International League of Dermatological Societies

Nomenclature for the Description of Cutaneous Lesions

The ILDS Committee on Nomenclature began its work in anticipation of the Dermatology Summit held in Berlin in June 2012. The other members of the Committee were Drs. Wolfram Sterry, Christopher E.M. Griffiths, and Alexander Nast. Following a review of definitions of primary skin lesions from multiple textbooks, an initial draft of 15 definitions, from papule to pustule, was circulated to Directors and Member Societies for comments via a Delphi process directed by Dr. Alexander Nast. Notably, comments were received from 46 member societies.

At the Summit, a Glossary of Basic Dermatology Lesions Workshop was held and the definitions were further refined prior to being presented to all the attendees for comments and consensus building (Table 1). The following individuals participated in the Workshop: Drs. Fédéric Caux, Agness Chakowa, Tess Gabriel, Harvey Lui, Jerry Shapiro (co-chair), and Mihael Skerlev, as well as Eric Seban, Lars Ettarp, and I. The discussions in the Workshop were thoughtful as well as lively and spirited.

The next phase of the project was to increase the number of definitions, from distribution patterns to colours and shapes. Multiple email communications amongst Committee members led to the creation of Tables 2 to 7. These additional definitions were then sent to both directors of the ILDS and member societies for comments. Critiques, again based upon a Delphi process, were reviewed in order to make further revisions and refinements. Rod Hay, DM, provided invaluable editorial assistance.

The final version of the proposed nomenclature will be presented at the World Congress in Vancouver in June 2015 and will be included as part of the educational materials provided to each attendee. The Committee also felt that the definitions should be easily accessible to the dermatologic community and therefore are being posted on the ILDS website.

Jean Bolognia, MD
Committee Chair
New Haven, CT
December 20, 2014

Dedicated to our ILDS President, Dr. Wolfram Sterry, who was the force behind the project

Table 1. Basic descriptive terms for cutaneous lesions.

Term	Definition	Comments
Macule	A flat, circumscribed, nonpalpable lesion that differs in colour from the surrounding skin. It can be any colour or shape	The average size, border and colour should be described. In North America, a macule (≤1cm) is distinguished from a patch (>1cm).
Papule	An elevated, solid, palpable lesion that is ≤1cm in diameter	The topography, average size, border and colour should be described
Plaque	A circumscribed, palpable lesion >1 cm in diameter; most plaques are elevated and their surface is usually flat. Plaques may result from a coalescence of papules	The topography (e.g. flat), average size, border and colour should be described
Nodule	A solid, palpable lesion >1 cm located primarily in the dermis and/or subcutis. The greatest portion of the lesion may be exophytic or beneath the skin surface	The topography, average size and colour should be described
Wheal	A transient elevation of the skin due to dermal oedema, often pale centrally with an erythematous rim	There are no surface changes

Vesicle	A circumscribed elevation ≤1 cm in diameter that contains liquid (clear, serous or haemorrhagic)	
Bulla	A circumscribed elevation >1 cm in diameter that contains liquid (clear, serous or haemorrhagic)	
Pustule	A circumscribed lesion that contains purulent material	
Crust	Dried serum, blood or pus on the surface of the skin	
Scale	A visible accumulation of keratin, forming a flat plate or flake	• Types of scale: - silvery (micaceous), e.g. psoriasis - powdery (furfuraceous), e.g. tinea versicolor - greasy, e.g. seborrhoeic dermatitis - gritty, e.g. actinic keratosis - polygonal, e.g., ichthyosis • Collarette of scale: fine white scale at the edge of an inflammatory lesion or resolving infectious process, e.g. pityriasis rosea, resolving folliculitis, resolving furunculosis
Erosion	Loss of either a portion of or the entire epidermis	
Excoriation	A loss of the epidermis and a portion of the dermis due to scratching or an exogenous injury	It may be linear or punctiform
Ulcer	Full-thickness loss of the epidermis plus at least a portion of the dermis; it may extend into the subcutaneous tissue	The size, shape and depth should be described as well as the characteristics of the border, base and surrounding tissue

Table 2. Distribution of cutaneous lesions. Phylloid is a term used to describe an embryonic pattern in which lesions resemble leaves. *Some clinicians also use the term segmental for a zosteriform/dermatomal distribution pattern.

