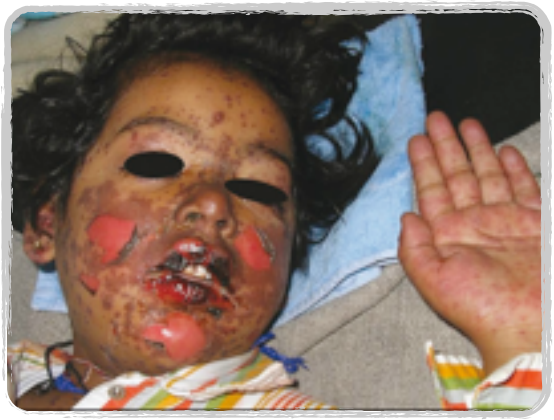
DERMATOLOGIC EMERGENCIES

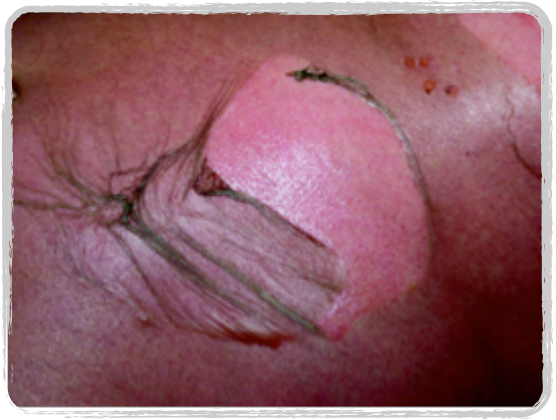
HIPPO

CRITICAL: Stevens-Johnson Syndrome (SJS), Toxic Epidermal Necrolysis (TEN), Staph Scalded Skin Syndrome (SSSS), Necrotizing fasciitis



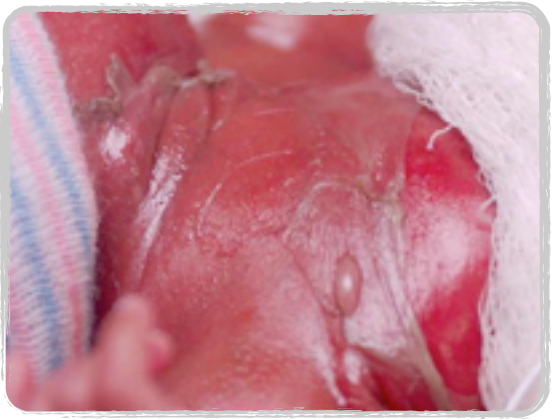
SJS

YES MUCOSAL INVOLVEMENT
MCC drugs >> HSV
TARGET LESIONS, +NIKOLSKY, painful
Prodromal flu-like symptoms
<10% BSA
Tx: remove trigger, supportive, admit



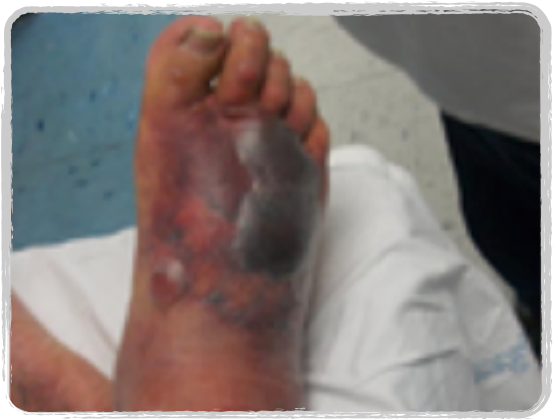
TEN

YES MUCOSAL INVOLVEMENT
MCC drugs (sulfa)
TARGET LESIONS, +NIKOLSKY, painful
Prodromal flu-like symptoms
>30%BSA
Tx: remove trigger, supportive, admit



SSSS

NO MUCOSAL INVOLVEMENT
Kids <6 years old
+NIKOLSKY, painful erythema, flaccid bullae
Tx: Nafcillin/Dicloxacillin
NO steroids!



