

Dermatology Atlas

205 Production

Idea: Fadyah

Done by: 205 female medical batch

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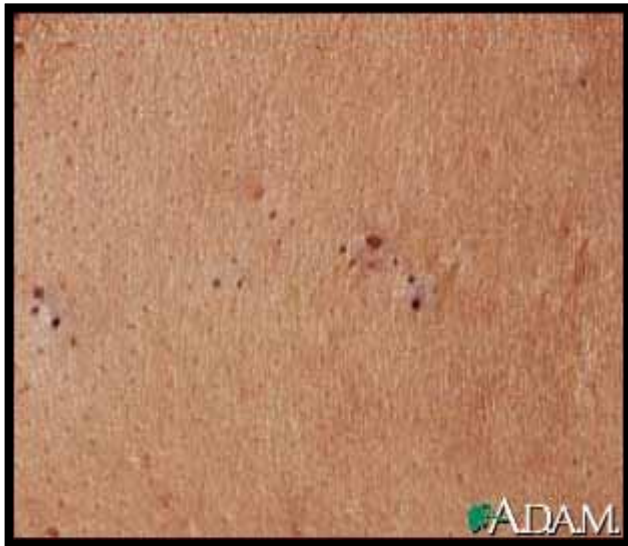
Index

- Acne and related Disorders (3-13)
- Papulosquamous Disorders (14-28)
- Epidermolysis bullosa, Prpura, vasculitis, Urticaria (29-58)
- Pigment, Hair, and Nail Disorders (59-101)
- Connective tissue Disorders (SLE,DLE, Scleroderma,) (102-121)
- Infections (Scabies, Pediculosis, Leishmaniasis, and leprosy) (122-142)
- Bacterial Infections (143-153)
- Fungal Infections (154-166)
- Sexually Transmitted Diseases (167-193)
- Eczema, Dermatitis & drug eruption (194-222)

Acne & related disorders

Non inflammatory acne lesions (comedones)

1- Blackhead (open comedones)



Non inflammatory acne lesions (comedones)

2- White head (closed comedones)



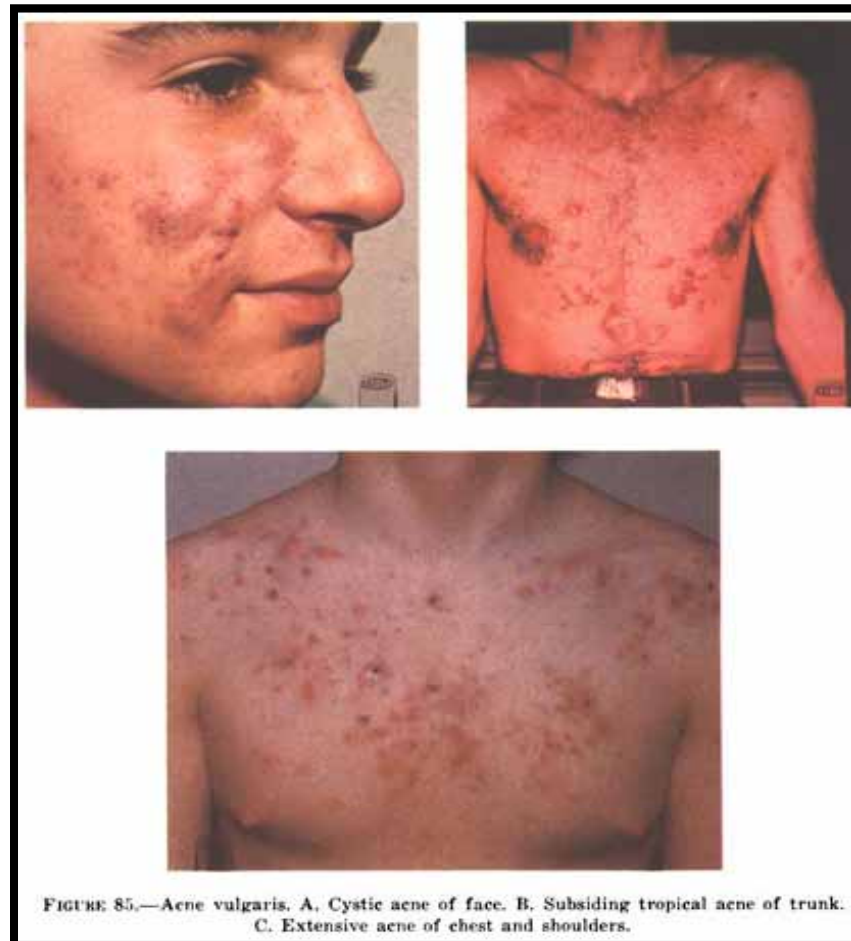
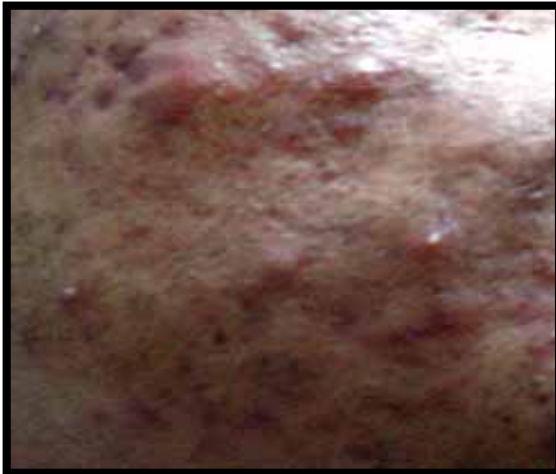
Inflammatory acne lesion:

1- Papulopustular lesions (papules + pustules)



Inflammatory acne lesion:

2- Nodular cystic acne



Neonatal acne



Conglobata acne



Acne fulminans



Rosacea

Rosacea:

In the:

-Forehead

-Cheeks

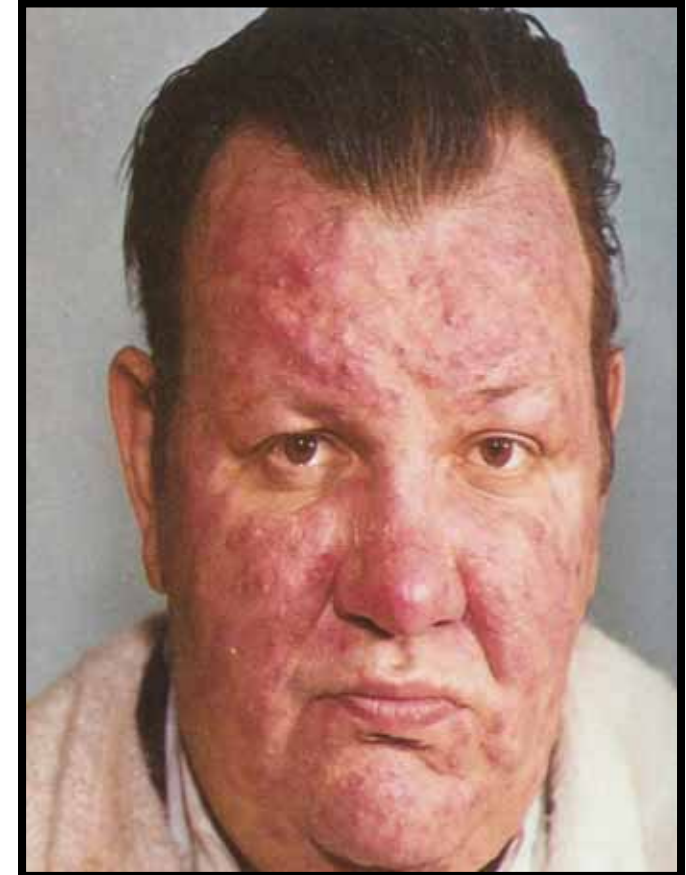
-nose bridge

“butterfly area”

-papules

-pastules

-No comedons



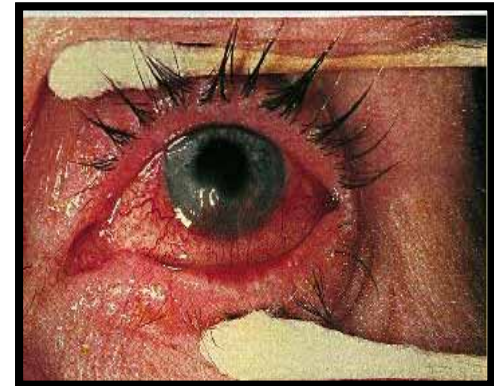
Rosacea

Most important complications:

1-Rhinophyma

2-Ocular:

- Blepharitis
- conjunctivitis
- keratitis



Peri-Oral Dermatitis



Peri-oral dermatitis:

Affect the chin
& cheeks

Usually after usage
of steroids



Papulosquamous Disorder

PSORIASIS

- PSORIASIS, PLAQUE
symmetric acral well demarcated red plaques with overlying silvery scale Removal of the silvery scale resulted in pin point bleeding typical of an Auspitz sign.



PSORIASIS

- PSORIASIS, GUTTATE
generalized red papules
with central fine
scale following a
streptococcal throat
infection



PSORIASIS

- PSORIASIS, GUTTATE generalized round red papules, some organized in a linear pattern
- Note the linear pattern on the forearms demonstrating the koebner or isomorphic pattern.



PSORIASIS

- PSORIASIS, INVERSE
pink scaly patches in her axillae



symmetric red scaly polycyclic plaques in creases; silvery scaly plaques on trunk



PSORIASIS

- PSORIASIS, PUSTULAR
extensive small,
sterile, yellow pustules on
inflamed erythematous
scaly skin, cover all the
body



PSORIASIS

- PSORIASIS, ERYTHRODERMIC
Generalized erythema and scaling



lichen planus

- symmetric violaceous, polygonal papules



LICHEN PLANUS, HYPERTROPHIC

- symmetric generalized thin to hypertrophic hyperpigmented and violaceous plaques and surrounding hyperpigmented macules



LICHEN PLANUS / WICKHAM STRIAE ULCER

- white lacy plaques and patchy ulceration of the left buccal mucosa.



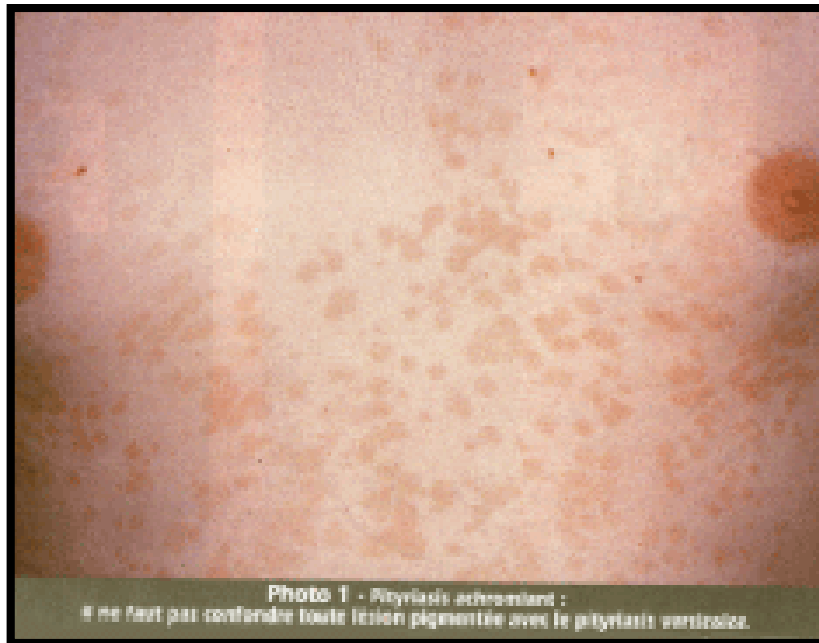
PITYRIASIS ROSEA

- generalized red scaly 0.5-3.0 red scaly papules some with dusky centers



PITYRIASIS VERSICOLER

Brown scaly patches in caucasians



**Hypopigmentation on the trunk in
racially pigmented skin**



PITYRIASIS ALBA

- hypopigmented patch with fine scale



PITYRIASIS LICHENOIDES

- uniform disseminated symmetric 0.2-0.8 cm pink papules and vesicles, some with hemorrhagic crust



SYPHILIS SECONDARY

- widespread symmetric edematous, red papules some with superficial erosions and crusts involving upper trunk.



