

ALGORITHM FOR DIAGNOSING AN UNKNOWN SKIN DISEASE

(note: for the purposes of this algorithm, consider purple as red lesions and blue as brown lesions)

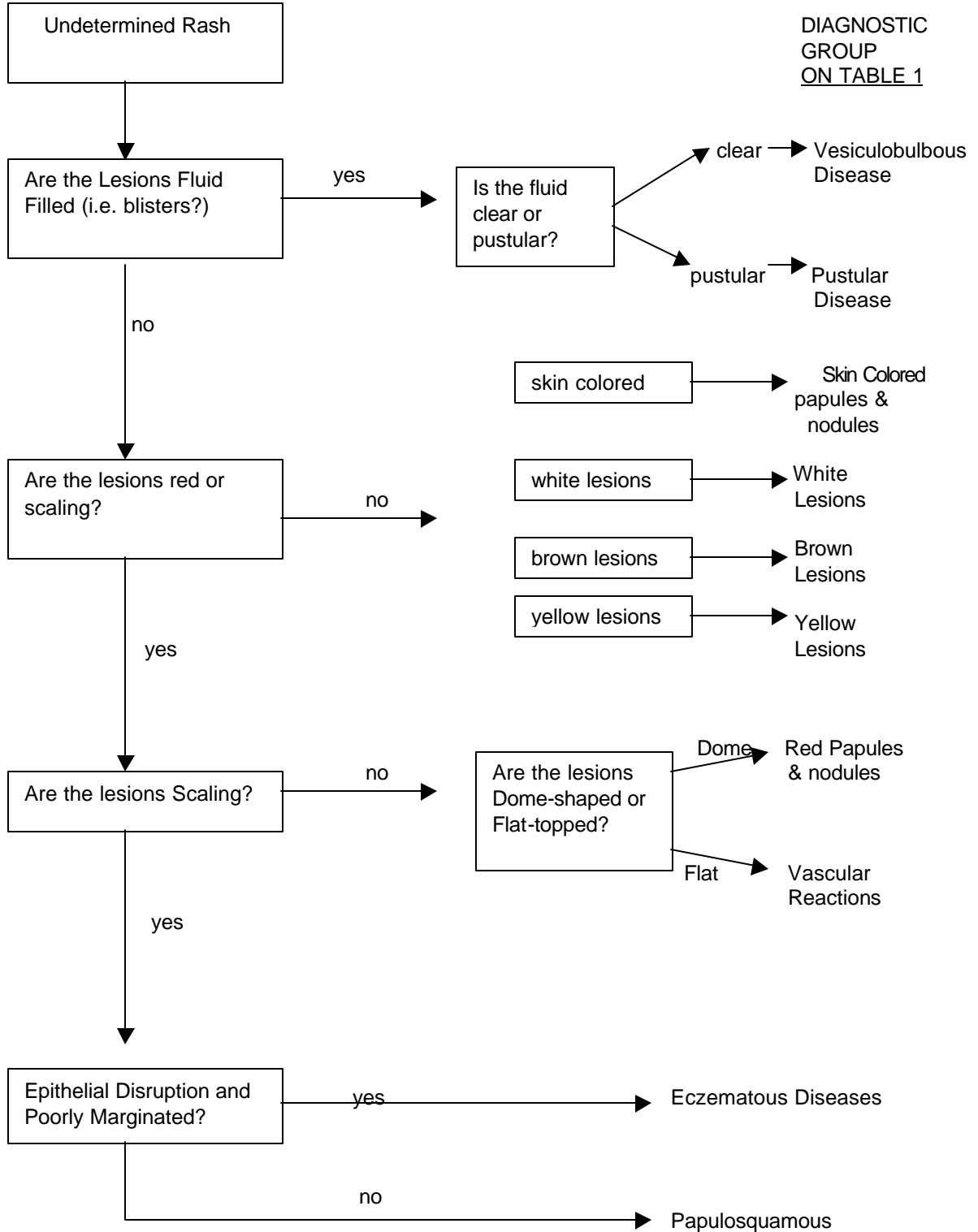


TABLE-1 COMMON DIAGNOSES FOR EACH GROUP

A) Vesiculobulbous Diseases

Vesicular:

- Herpes Simplex
- Herpes Zoster
- Varicella
- Vesicular Tinea Pedis
- Dyshidrosis
- Contact Dermatitis

Bullous:

- Stevens-Johnson Syndrome
- Pemphigus Vulgaris
- Bullous Pemphigoid
- Bullous Impetigo
- Trauma (burns, for e.g.)

Hemorrhagic Bullae:

- Necrotizing Fasciitis
- Vasculitis
- Bullous Pyoderma Gangrenosum
- Envenomation

B) Pustular Diseases

True Pustules:

- Bacterial Folliculitis
- Fungal Folliculitis
- Candidiasis
- Acne Rosacea
- Pustular Psoriasis

Pseudo or Solid "Pustules":

- Acne
- Milia
- Keratosis Pilaris

C) Skin Colored Papules & Nodules

Actinic Keratoses
Squamous Cell Carcinoma
Seborrheic Keratosis
Basal Cell Carcinoma
Warts (plantar, genital, etc.)
Epidermoid Cysts
Dermal Nevi
Molluscum Contagiosum
Skin Tags

D) White Lesions

Patches and Plaques:

- Tinea Versicolor
- Vitiligo
- Pityriasis alba
- Post-inflammatory hypopigmentation

Papules:

- Milia
- Keratosis pilaris
- Molluscum Contagiosum

E) **Brown Lesions**

Papules-Nodules:

- Compound Nevi
- Melanoma
- Atypical Moles
- Dermatofibroma
- Seborrheic Keratosis
- Actinic Keratoses

Macules-Patches:

- Freckles
- Lentiginos
- Junctional Nevi
- Melanoma
- Atypical Moles
- Cafe-au-lait Spots

F) **Yellow Lesions**

Xanthomas
Necrobiosis lipoidica
Sebaceous Hyperplasia

G) **Red Papules & Nodules**

Papules:

- Insect Bites
- Cherry Angiomas
- Pyogenic Granuloma
- Granuloma Annulare
- Basal Cell Carcinoma
- Any inflamed tumor from the skin-colored lesion group

Nodules:

- Furuncles
- Inflamed Cysts
- Erythema Nodosum
- Hemangiomas

H) **Vascular Reactions**

Urticaria
Erythema Multiforme
Toxic Epidermal Necrolysis
Vasculitis

I) **Papulosquamous Diseases**

Psoriasis
Fungal
Lupus Erythematosus

Lichen Planus
Pityriasis Rosea
Secondary Syphilis

J) **Eczematous Diseases**

With prominent excoriations:

- Atopic/neurodermatitis
- Stasis Dermatitis
- Dyshidrotic Eczema
- Fungal Eczema

Unapparent or non-prominent excoriations:

- Contact dermatitis
- Seborrheic Dermatitis
- Xerotic Eczema
- Impetigo (often an eczema look-alike)

Reaction patterns in Eczematous Disease:

- Diaper Eczema
- Exfoliative Erythrodermatitis
- Acral Eczema
- Autoeczematization

References:

Harrison's Principles of Internal Medicine 14th Ed.

Principles and Practice of Dermatology Sams, et. al.

Dermatology in General Medicine Fitzpatrick, et. al.