


# DERMATITIS PEARLS FOR THE PRIMARY CARE PROVIDER

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AT QUEENS POB II  
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## OBJECTIVES


- Review common presentations and types of dermatitis
- Review differences in presentation of dermatitis vs. mimickers such as tinea
- Review available treatments for both Primary care providers and specialists

## USING POLL EVERYWHERE



# LET'S PRACTICE!

## I APPLIED SUNSCREEN THIS MORNING



A) True    B) False

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## CASE

- 35YO FEMALE ISOLATED PRURITIC ERYTHEMATOUS THIN PLAQUE WITH SCALE
- DIAGNOSIS?
- TREATMENT?

**DIAGNOSIS?**

- A) PSORIASIS
- B) NUMMULAR DERMATITIS
- C) TINEA CORPORIS
- D) TINEA INCOGNITO

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**WHAT IS DERMATITIS?**

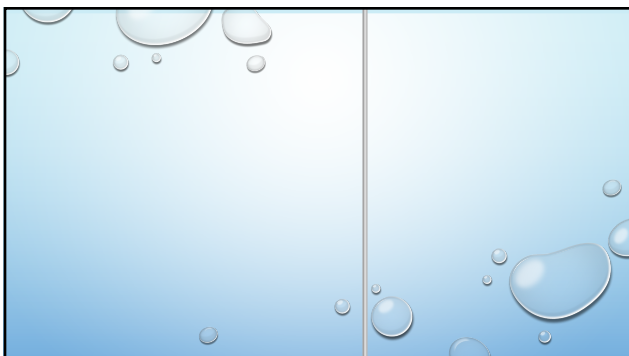
- Inflammation of skin
- “Eczema”
- Different etiologies

**COMMON TYPES OF DERMATITIS**

- Xerotic dermatitis
- Nummular dermatitis
- Atopic dermatitis
- Contact dermatitis
- Seborrheic dermatitis

**XEROTIC DERMATITIS**

-  ASTEATOTIC OR DRY SKIN ECZEMA
-  SHINS, THIGHS, LOWER FLANKS, POSTERIOR AXILLARY LINE
-  INCREASED RISK WITH INCREASED AGE

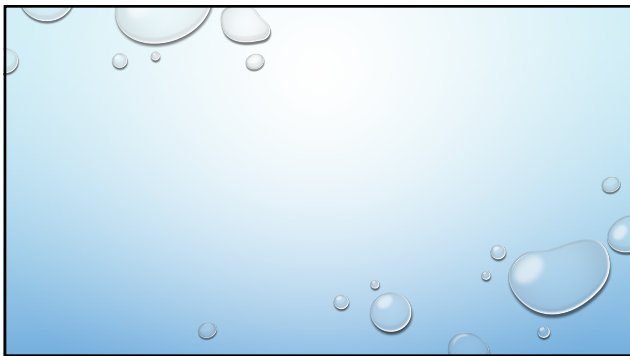


**XEROTIC DERMATITIS**

### NUMMULAR DERMATITIS

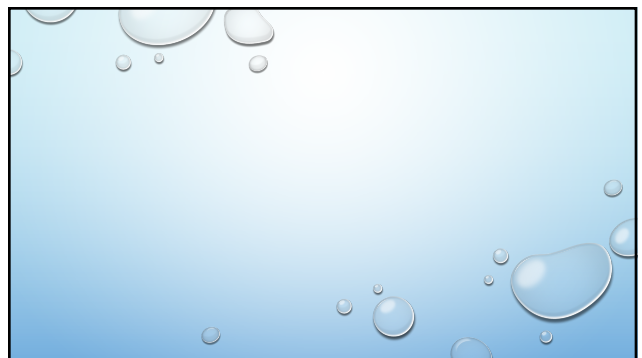
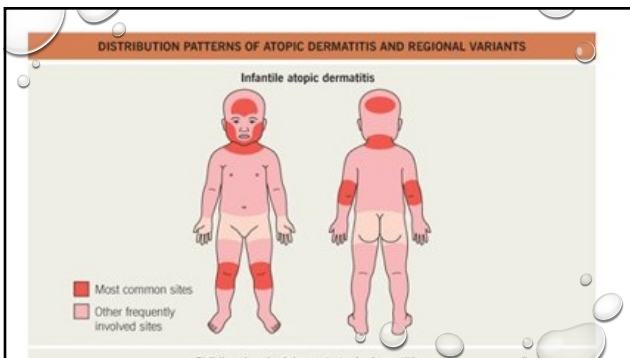
- CLASSIC COIN-SHAPED AND PRURITIC
- LEGS AND ARMS
- ADULTS

