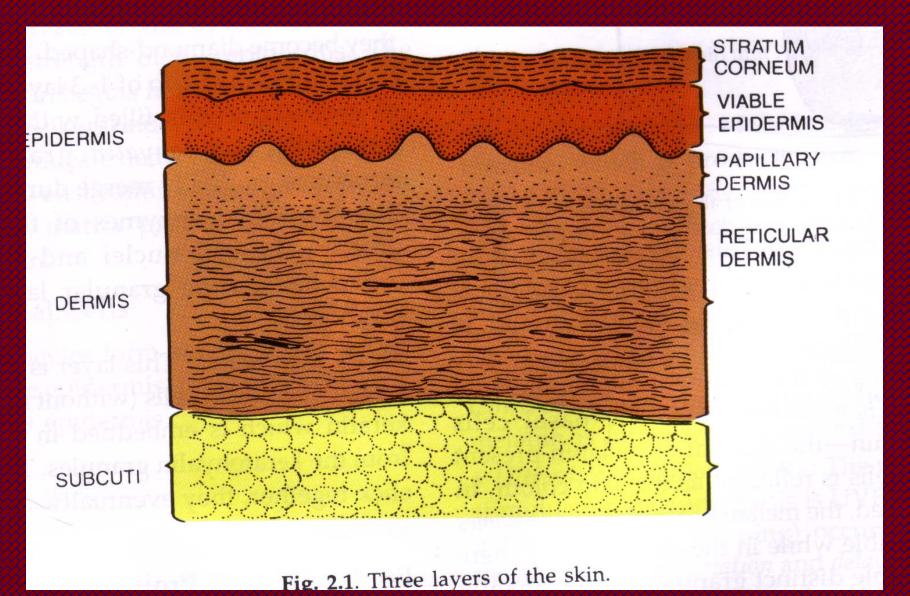
PRINCIPLES OF DIAGNOSIS

- History Taking
- Clinical Examination

Structure of skin



Chief Complaints Itching /Pruritus

Generalised

Scabies, Pediculosis

Eczema, urticaria

Internal disease

Pruritus

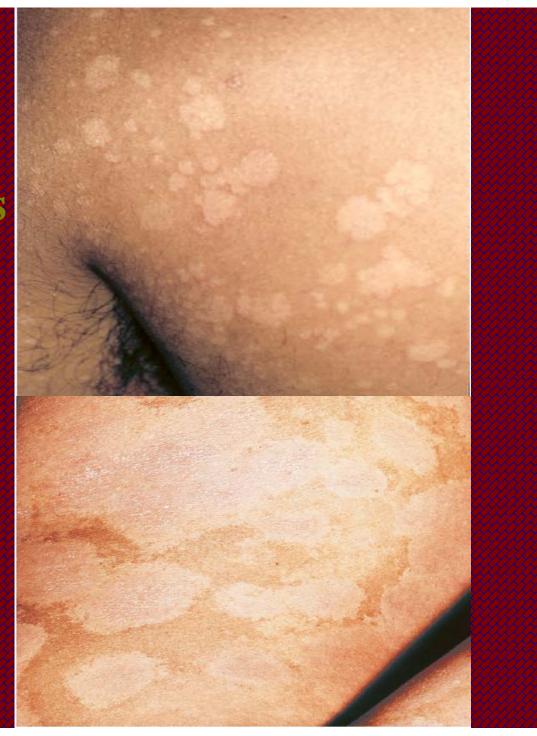
Itching without skin lesions

Hyperpigmentation

Melasma



Hypopigmentation
Leprosy
P. versicolor



Depigmentation

Vitiligo



Brownish Melasma



Greyish blue - lichen planus



Dyschromicus perstans

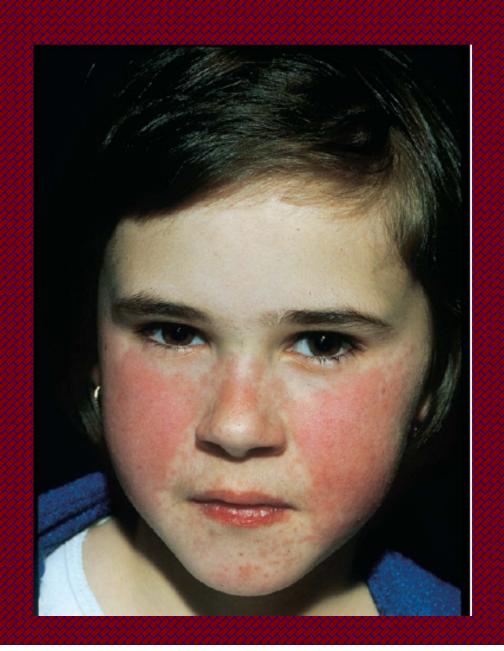
Cyanosis



Jaundice



Erythema



Pallor



Pain or Discomfort

