

The 2016 International League of Dermatological Societies' revised glossary for the description of cutaneous lesions

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Summary

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Background In order to facilitate effective communication in dermatology, a clearly defined glossary with precise descriptions is essential. The International League of Dermatological Societies' (ILDS) 'Glossary of basic dermatology lesions' was first published in 1987. A quarter of a century later, the ILDS made the decision to revise and expand this nomenclature.

Objectives Revision and expansion of an international nomenclature for the description of cutaneous lesions.

Methods The ILDS nominated a committee on nomenclature. Based on a review of the literature and major textbooks, the committee assembled a list of terms and definitions. National member societies of the ILDS were then invited to participate in a Delphi voting exercise (two rounds for basic descriptive terms, one round for additional terms). The committee reviewed and consolidated comments and consented the final version.

Results The revised and expanded version of the ILDS nomenclature includes 13 basic terms and over 100 additional descriptive terms. Forty-six and then 34 national member societies participated in the first and second voting rounds, respectively.

Conclusions A unifying nomenclature is crucial for effective communication among dermatologists and those who care for skin diseases. The next step will be a roll-out programme to national member societies of the ILDS that will include translations into languages other than English and adaptations reflecting local circumstances.

What's already known about this topic?

- A unifying language and precise descriptions are key to the practice of dermatology.
- The International League of Dermatological Societies (ILDS) first published a 'Glossary of basic dermatology lesions' in 1987.

What does this study add?

- This is an entirely updated and revised version of the 1987 ILDS glossary.
- The revised nomenclature is written with both dermatologists and nondermatologists in mind.

The speciality of dermatology is based upon visual examination, followed by a precise description of lesional morphology. Therefore, a harmonized and clear nomenclature is crucial for both verbal and written communication among dermatologists

and those who care for people with skin diseases. For centuries, textbooks of dermatology have listed definitions of commonly employed dermatological terms. However, these definitions are often influenced by national and regional traditions, and

therefore significant variation exists. In 1987 Winkelmann¹ published the first version of the International League of Dermatological Societies' (ILDS) 'Glossary of basic dermatology lesions'. As already foreseen in their introduction, 'Each generation will wish to expand and refine the work...'. Thus, 25 years later (the equivalent of a generation), the ILDS decided to revise and expand this original version of the glossary, and a committee on nomenclature was established. This revision of the glossary was accomplished as the result of active participation by the national member societies of the ILDS.

Materials and methods

A structured process was established to develop and to agree upon the new ILDS glossary (Fig. 1). In January 2012, a working group entitled the ILDS Committee on Nomenclature was formed, consisting of the authors of this publication. Initially, a review of the previous glossary by Winkelmann¹ and of multiple dermatology textbooks was performed to extract a draft list of basic descriptive terms and a second list of additional terms. Definitions and examples for the chosen terms were collected. The draft list of basic descriptive terms, along with their proposed definitions, comments by the working group and clinical examples, was circulated to all national member societies of the ILDS for comments and for online voting via a modified Delphi approach.² Participants were asked either to 'agree' or to 'disagree'. If there was disagreement, participants were then asked to provide reasons as well as alternative suggestions. The software Lime Survey (<https://www.limesurvey.org/en/>), an online survey tool commonly used for Delphi method voting procedures, was utilized to collect feedback from the participants of the online voting.^{3,4}

At the ILDS summit held in Berlin in June 2012, a 'Glossary of Basic Dermatology Lesions' workshop was held, in which definitions were discussed and further refined. The revised definitions were then presented to all the attendees of the summit for further comments; delegates from at least 35 countries were

present at the summit. The revised glossary of basic terms with its summit-based changes, together with the draft list of additional descriptive terms, was circulated to all national member societies for voting via an online voting process. The voting was carried out as before, with participants being asked either to 'agree' or to 'disagree' with the individual terms, their definitions and clinical examples. If there was disagreement, participants were asked to provide reasons and alternative suggestions. For both rounds of voting, information was sent to each society's preferred e-mail address. Responsibility for assignment to the most appropriate officer or member rested with the society.

