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John J. Russell
Edward F. Ryan Jr. *Editors*

Common Dermatologic Conditions in Primary Care

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Series Editor

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To my colleagues, past and present, who helped contribute to this book, thanks so much for your friendship and all that you have taught me through the years.
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– John

I would like to thank my wife, Jane, who has been supportive of my career, and I would also like to thank my coeditor John Russell MD who coordinated this effort and was the driving force in this project.

– Edward F. Ryan Jr.

Series Editor Introduction

Competent treatment of dermatologic conditions is critical to the practice of primary care. It has been estimated that almost three-quarters of all of the dermatologic care provided in the United States is provided by primary care clinicians, which include family doctors, internists, and pediatricians as well as primary care nurse practitioners and physician assistants. *Common Dermatologic Conditions in Primary Care* addresses the critical knowledge needs of these clinicians in an easy-to-read and reference format.

Common Dermatologic Conditions in Primary Care by Drs. John Russell and Edward Ryan is an important addition to the dermatology literature written collaboratively by a skilled dermatologist and an experienced academic family physician. As such, the book perfectly targets the depth and scope of need of primary care physicians in the field of dermatology.

It provides an in-depth discussion of the most common skin conditions that primary care physicians encounter and can be read through as a review of dermatology by interested clinicians or can be kept on the shelf to be used as a reference when an update on diagnosis and treatment is needed while taking care of patients. If a physician knows the contents of this book, he or she will be able to competently take care of greater than 90% of the dermatologic problems that are seen in a busy office practice.

That is an accomplishment.

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Approach to a Dermatologic Condition in Primary Care

John J. Russell and Edward Ryan

A large percentage of patients with dermatologic conditions present to a primary care clinician [1]. Most of these cases are not referred on to a dermatologist. A study in a primary care office found that approximately 85% of patients were better from their condition 2 weeks after their visit [2]. Therefore, the primary care clinician needs to develop some skills in approaching the evaluation and management of patients with dermatologic complaints. So how is this skill learned? The majority of medical schools in the USA do not require dermatology as a mandatory rotation. The accreditaion council of grauate medical education (ACGME) does not require specific dermatology rotations in family medicine, internal medicine, or pediatric residencies but rather experiences with dermatologic conditions [3]. This book is put together with those learners in mind. The purpose of this text is to review the most common dermatologic conditions that the primary care clinician will see in the office with a therapeutic approach to diagnosis and treatment.

Approach to a Dermatologic Condition

Taking a History

Like every other condition we see in our offices, history can be critical to making an accurate diagnosis. Dermatologic conditions are no different. The use of a more methodical history can help the clinician narrow their differential and make an accurate diagnosis.

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Onset

Try to accurately assess when the condition began. If it is a more chronic condition, how often does the patient have exacerbations? How long are these exacerbations, and how have they resolved in the past? This approach, combined with the intrinsic demographics of the patient, their age, sex, and other medical conditions, can help narrow the differential.

Evolution of the Disease Process

Ask your patient how their condition began. It can be helpful to have them point if the process has multiple lesions: which lesion was the first and how the lesions have progressed. It can also be helpful to look at the lesion that the patient identifies as the most recent. Are there lesions in different stages of evolution? How the condition finds itself distributed on the patient's body can be critical to making a diagnosis. Are there specific dermatologic symptoms associated with the condition? Is there pruritus present? If it is present, how severe is the itch? Is there a diurnal pattern to the itchiness? Is the lesion painful? What is the quality of the pain? How severe is the pain? Has the lesion changed over time? Is there bleeding of the lesion?

Associated Conditions

Does the patient have acute symptoms associated with the rash? Is the patient well or unwell upon presentation? Does the patient have concomitant fevers, chills, or myalgias with the condition? Does the patient have any other medical conditions? Is this condition stable or in flux? What medications does the patient take for this condition? Are any of these medications new or recently changed in dose? These factors can help the clinician decide if this is an acute cutaneous problem or if it part of a systemic disease state.

Provoking Factors

It is important to find out if their skin lesions were precipitated or aggravated by external factors. In the case of conditions like sunburn, this history narrows the differential immediately. One should remember though that many dermatologic conditions can be affected by factors such as sun exposure, extremes of temperature, foods, or medications. Has the patient been out of doors? If so, was the patient

exposed to bug bites, pool and hot tubs, or plants. What was the patient doing before he/she developed his/her acute condition?

Self-Medication

As much as any other condition, the patient often feels comfortable treating conditions on their own. There are low-potency topical steroids and antifungals available over the counter that patients may try. Taking a history of other prescription medications used with the disorder, either past prescriptions or borrowed from another patient, can significantly impact how a rash might present in the office. There is also a laundry list of home remedies that a patient might apply which can range from being helpful to disastrous.

Past Medical History/Family History

Taking an accurate personal and family history can help a great deal in determining the cause of a dermatologic problem. Many chronic diseases have dermatologic manifestations such as lupus or celiac disease. Many conditions run in families like atopic dermatitis or ichthyosis. Conditions like malignant melanoma are far more common in patients with a first-degree relative with the disorder.

Evaluating a Dermatologic Lesion

A good start to evaluating a skin lesion is becoming familiar with an accurate description of primary skin lesions. It is far more accurate to describe a lesion as a "macule" or "papule" that uses descriptive term like "macular" or "papular." It is important to be able to recognize a primary lesion and describe it in the chart or in describing the lesion to a colleague. Are there secondary lesions? Does their appearance differ from the primary lesions? How is condition distributed in the body? Does it involve the palms and soles of the patient? Also how is lesion configurated? This would include lesions being described as "annular," "linear," or "clustered."

Types of Primary Lesions [4]

- *Macule*: An alteration in skin color less than 1 cm in size without any elevation or depression of the adjacent skin (Fig. 1)