



SKIN MANIFESTATIONS OF INTERNAL DISEASE

EMERGENCIES IN DERMATOLOGY – NOT TO FORGET!

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INTRODUCTION: Many medical professionals ignore dermatological diseases as non-emergencies. In fact skin is the largest organ of the body, the first and outermost defence barrier of the human beings and also the mirror of the internal diseases. It has many diseases which require emergency attention.

AIM: I will be discussing in detail about the importance of skin and its various diseases of emergency categories, which other medical fraternities will ignore as common dermatological condition knowingly or unknowingly. I will be classifying the dermatological emergencies as infective, viral, bacterial, drug induced, autoimmune and malignant. Diseases of the new born skin like congenital absence of skin, infantile acute hemorrhagic oedema, sclerema neonatorum, porphyrias all can be serious emergencies. Acute ulnar, common peroneal and facial nerve neuritis should be actively looked for and treated properly to obviate permanent damage. Vasculitic conditions like Henoch- Schonlein purpura, purpura fulminans, Stevens-Johnson syndrome(SJS) –Toxic Epidermal Necrolysis (TEN) complex and Pyoderma gangrenosum will occur with dramatic ferocity and extensive skin denudations and ultimately fatal. Staphylococcal Scalded Skin Syndrome (SSSS) and Immuno bullous disorders are also categorised as emergencies. Necrotising soft tissue infections has a mortality around 30%. SJS-TEN complex has a mortality of 12-46%. Acute angio-oedema of the face, tongue and upper airways can be rapidly life threatening. Mast cell mediated Angio oedema should be distinguished from Bradykinin mediated Angio-oedema. Epinephrine may be mandatory in a case of severe anaphylaxis. Exfoliative dermatitis may be the end result of drug reactions.

Conclusion: All the above mentioned skin conditions are called as acute skin failure. Understanding the aetiopathogenesis of all these entities can save many lives by prompt institution of appropriate treatments.

The key early steps to prevention of serious consequences are faster investigations for underlying sepsis.

