REGIONAL DERMATOLOGIC DIAGNOSIS

A Practical System of Dermatology for the Non-specialist

By ERVIN EPSTEIN, M.D.

Consultant in Dermatology and Syphilology to the Oakland Area Veteran's Hospital and Mt. Zion Hospital; Consultant to the Tumor Board at the Highland-Alameda County Hospital; Co-Editor of "Dermatologica" ("International Journal of Dermatology"); Abstract Staff of "Excerpta Medica;" Diplomate of the American Board of Dermatology and Syphilology; Member of American Academy of Dermatology and Syphilology and of the Society for Investigative Dermatology; Former president of the San Francisco Dermatological Society; Secretary-treasurer of the Pacific Dermatologic Association; Secretary of the Section on Dermatology and Syphilology of the California Medical Association.

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PRINTED IN AMERICA

This book is fondly dedicated to

MY WIFE, SELMA

AND MY SONS,

ERVIN, JUNIOR

AND

KENNETH

Preface

THIS book is written in the hope that it will prove useful to general practitioners and students in their quest for a working knowledge of diseases of the skin. If this is accomplished, the author will be satisfied that he has attained his goal. It is not intended as a reference book for dermatologists.

Dermatology has been involved in a maze of technical terms and confusing descriptions, which has been aggravated by the apathy of non-specialists toward cutaneous derangements. Admittedly, the physician has too many pressing problems in his practice to devote adequate time to a consideration of the minutiae of cutaneous diseases. Furthermore, popular but untrue statements, such as "there are two kinds of skin diseases, those that respond to sulfur and those that respond to ammoniated mercury" and "skin patients never die and they never get well," have not been conducive to adequate respect for this specialty.

On the other hand, dermatologic entities constitute a large proportion of the general practitioner's practice. Recognition of most of these conditions and simple treatment will give gratifying results in about 75 per cent of the cases. Therefore, with a little thought and consideration he can satisfy these patients, gain new friends and enhance his reputation in the community.

The average practitioner cannot study the dermatologic patient adequately to determine all the features of the presenting eruption. Neither can he turn to an unabridged textbook to discover what entity includes all of the features presented by the patient. He often finds it difficult to know what general classification to turn to in a standard book.

However, there is one characteristic of skin diseases that is remarkably constant and easily determined—that is, the location of the

eruption. For instance, only certain dermatoses occur on the elbows. Furthermore, an eruption that characteristically affects the elbows, such as psoriasis, does so in a very large percentage of the cases. Therefore, if an examining physician notes an eruption on the elbows, he knows that there are only certain conditions to consider. With such a simple fact as a starting point, he can use it as a firm foundation stone on which to build a solid, accurate diagnosis.

Location, then, fits the specification that, to make a system of dermatology practical for the general practitioner, it must be based on a single, easily recognized, reasonably constant characteristic. This book is arranged to take advantage of this feature. Each chapter is divided into sections headed "inflammations," "granulomas," "tumors," "atrophies," etc. Under each heading, the conditions are arranged roughly in the order of frequency of occurrence. For instance, on the feet dermatomycosis is the most common inflammatory entity and is therefore described first. The rarities are dismissed with brief mention at or near the end of each section. The common "bread and butter" conditions are given first and more complete consideration. Borderline and difficult cases require more knowledge and experience than given in this book. The need for dermatologic consultation will not be eliminated by this text. Rather, it will allow the practitioner to do more for the patient with a common dermatosis—the type that he treats anyway.

Dermatology is an opinionated specialty. The author had the opportunity to study in a center where the instructors had been trained in various institutions all over the world. It was obvious that each training center has different opinions, terms and treatments for each entity. An attempt has been made to eliminate these disagreements in this book. This necessitated the making of many dogmatic statements. While many of these statements may not meet with unqualified approval by all of my colleagues, it is hoped that reviewers will realize the necessity for this. It is the author's hope that this book will be of practical assistance to the non-dermatologist.

Terminology is a confused part of dermatology. Discussions regarding "eczema" vs. "dermatitis" vs. "neurodermatitis" vs. "atopic dermatitis" vs. "allergic dermatitis" have filled many an article. In this book "dermatitis venenata" has been employed to indicate a

dermatitis of external causation and "eczema" has been reserved for "atopic eczema," "generalized neurodermatitis" and certain other inflammatory, recurrent dermatoses of unknown etiology.

