

Examination of the Skin



Is it a *local problem*
or a *sign or symptom*
of an *underlying*
system pathology?

Inspection → Palpation → Special tests

INSPECTION

General survey of a body region or entire body surface

Colour

Pigmentation

Redness

Cyanosis

Lesions

Yellowing

Mucus membranes

Pallor

Hair

Nails

Changes in colour

Red

- Increased oxyhaemoglobin, dilated capillaries, reduced oxygen use by skin

Causes:

- Fever, blushing, alcohol, inflammation, allergy.

Brown

- Deposition of melanin

Causes:

- Sunlight, pregnancy, Addison's disease, Haemosiderin (grayish)

Changes in colour

YELLOW

- Bilirubin, carotene, urinary chromogens

Causes:

- *Liver disease, red blood cell haemolysis*
- *Chronic uremia, carotene from diet,*
- *supplements, myxedema*
- *Hypopituitarism, diabetes M, Anorexia nervosa*
- *Inspect: conjunctivae, mucous membranes,*
- *Palms, soles, face,*

Changes in colour

Blue

- Increased deoxyhaemoglobin

Causes:

- Peripheral (capillary constriction):
 - Anxiety, cold → fingers, nails
- Central (arterial insufficiency):
 - Heart or lung disease → Lips, buccal mucosa, tongue, nails
- Abnormal haemoglobin: Congenital or acquired
- Reddish blue: increased haemoglobin
- Polycythemia

Decreased colour

- **Decreased melanin, decreased oxyhaemoglobin, oedema**

Causes:

- ***Decreased melanin → Albinism (generalised),***
- ***Vitiligo (patchy, symmetrical),***
- ***tinea Versicolor (chest, back, neck)***
- ***Decreased oxyhaemoglobin visibility → syncope,***
- ***shock, anaemia, normal variations***
- ***Oedema → Nephrotic syndrome***

INSPECTION OF LESIONS

Distribution:

- **Symmetrical / non-symmetrical ?**
- **Peripheral or central distribution ?**
- **Exposed or shady areas ?**
- **Contact areas ?**

- **Number and Size of lesions**

- **Inspect old and recent lesions**

- **Discrete or confluent**

INSPECTION OF LESIONS

Pattern of lesions:

- **Linear**
- **Annular**
- **Serpiginous**
- **Reticular**

Demarcation of edges

Colour

Surface appearance

- **Scaly**
- **Shiny**

PALPATION OF LESIONS

Is it safe to touch ?

- Flat (impalpable) → macular
- Raised (palpable)
- Papular < 0.5 cm
- Plaque > 0.5 cm
- Nodular: deep in the dermis
- wheal: oedema, fluid
- Vesicles: fluid containing
- Bullae: large vesicle > 0.5 cm
- Pustular: containing pus

Temperature

Tenderness

Blanches on pressure?

Yes → drug rash, telangiectasia, dilated capillaries, meningitis

No → Purpura or petechiae (small discrete haemorrhages)

- Vasculitis if palpable
- Senile purpura: flat purple/brown lesions.
- Local haemorrhages from minor traumas on hands and forearms

Hard:

- Sclerosis of skin → scleroderma:
- Infiltration → lymphoma or cancer
- Old scars

End