Term	Definition	Clinical example(s)
Acral	Lesions of distal extremities, ears, nose, penis, nipples	Acral type of vitiligo, acrocyanosis
Asymmetrical	Lesion or distribution pattern that lacks symmetry along an axis (e.g. the midline)	Acute allergic contact dermatitis, herpes zoster, lichen striatus; in the case of a single lesion, melanoma
Dermatomal (zosteriform)*	Lesions confined to one or more segments of skin innervated by a single spinal nerve (dermatomes)	Herpes zoster, zosteriform herpes simplex, segmental neurofibromatosis
Disseminated A) Generalised/widespread B) Within an anatomic region (e.g. the back, an extremity	Lesions distributed randomly over most of the body surface area (generalised/widespread) or within an anatomic region	A) Varicella, disseminated zoster, morbilliform drug eruption B) Folliculitis (buttocks), Grover's disease (trunk)
Exposed skin A) Exposed to the environment B) Exposed to sunlight or other forms of radiation (e.g. photodistributed)	Areas exposed to external agents (chemical allergens or irritants or physical agents)	A) Allergic contact dermatitis to plants, airborne contact dermatitis B) Polymorphic light eruption, phototoxic drug eruption, radiation dermatitis
Extensor sites (of extremities)	Areas overlying muscles and tendons involved in extension as well as joints (e.g. extensor forearm, elbow, knee)	Psoriasis, frictional lichenoid dermatitis
Flexural sites	Areas overlying muscle and tendons involved in flexion of joints or the inner aspect of joints (e.g. antecubital or popliteal fossae)	Atopic dermatitis

Follicular and perifollicular	Lesions located within or around hair follicles	Folliculitis, pityriasis rubra pilaris
Generalised/widespread	Distributed over most of the body surface area (see above)	Viral exanthems (e.g. rubeola, rubella), morbilliform drug eruption
Grouped A) Herpetiform B) Agminated C) Satellitosis	Clustered	Leiomyomas A) Herpes simplex B) Agminated melanocytic nevi C) Melanoma metastases, pyogenic granulomas
Interdigital	Area between the fingers or toes	Tinea pedis, erythrasma
Intertriginous	Present in major body folds (axilla, submammary, inguinal crease, beneath pannus, intergluteal fold)	Inverse psoriasis, intertrigo, cutaneous candidiasis (candidosis), Langerhans cell histiocytosis
Linear A) Köbner phenomenon B) Dermatomal (zosteriform)* C) Sporotrichoid D) Along Blaschko's lines	Linear arrangement of lesions A) Lesions induced by physical stimuli (e.g. trauma, scratching, friction, sunburn) B) See "Dermatomal" above C) Lesions along lymphatic vessels D) Lesions due to mosaicism	A) Psoriasis, lichen planus, vitiligo, cutaneous small vessel vasculitis B) See "Dermatomal" above C) Sporotrichosis, *Mycobacterium marinum* infection D) Epidermal naevus, naevus sebaceus, linear lichen planus, lichen striatus
Localised	Lesions confined to one or a few areas	Leiomyomas, connective tissue nevi
Palmar, plantar, palmoplantar	Lesions on the palms and/or soles	Keratoderma, pustulosis palmaris et plantaris
Periorificial (e.g. periocular, periorbital, perianal)	Lesions around body orifices	Vitiligo, periorificial dermatitis
Seborrhoeic regions	Areas with the highest density of sebaceous glands (e.g. scalp, face, upper trunk)	Seborrhoeic dermatitis, Darier's disease

Segmental A) Block-like B) Along Blaschko's lines C) Dermatomal (zosteriform)	A, B) Lesions along embryonic growth lines C) see Dermatomal	Pigmentary mosaicism (A & B) Incontinentia pigmenti (B) Herpes zoster (C)
Symmetrical	Lesions or pattern that has symmetry along an axis (e.g. the midline)	Psoriasis, atopic dermatitis
Unilateral	Lesions confined to either the left or the right half of the body	Herpes zoster, CHILD syndrome, segmental vitiligo
Universal	Involving the entire body	Alopecia universalis
Zosteriform (dermatomal)*	See Dermatomal	See Dermatomal

Table 3. Colours of cutaneous lesions.

Colour	**Clinical example(s)**
Colour under natural light	
Black	Melanoma, necrosis
Brown	Compound melanocytic naevus, café au lait macule, melasma
Golden	Serous crusts of impetigo
Green to green-black	*Pseudomonas* infection
Pink	Pityriasis rosea, morbilliform drug eruption, basal cell carcinoma (all in lighter skin phototypes)
Red	Pyogenic granuloma, erysipelas
Salmon pink	Pityriasis rubra pilaris
Skin-coloured	Epidermoid inclusion cyst, lipoma, intradermal melanocytic naevus, acrochordon
Slate gray	Erythema dyschromicum perstans (ashy dermatosis)
Tan	Naevus depigmentosus, pityriasis alba, post-inflammatory hypopigmentation
Violet	Lichen planus, purpura
White	Vitiligo, idiopathic guttate hypomelanosis
Yellow	Xanthomas
Colour under Wood's light	
Coral red	Erythrasma
Golden/orange	Pityriasis (tinea) versicolor
Orange	Trichomycosis axillaris

Red	Urine in some forms of porphyria
White	Well-developed lesions of vitiligo
Yellow-green	Tinea capitis due to *Microsporum* spp.

