



Out of Hours Unscheduled Care Networking Forum

Dermatology Assessment and Documentation

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Objectives

- What is dermatology
- Assessment
- Documentation
- The art of describing skin lesions
- Examples of lesions
- Putting your diagnostic / descriptor expertise to the test

What is dermatology?

- Derma = skin
- Ology = study of
- Skin diseases are “written” on the skin
 - Not in words but in pictures
 - Important to “read” the different lesions

Assessment





Why is your skin important?

“Skin, skin is a wonderful thing,
Keeps the outside out and the
inside in”

Anon



Why is your skin important?

- Largest organ of the body
- Much misunderstood/trivialised
- Essential to life
- Defines who we are
- Good indicator of our general health and wellbeing

Assessing the skin

- The patient's view is always important
- History taking
 - Medical history
 - Previous skin conditions
 - Internal medical problems
 - Family history
 - Hereditary component
 - Other family members recent onset of similar symptoms



Assessing the skin

- History taking

- Medications

- Oral, topical, OTC, herbal

- Social history

- Occupation

- Hobbies

- Travel

- Living conditions/home background



The Art of Describing Skin Lesions

“specialist vocabulary and more than just professional jargon – knowing the terminology offers real advantages”

Richard Ashton Consultant Dermatologist 1998

LOOK

```
graph TD; LOOK[LOOK] --- Site[Site  
face, trunk, limbs]; LOOK --- Number[Number  
single, multiple, rash]; LOOK --- Extent[Extent  
localised, regionalised,  
widespread, disseminated, generalised]; LOOK --- Distribution[Distribution  
symmetrical, asymmetrical, sun-exposed,  
flexures, extensors, creases]; Distribution --- Arrangement[Arrangement  
discrete, coalescing, annular, grouped, linear,  
serpiginous];
```

Site
face, trunk, limbs

Number
single, multiple, rash

Extent
localised, regionalised,
widespread, disseminated, generalised

Distribution
symmetrical, asymmetrical, sun-exposed,
flexures, extensors, creases

Arrangement
discrete, coalescing, annular, grouped, linear,
serpiginous

Feel

```
graph TD; A[Feel] --- B[Surface with your fingertips]; A --- C[The thickness between your finger and thumb]; A --- D[Press firmly on areas of redness (blanche test)]; A --- E[Scratch scale or pick off crust];
```

Surface with your fingertips

The thickness between your finger and thumb

Press firmly on areas of redness (blanche test)