Treatment is mentioned briefly under the more important dermatoses. On the whole, these are simple, relatively safe measures that are beneficial in most of the cases seen in ordinary dermatologic practice. It is not necessary to have hundreds of prescriptions available, probably a dozen or so are adequate to manage successfully 75 per cent of the patients. A group of prescriptions is presented in Appendix B.

It is unnecessary to describe each dermatosis completely in each section. For instance, acne vulgaris occurs on the cheeks, chin, forehead, nose, neck, chest, back, upper arms and buttocks. In the more important locations, this condition is presented in a reasonably extensive manner, but in other sections it is discussed briefly with references to the more important areas being given. Therefore, to review completely the subject of acne, it is necessary to read the description in each section. Reference to the index will disclose all the pages on which a given condition is discussed with the more important descriptions given in **bold-face type.**

In a book of this type, written expressly for the general practitioner, there is no necessity for more than a passing mention of such obviously specialist problems as histopathology, cutaneous testing, *x*-ray therapy, dermatologic and plastic surgery, etc. Therefore, little space is devoted to these subjects.

At the end of each chapter, a table is given listing the more important dermatoses and the more important features of each. Obviously, the information in such tables must be limited by space. Therefore, the reader should refer to the text as well as the tables to get a clear picture of the condition under consideration. In some sections, only the inflammatory dermatoses are considered in the tables because the granulomas, tumors, etc. are few or are relatively unimportant. Under "associated lesions" both involvement of other areas of the body by the condition under consideration and associated general diseases, such as diabetes mellitus in carbuncles, are given. The tests listed may not be essential to make the diagnosis in a given case but they may be of value in questionable instances. Nor should it be surmised that these tests always definitely establish the diagnosis. For instance, the

biopsy in psoriasis is invaluable in a differential diagnosis from lichen planus but it may be of no value in differentiating psoriasis from keratosis blennorrhagicum. However, this is a problem requiring consultation with a dermatopathologist. Under "most important diagnostic feature," the most valuable clue to diagnosis is listed. These features, whether clinical, such as the color of lichen sclerosus et atrophicans, or a laboratory test, such as the microscopic examination of scrapings in tinea cruris, should be seriously considered in making a diagnosis. If found, these features are often of pathognomonic significance. However, failure to demonstrate these characteristics, as a negative darkfield examination in syphilis, may not completely rule out a suspected diagnosis. Because of availability, clinical features have been given precedence over laboratory findings in this column, whenever possible. For the sake of convenience, some entities are discussed under different headings in different chapters. For instance, scleroderma may be included under "inflammations" in one place and under "atrophies" in another. Since the disease shows features of both, it is described under "inflammations" in those areas where atrophies are too rare or unimportant to be given a separate section.

Many tumors, especially benign ones, such as fibromas, lipomas, etc., and granulomas, including the deep mycoses, do not fit well into this classification. They are not generalized and yet they may involve practically any part of the cutaneous surface. Therefore, they are discussed only under some of their more common locations.

There are three appendices. Appendix A lists the common locations of the twenty most frequently encountered dermatoses. These account for 75 per cent of all patients seen in a dermatologic practice. Appendix B outlines some of the principles of local therapy. A few, but an adequate number of prescriptions are offered for the management of the more common cutaneous entities. Appendix C lists the more important cutaneous manifestations of internal diseases. One must realize that the skin is an organ of the body and shares in its disease processes. Furthermore, this manifestation is available for inspection. Recognition of the import of these lesions may establish the diagnosis of an obscure internal condition such as a lymphoblastoma. Such lesions indicate the necessary diagnostic investigations as in the case of necrobiosis lipoidica diabeticorum. With this brief outline of the purposes and

methods of this book, one is better able to make full use of its contents.

The title page lists only one person as the author. However, many others deserve credit for making this volume possible. Therefore, I would like to take this opportunity to express my thanks to these contributors.

