

Seborrheic Dermatitis (NOT Seborrheic Keratosis)

Think of this as super-dandruff. Dandruff is flaking of the scalp. It's treated with selenium shampoo. Seborrheic Dermatitis is a **fungal infection** that causes an inflammatory reaction in areas rich in sebaceous glands. That means **hair**. Look for a rash on the **scalp and eyebrows** that spares other areas of the face and ears. Treat with **selenium shampoo**. Topical steroids can be used as well if the inflammation doesn't settle with selenium. Low-yield test associations include: **HIV infection, cradle cap** (infants), and Parkinson's disease.

Psoriasis

Psoriasis is an autoimmune disease which causes proliferation of keratinocytes with excessive accumulation of the stratum corneum. It's thought to be caused by dysregulation of T-Helper cells. The patient will have **symmetric, well-demarcated silvery scales** that **bleed when picked** that commonly affect the scalp, gluteal fold, elbows, and knees. **Nail pitting** and onycholysis (detachment of the nailbed) are common. If **joint pains** are present, consider Psoriatic Arthritis (see rheumatology – seronegatives). The first step is **UV light** (sunlight or artificial exposure). **Topical steroids** are used in flares. Other agents, both topical and systemic, are beyond the scope of a med student (methotrexate, calcineurin-inhibitors, Anti-TNF-alpha). There MAY be the need to biopsy to rule out lymphoma if the diagnosis is in question.

Pityriasis Rosea

A benign and self-limiting condition that resolves on its own (~6 weeks). We don't know what causes it. The disease begins with a **flat, oval, salmon-colored macule** (hyperpigmentation in darker skinned races) called the **herald patch**. The disease then progresses to **several salmon-colored scaling lesions** with a **trailing scale** (the scale does not reach the border of the salmon-colored lesion). This will always **spare the palms and soles**. While it is self-limiting, it may be the presentation of syphilis; rule it out with an **RPR**. Involvement of the hands and soles *greatly* increases the chance of syphilis.

Lichen Planus

Lichen Planus is an inflammatory disorder of unknown etiology. It causes an **intensely pruritic pink or purple** flat topped **papules** (you can feel them) with a **reticulated network of fine white lines**. It usually involves the wrists and ankles but may involve the trunk, the oral mucosa or the vaginal mucosa. Treatment is similar to psoriasis. **Topical steroids** are the mainstay of therapy, but should not be continued long term. **UV light** can be used as an adjunct (as opposed to psoriasis where it's more effective). Topical and systemic immune modulators are beyond the scope of this text. Be aware that a **lichenoid drug eruption** (drug-induced lichen planus) can occur with Ace-I, thiazides, furosemide, and Beta-blockers.

You know what'd be sweet over here? Images! Unfortunately, we can't swipe off Google; we're currently developing our own dermatology atlas. Derm is a very visual field, so make sure YOU Google the dz until then (some imgs already in the qbank).