Scratch scale or pick off crust

Type of lesion

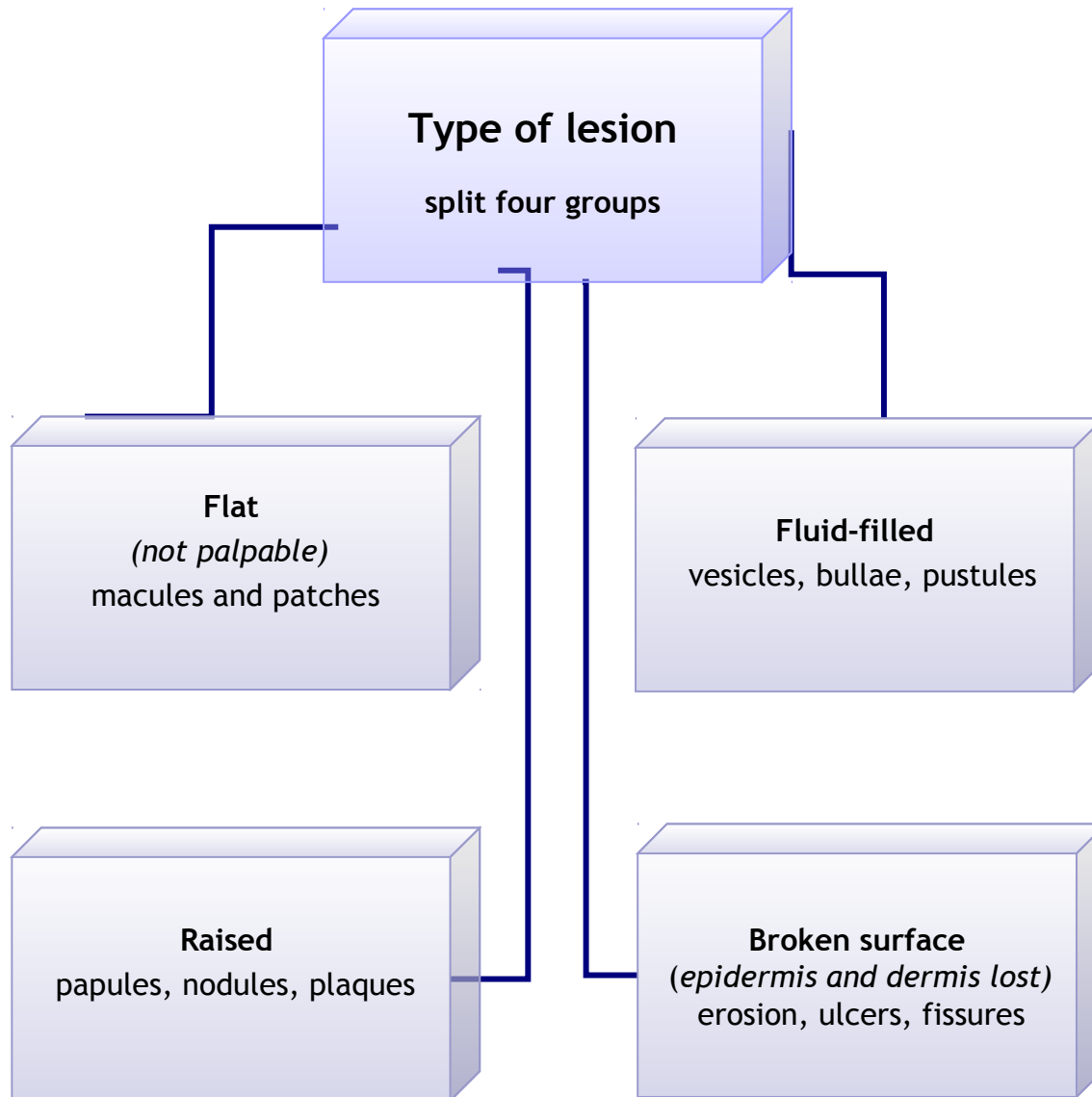
split four groups

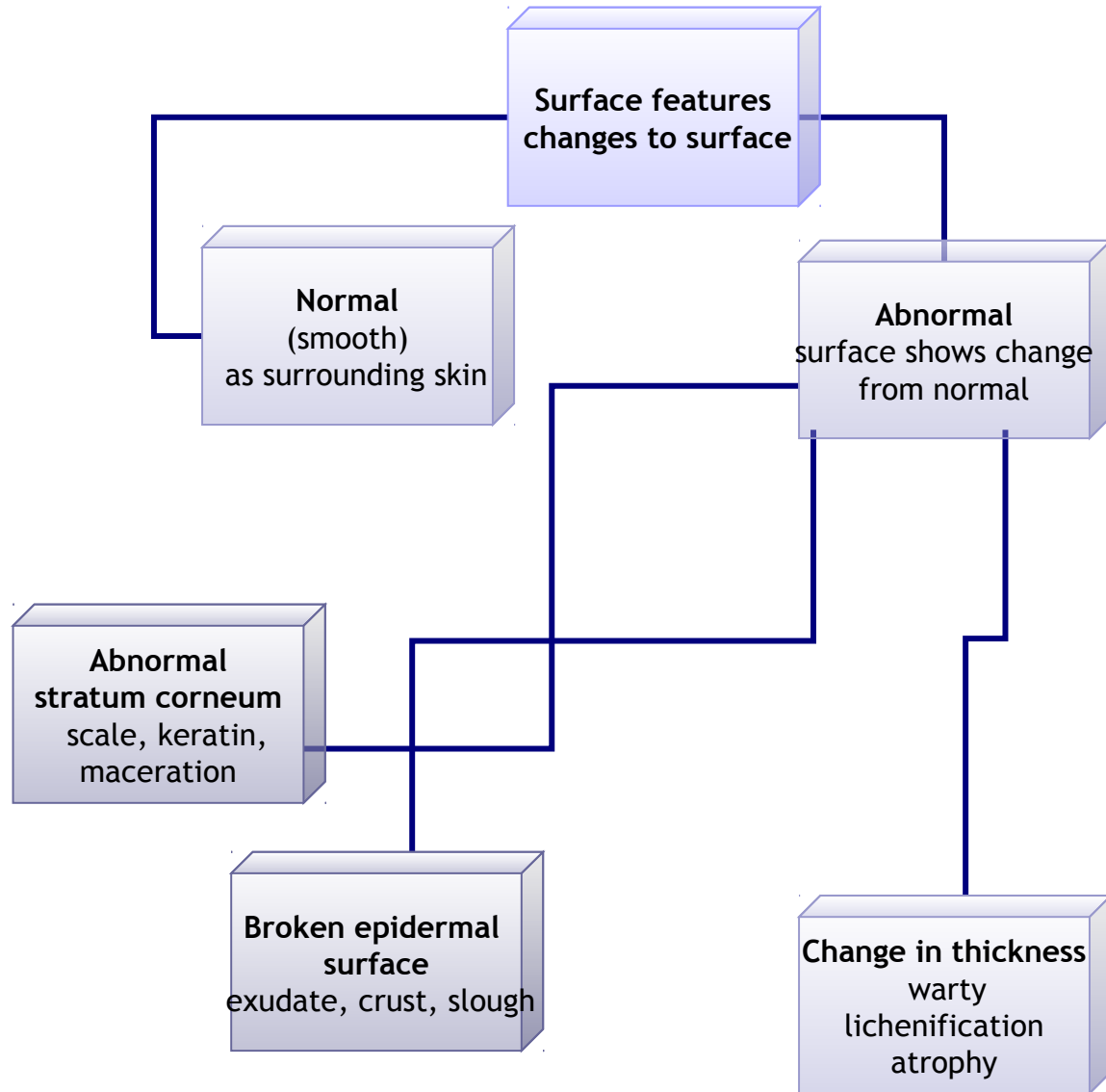
Flat
(not palpable)
macules and patches

