

Case Scenarios

Prior to the workshop please work through the following scenario and be prepared to present this to the rest of the group. You can work in groups of 3-4. Specialist nurses, phototherapy nurses, dermatology doctors, textbooks and online sources will help you find the answers you need.

Case Scenario 1 - Group A

Your 26 year old sister sends you a text photo of a widespread rash that has started suddenly all over her trunk. She has never had any skin problems before.



What is the diagnosis?

What questions might you ask to confirm your clinical impression?

What might you consider in the differential?

If she had similar lesions on the palms and soles what else might you consider?

She asks you what you think the best type of treatment would be as she is finding it hard to dab on the cream the GP gave her as she was instructed to only apply it to the spots. What do you recommend?

After considering all the options she would like to have light treatment. She wants to know how often she will need to come and for how long?

Case Scenario 2 - Group B

Mr Jones is a new dad who has struggled with psoriasis over the elbows and knees. He asks you as the friendly student in clinic what might have triggered this. (The consultant is too busy to trouble and is already seeing the next patient!).



What advice do you give him about possible triggers?

As his life is pretty busy with a new baby he struggles to look after himself and is currently just using dovonex cream to the affected areas, which is not doing much. Draw up a simple regimen for him to manage his psoriasis on a daily basis.

You are concerned that the psoriasis is having a major impact on the quality of his life. How can you easily assess this in clinic?

He has heard about rotational therapy but would like to know more about this, including use of dithranol. Can you explain this to him.

He represents 6 months later fed up. He wants to have a break from topical treatments but can not attend for regular light based treatment. He has a raised blood pressure which is not yet under control. What other options are there? Explain the administration, dosing, monitoring and common side effects of these treatments

Case Scenario 3 - Group C

Mrs Roberts, a 54 year old smoker who cleans for a living presents with pustules over her hands and feet. The skin elsewhere is fairly normal.



She wants to know what it is and why has she got it now. What do you advise her?

If she had only one foot involved, what would you need to consider in the differential?

She can not work at the moment and wants some treatment straight away. What are the options and how quickly are they likely to work?

She can not attend hospital regularly for treatment and wants a tablet based treatment. She has a marginally raised cholesterol, but her other blood tests are normal. What do you recommend to her and why?

Case Scenario 4 - Group D

During your A&E attachment, Mr Kelly presents to hospital, with red inflamed skin all over. He is shivery, cold and feels unwell. His blood pressure is 100/60, Pulse 85, Temp 37. His urea and Creatinine are elevated and he has raised inflammatory markers and a marginally elevated white cell count.



What is the differential diagnosis and how can you narrow this down?

It turns out he has a past history of psoriasis and this had been getting out of control prior to his skin deteriorating. What might have triggered this?

The A&E SpR is called to a RTA and asks you to admit the patient and write his drug and fluid chart. What do you put on his drug and fluid chart and what do you ask the ward staff to monitor?

As a very studious final year, you are following up your patients and look at his latest blood test results. You see that the albumin has dropped to 20 - Why has it gone so low and what could have been done to prevent this?

Case Scenario 5 - Group E

Miss Taylor bursts into tears in the consultation. She has struggled with a dry itchy flakey scalp for years and nothing has helped.



What are the causes of a flakey scalp and what questions might help you reach a diagnosis?

She is really willing to try everything you recommend and asks for written instructions on how best to manage the scalp. Please draw up a plan for her.

How else could the dermatology department help her?

She returns for follow up 6 weeks later as she has suddenly noticed that lots of hair is coming out and doesn't seem to be regrowing. Despite sticking to your instructions things are getting worse. She wants to know if there are any tablets she can take that will rapidly get the scalp under control to limit any further hair loss. What tablet could help and what are the common side effects of this type of treatment

Case Scenario 6 Group F

You've been assisting the consultant on a ward round and at the end of the round one of the nurses asks you to have a look at Bernard, a 86 year, overweight man, who has a rash in his groin and under his breasts.



Where else should you examine to reach a diagnosis?

The nurse asks you to write up some treatment. Write out a daily regimen for the patient.

The nurse wants to know what potency of treatment you have prescribed and why?

You return to see the patient a few days later to make sure he is getting better and he asks you to have a look at his nails



How can you tell between a fungus and nail psoriasis?

What are the common patterns of nail psoriasis?

How can you treat nail psoriasis?