

# **Certificate Course in Primary Care Dermoscopy (2) Skin Diseases and Special Regions**

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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.

Clinicians must always rely on their knowledge, skills, and experience in evaluating and using any method described in this presentation and the correlated materials. They should also be mindful for their own safety and safety to patients.

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# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

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### • Infections

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# Specific diseases – infections and infestations

July/August 2018

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Dermatology for the Clinician

Volume 16 • Issue 4

CORE CURRICULUM

Virendra N. Sehgal, MD, Section Editor

## A Case-Control Study in Primary Care Settings on the Roles of Dermatoscopy in Infectious Diseases Affecting the Skin, Part 1: Viral and Bacterial Infections

Antonio Chuh, MD, FRCP<sup>1,2</sup> Vijay Zawar, MD, FRCPE,<sup>3</sup> Catriona Ooi, FACHSHM, MM (HIV/STDs);<sup>4,5</sup> Albert Lee, MD, FRCP<sup>6</sup>

### ABSTRACT

We aimed to investigate roles of dermatoscopy in skin infections, with Part 1 of our report covering viral and bacterial infection control study was conducted on the medical records of all patients with skin infections who had had dermatoscopy performed of 3 months. Our control participants were all patients with skin infections in two 3-month periods, and sex-pair-matched the same infections, who had not undergone dermatoscopy. Records of 523 study subjects were analyzed. Our first new finding dermatoscopy brought forward the diagnosis of herpes zoster by 1.62 days (95% confidence interval [CI] 0.29 to 0.34 days).

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Treating the Difficult Patient: Ten Factors to Reduce Frustration and Regain Control of the Doctor-Patient Relationship  
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Nikotinic Therapy for Hides-Hides Disease: Confirming My Aesthetic Evidence-Based Medicine  
Hoskins

**PHOTO CAPSULE**  
Vitiligo: Facial Angiogenesis  
Bhat, Kumar, and Das

**10TH ANNUAL COSMETIC SURGERY FORUM 2018**  
Las Vegas, Nevada, November 28 - December 1, 2018  
Sahajpal

**SOCIETY HIGHLIGHTS OF THE 39TH ANNUAL MEETING OF THE NORTH AMERICAN CLINICAL DERMATOLOGICAL SOCIETY**  
Kirtico Karakostas, New Zealand, April 11 - 21, 2018  
Prasad

**VIGNETTES OF DERMATOLOGIC HISTORY**  
Subcutaneous Fat Necrosis of the Newborn  
Deychak

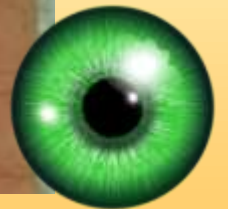
**CASE STUDIES**  
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Tand and Shrivastava

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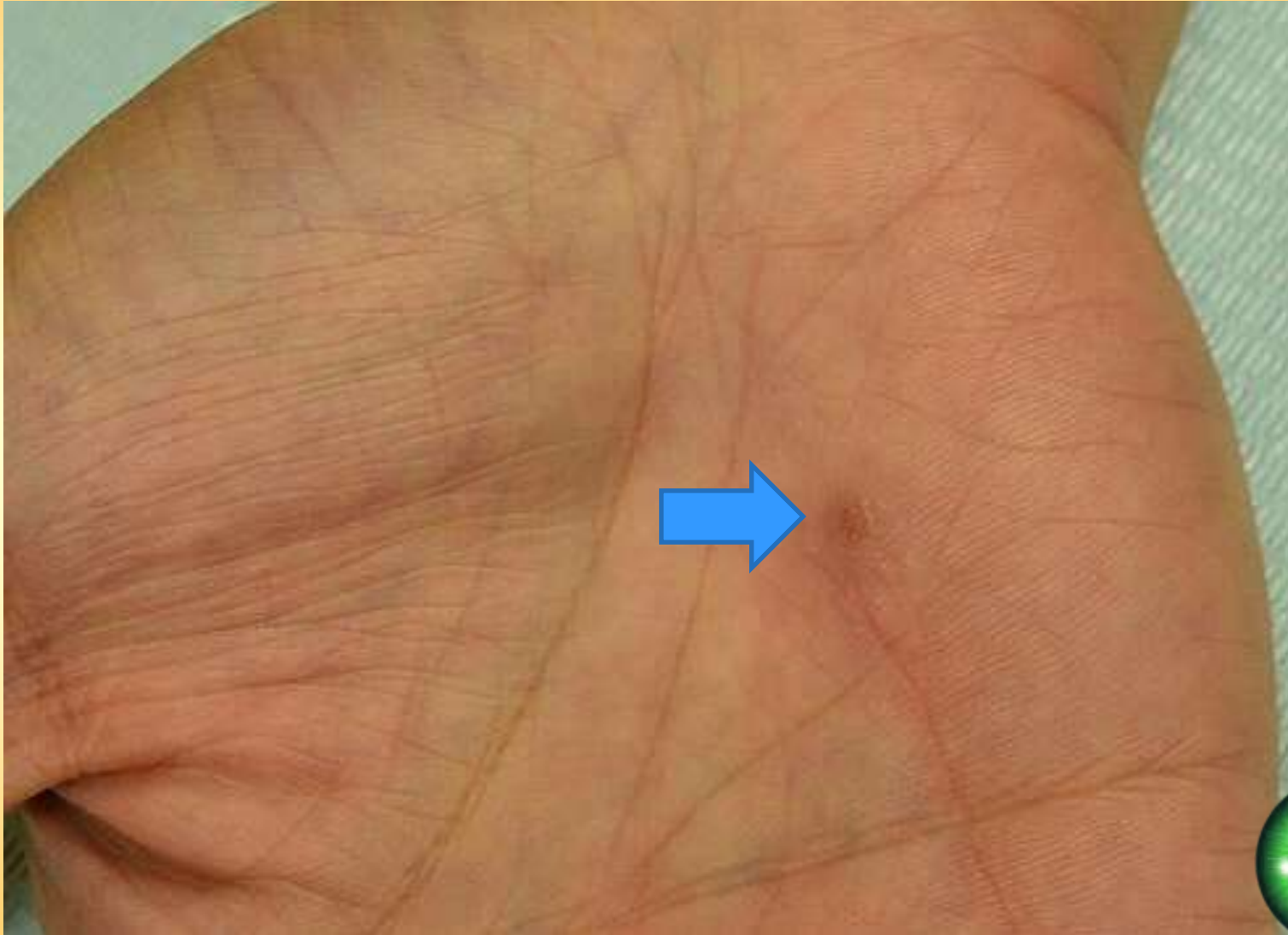
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**Specific diseases –  
Early diagnosis of extra-genital viral wart**

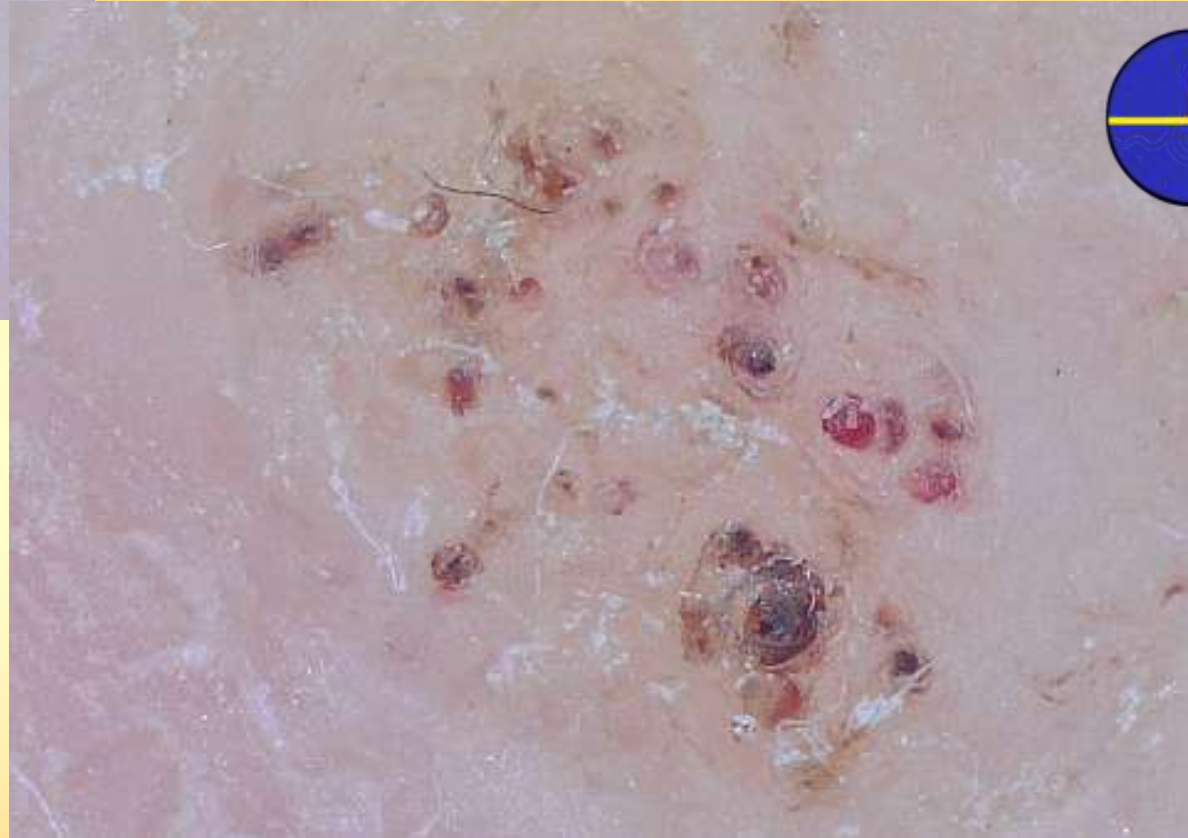


# Specific diseases – Early diagnosis of extra-genital viral wart



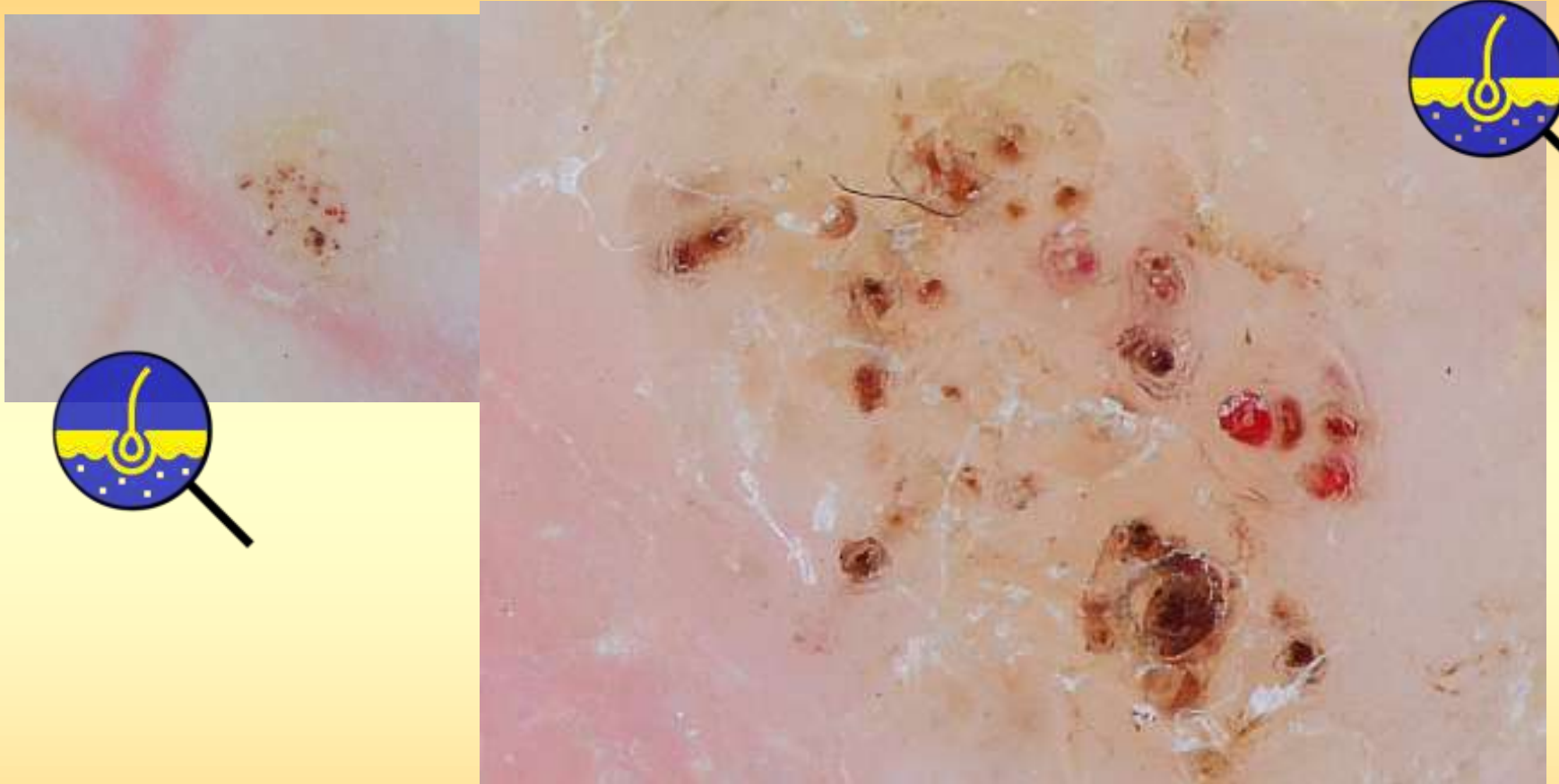


# Specific diseases – Early diagnosis of extra-genital viral wart



Chuh A, Zawar V, Ooi C, Lee A. A case-control study on the roles of dermoscopy in infectious diseases affecting the skin Part I – Viral and bacterial infections. *Skinmed* 2018; **16**: 247-54.

# Specific diseases – Early diagnosis of extra-genital viral wart



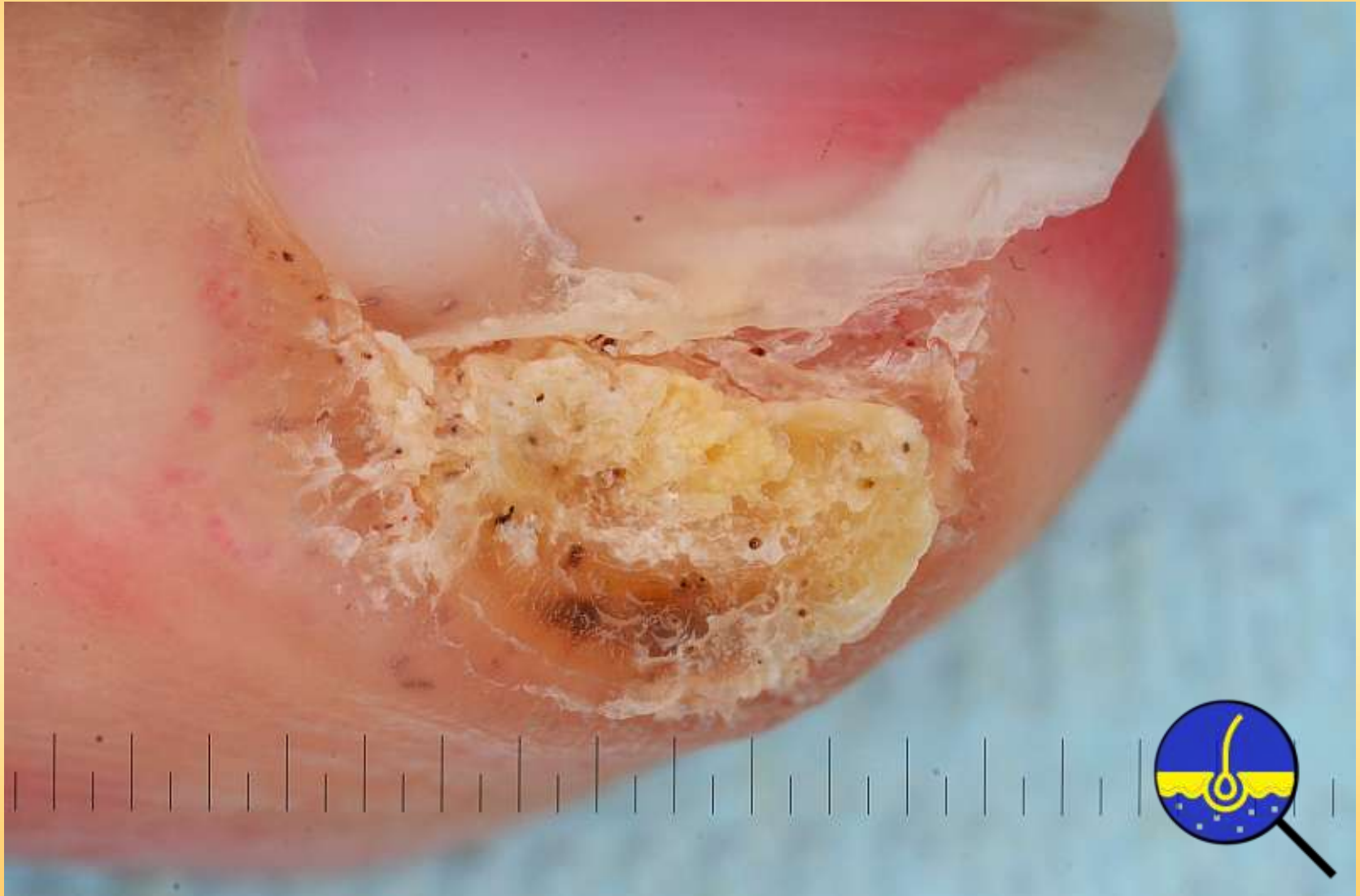
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# Specific diseases – Extra-genital viral wart





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# Specific diseases – Extra-genital viral wart





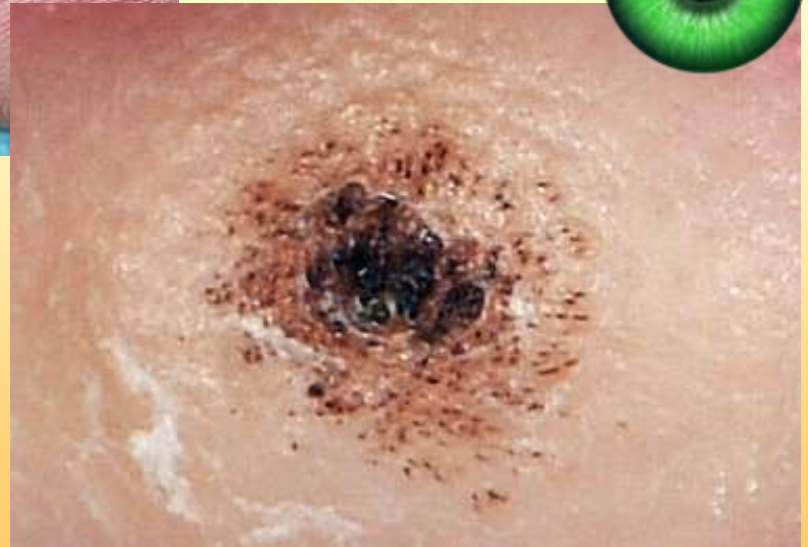
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# Specific diseases – Extra-genital viral wart



# Specific diseases – Early diagnosis of genital viral wart

July/August 2018

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DERMATOLOGY FOR THE CLINICIAN

Volume 16 • Issue 4

## CORE CURRICULUM

Virendra N. Sehgal, MD, Section Editor

# A Case-Control Study in Primary Care Settings on the Roles of Dermatoscopy in Infectious Diseases Affecting the Skin, Part 1: Viral and Bacterial Infections

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## ABSTRACT

We aimed to investigate roles of dermatoscopy in skin infections, with Part 1 of our report covering viral and bacterial infection. A case-control study was conducted on the medical records of all patients with skin infections who had had dermatoscopy performed over 3 months. Our control participants were all patients with skin infections in two 3-month periods, and sex-pair-matched to the same infections, who had not undergone dermatoscopy. Records of 523 study subjects were analyzed. Our first new finding was that dermatoscopy brought forward the diagnosis of herpes zoster by 1.62 days (95% confidence interval [CI] 0.29 to 3.34 days).

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DERMATOLOGY FOR THE CLINICIAN

Published by: Fisher Publishing & Communications, LLC  
January/February 2019 • Volume 17, Issue 1

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Gorecki et al. • December 2018  
Hajek and Finkelstein

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Scharf, Scharf, and Scharf  
Mycological Head Cell Counters: A 4-Year Retrospective Study  
Chakrabarti, Saha, Saha, Khatun, and Saha

**DEFINITIONS**  
**CORE CURRICULUM**  
Head Dermatitis: Pathology, Diagnosis, and Management  
Gorecki et al. • 2018

**NEW THERAPEUTICAL**  
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Hirshfeld, Hines, Hines, Hines, and Hines

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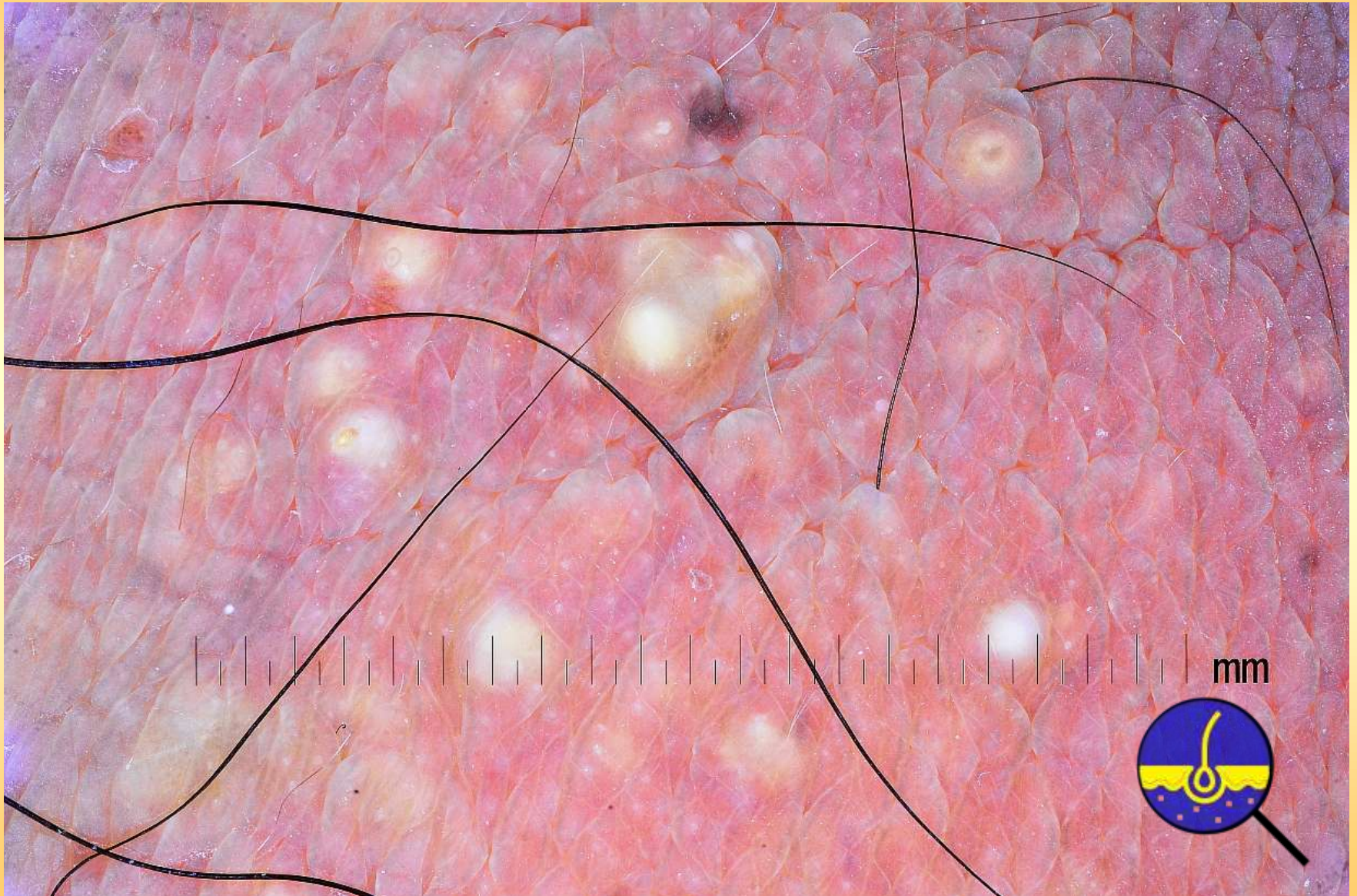
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Bandy, Bandy, Bandy, Bandy, Bandy, and Bandy

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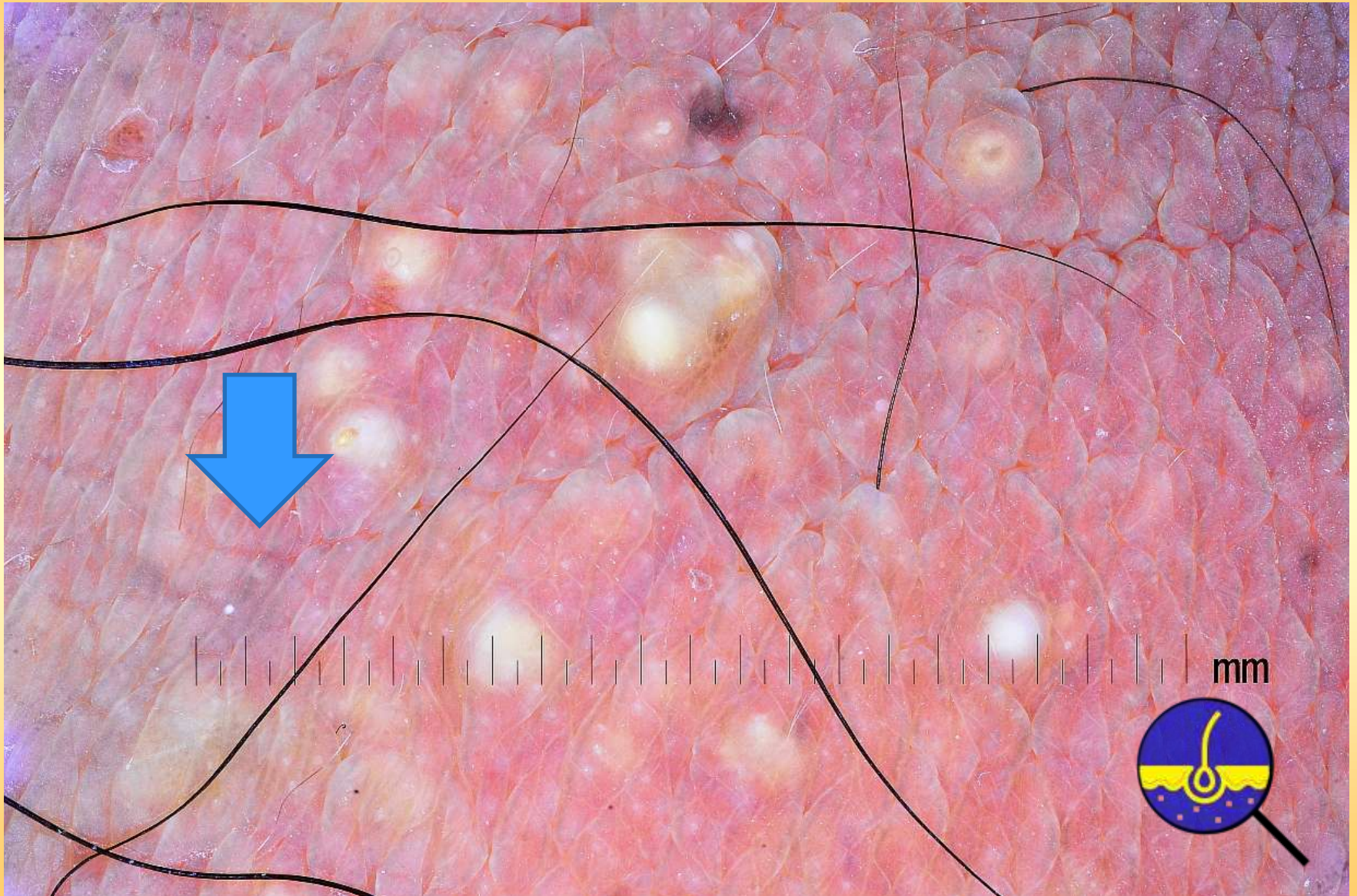


# Specific diseases – Genital viral wart



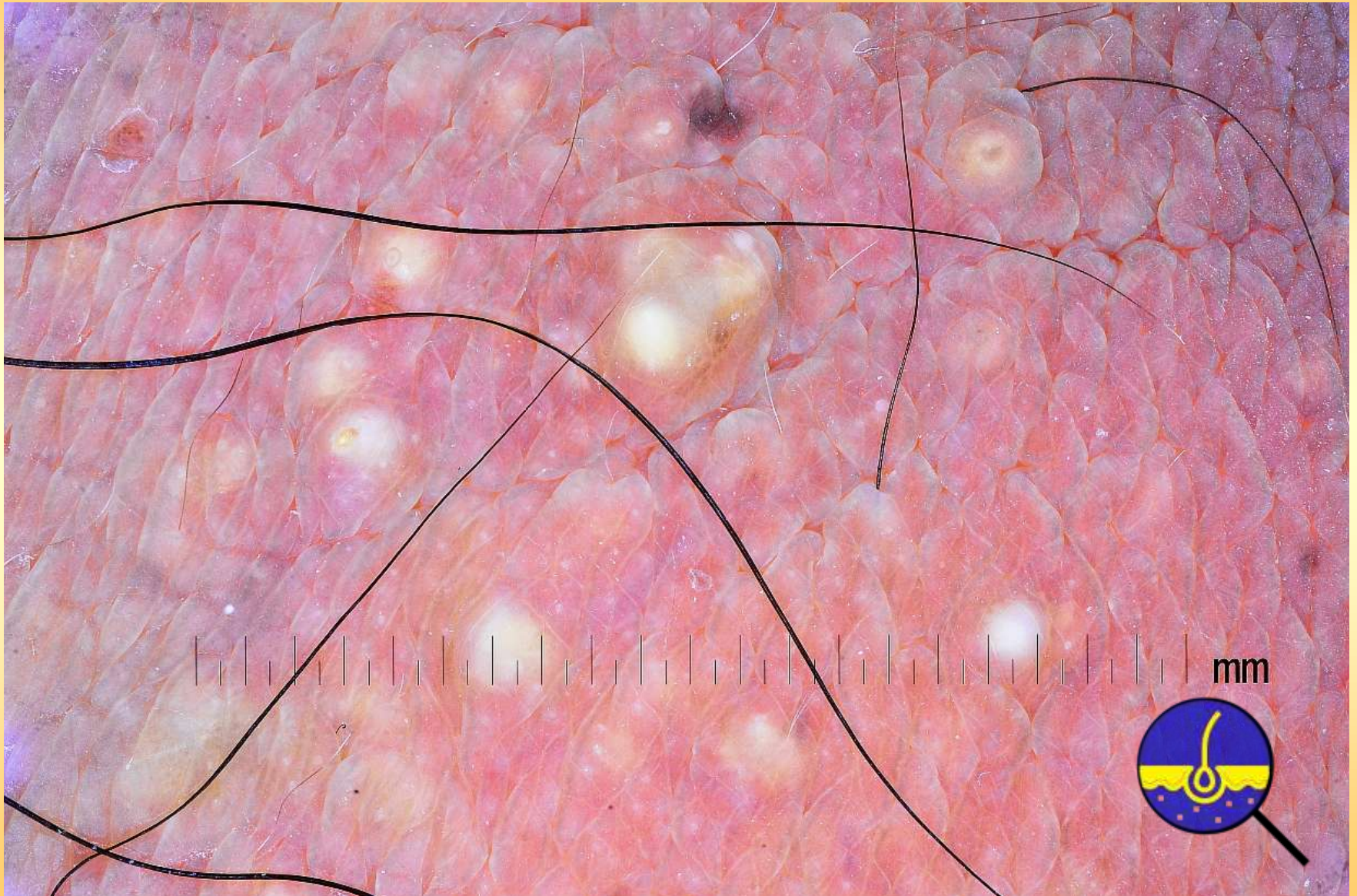


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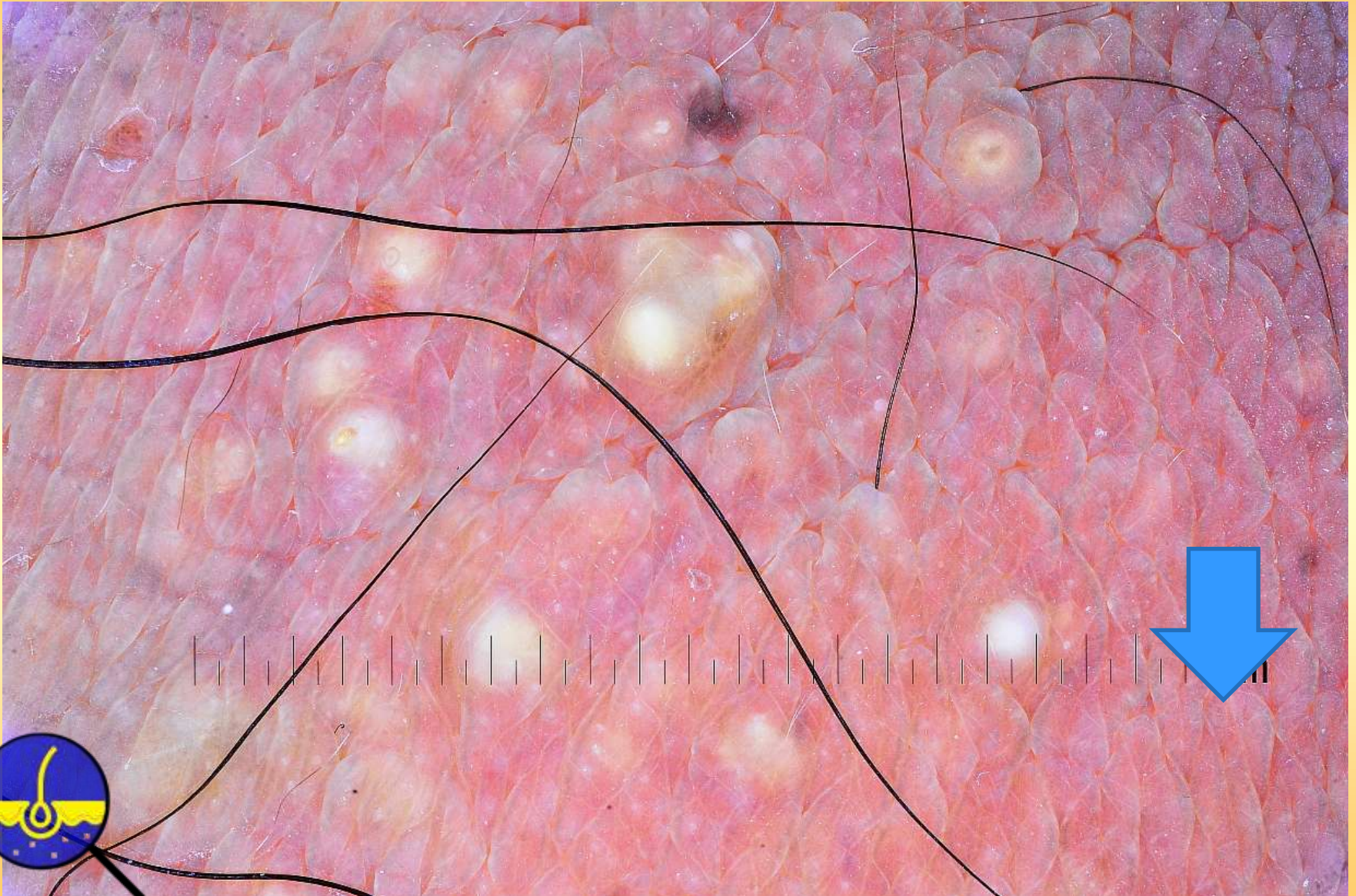


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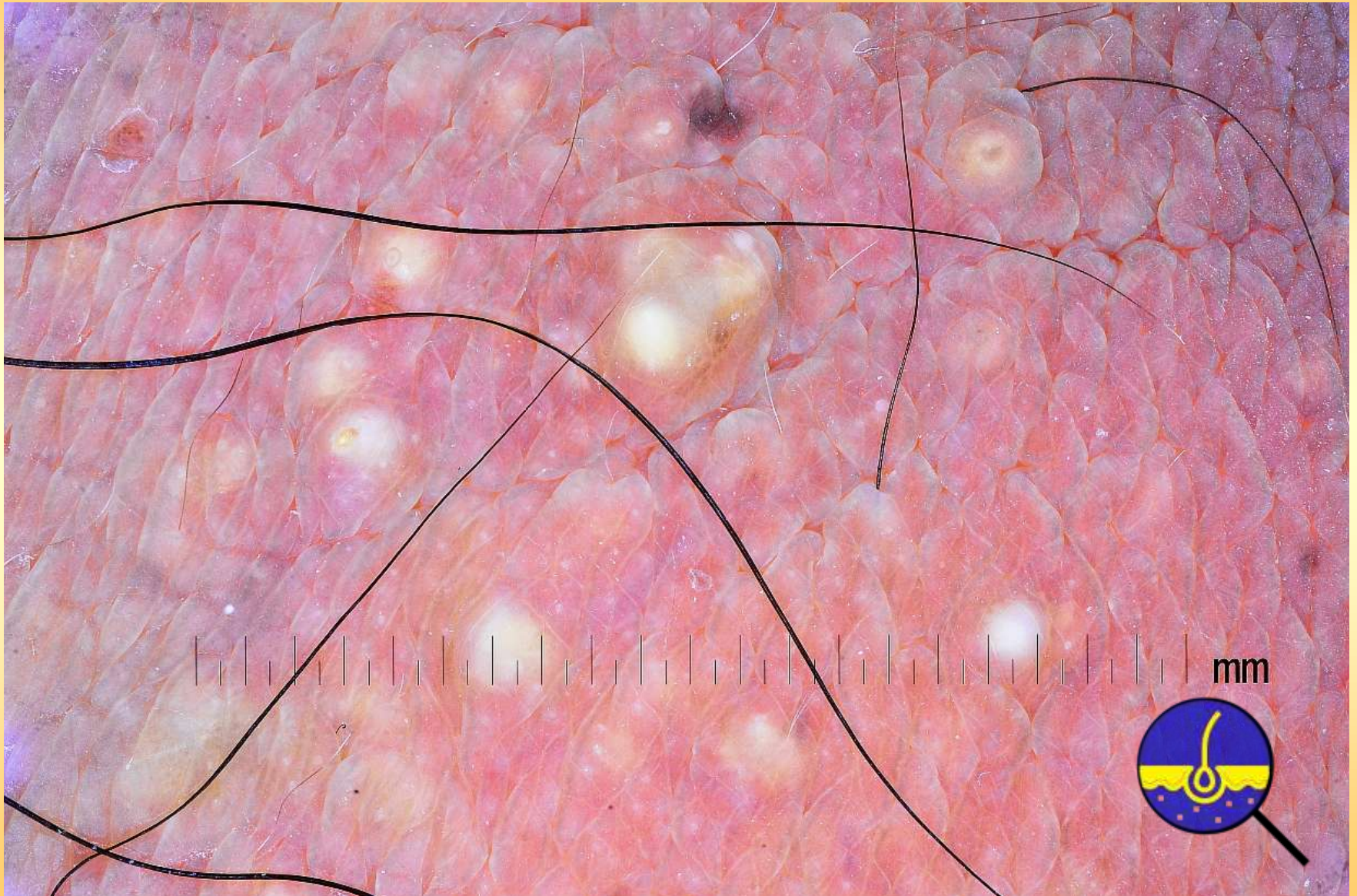


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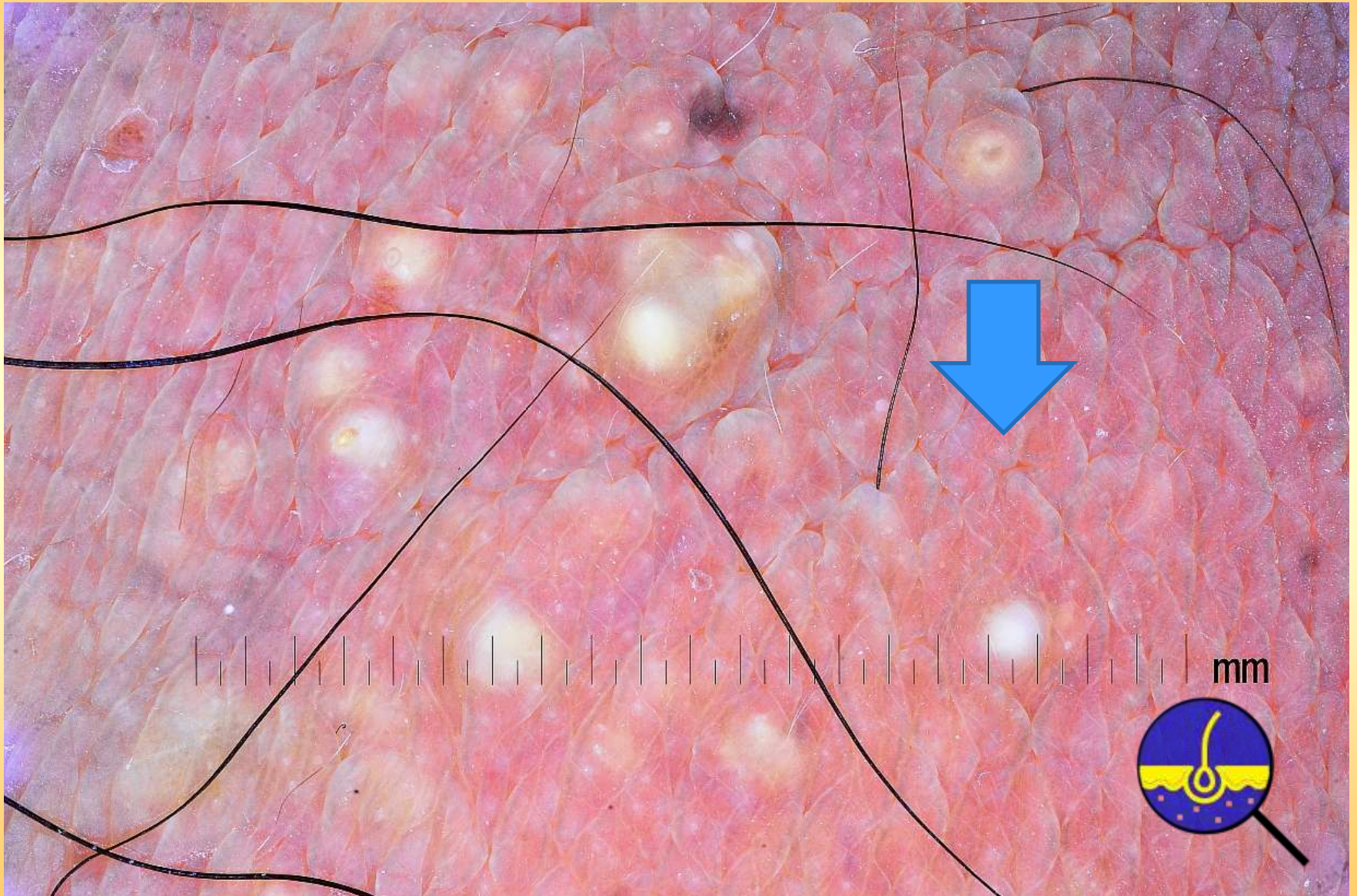


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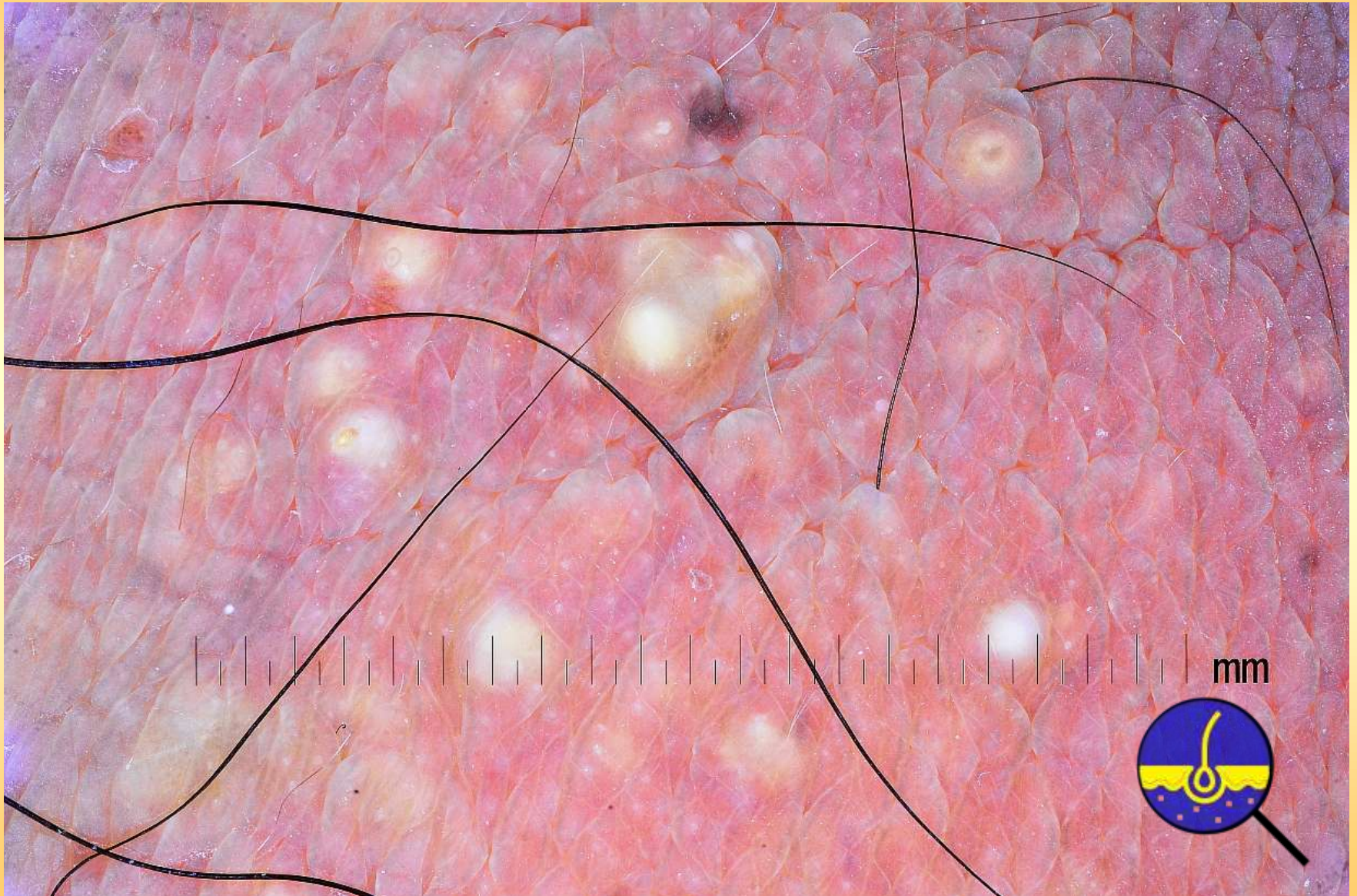


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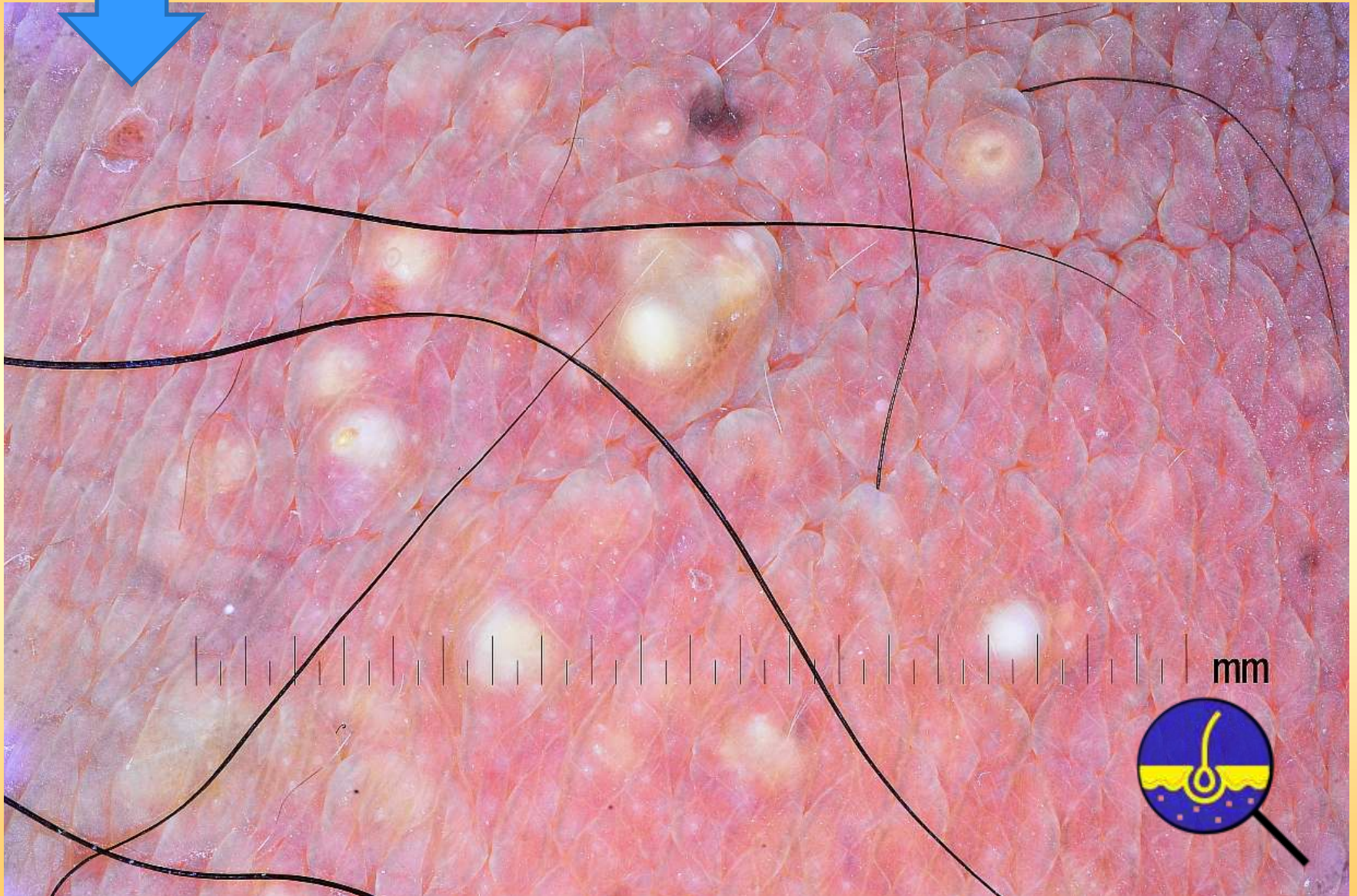


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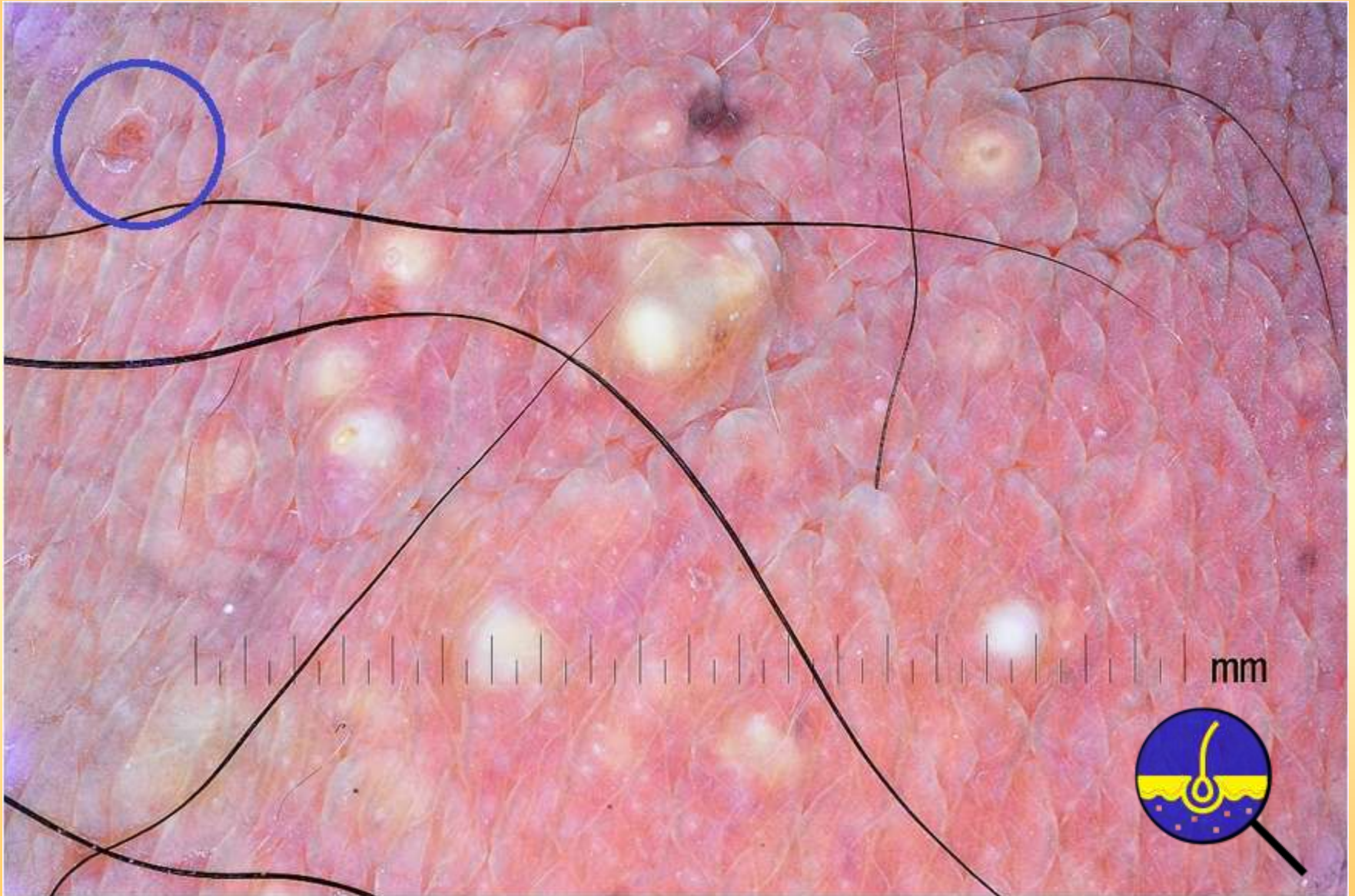


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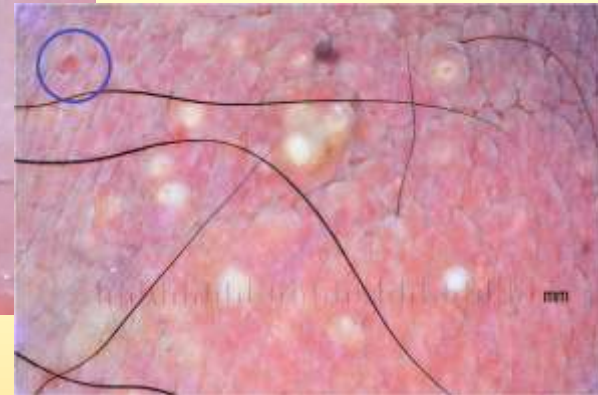




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Chuh A, Zawar V, Ooi C, Lee A. A case-control study on the roles of dermoscopy in infectious diseases affecting the skin Part I – Viral and bacterial infections. *Skinmed* 2018; **16**: 247-54.



