

Dermatology for Nurses

By

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Tumours of the Skin

Warts. Birth marks. Molluscum Contagiosum. Cancer. Corns.

Warts (Verrucae).

Occur very commonly all the world over. They are simple epidermal growths caused by infection of the skin with a filtrable virus. Infection can spread from one individual to another, and also in the same individual by auto-inoculation. There are three important types of warts—Plane (Plana), Common (Vulgaris) and Plantar.

Verruca Plana—Face & back of hands are the sites of choice. Children are preferably affected. Warts are seen as multiple (usually several dozen), small, smooth papules with a plain top, flesh coloured or slightly darker, size of a pin-head or a bit bigger.

Several methods are available in the treatment of Verruca Plana. A nurse should seek the advice of a dermatologist. Likely, treatment may include Hydrocortisone Ointment 1 to 2½%, Salicylic acid ointment 5-10% or superficial X-ray therapy. Since the successful results with Hydrocortisone Ointment the treatment of warts has become simple and the outlook bright. Strong measures like electric or chemical cauterisation must be avoided at all costs since the malady is harmless and quite often self-curing without leaving scars.

Verrucae Vulgaris.

These occur mainly on such exposed parts of the body as the hands and feet, less often on arms, legs, face and scalp. They may occur singly or in groups. Lesions are flesh coloured or somewhat darker papules or nodules; their verrucous surface is

typical; once seen it is seldom missed. On the scalp, warts may have a cauliflower appearance. In the beard region, they may take the form of finger-like processes quickly multiplying by shaving.

Plantar Warts.

As the name suggests, occur mainly on the soles of the feet; they may sometimes be found on the palms. They are deeply set in the skin due to pressure on them. Plantar Warts appear at the pressure sites as a painful, tender, hyperkeratotic, circular plaque of about one to one and a half centimeters in diameter. Pain and tenderness are the chief complaints; activities become limited because of pain in walking. Infection is usually contracted in swimming pools.

Treatment consists basically of destruction of warts chemically, electrically or surgically; the exact mode of treatment depends upon the site, nature and number of lesions. In my experience, electro-dessication or cauterisation carried out under local anaesthesia give the best results because the amount of destruction is under control. Surgical excision and X-ray therapy should be recommended as a last resort; the latter should be given by an expert dermatologist. The fundamental rule should be to treat warts early to prevent their spread.

Molluscum Contagiosum.

It is a type of wart but is caused by a different virus. The trunk, arms and neck are the sites of affection. Infection is picked up at the gymnasium, swimming pool ladder

and by bathing costumes etc. It is a contagious disease, more so than the ordinary wart. Mollusca Contagiosa are clinically seen as globular papules, size varying from that of a pin-head to that of split pea. They look like vesicles but are solid and firm. The top may be flat or depressed in the centre. When compressed, cheesy material comes out. There is usually no pain except when secondarily infected.

There is no specific treatment but Aureomycin or Terramycin are worth giving a trial in extensive cases. I recommend the following simple procedure which is being employed with benefit in the Skin O.P.D. of Irwin Hospital, New Delhi.

Squeeze the mollusca with forceps and apply Phenol 95% with a small swab stick. Recurrence rate is low; in case of recurrence the procedure is repeated. Bleeding, if any, is controlled with firm pressure. Secondary infection is prevented with Gentian Violet paint 1%.

Corns.

Are non-infectious epidermal hyperkeratosis produced by intermittent pressure. Everyone is familiar with corns over the toe joints. Clinically a corn is seen as conical, polished, flesh coloured, circumscribed papule. Patient's complaints vary from mild discomfort to pain. Ill-fitting shoes and deformed feet are the two important causes.

Treatment consists of correction of the underlying causes. Footwear must be comfortable. Foot deformities must be corrected by exercises. Advice of an orthopedic surgeon should be taken in recurrent corns.

Locally, collodion containing 10% salicylic acid is painted on the corn every night. The corn separates in about a week, but the treatment must be persisted with till the corn area is absolutely in level with the surrounding skin.

