



Cutaneous Manifestations of Systemic Disorders

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1 ABSTRACT

Often, cutaneous anomalies are developed due to general diseases. A disease may have in common various manifestations detectable in various organs of the body. However, there are numerous severe generalized and common eruptions. A few of these eruptions may terminate fatally, such as pemphigus, which seems to be entirely of cutaneous origin with no apparent organic abnormalities of other organs. If we could diagnose the relationship of cutaneous eruptions with other systems in body, we can easily differentiate the root cause and seat of the actual disease. This entire workup will help us in finding the exact similitum in remedy pictures. Cutaneous manifestations of systemic disorders can be classified into four groups. These groups may be- Cutaneous Endocrine Disease, Cutaneous Metabolic Disease, Cutaneous Nutritional Disease and Cutaneous Deposition Disease.

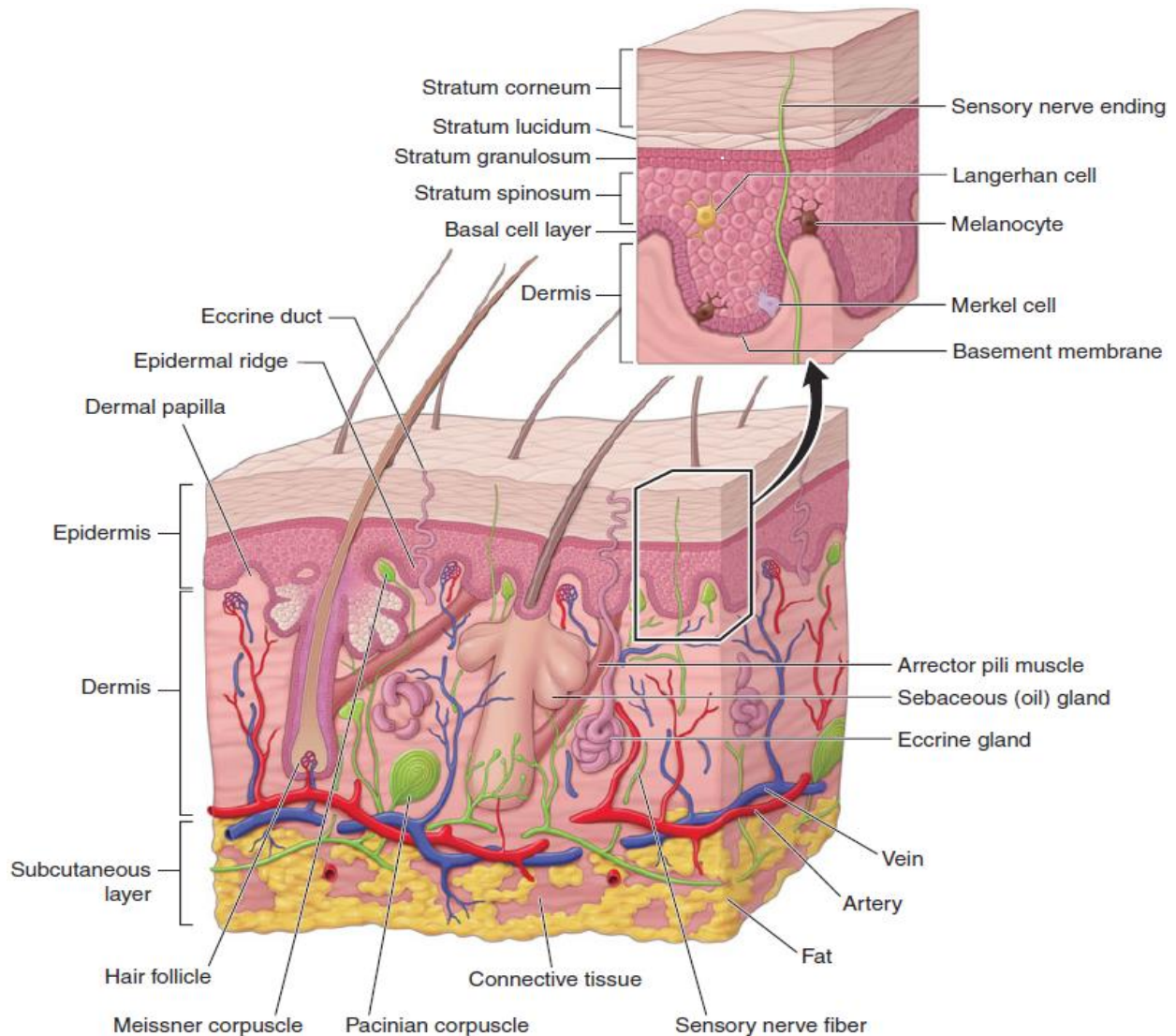
2 KEY WORDS

Cutaneous eruptions, Systemic disorders, Endocrine, Metabolic, Nutritional, Deposition, Holistic, Homoeopathy

3 STRUCTURE AND FUNCTION OF THE SKIN

Skin is the largest organ of the body. Its anatomy and functions are multifold. We can summarize them in the following tabular form.