Epidermolysis bullosa

Congenital

- Epidermolysis bullosa simplex



Congenital

- Junctional epidermolysis bullosa



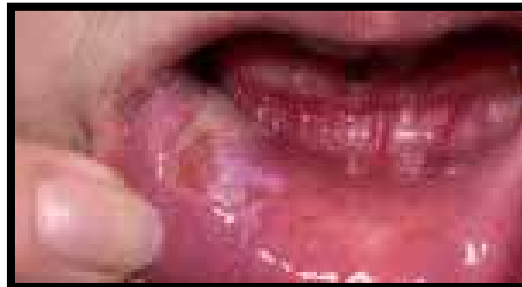
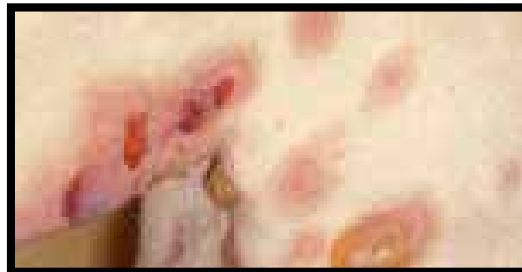
Congenital

- Dystrophic epidermolysis bullosa



Acquired bullous disorder

- Pemphigus vulgaris



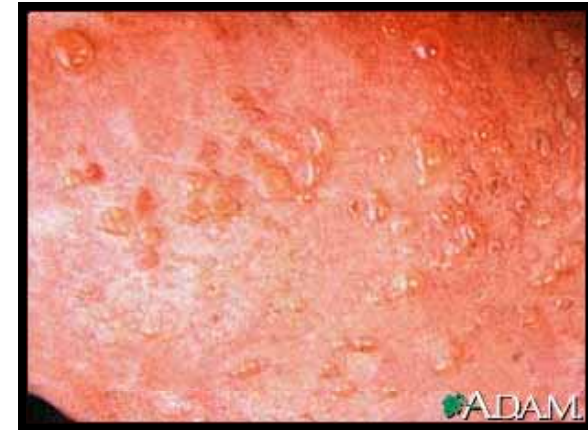
Acquired bullous disorder

- Bullous pemphigoid



Acquired bullous disorder

- Dermatitis herpetiformis



Purpura

Petechiae

- **Description:** Superficial, red pin-head macule sized less than 3mm in diameter



Ecchymosis

- **Description:** Bruises that indicate deeper & more extensive hemorrhage due to fracture as in this photo



Hematoma

- **Description:** Pool like collection of extravasated blood in dead space that produce fluid that fluctuates on palpation



Traumatic Purpura

- **Description:** A 35 year old male presents to the clinic with a reddish brown macule on his left 2nd finger. Typical purpura following minor trauma



Idiopathic thrombocytopenic purpura (ITP)

Description: symmetric pink to skin colored uniform 1-3 mm varicelliform scars and scattered crusted red papules



Description: symmetric pink to skin colored uniform 1-3 mm varicelliform scars and scattered crusted red papules



Drug induced purpura

- **Description:** bilateral necrotic purple hemorrhagic crusts and bullae
- **Comment:** 62-year-old woman developed painful, tender, necrotic, hemorrhagic crusts and bullae on her breasts and axillae 4 days after starting heparin for deep venous thrombosis in her left leg. A skin biopsy confirmed the clinical suspicion of a drug induce eruption



Senile Purpura

Description: Large purpura in the dorsum of the hand of an elderly patient notice that the skin is thin and inelastic



Vasculitis



Hypersensitivity vasculitis

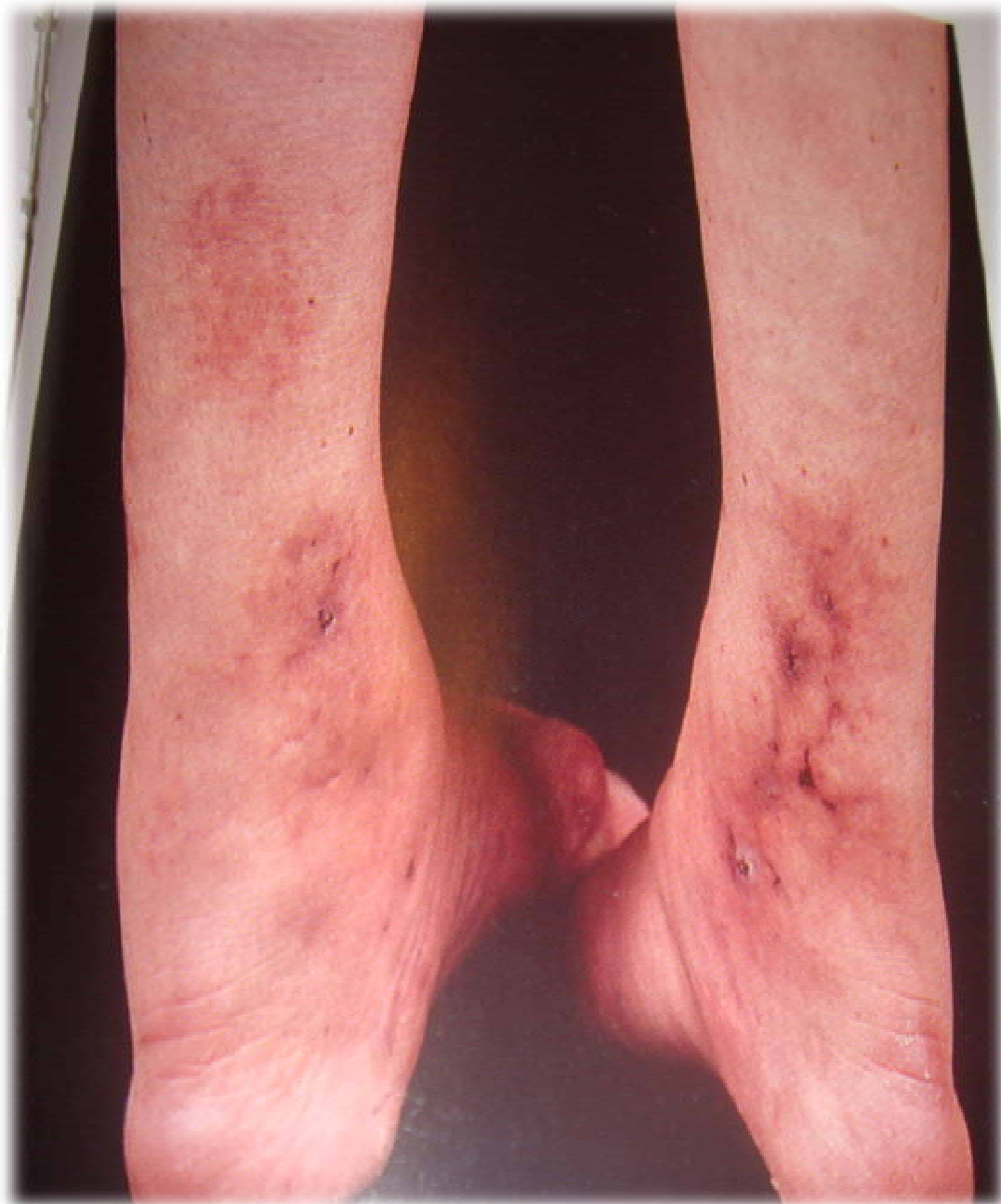
Multiple sites of
cutaneous
vasculitis present
clinically as
palpable purpura
on the lower
extremities.



Hypersensitivity vasculitis

A limited number of lesions on the lower leg & foot with palpable purpura & hemorrhagic bullae.

These lesions may progress to necrosis ulceration.



Polyarteritis nodosa

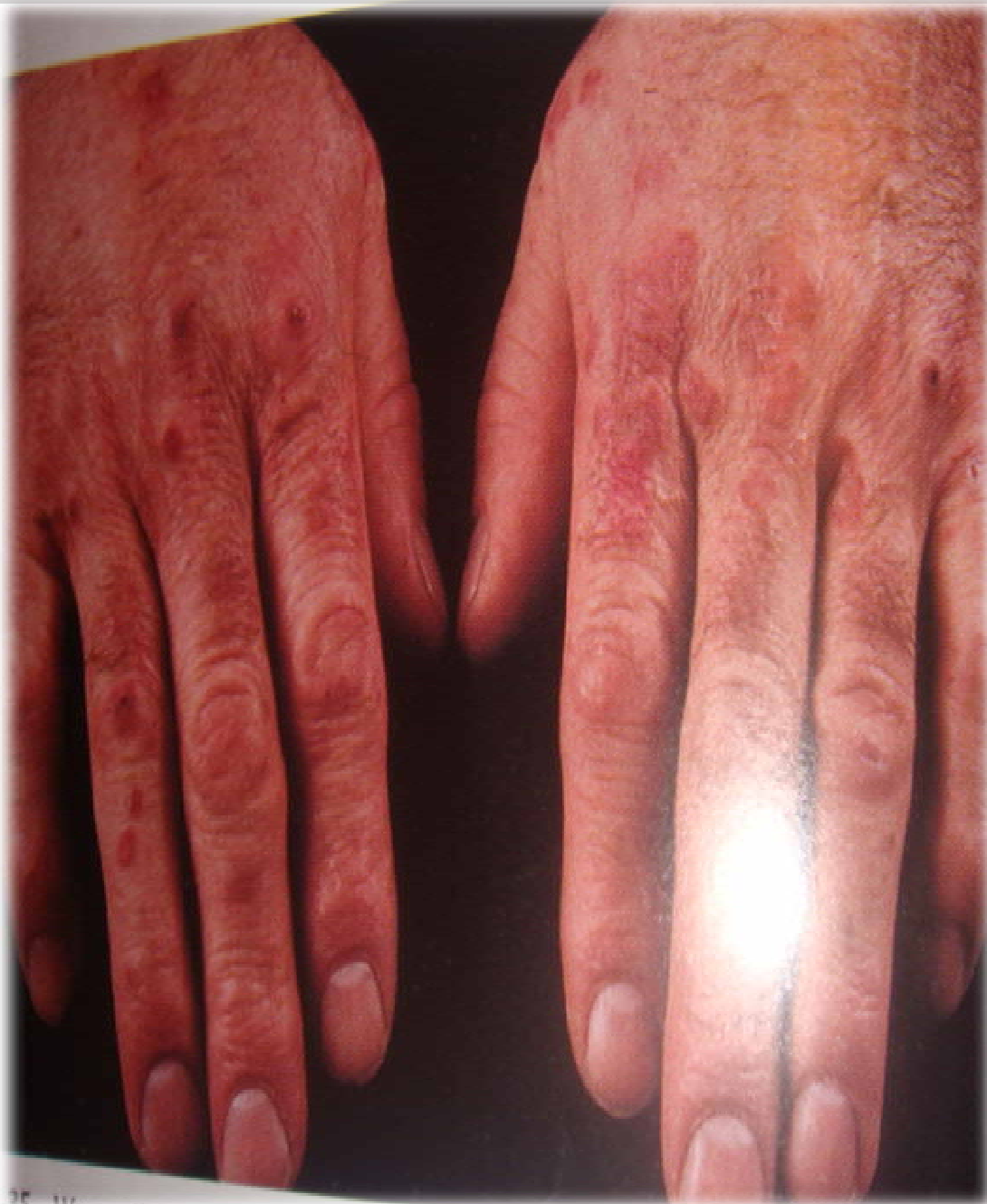
Multiple, confluent, dermal & subcutaneous nodules with ulceration (note starburst pattern of lesions) occurring on the medial aspect of the lower legs, lesions represent cutaneous infarctions.

Scar on the left posterior calf represents a previous site of cutaneous polyarteritis nodosa ulceration.



Wigner's granulomatosis

A pyoderma gangrenosum-like irregular ulceration with jagged and undermined borders is often the first manifestation of wegner's granulomatosis.



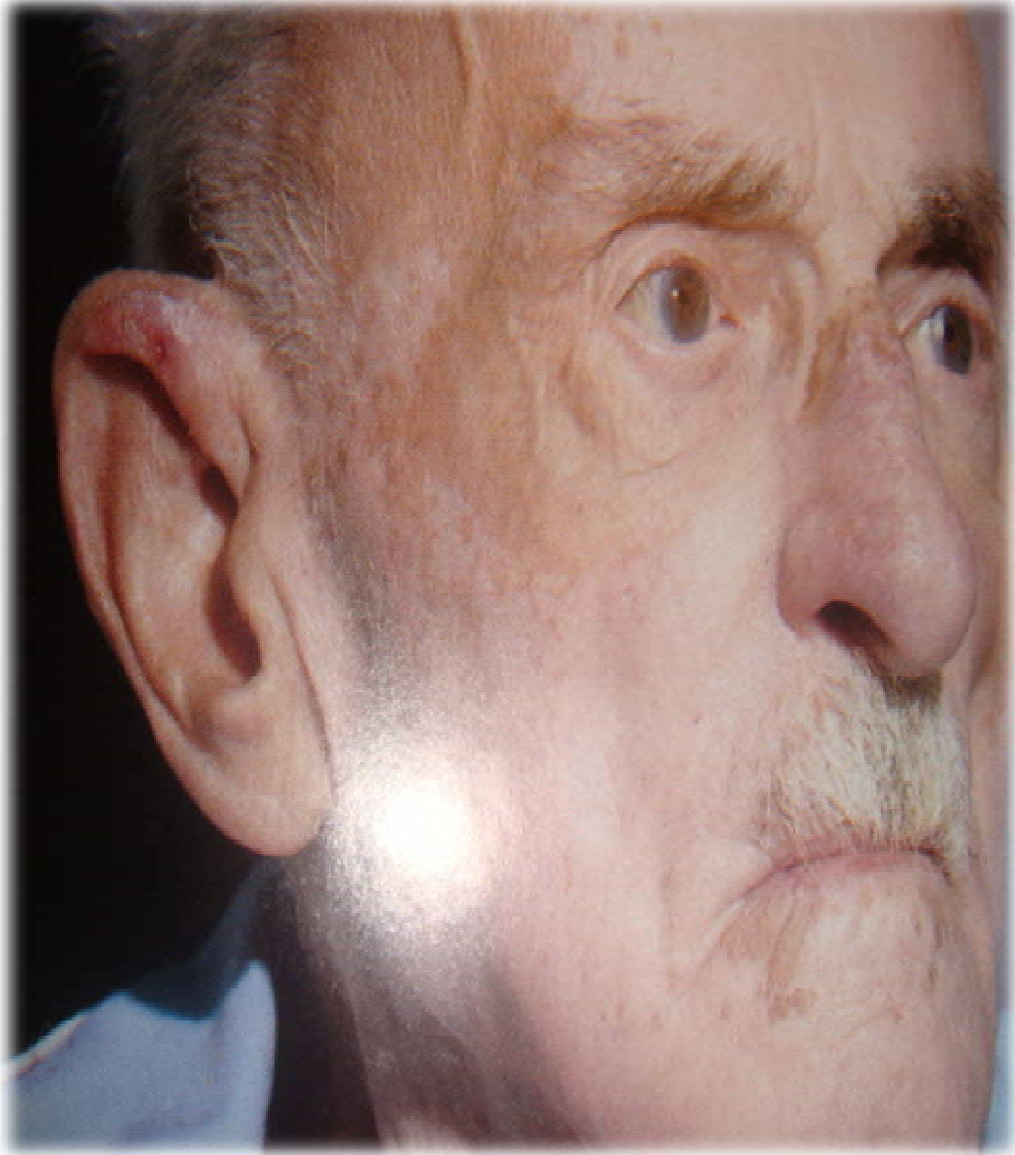
Wegner's granulomatosis

A limited number of erythematous, purpuric, non-blanchable papules & nodules on the dorsa of fingers & hands; a few lesions have central areas of infarction. These lesions r very similar to those of hypersensitivity vasculitis and also occur on the lower legs.



