Pediatric Dermatology 101
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Conflicts

- Investigator: ViroXis
- Advisor: ViroXis
- Advisory Board: TopMD
- Speaker: Galderma

Objectives

- Understand the meaning and importance of cutaneous morphology
- Learn the basic terminology used to describe cutaneous morphology
- Use your new skills to identify the morphology of unknown cutaneous disorders and develop an appropriate differential diagnosis
**Morphology**

- Definition:
  - MORPH: form, structure
  - OLOGY: study of

- Must determine primary vs secondary morphology

**Pitfalls**

- Avoid generic terms like:
  - Rash
  - Lesion
  - maculopapular

- These terms often don’t mean anything.

- Avoid describing the diagnosis in your exam: warts, vitiligo, acne, etc.

**Primary Lesion**

- Most skin diseases begin with a basic lesion referred to as the primary lesion

- Identification of the primary lesion is the key to accurate interpretation and description of cutaneous diseases

- Its presence provides initial orientation and allows the formulation of a differential diagnosis

**Secondary Skin Lesions**

- Secondary lesions develop during the evolutionary process of skin disease or are created by scratching or infection

- This may be the only type of lesion present, in which case the primary disease must be inferred

**Cutaneous Morphology**

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Primary Lesions
**Macule**

- A flat skin lesion less than 0.5 to 1cm in size recognizable because its color is different from that of the surrounding normal skin
- Most common color changes include
  - white (hypopigmented)
  - brown (hyperpigmented)
  - red (erythematous or purpuric)

**Papule**

- A small elevated skin lesion less than 0.5 to 1cm in diameter
- Can have variable color
folliculitis

Patch

- A flat skin lesion greater than 0.5 to 1cm in size recognizable by its color difference from that of the surrounding normal skin
Patch

• An elevated, plateau-like lesion greater than 0.5 to 1cm in diameter

Plaque

Nodule

- A dermal or subcutaneous firm, well-defined, marble-like lesion greater than 0.5 to 1cm in size

Nodule
Cyst

- A dermal or subcutaneous closed cavity or sac containing liquid or semisolid material

Vesicle & Bulla

- A circumscribed, fluid filled cavity or blister
- Less than 0.5 – 1 cm in size = VESICLE
- Greater than 1 cm in size = BULLA
- Fluid can be clear, serous or hemorrhagic

Vesicle

Bulla

Pustule

- A circumscribed elevation (or vesicle) that contains cloudy or purulent fluid
- Usually less than 0.5 to 1cm in diameter
Secondary Lesions

Crust

- A hardened layer or scab that results when serum, blood or purulent exudate dries on the skin surface
- Crusts may be thin or thick and can have various colors
**Scale**

- Excess or visibly thickened stratum corneum
- Usually accumulates in flakes or plates having a white or grey color

**Lichenification**

- Epidermal thickening marked by
- Visible and palpable thickening of the skin
- Accentuated skin markings
- Usually due to repeated rubbing and scratching
Lichen Simplex Chronicus

**Induration**

- Dermal thickening resulting in skin that feels thicker and firmer than normal

**Erosion**

- A focal loss of epidermis that does not penetrate below the DEJ
- Usually starts off as a vesicle or bulla
- Heals without scarring
Erosion

- A focal loss of epidermis and dermis
- Heals with scarring

Ulcer

- A focal loss of epidermis and dermis
- Heals with scarring

Atrophy

- A depression in the skin resulting from thinning of the epidermis, dermis or subcutaneous tissue
- Clinical appearance depends on the level of the tissue with atrophy
Wheal

- Superficial, transient edema of the skin
- Classically seen with urticaria or bites/stings

Urticarial Drug Reaction
**Telangiectasia**

- Superficial blood vessels enlarged enough to be clinically visible

**Comedone**

- A plug of sebaceous or keratinous material lodged in the opening of a hair follicle

- The follicular orifice may be dilated (blackhead) or narrowed (whitehead)
Adenoma Sebaceum

The End