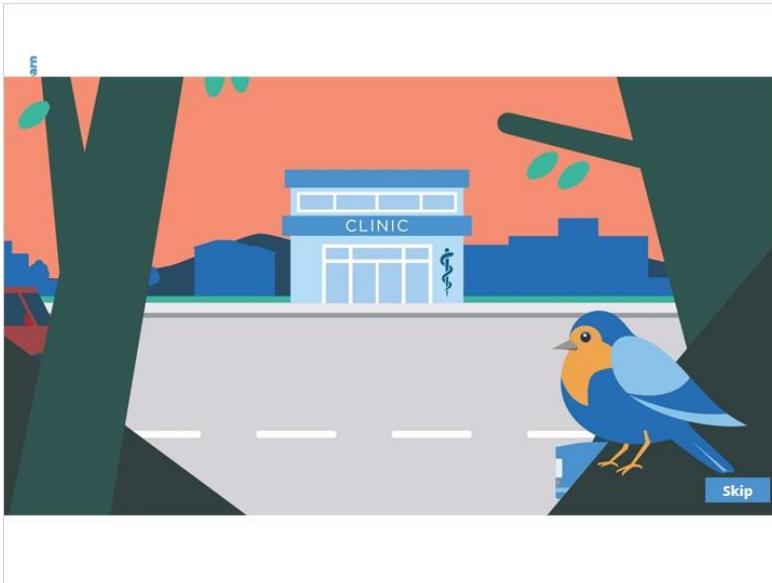


Case 45 Rusty Malassez

1. Conflicts

1.1 Intro Video



1.2 Module Navigation and Instructions

A screenshot of a course navigation interface. On the left, a vertical navigation menu includes 'Module Welcome', 'Module Navigation ...', 'Conflict of interest ...', 'Learning Objectives', 'Note to Learners', 'Patient case: Part 1', 'Priming Questions ...', and 'Comparison of COVID-...'. The 'Module Navigation ...' item is currently selected. To the right, a slide titled 'COVID-19 Diagnosis' features an illustration of a doctor and a patient. Navigation arrows and a 'Proceed' button are at the bottom of the slide. The slide is part of a larger 'e-Learning: An online course for family physicians' module.

1.3 Learning Objectives

CFPCLearn

Learning Objectives

At the end of this module participants should be able to:

1. Identify key factors/findings in family medicine to help establish common clinical diagnoses.
2. Evaluate best evidence/guidance and practice tools to determine preferred treatment options for patients.
3. Synthesize patient preference, evidence and experience to formulate comprehensive plans for patient cases.

Approximately 15 minutes to complete each patient case.

Proceed

2. Rusty Malassez

2.1 Meet Rusty

CFPCLearn

Rusty Malassez, 62

Rusty is a 62 year old patient who presents with several months of scaly, somewhat itchy rashes on his face and chest.

He has hypertension and was recently diagnosed with mild Parkinson's disease.

Medications include:

- Cilazapril 4 mg od
- Levodopa/carbidopa 100/25 tid

Conversation

What do you think?



Conversation (Slide Layer)

CFDCLearn

Rusty Malassez, 62

Hi Rusty, I can see you have that irritation of your skin. By the way, how have you been doing with the Parkinson's?

My movement is doing pretty well on the medications and it isn't holding me back from hiking!

Conversation

What do you think?



2.2 Review Rusty

CFDCLearn

Physical Exam

On exam, you note the following for Rusty:



Poorly defined red patches around the naso-labial fold and in his eyebrows with some fine scale.

Scattered red patches on his chest, and over the sternum

Patch of scale and some exudate with erythematous base behind his ear

Moving Forward

Images from DermNet

2.3 Review Rusty

Other dermatological conditions are highlighted below.

Psoriasis
Well defined erythematous plaque with thicker more silvery scale.

Rosacea
Predominance of telangiectasias and papulo-pustules, minimal scale.

Eczema
Distribution less common in "T zone."
More pruritic.
Less scale predominance.

Moving Forward

Images from DermNet

2.4 Review Rusty

Other similar rashes:

- **Pityriasis rosea:** Abrupt onset, not typically on face/intertriginous areas.
- **Tinea versicolor:** Lacks erythema.
- **Tinea Corporis:** Tends to more well defined, can be identified on fungal culture.
- **Systemic Lupus Erythematosus:** Malar rash that does not cross bridge of nose or affect nasolabial sulcus.

Moving Forward

2.5 Rusty

CFPCLearn

Rusty Malassez, 62



Do you think this rash is coming from my new meds?

We don't know why, but up to 60% of people with Parkinson's disease get this. It isn't caused by the medications, though!

What do you think?

2.6 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

CFPCLearn

Which of the following are first line the treatment of seborrheic dermatitis?



Choose all that apply.

- A. Betamethasone 0.05%
- B. Ketoconazole 2% bid
- C. Pimecrolimus 1% bid
- D. Hydrocortisone 1% bid
- E. Clotrimazole 1% bid

Submit

2.7 Review Rusty

CFPCLearn

Review



Answer: The correct answers are A, B, C and D.

