

Morfology

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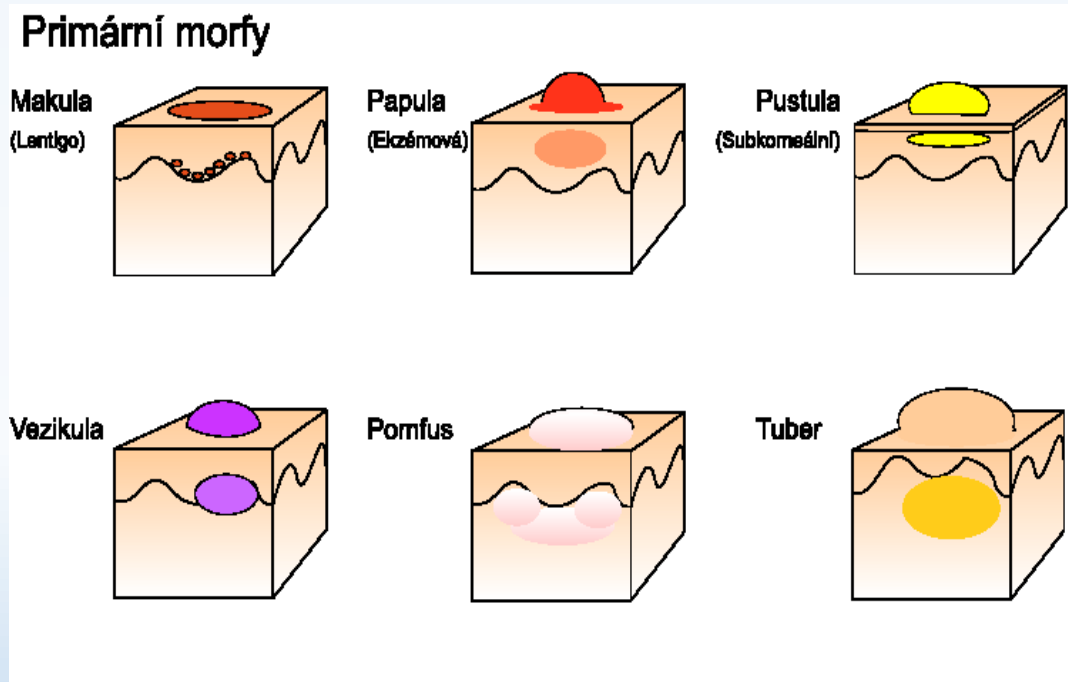
I. DVK FNUSA a LF MU v Brně

1) Types of skin lesions

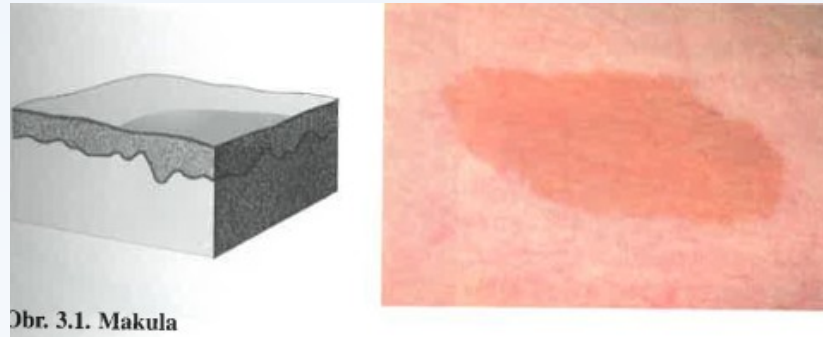
- A lesion is any single area of altered **skin**
 - **Primary** - macule, papule, nodule, wheal, vesicle, bulla, pustule
 - **Secondary** – scale, crust, fissure, erosion, excoriation
 - Other –plaque, cyst
-
- A rash is a widespread eruption of lesions
 - Exanthema - generalized, symmetric
 - Enanthema – mucous membranes

a) Primary Lesions

- Are the initial manifestation of the disease, unaffected by the course of the disease or manipulation by the patient.



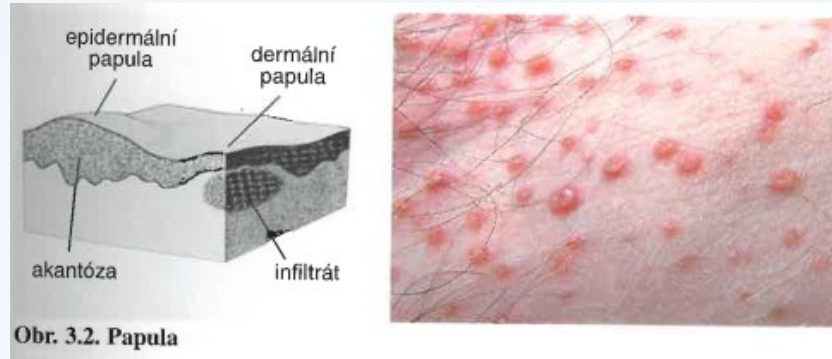
Primary Lesions



MACULE

- = is a flat lesion, identified only by color change and not palpable
- Large macules- are sometimes called patches
- Example: it can be caused by leakage of blood, changes in the blood flow, hemosiderin, melanin

Primary Lesions



PAPULE

- = A raised lesion, usually defined as less than 1 cm in diameter, a papule may consist of a thickened epidermis, dermis or combination of them
- Larger similar lesions are nodules, they are occupying subcutaneous space
 - Example: psoriasis vulgaris , pityriasis rubra pilaris

- Papulopustule – papule with pustule on the top (acne vulgaris)



- Papulovesicule – papule with central vesicle (prurigo acuta)

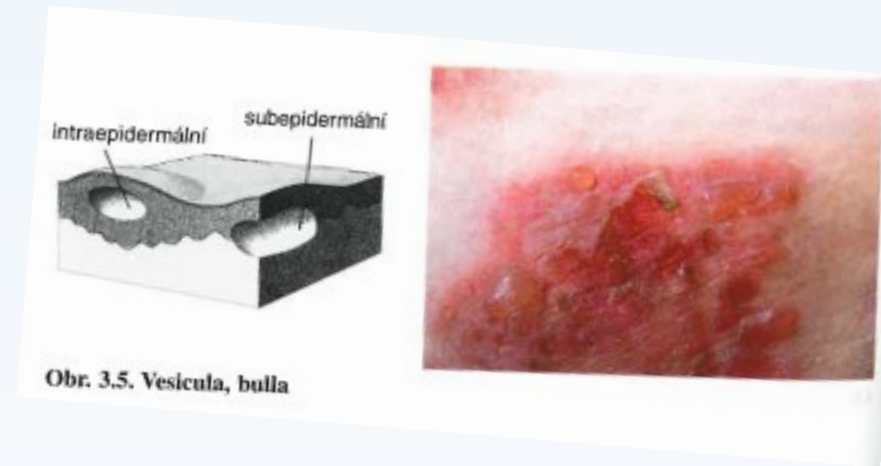
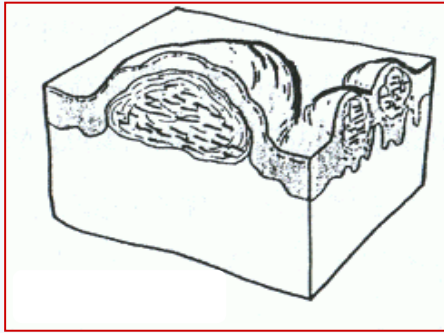