Birth marks

They are so common all the world over that everyone has either seen one or has one or more on his own body. There are several varieties of birth marks :—

1. Vascular Naevi.
2. Pigmented Naevi.

Vascular naevi are due to an abnormal growth of blood vessels at birth. They may be found on any part of the body. When they occur on the face, they are a cosmetic blemish warranting treatment. An expert dermatologist should be consulted. Simple erythema variety is best treated with 'Thorium X' applications. The Portwine type is the purple, non-raised birth mark with a smooth surface. Treatment is unsatisfactory. X-ray therapy, CO₂ freezing or chemical cauterisation leave behind scarring which is worse than the original birthmark. If the Portwine Naevus is small, plastic repair or planning is ideal; otherwise tattooing with flesh coloured dyes or concealing with make-up (Cover Mark) should be recommended. Strawberry Naevus is raised and has cavernous spaces in skin and subcutaneous tissue. It is ideally suitable for X-ray therapy or radium plaque. Treatment should be started early in life to get the best cosmetic results.

Pigmented Naevi are generally due to the presence in the dermis of naevus cells containing excessive melanin pigment. Moles vary in size, shape, colour and number. If few or small, they are considered and accepted as beauty spots. If they are producing cosmetic disfigurement, they can be excised with electrical methods, or plastic surgery. Hair in a mole can be removed with electrolysis. Any mole which starts to itch bleed easily, or begin to grow or become darker in colour, must be completely excised and examined since there is a danger of malignancy (Melanoma). It must be strongly emphasised that undue meddling with

moles is to be discouraged, since this is the commonest factor in stimulating the naevus to become a dangerous melanoma. So the rule should be to either to leave the mole alone or excise it surgically or electrically.

Cancer of the skin.

The skin, being a superficial subject, has the advantages that the beginning of a cancer is apparent if due attention is given to a skin lesion; skin cancers are almost completely curable. The public must be educated to seek dermatological advice if any localised skin lesion is tending to grow fast or to destroy the skin. A nurse can play a useful role in this direction.

Cutaneous Cancer can arise as such; but quite often it complicates an old skin lesion which has been unduly irritated or badly treated. Examples are multiple such as a mole becoming a melanoma by meddling or undue pressure; a senile wart may get irritated by strong sun and develop into a squamous cell epithelioma; lupus vulgar irritated by X-ray may give rise to epithelioma, or a badly fitting denture may stimulate cancer of the tongue or lip. There are certain occupations which predispose to cancers of the skin e.g., tar workers, chimney sweepers, wheel spinners and fishermen. Arsenic poisoning also tends to predispose to cancer development; so also is an X-ray burn. Fair coloured persons are prone to develop skin cancers in tropics presumably due to irritation of

epidemic cells by the sun's rays—an abundance of pigment and a thick horny layer of the epidermis are protective in dark coloured individuals. It is not essential that only old persons develop skin cancers; malignant lesions also occur in young individuals.

There are three important types of skin cancers (i) *Benign Rodent Ulcer* with a pearly rolled edge. It grows slowly and is only locally destructive. It occurs usually on the face. (ii) *Squamous Cell Epithelioma* which grows rapidly and usually takes on a fungating shape. It can spread to the lymphatic glands and also to other parts of the body. (iii) *Melanoma*. This develops from a mole. Whenever the latter tends to grow, become harder, darker or itchy or bleed easily, it should be completely excised and examined microscopically. *Malignant Melanoma* is very dangerous to life; it spreads to lungs, lymph glands, liver, eyes, brain and to the other parts of skin. *Sarcoma* of the skin is rare. *Cutaneous Cancers* are relatively benign on the whole. This is not true of cancers involving the muco-cutaneous junctions, mucous membranes and malignant melanomas. Treatments:—Prevent a cancerous development of a cutaneous lesion by taking proper precautions. Diagnose a lesion early and do excision biopsy of a suspicious lesion. Surgical excision, X-ray therapy and radium therapy are the different therapeutic measures available; an expert dermatologist should be the guide and the judge.

Physicians when the cause of the disease is discovered, consider that the cure is discovered.

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