

Review

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A Clinical Overview of Dermatologic Emergencies in General Medical Practice

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Review

A Clinical Overview of Dermatologic Emergencies in General Medical Practice

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Abstract

Dermatologic emergencies encompass a spectrum of acute skin conditions that can pose significant risks to patient health and require immediate medical intervention. This comprehensive review aims to elucidate the critical aspects of dermatologic emergencies encountered in general medical practice, emphasizing their clinical presentation, diagnosis, and management strategies. The skin, as the largest organ of the body, serves not only as a protective barrier but also as an indicator of systemic health; thus, dermatologic emergencies can often reflect underlying pathophysiological processes. In this overview, we categorize dermatologic emergencies into several key groups: infectious, inflammatory, and neoplastic conditions. Infectious dermatologic emergencies include severe bacterial infections, such as cellulitis and necrotizing fasciitis, as well as viral and fungal infections that may lead to widespread morbidity. Inflammatory conditions, such as Stevens-Johnson syndrome and toxic epidermal necrolysis, represent critical reactions to medications or infections that necessitate rapid identification and treatment to mitigate severe complications. Additionally, acute exacerbations of chronic dermatoses, such as psoriasis and eczema, can evolve into emergencies requiring systemic therapy. The review highlights the importance of a thorough clinical assessment, including the patient's history, a detailed physical examination, and appropriate laboratory investigations. Differential diagnoses are discussed, underscoring the need for clinicians to remain vigilant and consider a broad range of potential etiologies. The role of interdisciplinary collaboration in managing complex cases is also emphasized, as dermatologists, infectious disease specialists, and emergency medicine practitioners often work together to optimize patient outcomes. Furthermore, this overview addresses the management protocols for each category of dermatologic emergencies, including pharmacological interventions, surgical options, and supportive care measures. Emphasis is placed on the need for timely intervention, as delays in treatment can lead to significant morbidity and mortality. In conclusion, dermatologic emergencies represent a vital area of concern in general medical practice that requires a keen understanding of clinical signs, rapid diagnostic acumen, and effective management strategies. By enhancing awareness and knowledge of these conditions, healthcare providers can improve patient outcomes and reduce the burden of disease associated with dermatologic emergencies. This review serves as a foundational resource for clinicians seeking to deepen their understanding of this critical aspect of patient care.

Keywords: dermatology

1. Introduction to Dermatologic Emergencies in General Medical Practice

1.1. Background

Dermatologic emergencies encompass a wide range of acute skin conditions that can have significant implications for patient health and well-being. The skin, comprising approximately 15% of total body weight, serves as a vital barrier against environmental insults, pathogens, and fluid loss, while also playing a crucial role in thermoregulation and sensory perception. Given its multifaceted functions, dermatologic conditions often reflect systemic health and may indicate underlying pathophysiological processes. In clinical practice, recognizing and managing dermatologic

emergencies is essential, as these conditions can rapidly escalate to life-threatening scenarios if not addressed promptly.

1.2. Definition and Classification

Dermatologic emergencies can be defined as acute skin disorders that require immediate medical attention due to their potential for rapid deterioration and serious complications. These emergencies are typically classified into three primary categories:

1. **Infectious Dermatoses:** This category includes severe bacterial infections, viral exanthems, and invasive fungal infections. Conditions such as cellulitis, necrotizing fasciitis, herpes zoster, and cutaneous candidiasis can lead to systemic involvement and necessitate urgent treatment.
2. **Inflammatory Conditions:** Acute inflammatory reactions, such as Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), characterized by extensive skin detachment and mucosal involvement, represent critical emergencies. These conditions often arise as severe adverse reactions to medications or infections and require immediate intervention.
3. **Neoplastic Emergencies:** Certain dermatologic emergencies are associated with malignancies, including acute presentations of cutaneous lymphoma or metastatic skin disease. These conditions may present with rapid changes in existing lesions or the emergence of new growths and require prompt evaluation and management.

1.3. Epidemiology

The incidence of dermatologic emergencies varies widely, influenced by age, geographic location, and underlying health conditions. Infectious dermatologic emergencies, for instance, are more prevalent in immunocompromised individuals, the elderly, and those with chronic diseases such as diabetes mellitus. In contrast, inflammatory conditions such as SJS and TEN, though rare, can have devastating consequences and are often linked to specific medications, highlighting the importance of pharmacovigilance.

Data suggest that dermatologic emergencies account for a significant proportion of emergency department visits, with estimates indicating that up to 10% of all dermatological consultations may involve urgent care situations. Recognizing the epidemiological trends can aid clinicians in identifying at-risk populations and implementing preventive measures.

