



DERMIK LABORATORIES, INC.



# ATLAS OF SAME-SITE DIFFERENTIAL DIAGNOSES

The Photography of Carroll H. Weiss

VOLUME I:  
HANDS AND UPPER EXTREMITIES





DERMIK LABORATORIES, INC.

*Dedicated to Dermatology™*

# ATLAS OF SAME-SITE DIFFERENTIAL DIAGNOSES

VOLUME I:  
HANDS AND UPPER EXTREMITIES

**NOT FOR RESALE**

The Photography of Carroll H. Weiss

Adjunct Professor  
Department of Dermatology and Cutaneous Surgery  
University of Miami School of Medicine

and

Dermatology Service  
Miami Veterans Administration Medical Center



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## FOREWORD

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**A**t last, we have in one place the gleaming examples of many of the world's best photographs of skin diseases. These images were created by an outstanding craftsman, who has devoted much of his life to obtaining examples of the diseases that comprise some of the pathologic entities of dermatology.

For the past 40 years, Carroll Weiss has been unique in his devotion to recording the skin and its maladies by refining his incomparable skill and knowledge, not only with the best equipment available, but also by tireless effort and constant study.

As teacher, advisor, constructive critic, and always a friend to anyone attempting to make or to use pictures of patients with cutaneous disorders, he has become a renowned photographer in academic, professional, and pharmaceutical circles. His vast repertoire of publications, films, exhibits, and presentations has long been studied, admired, and cherished.

Now, we have before us this superb atlas to enjoy, to learn from, and to provide deeper understanding of the limitless manifestations of skin biology.



Harvey Blank, MD  
Professor Emeritus  
Department of Dermatology and Cutaneous Surgery  
University of Miami School of Medicine

## FOREWORD

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I am delighted to contribute to the introduction of Carroll Weiss' photographic atlas, "Same-Site Differential Diagnoses." The conceptualization of this book and the quality of its execution amply demonstrate his creative and technical ability. However, a few words regarding his personality and general style will add to the reader's enjoyment of the work and may serve to document in some measure the substantial contribution he has made to medicine through his efforts in dermatologic photography.

Carroll's photographs, technically perfect as they are, only hint at his boundless energy and enthusiasm for photography. In the early 1970s, our department's photographs were taken either by medical school photographers or by faculty and residents. The equipment consisted of a camera kept at a fixed distance from the lesion by a removable arm. The focus lens was changed to correspond to the length of the removable arm. Within a few months of his arrival, after a series of lectures and almost daily attendance at the clinics and inpatient units, Carroll's enthusiasm had rubbed off on everyone. Most residents and many of the faculty began to buy sophisticated equipment and use his innovative techniques, dramatically increasing the quality of the department's pictures. Our transparency conferences soon included discussions of composition, lighting, and other technical aspects of photography.

I have rarely seen one person have such a rapid and dramatic effect upon an environment as he had on our department that year. His lectures and visits during the ensuing 20 years have maintained the level of expectation and ability. This accomplishment is even more remarkable when one realizes that Carroll is a nonphysician member of our volunteer faculty. It is clearly his technical ability, his talent as a transmitter of knowledge, and his personal enthusiasm and charisma, rather than any institutional leverage, which allowed him to have such a profound effect. And, indeed, Carroll's effect is not only local. Through his publications, speeches, and former students, he has become a national figure. Perhaps more than any other individual, he has elevated the national standard of dermatologic imagery.

On a personal note, Carroll is a warm and witty man, whose twinkling eyes and quick mind easily engage and charm. I have regarded him as a friend for nearly two decades, and I am personally indebted to Carroll for his encouragement and guidance in the publication of my first textbook, "Office Techniques for Diagnosing Skin Disease," co-authored with David Pariser, MD. Carroll's many contributions, including technical assistance and moral support, were invaluable.

This book, with its exceptional photographs and emphasis on location, will help all of us to see better.



