

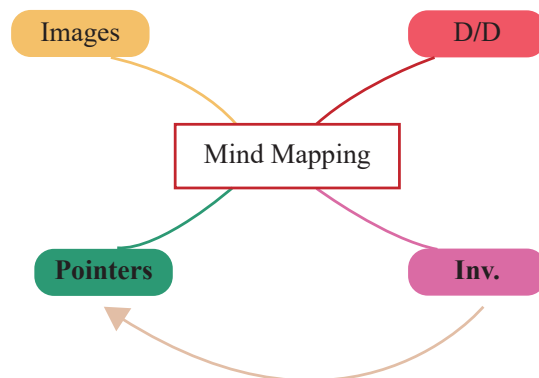


OneShot 4.0
Dermatology



DERMATOLOGY

Sl. No.	CHAPTER	Page No.
1.	<i>Blistering Disorders</i>	471
2.	<i>Papulosquamous Eruptions</i>	485
3.	<i>Scales</i>	493
4.	<i>Deep Fungal Infections</i>	497
5.	<i>Dark lesions</i>	503
6.	<i>Leprosy</i>	509
7.	<i>Alopecia</i>	517
8.	<i>STD</i>	521



“

Getting a good rank can seem scary and daunting. The future can scare us. The trick is that you don't have to look very far ahead. Plan and win today. Give 100% honest effort today, and tomorrow will take care of itself. Small daily 1% improvements will create a mountain of perfection in due course.

- Dr. Saurabh Jindal

”





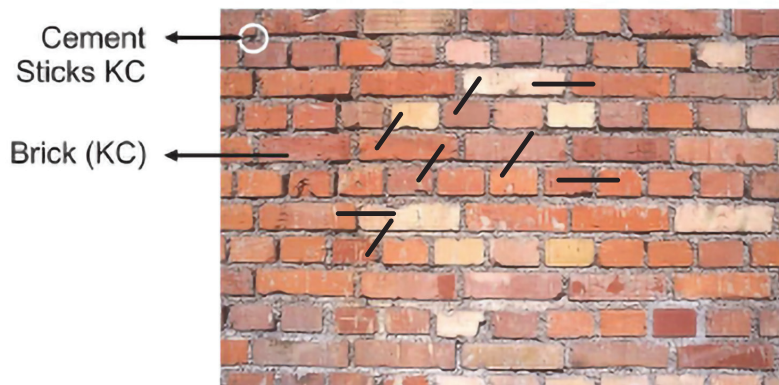
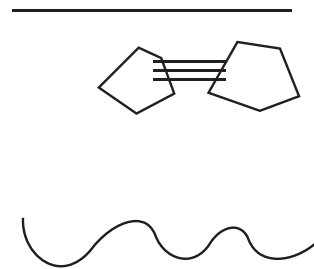
BLISTERING DISORDERS

- *The 3- line magic*



Quiz

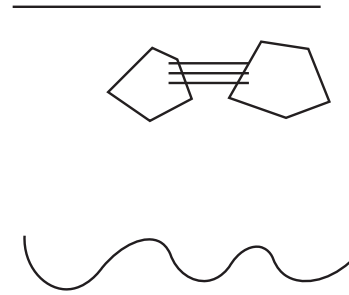
- *Scale/crust presentation*
- *Seborrheic area*
- *No mucosal involvement, Nikolsky positive, DIF +ve*





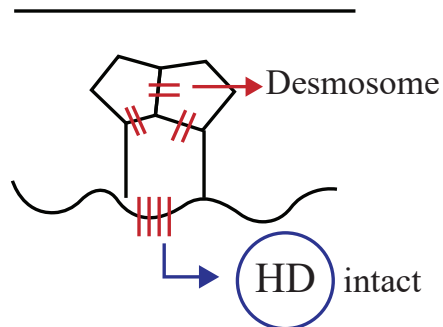
Quiz

- Scale/crust presentation/Seborrheic area
- No mucosal involvement, Nikolsky positive
- Add Fever, Hypopyon sign, DIF Negative



Quiz

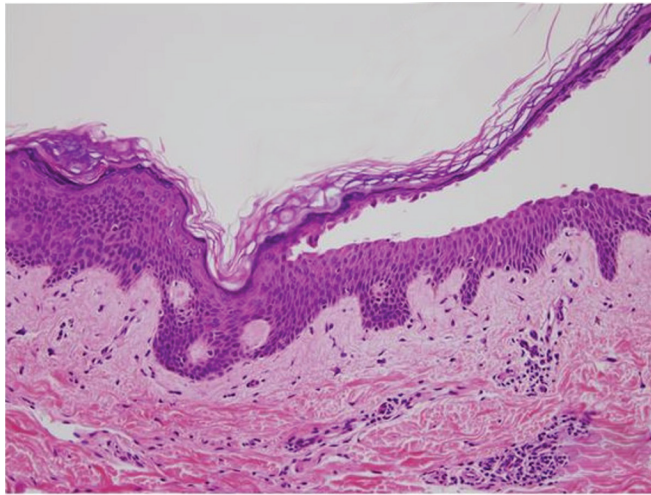
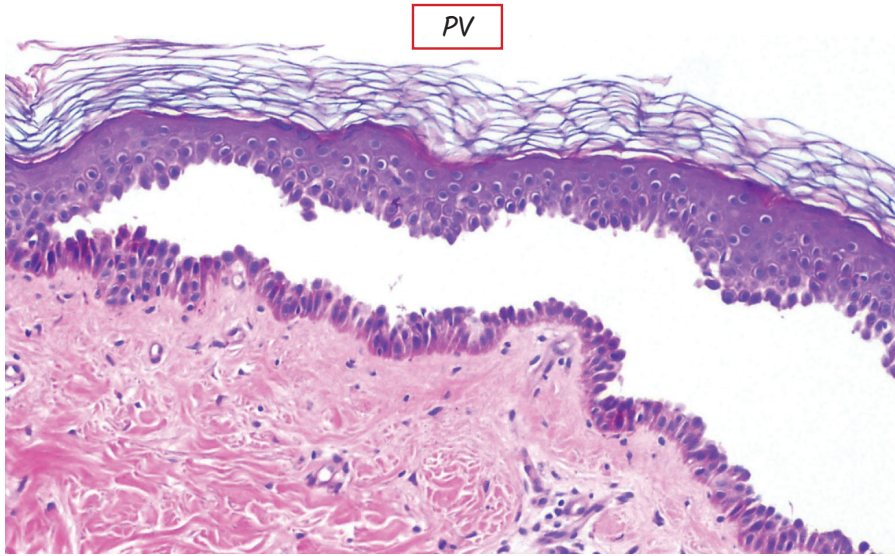
- Painful erosions all over the body
- Mucosal involvement
- Nikolsky +ve, DIF +ve

