

# Dr Taha Aldeen

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# Disclosure

[www.google.com](http://www.google.com)

[www.bad.org.uk](http://www.bad.org.uk)

[www.pcads.org.uk/](http://www.pcads.org.uk/)

# Topical treatment

Fingertip unit:

Adult male: one fingertip unit provides 0.5 g

Adult female: one fingertip unit provides 0.4 g

Children of four years approximately  $\frac{1}{3}$  of adult amount

Infants six months to one year approximately  $\frac{1}{4}$  of adult amount

Amount of cream used / body part:

One hand: apply 1 fingertip unit

One foot: apply 2 fingertip units

Face & neck: apply 2.5 fingertip units

One arm: apply 3 fingertip units

One leg: apply 6 fingertip units

Trunk, front & back: 14 fingertip units

Entire body: 40 units (5g for a baby)

# Acne

Mild Comedones Try topical gel e.g. retinoids(Isotrex) & Adapalene (avoided in pregnancy)  
Benzoyl Peroxide, Azelaic acid,  
+/- dianette



Mild –Moderate inflamed papules/pustules

Try long course of antibiotics 3m & assess  
Doxycycline 100mg od (CI: child 12y, Pregnancy)  
Lymecycline 408mg od,  
Erythromycin 500mg bd,  
Trimethoprem 300mg bd



Minocycline 100mg od (DRESS Syndrome)

If failed 2 or more Ab course ref for Isotretinoin 0.5-1mg/kg

# Eczema

Emollients at least bd (ointment better than cream) e.g. Hydromol, Epaderm, 50/50 LP/WSP, Comfi Fast wrap suits

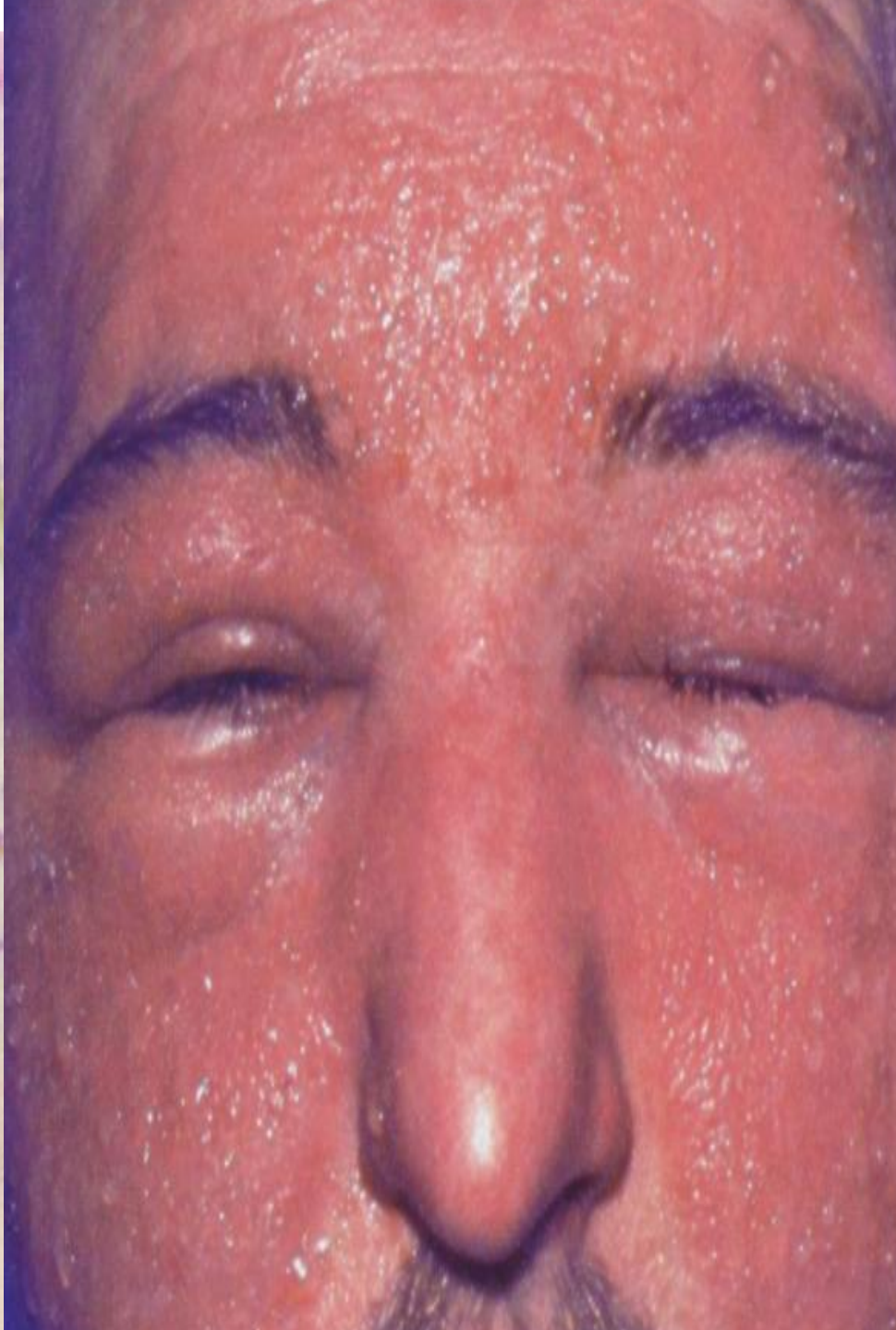
Bath od with Dermol cream or Oilatum bath oil

