

# Introduction to Dermatology & Skin Assessment

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# Learning Objectives

01

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## **Describe Skin Anatomy & Physiology**

Understand the complex structure and vital functions of the integumentary system, including cellular processes and physiological mechanisms that maintain skin health and homeostasis.

03

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## **Perform Basic Skin Assessment**

Master systematic inspection and palpation techniques using proper dermatological terminology and documentation methods for comprehensive patient evaluation.

02

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## **Identify Skin Structures**

Recognise and accurately locate anatomical structures on diagrams, models, and in clinical settings, building visual diagnostic skills essential for dermatological assessment.

04

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## **Utilise Diagnostic Tools**

Understand the clinical applications of Wood's lamp and magnifying lamp in dermatological practice, including their limitations and proper usage protocols.

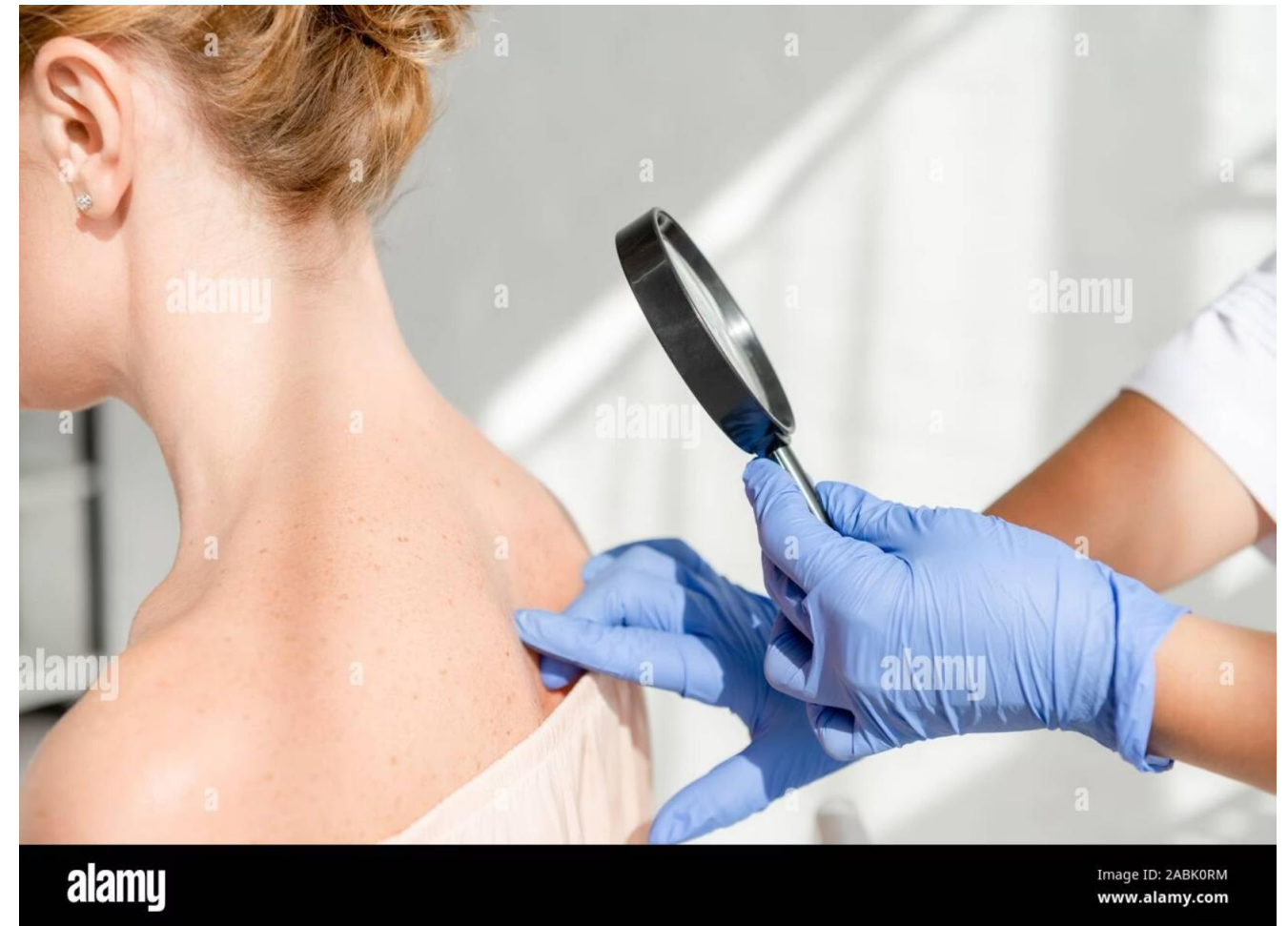
# What is Dermatology?

