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A dermatological ordeal

CASE PRESENTATION BY: DR B. MATAGA

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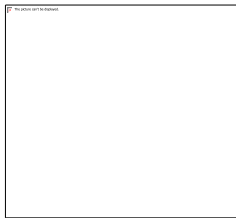
- Mrs PC
- 32 yo P1G2 EGA 14/40
- Housewife, stays in Dzivarasekwa, Harare

PRESENTING COMPLAINT

- Generalized body rash * 2/52



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HISTORY OF PRESENTING COMPLAINT

- Rash started on the armpits and arms then gradually progressed to involve all body surfaces- not involving mucous membranes
- Itchy +++, 3-4 episodes/day of severe generalized itchiness with scratching
- Associated clear fluid discharge
- No change in body creams/ lotion, no new drugs, no rash contact
- Positive personal history of atopy
- RVI on TLD for 5 years, unknown control
- No history of diabetes mellitus/ autoimmune conditions/ connective tissue disorders
- No history of skin condition in previous pregnancy
- No family history of skin conditions/ cancer

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SYSTEMS REVIEW

- No associated fever/ dysphagia/ diarrhea

OBSTETRIC HISTORY

- 2009, NVD, term baby, birth weight 2600g, girl, alive and well

GYNECOLOGICAL HISTORY

- Menarche at 12 years, bleeds for 5 days, 28 day regular cycle
- Sexual debut at 18 years, 2 patners
- Used combined oral contraceptives

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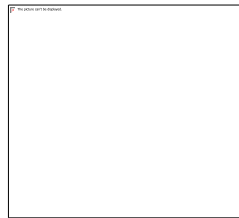
MEDICAL AND SURGICAL HISTORY

- No drug allergies

FAMILY HISTORY

No history of diabetes mellitus/ autoimmune conditions/ connective tissue disorders



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SOCIAL HISTORY

- Stays with husband and child
- Husband is a salesman
- Level of education for patient and husband -F4
- They live in a 2 roomed rented house, with 3 other families living there
- Use modern methods of sanitation
- Net income $50
- No smoking, alcohol or drug abuse
- Goes to Apostolic church
- Not on medical aid

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SUMMARY

32yo, P1G2 EGA 14/40, presented with 2/52 history of generalized intensely itchy rash involving all surfaces of the body except mucous membranes, RVI on ART for 5 years with unknown control.

DIFFERENTIAL DIAGNOSIS

1. Serborrheic Dermatitis
2. Eczema in pregnancy
3. Prurigo of pregnancy

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EXAMINATION FINDINGS

- *GENERAL*- alert, ill looking BP 112/79 P 78 T 36.7 RR 15

- *SKIN*

-generalised papular, dry, scaly, hyperpigmented rash

-involving scalp, face, neck, palms, trunk, flexor extensor surfaces of upper and lower limbs