# Specific diseases – Molluscum contagiosum



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# Specific diseases – Molluscum contagiosum



# Specific diseases – Early diagnosis of herpes zoster

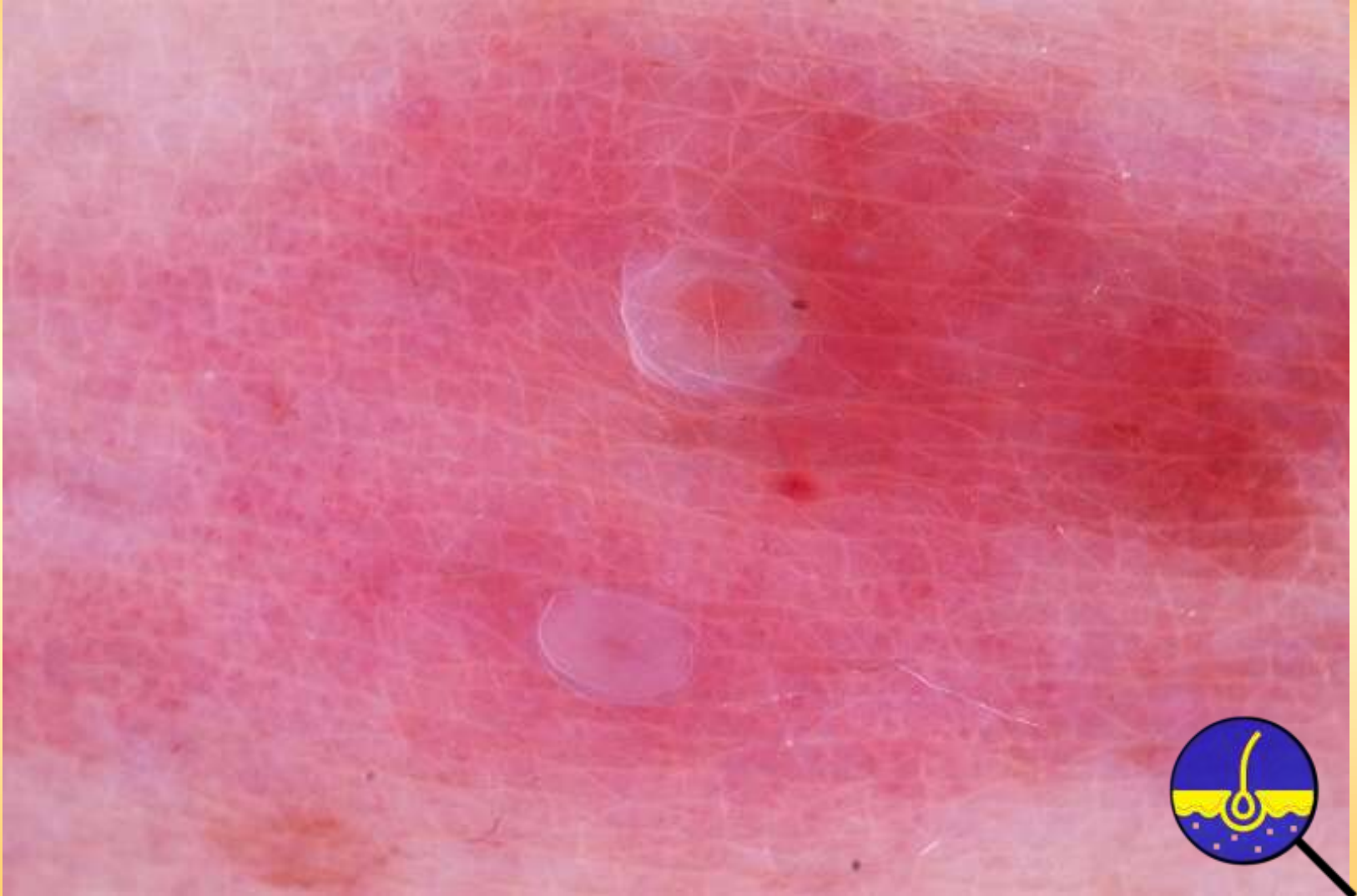




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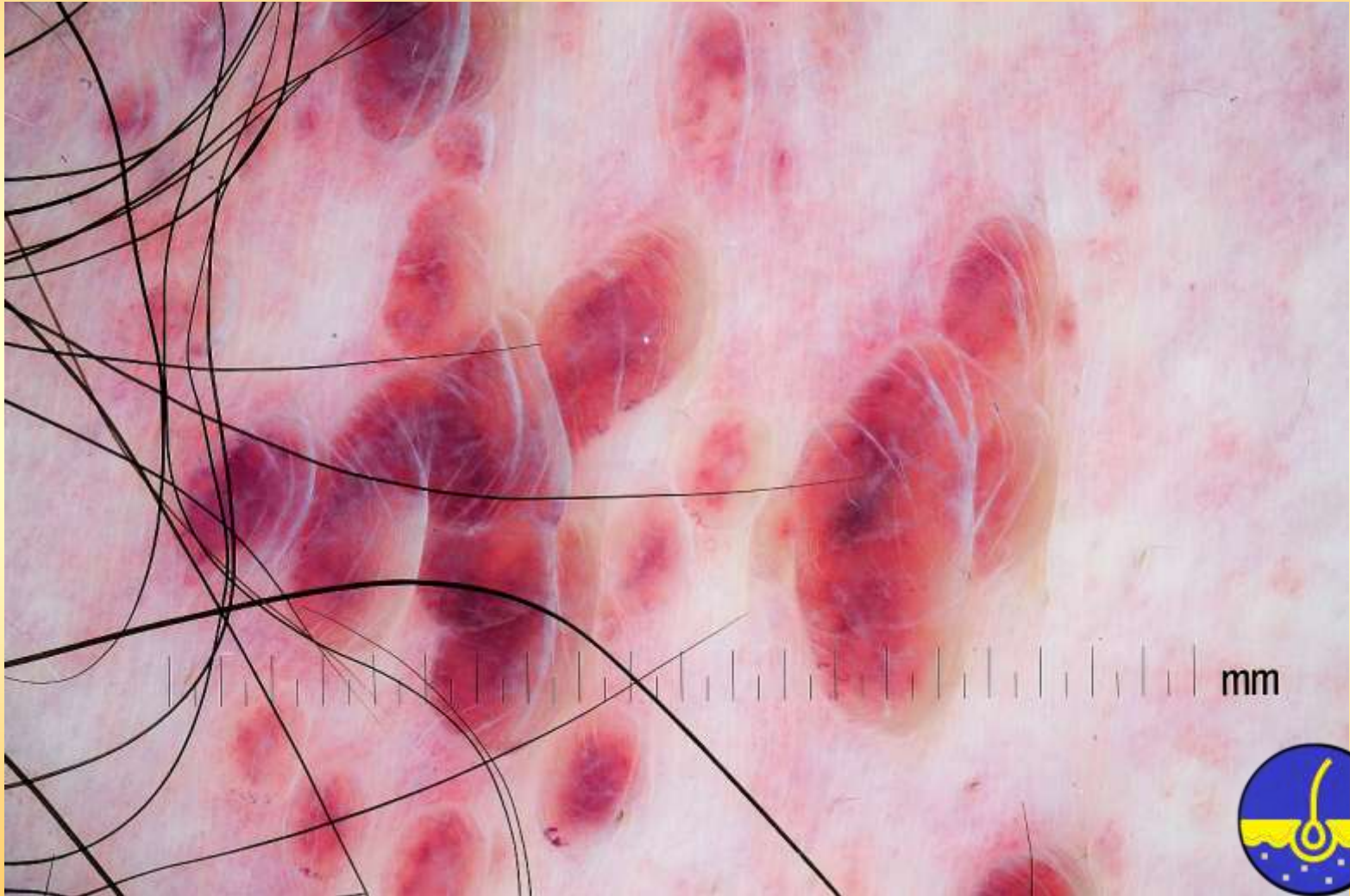


**Specific diseases –  
Profound herpes zoster at dermatome T3**





# Specific diseases – Profound herpes zoster at dermatome T3





# Specific diseases – Early diagnosis of herpes zoster

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Skinned. 2018 Jul 1;16(4):247-254. eCollection 2018.

## A Case-Control Study in Primary Care Settings on the Roles of Dermatoscopy in Infectious Diseases Affecting the Skin, Part 1: Viral and Bacterial Infections.

Chuih A<sup>1,2</sup>, Zawar V<sup>3</sup>, Doi C<sup>4,5</sup>, Lee A<sup>6</sup>.

### Author Information

### Abstract

We aimed to investigate roles of dermatoscopy in skin infections, with Part 1 of our report covering viral and bacterial infections. A case-control study was conducted on the medical records of all patients with skin infections who had had dermatoscopy performed in the 3 months prior to diagnosis. Our control participants were all patients with skin infections in two 3-month periods, and sex-pair-matched patients with skin infections, who had not undergone dermatoscopy. Records of 523 study subjects were analyzed. Our first new finding was that dermatoscopy facilitated the diagnosis of genital ( $P < .01$ ) and small extragenital risk ratio [RR] 1.26, 95% CI 1.03 to 1.59) viral infections in patients with genital herpes and/or genital warts and/or genital molluscum contagiosum diagnosed by clinical examination and/or biopsy. Patients who were significantly more willing to pay US\$300 to investigate for other sexually transmitted infections (STIs) (RR 2.52, 95% CI 1.12 to 5.55) and bring partners for investigation (RR 1.32, 95% CI 1.12 to 1.55), compared to patients diagnosed by clinical examination only. We conclude that dermatoscopy contributes to the diagnosis of some viral and bacterial infections. In addition, it may modify behaviour of patients with STIs.

PMID: 30207527

**skin med**  
DERMATOLOGY FOR THE CLINICIAN

Published by: Pulse Publishing & Communications, LLC  
January/February 2019 Volume 17, Issue 1

<p><b>EDITORIAL</b> Cyber Safety and the Dermatologist <i>Frank, Borek, and Fardes</i></p> <p><b>COMMENTARY</b> Tearing the Dermatology Patient: Ten Factors to Reduce Engagement and Retain Control of the Doctor-Patient Relationship <i>Harper and Panchalingam</i></p> <p><b>ORIGINAL CONTRIBUTIONS</b> Dermatologic Management of the Genitourinary System: A Study in Translational Research <i>Chuih, Zawar, Doi, Lee, and Lee</i></p> <p><b>DEPARTMENTS</b> Dermatologic Pathology, Diagnosis, and Management <i>Chuih, Zawar, Doi, Lee, and Lee</i></p> <p><b>NEW THERAPY UPDATE</b> Topical Retinoids (Retin-A) <i>Chuih, Zawar, Doi, Lee, and Lee</i></p> <p><b>PERKS OF DERMATOPATHOLOGY</b> History of the Dermatopathology Society <i>Chuih, Zawar, Doi, Lee, and Lee</i></p> <p><b>THE HEYHANN RELIEF</b> Nursing Changes for Herpes Zoster: Confronting My Aesthetic Evidence-Based Medicine <i>Chuih</i></p>	<p><b>PHOTO CAPSULE</b> Vulvar Perianth Angioma <i>Lee, Borek, and Doi</i></p> <p><b>10TH ANNUAL COSMETIC SURGERY FORUM 2018</b> Las Vegas, Nevada, November 28 - December 1, 2018 <i>Chuih</i></p> <p><b>SOCIETY HIGHLIGHTS OF THE 19TH ANNUAL MEETING OF THE AMERICAN CLINICAL DERMATOLOGICAL SOCIETY</b> Kuala Lumpur, Malaysia, April 11 - 21, 2018 <i>Chuih</i></p> <p><b>VIGNETTES OF DERMATOLOGIC HISTORY</b> Subcutaneous Fat Necrosis of the Newborn <i>Chuih</i></p> <p><b>CASE STUDIES</b> Cutaneous Molluscum from Breast Cell Carcinoma <i>Doi and Chuih</i></p> <p><b>Radiation and Hypohidrotic Conduction Therapy for Psoriasis</b> <i>Chuih, Zawar, Doi, Lee, and Lee</i></p> <p><b>Secondary Molluscum Without a Systemic Immunosuppressant</b> <i>Chuih and Doi</i></p> <p><b>Normal IgG4 Erythematous Vesicle-Clinical Expression of a Specific Disease</b> <i>Chuih, Zawar, Doi, Lee, and Lee</i></p>
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## Specific diseases – Early diagnosis of herpes zoster

The Wilcoxon signed rank test delivered a  $z$ -score of  $-2.18$  and a  $P$  value of  $.03$  for the day of diagnosis (Table S2). Dermatoscopy allowed the diagnosis to be made **1.62 days earlier** (95% CI 0.29 to 0.34 days,  $P < .05$ ). In group C2, three participants (23%) were **diagnosed within 72 hours**, whereas nine (69%) who underwent clinical and dermatoscopic examinations were diagnosed within 72 hours (RR 3.57, 95% CI 1.23 to 10.4; Fisher exact probability test,  $P < .01$ ).

## Specific diseases – Pityriasis rosea



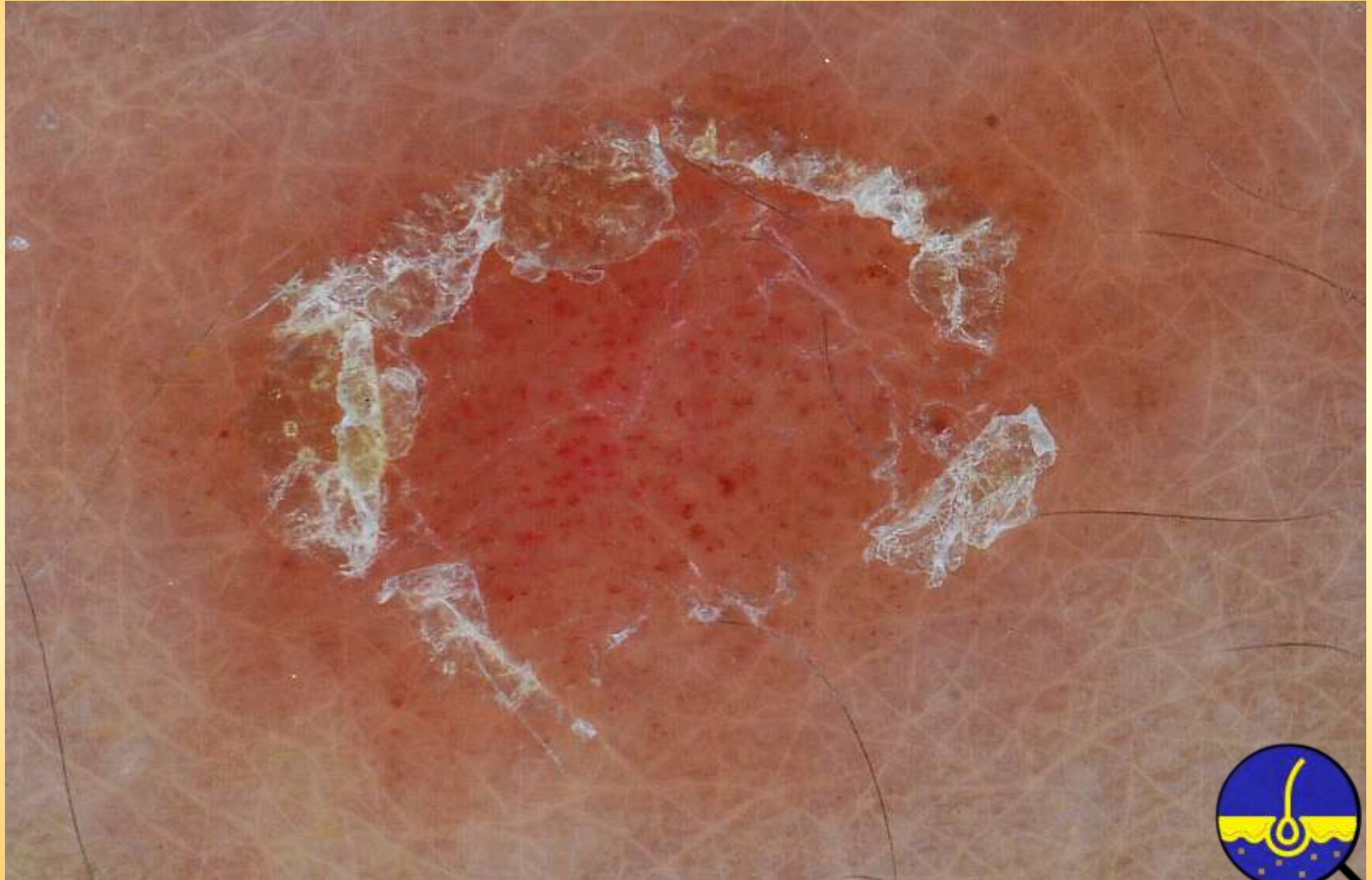


# Specific diseases – Pityriasis rosea





# Specific diseases – Pityriasis rosea



# Specific diseases – Pityriasis rosea



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Australas J Dermatol. 2001 Nov;42(4):288-90.

**Collarette scaling in pityriasis rosea demonstrated by digital epiluminescence dermatoscopy.**

Chuh AA<sup>1</sup>.

⊕ Author information

**Abstract**

Collarette scaling is a characteristic sign in pityriasis rosea. The use of digital epiluminescence dermatoscopy is proposed to assist in the recognition of this

Chuh AAT. Collarette scaling in pityriasis rosea demonstrated by digital epiluminescence dermatoscopy. *Australas J Dermatol* 2001; 42: 288-90.

# Specific diseases – Pityriasis rosea

Figures 5(b) and 4(b) are the same lesions' appearances under digital epiluminescence dermatoscopy. Although their appearance might mimic pityriasis rosea lesions on

macro-photography, the absence of collarette scaling is immediately apparent under digital epiluminescence dermatoscopy documentation.

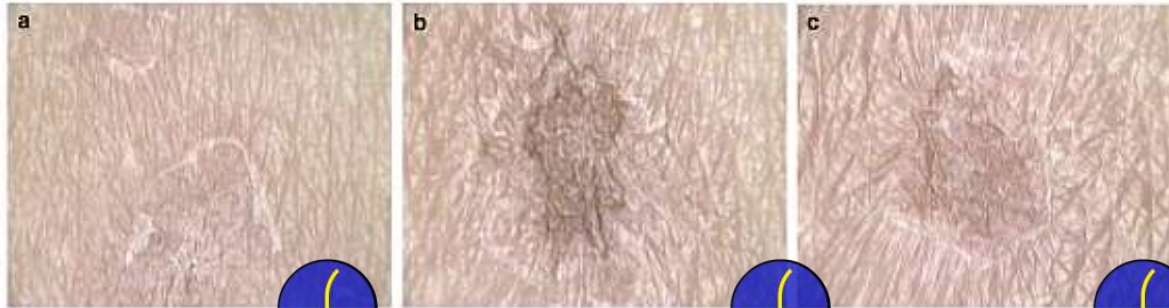


Figure 1 (a-c) Lesions of pityriasis rosea, taken by macro-photography. Peripheral scaling is recognizable. A collarette pattern is not apparent.



Figure 2 (a-c) Lesions shown in Figure 1, documented by digital epiluminescence dermatoscopy. The collarette pattern and direction of peeling are demonstrated.

Chuh AAT. Collarette scaling in pityriasis rosea demonstrated by digital epiluminescence dermatoscopy. *Australas J Dermatol* 2001; 42: 288-90.



# Specific diseases – Pityriasis rosea

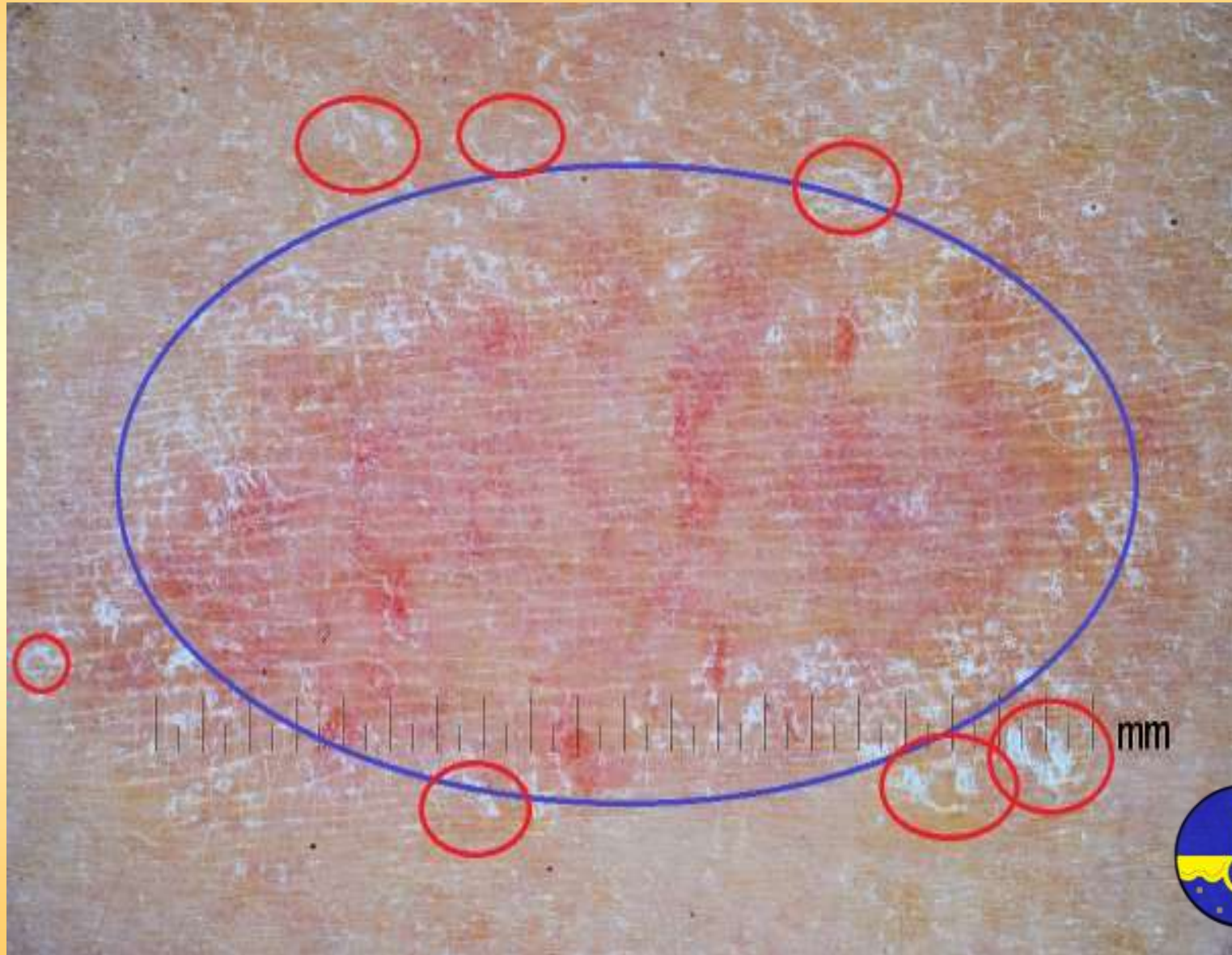


# Specific diseases – Pityriasis rosea





# Specific diseases – Pityriasis rosea



# Specific diseases – Pityriasis rosea



Eur. J. Pediatr. Dermatol.  
27, 201-6, 2017

## Composite herald patch – a novel morphological variant of pityriasis rosea detected by dermoscopy.

Chuh A.<sup>1,2</sup>, Zawar V.<sup>3</sup>, Fölster-Holst R.<sup>4</sup>

<sup>1</sup>Department of Family Medicine and Primary Care,

The University of Hong Kong and the Queen Mary Hospital, Hong Kong

<sup>2</sup>Jockey Club School of Public Health and Primary Care,

The Chinese University of Hong Kong and the Prince of Wales Hospital, Shatin, Hong Kong

<sup>3</sup>Department of Dermatology, Godavari Foundation Medical College and Research Center, DUPMCJ, India

<sup>4</sup>Universitätsklinikum Schleswig-Holstein, Campus Kiel, Dermatologie, Venerologie und Allergologie, Germany

### Summary

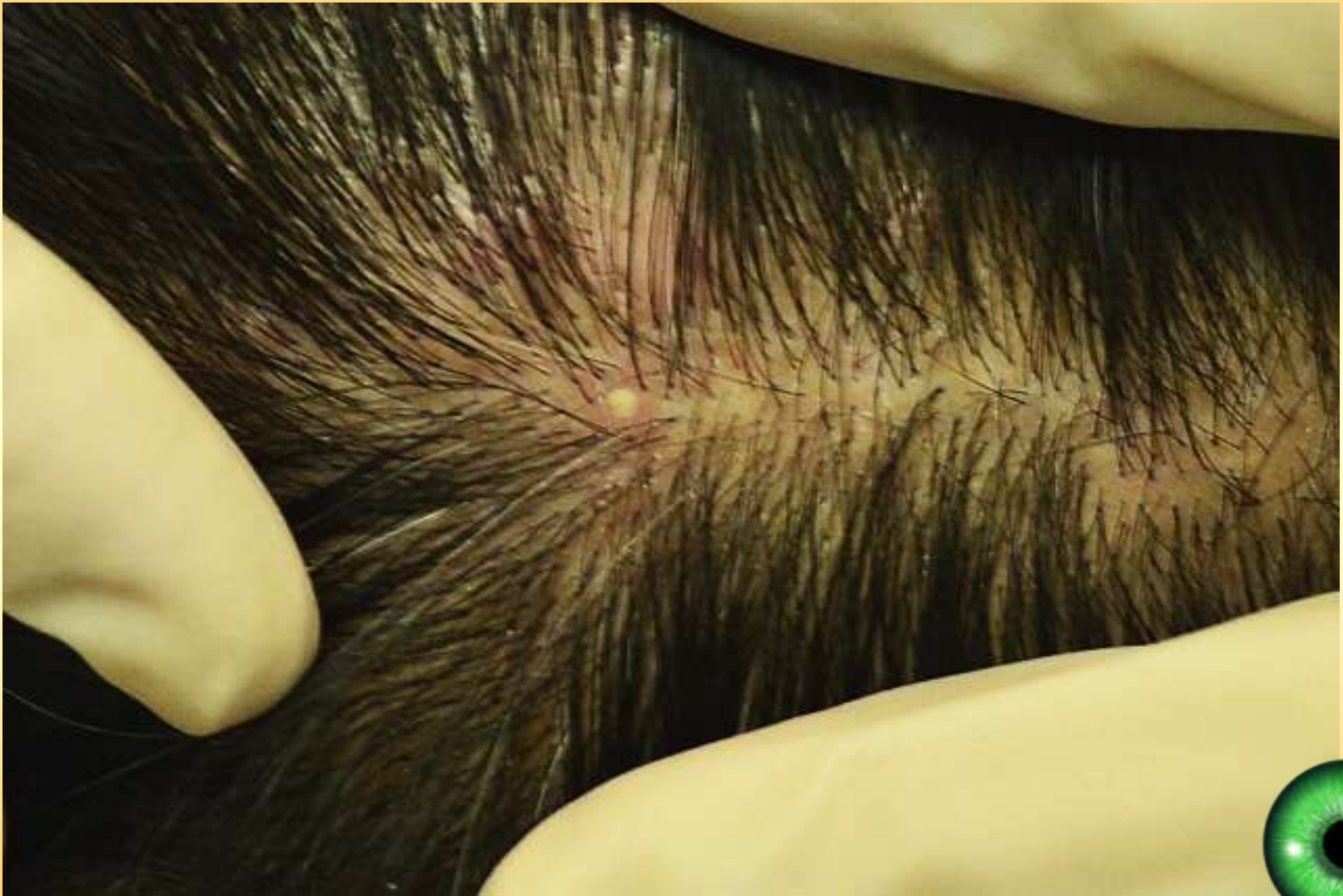
We report a teenage girl with pityriasis rosea. Under dermoscopy, we found multiple tiny, annular, and scaly lesions outside and around the border of the herald patch on her anterior thoracic skin. We coined composite pityriasis rosea for this variant, and included such in the classification.

We highlighted the might of dermoscopy in revealing tiny details of cutaneous lesions, and remarked on the advantages of utilising a set of diagnostic criteria in diagnosing this paraviral exanthem in clinical and research settings.

Chuh A, Zawar V, Fölster-Holst R. Composite herald patch – a novel morphological variant of pityriasis rosea detected by dermoscopy. *Eur J Pediatr Dermatol* 2017; **27**: 201-6.



## Specific diseases – Folliculitis



# Specific diseases – Folliculitis





# Specific diseases – Folliculitis



# Specific diseases – Eosinophilic folliculitis





# Specific diseases – Eosinophilic folliculitis



# Specific diseases – Eosinophilic folliculitis





# Specific diseases – Carbuncle



# Specific diseases – Carbuncle





# Specific diseases – Pseudofolliculitis barbae



# Specific diseases – Pseudofolliculitis barbae





# Specific diseases – Pseudofolliculitis barbae



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

doi: 10.1111/j.1440-0960.2006.00226.x

## SIGNS, SYNDROMES AND DIAGNOSES

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

Antonio Chuh<sup>1</sup> and Vijay Zawar<sup>2</sup>

<sup>1</sup>Department of Medicine, University of Hong Kong and Queen Mary Hospital, Pokfulam, Hong Kong SAR, China, and <sup>2</sup>Department of Dermatology, NDMIPS 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 overshaving.

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.<sup>4,5</sup> We have previously reported that the use of epiluminescence dermatoscopy in detecting perifollicular sparing of depigmentation facilitates communication with patients with localized vitiligo.

Chuh A, Zawar V. Pseudofolliculitis barbae – epiluminescence dermatoscopy enhanced patient compliance and achieved treatment success. *Australas J Dermatol* 2006; **47**: 60-2.

## Specific diseases – Pseudofolliculitis barbae



Chuh A, Zawar V. Pseudofolliculitis barbae – epiluminescence dermatoscopy enhanced patient compliance and achieved treatment success. *Australas J Dermatol* 2006; **47**: 60-2.



# Specific diseases – Pediculosis capitis



Chuh A, Zawar V, Ooi C, Lee A. A case-control study on the roles of dermoscopy in infectious diseases affecting the skin Part II – Mycologic infections and ectoparasitic infestations. *Skinmed* 2018; **16**; 135-9.

# Specific diseases – Pediculosis capitis



Chuh A, Zawar V, Ooi C, Lee A. A case-control study on the roles of dermoscopy in infectious diseases affecting the skin Part II – Mycologic infections and ectoparasitic infestations. *Skinmed* 2018; **16**; 135-9.



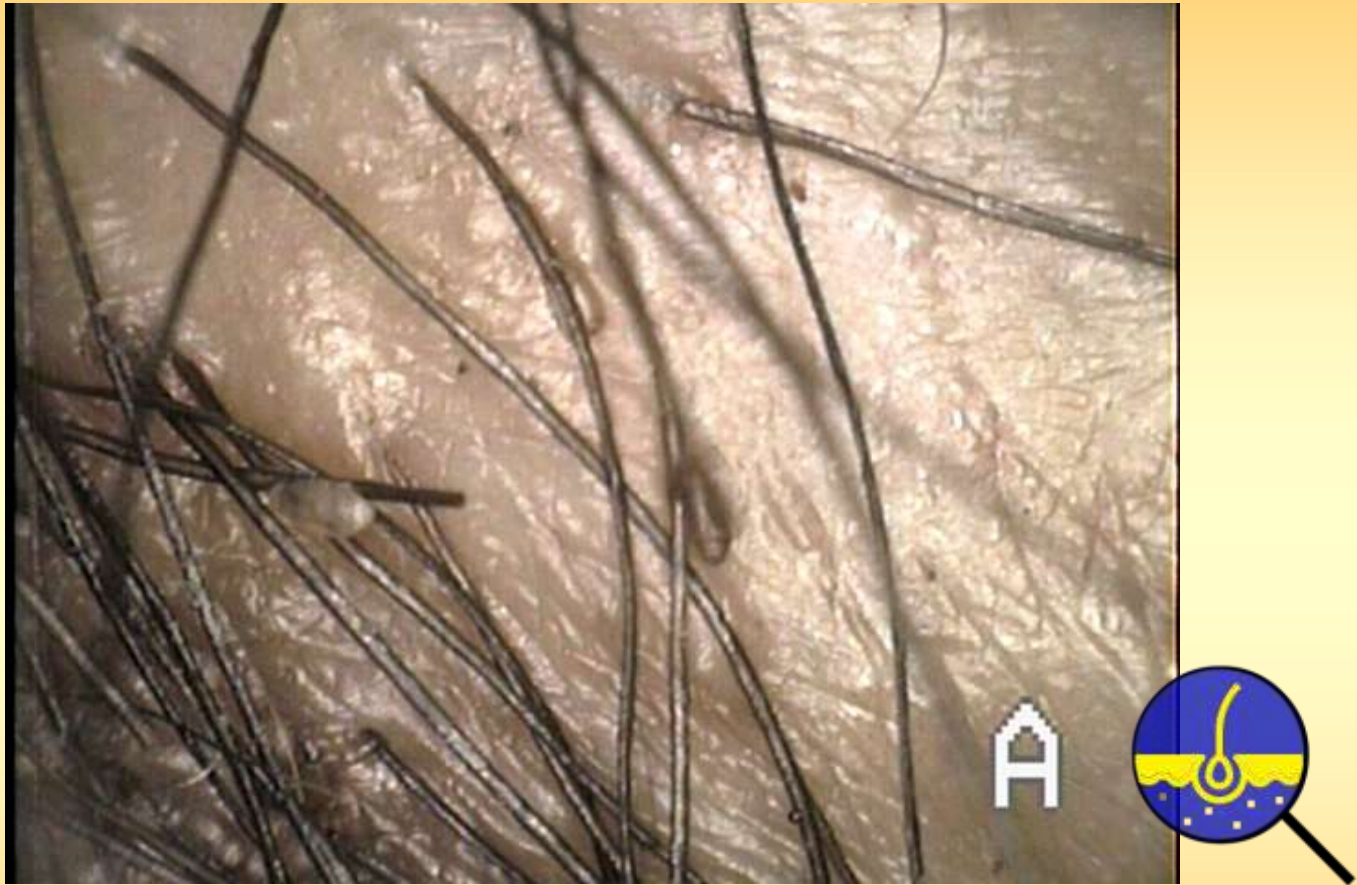
# Specific diseases – Pediculosis capitis

**Operculum  
missing – no  
evidence of active  
infestation**



Chuh A, Zawar V, Ooi C, Lee A. A case-control study on the roles of dermoscopy in infectious diseases affecting the skin Part II – Mycologic infections and ectoparasitic infestations. *Skinmed* 2018; 16; 135-9.

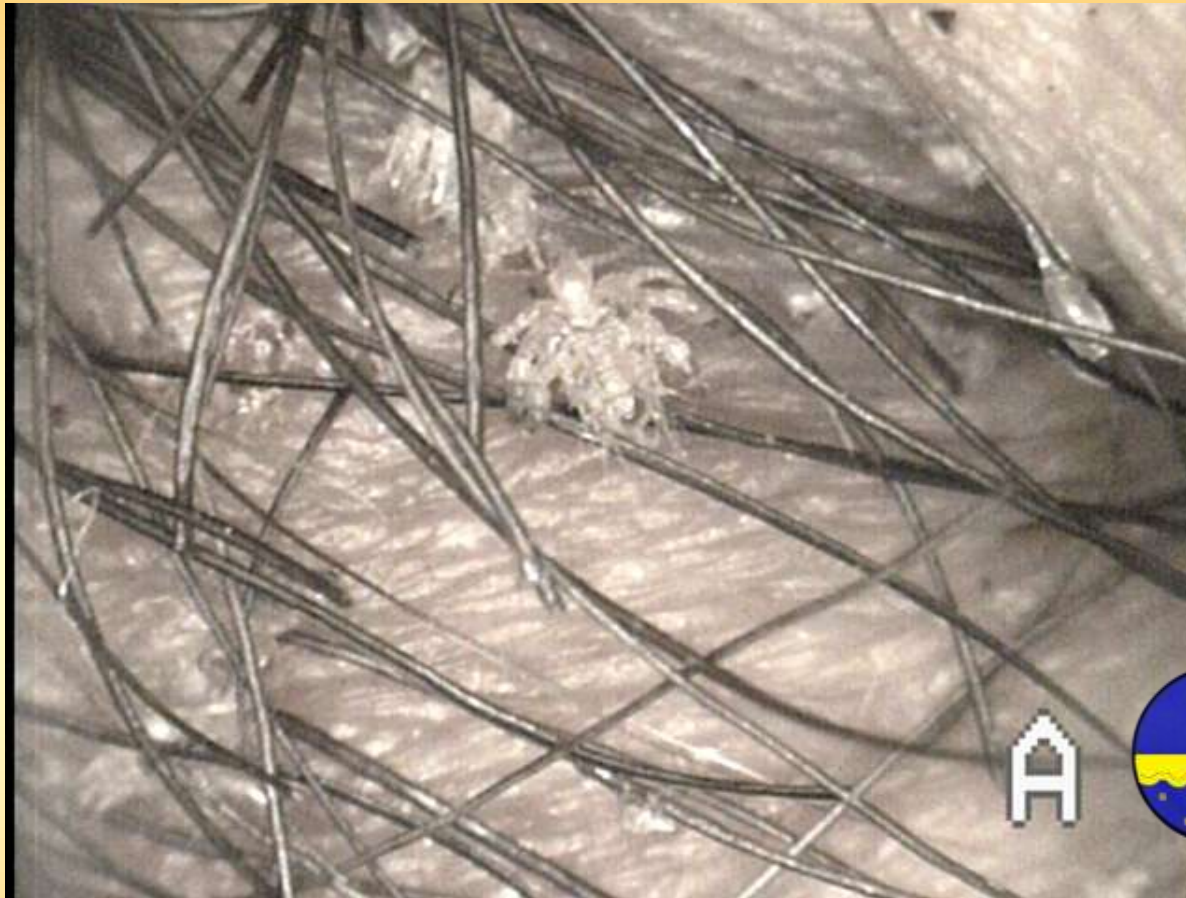
## Specific diseases – Pediculosis pubis



Chuh A, Lee A, Wong W, Ooi C, Zawar V. Diagnosis of pediculosis pubis – a novel application of digital epiluminescence dermatoscopy. *J Eur Acad Dermatol Venereol* 2007; **21**: 837-8.

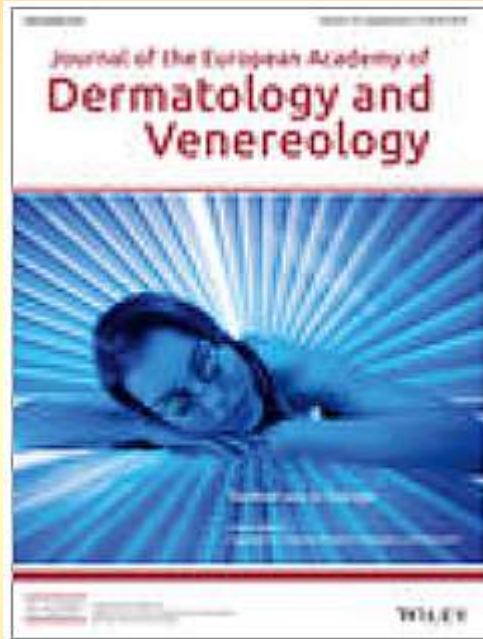


## Specific diseases – Pediculosis pubis



Chuh A, Lee A, Wong W, Ooi C, Zawar V. Diagnosis of pediculosis pubis – a novel application of digital epiluminescence dermatoscopy. *J Eur Acad Dermatol Venereol* 2007; **21**: 837-8.

# Specific diseases – Pediculosis pubis



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J Eur Acad Dermatol Venereol. 2007 Jul;21(6):837-8.

**Diagnosis of Pediculosis pubis: a novel application of digital epiluminescence dermatoscopy.**

Chuh A, Lee A, Wong W, Ooi C, Zawar V.

PMID: 17567326 DOI: [10.1111/j.1468-3083.2006.02040.x](https://doi.org/10.1111/j.1468-3083.2006.02040.x)

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Chuh A, Lee A, Wong W, Ooi C, Zawar V. Diagnosis of pediculosis pubis – a novel application of digital epiluminescence dermatoscopy. *J Eur Acad Dermatol Venereol* 2007; **21**: 837-8.



# Specific diseases – Pediculosis corporis



# Specific diseases – Pediculosis corporis





**Therefore,**

Therefore,

**Dermoscopy might facilitate the diagnosis of some infections and some infestations.**



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- **Vascular**
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future



# Dermoscopy on vascular lesions

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J R Coll Physicians Edinb. 2018 Sep;48(3):210-216. doi: 10.4997/JRCPE.2018.304.

## Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? A case-control study.

Chuh A<sup>1,2</sup>, Zawar V<sup>3</sup>, Sciallis G<sup>4</sup>.

Author information

### Abstract

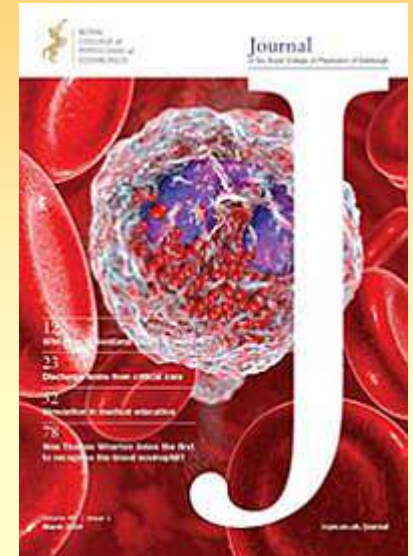
**BACKGROUND:** During dermatoscope-guided surgical procedures, we noticed that vasculature was easily identified. This study investigated the use of dermoscopy in detecting and diagnosing vascular skin lesions.

**METHODS:** We retrieved records of patients with vascular skin lesions who underwent dermoscopy over a 3 month period, in two outpatient clinics affiliated with a university teaching hospital. Our controls were similar patients where dermoscopy was not performed.

**RESULTS:** Our new findings are: 1, clinical and dermatoscopic examinations diagnosed significantly more patients with vascular skin lesions than clinical examinations alone (risk ratio: 1.36; 95% confidence interval: 1.10-1.67); 2, the detection rate increase was significant for cherry angiomas ( $p < 0.001$ ), telangiectasias ( $p < 0.01$ ) and spider angiomas ( $p < 0.01$ ); 3, qualitatively, dermoscopy revealed characteristic configurations, hues and colour saturations of the vascular skin lesions; and 4, the first reported dermatoscopic images of focal essential telangiectasia and petechial angioma.

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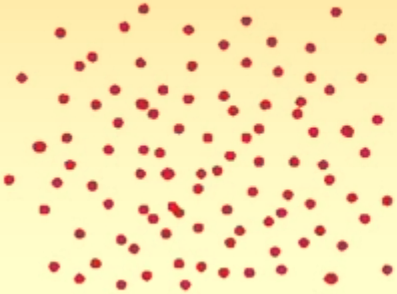
**KEYWORDS:** angioma; cross-polarisation; haemangioma; port-wine stain; spider naevus; telangiectasia



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

# Vessel structures

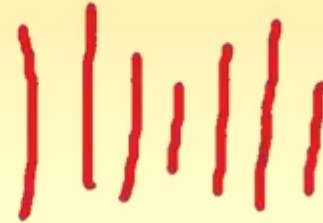
Dots (melanoma)



Clods (haemangioma)



Straight lines (BCC)



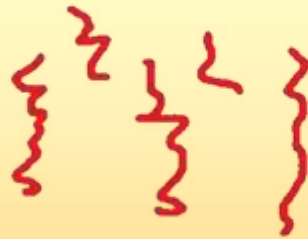
Hairpin (SCC)



Comma  
(Dermal naevus)



Serpentine (BCC)



Helical (Bowen's)



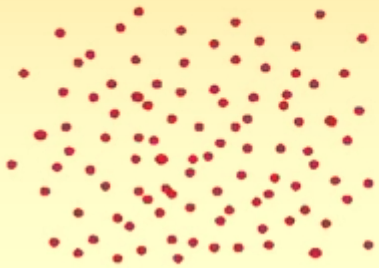
Coiled (Bowen's)



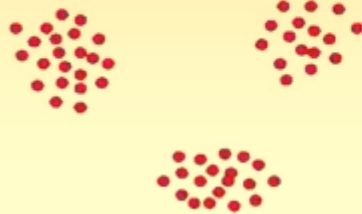


# Vessel arrangements

Random



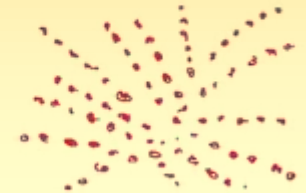
Clustered (Bowen's)



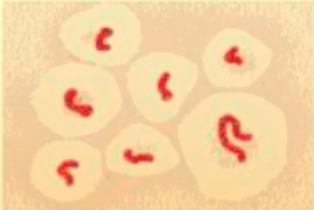
Serpiginous  
(clear cell acanthoma)



Linear



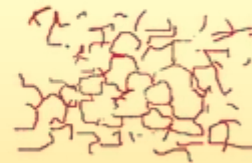
Centred  
(seborrhoeic keratosis)



Radial or starburst (SCC)



Reticular  
(solar damage)



Arborising (BBC)



# Dermoscopy on vascular lesions

## Abstract

**Background** During dermatoscope-guided surgical procedures, we noticed that vasculature was easily identified. This study investigated the use of dermoscopy in detecting and diagnosing vascular skin lesions.