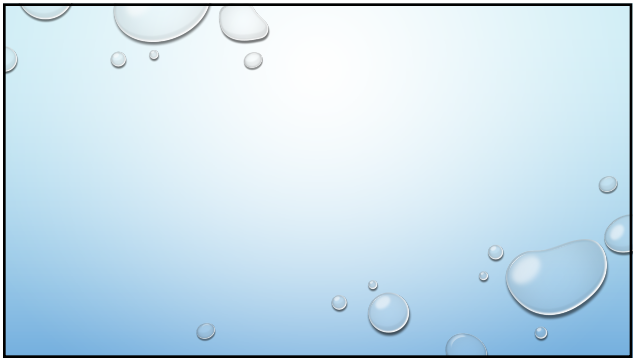
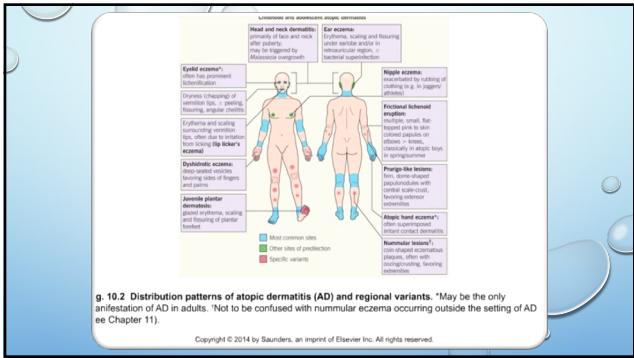
### NUMMULAR DERMATITIS



### ATOPIC DERMATITIS

- CHILDHOOD ECZEMA
- AGE-DEPENDENT LOCATIONS
- CHILDREN > ADULTS, MAJORITY DEVELOP BEFORE 5YO
- ASSOCIATED WITH ASTHMA, ALLERGIES





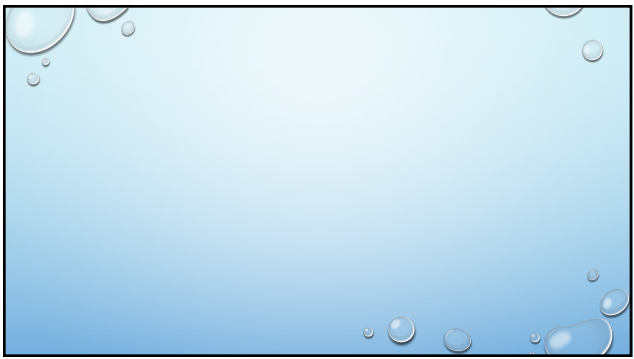
## CONTACT DERMATITIS

### IRRITANT CONTACT DERMATITIS

- HANDS, LIPS
- OCCUPATION?

### ALLERGIC CONTACT DERMATITIS

- METALS, FRAGRANCES, PRESERVATIVES, TOPICAL ANTIBIOTICS, PLANTS
- DIAGNOSIS WITH PATCH TESTING

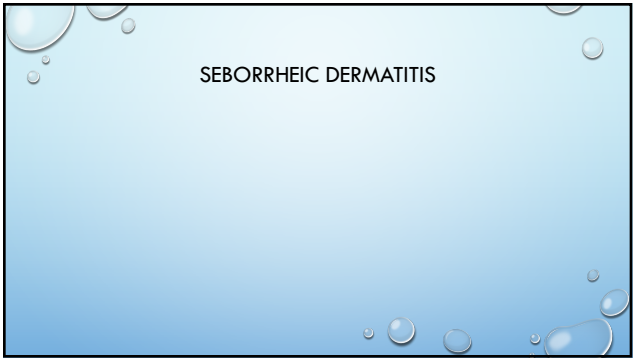


## SEBORRHEIC DERMATITIS

Symmetric on scalp, face, ears, chest


Infants, Adults, rare in children

Associated with oily skin, neurologic disease, HIV




DERMATITIS  
DDX


DISTINGUISHING DERMATITIS FROM OTHERS



IS THERE SCALE?



SPECIAL  
LOCATIONS?



COLOR AND  
SHAPE?