William H. Eaglstein, MD  
Chairman and Harvey Blank Professor  
Department of Dermatology and Cutaneous Surgery  
University of Miami School of Medicine

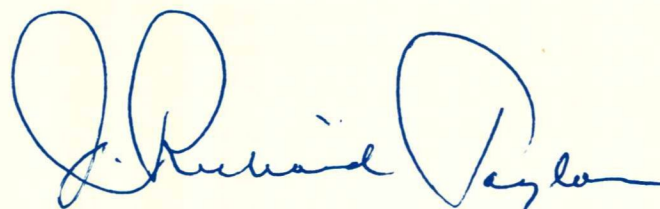
# FOREWORD

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Carroll Weiss is a truly unique individual. He possesses the creative skills of an artist and the enthusiasm and interests of a physician. In many ways, we are fortunate that circumstances did not permit him to complete medical school. Instead, he has taken a keen interest in dermatology and creative skill as a photographer and devoted his career to recording what is undoubtedly the most comprehensive collection of photographs of skin disease available in the world today. The atlas that follows, comparing examples of different skin diseases at the same site, could never have been produced without such a vast source of high-quality photographs.

During these past 20 years, I have spent countless hours with Carroll in the Miami VAMC Dermatology Clinics. His participation was initially viewed as professional medical photography of patients. As time passed, however, we began to realize that we were benefiting from this relationship in ways we had not anticipated. Carroll had subtly taught us to see patients in an additional dimension of light, color, and contrast we had not perceived previously. He had made better observers of all of us.

Perhaps careful examination of the photographs in this atlas will impart some of this skill to you as well.

A handwritten signature in blue ink, reading "J. Richard Taylor". The signature is fluid and cursive, with the first name "J." and last name "Taylor" clearly legible.

J. Richard Taylor, MD

Chief, Dermatology Service  
Miami Veterans Administration Medical Center  
and  
Professor  
Department of Dermatology and Cutaneous Surgery  
University of Miami School of Medicine

# PREFACE

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Centuries ago, an oriental sage smiled inscrutably and said, “*One picture is worth ten thousand tellings.*” This is remarkably true in dermatology where skin pathology is so strikingly visible that even unseen symptoms like pruritus become detectable when patients excoriate themselves. After a lifetime of clinics and thousands of camera exposures, I am still entranced with the imagery of skin diseases. Many patient photographs still translate to an “art form” for me. Lesional distribution and diagnostic spectra of color still elevate for me many dermatologic photos from merely good teaching examples to fascinating designs of morphology.

During these years, an innovative thought was conceived and nurtured by the growth of my “image bank” of dermatologic photographs. It was born when Harvey Blank, MD, who was then my chairman, shared with me his enthusiasm for a newly published dermatology textbook from Europe, illustrated by what he considered outstanding color photographs. Indeed they were, but as I read chapter after chapter, it suddenly struck me how revolutionary it would be to present the photographs differently...namely, for the basic pedantry of differential diagnosis, to illustrate choices with the same anatomical site. Creatively, there were certain requirements: first, a photo collection large enough to meet special graphic and editorial layout considerations, and one that was computerized for retrieval of exhaustive dermatology details; second, funding to design and publish the same-site page spreads with uncompromising excellence in book production. Thus, my concept, ***Same-Site Differential Diagnoses*<sup>™</sup> (SSDD)<sup>™</sup>**, was created.

At the outset, let me identify that SSDD is *not* intended to be a primary or definitive teaching instrument in dermatology. Instead, I hope these initial volumes, with their unique and heretofore unseen pictorial montages, become accepted in

dermatologic academia as suggestions for innovative and exciting new visual *supplements*. If SSDD suggests a brand-new technique to enhance standard dermatology textbooks, or introduces new multi-projector methods for residents’ Slide Conferences, then what I now consider its appropriate place in the hierarchy of dermatologic education will have been realized.

The cliché, “the tail wagging the dog,” might aptly be applied to the selection of particular diagnoses for specific two-page spreads. Because editorial design necessarily limited my choice to eight images per spread, the wealth of photographic choices was a veritable siren song. The layouts were enticing, with generous pictorial areas, but the final selection was agonizing in terms of which images to retain and which to eliminate. For most two-page spreads, there was an overabundance of photographic riches, and narrowing down the competitive images mandated strict discipline. Invisible gremlins constantly tempted me to use dramatic photos of esoteric and rare skin pathologies from Grand Rounds or monthly teaching clinics. Because the selection process for these introductory volumes was directed to the more commonly seen skin problems, choice of the photos was exclusively arbitrary. For example, unilateral vs bilateral views are for pictorial content only and should not, accordingly, imply diagnostic distribution.

