

# Downtown Dermatology

Inner City Medicine Review 2019

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UBC/VCH Dermatology



# COI STATEMENT

None

All conflicts are internal

# Objectives

1. Present case of commonly seen disorder
2. Describe successful treatment
3. Outline essential little-known secrets to successful treatment
4. Point out why everyone should know secrets
5. Say how this might be done
6. Go to bar

# Objectives

1. Present case of commonly seen disorder









A scenic landscape featuring a dense forest of evergreen trees in the background. In the foreground, a calm body of water reflects the sky and the trees. The sky is filled with warm, golden light, suggesting a sunset or sunrise. The overall color palette is dominated by oranges, yellows, and dark greens.

eczema  
meltdown

# Objectives

1. Present case of commonly seen disorder

2. Describe successful  
treatment

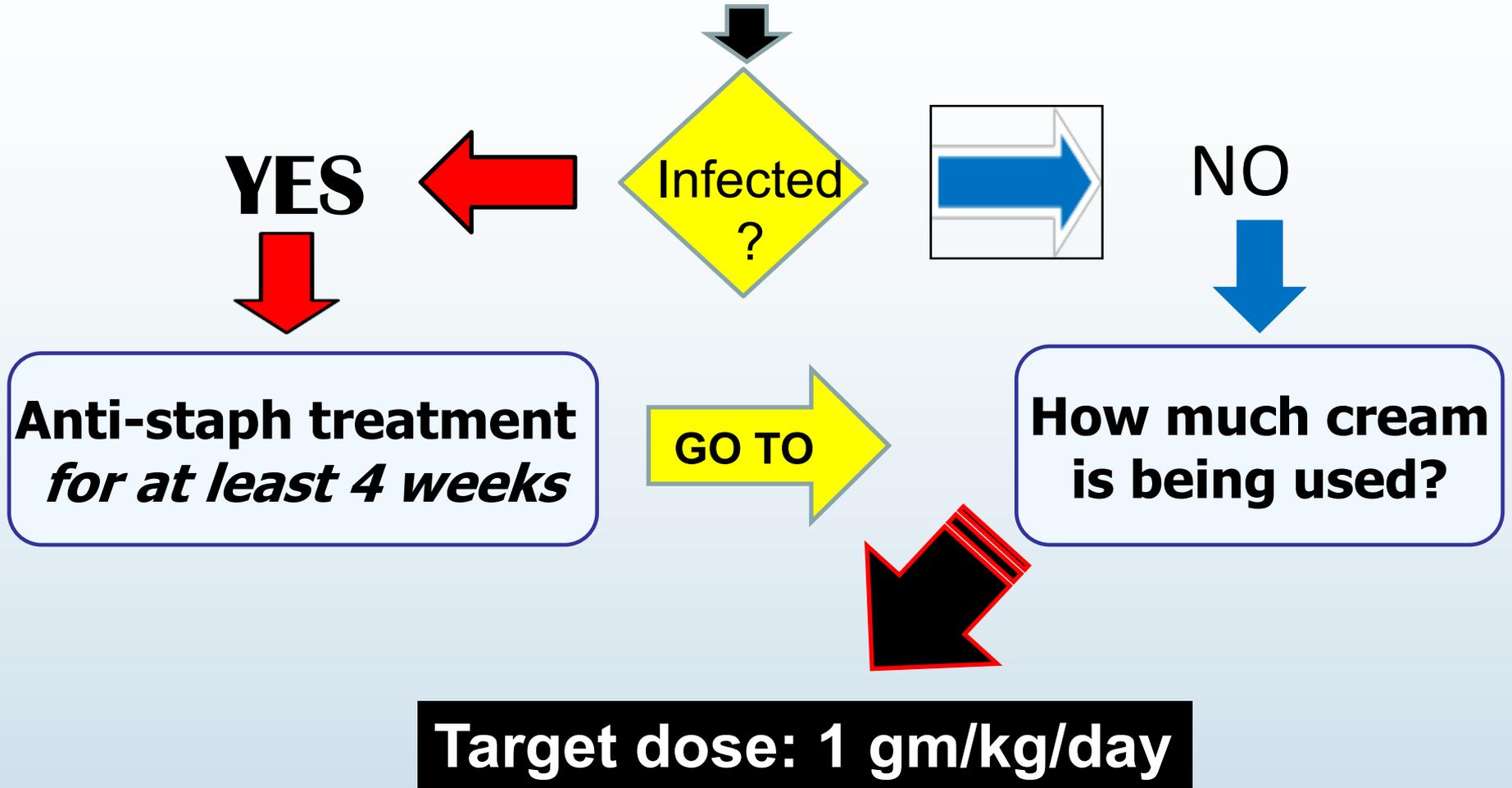
# Vincent Richer's Table

Eczema Treatment			
<i>Components</i>	Barrier	Inflammation	Colonization
Mild	Lotions	Hydrocortisone	Bleach bath
Moderate	Creams	Betamethasone	Keflex*
Severe	Ointments	Clobetasol/ Prednisone	More Keflex*

\* *unless allergy, MRSA*

# Eczema Meltdown

"status eczematous"



# Objectives

1. Present case of commonly seen disorder
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**3. Outline essential little-known secrets to successful treatment**