Wegner's granulomatosis

A large ulcer on the palate covered by a dense, adherent, necrotic mass; similar lesions occur in the sinuses & tracheobronchial tree.



Giant cell arteritis

The superficial temporal artery is prominent, & on palpation is tender & pulseless in an elderly male who has excruciating headaches & progressive impairment of vision. An incidental finding is extensive vitiligo with islands of repigmentation



Giant cell arteritis

Extensive bilateral infarction & ulceration of the scalp of an elderly female secondary to vascular occlusion of temporal arteries.



Urticarial vasculitis

Erythematous plaques & papules on the buttocks do not blanch on diascopy.

In contrast to the lesions of urticaria, which usually resolve within 24 h, those of urticarial vasculitis persist for up to 3 days before resolving with residual hyperpigmentation.

Urticarial lesions change shape in a short time, while those of urticarial vasculitis change slowly.



Nodular vasculitis

Multiple, deep-seated, brown to bluish nodules, particularly on the posterior aspects of both lower legs.

The lesions, which are relatively asymptomatic, may undergo necrosis forming slowly healing ulcers.

Varicose veins are also seen on the right calf.

Urticaria

Urticaria



Urticaria

- Wheals with white-to light-pink color centrally& perigheral erythema in aclose-up view .
- These are the classic lesions of urticaria,it is characteristic that they are transient &highly pruritic.



Urticaria

Urticaria dermatographism:



**Cholinergic urticaria:
Small urticarial papules on
pinl skin**



FIGURE 6. Blanching erythema characteristic of cholinergic urticaria is seen on a woman's neck. A history of systemic symptoms associated with outbreaks of urticaria should prompt an investigation for exercise-induced anaphylaxis in athletes.

Hypopigmented Skin Disorders

Albinism

occulocutaneous albinism comprises a group of disorders with absent or deficient biosynthesis of melanin, resulting in pigmentary deficiency of eye and skin



Vitiligo

areas of depigmentation
due to acquired loss of
melanin pigment



Piebaldism



Hyperpigmented Skin Disorders

Freckles

light tan or
brown macules in
the face of light
skinned person



Lentiginosis

patient with
patterned inherited
lentiginosis has
striking lentiginous
pigmentation



Neurofibromatosis

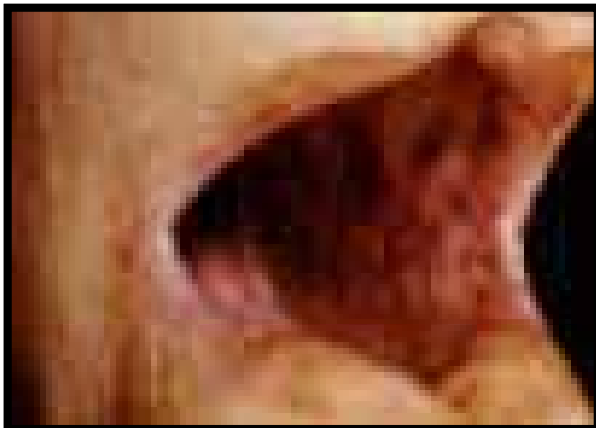


Cafe Au Lait Neurofibromatosis



Addison's disease

Hyperpigmentation
of buccal mucosa



Addison's disease:



- Note the generalised skin pigmentation (in a Caucasian patient) but especially the deposition in the palmar skin creases, nails and gums.

- She was treated many years ago for pulmonary TB. What are the other causes of this condition?

Post inflammatory Hyperpigmentation

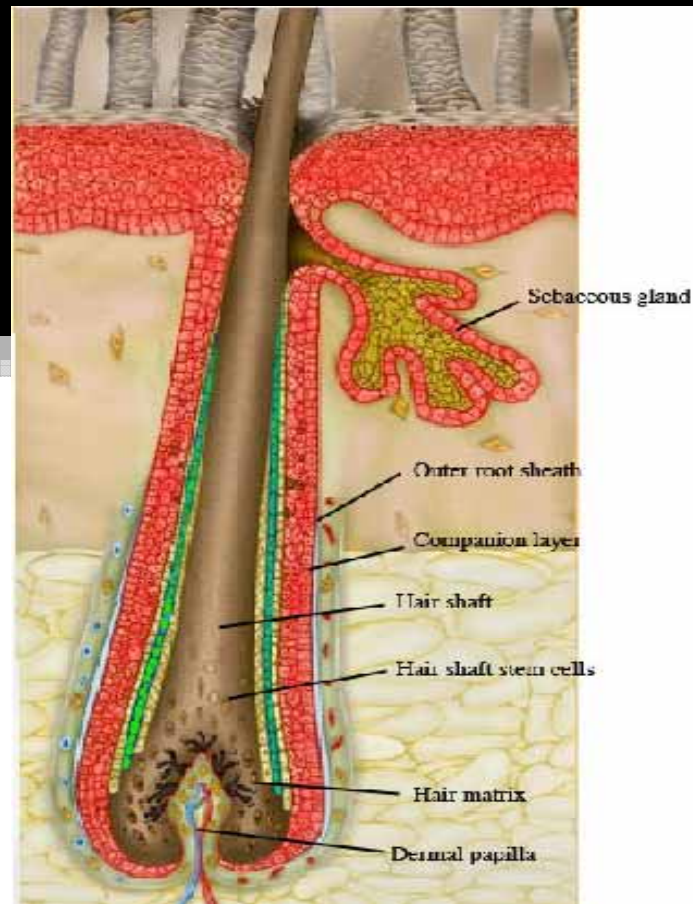


Melasma

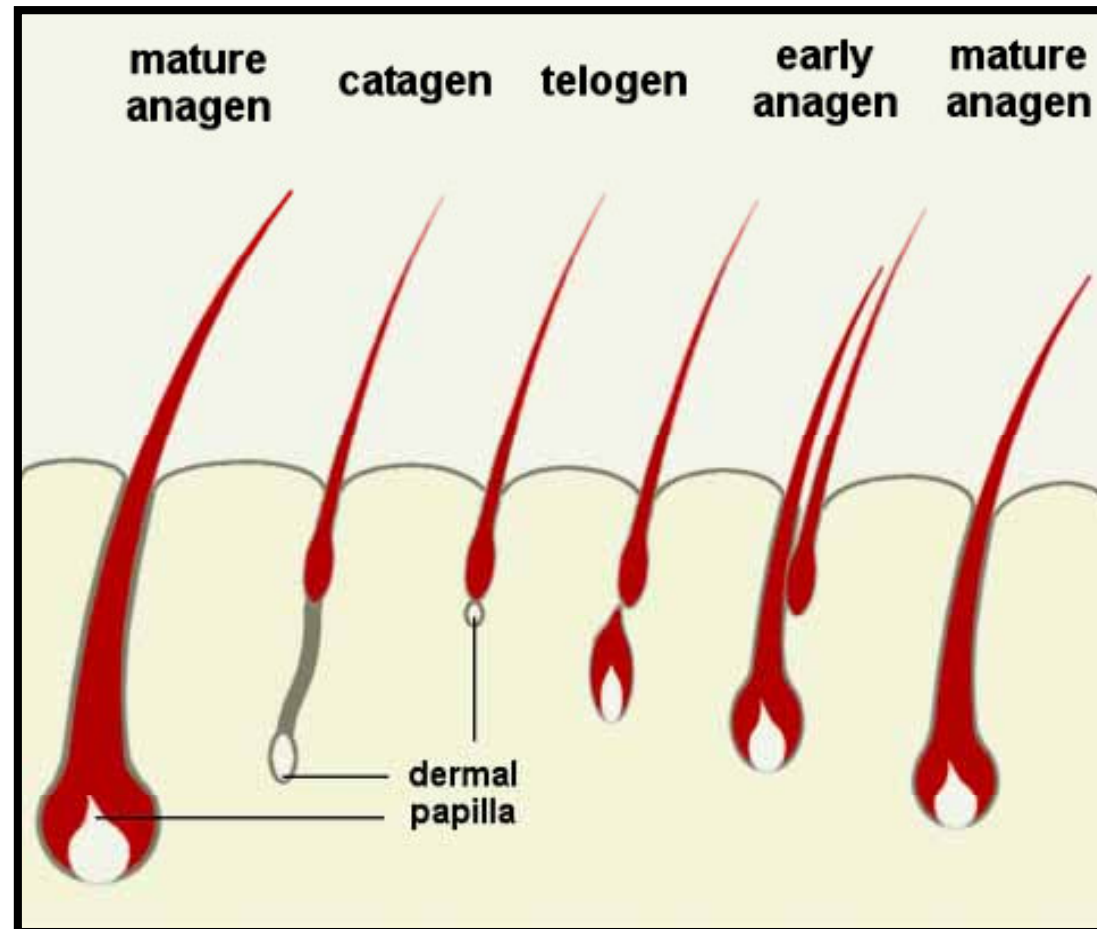
benign hyperpigmentation of sun exposed skin of the face, typically seen in women

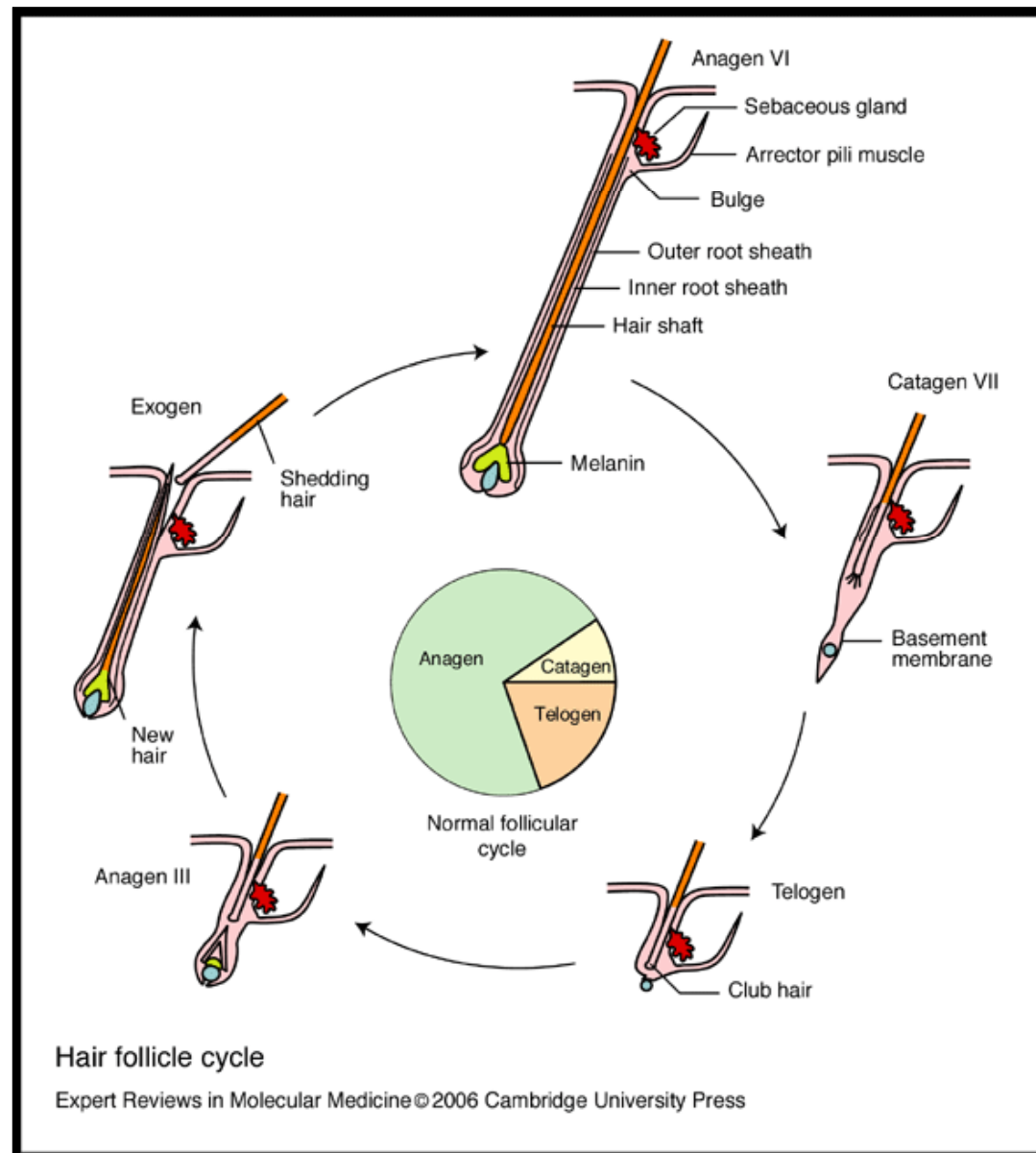


Hair Disorders



Hair Cycle





Types of hair



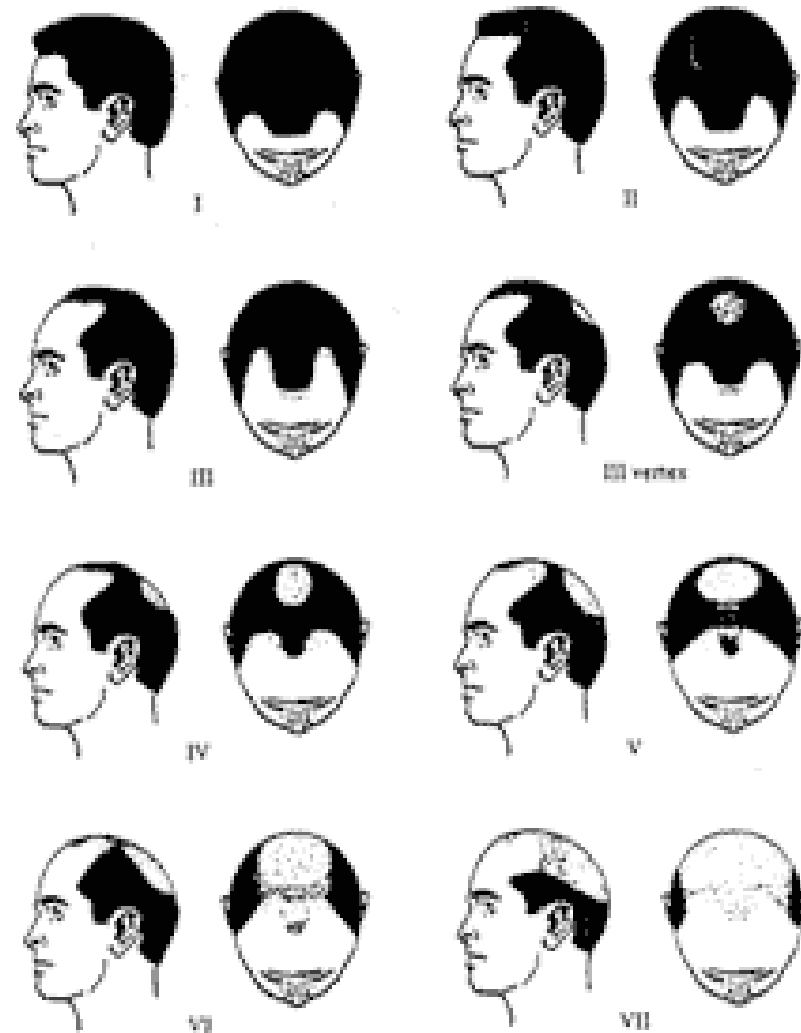
Lanugo (fetal hair)



