Common Dermatologic Conditions for the PCP

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Top 10 Diagnoses - GNP Derm Referrals

Neoplasm of uncertain behavior

Actinic keratoses

Seborrheic keratoses

Scar conditions and fibrosis of the skin

Melanin hyperpigmentation

Melanocytic nevi of trunk

Inflamed seborrheic keratoses

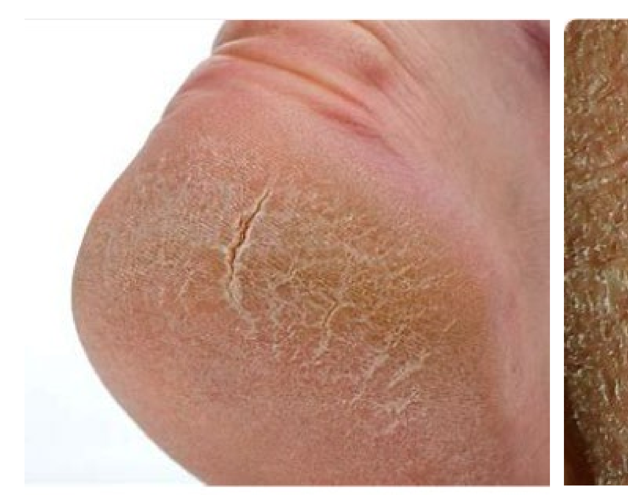
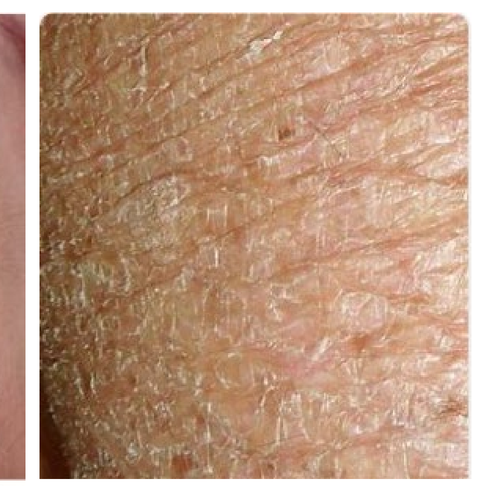
Basal cell carcinoma

Acne vulgaris

Xerosis cutis

Xerosis Cutis

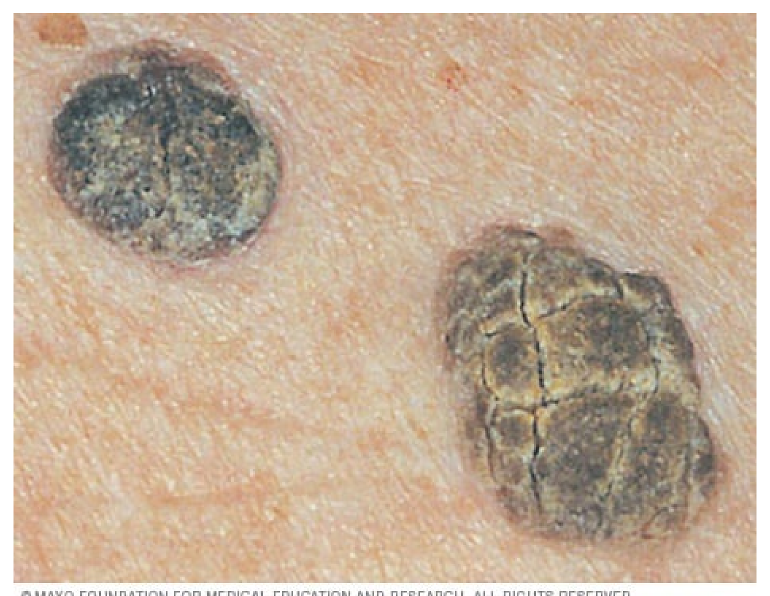
Skin changes with age
Inability to absorb

TIP:
Smaller amounts of moisturizer more frequently
Occlusion with regular emollients, no steroids
Careful with occlusion of steroids

Seborrheic keratoses – ***BENIGN DISEASE***

- SKs have friends – there are usually LOTS of them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Medicare – treatment of SKs is considered **cosmetic**

Medicare **does not cover removal**

Possible exceptions: interferes with vision, hearing, breathing), or is symptomatic (bleeding, itching, infected, inflamed).

