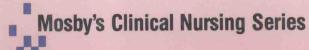
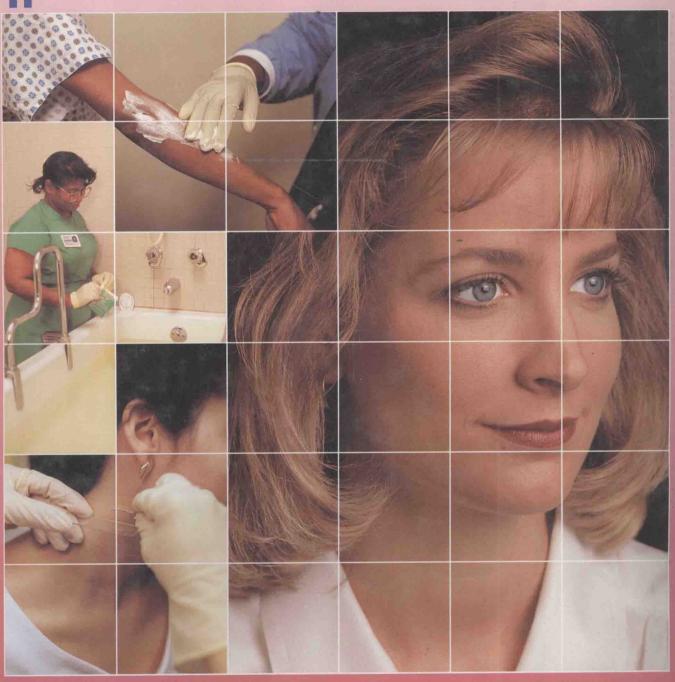
SKIN DISORDERS





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Preface

Skin Disorders is the fifteenth volume in Mosby's Clinical Nursing Series, a new kind of resource for practicing nurses.

The Series is the result of the most elaborate market research ever undertaken by Mosby. We first surveyed hundreds of working nurses to determine what kinds of resources practicing nurses require to meet their advanced information needs. We then approached hundreds of clinical specialists—proven authors and experts—and asked them to develop a consistent format that would meet the needs of nurses in practice. This format was presented to nine focus groups composed of working nurses and refined between each group. In the later stages we published a 32-page full-color sample so that detailed changes could be made to improve physical layout and appearance, page by page.

Skin Disorders presents an overview of disorders that mainly affect the skin, accompanied by guidelines for intervention, prevention, and health promotion. The content focuses on common disorders that may be seen at any age. Rare disorders are sometimes discussed as deemed necessary for continuity. The five-step nursing process is used to outline nursing care for both specific and general skin disorders.

In response to requests from scores of nurses participating in our research, a distinctive feature of this book is its usefulness for patient teaching. Background material increases the nurse's ability to answer common patient questions with authority. The illustrations in the book, particularly those in the assessment chapter, are specifically designed to support patient teaching. Chapter 12 is a compilation of patient teaching guides that supplement the patient teaching sections of each care plan. The patient teaching guides are ideal for reproduction and distribution to patients.

Skin Disorders was written in the hope that it would give nurses in any specialty a basic reference to dermatologic nursing, assist them in providing comprehensive, scientifically based, holistic care, and stimulate them to strive for quality in nursing practice.

ACKNOWLEDGMENTS

I would like to acknowledge and thank Sally Schrefer and Penny Rudolph for their guidance during the development of this book. I want to thank Lynda Hiatt, Noreen Nicol, and Gwen Roof for their contributions.

To the most important role models in my life, my parents, I thank you. I also thank my family, Carl, Carrie, and Corbin, for their encouragement and patience during the long hours of manuscript preparation. All these individuals continually keep me striving to do my very best.

Marcia Jo Hill

COLOR PLATES



PLATE 1 Eczema of the face.

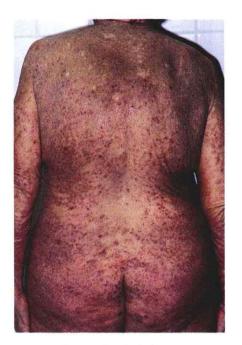


PLATE 2 Eczema of entire body.



PLATE 3 Severe eczema of the hand.



PLATE 4 Dermatomyositis.



PLATE 5 Gottron's papules of dermatomyositis.



PLATE 6 Staphylococcus cellulitis with full thickness loss.



PLATE 7 Cellulitis with capillaritis.



PLATE 9 Bullous pemphigoid, localized.



PLATE 12 Discoid lupus (neglected) with full thickness loss.



PLATE 8 Bullous pemphigoid.



PLATE 10 Actinic keratosis.

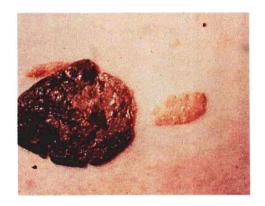


PLATE 11 Seborrheic keratosis.



