Mosby's PATHOLOGY for Massage Therapists

Chapter 4 Dermatologic Pathologies

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Lesson 4.1 Objectives

- Discuss anatomic structures and physiologic processes related to the integumentary system.
- Contrast and compare primary and secondary skin lesions.

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Integumentary System Overview

- The integumentary system includes the skin and its accessory structures:
 - > Hair
 - > Nails
 - > Various glands
 - > Various muscles
 - Various nerves

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Integumentary System Overview (cont'd.)

- The skin is divided into two distinct
 - regions:
 - EpidermisDermis

Stratum

Str

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Integumentary System Overview

- The epidermis is the most superficial skin layer and contains:
 - > Keratinocytes (skin cells)
 - > Melanocytes (contribute to skin color)
 - ▶ Nails
 - > Pores (allow passage for hair and glands)

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Integumentary System Overview (cont'd.)

- The dermis is beneath the epidermis and contains:
 - ➤ Blood vessels
 - > Sensory nerve receptors
 - Collagen
 - > Elastin

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Integumentary System Overview (cont'd.)

- Subcutaneous layer:
 - > Beneath the dermis
 - > Also known as superficial fascia or hypodermis
 - > Not part of the skin but anchors skin to underlying tissues and organs

Integumentary System Overview (cont'd.)

- Skin functions:
 - > Protection
 - > Absorption
 - > Sensory reception
 - > Temperature regulation
 - > Vitamin D production

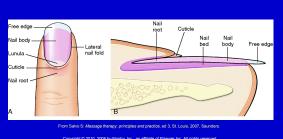
Integumentary System Overview (cont'd.)

- Hairs:
 - grow from follicles
 - > protect scalp, eyes, nostrils, ears
 - have touch receptors (activated by hair movement)
 - > arrector pili muscle (erect hairs)

Integumentary System Overview (cont'd.)

- Nails:
 - > are plates of tightly packed epidermis cells
 - > help when grasping and manipulating objects
 - > protect ends of fingers and toes
 - > enable scratching to remove irritants

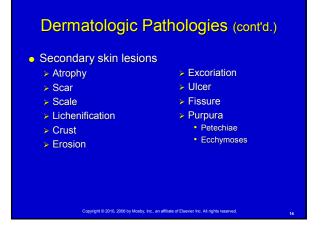
Integumentary System Overview (cont'd.) • Front view and cross section of a nail:



Dermatologic Pathologies

- Skin lesions
 - > Defined as any deviation from the norm
 - > Two categories
 - Primary: variation in skin color or texture (ex. freckle,
 - Secondary: develops from a primary lesion, disease progression, or external forces (ex. ulcer, scar)
 - ➤ Differentiations not always clear

Dermatologic Pathologies (cont'd.) Primary skin lesions Macule Patch Patch Papule Plaque Plaque Wheal Nodule Pustule Cyst Telangiectasia



Lesson 4.2 Objectives

- Define bacterial skin infections and list appropriate massage considerations.
- Identify fungal skin infections and list appropriate massage considerations.
- Name viral infections that affect the skin and state appropriate massage considerations.

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Lesson 4.2 Objectives (cont'd.)

- Discuss inflammatory skin conditions and list appropriate massage considerations.
- List materials and chemicals known to cause contact dermatitis.

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Bacterial Skin Infections

- Acne
- Impetigo
- Paronychia
- Folliculitis
- Boils (furuncles and carbuncles)
- Cellulitis
- Erysipelas

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Acne

- Inflammatory infection of hair follicles and associated sebaceous glands
- Presence of comedos, papules, and pustules
 - > Blackheads: open comedos
 - > Whiteheads: closed comedos
- Local contraindication

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Cellulitis and Erysipelas

- Infection of skin and subcutaneous tissues; erysipelas is a superficial form of cellulitis
- Swelling, redness, warm and tender skin
- Local contraindication in localized cases; absolute contraindication in widespread cases

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Cellulitis and Erysipelas (cont'd.) From Haloft T. Cirical demandalogy, is color guide to diagnosis and therapy, ed.4, ISL Louis, 2004, Mostly, Inc., an affiliate of Elsewire Inc. All higher reserved.

Fungal Skin Infections

- Ringworm
- Athlete's foot
- Jock itch
- Nail fungus

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Ringworm (Tinea corporis)

- Fungal skin infection
- Red, raised, round/oval scaling area with a clear center
- Massage is contraindicated



From Habif T: Clinical dermatology: a color guide to diagnosis and therapy, ed 4, St. Louis, 2004, Most

Athlete's Foot (Tinea pedis)

- Fungal infection of the foot
- Skin discoloration with a ridge of red tissue
- Local contraindication



From Habif T: Clinical dermatology: a color guide to diagnosis and therapy, ed 4, St. Louis, 2004, Mosby

Nail fungus (Tinea unguium)

- Infection of the nails
- Nails become yellow or white, raised, thickened and brittle
- Local contraindication



From Lookingbill D, Marks J: Principles of dermatology, ed 3.