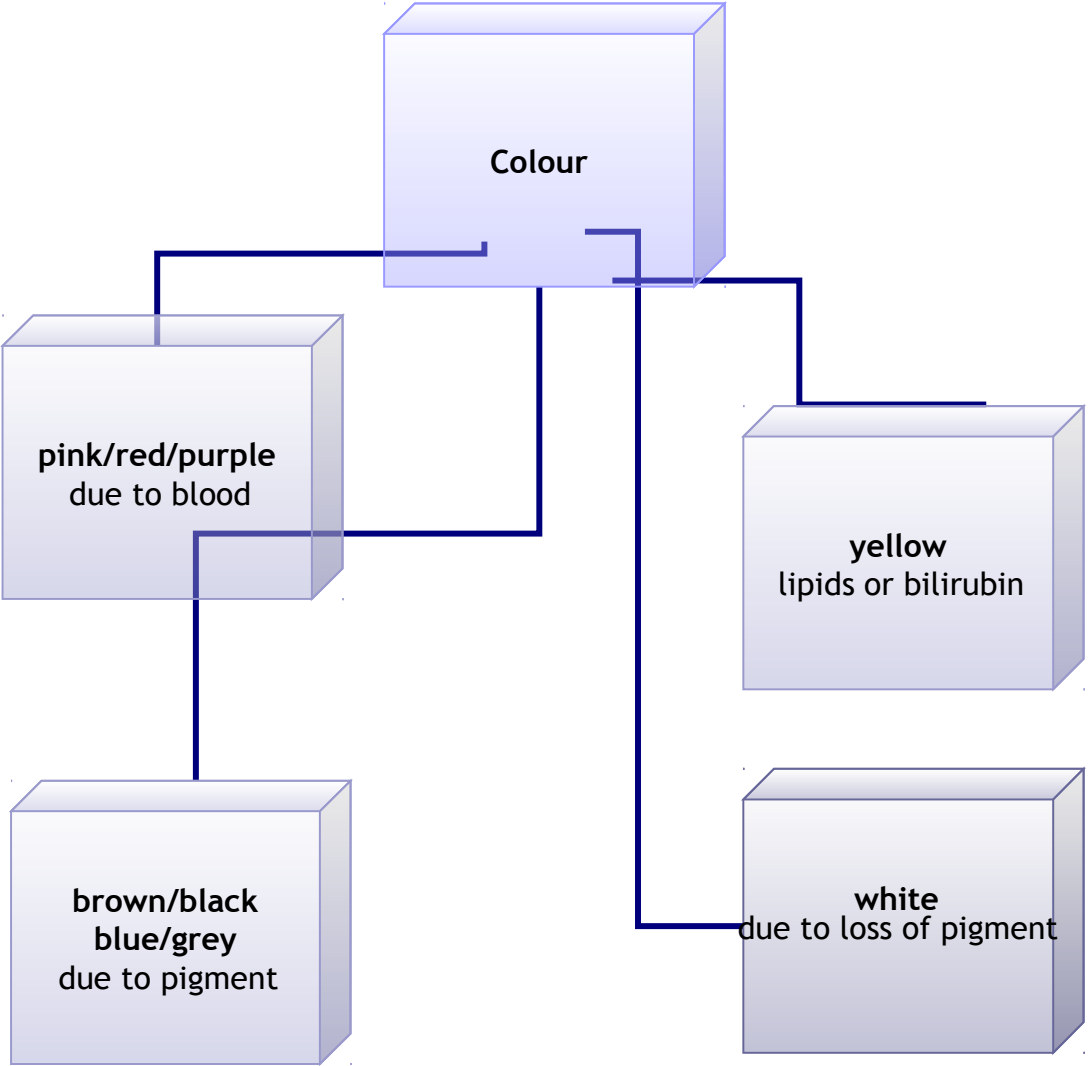
Fluid-filled
vesicles, bullae, pustules

Raised
papules, nodules, plaques

Broken surface
(epidermis and dermis lost)
erosion, ulcers, fissures







```
graph TD; A[Border and centre of lesion] --> B[Border]; A --> C[Centre]; B --- B1[Look at edge of lesion or rash]; C --- C1[Uniformity of involvement throughout lesion or rash];
```

