

COLOR ATLAS OF  
REGIONAL DERMATOLOGY  
AND VENEREOLOGY

部位  
皮肤性病  
彩色图谱

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## 内 容 提 要

《部位皮肤性病彩色图谱》是一本以人体解剖部位为纲目来撰写的皮肤性病彩色图谱。皮肤性病在人体上有特殊的好发部位,在人体不同的解剖部位有不同好发的皮肤病和性传播疾病;同一种疾病在不同部位,其临床表现不同;当然同一种疾病,在不同部位其治疗方法也有所不同。本书以解剖部位,从头顶开始到最末端的甲共分41章,472页,有彩图1100余幅和22万说明文字。书中有大量常见病、多发病,又有许多少见病、疑难病,摄制质量较高的彩图从各个不同的角度展示皮肤、性病的典型皮损。配以精练的文字介绍其病名、病因、临床症状、诊断与治疗。本书是一本具有较高学术水平和临床实用价值的大型医学专业图谱。适用于皮肤科、临床各科医生、乡村医生、家庭医生和全科医生,也可供医学院校师生参考阅读。对指导有关医生的临床实践,提高诊疗水平会有大的帮助。

## SUMMARY

"COLOUR ATLAS OF REGIONAL DERMATOLOGY AND VENEREOLOGY" is a colored atlas of Dermato-Venereol disease based upon human anatomic regions. Dermato-Venereol diseases have their peculiarly prevalent sites of occurrence. Different dermatoses and STD occurs at different anatomic sites. For the same disease, its clinical manifestations differ in different regions and of course. Treatments will vary for the same diseases when occurred at various sites. Based upon anatomic regions, the atlas was so arranged: 41 chapters with 1100 colored pictures and 220 000 verbal illustratives from top of head to end of nails were contained. Large amount of common, prevalent diseases and lots of less rare ones and difficult diseases will be found. By means of high quality colored photos, typical skin lesions of Dermato-Venereol diseases are exhibited from different angles. Refined words employed to introduce the names, etiology, clinical symptom, diagnoses and treatments or all the diseases concerned. This atlas is a large book of medical specialty possessing relatively high value of both academic and practical significance. it is well applied for dermatologists, major departments in clinical practice, country doctors, family physicians and the whole doctors. Medical college teachers and medical students may use it for reference. As a guide to clinical practice for physicians and a help in raising their management levels, the atlas should be proved very helpful.



作者近照

## 作者简介

虞瑞尧，男，1933年2月生于上海，汉族。解放军总医院皮肤科原主任、主任医师，教授。1950年参军入伍，进哈尔滨医科大学医疗系学士毕业。

1956~1999年在解放军总医院皮肤科由住院医师一直做到科主任、主任医师，教授（军医进修学院）。1957年在中央皮肤性病研究所进修学习，并跟随马海德博士一起赴云南省普查普治性病，为我国基本上消灭性病作出过一些贡献。1986年受总后卫生部之命赴云南前线参加“中越边境自卫反击战”，任总后卫生部皮肤病专家组组长。为参战的广大指战员防治皮肤病，总结出一套亚热带野战皮肤病综合防治经验，荣获三等功；此经验也曾应用于1998年抗洪抢险对皮肤病的防治中。1978年在人民卫生出版社出版《常见皮肤病彩色图谱》荣立三等功。先后连任总后卫生部4届新药审评评委、连任国家卫生部3届新药审评评委、任第3届皮肤性病委员会主任委员。长期从事保健工作，擅长于诊治老年皮肤病。先后发表论文300余篇，有的在国外杂志上发表；有的在《中华医学杂志》外文版上发表。因在医疗工作中成绩卓著，作出贡献享受政府特殊津贴。先后出版图书10余本；1982年参加出版《皮肤组织病理彩色图谱》（人民卫生出版社）。1988年出版《皮肤病彩色图谱》（科学出版社，1994年出版第2版）。1995年参加出版《临床遗传学彩色图谱》（人民卫生出版社）。同年出版《现代皮肤病学彩色图谱》（人民军医出版社）。1999年《常见皮肤病彩色图谱》第2版出版。作者曾参与赵辨教授等合作出书，支援了吴绍熙教授，谢礼豪院长等出版图书。为了支持、扶植年青一代皮肤科专家出好书，作者鼎力相助沈阳第七人民医院李铁男院长等出版图书。作者也将本人的著作与国外同行进行图书交流，扩大了我国皮肤科学者在国外的影响。本人为7个国际和地区皮肤病学学会会员。地址：北京复兴路28号皮肤科，邮政编码：100853

