

Most common type of skin cancer in USA

Skin cancer

Most common type of skin cancer

basal cell carcinoma

basal cell carcinoma symptoms

Appearance varies; smooth, shiny bump, pink to pearly white

Basal cell carcinoma common locations

cheeks, nose, face, neck, arms, back

basal cell carcinoma diagnosis gold standard

biopsy. if not an option, refer to derm

Actinic keratosis

Precursor to squamous cell carcinoma

numerous dry, round and pink to red lesions w/ rough and scaly texture

--> does not heal, slow growing in sun exposed areas

Actinic keratosis diagnosis gold standard

Biopsy.

if not an option, refer to derm

Actinic keratosis treatment gold standard

small- cryotherapy

large- number 5-FU (5-fluoracil aka efudex). 5-FU medication Causes skin to ooze, crust, scab and be red

5-fluoracil/ efudex-wear sunscreen!!

squamous cell cancer

chronic red scaly rough textured lesion w/ irregular borders

crusting or bleeding may be present

Squamous cell carcinoma common locations

rims of ears, lips, nose, face and top of hands

precursor lesion to squamous cell cancer

actinic keratosis

squamous cell carcinoma diagnosis by?

biopsy gold standard. if biopsy is not an option, refer to dermatology .

Risk factors for skin cancer(melanoma and both non-melanoma)

Blistering sunburn as a child, history of sunburns, light skin, chronic exposure to UV light (sunlight/tanning beds), moles, family hx for skin cancer

Melanoma symptoms (ABCDE)

asymmetry (shape/uneven texture)

border (irregular/notched/blurred)

color (variegated colors from black, blue, dark to light brown)

diameter (size >6mm size of pencil eraser or larger)

evolving (changes in color/size/shape)

may be itchy

Acral lentiginous melanoma

Most common type of melanoma in dark skinned individuals (blacks & asians)

--> look for longitudinal brown to black bands under the nailbed. a changing spot or mole in the palms, or the soles of the feet

seborrheic keratosis

soft, round, wart-like growth that is light tan to black and looks pasted on
asymptomatic & benign

Bacterial Meningitis Bacteria

Streptococcus pneumoniae- most common strain

Haemophilus influenzae

Neisseria meningitidis

Escherichia coli

*others

Bacterial meningitis symptoms (Classic Triad)

High fever

Nuchal rigidity

rapid change in mental status w/ headache

Triad=neck up

erythematous spot-like rash (petechiae) ecchymosis to purple-colored lesions (purpura) which are non-blanchable

Is bacterial meningitis a reportable disease

yes!

Treatment for Bacterial meningitis-patient

IV Abx ASAP, resp/droplet iso for first 24-48 hrs, hydrate (low maintenance after initial fluid correction), Maintain ventilation and reduce increased intra cranial pressure if present

(dexamethasone(to reduce inflammation, mannitol to diurese the brain), low stim environment, tx complications that may arrive and support family

Treatment for bacterial meningitis-close encounter

Close contacts should be treated w/ rifampin 600 mg q 12 hours x 2 days

**Rifampin changes urine color to reddish orange and can stain contacts

****AVOID RIFAMPIN IN PREGNANCY**

Brudzinkski sign (meningeal irritation)

Tests for meningeal irritation

Patient supine, raise BACK of head and flex chin towards chest

+ result if pt automatically bends both hips

--Brudzinski and back of head start with B as well as bends--

Kernig's sign

Tests for meningeal irritation

patient supine. flex patients hips and knees in a right angle, then slowly straighten/extend the legs up

+ result if when the patient complains of pain during extension of leg

MCV4 (meningococcal vaccine) Age 11-19

Give one dose of menactra or menveo

primary dose given age 12 or younger give a booster at age 16-18

MCV4 (meningococcal vaccine) Age 19-21

Give one dose of menactra or menveo if never had either

Rocky mountain spotted fever (RMSF) symptoms

Fever

chills

N/V

myalgia

arthralgia

2-5 days later develop petechial rash on forearms, ankles, and wrists that spreads towards trunk and becomes generalised. sometimes rash develops on palms and soles

RASH DEVELOPS INWARDS

RMSF mnemonic (RMSF)

R-Rash

M-Muscle aches (myalgia)

S-Stomach aches (nausea and vomiting)

F-Fever ($>102^{\circ}\text{F}$)

Rocky Mountain Spotted Fever (RMSF): Located:

•Think "Rocky"- North Carolina, Oklahoma, Arkansas, Tennessee, Missouri

Spring to Fall (April to September)

Rocky Mountain Spotted Fever (RMSF): DX

PCR assay by indirect immunofluorescence antibody (IFA) assay for immunoglobulin G (IgG) for Rickettsia Rickettsii

Rocky Mountain Spotted Fever (RMSF): tx

Doxycycline is always first line for all ages

100 mg every 12 hours x 7-10 days

Can be fatal if not treated within the first 5 days

Erythema Migrans (early Lyme disease): Symptoms

Usually appears in 7-14 days after being bitten by a deer tick; range 3-30 days

Target bull's-eye Rash is hot to touch with rough texture. Expanding red rash with central clearing • Common locations are belt line, axillary area, behind the knees, and groin area •

Positive for flu like symptoms. Lesions and rash resolve within a few weeks with or without treatment

Erythema Migrans (early Lyme disease): DX

Dx: • First step is enzyme immunoassay (EIA) also known as ELISA if negative no further testing needed. If positive confirm with Western Blot test (aka indirect immunofluorescence assay (IFA) for Borrelia burgdorferi)

1. Enzyme immunoassay

2. western blot test (immunofluorescence assay/ IFA)

Exam Tip: E before I

Will have increased ESR

Erythema Migrans (early Lyme disease): TX

Doxycycline is always first line for all ages

100 mg BID x 10-21 days

Remove ticks by grasping with tweezers or forceps close to the skin and pulling gently with steady pressure. After removing the tick, clean area with rubbing alcohol, iodine scrub, or soap and water. Dispose of the tick by flushing it into the toilet

Tick repellent skin use

DEET

Tick repellent clothing use