Red Flags Advisory: Dermatology

Diagnosis/Condition:	Dermatology
Discipline:	Integrated
ICD-10 Codes:	L24.9, L25.9, L30.0, L30.2, L30.8, L30.9
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Introduction/Definition

All Heraya providers are exposed to skin conditions when observing their patients, obtaining history and performing physical examinations. On occasion a patient will simply ask the provider to have a look at something that concerns them. While not all providers are licensed to make Western diagnoses, they should make observations of potentially serious skin conditions, and either perform an evaluation, or suggest the patient see a primary care physician or dermatologist. It is not unusual for a patient to not notice or ignore skin lesions, or to assume that the condition is unimportant. Additionally, patients may have received a benign misdiagnosis on a skin lesion that actually might require treatment. This is especially true of lesions on the back that the patient cannot see. Sometimes, a provider can simply ask about an observed skin issue, inform the patient about it, and recommend that the patient pursues an evaluation themselves if it persists. Other times the provider should ensure that a recommendation is made for immediate evaluation. Skin lesions may be malignant, contagious, or manifest a serious underlying systemic condition. This may affect a provider's ability to conduct certain procedures, and in the case of a patient not knowing the lesion is there, create the need to evaluate its nature and potential for transformation.

Heraya Health providers have different education, licensing requirements, and ability to diagnose and treat these conditions. All have the opportunity when providing care to observe skin problems and ensure that the patient receives any necessary diagnosis and treatment. This Advisory is intended to provide guidelines for evaluation and/or referral.

Subjective Findings

When a skin lesion is noted, providers should take a good look with bright lighting and question the patient concerning the following, without alarming the patient:

- When did this start?

- Were there any other problems when this started?
- Does anyone else around you have it?
- Have you had this before?
- Has another provider evaluated it?
- Does it itch?
- Does it hurt?
- Does it bleed or exude pus or other fluid?
- Has it changed or grown over time?
- Have you used anything to treat it topically?

Potential Malignancies

The largest concern patients have is that something on their skin may turn out to be a dermal malignancy. The American College of Dermatology has updated recommendations concerning evaluation of skin lesions for malignant potential (https://www.aad.org/member/clinical-quality/guidelines). Most skin lesions are not malignant, but when they are, it is important that they are identified before metastases or deep invasion occur. While sun exposure over a long period of time is the most common cause of skin cancers, there often is no way to be certain that the lesion is not malignant on direct examination, and in these cases a punch biopsy should be performed to be certain that it is not a malignancy.

Skin malignancies can suddenly develop, or they can grow slowly from an existing mole. A history of frequent sunburn or other exposure, especially as a child, is a common but not exclusive historical red flag.

ABCDE's of Skin Malignancies:

Asymmetry: One side of the lesion is unlike the other side, without a regular shape.
Border: Irregular, scalloped or poorly defined is more likely to be malignant.
Color: Colors vary from one side to another; from tan, brown, black, red, white and blue.
Diameter: Most melanomas are detected when larger than 6 mm but can be noted when smaller.
Evolving: Lesion is changing in size, color, shape or consistency.

These criteria all suggest that a lesion may be malignant and should be biopsied.

Types of Skin Cancers:

Basal cell carcinoma: Most common skin cancer with highly variable appearances: shiny nodules, ulcerated crusts, scar like, ulcerations. Does not metastasize normally. Curable but can recur.

Squamous cell carcinoma: Highly variable with lumps, plaques, scaly or crusty surface, and ulcers. Does not normally metastasize. Good prognosis.

Malignant melanoma: Variable, with half arising from existing moles. These are usually, but not always, pigmented and can occur anywhere including in the eyes and under fingernails. These are the malignancies that ABCDEs apply most effectively. Often see early metastases that can prove fatal.

If a patient presents with a lesion that is suspicious for a malignancy, the patient should be referred to an MD or ND for evaluation and/or biopsy.

Bacterial Infections

All skin infections should be treated as contagious and infectious. Sometimes infections are obvious and occasionally not. Evaluations need to be made of any lesions that are inflamed, painful, or exuding serous fluid or pus, and treated within scope or referred for therapy and monitoring.

Types of Lesions Associated with Infection:

- Erythematous swelling: Can be viral as well as bacterial. Pus may drain from swollen areas or simply hot, red, swollen and sore (cellulitis, erysipelas, abscesses). May require incision and drainage, or antibiotic therapy.
- Infection superimposed on another type of primary lesion that was scratched or irritated, making identification more complicated.
- May be a traumatic injury with secondary infection of a different diagnosis.
- Furuncles and carbuncles cause abscesses that can indicate that immediate treatment is needed to drain the lesion(s) and evaluation for additional antibiotic treatment. Associated with intravenous drug use and lack of cleanliness.
- Crusty inflamed lesions: Often due to staph or strep (impetigo) and topical therapy should not be used. Drainage is usually a mixture of pus and blood, or may be serous.
- Check area lymph nodes when inflamed lesions are noted for spread of infection.
- Look for inflamed vessels on limbs for spread of infection.
- Ask about recent fever and/or chills for all apparent bacterial or viral infections.
- Ensure antiseptic treatment of examination area after seeing patient.

