CHAPTER 14

Diseases of the skin

This chapter has 251 four-character categories.

Code range starts with EA00

Diseases of the skin incorporate conditions affecting the epidermis, its appendages (hair, hair follicle, sebaceous glands, apocrine sweat gland apparatus, eccrine sweat gland apparatus and nails) and associated mucous membranes (conjunctival, oral and genital), the dermis, the cutaneous vasculature and the subcutaneous tissue (subcutis).

Inclusions: Diseases of the epidermis

Diseases of the dermis

Diseases of the epidermal appendages (hair, hair follicle, sebaceous glands, apocrine sweat gland apparatus, eccrine sweat gland apparatus and nails)

Diseases of subcutaneous tissue

Diseases of cutaneous vasculature

Coded Elsewhere: Malignant neoplasms involving the skin

Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

Neonatal phototherapy burn (KC50)

Symptom or signs involving the skin (ME60-ME6Y)

This chapter contains the following top level blocks:

* Certain skin disorders attributable to infection or infestation
* Inflammatory dermatoses
* Metabolic and nutritional disorders affecting the skin
* Genetic and developmental disorders affecting the skin
* Sensory and psychological disorders affecting the skin
* Skin disorders involving specific cutaneous structures
* Skin disorders involving certain specific body regions
* Skin disorders associated with pregnancy, the neonatal period and infancy
* Adverse cutaneous reactions to medication
* Skin disorders provoked by external factors
* Benign proliferations, neoplasms and cysts of the skin
* Disorders of the skin of uncertain or unpredictable malignant potential
* Cutaneous markers of internal disorders
* Postprocedural disorders of the skin
* Malignant neoplasms involving the skin

Certain skin disorders attributable to infection or infestation (BlockL1‑EA0)

Infections and infestations affecting the skin incorporate both direct invasion of the skin (including associated mucous membranes, hair and nails) by microorganisms or parasites and dermatoses arising from systemic or other distant infections (e.g. viral exanthems)

Coded Elsewhere: Certain parasitic infections or infestations affecting the skin

Infestation of the skin by ectoparasites

Pythiosis (1G60.1)

Protothecosis (1G60.2)

Mycetoma of unknown or unspecified type (1G60.0)

Certain skin disorders attributable to viral infection (BlockL2‑EA0)

This group incorporates both localised infection of the skin by virus (e.g. viral warts) and systemic or distant viral infections with important skin manifestations (e.g. viral exanthemata).

Coded Elsewhere: Pox virus infections of the skin

Human herpes virus infections involving skin or mucous membrane

Human papillomavirus infection of skin or mucous membrane (1E80-1E8Z)

Viral exanthems (BlockL3‑EA0)

Acute viral infections characterised by the appearance of a skin rash.

Coded Elsewhere: Measles without complication (1F03.0)

Rubella without complication (1F02.2)

Roseola infantum (1F01)

Erythema infectiosum (1F04)

Enteroviral vesicular stomatitis (1F05.0)

Foot and mouth disease (1F05.3)

Picornavirus infections presenting in the skin or mucous membranes (1F05)

EA00 Viral exanthem due to unknown or unspecified agent

An exanthematic rash with symptoms suggestive of a viral aetiology where the agent is either unknown or unspecified.

EA0Y Viral exanthem due to other specified virus

Certain dermatoses with suspected viral aetiology (BlockL3‑EA1)

Skin disorders for which there are indications but no proof that viral infection is responsible.

EA10 Pityriasis rosea

Pityriasis rosea is an acute, self-limiting skin disease, probably infective in origin, affecting mainly children and young adults, and characterised by a distinctive skin eruption and minimal constitutional symptoms. The cause of pityriasis rosea is uncertain, but many epidemiological and clinical features suggest that an infective agent may be implicated. In the majority of cases the disease follows a characteristic course whereby a so-called herald patch, larger than subsequent lesions, appears several days before the eruption of multiple oval scaly pink macules over the trunk and proximal limbs predominantly.

EA11 Papular purpuric gloves and socks syndrome

This acute acral dermatosis is characterised by an intensely pruritic papular and often purpuric eruption affecting the hands, wrists, feet and ankles. This is frequently accompanied by oral inflammation and ulceration, malaise and fever. It affects adults predominantly and had been linked to a range of viral infections, most commonly to parvovirus B19.

EA12 Infantile papular acrodermatitis

Infantile papular acrodermatitis (Gianotti-Crosti syndrome) is a cutaneous reaction pattern to a range of infective agents affecting predominantly young children aged from six months to two years. Agents implicated include hepatitis B virus, Epstein-Barr virus and a number of enteroviruses. The rash consists in a profuse eruption of 5-10 mm diameter dull red flat-topped papules which appear first on the thighs and buttocks, then on the extensor aspects of the arms, and finally on the face. There may be lymphadenopathy but the child is usually otherwise well and the eruption fades over the course of a few weeks.

Exclusions: Acrodermatitis chronica atrophicans (1C1G.14)

Acrodermatitis continua of Hallopeau (EA90.41)

Acrodermatitis enteropathica (5C64.20)

Acrodermatitis perstans (EA90.41)

Dermatoses from distant or systemic viral infection (BlockL3‑EA2)

Coded Elsewhere: Hairy leukoplakia (DA01.01)

Erythema multiforme provoked by viral infection (EB12.Y)

Skin disorders associated with Human immunodeficiency virus infection (1C62.1)

EA20 Necrolytic acral erythema

Necrolytic acral erythema is a distinctive acrally-located dermatosis affecting patients with active viral hepatitis C. It manifests principally on the dorsal surfaces of the feet and hands as well circumscribed dusky erythematous areas with flaccid blisters in its early stages and elevated scaly psoriasiform plaques in its chronic form. Microscopically there is keratinocyte necrosis in the upper epidermis.

EA3Z Unspecified skin disorder attributable to viral infection

Certain skin disorders attributable to bacterial infection (BlockL2‑EA4)

Disorders of the skin and/or subcutaneous tissues caused by bacteria which a) cause infection normally limited to the skin (e.g. erythrasma); b) characteristically involve the skin at the same time as other organs (e.g. syphilis); c) which may cause disease in the skin as well as in other organs (e.g. cutaneous tuberculosis) or d) which infect other organs but which may manifest in the skin as a result of release of toxins or other indirect mechanism (e.g. streptococcal toxic shock syndrome).

Exclusions: Asymptomatic colonization of the skin by virulent or therapy resistant bacteria (QD04)

Coded Elsewhere: Certain sexually transmissible bacterial infections affecting skin

Certain zoonotic bacterial infections involving the skin

Dermatoses due to certain filamentous bacteria

Pyogenic bacterial infections of the skin or subcutaneous tissues (1B70-1B7Y)

Non-pyogenic bacterial infections of the skin (1C44)

Yaws (1C1D)

Pinta (1C1E)

Endemic non-venereal syphilis (1C1F)

Cutaneous tuberculosis (1B12.8)

Leprosy (1B20)

Cutaneous non-tuberculous mycobacterial infection (1B21.2)

Acute meningococcaemia (1C1C.20)

Disseminated gonococcal infection (1A73)

Non-venereal treponematoses (1C4Y)

Systemic bacterial infection affecting skin (1C41)

Predominantly tropical or subtropical bacterial infections affecting skin (BlockL3‑EA4)

Coded Elsewhere: Cutaneous and subcutaneous melioidosis (1C42)

EA40 Tropical phagedaenic ulcer

Tropical (phagedaenic) ulcer is an acute or chronic skin disease seen in the tropics and subtropics that is characterised by necrosis of the epidermis and underlying superficial tissue. Ulcers may heal spontaneously, leaving regular depressed scars, but sometimes enlarge to enter a chronic phase. Chronic ulcers are often large and irregular in shape and may involve the whole circumference of a limb. Pseudoepitheliomatous changes can develop which may proceed to the development of frank squamous carcinoma. Vincent's organisms (Fusobacterium nucleatum and Borrelia vincentii) are thought to play a pathogenic role.

EA50 Toxin-mediated cutaneous reactions to distant or systemic bacterial infection

Coded Elsewhere: Toxic shock syndrome (1B52)

Scarlet fever (1B50)

Streptococcal toxic shock syndrome (1B52.0)

Staphylococcal toxic shock syndrome (1B52.1)

EA50.0 Erythema marginatum rheumaticum

A cutaneous exanthem occurring in up to 10% of cases of rheumatic fever. The rash appears as widespread pink or red macules or papules that expand centrifugally with central clearing to form annular or polycyclic erythematous plaques. The exanthem may persist intermittently for weeks to months.

EA50.1 Streptococcal toxin-mediated perineal erythema

Streptococcal toxin-mediated perineal erythema is characterised by a striking diffuse macular erythema in the perineum occurring abruptly after a streptococcal pharyngitis. It is often recurrent.

EA50.2 Staphylococcal scalded skin syndrome

A syndrome caused by an infection with the gram-positive bacteria Staphylococcus. This syndrome is characterised by fever, blisters, erythema, large areas of skin peel, or Nikolsky’s sign. Transmission is by direct or indirect contact with an infected individual, through fomites, or by iatrogenic transmission. Confirmation is by identification of Staphylococcus in a blood or skin sample.

Exclusions: Toxic epidermal necrolysis (EB13.1)

Coded Elsewhere: Neonatal staphylococcal scalded skin syndrome (EH11)

EA50.3 Staphylococcal scarlatina

An exanthem mediated by staphylococcal toxins from distant Staphylococcus aureus infection but without the systemic complications seen in staphylococcal toxic shock syndrome, of which it may be regarded as a mild form. Clinically it resembles scarlet fever.

Exclusions: Scarlatina NOS (1B50)

EA50.Y Other specified toxin-mediated cutaneous reactions to distant or systemic bacterial infection

EA51 Skin complications of BCG immunisation

Complications secondary to immunization with attenuated Mycobacterium bovis (Bacillus Calmette-Guérin or BCG) [Dermatology TAG].

Exclusions: Cutaneous tuberculosis (1B12.8)

Coded Elsewhere: BCG-induced tuberculid (EA5Y)

Adverse reaction to BCG immunization (PK81.7)

EA5Y Cutaneous involvement by other specified bacterial infection

EA5Z Cutaneous involvement by unspecified bacterial infection

EA60 Certain skin disorders attributable to fungal infection

This group incorporates both localised infection of the skin by fungus (e.g. pityriasis versicolor) and systemic fungal infections with important skin manifestations (e.g. cutaneous cryptococcosis).

Coded Elsewhere: Candidosis of skin or mucous membranes (1F23.1)

Dermatophytosis (1F28)

Non-dermatophyte superficial dermatomycoses (1F2D)

Otomycosis (AA03)

EA60.0 Subcutaneous mycoses

Coded Elsewhere: Lobomycosis (1F2B)

Lymphocutaneous sporotrichosis (1F2J.0)

Fixed cutaneous sporotrichosis (1F2J.1)

Eumycetoma (1F29)

Chromoblastomycosis (1F24)

Conidiobolomycosis (1F26)

Cutaneous mucormycosis (1F2C)

Cutaneous or lymphocutaneous sporotrichosis (1F2J.Y)

Subcutaneous infections due to dematiaceous fungi (1F2Y)

EA60.1 Systemic mycoses affecting skin

Coded Elsewhere: Primary cutaneous coccidioidomycosis (1F25.11)

Disseminated paracoccidioidomycosis (1F2E.1)

Talaromycosis (1F2K)

Histoplasmosis due to Histoplasma duboisii (1F2A.1)

Disseminated adiaspiromycosis (1F2L.0)

Disseminated histoplasmosis capsulati (1F2A.Y)

Primary cutaneous blastomycosis (1F22)

Disseminated blastomycosis (1F22)

Mucocutaneous paracoccidioidomycosis (1F2E.Y)

Cutaneous cryptococcosis (1F27.Y)

EA60.Y Skin involvement in other specified fungal infection

EA60.Z Fungal infection of the skin, unspecified

EA6Y Cutaneous involvement by other specified infection or infestation

Inflammatory dermatoses (BlockL1‑EA8)

A large group of skin disorders in which inflammation plays an important role.

Exclusions: Napkin candidosis (1F23.12)

Bullous impetigo of the napkin area (1B72.0)

Dermatoses precipitated by drug therapy (EH71)

Dermatoses associated with specific classes of medication (EH76)

Coded Elsewhere: Nonorgan specific systemic autoimmune disorders involving the skin

Autoinflammatory disorders (4A60-4A6Z)

Dermatitis and eczema (BlockL2‑EA8)

Dermatitis and eczema are synonymous and describe an inflammatory reaction pattern in the skin characterised histologically by spongiosis with varying degrees of acanthosis, and a superficial perivascular lympho-histiocytic infiltrate. The clinical features may include itching, redness, scaling and clustered papulo-vesicles. The condition may be induced by a wide range of external and internal factors acting singly or in combination.

Exclusions: Dermatitis herpetiformis (EB44)

Periorificial dermatitis (ED90.1)

Cercarial dermatitis (1F86.4)

Coded Elsewhere: Allergic contact dermatitis (EK00)

Photo-allergic contact dermatitis (EK01)

Irritant contact dermatitis (EK02)

Contact dermatitis of external ear (EG40)

Allergic contact blepharoconjunctivitis (9A06.72)

Irritant contact blepharoconjunctivitis (EK02.11)

Contact gingivostomatitis (DA02.3)

Irritant contact dermatitis of hands (EK02.12)

Irritant contact dermatitis of vulva (EK02.13)

Dermatitis or eczema of eyelids (9A06.7)

Dermatitis or eczema of external ear

Eczematous nail dystrophy (EE13.5)

Dermatitis due to exogenous factors (EK5Y)

Eczematous drug eruption (EH6Y)

EA80 Atopic eczema

A chronic inflammatory genetically-determined eczematous dermatosis associated with an atopic diathesis (elevated circulating IgE levels, Type I allergy, asthma and allergic rhinitis). Filaggrin mutations resulting in impaired epidermal barrier function are important in its pathogenesis. Atopic eczema is manifested by intense pruritus, exudation, crusting, excoriation and lichenification. The face and non-flexural areas are often involved in infants; involvement of the limb flexures may be seen at any age. Although commonly limited in extent and duration, atopic eczema may be generalised and life-long.

Inclusions: Atopic dermatitis

Coded Elsewhere: Atopic eczema of eyelids (9A06.70)

Atopic eczema of hands (EA85.20)

EA80.0 Infantile atopic eczema

Infantile atopic eczema is defined as atopic eczema present during the first year of life. It typically first manifests between the ages of 2 and 6 months: approximately 50% of people with atopic eczema first present in infancy. The face and non-flexural areas are commonly affected. The napkin area tends to be relatively spared. Involvement of the limb flexures, as is typical in childhood atopic eczema, is also often seen in infancy.