NECROTIZING FASCIITIS

S/S: pain out of proportion, hemorrhagic bullae, crepitance, rapid progression, dirty dishwater discharge
Tx: surgery, clindamycin
Type 1 bacteria = polymicrobial (DM)
Type 2 bacteria = GAS/MRSA

Mnemonics

Sifting Rocks Scabbed EMma's PALMS
Syphilis (secondary), Rocky Mountain Spotted Fever, Scabies, Erythema Multiforme = PALMAR lesions

Stevie got Scalded by TEN peeved (PV'd) Nickels
Stevens-Johnson, Staph Scalded Skin Syndrome, Toxic Epidermal Necrolysis, Pemphigus Vulgaris (PV) = POSITIVE Nikolsky sign

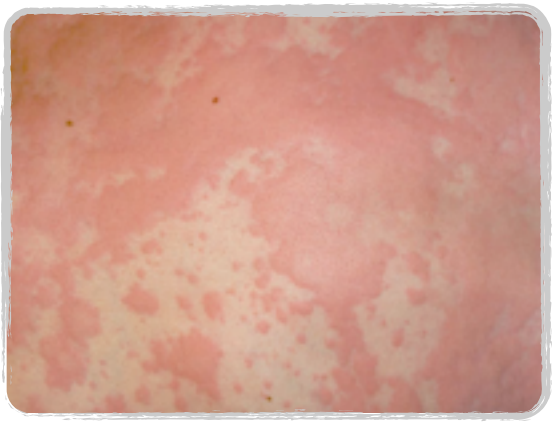
Old man with BPPV fell into a pool of Necrotizing Gonorrhea
Bullous pemphigoid (BP), Pemphigus Vulgaris (PV), Necrotizing fasciitis, Disseminated Gonorrhea (Vesicle/Bullae)

Rocky Rick the tick gave Meningitis to DICk, the PURPLE drug addict
Rocky Mountain Spotted Fever, Meningococcemia, DIC, Endocarditis (Petechiae/Purpura)

Lyme is an EMS TARGET
Lyme disease, Erythema Multiforme, Stevens-Johnson = TARGET lesions

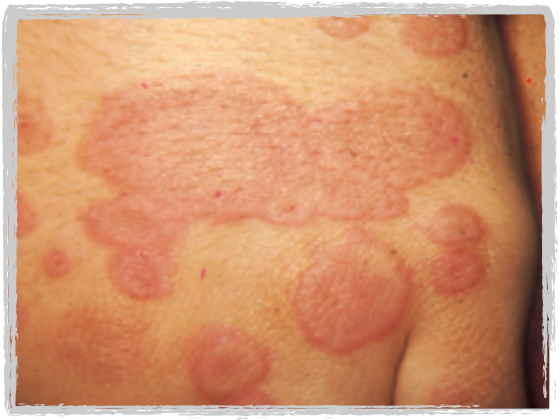
DERMATOLOGIC EMERGENCIES

MUST KNOW: Urticara, Erythema Multiforme, Pemphigus Vulgaris, Bullous Pemphigoid, Rocky Mountain Spotted Fever, Meningococcemia



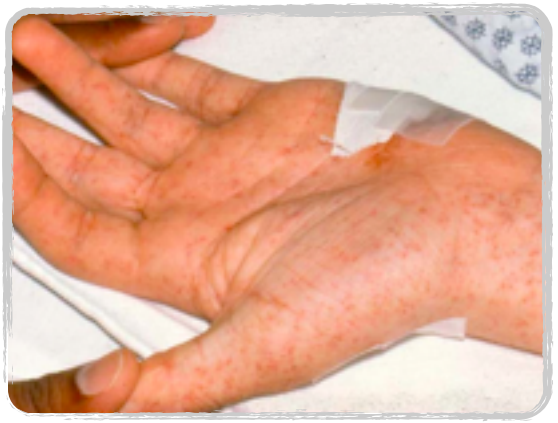
URTICARIA

TRANSIENT lesions (<24 hours)
Pruritic,edematous plaques, NOT symmetric
Tx: remove trigger, supportive, recognize anaphylaxis (epinephrine +/- glucagon)



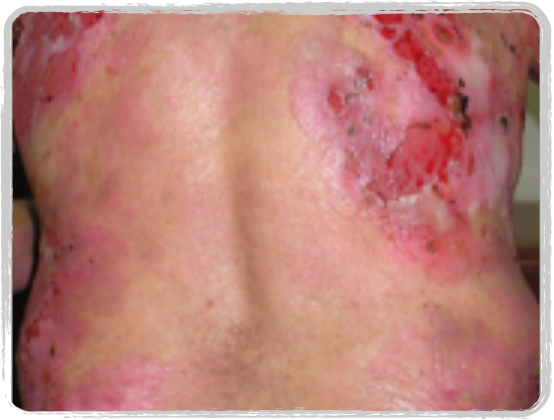
ERYTHEMA MULTIFORME

FIXED lesions
NO MUCOSAL INVOLVEMENT
Hallmark = TARGET lesions, SYMMETRIC
Palms/Soles
Tx: remove trigger, supportive



