

Skin Manifestations in Rheumatic Disease

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Editors

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 Springer

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Foreword

Skin rashes, skin ulcers, and other skin manifestations occur frequently in rheumatic diseases. In a few cases skin involvements are nearly pathognomonic of the underlying rheumatic disease (e.g., digital pitting scars and thickened skin of the fingers in systemic sclerosis, Gottron's nodules or sign in dermatomyositis; dilatation and dropout of the nail fold capillaries in systemic sclerosis/dermatomyositis, and the butterfly rash of lupus).

In a second group, skin manifestations often assist in making the diagnosis of a rheumatic disease by narrowing the number of the diseases in the differential (e.g., erythema nodosum, palpable purpura in the vasculitides, Keratoderma blennorrhagicum, and circinate balanitis in the spondyloarthropathies).

A third group of skin manifestations serve, along with other cutaneous/non-cutaneous manifestations, by becoming part of diagnostic or classification criteria for one or more rheumatic diseases (e.g., oral mucosal ulcers along with vulval ulcers in Behcet's, digital necrosis in a male smoker or digital necrosis in the vasculitides, discoid lesions in lupus, and salmon-colored rash of Adult Still's Disease).

The fourth and most common skin manifestations are neither specific nor pathognomonic for a single rheumatic disease but are seen with some frequency throughout rheumatic diseases (e.g., Raynaud's, alopecia, oral ulcers, skin ulcers, hyperpigmentation, and subcutaneous nodules).

The compendium that you have in your hands is the product of the collaboration of expert dermatologists with expert rheumatologists throughout the world. Dermatology is a visual specialty; as a result the skin manifestations are shown (in photographic images) as they occur in patients. In some instances the histology of the skin lesions is shown as well. The words that accompany the images are from rheumatologists, who use these figures as focal points for their discussions: epidemiologic, demographic, histological, diagnostic, and therapeutic.

This volume will allow the dermatologist and the rheumatologist to use the dermatologic manifestations to consider and narrow diagnostic probabilities. Being able to correctly identify the rash and what it means will help diagnose the rheumatic condition, and remembering that some skin manifestations may be nearly pathognomonic, may narrow the differential, may serve by being a part of the

diagnostic or classification criteria, or may be a manifestation frequently seen in the rheumatic diseases. The dermatologist and the rheumatologist can then move forward with the diagnostic plan and treat the patient accordingly.

This book exemplifies the close collaboration and relationship between dermatology and rheumatology and can be a desk reference, useful on a daily basis.

Los Angeles, USA

Philip J. Clements

Preface

Rheumatologists and internists see many patients whose disease manifestations include skin rashes, yet they often do not have expertise regarding dermatological manifestations of rheumatic diseases. Dermatologists and rheumatologists have worked together to produce this practical handbook for rheumatologists (or internists) to guide them in day-to-day practice.

The handbook is, above all else, a practical guide. Chapters are short and diagrams are frequent. The approach includes the idea that rheumatologists and others may be faced with a rash they do not understand, or, alternatively, that they would like to know the spectrum of dermatologic manifestations that can be seen in a given rheumatic disease. Thus, the early chapters examine rashes per se (e.g., erythema nodosum, malar erythema, and panniculitis) and outline how to recognize them, their histology, and their differential diagnosis. Specific emphasis for differential diagnosis is placed upon location and morphology of the skin lesions. Later chapters examine the dermatological manifestations of specific rheumatologic diseases (e.g., JIA, parvovirus, and Sjogren's syndrome), detailing the spectrum of skin manifestations in each disease.

Each chapter is brief (three to five pages), including an introduction or general background, a description of the histology, the rash distribution, and a differential diagnosis of the most common diseases which might be confused with that particular dermatological manifestation. Mannequins are used to show the distribution of the rash so that it is easy (and quick) for the examining physician. Diagrammatic algorithms for differential diagnosis are often also included. At times, images of the rashes are provided to aid in recognition.

While it is not the purpose of this handbook to outline therapies, particularly since these are a rapidly changing area, some general therapeutic approaches are included when they are judged to be particularly helpful. Only pertinent references are included, rather than an exhaustive list, again with an eye to the practical.

We hope that this handbook, easily available on the physician's desk, will be helpful when faced with rheumatologic patients with skin manifestations.

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Los Angeles, CA, USA
Redwood City, CA, USA

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