Chapter 11:

Other skin diseases


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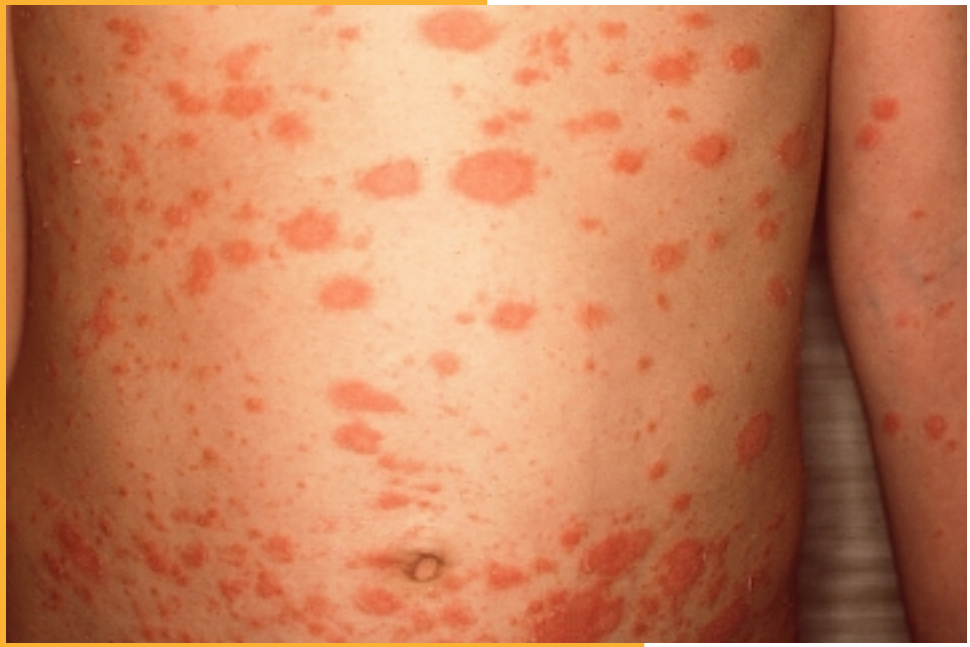
11.1 Pityriasis rosea



The eruption consists of pink oval patches measuring 1 to 3 cm in diameter, with fine scaling in a peripheral collarette. The initial lesion, looking like an oval medallion, can usually be recognized by its larger size (diameter 5 to 6 cm) and its accentuated margin.

Basic Lesions: Erythematous Macule; Scales

Causes: None specific

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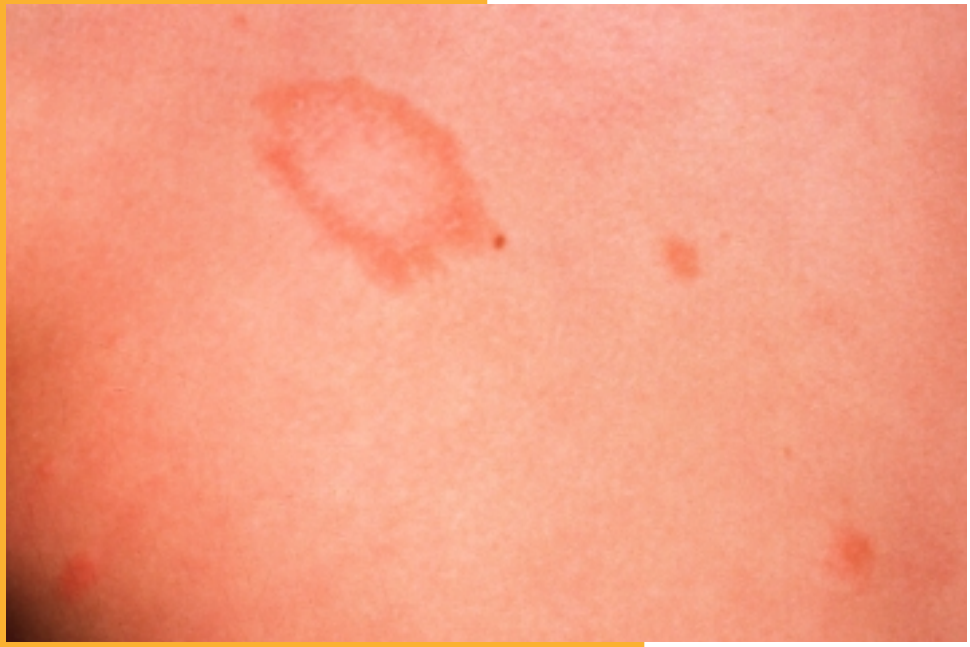
alphabetical picture cause basic lesion



Pityriasis rosea

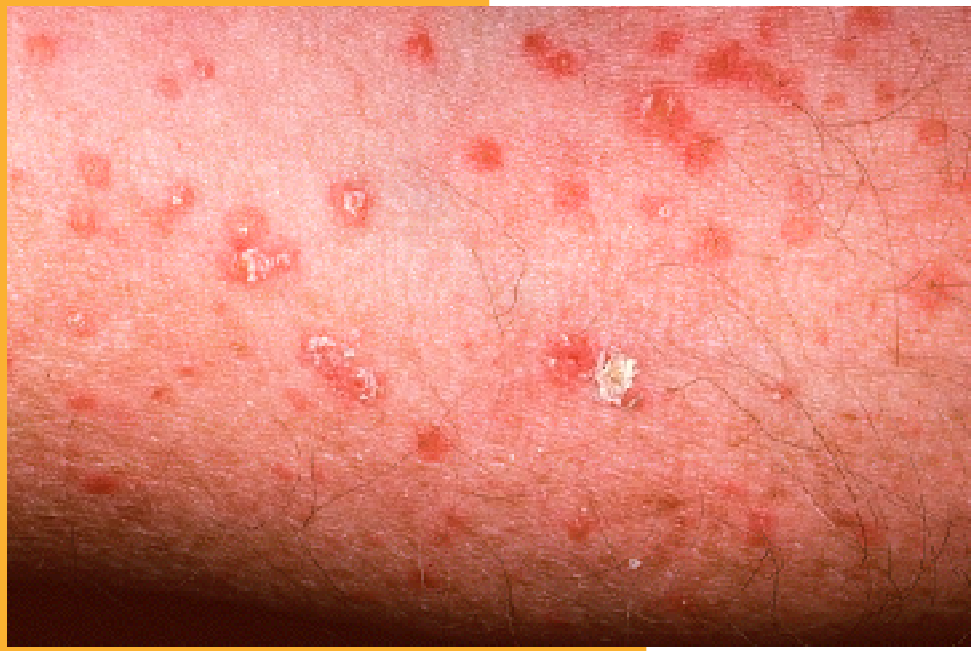
continued

Its oblique orientation on the trunk is characteristic.

Basic Lesions: Erythematous Macule; Scales

Causes: None specific

11.2 Parapsoriasis



Pityriasis lichenoides ("guttate parapsoriasis")

The polymorphic eruption is spread over the trunk and the limbs.
It consists of red or brownish and more or less scaly maculopapular lesions. The characteristic feature is a brownish macule covered with an adherent scale, which detaches in one piece.

Basic Lesions: Erythematous Macule; Scales

Causes: None specific

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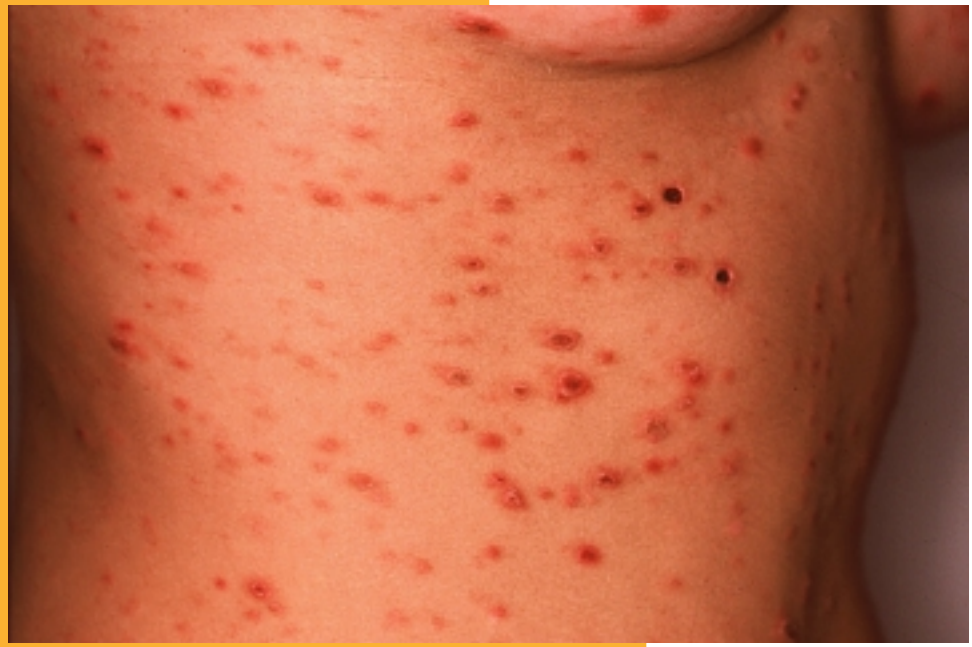
alphabetical picture cause basic lesion



Varioloid parapsoriasis

The eruption affects the trunk and the limbs, it is polymorphic: papulopustular lesions, necrotic, often haemorrhagic lesions, crusts, varioloid scars.

Basic Lesions: Dermal Papules; Pustules; Crusts; Scars

Causes: None specific

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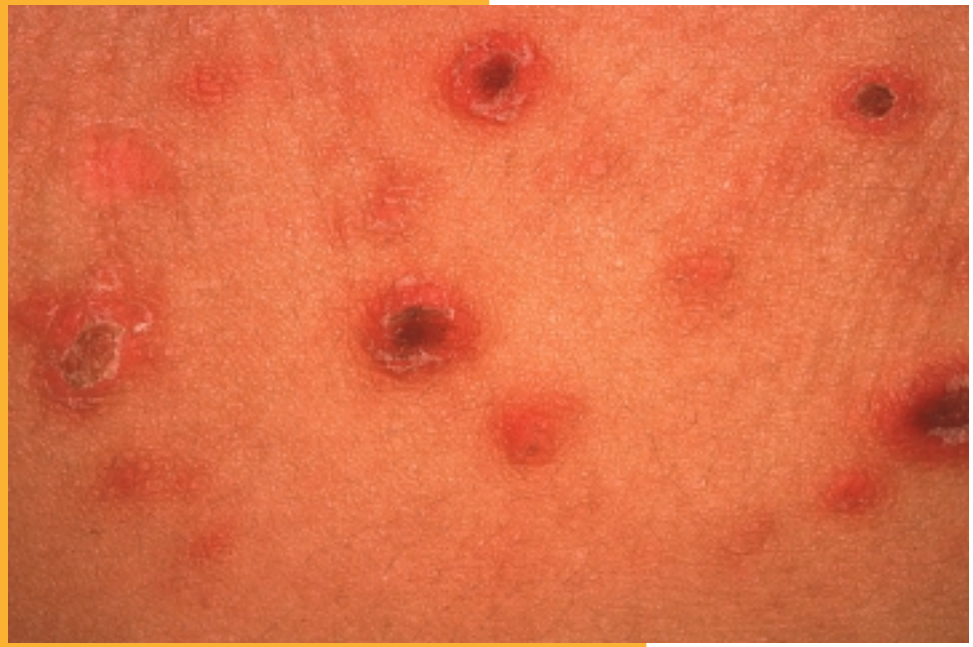
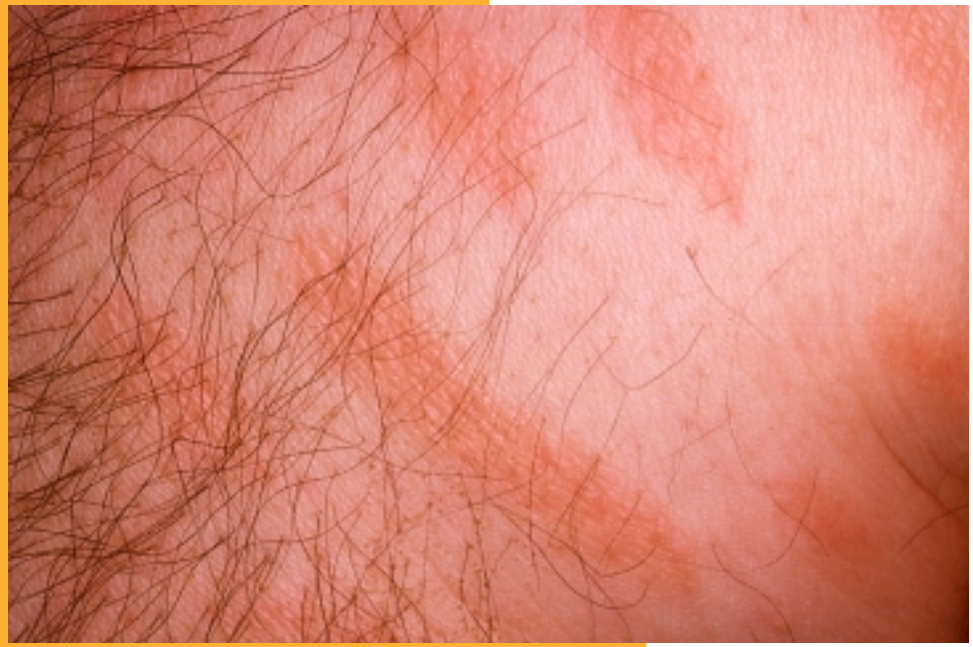


Varioloid parapsoriasis *continued*

Basic Lesions: Dermal Papules; Pustules; Crusts; Scars

Causes: None specific



Chronic superficial scaly dermatitis (digitate dermatosis)

The lesions are oval, 2 to 5 cm in diameter, well-circumscribed, flat and yellowish pink with fine scaling. These patches are disposed in lines, the position of which is fairly stereotyped: slanting along the ribs on the trunk, longitudinal on the limbs.

Basic Lesions: Erythematous Macule; Scales

Causes: None specific

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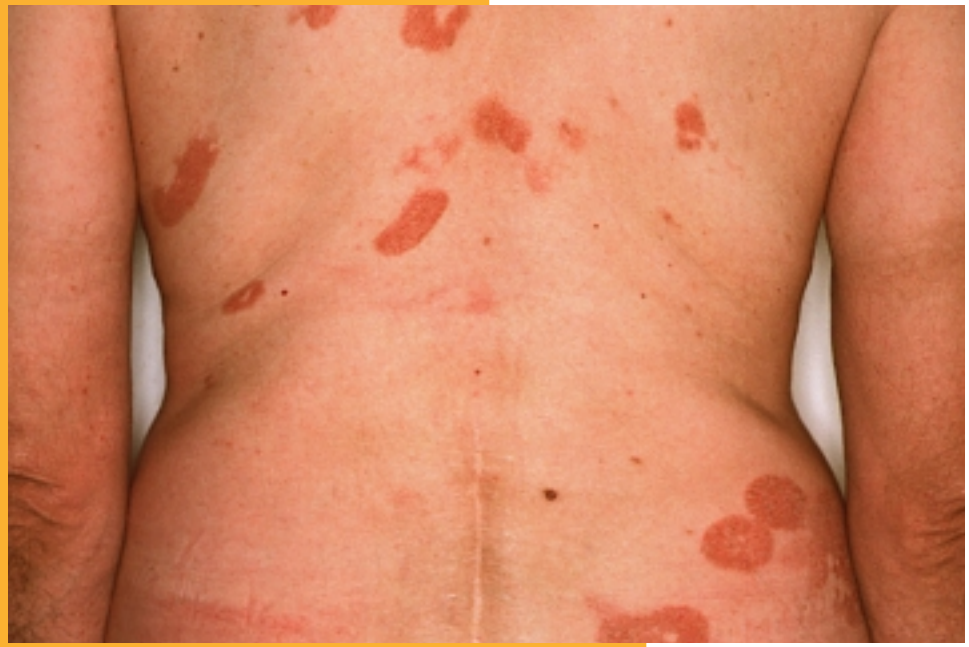

Premycotic or prereticulotic eruption with large plaques

The lesions consist of wide plaques (10 to 20 cm in diameter) located on the trunk and the base of the limbs. Their appearance is polymorphic: sepia-coloured scaly erythematous plaques, atrophic or even poikilodermal lesions.

Basic Lesions: Erythematous Macule; Scales

Causes: None specific

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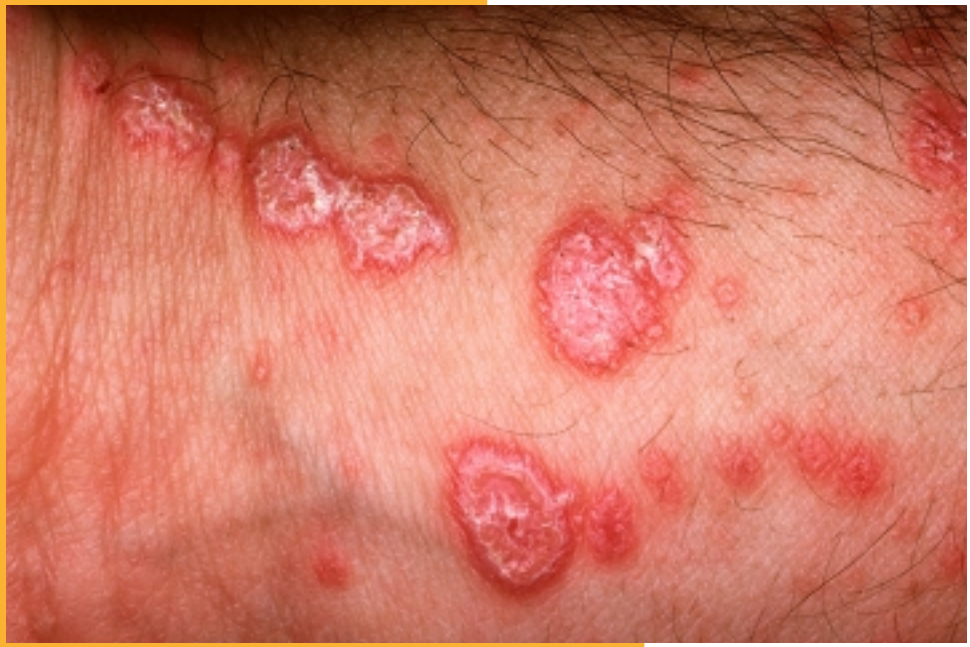
11.3 Lichen planus



Simple cutaneous lichen planus

The basic lesion is a firm reddish-violet polygon. The surface, which has a sheen in oblique illumination, is covered with fine greyish striations known as Wickham's striae.

Basic Lesions: Dermo-epidermal Papules

Causes: None specific

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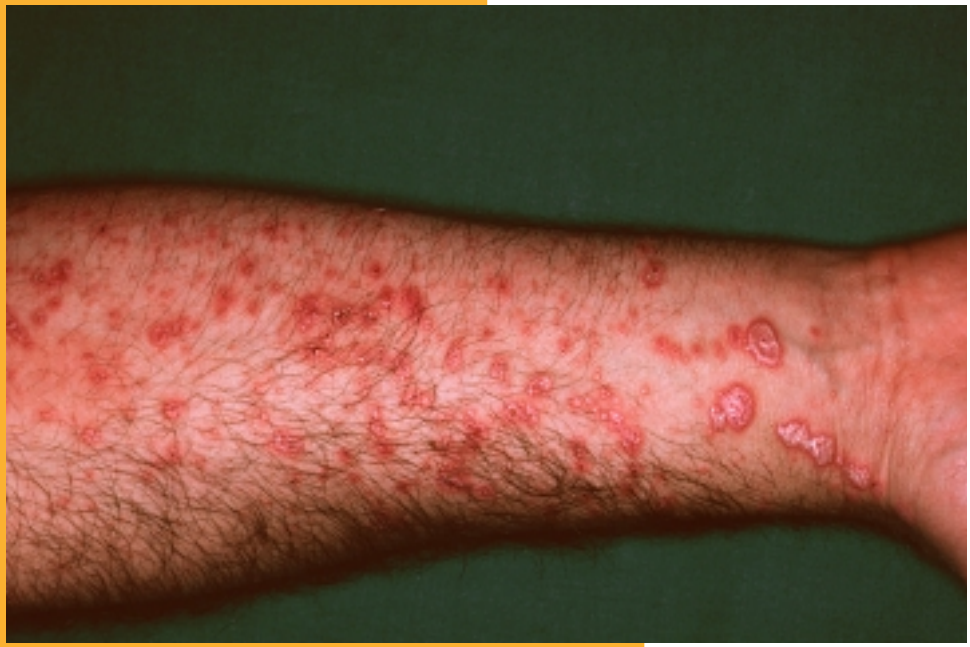
alphabetical picture cause basic lesion



Simple cutaneous lichen planus

continued

One of the preferred sites is the flexor surface of the forearm.

Basic Lesions: Dermo-epidermal Papules

Causes: None specific

alphabetical
picture
cause
basic lesion

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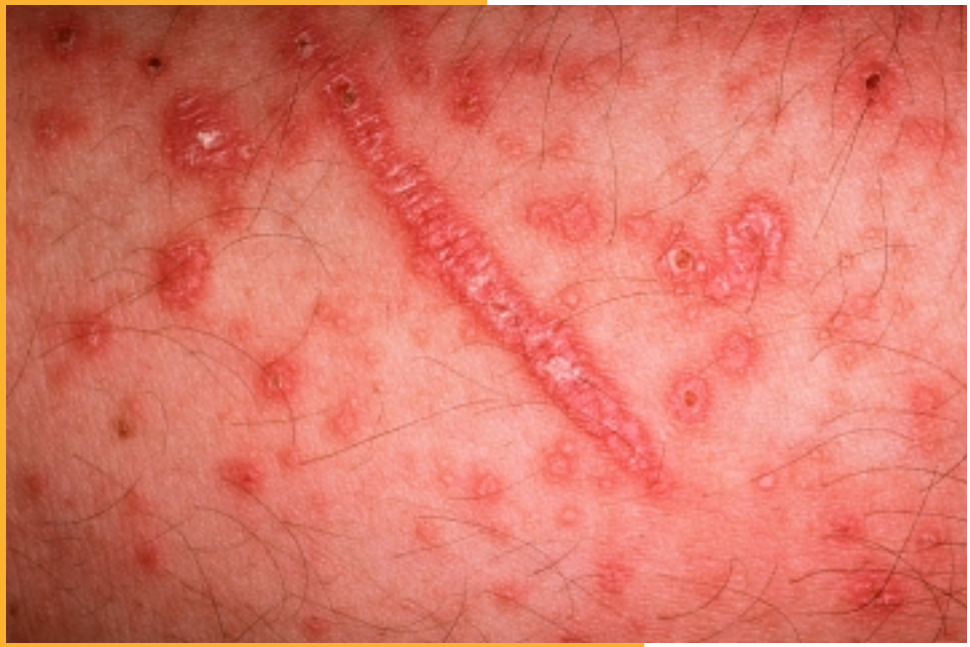

Simple cutaneous lichen planus

continued

Papules may appear along the excoriations caused by scratching (Koebner's phenomenon).

Basic Lesions: Dermo-epidermal Papules

Causes: Mechanical Factors

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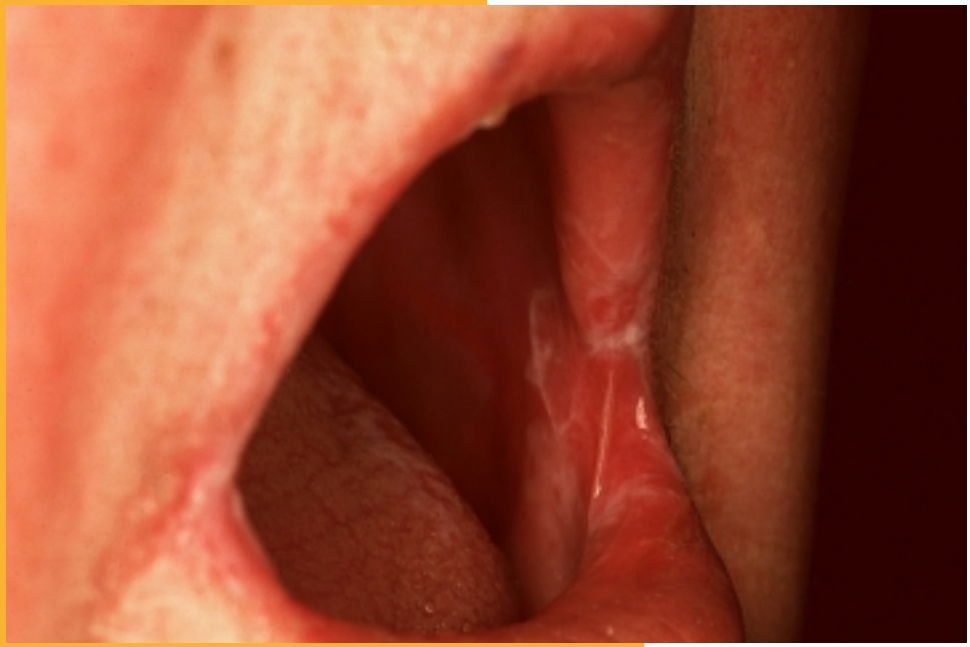

Oral lichen planus

The lesions are white and reticulated. Their preferred site is the tongue and the lower posterior part of the cheeks ("fern-leaf" appearance).

Basic Lesions: Achromic macules

Causes: None specific

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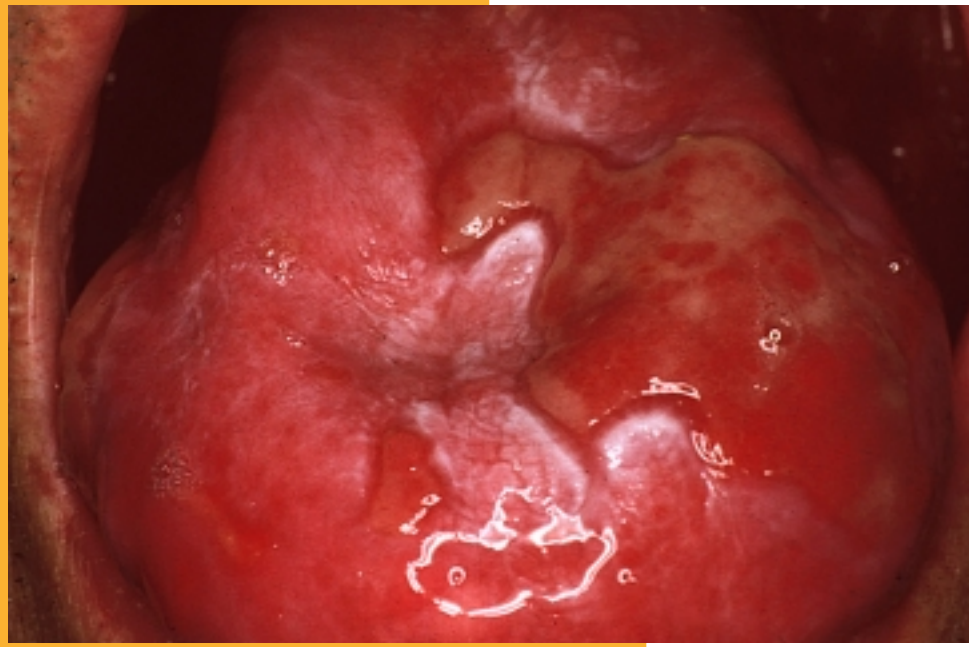


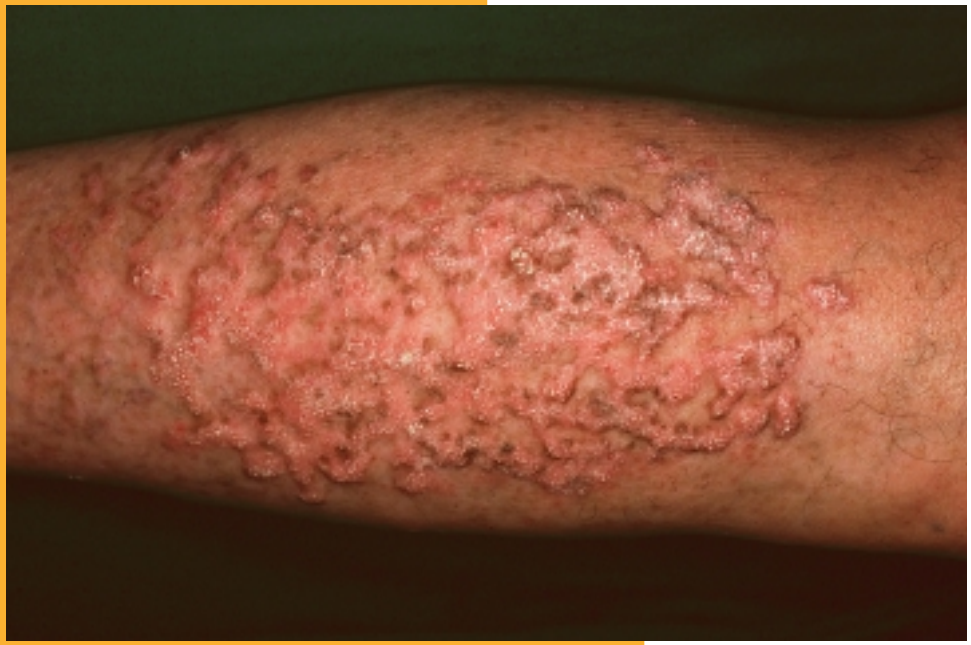
Oral lichen planus

continued

A rare form is erosive lichen planus: painful red ulcerations with no tendency towards spontaneous healing.
The ulcers are surrounded by a lichen-like whitish border.

Basic Lesions: Achromic macules; Ulcers

Causes: None specific



Hypertrophic lichen planus

The lesions are oval or coalescent, infiltrated, and pink or violet in colour. Their surface is hyperkeratotic. The skin disease classically affects the front of the legs.

