Scott M. Jackson · Lee T. Nesbitt

Differential Diagnosis for the Dermatologist
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With 112 Figures
This book originated as a small reference manual that I created to serve as an educational supplement for the dermatology residents at Louisiana State University Health Sciences Center. Deeming the compiled information to be useful for all dermatologists, I decided to expand the text and publish it. Every major category of the patient evaluation, from the chief complaint to the diagnosis, is addressed with regard to the dermatological differential diagnosis.

The establishment of a precise differential diagnosis for a given cutaneous problem is the fundamental challenge that the dermatologist faces with every patient. This unique exercise is very intellectual; in a short period of time the clinician must select from a list of perhaps several hundred diseases a few possibilities that match the clinical presentation. This is performed while also negotiating the patient interaction, examining the patient, and beginning to formulate a plan of action. Proficiency in the formulation of a differential diagnosis that is brief and simultaneously thorough allows for consideration of all possibilities, proper evaluation, and, hopefully, rapid diagnosis. We hope to provide the target readers (dermatologists and dermatologists-in-training) with some assistance in carrying out this frequently complicated task. For the confrontation with an atypical presentation of a common disease or the classic presentation of an uncommon disease, the reader will hopefully find this book very useful.

The dermatologist may move toward the diagnosis of a particular cutaneous presentation with a morphology-driven approach and/or a
diagnosis-driven approach. Classically, the dermatologist is trained to first recognize the morphology of the disease and then ponder all of the causes of that type of lesion. For example, if a patient presents with a papulosquamous eruption, then several diagnoses are suggested on the basis of morphology alone. While morphology of lesions is essential, distribution, patient demographics, and associated features are left out in this approach. On the other hand, a diagnosis-driven approach is also advantageous and possibly more inclusive and yet still specific. With the exhaustive section organized by dermatologic diagnosis, we believe this text will help clinicians formulate a diagnosis-driven approach to the differential diagnosis. For example, if a patient presents with a rash that resembles a certain dermatosis (e.g., pityriasis rosea), the clinician now has quick access to the differential diagnosis of that dermatosis (and any subtypes or variants), so that all alternative diagnoses are considered, not just diagnoses that share morphology. While recognition and appreciation of morphology is still critical, a diagnosis-based approach to the differential diagnosis is sometimes also helpful when faced with a diagnostic dilemma. In addition, the book provides supporting information for each diagnosis, including recommended evaluative studies, diagnostic criteria, and a source article to reference.

Although inclusiveness was a primary goal of the project, we are aware of the limitations of this text. It was a difficult task to decide which of the many diagnoses in the dermatologic literature to include in the large chapter on diagnosis. There is a tremendous amount of controversy surrounding the existence of many diagnoses, and we were forced to take a position on the controversies when including or excluding certain diseases. An effort was made to exclude diseases that have not been described in over 20 years. We also wanted to include many of the more recently described diagnoses from the past 2 years. It was also difficult to generate the lists under each diagnosis with an acceptable level of sensitivity and specificity. We felt that erring on the side of too many diagnoses was more acceptable than missing a potential important diagnostic alternative. We welcome any criticisms or sugges-
tions that would improve the sensitivity and specificity of the lists for future editions.

We sincerely hope that you find this text useful in your training or in your daily practice.

Scott M. Jackson, MD
“Ah, but a man’s reach should exceed his grasp...”

ROBERT BROWNING

Probably the most satisfying aspect of being a chairman or residency program director in academic medicine is to be associated with, and help, bright young people who are anxious to learn and contribute to our body of medical knowledge. In my 35 years in academic dermatology, Scott Jackson is one of the brightest people that I have had the opportunity to teach and from which to learn. He has been one of our most motivated residents in becoming the best he can be and in trying to learn almost every fact in dermatology that can possibly be learned. Scott has attempted a mastery of the specialty, a goal many of us have hoped to attain but have come to realize, with time, that we will always fall short. Nevertheless, it is a lofty ideal, as stated so well by the poet Robert Browning when he wrote the line “Ah, but a man’s reach should exceed his grasp....”