Noncancerous, slow growing, well demarcated, typically rough or waxy, “stuck on”

Actinic keratoses – precancerous potential

Sunblock reduces chance/slows progression

Hyperkeratotic AKs:
Freeze 3 times and then biopsy if needed

LN2 – good for focal, few lesions

Topicals – for larger areas or wider involvement

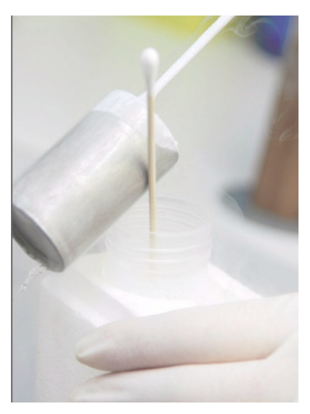
Actinic keratoses - treatment

fluorouracil	5% cream 5% soln 2% soln	bid	2-4 weeks - until superficial erosion occurs	$55/40g $49/10ml $34/10ml	**>75% reduction MORE EFFECTIVE & LESS COSTLY THAN OTHER TX 12MO POST-TX**	**MOST EFFECTIVE for complete patient clearance & long term prevention**	erythema, blistering, necrosis with erosion, re-epithelialization
	0.5% cream	qd	1-4 weeks - until superficial erosion occurs			2nd most effective	erythema, blistering, necrosis with erosion, re-epithelialization
imiquimod	5% crm	qd, 2x/wk	16 weeks	$17/12 packets	53.9% reduction	4th most effective / long term prevention	erythema, pruritis, erosion, ulceration, crusting
	3.75% cream	qd face/scalp	4weeks total (2wks on/2wks off/repeat)	$474/7.5g			erythema, pruritis, erosion, ulceration, crusting
tirbanibulin	1% oint	qd	5d face/scalp	$1019/5pkts	73%-per phase 3 trials	(was not included)	
diclofenac	3% hyaluronan gel	bid	60-90d	$58/100g	40%	8th in efficicacy	may cause itch, dry skin, redness
PDT (ALA)	10% or 20% ALA		30-60 minutes, up to 18 hrs (possible repeat 4-8 weeks)	OFFICE PROCEDURE COSTS + DRUG (ALA=$403/1.5ml)	37.7% - 53.9% reduction	3rd most effective: ALA-PDT;	4-7d erythema, tingling, burning, pain, edema, minute vesicles, crusting, followed by exfoliation for up to 1 week.
cryo surgery						7th in efficacy	transient discomfort - edema, serohemmorhagic blister, may result in hypopigmentation

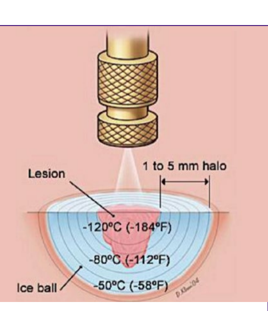
Cryotherapy - indications/tips

- How long to treat?
- Based on lesion / location /individual

- Gun – easy to use
- Cotton tipped applicator
  - Not difficult
  - pressure adjustment based on swab/lesion size/thickness
- Goal is very thin small blister



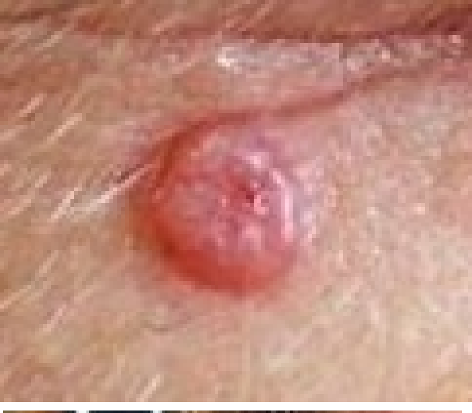
- **AKs ~ 3sec**
- **Warts ~ 3sec**
- **SKs – 1-2 seconds,**
  - repeat rounds if needed for thicker lesions
  - Want to see white “frost”