Herpes Zoster



Pain or Discomfort

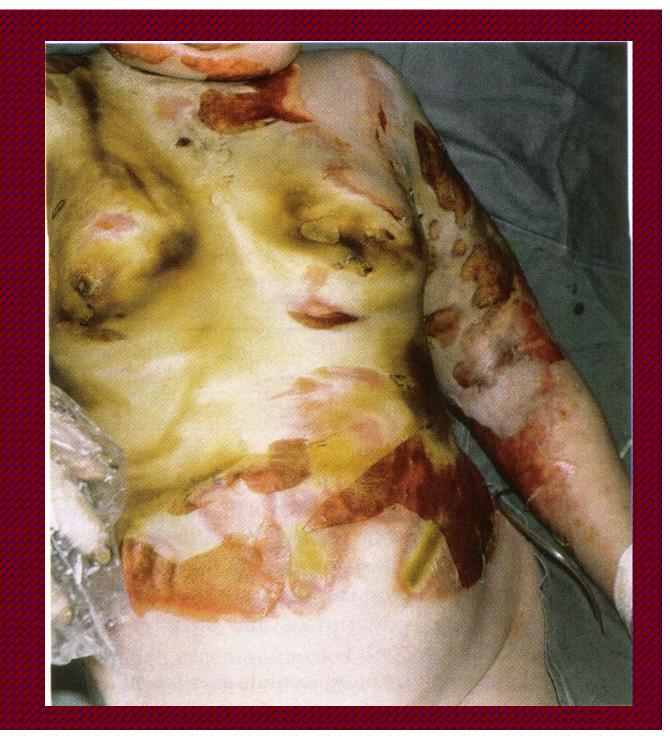
Ulcer





Pain or Discomfort

Burns



Loss of sensation

Trophic ulcer



Loss of sensation

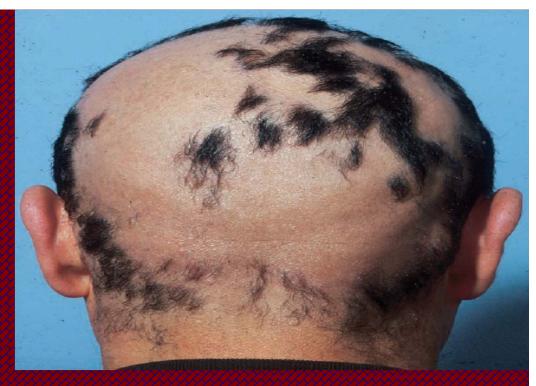
Deformities



Complaints pertaining to hair

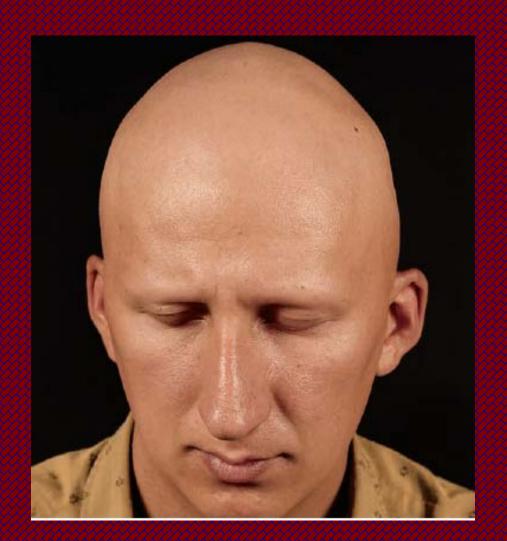
Alopecia (Loss of Hair)

Patchy- Alopecia Areata





Alopecia Universalis



Diffuse Alopecia

Androgenetic Alopecia



Diffuse Alopecia

Systemic Disease

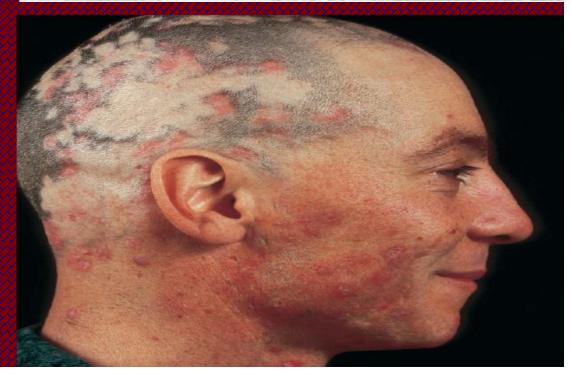


Scarring Alopecia

Lichen planus

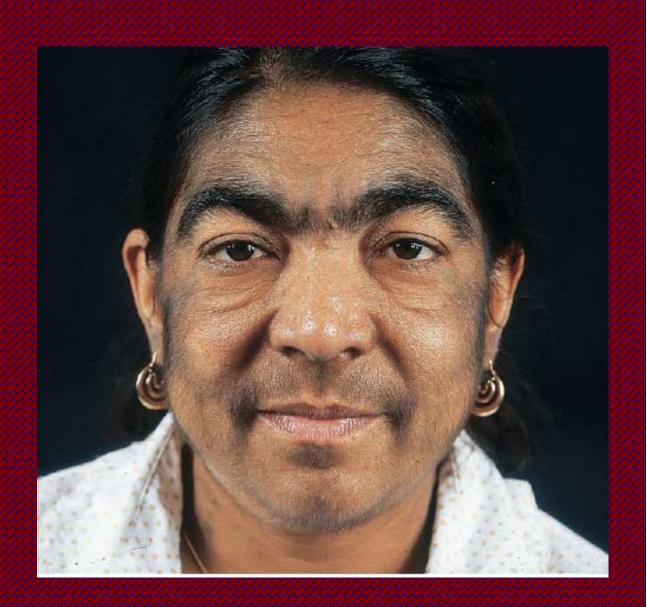
DLE





Hypertrichosis

Excessive hair



Hirsuitism

Excessive hairs in mal pattern distribution

- -Porphyrias
- -Drugs



Discolouration of hair

Premature Greying (Canites)

Leukotrichia



Discolouration of nail plate

-Psoriasis

-Onychomycosis





Destruction of nail plate

Psoriasis



Paronychia

Inflammation of nail folds





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

CUTANIEOUS EXAMINATION

Inspection

Palpation

Mainly

Visible skin lesion

Macule :Circumscribed change in skin colour without change in texture or palpable thickening(<0.5cm)

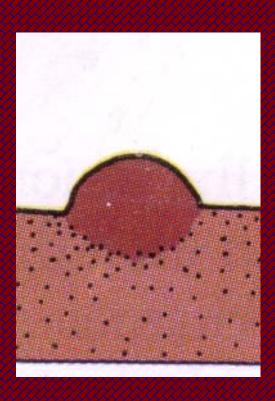


PATCH >0.5cm dia.



