

DEFINITIONS OF DERMATOLOGICAL TERMS

Dermatosis (pl Dermatoses):	Any cutaneous lesion or group of lesions. A nonspecific term used to include any type of skin disease.
Dermatitis (pl. Dermatitis):	Inflammation of the skin. The term eczema also refers to an inflammation of the skin. The term eczema is often colloquially used to define the disease atopic dermatitis.

Descriptive terms

(#1 – 15 are usually considered primary lesions)

Term	Definition
1. Macule:	Macules are circumscribed alterations in skin color. The skin surface is neither elevated or depressed in relation to the surrounding skin. Macules may be of any size or color. A macule greater than 2 cm. in diameter is called a <u>patch</u> . Ex: café-au-lait; Mongolian spot; freckle
2. Papule:	Papule is a solid, elevated lesion with no visible fluid which may be up to ½ cm. in diameter. The elevation may be accounted for by metabolic deposits, infiltrates, or hyperplasia of cellular elements, etc. <i>A <u>papulosquamous</u> lesion is a papule with desquamation (scaling).</i>
3. Nodules:	Nodules are forms of papules, but are larger and deeper. They may be located in the dermis or subcutaneous tissue, or in the epidermis. Nodules are usually ½ cm. or more in diameter. Ex: Metastatic neoplasm; xanthoma
4. Plaque:	An elevated area of skin 2 cm. or more in diameter. It may be formed by a coalescence of papules or nodules. The surface area is greater than its height. It is a plate-like lesion.
5. Wheal:	A wheal is an evanescent rounded or flat-topped elevation in the skin that is edematous, and often erythematous. They may vary in size from a few mm. to many cm. The shape may change and these lesions are usually pruritic (itchy). These are really variations of papules, nodules or plaques that are evanescent.
6. Vesicles and Bullae: (Blisters)	<u>Vesicles</u> are circumscribed epidermal elevations in the skin containing clear fluid and less than ½ cm. in diameter. If the lesion has a diameter of greater than ½ cm, it is called a <u>bulla</u> . <u>Vesicles and bullae</u> arise from a cleavage at various levels of the skin. The more superficial the location, the more flaccid the bullous lesion. Vesicles and bullae are commonly called <u>blisters</u> . It is the diameter, not the cleavage plane that differentiates vesicles and bullae.
7. Pustule:	A pustule is a circumscribed elevation of the skin that contains a purulent exudate that may be white, yellow, or greenish-yellow in color.
8. Abscess:	A localized collection of pus in a cavity formed by disintegration or necrosis of tissue.
9. Cyst:	A cyst is a closed sac that contains liquid or semisolid material. On palpation a cyst is usually resilient.
10. Atrophy:	Atrophy of the skin may involve the epidermis, or the dermis, or both. It is the thinning process associated with decreased number of cutaneous cells. Sometimes the normal skin markings may be lost. Dermal atrophy may give rise to a depression in the skin. <u>Stria</u> (plural striae) are linear, <u>atrophic</u> , pink, purple, or white lesions of the skin and are sometimes called “stretch marks”.

- 11. Sclerosis: Sclerosis refers to a circumscribed, diffuse hardening or induration in the skin. It is usually produced by induration of the dermis and/or subcutaneous tissue. Palpation is often necessary in diagnosing sclerosis.
- 12. Erosion: A loss of epidermis.
- 13. Ulcer: A loss of epidermis and dermis (and sometimes deeper tissue). If erosions and/or ulcers are produced by scratching, the term excoriation is used.
- 14. Fissure: Fissures are linear cleavages or gaps in the skin surface. (a variation really of an erosion or ulcer)
- 15. Desquamation (scaling/exfoliation) Shedding of epidermal cells.

(#16 – 18 are usually considered secondary skin lesions)

- 16. Scar: Scars occur whenever ulceration has taken place and they reflect the pattern of healing. They may be hypertrophic, atrophic, or cribriform (perforated with multiple small pits).
- 17. Crusts (“scabs”): Crusts result when serum, blood, or purulent exudate dries and it is a hallmark of pyogenic infection. Crusts are yellow when they have arisen from dried serum; green or yellow-green when formed from purulent exudate; and brown or dark red when formed from blood.
- 18. Lichenification: A chronic thickening of the epidermis with exaggeration of its normal markings, often as a result of scratching or rubbing.

