

**Certificate Course in
Primary Care Dermoscopy
(4) Quiz in Primary Care Dermatology**

Antonio An Tung Chuh

**MD(HK) MRCP(UK) FRCP FRCPE FRCPG FRCPI FRCPCH
FRCGP FRACGP FHKCFP MFM(Monash) FHKAM(Family Medicine)**

**DCH(Lond) DCH(Irel) DCCH(Edin) DFM(Monash)
DipDerm(Glasg) DPDerm(Wales) Dip G-U Med(LAS)**

Honorary Clinical Associate Professor in Family Medicine, University of Hong Kong

Adjunct Clinical Associate Professor in Family Medicine

The Chinese University of Hong Kong

Visiting Professor in Primary Care, University of Zürich

Visiting Professor in Primary Care, University of Kiel



**Hong Kong Society of
Primary Care Dermoscopy**

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Knowledge and the best practice in dermoscopy, dermatology, skin surgery, family medicine, and primary care medicine are constantly changing. As new research broadens our understanding, changes in research methods, practices, or clinical managements may become necessary.

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Atopic dermatitis





Allergic contact dermatitis





Psoriasis vulgaris





Psoriatic fingernails ± fingernail onychomycosis





Nodulocystic acne





Tinea pedis





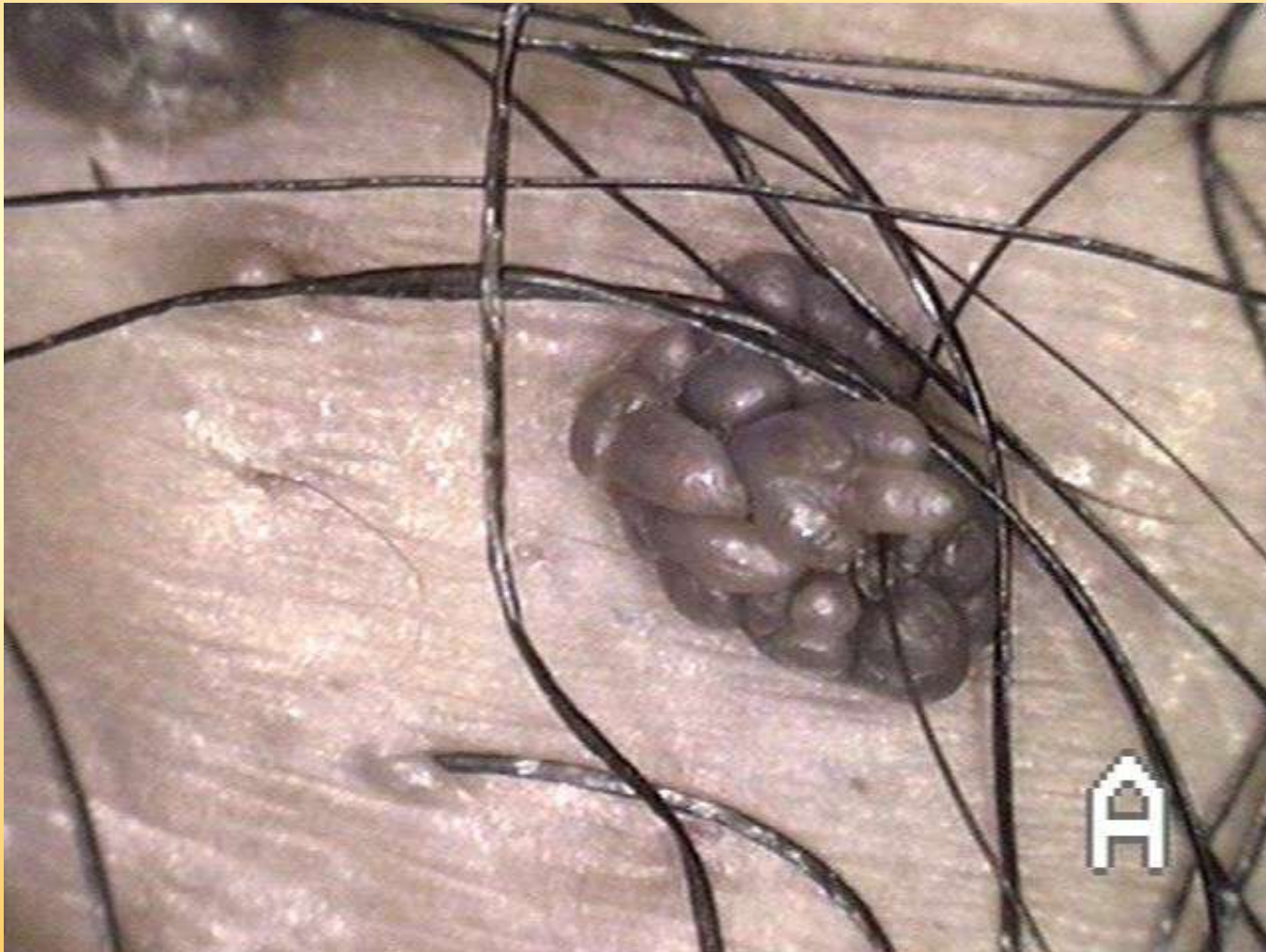
Toenail onychomycosis





Genital warts (condyloma acuminata)

What is the cause?



Genital warts (condyloma acuminata),
caused by **genital strains of**
human papillomavirus infection



Extra-genital wart

What is the cause?



Extra-genital warts caused by extra-genital strains of human papillomavirus infection







Erythema infectiosum (fifth disease, slapped cheek disease) – What is the cause?



Erythema infectiosum (fifth disease, slapped cheek disease) – **caused by erythrovirus B19 infection**







Chickenpox

What is the cause?



Chickenpox

Caused by **primary infection of varicella-zoster infection**





Epidermal cyst (epidermoid cyst, “sebaceous cyst”)





