

Identifying and Treating Common and Benign Skin Conditions

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Disclosure

- No real or potential conflict of interest to disclose
- No off-label, experimental or investigational use of drugs or devices will be presented.

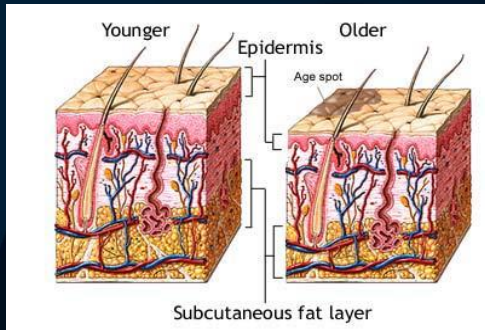


Objectives

- Having completed the learning activities, the participant will be able to:
 - Understand basic skin function.
 - Learn to identify the most common benign skin conditions in adulthood.
 - Become familiar in treatment modalities of benign cutaneous disorders.



The Changing Skin



Father of Modern Pharmacology



- **"All** substances are poisons; there is none which is not a poison. The right dose differentiates a poison and a remedy."
– von Hohenheim, MD

Adverse Drug Reactions



- Extremely difficult to determine which medication is the culprit when there are multiple medications and interactions possible
- Generally patient looks for relief

ADR Treatment

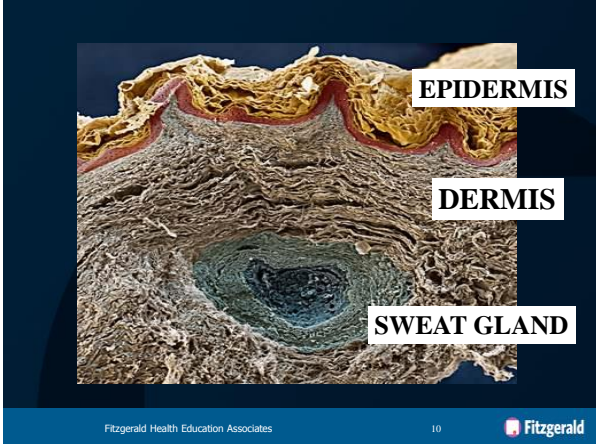
- Prednisone taper packs
- Intramuscular suspension triamcinolone injections
- Antihistamines
- Topical corticosteroid ointments/creams
- Remove offending drug in conjunction with original prescriber's input
- Biopsy if necessary
- Consider lifestyle changes for patient
- Requires followup visits

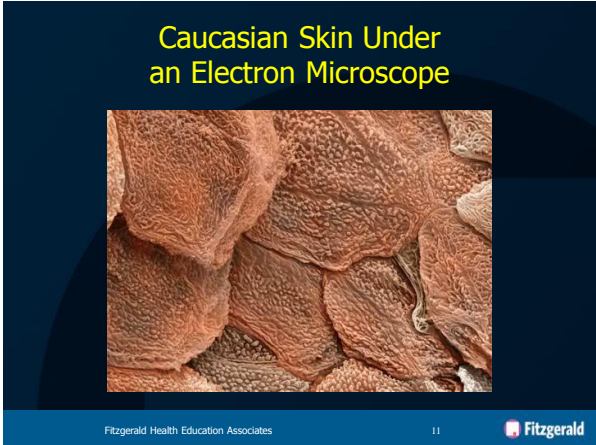
Medication-related Skin Disorders

- Beta-blockers
 - Worsen psoriasis
- Antibiotics
 - Worsen photosensitivity
- Statins
 - A culprit in severe pruritus

Medication-related Skin Disorders

- *Home remedies*
 - Complicate already difficult situations.
- Liver and kidney processes
 - Slow and increase drug toxicity







Common Changes in Adult Skin (continued)

- Melanocytes can completely stop producing melanin, as in the hair turning gray or white gradually.



Common Changes in Adult Skin (continued)

- A thinner epidermis and dermis with less fat increases opportunity for pressure sores, as activity decreases.
- Thermoregulation is poor and patient requires increased heating because "of the cold."

Common Changes in Adult Skin (continued)

- Perfusion is dramatically slowed because of circulation, which leads to poor repair and increased rates of infection.
- Tamponade is sometimes non-existent because of blood-thinners, and small bleeds lead to complications.