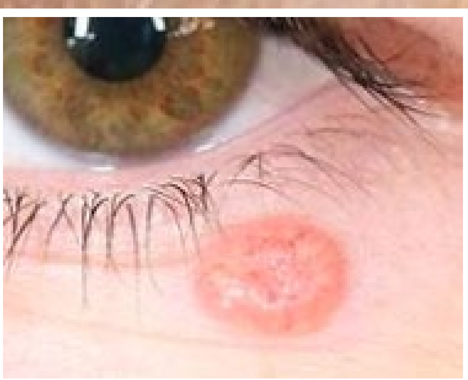


Common Cancers

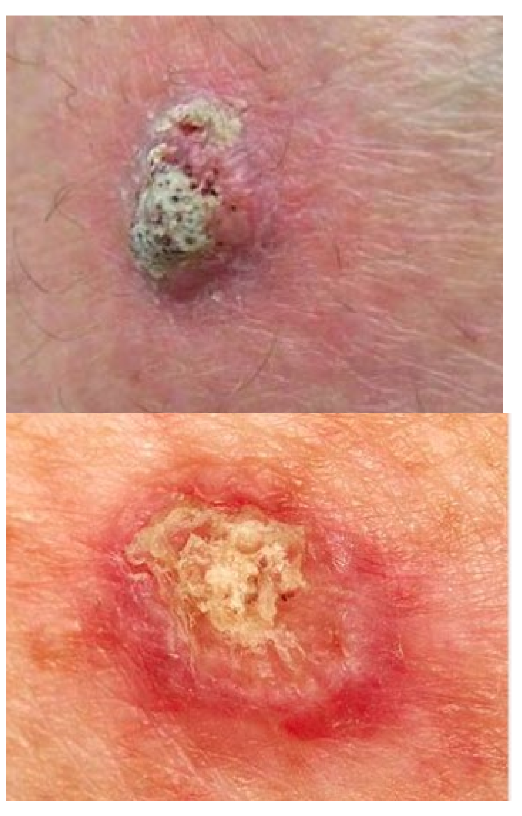
Less Common But Deadly:

- Basal Cell CA
  - Slow progression
  - Excision – curative

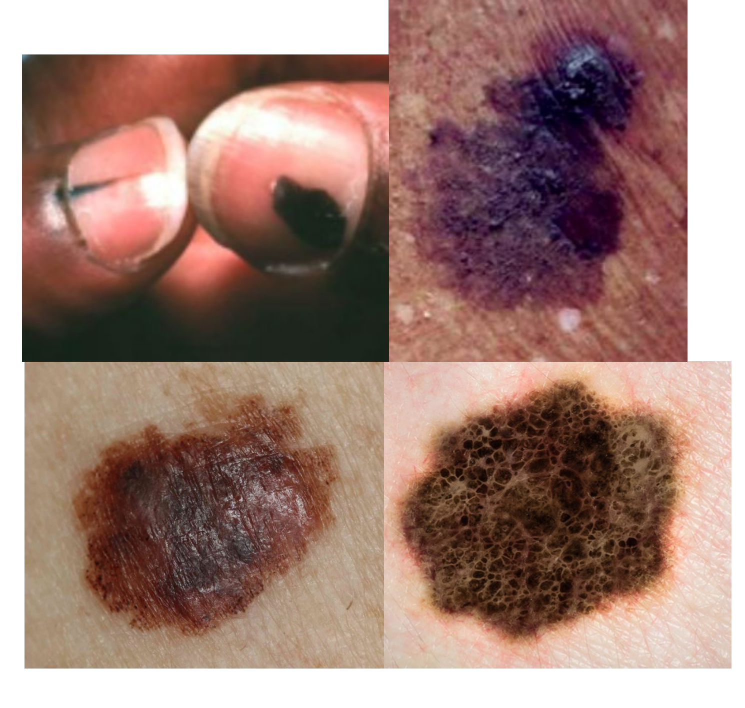




- Squamous Cell CA
  - Somewhat more aggressive



- Melanoma
  - HIGHLY AGGRESSIVE
  - Prompt wide excision needed



biopsy TIPS

When to do an Excision vs Partial Biopsy?