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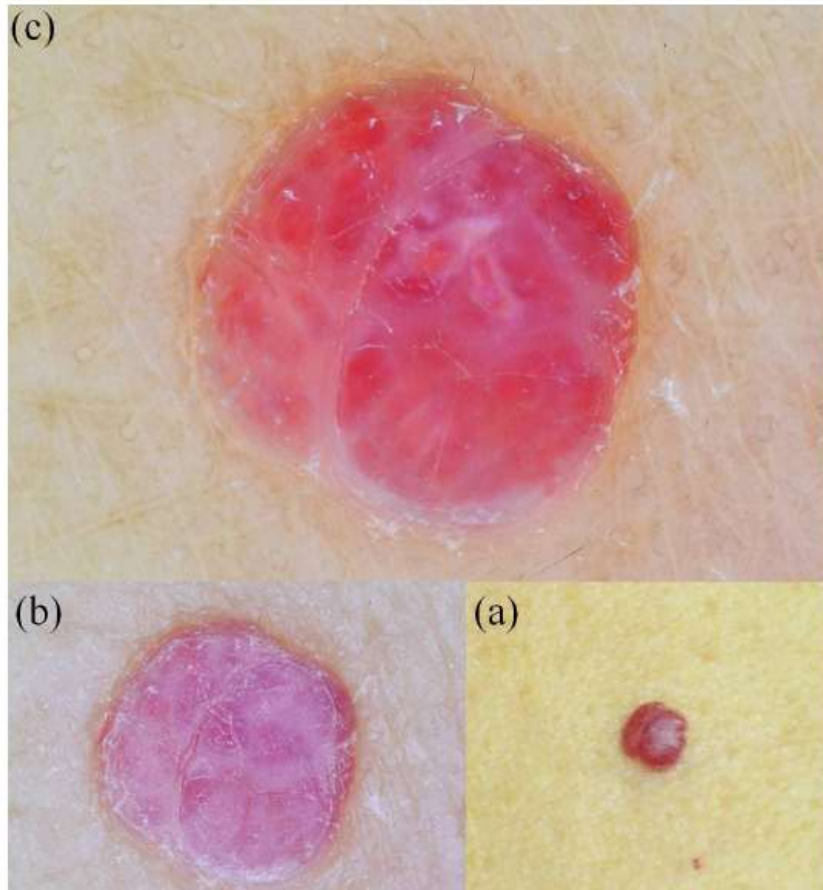
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**Figure 1** Cherry haemangioma, also known as cherry angioma or Campbell De Morgan spot. (a) Clinical view of a hemispherical, red lesion. (b) View under dermoscopy without cross-polarisation. A milky-red surface is seen, which blurs the underlying view of dilated blood vessels. (c) View under dermoscopy with cross-polarisation. Homogenous and dilated red blood vessels are clearly seen. These are tightly packed, leaving no space in between the vessels. (Magnification: 20x when the dermoscopic images were cropped)

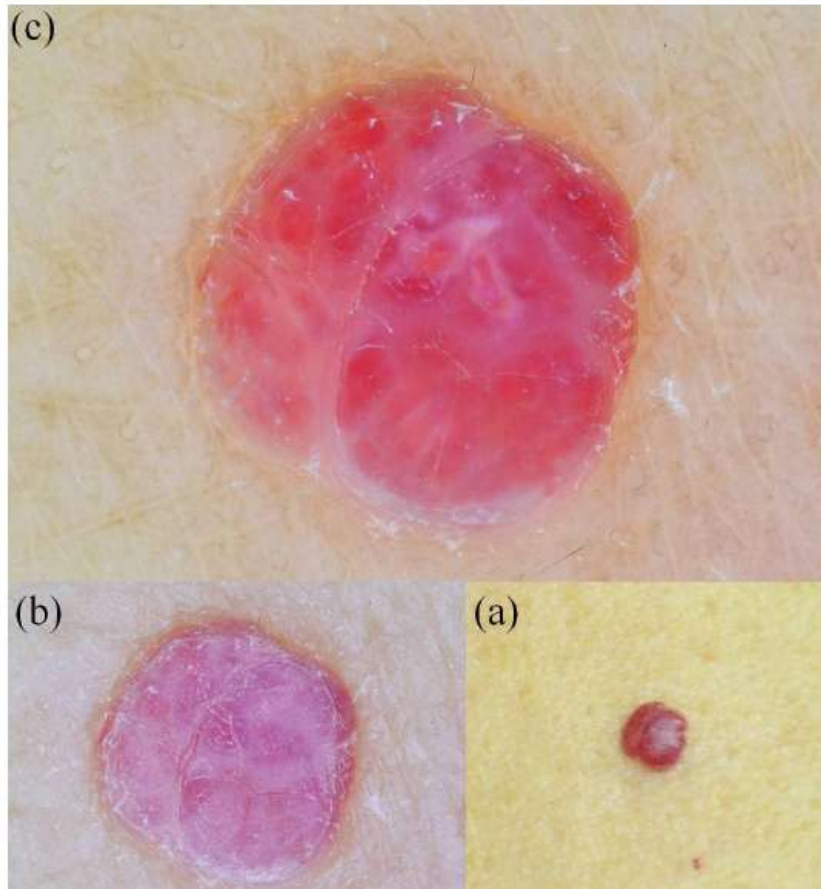


## Vascular diseases – Cherry haemangioma

Chuh A, Zawar V, Sciallis G.  
Does dermoscopy facilitate the  
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# Haemangiomas





# Haemangiomas





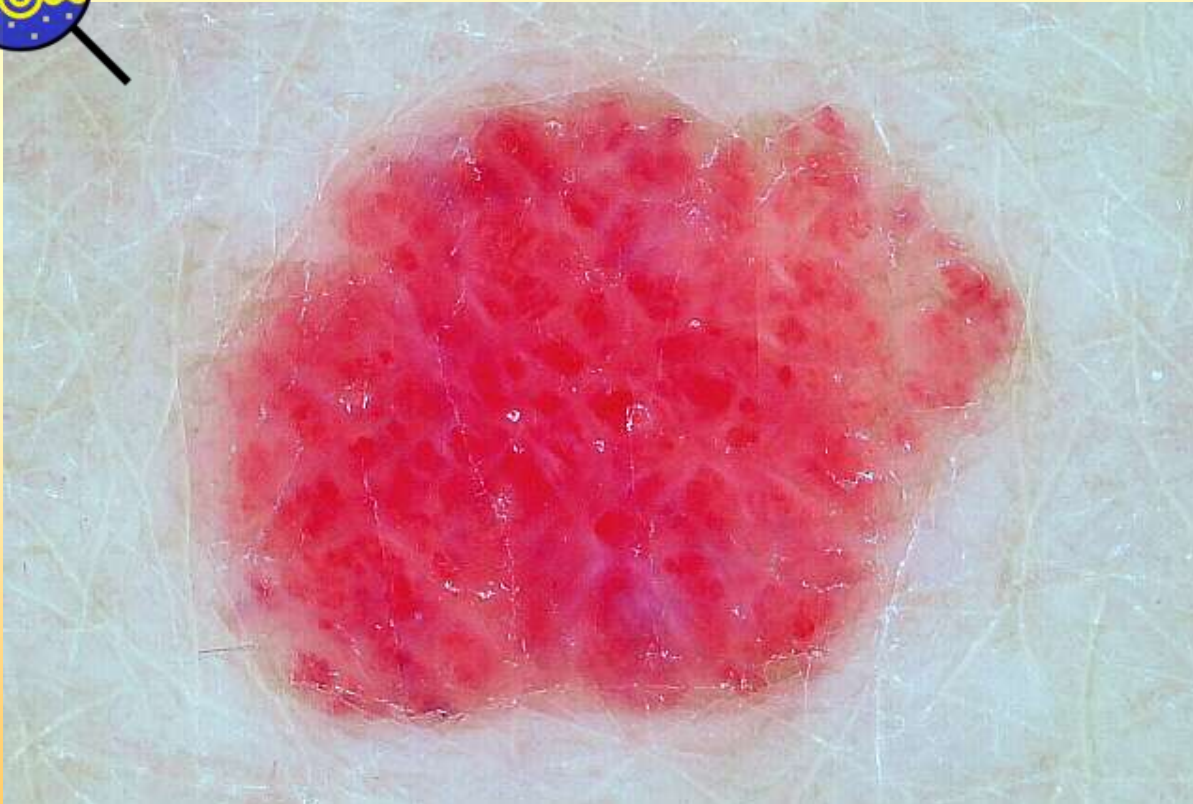
# Haemangiomas



# Haemangiomas

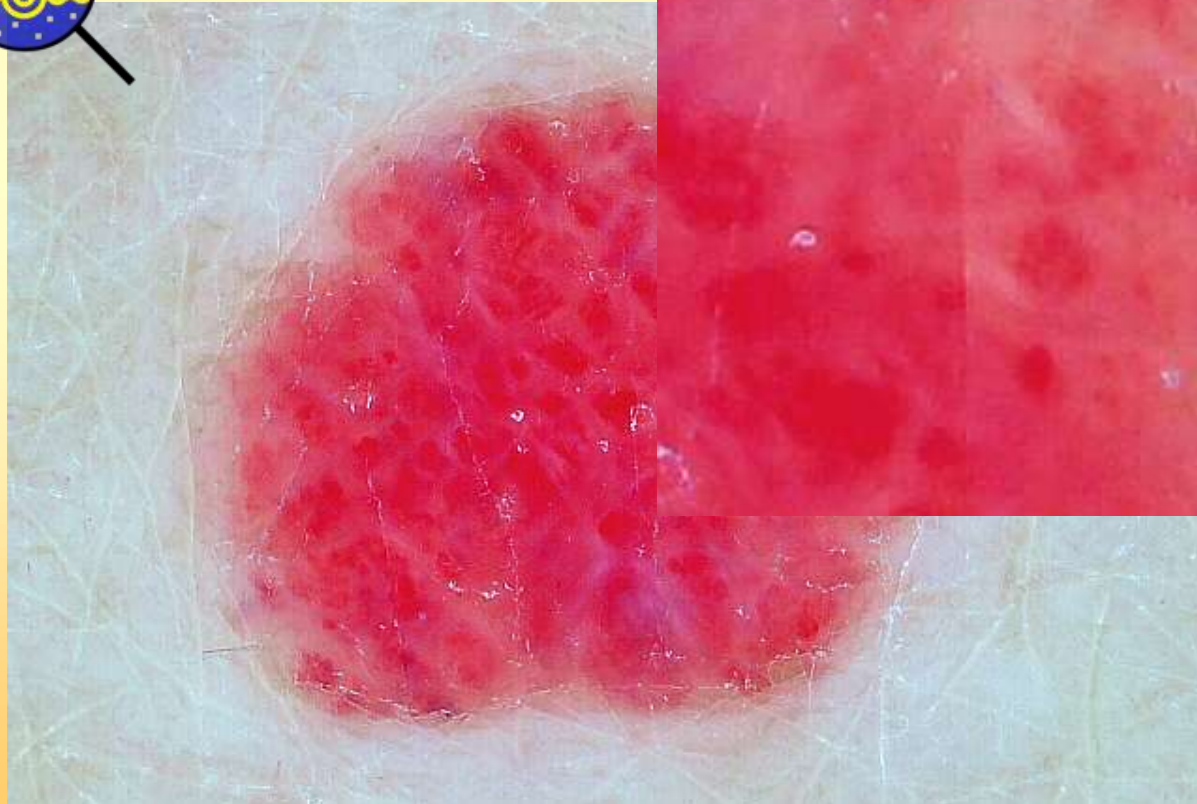


# Haemangioma – Active edges

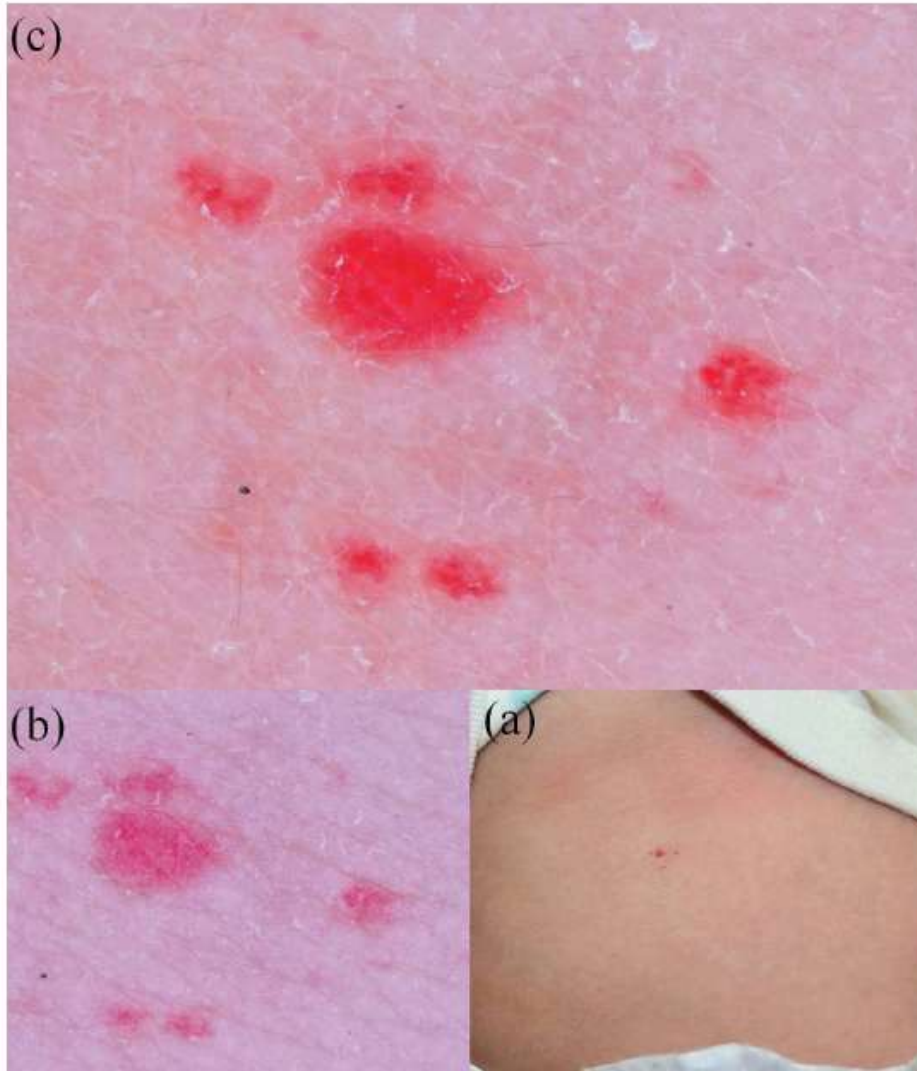




# Haemangioma – Active edges



**Figure 6** Congenital infantile haemangioma. The clinical photograph (a) is adequate for diagnosis. Details on deeper parts are seen in (b) and (c). (Magnification: 10×)



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

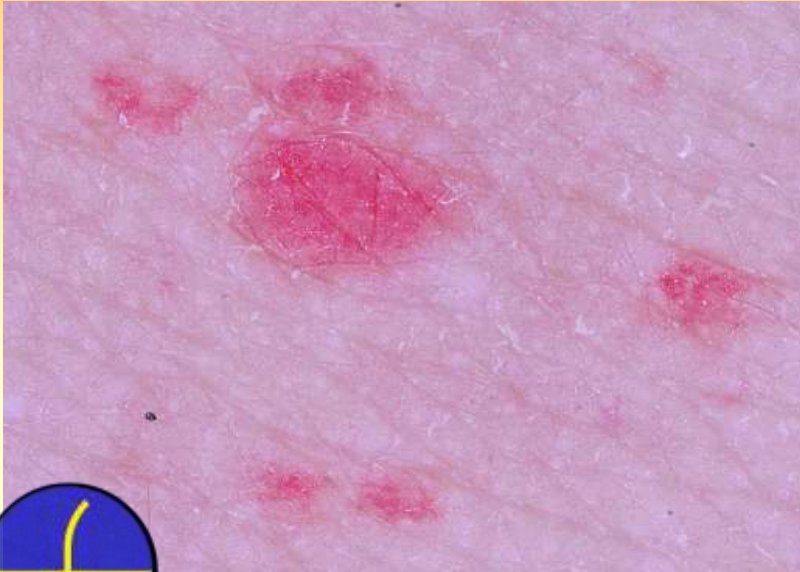
# Congenital haemangioma



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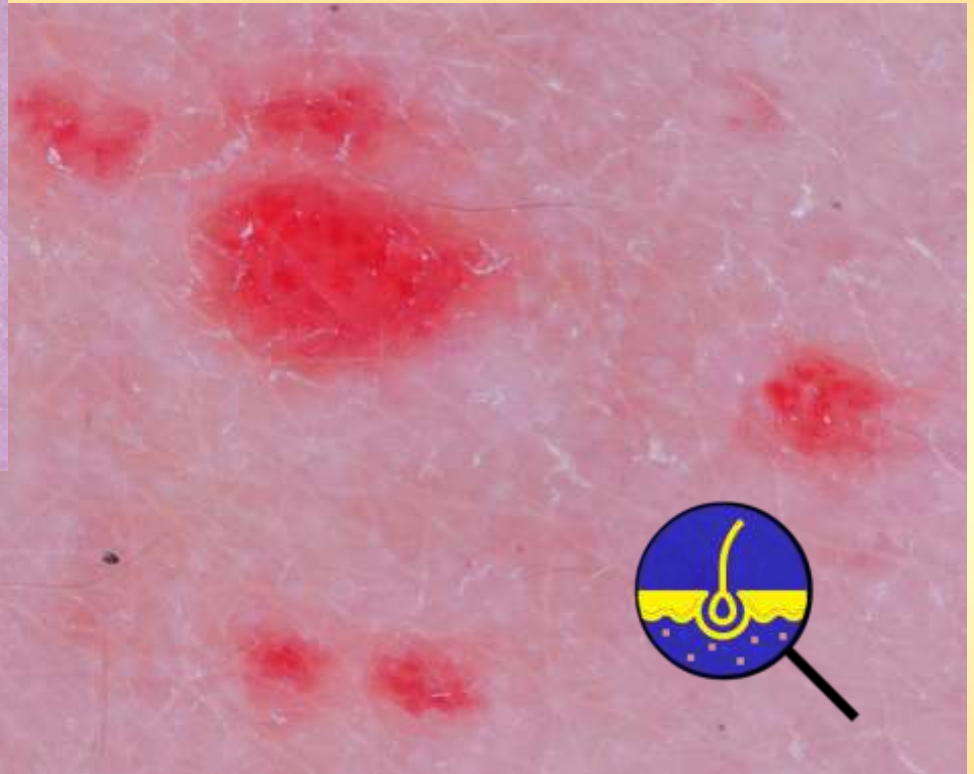
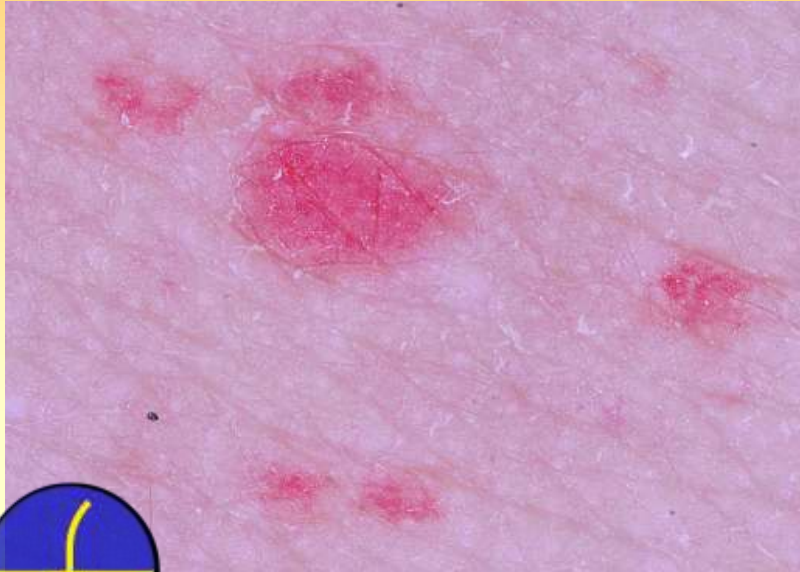


# Congenital haemangioma



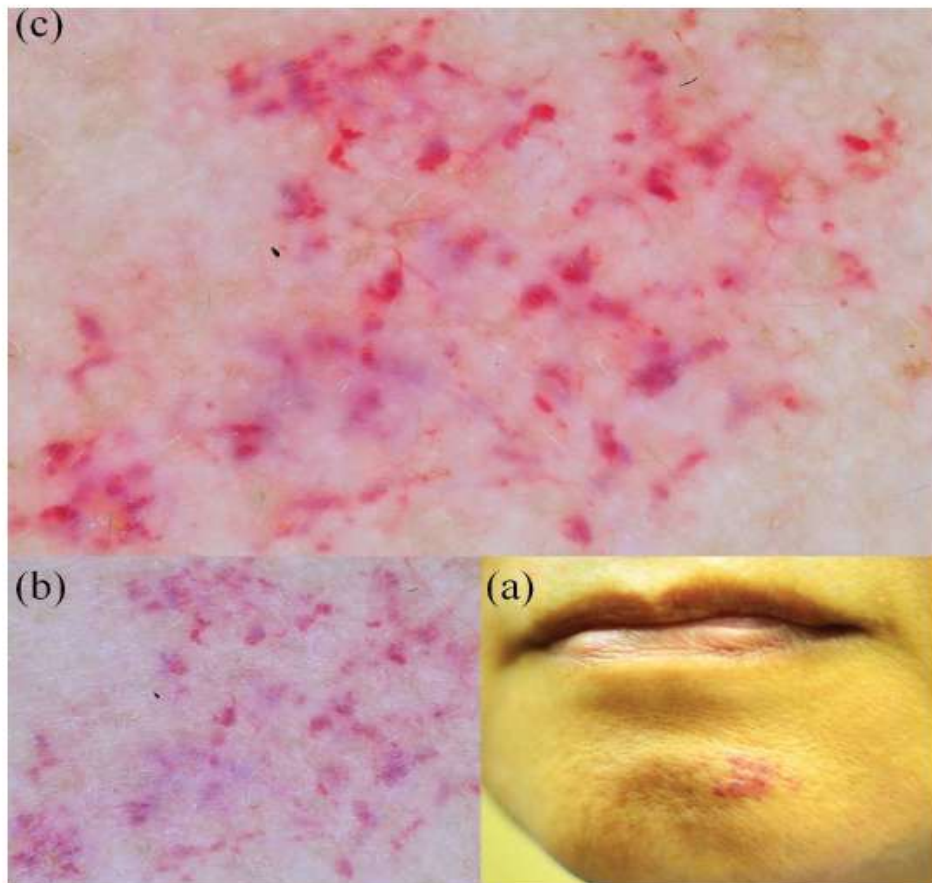
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# Congenital haemangioma



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

**Figure 2** A resolving cherry angioma. (a) Clinical photography showing erythematous dotted lesions with redundant skin at the centre of the chin. Clinical diagnosis without history and dermoscopy could be difficult. (b) View under dermoscopy without cross-polarisation. Comma-like and dotted vessels are seen, with ample space in between the vessels. However, image quality and resolution are low owing to the overlying epidermal features. (c) View under dermoscopy with cross-polarisation. The comma-like and dotted vessels are clearly seen. These vessels appear to be 'jumping'. Diagnosis becomes straightforward. (Magnification: 10x)



Chuh A, Zawar V, Sciallis G.  
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# Specific diseases – remitting haemangioma



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.



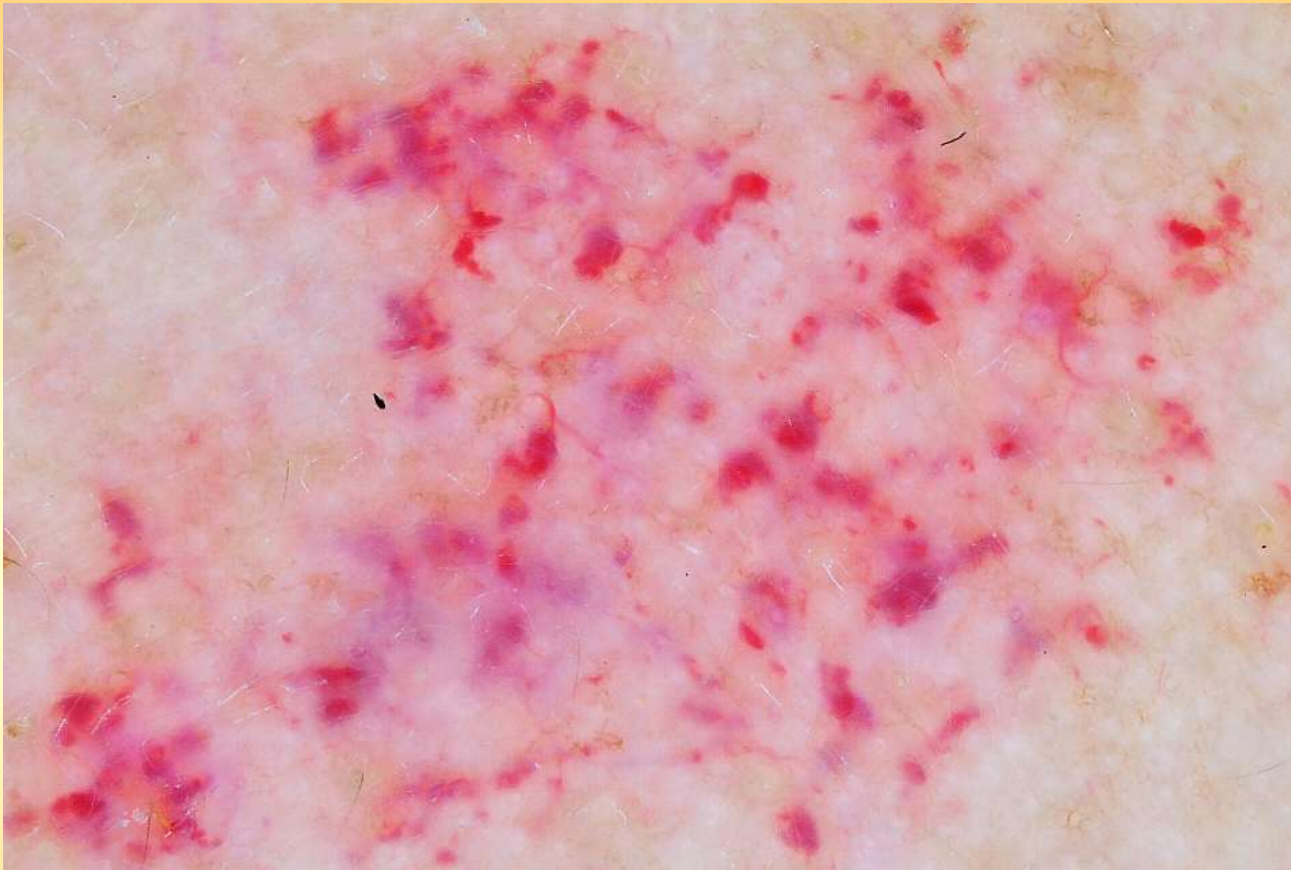
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# Dermoscopy on vascular lesions

## Abstract

**Background** During dermoscope-guided surgical procedures, we noticed that vasculature was easily identified. This study investigated the use of dermoscopy in detecting and diagnosing vascular skin lesions.

**Methods** We retrieved records of patients with vascular skin lesions who underwent dermoscopy over a 3 month period, in two outpatient clinics affiliated with a university teaching hospital. Our controls were similar patients where dermoscopy was not performed.

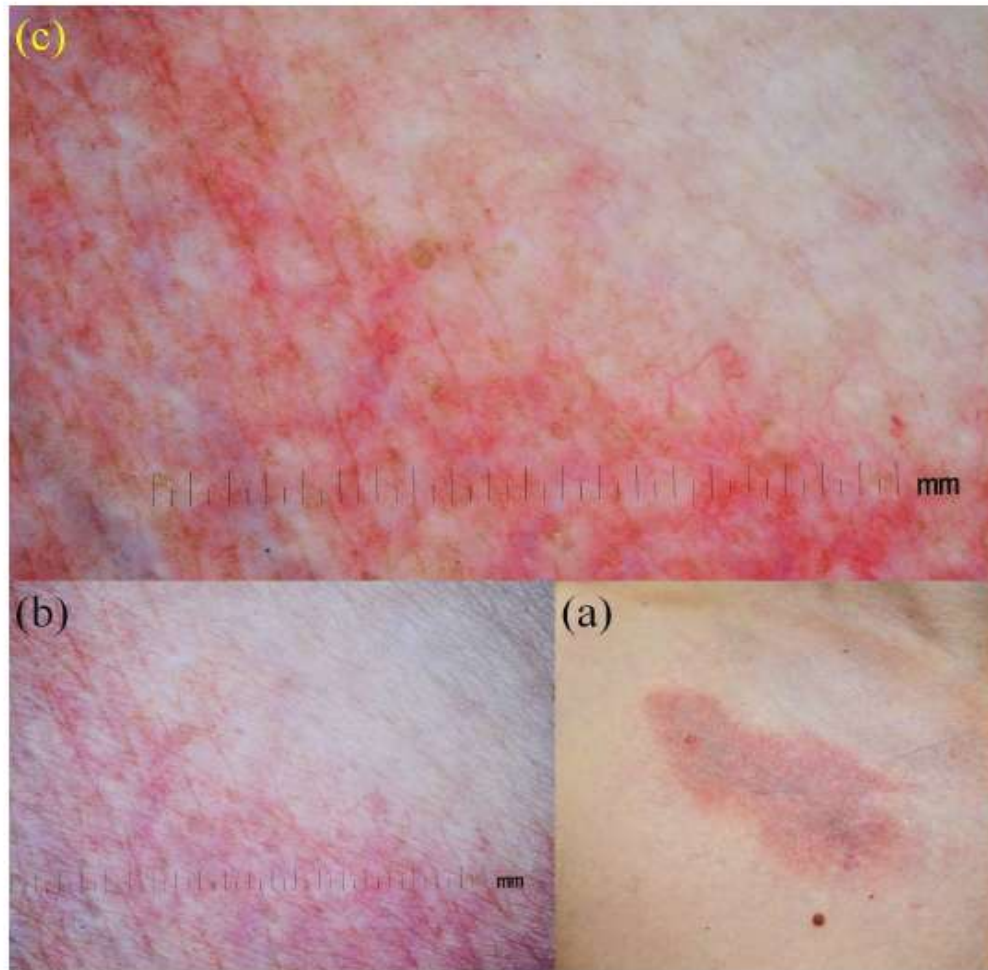
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**Keywords:** angioma, cross-polarisation, haemangioma, port-wine stain, spider naevus, telangiectasia

Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

**Figure 4** Acquired focal essential telangiectasia. Diagnosis based on the clinical photograph (a) is possible but indefinite. In the dermatoscopic view without polarised light (b), the skin creases impede the view of the architecture underneath. Epiluminescence dermatoscopy (c) reveals dilated and brittle vessels with angulations and turns. (Magnification: 20×)



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

## Specific diseases – Essential telangiectasia



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.



# Specific diseases – Essential telangiectasia



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

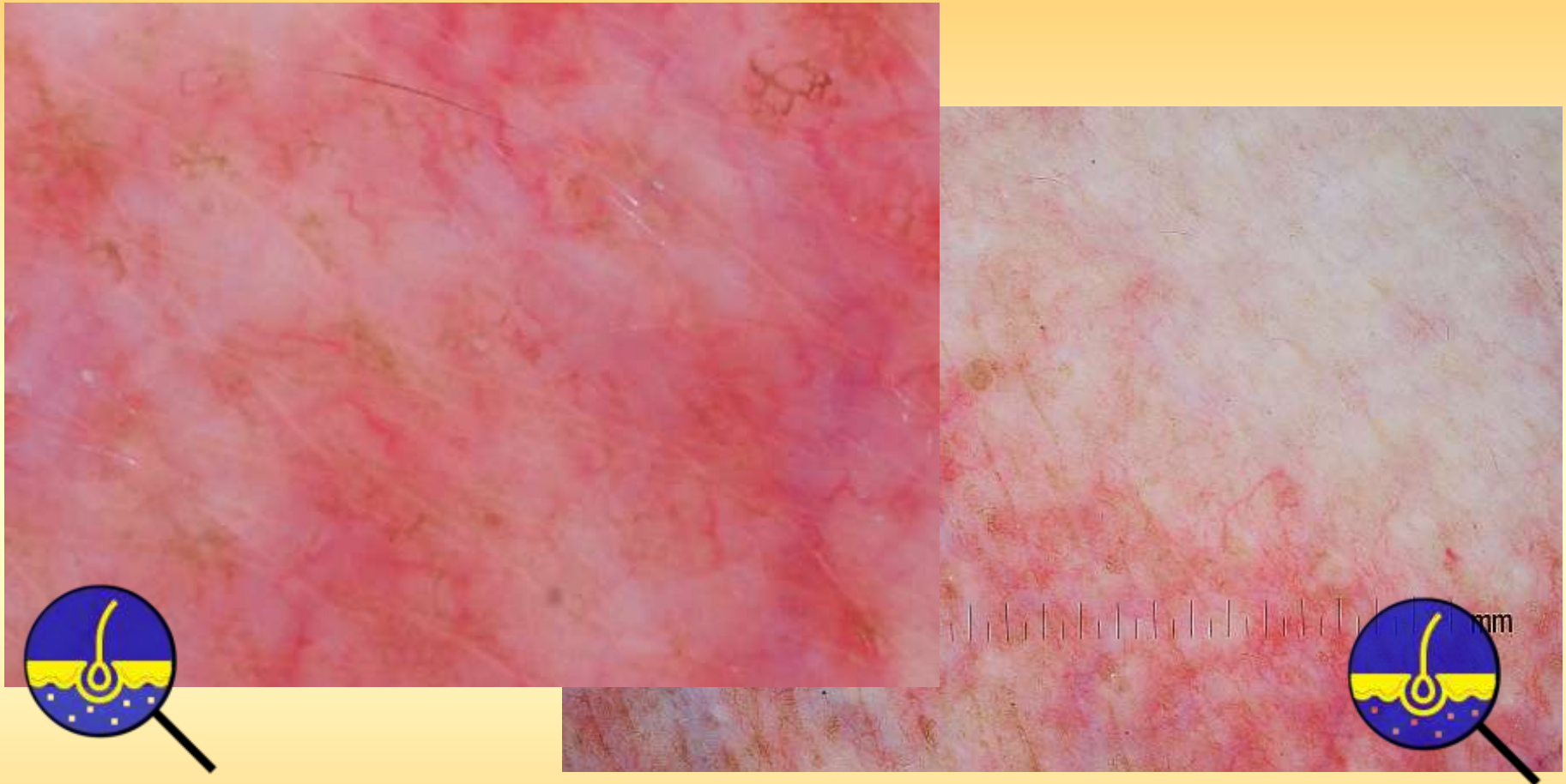
# Specific diseases – Essential telangiectasia



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.



# Specific diseases – Essential telangiectasia



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.



# Dermoscopy on vascular lesions

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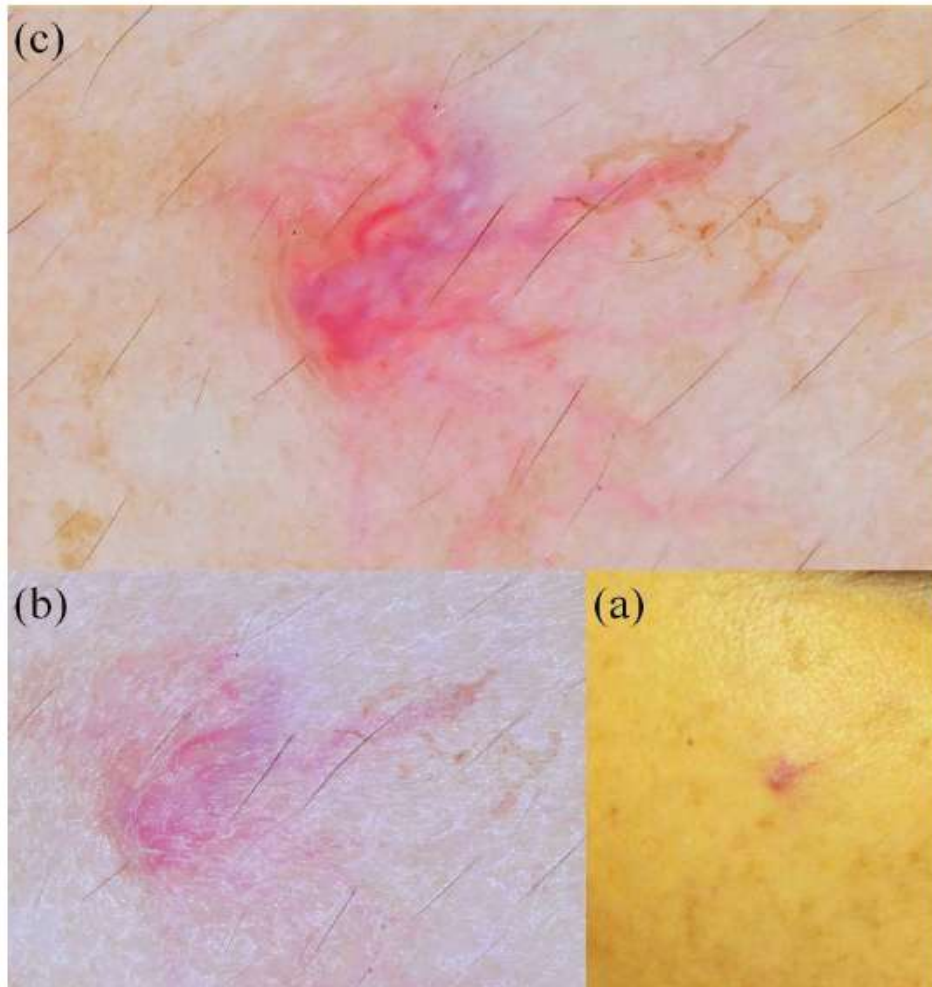
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Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

**Figure 5** Spider angioma, also known as naevus araneus. Based on the clinical photograph (a) only, the diagnosis might be in doubt owing to inadequate number of appendages. Dermoscopy without cross-polarisation (b) delivers a blurred view of dilated blood vessels. Under epiluminescence dermatoscopy (c), more than eight appendages are unveiled, substantiating the diagnosis. (Magnification: 20×)



## Vascular diseases – Spider angioma

Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

# Vascular diseases – Spider angioma





# Vascular diseases – Spider angioma



## Vascular diseases – Spider angioma



# Vascular diseases – Spider angioma



<https://emedicine.medscape.com/article/1084388-overview>



# Vascular diseases – Spider angioma



<https://emedicine.medscape.com/article/1084388-overview>

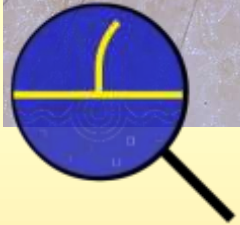
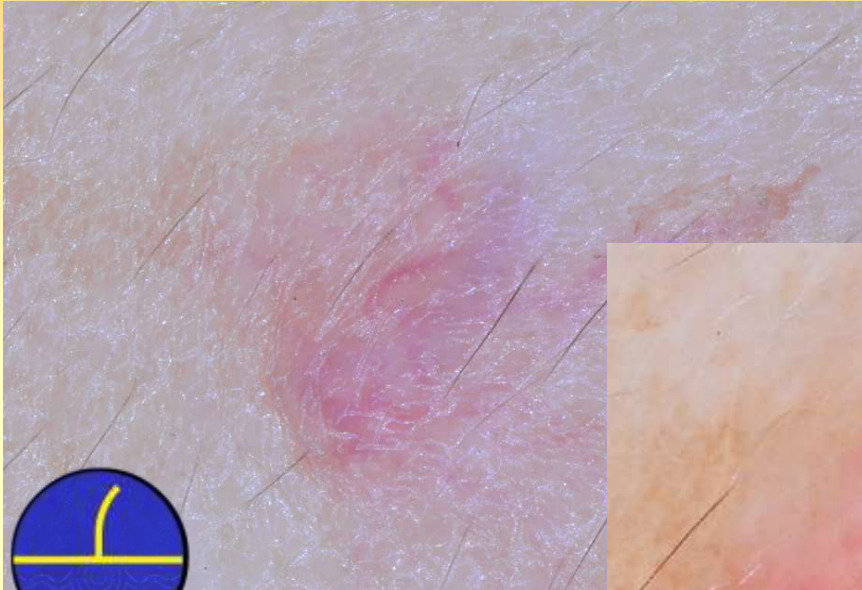


[https://upload.wikimedia.org/wikipedia/commons/4/42/Spider\\_nevus.jpg](https://upload.wikimedia.org/wikipedia/commons/4/42/Spider_nevus.jpg)

# Vascular diseases – Spider angioma



# Vascular diseases – Spider angioma



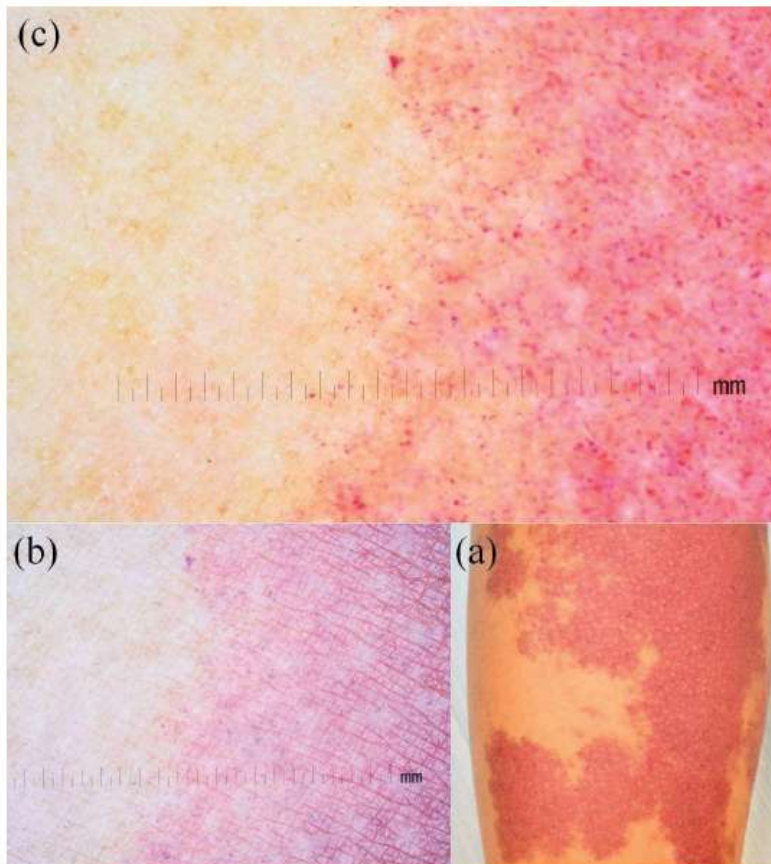


## Vascular diseases – Port-wine stain

- Got its name from similar colour as red wine from Portugal
- Caused by a gene mutation
- Seen at **birth**
- **Persist throughout life**

# Specific diseases – Port-wine stain

**Figure 8** Port-wine stain, also known as naevus flammeus (a). Dermoscopy without cross-polarisation (b) depicts a blurred image of dilated capillaries owing to overlying skin creases obscuring the view. Under epiluminescence dermatoscopy (c), the morphology of numerous irregularly dilated capillaries in the shape of droplets is seen, substantiating the diagnosis. (Magnification: 20x)



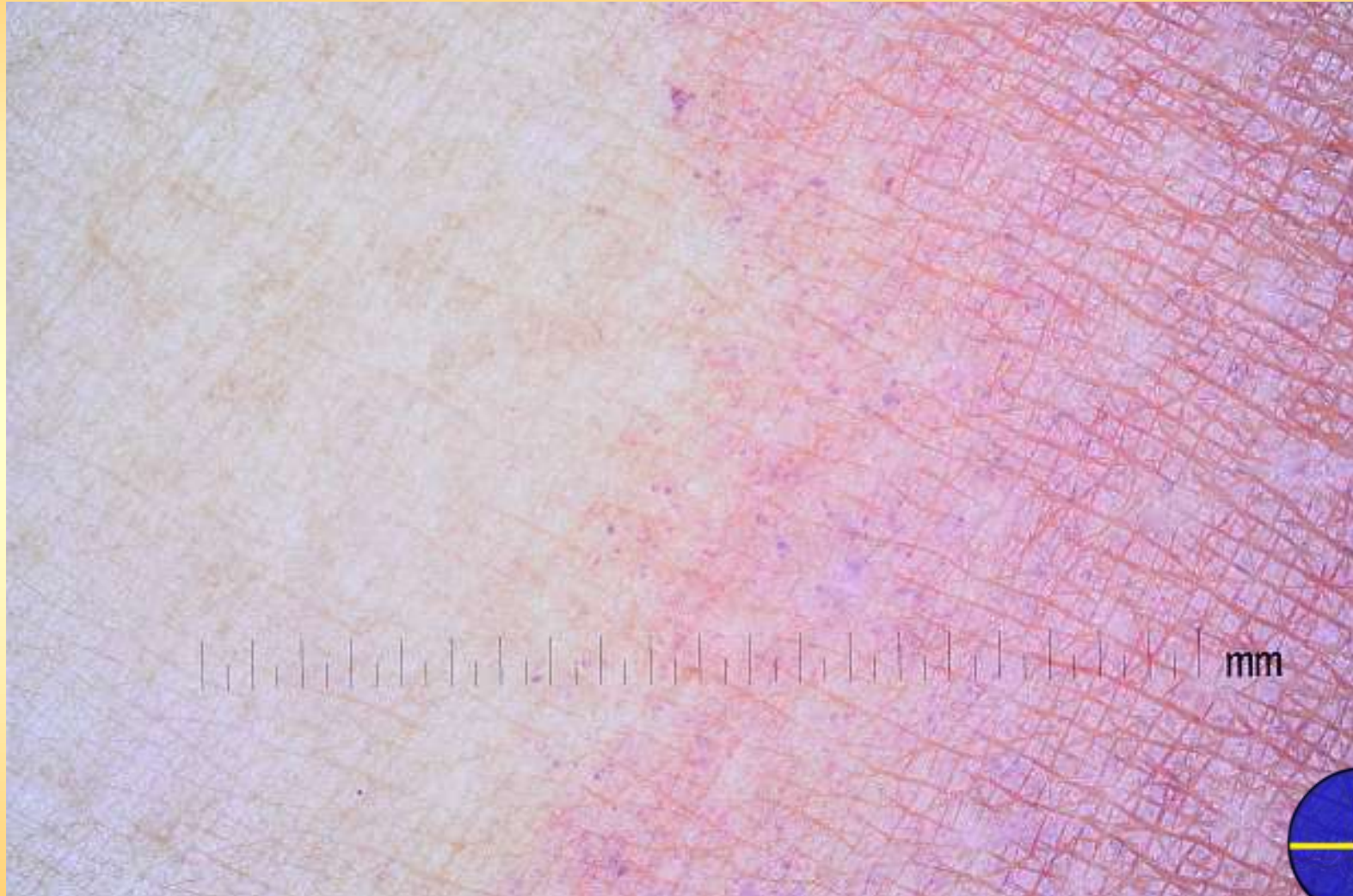
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## Specific diseases – Port-wine stain



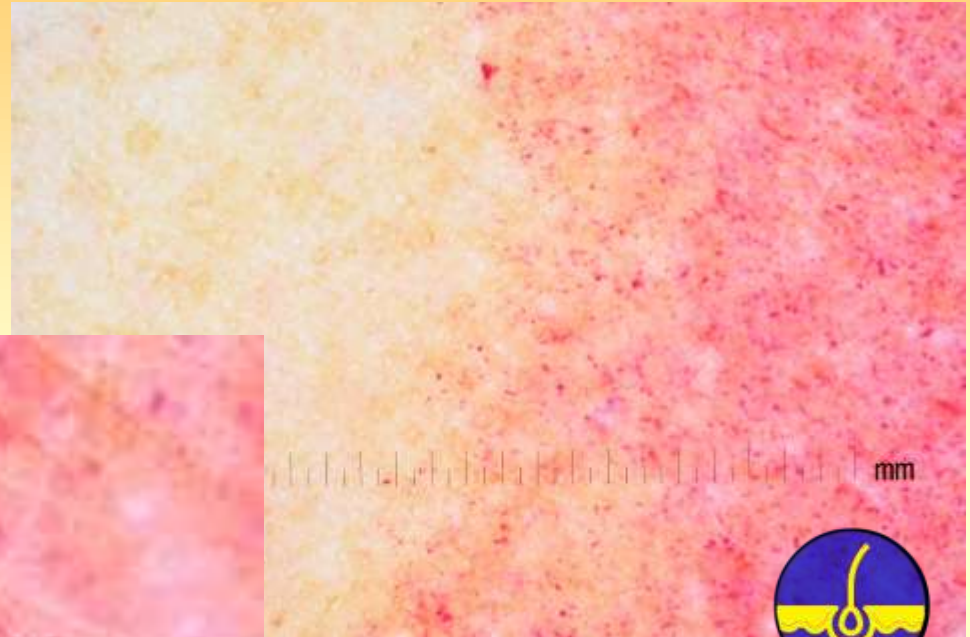
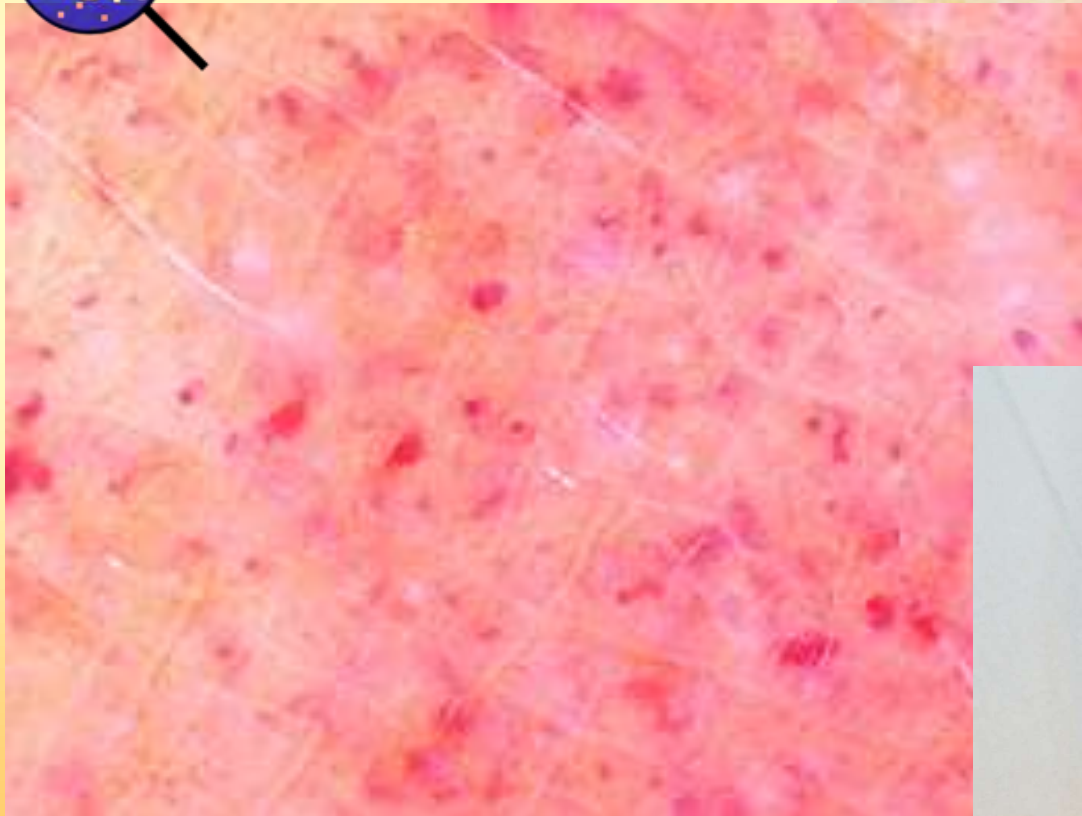


# Specific diseases – Port-wine stain



# Specific diseases – Port-wine stain

Irregularly dilated capillaries  
Showing “**jumping**” droplets





# Dermoscopy on vascular lesions

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**Keywords:** angioma, cross-polarisation, haemangioma, port-wine stain, spider naevus, telangiectasia

**Financial and Competing Interests:** No conflict of interests declared

---

## Introduction

The efficacy of dermatoscopy (also known as dermoscopy)

## Methods

Our setting was two outpatient



# Dermoscopy on vascular lesions

## Abstract

**Background** During dermatoscope-guided surgical procedures, we noticed that vasculature was easily identified. This study investigated the use of dermoscopy in detecting and diagnosing vascular skin lesions.

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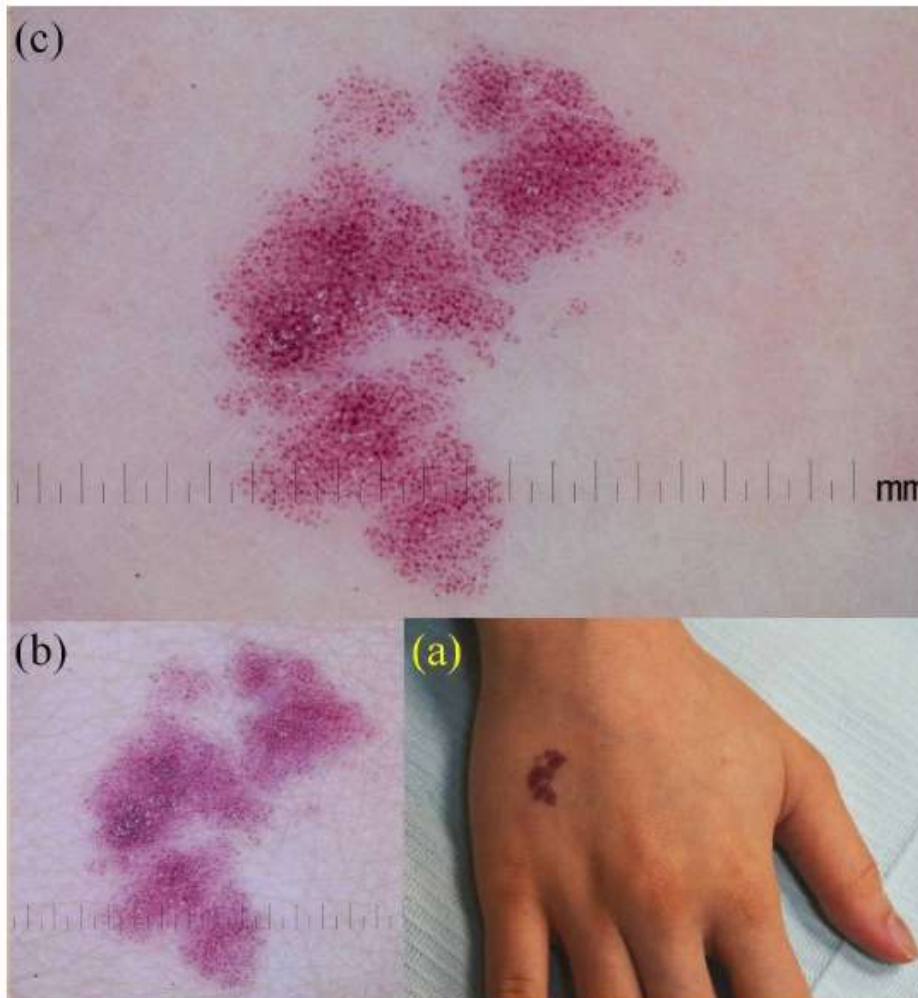
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Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

**Figure 7** Petechial angioma. Making a diagnosis based on the clinical appearance (a) is insecure. The dermatoscopic view without polarised light (b) yields numerous monomorphous petechiae. The epiluminescence view (c) clearly shows hundreds of petechiae arranged into a conglomerated lesion. (Magnification: 10×)



## Vascular diseases – Petechial angioma

Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.