Skin and Smoking



- Studies since 1856 connect smoking with wrinkling.
- 5× more wrinkling than non-smokers

The Effects on Skin by Smoking

- Thinner skin, greyer hair, deeper wrinkles, increased skin cancers, particularly perioral.
- Theories include water loss, chronic heat, vasoconstriction, loss of vitamin A and E, and collagen degradation.

Purpura Simplex



Purpura Simplex Treatment

- Extremely common
 - Often the result of collagen and fat loss in extremities
 - Blood thinning medications exacerbate
- Treatment
 - Reassurance
 - Consider vitamin K gel or OTC supplement, urea intensive healing cream (Excipial®)

News We Can Use

- Aging is observed around age 30 years.
 - Collagen decreases approx. 1% a year starting around age 30 years.
- Two most powerful tips to prevent premature aging is
 - Never smoke.
 - Limit UV exposure.

Skin care is attention to detail.

- Balanced nutrition and hydration
- Cool bathing and moisturization
- Sleep and rejuvenation habits
- Accepting intrinsic aging (i.e., normal maturing with prevention)
- Limiting extrinsic aging (i.e., UVR, pollution, smoking, drugs, etc.)

Free Radical Theory of Aging

- First proposed theory of aging
- Antioxidants are protective chemicals.
- Free radicals alter DNA/RNA, weaken skin cell function, hasten aging.
- Antioxidants combat free radicals.

— Source: Harman, D. *Nobel Nominee in Medicine (1956)*. "Aging: A theory based on free radical and radiation chemistry." *Journal of Gerontology* 11 (3): 298–300.

Healthy Skin Diet Tips

- Yellow/orange fruits and vegetables
- Spinach/green leafy vegetables
- Tomatoes and blueberries



Healthy Skin Diet Tips (continued)



- Beans, peas and lentils
- Salmon and mackerel
- Nuts and whole grains

Daily Face Regimen

- Wash daily with mild deodorant-free soap, lukewarm water and pat dry.
- Soap-free cleansers are less harsh.
- Exfoliate with glycolic (alpha hydroxy) to remove dead skin cells.
- Look for antioxidant serums that contain Vitamin C and E.

Daily Face Regimen (continued)

- Don't strip natural oils, use moisturizing soap and cooler showers.
- Find a moisturizer with 30 SPF and UVA/UVB protection.
- Consider a retinoid cream, which stimulates collagen and cell growth.

Makeup Tips for Older American Women

- Moisturizer before foundation
- Avoid caking, use matte finish
- Green neutralizes red lesions.
- Yellow masks dark bruising.
- Mauve evens out yellow.
- White, pearly base minimizes wrinkles.

Glycolic and Lactic Acids (a-hydroxy)

- Promotes exfoliation
- Improves texture
- Safe for many skin types
- Stimulates collagen production



Salicylic Acid (b-hydroxy)

- Less irritating than alpha hydroxy
- Exfoliation of pores more effective
- The perfect peel for rosacea plus with antiinflammatory effects
- FDA approved for home use.

Cutaneous Mycosis

- Raised edges, hypopigmentation in Whites, darker gray in other races
- Annular shape with slight blistering to center, often very itchy
- Treatment
 - Topical ketoconazole 2% cream 2–3 weeks.
 - Oral griseofulvin or terbinafine in stubborn cases.

Tinea Corporis and Facialis



Cutaneous Mycosis

- While fungal infections are common in all races, they are more subtle in ethnic skin. Again, a thorough history, presentation and potassium hydroxide scraping to dissolve keratin for direct microscopy are extremely helpful for correct diagnosis and therapy.

Cutaneous Mycosis



Angular Cheilitis or Perleche



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Angular Cheilitis Understanding

- Burning, cracking in mouth corners
 - Generally worsened by drooling, dentures, braces, foodstuffs
- Responds to preventive measures
 - OTC purified petroleum jelly (Vaseline®)
 - Also ketoconazole 2% cream and triamcinolone 0.1% cream ten minutes apart for three days

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Granuloma Annulare



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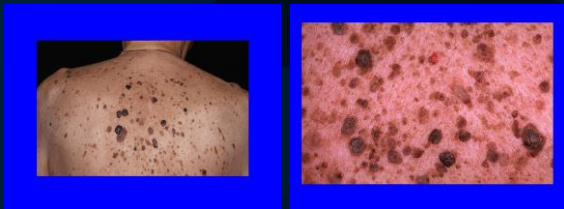
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Granuloma Annulare (continued)

- Delayed hypersensitivity reaction with a cutaneous exhibition
 - Generally fades in 2–5 years.
 - Oral prednisone and topical corticosteroid helpful in early stages.
 - IM corticosteroid generally avoided.

