

Appendix A: Table of Primary Lesions and Related Disorders

Bullae

- Erysipelas [Part III]
- Erythema multiforme [Part III]
- Fixed drug eruption [Part III]
- Impetigo [Part VI]
- Tinea (large, multiloculated) [Part III]
- Urticaria (bullae as secondary lesions) [Part III]

Macules

- Actinic keratosis (erythematous) [Part V]
- Atypical nevi [Part V]
- Common benign nevi (pigmented) [Part V]
- Ephelides [Part V]
- Erysipelas (erythematous) [Part III]
- Erythema multiforme (erythematous) [Part III]
- Erythrasma [Part III]
- Fixed drug eruption [Part III]
- Halo nevi [Part V]
- Impetigo (deep red) [Part VI]
- Lentiginosities [Part V]
- Malignant melanoma [Part V]

Nodules

- Acne [Part VI]
- Basal cell carcinoma (translucent, dome-shaped) [Part V]
- Keratoacanthoma (dome-shaped) [Part V]
- Malignant melanoma [Part V]
- Molluscum (dome-shaped umbilicated) [Part II]
- Rosacea (red) [Part VI]
- Squamous cell carcinoma (indurated) [Part V]
- Verruca vulgaris [Part II]

Papules

- Acne (with or without comedones) [Part VI]
- Atopic dermatitis [Part IV]
- Atypical nevi [Part V]
- Basal cell carcinoma (translucent, dome-shaped) [Part V]
- Developed dermal nevi (sharply defined) [Part V]
- DLE (sharply defined, raised, smooth, shiny) [Part IV]
- Early compound nevi (dome-shaped) [Part V]
- Erythema multiforme (erythematous) [Part III]

From: *Current Clinical Practice: Dermatology Skills for Primary Care: An Illustrated Guide*
D.J. Trozak, D.J. Tennenhouse, and J.J. Russell © Humana Press, Totowa, NJ

Halo nevi [Part V]
Keratoacanthoma (dome-shaped) [Part V]
Lichen planus (flat-topped, angular, polygonal) [Part II]
Malignant melanoma [Part V]
Mature compound nevi (sharply defined) [Part V]
Mature dermal nevi (pedunculated) [Part V]
Miliaria (small, erythematous) [Part II]
Molluscum (dome-shaped umbilicated) [Part II]
Pityriasis rosea (rosy red) [Part II]
Psoriasis (erythematous, scaling) [Part II]
Rosacea (red) [Part VI]
Scabies (papulovesicle at end of burrow) [Part II]
Seborrheic dermatitis (red-brown, follicular) [Part II]
Seborrheic keratosis [Part V]
SLE (sharply defined, may coalesce) [Part IV]
Squamous cell carcinoma (indurated) [Part V]
Striae distensae (yellow papules as secondary lesions) [Part IV]
Tinea (follicular) [Part III]
Verruca vulgaris [Part II]

Patches

Actinic keratosis (erythematous) [Part V]
Asteatosis [Part IV]
Atopic dermatitis [Part IV]
Erythrasma [Part III]
Malignant melanoma [Part V]
Rosacea (erythematous) [Part VI]
Seborrheic keratosis [Part V]
Senile purpura (purple) [Part IV]
Striae distensae (linear) [Part IV]
Tinea [Part III]
Toxicodendron dermatitis (linear) [Part IV]

Plaques

Actinic keratosis (thin) [Part V]
Atypical nevi [Part V]
Basal cell carcinoma [Part V]
Congenital melanocytic nevi (pigmented) [Part V]
Developed compound nevi [Part V]
DLE (sharply defined, raised, smooth, shiny) [Part IV]
Erysipelas (erythematous) [Part III]
Erythema multiforme (erythematous) [Part III]
Fixed drug eruption [Part III]
Herpes simplex (erythematous) [Part VI]
Herpes zoster (erythematous) [Part VI]
Impetigo (red) [Part VI]
Lichen planus (coalescing papules) [Part II]

Malignant melanoma [Part V]
Molluscum (tightly-grouped papules) [Part II]
Pityriasis rosea (rosy red) [Part II]
Psoriasis [Part II]
SCLE (sharply defined) [Part IV]
Seborrheic keratosis [Part V]
SLE (edematous) [Part IV]
Squamous cell carcinoma (indurated) [Part V]
Tinea (indurated) [Part III]
Toxicodendron dermatitis (linear) [Part IV]
Urticaria (edematous) [Part III]

Pustules

Acne [Part VI]
Herpes simplex (late) [Part VI]
Herpes zoster (late) [Part VI]
Miliaria (as secondary lesions) [Part II]
Rosacea (dome-shaped) [Part VI]
Tinea (follicular) [Part III]

Vesicles

Atopic dermatitis [Part IV]
Erysipelas [Part III]
Erythema multiforme [Part III]
Fixed drug eruption [Part III]
Herpes simplex [Part VI]
Herpes zoster [Part VI]
Impetigo (small, transient) [Part VI]
Miliaria (crystalline, intra-dermal) [Part II]
Scabies (papulovesicle at end of burrow) [Part II]
Tinea (intra-dermal, small, grouped) [Part III]
Toxicodendron dermatitis (linear) [Part IV]

Appendix B: Table of Secondary Lesions and Related Disorders

Atrophy

- DLE (epidermal and dermal) [Part IV]
- Lichen planus [Part II]
- SCLE (epidermal) [Part IV]
- Senile purpura (epidermal) [Part IV]
- SLE (epidermal and dermal) [Part IV]

Calcinosis

- SLE [Part IV]

Crusting

- Acne (hemorrhagic) [Part VI]
- Atopic dermatitis [Part IV]
- Atypical nevi (malignant change) [Part V]
- Basal cell carcinoma [Part V]
- Herpes simplex [Part VI]
- Herpes zoster [Part VI]
- Impetigo [Part VI]
- Malignant melanoma (very late) [Part V]
- Molluscum (on involuting lesions) [Part II]
- Scabies [Part II]
- Toxicodendron dermatitis [Part IV]

Cutaneous horn

- Actinic keratosis [Part V]
- Squamous cell carcinoma [Part V]

Erosions

- Actinic keratosis [Part V]
- Atypical nevi (malignant change) [Part V]
- Basal cell carcinoma [Part V]
- Congenital melanocytic nevi [Part V]
- Erysipelas [Part III]
- Erythema multiforme [Part III]
- Fixed drug eruption [Part III]
- Herpes simplex [Part VI]
- Herpes zoster [Part VI]
- Lichen planus [Part II]
- Malignant melanoma (very late) [Part V]
- Squamous cell carcinoma [Part V]

Eschar

- Acne [Part VI]
- Basal cell carcinoma (late) [Part V]

Excoriations

- Atopic dermatitis [Part IV]
- Congenital melanocytic nevi [Part V]
- Molluscum [Part II]
- Scabies [Part II]
- Toxicodendron dermatitis [Part IV]

Fissures

- Asteatosis [Part IV]
- Atopic dermatitis [Part IV]
- Psoriasis (intertriginous areas) [Part II]
- Seborrheic dermatitis (intertriginous areas) [Part II]
- Squamous cell carcinoma [Part V]
- Tinea (intertriginous areas) [Part III]

Gangrene

- Erysipelas [Part III]
- Herpes zoster [Part VI]
- SLE [Part IV]

Hyperpigmentation

- Acne [Part VI]
- DLE [Part IV]
- Erythrasma [Part III]
- Fixed drug eruption [Part III]
- Herpes zoster [Part VI]
- Impetigo [Part VI]
- Lichen planus [Part II]
- Psoriasis [Part II]
- Senile purpura [Part IV]
- SLE [Part IV]
- Tinea [Part III]

Hypopigmentation

- DLE [Part IV]
- Halo nevi (macular) [Part V]
- Impetigo [Part VI]
- Malignant melanoma [Part V]
- Pityriasis rosea (transient) [Part II]
- Psoriasis [Part II]
- SCLE [Part IV]
- SLE [Part IV]
- Tinea [Part III]

Hypertrichosis

- Common benign nevi [Part V]
- Congenital melanocytic nevi [Part V]

Impetiginization

- Asteatosis [Part IV]
- Erythema multiforme [Part III]