# Vascular diseases – Petechial angioma





# Vascular diseases – Petechial angioma



■ A congenital red lesion



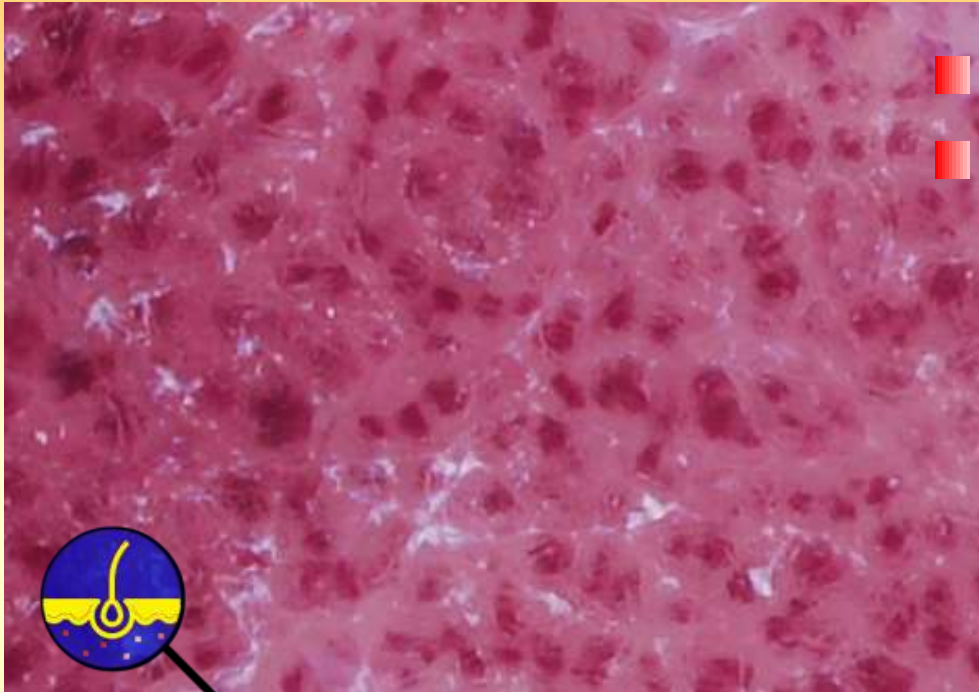
# Vascular diseases – Petechial angioma



- A congenital red lesion
- **Diagnosis** had to be **confirmed** before plastic surgery.



# Vascular diseases – Petechial angioma



A congenital red lesion



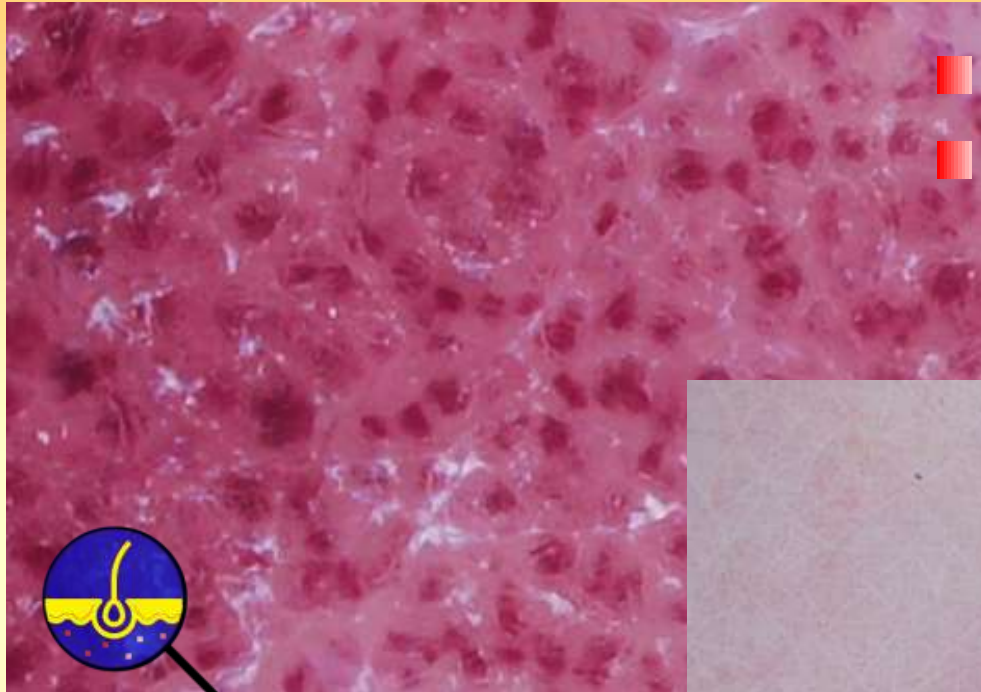
Diagnosis had to be confirmed before plastic surgery.



Dermoscopy revealed numerous **monomorphous petechiae**.



# Vascular diseases – Petechial angioma

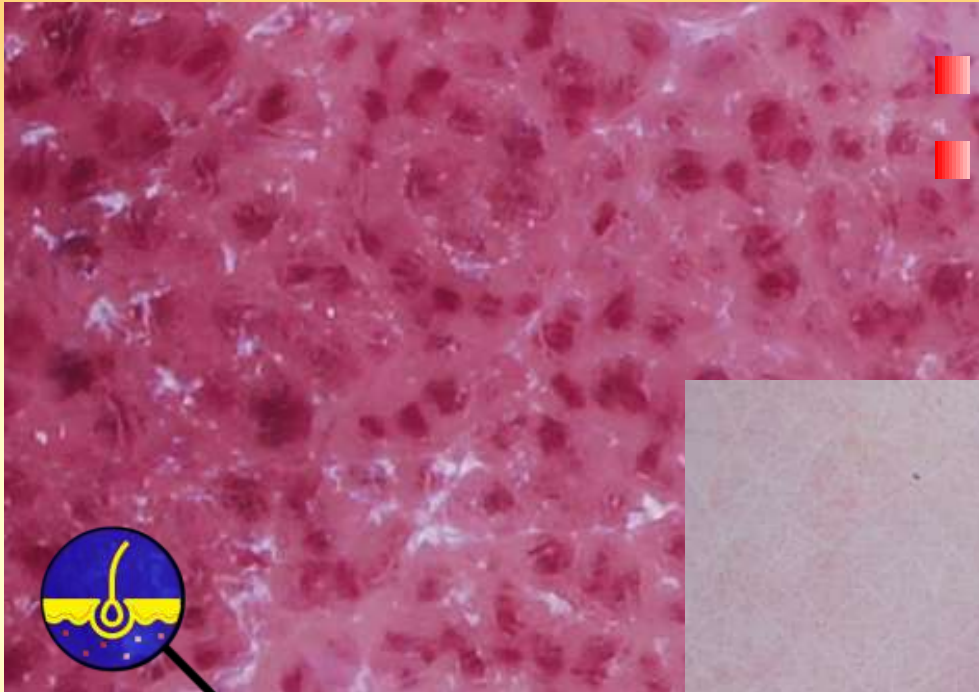


- A congenital red lesion
- **Diagnosis** had to be **confirmed** before plastic surgery.

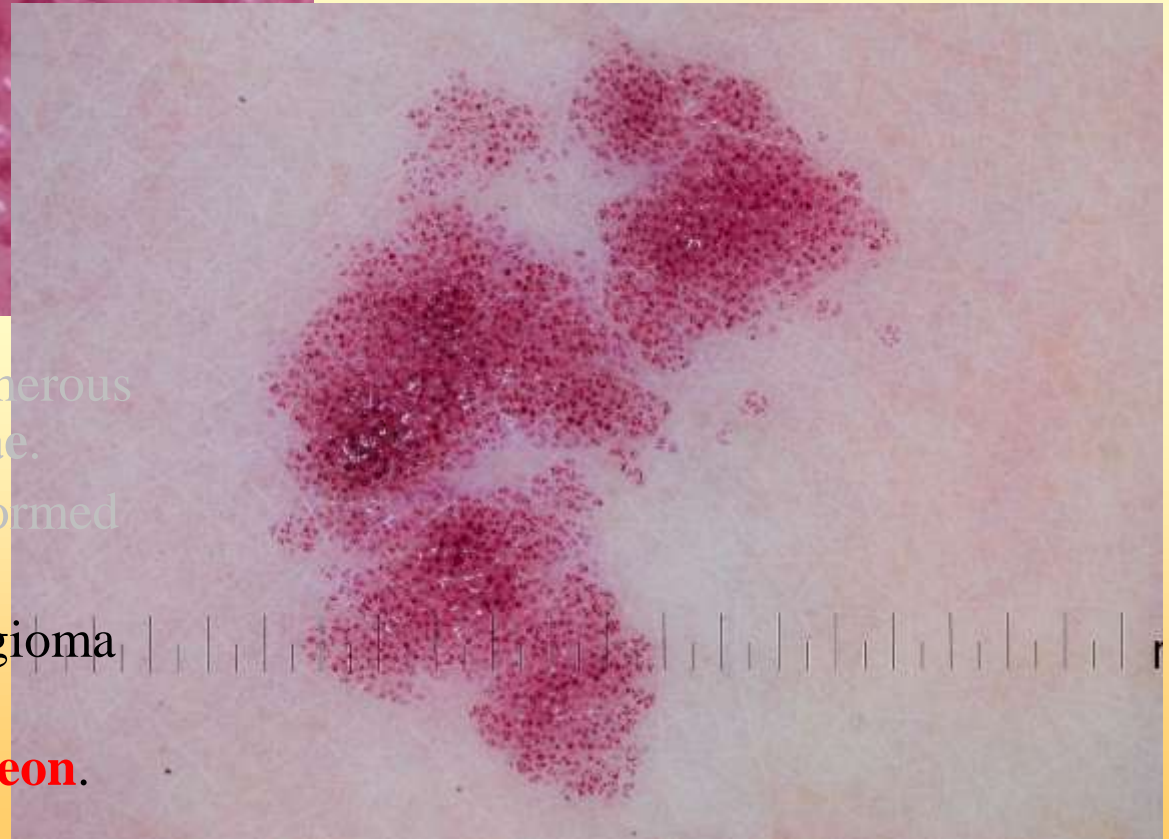
- Dermoscopy revealed numerous **monomorphous petechiae**.
- All **conglomerated** and formed the lesion.



# Vascular diseases – Petechial angioma



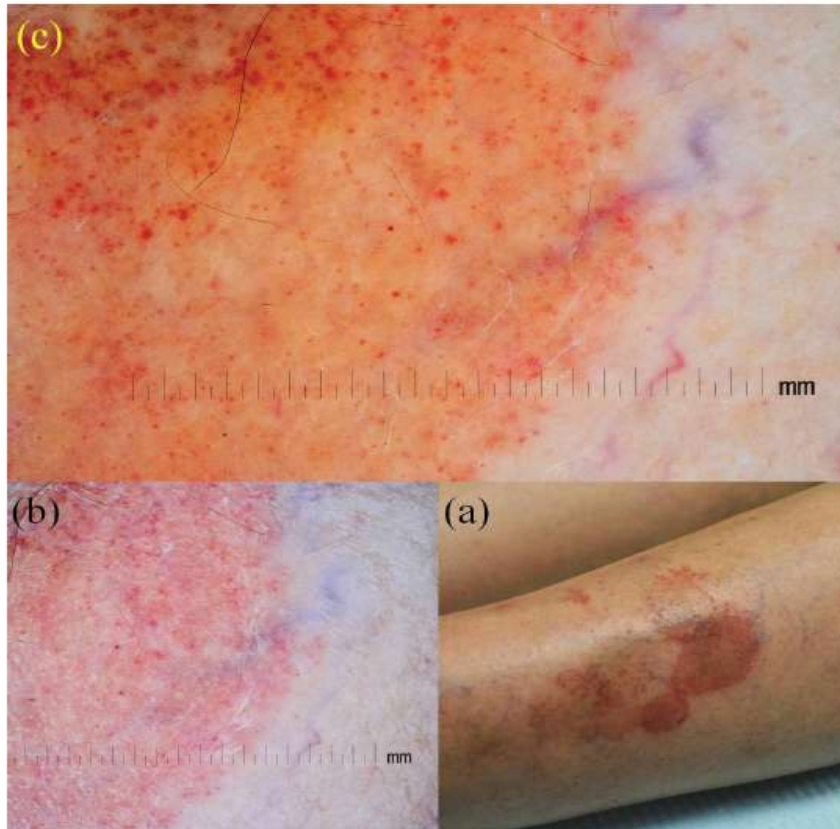
- A congenital red lesion
- **Diagnosis** had to be **confirmed** before plastic surgery.



- Dermoscopy revealed numerous **monomorphous petechiae**.
- All **conglomerated** and formed the lesion.
- Diagnosis of petechial angioma **confirmed**.
- Referred to a **plastic surgeon**.

# Specific diseases – Venous stasis

**Figure 3** Venous stasis. Dotted lesions are seen, with larger dots in the centres of the lesions and smaller ones at the periphery.<sup>3</sup> In the clinical photograph (a), active inflammation with a distinct margin is seen. (b) Dermoscopy without cross-polarisation delivers a blurred view of dilated blood vessels. The number of vessels cannot be counted. Dermatoscopy with polarised light (c) produces a much clearer view of irregularly dilated blood vessels in an erythematous background. Dilated venules are seen out of focus. (Magnification: 10×)



Chuh A, Zawar V, Sciallis G. Does dermoscopy facilitate the detection and diagnosis of vascular skin lesions? – a case-control study. *J R Coll Physicians Edinb* 2018; **48**: 210-6.



# Specific diseases – Venous stasis



# Specific diseases – Venous stasis



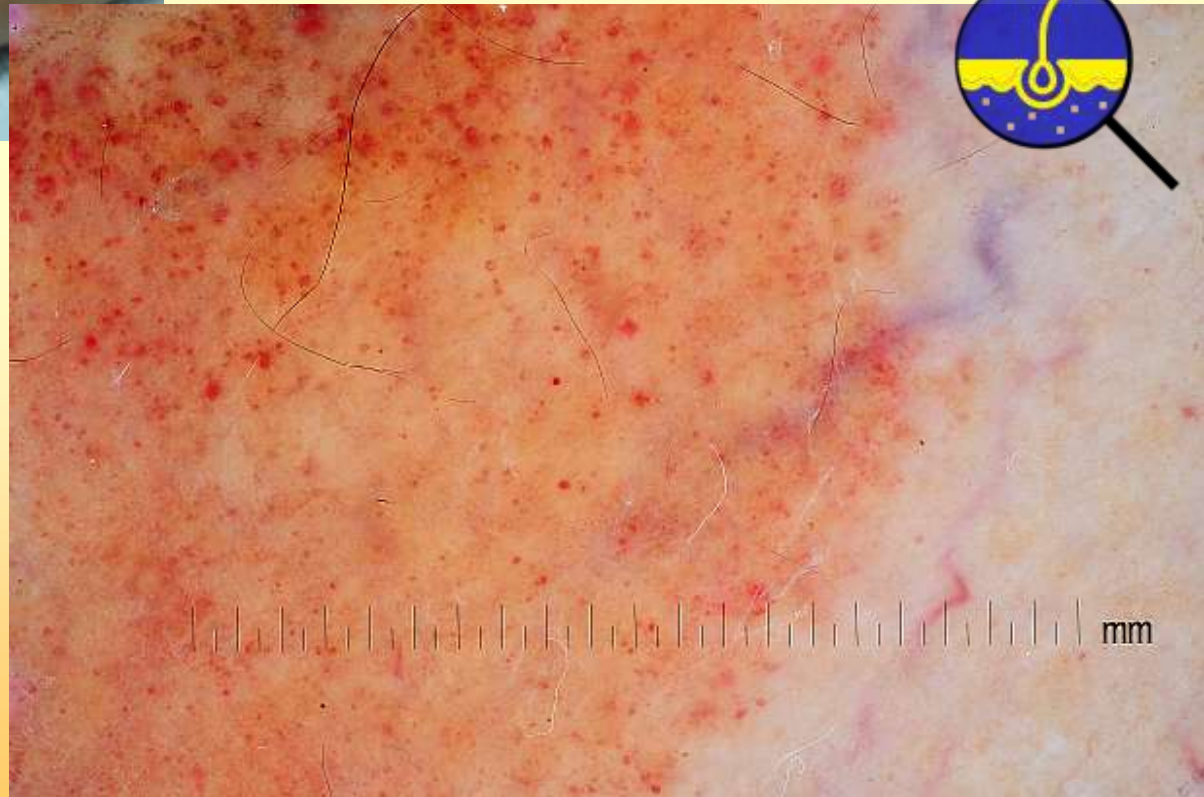
- Diagnosis has to be **ascertained** before compression therapy.



# Specific diseases – Venous stasis



- Diagnosis has to be **ascertained** before compression therapy.
- Dermoscopy revealed **venous stasis** with **staining**.





# Specific diseases – Venous stasis

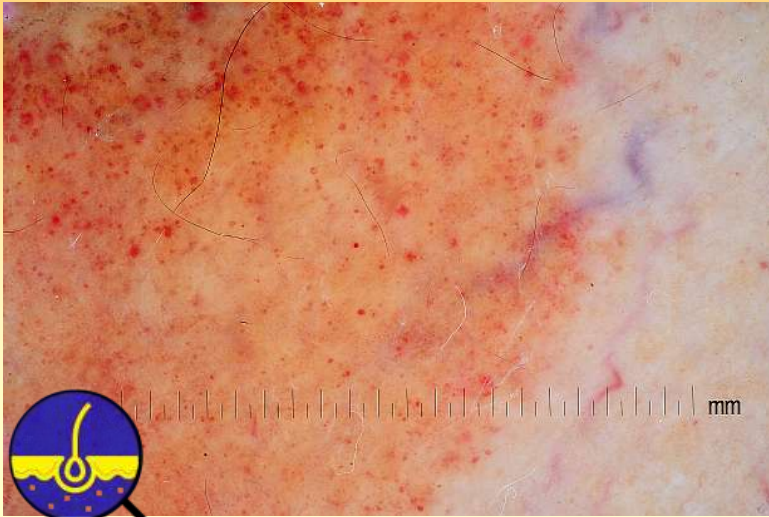


- Doppler studies revealed normal **ankle-brachial pressure index**.

- Diagnosis has to be **ascertained** before compression therapy.
- Dermoscopy revealed **venous stasis with staining**.



# Specific diseases – Venous stasis



- Diagnosis has to be **ascertained** before compression therapy.
- Dermoscopy revealed **venous stasis with staining**.

- Doppler studies revealed normal **ankle-brachial pressure index**.
- **Compression therapy** commenced.



# Carvenous haemangioma

- Benign tumours with **dilated blood vessels**
- **Leakage** of blood to adjacent regions is common.



# Carvenous haemangioma



# Carvenous haemangioma

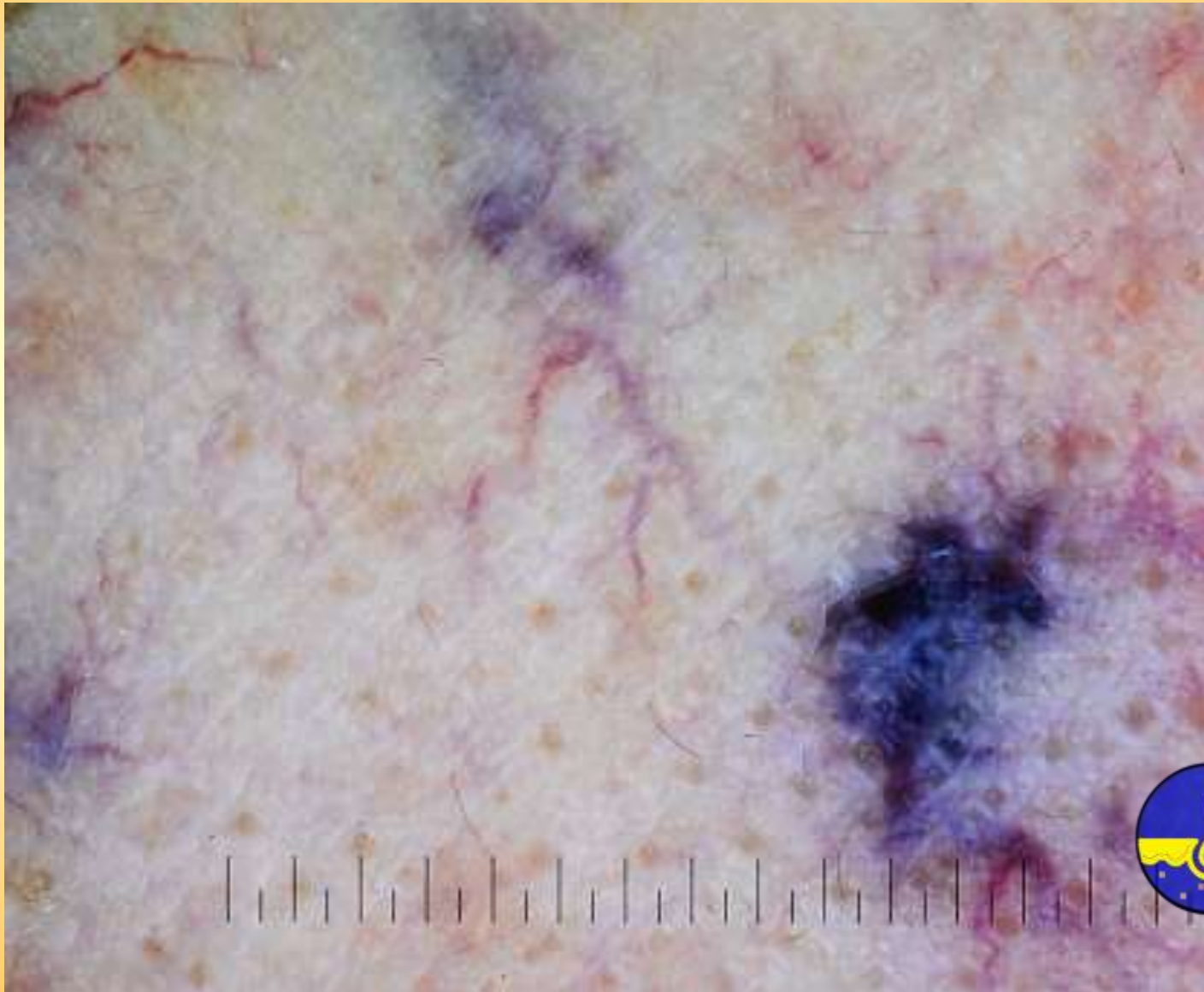


# Carvenous haemangioma





# Carvenous haemangioma



## Specific diseases – giant haemangioma



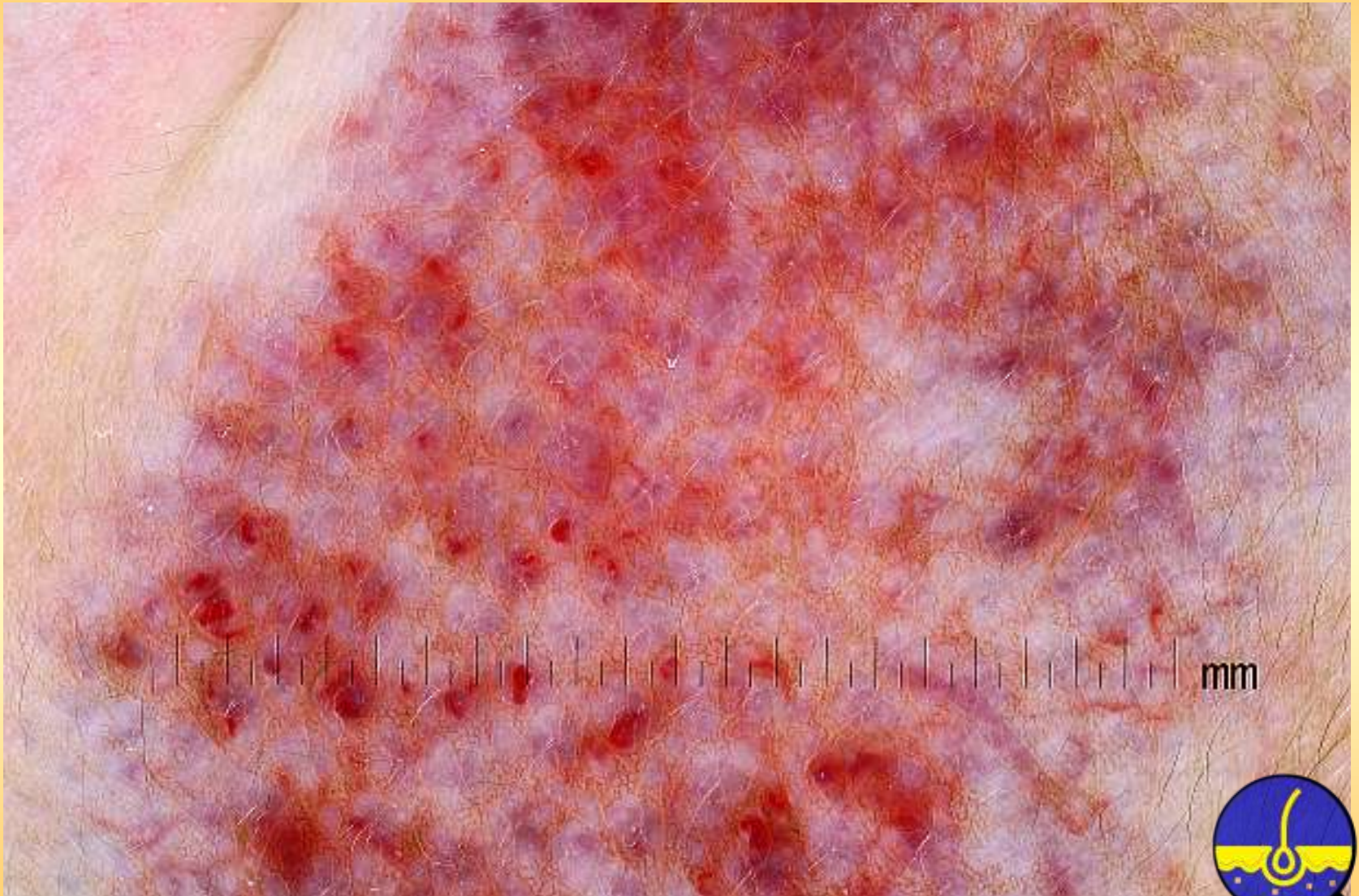


# Specific diseases – giant haemangioma





# Specific diseases – giant haemangioma



# Pyogenic granuloma

- Vascular lesion on mucosa and skin
- Pregnant women in the **first trimester** particularly affected.
- Smooth or mushroom-shaped
- **Bleeds profusely** upon little or no trauma
- May heal spontaneously.
- Can be excised or cauterised.

# Specific diseases – pyogenic granuloma





# Specific diseases – pyogenic granuloma



# Specific diseases – pyogenic granuloma



**Therefore,**



Therefore,

**Dermoscopy might facilitate the diagnosis of various vascular diseases.**

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular

## • Pigmentation

- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

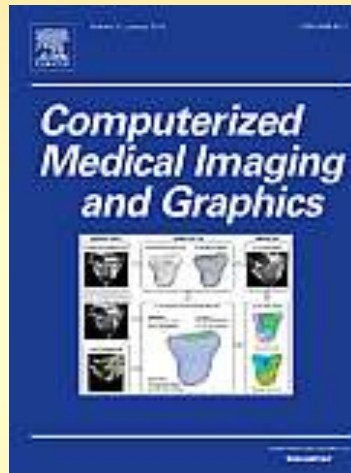
## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future



# Specific diseases – Vitiligo



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Comput Med Imaging Graph, 2004 Jun;28(4):213-7.

**Demonstration of residual perifollicular pigmentation in localized vitiligo--a reverse and novel application of digital epiluminescence dermoscopy.**

Chuh AA<sup>1</sup>, Zawar V.

Author information

**Abstract**  
Digital epiluminescence dermoscopy (microscopy) is usually employed to examine melanomas and other pigmented lesions. We report its reverse application in

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Chuh AAT, Zawar V. Demonstration of residual perifollicular pigmentation in localized vitiligo – a reverse and novel application of digital epiluminescence dermoscopy. *Comput Med Imaging Graph* 2004; **28**: 213-7.

# Specific diseases – Sparing perifollicular pigments in vitiligo



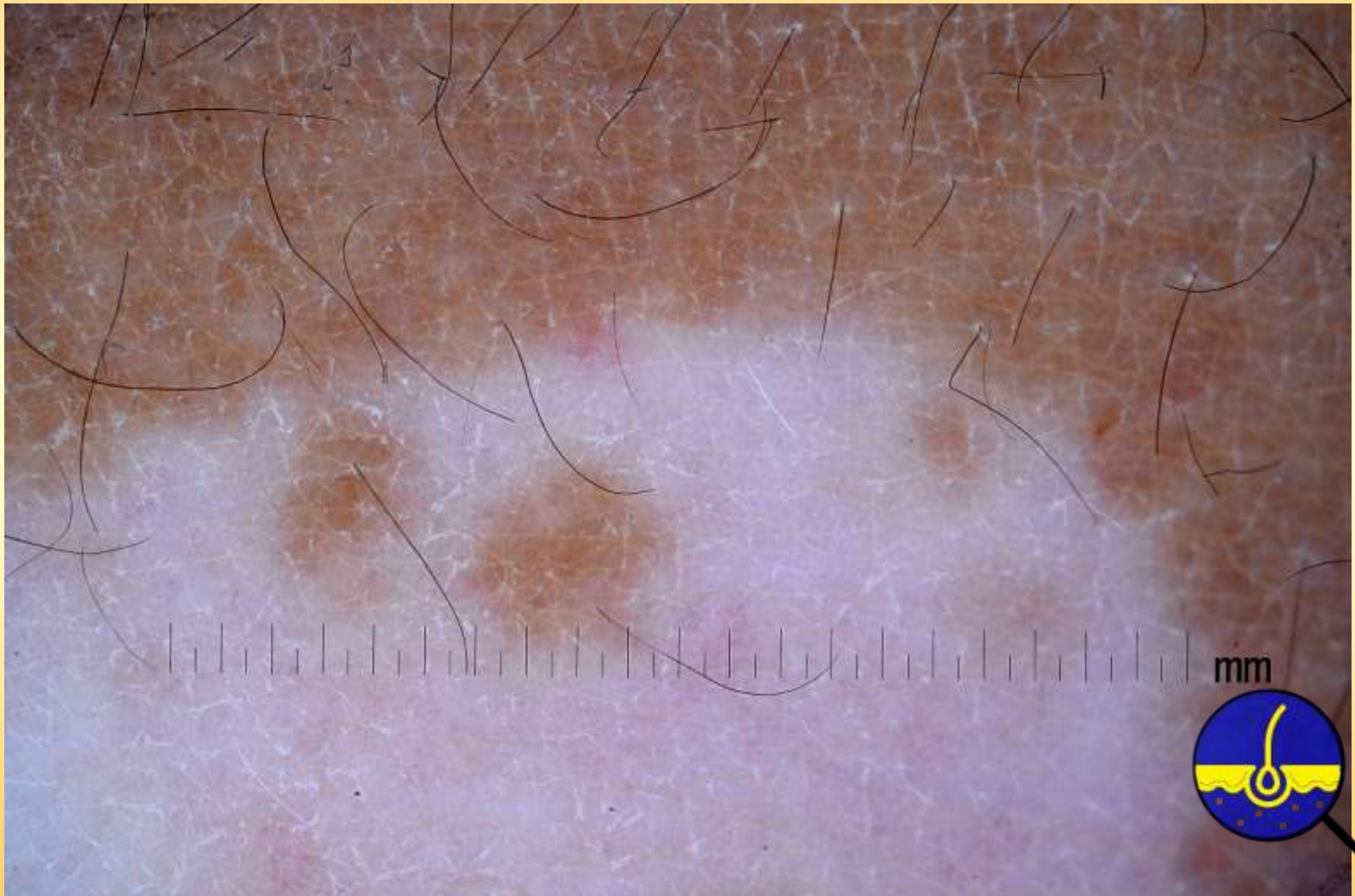
Chuh AAT, Zawar V. Demonstration of residual perifollicular pigmentation in localized vitiligo – a reverse and novel application of digital epiluminescence dermoscopy. *Comput Med Imaging Graph* 2004; **28**: 213-7.

**Specific diseases –  
Sparing perifollicular pigments in vitiligo**





# Specific diseases – Sparing perifollicular pigments in vitiligo



## Specific diseases – vitiligo



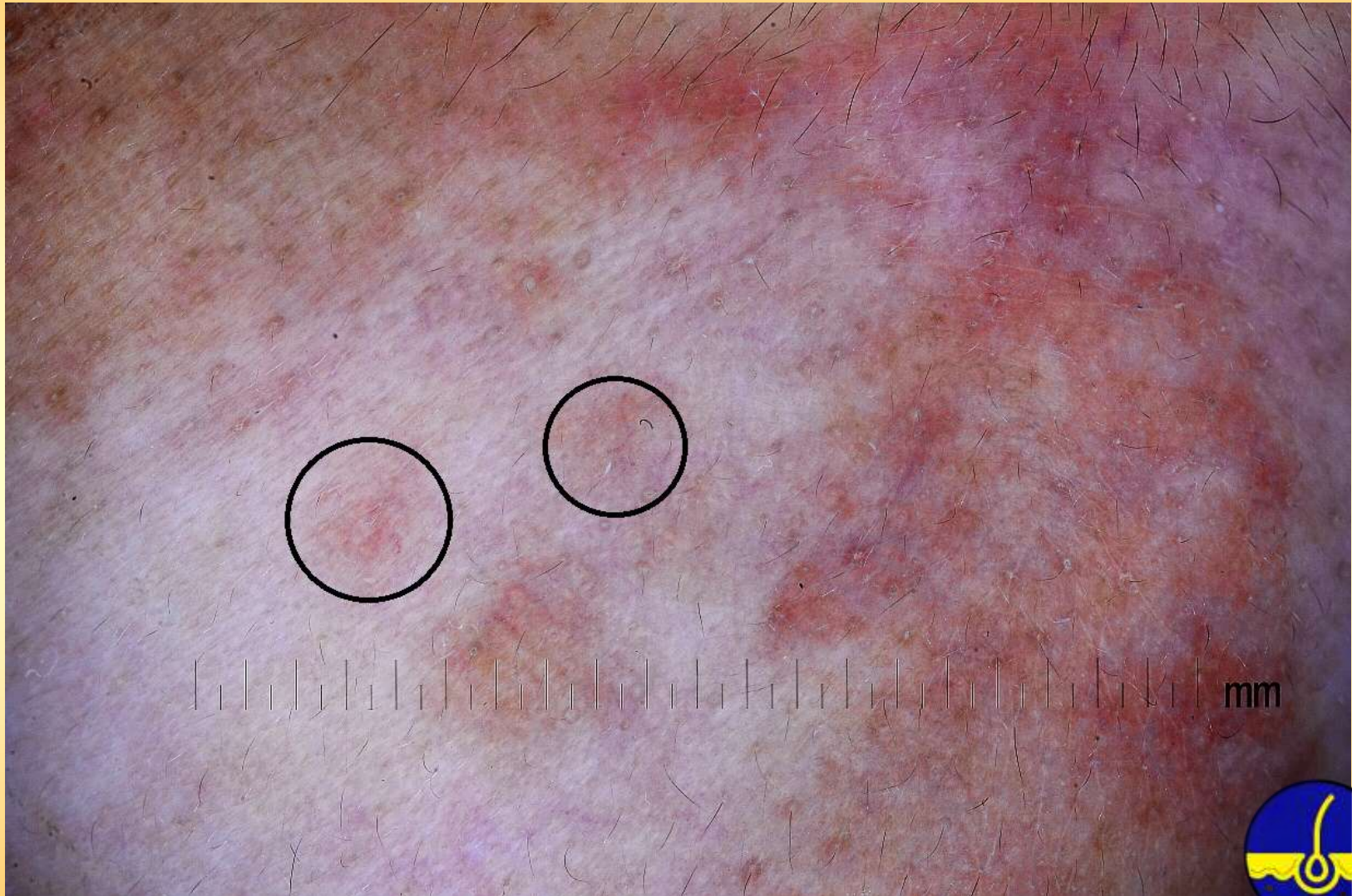


# Specific diseases – vitiligo





# Specific diseases – vitiligo



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
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- Skin manifestations in systemic diseases

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## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation

## • Hairs

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- Genitalia

## ■ The future



## Specific diseases – Alopecia areata

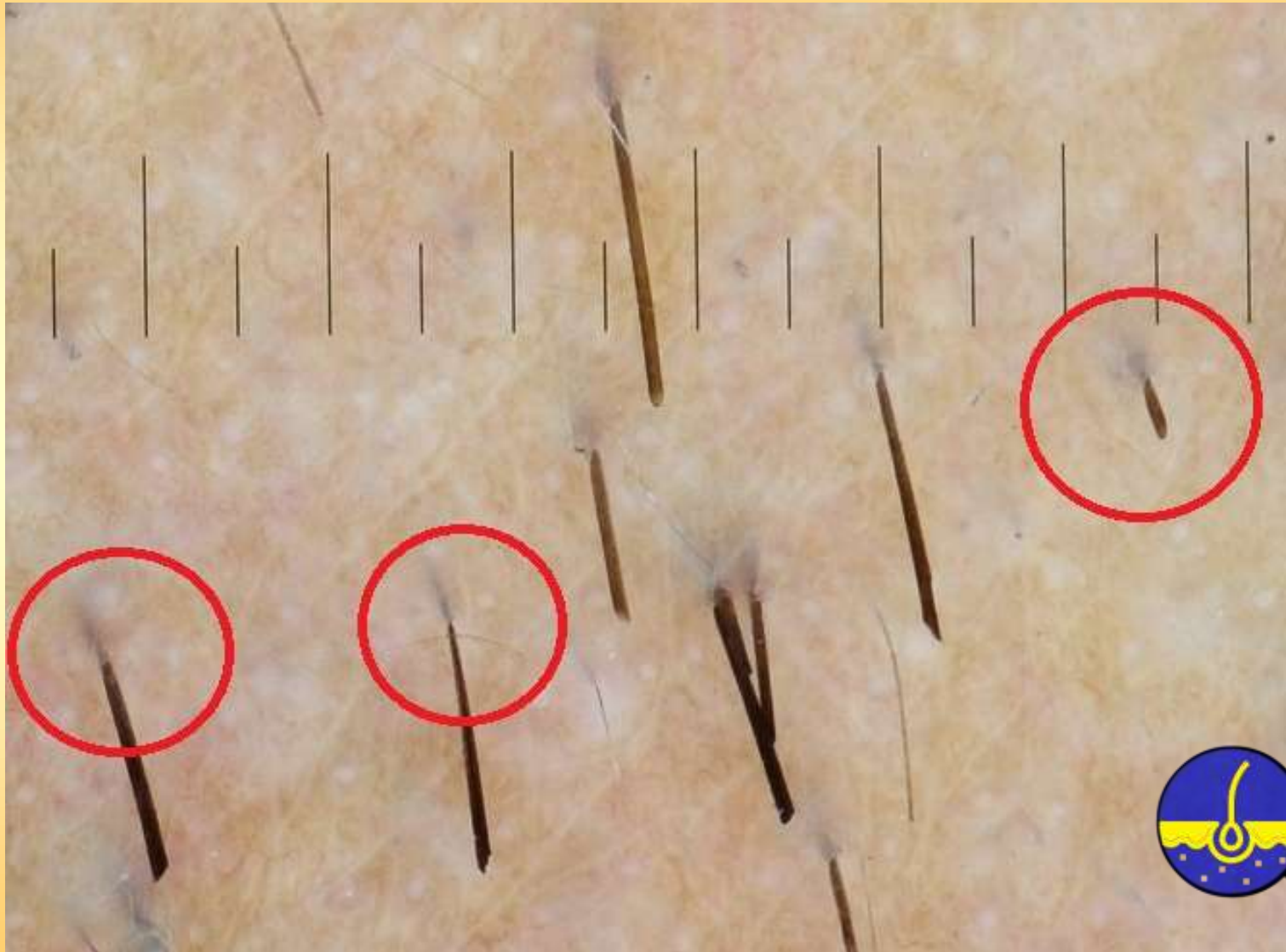


# Specific diseases – Alopecia areata





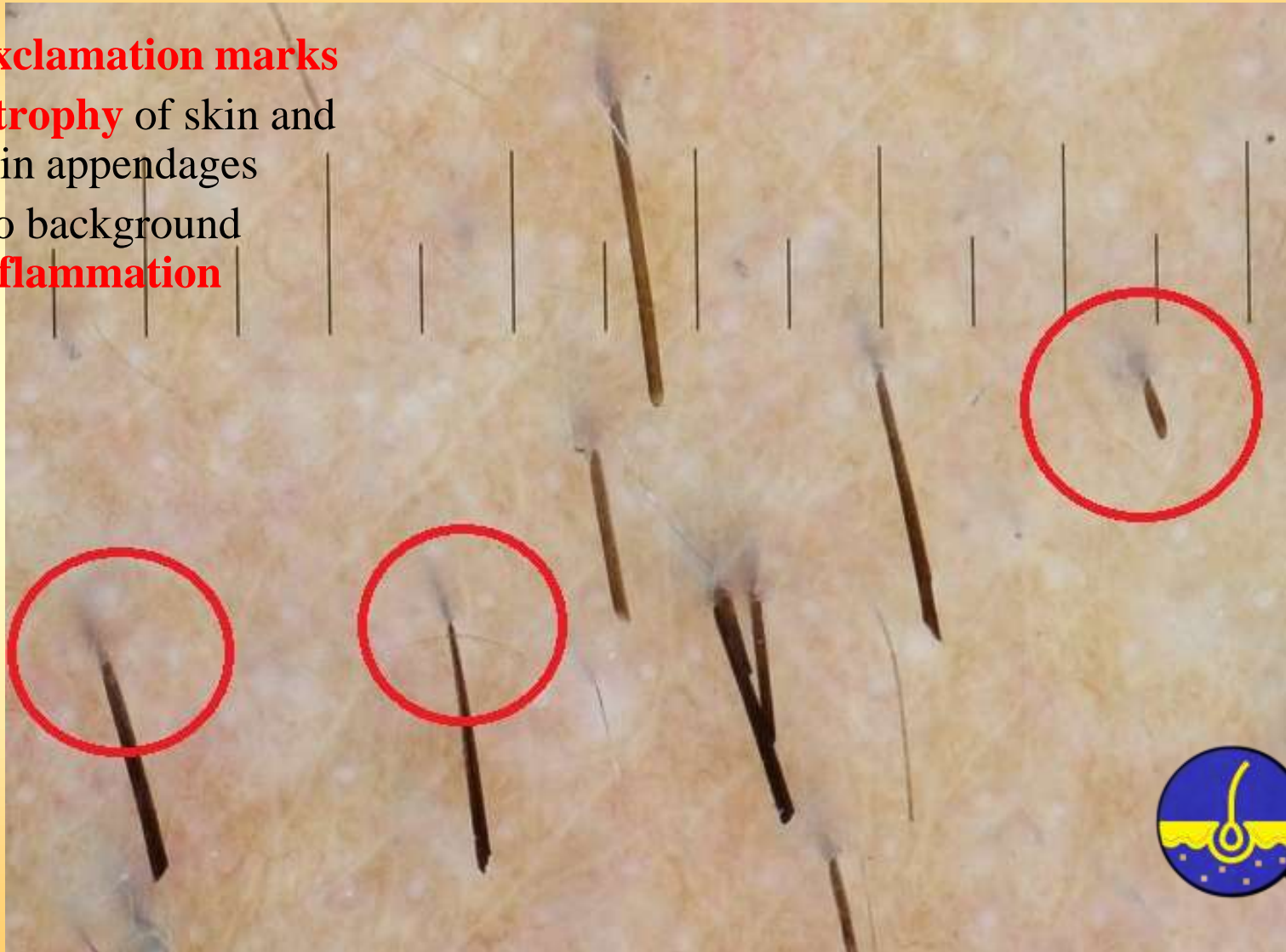
# Specific diseases – Alopecia areata





# Specific diseases – Alopecia areata

- **Exclamation marks**
- **Atrophy** of skin and skin appendages
- No background **inflammation**



# Specific diseases – Trichotillomania



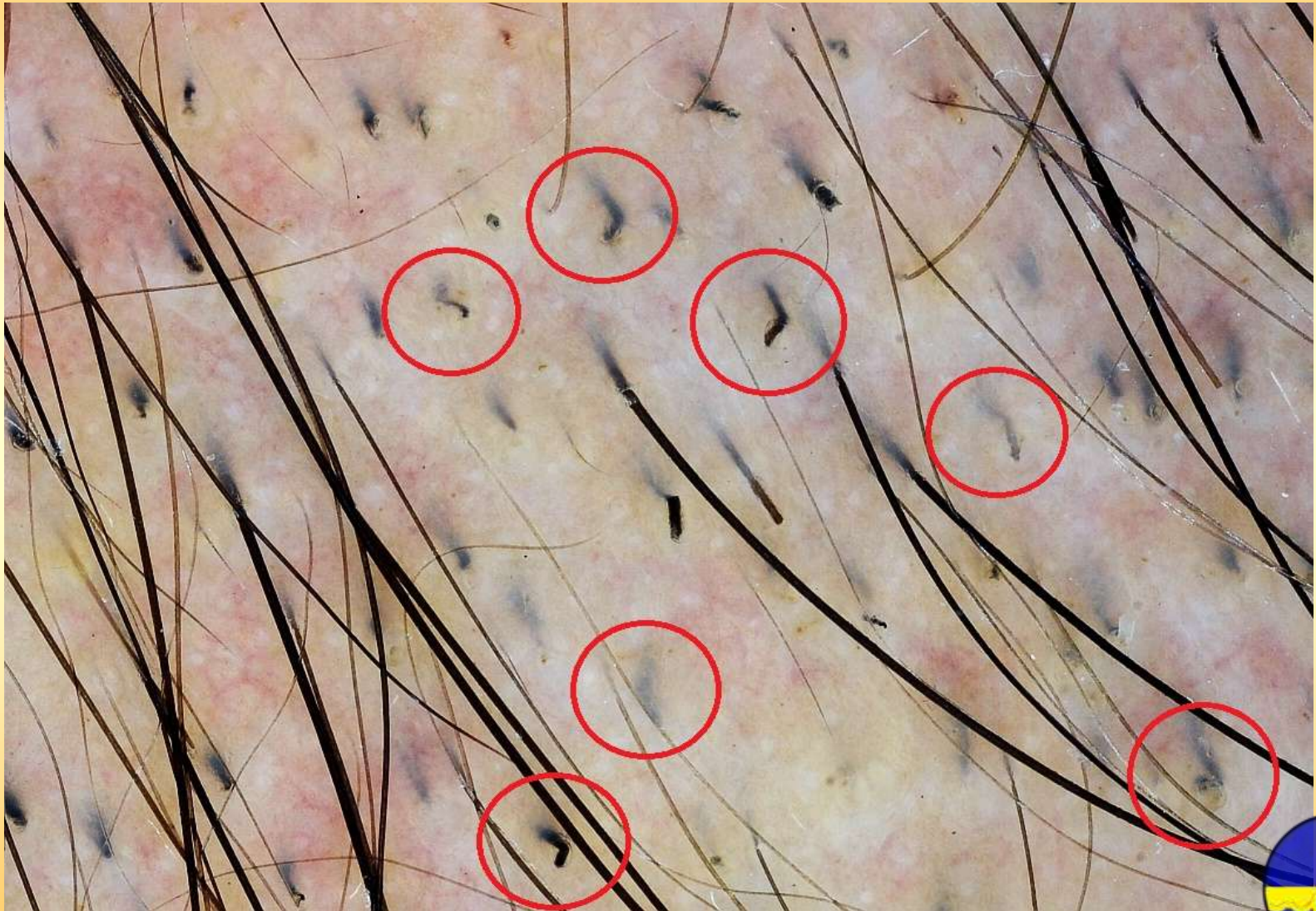


# Specific diseases – Trichotillomania



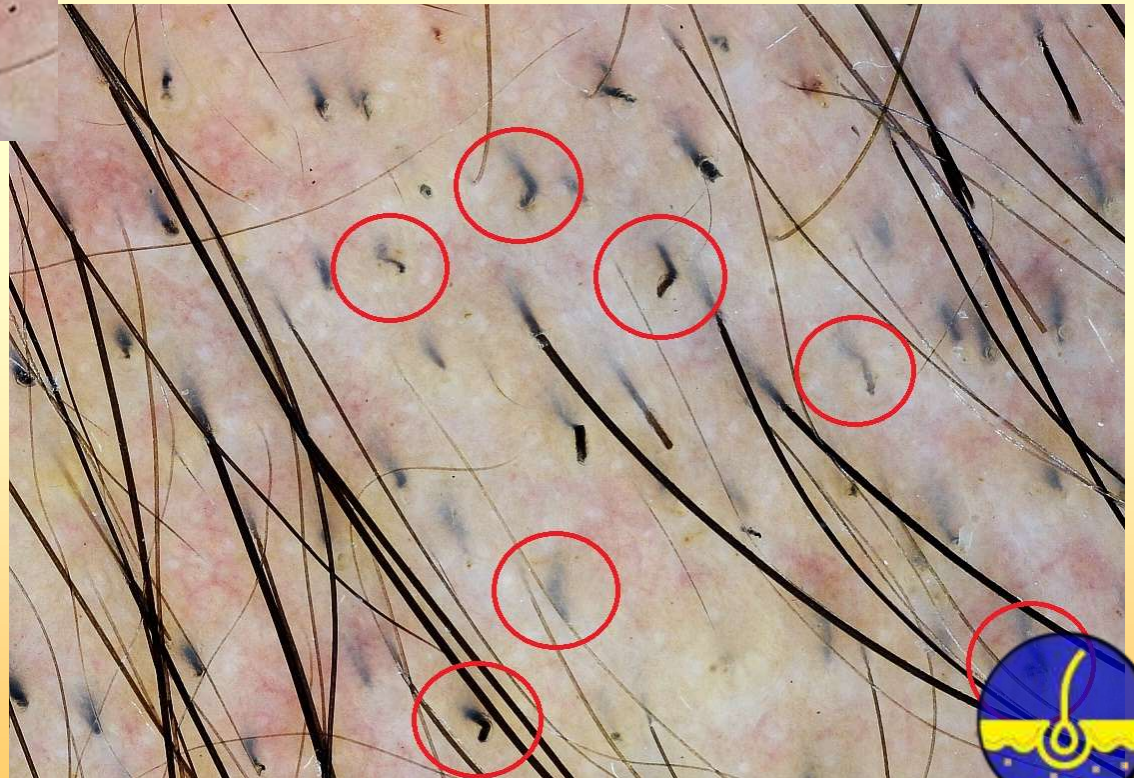
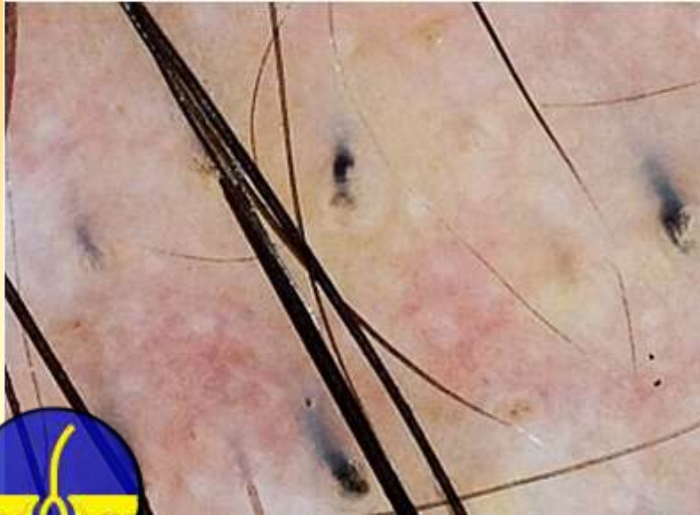