Basic Lesions: Warts

Causes: None specific

alphabetical
picture
cause
basic lesion

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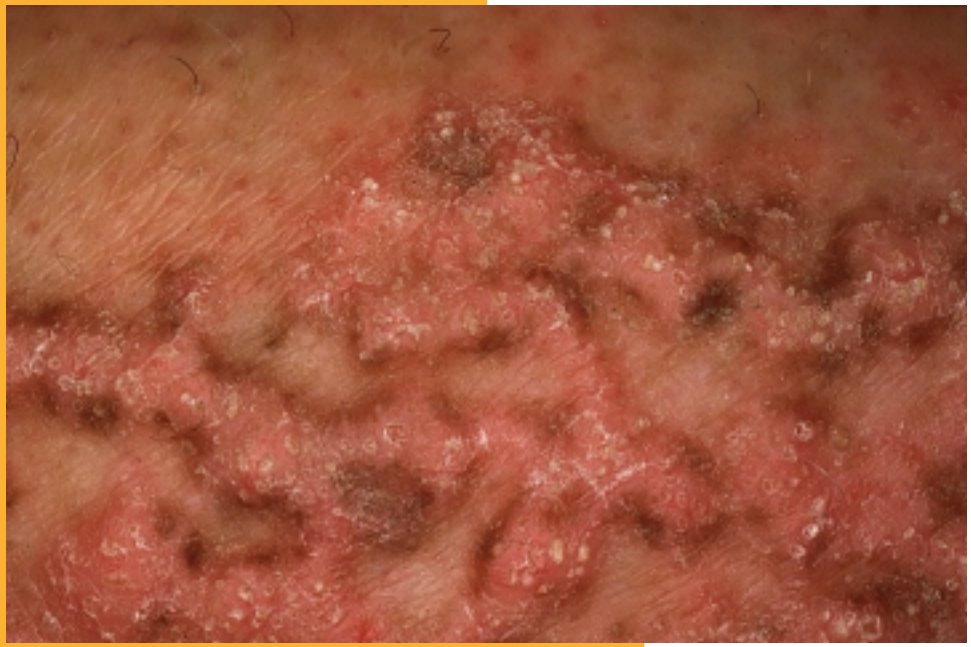

Hypertrophic lichen planus

continued

Basic Lesions: Warts

Causes: None specific

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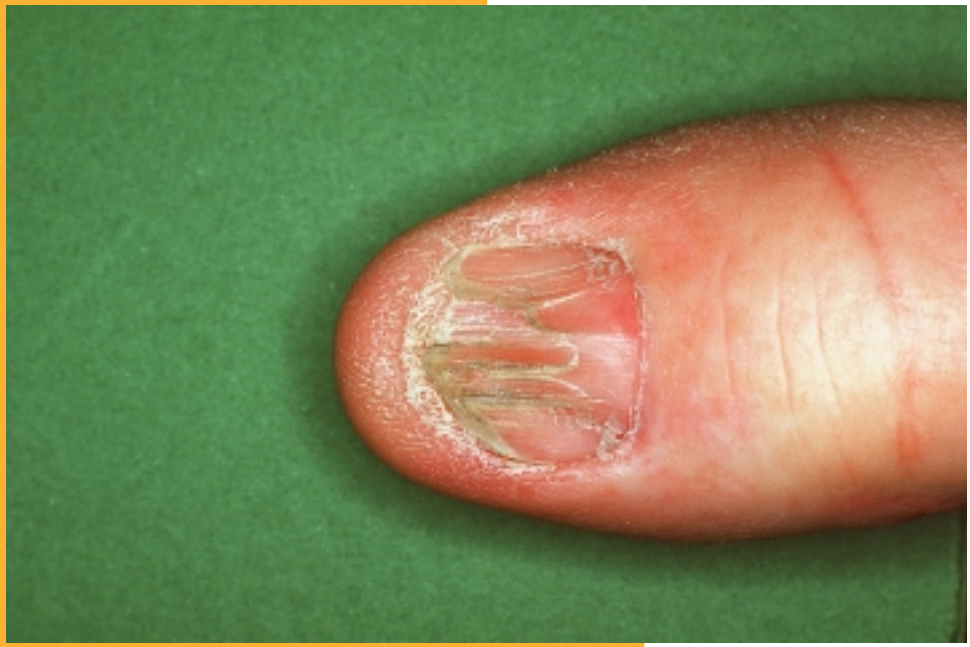
alphabetical picture cause basic lesion



Lichen planus of the nails

Dorsal pterygium and flaps of nail at the sites.

Basic Lesions: None specific

Causes: None specific

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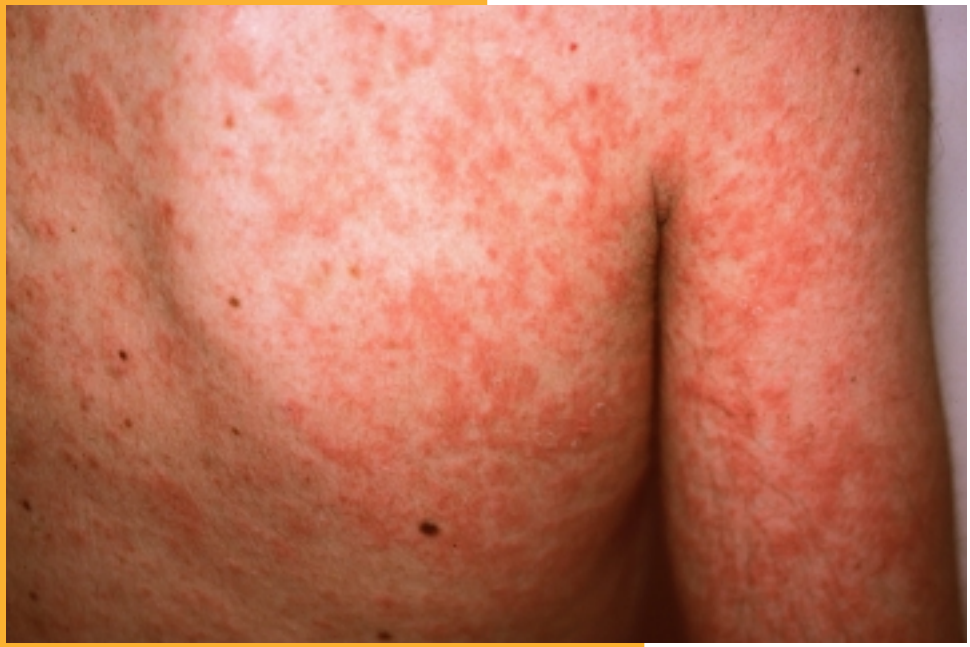
alphabetical picture cause basic lesion

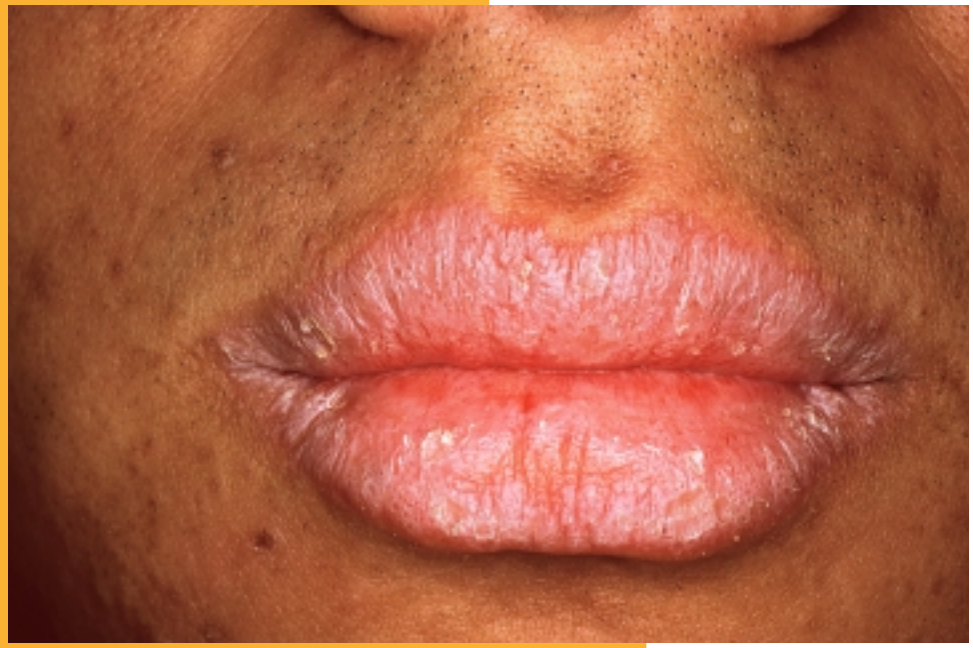
11.4 Graft versus host disease (GVHD)



In the subacute stage the graft's reaction against the host can appear as a lichenoid eruption. The lesions are spread all over the skin.

Basic Lesions: Dermo-epidermal Papules

Causes: None specific



Graft versus host disease (GVHD)

continued

The lesions are spread all over the skin and can involve the mucosa.

Basic Lesions: Achromic macules; Dermo-epidermal Papules

Causes: None specific

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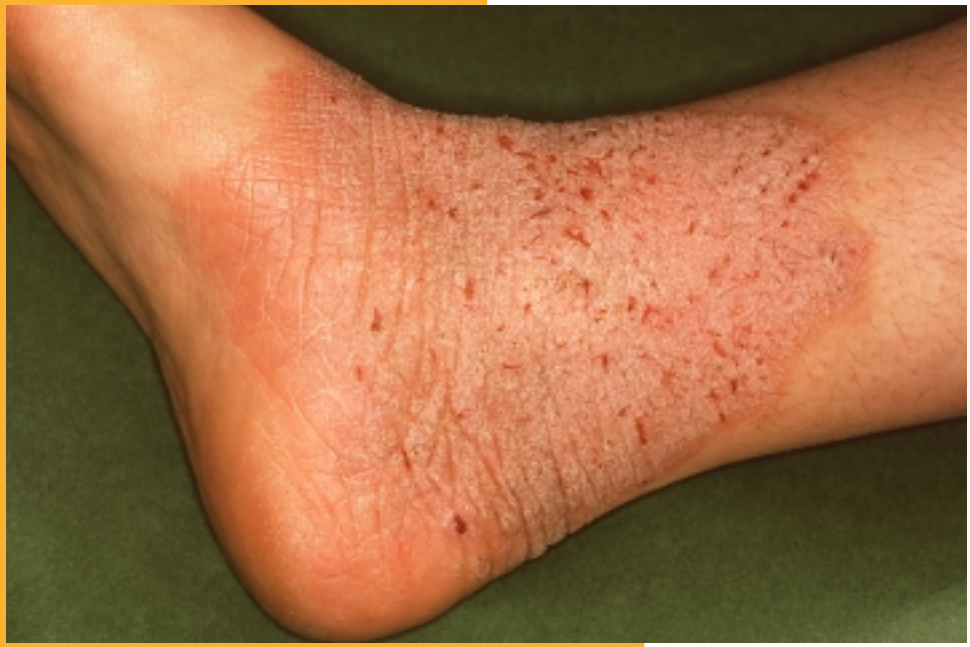
11.5 Lichenification



Well-demarcated thick itchy hyperkeratotic patch on the ankle, forming a grid of scratch lines. The term neurodermatitis is sometimes used to describe this phenomenon.

Basic Lesions: Keratoses; Excoriations (or Ulcerations)

Causes: Mechanical Factors

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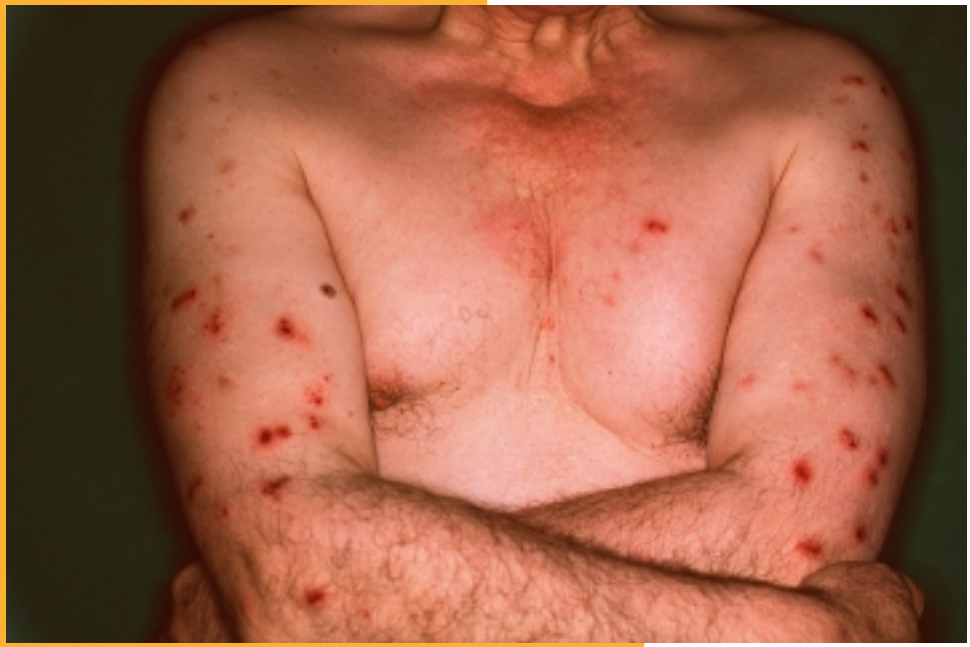
alphabetical picture cause basic lesion

11.6 Subacute prurigo



The excoriated papules are disposed symmetrically on the extensor surfaces of the limbs, the upper back, and sometimes on the face and the scalp.

Basic Lesions: Dermo-epidermal Papules; Excoriations (or Ulcerations)

Causes: None specific

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cause
basic lesion
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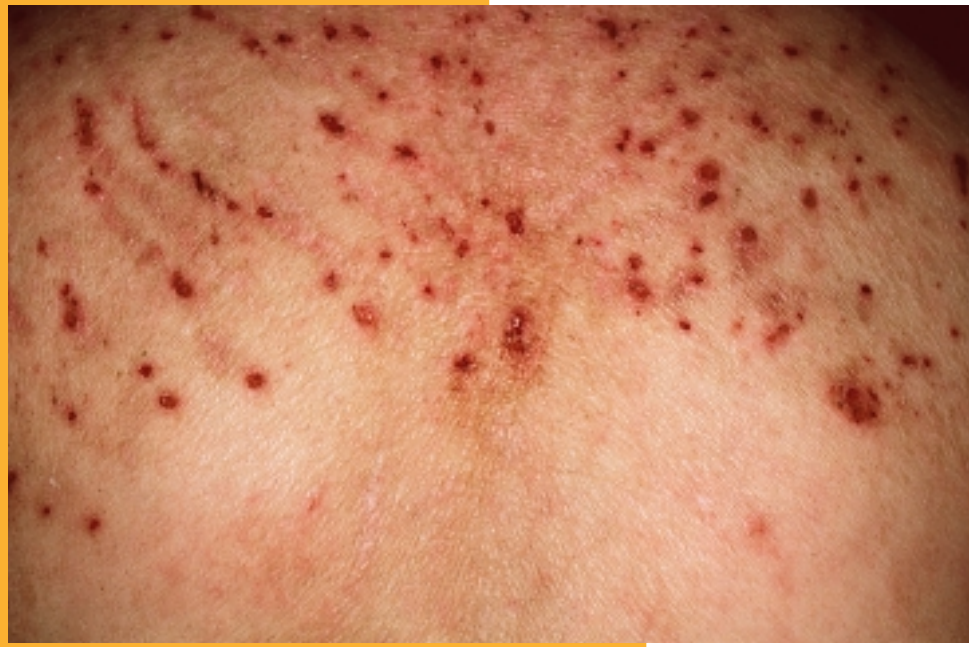

Subacute prurigo

continued

Basic Lesions: Dermo-epidermal Papules; Excoriations (or Ulcerations)

Causes: None specific

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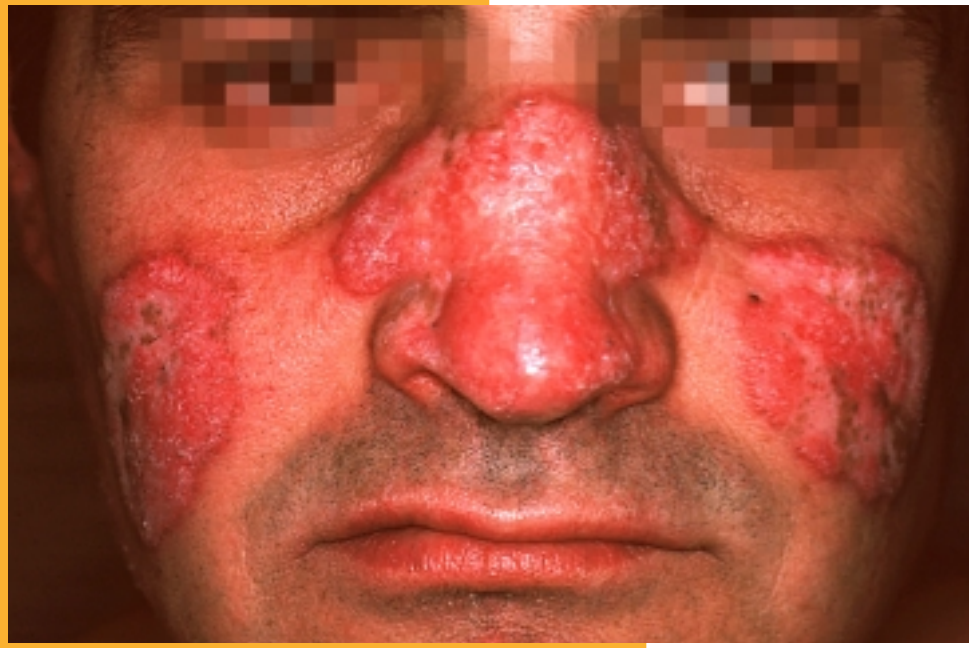
alphabetical picture cause basic lesion

11.7 Lupus erythematosus



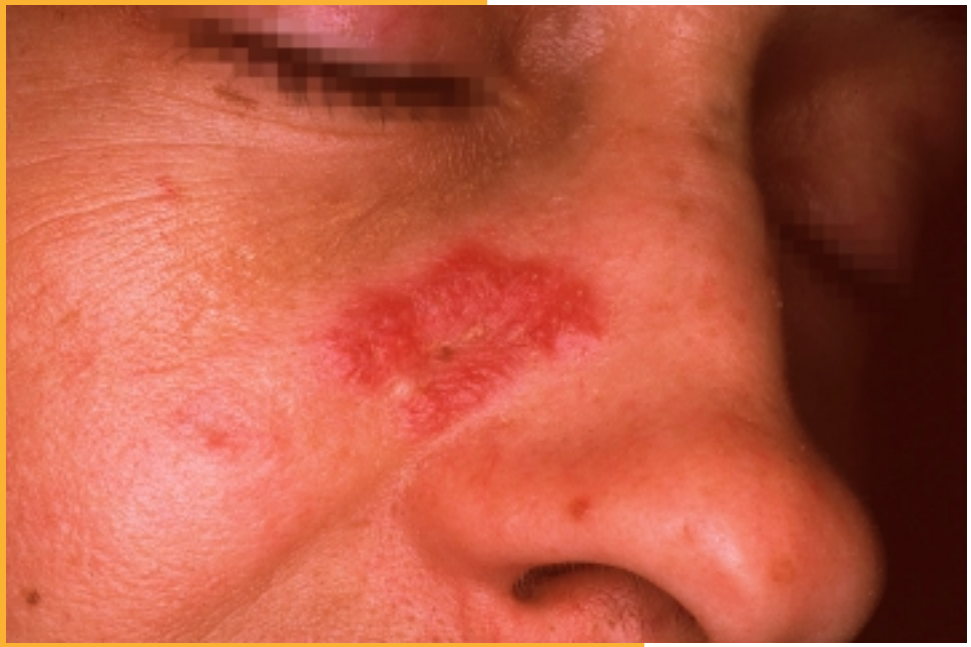
Discoid lupus erythematosus

1. Face

The eruption consists of erythematous patches covered with an adherent hyperkeratotic layer, predominantly at the hair follicles. It resolves into cicatricial atrophy.

Basic Lesions: Erythematous Macule; Keratoses

Causes: Sunlight, Ultraviolet Radiation



Discoid lupus erythematosus

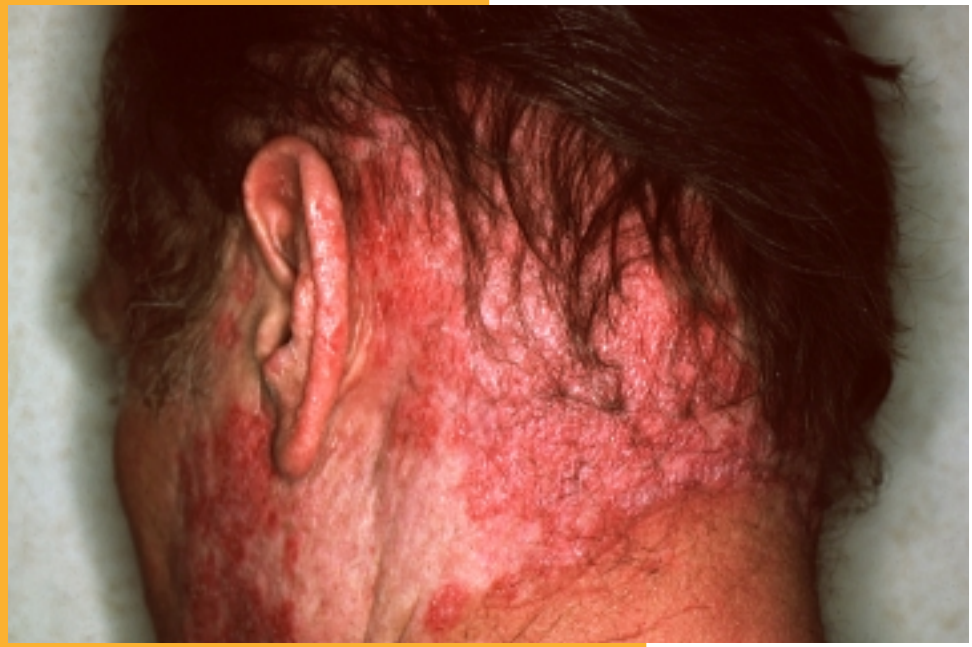
continued

1. Face

The erythema is associated with severe oedema, producing one or more swollen patches with distinct margins, a smooth surface, and an oedematous consistency. A rare form is lupus erythematosus tumidus.

Basic Lesions: Erythematous Macule; Keratoses

Causes: Sunlight, Ultraviolet Radiation



Discoid lupus erythematosus

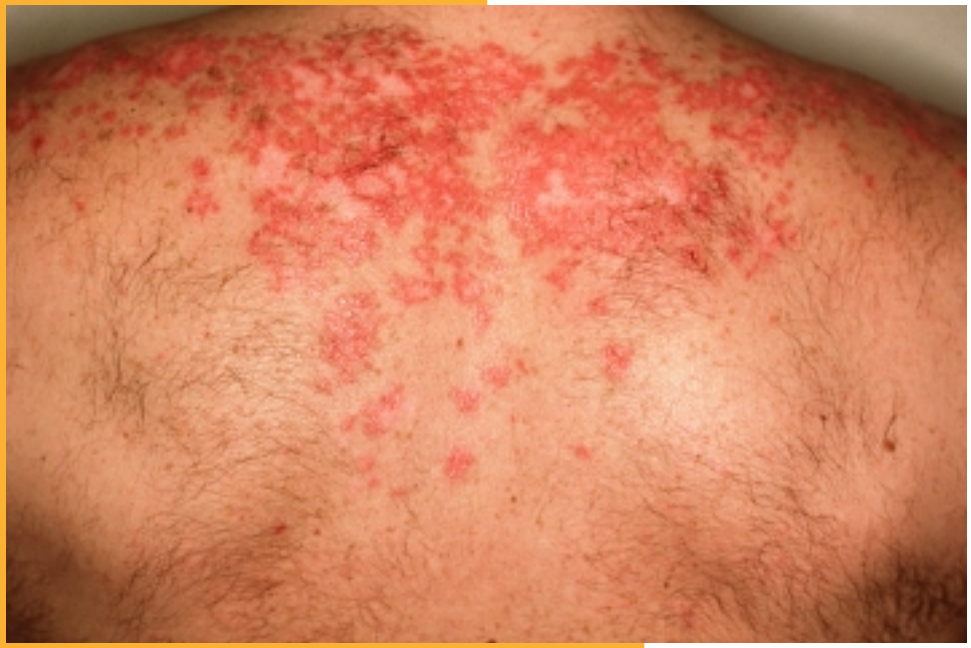
continued

2. Scalp

This consists of erythematous and somewhat atrophic alopecic plaques which heal with scarring.

Basic Lesions: Erythematous Macule; Atrophy; Scars

Causes: Sunlight, Ultraviolet Radiation



Subacute lupus erythematosus

The eruption corresponds to a profuse form consisting of erythematous and somewhat scaly polycyclic annular plaques which resolve to leave depigmentation and telangiectasia.

Basic Lesions: Erythematous Macule; Scales

Causes: Sunlight, Ultraviolet Radiation

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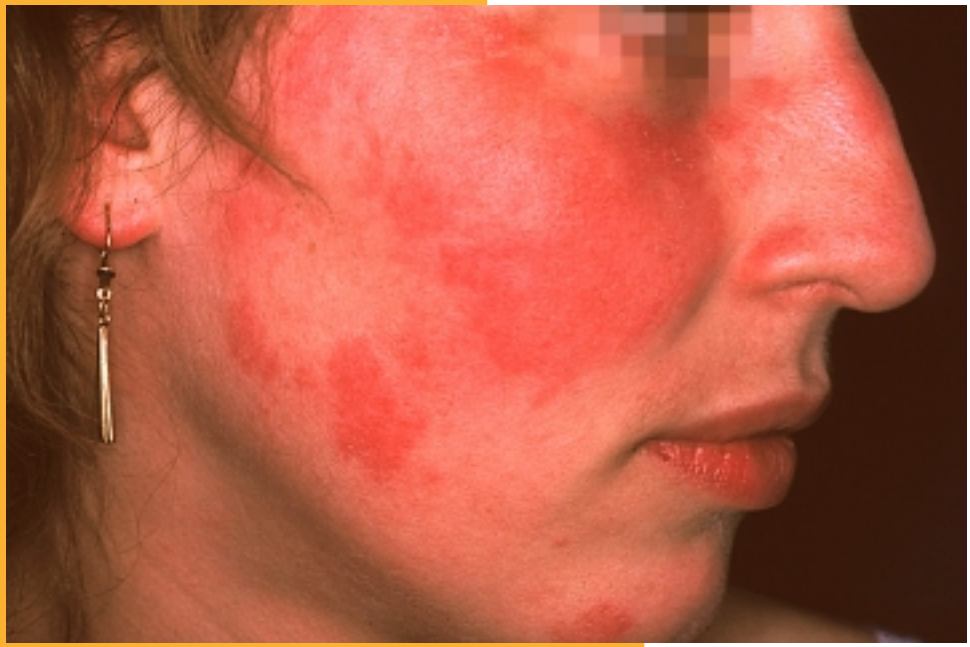


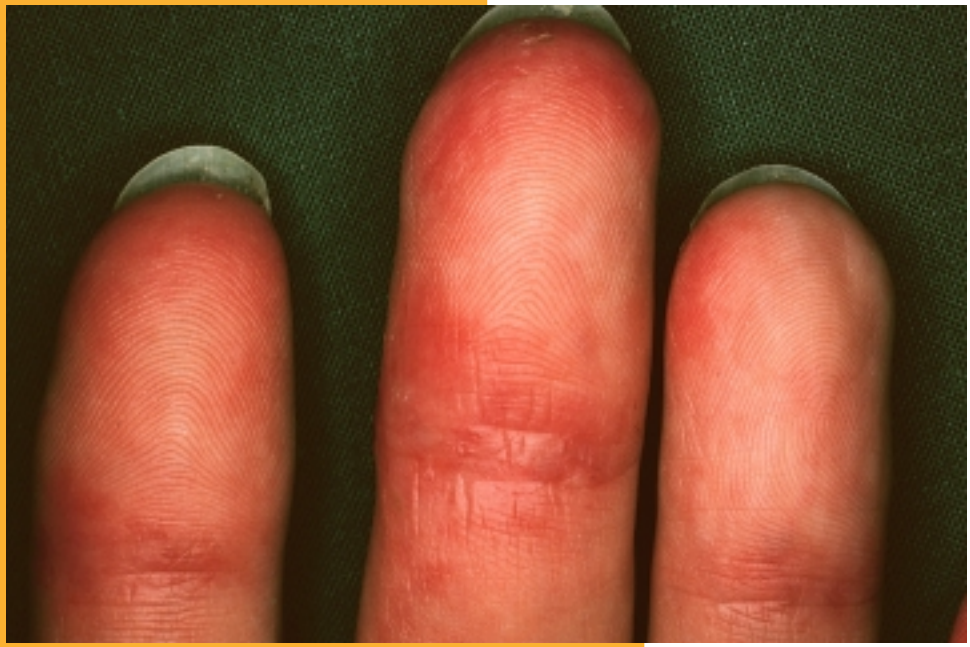
Systemic lupus erythematosus

1. Face

The eruption is in the form of slightly oedematous erythematous sheets, without atrophy or follicular hyperkeratosis. The lesions are often symmetrical and located on areas exposed to the sun ("butterfly" appearance).

Basic Lesions: Erythematous Macule

Causes: Sunlight, Ultraviolet Radiation



Systemic lupus erythematosus

continued

2. Fingers

The site of the lesions on the fingers is usually around the nails. The lesions are usually erythematous and telangiectatic, sometimes violet (chilblain-like in appearance).

Basic Lesions: Erythematous Macule

Causes: Cold

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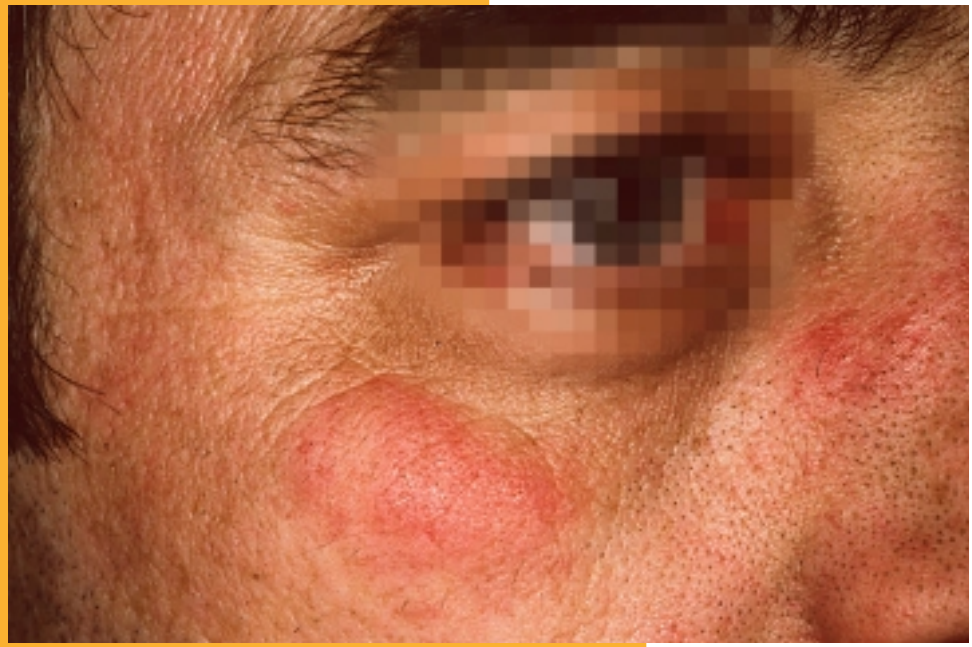
alphabetical picture cause basic lesion

11.8 Jessner and Kanof disease



The eruption consists of more or less tumid smooth erythematous papules with a flat surface and no scaling. These lesions tend to be located on the face, neck, and the upper trunk.