Primary Lesions

PLAQUE

= a flat-topped lesions larger than 1 cm in diameter

Primary Lesions



VESICLE

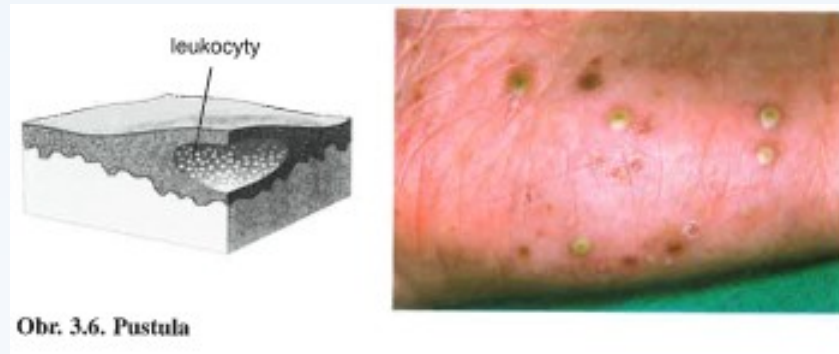
= a fluid-filled lesion less than 1 cm, herpes simplex, herpes zoster

BLISTER

= a fluid-filled lesion larger than 1 cm

- The site of fluid may be within the epidermis or subepidermal
- It is either clear or hemorrhagic

Primary Lesions



PUSTULE

= a pus-filled vesicle

-it can be primary (psoriasis pustulosa), or secondary, when a vesicle becomes cloudy (impetigo)

Primary Lesions

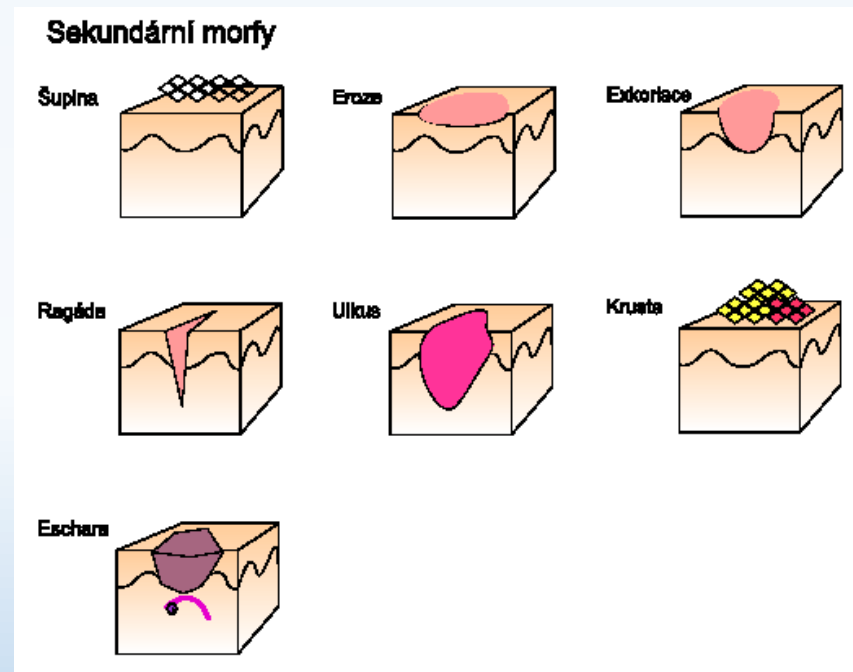


HIVE

= also known as urtica or wheal, this elevated lesion is caused by leakage of fluid from a vessel, it is usually pruritic and transient, disappears < 24 hours
- Example: urticaria

b) Secondary Lesions

- Are showing changes during next development of the disease, it is caused by degeneration or reparation of the skin, or by influence of external factors



EROSION

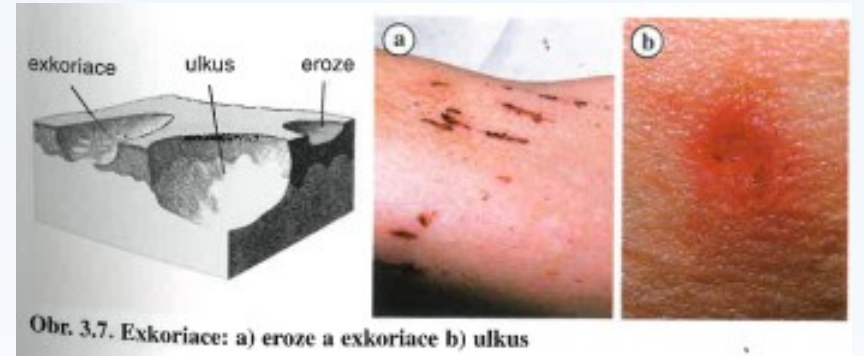
A superficial loss of epidermis, caused by ruptured intraepidermal blister or slight trauma

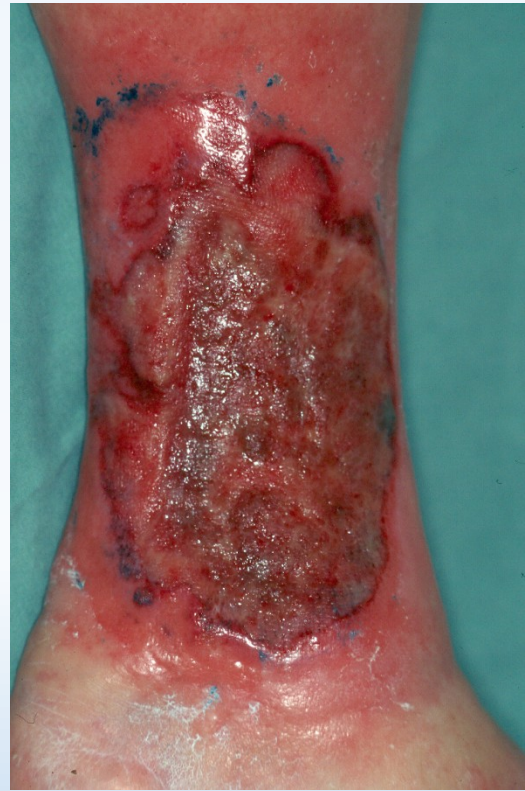
EXCORIATION

A defect in the epidermis, and often the dermis, induced by scratching or manipulation
- It is bleeding, it heals with crust without scar

