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QUICK REFERENCE FORMULARY

(Topical corticosteroids are listed on the inside back cover)

ACNE MEDICATIONS: Retinoids			
Product	Base	Concentration	Packaging
Retin-A (Tretinoin)	Cream Gel	0.025%, 0.05%, 0.1% 0.01%, 0.025%	20, 45 gm 15, 45 gm
Retin-A Micro (Tretinoin)	Gel	0.1%, 0.04%	20, 45, 50 gm pump
Tazorac (Tazarotene)	Gel Cream	0.1%, 0.05% 0.1%, 0.5%	30, 100 gm 30, 60 gm
Differin (Adapalene)	Gel Cream	0.1%, 0.3% 0.1%	45 gm 45 gm
Epiduo	Gel	0.1% adapalene + 2.5% benzoyl peroxide	45 gm

ACNE MEDICATIONS: Topical Antibiotics		
Product	Antibiotics	Packaging
Aczone	5% dapsone	30, 60 gm gel
Benzaclin	1% clindamycin 5% benzoyl peroxide	25 gm, 50 gm gel, pump
Benzamycin	3% erythromycin 5% benzoyl peroxide	23.3, 46.6 gm gel
Cleocin T	1% clindamycin	30, 60 ml liquid, 30, 60 gm gel, 60 ml lotion
Duac gel	1% clindamycin 5% benzoyl peroxide	45 gm gel
Klaron 10%	10% sodium sulfacetamide	4 oz bottle
Clenia	5% sulfur, 10% sodium sulfacetamide	1 oz emollient cream
Sulfacet-R lotion	5% sulfur, 10% sodium sulfacetamide	25 ml, larger in generic
AVAR cleanser	5% sulfur, 10% sodium sulfacetamide	8 oz pump

ACNE MEDICATIONS: Oral Antibioti	ics	
Generic	Preparation	Adult dosage (mg unless noted)
Doxycycline	50, 75, 100, 150 mg	Every day, twice/day
Minocycline	50, 75, 100 mg	Every day, twice/day
Minocycline extended release tablets (Solodyn)	45 mg (90-131 lb), 90 mg (132-199 lb), 135 mg (200-300 lb)	1 tablet every day (1 mg/kg/day)

ANTINEOPLASTIC	C AGENTS: Topical	
	Product	Packaging
Aldara	5% imiquimod	Box of 12 or 24 packets
Carac	0.5% fluorouracil	30 gm tube
Fluoroplex	1% fluorouracil	30 ml solution, 30 gm cream
Efudex	2% or 5% fluorouracil 5% fluorouracil	10 ml liquid 25 gm cream

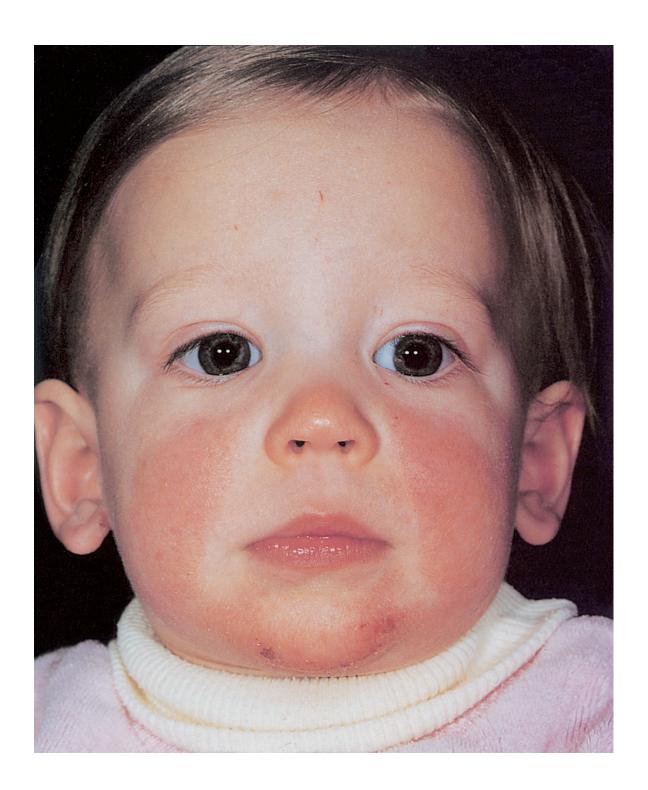
ANTIPRURITIC CREAMS AND LOT	IONS	
Product	Active ingredient	Packaging
Eucerin itch relief	Menthol 0.15%	6.8 oz spray
Neutrogena anti-itch moisturizer	Camphor 0.1%, dimethicone 0.1%	10.1 oz
PrameGel	1% pramoxine, 0.5% menthol	
Sarna original	0.5% each of camphor, menthol	7.5 oz bottle
Sarna sensitive anti-itch lotion	Pramoxine HCL	7.5 oz
Sarna Ultra anti-itch cream	Menthol 0.5% and pramoxine	2 oz
Zonalon	5% doxepin	45 gm