Basic Lesions: Dermal Papules

Causes: None specific

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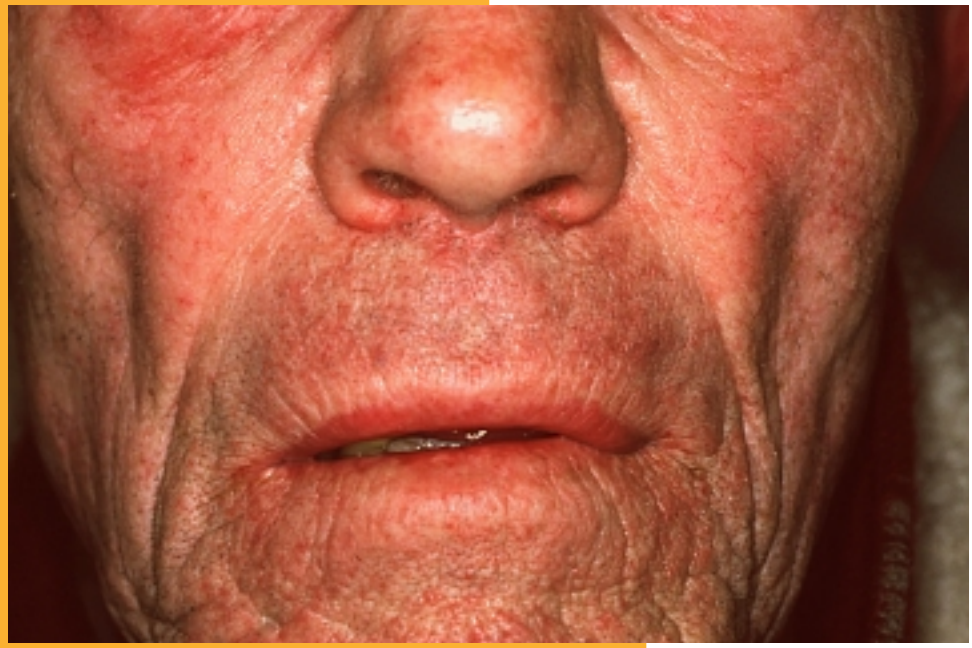
11.9 Dermatomyositis

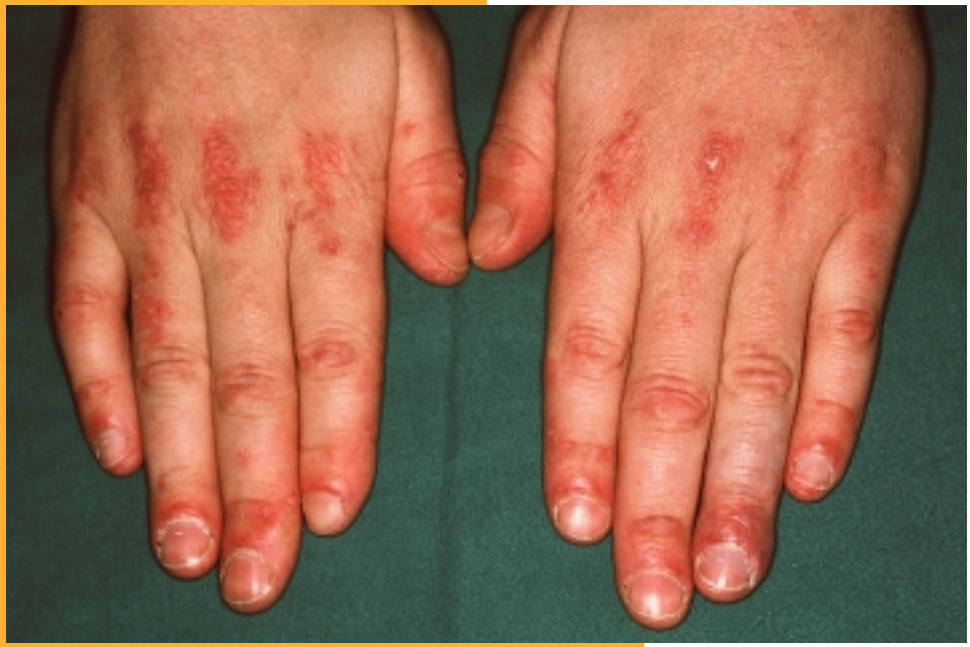


1. Face

Diffuse oedematous and telangiectatic erythema of the face. The lesions are usually found predominantly on the eyelids.

Basic Lesions: Erythematous Macule

Causes: None specific



Dermatomyositis

continued

2. Hands and fingers

Lesions or purplish erythema predominantly on the dorsal surface of the hand and finger joints, mainly in the supra-articular regions.

Basic Lesions: Erythematous Macule

Causes: None specific

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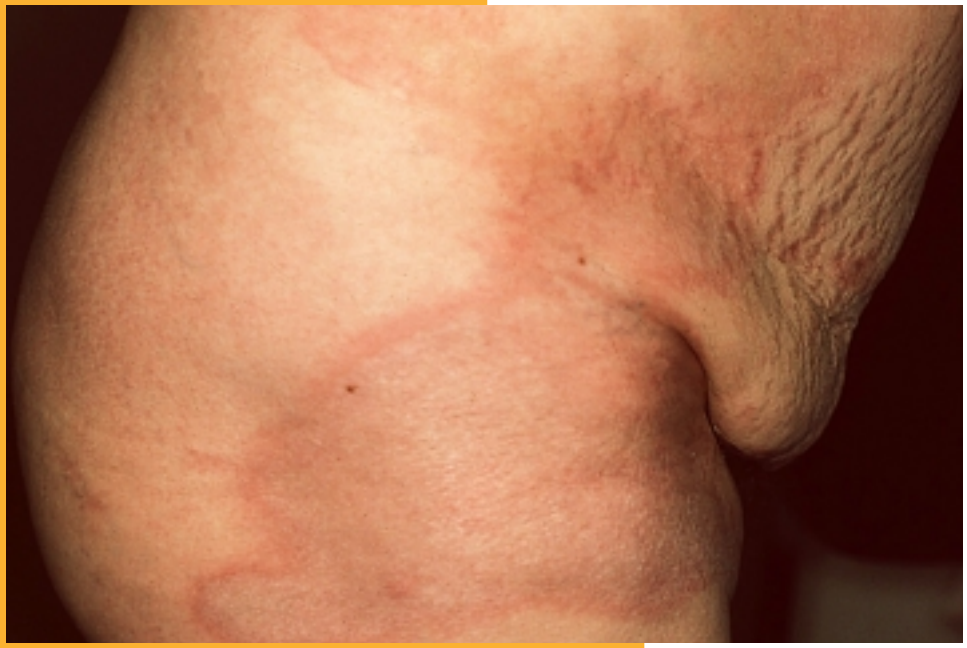
11.10 Scleroderma



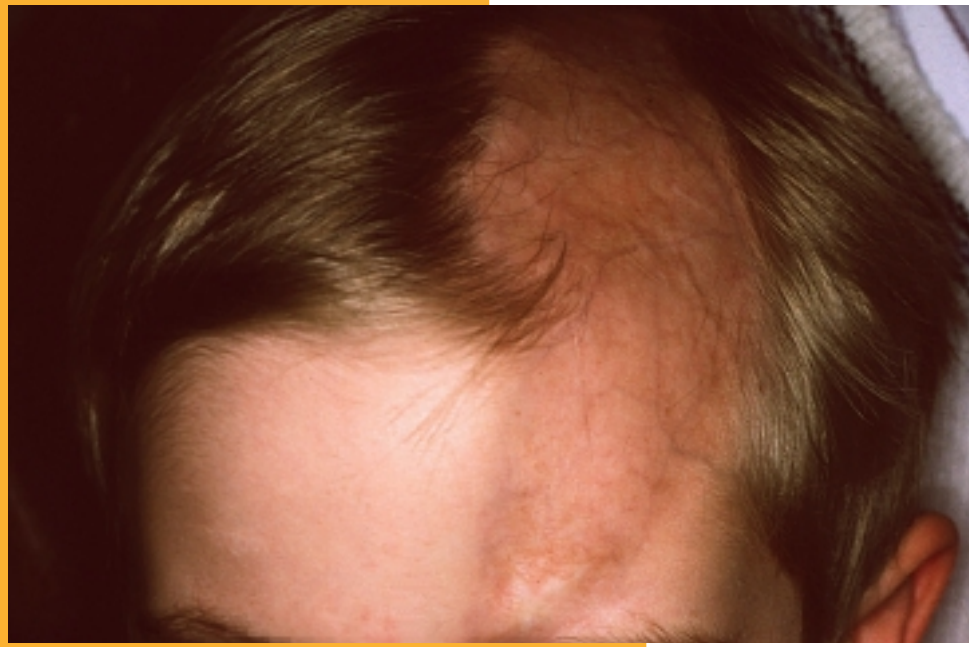
Localized morphoea

1. Plaque lesions

The condition consists of one or more indurated nacreous white plaques which have a sheen in oblique light. They are bordered by a mauve band (lilac ring) which disappears as the lesions develop.

Basic Lesions: Erythematous Macule; Achromic macules; Sclerosis

Causes: None specific



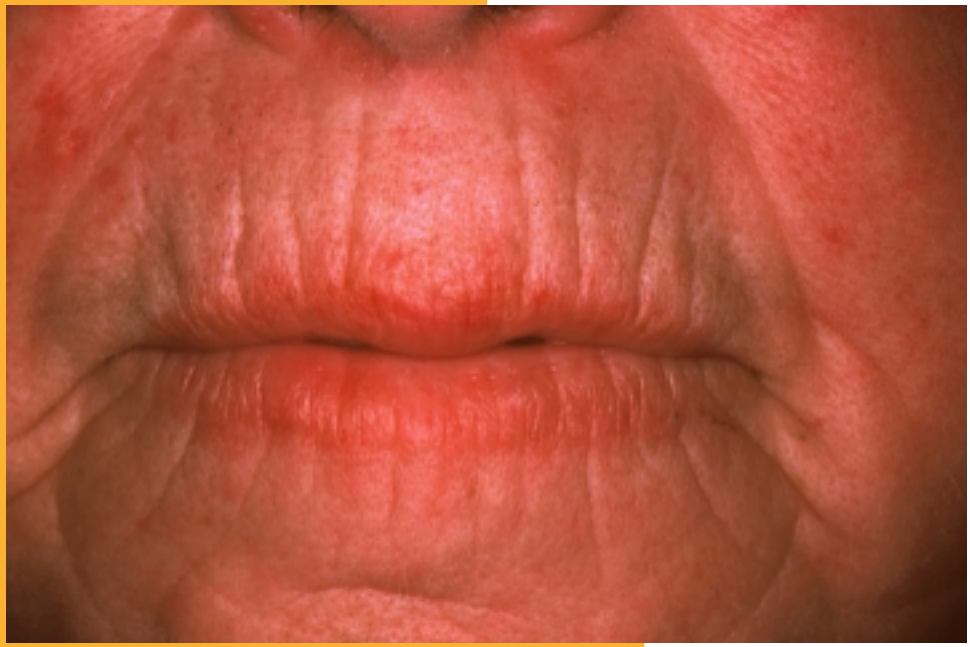
Localized morphoea *continued*

2. Bands

This variant of morphoea is characterized by a paramedian band of sclerosis and atrophy. In some cases actual facial hemiatrophy develops.

Basic Lesions: Atrophy; Scars; Sclerosis

Causes: None specific



Systemic sclerosis

Systemic sclerosis is found mainly on the face and on the extremities. The facial expression seems fixed. The tapering of the nose and narrowing of the mouth, surrounded by radial furrows, aggravate the lack of expression.

Basic Lesions: Sclerosis

Causes: None specific

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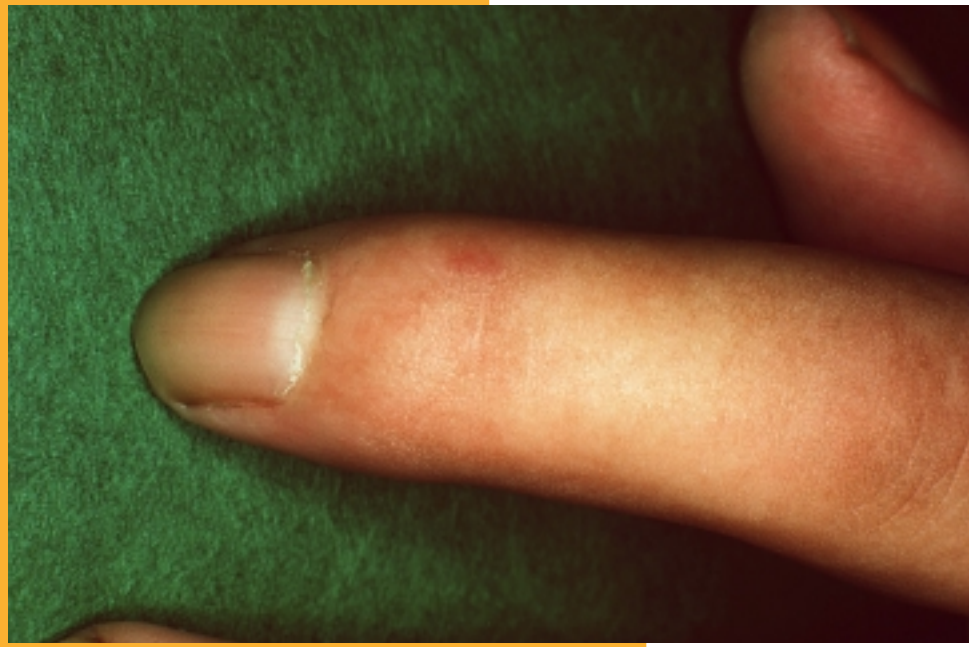

Systemic sclerosis

continued

The sclerodactyly is characterized by tapering of the fingers, which become fixed in flexion. There are painful ulcerations on the pulps.

Basic Lesions: Sclerosis

Causes: None specific

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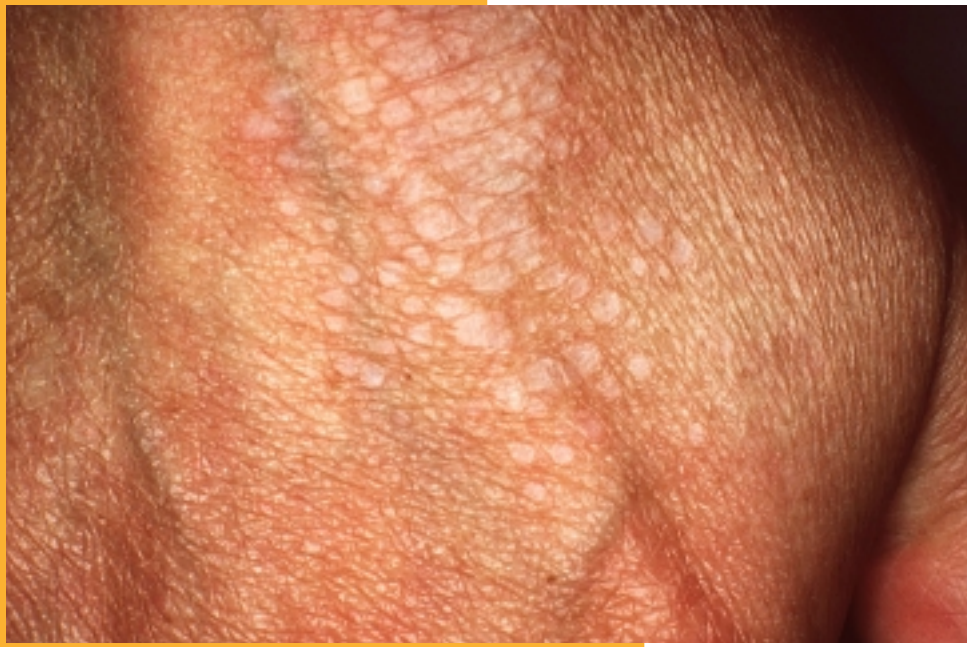
11.11 Lichen sclerosus



Skin (glabrous skin)

Well-circumscribed shiny white papules resembling mother-of-pearl, with a slight depression at the centre, sometimes clustered in plaques with fragmented margins.

Basic Lesions: Dermo-epidermal Papules; Sclerosis

Causes: None specific

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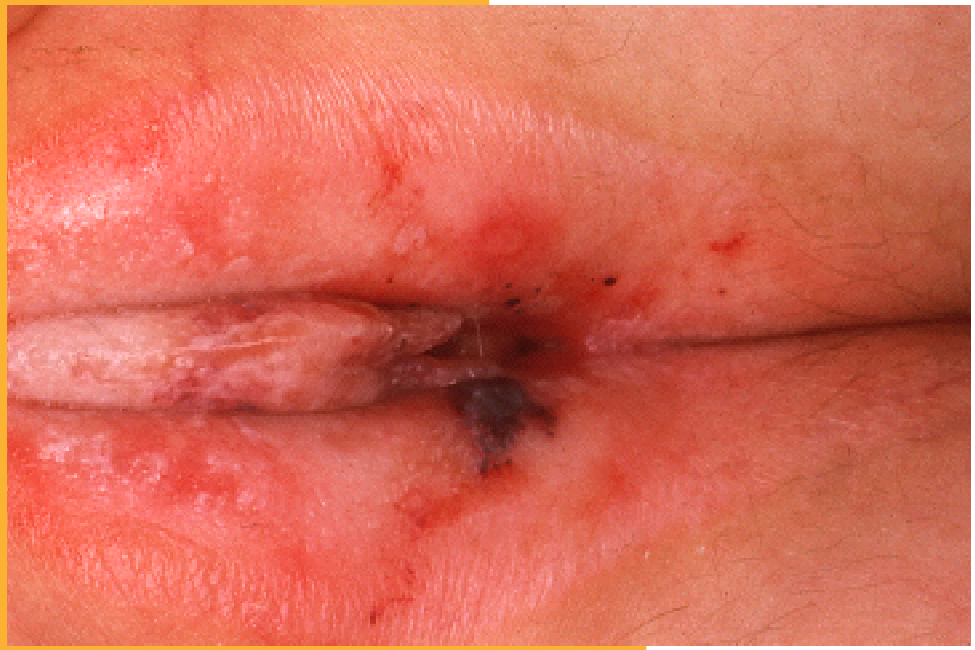

Lichen sclerosus

continued

Vulva

The vulval mucosa assumes a nacreous white shiny appearance. There are sometimes areas of bruising.

Basic Lesions: Purpuric Macule; Achromic macules; Sclerosis

Causes: None specific

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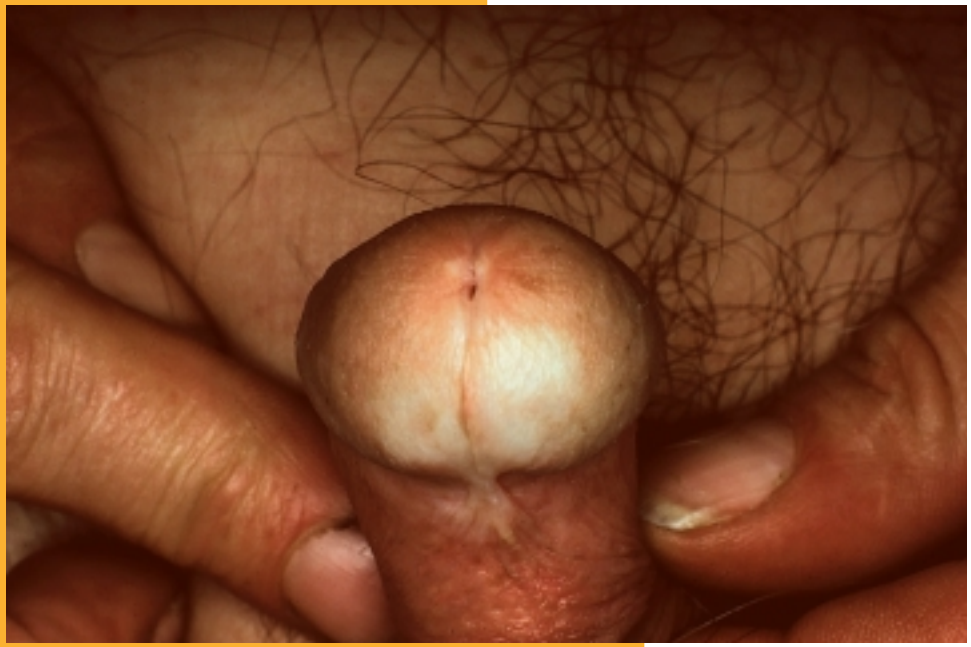

Lichen sclerosus

continued

Glans penis

Porcelain-white patches which are either disseminated or, more often, located around the meatus.

Basic Lesions: Achromic macules; Sclerosis

Causes: None specific

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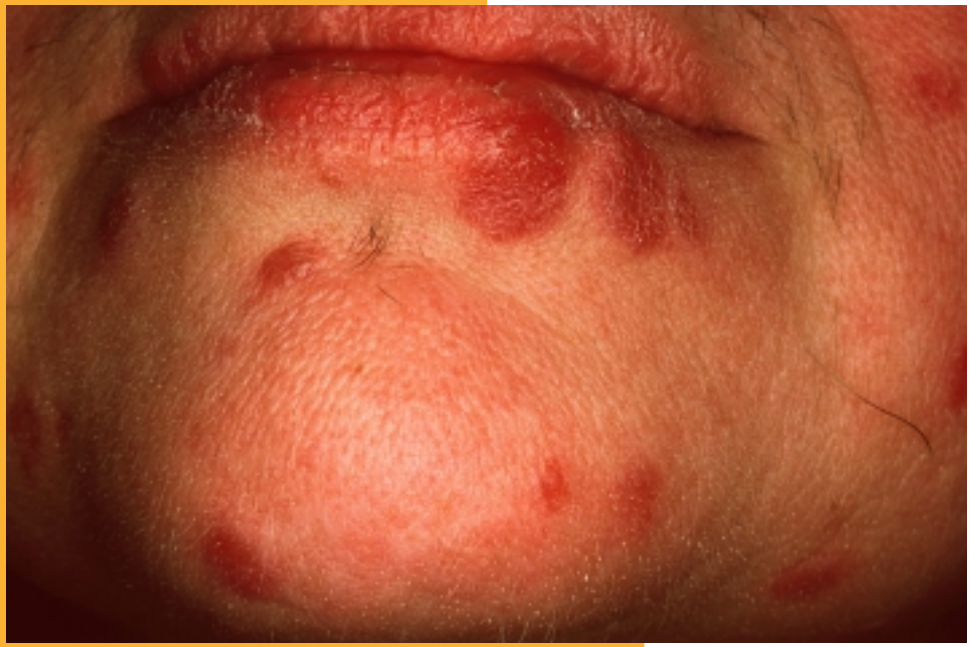
alphabetical picture cause basic lesion

11.12 Sarcoidosis



Papular form

Small, round, well-circumscribed elevations, either isolated or multiple, measuring 1 to 3 mm in diameter. Their colour is red, violet, or sepia. They appear yellowish on vitropression.

Basic Lesions: Nodules; Tubercles

Causes: None specific

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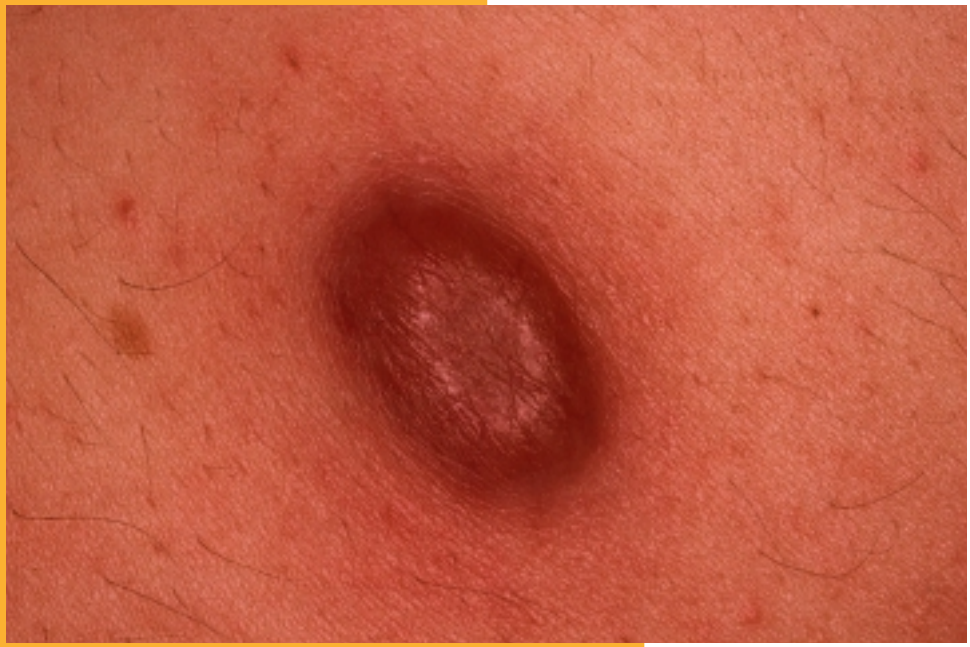

Sarcoidosis

continued

Nodular form

Larger lesions (diameter 5 to 10 mm). These are smooth, firm, violet or brownish red, and have the same appearance of yellowish lupoid infiltration on vitropression.

Basic Lesions: Nodules

Causes: None specific

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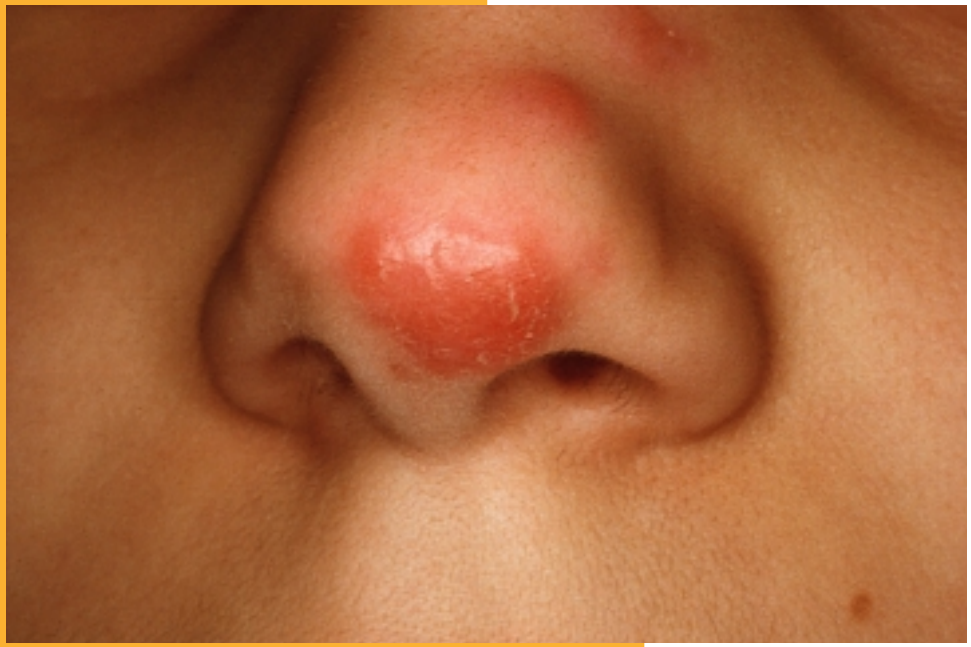


Sarcoidosis

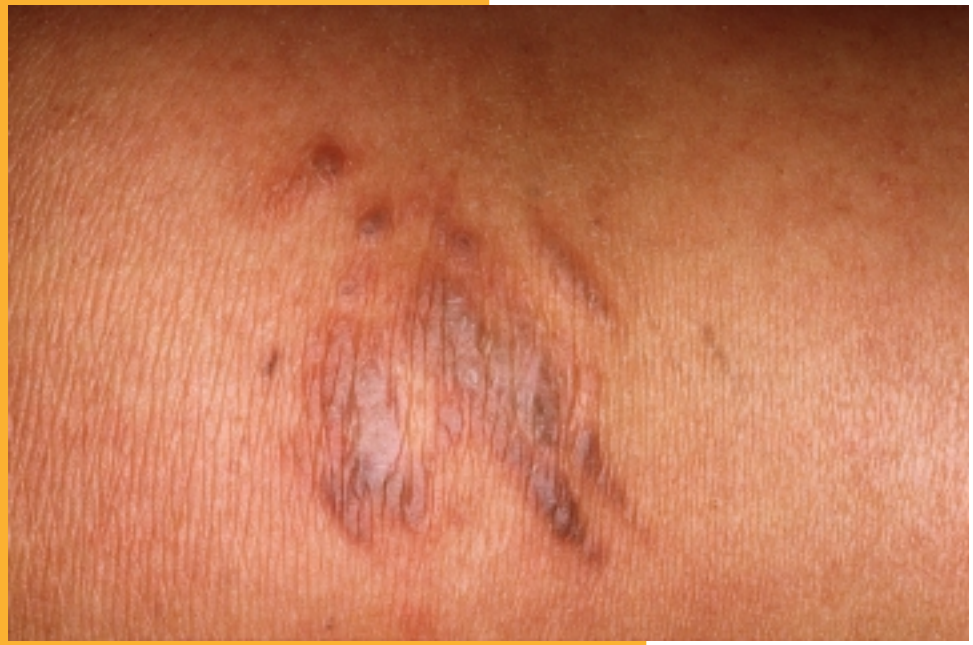
continued

Angiolupoid form

This very rare clinical variant consists of a tumid, round or oval, reddish violet infiltration appearing on the nose.