EA80.1 Childhood atopic eczema

Atopic eczema in children and adolescents first presenting or continuing after infancy up to age 19 years. Its prevalence is highest in northern latitudes (e.g. nearly 20% in Norwegian children as compared with 0.7% in Tanzanian children). The sites most characteristically involved are the elbow and knee flexures, sides of the neck, wrists and ankles. As the disease progresses, lichenification (skin thickening) becomes a typical clinical features, especially in areas that can be easily reached and scratched. Discoid variants are more common in children of African and Asian ancestry.

EA80.2 Adult atopic eczema

Atopic eczema in adults (19 years or greater) may persist from childhood, recur in adulthood in individuals with a history of atopic eczema in childhood or, less commonly, may develop de novo in adult life.

EA80.Y Other specified forms of atopic eczema

EA81 Seborrhoeic dermatitis and related conditions

A group of related inflammatory skin disorders affecting predominantly the scalp, face, upper trunk and flexures and characterised by variable amounts of erythema, scale, inflammation and exudation. It is thought that Malassezia yeasts pay an important role in their pathogenesis. Although these disorders are common, they are seen with increased frequency and severity amongst persons infected with HIV.

Exclusions: Seborrhoea (ED91.2)

Coded Elsewhere: Infantile seborrhoeic dermatitis (EH40.0)

Seborrhoeic dermatitis of eyelids (9A06.71)

Seborrhoeic otitis externa (AA10)

Malassezia folliculitis (1F2D.1)

HIV-associated seborrhoeic dermatitis (1C62.1)

EA81.0 Seborrhoeic dermatitis of face

Seborrhoeic dermatitis affecting the face, most typically the nasolabial folds and chin.

Exclusions: Seborrhoea (ED91.2)

EA81.1 Seborrhoeic dermatitis of the scalp

Seborrhoeic dermatitis of the scalp is characterised by varying degrees of scaling, inflammation, exudation and crusting affecting the scalp. It may occur in isolation or may be accompanied by seborrhoeic dermatitis of other sites. It may be difficult to differentiate from scalp psoriasis. Pityriasis capitis (dandruff) is considered to represent a mild form of seborrhoeic dermatitis of the scalp.

Exclusions: Cradle cap (EH40.00)

Seborrhoea (ED91.2)

EA81.Y Seborrhoeic dermatosis of other specified type or distribution

EA81.Z Seborrhoeic dermatitis, unspecified

EA82 Nummular dermatitis

Cutaneous eruption otherwise known as discoid eczema characterised by discoid or coin-shaped plaques of eczema. The lesions usually occur on the extensor surfaces of the extremities, but the face and trunk may also be involved. The cause is unknown.

Coded Elsewhere: Nummular dermatitis of hands (EA85.2Y)

EA83 Lichen simplex or lichenification

If a circumscribed area of skin is subjected to repeated rubbing or scratching, localised epidermal thickening or lichenification will ensue. This may occur as a discrete patch within normal skin (lichen simplex) but frequently complicates eczema or other pruritic dermatoses.

EA83.0 Lichen simplex

Circumscribed pruritic lichenification of the skin of any origin. If a circumscribed area of skin is subjected to repeated rubbing or scratching, localised epidermal thickening or lichenification will ensue. The nape of the neck, genitalia, perianal area and lateral calf are commonly affected sites.

Inclusions: Neurodermatitis

EA83.00 Lichen simplex of vulva

Circumscribed pruritic lichenification of female external genitalia.

EA83.01 Lichen simplex of male genitalia

Circumscribed pruritic lichenification of male genitalia. The scrotum or the base of the penis are commonly affected sites.

EA83.02 Perianal lichen simplex

Circumscribed pruritic lichenification of perianal localisation.

EA83.0Y Lichen simplex of other specified site

EA83.0Z Lichen simplex of unspecified site

EA83.1 Secondary lichenification

Thickening of skin affected by a primary dermatosis as the result of repeated rubbing and scratching.

Coding Note: Code aslo the casusing condition

EA84 Asteatotic eczema

Asteatotic eczema develops from asteatosis cutis. In the latter cracking and crazing of the epidermal stratum corneum produces a flaky skin with a reticulate erythema beneath the scales. It occurs particularly on the lower legs. It is more common in the elderly and is provoked by a combination of defatting and desiccation of the epidermis. If inflammation progresses then it may become more pruritic and eczematous, asteatotic eczema.

EA85 Dermatitis or eczema of hands and feet

Dermatitis (eczema) involving the hands and/or feet.

Inclusions: Dermatitis of hands and feet

Eczema of hands and feet

EA85.0 Vesicular dermatitis of hands and feet

An eczema of unknown cause affecting principally the palms, soles and sides of the fingers and toes. It is commonly known as pompholyx and is characterised by eruptions of itchy, often multiloculated blisters, which tend to rupture and become secondarily infected. It occurs most commonly in adolescents and young adults. Its relationship to other forms of eczema and to allergic sensitisation, especially to nickel, remains to be adequately elucidated.

EA85.1 Hyperkeratotic dermatitis of hands and feet

Form of eczema (dermatitis) characterised by highly irritable, scaly, fissured, hyperkeratotic patches on the palms and/ or soles. The aetiology is unknown. This disorder takes a chronic course and may be extremely refractory to treatment.

EA85.2 Dermatitis of hands

Dermatitis or eczema involving predominantly the hands.

Coded Elsewhere: Irritant contact dermatitis of hands (EK02.12)

Irritant contact dermatitis of hands (EK02.12)

Vesicular dermatitis of hands (EA85.0)

Chronic relapsing vesiculosquamous dermatitis of hands (EA85.0)

Hyperkeratotic fissured palmar dermatitis (EA85.1)

EA85.20 Atopic eczema of hands

Atopic eczema involving predominantly the hands. Individuals with an atopic diathesis are particularly prone to hand eczema. It may be provoked by repeated contact with irritants at work as in hairdressers, cooks and health care workers. It may manifest in a discoid pattern of eczema.

EA85.2Y Other specified dermatitis of hands

EA85.2Z Dermatitis of hands, unspecified

EA85.3 Dermatitis of feet

Dermatitis (eczema) involving predominantly the feet.

Coded Elsewhere: Vesicular dermatitis of feet (EA85.0)

Hyperkeratotic fissured plantar dermatitis (EA85.1)

EA86 Dermatitis and eczema of lower legs

Dermatitis (eczema) affecting the lower legs, most commonly associated with lower limb venous insufficiency, lymphoedema and/or immobility.

Coded Elsewhere: Lower limb venous eczema (EF70)

EA86.0 Stasis dermatitis of the lower legs

A chronic eczematous process affecting the skin of the lower legs in association with chronic lower limb lymphoedema and immobility. It is often associated with lipodermatosclerosis. Failure of the normal "muscle pump" to aid venous return is an important component in the aetiology. It is common in the morbidly obese. It is characterised by low grade inflammation with variable scaling and desquamation.

EA87 Dermatitis or eczema of anogenital region

Dermatitis (eczema) affecting the external genitalia, crural folds and/or perianal skin.

EA87.0 Dermatitis or eczema of male genitalia

Dermatitis (eczema) involving male external genital organs.

EA87.1 Dermatitis or eczema of female genitalia

Dermatitis (eczema) affecting the female external genitalia.

Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)

EA87.2 Dermatitis or eczema of perianal area

Dermatitis (eczema) involving perianal skin.

Coded Elsewhere: Irritant contact dermatitis of perianal skin (EK02.1Y)

EA88 Miscellaneous specified eczematous dermatoses

A heterogeneous group of eczematous dermatoses not classified elsewhere.

EA88.0 Infectious dermatitis

Infective dermatitis (infective eczematoid dermatitis) is an acute exudative dermatitis developing on normal skin surrounding a focus of suppurative infection. Such foci include infected wounds, suppurating sinuses and acute inflammatory fungal and/or bacterial infection of the toe clefts. The dermatitis may spread well beyond the skin directly affected by the suppuration.

Inclusions: Infective eczematoid dermatitis

Coded Elsewhere: Infectious dermatitis of the forefeet (EA85.3)

EA88.1 Post traumatic eczema

Eczema localised to skin damaged by physical trauma or by chemical or thermal burns. It may appear months or years after the injury has healed, usually with visible scarring.

EA88.2 Disseminated secondary eczema

The development of eczematous inflammation at sites distant from the primary site of an eczema or dermatitis. The onset of such dissemination may occur days or weeks after the primary dermatitis. The distribution of the secondary eczema tends to be symmetrical. Venous eczema, allergic contact dermatitis, acute irritant contact dermatitis and infective dermatitis are all potential triggers. The precise aetiopathology is as yet poorly understood.

Coding Note: Code aslo the casusing condition

Inclusions: Eczematid

EA88.3 Secondary eczema

An eczematous reaction to the presence of another, usually inflammatory, skin disorder. This may be observed in some forms of psoriasis when the underlying disease may be obscured by a concurrent eczematous reaction.

Coding Note: Code aslo the casusing condition

EA88.4 Pityriasis alba

A common low grade inflammatory dermatosis of unknown aetiology in which multiple small finely scaling macules appear on the face, and less commonly the shoulders and upper arms, of children. These may initially be mildly erythematous but soon become hypopigmented with fine surface scale. Histopathologically there is a mild subacute spongiotic dermatitis with reduction in melanin. It is more prominent in children with pigmented skin and may give rise to concern about vitiligo.

EA89 Generalised eczematous dermatitis of unspecified type

EA8Y Other specified eczematous dermatosis

EA8Z Dermatitis or eczema, unspecified

Papulosquamous dermatoses (BlockL2‑EA9)

A group of skin disorders characterised by epidermal thickening and scaling. The archetypal papulosquamous dermatosis is psoriasis.

EA90 Psoriasis

Psoriasis is a common, chronic, relapsing, inflammatory skin disorder characterised by abnormal epidermal keratinization and hyperproliferation. It has a strong genetic component and affects some 2% of the populations of many regions of the world. Up to 10-20% of patients with psoriasis also experience an inflammatory polyarthritis (psoriatic arthritis). Although many people with psoriasis have limited disease, both psoriasis and its associated arthritis often cause major functional and psychosocial disability. The more severe forms of psoriasis are frequently associated with the metabolic syndrome and, as a result, a reduced life expectancy.

EA90.0 Plaque psoriasis

The commonest form of psoriasis, which manifests as well-defined red, scaly plaques on the skin. Typical sites of initial involvement are the scalp, the extensor surfaces of the elbows and knees, the lower back and the shins. In severe disease a majority of the skin surface may be involved.

EA90.1 Guttate psoriasis

An acute, usually widespread eruption of small (<1cm) papules of psoriasis associated in a majority of cases with preceding streptococcal infection, particularly tonsillitis and streptococcal sore throat. This form of psoriasis is seen typically in children and young adults. If untreated it tends to resolve over a period of four to six months.

EA90.2 Unstable psoriasis

Unstable psoriasis is an inflammatory form of psoriasis which may be the precursor of erythrodermic or generalised pustular psoriasis. It is characterised by intense inflammation around the edges of existing plaques and/or the appearance of multiple small fresh inflammatory papules and plaques. Some patients may have a lifelong tendency to unstable psoriasis. It tends to be difficult to control without resort to systemic therapy.

EA90.3 Erythrodermic psoriasis

Erythrodermic psoriasis is a severe generalised inflammatory form of psoriasis characterised by confluent intense erythema involving more than 90% of the skin surface. Erythrodermic psoriasis usually develops from preceding extensive, active plaque psoriasis but may arise de novo. Precipitating or trigger factors include withdrawal of systemic glucocorticosteroids, and, less frequently, abrupt discontinuation of methotrexate, phototherapy burns, or intercurrent infections. Patients may develop hypothermia or high output cardiac failure.

EA90.4 Pustular psoriasis

Psoriasis characterised by clinically visible pustules. Pustular psoriasis may be localised or generalised and life-threatening.

Coded Elsewhere: Infantile pustular psoriasis (EH40.Y)

EA90.40 Generalised pustular psoriasis

An inflammatory form of psoriasis characterised by the presence of widely distributed areas of visible sterile pustulation.

EA90.41 Acropustulosis of Hallopeau

An uncommon pustular form of psoriasis which may rarely eventuate into generalised pustular psoriasis. It is characterised by pustules and variable scaling occurring in and around the nails and nail-beds of the fingers and toes. It may cause marked nail destruction and may be associated with a distal interphalangeal joint arthritis, with palmoplantar pustulosis or with plaque psoriasis elsewhere.

Exclusions: Palmoplantar pustulosis (EA90.42)

EA90.42 Palmoplantar pustulosis

Palmoplantar pustulosis (PPP) is a chronic inflammatory skin condition characterised by crops of sterile pustules on the palms and soles which erupt repeatedly over months or years. The affected areas tend to become red and scaly; cracks may form and these are often painful. It is strongly associated with smoking. It is associated with psoriasis elsewhere on the body in up to 24% of patients though appears to have a genetic profile distinct from psoriasis vulgaris. Interleukin-36 receptor gene polymorphisms are strongly associated with generalised pustular psoriasis and have been detected in a minority of patients with PPP.

Inclusions: Palmoplantar pustular psoriasis

EA90.4Y Other specified pustular psoriasis

EA90.5 Psoriasis of specified site or distribution

The appearance, management and impact of psoriasis can vary considerably according to its location. Important variants are listed under this heading.

EA90.50 Scalp psoriasis

The scalp is frequently the site of initial presentation and is the commonest anatomical site to be involved by psoriasis. Morphologies range from discrete plaques to total scalp involvement with either thick plaques or scaly non-thickened areas almost identical to seborrhoeic dermatitis. Sites of predilection include the immediate post-auricular area and occiput.

EA90.51 Nail psoriasis

Psoriasis of the nails manifests as pitting, roughening, thickening or detachment of the nail plate and in its early stages is accompanied by reddening of the distal nail bed.

EA90.52 Flexural and intertriginous psoriasis

Psoriasis involving flexures (retro-auricular folds, axillae, crural folds) and/or intertriginous areas (groins, under the breasts and, in obese individuals, abdominal apron fold). It may occur on its own or in association with seborrhoeic psoriasis or chronic plaque psoriasis. Plaques are thin, shiny and beef-red in colour with minimal scale. They may become secondarily fissured and/or macerated.

EA90.53 Anogenital psoriasis

Psoriasis involving anogenital skin including the vulva, penis or perianal area.

