

All you need to know about
....Blistering

In the beginning....



VESICLES



Case 1

- 68 year old woman
- PMH: Anxiety & rectal prolapse
- DH: Citalopram
- Referred to surgeons with severe pain and
?acute rectal prolapse



Diagnosis?

Varicella Zoster Virus (Shingles)

Clues HSV / VZV?

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- Pain

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- Same eruption different day

Clues HSV / VZV?

- Pain
- Same eruption different day
- Systemically unwell

Management

- Viral swab
- PO (or IV) aciclovir or valaciclovir
- If recurrent consider prophylaxis

When to refer

When to refer

- Atypical presentation

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- Atypical presentation
- The immunosuppressed patient

Case 2

- 33 year old dental nurse
- Long history of intermittent eruption on hands
- 3 week history of flare of the eruption

Acute eczema



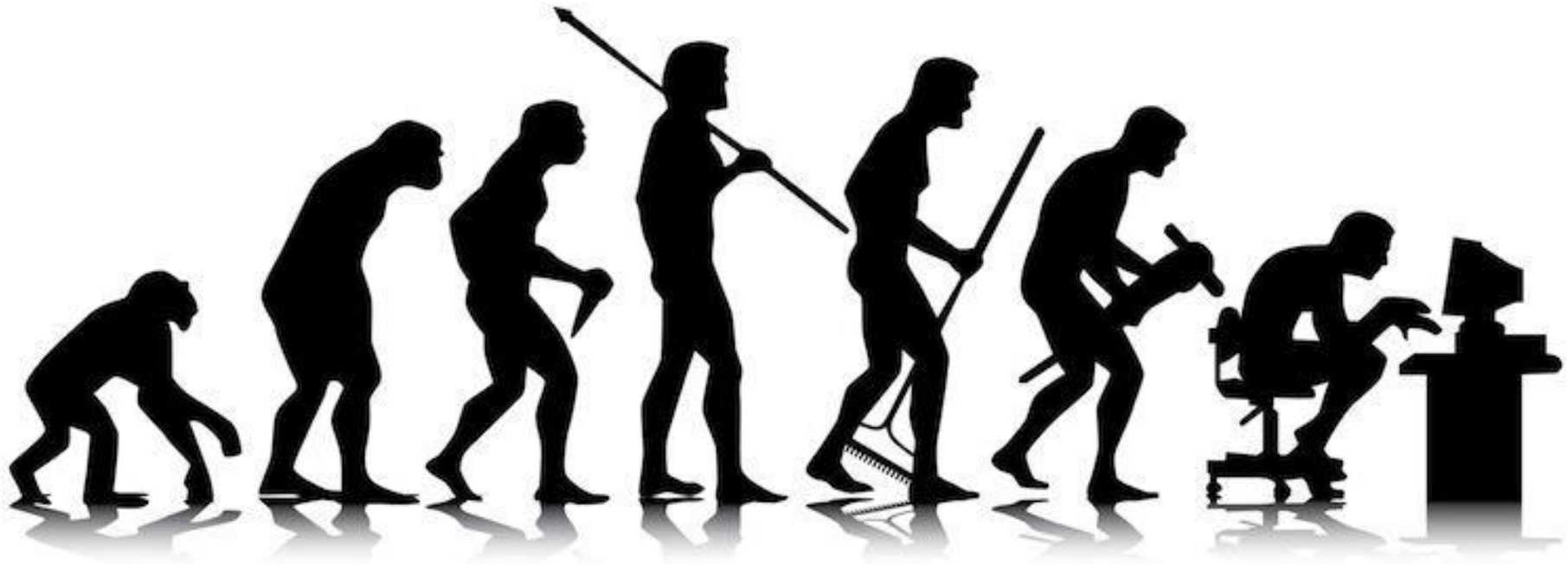
Diagnosis?

Acute eczema

Management

- Soap substitute eg Dermol – wash off only
 - Emollient
 - Potent / super potent topical corticosteroids
 - Oral corticosteroids
-
- Hand eczema – systemic agents eg toctino, methotrexate, ciclosporin

Moving on...



