

Common Skin Rashes & Infections

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Learning Objectives

1

Describe skin lesions using morphologic terms



2

Review some common skin rashes and infections



3

Generate differential diagnosis based on morphology



Importance of Morphologic Description

- Sharpens your powers of observation
- Helps to generate a differential diagnosis
- Helps with communication between HCPs, documentation



Morphologic Terms for Primary Lesions

= lesions caused by disease process

- **Macule < 1cm/Patch > 1cm:**
flat, color change only
- **Papule < 1cm/Plaque > 1 cm:**
raised, palpable



Morphologic Terms for Primary Lesions

= lesions caused by disease process

- **Nodule/Tumor:**
raised lesion deeper
in skin



Morphologic Terms for Primary Lesions

= lesions caused by disease process

- Vesicle < 1 cm/Bulla > 1 cm:
serous fluid-filled space in
epidermis



- Pustule/Furuncle/Abscess:
pus-filled space



Morphologic Terms for Primary Lesions

= lesions caused by disease process

- **Cyst:** sac-like nodule with lining, filled with fluid or debris
- **Wheal:** edematous papule/plaques



Secondary Changes

= Changes superimposed on primary lesions

- External forces (scratching, rubbing, picking)
- Evolution of the primary lesion



Secondary Changes

- **Scale:** accumulation of dry skin
- **Crust:** adherent dried serum or blood



Secondary Changes

- **Excoriation:** injury to epidermis from scratching



- **Fissure:** linear crack in epidermis



Secondary Changes

- **Erosion/Ulcer:** loss of part or all of epidermis/down to dermis
- **Lichenification:** thickened skin with exaggerated skin markings



Shapes

- Nummular/Discoïd/Round: coin-like



- Annular: Ring-shaped



Shapes

- **Arcuate:** Arc shaped, curved
- **Polycyclic:** multiple interconnected annular/arcuate lesions



Shapes

- **Targetoid:** target like, with concentric rings
- **Serpiginous:** wavy, winding, snake-like



Shapes

- **Reticular/Retiform:** net-like
- **Umbilicated:** has central depression or dell



Distributions

- **Discrete/Scattered:** separated
- **Clustered:** Grouped but not running into each other
- **Coalescing:** Lesions converging, merging into each other
- **Focal vs Generalized**
- **Unilateral vs Bilateral**
- **Symmetric vs Asymmetric**
- **Intertriginous, Palmar/Plantar, Flexural/Extensor**



Where to Begin?

- Is it SCALY (with epidermal changes)?
- Are there BLISTERS?
- Is it SMOOTH (no epidermal changes)?



Common Scaly Rashes

(papulosquamous)

- Dermatitis/Eczema (various forms)
- Psoriasis
- Tinea Corporis
- Pityriasis Rosea
- Tinea Versicolor
- Lichen Planus



Dermatitis/Eczema = Umbrella Term

- Inflammation of the skin causing dry, red, scaly itchy plaques
- Several Subtypes:

Atopic Dermatitis (what is commonly meant by “eczema”)

Nummular Eczema

Contact Dermatitis

Seborrheic Dermatitis

Asteatotic Dermatitis



Atopic Dermatitis

- Chronic/relapsing
- Itchy
- Dry skin
- Classic = presents in childhood (but some adult onset)
- Different patterns based on age
- Any age: current/past flexural
- Personal/Family Hx Atopy: AD, allergic rhinitis, asthma, food allergy



Atopic Dermatitis: Babies/Little Kids

Favors face, head, extensor surfaces, may ooze



AD: Older kids/Adults

Flexural, neck, eyelids



Arrows = lichenification



Atopic Dermatitis



Atopic Dermatitis



Atopic Dermatitis: Associated Conditions



Hyperlinear Palms



Pityriasis Alba



Keratosis pilaris



Nummular Eczema

- Coin shaped lesions
- Itchy
- Mostly adults
- Often mostly on arms/legs
- Can get oozy/crusty
- May be idiopathic, atopic, xerotic, contact dermatitis



Nummular Eczema



Contact Dermatitis

- From direct or indirect contact with irritant and/or allergen
- Classic = patterned or odd shapes/distributions
- BUT can look like other forms of dermatitis
- Can be superimposed on other dermatoses
- Itchy



Contact Dermatitis: Sometimes Obvious



Contact Dermatitis: Sometimes Less Obvious



Seborrheic Dermatitis

- Chronic, waxes & wanes
- Flaky, greasy scale (mildest form = dandruff)
- “Seborrheic distribution” = higher density of sebaceous glands
- Scalp, ears, face (brows, glabella, NLF), chest, axillae/folds
- Etiology: ?, maybe overgrowth or host reaction to *Malassezia* yeast