## Definition

Dermatology is the medical specialty focused on the diagnosis, treatment, and prevention of conditions affecting the skin, hair, nails, and mucous membranes. This comprehensive field encompasses both medical and surgical approaches to managing dermatological conditions.

## Scope of Practice

- Inflammatory skin diseases (eczema, psoriasis)
- Infectious conditions (bacterial, viral, fungal)
- Skin cancer detection and treatment
- Cosmetic and aesthetic procedures
- Paediatric and geriatric dermatology



# Why Skin Matters: The Mirror of Health

## Health Indicator

The skin often provides the first visible signs of systemic diseases. Conditions such as diabetes, liver disease, and autoimmune disorders frequently manifest cutaneous symptoms before other clinical signs appear.

- Jaundice indicates hepatic dysfunction
- Acanthosis nigricans suggests insulin resistance
- Butterfly rash may signal lupus

## Psychosocial Impact

Skin conditions significantly affect quality of life, self-esteem, and social interactions. Studies show that dermatological conditions can lead to anxiety, depression, and social isolation, particularly in adolescents and young adults.

- Acne affects 85% of teenagers
- Visible conditions impact employment opportunities
- Chronic conditions require long-term psychological support

## Economic Burden

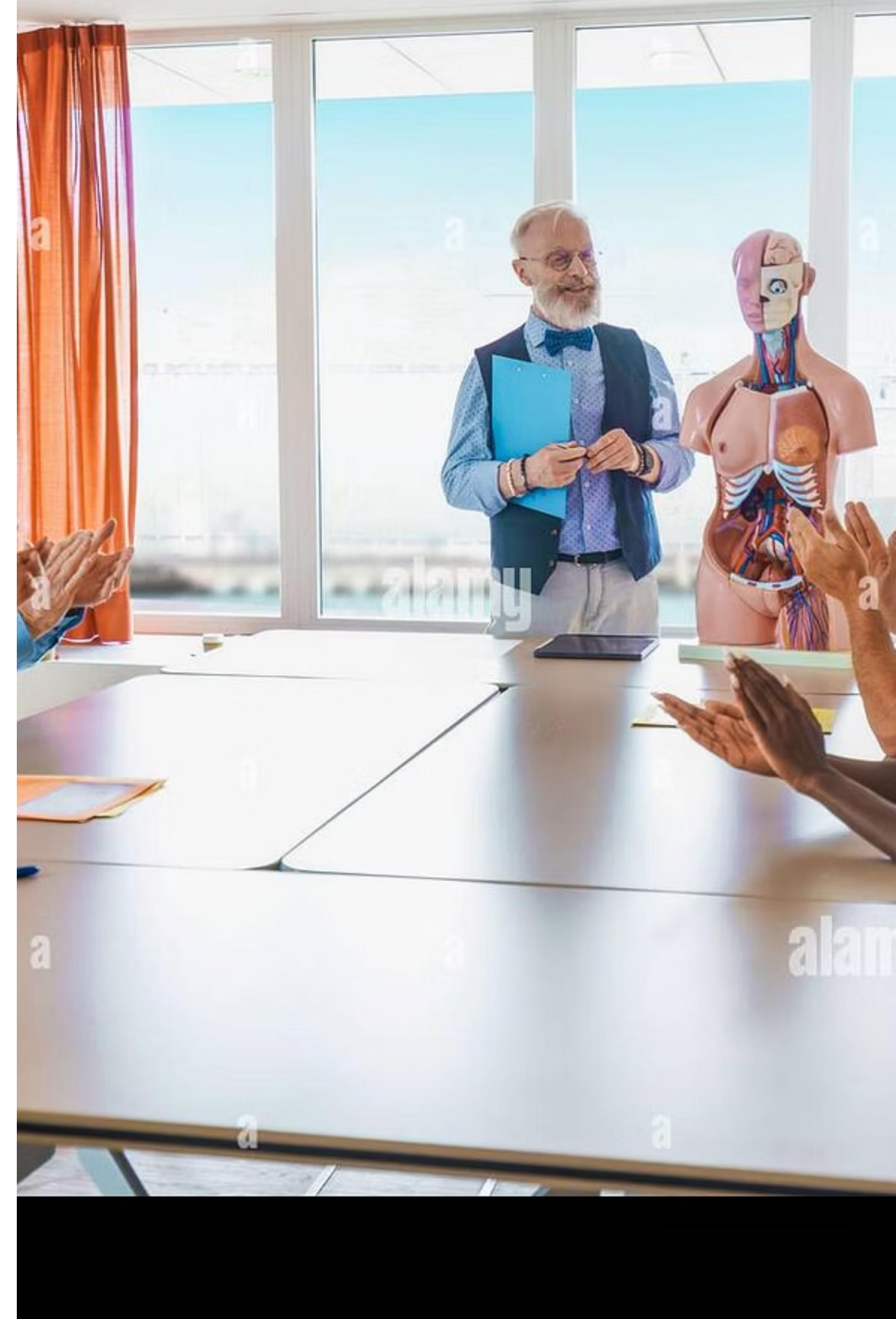
Dermatological conditions represent one of the most common reasons for healthcare visits, with significant economic implications for both patients and healthcare systems worldwide.

- Over 35% of population affected annually
- £8.2 billion annual NHS expenditure
- Lost productivity due to chronic conditions

# Interactive Question

**Why do you think skin is considered a "mirror" of overall health?**

Take a moment to consider what you've observed in clinical practice or personal experience. How might internal conditions manifest through skin changes?





# Skin Anatomy Overview: The Three-Layer System

The skin, our body's largest organ, comprises approximately 16% of total body weight and serves as a sophisticated barrier system. Understanding its tri-layered structure is fundamental to dermatological assessment and treatment planning.

1

## Epidermis

The outermost protective barrier, averaging 0.1mm thick, composed of stratified squamous epithelium that undergoes constant renewal.

