PRINCIPLES OF DIAGNOSIS

- History Taking
- Clinical Examination

Structure of skin

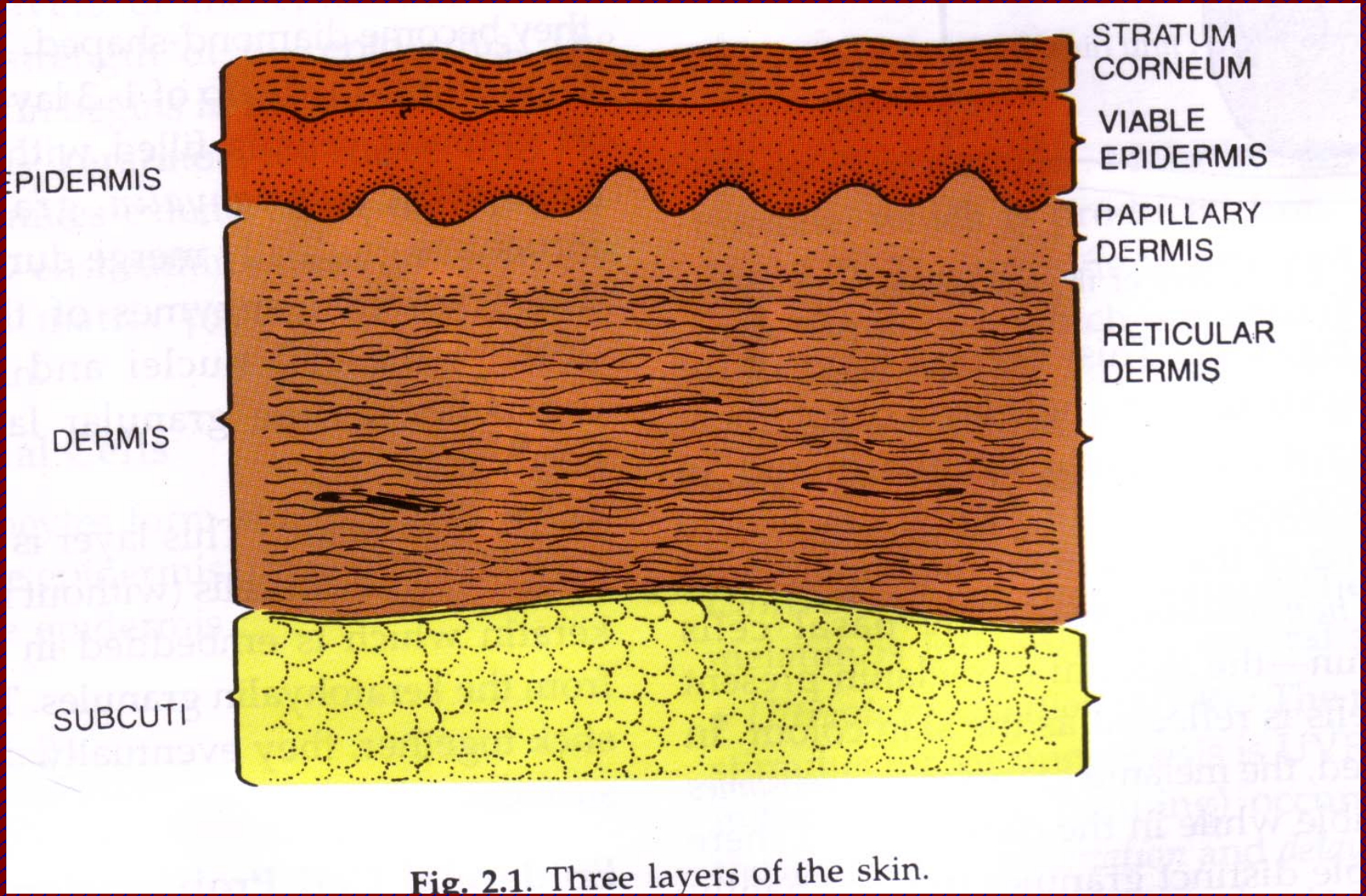


Fig. 2.1. Three layers of the skin.

