



**ILLUSTRATED SYNOPSIS OF  
DERMATOLOGY CASES IN  
TRIBAL POPULATION**

**Vol. I**

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## INTRODUCTION

Dermatological conditions, though often overlooked, serve as important indicators of the overall health and well-being of individuals and communities. In tribal populations, where access to healthcare is limited and cultural practices deeply influence health-seeking behavior, the burden of skin diseases is substantial yet under-documented. This illustrated synopsis seeks to bridge that gap by offering a comprehensive visual and clinical account of dermatological conditions prevalent in these marginalized communities.

The tribal population featured in this work represents a unique intersection of genetic, environmental, and cultural factors that shape their health outcomes. Living in remote regions with limited healthcare infrastructure, these communities are disproportionately affected by conditions that are often preventable or treatable with timely intervention. By cataloging and analyzing the dermatological conditions they face, this work aims to highlight the need for targeted healthcare interventions, while also contributing to a deeper understanding of the relationship between skin health and systemic health issues such as malnutrition, infections, and poor sanitation.

This book is the outcome of multiple teleconsultations by multiple doctors in Swasthya Swaraj since 2021 through WhatsApp with Dr Maya Jacob Philip a very senior Dermatologist in Bengaluru who was passionate about helping the tribal population through distant consultation since 2015. We are indebted to Dr Maya.

This is the Volume 1. Many common infectious conditions like Scabies, Leprosy etc with its varied manifestations are not included in this book as the diagnosis was evident and were not consulted. In Volume 2 which will be brought out later, we hope to include more disease conditions.

We hope this book will serve not only as a clinical reference but also as a call to action for healthcare professionals, policymakers, and public health advocates to address the disparities in dermatological care and improve overall health outcomes in tribal areas.

I thank Dr Tijo Thomas who compiled the disease conditions and discussions, and Dr Vishy Jagannath who initiated this process and set the ball moving. This is a learning exercise as well as a guide to the doctors and nurses in diagnosing the skin diseases which constitute quite a big number of patients seen in our health centres in this backward tribal area.

Dr Aquinas Edassery MD

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## Deficiency Disorders

### Phrynoderma



Query: 25 year old woman, with lesions in both upper limbs and lower limbs, not in the trunk, for one month. No itching. No one else in the family has it.

- Could be phrynoderma. Bitot's spots in the eyes?
- Could be lichen spinulosus. Can apply keratolytic cream like 12 % Salicylic acid ointment at night and Cotaryl moisturizer in the morning
- Giving Cap vit A and D is a good idea.

### Angular Stomatitis



Query : 18 year old with lesions over lips since 3 days, history of fever for 1 week, no other complaints.

- Diagnosis : Angular stomatitis
- Treatment : Angular stomatitis - Vitamin B complex and antibiotic cream on the cracks should help.

## Pellagra



## Chronic Conditions

### Lichen planus



Query: Presented in the OPD with these lesions, Extensive Violaceous papules v. Is it Lichen Planus?

- Yes. Clear cut lichen planus. Extensive. He can be prescribed a local steroid cream like Mometasone cream once daily for 7-10 days and then **alternate** days for a week or two and then if it is subsiding it can be used intermittently e.g. once a week. If they can afford it Tacrolimus ointment can be used after 2 weeks to help wean off the steroid cream. If spreading rapidly a short course of steroids like Prednisolone 20mg od  $\times$ 4 days and then tapered off over 1-2 weeks can be given. If it flares up when tapering the steroid cyclosporine 3-5 mg/kg can be given for a month if affordable. Usually not necessary.
- Slightly sedating antihistamine at night like Phenergan or CPM can be given if very itchy initially. But only till the itching stops, since it does not deal with the cause- only symptomatic
- He may not need systemic steroids if mometasone cream and Phenergan works and it stops spreading



Query : 25 yr old woman with C/o itchy skin lesions since 1 month, no other complaints, no h/o local application.

- Lichen planus or lichenoid Drug reaction. Is there oral or genital involvement? Enquire about naati aushadi also. Stop what can be stopped and give local steroid cream and antihistamine. If it is spreading may need HCQ 200mg bd for 2-4 weeks or an immunosuppressive.



Query : Lichen planus, mam ?

- It looks like hypertrophic lichen planus. How long has she had it?
- She should take an antihistamine like levocetirizine 5mg after school-5pm or so daily for a month and apply a steroid ointment like Momate ointment (not cream which doesn't penetrate into the skin as well as ointment) once daily at night till the spots are flat and smooth(2-4 weeks)
- and use a moisturizer like Cotaryl cream+ a little oil in the morning till the marks go (which will take years).
- If it is not flat by 1 month she may need hydroxychloroquin or methotrexate
- Eating lots of colored vegetables and fruits and a pinch of turmeric every day will help macrophage activity in removal of pigmentation





Query: Young boy of 15 yrs with these lesions since 3 months. Infections subsided. Lesions in all 4 extremities below knees and elbows. Starts as papules in webspace s. Ivermectin one dose given. Fresh crops appearing.

- Linear lichen planus. Mometasone ointment once daily for 2 weeks and Cetirizine 10mg at 4 or 5 pm and if it flattens Mometasone can be made alternate days and gradually stopped
- If there was scabies earlier it has eczematized now. Whole family can be treated with ivermectin, or his coworkers if they are sleeping together in the same room. Mometasone ointment once daily at night and Cetirizine 10mg in the evening till itching stops

## Psoriasis



Query : 25 yr old girl with hyperkeratotic itchy lesions on dorsum of both feet since 1 yr. Patient has tried lot of herbal medicines. Hyperkeratotic, nodular hyperpigmented lesions.

