COMMON RASHES AND LESIONS OF GENITAL AREA

- **Infectious**
  - Tinea cruris- fungal
  - Candidiasis- yeast
  - Pityriasis Rosea- viral
  - Herpes- viral
  - Scabies- mite
  - Syphilis- spirochete
  - Genital Warts- viral

- **Inflammatory**
  - Seborrheic Dermatitis
  - Psoriasis

- **Autoimmune**
  - Lichen Planus
  - Lichen Sclerosis et Atrophicus
TINEA CRURIS

- Treatment
  - Possibly treat toenails
  - Ciclopirox cream daily to area after drying thoroughly with blow dryer
CANDIDIASIS

- Treatment

Discuss any underlying contributors such as weight, diabetes

Cleanse but more important dry thoroughly

Ketoconazole cream daily for at least 2 weeks, possible oral dosing at 200 mg x 3-5 days
PITYRIASIS ROSEA

Treatment

Supportive

Can use emollients - emollients are bland creams. Preferably cetaphil, eucerin. For very irritating rashes, avoid white creams and stick to clear greasy vaseline

Steroid for itch: triamcinolone ointment BID x 7 days

Other therapies: acyclovir or valacyclovir for 1 week, light therapy
**HERPES**

- **Treatment**

  First episode requires at least 7 day treatment with valacyclovir 1000 mg BID x 7-10 days

  Recurrent episodes can be treated with valacyclovir 500 mg BID x 5 days
Treatment

Permethrin cream everywhere overnight and wash off, repeat in 1 week

Sulfur creams
SYPHILLIS

- **Treatment**

  Penicillin IM or oral dosing

  Doxycycline is 2nd line
GENITAL WARTS

Treatment

Local destruction cryotherapy. If using cautery, use face masks, be careful of scarring.

Imiquimod nightly or 5x a week for 6 weeks
SEBORRHEIC DERMATITIS

- **Treatment**

  - Ketoconazole shampoo as a body wash
  - Ketoconazole cream daily as needed
Treatment

Highly dependent on type of presentation, severity

Protopic (tacrolimus) ointment BID is safe, effective for control or treatment of less extreme outbreaks
LICHEN PLANUS

- **Treatment**

  Steroid triamcinolone 0.1% ointment to area x 14 days followed by 14 days of only bland emollients; repeat cycle

  Narrowband UVB, systemic immunosuppressants
LICHEN SCLEROSIS ET ATROPHICUS

- Treatment

Steroid fluocinonide or clobetasol ointment to area x 14 days followed by 14 days of only bland emollients; repeat cycle
TAKE HOME POINTS

- Pick a few steroids to keep it easy on staff and patients. Also helps when prices suddenly rise—everything converted easily
  - high strength: fluocinonide 0.05% ointment or cream (only on strength)
  - Med strength: triamcinolone 0.1 ointment or cream (several strengths)
  - Low strength rx: hydrocortisone 2.5% ointment or cream
  - Nonsteroidal: tacrolimus ointment

- Make friends with a dermatologist and ask them to get your patients in within 24-72 hours for urgent and within a month for routine concerns
- You may have to try more than once to find a simpatico derm