




# DERMATOLOGY FOR THE PCP: COMMON SKIN CONDITIONS IN TYPE 3- 6 SKIN

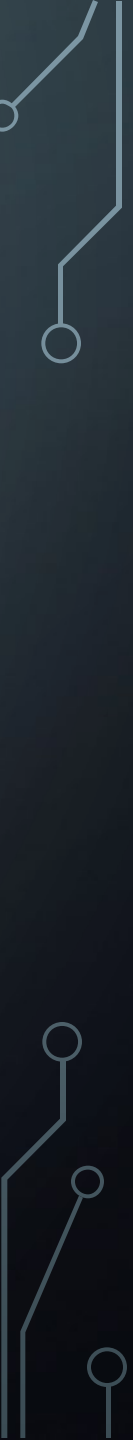
JILL FRUGE, MD

OUR LADY OF THE LAKE DERMATOLOGY AT BOCAGE



# OBJECTIVE

- Discuss Fitzpatrick skin types
  - Discuss common skin conditions found in Fitzpatrick type 3-6 skin
  - Discuss treatment options for these skin conditions
- 
- No Disclosures
- 



# FITZPATRICK SKIN TYPES

| Fitzpatrick Skin Phototype Classification (FSPC) |   |   |                                  |  |  |
|--|---|---|----------------------------------|--|--|
| I  |    | Skin colour: light, pale white<br>Reaction to sun: always burns, never tans         | "Low"<br>Least amount of pigment |  |  |
| II   |    | Skin colour: fair, beige<br>Reaction to sun: usually burns, tans with difficulty    |                                  |  |  |
| III  |    | Skin colour: olive, light brown<br>Reaction to sun: sometimes burns, tans gradually | "Medium"                         |  |  |
| IV   |    | Skin colour: light to med brown<br>Reaction to sun: rarely burns, tans easily       |                                  |  |  |
| V  |   | Skin colour: med to dark brown<br>Reaction to sun: never burn, tans easily          | "High"<br>Most amount of pigment |  |  |
| VI   |  | Skin colour: deep brown, black<br>Reaction to sun: never burn, tans easily          |                                  |  |  |

# XEROSIS

LOSS OF OIL GLANDS WITH AGE

AVOID LONG, HOT BATHS AND SHOWERS (5 MIN)

ONLY WHITE DOVE SOAP (IVORY AND DIAL ARE THE WORST)