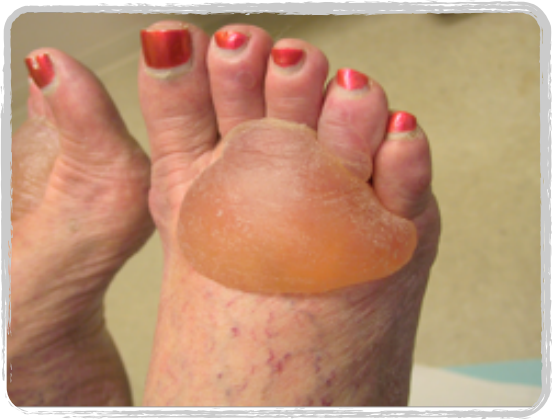
ROCKY MOUNTAIN SPOTTED FEVER

Rickettsia ricketsii via ticks (MC southeast US)
Blanching maculopapular rash (palpable)
Starts wrists/ankles spreads centrally
Tx: Doxycycline (high mortality if NOT treated)



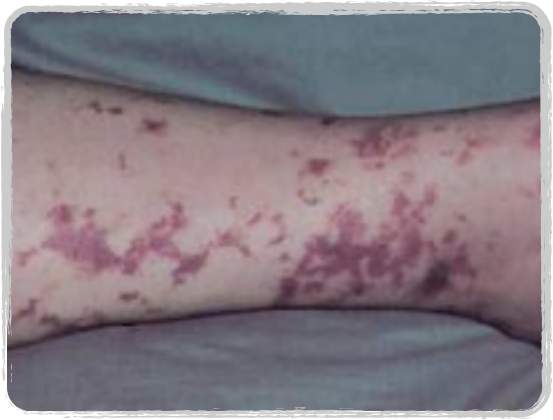
PEMPHIGUS VULGARIS

Older adult/elderly
Flaccid bullae ➞ break easily & crust
YES MUCOSAL INVOLVEMENT
POSITIVE NIKOLSKY
Tx: steroids
Pemphigu**S** = **Superficial**



BULLOUS PEMPHIGOID

Elderly
TENSE/FIRM bullae
NO MUCOSAL INVOLVEMENT
NEGATIVE NIKOLSKY
Tx: steroids
Pemphigoi**D** = **Deeper**

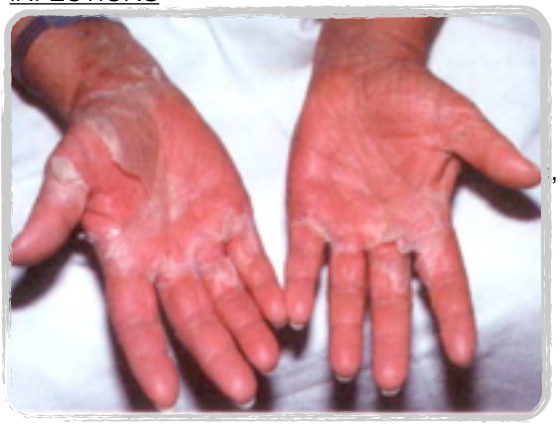


MENINGOCOCCEMIA

College, military barracks
Evolving petechiae ➞ purpura, very ill/shock (purpura fulminans)
Tx: ceftriaxone, resuscitation

