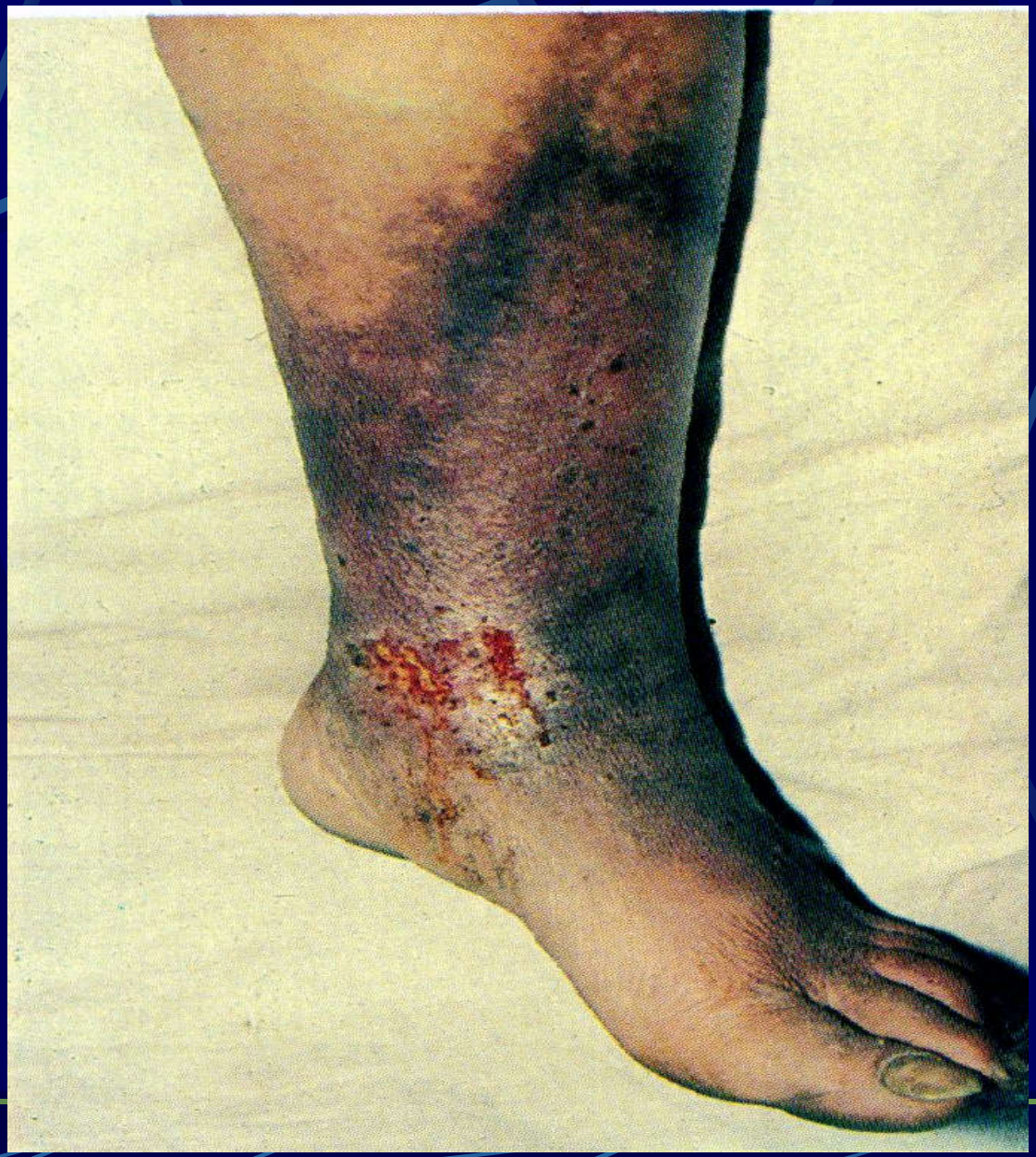
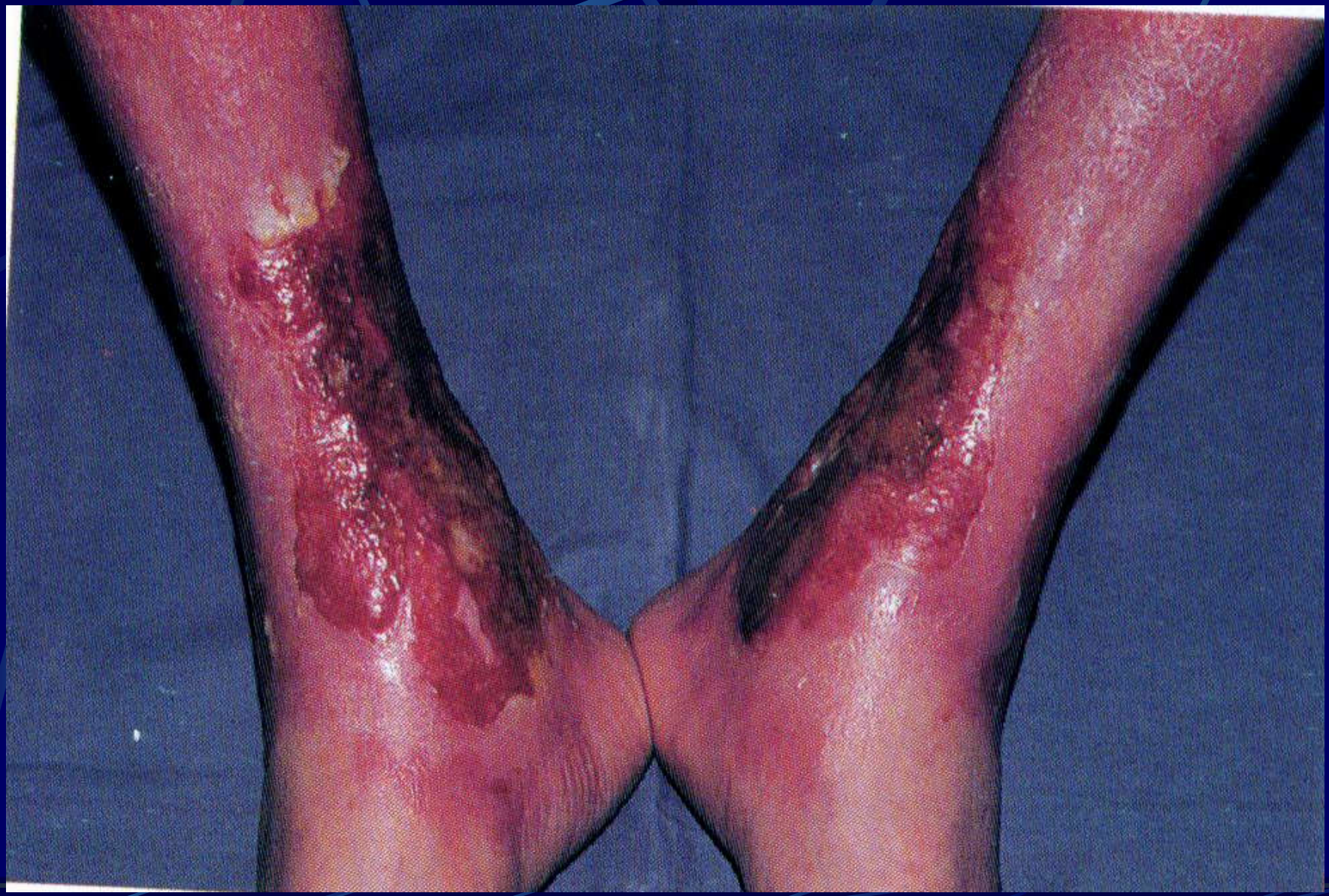




Pityriasis alba

It is a non specific dermatitis

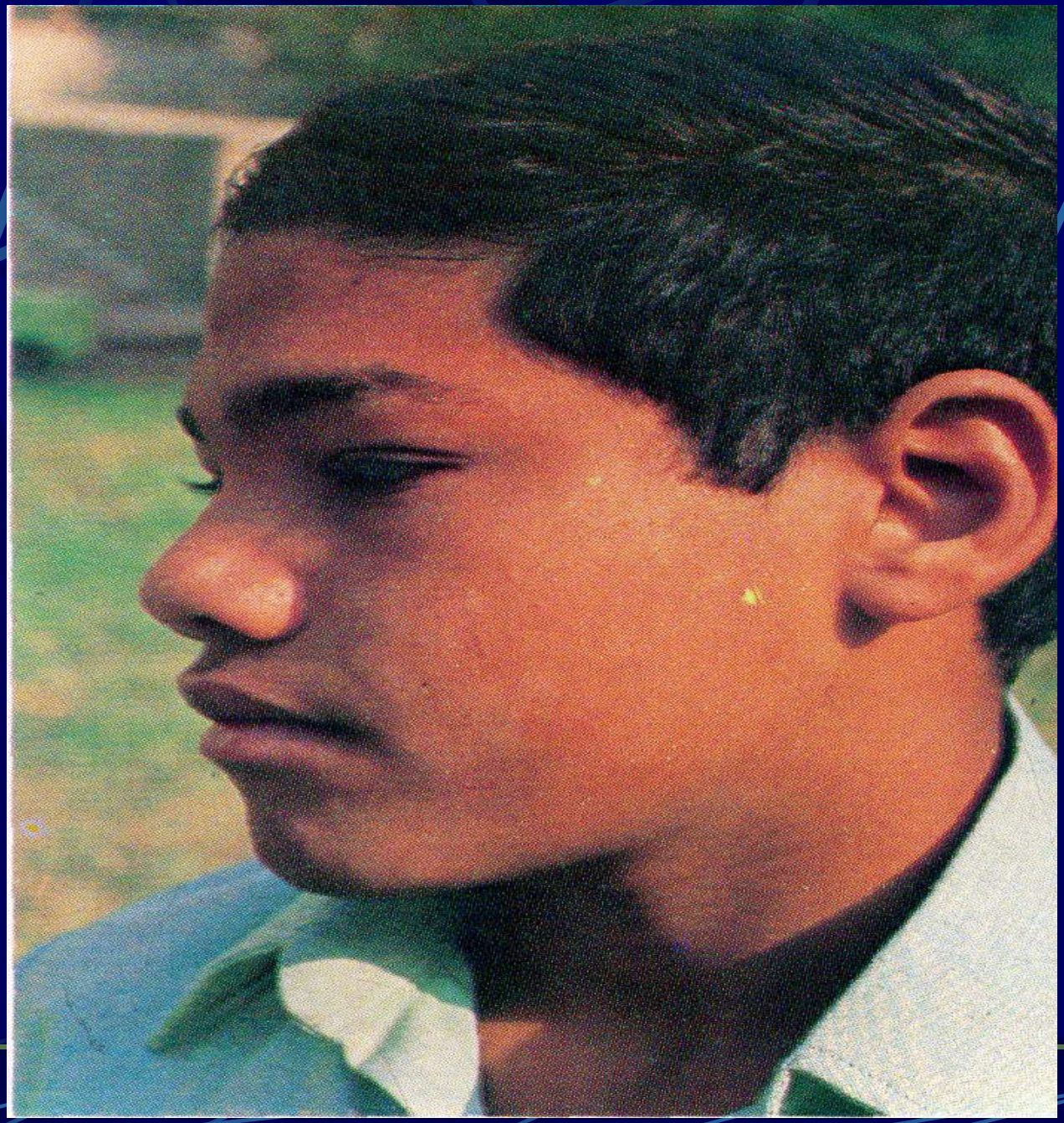
It is more common in children

Etiology: *unknown*

Clinical picture:

** Erythematous scaly patches which subsides to leave areas of hypopigmentation*

** The lesions are often confined to the face*



Treatment of eczema

General measures

** The cause should be removed or avoided*

** Antihistaminics: for itching*

** Antibiotics: local and systemic for secondary infection*

** Corticosteroids: local and systemic*

** Acute case: potassium permanganate 1 8000*

** Subacute cases:creams*

** Chronic cases:ointment*

URTICARIA

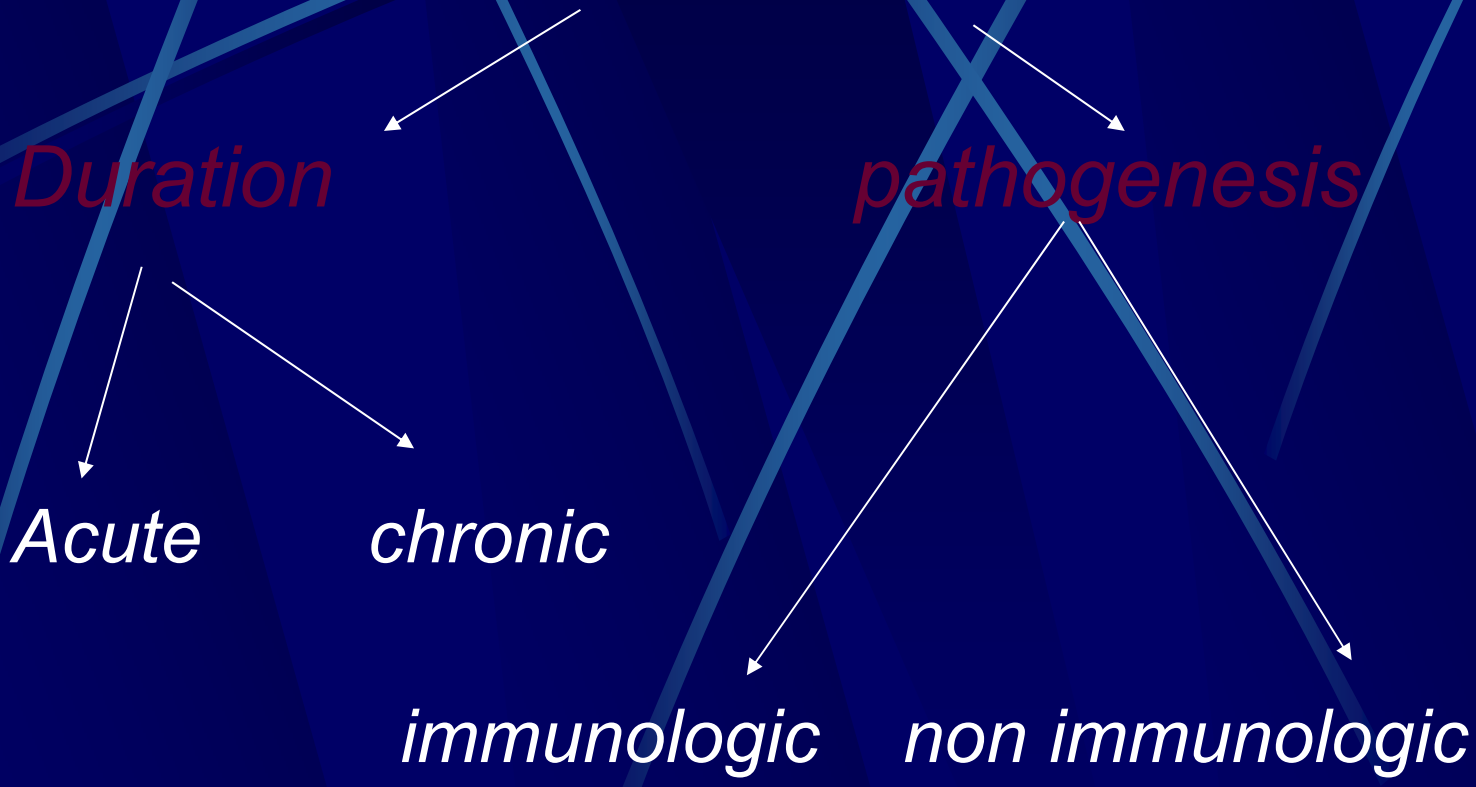
DEF:

Transient eruption of erythematous or edematous swellings of the dermis, usually associated with itching.

Pathogenesis:

↑ *Histamine release* → ↑ *capillary permeability* → *extravasation of protein and fluids.*

Urticaria


Duration
pathogenesis
Acute
chronic
immunologic
non immunologic

Etiology:

- *Drugs: abs. and NSAID.*
- *Foods: eggs, fish …….*
- *Insect bites and stings*
- *Inhalant: sprays, pollens*
- *Infections and Infestations: sinusitis , tonsillitis and ascaris*
- *Physical agents: heat, cold*
- *Stress.*

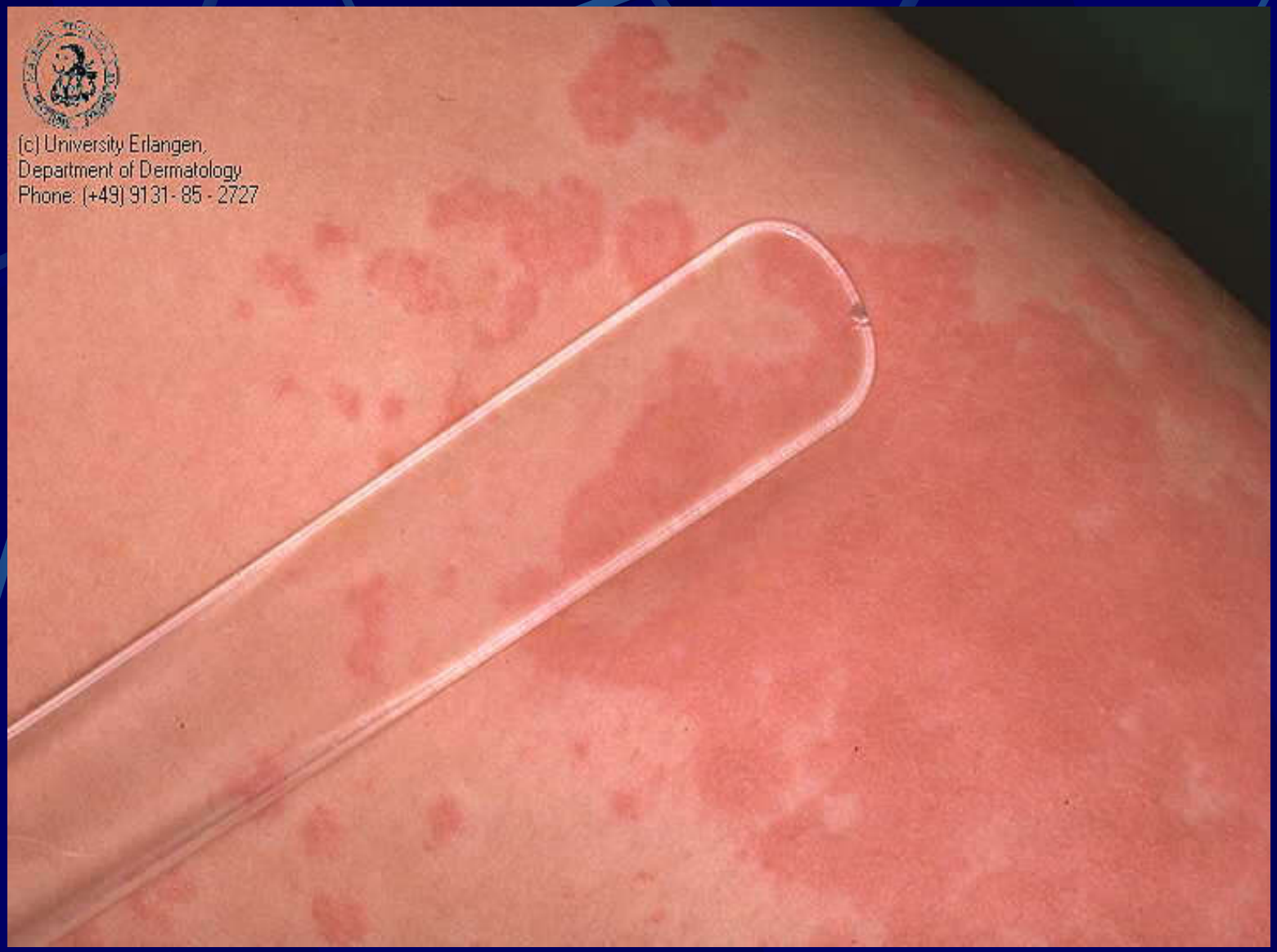
Clinical picture:

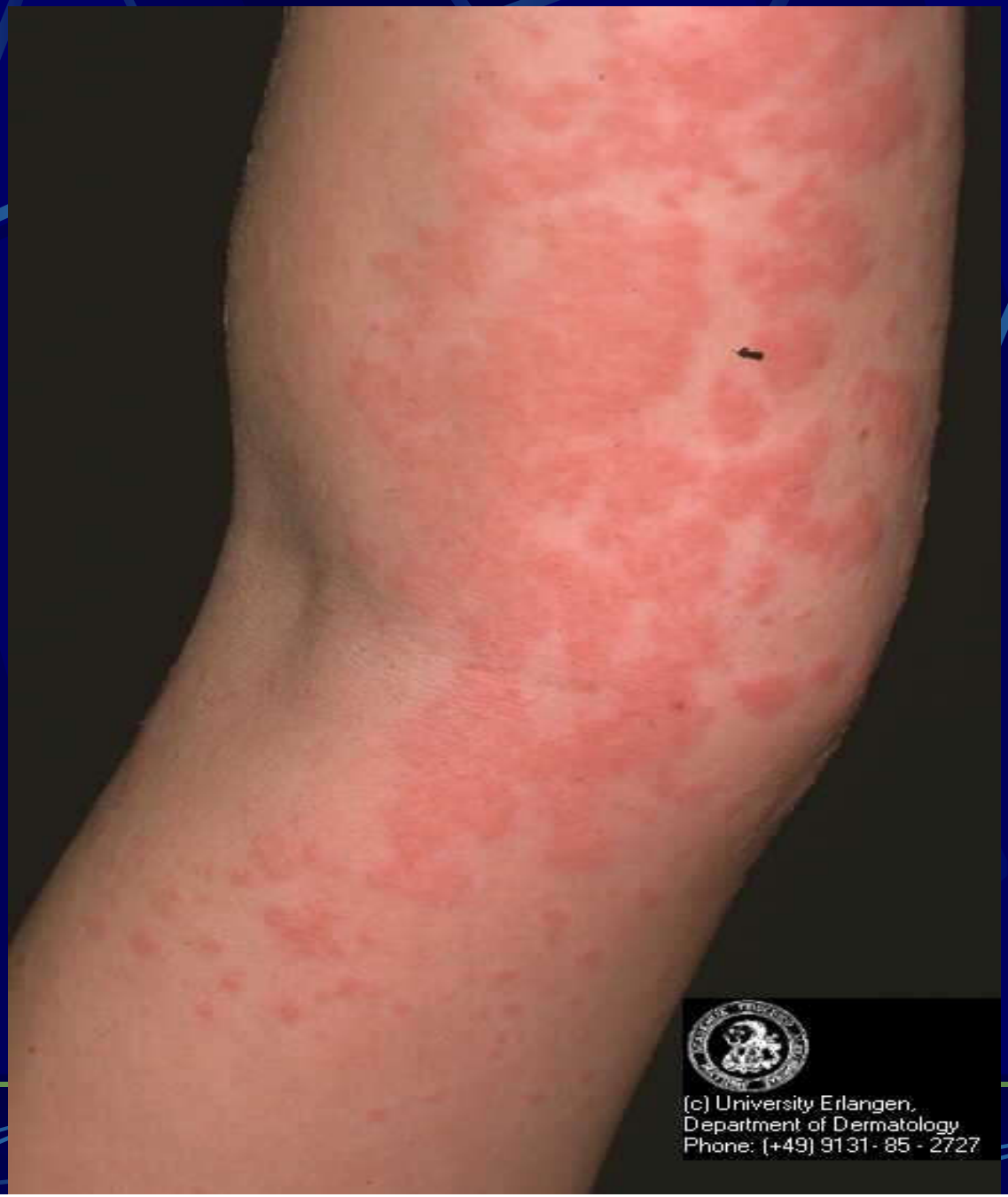
Lesion: itchy eryth. macule —wheal.

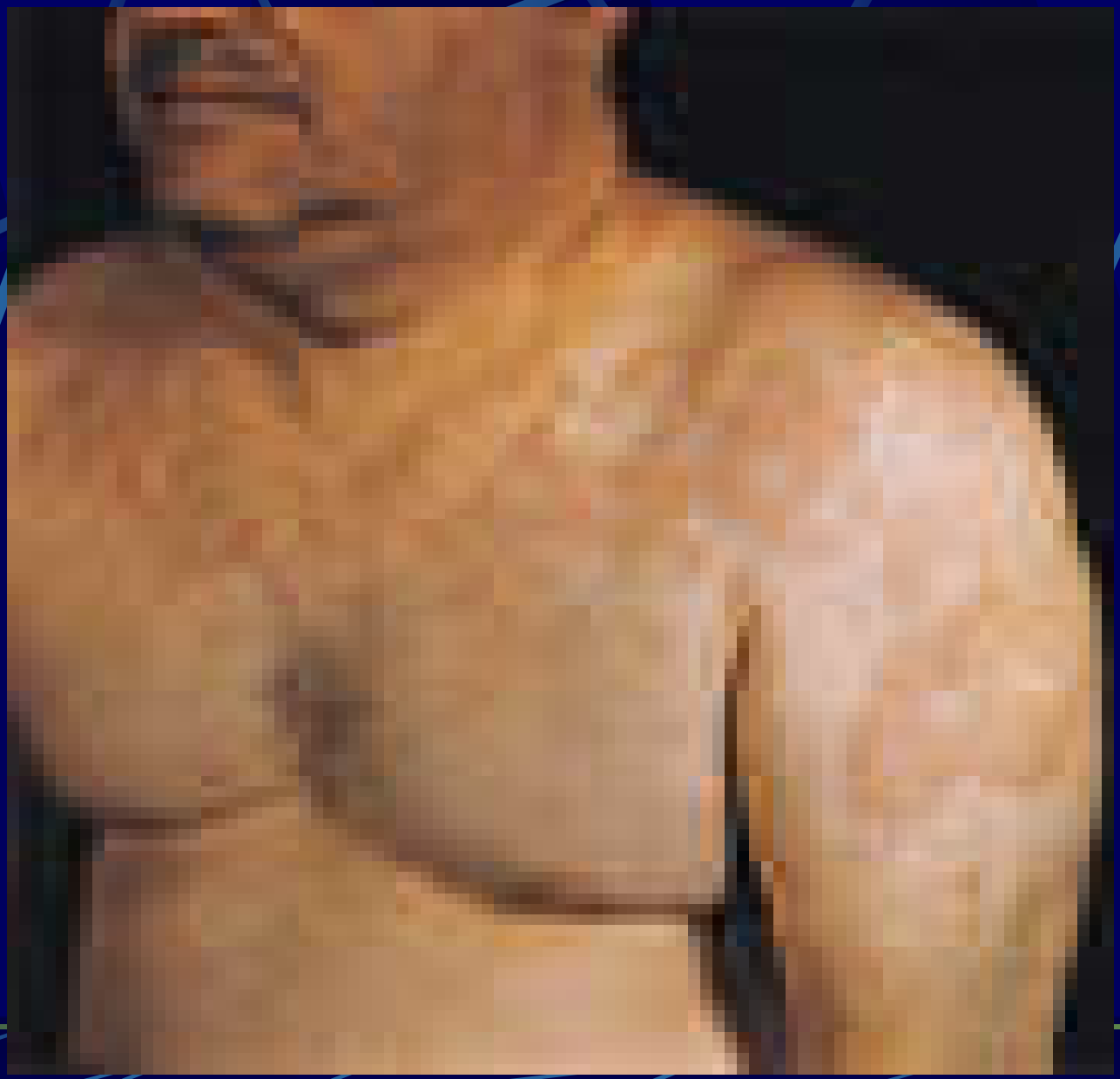
Site: any site (skin and MM)

