



FIGURE 25e-23 Tender vesicles and erosions in the mouth of a patient with hand-foot-and-mouth disease. (Courtesy of Stephen E. Gellis, MD; with permission.)



FIGURE 25e-24 Septic emboli with hemorrhage and infarction due to acute *Staphylococcus aureus* endocarditis. (Courtesy of Lindsey Baden, MD; with permission.)



FIGURE 25e-25 Erythema multiforme is characterized by erythematous plaques with a target or iris morphology, sometimes with a vesicle in the center. It usually represents a hypersensitivity reaction to infections (especially herpes simplex virus or *Mycoplasma pneumoniae*) or drugs. (Reprinted from K Wolff, RA Johnson: *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*, 6th ed. New York, McGraw-Hill, 2009.)



FIGURE 25e-26 Scarlet fever exanthem. Finely punctuated erythema has become confluent (scarlatiniform); accentuation of linear erythema in body folds (Pastia's lines) is seen here. (Reprinted from K Wolff, RA Johnson: *Color Atlas and Synopsis of Clinical Dermatology*, 6th ed. New York, McGraw-Hill, 2009.)