Table 4. Shape and topography of cutaneous lesions.

	Definition	**Clinical example(s)**
Form (top view)		
Circumscribed A) Well-circumscribed B) Poorly circumscribed	 **A)** Distinct demarcation between involved and uninvolved skin **B)** Indistinct demarcation between involved and uninvolved skin	 A) Psoriasis, vitiligo B) Atopic dermatitis
Digitate	Resembles fingers	Digitate dermatosis, a form of parapsoriasis
Discoid	Circular	Discoid lupus erythematosus, nummular eczema
Figurate A) Annular B) Arciform C) Polycyclic D) Serpiginous	A shape or form with rounded margins A) Shape of a ring (clear centrally) B) A segment of a ring; arch-like C) Coalescence of several rings D) Wavy pattern, reminiscent of a snake	 A) Tinea corporis, granuloma annulare, erythema annulare centrifugum B) Urticaria, erythema annulare centrifugum C) Subacute cutaneous lupus erythematosus D) Cutaneous larva migrans
Geometric A) Artefactual	 A) Lesions induced by trauma are often angulated or have linear edges; the configuration can reflect sites of exposure to irritants or allergens	 A) Trauma (including self-induced and factitial), flagellate pigmentation due to bleomycin

B) Block-like C) Checkerboard	B) Embryonic pattern resembling rectangular blocks whose size can vary (see segmental) C) See B	B) Pigmentary mosaicism, chimerism C) Pigmentary mosaicism, chimerism
Guttate	Small, with a shape that often resembles a droplet	Guttate psoriasis, idiopathic guttate hypomelanosis
Oval	A round shape with slight elongation, resembling that of an ellipse or egg	Pityriasis rosea
Polygonal	Shape with multiple angles	Lichen planus
Polymorphic	Variable sizes and shapes as well as types of lesions	Polymorphic light eruption, Kawasaki disease
Reticulate	Net-like or lacy pattern	Livedo reticularis, erythema ab igne
Round (discoid)	Circular shape	Fixed drug eruption
Profile (side view)		
Acuminate	Elevated with tapering to a sharp point(s)	Filiform wart, cutaneous horn
Depressed	Surface below that of normal adjacent skin	Dermal atrophy – atrophoderma Lipoatrophy – anti-retroviral therapy, corticosteroid injections
Domed	Hemispherical form	Intradermal melanocytic naevus, fibrous papule of the nose, molluscum contagiosum
Flat-topped	Elevated with a flat top	Lichen planus, lichen striatus, condylomata lata
Papillomatous	Multiple projections resembling a nipple	Papillomatous intradermal melanocytic naevus, epidermal naevus
Pedunculated	Papule or nodule attached by a thinner stalk	Skin tag (acrochordon)
Raised edge	Elevated peripheral rim	Porokeratosis
Umbilicated	Small central depression	Varicella, herpes simplex, molluscum contagiosum
Verruciform	Multiple projections resembling a wart	Verrucae

Table 5. Palpation of cutaneous lesions.

Texture or feel	Definition	Clinical example(s)
Atrophy	A diminution of tissue; divided into epidermal, dermal and subcutaneous	Epidermal – lichen sclerosus Dermal – anetoderma Subcutaneous – lipoatrophy
Compressible	Pressure leads to reduction in volume	Venous lake
Firm	Feels solid and compact	Cutaneous metastasis, fibrous papule
Fixed	Is not mobile	Osteoma, Heberden's nodes, tumour attached to deep soft tissue
Fluctuant	Compressible, implying liquefaction	Inflamed epidermoid cyst, abscess
Induration	Firm texture in the absence of calcification or bone formation	Morphoea, systemic sclerosis
Mobile	Can be moved over deeper soft tissue structures	Lipoma, epidermoid inclusion cyst, dermatofibroma
Pulsatile	Throbs	Arteriovenous malformation
Rock-hard	Very hard	Calcinosis cutis, osteoma cutis
Rope-like	Feels like a rope within the skin	Thrombophlebitis
Rough	Lesion with an uneven and coarse surface	Actinic keratosis
Rubbery	Resembles rubber – firm but with some compressibility	Epidermoid inclusion cyst; reactive lymph nodes
Smooth	Even, uniform surface	Fibrous papule of the nose
Soft	Compressible and shape easy to change or mould	Skin tag, intradermal melanocytic naevus, neurofibroma
Warm	Temperature higher than normal surrounding skin	Arteriovenous malformation, erysipelas, cellulitis

Table 6. Additional descriptive terms for cutaneous lesions.

