

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered on the slide.

FACIAL RASHES/ERUPTIONS

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OVERVIEW

- CASES
- DISCUSS DIFFERENTIAL – POINTS IN THE HISTORY AND EXAMINATION TO HELP
- MANAGEMENT TIPS

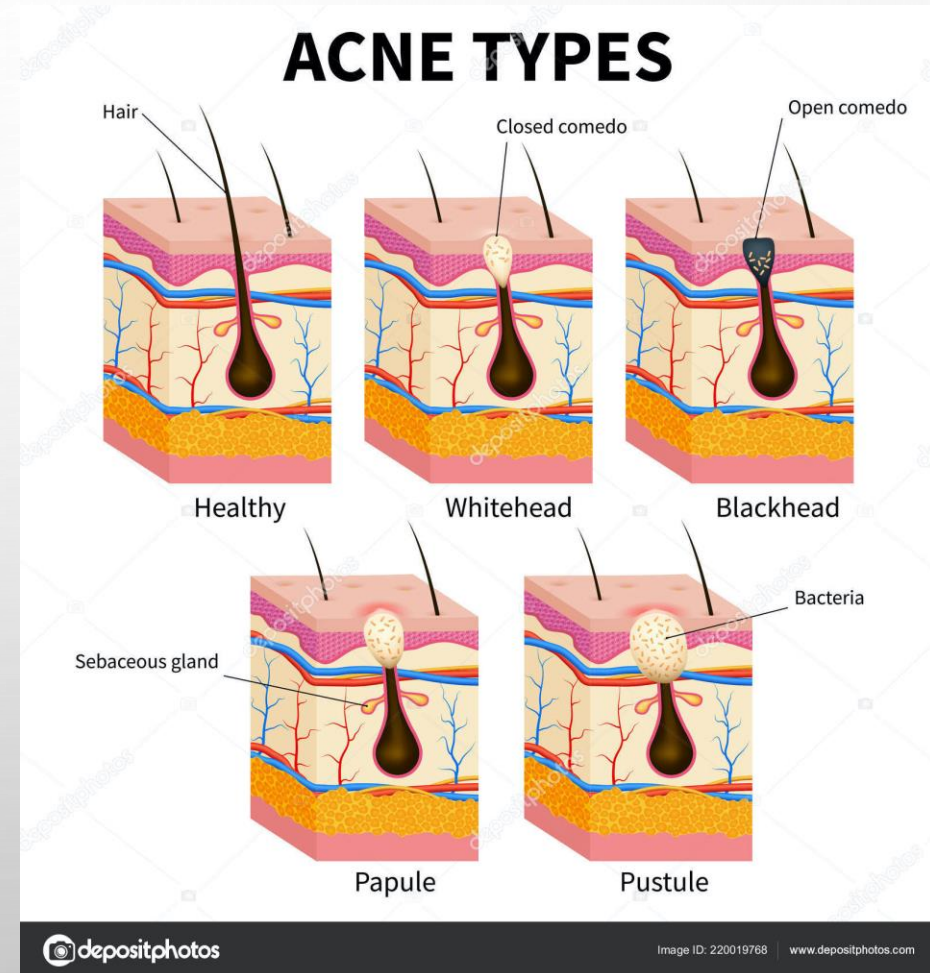
CASE 1

- 17 YEAR OLD FEMALE
- 3 YEAR HISTORY OF ACNE
- TRIED BENZOYL PEROXIDE OVER THE COUNTER



TREATMENT

- TOPICAL
 - BENZOYL PEROXIDE
 - AZELAIC ACID
 - RETINOIDS
 - ANTIBIOTICS
- ORAL
 - ANTIBIOTICS
 - ISOTRETINOIN



ORAL ANTIBIOTICS

- NO BENEFIT IN CONCOMITANT ORAL AND TOPICAL ANTIBIOTICS
- INTERMITTENT BENZOYL PEROXIDE RECOMMENDED DURING ORAL ANTIBIOTICS TO ELIMINATE RESISTANT STRAINS
- EVIDENCE TO SUPPORT ERYTHROMYCIN AT 1G/DAY RATHER THAN 500MG/DAY. NO EVIDENCE REGARDING DOSE OF OTHER ORAL ANTIBIOTICS
- TREATMENT SHOULD BE AT LEAST 3 MONTHS, MAXIMAL EFFECT BY 6 MONTHS – THEN IF RELAPSE, CHANGE MEDICATION

CASE 2

- 6 YEAR OLD GIRL
- ITCHY FACE, NECK, ARMS
- WORSENING OVER PAST 3 MONTHS
- NOT RESPONDING TO HYDROCORTISONE



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ATOPIC ECZEMA – TOP TIPS

- EMOLLIENTS
- SOAP SUBSTITUTES
- TOPICAL STEROIDS – APPROPRIATE TO SEVERITY AND CHECK IF PATIENT USING IT
- SHORT BURSTS OF MODERATE POTENCY STEROIDS TO ACHIEVE CONTROL
- TOPICAL CALCINEURIN INHIBITORS – MAINTENANCE
- ALLERGY: ONLY RELEVANT IF
 - INSTANT URTICARIA/ITCHING AFTER EATING/CONTACT
 - SEVERE/RESISTANT ECZEMA ESP IF BOWEL SYMPTOMS OR FAILURE TO THRIVE