The reader must excuse repetitions or omissions of some skin disorders, such as absence of skin neoplasms (except in a very few instances), because of the graphic limitations and editorial restrictions of these volumes. Perhaps future SSDD volumes will spotlight those skin diagnoses the readers may be disappointed to find missing in these initial collections. I hope their disappointment will not diminish their finding the SSDD concept provocative.

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Many years ago, my medical school education was unavoidably terminated. It was unexpected and – I confess – devastating to be confronted with a career decision other than the lifelong dream of becoming a physician. I mention this now only because these color volumes are, in a sense, testimonials to the compensatory circumstances of kismet. Since leaving medical school, the absence of an “MD” following my name has never diminished the encouragement and influence, and especially the friendship, of many dermatologists. My interest in skin disorders was crystallized by the stimulus of Norman Orentreich, MD (Clinical Professor, Department of Dermatology, New York University School of Medicine), and by Christopher M. Papa, MD (Acting Chief and Clinical Professor, Division of Dermatology, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, Piscataway). I thank them both for the kindness with which they bestowed their influence and the generosity with which they shared their knowledge.

I wish to express my gratitude to Harvey Blank, MD, William H. Eaglstein, MD, and J. Richard Taylor, MD, for conferring upon me the honor of a faculty appointment and title. Their encouragement has been the nucleus of my motivation during all the years I have been teaching and publishing my work. This atlas, with its volumes of innovative photographic montages, is an eloquent tribute to these mentors. Even more important are the visionary goals they created for the department, including those for dermatologic photography. They

gave me the opportunity to demonstrate my conviction that dermatology, with its photogenic symptomatology, demanded more than a “point-and-shoot” approach with modern semi-automatic camera systems. Today, patient photography in the literature and at meetings has markedly improved, and excellence in pictorial content now prevails in dermatologic education. I am more than a little gratified to see many authors’ names from my league of residents.

Finally, I applaud Dermik Laboratories for their immediate recognition of my SSDD concept, and their generous decision to introduce it with superb and uncompromising editorial quality for the benefit of the dermatology community.



Carroll H. Weiss

Adjunct Professor  
Department of Dermatology and Cutaneous Surgery  
University of Miami School of Medicine  
and  
Dermatology Service  
Miami Veterans Administration Medical Center