1.4. Importance of Timely Recognition and Management

Timely recognition and management of dermatologic emergencies are crucial for several reasons:

- **Prevention of Complications:** Delays in diagnosis and treatment can lead to complications such as systemic infection, significant morbidity, and even mortality. For example, necrotizing fasciitis can progress rapidly, necessitating urgent surgical intervention to prevent systemic spread.
- **Impact on Quality of Life:** Dermatologic emergencies can severely impact a patient's quality of life, causing pain, discomfort, and psychological distress. Rapid management can alleviate symptoms and restore functional status.
- **Systemic Implications:** Many dermatologic emergencies may indicate or exacerbate underlying systemic conditions. For instance, erythema multiforme can be associated with infections or malignancies, necessitating a comprehensive evaluation beyond the skin.

1.5. Aims and Objectives of the Chapter

The primary aim of this chapter is to provide a comprehensive overview of dermatologic emergencies in general medical practice. The objectives include:

1. **To elucidate the clinical presentations** of common dermatologic emergencies, facilitating early recognition by healthcare providers.
2. **To discuss the diagnostic approaches** utilized in the evaluation of these emergencies, emphasizing the importance of a thorough history and physical examination.
3. **To outline management strategies**, including pharmacological and non-pharmacological interventions, with a focus on evidence-based practices.
4. **To highlight the role of interdisciplinary collaboration** in the management of complex cases, recognizing that effective treatment often involves multiple specialties.
5. **To promote awareness of preventive measures** and patient education, aiming to reduce the incidence of dermatologic emergencies through early intervention and risk factor modification.

1.6. Structure of the Chapter

This chapter will be organized into several sections, each addressing specific aspects of dermatologic emergencies. Following this introduction, subsequent sections will delve into the classification of dermatologic emergencies, diagnostic approaches, management strategies, and case studies that illustrate common clinical scenarios. The chapter will conclude with recommendations for future research and practice improvements in the field of dermatologic emergencies.

In conclusion, the significance of dermatologic emergencies in general medical practice cannot be overstated. By enhancing our understanding of these urgent conditions, healthcare providers can improve patient outcomes and reduce the burden of disease associated with dermatologic emergencies. This chapter serves as a foundational resource for clinicians seeking to navigate the complexities of acute skin disorders in their practice.

2. Clinical Presentation and Classification of Dermatologic Emergencies

Introduction

Dermatologic emergencies constitute a critical segment of patient care in general medical practice, necessitating swift recognition and intervention due to their potential for rapid deterioration. These emergencies can arise from various etiologies, including infectious agents, inflammatory processes, and neoplastic conditions. A comprehensive understanding of their clinical presentation, classification, and pathophysiology is imperative for healthcare providers to ensure timely and effective management.

2.1. Definition and Scope of Dermatologic Emergencies

Dermatologic emergencies are defined as acute skin conditions that pose immediate risks to a patient's health and may require urgent intervention. These conditions can encompass both localized and systemic manifestations, often reflecting underlying systemic diseases. The spectrum of dermatologic emergencies is broad, making it essential for clinicians to recognize the signs and symptoms that warrant immediate attention.

2.1.1. Importance of Timely Diagnosis

The skin, as the body's largest organ, is a vital component of systemic health. Dermatologic abnormalities can serve as indicators of internal diseases, and delays in diagnosis can lead to severe complications. For instance, untreated infections can spread rapidly, leading to sepsis, while inflammatory conditions may result in significant morbidity if not addressed promptly.

2.2. Classification of Dermatologic Emergencies

Dermatologic emergencies can be categorized into several major groups, each with distinct clinical features and management strategies. This classification aids clinicians in developing a systematic approach to diagnosis and treatment.

2.2.1. Infectious Dermatologic Emergencies

Infectious dermatologic emergencies are caused by a variety of pathogens, including bacteria, viruses, and fungi. Common conditions in this category include:

2.2.1.1. Bacterial Infections

- **Cellulitis:** Characterized by a diffuse infection of the skin and subcutaneous tissues, often presenting with erythema, warmth, and swelling. Risk factors include trauma, immunocompromised states, and lymphatic obstruction.
- **Necrotizing Fasciitis:** A rapidly progressing infection that involves the fascial plane, leading to tissue necrosis. This condition is often associated with high morbidity and mortality, necessitating immediate surgical intervention and broad-spectrum antibiotics.

2.2.1.2. Viral Infections

- **Herpes Simplex Virus (HSV):** Primary HSV infections can present with vesicular lesions on the skin and mucous membranes. In immunocompromised patients, disseminated infections can occur, requiring antiviral therapy.
- **Varicella-Zoster Virus (VZV):** Reactivation of VZV can lead to herpes zoster (shingles), which may result in severe pain and complications such as postherpetic neuralgia.