Vellus (postnatal, non
medulated hair) on the chin
of young women

Alopecia

- **A- Non cicatricial**
- 1- Androgenic alopecia



Norwood scale
Typical pattern hair loss progression

- 2- Alopecia areata



Exclamation
mark hair is
diagnostic

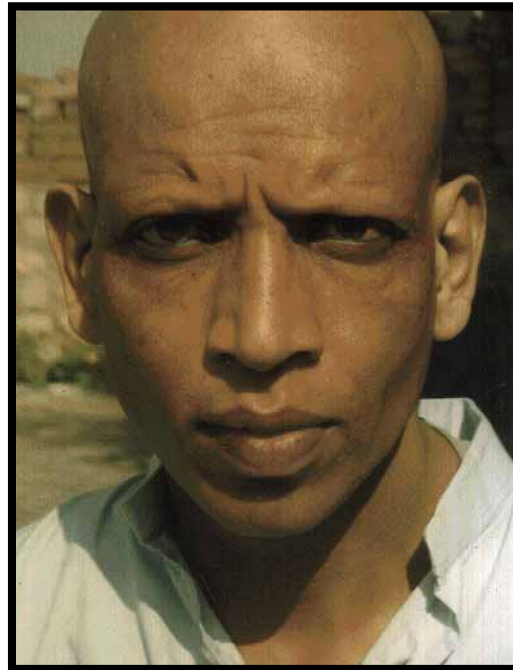
Clinically :



Alopecia totalis
(scalp only)



Alopecia
areata



Alopecia
universalis
(The whole
body affected)

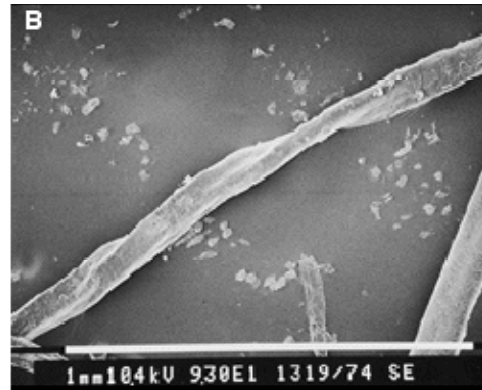
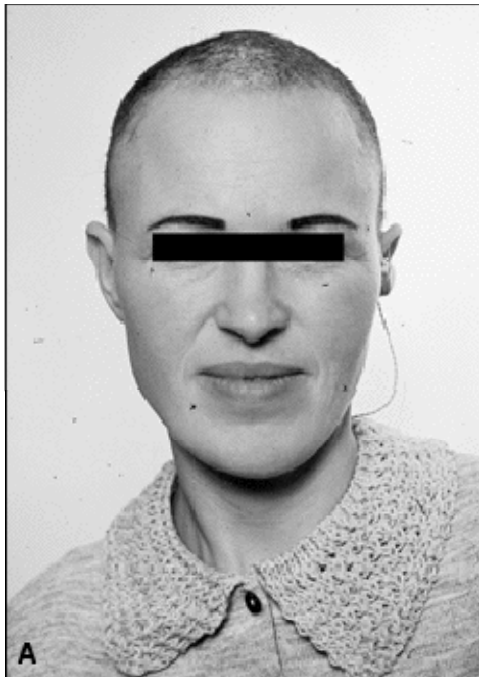


Alopecia
ophiasis
(Occipital)

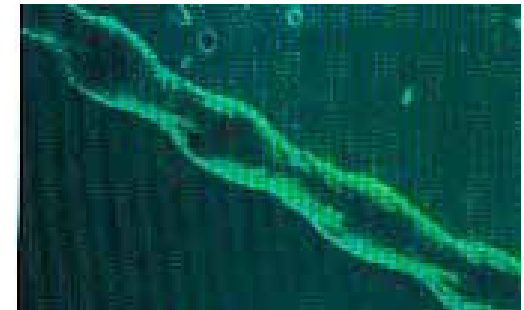
3- Telogen effluvium



4- Hereditary



*Pili torti , twisting of the hair shaft



** Monilethrix: Typical moniliform hair with periodic widening and narrowing

5- others



Traction alopecia

B- Cicatricial (scarring & irrversable)



Alopecia
tinea
capitis

Hirsutism : an excesss of terminal hair growth in women in androgen dependent area



Hypertrichosis: over growth of hair not localized to the androgen dependent area



They acquire
long lashes



Facial
hypertrichosis

Nail Disorders

1-Nail disorders associated with dermatological conditions

Psoriasis (pitting)



Dermatitis



- Contact dermatitis is an inflammation of the skin resulting from direct contact with one of many irritants or allergens. The affected skin may become itchy, red and scaly.



- Dermatitis of the nails in a patient with atopy



- Formalin-induced contact dermatitis of the nails

Lichens planus

- Nail lichen planus with pterygium



- lichenPlanus_thin longitudinal ridges



Alopecia areata

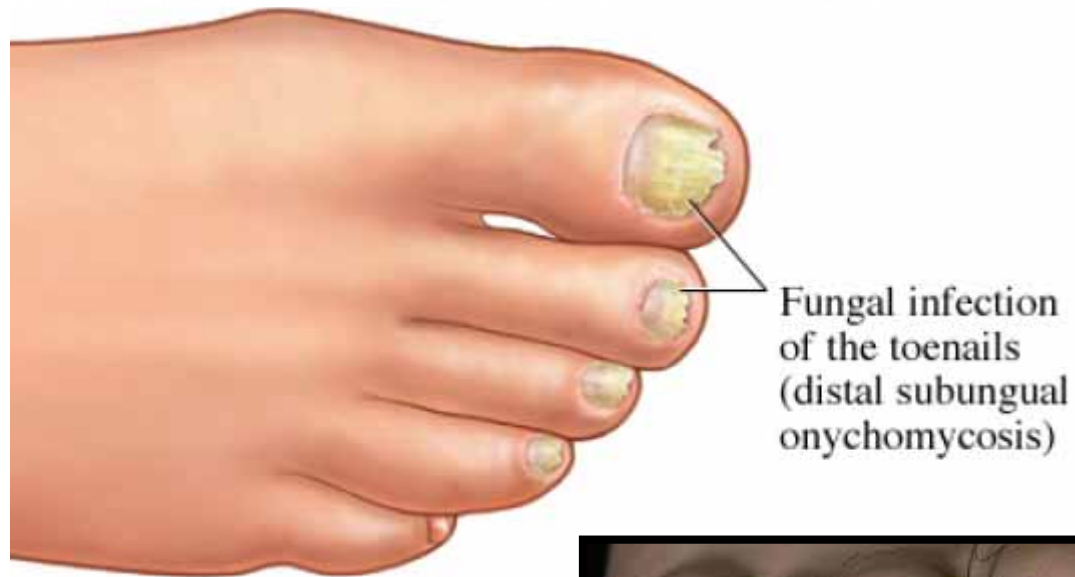


pitting



2- Infections

Onychomycosis



Paronychia

- Acute



- The nail fold is erythematous, edematous, with early abscess formation, and is very painful

- chronic



3-General medical condiction

Koilonychia



- Koilonychia or spoon-shaped nails in iron deficiency anaemia

Beau's line (growth arrest)



- Beau's lines are horizontal lines of darkened cells and linear depressions

Clubbing finger



- Bulbous enlargement and broadening of the fingertips. The angle made by the proximal nail fold and the nail plate exceeded 180 degree. The tissue between the nail and underlying bone had a spongy quality giving a 'floating' sensation when pressure is applied downward and forward at the junction between plate and proximal fold.

Onycholysis



- The distal nail bed is separated from the nail plate. We may notice the distal nail bed has a pink-tan color, a so-called “oil-stain” which is indicative of psoriasis.

4-Color change

Yellow nail syndrom



- Diffuse yellow to green color of the fingernails, nail thickening, slowed growth, and excessive curvature from side of all fingernails.

Leukonychia



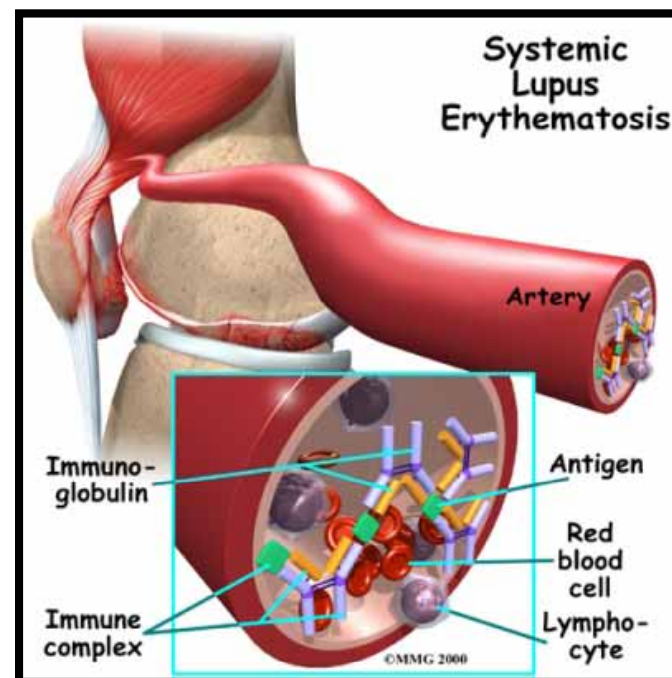
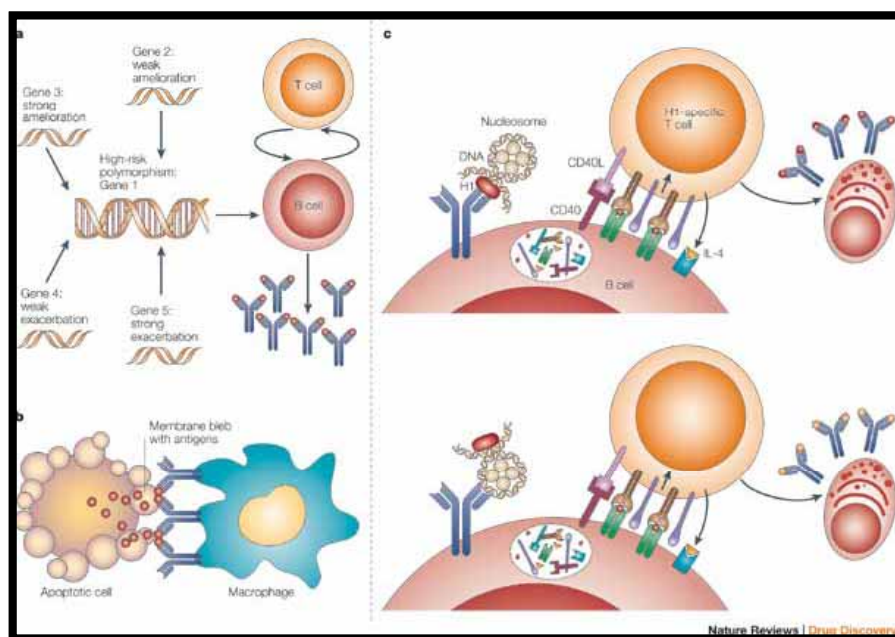
White nails (Muehrcke's lines)

- Muehrcke lines are associated with albumin deficiency simple interruption of pigmentation



