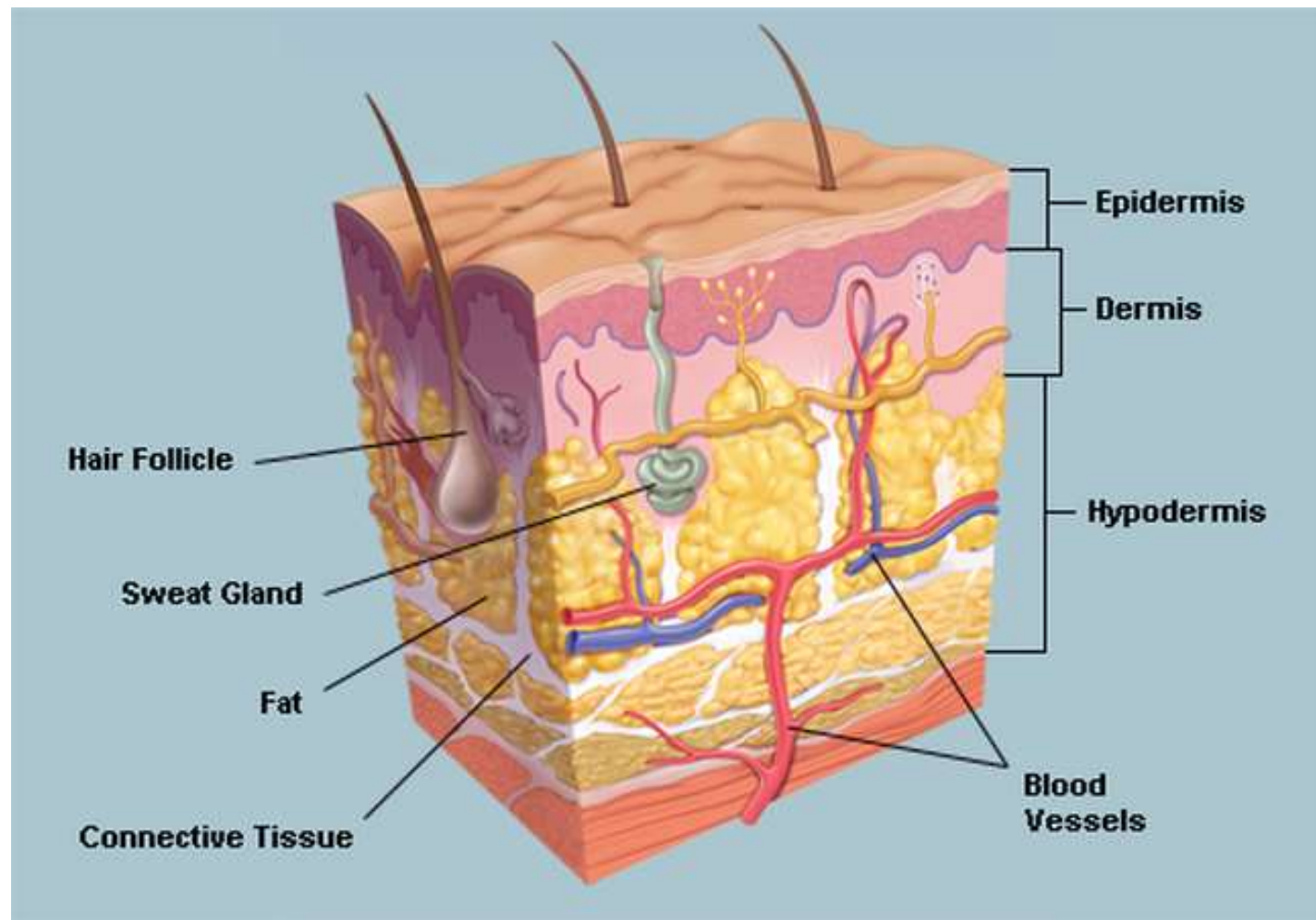




Skin conditions 1



- Scaly dermatitis(hyperproliferative disorders)
- Scabies

Scaly dermatitis

- Dandruff.
- Psoriasis.
- Seborrhoeic dermatitis.

Dandruff

- Chronic **non inflammatory** scalp condition results in excess scaling of the scalp.
- Very common affect males more than females, young and continues through middle age .
- Cause:a yeast like fungus malassezia(previously known as pityrosporum)ovale:



Clinical picture(symptoms)

- white, oily-looking flakes of dead skin that on hair and shoulders, and a possibly itchy, scaly scalp. The condition may worsen during the fall and winter, and improve during the summer (why??)
- No redness(unless the patient was scratching), no inflammation.

Psoriasis

- Chronic **inflammatory** disease could be localized or generalized.

Precipitating factors

- UV and chemical injury.
- Inf.(strep. HIV).
- Drugs
- Endocrine, obesity and psychological stress.
- Alcohol and tobacco smoking.
- Family history.

Disappears temporarily during preg. And hot weather.

Drugs

May cause rash that looks like psoriasis or aggravate existing psoriasis:

β blockers, NSAIDs, ACEIs, alcohol, terbinafen, withdrawal of systemic steroids.

Clinical picture

Symmetrical, minimal itching with the following forms:

1- plaque psoriasis: is the commonest(90%), starts as small papules and grow and unite to form plaque pink or bright red with thick white scales.