- Miliaria [Part II]
- Scabies [Part II]
- Tinea [Part III]
- Toxicodendron dermatitis [Part IV]
- Lichenification
 - Scabies [Part II]
 - Erythrasma [Part III]
 - Atopic dermatitis [Part IV]
- Necrosis
 - Erythema multiforme [Part III]
 - Herpes zoster [Part VI]
 - SLE [Part IV]
- Papillomatosis
 - Compound nevi [Part V]
 - Squamous cell carcinoma [Part V]
- Purpura
 - Erysipelas [Part III]
 - Erythema multiforme [Part III]
 - Urticaria [Part III]
- Scale
 - Actinic keratosis (adherent scale) [Part V]
 - Asteatosis (white scale) [Part IV]
 - Atopic dermatitis (loose, white scale) [Part IV]
 - Atypical nevi (malignant change) [Part V]
 - Compound nevi (hyperkeratotic) [Part V]
 - DLE (white adherent scale) [Part IV]
 - Erythrasma (dry, velvety) [Part III]
 - Impetigo (loose, white scale) [Part VI]
 - Lichen planus [Part II]
 - Malignant melanoma [Part V]
 - Pityriasis rosea [Part II]
 - Psoriasis (loose and silvery) [Part II]
 - SCLE [Part IV]
 - Seborrheic dermatitis (loose scale) [Part II]
 - SLE (white adherent scale) [Part IV]
 - Squamous cell carcinoma (adherent scale) [Part V]
 - Tinea [Part III]
 - Toxicodendron dermatitis [Part IV]
- Scarring
 - Acne [Part VI]
 - Atypical nevi (malignant change) [Part V]
 - Basal cell carcinoma [Part V]
 - DLE [Part IV]
 - Herpes zoster [Part VI]
 - Keratoacanthoma [Part V]

- Lichen planus [Part II]
- Molluscum (mild scarring) [Part II]
- Senile purpura (stellate) [Part IV]
- SLE [Part IV]
- Tinea [Part III]
- Sclerosis
 - Basal cell carcinoma [Part V]
 - SLE [Part IV]
- Telangiectasia
 - DLE [Part IV]
 - Rosacea [Part VI]
 - SCLE [Part IV]
 - SLE [Part IV]
- Ulceration
 - Actinic keratosis [Part V]
 - Atypical nevi (malignant change) [Part V]
 - Basal cell carcinoma (central) [Part V]
 - Congenital melanocytic nevi (benign or malignant change) [Part V]
 - Erysipelas [Part III]
 - Malignant melanoma (very late) [Part V]
 - Squamous cell carcinoma [Part V]
- Vegetation
 - Keratoacanthoma [Part V]

Part I: Color Photographs



PHOTO 1

Ephelides (freckles), macules of melanin with pigment in the lower epidermis and basal cell layer. Note the lack of distortion of the skin lines.



PHOTO 2

A blue 3 mm macule caused by a deposit of graphite in the dermis following a pencil jab. Note the lack of distortion of the skin lines.



PHOTO 3

A "coast of Maine" spot, a patch of melanin pigment in the lower epidermis and basal cell layer. Note the lack of distortion of the skin lines.



PHOTO 4

A patch of increased melanin in the upper dermis, the end result of a fixed drug reaction. Note the lack of distortion of the skin lines.



PHOTO 5

A papular wart of the upper lip. The elevation consists of proliferating epidermis. Note the normal skin lines are missing.

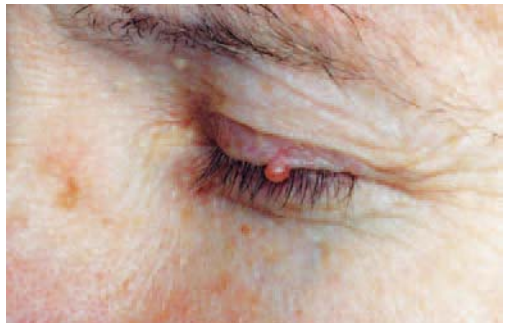


PHOTO 6

A papule of the upper lid margin that is caused by a benign cyst in the dermis. Note the shiny surface and effacement of the epidermis.



PHOTO 7

A nodular keratoacanthoma. The nodule consists of proliferating epidermal cells and the surface lines are effaced by the keratin debris in the central pit.

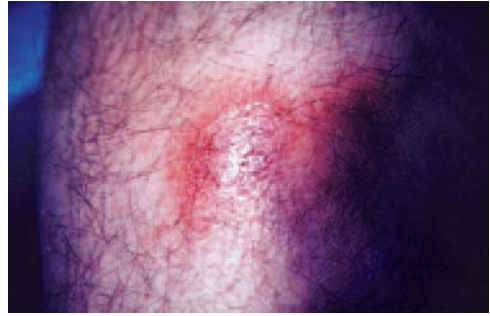


PHOTO 8

A nodule of erythema induratum on the shin. This lesion is caused by inflammation in the dermis and subcutis. Note although it is easily palpated, there is minimal visible elevation.



PHOTO 9

A plaque of mycosis fungoides caused by a malignant T-cell infiltrate in the dermis.



PHOTO 10

Scaling pebbly plaques of metastatic breast carcinoma formed by a confluence of papules.



PHOTO 11

Pinpoint vesicles on the left evolving to tense bullae several centimeters in size in the center.



PHOTO 12

Flat intra-epidermal pustules on the heel in a case of pustular psoriasis.



PHOTO 13

Adnexal pustules occur within adnexal skin structures. In acne the terminal hair follicle is affected.



PHOTO 14

Adherent white scale in lichen planus.



PHOTO 15

Adherent brown scale in ichthyosis vulgaris.

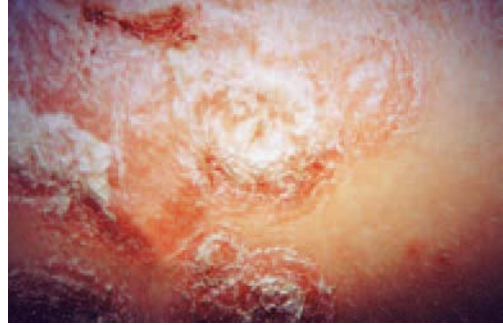


PHOTO 16

Silvery white, loosely adherent scale of psoriasis.



PHOTO 17

Greasy, yellow, loosely adherent scale of seborrheic dermatitis.



PHOTO 18

Moist eroded lesion of erythema multiforme.



PHOTO 19
Crusted lesions of nonbullous impetigo.



PHOTO 20
A moist impetiginized lesion of nummular eczema.



PHOTO 21
Sclerosis of the upper back in a case of scleredema. The sclerosis is due to an accumulation of mucopolysaccharide and edema fluid. Note the “orange-peel” surface and the accentuation of the old scar. The skin cannot be pinched.

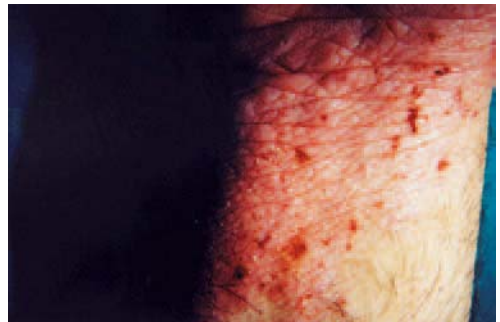


PHOTO 22
Excoriations on the wrist in atopic dermatitis. Note the accentuated skin markings: a change referred to as lichenification.



PHOTO 23
Linear canal-like fissures on the extremely dry skin of an elderly patient.

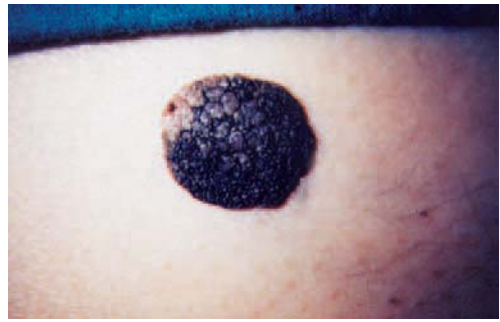


PHOTO 24
A large seborrheic keratosis with a papillomatous surface of epidermal origin.



PHOTO 25

Lichen amyloidosis. Infiltrates of amyloid substance in the dermis push up and produce papillomatosis.

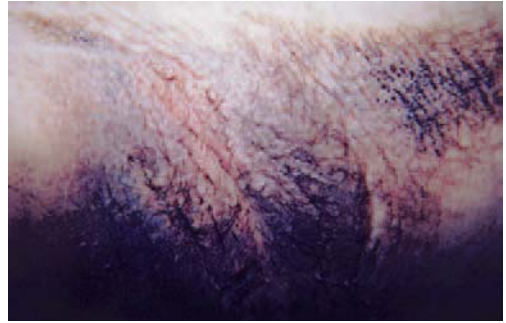


PHOTO 26

Acanthosis nigricans in the axilla. The surface projections of epidermis and dermis produce soft smooth vegetations in this condition.



PHOTO 27

An eschar composed of scale, secretion and necrotic tissue on the central surface of a basal cell carcinoma.



PHOTO 28

Dermal atrophy in malignant atrophic papulosis. The early papular lesions (left) evolve leaving dermal atrophy. At edge is a rim of normal dermis.



PHOTO 29

Atrophy of the subcutaneous fat allows visualization of a sizable vein at the base of this depressed lesion of panatrophy. Epidermal and dermal atrophy are also present.

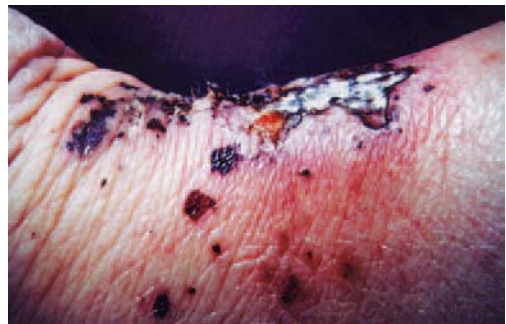


PHOTO 30

Ulcerations of the epidermis and upper dermis in a patient with a necrotizing vasculitis.



