Skin conditions

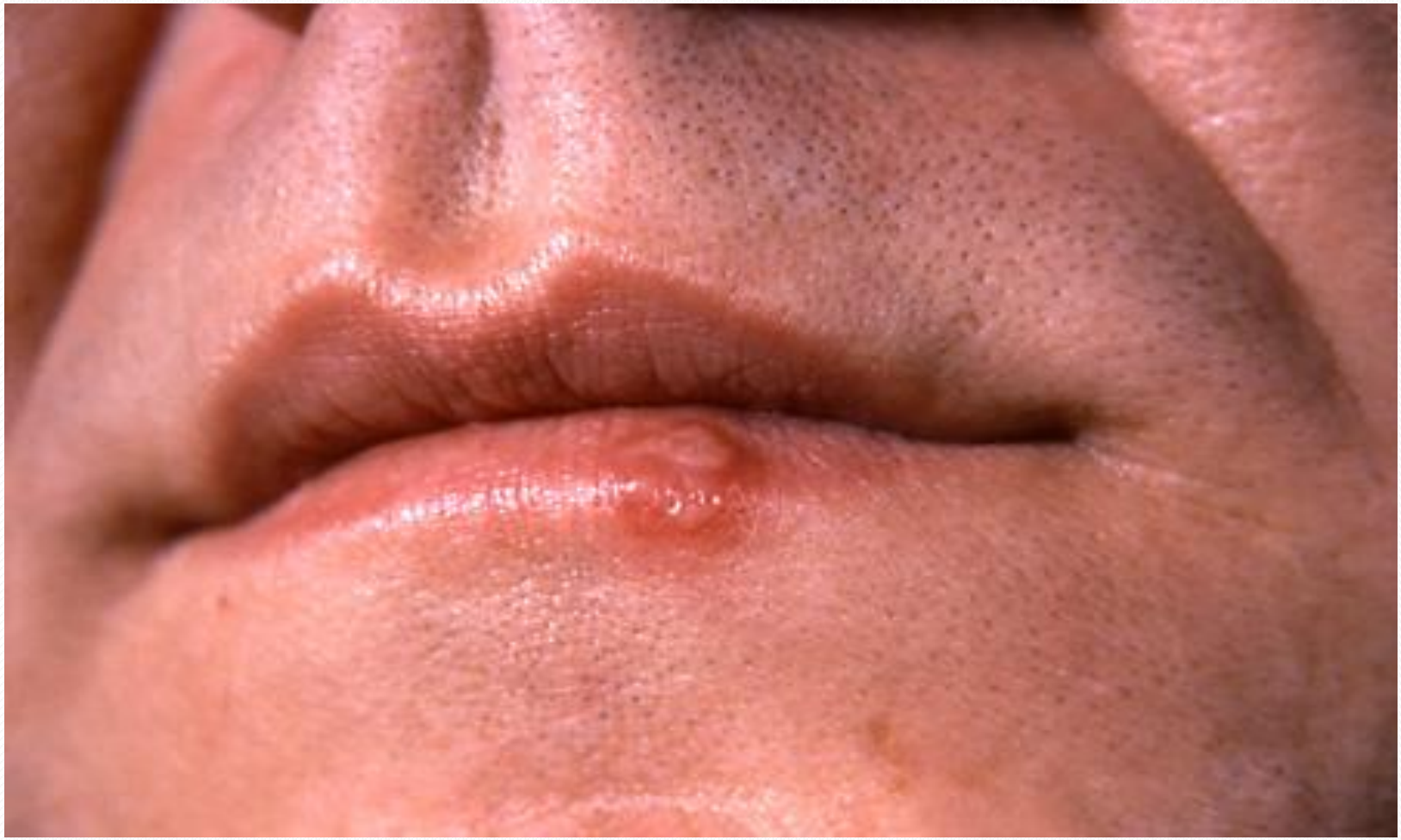
Part III

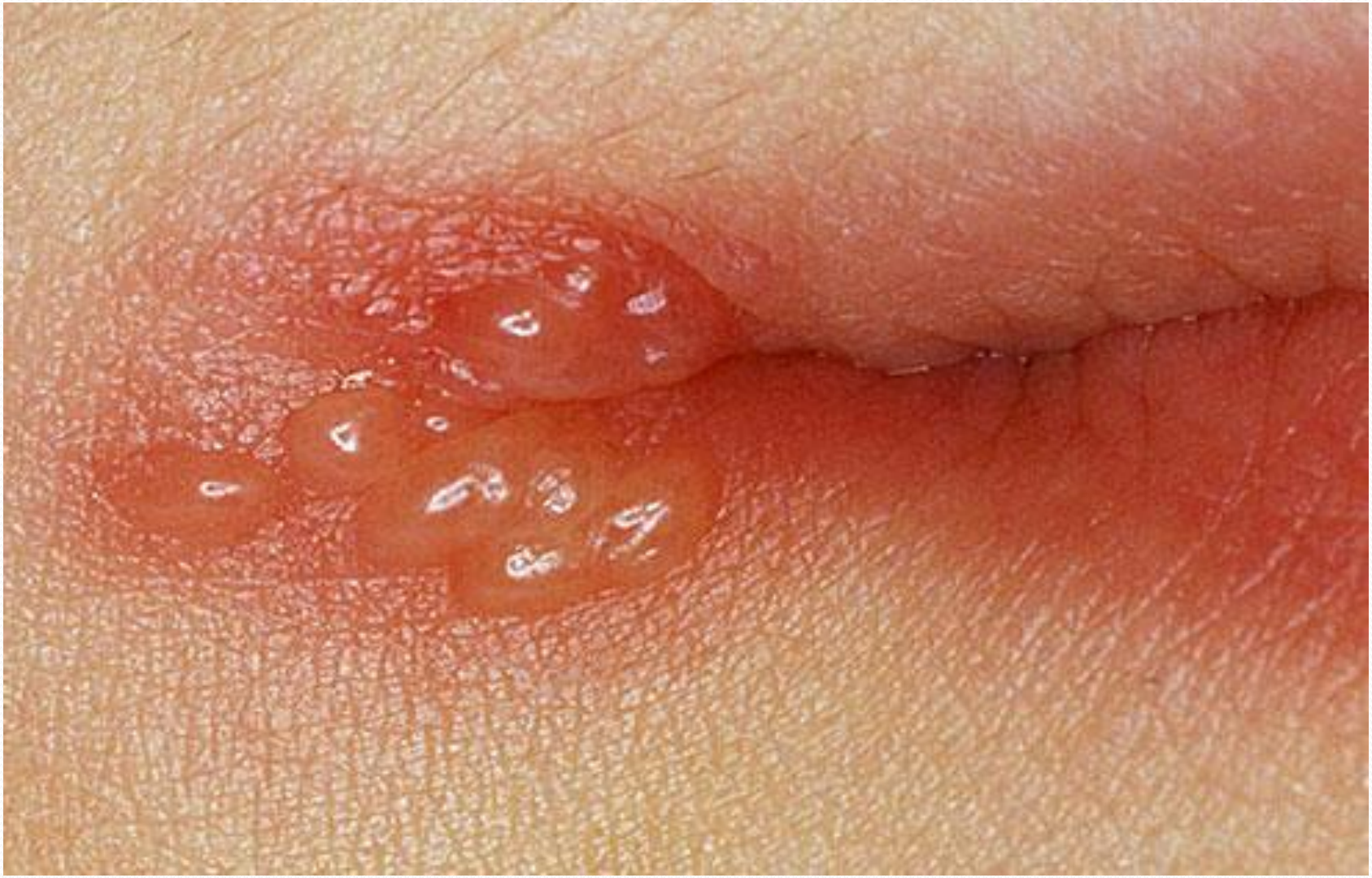
Cold sore

- Is an infection caused by herpes simplex virus (HSV). There are two main sub types of HSV: HSV1 & HSV2.
- -Infection is spread by viral shedding into saliva and results from direct mucous membrane contact at sites of abraded skin between infected and uninfected individuals (like kissing).

Clinical features of cold sore:

- Pts. with cold sore experience prodromal symptoms of itching, burning, pain or tingling irritation may occur in the skin for 6–48 h before the appearance of the cold sore. The cold sore starts with the development of minute blisters on top of inflamed, red, raised skin. The blisters may be filled with watery exudate. They quickly break down to produce a raw area with exudation and crusting by about the fourth day after their appearance. By around 1 week later, most lesions will have healed. Then the virus will remain dormant in nerve roots until triggered by a stimulus.

