

Preface to the Second Edition

It is with great pleasure that I introduce the second edition of *Differential Diagnosis for the Dermatologist*. My goal with this book has been to create a quick and easily accessible source of information for practicing dermatologists. My dream is that this book will be placed in the work area and will be used “on the go” for a rapid source of information about the differential diagnosis of a given skin problem.

I had always wished for the text to have a section for treatment options but the task of compiling treatment options as well as compiling the differential diagnoses proved to be too daunting for me in the first edition. However, with this second edition, my efforts were focused in part to bring treatment options to the fingertips of the dermatologist. For all commonly treated skin diseases and skin lesions, the reader can find a list of the treatment options. While they are listed in no particular order, the first-line and most reliable treatments are underlined. Treatment options for genetic skin diseases and diseases that are treated by nondermatologists are not given.

The reader will also find several other changes in the second edition. There are 50 new photographs in the text, and there are 25 new diagnoses or entry headings. Many of the references have been updated to provide a more current supporting literature for the text. The last major change in the book involves the use of underlining to indicate to the reader the skin diseases that more closely simulate the heading diagnosis. In addition, the associations that are most commonly identified with a given diagnosis are underlined as well.

It is my sincere hope that dermatologists will find this information useful in their daily practice.

Scott M. Jackson, M.D.



Preface I to the First Edition

This book originated as a small reference manual that I created to serve as an educational supplement for the dermatology residents at Louisiana State University Health Sciences Center. Deeming the compiled information to be useful for all dermatologists, I decided to expand the text and publish it. Every major category of the patient evaluation, from the chief complaint to the diagnosis, is addressed with regard to the dermatological differential diagnosis.

The establishment of a precise differential diagnosis for a given cutaneous problem is the fundamental challenge that the dermatologist faces with every patient. This unique exercise is very intellectual; in a short period of time, the clinician must select from a list of perhaps several hundred diseases a few possibilities that match the clinical presentation. This is performed while also negotiating the patient interaction, examining the patient, and beginning to formulate a plan of action. Proficiency in the formulation of a differential diagnosis that is brief and simultaneously thorough allows for consideration of all possibilities, proper evaluation, and, hopefully, rapid diagnosis. We hope to provide the target readers (dermatologists and dermatologists in training) with some assistance in carrying out this frequently complicated task. For the confrontation with an atypical presentation of a common disease or the classic presentation of an uncommon disease, the reader will hopefully find this book very useful.

The dermatologist may move toward the diagnosis of a particular cutaneous presentation with a morphology-driven approach and/or a diagnosis-driven approach. Classically, the dermatologist is trained to first recognize the morphology of the disease and then ponder all of the causes of that type of lesion. For example, if a patient presents with a papulosquamous eruption, then several diagnoses are suggested on the basis

of morphology alone. While morphology of lesions is essential, distribution, patient demographics, and associated features are left out in this approach. On the other hand, a diagnosis-driven approach is also advantageous and possibly more inclusive and yet still specific. With the exhaustive section organized by dermatologic diagnosis, we believe this text will help clinicians formulate a diagnosis-driven approach to the differential diagnosis. For example, if a patient presents with a rash that resembles a certain dermatosis (e.g., pityriasis rosea), the clinician now has quick access to the differential diagnosis of that dermatosis (and any subtypes or variants) so that all alternative diagnoses are considered, not just diagnoses that share morphology. While recognition and appreciation of morphology is still critical, a diagnosis-based approach to the differential diagnosis is sometimes also helpful when faced with a diagnostic dilemma. In addition, the book provides supporting information for each diagnosis, including recommended evaluative studies, diagnostic criteria, and a source article to reference.

Although inclusiveness was a primary goal of the project, we are aware of the limitations of this text. It was a difficult task to decide which of the many diagnoses in the dermatologic literature to include in the large chapter on diagnosis. There is a tremendous amount of controversy surrounding the existence of many diagnoses, and we were forced to take a position on the controversies when including or excluding certain diseases. An effort was made to exclude diseases that have not been described in over 20 years. We also wanted to include many of the more recently described diagnoses from the past 2 years. It was also difficult to generate the lists under each diagnosis with an acceptable level of sensitivity and specificity. We felt that erring on the side of too many diagnoses was more acceptable than missing a potential important diagnostic alternative. We welcome any criticisms or suggestions that would improve the sensitivity and specificity of the lists for future editions.

We sincerely hope that you find this text useful in your training or in your daily practice.

Scott M. Jackson, M.D.

Preface II to the First Edition

Ah, but a man's reach should exceed his grasp....

ROBERT BROWNING

Probably, the most satisfying aspect of being a chairman or residency program director in academic medicine is to be associated with, and help, bright young people who are anxious to learn and contribute to our body of medical knowledge. In my 35 years in academic dermatology, Scott Jackson is one of the brightest people that I have had the opportunity to teach and from which to learn. He has been one of our most motivated residents in becoming the best he can be and in trying to learn almost every fact in dermatology that can possibly be learned. Scott has attempted a mastery of the specialty, a goal many of us have hoped to attain but have come to realize, with time, that we will always fall short. Nevertheless, it is a lofty ideal, as stated so well by the poet Robert Browning when he wrote the line “Ah, but a man's reach should exceed his grasp....”

In addition to trying to learn almost every fact he could in dermatology during 3 years of residency training, Scott attempted to teach and transmit that knowledge base to all other residents in the program. He even initiated a weekly game of dermatologic questions for all the residents, a game he called “Jeopardy,” complete with different weekly categories for everyone to study. Because of his thirst for knowledge, he made all residents in the program more knowledgeable.

In producing this text, which he worked on for long hours during his residency, and now as a junior faculty member, Scott Jackson has

succeeded in a giant undertaking. I applaud his success and know that with each grasp he takes up the ladder of dermatology, he will continue to extend his reach.

Lee T. Nesbitt Jr., M.D.

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