



**Figure 2.** Biopsy taken from the abdomen **A)** Cup-shaped ulceration in the epidermis filled with collagen and necrotic debris (H&E  $\times 20$ ) **B)** Accumulation of basophilic collagen in the papillary dermis (H&E  $\times 100$ ).

## References

1. Schreml S, Hafner C, Eder F, Landthaler M, Burgdorf W, Babila P. Kyrie disease and acquired perforating collagenosis secondary to chronic renal failure and diabetes mellitus. *Case Rep Dermatol* 2011;3:209-11.
2. Tilz H, Becker JC, Legat F, Shettini AP, Inzinger M, Massone C. Allopurinol in the treatment of acquired reactive perforating collagenosis. *An Bras Dermatol* 2013;88:94-7.

doi:10.1684/ejd.2014.2509

## Residents' corner December 2014. Photographic Clues: photographic composition and clinical record storing

Alejandro MARTIN-GORGOJO<sup>1,2</sup>,  
Ricardo RUIZ-RODRIGUEZ<sup>2</sup>

<sup>1</sup> Escuela de Doctorado. Universidad Católica de Valencia "San Vicente Mártir"

e-mail: alejandromartingorgojo@aedv.es

<sup>2</sup> Dermatology Department Clinica Dermatologica Internacional, Clinica Ruber. C/ General Diaz Porlier 93, 28006 Madrid (Spain)

Several issues in dermatological photography have been discussed in previous contributions to the section. This manuscript will cover two additional aspects of dermatological photography.

The first one is composition. We have already stated that photography can be considered the art of capturing light. Therefore, some basic artistic rules should be remembered

whenever photographing any subject. Optimal orientation is required (generally portrait or landscape, but exceptionally other projections can be made), including general and medium-distance pictures to locate the area that will be depicted in a close-up. The 'rule of thirds' should be followed whenever the subject is not centered in the image. And, moreover, the background of the picture (preferably using a black or surgical green cloth) should not be overlooked, since it may distract the viewer from the main purpose of the picture [1, 2].

The second and last issue includes image storage, which has to be performed in a standardized manner and stored within the patient's clinical record, without neglecting periodical backups [3]. Though a radiological image repository could be suitable for these purposes (and has been successfully implemented in many departments), multiple alternative systems can be used. In our experience, the inclusion of high quality pictures within each record annotation using specific software, along with a parallel database encoding demographics and diagnosis, is the optimal configuration. Photography is an essential resource for dermatologists for clinical, informative and scientific purposes. It is our responsibility to put in our best knowledge in order to perform in an excellent manner.

## References

1. Kaliyadan F, Manoj J, Venkitakrishnan S, Dharmaratnam AD. Basic digital photography in dermatology. *Indian J Dermatol Venereol Leprol* 2008;74: 532-6.
2. Rowse D. Rule of Thirds. Available at: <http://digital-photography-school.com/rule-of-thirds/>.
3. Witmer WK, Lebovitz PJ. Clinical photography in the dermatology practice. *Semin Cut Med Surg* 2012;31: 191-9.

doi:10.1684/ejd.2014.2510