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Yu Rui yao, male, born in Shanghai in February 1933. Han nationality. Chief physician and professor of Dermatology and Venereology. General(301) Hospital of PLA. Joined the Army in 1950. Entered the Harbin Medical University and graduated from the medical college therein as a bachelor. From 1956 to 1999 the author worked at the Department of Dermatology and Venereology of General Hospital of PLA, from a resident physician up to a chief physician, professor and head of department of Dermatology. Engaged in advanced studies at the Central Institute of Dermato-Venereology in 1957. Participated the general survey of venereal diseases in Yunnan province with Doctor Hadem Ma(Hai te) and had contributed to the goal of basic sweeping of venereal diseases in China. Ordered by the General logistics department PLA in 1986. The author went to Yunnan front, as the specialist group leader of the sanitary Dept of Veneral Logistics department PLA serving for the Self-defensive anti-attacks at Sino-Vietnam border. He treated and prevented skin diseases for the general army officers and soldiers. He had concluded a whole set experience in synthetic management of subtropical dermatoses and awarded a third class merit. Such experience had been applied to management and prevention of dermatoses occurring in the participants of the rush to deal with the flood combating actions in Yantze River in 1998. Color atlas of common skin diseases was published by the Peoples Sanitary Publishers in 1978, the author was awarded a third class merit. Elected or appointed to be the 4th term judge on New Drug Comment Sanitary Sub-department of General Logistics Department PLA; the 3rd term Chief Committeeman of Dermato-Venereal Committee. Longly engaged in sanitary work, adept at management of geriatric dermatoses. More than 300 papers were published during the years, some papers also published in foreign journals and others in the foreign edition of the Chinese Medical Journals. Enjoying the special allowance of the government because of his eminent contribution and exploits throughout his medical experience. More than 10 books were published: "Color Atlas of Dermatohistopathology" by the Peoples Sanitary in 1982; "Color Atlas of Skin Diseases" by the Scientific Publishers in 1988 (the 2nd edition in 1994); "Color Atlas of Clinical Genetics" by Peoples Sanitary publishers in 1995; "Chinese Dermato-venereal" Atlas and "CD-ROM" by the Peoples Sanitary Publishers in 1998; "Color Atlas of Modern Dermato-Venereology" by the Military Medical Publishers in 1998; "Color Atlas of Common Skin Diseases" (2nd edition) in 1999. Cooperation with professor Zhao-bian in book publication and support professor Wu Shuo xi in the same respect. To support and cultivate the young generation specialists of dermatology for publication of good book the author tried his best to help Li Tie nan, president of the 7th People Hospital of Shenyang city and others to publish books. The author also had book communication of books (his own works) with foreign colleagues and thus expand the influence of our dermatologists abroad. The author was a Membership of 7 dermatologic societies, international and regional. It is: AAD; Membership of American Academy of Dermatology, No 014048. Membership of ISHAM. (International Society for Human and Animal Mycology). Membership of EADV (European Academy of Dermatology and Venereology) No 2445. Membership of ADA (Asian Dermatological Association). Membership of AAAS (American Association for the Advancement of Science). Membership of IMBA (International Medical & Beauty Association). No C1241. Membership of CIDESCO, Section Hong Kong.

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# 前言

随着医学科学的突飞猛进,科学研究条件不断地改善,高素质的皮肤性病专业人才培养涌现,在国内已经出版了一些皮肤病、性传播疾病的彩色图谱,它们受到了广大读者的欢迎。但至今国内尚缺乏一本以解剖部位作纲目来介绍皮肤病、性传播疾病的彩色图谱。大家知道,皮肤病与性传播疾病在不同的解剖部位有特殊好发的疾病。同样一个疾病在不同部位其症状表现可以不一样,自觉症状也不一样,治疗方法也有很大的差异。作者撰写这本与众不同的《图谱》对广大读者提高对皮肤病、性传播疾病的诊治水平无疑会带来很大的帮助。

