

Practice Pearls in Dermatology

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Evaluation of the Dermatology Patient and their Lesion(s)

- Physical Description of the Primary Lesion
- Location/Distribution
- Timing
- Contributing History
 - Exposures
 - Contacts
 - Medical History
 - Family History

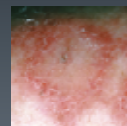
Remember skin disease like any other condition and the examination is only a snapshot in time. Most conditions/lesions have a progression and can appear quite different at different times

Terms and Descriptions

- **Macule** small flat skin lesion
- **Patch** elevated larger flat skin lesion
- **Papule** skin lesion $<0.5\text{mm}$
- **Nodule** elevated skin lesion $>0.5\text{mm}$
- **Plaque** elevated skin lesion that has texture



- **Wheal** raised edematous lesion
- **Vesicle** fluid filled lesion $<0.5\text{ cm}$ in diameter
- **Bulla** fluid filled lesion $>0.5\text{ cm}$ in diameter
- **Pustule** pus filled lesion
- **Scale** visible or palpable flake
- **Crust** dried exudate
- **Horn** firm projection of keratin

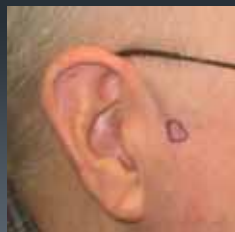


Terms and Descriptions

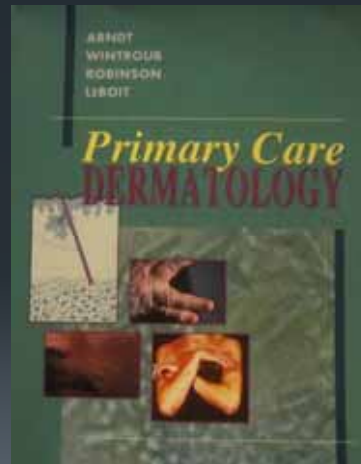
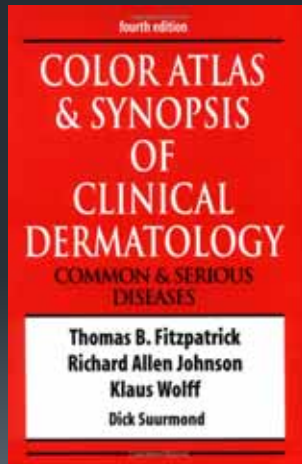
- | | |
|--------------|---------------|
| ▪ Annular | Vascular |
| ▪ Linear | Blanching |
| ▪ Elevated | Sclerotic |
| ▪ Geometric | Pulsatile |
| ▪ Dermatomal | |
| ▪ Geographic | sub-cutaneous |
| ▪ Grouped | intra-dermal |
| ▪ Solitary | cutaneous |

Anatomical Descriptions

- Consistency and Conventional descriptions that can be clearly identified by a third party reviewer.
- Photo-documentation




Dermatology Resources



Dermatological Surgery

- Shave Biopsy
- Punch Biopsy
- Excision
- Incision
- Incision and Drainage
- Electrodesiccation and Curretage
- Cryotherapy
- Electrofulgaration
- Radio frequency ablation
- Laser treatments



Anticoagulants and Outpatient Surgery

- Current Consensus is not to discontinue anti-coagulation therapy before outpatient dermatologic ambulatory surgery due to assumed risk of thrombotic event, e.g. cardiovascular or cerebral vascular incident



