

3 – Intro to Reaction Patterns

- Please refer to Dr. Gropper's paper for further details...
 - o Gropper, C.A., 2001. An approach to clinical dermatologic diagnosis based on morphologic reaction patterns. *Clinical cornerstone*, 4(1), pp.1-14.

5 Reaction patterns

1. Papulosquamous

- a. Psoriasiform – psoriasis, seborrheic dermatitis, parapsoriasis, mycosis fungoides
- b. Pityriasiform – pityriasis rosea, tinea versicolor, secondary syphilis
- c. Lichenoid – lichen planus, lichenoid drug eruptions
- d. Annular – SCL, EAC, tinea
- e. Erythroderma – papulosquamous causes (psoriasis, PRP), dermatitis (atopic, ACD, seborrheic, chronic actinic dermatitis), drug reactions, CTCL (Sezary, erythrodermic MF), infections (viral exanthem, Norwegian scabies, SSSS), autoimmune (e.g. BP), physical (e.g. burns)

2. Eczematous

- a. Acute – e.g. contact dermatitis
- b. Subacute – e.g. stasis dermatitis
- c. Chronic – e.g. atopic dermatitis

3. Vascular

- a. Erythema multiforme
- b. Toxic erythema – viral exanthems, drug eruptions (SJS/TEN)
- c. Scarletiform – scarlet fever, SSSS, TSS, Kawasaki DZ
- d. Figurate erythema – EAC, erythema gyratum repens, erythema migrans, erythema marginatum
- e. Urticaria (hives)
- f. Vasculitis
- g. Vasculopathy
- h. Retiform purpura
- i. Vascular growths

4. Dermal disorders

- a. Type of inflammatory cells
 - i. Histiocytic – sarcoid, GA, NL, leprosy, TB
 - ii. Lymphocytic – leukemia, lymphoma, lupus, PMLE
 - iii. Neutrophilic – Sweet's, pyoderma gangrenosum, EED
 - iv. Eosinophilic – Well's syndrome, eosinophilic pustular folliculitis
 - v. Mast cell – urticaria pigmentosa
- b. Depositional – amyloidosis, calcium, urate, mucin (e.g. myxedema), lipids (e.g. xanthomas)

5. Vesiculobullous

- a. Superficial
 - i. Subcorneal pustular dermatosis
- b. Intraepidermal
 - i. Pemphigus vulgaris
 - ii. Pemphigus vegetans
 - iii. Pemphigus erythematosus
 - iv. H-H
- c. Subepidermal
 - i. BP
 - ii. Herpes gestationis
 - iii. DH
 - iv. EBA
 - v. Darier's DZ
 - vi. Grover's DZ