

Hugh Morris Gloster, Jr.
Lauren E. Gebauer
Rachel L. Mistur

Absolute Dermatology Review

Mastering Clinical Conditions
on the Dermatology
Recertification Exam

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Chapter I

Papulosquamous and Eczematous Dermatoses

a. Chronic Plaque Psoriasis

Chronic plaque psoriasis

- A. Most common variant
- B. Chronic course, but remissions can occur
- C. Symmetric distribution of sharply demarcated red plaques with thick silvery scale
- D. Auspitz sign: pinpoint bleeding after scale removal
- E. Most common on the scalp, extensor surfaces (elbows, knees), sacrum, umbilicus, hands, feet, genitalia (usually involves the glans penis in men)
- F. Nail changes (also see Chap. 11, section 64I)
 - 1. Thickening and yellow discoloration of nail plate
 - 2. Distal onycholysis
 - 3. Pitting
 - 4. Red, spotted lunula
 - 5. Subungual hyperkeratosis
 - 6. Oil spots (pink-yellow)
- G. Arthritis (sausage digits)



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Chronic plaque psoriasis
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Chronic plaque psoriasis

- A. Sharply demarcated red plaque with thick silvery scale

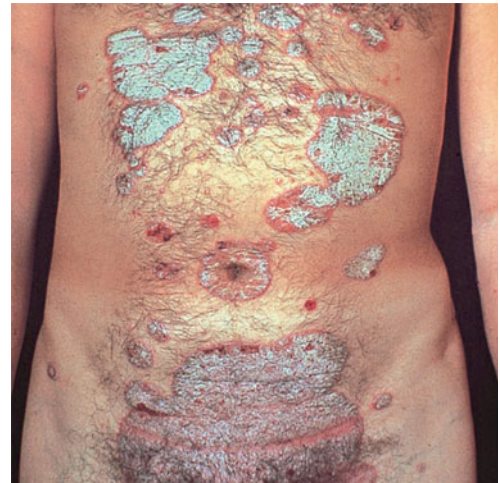


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Chronic plaque psoriasis
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Chronic plaque psoriasis

- A. Sharply demarcated, erythematous plaques with silvery-white, micaceous scales on lower chest, abdomen, and pubic area



Chronic plaque psoriasis
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b. Erythrodermic Psoriasis

Erythrodermic psoriasis

- A. Severe form of psoriasis characterized by generalized erythema and scaling
- B. Often associated with systemic illness including fever, hypotension, insensible fluid losses, and hypoalbuminemia
- C. Can be spontaneous but usually is associated with a trigger factor such as abrupt discontinuation of corticosteroids or medications known to flare psoriasis such as lithium or beta-blockers, and infection



Erythrodermic psoriasis
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Erythrodermic psoriasis

- A. Generalized erythema, scaling, and occasionally pustules



Erythrodermic psoriasis
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c. Generalized Pustular Psoriasis

Generalized pustular psoriasis

- A. Large areas of erythema with numerous sterile pustules forming lakes of pus
- B. Triggering factors include pregnancy, rapid tapering of steroids, hypocalcemia, infections
- C. Four patterns of pustular psoriasis
 1. Von Zumbusch
 - a. Generalized onset of erythema and pustules which resolves in several days with extensive scale
 - b. Skin is painful
 - c. Patients are ill with fever and chills
 2. Annular
 - a. Annular inflammatory plaques with erythema and scale and pustules at the advancing edge
 - b. Lesions expand centrifugally and heal with central clearing with scale
 3. Exanthematic
 - a. Acute eruption of small pustules which disappear over a few days (looks like acute generalized exanthematous pustulosis)
 4. Localized
 - a. Pustules appear within or at the edge of existing psoriatic plaque
 - b. Can be seen after the application of irritants like tars



Generalized pustular psoriasis
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d. Palmoplantar Psoriasis

Palmoplantar psoriasis

- A. Non-pustular variant
 1. Well-demarcated hyperkeratotic plaques with scaling and fissuring
 2. Can be difficult to differentiate from other diseases such as hand eczema and contact dermatitis



Palmoplantar psoriasis
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Palmoplantar psoriasis

- A. Pustular variant
 1. Sterile pustules of the palmoplantar surfaces mixed with yellow-brown macules and scaly plaques
 2. Chronic course
 3. Associated with sterile inflammatory bone lesions



Palmoplantar psoriasis
Photograph courtesy of SpringerImages Database,
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e. Guttate Psoriasis

Guttate psoriasis

- A. Most common in children and adolescents
- B. Frequently preceded by triggers including streptococcal pharyngitis, viral infections, medications, major stressors, or abrupt withdrawal of treatments (particularly corticosteroids or cyclosporine)
- C. Numerous widely disseminated, bright red, discrete “drop shaped” small scaly papules and plaques
- D. Most common on the trunk



Guttate psoriasis
Photograph courtesy of SpringerImages Database,
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a. Lichen Planus

Lichen planus

- A. Flat-topped, polygonal, violaceous, pruritic papules and plaques
- B. Surface of papules are shiny and transparent with a network of fine lacy white lines called Wickham's striae
- C. Favors flexor wrists and forearms, genitals, distal anterior lower extremities (ankles), presacral area
- D. May koebnerize and form linear lesions



Lichen Planus
Photograph courtesy of SpringerImages Database,
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b. Hypertrophic Lichen Planus

Hypertrophic lichen planus

- A. Extremely pruritic, thick plaques covered with fine adherent scale on the shins and dorsal feet, usually symmetrical



Hypertrophic lichen planus
Photograph courtesy of SpringerImages Database,
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