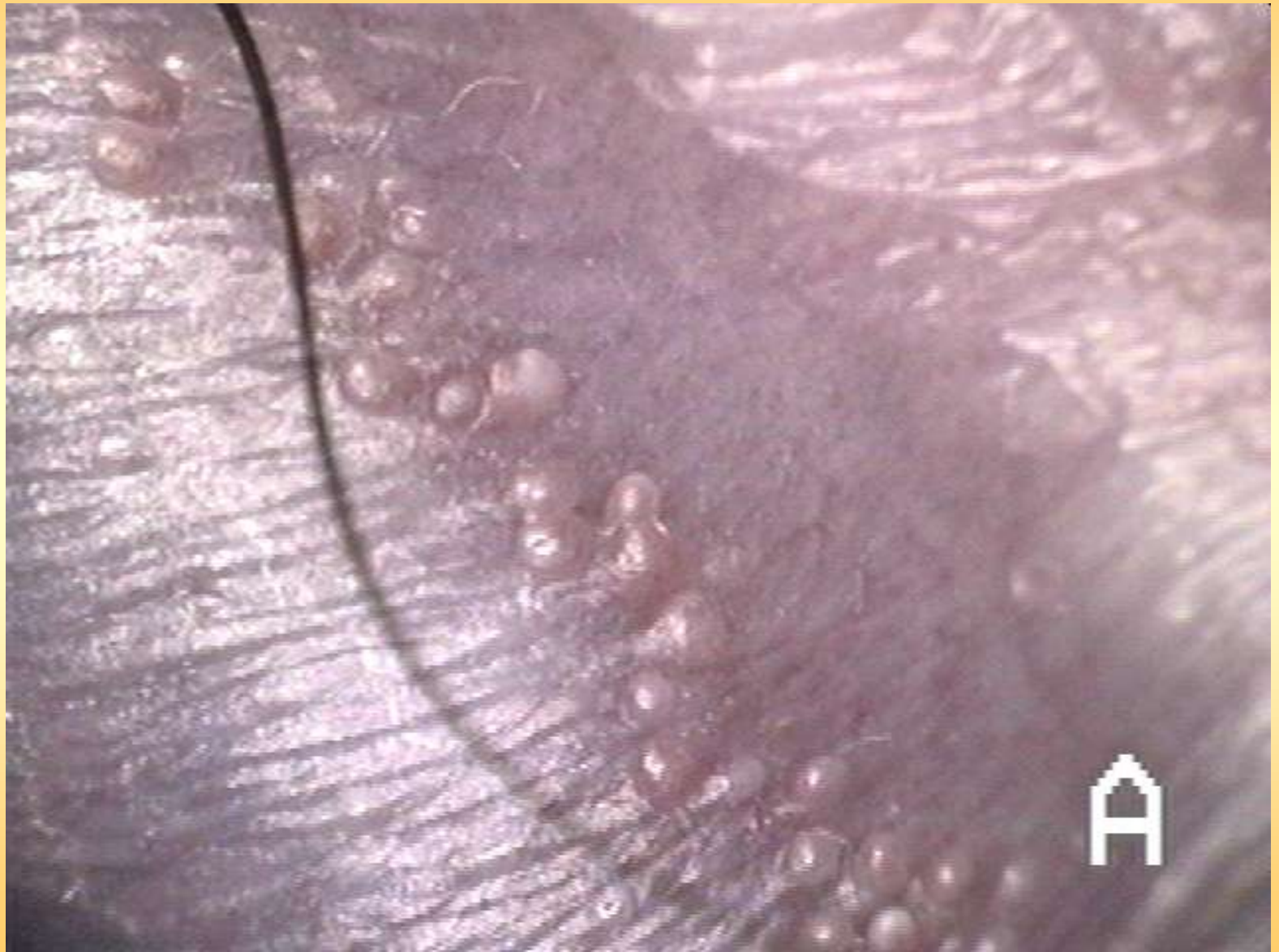
Purpura





Allergic contact dermatitis, complicated by cellulitis





Pearly penile papules (normal)







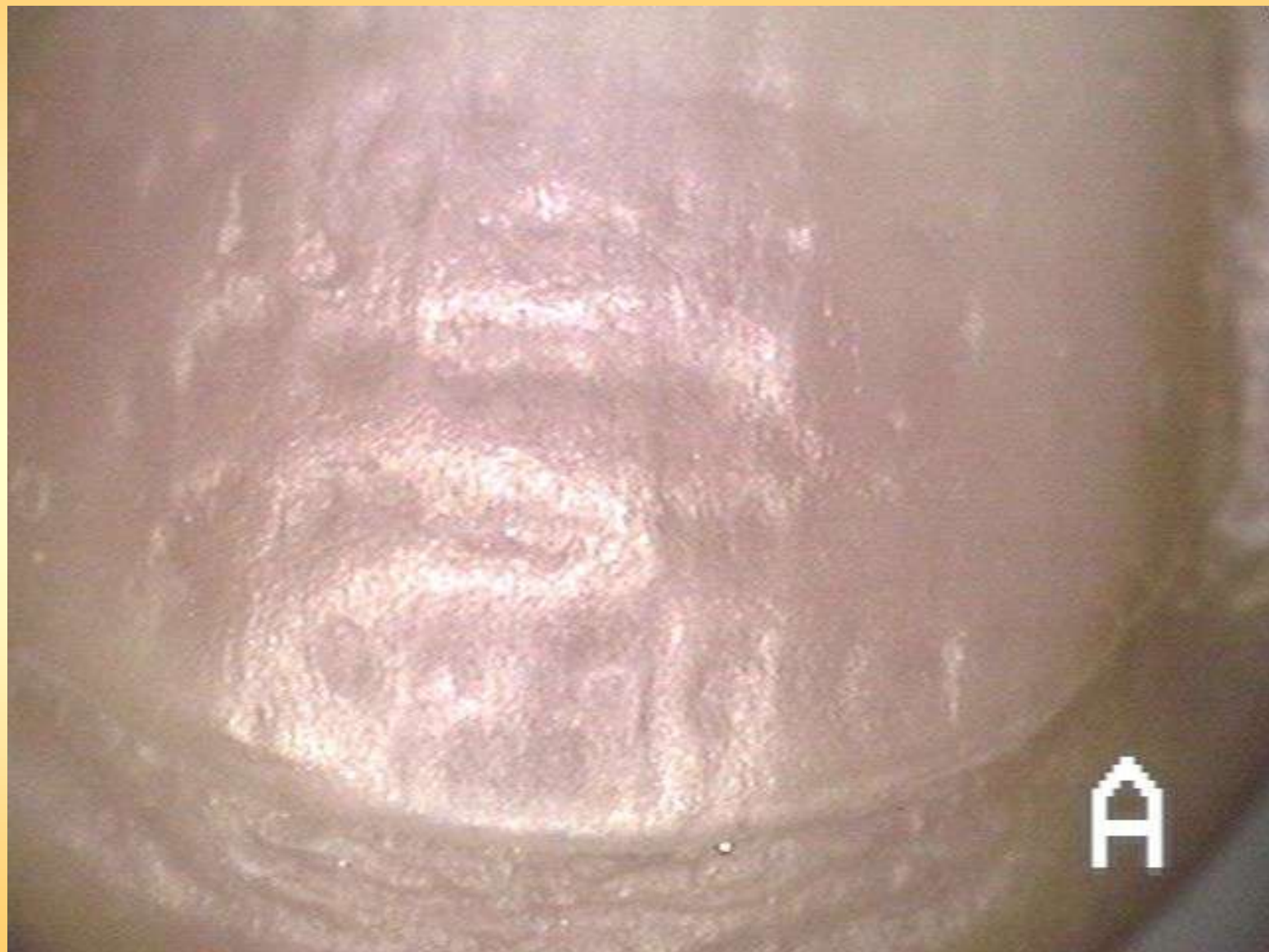
Herpes zoster

What is the cause?