EA90.5Y Psoriasis of other specified site or distribution

EA90.Y Other specified forms of psoriasis

EA90.Z Psoriasis of unspecified type

EA91 Lichen planus

Lichen planus is an inflammatory disease of skin and mucous membranes characterised by intense inflammation at the interface between epidermis/epithelium and dermis/corium. Its clinical manifestations vary according to how acutely it develops and to where it attacks. On the skin it typically presents as a symmetrical eruption of itchy, flat-topped pink or purple papules or plaques. Involvement of the scalp or nail matrix can produce permanent loss of hair or nails respectively. Although mucous membrane involvement can be asymptomatic, it can cause significant pain and distress, particularly when it is erosive.

EA91.0 Acute eruptive lichen planus

An acute generalised form of lichen planus.

Exclusions: Lichenoid drug eruption (EH62)

EA91.1 Hypertrophic lichen planus

A chronic recalcitrant form of lichen planus often localised to the lower legs and ankles and characterised by plaques of markedly thickened skin. It is often extremely pruritic. It can leave permanent pigmentation and scarring.

EA91.2 Follicular lichen planus

Lichen planus involving the hair follicle rather than the epidermis. It typically involves the scalp but may be seen elsewhere. Clinically it presents as grouped small, slightly scaly erythematous follicular papules.

EA91.3 Lichen planus of genital skin and mucous membranes

Lichen planus of genital mucous membranes tends to be mild in men but may give rise to concern about sexually-transmitted infection. Although it may be asymptomatic in women the severe erosive form may cause mark pain and disability.

EA91.4 Lichen planus and lichenoid reactions of oral mucosa

Oral lichenoid reactions represent a common end point in response to extrinsic agents (drugs, allergens), altered self-antigens, or superantigens. Clinical presentation can vary from asymptomatic white reticular striae to painful erythema and erosions. Cutaneous and mucosal involvement of other sites is common. Although oral lichen planus is by definition idiopathic, oral lichenoid reactions may be caused by medications or exogenous agents such as cinnamates and other flavourings.

EA91.40 Non-erosive lichen planus of oral mucosa

Oral lichen planus in which the epithelium remains intact.

EA91.41 Erosive oral lichen planus

Oral lichen planus in which the epithelium is ulcerated.

Coded Elsewhere: Vulvovaginal gingival syndrome (EA91.3)

EA91.42 Oral lichen planus, unspecified

Lichen planus of oral mucosa without mention of presence or absence of ulceration.

EA91.43 Lichenoid mucositis

Oral lichenoid mucositis is a term describing clinicopathological features of the oral mucosa which represent a common end point in response to extrinsic agents such as drugs or contact allergens, or to presumed altered self-antigens as in lichen planus. Clinical presentation can vary from asymptomatic

white reticular striae to painful erythema and erosions. Idiopathic lichen planus cannot always be distinguished from lichenoid reactions to external agents and in such circumstances it is appropriate to label the changes observed as oral lichenoid mucositis until a more definitive diagnosis can be made.

EA91.4Y Other specified lichenoid reactions of oral mucosa

EA91.5 Lichen planus of the nails

Lichen planus of the nail most commonly presents as nail plate thinning with longitudinal grooving and ridging. Hyperpigmentation, subungual hyperkeratosis, onycholysis, and longitudinal melanonychia can also occur. Rarely, the matrix can be permanently destroyed with prominent pterygium formation. Lichen planus has been linked to childhood idiopathic nail atrophy and may overlap with twenty-nail dystrophy of childhood.

EA91.6 Subacute lichen planus

The commonest form of lichen planus affecting the skin. It may be limited to a few papules or plaques but may be widespread. It may continue to extend over months and may remain active over several years.

EA91.Y Other specified lichen planus

EA91.Z Lichen planus of unspecified type

EA92 Lichenoid dermatoses

Conditions other than lichen planus in which there is histological damage to the lower epidermis accompanied by a chronic inflammatory infiltrate in the papillary dermis disturbing the interface between the epidermis and dermis.

Coded Elsewhere: Lichenoid drug eruption (EH62)

EA93 Pityriasis lichenoides

Pityriasis lichenoides is an uncommon inflammatory skin disease of unknown aetiology. It can range from a relatively mild chronic form to a fulminant form with skin necrosis and severe constitutional symptoms. The disease can last from just weeks to months or years. The chronic form is manifest as multiple small flat asymptomatic scaly papules located predominantly on the trunk and proximal limbs. The acute forms present with the abrupt appearance of multiple papules in the same distribution which rapidly progress to haemorrhagic blisters and ulceration.

EA94 Pityriasis rubra pilaris

Pityriasis rubra pilaris (PRP) is the name given to a group of clinically similar papulosquamous dermatoses of unknown aetiology. They initially present with erythematous, hyperkeratotic perifollicular papules, which tend to coalesce into plaques, but may progress to erythroderma, particularly in adults. The distribution, age of onset and speed of onset differ markedly between patients and these differences have been used to classify PRP into a number of clinically distinct subtypes.

EA95 Small plaque parapsoriasis

The benign form of parapsoriasis, a chronic multifocal skin disease characterised by atrophic erythematous patches located preferentially on the trunk and proximal extremities. The aetiology is unknown.

Inclusions: Digitate dermatosis

Chronic superficial dermatitis

Urticaria, angioedema and other urticarial disorders (BlockL2‑EB0)

A heterogeneous group of disorders characterised by dermal and/or subcutaneous and submucosal oedema. The most common underlying mechanism is release of histamine from mast cells with consequent capillary dilatation and tissue oedema. This is responsible for the weals of spontaneous and most physical urticarias. A variety of other mechanisms are involved in other urticarial disorders.

Exclusions: Urticaria pigmentosa (2A21.10)

Papular urticaria (EK50.00)

Coded Elsewhere: Hereditary angioedema (4A00.14)

Acquired angioedema (4A00.15)

Urticarial vasculitis (EF40.10)

Food-induced urticaria or angioedema (4A85.21)

Drug-induced urticaria, angioedema and anaphylaxis (EH61)

Angioedema due to disordered complement activation or kinin metabolism (4A00.1Y)

EB00 Spontaneous urticaria

Spontaneous urticaria is a disease characterised by the daily or almost daily eruption of spontaneous weals, angioedema or both.

Inclusions: Ordinary urticaria

EB00.0 Acute urticaria

Spontaneous urticaria lasting less than six weeks

EB00.1 Chronic urticaria

Spontaneous urticaria lasting six weeks or more.

Inclusions: Chronic spontaneous urticaria

Chronic ordinary urticaria

EB01 Inducible urticaria and angioedema

The inducible or physical urticarias are a heterogeneous subgroup of urticarias in which pruritic weals, angioedema or both are triggered reproducibly by specific external physical stimuli. The onset of wealing is characteristically rapid with resolution within an hour. The exception is delayed pressure urticaria where weals take longer to develop and resolve. Individual susceptibility to a physical urticaria may be short-lived or may last for years.

EB01.0 Dermographism

Dermographism is characterised by the development of short-lived itchy weals in response to stroking of the skin. The weals are typically linear. Symptomatic dermographism is triggered by light skin stroking or friction and is pruritic, whereas simple dermographism is a common physiological response to firm skin stroking and is not pruritic.

Inclusions: Factitious urticaria

Dermatographic urticaria

EB01.1 Cold urticaria

Cold urticaria is triggered by skin cooling. Weals often develop as the skin rewarms afterwards. Cold contact urticaria is triggered by local skin cooling whereas the much less common cold reflex urticaria is triggered by generalised chilling causing a fall in core temperature.

EB01.2 Delayed pressure urticaria

Delayed pressure urticaria differs from other forms of physical urticaria in that the appearance of weals is delayed for several hours following the provoking stimulus. It is commonly associated with chronic spontaneous urticaria but tends to respond poorly to antihistamine therapy. The palms and soles, the waist, and the buttocks and thighs are commonly affected areas. Wealing can be induced by a variety of stimuli, including standing, walking, wearing of tight clothes, or sitting on a hard surface.

EB01.3 Contact urticaria

Urticaria resulting from skin or mucosal contact with a substance or substances capable of inducing wealing either by immunological or by non-immunological means.

Coded Elsewhere: Allergic contact urticaria (EK10)

EB01.Y Other specified forms of inducible urticaria and angioedema

EB02 Cholinergic urticaria and related conditions

A range of urticarial disorders associated with heat and activation of sweating.

Coded Elsewhere: Exercise-induced anaphylaxis (4A84.30)

EB02.0 Cholinergic urticaria

Cholinergic urticaria presents as an eruption of multiple small 2-3 mm monomorphic papular weals in response to sweat-inducing stimuli such as physical exertion, hot baths, spicy foods or sudden emotional stress. The weals tend to be pink in milder cases but white with surrounding macular erythema when the oedema is more intense. Angioedema and systemic manifestations including faintness, headache, palpitations and wheezing may occur in severe cases.

Exclusions: Exercise-induced anaphylaxis (4A84.30)

EB02.Y Other conditions mediated by cholinergic activation

EB03 Syndromes with urticarial reactions or angioedema

Periodic and other syndromes in which urticarial reactions or angioedema play an important part.

Coded Elsewhere: Cryopyrin-associated periodic syndromes (4A60.1)

Tumour necrosis factor receptor 1 associated periodic syndrome (4A60.2)

EB04 Idiopathic angioedema

EB05 Urticaria of unspecified type

Inclusions: Hives

Nettle rash

EB0Y Other specified urticarial disorders

Inflammatory erythemas and other reactive inflammatory dermatoses (BlockL2‑EB1)

A heterogeneous group of disorders characterised by skin inflammation in response to known (usually infections or drugs) or unknown triggers

Coded Elsewhere: Pyodermatitis–pyostomatitis vegetans (EL3Y)

EB10 Diffuse inflammatory erythemas

A group of disorders characterised by diffuse redness of the skin. They may be due to drugs, viral infections or circulating toxins but frequently a precise aetiology cannot be determined.

Coded Elsewhere: Drug-induced erythroderma (EH64)

EB11 Annular erythema

Annular erythema is the term given to a group of chronic annular and gyrate eruptions in which irregular rings and arcs of elevated erythema form from initial inflammatory papules which slowly enlarge whilst clearing centrally. The lesions are usually located on the buttocks, thighs and upper arms, but any area may be involved. The condition may persist for months to years. In the majority of cases the aetiology remains obscure.

Coded Elsewhere: Erythema gyratum repens (EL10)

Necrolytic migratory erythema (EL10)

EB12 Erythema multiforme

Erythema multiforme is a self‐limiting reactive inflammatory dermatosis triggered by cell‐mediated hypersensitivity, most commonly to drugs or infection, particularly Herpes simplex. It is characterised by an eruption of macules, papules, nodules, vesicles and/or bullae affecting preferentially the dorsal aspects of the hands and forearms. It may also involve oral and genital mucous membranes.

Exclusions: Stevens-Johnson syndrome or toxic epidermal necrolysis (EB13)

EB12.0 Cutaneous erythema multiforme

Erythema multiforme confined to the skin and typically triggered by recurrent Herpes simplex infection.

EB12.1 Mucocutaneous erythema multiforme

Erythema multiforme with mucosal involvement, usually of oral and/or genital mucous membranes. It causes significantly more morbidity than erythema multiforme confined to the skin.

Coded Elsewhere: Erythema multiforme with oral ulceration (DA01.13)

EB12.Y Other specified erythema multiforme

EB12.Z Erythema multiforme, unspecified

EB13 Stevens-Johnson syndrome or toxic epidermal necrolysis

A spectrum of severe and life-threatening hypersensitivity disorders affecting skin and mucous membranes, most commonly precipitated by an idiosyncratic reaction to medication. Stevens-Johnson syndrome (SJS) always involves mucosal surfaces but the skin involvement is limited by definition to <10% body surface area (BSA). Toxic epidermal necrolysis (TEN) may sometimes spare mucous membranes but skin involvement is by definition >30% BSA. An intermediate form is recognised in which mucosal involvement is accompanied by skin involvement of 10-30% BSA (SJS-TEN overlap syndrome). All forms result in extensive sloughing and ulceration and carry a significant risk of fatal outcome.

Coded Elsewhere: Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

EB13.0 Stevens-Johnson syndrome

Stevens-Johnson syndrome is an immune-complex–mediated hypersensitivity disorder involving mucous membranes (conjunctivae, oral mucosa and genital mucosa) with, by definition, skin involvement limited to no more than 9% body surface area. It is related to toxic epidermal necrolysis and shares many of the same triggers, notably drugs, but the inflammation is centred on and close to mucosal surfaces. Although mortality is low, acute morbidity is high and conjunctival involvement has the potential to cause blindness.

Coded Elsewhere: Drug-induced Stevens-Johnson syndrome (EH63.0)

Acute cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

Chronic cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

EB13.1 Toxic epidermal necrolysis

Toxic epidermal necrolysis (TEN) is an acute life-threatening skin disease with commonly quoted overall risk of mortality of between 25 and 30%, though the risk of fatal outcome is around 90% in the most severely affected patients (SCORTEN score >5). It is characterised by the rapid onset of extensive erythema, necrosis, and bullous detachment of the epidermis (> 30% body surface area). Commonly, the mucous membranes are also involved. Death may result from a combination of sepsis, fluid depletion and multi-organ failure. In two thirds of cases, TEN is triggered by a clearly identifiable drug allergy.

Coded Elsewhere: Drug-induced toxic epidermal necrolysis (EH63.1)

EB13.2 Stevens-Johnson and toxic epidermal necrolysis overlap syndrome

A severe reactive skin disorder with features of both toxic epidermal necrolysis and Stevens-Johnson syndrome. It is defined by the presence of mucosal involvement and between 10% and 30% body surface area detachment of skin. It may be regarded as an intermediate form of these two disorders and, as with them, it can in most cases be attributed to a drug.

Coded Elsewhere: Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Neutrophilic dermatoses (BlockL3‑EB2)

A group of inflammatory skin disorders characterised by neutrophilic infiltration of the skin.

Coded Elsewhere: Disseminated gonococcal infection (1A73)

Behçet disease (4A62)

EB20 Acute febrile neutrophilic dermatosis

Sweet syndrome (the eponym for acute febrile neutrophilic dermatosis) is characterised by a constellation of clinical symptoms, physical features, and pathological findings which include fever, neutrophilia, tender erythematous skin lesions (papules, nodules, and plaques), and a diffuse infiltrate consisting predominantly of mature neutrophils that are typically located in the upper dermis. Sweet syndrome presents in three clinical settings: classical (or idiopathic), malignancy-associated, and drug-induced.

Inclusions: Sweet syndrome

EB21 Pyoderma gangrenosum

An idiopathic, rapidly evolving, and severely debilitating disease occurring most commonly in association with chronic ulcerative colitis. It is characterised by the presence of boggy, purplish ulcers with undermined borders, appearing mostly on the legs. The majority of cases are in people between 40 and 60 years old. Its etiology is unknown.