2

## Dermis

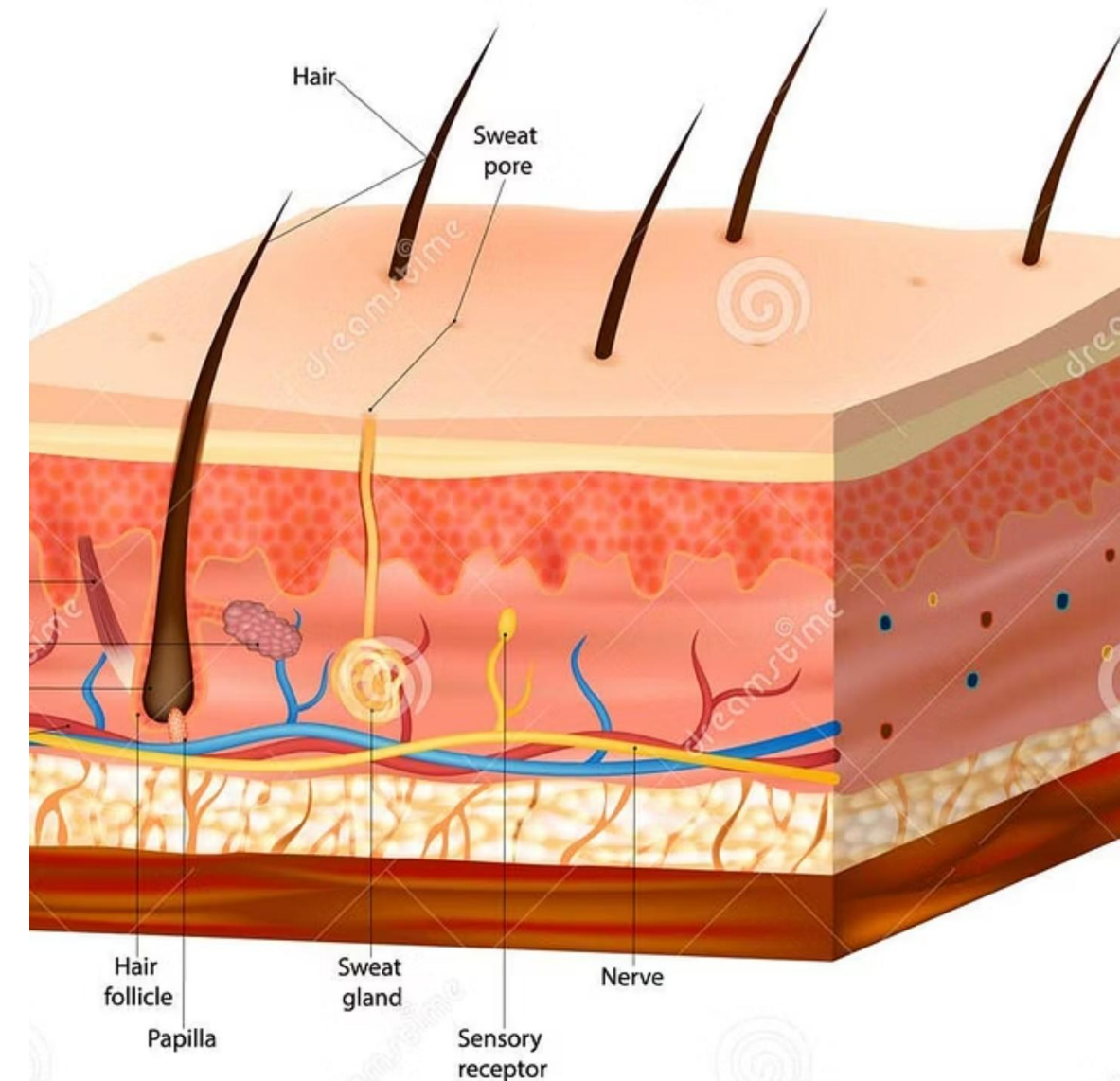
The structural foundation containing connective tissue, blood vessels, nerves, and appendages, providing strength and elasticity.

3

## Hypodermis

The deepest layer consisting of adipose tissue that provides insulation, energy storage, and mechanical protection.

## Structure of the human skin



# The Epidermis: Our Protective Shield

## Epidermal Layers (Deep to Superficial)

### Stratum Basale

Single layer of columnar cells containing stem cells and melanocytes. Site of continuous cell division and melanin production.

### Stratum Spinosum

Multiple layers of keratinocytes connected by desmosomes, providing structural integrity and beginning keratinisation process.

### Stratum Granulosum

3-5 layers containing keratohyalin granules, crucial for barrier function and waterproofing through lipid production.