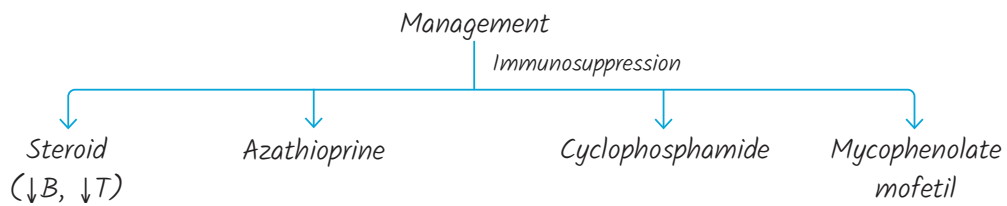
**PV**

Erosions, crusting, some healing with hyperpigmentation



Oral irregular painful ulcers

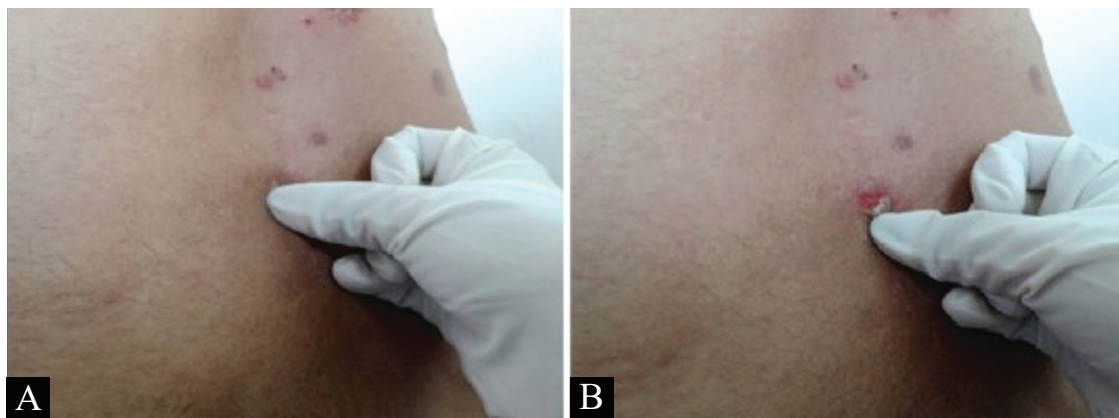




- New → Injection Rituximab

Monoclonal Ab against CD 20 receptor on B cell surface

Quiz



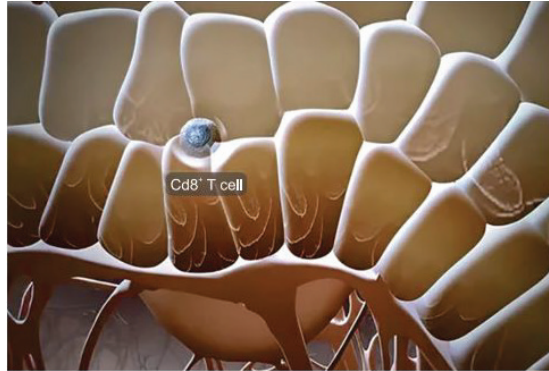
Causes for Nikolsky Sign

- S/o Epidermal Acantholysis
- To differentiate **intraepidermal blisters from subepidermal blisters.**
- _____
- _____
- _____
- _____



Quiz

- Drug induced painful erosions , Targetoid lesions, Skin necrosis
- Mucosal involvement
- Nikolsky +ve, DIF -ve



SJS/TEN

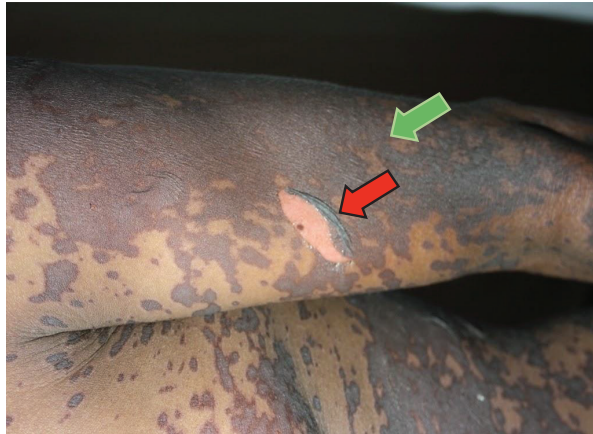


Targetoid lesions



Hemorrhagic crust-lip

SJS/TEN



Dusky tender macules/Patches (Orange arrow)-
Nikolsky +ve (Red arrow)

Re-block Fas R



IV IG (Intravenous immunoglobulin)

CD8 inhibitor - cyclosporine

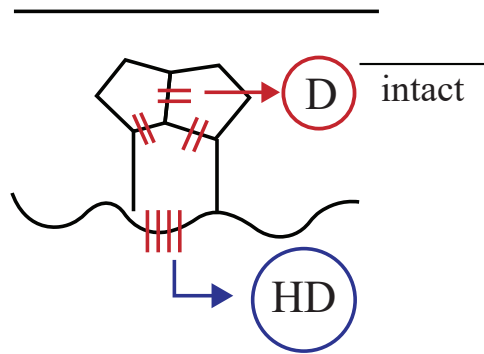
Steroids - Controversial



Because raw sign/↑ sepsis (Steroids may ↑ sepsis)

Quiz

- Elderly
- Tense itchy blister on red skin
- Nikolsky Neg, BSS positive, DIF + (Anti Bp2 > Anti Bp1- IgG)



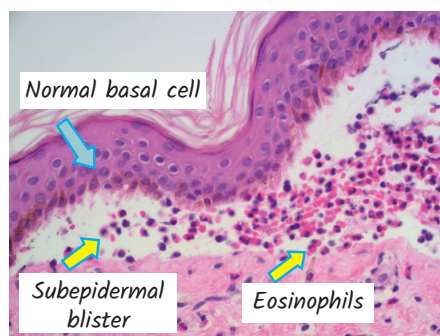
BP



Tense itchy blisters- limb, elderly pt



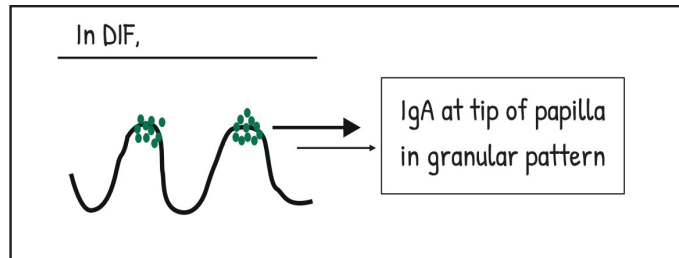
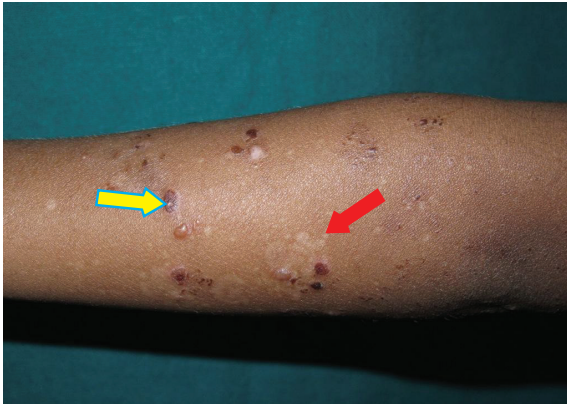
Tense itchy blisters- limb, elderly pt



Histology of BP

Quiz

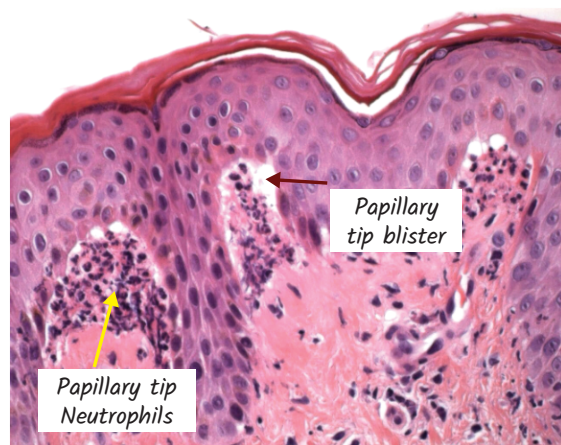
- Grouped, Tense vesicles
- Severe itch and scratch
- Gut issues

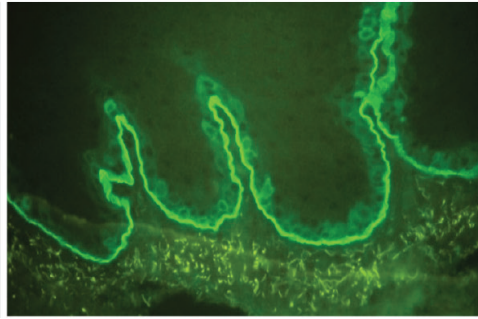
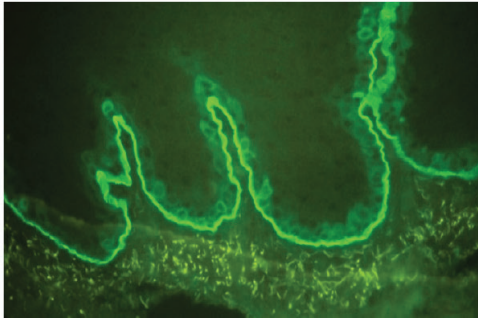
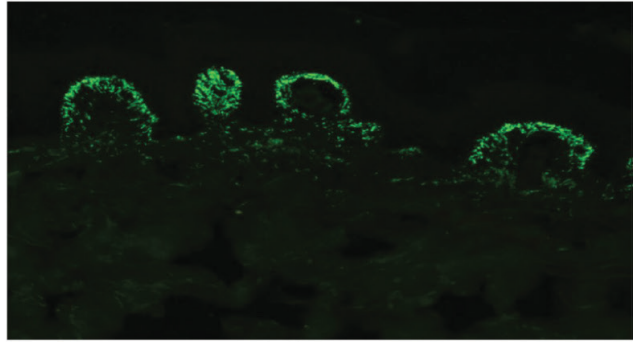
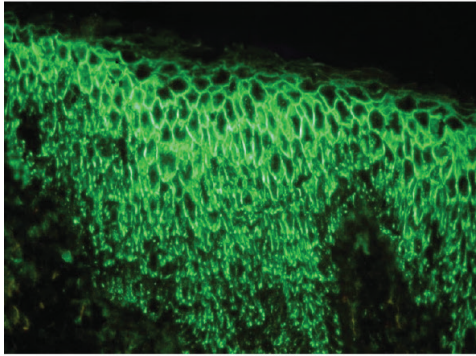
**DH**