- Does she have psoriasis patches on her scalp, elbows or body?
- It could be eczematization of psoriasis plaques. But if it has worsened with steroid creams Tuberculosis Verrucosa Cutis should be ruled out, though bilateral symmetrical lesions make it less likely
- If she hasn't used steroids then Lobate-S ointment can be applied lightly twice daily for a week and she can be reviewed. Steroid ointment can be gradually reduced using Vaseline jelly to dilute it.



Query : 18 yr old female with itchy skin lesions since 2 years ,no h/o any application, no other complaints.

- Diagnosis : Eczematized psoriasis
- Treatment : treat with steroid ointment and antihistamines and later can consider methotrexate if necessary. Vitamin D supplements help a lot.



Query : 27/ m c/o itchy scaly lesions over lower limb , hand forearm , back . C/o bleeding from lesion (spots like) after itching. On and off history for 5 yrs. Koh mount negative. He has lesions over the inguinal region also. Scalp and genitals involved. No lesion over ear.

- Diagnosis : Eczematized psoriasis.
- Auspitz sign in psoriasis is where you see pin point bleeding spots on scraping off the scales. Are there scalp and ear lesions? If the body folds and genitalia are involved usually the scalp is too and we call it sebopsoriasis. What ointments has he used? Has he got joint pains?
- Treatment : Steroid with salicylic ointment for itchy lesions except in the folds and emollient everywhere, vitamin D and omega 3 fatty acid supplements can be started.

If not responding then may need methotrexate or apremilast. VitaminD has been proved to reduce inflammation and should be continued to prevent flare ups.



Query: 45 Y / M With c/o itchy lesions x 1 month. Similar lesions are present over the scalp, chest, abdomen and b/l knees.

- Psoriasis with eczematization. He could start steroid ointment, moisturizer/ vaseline jelly after bath, and sos moisturizer cream or lotion. Cetirizine after work in the evening.
- Can start Vitamin D60k iu weekly for 8 weeks and then bimonthly.
- Tab Apremilast for long-term can be considered if it keeps recurring.



Query: 40 yr old female with 3 yrs h/o skin lesions and treatment done everywhere. No details known. Your advice.

- Could be psoriasis with eczematization or lichen planus in a lady who already had psoriasis. Treat with Clobetasol propionate ointment like Lobate or Tenovate and CPM or cetirizine

## Eczema



Query: 3 year old boy is having chronic non healing itchy lesion on right leg since last 5 months.. Treated multiple times with antibiotic and local dressing but not healing. Physical examination otherwise is unremarkable. His hb, Tcdc is also normal. Sickling test is negative, not malnourished. Montaux test results are awaiting.

- If he doesn't have ringworm patches anywhere else or family members with ringworm then he can be treated for eczema with Mometasone cream ( alright for 2 to 12yrs and after 12yrs ointment can also be used) once daily and frequent(5-10 times a day) applications of emollients and moisturizer like coconut oil, Vaseline jelly or moisturizer cream. If it begins to heal and then starts growing bigger fungal scraping will have to be done to R/O ringworm.



Query: 14 Year old boy came with complaints of skin lesions since 1 month with itching, no other sites involved, no other complaints. Present on both legs.

- Diagnosis : Eczema with folliculitis
- Treatment : patient can take bleach baths. Mix 1 1/2 tablespoons of bleaching powder in 15ml water and then dissolve this in 1 bucket of water. This kills gram positive cocci (bacteria) on the skin which act as super antigens that trigger atopic dermatitis. Be careful with your hair as it may cause bleached streaks.
- He can use the diluted bleach solution for his legs only. Local antibiotic with milder steroid combination can be used for a week or so followed by only local antibiotic cream for an extra 2 weeks





Query : 7 month old baby with c/o skin lesions for 1 month.

- Diagnosis : Infected Eczema
- Treatment : Looks like infected eczema with id eruption (hematogenous spread). There could be underlying atopic dermatitis and/or scabies. Short course of antibiotics and systemic steroids may be necessary. Later steroid cream like Eumosome bd and moisturizer. Treat for scabies if it is there with crotamiton or ivermectin and treat all family members.



Query: 20 year old boy with h/o 8 months. Pustular lesions in all 4 extremities. Started with webspace papules.

- The boy has infected eczema and needs systemic antibiotics and emollients and antihistamine, before giving steroid cream.



Query : 61 year old female with itchy skin lesions for 1 month, no application, no other lesions seen.

- Diagnosis : Chronic foot eczema.
- Treatment : Steroid ointment for 1 – 2 weeks and moisturizer for 1 – 2 years should clear it



Query : 21 year old with skin lesions since 3 years, itching present, no other sites , no other complaints

- Diagnosis : Chronic foot eczema
- Treatment: Chronic foot eczema with ? koilonychia. No hand eczema? Stop any local application he may be using which may be worsening it.
- Apply steroid cream like Mometasone once daily for upto 10 days daily and then on alternate days till flat, smooth and non itchy. Apply moisturizer frequently. Give antihistamine like Cetirizine hs for the first week.



- Knucklepads and pallor in the nails. Iron, Zinc Vitamin B12 and Folic acid deficiency may be there. No harm in giving all the BComplex vitamins if you there is glossitis ( flattened papillae on the tongue). Pellagra can begin like this.