Topical steroids:            weak face HC 1% od /PRN  
                                     Potent Betnovate or very potent Dermovate  
                                     od 3-5 days then moderate steroid Eumovate  
                                     od 2weeks & review

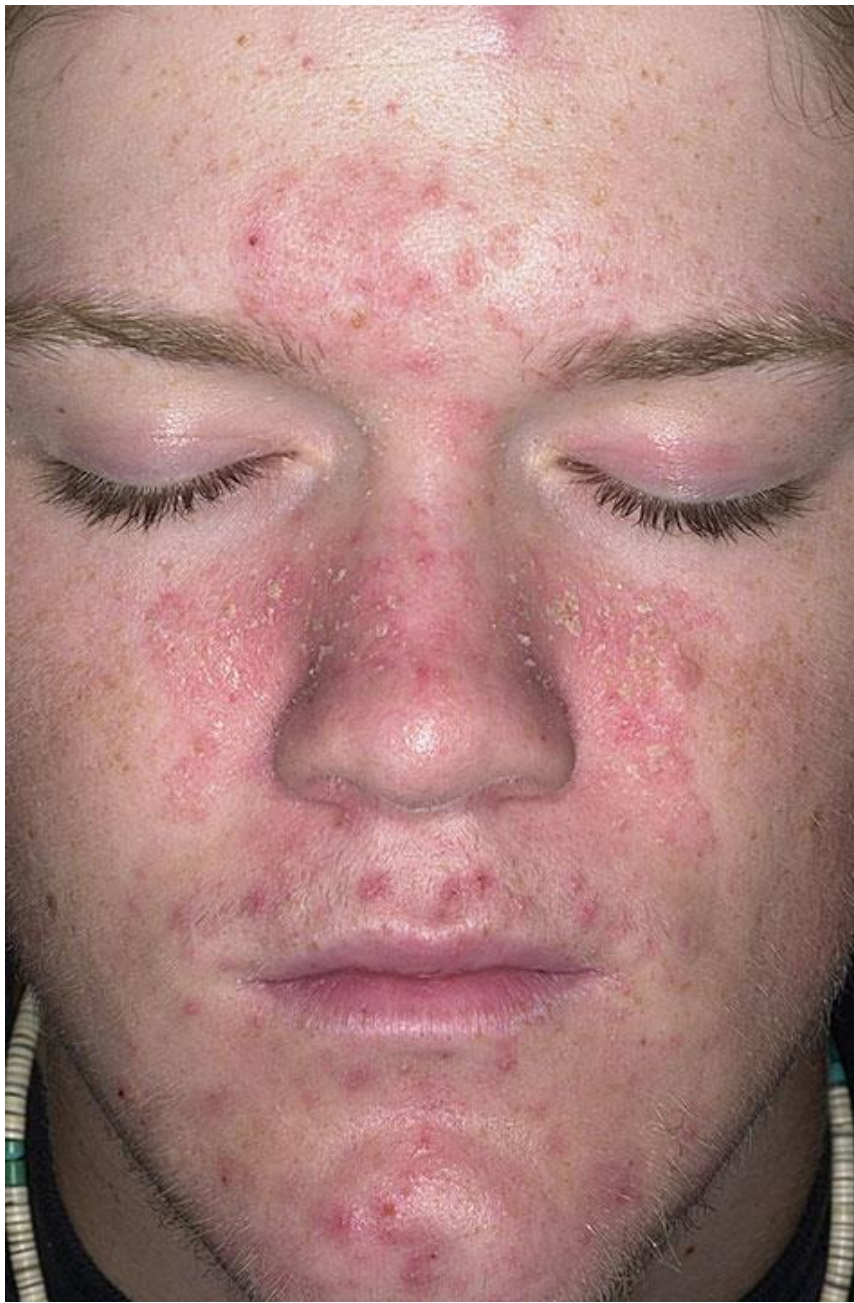
After improvement start Protopic 0.03% or 0.1% bd ( pm/nocte & after 2years) face, eyelids, skin folds. Maintenance twice weekly