Partial biopsy preferred

- To diagnose Non-Melanoma Skin Cancer
- Suspect benign, but want to be sure

Excisional biopsy preferred for lesions suspicious of melanoma

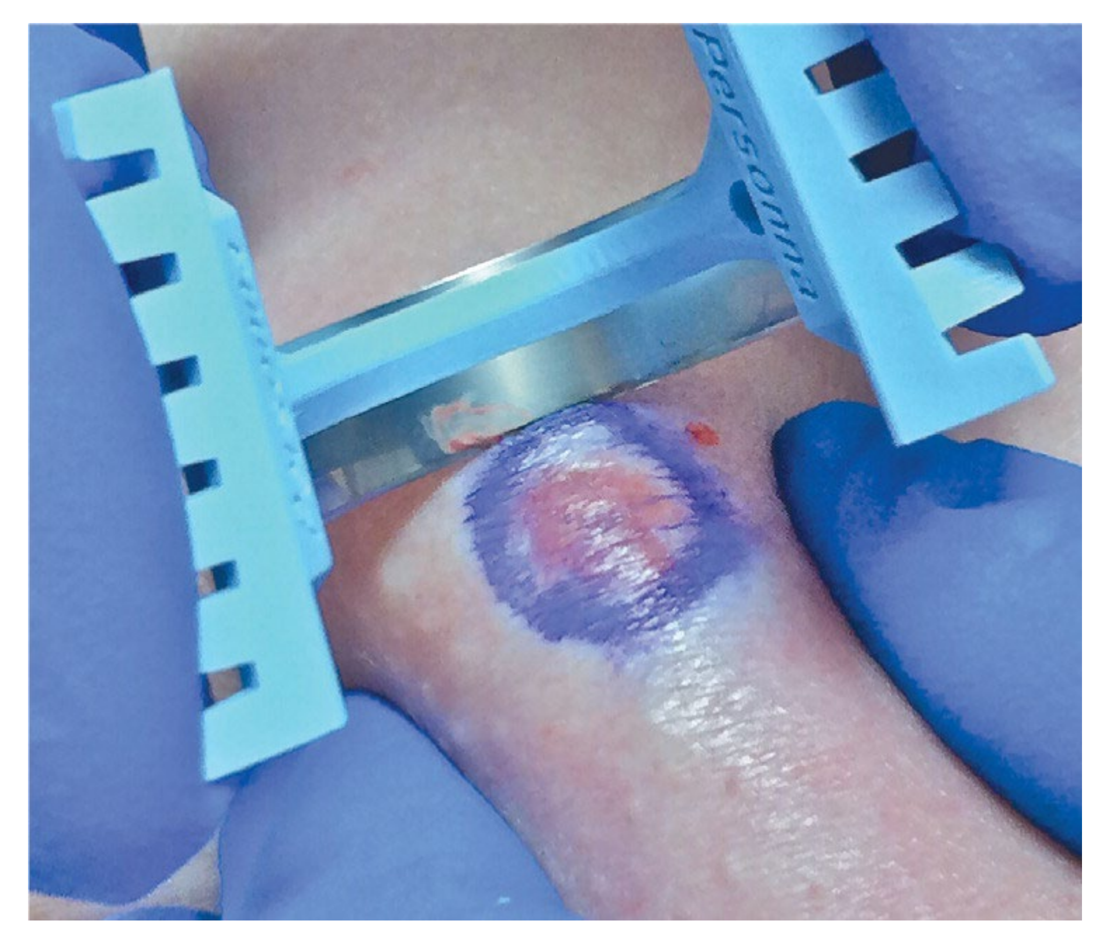
- 2mm margin
- Clear markings/mapping – will likely need to re-excise to deeper margins
- DO NOT SHAVE BIOPSY suspected melanoma

Shave vs Punch Biopsy?

