

Table 2-1 Continued

CLINICAL LESION DEFINITION

RECOMMENDED METHOD OF BIOPSY SAMPLING IS ILLUSTRATED



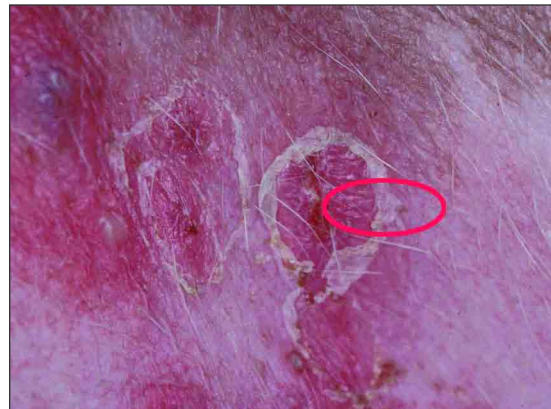
2-7a Draining tract: an often deep dermal or subcutaneous nodular lesion in which exudate or necrotic debris dissects through the dermis and epidermis and drains onto the skin surface



2-7b Excisional, wide and deep enough to reach the complete lesion

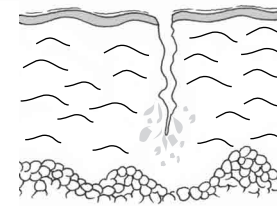


2-8a Epidermal collarette: a ring of scale that expands peripherally



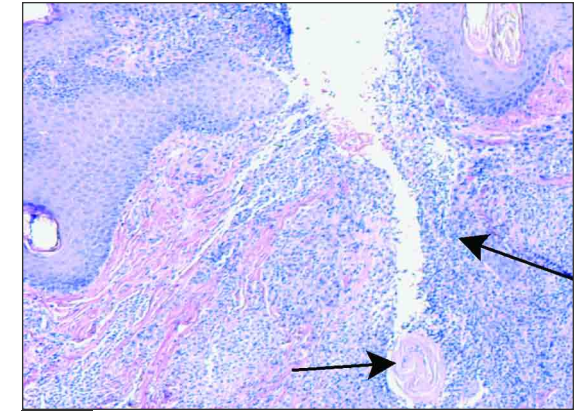
2-8b Variety of sampling techniques possible Include edge of scale attached to sample, and wrap sample in lens paper. Incisional (ellipse or wedge) or excisional samples may allow greater potential to identify cause.

SKETCH OF LESION AND COMMON EXAMPLES

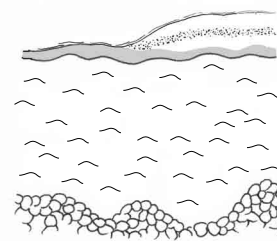


2-7c The primary lesion is in the dermis or subcutis.
 Deep bacterial infection
 Deep fungal infection
 Foreign body reaction

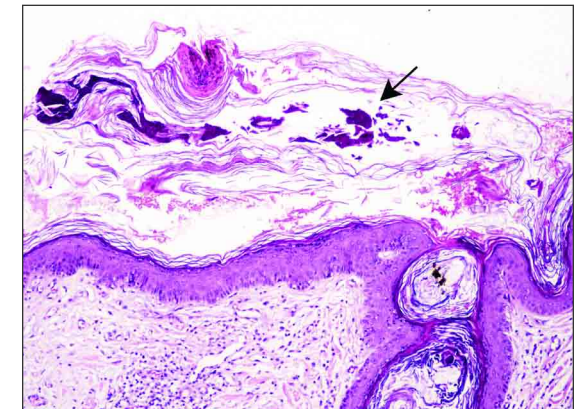
PHOTOMICROGRAPH OF EXAMPLE LESION



2-7d Arrows illustrate tract and "free" cornified cells released from ruptured follicle.



2-8c The lesion involves the stratum corneum and the epidermis.
 Most common cause: superficial staphylococcal infection
 Less common causes: fungal infection, neoplastic lesion, insect bite reaction, contact reaction



2-8d Note basophilic material (pustular debris) (arrow) within stratum corneum. This basophilic (bluish) pustular debris resulted in the name "blue line pyoderma."