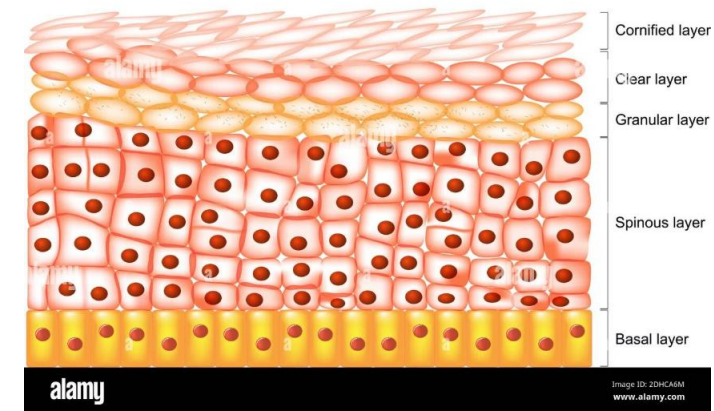
### Stratum Lucidum

Thin, translucent layer present only in thick skin (palms, soles), providing additional protection in high-wear areas.

### Stratum Corneum

15-20 layers of dead, flattened keratinocytes forming the primary barrier against water loss and pathogen entry.

LAYERS OF EPIDERMIS



### Clinical Significance

The epidermis renews completely every 28 days in healthy adults. This process slows with age and can be disrupted in various skin conditions, affecting healing and appearance.

# The Dermis: Structural Foundation

## Papillary Dermis

The upper 20% of the dermis, composed of loose connective tissue with abundant capillaries and nerve endings. Contains:

- **Meissner corpuscles** for light touch sensation
- **Capillary loops** providing epidermal nutrition
- **Elastic fibres** allowing skin flexibility
- **Ground substance** facilitating nutrient transport

This layer forms dermal papillae that interdigitate with epidermal ridges, creating fingerprints and enhancing grip.

## Reticular Dermis

The deeper 80% consisting of dense irregular connective tissue providing mechanical strength. Key components include:

- **Type I collagen** (70% of dermis) for tensile strength
- **Elastin fibres** for elasticity and recoil
- **Sebaceous glands** producing protective lipids
- **Sweat glands** for thermoregulation
- **Hair follicles** and associated muscles

Damage to this layer results in scarring, as the dense collagen arrangement cannot be perfectly restored.



# Hypodermis & Skin Appendages

## Hypodermis Functions

The subcutaneous layer provides thermal insulation, mechanical protection, and energy storage through adipose tissue. Thickness varies by body location and individual factors.

## Nails

Specialised structures protecting fingertips and enhancing fine motor skills, composed of hard keratin produced by the nail matrix.



## Hair & Follicles

Complex structures extending from epidermis to hypodermis, with growth cycles (anagen, catagen, telogen) and associated sebaceous glands for lubrication.

## Sebaceous Glands

Holocrine glands producing sebum, a lipid-rich secretion that waterproofs skin and hair whilst providing antimicrobial protection.

## Sweat Glands

Eccrine glands for thermoregulation and apocrine glands in specific areas, contributing to individual scent and pheromone production.

# Skin Physiology: Essential Functions



## Thermoregulation

Maintains core body temperature through:

- Sweating for evaporative cooling
- Vasodilation to increase heat loss
- Vasoconstriction to conserve heat
- Subcutaneous fat for insulation

This process involves complex neural and hormonal feedback mechanisms.



## Sensation

Sophisticated sensory system detecting:

- Light touch (Meissner corpuscles)
- Deep pressure (Pacinian corpuscles)
- Temperature (thermoreceptors)
- Pain (nociceptors)

Provides crucial information about environmental hazards and physical interactions.



## Vitamin D Synthesis

UVB radiation converts 7-dehydrocholesterol to cholecalciferol:

- Essential for calcium homeostasis
- Supports immune function
- Influences mood regulation
- Requires balanced sun exposure

Deficiency linked to rickets, osteomalacia, and increased infection risk.