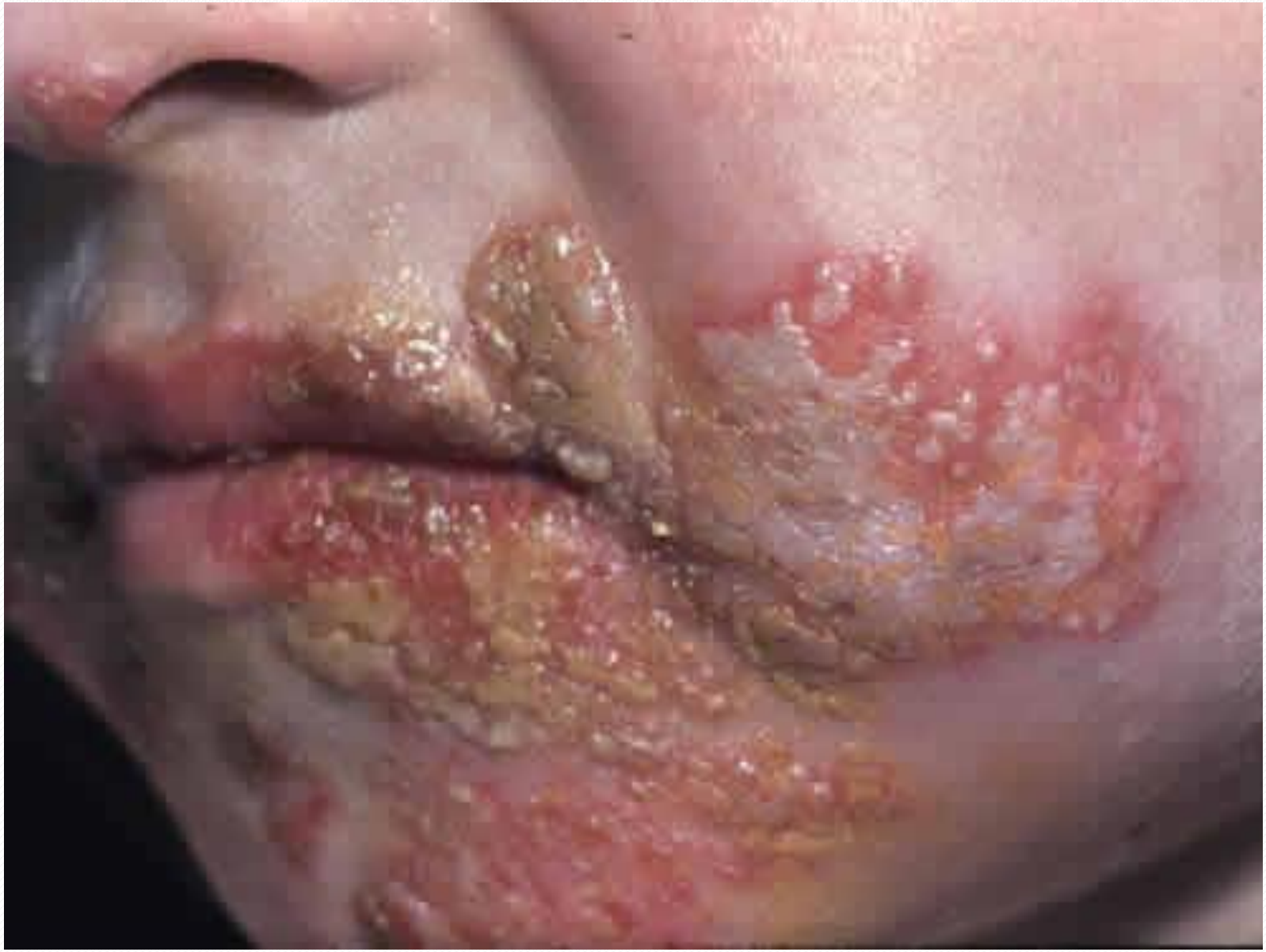




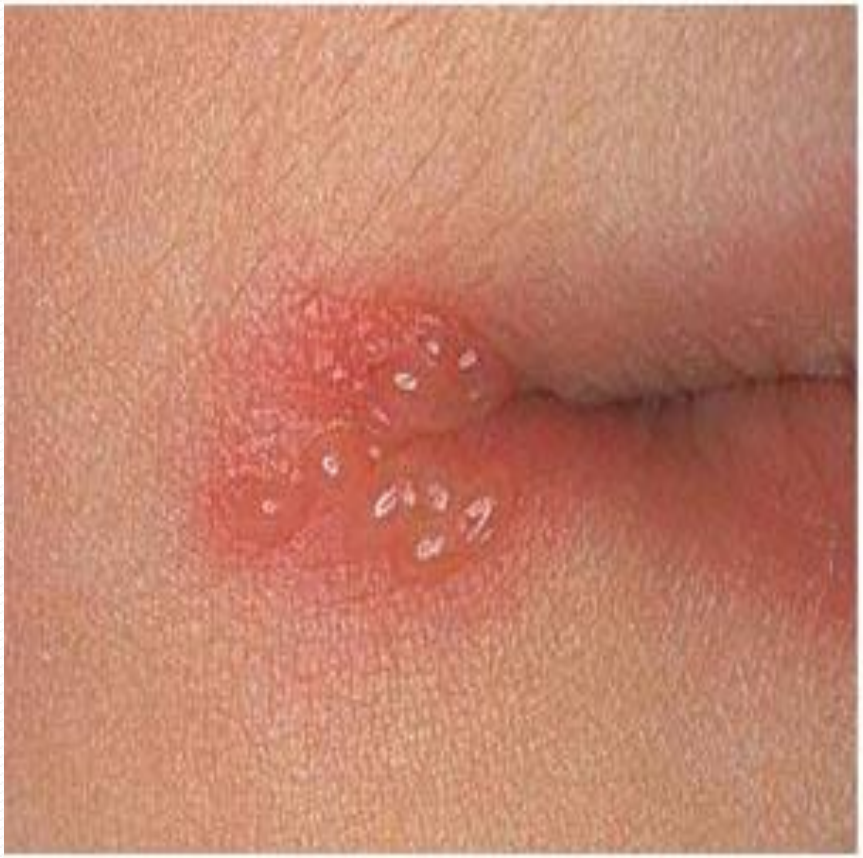
- **Questions to confirm diagnosis:**
- 1- symptoms---prodromal symptoms are common, blisters appearance, crust over then disappear.
- 2- Age--- adulthood
- 3- duration---10-14 d.
- 4 –location---
- 5 -Precipitating factors--- exposure to sunlight --- etc.
- 6 -previous history--- immunocompromised pt.
- 7- medications---immunosupressants

Cold sore must be differentiated from impetigo and angular cheilitis.