Papule

Circumscribed palpable elevation upto 0.5cm dia

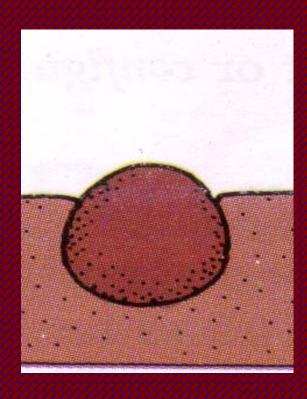




Nodule

>0.5cm diameter

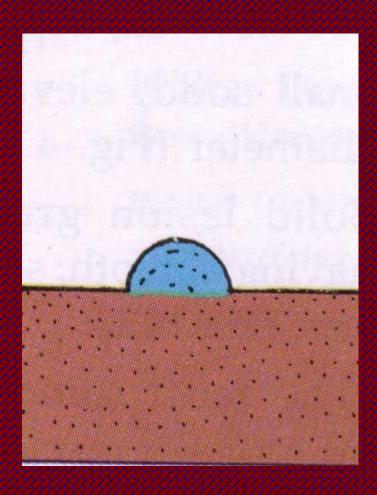
More felt than seen





Vesicle

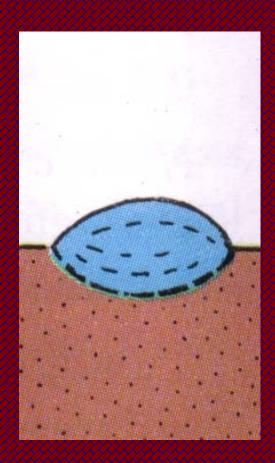
Visible accumulation of fluid upto 0.5cm dia





Bulla

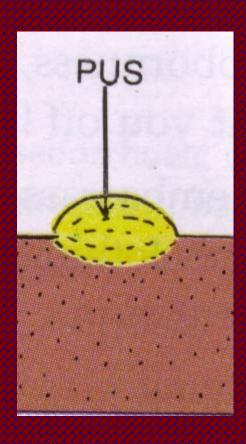
>0.5cm dia.

