



FIGURE 70-7 Psoriasis. This papulosquamous skin disease is characterized by small and large erythematous papules and plaques with overlying adherent silvery scale.



FIGURE 70-8 Dermatitis herpetiformis. This disorder typically displays pruritic, grouped papulovesicles on elbows, knees, buttocks, and posterior scalp. Vesicles are often excoriated due to associated pruritus.



FIGURE 70-9 Erythema multiforme. This eruption is characterized by multiple erythematous plaques with a target or iris morphology. It usually represents a hypersensitivity reaction to drugs (e.g., sulfonamides) or infections (e.g., HSV). (Courtesy of the Yale Resident's Slide Collection; with permission.)



FIGURE 70-10 Allergic contact dermatitis (ACD). **A.** An example of ACD in its acute phase, with sharply demarcated, weeping, eczematous plaques in a perioral distribution. **B.** ACD in its chronic phase, with an erythematous, lichenified, weeping plaque on skin chronically exposed to nickel in a metal snap. (B, Courtesy of Robert Swerlick, MD; with permission.)

For example, a Wood's lamp will cause erythrasma (a superficial, intertriginous infection caused by *Corynebacterium minutissimum*) to show a characteristic coral pink color, and wounds colonized by *Pseudomonas* will appear pale blue. Tinea capitis caused by certain dermatophytes (e.g., *Microsporum canis* or *M. audouinii*) exhibits a yellow fluorescence. Pigmented lesions of the epidermis such as freckles are accentuated, while dermal pigment such as postinflammatory hyperpigmentation fades under a Wood's light. Vitiligo (Fig. 70-12) appears



FIGURE 70-11 Urticaria. Discrete and confluent, edematous, erythematous papules and plaques are characteristic of this whealing eruption.