Seborrheic Keratosis



Seborrheic Keratosis (SK) (continued)

- Benign epidermal growth
- Found anywhere except palms of hands and soles of feet



Examples of SKs

- Strong hereditary and sun-exposed area component
- Main complaint is itching and cosmetic.



Senile "Cherry" Angioma

- Vascular papule consisting of blood and collagen
 - Often appears on face and trunk
 - Color ranges from bright red to dark purple or nearly black.
- Treatment is often discouraged.

Senile Angioma (continued)



Rosacea



Current Understanding of Rosacea

- Inflammatory disorder made worse by multiple contributing factors.
- Affects women 8:1 over men
- Begins significantly at age 40 years
- Requires lifestyle changes to achieve best control

Celebrities with Rosacea



- Men are most likely to have rosacea more severe.
- Severity is most centered on the nose for men.
- Sometimes referred as "Curse of the Celts"

Celebrities with Rosacea (continued)



- Women are affected in greater numbers.
- Sunscreen and stress control are foundation of all treatment.
- Blistering and itch are biggest complaints.

Demodex Mites: In Your Face

- Lives on humans alone, attracted to sebum
- Means "fat boring worm"
- Entire life cycle and feces production on human face
- Generally adults

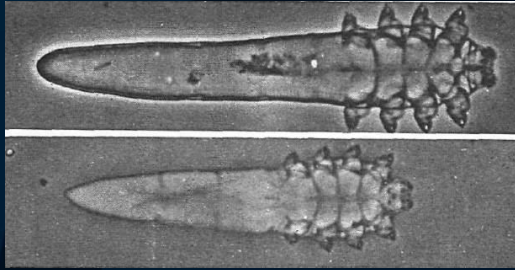


Demodex Mites (continued)



- More than 8× likely to be where rosacea is present.
- Early reports show resistance to treatment.
- Possible help with tea tree oil application.

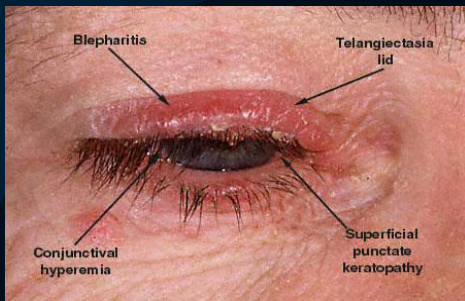
Close-up Demodex Mites



Ocular Rosacea

- Differentiate from contact, perioral or seborrheic dermatitis, or true conjunctivitis
- Itchy, scratchy, gritty eyes with swollen eyelids and tearing
- Often requires topical and oral treatment simultaneously

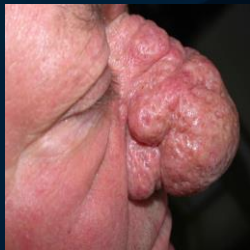
Ocular Rosacea (continued)



Rosacea Comparison in Skin Types Side-by-side

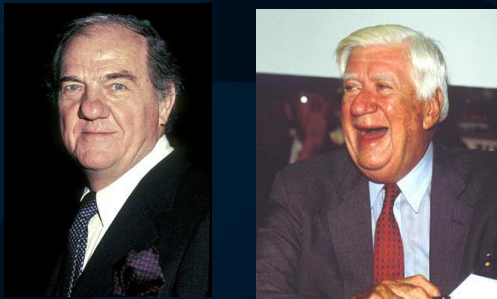


Phymatous Rosacea



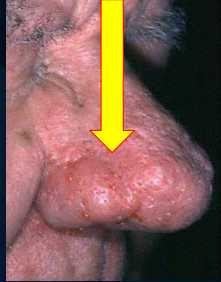
- Fibrous growth from persistent inflammation over time, traditionally called "rhinophyma"

Phymatous Rosacea in Celebrities (continued)



Close-up Phymatous Rosacea

- Surgically skilled dermatologists and plastic surgeons can dramatically improve in one sitting.



Before and After Examples of Phymatous Rosacea Ablation



Management Checklist for Rosacea

- Lifestyle modification
- Topical therapies
- Oral therapies
- Procedural options
- Combinations of all



Rosacea Triggers Survey

- Sun exposure 81%
- Emotional stress 79%
- Hot weather 75%
- Wind 57%
- Exercise 56%
- Alcohol 52%
- Hot baths 51%
- Cold weather 46%
- Spicy foods 45%
- Coffee 36%
- Acidic foods 13%
- Marinated meats 10%

Lifestyle Modification

- Sun avoidance/protection
- Stress control
- Coffee, chocolate, caffeine, and wine
- Hypoallergenic, noncomedogenic
- The use of green tinted makeup
- Throw out cosmetic brushes!
- Stop smoking!