Grouped papulovesicles on elbow (yellow arrow),
scratch marks (red arrow)

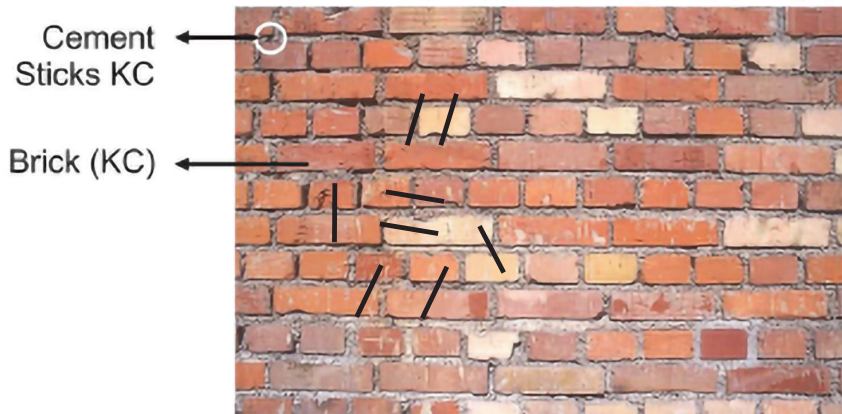
DH- Histology

Scratch marks in DH

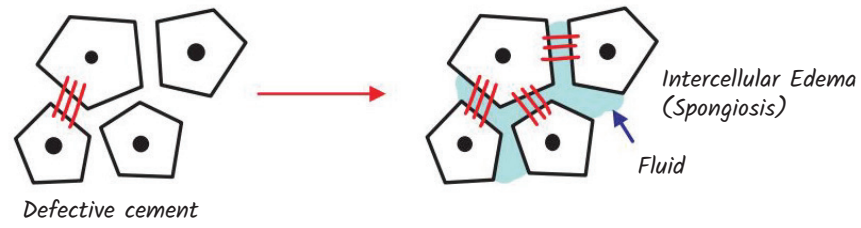




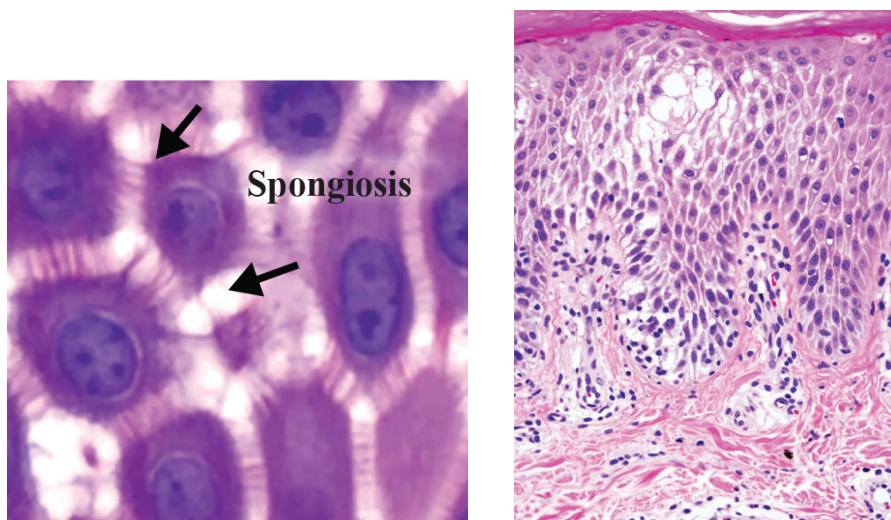
ECZEMA



Eczema



Spongiosis



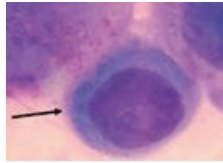
Brick	Cement	Desmosome	Hemidesmosome	Diagnosis
Intact	Intact	Broken (Acantholysis)	Intact	
Intact	Broken	Intact	Intact	
Intact	Intact	Intact	Broken	



Acantholysis- Tzanck smear (Giemsa)

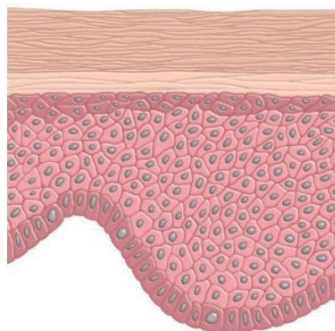
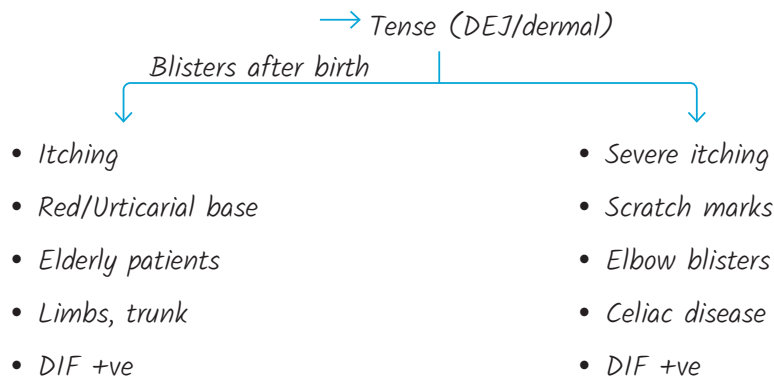
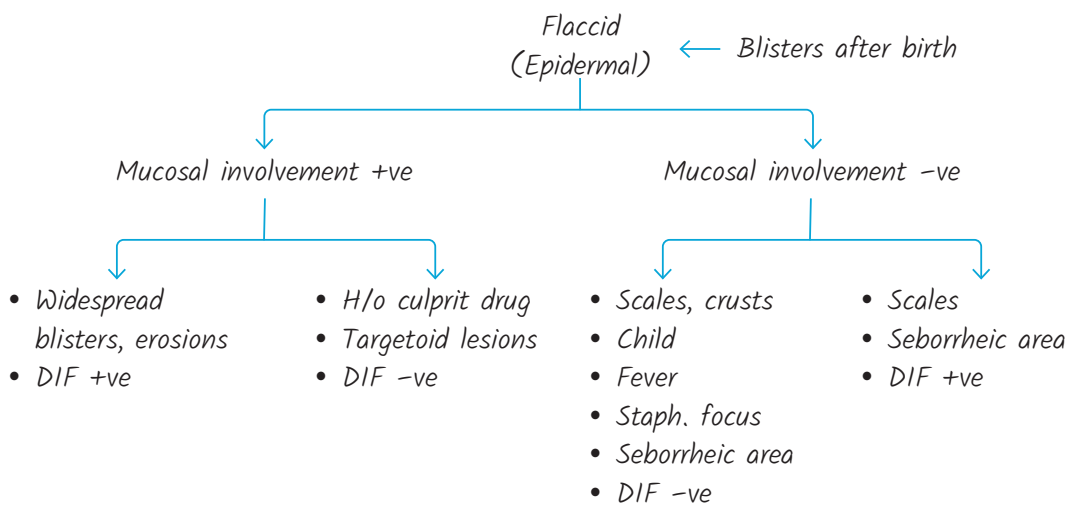
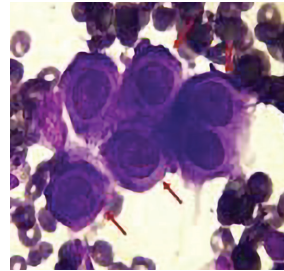
Primary