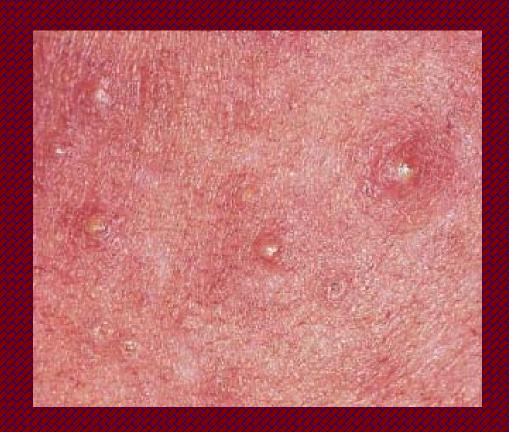




Pustule

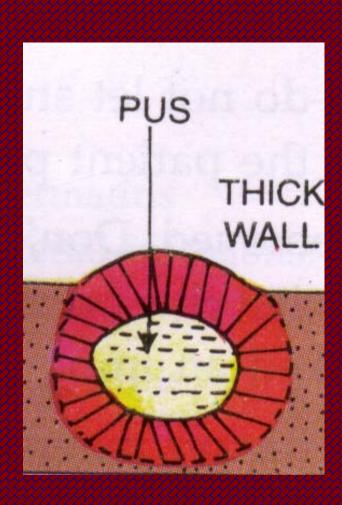
Pus filled lesion upto 0.5cm





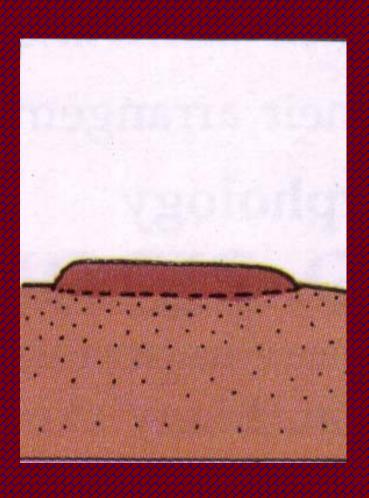
Abcess

>0.5cm dia. deeper





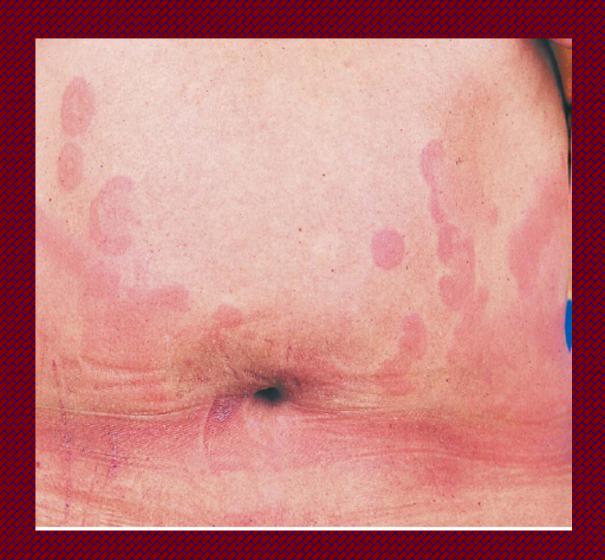
Plaque Disc shaped lesion >0.5cm dia





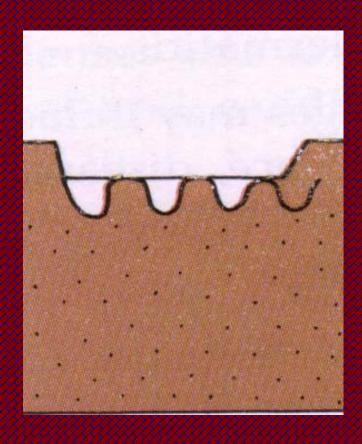
Weal

Dermal /hypodermal edema ,compressible, Pitted,Evanescent urticaria



Erosion

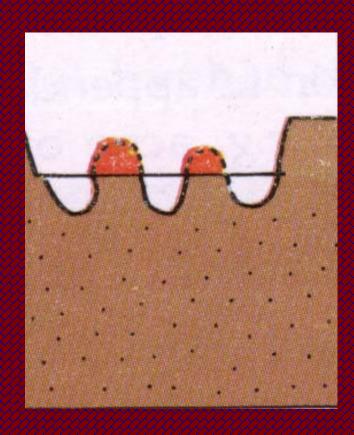
Loss of epidermis/epithileum Abrasion/Excoriation