Watch for infection (Impetigo, HSV), food allergy, neglect, comorbidity

DD:











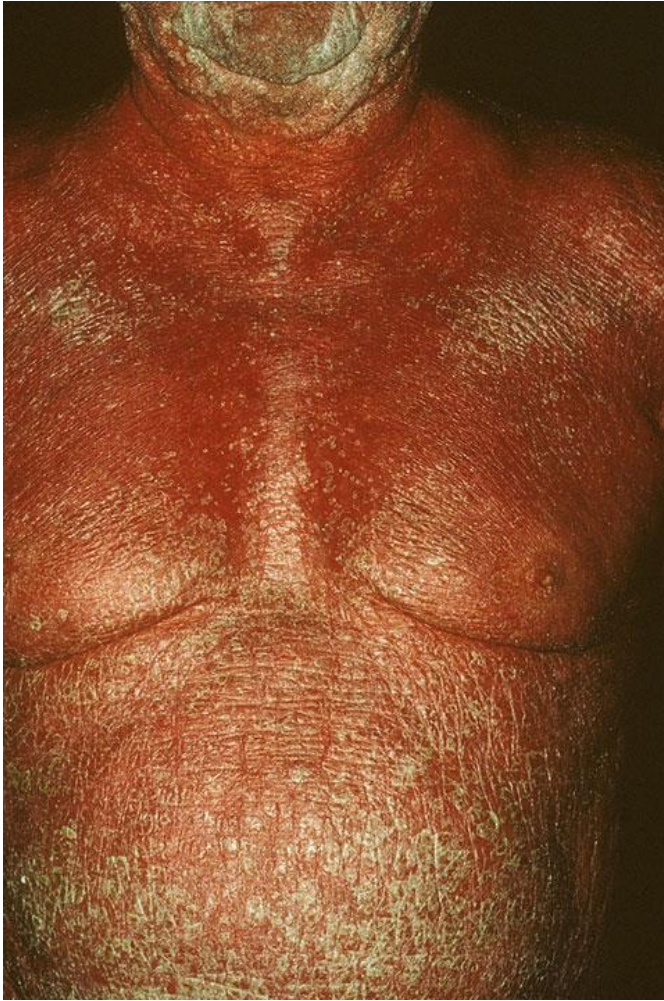