Component	Structure and Function
Stratum corneum	Semipermeable barrier with “bricks” (stacked cornified cells) and “mortar” (ceramides, cholesterol, and fatty acids) like construction
Stratum granulosum	Contains keratohyalin granules that produce profilaggrin
Stratum spinosum	Contains desmosomes for intercellular adhesion
Langerhans cells	Dendritic cells, for modulation of the adaptive immune response
Merkel cells	Specialized cells with neuroendocrine function
Melanocytes	Dendritic cells that produce melanin for ultraviolet light protection
Basal cell layer in the epidermis	Contains the stem cells that divide and produce the rest of the keratinocytes
Basement membrane	Interface between the epidermis and dermis
Ground substance	Amorphous gel of mucopolysaccharides that is the substrate for the dermis
Collagen	Network of fibrous proteins for skin tensile strength
Elastic fibers	Fibrous proteins responsible for skin elasticity
Fibroblasts	Cells that produce ground substance, collagen, and elastic fibers
Mast cells	Leukocytes that release histamine and heparin
Histiocytes/macrophages	Leukocytes that phagocytize and present antigen
Eccrine glands	Sweat glands that help with temperature regulation
Apocrine glands	Axillary and anogenital glands responsible for body odor
Sebaceous glands	Component of pilosebaceous unit that produces sebum
Hair follicle	Component of pilosebaceous unit that produces the hair fiber
Somatic sensory and sympathetic autonomic nerves	Supply blood vessels, glands, and hair follicles
Meissner corpuscles	Specialized nerve receptors for light touch
Pacinian corpuscles	Specialized nerve receptors for pressure and vibration
Blood vessels	Two horizontal plexuses in the dermis that are connected and can shunt blood flow
Lymphatics	Parallel to blood vessels with 2 plexuses for flow of plasma
Fat	Provides protection from cold and trauma; Essential for storage of energy and metabolism of sex hormones and glucocorticoids



Skin anatomy

4 CUTANEOUS MANIFESTATIONS OF SYSTEMIC DISORDERS

Cutaneous anomalies are developed due to general diseases. A disease may have in common various manifestations detectable in various organs of the body. This is the duty of the physician to diagnose the condition, its root causes and to treat it as thoroughly, so that the condition may permanently be cured, not merely suppressed or palliated.

An old French proverb says--- “There are no diseases, but only sick people.”

Plato, in his Phaedrus, presumably composed around 370 BCE, remarks--- “For this is the great error of our day in the treatment of human body, that physicians separate the soul from the body.”

Paracelsus, in 16th century, clearly remarked--- “he who wants to know man must look upon him as a whole, not as a patched-up piece of work. Man is more than a sum of his parts.”

Hahnemann clearly states that--- “Homoeopathy does not treat diseases, but sick individuals.”

Renowned pathologist Dr. William Boyed, in his 'Text book of Pathology' says that--- "for it is the whole patient who comes to the doctor's office, not just a disorders liver, a cardiac lesion, or a septic throat."








The signs and symptoms are the outward reflection of internal derangement of the vital systems involved in establishing the healthy life process. These signs and symptoms are the key notes to find out the running morbid process disturbing the normal balanced harmony of the healthy individual, trying to make him sick person.

5 EXAMINATION OF SKIN LESIONS – KEY POINTS

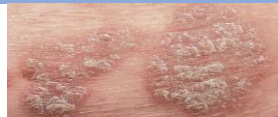








The primary or basic types of skin lesions must be identified and their significance in diagnosing the underlying causes must be ascertained by very careful examination.

5.1 BASIC TYPES OF SKIN LESIONS

The basic skin lesions can be defined in certain names as tabulated below-

Terminology	Diameter	Morphology	Example	
Macule	<0.5 cm	Flat, level with surface of skin	Tinea versicolor	
Patch	>0.5 cm			
Papule	<0.5 cm	Solid, elevated lesion	Dermatitis	
Plaque	>0.5 cm			
Wheal	Any size	White to pink edematous papule or plaque that lasts less than 24 h	Urticaria	
Nodule	>0.5 cm	Dermal or subcutaneous solid, elevated lesion	A melanotic melanoma	
Vesicle	<0.5 cm	Blister containing fluid or blood	Pemphigus vulgaris	
Bulla	>0.5 cm			
Pustule	<0.5 cm	Cavity filled with pus, may be sterile	Pustular psoriasis	
Cyst	>0.5 cm	Cavity filled with pus or keratin	Epidermal cyst	

5.2 SURFACE CHANGES IN SKIN LESIONS

Terminology	Surface Changes in Lesions	Example	
Scale	Loose or adherent flake composed of stratum corneum cells. The term hyperkeratotic is used for small areas of thick adherent scale	Psoriasis	
Crust	Yellow, brown, black, or green surface deposits of serum, pus, and/or blood	Pemphigus vulgaris	
Lichenification	Thickening of the epidermis with accentuation of skin markings	Atopic dermatitis	
Fissure	Linear, sharply defined, deep crack in the skin	Callous	
Erosion	Localized loss of the superficial epidermis	Drug rash	
Excoriation	Linear or punctate, superficial, erosions in the skin caused by fingernails and sharp objects		
Ulcer	Defect in epidermis and dermis due to loss of tissue	Pyoderma gangrenosum	
Eschar	Black, hard crust resulting from tissue necrosis of the epidermis and/or dermis	Self-induced injury	
Atrophy	Depression and/or surface change in skin as the result of diminution of a component(s) of the epidermis, dermis, or fat	Lichen sclerosis	
Scar	Depressed or elevated proliferation of connective tissue that has replaced inflamed or traumatized skin	Depressed scar Hypertrophic scar	