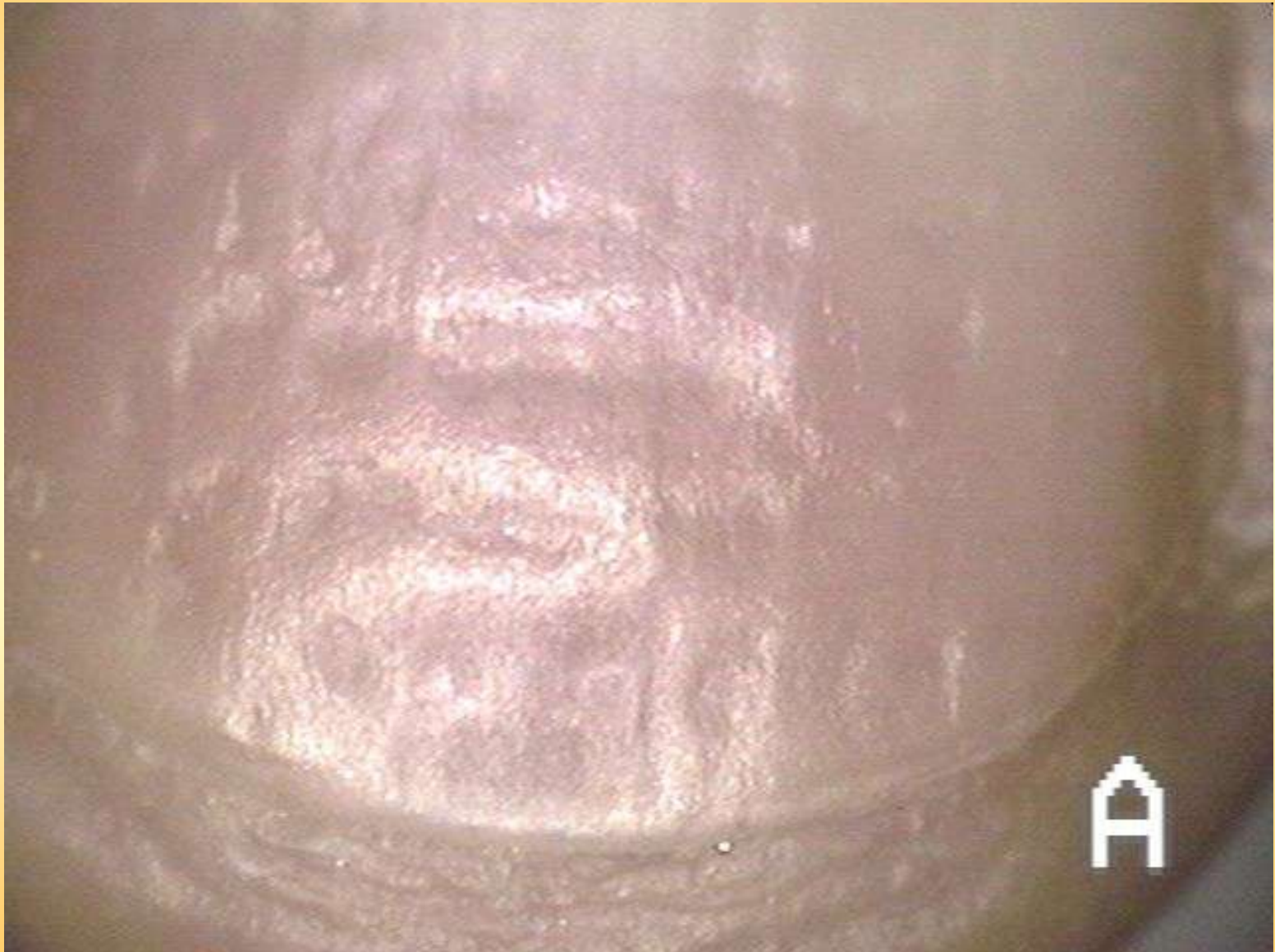


Herpes zoster, caused by
endogenous reactivation of varicella zoster virus





Pitting











Drug eruption





Localised vitiligo



Vitiligo

What is the phenomenon?



Sparing of perifollicular pigments in vitiligo





Plantar wart (extra-genital human papillomavirus infection)





Cutaneous horn









Keratosis pilaris







Roseola

What is the cause?