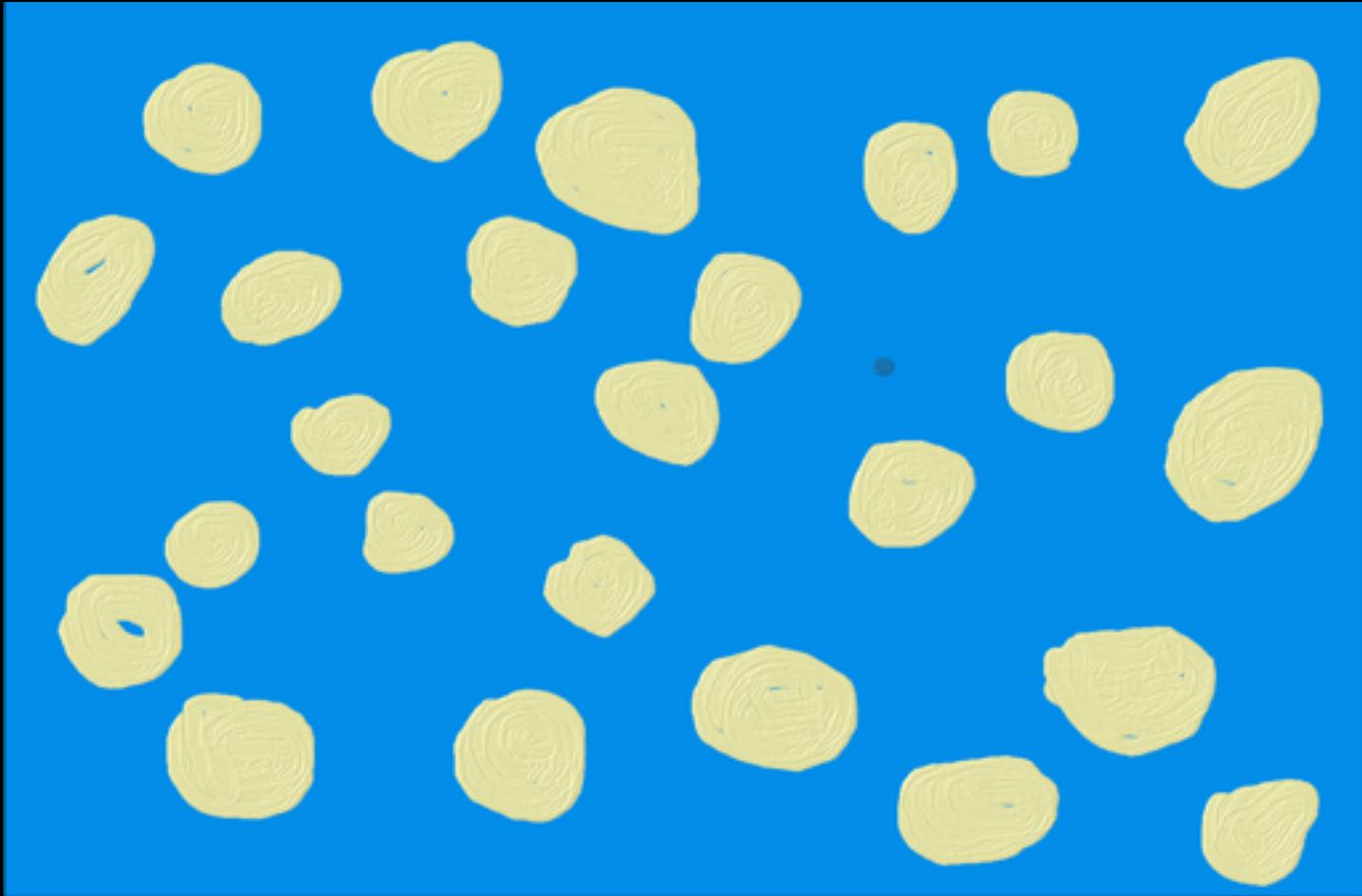
Little known secret

#1