MOISTURIZE DAMP SKIN WITH AN EMOLLIENT ONCE DAILY

WORSENER BY RENAL AND LIVER DISEASE

# ATOPIC DERMATITIS

POORLY DEFINED

SCALY- WHITISH, NOT SILVERY

EXCORIATIONS, SMALL EROSIONS

ACUTELY: BLISTERING POSSIBLY

CHRONIC: LICHENIFICATION



AAD

Image Courtesy Of Univ of New Mexico Dermatology



# ATOPIC DERMATITIS

CHRONIC: LICHENIFICATION



# ATOPIC DERMATITIS

CHRONIC: LICHENIFICATION



# ATOPIC DERMATITIS

## TREATMENTS:

EMOLLIENTS, BATHING RECOMMENDATIONS

TOPICAL STEROIDS- NO SOLUTIONS, OINTMENTS PREFERRED

NEWER TOPICAL AGENTS- CAREFUL WITH BURNING

SEVERE- CONSIDER NEW BIOLOGIC INJECTABLES AND ORAL JAK INHIBITORS

OLDER TREATMENTS: NBUVB, METHOTREXATE



# PSORIASIS

WELL DEMARCATED

ERYTHEMA- SOMETIMES HARD TO SEE IN DARKER SKIN TYPES

SILVERY SCALE- USUALLY PROMINENT IN DARKER SKIN TYPES

PREDILECTION FOR SCALP, ELBOWS, KNEES

RISK OF ARTHRITIS



Image Courtesy Of John A. Thompson Jr., MD

# PSORIASIS

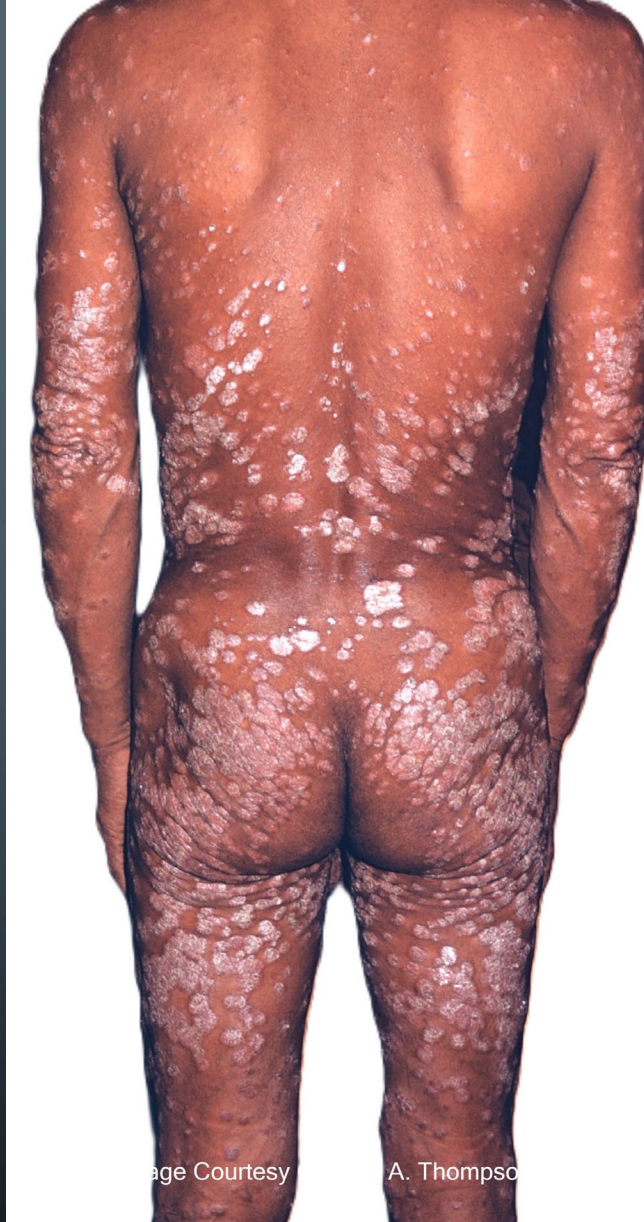


Image Courtesy: A. Thompson



# PSORIASIS

TOPICAL STEROIDS- CLASS 1 (CLOBETASOL, HALOBETASOL, BETAMETHASONE)

VIT D ANALOGS

NBUVB, METHOTREXATE, CYCLOSPORINE

BIOLOGICS: TNF-A, IL 17, IL 12, IL 23

ORALS: PDE-4 INHIBITORS, TYK 2 INHIBITORS

PUSTULAR VARIANT: POTENTIALLY LIFE THREATENING, NEW IL-36 INHIBITORS

# SEBORRHEIC DERMATITIS

SCALP, EYEBROWS, EARS, NASOLABIAL FOLDS

GREASY SCALE

POSSIBLY HYPOPIGMENTATION IN DARKER SKIN TYPES





# SEBORRHEIC DERMATITIS

SCALP, EYEBROWS, EARS, NASOLABIAL FOLDS

GREASY SCALE

POSSIBLY HYPOPIGMENTATION IN DARKER SKIN TYPES



# SEBORRHEIC DERMATITIS- RX

KETOCONAZOLE

SULFUR SOAPS

SHAMPOOS- ZINC, TAR

TOPICAL STEROIDS- SOLUTIONS, FOAMS

NEWER TREATMENTS

# DISCOID LUPUS

WELL DEMARCATED

HYPERPIGMENTED, VIOLACEOUS

FOLLICULAR PLUGGING

SCARRING

CRUSTED

ULCERATIONS

SCALP, EARS, CHEEKS





# DISCOID LUPUS

WELL DEMARCATED

HYPERPIGMENTED, VIOLACEOUS

FOLLICULAR PLUGGING

SCARRING

CRUSTED

ULCERATIONS

SCALP, EARS, CHEEKS



Image Courtesy Of John A. Thompson Jr., MD



# ACNE

OPEN AND CLOSED COMEDOMES

PUSTULES

PAPULES

CYSTS AND NODULES

SCARRING



Image Courtesy Of John A. Thompson Jr., MD

# ACNE

WATCH FOR WORSENING DUE TO HAIR PRODUCTS

AT LEAST TWICE A DAY FACIAL WASHING

BENZOYL PEROXIDE WASHES IF TOLERATED

TOPICAL RETINOIDS (TRETINOIN, TAZAROTENE, ADAPALENE)

TOPICAL ANTIBACTERIALS

ORAL ANTIBIOTICS

HORMONAL AGENTS (WOMEN)

