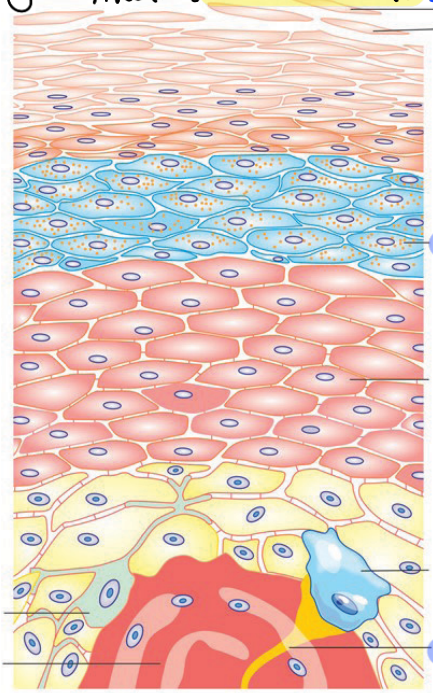
1 CHAPTER

DERMATOLOGY

Keratinocytes {28d = Basale to Corneum; Another 28d to shed off} → Epithelial turnover time

- S. Corneum — Acellular flattened Keratinocytes
- S. Lucidum = only palms & soles

"LEGS"

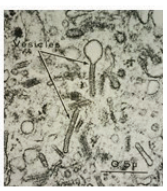


nuclei in S. corneum

Parakeratosis:	Psoriasis
Hyperkeratosis:	Psoriasis + L. planus → Hyper → Thickened S. corneum
Orthokeratosis:	Hyper − Para = L. planus

Orthos are hyper but NOT pyara

- S. Granulosum
  - Keratohyaline granules = Fillagrin → Ichthyosis
  - Lamellar/Odland bodies → Asteatotic eczema
- S. Spinosum — Langerhans cells (APC)
  - CD207 / langerin
  - CD1a +ve
  - Thickest layer
  - Spinous process → + Acanthocytes
  - Desmoglein → (Ab) Pemphigus
- S. Basale
  - Merkel cells: CK7 − CK20+ (same as Ca colon); sensory (R); slow adapting touch
  - Melanocytes
    - dendritic processes : melano-zones
    - supplies keratinocytes



Birbeck granules

Epidermal melanin unit: 1 : 36
Epidermal turnover time: 28 + 28 = 56

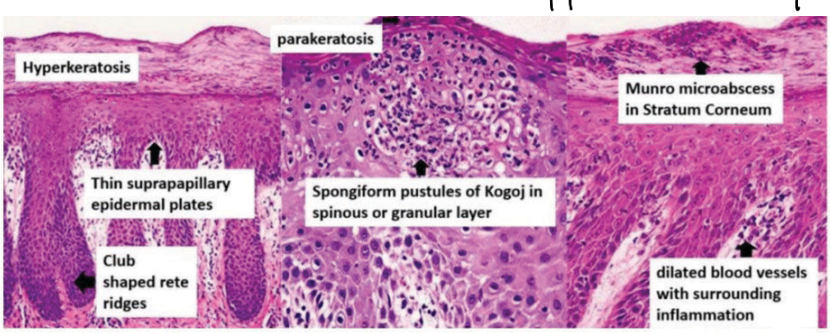
H/p of PSORIASIS & LICHEN PLANUS

Psoriasis : Hyper + Parakeratosis

- Pustules of Kogoj
- Munro's microabscess
- Agranulosis

P-M: Pautrier's microabscess; Mycosis Fungoides

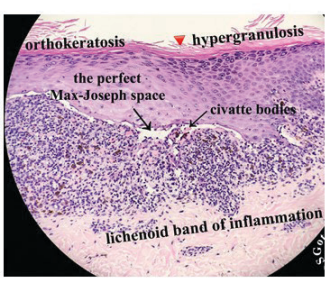
+ Rete ridges → elongⁿ of Epidermis into Dermis → Club / camel foot shaped



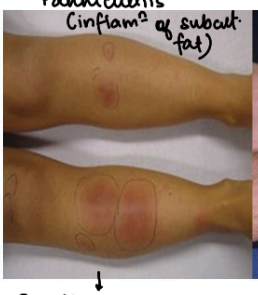
Lichen planus

"Hyper but not pyara"

- Hyperkeratosis, Orthokeratosis
- ✗ Parakeratosis
- Hypergranulosis = Thickened Granulosum
  - WICKHAM's STRIAE
- Basale degeneration → Max-Joseph space
  - Apoptotic cells = Civatte / colloid Bodies



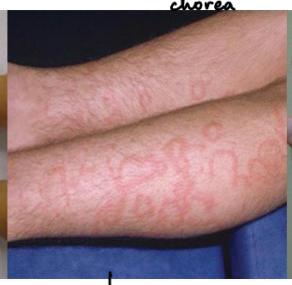
Tender lesions in shin → Panniculitis (Inflam^{n} of subcut. fat)



→ Erythema Nodosum

a/w:
- Drugs - Sulfa
- Sarcoidosis: B/L Hilar LN; Lofgren s/d = + E. Nodosum (vs. Heerford s/d: B/L Facial N. palsy x E. Nodosum)
- IBD
- TB
- Behcet s/d

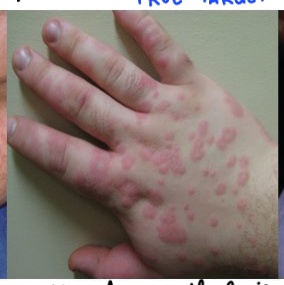
Evanescent Transient lesions + ass. H/o cardiac murmur, chorea



→ Erythema Marginatum

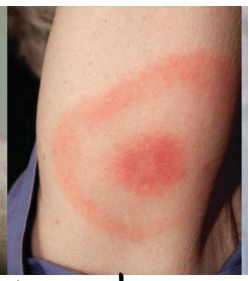
a/w: A/c RF

central erythema + peripheral clearing + border "TRUE TARGET LESIONS"



- Hand - small lesions → Erythema multiforme

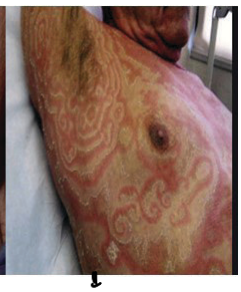
a/w:
- Infections: HSV, Mycoplasma
- Drugs: Chloroquine ↓I, NSAIDS
- + Bull's eye maculopathy



→ Truncal, big lesion → Erythema migrans I

Earliest manifest^{n} of Lyme's s/c

Gyrating whorled lesion

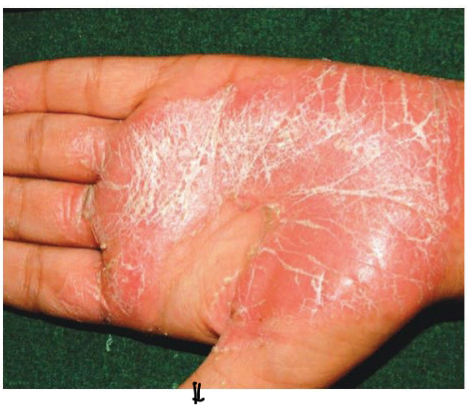


→ Erythema Gyratum ripens → PNS a/w Adenoca

PAPULOSQUAMOUS DISEASE : PSORIASIS

↳ m/c Type: Psoriasis vulgaris

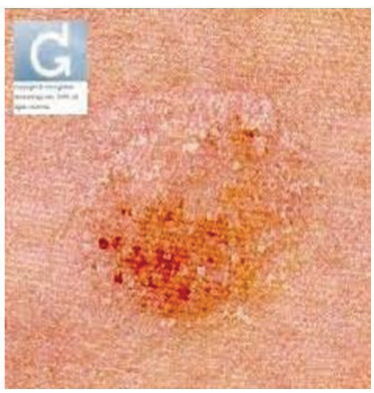
↳ a/w Psoriatic Arthropathy
m/c Joint: DIP