Inclusions: Phagedenic pyoderma

EB2Y Other specified neutrophilic dermatoses

EB30 Eosinophilic cellulitis

Eosinophilic cellulitis (Wells syndrome) is characterised by a distinctive clinical picture resembling cellulitis, and a typical histology with tissue eosinophilia, oedema and ‘flame’ figures (clusters of eosinophils and histiocytes around a core of collagen and eosinophilic debris). It can affect either sex, usually in adult life. Any site may be involved, with single or multiple lesions and recurrences are common. Initially, the lesions are itchy erythematous plaques with features resembling both urticaria and cellulitis but bullous and nodular forms have also been described. It may arise spontaneously but a number of drugs and infections have been implicated.

EB31 Erythema nodosum

An erythematous eruption commonly associated with drug reactions or infection and characterised by inflammatory nodules that are usually tender, multiple, and bilateral. These nodules are located predominantly on the shins with less common occurrence on the thighs and forearms. They undergo characteristic colour changes ending in temporary bruise-like areas. This condition usually subsides in 3-6 weeks without scarring or atrophy.

Coded Elsewhere: Acute sarcoidosis with erythema nodosum (4B20.5)

Drug-induced erythema nodosum (EH6Y)

Immunobullous diseases of the skin (BlockL2‑EB4)

A group of disorders characterised by the presence of circulating auto-antibodies directed against specific skin or mucous membrane antigens and resulting in blisters or erosions.

EB40 Pemphigus

Pemphigus is a group of chronic autoimmune skin diseases characterised by blister formation on the skin and the mucous membranes. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to desmosome components. Three clinical forms have been characterised. Pemphigus vulgaris, pemphigus foliaceus and pemphigus vegetans. Other variants exist, namely intercellular IgA dermatosis and paraneoplastic pemphigus.

Coded Elsewhere: Neonatal pemphigus (KA07.1)

EB40.0 Pemphigus vulgaris

Pemphigus vulgaris is a chronic autoimmune skin diseases characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome components desmoglein 1 and 3.

EB40.00 Oral pemphigus

Oral pemphigus is variant of pemphigus vulgaris, and is a chronic autoimmune skin diseases characterised by blister formation on the oral mucous membrane mediated by auto-antibodies to the desmosome component desmoglein 3.

EB40.0Y Other specified pemphigus vulgaris

EB40.0Z Pemphigus vulgaris, unspecified

EB40.1 Pemphigus foliaceus

Pemphigus foliaceus is a chronic autoimmune skin diseases characterised by superficial blister formation on the skin mediated by auto-antibodies to the desmosome component desmoglein 1.

EB40.2 Paraneoplastic pemphigus

Paraneoplastic pemphigus is a severe, often fatal autoimmune disease characterised by blisters and erosions not only on the skin and the mucous membranes but also involving other organs including the respiratory system. Auto-antibodies to a variety of plakin components of desmosomes and hemidesmosomes and to the protease inhibitor, Alpha-2-macroglobulin-like-1 protein, have all been implicated in its pathogenesis. It is strongly associated with lymphoproliferative disease.

EB40.Y Other specified pemphigus

EB40.Z Pemphigus, unspecified

EB41 Pemphigoid

The pemphigoid group of immuobullous diseases is characterised by the production of IgG antibodies to the epidermal basement membrane zone, leading to subepidermal clefts which are clinically manifest as blisters or erosions of skin or mucous membranes.

Coded Elsewhere: Gestational pemphigoid (JA65.10)

Neonatal gestational pemphigoid (KA07.Y)

EB41.0 Bullous pemphigoid

Bullous pemphigoid is the most common autoimmune blistering disease in the Western world. It chiefly affects the elderly and typically presents with a pruritic urticated erythema which evolves into a widespread eruption of intact tense blisters. It can sometimes involve mucous membranes. It is characterised by IgG antibodies to the basement membrane zone, leading to subepidermal clefts that are clinically manifest as blisters.

EB41.1 Mucous membrane pemphigoid

Mucous membrane pemphigoid (MMP) encompasses a heterogeneous group of mucous membrane-dominated autoimmune diseases in which autoantibodies to antigens of the basement membrane zone (BMZ) of mucous membranes and the skin result in subepithelial blistering. MMP may be limited to the conjunctivae (ocular pemphigoid) or to the oral cavity (oral pemphigoid). When the skin is involved, it is generally less extensive and less migratory than in bullous pemphigoid. MMP follows a chronic course and may lead to severe scarring with the attendant risks of loss of vision and oesophageal strictures.

Coded Elsewhere: Mucous membrane pemphigoid with ocular involvement (9A62)

EB41.Y Other specified pemphigoid

EB42 Linear IgA bullous dermatosis

Linear IgA bullous dermatosis is an uncommon immunobullous disorder which occurs in both adults and children. It is characterised by linear deposition of IgA along the epidermal basement membrane. Although the clinical picture may resemble dermatitis herpetiformis, it is not associated with gluten enteropathy and it has different clinical and immunopathological attributes.

EB43 Epidermolysis bullosa acquisita

Epidermolysis bullosa acquisita is an acquired non-familial blistering disease characterised by the presence of autoantibodies to collagen VII at the epidermal basement membrane zone, as demonstrated by direct immunofluorescence. There is a wide spectrum of clinical manifestations including a trauma-induced variant and a more inflammatory variant.

Exclusions: Genetically-determined epidermolysis bullosa (BlockL2‑EC3)

Coded Elsewhere: Transient neonatal epidermolysis bullosa acquisita (KA07.Y)

EB44 Dermatitis herpetiformis

Dermatitis herpetiformis is an immunobullous skin characterised by recurrent eruptions of intensely itchy papules, vesicles or bullae, which are typically grouped symmetrically on the extensor surfaces of the limbs and on the buttocks and back. The primary lesions are frequently obscured by excoriation. An incompletely understood abnormal response to dietary gluten provokes the formation of autoantibodies to tissue and epidermal transglutaminases and granular deposition of IgA in dermal papillae. The disease is strongly associated with gluten-sensitive enteropathy, which can range from mild jejunal epithelial inflammation to total villous atrophy (coeliac disease).

EB4Y Other specified immunobullous disorder

Cutaneous lupus erythematosus (BlockL2‑EB5)

Lupus erythematosus involving the skin. This ranges from acute cutaneous lupus as may accompany a flare of systemic lupus erythematosus to a variety of chronic forms which are in the majority of cases limited to the skin.

Exclusions: Systemic lupus erythematosus (4A40.0)

Lupus vulgaris (1B12.8)

Coded Elsewhere: Systemic lupus erythematosus with skin involvement (4A40.00)

Neonatal lupus erythematosus (KA07.0)

EB50 Subacute cutaneous lupus erythematosus

Subacute cutaneous lupus erythematosus is a non-scarring form of lupus erythematosus typified by the presence of circulating anti-Ro/SSA antibodies and discoid or annular inflamed red patches with variable fine scaling on sun-exposed skin, especially the sides of the face and neck, the vee of the neck, the extensor surfaces of the upper arms and the upper back: in contrast with systemic lupus erythematosus the cheeks tend to be spared. Visceral disease is less frequent than in systemic lupus erythematosus: renal involvement is rare and mild.

EB51 Chronic cutaneous lupus erythematosus

Chronic cutaneous lupus erythematosus (LE) is characterised by the presence of circumscribed cutaneous plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It most commonly presents as discoid plaques involving the face, ears and scalp but can be widely disseminated or may affect predominantly the extremities (chilblain LE) or subcutaneous fat (lupus panniculitis). It can cause marked disfigurement with prominent facial scarring and permanent hair loss. Most patients remain otherwise in good health but 5-10% may develop systemic lupus erythematosus. Photosensitivity is less apparent than in subacute cutaneous lupus erythematosus.

Exclusions: Systemic lupus erythematosus (4A40.0)

EB51.0 Discoid lupus erythematosus

Discoid lupus erythematosus is characterised by the presence of discoid plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It typically involves the face, ears and scalp, but widespread dissemination may occur. It can cause marked disfigurement with prominent facial scarring and permanent hair loss.

EB51.Y Other specified chronic cutaneous lupus erythematosus

EB5Z Cutaneous lupus erythematosus of unspecified type

Scarring or sclerosing inflammatory dermatoses (BlockL2‑EB6)

A group of inflammatory dermatoses limited to skin and mucous membranes and characterised by variable degrees of sclerosis, fibrosis and atrophy.

Coded Elsewhere: Graft-versus-host disease (4B24)

EB60 Lichen sclerosus

Lichen sclerosus is a chronic inflammatory dermatosis of unknown aetiology. It affects both women and men of all ages. It is characterised by the development of white, smooth, atrophic plaques on vulval and perianal skin in females and on the prepuce and glans penis in males. It often results in scar formation leading to a narrow introitus or phimosis with impairment of urinary and sexual function. The risk of anogenital squamous cell carcinoma is slightly increased. Less commonly other sites of the skin are affected, either independently or in conjunction with anogenital involvement.

EB60.0 Lichen sclerosus of vulva

Lichen sclerosus of the vulva is an inflammatory disorder of unknown aetiology affecting the skin of the vulva and perianal area. Typically it affects women in the fifth and sixth decades of life though is not uncommon in prepubertal girls. It presents with pruritus, soreness or dyspareunia. The affected skin is white and atrophic, though secondary changes including maceration, purpura and erosion may dominate the clinical picture. In longstanding cases there may be marked shrinkage of the vulva, labial fusion and an increased risk of malignant transformation.

EB60.1 Lichen sclerosus of penis

Lichen sclerosus of the penis develops almost exclusively in uncircumcised males and is the result of chronic occluded contact of susceptible epithelium to urine. It often causes dyspareunia and difficulties with micturition. It manifests typically as a sclerotic phimosis of the prepuce, which it may not be possible to retract, together with inflammation and sclerosis of the mucocutaneous surface of the prepuce and glans penis. Stenosis and occasionally obliteration of the external meatal orifice may occur in severe cases. Although most commonly recognised in adult men it is a common cause of acquired phimosis in boys.

Inclusions: Balanitis xerotica obliterans

EB60.Y Lichen sclerosus of other specified sites

EB61 Morphoea

A group of related diseases of poorly understood aetiology affecting principally skin and subcutaneous tissue and characterised by variable fibrosis, sclerosis and cutaneous atrophy.

Coded Elsewhere: Extragenital lichen sclerosus with morphoea (EB60.Y)

Atrophoderma of Pasini and Pierini (EE7Y)

EB61.0 Plaque morphoea

The commonest form of morphoea which presents as indurated waxy plaques, often with a violaceous border and commonly affecting the trunk, especially in the submammary folds and around the waist. The cause is unknown. It is commoner in women than men.

Inclusions: Circumscribed scleroderma

EB61.1 Linear morphoea

Linear morphoea is a form of morphoea which usually present in childhood or adolescence and is usually unilateral, affecting a limb with a linear induration of skin, subcutis and occasionally underlying muscle and bone. It may also affect the scalp and forehead ("en coup de sabre") producing a depressed scar likened to a healed sabre wound, with sclerosis of the skin and alopecia of affected scalp.

EB61.Y Other specified forms of morphoea

EB7Y Other specified inflammatory dermatoses

Metabolic and nutritional disorders affecting the skin (BlockL1‑EB9)

This group includes dermatoses resulting either from disturbed metabolic processes or from defective nutrition

Coded Elsewhere: Disorders of essential minerals or their metabolism affecting the skin

Disorders of vitamins or their metabolism which may affect the skin

Dermatoses resulting from defective nutrition (5C3Y)

EB90 Dermatoses resulting from disturbed metabolic processes

This group comprises dermatoses where abnormal quantities of biological material accumulate in the skin. The effects of such accumulations depend on the particular material involved. Examples include lipid, mucin, amyloid, porphyrins and calcium.

Coded Elsewhere: Tophaceous gout (FA25.20)

Genetic disorders of amino acid metabolism or transport affecting the skin

Cutaneous amyloidosis (5D00.Y)

EB90.0 Diabetic skin lesions

Unspecified skin changes attributable to diabetes.

Coding Note: Always assign an additional code for diabetes mellitus.

EB90.1 Cutaneous mucinosis

Skin disorders characterised by accumulation of mucin in the skin

Coded Elsewhere: Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

EB90.10 Pretibial myxoedema

Pretibial myxoedema is a form of diffuse cutaneous mucinosis in which there is an accumulation of excess glycosaminoglycans, especially hyaluronic acid, in the dermis and subcutis. It is most commonly seen on the shins (pretibial areas) but does occur elsewhere on the lower extremities. It manifests as violaceous or brownish, firm, non-pitting, asymmetrical nodules or plaques or nodules which tend to coalesce to produce extensive areas of induration with a "peau d'orange" (orange peel) appearance.

It is nearly always associated with autoimmune thyroiditis (Graves disease) and may be associated with finger clubbing (acropachy) and exophthalmos (thyroid eye disease).

Coding Note: Code aslo the casusing condition

EB90.11 Lichen myxoedematosus

localised lichen myxedematosus is a group of skin diseases characterised by the development of papules, nodules and/or plaques with mucin deposits and a variable degree of fibrosis in the absence of thyroid disease. The group comprises five sub-forms: nodular lichen myxedematosus, discrete papular lichen myxedematosus, papular mucinosis of infancy, acral persistent papular mucinosis and self-healing papular mucinosis.

EB90.12 Reticular erythematous mucinosis

Reticular erythematous mucinosis comprises areas of reticular infiltrated erythema affecting particularly the upper anterior chest wall. Histologically there is a mucinous and chronic inflammatory cell infiltrate in the dermis. It occurs most frequently in women in middle years of life. The aetiology is not understood though exposure to sunlight may play a part.

EB90.1Y Other specified forms of cutaneous mucinosis

EB90.2 Cutaneous and subcutaneous xanthomata

An abnormal accumulation of lipid in the skin or soft tissues, most frequently due to an associated dyslipidaemia.

Exclusions: Benign cephalic histiocytosis (EE81)

EB90.20 Plane xanthoma

Plane (planar) xanthomata are flat cutaneous xanthomata and contrast with eruptive and tuberous xanthomata which present as papules and nodules. They are often completely macular but may develop into elevated plaques. The commonest type is the xanthelasma of the eyelid but also included is the palmar xanthoma and a less common widespread form, diffuse plane xanthoma, which may be mimicked by a clinically similar disorder associated with paraproteinaemia, diffuse normolipidaemic plane xanthomastosis.

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Xanthelasma of eyelid (9A06.4)

EB90.21 Tuberous xanthoma

Tuberous xanthomas are firm yellow-red nodules that occur over sites of pressure: they usually indicate the presence of hyperlipidaemia type 3 (Type III hyperlipoproteinaemia). They start as small xanthomas, usually over the extensor aspects of the elbows and knees, but can develop into quite exuberant exophytic lesions several centimetres in diameter and height. They can develop over other pressure sites particularly the heels and plantar surfaces of the feet.