PHOTO 31

An elderly diabetic with wet streptococcal gangrene.

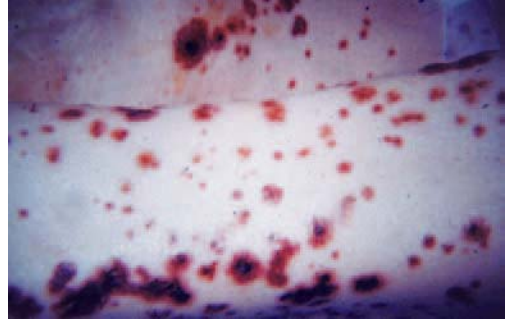


PHOTO 32

Dry gangrenous infarcts in a case of severe necrotizing vasculitis.



PHOTO 33

Hyperpigmentation from increased basal cell melanin in a lesion known as a Becker's nevus. The focal change in hair growth is called hypertrichosis.



PHOTO 34

Hyperpigmentation, in this instance hemosiderin pigment free in the upper dermis from trauma on the toe of a jogger.



PHOTO 35

A patch of pityriasis alba. Surrounding the inflammatory center is a circular zone of partial pigment loss.

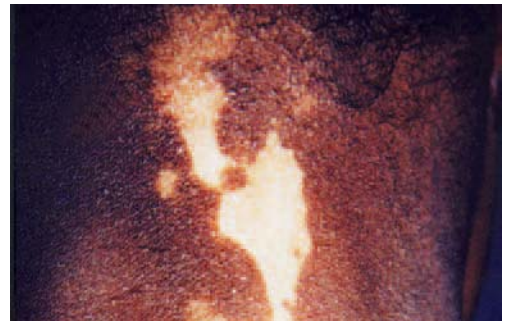


PHOTO 36

Segmental vitiligo on the posterior neck would show absent melanin with special stains.



PHOTO 37

Poikiloderma atrophicum vasculare associated with an underlying lymphoma.



PHOTO 38

Annular tinea corporis, note the similarity to a solitary herald patch of pityriasis rosea.



PHOTO 39

Arciform lesions of tinea faciale.

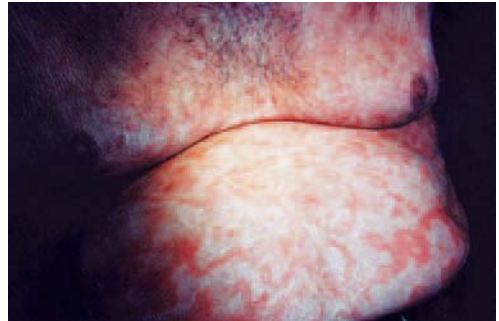


PHOTO 40

Polycyclic lesions in a patient with erythema gyratum repens.



PHOTO 41

An iris lesion in a case of milker's nodules (paravaccinia virus infection).



PHOTO 42

Serpiginous-shaped lesion of elastosis perforans serpiginosa.



PHOTO 43

A linear birthmark on the preauricular skin.



PHOTO 44

Herpes zoster of the right mid cervical and upper thoracic dermatome segments. Note the midline cutoff.



PHOTO 45

Two groupings of herpetic vesicles on the buttock skin.



PHOTO 46

Netlike pigment deposition in erythema ab igne. Color fails to blanch with diascopy indicating pigment within tissue as opposed to blood in a vessel.



PHOTO 47

A corymbiform plantar wart.

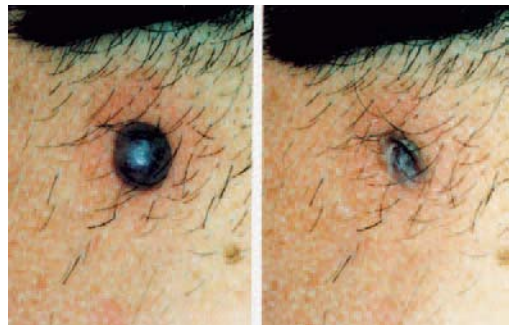


PHOTO 48

Pyogenic granuloma on the neck simulating a melanoma. Note the difference on the right after application of gentle pressure.

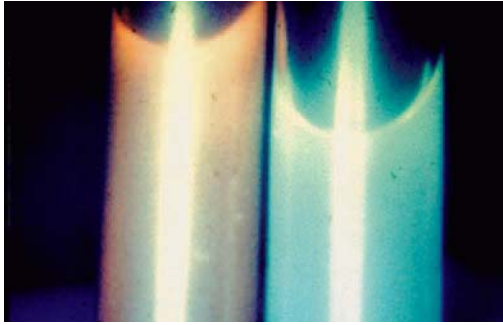


PHOTO 49

Wood's lamp exam: Pink urine of porphyria cutanea tarda, left; normal urine right.

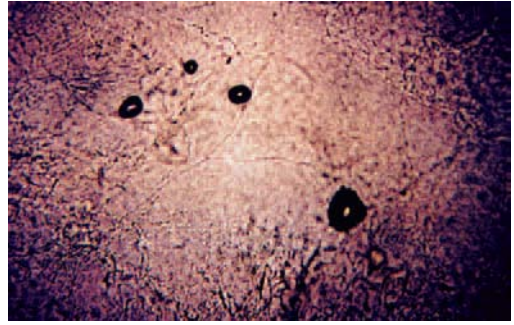


PHOTO 50

KOH slide showing the long branching hyphae of a dermatophyte fungal infection.

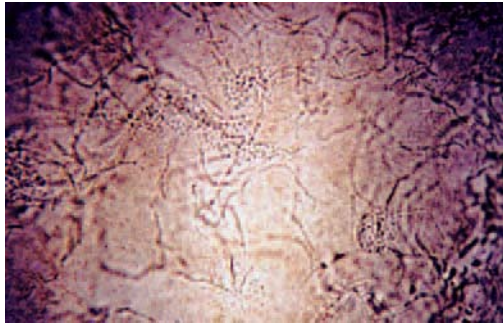


PHOTO 51

KOH slide showing the short club-shaped hyphae and clusters of spores in tinea versicolor.



PHOTO 52

Segmented pseudohyphae and round chlamydospores of *Candida albicans* are occasionally seen in KOH preparations.

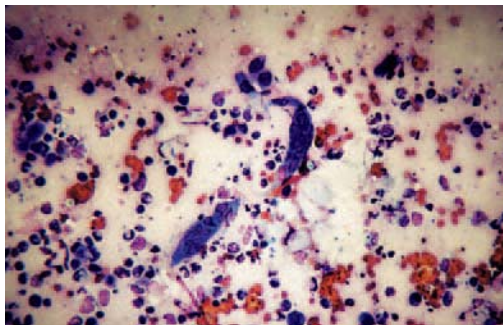


PHOTO 53

Tzanck smear from the base of a herpetic vesicle. Note the large multinucleated giant cells and epidermal cells with enlarged (ballooned) nuclei.



PHOTO 54

Scabies prep. shows a mature itch mite with a maturing ovum. These are easily identified under low power.

Part II: Color Photographs



PHOTO 1

Grouped dome-shaped lesions of molluscum. Note the white central core.



PHOTO 2

Grouped molluscum lesions on the buttocks of a child. Several lesions show a dimple and peripheral ridge. Mature lesion on the right shows distinct scale.



PHOTO 3

Dusky molluscum lesion which is starting to involute. Note the halo of inflammation at its base.



PHOTO 4

Typical grouping of molluscum lesions on an inner thigh.

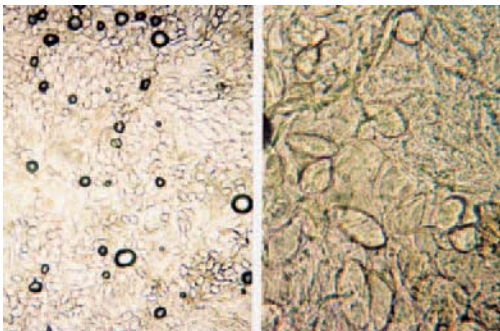


PHOTO 5

Molluscum smear, expressed contents of lesion floating in physiologic saline. Low and high power.



PHOTO 6

Early wart on the palmar surface of the finger interrupts skin lines.



PHOTO 7

Pedunculated wart on forehead composed of filiform papules.



PHOTO 8

Plantar wart shows dome-shaped papules which interrupt skin lines. Note the fine scale and black ends of the thrombosed vessels.



PHOTO 9

Large filiform wart on the penile shaft.



PHOTO 10

Corymbiform plantar wart.



PHOTO 11

Warts on the hand and periungual tissue.



PHOTO 12

Clustered partially treated warts on the knee.



PHOTO 13

Verrucae of the beard area in a young adult man.



PHOTO 14

Dull red patches of seborrheic dermatitis along the scalp margin.