在编写过程中,为了充实和丰富全书内容,还从国内公开发行的杂志、书籍上借用了少数典型、罕见疾病的彩色图片。在此特向学者们致以诚挚的谢意。本《图谱》的作者在积累资料的过程中,数十年来自始至终得到我科全体同道们的支持与帮助,更得到我院摄影室全体同志们无私的援助。特借本《图谱》出版的机会一并表示诚挚感谢。本《图谱》是以解剖部位为纲目来撰写的,作者缺乏这方面的撰写经验,而且在临床工作中收集资料时也没有主动地如此设计。有不全面、疏漏之处,诚恳地欢迎广大读者批评、指正。

李瑞光

1999年元月于北京






## PREFACE

Medical science is advancing by leaps and bounds. Following this, factors and requirements of scientific research have been improved greatly, and high quality specialists in Dermato-Venereology vastly appear. In China, many atlases of dermatoses and STD have been published and warmly welcomed by general readers. But there is not a single volume of atlas (Colored) of dermatoses and STD based upon anatomic regions up to now. As we know, dermatoses and STD have their selective kinds of frequent occurrence in different anatomic sites, and diseases manifest differently in various places, subjective symptoms and treatments all differ. Therefore for general clinicians, an atlas written out of the ordinary will doubtlessly benefit them in elevating their levels of managing and treating dermatoses and STD.

In the course of editing, for the purpose of substantiation as well as enriching the contents of the atlas, the author borrowed a few colored pictures of typical and rare diseases from journals and books openly published; the author thanks nobly the colleagues for their lasting support and concern as well as the work in the hospital studio for their disinterested help throughout the course of data collecting for scores of years. The atlas was prepared based upon anatomic regions. The author lacks experience in such a respect, and corresponding designs were not actively carried out when collecting materials in clinical work. I earnestly welcome the comment and guide from all readers for the unilateral and emissions in this atlas.

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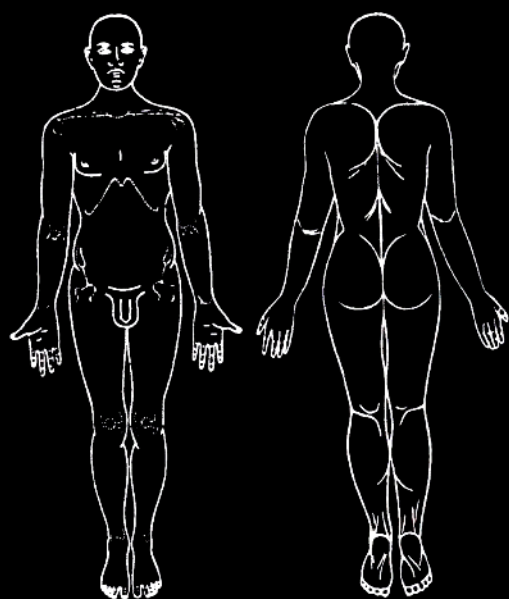
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# 全身

## FULL BODY





# I 全身 FULL BODY

葡萄球菌烫伤样皮肤综合征  
(staphylococcal scalded skin syndrome, SSSS)

本病是由凝固酶阳性噬菌体 II 组 71 型的葡萄球菌引起的一种急性感染性严重皮肤病。多见于婴幼儿。全身皮肤迅速潮红、水肿,很快形成水泡、大疱、剥脱。造成皮肤裸露、呈 II 度烫伤样,24~48 小时内迅速蔓延全身。自觉疼痛。可伴有发热、嗜睡、腹胀、厌食、呕吐等全身症状。一般用青霉素静点滴 5~7 天即可治愈。

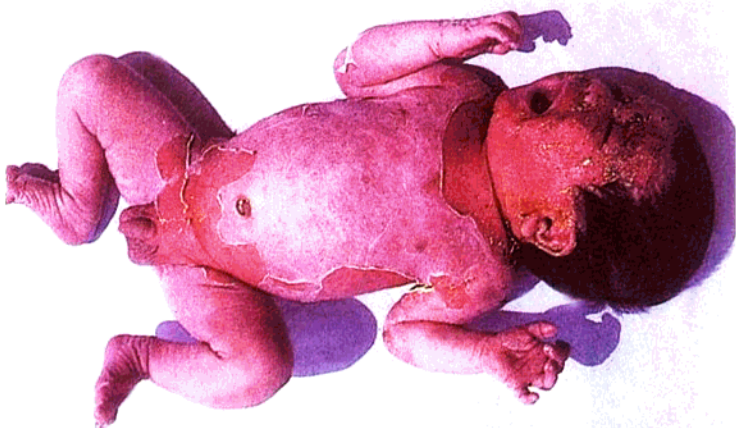


图1 葡萄球菌烫伤样皮肤综合征

## 烧伤 (burns)

本病是由热能(火焰、灼热的气体、液体或固体)、电能、化学物质、放射线等所引起的一种损伤。烧伤按损伤深度分为三度四分法:即 I 度和浅 II 度为浅度烧伤,深 II 度和 III 度为深度烧伤。烧伤后皮肤凝固、坏死、有液体渗出,容易发生创伤性休克,皮肤剧烈疼痛。治疗应采取无菌、暴露疗法,根据病情用抗休克、抗感染和支持疗法。