SLE

SLE

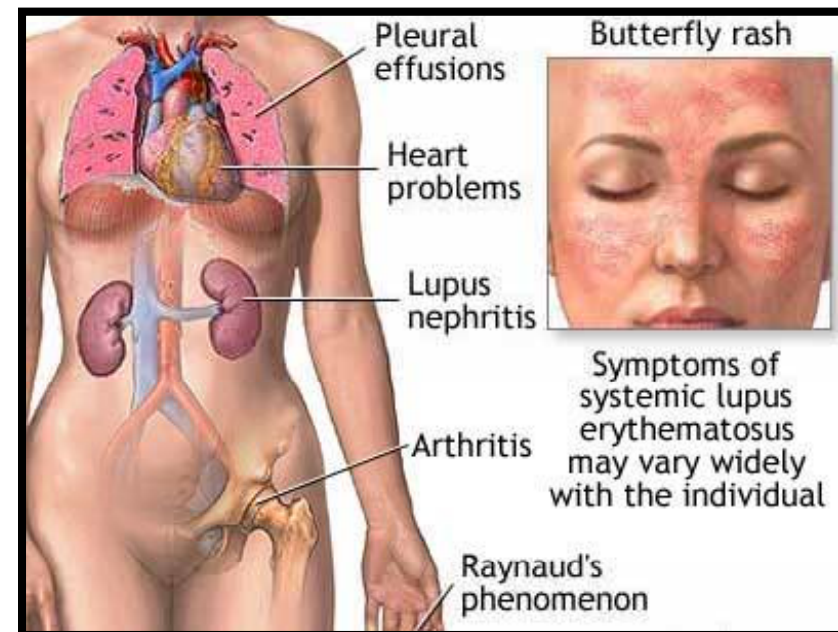
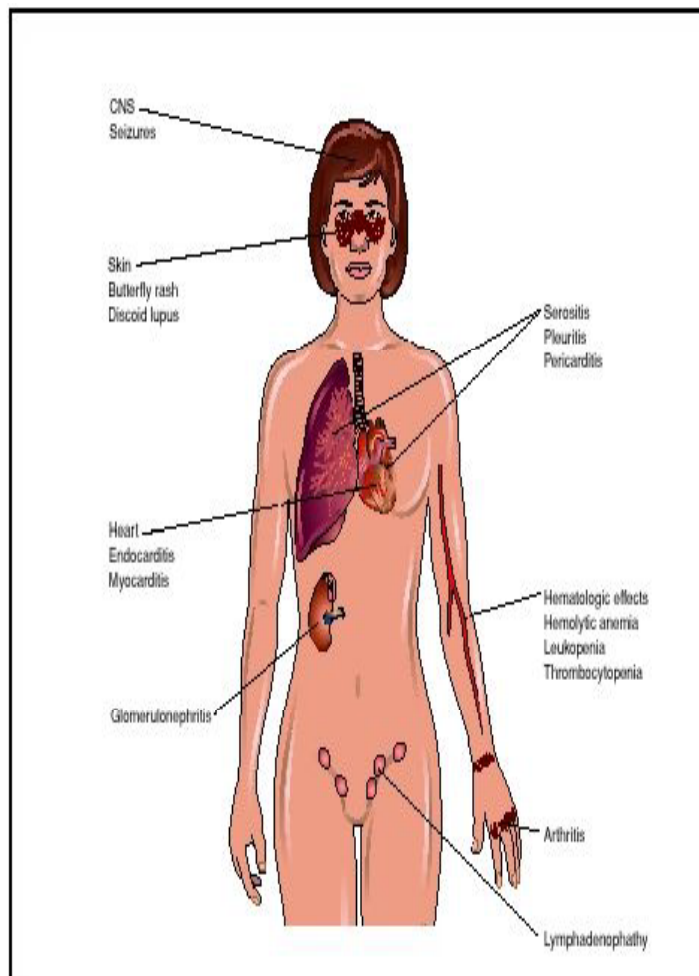


SLE

Diagnostic criteria:

1. Malar Rash	7. Renal Disorder
2. Discoid Rash	8. Hematological Disorder
3. Photosensitivity	9. Neurological Disorder
4. Oral Ulcers	10. Immunological Disorder
5. Arthritis	11. Antinuclear Antibody
6. Serositis	

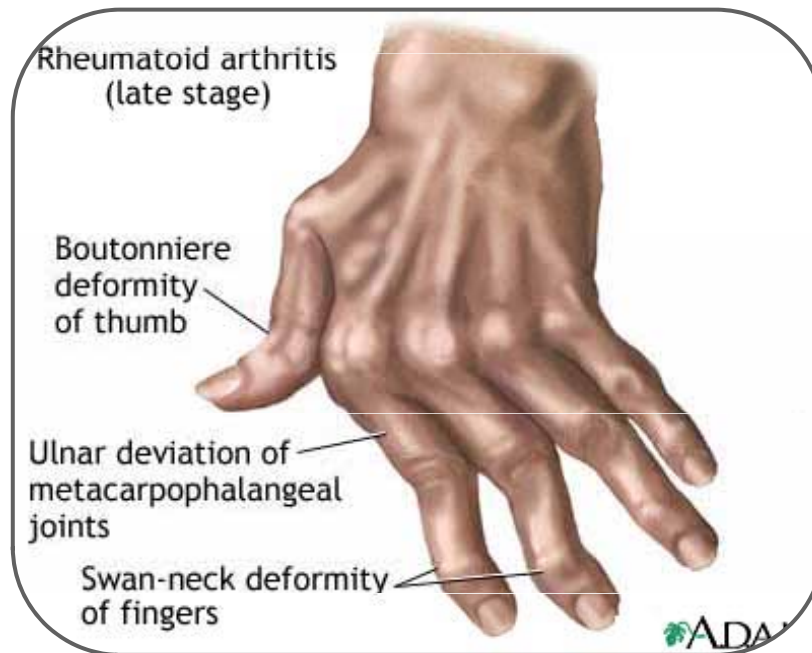
SLE



Acute SLE (Butterfly rash)



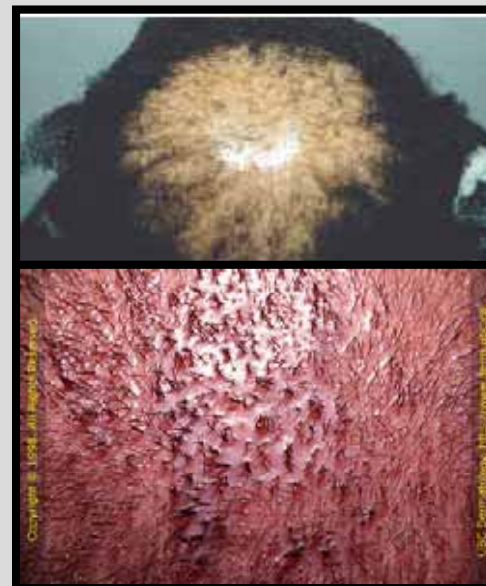
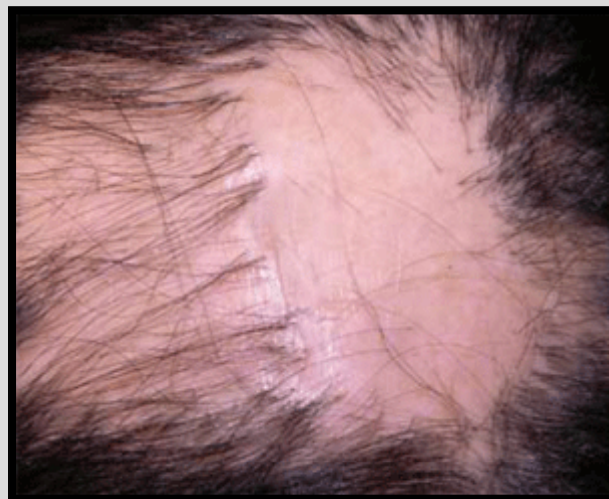
Arthritis



DIFFUSED ALOPECIA(NON-SCARRING) SLE



SCARRING ALOPECIA IN DLE



Oral ulcer



Common mouth lesions

Squamous cell carcinoma



Ulceration from tongue biting



Recurrent aphthous stomatitis



Lichen planus



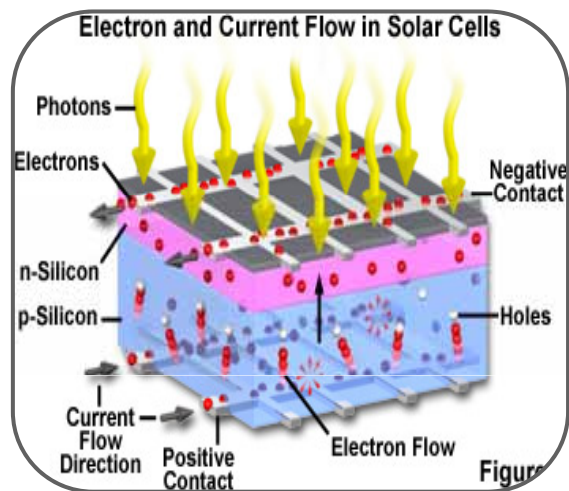
Gingival hyperplasia

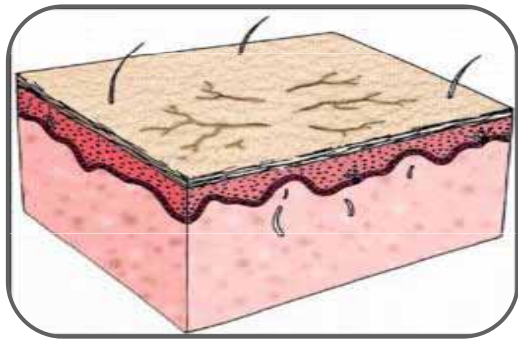


Syphilitic chancre (rare)



photosensitivity





telangiectasia

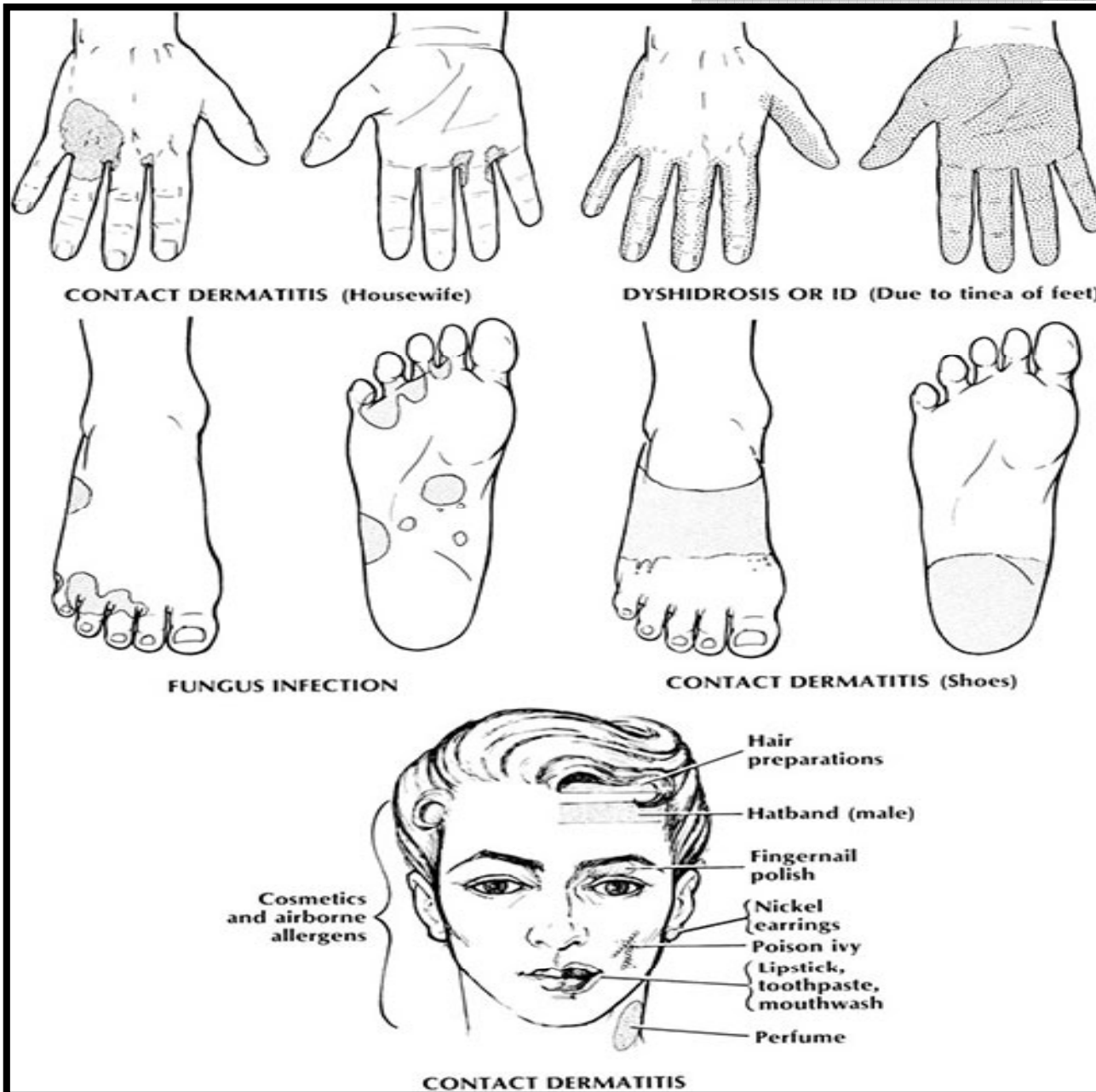


Telangiectasia



Neonatal SLE





DLE

Discoid Lupus Erythematous (DLE)