Chief Complaints
Itching /Pruritus

Generalised

Scabies, Pediculosis

Eczema, urticaria

Internal disease

Pruritus

Itching without skin lesions

Pigmentary changes

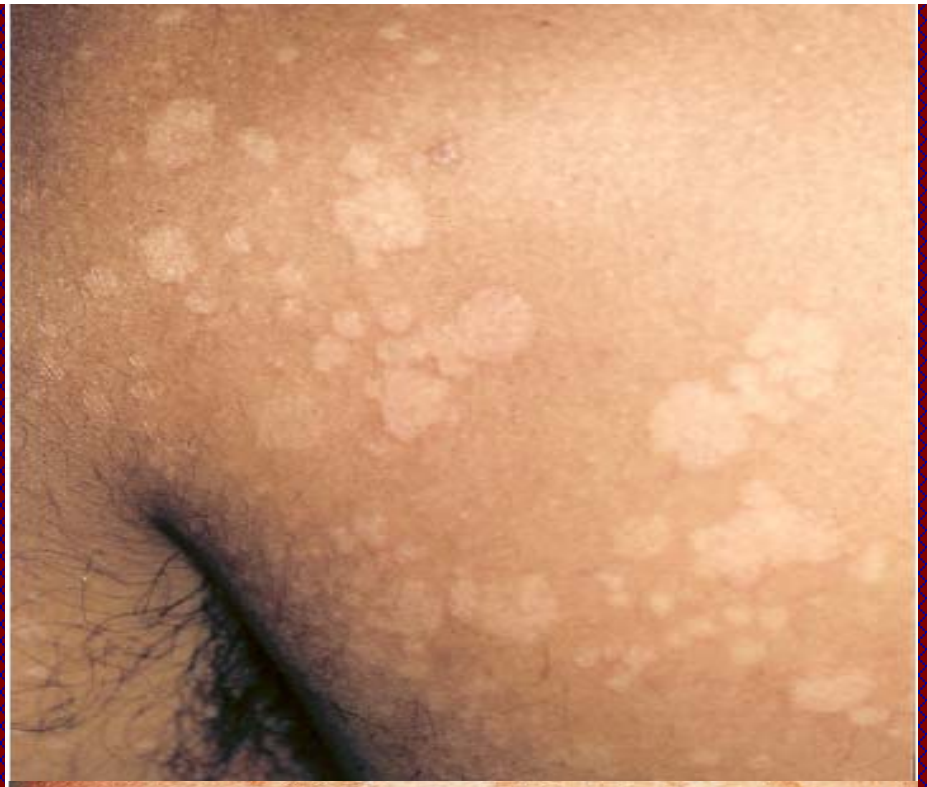
Hyperpigmentation

Melasma

Pigmentary changes

Hypopigmentation

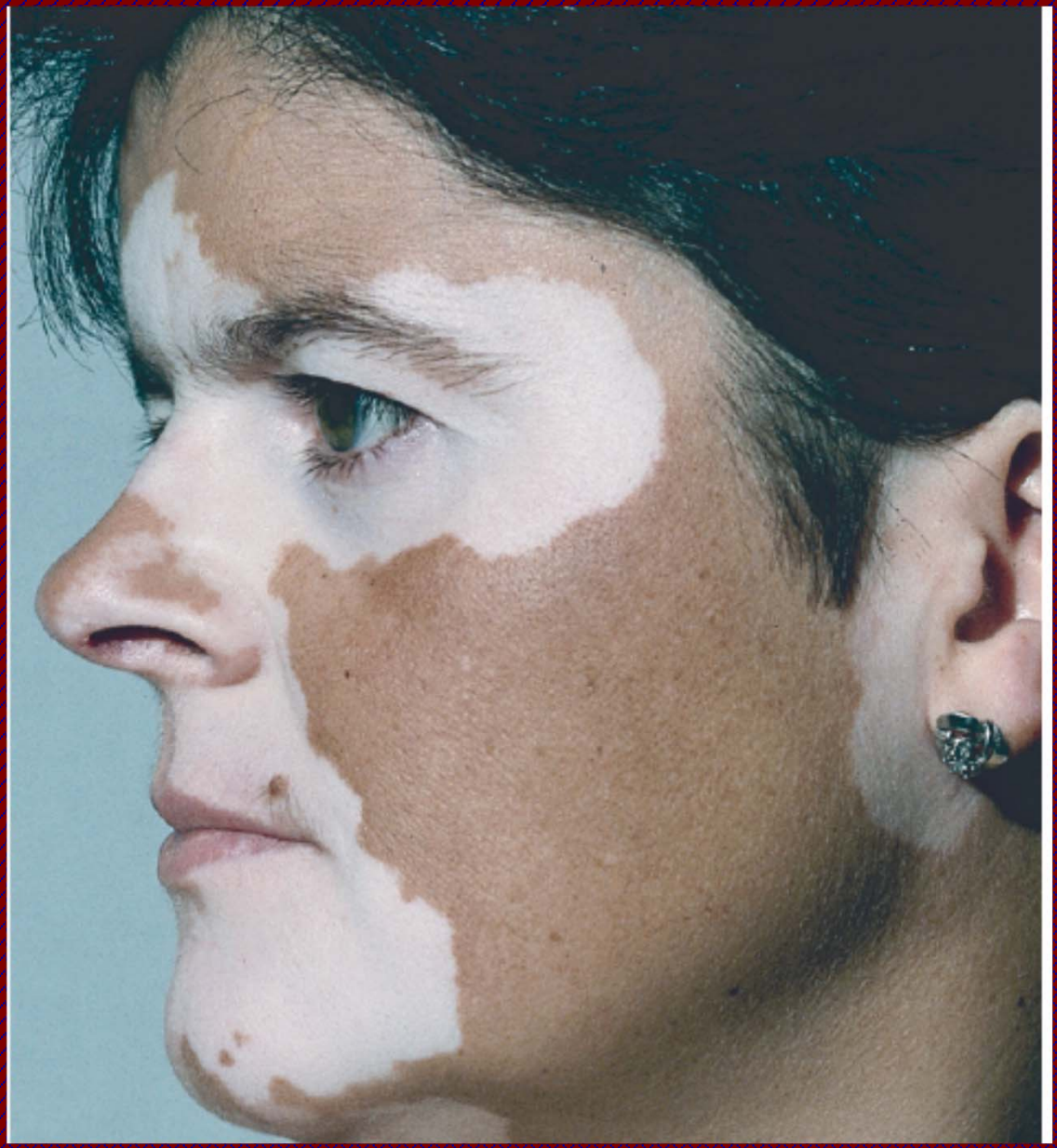
- Leprosy
- P. versicolor



Pigmentary changes

Depigmentation

Vitiligo

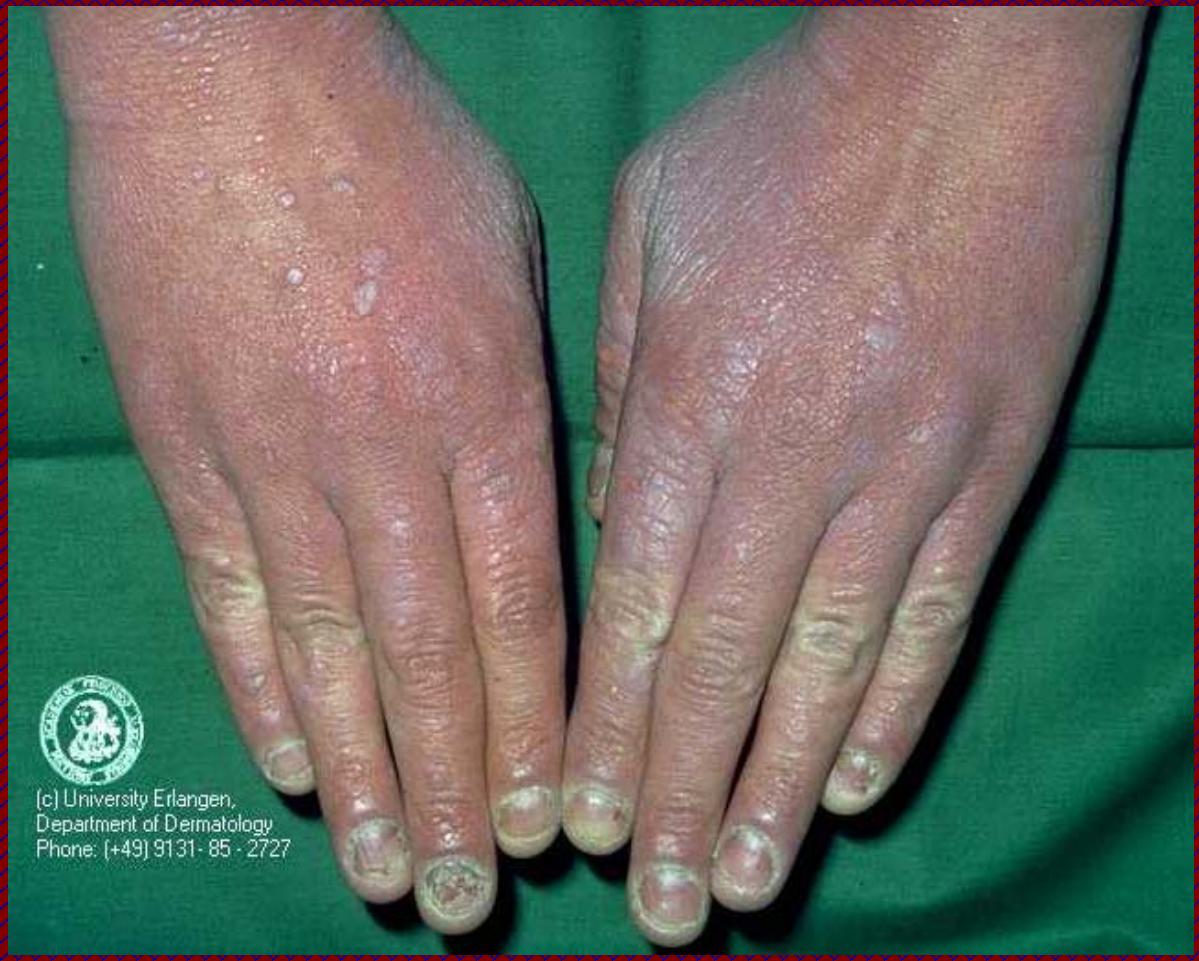


Pigmentary changes

Brownish Melasma

Pigmentary changes

Greyish blue
- lichen planus



Pigmentary changes

Dyschromicus perstans

Discoloration

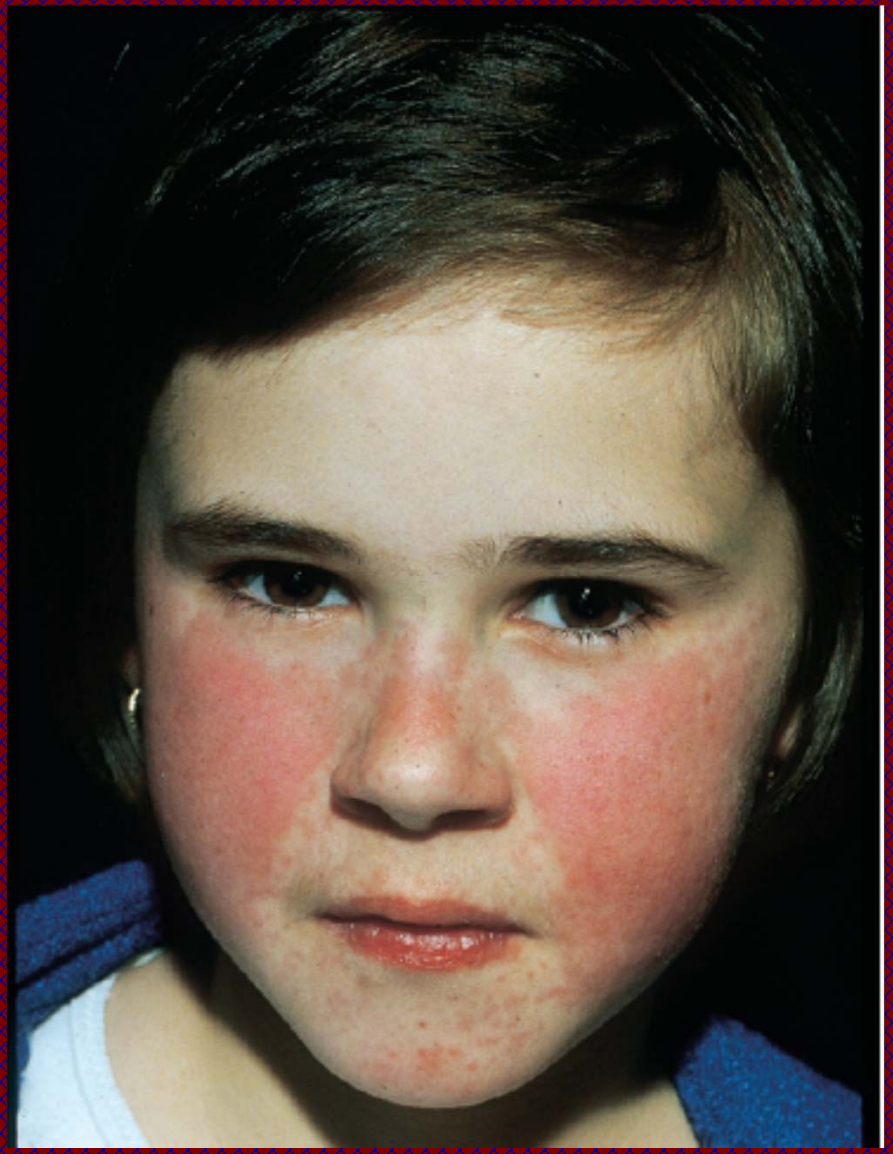
Cyanosis

Discoloration