Seborrheic Dermatitis



Seborrheic Dermatitis



Seborrheic Dermatitis



Asteatotic Dermatitis

- “Eczema Craquele” = cracked like a dry riverbed
- Very dry skin
- Older patients
- Often on lower legs



Asteatotic Dermatitis



Scabies can also be on dermatitis DDX

- Wide range of appearances, sometimes eczematous
- Hallmark = burrows



Pigliatelli F.
2024. Scabies
mimicking
relapsing atopic
dermatitis.
Dermatol
Reports 17(1):
10070.



Psoriasis

- Chronic, scaly plaques
- Silvery scale (“micaceous”)
- Favors extensor surfaces, classic = elbows & knees
- Scalp, ears, umbilicus, genitals, nails, gluteal cleft
- “Inverse” = body folds



<https://www.dinosaursrocksuperstore.com/products/mica-rock-samples>



Psoriasis: Plaque



Psoriasis: Other Spots





Psoriasis: Guttate

“Drops,” younger patients, minimal scale, may follow *Streptococcus* infection



CTCL: Also on DDX for Dermatitis and Psoriasis

- Cutaneous T-Cell Lymphoma (Mycosis Fungoides)
- Consider for atypical dermatitis/psoriasis or refractory to treatment



Pityriasis Rosea

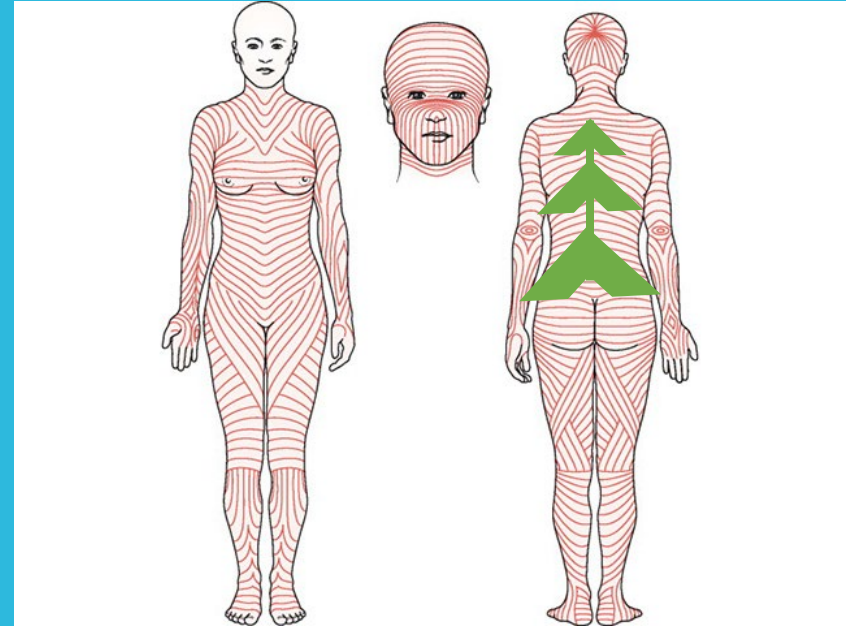
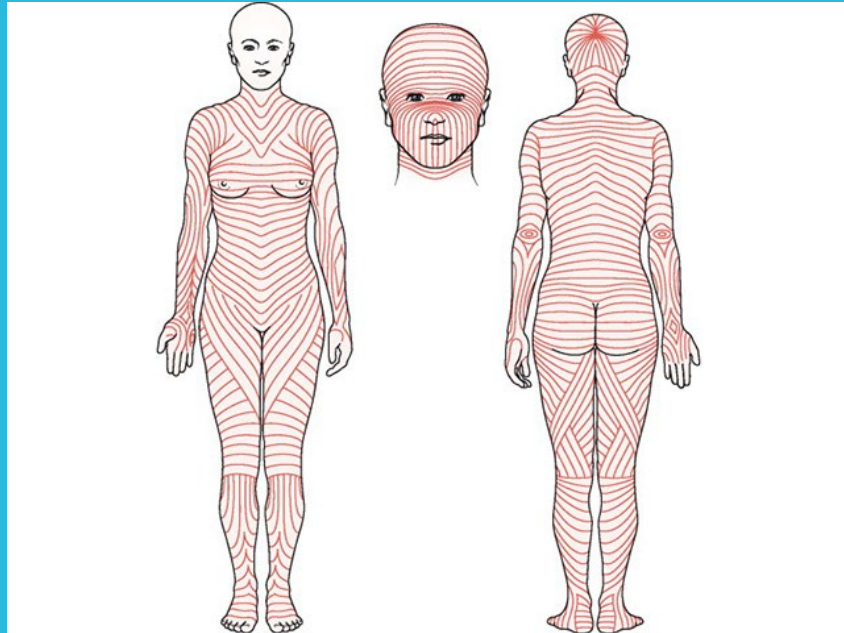
- Self-limiting rash
- Younger patients
- Oval finely scaly papules and plaques
- Trailing scale
- Christmas Tree pattern
- Herald Patch = initial patch, larger than the rest, trunk
- Classic course: Spreads over several weeks, resolves by 8-12 weeks
- Etiology = ?, viral, vaccine, medications



