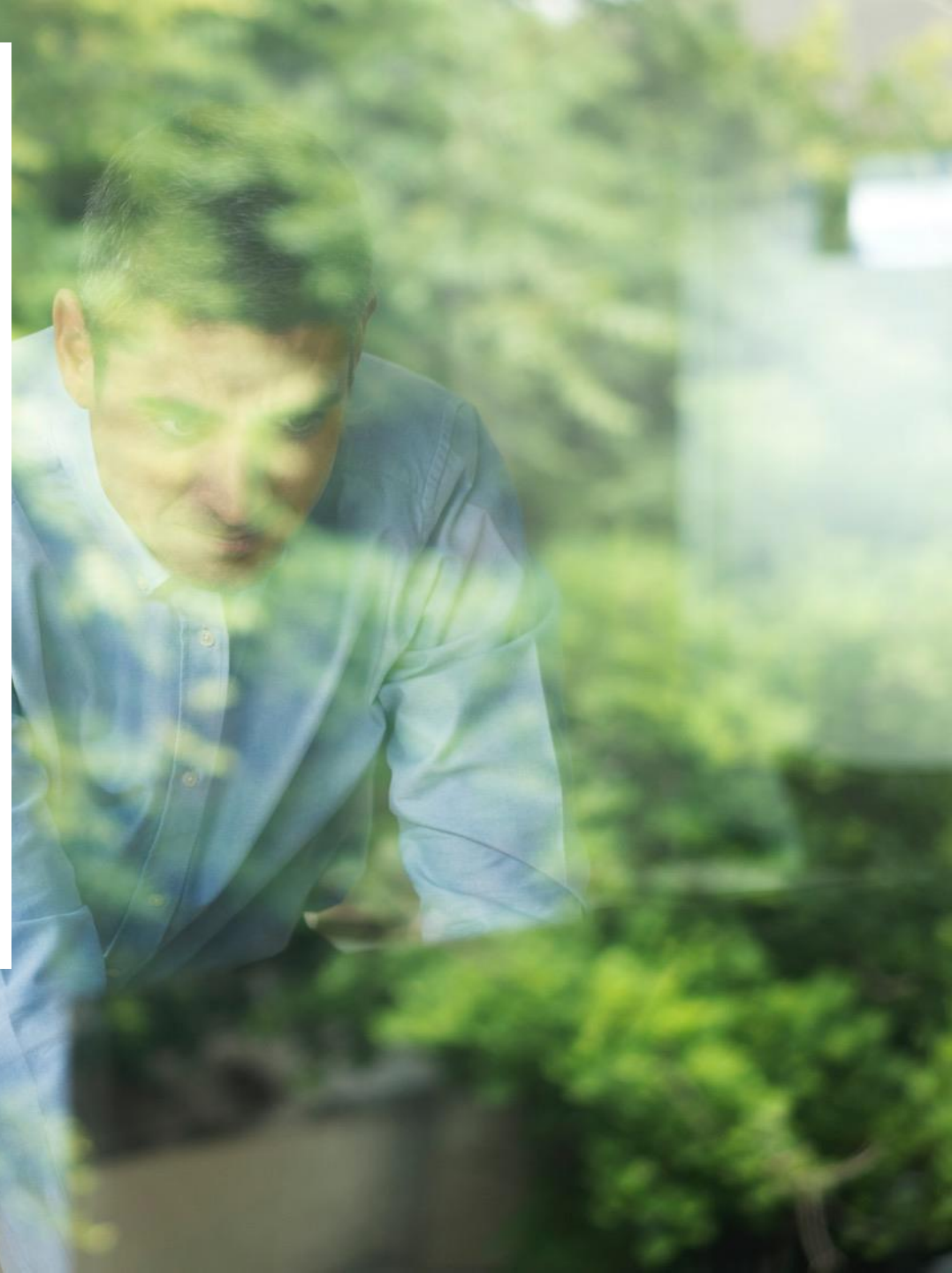


---

# VisualDX 臨床診斷決策工具

- 精準辨識，圖解真相

飛資得醫學資訊



# 資源介紹



# VisualDx 鑑別診斷工具

VisualDx 是一款基於網頁的臨床決策支援系統，經證實可提升診斷準確性、輔助治療決策，並增強患者安全性。

使用 VisualDx 可以：

- 獲取專科級醫學專業知識
- 識別疾病變異
- 辨識藥物不良反應
- 強化患者教育
- 促進資訊透明、快速且準確臨床決策

- VisualDx 提供簡單明瞭且經同行審查的內容，專為臨床現場設計。
- 所有醫學內容均由專科專家撰寫，並經醫學圖書館員與編輯審核，以確保資訊的準確性與時效性。
- 擁有超過 5,000 種疾病與 42,000 張醫學影像，打造最全面的疾病、症狀與醫學影像資料庫，展現疾病變異，提供具挑戰性案例的解決方案。

# 開啟VisualDx 首頁

VISUALDX

> Start Over

Visit VisualDx.com

Diagnosis List

ABOUT VISUALDX

Terms of Use

Image Contributors

GET IN TOUCH

Share a Story

Send Feedback

HELP

Video Tutorials

FAQs

Contact Support

Version: release-26.1850.1733927338 (build 96c22e8c5)

visualDx.

visualDx.

Clinical Tools

1

Diagnosis Lookup

2

Build a Differential


My VisualDx

Recent Activity

Saved Items

What's the Diagnosis?

What's the Diagnosis?



A. Atrophoderma

B. Cherry hemangioma

C. Kaposi's sarcoma

D. Nodular regenerative hyperplasia

What's the Diagnosis?

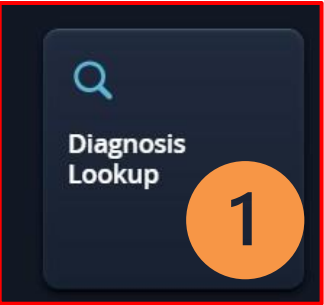
A 35-year-old pregnant woman, in her second trimester, visited her doctor for multiple growths that developed on her leg 4 months prior. She appeared well and the lesions were asymptomatic.

Read more

visualDx

# 1. 診斷查詢 Diagnosis Lookup

在現有的診斷資料庫中查找特定疾病資訊。



visualDx / Search Diagnoses

Enter Diagnosis

# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

AA amyloidosis - Adult

Abdominal aortic aneurysm - Adult

Aberrant carotid artery - Adult

Abrin poisoning - Adult

Abscess of the newborn - Infant/Neonate

ACAD9 deficiency - Adult

Acalculous cholecystitis - Adult

Acanthamoeba keratitis - External and Internal Eye

Acanthosis nigricans - Adult

Acanthosis nigricans - Child

Accessory breast tissue - Adult

Accessory tragus - Adult

Accidental implantation vaccinia - Adult

ACEP Clinical Policy: Acute Blunt Abdominal Trauma - Adult

ACEP Clinical Policy: Acute Heart Failure Syndromes - Adult

ACEP Clinical Policy: Acute Venous Thromboembolic Disease - Adult

ACEP Clinical Policy: Appendicitis - Adult

ACEP Clinical Policy: Asymptomatic Elevated Blood Pressure - Adult

ACEP Clinical Policy: Carbon Monoxide Poisoning - Adult

ACEP Clinical Policy: Community-Acquired Pneumonia - Adult

ACEP Clinical Policy: Early Pregnancy - Adult

ACEP Clinical Policy: Fever - Infants and Children Younger than 2 Years - Infant/Neonate

ACEP Clinical Policy: Headache - Adult

ACEP Clinical Policy: Intravenous tPA for Acute Ischemic Stroke - Adult

atopic

Search Texts for atopic

**atopic dermatitis**

Look For | Differential Diagnosis & Pitfalls | Best Tests | Therapy | Patient Handout

**atopic eruption of pregnancy**

Look For | Differential Diagnosis & Pitfalls | Best Tests | Therapy

**allergic conjunctivitis (atopic conjunctivitis)**

Look For | Differential Diagnosis & Pitfalls | Best Tests | Therapy | Patient Handout

**allergic rhinitis (atopic rhinitis)**

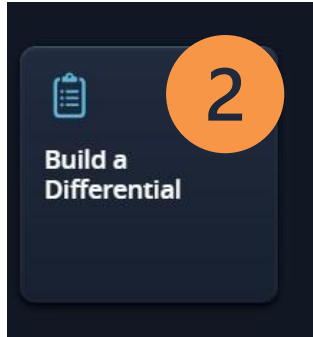
Look For | Differential Diagnosis & Pitfalls | Best Tests | Therapy | Patient Handout