Coding Note: Code aslo the casusing condition

EB90.22 Eruptive xanthoma

Eruptive xanthomata manifest as crops of small yellow papules which erupt in large numbers over extensor surfaces, particularly the buttocks, back, legs and arms. They are associated with severe hypertriglyceridaemia and may be associated with uncontrolled diabetes mellitus.

Coding Note: Code aslo the casusing condition

EB90.23 Tendinous xanthoma

Tendinous xanthomata manifest most commonly as subcutaneous nodules attached to the extensor tendons over the knuckles or the Achilles tendon, though other tendons can sometimes be affected. They are most frequently seen in familial hypercholesterolaemia but may also be associated with secondary hypercholesterolaemia due to prolonged cholestasis.

Coding Note: Code aslo the casusing condition

EB90.24 Xanthoma due to specified disorder of lipid metabolism

Lipid accumulations in the skin and soft tissues resulting from disordered lipid metabolism.

Coding Note: Code aslo the casusing condition

EB90.2Z Cutaneous and subcutaneous xanthomata of unspecified type

EB90.3 Porphyria or pseudoporphyria affecting the skin

Skin disorders resulting from or simulating disorders due to certain disorders of porphyrin metabolism.

Coded Elsewhere: Porphyria cutanea tarda (5C58.10)

Variegate porphyria (5C58.13)

Erythropoietic porphyrias (5C58.12)

EB90.30 Pseudoporphyria

The development of blistering of exposed skin on the extremities resembling porphyria cutanea tarda without demonstrable abnormalities of porphyrin metabolism.

EB90.3Y Other specified porphyria or pseudoporphyria affecting the skin

EB90.4 Calcification of skin or subcutaneous tissue

A heterogeneous group of disorders which result in deposition of calcium in skin and soft tissues.

EB90.40 Dystrophic calcification of the skin of uncertain or unspecified aetiology

Abnormal deposition of calcium in the skin and subcutaneous tissues of unknown (idiopathic) or unspecified cause.

Coded Elsewhere: Scrotal calcinosis (GA81.Y)

EB90.41 Calcific panniculitis

Calcific panniculitis presents as discrete, firm subcutaneous masses, often affecting the thighs and hips. It is strongly associated with hyperparathyroidism, particularly in the context of chronic renal failure. It may occur in conjunction with but is clinically distinct from calcific arteriolopathy (calciphylaxis).

EB90.42 Calcific arteriolopathy

Calcific arteriolopathy (calciphylaxis) is a life-threatening vasculopathic disorder characterised by painful cutaneous ischaemia and infarction due to calcification, intimal fibroplasia, and thrombosis of subcutaneous arterioles. It is most commonly associated with end-stage kidney disease or renal transplantation, particularly in the context of longstanding diabetes mellitus. Affected skin, commonly on the hips and thighs, appears mottled, grey and devitalized before progressing to full thickness infarction and deep ulceration. These changes may be accompanied by indurated subcutaneous plaques indicating an underlying calcifying panniculitis. The condition may be but is not always associated with hyperparathyroidism or an elevated calcium-phosphate product.

Inclusions: Calciphylaxis

EB90.4Y Other specified calcification of skin or subcutaneous tissue

EB9Y Other specified metabolic and nutritional disorders affecting the skin

Genetic and developmental disorders affecting the skin (BlockL1‑EC1)

A large group of disorders, some limited to the skin but many involving other organ systems, due to heritable genetic defects, chromosomal abnormalities or embryofetal developmental anomalies.

Coded Elsewhere: Chromosomal disorders affecting the skin

DNA instability syndromes affecting the skin

Genetic disorders of adipose tissue or lipid metabolism affecting the skin

Genetic disorders of amino acid metabolism or transport affecting the skin

Sphingolipidoses with skin manifestations

Genetic hamartoneoplastic syndromes affecting the skin (LD27.5)

Variegate porphyria (5C58.13)

Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Acrodermatitis enteropathica (5C64.20)

Monogenic autoinflammatory syndromes (4A60)

Chronic mucocutaneous candidosis (1F23.14)

Congenital anomalies of skin development (LC60-LC60)

Developmental hamartomata of the epidermis and epidermal appendages (LC00-LC0Y)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Hamartomata derived from dermal connective tissue (LC20-LC2Y)

Developmental defects of hair or nails (LC30-LC31)

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

Genetic syndromes affecting the skin (BlockL2‑EC1)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Ectodermal dysplasia syndromes (LD27.0)

Syndromes with premature ageing appearance as a major feature (LD2B)

EC10 Genetic syndromes with poikiloderma

Hereditary syndromes in which poikiloderma (cutaneous pigmentation, atrophy and telangiectasia) is a conspicuous feature.

Coded Elsewhere: Cockayne syndrome (LD2B)

Rothmund-Thomson syndrome (LD2B)

Hereditary acrokeratotic poikiloderma, Weary type (LD27.Y)

Kindler syndrome (LD2B)

Bloom syndrome (4A01.31)

Dyskeratosis congenita (3A70.0)

EC1Y Other specified genetic syndromes affecting the skin

EC20 Genetic disorders of keratinisation

Heritable disorders characterised by abnormal epidermal keratinization. They include the ichthyoses and palmoplantar keratodermas.

Coded Elsewhere: Syndromic ichthyosis (LD27.2)

Keratosis pilaris (ED56)

EC20.0 Non-syndromic ichthyosis

Hereditary ichthyoses with clinical manifestations limited to the integument.

EC20.00 Ichthyosis vulgaris

Ichthyosis vulgaris accounts for 95% of all cases of hereditary ichthyosis. It is an autosomal dominant condition due to filaggrin gene mutations. At birth the skin may appear normal but it gradually becomes dry, rough and scaly, with most signs and symptoms appearing by the age of 5. Ichthyosis vulgaris can affect all parts of the skin surface including the face and scalp though the limb flexures are usually spared. Hyperlinearity of the palms is a characteristic feature. It is closely associated with the development of atopic eczema.

EC20.01 X-linked ichthyosis

X-linked ichthyosis is an X-linked recessive genodermatosis associated with steroid sulfatase deficiency and elevated plasma cholesterol sulfate. generalised scaling is present at or shortly after birth, most prominently over the extremities, neck, trunk, and buttocks. It occurs only in males and may be associated with testicular disease and corneal opacities.

EC20.02 Autosomal recessive congenital ichthyosis

A heterogeneous group of genetically-determined ichthyoses with autosomal recessive inheritance.

EC20.03 Keratinopathic ichthyoses

Heritable ichthyoses resulting from mutations in keratin genes.

EC20.0Y Other specified or unclassifiable non-syndromic ichthyosis

EC20.1 Hereditary skin peeling

A group of uncommon heritable disorders characterised by abnormal skin peeling

EC20.2 Hereditary acantholytic dermatoses

A group of heritable disorders characterised by epidermal acantholysis and loss of epidermal integrity.

EC20.3 Hereditary palmoplantar keratodermas

Heritable disorders of keratinisation of the skin of the palms and soles.

EC20.30 Diffuse palmoplantar keratodermas

Palmoplantar keratoderma in which there is confluent epidermal thickening affecting the palms and soles.

Coded Elsewhere: Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

EC20.31 Focal palmoplantar keratodermas

Palmoplantar keratoderma in which there is focal epidermal thickening with areas of normal intervening palmar and plantar skin.

Coded Elsewhere: Tyrosinaemia type 2 (5C50.12)

EC20.32 Papular palmoplantar keratodermas

Palmoplantar keratoderma characterised by the presence of multiple small discrete hyperkeratotic papules involving palmar and plantar skin.

EC20.3Z Hereditary palmoplantar keratoderma of unspecified type

EC20.Y Other specified genetic disorders of keratinisation

EC21 Genetic defects of hair or hair growth

Coded Elsewhere: Genetic syndromes with hypertrichosis (LD27.3)

EC21.0 Genetic defects of the hair shaft

Exclusions: Menkes' kinky hair syndrome (5C64.0)

EC21.1 Genetic syndromes with abnormalities of the hair shaft

Coded Elsewhere: Bamforth-Lazarus syndrome (5A00.0Y)

Cartilage-hair hypoplasia (LD27.0Y)

Netherton syndrome (LD27.2)

Woolly hair – palmoplantar keratoderma – dilated cardiomyopathy (BC43.6)

Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y)

Menkes disease (5C64.0Y)

Curly hair – ankyloblepharon – nail dysplasia syndrome (LD27.0Y)

EC21.2 Hereditary alopecia or hypotrichosis

Genetically-determined absence or sparsity of hair.

EC21.3 Genetic syndromes with alopecia or hypotrichosis

Hereditary syndromes in which sparse or absent hair is a component

Coded Elsewhere: Argininosuccinic aciduria (5C50.A0)

Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y)

Ichthyosis – hypotrichosis syndrome (LD27.2)

Neonatal sclerosing cholangitis – ichthyosis – hypotrichosis syndrome (DB96.2Y)

Odonto-onycho-dermal dysplasia (LD27.0Y)

Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y)

Autosomal dominant palmoplantar keratoderma and congenital alopecia (LD27.0Y)

Autosomal recessive palmoplantar keratoderma and congenital alopecia (LD27.0Y)

Alopecia - contractures - dwarfism - intellectual deficit (LD27.0Y)

Alopecia – psychomotor epilepsy – periodontal pyorrhoea – intellectual disability syndrome (LD90.Y)

Cataract - alopecia - sclerodactyly (LD27.0Y)

Odonto-onycho dysplasia - alopecia (LD27.0Y)

Schöpf-Schulz-Passarge syndrome (LD27.0Y)

Macrocephaly – alopecia – cutis laxa – scoliosis syndrome (LD28.2)

EC21.4 Genetically-determined hypertrichosis

Increased non-androgen-dependent hair growth due to genetic abnormality

Coded Elsewhere: Hypertrichosis lanuginosa congenita (LD27.0Y)

Congenital generalised hypertrichosis (LD27.0Y)

X-linked dominant congenital generalised hypertrichosis (LD27.0Y)

Familial isolated trichomegaly (LD27.0Y)

EC21.Y Other specified genetic defects of hair or hair growth

EC22 Genetic defects of nails or nail growth

Coded Elsewhere: Genetic syndromes affecting nails (LD27.4)

EC22.0 Inherited deformities of nails

Genetically-determined abnormalities of nail development.

EC23 Genetic disorders of skin pigmentation

Genetic disorders of the skin characterised by disordered pigmentation, including albinism and inherited forms of lentiginosis.

EC23.0 Non-syndromic genetically-determined hypermelanosis or lentiginosis

EC23.1 Syndromic genetically-determined hypermelanosis or lentiginosis

Coded Elsewhere: Peutz-Jeghers syndrome (LD2D.0)

Incontinentia pigmenti (LD27.00)

Neurofibromatoses (LD2D.1)

Arterial dissection - lentiginosis (BD50.Z)

McCune-Albright syndrome (FB80.0)

LEOPARD syndrome (LD2F.1Y)

Carney complex (5A70.Y)

Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)

Legius syndrome (LD27.5)

EC23.2 Albinism or other specified genetically-determined hypomelanotic disorders

A large group of heritable disorders in which cutaneous melanin production is reduced or absent, mainly as the result of defects in enzymes required for normal melanin biosynthesis.

Coded Elsewhere: Ocular albinism (9E1Y)

EC23.20 Oculocutaneous albinism

Oculocutaneous albinism is a genetically heterogeneous congenital disorder characterised by decreased or absent pigmentation in the hair, skin, and eyes.

EC23.2Y Other specified genetically-determined hypomelanotic disorders

EC23.Y Other specified genetic disorders of skin pigmentation

Genetically-determined epidermolysis bullosa (BlockL2‑EC3)

Epidermolysis bullosa (EB) is the name given to a heterogeneous group of blistering disorders which in the majority of cases are due to genetically-determined defects in structural proteins of the epidermis and dermo-epidermal junction. The genetic forms are to be distinguished from the immunobullous disorder, epidermolysis bullosa acqiusita (qv).

Exclusions: Epidermolysis bullosa acquisita (EB43)

EC30 Epidermolysis bullosa simplex

Epidermolysis bullosa simplex is the name given to a heterogeneous group of genetically-determined defects in epidermal cell-cell adhesion. These give rise to blistering in response to frictional and shearing stresses.

EC31 Junctional epidermolysis bullosa

Junctional (lucidolytic) epidermolysis bullosa is due to defects at the level of the lamina lucida of the epidermal basement membrane. The generalised severe form (Herlitz) is associated with widespread mucosal involvement of internal organs and has a high mortality in infancy.

EC32 Dystrophic epidermolysis bullosa

Dystrophic (dermolytic) epidermolysis bullosa is due to defects in or absence of type VII collagen. As a result the anchoring fibrils which secure the epidermal basement membrane to the dermis are defective or absent. The severe recessive form causes extensive scarring and predisposes to aggressive squamous cell carcinoma.

EC33 Syndromic epidermolysis bullosa

A small group of disorders including Kindler syndrome in which skin blistering is associated with other defects.

Coded Elsewhere: Kindler syndrome (LD2B)

Ectodermal dysplasia – skin fragility syndrome (EC30)

Skin fragility-woolly hair syndrome (EC21.1)

EC3Z Epidermolysis bullosa

Genetic disorders affecting dermal collagen, elastin or other matrix proteins (BlockL2‑EC4)

A heterogeneous group of disorders due to genetically-determined abnormalities of dermal structural proteins including collagen and elastin.

Coded Elsewhere: Ehlers-Danlos syndrome (LD28.1)

Marfan syndrome (LD28.01)

Genetically-determined cutis laxa (LD28.2)

Familial cutaneous collagenoma (LC2Y)

EC40 Pseudoxanthoma elasticum

Pseudoxanthoma elasticum (PXE) is an inherited connective tissue disorder characterised by progressive calcification and fragmentation of elastic fibres in the skin, retina, and arterial walls.

EC4Y Other specified genetic disorders affecting dermal matrix proteins

Specified developmental anomalies affecting the skin (BlockL2‑EC5)

Coded Elsewhere: Structural developmental anomalies of eyelids (LA14.0)

Structural developmental anomalies of mouth or tongue (LA31)

Facial clefts (LA51)

Minor anomalies of pinnae (LA21)

Amniotic bands (LD2F.1Y)

EC50 Developmental anomalies of the umbilicus

Coded Elsewhere: Allantoic duct remnants or cysts (LB03.0)

Umbilical sinus (LB03.Y)

Umbilical vitelline cyst or remnants (LB03.Y)

Subcutaneous vitelline cyst or remnants (LB03.Y)

EC5Y Other specified developmental anomalies affecting the skin

EC7Y Other specified genetic and developmental disorders affecting the skin

Sensory and psychological disorders affecting the skin (BlockL1‑EC9)

A group of skin disorders due to disturbances of cutaneous sensation including pruritus and pain, psychological disorders including artefact and delusional states, and dermatoses resulting from nerve damage and other neurological conditions.