-more pronounced on the ventral surface of the body

- *ABDOMEN* – soft non tender HOF 14cm

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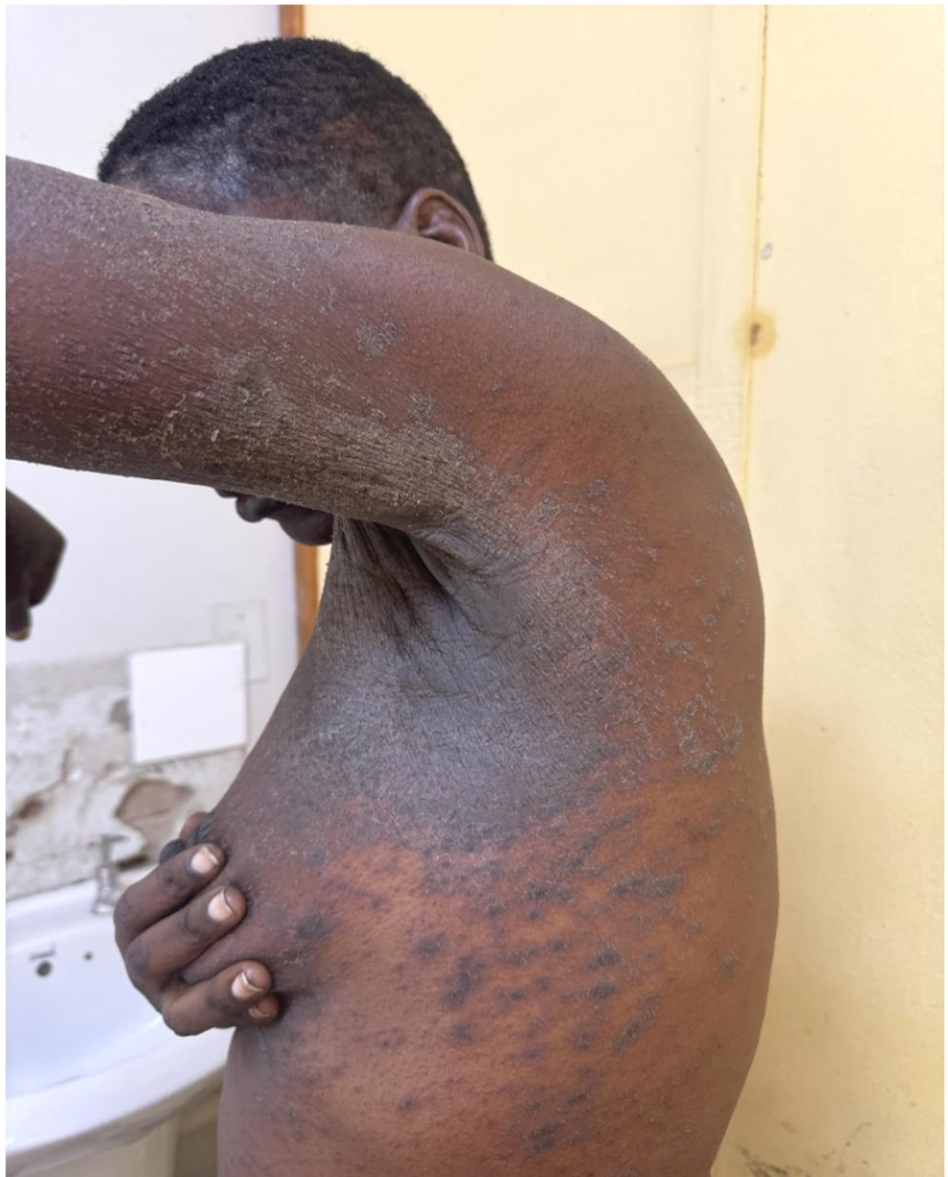

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WORKING DIAGNOSIS

Serborrheic dermatitis !!!

MANAGEMENT

- MDT
- Antifungal shampoo twice weekly
- Oral co- amoxiclav twice daily
- Oral low dose prednisolone once daily
- Oral antihistamine once daily
- Topical low potency steroids

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Discussion:
Serborrheic dermatitis

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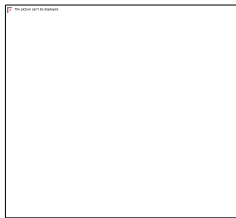
Seborrheic dermatitis

-chronic, inflammatory, relapsing dermatologic condition

-usually appears on areas of the body with a large density of sebaceous glands, such as the scalp, face, chest, back, axilla, and groin

-bimodal distribution, infants and young adults

-higher incidence in the immunocompromised especially those with HIV infection, in whom it may be a presenting sign



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PATHOGENESIS

- Aetiology is unknown
- Predilection for body sites with high numbers of sebaceous glands - face, scalp, upper trunk, external auditory meatus, and anogenital area
- ***Malassezia* colonization** – sebaceous glands creates a favorable milieu for the growth of fungi eg lipid-dependent *Malassezia,* a saprophyte of normal skin.
- **HIV infection** –low CD4+ counts increase susceptibility
- **Neurologic disorders** –patients with Parkinson disease at higher risk

CLINICAL PRESENTATION

- Scalp

- mild dandruff
- severe inflammation
- extension to postauricular areas, outer ear canal
- superinfection- otitis externa.