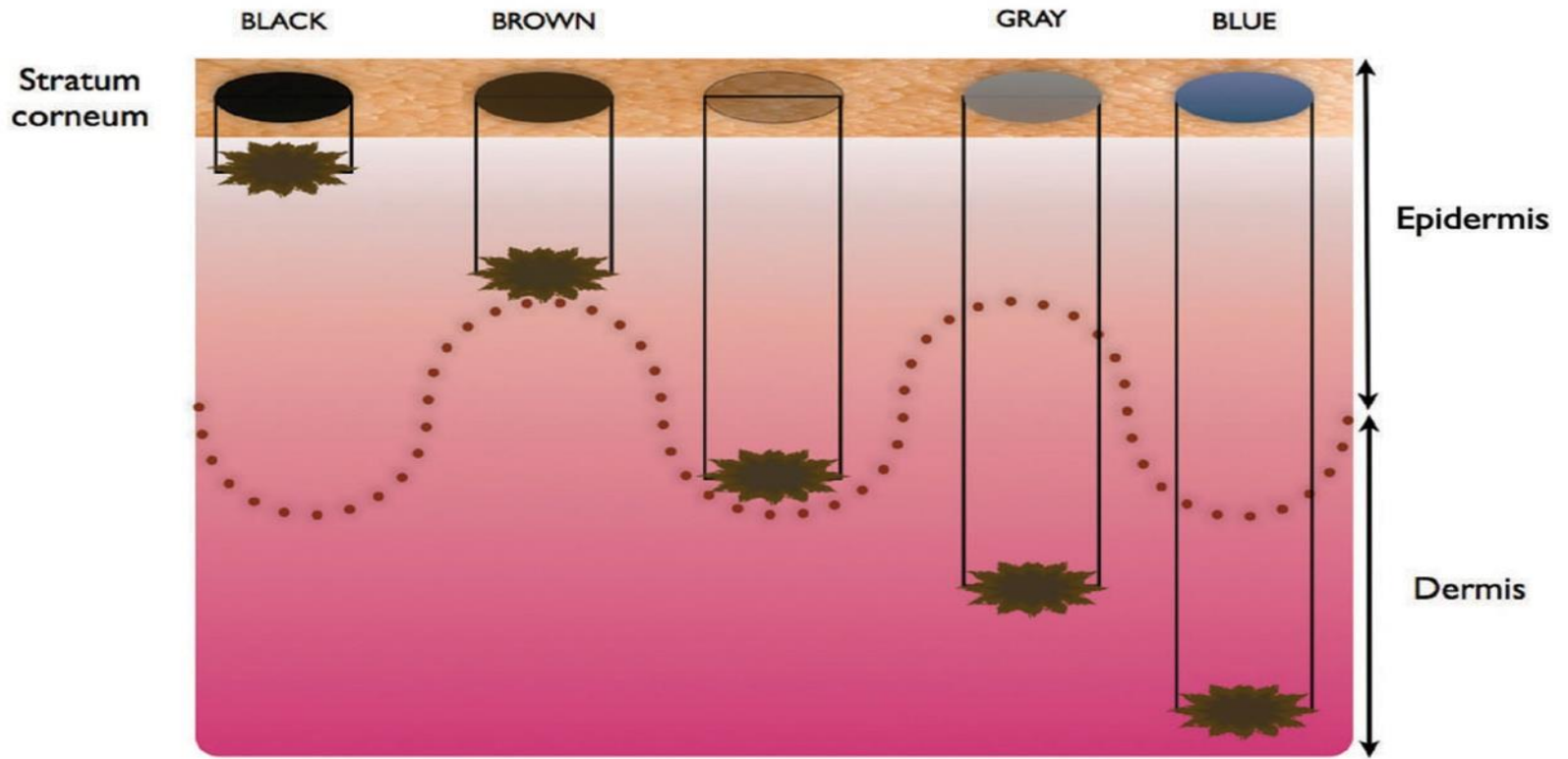


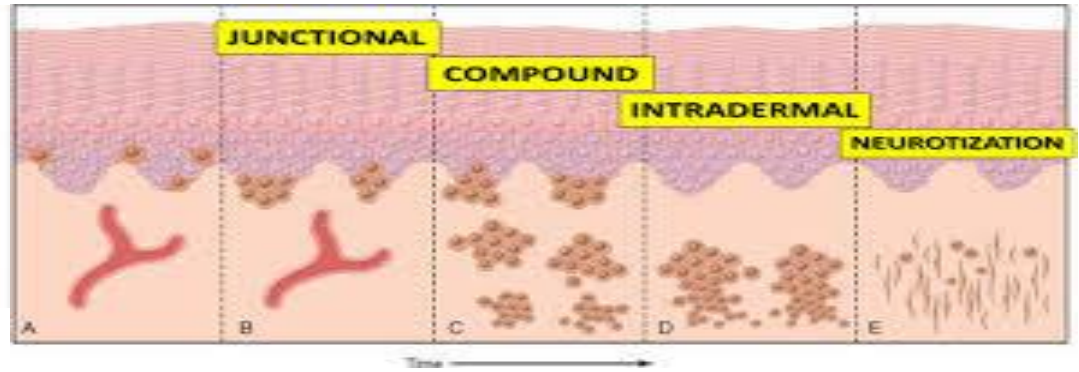