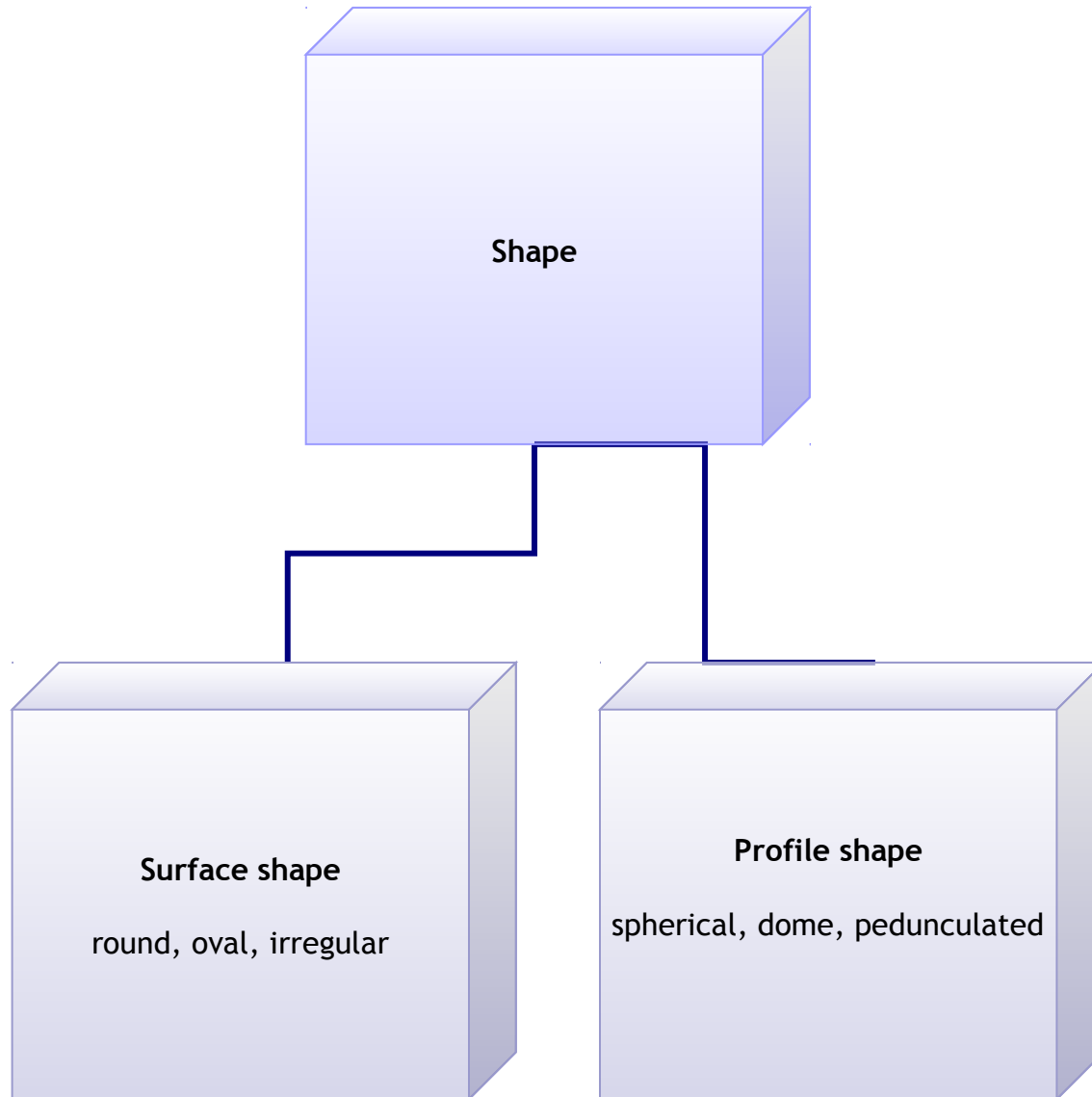
**Border and centre
of lesion**

Border

Look at edge of lesion or rash

Centre

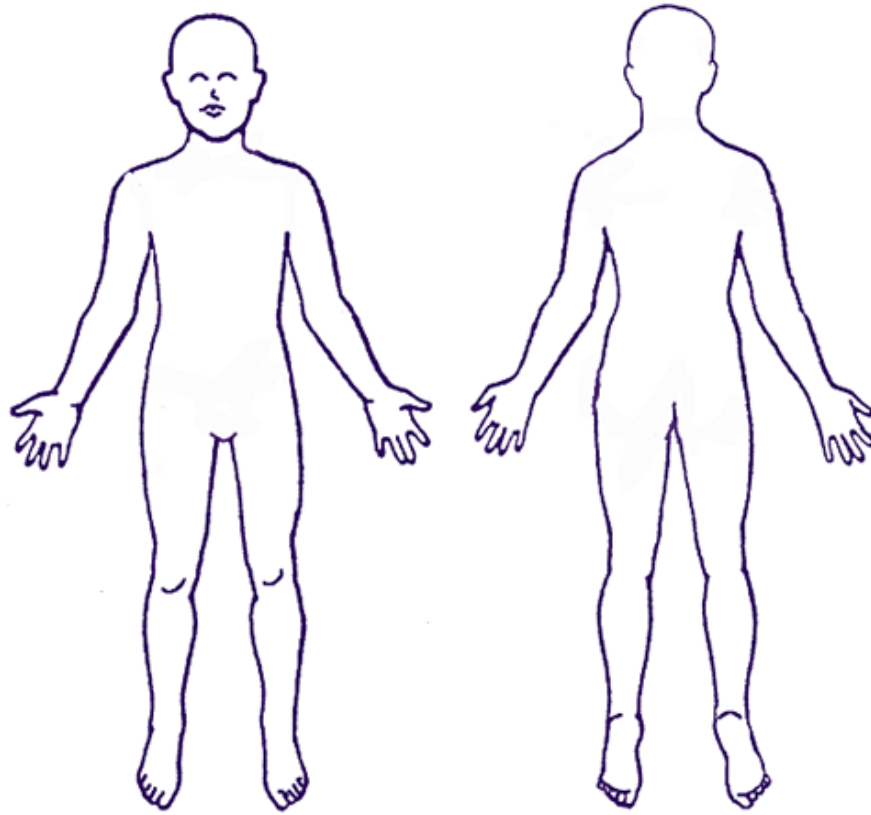
Uniformity of involvement
throughout lesion or rash