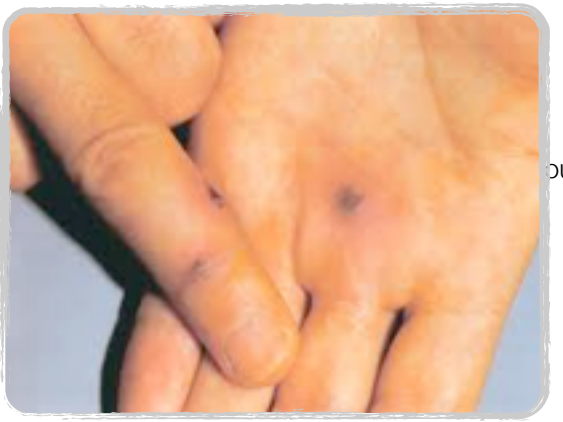
DERMATOLOGIC EMERGENCIES

INFECTIONS



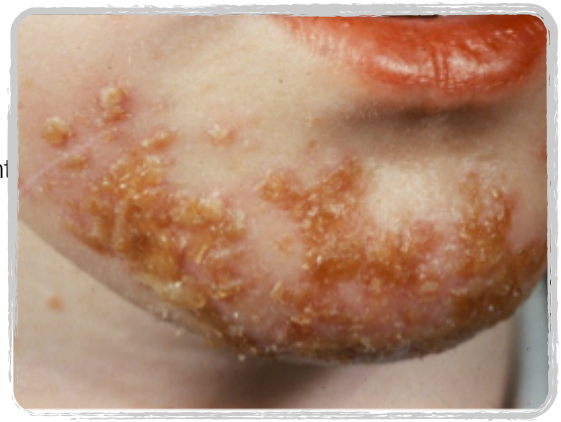
TOXIC SHOCK SYNDROME

Fever + Hypotension + Erythroderma
≥3 organ systems involved
Desquamating erythroderma
YES MUCOSAL INVOLVEMENT
Trigger: tampon, surgical wounds
Tx: remove source, broad-spec antibiotics



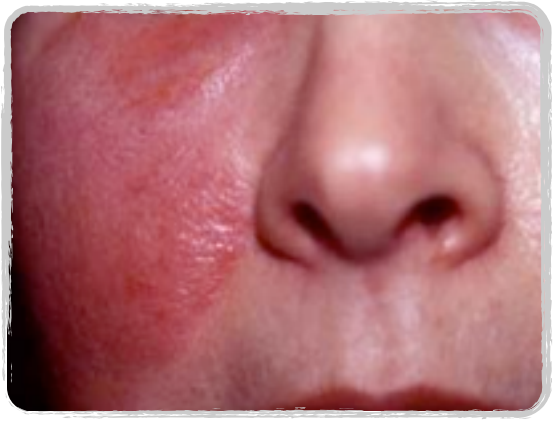
DISSEMINATED GONOCOCCEMIA

Assoc with tenosynovitis, septic arthritis
Erythematous/hemorrhagic papules → pustules/vesicles with necrotic center (gun metal gray); 10-20 total lesions
Dx: culture genital/throat
Tx: ceftriaxone



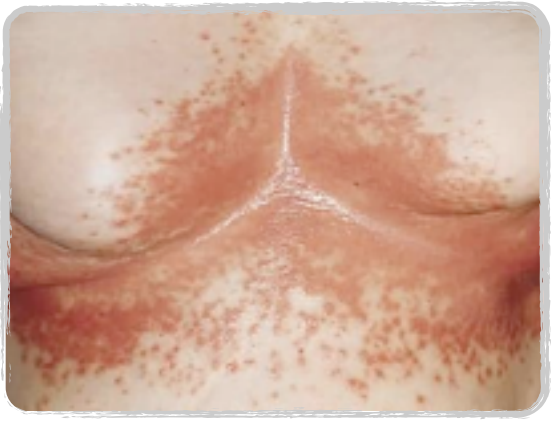
IMPETIGO

CHILDREN
Facial vesicles rupture → honey crust
CONTAGIOUS
Tx: TOPICAL mupirocin (small area) vs SYSTEMIC cephalexin (more extensive)
(Bullous impetigo = flaccid bullae)



ERYSIPELAS

Sharply demarcated cellulitis with raised borders
Strep (GAS)
Tx: antibiotics



CANDIDA

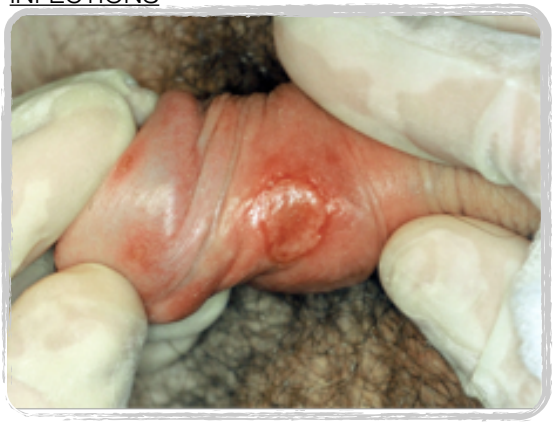
Babies (diaper rash); Adults (intertriginous areas); HIV/chemo (oral thrush)
Moist red macules/scaly rim, peripheral satellite lesions
Tx: ORAL nystatin (thrush); TOPICAL azoles and keep dry (rash)

TINEA

Sharply marginated, annular scaly lesions with central clearing; pruritic
Corporis (ringworm); Crura (jock itch); Pedis (foot); Capitis (scalp); Unguium (nail)
Tx: TOPICAL azoles for everything (except scalp, nails)

