

THE ROLE OF DERMATOLOGISTS IN PROMOTING HEALTHY SKIN IN THE NT

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- Scabies diagnosis – my experience
- Future directions in diagnostic methods
- Community management of crusted scabies
- Role of Dermatology services in the NT

SCABIES DIAGNOSTIC METHODS

- Antigen Detection and PCR
- Intradermal skin test
- Antibody detection
- Immunoassay
- **Clinical examination**
- **Histology**
- **Microscopy**
- **Dermoscopy**

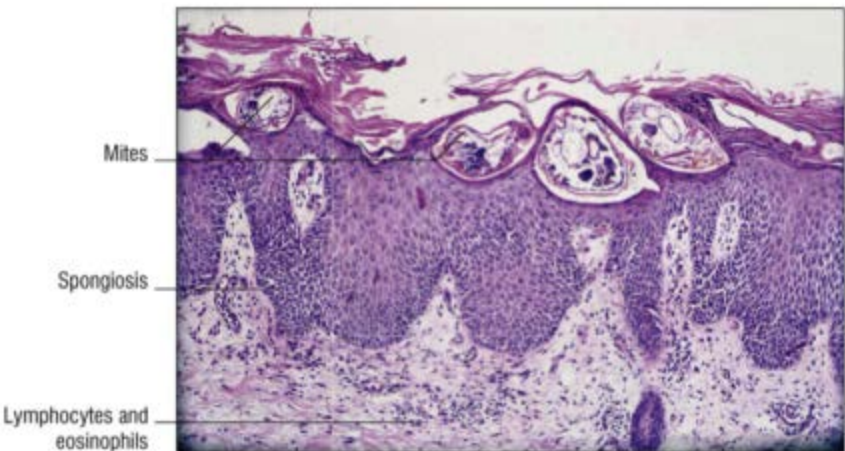
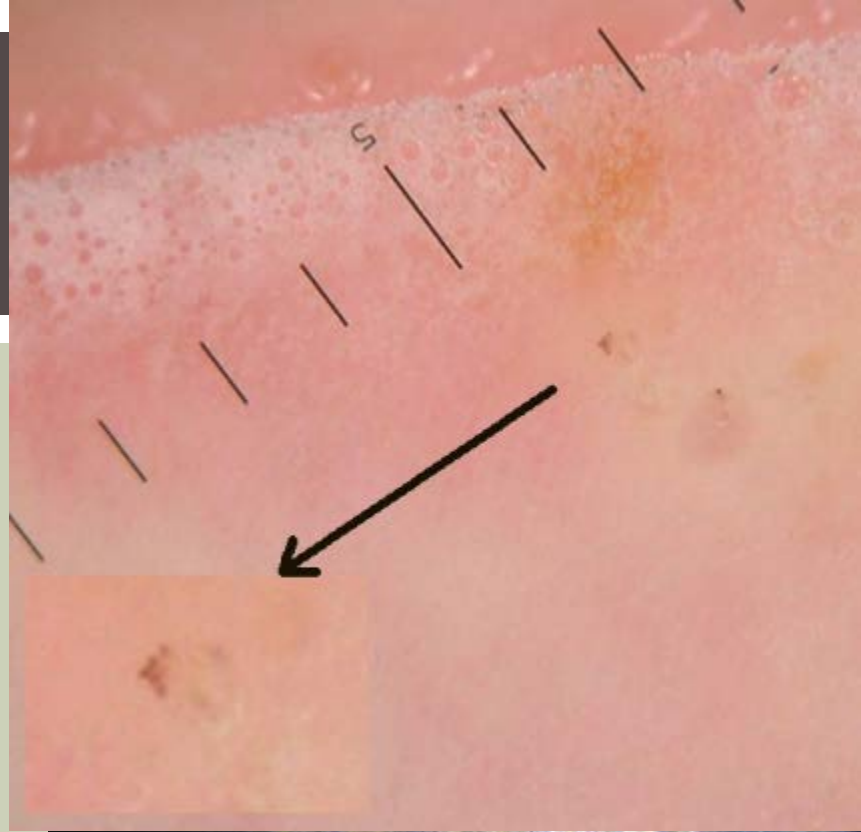