**juvenile plantar dermatosis (atopic winter feet)**

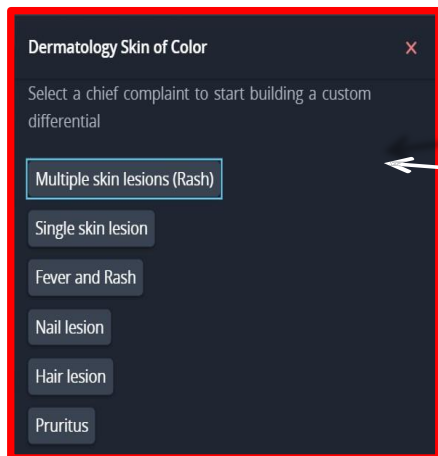
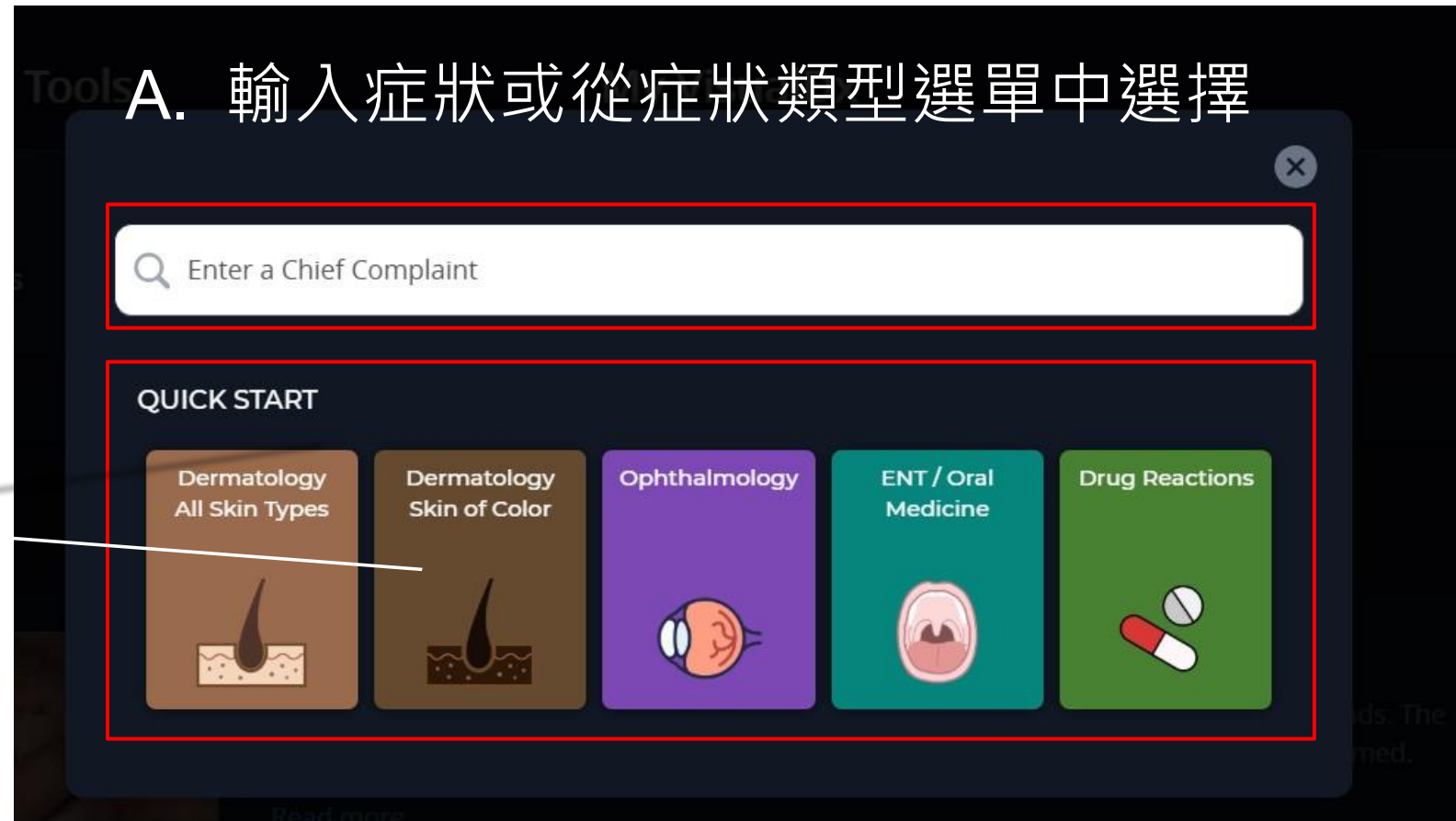
Look For | Differential Diagnosis & Pitfalls | Best Tests | Therapy | Patient Handout

## 2. 建立鑑別診斷 Build Differential

以逐步的方式，輸入症狀、病史或臨床特徵，系統將提供鑑別診斷結果。



### A. 輸入症狀或從症狀類型選單中選擇





# B. 患者症狀篩選畫面

Workup for Fever

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

Appearance of patient

Onset of findings

Symptoms

Relevant medical history

Risk factors

Physical exam

Skin findings

Laboratory

Negative findings

Travel history

Additional Findings

General ▶

HEENT ▶

Cardiovascular ▶

Respiratory ▶

Digestive/abdominal ▶

Genitourinary ▶

Musculoskeletal ▶

Neurologic ▶

☐ Dysphagia ⓘ

☐ Hearing loss

☐ Hoarseness ⓘ

☐ Mouth pain

☐ Nasal congestion

☐ No sore throat

☐ Ocular pain

☐ Otalgia ⓘ

☐ Rhinorrhea ⓘ

☐ Sore throat

☐ Tinnitus ⓘ

PATIENT AGE

50-59 year old ▼

ASSIGNED SEX AT BIRTH ⓘ

Female ▼

FINDINGS

☒ Fever ×

☐ Patient appears ill ×

☐ Developed acutely ×

Toggle the ● to make the finding required ⓘ



# 實例：依序輸入患者的主訴，以及患者的病史與臨床徵狀

## 1. 患者主訴

- 1) Fever 發燒
- 2) Short of Breath 呼吸急促
- 3) Fast Heart Rate 心跳加快
- 4) Chest Pain 胸痛
- 5) 我們可以詢問那些問題？

## 2. 臨床所見

- 1) 病史：患者正在戒菸
- 2) 臨床徵狀：患者因手臂和腿部疼痛而必須坐下

The screenshot shows a medical workup interface titled "Workup for Fever". It features a sidebar on the left with categories like "Appearance of patient", "Onset of findings", "Symptoms", "Relevant medical history", "Risk factors", "Physical exam", "Skin findings", "Laboratory", "Negative findings", "Travel history", and "Additional Findings". The main area contains a list of symptoms and signs, including "General", "HEENT", "Cardiovascular", "Respiratory", "Digestive/abdominal", "Genitourinary", "Musculoskeletal", and "Neurologic". A green circle with the number "1" is placed over the "Digestive/abdominal" category. Another green circle with the number "2" is placed over the "Additional Findings" input field. On the right side, there are fields for "PATIENT AGE" (50-59 year old) and "ASSIGNED SEX AT BIRTH" (Female). Below these, there is a "FINDINGS" section with a list of findings: "Fever", "Patient appears ill", "Developed acutely", "Dyspnea", "Heart palpitations", and "Chest pain". A toggle switch at the bottom right allows users to make findings "required".



# 1. 患者主訴：依照患者主訴和身體狀態顯示可能的鑑別診斷結果

## Search Results

Fever, Patient appears ill, Developed acutely , Dyspnea, Heart palpitations, Chest pain, 50-59 year old Female

23 CONSIDER 1<sup>st</sup>

37 UNCOMMON

23 EMERGENCIES

32 INFECTIOUS

27 DRUG INDUCED

60 VIEW ALL

All Skin TypesSkin of Color

Edit Findings

DEFAULT VIEW

☐ Hypertensive emergency ▲

Renal

Flank pain  
Edema  
Oliguria

↑ Markedly elevated BP

Copyright © 2022 VisualDx®

5

☐ Pulmonary embolism ▲

RR ↑

Cough  
Hemoptysis  
Dyspnea

Syncopal

Pleuritic chest pain  
Tachycardia

Limb pain  
Unilateral leg swelling

Copyright © 2019 VisualDx®

19

☐ Multisystem inflammatory syndro...

Fever > 24 hrs

Mucositis

Chest pain  
Palpitations

Nausea/vomiting  
Diarrhea

Diffuse rash

Copyright © 2020 VisualDx®

1

☐ COVID-19

Severe Disease

Fever may be absent

Cough  
Hypoxia  
Tachypnea  
Severe dyspnea  
Extreme fatigue

Copyright © 2017 VisualDx®

48

☐ Legionellosis ▲

Fever

Cough  
Nausea  
Dyspnea

Headache  
Generalized weakness  
Myalgia  
Pleuritic chest pain  
Abdominal pain  
Diarrhea

Copyright © 2017 VisualDx®

14

## 2. 臨床所見 ( Additional Finding )

在更多條件中輸入電子菸

electronic

Tobacco use › Use of electronic cigarette

Production › Electrical equipment worker (Electronic equipment worker)

⚠ EVALI

Copyright © 2019 VisualDx®

Non-productive cough  
Dyspnea  
Fever  
Chills  
Chest pain  
Abdominal pain  
Nausea  
Vomiting  
Diarrhea


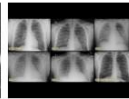
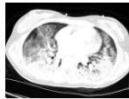
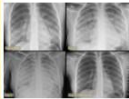
⚠ ESR ↑  
☑ Electronic nicotine delivery system use

7

Copyright © 2019 VisualDx®

Non-productive cough  
Dyspnea  
Fever  
Chills  
Chest pain  
Abdominal pain  
Nausea  
Vomiting  
Diarrhea

⚠ ESR ↑ ☑ Electronic nicotine delivery system use



☐ EVALI [↗](#)

⚠ POTENTIALLY LIFE-THREATENING EMERGENCY

E-cigarette or vaping product use-associated lung injury (EVALI) is the name given by the Centers for Disease Control and Prevention to the vaping-related condition that has sickened people nationwide. The condition has a wide range of clinical symptoms that mimic many acute pulmonary diseases, with 95% of patients reporting more of the following: cough, shortness of breath, chest pain, dyspnea, or tachypnea. Gastrointestinal symptoms are reported in 77% of patients, including abdominal pain, nausea, or vomiting, and up to 85% of patients report fatigue, fevers, chills, weight loss, or malaise. Many reported THC use in e-cigarette devices, and a number of vaping products and devices were reported. [More](#)

[See Full Article](#)

Other Resources:

[UpToDate](#) [↗](#) [PubMed](#) [↗](#)

Matches 6 of 7 findings: [Edit findings](#)

