EMERGENCY MEDICINE DERMATOLOGY ... Melissa Platt, MD University of Louisville



Life-Threatening

You either love or hate rashes. I happen to fall into the later. It can either be nothing or catastrophically something. What am I to do when the patient with a rash comes in?

I am not a dermatologist. I will not do a punch biopsy, nor have I seen a dermatologist in the ED in over a decade. How do I simply figure this out?

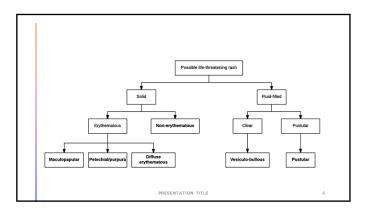


Let's rephrase our thinking

Life threatening versus non-life threatening

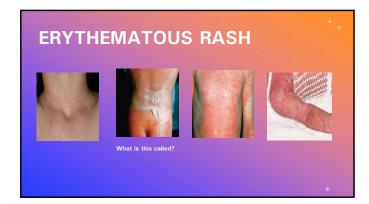
Non-life threatening- "wet then dry it; dry then wet it" philosophy

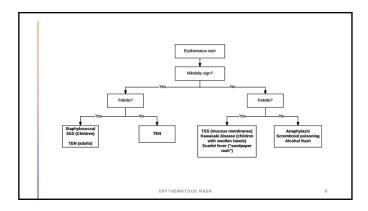
R/O life threatening at the very minimum



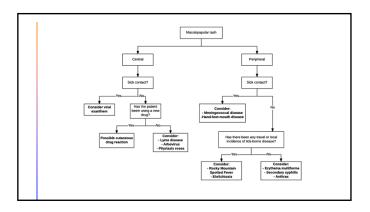






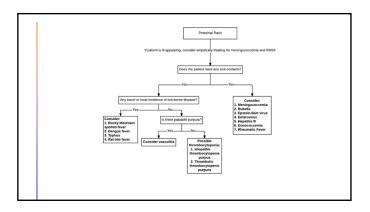


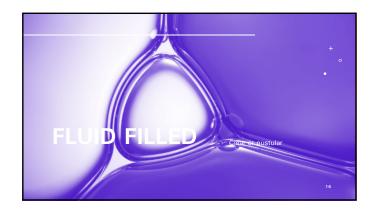
MACULOPAPULAR RASH



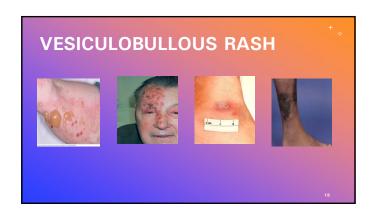


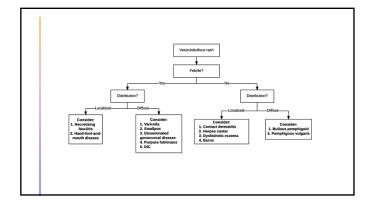
















- 1.Impetigo
- 2. Gonorrhea
- 3. Bacterial folliculitis
- 4. Pustular psoriasis



9-month-old with this rash that started on the forehead then progressed to involve the entire face, neck, upper chest, and proximal extremities. On examination, dusky diffuse edematous patches with some blisters were noted on the affected areas. The skin appears to slough off.

Diagnosis?
Solid or fluid filled
Erythematous/petechial/maculopapular?
Nilkosky sign Y/N

DX: Staph Scalded Skin Syndrome





Summarypotentially lifethreatening rash

What type of rash- solid (red or not) or fluid filled (clear or pus)
Distribution- central or peripheral
Fever or not

Nilkosky sign

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