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---

## FINGERNAIL, INDIVIDUAL

1

### ONYCHOMYCOSIS DUE TO DERMATOPHYTE

Fungal destruction  
of fingernail,  
54-year-old man

1



2

### ONYCHOMYCOSIS DUE TO *Candida albicans*

Yeast destruction of  
fingernail, 75-year-old  
black woman

2



3

### TIC-TRAUMA, WOMAN

Linear dystrophy,  
49-year-old patient

3



4

### TIC-TRAUMA, BOY

Linear dystrophy,  
16-year-old patient

4





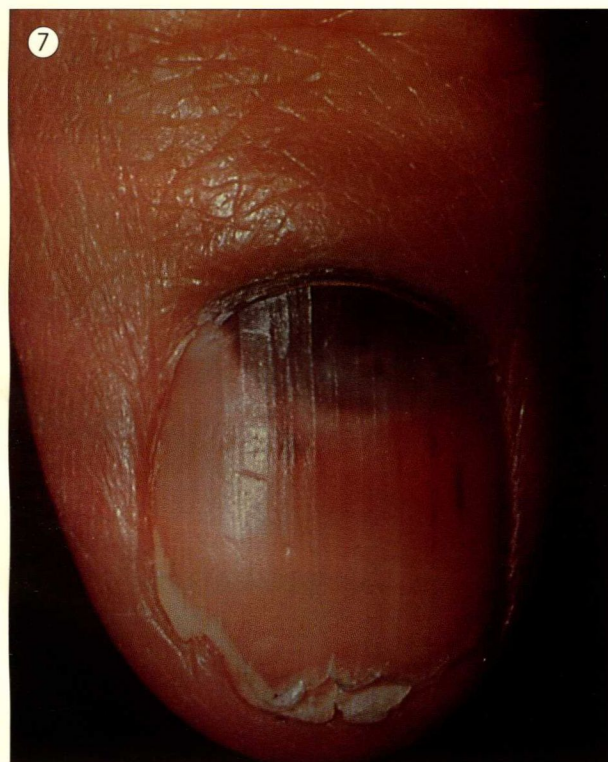
**5**  
**ONYCHOLYSIS SEQUELA**  
**TO PARONYCHIAL**  
**CANDIDIASIS**

Lifting up at proximal end,  
44-year-old man



**6**  
**IDIOPATHIC**  
**ONYCHOLYSIS**

Lifting up at distal end,  
47-year-old woman



**7**  
**SUBUNGUAL HEMATOMA**

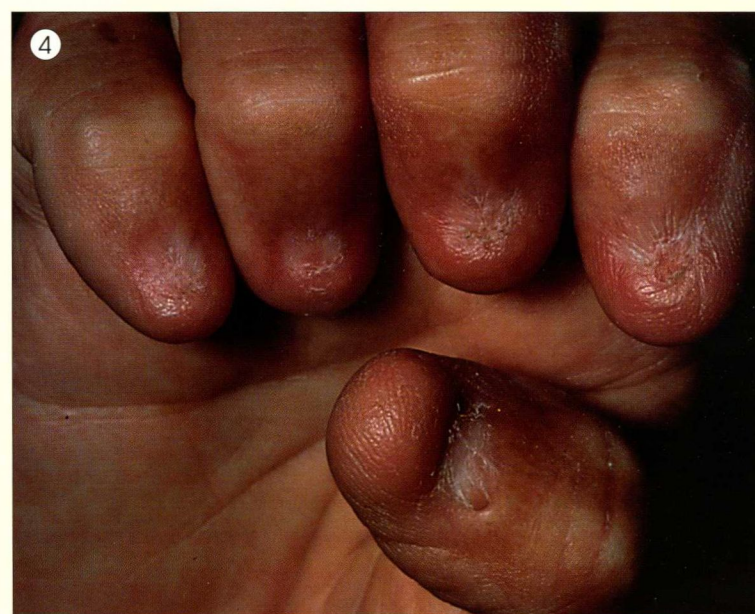
Postcontusion,  
26-year-old woman, nurse



**8**  
**NAIL INFECTION**  
**DUE TO *Pseudomonas***

"Green nail,"  
52-year-old woman

## FINGERNAILS, MULTIPLE



**1**  
NAIL DESTRUCTION DUE TO *Trichophyton rubrum*  
11-year-old immunodeficient boy

**3**  
NAIL CHANGES  
29-year-old man with keratosis palmaris et plantaris

**2**  
NAIL DESTRUCTION DUE TO PSORIASIS VULGARIS  
44-year-old man

**4**  
LICHEN PLANUS  
Nail atrophy with pterygia, 22-year-old man



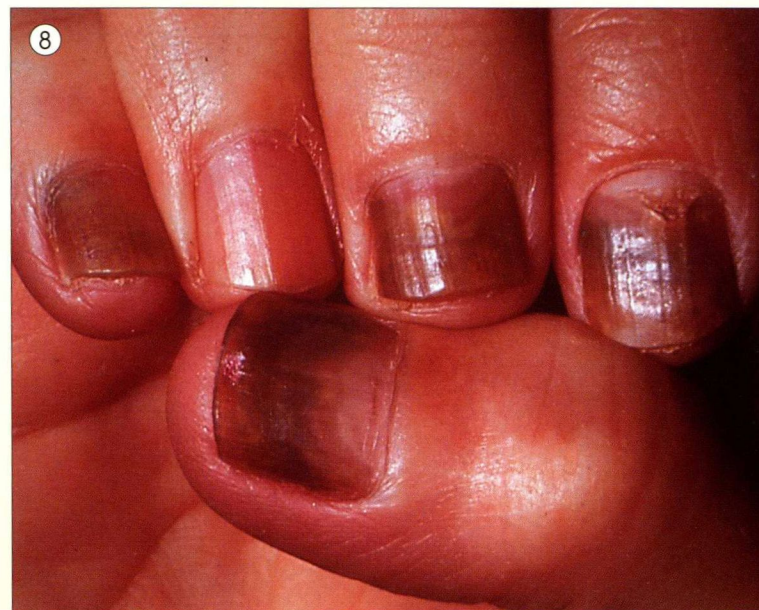
**5**  
**DARIER'S DISEASE**  
52-year-old man



