

## Types of Skin Lesions :

**Milia** : They are formed when Keratin becomes entrapped beneath the outer layer of the skin, forming a tiny cyst. An individual milium is formed at the base of a hair follicle or sweat gland. Milia appear as 1-2 mm white to yellow, dome shaped bumps that are not painful or itchy. Milia are most commonly found around the eyes, nose, cheek, and forehead.



**Macules** : are flat, nonpalpable lesions usually < 10 mm in diameter. Macules represent a change in color and are not raised or depressed compared to the skin surface. A patch is a large macule. Examples include freckles, flat moles, tattoos, and port-wine stains, and the rashes of rickettsial infections, rubella, measles (can also have papules and plaques), and some allergic drug eruptions.



**Papules :** are elevated lesions usually < 10 mm in diameter that can be felt or palpated. Examples include nevi, warts, lichen planus, insect bites, seborrheic and actinic keratoses, some lesions of acne, and skin cancers. The term maculopapular is often loosely and improperly used to describe many red skin rashes; because this term is nonspecific and easily misused, it should be avoided.

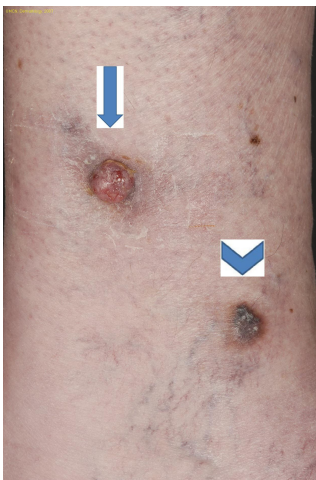


**Plaques :** are palpable lesions > 10 mm in diameter that are elevated or depressed compared to the skin surface. Plaques may be flat topped or rounded. Lesions of psoriasis and

granuloma annulare commonly form plaques.



**Nodules** : are firm papules or lesions that extend into the dermis or subcutaneous tissue. Examples include cysts, lipomas, and fibromas.



**Vesicles :** are small, clear, fluid-filled blisters < 10 mm in diameter. Vesicles are characteristic of herpes infections, acute allergic contact dermatitis, and some autoimmune blistering disorders (eg, dermatitis herpetiformis).



**Bullae :** are clear fluid-filled blisters > 10 mm in diameter. These may be caused by burns, bites, irritant or allergic contact dermatitis, and drug reactions. Classic autoimmune bullous diseases include pemphigus vulgaris and bullous pemphigoid. Bullae also may occur in inherited disorders of skin fragility.



**Pustules :** are vesicles that contain pus. Pustules are common in bacterial infections and folliculitis and may arise in some inflammatory disorders including pustular psoriasis.



Source: Wolff K, Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ: *Fitzpatrick's Dermatology in General Medicine*, 7th Edition: <http://www.accessmedicine.com>  
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**Urticaria :** (wheals or hives) is characterized by elevated lesions caused by localized edema. Wheals are pruritic and red. Wheals are a common manifestation of hypersensitivity to drugs, stings or bites, autoimmunity, and, less commonly, physical stimuli including temperature, pressure, and sunlight. The typical wheal lasts < 24 h.

**Scale :** is heaped-up accumulations of horny epithelium that occur in disorders such as psoriasis, seborrheic dermatitis, and fungal infections. Pityriasis rosea and chronic dermatitis of any type may be scaly.

**Crusts (Scabs) :** consist of dried serum, blood, or pus. Crusting can occur in inflammatory or infectious skin diseases (eg, impetigo).

## **Erosions :** are open areas of skin that result from loss of part or all of the

epidermis. Erosions can be traumatic or can occur with various inflammatory or infectious skin diseases. An excoriation is a linear erosion caused by scratching, rubbing, or picking.

## **Ulcers :** are open areas of skin that result from loss of part or all of the epidermis.

Erosions can be traumatic or can occur with various inflammatory or infectious skin diseases. An excoriation is a linear erosion caused by scratching, rubbing, or picking.

## **Petechiae :** are nonblanchable punctate foci of hemorrhage. Causes include platelet

abnormalities (eg, thrombocytopenia, platelet dysfunction), vasculitis, and infections (eg, meningococemia, Rocky Mountain spotted fever, other rickettsioses).



## **Squamous Cell Carinoma :**

Squamous cell carcinoma (SCC) is an uncontrolled growth of abnormal cells arising in the squamous cells, which compose most of the skin's upper layers (the epidermis). SCCs often look like scaly red patches, open sores, elevated growths with a central depression, or warts; they may crust or bleed. They can become disfiguring and sometimes deadly if allowed to grow. An estimated 700,000 cases of SCC are diagnosed each year in the US, and between 3,900 and 8,800 people died from the disease in the US in 2012. Incidence of the disease has increased up to 200 percent in the past three decades in the US. SCC is mainly caused by cumulative ultraviolet (UV) exposure over the course of a lifetime; daily year-round exposure to the sun's UV light, intense exposure in the summer months, and the UV produced by tanning beds all add to the damage that can lead to SCC.