Jaundice

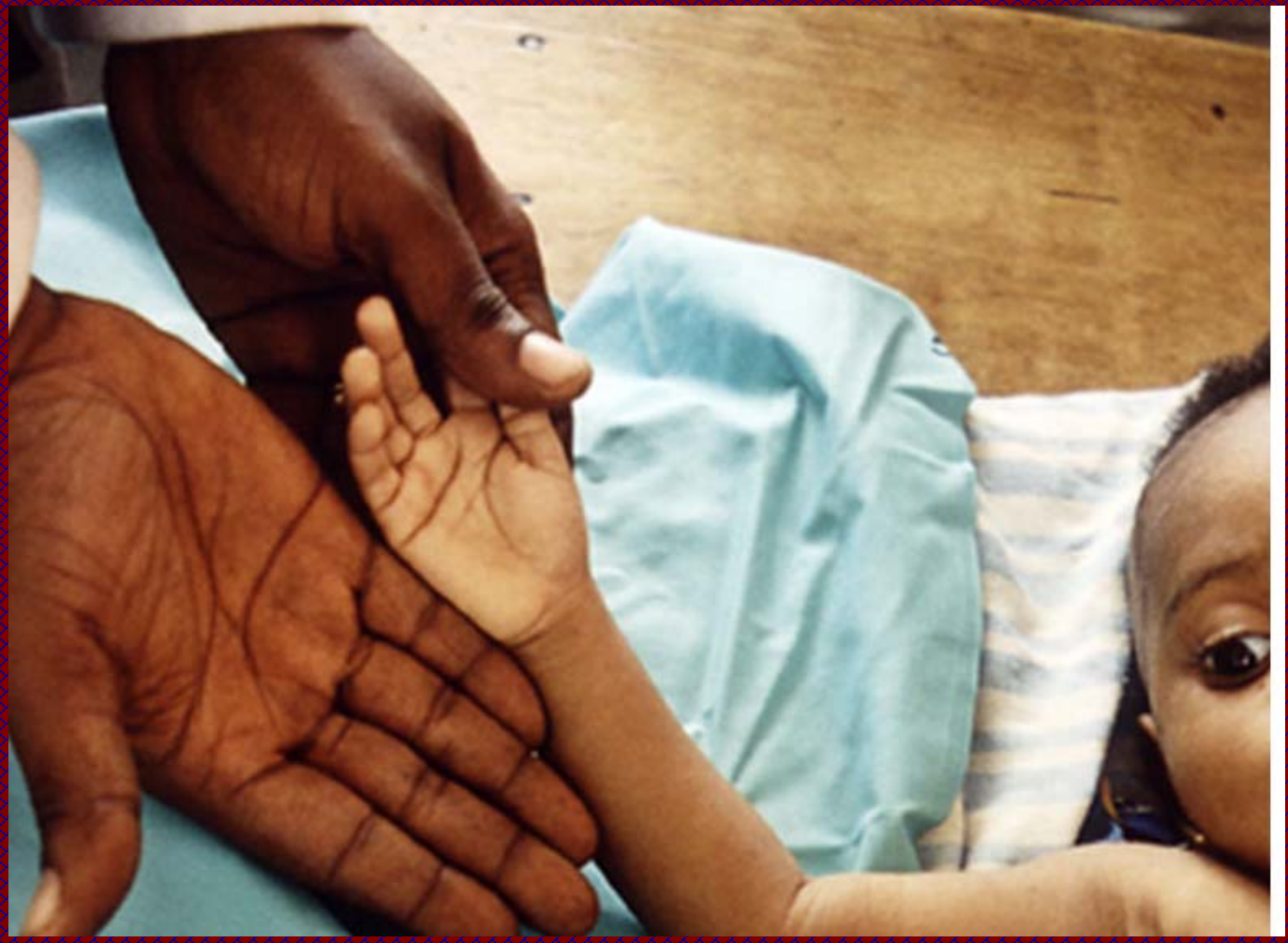
Discoloration

Erythema



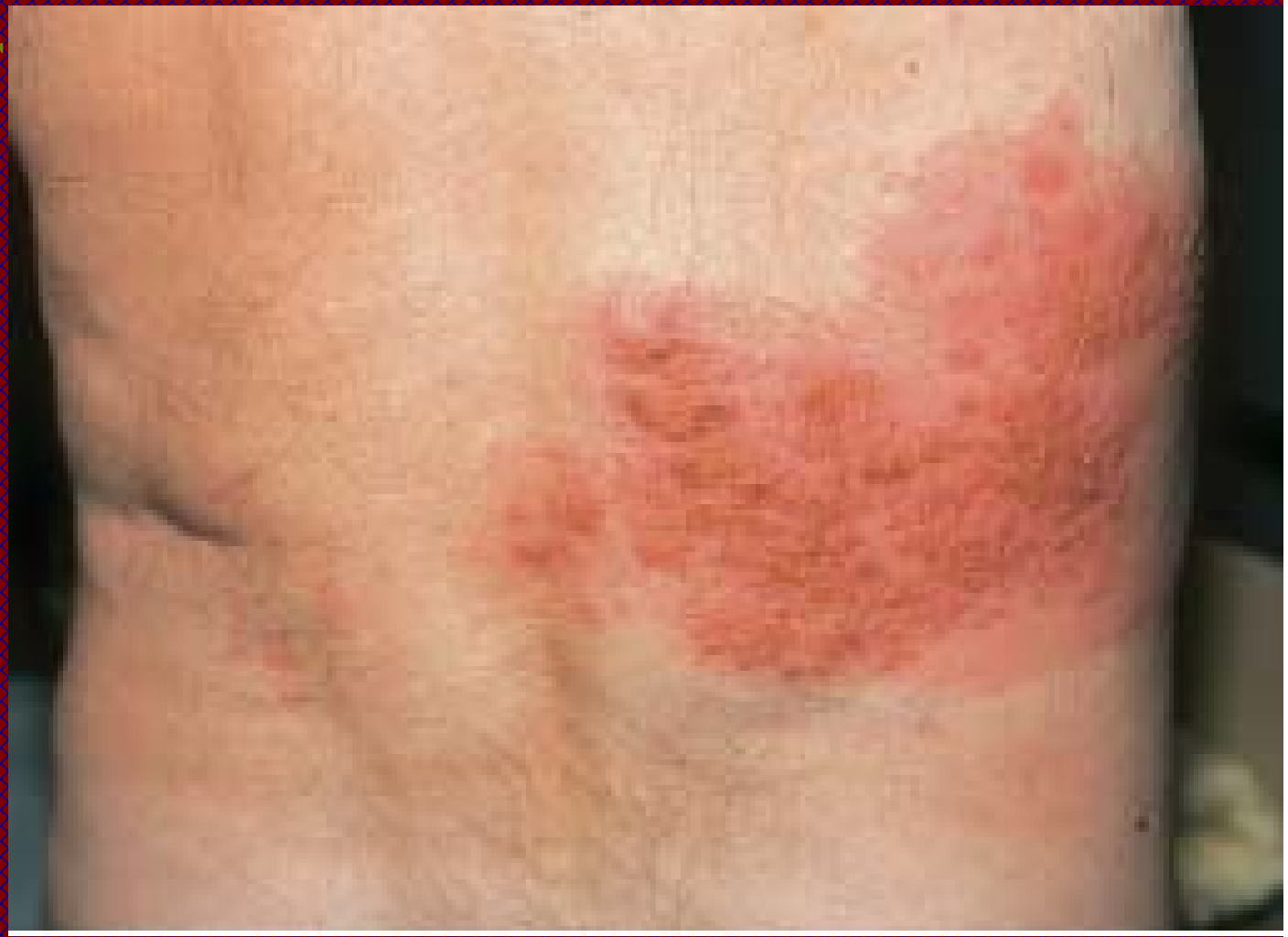
Discoloration

Pallor



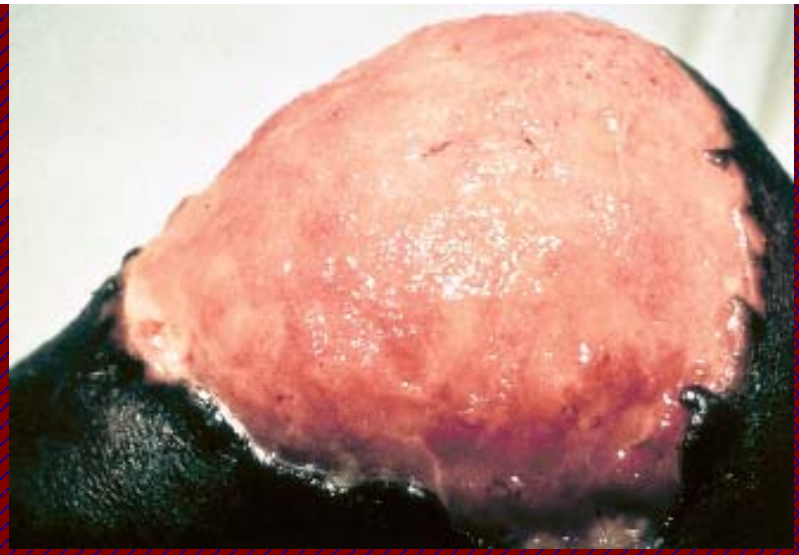
Pain or Discomfort

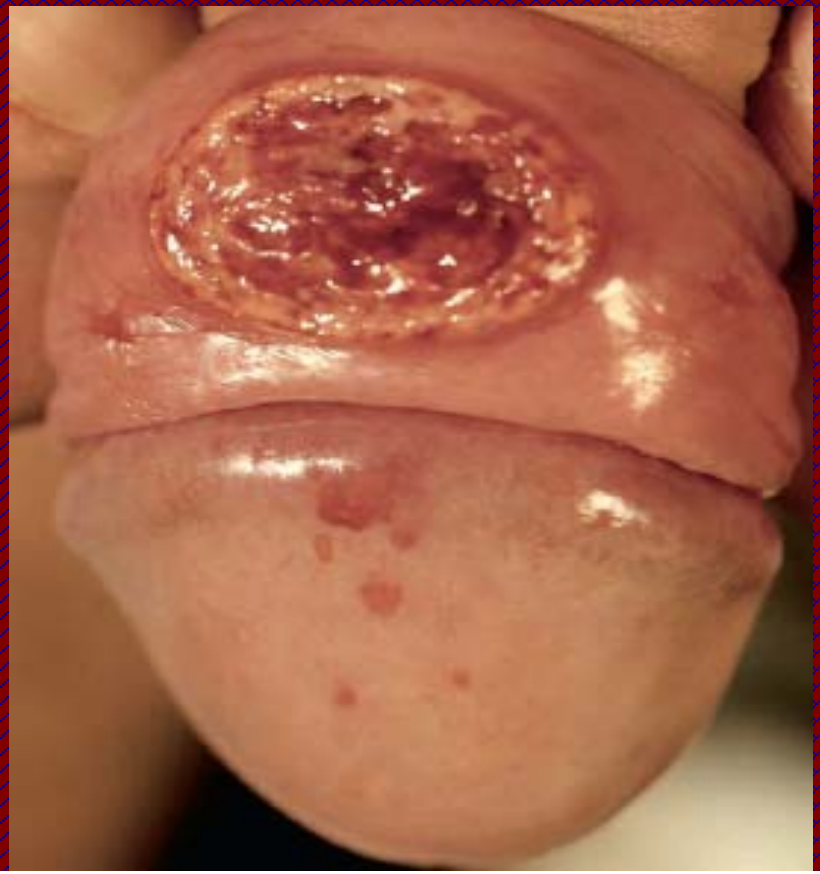
Herpes Zoster



Pain or Discomfort

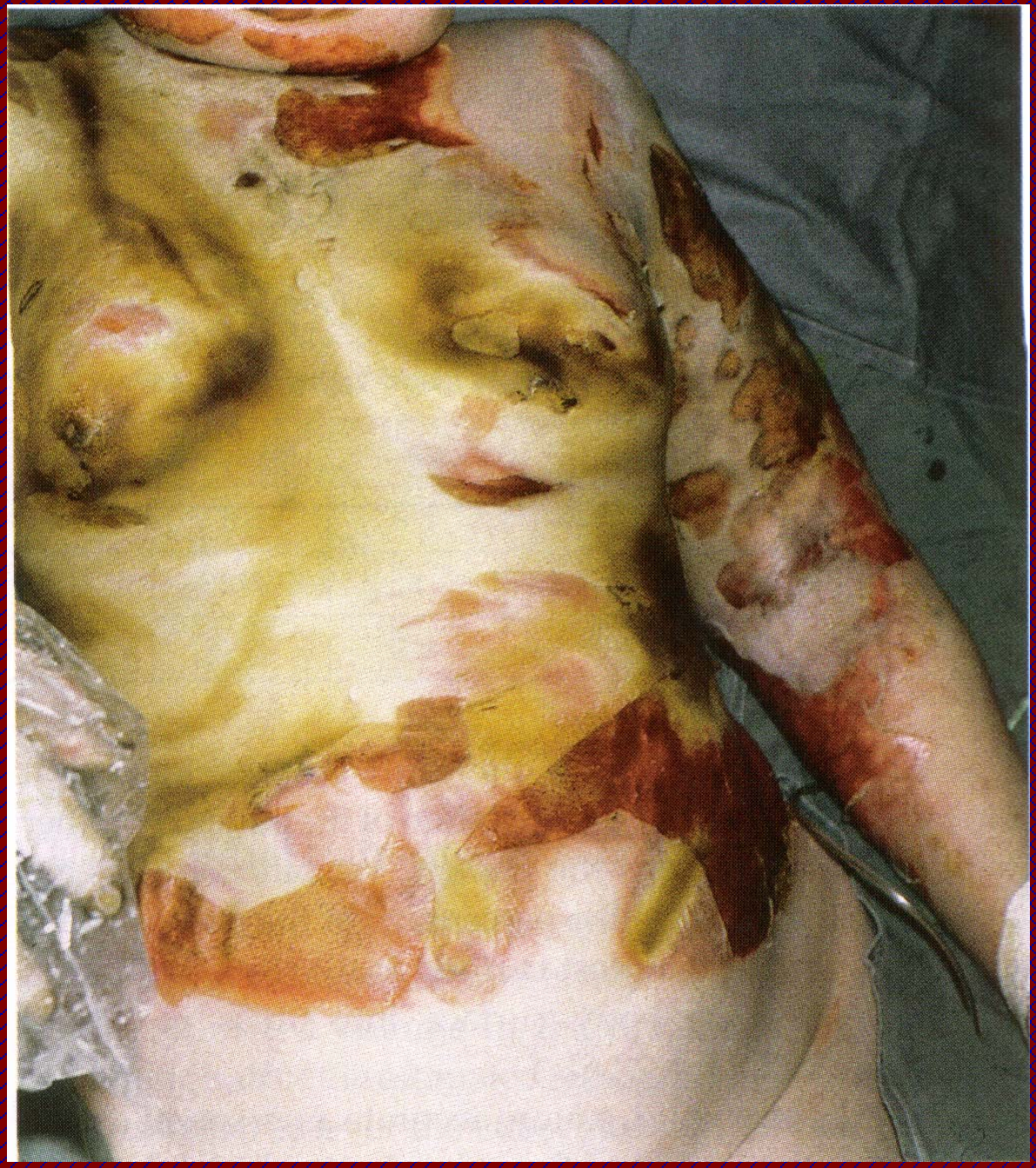
Ulcer





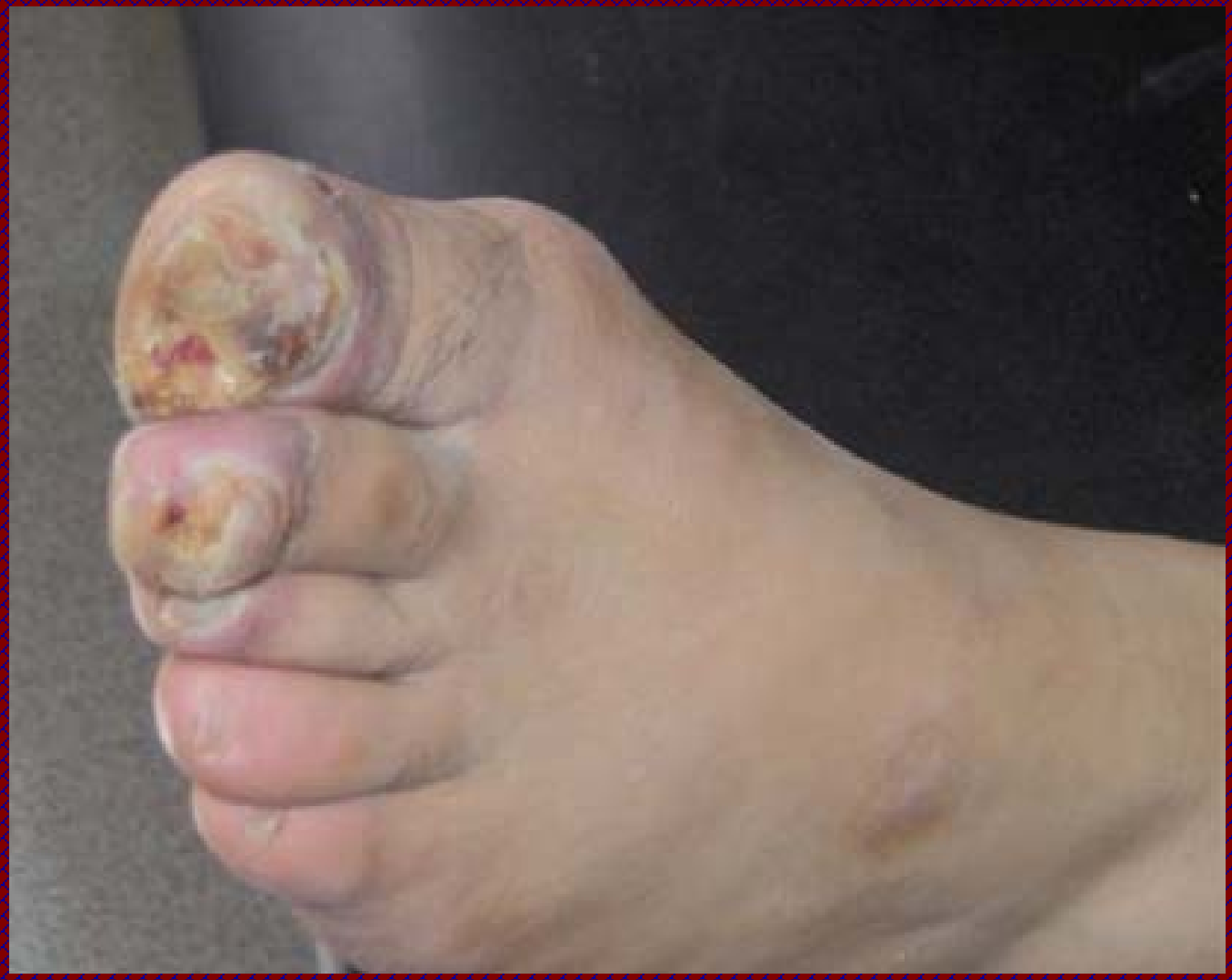
Pain or Discomfort

Burns



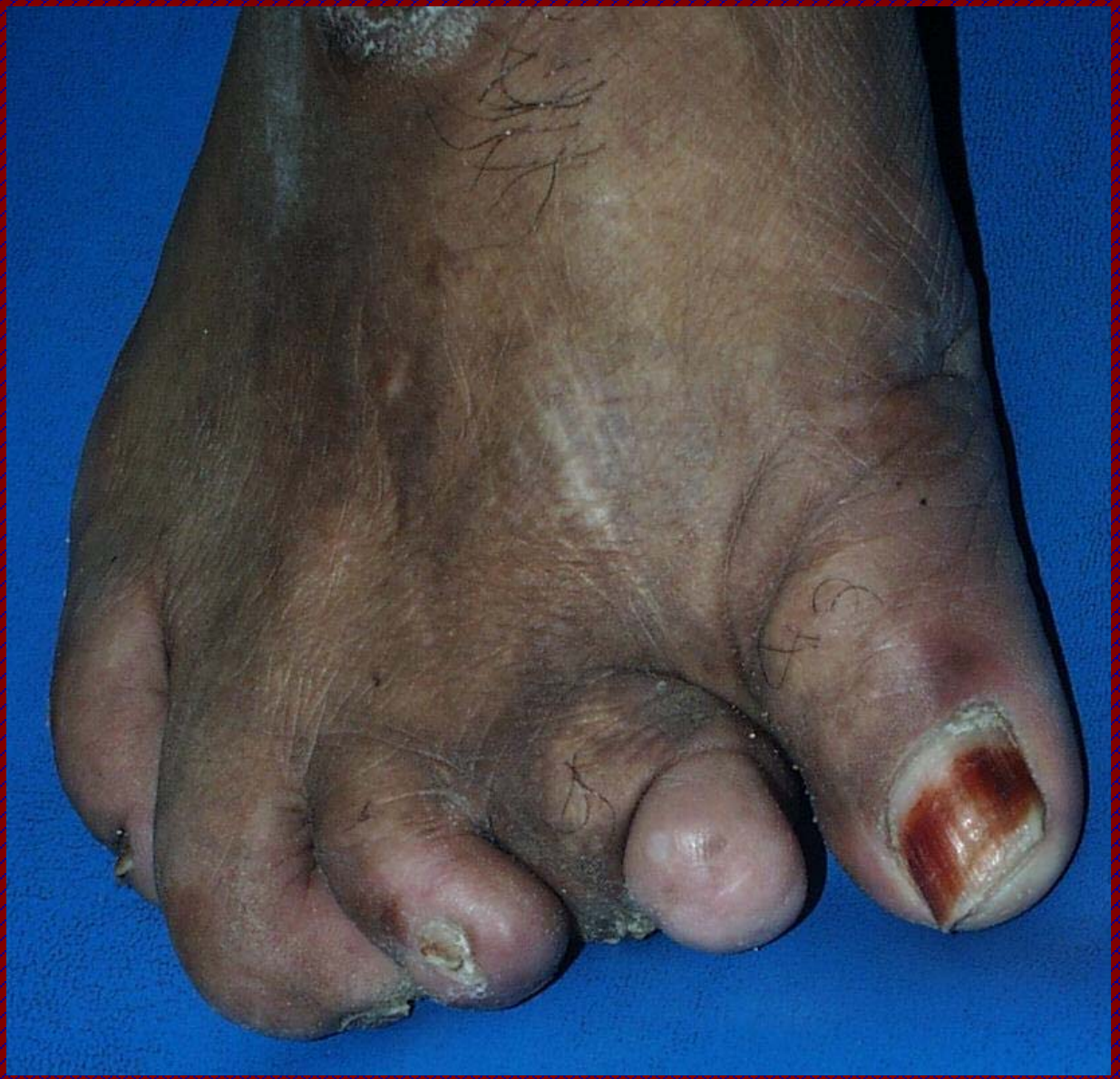
Loss of sensation

Trophic ulcer



Loss of sensation

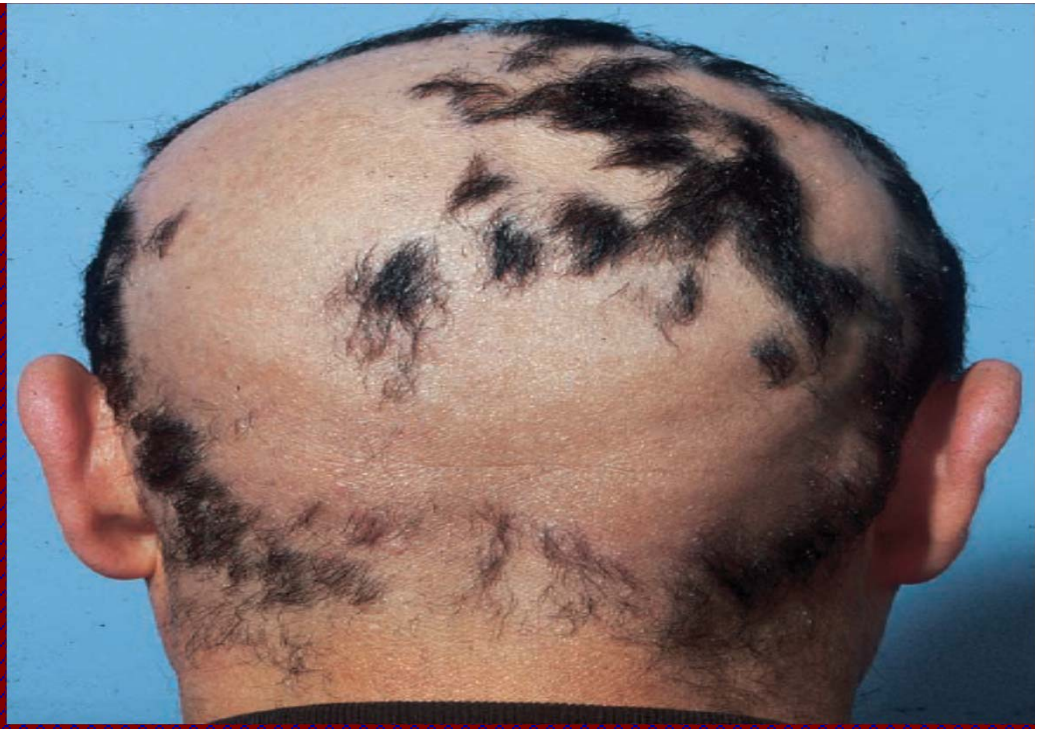
Deformities

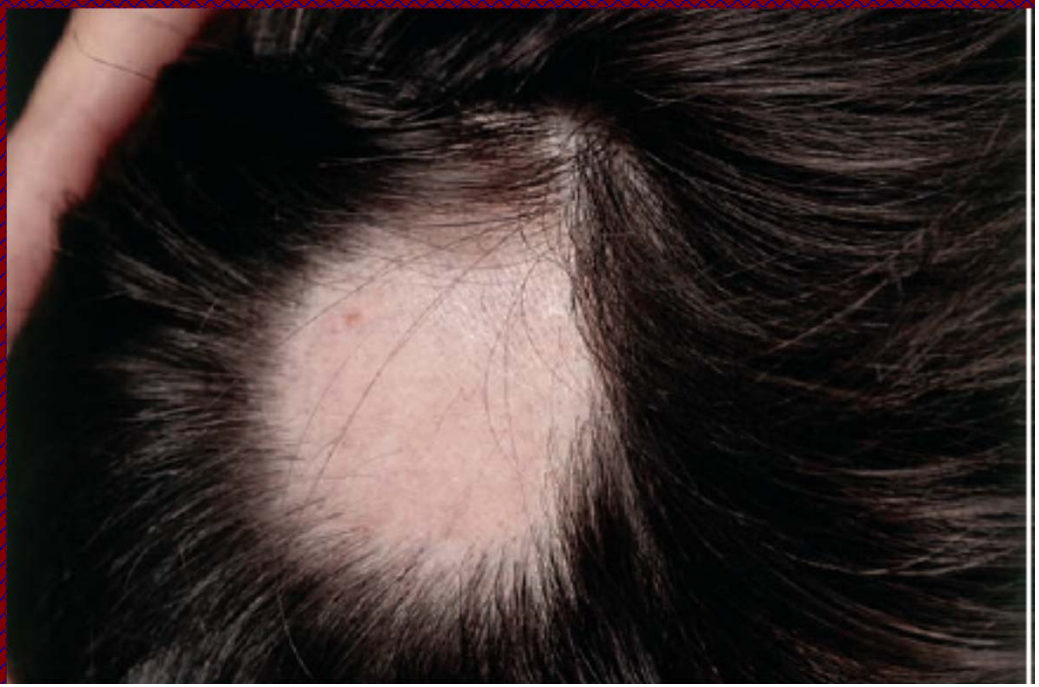


Complaints pertaining to hair

Alopecia (Loss of Hair)