→ Erythematous papulosquamous lesions ± Silvery scales → Hallmark of Psoriasis

- Irregular pitting
- Oil drop - Hallmark
- Subungal Hyperkeratosis

Regular nail pitting → Alopecia areata



Grattage Test - Scrap lesion ± a glass slide → Petechial spots: Auspitz sign

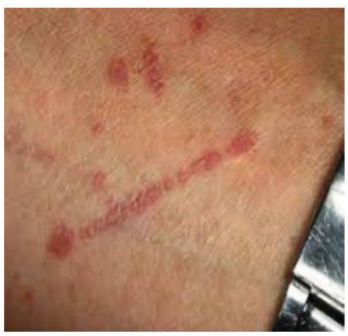
- Berkeley membrane

Variants of Psoriasis

* Raindrop-like lesions
  H/o URTI
  ↓
  Guttate Psoriasis
  DoC: MACROLIDES
  [Only Psoriasis where Rx = Antibiotics]

* Pustular Psoriasis
  - H/o sudden steroid withdrawal
  - In preg: k/a
    Impetigo Herpetiformis
  DoC:
  - Pustular Psoriasis:
    Acitretin
    ↓
    - Teratogenic
    - Washout period: 3 years
  - Impetigo Herpetiformis
    Steroids

KOBNER'S PHENOMENON

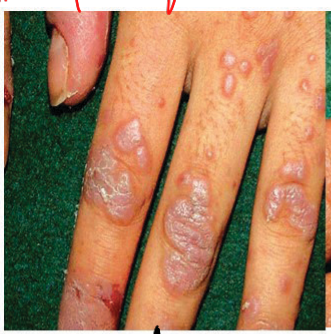


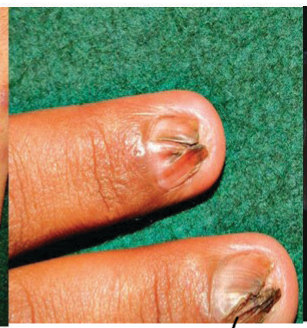
Koebner: lesion ↑ c Trauma
a/k/a Isomorphic phenomenon
seen c: L P V
L. planus, Psoriasis, Vitiligo

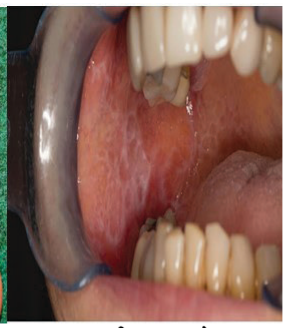
Pseudo-Koebner:
appears ↑ see c Trauma but actually inoculating
↓
viral warts : HPV (Auto inocul°)

Reverse Koebner:
Psoriasis

Papulosquamous DIS: LICHEN PLANUS : Multiple Ps







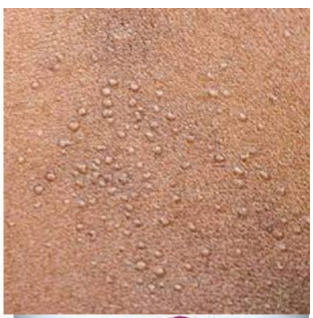
- Plane Topped
- Purple
- Pruritic

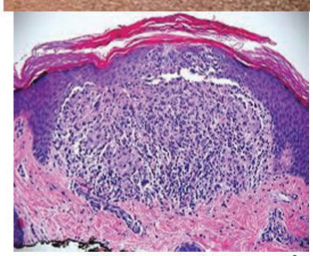
* whitish striae: Wickham's striae

Nails:
- Pterygium form^
- Pitting

Oral lesions:
- Removed ↓ Candida
- x Removed
  - Lichen planus ↓ a/w HCV "Lacy oral lesions"
  - Oral Hairy Leukoplakia ↓ a/w EBV

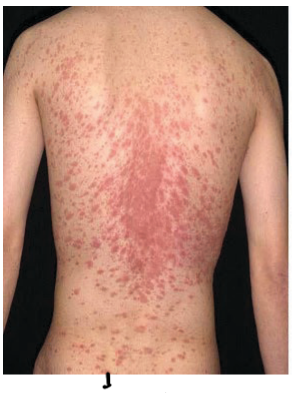
LICHEN NITIDUS

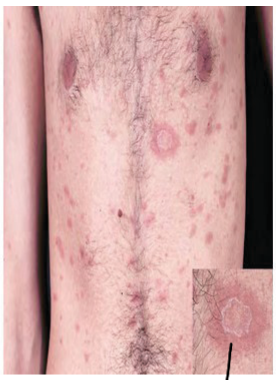




- Nodular lesions
- H/p: claw clutching a Ball pattern

PITYRIASIS ROSEA =



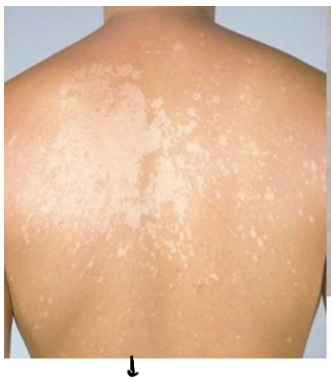


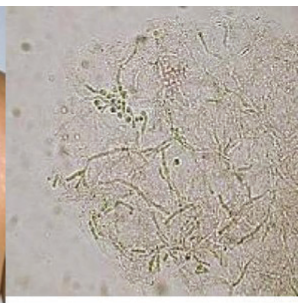
Spine Tree/ Christmas Tree pattern
↓
HHV 6/7
· Spares palms & soles

Starts off ↑
Herald patch
↓
Scales:
Cigarette paper/ Colarette Scales

Mgt: Reassure (conservatively)

PITYRIASIS VERSICOLOR





Hypo + Hyperpigmented lesions
↓
(variable color)
· fungal infec^{n}
↓
M. furfur: Culture:
SDA + olive oil [Lipophilic]
↓
Fried egg colonies

KOH mount of M. furfur
↓
Spaggheti – Meatball app

✲ Christmas Tree

- Rash: P. rosea
- Cataract: Myotonic Dystrophy
- UB: Neurogenic Bladder

✲ Fried eggs

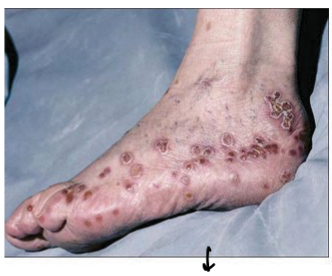
- Colonies: M. furfur
  Mycoplasma
- Appearance: Hairy cell leukemia
  Oligodendroglioma