Disturbances of cutaneous sensation (BlockL2‑EC9)

This group includes dermatoses associated with itch, pain and other disturbances of cutaneous sensation.

Coded Elsewhere: Lichen simplex (EA83.0)

EC90 Pruritus

An intense itching sensation that produces the urge to rub or scratch the skin to obtain relief.

Exclusions: neurotic excoriation (6B25.1)

Coded Elsewhere: Pruritus of pregnancy (JA65.11)

EC90.0 Pruritus due to skin disorder

Pruritus due to skin disorder, especially those such as xerosis cutis or psoriasis where itch may occur but is not an inherent component of the disorder.

EC90.1 Pruritus due to systemic disorder

Pruritus due to underlying systemic disorder such as renal failure or cholestatic jaundice.

Coded Elsewhere: HIV-associated pruritus (1C62.1)

Paraneoplastic pruritus (EL1Y)

EC90.10 Uraemic pruritus

Pruritus in patients with chronic renal failure. Although common in untreated chronic kidney disease, it is particularly prevalent in patients receiving peritoneal or haemo-dialysis. The itch is not due to elevated serum urea levels. The precise mechanisms are not fully understood.

EC90.11 Cholestatic pruritus

Pruritus due to defective elimination of bile.

Coded Elsewhere: Intrahepatic cholestasis of pregnancy (JA65.0)

EC90.12 Haemodialysis-associated pruritus

generalised pruritus attributable to haemodialysis rather than to chronic kidney disease. The causes are not well understood.

EC90.1Y Pruritus due to other specified systemic disorder

EC90.2 Drug-induced pruritus

Pruritus attributable to drugs, in particular opioids.

EC90.3 Pruritus due to neurological disorder

Pruritus resulting from damage or irritation of sensory nerves or their central connections.

EC90.4 Psychogenic pruritus

Chronic episodic pruritus in the absence of an identifiable organic cause and typically associated with stress and/or depression.

EC90.5 Anogenital pruritus

Persistent itching of the perianal skin and/or external genitalia.

Coded Elsewhere: Penoscrotal pruritus (GA81.0)

Vulval pruritus (GA42.0)

Anal pruritus (EG60)

EC90.6 Pruritus of unknown cause

Pruritus without identifiable cause despite thorough investigation.

EC90.Y Pruritus of other specified type or aetiology

EC90.Z Pruritus, unspecified

EC91 Prurigo

Prurigo is a cutaneous reaction pattern due to chronic scratching of itchy skin. It is characterised by widespread, symmetrically distributed, itchy, excoriated papules and nodules with focal epidermal acanthosis and hyperkeratosis on histology.

Coded Elsewhere: HIV-associated papular pruritic eruption (1C62.1)

EC91.0 Nodular prurigo

A chronic highly pruritic dermatosis of poorly understood aetiology which presents with multiple warty nodules on the skin, particularly on the limbs. Exudation, crusting and scale result from repeated scratching.

EC91.1 Atopic prurigo

Coded Elsewhere: Childhood atopic eczema, prurigo pattern (EA80.1)

Adult atopic eczema, prurigo pattern (EA80.2)

EC91.Z Prurigo, unspecified

EC92 Mucocutaneous or cutaneous pain syndromes

A range of chronic focal pain disorders affecting skin or mucosal sites, with a predilection for the orocervical and urogenital regions. They are diagnoses of exclusion and should be made only when no other explanation for the symptoms can be found. They are frequently associated with severe psychological distress.

Coded Elsewhere: Burning mouth syndrome (DA0F.0)

Vulvodynia (GA34.02)

EC92.0 Penoscrotodynia

An uncommon but distressing somatoform disorder affecting men in which there is a clear and precise complaint of genital pain and/or a skin burning sensation or which no underlying cause can be found.

EC92.1 Scalp dysaesthesia

An uncommon but distressing somatoform disorder in which there is a clear and precise complaint of scalp pain or burning sensation for which no underlying cause can be found.

EC9Y Other specified disturbances of cutaneous sensation

Psychological or psychiatric conditions affecting the skin (BlockL2‑ED0)

This group includes cutaneous artefacts and disorders of cutaneous image and perception including delusional states and body dysmorphic disorder.

Coded Elsewhere: Olfactory reference disorder (6B22)

Body dysmorphic disorder (6B21)

Somatic delusion directed at the skin (MB26.09)

Self-inflicted skin disorders (BlockL3‑ED0)

This heterogeneous group of disorders all result from self-inflicted skin injury or pathomimicry directly induced either by psychopathological behaviour or by intentional deception.

Coded Elsewhere: Body-focused repetitive behaviour disorders (6B25)

Trichotillomania (6B25.0)

Self-inflicted hair-damaging disorder (6B25.Y)

ED00 Artefactual skin disorder

Artefactual skin disorder encompasses a diverse range of self-inflicted skin injuries that are provoked by mechanical means or by the application or injection of chemical irritants or caustics. They may simulate other dermatoses but usually have a distinctive, geometric, bizarre configuration which cannot be otherwise explained.

Inclusions: Dermatitis artefacta

Exclusions: Excoriation disorder (6B25.1)

Factitious disorders (BlockL1‑6D5)

Malingering (QC30)

Coded Elsewhere: Artefactual panniculitis (EF00.Y)

ED01 Simulated skin disease

Simulated skin disease can present in a variety of ways such as application of glue, dyes or make-up to the skin (particularly by children or adolescent girls) and is usually though not always readily recognised for what it is. The motivation for the simulation can vary but may point to some form of psychopathology or may be purely experimentation.

Exclusions: Factitious disorders (BlockL1‑6D5)

Malingering (QC30)

ED02 Painful bruising syndrome

Painful bruising syndrome (Gardner-Diamond syndrome, autoerythrocyte sensitization, psychogenic purpura) is a rare and poorly understood clinical presentation of unexplained painful ecchymoses, mostly on the extremities and/or the face. It has been associated with emotional stress or one or more concomitant mental illnesses.

ED0Y Other specified self-inflicted skin disorders

ED2Y Other specified psychological or psychiatric conditions affecting the skin

Neurological conditions affecting the skin (BlockL2‑ED3)

Skin conditions resulting from degeneration of or damage to the nervous system

Coded Elsewhere: Pruritus due to neurological disorder (EC90.3)

Hereditary sensory or autonomic neuropathy (8C21)

ED30 Neuropathic skin damage

Skin changes attributable entirely or in part to sensory or autonomic nerve damage.

ED30.0 Neuropathic skin ulceration

Ulceration of the skin resulting from impairment of pain sensation due to sensory nerve dysfunction.

Inclusions: Neuropathic ulcer

Coded Elsewhere: Neuropathic skin ulceration due to leprosy (1B20.3)

ED30.Y Other specified neuropathic skin damage

ED31 Burning feet syndrome

Burning feet syndrome is thought to be due to a specific autonomic neuropathy affecting predominantly small fibre cholinergic nerves. It is characterised by an uncomfortable burning sensation on the feet, often accentuated by heat or cold. It may be sporadic, familial or associated with diabetes mellitus.

ED3Y Cutaneous involvement in other specified neurological condition

Skin disorders involving specific cutaneous structures (BlockL1‑ED5)

Disorders of the epidermis and epidermal appendages (BlockL2‑ED5)

This group incorporates skin disorders involving principally the epidermis, including abnormalities of keratinization and pigmentation, and the epidermal appendages, namely the hair follicular unit (hair, hair follicle, sebaceous gland, apocrine duct and apocrine gland), the eccrine sweat gland apparatus (eccrine duct and gland) and the nail apparatus.

Disorders of epidermal keratinisation (BlockL3‑ED5)

This group incorporates dermatoses characterised by scaling (ichthyoses and hyperkeratoses), epidermal thickening (acanthoses and keratodermas), loss of cohesion (acantholytic dermatoses and skin peeling) or xeroderma.

Coded Elsewhere: Hereditary acantholytic dermatoses (EC20.2)

ED50 Ichthyoses

Genetically-determined and acquired disorders of epidermal keratinization characterised by diffuse scaling and/or thickening of the stratum corneum.

Coded Elsewhere: Non-syndromic ichthyosis (EC20.0)

Syndromic ichthyosis (LD27.2)

Hereditary ichthyosis (EC20.Y)

ED50.0 Acquired ichthyosis

Acquired ichthyosis resembles autosomal dominant ichthyosis vulgaris but develops in adult life in individuals without a previous history of ichthyosis. It may be caused by certain drugs but when associated with underlying malignancy (i.e. paraneoplastic) it is strongly associated with Hodgkin lymphoma and may be the presenting sign of that disease. It may less commonly be associated with other lymphoid neoplasms or solid tumours.

Exclusions: Hereditary ichthyosis (EC20)

Coded Elsewhere: Paraneoplastic acquired ichthyosis (EL10)

ED50.Z Ichthyosis of unspecified type

ED51 Diffuse epidermal hyperkeratosis and acanthosis

Conditions characterised by diffuse thickening of the horny and/or spinous layers of the epidermis.

ED51.0 Acanthosis nigricans

Acanthosis nigricans is characterised by dark, thick, velvety skin in body folds and creases. It is most commonly encountered in association with obesity and type 2 diabetes though may be a component of a number of genetic syndromes. Hyperinsulinaemia and insulin resistance are important underlying factors. Acanthosis nigricans may rarely be due to underlying malignancy (paraneoplastic acanthosis nigricans).

Coded Elsewhere: Paraneoplastic acanthosis nigricans (EL10)

ED51.00 Benign acanthosis nigricans

Benign acanthosis nigricans is a thickening and pigmentation affecting predominantly flexural skin, especially the neck, axillae and groins. It is thought to be due to high concentrations of insulin binding to insulin-like growth factor receptors, with resultant keratinocyte proliferation. It is strongly associated with insulin resistance and obesity. Type 2 diabetes and the metabolic syndrome are commonly associated.

Exclusions: Paraneoplastic acanthosis nigricans (EL10)

ED51.0Y Other specified acanthosis nigricans

ED51.0Z Acanthosis nigricans, unspecified

ED51.Y Other specified hyperkeratotic and acanthotic dermatoses

ED52 Porokeratoses

Porokeratoses result from a clonal disorder of keratinization. They are characterised by one or more atrophic patches surrounded by a clinically and histologically distinctive ridged hyperkeratotic border (cornoid lamella). Multiple clinical variants of porokeratosis are recognised.

ED53 Skin peeling

A range of hereditary and acquired disorders characterised by an increased tendency to superficial skin peeling.

Coded Elsewhere: Hereditary skin peeling (EC20.1)

ED54 Xerosis cutis or asteatosis

Dryness of the skin surface commonly due to defatting of the epidermis by excessive exposure to soaps and detergents or desiccation from prolonged exposure to low ambient humidity. It occurs most commonly in the elderly and is seen particularly on the lower legs. It is a major cause of pruritus in the elderly. In more severe cases the skin may become inflamed (asteatotic eczema).

Coded Elsewhere: Asteatotic eczema (EA84)

Xerosis cutis due to leprosy (1B20.3)

ED55 Palmoplantar keratodermas

A range of genetic and acquired disorders in which there is thickening of the epidermal keratin of the skin of the palmar surfaces of the hands and plantar surfaces of the feet.

Coded Elsewhere: Hereditary palmoplantar keratodermas (EC20.3)

ED55.0 Acquired palmoplantar keratodermas

Exclusions: inherited keratosis palmaris et plantaris (BlockL2‑EC5)

Coded Elsewhere: Arsenical keratosis (EK90.Y)

ED55.Z Palmoplantar keratoderma, unspecified

ED56 Keratosis pilaris

Keratosis pilaris is a very common abnormality of keratinization characterised by keratinous plugging of follicular orifices with varying degrees of perifollicular erythema. It is seen in up to half of normal children and in three quarters of children with ichthyosis vulgaris. The sides of the face and the extensor surfaces of the upper arms are sites of predilection. Autosomal dominant inheritance can often be demonstrated. In some variants atrophy or pigmentation may be more prominent than keratosis.

ED5Y Other specified disorders of epidermal keratinisation

Disorders of skin colour (BlockL3‑ED6)

This group includes not only abnormalities of melanin pigmentation (e.g. vitiligo and melasma) but also skin colour changes due to other pigments (e.g. carotenaemia and argyria).

Coded Elsewhere: Genetic disorders of skin pigmentation (EC23)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Late lesions of pinta (1C1E.2)

Pigmentary abnormalities of skin due to drug (EH70)

ED60 Acquired hypermelanosis

Increased melanin pigmentation of the skin resulting from disease or from other stimuli including ultraviolet radiation and hormones.

Coded Elsewhere: Drug-induced hypermelanosis (EH70)

Labial melanin incontinence (DA00.2)

Oral melanin incontinence (DA01.Y)

Occupational melanosis (EK5Y)

ED60.0 Physiological hypermelanosis

The response of normal skin to exposure to natural or artificial ultraviolet radiation.

ED60.00 Suntan

Increased melanin pigmentation of the skin as a result of exposure to natural sunlight.

ED60.01 Tanning due to exposure to artificial sources of ultraviolet radiation

Increased melanin pigmentation as a result of deliberate (sunbeds and tanning booths) or unintentional exposure to UV.

Exclusions: Burn from exposure to artificial source of ultraviolet radiation (EJ41)

ED60.1 Melasma

A common condition of incompletely understood aetiology characterised by patchy melanin pigmentation of the malar prominences, forehead and perioral skin. The pigmentation is exacerbated by sun exposure. Melasma is common in pregnancy and in women taking oral contraceptive preparations; it may, however, also be seen in men.

ED60.2 Postinflammatory hypermelanosis

Melanin pigmentation of the skin resulting from preceding cutaneous inflammation, particularly when this is centred on the dermo-epidermal junction as in lichen planus. Damage to melanocytes results in release of melanin into the dermis (pigmentary incontinence).

ED60.Y Hypermelanosis of other specified aetiology

ED60.Z Hypermelanosis of unspecified aetiology

ED61 Acquired melanotic macules or lentigines

Acquired discrete macules and flat patches of melanin skin pigmentation including freckles and lentigines.

Coded Elsewhere: Actinic lentigo (EJ20.1)

Actinic lentiginosis (EJ20.2)

PUVA lentiginosis (EM0Y)

ED61.0 Freckles

The presence of multiple ephelides (ephelis = freckle) as is commonly seen in sun-exposed skin of individuals with phototype I (sun-sensitive) skin. They occur as a profusion of light brown macules, particularly on the face and upper extremities, and become more prominent after sun exposure. In contrast to lenitigines there is no keratinocyte proliferation histologically.

