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## FAMILY PRACTICE BOARD REVIEW MANUAL

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## Common Dermatologic Rashes—Inflammatory and Infectious Etiologies

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# Common Dermatologic Rashes— Inflammatory and Infectious Etiologies

## I. INTRODUCTION

- A. Skin disorders are among the most common complaints encountered in primary care practice. In the United States between 1990 and 1994, 316 million visits to physicians were for dermatologic problems, accounting for 9% of all patient visits during this period.<sup>1</sup> Primary care providers manage at least 60% of all dermatologic complaints, whereas dermatologists see approximately 40% of patients with skin-related concerns.<sup>1</sup>
- B. Ten conditions account for nearly 60% of skin diagnoses made by internists: dermatitis, bacterial skin infections, tinea, acne vulgaris, herpes simplex and zoster, epidermoid cysts, exanthems, urticaria, and nonvenomous insect bites.<sup>2</sup> Because family physicians care for both children and adults, a list of the most common diseases seen by family practitioners would be much more extensive.
- C. Rashes represent an acute or chronic skin eruption. A careful history and physical examination are essential in order to make a diagnosis (**Table 1**). This issue of the *Family Practice Board Review Manual* addresses commonly encountered rashes that are inflammatory or infectious in origin.

## II. INFLAMMATORY LESIONS

### A. Eczemas

#### 1. Diaper dermatitis

- Definition and etiology.** Acute inflammation in diaper area caused by prolonged exposure to urine or feces owing to infrequent diaper changes
- Epidemiology.** Most common in infants, but may occur in adults who are incontinent
- History.** Days or weeks of pain and burning in diaper area, upper thighs, and lower abdomen
- Physical examination.** Bright red rash, vesicles, erosions that spare body folds

#### e. Differential diagnosis

- Intertrigo: rash of intertrigo appears erythematous only.
- Candidiasis: lesions of candidiasis are characterized by sharp margins, raised scaling edges.

- Treatment.** Change diapers frequently, air-dry diaper area, avoid plastic occlusive pants, apply zinc oxide paste to prevent recurrences.

#### 2. Contact dermatitis

- Definition and etiology.** Allergic inflammation of the epidermis and dermis resulting from exposure to external irritating agents

- It can result from a primary irritant or a delayed hypersensitivity reaction (type IV) with a latent period of days or weeks from first exposure to re-exposure.
- Common irritants include nickel in jewelry, preservatives in cosmetics and soaps, and urushiol in poison ivy.

- Epidemiology.** Patients of all ages may be affected. Workers may develop dermatitis as a result of occupational exposure to chemicals.

- History.** Acute, subacute, or chronic itching and burning. History typically includes exposure to an irritant.

- Physical examination.** Irregular patches of erythema, edema, vesicles, and erosions. With chronicity, there is thickening of the skin (lichenification) and hyperpigmentation. Lesions may be localized to the exposed area or may be generalized, depending on the particular offending agent (**Figure 1**).

#### e. Treatment

- Identify and remove the offending agent and apply topical corticosteroids for a short period.
- For acute, severe, and generalized cases prednisone may be necessary.