**Remote Consulting**

Andy Eaton 2020

Part 4

***4. Rashes & Skin Lesions***

Some rashes can be described in a way that absolutely points to a particular diagnosis. We were all taught that the key to making a diagnosis in dermatology is pattern recognition So, an open question will get the conversation started then closed questions are often needed to rule a particular diagnosis in or out.

So your next call is to Arthur, age 61, who is concerned about a new rash / skin lesion. As you are talking to him, ask yourself, could he possibly have ...

1. ***Shingles***

* Looks blistery, rash only goes as far as the mid-line of the chest or back, definitely just on one side, hurts like hell or maybe just feels kind of tingly (could it realistically be anything other than shingles?)

1. ***Urticaria***

* Red or white raised lesions surrounded by a red or white flare, and yes now you mention it, it does look a bit like nettle rash, has weals coming up all over the body
* Can start as individual / discrete areas then all seems to merge into one, and can be really itchy. Can be associated with an acute viral infection, especially in children.

1. ***Pityriasis Rosea***

* Small pinkish or red oval shaped lesions, slightly scaly and sometimes itchy, affects both sides, from the neck down, showered in them (ahh yes the Christmas tree!)
* Is worth asking how it all started and where the very first spot was, as they may describe a “herald patch” that was larger and preceded all the other spots by upto a few days
* Also may have been preceded by a viral infection

1. ***A Flare Up Of A Known Condition***

* Patients will often tell you if it looks like their usual eczema / psoriasis - your job is to decide how much to trust their opinion and exclude anything potentially nasty or worrying while you give them a trial of treatment

Then what about the parents of Charlie, age 6, who have noticed a rash … could it be ...

1. ***A Petechial Rash***

* Many parents will have sensibly done the glass test already by the time you speak, but a rash in a feverish child that stays dark red or purple when pressure is applied is meningococcal until proved otherwise

***So What Treatment Options Have You Got?***

* The old adage, “if it’s dry, moisten it, and if it’s wet, dry it up” has stood the test of time when it comes to rashes in primary care
* Even if you disagree with that outrageous over-generalisation, emollients rarely do any harm
* If you feel they need looking at, if they are not systemically unwell, you always have the option of forward booking a review appointment while the patient trials your suggested treatment - and who knows, they may even get better in the meanwhile and feel the review is no longer needed.

***What About Moles?***

* A good picture will often help you discriminate a skin tag or a seborrhoeic keratosis from something potentially more sinister (can you ask them to submit a picture BEFORE you call them?)
* But the key thing with any skin lesion is “has it changed?” Something that hasn’t changed in several years is very unlikely to be worrying. If it has changed according to the ABCDE criteria, then it’s probably worth a look at (by photo preferably at the current time)

***Does Size Matter?***

It is useful when you can’t eyeball a lesion or rash to have a rough idea how large an area of skin we are talking about. Patients may find it a challenge to accurately tell you, unless they have measured it, but few actually have a ruler to hand. Most people, on the other hand, know how big a 5p or a 50p piece is, and can tell you if the lesion is much bigger or smaller than that.

However,, some skin rashes or lesions can’t be easily described and you then need to decide how to proceed (will a good picture help, and what about video? It is rare for the “eyes on” video alone to clinch it…. maybe you just need to bring them in for a “hands on” face to face, just like we used to in the old days)

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