

# 皮肤病及性病彩色图谱

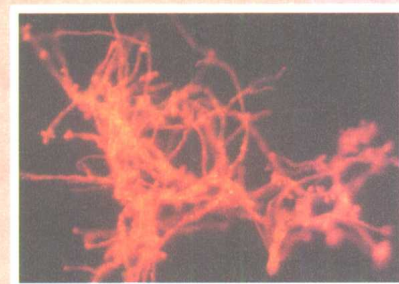
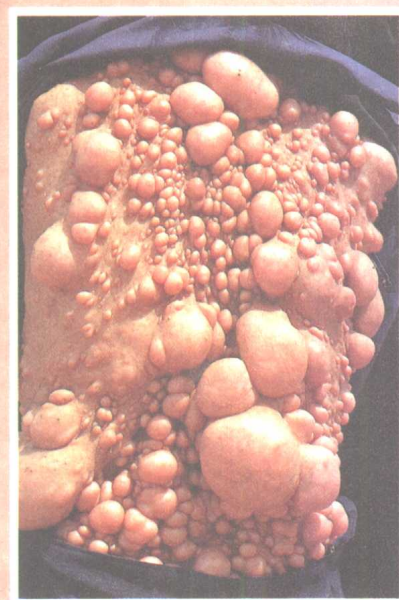
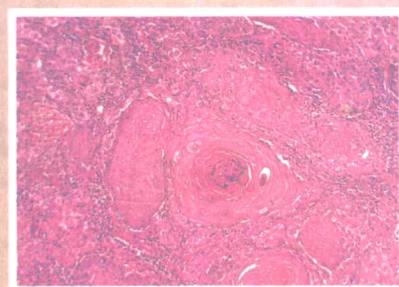
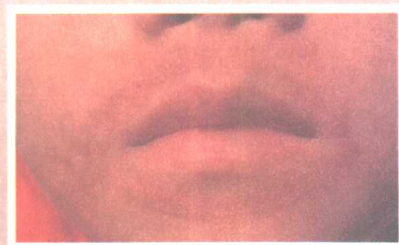
## Color Atlas Of Dermatology and Venerology

主编 吴志华

Editor Wu Zhihua

广东人民出版社

Guangdong People's Publishing House



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粤新登字 01 号

NO. 1 Guangdong People's Publishing House

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出版:广东人民出版社

发行:广东省新华书店

制版:伟龙镭射分色有限公司

印刷:利丰雅高印刷有限公司

开本:889×1194 毫米 16 开本

印张:28 印张 2 插页

版次:1994 年 8 月第 1 版

印次:1994 年 8 月第 1 次印刷

书号:ISBN7-218-01350-3/R·11

定价:人民币 398 元

责任编辑:丘克军

总体设计:张力平 张永齐

责任技编:梁 智

设计制作:广东迪赛广告公司

监制人:郑 毅

版权所有 翻印必究

Published By Guangdong People's Publishing House.

Issued by Guangdong Xinhua Bookstore

Plate Made by Great Dragon Laser Graphic Co. Ltd.

Printed by leefung - AscoPrinters Limited

889×1194mm 16 Format

28 Standard Printing Paper 2 Additional pages

The First Time Edition in August, 1994.

Printing Order: the First Time in August, 1994.

ISBN7-218-01350-3/R·11

Price:RMB ¥398

Editor-In-Chief: Qiu Kejun

Design-In-Chief: Zhang Lipin Zhang Yongqi

Design Maker: Guangdong Dishe Advertising Company

Design Maker: Guangdong Dishe Advertising Company

Supervisor: Zheng Yi

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本书海外版权贸易联系:

中国广州大沙头四马路 10 号

广东人民出版社

电话:7783888-3026

联系人:丘克军

All inquiries regarding copyrighted material from this book should be directed to Mr. Qiu Kejun, Guangdong People's Publishing House, No 10 The Fourth Street Dashatou Rad, Guangzhou, P. R. of China; phone (0086-20) 7783888-3206; Fax (0086-20) 3806199.