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Moving Forward

Topical Antifungals (Slide Layer)

CFPC Learn

Review



Answer: The correct answers are A, B, C and D.

Topical antifungals (outcome: proportion of patients with lesion clearance at 4 weeks)

- Ketoconazole 2%:
 - 50% versus 28% (placebo): no difference side effects
 - Similar effectiveness to topical corticosteroids
 - Side effects (dryness, pustules): 5% (ketoconazole) vs 10% (corticosteroids)
- Ciclopirox 1%:
 - 38% versus 21% (placebo)
 - Compared to ketoconazole: unclear if efficacy differs between agents; similar side effects
- Metronidazole, clotrimazole and miconazole: much less studied than above agents.

Moving Forward

Topical Corticosteroids (Slide Layer)

CFPC Learn

Review



Answer: The correct answers are A, B, C and D.

Topical corticosteroids: (see outcome under antifungals tab)

- Strong steroids: 50% versus 8% (placebo)
- Mild steroids versus placebo: No difference
- Mild versus strong steroid:
 - Limited evidence with direct comparisons. An RCT comparing hydrocortisone 1% and betamethasone 0.05% suggests total clearance very similar with no difference in adverse events.
- The results are conflicting and it is hard to conclude that low and high potency corticosteroids are equivalent due to small study/sample sizes.

Moving Forward

Calcineurin Inhibitors (Slide Layer)

CFPC Learn

Review



Answer: The correct answers are A, B, C and D.

Seborrheic Dermatitis

Topical Antifungals

Topical Corticosteroids

Calcineurin Inhibitors

Calcineurin inhibitors

- Inhibit pro-inflammatory cytokines in T cells.
- Pimecrolimus has been studied more in seborrheic dermatitis
- Pimecrolimus versus ketoconazole: similar reduction in clearance, scaling, pruritis
 - Adverse events (burning, erythema, pruritis, irritation): 67% pimecrolimus versus 20% ketoconazole
- Pimecrolimus versus topical corticosteroid: At 4 weeks,
 - Total clearance: Similar between both agents
 - Adverse events: 32% vs 7%; steroids better tolerated.

Moving Forward

2.8 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

CFPC Learn

Which statements below are the most accurate?



A. Anti-retroviral treatment can help HIV-related cases of seborrheic dermatitis.

B. Itraconazole 200mg daily x7 days can be used for severe cases.

C. Urea based creams are well studied and effective.

D. Tea tree oil has been studied for facial seborrheic dermatitis.

Submit

2.9 Review Rusty

The slide has a blue header with the word 'Review' and a circular profile picture of an older man. A brain icon is in the top right corner. The text 'Answer: The correct answers are A and B.' is displayed. On the left, there are three circular icons with numbers 1, 2, and 3. On the right, there are three buttons: 'HIV-related cases', 'Severe disease', and 'Other options'. A text box in the center says 'Click on the buttons to view additional information'. At the bottom right is a button labeled 'Moving Forward'.

Other options (Slide Layer)

The slide structure is identical to the first one, but the 'Other options' button is highlighted, causing a light gray box to appear over the central text area. This box contains the following text: '• Urea-based creams are recommended but not well studied.
• Tea tree oil has been shown to have some effectiveness in scalp seborrheic dermatitis but there are no RCTs for facial or the rest of body.
• Interesting side note: Lithium salts have been studied in two RCTs which showed resolution of symptoms in 27% of patients compared to 15% on ketoconazole and 5% on placebo.'

Severe SD (Slide Layer)

The slide has a blue header with the word 'Review' and a circular profile picture of an older man. On the left, there are three buttons: 'HIV-related cases', 'Severe disease', and 'Other options'. The 'Severe disease' button is highlighted. The main content area contains text: 'Answer: The correct answers are A and B.' followed by 'Severe seborrheic dermatitis can be treated with oral antifungals. The most studied antifungal is oral itraconazole 200mg daily for 7 days. Other regimens have been studied with varying lengths of less than daily treatment.' and 'Others studied are fluconazole, terbinafine and ketoconazole.' At the bottom right is a 'Moving Forward' button.

HIV (Slide Layer)

The slide has a blue header with the word 'Review' and a circular profile picture of an older man. On the left, there are three buttons: 'HIV-related cases', 'Severe disease', and 'Other options'. The 'HIV-related cases' button is highlighted. The main content area contains a bulleted list: '• Seborrheic dermatitis is seen in around 35% of people with HIV and up to 85% of people with AIDS.' and '• Treatment of HIV/AIDS with anti-retrovirals can resolve seborrheic dermatitis'. At the bottom right is a 'Moving Forward' button.

2.10 Rusty

CFPCLearn

Rusty Malassez, 62



I was thinking of growing a beard but I sometimes get a rash below my nose. What do you think?

Good point - people with beards and mustaches often have to shave them off to help improve their skin.

Oh well, I guess my rugged look will have to wait!

What do you think?