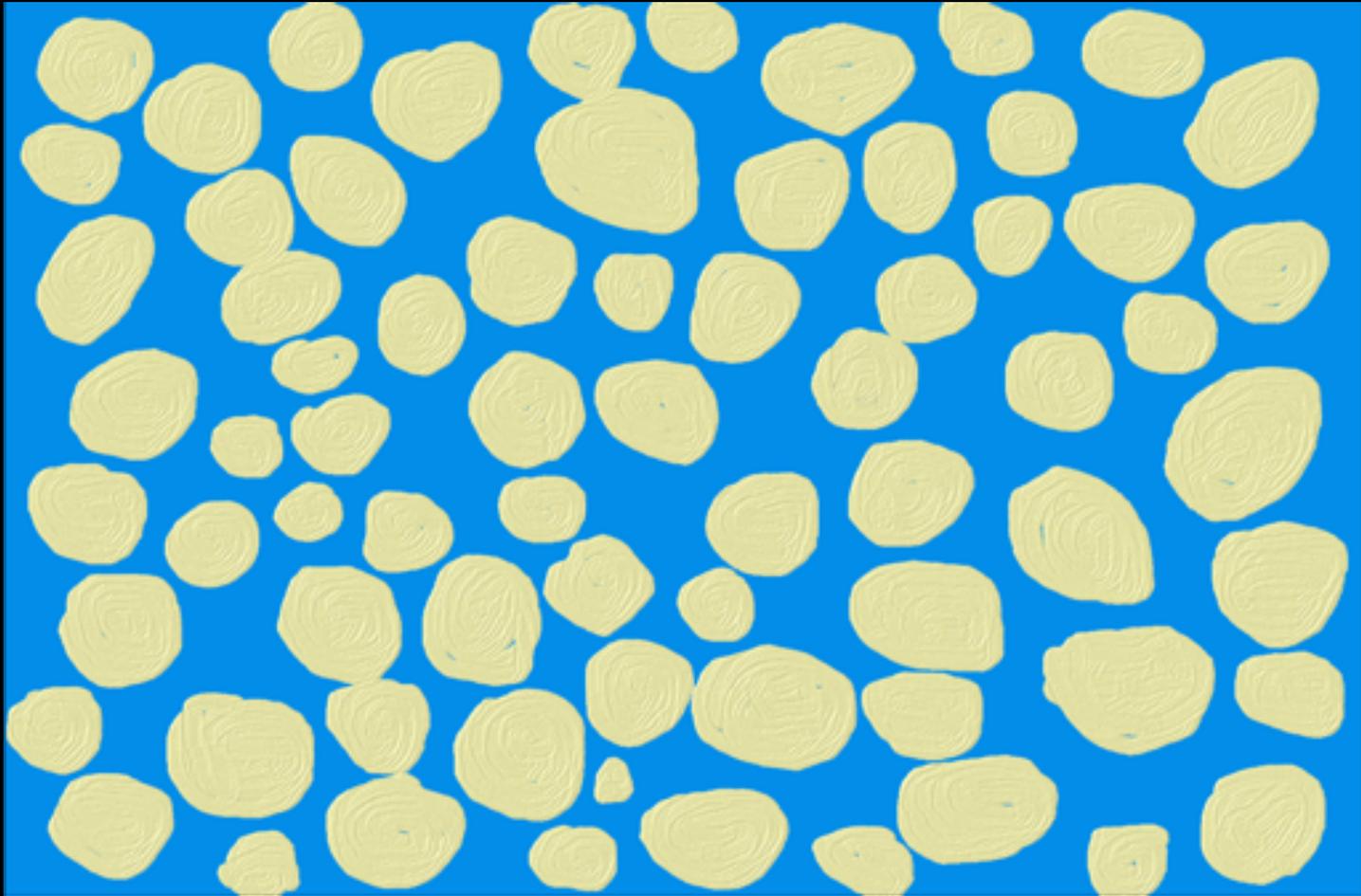
Dermatology  
Lotions and Potions...