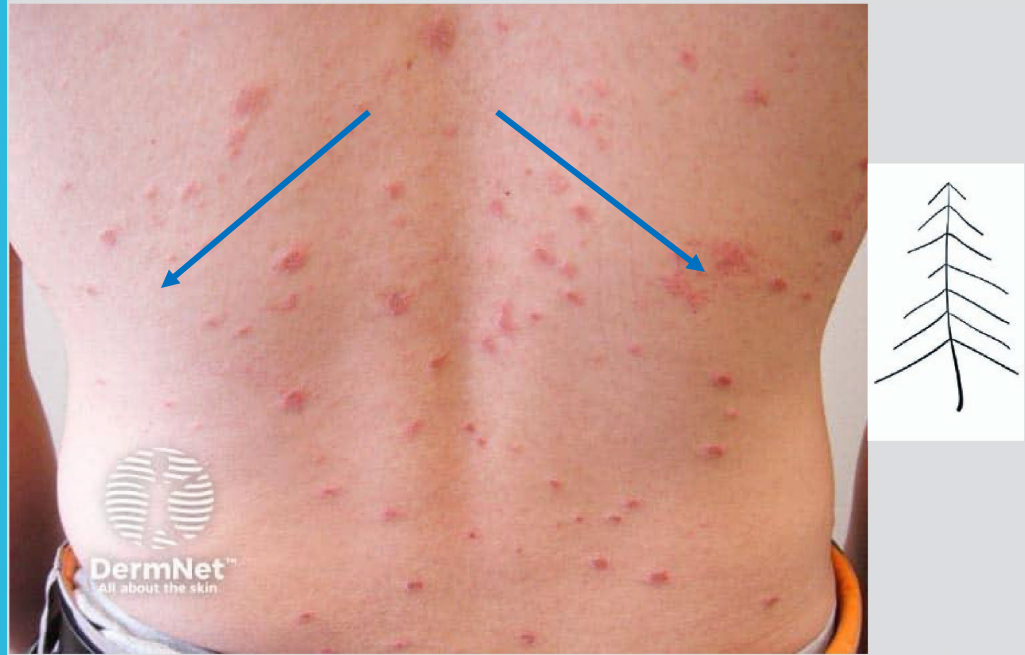
Pityriasis Rosea



Pityriasis Rosea: Skin Tension Lines



Pityriasis Rosea



Secondary Syphilis

=important ddx for PR, guttate psoriasis

- Lesions on palms/soles



Tinea Versicolor

- Finely scaly macules, patches, thin plaques, may coalesce
- VARIABLE COLOR: pink, tan, hypopigmented, hyperpigmented
- Not usually itchy
- Mostly teens, adults
- Favors trunk, shoulders, under/between breasts in women
- Related to *Malassezia* yeast and host factors (not dermatophyte)



Tinea Versicolor



Tinea Versicolor



Tinea Corporis

- Fungal infection: Dermatophytes
- Annular, polycyclic shapes
- Scaly border with central clearing
- Also named by body area: tinea pedis, tinea cruris, tinea capitis, tinea manuum, tinea barbae, tinea faciei



Tinea Corporis



Tinea Cruris



Tinea Incognito

= Atypical features, usually due to topical steroid treatment



<https://www.imagejournals.org/articles/tinea-incognito-208.html>



Nikolić AR, Ristić G. Atypical erythema as a clinical presentation of tinea incognito. Cleveland Clin J Med Jun 2022, 89(6) 295-296; DOI: 10.3949/ccjm.89a.21091