Patchy- Alopecia Areata

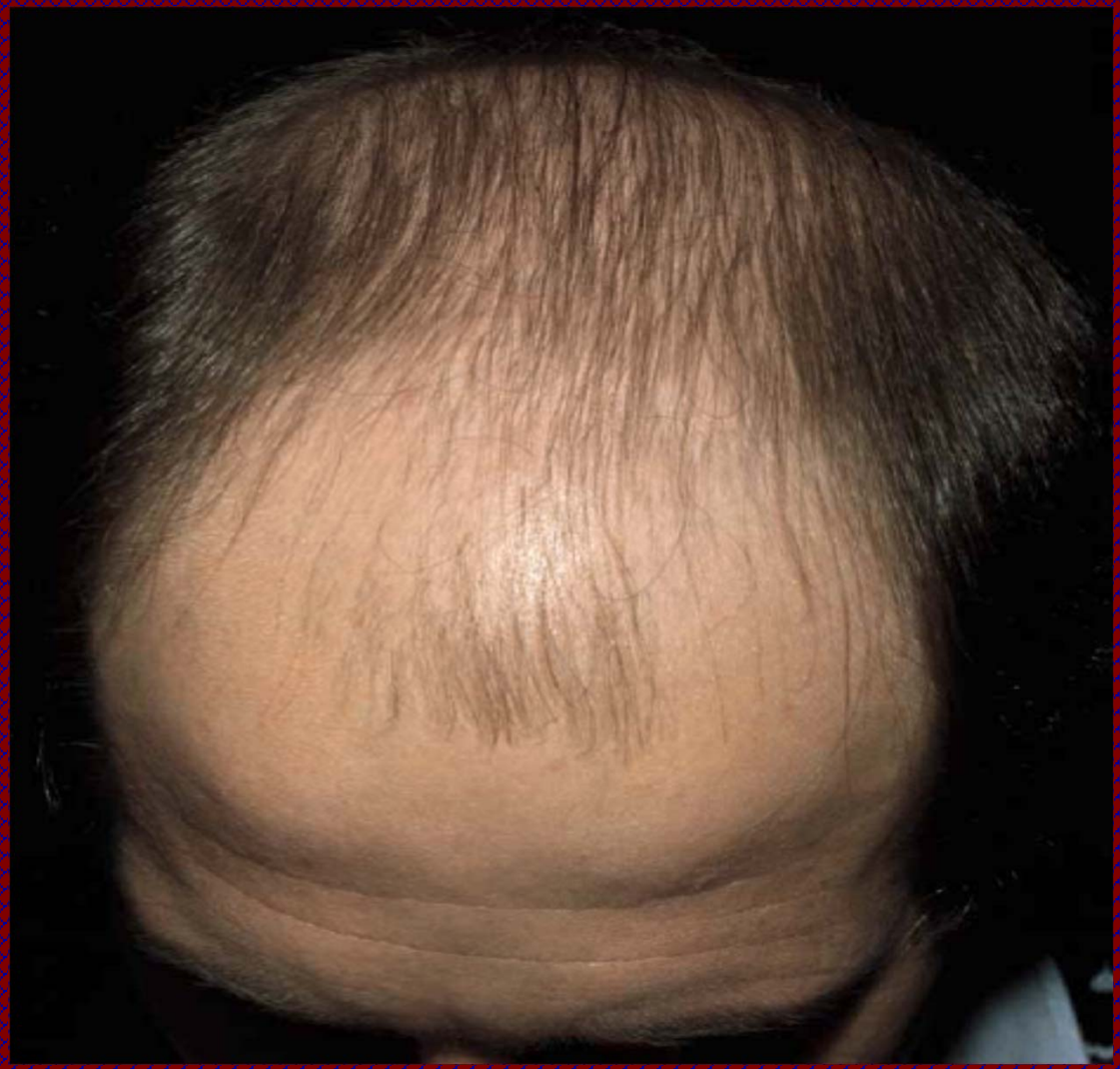




Alopecia Universalis

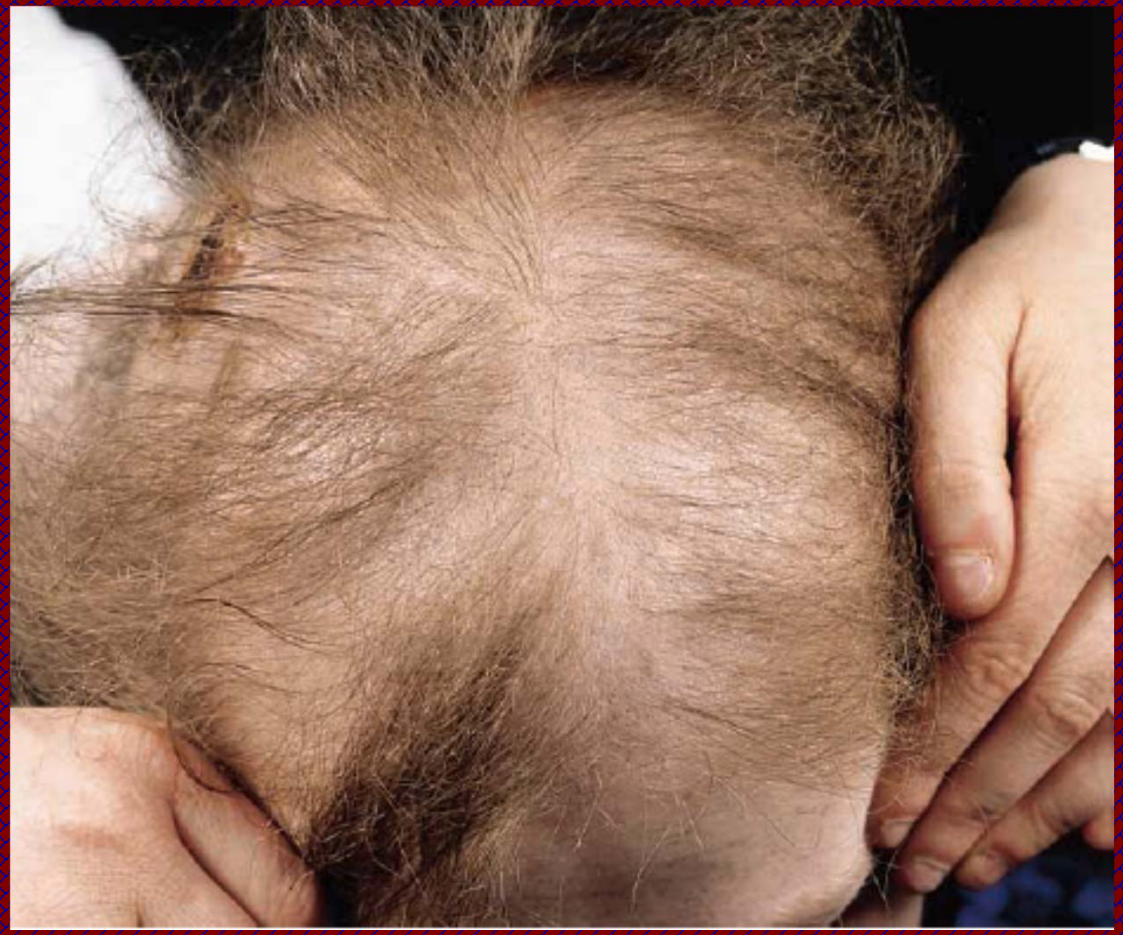
Diffuse Alopecia

Androgenetic Alopecia



Diffuse Alopecia

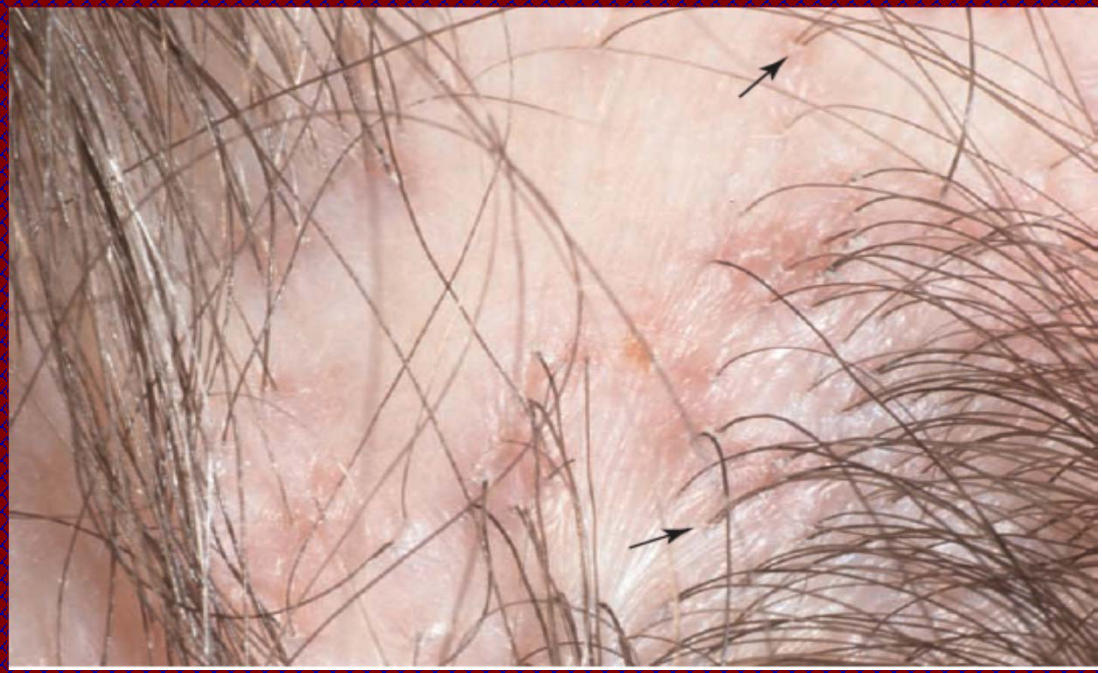
Systemic Disease

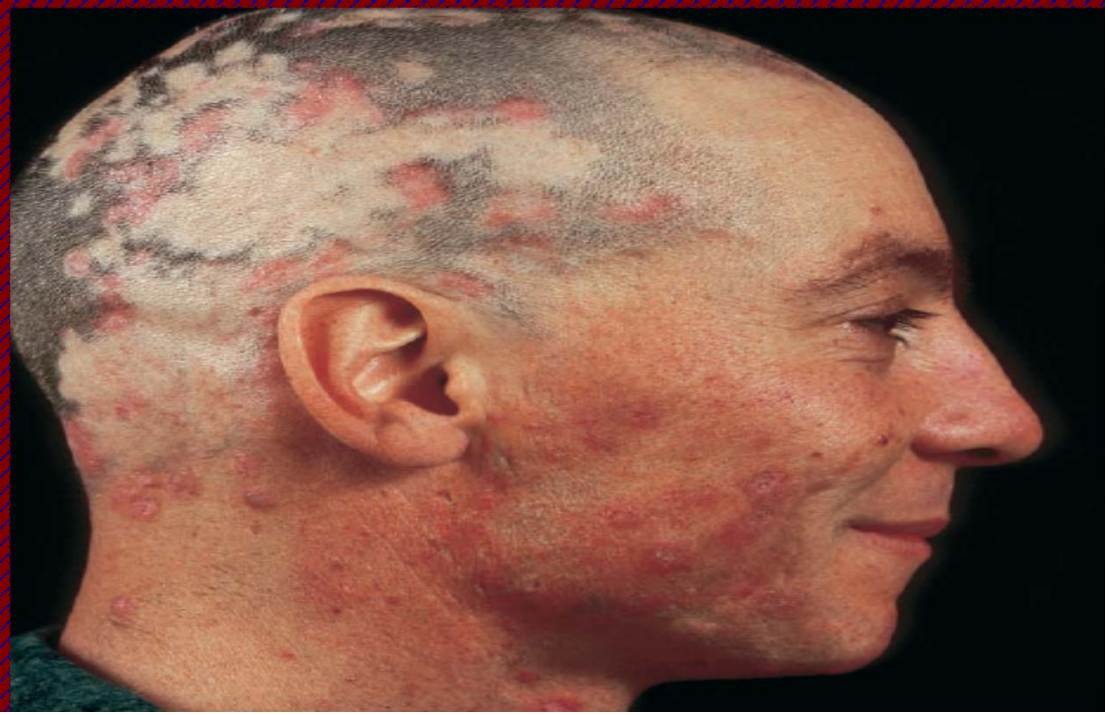


Scarring Alopecia

Lichen planus

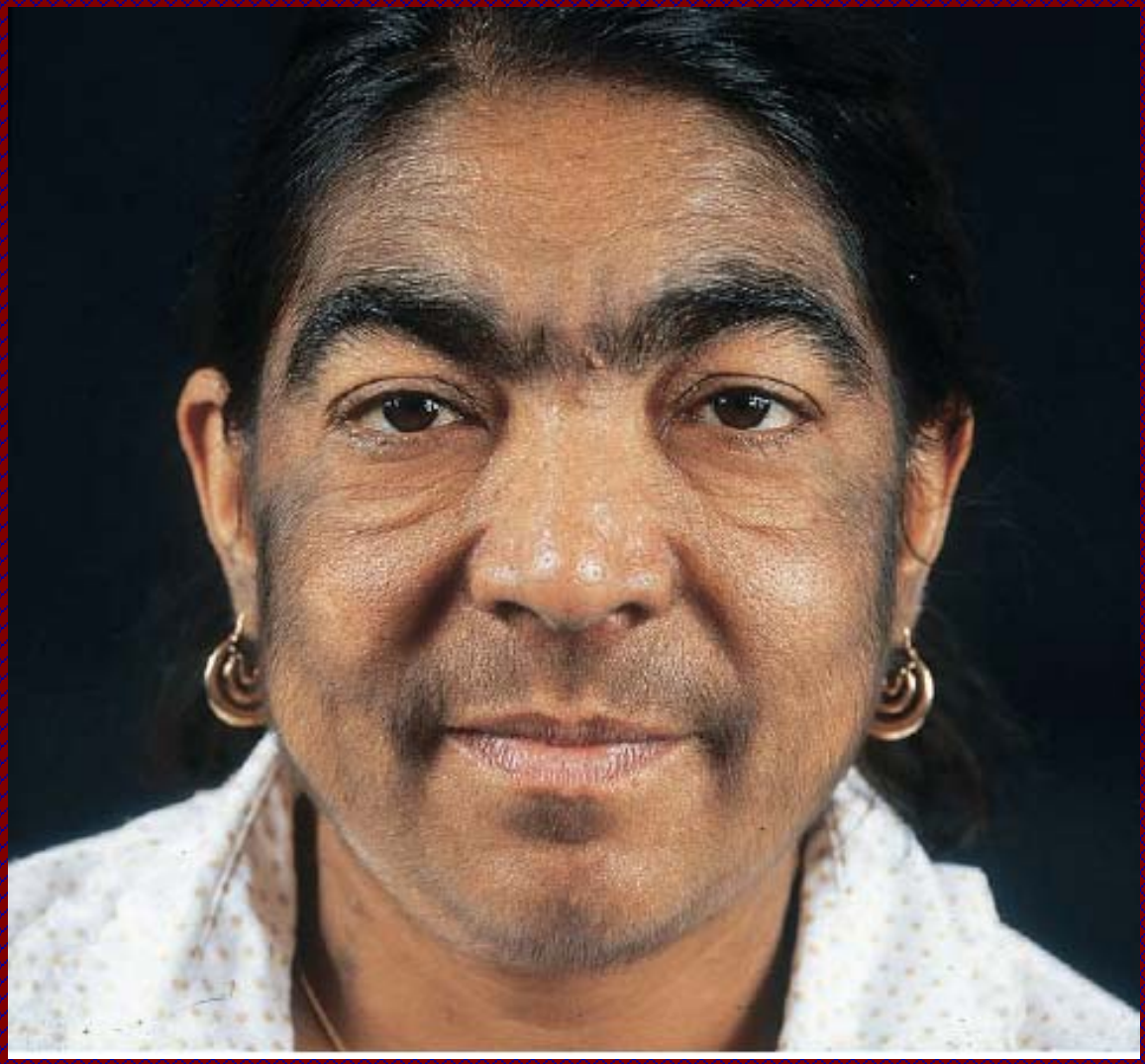
DLE





Hypertrichosis

Excessive hair



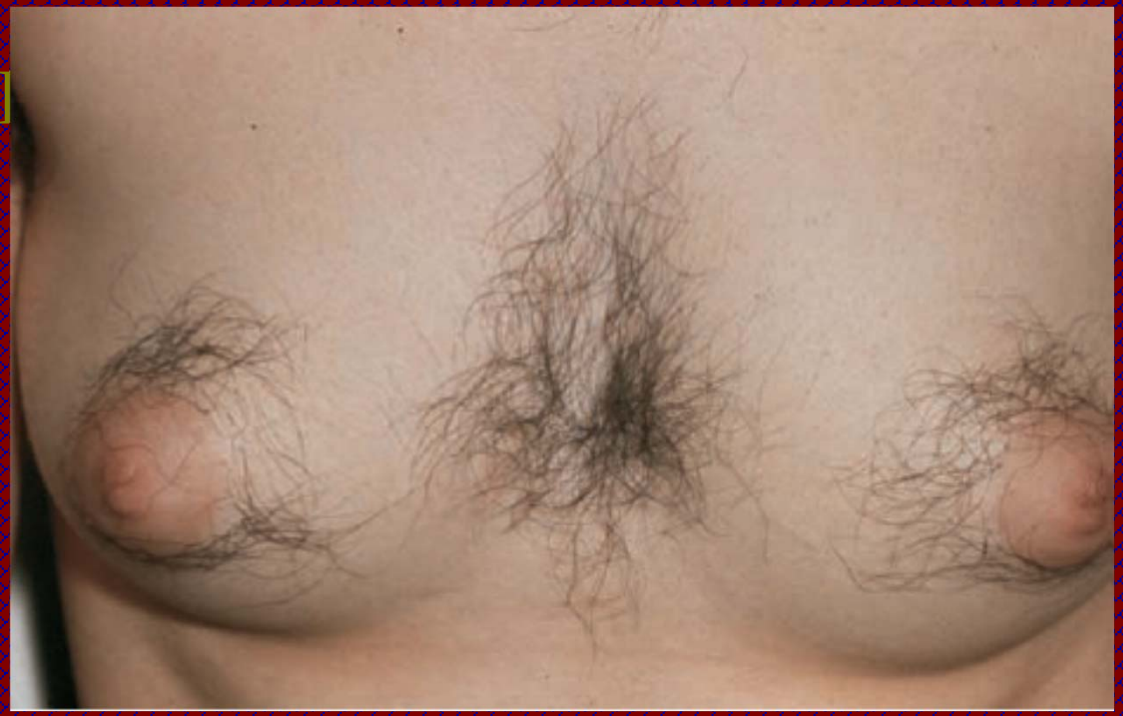
Hirsuitism

Excessive hairs in mal

pattern distribution

-Porphyrias

-Drugs



Discolouration of hair

Premature Greying (Canites)

