

# **History, Physical Examination, Primary & Secondary Lesions**

*Muna Matta-Muallem, MD*

## **I. HISTORY -TAKING:**

### **A. Present History:**

1. Chief complaint
2. Duration of signs and symptoms, constant or periodic
3. Location of signs and symptoms
4. Nature of signs and symptoms: itchy, painful, burning, etc...
5. Progress and evolution of lesions
6. Alterations by therapy
7. Seasonal variation
8. Drug intake
9. Cosmetics
10. Occupational history
11. Recreational history
12. Garments
13. Travel history

### **B. Past Medical History and System Review**

1. Skin diseases
2. History of allergy, asthma, hay fever, allergic conjunctivitis
3. Systemic diseases e.g. diabetes, thyrotoxicosis

## **II. PHYSICAL EXAMINATION**

1. Undress patients completely
2. Adequate illumination
3. Distribution of lesions
4. Identify primary lesions

The signs of the skin diseases are called lesions and it is usual to call them "the Alphabet". By being able to recognize the letters, you can put them together and form words and sentences that have meaning. These lesions or the "Alphabet" are classified into primary and secondary.

When a lesion develops without an preceding manifest skin change, it is primary. But when a lesion changes in character - even by its natural evolution in time - it becomes secondary.

<b><u>A. Primary lesions:</u></b>	These develop without manifest skin change
<b><u>Macule:</u></b>	A flat, circumscribed area of altered skin color
<b><u>Papule:</u></b>	A small, circumscribed elevation of the skin
<b><u>Lichen:</u></b>	A flat- topped papule
<b><u>Nodule:</u></b>	A solid, circumscribed elevation whose greater part lies beneath the skin surface.
<b><u>Cyst:</u></b>	Cavity lined by epithelium containing fluid, pus or keratin, can be nodule or a papule.
<b><u>Wheal:</u></b>	A transient, slightly raised and usually flat lesion, characteristically with a pale center and a pink margin.
<b><u>Vesicle:</u></b>	A small (less than 5 mm in diameter), circumscribed, fluid-containing elevation.
<b><u>Bulla:</u></b>	Similar to a vesicle but larger
<b><u>Pustule:</u></b>	A collection of pus
<b><u>Plaque:</u></b>	A flat-topped palpable lesion, larger than a lichen
<b><u>Purpura:</u></b>	Visible collection of free red blood cells within the skin
<b><u>Telangiectasis:</u></b>	Dilated capillaries permanently visible on the skin surface.
<b><u>Comedone:</u></b>	Impaction of keratin in the infundibulum of a pilosebaceous unit

**B. Secondary Lesions:**

These are lesions that have changed in character.

<b><u>Scale:</u></b>	Thickened, loose, readily detached fragments of stratum corneum.
<b><u>Crust:</u></b>	Dried exudate
<b><u>Excoriation:</u></b>	A shallow abrasion often caused by scratching
<b><u>Ulcer:</u></b>	An excavation due to loss of tissue including the epidermal surface.
<b><u>Scar:</u></b>	A permanent lesion that results from the process of repair by replacement with connective tissue.
<b><u>Lichenification:</u></b>	Areas of increased epidermal thickness with accentuation of skin markings which develop in response to chronic rubbing.
<b><u>Induration:</u></b>	Dermal thickening produced by excessive deposition of collagen or by dermal infiltrative processes
<b><u>Atrophy:</u></b>	Loss of tissue, can be epidermal, dermal or subcutaneous.
<b><u>Burrow:</u></b>	Tunnel caused by a burrowing organism.
<b><u>Cutaneous horn:</u></b>	Excessive accumulation of stratum corneum in a localized area.

**C. Descriptive Terms:**

<b><u>Nummular/discoid:</u></b>	Refers to round, coin like lesions.
<b><u>Targetoid:</u></b>	Round lesions with concentric border and a dark center. Iris like.
<b><u>Annular:</u></b>	Ring shaped lesions with an active border and a clear center

<b><u>Serpiginous, gyrate or polycyclic:</u></b>	Snake like pattern
<b><u>Linear:</u></b>	Lesions occurring in a line
<b><u>Herpetiform</u></b>	Lesions grouped in a manner similar to herpes simplex lesions
<b><u>Reticular or reticulated:</u></b>	Net like pattern
<b><u>Verrucous, warty, papillomatous:</u></b>	Surface consisting of finger like projections
<b><u>Zosteriform or dermatomal</u></b>	Occurring within the distribution of nerve

<b><u>Guttate:</u></b>	Drop like, “en gouttes”
<b><u>Umbilication:</u></b>	Round depression in the center
<b><u>Koebner’s phenomenon</u></b>	Reproduction of skin lesions in certain diseases or sites of trauma
<b><u>Photodistribution</u></b>	Lesions occurring over sun exposed skin. Protected areas remain free of lesions.

### **III. DIAGNOSTIC TESTS:**

1. Mycologic examination (potassium hydroxide smear, cultures)
2. Wood's lamp examination
3. Extraction of ectoparasites (scabies, pediculosis, etc...)
4. Skin biopsy
5. Immunopathology
6. Electron microscopy
7. Clinical photography
8. Patch testing.