ULCER

A defect in the epidermis and dermis with impaired healing, caused by trauma, impaired vascular supply, tumors, and infections
- It heals with scar





FISSURE

A crack or split in the epidermis and dermis
- Fissures around circular orifices are known as
rhagades



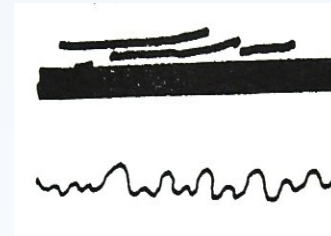
Obr. 3.8. Ragáda, fisura

SCALE

An abnormal accumulation of corneocytes, secondary to excessive epidermal turnover (psoriasis) or delayed shedding

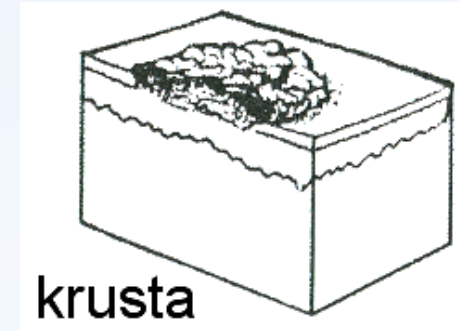
Types include:

- Psoriasiform - silvery
- Pityriasiform - fine
- Rubro - thick, coarse
- Collarette – prominent at the periphery



CRUST

- A surface coating consisting of dried serum, pus, or blood, sometimes with scale.



ATROPHY

Thinning of the skin because of loss of dermis, epidermal atrophy is a microscopic finding

SCLEROSIS

Dermal scar-like induration, such as in morphea or systematic sclerosis

SCAR

The site of repair of a dermal defect, scars may be:

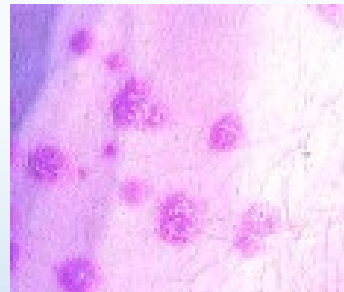
- hypertrophic- thickened
- flat
- atrophic (depressed)

LICHENIFICATION

A distinctive response to inflammation, leading to pronounced skin markings. Rubbing produces epidermal thickening with many small smooth papules, as in lichen simplex chronicus or atopic dermatitis

Description of lesion

- Localisation
- Arrangement
- Size
- Shape (circular, geographical)
- Surface (flat, depressed)
- Borders (sharpened / unsharpened)
- Color (brown-red, yellow, white)
- Consistency



Location and Distribution

- It is important to notice:
- Lesions are single or multiple
- It could create groups with typical arrangement
- Distribution is random or patterned, symmetric or asymmetric
- Localized – on certain place
- Disseminated - scattered in several places
- Generalized - lesions everywhere
- Erythroderma - continuous skin involvement

2) Arrangement of lesions

= can make a group of shapes

- Linear (in the line)
- Anular (circular), circinár (to the ring), semicircinální (into semicircle)
- Herpetiform (grouped vesicles, as in herpes simplex)
- Zosteriform (group of lines)
- Geographical - psoriasis





Texture

Some skin lesions have visible or palpable texture that suggests a diagnosis.

Verrucous lesions have an irregular, pebbly, or rough surface. Examples include warts and seborrheic keratoses.

Lichenification is thickening of the skin with accentuation of normal skin markings; it results from repeated scratching or rubbing.

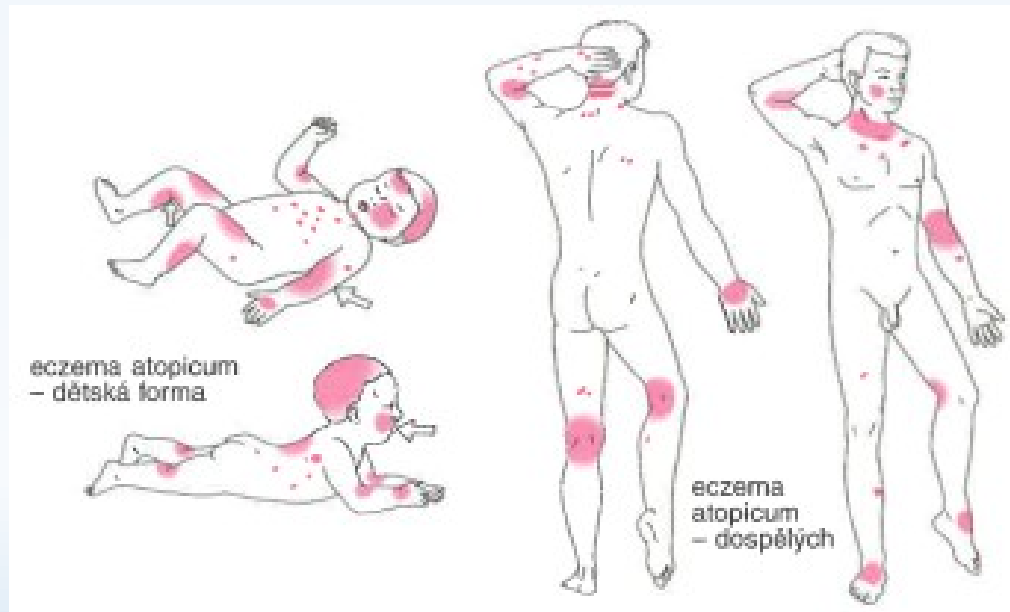
Induration, or deep thickening of the skin, can result from edema, inflammation, or infiltration, including by cancer. Indurated skin has a hard, resistant feeling. Induration is characteristic of panniculitis, some skin infections, and cutaneous metastatic cancer