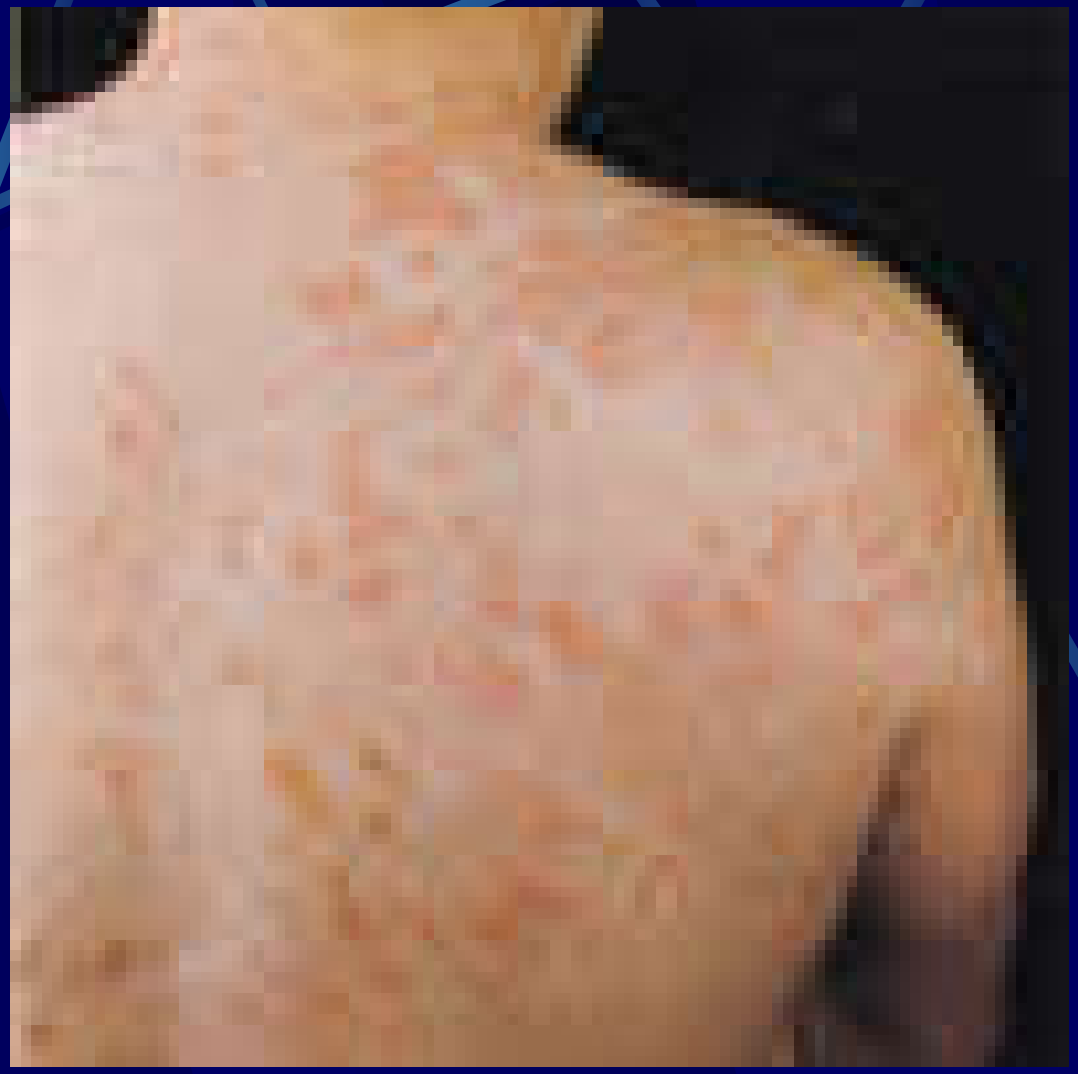
Number, size and shape: variable

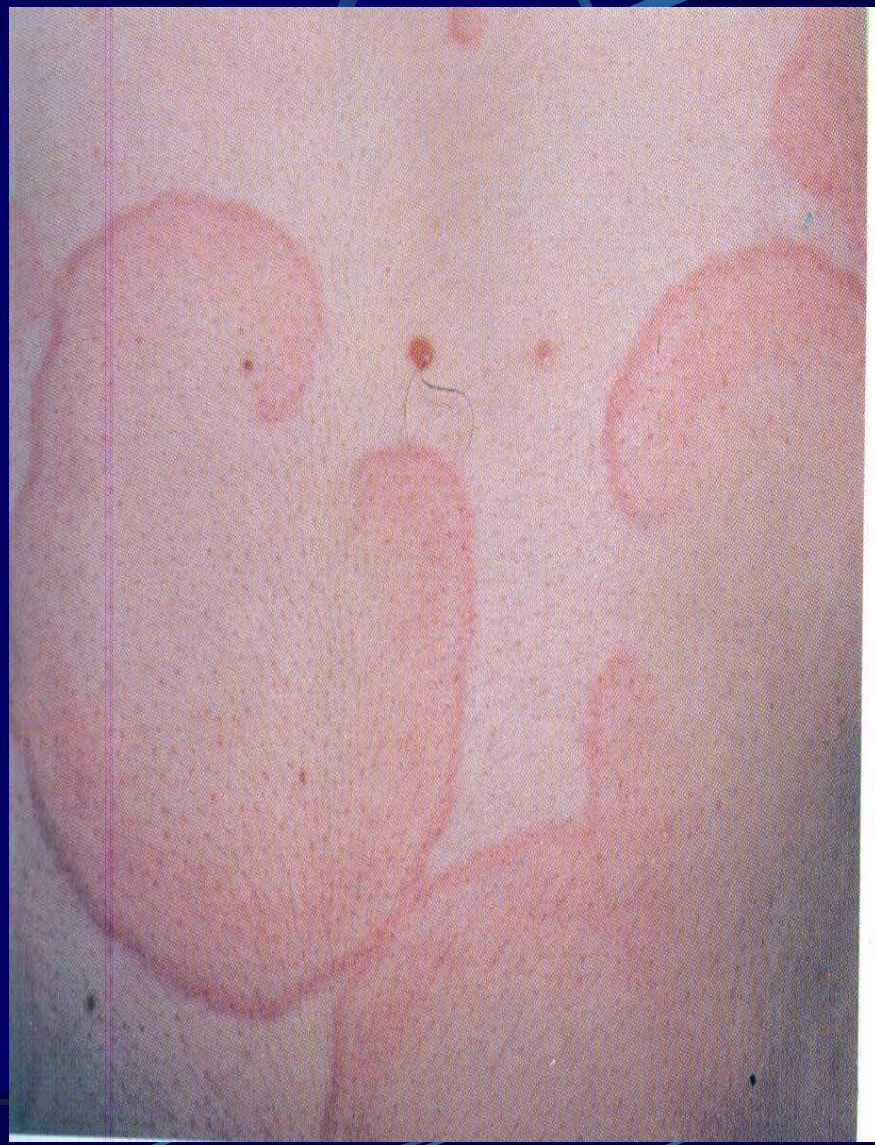
Duration: < 24 h

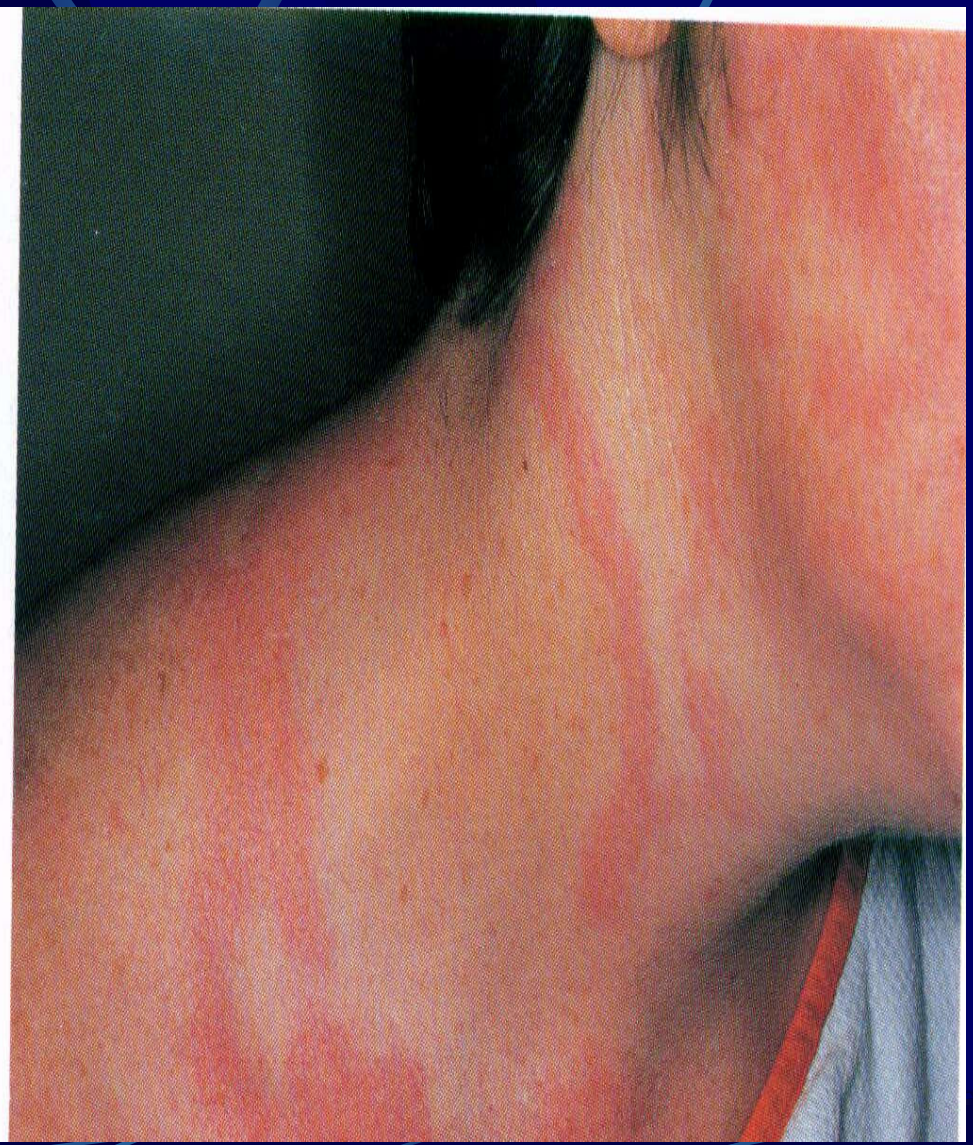

(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131- 85 - 2727

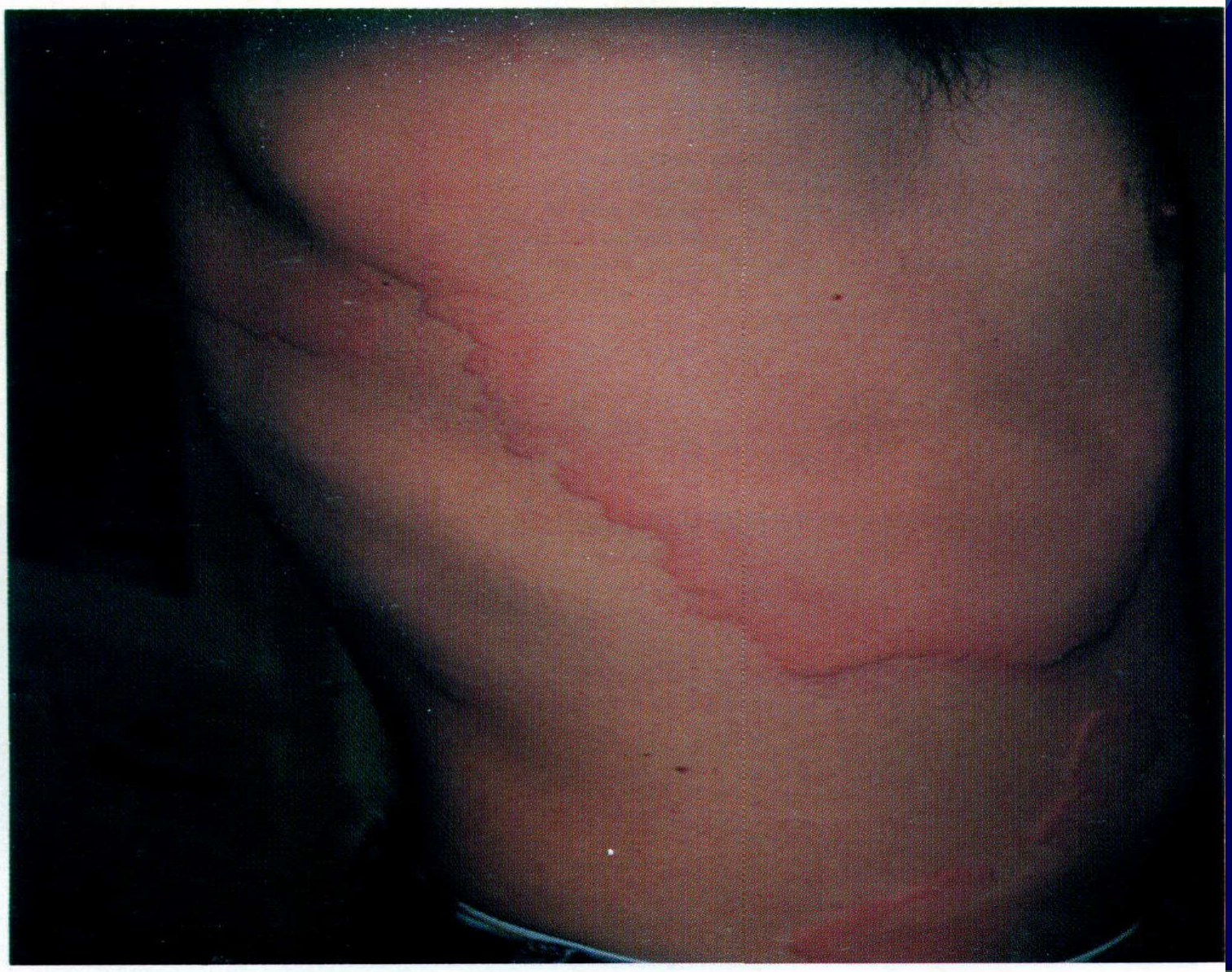

(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131 - 85 - 2727

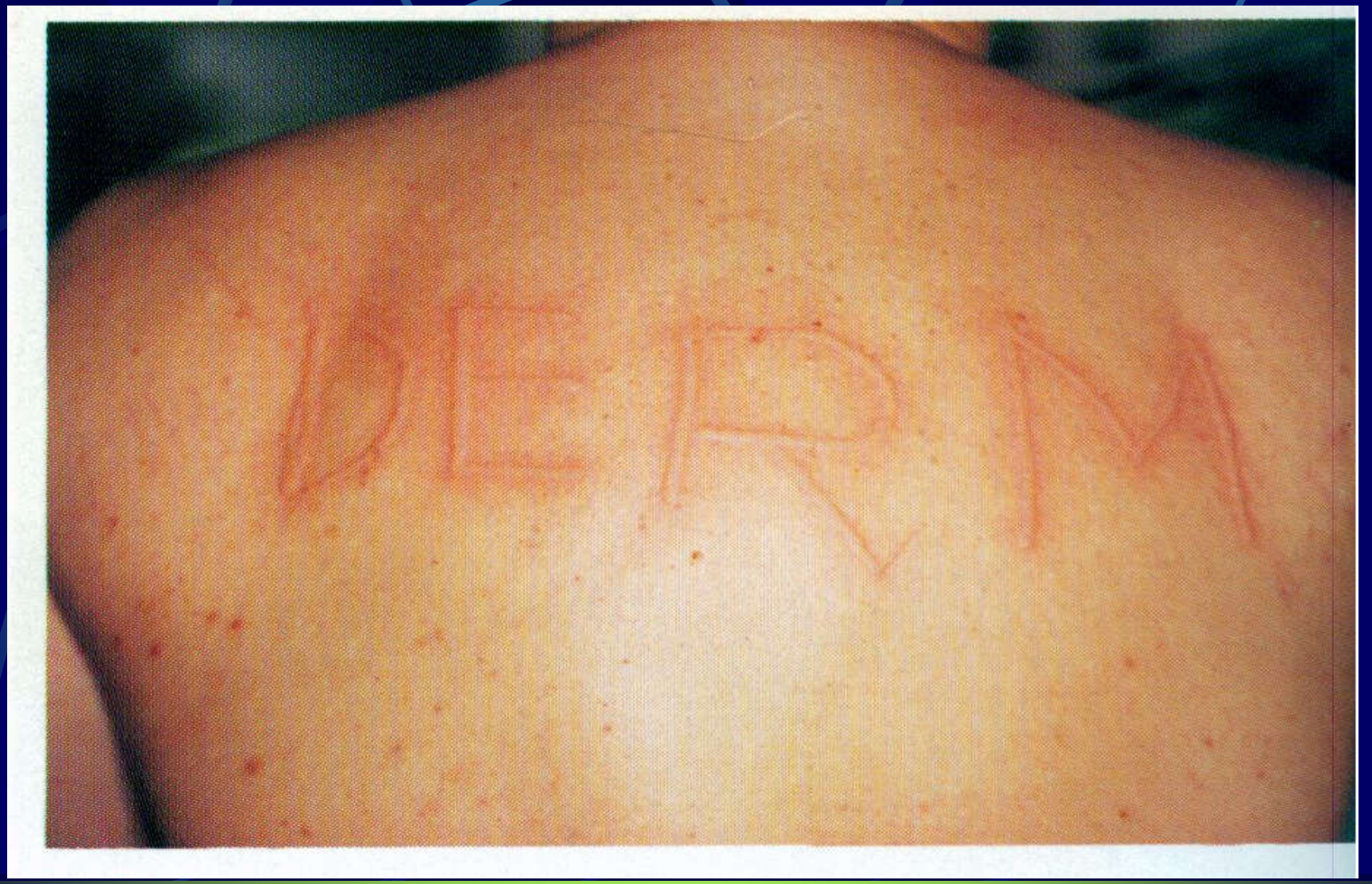











DERMA

Clinical varieties:

- *Papular u.*
- *Physical urticaria*
- *angiodema*

Treatment:

- *Treatment of the cause*
- *Antihistamines*
- *Systemic steroids*
- *Topical antipruritics*
- *adrenaline*

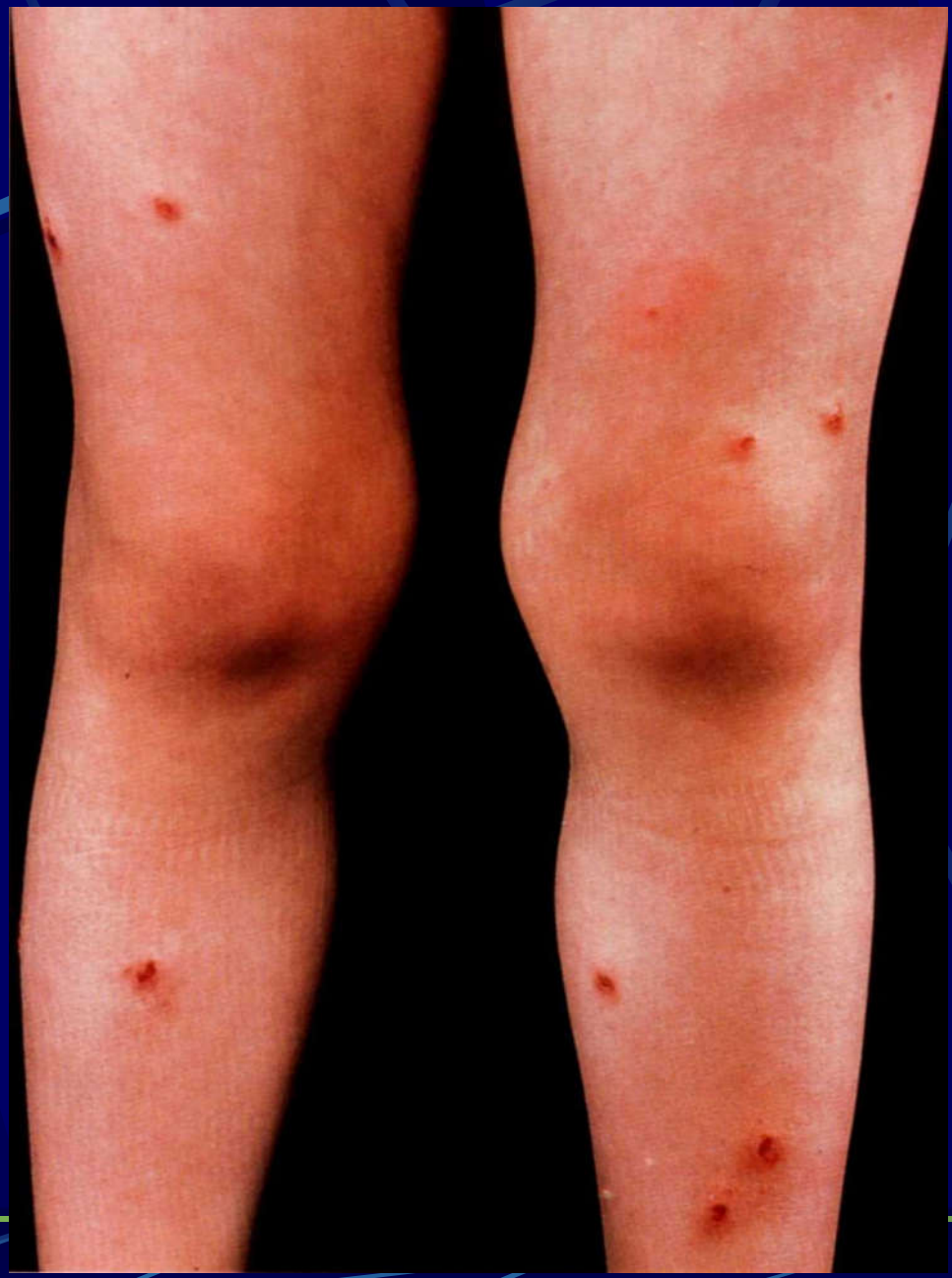
Papular Urticaria

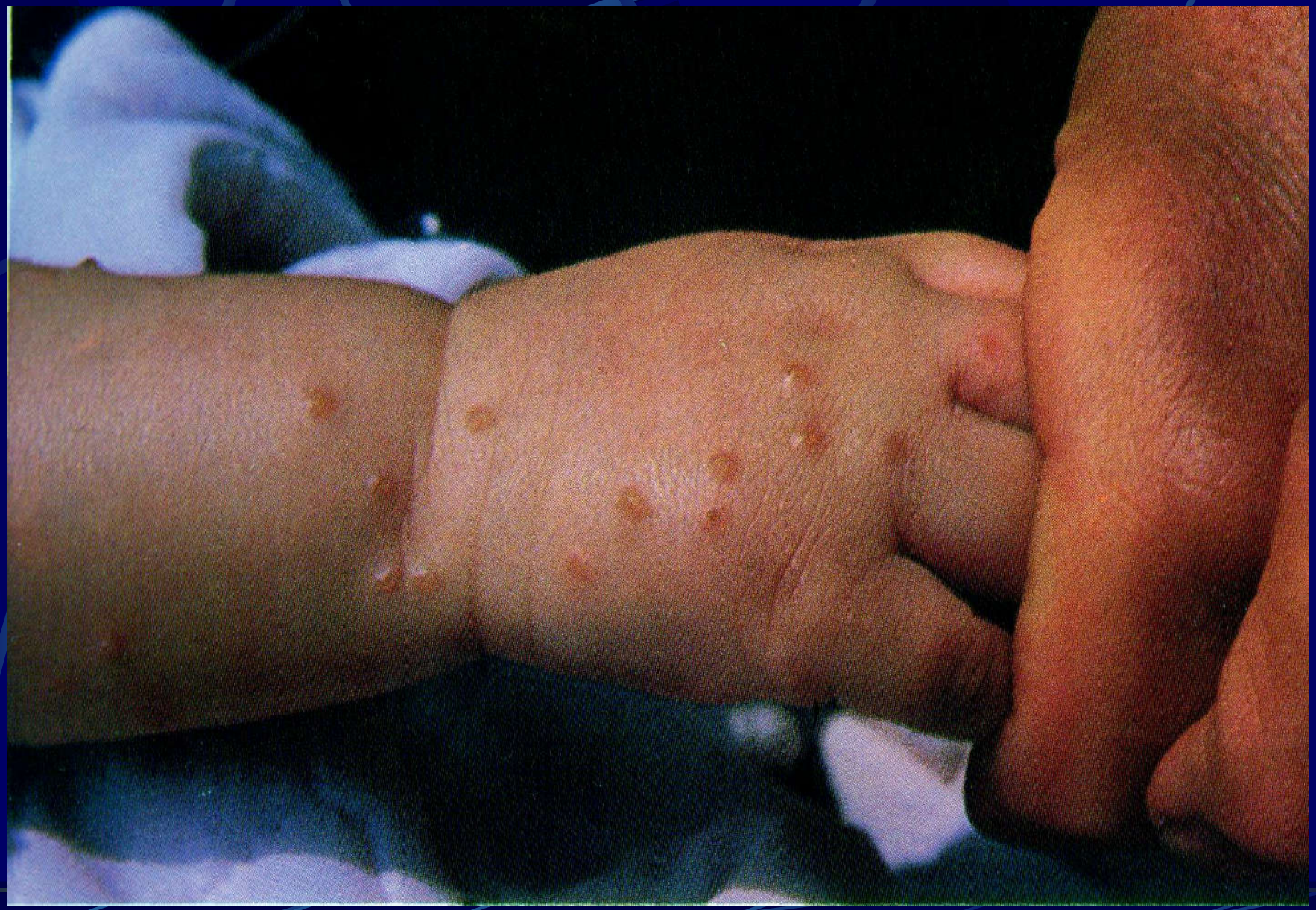
Clinical variety of u. caused by insects as mosquitoes and fleas.