Skin Cancers

- Basal Cell Carcinoma
- Squamous Cell Carcinoma
- Melanoma
- Everything Else

Actinic Keratoses- a pre-malignant lesion

- Identification
- Treatment options



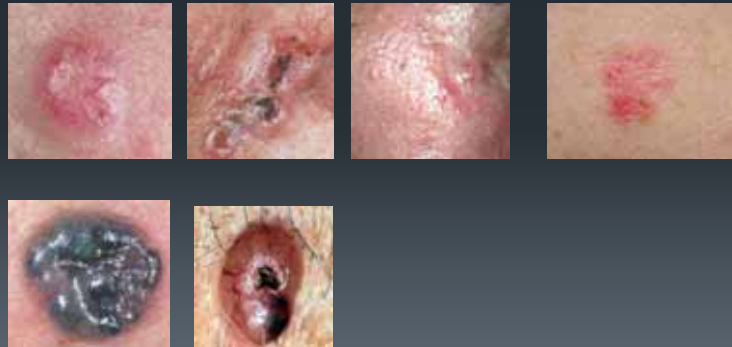
Treatment Options

5-fluorouracil
Diclofenac
Photodynamic therapy
Cryosurgery
Chemical destruction
Curretage

Photodynamic Therapy

- Topical Application of 5-aminolaevulinic acid (ALA) or methyl ester (MAL) as a photosensitizer
- Non-Invasive

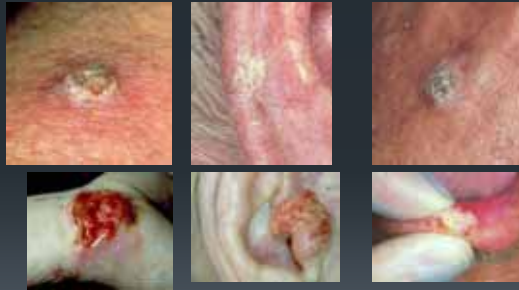
Diagnosis of Non-Melanocytic Carcinoma (Basal Cell Carcinoma)



Basal Cell Carcinoma and Sebaceous Hyperplasia



Diagnosis of Non-Melanocytic Carcinoma (Squamous Cell Carcinoma)



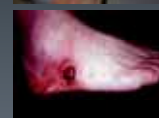
Skin Cancer and the Organ Transplant Patient

- Squamous Cell Carcinoma is 65 times more common in transplant recipients than in non-transplant patients
- Kidney Transplant patients are ~ 4x more likely to develop melanoma
- In Australia, after 4yrs following cardiac transplant, approximately 25% of patients die of skin cancer.
- International Transplant Skin Cancer Collaborative (ITSCC)
- www.itsc.org



Diagnosis of Melanoma

- ABCDE's
- Dermoscopy
- Biopsy



Biopsy Techniques – What they are and how to choose.....

- Incisional
 - Superficial Shave Biopsy
 - Shave Biopsy(Saucerization)
 - Punch Biopsy
 - Curetting
 - Fine Needle Biopsy

Most significant staging
Parameter is Breslow Depth

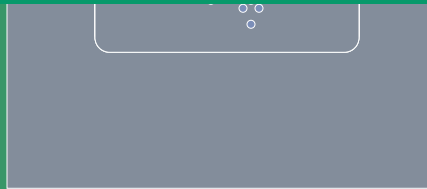
In most cases there is only one
opportunity to accurately
determine the depth....

- Excisional
 - Excision
 - Deep Scoop(Saucerization)

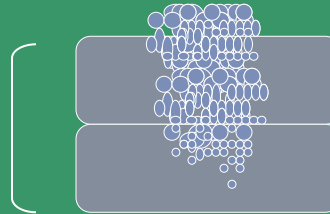
The Initial Biopsy

Shave Biopsies (Including Saucerization)

Final Depth can be
indeterminant due to
transection



Biopsy may be transected at Base



Pros

Speed of procedure and limited morbidity

Cons

Inadequate sampling for diagnosis or
determination of depth

Incisional Biopsy

Pros

Full depth may be determined

Cons

Sampling Error may provide inadequate
sampling to evaluate the actual Breslow
Depth due to sampling error
Limitations of sample may restrict
diagnosis by not allowing for
evaluation of lesional architecture



