Table 1. Description of dermatologic lesions[2]

Macule: Circumscribed, variably-shaped, flat lesion that differs in color from the surrounding skin; less than 0.5 cm in diameter

Patch: Macule larger than 0.5 cm in diameter

Papule: Small, solid, elevated lesion smaller than 0.5 cm in diameter

Nodule: Palpable, solid, round lesion larger than 0.5 cm in diameter

Plaque: An elevation above the skin surface that occupies a relatively large area in comparison with its height above the skin

Vesicle: Circumscribed, elevated, fluid-filled lesion less than 0.5 cm in diameter

Bullae: Vesicle larger than 0.5 cm in diameter

Pustule: Circumscribed, raised lesion that contains a purulent exudate

Purpura: A general term to describe nonblanching, purple discolorations of the skin that may or may not be palpable resulting from extravasated red blood cells in the skin
- **Petechiae:** Small purpura, less than 0.5 cm in diameter
- **Ecchymosis:** Large purpura, greater than than 0.5 cm

Wheal: Rounded or flat-topped papule or plaque, characteristically evanescent, and of any size or shape

Erosion: Depressed lesion that results from loss of overlying epidermis

Ulcer: Deeper, depressed lesion that results from loss of overlying dermis

Scale: Abnormal shedding of the stratum corneum in perceptible flakes

Crust: Hardened deposit of dried blood and/or purulent exudate

Table 3. Causes of petechiae and purpura

Blood disorders
- Idiopathic thrombocytopenic purpura
- Bone marrow infiltration (leukemia)
- Coagulation defects (hemophilia) or anticoagulants (coumadin)
- Medications that induce thrombocytopenia (heparin)
- Disseminated intravascular coagulation

Inflammatory conditions
- Septic emboli (disseminated meningococcemia, gonococcemia, Rocky Mountain spotted fever, endocarditis)
- Vasculitis
- Autoimmune disorder
- Small vessel disease (polyarteritis nodosa)
- Large vessel disease (Churg-Strauss syndrome)

Mechanical obstruction of vessels
- Cryoglobulinemia
- Anticardiolipin syndrome
- Protein C deficiency
- Polycythemia
- Cholesterol emboli
- Hypercoagulable states induced by drugs or malignancy

Trauma

Idiopathic

Table 2. Medications that commonly cause significant dermatologic complaints

Petechiae:	Allopurinol, thiazides, sulfonamides, nonsteroidal anti-inflammatory drugs (NSAIDs), phenytoin, penicillin
Photosensitivity:	NSAIDs, thiazides, tetracyclines, sulfonamides, griseofulvin
Erythema multiforme:	Penicillin, barbiturates, trimethoprim/sulfamethoxazole, phenytoin, sulfonamides, phenothiazines, furosemide, codeine
Toxic epidermal necrolysis:	Phenytoin, NSAIDs, allopurinol, sulfonamides, trimethoprim/sulfamethoxazole, penicillin

Pearls

The authors emphasize that the following are their opinions.

- Toxic-appearing or hemodynamically unstable patients should be managed in the usual manner with prompt resuscitation, regardless of the skin condition present; after the patient is stabilized, the dermatologic findings can be investigated and consultants obtained as needed.
- Petechial or purpural skin lesions represent a high likelihood of serious pathology and need to be examined closely.
- Mucous membrane involvement of skin lesions is highly indicative of serious disease and warrants a more aggressive approach.
- Medication adverse reactions are quite common and can present with any constellation of dermatologic findings, some of which are life-threatening.
- If you don't know what it is, ask someone for help.