TUTORIALS

PG Residency

Pediatrics

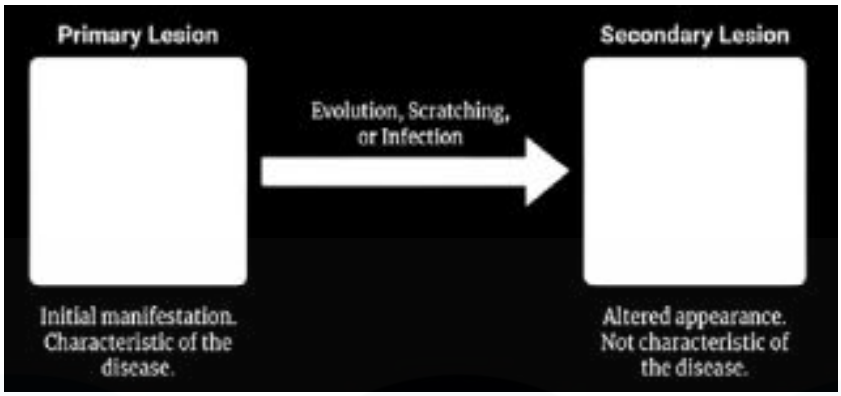
Dermatology

Smart Notes. Better Scores.

Table of Content

The Clinical Taxonomy of Skin Lesions

Foundations: Primary vs. Secondary Classifications



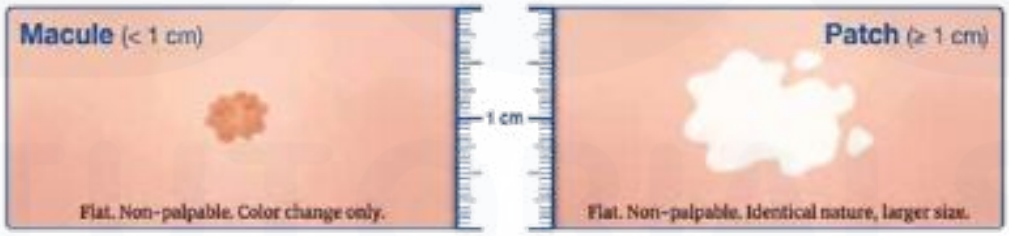
Overview

Skin lesions are the vocabulary of dermatology. We classify them into two fundamental categories to guide diagnosis.

- **Primary Skin Lesions:** The original lesion; the key to identification .
- **Secondary Skin Lesions:** The evolved state ; modified by time or trauma.

Primary Lesions: Non-Palpable

Color Changes Only (Flat)



Erythema

- Generalized or localized redness.
- Cause: Inflammation or infection (e.g., Streptococcal).

Macule

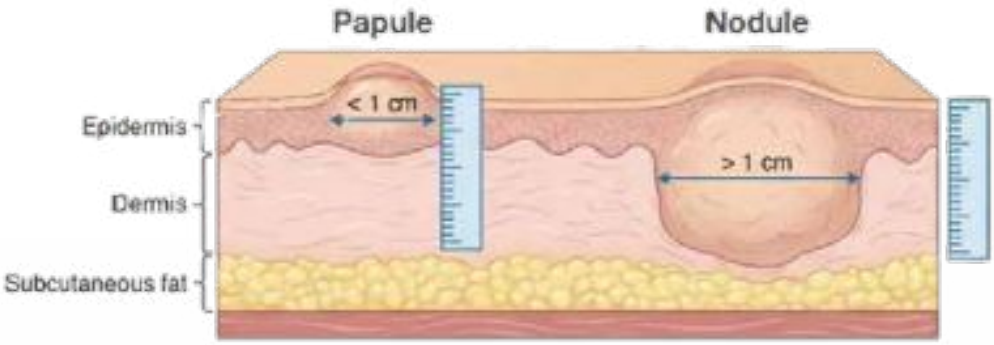
- Well-circumscribed color change (Hyperpigmented or Hypopigmented).
- Tactile: Cannot be felt.
- Size: < 1 cm (Nelson 21st Ed).
- **Pediatric Examples:** Cafe au lait macules (Neurofibromatosis), Vitiligo.

Patch

- Identical characteristics to a macule.
- Size: ≥ 1 cm.