3) Localization of skin diseases

= describe where the lesions are placed

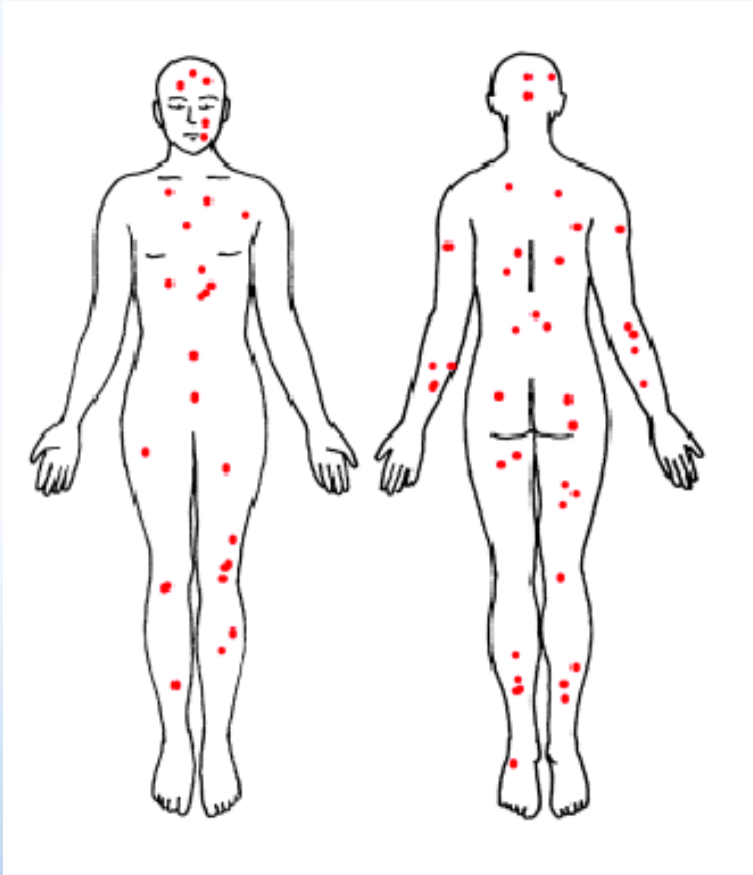
- **Predilections** = typical localization of each disease
- Intertriginous
- Embolization
- Seborhoic
- Solar