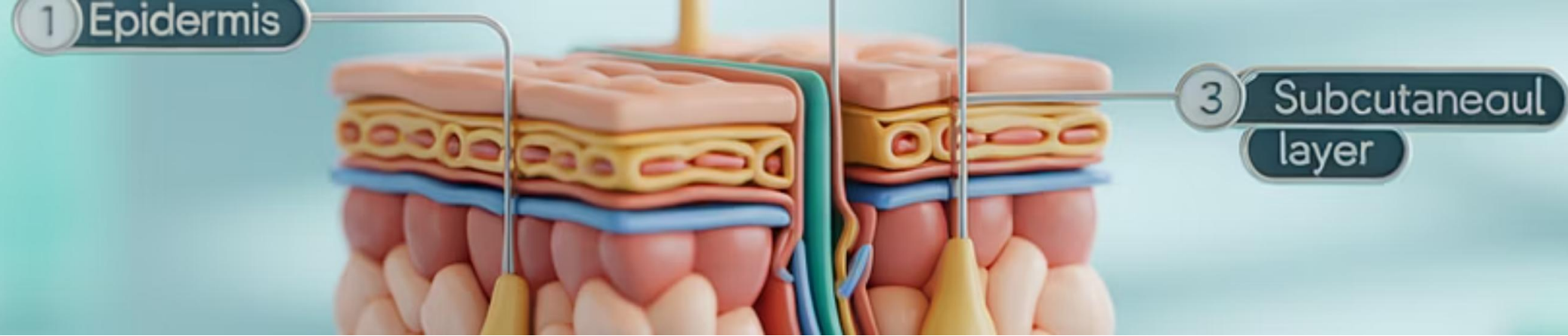


## Immunological Defence

First-line immune barrier through:

- Physical barrier preventing pathogen entry
- Langerhans cells for antigen presentation
- Antimicrobial peptides (defensins)
- Acidic pH (5.5) inhibiting bacterial growth

Compromised barrier function increases infection susceptibility.



# Interactive Learning: Skin Structure Identification

## Learning Activity

Using anatomical models and detailed diagrams, students will identify key structures and understand their clinical significance. This hands-on approach reinforces theoretical knowledge through visual and tactile learning.

### Structures to Identify:

- Epidermal layers and cellular components
- Dermal blood vessels and nerve endings
- Hair follicles and associated structures
- Sebaceous and sweat glands
- Subcutaneous tissue boundaries

## Clinical Correlation

### Thick vs Thin Skin Comparison:

Thick skin (palms, soles) contains all five epidermal layers with prominent stratum lucidum, lacks hair follicles, and has enhanced tactile sensation through dense Meissner corpuscles.

Thin skin (most body areas) has variable thickness, contains hair follicles and sebaceous glands, and provides more flexible coverage for mobile body parts.

# Systematic Skin Assessment: History Taking

## Chief Complaint Documentation

Record the primary concern in the patient's own words, noting specific descriptors:

- **Itching:** severity (0-10 scale), timing, triggers
- **Rash:** appearance, distribution pattern
- **Discoloration:** colour changes, progression
- **Pain:** character, intensity, aggravating factors

## Timeline & Progression

Establish chronological development to understand disease progression:

- Onset: sudden vs gradual
- Duration: acute, subacute, chronic
- Evolution: improving, worsening, stable
- Seasonal variations or triggers

## Associated Symptoms

Identify systemic or local accompanying features:

- Fever, malaise, weight loss
- Joint pain or swelling
- Gastrointestinal symptoms
- Sleep disturbance due to itching

## Past Medical History

Relevant background information influencing current presentation:

- Known allergies and triggers
- Chronic conditions (diabetes, immunosuppression)
- Previous skin conditions
- Current medications and supplements

# Physical Examination: Inspection Techniques

## Colour Assessment

Systematic evaluation of skin pigmentation and abnormal colouration:

- **Normal:** variations by ethnicity and body area
- **Pallor:** anaemia, shock, vasoconstriction
- **Jaundice:** hepatic dysfunction, haemolysis
- **Cyanosis:** central vs peripheral oxygen issues
- **Hyperpigmentation:** post-inflammatory, hormonal