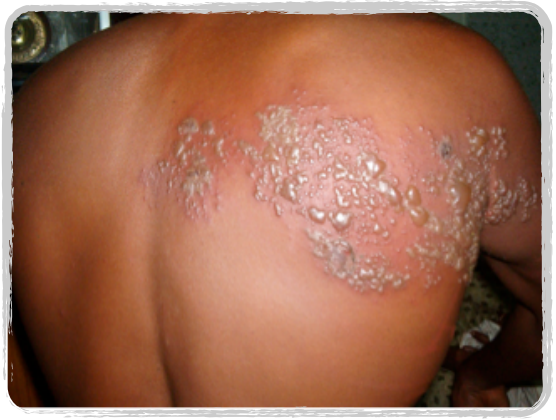
DERMATOLOGIC EMERGENCIES

INFECTIONS



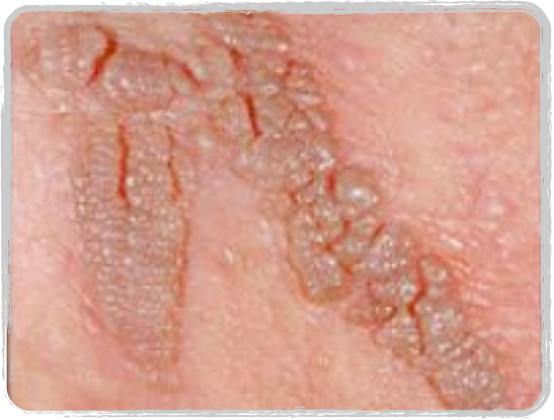
HERPES SIMPLEX

Vesicular clusters with painful erosions
HSV**1** (**1** mouth) = MC children
HSV**2** (**2** genitals)
Tx: acyclovir



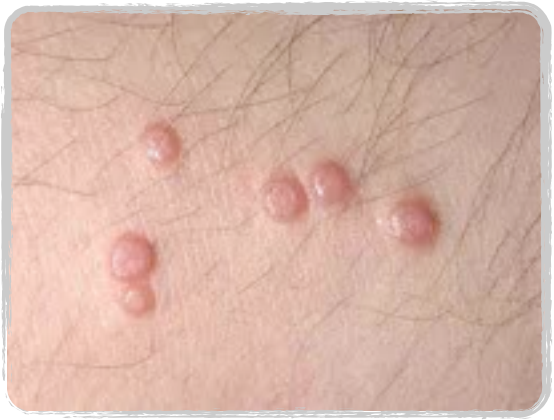
HERPES ZOSTER (shingles)

UNILATERAL dermatome
Prodromal pain ➙ grouped vesicles
Elderly/immunocompromised
HUTCHINSON SIGN (herpes ophthalmicus)
RAMSAY-HUNT syndrome (CN 7/8 palsy)
Tx: self-limiting, acyclovir



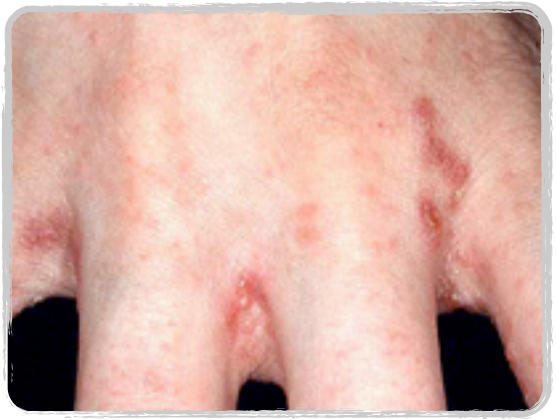
HUMAN PAPILLOMA VIRUS

Anogenital warts
Cauliflower-like, PAINLESS
Tx: referral; sexually transmitted
Vaccine available



MOLLUSCUM CONTAGIOSUM

Dome-shaped fleshy papule
Central umbilication
Children (daycare), Adult (STD), think HIV
Tx: benign, self-limited, refer



SCABIES

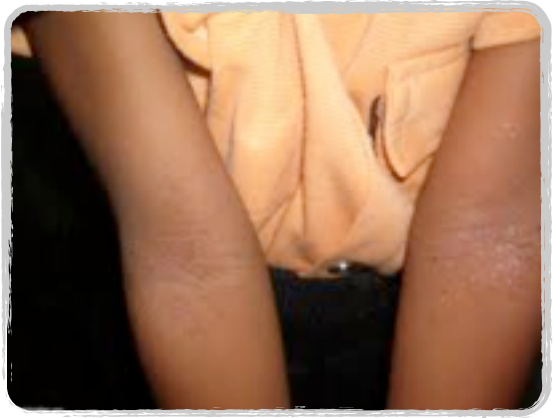
Interdigital web space, intertriginous areas
Extreme pruritis
Tx = permethrin cream, ivermectin oral
Norweigan scabies (immunocompromised)