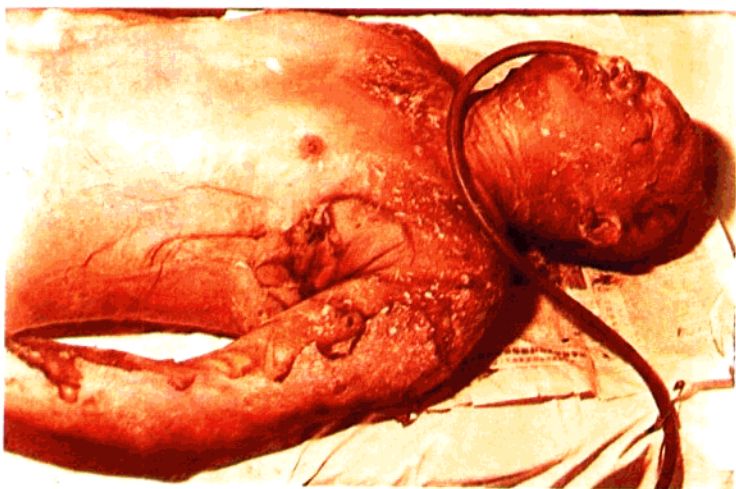


图2 烧伤



图3 脱屑性红皮病

## 脱屑性红皮病 (erythroderma desquamativum, Leiner)

本病为一种婴幼儿脂溢性皮炎,在肛周、臀部和腹股沟发生红斑、迅速扩大、蔓延全身。全身皮肤潮红、轻度水肿、有灰白色细薄糠秕状鳞屑,头面部有油腻性鳞屑,既像脂溢性皮炎、又象剥脱性皮炎。一般2~3周后皮疹开始消退。可伴有腹泻、营养失调、体温调节紊乱、轻度贫血或白细胞稍高、可伴有浅表淋巴结肿大。外用10%氧化锌软膏,口服维生素片。



图4 猩红热样药疹

猩红热样药疹 (scarlatiniform drug eruption)

对巴比妥类、水剂、青霉素、苯巴比妥、链霉素或磺胺类等药过敏时可发生本病。病人突然高热，皮疹呈猩红热样潮红、水肿，从头面向下蔓延，1~2天即蔓延全身，广泛而对称。一般情况良好，自觉痒痒。病情好转后，皮疹变淡，并有大片或细薄鳞屑脱落，逐渐恢复正常。本病若继续发展可形成病情危重的剥脱性皮炎。停用致敏药，口服抗组胺药，维生素C。

剥脱性皮炎 (exfoliative dermatitis)

本病可由原来皮肤病如银屑病、湿疹、已发红斑疹等受到刺激，药物变态反应或皮肤恶性肿瘤等因素所致，其中有少数病例病因不明。临床上多见于老年人，全身皮肤潮红、水肿、大量片状鳞屑脱落。病人多腔口部位均有糜烂、渗出。可伴有高热等全身症状。因大量丢失水分及蛋白质，病人消耗极大，并且容易发生继发感染。全身支持疗法，外用润肤霜。



图5 皮质类固醇增多症

皮质类固醇增多症 (hypercortisolism, Cushing)

本病为肾上腺皮质功能亢进症中最常见的一种。多见于20~40岁，男女发病相等。主要表现为满月脸、水牛肩、球形腹等向心性肥胖，四肢纤细、多血质、紫纹、痤疮、多毛、糖尿病、高血压、骨质疏松等。容易发生病毒、细菌或真菌性感染。红细胞和血红蛋白明显增高。性功能减退，月经减少、不规则或闭经。血和尿中17-酮皮质类固醇 (17KS) 增高。针对病因治疗。



