MORPHOLOGY OF PRIMARY AND SECONDARY LESIONS

Primary:
**Macule** – flat, circumscribed of change in skin color without elevation (not palpable), may be of any size or color. (freckle, café au lait)

**Papule** – elevated, solid lesion generally <0.5 cm diameter (molluscum contagiosum, intradermal nevi, basil cell carcinoma)

**Plaque** – plateau-like elevation above the skin that occupies a relatively large area, usually well defined (psoriasis, eczema)

**Patch** – well circumscribed barely elevated plaque; between a macule and a plaque (Kaposi sarcoma)

**Nodule** – elevated, solid lesion >0.5 cm diameter; a larger, deeper papule (rheumatoid nodule, lipoma)

**Wheal** – rounded or flat-topped, pale red papule or plaque disappearing within 24-48 hrs (urticaria, dermographism)

**Vesicle** – papule that contains clear fluid; a blister <0.5 cm. (herpes simplex, herpes zoster)

**Bulla** – localized fluid collection > 0.5 cm in diameter; a large vesicle (pemphigus vulgaris, bullous impetigo)

**Pustule** – papule that contains purulent material (folliculitis, impetigo, acne)

**Cyst** – cavity containing fluid, solid or semisolid materials (acne, epidermal inclusion cyst)

Secondary:
**Crust** – a collection of dried serum, blood or purulent exudate on skin surface. Antecedent primary lesion usually a vesicle, bulla, or pustule

**Erosion** – a partial sharply defined, focal loss of epidermis; heals without scarring

**Ulcer** – a full-thickness, focal loss of epidermis that extends into dermis; heals with scarring

**Excioriation** – linear erosion induced by scratching

**Scar** – a collection of new fibrous tissue; may be hypertrophic or atrophic.

**Scales** – flakes of stratum corneum that can vary in size and be adherent or loose

**Ulcer** – skin defect that extends into the dermis or deeper within pathologically altered tissue