PEDICULOSIS (lice)

Erythematous macules/wheals
Extreme pruritis
Kids (head lice); Adults (body lice)
Tx: permethrin cream now and in 1wk
Nits/lice = + Wood's lamp

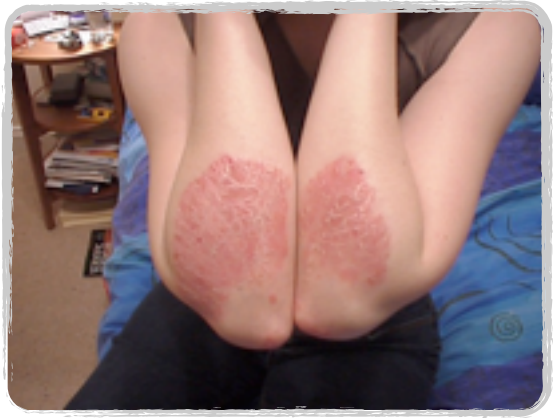
DERMATOLOGIC EMERGENCIES

DERMATITIS



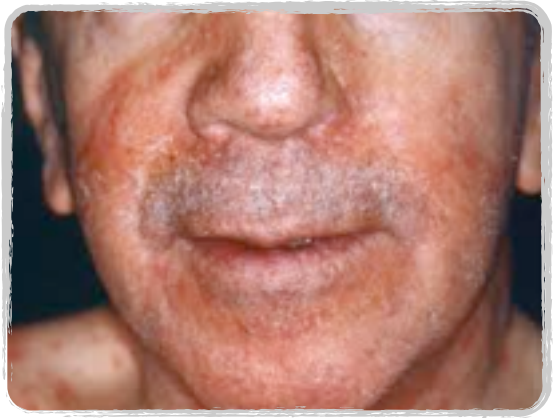
ATOPIC DERMATITIS

Children <5 years old, h/o asthma/atopy
Flexural areas: dry, pruritic skin; lichenified
Tx: emollients, topical steroids



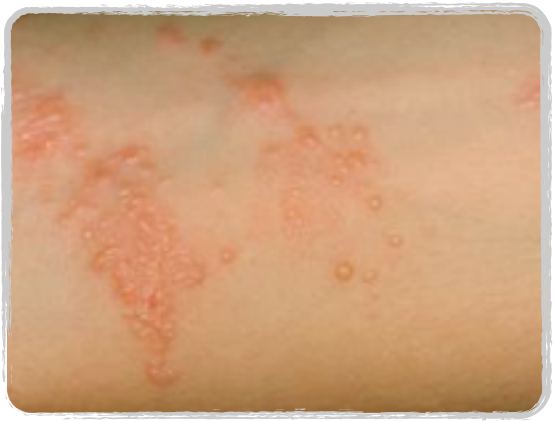
PSORIASIS

Silvery scale/plaque
Extensor areas; nail pitting/color changes
Tx: emollients, keratolytics, topical steroids



SEBORRHEIC DERMATITIS

Yellow greasy or dry white scales (dandruff)
Infants (cradle cap); Adults (scalp/eyebrow/forehead/ear/axilla/groin)
Think HIV in adults
Tx: topical antifungals, keratolytics, steroids

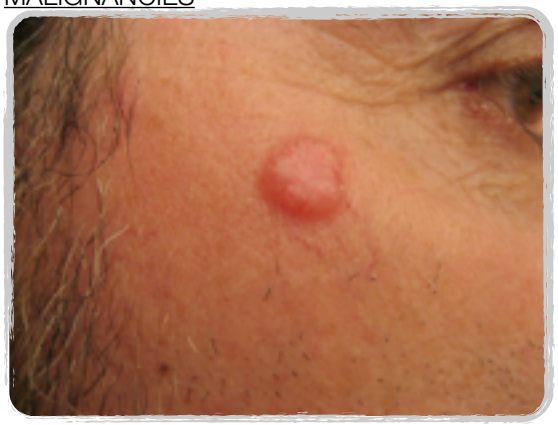


CONTACT DERMATITIS

DISCRETE rash (papules/vesicles/bullae)
Contact trigger: direct irritant vs allergic rxn
Tx: remove trigger, steroids (3wks for poison oak/ivy)