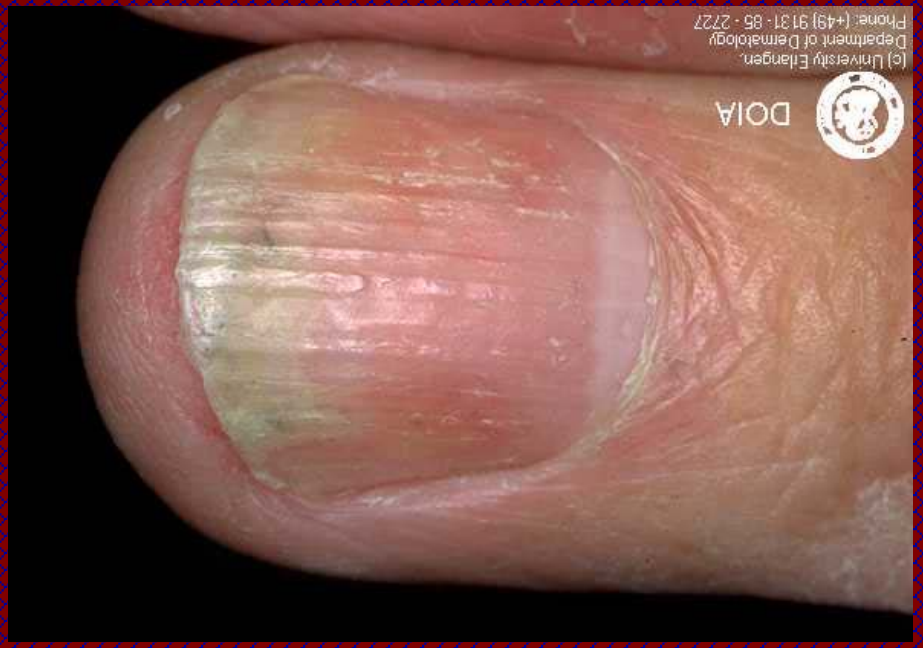
Leukotrichia

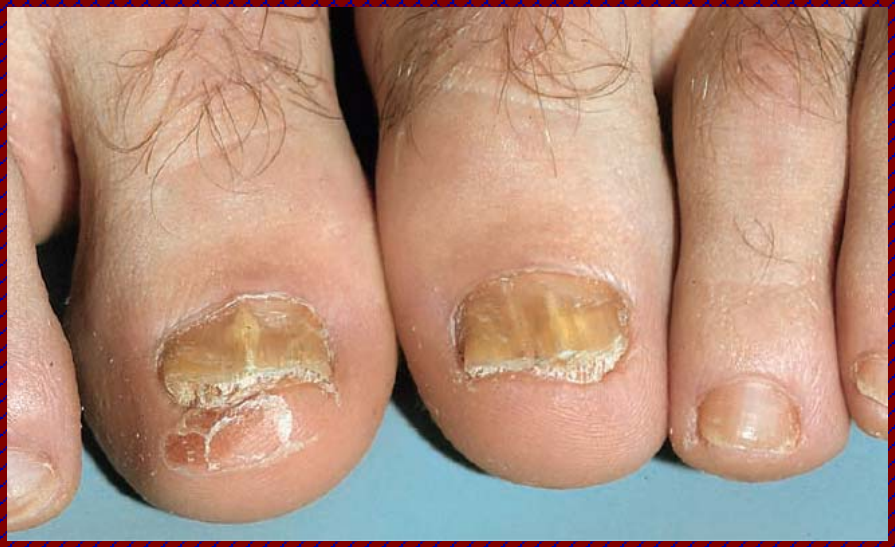
Nail Changes

Discolouration of nail plate

-Psoriasis

-Onychomycosis

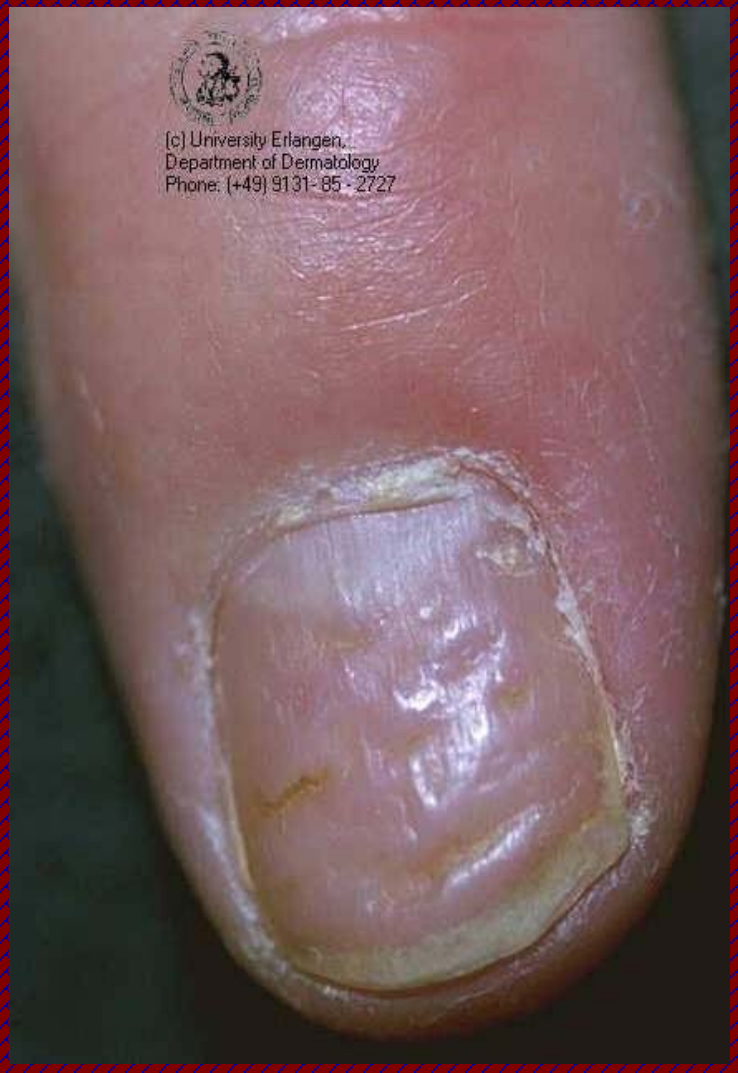




Nail Changes

Destruction of nail plate

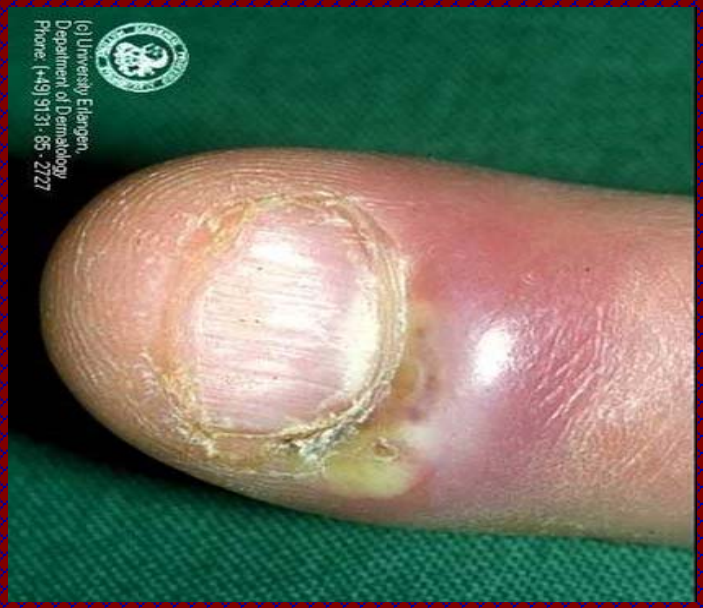
Psoriasis

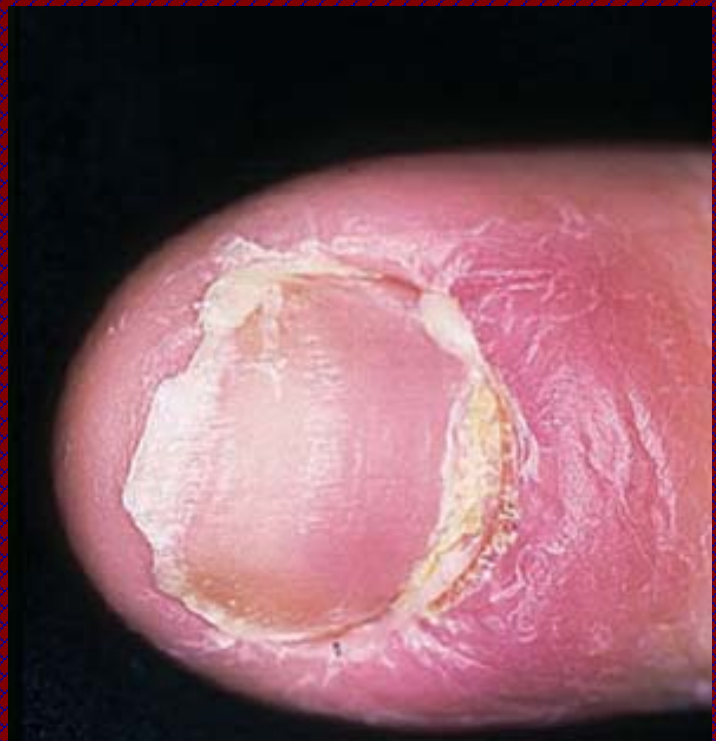


Nail Changes

Paronychia

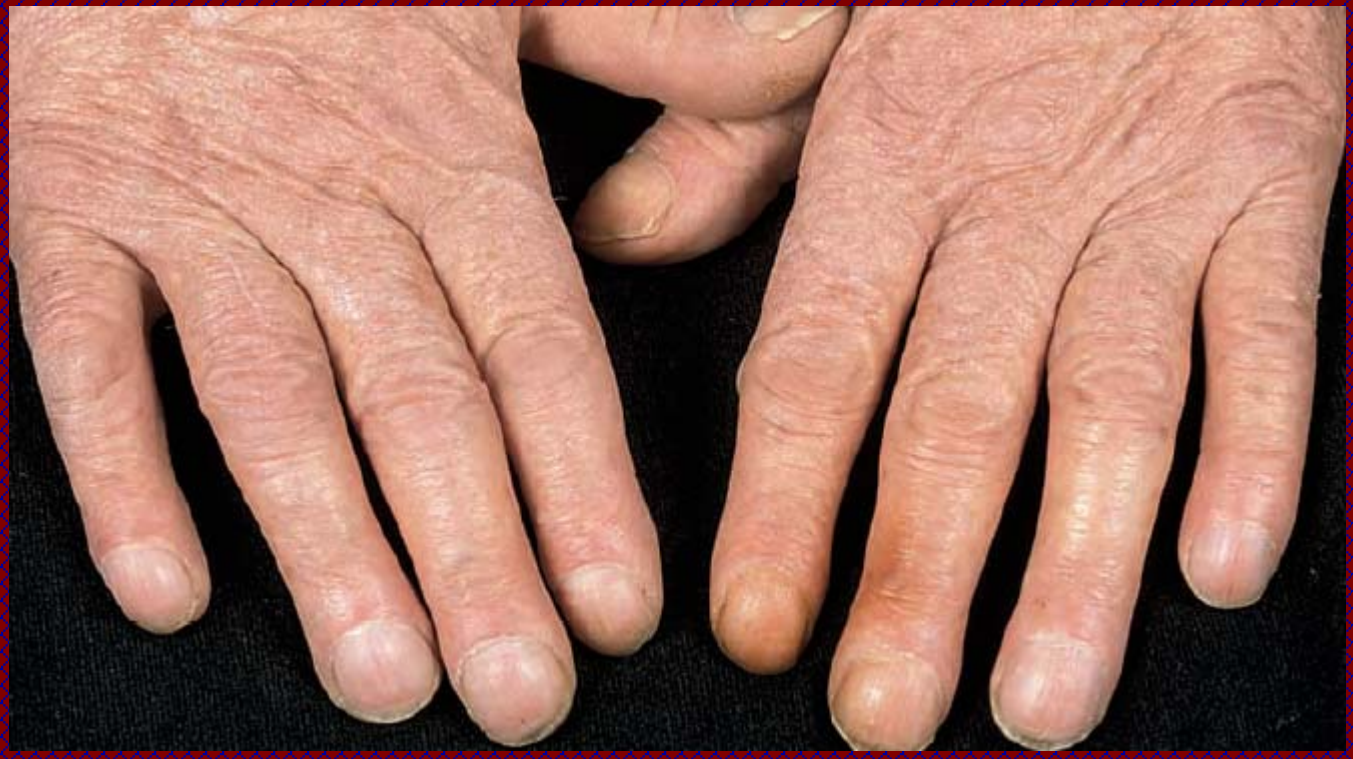
Inflammation of nail folds





Nail Changes

Clubbing



HYPERKERATOSIS

Thick St. corneum (Hardening)

PARAKERATOSIS

Nucleated cells in St. corneum (scaling)

ACANTHOSIS

Thickness of epidermis

ACANTHOLYSIS

Separation of Keratinocytes

Clinical examination

History

- Present
- Past
- Family history
- SE status

General Physical Examination

Systemic Examination

As in Internal Medicine

Cutaneous Examination

Examination of

- -Hair
- -Nail
- -Mucosae- Nasal, oral
  conjunctival, genital, anal
- -Palms & soles
- -Scalp
- -Flexures