图6 剥脱性皮炎



图7 银屑病性红皮病

## 银屑病性红皮病(erythrodermic psoriasis)

本病因银屑病使用刺激性药物而激惹或停用强效皮质类固醇激素发生反跳所致。可见于任何年龄。全身皮肤潮红、水肿、大量脱屑，但仍可见原银屑病皮损。甲混浊、肥厚、分离、凹凸不平，有点状顶针样凹陷或横沟纹。皮肤干燥容易发生皲裂而疼痛。病人消耗极大，怕冷、畏寒，容易继发细菌感染。本病病程相对漫长。可以口服小剂量环孢菌素，外用润肤膏。

## 血管萎缩性皮肤异色症(poikiloderma vasculare atrophicans)

本病病因不清，多见于中年男性。皮损为大小不等的网状红斑，伴有不同程度的色素沉着和色素减退，毛细血管扩张及轻度萎缩。有少量细薄鳞屑，尤似放射性皮炎。皮损可波及全身，可见雪茄烟纸样细微皱纹。病人自觉轻度瘙痒，皮肤因干燥容易发生皲裂。本病呈慢性病程，其中部分病例可演变为皮肤T细胞淋巴瘤，因此病人应经常复诊。全身支持疗法。

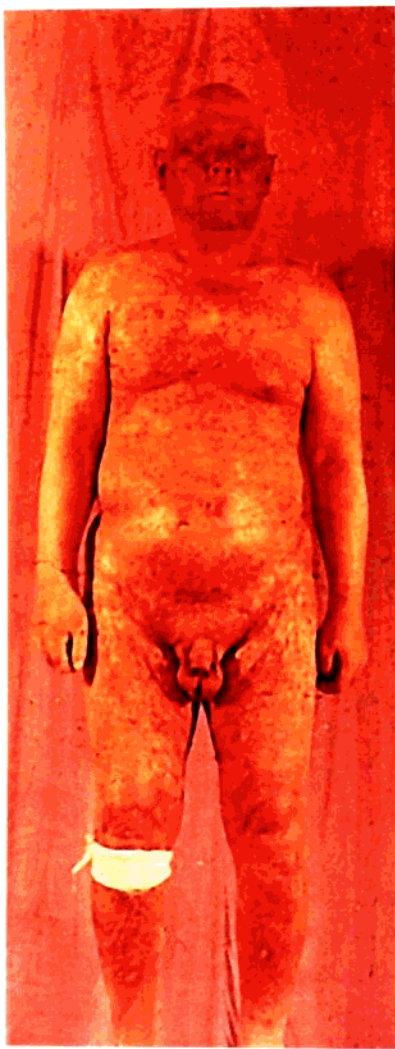


图8 血管萎缩性皮肤异色症





图9 婴儿中毒性红斑

婴儿中毒性红斑(erythema toxicum)

本病严格地讲应见于新生儿,但也可见于婴儿。病因不明,可能属于变态反应性疾病。皮损可发于任何部位,但好发于臀、背、肩等受压处。为1~3cm大小的圆形或椭圆形红斑,压之可消退。数目为数个至数十个,可持续1~2天或10余天。一般无全身症状。外周血嗜酸性白细胞增高。本病为自限性疾病,一般对症治疗即可,可服用果味维生素C和钙片。

先天性表皮松解性角化过度症(congenital epidermolytic hyperkeratosis)

本病过去称为大疱性先天性鱼鳞病样红皮病(bullous congenital ichthyosiform erythroderma)。出生时或出生后出现大疱,其后有增厚的角质性盔甲样鳞片覆盖全身,不久即脱落,裸露的表皮又重新形成鳞屑,这些灰褐色,有时呈疣状的厚鳞屑在伸侧及摩擦处最明显。可伴有家族性掌跖角化症。治疗上以口服维生素A丸,外用10%尿素软膏效果最好,但应注意其副作用。



图10 先天性表皮松解性角化过度症



图 11 层板状鱼鳞病

**层板状鱼鳞病(lamellar ichthyosis)**  
 本病为一种常染色体隐性遗传，过去也曾称为非大疱性先天性鱼鳞病样红皮病。于出生时或出生后不久全身皮肤，尤其是四肢伸侧发生大的棕灰色鳞屑，呈四方形、中央粘着，边缘游离高起，严重者鳞屑厚如铠甲。同时伴有掌跖角化，一般于冬天加重，夏季减轻。治疗同上。