Without the assistance of certain clinicians and institutions, the problem of illustrating the book adequately would have been most difficult. For unselfishly giving me access to their collections of photographs, I thank the following: Drs. Herman V. Allington, Harry Arnold, Samuel Ayres, Jr., A. Benson Cannon, D. E. H. Cleveland, Theodore E. Cornbleet, Norman N. Epstein, Stephan Epstein, Eugene M. Farber, Harry P. Jacobson, Edward A. Levin, Julian C. Lunsford, Merlin Maynard, James H. Mitchell, Paul A. O'Leary, John Rauschkolb, Otto Schmidt, Francis E. Senear, Marion B. Sulzberger, Harry J. Templeton, Frances Torrey, Gordon Underwood and Louis H. Winer. My special appreciation must be expressed to Drs. Ayres, O'Leary, Senear, Cornbleet, Schmidt and Farber who furnished the bulk of the pictures used in this volume.

In this regard, Lea and Febiger and the authors of several of their books were very helpful in permitting me to use pictures from their works. These included Ormsby and Montgomery, *Diseases of the Skin*, Knowles, Corson and Decker, *Diseases of the Skin* and Eller, *Tumors of the Skin*.

A major share of the credit for this publication must go to the publishers for their patience and understanding. Their cooperation in transforming this book from a dream to a reality cannot be overemphasized. Especially would I like to express my gratitude to Messrs. John F. Spahr, V. J. Boland and W. D. Wilcox.

So, I must repeat, this book was not a solo effort. My colleagues and publishers deserve a share in whatever success this publication may merit.

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OAKLAND, CALIFORNIA

Contents

Chapter 1

Generalized Dermatoses

A GENERALIZED eruption is one that involves the head, neck, trunk and extremities at the same time. Many dermatoses may become generalized, but in most this is unusual. The more common ones only are discussed in this chapter. Universal eruptions are those that involve all of the skin. For instance, an exfoliative dermatitis due to psoriasis may be universal affecting every inch of the cutaneous surface. On the other hand, psoriasis may be generalized with multiple plaques on the scalp, a few on the face and neck, numerous lesions on the trunk and with involvement of the arms and legs. In the latter instance, there are areas of normal skin while in the former, the *entire* normal cutaneous covering is replaced by erythema, thickening and scaling. As a rule, generalized dermatoses represent more severe and further advanced examples of conditions that are commonly localized. Therefore, further descriptions of most of the eruptions found in this section are included elsewhere, particularly in the chapter on "trunk," p. 197.

INFLAMMATIONS

Eczema.—Atopic dermatitis commonly involves the face and neck as well as the cubital and popliteal fossae. However, in some instances, the eruption may become generalized. In infants, the eruption tends to be wet, red and edematous. In adults, itching, lichenification and pigmentation are more prominent factors. Occasionally such a condition may become generalized to form an exfoliative dermatitis. The eruption tends to be chronic and recurrent in the adult. Skin tests occasionally disclose the causative factors. Other manifestations of allergy including asthma, hayfever and urticaria may co-exist in the patient or may involve other members of his family. Eosinophilia is common. Psychosomatic factors may aggravate the eruption. It may start in infancy and recur during puberty or may develop at any stage in life. If seasonal, plants are the most likely cause. Treatment is difficult. The principles are discussed in the section on "cubital and popliteal fossae," p. 158. The special problems introduced by the wide-

spread involvement are considered in this chapter under "dermatitis venenata."

Dermatitis Venenata.—Contact dermatitis due to nearly any cause may become generalized or even occasionally universal. Either the basic irritant or poorly tolerated local medication or secondary infection may cause such an eruption to become widespread. Dermatitis venenata may be limited to the area of exposure, but often spreads beyond this region. For instance, a patient may develop a dermatitis due to her