SSSS

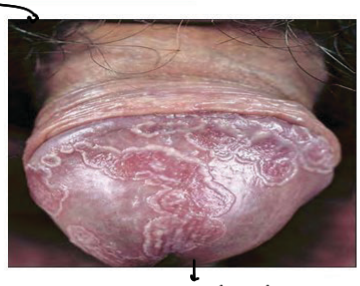
Rieter's syndrome VS Ritter's syndrome

· post GI/STD infec^{n}
· freq. a/w
  Campylobacter
  Shigella

· Reiter's S/d Triad:
Can't see, can't pee,
can't climb a tree

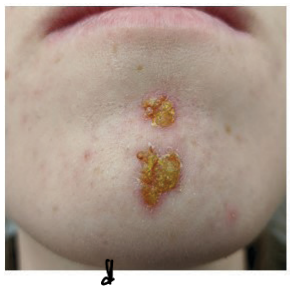


Keratoderma Blenorrhagicum

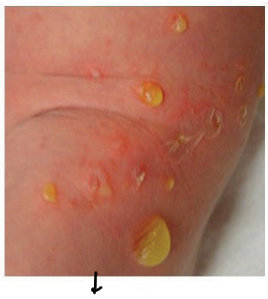


circinate balanitis

conjunctivitis
arthritis — urethritis

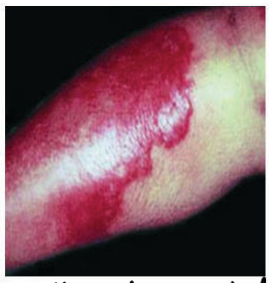


Honey crusting
· child
↓
IMPETIGO
↓
mcc: Strep / Staph

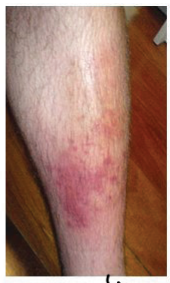


Bullous Impetigo
↓
Staph (only causative o'sm)
↓
d/t Exfoliative toxin
↓
SSSS in infants: Ritter's s/d
↳ No oral inv.

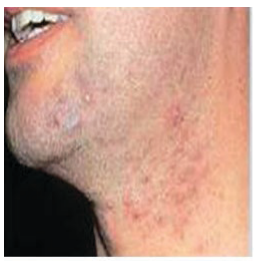
can also cause
SJS - TEN : h/o Drug +
↓ <10% inv. ↓ >30% (Ten ≠10%)
· diffuse cut. lesions
· oral mucosal +



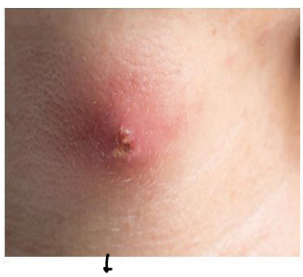
Erythematous raised well-defined lesion = ERISYPELAS



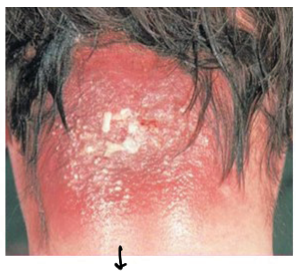
↳ infiltrating, ill-defined
↓
CELLULITIS



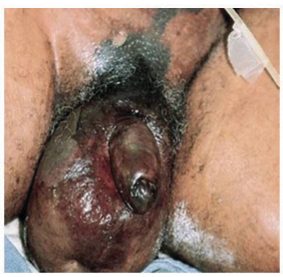
Folliculitis (m/c hair follicle lesion)
↓
mcc: S. aureus



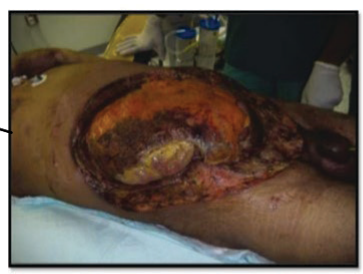
Furuncle
ass. pus collection



· Nape of Neck
· in pts of DM
↓
CARBUNCLE
(Uncle with DM)

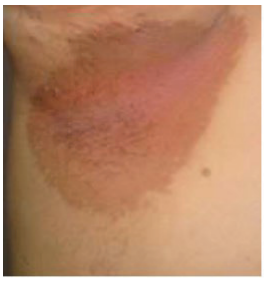


lesions ⊆ involve entire layer of skin + subcut. fat + muscle



Fournier's Gangrene
· polymicrobial
vs. Gas gangrene ⟨ crepitus ⊕ / Air on imaging
↓
C. perfringens

Burrowing orangeish lesion in a surgical wound
↓
Meleney's gangrene



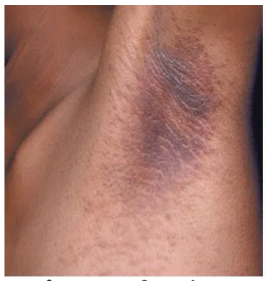
Coral-red axilla on Wood's lamp examin^{n}

↑

Corynebacterium minutissimum

↓

causative agent of Erythrasma



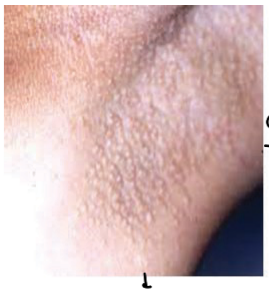
Velvety-Blackish axillary lesion

- a/w obesity
  PCOD
  DM
  GI AdenoCa [PNS]
  Metabolic S/d

⇓

Acanthosis Nigricans

Sweat glands



Apocrine (where hair follicles ⊕)

↓

- Axilla
- Groin

↓

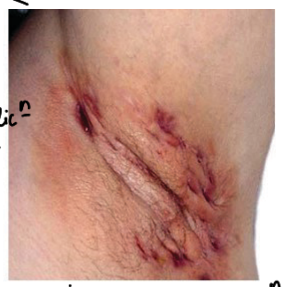
Fox Fordyce D/s

vs. Fordyce spots

↓

on lips

complic^{n} →



Sinuses + indur^{n}

⇓

Hidradenitis Suppurata

Wood's lamp: UV-A -365nm
Barium silicate + NiO filter

Ca ATPase channel D/s

↓

a/w Desmoglein in Spinous process

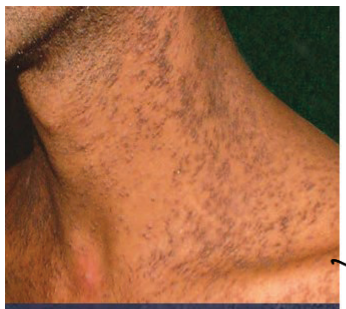
2A2

↓

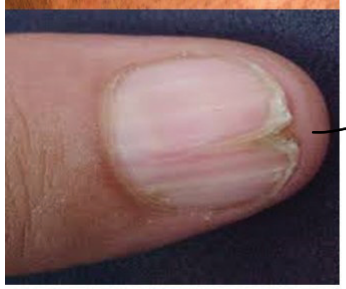
Darrier's D/s

↓

crop grains/ ronds



→ crop grains/ ronds



→ 'V' shaped nail lesions

2C1

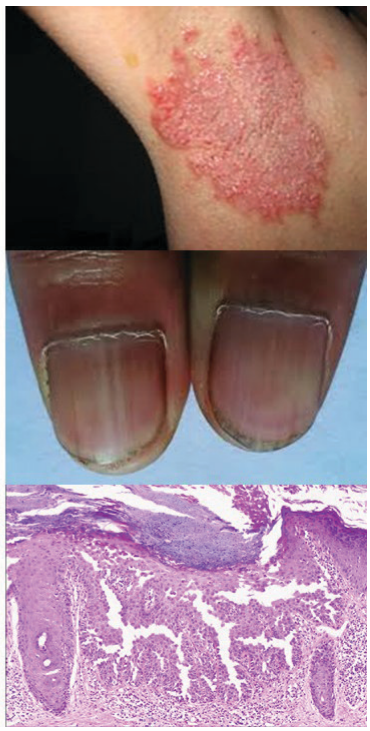
↓

Hailey-Hailey D/s

(Hailey's comet)

↓

- Axilla: raised erythematous plaques
- Nails: longitudinal lines
- H/p: Dilapidated Brick wall app