图 12 显性遗传性营养不良性大疱性表皮松解症

**豪猪状鱼鳞病(ichthyosis hystrix)**  
 本病为常染色体显性遗传性鱼鳞病样红皮病，也有归之于表皮松解角化过度性鱼鳞病，偶尔也将先天性线状表皮痣归入本病。一般有父母近亲结婚，2~3岁发病，两性相等。皮损主要对称分布于四肢伸侧，也可分布全身。皮肤干燥，无汗，角质增殖呈羽状、棘刺状、豪猪毛状、疣状或树皮状。毛发无光泽，碎裂或脱落，甲增厚、变形。冬季加重，病情逐渐加重。治疗同上。



图 13 豪猪状鱼鳞病

**显性遗传性营养不良性大疱性表皮松解症(epidermolysis bullosa dystrophica dominant, EBDD)**

本病为显性常染色体遗传，一般有近亲结婚史，生后发病，在手足、小腿、头面、躯干、四肢出现水泡、大疱、糜烂、结痂，愈后有营养不良性疤痕，摩擦或外伤可诱发皮疹出现。口腔粘膜也经常出现大疱、糜烂、愈后出现萎缩性疤痕，使舌表面光滑、发亮而呈镜面舌，并且因疤痕牵拉舌活动受限。口服维生素A或E，保护皮肤，防止外伤。



图14 致死性大疱性表皮松解症

致死性大疱性表皮松解症 (epidermolysis bullosa letalis)

本病为常染色体隐性遗传，其大疱分裂发生在基底细胞和基底膜交界处。出生时或生后不久开始发病，大疱除好发于四肢易碰撞、摩擦处外，全身各处

也可发生。皮损为大疱、糜烂，糜烂面范围较广泛。甲可剥脱，口腔、气管、食道黏膜也可剥脱。患儿因大面积表皮剥脱、糜烂，大量体液丢失，蛋白丢失以及继发感染而导致死亡。

红皮病型结节病 (erythrodermic sarcoidosis)

本病为结节病的少见特殊类型，病因不明。见于成年人，也见于儿童。皮肤出现鳞屑性红斑、轻度浸润，逐渐累及全身，浅表淋巴结肿大。伴有高热，广泛的内脏器官受累。本病临床症状复杂，容易误诊，需要对皮肤和淋巴结进行组织病理学检查。病人免疫功能低下，OT试验阳性，淋巴细胞转化率较低。全身用皮质类固醇激素静脉滴注，全身支持治疗。

儿童早老症 (progeria)

本病又名Hutchinson-Gilford综合征，为先天性遗传性疾病。两性相等，出生时可能较瘦小，1-2岁时出现症状，体重较轻，身高较矮，开始显示老相：毛发脱落，皮肤变薄，干燥，有细小皱纹，静脉显露，甲板脆弱。特征性改变是头发脱落，头皮静脉显露，头大而下面小，身材矮小、发育不良。早年发生糖尿病、动脉硬化样硬化，高血压、白内障等病。服用益康宁、施尔康等。



图15 红皮病型结节病



图16 儿童早老症

# 头皮

## SCALP





多发性汗腺脓肿(multiple sweat gland abscesses)

本病也称假性毛囊炎(pseudofurunculosis),常在痤疮的基础上继发细菌感染,形成化脓性汗孔周围炎。好发于头面。皮损为红色网膜形结节,花生粒、豆粒大小不等,逐渐形成脓肿,无脓栓。皮损为多发性。自觉疼痛,可伴发热,好发于炎夏。细菌培养多为凝固酶阳性金黄色葡萄球菌。其病变部位在汗腺,不在毛囊,故又称假疖。治疗时应降低室温,内服、外用抗生素。



图17 多发性汗腺脓肿

寻常性毛囊炎(folliculitis vulgaris) 本病是常见的细菌侵犯毛囊而发生的炎症。好发于青年男性,主要发于头枕部及颈部,也可见于全头部。皮损为毛囊性炎性红丘疹、小脓疱,破溃后有少量稀薄脓性分泌物。自觉轻重痒痛,

疼痛。此起彼伏呈慢性经过。脓液细菌培养通常为凝固酶阳性金黄色葡萄球菌、链球菌或表皮葡萄球菌等。皮损较浅者愈后不留疤痕,较深者愈后会留疤痕。外用莫比罗星软膏。



图18 寻常性毛囊炎

白癣(tinea alba)