Predilections of atopic dermatitis

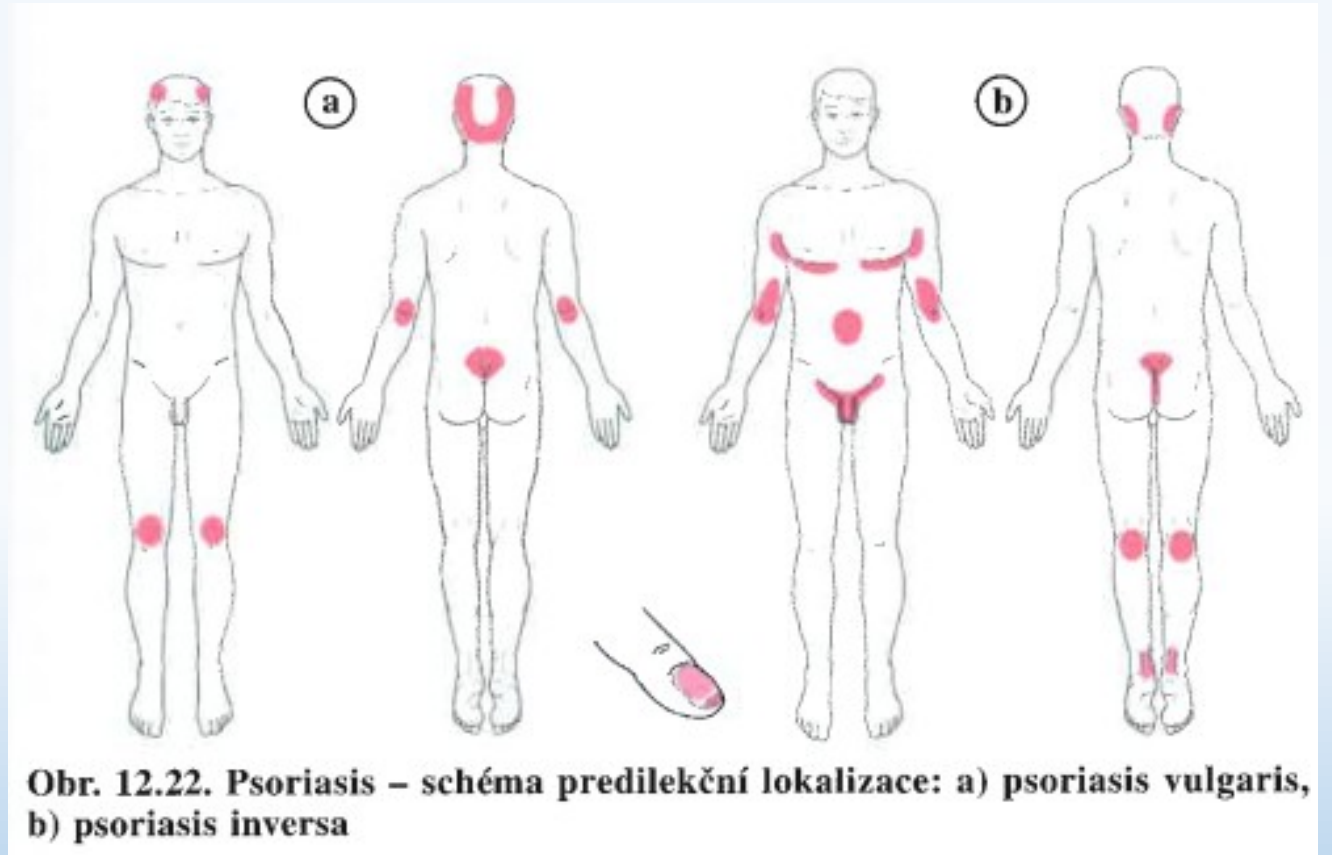


Predilections of Psoriasis

- Acute – gutate form



- Chronical



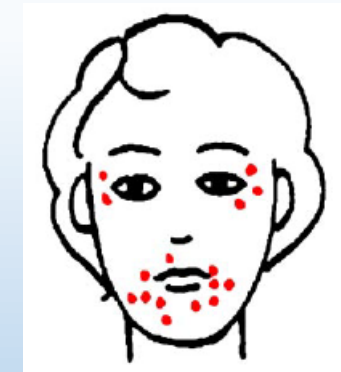
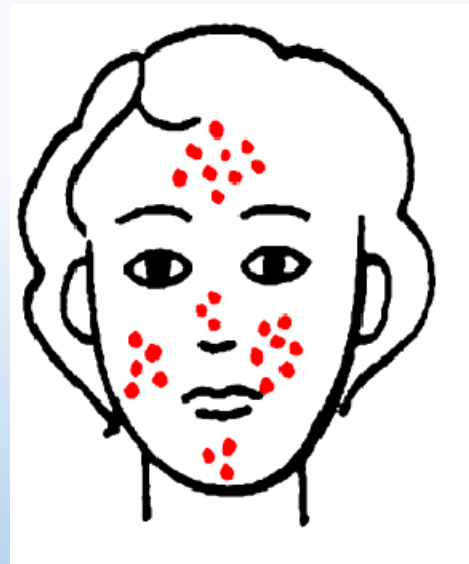
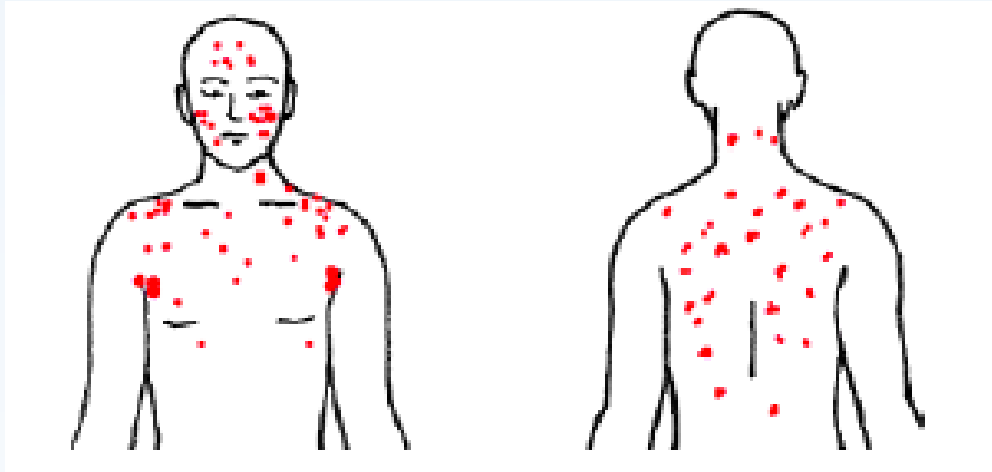
- Acute – gutate form



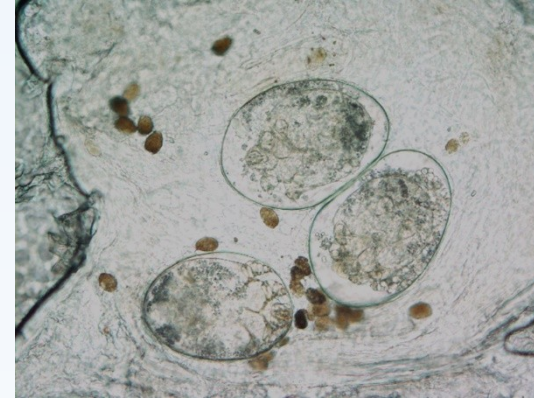
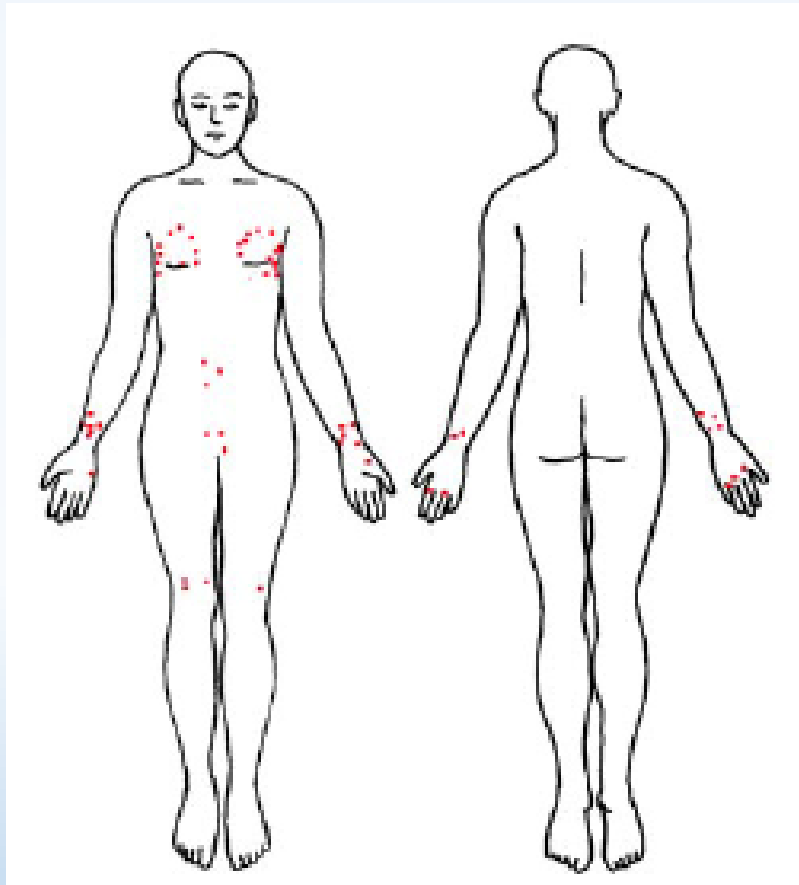
- Chronical - psoriasis vulgaris, psoriasis inversa