Basic Lesions: Nodules

Causes: None specific



Sarcoidosis

continued

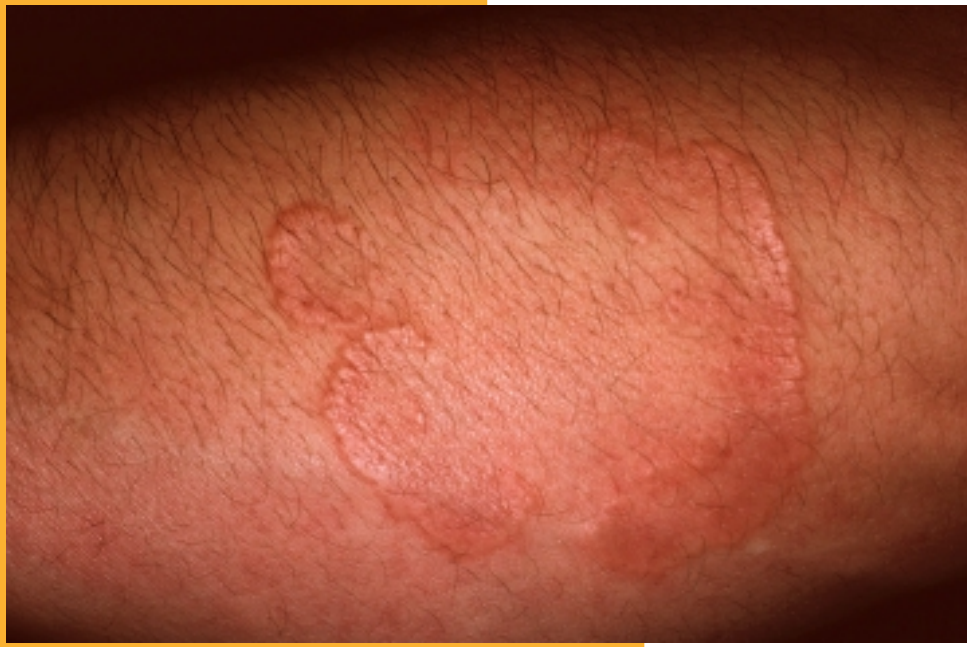
Scar sarcoidosis

Development of sarcoid nodules around foreign matter contained in a scar. These nodules sometimes appear in the context of active systemic sarcoidosis. Sometimes, however, they represent a simple local granulomatous reaction.

Basic Lesions: Blueish-grey Macules; Nodules; Tubercles

Causes: Mechanical Factors

11.13 Granuloma annulare



Small, firm, well-circumscribed nodules with a smooth surface, which are normal or pink in colour and show little inflammation. They are clustered in rings which spread outwards from the centre. The ring does not generally exceed a diameter of 1 to 2 cm. Giant annular granulomas (several centimetres in diameter) are much more rare.

Basic Lesions: Nodules

Causes: None specific

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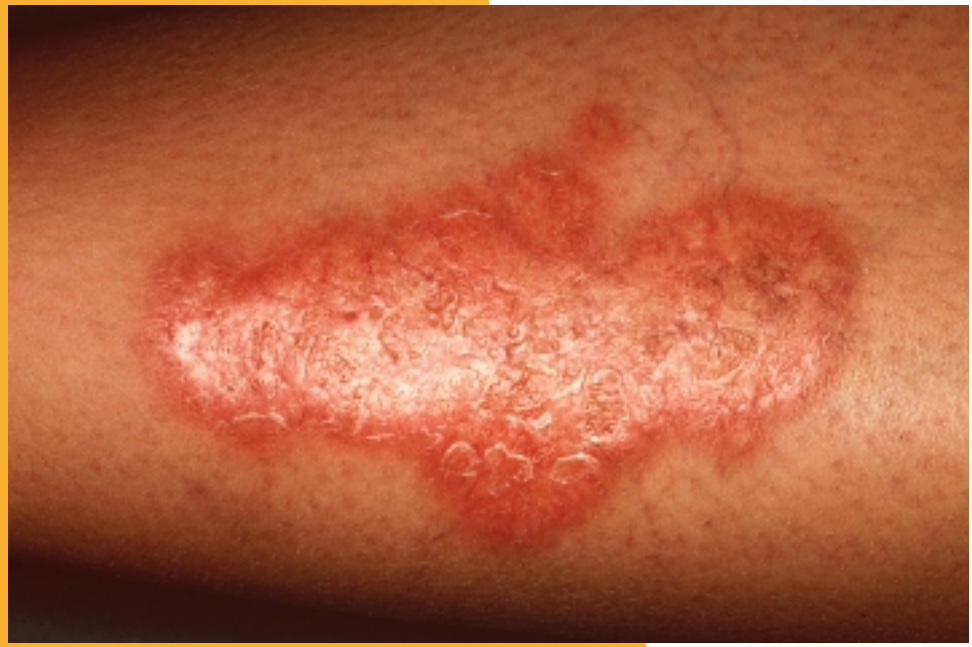
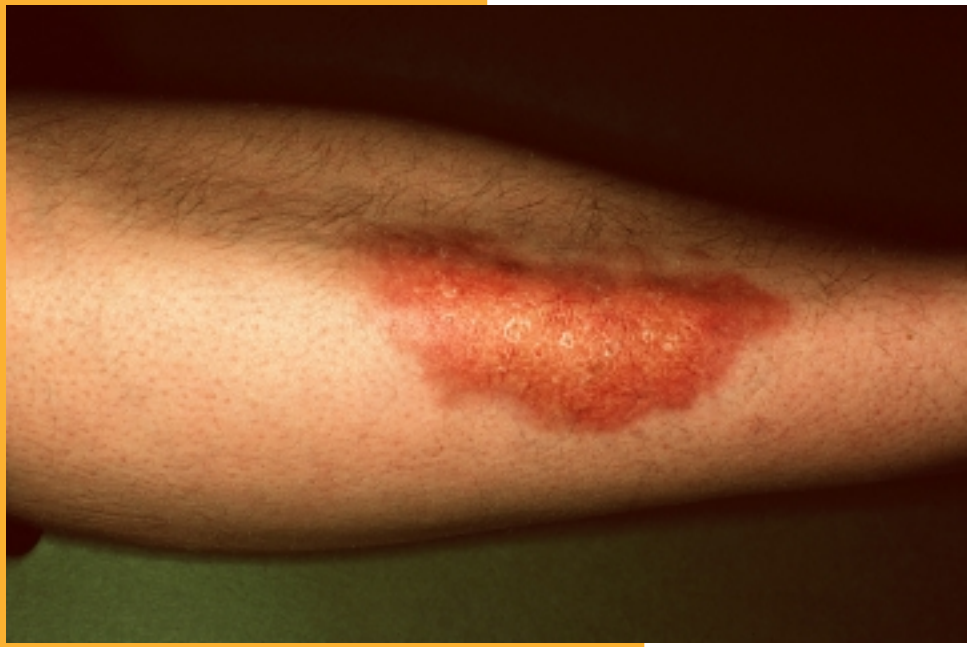
11.14 Necrobiosis lipoidica



Large sclerotic and atrophic pretibial plaque with distinct margins, red and telangiectatic. Its surface is shiny, which explains the "hot spot" on the photograph.

Basic Lesions: Erythematous Macule; Atrophy; Scars; Sclerosis

Causes: None specific



Necrobiosis lipoidica *continued*

The centre of the plaque is smooth, with a cicatricial appearance which is often yellowish owing to an excess of fat.

Basic Lesions: Erythematous Macule; Atrophy; Scars; Sclerosis

Causes: None specific

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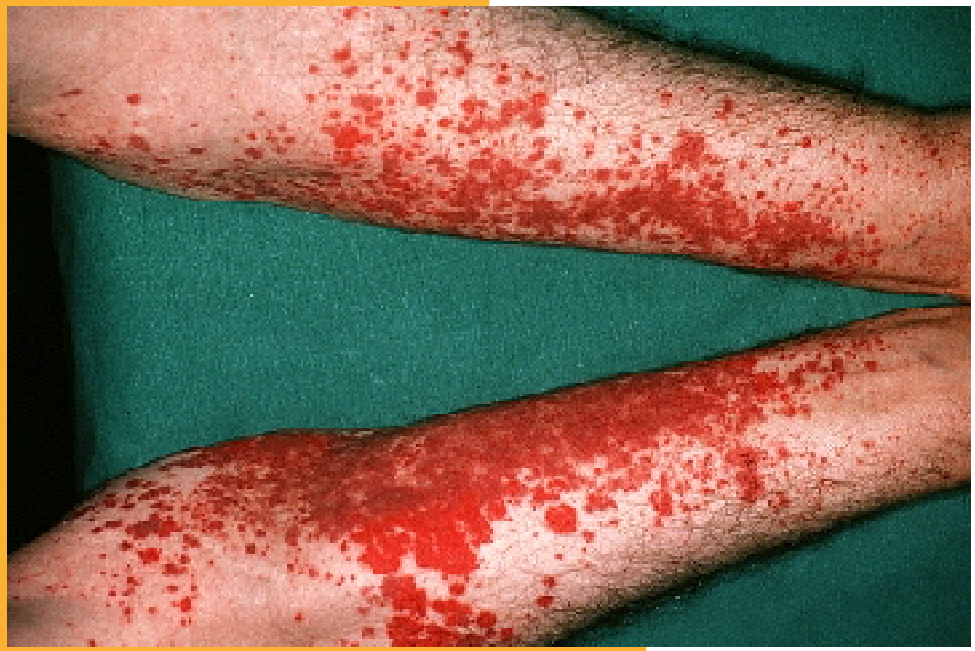
11.15 Vasculitis



The term vasculitis is used collectively for diseases associated with inflammation of the walls of blood vessels in the skin and other organs. The classification of vasculitis is usually based on two features: the calibre of the affected vessels and the type of inflammatory reaction. Urticarial vasculitis is included in the section on urticaria.

Basic Lesions: Dermal Papules

Causes: None specific

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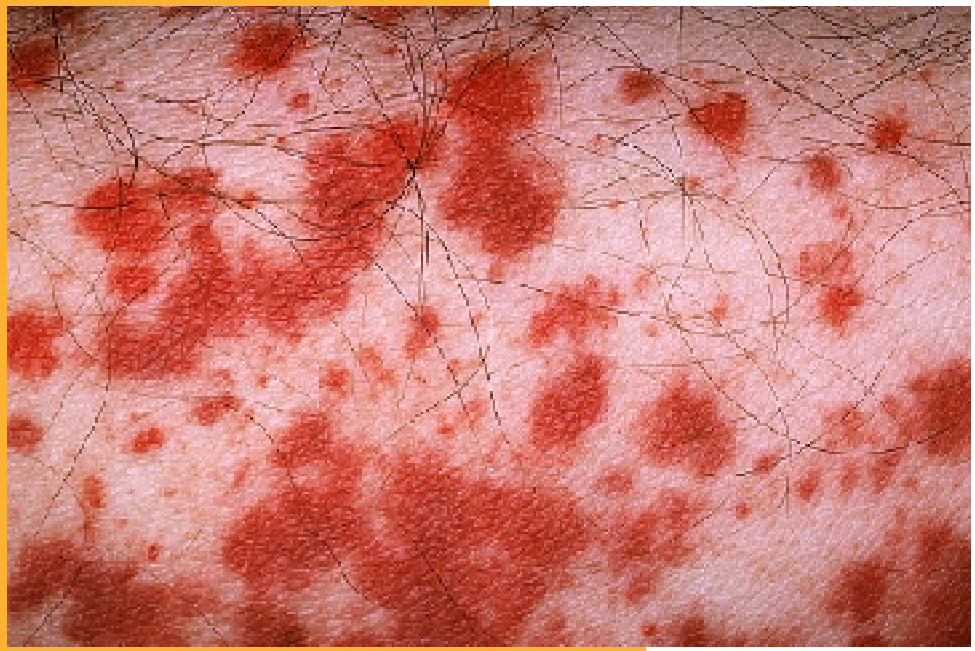
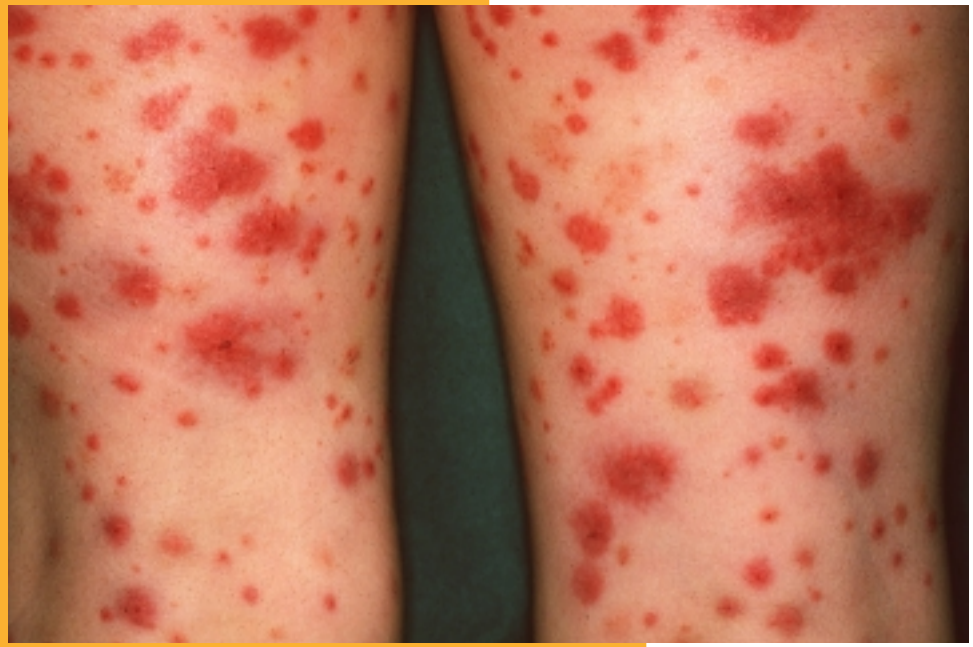


Cutaneous vasculitis (allergic vasculitis)

Histologically, cutaneous vasculitis is characterized by infiltration of polymorphonuclear neutrophils, which are often pyknotic, into and around the vessel walls, hence the often-used term leucocytoclastic vasculitis. It occurs in two main well-defined forms: purpuric and necrotic.

Basic Lesions: Dermal Papules

Causes: None specific



Cutaneous vasculitis (allergic vasculitis)

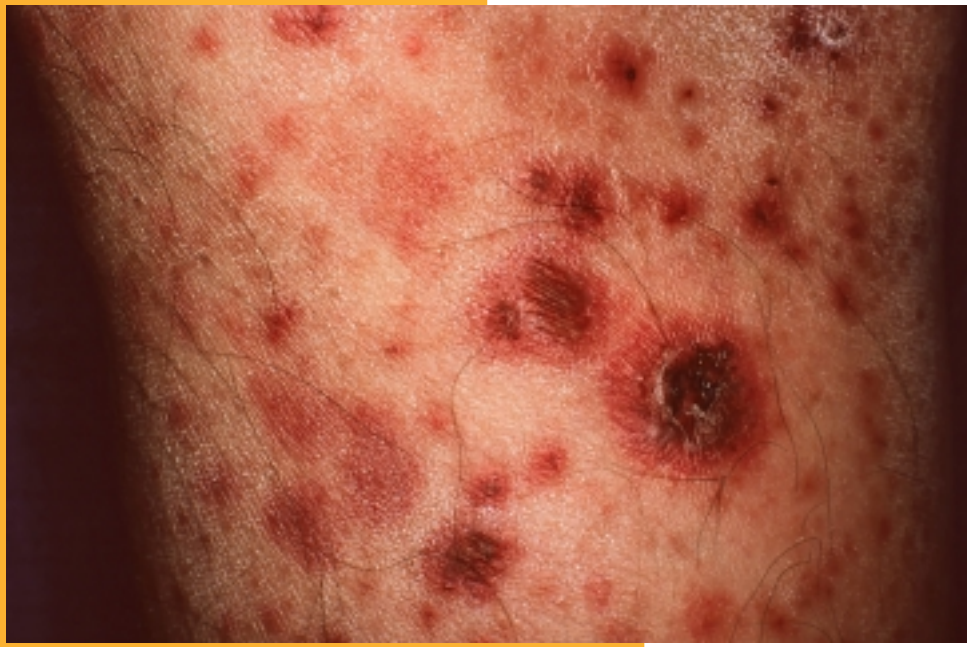
continued

Purpuric form

In this form the lesions essentially correspond to infiltrated purpuric papules, which affect mainly the legs and which can extend over other skin areas.

Basic Lesions: Purpuric Macule; Dermal Papules

Causes: None specific



Cutaneous vasculitis (allergic vasculitis)

continued

Necrotic form

Purpuric papules coexist with vesiculobullous, pustular, or necrotic lesions, hence the old name used in the French literature: "Gougerot's triad".

Basic Lesions: Purpuric Macule; Dermal Papules; Gangrene

Causes: None specific

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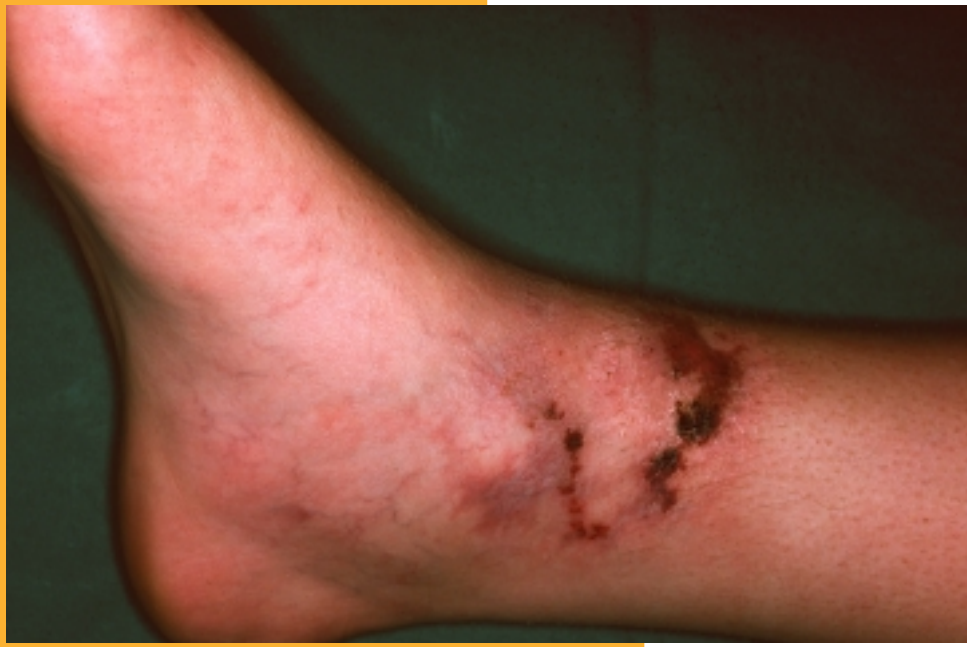

Atrophie blanche (livedo vasculitis)

Picture of chronic vasculitis of the ankle regions, characterized by purpura which necroses rapidly, leaving very small painful ulcerations bordered by a violet ring.

Basic Lesions: Purpuric Macule; Gangrene

Causes: None specific

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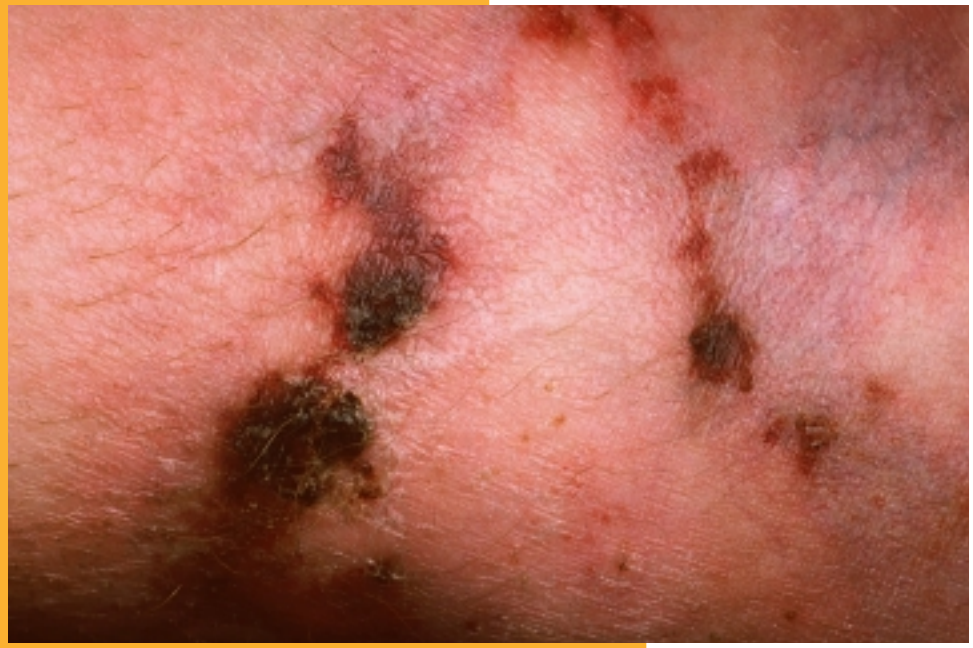

Atrophie blanche (livedo vasculitis)

continued

Basic Lesions: Purpuric Macule; Gangrene

Causes: None specific

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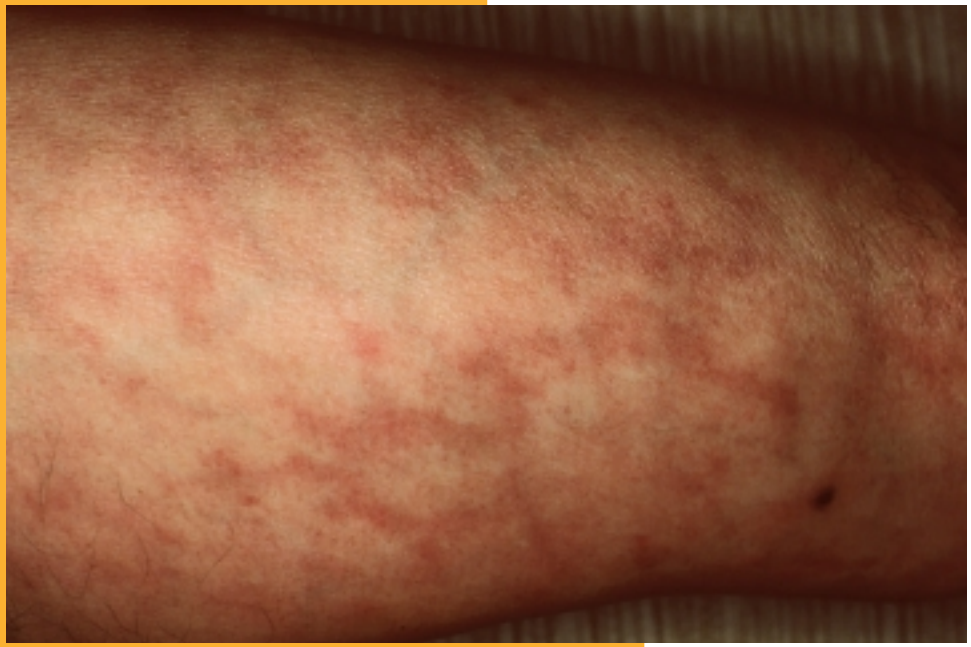
alphabetical picture cause basic lesion

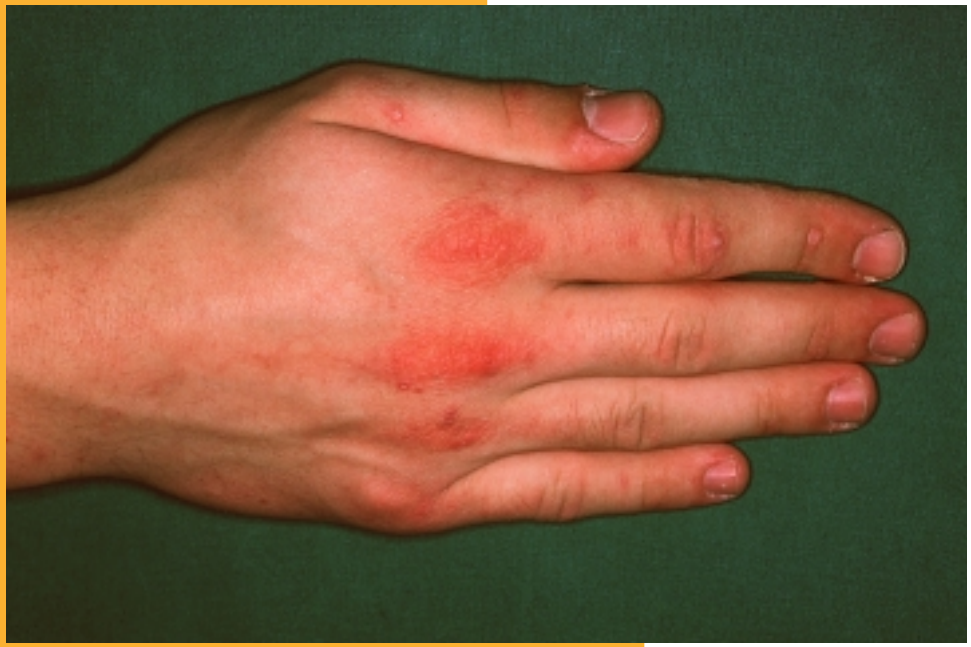


Polyarteritis nodosa

The clinical appearance is generally polymorphic, combining cutaneous nodules, livedo, infiltrated purpura, and necrotic ulcerations.
These cutaneous signs are part of general systemic illness (weight loss, fever, aching all over the body).

Basic Lesions: Purpuric Macule; Nodules

Causes: None specific



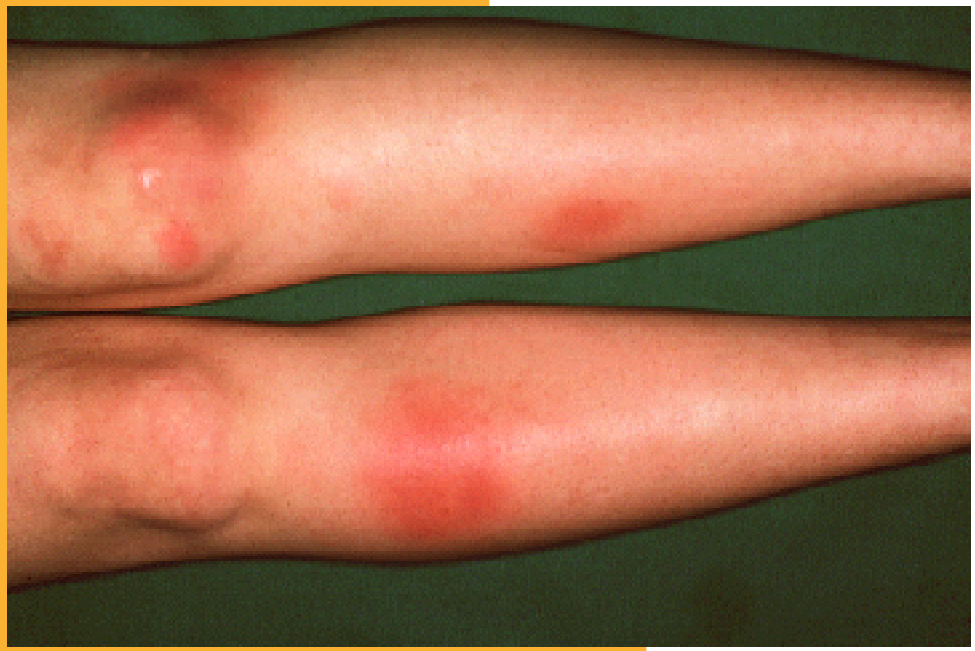
Erythema elevatum diutinum

Very rare vasculitis characterized by the appearance of red or violet papules, plaques, and nodules distributed symmetrically over the extensor surfaces of the limbs. The course is chronic and successive episodes are accompanied by fever.

Basic Lesions: Dermal Papules; Nodules

Causes: None specific

11.16 Erythema nodosum

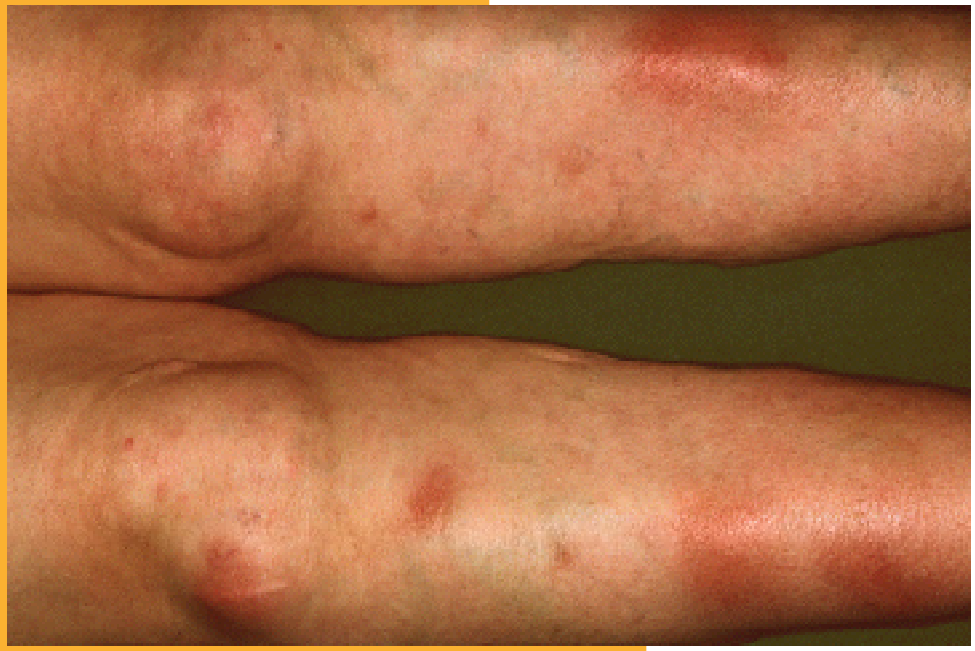


The eruption

Painful red nodules found mainly on the extensor surfaces of the legs, usually accompanied by fever and pains in the joints.

Basic Lesions: Nodules

Causes: None specific



Erythema nodosum

continued

Regression

The nodules resolve in about ten days and turn blue and yellow, like bruises.