CUTANEOUS EXAMINATION

Inspection

Palpation

} Mainly

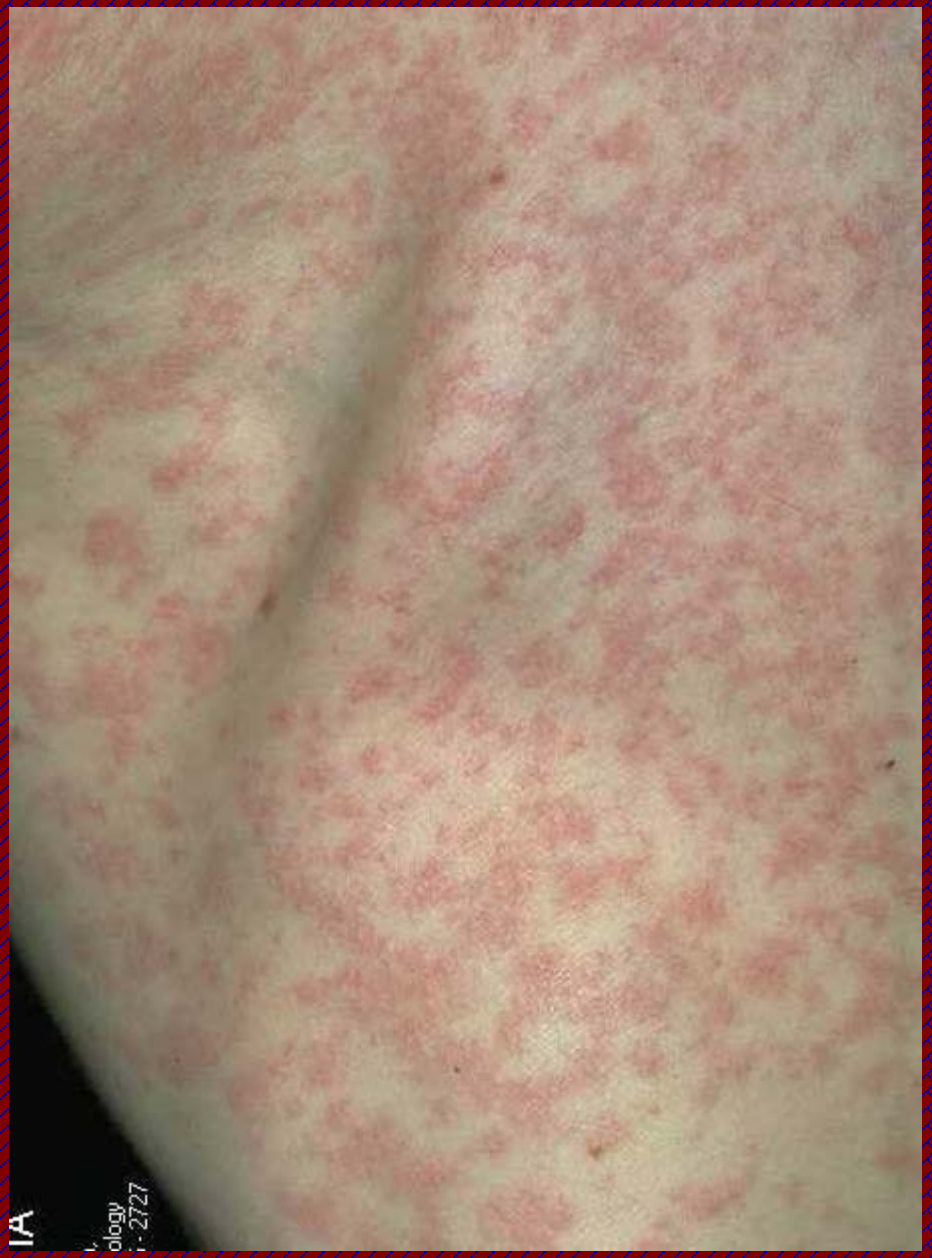
Visible skin lesion

Macule : Circumscribed

change in skin colour without

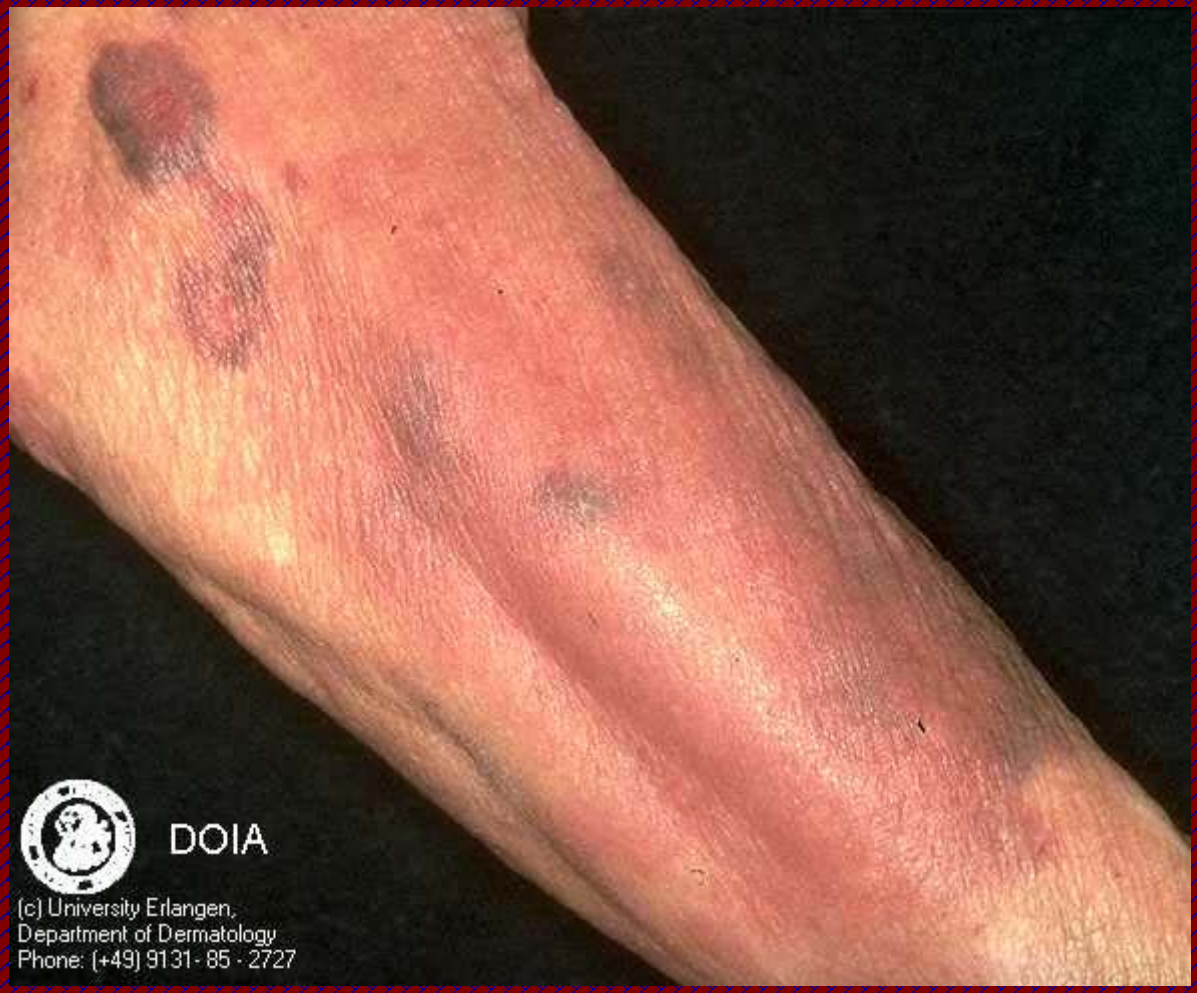
change in texture or palpable

thickening(<0.5cm)



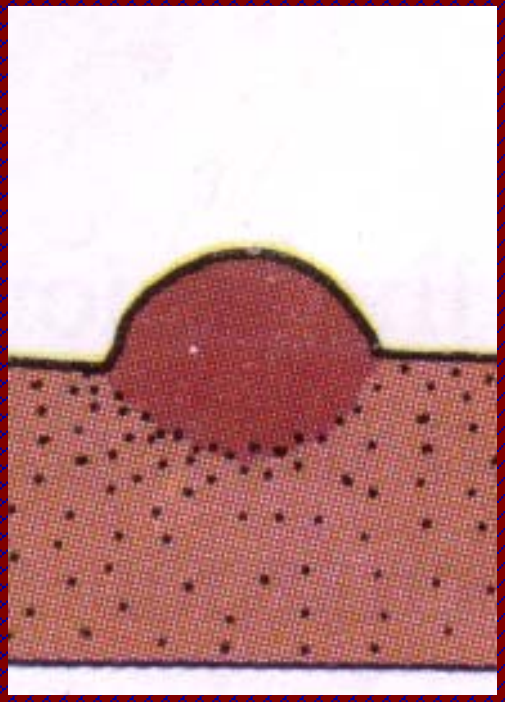
PATCH

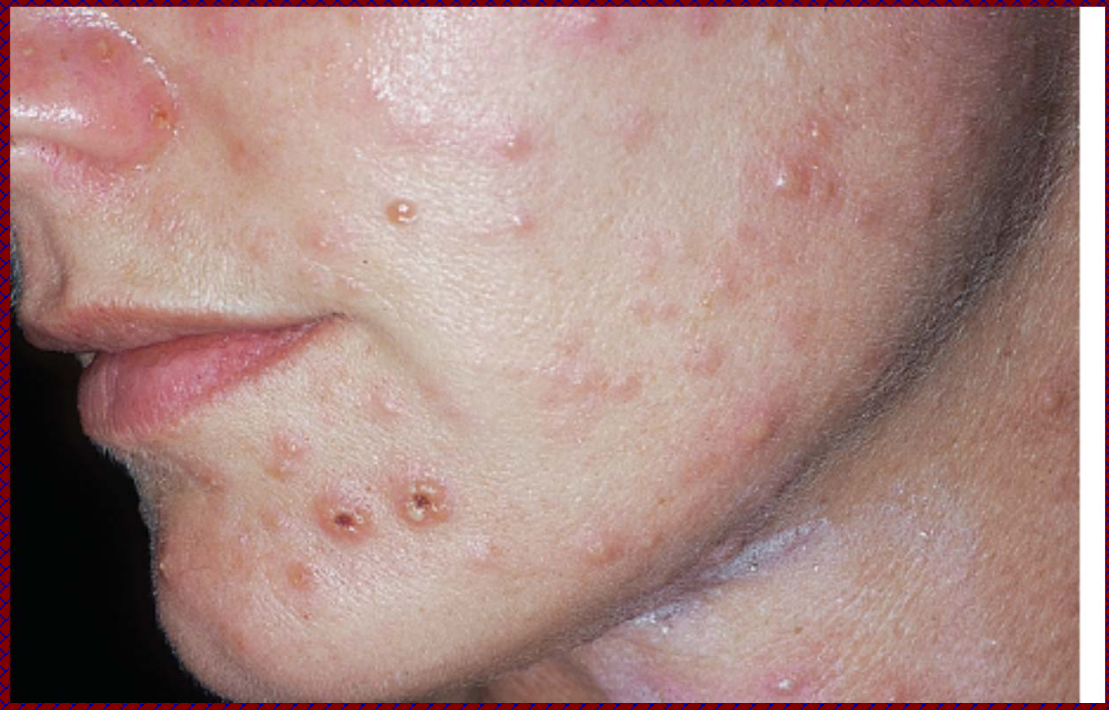
>0.5cm dia.