Viral Skin Infections

- Includes all types of warts, human papilloma virus (HPV), plantar warts. Appearance is usually easy to determine, and while contagion is not strong in the office setting, and these are not urgent conditions, they should be treated. These are usually no barrier to performing other procedures.

- Molluscum contagiousum: Small umbilicated lesions found mostly on children on the torso and genitals. Rarely an indicator of sexual abuse, but usually benign and lesions resolve on their own. May be mildly contagious with contact.
- Herpes (HSV) infections: Clusters of blisters that can eventually turn blackish. The virus can go dormant in the nerve roots for years. These usually affect the lips, face, and/or genitals. They can also cause painful lesions in the mouth (more common in children). Can be sexually transmitted and may appear with prodrome symptoms of tingling and itching before the vesicles (blisters) erupt. Can also result in very painful infections of the fingernails (herpetic whitlow).
- Herpes zoster (shingles): Presents as blistering lesions spreading along a dermatome. Infectious and very painful.
- Practice universal precautions with these cases, and make sure that auto-inoculation into the eyes is communicated to the patient as a potential problem. Anti-viral medication often required.

Parasites (lice, scabies, bedbugs)

- All skin parasites are very contagious and require universal precautions in the office. Often etiology is unknown but contact with an infected person, their clothing, and/or office items can cause contagion.
- Appearance depends to some extent on the parasite but all result in itching and lichenification of the skin from constant scratching. Bites may be apparent with redness. Clothing may be where the live parasites are found.
- Cleaning of exam rooms is very important, and treatment is generally to eradicate the infestation and also treat the bedding and clothing. In the case of bedbugs, eradication can take up to a year, including treatment of contacts.

Non-infectious and Non-malignant Skin Lesions

There are multitudes of skin lesions that can look like possible infections or malignancies, and the key is to be able to be suspicious of all unidentified lesions, assess appearance and history, and ensure that conditions that may be serious are appropriately evaluated.

The skin can produce manifestations of systemic disease that may or may not have other definitive signs and symptoms. This includes the following conditions:

- Erythema nodosum (inflammatory).
- Erythema multiforme (drug-related).
- Drug reactions (which can be fatal).
- Various endocrine disorders.
- Psoriasis and other scaling conditions.
- Stevens-Johnson syndrome (which can be the results of drug reactions or infection).

- Autoimmune conditions like pemphigus.
- Atopic and contact dermatitis, hives.

In most of these cases history of the skin condition as well as general history is imperative. Occasionally biopsy is needed to confirm the diagnosis and proper treatment.

Objective Findings

Unidentified skin lesions may require potential referral, additional exam procedures, additional records request, or a review of subjective information/symptoms to justify clinical impression.

Serious Disease Red Flags

- Persistent rashes, discharges, inflammation, or swelling associated with pain, fever, and malaise.
- Persistent and/or painful blistering, and large blisters.
- Changes or worsening in appearances of lesions over a period of time.

Red Flags Should Be Considered When:

Physical exam findings for serious disease are found with:

- Any lesion that manifests symptoms that include the ABCDEs of malignant lesions (see above).
- Systemic symptoms that coincide in time with the development of skin conditions.
- A condition is diagnosed but the provider is not licensed to counsel on standard treatment.

Referral/Co-Management Criteria

- Referrals should be made when a provider is uncertain of the cause of a skin manifestation.
- Referrals should be made when a provider is concerned about the safety of topical treatments and procedures with the presence of a skin condition.

Assessment

All skin conditions must be evaluated by physical examination and history. There are certain manifestations that require referral to a provider who can evaluate and/or biopsy. PCPs can generally do this and refer to a dermatologist or other specialist when necessary.

There are certain skin manifestations that require great care in the office, and in performing procedures.

- Blistering conditions must be identified, as they have the potential to be very serious, or to lead to secondary infections.
- Suspicious moles, ulcers, or scaling conditions, especially in sun-exposed areas that manifest the ABCDE's of skin malignancies (see above).

- Red, swollen, painful lesions, including those with discharges, as they may be potentially serious and/or contagious.
- Morbilliform (measles-like) rashes that are accompanied by a fever, muscle aches and/or fatigue.
- Persistent scaling rashes that could be fungal should be identified.
- Lesions that the patient says are changing, itching or painful.
- Lesions that have become infected after initially presenting with another type of lesion.

It is generally a good idea to have referral relationships with primary care providers for timely referrals, unless the patient already has a PCP who can see them quickly in cases of potentially serious skin conditions.

Length of Treatment

Always reassess if patient does not recover with care at the expected rate or to the expected degree.

The Evidence

- Merck Manual.
- Color Atlas of Clinical Dermatology.
- American College of Dermatology website.

Clinical Pathway Feedback

Heraya desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

Clinical Services Department: cs@herayahealth.com

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