Roseola

Caused by **primary infections of human herpesviruses-6b, -7, and -6a**





Xanthelasma palpebrarum





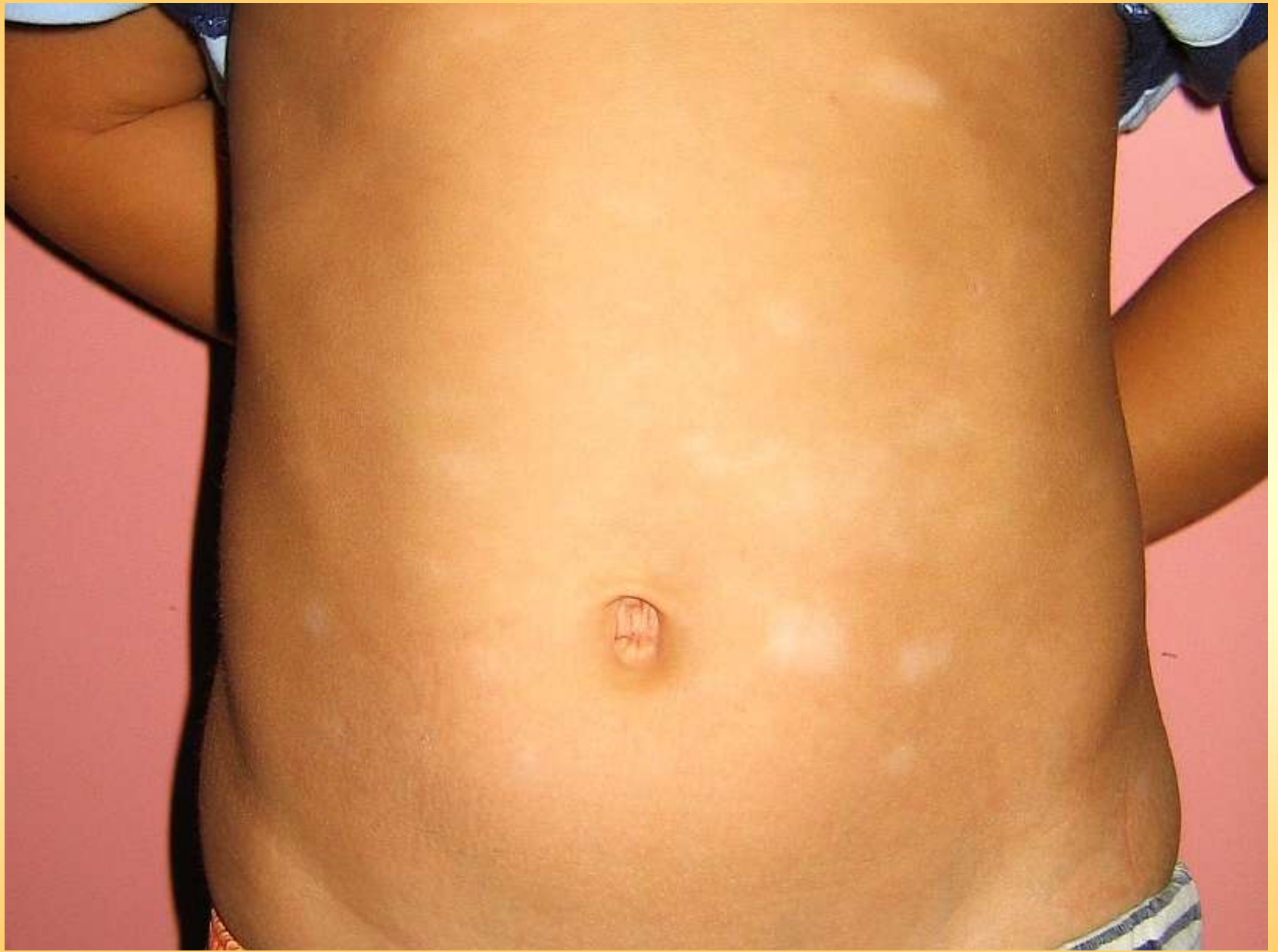
Lichen simplex



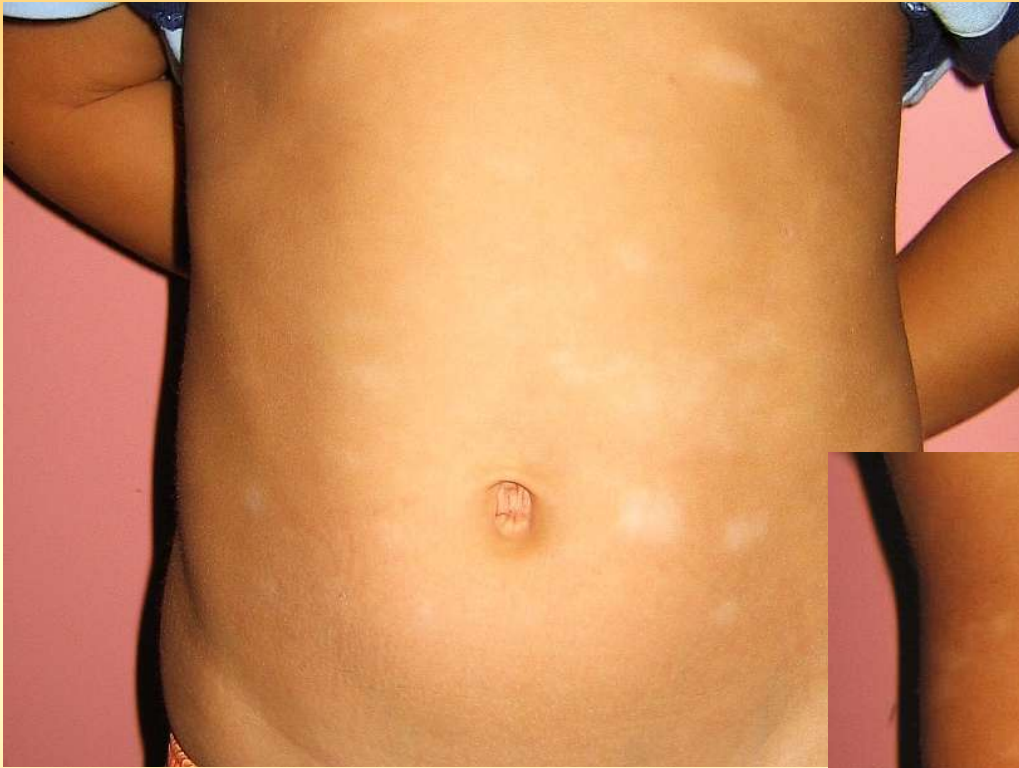


Keloid