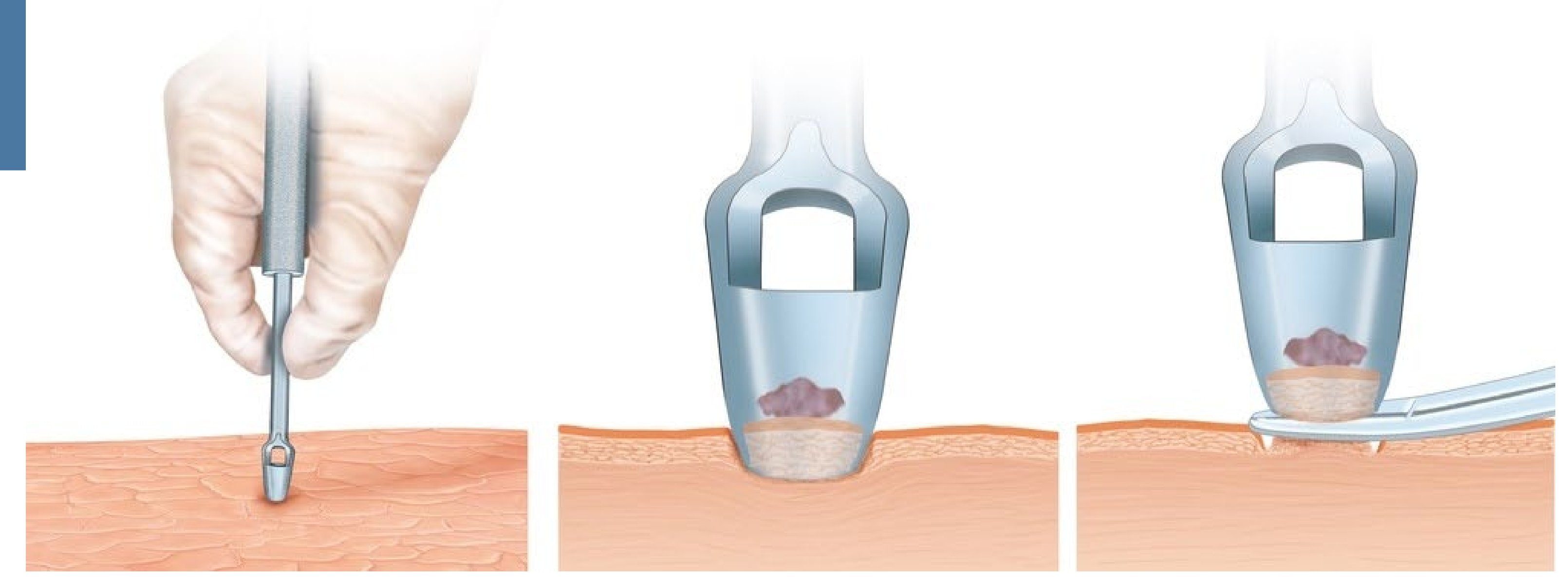
- Both methods acceptable for *non-pigmented* lesions
- Shave biopsies – consideration: tend to keloid more in individuals of skin type 4 and above
- Punch biopsy
  - Punch leaves a stitch
  - Good if you have higher suspicion of malignancy (BCC or SCC)
    - to ensure patient return
    - Also ensures ability to find the site

Shave biopsy

- Make sure to get good photos and lesion mapping
- Do not shave a lesion that you think is melanoma
- Fine for suspected BCC or SCC
- “clear margins” need “clinical correlation” otherwise may not actually mean much



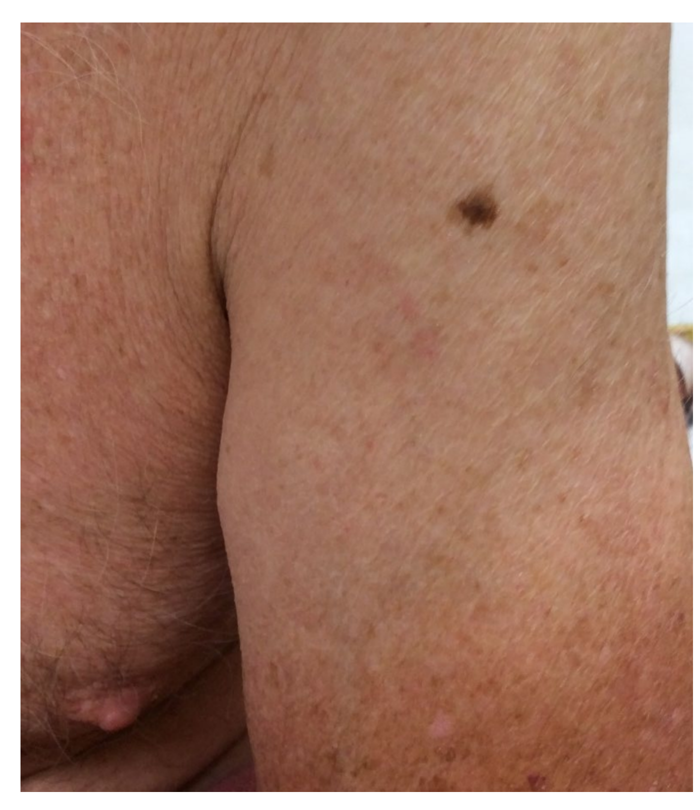
Punch biopsy



- Make sure to take good photos and lesion mapping
- Problem with sampling error

Pigmented neoplasm of uncertain behavior

What to biopsy? When to biopsy?