## Dermatitis



Query : 16 yr female with itchy skin lesions since one week , no other sites seen, no h/o any application.

- DIAGNOSIS : CONTACT DERMATITIS
- TREATMENT : It could be a contact dermatitis, possibly due to a metallic ornament or keys/safety pin.
- Steroid antibiotic cream and avoidance of nickel containing metal directly on skin should help. Is she allergic to nickel containing ear rings?



Query: Child presenting with the above lesions of the face. H/O Using creams.

- Diagnosis : Atopic Dermatitis
- use very little coconut oil once a day and see what happens. Is there a cradlecap? By 6 months infantile seborrheic dermatitis should have gone, but sometimes atopic dermatitis begins. Especially if there is too much cleaning
- Nowadays pediatric allergy specialists are advocating early introduction of peanuts to prevent peanut allergies and avoiding using antiseptics too much so kids get exposed to ordinary germs. Too much hygiene is bad.



Query: 6 year boy with these lesions since birth. Itchy +.

- Atopic dermatitis + pellagroid dermatosis combined. Note angular stomatitis. Give nutritional supplementation and deworm and apply emollients. Very mild steroid ointment can be used for a short time in folds, but emollients and BComplex are more important

## Prurigo nodularis



Query : 18 year old female came with c/o & h / o itchy leison which started since 2 years. Bathing in river water . No History of fever and no other compliants. Eczema?

- This looks like prurigo nodularis. She can take montelukast 10mg + levocetirizine 5mg combination at 4 or 5pm daily for 1 month and apply Clobetasol proprionate (e.g. Tenovate) ointment twice daily till the lesions are flat and smooth and thereafter apply any moisturizer till the discoloration goes . She must stop rubbing/scratching/scrubbing.
- It looks very atrophic. Is the touch/temperature/pain sensation normal? Are there thickened cutaneous nerves?
- If it was treated with potent steroid creams that could account for atrophy. There may be underlying ringworm. Fungal (KOH)scraping should be checked



Query : 50 year old female c/o itchy rashes over U/L and L/L since 1 month.no fever no other c/o?

- It looks like prurigo nodularis due to insect bites. Are covered areas also involved? Is there scabies? Does she have a dog with mange (dog scabies)?
- If there is scabies a single dose of 12mg Tab Ivermectin is very effective, along with local steroid cream and antihistamine like cetirizine in the afternoon for 1-2 weeks. Ivermectin cannot be given to pregnant women



Query: 60Y /male c/o itchy lesion since 1 yr, size slowly increasing, similar lesion present on foot since 2 yr)

- Prurigo. Is the first lesion in the Peno-scrotal junction? Sedative antihistamine like cetirizine 10mg in the evening after work for 1-2 months, emollients and local steroid ointment. Don't use Clobetasol in delicate areas. Mometasone is safer



Query : 20 yr old female with skin lesions on all 4 extremities on extensor aspects. Itching

- It could be prurigo nodular due to hypersensitivity to insect bites in an atopic person or it could be hypertrophic lichen planus.
- She can apply a
- Clobetasol propionate ointment on the itchy areas twice daily for 2 weeks and then gradually taper it down.
- Take slightly sedating antihistamine like CPM or Hydroxyzine in the evening ( around 4 or 5pm) after finishing her work, but before eating dinner. This can be continued for a month or so.
- If she continues to get new spots immunosuppressive drugs like methotrexate could be started 15mg weekly ( as in rheumatoid arthritis) after checking urine routine, hemogram, LFT and S. Creatinine and ruling out infections.
- The Clobetasol ointment should be stopped once the skin lesions are flat and then used only occasionally



Query : 9 yr old girl with skin lesions on snd wall since 7 months. Itching ++.

- Looks like atopic dermatitis with prurigo nodularis due to insect bite allergy. Are her legs having thicker spots? Is genital area and underarms spared? If not, look for scabies burrows in interdigital folds and if + treat whole family for scabies. The girl can use a steroid antibiotic combination cream like Betnovate GM bd and take Montek-LC kidtab after class at 4 or 5pm for a 2-3 weeks.



Query: This patient was treated with Beclomethasone ointment and cetirizine ...and her lesions are still same ...no improvement....

- How long has she used Beclomethasone? Has she applied it twice a day?
- She could change to Mometasone OINTMENT (not cream) once a day, but Cetirizine should be continued.

### Pityriasis alba



Query: 6 year girl with non-itchy lesions since 2 months.

- It is probably Pityriasis alba. Emollients are to be used 3-4 times daily. Recheck after 3 months to R/o Hansen's disease. Look for thickened cutaneous nerves and check light touch sensation.
- No loss of sensation or thickened nerves.

- Then just emollients and avoiding sunlight by wearing a cap or a hat in the daytime.  
Recheck after 3 months



Query: Baby presented with these lesions.

- Pityriasis alba- a mild eczema due to dry skin and minor recurring irritants that leaves post inflammatory hypopigmentation

## Cutaneous Tuberculosis



Query : 14 female c/o scrofula completed ATT. Can anything be done about the scarring?

- Diagnosis : Scrofuloderma ( Healing )
- Post tb scarring might not heal very well after any reconstructive procedure. If she's not having any problems in mobility of the neck, better to just leave it alone
- Ask her to do scar massage with coconut oil for now

## Keratolysis exfoliativa



Query: CRPF jawan with palm lesions since 6 months. Used systemic antifungal and steroids many times. Is it contact dermatitis or something else. He is in the habit of using lot of hand sanitizer.