MY EXPERIENCE

- Clinical examination – burrows, ink test
 - Accept our limitations
 - Stories of missed diagnosis
 - Stories of unexpected diagnosis
 - Stories of over diagnosis
 - “rash not responding to lyclear”



- Histology
- Microscopy
- Dermoscopy

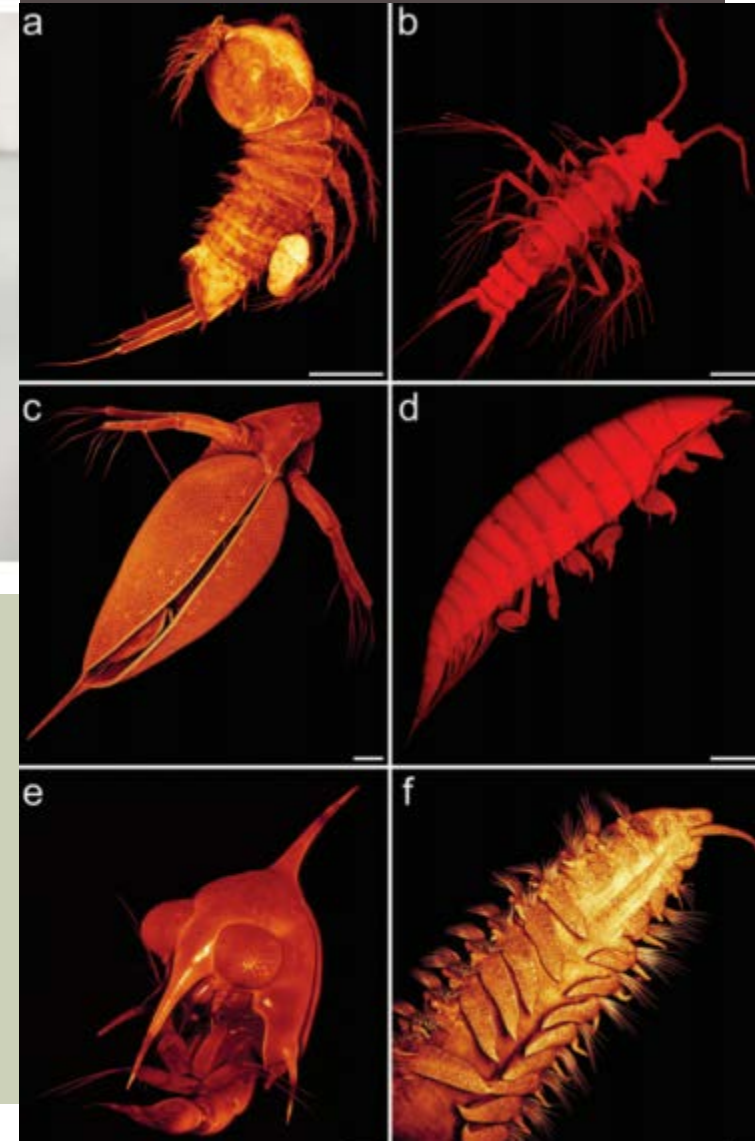


FUTURE DIRECTIONS IN DIAGNOSIS

- USB microscopy



- +/- UV-fluorescent labeling



COMMUNITY MANAGEMENT OF CRUSTED SCABIES

- East Arnhem Healthy Skin Program
- One Disease: East Arnhem Scabies Control Program
 - Active case finding; discharge summaries, clinic records
 - “Sentinel contact” tracing
 - Treatment as per RDH scabies protocol
 - 5% Permethrin cream “Lyclear”, repeated after 1 week
 - Crotamiton 10% cream “Eurax” daily for 3 days if under 2 months
 - Oral Ivermectin if recalcitrant and over 5 years & 15kg
 - Clothing/linnen/shoes
 - Treatment as per RDH crusted scabies protocol
 - Severity graded according to distribution/extent of crusting, severity of crusting/skin shedding, history of previous hospitalisation for crusted scabies/depigmentation/ongoing ichthyosis and presence of secondary infection.
 - Investigations; skin scrapings, baseline bloods, HIV/HTLV-1, ANA, C3/C4, Immunoglobulins, T-cell subsets
 - Treatment with Ivermectin
 - Grade 1: 3 doses; days 0,1, 7
 - Grade 2: 5 doses; days 0,1,7,8,14
 - Grade 3: 7 doses; days 0,1,7,8,14,21,28
 - Adjunctive topical therapy
 - benzoyl benzoate 25% lotion alternate daily after bathing
 - Urea 10%, lactic acid 5% in sorbolene “Calmurid” after bathing on other days
 - Long term case management

CASE MANAGEMENT

- Regular skin checks for recurrence every 1-4 weeks
- Encouraging ongoing calmurid use daily
- Encouraging ongoing benzoyl benzoate every 2-4 weeks

- For the 7 cases of crusted scabies over the 2 year period
 - 44% reduction in episodes of crusting
 - 56% reduction in episodes of hospitalisation

- ? Allocation of CHC staff member to visit crusted scabies patients

DERMATOLOGY SERVICES

■ Current services

■ Visiting service

- Top End (monthly): Dr. Jenny Menz, Dr. Lachlan Warren, Dr. Vin O'Brien