Tinea Corporis: Majocchi Granuloma

= Fungal folliculitis, due to topical steroid treatment or immunosuppression



Lichen Planus

- Classic = 5 “P”s: polygonal, planar, pruritic, purple, papules
- Wickham’s striae = fine white lines across lesions
- Common = wrists, ankles, low back
- Many forms: mucosal (oral, genital, esophageal), scalp (lichen planopilaris), nails, among others



Lichen Planus



Wickham's striae



Blistering Rashes

- Herpes simplex
- Varicella-Zoster Virus (Shingles)
- Bullous impetigo



Herpes Simplex Virus (HSV)

- Clustered vesicles on erythematous base
- Recur in same area
- Prodromal symptoms: burning, itching



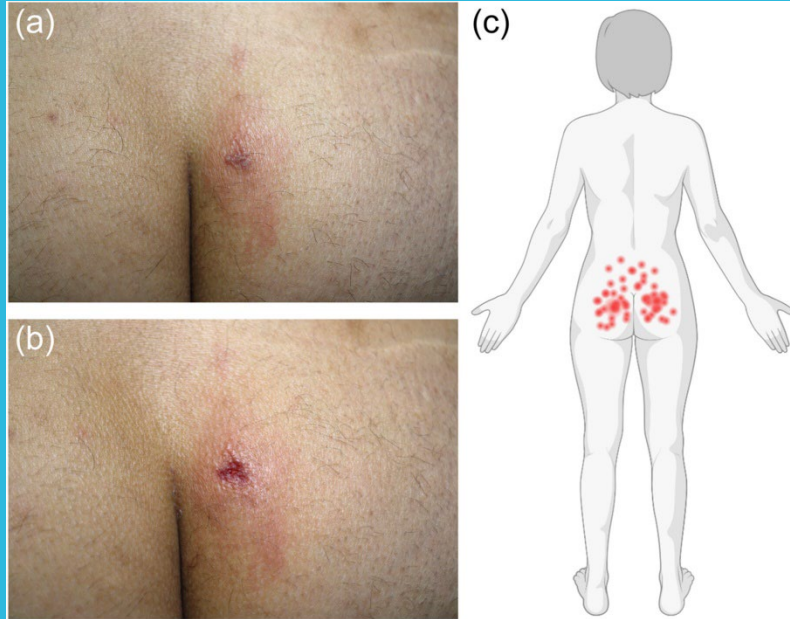
Herpes Simplex Virus



Herpetic Whitlow



Herpes Simplex Virus: Lumbosacral



“I keep getting a little rash back there”

Fernández-Camporro Á et al. 2024. Lumbosacral and gluteal herpes simplex: Spooning herpes? JEADV Clin Pract 3: 1665-1667. <https://doi.org/10.1002/jvc2.476>



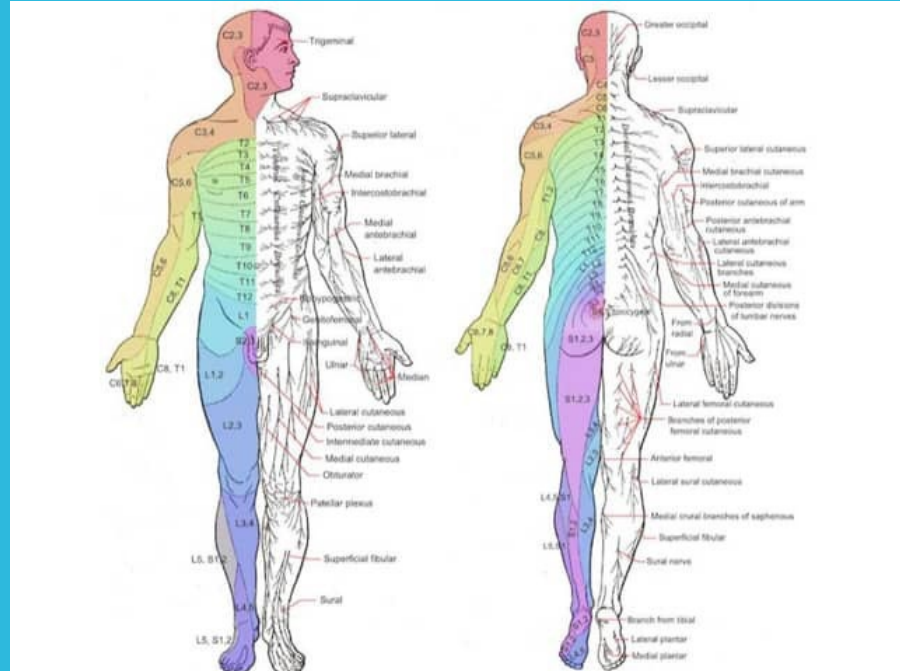
Varicella-Zoster Virus (VZV)