TLDs { Thermoluminiscent Dosimeter

PEP - HIV + TLD { Tenofovir / Lamivudine / Dolutegravir } ASAP × 4 weeks

Scarring Alopecia:

"T L D"

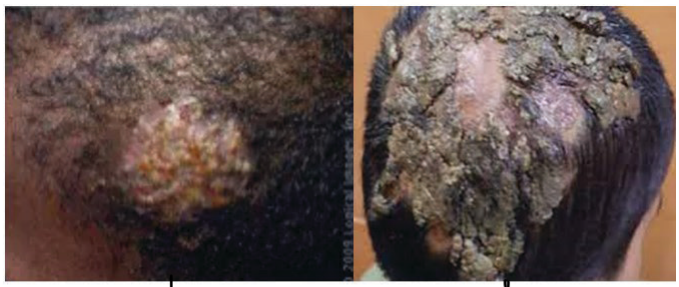
T. capitis
L. Planus
DLE (Discoid lupus)

+ 2° Syph (Both Scarring & Non-scarring)

Non-scarring Alopecia:

3months- (of stressor): Telogen effluvium
Chemotherapy- Anagen effluvium
Accessible areas- Trichotillomania (Impulse control d/o)

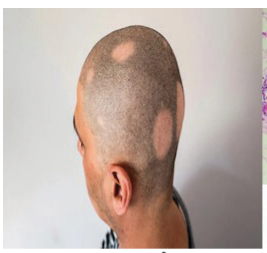
TINEA CAPITIS : DOC: Griseofulvin



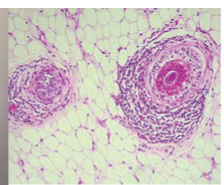
Boggy Tender Swelling - child
+ ass. LN⊕
↓
KERION
mcc: T. mentagrophyte

crusting Scutula
↓
FLAVUS
mcc: T. schonleinii

Hair Perforation Test: T. mentagrophyte



No inflamm^n
No scarring



Lymphocytes around hair-bulb
↓
Swarm of Bees sign

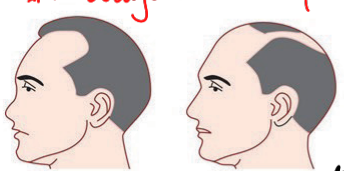
Patterns of Alopecia Areata

Alopecia totalis	Total or almost total loss of scalp hair
Alopecia universalis	Loss of all body hair
Ophiasis	Alopecia along scalp margin
Sisaipho pattern ↳ sparing	Hair loss spares the sides & back of head

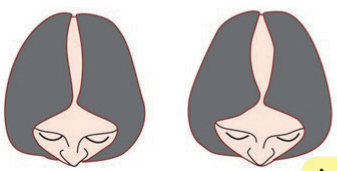
Exclamatory mark sign
Nail: regular pitting
Going white overnight

↓
Alopecia areata
- Autoimmune
- a/w - Type 1 DM
  Hashimoto's
  Sjogren's

Androgenetic Alopecia → TOC: Topical Minoxidil OR Finasteride (⊖DHT s/s)



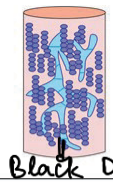
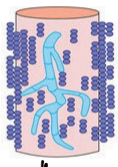
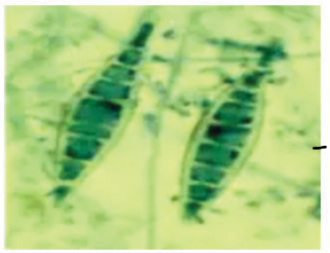
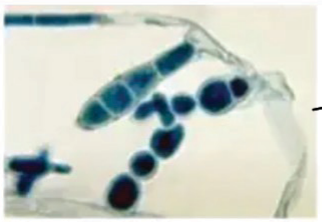
Male-pattern baldness → a/k/a Hamilton pattern
↳ receding frontal hairline



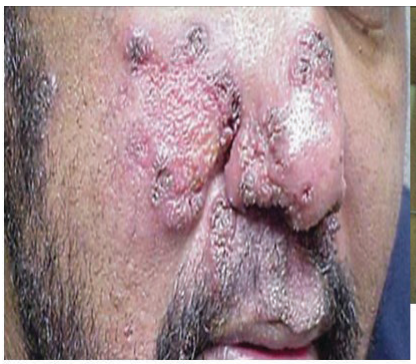
Female-pattern baldness → Ludwig's pattern
↳ widening of parting hairline

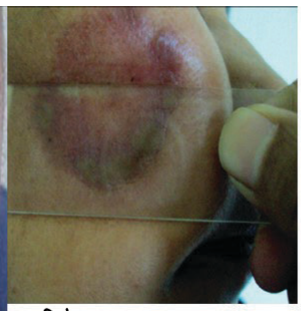
Ludwig's angina (ENT)
↓
Polymicrobial infection of the floor of the mouth

Dermatophytes

			Macroconidia (PSC)	Microconidia
Trichophyton	· Skin · Hair · Nails	Endothrix  Black Dot	 - pencil	+++
Microsporum	· Skin · Hair	Ectothrix  Grey patch	 - Spindle	+
Epidermophyton	Skin Nail		 - Club/ Cavatte	⊖

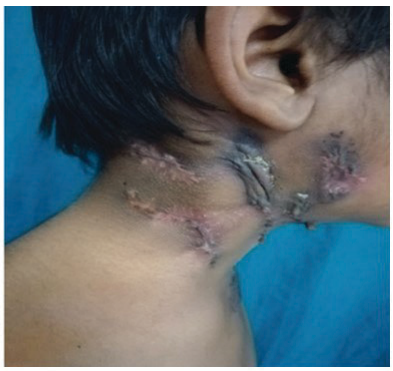
Cutaneous TB





Diascopy: peripheral apple jelly nodules

Lupus vulgaris
- m/c in adults



Scrofuloderma
⇓
m/c cutaneous TB in children

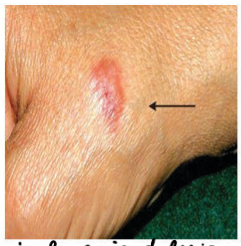
Central Scarring: Lupus vulgaris

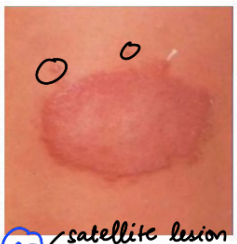
Central Clearing: Tinea (annular ring lesions ∵ clear centre)

Central Crusting: Kala-Azar

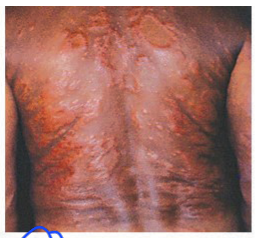
· Lichen scrofulosorum
⇓
HS reac^{n} against TB
(Tuberculoid reaction)

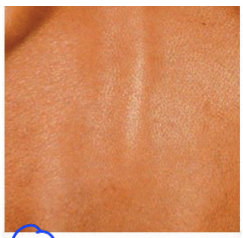
LEPROSY -


TT: single raised lesion, thickened nerve


BT: satellite lesion, Nerve abscesses

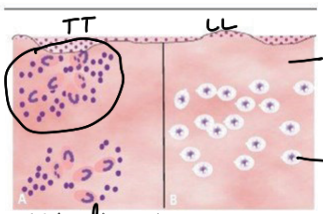

BB: Or: afrta annular/ inverted saucer/ punched out lesions


BL: no. ↑↑ ill-defined


LL: ~100s indiscernable

Ridley Chopling Classific^n

TT CMI ++	BT	BB	BL	LL CMI --
1. Number of lesions				increase
2. Well-defined, elevated margins				ill-defined
3. Single thickened nerve				more nerves bilaterally
4. Sit Skin Smear (SSS) negative				positive
5. Anesthetic lesions				sensations present (Glove & stocking Anesthesia)
6. Tuberculoid granuloma				foam macrophages and Grenz zone



granulomas

Grenz zone: zone of clearing

Foamy macrophages

Indeterminate: Child, facial hypopigment^n ↓↓Sn vs. P. alba

Histoid: Nodules - Type of LL (instead of this)

Lucio: Erythematous/ shiny face - LL (pretty in mexican) — Itchy, scales in facial hypopig.