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## 序 言

随着医学科学的进步,皮肤病学及性病学有了飞速的发展。皮肤病及性病的主要特点是有皮肤粘膜损害。彩色图谱能真实反映皮肤病及性病的本来面目,图片形象逼真、色泽鲜明,能给读者一个深刻的感性认识。一个典型的病例,有经验的医师往往一看就能有一个初步的诊断。

《皮肤病及性病彩色图谱》的编写宗旨是为我国皮肤性病工作者,提供一本较为大型、新颖的彩色图谱,同时也可供泌尿科、妇产科、口腔科、肿瘤科医师参考,为他们的教学、医疗、科研服务。

我们编辑本图谱时,试图在质量和数量上比目前已出版的同类图谱有所突破,努力使其臻于完美。图谱共 28 章,彩图 1300 幅。除传统的皮肤病及性病外,我们还收集了一些其他学科在皮肤粘膜上有所表现的疾病,以扩大视野,阐明皮肤病及性病本身就是全身疾病的组成部分。在本图谱中,性传播疾病占了一定比例,包括梅毒、淋病及其他性病,共 107 幅,其中艾滋病选用了一些外国彩图;同时,新辟了生殖器部位非性传播疾病一章,目的是帮助读者将这些疾病与性传播疾病相鉴别;皮肤肿瘤占相当大的比例,共 301 幅,这对防治肿瘤十分重要。

此外,我们还编入了一些少见病,如大疱性白细胞碎裂性血管炎、面中线型皮肤 T 细胞淋巴瘤、派杰样网状细胞增生症、皮肤利什曼病、粘蛋白病、恙虫病、Merkel 细胞癌等。同时,一些疾病被赋予新名,如红癣改为棒状杆菌癣样红斑,腋毛癣改为腋毛棒状杆菌病,等等。

本图谱的疾病主要按病因和形态分类,对每种疾病尽可能进行分型或以形态分别表达,以反映出当代皮肤病学的最新进展。如红斑狼疮,分为盘状红斑狼疮、播散性盘状红斑狼疮、亚急性皮肤型红斑狼疮、深部红斑狼疮、系统性红斑狼疮,选用了本病各型的主要皮损、次要皮损及其他损害,共用 49 幅彩图表达,以反映出红斑狼疮的病谱。再如结节性硬化症,分为颜面血管纤维瘤、结缔组织痣、皮赘、牙龈增生、鲨鱼皮斑、甲周纤维瘤、先天性叶状白斑、头颅 CT 扫描等,共用 13 幅彩图表达。

本图谱中,绝大多数图片是从我所近十年拍摄的 2 万余张幻灯片中选出来的,同时也得到了我国及美国、阿根廷、英国的专家学者的大力支持,提供了 165 幅较为珍贵的彩色图片,使本书增辉许多。在此,谨向提供图片的专家致以谢忱。

《皮肤病及性病彩色图谱》的编辑出版,难免存在不足之处,期望读者提出宝贵意见,我们将修订增补,扩大内容,使这本较为大型彩色图谱日臻完善。

广东医学院 皮肤性病研究所

吴志华

1993 年 12 月 8 日

## PREFACE

With the advances of medical science, there are rapid developments in dermatology and venereology. The main characteristic of dermatoses and venereal diseases is that they could manifest themselves on the skin and mucous membrane. The color atlas is a snapshot of reality and may be shown in bright color because it contains the original data from real patients. It is true that some skin lesions can be diagnosed on sight with a high degree of confidence.

The impetus for producing this color atlas is to provide a large and up to date atlas needed by the dermatovenereologists. Moreover this atlas could be used as a reference by the urologists, dentists, gynecologists, obstetricians and oncologists in training, practice and research.

During the course of editing this atlas, we try to make a breakthrough at quantity and quality, and do our utmost to attain perfection. This atlas is divided into twenty eight chapters that are not of equal length. The pictures number 1300, including many classical dermatoses and venereal diseases, we also choose some diseases which could be manifested on the skin or mucous membrane because they expand our knowledge and reflect the essence of dermatology and venereology. STDs are also covered in this atlas with 107 photographs, including syphilis, gonorrhea and other sexually transmissible diseases. In Chapter 9 we have chosen a few foreign pictures about AIDS. Furthermore, we have developed a special chapter on the nonvenereal genital diseases so as to help readers to distinguish these diseases from STDs. A significant portion of this atlas is devoted to skin tumors, since it is very important that the appropriate action is undertaken to treat and prevent them in the future.