The shape, size, color and texture of the primary lesion as well as any symptoms that may or may not be present are important in describing skin lesions. The arrangement of lesions in relation to one another as well as their distribution over the body are also important in fully describing a dermatosis.

The following terms may apply to the shape or arrangement of skin lesions: linear, annular, polycyclic; aciform; serpiginous; grouped (herpetiform and zosteriform); agminate (collected together into clusters or masses); reticular (netlike).

The following terms are helpful in describing the distribution of skin lesions: generalized; localized; bilateral; unilateral; symmetrical; asymmetrical; sun-exposed; intertriginous.

Miscellaneous:

pruritus = itching
 pruritic = itchy
 erythema = redness of the skin produced by vascular congestion or increased perfusion.

Reference on glossary of basic dermatologic lesions may be found in Acta Derm Venereol. Supplement 130, 1987.

COMMON SKIN DISEASES

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The most prevalent skin diseases in the United States are:

Skin disease	Rate Per 1000
Dermatophytosis	81
Acne	70
Seborrheic dermatitis	28
Atopic dermatitis (atopic eczema)	19
Warts (verruca vulgaris)	8
Malignant tumors	6
Psoriasis	6
Vitiligo	5
Herpes simplex	4

One out of seven visits to a primary care physician is for a cutaneous complaint.

Most primary care physicians have 0 to 4 weeks exposure to Dermatology during their training.

1. Common Skin Disorders

Table 2-1 Prevalence of skin conditions – in order of decreasing prevalence*

	Male	Female	Both Sexes
Dermatophytosis	131	34	81
Acne: (vulgaris and cystic)	74	66	70
Seborrheic dermatitis	30	26	28
Atopic dermatitis/eczema	20	18	19
Verruca vulgaris	9	6	8
Malignant tumors	6	5	6
Psoriasis	6	5	6
Vitiligo	6	4	5
Herpes simplex	4	5	4

*Rate per 1,000

Source: Data from HANES study (1).

Table 2-2 Estimated total yearly costs for care of common dermatologic illnesses (1979)

	Millions of dollars (U.S.)
Psoriasis	248
Acne	316
Nonmelanoma skin cancer	150
Dermatophytosis	150*

*Medications only.

Source: Kraning KK, Odland GF (eds): Analysis of research needs and priorities in dermatology. J Invest Dermatol 73 (pt II): 395, 1979.

References

Larger Textbooks

1. "Textbook of Dermatology". Edited by R.H. Champion, J.L. Burton and F.J.G. Ebling. Published by Blackwell Scientific Publications. (commonly referred to as Rook's textbook).
2. "Dermatology in General Medicine". Edited by T. Fitzpatrick, A. Eisen, K. Wolff, I. Freedberg and K. Austen. Published by McGraw Hill. (commonly referred to as Fitzpatrick's textbook).

Smaller Textbooks

1. "Manual of Skin Diseases" by Gordon Sauer and John Hall. Published by Lippincott-Raven.
2. "Clinical Dermatology: Color Guide to Diagnosis" by Thomas Habif. Published by Mosby.

Articles on Common Skin Diseases

1. Leyden, James J. Therapy for Acne Vulgaris. (Review article). NEJM 336(No. 16):1156-1162, April 17, 1997.
2. Adapalene and Cost of Some Topical Drugs for Acne in The Medical Letter. Vol. 39 (issue 995), pages 19-20, February 28, 1997.
3. Rebora, A., Drago, F. And Parodi, A. May Helicobacter pylori Be Important for Dermatologists. Dermatology 191:6-8, 1995.
4. Some Drug Regimes for H. pylori in The Medical Letter. Vol. 39 (issue 1991) January 3, 1997.
5. Rothe, Marti J. And Grant-Kels, Jane M. Atopic Dermatitis: An Update. J. Am. Acad. Of Dermatol. 35(1):1-13, July, 1996.
6. Onychomycosis: Issues and Observations. Proceedings of a Symposium. J. Am. Acad. Of Dermatol. Vol. 35, No. 3, part 2. Supplement. September 1996.