# Specific diseases – Trichotillomania

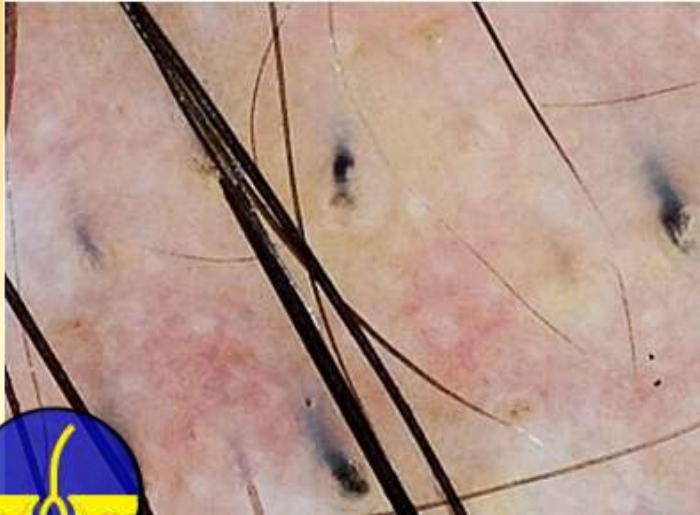




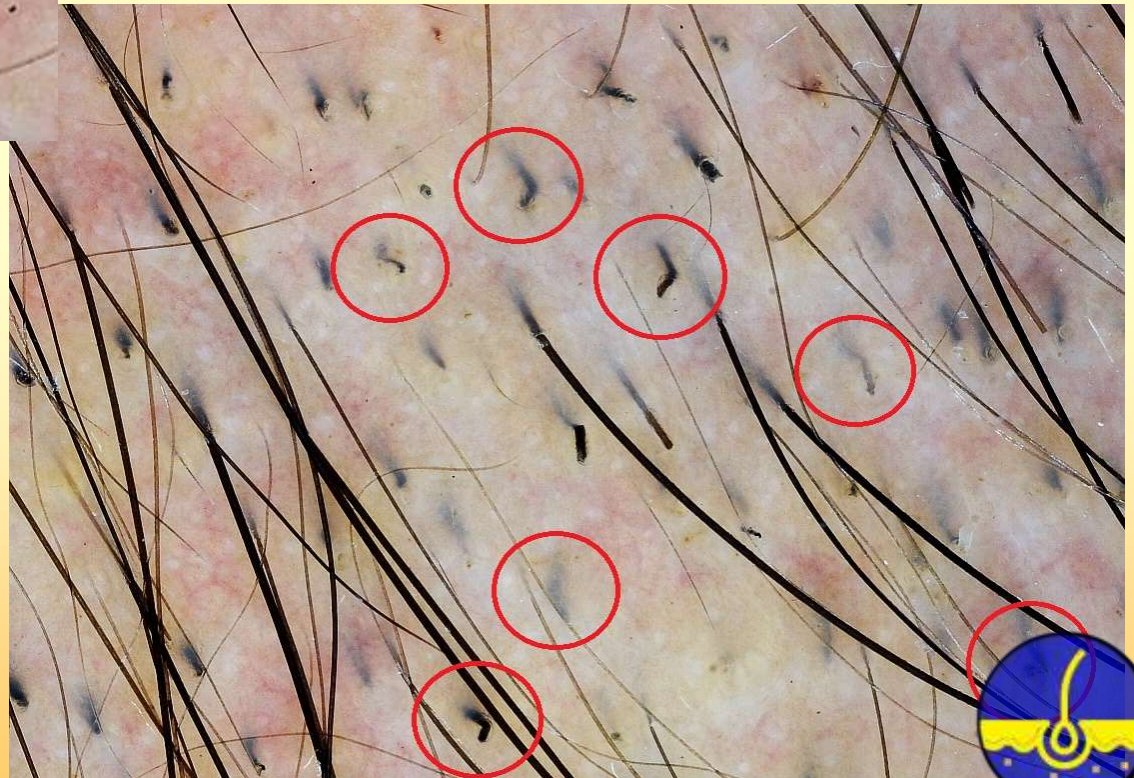
# Specific diseases – Trichotillomania



# Specific diseases – Trichotillomania



- **Asymmetric** hair loss
- **Kinking** or **broken hairs** at **variable stages** of hair growth.
- Background of chronic **inflammation**.
- **No** exclamation mark





# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
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- Pigmentation
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- Solitary lesions
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- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
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- Face
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## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs

## • Solitary lesions

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## ■ Special sites

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- Mucosal surfaces
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- Genitalia

## ■ The future

## Specific diseases – Acrochordon





# Specific diseases – Acrochordon



# Specific diseases – Acrochordon



# Specific diseases – Acrochordon





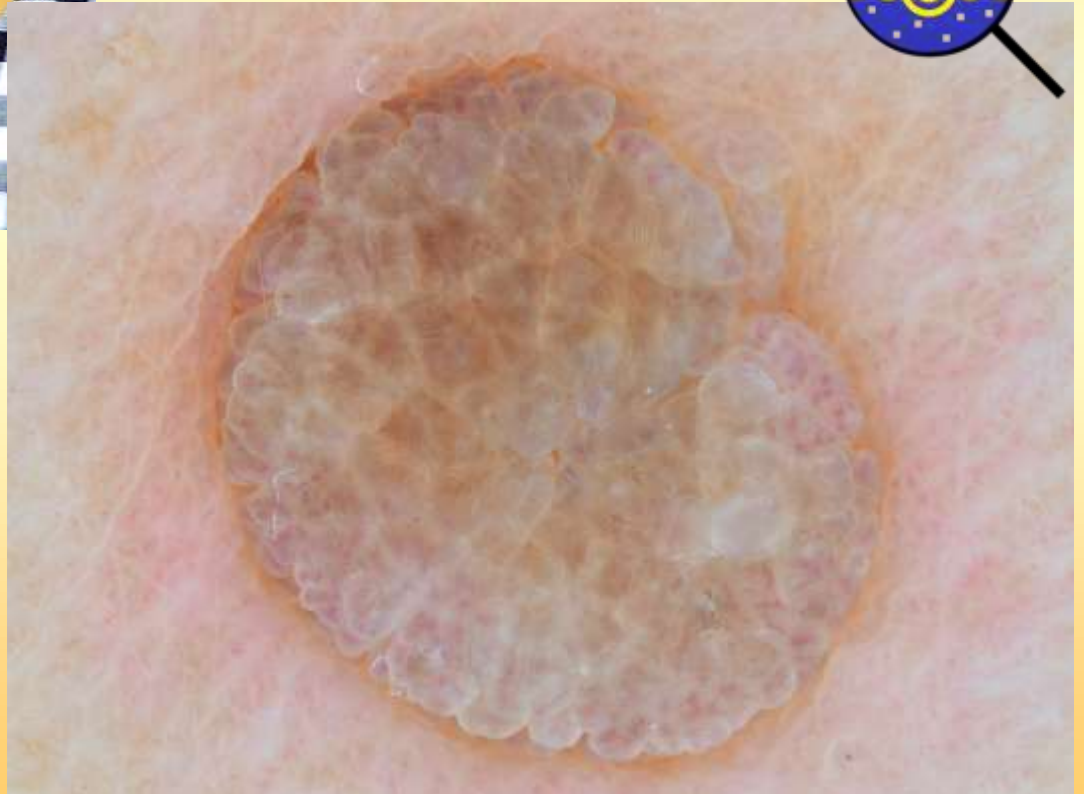
# Specific diseases – Acrochordon



# Specific diseases – Acrochordon



# Specific diseases – Acrochordon





# Specific diseases – Epidermal cyst



# Specific diseases – Epidermal cyst

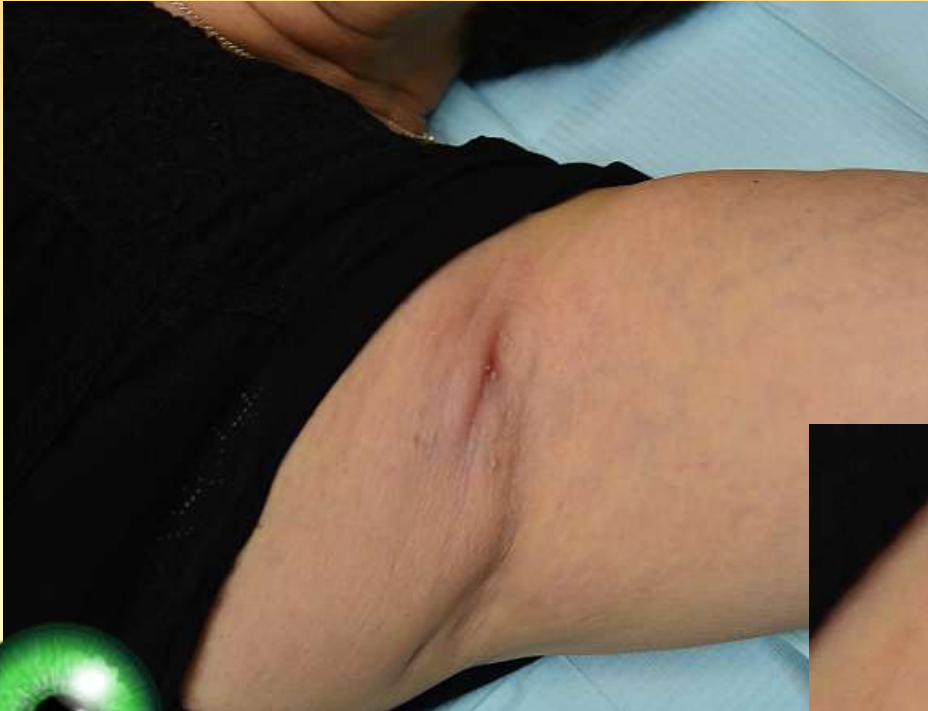


# Specific diseases – Epidermal cyst

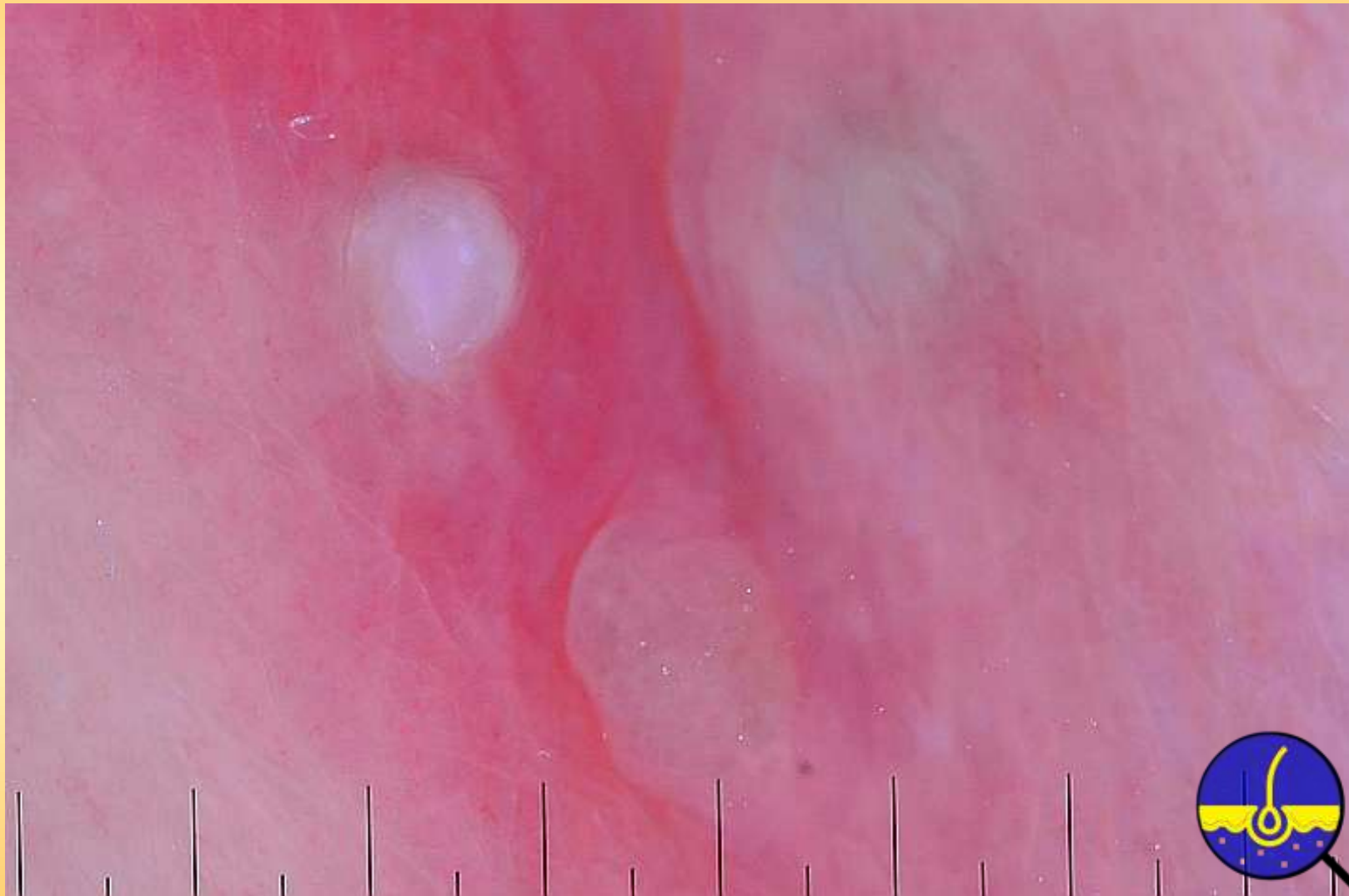




# Specific diseases – Accessory nipples



# Specific diseases – Accessory nipples



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
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## ■ Special sites

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- Genitalia

## ■ The future



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
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## • Other skin diseases

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## ■ Special sites

- Nails
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- Genitalia

## ■ The future

# Specific diseases – Psoriasis vulgaris



# Specific diseases – Psoriasis vulgaris

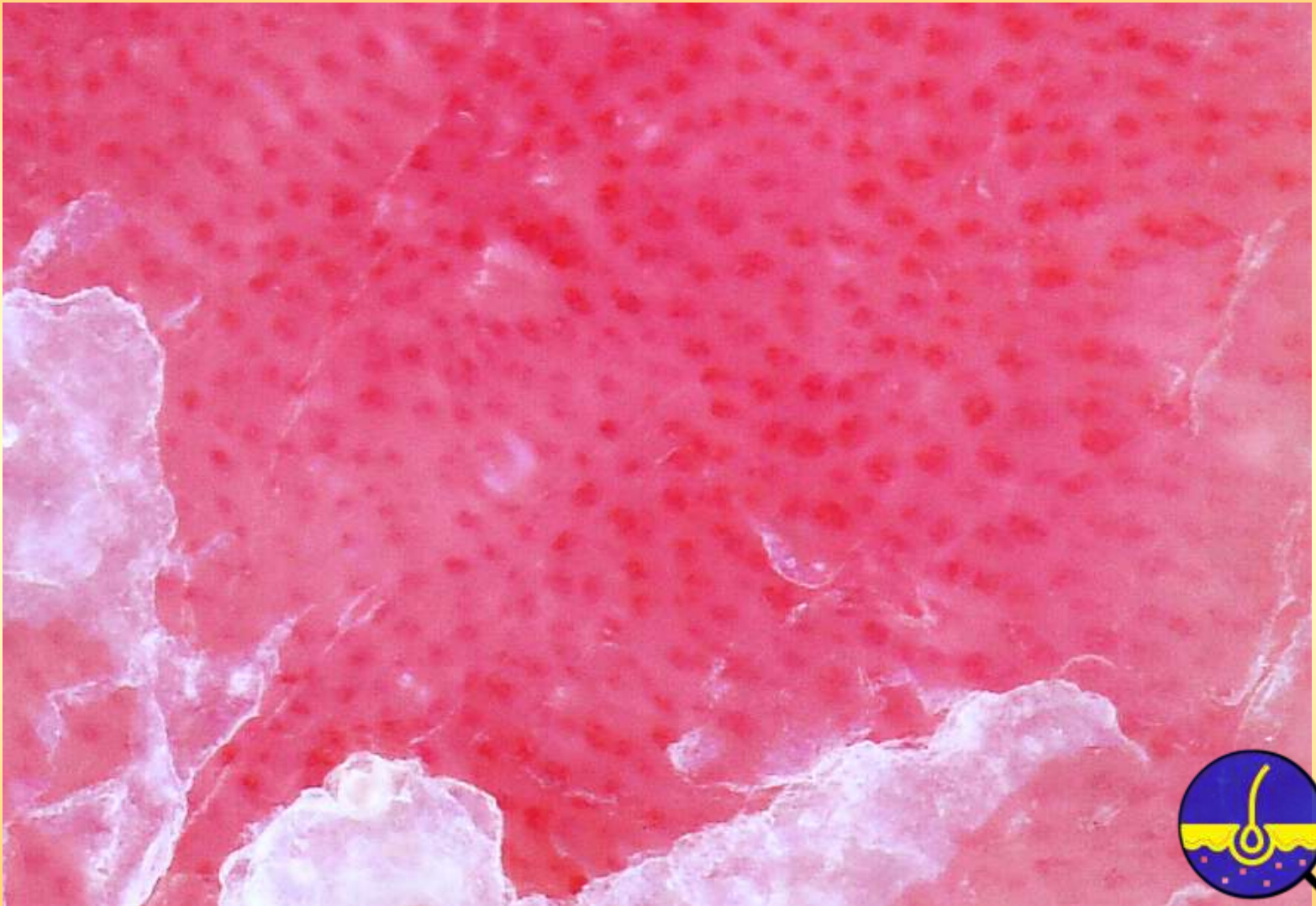




# Specific diseases – Psoriasis vulgaris



# Specific diseases – Psoriasis vulgaris





# Specific diseases – Erythema nodosum



**Figure 1:** Multiple discrete purple-coloured macules on the anterior aspects of both legs of a patient with a clinical diagnosis of erythema nodosum.

Chuh A, Zawar V, Fölster-Holst R. The first application of epiluminescence dermoscopy in erythema nodosum. *Nasza Dermatologia Online J* 2018; **3**: 282-4.



# Specific diseases – Erythema nodosum

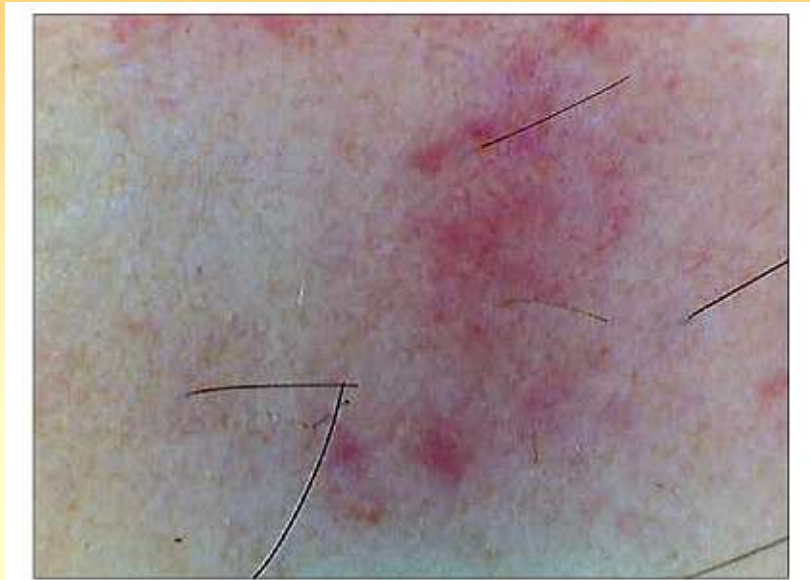


**Figure 2a:** Digital dermoscopic image with no cross-polarisation demonstrating one lesion. Erythema was noted. The skin creases were not interrupted. Apart from such, no additional information was provided.

Chuh A, Zawar V, Fölster-Holst R. The first application of epiluminescence dermoscopy in erythema nodosum. *Nasza Dermatologia Online J* 2018; **3**: 282-4.



# Specific diseases – Erythema nodosum



**Figure 2b:** Digital epiluminescence dermoscopy with the highest level of polarisation, showing the layer just deeper than the dermis. One entire lesion was depicted, composing of around eight erythematous lobules. These lobules substantiated the presence of lobular panniculitides. The separations between the lobules could represent the inter-lobular septa in erythema nodosum. Swollen blood vessels were noted, with no telangiectasia. Overall, these features were compatible with known features in erythema nodosum.



Chuh A, Zawar V, Fölster-Holst R. The first application of epiluminescence dermoscopy in erythema nodosum. *Nasza Dermatologia Online J* 2018; **3**: 282-4.

# Specific diseases – Erythema nodosum

Our Dermatology Online

Case Report

## The first application of epiluminescence dermoscopy in erythema nodosum

Antonio Chuh<sup>1</sup>, Vijay Zawar<sup>2</sup>, Regina Fölster-Holst<sup>3</sup>

<sup>1</sup>Department of Family Medicine and Primary Care, The University of Hong Kong and Queen Mary Hospital, Hong Kong,

<sup>2</sup>Department of Dermatology, Godavari Foundation Medical College and Research Center, DUPMCJ, India,

<sup>3</sup>Universitätsklinikum Schleswig-Holstein, Campus Kiel, Dermatologie, Venerologie und Allergologie, Germany

Corresponding author: Dr Antonio Chuh, E-mail: antonio.chuh@yahoo.com.hk

### ABSTRACT

We reported an adult female with a clinical diagnosis of erythema nodosum. The patient declined lesional biopsy. We applied epiluminescence dermoscopy, which revealed features compatible with panniculitis. We managed conservatively. The rash remitted four weeks since rash onset, leaving only post-inflammatory hyperpigmentation. Dermoscopic examination cannot replace lesional biopsy for histopathology for a diagnosis of erythema nodosum to be properly confirmed. However, there are patients with clinical diagnoses of erythema nodosum who would not give consent for lesional biopsies, and patients presenting to dermatologists when the rash is already remitting. We thus described the dermoscopic findings of our patient in this report. The applicability of dermoscopy to patients with erythema nodosum and differential diagnoses of such is yet to be evaluated by further studies.

Key words: Contact dermoscopy; Cross-polarisation; Dermatoscope; Dermoscope; Digital epiluminescence dermoscope; Polarised light

Chuh A, Zawar V, Fölster-Holst R. The first application of epiluminescence dermoscopy in erythema nodosum. *Nasza Dermatologia Online J* 2018; **3**: 282-4.



# Specific diseases – Erythema nodosum

Important to **publish**  
**negative findings**

Our Dermatology Online

Case Report

## The first application of epiluminescence dermoscopy in erythema nodosum

Antonio Chuh<sup>1</sup>, Vijay Zawar<sup>2</sup>, Regina Fölster-Holst<sup>3</sup>

<sup>1</sup>Department of Family Medicine and Primary Care, The University of Hong Kong and Queen Mary Hospital, Hong Kong,

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<sup>3</sup>Universitätsklinikum Schleswig-Holstein, Campus Kiel, Dermatologie, Venerologie und Allergologie, Germany

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Chuh A, Zawar V, Fölster-Holst R. The first application of epiluminescence dermoscopy in erythema nodosum. *Nasza Dermatologia Online J* 2018; **3**: 282-4.

# Specific diseases – Erythema multiforme



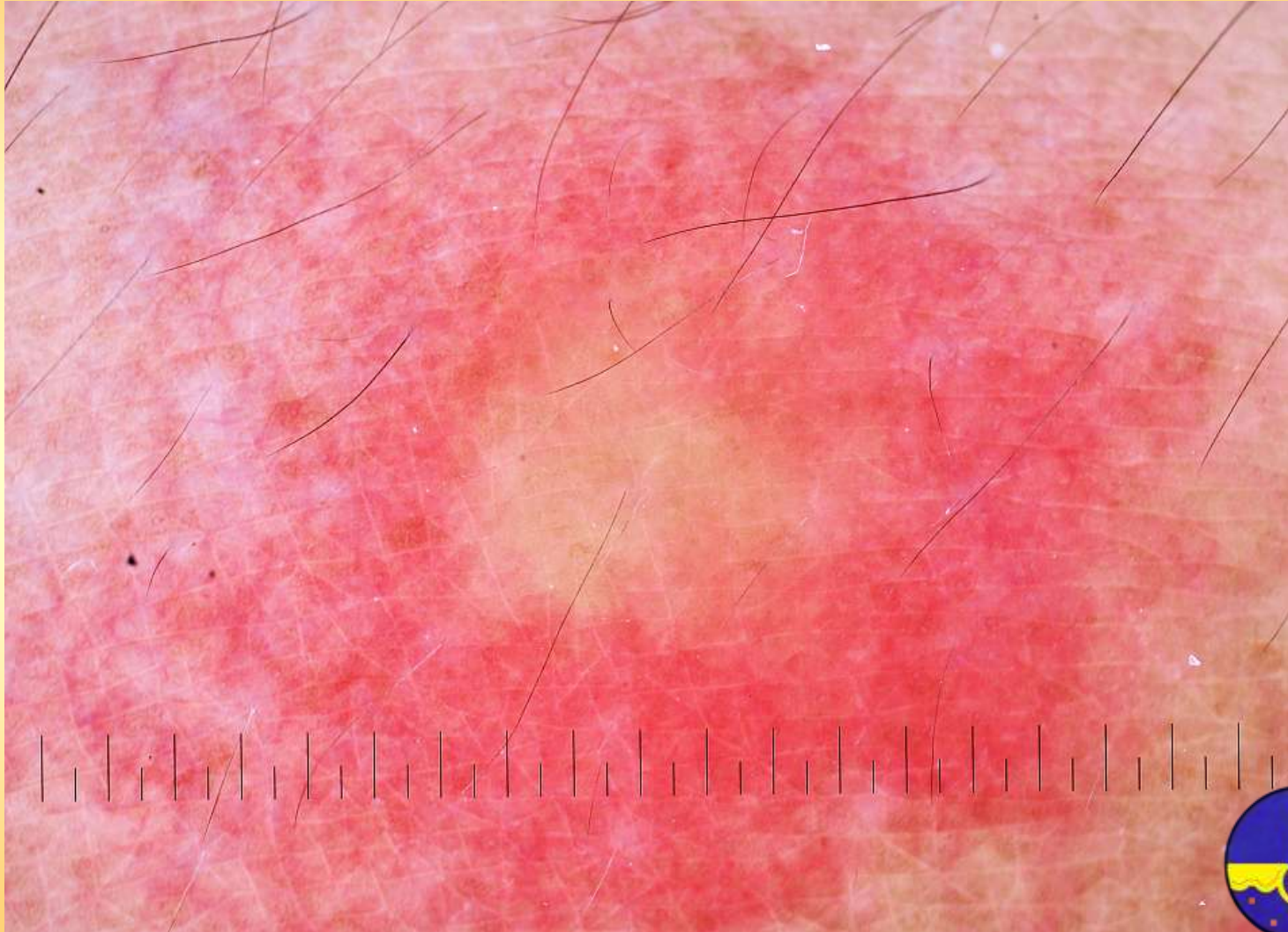


# Specific diseases – Erythema multiforme

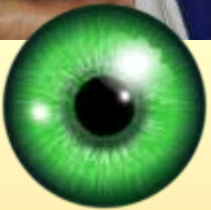




# Specific diseases – Erythema multiforme



# Specific diseases – Bullous pemphigoid





# Specific diseases – Bullous pemphigoid





# Specific diseases – Bullous pemphigoid



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# Applications in primary care dermoscopy

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## • Skin manifestations in systemic diseases

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## ■ The future



# **Skin lesions in systemic diseases – Xanthelaesma palpebrarum**



# Skin lesions in systemic diseases – Xanthelaesma palpebrarum





# Skin lesions in systemic diseases – Xanthelaesma palpebrarum





# Skin lesions in systemic diseases – Xanthelaesma palpebrarum



# Skin lesions in systemic diseases – Xanthelaesma palpebrarum



# Skin lesions in systemic diseases – Xanthelaesma palpebrarum





# Skin lesions in systemic diseases – Petechiae



# Skin lesions in systemic diseases – Petechiae



# Skin lesions in systemic diseases – Henoch-Schönlein Purpura

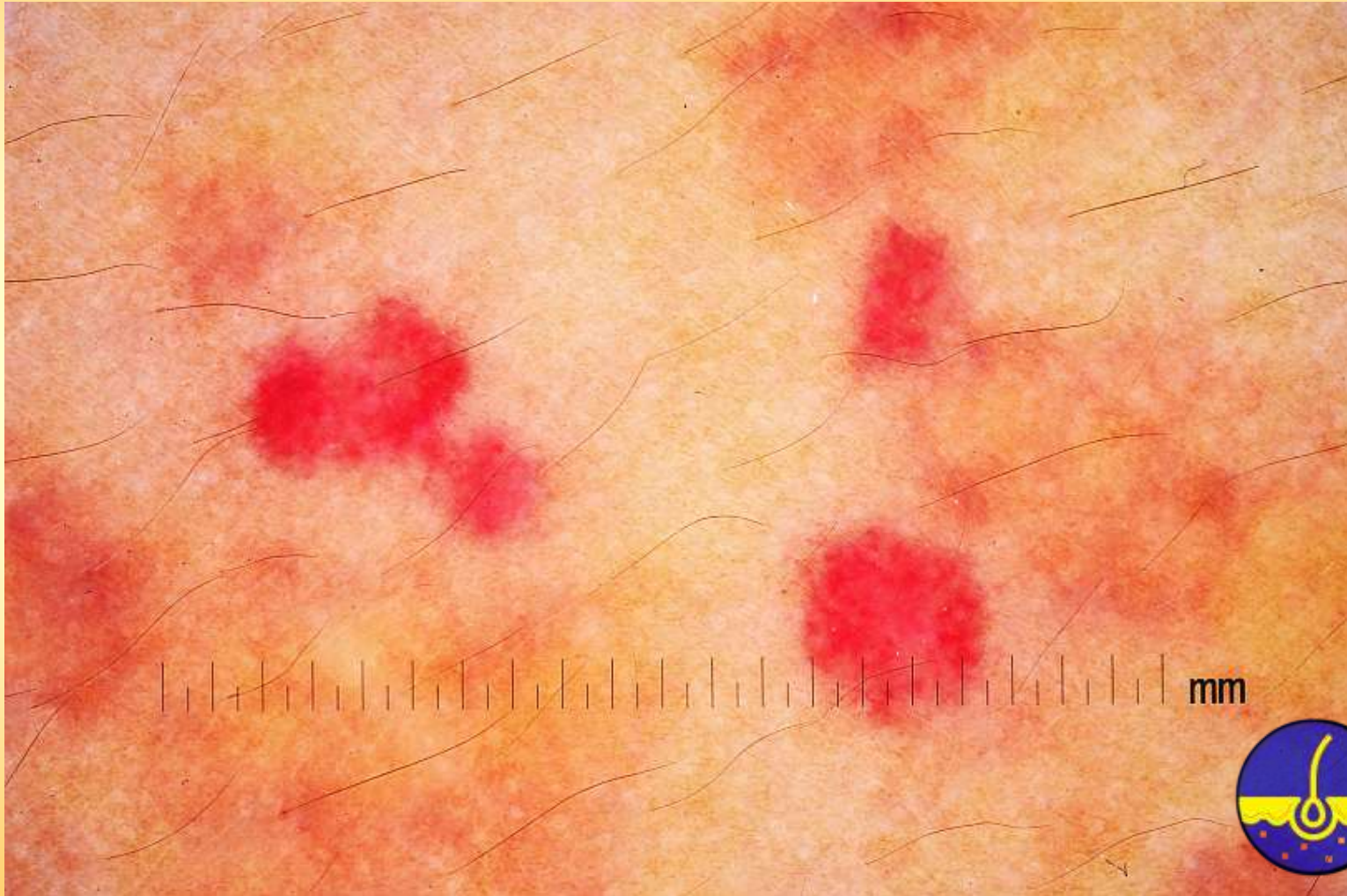




# Skin lesions in systemic diseases – Henoch-Schönlein Purpura



# Skin lesions in systemic diseases – Henoch-Schönlein Purpura



**Therefore,**



Therefore,

**Dermoscopy can facilitate the diagnosis of  
a wide range of skin diseases.**

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
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## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
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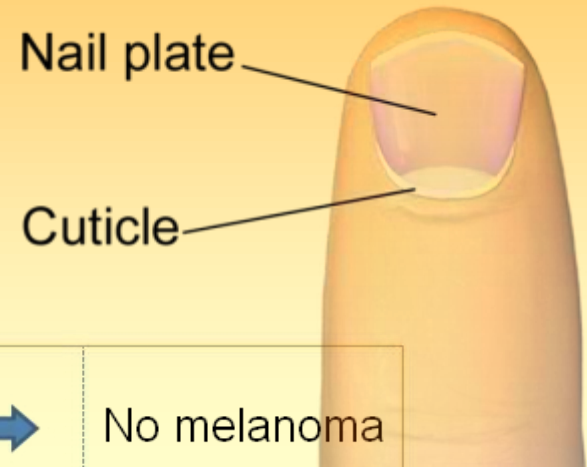
## ■ The future



**Special sites – nails**  
**Longitudinal hyperpigmentation**



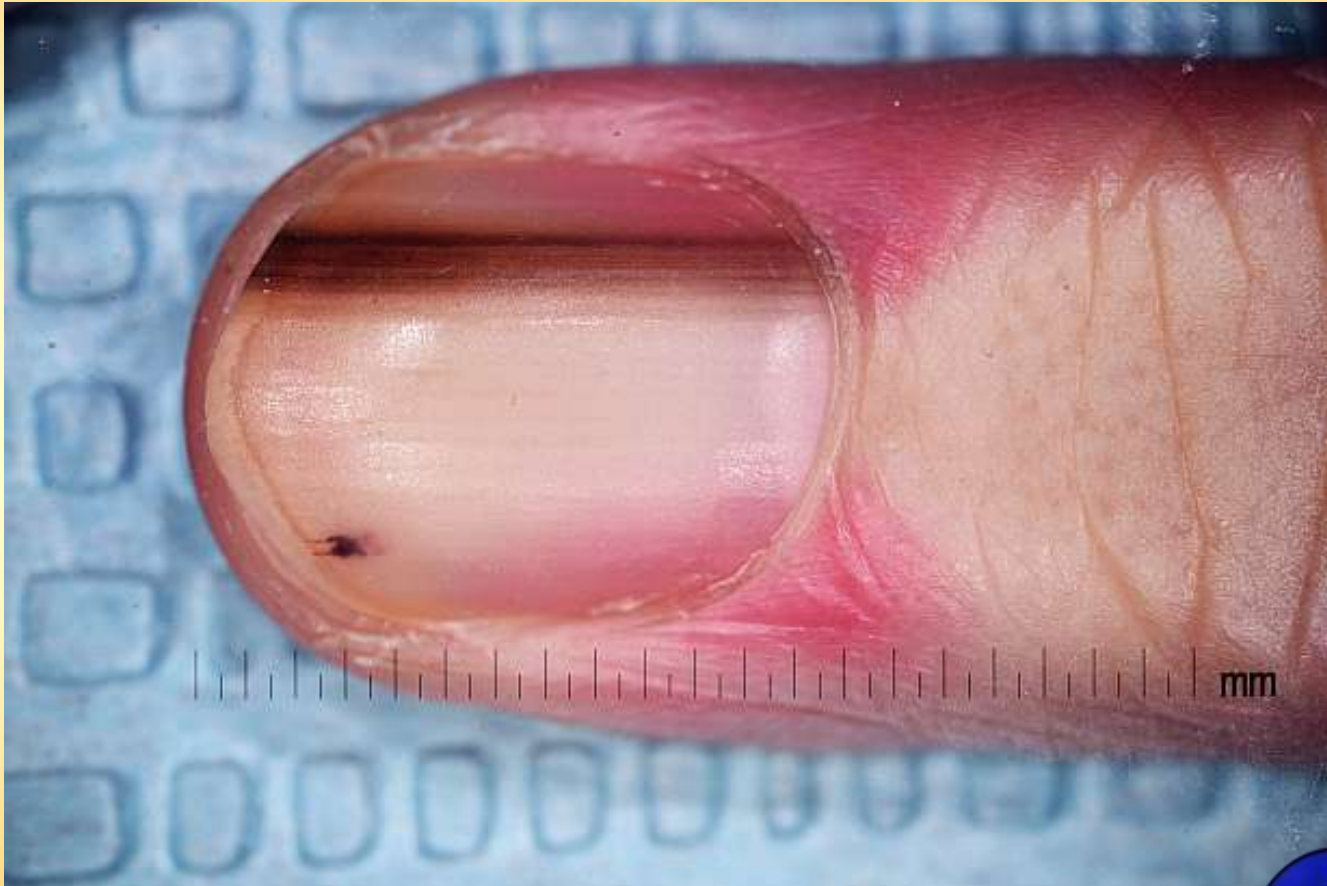
# Pattern analyses – Clues



<b>No pigment seen on cuticle</b>	➔	No Hutchison sign	➔	No melanoma
<b>Pigment seen only through cuticle</b>	➔	Pseudo-Hutchison sign	➔	No melanoma
<b>Pigment seen on the surface of the cuticle</b>	➔	Micro-Hutchison sign	➔	<b>Melanoma possible</b>
<b>Pigment seen proximal to or lateral to the cuticle</b>	➔	Hutchison sign	➔	<b>Melanoma possible</b>

# Special sites – nails

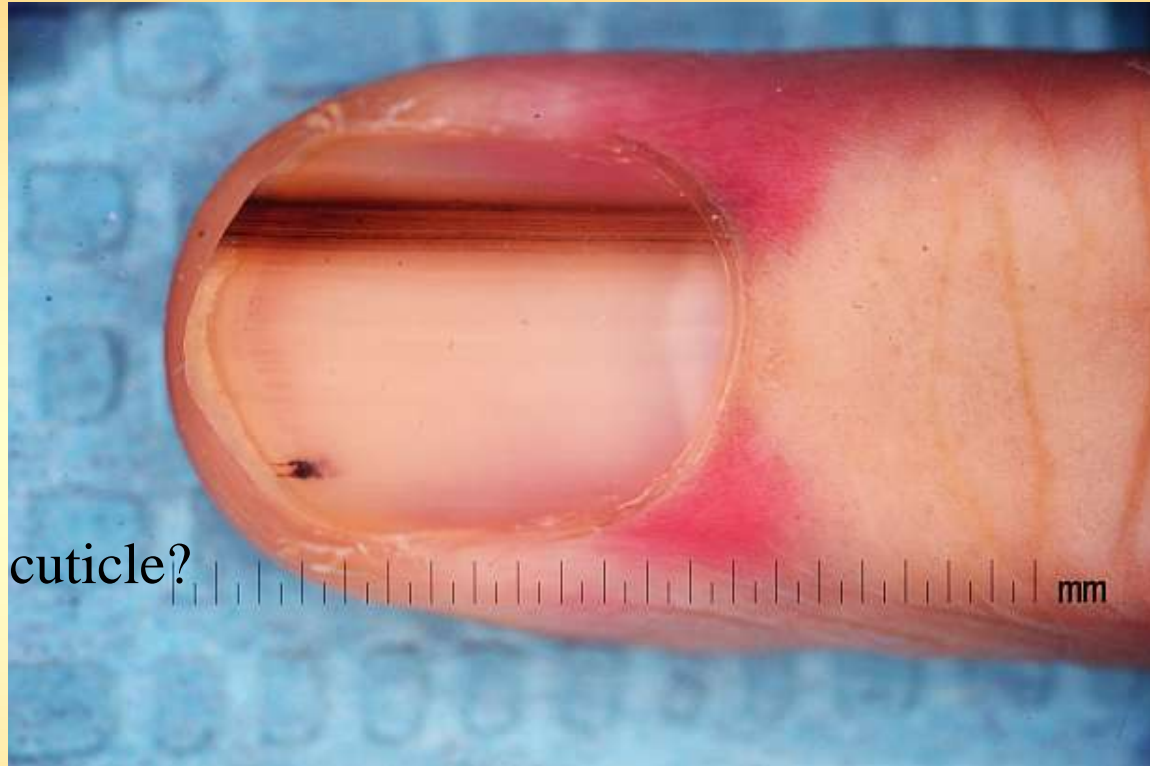
## Longitudinal hyperpigmentation





# Special sites – nails

## Longitudinal hyperpigmentation

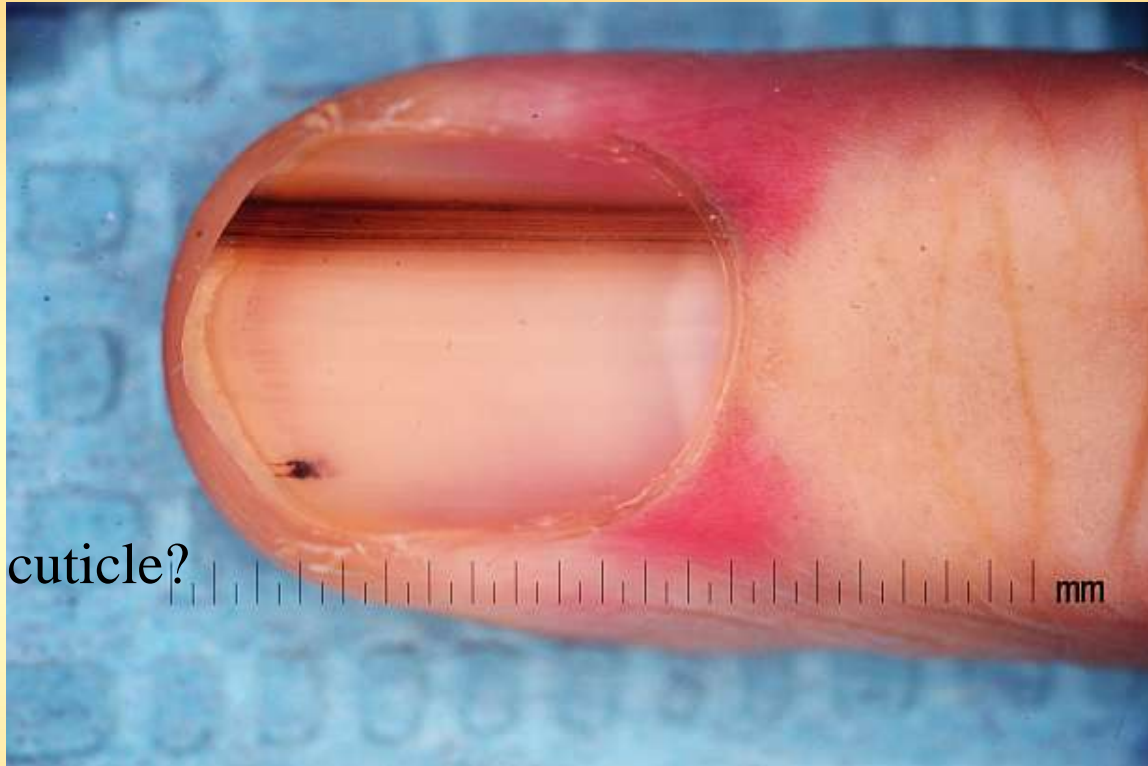


Pigment seen **on** cuticle?



# Special sites – nails

## Longitudinal hyperpigmentation



Pigment seen **on** cuticle?

**Yes**



# Special sites – nails

## Longitudinal hyperpigmentation



Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?





# Special sites – nails

## Longitudinal hyperpigmentation



Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**



# Special sites – nails

## Longitudinal hyperpigmentation



Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

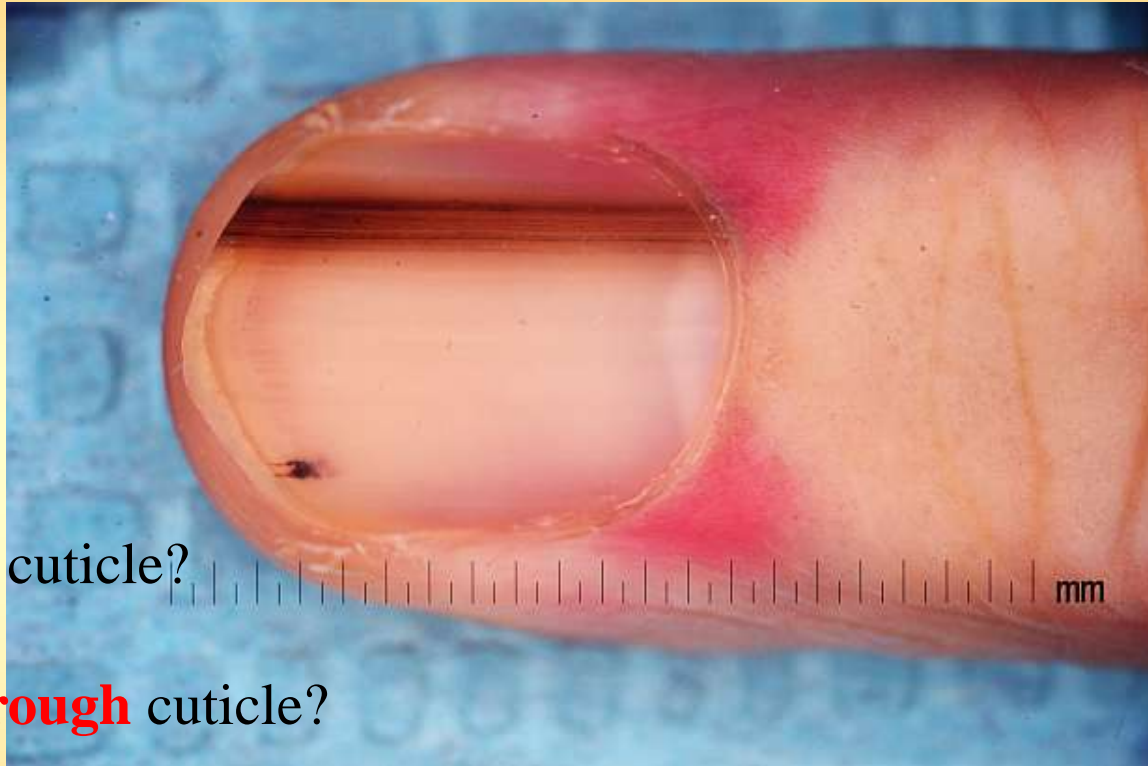
**Yes**

Pigment seen on the **surface** of cuticle?



# Special sites – nails

## Longitudinal hyperpigmentation



Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?

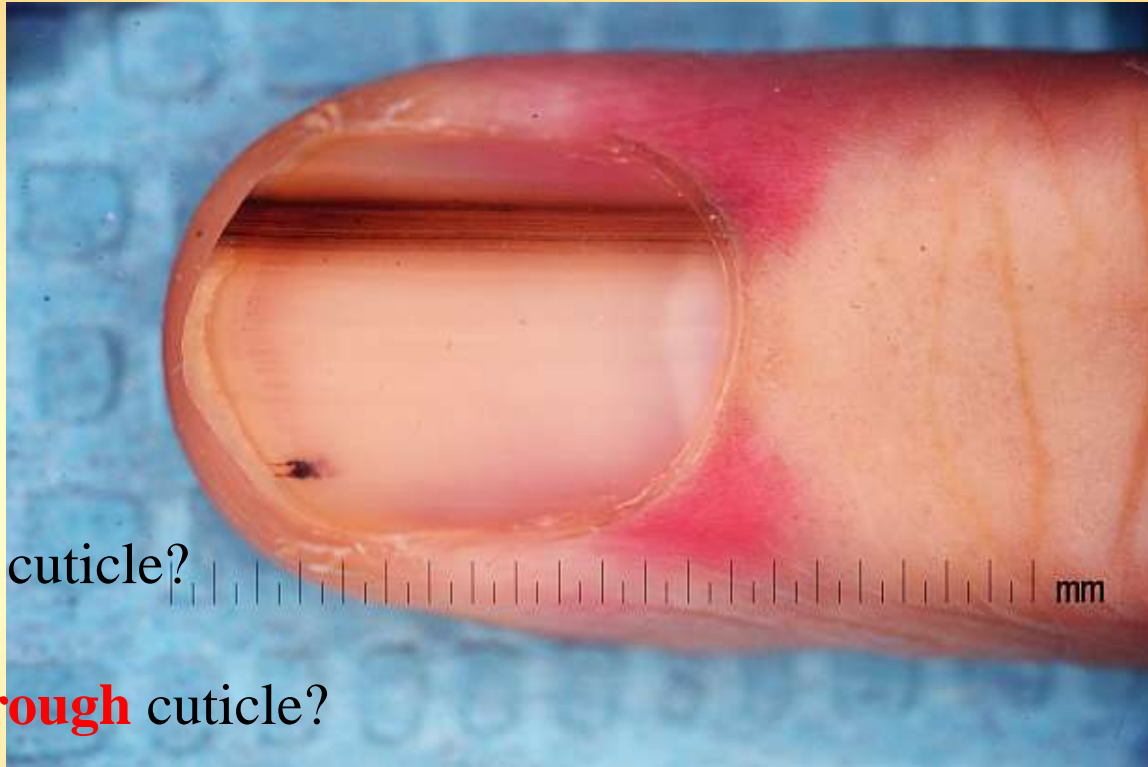
**No**





# Special sites – nails

## Longitudinal hyperpigmentation



Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?

**No**

**No melanoma.**



**Special sites – nails**  
**Longitudinal hyperpigmentation**



# Special sites – nails

## Longitudinal hyperpigmentation





# Special sites – nails

## Longitudinal hyperpigmentation



# Special sites – nails

## Longitudinal hyperpigmentation



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?





# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**





# Special sites – nails

## Longitudinal hyperpigmentation

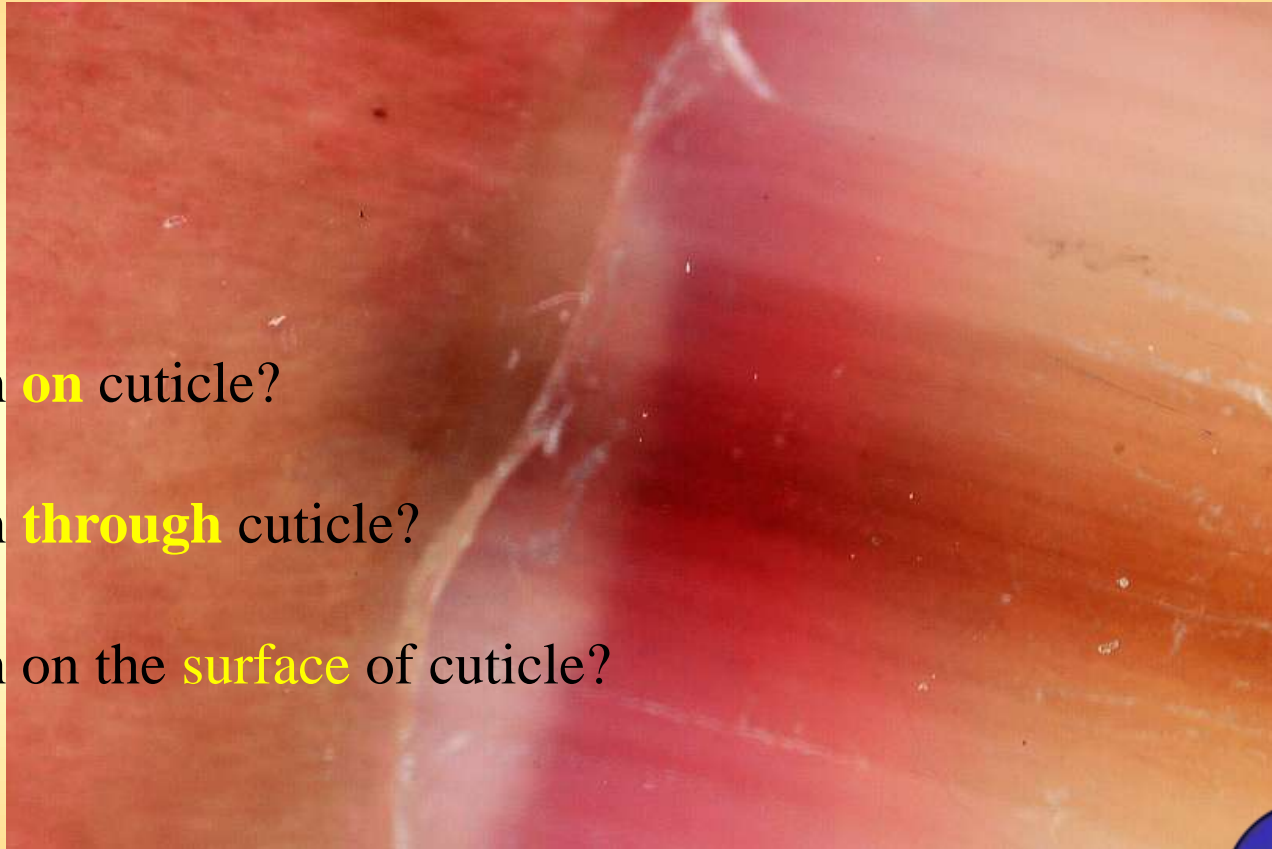
Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?