- Pemphigus
- SSSS
- Darier
- Hailey - Hailey disease



Secondary

- Herpes





NOTES



NOTES



PAPULOSQUAMOUS ERUPTIONS

Blistering disorders

- *The 3- line magic*



Quiz

- *Oozing, Itch, Scaling, blisters*
- *Flexure (Adult), Extensor (Child)*
- *Asthma/rhinitis/ Recurrent URTI*



AD- Adult

MCQ

1. *Patient having asthma/ relapse*
2. *Itchy*
3. *Elbow fold*



Flexural eczema with oozing- Atopic eczema



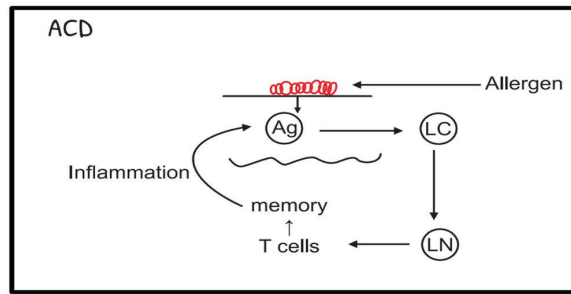
AD- Child

- Extensor of limbs
- Cheeks



M/c : Nickel

Dx : Patch test



Quiz

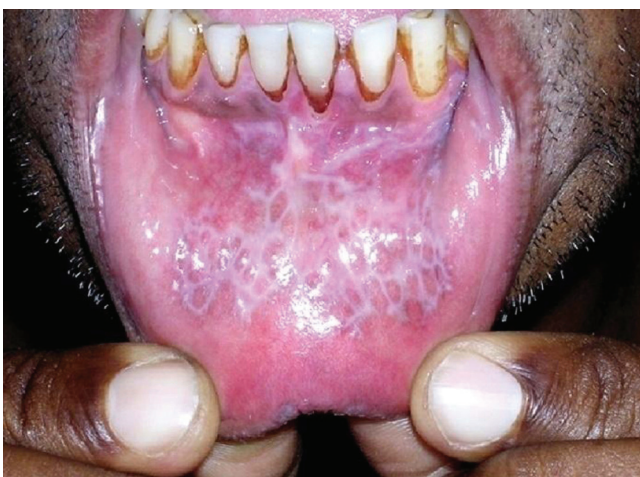
- Non scaly
- Lichenoid
- Flexure



Flexural, non scaly, purple papules on wrist

- *S P* (Purple/Polygonal/Pruritic/Plain topped/Papules)
- *Oral LP*
- *Nail LP-*
- *LP Pilaris-*
- *LP pigmentosus-*

Histology of LP



Oral LP :
Wickham's striae
Criss cross- lacy

Quiz

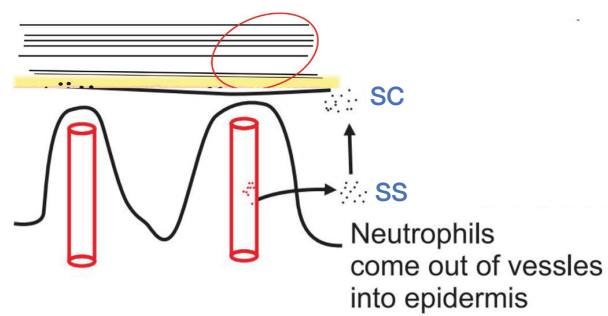
- Scaly
- Red
- Extensor



Extensor, scaly, papules/plaques- Psoriasis

- Auspitz sign + (neg. in Pustular/Inverse)
- Guttate-
- Erythrodermic-
- Arthritis
- Pustular
- Inverse
- Sebopsoriasis
- Complication-

Histology of Ps





Quiz

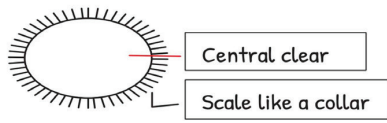
- *Prior Urethritis- m/c Chlamydia (STD)/ Diarrhoea*
- *Arthritis- Uveitis*
- *Plantar hyperkeratosis/Circinate balanitis*



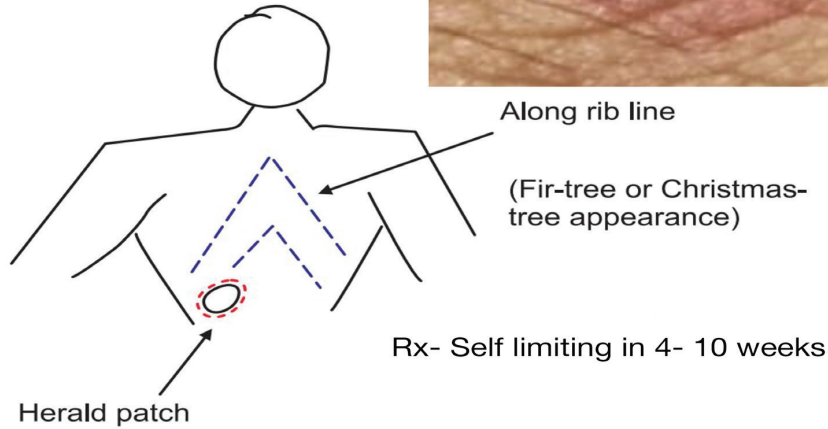
Thick keratotic plaques on sole but with pus discharge- Reiters

Circinate balanitis





Collarette scales



Papulosquamous eruptions

Flexure or extensors, itchy

Atopic eczema- oozing, lichenification, h/o atopy

Annular, itchy

*P. Rosea
Tinea*

Flexural, itchy

LP- No scale, Purple, papules

Extensors, itchy

Psoriasis- Scaly, Red

Non itchy, acral, scaly

Secondary syphilis

Seborrheic areas, itchy

Seborrheic dermatitis yellow greasy scales

Psoriasis like lesions

Reiters- Thick lesions, circinate balanitis, Plantar keratin



NOTES



NOTES



SCALES

Scales	Disease
• Mica like	
• Silvery	
• Leaf like	
• Greasy	
• Collarette	
• Fish like	
• Carpet like	

Psoriasis



P. Rosea

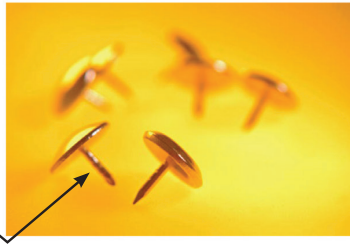
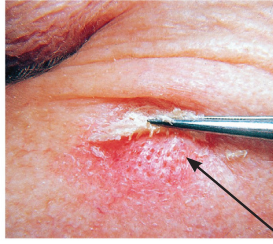
PF



Ichthyosis



Yellow/greasy



Carpet tac



Powdery



NOTES



NOTES



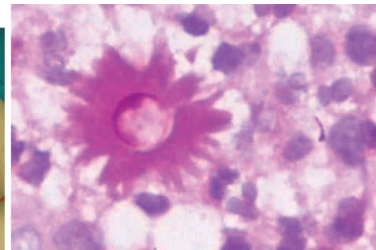
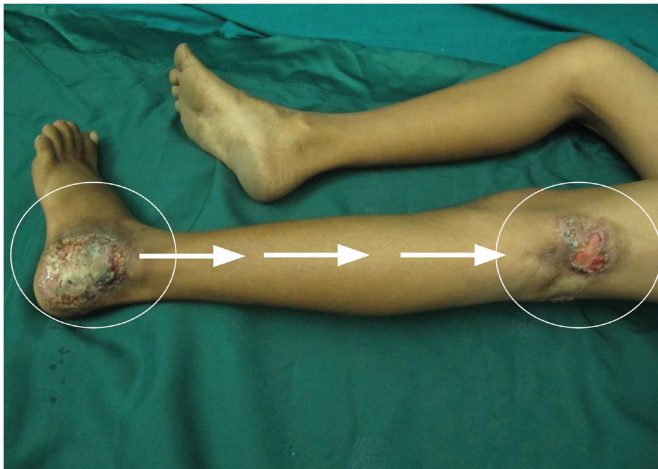
DEEP FUNGAL INFECTIONS

