

201

# Skin Cases

## Diagnosis & Treatment



**Sanjay Ghosh**

**4<sup>th</sup>**  
**Edition**



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# Case 1

A 35-year-old male had acute-onset grouped painful skin vesicles, some hemorrhagic, on left side of abdomen and loin unilaterally in dermatomal distribution for last 3 days.



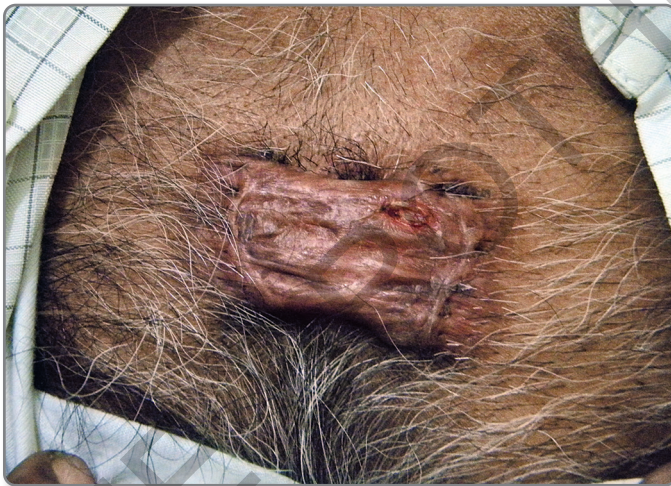
**Q. What is the (i) diagnosis, (ii) management and (iii) prevention?**

## Answers

- i. Herpes zoster
- ii. Management:
  - Valacyclovir 1,000 mg 8 hourly for 7 days or acyclovir 800 mg 5 times a day for 7 days or famciclovir 500 mg 8 hourly for 7 days
  - Oral antibiotics preferably macrolides for 5–7 days to prevent secondary infection
  - Analgesic and sedatives as per need
- iii. *Prevention:* Recombinant nonlive herpes zoster vaccine (injection Shingrix) has been recommended for all persons beyond 50 years of age to prevent herpes zoster. Two doses of 0.5 mL to be given intramuscularly at 2 months apart. However, it should not be during active or convalescence stage of infection.

# Case 2

A 56-year-old male had raised skin plaque with web-like extension at the periphery on anterior chest for last about 15 years and complained of excessive itching and pain.



**Q. What is the (i) diagnosis and (ii) management?**

## Answers

- i. Keloid
- ii. Management:
  - Intralesional triamcinolone injection (dose 10 mg/mL) with or without silicon gel sheet occlusion.
  - Cryotherapy

# Case 3

A 29-year-old man had sudden-onset itchy and burning vesicles and papules on right shoulder for last 2 days. The lesions were mostly distributed linearly, but the papulovesicles were neither grouped in arrangement nor limited to dermatomal area.



**Q. What is the (i) diagnosis and (ii) management?**

## Answers

- i. Insect hypersensitivity
- ii. Management:
  - Topical potent steroid lotion or cream twice daily for 1 week
  - Oral antihistamines
  - Oral antibiotics (short course)

# 201 Skin Cases

## Diagnosis & Treatment

### Salient Features

- The primary aim of this book is to judge the clinical acumen. The book, however, does not ignore the importance of investigations by laboratory and other methods, which may be necessary in many clinical situations to confirm diagnosis, assess degree of severity, and find associated features.
- The target readers of this book are MBBS undergraduate students or practicing physicians who have not done any specialization in dermatology. Hence, common skin diseases have mostly been described, but some uncommon and major dermatological cases signifying serious prognosis or systemic involvement demanding immediate referral have been included as well.
- Treatment guidelines represent only a sketchy plan to treat the individual case described which may require elaboration in certain cases and may not be applicable to all similar cases.
- Only standard conventional treatment mentioned in the authentic textbooks or journals has been mentioned omitting therapies which are not much evidence-based.
- Standard dose of the drugs has been mentioned which will, of course, depend on body weight, other concurrent medications, liver and renal status, known drug allergy, etc.
- Pre-therapy and post-therapy monitoring of drugs by laboratory tests should be done whenever required.
- This book does not insist that all the cases should be managed by nondermatologists. The book has attempted to provide a basic visual knowledge for diagnosis of certain skin disorders along with basic management strategy for the primary-care physicians. Referral to a dermatologist seems to be desirable whenever the situation arises.

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