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# Canadian Family Medicine Clinical Card

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## Skin Conditions 1

**NOTE:** This is a general guide for routine skin conditions. Many conditions have more serious presentations that may require more intensive care or even hospitalization.

### HOW TO DESCRIBE COMMON LESIONS

	<1cm	≥ 1cm
<b>Flat</b>	Macule	Patch
<b>Raised</b>	Papule	Plaque
<b>Solid</b>	Nodule	Tumor
<b>Fluid-filled</b>	Vesicle	Bulla

### Criteria for evaluating suspicious skin lesions

Asymmetry	} Melanoma will have at least one of these
Border irregularity	
Color variation	
Diameter	
Evolving size, shape, surface	

Neoplastic		
Basal Cell Carcinoma	Pearly papule/nodule, slow growing, sun-exposed regions	
Squamous Cell Carcinoma	Firm, tender, erythematous/scaly papule/plaque	
Malignant Melanoma	Irregular borders, heterogeneous color, >6mm in diameter	

### COMMON NOMENCLATURE

#### Primary Lesions: Directly caused by disease process

Cyst	Epithelial-lined, semi-solid, fluid-filled
Pustule	Raised, filled with pus
Erosion	Disruption to epidermis, scar
Ulcer	Disruption to dermis, scar
Fissure	Linear cracks in skin
Scar	Normal tissue replaced by fibrosis
Wheal	Transient, compressible, edematous

#### Secondary Lesions: Injury, modifications of primary

Scale	Fragments of outer layer of epidermis
Crust	Accumulation of dried exudate
Lichenification	Thickened epidermis
Atrophy	Thinning of skin

### LIFE THREATENING SKIN CONDITIONS

Condition	Features	Management
Malignant Melanoma	See ABCD(E) criteria above	Excision
Necrotizing Fasciitis	Erythematous area lacking sharp borders; pain; disproportionate visible lesion	Transfer to ED. Surgical debridement, empiric antibiotics
Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis	Rxn to meds or infections; cutaneous blistering; red patches with dark centre. May have skin detachment.	Remove offending agent; transfer patient to ED; patient may be admitted to ICU/Burn Unit; IVIG; immune suppression
Pemphigus Vulgaris	Flaccid bullae that rupture easily; starts in oral mucosa	Refer to Dermatologist; Immune suppression
Toxic Shock Syndrome	Diffuse severe rash on palms and soles; febrile; hypo-tensive; dehydrated (SHOCK!)	Activate EMS, hospital admission, IV antibiotics

ACNE			
Mild	Several comedones and inflammatory lesions	Topical: salicylic acid, benzoyl peroxide, clinda	
Moderate	Multiple comedones and inflammatory lesions	Topical + oral antibiotics (tetracycline family)	
Severe	Widespread comedones and inflammatory lesions, nodulocystic lesions and scarring	Isotretinoin, High dose oral antibiotics	

**Key References:** Pochi PE, Shalita AR, Strauss JS, Webster SB, Cunliffe WJ, Katz HI, et al. Report of the Consensus Conference on Acne Classification. Washington, D.C., March 24 and 25, 1990. *J Am Acad Dermatol.* 1991;24(3):495-500. Whited JD, Grichnik JM. Does This Patient Have a Mole or a Melanoma? *JAMA.* 1998;279(9):696-701.