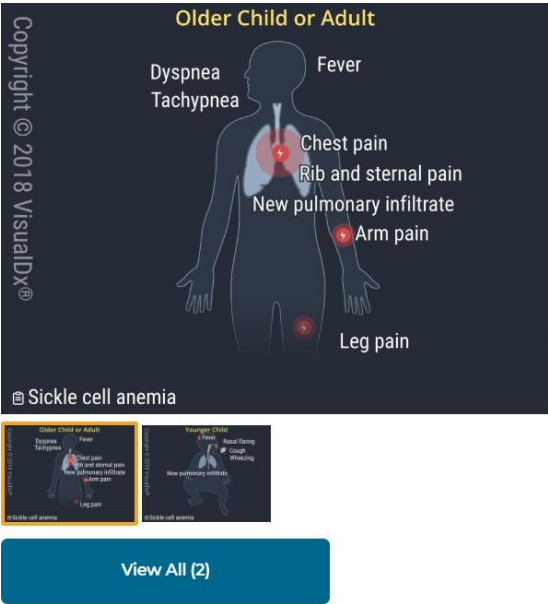
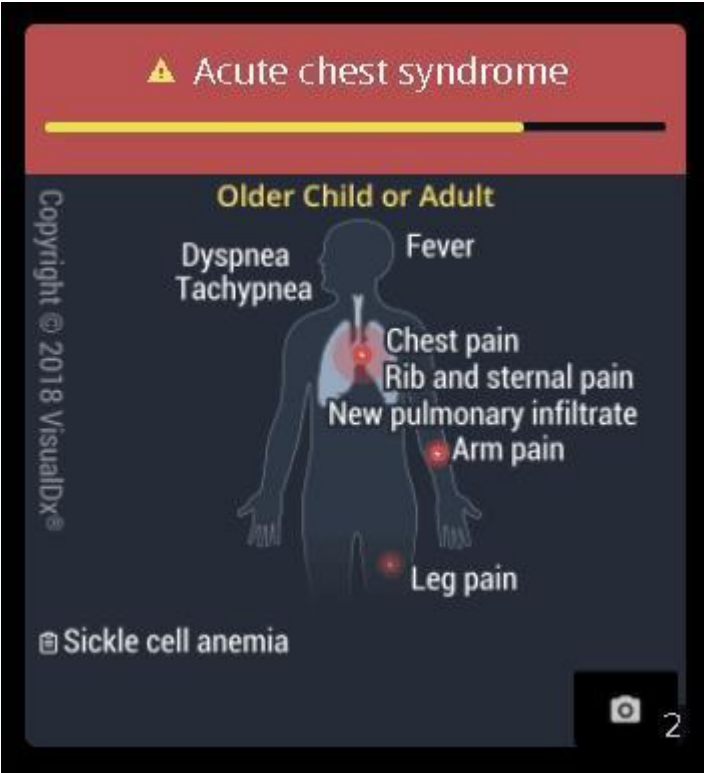
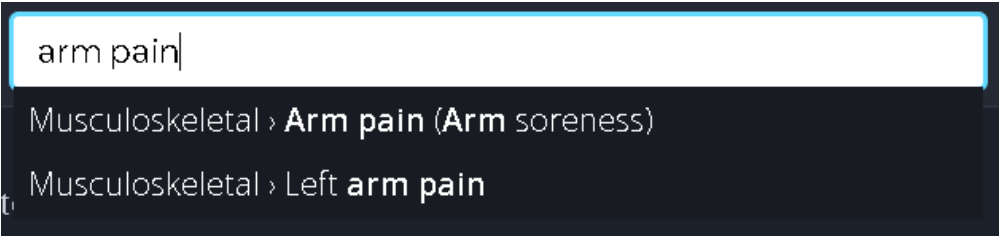
Fever ☒ Patient appears ill ☒ Developed acutely (days to weeks) ☒ Dyspnea ☒ Heart-palpitations ☐

Matches 5 of 7 findings

- Fever
- Patient appears ill
- Developed acutely (days to weeks)
- Dyspnea
- Heart-palpitations
- Chest pain
- Use of electronic cigarette

## 2. 臨床所見 ( Additional Finding )

在更多條件中輸入手臂和腿部疼痛



☐ Acute chest syndrome [🔗](#)

▲ POTENTIALLY LIFE-THREATENING EMERGENCY

A potentially life-threatening complication of sickle cell disease characterized by lung infiltrates, fever, and respiratory symptoms. Management in children and adults is similar, although the disease is often more severe in adults and associated with bone marrow and fat emboli. It can be triggered by an underlying infection or vaso-occlusive crisis, although in the majority of cases, an identifiable trigger is not determined. Sickle cell disease is the primary risk factor. Within this population, additional risk factors include young age, low fetal hemoglobin, leukocytosis, certain genotypes, asthma, tobacco exposure, recent surgery, or 3 or more severe vaso-occlusive crises in the past year. Management requires hospitalization. [More](#)

[See Full Article](#)


Other Resources:

[UpToDate](#) [PubMed](#)

Matches 6 of 7 findings: [Edit findings](#)

- Fever ✓ Patient appears ill ✓ Developed acutely (days to weeks) ✓ Dyspnea ✓ Heart palpitations
- Chest pain ✓ Arm pain ✓

# VisualDX使用步驟1：輸入症狀或診斷，系統會依此提供適合的條件供篩選



Build a Differential

Search Texts for "hyperpig"

Build a differential diagnosis

hyperpigmented patch

hyperpigmented macule

gingival-alveolar hyperpigmentation

Diagnoses

post-inflammatory hyperpigmentation

Workup for Hyperpigmented patch

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

Skin lesion type

Number of skin lesions

Distribution of skin findings

Location of skin finding

Symptoms/signs

Onset of findings

Appearance of patient

Medical history

Negative findings

Additional Findings

Scalp

Face

Neck

Arm

Hands

Trunk

Anogenital

Leg - skin of

Foot or toes

☐ Scalp

☐ Frontal scalp

☒ Occipital scalp

☐ Parietal scalp

☐ Post auricular scalp

☐ Temporal scalp

☐ Vertex scalp

PATIENT AGE

30-39 year old

ASSIGNED SEX AT BIRTH

Female

FINDINGS

Hyperpigmented patch

Occipital scalp

Toggle the ● to make the finding required



# VisualDX使用步驟2：依左邊選單項目依序進行徵狀篩選

2

Workup for Hyperpigmented patch

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

Skin lesion type

Number of skin lesions

Distribution of skin findings

Symptoms/signs

Onset of findings

Appearance of patient

Medical history

Negative findings

Additional Findings

Distribution

Body Location

Scattered Few

Scattered Many

Widespread

Intertriginous

Symmetric Extremities

Photodistributed

Acral

Lymphangitic

Dermatomal

Choose Body Locations

PATIENT AGE

30-39 year old

ASSIGNED SEX AT BIRTH

Female

FINDINGS

Hyperpigmented patch

Widespread

Toggle the  to make the finding required

# VisualDX使用步驟2：可就膚色進行篩選

visualDx / Patient Findings

Workup for Hyperpigmented patch

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

Skin lesion type

Number of skin lesions

Distribution of skin findings

Symptoms/signs

Onset of findings

Appearance of patient

Medical history

Negative findings

Additional Findings

Light Skin

Dark Skin

Smooth Papule / Plaque

Scaly Papule / Plaque

Eschar

Erythema / Erythroderma

Purpura / Petechiae

Flat / Macula

Vesicular / Pustular

Erosion / Ulcer / Atrophy

Gangrene

PATIENT AGE

30-39 year old

ASSIGNED SEX AT BIRTH ?

Female

FINDINGS

Hyperpigmented patch

Widespread

Refine Lesion type

0.5cm

Erythema / Erythroderma

0.5cm

Blanching Macule

0.5cm

Blanching Patch

0.5cm

Erythroderma

0.5cm

Telangiectasia



# VisualDX使用步驟2：可以排除臨床上沒有發現的徵狀

visualDx / Patient Findings

Return to Ovid | Sign Out of Ovid

Workup for Hyperpigmented patch

View this Differential

Enter additional findings and/or use the workup questions below

Additional Findings

Skin lesion type

Number of skin lesions

Distribution of skin findings

Symptoms/signs

Onset of findings

Appearance of patient

Medical history

Negative findings

Additional Findings

☐ No neurologic findings

☐ No HEENT findings

☐ No respiratory findings

☐ No cardiovascular findings

☐ No gastrointestinal findings

☐ No musculoskeletal findings

☐ No dysmorphic/malformation features

☐ No medication use (prescription or OTC)

PATIENT AGE

30-39 year old

ASSIGNED SEX AT BIRTH

Female

FINDINGS

Hyperpigmented patch

Widespread distribution

Smooth papule/plaque

Rash or multiple lesions

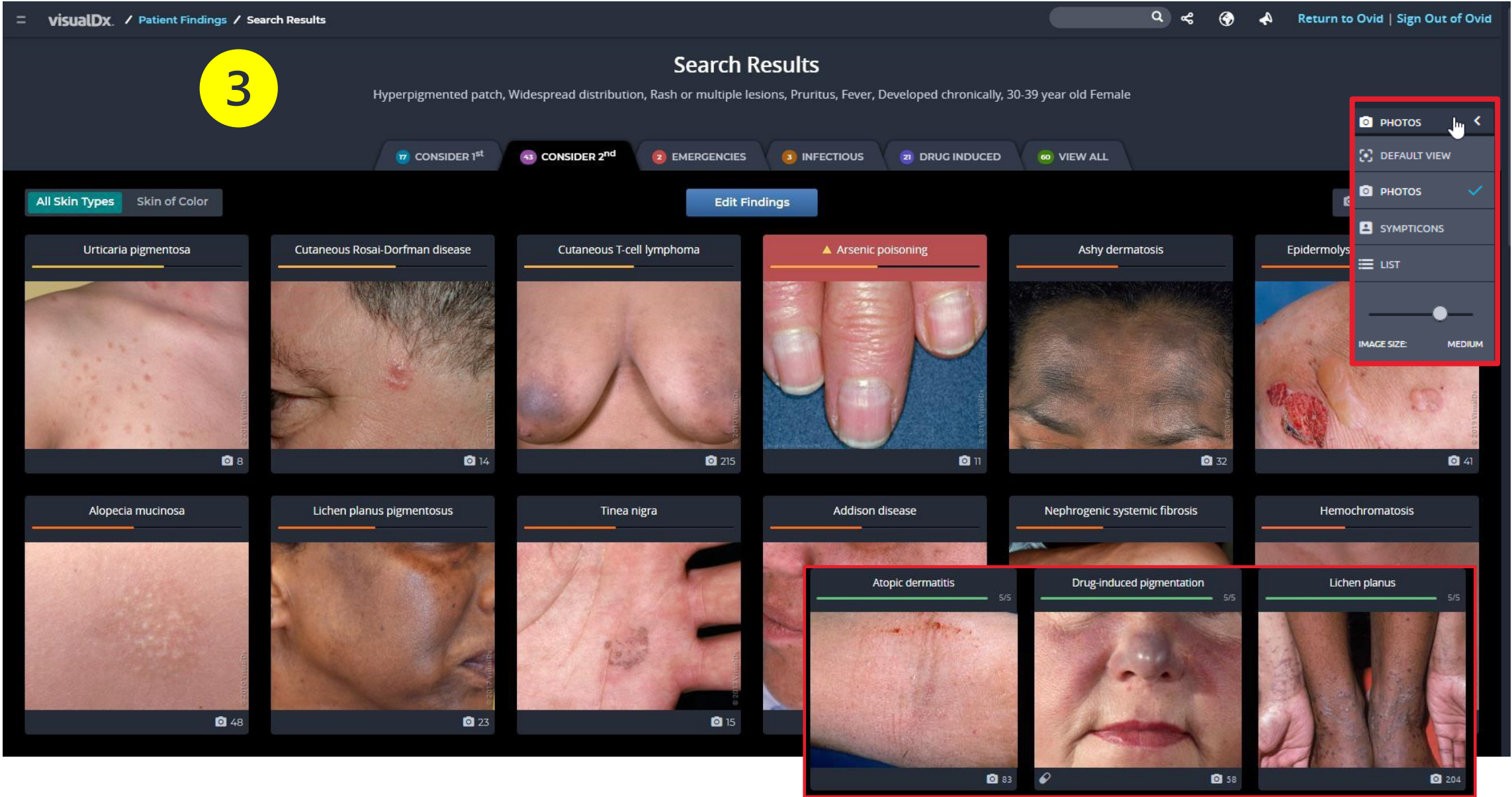
Fever

Developed chronically (months to years)

