



Skin diversity descriptors guidance for general public document 1

This document is designed to provide guidance on describing skin conditions across a broad spectrum of skin tones.

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Skin diseases addressed: Acne vulgaris, atopic eczema, pityriasis rosea, lichen simplex chronicus, nodular prurigo, pseudofolliculitis barbae

Descriptions appropriate for: General public. Other versions can be found [here](#).

Improving skin disease descriptors in dermatology

Describing rashes accurately is critical for making the correct diagnosis. In dermatology, the words used to describe rashes and lesions (meaning areas of skin affected by a skin disease) originated in Western Europe in the 18th century, at a time when dermatology was being established as a distinct medical speciality. Given the historical origins of dermatology, the descriptors that are currently routinely used for rashes/lesions are biased, catering mostly to people of European ancestry, with lighter skin tones. This presents significant challenges and limitations when these descriptors are used universally, applying to people from diverse geographic ancestral backgrounds, with a wide spectrum of skin tones. This spectrum of skin tones is far broader than currently recognised by commonly used classification systems.

For example, certain rashes/lesions are described as being 'erythematous' in colour. This refers to a symptom called 'erythema' (from the Greek for 'red'), which is a change in colour of an area of skin, caused by increased blood flow in certain capillaries. Symptoms may even be described as 'salmon-coloured', for example, in psoriasis. Such descriptors are of limited usefulness when applied to individuals with darker skin tones, in whom redness may not be so easily appreciated or for whom colour may take on a different appearance.

It is therefore vital that the language used for describing rashes/lesions in dermatology is updated, to be inclusive and reflective of the UK's ethnic diversity.

The British Association of Dermatologists (BAD) has assembled an international group of dermatologists, with extensive experience in treating people with darker skin tones (including Dr Ophelia E. Dadzie (UK), Prof Ncoza Dlova (South Africa) and Dr Antoine Petit (France)) to tackle this issue, with a view to updating current skin descriptors used in dermatology, with new descriptors that are applicable to all ethnicities. This document is part of this work.

FOR THE PUBLIC

Condition	General Symptoms	What it looks like in richly pigmented skin	What it looks like in lightly pigmented skin
Acne vulgaris	<ul style="list-style-type: none"> • Asymptomatic • May be painful or itchy • Some patients may complain of uneven skin tone & dark blemishes (this is important in those with richly pigmented skin) 	<ul style="list-style-type: none"> • Whiteheads/blackheads • Skin coloured, brown, dark brown spots and bumps • Uneven skin tone • The redness of the spots is difficult to discern • May have raised (keloid) or flat scars <p>Comment (see discussion below):</p> <ul style="list-style-type: none"> • Acne as a result of misuse of steroid for lightening the skin & Pomade acne • In people of non-European ancestry, peculiar varieties of acne include steroid induced acne, caused by the misuse of skin lightening agents, and so called 'pomade' acne. The former presents as spots, some may be pus filled over the face. These spots all look the same. The latter presents with acne spots, but these are located predominantly on the forehead. In this setting, there is often a history of use of petrolatum based products for greasing the scalp. 	<ul style="list-style-type: none"> • Blackheads • White heads, red bumps, or spots • Scars - different types of scars, (ice pick, saucer shaped scars etc).
Atopic eczema	<ul style="list-style-type: none"> • Itchy, swollen, dry, peeling, thickened, and/or oozing skin • Site – cheeks, head, and convexities in young infants, then typically creases of the elbows and back of knees in older children and adults 	<ul style="list-style-type: none"> • The redness of the rash is difficult to discern • There are uneven levels of pigmentation present in the affected sites (typically creases of the elbows and back of knees in older children and adults; cheeks, head, and outer aspects of joints, such as knees and elbows in young infants) • This may persist even when the eczema has cleared. 	<ul style="list-style-type: none"> • Red, sore, itchy marks distributed typically on the creases of the elbows and back of knees in older children and adults, while it is on the cheeks, and outer aspects of joints, such as knees and elbows in young infants. • Thickening, crusting and scales may also be seen

		<ul style="list-style-type: none"> • Sometimes tiny, regular, raised bumps can be seen • Furthermore, sometimes the affected areas may become thickened, with crusting and scales also being seen-this being dependent on the type of eczema- i.e. whether it's relatively of short duration and infected or had been existing for a long time 	
Pityriasis rosea	<ul style="list-style-type: none"> • Often asymptomatic rash, may have mild to moderate itching • May feel unwell with a fever, headache, and joint pains prior to the onset of the rash 	<ul style="list-style-type: none"> • Small, oval, scaly, brown, or dark brown rash which may appear like a 'Christmas tree' pattern at the back. The coin like brown or dark brown lesion may have a fine scale on the edges, sometimes on the whole surface of the lesion. • The rash looks dry and scaly. The rosy colour is not evident in darker skin tones and hence the term pityriasis rosea is not relevant in dark skin. It may heal with dark or lighter skin spots. • There may be other variants which look like blisters, hives or scaly like psoriasis. • The inverse type which starts in the armpits and groin maybe more common in dark skin 	<ul style="list-style-type: none"> • Same as per richly pigmented skin, however much more redness accompanies the rash and hence it maybe more visible compared to darker skin.
Lichen simplex chronicus	<ul style="list-style-type: none"> • Itchy, swollen, dry, peeling, thickened, skin bumps, sores • On the groin, whitish, wet rash 	<ul style="list-style-type: none"> • Dry skin and thickening of the skin markings is quite prominent. • Redness in richly pigmented skin is very subtle and more difficult to see and this depends on how dark the skin is. Uneven levels of either increased or decreased pigmentation or marks maybe observed as part of healed swelling and irritation of the skin, resulting in uneven skin colour. the uneven skin tone 	<ul style="list-style-type: none"> • Same as per richly pigmented skin but some redness may be more visible

		may be long-lasting and be a source of concern for affected patients. Raised bumps are usually seen on the affected areas especially the scrotum and some may look like sores.	
Nodular prurigo	<ul style="list-style-type: none"> • Very itchy, firm and swollen, thickened, wart-like or dome-shaped dark and some lighter skin bumps, with some peeling off • Redness of the lesions is difficult to discern 	<ul style="list-style-type: none"> • Firm thickened, dome-shaped, nodules • Colour: skin-coloured or uneven skin tone • Complication – some may peel-off or be infected. • Site – any site 	<ul style="list-style-type: none"> • Same as per richly pigmented skin, but some redness may be more visible
Pseudofolliculitis barbae	<ul style="list-style-type: none"> • Itchy spots primarily in the beard region, may be associated with scars and/or uneven skin tone • May get itchy and/or burning in the affected areas within 24-48 hours of shaving 	<ul style="list-style-type: none"> • Skin-coloured, brown, or dark brown spots in the beard region, some have hair trapped within them • There may be associated flat or large bands of scars, including raised scars (keloid scars), as well as dark blemishes • Spots may also get infected and produce pus • Other shaved sites may be affected, such as armpits, pubic region, legs, and scalp 	<ul style="list-style-type: none"> • As per richly pigmented skin, but the redness of the lesions is clearer, and uneven skin tone is not a prominent feature

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