ISOTRETINOIN

# ACNEIFORM CONDITIONS

## PSEUDOFOLLICULITIS

PAPULES, PUSTULES IN HAIR-BEARING REGIONS TRIGGERED BY SHAVING

## ACNE KELOIDALIS NUCHAE

PAPULES, PUSULES, AND KELOIDAL PAPULES IN HAIR-BEARING AREAS DUE TO SHAVING



# ACNEIFORM CONDITIONS

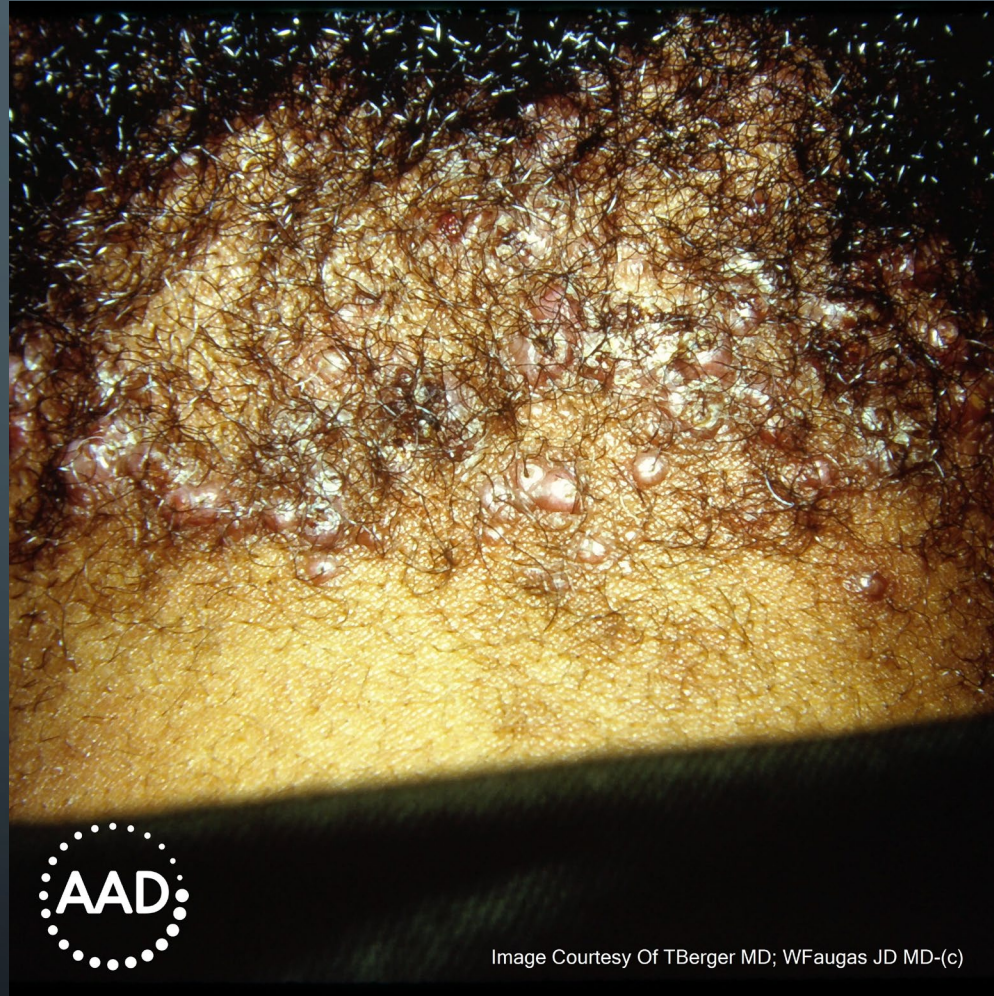


Image Courtesy Of T Berger MD; W Faugas JD MD-(c)



