

Outline for Optometry Conference Presentation: Discussing Skin Conditions Relevant to Optometrists

I. Introduction

- A. Importance of skin-eye connections in patient care
- B. Common dermatologic conditions with ocular manifestations

II. Allergic Contact Dermatitis (ACD)

- A. Overview
 - 1. Definition: Delayed hypersensitivity reaction to external allergens
 - 2. Triggers: Cosmetics, preservatives (e.g., in eye drops), metals in glasses
- B. Ocular manifestations
 - 1. Periorbital dermatitis (redness, swelling, itchiness)
 - 2. Differential diagnoses: Atopic dermatitis, seborrheic dermatitis
- C. Role of optometrists
 - 1. Identifying triggers through patient history (e.g., new frames or eye care products)
 - 2. Referral for patch testing and dermatology consultation

III. Atopic Dermatitis (AD)

- A. Overview
 - 1. Chronic inflammatory condition with relapsing course
 - 2. Predisposition to skin barrier dysfunction
- B. Ocular involvement
 - 1. Eyelid dermatitis (pruritus, erythema, scaling)
 - 2. Risk of keratoconjunctivitis and blepharitis
- C. Role of optometrists
 - 1. Early recognition of eczema-related eye complications
 - 2. Emphasis on hypoallergenic eye products
 - 3. Coordination with dermatologists for systemic management

IV. Rosacea

- A. Overview
 - 1. Chronic facial dermatosis with vascular and inflammatory components
 - 2. Types: Erythematotelangiectatic, papulopustular, phymatous, ocular
- B. Ocular rosacea
 - 1. Symptoms: Dryness, irritation, eyelid inflammation, keratitis
 - 2. Potential for severe vision impairment if untreated
- C. Role of optometrists
 - 1. Screening for subtle signs (e.g., meibomian gland dysfunction)
 - 2. Management collaboration with dermatologists

V. Psoriasis

A. Overview

1. Chronic autoimmune condition with skin and systemic involvement
2. Subtypes: Plaque, guttate, pustular, inverse

B. Ocular implications

1. Psoriatic uveitis: Pain, redness, blurred vision
2. Conjunctivitis and eyelid involvement (psoriatic plaques)

C. Role of optometrists

1. Recognizing psoriatic uveitis for urgent referral
2. Monitoring systemic treatments that may affect ocular health (e.g., biologics)

VI. Skin Cancer

A. Overview

1. Basal cell carcinoma (BCC), squamous cell carcinoma (SCC), melanoma
2. Risk factors: UV exposure, genetic predisposition

B. Periocular skin cancers

1. Red flags: Non-healing lesions, pearly nodules, ulcerations
2. Impact on vision and orbit if untreated

C. Role of optometrists

1. Identifying suspicious lesions during routine exams
2. Referring promptly for biopsy and management

VII. Dermatomyositis

A. Overview

1. Rare autoimmune connective tissue disease
2. Hallmark cutaneous findings: Heliotrope rash (eyelids), Gottron's papules

B. Ocular involvement

1. Photosensitivity and eyelid swelling
2. Association with interstitial lung disease and malignancy

C. Role of optometrists

1. Detecting systemic disease through characteristic skin findings
2. Urgent referral to dermatology and rheumatology

VIII. Conclusion

A. Key takeaways for optometrists

1. Skin conditions can indicate or exacerbate ocular issues
2. Early detection and interdisciplinary collaboration improve outcomes

B. Call to action

1. Enhance awareness of skin-ocular links
2. Develop protocols for dermatology-optometry communication