Pruritus

Toggle the to make the finding required

# VisualDX使用步驟3：顯示可能結果，可選擇圖示顯示方式



# VisualDX使用步驟4：瀏覽結果，若有年齡差異，會顯示不同年齡層結果

visualDX / Atopic dermatitis

Contents

Synopsis

Codes

Look For

Diagnostic Pearls

Differential Diagnosis & Pitfalls

Best Tests

Management Pearls

Therapy

References

Information for Patients

View all Images (115)

Other Resources

UpToDate

PubMed

Atopic dermatitis in Adult

See also in: Cellulitis DDx, External and Internal Eye

Print Patient Handout Save Diagnosis Images (115)

Contributors: Azeen Sadeghian MD, Ryan Fan BA, Jeffrey M. Cohen MD, Susan Burgin MD

Synopsis

Atopic dermatitis (eczema) is a chronic, relapsing, pruritic condition that is often associated with allergic rhinitis and/or asthma. Infants and children are most often affected, with 85% of cases appearing in the first year of life and 95% of cases appearing by 5 years. Uncommonly, the condition may persist into, or even arise in, adulthood. Less than 1% of adults are affected by atopic dermatitis. With increased understanding of immunosenescence, atopic dermatitis is increasingly being recognized in the older adult population.

In infants, the disease involves primarily the face, scalp, torso, and extensor aspects of extremities. In children and adults, the disease usually involves chiefly the flexural aspects of extremities, but it may be more generalized. In adults, flexural skin may be clear and disease may be focal or widespread. Follicular patterns of atopic dermatitis (ie, follicular eczema) are more common in persons with darker skin colors.

Atopic dermatitis may be categorized as follows:

- Acute – erythema, vesicles, bullae, weeping, crusting
- Subacute – scaly plaques, papules, round erosions, crusts
- Chronic eczema – lichenification, scaling, hyper- and hypopigmentation

The cause of atopic dermatitis is unknown. Genetic and environmental predisposing factors exist. Multiple loci have been associated with atopic dermatitis. A family history of atopic dermatitis is common.

All Skin Ty

Atopic dermatitis in Infant/Neonate

See also in: Cellulitis DDx, External

Print Patient Handout Save Diagnosis Images (115)

Child Adult

Older Children and Adolescents

Hyperkeratosis of neck

Hyperpigmentation of neck

Erythema

Pruritus

Hyperlinear palms

Flexural distribution

Antecubital fossa

Popliteal fossa

Wrists

Ankles

Neck

Keratosis pilaris

Atopy

Extensor distribution

Face

Scalp

Arms

Legs

Atopy

Seborrheic dermatitis

Scaly, erythematous

Dry skin

Pruritus

Hyperkeratosis of neck

Hyperpigmentation of neck

Erythema

Pruritus

Hyperlinear palms

Flexural distribution

Antecubital fossa

Popliteal fossa

Wrists

Ankles

Neck

Keratosis pilaris

Atopy

Extensor distribution

Face

Scalp

Arms

Legs

Atopy

Seborrheic dermatitis



# VisualDX使用步驟5：依左邊選單瀏覽所需文字內容

visualDX. / Atopic dermatitis

5

[Contents](#)

- [Synopsis](#)
- [Codes](#)
- [Look For](#)
- [Diagnostic Pearls](#)
- [Differential Diagnosis & Pitfalls](#)
- [Best Tests](#)
- [Management Pearls](#)
- [Therapy](#)
- [References](#)

[Information for Patients](#)

[View all Images \(115\)](#)

[Other Resources](#)

- [UpToDate](#)
- [PubMed](#)

## Best Tests

A careful history, to include an appropriate temporal course and family history of atopy, coupled with the appropriate clinical appearance, are keys to diagnosis. Serum immunoglobulin E (IgE) level is elevated in 80% of patients, although in routine cases, IgE levels usually are not necessary.

Bacterial culture should be sent if lesions appear impetiginized. A Tzanck smear, viral culture, and/or viral polymerase chain reaction (PCR) should be performed if eczema herpeticum is considered.

Skin scrapings for scabies should be performed on any lesion that resembles a burrow.

In a few select cases, the following investigations may help rule out imitators:

- Skin biopsy
- Oral food challenges, radioallergosorbent test (RAST), or patch testing
- HIV test

## Management Pearls


Counsel patients on avoiding triggers. Factors that are known to exacerbate atopic dermatitis include stress, inappropriate bathing habits (eg, prolonged, hot showers), infection, irritants (eg, detergents), sweating, and environmental allergens.

Appropriate skin care is critical. Gentle nonsoap cleansers should be utilized. The liberal use of bland emollients is essential. These products should be free of fragrances and dyes.

Patients are prone to bacterial, fungal, or viral superinfections, which can further exacerbate dermatitis flares. Evidence of hemorrhagic crusts (scabs) may be indicative of staphylococcal colonization or viral superinfection.

Sleep disturbance and depression may be seen in this population and should be adequately assessed for.

There has been an association between atopic dermatitis and osteoporotic fractures, although the



# VisualDX使用步驟5：依左邊選單瀏覽所需文字內容

Synopsis	概要說明
Codes	疾病代碼
Look For	觀察重點 / 臨床特徵
Diagnostic Pearls	診斷要訣 / 診斷重點提示
Differential Diagnosis & Pitfalls	鑑別診斷與陷阱
Best Tests	最佳檢查項目
Management Pearls	處置要訣 / 治療重點提示
Therapy	治療方式
References	參考文獻
Information for Patients	病患衛教資訊

visualDx. / Atopic dermatitis

Contents

[Synopsis](#)

[Codes](#)

[Look For](#)

[Diagnostic Pearls](#)

[Differential Diagnosis & Pitfalls](#)

[Best Tests](#)

[Management Pearls](#)

[Therapy](#)

[References](#)

Information for Patients

View all Images (115)

Other Resources

[UpToDate](#)

[PubMed](#)

Best Tests

A careful history, to include an appropriate clinical appearance, are key. 80% of patients, although in routine cases.

Bacterial culture should be sent if lesions are pustular. Polymerase chain reaction (PCR) should be used if lesions are crusted.

Skin scrapings for scabies should be performed if lesions are pruritic.

In a few select cases, the following investigations may be helpful:

- Skin biopsy
- Oral food challenges, radioallergen sorbent tests
- HIV test



# VisualDX使用步驟6：右邊選單瀏覽收錄的所有臨床圖像

visualDX / Atopic dermatitis

Contents

Synopsis

Codes

Look For

Diagnostic Pearls

Differential Diagnosis & Pitfalls

Best Tests

Management Pearls

Therapy

References

Information for Patients

View all Images (115)

Other Resources

UpToDate

PubMed

Atopic dermatitis in Adult

See also in: Cellulitis DDx, External and Internal Eye

Print Patient Handout Save Diagnosis Images (115)

Contributors: Azeen Sadeghian MD, Ryan Fan BA, Jeffrey M. Cohen MD, Susan Burgin MD

Synopsis

Atopic dermatitis (eczema) is a chronic, relapsing, pruritic condition that is often associated with allergic rhinitis and/or asthma. Infants and children are most often affected, with 85% of cases appearing in the first year of life and 95% of cases appearing by 5 years. Uncommonly, the condition may persist into adulthood. Less than 1% of adults are affected by atopic dermatitis. With increasing understanding of immunosenescence, atopic dermatitis is increasingly being recognized in the adult population.

In infants, the disease involves primarily the face, scalp, torso, and extensor aspects of extremities. In children and adults, the disease usually involves chiefly the flexural aspects of extremities, but can be more generalized. In adults, flexural skin may be clear and disease may be focal or widespread. Patterns of atopic dermatitis (ie, follicular eczema) are more common in persons with darker skin.

Atopic dermatitis may be categorized as follows:

- Acute – erythema, vesicles, bullae, weeping, crusting
- Subacute – scaly plaques, papules, round erosions, crusts
- Chronic eczema – lichenification, scaling, hyper- and hypopigmentation

The cause of atopic dermatitis is unknown. Genetic and environmental predisposing factors exist. Environmental factors such as allergens and irritants have been associated with atopic dermatitis. A family history of atopic dermatitis is common.