The committee on nomenclature examined the results of the voting, and every comment was reviewed and discussed. Necessary adjustments to the glossary were then made. The ILDS board of directors provided additional comments and then approved the final submitted consolidated version. Tables 1–4 include further modifications of either clinical examples or comments based upon the journal reviewers.

Results

Thirteen basic terms (Table 1) and over 100 additional descriptive terms (Tables 2–4) were finalized. Altogether, 46 national member societies participated in the initial voting regarding basic descriptive terms. Thirty-four national member societies participated in the second round of voting, which included both the revised version of the basic terms and the proposed list of additional descriptive terms. None of the proposed terms was rejected. Unanimous consensus and final approval on all suggested terms and definitions were achieved by the committee on nomenclature in July 2015.

Discussion

Precise description of the clinical morphology of cutaneous lesions is crucial to the practice of dermatology. Thus, a clearly defined nomenclature is the foundation for effective

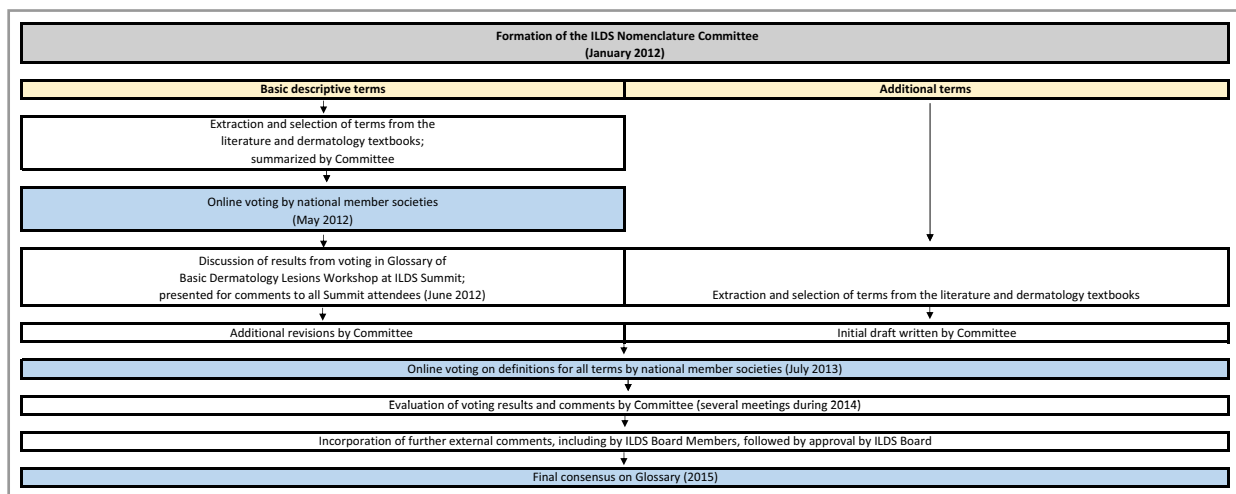


Fig 1. Process of revision of the International League of Dermatological Societies' (ILDS) glossary for the description of cutaneous lesions.

Table 1 Basic descriptive terms for cutaneous lesions. For the first four terms, secondary changes, if present, are included in the description

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 diameter, shape, colour and border should be described. In North America, a macule (≤ 1 cm) is distinguished from a patch (> 1 cm)
Papule	An elevated, solid, palpable lesion that is ≤ 1 cm in diameter	The average diameter, shape, colour, topography (surface characteristics, e.g. flat topped) and border should be described; degree of elevation and consistency or feel can be included
Plaque	A circumscribed, palpable lesion > 1 cm in diameter; most plaques are elevated. ^a Plaques may result from a coalescence of papules	The average diameter, shape, colour, topography and border (e.g. well demarcated vs. ill defined) should be described; degree of elevation and consistency or feel can be included
Nodule	An elevated, solid, palpable lesion > 1 cm usually located primarily in the dermis and/or subcutis. The greatest portion of the lesion may be exophytic or beneath the skin surface	The average diameter, shape, colour, topography and border should be described; degree of elevation and consistency or feel can be included
Weal	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 lesion ≤ 1 cm in diameter that contains liquid (clear, serous or haemorrhagic)	'Small blister'
Bulla	A circumscribed lesion > 1 cm in diameter that contains liquid (clear, serous or haemorrhagic)	'Large blister'
Pustule	A circumscribed lesion that contains pus	
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. pityriasis (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	It may arise following detachment of the roof of a blister, e.g. bullous impetigo
Excoriation	A loss of the epidermis and a portion of the dermis due to scratching or an exogenous injury	It may be linear or punctate
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