PLATE 13 Discoid lupus erythematosus.



PLATE 14 Discoid lupus erythematosus.



PLATE 15 Discoid lupus erythematosus with dermatomyositis.



PLATE 16 Discoid lupus erythematosus on the extremity.



PLATE 17 Discoid lupus erythematosus on the face.



PLATE 18 Toxic epidermal necrolysis (TEN).



PLATE 19 Toxic epidermal necrolysis (mucous membrane involvement).



PLATE 20 Tinea pedis.

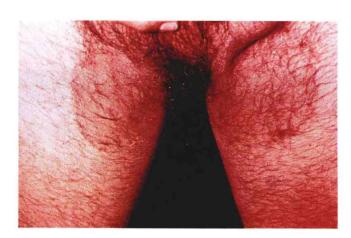


PLATE 21 Tinea cruris.

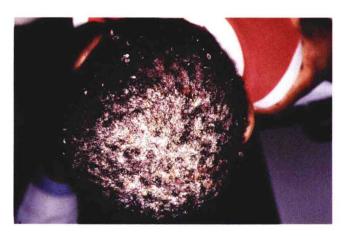


PLATE 22 Tinea capitis.



PLATE 23 Tinea corporis on the neck.



PLATE 24 Tinea corporis, classical presentation with central clearing.



PLATE 25 Erythroderma.

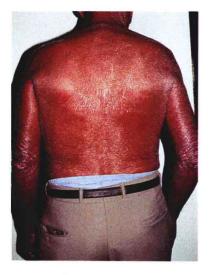


PLATE 26 Psoriatic erythroderma.



PLATE 28 Linear morphea.



PLATE 30 Systemic lupus erythematosus in black skin.



PLATE 27 Morphea.



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PLATE 32 Systemic lupus erythematosus, resolving ulceration.



PLATE 33 Herpes simplex virus.



PLATE 34 Herpes zoster (shingles).



PLATE 35 Herpetic whitlow.



PLATE 36 Chickenpox (varicella).



PLATE 37 Chickenpox (varicella).



PLATE 38 Pemphigus foliaceus, generalized.



PLATE 39 Pemphigus foliaceus, mucous membrane involvement.



PLATE 40 Erythema multiforme in black skin.



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PLATE 43 CREST syndrome of scleroderma.



PLATE 44 Scleroderma — calcinosis cutis.



PLATE 45 Epidermolysis bullosa dystrophica on the upper trunk.

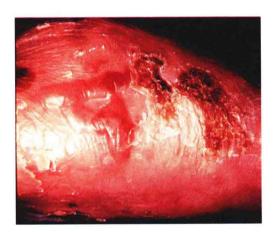


PLATE 47 Epidermolysis bullosa dystrophica, advanced involvement with scarring.



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PLATE 46 Epidermolysis bullosa dystrophica, recessive.



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PLATE 53 Pustular psoriasis (sterile pustules).



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PLATE 58 Contact dermatitis - nickel.



PLATE 59 Contact dermatitis - rubber.



PLATE 60 Contact dermatitis, resolving.



PLATE 61 Diabetic ulcer, lateral aspect of the foot.



PLATE 62 Diabetic ulcer, dorsal aspect of the foot.

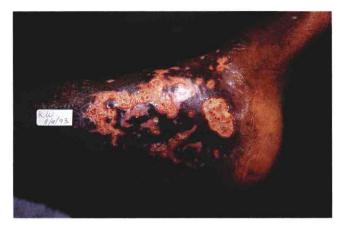


PLATE 63 Sickle cell anemia ulcer.



PLATE 64 Basal cell epithelioma.

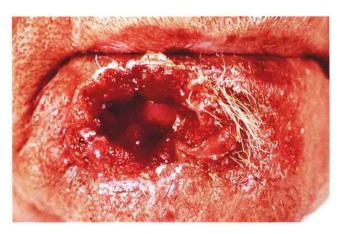


PLATE 65 Basal cell epithelioma—untreated.



PLATE 66 Squamous cell carcinoma with extensive solar damage.



PLATE 67 Squamous cell carcinoma.



PLATE 68 Malignant melanoma.

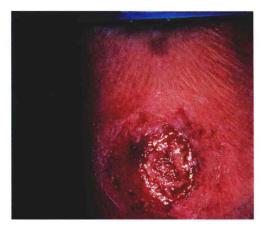


PLATE 69 Brown recluse spider bite after 48 hours of treatment. (Courtesy Dr. William N. New, Dallas, Texas.)



PLATE 71 Multiple bites of the imported fire ant. (Courtesy Dermatology Department, University of Texas Southwestern Medical School, Dallas, Texas.)



PLATE 73 Disseminated papular eruption with hyperkeratotic lesions with fissures on the hands of a patient with AIDS. (Courtesy Joseph Knipper, Parkland Memorial Hospital, Dallas, Texas.)



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