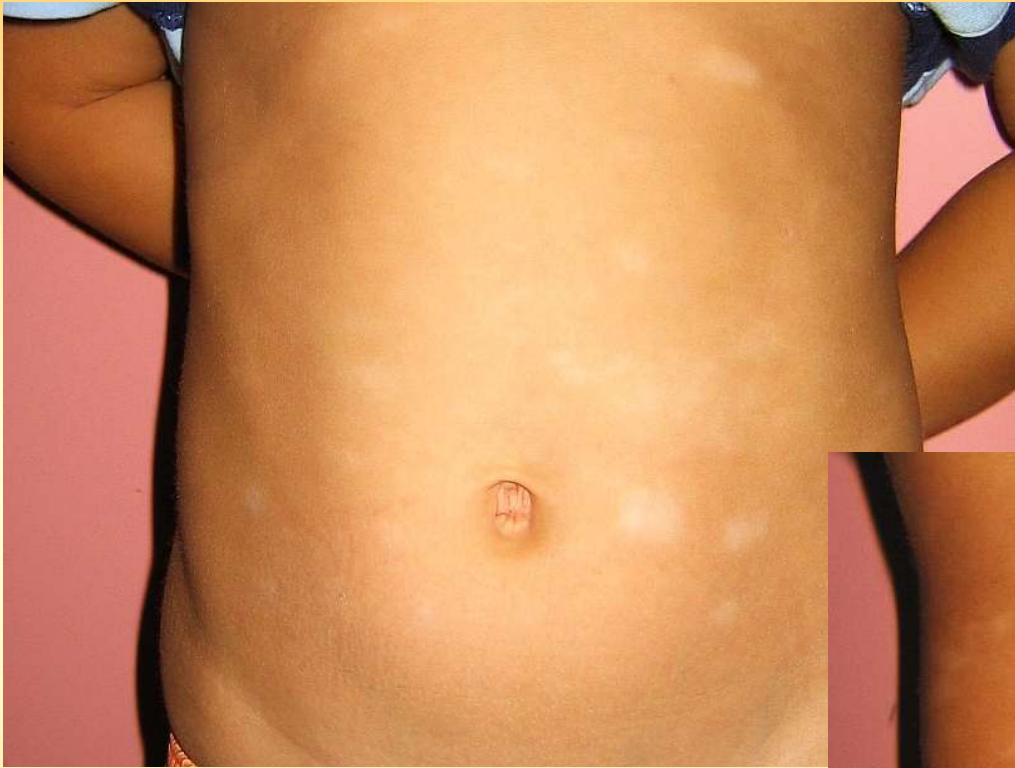




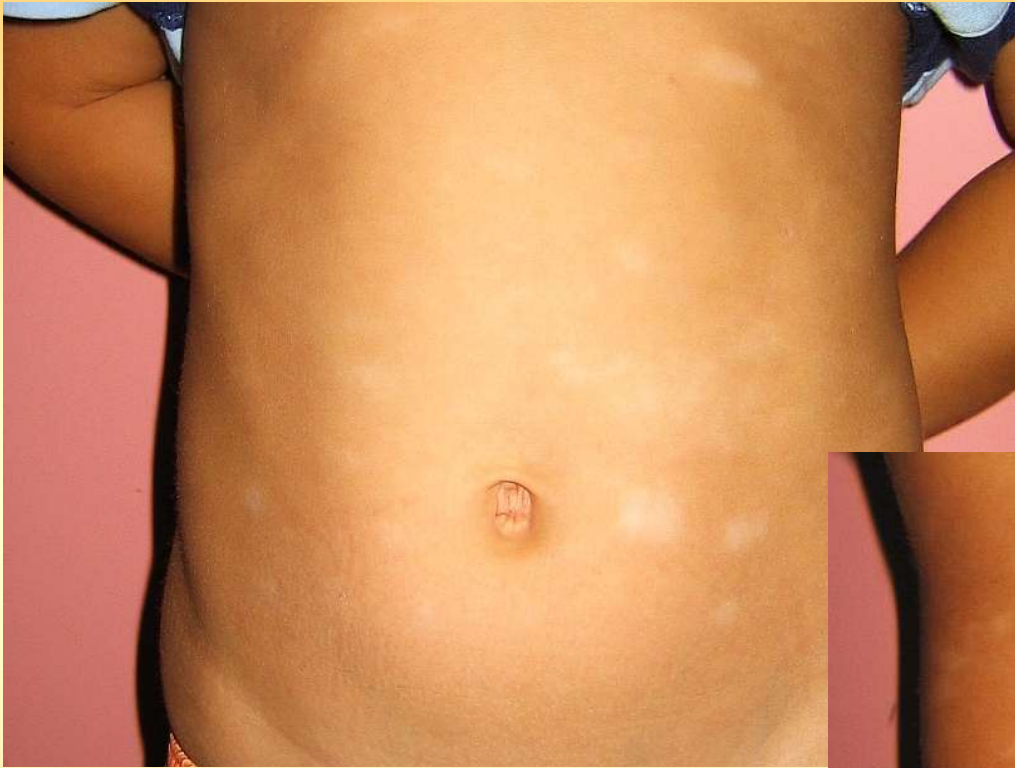




Pityriasis alba



Pityriasis alba





Seborrhoeic dermatitis





Photosensitivity





Rosacea







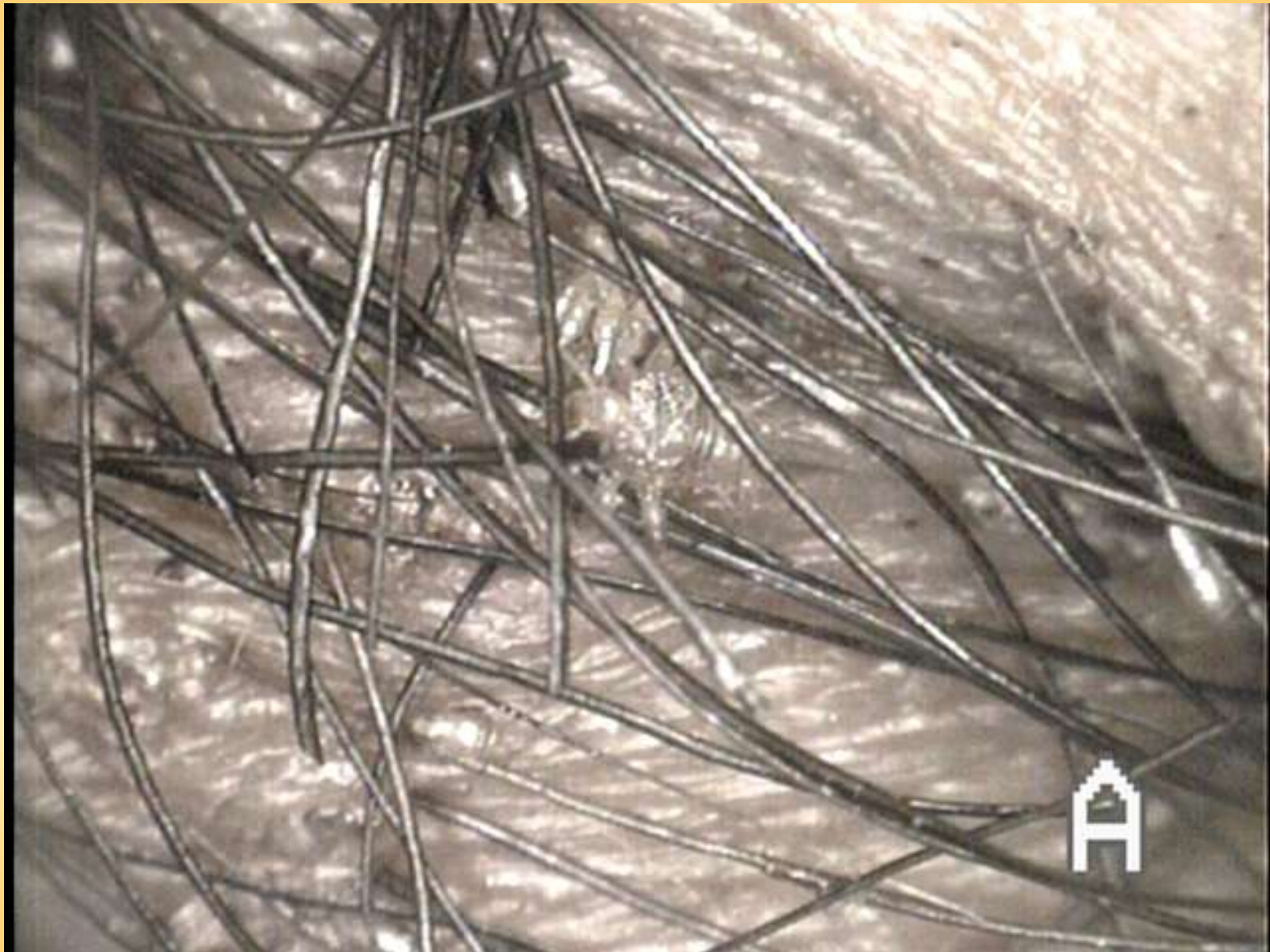