ED61.1 Mucosal melanosis

Abnormal pigmentation of the mucous membranes

Coded Elsewhere: Labial melanotic macule (DA00.2)

Melanotic macule of oral mucosa (DA01.Y)

ED61.10 Penile melanotic macule

Discrete circumscribed area of macular hypermelanosis affecting the glans penis or the shaft of the penis. These are much commoner than melanoma of the penis but may be clinically suspected to be melanoma and thus require biopsy. By definition the cause is unknown.

ED61.11 Vulval melanotic macule

Benign genital melanosis affecting the vulva.

ED61.1Y Other specified mucosal melanosis

ED61.Y Other specified acquired melanotic macules or lentigines

ED62 Endogenous non-melanin pigmentation

Pigmentation of the skin resulting from endogenous pigments other than melanin. The most important of these is haemosiderin.

Coded Elsewhere: Endogenous ochronosis (5C50.10)

ED62.0 Haemosiderin pigmentation of skin

Dermal haemosiderin deposition causes a yellowish-brown or bronze discolouration of the skin. The deposition may be focal as seen following repeated extravasation of red blood cells (e.g. in association with venous hypertension or chronic vasculitis) or from generalised iron overload (e.g. haemochromatosis). Haemosiderin may stimulate melanogenesis and thus the colour is due to variable proportions of haemosiderin and melanin.

Coded Elsewhere: Hereditary haemochromatosis (5C64.10)

ED62.Y Other specified endogenous non-melanin pigmentation

ED63 Acquired hypomelanotic disorders

Acquired disorders characterised by diminution or loss of pigment from the skin. The most important of these is vitiligo.

ED63.0 Vitiligo

Vitiligo is an acquired pigmentary disorder of the skin and mucous membranes where progressive destruction of melanocytes results in loss of skin pigmentation. Half of all cases first appear before the age of 20. The clinical course is unpredictable but gradual extension of the areas involved is the norm. The disease may have a devastating psychological impact, particularly in people with dark skin.

Coded Elsewhere: Vitiligo of eyelid or periocular area (9A06.1)

ED63.1 Hypomelanosis due to exposure to chemicals

Loss of skin pigment due to exposure to depigmenting agents such as hydroquinone, which is frequently employed as a cosmetic skin lightener, and industrial chemicals such as 4-tert-butylcatechol (PTBC) and para-substituted phenols (PSP).

Coded Elsewhere: Occupational leukoderma (EK5Y)

ED63.2 Postinflammatory hypomelanosis

A reduction in skin pigmentation apparent following the resolution of skin inflammation. This may be from an inflammatory dermatosis such as dermatitis or lichen planus or may follow trauma or interventional procedures. The loss of pigment may cause significant psychological distress in dark-skinned individuals but in most cases is temporary.

Exclusions: Postinfective hypomelanosis (ED63)

ED63.3 Vogt-Koyanagi-Harada syndrome

Coded Elsewhere: Vogt-Koyanagi-Harada syndrome-associated anterior uveitis (9A96.1)

Posterior uveitis due to Vogt Koyanagi Harada syndrome (9B65.0)

ED63.Y Acquired hypomelanosis due to other specified disorder

ED63.Z Acquired hypomelanosis of unknown or unspecified aetiology

ED64 Abnormal skin pigmentation

Abnormal skin pigmentation without specification of type or cause.

ED6Y Other specified disorders of skin pigmentation

Disorders of hair (BlockL3‑ED7)

Coded Elsewhere: Genetic defects of hair or hair growth (EC21)

Developmental defects of hair or hair growth (LC30)

Trichotillomania (6B25.0)

Drug-induced hair abnormalities (EH72)

Self-inflicted hair-damaging disorder (6B25.Y)

ED70 Alopecia or hair loss

Disorders characterised by abnormal temporary or permanent loss of hair, particularly from the scalp and beard.

Coded Elsewhere: Madarosis of eyelid or periocular area (9A04.1)

ED70.0 Male pattern hair loss

Male pattern hair loss (common baldness; male androgenetic alopecia) is the result of a progressive, patterned hair loss mediated by exposure to androgens. Although over 90% of men demonstrate some degree of frontoparietal recession of the hairline by the age of 20, the extent of hair loss is genetically determined and only 30% of men ever develop extensive hair loss.

Inclusions: Common balding

ED70.1 Female pattern hair loss

Female pattern hair loss differs from male pattern hair loss not only in being generally less pronounced than in men but also by the fact that the normal frontal hair line is usually preserved. A quarter of women will develop clinically detectable pattern hair loss by the age of 70. In the majority of cases it can be attributed to the effects of androgens.

ED70.2 Alopecia areata

A microscopically inflammatory, usually reversible, patchy hair loss occurring in sharply defined areas and usually involving the beard or scalp

ED70.20 Patchy alopecia areata of scalp

The commonest form of alopecia areata in which one or more usually circular patches of scalp hair loss develop.

ED70.21 Alopecia totalis

Alopecia totalis is a form of alopecia areata in which hair loss extends to the entire scalp

ED70.2Y Other specified forms of alopecia areata

ED70.2Z Alopecia areata, unspecified

ED70.3 Telogen effluvium

Increased shedding of telogen hairs from the scalp. There are numerous triggers of which severe systemic illness and pregnancy are important examples.

Coded Elsewhere: Drug-induced telogen hair loss (EH72.00)

ED70.30 Acute telogen effluvium

Acute telogen effluvium is an acute-onset scalp hair loss that occurs two to three months after a triggering, often life-threatening, stress which interrupts normal anagen hair growth. It is commonly seen in survivors who have required intensive care for severe sepsis, blood loss, inflammatory disease or trauma. It may also result from acute starvation. Large numbers of anagen hairs are converted to telogen and are shed two to three months later resulting in a diffuse alopecia.

ED70.31 Postpartum telogen effluvium

A physiological phenomenon in which diffuse hair loss occurs two to three months following parturition. It is due to a postponement of the normal cyclical conversion of anagen hairs to telogen during pregnancy. After parturition a large number of anagen hairs are converted simultaneously to telogen and shed two to three months later. Normal hair cycling is then resumed.

ED70.3Y Telogen hair shedding due to other specified cause

ED70.4 Anagen effluvium

Anagen effluvium occurs after any insult to the hair follicle that impairs its mitotic or metabolic activity. Patients present with diffuse hair loss after an exposure to drugs or toxic chemicals. Chemotherapeutic agents are most commonly responsible for hair loss. The most severe hair loss occurs in association with doxorubicin, the nitrosoureas, and cyclophosphamide. Hair loss usually begins 7-14 days after a single pulse of chemotherapy. The hair loss is clinically most apparent after 1-2 months.

Coded Elsewhere: Drug-induced anagen effluvium (EH72.01)

ED70.5 Scarring alopecia

Hair loss in which there is irreversible damage to the hair follicle from inflammation, infection malignant infiltration or trauma, resulting in destruction of the follicle and repair by fibrosis. Regeneration does not occur once the follicle has been destroyed.

Inclusions: Cicatricial alopecia

Exclusions: Lichen planopilaris (EA91.2)

ED70.50 Folliculitis decalvans

Folliculitis decalvans is characterised by the progression of scalp folliculitis to extensive inflammation, follicular destruction and scarring. In a variant called tufted folliculitis the hairs become clumped into tufts containing a dozen or more hairs. In contrast to the course in the vast majority of people who develop a bacterial pustular folliculitis of the scalp, individuals with folliculitis decalvans appear unable to eradicate Staphylococcus aureus from the hair follicle even with appropriate antibiotic therapy. Recurrent pustulation with surrounding inflammation and scaling leads to extensive permanent scarring and loss of hair.

ED70.51 Dissecting cellulitis

Dissecting cellulitis is a destructive inflammatory disorder of the scalp characterised by widespread perifolliculitis with dermal abscess and sinus tract formation and extensive scarring. It occurs predominantly in black males aged between 18 and 40 years. It may be associated with hidradenitis suppurativa and acne conglobata (follicular occlusion triad), and with pilonidal sinus. Painful swellings develop around the vertex of the scalp and coalesce to form irregular undulating oedematous ridges and furrows. With time an extensive network of sinuses discharging pus may develop. Progressive scarring and permanent alopecia ensue.

Coded Elsewhere: Follicular occlusion syndrome (ED80.41)

ED70.5Y Scarring alopecia due to other specified cause

ED70.5Z Scarring alopecia of unknown or unspecified aetiology

ED70.Y Other specified alopecia or hair loss

ED70.Z Alopecia, unspecified

ED71 Hypertrichosis

Exclusions: congenital hypertrichosis (9B70)

Hirsutism and syndromes with hirsutism (ED72)

Coded Elsewhere: Hypertrichosis of eyelid (9A04.Y)

Naevoid hypertrichosis (LC30)

Acquired hypertrichosis lanuginosa (EL10)

Drug-induced hypertrichosis (EH72.Y)

ED72 Hirsutism and syndromes with hirsutism

Coded Elsewhere: Polycystic ovary syndrome (5A80.1)

Congenital adrenal hyperplasia (5A71.01)

HAIR-AN syndrome (5A44)

ED72.0 Constitutional hirsutism

Hirsutism in a person with normal endocrine and reproductive function. It is more prevalent in some ethnic groups (e.g. South Asian) than others.

ED72.1 Hirsutism associated with hyperandrogenaemia

Excessive male-pattern facial and body hair in women, mostly caused by PCOS, by hyperandrogenemia combined with normal ovulation, or idiopathically, after exclusion of androgen-secreting neoplasm, congenital adrenal hyperplasia and HAIR-AN syndrome. The severity of hirsutism can be assessed by the Ferriman-Gallwey score.

ED72.Z Hirsutism, unspecified

ED73 Acquired disorders of the hair shaft

ED73.0 Weathered hair

Weathered hair results from repetitive damage to the hair shaft from excessive sunlight, excessive wetting, chemical insults including hair cosmetics and physical damage. The hair appears dull and lustreless, fractures readily and may show "split ends".

ED73.1 Acquired changes in hair colour

Abnormal diffuse or circumscribed alterations in natural hair colour. Causes include drugs, idiopathic premature greying of the hair, differential shedding of pigmented hair in alopecia areata or hair pigment loss in association with vitiligo or regressing melanocytic naevi.

Coded Elsewhere: Drug-induced hair colour change (EH72.Y)

Segmental heterochromia of hair (LC30)

ED73.10 Premature canities

Premature greying of the hair, usually taken to mean before the age of 20 in Caucasians and before the age of 30 in Africans.

Inclusions: Premature greying of hair

ED73.11 Acquired poliosis

Circumscribed loss of hair pigment. This is most commonly associated with vitiligo (especially segmental vitiligo), alopecia areata or regressing melanocytic naevi. It is also a component of Vogt-Koyanagi-Harada syndrome and Alezzandrini syndrome.

Inclusions: Circumscribed loss of hair pigment

Coded Elsewhere: Acquired poliosis of eyelashes (9A04.Y)

ED73.Y Other specified acquired disorders of the hair shaft

ED7Y Other specified disorders of hair

Disorders of the hair follicle (BlockL3‑ED8)

This group incorporates disorders of the hair shaft and hair follicular unit including, for example, hirsutism, alopecia, acne and hidradenitis suppurativa.

Coded Elsewhere: Chronic deep bacterial folliculitis (1B75.4)

Acne and related disorders (BlockL4‑ED8)

A group of related disorders characterised by follicular occlusion and inflammation.

ED80 Acne

Acne without further specification.

Coded Elsewhere: Neonatal acne (KC21.0)

ED80.0 Comedonal acne

Acne in which the principal manifestation is the presence of open and/or closed comedones, respectively blackheads and whiteheads.

Exclusions: Actinic comedonal plaque (EJ20.0)

Comedo naevus (LC01)

ED80.1 Superficial mixed comedonal and papulopustular acne

Acne in which comedones are accompanied by small inflammatory papules and pustules

ED80.2 Papulopustular acne

Acne in which the principal manifestation is the presence of multiple small inflammatory papules and pustules.

ED80.3 Nodular acne

Acne in which large inflammatory nodules and fluid-filled cystic swellings as well as more superficial lesions are present. Systemic therapy with antibiotics or retinoids is usually required.

ED80.4 Severe inflammatory acne

Intensely inflammatory acne which may be acute (acne fulminans) or subacute and chronic (acne conglobata).

ED80.40 Acne fulminans

Acne fulminans is a severe systemic disease in which acute inflammatory acne with multiple follicular abscesses and skin ulceration is accompanied by fever, weight loss and arthralgia. It typically affects adolescent white males.

ED80.41 Acne conglobata

An uncommon chronic severe inflammatory form of acne characterised by the development of multiple abscesses and sinuses followed by extensive hypertrophic and atrophic scarring. It may be associated with spondyloarthropathy or with other follicular occlusive diseases including dissecting cellulitis of the scalp and hidradenitis suppurativa.

ED80.4Y Other specified severe inflammatory acne

ED80.4Z Severe inflammatory acne, unspecified

ED80.5 Acne scarring

Scarring resulting from acne, ranging from mild irregularity of the skin surface to highly disfiguring or functionally disabling distortion of normal skin anatomy.

Coded Elsewhere: Keloidal acne (EE60.Y)

ED80.6 Infantile acne

Infantile acne usually presents at 3–6 months of age but has been reported as late as 16 months. Male infants are affected more commonly than females and there may be a history of severe acne in one or more parents. It may last up to the age of five years. Both comedonal and inflammatory acne with papules, pustules and nodules may be seen; scarring may result.

ED80.Y Other specified acne

ED80.Z Acne, unspecified

ED81 Acneform inflammatory disorders

Disorders characterised by acne-like follicular inflammation.

Coded Elsewhere: Scalp folliculitis (EG30.0)

Acne or acneform reactions attributable to drugs (EH67)

Folliculitis keloidalis (EE60.Y)

ED81.0 Folliculitis cruris pustulosa atrophicans

A folliculitis prevalent in Sub-Saharan Africa due to the custom of applying of greasy ointments to the lower legs. It presents as an inflammatory folliculitis which may result in follicular scarring and atrophy.

ED81.1 Acneform reactions to halogenated aromatic hydrocarbons

Acne caused by exposure to halogenated hydrocarbons such as chlorinated naphthalene, dioxins and dibenzofurans. Numerous comedones and noninflammatory cysts are a common feature. The course is often chronic. Frequently affected body parts are the face, neck, axillae and groin area.