2.2.1.3. Fungal Infections

- **Tinea Capitis:** A superficial fungal infection of the scalp that can lead to scarring alopecia if not treated promptly. Systemic antifungal therapy is often necessary for effective management.

2.2.2. Inflammatory Dermatologic Emergencies

Inflammatory conditions can result from various triggers, including infections, medications, and systemic diseases. Key examples include:

2.2.2.1. Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN)

These severe reactions are often triggered by medications and are characterized by extensive necrosis of the epidermis. They require immediate hospitalization, supportive care, and discontinuation of the offending agent. The distinction between SJS and TEN is based on the extent of body surface area affected.

2.2.2.2. Acute Exacerbations of Chronic Dermatoses

Conditions such as psoriasis and eczema can flare up acutely, requiring systemic therapies and close monitoring to prevent complications.

2.2.3. Neoplastic Emergencies

Neoplastic emergencies often present as rapidly growing masses or ulcerations that may indicate malignancy. Conditions to be aware of include:

2.2.3.1. Cutaneous Lymphoma

This can manifest as plaques or tumors on the skin and may require immediate biopsy and treatment, including chemotherapy or radiation.

2.2.3.2. Melanoma

Acute presentations of melanoma, such as rapid changes in existing moles or the appearance of new pigmented lesions, necessitate prompt evaluation and intervention.

2.3. *Diagnostic Approach to Dermatologic Emergencies*

A systematic approach to the diagnosis of dermatologic emergencies is critical. This involves:

2.3.1. History Taking

A thorough patient history is essential, focusing on the onset, duration, and progression of symptoms, as well as any recent exposures, medication use, and relevant medical history.

2.3.2. Physical Examination

A detailed physical examination should assess the extent of skin involvement, vital signs, and systemic signs of infection or inflammation. Special attention should be given to the presence of systemic symptoms, such as fever or lymphadenopathy.

2.3.3. Laboratory Investigations

Laboratory tests may be necessary to confirm diagnoses, including blood cultures, skin biopsies, and specific serological tests. Imaging studies may be indicated in cases of suspected deeper infections or neoplastic processes.

2.4. *Management Strategies*

Effective management of dermatologic emergencies is contingent upon accurate diagnosis and prompt treatment. Key strategies include:

2.4.1. Pharmacological Interventions

- **Antibiotics:** Broad-spectrum antibiotics are essential in bacterial infections, while antiviral medications are critical in viral cases.
- **Corticosteroids:** Systemic corticosteroids may be required in severe inflammatory conditions to reduce inflammation and prevent complications.

2.4.2. Surgical Interventions

Surgical intervention may be necessary for abscess drainage, necrotic tissue removal in necrotizing fasciitis, or excisional biopsy for suspected malignancies.

2.4.3. Supportive Care

Supportive measures, including fluid resuscitation, pain management, and wound care, are paramount in the overall management of dermatologic emergencies.

Conclusion

Dermatologic emergencies represent a diverse and complex group of conditions that require immediate recognition and intervention in general medical practice. An in-depth understanding of their clinical presentation, classification, and management strategies is crucial for healthcare providers. By enhancing awareness and knowledge, clinicians can effectively improve patient outcomes and reduce the morbidity associated with these acute skin conditions. Future research should focus on developing standardized protocols for the management of dermatologic emergencies to further optimize care and enhance interdisciplinary collaboration in this vital area of healthcare.

3. Clinical Overview of Dermatologic Emergencies in General Medical Practice

3.1. Introduction

Dermatologic emergencies are critical conditions that require immediate medical attention due to their potential for rapid deterioration and severe morbidity. Given the skin's role as both a protective barrier and an indicator of systemic health, dermatologic emergencies can reveal underlying issues that may not be immediately apparent. This chapter explores the various categories of dermatologic emergencies, their clinical presentations, diagnostic approaches, and management strategies, with an emphasis on their relevance in general medical practice.

3.2. Classification of Dermatologic Emergencies

Dermatologic emergencies can be broadly categorized into three primary groups: infectious, inflammatory, and neoplastic conditions. Each category encompasses a range of disorders with varying clinical features, etiologies, and management protocols.