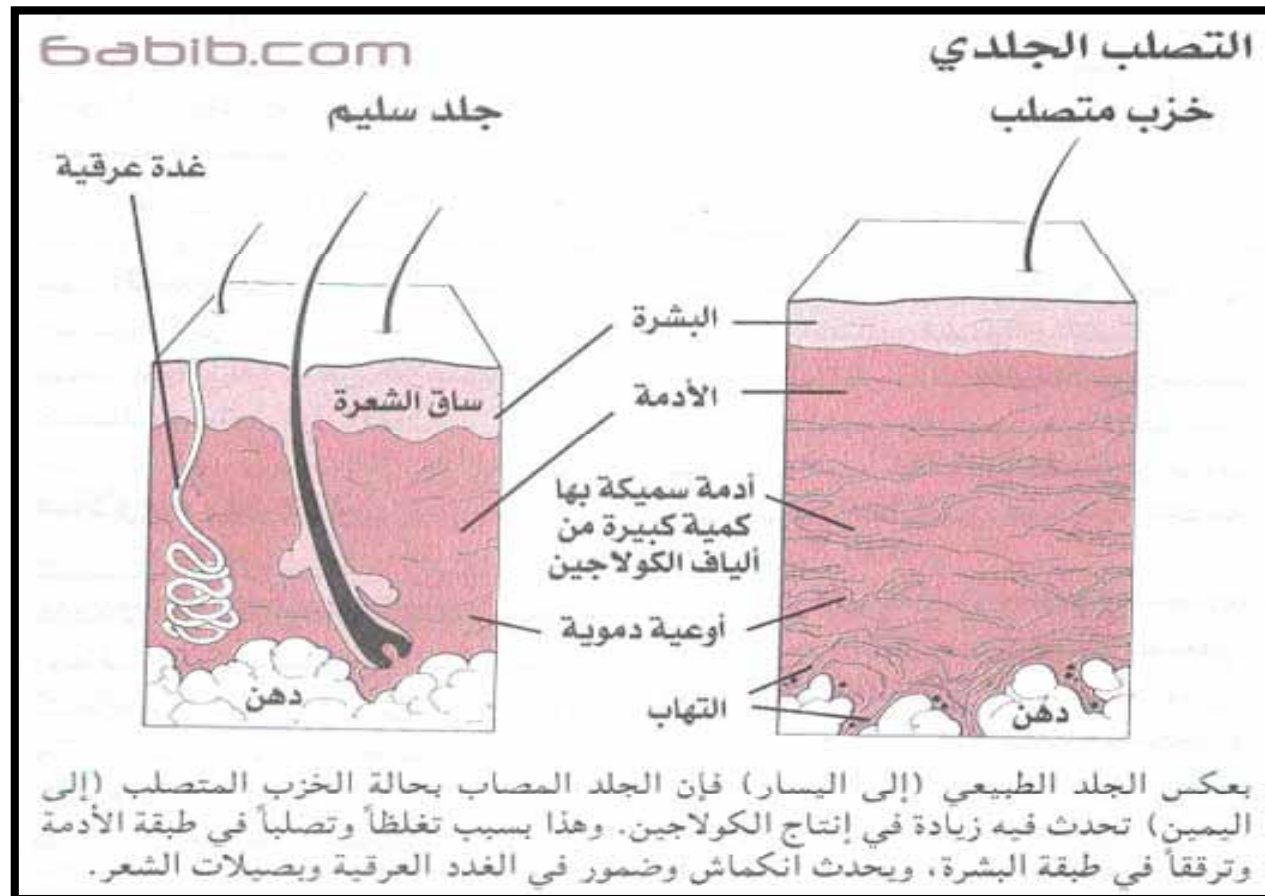


Discoid Lupus Erythematous (DLE)

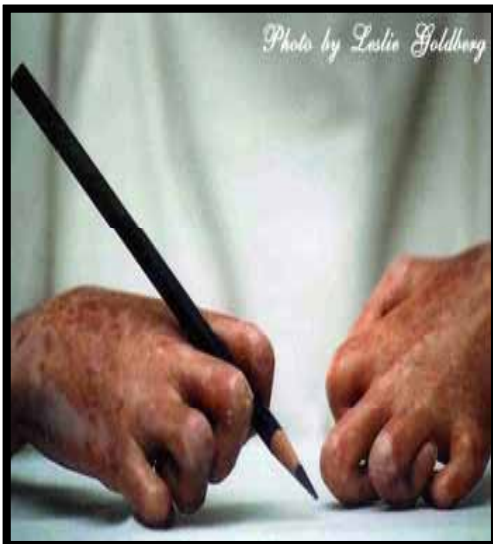


Scleroderma

Scleroderma



Scleroderma(hand)



Scleroderma (face)



Scleroderma (x-ray)

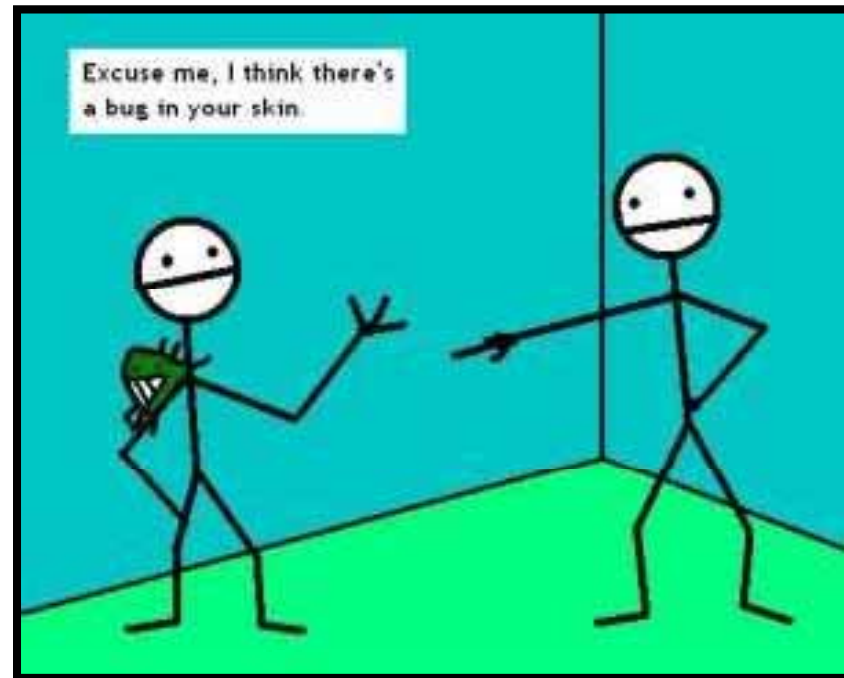


Scabies

Scabies

A persistent pruritic skin eruption caused by cutaneous infestation with the mite:

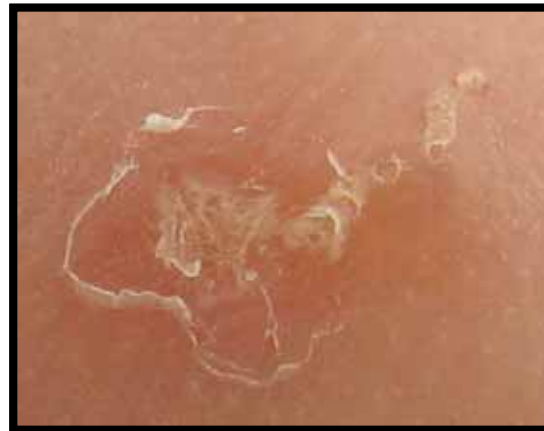
Sarcoptes Scabei.



Scabies



This image displays a track on the skin, known as a burrow, typical of scabies.



Close-up photo of a scabies burrow. The large scaly patch at the left is due to scratching. The scabies mite traveled toward the upper right and can be seen at the end of the burrow.



Scabies – burrow and mite



This image displays erosions and burrows at the wrist in a patient with scabies.



As displayed in this image, bleeding can accompany scabies due to scratching the affected area.

Scabies



Scabies



Papulo-pustules and a widespread eczematous eruption, which represents a hypersensitivity reaction to a scabies infestation.

Scabies



Papule with excoriations



Scabies can have firm or nodular lesions.



Vesicles

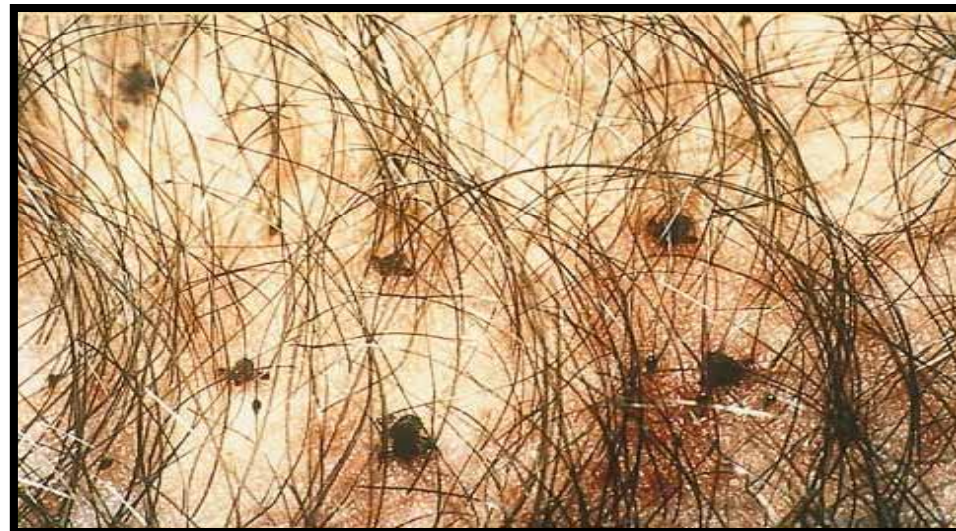


Pediculosis

Pediculosis-pubis



Pediculosis pubis Numerous lice and nits located around the pubic hair. (Photo courtesy of John T Crissey, MD.)



Pediculosis lice

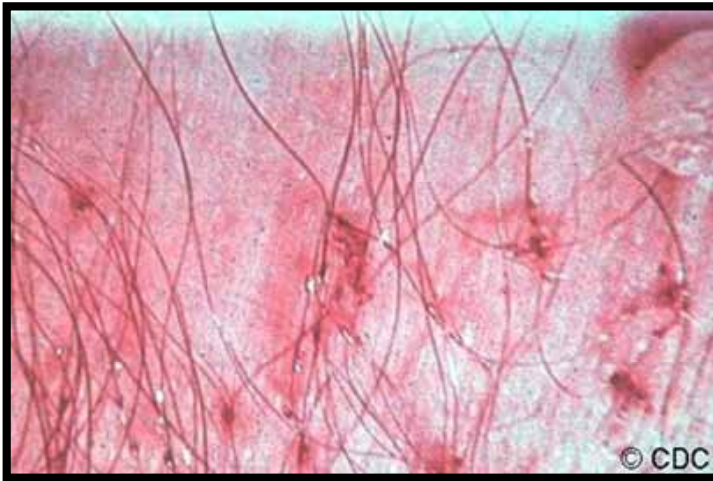


Pediculosis-corporis



Body lice in clothing Body lice nits tend to concentrate along the seams of clothing. (Photo courtesy of John T Crissey, MD.)

Pediculosis capitis



Pediculosis capitis



Excoriated
papules

Leishmaniasis

Leishmaniasis

Small indolent erythematouse papule



Leishmaniasis



Large dusky violaceous nodule

Leishmaniasis



Ulcerated nodule

Raised indurated
border, shallow
ulcer, small satellite
papules



Leishmaniasis



Leprosy

Leprosy

Tuberculoid L. :

**Anesthetic macule
Or plaque with
pigmentary
changes**

**White skin:
erythematous or
brown discoloration**

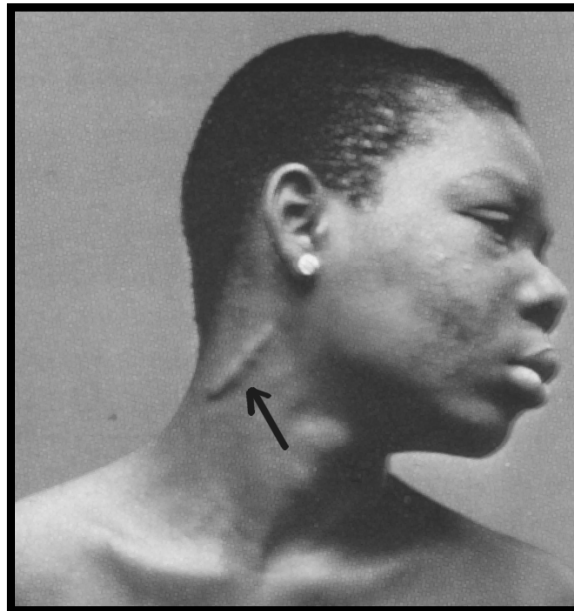
**Coloured skin:
depigmentation**



Leprosy

Tuberculoid l. :

- Loss of sweating**
- Loss of hair**
- Loss of sensation**
- Thickened nerves**



Leprosy

lepomatous l. :

- macule
- papule
- nodule
- ulceration (low temp. areas)



Bacterial Skin Infection

impetigo

Def:

Superficial cutaneous infection caused by either staphylococci or streptococci.

Clinical features:

The hallmark of impetigo is a **superficial lesion** covered with a heavy **honey-colored crust**. It usually produces **blisters or sores** on the face and hands. Impetigo can develop very rapidly and **may complicate** a pre-existing skin condition such as **atopic dermatitis or acne**.

impetigo



Bullous Impetigo



Ecthyma

Ecthyma is the most serious form of impetigo. It occurs when the infection penetrates deep into the dermis, the skin's second layer, causing painful, itchy sores that develop into pus- or fluid-filled ulcers with hard grayish yellow crusts. The ulcers may cause permanent scarring. Lymph nodes in the affected area may swell.

Ecthyma



lower leg ulcer exuding seropurulent discharge, covered by yellowish fibrinous material and adherent necrotic crusts.



Coin-shaped hyperpigmented scars on the anterior leg

Erysipelas

Def:

A cutaneous streptococcal infection characterized by sharply demarcated unilateral lesions, commonly on the face. Erysipelas is a superficial form of cellulitis.

Clinical features:

Erysipelas present as **bright red, brawny, oedematous** area. The organism gains entry through a minor abrasion and **infects the superficial lymphatic vessels**. The lesions are **unilateral**, and associated with **leucocytosis** and **fever**.