In addition to trying to learn almost every fact he could in dermatology during 3 years of residency training, Scott attempted to teach and transmit that knowledge base to all other residents in the program. He even initiated a weekly game of dermatologic questions for all the residents, a game he called “Jeopardy,” complete with different weekly categories for everyone to study. Because of his thirst for knowledge, he made all residents in the program more knowledgeable.

In producing this text, which he worked on for long hours during his residency, and now as a junior faculty member, Scott Jackson has
succeeded in a giant undertaking. I applaud his success and know that with each grasp he takes up the ladder of dermatology, he will continue to extend his reach.

Lee T. Nesbitt, Jr., MD
Dr. Jackson thanks his wife, Heidi, for her patience and support while he focused his time and efforts on the task of writing and editing this text. He also thanks Dr. Lee Nesbitt for inspiring him to enter the field of clinical dermatology and assisting with the publication of this text. Special thanks are given to Dr. Ashley Record, Dr. Steven Klinger, Dr. Kevin Guidry, Dr. Trent Massengale, and Dr. Heidi Gilchrist for the contribution of photographs. Finally, he acknowledges the cozy surroundings and good coffee at Highland Coffees in Baton Rouge, Louisiana. Without this pleasant refuge for long productive hours, this book might never have been written.
The *Handbook of Differential Diagnosis for the Dermatologist* was written for the purpose of providing the reader with quick access to the differential diagnosis of a variety of common and uncommon chief complaints, physical exam findings, dermatopathologic features, diagnoses, and more. An understanding of how this text was organized is essential prior to its use in order to facilitate rapid access to essential information. Firstly, the authors created an exhaustive list of virtually every dermatologic problem, including all important dermatologic diagnoses. Then, these various problems were sorted into chapters based on the key components of the dermatologic workup. All specific diagnoses were placed in the diagnosis chapter. Entities such as pruritus or keratoderma, not being specific diagnoses, were placed in the chief complaint or physical exam chapters, respectively. Useful supporting information was supplied for every problem when appropriate. Finally, each entry is referenced with a recent source article that attempts to increase the reader’s understanding of the differential diagnosis of that disease. A summary of the contents of each chapter follows:

**Chapter 1**

The Chief Complaint focuses on complaints that patients make that cannot be more specifically sorted as a diagnosis or physical exam finding. Examples of items included in this brief chapter are pruritus, hyperhidrosis, and flushing.
Chapter 2

The Past Medical History, Social History, and Review of Systems highlights the major diagnostic considerations that arise in patients who present with an element of the past medical history, social history, or review of systems that may or may not be relevant to the encounter. In this chapter, one can find the dermatologic manifestations of internal diseases, skin findings in patients reporting certain social activities, and diagnostic considerations in patients revealing key components of the review of systems.

Chapter 3

The Physical Exam provides the reader with diagnostic considerations associated with a variety of regional and morphological physical exam findings. Entries included in this chapter are those findings which cannot better be sorted as specific diagnoses.

Chapter 4

The Biopsy presents the differential diagnosis of several major histologic reaction patterns or features.

Chapter 5

The Laboratory Results focuses on the most important or most common laboratory abnormalities that are encountered by dermatologists and the dermatologic diseases that should be considered in the evaluation of the patient.

Chapter 6

The Diagnosis contains an exhaustive alphabetical list of virtually every dermatologic diagnosis. An effort was made to include only the diag-
noses that have been reported or discussed in the literature in the past two decades. Under each heading, the reader can find a list of subtypes (if any), the differential diagnosis of the disease and any subtypes, published diagnostic criteria, associations of the disease, associated medications (if any), and recommended initial evaluatory tests. When searching this text for the diagnosis in question, it is recommended that the reader search for the most unique term in the name and not descriptive adjectives, such as neutrophilic or superficial, or common words such as dermatitis.

The Glossary provides the reader with brief definitions of the rare diagnoses that can be found in the lists of differential diagnoses. These diagnoses were not given special attention in Chap. 6 because they are very rare, or because they do not have a lengthy differential diagnosis.
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