



433 Teams

DERMATOLOGY

Lecture (3)

Language of Dermatology

derm433team@gmail.com



جامعة
الملك سعود
King Saud University



Objectives:

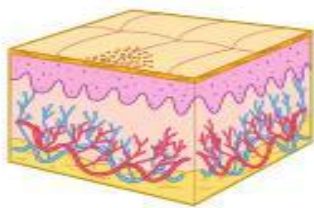
- To be familiar with common dermatological terms.
- To differentiate between primary and secondary skin lesions.
- To be able to describe skin lesions and communicate with other dermatologists.
- To have a methodological approach to skin lesions.

Language of Dermatology:

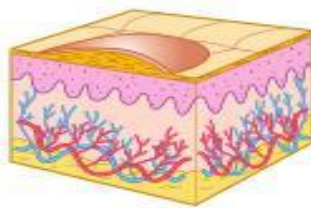
Content of the lecture :

- ❖ Primary and secondary skin lesions
- ❖ Terms used in dermatology
- ❖ History, examination and description of skin lesions .

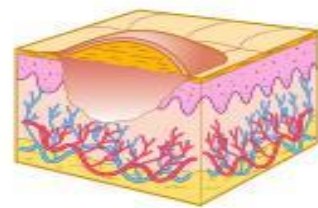
Color index: slides, doctor notes, 432 notes



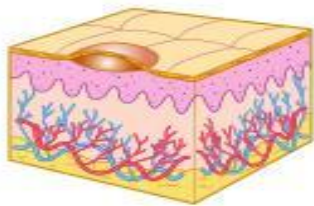
Macule



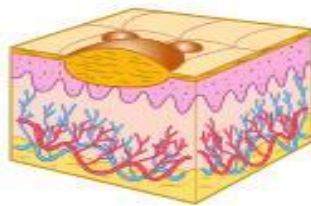
Papule



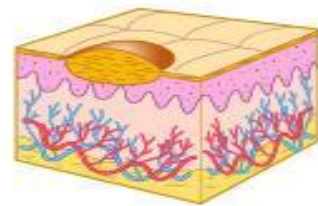
Nodule



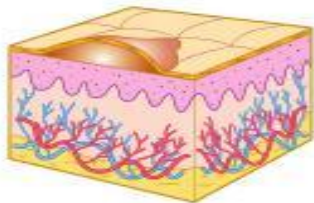
Vesicle



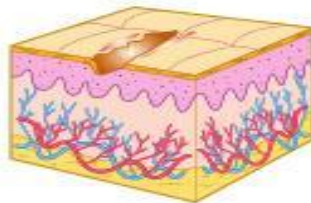
Bulla



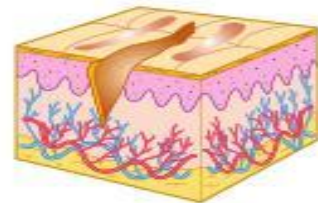
Pustule



Wheal



Excoriations



Fissure

- **Primary skin lesions:**



Macule :

A flat circumscribed area of altered skin color less than 1 cm in size.

Vitiligo.

Freckle.



Patch:

A flat circumscribed area of altered skin color more than 1 cm in size.

Vitiligo.

Melasma.



Papule:

A small, circumscribed elevation of the skin less than 1 cm.

Molluscum Contagiosum.

Acne.

Macule with elevation become papule



Nodule:

A solid, circumscribed elevation whose greater part lies beneath the skin surface. (elevation+depth)

Erythema Nodosum.

Basal cell carcinoma.



Plaque:

A flat topped palpable lesion more than 1 cm in size.

e.g. Psoriasis.

Patch with elevation become plaque.



Weal:

A transient, slightly raised lesion, characteristically with a pale center and a pink margin.

e.g. Urticaria.



Vesicle:

A small less than 5 mm in diameter circumscribed fluid containing elevation.

e.g. Dermatitis Herpetiformis.

Herpes.



Bulla:

Large vesicle more than 5 mm in diameter.

e.g. Bullous Pemphigoid.



Pustule:

Collection of pus or vesicle and bulla that contain pus.

e.g. Pustular Psoriasis.

Acne.

Purpura:

Visible collections of free red blood cells.

e.g. Vacuities,.

- Small spot called petechiae,

- Large one called ecchymoses

Telangiectasia:

Dilated capillaries visible on the skin surface.

e.g. Rosacea.



Cyst:

Closed sac-like lesion that contain liquid or semi-solid substance. Usually soft and has depth.

e.g. Epidermal cyst.

tumor:

Solid elevation of the skin more than 2 cm in diameter and has depth. Like large nodule.

- **Secondary skin lesions:**



Scale:

Thickened, loose, readily detached fragments of stratum corneum.

e.g. Psoriasis.



crust:

Dried exudate.

e.g. Eczema, Impetigo.



Excoriation:

A shallow abrasion often caused by **scratching**.

e.g. Atopic dermatitis.