^aThere is ongoing discussion as to whether nonelevated, but palpable, lesions such as those of morphea should be termed plaques; the authors included such lesions as plaques, hence the statement that most, but not all, plaques are elevated.

communication, from everyday conversations to scientific exchange on a global basis. Since 1987, dermatological nomenclature has continued to evolve. Furthermore, when reading various international textbooks, even the most common terms are defined differently. For example, there is significant variability in the definition for 'tumour', as well as in the defined size of papules or vesicles (0.5 cm vs. 1 cm), reflecting regional schools of thought.

There was therefore a recognized need for a standardized and simplified glossary for all practitioners who manage skin disease worldwide. The nomenclature committee made every effort to include all of the ILDS national member societies. They were invited to the online voting rounds, twice for the basic descriptive terms and once for the additional descriptive terms. In addition, the basic terms were discussed at the workshop during the ILDS summit in Berlin. Due to the length of the survey, repeated rounds of voting were not feasible.

The 2016 revision of the ILDS nomenclature provides its users with a wide range of terms that allow for harmonization of the dermatological language worldwide. Of note, a few national-society-based online glossaries do currently exist, such as the morphology module of the American Academy of Dermatology's Basic Dermatology Curriculum and the British Association of Dermatologists' *Handbook for Medical Students and Junior Doctors*.^{5,6} However, a structured development process has not been described for any of these glossaries. The hope is that this revised ILDS glossary will serve as a basis for local translations and adaptations, including by national societies and scientific journals. Obviously, this will be an ongoing process once the final version of the glossary is made available to the ILDS member societies and the dermatology community.

It remains to be determined whether another 25 years will pass before further revisions are proposed, or whether additional revisions will come before the year 2041.

Table 2 Additional terms for cutaneous lesions: distribution, shape, topography and palpation.

Distribution of cutaneous lesions		
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) ^a	Lesions confined to one or more segments of skin innervated by a single spinal nerve (dermatomes)	Herpes zoster, segmental neurofibromatosis
Disseminated		
Generalized/widespread	Lesions distributed randomly over most of the body surface area (generalized/widespread) or within an anatomical region	Varicella, disseminated zoster, morbilliform drug eruption, viral exanthems
Within an anatomical region (e.g. the back, an extremity)		Folliculitis (buttocks), Grover disease (trunk)
Exposed skin		
Exposed to the environment	Areas exposed to external agents (chemical allergens, irritants or physical agents)	Allergic contact dermatitis to plants, airborne contact dermatitis
Exposed to sunlight or other forms of radiation (e.g. photodistributed)		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, keratosis pilaris, 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, keratosis pilaris
Generalized/widespread	Distributed over most of the body surface area (see above)	Viral exanthems (e.g. rubeola, rubella), morbilliform drug eruption
Grouped		
Herpetiform	Clusters of papulovesicles	Herpes simplex
Agminated	Solid papules within a cluster	Agminated melanocytic naevi, leiomyomas
Satellitosis	Smaller papules surrounding a larger lesion	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 candidosis (candidiasis), Langerhans cell histiocytosis
Linear	Linear arrangement of lesions	
Köbner phenomenon	Lesions induced by physical stimuli (e.g. trauma, scratching, friction, sunburn)	Psoriasis, lichen planus, vitiligo
Dermatomal (zosteriform) ^a	See 'Dermatomal' above	See 'Dermatomal' above
Sporotrichoid	Lesions along lymphatic vessels	Sporotrichosis, <i>Mycobacterium marinum</i> infection
Along Blaschko lines	Lesions due to mosaicism	Epidermal naevus, linear lichen planus, lichen striatus
Localized	Lesions confined to one or a few areas	Leiomyomas, scalp psoriasis
Palmar, plantar, palmoplantar	Lesions on the palms and/or soles	Keratoderma, pustulosis palmaris et plantaris
Periorificial (e.g. periorcular, 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 disease
Segmental		
Block-like	Lesions along embryonic growth lines ^a	Pigmentary mosaicism
Along Blaschko lines	Lesions along embryonic growth lines ^a	Pigmentary mosaicism, incontinentia pigmenti
Dermatomal (zosteriform)	See 'Dermatomal'	Herpes zoster
Symmetrical	Lesions or pattern with 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 ^b , segmental vitiligo
Universal	Involving the entire body	Alopecia universalis
Zosteriform (dermatomal) ^a	See 'Dermatomal'	See 'Dermatomal'

