

ABO linkage	nail-patella s.
acetowhitenig	application of 5% acetic acid solution to detect condyloma (false + common)
albuminuria	serum sickness s.
aldolase, elevated	dermatomyositis
alopecia areata scale	I ; 83%, common, good prognosis, <6% progress to alopecia totalis II ; 10%, round/reticular patches, asthma, rhinitis, dermatitis, frequent childhood onset, > 75% alopecia totalis III ; 4%, reticular hair loss, continuous disease activity, hypertension in 1 or both parents, 39% alopecia totalis IV ; 3%, combined type, age usually >40, prolonged course, 10% alopecia totalis
alpha fetoprotein	ataxia telangiectasia
aminoaciduria	agrinosuccinicaciduria, Hartnup's d., hydroxydynurenuria, Netherton's s., peeling skin s.,
ANA (false positives)	alcoholism, aging, leprosy, thyroid d., substrate differences
ANCA (anti neutrophilic cytoplasmic antibodies)	Churg-Strauss s., polyarteritis nodosa, Sweet's s., Wegener's granulomatosis
androgenetic alopecia scale, female	I ; mild crown hair density loss, frontal hair line retained II ; moderate crown hair density loss, frontal hair line retained III ; extensive hair density decrease; sparse frontal hairline
androgenetic alopecia scale, male	I ; normal frontal-parietal hairline II ; symmetric triangular recession in frontal-parietal regions III ; borderline cases IV ; deep frontal-temporal recession with hair loss along mid-frontal scalp V ; extensive frontal-parietal and frontal recession in association with sparse hair on vertex VI ; vertex separated from anterior hair loss area by region of sparse hair VII ; loss of area dividing crown with anterior hair loss VIII ; vertex baldness with occipital and temporal hair band
anemia	exfoliative erythroderma,
anemia, hemolytic	brown recluse spider bite, runting s.
anemia, hypochromic	Plummer-Vinson s.
angry back s.	patch testing; false + reactions (up to 40%), hypersensitivity caused by strong + reaction to one allergen AKA excited skin s.
anticardiolipin Ab, elevated	anticardiolipin Ab s., Behçet's d., Degos' d., livedo vasculitis
antithyroid antibodies	DLE (women)
Broders system	malignancy grading system for SCC (undifferentiated cells); grade 1 < 25% undifferentiated cells, grade 2 < 50%, grade 3 < 75%, grade 4 > 75%
c-ANCA	connective tissue disease, infection, malignancy, Wegener's granulomatosis
chemotactic deficiencies/chemotactic abnormalities	acrodermatitis enteropathica, C3 deficiency, familial chemotactic deficiency, hyperimmunoglobulin E s., immunosuppression, pyoderma gangrenosum leukocytes ; Wiskott-Aldrich s. neutrophils ; Chediak-Higashi s., hyperimmunoglobulin E s., lazy leukocyte s., Shwachman s.
cholesterol, decreased	<i>see hypocholesterosis</i>
cold agglutinins	PSS, SLE
complement deficiencies	C1q ; no hereditary deficiency; seen in Bruton's and SCIDS, may have SLE, urticaria and EM-like lesions, urticaria is non-pruritic C1r ; AR; collagen vascular disease, vasculitis, bronchitis, paronychia, SLE-like syndrome C1s ; SLE and +ANA, infectious endocarditis with meningitis C2 ; AR; most common inherited deficiency, 1:1000, usually healthy, autoimmune disorders, increased infections? C3 ; 1) hereditary; infections gram positive and negative

	<p>2) C3b inactivator deficiency; infections 3) C3 nephritogenic factor; antibody to C3bBb protects from degradation, glomerulonephritis, partial lipodystrophy, SLE C4; AR; infected skin lesions, decreased CH50, typical SLE C5; infections, SLE</p>
creatinine phosphokinase	increased; dermatomyositis, toxic shock s.
cryoglobulins	acrodermatitis chronica atrophicans, atrophie blanche, leg ulcers, lymphoma, myeloma, pernio, plane xanthomas, SLE, Sjögren's s., Wegener's granulomatosis
Cat scratch d. skin test (CSD)	cat scratch d. skin test; aspirate lymph node, heat inactivate pus 3 days at 60 C, dilute with sterile saline, freeze. Inject intradermally into forearm of patient with suspected d. Raised nodule >5 mm in 2-3 days is diagnostic.