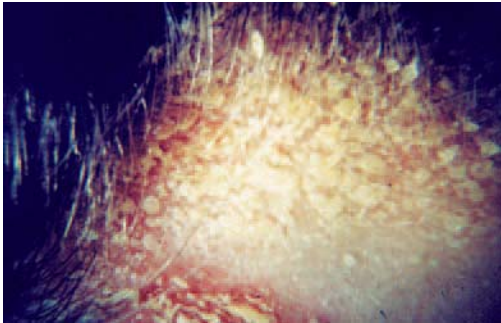


PHOTO 15

Yellow greasy scale at the scalp edge.

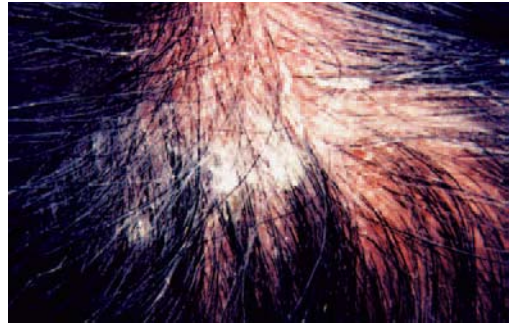


PHOTO 16

White loose scale in the scalp.



PHOTO 17

Petaloid patches of seborrhea on the mid back.



PHOTO 18

Early rosy-red papules of pityriasis rosea.



PHOTO 19
Rosy-red plaques of pityriasis rosea.



PHOTO 20
Scale with free edge turned toward the center of the lesion.



PHOTO 21
Oval lesions in linear configuration, long axes follow skin tension lines.

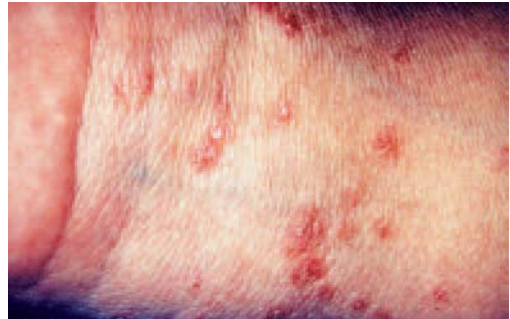


PHOTO 22
Early papules of psoriasis with loose silvery scale.



PHOTO 23
Plaques formed by centrifugal extension and confluence.

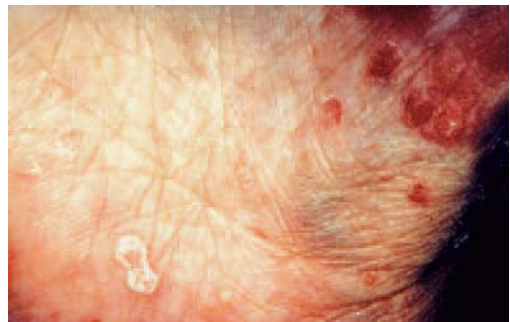


PHOTO 24
Plaques. Some show white mica-like scale.

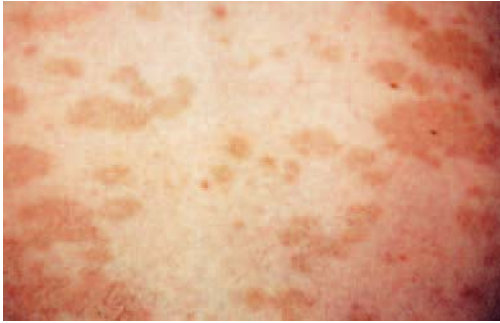


PHOTO 25

Macular hyperpigmentation at the sites of resolved plaques.



PHOTO 26

Positive Auspitz's sign. Bleeding points where scale has been removed.

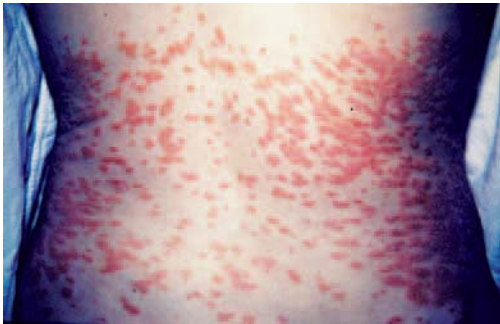


PHOTO 27

Guttate (small drop-like) lesions of psoriasis. Some have merged into plaques and others are becoming confluent.

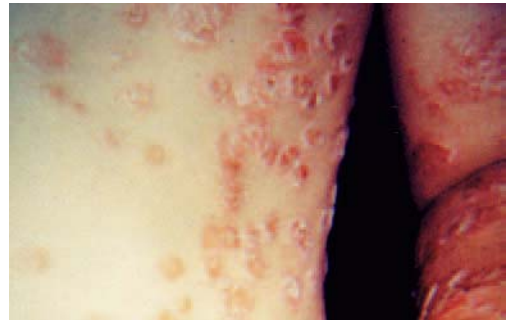


PHOTO 28

Nummular or coin-sized psoriasis lesions in a child.



PHOTO 29

Annular, polycyclic psoriasis lesions.



PHOTO 30

Linear nail pits strongly support a diagnosis of psoriasis.



PHOTO 31

Violaceous, angular, flat-topped primary papules of lichen planus.



PHOTO 32

Wickham's stria in a mucosal lesion of lichen planus. Note the erosion on the right.



PHOTO 33

Hypertrophic lichen planus shows plaques with thick adherent white scale.



PHOTO 34

Plaques of lichen planus formed by coalescence of papules. Note the satellite papules at the periphery.

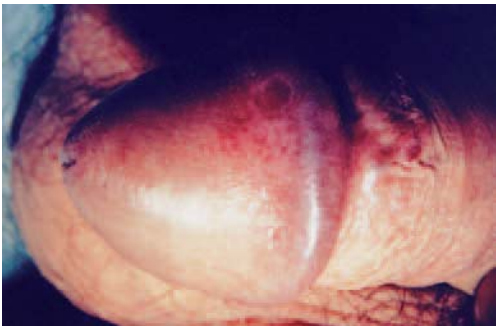


PHOTO 35

Mucosal lichen planus. Note the deep violaceous color, Wickham's stria, and the erosion on the top.

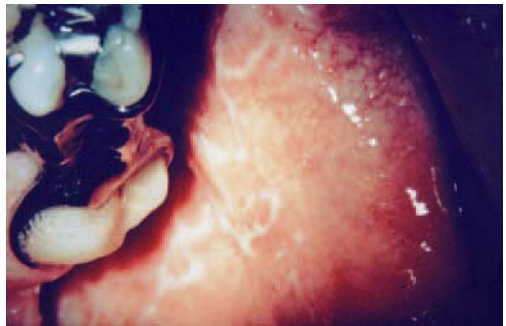


PHOTO 36

Lacy pattern of oral lichen planus. Note the erosions at the extreme upper and lower edges of the photo.



PHOTO 37

Permanent scarring due to lichen planus of the nail matrix.



PHOTO 38

Tiny crystalline vesicles of early miliaria.



PHOTO 39

Red papules of miliaria rubra.



PHOTO 40

Early pustular lesions of miliaria rubra profunda.



PHOTO 41

Track of scabies at the base of the forefinger. Note the vesicle.

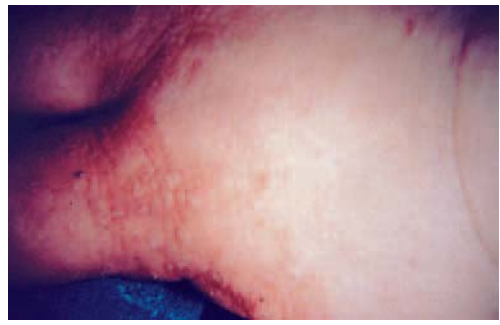


PHOTO 42

Linear scabies track at the base of the digit.



PHOTO 43

Linear scabies track. Note the point of entry at the bottom of the photo.

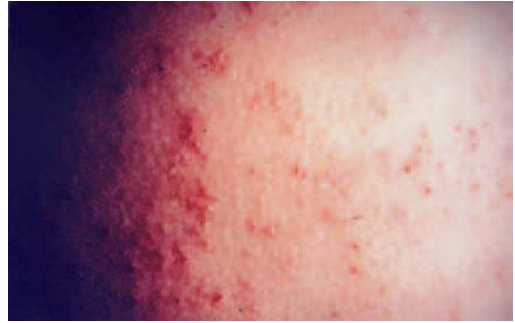


PHOTO 44

Secondary papular scabies lesions with excoriations, eczematization, and secondary infection.



PHOTO 45

Ectoparasite prep., shows mature eight-legged itch mite with ova. Ova alone may also be seen.

Part III: Color Photographs



PHOTO 1

Erythrasma showing brown macules and patches in the inguinal crease area. Scale and early lichenification present.



PHOTO 2

Tinea pedis and tinea manuum, so-called "two foot-one hand disease." Note the erythema and diffuse scale which is accentuated in the palmar creases. Also typical is the "moccasin" distribution on the lateral margins of the feet.