...are all versions  
of salad dressing.

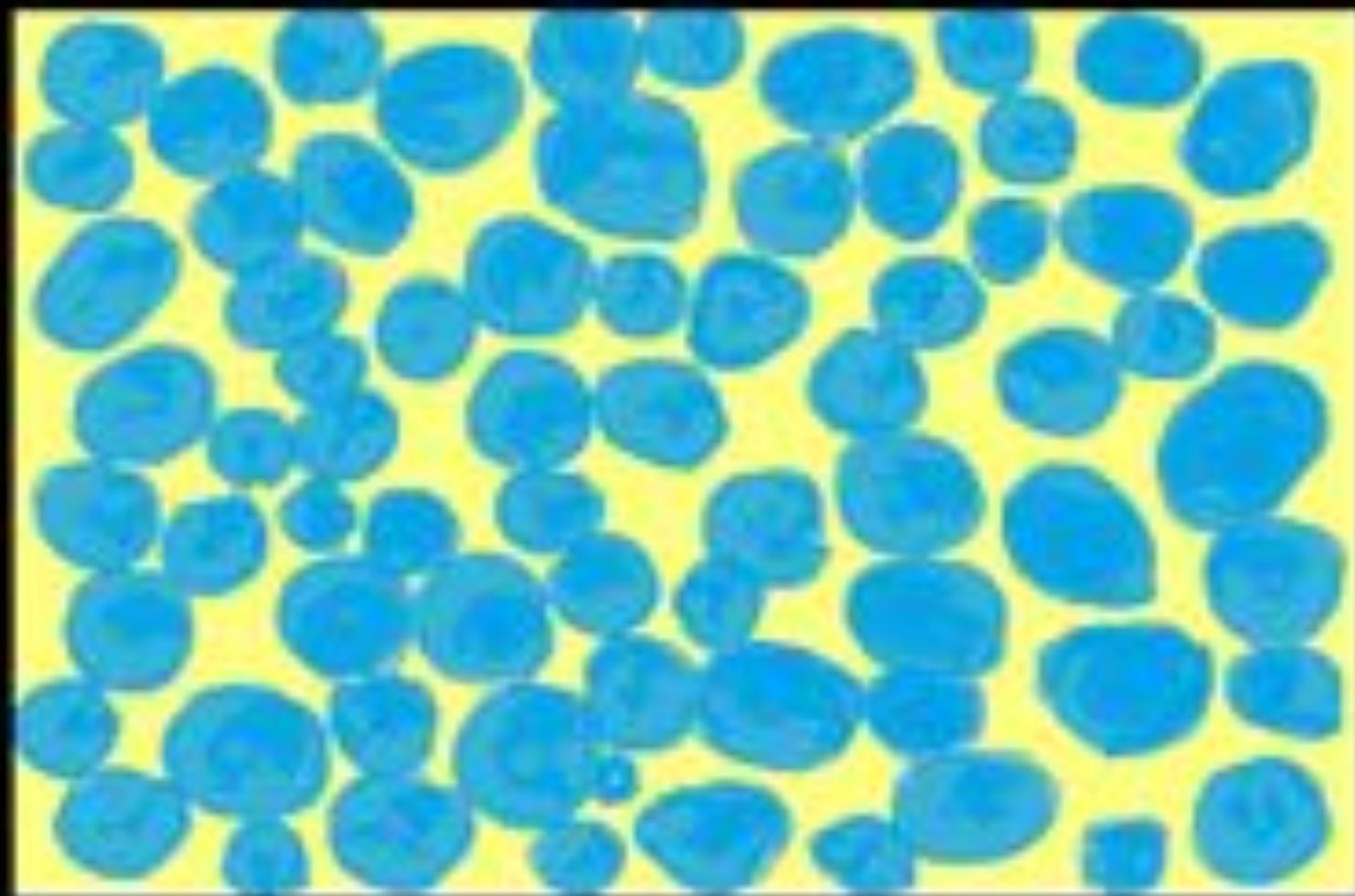
# Lotions



# Creams



# Ointments



Little known secret

#2

# The only steroids you need for dermatology

1. 1% hydrocortisone *cream/ointment/lotion*
2. 0.1% betamethasone *cream/ointment/lotion*
3. 0.05% clobetasol *cream/ointment/lotion*
  