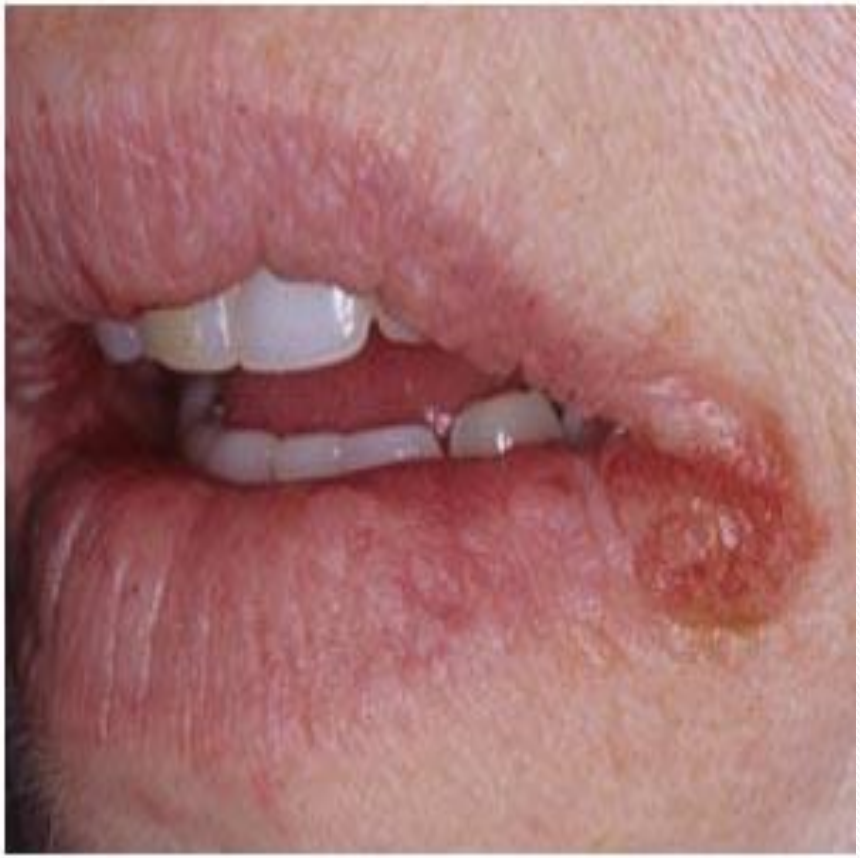
Cold sore	impetigo	Angular cheilitis
Warning symptoms	no	no
location	More diffused	Corners of the mouth only
Color of exudate- watery	Honey coloured	No or white to yellow
The causative agent-viral	bacterial	fungal
Treatment- antiviral	antibiotics	antifungal
Predisposing factors-sun light, MC, illness, stress.		Dentures, smokers, vitamins deficiency.
Age and duration	Most common in infants and children	Any age but more common in?
		Do not itch or crust, slow to heal



Cold Sore



Angular Cheilitis



When to refer?

- > 14 d.
- Lesions with in the mouth
- Lesions spread rapidly over the face.
- Pt. who are immunocompromised or take immunosuppressive medicines.
- Severe and widespread lesions.
- Systemic symptoms such as fever and malaise.

Managements:

- Heal spontaneously after 10-14 days.
- Aciclovir & pencicolvir:(topical or oral) are antivirals that reduce time to healing by half to one day and reduce pain from the lesion.
- Bland creams: keeping cold sore moist will prevent drying and cracking and thus 2ndary bacterial infection, for ex: (products containing zinc, ammonia, povidone-iodine).
- Local anesthetics --- lidocaine cream or gel.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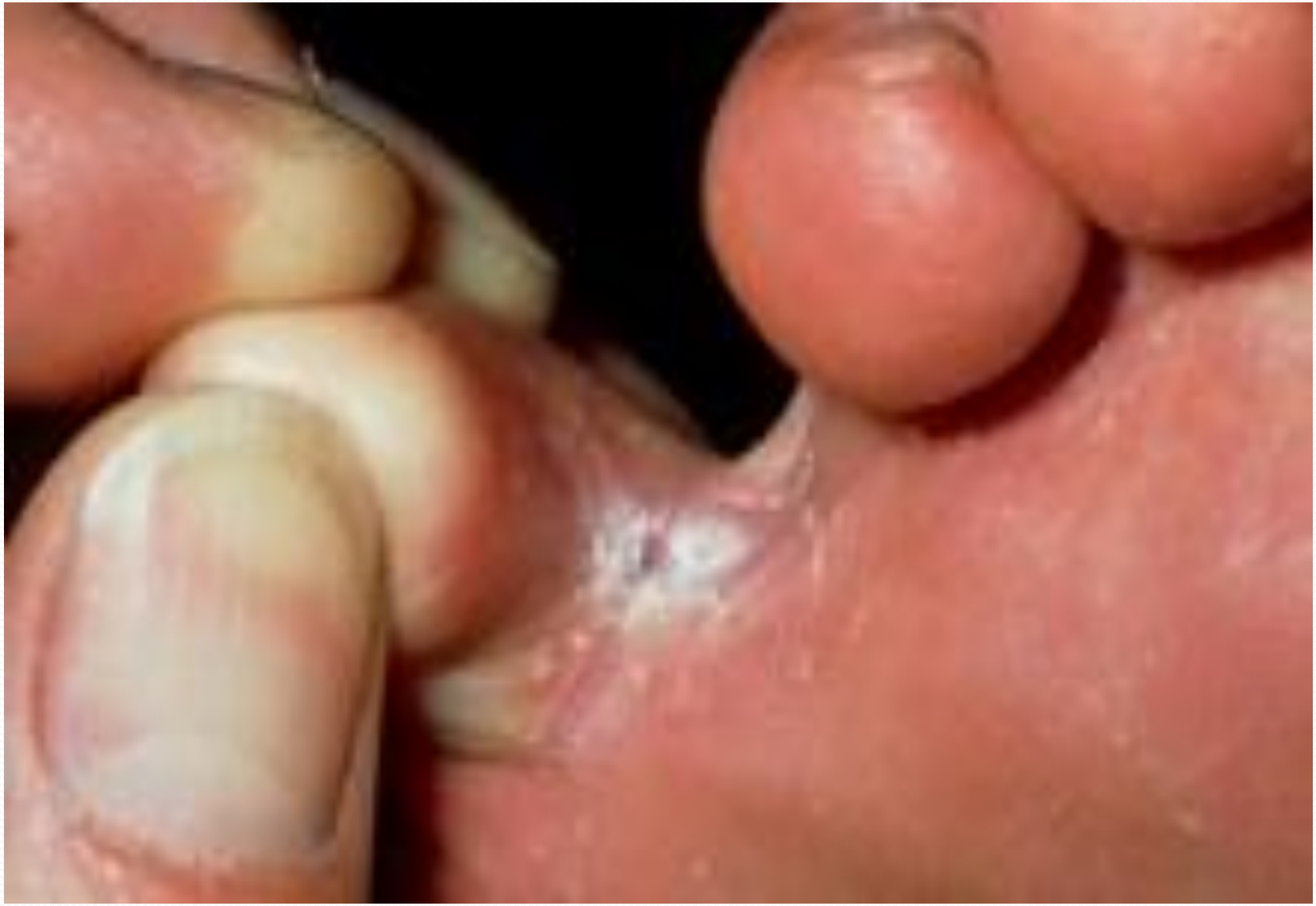
Athlete's foot