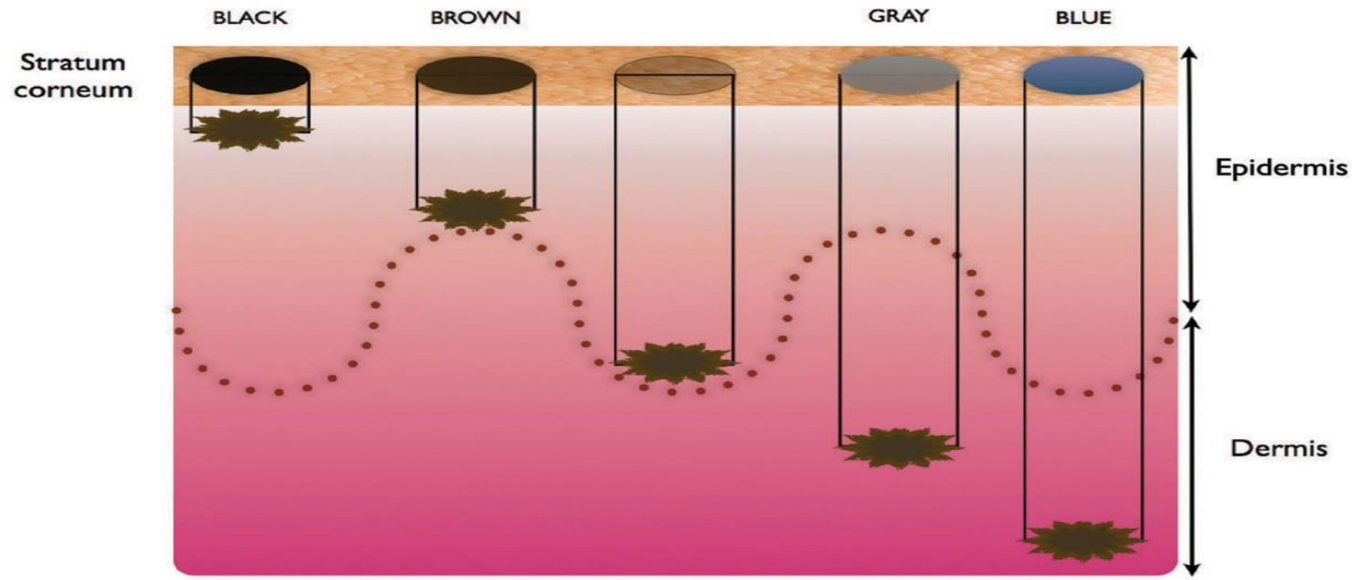
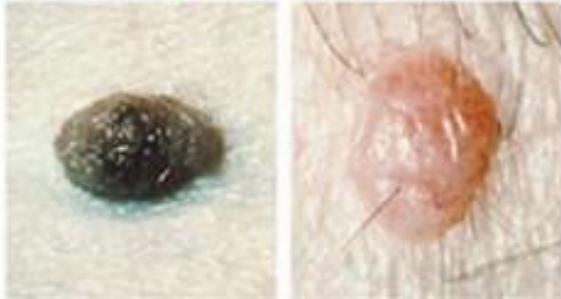
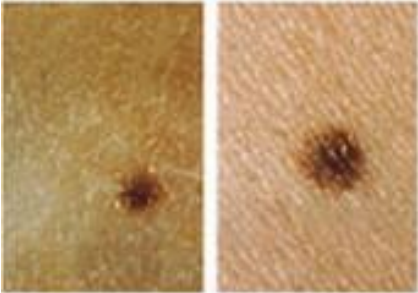