Lazarine: Malnourished/HIV - Nodulo-ulcerative lesions

Route of infection - inhalational
Virulence factor- PGL-1
MC cranial nerve- CN 7 - Exposure Keratitis — mcc of Blindness in Leprosy
Mc Nerve for biopsy- Radial cutaneous N. > Sural N.
Earliest sensation lost- Temperature (cold)

Irony: leprosy involves colder peripheral areas first

leprosy: Rx

	PBL	MBL
Skin lesions	0-5	>5
Nerves	0-1	>1
SSS AFB	-ve	+ve
MDT duration (WHO)	6 mo	12 mo

NLEP Blister Packs — Child: Blue, Adult: Green — Child: Brown, Adult: Pink (now for all)

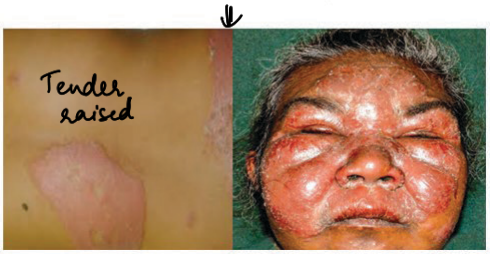
RDC

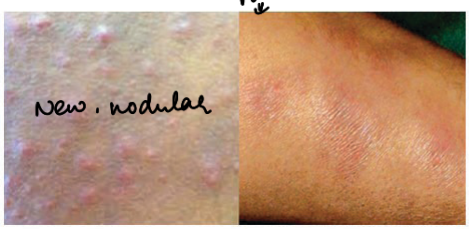
	Rifampicin (Most effective)	Dapsone	Clofazimine
Adult	600mg OAMS · Once a month · Supervised	100mg OD	300mg OAMS+ 50mg OD

LEPRAE REACTIONS

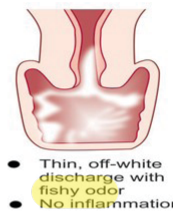
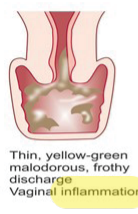
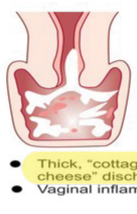
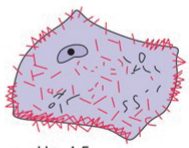
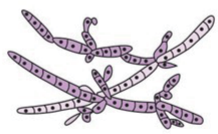
	Type 1	Type 2 · a/k/a E. Nodosum leprae
Hysn reaction: (Sum s/b c)	Type IV HS	Type III HS
Seen in:	BB/BT/BL	LL
Relation to treatment:	↑in 12mo (related to Rx)	⊗
C/F:	Pre-existing + Tender, raised lesions	New nodular lesions
Systemic involvement:	⊗	↙ fever arthralgia Orchitis
Treatment:	1st - NSAIDs DoC: Steroids	DoC - Steroids

M. effective: Thalidomide → Teratogenic: Phacomelia/ Flipper Baby





Rx: Continue MDT

Differential diagnosis of vaginitis - Always ↑ Physiological discharge (↑ midcycle) ⊗ odour			
Diagnosis	Bacterial vaginosis (Gardnerella vaginalis)	Trichomoniasis (trichomonas vaginalis)	Candida vaginitis (candida albicans) All Cs
Examination	 • Thin, off-white discharge with fishy odor • No inflammation	 • Thin, yellow-green malodorous, frothy discharge • Vaginal inflammation	 • Thick, "cottage cheese" discharge • Vaginal inflammation
Laboratory findings	 • pH > 4.5 • Clue cells • Positive whiff test (amine odor with KOH) · Amsel's criteria	 single nucleus 4 + 1 flagella • pH > 4.5 • Motile trichomonads	 • Normal pH (3.8 - 4.5) • Pseudohyphae
Treatment	Metronidazole or clindamycin	Metronidazole; treat sexual partner	Fluconazole

"GREAT"

Urethral Discharge

- Urethral Discharge (Pus or muco-purulent)
- Pain or burning while passing urine
- Increased frequency of urination
- Systemic symptoms like malaise, fever

Tab. Azithromycin 1 gm OD Stat + Tab. Cefixime 400 mg OD Stat

KIT 1/Grey

Treat all recent partners

Cervical Discharge

- Nature and type of discharge (quantity, color and odor)
- Burning while passing urine, increased frequency
- Genital complaints by sexual partners
- Low backache *(Take menstrual history to rule out pregnancy)*

Tab. Azithromycin 1 gm OD Stat + Tab. Cefixime 400 mg OD Stat

KIT 1/Grey

Treat partners when symptomatic

Painful Scrotal Swelling

- Swelling and pain in the scrotal region
- Pain or burning while passing urine
- Systemic symptoms like malaise, fever
- History of urethral discharge

Tab. Azithromycin 1 gm OD Stat + Tab. Cefixime 400 mg OD Stat

KIT 1/Grey

Treat all recent partners

Vaginal Discharge

- Nature and type of discharge (quantity, color and odor)
- Burning while passing urine, increased frequency
- Genital complaints by sexual partners
- Low backache *(Take menstrual history to rule out pregnancy)*

Tab. Secnidazole 2 g OD Stat + Cap. Fluconazole 150 mg OD Stat

KIT 2/Green

Treat partners when symptomatic

Bcos Metro = longer Rx

Rachel Green

Urethritis
cervicitis
Painful Scrotal swelling

- Gonorrhea – WBC + intracellular Diplococci
  - DOC: Cefixime
- Chlamydia – WBCs only
  - DOC: Azithral
- IOC: NAAT

coinfec" is common

Genital Ulcer-Non Herpetic

- Genital ulcer, single or multiple, painful or painless
- Burning sensation in the genital area
- Enlarged lymph nodes

Inj. Benzathine penicillin (2.4 MU) - 1 vial Tab. Azithromycin (1 gm) - Single dose

KIT 3/White

If allergic to Inj. Penicillin: Doxycycline 100 MG (Bid for 15 days) Azithromycin 1GM (Single dose)

KIT 4/Blue

allergy ↓ cyanosed ↓ Blue

Treat all sexual partners for past 3 months

Genital Ulcer - Herpetic

- Genital ulcer or vesicles, single or multiple, painful, recurrent (Erythematous ulcers)
- Burning sensation in the genital area

Tab. Acyclovir 400 mg

TDS for 7 days

KIT 5/Red

No partner treatment

Low = Yellow

Lower Abdominal Pain (LAP)

- Lower Abdominal Pain
- Fever
- Vaginal Discharge
- Menstrual irregularities like heavy, irregular vaginal bleeding
- Dysmenorrhoea, dysparenunia, dysuria, tenesmus
- Lower backache
- Cervical motion tenderness

Tab. Cefixime 400 mg OD stat + Tab. Metronidazole 400 mg BD X 14 days + Doxycycline 100 mg BD X 14 days

PCM

Kit 6/Yellow

Treat male partners with Kit 1

Bubos are BAD ± Bubos Azithral Doxy

Inguinal Bubo (IB)