SCCs may occur on all areas of the body including the mucous membranes and genitals, but are most common in areas frequently exposed to the sun, such as the rim of the ear, lower lip, face, balding scalp, neck, hands, arms and legs. Often the skin in these areas reveals telltale signs of sun damage, including wrinkles, pigment changes, freckles, "age spots," loss of elasticity, and broken blood vessels.



**Purpura** : is a larger area of hemorrhage that may be palpable. Palpable purpura is considered the hallmark of leukocytoclastic vasculitis. Purpura may indicate a coagulopathy. Large areas of purpura may be called ecchymoses or, colloquially, bruises .





**Atrophy :** is thinning of the skin, which may appear dry and wrinkled, resembling cigarette paper. Atrophy may be caused by chronic sun exposure, aging, and some inflammatory and neoplastic skin diseases, including cutaneous T-cell lymphoma and lupus erythematosus. Atrophy also may result from long-term use of potent topical corticosteroids.

**Scars :** are areas of fibrosis that replace normal skin after injury. Some scars become hypertrophic or thickened and raised. Keloids are hypertrophic scars that extend beyond the original wound margin.

**Basal Cell Carcinoma :** BCCs are abnormal, uncontrolled growths or lesions that arise in the skin's basal cells, which line the deepest layer of the epidermis (the outermost layer of the skin). BCCs often look like open sores, red patches, pink growths, shiny bumps, or scars and are usually caused by a combination of cumulative and intense, occasional sun exposure.

BCC almost never spreads (metastasizes) beyond the original tumor site. Only in exceedingly rare cases can it spread to other parts of the body and become life-threatening. It shouldn't be taken lightly, though: it can be disfiguring if not treated promptly.



**Telangiectases:** are foci of small, permanently dilated blood vessels that may occur in areas of sun damage, rosacea, systemic diseases (especially systemic sclerosis), or inherited diseases (eg, ataxia-telangiectasia, hereditary hemorrhagic telangiectasia) or after long-term therapy with topical fluorinated corticosteroids.



**Keloids :** A growth of extra scar tissue where the skin has healed after an injury.

Keloids can occur from acne, burns, chicken pox, ear piercings, minor scratches, cuts from surgery/trauma, and vaccination sites.



### ***Color***

Descriptive terms used to describe skin color include:

### **Carotenaemia**

Excessive circulating beta-carotene (vitamin a precursor derived from yellow/orange colored vegetables and fruit) results in yellow/orange skin coloration. Tends to be pronounced on palms and soles. Does not affect cornea.

### **Hyperpigmentation**

Hypermelanosis or haemosiderin deposits result in skin color that is darker than normal.

### **Hypopigmentation**

Loss of melanin results in skin color that is paler than normal but not completely white.

### **Leukoderma**

White skin. Also known as **achromia**.

### **Infarcts**

Infarcts are black areas of necrotic tissue due to interrupted blood supply.

### **Jaundice**

Excessive circulating bilirubin results in yellow/green skin color, prominent in cornea.

### **Erythema (Erythematous)**

Red skin due to increased blood supply and blanch with pressure (diascopy).

### **Eczematous**

A noncontagious inflammation of the skin, characterized chiefly by redness, itching, and the outbreak of lesions that may discharge serous matter and become encrusted and scaly.

### **Scaling**

Scaling or **hyperkeratosis** is an increase in the dead cells on the surface of the skin (stratum corneum).

Descriptive terms for scales include :

- **Desquamation** (skin coming off in scales)
- **Psoriasiform** (large white or silver flakes)
- **Pityriasiform** (branny powdery scale)
- **Lichenoid** (apparent scale is tightly adherent to skin surface)
- **Keratotic** (horny scale)
- **Exfoliation** (peeling skin)
- **Maceration** (moist peeling skin)
- **Verrucous** (warty)

## ***Morphology***

Morphology is the form or structure of an individual skin lesion.

- Skin lesions may be **flat, elevated** above the plane of the skin or **depressed** below the plane of the skin.
- They may be **skin coloured** or **red, pink, violaceous, brown, black, grey, blue, orange, yellow**.
- Consistency may be **soft, firm, hard, fluctuant** or **sclerosed** (scarred or board-like).
- The lesions may be **hotter** or **cooler** than surrounding skin.
- They may be **mobile** or **immobile**.