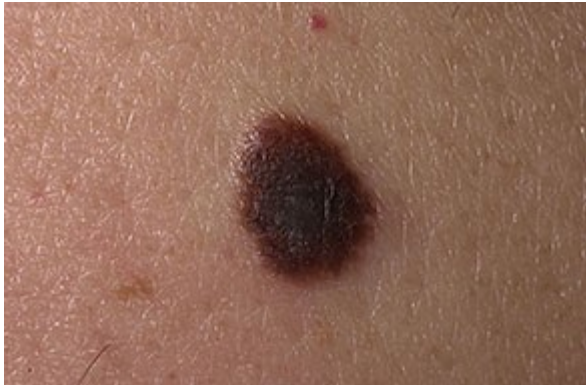
Describing skin lesions

- Site
- Number or lesions
- Distribution
- Arrangement
- Consistency
- Type of lesion
- Texture
- Colour
- Border

Site



Number of lesions



Distribution



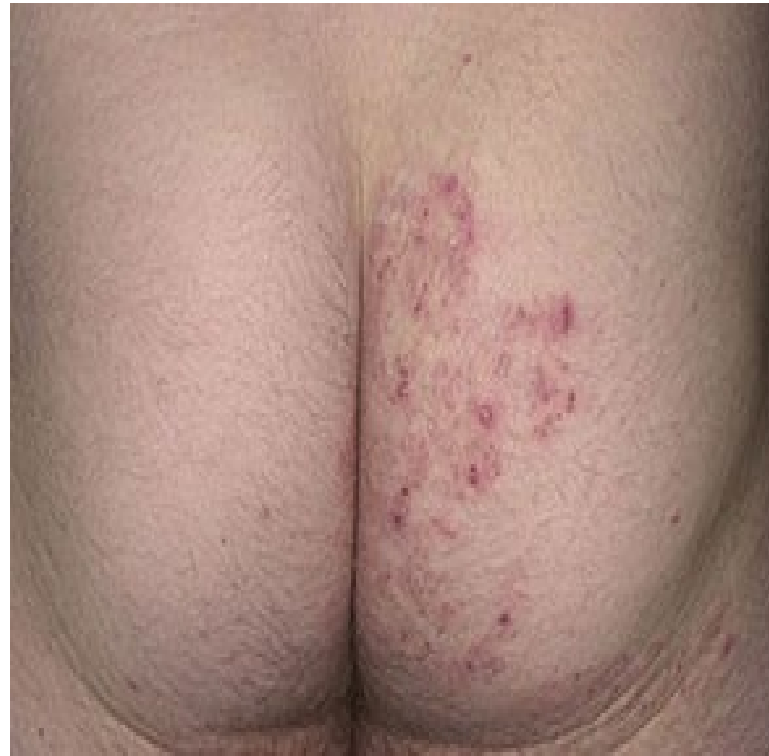
Distribution

- Symmetrical



Distribution

- Asymmetrical



Distribution

- Unilateral



Distribution

- Sun exposed sites



Arrangement



Arrangement



Consistency



Consistency



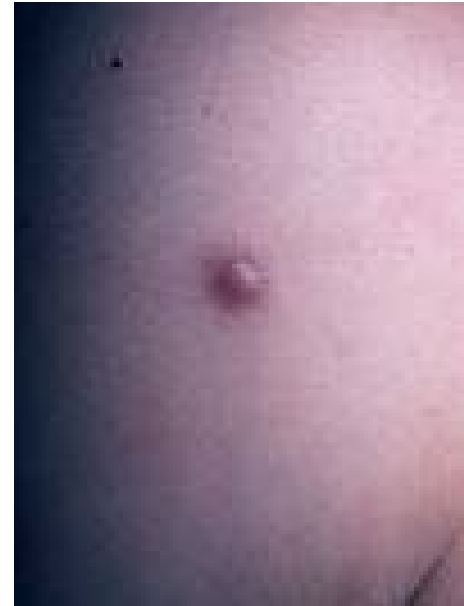
Macule

- Circumscribed, flat discolouration
- <1.5cm
- Can be brown, red, blue or hypopigmented



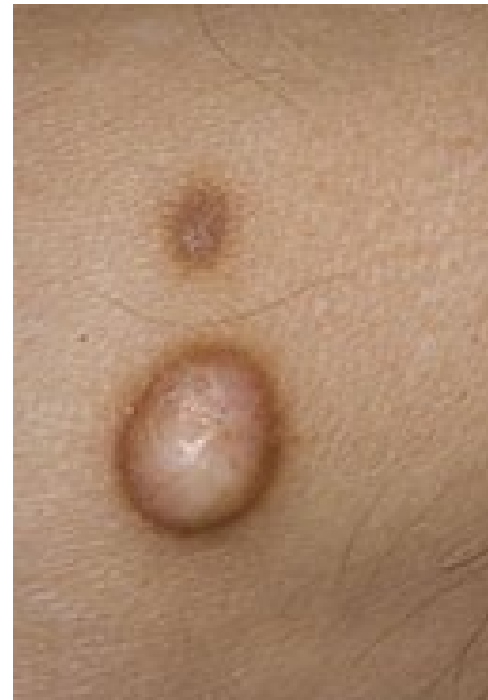
Papule

- Small, palpable lesion
- <0.5cm
- Colour varies



Nodule

- Enlargement of a papule in 3 dimensions
 - Height
 - Width
 - Length



Plaque

- Circumscribed, elevated lesion
- $>0.5\text{cm}$
- Well defined or ill defined border



Vesicle

- Fluid filled blister
- $<0.5\text{cm}$



Bulla

- Large fluid filled blister
- $>0.5\text{cm}$



Pustule

- Pus filled vesicle
- May be white or yellow



Wheal

- Oedematous round or irregular area
- Caused by swelling in the superficial dermis
- Size varies
- Can be transient



Erosion

- Superficial loss in the epidermis
- Does not extend into dermis
- Heals without scarring



Ulcer

- Area of skin loss extending into the dermis