Primary Lesions: Solid Palpable (Small/Medium)

Elevation and Depth



Papule

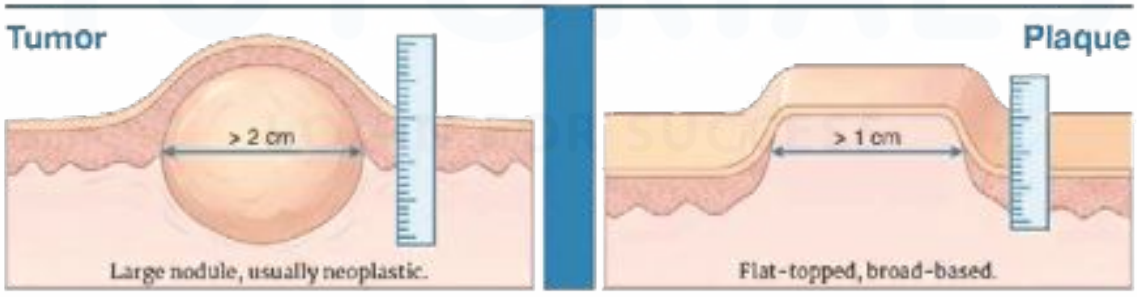
- Well-circumscribed, solid, palpable lesion.
- **Size:** < 1 cm
- Common in children.

Nodule

- Rounded, palpable "small knot" (Latin: nodulus).
- **Size**: > 1 cm
- **Differentiation:** Involves deeper dermis than a papule.
- **Pediatric Example:** Neurofibromatosis.

Primary Lesions: Solid Palpable (Large/Broad)

Morphology: Rounded vs. Flat-Topped



Tumor

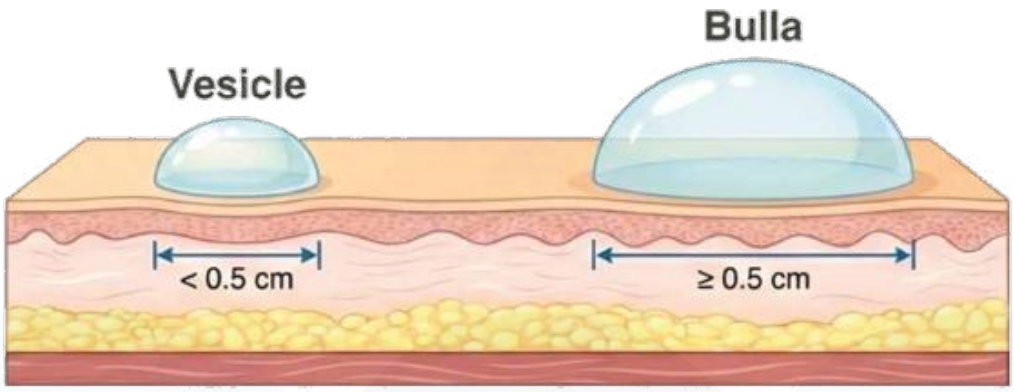
- Large nodule (benign or malignant).
- **Size:** > 2 cm

Plaque

- Palpable lesion with a "plateau" geometry.
- **Size:** > 1 cm
- **Pediatric Example:** Psoriasis.

Primary Lesions: Fluid-Filled (Clear)

Vesicles and Bullae



Vesicle

- Filled with clear fluid.
- **Size:** < 0.5 cm (emphasized in Dermatology Coral).
- Examples: Chickenpox, Herpes Simplex.

Bulla (Blister)

- Filled with clear fluid (tense or flaccid).
- **Size:** ≥ 0.5 cm (emphasized in Dermatology Coral).
- Examples: Staph scalded skin, Epidermolysis Bullosa.

Textbook Variance

Nelson's Textbook of Pediatrics (21st Ed) defines the cutoff between Vesicle and Bulla at **1 cm** (emphasized **in Dermatology Coral**), distinct from standard dermatology texts.

Primary Lesions: Fluid-Filled (Pus)

Pustules and Abscesses

Pustule

- Superficial lesion filled with pus (yellow/white opaque).
- **Size:** < 1 cm
- Examples: Folliculitis, Pyoderma.

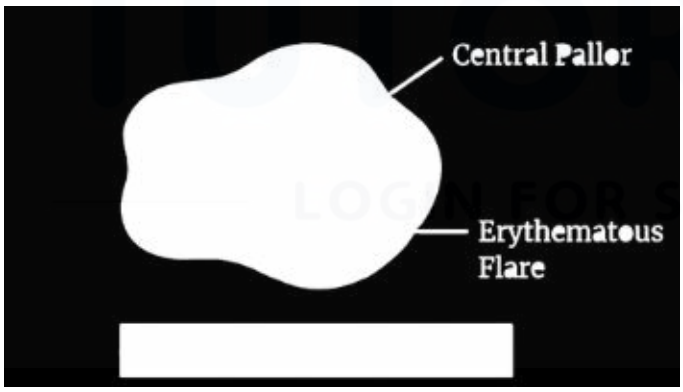
Abscess

- Deep collection of pus with local induration.
- **Size:** ≥ 1 cm
- Often tender to touch.