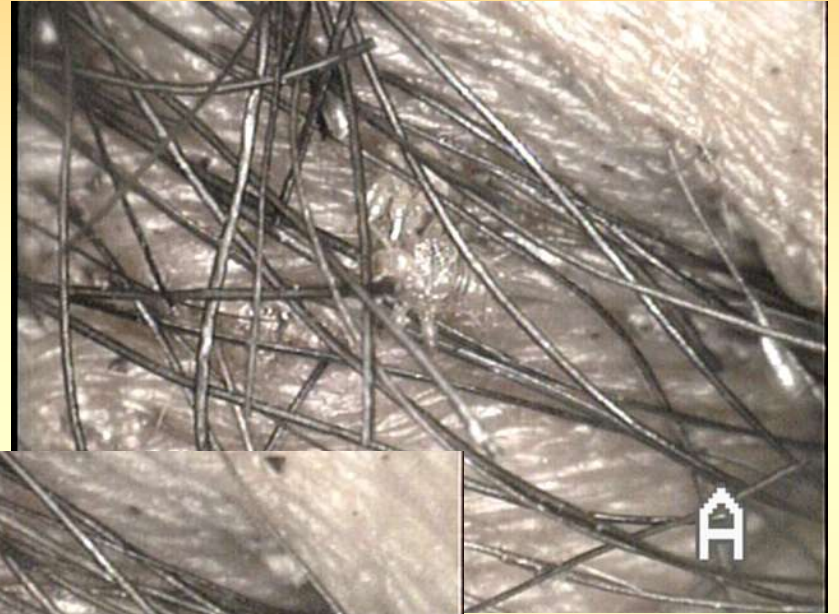
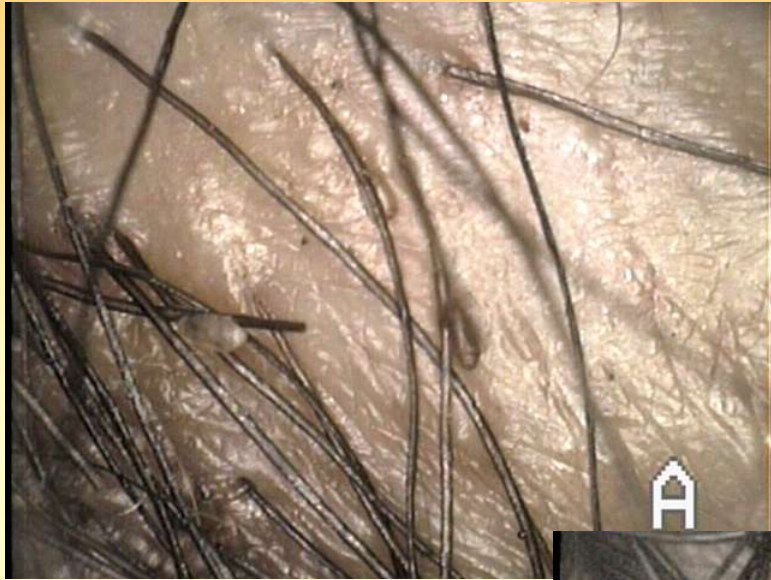
Scabies



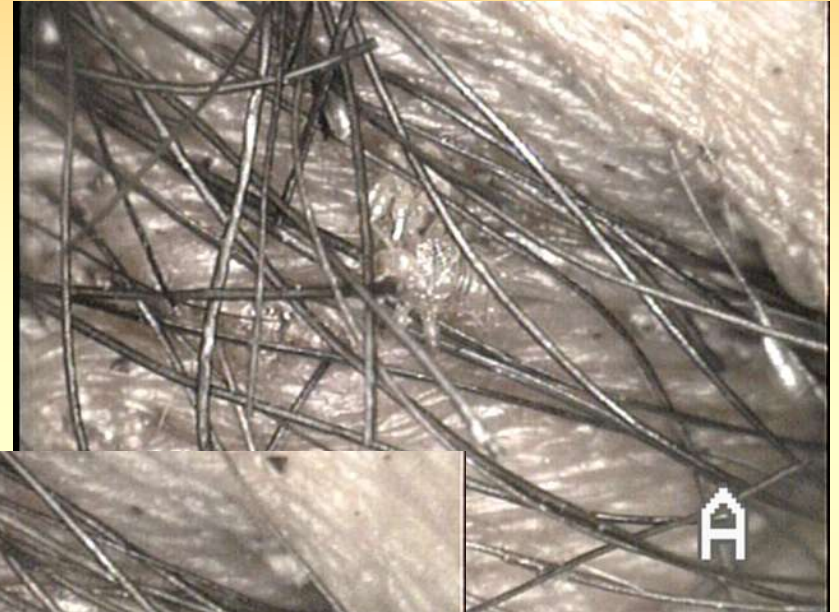
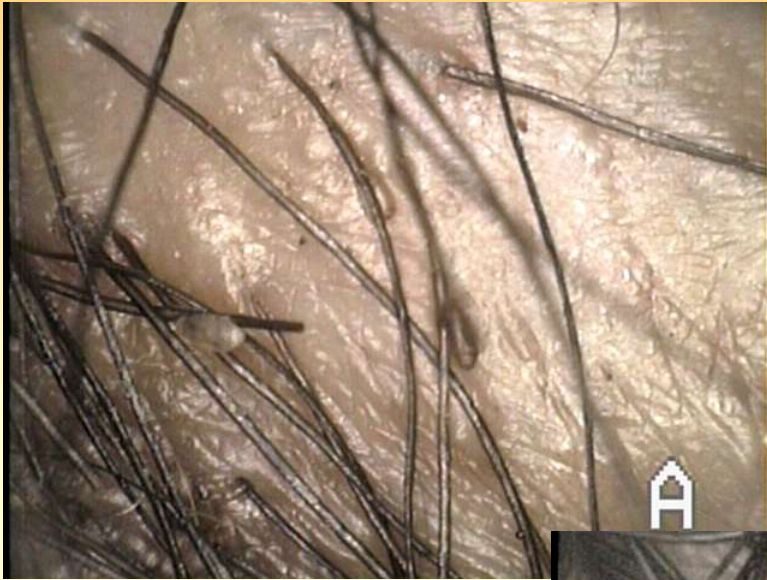








Pediculosis pubis (crab lice)