- Swelling in inguinal region which may be painful
- Preceding history of genital ulcer or discharge
- Systemic symptoms like malaise, fever etc

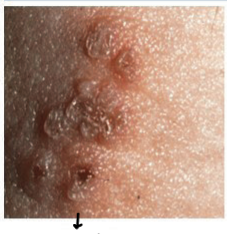
Tab. Azithromycin 1 gm OD Stat + Tab. Doxycycline 100 mg BD for 21 days

Kit 7/Black

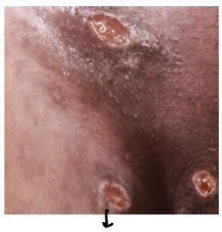
Treat all sexual partners for past 3 weeks

APPROACH TO GENITAL ULCERS

Painful



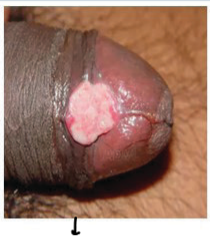
vesicles / erosions
Erythematous
Red Kit
HSV-2



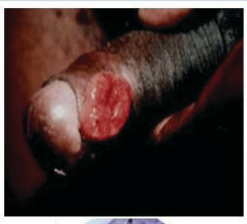
H. ducreyi
Chancroid
Azithral

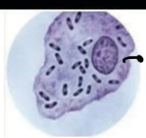
Herpes: Below the Belt: HSV-2
HSV Encephalitis: HSV-1

Painless

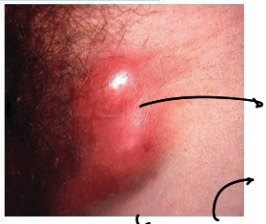


Hard, indurated base
+
painful rubbery LN
Chancre
1° syphilis
Penicillin



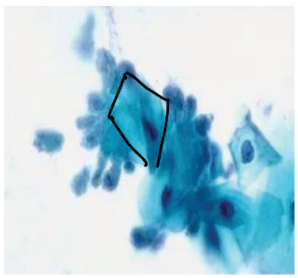


Bipolar safety pin appearance
Beefy red ulcer
Donovanosis / Granuloma inguinale
Azithral
caused by: Klebsiella granulomatis



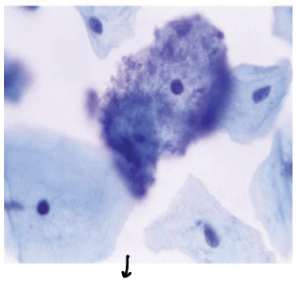
Groove sign
Black Kit
Bubos: enlarged inguinal LN
Transient
Lymphogranuloma venereum (LGV)
L1 / L2 / L3 serovars
m/c

Pap smears

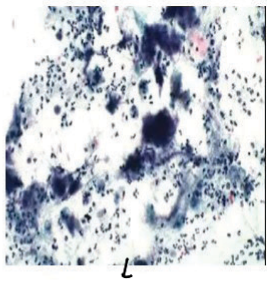


Kite-shaped o'sms
Trophozoites of Trichomonas
Trichomoniasis

Sheesh-kebab Sign
String = pseudohyphae of Candida
Candidiasis



cell coated ☐ o'sms
B'al vaginosis



cotton ball
Actinomyces
- Non Acid Fast
- Anaerobic
- H/o IUD or Cu-T

Vesico-bullous diseases

EPIDERMAL - flaccid bullae : rupture easily

DSG-1: Subcorneal split / Granulosum → Pemphigus foliaceous
- very flat ≠ present as erosions xoral → Pemphigus erythematous

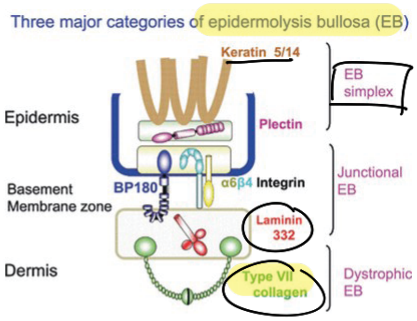
DSG-3: Suprabasal split / Spinosum
+ oral inv. → P. vulgaris, P. vegetans

DERMAL

BP Ag - Bullous Pemphigoid
↳ Tensed Bullae

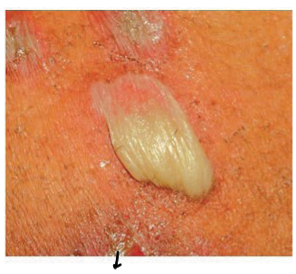
MECHANO-BULLOUS

↳ Bullous dys ℰ Trauma: Epidermolysis Bullosa → congenita, Acquisita

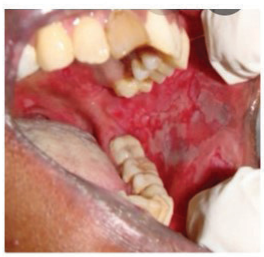


Salt split IF:
Roof- B. pemphigoid → Drink BP on roof
Floor- EB acquisita / dystrophica = Collagen VII

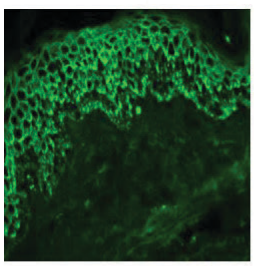
PEMPHIGUS - Rx: Steroid Pulse Rx



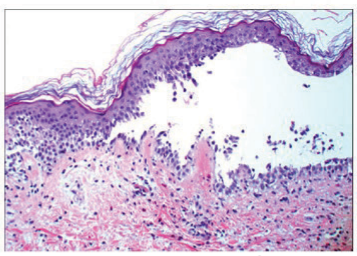
- flaccid bullae
- easily rupture
- Nikolsky sign +ve



Oral ⊕ → P. vulgaris



IF: Fish-net pattern → IgG / C3

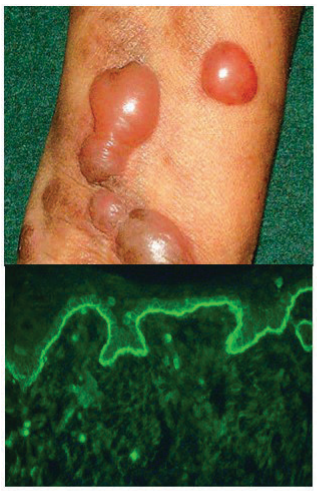


Suprabasal Split → Row of Tomb-stone

P. vulgaris > P. vegetans

Nikolsky sign+ (-ve in Bullous pemphigoid)
↳ Rupture on tangential pressure

Dermo-Epidermal Junction

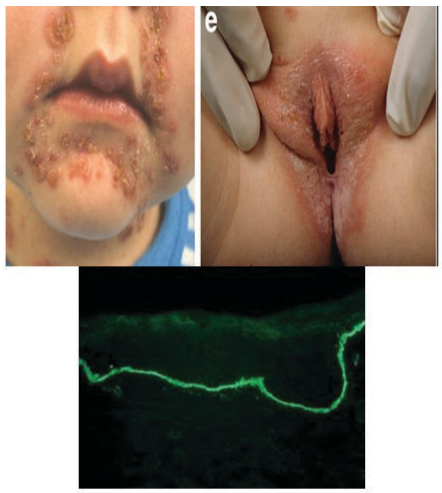


Bullous pemphigoid

Tense bullae
+ pruritus (Eosinophils)

· IF: IgG/C3 at DEJ^{n} against BPAg

DOC: Steroid pulse & Cyclophosphamide can be given



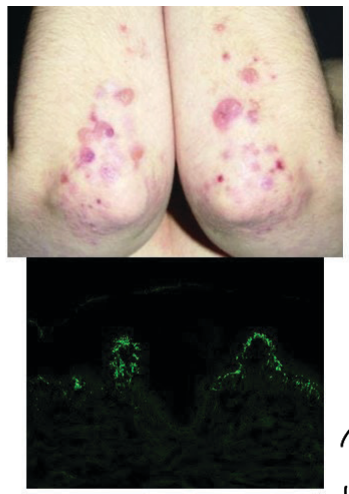
IF: Linear IgA

↓

Linear IgA D/s
a/k/a
Chronic Bullous D/s of Childhood

DOC: Dapsone

· string of pearls app { perioral / perigenital } { perioral / perigenital + diarrhea } Acrodermal enteropathica = Zn def.