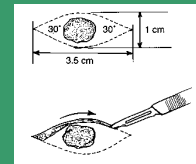
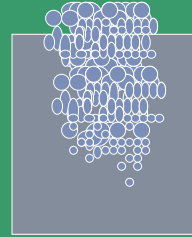
Excisional Biopsy

Pros

Full depth may be determined and the whole tumor can be evaluated

Cons

Excessive tissue removal for benign lesions



Treatment of NMSC and Melanoma

- Treatment in both cases is influenced based on the initial lesion, its characteristics, its location, the patient's past medical history and contributing factors, patient desires....
- Treatments for NMSC include Destructive and Excisional treatments
- Treatments for Melanoma include Excisional treatment for primary tumors

Destructive treatments include: Electrodessication, Electrodesiccation and Curretage, Curretage, Cryosurgery, Chemotherapy, Heat Therapy, Chemical destruction, Radiation therapy

Excisional treatments include: Conventional Surgery, Mohs Surgery

Mohs Surgery

- What is Mohs Surgery?
- Is Mohs and acronym?



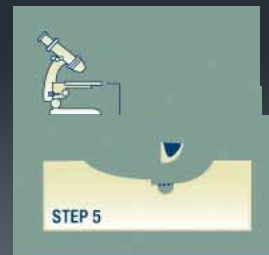
American College of Mohs Surgery



Dr. Frederic Mohs

Mohs Surgery

- How is Mohs Surgery performed ?
- What makes it different from conventional excision with pathologic examination?



Melanoma Sentinel Node Biopsy

- Evaluation of metastatic dissemination within the lymphatic system
- Most commonly used for Breast Cancer or Melanoma
- Dye compound is injected at the site of the primary tumor which allows the identification of node specific drainage patterns.
- Pathologic examination of the draining lymph node allows determination of the metastatic state
- This information is used to guide therapy(nodal dissection, etc.) and allow for tumor staging

Melanoma Radiologic Examination

- Analysis indicates a benefit for the evaluation of metastatic state in high risk individuals
- Allows for following clinical progression
- CT
- MRI
- PET
- PET/CT
- Ultrasound



Appropriate follow-up examination for skin cancers

- Appropriate follow-up scheduling is very dependent on the findings of the initial tumor.
- For melanoma superficial/insitu, q 6 months x2 yrs then yearly
- For invasive melanoma, q 3 months x 2yrs, then q6 months x 2 years, then yearly
- For NMSC, depends on the setting of the initial tumor, may be appropriate q 3-6 months x 2yrs, then yearly unless new lesions are detected.

Lumps, Bumps, and Cysts

Keloid



Myxoid Cyst



Epidermal Cyst

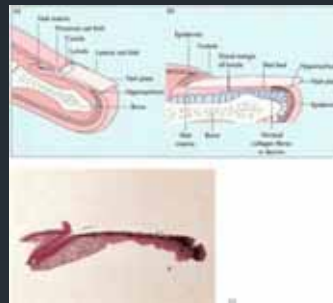


Lumps, Bumps, and Cysts

Furuncle



Nail Lesions



Nail Lesions

Paronychia



Psoriatic nail



Habit tic deformity



Subungual hematoma



Pseudomonas Infection



Subungual SCC originating from a subungual wart



Impetigo and Intertrigo and similar skin conditions



Ulcers that are vascular



Ulcers that are not vascular



Ecthyma



Brown recluse spider bite



Pyoderma Gangrenosum



Xerosis, Cracked Heels, and other tough things we encounter



Blisters on the buttocks....



Zoster, a blistering presentation
in a regional dermatomal
distribution



Zoster, or something else....



Positive findings on KOH prep



Majocchi's Granuloma presenting like Zoster



Other Linear vesicular Dermatomal Conditions



Yeast, Fungus and other things growing on us



Look alikes

Erythroplasia of Queyrat or
Candidiasis or Zoon's Balanitis?



Look alikes



Paget's Disease of the nipple



Extramammary Paget's Disease of the Buttocks

Thank you !