**Yes**



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

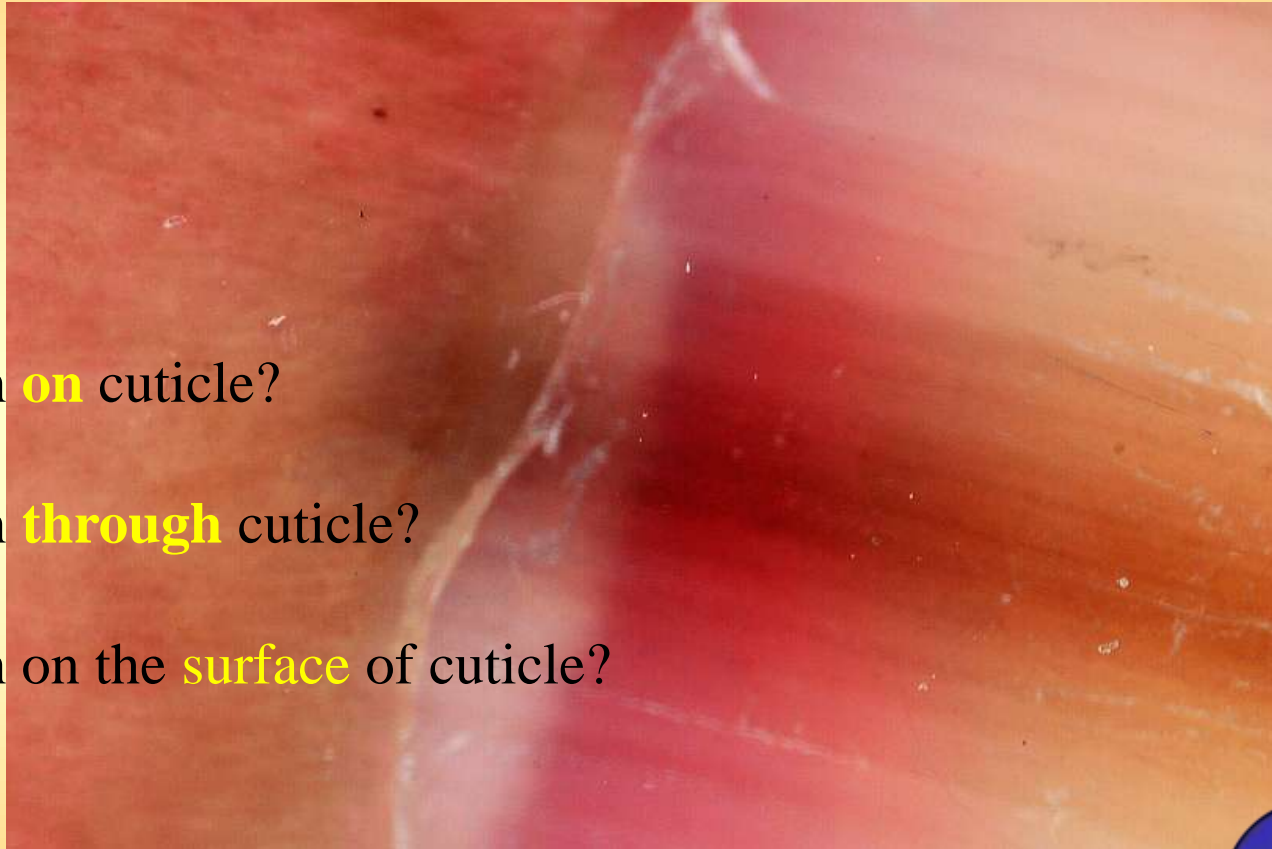
Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?

**Yes**

**Melanoma possible.**





# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?

**Yes**

**Melanoma possible.**

Actually, pigment was seen **proximal** to the cuticle.



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

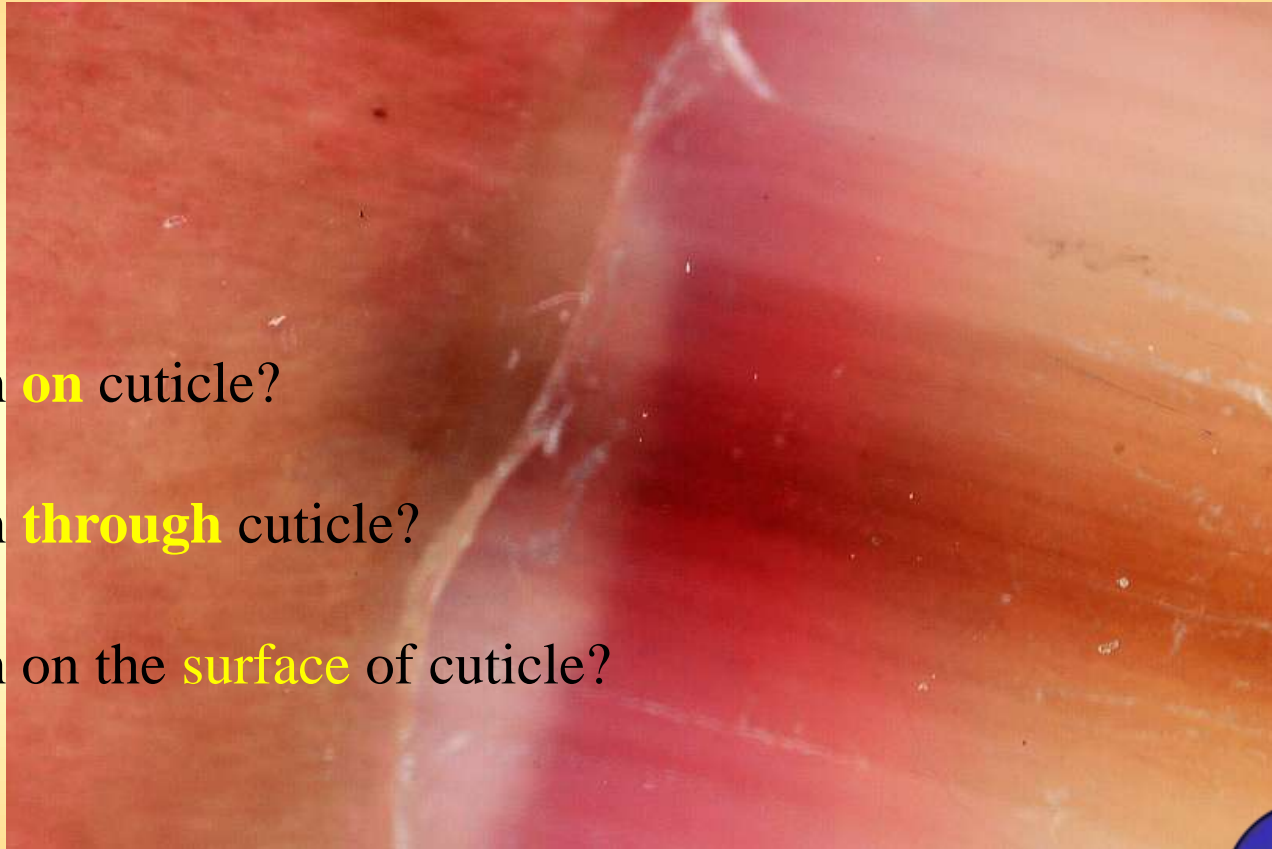
**Yes**

Pigment seen on the **surface** of cuticle?

**Yes**

**Melanoma possible.**

Actually, pigment was seen **proximal** to the cuticle.



# Special sites – nails

## Longitudinal hyperpigmentation

Pigment seen **on** cuticle?

**Yes**

Pigment seen **through** cuticle?

**Yes**

Pigment seen on the **surface** of cuticle?

**Yes**

**Melanoma possible.**

Actually, pigment was seen **proximal** to the cuticle.





# Special sites – nails

## Pitting



# Special sites – nails

## Pitting



# Special sites – nails

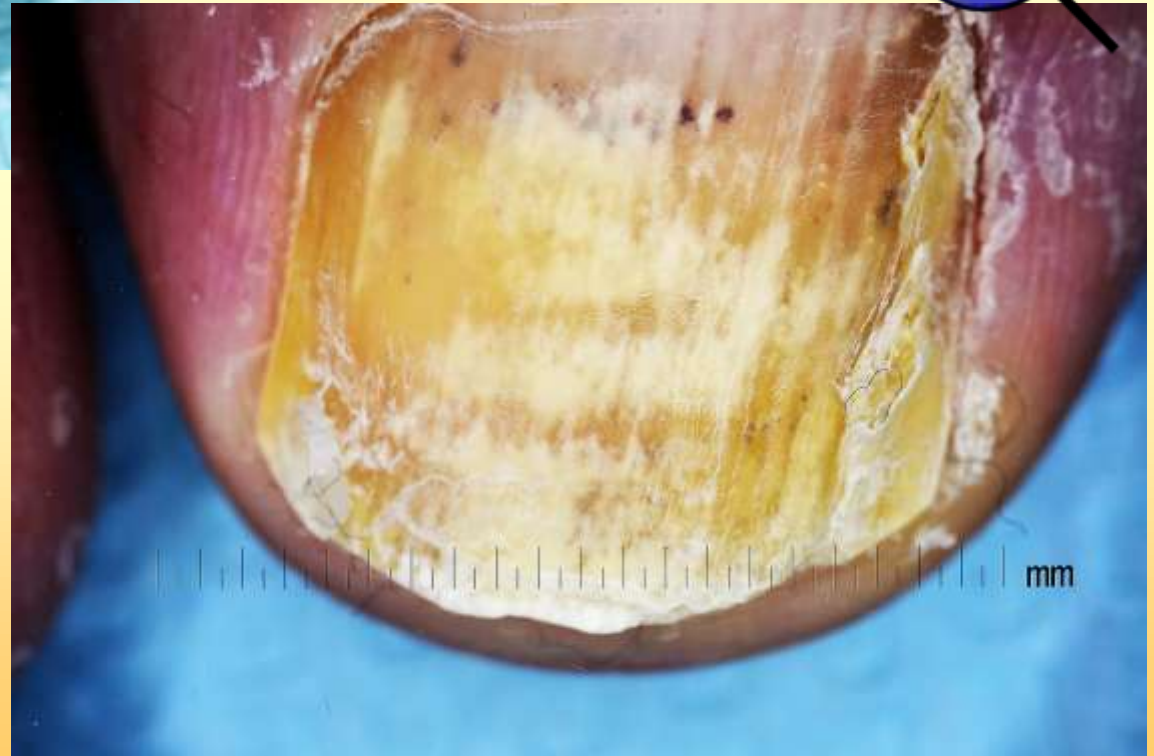
## Onychomycosis





# Special sites – nails

## Onychomycosis



**Special sites – nails**  
**Subungual haemorrhage**



# Special sites – nails

## Subungual haemorrhage



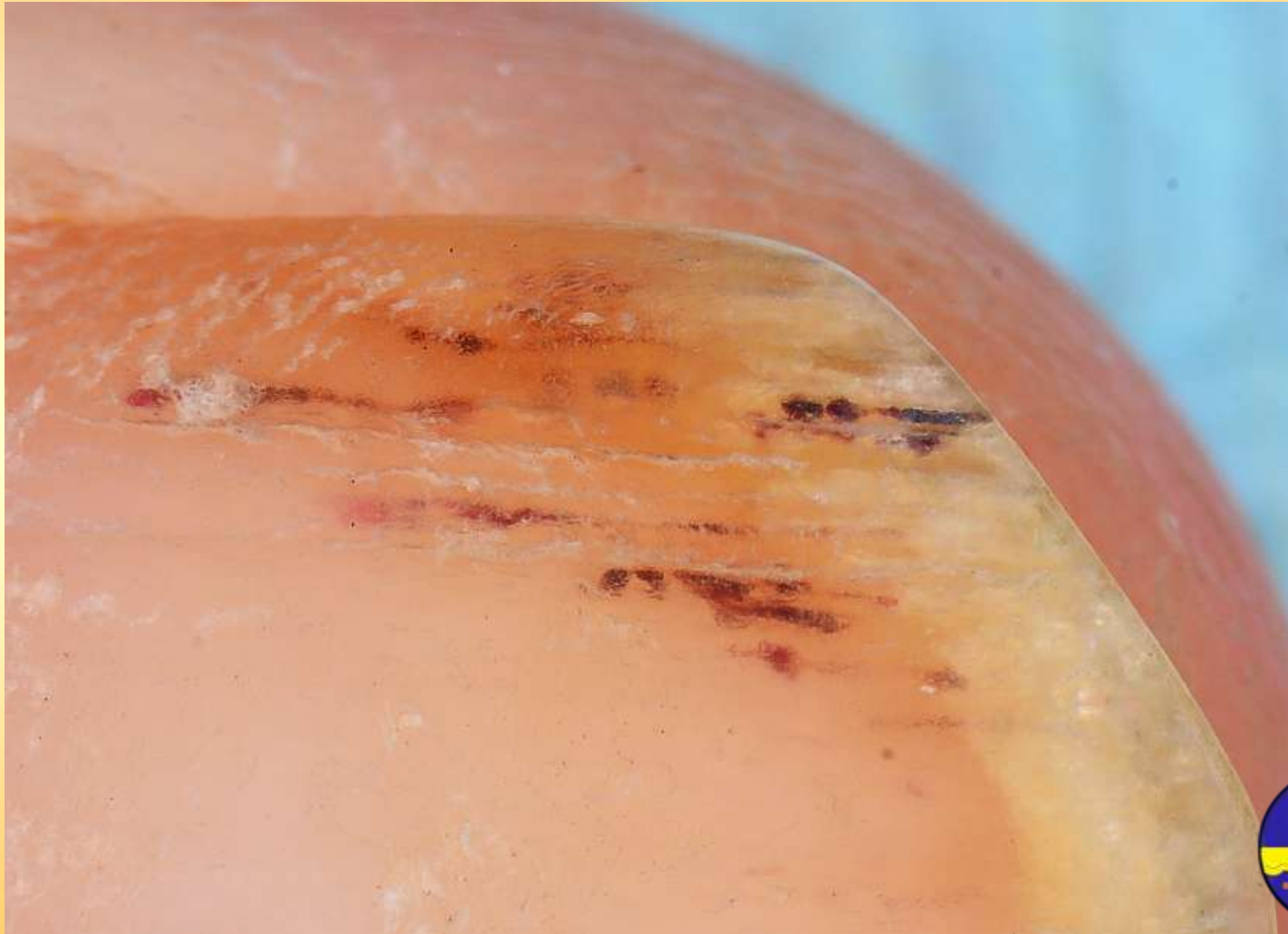
Parallel  
streaks





# Special sites – nails

## Subungual haemorrhage



**Special sites – nails**  
**Subungual haemorrhage**



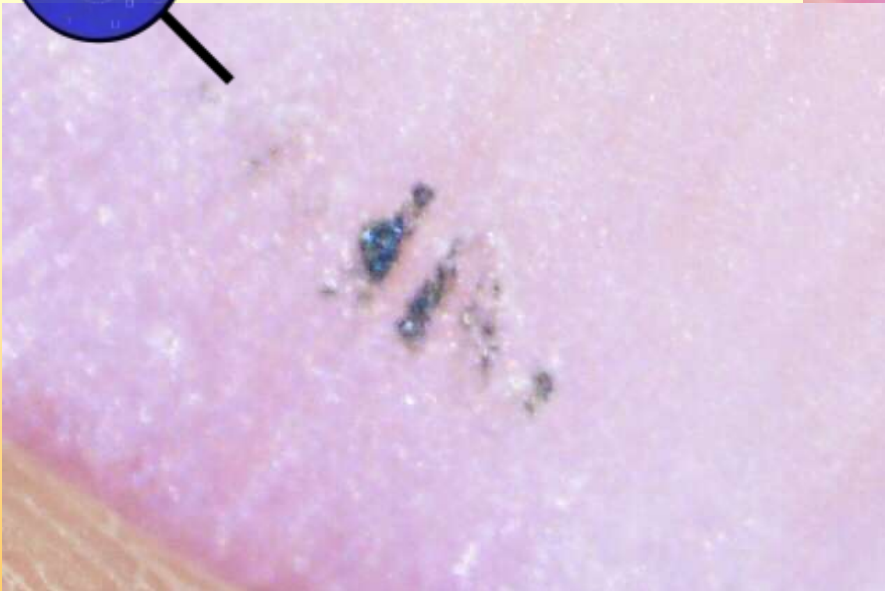
# Special sites – nails

## Subungual haemorrhage

Know the layers:

**Blurred** on nail **surface**

**Distinct** on **subungual** layer





**Special sites – nails**  
**Subungual haemorrhage**



# Special sites – nails

## Subungual haemorrhage



# Special sites – nails

## Subungual haemorrhage





**Special sites – nails**  
**Subungual viral wart**



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
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- Pigmentation
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- Nails

## • Mucosal surfaces

- Acral regions
- Face
- Genitalia

## ■ The future



# Special sites – mucosal surfaces

Patient 1



Diagnosis for this lesion  
on the **lower lips**?

Patient 2



Patient 3



# Mucosal surfaces – Patient 1



# Mucosal surfaces – Patient 1





# Mucosal surfaces – Patient 1



# Mucosal surfaces – Patient 1

This is a **labial melanotic macule**.



## Mucosal surfaces – Patient 2





## Mucosal surfaces – Patient 2



## Mucosal surfaces – Patient 2





# Mucosal surfaces – Patient 2





# Mucosal surfaces – Patient 2

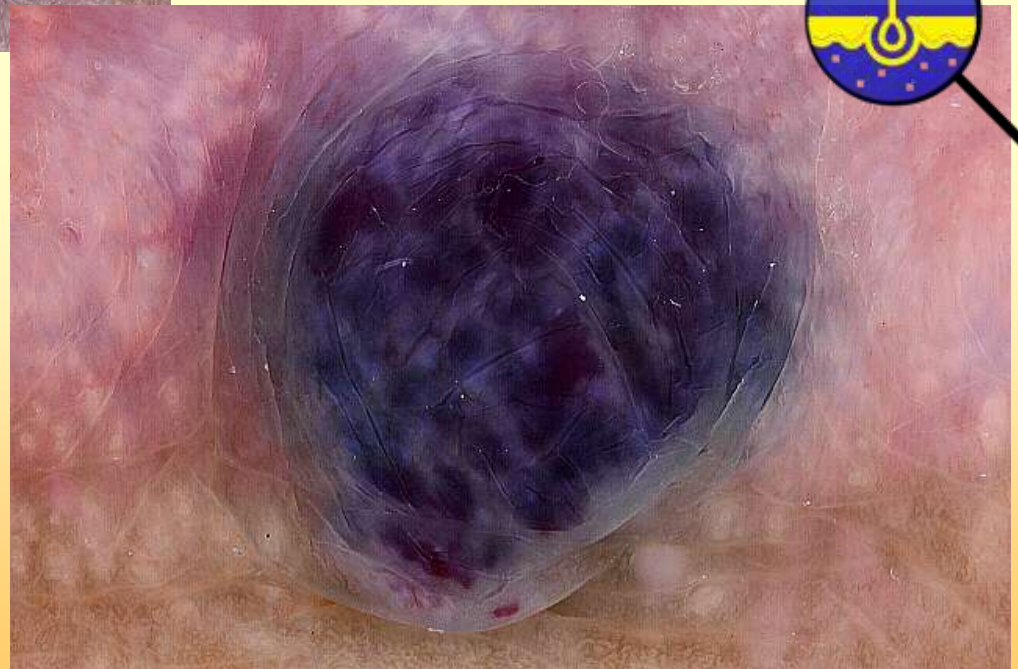
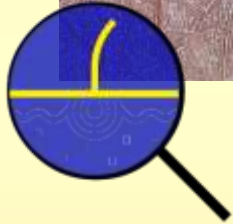
This is a **muco**us retention cyst.



## Mucosal surfaces – Patient 3



# Mucosal surfaces – Patient 3

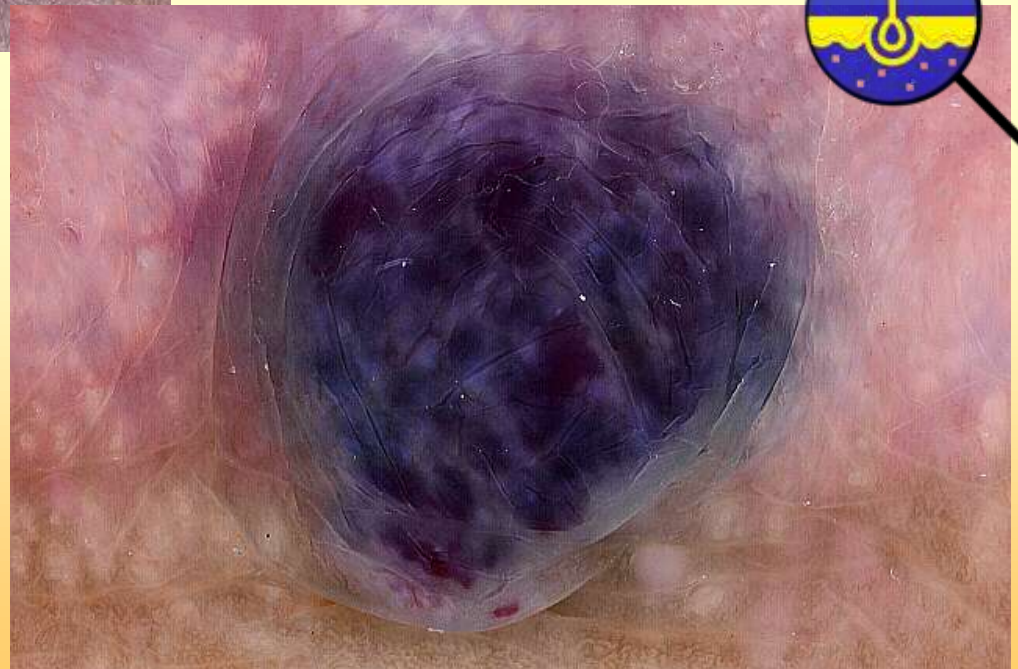
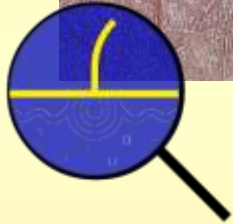




# Mucosal surfaces – Patient 3



This is a **venous lake**.

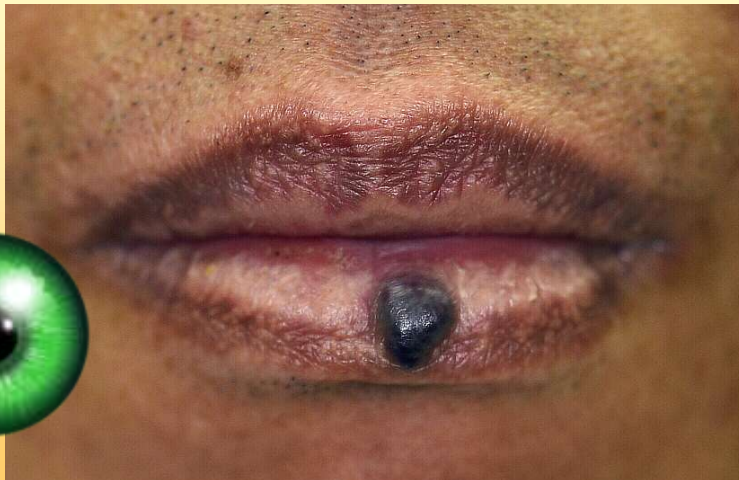


Patient 1



Labial melanotic macule

Patient 3



Venous lake

Patient 2



Mucous retention cyst



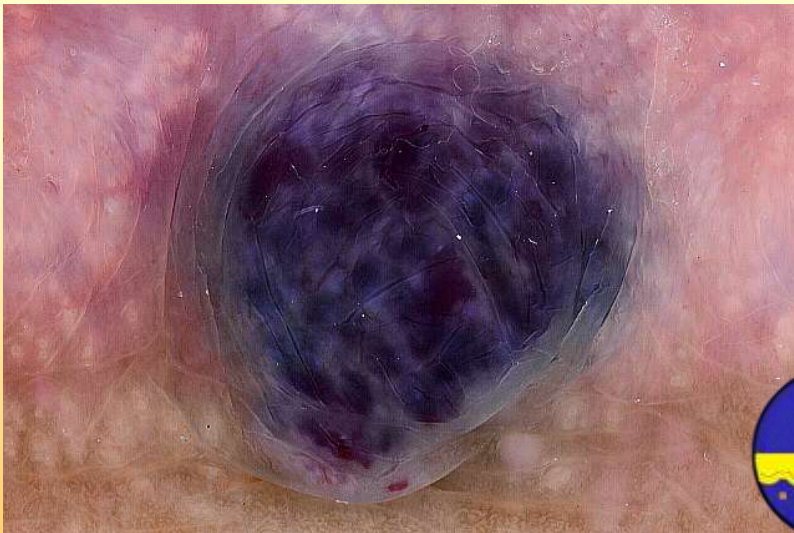
Patient 1



Patient 2



Patient 3





**Special sites – mucosal surfaces**  
**Mucous retention cyst**



# Special sites – mucosal surfaces

## Mucous retention cyst



# Special sites – mucosal surfaces

## Mucous retention cyst





# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
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## ■ Special sites

- Nails
- Mucosal surfaces
- **Acral regions**
- Face
- Genitalia

## ■ The future

# Special sites – acral

## Normal sole

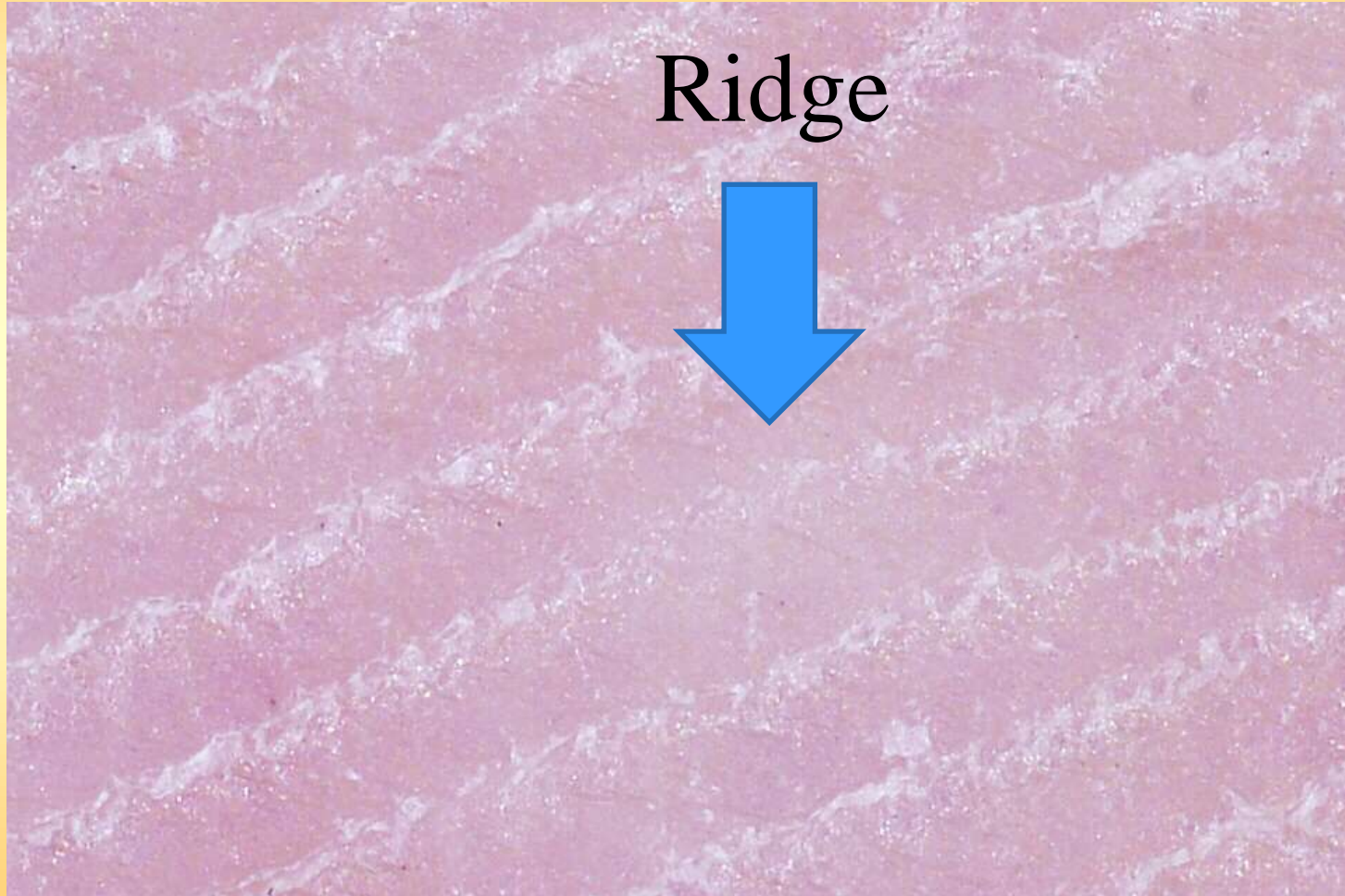




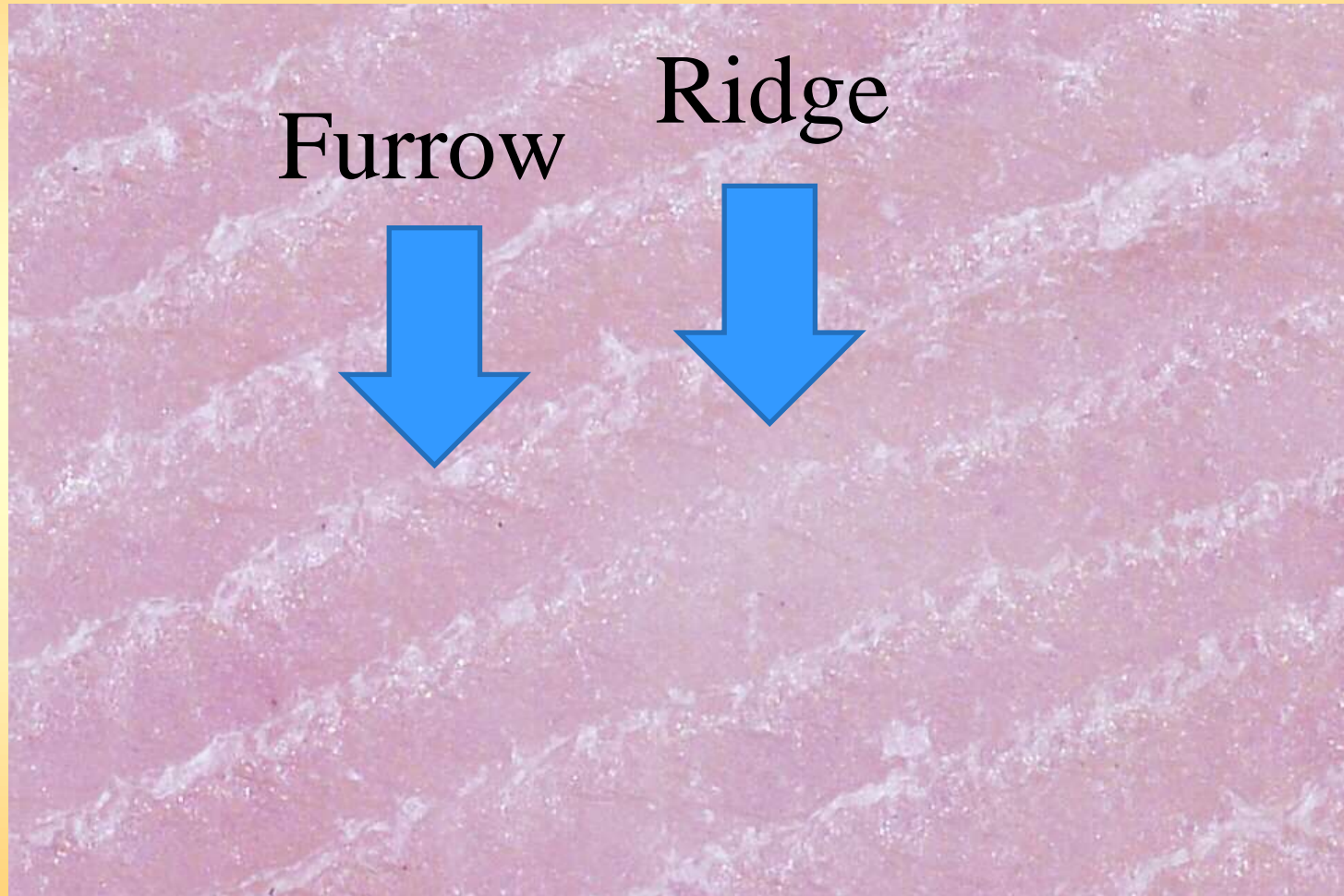
## Special sites – acral

- Usually, the **ridges** are **wider** than the furrows.

**Special sites – acral**  
**Normal sole**



**Special sites – acral**  
**Normal sole**





## Special sites – acral

- Usually, the **ridges** are **wider** than the furrows.
- Eccrine sweat openings on **ridges**.

# Special sites – acral Pigmented lesions



## Special sites – acral

- Usually, the **ridges** are **wider** than the furrows.
- Eccrine sweat openings on **ridges**
- Parallel lines on **furrows** – **naevus**



## Special sites – acral

- Usually, the **ridges** are wider than the furrows.
- Eccrine sweat openings on **ridges**
- Parallel lines on **furrows** – naevus
- Parallel lines on the **ridges** – **melanoma**

# Special sites – acral Pigmented lesions



# Special sites – acral Pigmented lesions





# Special sites – acral

1. **Sweat pores** identifiable –  
these are **ridges**



# Special sites – acral

1. Sweat pores identifiable –  
these are ridges

2. **Ridges** should be **wider**.  
**Confirmed.**



# Special sites – acral

1. Sweat pores identifiable –  
these are ridges

2. Ridges should be wider.  
Confirmed.

3. **Furrows** should be **narrower**.  
Confirmed.





# Special sites – acral

1. Sweat pores identifiable –  
these are ridges

2. Ridges should be wider.  
Confirmed.

3. Furrows should be narrower.  
Confirmed.

4. **Parallel lines on  
furrows. Likely to be a  
naevus**



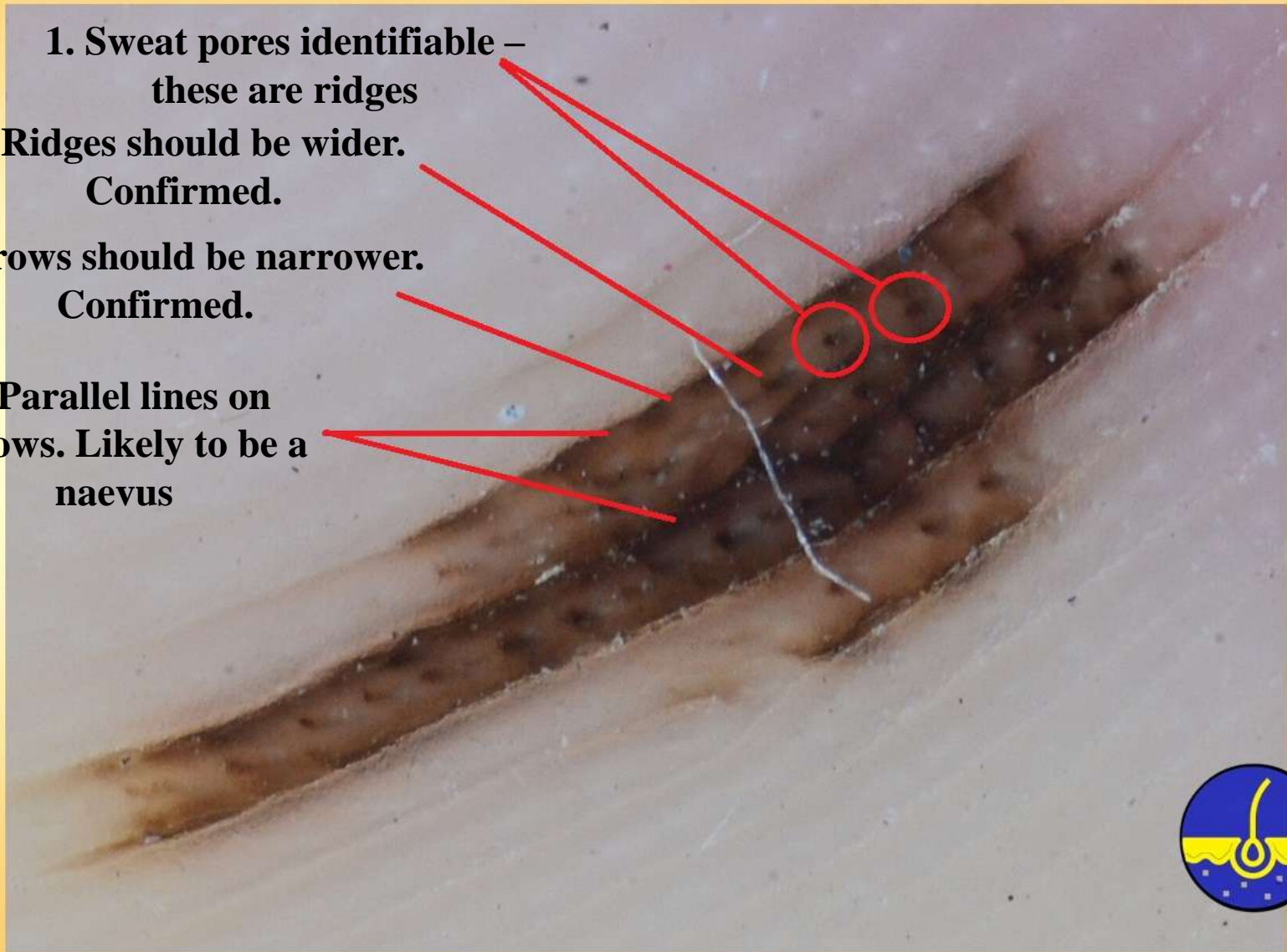
# Special sites – acral

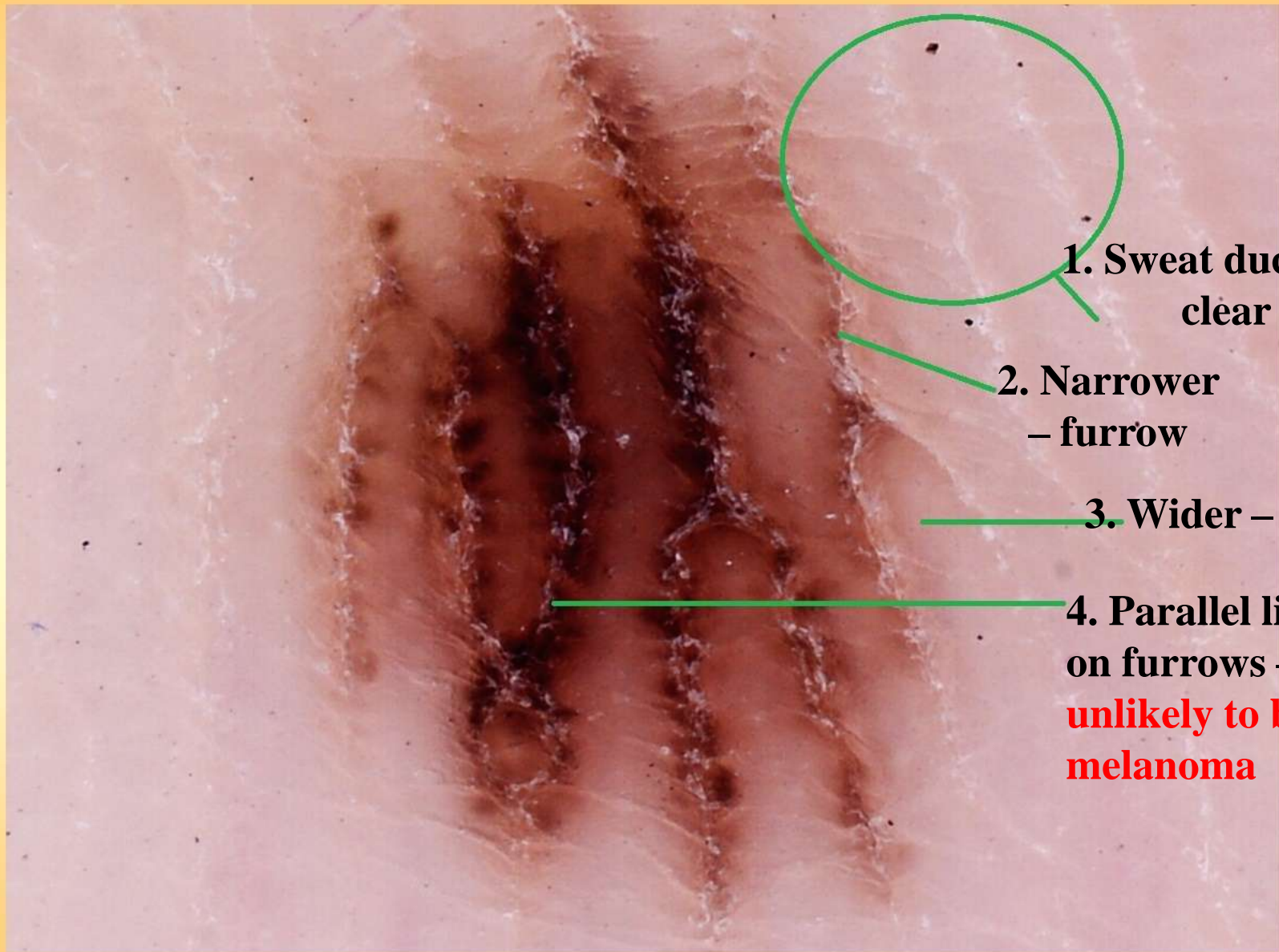
**1. Sweat pores identifiable –  
these are ridges**

**2. Ridges should be wider.  
Confirmed.**

**3. Furrows should be narrower.  
Confirmed.**

**4. Parallel lines on  
furrows. Likely to be a  
naevus**





**1. Sweat ducts not clear**

**2. Narrower – furrow**

**3. Wider – ridge**

**4. Parallel lines on furrows – unlikely to be melanoma**



# Special sites – acral Pigmented lesions



# Special sites – acral Pigmented lesions



# Special sites – acral Pigmented lesions





# Special sites – acral Pigmented lesions



# Special sites – acral Pigmented lesions



# Special sites – acral Pigmented lesions





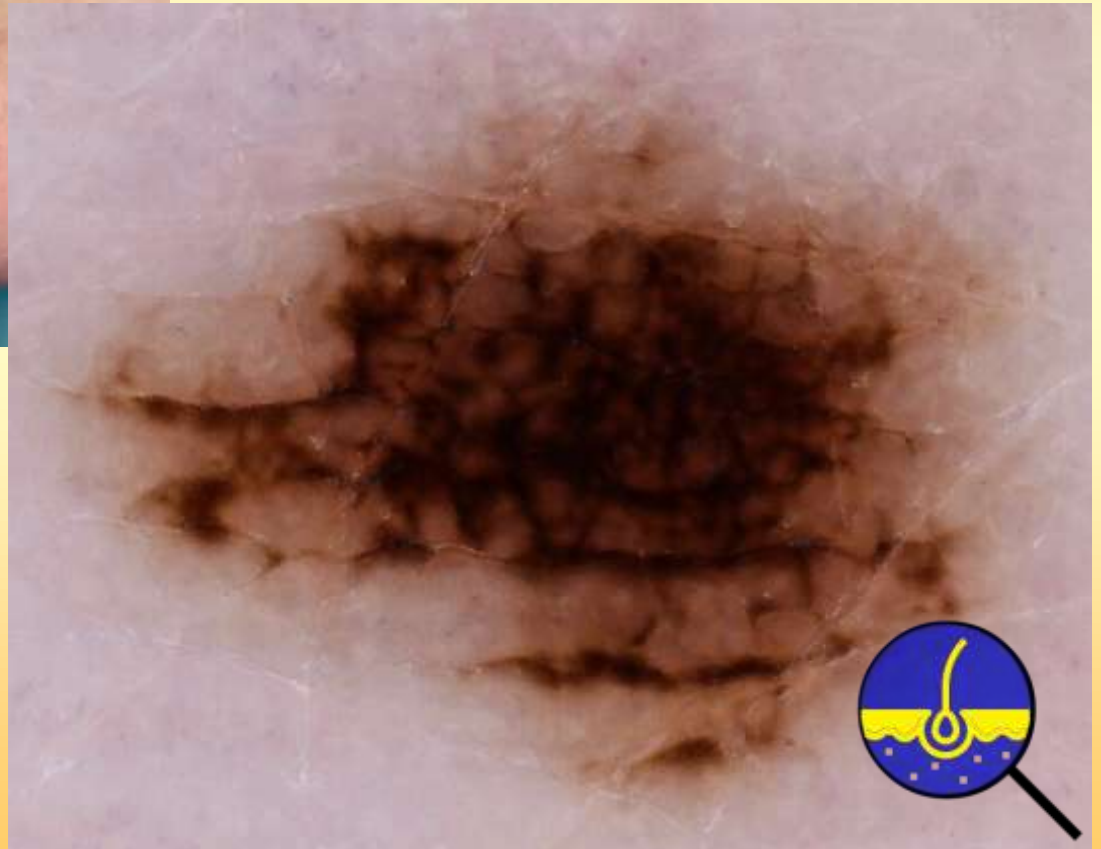
# Special sites – acral

## How acral is acral?



# Special sites – acral

## How acral is acral?



**Special sites – acral**  
**Tiny lesion on a ridge**





**Special sites – acral**  
**Tiny lesion on a ridge**



**Special sites – acral  
Tiny lesion on a ridge**



Treatment:

**Controversial, but  
Will the patient attend  
again for this tiny lesion?**



# Special sites – acral Pigmented lesions





# Special sites – acral Pigmented lesions



# Special sites – acral Pigmented lesions



# Special sites – acral

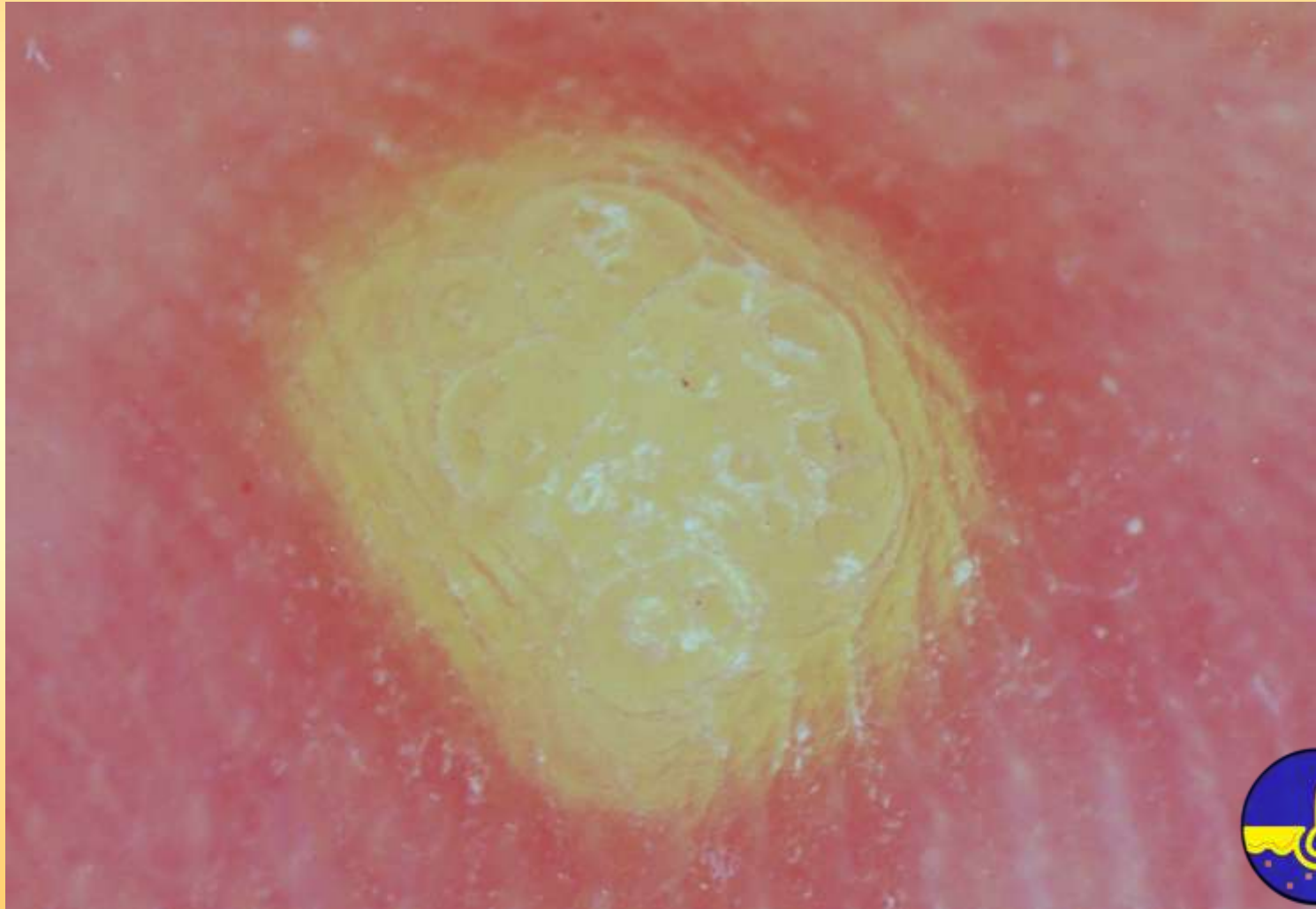
## Palmar wart





# Special sites – acral

## Palmar wart



# Special sites – acral

## Plantar wart



# Special sites – acral

## Plantar wart





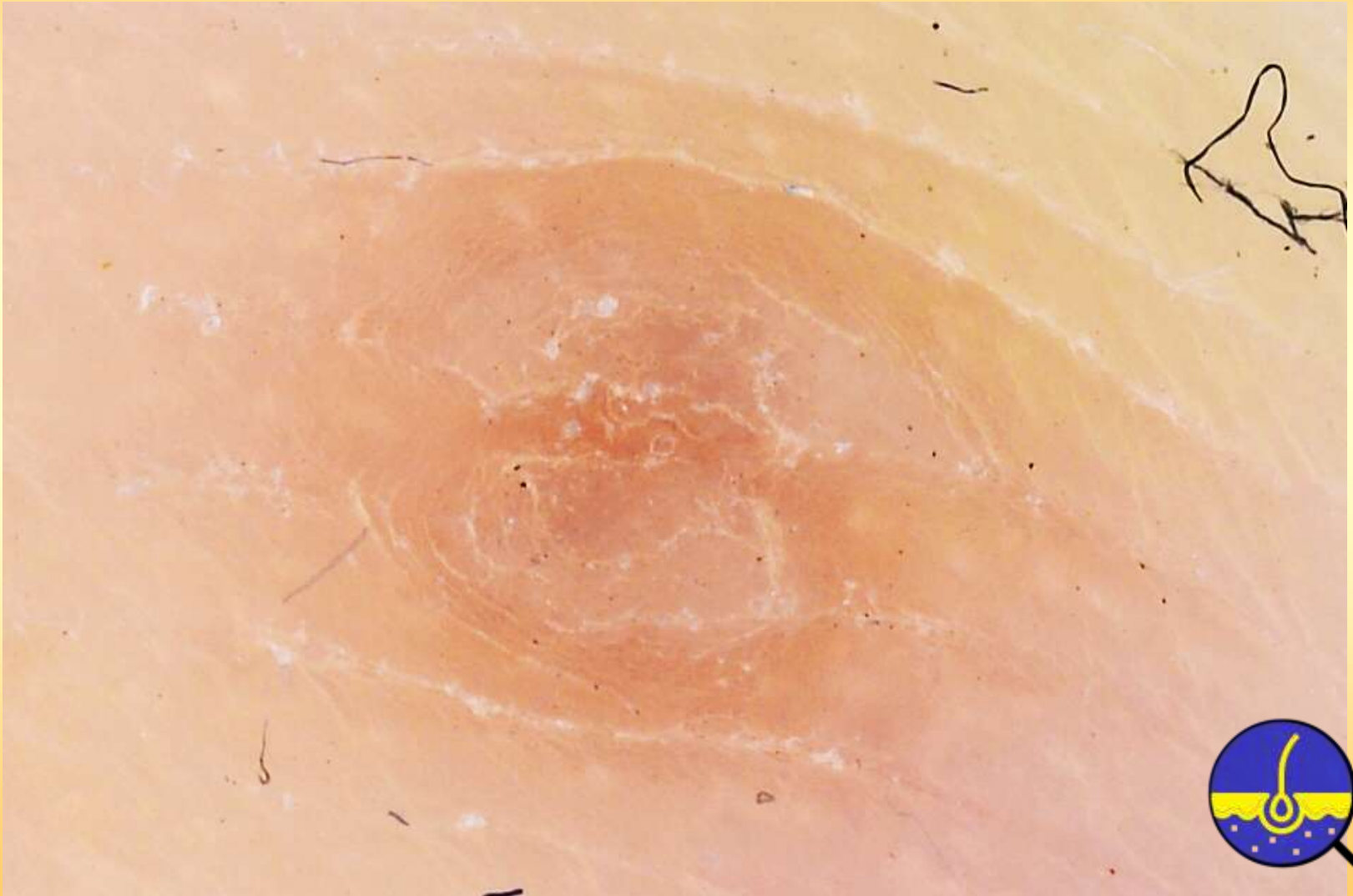
# Special sites – acral

## Plantar wart



# Special sites – acral

## Plantar wart



**Special sites – acral**  
**Plantar wart**





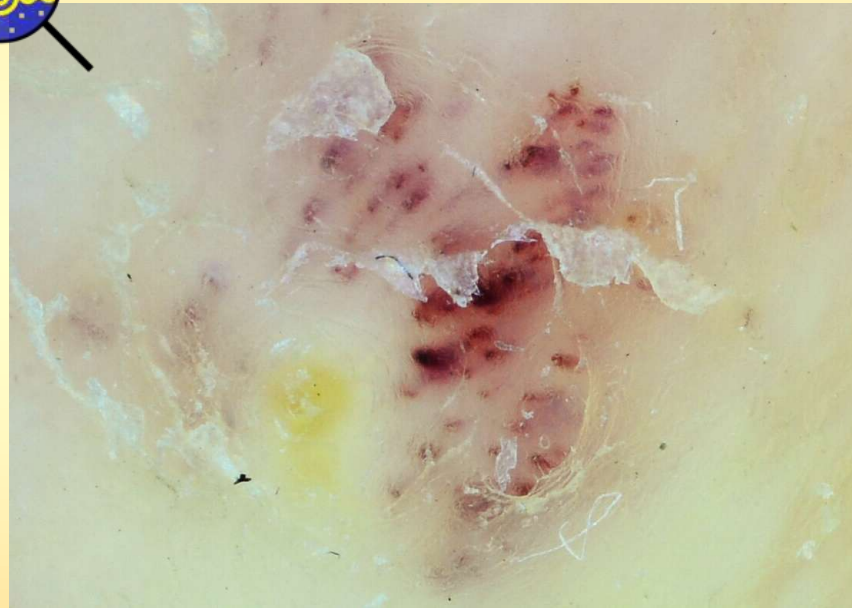
# Special sites – acral

## Plantar wart



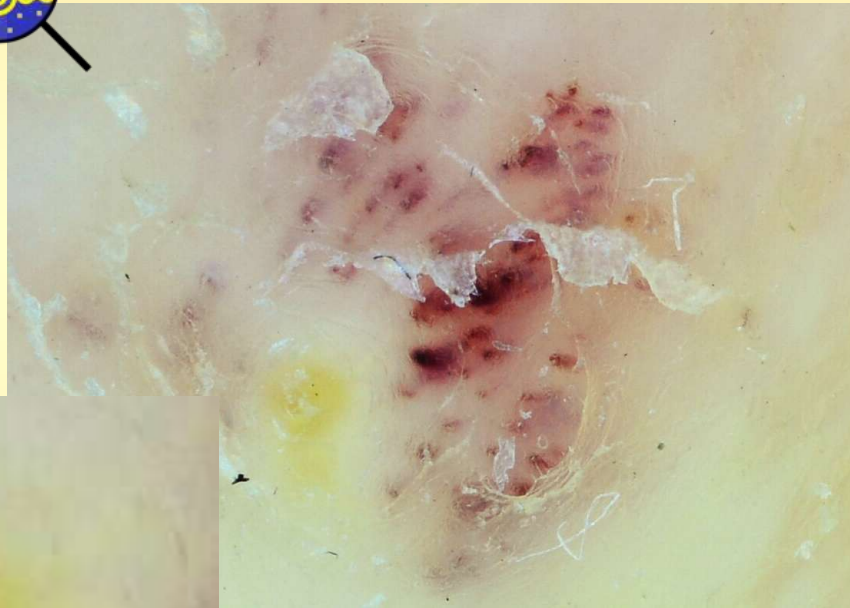
# Special sites – acral

## Plantar wart



# Special sites – acral

## Plantar wart

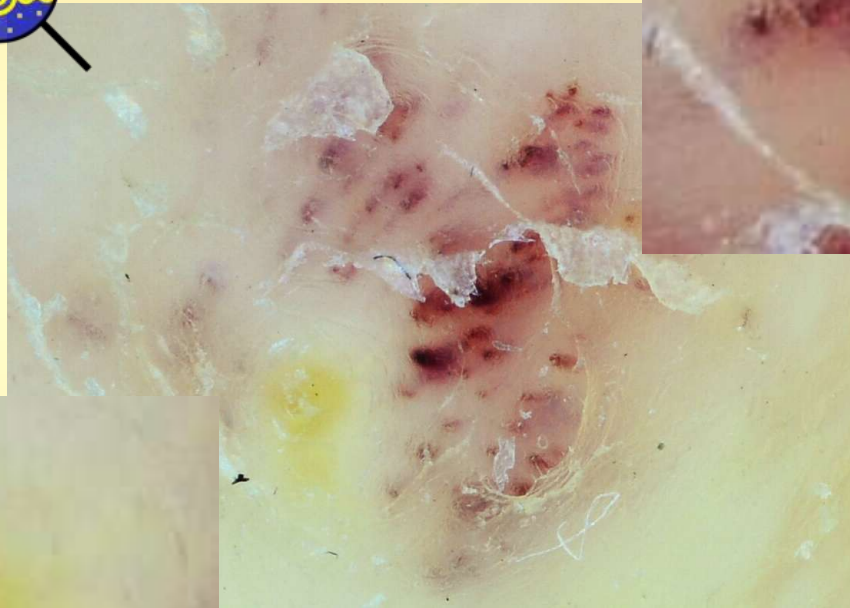
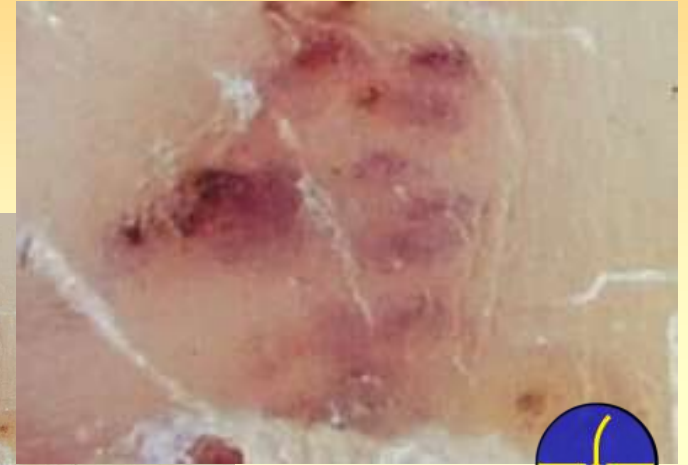


**Multiple compartments** with  
Intra-compartmental **necrosis**



# Special sites – acral Plantar wart

Ridge-furrow  
bleeding



**Multiple compartments** with  
Intra-compartmental **necrosis**



# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# Applications in primary care dermoscopy

## ■ Specific diseases

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- Acral regions
- **Face**
- Genitalia

## ■ The future



## Special sites – face

Normal facial skin:

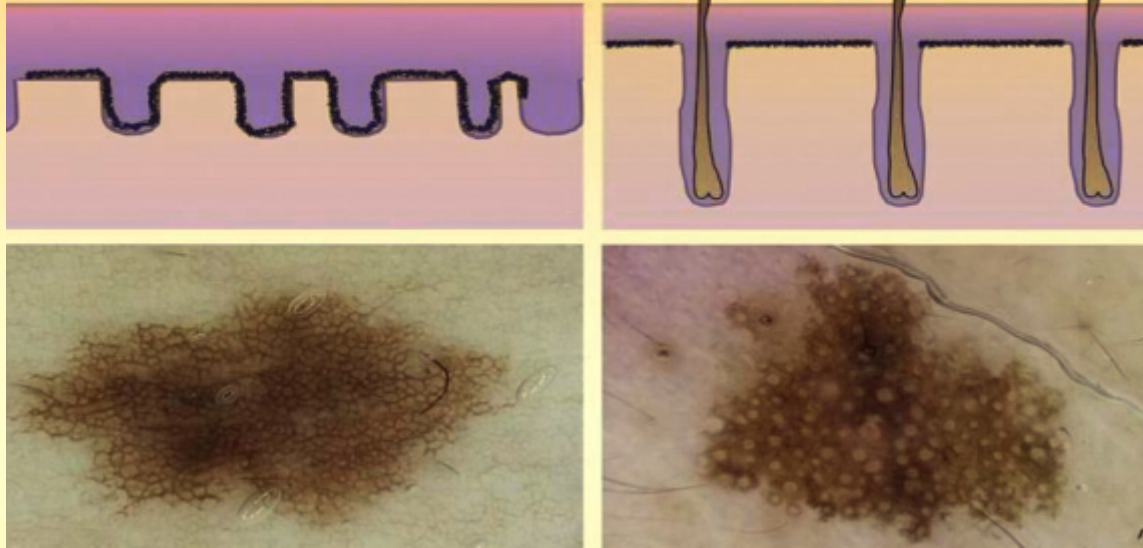
- Rete ridges **flat** or **absent**
- More hair follicles
- No conventional pigment network
- **White holes** representing unpigmented follicles and sweat ducts

Melanocytic lesions on face:

- **Pseudonetwork**

## Special sites – face

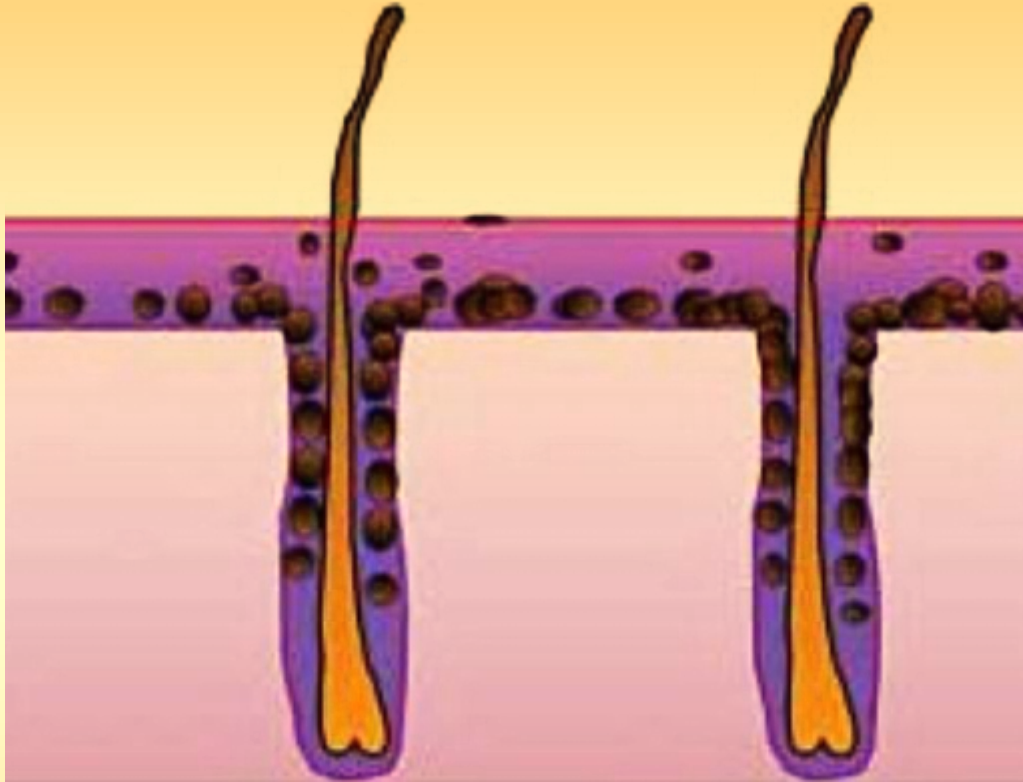
Figures by Liebman TN *et al*, 2018



Melanocytic lesions on other surfaces: the pigmentations are **continuous**, different **densities** of pigments – **true network**

Most melanocytic lesions on the face: the pigmentation **allow holes** for the small hair follicles – **pseudonetwork**

## Special sites – face



In deep melanocytic lesions (**lentigo maligna** here), pigments also reach down along the follicles, forming a **dark pseudonetwork**.

Liebman TN *et al*, 2018



# Special sites – face

## Pigmented lesions

### **Freckles** (ephelides)

- Temporary overproduction of melanin due to UV
- Normal number of melanocytes
- More in summer less in winter

### **Solar lentigo** (lentigine)

- Pigmentation all through the year
- Increased number of melanocytes at DED
- By definition, the **pigments cannot be deeper than DED.**

# Special sites – face

## Pigmented lesions

### **Freckles** (ephelides)

- Temporary overproduction of melanin due to UV
- Normal number of melanocytes
- More in summer less in winter

### **Solar lentigo** (lentigine)

- Pigmentation all through the year
- Increased number of melanocytes at DED
- By definition, the **pigments cannot be deeper than DED.**

For both:

- Circles of **similar size and shape**

# Special sites – face

## Pigmented lesions

For benign lesions:

- Circles of **similar size and shape**

For malignant lesions:

- Circles of **different sizes and shapes**
- **Grey dots and granules**
- **Asymmetrical**



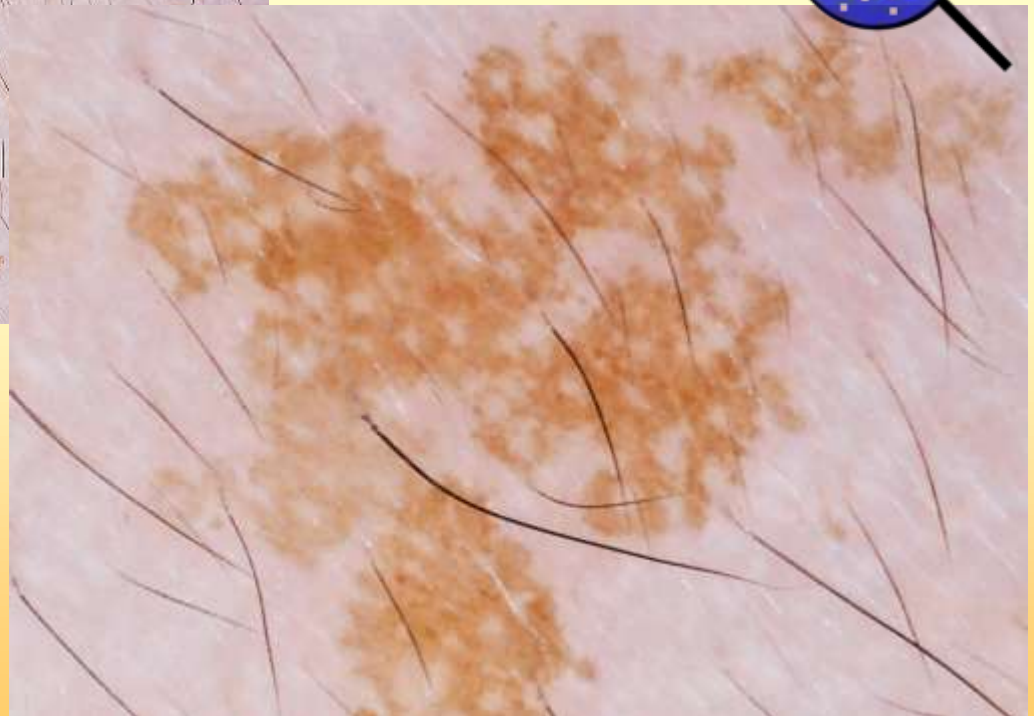
# Special sites – face

## Freckles



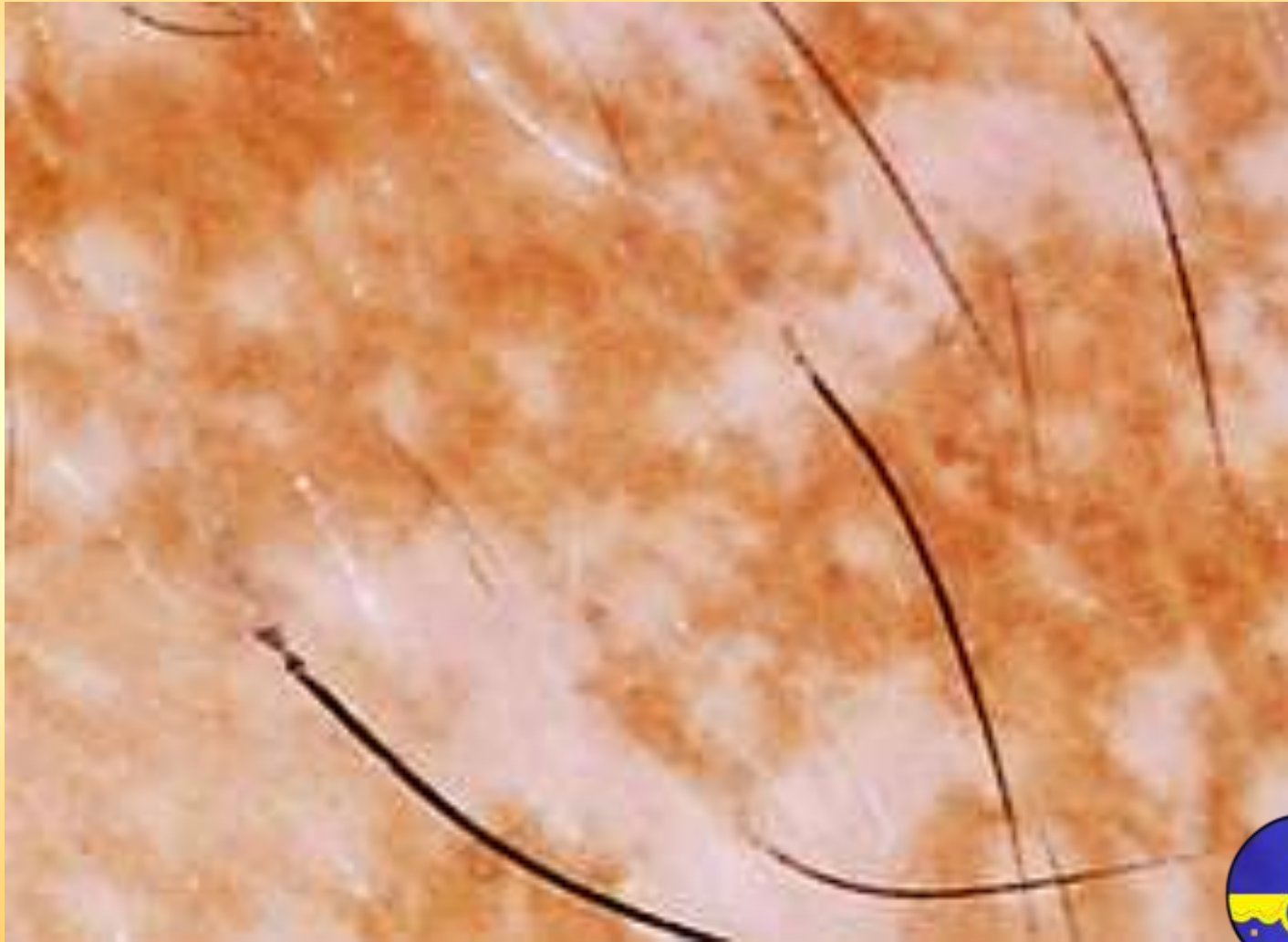
# Special sites – face

## Freckles



# Special sites – face

## Freckles





# Special sites – face

## Solar lentigines

- Light brown
- Reticular
- Sharp borders
- Moth-eaten borders

# Special sites – face

## Solar lentigine



# Special sites – face

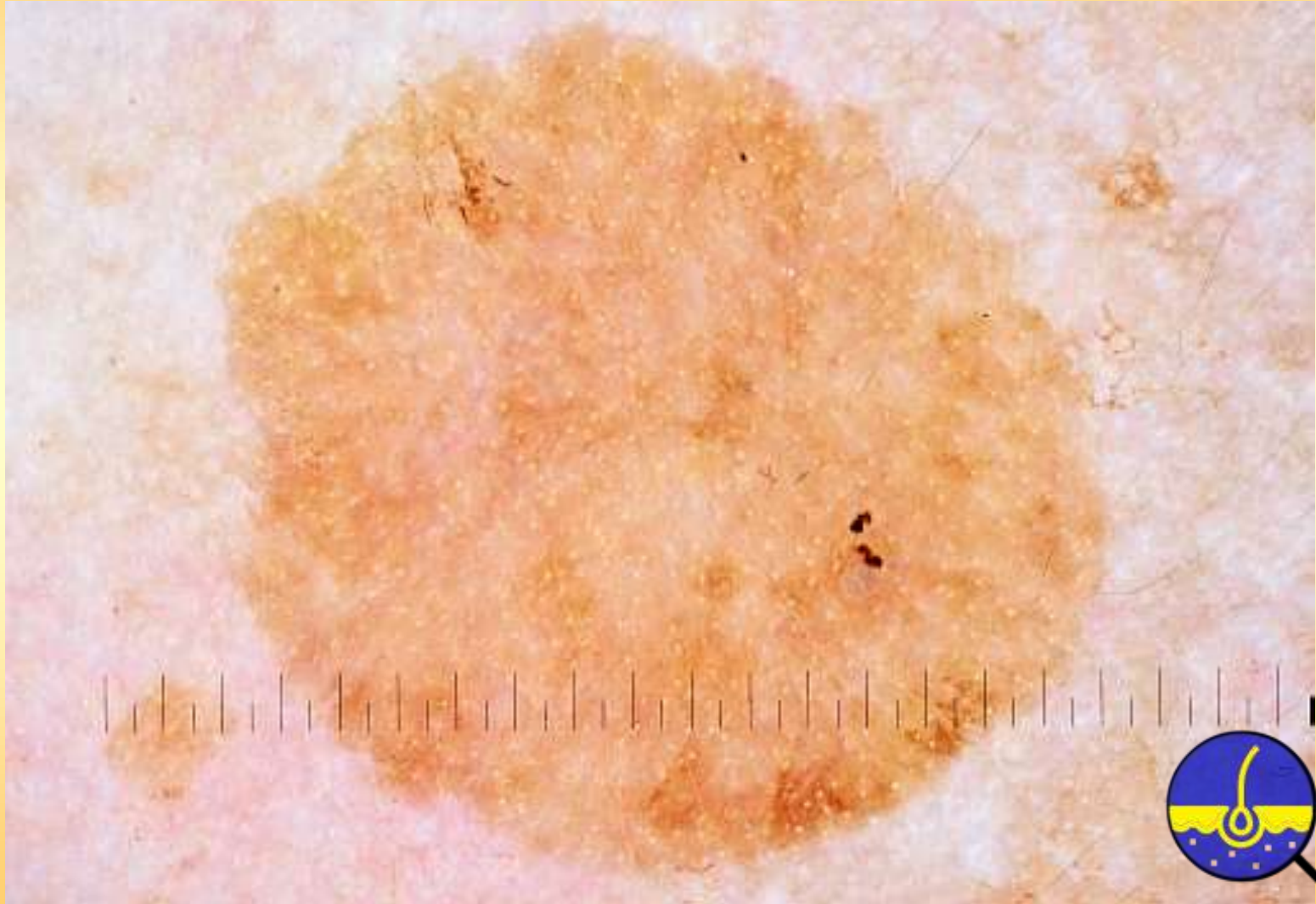
## Solar lentigine





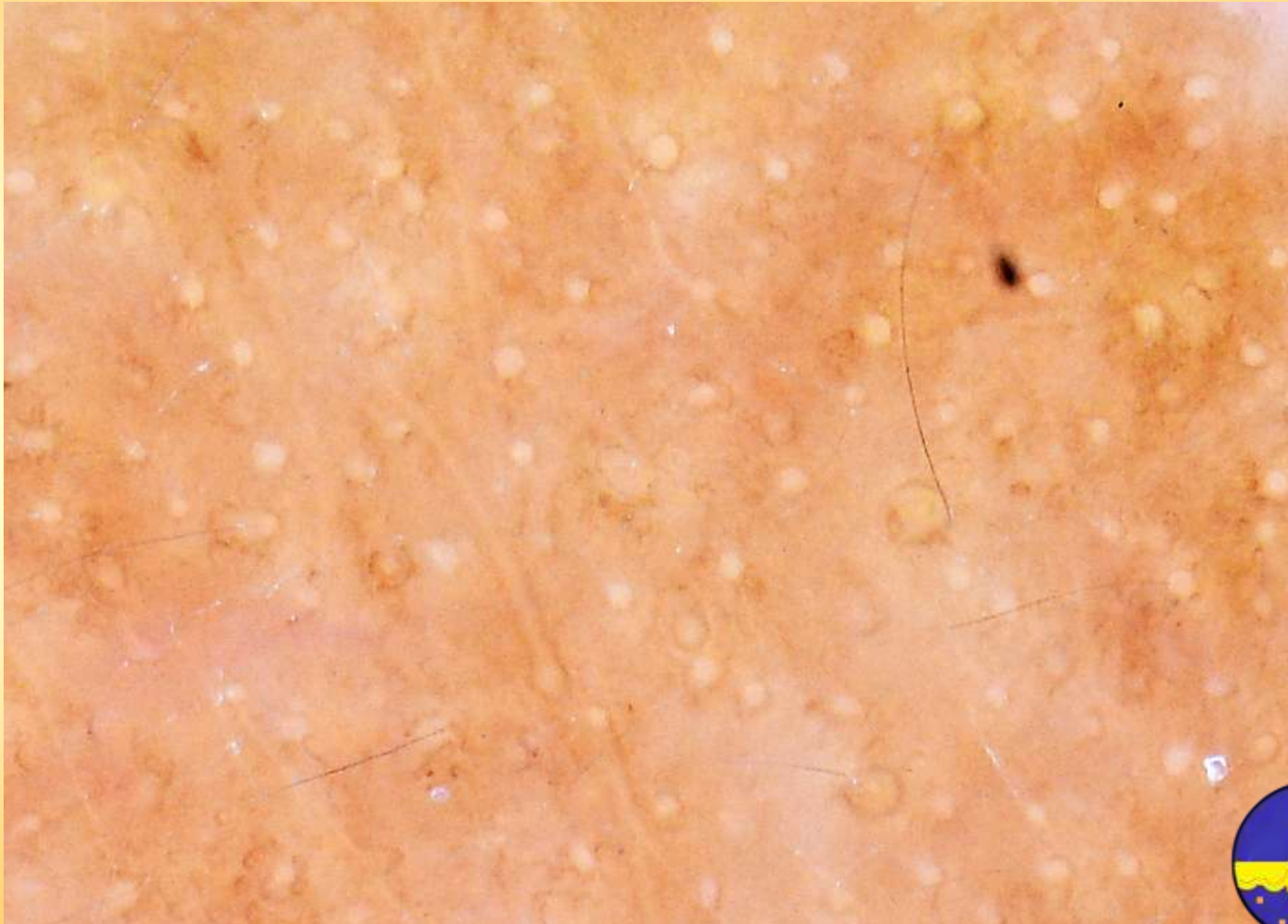
# Special sites – face

## Solar lentigine



# Special sites – face

## Solar lentigine



# Special sites – face

## Solar lentigine





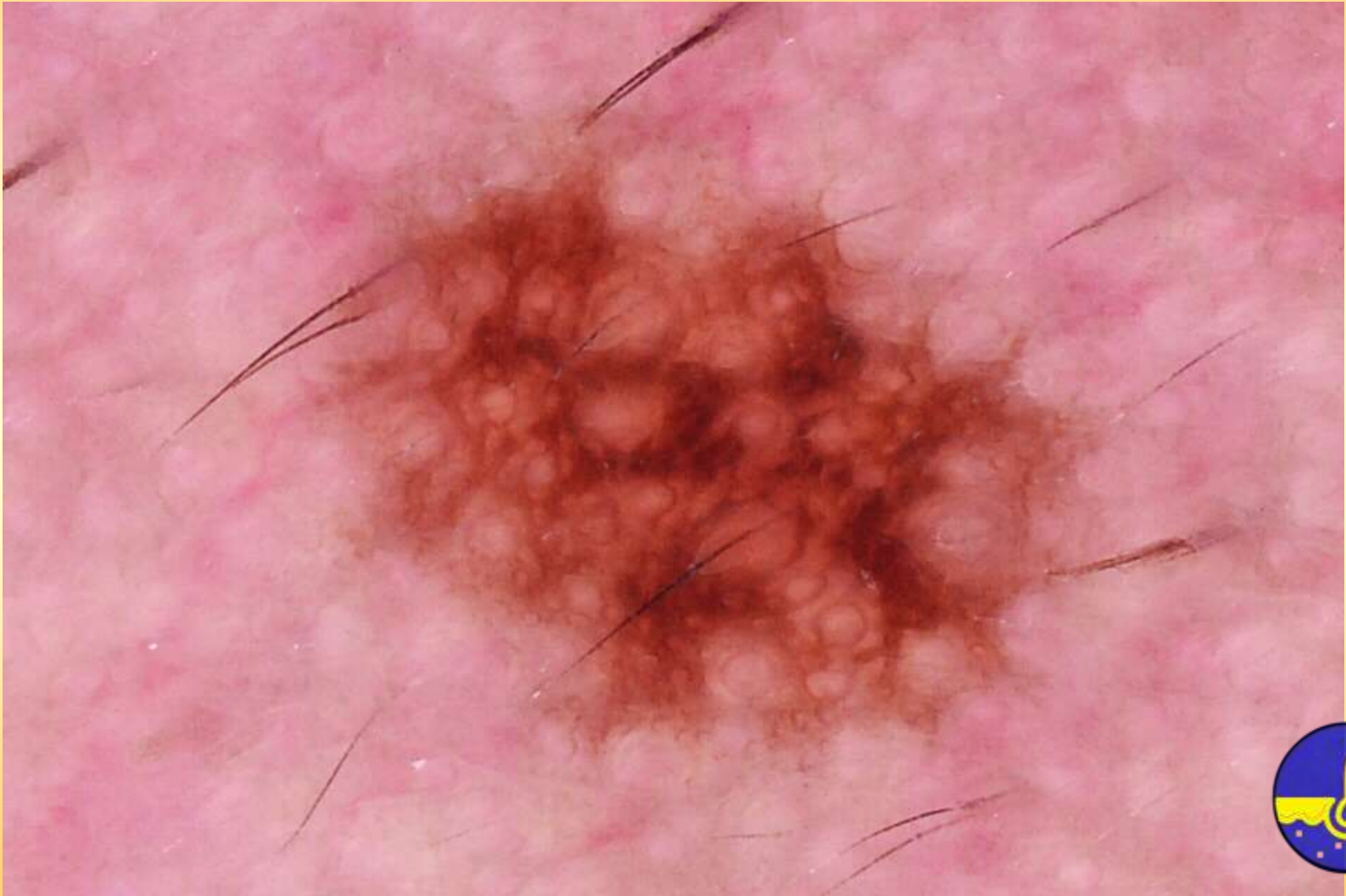
# Special sites – face

## Solar lentigine



# Special sites – face

## Solar lentigine



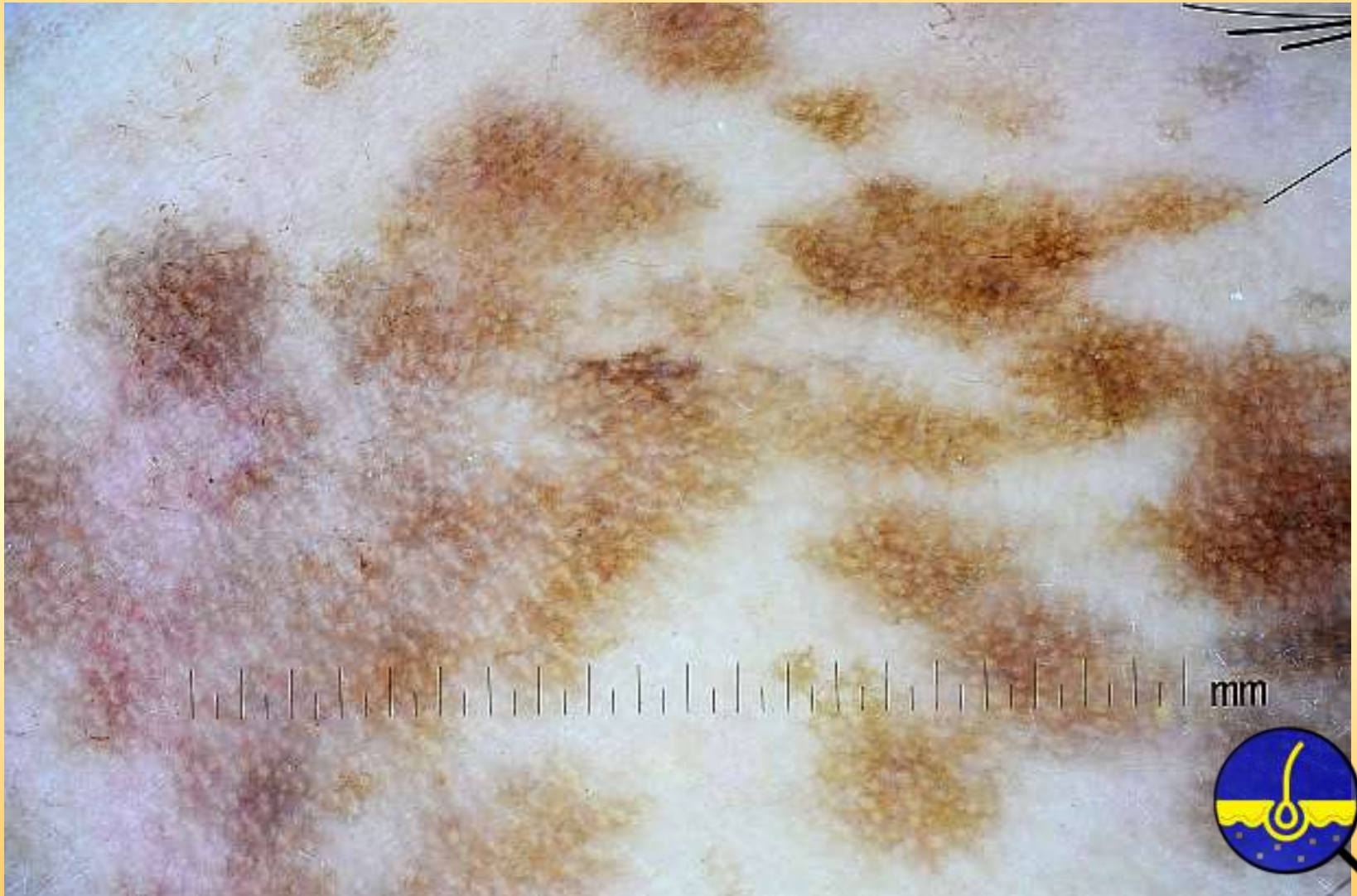
**Special sites – face**  
**Solar lentigines**





# Special sites – face

## Solar lentigines



# Special sites – face

## Seborrhoeic keratosis

- **Interrupted lines** thicker than those in solar lentigines
- Bulbous projections and ridges
- Milia-like **cysts, comedone-like openings**

**Special sites – face**  
**Early seborrhoeic keratosis**





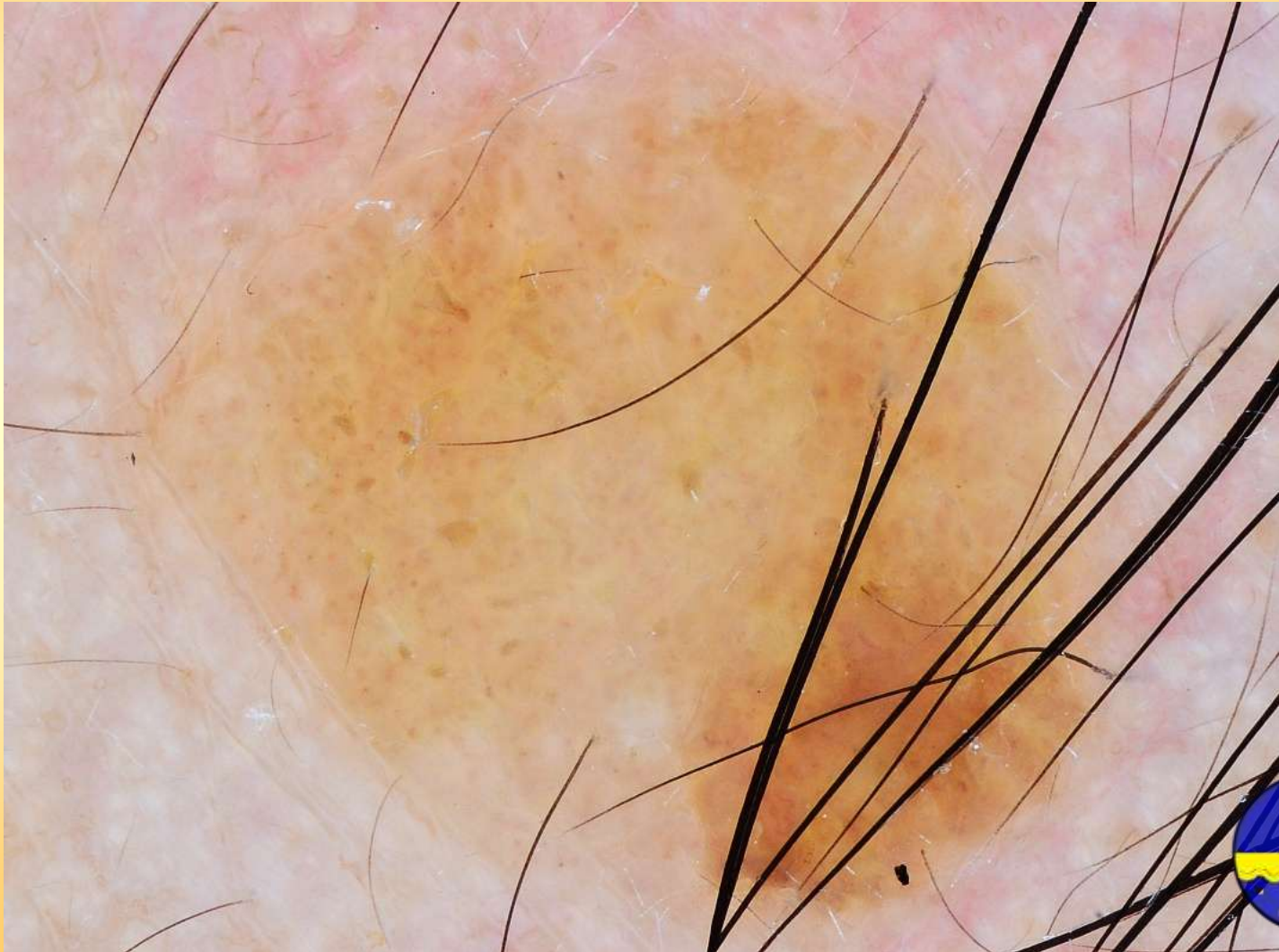
# Special sites – face

## Early seborrhoeic keratosis



# Special sites – face

## Early seborrhoeic keratosis





# Special sites – face

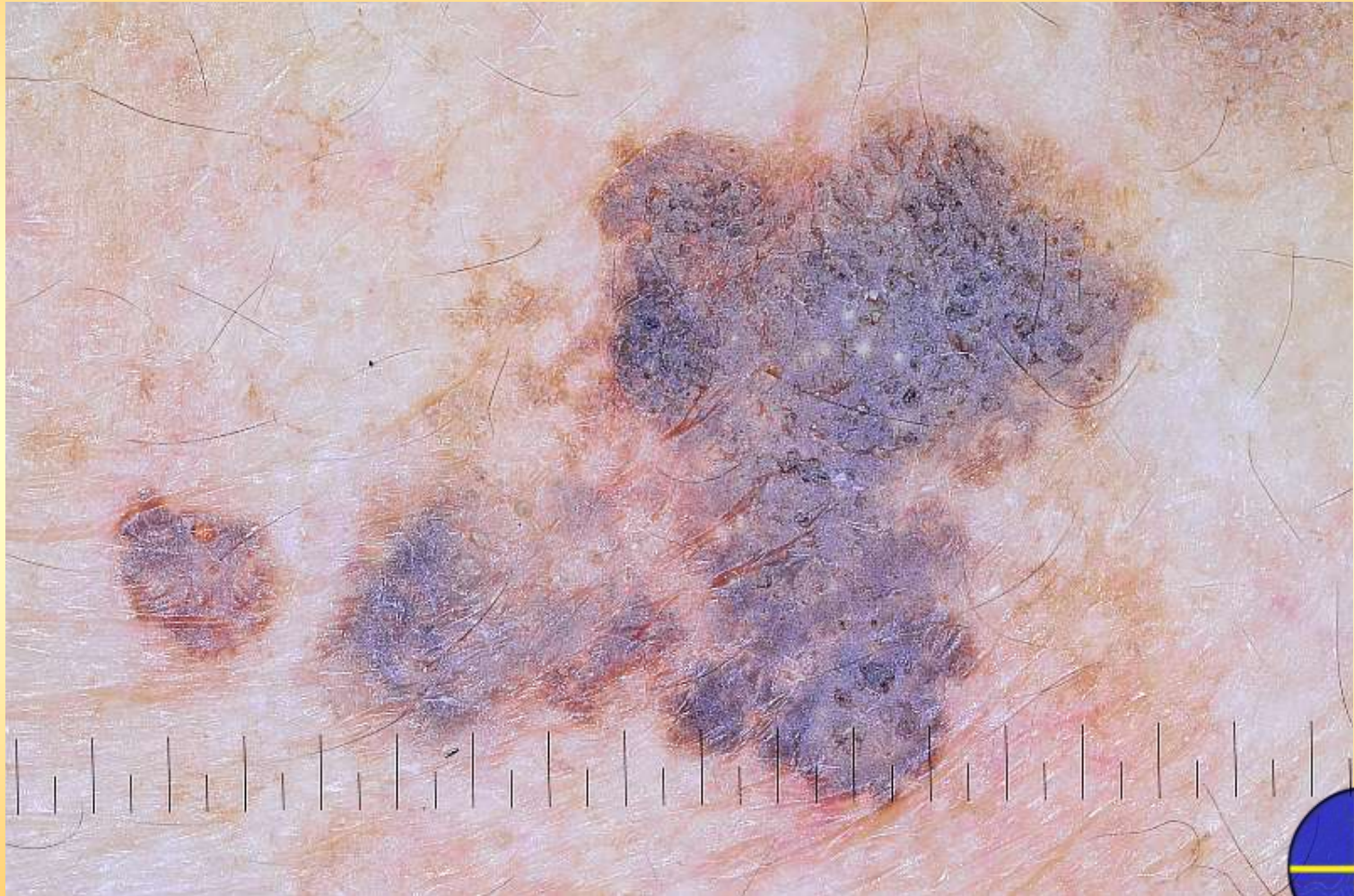
## Seborrhoeic keratosis





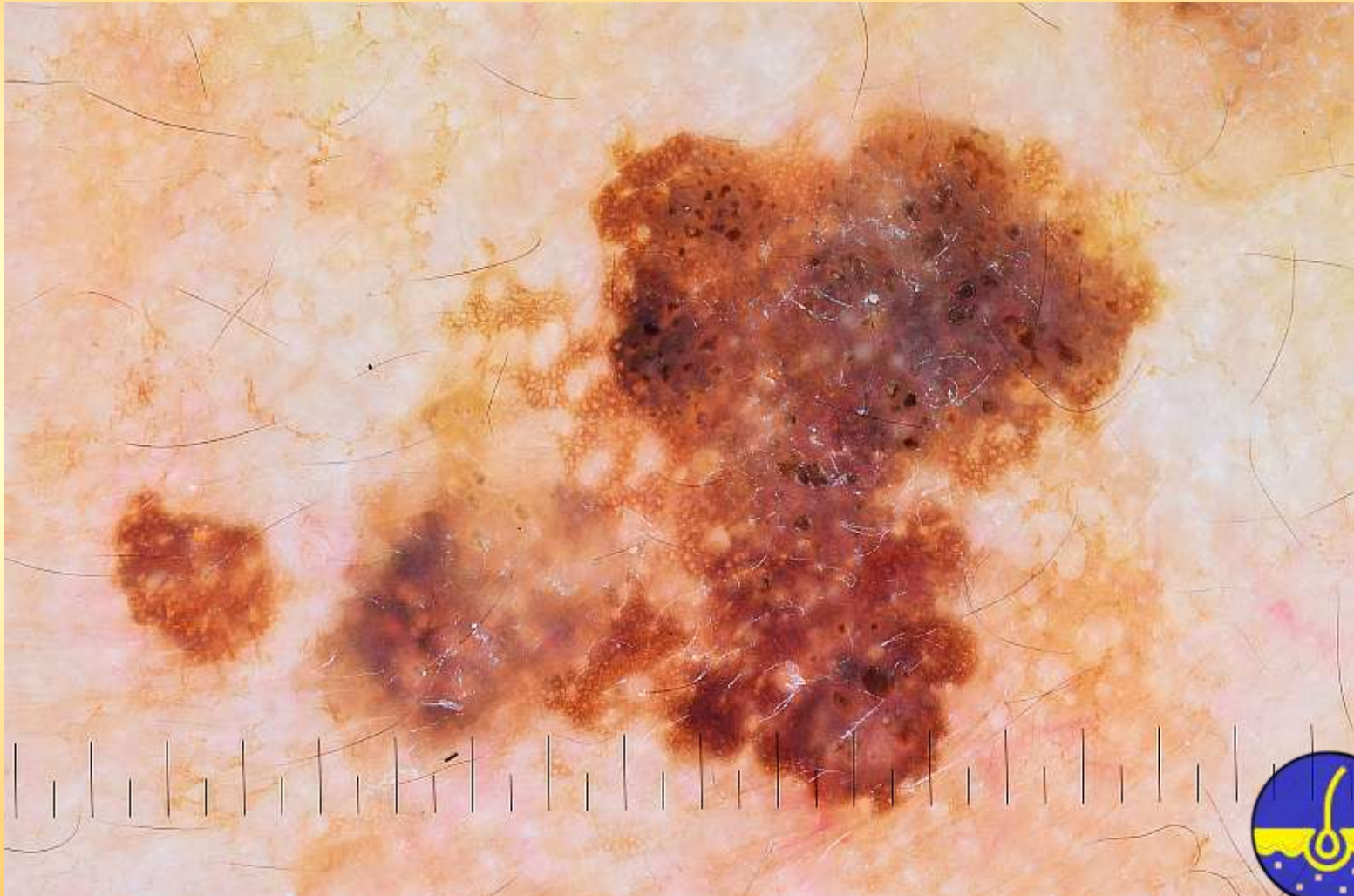
# Special sites – face

## Seborrhoeic keratosis



# Special sites – face

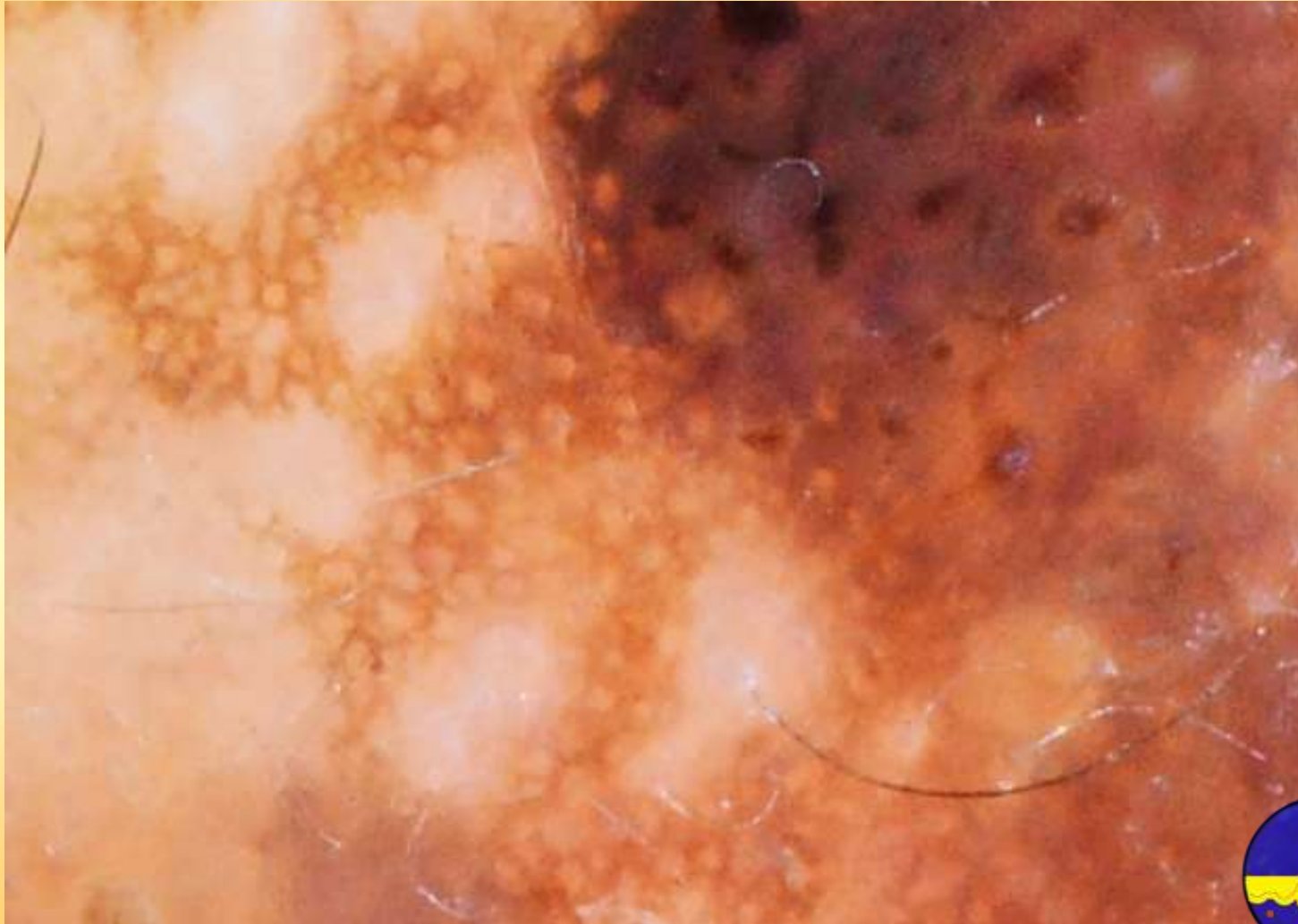
## Seborrhoeic keratosis





# Special sites – face

## Seborrhoeic keratosis



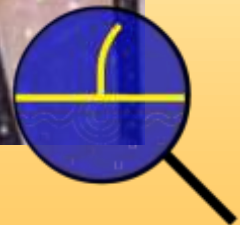


**Special sites – face**  
**Melanocytic naevus**



# Special sites – face

## Melanocytic naevus



# Special sites – face

## Melanocytic naevus





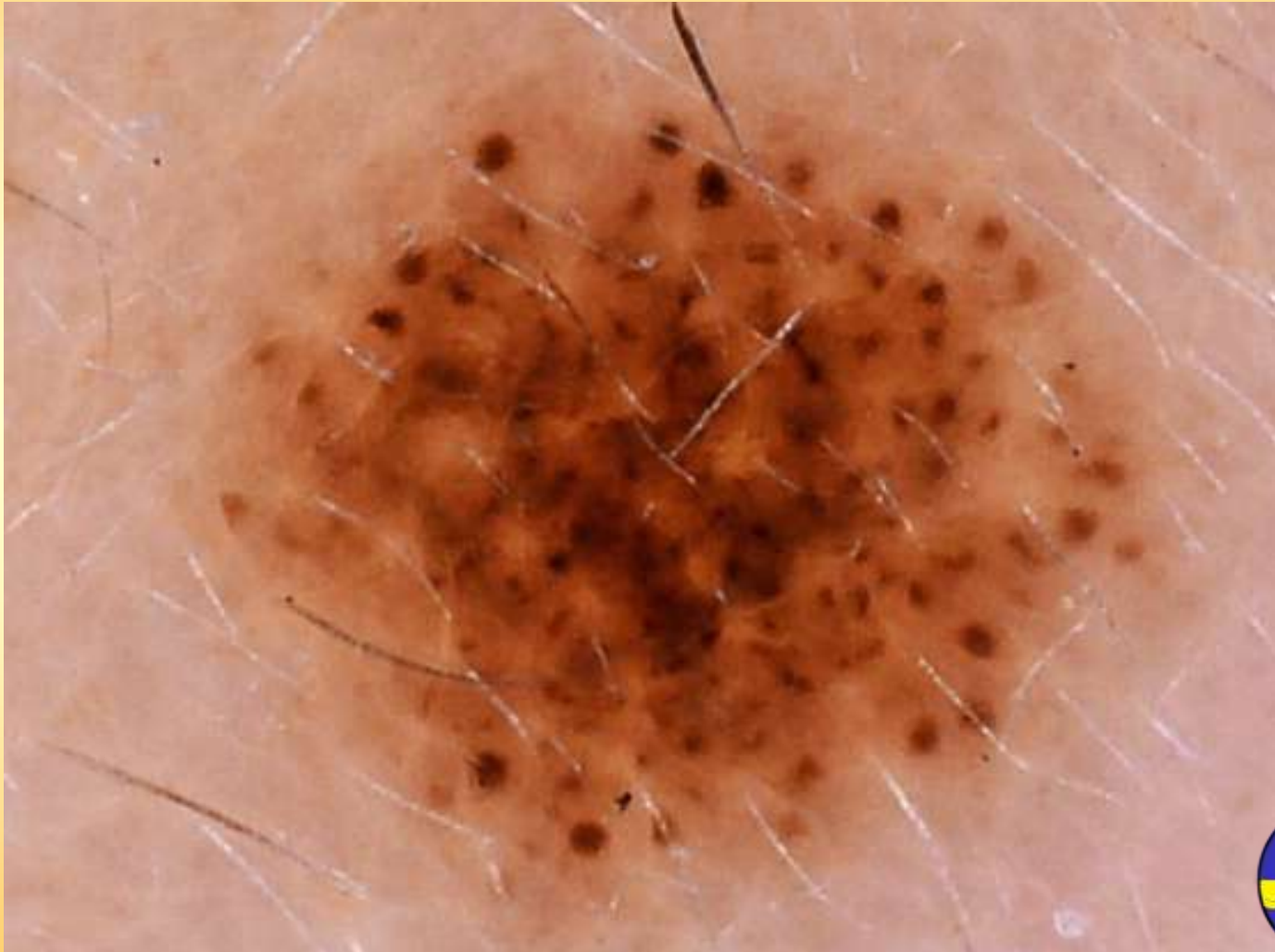
**Special sites – face**  
**Melanocytic naevus, globular**