Standalone Morphologies: Transient & Pedunculated

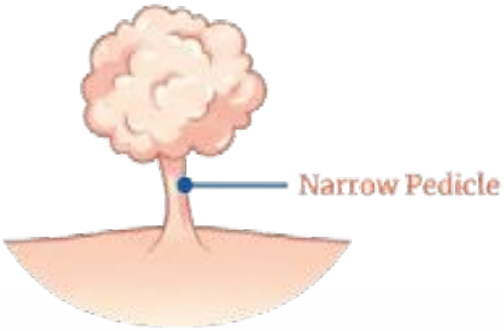
Specialized Structures

Wheal



- Transient, raised lesion (evanescent).
- Often itchy (e.g., Urticaria, insect bites).

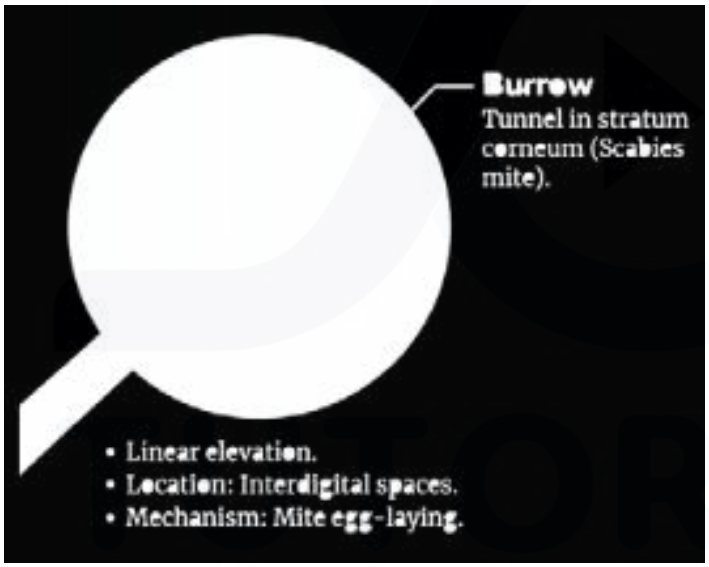
Papilloma

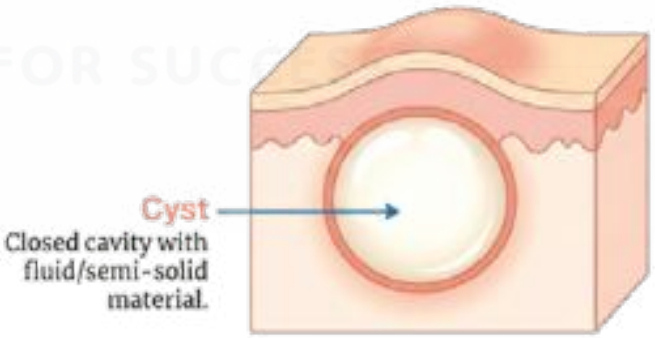


- Pedunculated lesion attached by a narrow stalk
- Pediatric Example: Viral warts (HPV)