When the scales are lifted from the base of the plaque, punctate bleeding points sometimes occur(Auspitz sign).

Elbow and knee, lumber region of the back, scalp.





2- Inverse psoriasis (red shiny smooth rash in skin folds).

3- Guttate psoriasis (gutta=drop) small red drops with fine scales on the lesion.

4- Pustular psoriasis (pustules on erythematous background).

5- Erythrodermic psoriasis (generalized skin redness and shedding).



Plaque psoriasis should be differentiated from Lichen planus.

Uncommon, itchy located on the inner surface of the wrist.

Oral mucous membranes are normally affected.



Seborrhoeic dermatitis(S.D)

- Infantile (cradle cap): more common self limiting.
- Adult form (men > women) those with parkinson's disease.



- It is present in varying degrees of severity from mild (should be differentiated from dandruff) to severe (should be differentiated from psoriasis and allergic dermatitis)???
- Drugs that trigger or aggravate SD
Cimetidine, haloperidol, methyldopa.

Cradle cap

Affect babies and causes a scaly, crusty scalp, and can occur anytime during infancy. cradle cap isn't dangerous and usually clears up on its own.



Aetiology

- Like dandruff.

Clinical features

Cradle cap: large yellow creasy scales no itching.

Adult S.D: red rash with greasy looking scales typically in the central part of the face, scalp, eyebrows, eyelid, ears. Mild itching.

Should be differentiated from pityriasis (tinea) versicolor which is a fungal infection.

Pharmacological treatment of scaly dermatosis

- Cytostatic agents.
- keratolytic agents.
- Antifungal.
- Others.

TABLE 34-1 Concentrations of Approved Nonprescription Ingredients for Products Used to Treat Scaly Dermatoses

Ingredient	Concentration (%)		
	Dandruff	Seborrheic Dermatitis	Psoriasis
Coal tar	0.5–5.0	0.5–5.0	0.5–5.0
Ketoconazole	1	1	1
Pyrithione zinc (brief exposure)	0.3–2.0	0.95–2.0	2.0
Pyrithione zinc (residual)	0.1–0.25	0.1–0.25	0.25
Salicylic acid	1.8–3	1.8–3.0	1.8–3.0
Selenium sulfide	1	1	1
Sulfur	2–5	2–5	
Hydrocortisone		0.5–1.0	0.5–1.0

Cytostatic agents

- Selenium sulphide(selsun) also have antifungal

S.E: discoloration of blond, grey or chemically colored hair (what to do??)

eye irritation

- Coal tar

S.E: folliculitis, staining, photosensitivity, irritant contact dermatitis, contains human carcinogen

Keratolytic agents

- Salicylic acid.

S.E salicylism if applied on large surface and for prolonged time.

- Sulphur.

For dandruff and S.dermatitis why??.

Antifungal

- ❑ Ketoconazole.

since caused by *pityrosporum* yeast.

- ❑ Pyrithione zinc (head and shoulder) for mild cases. Antibacterial and antifungal.

others

- Topical H.C (POM)

Anti inflammatory, antimitotic,
vasoconstrictor, immunosuppressor.
dermatitis and psoriasis.

S.E local atrophy

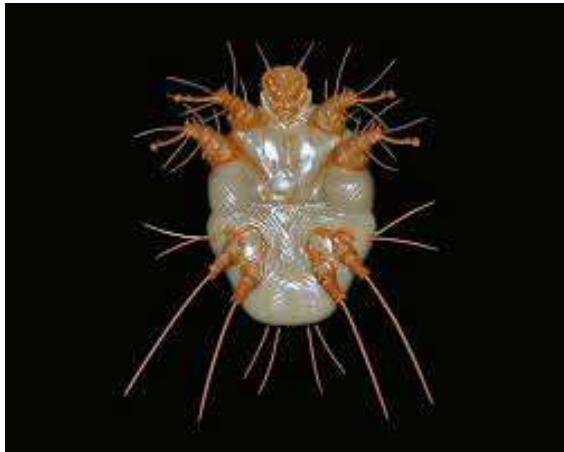
Calcipotriol(POM) for psoriasis.

Scabies

- Severe pruritic skin caused by a mite
Sarcoptes scabiei



Sarcoptes scabiei



Pathophysiology, aetiology, cl.features

- Severe itching is caused by a hypersensitivity reaction to the mite's faeces.
- Transmission occur by direct physical contact (holding hands)
- Itching occurs in classic locations: (genital region, under the breasts in women).

Pharmacological treatment

- Permethrin cream.

>2 months cause burning, stinging, safe for pregnant.

Whole body is washed after 8-12 hr of application.

- Malathion liquid.

>6 months rarely cause skin irritation.

Washed after 24 hr.

- Benzyl benzoate (ascabiol)

>12 years, cause burning.

- Crotamiton (Eurax)

>3 years cause irritation

- Sulphur: an old drug.

Case 2

A man asks you about his 4 year old, asthmatic child, he has a lesion on the scalp which is red with thick white scales, if removed causes bleeding points.

Select the correct answer(s)

- The possible diagnosis is plaque psoriasis.
- Use of steroid for asthma may be responsible for the condition.
- Sulphur and ketoconazole are effective for this child.
- Staining is the main side effect of selenium sulphide, coal tar and pyridion zinc.



○ Thank you for
listening