ATOPIC DERMATITIS: Nonster	oidal Barrier Creams
Atopiclair	100 gm
Eletone	100 gm
Epiceram	90 gm
Mimyx	140 gm

PSORIASIS: Topical Vitamin I	D₃ Analogs	
Brand name	Active ingredient	Packaging
Dovonex cream	Calcipotriene	30, 60, 100 gm tubes
Vectical ointment	Calcitriol	100 gm tube
Taclonex ointment, scalp	Calcipotriene + betamethasone	60 gm, 60 ml

ROSACEA: Topical Medications		
Brand name	Generic name	Packaging
Avar	5% Sulfur, 10% sodium sulfacetamide	45 gm aqueous gel
Avar Green	5% Sulfur, 10% sodium sulfacetamide	45 gm aqueous gel with green color masks redness
Clenia	5% Sulfur, 10% sodium sulfacetamide	1 oz cream, 6 oz, 12 oz foaming wash
Finacea 15%	Azelaic acid	30 gm gel
Klaron 10%	10% sodium sulfacetamide	4 oz
Generic gel, cream, lotion 0.75%	Metronidazole	45 gm, 45 gm, 120 ml
Metrogel 1%	Metronidazole	45 gm
Noritate cream 1%	Metronidazole	30 gm tube
Sulfacet-R lotion	5% Sulfur, 10% sodium sulfacetamide	25 gm bottle

SKIN BLEACHES AND	DEPIGMENTING AGENTS	
Brand name	Active ingredient	Packaging
Generic	4% Hydroquinone	1 oz, 2 oz jar
TriLuma	4% Hydroquinone, 0.01% fluocinolone acetonide, 0.05% tretinoin	30 gm



CLINICAL FIFTH EDITION DERMATOLOGY

A COLOR GUIDE TO DIAGNOSIS AND THERAPY

Thomas P. Habif, MD

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Gwen Gilbert, Trese Gloriod, Patty Bassman Project Organization: Laura A. McCann

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Production Assistant: Natalie Jackson
Indexer: Razorsharp Communications
Printer: C&C Offset Printing Company, Ltd.
Medical Photography: Alan N. Binnick, MD;
Thomas P. Habif, MD; Lawrence B. Meyerson, MD
Moral Support: Dorothy, David, and Tommy

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First published 2010 First edition published 1984 Second edition published 1990 Third edition published 1996 Fourth edition published 2004

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ISBN: 978-0-7234-3541-9

British Library Cataloguing in Publication Data

Habif, Thomas P.
Clinical dermatology. - 5th ed.
1. Dermatology - Atlases 2. Skin - Diseases - Diagnosis - Atlases 3. Skin - Diseases - Treatment - Atlases
I. Title
616.5

Notice

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Printed in China

Last digit is the print number: 9 8 7 6 5 4 3 2 1

Preface

Clinical Dermatology is intended to be a practical resource for the clinician. Over 1500 illustrations are combined with disease descriptions and current and comprehensive therapeutic information. Bold headings are used to facilitate rapid access to information.