dermatomyositis	elevated serum creatinine phosphokinase, elevated serum aldolase, electromyography (low amplitude, short duration, polyphasic potentials)
diascopy	two slides used to visualize a lesion under pressure to differentiate red color from capillary dilatation versus blood extravasation; GA, lymphoma, sarcoidosis, TB, vasculitis
Dick test	intracutaneous inoculation of 0.1 mL of standard diluted preparation of pyrogenic exotoxin leading to 1 cm or greater area of local erythema at 24 hours; historic test for scarlet fever
electrocardiographic abnormalities	LEOPARD s.
eosinophilia	<p>dermatologic; angiolymphoid hyperplasia with eosinophilia, atopic dermatitis, Behçet's s., BP, chronic acral dermatitis, DH, distinctive eruptive discoid and lichenoid eruption (oid-oid), eosinophilic cellulitis, eosinophilic granuloma, eosinophilic pustular folliculitis, erythema toxicum neonatorum, erythema nodosum, erythema toxicum neonatorum, exfoliative dermatitis, granuloma faciale, GVH d., herpes gestationis, hypereosinophilic s., incontinentia pigmenti, pansclerotic morphea of children, pemphigus, plasmacytoma, polyarteritis nodosa, prurigo agryria, pseudolymphoma, sarcoidosis, urticaria, urticaria pigmentosa, Well's s.</p> <p>infectious; chronic mucocutaneous candidiasis, coccidioidomycosis, crusted scabies, cutaneous larva migrans, dracunculosis, erythema infectiosum, eosinophilic pustular folliculitis, eosinophilic fasciitis, hookworms, infectious urticaria, larva migrans, larva currens, leprosy, loiasis, myiasis, onchocerciasis, parasites, pinta, scabies, scarlet fever, schistosomiasis, secondary syphilis, Schistosomiasis, toxocariasis, trichinosis,</p> <p>neoplastic; angioimmunoblastic lymphadenopathy, lymphomatoid papulosis, malignant histiocytosis, mycosis fungoides, Waldenstrom's macroglobulinemia</p> <p>other; drug hypersensitivity, gold administration, insect bite, Letterer-Siwe d., Loeffler's s., mastocytosis, NERD s., nodular fat necrosis, PSS, relapsing polychondritis, sarcoid, Sjögren's s., systemic nodular panniculitis (Weber-Christian),</p> <p>vascular; allergic granulomatosis, angioedema, periarteritis nodosa, systemic mastocytosis, urticaria, vasculitis, Wegener's granulomatosis</p>
estrogen receptors	giant nevi, dysplastic nevi, nevi of pregnancy
Ferriman & Gallwey scale	scale to measure hirsutism of a woman; 11 locations graded 1-4. Score of 8+ denotes hirsutism
Frei test	historic test for lymphogranuloma venereum
FTA-ABS	fluorescent treponemal antibody absorption; serological diagnostic test for syphilis
Goeckerman regime	coal tar followed by suberythermic UV light doses; psoriasis treatment
GVH d. scale; histopathology	<p>0; normal epidermis or epidermal changes of other cutaneous disorders 1; focal or diffuse vacuolar alteration of the basal cell layer 2; dyskeratotic squamous cells in epidermis or hair follicle epithelium 3; subepidermal cleft or microvesicle formation 4; complete separation of the epidermis from the dermis</p>
grattinage	light scraping & scratching which may reveal scaling
hair pull	gentle traction to 25 to 50 terminal scalp hairs; 2-3 shed hairs per pull is pathologic, anagen hairs are pathologic

hair window	shaving of hair, then patient returns 3 to 30 days later to evaluate re-growth
HGA elevation, urine	alkaptonuria
5-hydroxy-indoleacetic acid (5HIAA) excretion, urinary	acetanilid, chlorpromazine, glyceryl guaiacolate, Lugol's solution, mephenesin carbamate, methenamine, methocarbamol, methyl dopa, monoamine oxidase inhibitors, phenacetin, phenothiazines, promazine, promethazine, reserpine
hydroxyproline	acetylcholinesterase, C1q, collagen, elastin, hyperthyroidism, Marfan's s. (increased amount in urine), sarcoidosis
hypercalcemia	hyperparathyroidism, sarcoidosis, subcutaneous fat necrosis of the newborn
hypercholesterolemia	familial, cyclosporine, lupus erythematosus
hyperglobulinemia	acrodermatitis chronica atrophicans, AIDS, anticonvulsants, asparaginase, pyoderma gangrenosum, dermatomyositis, DLE, EED, ethanol abuse, eosinophilic fasciitis, hydralazine, lepromatous leprosy, LE, MCTD, malnutrition, narcotics, necrobiotic xanthogranuloma, nodular vasculitis, oral contraceptives, pansclerotic morphea of children, parasitic infestations, phenytoin administration, phenylbutazone, sarcoidosis, Sjögren's s., SLE, Waldenstrom's macroglobulinemia, Wegener's granulomatosis
hyperlipidemia	familial, retinoid induced
hypcholesterolosis	glucagonoma, Tangier's d.