- It could just be Keratolysis Exfoliativa, which is a recurrent, usually seasonal exfoliation on fingers and palm, thought to be triggered by change of weather, sweat duct obstruction and possibly seasonal inhaled allergens. We treat it with moisturizers applied frequently. If it is severe local steroid or tacrolimus ointment may be needed for a few days.
- Ceramide containing moisturizer like Cetaphil Restoraderm Moisturizer or 3%
- Or ELOVERA-AD or PHYSIOGEL also have ceramides
- Apply atleast 5 times a day
- Looks like pityriasis alba. Just apply moisturizer and emollients like coconut oil or Vaseline jelly frequently-5 or more times a day. Avoid steroid creams and harsh soaps/cleansers



## Viral Infections

### Warts



Query : young lady with nodular lesions in all 4 extremities since 2 years ? Warts ?  
Neurofibromatosis.

- Diagnosis : Plane warts. Here is a condition called epidermodysplasia verruciformis where there is specific immunodeficiency to the wart virus. Otherwise warts usually disappear within 4 years without treatment.
- Treatment : Topical Retinoic acid cream ( aret 0.05% ) very sparingly on the area at night and moisturizer/ sunscreen for protection in the morning will work if it is not epidermodysplasia verruciformis



Query : 40 male lesions since 10 years. There are no specific complaints as such. Occasional bleeding PR. Married. No history of anal intercourse.

- Diagnosis : These are condyloma accuminatum ( genital warts).
- He should have Blood VDRL and HIV testing done to rule out other STDs and so should his wife. She should also be checked by a gynaecologist and have a pap smear done.
- We treat with Imiquimod ( Imiquad is the brand name) cream which he should apply once daily at night very lightly on the warts.

- After a few days it may become sodden and slightly painful and he can apply Silverex ionic gel instead of Imiquad for 1-2 days and then restart Imiquad.
- He should apply Imiquad atleast 5 nights per week till the warts regress fully.
- Imiquimod stimulates the immune system to recognize and destroy the warts



Query : 18 year old female c/o black spots of skinlesions for 1 year, no itching present, no application of creams, no uptake of any medicines, no other complaints.

- Diagnosis : Plane Warts.
- Treatment : If you scarpe with a blunt curetage you find tiny pin point bleeding spots when the wart is scraped off. It is an HPV infection. Vitamin A acid cream like Aret ot Retino A 0.025% lightly at night and a moisturizer in the morning works. A healthy diet boosts immunity.
- On the hands and feet it looks more like lengitos or freackles. Is there family history of similar freckles ? sun protection is needed.

## Molluscum contagiosum



Query: Is this Molluscum Contagiosum?

- Yes it looks like molluscum contagiosum. If you curette it with a 20 gauge syringe needle you should see the white molluscum body.
- The simplest treatment is painting the spots with 10% KOH solution ( that clinical pathologist uses for fungal scrapings) every night till they peel away. Do not do this near the eyes.
- Peculiar for 19 year old to get it. In cities we see it in younger school kids and as sexually transmitted disease on genitalia in adults

## Fungal Infections



Query: 30 / M, with complaints of itchy lesions x 3 months

- It looks like pityriasis versicolor, which is usually not itchy. If itchy check HIV serology.
- Treat with ketaconazole cream or lotion LA  $\times 2$  weeks. Or once a week Selsun shampoo/Candid TV suspension 1/2-hour application and then shampoo hair. Repeat weekly  $\times 3$  applications.



Query : 25 yr old male patient presented with complains of itchy skin skin lesions since 2 weeks. Lesions seen mainly on the front and back of chest

- Treatment : Remove ornaments
- Local Application of Sodium Thiosulphate for two weeks
- T. cetirizine 10 mg HS for 3 days



Query : 28 year old female came with complaints of itching skin lesions since 8 days, no other complaints, lesions present all over the chest and back area.

Diagnosis : Tinea versicolor

Treatment : 1. Remove ornaments

2. Local Application of Sodium Thiosulphate for two weeks

3. T. cetirizine 10 mg HS for 3 days



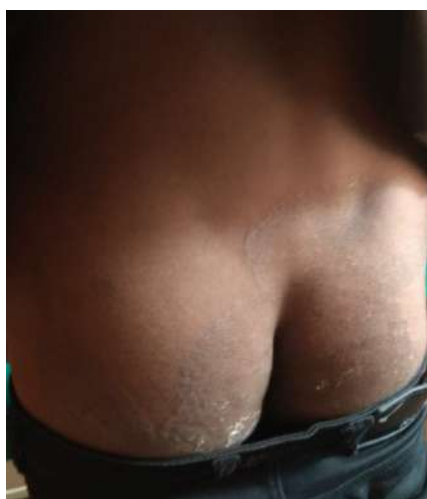
Query : 25 yr old female came with complaints of skin lesions since 2 weeks, complaints of itching , mainly seen in the neck, chest and back.

- Diagnosis : Tinea Versicolor



Query : 14 yr old boy came with complaints of itchy skin lesions over the neck and forearm since 2 weeks. No other complaints

- Diagnosis : Tinea versicolor



Query: C/o lesion x 7 months Itching.