Papule

Circumscribed palpable elevation upto 0.5cm dia

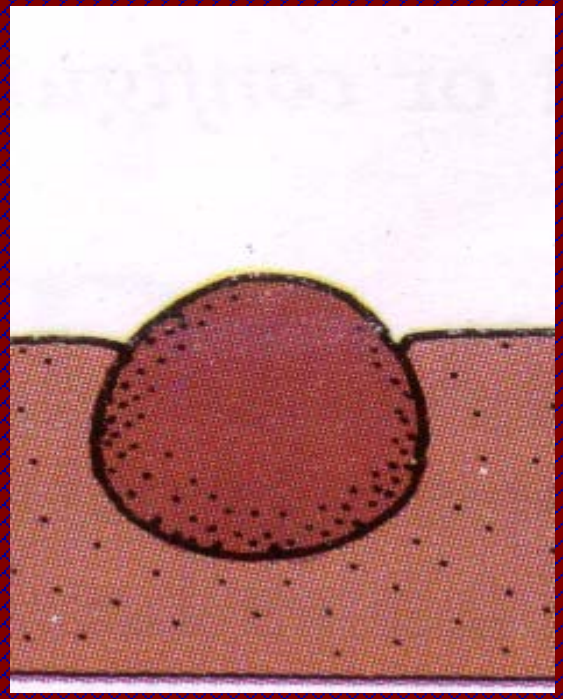


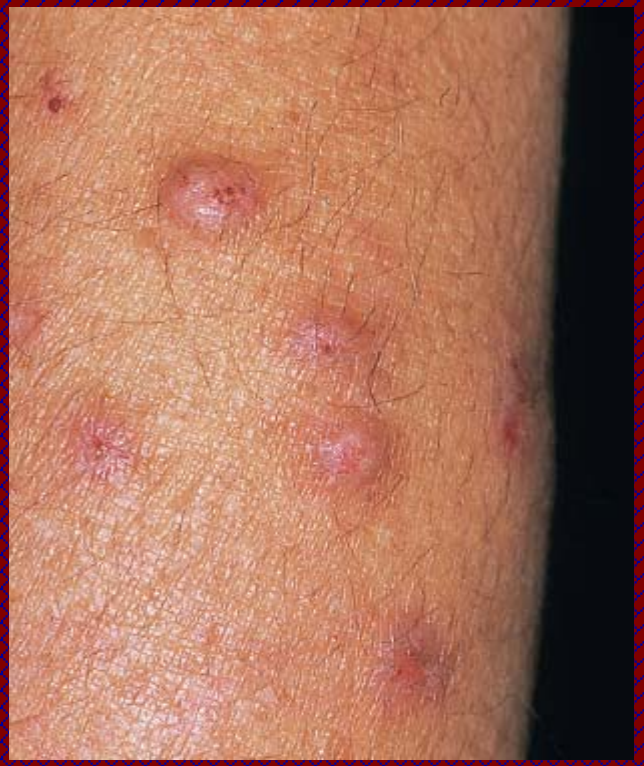


Nodule

>0.5cm diameter

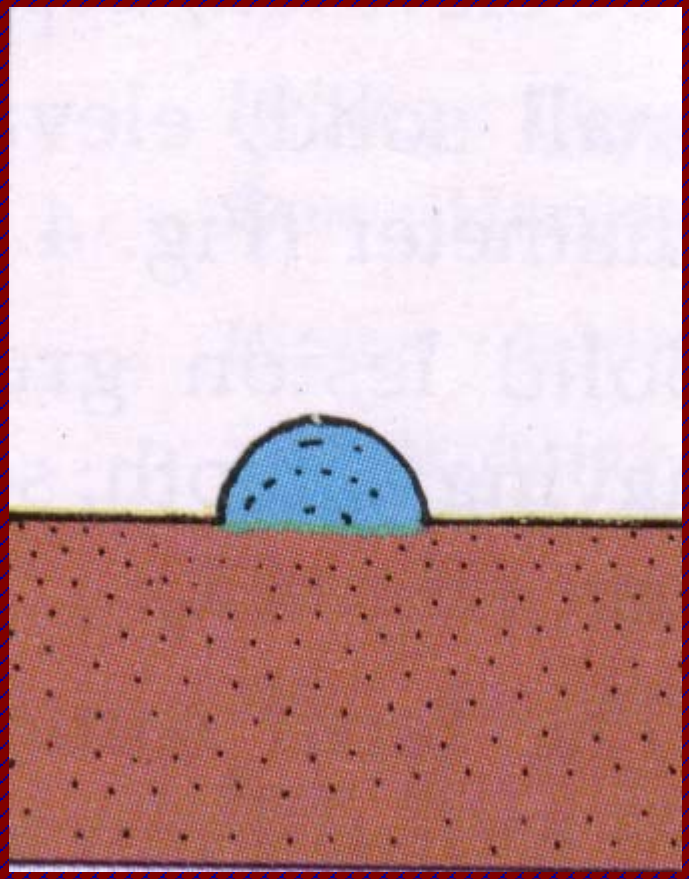
More felt than seen

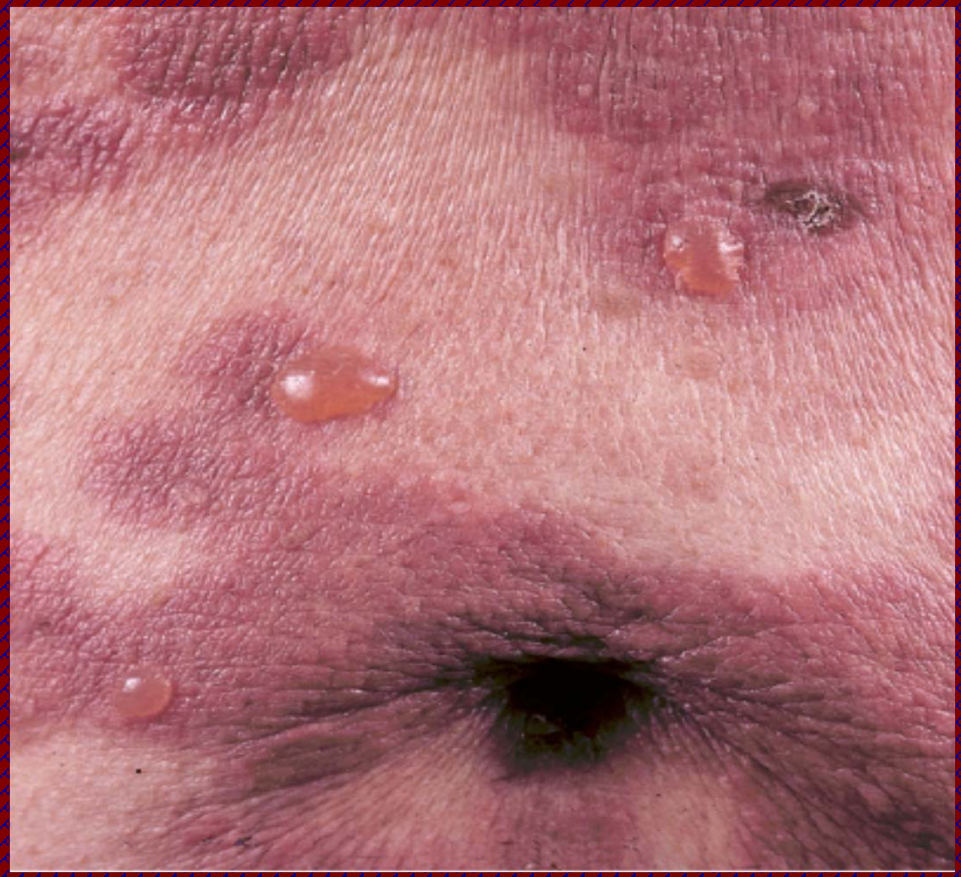




Vesicle

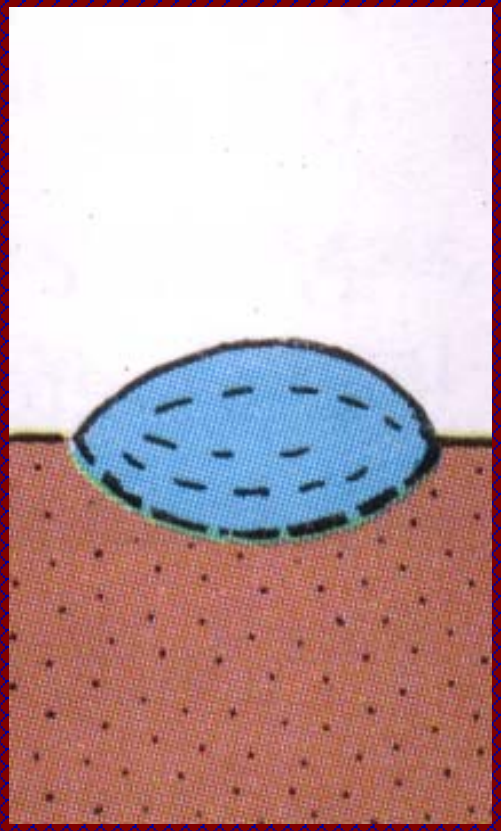
Visible accumulation of fluid upto 0.5cm dia

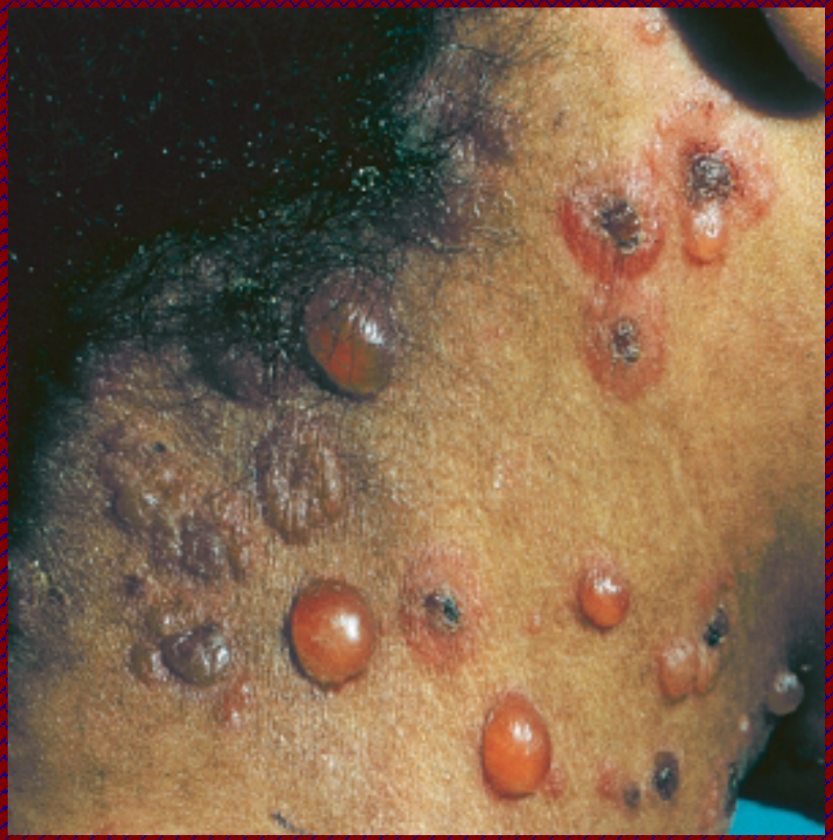




Bulla

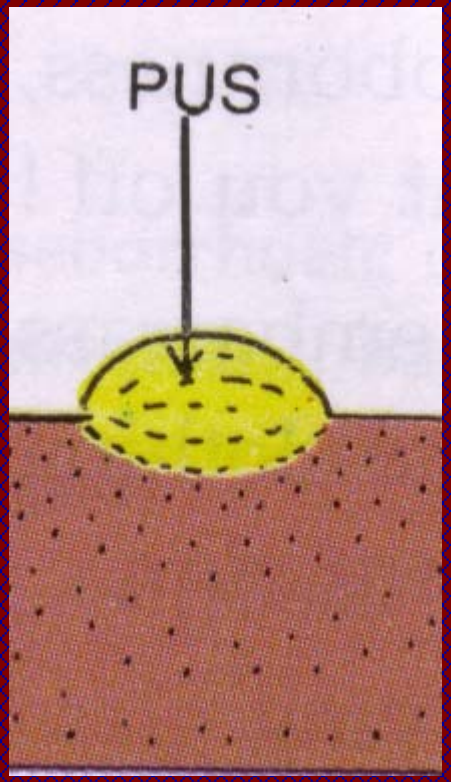
>0.5cm dia.