本病多为儿童理发时感染上狗小孢子菌发病,常在幼儿园、小学中流行。好发于头皮,开始时为红色小丘疹,覆盖鳞屑,并向四周扩大成灰白色鳞屑性斑片,头发在2~4mm处折断,病发有白色菌鞘,镜检可见发外型大量小孢子,有诊断意义。自觉瘙痒,搔抓后容易自身接种,出现卫星状小斑。本病到青春发育期便自愈。口服灰黄霉素治疗。



图19 白癣



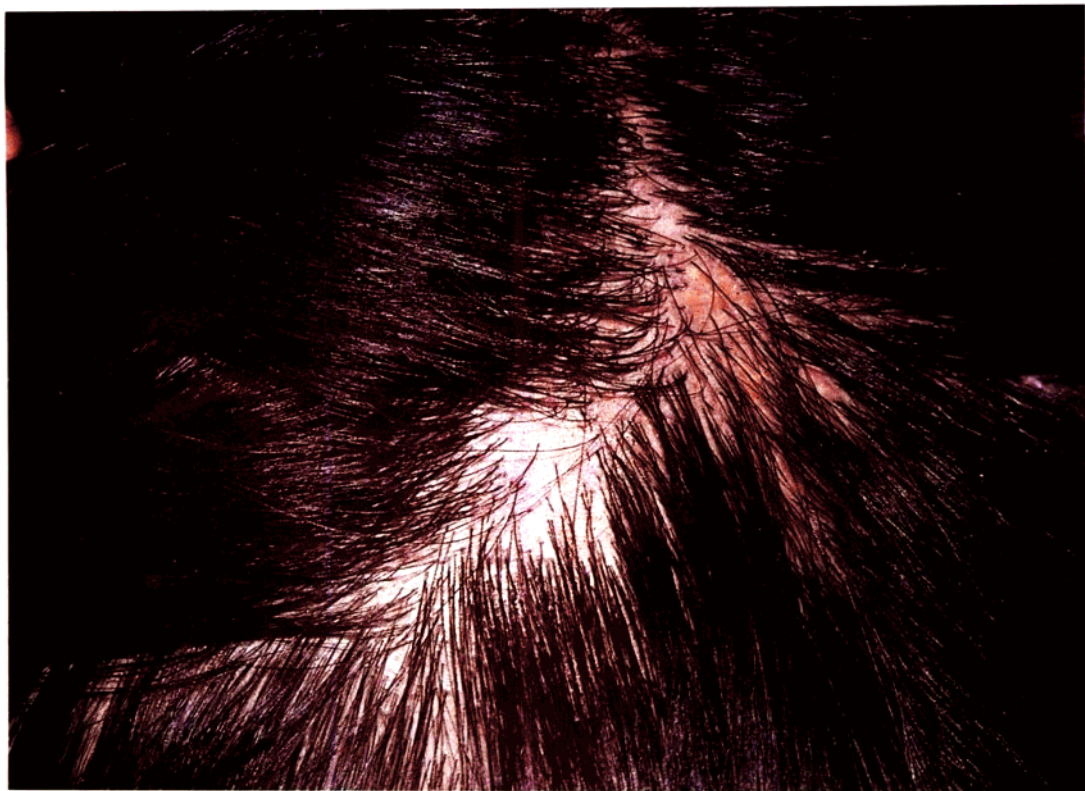


图20 黑点癣

黑点癣 (black dot ringworm)

本病为毛癣菌属感染引起的疾病。儿童开始发病，头皮上有钱币状灰白色鳞屑性斑片，毛发在1~2mm处折断，

故可见头皮上黑色小点，病变毛发镜检可见发内型关节孢子。自觉瘙痒。本病传染性较大，到青春发育期也不能自愈，故也可见于成人。本病多见于农村，其反复、慢性经过可形成萎缩性疤痕而造成脱发，愈后不易再生毛发。口服灰黄霉素治疗。



图21 黄癣

黄癣 (favus)

本病由许兰毛癣菌感染引起的毛囊破坏性疾病。多在儿童时发病，开始为红色小点。后形成毛囊性脓疱，逐渐扩大成蜜黄色片状结痂，中央凹陷、边缘翘起，称为黄癣痂。其下方毛囊破坏，发生萎缩性疤痕，中央有毛发贯穿，发际一圈毛发不受侵犯。病发可见发内型关节孢子，黄癣痂可见鹿角菌丝。自觉瘙痒，传染性大，不能自愈，脱发为永久性秃发。口服灰黄霉素或伊曲康唑治疗。