Fissure:

Linear-like or crack-like cleavage of the skin.

e.g. Chronic eczema.

Look around the fissure you can see a scale.



Erosion:

a moist, circumscribed, usually depressed lesion that result from **loss of all or a portion of the epidermis**.

e.g. Ruptured vesicle or bulla



Ulcer:

A hole in the skin in which there has been destruction of the epidermis and at least the upper papillary dermis.

e.g. Leg ulcers.

Pyoderma gangrenosum

Can cause scar



Atrophy:

Thinning of the skin. Could be epidermal or dermal or both. (**shiny**)

Epidermal atrophy present as thin transparent wrinkled epidermis.

Dermal atrophy present as depression of the skin.



Scar:

A permanent lesion that results from the process of repair by replacement with fibrous tissue.

Surgical scar.

**Lichenification:**

Patches of increased **epidermal thickening** with accentuation of skin markings and **pigmentation**.

e.g. Lichen simplex chronicus.

Atopic dermatitis.

**Poikiloderma:**

A morphologic descriptive term, refer to the **combination of atrophy, telangiectasia, and pigmentary changes** (hypo or hyperpigmentation)

e.g. Dermatomyositis.

Radiodermatitis.

Mycosis fungoides.

• Other Terms Used in Dermatology:

- **Acantholysis:** a rounding up of epidermal cells resulting from a loss of adhesion between these cells. Pemphigus vulgaris.
- **Acanthosis:** histological term used to describe epidermal thickening due to increase keratinocytes in the spinous layer.
- **Atopy:** triad of atopic dermatitis, asthma, and allergic rhinitis.
- **Balloon degeneration:** gross swelling of keratinocytes seen in epidermal viral infection like herpes simplex.
- **Hyperkeratosis:** excessive formation of normal keratin.
- **Hypertrichosis:** excessive growth of non-androgen dependent hair.
- **Hirsutism:** excessive growth of male pattern hair in women.
- **Intertrigo:** dermatitis in body folds like axilla and groin.
- **Koebner phenomenon:** the tendency for certain skin diseases like psoriasis to develop on sites of trauma.

Nikolsky's sign: the shearing of epidermis from dermis produced by lateral pressure on the epidermal surface. Pemphigus vulgaris, TEN. (toxic epidermal Necrolysis)

- **Parakeratosis:** abnormal or incomplete keratinization resulting in the presence of nucleated, flattened squamous cells in the stratum corneum.
- **Spongiosis:** edema of the epidermis mainly intracellular.
- **Rhinophyma:** gross hypertrophy of sebaceous gland tissue resulting in increase in volume of nasal soft tissue. Rosacea.
- **Wickham's striae:** white linear markings on the surface of the violaceous papules of lichen planus.
- **Auspitz sign:** appearance of punctate bleeding spots when psoriasis scales are scraped off.
- **Dermatographism:** skin becomes raised and inflamed forming weals when stroked, scratched or rubbed. Urticaria.
- **Pathergy test:** erythematous induration of the site of the needle stick with a small sterile pustule at the center. Behcet's disease. Pyoderma gangrenosum.

History:

- How long have skin lesions been present. Acute, subacute, chronic.
- Where did the problem first appeared.
- Progression of the problem.
- Any other symptoms like pruritus.
- Treatment history.
- General relevant medical history.
- Occupational and recreational history.
- Travel and Family and household contact history.

Examination:

- Full skin examination should be carried out to determine the full extent of the problem and possible unrelated conditions.
- Examination should be done in a good light, better natural sun light.
- Skin, nails, hair, mucous membranes should all be examined.
- General appearance of the patient must be assessed.
- Lymph node exams in selected diseases like mycosis fungoides and skin cancers.
- Wood's lamp, dermoscope, photography and other office based test like KOH preparation could help in diagnosis and follow up.

Description of Skin Lesions :

- Type (primary or secondary), shape, size, color, arrangement of lesions, distribution and configuration of the lesions all must be addressed while describing a lesion.
- Distribution: symmetrical, asymmetrical, unilateral, bilateral, diffuse, universal.
- Site of involvement: flexor, extensor, inverse, seborrheic, acral, photodistributed.
- Configuration: linear, grouped, reticular, annular, circular, arciform, dermatomal, koebnerization.

Quiz:

1- In which disease we see Nikolsky's sign:

- a- Behcet's disease
- b- Psoriasis
- c- Rosacea
- d- Pemphigus Vulgaris

2- Which of the following is secondary lesion:

- a- Telangiectasia
- b- Purpura
- c- Scale
- d- Cyst

3- A moist, circumscribed, usually depressed lesion that result from loss of all a portion of the epidermis:

- a- Ulcer
- b- Erosion
- c- Fissure
- d- Poikiloderma

Answers:

1- D 2- C 3- B

Done By:

Feras Alfawwaz	
Musab Almasry	