CASE 3

- 45 YEAR OLD WOMAN
- WORSENING FACIAL RASH
- UNCOMFORTABLE
- UNABLE TO APPLY ANY TOPICAL PRODUCTS
- WORSENS IN HEAT



ROSACEA

- SUBTYPES
 - ERYTHEMATOTELANGIECTATIC
 - PAPULOPUSTULAR
 - PHYMATOUS
- TREATMENT
 - DEPENDS ON SUBTYPE
 - AVOID TRIGGERS
 - SUN PROTECTION
 - TOPICAL AZELAIC ACID/METRONIDAZOLE
 - ORAL ANTIBIOTICS

ROSACEA

- MILD OR MODERATE PAPULOPUSTULAR ROSACEA
 - METRONIDAZOLE GEL/CREAM BD FOR 3-4 MONTHS
- MODERATE OR SEVERE PAPULOPUSTULAR ROSACEA
 - DOXYCYCLINE 100MG DAILY FOR 3-6 MONTHS
 - REPEAT 3 MONTHLY COURSE WHEN ROSACEA FLARES

CASE 4

- 35 YEAR OLD LADY
- IRRITATING RASH PAST 2 YEARS CENTRAL FACE
- HISTORY OF DANDRUFF
- OILY SKIN



SEBORRHOEIC DERMATITIS

- MODERATE AND SEVERE DISEASE AFFECTING SCALP
 - KETOCONAZOLE SHAMPOO 2X/WEEK
- MORE SEVERE ERYTHEMA AND FLAKING ON SCALP ADD
 - BETAMETHASONE SCALP APPLICATION DAILY PRN
- DISEASE AFFECTING FACE AND BODY
 - KETOCONAZOLE CREAM 1-2X/DAY UNTIL RESOLUTION THEN REDUCE FREQUENCY TO DAILY OR ALT DAY USE
 - FOR INFLAMED SKIN, DAKTACORT OR HYDROCORTISONE 1% CREAM 1-2X A DAY UNTIL RESOLVED

CASE 5

- 45 YEAR OLD WOMAN
- IRRITATING RASH MAINLY ON LOWER HALF OF FACE AROUND NASOLABIAL FOLD AND LIPS
- BEEN USING INTRANASAL STEROIDS FOR HAYFEVER



PERIORIFICAL DERMATITIS

- RESPONDS WELL TO TREATMENT BUT MAY TAKE SEVERAL WEEKS BEFORE NOTICEABLE IMPROVEMENT
- GENERAL MEASURES
 - STOP ALL PRODUCTS
 - WEAN DOWN FROM POTENT TOPICAL STEROIDS
 - WASH FACE WITH WARM WATER ALONE WHEN RASH PRESENT
 - LIQUID OR GEL SUNSCREEN

PERIORIFICAL DERMATITIS

- TOPICAL
 - ERYTHROMYCIN
 - CLINDAMYCIN
 - METRONIDAZOLE
 - PIMECROLIMUS
 - AZELAIC ACID
- ORAL
 - DOXYCYCLINE 100MG DAILY FOR 3-6 MONTHS
 - ERYTHROMYCIN DURING PREGNANCY AND PRE-PUBERTAL CHILDREN
 - LOW DOSE ISOTRETINOIN IF ANTIBIOTICS INEFFECTIVE

CASE 6

- 50 YEAR OLD LADY
- RED, BLISTERING RASH AFFECTING EYELIDS, SCALP, FACE AND NECK
- PREVIOUS LESS SEVERE EPISODES AFFECTING UPPER EYELIDS AND RIMS OF EARS
- FOLLOWING HAIR DYE TREATMENTS



PPD ALLERGY

- ACUTE SEVERE CASES
 - WASH HAIR AND SCALP THOROUGHLY WITH MILD SOAP OR SOAPLESS SHAMPOO TO REMOVE EXCESS DYE
 - 2% HYDROGEN PEROXIDE SOLUTION OR COMPRESSES OF POTASSIUM PERMANGATE IN A 1:5000 DILUTION TO COMPLETELY OXIDISE THE PPD
 - TO SOOTHE, SOFTEN THE CRUST, AND ALLEVIATE TIGHT FEELING OF SCALP, APPLY WET DRESSING OF COLD OLIVE OIL AND LIME
 - TOPICAL OR ORAL CORTICOSTEROIDS

PPD ALLERGY

- ADVICE

- AVOID USE OF ALL OXIDATION TYPE HAIR DYES
- INFORM HAIRDRESSER OF ALLERGY
- METALLIC HAIR DYES & VEGETABLE RINSE HAIR DYES MAY BE USED BUT DO NOT PROVIDE PERMANENT HAIR COLOUR
- SEMIPERMANENT HAIR DYES MAY BE SUITABLE ALTERNATIVE BUT 10% OF PEOPLE ALSO REACT TO THESE
- BLACK HENNA SHOULD BE AVOIDED
- PATCH TESTING IMPORTANT TO DETERMINE WHAT CAN BE USED SAFELY



**"You need to do something about your
dry skin."**