- It looks like ringworm rampant due to steroid cream application. The steroid cream or combination steroid -antifungal cream must be stopped. That will cause a flare-up, so the patient must be warned about it.
- Non pregnant patients , not in hepatic failure can be prescribed systemic antifungal tab Itraconazole 200mg daily (with food containing a little oil and acidity for better absorption) for 6-8 weeks and apply Luliconazole cream once daily on patches +1inch beyond the edges (since it spreads at the edge) for 6-8 weeks. The patient must be reviewed after 6 weeks to make sure it is working.
- If he can't afford Itraconazole or is on cardiac drugs , which interacts with it , then Tab Fluconazole 150mg on alternate daysb can be prescribed for 6-8 weeks or longer.
- Moisturizer or coconut oil can be applied SOS for itching
- Antihistamine like cetirizine can be prescribed if itching disrupts sleep.



Query: 23 male itchy lesions since a month. Applying some local cream for 15 days.

- Steroid cream modified extensive ringworm. Stop the steroid cream and apply antifungal cream like Luliconazole on patches +1 inch beyond the margins. Continue for 2 weeks after it is smooth, flat and non-itchy. Start Tab Fluconazole 150mg 3 days a week for 6-8 weeks. Soak underwear in diluted dettol water overnight before washing in the morning. Treat all other infected family members simultaneously.



Query : 16 year old boy reported with the same lesions 2 months back - was on griseofulvin - 250 mg bd for one month and miconazole oint for local application. Now complaining of itching and a little better. Kindly advise on the future management.

- I don't think Griseofulvin and Miconazole is effective against these new strains of ringworm.
- Can he take Tab Fluconazole 150mg 1 tablet on alternate days for a month and apply Luliconazole cream lightly on the patches and 1 inch beyond the edges once daily for 6 weeks?
- The most important thing is to avoid steroid creams. Coconut oil or moisturizer can be applied to reduce the itching and eczematization. Steroids must be strictly avoided. Antihistamine like cetirizine can be given after work in the evening if itching is severe



Query: What oral antifungal to be given to baby of 10 months. KOH + ve.

- Less than 2 years even Griseofulvin safety is not establishes. For oropharyngeal / esophageal candidiasis fluconazole 3-6 mg /kg daily for 2 weeks is recommended. For tinea topical luliconazole may be safer.



Query: Middle aged lady with these lesions.

- Looks like ringworm with eczematization. Can the KOH be done again from another site, preferably where she had not used any antifungal cream? Has she been



using steroid creams? Were there pustules or bullae earlier? Could be Pemphigus Foliaceus.

- Pemphigus less likely since it has hardly any erythema. Better to repeat KOH and give antifungal cream and tablets and moisturizers
- If negative and there is no response to antifungal, skin biopsy will be needed from the edge of a lesion.



Query :30 yr old male with itchy skin lesions at multiple sites for 6 months, no h/o application, no other complaints.

- Diagnosis : Modern day ringworm. Please do KOH prep from material at edges for confirmation.
- Treatment : Treat with itraconazole 100mg daily for 4-6 weeks and local antifungal cream. Don't forget intertrigo between toes.
- If he can't afford itraconazole, then Fluconazole 150mg half tab daily for 4-6 weeks.



Query : 38 yr old with itchy skin lesions since 4 months, koh mount negative, Present over a large area with itching. Groins present Axilla absent No palmo plantar keratoderma.

- *Diagnosis : Tinea. Are the body folds- groin and axilla - spared? Is there palmoplantar keratoderma?  
What treatment has she taken? It could be ringworm in an atopic person, aggravate by improper treatment. It could be pityriasis rubra pilaris.*
- *Treatment : If she can avoid pregnancy a short course of the teratogenic aromatic retinoid Acitretin could be given- Tab Acrotac or Aceret 25mg 1 daily for a month, along with emollient and antihistamines. Vaseline jelly after bath and frequent application of any moisturizing lotion helps reduce itching and lubricant eye drops should be given if the eyes become dry. Acitretin would not aggravate a fungal infection.*
- *If it started in the groin and spread circumferentially after using clobetasol containing cream like Fourderm or Dermifive or lobate gm, then it is probably tinea incognita. Acitretin would help eliminate the infected upper layers of epidermis and later, after confirming fungal scraping, antifungal drugs can be given*



Query : 9 yr girl with C/o skin lesions for 1 month, no fever, no itching, no other complaints.

- *Diagnosis : Inflamed tinea capitis et corporis.*
- *Treatment : Needs systemic antifungal. Does Griseofulvin work there? Approx 10mg per kg daily for 6 weeks. Local emollient like coconut oil.*
- *If it doesn't work then you may have to give itraconazole*



Query : 16 yr old with skin lesions since 2 months, first presented with bullae and fluid bursted, and applied fusibet 2 months before...no h/o fever, itching present. Patient is bar attender and tells that he had contact with cold water and caused blisters.

- Can fungal scraping be taken? Please check the groin folds and interdigital folds for ringworm
- Are the patches anaesthetic or hypoaesthetic?
- Treat with antifungala and stop steroid cream. Itraconazole 200 mg daily for a month at least and Luliconazole cream on patches + 1 inch beyond the margins to be continued for 2-3 weeks after it has completely cleared to prevent recurrence from spores.



Query : 35 yr male with black scab like lesion since 8 months. Itching +. Started in groin.

- Has he been using strong steroid cream and is it expanding circumferentially? It could be steroid modified ringworm. A KOH scraping would show plenty of fungal filaments if it is that.
- If so he would need systemic antifungal like Fluconazole 150mg mg 1/2 tablet daily for 3-4 weeks. Local terbinafine cream also.