All Skin Types Skin of Color View all Images (115)

6

Infants and Young Children

Alopecia

Pruritus

Dry skin

Vesicles

Erythematous scale

Lichenified plaques

Crusted plaques

Extensor distribution

Flexural distribution

Antecubital fossa

Popliteal fossa

Face

Neck

Extremities

Atopy

Seborrheic dermatitis

Older Children and Adolescents

Hyperkeratosis of neck

Hyperpigmentation of neck

Erythema

Pruritus

Hyperlinear palms

Flexural distribution

Antecubital fossa

Popliteal fossa


Wrist

Ankles

Neck

Keratosis pilaris

Atopy



Atopic dermatitis in Adult

See also in: Cellulitis DDx, External and Internal Eye

All Skin Types Skin of Color Filter Images Print Captions

Adult

Scaly, erythematous papules and plaques

Dry skin

Pruritus

Lichenified plaques

Excoriated skin lesions

Flexural distribution

Antecubital fossa

Popliteal fossa

Face

Neck

Extremities

Atopy

Infants and Young Children

Alopecia

Pruritus

Dry skin

Vesicles

Erythematous scale

Lichenified plaques

Crusted plaques

Extensor distribution

Flexural distribution

Antecubital fossa

Popliteal fossa

Face

Neck

Extremities

Atopy

Seborrheic dermatitis

Older Children and Adolescents

Hyperkeratosis of neck

Hyperpigmentation of neck

Erythema

Pruritus

Hyperlinear palms

Flexural distribution

Antecubital fossa

Popliteal fossa

Wrist

Ankles

Neck

Keratosis pilaris

Atopy





# VisualDX使用步驟7：連結外部資源

visualDX / Atopic dermatitis

Contents

Synopsis

Codes

Look For

Diagnostic Pearls

Differential Diagnosis & Pitfalls

Best Tests

Management Pearls

Therapy

References

Information for Patients

View all Images (115)

Other Resources

UpToDate

PubMed

7

Atopic dermatitis in Adult

See also in: Cellulitis DDx, External and Internal Eye

Print Patient Handout Save Diagnosis Images (115)

Contributors: Azeen Sadeghian MD, Ryan Fan BA, Jeffrey M. Cohen MD, Susan Burgin MD

Synopsis

Atopic dermatitis (eczema) is a chronic, relapsing, pruritic condition that is often associated with allergic rhinitis and/or asthma. Infants and children are most often affected, with 85% of cases appearing in the first year of life and 95% of cases appearing by 5 years. Uncommonly, the condition may persist into, or even arise in, adulthood. Less than 1% of adults are affected by atopic dermatitis. With increased understanding of immunosenescence, atopic dermatitis is increasingly being recognized in the older adult population.

In infants, the disease involves primarily the face, scalp, torso, and extensor aspects of extremities. In children and adults, the disease usually involves chiefly the flexural aspects of extremities, but it may be more generalized. In adults, flexural skin may be clear and disease may be focal or widespread. Follicular patterns of atopic dermatitis (ie, follicular eczema) are more common in persons with darker skin colors.

Atopic dermatitis may be categorized as follows:

- Acute – erythema, vesicles, bullae, weeping, crusting
- Subacute – scaly plaques, papules, round erosions, crusts
- Chronic eczema – lichenification, scaling, hyper- and hypopigmentation

The cause of atopic dermatitis is unknown. Genetic and environmental predisposing factors exist. Multiple loci have been associated with atopic dermatitis. A family history of atopic dermatitis is common.

All Skin Types Skin of Color View all Images (115)

Adult

Scaly, erythematous papules and plaques

Dry skin

Pruritus

Lichenified plaques

Excoriated skin lesions

Flexural distribution

Antecubital fossa

Popliteal fossa

Face

Neck

Extremities

Atopy

Infants and Young Children

Alopecia

Pruritus

Dry skin

Vesicles

Erythematous scale

Lichenified plaques

Crusted plaques

Extensor distribution

Face

Scalp

Arms

Legs

Atopy

Seborrheic dermatitis

Older Children and Adolescents

Hyperkeratosis of neck

Hyperpigmentation of neck

Erythema

Pruritus

Hyperlin

Flexural distrib

Popliteal fossa

Keratosis pilar

UpToDate

Atopic dermatitis

Why UpToDate? Product Editorial Subscription Options

All Adult Pediatric Patient Graphics

Showing results for Atopic dermatitis

Search instead: Eczema herpeticum, Acute palmoplantar eczema, Nummular dermatitis

Treatment of atopic dermatitis (eczema)

...= moderate, and 4 = severe) The joint-reported Scoring of Atopic Dermatitis (SCORAD; 0 to 103) The patient-reported Patient-Oriented Eczema Measure (POEM; 0 to 28) The Peak Pruritus Numerical Rating ...

Atopic dermatitis (eczema): Pathogenesis, clinical manifestations, and diagnosis

... Atopic dermatitis (AD) is a chronic, pruritic, inflammatory skin disease that commonly affects both children and adults. AD is often associated with an elevated serum level of immunoglobulin E (IgE) and ...

Overview of dermatitis (eczematous dermatoses)

...dermatitis . Atopic dermatitis (eczema) is a chronic, pruritic, inflammatory skin disease that occurs most frequently in children but also affects adults. The hallmarks of atopic dermatitis are dry skin ...

Management of severe, refractory atopic dermatitis (eczema) in children

...severity of AD, such as the Investigator Global Assessment (IGA), the Scoring of Atopic Dermatitis (SCORAD) index, and the Eczema Area and Severity Index (EASI) . Although such scales are useful for standardizing ...

# VisualDX使用步驟8：提供患者衛教資訊

visualDX / Atopic dermatitis

Contents

[Synopsis](#)  
[Codes](#)  
[Look For](#)  
[Diagnostic Pearls](#)  
[Differential Diagnosis & Pitfalls](#)  
[Best Tests](#)  
[Management Pearls](#)  
[Therapy](#)  
[References](#)

Information for Patients

[View all Images \(115\)](#)

Other Resources

[UpToDate](#)  
[PubMed](#)

Patient Information for Atopic dermatitis in Adult

Print

E-Mail

English

8

Images (115)

Contributors: Medical staff writer

Overview

Eczema (atopic dermatitis) is a common, chronic skin condition associated with dry skin that begins with itching or irritation that is further aggravated by scratching followed by a red, flaky rash. This condition often runs in families and frequently occurs with other allergic-related conditions such as asthma, hives (urticaria), food allergies, skin sensitivity, and hay fever (allergic rhinitis). Eczema commonly waxes and wanes in response to various environmental factors. Skin infections, excessive heat, winter (or cold, dry climates), fragrances, detergents / soaps, abrasive clothing (eg, scratchy wools), chemicals, smoke, and stress may trigger eczema to flare up or worsen. Scratching increases the chances of developing an infection because it increases breaks in the skin. While these environmental triggers may worsen eczema, they are not the cause of the skin condition.

The primary cause of eczema is an overactive immune system that results in skin inflammation, changes in the normal skin bacteria, and breaks (fissures) in the skin barrier that make individuals more susceptible to bacterial, viral, and fungal infections. The redness, scaling, and thickening of the skin in eczema is a direct result of the increased inflammation in these individuals.

Who's At Risk

Infants and children are most frequently affected by eczema, although this condition may present for the first time in adulthood. Approximately one-third of children with eczema may have disease that persists into their adult years, and their skin lesions in adulthood may be different than what they experienced in childhood. There is no cure for eczema, and it is not contagious.

All Skin Types

Skin of Color

View all Images (115)

Adult

Scaly, erythematous papules and plaques

Dry skin

Pruritus

Lichenified plaques

Excoriated skin lesions

Flexural distribution

Antecubital fossa

Popliteal fossa

Face

Neck

Extremities

Atopy

Infants and Young Children

Alopecia

Dry skin

Vesicles

Erythematous scale

Pruritus

Lichenified plaques

Crusted plaques

Extensor distribution

Face

Scalp

Arms

Legs

Atopy

Seborrheic dermatitis

Older Children and Adolescents

Hyperkeratosis of neck

Hyperpigmentation of neck

Erythema

Pruritus

Hyperlinear palms

Lichenified plaques

Dry skin

Flexural distribution

Antecubital fossa

Popliteal fossa

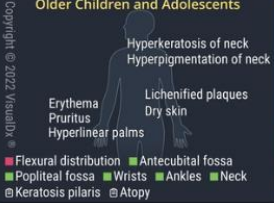
Wrists


Ankles


Neck


Keratosis pilaris


Atopy






















# VisualDX特色功能：Compare Diagnoses

visualDX / Atopic dermatitis

Contents

[Synopsis](#)  
[Codes](#)  
[Look For](#)  
[Diagnostic Pearls](#)  
[Differential Diagnosis & Pitfalls](#)  
[Best Tests](#)  
[Management Pearls](#)  
[Therapy](#)  
[References](#)

Information for Patients

[View all Images \(115\)](#)

Other Resources

[UpToDate](#)  
[PubMed](#)

Differential Diagnosis & Pitfalls

To perform a comparison, select diagnoses from the classic differential

☒ Allergic contact dermatitis

☒ Irritant contact dermatitis

☐ Nummular dermatitis

☐ Eczema craquelé

☐ Psoriasis

☐ Pityriasis rosea

☐ Seborrheic dermatitis

☐ Lichen simplex chronicus

☐ Ichthyosis vulgaris

☐ Tinea corporis

☐ Scabies

☐ Infectious eczematoid dermatitis

Rarer conditions:

☐ Glucagonoma syndrome

☐ Pellagra

☐ Mycosis fungoides (cutaneous T-cell lymphoma)

"eczema" that is not adequately responding to treatment

Atopic dermatitis

Allergic contact dermatitis

Irritant contact dermatitis

Compare Diagnoses:

Atopic dermatitis, Allergic contact dermatitis, Irritant contact dermatitis

Atopic dermatitis

Allergic contact dermatitis

Irritant contact dermatitis

Synopsis

Atopic dermatitis (eczema) is a chronic, relapsing, pruritic condition that is often associated with allergic rhinitis and/or asthma. Infants and children are most often affected, with 85% of cases appearing in the first year of life and 95% of cases appearing by 5 years. The condition may persist into, or even arise in, adulthood. Intense pruritus is a hallmark of atopic dermatitis. Scratching leads to lichenification (skin thickening). Impaired barrier function increases transepidermal water loss and the risk of bacterial and viral cutaneous infections. Patients with atopic dermatitis have difficulties in retaining skin moisture

Allergic contact dermatitis is a delayed hypersensitivity reaction (type IV cell-mediated reaction). The most frequent sensitizers in the general population are fragrance, nickel, neomycin, formaldehyde, chromates, rubber chemicals, lanolin, other common environmental chemicals, and poison ivy and other plants. Workers in certain occupations, such as hair dressing, are at high risk for developing irritant as well as allergic contact dermatitis. In acute cases, lesions tend to be vesicular or bullous. Subacute cases are papular, erythematous, and scaly.

A common skin reaction secondary to direct physical or chemical injury to the epidermis. Patients often complain of burning or stinging early on and present with erythema, edema, and scaling. It may be difficult to distinguish from true allergic contact dermatitis (an immune-mediated delayed type-IV hypersensitivity reaction), but unlike the latter, it can present within hours of exposure to a strong irritant. Over time, pruritus may become the predominant symptom.

