

# ***Dermatological Skin Examination***

## ***Introduction***

- **W**ash hands, **I**ntroduce self, ask **P**atients name & DOB & what they like to be called, **E**xplain examination and get consent
- Get chaperone
- Expose patient to underwear

## ***General Inspection***

- **Patient:** stable, pain/ discomfort
- **Describe the pattern of any rash:** site, number of lesions, distribution pattern

## ***Close inspection***

- **Nails:** psoriatic nail changes (pitting, onycholysis, subungual hyperkeratosis)
- **Hands**
- **Anterior arms**
- Ask patient to put hands behind head
  - **Posterior arms**
  - **Axilla**
- **Scalp:** look through hair and behind ears
- **Face**
- **Inside mouth**
- **Chest and abdomen**
- **Back**
- **“At this point, I would also like to look at the genital region”**
- **Legs**
- **Feet and toe nails**

## ***To Complete exam***

- Thank patient and cover them
- “To complete my exam, I would examine any suspicious moles with a dermatoscope and do any other relevant system examinations (e.g. vascular for an arterial ulcer)”
- Summarise and suggest further investigations you would do after a full history

# Describing Lesions in Dermatology

## Inspect lesions

- **Sites and size**
  - e.g. peripheral/central, flexor/extensor, symmetrical/asymmetrical, localised/generalised, raised/flat
- **Characteristics (SEC)**
  - Shape e.g. circular, linear, annular, irregular
  - Edge e.g. well demarcated, ill-defined
  - Colour e.g. erythematous, depigmented/pigmented
- **Secondary features**
  - e.g. crust, scale, pigmentation, keratosis, lichenification, erosion, excoriation, fissure, ulceration

## Palpate lesions

- Temperature
- Texture

## Definitions in Dermatology

	<0.5cm	>0.5cm
Flat	Macule	Patch Plaque (palpable)
Raised	Papule Vesicle (fluid filled) Pustule (pus filled)	Nodule Bulla (fluid filled)