3.2.1. Infectious Emergencies

Infectious dermatologic emergencies are characterized by rapidly progressing infections that can lead to serious systemic complications. Key conditions include:

3.2.1.1. Cellulitis

Cellulitis is a bacterial skin infection that presents with erythema, edema, and pain. It typically affects the lower extremities and can rapidly progress to systemic symptoms such as fever and chills. The most common pathogens are *Streptococcus* and *Staphylococcus* species. Diagnosis is primarily clinical, though imaging may be warranted in cases of suspected abscess formation. Management includes prompt initiation of appropriate antibiotics, with the severity of the infection guiding the choice between oral and intravenous therapy.

3.2.1.2. Necrotizing Fasciitis

Necrotizing fasciitis is a life-threatening soft tissue infection characterized by rapid tissue necrosis. Often referred to as "flesh-eating disease," it typically arises from polymicrobial infections, including both aerobic and anaerobic bacteria. Early recognition is critical, as patients may present with nonspecific symptoms that rapidly escalate. Surgical intervention for debridement is essential, alongside broad-spectrum intravenous antibiotics.

3.2.1.3. Viral Infections

Viral infections, such as herpes simplex virus (HSV) and varicella-zoster virus (VZV), can also present as emergencies. In immunocompromised patients, disseminated herpes zoster can lead to severe complications, including postherpetic neuralgia. Antiviral therapy should be initiated promptly to reduce morbidity.

3.2.2. Inflammatory Emergencies

Inflammatory dermatologic emergencies often arise from hypersensitivity reactions or autoimmune processes.

3.2.2.1. Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe cutaneous adverse reactions, usually triggered by medications. Clinically, these conditions are characterized by widespread erythema, blistering, and desquamation, often involving mucosal surfaces. Diagnosis is primarily clinical, and management focuses on immediate discontinuation of the offending agent, supportive care, and in severe cases, admission to a burn unit or intensive care for fluid management and wound care.

3.2.2.2. Erythroderma

Erythroderma, or exfoliative dermatitis, involves widespread erythema and scaling affecting more than 90% of the body surface area. It can be secondary to pre-existing dermatoses such as psoriasis or eczema or result from drug reactions. Management typically requires hospitalization for supportive care, including fluid and electrolyte management, as well as treatment of the underlying cause.

3.2.3. Neoplastic Emergencies

Neoplastic dermatologic emergencies may result from rapidly growing tumors or metastatic disease.

3.2.3.1. Melanoma

Melanoma is a malignant tumor that can present as an emergency when it ulcerates or bleeds, leading to significant morbidity. Early identification and excision are crucial for improved prognosis. Patients should be educated on the ABCDEs of melanoma detection: asymmetry, border irregularity, color variation, diameter greater than 6 mm, and evolution.

3.2.3.2. Cutaneous Lymphoma

Cutaneous lymphomas may present with acute symptoms, including intense pruritus and ulceration. Diagnosis requires a biopsy and histopathological examination. Treatment may involve topical therapies, phototherapy, or systemic agents, depending on the type and stage of the lymphoma.

3.3. Diagnostic Approach

A comprehensive diagnostic approach is essential for effective management of dermatologic emergencies. This process typically involves:

3.3.1. Clinical History

A thorough patient history, including the onset and duration of symptoms, previous medical history, medication use, and recent exposures, is critical. Special attention should be paid to any systemic symptoms that may suggest a more serious underlying condition.

3.3.2. Physical Examination

A detailed physical examination is essential for assessing the extent of skin involvement and identifying characteristic features that may guide diagnosis. The examination should include evaluation of vital signs to assess for systemic involvement.

3.3.3. Laboratory Investigations

Laboratory tests may include complete blood counts, inflammatory markers, and cultures of any lesions when appropriate. Skin biopsies can provide crucial information when the diagnosis is uncertain.

3.3.4. Imaging Studies

Imaging studies, such as ultrasound or CT scans, may be necessary for evaluating abscesses or deeper infections, particularly in cases of suspected necrotizing fasciitis.

3.4. Management Strategies

Management of dermatologic emergencies is multifaceted, often requiring a combination of pharmacological and non-pharmacological interventions.

3.4.1. Pharmacological Interventions

The choice of pharmacological therapy depends on the underlying condition:

- **Antibiotics:** Prompt initiation of appropriate antibiotics is crucial in infectious emergencies. The choice between oral and intravenous routes depends on the severity of the infection.
- **Corticosteroids:** Systemic corticosteroids may be indicated in severe inflammatory conditions to reduce immune-mediated damage.
- **Antivirals:** In cases of viral infections, early antiviral therapy can significantly reduce morbidity.

3.4.2. Surgical Interventions

Surgical intervention is often necessary in cases of necrotizing fasciitis or when abscess drainage is required. Debridement of necrotic tissue is critical in improving outcomes.