- *The 3- line magic*



Quiz

- *Gardner/farmer*
- *Bare foot walk/ thorn prick*
- *Linear nodules/ sinus*



Asteroid body

Quiz

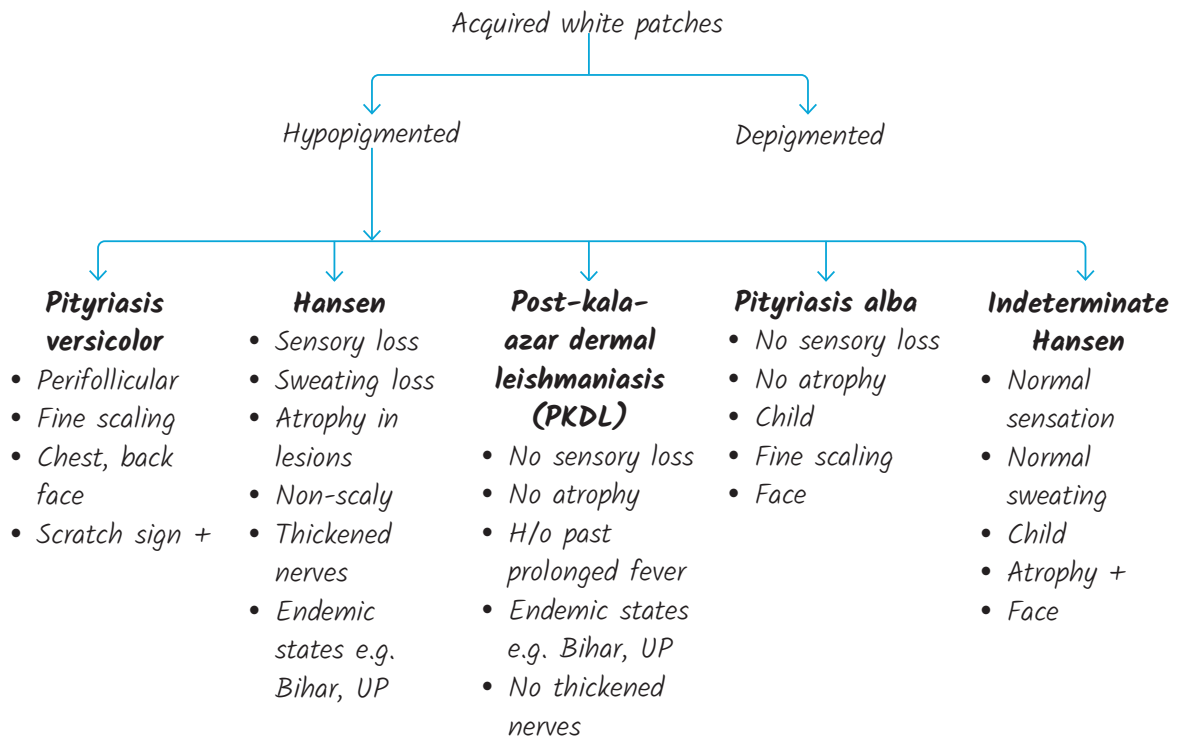
- Gardner/farmer
- Bare foot walk/ thorn prick
- G-S-T (grain+ sinus + tumour)



Quiz

- Gardner/farmer
- Bare foot walk/ thorn prick
- Cauliflower mass/ no sinus/ no tumour







P. versicolor



BL hansens



PKDL



Almost symmetrical hypopig. Patches - hypoaesthesia, hypohidrosis



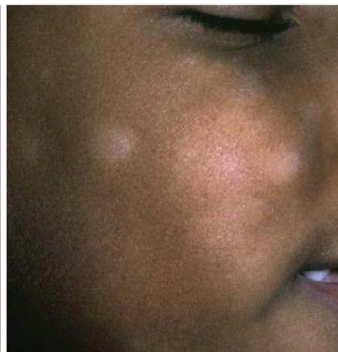
Similar symmetrical hypopig. patches - but with H/o past fever, normal sensations

Indeterminate hansens



Normal sensations, normal sweating, atrophy+, from endemic areas

P. alba



Normal sensations, normal sweating, No atrophy, Fine scaling, h/o atopy+

N. depigmentosus - Unilateral, congenital





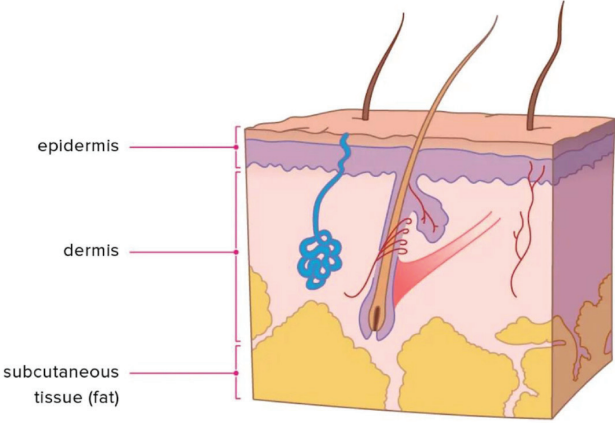
NOTES



NOTES



DARK LESIONS



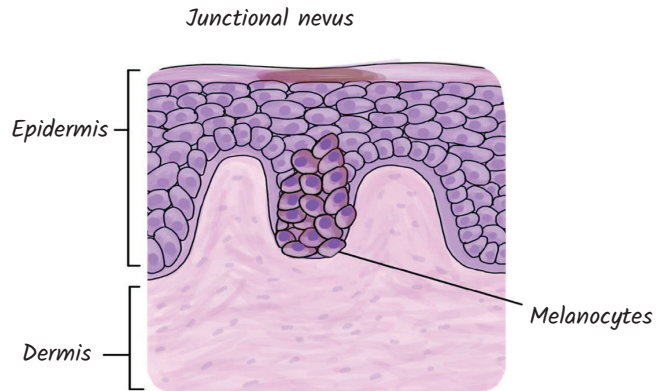
<i>Level of colour</i>	<i>Clinical colour</i>	<i>Disease</i>
<i>a) Basal epidermis/ DEJ</i>	<i>Brown</i>	<ul style="list-style-type: none">• <i>Junctional nevus/ compound nevus</i>• <i>Melasma, Chik sign</i>• <i>Mastocytosis</i>• <i>Becker's nevus</i>



Junctional melanocytic nevus



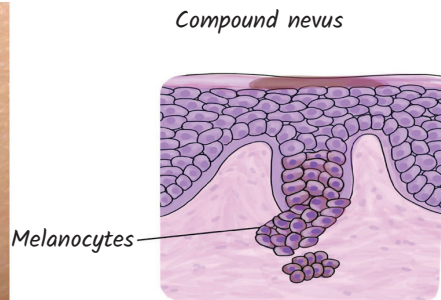
Flat brown macule- Junctional AMN



Compound melanocytic nevus



Elevated brown papule- Compound AMN

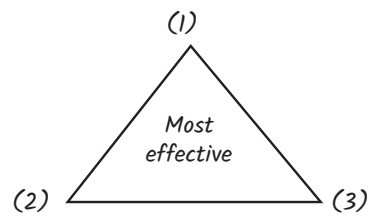


Melasma



Brown patches-cheek, nose.
Photosensitivity +



Kligman regimen

*Brown- nose (yellow arrow) and face – not photosensitive-
always a h/o fever and joint pains- CHIK sign (Chikungunya)*

*Unilateral, brown patch on shoulder, back,
hypertrichosis, acne onset puberty- BECKERS
NEVUS*