- **Face**

- favor the frontal region
- develop fissures

- **Trunk**

-axillae, inframammary folds, umbilicus, and genital area

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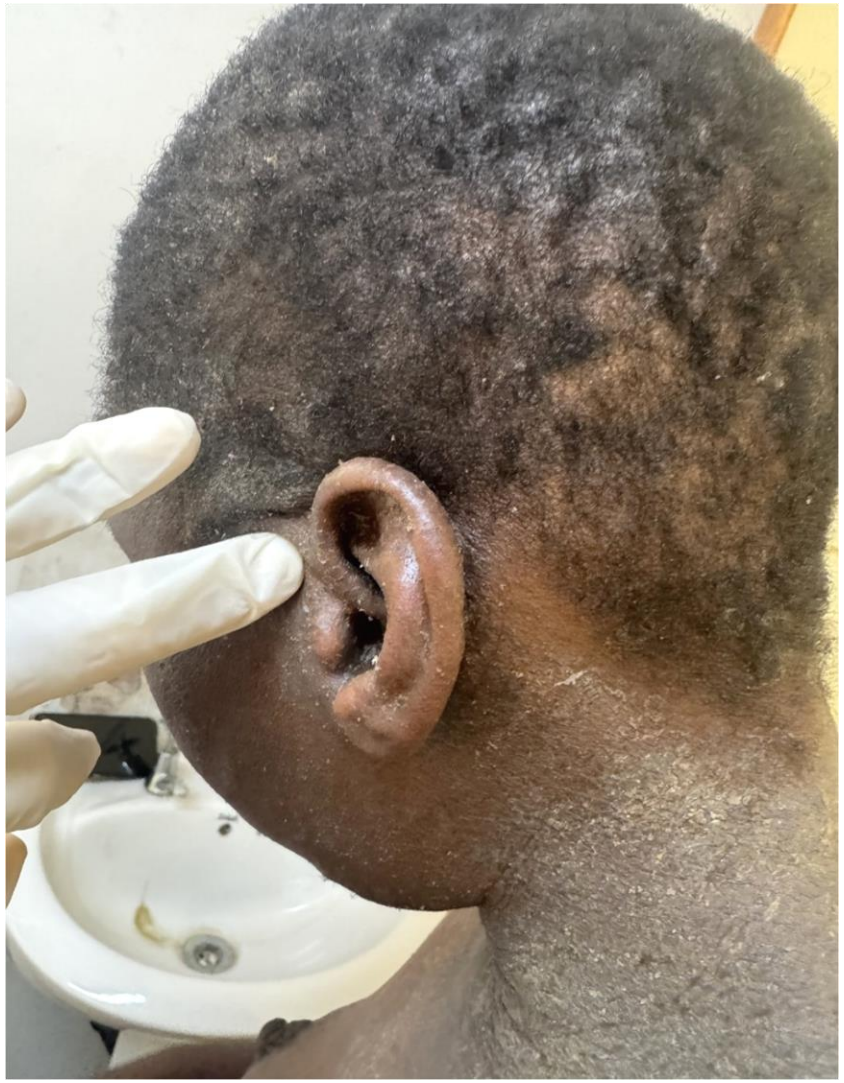