Clinical picture:

- *Infants and children*
- *itching*
- *Extremities*
- *Itchy urticarial wheal → firm pruritic papule vesicle and pustule (infection).*

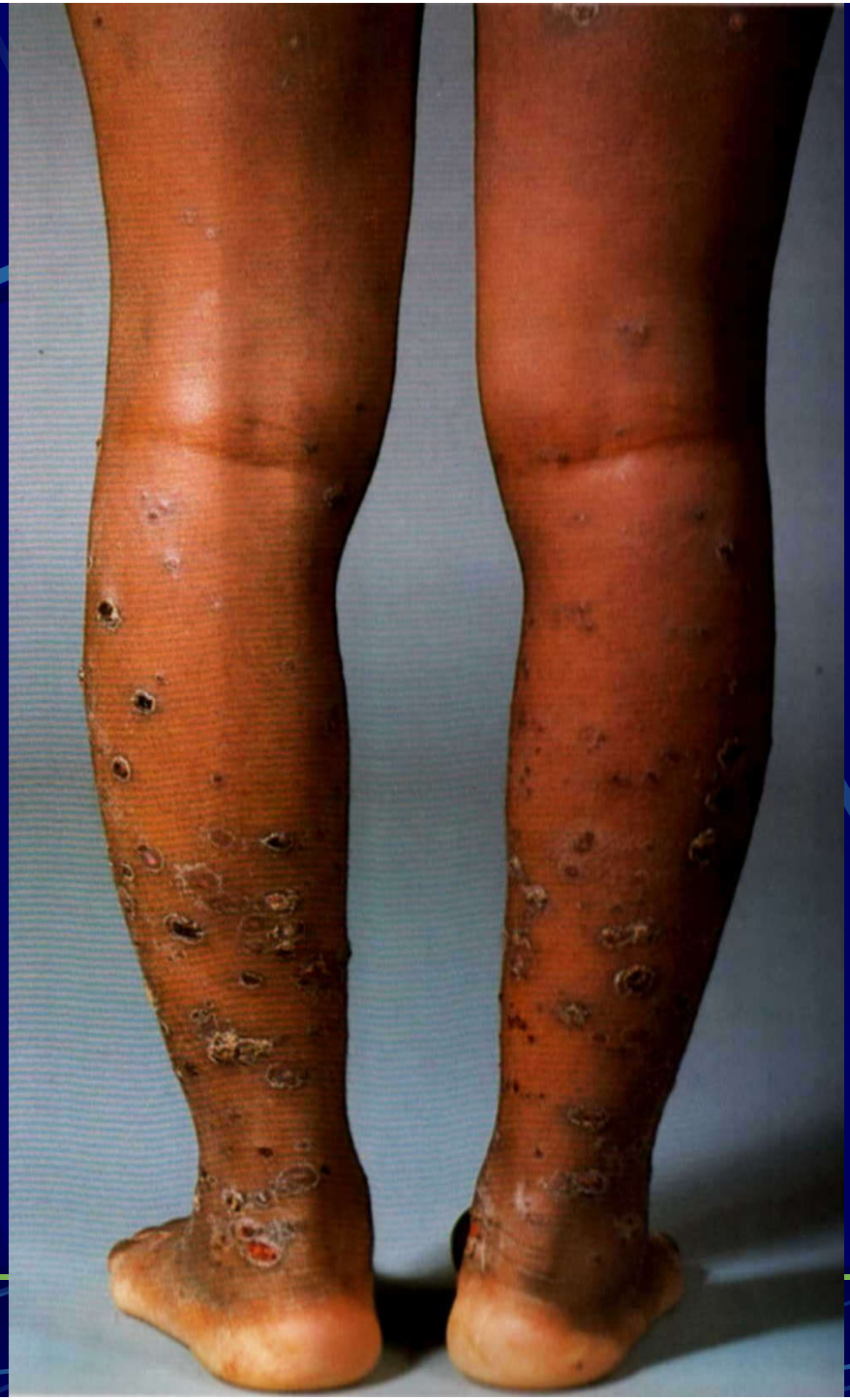
Treatment:

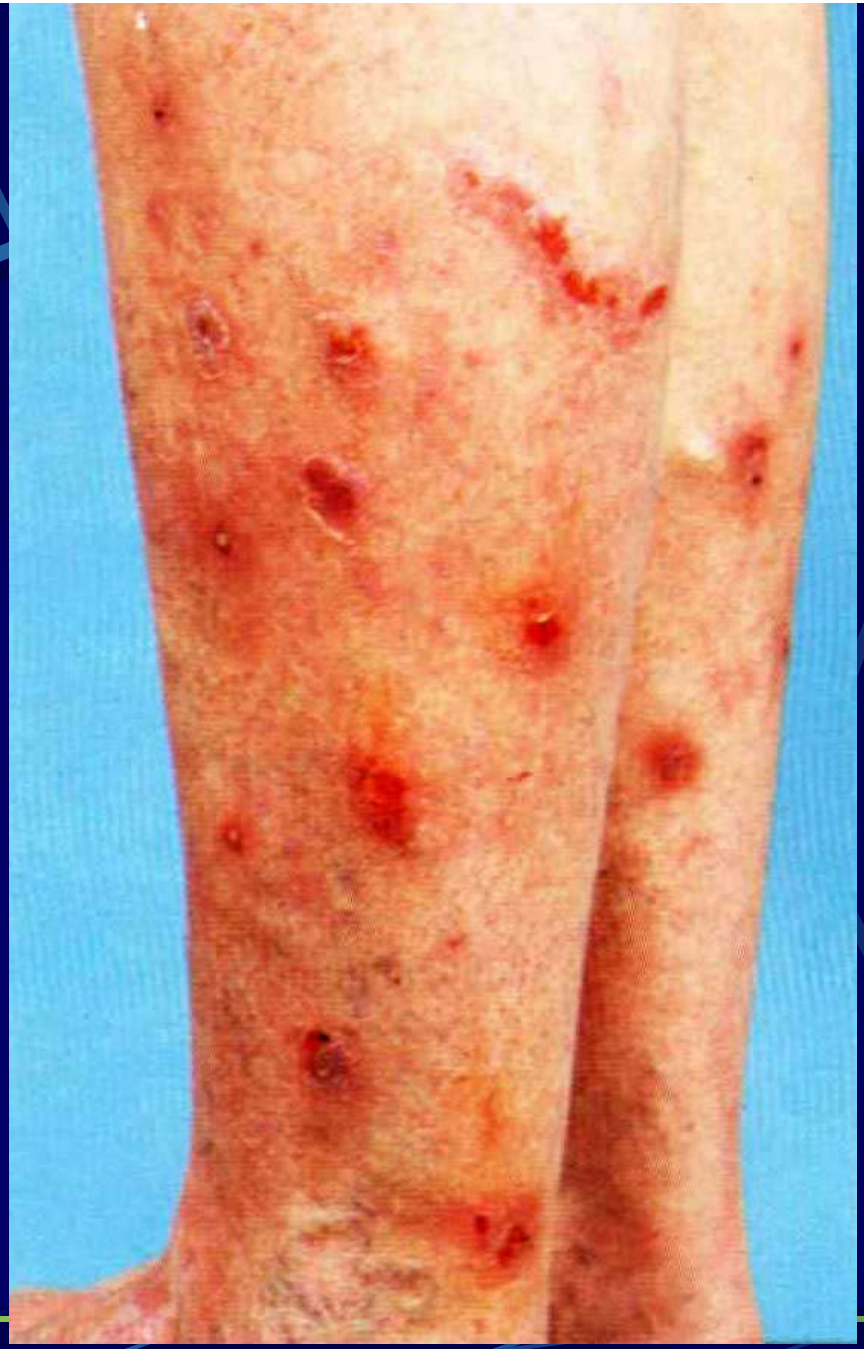




Prurigo of Hebra

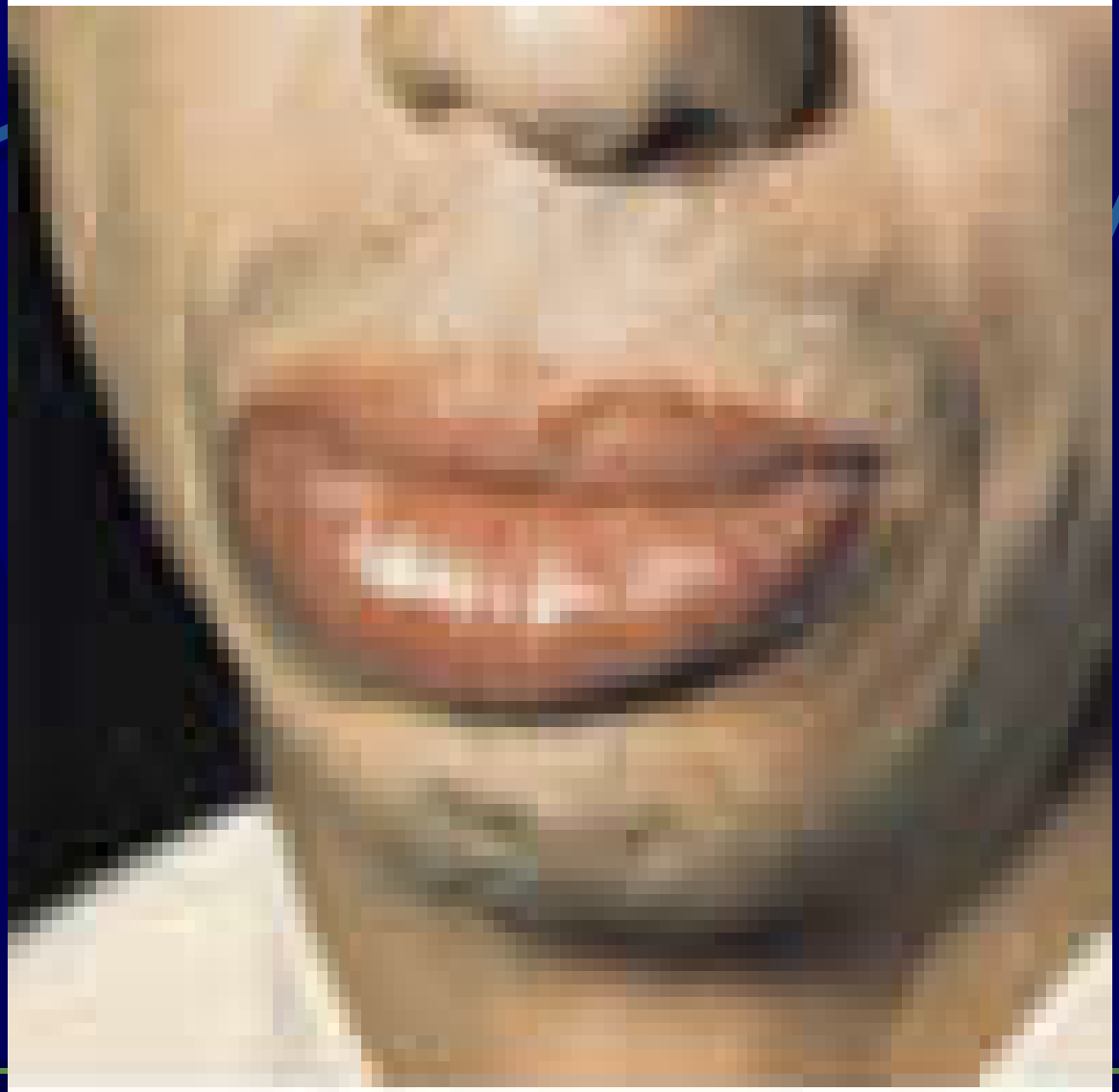
- *?? Continuation of papular U.*
- *Disease of childhood*
- *Affect extensor surfaces → all areas*
- *Dryness, excoriated papules and lichenification*
- *Lymphadenopathy*
- *Treatment: ?spontaneous resolution*

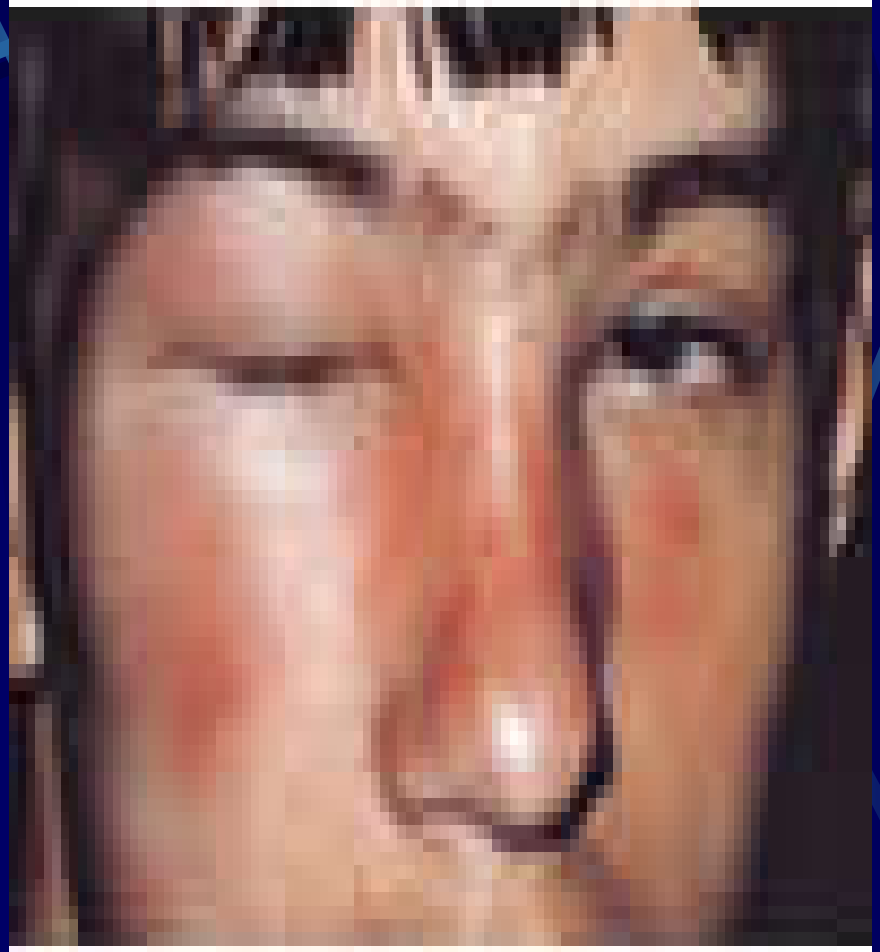


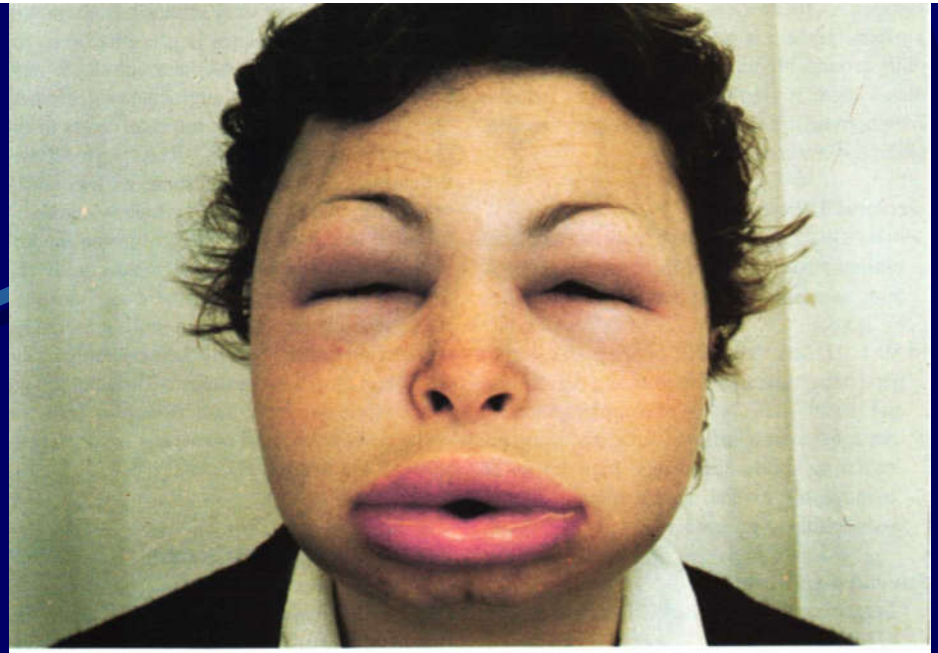


Angiodema

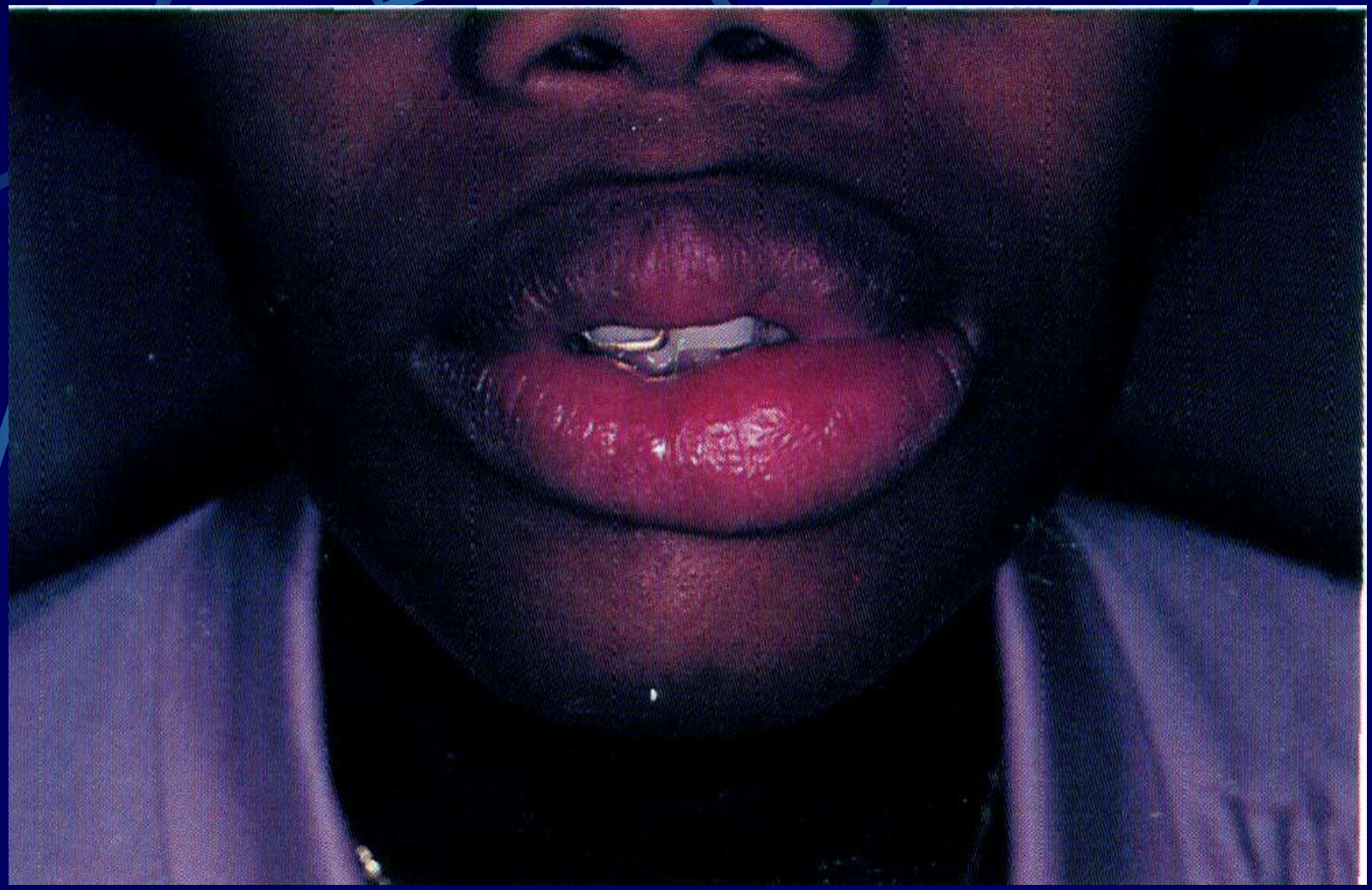
- *More deep swelling that affect the deeper dermis or subcutaneos tissue.*
- *May affect the MM (!!! Larynx)*
- *Usually in the distensible tissues: eye lids, lips, ear lobules*







240*a* Hereditary angioedema *This grotesque-looking involvement is to be contrasted to this patient's normal facies shown in Figure 240b.*



ERYTHEMA MULTIFORME

Acute self limiting eruption characterized by target “iris” lesion

Etiology:

- *Unkown*
- *Viral*
- *Drugs*
- *X rays*
- *Malignancy*
- *Lupus erythemtosus*

Clinical picture:

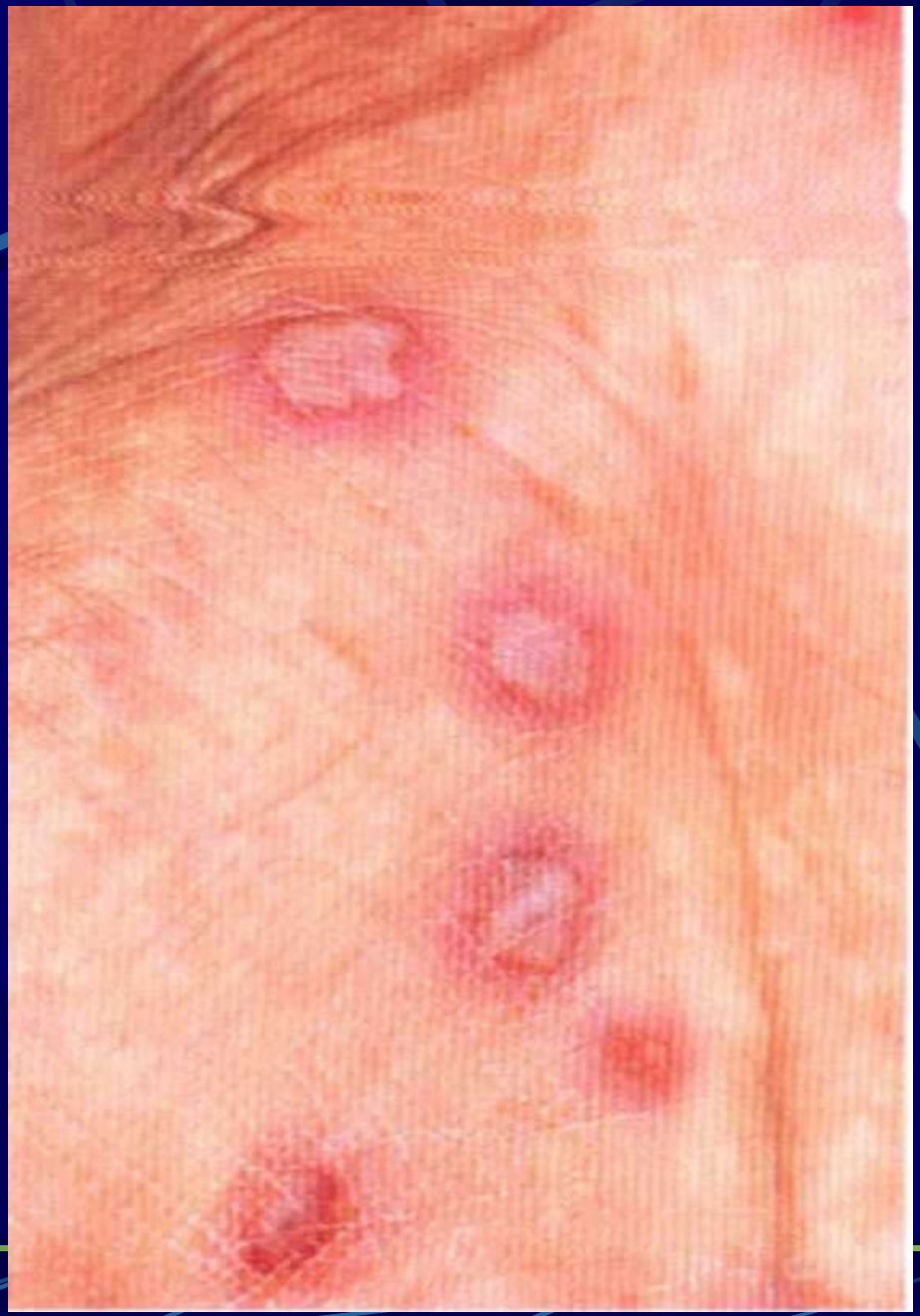
EM minor:

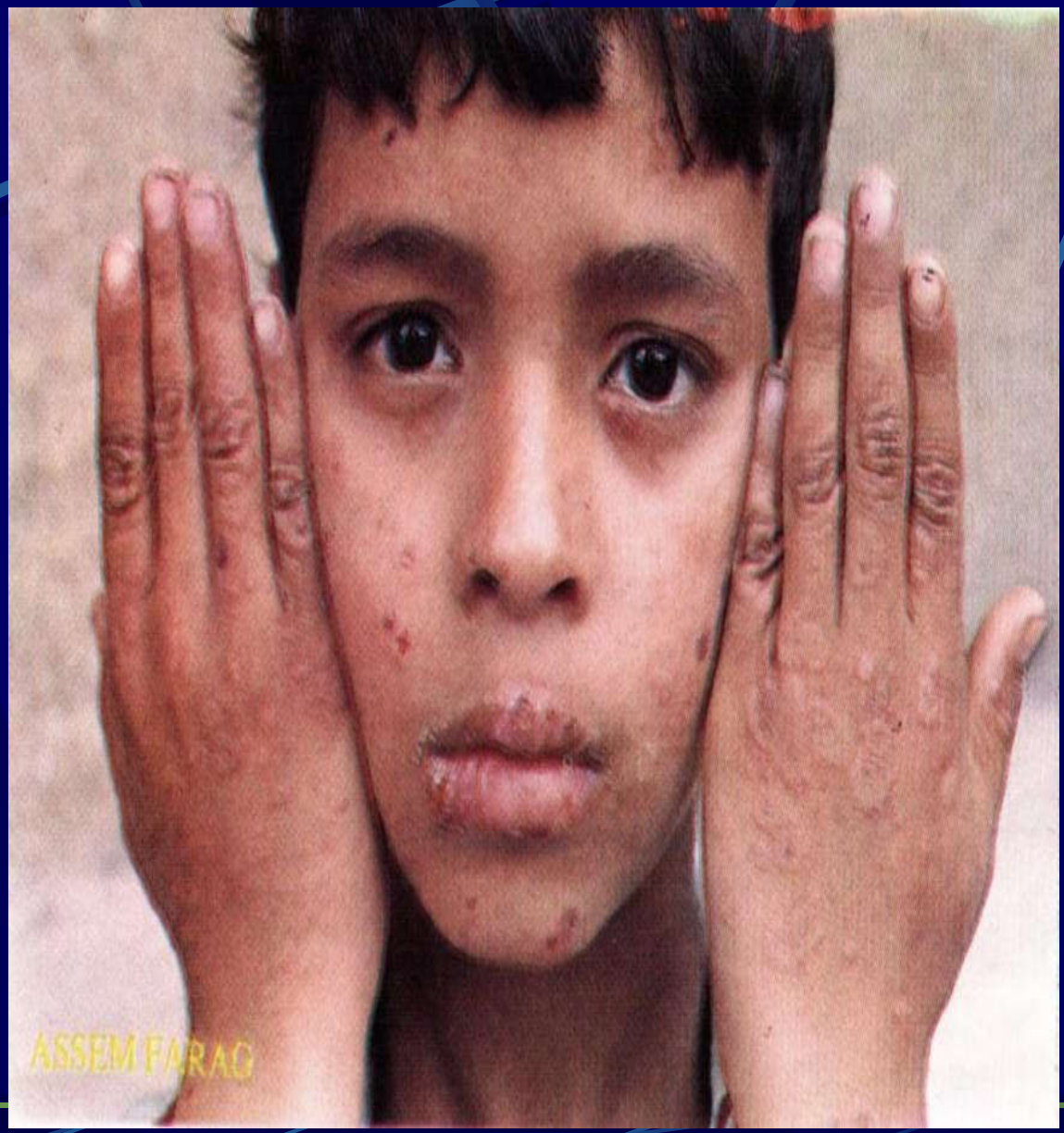
- *80% of cases*
- *Dull red maculopapules*
- *Iris lesion:*

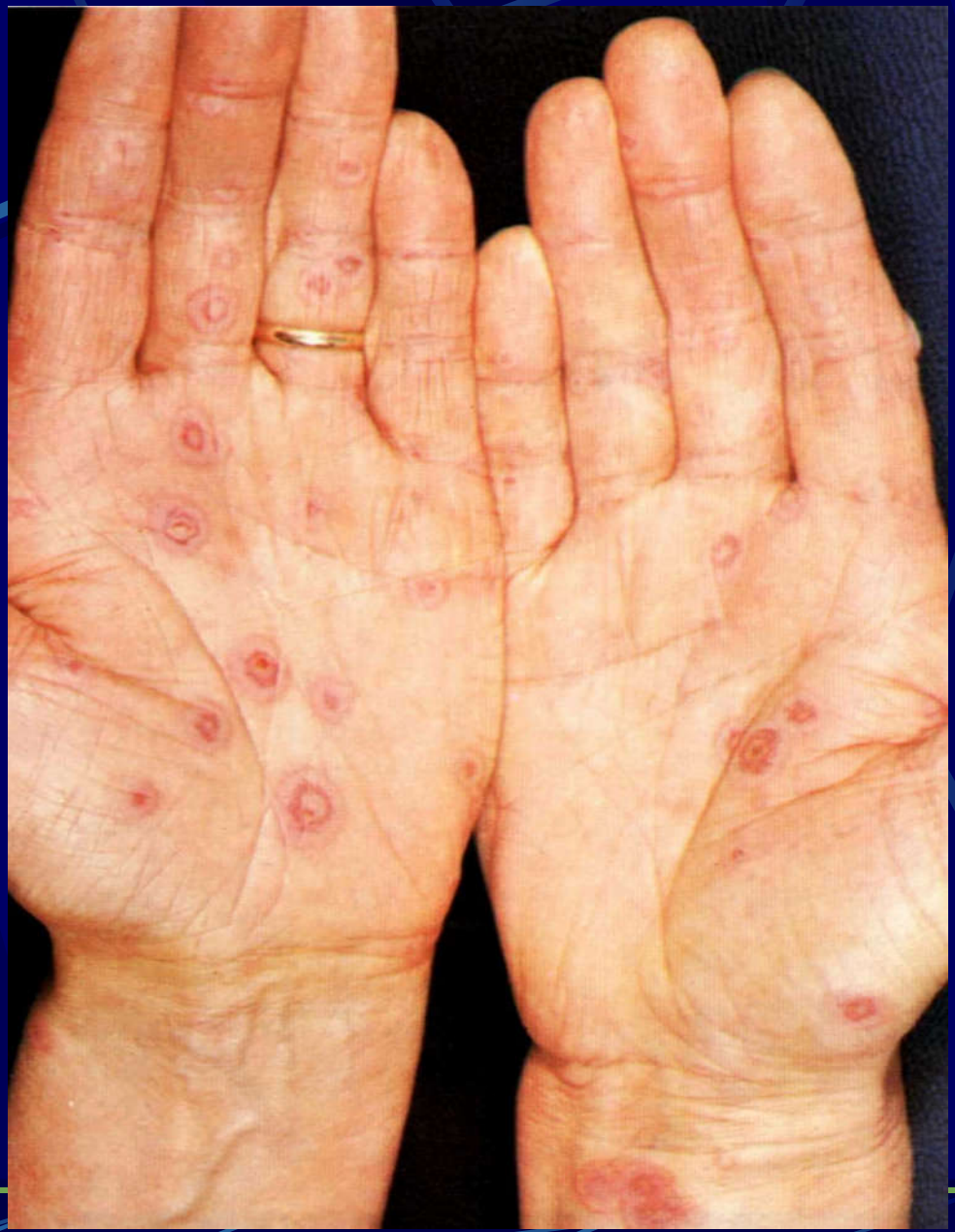
Typical: dusky erythema ~~–~~edema erythema.

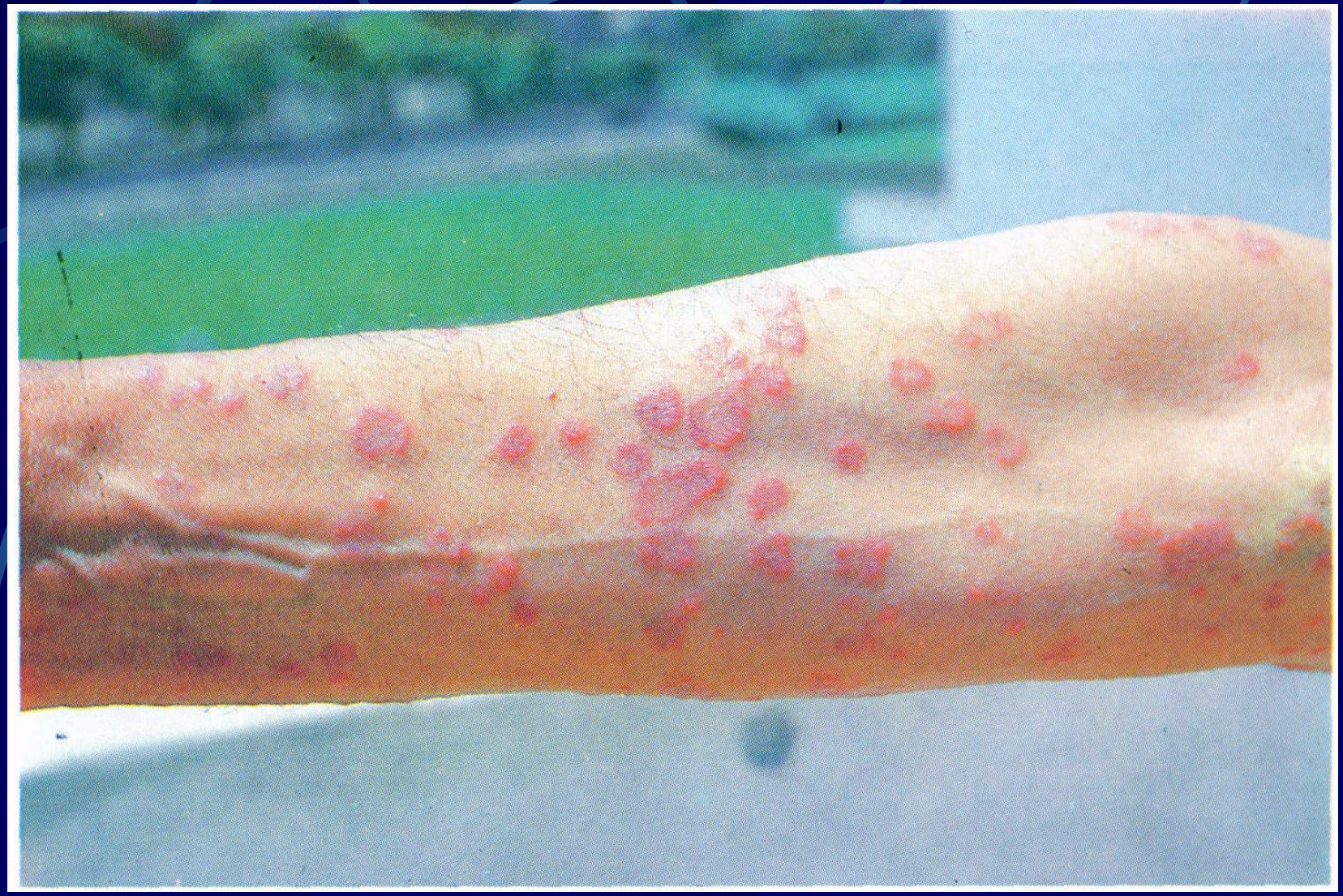
Atypical: 2 areas.