SCALE

Thicker scale / white scale may be psoriasis

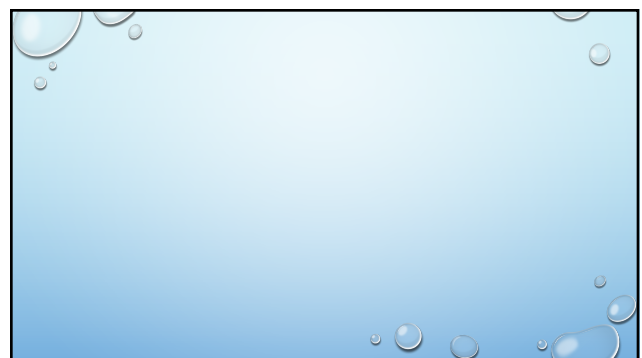
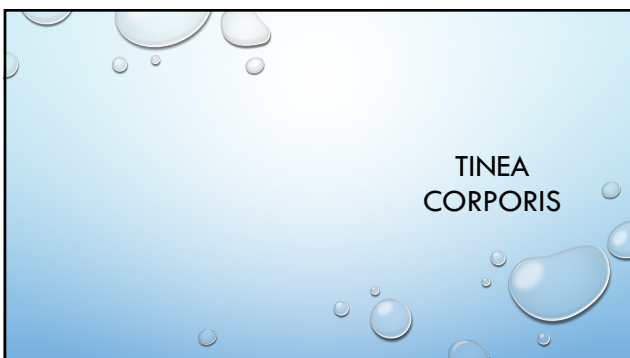
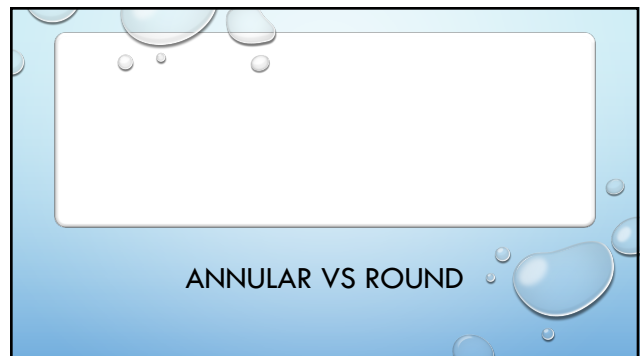
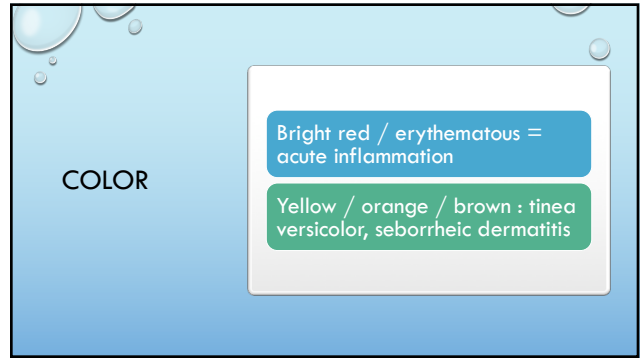
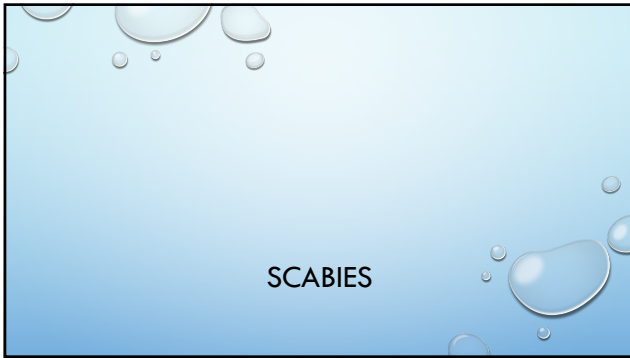
Inner trailing scale may be pityriasis rosea

PSORIASIS


PITYRIASIS  
ROSEA

SITE	DDX
INTERTRIGINOUS	INTERTRIGO, SCABIES, TINEA
SCALP, EXTENSOR EXTREMITIES	PSORIASIS
CHEST, TRUNK	TINEA VERSICOLOR
FACE	CONTACT DERMATITIS, SEBORRHEIC DERMATITIS


DISTRIBUTION / LOCATION




### TREATMENT OF COMMON DERMATOSES



ANY IDENTIFIABLE  
ETIOLOGY?



CHOOSING A TOPICAL  
STEROID



WHEN TO REFER OUT  
TO A DERMATOLOGIST

### XEROTIC DERMATITIS

- 1**

AVOID  
SCRUBBING
- 2**

AVOID EXCESS  
WATER  
EXPOSURE
- 3**

AVOID SOAP
- 4**


MOISTURIZE,  
MOISTURIZE,  
MOISTURIZE

### ATOPIC AND NUMMULAR DERMATITIS

- REPAIR SKIN BARRIER
- SIMILAR APPROACH TO XEROTIC
- MOISTURIZE, MOISTURIZE, MOISTURIZE
- AVOID HEAT IF A TRIGGER
- ADDRESS ITCHING

### WHAT IS YOUR FAVORITE MOISTURIZER TO RECOMMEND TO PATIENTS?

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### CONTACT DERMATITIS

Fig. 12.11 Fixing allergens to patient's back using Scanoor tape. The allergens will remain in place for 48 hours.  
Courtesy: Christine M. Mowatt, MD and James G. Marks, Jr., MD