Basic Lesions: Nodules

Causes: None specific

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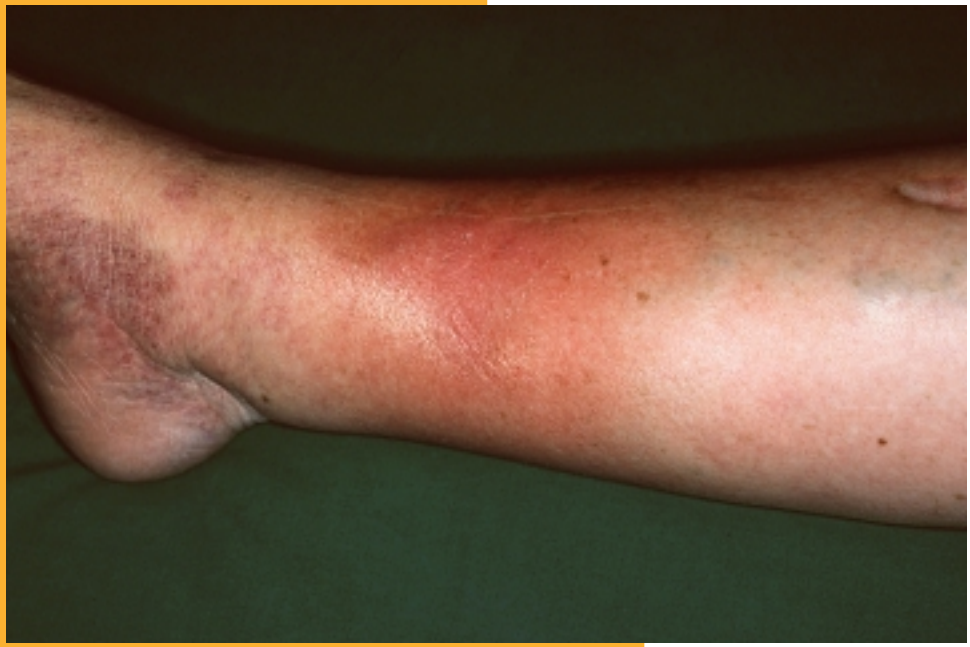
alphabetical picture cause basic lesion

11.17 Nodular vasculitis (panniculitis)

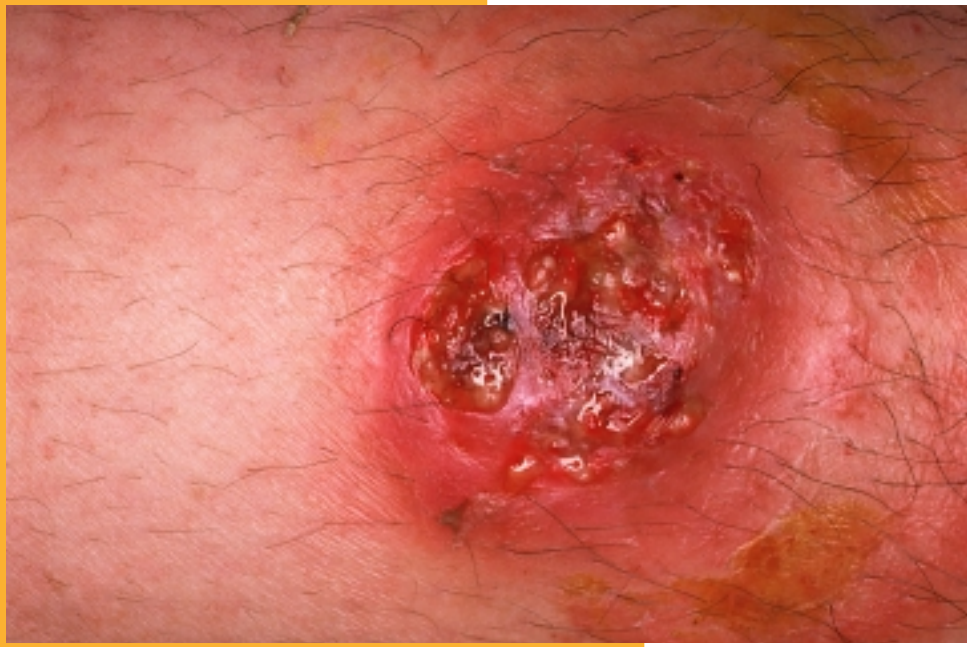


Firm cyanotic nodules with little inflammation, located on the lower third of the legs. They occur in women, usually overweight women suffering from chronic venous insufficiency.

Basic Lesions: Nodules

Causes: None specific

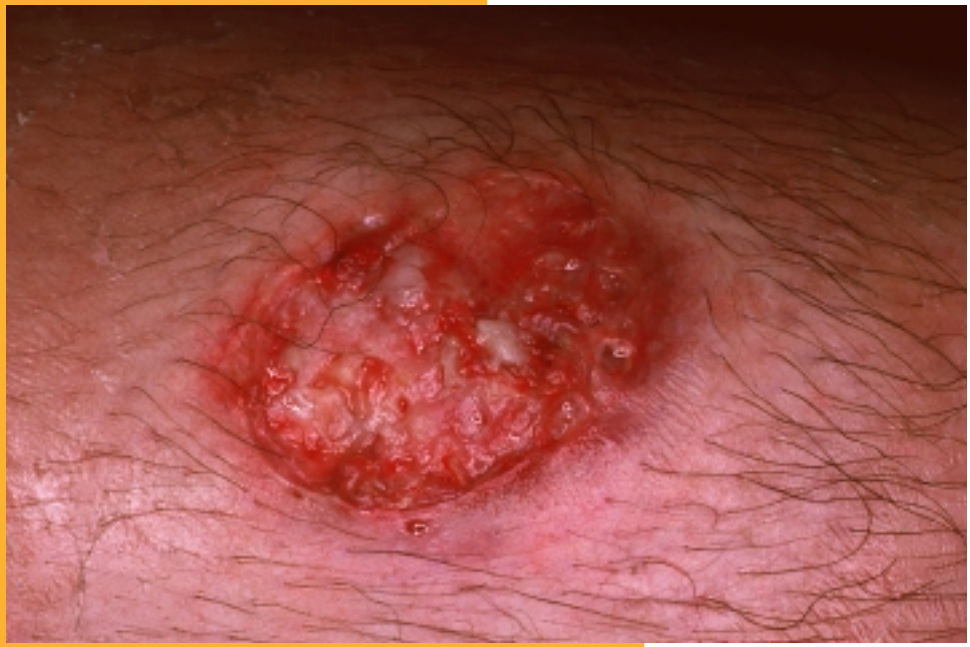
11.18 Pyoderma gangrenosum



Superficial ulceration with circular margins, bordered by a firm inflammatory swelling, which is undermined by deep-seated purulent lesions. The condition can be idiopathic or associated with various internal diseases, in particular, diseases of the digestive tract such as Crohn's disease or ulcerative colitis.
The illustrations correspond to two stages of development of the same lesion in a leg.

Basic Lesions: Pustules; Ulcers

Causes: None specific

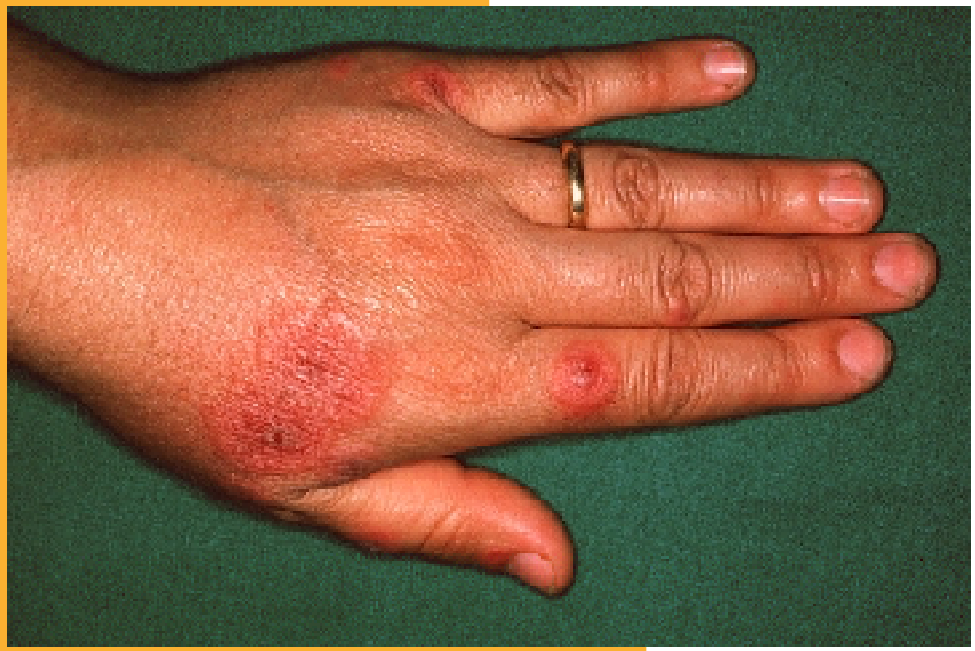


Pyoderma gangrenosum *continued*

Basic Lesions: Pustules; Ulcers

Causes: None specific

11.19 Erythema multiforme



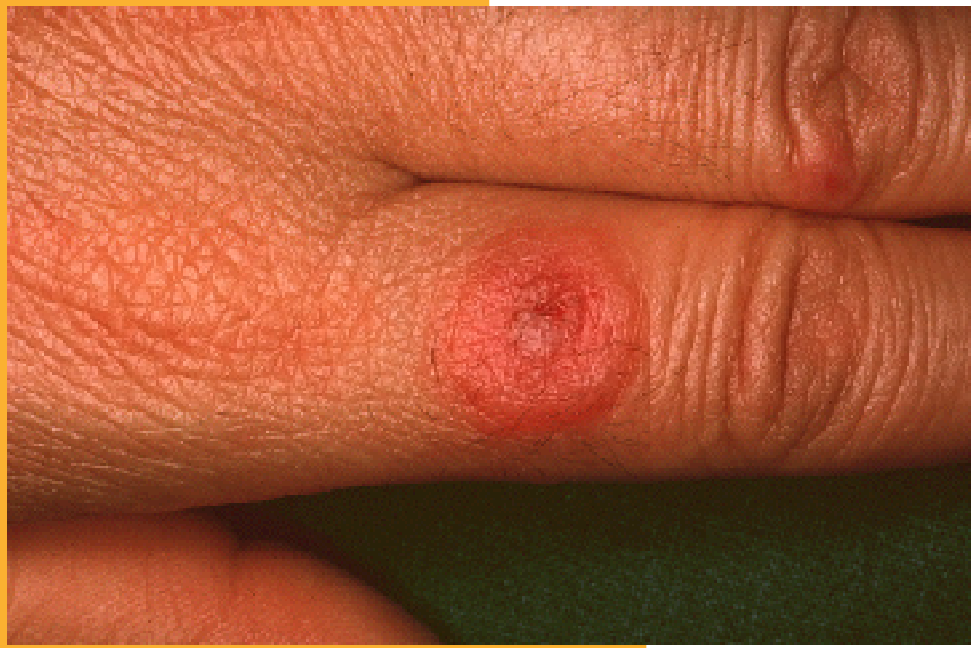
Erythema multiforme is a syndrome of the skin and mucosa associated with various aetiological circumstances, among which herpes infections occupy an important place.

Non-bullous "target" form

Dull red, round, symmetrical maculopapules on the backs of the hands. The characteristic configuration is like a target or butterfly.

Basic Lesions: Erythematous Macule; Dermo-epidermal Papules

Causes: None specific



Erythema multiforme *continued*

Non-bullous "target" form

Basic Lesions: Erythematous Macule; Dermo-epidermal Papules

Causes: None specific

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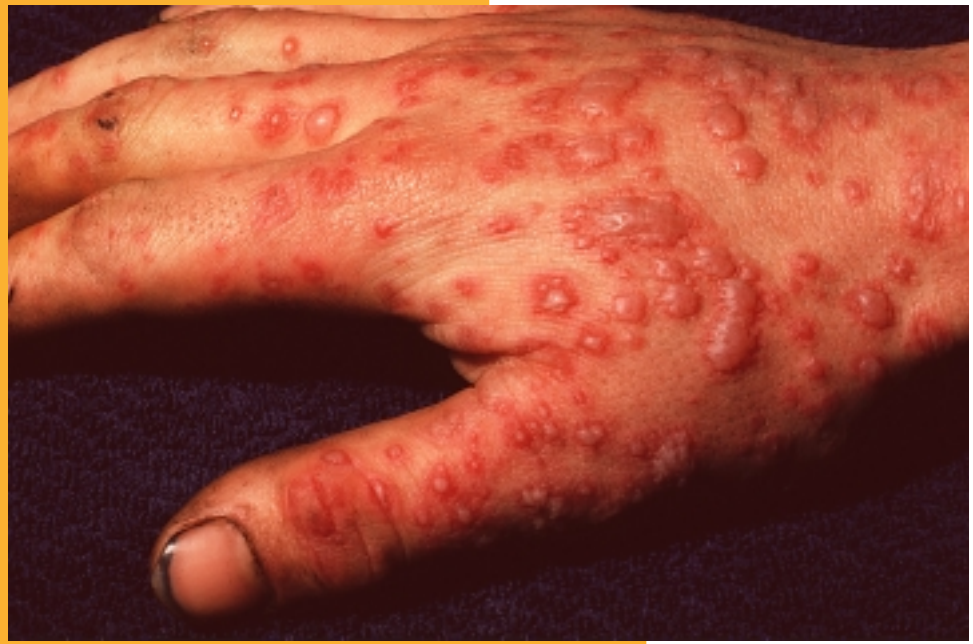
alphabetical picture cause basic lesion



Erythema multiforme *continued*

Bullous form

The maculopapules in a butterfly configuration are bullous in the centre and can follow a necrotic course. The mucous membranes are sometimes affected.

Basic Lesions: Erythematous Macule; Dermo-epidermal Papules; Bullae

Causes: None specific

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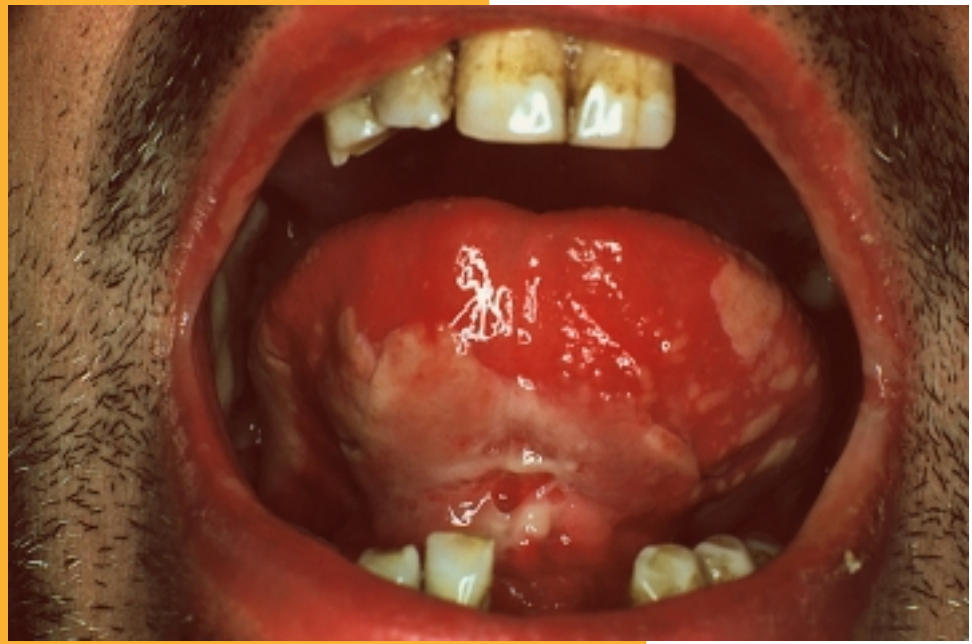
alphabetical picture cause basic lesion



Erythema multiforme *continued*

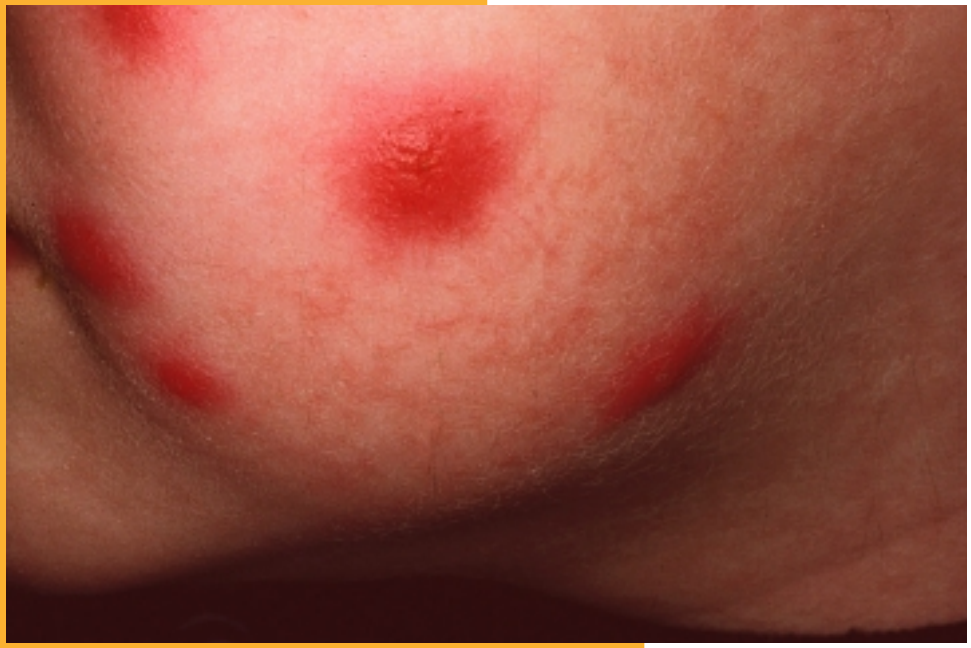
Stevens-Johnson syndrome

This is the most severe form of erythema multiforme. In addition to the cutaneous symptoms there are severe erosive mucosal lesions affecting the lips, buccal cavity, and sometimes the genital organs. The clinical picture is severe, with fever and alterations of the general condition.

Basic Lesions: Ulcers

Causes: None specific

11.20 Sweet's syndrome (acute febrile neutrophilic dermatosis)



Well-circumscribed infiltrated erythematous plaques, depressed at the centre, appearing on the limbs. Raised temperature, aching joints, abdominal pain, and neutrophilia accompany the skin symptoms.

Basic Lesions: Nodules

Causes: None specific

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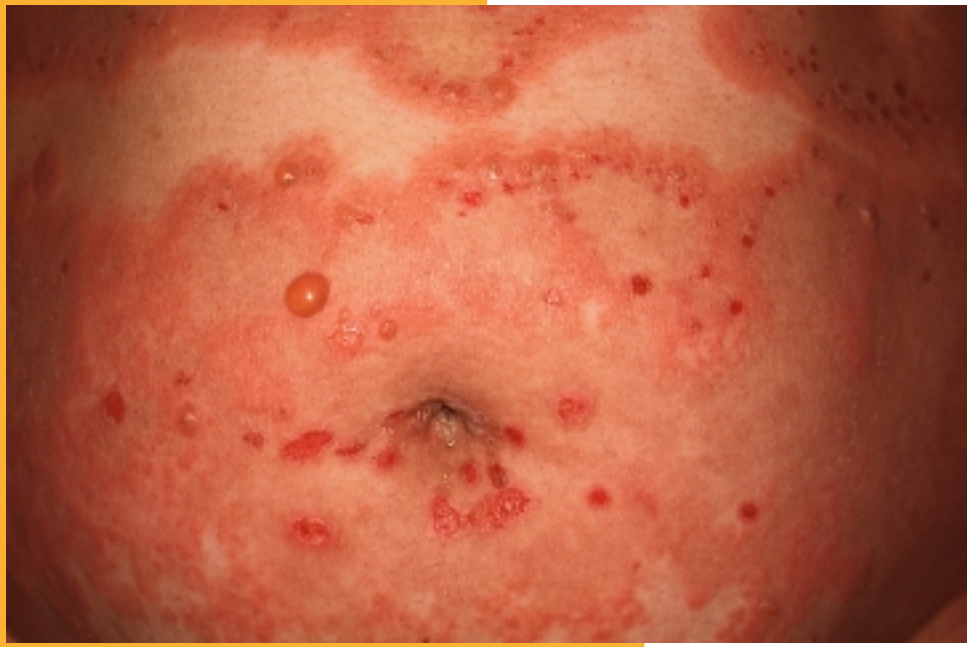
11.21 Bullous pemphigoid



Early stage

Large urticaria-like polycyclic patches, bordered by a few firm bullae of varying size and containing a clear liquid.

Basic Lesions: Dermal Papules; Bullae

Causes: None specific

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basic lesion

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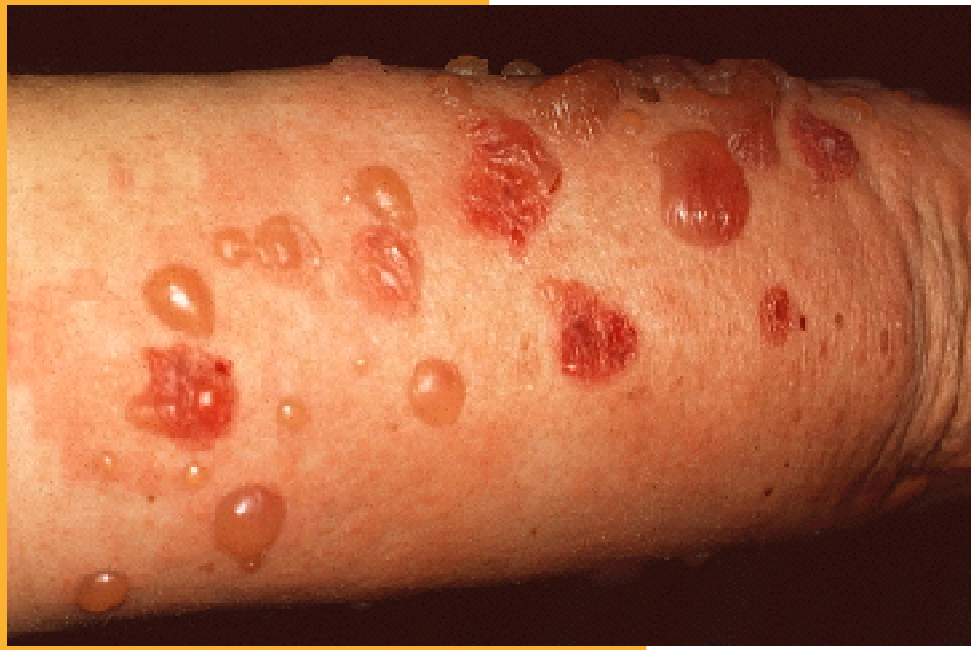

Bullous pemphigoid

continued

Further development

Presence of very numerous firm bullae of varying size, some of which are haemorrhagic.
Some bullae rupture, leaving extensive skin erosions.

Basic Lesions: Bullae

Causes: None specific

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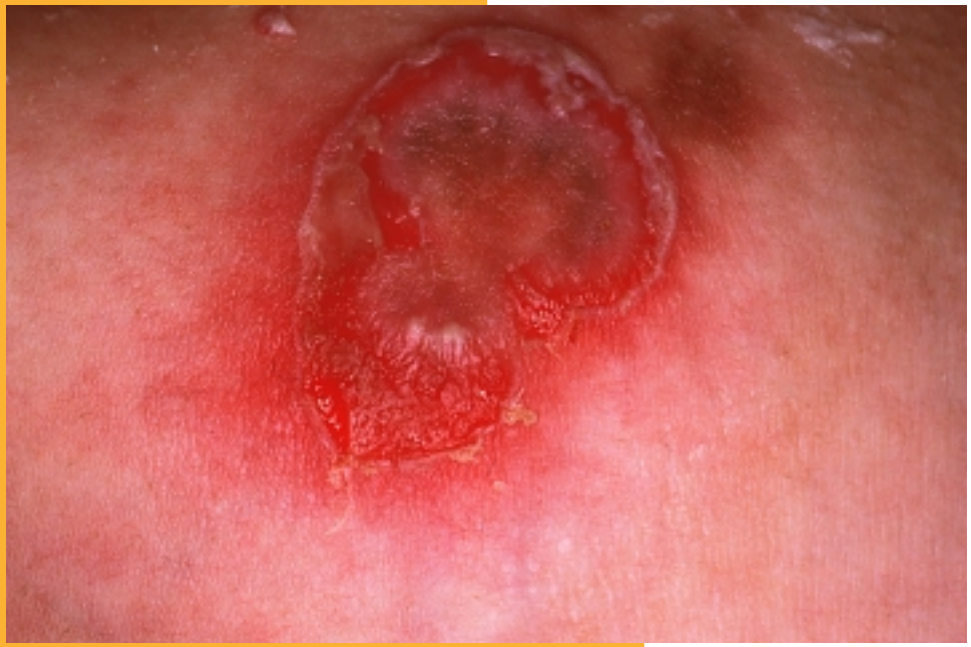
11.22 Autoimmune forms of pemphigus



Two forms of autoimmune pemphigus are distinguished, according to the preferred site of separation of epidermal cells from each other: "deep" pemphigus (pemphigus vulgaris and pemphigus vegetans) on the one hand and "superficial" pemphigus (pemphigus erythematosus) on the other.

Pemphigus vulgaris

Skin

Presence of superficial flaccid bullae, which rupture easily to expose extensive erosions.

Basic Lesions: Bullae; Ulcers

Causes: None specific

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Pemphigus vulgaris

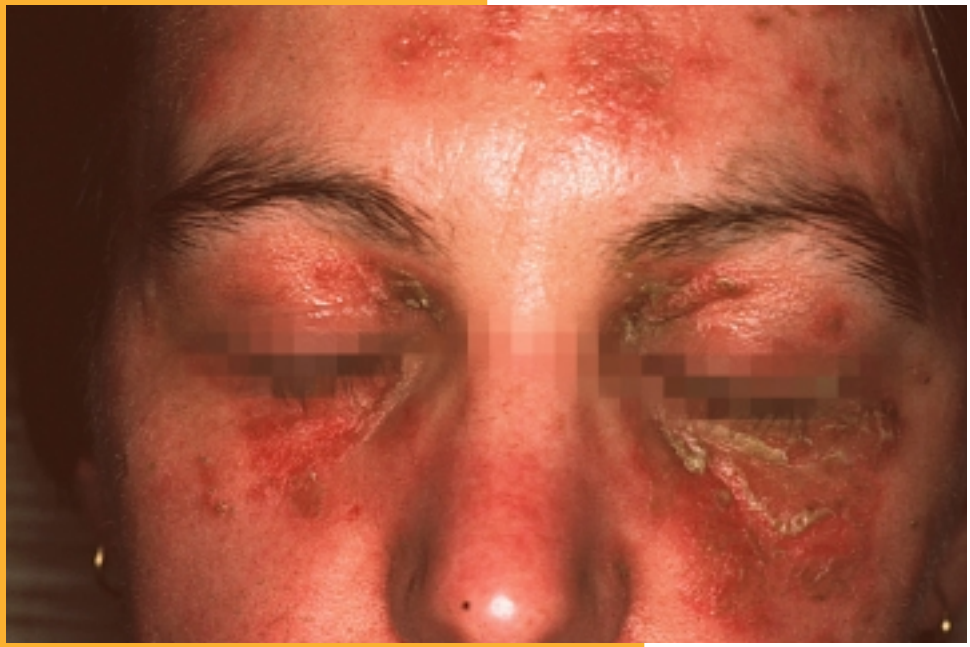
continued

Oral

Dragging painful erosions of the buccal mucosa of the inside of the cheeks, the palate, and the dental cuffs, exposing a bright red surface without a fibrinous coating. Similar erosions can occur in other bullous diseases, but in pemphigus they are more constant and more characteristic.

Basic Lesions: Ulcers

Causes: None specific

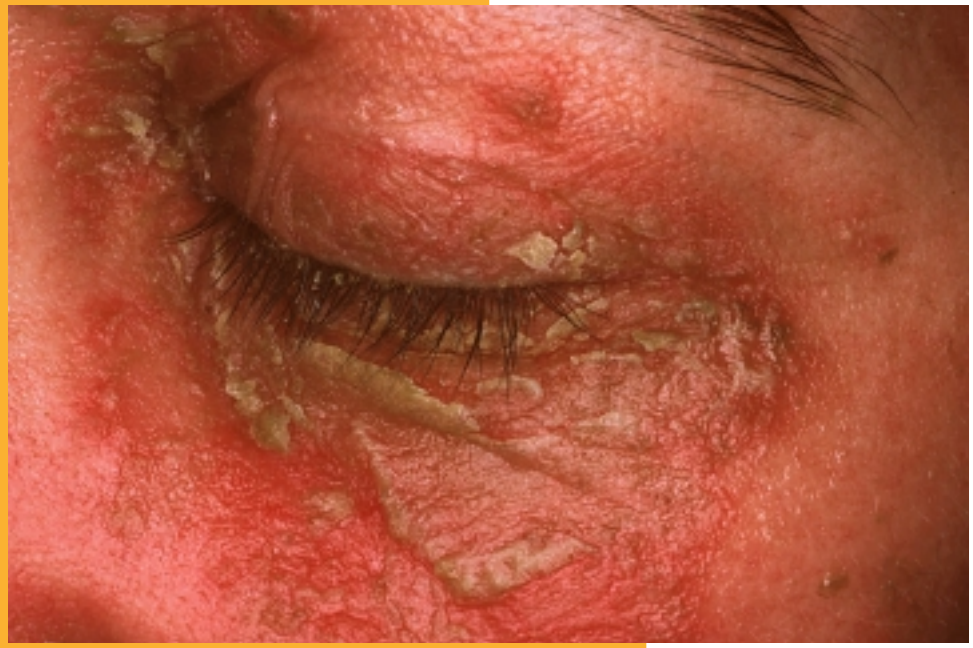


Pemphigus erythematosus

Crusty, scaly, erythematous plaques of the seborrhoeic regions on the face and the trunk, which are sometimes itchy. These lesions represent the development of superficial bullae.