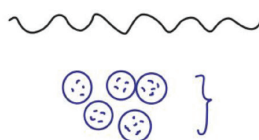
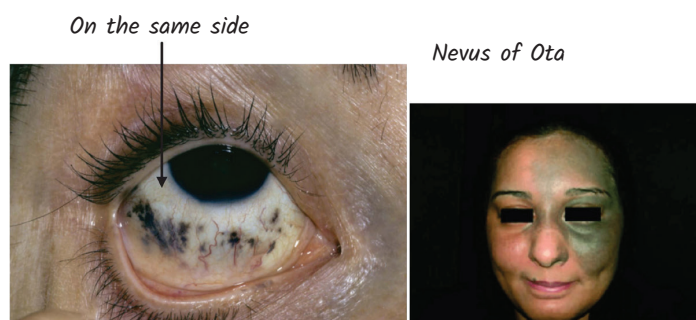
<i>Level of colour</i>	<i>Clinical colour</i>	<i>Disease</i>
<i>b) Superficial dermis</i>	<i>Purple/ Violaceous</i>	<ul style="list-style-type: none">• <i>Lichen planus</i>• <i>Fixed drug eruption</i>

- *Lip/Genital blister/pigment*
- *Diarrhoea/Pain/fever*
- *Same site*



Fixed Drug Eruption

Level of colour	Clinical colour	Disease
c) Deep dermis	Blue/Grey	<ul style="list-style-type: none"> • Mongolian spot • Nevus of Ota



Hyperpigmentation disorders

Site	Cong/Acq	Color	Additional points	Diagnosis
Cheek, nose, forehead	Acq	Brown	Photo+, F>M, OCP Pregnancy	Melasma
Cheek, eyelid	Cong	Blue	Blue sclera	Nevus of Ota
No particular site	Cong/Acq	Brown/ black	Macule/Papule/ Nodule/hairy	Melanocytic nevus
Shoulder, chest, arms	Acq	Brown	With hair and acne inside lesion	Becker's nevus
Lumbosacral	Cong	Blue	Reduces with age	Mongolian spot
Sun-exposed	Acq	Various	ABCDE criteria	Melanoma
Trunk	Acq	Brown	Darier sign +	Mastocytosis



NOTES



LEPROSY

TT → LL

- | | |
|---|--|
| <ul style="list-style-type: none"> • Well defined border • Hypopigmentation • Sensory loss/Sweat loss • No nodules • Granuloma • SSS Negative • No symmetrical lesions | <ul style="list-style-type: none"> • ill Defined border • Erythematous • Normal sensation/sweat • Nodules • Foam cells • SSS Positive • Symmetrical lesions |
|---|--|

* How to arrive at the diagnosis of leprosy in an MCQ?

TT	BT	BB	BL	LL
<ol style="list-style-type: none"> 1. Single lesion 2. Single thick nerve 3. Well-defined borders 	<ol style="list-style-type: none"> 1. Satellite lesion/Few lesions 2. Few non-symmetrical nerve thickenings and non-symmetrical patches 	<ol style="list-style-type: none"> 1. Punched out lesions/ Swiss-cheese lesions/ Inverted-saucer lesions 2. Multiple lesions but countable 3. Inner border of lesions: Well defined, Outer border: ill defined 	<ol style="list-style-type: none"> 1. Multiple lesions, uncountable 2. Almost symmetrical on both sides on midline 3. Multiple bilaterally thick nerves 4. Punched out lesions/ Swiss-cheese lesions/ Inverted-saucer lesions 	<ol style="list-style-type: none"> 1. Multiple lesions/ diffuse infiltration/ nodules 2. Perfectly symmetrical on both sides on midline 3. Glove and stocking anesthesia 4. No hypopigmentation 5. Normal sensations on patches 6. Ear-lobe infiltration 7. Trophic ulcers



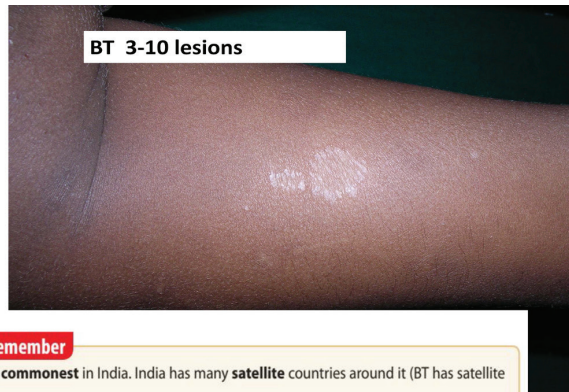
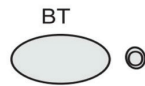
TT



Dry, anesthetic, anhidrotic, hypopigmented, single patch



Hypopigmentation, well defined borders



Aid to Remember

BharaT (भारत)—BT **commonest** in India. India has many **satellite** countries around it (BT has satellite lesions)



BB



Annular, erythematous plaque, punched out in centre

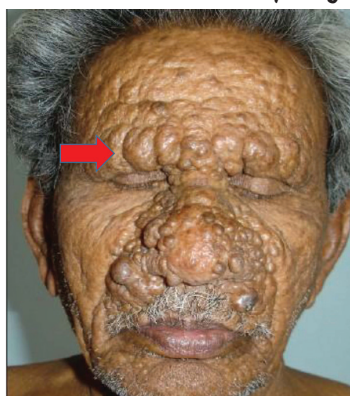


Annular lesions- 2 borders

BL

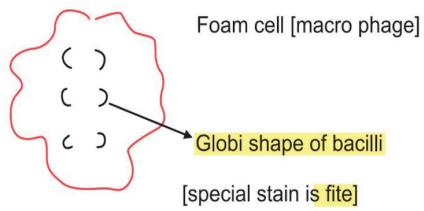


LL- nodules- throwing skin into folds- leonine leprosy

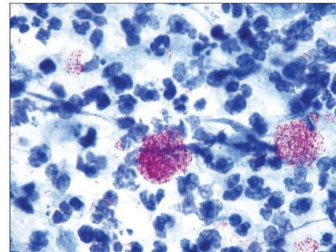


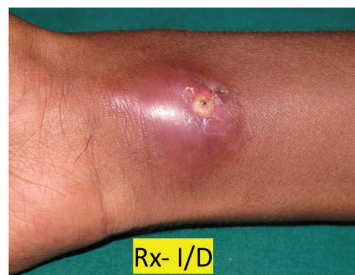
LL

- Epistaxis
- Ear lobe infiltration
- Gynecomastia
- Peripheral neuropathy/Trophic ulcers
- Lagophthalmos/Exposure keratitis
- Painless nodules
- Madarosis/Saddle nose/Nasal septal perforation



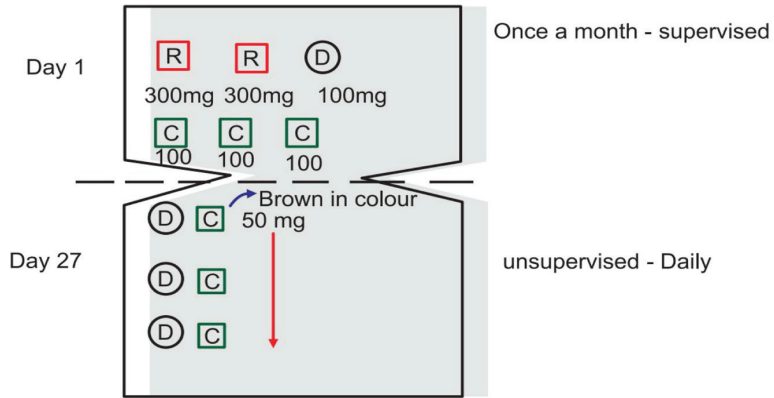
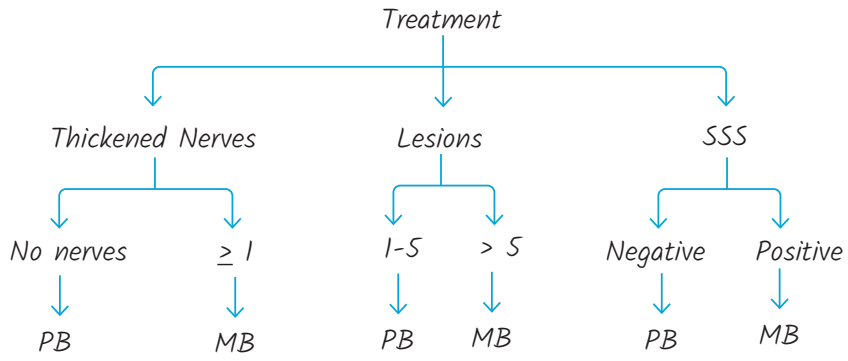
Lepra cells- Fite
Faraco stain