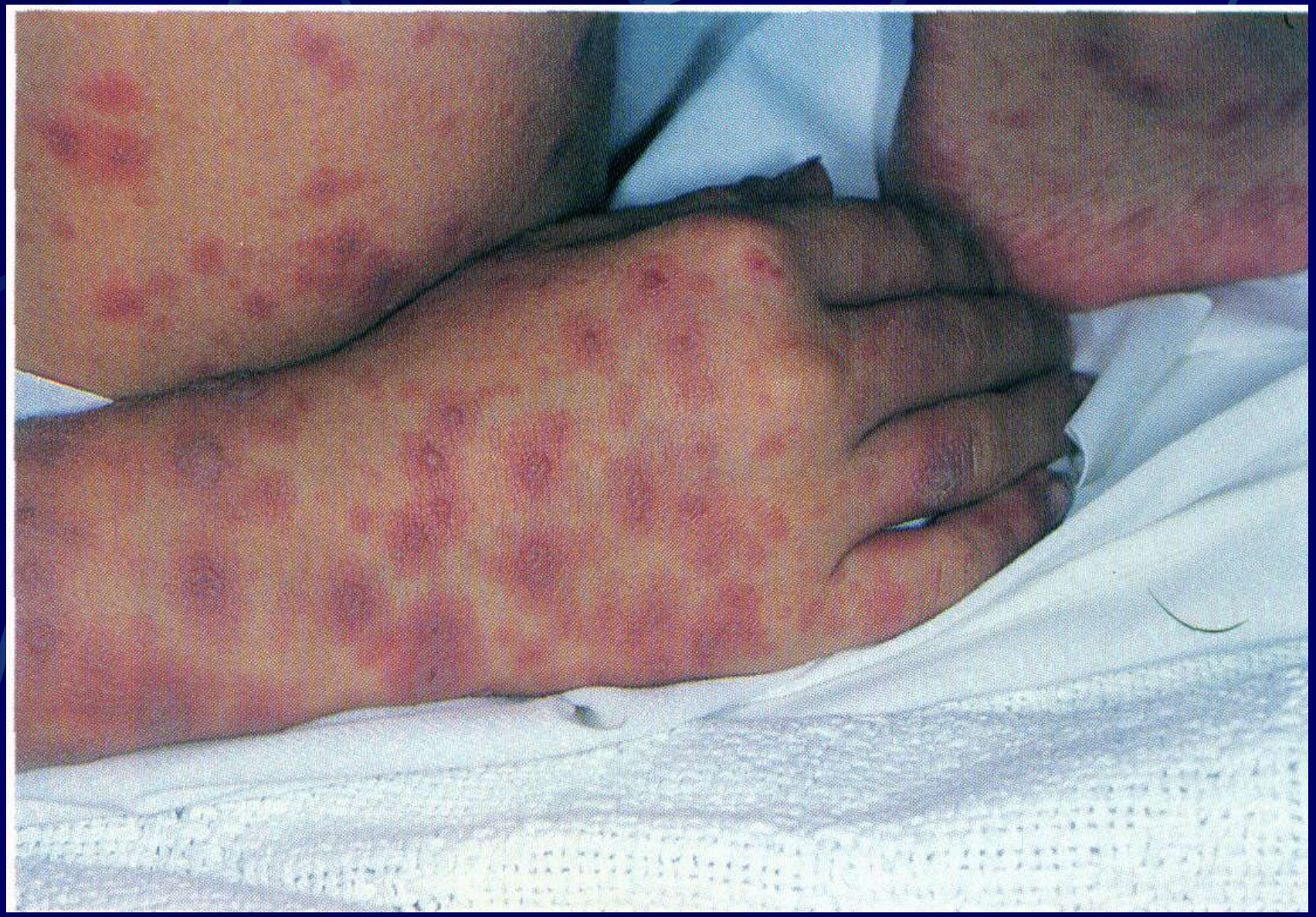
- *Sites*
- *Minor MM affection.*

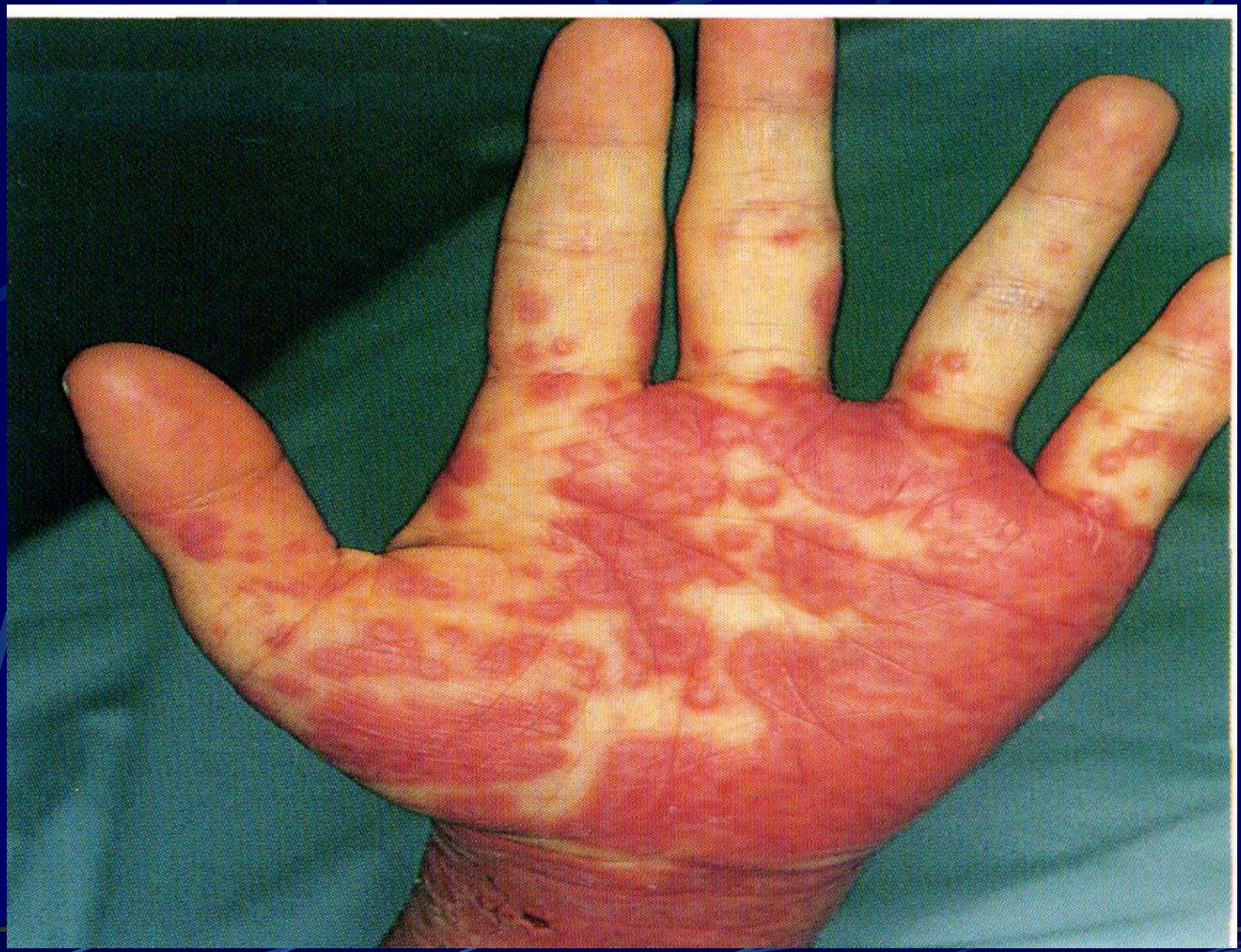


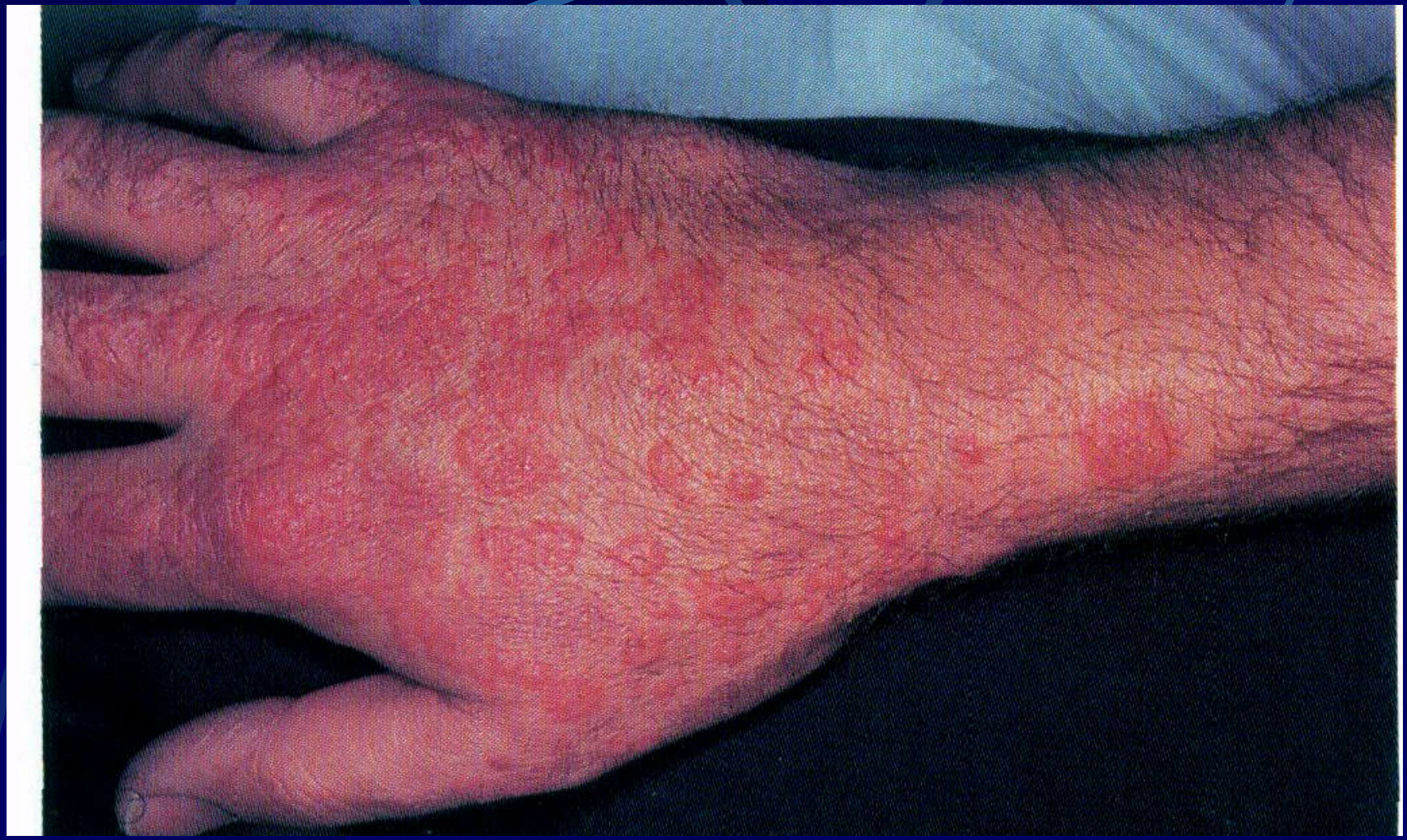

ASSEM FARAG





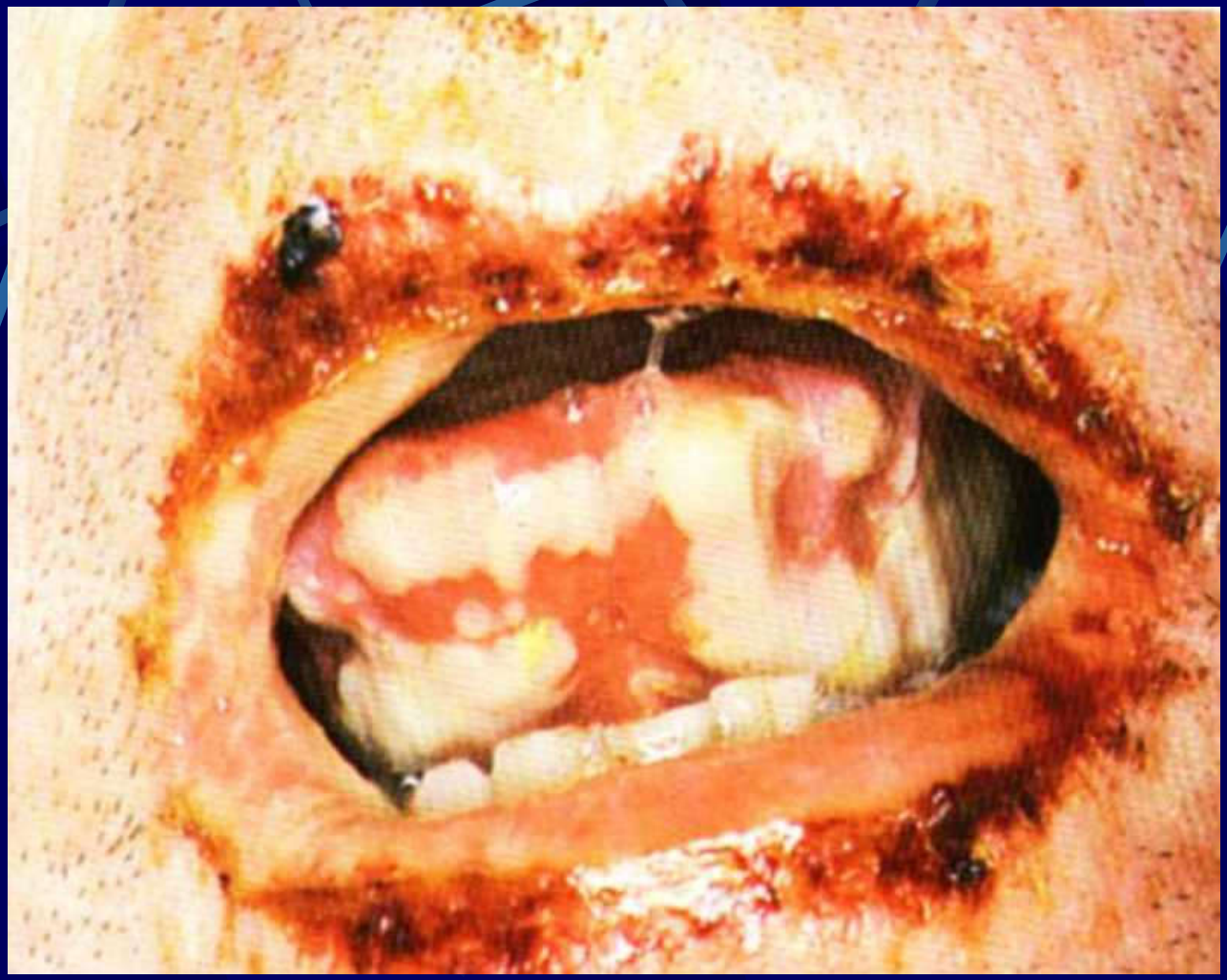


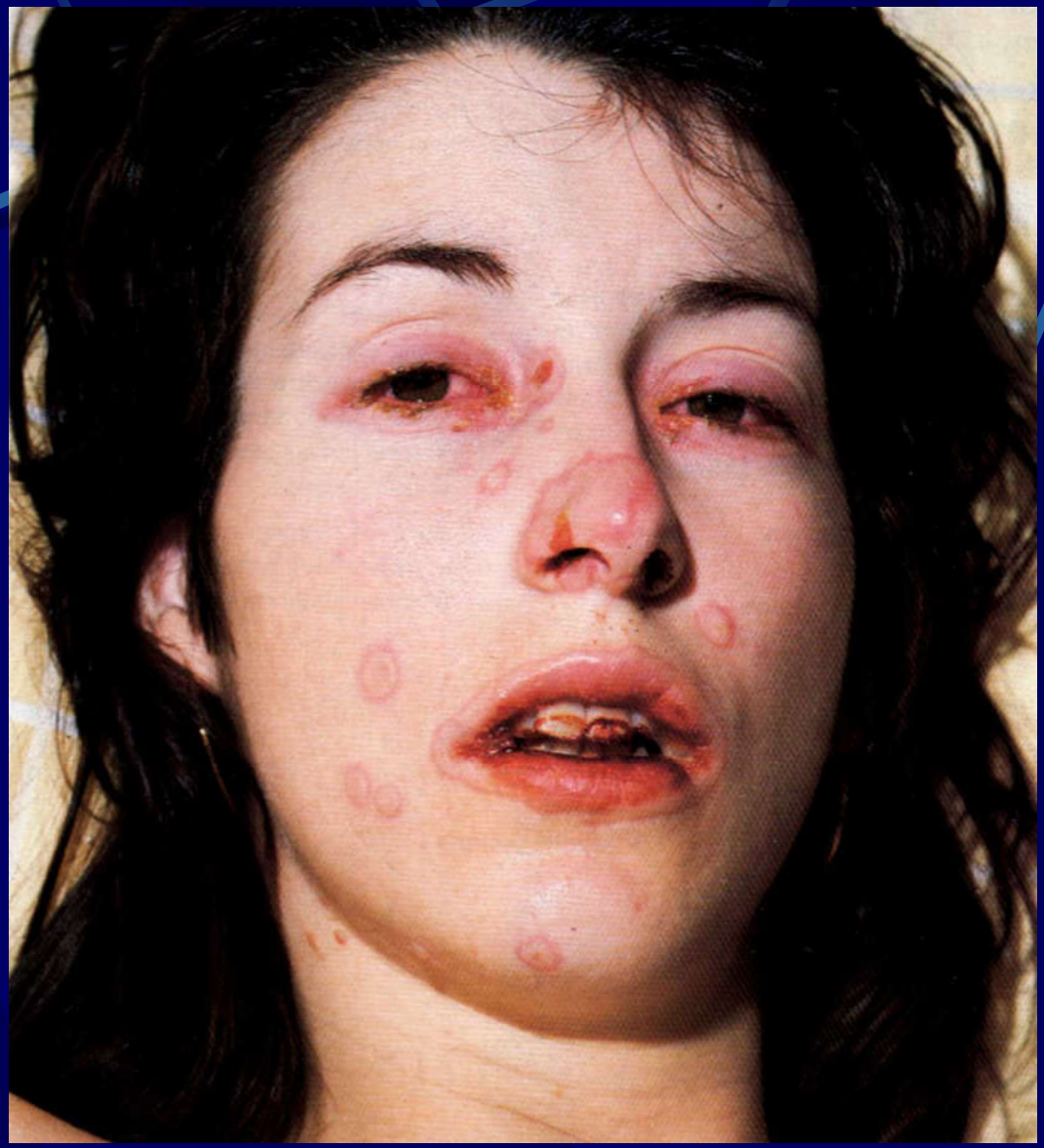


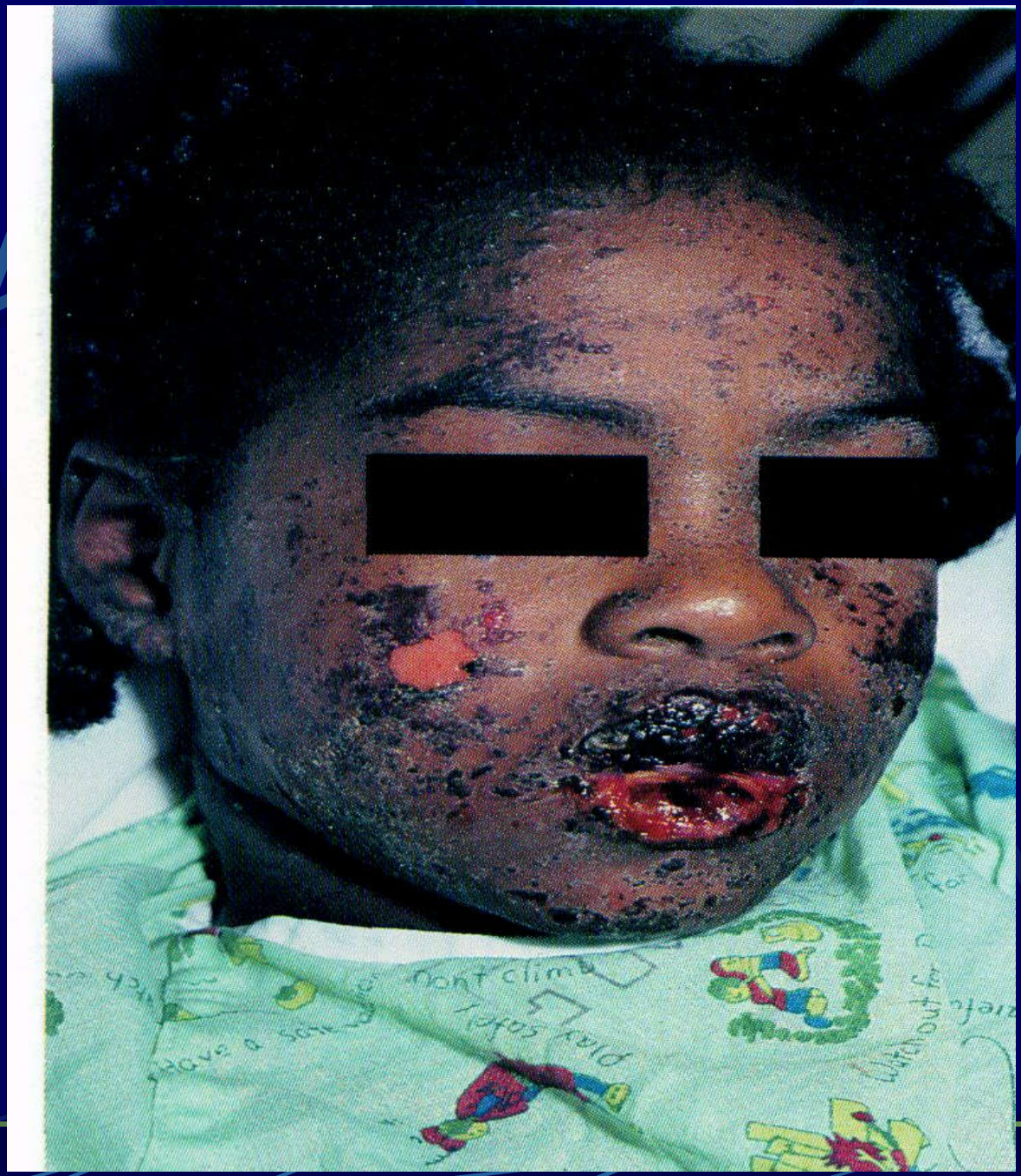


EM major (S J):