Basic Lesions: Erythematous Macule; Bullae; Scales; Crusts

Causes: Chemical Agents



Pemphigus erythematosus

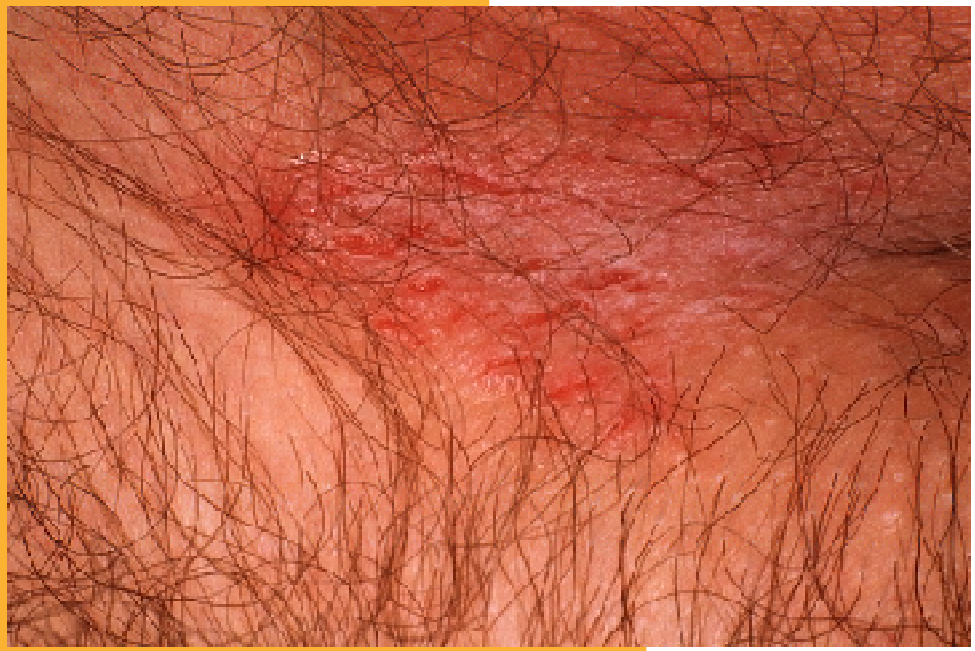
continued

This variant is also characteristic of drug-induced pemphigus (d-penicillamine).

Basic Lesions: Erythematous Macule; Bullae; Scales; Crusts

Causes: Chemical Agents

11.23 Benign familial chronic pemphigus (Hailey-Hailey disease)



Erosive vesiculobullous lesions which become covered with small yellowish crusts. The lesions are clustered in well-defined plaques traversed by very characteristic parallel fissures.
The preferred sites of these lesions are the sides of the neck, the axillae, and the inguinogenital region.

Basic Lesions: Vesicles; Bullae; Fissures

Causes: None specific

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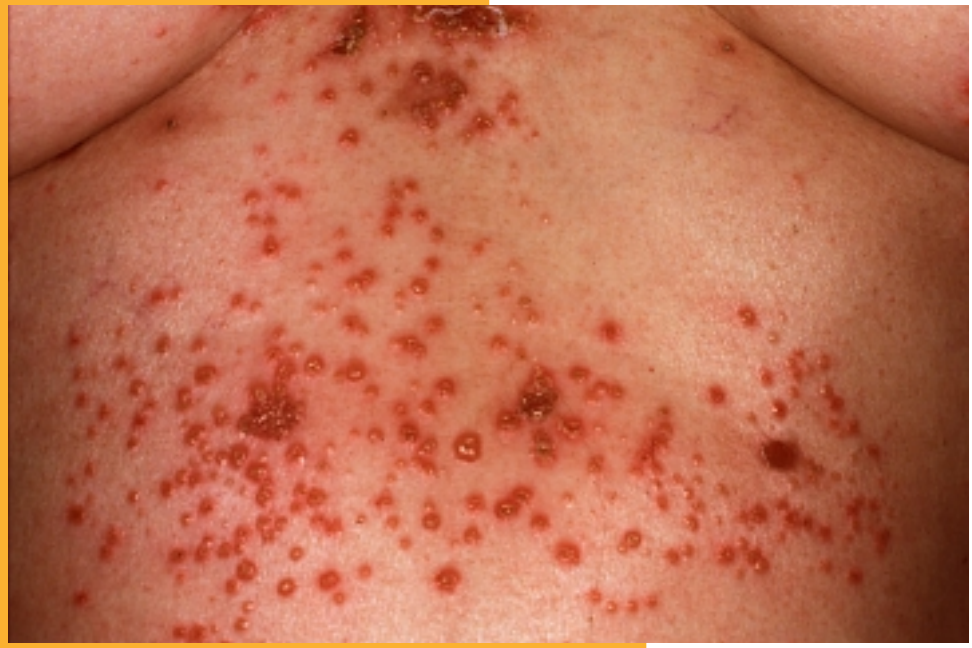
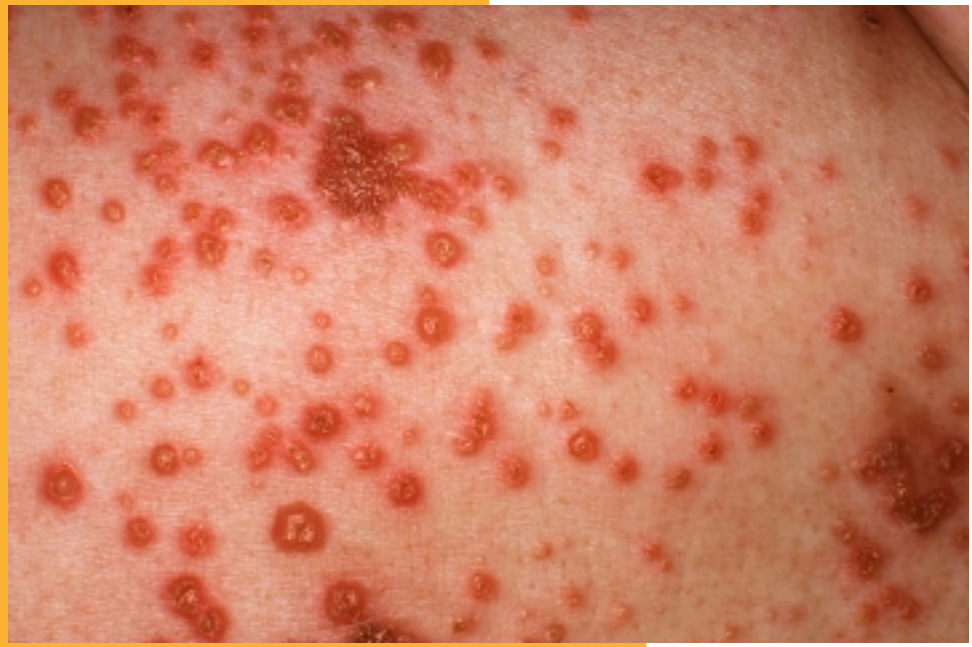
11.24 Dermatitis herpetiformis



Urticaria -like erythematous or papular lesions surmounted by vesicles and bullae, clustered in a herpetiform ring. The symmetry of the lesions, the constant pruritus, and the association with a gluten-sensitive enteric disease are the other peculiarities of this rare skin disease.

Basic Lesions: Dermal Papules; Vesicles; Bullae

Causes: None specific



Dermatitis herpetiformis

continued

Basic Lesions: Dermal Papules; Vesicles; Bullae

Causes: None specific

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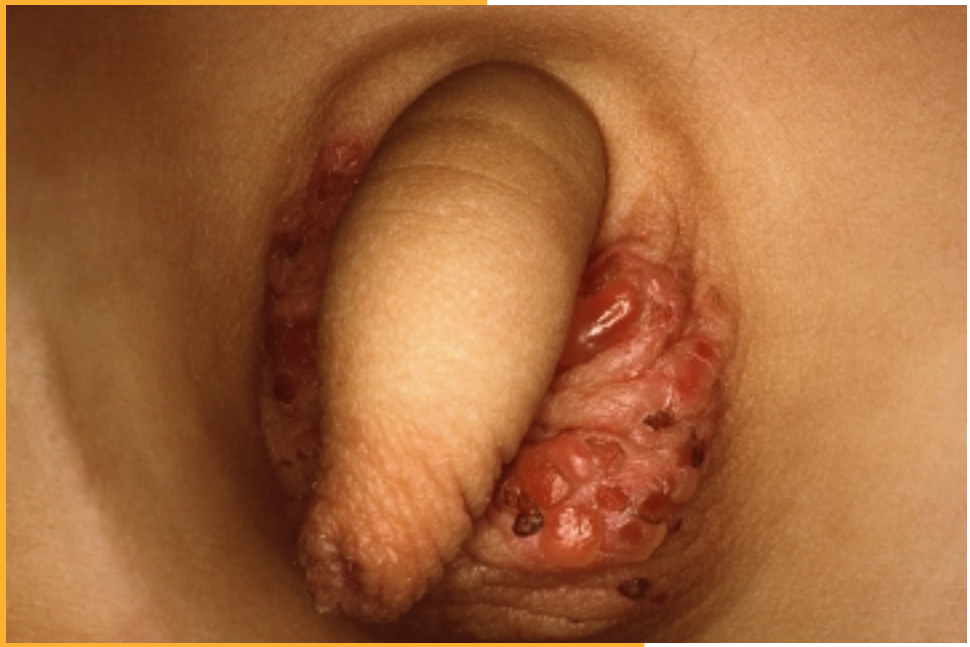
11.25 Linear IgA bullous disease



Large firm bullae containing a clear liquid, occurring on normal or erythematous skin. The usual sites are the lower part of the trunk, buttocks, perineum, and the thighs. This chronic bullous skin disease of children and adults is characterized by linear deposits of IgA in direct immunofluorescence.

Basic Lesions: Bullae; Ulcers

Causes: None specific

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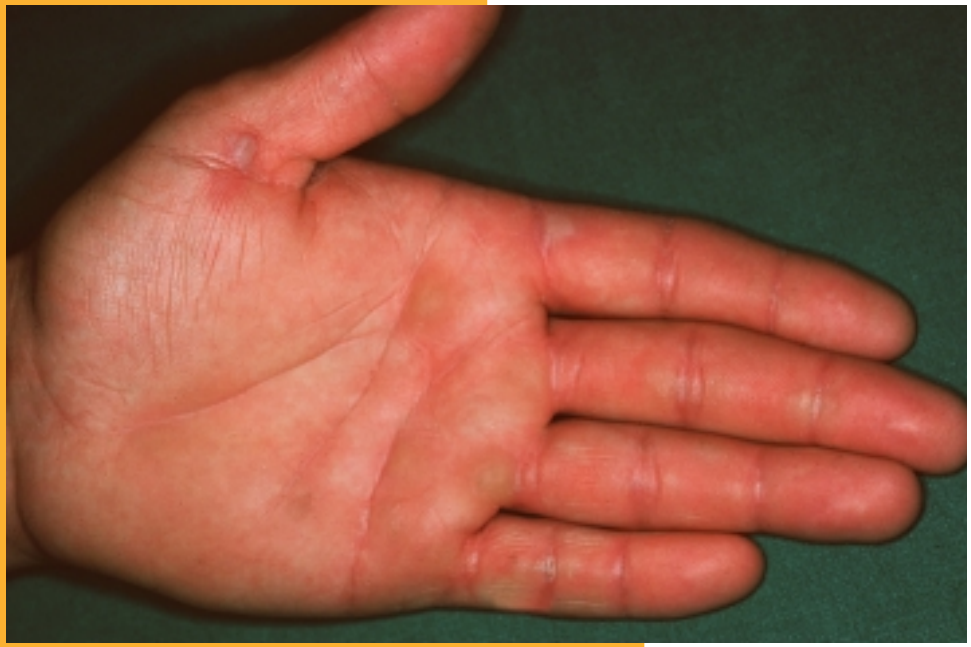
11.26 Epidermolysis bullosa

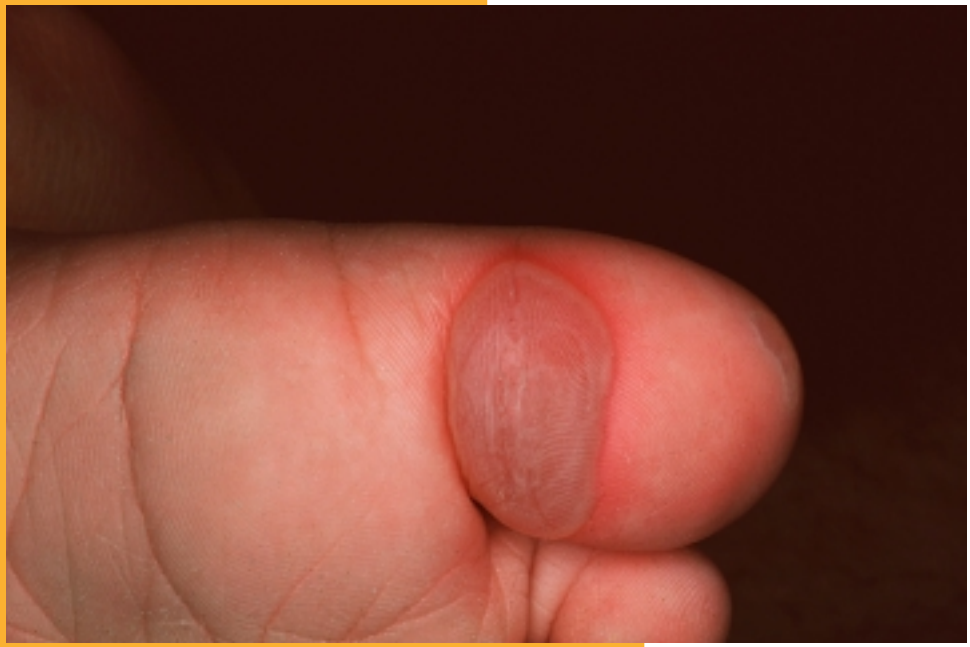


Simple epidermolysis bullosa (non-dystrophic)

Clear bullae of various sizes, triggered by trauma and by persistent friction, which heal without leaving a trace. The usual sites are the hands, feet, elbows, and knees in the adult and the bottom in the infant.

Basic Lesions: Bullae

Causes: Mechanical Factors



Simple epidermolysis bullosa (non-dystrophic)

continued

There is no abnormality of the teeth or the nails. The condition is transmitted in the autosomal dominant mode.

Basic Lesions: Bullae

Causes: Mechanical Factors

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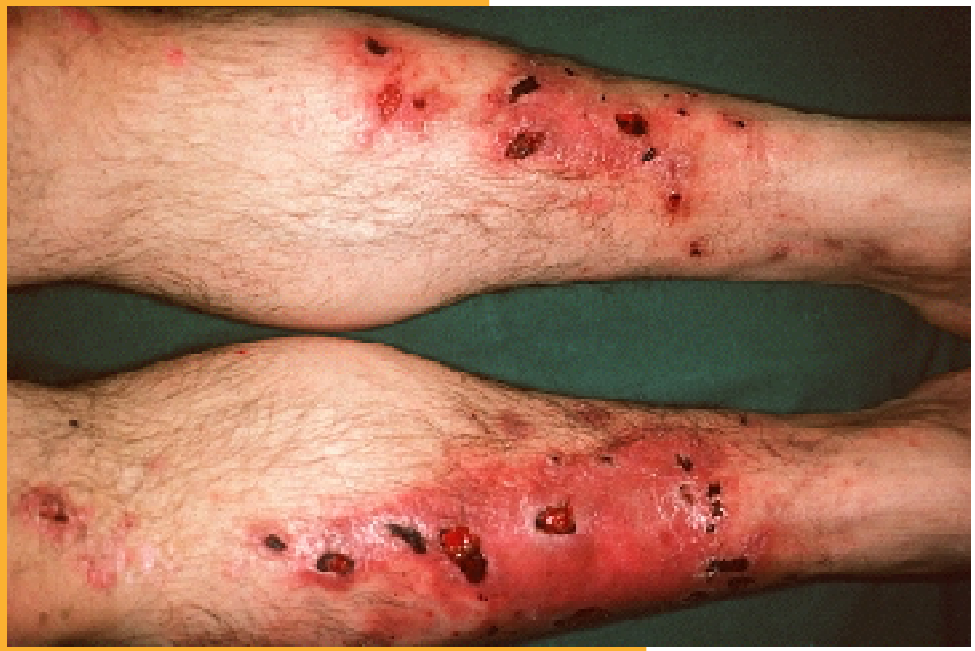
alphabetical picture cause basic lesion

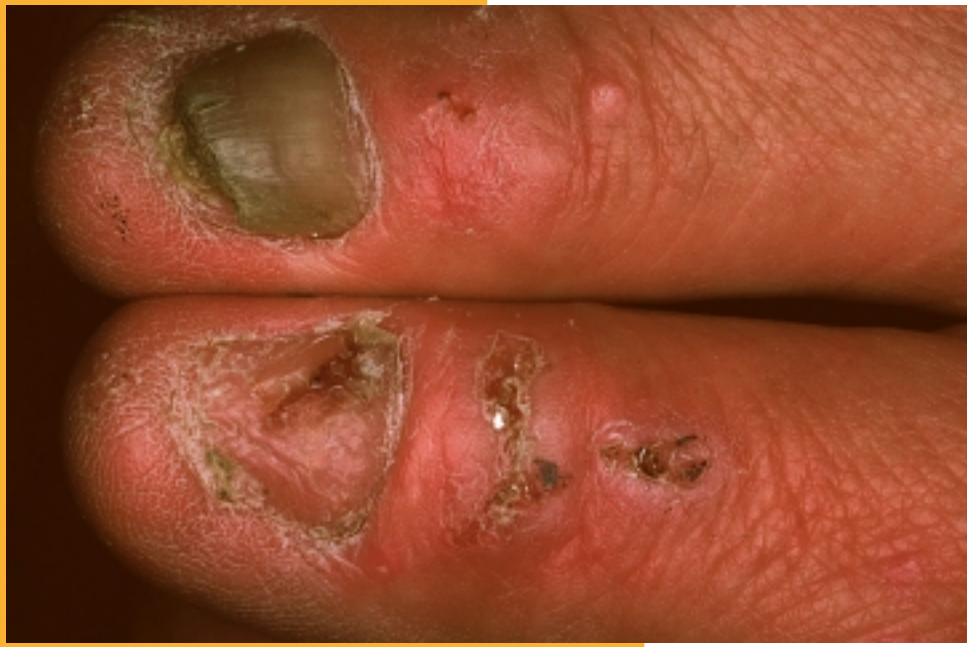


Dystrophic forms of epidermolysis bullosa

In dystrophic forms of epidermolysis bullosa, of which there are a number of variants, the traumatic bullae leave atrophic scars and milia when they heal. Some joints can be fixed in flexion.

Basic Lesions: Bullae; Crusts; Ulcers

Causes: Mechanical Factors



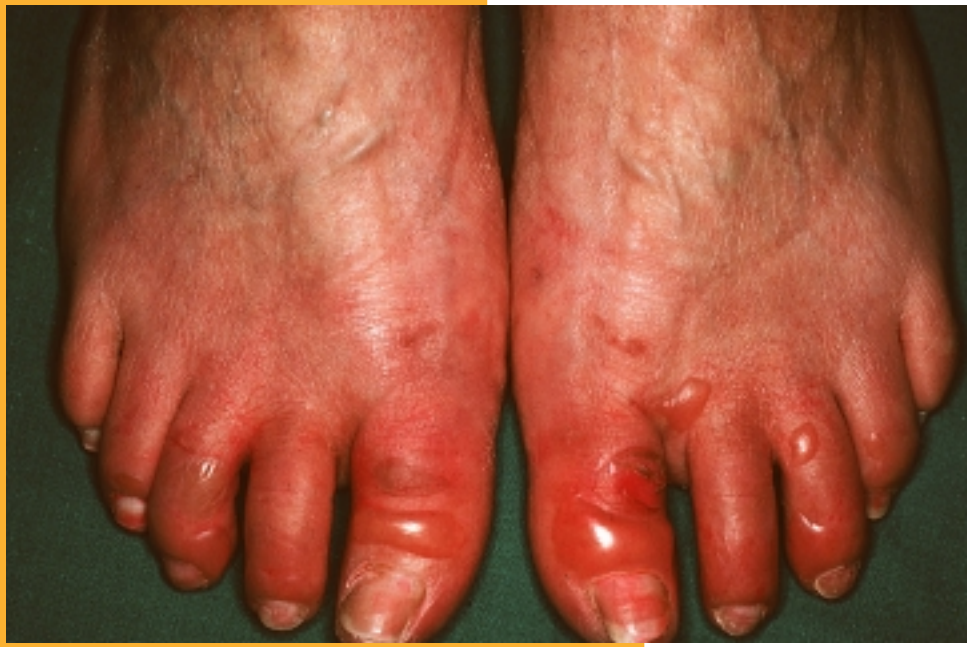
Dystrophic forms of epidermolysis bullosa *continued*

Certain abnormalities of the teeth or the nails are sometimes associated. The mode of transmission varies according to the form of the disease.

Basic Lesions: Bullae

Causes: Mechanical Factors

11.27 Diabetic bullae



Translucent bullae of various sizes, haemorrhagic in rare cases, without inflammatory areola, which are usually multiple, found especially on the extremities, particularly on the feet. The condition tends to occur in complicated cases of diabetes of all types.

Basic Lesions: Bullae

Causes: None specific

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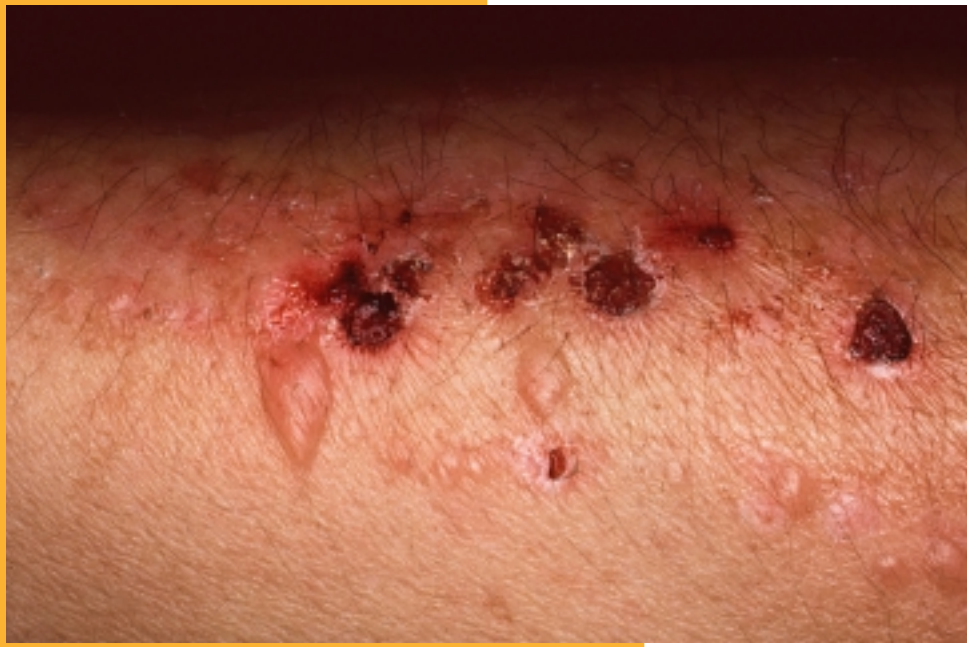
11.28 Porphyria cutanea tarda



The preferred sites of porphyria cutanea tarda lesions are areas exposed to light, such as the backs of the hands and the face. On the backs of the hands the condition is characterized by several symptoms associated with increased skin fragility: serous or haemorrhagic bullae, erosions after various traumas, milia.

Basic Lesions: Bullae; Ulcers

Causes: Mechanical Factors; Sunlight, Ultraviolet Radiation

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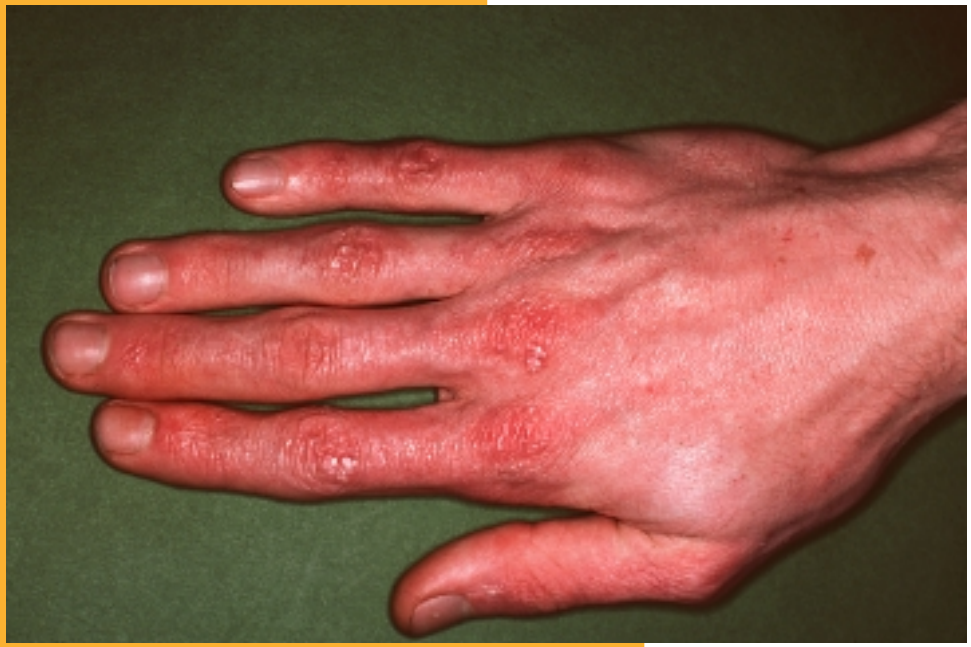

Porphyria cutanea tarda

continued

On the face the condition is characterized mainly by hypertrichosis of the malar regions and a diffuse brownish pigmentation.

Basic Lesions: Scars

Causes: Mechanical Factors; Sunlight, Ultraviolet Radiation

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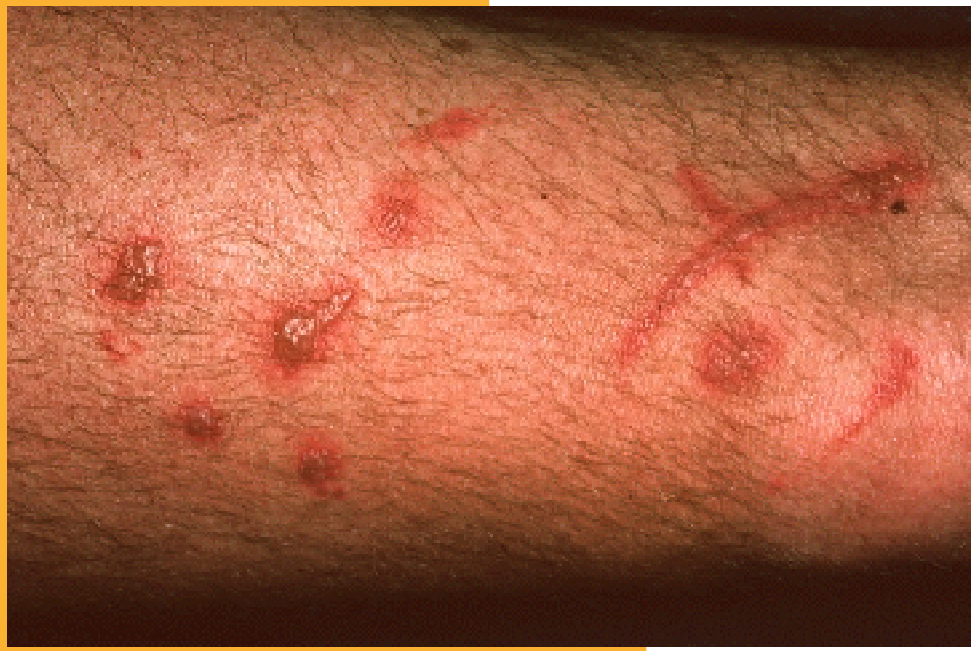


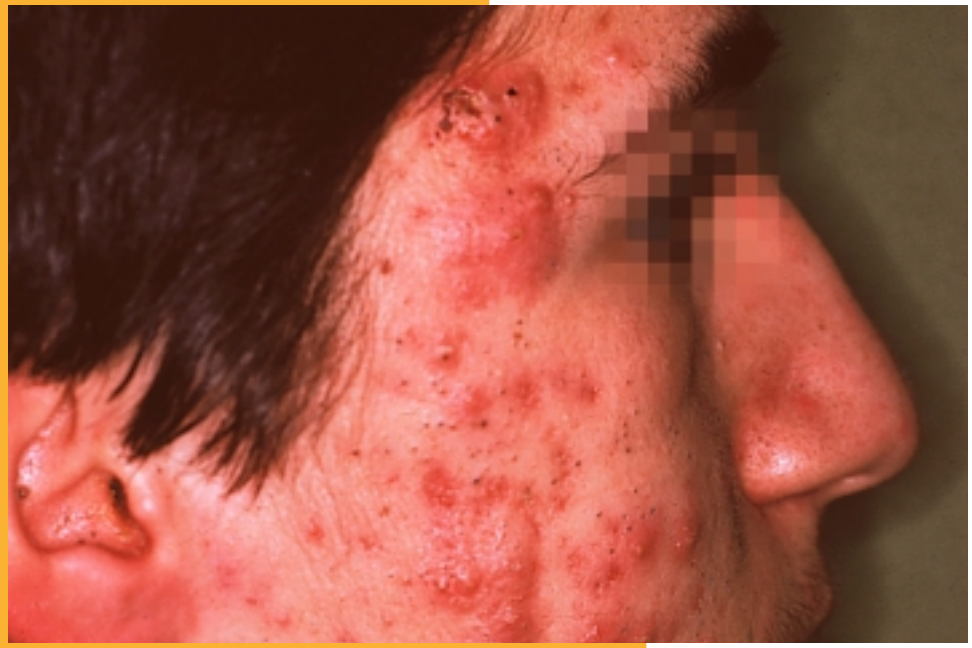
Bullous phytophotodermatitis (Meadow dermatitis)

Erythematous vesicular or bullous eruption reproducing the pattern of a grass or leaf. Sun, humidity, and contact with the plant are the three prerequisites for the appearance of the skin condition.

Basic Lesions: Vesicles; Bullae

Causes: Sunlight, Ultraviolet Radiation; Chemical Agents

11.29 Acne and rosacea

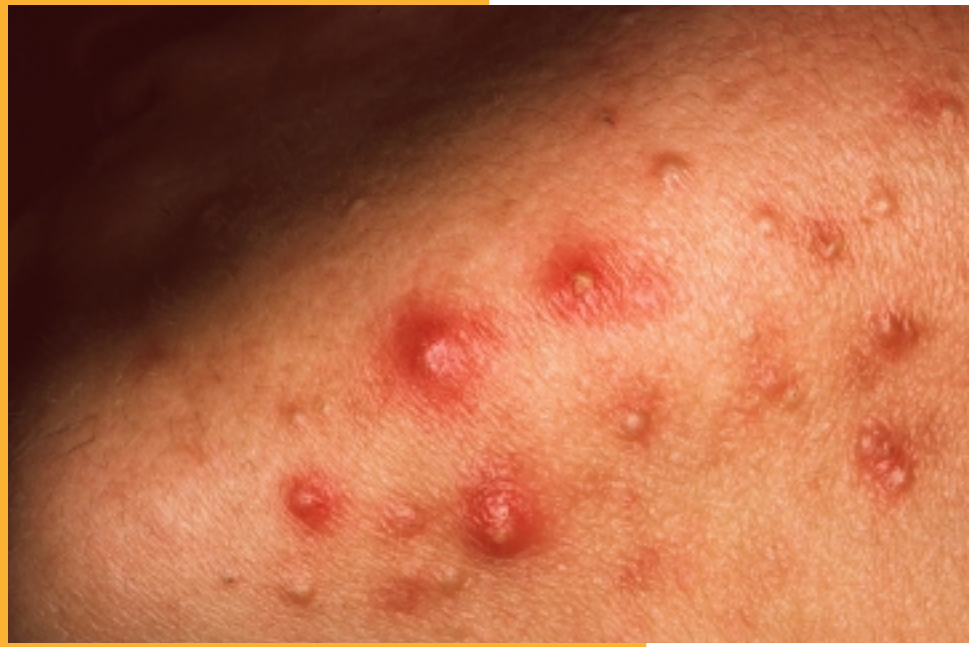


Acne vulgaris

Acne vulgaris (adolescent acne) essentially includes three types of lesion: comedones, papules and pustules. To these can be added nodules and cysts.