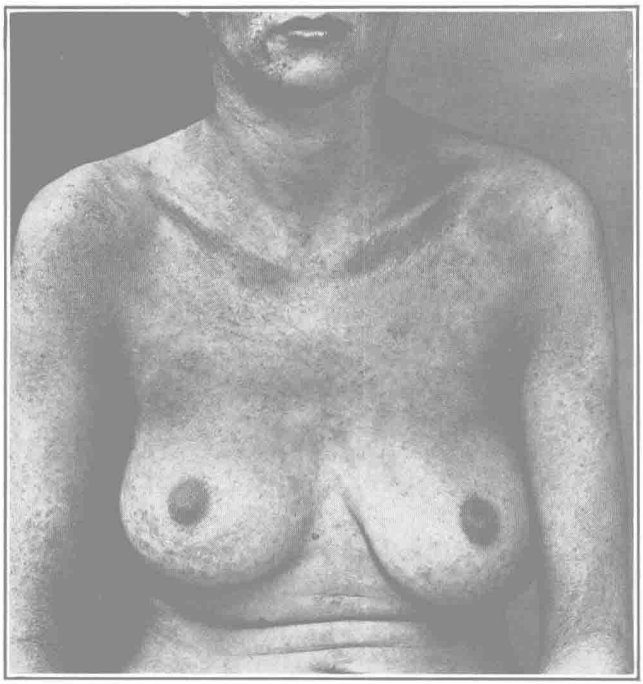

FIG. 1.—Generalized eczema showing dry, thickened, excoriated dermatitis. Note the involvement of the cubital fossæ. (Courtesy of Dr. Paul A. O'Leary, Mayo Clinic.)

girdle. At first it may be limited to the abdomen, sides, back, buttocks and thighs. However, in a day or two the eruption may become widespread. Another patient may get a generalized dermatitis from applying a preparation to the entire body, such as a scabieticide or a suntan lotion. Generalization due to a therapeutic application to a localized area of dermatitis may be due to sensitization to the medicament plus its absorption. Furacin is an example of such a mechanism. In any case, the dermatitis is manifested by erythema, weeping, itching and

edema in various portions of the body. Lichenification, eczematization and pigmentation are noted in the more chronic instances. Occasionally a contact dermatitis may develop into an exfoliative dermatitis. Obviously, treatment includes discovery and removal of the cause. Patch tests and a careful history are important aids to this phase of the therapy. Patch tests, however, must be applied with caution as they may lead to generalization themselves. Their use should be delayed in severe contact dermatitis until the eruption subsides. Local therapy depends on the presenting manifestations. However, it is wise to avoid

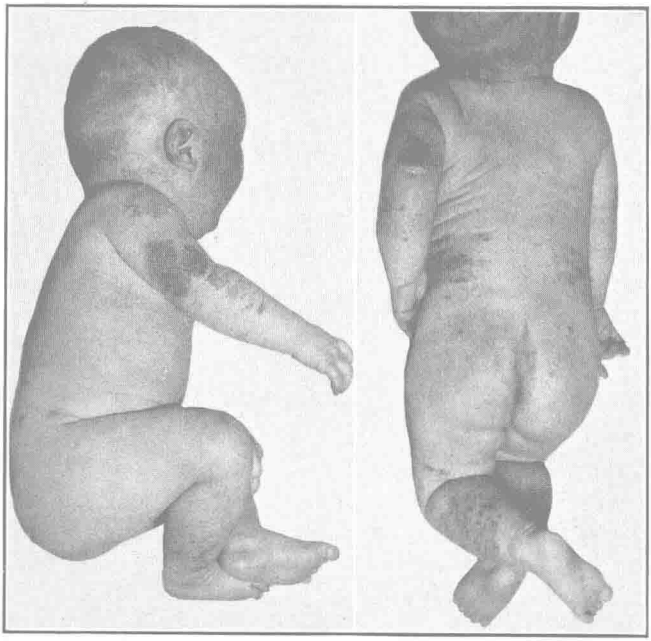

FIG. 2.—Infantile eczema. These lesions are more acute than in the adult form and show redness, crusting and weeping. (Courtesy of Dr. Paul A. O'Leary, Mayo Clinic.)

soap and wool. Soap substitutes, such as Dermolate and Phisoderm, are usually satisfactory. Starch and soda baths are cleansing and soothing. In acute weeping, edematous dermatoses, wet dressings are invaluable. Burow's solution diluted 1:15 in cold water is the best routine wet dressing in such cases. Shake lotions (*see* Appendix B, p. 315) may be alternated with the wet dressings or employed for their antipruritic properties. In drier, subacute eruptions, ointments such as the modified Lassar's paste or 1-2-3 ointment may be employed.