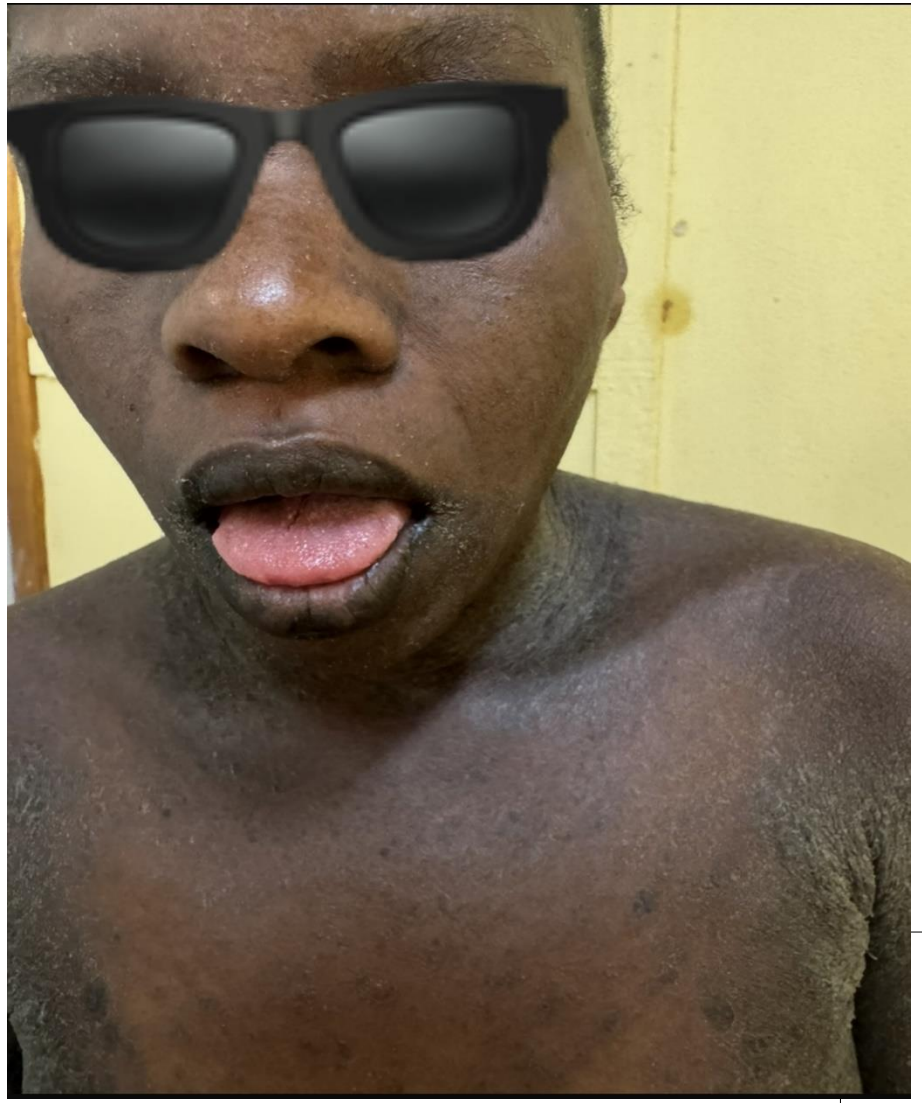

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- **In patients with HIV**

-more extensive and severe

-difficult to control.

-involve unusual sites

-the lower the CD4 count the more diffuse and severe the condition is

-may regress with antiretroviral therapy

-may also be a cutaneous manifestation of the immune reconstitution inflammatory syndrome in patients on ART

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DIAGNOSIS

- mainly clinically
- biopsy is not routinely necessary- no pathognomonic histologic features

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MANAGEMENT

- Main goal of therapy
- clear the visible signs of the disease
- reduce associated symptoms
- **scalp** -coal tar shampoo
- **face/trunk -**low-potency topical corticosteroid cream (use of low potency is better to avoid complications namely skin atrophy, striae etc), topical antifungal
- **patients with HIV infection-** severe cases refractory to topical treatment, a course of oral itraconazole, if worried about a superinfection-give antibiotics

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TAKE HOME MESSAGE

- Itch/ new rash/ skin lesions in pregnancy esp in 2nd and 3rd trimester not to be ignored
- The diagnosis of skin conditions mainly based on clinical findings.
- Multidisciplinary approach essential : obstetricians, dermatologists, and other health professionals for the diagnosis and management of these conditions

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THANK YOU

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