# ACNEIFORM CONDITIONS -RX

## PSEUDOFOLLICULITIS

BENZOYL PEROXIDE

TOPICAL STEROIDS

TOPICAL RETINOIDS

DOXYCYCLINE

## ACNE KELOIDALIS NUCHAE

SAME AS ABOVE

INTRALESIONAL STEROIDS OR SHAVE REMOVAL OF KELOIDS

# ALOPECIAS

TRACTION – LOSS OF EDGES WITH POSSIBLE REGROWTH AT  
BORDER

CENTRAL CENTRIFUGAL CICATRICAL ALOPECIA

ANDROGENIC ALOPECIA

# ALOPECIAS

TRACTION- EDGES WITH POSSIBLE REGROWTH AT BORDER

**CENTRAL CENTRIFUGAL CICATRICIAL ALOPECIA**

ANDROGENIC ALOPECIA



AAD

Image Courtesy Of Drs. Stan Skopit & Sam Sherkin

# ALOPECIAS

TRACTION

CENTRAL CENTRIFUGAL CICATRICIAL ALOPECIA

**ANDROGENIC ALOPECIA**





# ALOPECIAS- RX

TRACTION- EDGES WITH POSSIBLE REGROWTH AT BORDER

AVOID TENSION- LOOSE BRAIDS, LOOSE PONYTAILS

MINIMIZE PRESSURE –WIGS, HATS, ETC

CENTRAL CENTRIFUGAL CICATRICAL ALOPECIA

AVOID CHEMICAL TREATMENTS ON SCALP

INTRALESIONAL AND TOPICAL STEROIDS, MINOXIDIL

ANDROGENIC ALOPECIA

SPIRONOLACTONE V FINASTERIDE

LOW DOSE ORAL MINOXIDIL V TOPICAL MINOXIDIL

# HAIR CARE PRACTICES FOR AFRICAN-TYPE HAIR

ITCHING, BURNING, PAIN- WARNING SIGNS!!!! LISTEN TO YOUR SCALP!

WASHING- EVERY WEEK IF POSSIBLE

CONDITIONERS TO ENDS OF HAIR (CONSIDER HOT OIL TREATMENT TWICE A MONTH)

USE A HEAT-PROTECTING PRODUCT BEFORE STYLING (ADD TO WET HAIR)

ONLY USE A CERAMIC COMB OR IRON TO PRESS HAIR (NOT MORE THAN ONCE PER WEEK)

EMOLLIENTS FOR HAIR SHAFTS- JOJOBA OIL, ARGON OIL, COCONUT OIL

AVOID SILICONES- THEY LEAD TO IRRITATION AND BUILD UP

TRANSITIONING TO NATURAL HAIR

CUT HAIR

WEAR IN LOOSE STYLES OR UNDER A SILK OR SATIN SCARF

USE ABOVE TIPS

# HAIR CARE PRACTICES FOR AFRICAN-TYPE HAIR

## OTHER TIPS:

LOOSEN BRAIDS, OPT FOR THICKER BRAIDS AND LOCKS

MAKE SURE ANY CORNROWS ARE NOT TIGHT

KEEP BRAIDS, AND ESPECIALLY EXTENSIONS, SHORT TO PREVENT WEIGHT AND PULLING

DO NOT WEAR BRAIDS FOR LONGER THAN 6-8 WEEKS

OPT FOR SEW-IN WEAVES AND EXTENSIONS RATHER THAN GLUE ON

AGAIN- BURNING, ITCHING, AND PAIN ARE SIGNS OF INFLAMMATION AND DAMAGE TO THE SCALP.

THIS CAN LEAD TO PERMANENT HAIR LOSS!!!!!!!



# DON'T FORGET....SKIN CANCER

BASAL CELL CARCINOMA

PEARLY, ULCERATIONS

ROLLED BORDERS

OFTEN PIGMENTED IN DARKER

SKIN TYPES



# DON'T FORGET....SKIN CANCER

SQUAMOUS CELL CARCINOMA

SUN EXPOSED AREAS, ULCERS,

LONG-STANDING WARTS

ORGAN TRANSPLANT PT

FIRM, CRUSTY

CAN BE CRATERIFORM, ULCERATED



# DON'T FORGET....SKIN CANCER

MELANOMA

NODULAR, SUPERFICIAL SPREADING

ACRAL LENTIGINOUS

PIGMENTED STREAKS

WARNING SIGNS: WIDER PROXIMALLY

DARKER PROXIMALLY

>3MM IN WIDTH

+HUTCHISON'S SIGNS





# DON'T FORGET....SKIN CANCER

MELANOMA

NODULAR, SUPERFICIAL SPREADING

ACRAL LENTIGINOUS

PIGMENTED STREAKS

WARNING SIGNS: WIDER PROXIMALLY

DARKER PROXIMALLY

>3MM IN WIDTH

+HUTCHISON'S SIGNS



# DON'T FORGET....SKIN CANCER

MELANOMA

NODULAR, SUPERFICIAL SPREADING

ACRAL LENTIGINOUS

PIGMENTED STREAKS

WARNING SIGNS: WIDER PROXIMALLY

DARKER PROXIMALLY

>3MM IN WIDTH

+HUTCHISON'S SIGNS



The image features a dark blue gradient background. In the corners, there are decorative white line art elements resembling circuit boards or neural network connections. These elements consist of thin lines that branch out and terminate in small circles, creating a symmetrical, abstract pattern in each corner.

QUESTIONS????



