# MORPHOLOGY

**SKD 394** 

### DISTRIBUTION (THE PATTERN OF SPREAD OF LESIONS)

- Generalized All over the body
- Localized Restricted to one area of skin only
- Symmetrical both sides are the same or similar
- Unilateral the rash affects one side of the bod only
- Flexural: Body folds such as groin, neck, behind ears, popliteal and antecubital fossa
- Extensor Such as knees, elbows, shins
- Acral Affecting the distal extremities such as ears, fingers, toes, nose
- Pressure areas Such as sacrum, buttocks, ankles, heels
- Photosensitive Affecting sun-exposed areas such as face, neck and back of hands

#### CONFIGURATION (THE PATTERN OR SHAPE OF GROUPED LESIONS)

- Linear In a line
- Reticular net like
- Annular Like a circle or ring
- Discoid / Nummular: A coinshaped/round lesion







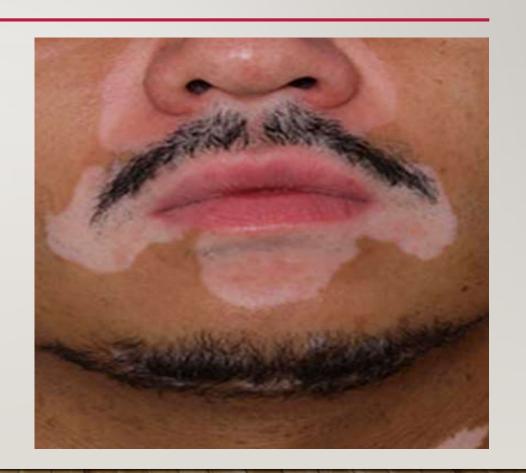
#### Macule:

- Flat lesion
- Change in skin color
- less than I cm in size



#### Patch:

- Flat lesion
- Change in skin color
- More than I cm in size



### Papule:

- Raised lesion
- Solid
- less than 5 mm in size



#### **Pustule:**

- Raised lesion
- contains pus
- less than 5 mm in size



#### Plaque:

- Raised lesion
- lacks a deep component
- More than 5 mm in size



#### Nodule:

- Raised lesion
- with deep component
- More than 5 mm in size



#### **Vesicle:**

- Raised lesion
- Contains clear fluid
- Less than 5 mm in size



#### **Bulla:**

- Raised lesion
- Contains clear fluid
- More than 5 mm in size



#### Scale:

• Thickening of stratum corneum



#### **Crust:**

- Dried serum, blood or pus
- Primary lesion usually a vesicle or pustule



#### **Erosion:**

- A partial loss of part/all epidermis
- heals without scarring



#### **Ulcer:**

- A full thickness loss of epidermis and dermis
- heals with scarring



# SCALES OR CRUST?





# PRACTICE THE DESCRIPTION

### CASE I



Q1. Describe the lesion?

Solitary well defined erythematous plaque with silvery scales over the right elbow

Q2. what is "Auspitz sign"?

The phenomenon of pinpoint bleeding following the scraping of psoriatic plaque silvery scales



Q1. Describe the lesion?

Solitary well defined grayish scaly plaque with partial alopecia and broken-off hairs over the scalp

 Q2. What is the first line therapy of this condition?

Oral antifungal agents



Q1. Describe the lesion?

Solitary well defined round ulcer with yellow granulation tissue in the base and sharp erythematous borders, measuring around 2X2 cm over the anterior aspect of the lower leg

- Q2. List 3 causes?
  - Arterial ulcer
  - Venous ulcer
  - Pyoderma gangrenosum



Q1: Describe the lesions?

Two well defined milky white (depigmented) patches over both knees with follicular pigmented macules within the lesions (represent repigmentation)

Q2.What is "Koebner phenomenon"?

The capacity of reproducing skin lesions at the sites of local injury

This can be seen in some skin diseases such as Vitiligo, Psoriasis and Lichen planus



QI. Describe the lesions?

Three well defined non-inflammatory alopecic patches over the scalp

Q2. What is the first line therapy of this condition in this patient?