## Lesion Classification

**Primary lesions** (direct result of disease process):

- Macule: flat, <1cm discoloration
- Papule: raised, <1cm solid lesion
- Nodule: raised, >1cm deep lesion
- Plaque: raised, >1cm flat-topped lesion
- Vesicle: fluid-filled, <1cm
- Pustule: pus-filled lesion

## Distribution Patterns

Pattern recognition aids in differential diagnosis:

- **Localised:** confined to specific area
- **Generalised:** widespread distribution
- **Dermatomal:** follows nerve distribution
- **Photodistribution:** sun-exposed areas
- **Flexural:** body folds and creases



### Documentation Tip

Use the "ugly duckling" principle - lesions that look different from others on the same patient warrant closer examination and possible biopsy.



# Physical Examination: Palpation & Assessment



## Texture Assessment

Evaluate surface characteristics using gentle palpation with fingertips. Normal skin should feel smooth and supple. Note roughness (hyperkeratosis), scaliness (desquamation), or unusual smoothness that might indicate atrophy or sclerosis.



## Temperature Evaluation

Use the dorsum of your hand to assess local temperature changes. Warmth may indicate inflammation or infection, while coolness might suggest poor circulation or systemic illness. Compare symmetrical areas for reference.



## Moisture Content

Assess hydration status through tactile examination. Dry skin may indicate dehydration, hypothyroidism, or environmental factors. Excessive moisture could suggest hyperhidrosis, anxiety, or infectious processes.



## Skin Turgor Testing

Perform the tent test by gently pinching skin on the sternum or forearm. Normal skin should return immediately to baseline. Delayed return indicates dehydration, whilst poor elasticity may suggest age-related changes or connective tissue disorders.

# Clinical Documentation Standards

## Dermatological Terminology

Precise language ensures accurate communication between healthcare providers and supports clinical decision-making:

Primary Lesions	Secondary Lesions
Macule, Patch	Scale, Crust
Papule, Plaque	Erosion, Ulcer
Vesicle, Bulla	Excoriation, Scar
Pustule, Abscess	Lichenification
Nodule, Tumour	Atrophy, Sclerosis

## Photography Guidelines

- Obtain written consent for clinical photography
- Include ruler or coin for size reference
- Capture overall distribution and close-up detail
- Ensure adequate lighting and focus
- Follow institutional privacy protocols



## Legal Considerations

Accurate documentation serves as legal protection and supports continuity of care. Always date entries, use objective descriptions, and avoid diagnostic assumptions without proper training.

# Wood's Lamp: Ultraviolet Diagnostic Tool

## Technical Specifications

Wood's lamp emits long-wave ultraviolet light (365 nm) through a nickel oxide filter, originally developed by Robert Williams Wood in 1903. The examination requires a completely darkened room and 5-10 minutes of dark adaptation for optimal results.

## Clinical Applications

Condition	Fluorescence	Reliability
Tinea capitis (Microsporum)	Blue-green	Variable
Vitiligo	Chalk-white	Consistent
Erythrasma	Coral-red	Reliable
Pseudomonas infection	Green-blue	Occasional
Pityriasis versicolor	Golden-yellow	Moderate

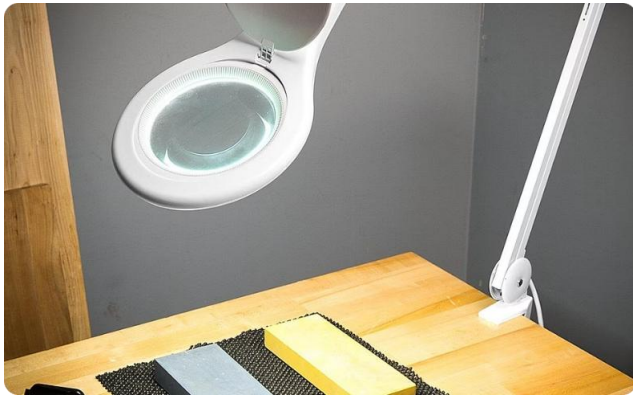
## Limitations & Considerations

- Not all fungal species fluoresce
- Recent washing may remove fluorescent substances
- Topical medications can interfere with results
- False positives from soap residue or lint
- Requires experience to interpret findings