BLISTERS



Case 3

- 36 year old man
- PMH: Recurrent coldsores – last one 3 days ago
- 3 day history of aching joints & flare of coldsore
- 24 hours worsening eruption





Diagnosis?

Erythema multiforme

Recognition of EM

- Targetoid lesions
- Palmoplantar involvement
- One mucosal membrane affected

Causes

- Viral – most commonly HSV
- Infection eg mycoplasma
- Drugs
- No cause

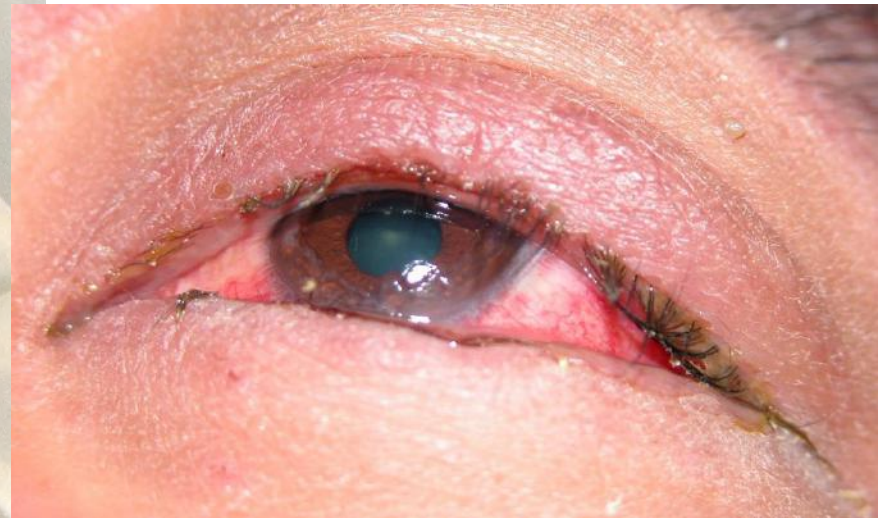
Management

- Super potent topical corticosteroid body
- Mild to mod potency topical corticosteroid face (including lips)
- Difflam mouthwash
- Regular emollient

When to refer

- More than one mucosal membrane

Steven Johnsons Syndrome



When to refer

- More than one mucosal membrane
- Epidermal detachment

Toxic Epidermal Necrolysis



Case 4

- 34 year old woman
- Recent referral to Dermatology with clinical diagnosis recalcitrant plantar wart on the toe
- Presents to GP



Diagnosis?

Cryotherapy related blister

- Self limiting - Reassure

Cryotherapy related blister

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- Sterile blister puncture - if tense and painful

Cryotherapy related blister

- Self limiting - Reassure
- Sterile blister puncture - if tense and painful
- Pain management

Side effect



Case 5

- 84 year old lady
- PMH - Registered blind, mild cognitive impairment
- Admitted acute on chronic confusion, pyrexia, dehydrated



Diagnosis?

Erysipelas

Erysipelas

- Limbs or face
- Well-defined raised border
- Superficial form of cellulitis
- Usually group A beta haemolytic strep
- Infants and elderly
- Rare complication eg endocarditis

Management

- Oral / IV penicillin or erythromycin

Management

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- Encourage lymphatic drainage

Management

- Oral / IV penicillin or erythromycin
- Encourage lymphatic drainage
- Consider long term prophylactic penicillin

Not always infection



Case 6

- 8 year old boy
- Excelling at school & county cricket team
- Fit and well
- DH: Nil
- Painful blisters on skin, no trigger





Diagnosis?