5.3 DISTRIBUTION

All the skin must be examined carefully for any clues. For example, there are several causes for dry thickened skin on the palms, and finding typical psoriasis on the elbows, knees, and soles may give the diagnosis.

5.4 MORPHOLOGY

Clear inspection may lead to the diagnosis if-

- The lesions are dermal or epidermal?
- Macular (flat) or forming papules?
- Indurated or forming plaques?
- Margins are well defined or indistinct?

- They are forming as crusts, scabs or vesicles?

5.5 PATTERN

The overall morphology and distribution of the rash – for example, an indeterminate rash may be revealed as pityriasis rosea when the ‘herald patch’ is found.

6 CAUSES OF CUTANEOUS LESIONS

There are numerous severe generalized and common eruptions. If we could diagnose the relationship of cutaneous eruptions with other systems in body, we can easily differentiate the root cause and seat of the actual disease. This entire workup will help us in finding the exact similimum in remedy pictures. Cutaneous manifestations of systemic disorders can be classified into four groups. These groups are-

6.1 CUTANEOUS ENDOCRINE DISEASE

1. Adrenal Disease
2. Pancreas Diseases and Diabetes Mellitus
3. Thyroid Disease
4. Pituitary Gland Diseases
5. Parathyroid Disease

6.2 CUTANEOUS METABOLIC DISEASE

1. Dyslipidemia (Hyperlipidemia)
2. Gout
3. Lipomatosis
4. Obesity
5. Porphyrrias
6. Hemochromatosis
7. Metabolic Syndrome in Psoriasis

6.3 CUTANEOUS NUTRITIONAL DISEASE

1. Acquired Nutritional Deficiencies
2. Anorexia Nervosa
3. Alcohol Abuse
4. Glucagonoma Syndrome and Necrolytic Migratory Erythema

6.4 CUTANEOUS DEPOSITION DISEASE

1. Amyloidoses
2. Mucinoses
3. Lipoid Proteinosis
4. Colloid Milium
5. Calcification and Ossification
6. Pigmentary Deposition Disorders
7. Exogenous Cutaneous Deposits with Special Consideration to Skin Reactions to Soft-Tissue Fillers

The following table illustrates the types of the skin lesions, their association with particular diseases, root cause of the cutaneous manifestation and the system involved in this morbid process.

System involved in cutaneous manifestation	Root cause of cutaneous manifestation	Disease	Types of Eruptions
Endocrine	Adrenal Disease	Cushing Syndrome	Striae distensae
			Acne with central obesity
			Purplish mottling of the limbs
		Addison's disease	Progressive increasing darkening of the face
		Pheochromocytoma	Angiofibromas on the face
			Multiple collagenomas
	Pancreas Diseases and Diabetes Mellitus	Diabetes Mellitus	Necrobiosis lipoidica
			Diabetic dermopathy
			Granuloma Annulare
			Scleredema diabeticorum
			Diabetic thick skin
			Bullosis diabeticorum
			Eruptive xanthomas
			Acquired perforating dermatosis
			Acanthosis nigricans
		Cutaneous Infections	Bacterial infections
			Candida infections
			Dermatophyte infections
			Rhinocerebral mucormycosis
		Complications due to Diabetic Neuropathy and Vasculopathy	Diabetic foot ulcers
		Complications due to Diabetes Treatment	Perforating foot ulcer
	Thyroid Disease	Hyperthyroidism	Pretibial myxedema (plaque-type)
			Pretibial myxedema (nodular type)
			Localized elephantiasis, fungating
			myxedema of hyperthyroidism
			Alopecia areata (ophiasis type) in Graves' disease
			Vitiligo in Graves' disease
			Telogen effluvium in hyperthyroidism
		Hypothyroidism	Thyroid acropachy
			hippocratic nails
	Pituitary Gland Diseases	Acromegaly	Alopecia in hypothyroidism
			Asteatotic eczema on the legs
			Enlarged pores
			Cutis verticis gyrata
		Hyperprolactinemia	Pigmented skin tags and acanthosis nigricans
			Rubeosis, moon face, and acne
		Cushing's Disease	Hypertrichosis
			Rubeosis, moon face, and acne
			Cushing striae
		Panhypopituitarism	Androgenetic alopecia
			Hyperpigmentation of sun-exposed area
			Carotenemia