DO NOT SHAVE BIOPSY PIGMENTED LESIONS

- Lesions meeting ABCDE
- Be sure lesion can be mapped/found after biopsy
- 2mm margin EXCISION if High suspicion of melanoma (will likely need to go back)
- Solitary pigmented keratosis – may not be an SK

The hype about sticker diagnosis - Dermtech

NO SUPPORT OR ADVOCACY FROM ACADEMIC DERMATOLOGISTS

NOT RECOMMENDED

- Sensitivity of **92%** - this means that it missed 8% of melanomas
- False positive rate is **36%** - this means that 36% of the patients that get this test, are told it is melanoma (devastating), undergo invasive procedures, and then are told it was benign

https://dermtech.com/wp-content/uploads/2015/10/DermTech-PLA-White-Paper-080420152.pdf

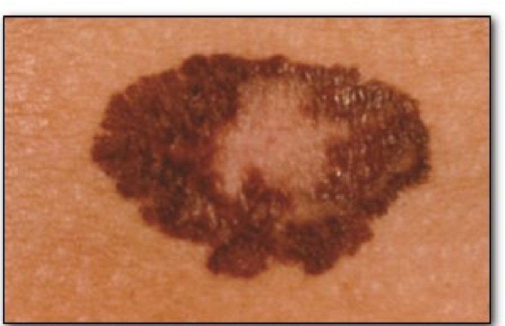
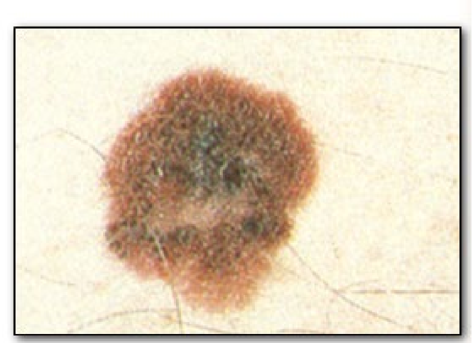
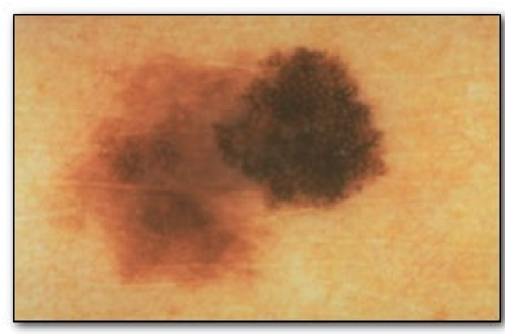
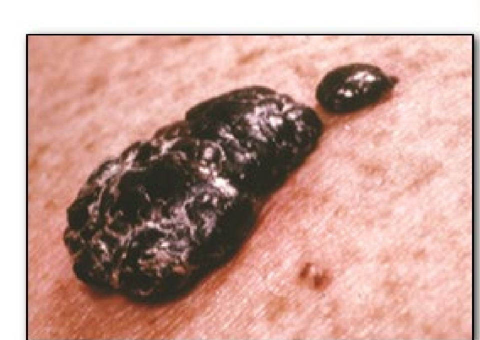
Pigmented lesions

	A Asymmetry	B Border	C Color	D Diameter	E Evolving
NORMAL	Symmetrical	Borders Are Even	One Color	Smaller Than 1/4 Inch	Ordinary Mole
MELANOMA	Asymmetrical	Borders Are Uneven	Multiple Colors	Larger Than 1/4 Inch	Changing in Size, Shape and Color

Melanoma

- Deadly
- Classic appearances

- **REFER TO PHYSICIAN FOR WIDE EXCISION**

Peer Support

Bart Barrett MD

Huntington Beach

GNP Board Member, Chair – GNP Physician Leadership Committee

Derm - top diagnosis drivers (benign disease)

	Claim ct	Patient ct
Neoplasm of uncertain behavior of skin	6276	2172
Actinic keratosis	7445	2314
Other seborrheic keratosis	3246	1224
Scar conditions and fibrosis of skin	1489	532
Other melanin hyperpigmentation	1241	455
Melanocytic nevi of trunk	924	393
Inflamed seborrheic keratosis	923	485
Basal cell carcinoma of skin of other part (	355	142
Acne vulgaris	650	279
Xerosis cutis	685	264

How you can help

Before getting a Derm Consult for a skin lesion

Consider texting a picture to a colleague who does a lot of dermatology

Smart phone macro lenses $10-$20

Consider an eConsult

Before getting a Derm Consult for a procedure

(pilot underway) Consider referring to a GNP Skin Surgery Clinic

Consider adding this skill to your practice

Additional $

We will teach you