Query : 16 yr old girl with very itchy skin ledions all over the body since 2 weeks. Skin scrappings could not be done due to bleed. Kindly give your opinion.

- It's better to start treatment for ringworm even if you can't prove the diagnosis with a KOH scraping. Tab Fluconazole 150mg on alternate days for 2-4 weeks and Luliconazole creamon patches + 1cm beyond margins daily usually effective

## Infections

### Impetigo



Query : 7 month old baby with skin lesions since 2 days, no history of fever, no other complaints, no application of any ointments.

- Diagnosis : Bullous Impetigo
- Treatment : Fusidic acid ointment bd would be sufficient. If the initial lesion was the one with eschar on the right cheek that could have been an insect bite ( ? spider ) bite. The others will heal fast



Query : 2 month baby , 20 days history . Full body excoriation of skin is present.

- Diagnosis Bullous Impetigo
- Usually staphylococcal scalded skin started with peeling in the folds-axilla/groin /neck. This could be bullous impetigo. Better to give systemic antibiotic and Fucidin for wounds and coconut oil on peeling areas



- Diagnosis : Bullous impetigo



Query : Child presenting with the above picture.

- Looks like impetigo. I hope that the scarring doesn't cause permanent cicatricial alopecia. She needs effective antibiotic tablets. Povidone iodine/ Betadine solution followed by

Colloidal Silver gel like Silverex ionic gel bd for a few days till the wounds heal should help too.

- Antibiotic syrup at her age. May be MRSA



Query : 2 year old with skin lesions since 2 weeks, itching present, no fever, no other  
Complaints.

- Diagnosis : Impetigo
- Treatment : Treat with antibiotic, syrup and cream, after saline soaks and cleansing.
- The initial lesions were probably miliaria rubra due to heat. Less likely to be Herpes
- Labialis



Query: The baby presented to OPD with these skin lesions.

- The baby might have had impetigo, with or without preceding Herpes simplex. But now it is very clean.
- The wounds can be covered with paraffin gauze till they heal. Or just keep applying Vaseline petroleum jelly frequently so the clothes don't stick. It will slowly re-pigment.



Diagnosis : Impetigo

Pyoderma





Query : 4 yr old with complaints of itchy skin lesions since 8 days, no history of fever, no other complaints, lesions are present whole over upper and lower limb with pus and edema.

- Diagnosis : Pyoderma
- Treatment : antibiotics (amoxycillin), antihistamin for itching, 1% GV for local application

## Scabies



Query: 40 male lesions since 2 months. Itchy. Both kids have scabies

- Treat all family members for scabies with ivermectin 12mg 2 doses for adults and children more than 45kg and 200 micro grams /kg body weight for children less than 45kg. Antihistamines and moisturizer or coconut oil can be given for itching. If there are thick nodules on the scrotum steroid cream may be necessary



Query : 60 yr old with bilateral extensive papular like lesions since 2 months , itching present, no other complaints, KOH mount negative.

- Diagnosis : It looks worse in the folds. Are interdigital folds and genitalia involved with nodules on the scrotum, suggesting scabies? Is itching worse at night and are other family members affected?
- Suggest treating for scabies and eczematization
- Ivermectin 12mg repeat after 1 week or Benzylbenzoate lotion from neck to toes-3 applications in 48 hours , with sedative antihistamine at night and steroid cream bd after 48 hours if you give benzylbenzoate.



Query: Baby presenting with the above picture.

- The baby has scabies with eczematization. Crothamiton (Crothorax or Crothorax H) if available can be applied daily for 2 days and a bath given on the 3rd day. Emollients and mild steroid cream like hydrocortisone may need to be used
- Adults can be given ivermectin
- If you can't get Crothorax you could dilute Benzylbenzoate into half strength and use it, but even that will irritate the skin a lot

## Folliculitis



Query : 24 year old primi gravida at 20 weeks of pregnancy presenting with follicular lesions on both lower legs.

- Folliculitis and furunculosis only on legs? Using steroid cream. Probably MRSA. If pus culture can be done that would be good.
- Stop steroid creams and oil applications.
- If the appropriate antibiotic can be given safely by mouth that would be good. Otherwise Mupirocin cream twice daily on the affected areas and also applied in the perineum where there is carriage of staphylococci twice daily for 2 weeks may be sufficient. If there are furuncles above the waist nasal carriage of staphylococci to be reduced by applying Mupirocin ointment twice daily in anterior nares ( 2-3 mm inside nostrils) for 2 weeks.
- Even if you give antibiotic tablets you should also use Mupirocin topically.
- Ozenoxacin cream may also work, but may not be so effective against MRSA. The company says that it is, but mupirocin is known to be effective

## Drug Induced



Query : Adolescent girl with this presentation gives an history of applying some creams from over the counter.

- Steroid acne. Has she been applying a steroid cream on her face? That has to be stopped and if there is no contraindication she can start Cap Doxycycline 100mg od for a month and apply a Clindamycin gel twice a day
- Avoid sunlight on the face by wearing cap/ hat.



Query: History of using a cream (Fair and Lovely) following which she has observed these facial eruptions

- Stop causative cream and use mild steroid like Flutivate (fluticasone) or Eumosone cream bd for a few days only to bring it down quickly and prevent post inflammatory hyperpigmentation



Query: 60 yr old male Sensations normal. No thickened cut nerves. Not treated before. KOH negative.