- *More sever*
- *More MM affection*
- *Pustules, bullae*
- *Generally ill patient*
- *Usually resolve without sequilae*







Treatment:

EM minor:

1. *Treatment of cause*
2. *Antihistamines and antibiotics*
3. *Topical and systemic steroids*

EM major

1. *In burn unit*
2. *Care of MM lesion*

Erythema nodosum

Def:

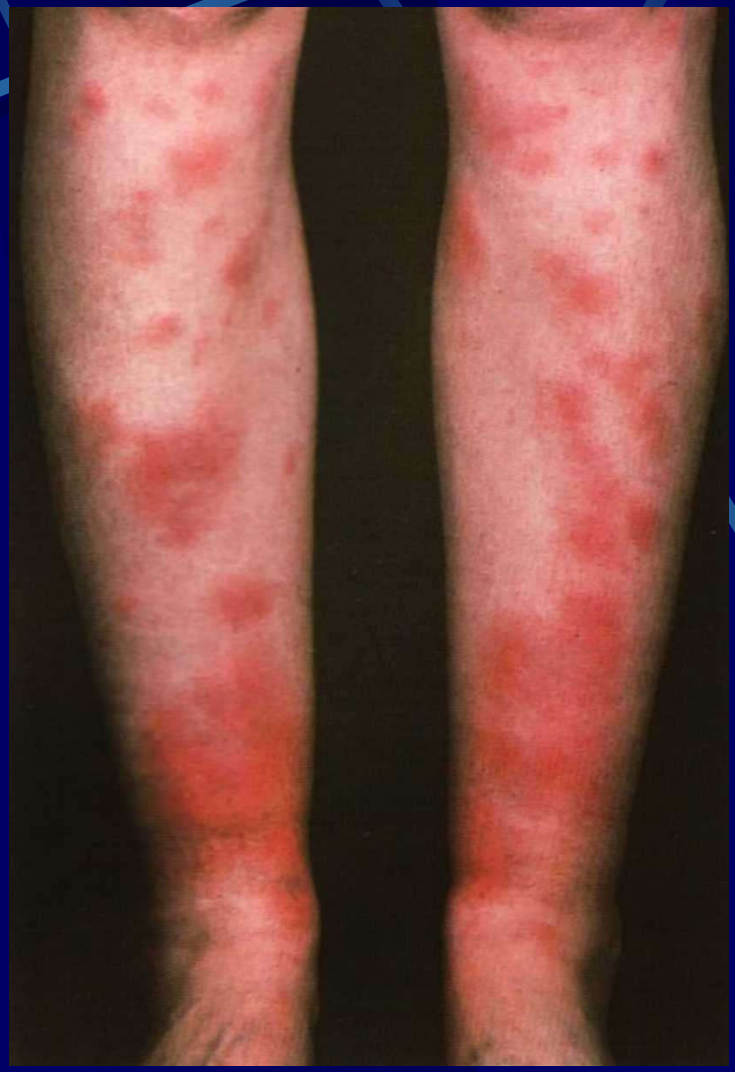
Nodular erythem. Eruption affecting the legs.

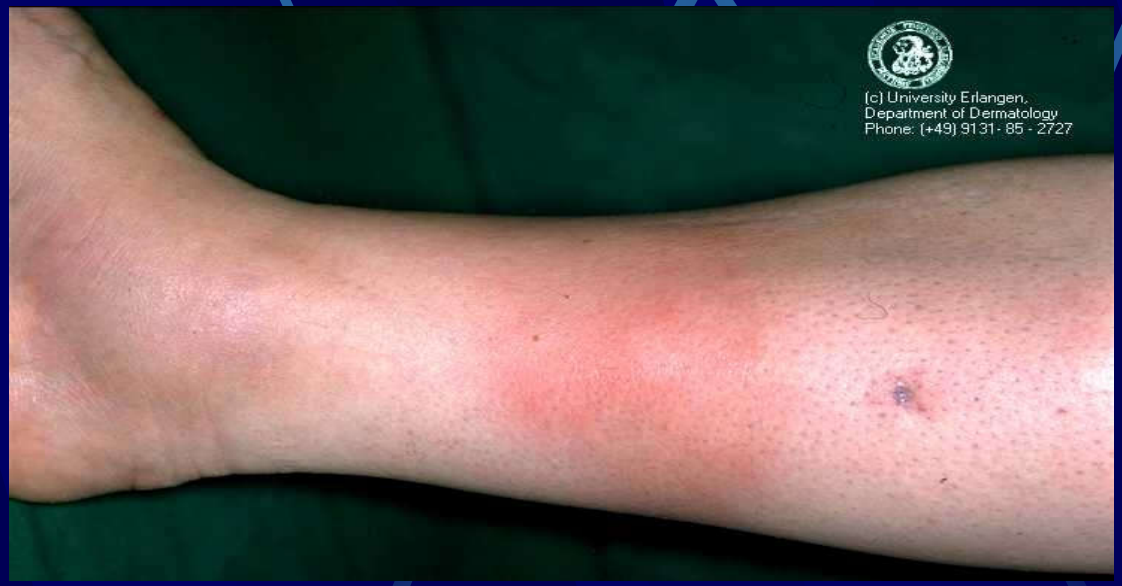
Etiology:

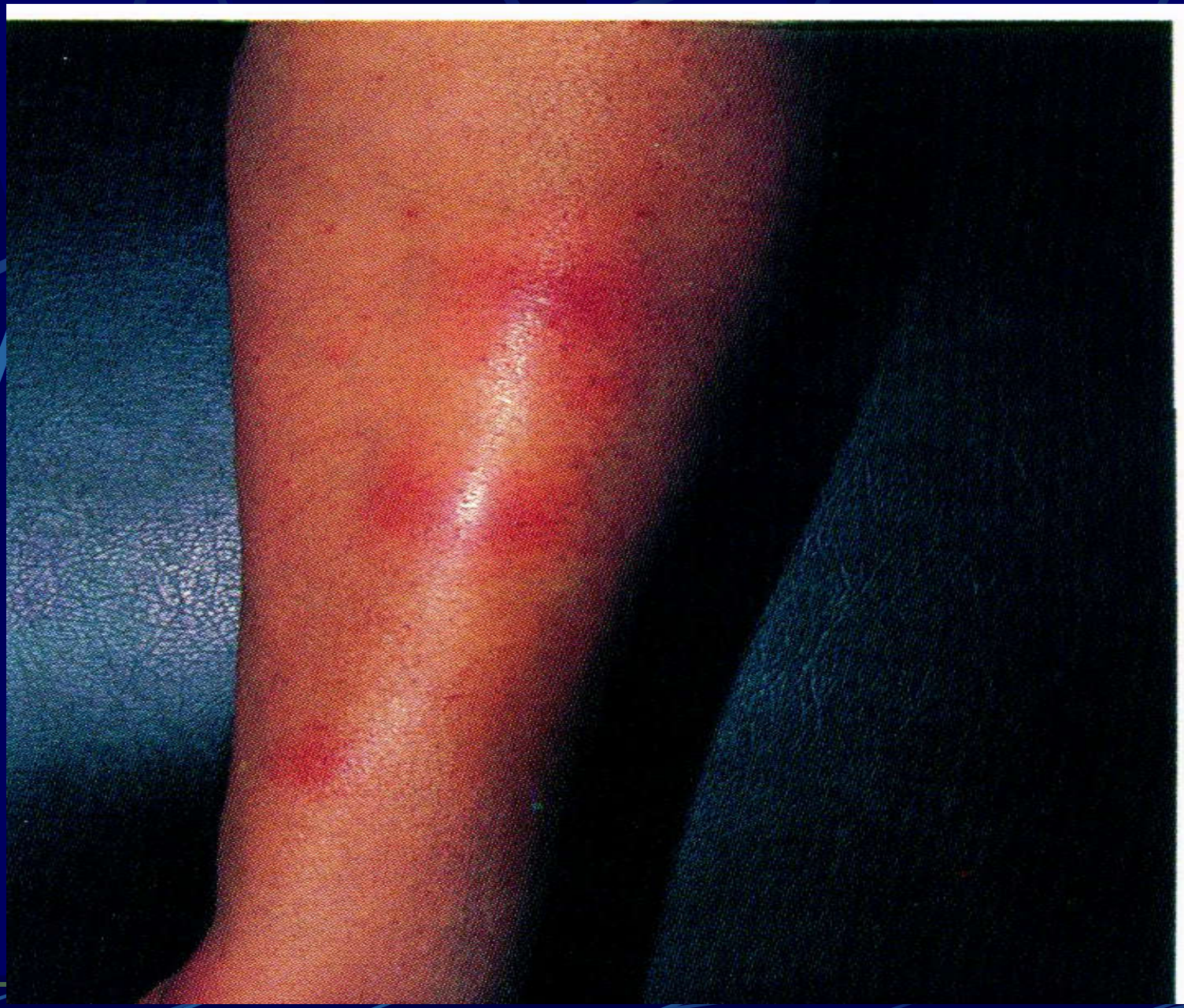
- *unknown*
- *Infections: strept, TB, intestinal infection, fungal infection.*
- *Sarcoidosis*
- *Drugs: sulph., cp*

Clinical picture:

- *Young female*
- *Acute onset, malaise, arthralgia, leg edema*
- *Bilateral ,symmetrical, deep and tender nodules.*
- *Red smooth shinny skin.*
- *Slow resolution without scarring.*



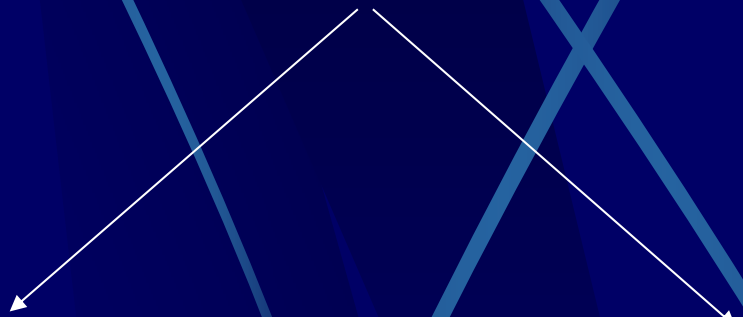

(c) University Erlangen,
Department of Dermatology
Phone: (+49) 9131- 85 - 2727



Treatment:

- *Cause*
- *Bed rest*
- *Bandages or stockings*
- *NSAIDs*

Drug eruptions



Immunological

Drug, its metabolites or other contaminants

non-immunological

Def:

Unwanted reaction that occur in the form of cutaneous eruptions.

Etiology:

Wide range of drugs can cause wide range of eruptions.

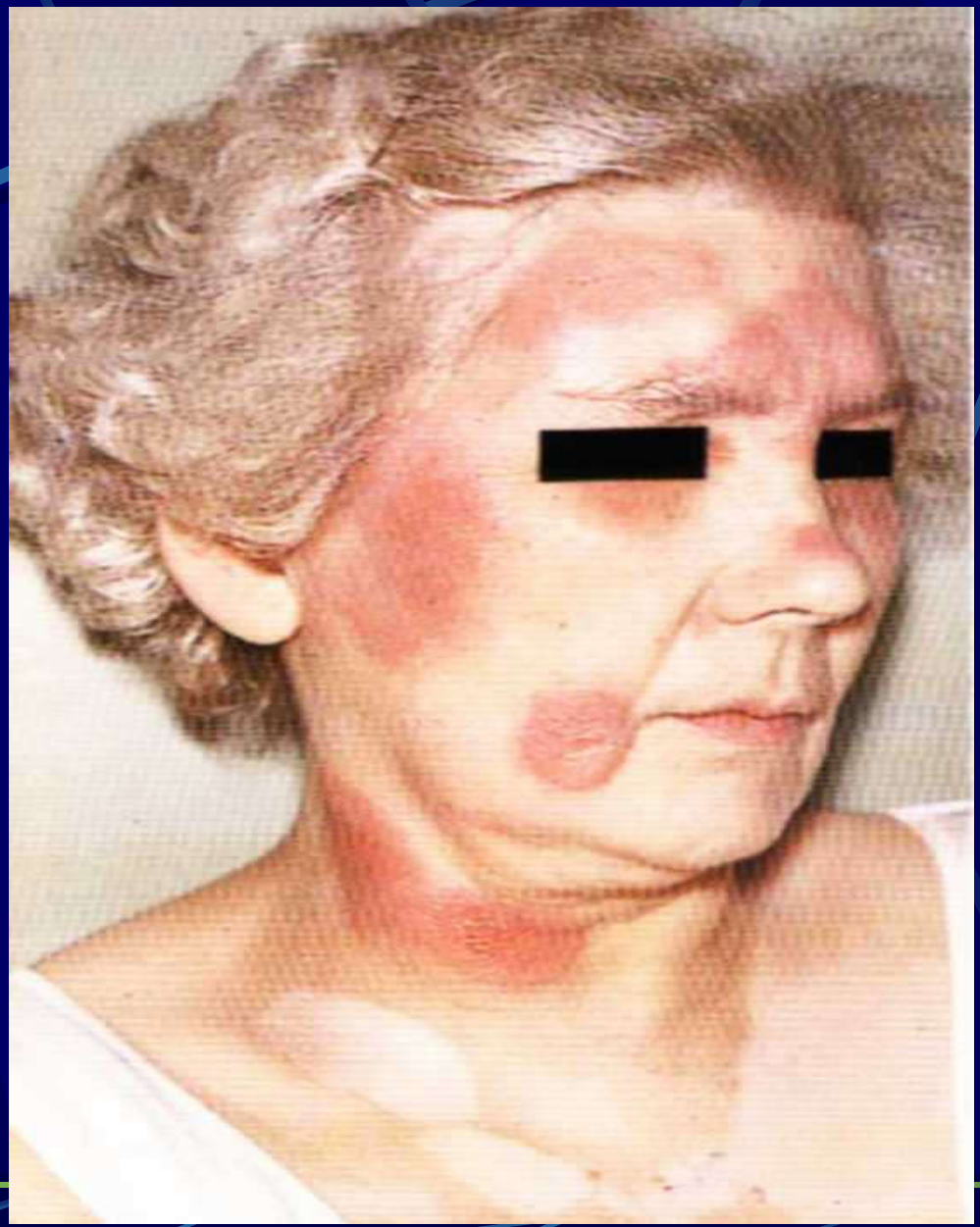
Clinically:

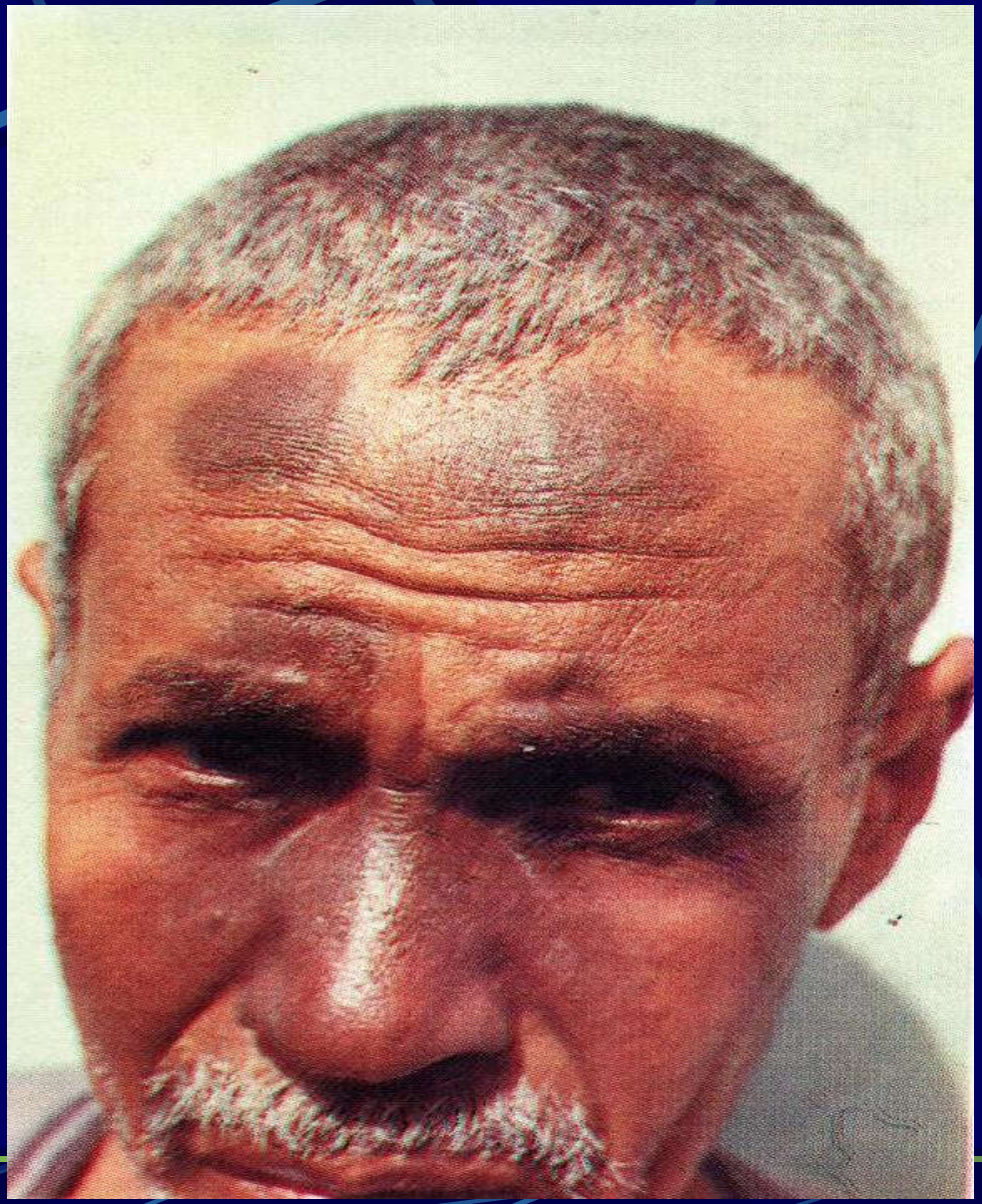
Purpura, EM, EN, urticaria, fixed drug eruption.