System involved in cutaneous manifestation	Root cause of cutaneous manifestation	Disease	Types of Eruptions
	Parathyroid Disease	Hyperparathyroidism	Dome-shaped flesh color or slightly hypopigmented of multiple collagenomas on the trunk
			Angiofibromas
			Macular amyloidosis seen in prominent bony areas
			Icinosis cutis
			White chalky material exudes from calcinosis cutis
			Purpura and ulceration in a reticulated pattern
		Hypoparathyroidism	Oral Candida infection
			Angular cheilitis
			Chronic Candida onychomycosis with white-yellow discoloration, marked onychodystrophia, and paronychia swelling
Metabolic		Dyslipidemia (Hyperlipidemia)	Xanthomas-planer, eruptive, tuberous, tendinous, cholesterotic
		Gout	Gouty tophi- nodular, draining
		Lipomatosis	Familial Multiple Lipomatosis
			Diffuse Lipomatosis
			Multiple Symmetric Lipomatosis
			Adiposis Dolorosa (Dercum's Disease)
		Syndromes that can demonstrate Multiple Lipomas	Proteus Syndrome
			Bannayan-Zonana Syndrome
		Obesity	Acrochordons- skin tags
			Adiposis Dolorosa
			Hidradenitis Suppurativa
			Lymphedema
			Acanthosis Nigricans
			Striae Distensae
			Plantar Hyperkeratosis
			Intertrigo
			Pressure ulcers
		Porphyrias	Congenital Erythropoietic Porphyria (CEP)
			Porphyria Cutanea Tarda
			Erythropoietic Protoporphyria
			Hepatoerythropoietic Porphyria
			Pseudoporphyria
		Hemochromatosis	Diffuse skin hyperpigmentation
		Metabolic Syndrome in Psoriasis	Psoriatic dactylitis
Nutritional	Acquired Nutritional Deficiencies	Acrodermatitis Enteropathica	Acquired (Dermatitis Associated with Zinc Deficiency)
			Eczematous scaly plaques on the face, vesicular and bullous lesions in acrodermatitis enteropathica in alcoholism

System involved in cutaneous manifestation	Root cause of cutaneous manifestation	Disease	Types of Eruptions
			Angular cheilitis
		Pellagra	Chronic, symmetric, scaly rash that exacerbates following re-exposure to sunlight
		Iron deficiency	Cheilitis with cracked and fissured lips
			Koilonychia
		Vitamin B12 deficiency	skin hyperpigmentation, vitiligo, recurrent, angular stomatitis, glossitis with linear and band-like lesions
	Anorexia Nervosa	Vitamin A deficiency	Phrynoderma
			Xerosis
			Lanugo-Like Body Hairs
			Hypercarotenemia/Carotenoderma
			Acne
			Acrocyanosis
			Pruritus
			Purpura
			Nail Changes
			Angular Cheilitis
			Russell's Sign
			Finger Clubbing, Fixed Drug Eruption, and Photosensitivity Dermatitis
	Alcohol Abuse	Skin Diseases Significantly Associated with Alcoholism	Spider angiomas
			Flushing reaction after alcohol intake
			Palmar erythema in an alcoholic with liver disease
			Koilonychia
			Onychomycosis
			Total leukonychia
			Terry's nail
		Nutritional and Metabolic Diseases with Skin Symptoms Induced by Alcoholism	Madelung's disease (multiple symmetrical lipomatosis) with multiple spider angiomas
		Skin Diseases Exacerbated by Alcohol	Seborrheic dermatitis
			Rhinophyma
	Glucagonoma Syndrome	Necrolytic Migratory Erythema	Nummular eczema
			Erythematous lesions of the legs
			Figurate migratory lesions with vesicopustules and advancing scaling borders
Deposition	Amyloidoses	Acquired Systemic Amyloidoses with Cutaneous Involvement	Angular cheilitis and perinasal dermatitis
			Purpura in periorbital area (raccoon sign)
			Waxy translucent plaques
			Cutis verticis gyrata
			Waxy nodules with hemorrhagic hue
			Nail dystrophy
			Elastolytic lesion of the pulp of finger
			Macroglossia

