

Chapter 2:

Basic lesions



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2.1 Macules



Erythematous macule

A macule is a non-infiltrated mark which differs in colour from adjacent skin.

The skin coloration varies from pale pink to dark red and disappears on vitropression. It is the result of more or less intense vasodilation (e.g. blushing from modesty).



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Vascular macule

These permanent marks, which disappear partially or completely on vitropression, result from the presence of an abundant network of dilated vessels in the superficial dermis (e.g. telangiectasia).



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Purpuric macule

The red macules do not disappear on vitropression. They are the result of extravasation of blood into the dermis (e.g. Bateman's purpura). Their colour changes in time from red to ochre.



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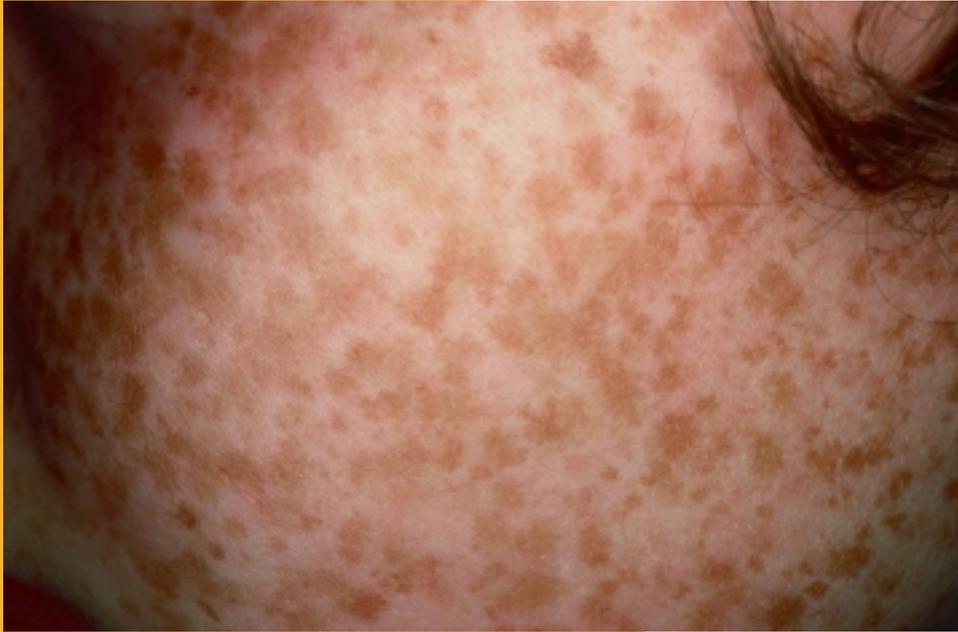
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Pigmentary macules

Pigmented macules

varying in size, their colour ranging from ochre to dark brown, corresponding to melanin hyperpigmentation in the epidermis (e.g. freckles).



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Pigmentary macules

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Blueish-grey macules

are the result of melanin deposits extending more or less deeply into the dermis.

(e.g. paresthetic notalgia)



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Pigmentary macules

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Achromic macules

are white marks, varying in shape and size, which result from a decrease in the melanin content of the epidermis (e.g. vitiligo).



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2.2 Papules



Papules are more or less well demarcated elevations of varying size. There are 3 papule types.

Epidermal papules

These correspond to global thickening of the epidermis (e.g. plane warts). ▶



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Dermal papules

These correspond to oedematous, inflammatory, or proliferative thickening of the dermis (e.g. the weal of urticaria). ▶



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Dermo-epidermal papules

These correspond to a mixed thickening of the epidermis and dermis.
(e.g. lichen planus)



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2.3 Nodules



Nodules are hemispherical elevations caused by inflammatory and oedematous infiltrations of the deep dermis and subcutis (e.g. rheumatoid nodule).



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2.4 Tubercles



Tubercles are solid, prominent, circumscribed formations, superficially encased in the dermis. They sometimes ulcerate in the course of their development (e.g. lupus vulgaris [tuberculosis]).



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2.5 Vegetations



Vegetations are filiform or lobulate excrescences, generally of soft consistency (e.g. condylomata acuminata).



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2.6 Warts



Warts are vegetations covered with a more or less thick horny layer (e.g. common wart).



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2.7 Keratoses



Keratoses consist of epidermal lesions characterized by a localized accumulation of keratin (e.g. cutaneous horn).



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2.8 Vesicles



Vesicles are small cutaneous protuberances with a central cavity containing clear liquid. They are often hemispherical and their centre can be depressed (e.g. varicella).

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2.9 Bullae



Bullae are more voluminous elevations with a central cavity containing a clear, cloudy, or haemorrhagic liquid. They vary in dimensions and in tension: flaccid or firm bullae (e.g. bulla of a thermal burn).



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2.10 Pustules



Pustules are protuberances which vary in size and have a central cavity containing a purulent liquid. They occur as primary lesions or develop from vesicles or bullae (e.g. palmoplantar pustulosis).

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2.11 Scales



Scales are aggregates of more or less dry horny cells formed by the superficial layers of the epidermis. They detach in fragments of varying size (e.g. ichthyosis).



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2.12 Crusts



Crusts are concretions of fairly hard consistency which result when exudative, haemorrhagic, or purulent lesions dry out (e.g. impetigo).



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2.13 Excoriations (or ulcerations)



Excoriations are very superficial wounds. The dermis is exposed (e.g. excoriations caused by scratching).



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2.14 Fissures



Fissures are linear ulcers, with or without marginal hyperkeratosis, which break through the superficial dermis (e.g. athlete's foot).



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2.15 Ulcers



Ulcers are more serious losses of substance, which penetrate deep into the dermis (e.g. slough).



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2.16 Gangrene



Gangrene is tissue necrosis associated with loss of arterial or arteriolar blood supply (e.g. frostbite).



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2.17 Atrophy



Atrophy consists of a reduction in skin thickness with loss of its firmness and elasticity (e.g. senile atrophy).



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2.18 Scars



Scars are due to modifications of the dermis or epidermis and are a sign of a variable degree of fibrosis. They are the evidence of repair of a wound or of a loss of substance (e.g. scar after a burn).



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2.19 Sclerosis



Sclerosis means induration of the skin, which loses its normal suppleness. It is associated with coalescence of fibres in the dermis (e.g. morphea).



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