RAPID ACCESS TO THE TEXT

- **1.** Disorders Index: A list of diseases with page references is located inside the front cover. This is the best place to start if you know the diagnosis.
- 2. Chapter 1—Regional Differential Diagnosis Atlas: New to the fifth edition, this very large section with page references will help you to narrow the differential diagnosis.
- **3.** A list of topical corticosteroids can be found on the inside back cover.
- **4.** The complete *Dermatologic Formulary*, previously in the book, can now be found online (using your login details), and we are able to offer updates. However, a Quick Reference Formulary to the most commonly used drugs is on pp. ii-iii.

PMID numbers (PubMed identification numbers)

References are no longer placed at the end of the chapter. They have been replaced by PMID numbers (blue letters and numbers) and are embedded in the text. Go to PubMed's home page. Be sure the search box is empty. There should be no limits set on the left-hand limits tab. Type in just the number in the search line and click on Go. You will be taken to the paper and abstract. Classic references and PMID numbers are found in tables and boxes.

Web-based text

The book with extra images and a mannequin-based aid to diagnosis are provided.

Web-based formulary



New therapeutic agents often become available. Therefore, the Dermatologic Formulary has been moved online. The

formulary may be printed and kept as a separate document. The formulary will be updated regularly.

Text organization and content

The classic method of organizing skin diseases is used. Common diseases are covered in depth. Illustrations of classic examples of these disorders and photographs of variations seen at different stages are included. Theoretical information, disease mechanisms, and rare diseases are found in comprehensive textbooks.

HOW TO USE THIS BOOK

Students in the classroom

Students should learn the primary and secondary lesions and look at every page in the Regional Differential Diagnosis Atlas at the end of Chapter 1. Select a few familiar diseases from each list and read about them. Obtain an overview of the text. Turn the pages, look at the pictures, and read the captions.

Students in the clinic

You see skin abnormalities every day in the clinic. Try to identify these diseases, or ask for assistance. Study all diseases, especially tumors, with a magnifying glass or an ocular lens. Read about what you see and you will rapidly gain a broad fund of knowledge.

Study Chapters 20 (Benign Skin Tumors), 21 (Premalignant and Malignant Nonmelanoma Skin Tumors), and 22 (Nevi and Malignant Melanoma). Skin growths are common, and it is important to recognize their features.

House officers are responsible for patient management. Read Chapter 2 carefully, and study all aspects of the use of topical steroids. These agents are used to treat a variety of skin conditions. It is tempting to use these agents as a therapeutic trial and ask for a consultation only if therapy fails. Topical steroids mask some diseases, make some diseases worse, and create other diseases. Do not develop bad habits; if you do not know what a disease is, do not treat it.

The diagnosis of skin disease is deceptively easy. Do not make hasty diagnoses. Take a history, study primary lesions and the distribution, and be deliberate and methodical. Ask for help. With time and experience you will feel comfortable managing many common skin diseases.

The non-dermatologist provider

Most skin diseases are treated by non-dermatologist providers. This includes primary care physicians, nurse practitioners and physician assistants. Clinicians involved in direct patient care should read the above guidelines for using this book. Look at the Regional Differential Diagnosis Atlas in Chapter 1 as a general guide. Learn a few topical steroids in each potency group. There are a great number of agents in the Dermatologic Formulary. Many in each table contain similar ingredients and have the same therapeutic effect. Develop an armamentarium of agents and gain experience in their use.

Inflammatory conditions are often confusing, and sometimes biopsies are of limited value in their diagnosis. Eczema is common, read Chapters 2 and 3. Acne is seen everyday, read Chapter 7. Managing acne effectively will provide a great service to many young patients who are very uncomfortable with their appearance. The clinical diagnosis of pigmented lesions is complicated. Look at Chapters 20, 21, and 23. Don't be afraid to ask for help. A dermatologist can often make a diagnosis without the need for a biopsy.