System involved in cutaneous manifestation	Root cause of cutaneous manifestation	Disease	Types of Eruptions
		Hereditary/Familial Systemic Amyloidoses with Cutaneous Involvement	Cutis laxa
			Macular and lichen amyloidoses
			Primary and secondary cutaneous nodular amyloidosis
	Mucinoses	Lichen Myxedematosus (Papular Mucinosis)	Scleromyxedema
			Acral persistent papular mucinosis
			Cutaneous mucinosis of infancy
		Reticular Erythematous Mucinosis	Plaque-like cutaneous mucinosis with photosensitivity
		Scleredema	Thickened dermis and deposition of mucin
		Mucinoses Associated with Altered Thyroid Function	Pretibial myxedema
		Papular and Nodular Mucinosis in Connective Tissue Diseases	Papular and nodular mucinosis
		Self-healing Cutaneous Mucinosis	Papular lesions
			Urticaria-Like Follicular Mucinosis
		Cutaneous Focal Mucinosis	Mucous (Myxoid) Cyst
			Oral Mucous Cyst
			Pinkus' Follicular Mucinosis (Alopecia Mucinosa)
	Lipoid Proteinosis		Cobblestone appearance of the tongue
			Beaded papules on the eyelid margins (moniliform blepharosis) and nose
			Yellowish plaques with skin thickening and residual scars
	Colloid Milium		Adult colloid milium popular lesions
	Calcification and Ossification	Cutaneous Calcinosis	Firm, yellow whitish, infiltrated papules, nodules, or plaques
		Dystrophic Calcinosis	Calcified papules in systemic sclerosis and venous insufficiency
		Metastatic Calcinosis	Calciophylaxis
			Tumoral calcinosis (Teutschländer disease)
		Idiopathic Calcinosis	Winer's solitary calcified nodule
		Iatrogenic Calcinosis	White-yellow papules, plaques, and nodules
		Cutaneous Ossification	Osteoma cutis
	Pigmentary Deposition Disorders	Endogenous Deposition Disorders	Blue skin discoloration due to the Tyndall effect (Alkaptonuria/Ochronosis)
			Gray-blue hyperpigmentation after long-term use of antimalarials
		Exogenous Deposition Disorders	Brownish discoloration of the face due to imipramine

System involved in cutaneous manifestation	Root cause of cutaneous manifestation	Disease	Types of Eruptions
			Slate-gray discoloration due to Amiodarone
			Deep reddish-blue discoloration due to Clofazimine
			Hyperpigmentation of skin and nails due to chemotherapeutic drugs
			Blue-black hyperpigmentation due to Hydroquinone
		Hyperpigmentation Due to Heavy Metals	Argyria due to silver
			Chrysiasis, blue-gray pigmentation in sun exposed areas due to gold
			Slate-gray discoloration in skin folds due to mercury
			Diffuse bronze pigmentation of trunk by arsenic
			Blue-gray hyperpigmentation by bismuth
			Blue-gray line over the marginal gingivae, Burton's line by lead
	Exogenous Cutaneous Deposits with Special Consideration to Skin Reactions to Soft-Tissue Fillers	Skin Reactions to Soft Tissue Fillers	Linear papules and nodules with stiff infiltration by hyaluronic acid
			Granuloma by silicone

7 DISCUSSION

Homoeopathy is the holistic system of medicine. It deals with sick individuals, not merely with the diseases or diseased parts. To find out the similimum remedy picture to that of sick individual, the keen observation of manifestations of the morbid process running in that affected person are the key to find the goal. Apparently, the lesions may seem to be the same or similar, but the underlining root cause of their development may be different, hence the affected vital system and the remedy may be different for the similarly appearing lesions.

For example- a vesicle may develop due to local irritation or friction, contact dermatitis, lichen urticatus, burn, scald, local bacterial or viral infection, systemic diseases like variola, pemphigus, herpes simplex, herpes zoster, erythema multiforme, impetigo, fixed drug eruptions and so many. The remedy will be different for the same manifestation i.e. vesicular eruptions.

8 CONCLUSION

The study of the causes and process behind development of certain cutaneous lesions will lead us to diagnose the condition clearly and to prescribe the correct remedy and to ensure the rapid, gentle and permanent annihilation of disease in its whole extent as per sayings of Master Hahnemann.

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- Franco Rongioletti Bruce R. Smoller Editors Clinical and Pathological Aspects of Skin Diseases in Endocrine, Metabolic, Nutritional and Deposition Disease Springer New York Dordrecht Heidelberg London

10 AN ATLAS OF CUTANEOUS LESIONS CAUSED BY VARIOUS SYSTEMIC DISORDERS-



Striae distensae



Acne with central obesity



Purplish mottling of the limbs



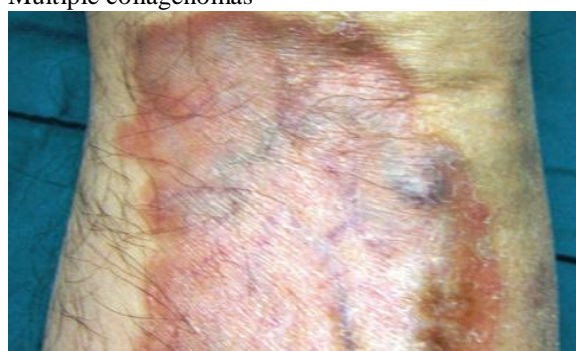
Progressive increasing darkening of the face



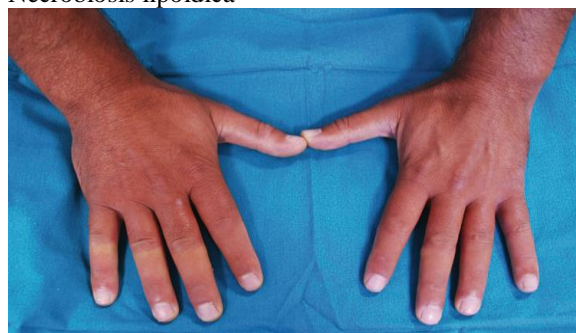
Angiofibromas on the face



Multiple collagenomas



Necrobiosis lipoidica



Diabetic thick skin



Diabetic dermopathy



Bullosis diabeticorum



Granuloma Annulare



Eruptive xanthomas



Scleredema diabeticorum



Acquired perforating dermatosis



Acanthosis nigricans



Candida infections



Dermatophyte infections



Rhinocerebral mucormycosis



Diabetic foot ulcers



Perforating foot ulcer



Insulin lipodystrophy



Pretibial myxedema (plaque-type)



