Dermatology Terminology

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This book is dedicated to the three teachers who have had the biggest impact in my life in dermatology.

Dr. Wallace Clark was a pathologist with a special interest in dermatology. He was the first person to figure out that how deep a melanoma went into the tissue mattered; he was also the first to show that a melanoma grew horizontally, before it grew vertically. Further, he recognized the importance of genetics in melanoma with his work on the B–K mole syndrome ("B and K" were the initials of his first patients with the disorder). Beyond melanoma, he could "breathe life" into fixed tissue, and he was always contemplating matters that others did not focus on, such as "Why doesn't scarring occur in granuloma annulare when there is so much necrobiosis of the connective tissue?" My favorite anecdote about Wally was when I showed him a slide of a pigmented lesion that I was struggling with, and he said "It's OK." I said, "That's great for the patient, but I need to know how you went from the point where I was, to the point where you said it was OK." He then gave me a stepwise analysis from point to point.

Dr. Albert Kligman is a dermatologist researcher with an incredible passion to teach and share his knowledge. Further, anywhere one turns in dermatology, his footprints will be found. Some of his discoveries I find most intriguing are the pathogenesis of both acne vulgaris and steroid acne, his early warnings about the effect of sunlight on skin (he called the consequences "baleful"), and the pathogenesis of telogen effluvium, miliaria, and symptomatic athlete's foot. His inventions, such as the maximization test, the comedogenic assay, the PAS stain, all-*trans*-retinoic acid for acne, wrinkles, and actinic cheilitis, the irritancy assay for soaps, the development of baby shampoo, and a depigmenting formula are still in use today. Beyond these major achievements, the image of Albert Kligman that stands out in my mind is him at the chalkboard during Journal Club. He would write down the title of the paper and then launch into a "flight of ideas" on that or on any pertinent subject. His reviews of the literature were and remain the most stimulating I have ever been exposed to.

Dr. Samuel Moschella is a clinical dermatologist who has been called a "Dean" of dermatology and the "dermatologist's dermatologist." He has incredible recall of diseases he has seen (and there are not many he has not seen), and an incredible ability to integrate the skin findings into a patient's pathobiology. I vividly remember him diagnosing an elderly patient's ichthyosis and integrating it into her apathetic hyperthyroidism, and another patient who looked like she had scleroderma, but he showed that she had porphyria. Sam is a retired Captain in the US Navy Medical Corps and, as such, took special interest in the Navy residents and dermatologists. He made our training in leprosy at the USPHS Hospital at Carville, Louisiana, memorable. Further, any meeting where he is present will be much more informative because of his comments.

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Preface

Dermatology Terminology is an attempt to describe and catalog dermatologic diseases with the verbiage dermatologists actually use while speaking to each other. With many disorders, the description can be reduced to a word, a phrase, or an acronym. I call this the "keyword" phenomenon, where such a keyword substitutes for a much fuller and much lengthier formal presentation.

Dermatology is unusual in medicine in that the language of medicine does not fill the needs of the specialty. In other words, we have our own formal language that is so distinctive, it takes approximately 6 months to learn to speak it. In this regard, it is very similar to learning a foreign language. In like manner, dermatopathology has its own language that differs dramatically from the language of pathology.

In addition to the formal language of the specialty, there is another way dermatologists communicate with each other. This is an informal language that I call the "keyword" phenomenon. An example of this is the term "nutmeg grater," which brings to mind the whole disease presentation of pityriasis rubra pilaris, just as the term "oil spots" calls forth the image of psoriasis of the nails. In other words, to portray pityriasis rubra pilaris, one does not have to describe "nutmeg grater" as "hyperkeratotic, follicular papules on the dorsal fingers, or another location associated with a diffuse pink follicular eruption with prominent areas of uninvolvement." One has only to say "nutmeg grater."

"Argot" is a term that represents a specialized and sometimes secret vocabulary used by a group; theoretically, it would be an excellent term for the "keyword" phenomenon. However, the association of "argot" with groups such as thieves, drug dealers, and the like prevents it from serious discussion in a medical forum. Synonyms such as "cant, jargon, lingo, and patois" either have similar objectionable connotations or are so informal as to be unusable.

Perhaps the first keyword to pique my interest was the "butterfly" rash that every medical student knows represents lupus. Add "flaccid bullae" and "tense bullae," and the concept began to gather focus. I have been particularly drawn to contrasts, such as "ivory white, porcelain white, and silvery," all of which represent different diseases. "Blue (nose), blue (papule), blue (cyst), and blue (painful tumor)" are similarly representative. Paradoxes are also intriguing: Coumadin (warfarin) and heparin are both anticoagulants that are associated with severe clotting in certain situations.

Colors deserve a special place in dermatologic description. Doctors and patients alike can observe the change in the shade of red when a rash goes from its acute presentation to its resolution phase. In other words, the color goes from bright to dull red as the rash resolves. Blue, as a color, has already been mentioned; red is another useful color in dermatologic descriptions, with "red leg, coral red, strawberry tongue, red man, cayenne pepper, and cherry red" all having representative diseases. Black is so important (because it is the color of most melanomas) that it deserves a keyword; however, many different benign tumors are black, so its mention is not specific to melanoma. Melanoma itself is nonetheless so important to dermatology that with some stretching, I arrived at "ABCD" as its keyword.

The different sections of this book include papulosquamous, vesiculobullous (including dermatitis and eczema), infectious, hypersensitivity, and genetic disorders, dermatology in systemic disease, tumors, and miscellaneous disorders. One might predict that it would be easy to classify all the dermatologic disorders and their keywords in these sections, but there is considerable overlap. Diseases that come to mind for the papulosquamous section that are not ordinarily considered with that group include eczema, which often presents with scaling plaques (the very definition

of papulosquamous); subacute cutaneous lupus erythematosus, which frequently presents with psoriasis-like plaques; discoid lupus erythematosus, superficial basal cell carcinoma, seborrheic dermatitis, actinic keratosis, seborrheic keratosis, erythrokeratoderma variabilis, and Netherton syndrome. Other sections have similar challenges.

What follows is a compilation of "keywords"; if they do not evoke an image in the mind of the reader or listener, then they are incomplete, obsolete, or not so key. The keyword, together with a photo of the disease it represents, is coupled with a short description and a literature reference for that disease. The photos are from my own collection or the collection at Drexel Dermatology. The descriptions have been prepared by many of our residents and medical students, as well as by me.

Contents

Contributors

Monica R. Boyle, MD
Scabies, trichotillomania, trichorrhexis nodosa

Christina L. Chung, MD
Artwork: Trichorrhexis invaginata, trichorrhexis nodosa, pili torti

Ingrid C. Freeny, MD
Ichthyosis vulgaris, telogen defluvium, vitiligo

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Addison disease, loose anagen syndrome, scarlet fever

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Pyoderma gangrenosum

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X-linked ichthyosis, diabetes

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Purpura fulminans, McCune–Albright syndrome, Graves disease, photodermatitis

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Fabry disease, Menkes syndrome, Netherton syndrome

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Erythema annulare centrifugum, tinea capitis, tinea pedis

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Atypical nevus, subungual hematoma

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Halo nevus, herpes simplex, pellagra

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Erythrasma, follicular mucinosis, immersion foot, Lyme disease, pseudoxanthoma elasticum, subungual melanoma

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Alopecia areata, CREST, dermatomyositis, eosinophilia–myalgia syndrome, morphea, systemic lupus erythematosus