hypocomplementemia	serum sickness s.
hypoglobulinemia	chronic mucocutaneous candidiasis with thymoma, steroid administration, dextran administration, methotrexate administration, zinc deficiency, gluten-sensitive enteropathy
immune complexes	MCTD, PSS, Reiter's d., sarcoidosis
immunoglobulins	IgE , decreased; Louis-Bar s. increased; atopic dermatitis, erosive pustular folliculitis IgA , decreased; ataxia-telangiectasia, Louis-Bar s. IgG , decreased; ataxia-telangiectasia
Ingram method	coal tar bath, UVB & anthralin; psoriasis treatment
iron deficiency	<i>Candida</i> susceptibility, glossodynia, hair loss, perleche
Kveim test	historic test for sarcoidosis; intradermal injection of homogenized tissue from a patient with sarcoidosis
latex allergen solution preparation	1. Place 20 one cm ² pieces of latex glove in 5 ml sterile saline 2. shake occasionally over 2 hour period 3. transfer to sterile container without rubber top 4. discard after 1 week
latex allergy testing	If step is -, continue; if step is +, discontinue 1. closed patch test with 1 cm piece of latex glove 20 minutes (or less if +) on forearm 2. cut out one finger of glove, place on finger for 20 minutes (or less if +) 3. wear whole glove for 20 minutes (or less if +) 4. prick test with latex allergen solution, use histamine & saline controls
leukocytosis	acne fulminans, cold urticaria, erysipelas, pustular bacterid of Andrews, Sweet's s.
leukopenia	plaquenil, generalized DLE, necrobiotic xanthogranuloma, sarcoidosis, serum sickness s., silver sulfadiazine treatment
light chain diseases	massive cutaneous hyalinosis, nodular amyloidosis, primary amyloidosis
lupus anticoagulant	anticardiolipin antibody s.
lupus band test	unaffected (normal) skin biopsy for immunoreactants at dermal-epidermal junction; IgG, IgM, IgA (50% in SLE)
Lyme d. (false +)	infectious mononucleosis, RA SBE, SLE, spirochetoses
lymphopenia	Louis-Bar s., Nezelof's s., sarcoidosis, severe combined immunodeficiency s.
M protein	POEMS s.
Maltese cross crystals	urine sediment shape; Fabry's d.
Mazotti test	hypersensitivity, severe pruritus, occasional anaphylaxis after treatment with diethylcarbamazine; onchocerciasis (diagnostic)
melanoma signs	A : asymmetric shape, one half unlike the other B : border irregularity and scalloping C : color motling; brown, black, gray, red, white D : diameter E : elevation, enlargement (history of

	increase in size)																																
microhemagglutination (MHA-TP) test	serological diagnostic test for syphilis																																
monoclonal gammopathy	necrobiotic xanthogranuloma																																
Montenegro test	delayed-type hypersensitivity skin test; leishmaniasis																																
mycosis fungoides, staging	<table border="1"> <thead> <tr> <th></th> <th>T</th> <th>N</th> <th>M</th> </tr> </thead> <tbody> <tr> <td>IA;</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>IB;</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>IIA;</td> <td>T1-2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>IIB;</td> <td>T3</td> <td>N0-1</td> <td>M0</td> </tr> <tr> <td>III;</td> <td>T4</td> <td>N0-1</td> <td>M0</td> </tr> <tr> <td>IVA;</td> <td>T1-4</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>IVB;</td> <td>T1-4</td> <td>N0-2</td> <td>M1</td> </tr> </tbody> </table>		T	N	M	IA;	T1	N0	M0	IB;	T2	N0	M0	IIA;	T1-2	N1	M0	IIB;	T3	N0-1	M0	III;	T4	N0-1	M0	IVA;	T1-4	N2	M0	IVB;	T1-4	N0-2	M1
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mycosis fungoides, TNM classification	<p>cutaneous involvement (T); T0 lesion clinically and/or histologically suspicious but not diagnostic T1 plaques involving 10% or < T2 plaques involving > 10% T3 tumors and/or ulcers T4 erythroderma covering 70% or ></p> <p>lymph nodes (N); N0 clinically and pathologically normal N1 clinically enlarged but benign microscopically N2 microscopically malignant</p> <p>viscera (M); M0 no visceral involvement M1 visceral involvement</p>																																
National Psoriasis Foundation (NPF) psoriasis score	<ol style="list-style-type: none"> 1) Assessment of induration of two target lesions at each visit Target lesion A rated 0 (clear) to 5 Target lesion B rated 0 (clear) to 5 2) Body Surface Area (BSA) covered with psoriasis Scoring = change in BSA <u>relative to baseline</u> expressed as a percent 0% = 0 and 100% = 5 (no improvement or worse) 3) Physician's global assessment = 0 (clear) to 5 4) Patient's global assessment = 0 (clear) to 5 5) Itching = 0 (clear) to 5 <p>Added score = X / 30 possible points</p>																																
natural killer cells	decreased; Cowden's s., Fanconi's anemia increased; cartilage hair hypoplasia																																
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			Erythema = very severe (dusky to deep red coloration)							
pancytopenia	Seckel's s., Zinsser-Cole-Engman s.									
