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

A. Nast,1 C.E.M. Griffiths,2 R. Hay,3 W. Sterry4 and J.L. Bologna5

1Division of Evidence Based Medicine (dEBM), Department of Dermatology, Charité – Universitätsmedizin Berlin, Charitéplatz 1, D-10117 Berlin, Germany
2Dermatology Centre, Salford Royal Hospital, University of Manchester, Manchester Academic Health Science Centre, Manchester, U.K.
3Department of Dermatology, Kings College Hospital, London, U.K.
4Department of Dermatology, Charité – Universitätsmedizin Berlin, Berlin, Germany
5Department of Dermatology, Yale Medical School, New Haven, CT, U.S.A.

Summary

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.
therefore significant variation exists. In 1987 Winkelmann\(^1\) 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 Winkelmann\(^1\) 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

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**Table 1**

| Process | Basic descriptive terms | Additional terms |
|---------|-------------------------|------------------|
| Extraction and selection of terms from the literature and dermatology textbooks; summarized by Committee | | |
| Online voting by national member societies (May 2012) | | |
| Discussion of results from voting in Glossary of Basic Dermatology Lesions Workshop at ILDS Summit; presented for comments to all Summit attendees (June 2012) | Extraction and selection of terms from the literature and dermatology textbooks; initial draft written by Committee |
| Additional revisions by Committee | | |
| Online voting on definitions for all terms by national member societies (July 2012) | | |
| Evaluation of voting results and comments by Committee (several meetings during 2013) | | |
| Incorporation of further external comments, including by ILDS Board Members, followed by approval by ILDS Board | | |
| Final consensus on Glossary (2015) | | |

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Fig. 1. Process of revision of the International League of Dermatological Societies’ (ILDS) glossary for the description of cutaneous lesions.
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. 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 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.* 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 | Types of scale
| Crust         | Dried serum, blood or pus on the surface of the skin | Silvery (micaceous), e.g. psoriasis
| Scale         | A visible accumulation of keratin, forming a flat plate or flake | Powdery (furfuraceous), e.g. pityriasis (tinea) versicolor
| Erosion       | Loss of either a portion of or the entire epidermis | Greasy, e.g. seborrhoeic dermatitis
| Excoration    | A loss of the epidermis and a portion of the dermis due to scratching or an exogenous injury | Gritty, e.g. actinic keratosis
| Ulcer         | Full-thickness loss of the epidermis plus at least a portion of the dermis; it may extend into the subcutaneous tissue | 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
|               |                                                                           | It may arise following detachment of the roof of a blister, e.g. bullous impetigo
|               |                                                                           | It may be linear or punctate |
|               |                                                                           | The size, shape and depth should be described as well as the characteristics of the border, base and surrounding tissue |

*There is ongoing discussion as to whether nonelevated, but palpable, lesions such as those of morphoea should be termed plaques; the authors included such lesions as plaques, hence the statement that most, but not all, plaques are elevated.
| 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, segmental neurofibromatosis                                          |
| **Disseminated**              | 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         |
| **Exposed skin**              | 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)** | Areas overlying muscles and tendons involved in extension, as well as joints (e.g. extensor forearm, elbow, knee) | Polymorphic light eruption, phototoxic drug eruption, radiation dermatitis          |
| **Extensor sites (of extremities)** | Areas overlying muscle and tendons involved in flexion of joints or the inner aspect of joints (e.g. antecubital or popliteal fossae) | 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**                   | Clusters of papulovesicles                                                 | Herpes simplex                                                                     |
| **Herpetiform**               | Solid papules within a cluster                                              | Agminated melanocytic naevi, leiomyomas                                           |
| **Agminated**                 | Smaller papules surrounding a larger lesion                                | Melanoma metastases, pyogenic granulomas                                          |
| **Satellitosis**              | Area between the fingers or toes                                           | Tinea pedis, erythrasma                                                            |
| **Interdigital**              | Present in major body folds (axilla, submammary, inguinal crease, beneath pannus, intergluteal fold) | Inverse psoriasis, intertrigo, cutaneous candididiosis (candidiasis), Langerhans cell histiocytosis |
| **Linear**                    | Linear arrangement of lesions                                              | Psoriasis, lichen planus, vitiligo                                                |
| **Köhner phenomenon**        | Lesions induced by physical stimuli (e.g. trauma, scratching, friction, sunburn) | Psoriasis, lichen planus, vitiligo                                                |
| **Dermatomal (zosteriform)**  | See ‘Dermatomal’ above                                                      | See ‘Dermatomal’ above                                                             |
| **Sporotrichoid**             | Lesions along lymphatic vessels                                             | Sporotrichosis, Mycobacterium marinum infection                                    |
| **Along Blaschko lines**      | Lesions due to mosaicism                                                   | Epidermal naevus, linear lichen planus, lichen striatus                           |
| **Localized**                 | Lesions confined to one or a few areas                                     | Leiomysomas, 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**                 | Lesions along embryonic growth lines                                      | Pigmentary mosaicism                                                               |
| **Block-like**                | Lesions along embryonic growth lines                                       | Pigmentary mosaicism, incontinetia pigmenti                                        |
| **Along Blaschko lines**      | See ‘Dermatomal’ above                                                      | Psoriasis, atopic dermatitis                                                       |
| **Dermatomal (zosteriform)**  | Lesions or pattern with symmetry along an axis (e.g. the midline)          | Herpes zoster                                                                      |
| **Symmetrical**               | 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’                                                                  |
### Glossary for the description of cutaneous lesions, A. Nast et al.