StandaloneMorphologies: Burrows & Cysts

Pathways and Cavities



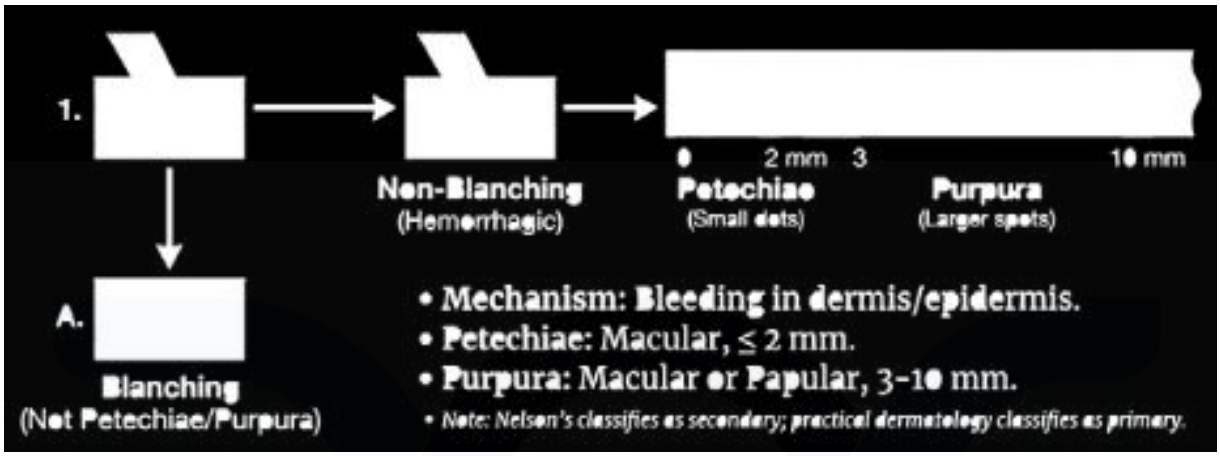


- Tumor-like lesion.
- Example: Dermoid epidermal cyst.

Primary Vascular Lesions: Bleeding into Skin

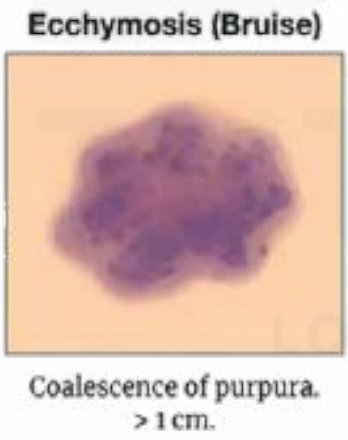
The Blanching Test & Size Criteria

The Glass Test



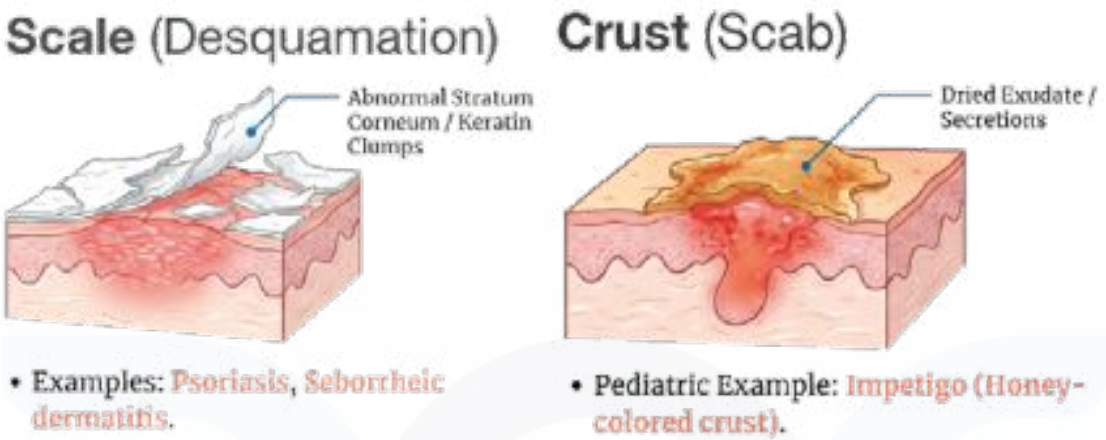
Vascular Lesions: Large Bleeds & Vessels

Ecchymosis, Hematoma, Telangiectasia



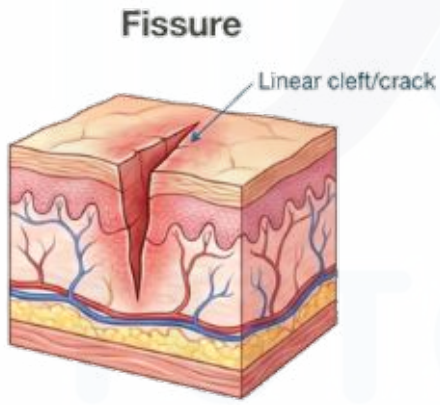
Secondary Lesions: Surface Debris

Accumulations on the Skin Surface



Secondary Lesions: Breaks in Continuity

Fissures and Excoriations



Fissure: Linear cleft/crack. Often painful. (e.g., Intertrigo).

Excoriation: Scratch marks. Linear skin loss due to pruritus. (e.g., Eczema, Scabies).

