Psoriasis
Guttate type
Palmoplanter pustulosis
Lichen planus
Pterygium of the nail
Eczema
Eczema herpeticum
impetigo

when they got herpes

Figure 41.18 Kaposi varicelliform eruption: eczema herpeticum.

Figure 39.16 Contact eczema of the lower leg due to allergy to para bandages.
Figure 39.1 (a) Acute eczema of the arm, with erythema and marked exudation. (b) Chronic eczema of the arm.

Figure 39.2. Severe seborrhoeic dermatitis with prominent involvement of the naso-labial grooves.

Figure 40.4. Seborrhoeic dermatitis of the presternal area. (Courtesy of Dr D. A. Burns, Leicester Royal Infirmary.)

Figure 39.22. In pityriasis alba the failure of the affected patches to tan may first bring them to the patient’s notice. (Courtesy of Dr A. Marsden, St George’s Hospital, London, UK.)
pompholyx
Seborrhoeic dermatitis
Acne vulgaris
TYPES OF ACNE

- WHITE HEAD
- BLACK HEAD
- PAPULE
- PUSTULE
- CYSTIC
- NODULE

seborrhea
rosacea
The result of the prolonged use of potent topical steroids for rosacea. Note the extreme telangiectasia.
Polymorphic light eruption
Figure 127.6 Polymorphic light eruption provoked on the extensor forearm by window glass-transmitted light (patient’s own photograph).
botox
Fillers

- Natural or synthetic polymers eg collagen, hyaluronic acid

Figure 22.1. Before (a) and after (b) photographs of the effect of botulinum toxin injections on glabella and horizontal forehead frown lines. "X" marks typical injection sites to reduce glabella and forehead rhytides.

Figure 22.2. Before (a) and after (b) photographs showing reduction in nasolabial folds following injection of a hyaluronic acid filler.
Bullous pemphigoid
Pemphigus vulgaris
Figure 50.1 Direct immunofluorescence of pemphigus vulgaris. Antibody is deposited around the cell membrane of epidermal keratinocytes.

Figure 50.2 Direct immunofluorescence of paraneoplastic pemphigus. Intercellular antibody deposition is seen as in pemphigus vulgaris but in addition there is labelling of a zone as a result of the broad spectrum antibody response.
Dermatitis herpetiformis
Discoid lupus
dermatomyositis
Heliotrope eyelid discolouration

Gottron’s sign

Shawl’s sign
Necrobiosis lipoidica
Figure 1. Typical appearance of necrobiosis lipoidica: a well-demarcated, waxy, yellow atrophic plaque.

Figure 99.8 Necrobiosis lipoidica showing yellowish indurated plaques on the anterior aspect of the legs in a diabetic woman.
sarcoidosis
sarcoid

- Erythema nodosum
- Sarcoid granulomas in skin
  - Brown-red papules, nodules, plaques
  - Scar sarcoid
  - Dusky plaques on nose/fingers
Erythema gyratum repens
Necrolytic migratory erythema
Erythama multiforme
Figure 47.2  Mucosal lesions in erythema multiforme.
Drug erythema
Stevens-Johnson syndrome
urticaria
Cholenergic type
dermographism
Angioedema
Pityriasis rosea

Herald patch
Erythroderma
Seborrhoeic keratosis
Skin tag

milia
Melanocytic naevi

Melanocytic Nevi

- Junctional nevus
  - Flat
  - Brown to black

- Compound nevus
  - Slightly elevated
  - Brown or light brown

- Intradermal nevus
  - Dome-shaped, warty, or sessile
  - Light brown or flesh-colored

Epidermis

Dermopeidermal junction

Dermis

Halo navi

intradermal
Actinic keratosis
Bowen’s disease
Basal cell carcinoma
With telangiectasia & ulceration

Complicated case

Early stage
Squamous cell carcinoma
melanoma
Mohs Surgery

Visible lesion on skin

1. First thin layer removed
2. Another thin layer removed
3. Another thin layer removed
4. Final layer of cancer removed

© 2010 Terese Winslow
U.S. Govt. has certain rights
Herpes simplex
Warts
Treeman syndrome
Multiple scars following the injudicious surgical treatment of wart
Herpes zoster of the left ophthalmic division of the trigeminal nerve. No nasociliary involvement, this is reassuring.
Tinea pedis
Tinea of the hand
Norwegian scabies