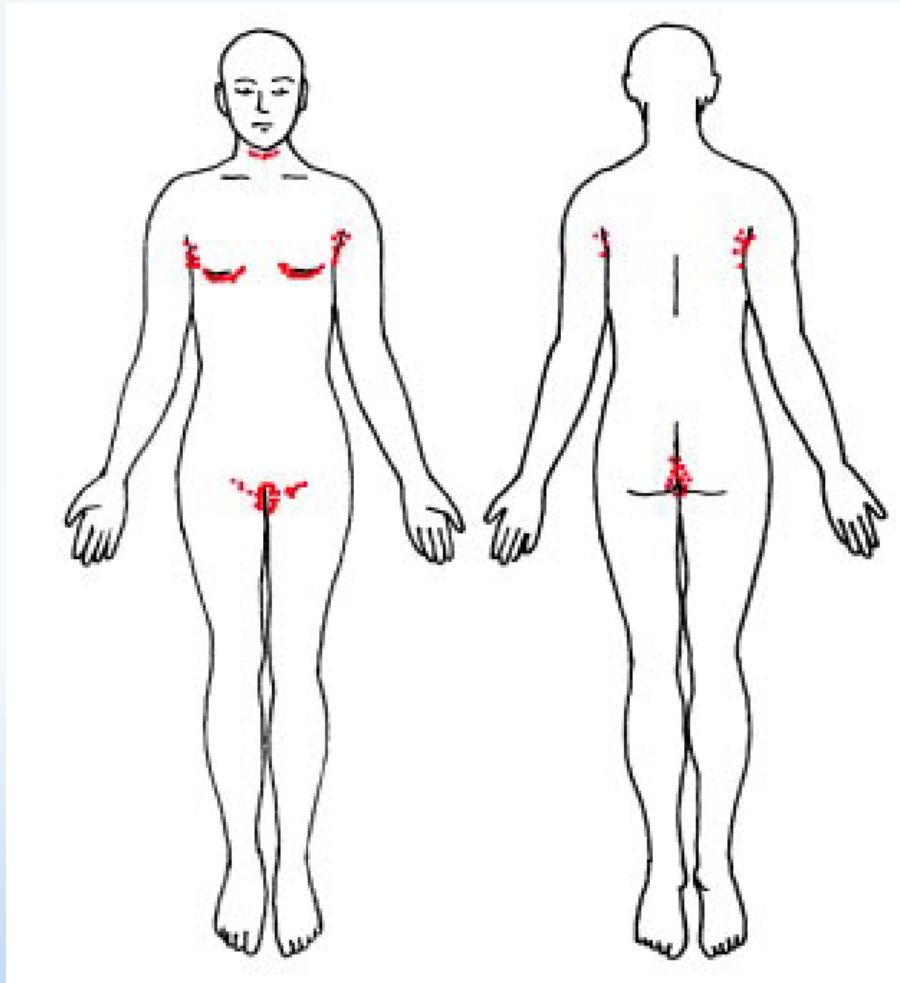
Predilections of Acne, or rosacea



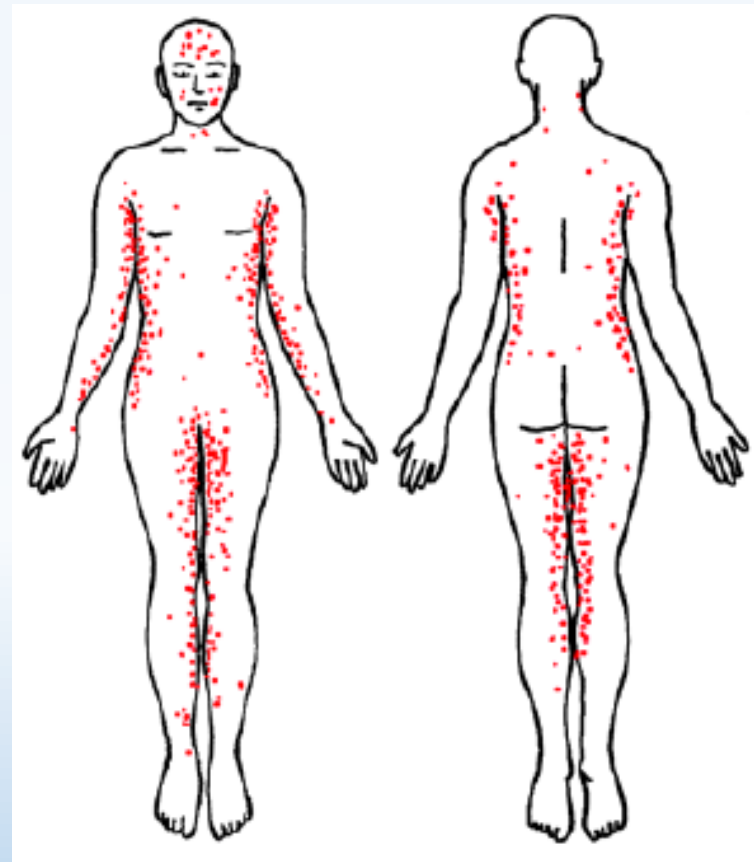
Predilections of scabies



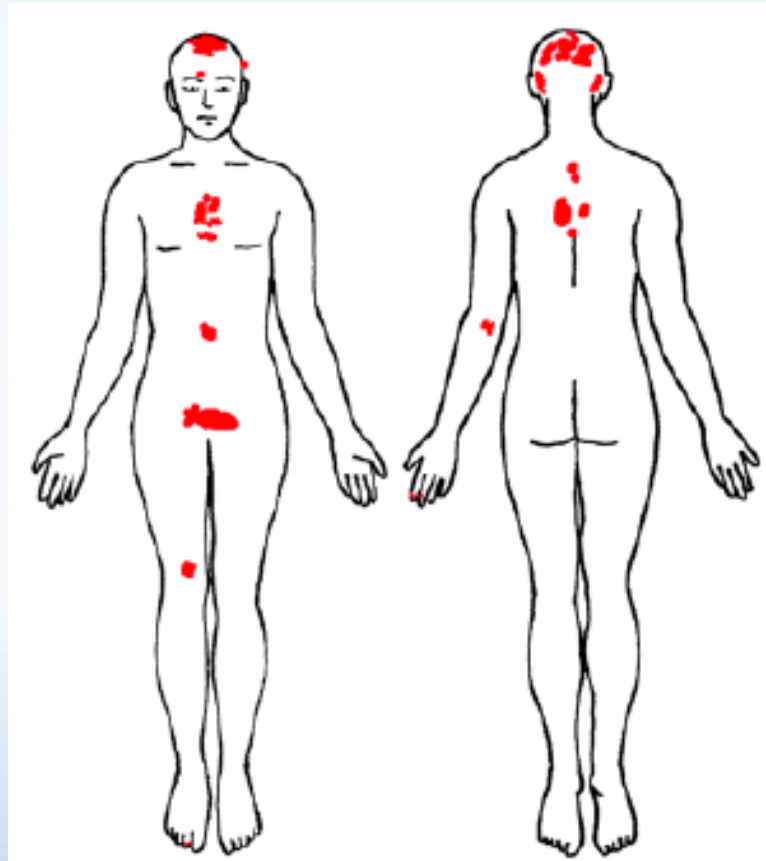
Intertriginous localization



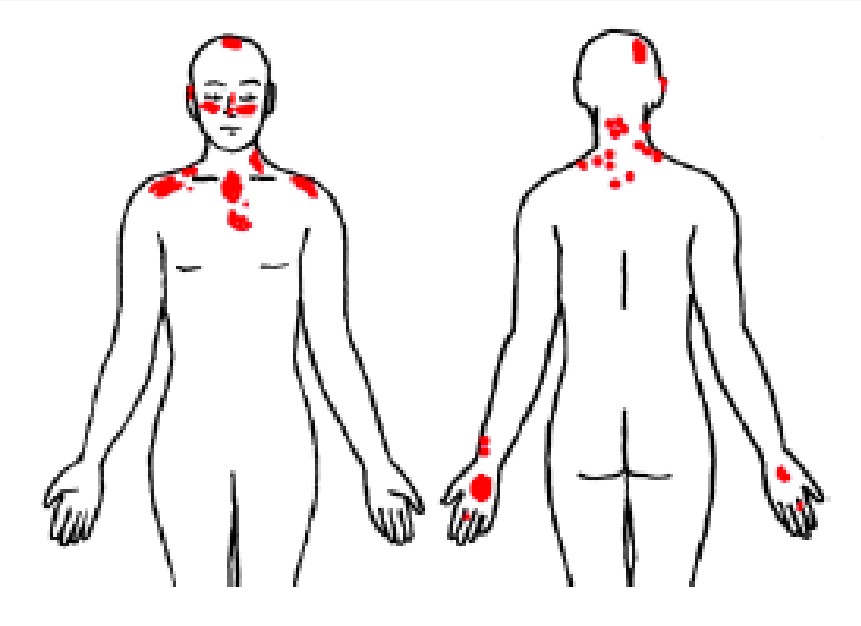
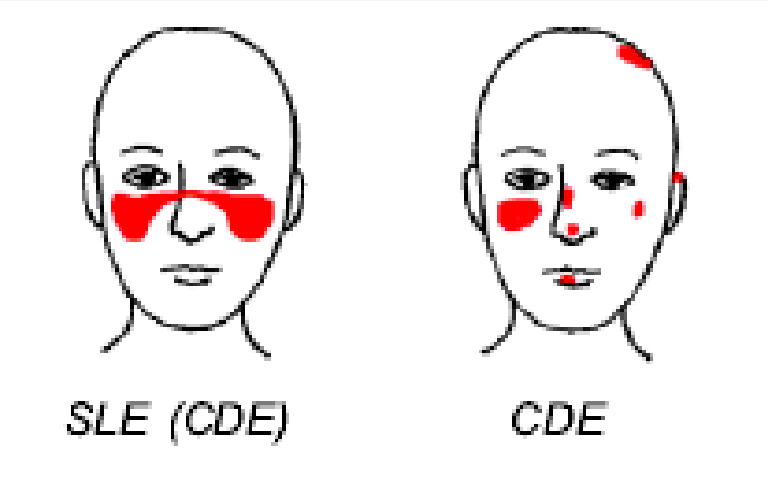
Embolic localization- drug exantemas



Seborrhoic localization



Solar localization



What is what?