- “Shingles”
- Clustered vesicles on erythematous base
- Dermatomal distribution
- Respects the midline
- Prodromal symptoms: burning, itching, pain



Varicella-Zoster Virus

Dermatome = area of skin primarily supplied by one nerve root

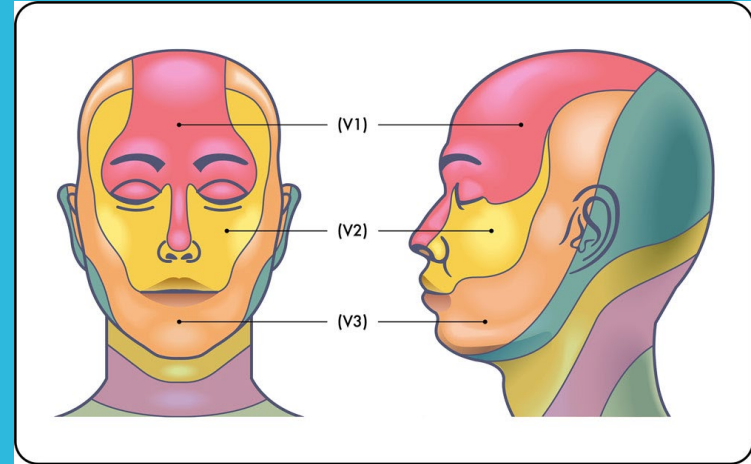


Varicella-Zoster Virus



Varicella-Zoster Virus: Face

- Trigeminal nerve, ophthalmic branch (V1) = high risk for eye involvement
- Lesions on tip or side of nose = high risk



Alrasheed K et al. 2020. Herpes Zoster Ophthalmicus with Unilateral Sixth Nerve Palsy. *Canadian J Neurol Sci* 47(2):273-274. doi:10.1017/cjn.2019.340



Bullous Impetigo

- Yellow crust
- Intact bullae or erosions
- Most common in children
- Strains of *Staphylococcus aureus* that produce exfoliative toxin A



Bullous Impetigo



Bullous Tinea Pedis



Smooth (Dermal) Rashes

- Granuloma Annulare
- Urticaria



Granuloma Annulare

- Annular or arcuate with pink/violaceous papules and/or ropy border
- Central clearing typical
- Not itchy
- Localized: Dorsal hands, dorsal feet, ankles, elbows
- Occasionally generalized



Granuloma Annulare



Granuloma Annulare



Urticaria

- Edematous erythematous plaques (wheals, “hives”) +/- central pallor
- +/- Angioedema (deeper swelling)
- Individual lesions < 24 hrs, resolve without discoloration
- Itchy
- Spontaneous vs. Inducible (dermographism, pressure, vibration, water, cold, contact, heat, cholinergic, solar)
- Acute vs Chronic (> 6 wks)



Urticaria



Urticaria

Dermographism



Pressure Urticaria



Cases



Case #1

- Describe the rash
- What is on your differential diagnosis based on this photo?
- What history would be helpful?
- Important areas to examine?



Case #1

- 25 yo woman, doesn't recall recent illness
- Rash spreading over past 3 weeks
- Mildly itchy
- Palms/soles clear



Case #1

- Pityriasis rosea



Case #2

- Describe the rash
- What is on your differential diagnosis based on this photo?
- What history would be helpful?
- Important areas to examine?



Case #2

- 21 yo man, was sick a couple of weeks ago, got antibiotics
- Not really itchy
- Palms/Soles clear



Case #2

- Guttate psoriasis



Case #3

- Describe the rash
- What is on your differential diagnosis based on this photo?
- What history would be helpful?
- Important areas to examine?



Case #3

- Itchy, worsening over past several weeks
- No history of atopic dermatitis
- No rash elsewhere



Case #3

- 40 you man
- Worsening over a few weeks
- No rash elsewhere



Case #3

- Allergic contact dermatitis, likely shoe component



Case #4

- Describe the rash
- What is on your differential diagnosis based on this photo?
- What history would be helpful?
- Important areas to examine?



Case #4

- On the right hip
- Recurrent
- Tingly, itchy before rash erupts



Case #4

- HSV



Thank You!
Questions?