Ulcer

circumscribed full thickness loss of tissue





Scale

Visible accumulation of keratin/st. corneum

- -Adherent
- -Greasy
- -Silvery
- -Non-adherent
- -Dry



Crust

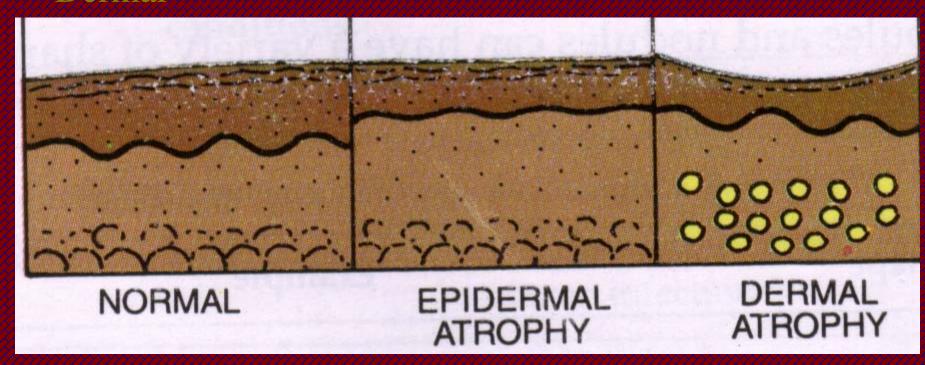
Dried serum/exudates/cell debris



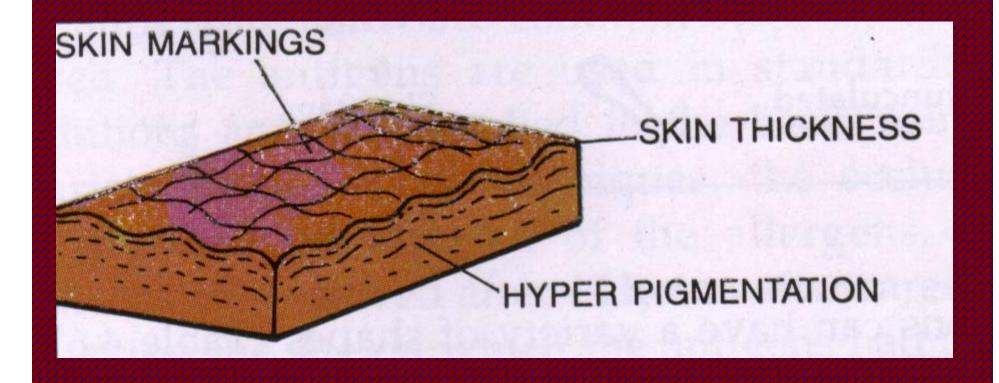
Atrophy

Decrease in full thickness of skin

- Epidermal
- Dermal



Lichenification



Sclerosis

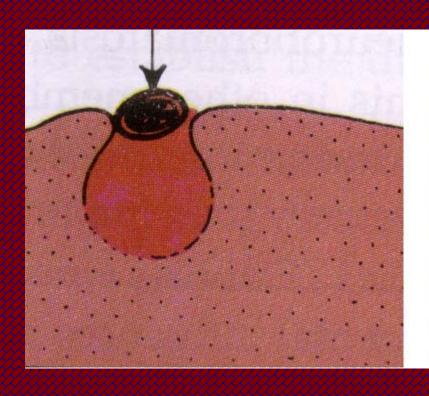
Loss of elasticity, binding down, combined with

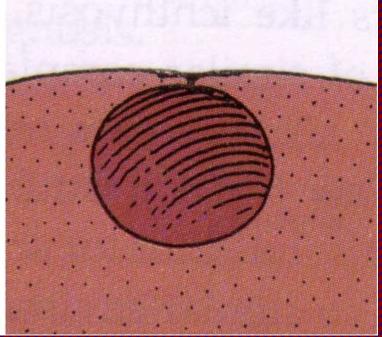
atrophy



Comedone

Acne Vulgaris





PATHOLOGICAL DIAGNOSIS

- Dermatitis reg
- Gen. Pruritus
- Purpura
- Vasculitis
- Exfoliative dermatitis (Erythroderma)
- Hypomelanosis
- Hypermelanosis
- Alopecia
- Urticaria

Arrangement

Example

Grouped

000

Herpes simplex

Linear

Linear epidermal naev

Dermatomal

Herpes zoster

Serpiginous

Burrow

Arcuate

Granuloma annulare

	Example
~	Molluscum conta
	Plane warts
1	Molluscum conta
1	Genital warts
NMM	Verruca vulgaris
P	Skin tags
	- - - - - - - - - - - - - - - - - - -

Table 4.6: Shapes of skin lesions.

Nummular (Discoid)

Nummular dermatiti

Annular



Tinea corporis

Circinate



Herpes simplex

Arcuate (arciform)



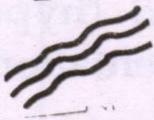
Granuloma annulare

Gyrate



Some forms of tinea

Retiform (reticulate)



Macular amyloidosis