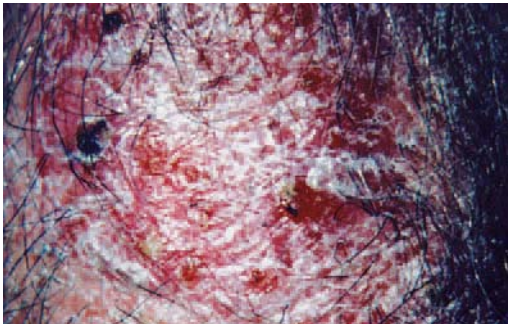


PHOTO 3

Inflammatory tinea of hair-bearing area. Note the partial alopecia, scale, broken hairs and follicular pustules.



PHOTO 4

Thick, secondarily infected kerion. Cervical nodes were enlarged. Culture grew *Microsporum canis*.



PHOTO 5

Kerion site after 10 days of combined broad spectrum antibiotics, prednisone and systemic antifungal therapy. Some scarring and permanent hair loss is expected.



PHOTO 6

Chronic tinea barbae of the chin. Note the deep inflammatory character of the nodules and the scarring.



PHOTO 7

Tinea faciale with advancing scaling margin.



PHOTO 8

Tinea of the neck with a very subtle advancing margin. Color change is partially due to inappropriate use of a topical corticoid.



PHOTO 9

Extensive tinea corporis. Note the advancing margin and concentric margins at the lower edge.



PHOTO 10

Tinea corporis showing the classic concentric lesions of ringworm.



PHOTO 11

Tinea near the ankle. Note the subtle advancing margin, inflammatory pustules, papules and nodules.



PHOTO 12

Boggy nodular tinea on the dorsum of the hand and wrist.

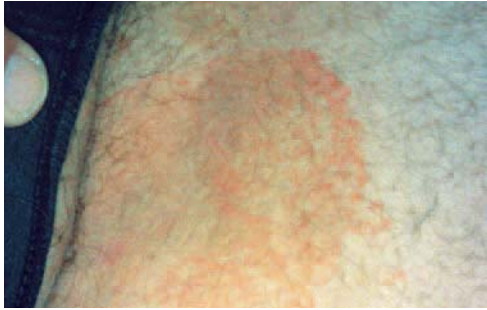


PHOTO 13

Tinea cruris with advancing margin extending from the inguinal crease onto the inner thigh.



PHOTO 14

Diffuse tinea of the sole. Note the margin that extends in a moccasin-like fashion across the instep. Also note the scale and fissures at the base of the toes.



PHOTO 15

Deep-seated vesicles on the instep in a case of tinea pedis. KOH prep. was positive. Contact dermatitis can cause identical lesions which are KOH negative.



PHOTO 16

Tinea unguium causing distal separation, dystrophy and discoloration of the nail plate.



PHOTO 17

Tinea unguium showing white superficial onychomycosis of nail 3 and distal subungual involvement of nail 2.

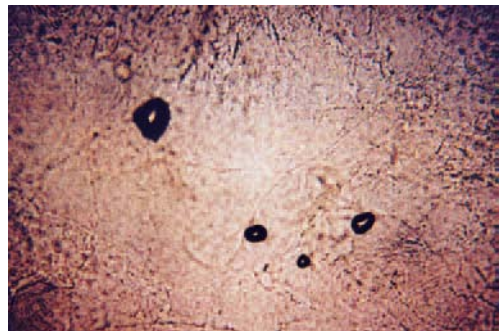


PHOTO 18

Positive KOH preparation. Long, refractile, branching hyphae.



PHOTO 19

Vesicular id reaction on the hand caused by an inflammatory tinea pedis. These vesicles are KOH negative.



PHOTO 20

Wheals of common urticaria. The lesions vary in size, are palpably raised and the centers show a pink or white color depending on the degree of edema.

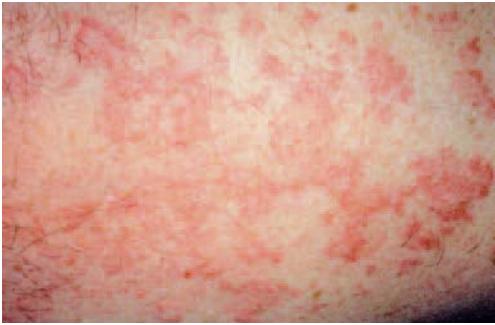


PHOTO 21

Common hives showing papules and confluent plaques. Some of the more edematous lesions have white centers.



PHOTO 22

Hives with polycyclic borders.



PHOTO 23

Early fixed drug eruption in the form of an indurated plaque of the eyelid and upper cheek.



PHOTO 24

Fixed drug eruption in the form of a dusky, violet-brown plaque on the dorsum of the foot. Underlying tendons are not visible.



PHOTO 25
Acute bullous fixed drug reaction to sulfa.

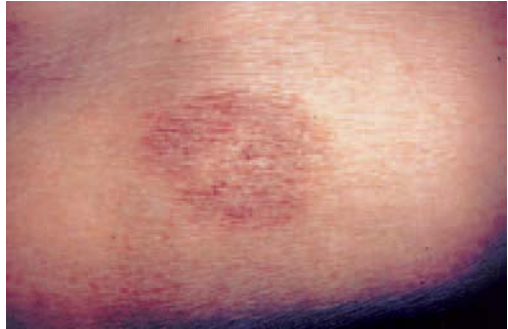


PHOTO 26
Persisting hyperpigmentation after resolution of the fixed acute drug reaction in photo 25.



PHOTO 27
Plaque of sharply marginated, tender erysipelas in a classic location.



PHOTO 28
Cellulitis of the shin. Ill-defined patches of tender warm erythema.



PHOTO 29
Erysipelas which has become vesicular.



PHOTO 30
Erythema multiforme showing early papular and developing plaque lesions with dusky centers.



PHOTO 31

Enlarged view of erythematous plaque lesions showing early hemorrhage in the center.



PHOTO 32

Vesiculobullous erythema multiforme.



PHOTO 33

Target or iris lesions of erythema multiforme on the palmar skin.



PHOTO 34

Hemorrhagic crusted lesions of the vermillion margin of the lips.

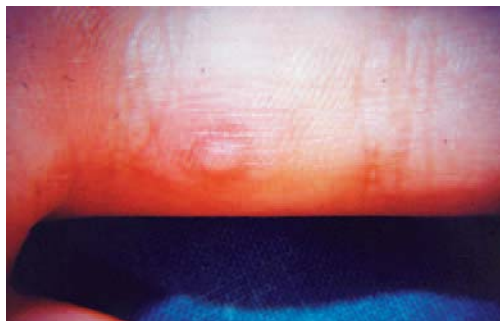


PHOTO 35

Close-up of a target lesion on the palmar surface of the digit.

Part IV: Color Photographs



PHOTO 1

Early DLE. Photo shows a plaque with a papule above. The lesions are becoming confluent. Note the accentuation of the hair follicle openings, the loss of normal skin surface pattern and shiny surface.



PHOTO 2

A discrete plaque of DLE near the sideburn. Early white scale is evident and in the center it shows a distinct follicular pattern.



PHOTO 3

Developed plaque of DLE with thick adherent white scale. Central scale has become mounded and brownish-yellow.

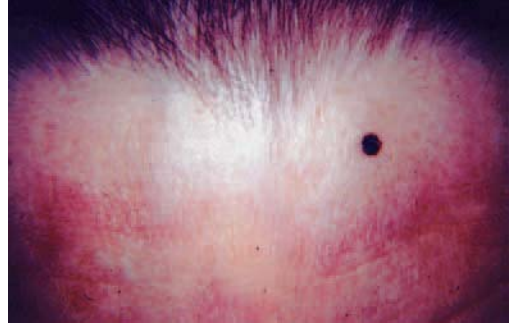


PHOTO 4

DLE of forehead at hairline shows an advancing indurated margin with telangiectatic vessels. Central area shows hypopigmentation where activity of disease has burned out.



PHOTO 5

Pigmentary changes in chronic scarring DLE.



PHOTO 6

Hypopigmented scar at the hairline in chronic DLE.



PHOTO 7

Punched out DLE scar. Note the typical white base with telangiectatic blood vessels.

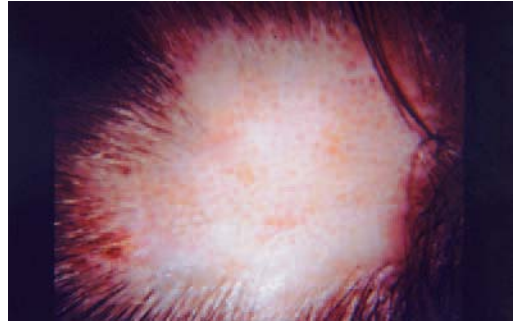


PHOTO 8

Scarring DLE of the scalp often results in permanent alopecia.



PHOTO 9

Discoid lesion in sideburn shows a margin with erythema and telangiectasia, a white depressed center and peripheral scale.