- The causative agent is tinea pedis, is a fungal infection that affects the web space of foot (especially 4^{th} space) because this space provides a good growth environment and the infection therefore has a high incidence. The problem is more common in men than in women and responds well to OTC treatment.

Clinical features:

- Athlete's foot usually presents as itchy, flaky, red skin in the web spaces between the toes. The flakes or scales of skin become white and macerated and begin to peel off. The skin may be dry and scaly or moist and weeping. Smell is present and the lesion is soggy.
- It can affect the person when there is a broken skin of the foot walking on a floor containing the fungi from an infected foot of another person.

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Further questions

- Age & Duration --- adolescents and young adults,
- Severity --- fungal may develop bacterial
- Location --- foot
- Previous history --- recurrent

Treatment:

- Non pharmacological managements?
- antifungals
- Terbinafine: consider as 1st line treatment (also azole group) due to its effectiveness and preventing recurrence. Like any topical agent, application of terbinafine cause redness, itching and stinging.
- Azole group; for ex: miconazole, clotimazole and ketoconazole. Also consider 1st line treatment. So effective agents.
- Tolnaftate: anti-fungal agent with mild activity.
- Benzoic acid: that present as a combination with salicylic acid (White field oint).
- All antifungals must be applied 2-3 times daily and continued after healing of the lesion at least 10 days in order to prevent recurrence.
- Antifungal powder.
- Steroids not otc.