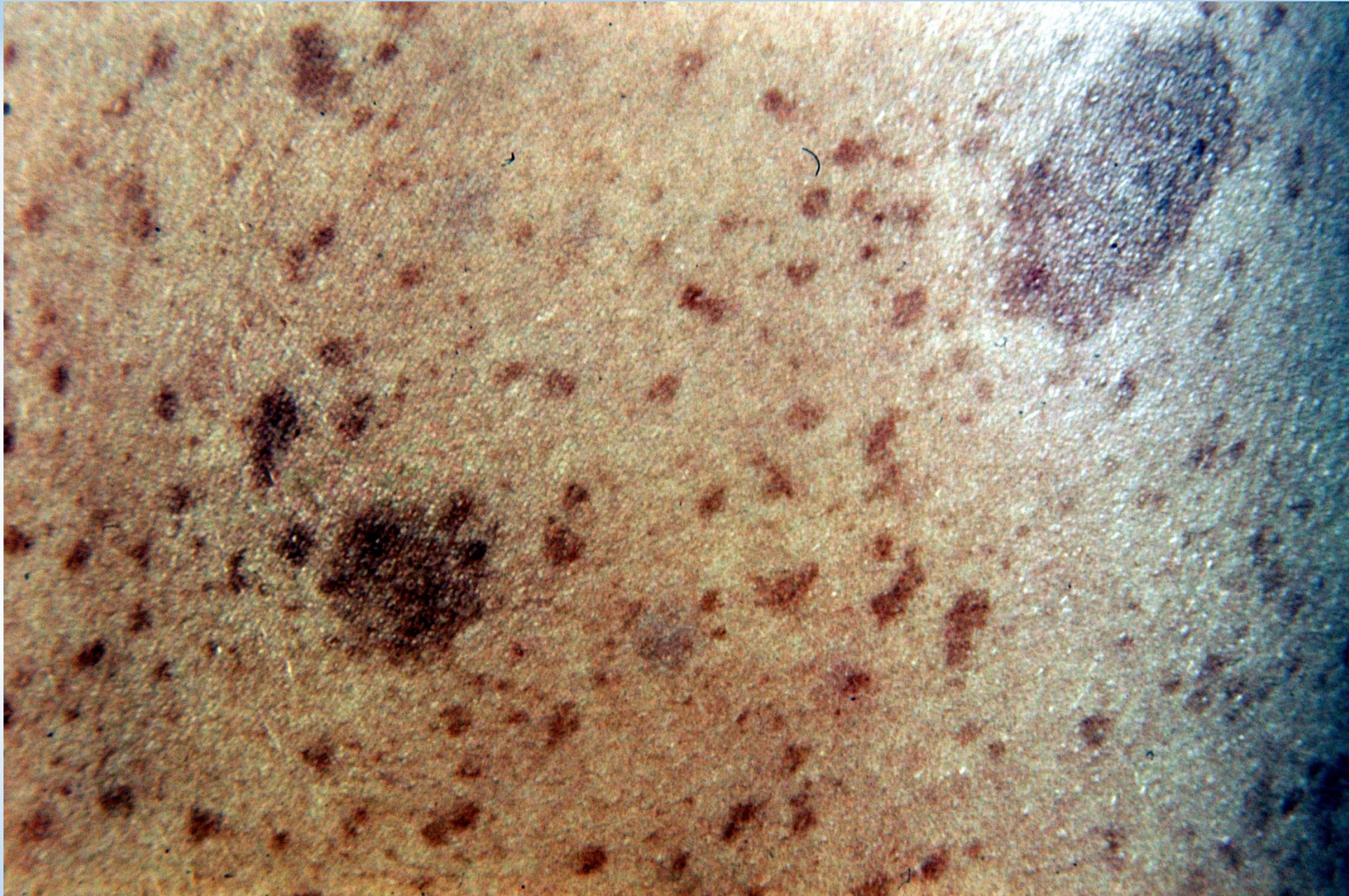










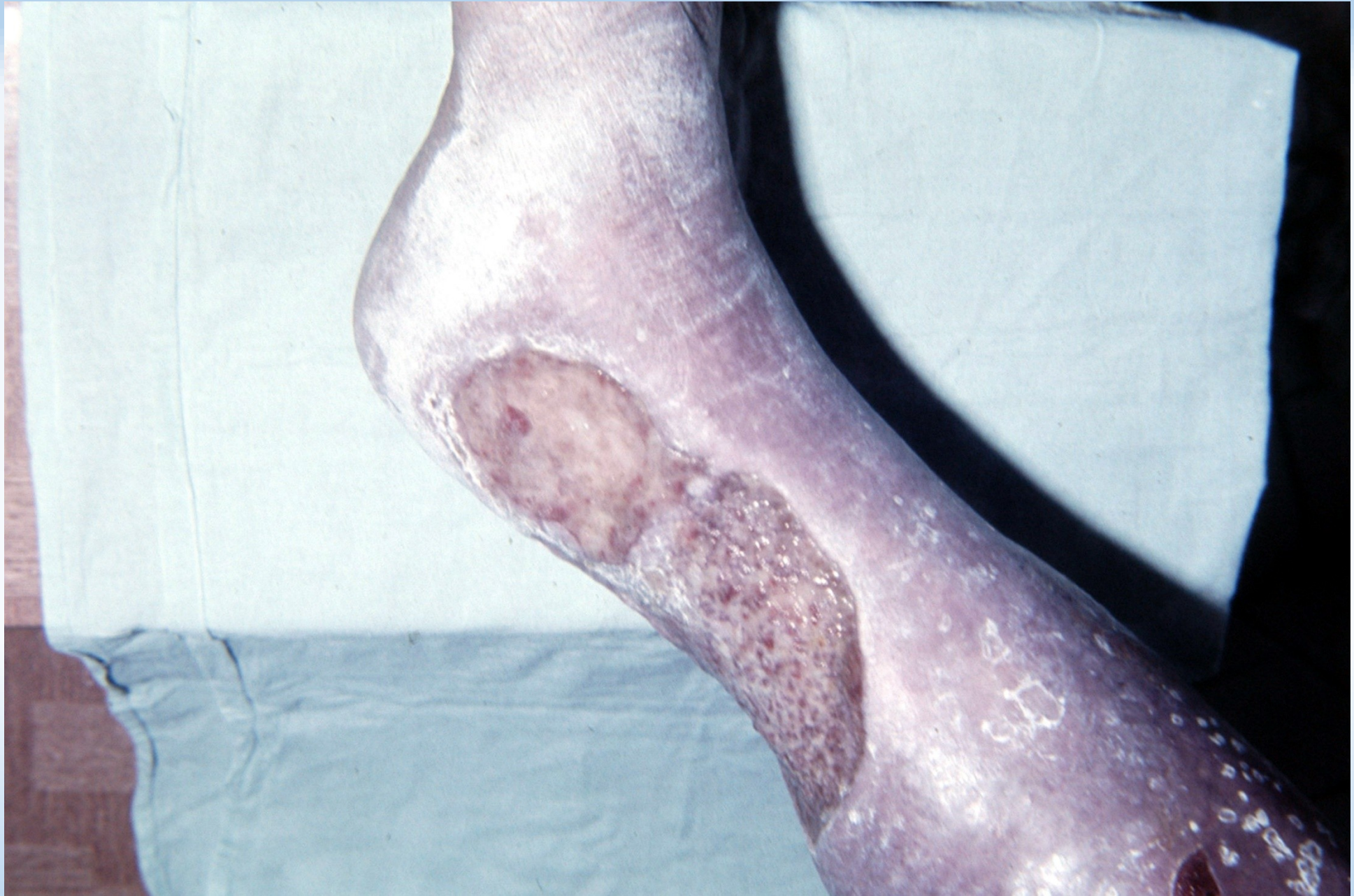