PHOTO 10

DLE lesions suggest a butterfly pattern, but are absent over the upper central face and show asymmetry on the upper lip.



PHOTO 11

DLE flare following an acute sunburn.



PHOTO 12

Squamous cell carcinoma of the nasal ala arising in a burned out DLE lesion.



PHOTO 13

SCLE, extensive lesions were present on other light-exposed sites (*see* photo 17). Note the papulosquamous character and the mixture of sharply demarcated papules and plaques.

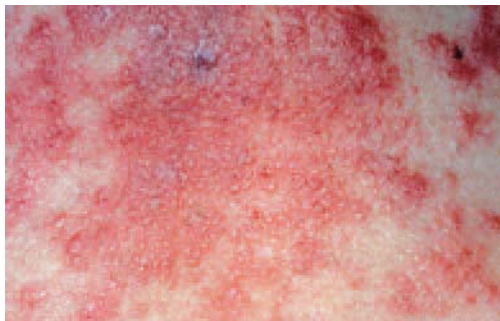


PHOTO 14

Close-up of lesions in photo 13. Note the sharp margins, mixture of papules and plaques, telangiectatic vessels and the loose central white scale.



PHOTO 15

SCLE: Extensive chest lesions. Many are developing an annular configuration.



PHOTO 16

Sharply demarcated papules and plaques. Lesion with biopsy site exhibits areas of central gray-white hypopigmentation and atrophy.



PHOTO 17

SCLE onset with skin lesions showing distinct photo-accentuation. Covered skin areas were clear.



PHOTO 18

Butterfly rash of lupus. In this instance the patient has SCLE without evidence of systemic disease.



PHOTO 19

Pruritic papular eruption extensor surface of limb in a patient with SLE.



PHOTO 20

Papular erythema on the dorsum of the hands. Similar changes are seen in cases of dermatomyositis.



PHOTO 21

Ragged cuticle, opaque nailbed with absence of the lunula and prominent tortuous capillaries in the proximal nail fold. These changes are seen in SLE and other major connective tissue diseases.



PHOTO 22

The results of severe peripheral vascular involvement in a case of SLE.

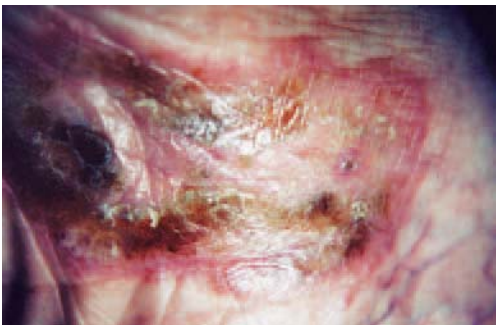


PHOTO 23

DLE-like lesion on the foot in a patient with SLE.



PHOTO 24

Linear plaques and patches of erythema typical of toxicodendron dermatitis.



PHOTO 25

Linear streaks and patches of vesicles also typical of a plant-acquired allergic contact dermatitis.



PHOTO 26

Secondary infection with honey-colored exudate, fissuring, scale and crusting. This can occur with any acute eczematous process.



PHOTO 27

Confluent dermal edema common with secondary transfer or airborne exposure to the antigen.



PHOTO 28

Early patchy linear toxicodendron dermatitis with vesicles can simulate early Herpes zoster with minimal neuritis.



PHOTO 29

Perioral eczema in a young woman with atopic dermatitis. Note the mild wrinkling and lichenification laterally; also note the reaction is limited to an area reached by the tongue.



PHOTO 30

Eczema of the hands in a man with classic flexural atopic dermatitis. Note the focal lesions which began as rings of pruritic vesicles. Also note the lichenification, excoriations, painful fissures, crusting and paronychia involvement.



PHOTO 31

Eczema of the proximal nail fold. Note the edema, loss of the cuticle and the early rippling of the nailplates on digits 3 and 4.



PHOTO 32

Scalp eczema shows erythema, white scale, excoriations and secondary impetiginization.



PHOTO 33

Allergic shiners.



PHOTO 34

Morgan-Dennie's line of the lower eyelid.



PHOTO 35

Pityriasis alba in the active phase as a scaling pink patch.



PHOTO 36

Pityriasis alba, the erythema has resolved leaving subtle pigment loss.



PHOTO 37

Atopic palmar markings.



PHOTO 38

Delayed white dermographism in an area of active atopic dermatitis. Note the "A," "T," and partial "O."



PHOTO 39

Ichthyosis, "like fish scale" on the shin of a patient with atopic dermatitis.

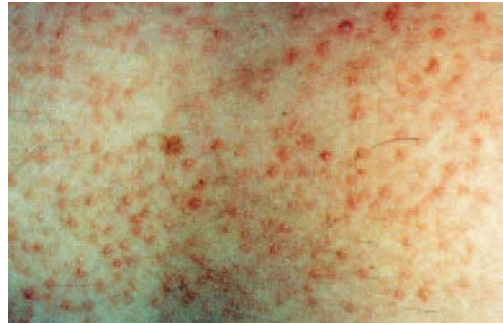


PHOTO 40

Keratosis pilaris on the arm of an atopic person.



PHOTO 41

Buffed nails from scratching.



PHOTO 42

Early atopic dermatitis shows patches of erythema, papules and papulovesicles.



PHOTO 43

Lichenified eczema of the antecubital fossa. Note the indistinct margins and excoriations.

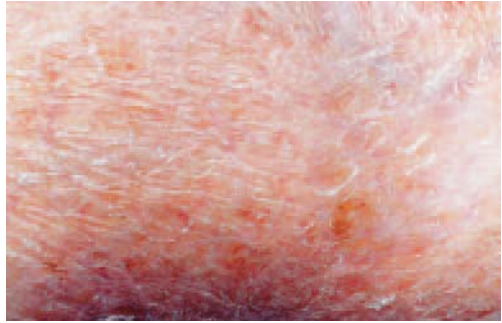


PHOTO 44

Xerotic skin is dull, scaly and shows fine wrinkling with focal areas of erythema.



PHOTO 45

More severe xerosis with fissuring erythema and early impetiginization.

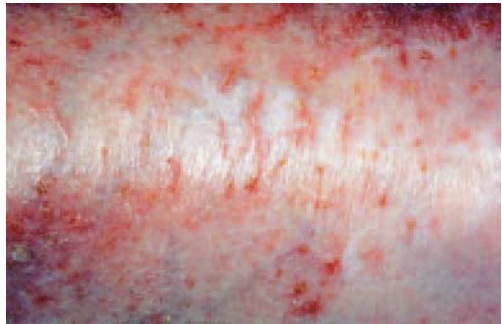


PHOTO 46

Long canal-like fissures with exudate in the base.



PHOTO 47

Craquelé or crazy-pavement pattern.



PHOTO 48

Irregular patches of purpura following minor trauma. Note also the epidermal atrophy from chronic solar damage. Patchy tan pigment is left from prior episodes.



PHOTO 49

More advanced atrophy, small foci of purpura and white stellate scars from epidermal tears.



PHOTO 50

Light transverse stria in a teen-aged weightlifter.



PHOTO 51

Extensive fan-shaped stria on the lower back in a patient on long-term, high-dose systemic steroids.



PHOTO 52

Dark wide stria from abuse of potent topical steroids.

Part V: Color Photographs

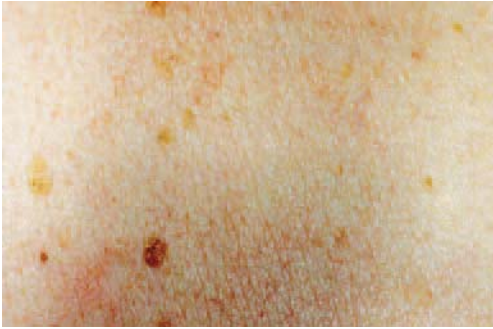


PHOTO 1

Field of early 1–4 mm seborrheic keratosis. Yellow-tan color, dull, stuck on, some show comedones on surface.



PHOTO 2

Seborrheic keratosis. Typical mature, “stuck on” yellow-tan lesion. Note multiple tiny early SKs in the field.



PHOTO 3

Developed brown-black seborrheic keratosis, stuck on with inflammation at the base. Contrast with smaller 1–3 mm yellow-tan SKs in field.



PHOTO 4

Typical ephelides in a teenager of Celtic heritage.



PHOTO 5

Non-solar lentigos. Individual lesions are clinically indistinguishable from junctional nevi.



PHOTO 6

Front and back view of a man with extensive solar-induced lentiginos. Note the scar on the left upper anterior shoulder where an *in situ* melanoma was discovered.

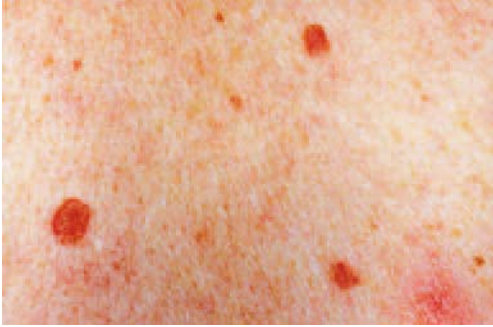


PHOTO 7

Junctional nevus, right lower corner, developed compound nevi right upper and left lower corners.



