

The background is a solid teal color. There are several decorative elements: a large, semi-transparent teal circle in the upper right; a smaller, semi-transparent teal circle in the lower right; a large, semi-transparent teal circle in the lower left; and a solid red vertical bar in the top right corner. The title text is centered and rendered in a large, orange, sans-serif font.

Red Flags in Dermatology

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The Skin

- ▶ Largest organ
- ▶ Multiple functions
- ▶ Can be a 'marker' for underlying conditions
- ▶ Most chronic skin conditions managed in primary care, with input from secondary care input if needed
- ▶ However, certain cases require urgent referral to dermatology secondary care, for prompt management

Urgent referrals

- ▶ Erythroderma
- ▶ Infections
- ▶ Bullous Disorders
- ▶ Drug Reactions
- ▶ Malignancies

Urgent referrals

- ▶ **Erythroderma**
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Urgent referrals - Erythroderma

- ▶ Any inflammatory skin disease which affects more than 90% of body surface area

Causes of Erythroderma

- ▶ Eczema (endogenous / exogenous)
- ▶ Psoriasis
- ▶ Seborrhoeic dermatitis
- ▶ Pityriasis rubra pilaris
- ▶ Drug reactions
- ▶ Cutaneous T-cell lymphoma (Sezary syndrome)
- ▶ Unknown

Prognosis and Complications of Erythroderma

- ▶ Sometimes fatal
- ▶ Drug induced best prognosis
- ▶ Metabolic disturbances, circulatory failure, infections

Red Flags for Erythroderma

- ▶ Sudden onset
- ▶ Patchy erythema, rapidly generalises, becomes universal in 12 to 24 hours...90% skin involvement
- ▶ Scaling
- ▶ Skin bright red, hot, thickened
- ▶ Intensity of erythema fluctuating
- ▶ Fever, shivering, malaise, hypothermia
- ▶ Irritation, sense of tightness



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Urgent Referrals - Severe Skin Infections

- ▶ Infected eczema / eczema herpeticum
- ▶ Staphylococcal Scalded Skin Syndrome
- ▶ Cellulitis, Erysipelas
- ▶ Necrotising fasciitis

Red Flags for Infections

- ▶ Rapidly progressing punched out lesions – eczema herpeticum
- ▶ Advancing and clearly demarcated erythema - cellulitis
- ▶ Blistering / peeling of creases - SSSS
- ▶ Discoloration & pain – necrotising fasciitis
- ▶ Systemic symptoms



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- ▶ **Bullous Disorders**
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Urgent Referrals- Immunobullous Dermatoses

- ▶ Pemphigus
- ▶ Bullous pemphigoid
- ▶ Cicatricial pemphigoid
- ▶ Dermatitis herpetiformis
- ▶ Linear IgA Disease

Red Flags for Bullous Disease

- ▶ Pruritic skin leading to bullae - BP
- ▶ Clear or haemorrhagic blisters - BP
- ▶ Blisters may be denuded - PV
- ▶ Mucosal involvement - PV
- ▶ Spreading



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- ▶ **Drug Reactions**
- ▶ Malignancies

Urgent referrals - Drug Reactions

- ▶ Adverse drug reaction: undesirable clinical manifestation resulting from administration of a drug

Incidence of Drug Eruptions

- ▶ Most frequent of all manifestations of drug sensitivity
- ▶ Incidence difficult to determine
- ▶ Antimicrobial agents (42%)
- ▶ Antipyretic anti-inflammatory analgesics (27%)

Types of Clinical Reaction

- ▶ Most drugs capable of causing several different types of cutaneous eruption

Types of Clinical Reaction due to Drugs

1. Exanthematic (maculopapular)
2. Vasculitis
3. Erythema multiforme, SJS, TEN
4. Pityriasis rosea-like
5. Lichenoid
6. Exfoliative dermatitis
7. Urticaria
8. Bullous
9. Fixed
10. Phototoxic
11. Dress Syndrome

Management of Drug Rashes

- ▶ Stop offending drug
- ▶ Emollients – white soft paraffin / liquid paraffin 50 / 50 mix all over +++
- ▶ Monitor fluid input / output levels
- ▶ Monitor body temperature
- ▶ Consider skin biopsy – to tailor treatment
- ▶ Avoid drug in future

Red Flags For Drug Reactions

- ▶ Widespread rash:
 - ▶ exanthematic (maculopapular), vasculitis, erythema multiforme, SJS, TEN, pityriasis rosea-like, lichenoid, exfoliative dermatitis, urticaria, bullous, fixed, phototoxic or DRESS syndrome
- ▶ Systemic symptoms



REFER

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- ▶ Erythroderma
- ▶ Infections
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- ▶ Drug Reactions
- ▶ **Skin Malignancies**

Urgent Referrals – Skin Malignancies

- ▶ Melanomas, non-melanoma skin cancer (squamous cell carcinoma, sarcomas, lymphomas, Merkel cell carcinomas)
- ▶ Refer via 2 week wait clinic
- ▶ Most at risk – Fitzpatrick type 1, positive family history, frequent episodes of sunburn from sun exposure, sunbeds & atypical mole syndrome
- ▶ Odd or ugly duckling mole – change in appearance (size, shape, colour) or symptoms (itchy, painful or bleeding)
- ▶ Changing lesion, asymmetry, irregularly pigmented, different colours which may extend beyond the broader, larger than 6mm

Red flag signs for Skin Malignancies

- ▶ **A** Asymmetrical lesion
- B** Irregular border
- C** Multiple colours/irregular pigmentation
- D** Large lesion >6mm in diameter
- E** Evolving/changing lesion



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