Toenail onychomycosis, ingrown toenail, paronychia





Keratoacanthoma





Calcinosis on scrotal skin





Seborrhoeic dermatitis of scalp









Urticaria





Papular urticaria (bee sting)

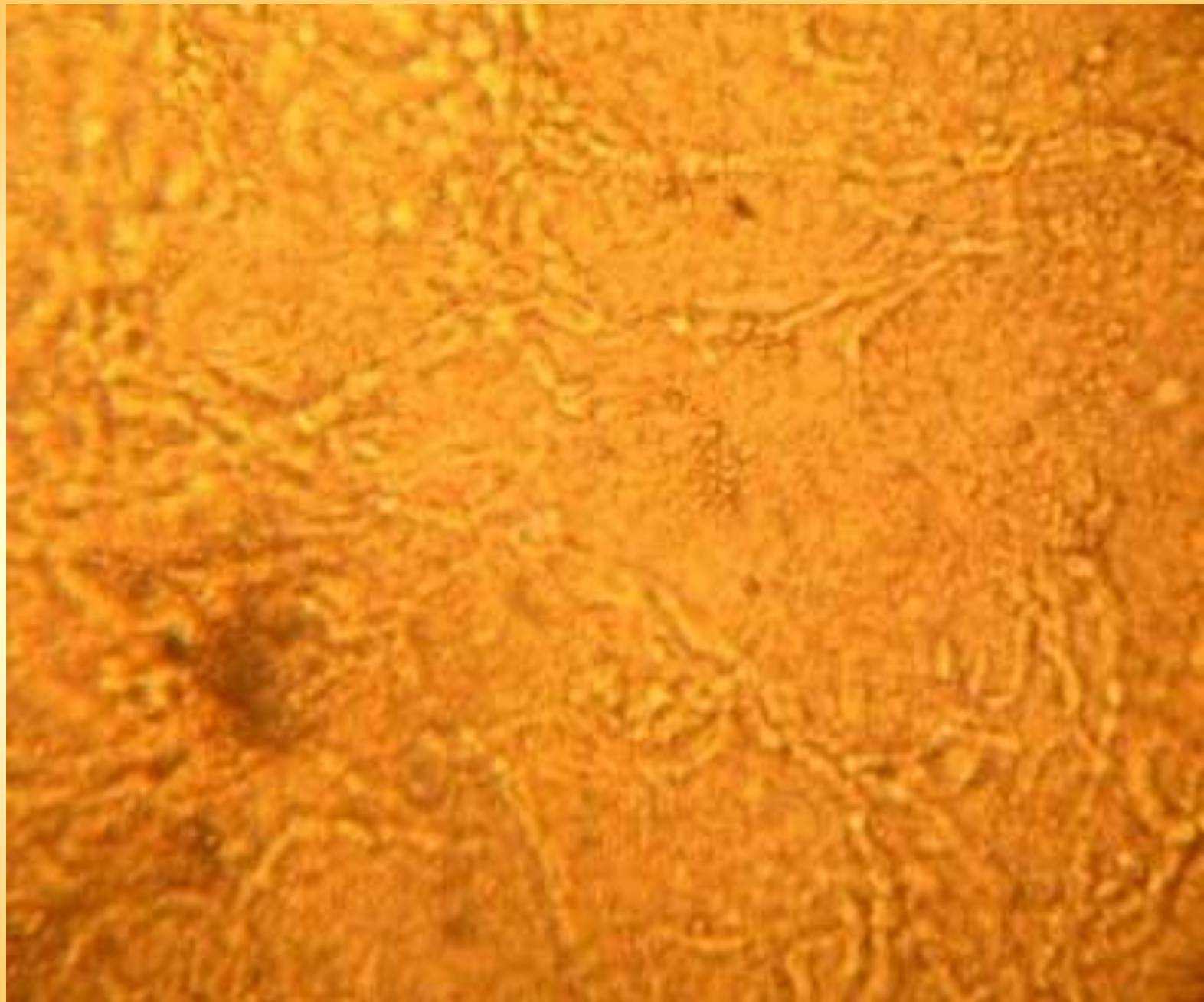


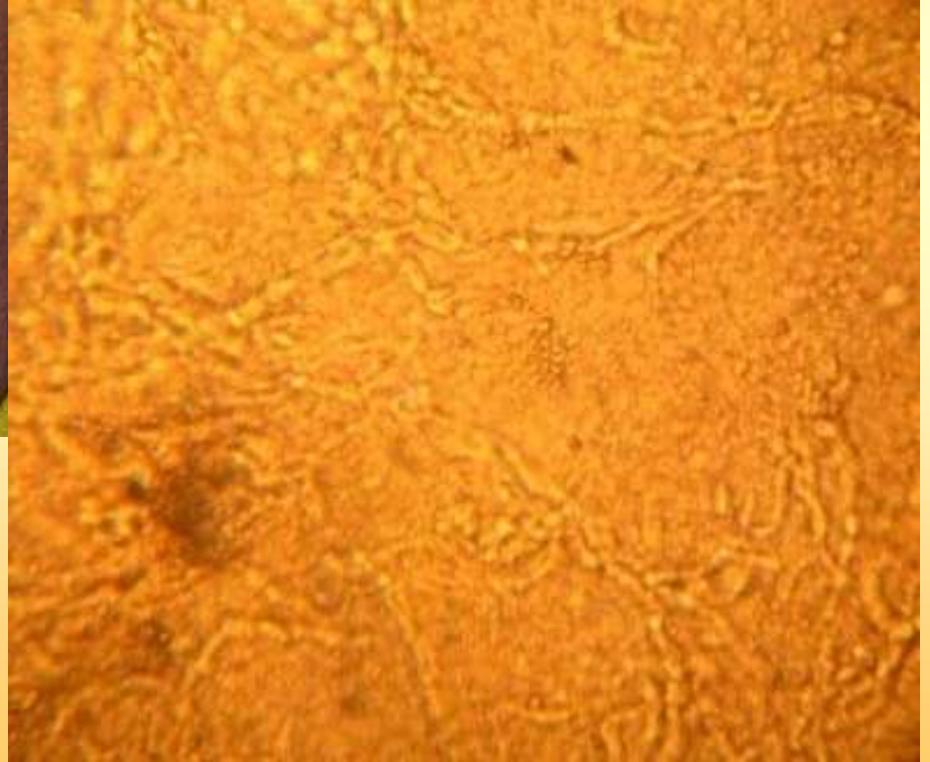


Impetigo

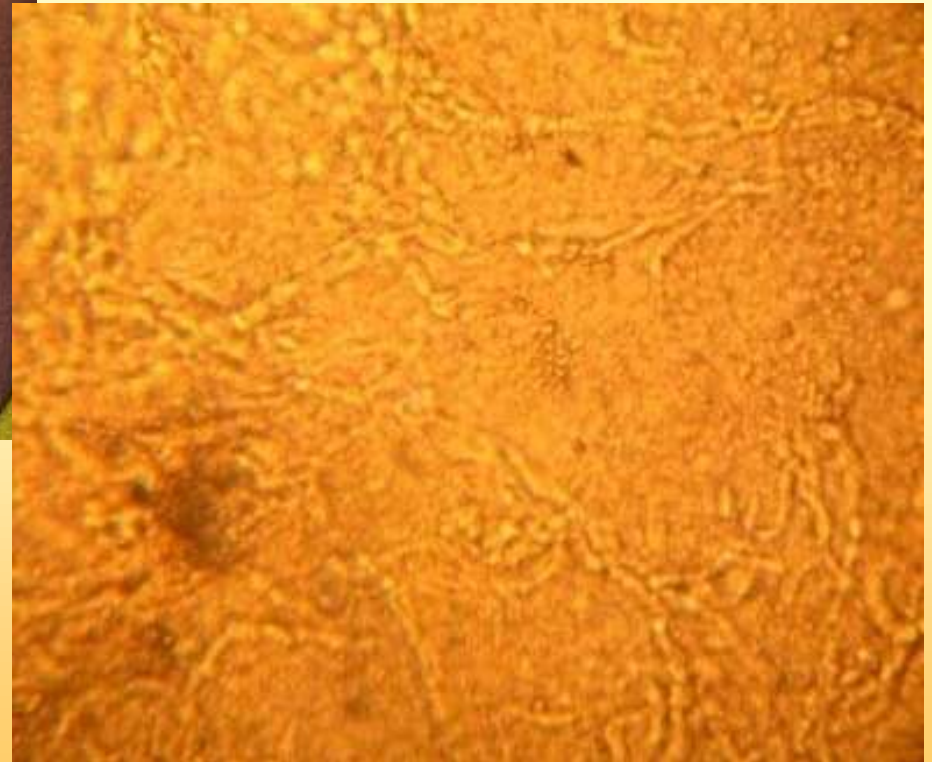








Pityriasis versicolor









Seborrheic keratosis









Dr Chuh An Tung 許晏冬醫生 (U355A)
 Shop 5 & 6, GF, 356 Queen's Rd West Imperial
 Terrace, Sai Ying Pun, HK.

Patient Name : ██████████
 ID No. : ██████████
 Dr. Ref. No. : ██████████
 Reg. No. : ██████████
 Sample ID No. : 190100854

Sex/ Age : M / 32yrs
 HIMS No. : ██████████
 Rec. Time : ██████████
 Coll. Time : ██████████

Specimen Type : All specimens are blood unless otherwise indicated
 Specimen : The specimens are collected & received on the same day of registration unless otherwise indicated.

Test 測試名稱	Result 結果	Ref 參考值	Result 結果	Ref 參
Veneral Disease Screening Profile I (VD-I)				
Chlamydia trachomatis IgG (by EIA) 衣原體抗體 IgG	↑ 72.9	RU/mL < 16	Positive	
		Negative: < 16 RU/mL Borderline: ≥16 to <22 RU/mL Positive: ≥ or = 22 RU/mL		
梅毒二型抗體	2.8	RU/mL < 16	Negative	
		Negative: < 16 RU/mL		



Reiter's syndrome

Dr Chuh An Tung 許晏冬醫生 (U355A)
 Shop 5 & 6, GF, 356 Queen's Rd West Imperial
 Terrace, Sai Ying Pun, HK.

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梅毒二型抗體	2.8	RU/mL < 16	Negative	
		Negative: < 16 RU/mL		









Drug eruption





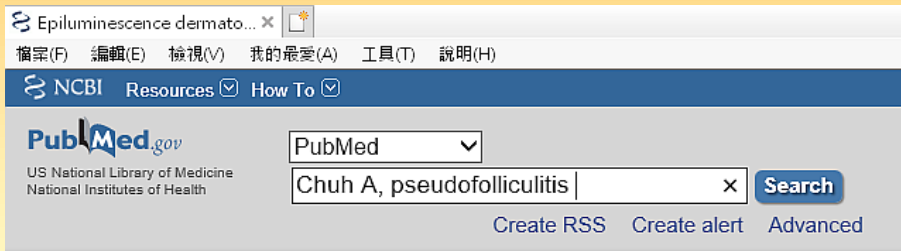




Pseudofolliculitis barbae (ingrowing beard) with hypertrophic scar/keloid



Pseudofolliculitis barbae (ingrowing beard) with hypertrophic scar/keloid



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[Australas J Dermatol](#). 2006 Feb;47(1):60-2.

Epiluminescence dermatoscopy enhanced patient compliance and achieved treatment success in pseudofolliculitis barbae.

Australasian Journal of Dermatology. (2006) 47, 60–62

doi: 10.1111/j.1440-0960.2006.00226.x