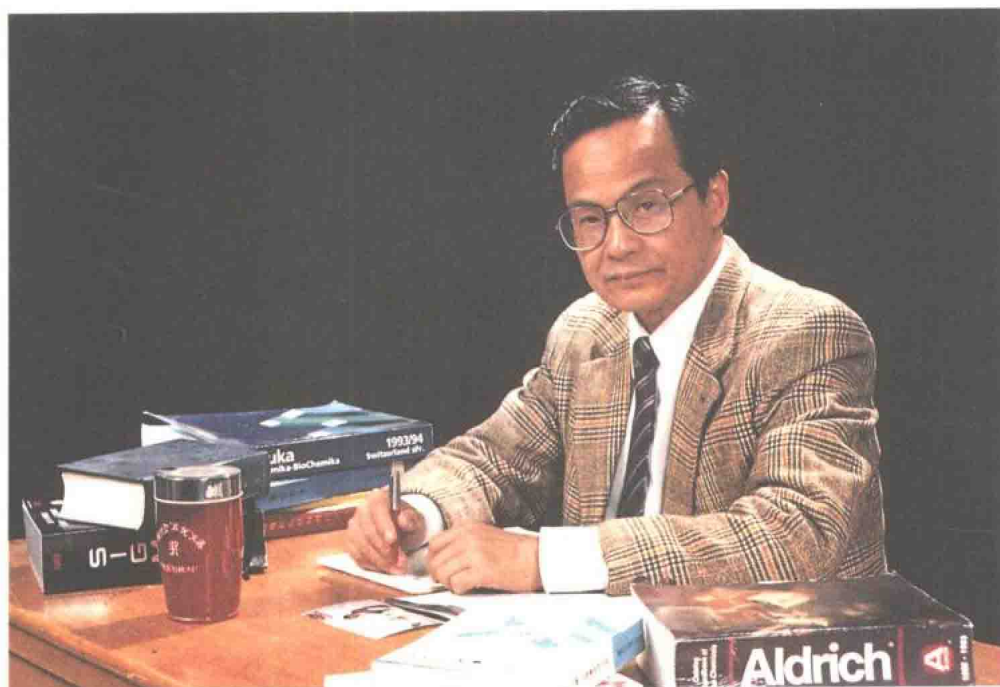
In addition, some rare diseases are collected, such as bullous leukocytoclastic vasculitis, cutaneous T cell lymphoma (midline type), Pagetoid reticulosis, cutaneous leishmaniasis, mucinosis, scrub typhus, Merkel cell carcinoma. In particular, a few diseases are denominated by new terms. Examples are the realization that erythrasma is actually corynebacterial dermatomycoid erythema, and that trichomycosis axillaris is a corynebacterial infection.

The diseases covered in this color atlas are mainly classified according to their etiopathogeneses or morphological appearances, and each disease is then subdivided into many types, reflecting the extensive advance made in modern dermatology. Take lupus erythematosus (LE) for an example, it is divided into discoid LE, disseminated discoid LE, subacute cutaneous LE, LE profundus and systemic LE. We describe their major, minor lesions and other lesions with forty nine pictures in all. This section reviews the current concepts concerning LE and highlights the clinical spectrum of LE. Another example is tuberous sclerosis. We demonstrated its distinctive clinical manifestations with thirteen pictures, including facial angiofibroma, connective tissue nevus, skin tag, hyperplastic gums, shagreen patch, periungual fibroma, congenital white leaf-shaped macules and calcified cerebral nodules on CT scan.

Most of the pictures in this atlas are chosen from approximate twenty thousand teaching slides of our institute through the last 10 years, and 165 pictures, being added to the attraction of our atlas, are contributed by colleagues from Argentina, China, the United Kingdom and the United States. We are grateful to the contributors whose concern and excellent advice are instrumental in bringing this atlas into fruition.

In conclusion, the publication of our color atlas is a courageous trial. Maybe there are a few omissions through our negligences. We would like to appreciate the criticism, suggestions and comments submitted by various readers and reviewers that would help us revise and enlarge this atlas in the next edition.

Wu Zhihua, M. D.  
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吴志华教授,1963年毕业于同济医科大学,现任中华医学会皮肤病理学会理事、中华医学会广东省皮肤科学会常委、广东医学院皮肤性病研究所所长,系享受国务院特殊津贴专家,并担任《中国皮肤性病学杂志》等三家学术刊物的编委。曾编有《皮肤性病学》等五部专著,发表论文百余篇。1992—1993年间两次赴美参加国际学术会议并进行学术访问,受聘为美国中医药学研究院学术顾问。《皮肤病及性病彩色图谱》是他与研究所同仁多年潜心研究皮肤性病的又一心血结晶。

### Autobiography of Editor Professor Wu Zhihua

Professor Wu Zhihua was graduated from Tongji Medical University in 1963. Now he is the member of Society of Dermatopathology of CMA, the standing member of Society of Dermatology of CMA, Guangdong branch and the head of Institute of Dermato-venereology of Guangdong Medical College. In addition, he is also the editor of Chinese Journal of Dermato-venereology. He edited 《Dermato-venereology》 and other four literatures and have more than one hundred publications in various academic journals. During 1992-1993, he visited the United States twice, presented his paper in the International Congress of Dermatology and International Congress of Leprosy, and was appointed to serve as academic counselor of American Institute of Chinese Medicine, Inc.