2.11 Review Rusty

CFPCLearn

How Much to Prescribe



A Finger Tip Unit (FTU) is the amount of cream from a tube placed on the palm side of the distal phalanx from crease to finger tip. This is approximately 0.5 grams.

This amount of cream covers ~2% of the body.

Two percent is a sufficient amount to cover the palmar surface with fingers on both hands.

For Rusty:

- His rash covers ~4% (partial face/ small amount on chest), so he will need ~1 gm per application, or 2 gm for twice daily.
- Many physicians give a little (25g) or a lot (150g).



Moving Forward

2.12 Create a Plan

CFPCLearn

Let's Make a Plan



Using what you have learned write a plan for Rusty. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.

Fill in your plan for the patient here



See how your plan compares

2.13 Plan Answers

CFPCLearn

Rusty Malassez



This is the proposed plan for the patient. How does your plan compare?

Medication

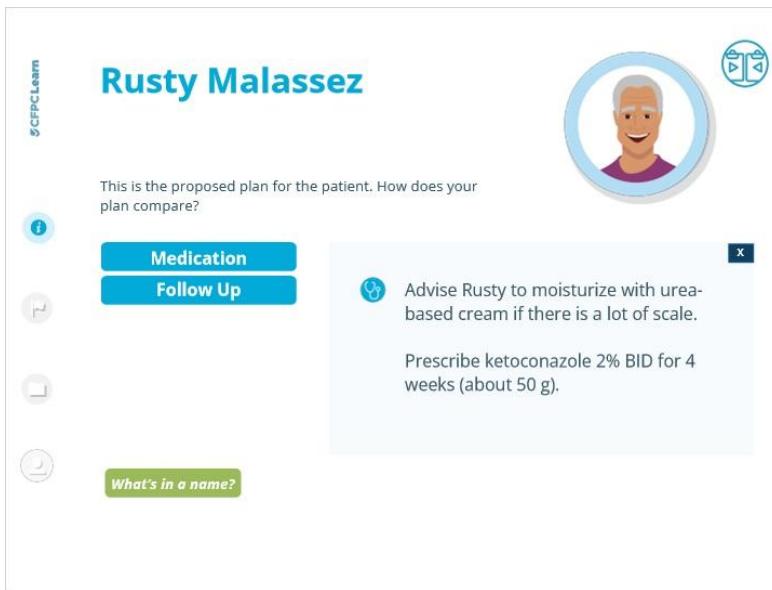
Follow Up



Select details on the left to see suggested recommendations

What's in a name?

Medication (Slide Layer)



This is the proposed plan for the patient. How does your plan compare?

Medication

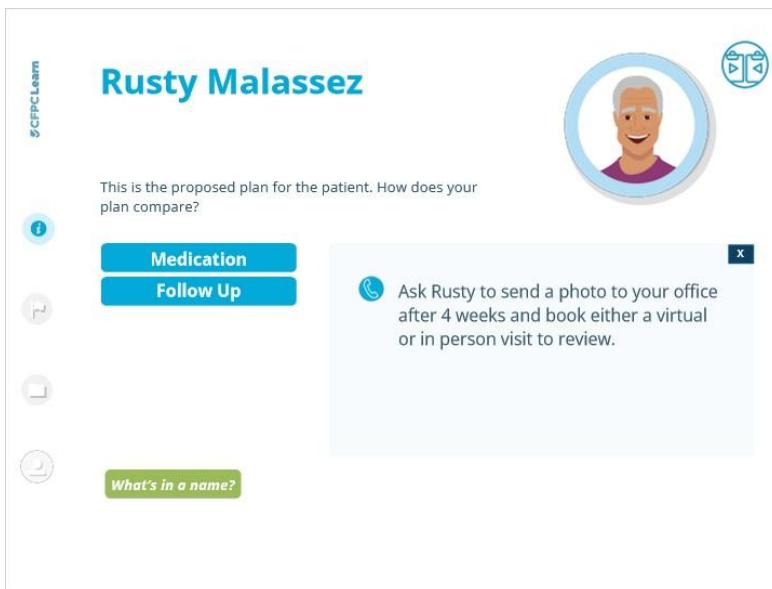
Follow Up

Advise Rusty to moisturize with urea-based cream if there is a lot of scale.

Prescribe ketoconazole 2% BID for 4 weeks (about 50 g.).

What's in a name?

Follow Up (Slide Layer)



This is the proposed plan for the patient. How does your plan compare?

Medication

Follow Up

Ask Rusty to send a photo to your office after 4 weeks and book either a virtual or in person visit to review.

What's in a name?

Name (Slide Layer)

This is the proposed plan for the patient. How does your plan compare?

Medication

Follow Up

Meaning Behind the Name: Rusty
Malassezia were originally identified in the late 19th century by Louis-Charles Malassez. Lesions are a bit "rusty" in colour and flaky.

What's in a name?

2.14 References

Thanks for visiting the clinic!

References: Available [here](#).

This activity is eligible for up to 0.25 Mainpro+ credits.