Chuh A¹, Zawar V.

⊕ Author information

Abstract

A patient presented with recalcitrant pseudofolliculitis barbae and hypertrophic scarring. The use of epiluminescence dermatoscopy rendered clear visualization of ingrowing hairs corresponding to the sites of individual papules. Such a demonstration led to an attitude change and good compliance with medical advice against over shaving, resulting in a successful treatment outcome.

SIGNS, SYNDROMES AND DIAGNOSES

Epiluminescence dermatoscopy enhanced patient compliance and achieved treatment success in pseudofolliculitis barbae

Antonio Chuh¹ and Vijay Zawar²

¹Department of Medicine, University of Hong Kong and Queen Mary Hospital, Pokfulam, Hong Kong SAR, China, and ²Department of Dermatology, NDMVPS Medical College and Research Centre, Nashik, Maharashtra State, India

SUMMARY

A patient presented with recalcitrant pseudofolliculitis barbae and hypertrophic scarring. The use of epiluminescence dermatoscopy rendered clear visualization of U-shaped ingrowing hairs corresponding to the sites of individual papules. Such real-time demonstration led to an attitude change and good compliance with medical advice against over shaving.

Epiluminescence dermatoscopy provides an opportunity by which the patient has a magnified view of the skin in real-time. With the use of polarized light, the stratum corneum is virtually rendered translucent, allowing clear visualization of deep epidermal or dermal structures. For the diagnosis of scabies, it has been shown to be non-invasive, accurate and highly acceptable by patients.^{4,5} We have previously reported that the use of epiluminescence dermatoscopy in detecting perifollicular sparing of depigmentation facilitates communication with patients with localized vitiligo.







Capillary haemangioma (Strawberry naevus)





Spider naevi with jaundice











Stevens-Johnson syndrome





THANK YOU!



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hkspcd@gmail.com