In dermatological diagnosis it is most important to correctly identify the nature of the skin lesion by visual inspection. Skin lesions are often diagnosed only by naked-eye observation or by dermoscopy. Besides visual inspection, diagnosis is verified by detailed history-taking (oral consultation), palpation, and olfactory examination in some cases. Various additional tests are conducted according to the symptoms.

### 1. General diagnostic methods

#### 1) History-taking (Fig. 5.1)

Diagnosis begins with questioning on previous diseases, that is, medical history-taking. The inquiries that should always be included in history-taking and reminders for history-taking are listed below.

1. **Chief complaint**
   - What is the main reason for the patient’s visit?

2. **Present illness**
   - Are there subjective symptoms? Is there a presumed cause?
   - Are there systemic symptoms (e.g., high fever, fatigue, aching joints, muscle pain, insomnia)?
   - Were there precursory symptoms?
   - How has the lesion progressed? (Has it generally become aggravated? Does it worsen at night?)
   - How has the lesion spread? (Is it spreading? Does it occur and disappear repeatedly?)

3. **Family history**
   - Have any family members had similar symptoms? (Check the hereditary and allergic background of the patient.)

4. **Past history**
   - What diseases and medical treatments has the patient had? (Have topical or oral medications been used?)
   - In addition, the patient is asked whether there are people with similar symptoms at home or school, or in the workplace, to determine whether the condition is infectious or environmental.

#### 2) Inspection and palpation

Physical examinations should be conducted in a bright room. It is preferable to examine not only the site of the complaint, but the entire body skin and visible mucous membranes. It should be remembered that an eruption may show its distinguishing features secondarily by fusion or rubbing. For accurate identification, it is important to find and examine an eruption that has not been influenced by any changes (individual eruption). Terms used to describe the nature and feature of eruptions are listed below.

**Eruption type:** e.g., spot, papule, nodule, blister (Chapter 4)
Number of eruptions: single or multiple
Eruption shape: e.g., round, oval, polygonal, irregular, map-like, linear, circular, serpiginous
Eruption size: Numerical values (millimeters and centimeters) are used in this text to describe the sizes of eruptions, thereby avoiding ambiguous expressions such as coin-size, egg-size and finger-size.
Shape of elevation: e.g., flat, domed, hemispherical, pedunculated, linear, umbilicated
Eruption surface: e.g., smooth, rough, warty, papillary, markedly uneven, granular, lichenoid, shagreen-patch-like, oystershell-like, dry, moist, exudative, hemorrhagic (bloody, bleeding), scaly, crusty, erosive, ulcerated, cracked, atrophic, shiny, necrotic, elevated
Eruption color: e.g., colored, depigmented, hyperpigmented, pale, anemic, congestive colored
Eruption texture: e.g., soft, firm (stiff), fragile, tense, elastic, undulated, movable
Eruption distribution: e.g., localized, widespread, aggregated, plaque-like, diffuse, centrifugal, beaded, serpiginous, linear, symmetrical, asymmetrical
Eruption site: e.g., face, head, extremities, hand, sole, fingertip, toe, extensor surface, flexor surface, exposed, unexposed, areas with pubes, mucocutaneous junction, intertrigo
Subjective symptoms: e.g., itching, pain (tenderness), numbness, crispation, hyperesthesia, hypoesthesia, alganesthesia, burning, cold
Eruption progress: e.g., rapid or gradual, with or without recurrence, progress of an individual eruption, progress of spread, with or without precedent eruption, treatment effect
Other: e.g., with or without mobility between the eruption and the skin surface or the base of the eruption, sharply circumscribed, mildly circumscribed

3) Olfactory examination

Osmidrosis axillae are examined by the smell of absorbent cotton or gauze with which the affected site has been swabbed. In infectious diseases, each microbial species has a distinct smell. Fluid and color of pus in the eruption may be keys to diagnosis.

Unfamiliar terms used to describe eruptions

Some terms are more frequently used in dermatology than in other medical fields. They are described here.
Shagreen patch: The surface is leathery, such as seen in tuberous sclerosis.
Oystershell-like skin: The surface is thick with rough and uneven crusts that resemble an oyster’s shell. It is seen in severe psoriasis and Norwegian scabies.
Beaded skin: Multiple circular eruptions fuse to form an irregular-shaped eruption that resembles a map-like eruption.