3.4.3. Supportive Care

Supportive care, including wound care, fluid management, and monitoring for complications, is essential in managing patients with dermatologic emergencies. Interdisciplinary collaboration with dermatologists, infectious disease specialists, and emergency medicine physicians is often necessary for optimal patient care.

3.5. Conclusion

Dermatologic emergencies represent a significant challenge in general medical practice, requiring rapid recognition and intervention to prevent serious complications. By understanding the diverse range of conditions that fall under this category, clinicians can enhance their diagnostic acumen and therapeutic approaches, ultimately improving patient outcomes. Continued education and awareness are essential for all healthcare providers to effectively manage these urgent situations and deliver timely, effective care to patients in need.

4. Clinical Overview of Dermatologic Emergencies in General Medical Practice

Introduction

Dermatologic emergencies are acute skin conditions that necessitate immediate medical attention due to their potential for significant morbidity and mortality. As the skin is an essential organ that reflects systemic health, dermatologic emergencies can often indicate serious underlying pathologies. This chapter provides a comprehensive overview of the various categories of dermatologic emergencies, emphasizing their clinical presentation, diagnostic considerations, and management strategies in the context of general medical practice.

4.1. Classification of Dermatologic Emergencies

Dermatologic emergencies can be broadly classified into three primary categories: infectious, inflammatory, and neoplastic conditions. Each category encompasses a range of specific disorders, which are crucial for targeted diagnosis and treatment.

4.1.1. Infectious Dermatologic Emergencies

Infectious dermatologic emergencies arise from pathogens such as bacteria, viruses, and fungi. Common conditions include:

- **Cellulitis:** A bacterial infection of the skin and subcutaneous tissues, characterized by redness, swelling, and tenderness. Early identification is critical, as untreated cellulitis can progress to systemic infection, including sepsis.
- **Necrotizing Fasciitis:** A life-threatening infection that rapidly destroys soft tissue. This condition often requires surgical intervention and broad-spectrum intravenous antibiotics. Clinical features include severe pain, fever, and a rapidly advancing area of erythema.
- **Herpes Simplex Virus (HSV) Infections:** Severe initial outbreaks can lead to complications such as herpes simplex encephalitis or disseminated infection in immunocompromised patients. Prompt antiviral therapy is essential.
- **Fungal Infections:** Conditions such as disseminated candidiasis can occur in immunocompromised individuals. These infections may present with skin lesions that require antifungal treatment.

4.1.2. Inflammatory Dermatologic Emergencies

Inflammatory conditions often result from an exaggerated immune response and can be triggered by infections, medications, or environmental factors. Notable examples include:

- **Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN):** Severe adverse drug reactions characterized by extensive mucosal involvement and skin detachment. Immediate cessation of the offending agent and supportive care are critical in management.
- **Acute Exacerbations of Psoriasis:** Flare-ups can lead to erythrodermic psoriasis, which may be life-threatening and requires systemic treatment. Early recognition and intervention are vital to restore skin barrier function and minimize complications.
- **Erythema Multiforme:** Often triggered by infections or medications, this condition presents with target lesions and can progress to more severe forms requiring hospitalization.

4.1.3. Neoplastic Dermatologic Emergencies

While less common, neoplastic emergencies can arise from both benign and malignant processes:

- **Malignant Melanoma:** Rapidly growing lesions or changes in existing moles may indicate melanoma, which can metastasize quickly. Early surgical excision is critical for better prognoses.
- **Cutaneous Lymphoma:** Presenting with skin lesions that may resemble eczema or psoriasis, cutaneous lymphomas can require a comprehensive treatment approach, including chemotherapy or radiation.

4.2. Clinical Presentation and Diagnosis

The clinical presentation of dermatologic emergencies can be varied and often overlaps with other conditions. A thorough patient history and physical examination are paramount in guiding diagnosis.

4.2.1. Patient History

Key elements to assess include:

- **Onset and Duration:** Understanding when symptoms began can help ascertain the urgency of the condition.
- **Associated Symptoms:** Symptoms such as fever, chills, or malaise may indicate systemic involvement.
- **Medication History:** Recent drug exposures can be critical in identifying adverse drug reactions.

4.2.2. Physical Examination

A detailed skin examination is essential. Clinicians should look for:

- **Lesion Characteristics:** Size, shape, color, and distribution of lesions can provide clues to the underlying condition.
- **Systemic Signs:** Vital signs, signs of dehydration, or systemic infection should be evaluated.

4.2.3. Diagnostic Testing

Laboratory tests, imaging studies, and skin biopsies may be necessary to confirm diagnoses. Common tests include:

- **Blood Cultures:** Useful in cases of suspected systemic infection.
- **Skin Biopsy:** Essential for definitive diagnosis of neoplastic conditions or atypical inflammatory responses.
- **Allergy Testing:** May be warranted in cases of suspected drug reactions.