## Safety Precautions

- Avoid direct eye exposure to UV light
- Limit examination duration
- Use protective eyewear when indicated
- Inform patients about the procedure

# Magnifying Lamp: Enhanced Visual Assessment



## Technical Features

Provides 5x to 10x magnification with bright, even LED illumination. Modern units include adjustable intensity, colour temperature control, and articulating arms for optimal positioning during examination.



## Clinical Applications

Essential for detailed skin analysis including pore size assessment, comedone identification, fine wrinkle evaluation, and pigmentation pattern analysis. Commonly used in both medical and aesthetic practice settings.



## Practice Integration

Widely adopted in dermatology clinics, aesthetic practices, and teaching environments. Enhances diagnostic accuracy and provides excellent educational opportunities for student training and patient education.

# Demonstration & Practice Session

This practical component reinforces theoretical knowledge through hands-on experience. Students observe proper technique, practice on volunteers or training mannequins, and receive immediate feedback on their assessment skills.

## Demonstration Checklist

1. Proper handwashing and PPE use
2. Patient positioning and draping
3. Systematic inspection approach
4. Gentle palpation techniques
5. Use of diagnostic tools
6. Accurate documentation methods
7. Professional communication skills

## Safety Considerations

- Universal precautions for infection control
- Patient consent and privacy protection
- Appropriate supervision ratios
- Emergency procedures awareness

## Student Practice Objectives

- Perform systematic head-to-toe skin examination
- Identify normal vs abnormal findings
- Use appropriate medical terminology
- Demonstrate cultural sensitivity
- Practice patient education skills

## Common Learning Challenges

- Distinguishing normal variations from pathology
- Maintaining patient dignity during examination
- Overcoming hesitation in palpation
- Accurate lesion description



# Knowledge Assessment: Rapid-Fire Quiz

1

## Melanocyte Location

**Question:** Which skin layer contains melanocytes responsible for pigment production?

**Answer:** Stratum basale of the epidermis. Melanocytes transfer melanin to surrounding keratinocytes through dendritic processes.

2

## Wood's Lamp Findings

**Question:** What colour does vitiligo display under Wood's lamp examination?

**Answer:** Chalk-white or bright white fluorescence due to absence of melanin in depigmented areas.

3

## Sebaceous Gland Function

**Question:** Which gland is primarily responsible for oily skin appearance?

**Answer:** Sebaceous glands produce sebum, which can lead to oily skin when overactive, particularly during hormonal changes.

4

## Thermoregulation

**Question:** Name two mechanisms by which skin regulates body temperature.

**Answer:** Sweating for evaporative cooling and vasodilation/vasoconstriction to control heat transfer.

## Key Takeaways & Clinical Significance

**"Skin is not just a cover — it is a vital organ with protective, sensory, and diagnostic roles."**

### Essential Concepts Mastered

- Tri-layered skin architecture and cellular functions
- Systematic approach to dermatological assessment
- Professional use of diagnostic instruments
- Accurate clinical documentation methods
- Recognition of normal vs pathological findings

### Next Steps in Learning

This foundational knowledge prepares you for advanced dermatological topics including inflammatory conditions, infectious diseases, and malignancy recognition. Continue developing your clinical skills through supervised practice and ongoing professional development.

### Clinical Applications

These skills are immediately applicable in various healthcare settings, from primary care to specialised dermatology practice. Regular skin assessment should become an integral part of comprehensive patient care across all medical disciplines.

### Professional Development

Consider pursuing additional training in dermatoscopy, specialized skin cancer screening, or aesthetic dermatology to enhance your clinical expertise and patient care capabilities.