- Are you sure he hasn't been using something like Fourderm/ Quadriderm/Derm5 which chemists give without a prescription? And perhaps stopped it 3 days ago and got itching due to withdrawal of potent steroid? If you give him a moisturizer to apply 4-5 times a day and review him after a week there will be a clearer picture.



Query: A 12-year-old boy presenting with the above facial lesions?

- Could it be acne agminata due to application of some thick oil or occlusive ointment like Vaseline or brylcream on his face? Any history of putting some muck on the face? Any itching?
- No mam..No itching also...
- It could be lupus miliaris disseminata faciei or demodex folliculitis. You could see if it comes down with Tab Ivermectin 6mg single dose and repeat after a week. Can you follow up and let me know how he is after 2 weeks? No harm in applying vinegar (diluted with 2

parts of water) or lime juice or the whey water from curds to the face at night to keep the pH of the skin acidic.



Query: Middle aged women presenting with the above rashes all over body

- Could it be a lichenoid drug rash? She should stop all drugs and naati aushadi
- Can you check TC/DC and liver enzymes and S Creatinine to see if there are systemic changes?.
- Does local steroid ointment application help?
- Should stop local applications like sandalwood paste, aloe Vera, etc to



Query: No body in the family has history of vitiligo. Advise madam.

- It is depigmented. Avoid phenolic compounds like Dettol, iteol, carbolic soap, etc Can use Tacrolimus 0.03 % ointment twice daily.
- Is this unilateral and is there a white forelock?
- Could be piebaldism in that case. There is no effective treatment for piebaldism.
- Lifebuoy is carbolic soap
- Then see the effect of Tacrolimus for 1 month. Sunlight exposure for 2-5 minutes daily also helps.

## Contact



Query : 1 moth 22 days old c/o this rash since 1 month, increasing in size

- Diagnosis : Diaper rash
- Treatment : in this case due to plastic or rubber sheet and wet cloth under his buttocks. Typically spares folds.
- Change wet clothes more frequently. Do not put baby directly on plastic sheet. Use Zinc cream like Rashfree or at least apply vaseline jelly frequently ( 8 – 10 times daily initially ) to provide a barrier layer to protect the skin



Query: Small baby presenting with the above picture.

- A diaper/ wet cloth over rubber sheet at night dermatitis



- He/ she needs a Zinc Cream or Vaseline jelly application frequently on the body with frequently changing the wet diapers.
- If necessary hydrocortisone cream or Eumosome can be used twice daily also for a few days.



Query : 20 yr old with dark coloured lesions over nose for 1 year, no itching, no application of anything, no other complaints.

- Diagnosis : Freckles or melasma.
- Treatment : Has she had to take estrogen for any menstrual problem? That can trigger it in younger people. Some other drugs can too.
- She should use a sunscreen lotion on her cheeks and nose from 9:30am every morning. Calamime lotion or a tinted sunscreen would cover it up too.



Query : 30 yr old male with skin lesion on face since 2 months. Itchy. KOH neg.

- If only on the face it could be melasma. He could use a sunscreen at 9:30 am, 1 pm and at 3pm. But Melissa isn't itchy.



Query : 1 yr old baby girl with reddishness present over genital area for 2 days , no other sites seen, no other complaints, no fever , no use of diaper, no h/o application.

- Diagnosis : Intertrigo.
- Is perianal region also involved and is there any diarrhoea?
- Just treat with clotrimazole cream bd for possible intertrigo and give pyrantel pamoate (nemocid syrup) or albendazole for possible thread worms. But is there any possibility of sexual abuse? Was the child too passive when the genitalia was examined?
- Perianal area also show reddishness, child was very restless during examination, no possibility of abuse, h/o diarrhea 3 days before.
- Clotrimazole cream then.



Query : 6 month old baby with neck skin lesions since 4 months, no fever , c/o cold 4 days.

- Diagnosis : Intertrigo and miliaria rubra.
- Treatment : Avoid bibs/scarves to prevent over heating and apply clotrimazole cream like Candid (plain) cream very lightly twice daily.

- A thick layer of cream itself can obstruct the sweat ducts and cause miliaria



Query: Female aged 40 years presenting these lesions on the extensor side of the forearm?

- Eczema on outer arms likely to be photosensitive. Avoid antiseptic soaps like lifebuoy and dettol soap and soaps with a lot of fragrance like Sandalwood, jasmine, etc. Dove or Hamam is ok.
- Avoid sunlight by wearing full sleeve garment when outdoors . Use a steroid cream like Betnovate cream twice daily on the affected areas till they are smooth, flat and non itchy. Since she has been scratching for 20 years she will probably Cetirizine or levocetirizine 1 tablet daily around 4 or 5 pm for atleast a month or 2 to get rid of the old habit of scratching.
- Will need antihistamine



Query : 3 yr old with 3 days of skin lesions, no other area seen, no other complaints.

- Diagnosis : Photosensitive reaction ? to fragrance or antiseptic.

- Treatment : Avoid lifebuoy/Dettol and scented soaps and avoid sunlight on arms by covering with sleeves.
- Can use a mild steroid like Eumosone cream bd for upto a week.