Lifestyle Modification



You'll find Rosacea in Causal Dining Restaurant Chains (*Margaritaville*®)



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Eczema or Atopic Dermatitis

- Very common chronic, pruritic inflammatory skin disorder
- Understood as a hyperresponse of IgE production to physical and environmental stimuli
- Emotional stress, scratching and hot water bathing can make worse

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Example of Atopic Dermatitis



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Repetitive Scratching of AD



Lichen Simplex Chronicus

- The prolonged result of scratching
 - Itch control important as scratching induces proinflammatory cytokines which promote further pruritus
- In adults, intralesional triamcinolone suspension injections or corticosteroid occlusion very helpful.

Lichen Simplex Chronicus Observed on Areola



Lichen Simplex Chronicus (continued)

- Keep the nails as short as practically possible.
- Prescription steroid, protective barrier, and flexible adhesive (Cordran®) tape very effective as it can be cut to tailor specific areas.

Nummular Atopic Dermatitis



Seborrheic Dermatitis



- Chronic inflammatory flaking and rash in sebaceous gland areas.

Examples of Seborrheic Dermatitis

- Often accompanied with oily skin and severe itching
- Confused with psoriasis, rosacea, and actinic keratosis



Seborrheic Dermatitis on the Eyelashes



Melasma

- Increase of melanocytes in sun-exposed areas
- Irregular and patchy
- Due to heredity, hormones, ethnicity, and sunshine



Melasma (continued)



- Prevent with sunscreen
- Treat with tretinoin and with hydroquinone

Polymorphous Light Eruptions



- Group of reactions triggered by ultraviolet light
- Intensely pruritic

Example of PLE

- Repeated scratching can lead to bacterial infection.
- Promotes ongoing histamine reaction



How does blistering form?



- Violent reaction results in dermal breakdown which nature fills with blood, serum, or combination fluids

Psychological Dermatoses



- Prurigo nodularis also known as neurotic excoriation or "habit pick"
- Delusions of parasitosis
 - The belief that insects of various kinds inhabit the skin of the patient

Example of Prurigo Nodularis

- Can also be referred to as a "fixed delusion" as most other beliefs are rational



Examples of Prurigo Nodularis (continued)



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Delusions of Parasitosis

- Sensation of crawling, stinging, and biting are very real.
- Elaborate presentation of evidence
- Microscopic exam often reveals fibers, seeds, plant material and occasionally, real parts of insects not known to inhabit skin.

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Delusions of Parasitosis (continued)



- Skin is often fissured or disfigured in places only where the patient can reach.
- Family members are emotional.

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Delusions of Parasitosis (continued)



Treatment Paradigm

- Listen, be sympathetic but firm.
- Client is often opposed to consider any other factors of their condition.
- Psych referral is nearly impossible unless family members are included.
- Treatment is long-term.

The Dermatology Mantra

- Identify lesions in conjunction with configuration and distribution, as this is often the basis for correct diagnosis.
- With experience, the SOAP note becomes an OSAP note.

The "Trick" to Dermatology

- Understanding what is *normal*, what is *abnormal*, and what to do effectively with the fewest adverse effects.



Anatomical Location



- Think: What do I expect to see in a particular area?
- What process would cause this reaction?

Gender, Race, Age, Culture



- Blacks have increased lupus, melanoma on palms, hair considerations, dermatosis papulosa periorbital

Is a biopsy appropriate?



- Configuration
- Location and timing
- Type of employ
- History

Dermatology Myths

- A biopsy does not scatter cancer.
- Excess shaving does not promote hair growth.
- Hair doesn't turn grey/white over night.
- Dark tans don't protect from skin cancer.

Topical Steroids

- One of the great medical miracles of the 20th century
- Modeled on cortisol, body's natural antiinflammatory produced in adrenal glands
- Divided into seven levels of strength, Class 1 through 7

Corticosteroid Adverse Effects



Emergency!

- Fever, malaise, lymph swelling, hyperemia, headache and quick onset of redness is an emergency.



End of Presentation
Thank you for your time and attention.

