

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
- **Discoïd / Nummular:** A coin-shaped/round lesion



QUICK REVISION OF PRIMARY & SECONDARY SKIN LESIONS



PRIMARY LESIONS

Macule :

- Flat lesion
- Change in skin color
- less than 1 cm in size



PRIMARY LESIONS

Patch:

- Flat lesion
- Change in skin color
- More than 1 cm in size



PRIMARY LESIONS

Papule :

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



PRIMARY LESIONS

Pustule:

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



PRIMARY LESION

Plaque:

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



PRIMARY LESIONS

Nodule:

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



PRIMARY LESIONS

Vesicle:

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



PRIMARY LESIONS

Bulla:

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



SECONDARY LESIONS

Scale:

- Thickening of stratum corneum



SECONDARY LESIONS

Crust:

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



SECONDARY LESIONS

Erosion:

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



SECONDARY LESIONS

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

CASE 2



- 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

CASE 3



- 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

CASE 4



- 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

CASE 5



Q1. 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

CASE 6



- 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

CASE 7



Q1. Describe the lesions?

Multiple skin colored dome-shaped umbilicated papules over the abdomen

Q2. What is the cause of this condition?

Poxvirus

CASE 8



- Q1. Describe the primary lesions?

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

- Q2. What are the secondary lesions in this
patient?

Scars and post-inflammatory hyperpigmentation

CASE 9



- 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 exposure , spicy food, hot drinks, stress, exercises

CASE 10



- 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 11



- 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. Hydroxychloroquine)

CASE 12



- Q1. 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 ?

Dermatomyositis

CASE 13



Q1. Describe the lesions?

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

Q2. Mention 2 possible Differential Diagnosis?

1. Leukocytoclastic Vasculitis
2. Henoch Schonlein purpura

CASE 14



- 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

CASE 15



- Q1. 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 (H1 blocker)

CASE 16



- 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

CASE 17



- 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)