Aid to Remember

Total will be five—Type 1 lepra is type 4 hypersensitivity, type 2 lepra is type 3 hypersensitivity





NOTES



NOTES



ALOPECIA

- *The 3- line magic*



Quiz

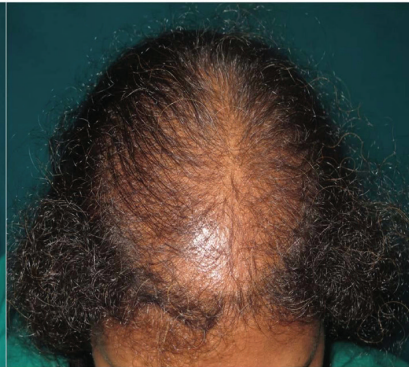
- *Thinning/Miniaturisation*
- *Patterned, Non scarring alopecia*
- *Recession (Male), Widening of parting (Female)*

Male AGA

Female AGA



Hair line recession (Frontal, bitemporal), vertex loss



Hair line maintained, vertex loss

Quiz

- *Incomplete non scarring alopecia*
- *Varying lengths hair, female*
- *Dominant hand side*

Trichotillomania - *Patchy, Incomplete hair loss, Hairs of varying lengths. Pt may pull on dominant hand side*





Quiz

- Child with easily pluckable
- Woods lamp positive
- Boggy/Broken hairs/Scaly



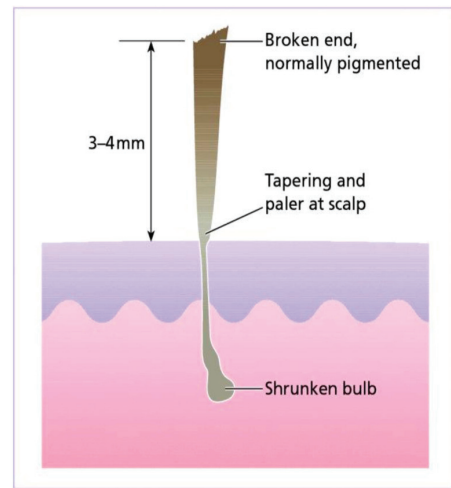
Child- Boggy, inflammed swelling, pus, alopecia

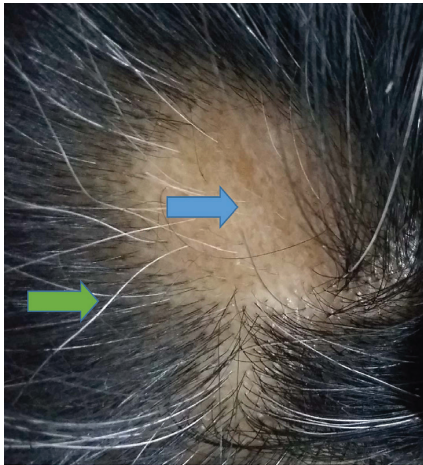


Child- Scarring alopecia, Yellow cup shaped scutulum (red arrow)

Quiz

- Complete alopecia – non scarring
- Sparing of white hairs
- Exclamation hairs/Regular nail pitting

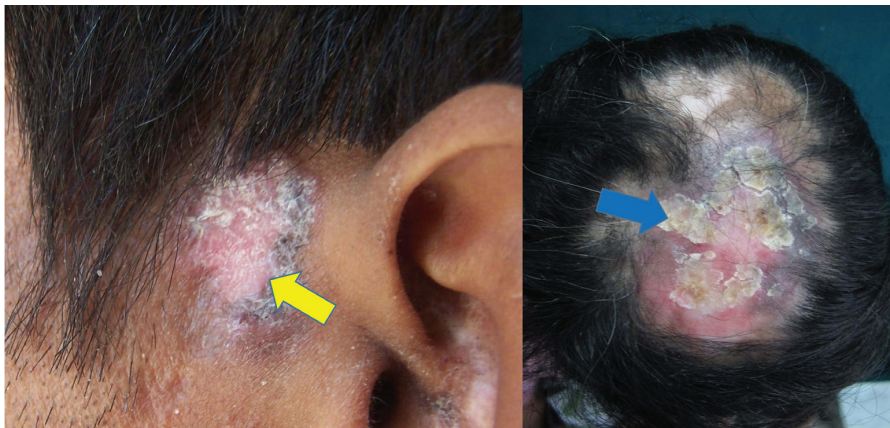




Patchy, smooth surfaced, complete hair loss (blue), Sparing of white hairs (orange arrow), no hairs of varying lengths in the patch

Quiz

- *Alopecia in sun exposed areas*
- *Scaly, red centre, periphery hyperpigmented*
- *Scarring*



Quiz

- *Non scarring alopecia*
- *Diffuse alopecia (No pattern)*
- *Past fever/Labor / chemotherapy*



NOTES



STD

- *The 3- line magic*



Quiz

- *Single ulcer*
- *Hard/Painless*
- *No bleed*

Primary chancre

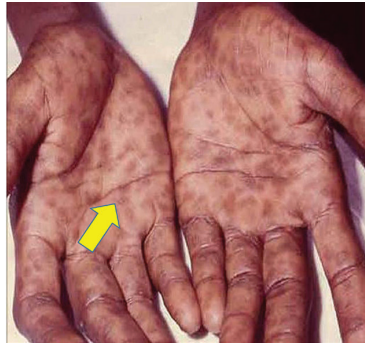


Quiz

- *Non itchy rash*
- *Moist perianal lesions*
- *Mucous patch. Moth eaten alopecia*



Secondary syphilis



Hyperpigmented macules, scaly papules



Rash- faint patches, macules- Difficult to diagnose "the great imitator"



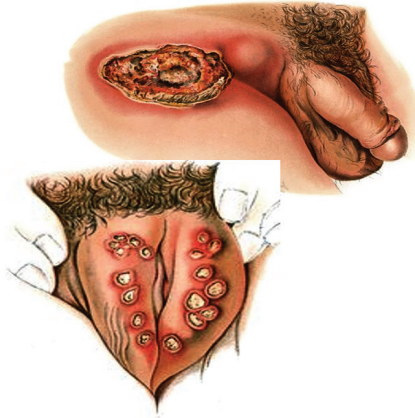
Non itchy, scaly plaques on sole, dry- Secondary syphilis

<i>EARLY SYPHILIS (< 1 yr)</i>	<i>Primary Secondary Early latent</i>	<i>Inj. Benzathine Penicillin 2.4 MU im single dose</i>
<i>LATE SYPHILIS (> 1 yr)</i>	<i>Late latent Tertiary</i>	<i>Inj. Benzathine Penicillin 2.4 MU im 3 doses at weekly intervals * Neurosyphilis- i.v. Aqueous Crystalline Penicillin</i>

Quiz

- Multiple ulcers
- Soft/Painful/Kissing ulcers
- No bleed + Unilateral bubo

Chancroid

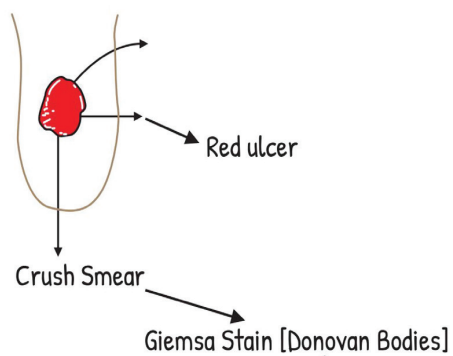


Rx :

- Azithromycin 1 gm stat
or
- Inj. Ceftriaxone 250 mg im stat

Quiz

- Single ulcer
- Bleeds/Vascular
- No bubo (granuloma in inguinal region)