4.3. Management Strategies

Management of dermatologic emergencies requires a tailored approach based on the specific condition.

4.3.1. Infectious Emergencies

- **Antibiotic Therapy:** For bacterial infections, empiric broad-spectrum antibiotics should be initiated while awaiting culture results. Adjustments can be made based on sensitivity profiles.
- **Surgical Intervention:** In cases of necrotizing fasciitis or abscess formation, urgent surgical debridement is often necessary.

4.3.2. Inflammatory Emergencies

- **Corticosteroids:** Systemic corticosteroids may be required for severe inflammatory reactions such as SJS or TEN.
- **Supportive Care:** Fluid resuscitation, pain management, and wound care are critical components of treatment.

4.3.3. Neoplastic Emergencies

- **Surgical Excision:** Early referral to dermatology or surgical oncology for suspected malignant lesions is vital.
- **Chemotherapy or Radiation:** In cases of cutaneous lymphomas or advanced melanoma, these modalities may be necessary.

4.4. Interdisciplinary Collaboration

Collaboration among healthcare providers is essential in managing dermatologic emergencies. Emergency medicine physicians, dermatologists, and infectious disease specialists must work in tandem to ensure comprehensive care. Regular case discussions and referrals can help in optimizing patient outcomes.

4.5. Conclusion

Dermatologic emergencies represent a critical area in general medical practice, requiring prompt recognition and a multi-faceted approach to management. By understanding the diverse presentations and underlying pathophysiology of these conditions, clinicians can improve diagnostic accuracy and treatment efficacy. Continued education and awareness are essential in mitigating the risks associated with these urgent dermatologic conditions, ultimately enhancing patient care and outcomes.

5. Clinical Overview of Dermatologic Emergencies in General Medical Practice

Introduction

Dermatologic emergencies represent a unique subset of conditions that require prompt recognition and treatment due to their potential to cause significant morbidity and mortality. In the realm of general medical practice, primary care physicians and emergency medicine practitioners often encounter these urgent situations, necessitating a thorough understanding of their clinical presentations, pathophysiology, and management strategies. This chapter aims to provide a comprehensive overview of dermatologic emergencies, categorizing them into infectious, inflammatory, and neoplastic conditions, while also discussing diagnostic approaches and treatment protocols.

5.1. Classification of Dermatologic Emergencies

Dermatologic emergencies can be categorized into three primary groups: infectious, inflammatory, and neoplastic conditions. Each category comprises various diseases that can present acutely and require immediate medical attention.

5.1.1. Infectious Dermatologic Emergencies

Infectious dermatologic emergencies can arise from bacterial, viral, or fungal pathogens. These conditions often present with erythema, swelling, pain, and systemic symptoms such as fever. Key examples include:

- **Cellulitis:** A common bacterial infection characterized by diffuse inflammation of the dermis and subcutaneous tissue, often caused by *Streptococcus* or *Staphylococcus* species. Clinicians must recognize the signs of systemic involvement, as untreated cellulitis can progress to abscess formation or necrotizing fasciitis.
- **Necrotizing Fasciitis:** A rapidly progressing infection that involves the fascial plane, leading to tissue necrosis. This condition is often polymicrobial and is associated with significant mortality if not identified and treated urgently. Clinical features include severe pain, swelling, and systemic signs of sepsis.
- **Herpes Simplex Virus (HSV) Infections:** Acute herpes infections can cause vesicular lesions that may become superinfected, particularly in immunocompromised patients. The potential for dissemination, particularly in neonates, underscores the importance of early recognition and antiviral therapy.
- **Fungal Infections:** Conditions such as tinea corporis and candidiasis may present acutely, particularly in immunocompromised individuals. Prompt diagnosis and antifungal treatment are essential to prevent systemic spread.

5.1.2. Inflammatory Dermatologic Emergencies

Inflammatory conditions can also manifest as dermatologic emergencies. These often result from hypersensitivity reactions or severe exacerbations of chronic conditions:

- **Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN):** These life-threatening reactions to medications or infections are characterized by extensive epidermal detachment, leading to significant fluid loss and infection risk. Early identification is critical, and management typically involves discontinuation of the offending agent, supportive care, and potential use of systemic steroids or immunomodulators.
- **Acute Exacerbations of Psoriasis:** While psoriasis is typically a chronic condition, acute flare-ups can lead to erythrodermic psoriasis, which is life-threatening due to fluid loss and infection. Systemic treatments, including biologics, may be warranted.
- **Erythema Multiforme:** Often triggered by infections or medications, erythema multiforme can present with target lesions and mucosal involvement. Management focuses on identifying triggers and supportive care.