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Resources

- www.aad.org American Academy of Dermatology
- www.asds.net American Society for Dermatologic Surgery
- American Cancer Society. 2010 Cancer Facts and Figures. www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-026238.pdf

Resources (continued)

- www.plasticsurgery.org American Society of Plastic and Reconstructive Surgeons
- www.surgery.org American Society for Aesthetic Plastic Surgery
- www.skincarephysicians.com/agingskinnet

References

- Alam M, Omura NE, Dover JS, et al. Glycolic acid peels compared to microdermabrasion: A right-left controlled trial of efficacy and patient satisfaction. *Dermatol Surg.* 2008;28:475-479.
- Amin K, Fraga GR. 2012. Cutaneous biopsies for melanocytic neoplasms. *Am J Dermatopathol.* 2012 Mar 14. 12-19.

References (continued)

- Berg A. Screening for skin cancer. *US Preventive Services Task Force, 2010.*
- Blagosklonny, MV. 2012. Prospective treatment of age-related diseases by slowing down aging. *American Jour of Path.* Oct;181(4):1142-6.

References (continued)

- Burgos AM, Villa AV, Noguera-Julian A, Fortuny C, González-Enseñat MA. 2012. Fever and skin lesions: understanding emergencies in pediatrics. *Pediatr Infect Dis J.* Jan 14(1):6-12.
- Couteau O, Alami-El Boury S, Coiffard LJ. 2011. Sunscreen products: What do they protect us from? *Int J Pharm.* Aug 30;415(1-2):181-4.

References (continued)

- Committee for Guidelines of Care for Chemical Peeling. *J Dermatol.* 2012 Apr;39(4):321-325.
- Ghinea N, et al. 2012. Taking responsibility for off-label prescribing. *Intern Med J.* Mar;42(3):247-51.
- Johnson SM. Self-reported treatment of rosacea patients treated with doxycycline, 40 mg capsules. *Jour Drugs Dermatol.* 2011;10(12):1376-1381.

References (continued)

- Keri, JE, et al. The role of diet in acne and rosacea. *J Clin Aesthetic Derm* 2008;1(3):22-26.
- King, R, et al. 2011. Melanoma: A review of identification and subtypes. *Arch Pathol Lab Med*, Mar;135(3): 337-41.
- Linos E, Swetter S, Cockburn MG, Colditz GA, Clarke CA. Increasing burden of melanoma in the United States. *J Invest Derm*. 8 January 2009.423.

References (continued)

- McGrath BM. Identify this skin lesion: senile hemangioma. *Can Fam Physician*. 2011 Jun;57(6):682, 686.
- Mimeault M, Batra SK. 2012. Novel biomarkers and therapeutic targets for optimizing management of melanomas. *World J Clin Oncol*. Mar 10;3(3):32-42.

References (continued)

- NA CR, Wang S, et al. 2012. Elderly adults and skin disorders: common problems for non dermatologists. *South Med Journal*, Nov:105(11)600-6.
- Naini FB. 2012. Studies of beauty and "ideal" proportions. *Arch Facial Plast Surg*. Mar;14(2):148-9.

References (continued)

- Reichenberg JS, Magid M, Jesser CA. 2013. Patients labeled with delusions of parasitosis compose a heterogeneous group: A retrospective study from a referral center. *J Amer Acad of Derm*, Jan;68(1):41-46.
- Robinson JK. Sun Exposure, Sun Protection, and Vitamin D. *JAMA* 2009; 294: 1541-43.

References (continued)

- Schwartz JR, Messenger AG, et al. 2012. A comprehensive pathophysiology of seborrheic. *Acta Derm Venereol*. Aug 6.
- Sezgin B, Findikcioglu K, Kaya B, Sibar S, Yavuzer R. 2012. A study of women's perception of facial features as they age. *Aesthet Surg Journal* Mar 20.

References (continued)

- Sharad J. Combination of micro needling and glycolic acid peels for the treatment of acne scars in dark skin. *Jour Cos Derm*, 2011.
- Springer IN, Wiltfang J, et al. 2012. Self-perception of beauty versus judgment by others. *J Cranio-maxillofac Surg*. Mar 13:133-139.

References (continued)

- Wong, K, Forsyth, A, et al. 2012. Mohs micrographic surgery: a comprehensive review of techniques. *Clin Exp Dermatol*. Mar 15.(3):33-42
- Yamada C, Moriyama K, Takahashi E. 2012. Comprehensive indicators of lifestyle-related health status. *Prev Med*. 2012 Mar 17.

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