Pretibial myxedema (nodular type)



Localized elephantiasis, fungating



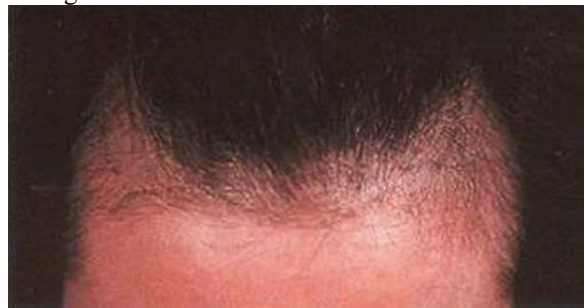
Myxedema of hyperthyroidism



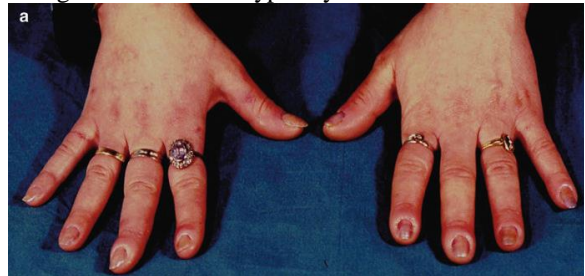
Alopecia areata (ophiasis type) in Graves' disease



Vitiligo in Graves' disease



Telogen effluvium in hyperthyroidism



Thyroid acropachy



Hippocratic nails



Alopecia in hypothyroidism



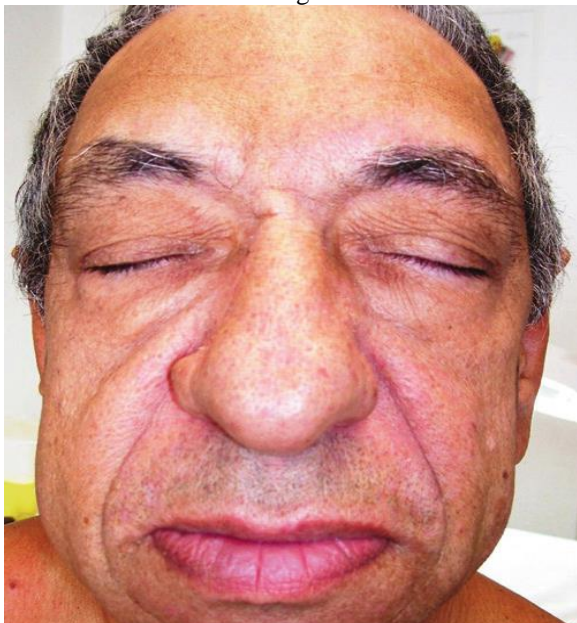
Cutis verticis gyrate



Asteatotic eczema on the legs



Pigmented skin tags and acanthosis nigricans



Enlarged pores



Rubeosis, moon face, and acne



Hypertrichosis



Carotenemia



Cushing striae



Dome-shaped flesh color or slightly hypopigmented of multiple collagenomas on the trunk



Androgenetic alopecia



Angiofibromas



Hyperpigmentation of sun-exposed area



Macular amyloidosis seen in prominent bony areas



Icinosis cutis



White chalky material exudes from calcinosis cutis



Purpura and ulceration in a reticulated pattern



Oral Candida infection



Angular cheilitis



Chronic Candida onychomycosis with white-yellow discoloration, marked onychodystrophy, and paronychia swelling



