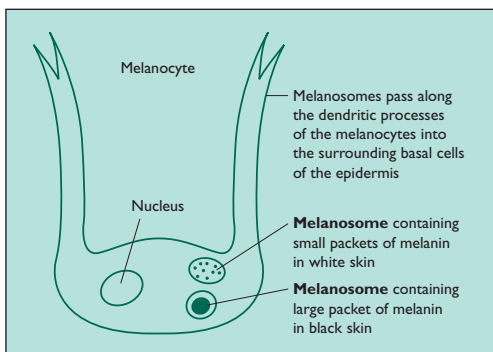


Handy tips towards diagnosing skin conditions in black skin

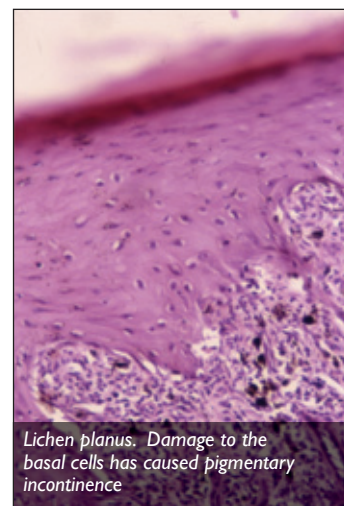
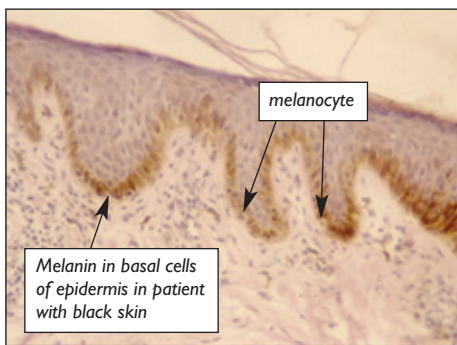


Factors affecting the natural colour of the skin

The only difference between black and white skin is the amount of melanin in the epidermis. The number of melanocytes (the cells that make melanin) is the same whatever the colour of the skin. What is different is the amount of melanin produced within the melanosomes and then transferred to the surrounding basal cells.

Change in pigment due to disease

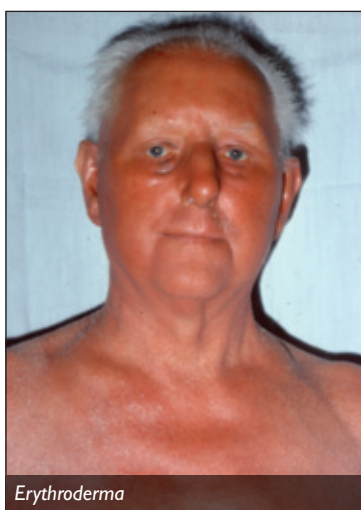
1. When inflammatory conditions of the epidermis damage the cells in the basal layer, pigment falls into the dermis (pigmentary incontinence). This can cause either hypo- or hyperpigmentation.



2. Loss of pigment is very obvious on black and Asian skin and can have a significant psychosocial impact.

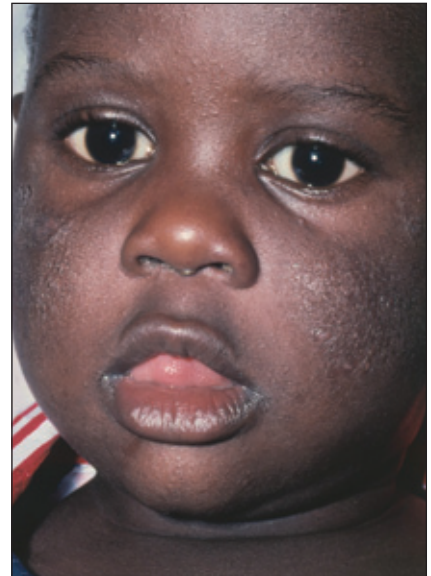


3. Erythema is very difficult to see in black skin. Instead of looking red as it does in white skin, it shows as a darker shade of brown. Look for different shades of brown rather than different shades of red.

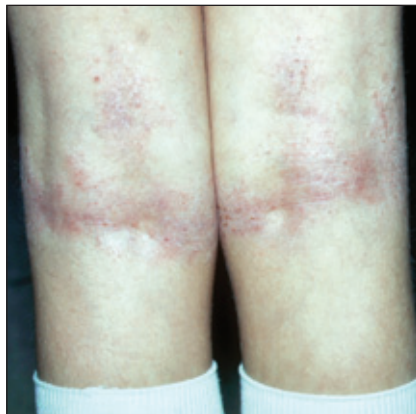


Eczemas

1. **Atopic eczema** is the type of eczema that runs in families and is associated with asthma and hayfever. The eczema commonly begins in infancy (after 3 months of age) on the face and scalp, although it can begin at any time of life. The skin is characteristically dry and itchy and the patches of eczema look pink in white skin. In black skin the patches are hyperpigmented. The pattern of the rash is identical.



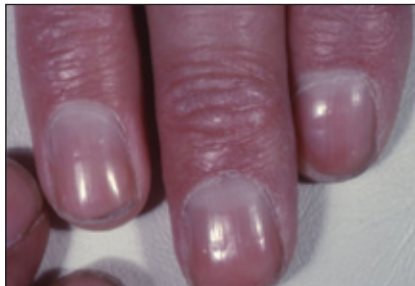
As the child gets older the rash may localise in the flexures. In adults the eczema may start in the flexures.



The skin of atopic eczema patients is often colonised by *Staphylococcus aureus*, which can lead to a secondary impetiginisation with weeping and crusting. Scratching can make this worse.



Scratching with the nails can cause excoriations. Rubbing causes lichenification (thickening of the epidermis and increased skin lines) and the nails to become polished (shiny).



2. Allergic contact eczema causes eczema at the site of contact with an allergen, eg nickel in the stud of jeans or a belt buckle



or topical treatments applied to the face.



3. Liplicking/sucking Many children lick or suck their lips causing a well defined erythematous or hyperpigmented plaque around the mouth. It will extend as far as the tongue or lips can reach.



Psoriasis

1. Psoriasis characteristically causes symmetrical, well defined, red scaly plaques. Even in black skin the erythema is often visible. The scale comes off very easily on scratching.

2. It most commonly affects the elbows, knees, sacrum and scalp but can occur anywhere on the body. It also occurs at sites of trauma (Koebner phenomenon).



3. There may be only 1 or 2 plaques or they can be very extensive.



White skin



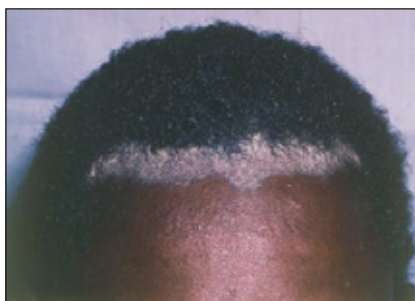
Asian skin



Black skin

4. When the flexures are involved you don't see any scaling, just well defined red plaques. In the scalp, the hair stops the scales from falling off, so you get thick scaly plaques which you can feel easier than you can see.

Psoriasis on the scalp often spreads onto the forehead giving a corona psoriatica. It has a very well defined edge just like psoriasis elsewhere, but the red colour is only seen in white skin.



5. Involvement of the nails causes pitting, salmon patches under the nail, onycholysis and subungual hyperkeratosis.

6. When > 90% of the body is involved it is called erythrodermic psoriasis. This can be a life threatening condition and requires urgent involvement of secondary care.