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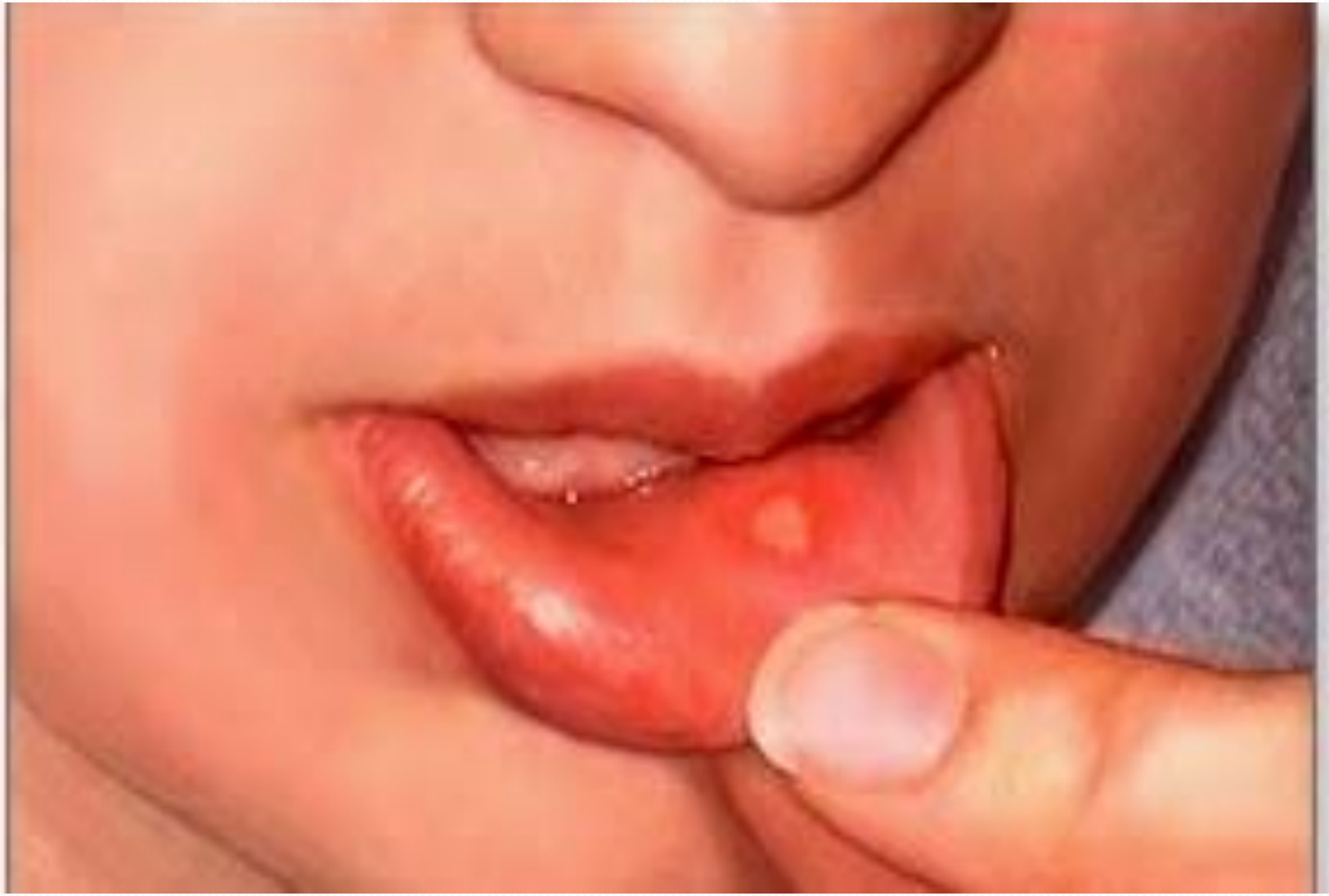
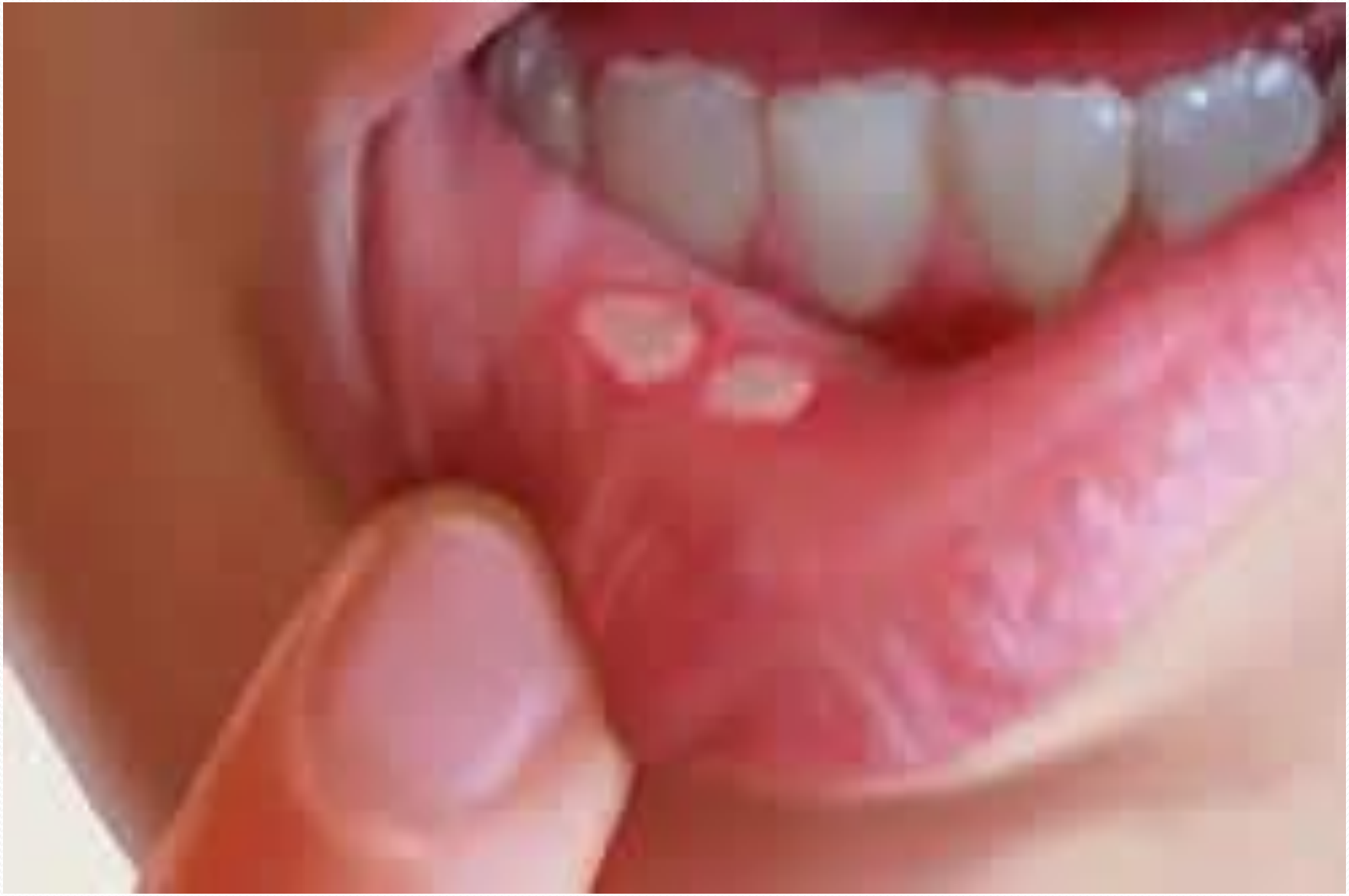
Mouth ulcers:

- are extremely common, affecting as many as one in five of the population, more common in age 20-40 y. and are a recurrent problem in some people. They are classified as aphthous (minor or major) or herpetiform ulcers. Most cases (80%) are minor aphthous ulcers (MAU), which are self-limiting.
- Causes: unknown but many theories like stress, trauma, food sensitivities, nutritional deficiencies (iron, zinc and B12) and infections.

