Dermatological Examination

The dermatology examination is a tough examination to prepare for. Dermatology is a relatively large subject with a large amount of knowledge required to be prepared for every eventuality. Regardless of whether you get the correct diagnosis, as with all of these stations, it is the process which gains you the most marks.

It is important to have a good understanding of dermatological language – for example knowing the difference between macules, patches, plaques, nodules, blisters, erosions, ulcers, bullae etc. Using these terms in the exam will impress the examiner – who more than often is not a dermatologist.

The key is to describe what you see as clearly and precisely as possible using dermatological terminology.

An idea for the scheme to follow is as follows:

- Arranges lighting optimally
- Ensure adequate exposure of the patient
- Inspects the overall distribution of the lesion ('from the end of the bed')

- Inspects, assessing the lesion in terms of:
  - **Size –** USE A RULER (which will be provided if you look – to describe precise measurements)
  - **Site** (anatomical description)
  - **Shape**
  - Describe **border** (well defined/irregular)
  - **Colour** – especially pigmentation – describing the distribution of the pigmentation – homogenous/heterogenous)
  - **Erythema**

- Palpate, assessing the lesion in terms of:
  - **Consistency**
  - Surface **texture**
  - **Fixation** to superficial and deep tissues
  - **Scaling/ulceration**
  - Erythema **blanching**
  - **Tenderness**
  - **Fluctuance**

- Asks the patient if there are similar lesions elsewhere and offers to examine – use this as an opportunity to demonstrate your knowledge, for example, if you think the diagnosis is psoriasis offer to examine the scalp.
- Examines the finger/toe nails – this is sometimes on mark schemes as the nails can give many clues to dermatological diagnoses e.g., pitting, onycholysis, subungual hyperkeratosis etc.

- Offer to examine the REGIONAL LYMPH NODES.

- Present the findings in a confident manner using appropriate dermatological terminology.

You may be lucky and be presented with barn door diagnoses such as:

- Psoriasis – ensure you know about the 5 types of arthritis, treatments
- Eczema – ensure you know about the treatments and different types of contact dermatitis
- Neurofibromatosis – ensure you have some knowledge about this condition as it comes up commonly – type 1 (diagnostic criteria: lisch nodules on iris, axillary freckling, >5café au lait spots, neurofibroma/plexiform fibroma, affected relative. Autosomal dominant, chromosome 17) type 2 (bilateral acoustic neuroma, chromosome 22)
- Hereditary Haemorrhagic Telangiectasia – know about this autosomal dominant condition which is associated with epistaxis, chronic GI bleeding, arterio-venous malformations – including pulmonary (can require lobectomy)

My finals dermatology case was labelled: 'examine this patients skin'. The patient removed his shirt on request, revealing a large number of different lesions. He was wearing a medic-alert necklace, which I was allowed to look at, which read 'Hereditary haemorrhagic telangiectasia' – a big clue! I was not clear exactly how to proceed, so I began to inspect the different lesions and described each in turn. This patient had: Campbell de Morgan spots, Seborrhoeic keratoses, telangiectasias (including on tongue and oral mucosa) amongst other lesions! Therefore you may not get a simple case of a single diagnosis so be prepared.