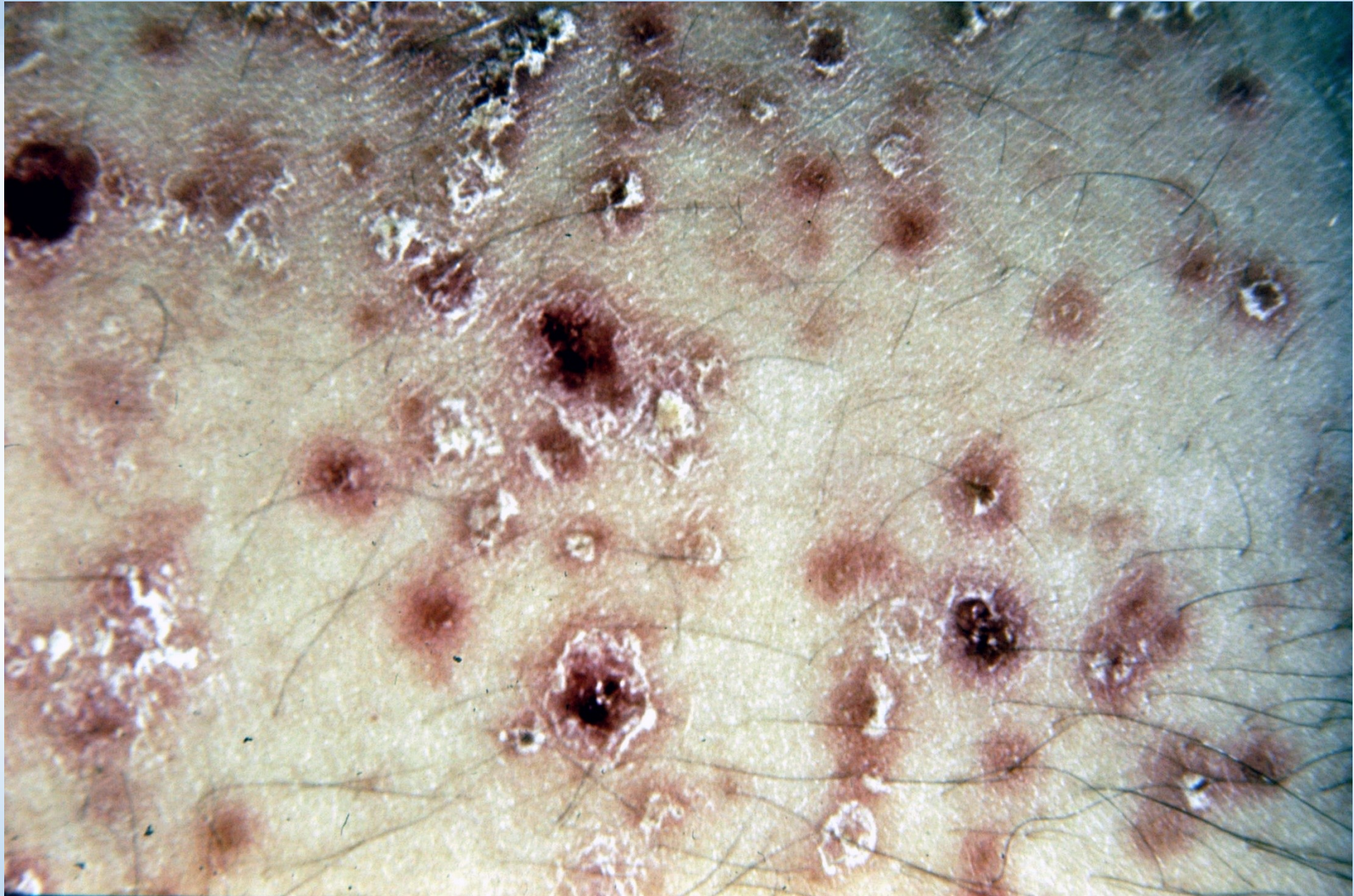














Thank you for your attention