Cancel

Compare

# VisualDX特色內容：常見藥物不良反應

visualDx / Text Search - "ibuprofen"


38 results for "ibuprofen"

Start Over

Results 1 - 10 of 38

### Fixed Drug Eruption

Matching Findings: **ibuprofen**  
... and other sulfonamides), naproxen, **ibuprofen**, tetracyclines, other ... Read more



visualDx / Fixed drug eruption

Contents

[Synopsis](#)

[Codes](#)

[Look For](#)

[Diagnostic Pearls](#)

[Differential Diagnosis & Pitfalls](#)

[Best Tests](#)

[Management Pearls](#)

[Therapy](#)

[Drug Reaction Data](#)

[References](#)

Information for Patients

[View all Images \(147\)](#)

Other Resources

[UpToDate](#)

[PubMed](#)

### Fixed drug eruption in Infant/Neonate

See also in: [Cellulitis DDx](#), [Anogenital, O](#)

[Print](#) [Patient Handout](#) [Save Diagnosis](#)

Contributors: Rajini Murthy MD, Elizabeth B. Wallace MD, Belinda Tan MD, PhD, Susan Burgin MD

#### Synopsis


Fixed drug eruption (FDE) is a cutaneous adverse drug reaction that recurs at the same body site each time the individual is re-exposed to the culprit drug. One or more sharply demarcated, red or violaceous patches that are typically round develop within minutes to hours of exposure to the inciting drug. These may vary from 0.5 to several centimeters in size. They are usually asymptomatic, although burning, pain, or pruritus may occur. While any cutaneous surface may be affected, the oral and anogenital mucosa are most frequently involved.

FDE is most commonly solitary, but some individuals may develop multiple patches. There may be an increasing number of patches seen with each exposure. Healing with [postinflammatory hyperpigmentation](#) is common. Atypical variants include nonpigmenting and generalized blistering forms.

All Skin Types

Skin of Color

[View all Images \(147\)](#)



# VisualDX特色功能：查詢歷程

🕒

History

🔍

Search History

✕

Today, January 29, 2025

■

10:45 am

📄

Atopic dermatitis

✕

■

10:45 am

⚙️

Fever, Hyperpigmented patch, 50-59 year old Female

✕

■

10:28 am

📄

Fixed drug eruption

✕

■

10:12 am

📄

Atopic dermatitis

✕

■

10:12 am

⚙️

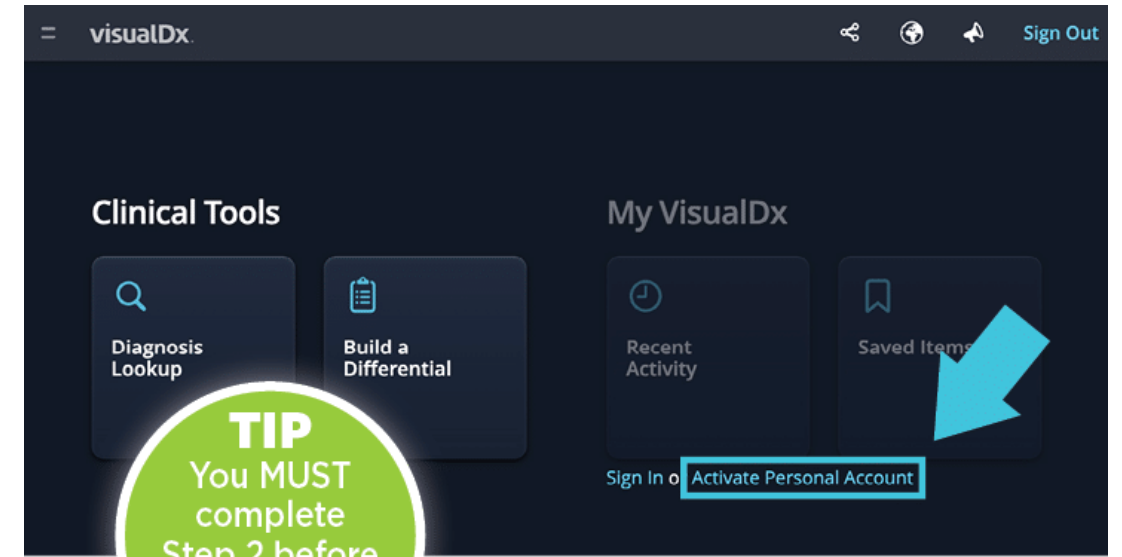
Fever, Patient appears ill, Developed acutely , Dyspnea, Heart palpitations, Chest pain, Arm pain, 50-59 year old Female

✕

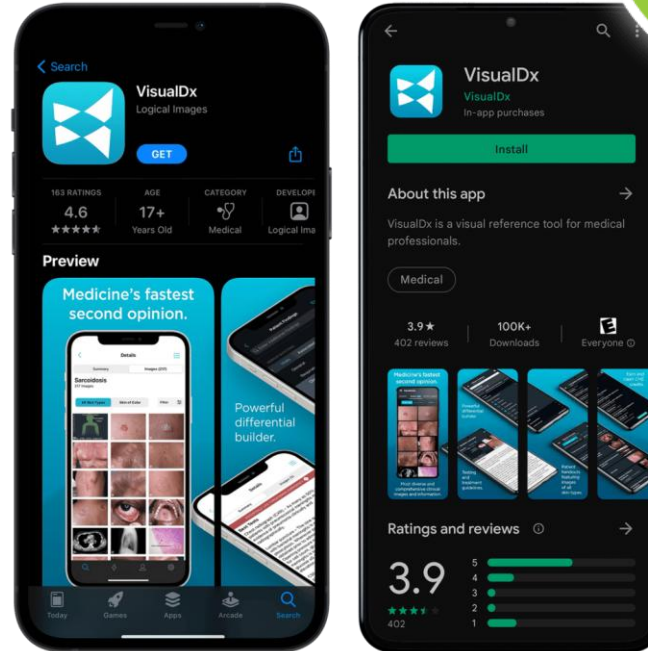
# 安裝VisualDX APP

必須**完成步驟1及步驟2**之後再下載**APP**：

1. 在院內IP範圍內登入VisualDX網站
2. **建立個人帳號**
3. 在手機下載APP，輸入步驟2申請的帳號密碼，完成安裝。



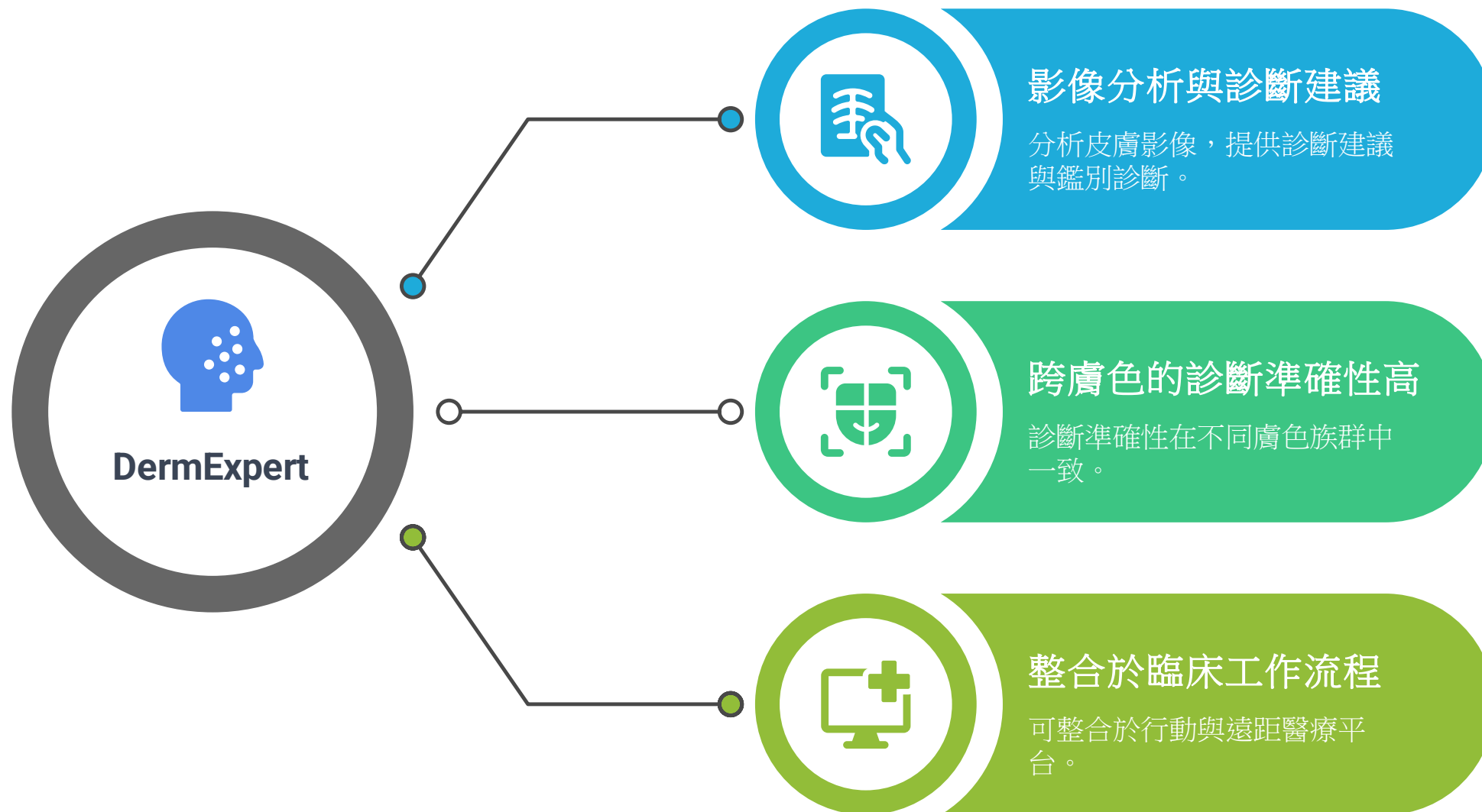
App Store (iPhones)



Google Play  
(Androids)