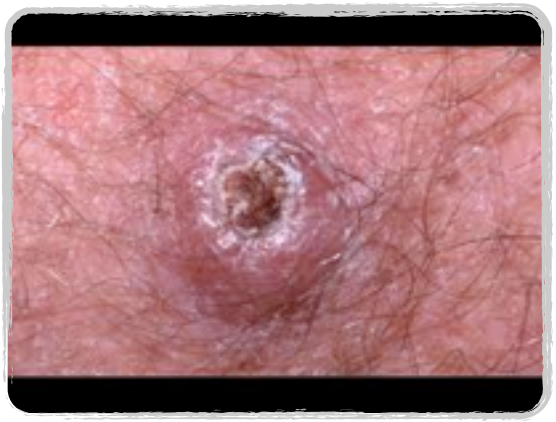
DERMATOLOGIC EMERGENCIES

MALIGNANCIES



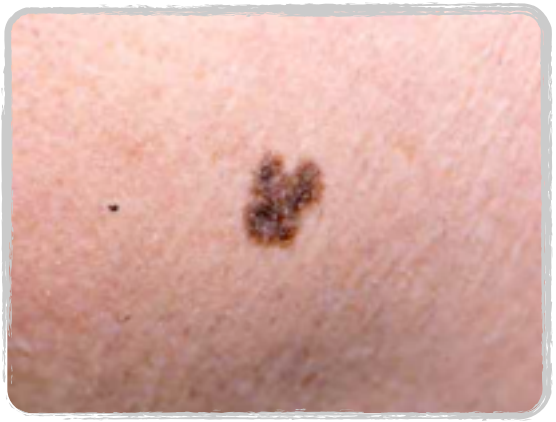
BASAL CELL CARCINOMA

Pink pearly papule with telangiectasia
Sun-exposed areas (head/neck)
Male >50 years old
Tx: referral for biopsy



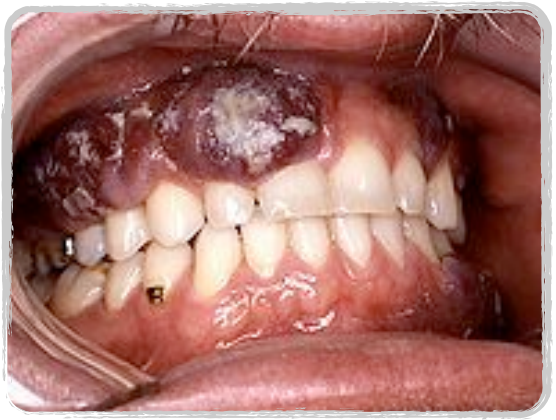
SQUAMOUS CELL CARCINOMA

ULCERATED center with firm-raised border
Sun-exposed area (head/neck/arms)
Tx: referral for biopsy



MELANOMA

ABCDE: Asymmetric, Borders (irregular), Color (mottled), Diameter (>6mm), Enlarged/elevated
Tx: referral for biopsy

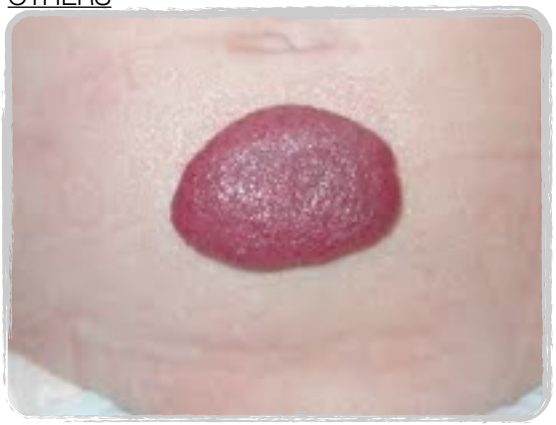


KAPOSI SARCOMA

Red/purple papule/plaque
PAINLESS, nonpruritic
MC oral lesion (palate/gingiva)
HIV/AIDS
Tx: treat HIV