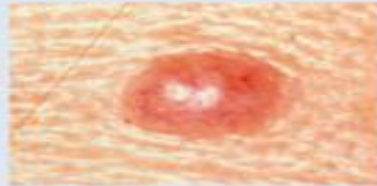






**BENIGN****MALIGNANT****A: ASYMMETRY**

This benign mole is not asymmetrical. If you draw a line through the middle, the two sides will match, meaning it is symmetrical.



If you draw a line through this mole, the two halves will not match, meaning it is asymmetrical, a warning sign for melanoma.

**B: BORDER**

A benign mole has smooth, even borders, unlike a malignant melanoma.



The borders of an early melanoma tend to be uneven. The edges may be scalloped or notched.

**C: COLOUR**

Most benign moles are all one color—often a single shade of brown.



A variety of colours is another warning signal. A number of different shades of brown, tan or black could appear, as well as red, white or blue.

**D: DIAMETER**

Benign moles usually have a smaller diameter than malignant ones.



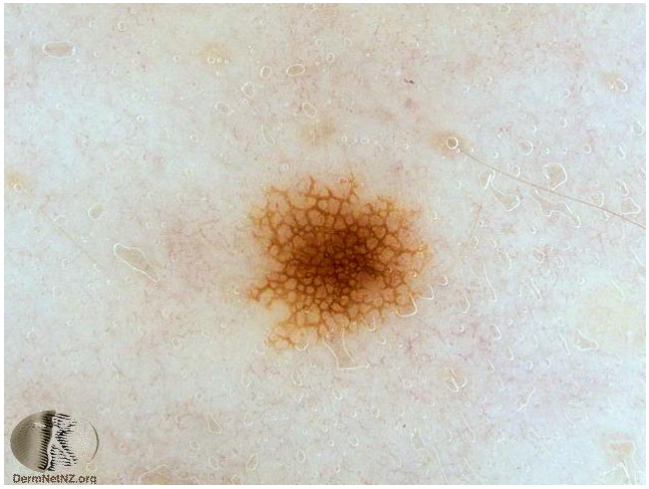
Melanomas are usually larger in diameter than the size of a pencil eraser ( $\frac{1}{4}$  inch or 6mm), but they may sometimes be smaller when first detected.

**E: EVOLVING**

Common, benign moles look the same over time. Be on the alert when a mole starts to evolve or change in any way.



Any change—in size, shape, colour, elevation, or another trait, or any new symptom such as bleeding, itching or crusting—points to danger.



