Donovanosis

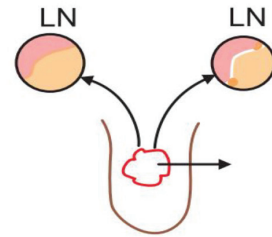


Painless, red, vascular ulcer,
bleeds



Quiz

- *Unnoticed painless ulcer*
- *B/L Bubo*
- *Lymph blockage*



Quiz

- *Grouped painful vesicles/ulcers*
- *Recurrent*
- *No partner treatment*



Herpes genitalis Grouped painful vesicles, ulcers



NACO NACOSyndromic STI/RTI Color Coded Kits





NACO

KIT 1
Azithromycin 1 gm single dose +
Cefixime 800 mg single dose
For
Urethral discharge, Ano-rectal discharge,
Cervicits Syndrome and Asymptomatic infection
Management

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI
CLINICS

Grey for Gonorrhea

Indication: Urethral discharge
Cervical discharge
Scrotal pain

Cefixime + Azithromycin
(Covers Gono + Chlamydia)

NACO

KIT 2
Secnidazole 1 gm BID dose +
Fluconazole 150 mg single dose
For
Vaginal discharge Syndrome

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI
CLINICS

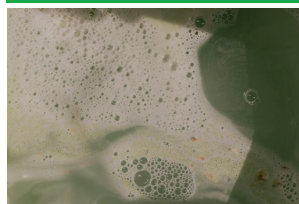
Green Frothy Discharge

Indication: Vaginal discharge



Secnidazole + Fluconazole

(Covers Candida, Trichomonas,
Bacterial vaginosis)



NACO

White kit- Penicillin injection is very white like milk

Indication: GUD- Non herpetic

Benzathine Pn + Azithromycin

(Covers syphilis and chancroid)



KIT 3
Inj. Benzathine penicillin 2.4 MU (1) +
Tab. Azithromycin 1 g single dose +
Disposable syringe 10 ml with 21 gauge
needle (1) +
Sterile water 10 ml (1)
For
GENITAL ULCER DISEASE – Non-
HERPETIC SYNDROME

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI
CLINICS

NACO

KIT 4
Doxycycline 100 mg BID for 15 days +
Azithromycin 1 gm single dose
For
GENITAL ULCER DISEASE - Non-HERPETIC
SYNDROME

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI
CLINICS

Blue Kit-

Indication: GUD- Non herpetic _____

(Allergic to Pn) _____

Doxycycline + Azithromycin

(Covers syphilis and chancroid)



NACO

KIT 6
Doxycycline 100 mg BID for 21 days +

For
Inguinal Bubo Syndrome

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI CLINICS

Black Death (Bubonic Plague)

Pandemic:

Indication: Bubo _____

Doxycycline
(Covers LGV)

NACO

KIT 5
ACYCLOVIR 400 MG ORALLY TID FOR 7 DAYS
For

GENTAL ULCER DISEASE - HERPETIC (GUD-HERPETIC) SYNDROME

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI CLINICS

Red kit- red is color for danger

Indication: _____
(Cover herpes genitalis)



Acyclovir

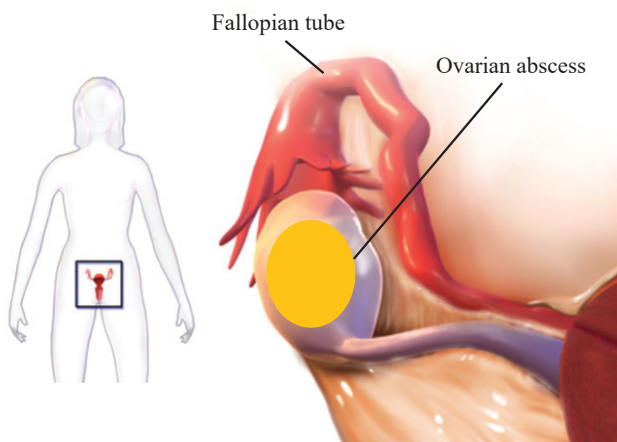
NACO

KIT 6
Cefixime 400 mg single dose +
Metronidazole 400 mg BID for 14 days +
Doxycycline 100 mg BID for 14 days
For

Lowr abdominal pain Syndrome

IMPORTANT
NON-COMMERCIAL PRODUCT
NOT FOR SALE
TO BE DISPENSED ONLY AT RTI/STI CLINICS

Yellow kit- yellow is color for Pus



Cefixime+ Doxycycline + Metronidazole
(Cover Gono+ Chlamydia+ Anerobes)

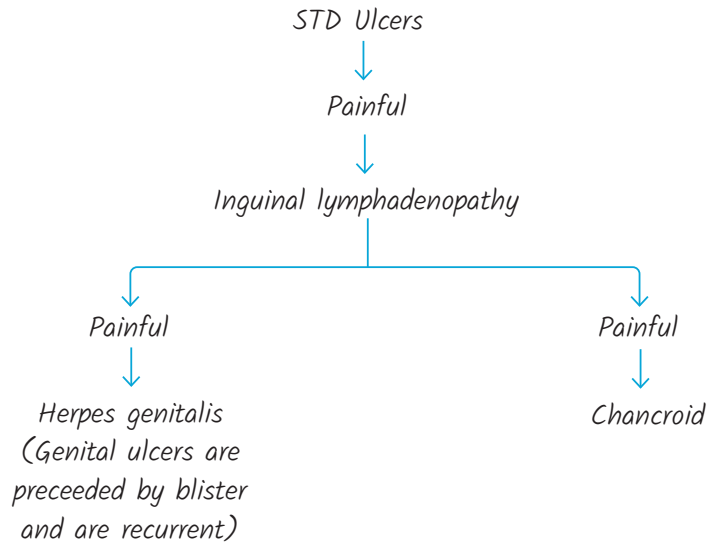
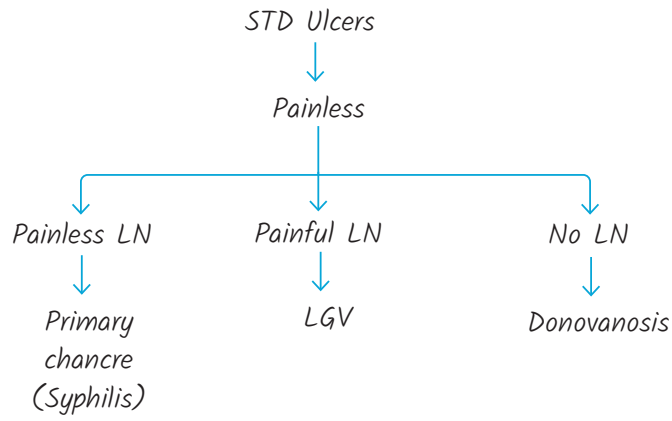
NEW

NACO

KIT 8
(Brown)

Tab. Cefixime 800 mg STAT dose +
Tab. Doxycycline 100 mg
(14 capsules as twice/ day dose for 7 days)

For
Anorectal Discharge Syndrome

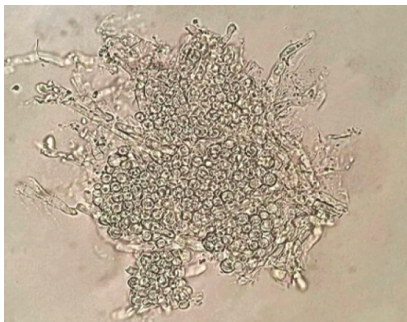




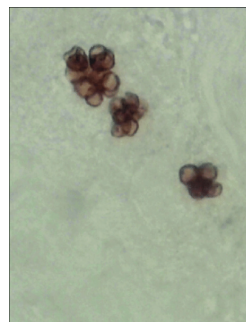
IMP. TABLES

Uses of KOH mount

Finding	Disease
Spaghetti and meatballs	
Branching hyphae	
Fungal spores in hair shaft (endothrix) or outside the hair shaft (ectothrix)	
Fishy odor ("whiff" test)	
Scrapping	
Muriform/sclerotic/copper-penny/medlar bodies	



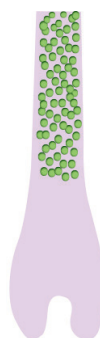
P. versicolor



Chromoblastomycosis



Scabies



Tinea capitis



Uses of Wood lamp

<i>Color</i>	<i>Disease</i>
<i>Green</i>	
<i>Erythrasma</i>	
<i>P versicolor</i>	
<i>Vitiligo</i>	
<i>Burrow (scabies)</i>	
<i>Ash leaf macule</i>	
<i>Nevus achromicus</i>	



NOTES



NOTES