· Extensor pruritus + IF: Picket-fence granular deposn @ dermal papillae (IgA)

↓

Dermatitis herpetiformis (neither Dermatitis, nor Herpes)

Rx: Dapsone

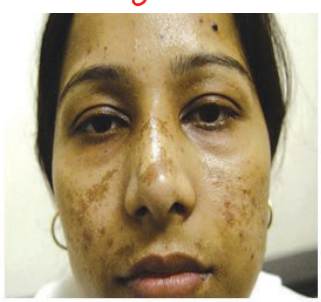
↓

Cut. manifestn of Celiac D/s

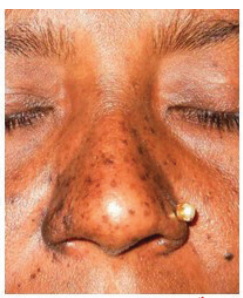
· H/P: Neutrophils + papillary microabscesses

Epidermal

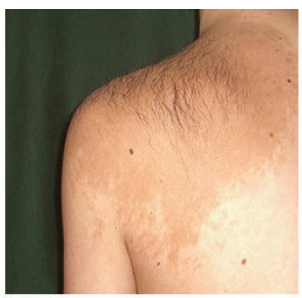
· Brown
· Wood's lamp:- accentuation



Melasma/Chloasma
· mask of preg.
· a/w preg./OCP



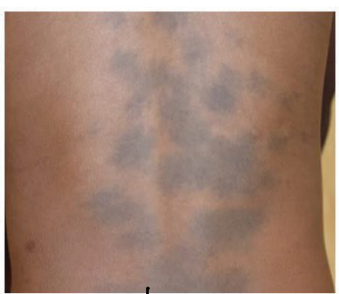
Chikungunya - "Chik sign"
· H/o Joint pain/ retro-orbital pain



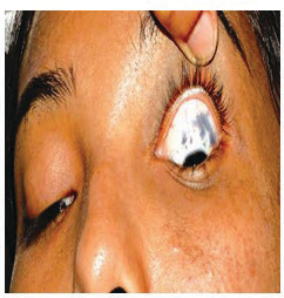
Becker's Nevus

Dermal

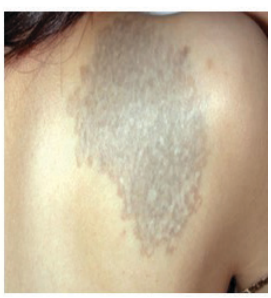
· Slate grey / Blue (d/t Tyndall effect)
· Wood's lamp: X Accentuation
· Since it's Blue:
a/k/a: Cerulioderma
↓
also caused by Amniodarone



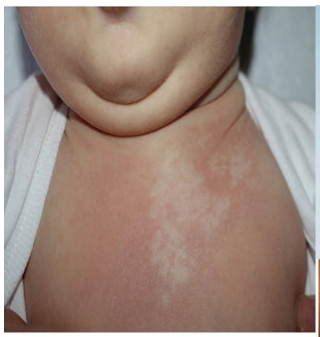
Mongolian Spots
↓
· infants
· lumbosacral
· Benign

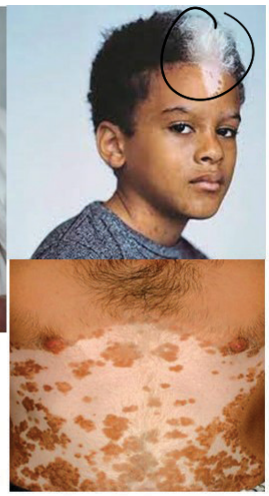


Nevus of Ota



Nevus of Ito
(It: Shoulder)



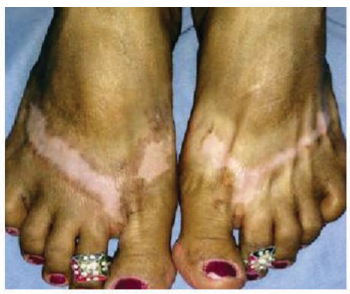


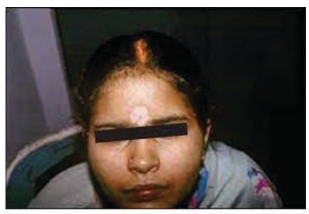
Nevus anemicus
- misnomer
- ↑↑ vasoconstric^n
- (α) receptor dysfunc^n

White forelock

"islands" of sparing → PIEBALDISM → Melanocyte defect (NC migr^n defect)

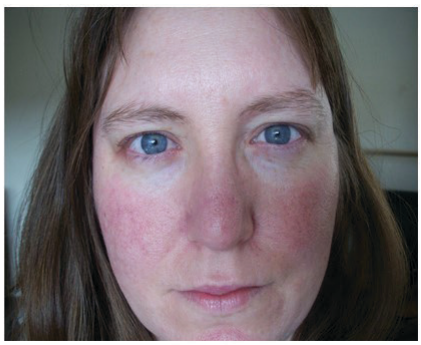
Heterochromia iridis → Waardenberg s/d



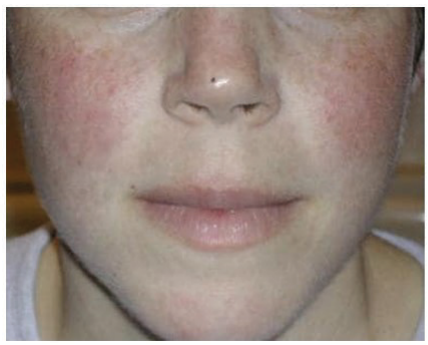


CONTACT LEUKODERMA

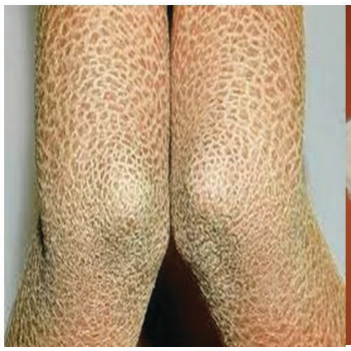
Hydroquinone:	rubber (slippers)
Parabutyl phenol:	Bindi adhesive
Parabutyl catechol:	Hair dye



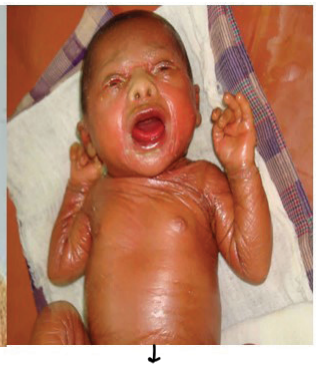
Nasolabial folds (+) → Rosacea → H/O Triggers ↑↑ + flushing Telangiectasia