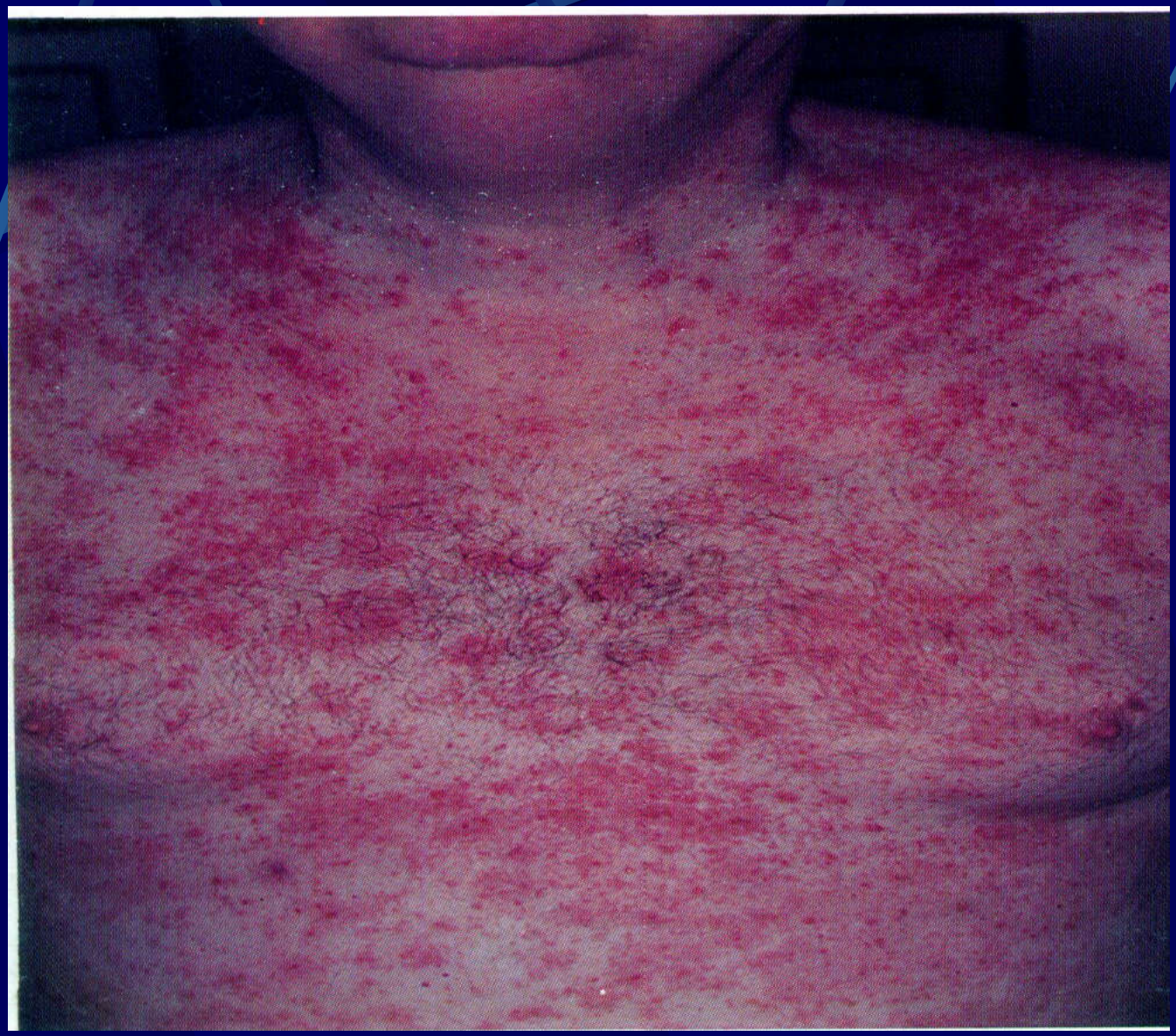
Fixed drug eruption

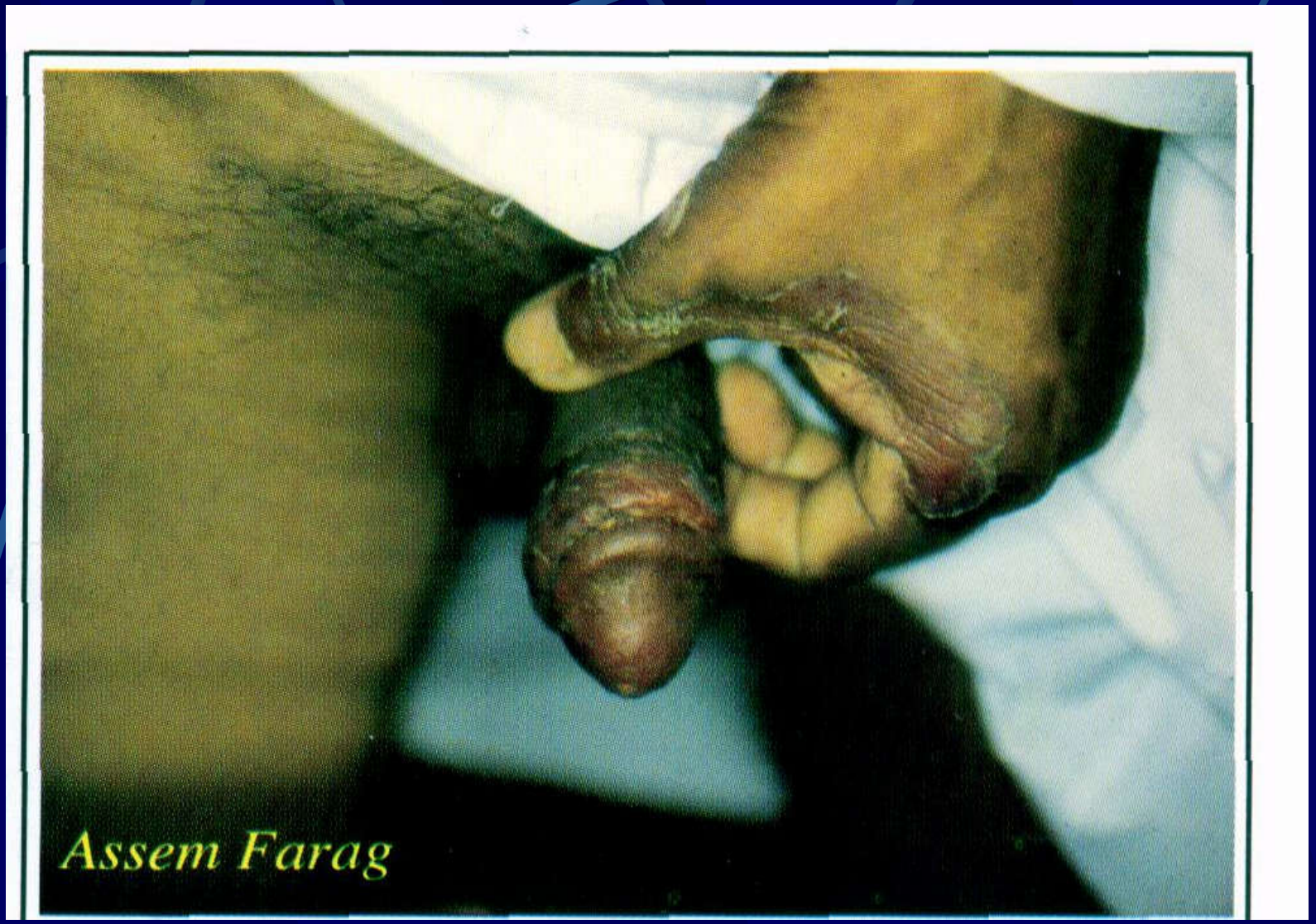
- *Occur in the same site*
- *Sulph, NSAIDs, tetracyclines, laxatives, barbiturates.*
- *Well defined eryth. Plaque → violaceus or brown → long lasting hyper pigmented post.*
- *Vesicular or bulluos lesion may occur*
- *Limbs, MM, genitalia.*

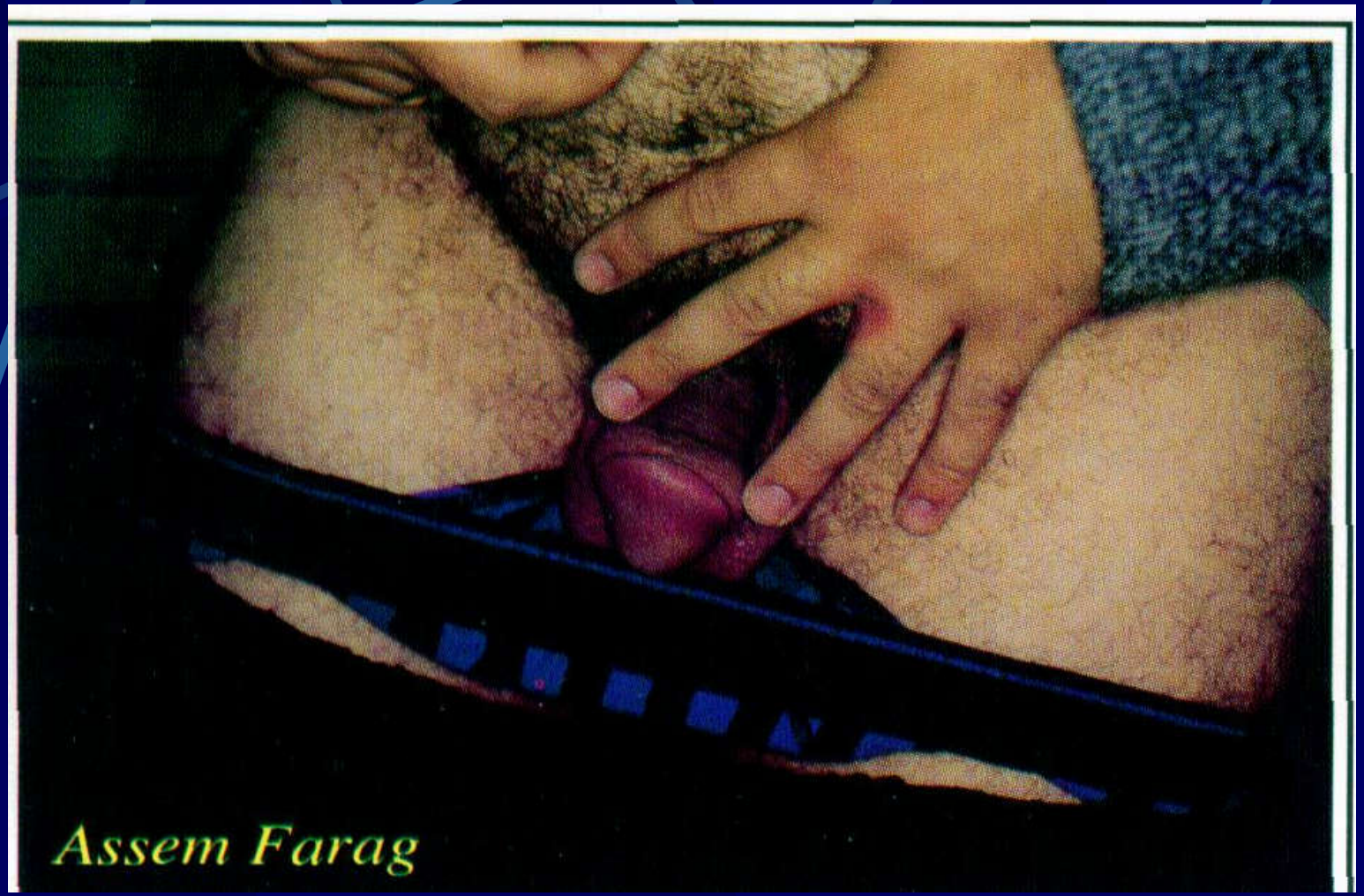
Treatment: cause, antihistamines, steroids

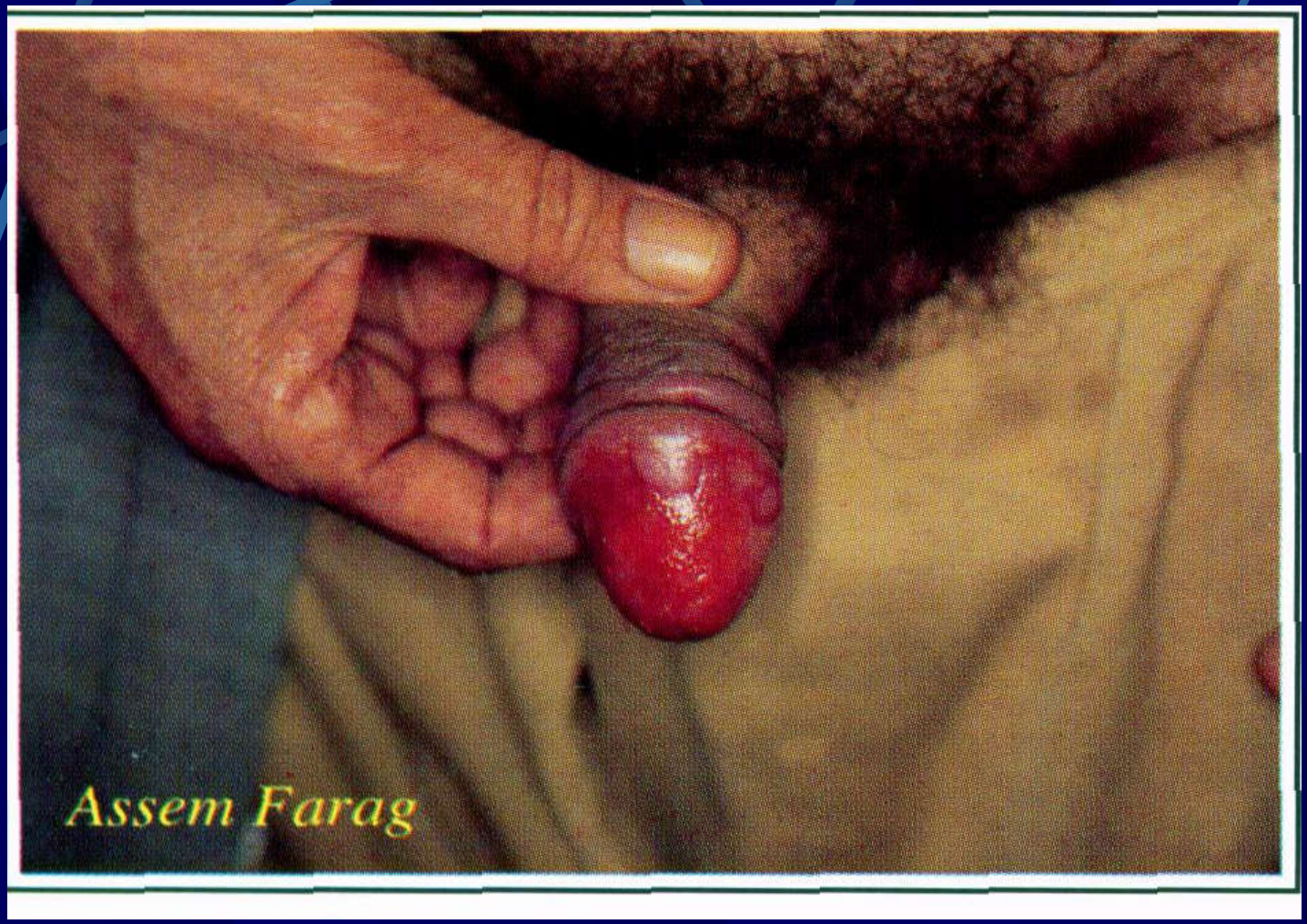


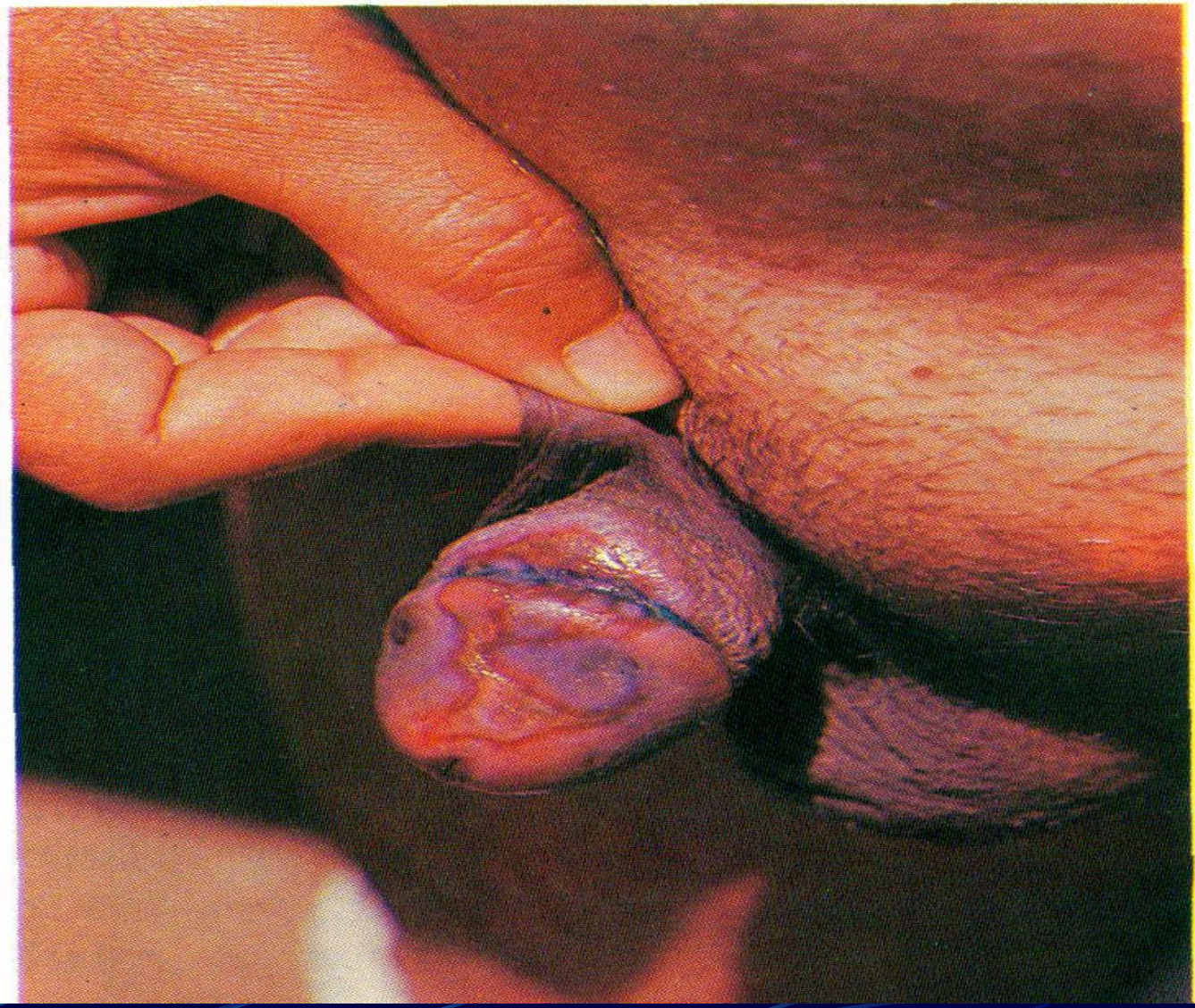





Assem Farag


Assem Farag


Assem Farag




THANK YOU