| 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 |
| Domed                   | Hemispherical form | Lipoatrophy: antiretroviral therapy, corticosteroid injections |
| Flat-topped             | Elevated with a flat top | Intradermal melanocytic naevus, fibrous papule of the nose, molluscum contagiosum |
| Papillomatous           | Multiple projections resembling a nipple | Lichen planus, lichen striatus, condylomata lata |
| Pedunculated            | Papule or nodule attached by a thinner stalk | Papillomatous intradermal melanocytic naevus, epidermal naevus |
| Raised edge             | Elevated peripheral rim | Skin tag (acrochordon) |
| Umbilicated             | Small central depression | Porokeratosis |
| Verruciform             | Multiple projections resembling a wart | Varicella, herpes simplex, molluscum contagiosum |

### 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 |
| Compressible   | Pressure leads to reduction in volume | Dermal: anetoderma |
| Firm           | Feels solid and compact | Subcutaneous: lipoatrophy |
| Fixed          | Is not mobile | Venous lake |
| Fluctuant      | Compressible, implying liquefaction | Cutaneous metastasis, dermatofibroma |
| Induration     | Firm texture in the absence of calcification or bone formation | Osteoma, Heberden nodes, tumour attached to deep soft tissue |
| Mobile         | Can be moved over deeper soft tissue structures | Inflamed epidermoid cyst, abscess |
|                |            | Morphoea, systemic sclerosis |
|                |            | Lipoma, epidermoid inclusion cyst, dermatofibroma |

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### Table 2 (continued)

| 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 |

*Some clinicians also use the term segmental for a zosteriform/dermatomal distribution pattern. CHILD, congenital hemidysplasia with ichthyosiform erythroderma and limb defects.

### Table 3 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')                     | Acne vulgaris, comedones of sun-damaged facial skin (Favre–Racouchot syndrome), chloracne |
| Dyseaesthesia         | Inappropriate sensations, e.g. paraesthesias                                                   | Vulvodynia, 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 exanthematic 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, tuberculobus 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)

| Term                           | Definition                                                                 | Clinical example(s)                                                                 |
|--------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Horn                           | Keratosis that resembles a horn                                            | Actinic keratosis, verruca                                                           |
| Hyperkeratosis (keratotic)*     | Thickening of the stratum corneum ashamed by a rough surface              | Hypertrrophic 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 Microsporum or Trichophyton 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 hypopigmentation     | 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                                       |
| Morbilliform                   | Measles                            | Drug eruptions that are widespread and maculopapular                      |
| Scarlatiniform                 | Scarlet fever                      | Drug eruptions that are widespread and confluent                           |

*Only term added at the suggestion of the journal reviewers.

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Table 4 Additional terms: colour of cutaneous lesions

| Colour under natural light | Clinical example(s) |
|---------------------------|---------------------|
| Black                     | Melanoma, necrosis  |
| Brown                     | Compound melanocytic naevus, café au lait macule, melanoma |
| 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                       | Pyogen granuloma, erysipelas |
| Salmon pink               | Pityriasis rubra pilaris |
| Skin-coloured             | Epidermoid inclusion cyst, lipomas, intradermal melanocytic naevus, acrochordon |
| Slate gray                | Erythema dyschroicmic perstans (ashy dermatosis) |
| Tan*                      | Naevus depigmentosus, postinflammatory hypopigmentation, pityriasis alba |
| Violet                    | Lichen planus, purpure |
| White                     | Vitiligo, idiopathic guttate hypomelanosis |
| Yellow                    | Xanthomas |
| Colour under Wood’s light |                      |
| Blue-green to yellow-green| Tinea capitis due to Microsporum spp |
| Coral pink                | Erythrasma |
| Red                       | Urine in some forms of porphyria |
| White                     | Well-developed lesions of vitiligo |
| Yellow to yellow-green    | Pityriasis (tinea) versicolor |

*Not to be confused with the increase in pigmentation seen after exposure to natural or artificial ultraviolet radiation.

References

1. Winkelmann RK. Glossary of basic dermatology lesions. The International League of Dermatological Societies Committee on Nomenclature. Acta Derm Venereol Suppl (Stockh) 1987; 130:1–16.
2. Murphy MK, Black NA, Lamping DL et al. Consensus development methods, and their use in clinical guideline development. Health Technol Assess 1998; 2:i–iv, 1–88.
3. Nast A, Rosumeck S, Sporbeck B, Rzany B. [Using new media for online consensus conferences and open external review of guidelines – results of two pilot studies]. Z Evid Fortbild Qual Gesundhwes 2012; 106:295–301. (in German).
4. Werner RN, Jacobs A, Rosumeck S, Nast A. Online consensus conferences for clinical guidelines development – a survey among participants from the International Guidelines for the Treatment of Actinic Keratosis. J Eval Clin Pract 2014; 20:853–6.
5. Colaco S, Hong J, Saeed S et al. Dermatology glossary: an illustrated, interactive guide to clinical dermatology and dermatopathology. Available at: http://missinglink.ucsf.edu/ml/DermatologyGlossary/index.html (last accessed 19 January 2016).
6. Chiang NYZ, Verbey J. Dermatology: handbook for medical students & junior doctors. Available at: http://www.bad.org.uk/library-media/documents/Dermatology%20Handbook%20for%20medical%20students%202nd%20Edition%202014%20Final%20282%20.pdf (last accessed 19 January 2016).