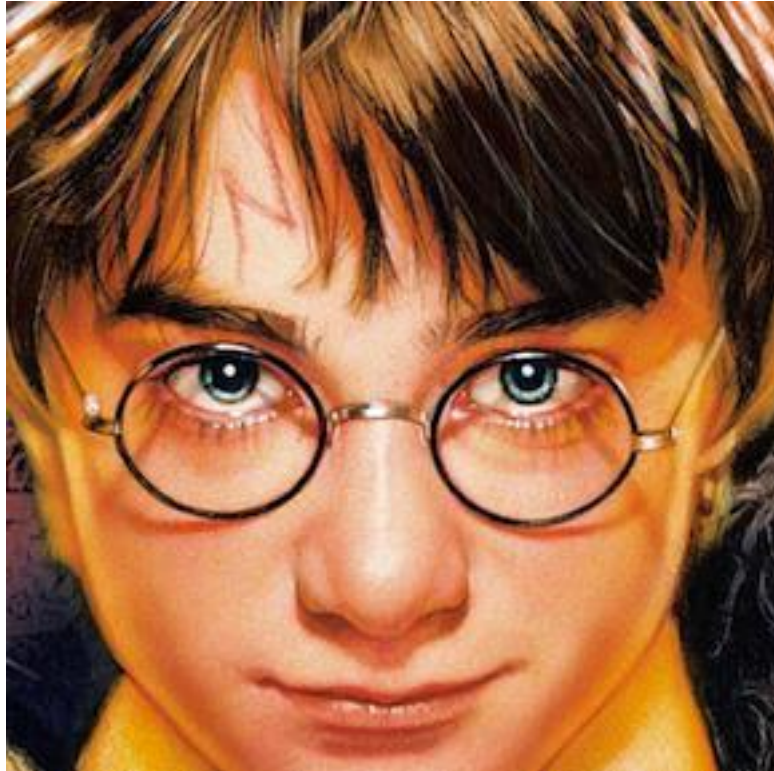
Dermatitis artefacta

- Self inflicted cutaneous lesions often induced by foreign objects
- Often triggered by emotional stress
- Majority in adolescence and adults < 30 years
- Female predominance

Clinical features

- Can be single or multiple, unilateral or bilateral
- Usually reachable areas
- Often bizarre shapes or linear, well demarcated outlines
- Vesicles, purpura, ulceration, post inflammatory changes, scarring
- Normal surrounding skin

“Voldemort did it...”







Diagnosis

- Close proximity deodorant burns





Bullous impetigo

- Impetigo can mimic cigarette burns
- Often difference in sizes
- May have golden crust
- Contagious







Management

- History is key

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- Diagnosis of exclusion – involve dermatology

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- Open discussion

Management

- History is key
- Diagnosis of exclusion – involve dermatology
- Open discussion
- Refer to CAMHS +/- Social services

Case 7

- 20 year old woman
- PMH: Mild asthma. DH: Inhalers
- At a BBQ in Summer. Had been drinking a lot of corona but no memory loss
- Sudden appearance of painful, itchy blistering eruption
- Systemically well



Diagnosis?

Phytophotodermatitis

What is it?

- Phototoxic reaction to contact with plants
 - Hogweed
 - Parsnips
 - Lime
 - Celery

Phytophotodermatitis “Margarita burn”



Management

- Sun avoidance
- Topical corticosteroid ointment
- Warn about post inflammatory hyperpigmentation

Case 8

- 87 year old man
- PMH: Alzheimers
- DH: Donepezil
- 2 month history of itchy, painful, widespread eruption



Diagnosis?

Bullous pemphigoid

Clues for diagnosis?

- Subepidermal blister

Intraepidermal blistering



Clues for diagnosis?

- Subepidermal blister
- Inflammatory edge to the blister

Clues for diagnosis?

- Subepidermal blister
- Inflammatory edge to the blister
- Urticated pre-bullous itchy lesions

Pre-bullous lesions



Clues for diagnosis?

- Subepidermal blister
- Inflammatory edge to the blister
- Urticated pre-bullous itchy lesions
- Often elderly & more common cognitive impairment

Management

- Topical super-potent topical corticosteroid ointment
- (Sedating antihistamines)
- Refer
- Oral prednisolone – reducing regimen
 - 0.5mg/kg until skin clear
 - Then reduce by 5mg every 2 weeks until 5mg OD
 - Then reduce by 1mg every 4 weeks



At last, an excuse not to exercise!

Any questions?

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