Basic Lesions: Dermal Papules; Nodules; Keratoses; Pustules

Causes: None specific



Acne vulgaris

continued

Papulopustular acne

Papulopustular acne essentially comprises isolated or confluent papules and very inflamed papulopustules. It is often associated with seborrhoea. Comedones are never absent.

Basic Lesions: Dermal Papules; Pustules

Causes: None specific

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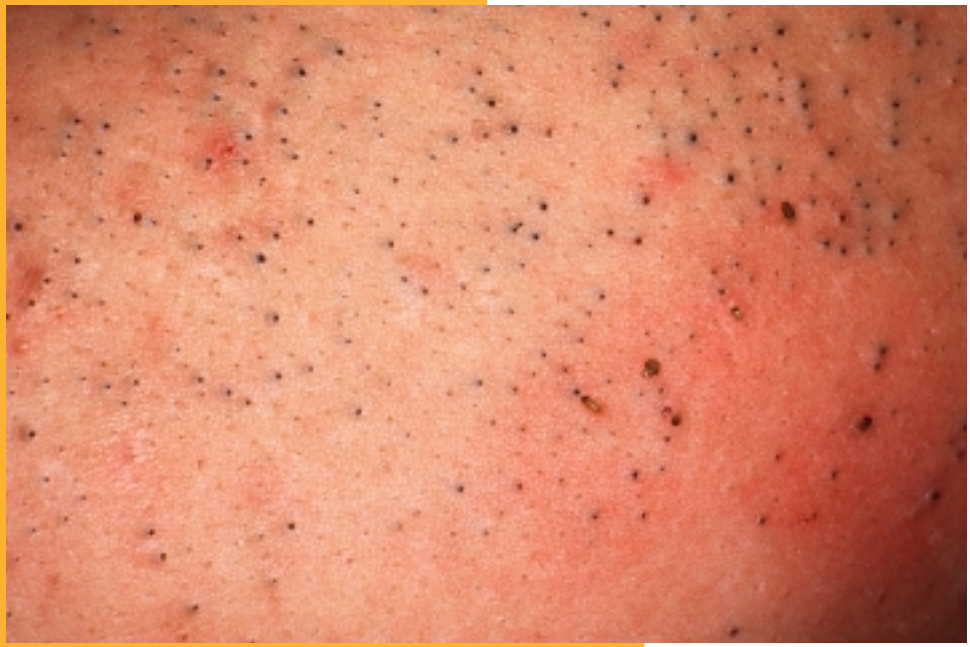
alphabetical picture cause basic lesion



Acne vulgaris

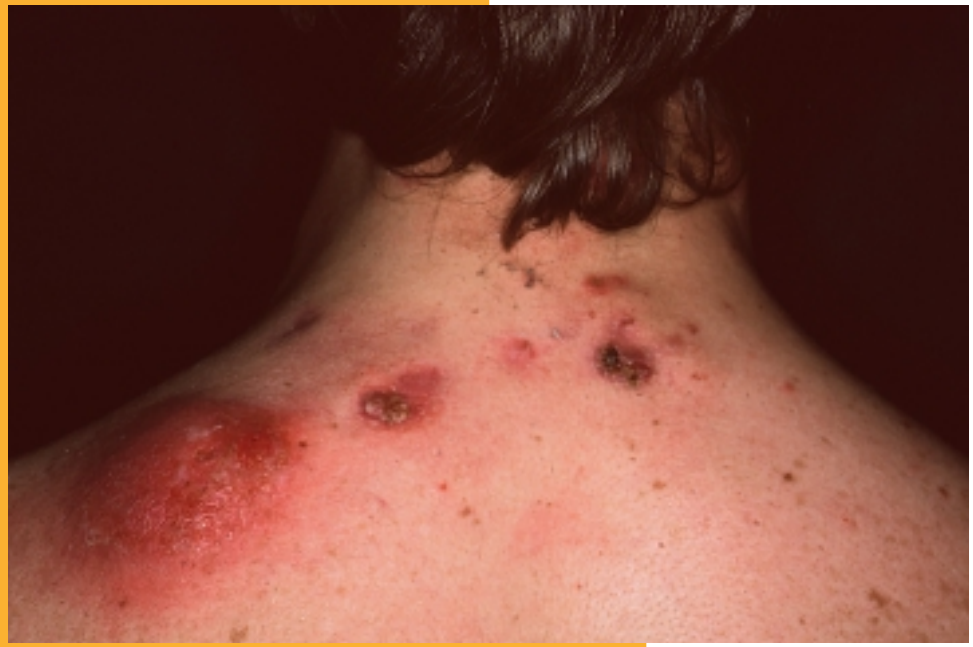
Comedo acne

continued

Comedo acne is characterized by a distinct preponderance of comedones over the lesions of adolescent acne. The comedones are either open (blackheads) or closed (whiteheads). Blackheads are the prominent lesions in this illustration. Cosmetic acne often takes the form of this variant.

Basic Lesions: Keratoses

Causes: None specific



Acne vulgaris

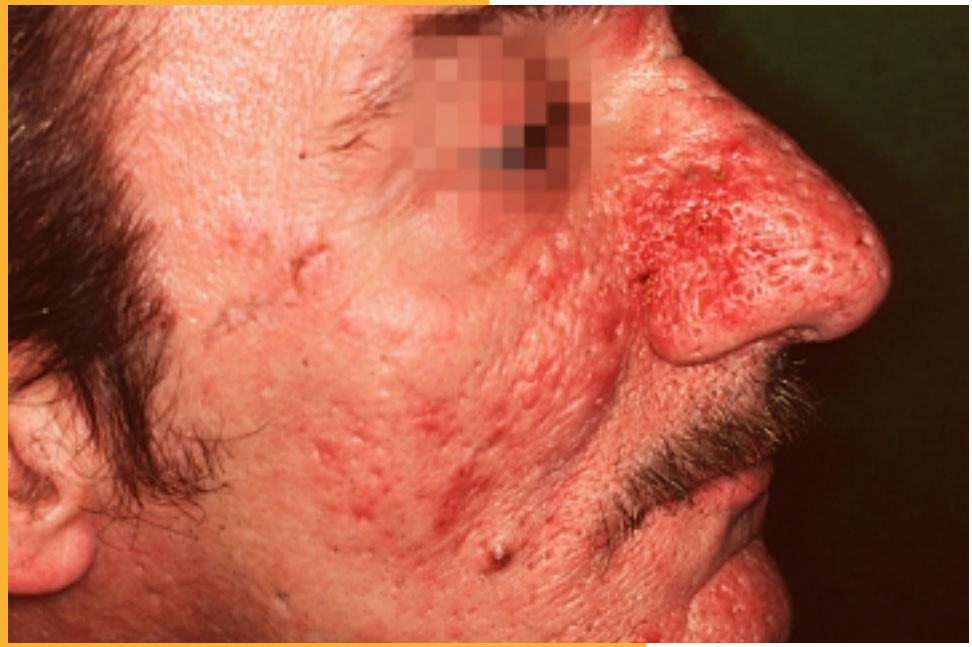
continued

Nodular and cystic acne

In addition to the basic lesions just mentioned (comedones, papules and pustules), this form of acne presents epidermal cysts of follicular origin and inflamed nodules resulting from the rupture of these cysts. The nodules can develop into abscesses, which leave indurated, pitted, or retractile scars when they dry out.

Basic Lesions: Nodules; Scars

Causes: None specific



Acne conglobata

The lesions are polymorphic and numerous: multiple comedones, follicular cysts, pustules, nodules, and abscesses developing to form fistulae, haemorrhagic ulcers, then pitted scars and adhesions bridging the scars.

Basic Lesions: Nodules; Pustules; Ulcers; Scars

Causes: None specific

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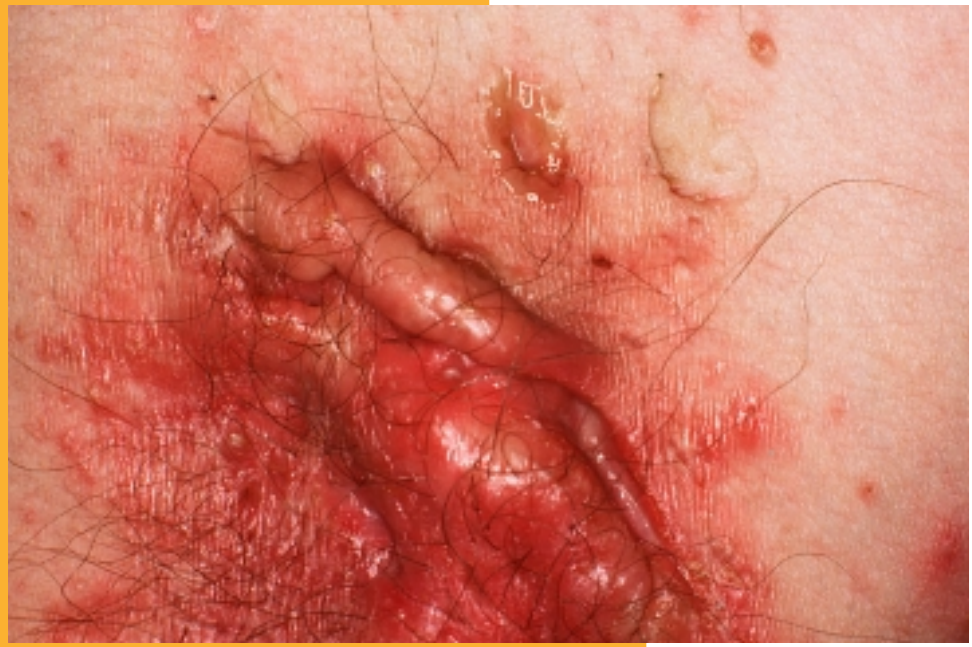

Acne conglobata

continued

This form of acne classically affects the face and trunk, but it can also spread to the arms and the buttocks.

Basic Lesions: Nodules; Pustules; Ulcers; Scars

Causes: None specific

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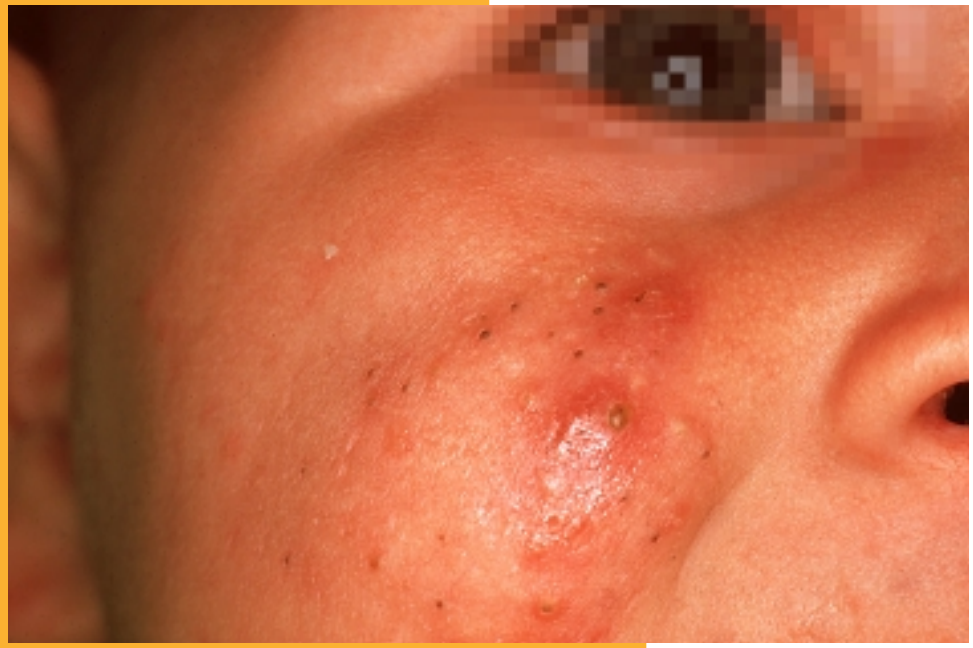
alphabetical picture cause basic lesion

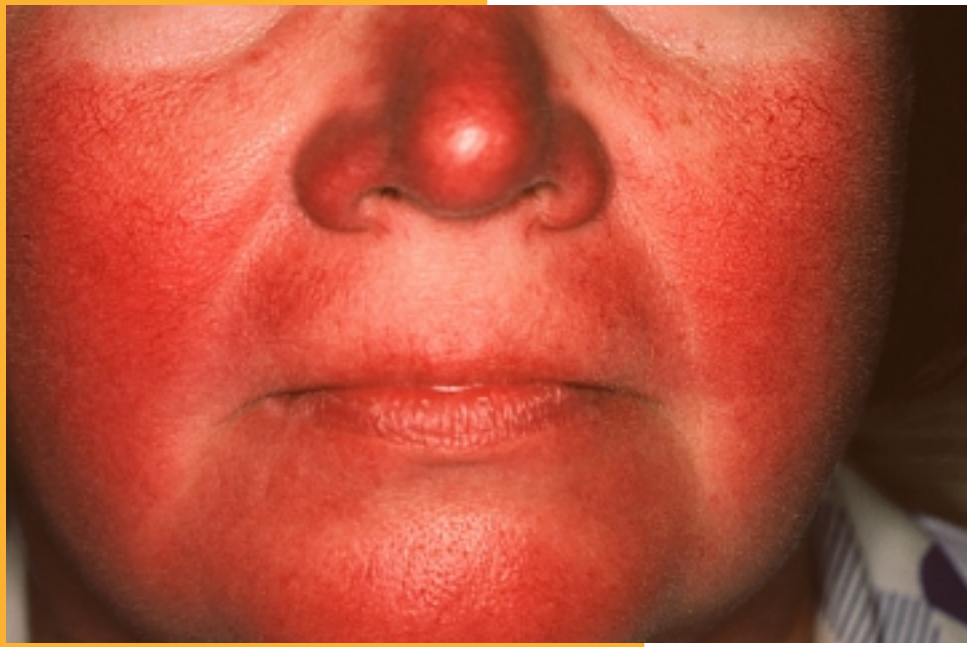


Infantile acne (acne infantum)

This variant of acne, of indeterminate origin, appears in infants aged between 3 and 6 months. It is usually severe, but in most cases fades in 1 to 2 years. It is characterized by the presence of comedones, papules, and pustules, found mainly on the cheeks.
It should be distinguished from a much more rare variety of acne: neonatal acne (acne neonatorum).

Basic Lesions: Dermal Papules; Keratoses; Pustules

Causes: None specific



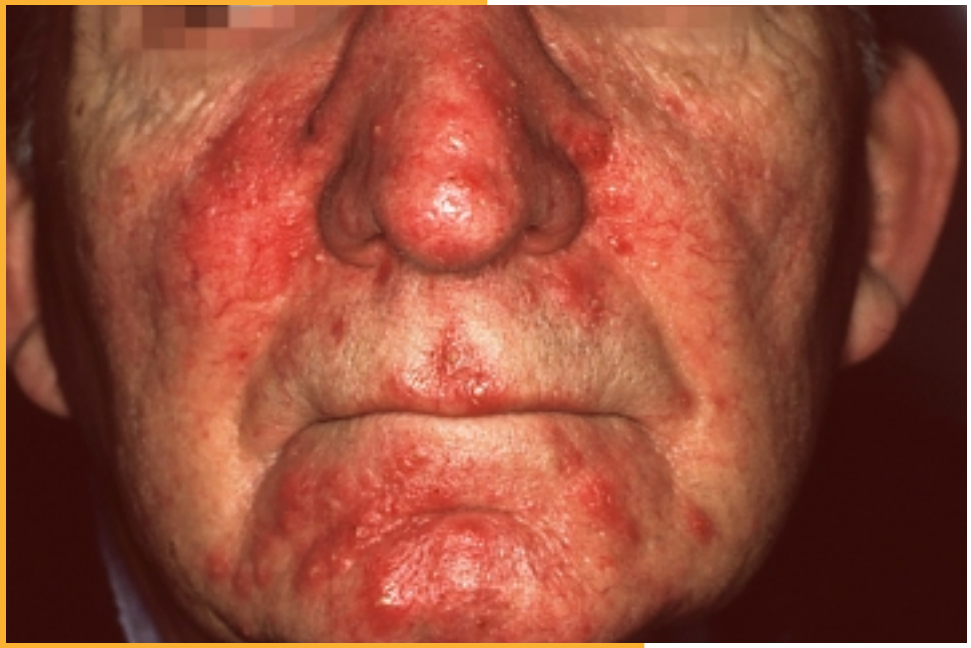
Rosacea

Blotchy form

The blotchy form comprises erythema and telangiectasia affecting the nose, cheeks and sometimes the forehead and chin. Flushes appear in various circumstances: in the presence of stress or a change in ambient temperature, after the consumption of alcohol, hot drinks, or hot food.

Basic Lesions: Erythematous Macule

Causes: Heat



Rosacea

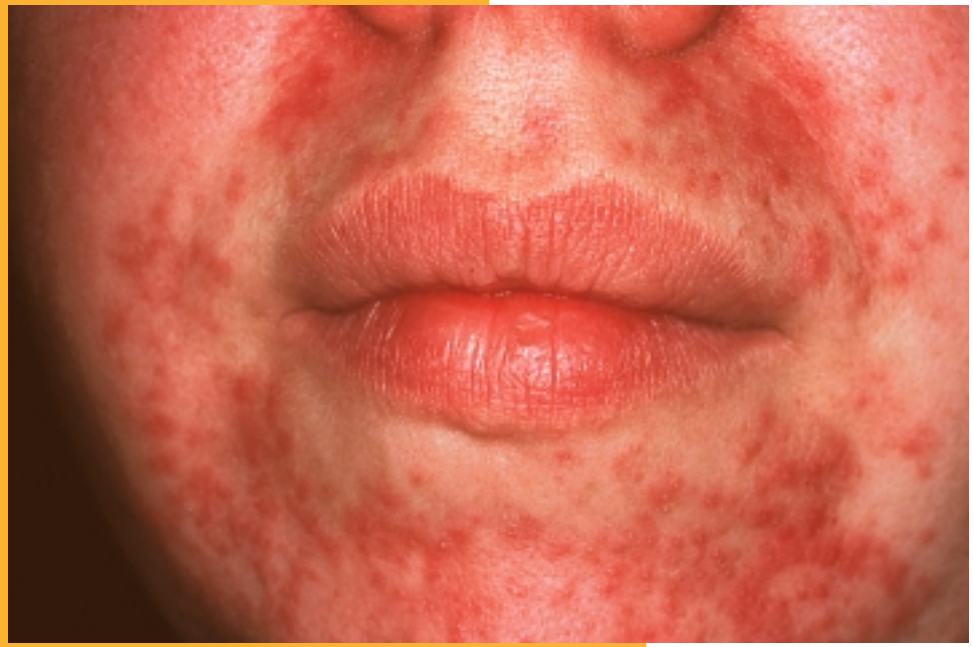
continued

Papulopustular form

Inflamed papules and aseptic pustules appear on a background of telangiectatic erythema, but never comedones (which necessarily leads to rejection of the term "acne rosacea").

Basic Lesions: Erythematous Macule; Dermal Papules; Pustules

Causes: Heat



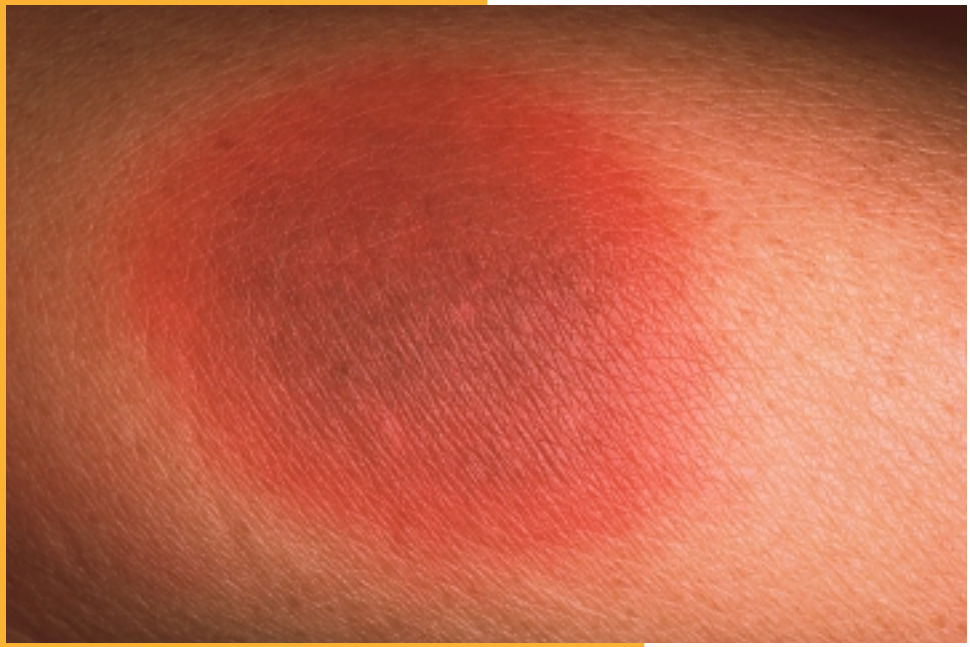
Perioral dermatitis

This is characterized by the appearance of micropapules and micropustules on a base of erythema and oedema, mainly around the mouth, separated from the lips by a border of healthy skin. The lesions can sometimes spread to the nasolabial folds.

Basic Lesions: Erythematous Macule; Dermal Papules; Pustules

Causes: None specific

11.30 Drug-induced eruptions

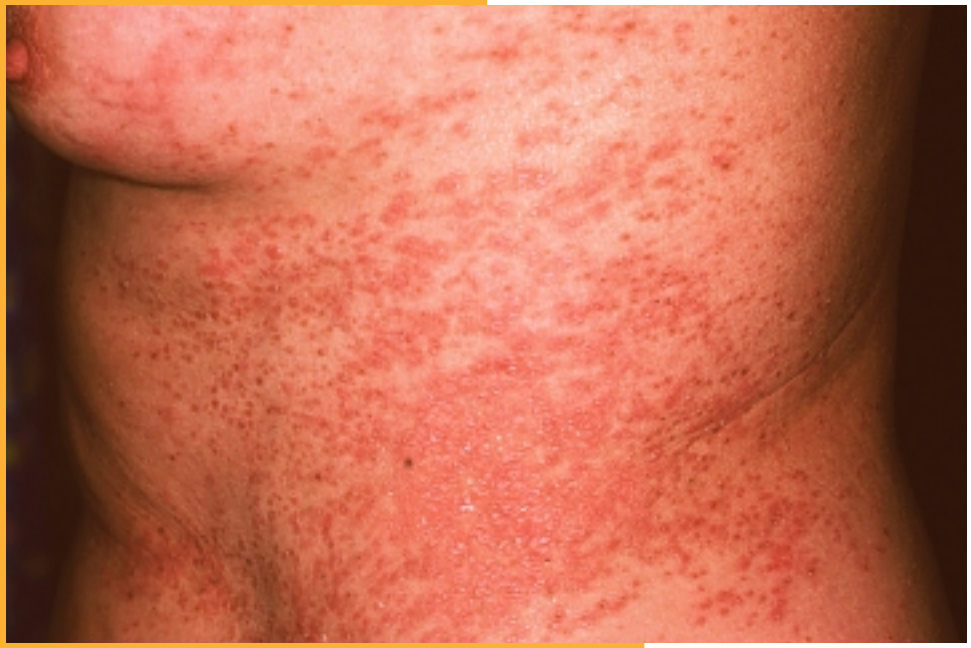


Fixed pigmented erythema

Well-circumscribed pigmented erythematous patch occurring 48 h after the ingestion of a drug, in this case phenacetin.
The lesion resolves into a residual pigmentation which disappears gradually. Reintroduction of the drug causes a recurrence, invariably at the same site. In some cases the centre of the lesion can be bullous (fixed bullous toxic dermatitis).

Basic Lesions: Erythematous Macule; Pigmented Macules; Bullae

Causes: Chemical Agents

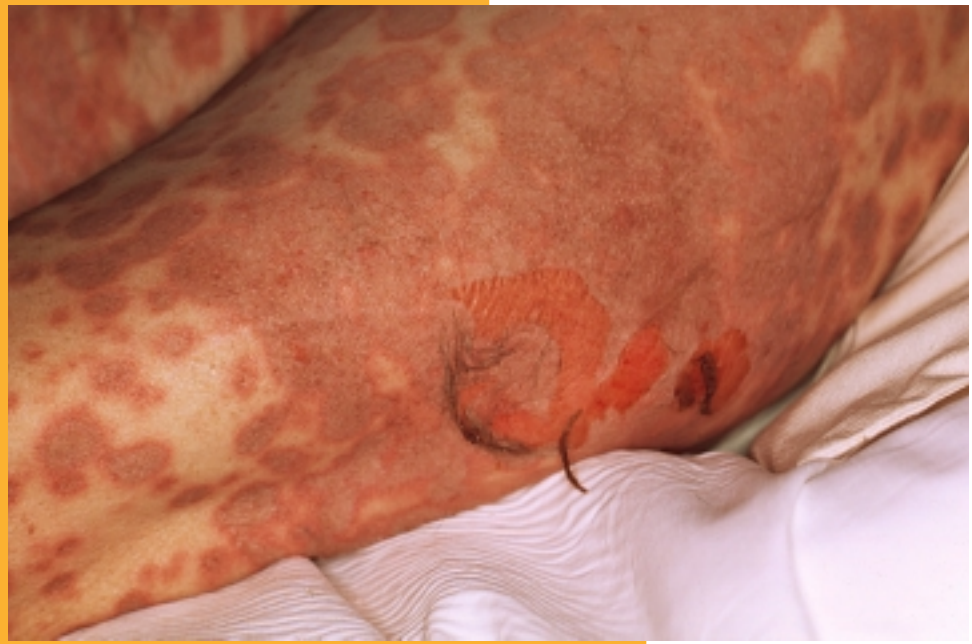


Maculopapular exanthema (morbilliform eruption)

Eruption characterized by dull red congestive patches on the skin. These vary in size and run together into sheets. Two prominent characteristics are the usual symmetry of the lesions and their itchiness. The present case is an ampicillin rash.

Basic Lesions: Erythematous Macule

Causes: Chemical Agents

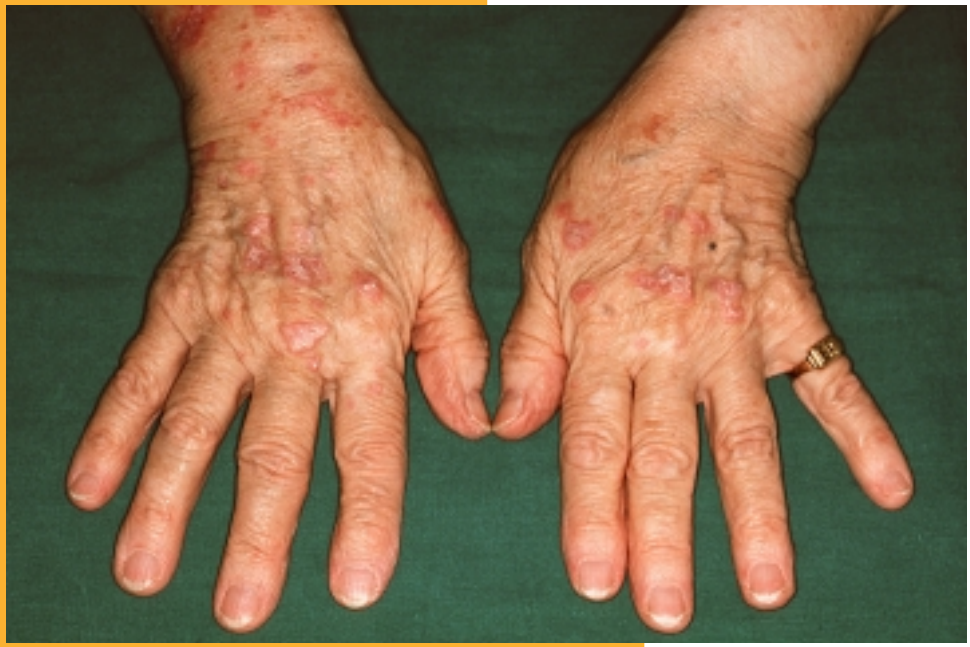


Lyell's syndrome (toxic epidermal necrolysis)

Detachment of large pieces of epidermis, leaving extensive areas of erosion. The eruption usually spreads all over the skin.
All mucous membranes are involved in the necrolytic process. The situation is similar to that of major burns. The drug responsible in this particular case was sulfonamide.