Papanicolaou smear	technique for detection of HPV induced cervical dysplasia or carcinoma AKA Pap smear									
paper test	paper strip between tooth & marginal gingiva; lead or bismuth line persists above paper									
paraproteinemia	amyloidosis, cold hemolysins, cryoglobulins, cryofibrinogens, EED, EM, necrobiotic xanthogranuloma, planar xanthoma, plasmacytoma, POEMS s., pyoderma gangrenosum, Schnitzler's s., scleredema, scleromyxedema, subcorneal pustular dermatosis, Sweet's s.									
patch testing	?; doubtful reaction, faint macular erythema +; weak positive reaction- erythema, infiltration, possible papule ++; strong positive reaction; erythema, infiltration, papules, vesicles +++; extreme positive bullous reaction -; negative reaction IR; irritant reaction NT; not tested									
phototrichogram	hair shaving with subsequent comparative photographs 3-5 days later									
prolidase deficiency	annular erythema, atrophie blanche, eczematous eruptions, keratosis pilaris, leg ulcers, lymphedema, macular and papular lesions, photosensitivity, premature graying of hair, purpuric lesions, scar formation, simian crease, skin fragility, telangiectasias, xerosis									
polyarteritis nodosa (ARA criteria)	1. Weight loss \geq 4 kg. 2. Livedo reticularis 3. Testicular pain or tenderness 4. Myalgia, weakness, or leg tenderness 5. Mononeuropathy or polyneuropathy 6. Diastolic BP > 90 mm Hg 7. Elevated BUN/creatinine 8. Hepatitis B virus 9. Arteriographic abnormality 10. Neutrophils on biopsy of small or medium sized artery									
Psoriasis Area and Severity Index (PASI) scale	1	Erythema	Head	Trunk	Upper Limbs	Lower Limbs				
	2	Thickness								
	3	Scaling								
	4	Total								
	5	Degree involvement								
	6	Multiply row 4 and row 5								
	7						x 0.10	x 0.30	x 0.20	x 0.40
	8	Multiply row 6 and row 7								
	9	Total (add columns in 8)								
Physician Global Assessment (PGA) scale for psoriasis	Improvement									
	Cleared	100%	Remission of all clinical signs & symptoms compared to baseline, except for residual erythema, pigmentation							
	Excellent	75-99%	Improvement of all clinical signs & symptoms compared to baseline, except for residual erythema, pigmentation							
	Good	50-74%	Improvement of all clinical signs & symptoms compared to baseline							
	Fair	25-49%	Improvement of all clinical signs & symptoms compared to baseline							
	Slight	1-24%	Improvement of all clinical signs & symptoms compared to baseline							
	Unchanged Worse		Clinical signs & symptoms unchanged from baseline Clinical signs & symptoms deteriorated from baseline							
Prausnitz-Kustner reaction test	test for physical urticaria									
protein C deficiency	DIC, myeloma, purpura fulminans neonatorum									
provocative use test (PUT)	screening for allergy to cosmetics; cosmetic applied BID up to 2 weeks to 5 cm area of antecubital forearm AKA repeat open application test (ROAT)									
PRP classification	I ; classic adult II ; atypical adult III ; classic juvenile IV ; circumscribed juvenile V ; atypical juvenile									
psoralen dosing	Weight (Kg)	<30	30-50	51-65	66-80	81-90	91-115	>115		
	Weight (Lbs)	<65	65-100	101-145	146-175	176-200	201-250	>250		
	Dose (mg)	10	20	30	40	50	60	70		
psoriasis, common lab abnormalities	anemia (mild), IgA (increased), α_2 -macroglobulin (increased), C-reactive protein (increased), immunoglobulin aberrations, immune complexes (increased), nitrogen balance (negative),									

	sedimentation rate (prolonged), uric acid (elevation)
rapid plasma reagin (RPR) test	a non-specific (non-treponemal) antibody test (for syphilis)
repeat open application test (ROAT)	screening for cosmetic allergy; cosmetic applied BID to 5 cm area of antecubital forearm up to 2 weeks AKA provocative use test (PUT)
rheumatoid factor +	dermatomyositis, PSS, Sjögren's s.