### SEBORRHEIC DERMATITIS

- Antifungal shampoo or cream: ketoconazole, ciclopirox
- Anti-inflammatory: pimecrolimus cream, flucinolone solution


## HOW TO CHOOSE A TOPICAL STEROID



**LOCATION**



**VEHICLE**



**DURATION**

## TOPICAL STEROID RANKINGS

CLASS	EXAMPLES	INDICATIONS
R I (GIST POTENT / SUPER HIGH)	CLOBETASOL PROPIONATE 0.05% CREAM OR OINT HALOBETASOL PROPIONATE 0.05% CREAM OR OINT BETAMETHASONE SYPHONATE 0.05% HAUC OINT	SEVERE DISEASE, HANDS/FEET, SCALP, THICK
R II (HIGH)	FLUCICORTONE 0.05% OINT DESOXIMETASONE 0.25% CREAM OR OINT BETAMETHASONE SYPHONATE 0.05% OINT	MOD-TO OBERATE DISEASE, THINNE, EXTREMITIES
R III (MID-HIGH)	MOMETASONE 0.1% OINT DESOXIMETASONE 0.05% CREAM TRIAMCLOLONE ACETONIDE 0.05% CREAM OR OINT	MOD-TO OBERATE DISEASE, THINNE, EXTREMITIES
R IV (MEDIUM)	TRIAMCLOLONE ACETONIDE 0.1% CREAM OR OINT MOMETASONE FURAN 0.1% CREAM	MOD-TO OBERATE DISEASE, THINNE, EXTREMITIES, CHILDREN
R V (LOW-MID)	DESONIDE 0.05% OINT TRIAMCLOLONE ACETONIDE 0.025% OINT FLUCICORTONE PROPIONATE 0.05% CREAM	MOD-TO OBERATE DISEASE, THINNE, EXTREMITIES, CHILDREN
R VI (LOW)	DESONIDE 0.05% CREAM FLUCICORTONE ACETONIDE 0.01% CREAM TRIAMCLOLONE 0.025% CREAM	FACE, EYELID, GENITAL, INTERTRIGINOUS, CHILDREN
R VII (WEAK POTENT)	HYDROCORTISONE 2.5% CREAM OR OINT (K) HYDROCORTISONE 0.1% CREAM OR OINT (OTC)	ANY

## LOCATION

- FACE: LOWER-MID TO LOW
- TRUNK, EXTREMITIES: ANY
- SCALP: MED TO HIGH / SUPER HIGH
- HANDS/FEET: HIGH TO SUPER HIGH
- INTERTRIGINOUS: MID-LOW TO LOW
- GENITAL: MID-LOW TO LOW

## VEHICLES

- Ointment – acts as a lubricant
- Cream
- Lotion - large areas or hair-bearing
- Solution, foam – scalp or hair-bearing
- Gel - intraoral

## DURATION OF TREATMENT

- 01  
TWICE DAILY APPLICATION
- 02  
THIN LAYER
- 03  
FACE/GENITAL – 10-14 DAYS
- 04  
4 WEEKS (SUPER HIGH) 8 WEEKS (MEDIUM)
- 05  
CONSIDER NON-STEROID MEDICATION - TACROLIMUS, PIMECROLIMUS, CRISABOROLE

## SPECIAL CONSIDERATIONS

- OCLUSION INCREASES POTENCY UP TO 100-FOLD
- FACIAL STEROID USE ASSOCIATED WITH WITHDRAWAL AND ACNE
- LARGE BODY SURFACE AREA USE MEDIUM POTENCY



**WHEN TO REFER...**

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Failed initial treatment

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Does not fit recognizable patterns

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Symptoms interfering with daily function

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Spreading

**TAKE-HOME POINTS**

- DIAGNOSE BASED ON COMMON PATTERNS

**XEROTIC DERMATITIS**

**NUMMULAR DERMATITIS**

**CONTACT DERMATITIS**

IRRITANT CONTACT DERMATITIS      ALLERGIC CONTACT DERMATITIS

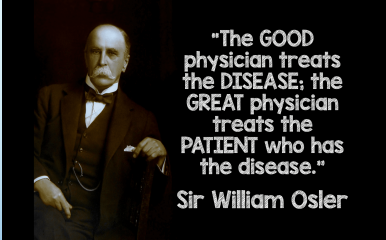
**SEBORRHEIC DERMATITIS**

**TAKE-HOME POINTS:**

- DDX BASED ON COLOR, SHAPE, LOCATION, SCALE

**TAKE-HOME POINTS:**

- CHOOSE A STEROID BASED ON LOCATION, VEHICLE, POTENCY



**"The GOOD physician treats the DISEASE; the GREAT physician treats the PATIENT who has the disease."  
Sir William Osler**

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**THANK YOU!**  
**QUESTIONS?**

Aloha and Welcome to Oahu Dermatology

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