Xanthomas-planar, eruptive, tuberous, tendinous, cholesterotic



Gouty tophi- nodular, draining



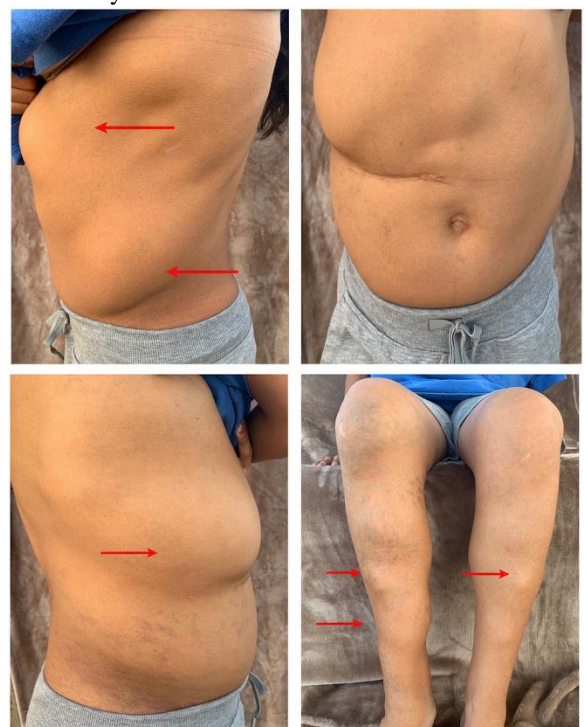
Familial Multiple Lipomatosis



Proteus Syndrome



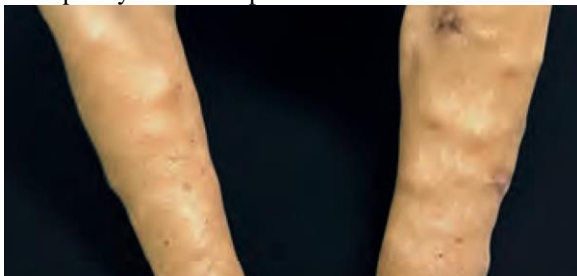
Diffuse Lipomatosis



Bannayan-Zonana Syndrome



Multiple Symmetric Lipomatosis



Adiposis Dolorosa (Dercum's Disease)



Acrochordons- skin tags



Adiposis Dolorosa



Acanthosis Nigricans



Hidradenitis Suppurativa



Striae Distensae



Lymphedema



Plantar Hyperkeratosis



Intertrigo



Pressure ulcers



Congenital Erythropoietic Porphyria (CEP)



Porphyria Cutanea Tarda



Erythropoietic Protoporphyria



Hepatoerythropoietic Porphyria



Pseudoporphyria



Diffuse skin hyperpigmentation



Psoriatic dactylitis



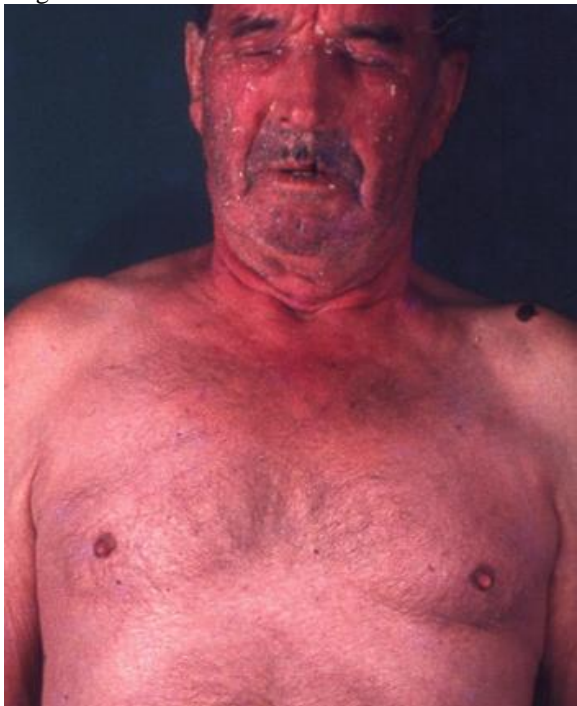
Acquired (Dermatitis Associated with Zinc Deficiency)



Eczematous scaly plaques on the face, vesicular and bullous lesions in acrodermatitis enteropathica in alcoholism



Angular cheilitis



Chronic, symmetric, scaly rash that exacerbates following re-exposure to sunlight



Cheilitis with cracked and fissured lips



Koilonychia



Skin hyperpigmentation, vitiligo, recurrent, angular stomatitis, glossitis with linear and band-like lesions
Phrynoderma



Xerosis



Lanugo-Like Body Hairs



Hypercarotenemia/Carotenoderma



Acne



Acrocyanosis



Purpura



Russell's Sign



Finger Clubbing



Fixed Drug Eruption



Photosensitivity dermatitis



Spider angiomas



Flushing reaction after alcohol intake



Palmar erythema in an alcoholic with liver disease



Koilonychia



Onychomycosis



Total leukonychia



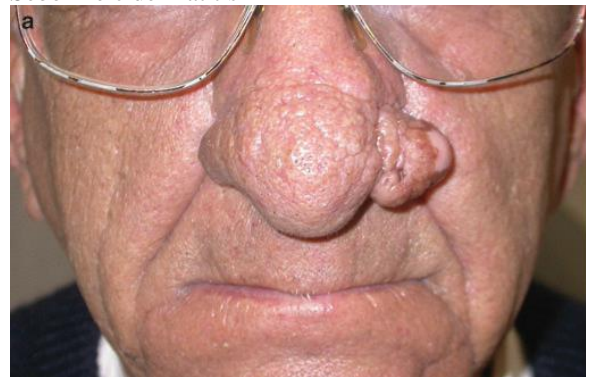
Terry's nail



Madelung's disease (multiple symmetrical lipomatosis) with multiple spider angiomas



Seborrheic dermatitis



Rhinophyma



Nummular eczema



Erythematous lesions of the legs



Figurate migratory lesions with vesicopustules and advancing scaling borders



Angular cheilitis and perinasal dermatitis



Purpura in periorbital area (raccoon sign)