Basic Lesions: Bullae; Ulcers

Causes: Chemical Agents

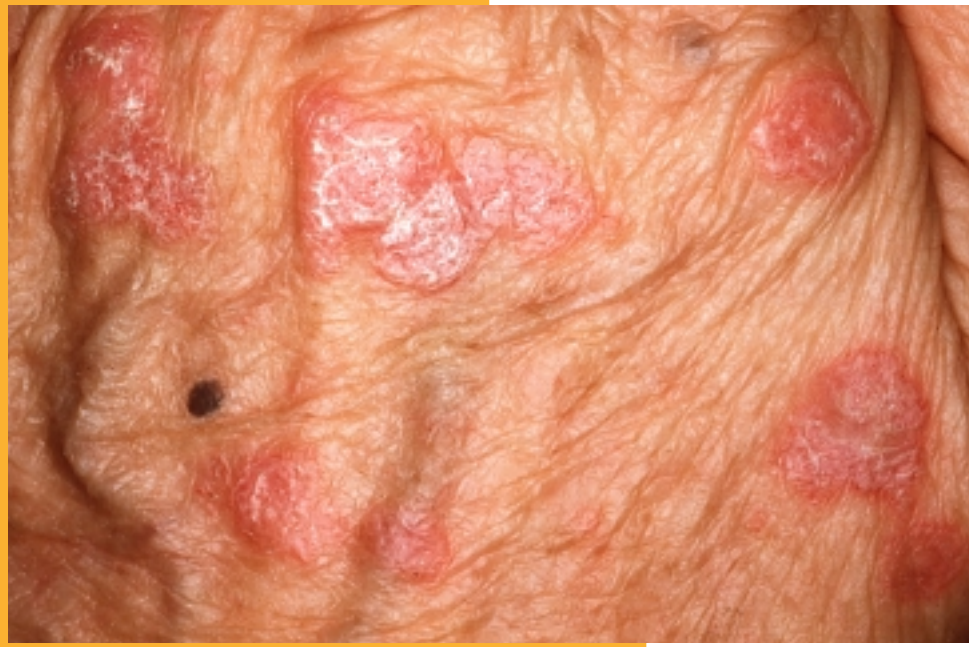


Lichenoid eruptions

Drug-induced lichenoid eruption caused by methyldopa. The clinical picture is quite similar to that of lichen planus, but the lesions are often more red and scaly.

Basic Lesions: Dermo-epidermal Papules; Scales

Causes: Chemical Agents

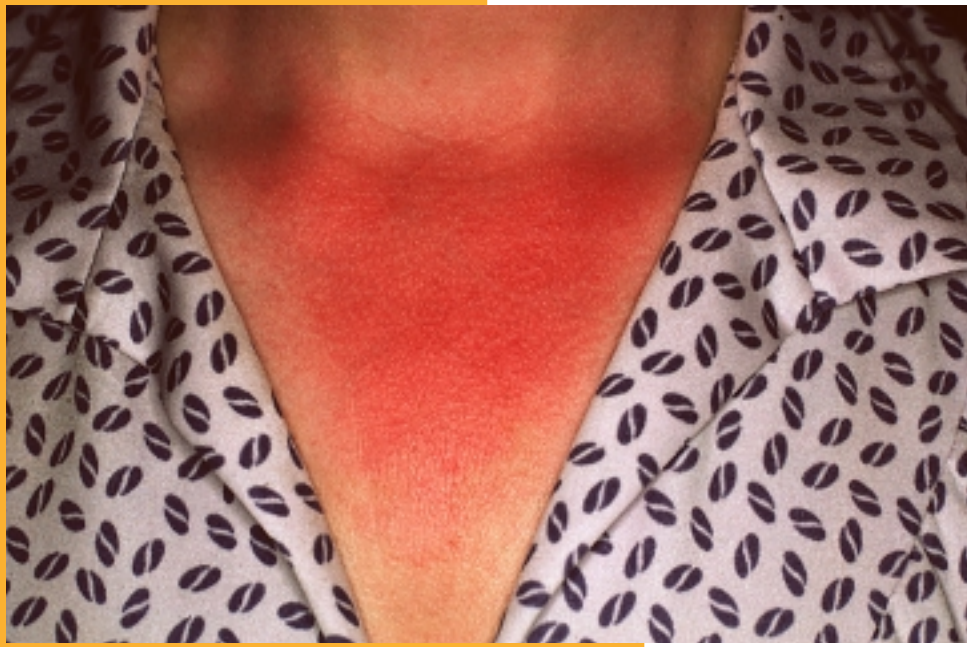


Lichenoid eruptions *continued*

The distribution of the lesions is symmetrical and more diffuse than in most forms of lichen planus.

Basic Lesions: Dermo-epidermal Papules; Scales

Causes: Chemical Agents



Drug-induced phototoxic eruption

Drug-induced phototoxic eruption associated with the ingestion of a tetracycline. Erythematous oedematous lesions whose pattern corresponds strictly to the skin areas exposed to sunlight.
The borders of the lesions are as if "cut with a knife".

Basic Lesions: Erythematous Macule

Causes: Sunlight, Ultraviolet Radiation; Chemical Agents

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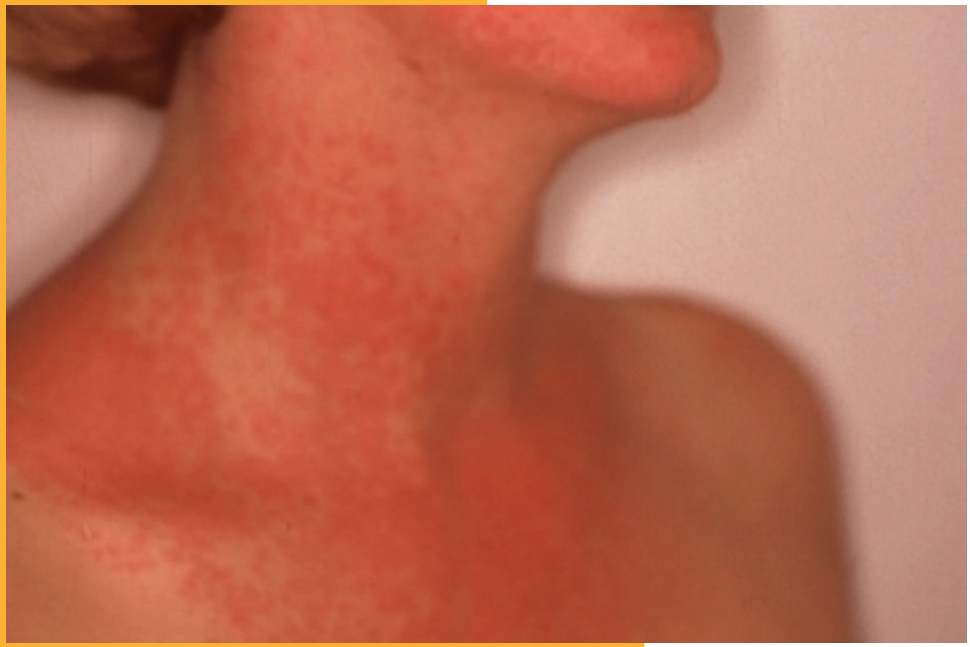
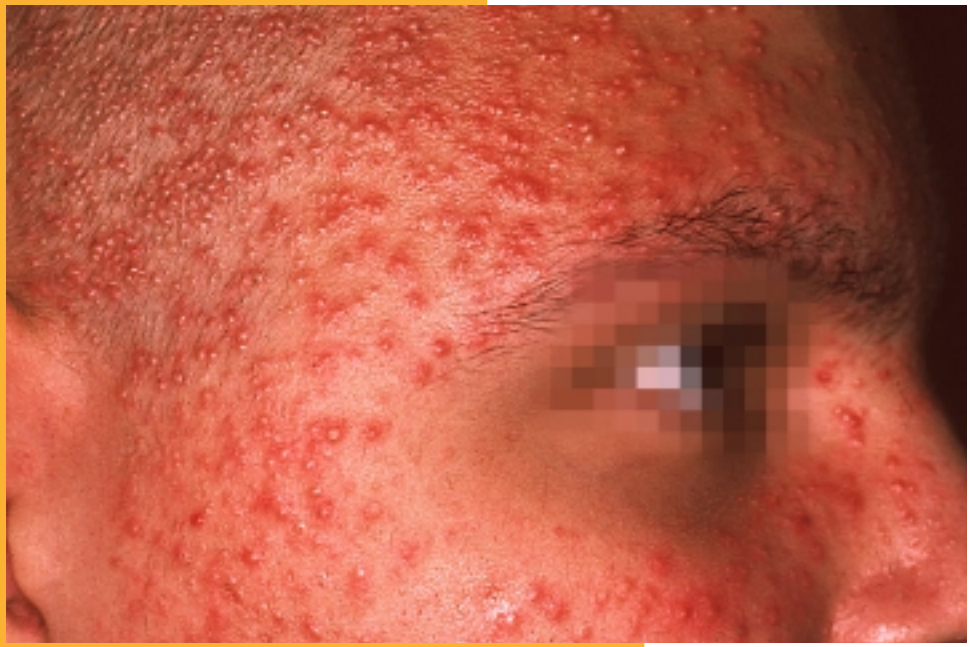


Drug-induced photoallergic eruption

Drug-induced photoallergic reaction associated with the ingestion of a phenothiazine.
The symptoms comprise erythema, confluent papules, and plaques of weeping vesicular eczema.
The lesions, which are accompanied by severe itching, spread beyond the areas exposed to the sun, in contrast to the phototoxic reactions.

Basic Lesions: Erythematous Macule; Dermal Papules; Vesicles

Causes: Sunlight, Ultraviolet Radiation; Chemical Agents

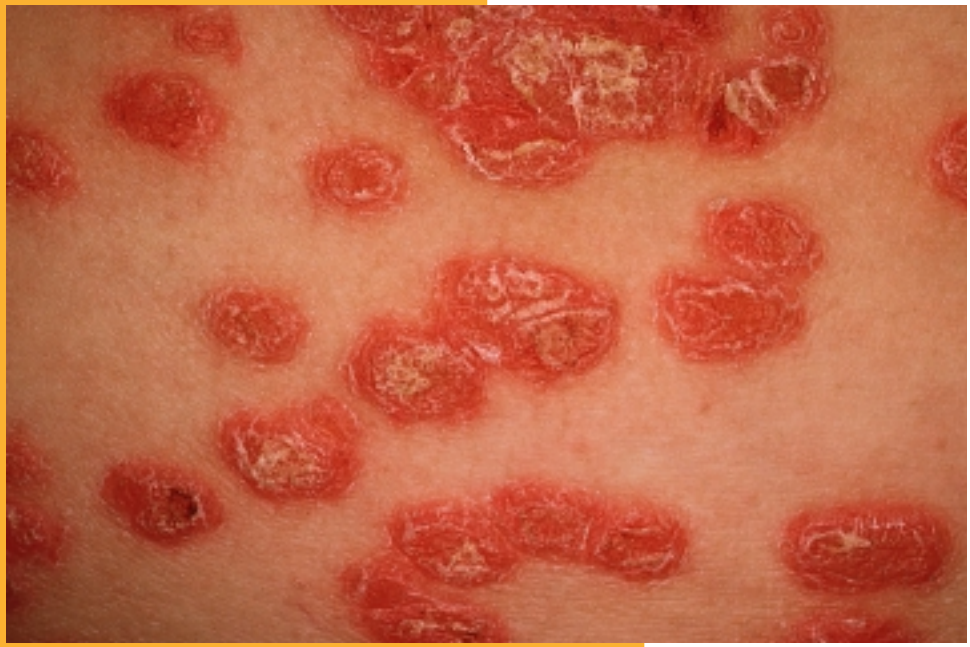


Acneiform facial eruption

This drug-induced eruption is associated in the present case with intramuscular injections of vitamin B12. It is clinically monomorphic, i.e. it is characterized by the presence of papules and pustules and by the absence of comedones.

Basic Lesions: Dermal Papules; Pustules

Causes: Chemical Agents



Psoriatiform eruption

Psoriatiform eruption associated with the ingestion of a ß-blocker. In certain cases this is an aggravation of existing psoriasis. The lesions are not usually very scaly. They can be itchy. There is an increasingly large number of suspected groups of drugs.

Basic Lesions: Erythematous Macule; Scales

Causes: Chemical Agents

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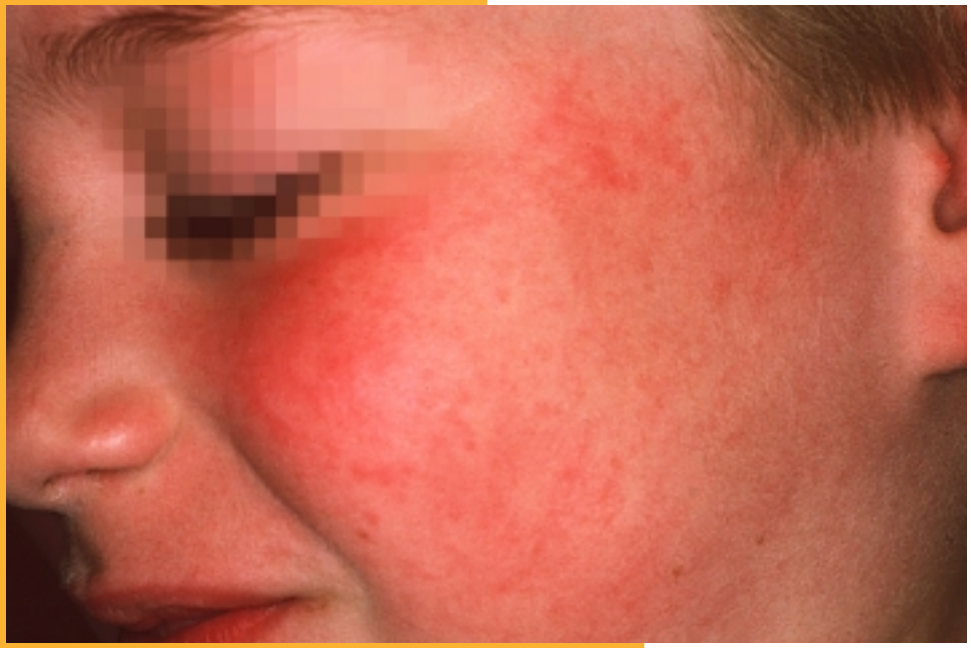
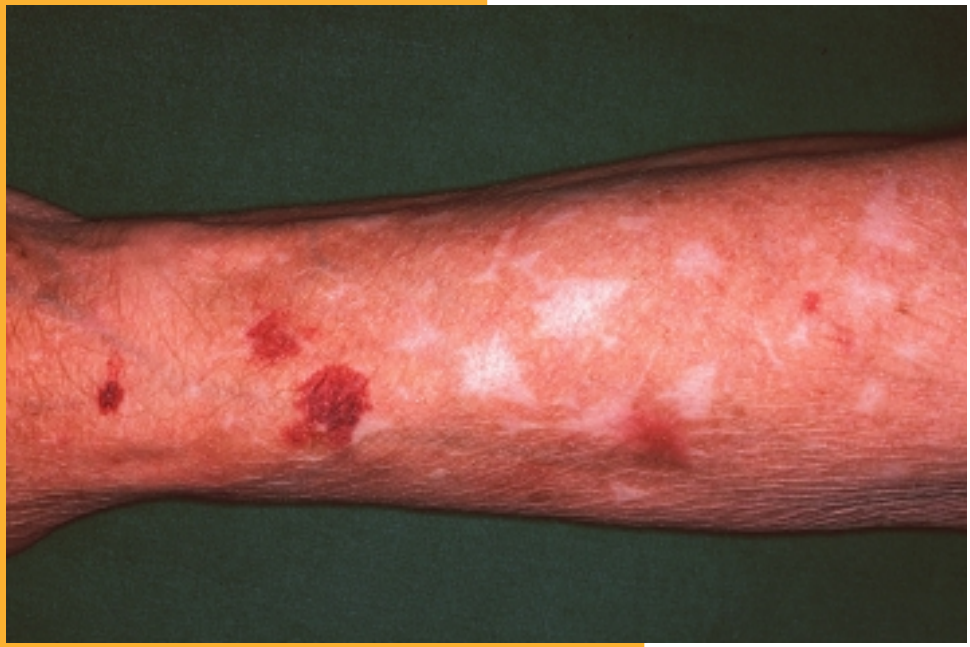


Drug-induced lupus

Induced lupus usually assumes the appearance of subacute or systemic lupus. It is reversible when the treatment is stopped and recurs if the treatment is reintroduced.
In this case the suspected drug is an anticonvulsant.

Basic Lesions: Erythematous Macule

Causes: Chemical Agents

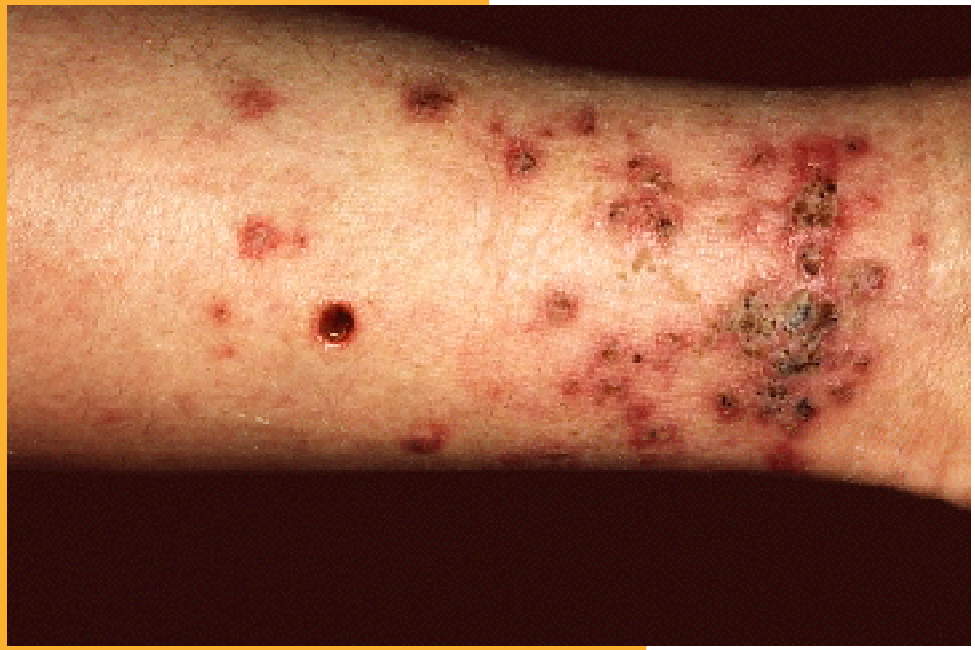


Cortisone atrophy

Prolonged systemic use of corticosteroids leads to a reduction in collagen tissue, culminating in atrophy of the skin. This occurs particularly on the extensor surfaces of the forearms.
The atrophy is accompanied by purpura, ecchymoses, and also by these three unusual star-shaped false scars resulting from an internal tear in the dermal tissue (without a wound).

Basic Lesions: Purpuric Macule; Atrophy; Scars

Causes: Chemical Agents

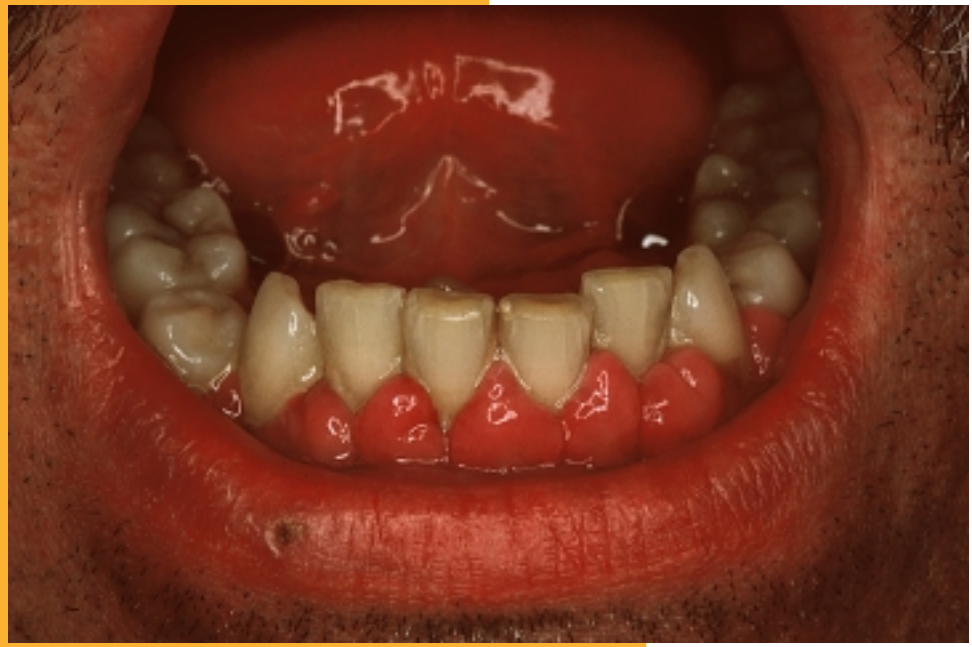


Bromide and iodide eruptions (Halide eruptions)

Very rare reactions to the use of drugs containing bromide or iodine. Bromide and iodide eruptions appear as plaques and lumps with infiltration and vegetation, which are sometimes covered in pustules and crusts. The illustration is of a bromide eruption caused by bromazepam.

Basic Lesions: Nodules; Pustules; Crusts

Causes: Chemical Agents

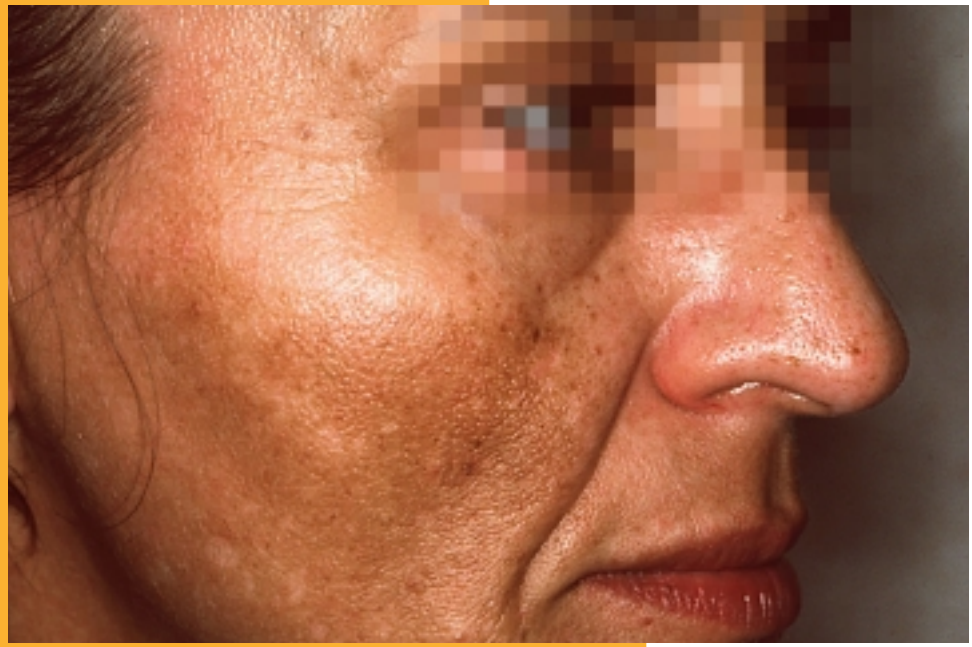


Gingival hyperplasia

Gingival hyperplasias are often provoked by a drug. The drugs most frequently blamed are anticonvulsants (phenytoin, sodium valproate) and cyclosporin, as in the present case.

Basic Lesions: Vegetations

Causes: Chemical Agents



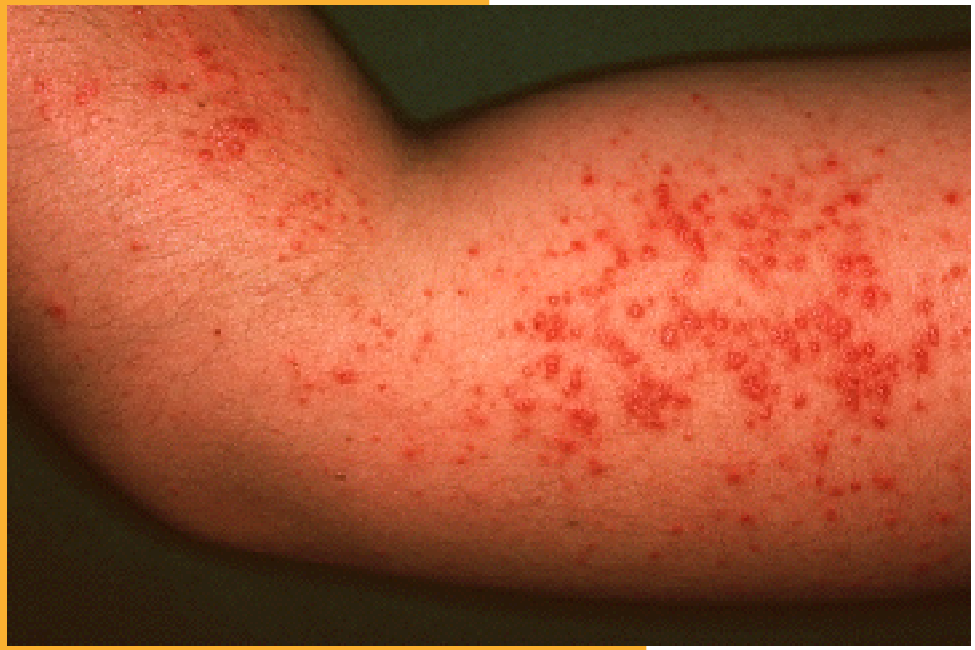
Melasma (chloasma)

A specifically female skin disease, melasma is hyperpigmentation appearing on the upper part of the face (temples and forehead), but sparing the hairline. It is generally bilateral, but never perfectly symmetrical. Its colour varies from light to dark brown. Melasma occurs in pregnancy or during treatment with hormonal contraceptives. It becomes more pronounced in summer and the aggravating influence of exposure to solar ultraviolet is evident.

Basic Lesions: Pigmented Macules

Causes: Sunlight, Ultraviolet Radiation; Chemical Agents

11.31 Skin disorders caused by physical agents

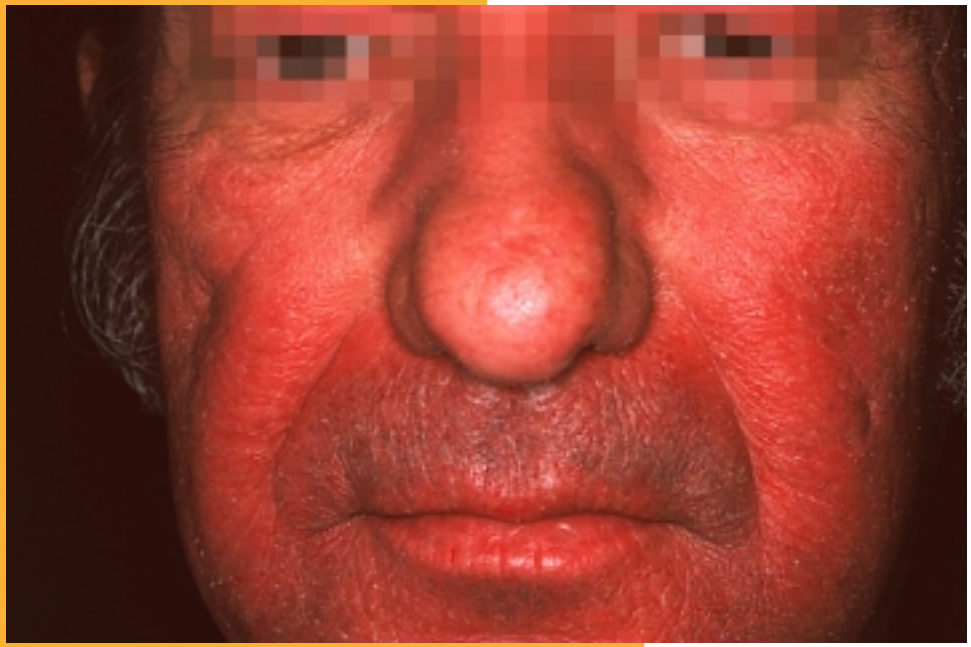


Benign summer photodermatitis

Small acuminate erythematous papules, a few millimetres in diameter, and papulovesicles clustered on the extensor surface of the arms (as in the present case), legs, and exposed areas of the neck and the chest. The eruption usually spares the face. It occurs a few hours after sunbathing.

Basic Lesions: Dermal Papules

Causes: Sunlight, Ultraviolet Radiation

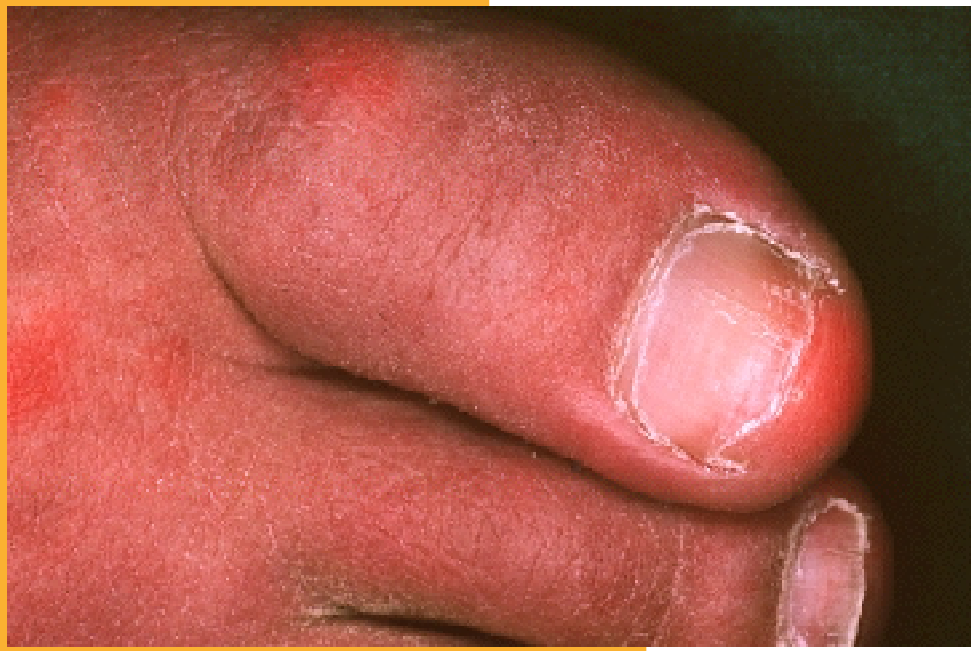


Polymorphic light eruption

Small erythematous papules or oedematous plaques appearing on exposed parts of the body, especially the face (forehead, nose, cheekbones), behind the ears, the exposed area of neck and chest, and the extensor surfaces of the limbs. In more than 70% of the cases the eruption appears in spring. The patient does not have to be unaccustomed to the sun. The condition appears in the course of everyday life, whether the sky is clear or cloudy.

Basic Lesions: Erythematous Macule; Dermal Papules

Causes: Sunlight, Ultraviolet Radiation



Chilblains

Erythematous and cyanotic infiltrations of the toes which may become covered with clear or haemorrhagic bullae, ulcerations, or small crusts. Chilblains are purple and painful in the cold, but become red and itchy when the sufferer enters a heated room. Chilblains are most common in young women, but they are seen at all ages in both sexes. Other sites include the heels, ankles, knees, ears, etc.

Basic Lesions: Erythematous Macule

Causes: Heat; Cold