PHOTO 8

Early compound nevi lower center, mature compound or developed dermal nevus upper center.



PHOTO 9

Mature pink-tan dermal nevi, center, contrast color and reflectance with several dull yellow and grey-tan SKs in the same field.



PHOTO 10

Mature soft dermal nevus lower eyelid. Compare with pedunculated SKs on the upper lid and outer canthus.



PHOTO 11

Large nevus with a mammillated cerebriform surface.



PHOTO 12

Mature benign compound or dermal nevus with scale.



PHOTO 13

Mature compound nevus with long terminal hair growth.



PHOTO 14

Mature compound nevus. The dark spots are keratotic plugs or comedones.

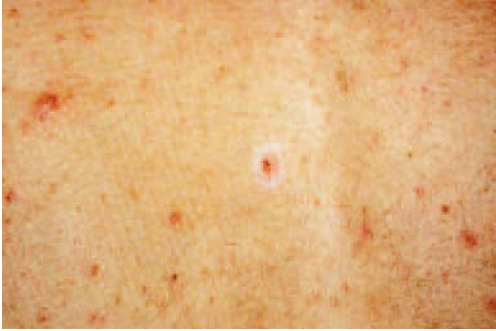


PHOTO 15

Halo nevus of Sutton. Note the central regressing pink-brown compound nevus with an achromic border.



PHOTO 16

Depigmented macule at site of totally regressed nevus. Same patient as photo 15.



PHOTO 17

Primary lesion in patient with atypical mole syndrome. Irregular shape and color. Mammillated surface with an indistinct macular margin. Compare with other typical benign junctional moles in the same photo.



PHOTO 18

Atypical nevus close-up. Note the irregular shape, color and margins.



PHOTO 19

Atypical mole syndrome. Note the irregular and variable appearance of the nevi.



PHOTO 20

Atypical mole syndrome. Note the irregular and variable appearance of the nevi.



PHOTO 21

Medium-sized CMN. Note the mammillated surface, irregular but not truly notched border, dark terminal hair and speckling. Lesion is a uniform plaque.

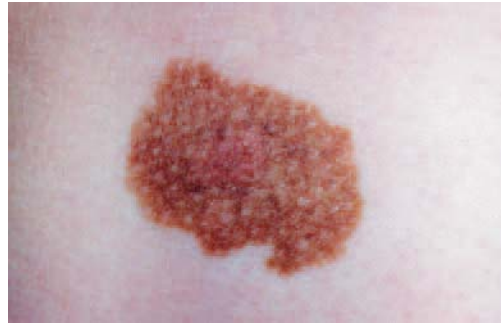


PHOTO 22

Medium-sized CMN. Note the speckled surface, distinct but irregular margins and the central pink-tan benign compound component.



PHOTO 23

Congenital melanotic nevus, medium sized. Note the raised mammillated surface. Contrast with the 5 mm compound nevus at the bottom of the photo.



PHOTO 24

An acquired congenital pattern nevus.



PHOTO 25

Giant congenital melanotic nevus (bathing trunk type). Note the speckled variable color and elevation.



PHOTO 26

Superficial spreading malignant melanoma. Asymmetric, irregular border and color, size exceeds 6 mm. Note the central raised papule, a sign of invasion.



PHOTO 27

Lentigo maligna. Irregular pigmentation, irregular margins and the lesion is typically quite large. Entire surface is still macular and lesion is still *in situ*.

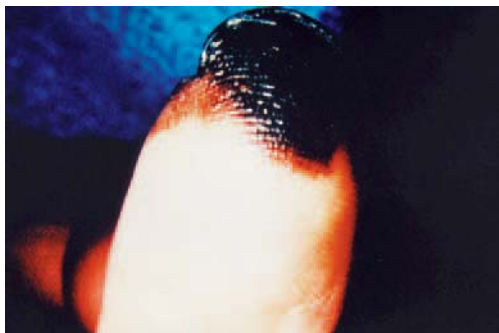


PHOTO 28

Acral lentiginous melanoma of the nail bed. Note the asymmetry and blush of lighter brown pigment at the periphery. Skin markings are still retained.



PHOTO 29

SSMM. Note the notched, pseudopod-like border. Lesion is asymmetric and size exceeds 6 mm. Contrast its highlighted surface with the dull yellow-tan SK immediately adjacent.



PHOTO 30

SSMM, shows loss of skin markings, irregular border, asymmetry and a developing central papular area. Compare with the mature dermal nevus at the bottom.



PHOTO 31

Early SSMM. Some asymmetry, speckling, dramatically contrasting color areas, early border notching. Size exceeds 6 mm.

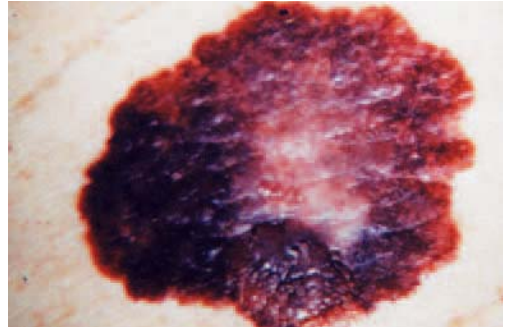


PHOTO 32

SSMM. Asymmetric, irregular notched border, color varies from white to pink to blue-grey to brown and brown-black. Nodule at lower edge indicates vertical growth.



PHOTO 33

LMM of the nasal bridge. Note the asymmetry, size, irregular color and areas of speckling. Border is also notched.



PHOTO 34

Nodular melanoma presenting as a deeply pigmented rapidly growing lesion with loss of skin lines. Deep color correlates with depth.

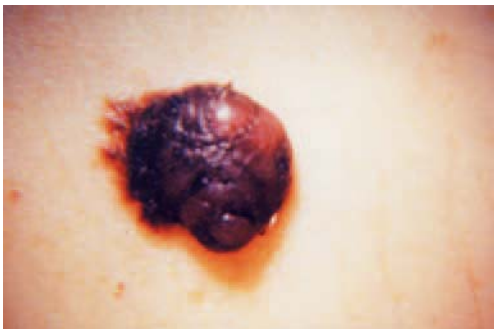


PHOTO 35

Nodular melanoma with irregular base.



PHOTO 36

Erythematous actinic keratosis with a fine adherent yellow scale. Note the tiny bleeding point where scale has been removed. Lesion is easier to detect by palpation than by vision.



PHOTO 37

Actinic keratosis of helix shows focal erythema, adherent white and brown scale.

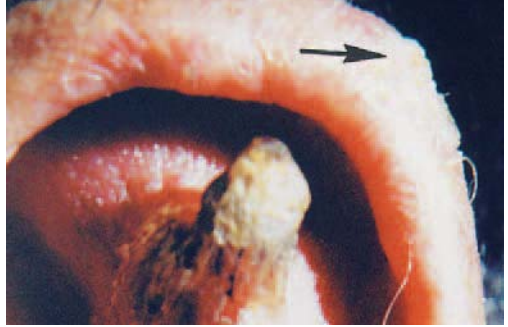


PHOTO 38

Cutaneous horn of antihelix. This one had a squamous cell carcinoma at the base. Note the thick white AK near the apex of the helix.



PHOTO 39

White actinic cheilitis of the lower lip with scale. Central area shows erosion and ulceration.



PHOTO 40

Keratoacanthoma on dorsum of hand. Note the dull central core and dilated surface vessels. Note also the adjacent AK with white scale and the chronic actinic damage.



PHOTO 41

Keratoacanthoma of upper lip.



PHOTO 42

Nodular keratoacanthoma.

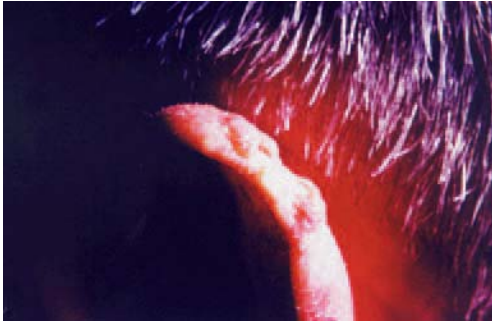


PHOTO 43

Depression and epithelial tags at the site of a regressing keratoacanthoma.



PHOTO 44

Translucent papular BCC of temple. Note the developing central dell and compare with the yellow-tan SK above.



PHOTO 45

Translucent papular BCC of nasal bridge with dilated vessels.



PHOTO 46

Nodular basal cell. Note the small erosions and depressed areas. Also note the translucent character and dilated surface vessels.



PHOTO 47

Nodular BCC with central erosion and prominent surface vessels.



PHOTO 48

Yellow-pink scaling depression of upper lip is actually a sizable BCC.



PHOTO 49

Subtle yellow-pink plaque with loss of skin markings is actually a superficial BCC.