Waxy translucent plaques



Cutis verticis gyrata



Waxy nodules with hemorrhagic hue



Nail dystrophy



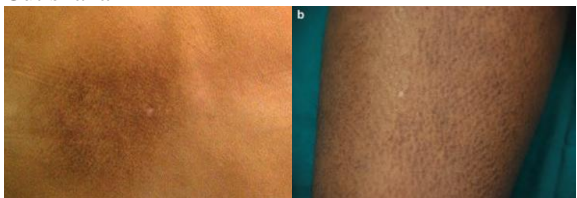
Elastolytic lesion of the pulp of finger



Macroglossia



Cutis laxa



Macular and lichen amyloidosis



Primary and secondary cutaneous nodular amyloidosis



Scleromyxedema



Scleromyxedema with doughnut sign



Acral persistent papular mucinosis



Cutaneous mucinosis of infancy



Plaque-like cutaneous mucinosis with photosensitivity



Thickened dermis and deposition of mucin



Pretibial myxedema



Papular and nodular mucinosis



Papular lesions



Urticaria-Like Follicular Mucinosis



Mucous (Myxoid) Cyst



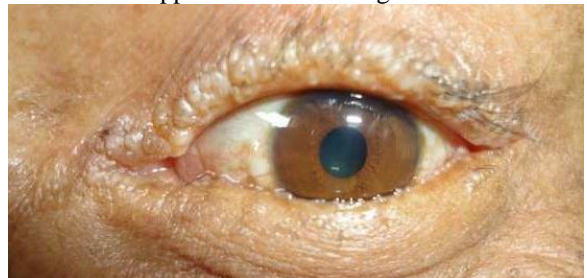
Oral Mucous Cyst



Pinkus' Follicular Mucinosis (Alopecia Mucinosa)



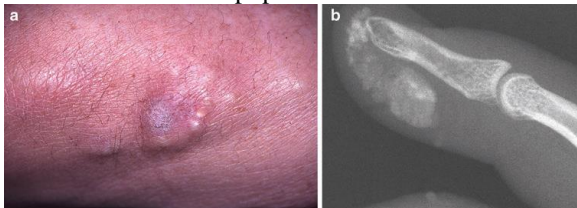
Cobblestone appearance of the tongue



Beaded papules on the eyelid margins (moniliform blepharosis)



Adult colloid milium popular lesions



Calcified papules in systemic sclerosis



Calciphylaxis



Osteoma cutis



Gray-blue hyperpigmentation after long-term use of antimalarials



Tumoral calcinosis (Teutschländer disease)



Winer's solitary calcified nodule



Brownish discoloration of the face due to imipramine



Blue skin discoloration due to the Tyndall effect (Alkaptonuria/ Ochronosis)



Slate-gray discoloration due to Amiodarone



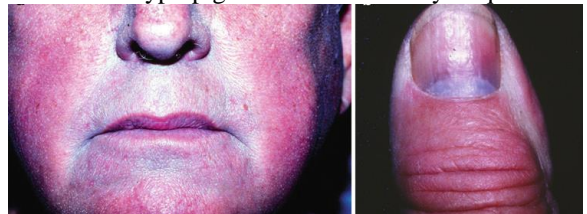
Deep reddish-blue discoloration due to Clofazimine



Hyperpigmentation of skin and nails due to chemotherapeutic drugs



Blue-black hyperpigmentation due to Hydroquinone



Argyria due to silver



Chrysiasis, blue-gray pigmentation in sun exposed areas due to gold



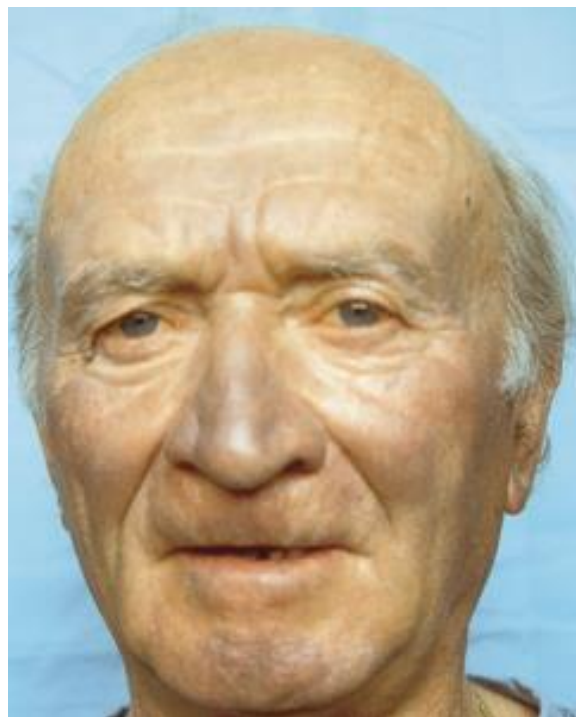
Slate-gray discoloration in skin folds due to mercury



Diffuse bronze pigmentation of trunk by arsenic



Granuloma by silicone



Blue-gray hyperpigmentation by bismuth



Blue-gray line over the marginal gingivae, Burton's line by lead



Linear papules and nodules with stiff infiltration by hyaluronic acid