- **Minor apthous ulcer (MAU)** is symptomatically treated by OTC medication. MAU characterized by single or crops of five. Lesions are painful, less than 1 cm in diameter, round and appears as gray-white center with inflamed red outer edge. Common sites are the tongue margin and inside the lips and cheeks. The ulcers tend to last from 5 to 14 days.



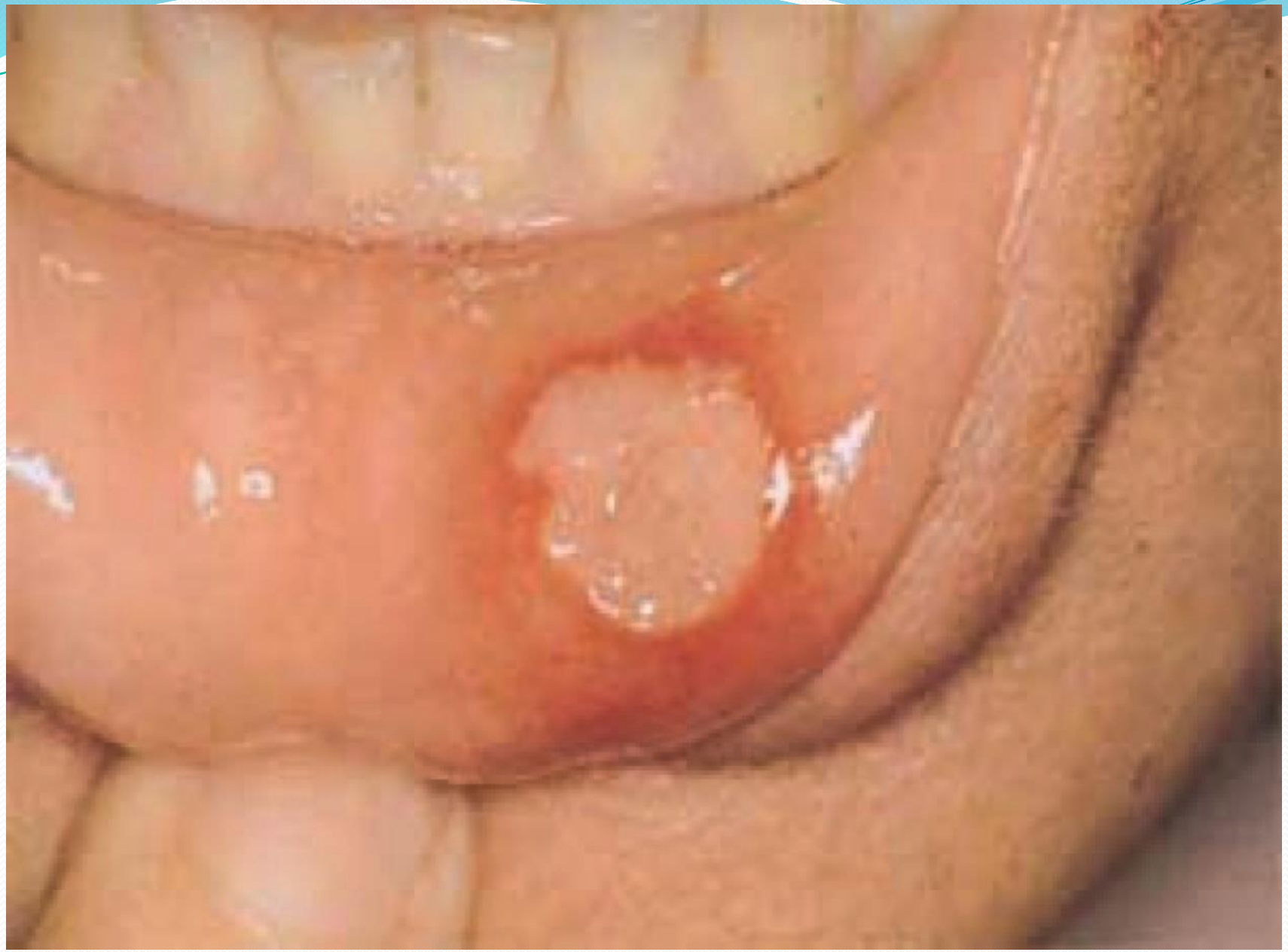


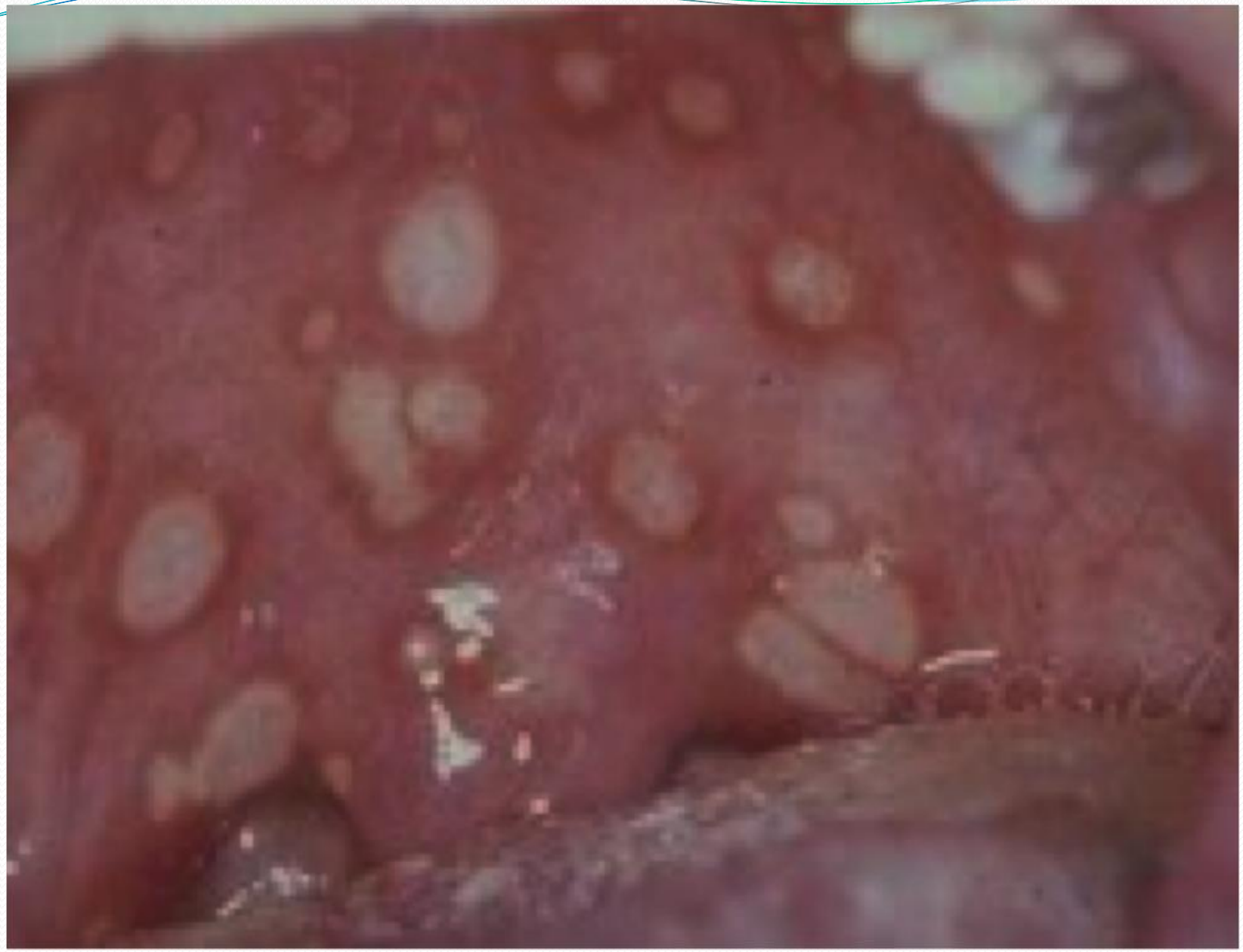
Differential diagnosis:

- Major Aphthous ulcer-->1cm, >10 in no. and heal slowly, back of the mouth.
- Herpetiform ulcer—pinpoint, >100 in no., heal more slowly, back of the mouth.
- Traumatic ulcer—mechanical or thermal, irregular in shape.
- Oral cancer ulcer--- painless
- Behcet's disease--- recurrent major AU involvement of genital region and the eye.
- Herpes simplex---children, small and multiple, signs of systemic infections before eruption of ulcers.
- Medications induced ulcers--- cytotoxic drugs, nicorandil, alendronate, BB, NSAID.
- Erythema multiforme--- sudden, wide spread in oral cavity and annular and symmetric skin lesions, conjunctivitis and eye pain.

Questions to be asked + when to refer?

- Number of ulcers--->5 ---refer.
- Location of ulcers---back of the mouth--refer
- Size and shape--- irregular shape(caused by trauma or sinister pathology), too small or >1 cm not MAU.
- Painless ulcer---referral---indicate sinister pathology such as leukopenia or carcinoma.
- age--- pt.<10 y. need referral because it mostly primary infection of herpes simplex.
- Involvement of other areas of the body.
- Any medications?





Treatment:

- **Heal spontaneously.**
- **Symptomatic treatment** of MAU can be recommended by the pharmacist and can relieve pain and reduce healing time. Active ingredients include antiseptics, corticosteroids and local anaesthetics.
- #Corticosteroid: ex: hydrocortisone pellets and trimicinolone in orabase --- 2-4 times for 5 days
- #Local anasthetics: ex: lidocaine and benzocaine--- on need.
- #Antiseptics: ex: chlorhexidine, which is with mild antibacterial activity. --- 2 times a day.
- #Local analgesics: ex: choline salicylate useful for relief pain ass. with MAU. --- on need.
- Angiovage oral spray. H.W?
- Others sprays available?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