**6**  
**HYPERPIGMENTATION AND DYSTROPHY  
DUE TO PSORIASIS VULGARIS**  
59-year-old man



**7**  
**EPIDERMOLYSIS BULLOSA ACQUISITA**  
Nail atrophy, 55-year-old black man



**8**  
**ABNORMAL PIGMENTATION DUE TO *Pseudomonas***  
42-year-old woman

## PARONYCHIAL AND PERIUNGUAL ABNORMALITIES

### ① PERIUNGUAL WARTS

26-year-old physician



### ② PERIUNGUAL PSORIASIS VULGARIS

48-year-old man



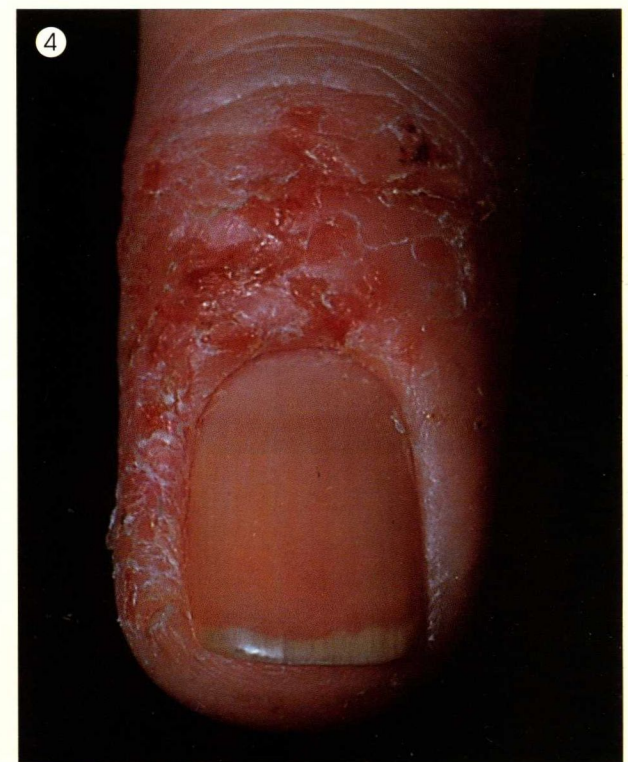
### ③ PERIUNGUAL OCCUPATIONAL DERMATITIS

Contact, due to inks,  
30-year-old woman,  
printing press operator



### ④ PERIUNGUAL ECZEMATOUS DERMATITIS

57-year-old man





**5**  
**PARONYCHIAL**  
**CANDIDIASIS,**  
**BLACK PATIENT**  
 38-year-old man, dishwasher



**6**  
**PARONYCHIAL**  
**CANDIDIASIS,**  
**WHITE PATIENT**  
 44-year-old man, fishmonger



**7**  
**STAPHYLOCOCCAL**  
**PARONYCHIA**  
 14-year-old boy



**8**  
**PSEUDOMONAL**  
**PARONYCHIA**  
 67-year-old woman

## FINGER, DORSAL

**1**  
CIGARETTE BURN  
29-year-old man

**2**  
BULLOUS  
TINEA MANUUM  
Due to *Trichophyton*  
*mentagrophytes*,  
63-year-old man

**3**  
SCABIES  
3-year-old girl

**4**  
CONTACT DERMATITIS  
Due to topical medication,  
49-year-old man





**5**  
**ATOPIC DERMATITIS**  
32-year-old man

**6**  
**DYSHIDROTIC ECZEMA,  
WHITE PATIENT**  
41-year-old man

**7**  
**POISON IVY DERMATITIS**  
42-year-old woman

**8**  
**DYSHIDROTIC ECZEMA,  
BLACK PATIENT**  
34-year-old man