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Post Code: 524001  
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第一章  
皮肤病的基本  
损害

皮肤损害是诊断皮肤  
病的重要依据，可分  
为原发损害及继发损  
害。

常见皮肤病的基本损害

| 原发损害    | 继发损害   |
|---------|--------|
| 斑    疹  | 鳞    屑 |
| 炎性红斑    | 浸    渍 |
| 非炎性红斑   | 抓    痕 |
| 色素沉着斑   | 糜    烂 |
| 色素减退斑   | 溃    瘍 |
| 出血斑     | 裂    隙 |
| 斑    片  | 痂      |
| 丘    疹  | 苔藓样变   |
| 斑    块  | 萎    缩 |
| 丘  疱  疹 | 瘢    痕 |
| 水    疱  | 毛细血管扩张 |
| 大    疱  |        |
| 脓    疱  |        |
| 结    节  |        |
| 囊    肿  |        |
| 风    团  |        |

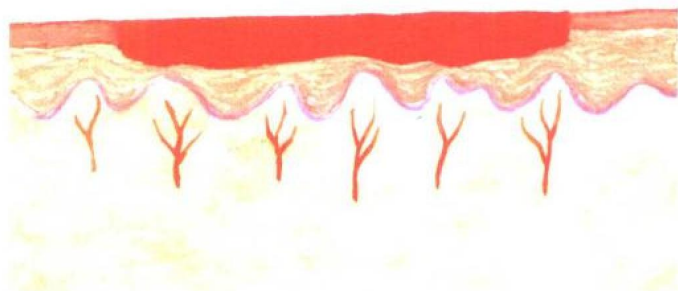
## Chapter 1.

### Terminology of Skin Lesions

The diagnosis of skin disorders is often based on our understanding of the terminology of the skin lesions.

#### Terminology of Lesions

| Primary Lesions           | Secondary Lesions |
|---------------------------|-------------------|
| Macule                    | Scale             |
| inflammatory erythema     | Maceration        |
| non-inflammatory erythema | Excoriation       |
| hyperpigmentation         | Erosion           |
| hypopigmentation          | Ulcer             |
| petechia and ecchymosis   | Fissure           |
| Patch                     | Crust             |
| Papule                    | Lichenification   |
| Plaque                    | Atrophy           |
| Papulovesicle             | Scar              |
| Vesicle                   | Telangiectasia    |
| Bulla                     |                   |
| Pustule                   |                   |
| Nodule                    |                   |
| Cyst                      |                   |
| Wheal                     |                   |



1-1

斑疹 系局限性皮肤颜色的改变，不隆起，不凹下，可分为红斑、出血斑、色素减退斑及色素沉着斑。

Macule. A flat skin lesion, recognizable because its color is different from that of the surrounding normal skin.



1-2

炎性红斑

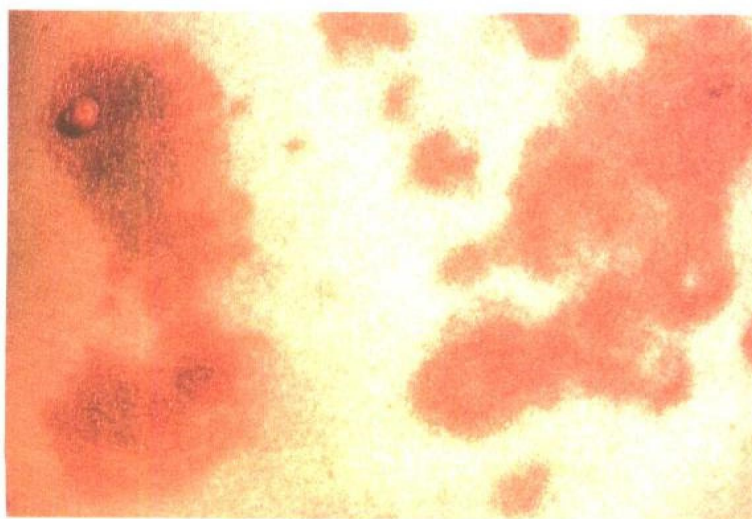
Inflammatory erythema.