# DermExpert™ of VisualDX



# 開始使用DermExpert™

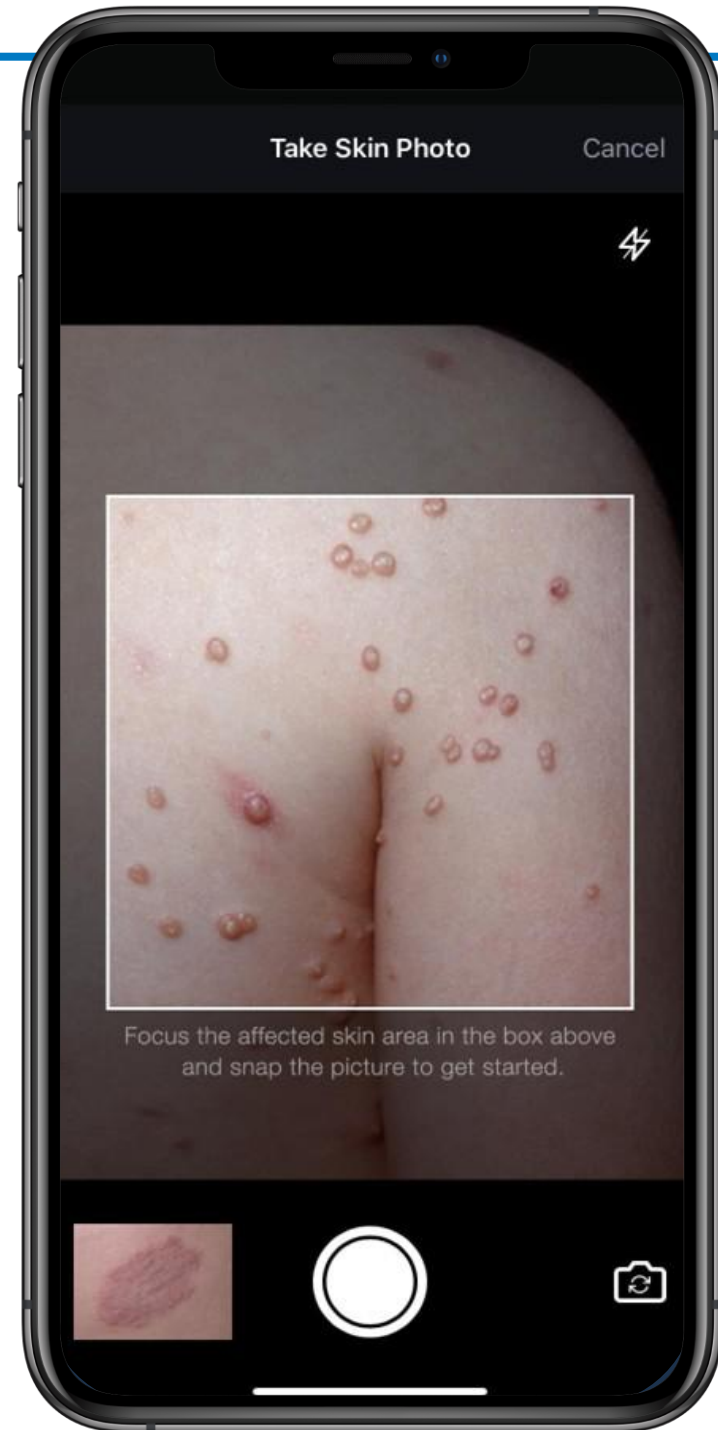
拍攝照片

照片分析

確認或編輯病變類型

回覆相關問題

提供診斷參考



# 開始使用DermExpert™

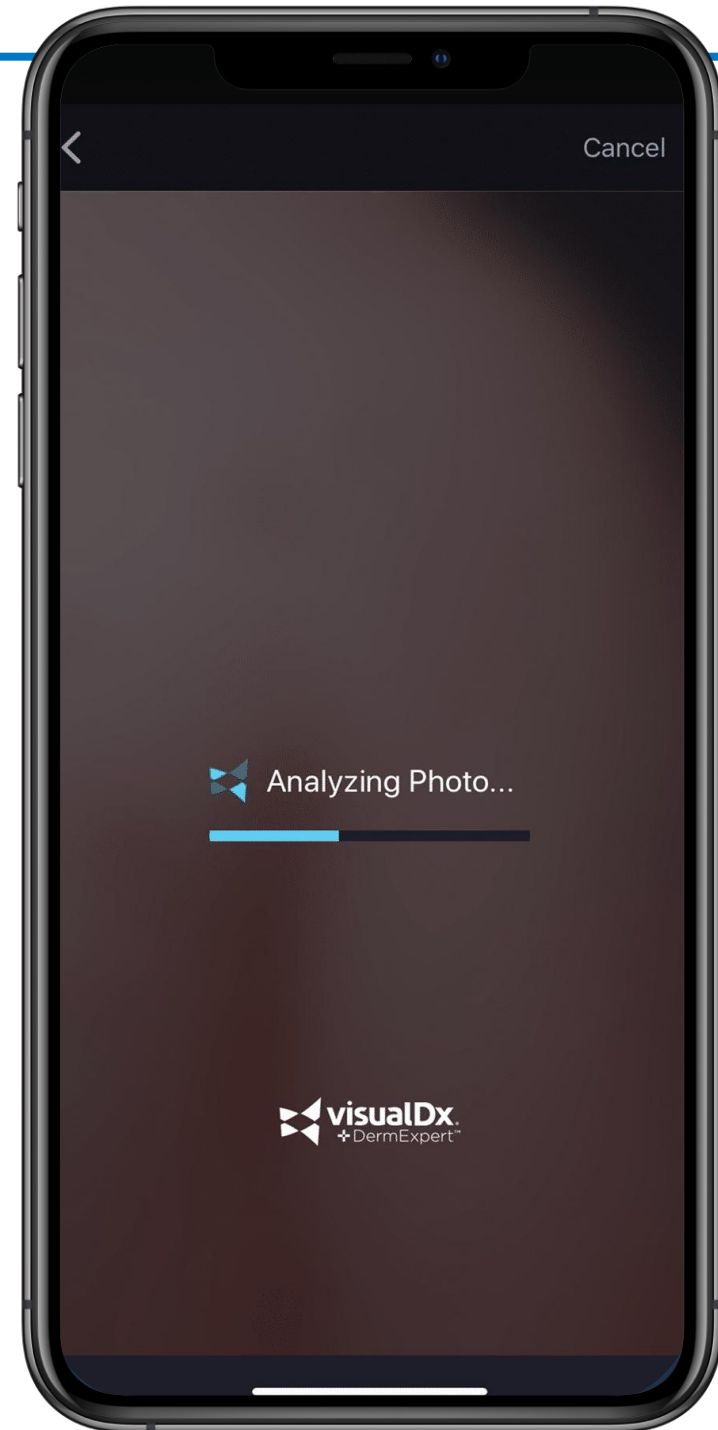
拍攝照片

照片分析

確認或編輯病變類型

回覆相關問題

提供診斷參考



# 開始使用DermExpert™

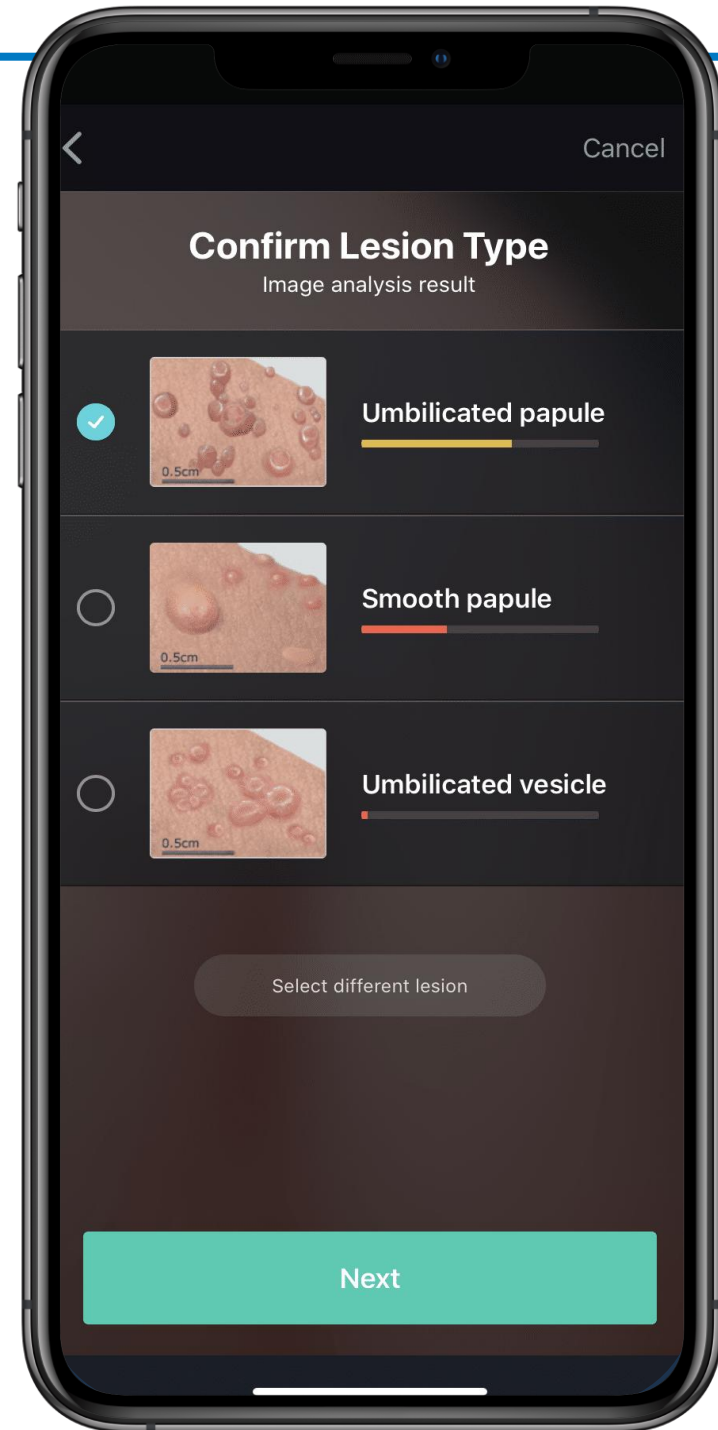
拍攝照片

照片分析

確認或編輯病變類型

回覆相關問題

提供診斷參考



# 開始使用DermExpert™

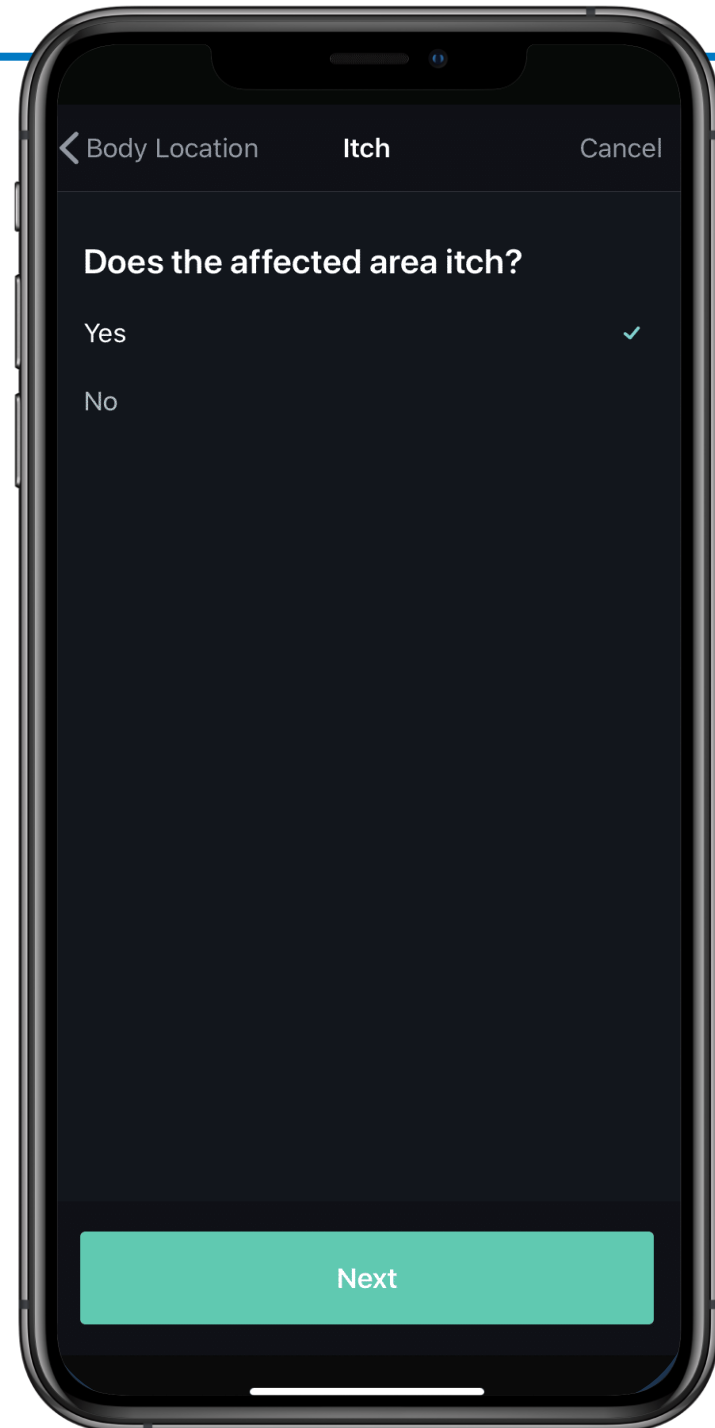
拍攝照片

照片分析

確認或編輯病變類型

回覆相關問題

提供診斷參考



# 開始使用DermExpert™

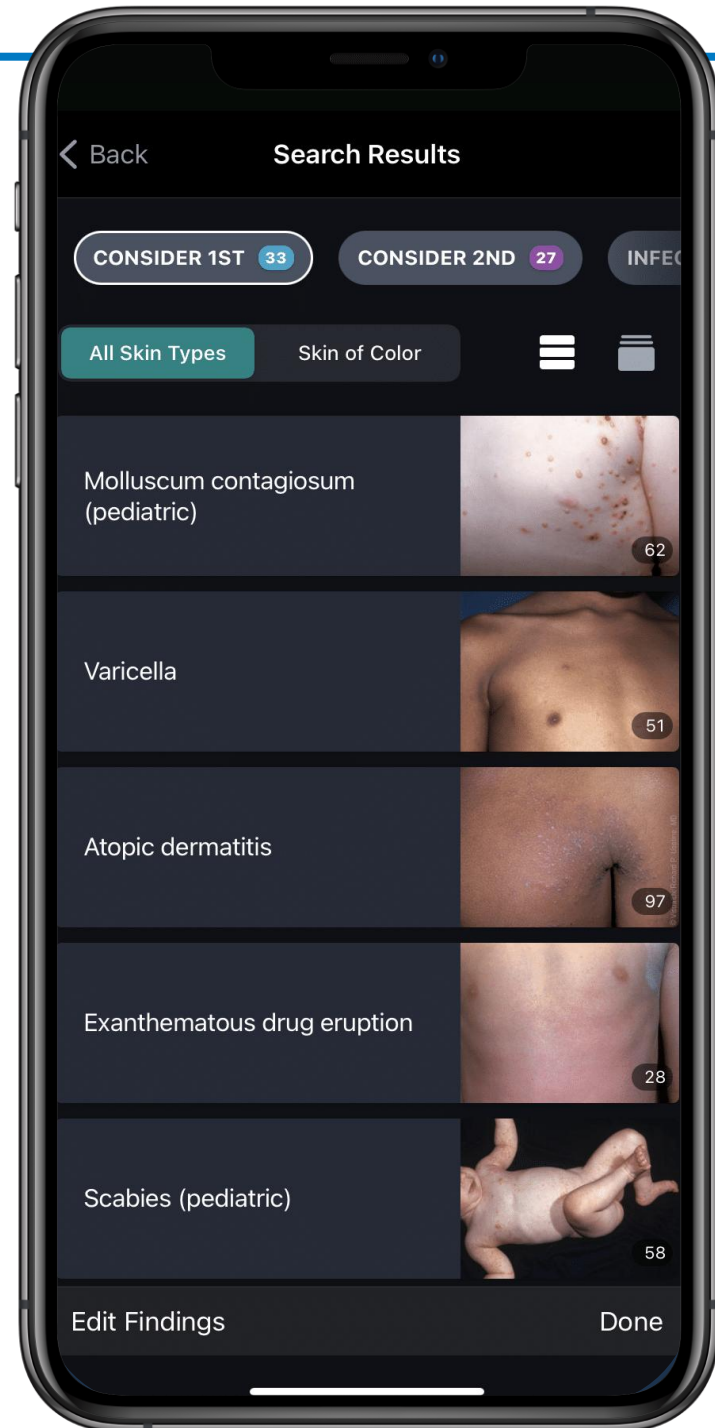
拍攝照片

照片分析

確認或編輯病變類型

回覆相關問題

提供診斷參考





# 實例演練

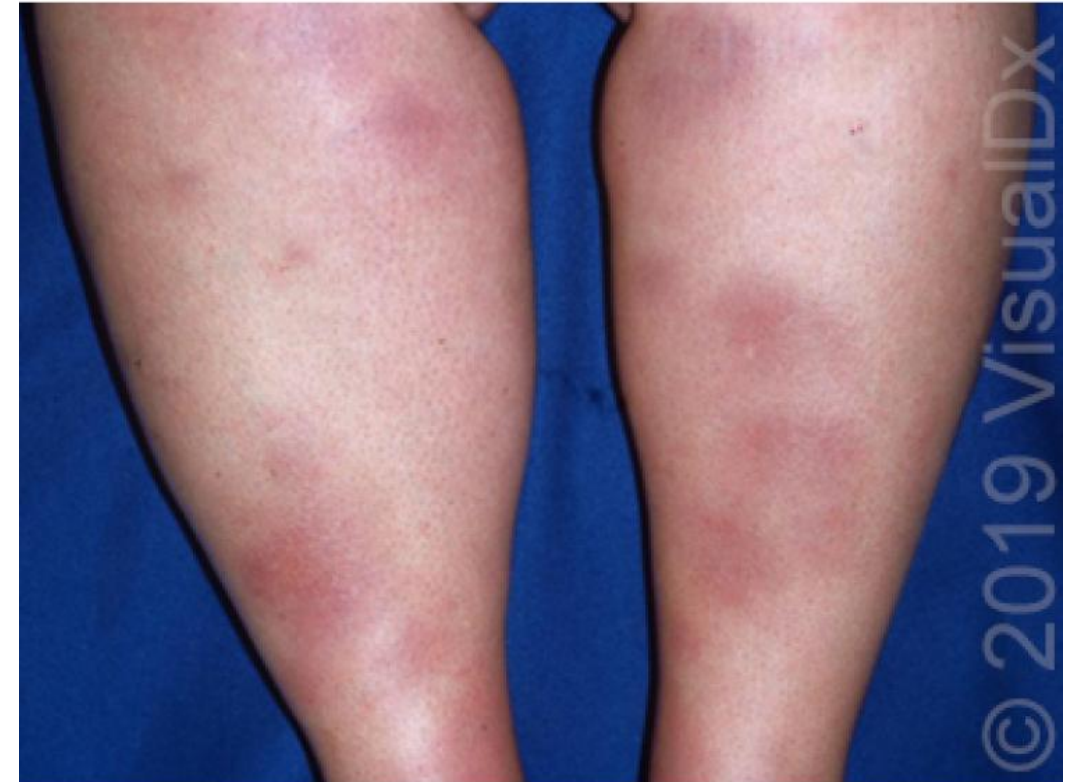
- A 15-month-old infant came in on her **third day** of illness with a **fever**. She was coughing a little and had **diarrhea**. The **rash** was generalized confluent **over her hands, feet, groin area, and back**.
- It looked very much like hives, which can happen with just such a viral illness. So I sent her home with antihistamines and close follow up.
- **The next day** she came in again, this time her mom said the **rash was worse** and her **lips were a bit swollen**.



# 實例演練

A 33-year-old woman went to her doctor after she developed multiple **blanching patches** on her **lower legs** over the course of 2 weeks. The lesions were **round and tender**. She had also been fighting a **fever and fatigue** over the same period. Her only current prescription was for **oral contraceptives**.

 **visualDx**. What's the diagnosis?



- A. Erythema nodosum
- B. Erythema multiforme
- C. Erysipelas
- D. Cellulitis

---

謝謝