4. Kenalog for injection *suspension*  
(triamcinolone acetonide)
5. Prednisone *tablet*

Little known secret

#3

# SIZE OF THE JAR

People use cream  
in proportion to  
the size of the jar...

SIZE OF THE JAR

...and inversely  
with the cost

# Not enough cream



# Simple calculations

- One coat of 50 kg person takes 50 gm
- 500 gm jar lasts 10 days
- We are not speaking of “apply sparingly”
- We are talking about plastering it on

Little known secret

#4

## Side effects

- Atrophy? – *not in 2 weeks*
- Glaucoma? – *not in two weeks*
- Absorption of steroid suppresses HPA axis – *so what?*

Little known secret

#5

# Triamcinolone for injection



# Eczema Meltdown "status eczematus"

**\*can't sleep, can't think, scratching skin to pieces**

**YES**

- Oozing
- Weeping
- Pustules
- Wet



- Cracks on palms/soles
- "Lichenification"
- Dry
- Scaly
- Scratches "
- "Prurigo" nodules

**NO**

**Anti-staph treatment  
for at least 4 weeks**

**MSSA**

Keflex

**MRSA**

Clindamycin  
Doxycycline  
Septra

**Pen allergy**

and/or

**Bleach baths  
"swimming pool in your bathtub"**

- 1/2 - 1 cup bleach in full bath, any temp
- Soak 20 min
- Can shower off chlorine smell

**GO TO**

**How much cream  
is being used?**

**Target dose: 1 gm/kg/day**

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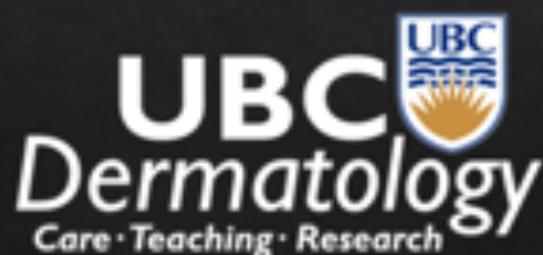


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# “Wicket Model” of dermatology telemedicine





- Preparing for your career
- Training towards fellowship
- Continuing development
- Becoming registered in Australia
- Rural and remote medicine resources
- The College at work
- About the College
- College membership



# FIND OUT WHERE RURAL CAN TAKE YOU

AGPT 2020 APPLICATIONS OPEN

APPLY NOW



My College

Access your online services

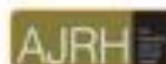
Membership

Benefits and career development

Online Learning

Selection of interactive modules

## The college at work



### AGPT 2020 Intake

Applications for AGPT 2020 are now open. Find out where rural can take you. Apply with ACRRM today.



### Jobs board

Looking for a new position? Visit our Jobs Board page to view available positions or advertise your vacancy.



### Apply for PESCI

Are you an IMG looking to apply for registration via the Standard pathway in Australia? Apply to attend a PESCI today.



### Non-VR Support Program

Add your name to the ACRRM register and be supported on your journey to Fellowship.

See more

# Tele-Derm

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Disclaimer - By posting in the Tele-Derm discussion forums you agree to this disclaimer ([click to view](#))



Tele-Derm enables rural doctors to access online dermatological case studies, education material, and discussion forums. From anywhere in Australia rural doctors can electronically submit their own specific de-identified cases for assessment. Our resident specialists, Dr Jim Muir (Dermatologist), Dr Rachael Foster (Dermatologist) and Dr Dan Kennedy (Plastic Surgeon) provide free advice on diagnosis and management of cases submitted to Tele-Derm.

Announcements

Orientation

Modules

Cases

Condition Index

Submit a Case

Discussions

Tools

Resources

# Dermatology Trans-Pacific Partnership



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