5.1.3. Neoplastic Dermatologic Emergencies

Neoplastic emergencies often involve acute presentations of skin cancers or complications related to treatment:

- **Melanoma:** Advanced melanoma can present with rapid changes in existing moles or the appearance of new lesions. Emergency management may involve surgical intervention, particularly in cases of ulceration or significant bleeding.
- **Cutaneous Lymphoma:** Acute exacerbations of cutaneous lymphomas may present with widespread lesions and systemic symptoms. Interdisciplinary management involving dermatology and oncology is essential.

5.2. Diagnostic Approaches

Timely and accurate diagnosis is crucial in the management of dermatologic emergencies. The following steps outline a comprehensive diagnostic approach:

5.2.1. Clinical History

A thorough clinical history should include:

- **Onset and Duration:** Understanding when symptoms began can provide insight into acute versus chronic processes.
- **Associated Symptoms:** Fever, chills, and malaise can indicate systemic involvement.
- **Medications and Allergies:** A careful review of recent medications is vital, especially in cases of suspected drug reactions.
- **Recent Travel or Exposure:** Travel history can reveal potential infectious etiologies.

5.2.2. Physical Examination

A detailed physical examination is essential. Key aspects include:

- **Inspection:** Assessment of the skin's appearance, including color, texture, and distribution of lesions.
- **Palpation:** Evaluating for warmth, tenderness, and induration can help differentiate between infectious and inflammatory processes.
- **Lymphadenopathy:** Presence of lymphadenopathy may indicate systemic infection or malignancy.

5.2.3. Laboratory Investigations

Laboratory tests can aid in diagnosis:

- **Complete Blood Count (CBC):** May reveal leukocytosis in infections or eosinophilia in allergic reactions.
- **Cultures:** Bacterial, viral, or fungal cultures can confirm infectious etiologies.
- **Biopsy:** Skin biopsy may be necessary for definitive diagnosis, particularly in suspected neoplastic or inflammatory conditions.

5.3. Management Strategies

Management of dermatologic emergencies often involves a multidisciplinary approach, including primary care, dermatology, and emergency medicine. Treatment strategies vary based on the underlying condition:

5.3.1. Infectious Emergencies

- **Antibiotics:** Empirical antibiotic therapy is crucial in cases of cellulitis and necrotizing fasciitis. Broader-spectrum agents may be indicated based on clinical severity.
- **Antivirals:** In cases of HSV infections, early administration of antivirals can mitigate the severity and duration of symptoms.
- **Antifungals:** Systemic antifungal therapy may be necessary for severe or disseminated fungal infections.

5.3.2. Inflammatory Emergencies

- **Supportive Care:** Patients with SJS/TEN require fluid resuscitation, pain management, and wound care in a burn unit setting.
- **Immunosuppressive Therapy:** Systemic corticosteroids or other immunomodulatory agents may be required for severe inflammatory reactions.

5.3.3. Neoplastic Emergencies

- **Surgical Intervention:** Rapid surgical excision may be necessary for melanoma and other aggressive skin cancers.
- **Chemotherapy or Radiotherapy:** In cases of cutaneous lymphoma, initiation of systemic therapy may be required for acute disease management.

5.4. Conclusion

Dermatologic emergencies represent a significant challenge in general medical practice, necessitating a comprehensive understanding of acute skin conditions. Timely recognition, accurate diagnosis, and effective management are crucial to improving patient outcomes. By enhancing awareness and knowledge of these emergencies, healthcare providers can better navigate the complexities of dermatologic care, ensuring that patients receive the timely and appropriate interventions they require. This chapter serves as a foundational resource for clinicians to deepen their understanding of dermatologic emergencies in the context of general medical practice.

6. A Clinical Overview of Dermatologic Emergencies in General Medical Practice

Introduction

Dermatologic emergencies are acute conditions that arise from various etiologies, necessitating prompt recognition and management to prevent significant morbidity and mortality. As the skin is the body's largest organ and a crucial barrier to environmental hazards, its acute presentation can often be indicative of systemic disease processes. This chapter provides a comprehensive overview of dermatologic emergencies, categorizing them into infectious, inflammatory, and neoplastic conditions. We will explore their clinical presentations, diagnostic challenges, management strategies, and the importance of interdisciplinary collaboration in patient care.