Spilus



Becker









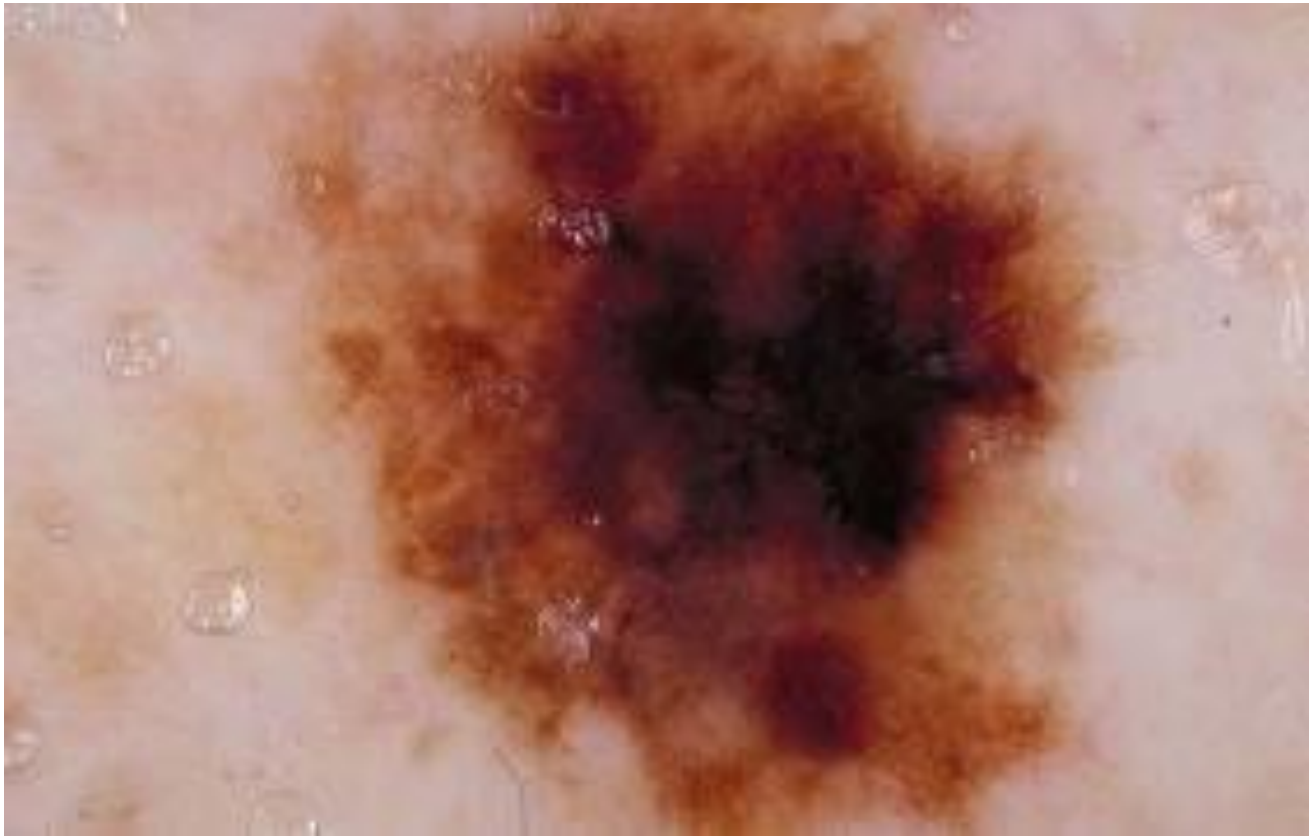


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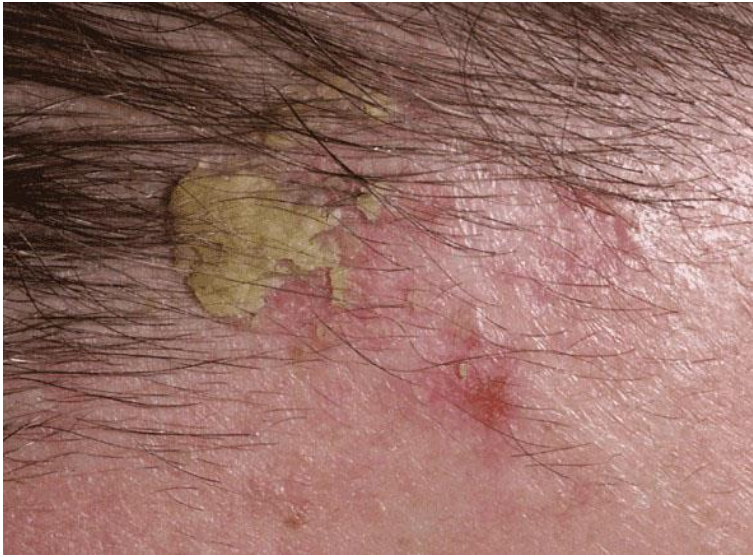










































# GP 2ww referrals

- 60%- seborrhoeic keratosis
- 25% - BCC
- 10% - SCC
- - keratoacanthoma
- - benign moles
  
- <5 % - Malignant Melanomas

Any Ulcer that does  
NOT heal  
in 1 month  
is an  
SCC  
until proven otherwise

**THE END**