- Heals with a scar
- Associated surface exudate, crust or slough



Fissure

- Linear splitting of the skin



Scaling

- Excess dead epidermal cells caused by abnormal keratinisation and shredding
- Various forms



Crusting

- A collection of dried serum and cellular debris
- Yellow or brown in colour



Atrophy

- Results from loss or thinning of epidermis or dermis
- Skin appears white, papery and translucent



Excoriation

- Caused by scratching
- Can be linear or picked scratch
- Can result in erosions or ulcers



Lichenification

- Chronic thickening of the skin
- Due to persistent scratching



Colour

- Red, pink or purple



Colour

■ Brown



Colour

- Flesh coloured, yellow or white



Colour

■ Black/blue



Border



Conclusion

- Understanding of the basic terminology
- Confidence to use dermatology terminology
- Assess the whole patient
- Build up your skills
 - Learn from others
 - Practice makes perfect

Put your diagnostic expertise to the test

Examine the photographs

- Diagnosis
- Brief description of the clinical features
eg figure 1 – Herpes Simplex
grouped vesicles, normal surface, well defined



Useful information

Dermatology in Practice

www.dermatologyinpractice.co.uk

Primary Care Dermatology Society

www.pcids.org.uk

Dermatology Sites

www.bad.org.uk

www.dermnetnz.org



Thank You!!