- Alice Springs (3-monthly): Dr. Lynne Gordon, Dr. Hoang Ly, Dr. Emma Ryan

■ Resident Service

- Dr. Bruce McGeorge
- Dr. Dev Tilakaratne

■ Outreach

■ Visiting service

- Gove (J. Menz → D. Tilakaratne), Katherine (L. Warren)

HEALTHY SKIN

- Dermatology in the NT is more than scabies and impetigo
- 23 of 28 categories seen over 6 months
 - Royal Darwin Hospital
 - Alice Springs Hospital
 - Gove District Hospital
 - Endeavour Medical Centre (Gove)
 - Gunyangarra Community Clinic
 - Milingimbi Community Clinic
 - Katherine District Hospital
 - Gudbinji Clinic of Wurli-Wurlinjang
- Teaching

Eczema/Dermatitis
Papulosquamous
Exanthems & Drug Eruptions
Urticaria, Erythema, Purpura & Vasculitis
Emergency Dermatology
Developmental Disorders
Skin Neoplasms
Infections
Adnexal Diseases
Pigmentary Disorders
Infestations & Bites
AICTD/Rheumatologic Disorders
Disorders of Hair
Disorders of Nails
Disorders of Sweat Glands
Oral & Anogenital Diseases
Vesiculobullous Disorders
Disorders due to physical agents
Lympho-/ Myeloproliferative Disorders
Non-infectious Neutrophilic /Eosinophilic
Disorders of Langerhans Cells & Macrophages
Disorders of Dermal Connective Tissue
Disorders of Subcutaneous Fat
Vascular & Lymphatic Disorders
Genodermatoses
Skin Signs in systemic disease
Metabolic & Systemic Disorders
Psychocutaneous Disorders
FSE Normal



- **1 more permanent Dermatologist**
- **Permanent trainee with Australasian College of Dermatologists**
- **Current STP Registrar: 1 week Darwin, 3 weeks Adelaide**
- **Dermatology Nurse Practitioner**
 - **Coordinate care of patients on systemic agents**
 - **Patient education for common skin diseases ; eczema/psoriasis workshops**
 - **Work closely with Dermatologist in managing Dermatology Day Unit / Teledermatology service**
- **Dermatology Day Unit**
 - **Wet-wraps for severe eczema**
 - **Dithranol treatments for psoriasis**
- **Outreach service: Monthly to Gove or Katherine**
- **Teledermatology service**
 - **Proven to be effective in other parts of Australia**
- **Teaching**