The dermatologist

Use the Disorders Index on the inside front cover to rapidly access the text. Many dermatologists use the pictures as an aid to reassure patients. Examine the patient, make a diagnosis, and then show them an illustration of their disease. Many patients see the similarity and are reassured.

This book is designed to be a practical resource. All of the most current descriptive and therapeutic information that is practical and relevant has been included. All topics are researched on Medline. Details about basic science and complex mechanisms of disease can be found elsewhere. Rare diseases are found in larger textbooks.

IMAGES

The photographs were taken with film and digital cameras. The images for this text come from three main sources. Alan N. Binnick, MD, Adjunct Assistant Professor of Medicine (Dermatology), Dartmouth Medical School, and Lawrence B. Meyerson, Clinical Associate Professor of Dermatology at the University of Texas Southwestern Medical School provided very large collections of images taken with transparency film. I provided film and digital images. Transparency film images are in many ways superior to digital images. Each contributor has over 30 years experience as a dermatologist and a medical photographer. A combination of these three collections with over 23,000 images can be found at www.dermnet.com.

PRODUCTION

Manufacturing an illustrated book is a complicated process. The large number of people involved in this effort is listed on the title page. As my first editor said 25 years ago, "If people ever realized what was involved in making a book, they would not believe that it could ever get done."

The layout and design of each page in this book is done the "old fashioned way," by cutting and pasting images and strips of text by the layout artist. Page layout design is a science and an art. Jeanne Genz has done the page layout for all five editions of this book. This older, slower, noncomputerized technique performed by an expert produces pages that are balanced and of maximum clarity. The final "pasted" book is then converted to a digital file and then converted to a pdf file that is sent to the printer who must balance color through a calibration process. The book is printed in China on high-grade glossy paper on a sheet-fed press. Glossy paper retains ink at the surface to enhance definition. Sheet-fed presses print slowly and allow ink to be laid down precisely so that exceptional sharpness and color balance are achieved.

> Thomas P. Habif 2009

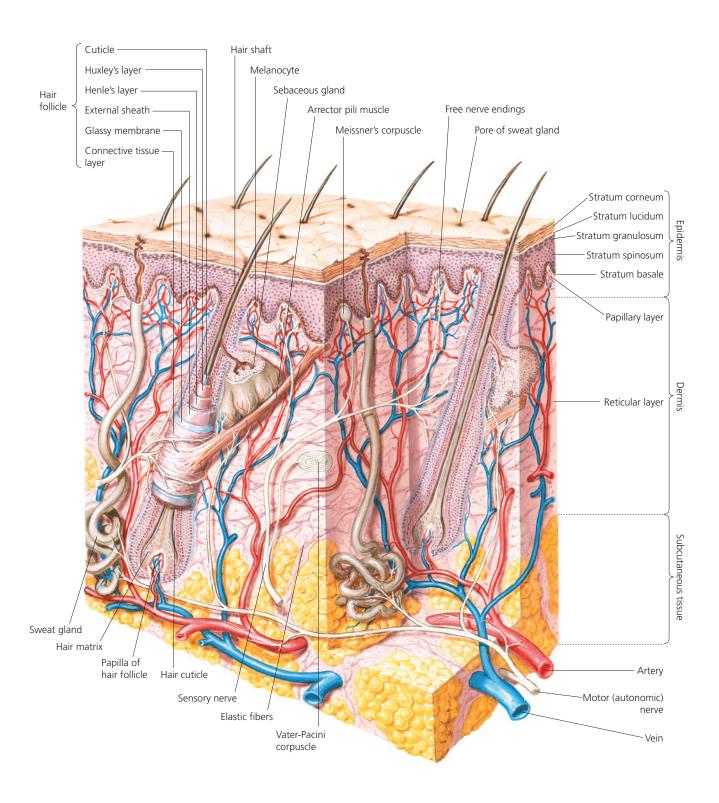
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SKIN ANATOMY



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