Shape and topography of cutaneous lesions

Form (top view)	Definition	Clinical example(s)
Circumscribed		
Well circumscribed	Distinct demarcation between involved and uninvolved skin	Psoriasis, vitiligo
Poorly circumscribed	Indistinct demarcation between involved and uninvolved skin	Atopic dermatitis
Digitate	Resembles fingers	Digitate dermatosis, a form of parapsoriasis
Figurate	A shape or form with rounded margins	
Annular	Shape of a ring (clear centrally)	Tinea corporis, granuloma annulare, erythema annulare centrifugum
Arciform	A segment of a ring; arch-like	Urticaria, erythema annulare centrifugum
Polycyclic	Coalescence of several rings	Subacute cutaneous lupus erythematosus
Serpiginous	Wavy pattern, reminiscent of a snake	Cutaneous larva migrans
Geometric		
Artefactual	Lesions induced by trauma are often angulated or have linear edges; the configuration can reflect sites of exposure to irritants or allergens	Trauma (including self-induced and factitial)
Block-like	Embryonic pattern resembling rectangular blocks whose size can vary (see 'Segmental')	Pigmentary mosaicism, chimerism
Checkerboard	See 'block-like'	Pigmentary mosaicism, chimerism
Guttate	Small, with a shape that often resembles a droplet	Guttate psoriasis, idiopathic guttate hypomelanosis; often multiple similar-appearing lesions
Oval	A round shape with slight elongation, resembling that of an ellipse or egg	Pityriasis rosea
Polygonal	A lesion whose shape resembles a polygon 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, oral lichen planus
Round (discoid)	Circular or coin-shaped	Discoid lupus erythematosus, nummular eczema, fixed drug eruption
Form (profile/side view)	Definition	Clinical example(s)
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: antiretroviral 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
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, dermatofibroma
Fixed	Is not mobile	Osteoma, Heberden 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

Table 2 (continued)

Palpation of cutaneous lesions		
Texture or feel	Definition	Clinical example(s)
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, shape easy to change or mould	Skin tag, intradermal melanocytic naevus, neurofibroma
Warm	Temperature higher than normal surrounding skin	Arteriovenous malformation, erysipelas, cellulitis

^aSome clinicians also use the term segmental for a zosteriform/dermatomal distribution pattern. ^bCHILD, congenital hemidysplasia with ichthyosiform erythroderma and limb defects.