riboflavin deficiency	perleche
Ro antibody +	complement deficiency, lupus in Asians, late onset lupus, neonatal LE, Sjögren's s., SCLE, SLE, ANA negative SLE
Rumpel-Leede test	Sign of capillary fragility; pressure (tourniquet) produces petechiae, seen in RMSF, scarlet fever AKA tourniquet test
salt-split skin	DIF performed on sodium chloride cleavage of skin along lamina lucida; in BP, IF is on the epidermal side, in EB, IF is on the dermal side
Schirmer test	measurement of wetness of filter paper strip pressed to conjunctiva, used in Sjögren's s.
Schwartzman reaction	intensified response in experimental animals to bacteria containing LPS or purified LPS
serologic test for syphilis (STS)	often (-) in primary syphilis, (+) in secondary syphilis, false negative may occur with HIV d.
skin types	I ; sensitive, always burns easily, never tans, light pigment, red hair, freckled, Celtic, erythrodermic II ; sensitive, burns easily, tans minimally, light pigment, blue eyed, Slavic, Germanic III ; normal, burns moderately, tans gradually, darker pigmentation IV ; normal, burns minimally, tans always, dark pigmentation, Mediterranean V ; insensitive, rarely burns, tans profusely, dark pigmentation; Middle Eastern, Latin light African VI ; insensitive, never burns, deeply pigmented, most dark pigmentation, dark Africans
squash preparation	flattened, unstained biopsy tissue to observe viable microcidia in schistosomiasis
syphilis, test for	non-specific ; VDRL (Venereal Disease Research Laboratory), RPR (rapid plasma reagin) specific ; FTA-ABS (fluorescent treponemal antibody absorption), MHA-TP (microhemagglutination), TPI <i>Treponema pallidum</i> immobilization
T cells	decreased helper (serum); ataxia telangiectasia, DLE, HIV, malnutrition, MCTD, PUVA, sarcoidosis, vitiligo increased helper (lesional); alopecia areata, early lichen planus, Jessner's lymphocytic infiltrate, sarcoidosis, tuberculoid leprosy, ENL lesions, granuloma annulare, lymphomatoid granulomatosis increased helper (serum); Kawasaki's d.
T4/T8 ratio, decreased	AIDS, lepromatous leprosy, GVHD (chronic), pre-active Be=het's d., rheumatoid arthritis (lymph nodes), sarcoidosis (serum elevation), sun tanning, hepatitis B, rhinoscleroma
thrombocytopenia	Albright's s., drugs (acetaminophen, allopurinol, chlorothiazide, digoxin, furosemide, fold salts, lidocaine, loxoscelism, methyl dopa, penicillin, phenylbutazone, quinine, quinidine, rifampin, sulfonamides), kala-azar, Gaucher's s., Good's s., Hermansky-Pudlak s., qualitative defect, SLE with anticoagulant, TORCH s., toxic shock s., Wiskott-Aldrich s., Zinsser-Cole-Engman s.