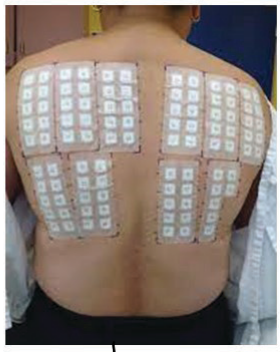
Nasolabial sparing → Malar / Butterfly rash of SLE



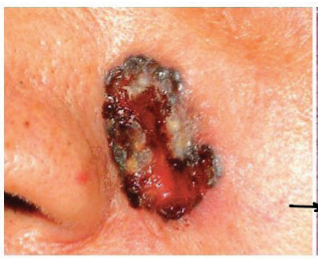
Fish Net over limbs
↓
Ichthyosis vulgaris
↓
Ab against Filaggrin
Only Trunks:
X-linked Ichthyosis



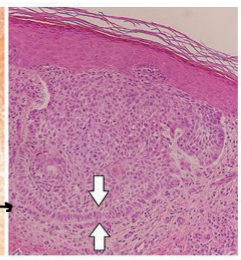
↓
Baby born c membrane
↓
Colloidon Baby
↓
Memb sheds off
Ab fish-net in trunk
↓
Lamellar Ichthyosis



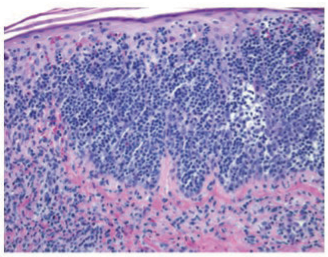
↓
Patch Test ⟨ read at 48 h, + -ve, at 96 h
↓
Allergic Contact Dermatitis
Nickel: Artificial Jewelry



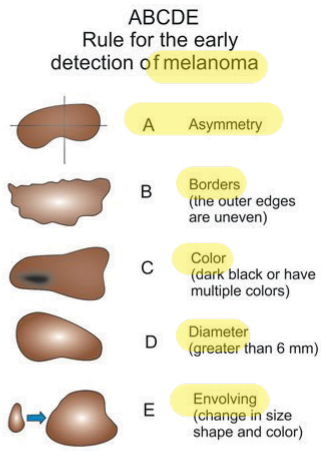
red lesion c raised pearly nodules
↓
Basal cell Ca
↓
· m/c Cut. malig.
· Best prognosis



H/p: True palisading

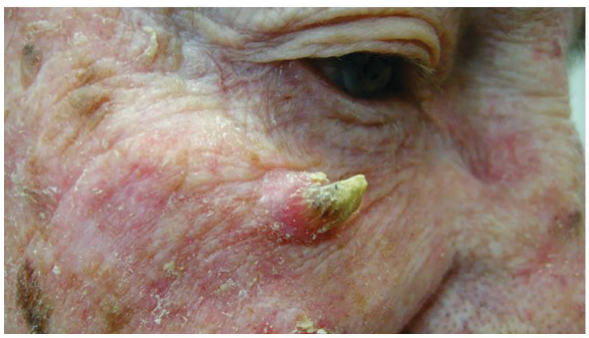


· Pautrier's microabscess
↓
Mycosis fungoides
- Lymphocytes going towards epidermis
↓
Epidermotropism



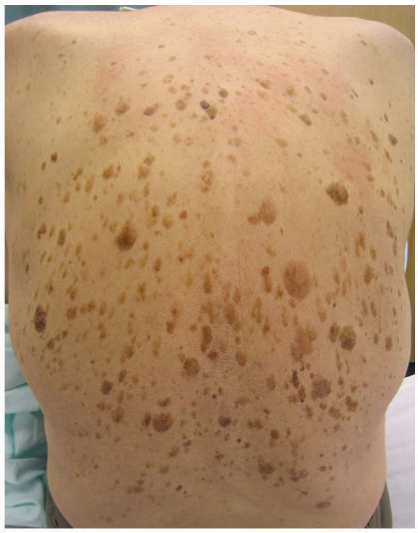
m. imp. prognostic marker
↓
Breslow's depth

· Cutaneous T-cell Lymphoma"
↓
cerebriform nucleus
↓
Hemat. dissemin^{n}:
Sezary s/d



Cutaneous Horn
↓
seen in Actinic Keratosis
· premalig. for sq. cell Ca

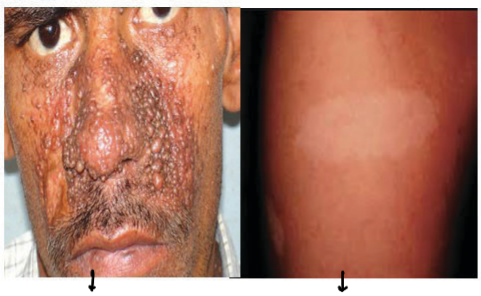
(S cannot turn into S)



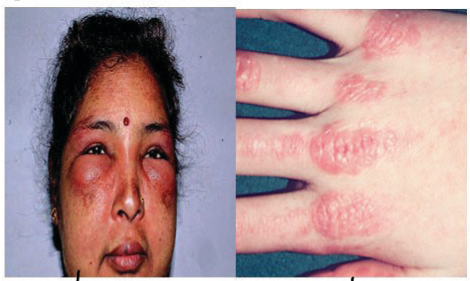
"Stuck on"
↓
Seborrheic Keratoses
↓
seen ± underlying malig.
t/a Sign of Leser Trelat
[Paraneoplastic S/d]

Neurocutaneous S/d = All are AD except Sturge-Weber (sporadic)

Cafe-au-Lait macules
↓
NF-1 { AD, chr. 17
vs.
NF-2 { AD, chr. 22



Adenoma sebaceum — Ash-leaf macules
↓
Tuberous Sclerosis
· chr. 9, 16
Hamartin — Tuberin
· subependymal nodules
↓
seizures
· Angiomyolipomas - kidney



Violet lesions around orbit
↓
Heliotrope rash
↓
Dermatomyositis
· maybe a/w underlying malig. (PNS)
· Anti Mi-2
Anti Jo-1 (Anti-synthetase)

Gottron papules

2 CHAPTER

PSYCHIATRY

Disorders of perception

Hallucination → ⊗ stimulus
- outer objective space

Illusion
· stimulus +nt

-Pseudo-hallucination
- inner subjective

-Reflex hallucination / synesthesia
↳ hallucin^ & percep^ in different senses
↳ eg. see music, hear colours

-Functional hallucination
↳ in same sense

-Hypnagogic
↳ going to sleep

-Hypnapompic
↳ wake up from sleep

= narcolepsy
↓ hypocretin
✓ ↓ REM latency
✓ sleep attacks
DOC: Modafinil

Thought Disorders

Stream | **Content** | **Possession** | **Form** - Schizophrenia

- **Flight of ideas**

"My father sent me here. He drove me in a car. The car is yellow in color. Yellow color looks good on me"

- **Pressure of speech** — Manic speech
- **Thought retardation/block**
- **Circumstantiality** ↳ Beating around the bush
- **Prolixity** ↳ interesting story telling
- Perseveration

Delusion
⇓
unshakable belief

Thought insert^
- 'someone is putting thoughts in my mind'

Thought withdrawal
- 'someone is taking away my thoughts'

Thought Broadcast
- 'thoughts escape my mind, and others can access them'

- Obsessions
- Impulse
- Phobia

-Derailment
-Loosening of association

-Tangentiality vs. Circumstantiality
-Neologism → makes new words
-Incoherence =word salad
-Clang – rhyming words
"Here she comes with a cat catch rat match."

- Perseveration ⇒ D/o - stream
Palilalia - word
Logoclonia - Last syllable

vs
Echolalia - repeats examiner's words
Echopraxia - repeats examiner's actions