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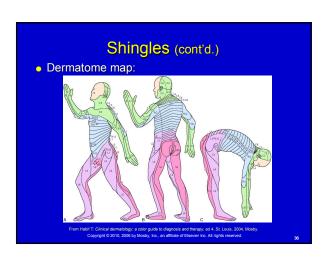






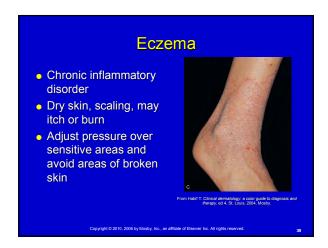




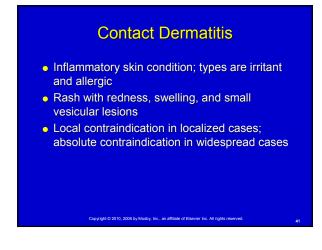


















- Progressive inflammatory skin disease
- Persistent redness usually in middle third of face
- Adjust pressure over sensitive areas; avoid areas containing pustules



Pityriasis Rosea

 Self-limiting, occurs most often in winter

hypersensitive areas

- Begins with a single lesion (herald patch) spreading to a more generalized rash
- Local contraindication in hypersensitive and inflamed areas



Lichen Planus

- Self-limiting
- Rash of flat-topped, red- to violet-colored polygonal papules
- Local contraindication in hypersensitive and inflamed areas



Scleroderma

- Autoimmune disease causing overproduction of collagen
- Skin appears hard, shiny, and stretched across bones
- Massage indicated; adjust pressure in sensitive or numb areas



Hives (Urticaria)



- Inflammation, edema, wheals; severe itching
- Most often cause is unidentified
- Massage is contraindicated in acute cases; avoid affected area in chronic cases

Lesson 4.3 Objectives

- Contrast and compare lice and mites.
- Define miscellaneous skin injuries and discuss other skin disorders.
- Delineate types of skin pigmentation.
- Name benign and premalignant skin proliferations and determine their appropriate massage considerations.

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Lice and Mites

- Lice
- Scabies

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Lice

- Contagious parasitic infestation
- Presence of nits on hair shaft; rash on scalp, neck and shoulders
- Massage is contraindicated





A, from Habif T, Campbell J, Quitadamo M, Zug K: Skin disease: diagnosis and treatment, St. Louis, 2001, Mosby, B, Courtesy of dichael Sherlock, M.D., Lutherville, MD. In Zitelli B, Davis H: Atlas of pediatric physical diagnosis, ed 5, Philadelphia, 2007, Mosby.

Scables

- Contagious burrowing parasitic mite infestation
- Rash of thin, tiny, light brown lines in skin creases
- Massage is contraindicated





rom Habif T, Campbell J, Quitadamo M, Zug K: Skin disease: diagnosis and treatment, St. Louis, 2001, Mosb

Skin Injuries

- Bruises
- Burns
- Stretch marks
- Scars
- Corns and calluses
- Decubitus ulcers

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Bruise

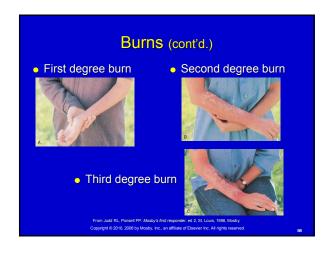
- Injury that does not break the skin; usually induced by mechanical trauma
- Swelling, discoloration (blood leaked from broken vessels), tenderness, pain
- Avoid the area until it begins to turn greenishyellow; adjust pressure over sensitive areas

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- Skin injury caused by heat, cold, radiation, chemicals, electricity, or friction
- First-degree burn: damage to epidermis
- Second-degree burn: damage to epidermis and upper layers of dermis
- Third-degree burn: destruction of epidermis, dermis, follicles, skin glands
- Postpone massage until affected area completely heals; adjust pressure over sensitive or numb areas

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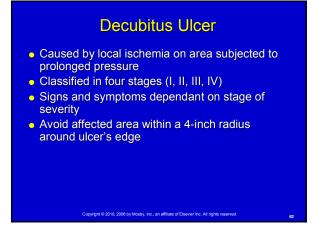
Scars

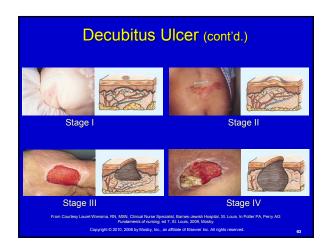
- Mark left on damaged skin after it is healed
- Can be flat and pale, slightly elevated, or form depressions; two types of abnormal scars caused by excess collagen production are:
 - > Hypertrophic (raised)
 - > Keloid (raised and extend beyond boundaries of original wound)
- Postpone massage until the area completely heals; adjust pressure over sensitive areas

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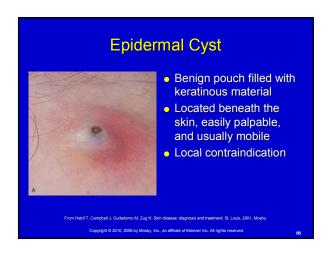












Skin Pigmentations

- Birthmarks (Moles, café-au-lait spots, Mongolian blue spots, beauty marks)
- Hemangiomas (Strawberry and cherry hemangiomas, port wine stains, stork bites, angel's kiss)
- Age spots (solar lentigo, senile lentigo, liver spots)

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Skin Pigmentations

- Freckles (ephelis)
- Melasma (chloasma, mask of pregnancy)
- Albinism (hypopigmentation)
- Vitiligo (leukoderma)

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Benign and Premalignant Skin Proliferations

- Actinic keratosis
- Seborrheic keratosis
- Skin tags

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Actinic Keratosis



- Premalignant; found on sunlight-exposed skin
- Yellow, brown, or red lesions; rough scaly surface
- Local contraindication

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Seborrheic Keratosis



- Benign growth of epidermal cells
- Lesions have waxy or scaly surface and appearance of being stuck or pasted on
- Local contraindication

From Habif T, Campbell J, Quitadamo M, Zug K: Skin disease: diagnosis and treatment, St. Louis, 2001, Mor

Skin Tags

- Benign skin growths
- Resemble tiny flaps of skin attached by a narrow stalk
- Adjust pressure if affected area is sensitive



From Habif T, Campbell J, Quitadamo M, Zug K: Skin disease: diagnosis and treatment, St. Louis, 2001, Mosby.

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