropustulosis

HISTORY
- Occurs most often in black infants
- Onset between birth & 2 years
- Individual episodes last 7–15 days & recur at 2- to 4-week intervals
- Spontaneous permanent remission by 2–3 years of age