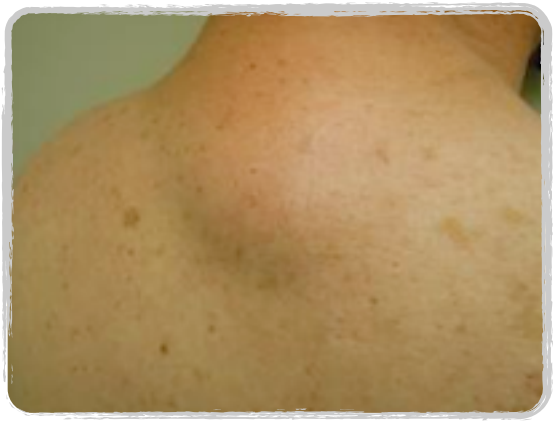
DERMATOLOGIC EMERGENCIES

OTHERS



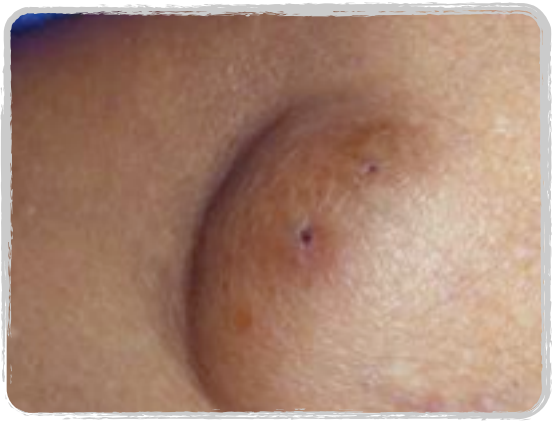
HEMANGIOMA

Infant/child
HEAD >> trunk > ext
Blanching “ripe strawberry” nodule
50% resolve by age 5years
Tx: referral



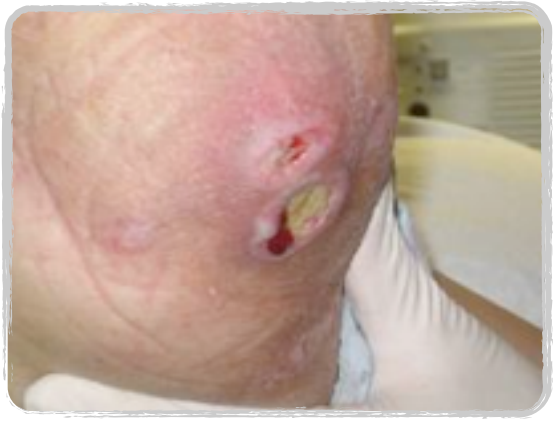
LIPOMA

Well-circumscribed, mobile, painless
Asymptomatic, normal overlying skin
SLIPPAGE SIGN
Tx: benign; referral for excision



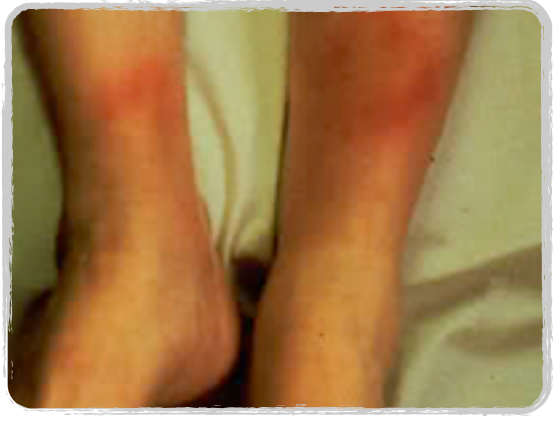
SEBACEOUS CYST

Central punctum; cottage cheese discharge
Asymptomatic although can be secondarily infected
NO slippage sign
Tx: benign; referral for excision



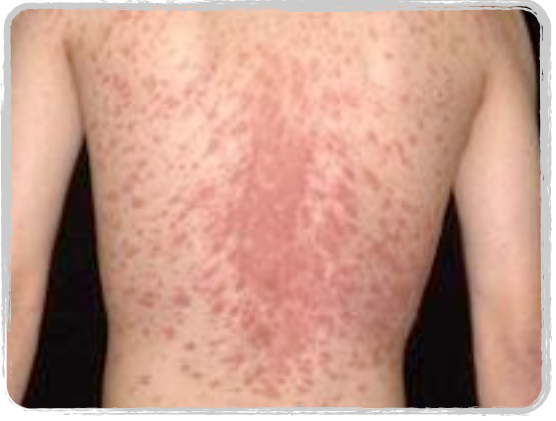
DECUBITUS ULCER

ICU, elderly, paraplegic
Stage 1: intact skin w/ nonblanching erythema
Stage 2: partial thickness loss of dermis
Stage 3: full thickness loss exposing SQ fat
Stage 4: exposed bone/tendon/muscle
Tx: wound care, consultation as needed



ERYTHEMA NODOSUM

PAINFUL red/violet nodules
“Looks like a bruise”
ANTERIOR TIBIA
20-50yo female
Tx: supportive



PITYRIASIS

HERALD PATCH → Christmas-tree rash pattern to trunk; rash can be pruritic
Prodromal flu-like illness
Tx: self-limited