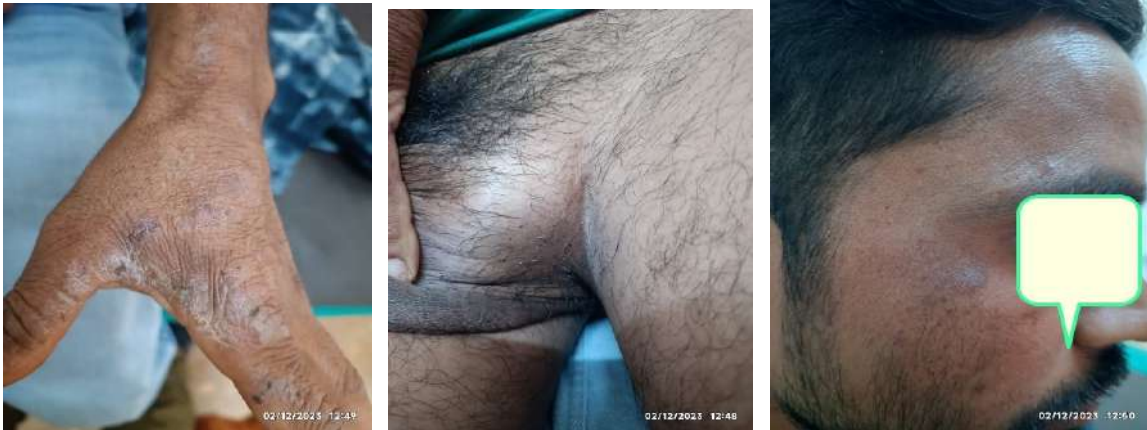
Query: What can be the diagnosis?

- What is the tc, dc, gram stain of the discharge? Did she have fever or any toxic symptoms? Was there anything on the covered parts of the body? **No fever only itching**
- Were there any caterpillars, millipedes or black lizard like animals? This could be due to contact with irritating plant or animal substances. Since it is so extensive a short course of steroids eg Tab Betnesol Forte 1mg 4 tablets daily after breakfast for 2 days may bring it down quickly. She must be fully covered with clothing if she goes back to the same place or places with similar vegetation. Then it is probably a contact dermatitis



Query: 8 yr old child with skin lesions. Is it herpes? Never seen a child with herpes.

- Looks like insect/caterpillar crawl reaction. Apply Eumosome G steroid antibiotic cream



Query : 27 year old male with C/o lesions over left hand, groin area , posterior side of neck , penis for about 1 year. Itching present. No DM , no h/o application of anything, KOH mount negative. No other complaint. No h/o lesions present in partner.

- Diagnosis : It looks like a lichenoid eruption.
- He should stop using scented soap and switch to a less scented soap like Hamam or Dove.
- Only fragrance-free moisturizer or plain vaseline jelly or liquid paraffin on moistened skin to be used as moisturizer.
- He can use Mometasone cream once a day on the thick itchy spots till they are flat and non itchy. Not more than 3-5 days in delicate areas like the groin, but up to 2 weeks in other areas.



Query : 18 yr old with skin lesions for 2 weeks , small purple like lesions without itching , mostly seen in the back of the body, no other complaints.

- Diagnosis : Like the non-follicular lesions you see in atopic children.

- Treatment : Aloe Vera gel or light moisturizer is sufficient and avoid excessive heat by wearing light woven cotton clothes instead of tee-shirt.



Query : 18 year old male with skin lesions since 1 month , no itching, no pus pointing, no fever, spreading over upper half since one month, no other complaints.

- Diagnosis : Comedonic Acne. The white spots look like small pustules.
- Treatment : Heat and occlusion with oils and ointments, hot sleeping surface etc may be the exacerbating factors.
- Very light application of Retinoic acid 0.05% ( Tretinoin /Aret ) cream at night and a light moisturizer like Glycerine + Water ( equal amounts ) in the morning if the skin is dry and peeling. Avoid oily applications, occlusion clothing, backpack, hot bed etc.

## Idiopathic, Autoimmune



Query : 9 yr old came with alopecia since 3 years , general treatment given( Zn , MVT, Fe)  
No systemic symptoms, no h/o any application, now came with headache for 2 days.

- **DIAGNOSIS : ALOPECIA AREATA**
- **TREATMENT :** Alopecia areata with a tendency for alopecia universalis. The involvement of the occipital and upper neck areas are bad prognostic factors. Sunlight exposure may help a little so shaving the head or keeping the hair very short may be a good idea. It is autoimmune and the family must be reassured that it is not infectious or contagious. Drugs like baricitanib/ tofacitanib work, but the hair falls again when you stop it.



Query: Child presenting in the OPD with mother complaining sparse hair.

- Looks like neonatal occipital alopecia which can develop 1-3 months after birth. When hair growing cycles get established, it gradually disappears. No treatment is necessary.



Query : 19 year old with dryness and skin peel off from lips for 4 years. Also complaints of tenderness over hard palate for 4 years. No menstrual abnormalities. k/c/o hypothyroidism and sickling trait.

- Diagnosis : ? DLE, Biopsy from the lip should be done if possible. ANA and profile should be checked if possible. Any Arthritis ?



Query : 44 year old with skin lesions since 2 months with itching, no application of cream.

- Diagnosis : ? DLE is not itchy but photosensitivity may cause irritation when exposed to sunlight. Any oral mucosa lesions ?



- A skin biopsy should be done, ANA should be checked.
- Sunscreen can be started. Local steroid cream and Hydroxy chloroquin can be started.
- DLE can sometimes be drug induced - Antihypertensive drugs are the culprit. If biopsy is consistent with DLE, ANA, hemogram, LFT, Creatinine, Urine routine etc must be checked.