Cellulitis

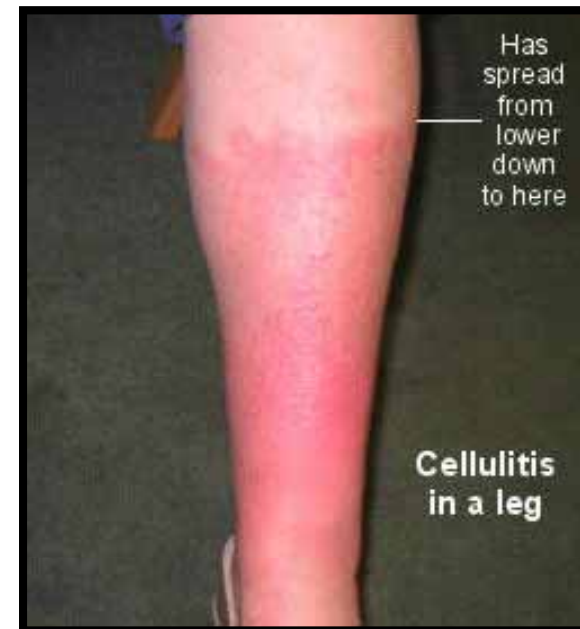
Def:

A cutaneous infection, usually due to streptococci, but with deeper involvement of the subcutis than in erysipelas.

Clinical features:

Cellulitis presents as a **raised, hot, tender, erythematous** area of skin. The organism enters through a cut or abrasion, or a pre-existing dermatological disorder such as leg ulcer. The **affected area is larger and more diffuse than in erysipelas and the edges are not well-demarcated. Fever and leucocytosis** are common. The draining lymph node are usually palpable and tender.

Cellulitis



Erythrasma

Def:

A cutaneous infection caused by *corynebacterium minutissimum*.

Clinical features:

Erythrasma causes an asymptomatic, reddish-brown area of skin, commonly on body flexures, particularly the groin. It does not appear to be contagious and, if untreated, it spreads slowly with a well-demarcated advancing edge.

Erythrasma



**Under wood's
light**



Fungal Infection

Tinea pedis (athlete's foot)



Tinea pedis

The usual site of infection is the toe webs, especially the fourth, where moist, white “blotting paper” skin will be seen



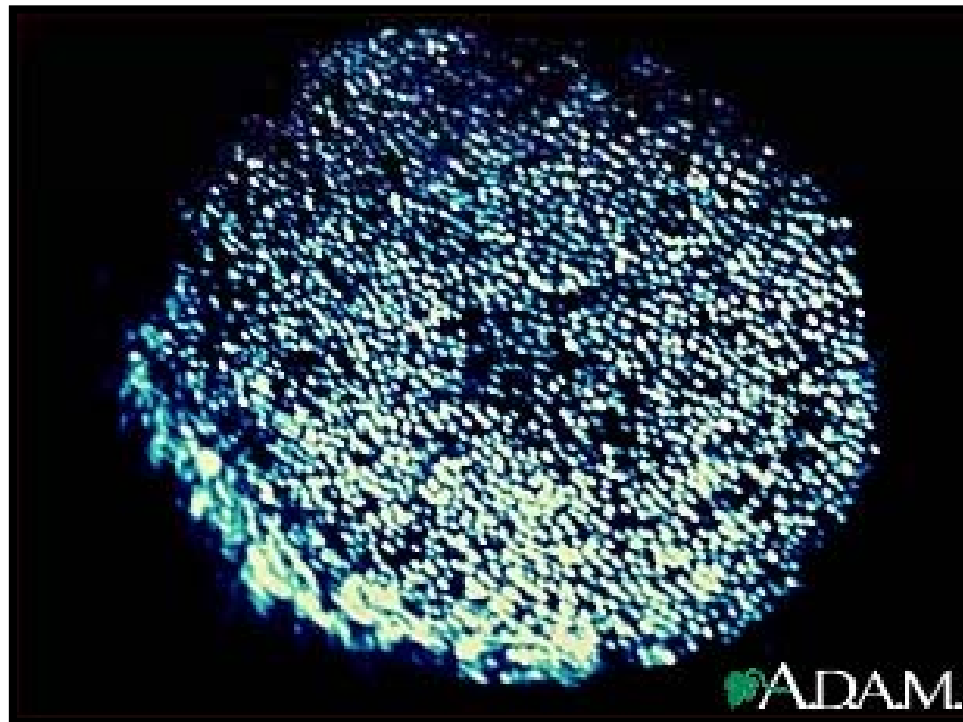
Tinea corporis



Tinea Capitis



Wood's light of tenia capitis



Kerion



Tinea Cruris



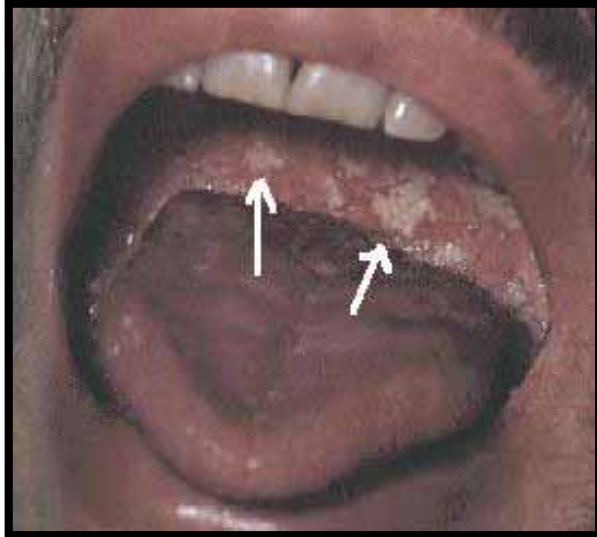
Tinea unguium



Tinea manuum



Candida



After radiation treatment fungal infections such as candida are common, but easily resolved.

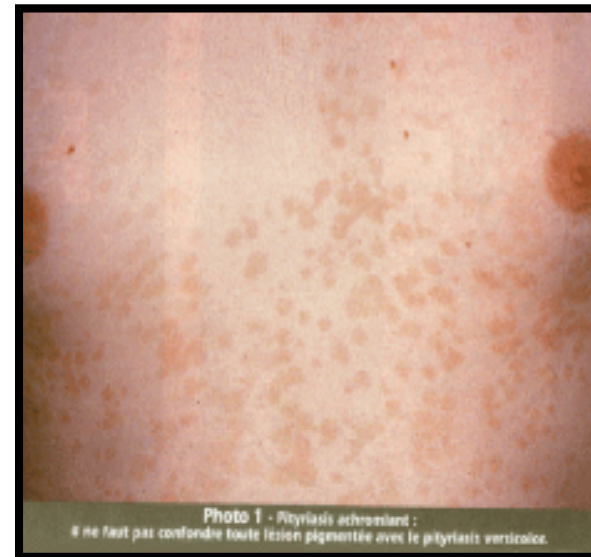


FIGURE 5: Neonatal candidiasis

Candida



Pityriasis versicolor



Sexually Transmitted Diseases

gonorrhea

Cutaneous manifestations of infection with *Neisseria gonorrhoeae* are most commonly superficial erosions on the genital mucous membrane. They appear up to 14 days after sexual contact, and are associated with urethritis and a urethral discharge in men. Women, however, may be asymptomatic. The organism can be identified on thick smears from the affected area.

gonorrhea



Discharge of pus from the urethra



Cervical inflammation



neisseria gonorrhoeae Diplococci

Nongonococcal Urethritis

Several different microorganisms cause diseases that resemble gonorrhea. These microorganisms include *Chlamydia trachomatis*, *Trichomonas vaginalis*, and several different types of *Mycoplasma*.

Nongonococcal Urethritis

- Between 4 and 28 days after intercourse with an infected person, an infected man typically has a mild burning sensation in his urethra while urinating. A clear or cloudy discharge from the penis may be evident. The discharge is usually less thick than the discharge that occurs in gonorrhea. Early in the morning, the opening of the penis is often red and stuck together with dried secretions. Occasionally, the disease begins more dramatically. The man needs to urinate frequently, finds urinating painful, and has discharge of pus from the urethra.

Nongonococcal Urethritis

- Although most women infected with Chlamydia have few or no symptoms, some experience frequent urges to urinate and pain while urinating, pain in the lower abdomen, pain during sexual intercourse, and secretions of yellow mucus and pus from the vagina.
- Anal infections may cause pain and a yellow discharge of pus and mucus.

Nongonococcal Urethritis



Mucopurulent cervicitis due to chlamydia showing ectopy, edema, and discharge



Adherent, grayish discharge of bacterial vaginosis

Nongonococcal Urethritis



Urethral Gram Stain with >5 PMNs per high power field (nongonococcal urethritis)



Nongonococcal Urethritis (mucoïd discharge)

Granuloma inguinale (donovanosis)

Granuloma inguinale (GI) is primarily a sexually transmitted disease in which characteristic intracellular inclusions called Donovan bodies may be seen. It usually manifests as genital lesions, which are indolent, progressive, ulcerative, and granulomatous.

Distribution

- In men, lesions may occur on the penis, the scrotum, and/or the glans.
- In women, lesions may occur on the labia minora, the mons veneris, the fourchette, and/or the cervix. Cervical involvement occurs in 10% of cases.

Granuloma inguinale (donovanosis)



Lymphogranuloma venereum

- The primary lesion is a painless ulcerating papule on the genitalia and it occurs only in one quarter of the patients.
- A few days after this heals, regional lymphadenopathy develops. The lymph nodes are painful and fixed and the overlying skin develops a dusky erythematous appearance.
- Finally formation of buboes over the lymph node that may rupture.

Lymphogranuloma venereum

The initial lesion



Lymphogranuloma venereum

Reginal lymphadenopathy with formation of buboes



FIGURE 64.—Typical inguinal bubo in a patient with lymphogranuloma venereum. (Courtesy, Col. John J. Deller, Jr., MC.)

Chancroid

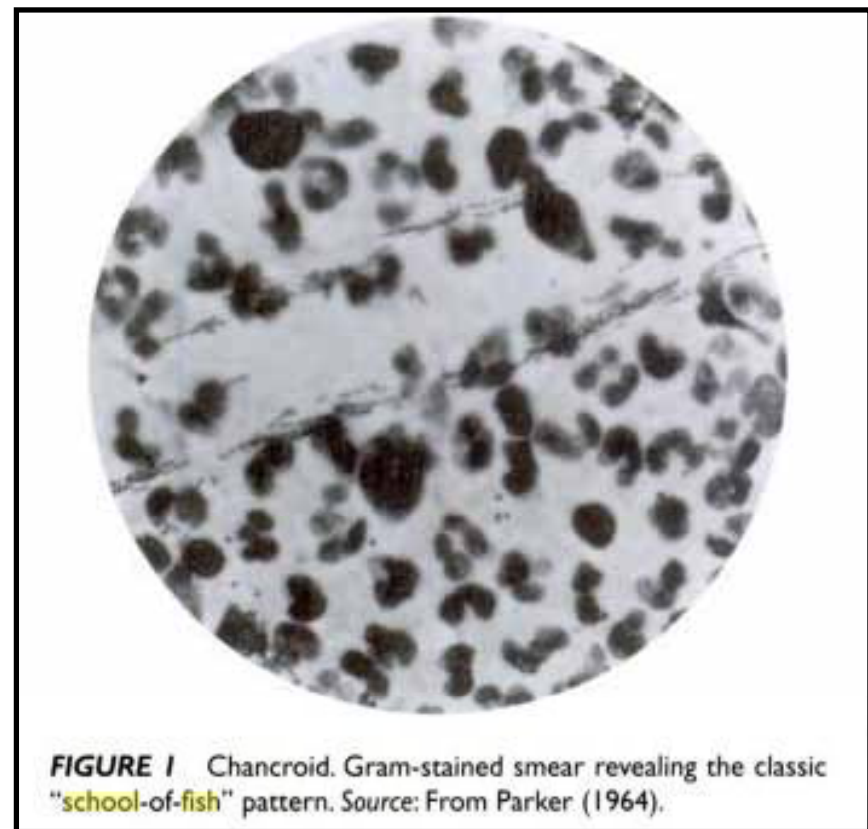
Penile ulcers which tend to be painful and foul smelling



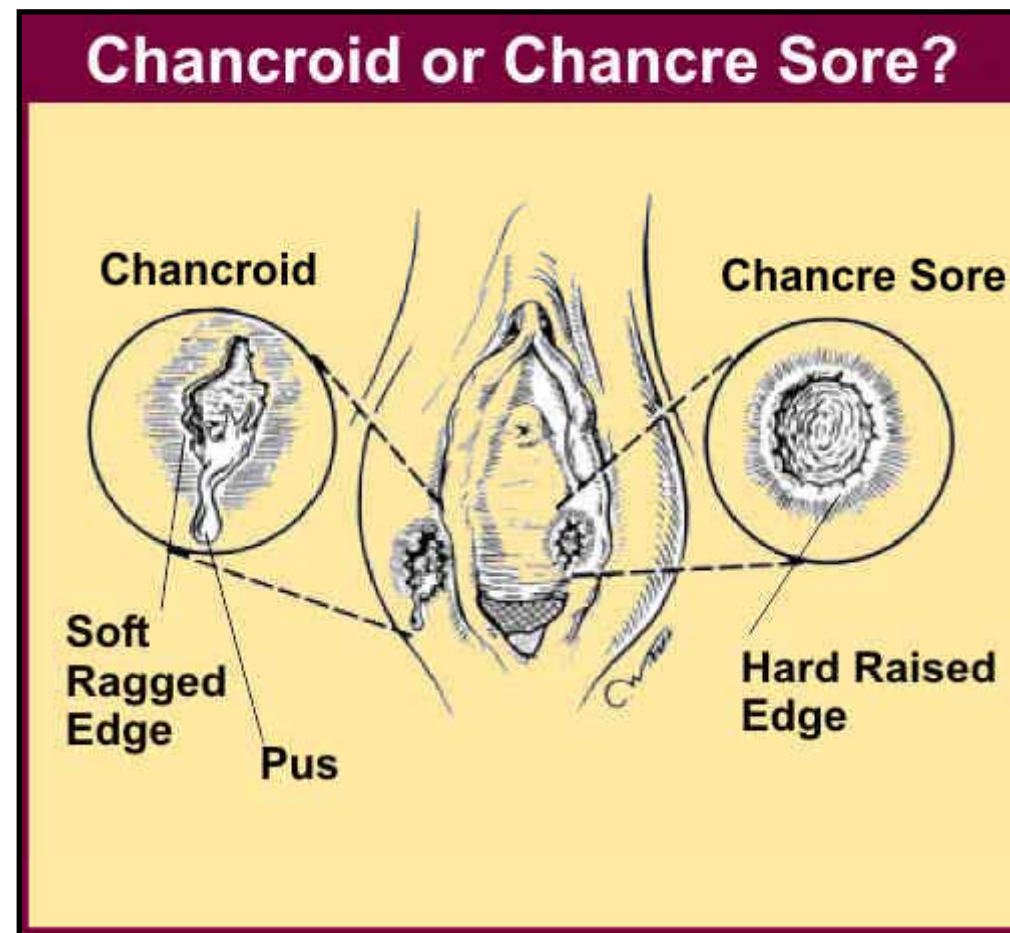
FIGURE 65.—Typical penile ulcer in a patient with chancroid. (Courtesy, Col. John J. Deller, Jr., MC.)