Table 3 Additional descriptive terms for cutaneous lesions

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
Anaesthetic	Loss of sensation	Tuberculoid leprosy lesion
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)
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, comedones of sun-damaged facial skin (Favre–Racouchot syndrome), chloracne
Dysaesthesia	Inappropriate sensations, e.g. paraesthesias	Vulvodinia, notalgia paraesthetica, herpes zoster, including the pre-eruptive phase
Ecchymosis (bruise)	Haemorrhage into the skin, usually due to trauma	Use of anticoagulant medications, postoperative, clotting abnormality
Exanthem	Acute widespread eruption, usually due to a viral infection or drug reaction	Rubeola, rubella, roseola infantum; morbilliform or exanthematous drug reaction
Fissure	Linear disruption of stratum corneum; may extend into the dermis	Chronic hand dermatitis, angular cheilitis
Fistula	Abnormal congenital or acquired passage from an abscess or hollow organ to the skin surface	Crohn 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, tuberculous gumma
Haematoma	Circumscribed, usually palpable haemorrhage into the skin or soft tissues	Trauma, including surgery; use of anticoagulant medications
Halo	Peripheral ring, usually referring to loss of pigment	Halo melanocytic naevus

Table 3 (continued)

Additional descriptive terms for cutaneous lesions		
Term	Definition	Clinical example(s)
Horn	Keratosis that resembles a horn	Actinic keratosis, verruca
Hyperkeratosis (keratotic) ^a	Thickening of the stratum corneum, usually leading to a rough surface	Hypertrophic actinic keratosis, squamous cell carcinoma
Infarct	Ischaemia of tissue due to arterial occlusion	Cholesterol or infectious emboli, intra-arterial injections
Keratoderma	Thickening of the stratum corneum and/or epidermis of the palms and soles, often inherited	Three major types of palmoplantar keratoderma: (i) diffuse; (ii) focal; (iii) 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 <i>Microsporum</i> or <i>Trichophyton</i> spp.
Lichenification	Accentuation of skin markings, often due to rubbing	Lichen simplex chronicus
Necrosis	Death of tissue	Septic emboli, centre of cutaneous metastases
Peeling (exfoliation)	Desquamation (shedding) of the stratum corneum	Resolving phase of a sunburn; 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, telangiectasia and hypo- and hyperpigmentation	Mycosis fungoides, dermatomyositis, photoageing
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 (senile) 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
Swelling	Enlargement due to accumulation of oedema or fluid, including blood	Angio-oedema
Telangiectasia	Permanently dilated capillaries	Actinic damage, rosacea, venous hypertension (lower extremities)
Cutaneous lesions that resemble classical diseases or have unique appearances		
Lesions	Classical disease(s) or appearance	Example(s)
Cocarde (cockade, cockarde)	Targetoid appearance	Erythema multiforme, cockarde (cockade) naevus, pemphigoid gestationis
Herpetiform	Herpes simplex or herpes zoster	Dermatitis herpetiformis
Erythema multiforme-like	Erythema multiforme	Drug eruptions, urticaria multiforme
Morbilloform	Measles	Drug eruptions that are widespread and maculopapular
Scarlatiniform	Scarlet fever	Drug eruptions that are widespread and confluent

^aOnly term added at the suggestion of the journal reviewers.

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Table 4 Additional terms: colour 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	<i>Pseudomonas</i> 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 ^a	Naevus depigmentosus, postinflammatory hypopigmentation, pityriasis alba
Violet	Lichen planus, purpura
White	Vitiligo, idiopathic guttate hypomelanosis
Yellow	Xanthomas
Colour under Wood's light	
Blue-green to yellow-green	Tinea capitis due to <i>Microsporum</i> spp.
Coral pink	Erythrasma
Red	Urine in some forms of porphyria
White	Well-developed lesions of vitiligo
Yellow to yellow-green	Pityriasis (tinea) versicolor

^aNot to be confused with the increase in pigmentation seen after exposure to natural or artificial ultraviolet radiation.

pean Society of Contact Dermatitis; French Society of Dermatology; German Dermatological Society; Hungarian Dermatological Society; Cosmetic Dermatology Society of India; Indian Association of Dermatologists, Venereologists and Leprologists; Indian Society of Teledermatology; Association of Cutaneous Surgeons India; Italian Society of Dermatology Medical, Surgical, Esthetical and Sexually Transmitted Diseases; Japanese Dermatological Association; Japanese Society for Investigative Dermatology; Lebanese Dermatological Society; Mexican

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