1-3

非炎性红斑

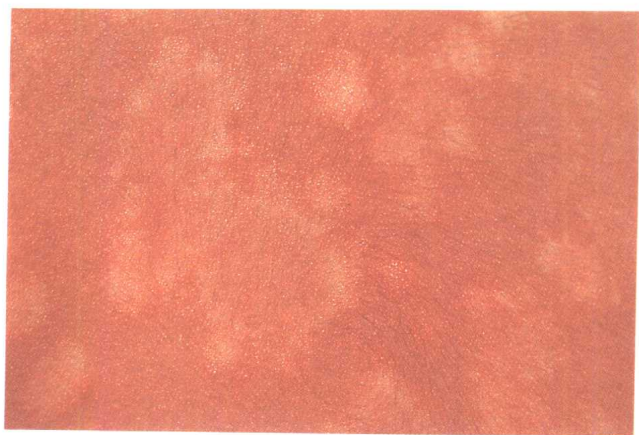
Non-inflammatory erythema.



1-4

色素沉着斑

Hyperpigmentation.



1-5

色素减退斑

Hypopigmentation.



1-7

出血斑 瘀点

Petechia.



1-6

色素脱失斑

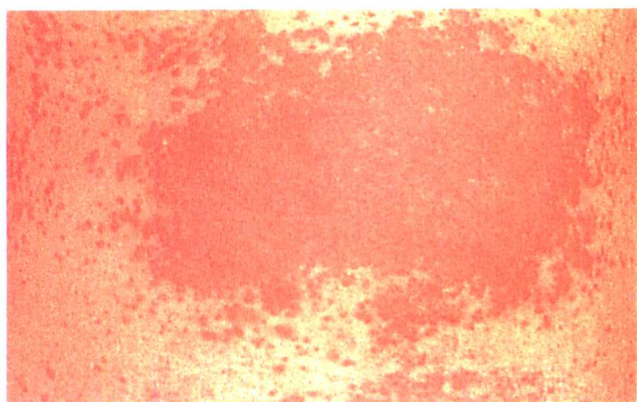
Depigmentation.



1-8

出血斑 瘀斑

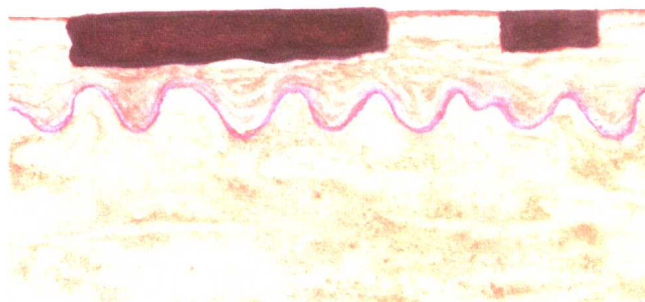
Ecchymosis.



1-9

斑片

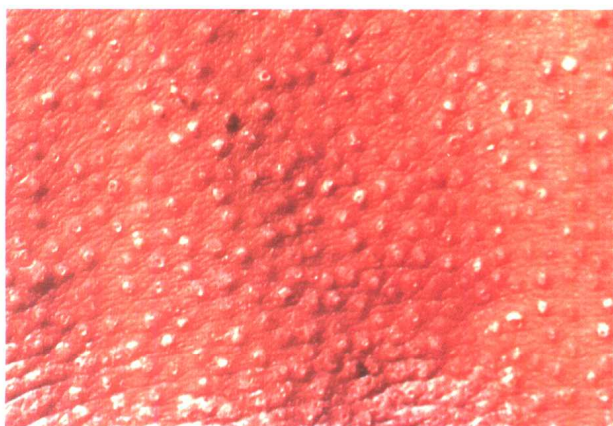
Patch.



1-10

斑片和斑疹 斑片系直径大于 2 cm 的斑疹

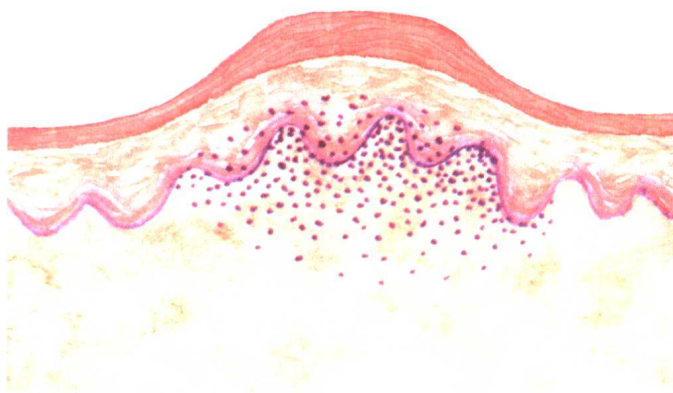
Patch. A very large macule greater than 2 cm in diameter.