Chancroid

It is caused by gram negative bacilli *Haemophilus ducreyi* which have the so called (school of fish) appearance

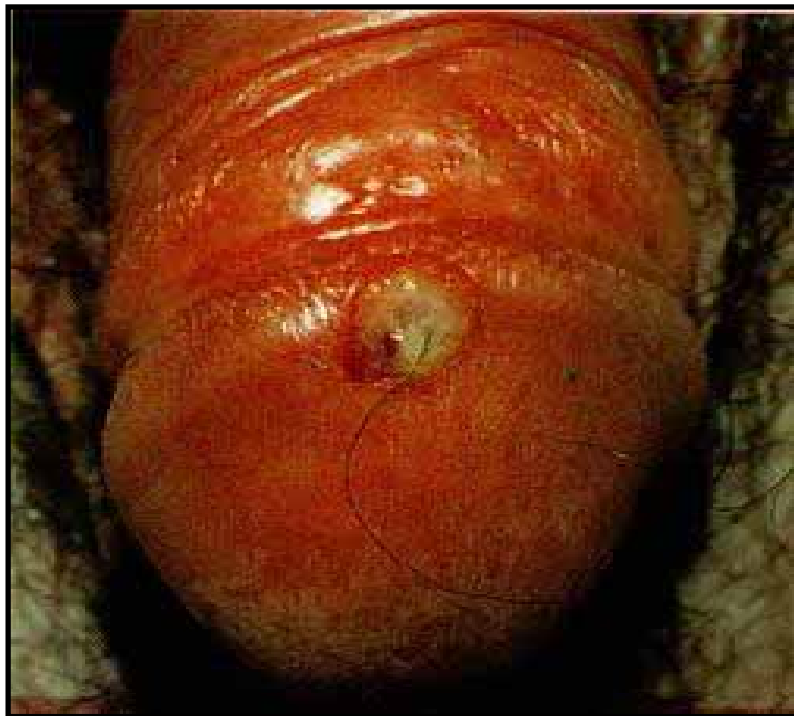


Difference between chancroid and chancre sore



Primary syphilis

Solitary or multiple, painless round and firm ulcers or erosions called chancres occur



Secondary syphilis

Generalized papulosquamous lesions involving the whole body including the palms & soles



Secondary syphilis

Condylomata lata: Which are filled with *Treponema pallidum* bacteria



Secondary syphilis

Moth eaten alopecia: Patchy alopecia affects the scalp, eyebrows, eyelashes and beard



Secondary syphilis

Mucous patch: Whitish gray papules and plaques may occur on the tongue or other mucous membrane surfaces



Seattle STD/HIV Prevention Training Center

Source: University of Washington

Tertiary syphilis

Gummas: Circular Cutaneous lesions which are often polycyclic or serpiginous with central ulceration or clearing and they are usually painless. They may develop internally also.



Syphilis

Treponema pallidum spirochetes seen with darkfield microscope



Seattle STD/HIV Prevention Training Center

Source: University of Washington

AIDS

Kaposi's sarcoma: Which is malignancy of the capillary endothelium and it is seen as multiple bruise like areas on any body site



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Herpes simplex

The classic appearance of grouped vesicles on an erythematous base is usually not seen. Instead, localized pain, erosions or erythema may be the only features.



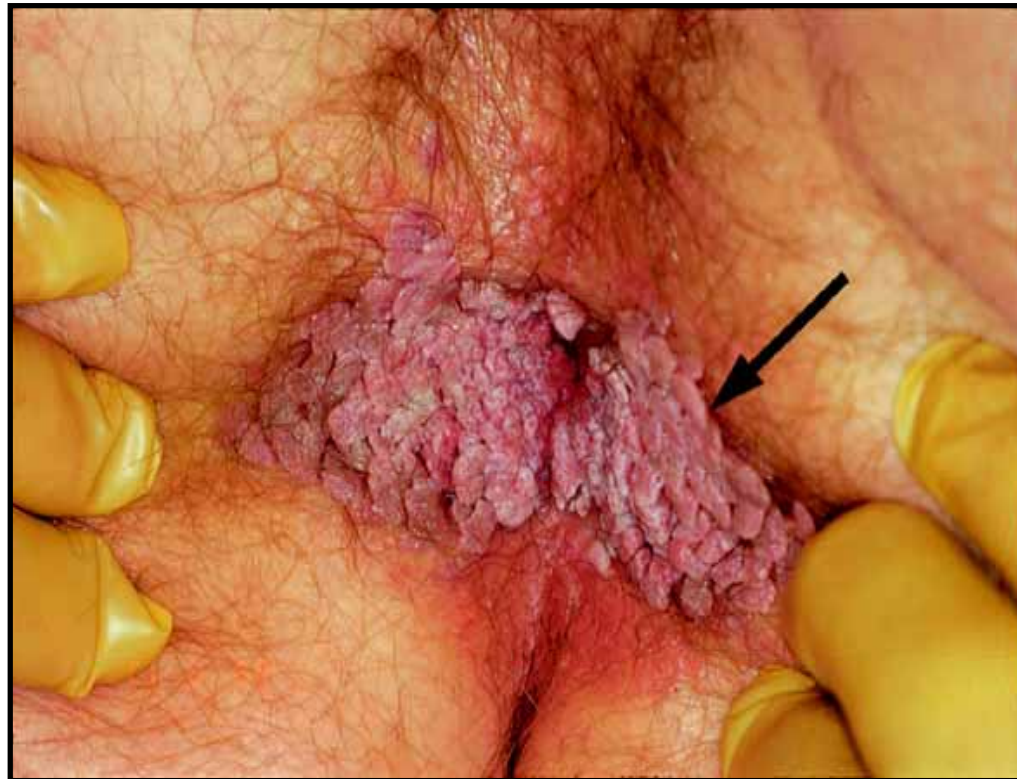
Molluscum contagiosum viruse

Several mollusca contagiosa on the penis and scrotum



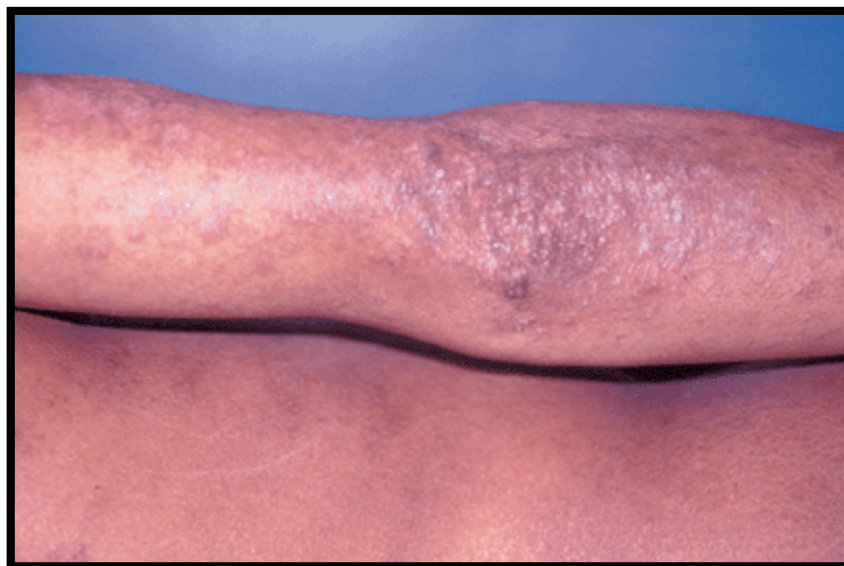
Human papilloma virus

Condyloma acuminata

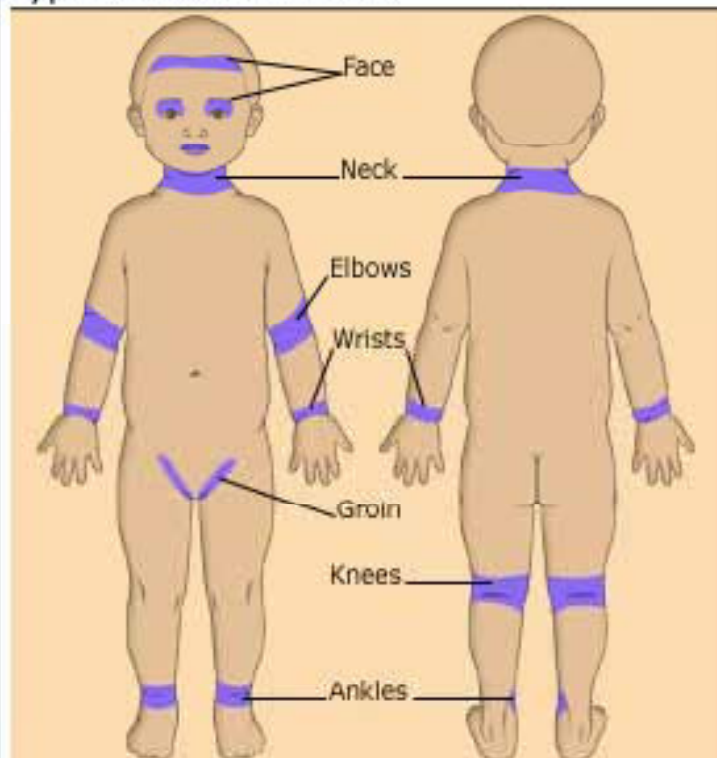


Eczema Dermatitis & drug Eruption

Atopic Dermatitis



Typical Sites of Eczema



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A mild case of eczema

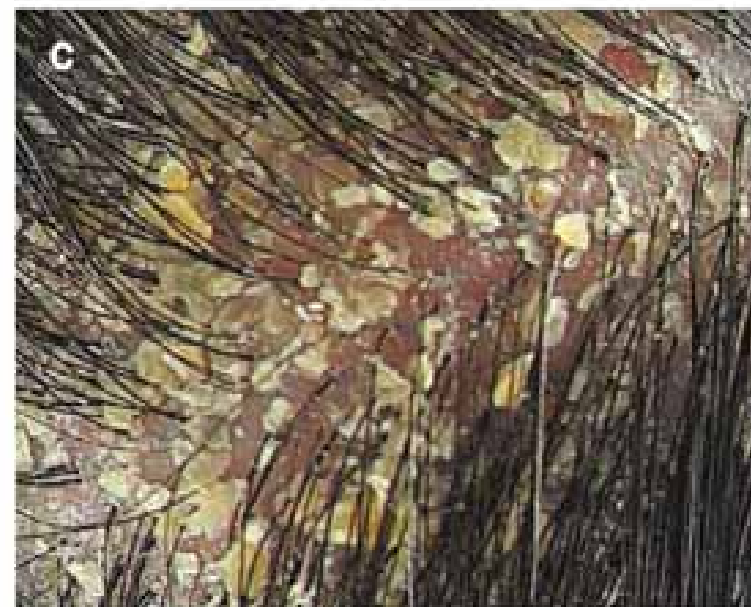






Seborrheic Dermatitis







Asteatotic Dermatitis



Nummular (Discoid) Eczema





Pityriasis Alba

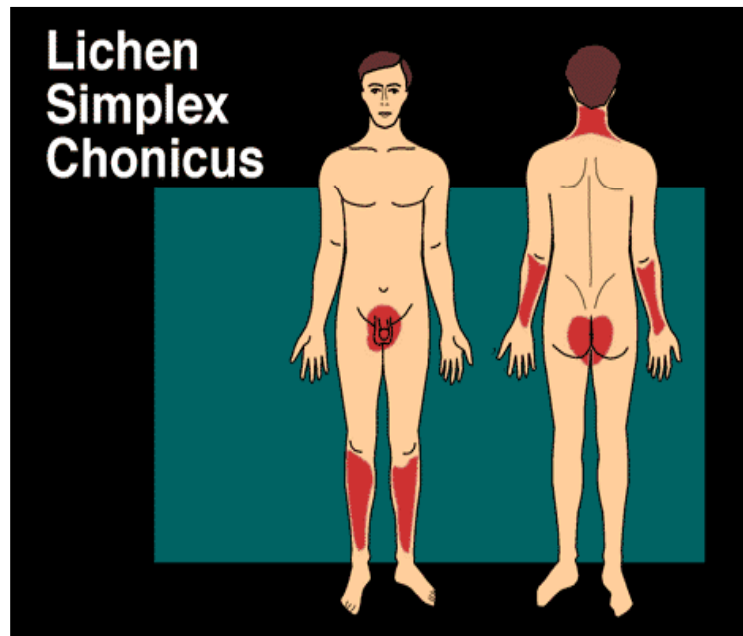


Gravitational Eczema



Lichen Simplex Chronicus

Lichen Simplex Chronicus





Irritant Contact Dermatitis



Allergic Contact Dermatitis





Photosensitivity Dermatitis