6.1. Classification of Dermatologic Emergencies

6.1.1. Infectious Emergencies

Infectious dermatologic emergencies encompass a range of conditions caused by bacterial, viral, and fungal pathogens:

- **Bacterial Infections:** Conditions such as cellulitis, abscess formation, and necrotizing fasciitis often present with erythema, swelling, and systemic signs of infection (e.g., fever, tachycardia). Prompt initiation of broad-spectrum antibiotics and surgical intervention when necessary is crucial for effective management.
- **Viral Infections:** Herpes simplex virus (HSV) infections can lead to severe complications in immunocompromised patients. Varicella-zoster virus (VZV) reactivation can result in herpes zoster, which may require antiviral therapy to mitigate pain and reduce the risk of postherpetic neuralgia.
- **Fungal Infections:** Conditions such as tinea corporis and cutaneous candidiasis can escalate in immunosuppressed individuals, necessitating systemic antifungal therapy, especially in disseminated or extensive cases.

6.1.2. Inflammatory Emergencies

Inflammatory dermatologic emergencies often involve severe reactions to drugs, infections, or autoimmune processes:

- **Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN):** These life-threatening conditions are characterized by widespread epidermal detachment and must be

recognized early. Management includes immediate cessation of the offending agent, supportive care, and often hospitalization in burn units for extensive skin loss.

- **Acute Exacerbations of Chronic Dermatoses:** Conditions such as psoriasis and eczema can flare significantly due to triggers like infections, stress, or medication changes. Systemic treatments, including corticosteroids and immunomodulators, may be required for control.

6.1.3. Neoplastic Emergencies

Neoplastic emergencies may present acutely due to rapid tumor growth or complications from existing malignancies:

- **Cutaneous Lymphoma:** This can present as a rapidly enlarging lesion or ulceration, often requiring urgent biopsy and initiation of systemic treatment.
- **Melanoma:** Acute presentations of melanoma, such as ulcerated or bleeding lesions, necessitate prompt surgical intervention and potential adjuvant therapy.

6.2. Clinical Presentation and Diagnosis

The clinical assessment of dermatologic emergencies involves a detailed history and physical examination. Key components include:

- **History Taking:** Understanding the onset, duration, and progression of the condition, along with any associated systemic symptoms (e.g., fever, malaise) and potential triggering factors (e.g., recent medications, infections) is vital.
- **Physical Examination:** A thorough examination of the skin, mucous membranes, and associated lymphatic regions is essential. Characterization of lesions (e.g., morphology, distribution, and associated signs) aids in guiding differential diagnoses.
- **Laboratory Investigations:** Depending on the clinical context, laboratory tests such as complete blood counts, cultures, and imaging studies may be warranted to confirm diagnosis and guide treatment.

6.3. Management Strategies

6.3.1. General Principles

Management of dermatologic emergencies involves several general principles:

- **Timely Intervention:** Rapid diagnosis and treatment are crucial in minimizing complications. Delays can lead to systemic involvement or increased morbidity.
- **Supportive Care:** Many dermatologic emergencies require supportive measures, including pain management, fluid resuscitation, and wound care.

6.3.2. Specific Management Protocols

- **Infectious Conditions:** Initiation of appropriate antimicrobial therapy is paramount. Surgical interventions, such as drainage of abscesses or debridement in necrotizing fasciitis, are often necessary.
- **Inflammatory Conditions:** For SJS and TEN, supportive care in a specialized unit is critical, while systemic corticosteroids and immunosuppressive agents may be indicated for severe cases of chronic dermatoses.

- **Neoplastic Conditions:** Urgent surgical intervention is often required for cutaneous malignancies, followed by oncologic management, including chemotherapy or immunotherapy, depending on the malignancy type and stage.

6.4. Interdisciplinary Collaboration

Effective management of dermatologic emergencies often requires collaboration among various specialties, including:

- **Dermatology:** Specialists provide expertise in diagnosis and management of complex skin conditions.
- **Infectious Disease:** Collaboration ensures appropriate antimicrobial stewardship and management of systemic infections.
- **Emergency Medicine:** Emergency physicians play a crucial role in the immediate stabilization and management of patients presenting with acute dermatologic conditions.
- **Surgery:** Surgical intervention may be necessary for abscess drainage, debridement, or excision of neoplastic lesions.

6.5. Conclusion

Dermatologic emergencies represent a significant aspect of patient care in general medical practice, often reflecting underlying systemic conditions. A thorough understanding of the classification, clinical presentation, and management strategies is essential for healthcare providers. By enhancing awareness and fostering interdisciplinary collaboration, clinicians can improve patient outcomes and mitigate the potential complications associated with these urgent conditions. Future research and continued education will be vital in furthering our understanding of dermatologic emergencies and refining management protocols.

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