**Special sites – face**  
**Melanocytic naevus, globular**



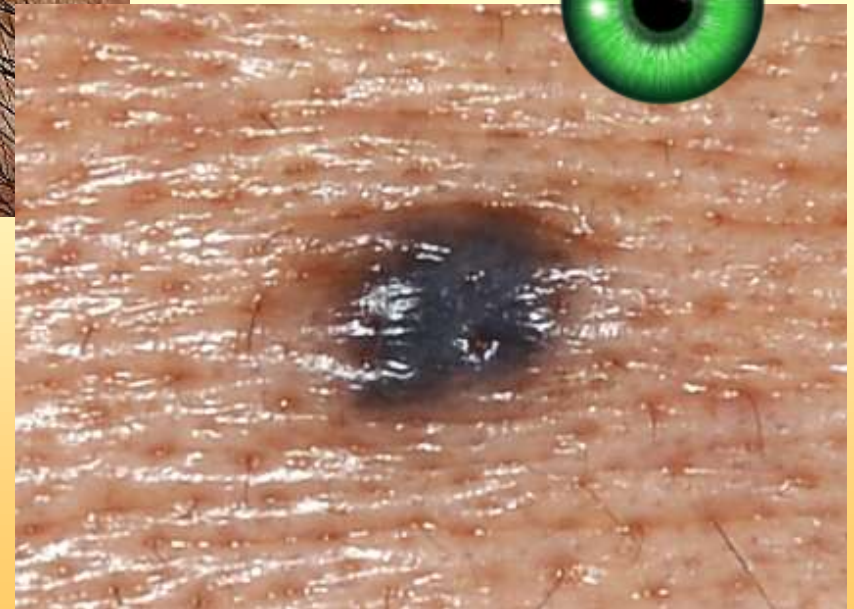
**Special sites – face**  
**Melanocytic naevus, globular**





# Special sites – face

## Blue naevus



**Special sites – face**  
**Blue naevus – blue and white pattern**





# Special sites – face

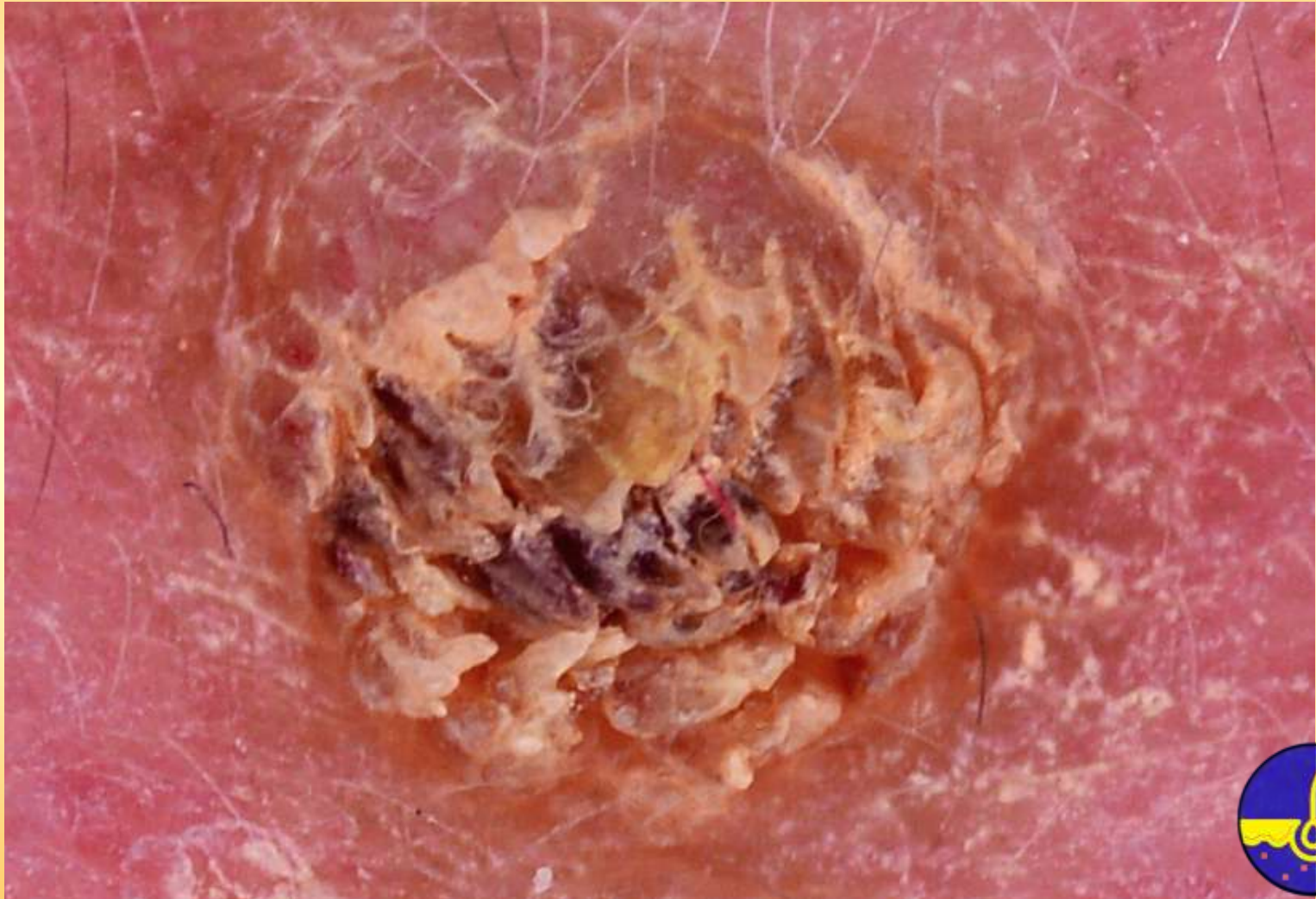
## Viral wart





# Special sites – face

## Viral wart



# Syringoma

- Harmless **eccrine** sweat duct tumours
- Dermoscopy – yellow or white **circles** or **ovals**

# Special sites – face

## Syringoma





# Special sites – face

## Syringoma



# Special sites – face

## Syringoma



# Special sites – face

## Syringoma





# Special sites – face

## Syringoma



# Applications in primary care dermoscopy

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- Face

## • Genitalia

## ■ The future



# Advantages of dermoscopy – Epiluminescence – Pearly penile papules



Figure 4. Rows of small, smooth, and dome shaped pearly penile papules on the corona of penis are normal findings. These papules are angiofibromas or fibropapillomas with no macroscopic feature or microscopic evidence of HPV infection. They are not Tysons glands (secretory glands on either side of frenulum) or Fordyce spots (ectopic submucosal sebaceous glands)

NCBI Resources How To

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National Institutes of Health

PubMed

Advanced

Format: Abstract

*Aust Fam Physician*. 2006 Mar;35(3):127-9.

### Sexually transmitted infections--ten common myths.

Chuh AA<sup>1</sup>, Wong WC, Lee A.

Author information

**Abstract**  
BACKGROUND The management of sexually transmitted infections serves as a good example of continuous and 'whole person' care to patients and their contacts.  
**OBJECTIVE:** This article discusses 10 myths commonly held by patients with sexually transmitted infections.  
**DISCUSSION:** We stress the importance of risk assessment, patient education, pre- and post-exposure prophylaxis, contact tracing, and modification of health related behaviour in managing patients with sexually transmitted infections.

Chuh AAT, Wong WCW, Lee A. Ten common myths in sexually transmitted diseases. *Aust Fam Physician* 2006; **35**: 127-9.

# Special regions – genitalia

## Balanitis



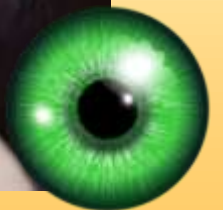
# Special regions – genitalia

## Balanitis





**Special regions – genitalia**  
**Penile lentiginosis**



# Special regions – genitalia

## Penile lentiginosis



# Special regions – genitalia

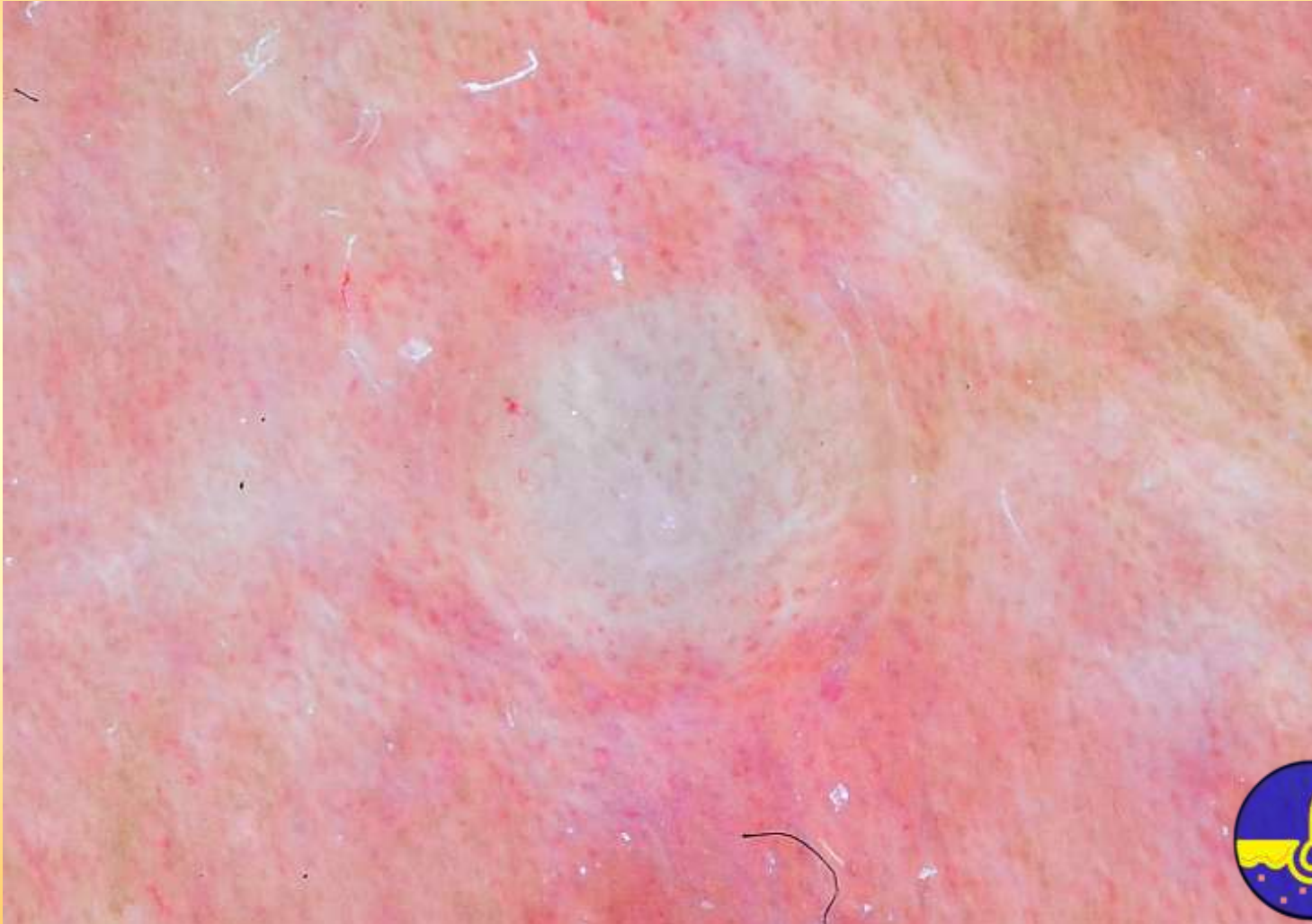
## Milia





# Special regions – genitalia

## Milia



# Special regions – genitalia

## Retention cyst



# Special regions – genitalia

## Retention cyst





**Special regions – genitalia**  
**Balanitis xerotica obliterans**



**Special regions – genitalia**  
**Balanitis xerotica obliterans**



# Special regions – genitalia

## Balanitis xerotica obliterans



Normal child



Child with BXO





# Special regions – genitalia

## Scrotal haemangiomas



# Special regions – genitalia

## Scrotal haemangiomas





# Special regions – genitalia

## Scrotal haemangiomas





# Special regions – genitalia

## Scrotal haemangiomas



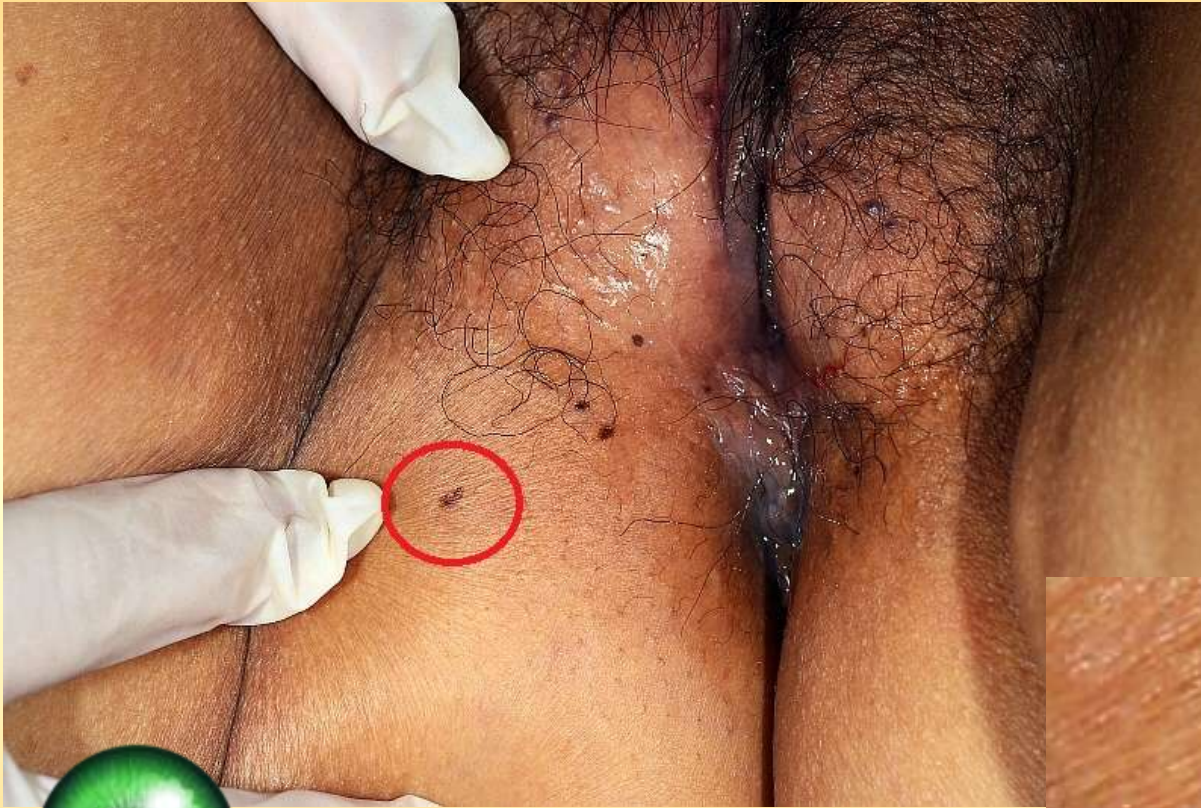
**Special regions – genitalia**  
**Scrotal angioma**





# Special regions – genitalia

## Melanocytic naevus





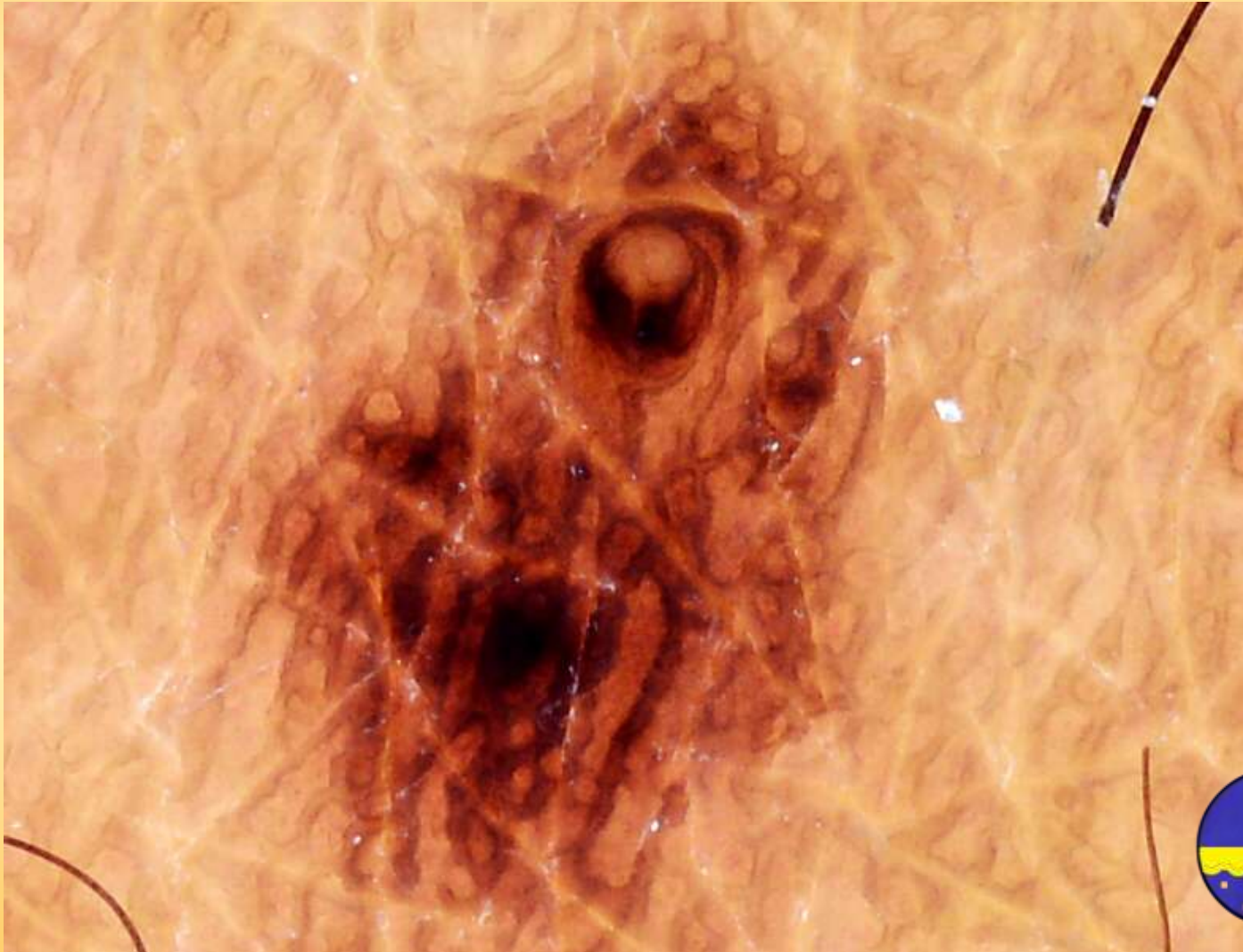
# Special regions – genitalia

## Melanocytic naevus



# Special regions – genitalia

## Melanocytic naevus





# Special regions – genitalia

## Melanocytic naevus





# Special regions – genitalia

## Melanocytic naevus



**Special regions – genitalia**  
**Scrotal haemangiomas and lentigines**



# Special regions – genitalia

## Lentiginos





# Special regions – genitalia

## Lentiginines



# Special regions – genitalia

## Lentiginos



# Special regions – genitalia

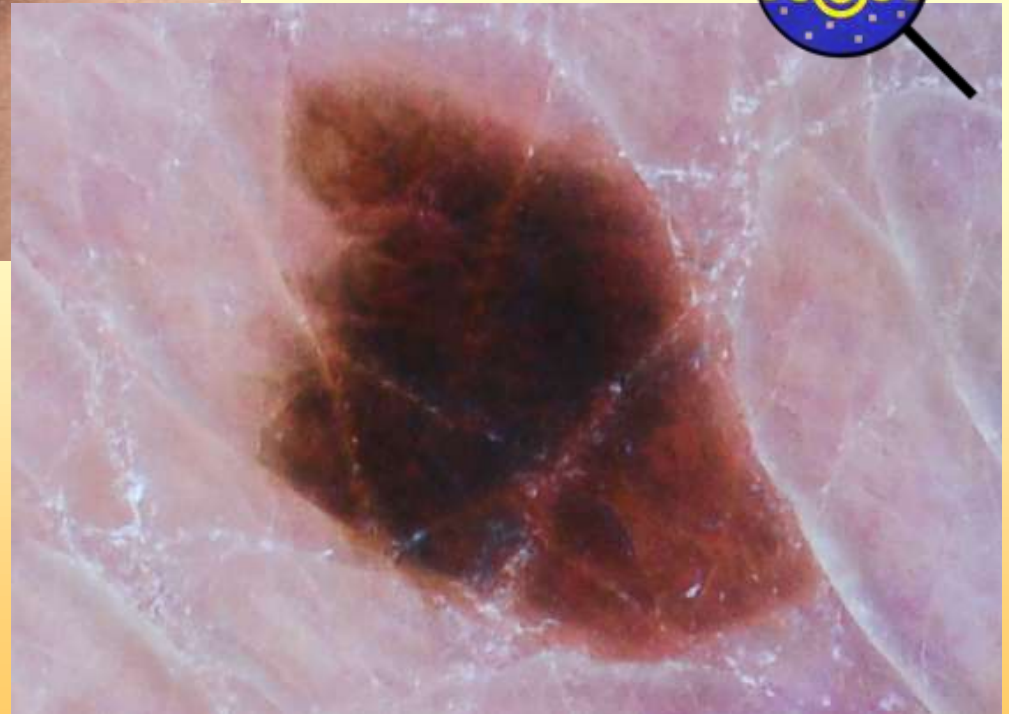
## Lentigines





# Special regions – genitalia

## Melanocytic naevus



# Special regions – genitalia

## Genital herpes





# Special regions – genitalia

## Genital herpes





# Special regions – genitalia

## Perianal viral warts



# Special regions – genitalia

## Perianal viral warts





# Special regions – genitalia

## Perianal viral warts





# Special regions – genitalia

## Perianal viral warts



**Therefore,**

Therefore,  
**Dermoscopic patterns are different for  
different sites.**



Therefore,  
Dermoscopic patterns are different for  
different sites.

**For some diseases in the genitalia,**

Therefore,  
Dermoscopic patterns are different for  
different sites.

For some diseases in the genitalia,  
**Dermoscopy might affect the help-seeking  
behaviours.**

# Applications in primary care dermoscopy

## ■ Specific diseases

- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

## ■ Special sites

- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future



# Applications in primary care dermoscopy

## ■ Specific diseases



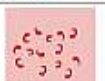






- Infections
- Vascular
- Pigmentation
- Hairs
- Solitary lesions
- Other skin diseases
- Skin manifestations in systemic diseases

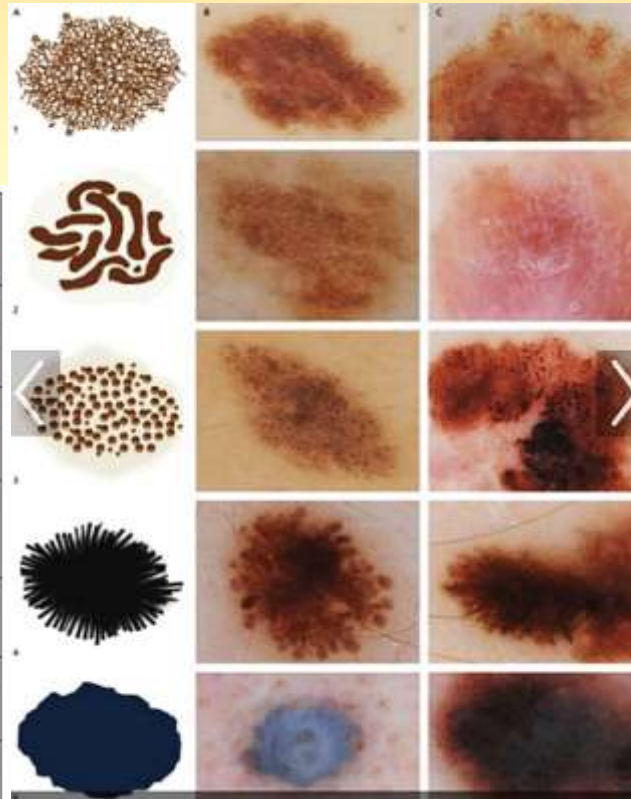
## ■ Special sites










- Nails
- Mucosal surfaces
- Acral regions
- Face
- Genitalia

## ■ The future

# The future of primary care dermoscopy – Protocols and classification of signs

	<b>Arborizing vessels:</b> Thick branched vessel resemble the branches of a tree therefore named arborizing vessels.
	<b>Blue-gray ovoid nests:</b> well circumscribed, confluent or nearly confluent pigmented ovoid or elongated areas, larger than globules and not intimately connected to a pigmented tumor body. Their color can show different shades of gray and blue.
	<b>Comma vessels:</b> Vessels presenting a curve with a globular fading tail.
	<b>Globules:</b> ovoid or round structures smaller than nests and larger than dots. <b>Dots:</b> Round, punctate structures, smaller than globules.
	<b>Corkscrew vessels:</b> Red vessels with multiple 'M' vessel linkages.
	<b>Hypopigmented areas:</b> An area of decreased pigmentation within a homogeneously pigmented lesion.
	<b>Spoke-wheel areas:</b> well circumscribed radial projections, usually tan in color but sometimes blue or gray, meeting at an often darker central axis.
	<b>Maple leaf-like areas:</b> Brown to gray/blue discrete bulbous structures forming leaf-like patterns. They are like discrete pigmented nests-islands.
	<b>Telangiectasia:</b> Red dilated linear vessels without branching. <b>Atypical red vessels:</b> Vascular structures that do not simulate a particular shape or pattern. <b>Global scattered vascular pattern:</b> A haphazard, loose distribution in all directions. <b>Haemorrhage:</b> Presence of fresh blood.



	<ul style="list-style-type: none"> <li>← Haemorrhage - Ulcerations</li> <li>⊕ Milky pink - light pink background</li> </ul>
	<b>Global scattered vascular pattern with atypical red vessels and arborizing vessels</b>
	<b>Telangiectasia</b>
	<b>Leaf-like areas</b>
	← <b>Comma vessels</b>
	<ul style="list-style-type: none"> <li>← Haemorrhage - Ulcerations</li> <li>← Atypical red vessels</li> </ul>
	<b>Arborizing vessels</b>
	<ul style="list-style-type: none"> <li>← Blue - gray ovoid nests</li> <li>← Globules</li> <li>⊕ Featureless areas</li> </ul>
	← <b>Blue - gray ovoid nests</b>

# Dermoscope-guided surgical procedures

Dermoscope-guided surgical procedures in  
**primary care settings** –

- (1) Suturing
- (2) Incisional and punch biopsies
- (3) CO<sub>2</sub> laser procedures
- (4) Electrocautery
- (5) Excisional biopsies

Chuh A, Zawar V, Sciallis G, Fölster-Holst R. Outcomes of dermoscope-guided surgical procedures in primary care. *J Prim Health Care*. 2019; **9** (in press).



# Dermoscope-guided surgical procedures

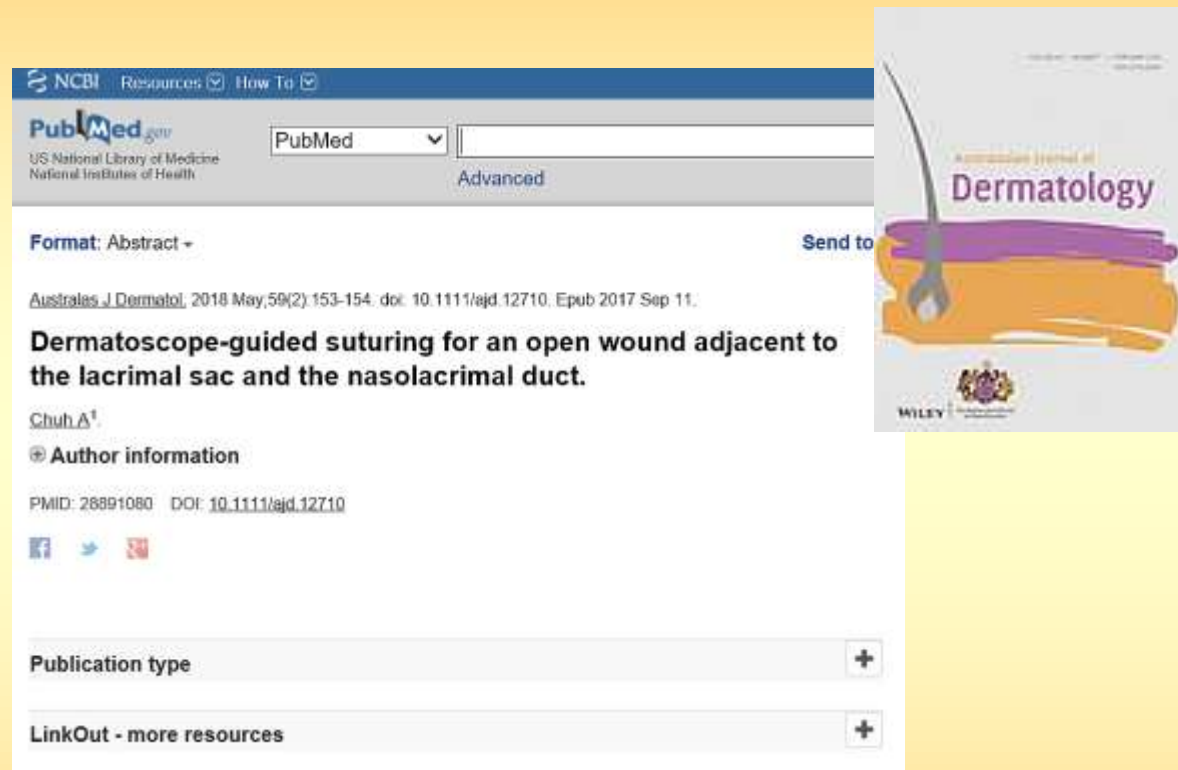
Dermoscope-guidance would:

- Significantly lower **relapse** in six months (RR: 0.22; 95% CI: 0.05-0.95),
- Significantly lower the risk of **scarring** in six months (RR: 0.52; 95% CI: 0.32–0.83), and
- Particularly lower the risk of scarring for **small lesions** (< 4mm) (RR: 0.30; 95% CI: 0.13–0.67).

Chuh A, Zawar V, Sciallis G, Fölster-Holst R. Outcomes of dermoscope-guided surgical procedures in primary care. *J Prim Health Care*. 2019; **9** (in press).

# Dermoscope-guided procedures

## (1) Dermoscope-guided suturing

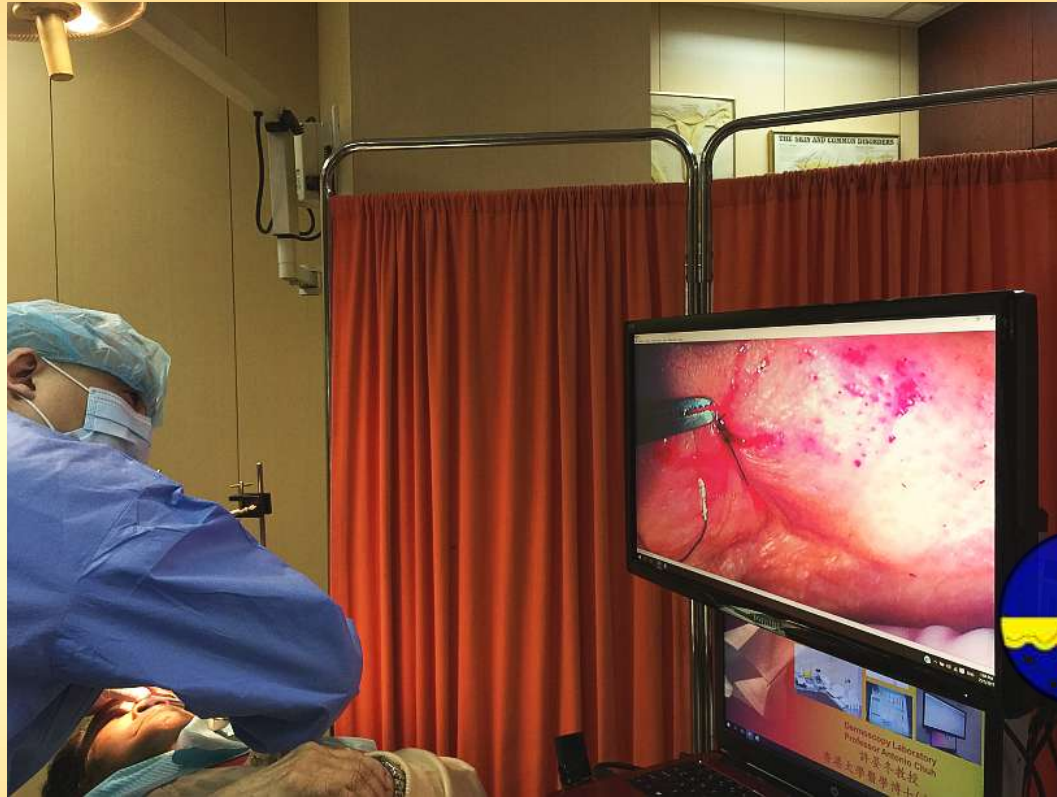


The image shows a screenshot of a PubMed search result. The top navigation bar includes the NCBI logo, 'Resources', and 'How To'. The PubMed logo is prominently displayed, along with the text 'US National Library of Medicine National Institutes of Health'. A search bar contains the text 'PubMed' and a dropdown menu set to 'Advanced'. Below the search bar, the format is set to 'Abstract'. The main text of the search result reads: 'Australas J Dermatol. 2018 May;59(2):153-154. doi: 10.1111/ajd.12710. Epub 2017 Sep 11. **Dermoscope-guided suturing for an open wound adjacent to the lacrimal sac and the nasolacrimal duct.** Chuh A<sup>1</sup>. Author information PMID: 28891080 DOI: 10.1111/ajd.12710'. Social media icons for Facebook, Twitter, and LinkedIn are visible. At the bottom, there are expandable sections for 'Publication type' and 'LinkOut - more resources'. On the right side, a portion of the journal cover for 'Australasian Journal of Dermatology' is visible, featuring a stylized illustration of a surgical instrument and the Wiley logo.

Chuh A. Dermoscope-guided suturing for an open wound adjacent to the lacrimal sac and the nasolacrimal duct. *Australas J Dermatol* 2018; **59**:153-4.

# Dermoscope-guided procedures

## (1) Dermoscope-guided suturing

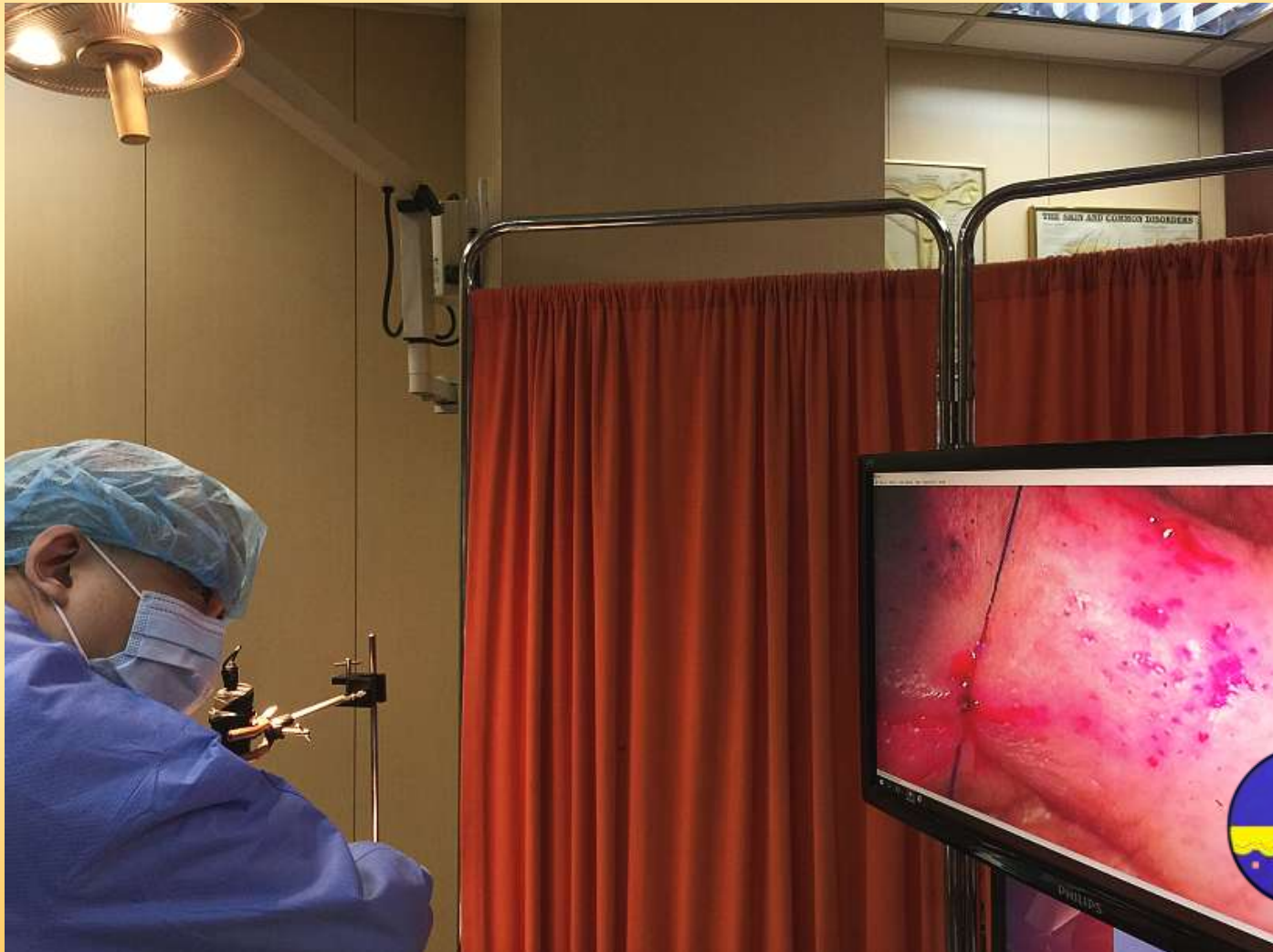


Chuh A. Dermoscope-guided suturing for an open wound adjacent to the lacrimal sac and the nasolacrimal duct. *Australas J Dermatol* 2018; **59**:153-4.



# Dermoscope-guided procedures

## (1) Dermoscope-guided suturing

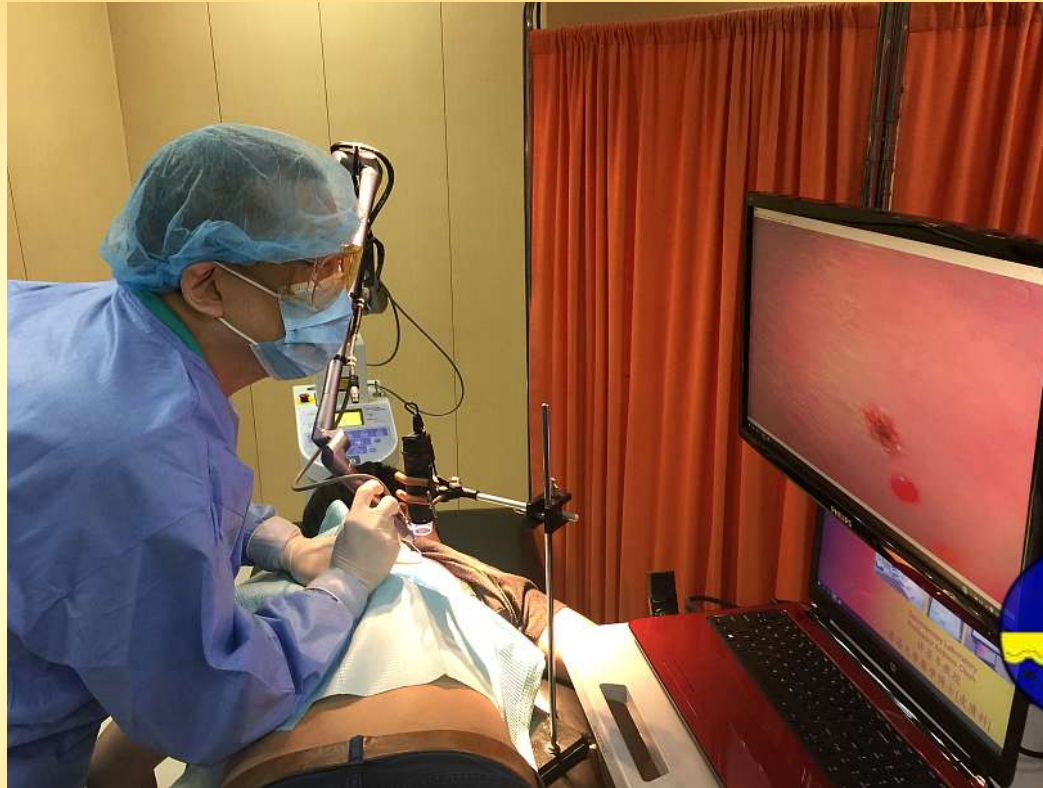


## Dermoscope-guided procedures – (2) Dermoscope-guided lesional biopsy



Chuh A, Fölster-Holst R, Zawar V. Dermoscope-guided lesional biopsy to diagnose EMA+ CK7+ CK20+ extramammary Paget's disease with an extensive lesion. *J Eur Acad Dermatol Venereol* 2018; **32**: e92-4.

# Dermoscope-guided procedures – (3) Dermoscope-guided CO<sub>2</sub> laser ablation



Chuh A, Zawar V, Sciallis G, Fölster-Holst R. Outcomes of dermoscope-guided surgical procedures in primary care. *J Prim Health Care*. 2019; 9 (in press).



## Dermoscope-guided procedures – (4) Dermoscope-guided electrocautery



Chuh A, Zawar V, Sciallis G, Fölster-Holst R. Outcomes of dermoscope-guided surgical procedures in primary care. *J Prim Health Care*. 2019; **9** (in press).

# Dermoscope-guided procedures

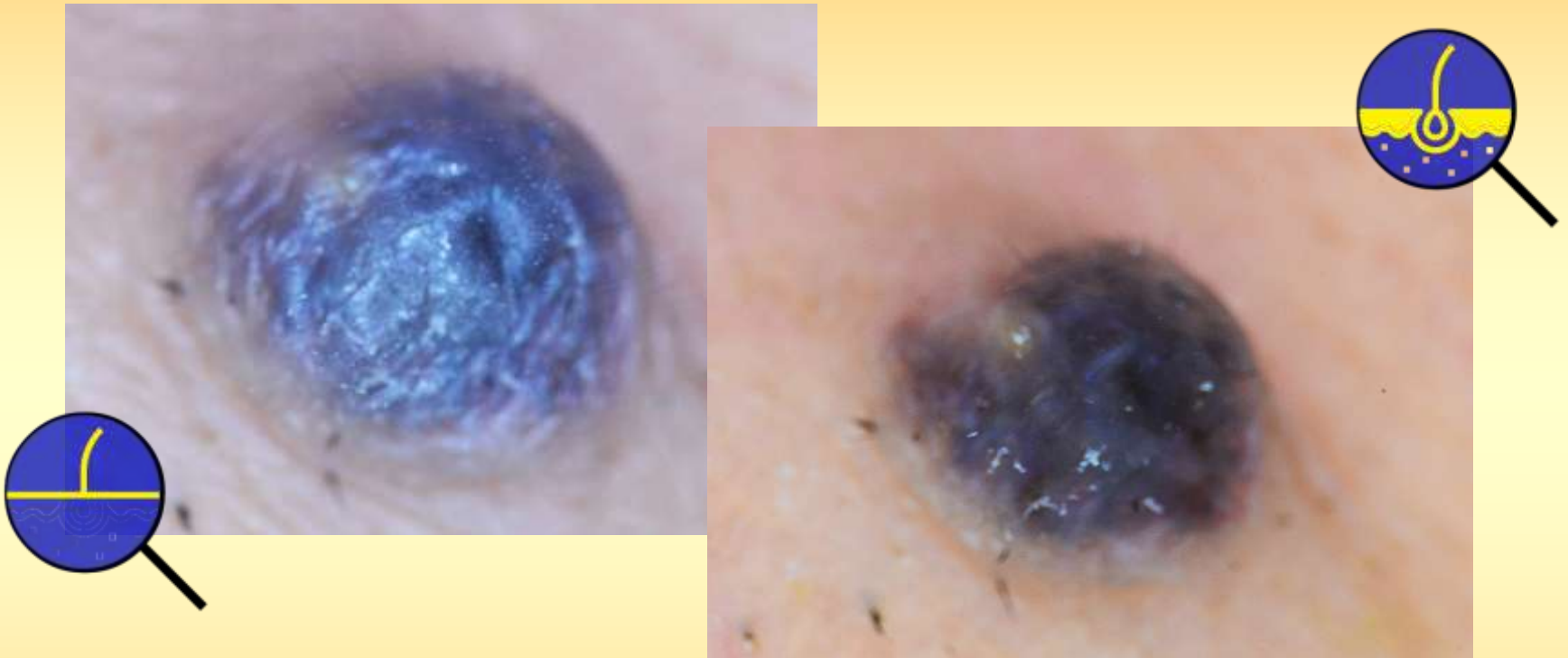
## (5) Dermoscope-guided excisional biopsy



Chuh A, Klapper W, Zawar V, Fölster-Holst R. Dermoscope-guided excisional biopsy in a child with CD68+ and S100- juvenile xanthogranuloma. *Eur J Pediatr Dermatol* 2017; **27**: 134-7.

# Dermoscope-guided procedures

## (5) Dermoscope-guided excisional biopsy



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# Dermoscope-guided procedures

## (5) Dermoscope-guided excisional biopsy

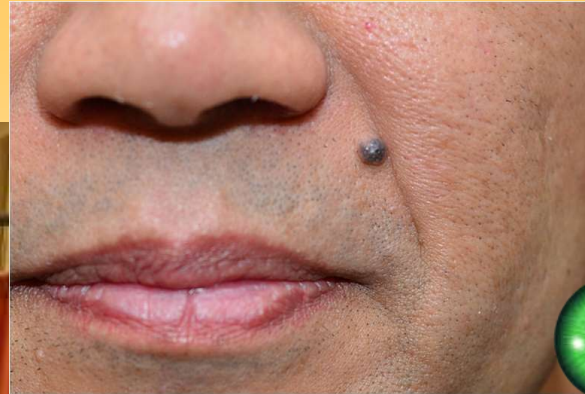


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## Future of dermoscopy in primary care settings – (5) Dermoscope-guided excisional biopsy



Chuh A, Zawar V, Sciallis G, Fölster-Holst R. Outcomes of dermoscope-guided surgical procedures in primary care. *J Prim Health Care*. 2019; **9** (in press).



**The future of dermoscopy in  
primary care settings might be –  
Dermoscope-Guided Surgical Procedures**





**THANK YOU!** ^ \_ ^

HKSPCD

Hong Kong Society of Primary Care Dermoscopy

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## Our quest to promote primary care dermoscopy

2001 – now	20 publications on dermoscopy	International primary care and dermatology journals
2003	Application of dermoscopy in pityriasis rosea	Doctor of Medicine (HKU)
2015	First dermoscope-guided surgical procedure performed	Publications in international journals
2018	Assure leadership to promote primary care dermoscopy in Hong Kong and internationally	Established Hong Kong Society of Primary Care Dermoscopy
2018	Visiting Scholar; Introductory lecture	Primary Care Institute, University of Zürich, Switzerland
2018	Visiting Scholar; Introductory lecture	Department of Dermatology, University of Kiel, Germany
Feb 2019	Introductory lecture	HKU-Shenzhen Hospital
Mar – Apr 2019	Advanced Certificate courses on four Saturdays	Planning to deliver courses for 100 primary care doctors in Hong Kong
Apr 2019	Visiting Professor; Comprehensive courses in dermoscopy for 50 primary care doctors and internal physicians	Primary Care Institute, University of Zürich, Switzerland
May 2019	Introductory lecture	Hong Kong College of Family Physicians

More to be followed