

Special Sense 2 (Dermatology)

Student Instructions

Special senses 2 – Dermatology

You are the FY2 in General Practice. Danny Taylor, a 56 year old, has come to see you because of a rash. A clinical photo is provided which you can refer to in the reading time.

You will be asked to:

0-8 minutes

- Take a history from the simulator (5 minutes)
- Describe the physical findings in the image/video and summarise the case to the examiner and discuss your diagnosis and any differentials (3 minutes)

8 – 10 minutes

- Answer questions from the examiner (2 minutes)



Image taken from DermNetnz : <https://dermnetnz.org/topics/venous-eczema>

Special Sense 2 (Dermatology/ENT)

Patient Instructions

- Patient Diagnosis: *Venous Eczema*
- Instructions for patient: *Keep scratching right leg*
 - *PC: I have had this rash on my right leg*
 - *HPC: It started about a week ago. I tired put some lotion on it but didn't help and is just getting worse.*
 - *Other symptoms: just itching, no bleeding or discharge from rash, not changed colour, the rash has got bigger slightly, came on gradually I would say*
 - *Systems review: other wise fine*
 - *PMHx: varicose veins, hyperthyroidism but controlled not*
 - *DHx + Allergies: none, allergic to penicillin*
 - *FHx: none*
 - *SHx: smokes 5 a day for last 20 years*
 - *ICE: what is going on? Is it serious? Is it infected?*

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Examiner Marksheet

Marking Criteria	Tick ()
1. Introduction	
2. Professional attitude and patient friendly manner maintained throughout the history	
3. HPC (<i>for all history components below, add specific questions and more detail about what the marks are for</i>)	
4. PC	
5. Other relevant symptoms + appropriate systems review	
6. PMHx	
7. DHx + Allergies	
8. FHx	
9. SHx	
10. ICE	
11. Correct interpretation of video/photo	
12. Reasonable differentials suggested with sound logic	
13. Examiner Questions	

Question 1: What is the most likely diagnosis?.

Venous eczema

Question 2: Tell me about the pathophysiology of this condition?

Due to venous insufficiency, fluid builds up in leg and cause inflammatory reaction of skin

Question 3: What are your initial management steps?

Tell patient not to stand for prolong periods, elevate feet when sitting, regular walks, elevate foot at night, moisturise regularly and steroid creams and the bandages could be considered.

Question 4: What are some complications of venous insufficiency?

Infections – cellulitis, secondary eczema

Lipodermatosclerosis

Venous ulcers

Global Impression:

Patient Impression/comments:

- Excellent
- Good
- Pass
- Borderline
- Fail