PHOTO 50

BCC presenting as a white plaque.



PHOTO 51

Red plaque BCC with central dell, raised thready border and erosion.



PHOTO 52

BCC presenting as a red plaque with loss of skin lines, surface erosions and scale.

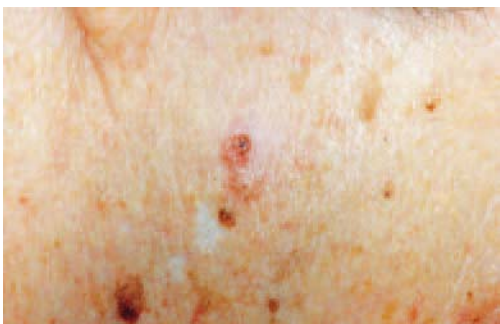


PHOTO 53

BCC with areas of regression and pigmentation.



PHOTO 54

Nodular BCC with pigmented areas. Differential would include nodular melanoma.



PHOTO 55

BCC which has ulcerated and spread peripherally.



PHOTO 56

BCC with central rodent ulcer and peripheral extension.



PHOTO 57

Neglected BCC covers most of the scalp and extends into bone. Shows erosions, ulceration, crusting, scarring and eschar formation.



PHOTO 58

Early SCC. Note the deep indurated quality of the papule.



PHOTO 59

Large nodular ulcerating SCC.

Part VI: Color Photographs



PHOTO 1

Non-bullous impetigo with early small vesicles (upper photo.) and older lesions which have ruptured, enlarged and coalesced.



PHOTO 2

Ruptured vesicle leaving a moist burnished red base.



PHOTO 3

Bullous impetigo shows grouped vesicles of various sizes.



PHOTO 4

Impetigo. Early blisters are clear while the older central blister is clouding as inflammatory cells accumulate.



PHOTO 5

Scaling plaque of impetigo with areas of spontaneous resolution.



PHOTO 6

Lesion of bullous impetigo with a peripheral hemorrhagic crust.



PHOTO 7

Herpetic whitlow that had been recurrent for over a decade before the diagnosis was made. Multiple hospitalizations and courses of antibiotics were given needlessly for the accompanying viral lymphangitis.



PHOTO 8

Periocular Herpes simplex.



PHOTO 9

Herpes. Grouped umbilicated vesicles on an erythematous urticarial base.



PHOTO 10

Solitary lesion of Herpes genitalis on the penile shaft. Note the two warts in the foreground.



PHOTO 11

A typical location for Herpes genitalis in female victims. Lesions are clouding and becoming pustular.



PHOTO 12

Eroded Herpes labialis triggered by lip surgery. Today this complication can be prevented with prophylactic antiviral therapy.

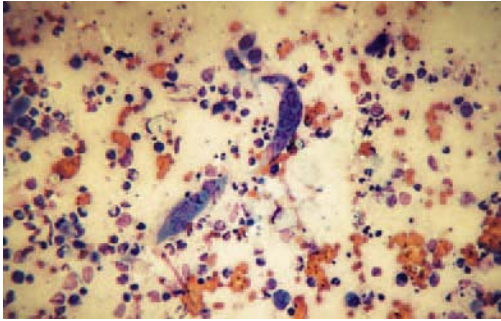


PHOTO 13

Tzanck smear shows multinucleated syncytial giant cells and epidermal cells with ballooned nuclei typical of herpes virus cytopathic effect.

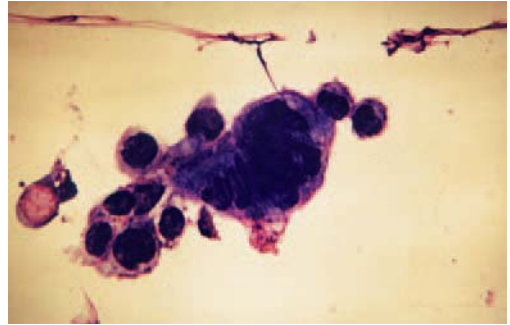


PHOTO 14

High power view of giant cell and keratinocytes with ballooned nuclei.



PHOTO 15

Hemorrhagic and necrotic zoster of the ophthalmic branch of the fifth cranial nerve. Note Hutchinson's sign is present and there is injection of the sclera of the right eye.



PHOTO 16

Ramsay-Hunt syndrome with vesicles in the concha accompanied by severe pain in the ear.



PHOTO 17

Ramsay-Hunt syndrome (same case) demonstrating a complete facial nerve paralysis on the same side.



PHOTO 18

Sacral Herpes zoster of left segments S-2, 3, 4.

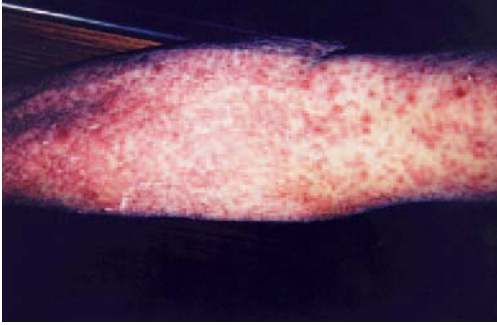


PHOTO 19

Generalized Herpes zoster in a patient with chronic lymphocytic leukemia.



PHOTO 20

Hemorrhagic zoster in a patient with advanced myeloma. Suppression of the immune system is responsible for the absence of the inflammatory base.



PHOTO 21

Groups of vesicle traveling down a nerve segment on the arm and forearm.

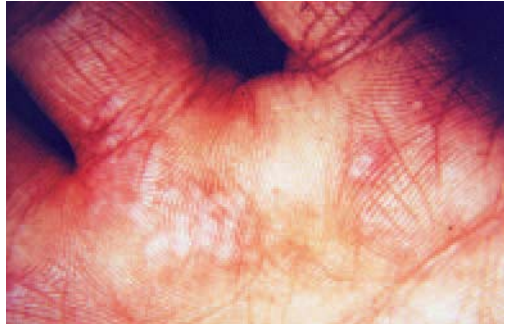


PHOTO 22

Herpes zoster in the same case as photo 21 with segmental lesions on the palm.



PHOTO 23

Segmental zoster with sharp midline cutoff. Umbilicated vesicle and pustules are present.

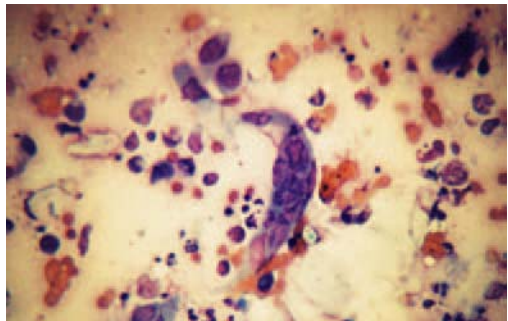


PHOTO 24

Positive Tzanck smear shows giant cells, balloon cells and acute inflammatory cells.



PHOTO 25

Early grade I comedonal acne. Closed comedones and occasional open comedones are present.



PHOTO 26

More advanced grade I acne with closed cysts, and open and closed comedones.



PHOTO 27

Open and closed comedones with a single inflamed papule in the center of the photo.



PHOTO 28

Early grade II acne also shows inflammatory follicular papules and pustules.



PHOTO 29

Inflammatory papules and pustules that are coalescing into nodules. Note also the appearance of ice-pick scarring.



PHOTO 30

Nodules, cysts, and sinus tracts of grade III acne.



PHOTO 31

Grade III acne. Large inflammatory papules have become confluent to form cysts and sinus tracts. Note also scattered crusts and eschars.



PHOTO 32

Post-acne pigmentation. The erythema component will fade within 3-4 months; the tan melanin component may take months or years to diminish.



PHOTO 33

Acne of the upper back and shoulder causing hypertrophic scarring.



PHOTO 34

Typical facial acne, mild grade II.



PHOTO 35

Moderate grade II acne of the upper back.



PHOTO 36

Mild grade II acne on the central chest.



PHOTO 37

Erythematous telangiectatic rosacea; only occasional papules and pustules are evident. Erythema is the predominant finding.



PHOTO 38

Papulopustular rosacea with a component of seborrheic dermatitis.

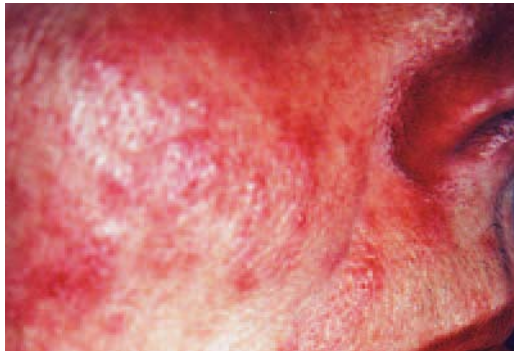


PHOTO 39

Severe rosacea with inflammatory nodules.



PHOTO 40

Severe papulopustular rosacea with dome-shaped pustules and nodules.



PHOTO 41

Rosacea. Edema causing a shiny orange-peel appearance to the upper cheek.

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