Tine test	old tuberculin test
touch preparation	slide prepared from direct touch on involved skin
tourniquet test	see Rumpel-Leede test
toxic shock s., criteria	1. Fever $\geq 38.9^\circ$ 2. Diffuse macular erythema 3. Desquamation 1-2 weeks after onset 4. Hypotension 5. Three organ systems affected; GI (N/V), muscular (myalgia, elevated CPK), mucous membrane (conjunctival, oropharyngeal, vaginal hyperemia), renal (BUN/creatinine > twice normal, pyuria), hepatic (bilirubin, SGOT, SGPT > twice normal), hematologic (thrombocytopenia), neurologic (disorientation, altered consciousness, focal findings) 6. Absence of evidence of other cause of illness
<i>Treponema pallidum</i> immobilization (TPI) test	serological diagnostic test; syphilis

Tzanck prep	blisters unroofed, contents smeared on slide, dried, then stained with Sedi-stain giant cells seen histologically; herpes virus family acantholytic cells; pemphigoid																					
ulcer, decubitus grade	1 ; epidermal; blanchable erythema, minimal swelling and warmth, discrete border 2 ; dermal; inflammation partial thickness skin loss; blistering, erythema, induration, abrasion, moist pink wound base, pain but no necrosis 3 ; subcutaneous ulcer; exposed muscle, fat, tendons, down to fascia deep crater may be undermined, sinus tract, exudate, infection may be present 4 ; beyond deep fascia, usually to bone full thickness loss with extensive necrosis and muscle, tendon, joint capsule damage, undermining, sinus tracts, exudate, infection																					
urticaria, physical (tests)	aquagenic ; apply water compress at 35° C to upper body 30 minutes <u>positive</u> ; pinpoint pruritic hives within 2-30 minutes. cholinergic ; half immerse pt. in 42° bath to raise oral temperature 0.7° or more <u>positive</u> ; pruritus, warmth, tingling, burning preceding onset of pinpoint wheals with large halos in 2-30 minutes alternative 1) exercise; does not distinguish from EIA, 2) methacholine skin challenge + in 33% of patients with CU delayed pressure ; 15 lb. weight across shoulder or thigh for 15 minutes <u>positive</u> ; deep painful erythematous swelling at pressure site within 2 hours dermatographism ; firm stroking of forearm or back with instrument <u>normal</u> ; immediate blanching followed by red flare for 10 minutes <u>simple dermatographism</u> ; linear wheal and flare, lasting 10-15 minutes <u>symptomatic dermatographism</u> ; local pruritus with linear wheal and flare lasting ½ to 3 hours exercise ; treadmill for 5-10 minutes, consider food challenge <u>positive</u> ; four phase response-fatigue, warmth, pruritus, erythema followed by urticaria and +/- respiratory/GI/CV abnormalities episodes are sporadic and may not be reproducible solar ; expose 1 x 1 cm back/buttocks to light wavelengths at 10 cm for 10 minutes <u>positive</u> ; pruritus, erythema, edema within minutes, followed by papule or wheal vibration ; forearm stimulation with vortex for 4 minutes <u>positive</u> ; local pruritus, erythema, edema within minutes																					
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Vancouver burn scale	height (depression); normal (flat)=0, <2 mm=1, <5 mm=2, >5 mm=3 pigmentation ; normal=0, hypopigmentation=1, hyperpigmentation=2 pliability ; normal=0, supple (flexible with minimal resistance)=1, yielding (giving way to pressure, moderate resistance but not solid scar mass)=2, firm (solid inflexible unit, resistant to manual pressure)=3, banding (rope like tissue, blanches with scar extension, does not limit ROM if at joint)=4, contracture (permanent shortening of scar producing deformity/distortion, limits ROM)=5 vascularity ; normal=0, pink (slight increase in blood supply)=1, red (significant increase local blood supply)=2, purple (excessive local blood supply)=3																					
VDRL (false +)	anticardiolipin antibody s., infectious mononucleosis, lepromatous leprosy, leptospirosis, Lyme d., malaria, relapsing fever, SLE																					
Venereal Disease Research Laboratory	(VDRL) a nonspecific (non-treponemal) antibody test; syphilis																					
Weil-Felix reaction	nonspecific test; epidemic typhus (<i>Rickettsia typhi</i>)																					
Wood's lamp exam	exam using 360 nm wavelength (long wave) UV light infectious ; <i>Pseudomonas</i> , <i>Corynebacterium minutissimum</i> -coral red (erythrasma), <i>Pityrosporum ovale</i> (tinea versicolor)-yellow-orange nevus anemicus ; becomes invisible pigment ; accentuates epidermal pigment, dermal pigment is not accentuated																					

	<p>tinea capitis; <i>M. canis</i>, <i>M. audouinii</i>, <i>M. ferrugineum</i>, <i>M. distortum</i>, <i>M. gypseum</i>-green</p> <p>urine; PCT</p> <p>skin; ash-leaf spots</p> <p>miscellaneous; ephelides, melasma accentuation, “invisible” lichen planus</p>
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