1-11

丘疹 非炎性丘疹

Papule. Non-inflammatory papule.



1-13

丘疹 系局限、隆起性、实质性损害，直径小于 1 cm。

Papule. A small solid elevated skin lesion less than 1 cm in diameter.



1-12

丘疹 炎性丘疹

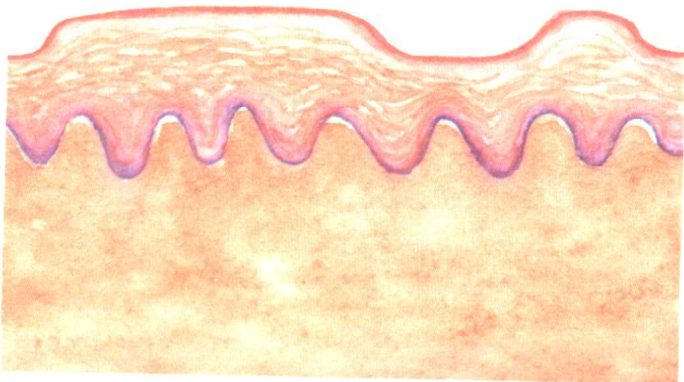
Papule. Inflammatory papule.



1-14  
丘疱疹  
Papulovesicle.



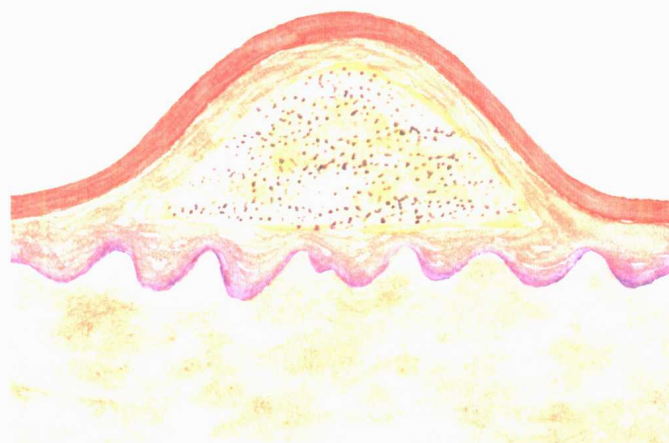
1-15  
斑块  
Plaque.



1-16  
斑块和丘疹 斑块为较大的或多数丘疹融合而成的直径大于 2 cm 的扁平、隆起性损害。  
Plaque and nodule. Plaque is an elevated, "plateau-like" lesion greater than 2 cm in diameter but without substantial depth.



1-17  
水疱  
Vesicle.



1-18  
水疱与大疱 为高出皮面的、内含液体的局限性、腔隙性损害。直径小于 0.5 cm 者称为小疱，大于 0.5 cm 者称为大疱。

Vesicle and bulla. Blisters filled with clear fluid. Vesicles are less than, and bullae greater than, 0.5 cm.



1-19  
血疱  
Hemorrhagic bulla.



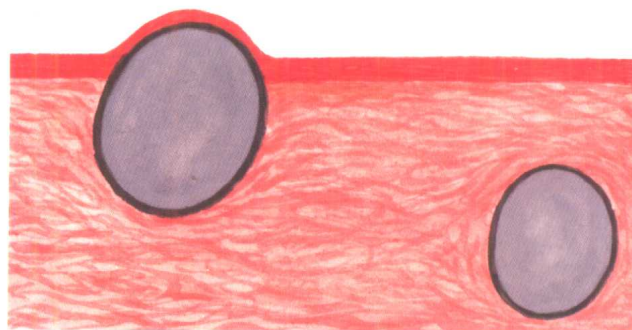
1-20  
大疱  
Bulla.



1-21  
脓疱 系含有脓液的疱  
Pustule. A vesicle filled with cloudy or purulent fluid.



1-22  
结节 高出皮面  
Nodule.



1-23  
结节 限局性、实质性损害，深度可达真皮或皮下组织。  
Nodule. An elevated, "marble-like" lesion greater than 0.5 cm in both width and depth.



1-24  
结节 稍高出皮面  
Nodule.