






Dermatitis

Dermatitis is a broad term which refers to a range of itchy inflammatory skin conditions. It is very common, affecting 20% of the population at some point in their lives, and consequently presents frequently to general practice. 'Rash' and 'skin complaint' are both in the top twenty reasons for encounter to Australian GPs. As with other skin conditions, patients with dermatitis will often have embarked on self-treatment which may alter the presentation. Supervisors can assist their registrars to assess and manage dermatitis by encouraging a systematic and evidence-based approach to diagnosis and management.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Common types of dermatitis seen in general practice – atopic, irritant contact, allergic contact, asteatotic, nummular, seborrhoeic, venous • Acute versus chronic dermatitis • Key clinical features of specific types of dermatitis on history and examination • Indication for investigations, and how to do a skin biopsy • Management options – non-pharmacological (including contributing/exacerbating factors) and medications • Potency of corticosteroid creams and rational use • Indications and referral pathways for refractory cases 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read the 'Common skin problems' chapter in Murtagh's General Practice textbook 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • The terms dermatitis and eczema are used interchangeably • Acute dermatitis is characterised by erythema, oedema, and blistering, while chronic dermatitis is typified by skin thickening and dryness • Combinations and overlap of different types of dermatitis are common • Most children develop atopic dermatitis before the age of two years • Cutaneous drug reactions are an important differential to consider • Topical corticosteroids remain the mainstay of therapy – new guidance states that they should be applied liberally, not sparingly, until the skin is completely clear • The benefits of topical corticosteroids generally outweigh the harms • Food allergies nearly always cause urticaria, not dermatitis • In high risk newborns, application of a moisturiser may reduce the incidence of atopic dermatitis or delay its onset 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1794 435 1921">Read</td> <td data-bbox="435 1794 1497 1921"> <ul style="list-style-type: none"> • DermNet NZ on specific types of dermatitis • Read the 2015 BJGP article What Should General Practice Trainees Learn about Atopic Eczema? </td> </tr> <tr> <td data-bbox="336 1921 435 1984">Listen</td> <td data-bbox="435 1921 1497 1984"> <ul style="list-style-type: none"> • The Curbsiders podcast #79: The Dermsiders on Dermatitis: Atopic to Remember </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • DermNet NZ on specific types of dermatitis • Read the 2015 BJGP article What Should General Practice Trainees Learn about Atopic Eczema? 	Listen	<ul style="list-style-type: none"> • The Curbsiders podcast #79: The Dermsiders on Dermatitis: Atopic to Remember
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<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Undertake the DermNet NZ quiz on eczema • Ask the registrar to undertake the clinical reasoning challenge and discuss with supervisor 				

Dermatitis

Clinical Reasoning Challenge

Jessie Moore-Georgevski, aged 5, presents to you with her mother Sarah. It is their first time to the practice. Sarah tells you that Jessie has a history of 'atopic dermatitis', diagnosed at the age of 18 months. She has had frequent flares over the past few months and has seen the previous GP on multiple occasions.

QUESTION 1. What other associated conditions should be sought on history? List up to THREE.

- 1 _____
- 2 _____
- 3 _____

QUESTION 2. What are the MOST IMPORTANT key features on examination to help confirm the diagnosis of atopic eczema in Jessie? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

QUESTION 3. Your examination supports the diagnosis of atopic eczema. What are the MOST IMPORTANT investigations to perform at this point to confirm your diagnosis? List up to THREE.

- 1 _____
- 2 _____
- 3 _____

QUESTION 4. What are the MOST IMPORTANT broad aspects of management to discuss with Sarah? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Dermatitis

ANSWERS

QUESTION 1

What other associated conditions should be sought on history?

- Allergic rhinitis
- Asthma
- Urticaria

QUESTION 2

What are the MOST IMPORTANT key features on examination to help confirm the diagnosis of atopic eczema in Jessie?

- Appearance of rash - red scaly patches
- Lichenification and skin thickening
- Location - flexural involvement, especially antecubital and popliteal fossae
- Generally dry skin

QUESTION 3

Your examination supports the diagnosis of atopic eczema. What are the MOST IMPORTANT investigations to perform at this point to confirm your diagnosis? List up to THREE investigations.

- Nil. In most cases, no specific investigations are required.

QUESTION 4

What are the MOST IMPORTANT broad aspects of management to discuss with Sarah?

- Avoid precipitants and aggravating factors (sand, wool, soap, over-bathing, bubble bath etc.)
- Moisturisers/emollients
- Topical corticosteroids – appropriate strength, formulation and dosing
- Early treatment of infection