Intralesional corticosteroid injection



• Q1. Describe the lesions?

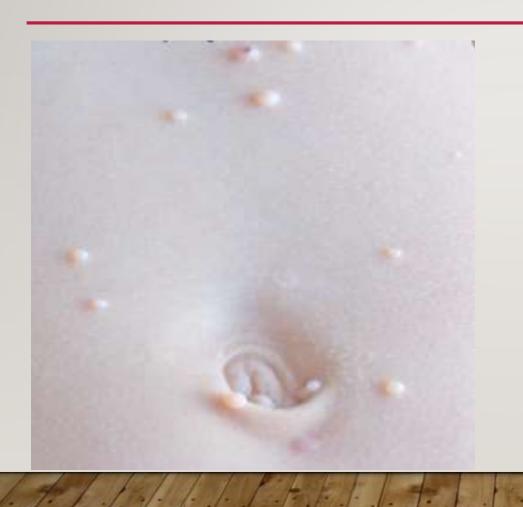
Multiple well defined violaceous scaly flat topped shiny papules coalescent into polygonal plaques over the right wrist

Name three drugs can cause this eruption?

Frusemide

Nifedipine

Propranolol



Q1. Describe the lesions?

Multiple skin colored dome-shaped umbilicated papules over the abdomen

Q2. What is the cause of this condition?

**Poxvirus** 



Q1. Describe the primary lesions?

Multiple erythematous inflammatory papules pustules and nodules in addition to white / blackheads comedones over the left cheecks

Q2. What are the seconday lesions in this patient?

Scars and post-inflammatory hyperpigmentation



• Q1. Describe the lesions?

Multiple inflammatory papules and few pustules on an erythematous base over the right cheek (N.B. there are NO comedones in rosacea)

• Q2. Mention 5 aggravating factors that can trigger this skin condition?

Sun expouser, spicy food, hot drinks, stress, excercises



Q1. Describe the lesions?

Multiple well defined small linear red dilated blood vessels over the nose "Telangiectasia"

 Q2. Mention lasers that can be used for treatment of this condition?

Vascular laser as "PDL, KTP"

### CASE II



• Q1. Describe the lesion?

Multiple well defined scaly atrophic plaques and papules with hyperpigmented borders and central depigmentation over the face and ear

• Q2. What is the first line systemic therapy of this condition?

Antimalarials (e.g. Hydroxychloraquine)



• QI. Describe the lesions?

Multiple well defined erythematous flat-topped papules and plaques over the metacarpophalangeal and interphalangeal joints

Q2. What is your diagnosis if the patient gave a history of photosensitivity, facial rash and muscle weakness?

**Dermatmyositis** 



Q1. Describe the lesions?

Multiple well defined erythematous purpuric macules and papules over the lower leg

Q2. Mention 2 possible Differential Diagnosis?

- I. Leukocytoclastic Vasculitis
- 2. Henoch Schonlein purpura



Q1. Describe the lesions?

Multiple well defined ulcers with regular border yellowish base and erythematous rim over the lips

 Q2.What is your diagnosis if this patient complain of similar lesions in the genitalia and his ophthalmologist diagnosed him with posterior uveitis?

Behcet's disease



• QI. Describe the lesions?

Multiple well defined erythematous edematous plaques over the face and trunk

• Q2. What is the first line therapy of this condition if these itchy lesions disappear and reappear with 24 hours?

Antihistamine (HI blocker)



Q1. Describe the lesions?

Multiple well defined annular erythematous urticarial plaques with tense vesicles & bullae over the trunk

- Q2. How to confirm your diagnosis?
- 1. Skin Biopsy from the edge of an early blister
- 2. Direct immunofluorescence (DIF) from perilesional skin
- 3. Indirect immunofluorescence (IIF) of patient serum



Q1. Describe the lesions?

Multiple well defined salmon—pink papules and plaques with fine scale over the back

Q2. what is "herald patch"?

It is an oval single patch or plaque with central clearing and peripheral scale (collaret scales)