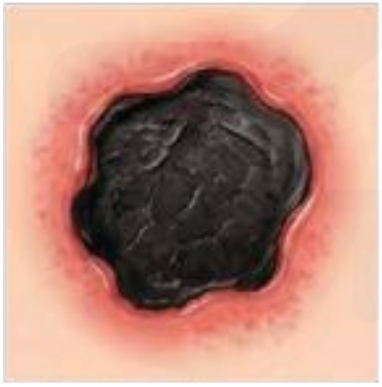
Secondary Lesions: Chronic Changes & Necrosis

Long-term Evolution

Lichenification

- Thickened skin with accentuated lines. Cause: Chronic scratching/inflammation.
- Induration: Palpable thickening of dermis (felt, not seen).

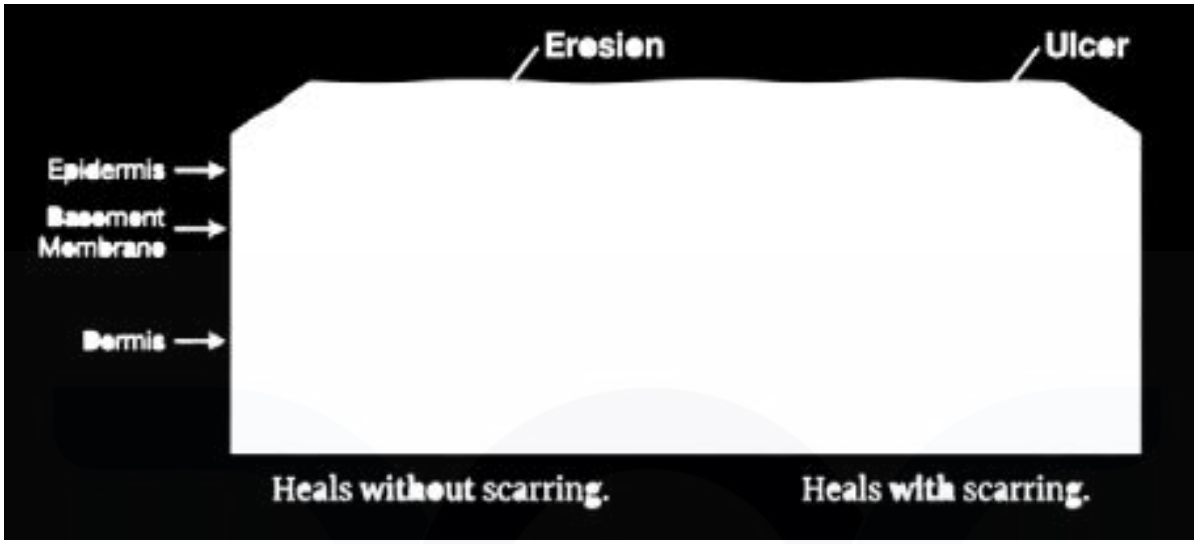
Eschar



- Necrotic lesion with black crust. (e.g., Scrub Typhus).

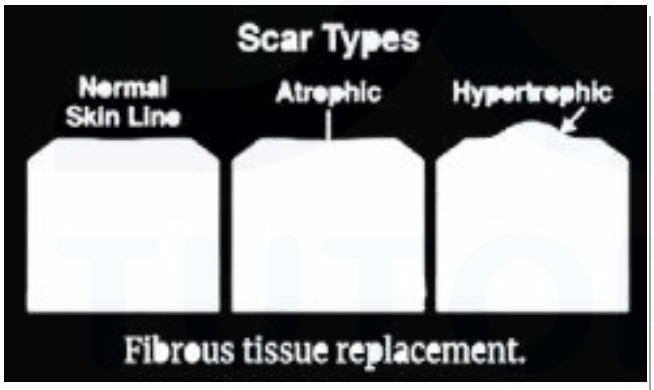
Secondary Lesions: Tissue Loss & Depth

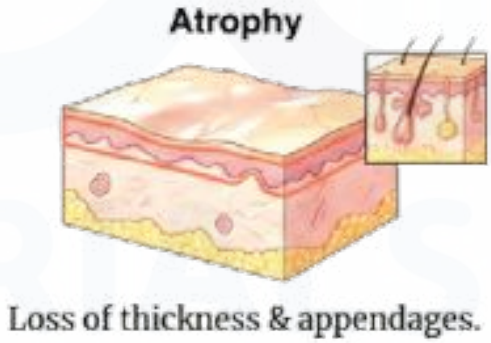
Erosion vs. Ulcer



Secondary Lesions: Repair & Structure

The Aftermath of Disease





Striae & Sclerosis

Striae: Stretch marks(pink/white).

Sclerosis: Hardened fibrosis (Scleroderma).

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