Term	Definition	Clinical example(s)
Alopecia	Decreased density or thickness of hairs	Androgenetic alopecia, alopecia areata, naevus sebaceus on scalp
Artefact	Induced by exogenous injury, sometimes self-inflicted	Factitial dermatosis
Callus	Reactive hyperkeratosis, usually due to friction and/or pressure, leading to enhanced skin markings	Overlying heads of metacarpals and metatarsals (palmoplantar surface), hyperkeratotic rim around malum perforans ulcers
Clavus (hard corn)	Localized thickening of the stratum corneum due to pathological pressure, leading to a smooth glassy appearance	Overlying bony prominences, e.g. lateral fifth toe, metatarsal heads (plantar surface)
Comedo (open and closed)	Open: dilated hair infundibulum with oxidized (black) keratinous debris ["blackhead"] Closed: expansion of hair infundibulum by keratinous debris, usually with no connection to skin surface ["whitehead"]	Acne vulgaris, chloracne
Dysaesthesia	Inappropriate sensations, e.g. paraesthesias	Notalgia paraesthetica, herpes zoster, including the pre-eruptive phase
Ecchymosis (bruise)	Haemorrhage into the skin, usually due to trauma	Use of anti-coagulant medications, post-operative, clotting abnormality
Exfoliation	Shedding of sheets of stratum corneum	Resolving phase of a sunburn
Fissure	Linear disruption of stratum corneum; may extend into the dermis	Chronic hand dermatitis
Fistula	Abnormal congenital or acquired passage from an abscess or hollow organ to the skin surface	Crohn's disease; draining abscess associated with hidradenitis suppurativa

Gangrene	Death of tissue due to ischaemia, usually acral	Peripheral arterial disease, cholesterol emboli, frostbite
Gumma	Granulomatous nodule or plaque with sticky (rubber-like) discharge	Tertiary syphilis
Haematoma	Circumscribed, usually palpable hemorrhage into the skin or soft tissues	Trauma, including surgery, use of anti-coagulant medications
Horn	Keratosis that resembles a horn	Actinic keratosis, verruca
Infarct	Ischaemia of tissue due to arterial occlusion	Cholesterol or infectious emboli, intra-arterial injections
Keratoderma	Thickening of the stratum corneum +/- epidermis of the palms and soles, often inherited	Three major types of palmoplantar keratoderma: (1) diffuse; (2) focal; and (3) punctate
Keratosis	Focal thickening of the epidermis, especially the stratum corneum	Seborrhoeic keratosis, actinic keratosis
Kerion	Boggy plaque, due to infection, that often contains pustules	Tinea capitis due to *Microsporum* or *Trichophyton* spp.
Lichenification	Accentuation of skin markings, often due to rubbing	Lichen simplex chronicus
Necrosis	Death of tissue	Septic emboli, center of cutaneous metastases
Peeling	Desquamation of the stratum corneum	Distal digits following scarlet fever, Kawasaki disease or a high fever
Petechia	Tiny pinpoint haemorrhage into the dermis	Capillaritis (pigmented purpura), thrombocytopenia
Poikiloderma	Simultaneous presence of atrophy, telangiectasias, and hypo- and hyperpigmentation	Mycosis fungoides, dermatomyositis, photoaging
Prurigo	Papules or nodules due to scratching or picking	Prurigo nodularis
Purpura	Haemorrhage into the skin due to pathological processes, primarily of blood vessels	Solar purpura, small vessel vasculitis, overuse of topical corticosteroids, primary systemic amyloidosis
Sinus	Tract leading from a deeper focus to the skin surface	Hidradenitis suppurativa, pilonidal cyst, dental sinus

Stria	Linear atrophy along tension lines; initially can be red to purple in colour (stria rubra)	Striae gravidarum, striae of body folds due to potent topical corticosteroids
Telangiectasia	Permanently dilated capillary	Actinic damage, rosacea, venous hypertension (lower extremities)

Table 7. Cutaneous lesions that resemble classical diseases or have unique appearances.

Lesions	**Classical disease(s) or appearance**	**Example(s)**
Cockarde (cockade)	Targetoid appearance	Erythema multiforme, cockarde (cockade) naevus, pemphigoid gestationis
Herpetiform (see above)	Herpes simplex or herpes zoster	Dermatitis herpetiformis
Erythema multiforme-like	Erythema multiforme	Drug eruptions, urticaria multiforme
Morbilliform	Measles	Drug eruptions that are widespread and maculopapular
Scarlatiniform	Scarlet fever	Drug eruptions that are widespread and confluent