FIGURE 70-4 Necrotizing vasculitis. Palpable purpuric papules on the lower legs are seen in this patient with cutaneous small-vessel vasculitis. *(Courtesy of Robert Swerlick, MD; with permission.)*

blade. The material is placed on a glass slide, air-dried, and stained with Giemsa or Wright's stain. Multinucleated epithelial giant cells suggest the presence of HSV or VZV; culture, immunofluorescence microscopy, or genetic testing must be performed to identify the specific virus.

FIGURE 70-5 Meningococcemia. An example of fulminant meningococcemia with extensive angular purpuric patches. *(Courtesy of Stephen E. Gellis, MD; with permission.)*

Diascopy Diascopy is designed to assess whether a skin lesion will blanch with pressure as, for example, in determining whether a red lesion is hemorrhagic or simply blood-filled. Urticaria **(Fig. 70-11)** will blanch with pressure, whereas a purpuric lesion caused by necrotizing vasculitis (Fig. 70-4) will not. Diascopy is performed by pressing a microscope slide or magnifying lens against a lesion and noting the amount of blanching that occurs. Granulomas often have an opaque to transparent, brown-pink "apple jelly" appearance on diascopy.

Wood's Light A Wood's lamp generates 360-nm ultraviolet ("black") light that can be used to aid the evaluation of certain skin disorders.

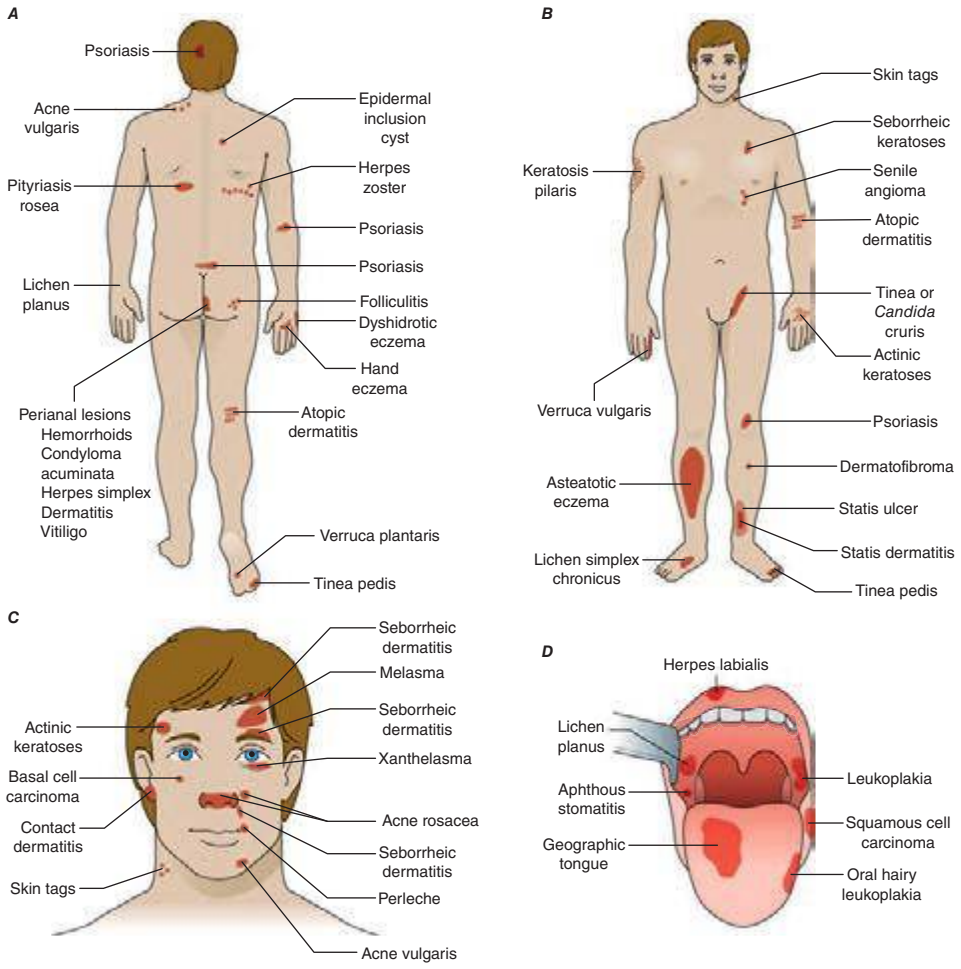

FIGURE 70-6 Distribution of some common dermatologic diseases and lesions.