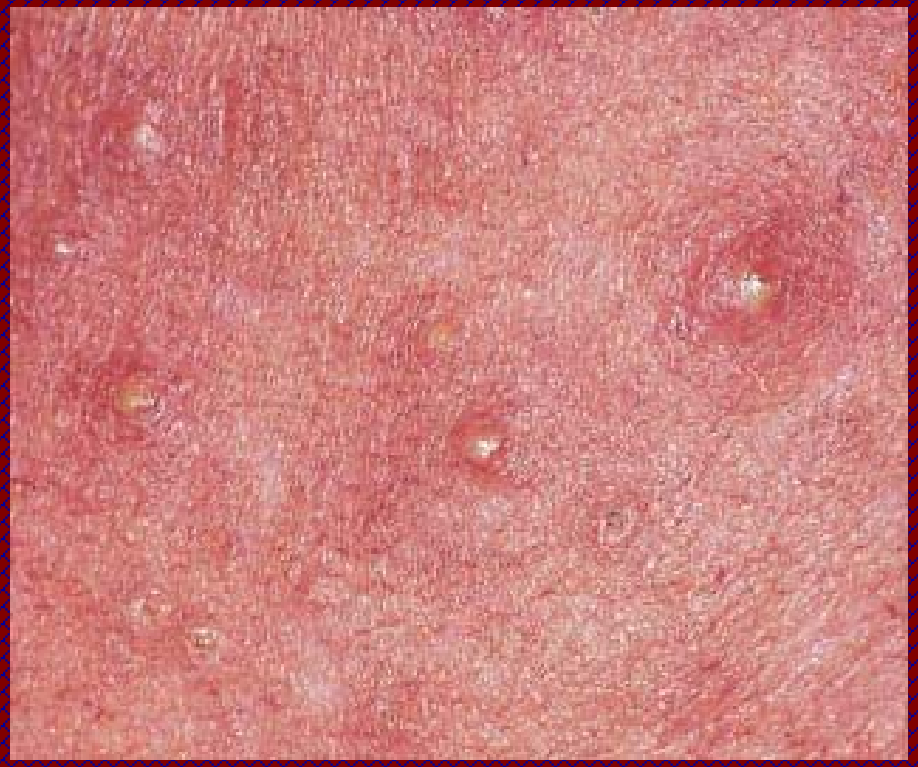




Pustule

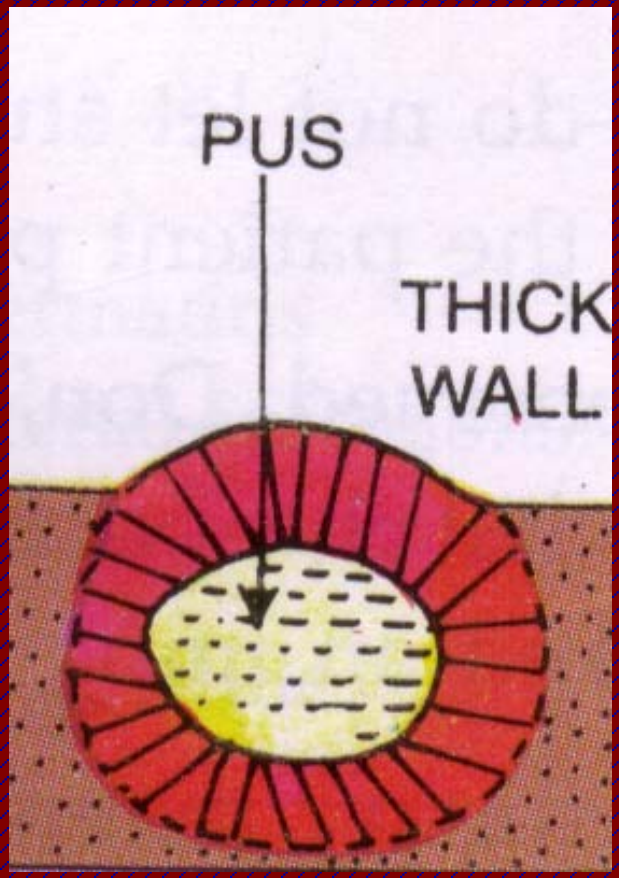
Pus filled lesion upto 0.5cm





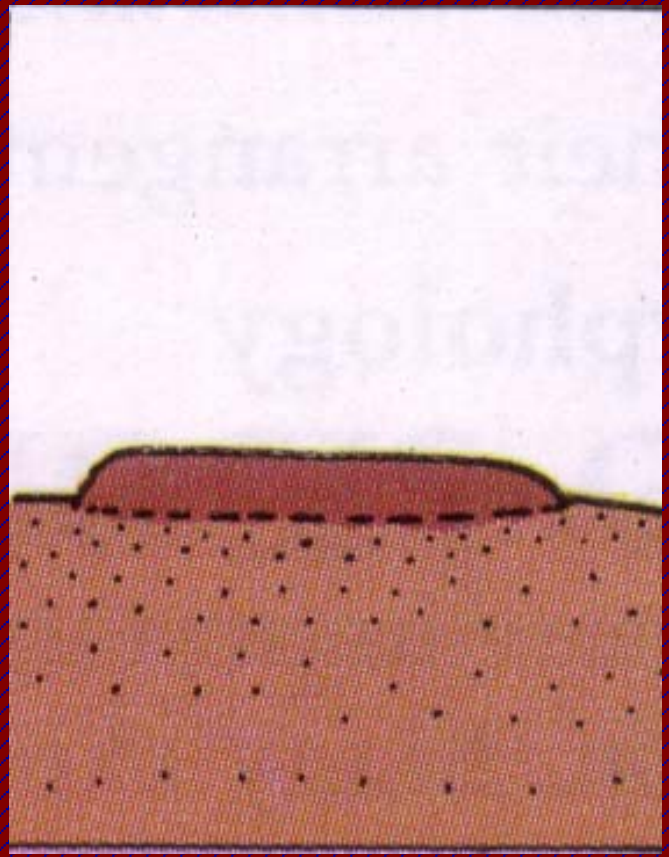
Abcess

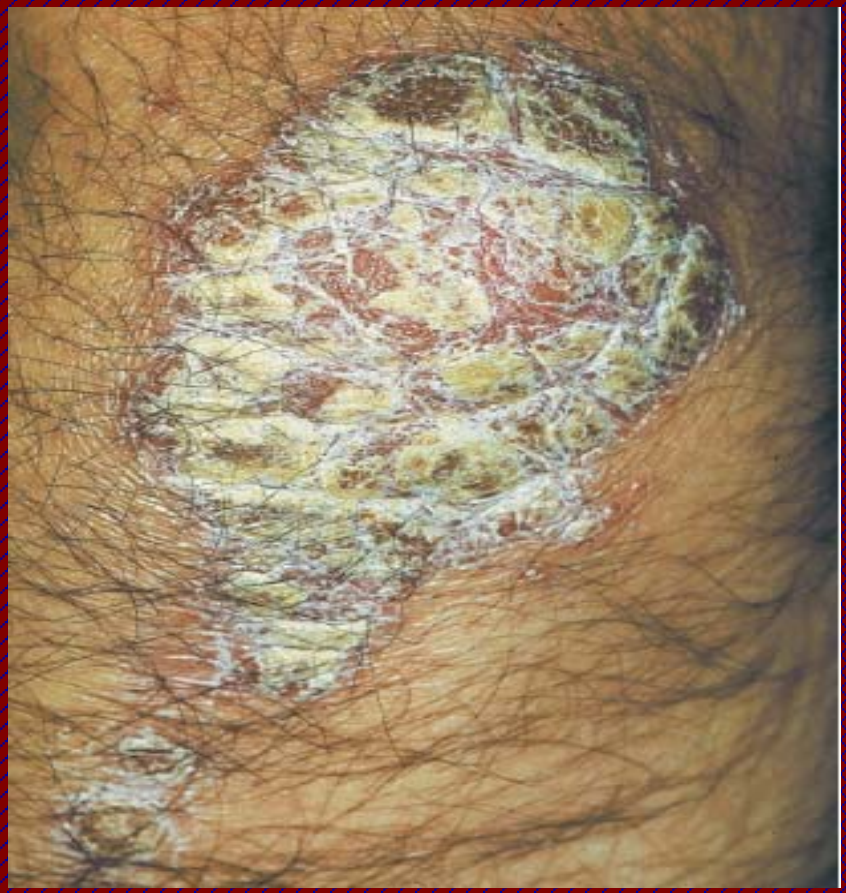
>0.5cm dia. deeper



Plaque

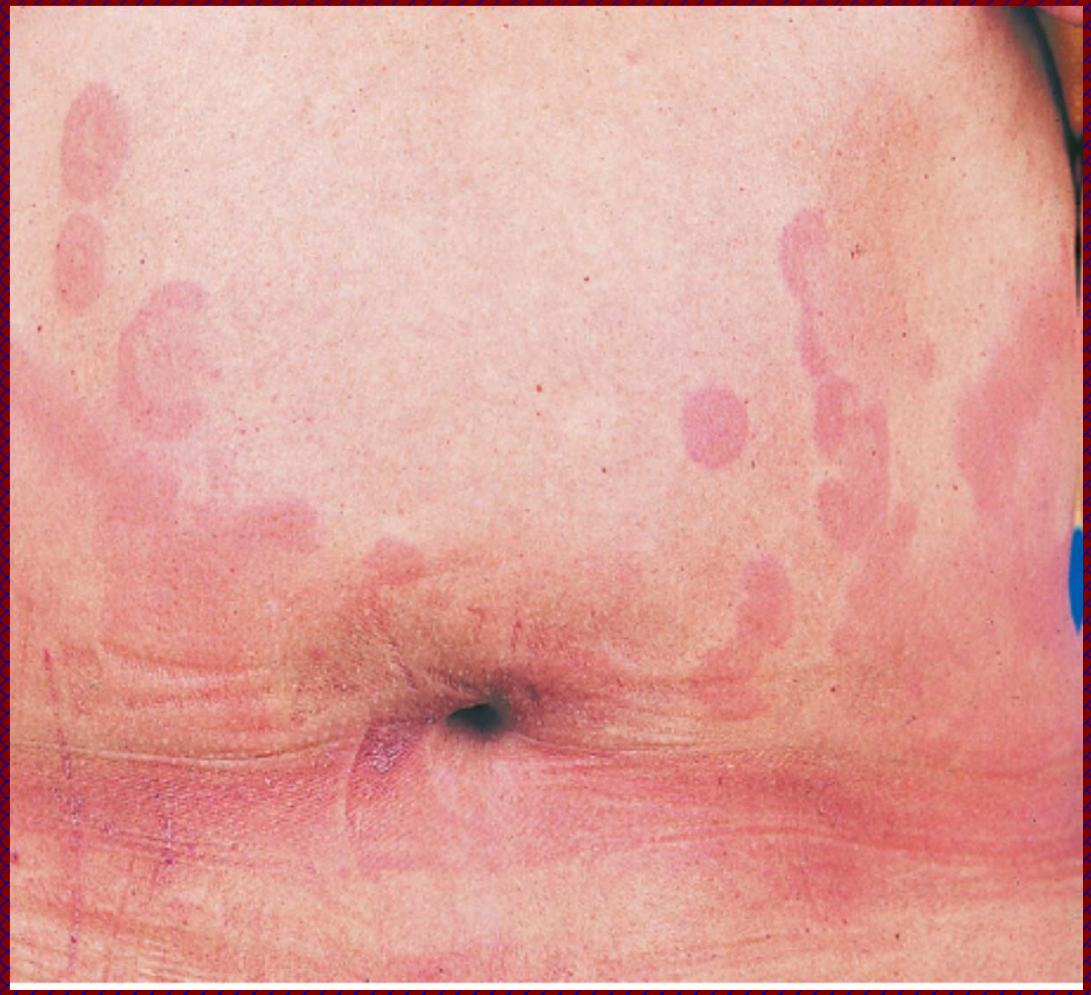
Disc shaped lesion >0.5cm dia





Weal

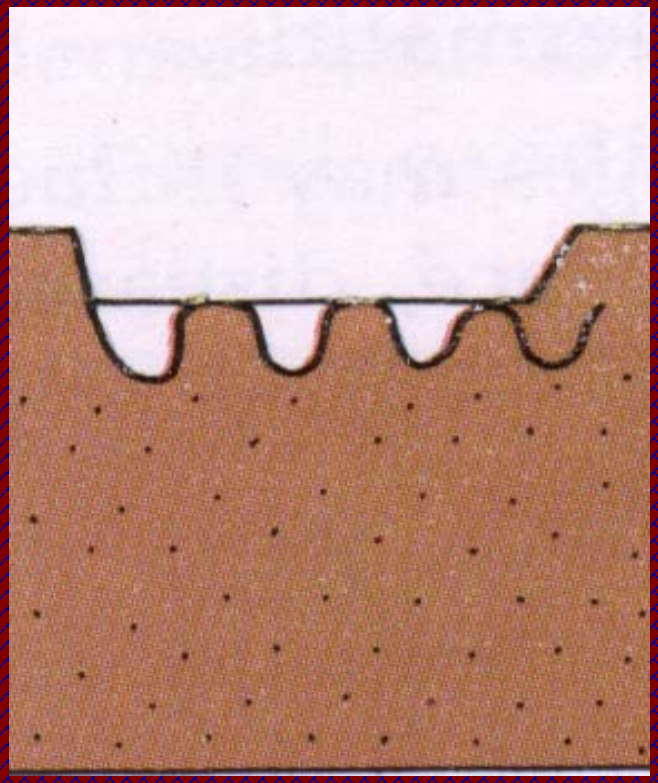
Dermal /hypodermal edema ,compressible, Pitted,Evanescent urticaria

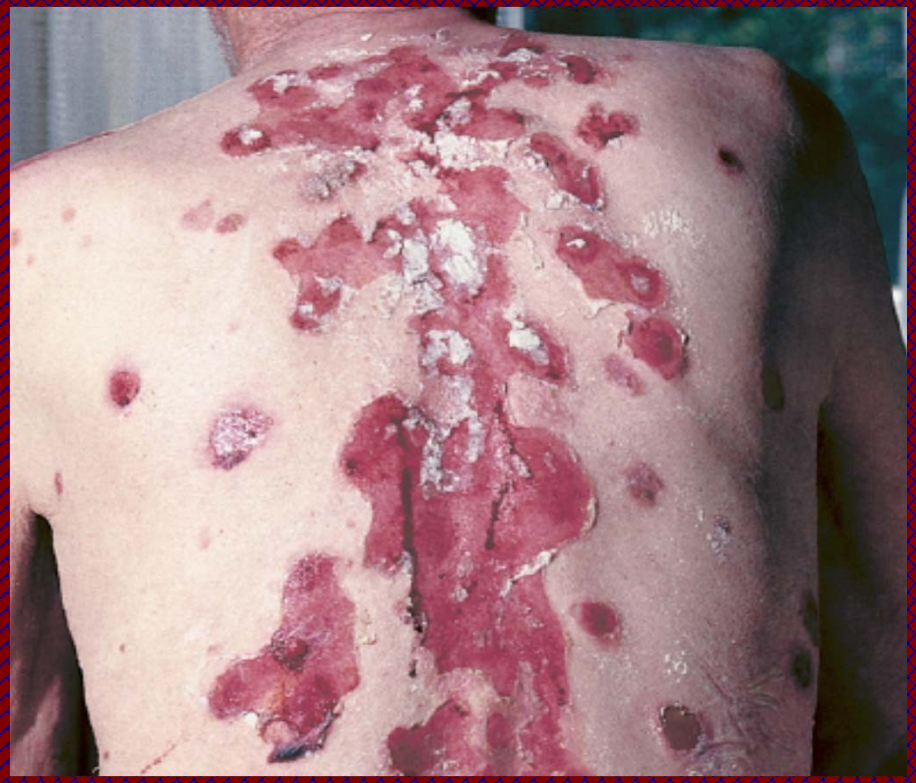


Erosion

Loss of epidermis/epithileum

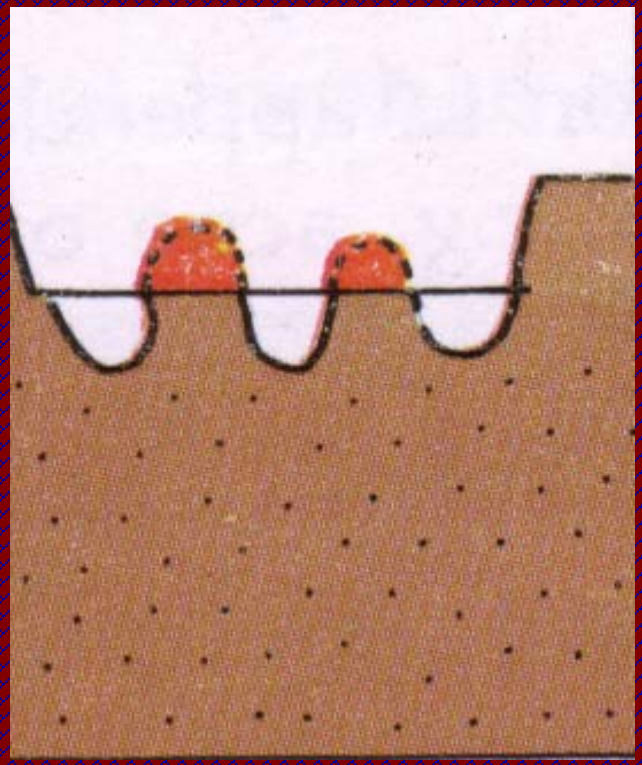
Abrasion/Excoriation

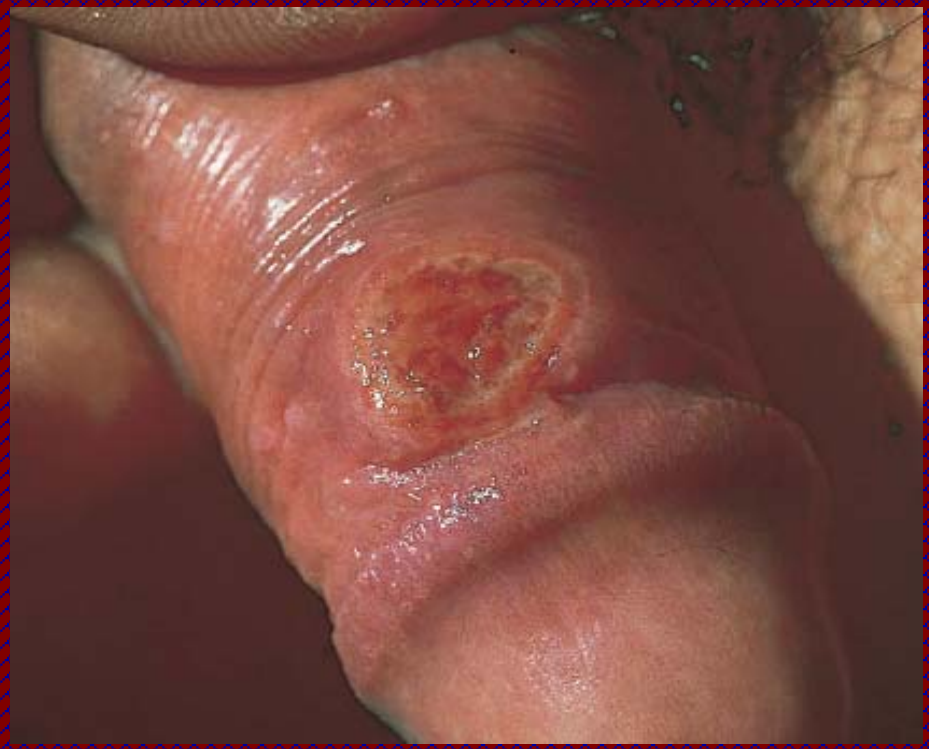




Ulcer

circumscribed full thickness loss of tissue





Scale

Visible accumulation of keratin/st. corneum

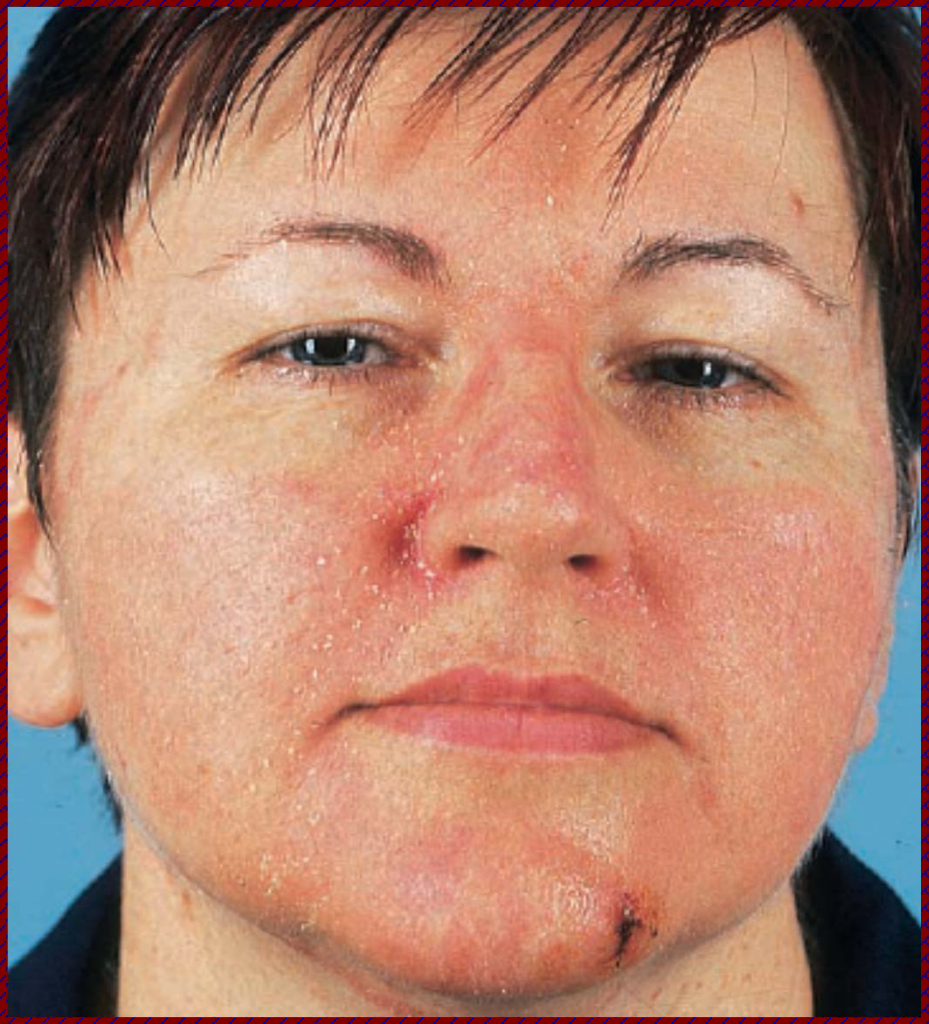
-Adherent

-Greasy

-Silvery

-Non-adherent

-Dry



Crust

Dried serum/exudates/cell debris