Inclusions: Chloracne

ED81.Y Other specified acneform inflammatory disorders

ED90 Rosacea and related disorders

ED90.0 Rosacea

The term rosacea encompasses a spectrum of changes that occur mainly in facial skin but may also involve the eyes. Most patients with rosacea have facial erythema and vascular instability which are variably associated with inflammatory papules and pustules, hypertrophic changes and ocular involvement. The cause of rosacea is unknown. It is doubtful that any single aetiological factor is responsible for the diverse features that comprise this disorder.

Coded Elsewhere: Posterior blepharitis (9A02.1)

Lymphoedematous rosacea (BD93.1Y)

ED90.00 Erythematotelangiectatic rosacea

Erythematotelangiectatic rosacea manifests as facial erythema and a flushing tendency affecting but not confined to the central face and forehead: the lateral cheeks, the ears and the sides of the neck may also be involved. It is commonest in fair-skinned individuals and tends to be made worse by exposure to wind and sunlight. With time permanent telangiectasia develops.

ED90.01 Papulopustular rosacea

Papulopustular rosacea is characterised, as the name implies, by erythematous papules and sterile pustules affecting facial skin. These are typically located on the cheeks, central chin, nose and central forehead. The perilesional skin is inflamed and may be oedematous. In contradistinction to papulopustular acne, comedones, nodules and cysts are not a feature.

ED90.02 Phymatous rosacea

The hallmark of phymatous rosacea is rhinophyma but the forehead, chin and ears may also be affected. It is characterised by hypertrophy of the affected tissue which can produce gross distortion, particularly of the nose. The pathological changes include a variably severe mixed inflammatory infiltrate, sebaceous gland hyperplasia and dermal fibrosis. The aetiology is poorly understood. It is not always accompanied by other features of rosacea.

ED90.0Y Other specified rosacea

ED90.1 Periorificial dermatitis

Periorificial dermatitis is a term which links two erythematous and papulopustular facial dermatoses that are strongly linked to prolonged potent topical corticosteroid use, namely perioral dermatitis and periocular dermatitis. It is characterised by the development of erythema, papules and pustules in perioral and periocular skin.

ED90.Y Other specified rosacea-like disorders

ED91 Disorders of the sebaceous gland

A group of disorders in which sebaceous gland size, location, anatomy or secretion is abnormal.

ED91.0 Heterotopic sebaceous glands

ED91.1 Sebaceous gland hyperplasia

ED91.2 Seborrhoea

The secretion of excessive amounts of sebum resulting in an excessively greasy skin, a situation which may cause considerable distress. It may be associated with a number of conditions including acne, acromegaly and Parkinson disease. It is not normally a prominent component of seborrhoeic dermatitis, which is an inflammatory dermatitis.

Exclusions: Seborrhoeic dermatitis and related conditions (EA81)

ED92 Disorders involving the apocrine follicular unit

A group of disorders involving apocrine glands and their associated follicular units. The most important of these is hidradenitis suppurativa.

ED92.0 Hidradenitis suppurativa

Hidradenitis suppurativa is a chronic disease characterised by recurrent, painful, deep-seated, rounded nodules and abscesses due to follicular occlusion with secondary inflammation and destruction of the pilo-sebaceo-apocrine apparatus and extension to the adjacent subcutaneous tissue. Subsequent hypertrophic scarring and suppuration of apocrine gland-bearing skin (axillae, groins, peri-anal and perineal regions) are the main clinical features. Infection and hormonal influence are described but are not the primary pathogenetic factor: the exact aetiology remains unknown. Obesity is common and is associated with more severe disease. The main complications are fistulae, arthropathy, carcinoma and amyloidosis.

ED92.1 Apocrine sweat disorders

Disorders in which apocrine secretion is abnormal or obstructed.

Exclusions: Hidradenitis suppurativa (ED92.0)

ED9Y Other specified disorders involving the hair follicle

Disorders of eccrine sweat glands or sweating (BlockL3‑EE0)

This group incorporates disorders characterised by increased or reduced sweating (hyper- and hypohidrosis respectively), and by eccrine duct occlusion (miliaria).

EE00 Hyperhidrosis

Excessive sweating. In the localised type, the most frequent sites are the palms, soles, axillae, inguinal folds, and the perineal area. Emotional factors may play a part. generalised hyperhidrosis may be induced by a hot, humid environment, by fever, or by vigorous exercise.

Inclusions: Excessive sweating

EE00.0 Localised hyperhidrosis

Excessive sweating in specific and localised sites.

EE00.00 Palmoplantar hyperhidrosis

Excessive sweating of palms and soles. This is usually bilateral. Palmar hyperhidrosis may be triggered by emotional stress but, in severe cases, can be continuous and cause major disability by inhibiting normal social interaction and interfering with everyday tasks such as writing, preparing food or handling papers. Plantar hyperhidrosis may accompany palmar hyperhidrosis but may occur independently.

EE00.01 Axillary hyperhidrosis

Excessive axillary sweating, sometimes in response to emotional stress but often persistent and disabling.

EE00.02 Craniofacial hyperhidrosis

Excessive sweating involving the scalp, face and/or neck.

EE00.0Y Other specified localised hyperhidrosis

EE00.0Z Localised hyperhidrosis, unspecified

EE00.1 Primary generalised hyperhidrosis

Primary generalised hyperhidrosis is characterised by sweating that exceeds the amount necessary to maintain thermal regulation.

Coded Elsewhere: Cold-induced sweating syndrome (8C21.Y)

EE00.Z Hyperhidrosis, unspecified

EE01 Hypohidrosis

Abnormally diminished or absent perspiration. Both generalised and segmented (reduced or absent sweating in circumscribed locations) forms of the disease are usually associated with other underlying conditions.

Coding Note: Code aslo the casusing condition

Inclusions: Impaired sweating

EE01.0 Hypohidrosis attributable to defective sudomotor innervation or function

Coding Note: Code aslo the casusing condition

EE01.1 Hypohidrosis due to genetic abnormalities of eccrine gland structure or function

Hypohidrosis due to a heritable disorder of sweat gland or duct development. Sweating may be severely diminished or absent due to a paucity or absence of eccrine glands or to defective autonomic innervation. An absence of sweating leads to an inability to thermoregulate by evaporative cooling, and hyperthermia can occur with physical exertion or in a warm environment.

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Hereditary sensory and autonomic neuropathy type IV (8C21.2)

EE01.2 Hypohidrosis of undetermined aetiology

Reduced or absent sweating for which no explanation has been found.

EE01.Y Other specified forms of hypohidrosis

Coding Note: Code aslo the casusing condition

EE01.Z Hypohidrosis, unspecified

Coding Note: Code aslo the casusing condition

EE02 Miliaria

Miliaria is a common skin disorder resulting from occlusion of eccrine sweat ducts. It is precipitated by hot, humid conditions.

EE02.0 Neonatal miliaria

EE02.Y Other specified forms of miliaria

EE0Y Other specified disorders of eccrine sweat glands or sweating

Disorders of the nail or perionychium (BlockL3‑EE1)

Disorders affecting the nail and surrounding tissues

Coded Elsewhere: Genetic defects of nails or nail growth (EC22)

EE10 Acquired deformities of the nail plate

Acquired abnormalities of nail shape, surface, thickness or adhesion

EE10.0 Abnormality of nail shape

EE10.1 Abnormality of nail surface

EE10.10 Nail pitting

Coded Elsewhere: Psoriatic nail pitting (EA90.51)

EE10.1Y Other specified abnormality of nail surface

EE10.2 Onycholysis

Coded Elsewhere: Psoriatic onycholysis (EA90.51)

Drug-induced onycholysis (EH73)

EE10.3 Nail hypertrophy

Coded Elsewhere: Psoriatic nail hypertrophy (EA90.51)

Drug-induced nail hypertrophy (EH73)

EE10.4 Nail atrophy

EE10.5 Nail dystrophy, not otherwise specified

EE10.Y Other specified acquired deformities of the nail plate

EE11 Acquired abnormalities of nail colour

Coded Elsewhere: Pseudomonas infection of nail (EE12.Y)

Drug-induced nail pigmentation (EH73)

EE11.0 Melanonychia

Melanin pigmentation of the nail plate. This may be of no significance but may signify the presence of melanoma arising from the nail matrix

EE11.1 Yellow nail syndrome

Yellow nail syndrome is characterised by yellow, dystrophic, thick and slowly growing nails, associated with lymphoedema and respiratory involvement. Less than 100 cases have been described. Lymphoedema occurs more often in the lower limbs. It can appear at birth or later in life. Onset generally follows the onset of ungual abnormalities. Patients usually suffer from chronic bronchitis and in some cases, from chronic sinusitis, bronchiectasia and recurring pneumonitis. They can also present with pleural effusion (30% of cases) and bronchial hyperreactivity. Most cases are sporadic. However, familial forms have been described. Aetiology is unknown.

EE11.Y Other abnormalities of nail colour

EE12 Infections of the nail or perionychium

Infections involving the nail or perionychium for which no information on the infecting organism is available.

Coded Elsewhere: Candidosis of nail or paronychium (1F23.13)

Paronychial herpes simplex infection (1F00.0Y)

EE12.0 Acute bacterial paronychia

Acute bacterial paronychia is an acute infection, usually by Staphylococcus aureus, of the paronychial tissues of a digit. It may result from local injury, e.g. a thorn prick in a lateral nail groove, a splinter, torn hangnails or nail biting, but also occurs frequently as an episode during the course of chronic paronychia, when other organisms may be involved, including streptococci, Pseudomonas aeruginosa, coliform organisms and Proteus vulgaris.

Inclusions: Whitlow

Exclusions: Herpetic whitlow (1F00.0)

EE12.1 Onychomycosis

Fungal infection of fingernails and/or toenails due most commonly to dermatophytes (tinea unguium) or yeasts, especially Candida species.

Inclusions: Fungal infection of the nails

Exclusions: Candidosis of nail or paronychium (1F23.13)

Coded Elsewhere: Onychomycosis due to non-dermatophyte mould (1F2D.5)

Dermatophytosis of nail (1F28.1)

Candida onychomycosis (1F23.13)

EE12.Y Other specified infections of the nail or perionychium

EE13 Certain disorders affecting the nails or perionychium

Abnormalities of the nails and perionychium (the soft tissues surrounding the nail plate including the matrix, nail folds, eponychium and hyponychium) which are not classified elsewhere.

Coded Elsewhere: Drug-induced nail abnormalities (EH73)

Nail psoriasis (EA90.51)

Lichen planus of the nails (EA91.5)

Subungual haematoma (NC50)

Traumatic injury to nail bed or matrix of nail of foot (ND10)

Traumatic injury to nail bed or matrix of nail of hand (NC50)

Alopecia areata of the nails (ED70.2Y)

EE13.0 Nail fragility

A range of nail disorders in which the integrity of the nail plate is disturbed.

Coded Elsewhere: Drug-induced nail fragility (EH73)

EE13.1 Ingrowing nail

EE13.10 Ingrowing toenail

EE13.11 Infected ingrowing toenail

EE13.2 Chronic paronychia

Coded Elsewhere: Candida paronychia (1F23.13)

EE13.3 Nail disorder associated with specified dermatosis

Abnormality of the nail plate attributable to other specified skin disease.

Coding Note: Code aslo the casusing condition

Exclusions: Lichen planus of the nails (EA91.5)

Nail psoriasis (EA90.51)

Alopecia areata of the nails (ED70.2)

EE13.4 Nail disorder associated with specified systemic disease

Nail dystrophy attributable to systemic disorder. A wide range of systemic disorders may produce abnormalities of the nails.

Coding Note: Code aslo the casusing condition

EE13.5 Eczematous nail dystrophy

Nail dystrophy attributable to eczema affecting paronychial tissues.

EE13.Y Other specified nail disorder

EE1Y Other specified disorders of the nail or perionychium

EE1Z Disorders of the nail or perionychium, unspecified

Disorders of epidermal integrity (BlockL3‑EE2)

Coded Elsewhere: Diabetic bullae (EB90.0)

EE20 Acute cutaneous distension syndrome

A common sequela of acute oedema, especially of the lower extremities. It manifests as blisters, which may be mistaken for an immunobullous disorder, (acute oedema blisters); or as superficial fissuring and inflammation of the skin (eczéma craquelé).

EE21 Epidermal fragility

Epidermal fragility of unknown or unspecified cause resulting in reduced resistance to mechanical stress and manifesting as abnormal fissuring, erosion or blistering of the skin surface.

Disorders of the dermis and subcutis (BlockL2‑EE4)

This group incorporates disorders of dermal connective tissue, dermal histiocytic and granulomatous disorders and disorders affecting subcutaneous fat.

Coded Elsewhere: Cutaneous mastocytosis (2A21.1)

Disorders of cutaneous connective tissue (BlockL3‑EE4)

Skin disorders attributable to abnormalities affecting dermal and subcutaneous collagen, elastin and other connective tissue components.

Coded Elsewhere: Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40-EC4Y)

EE40 Atrophy or degeneration of dermal or subcutaneous connective tissue

A heterogeneous group of disorders resulting from atrophic and degenerative changes in dermal and subcutaneous collagen and elastin.

Coded Elsewhere: Actinic elastosis (EJ20.0)

EE40.0 Corticosteroid-induced skin atrophy

EE40.1 Stretch marks

Linear scars attributable to rupture of the normal dermal matrix from distension by abnormal physical forces (pregnancy, obesity, pubertal growth spurt), increased collagenase activity (corticosteroids) or as a result of genetically abnormal dermal matrix proteins.

EE40.10 Stretch marks of pregnancy

EE40.1Y Stretch marks of other specified aetiology

EE40.2 Atrophic scarring of the skin

The process whereby healing of damaged skin results in a reduction of dermal thickness as well as scarring, thus the counterpart of hypertrophic scarring.

Coded Elsewhere: Atrophic surgical scar (EL50.2)

EE40.3 Skin fragility

Fragility of the skin due principally to genetic or acquired abnormalities of dermal matrix proteins.

Exclusions: Epidermal fragility (EE21)

Coded Elsewhere: Skin fragility of prematurity (KC30)

EE40.30 Genetically-determined skin fragility

Coded Elsewhere: Purpura or bruising due to genetically-determined skin fragility (EE40.32)

EE40.31 Age-related skin fragility

EE40.32 Purpura or bruising due to vascular fragility

Purpura due to leakage or rupture of abnormally fragile cutaneous blood vessels.

Coded Elsewhere: Scorbutic purpura (5B56.0)

EE40.Y Other specified atrophy or degeneration of dermal or subcutaneous connective tissue

EE40.Z Atrophy or degeneration of dermal or subcutaneous connective tissue, unspecified type

EE41 Abnormalities of dermal elastin

Coded Elsewhere: Blepharochalasis (9A06.8)

Pseudoxanthoma elasticum (EC40)

Granulomatous slack skin (2B01)

EE41.0 Cutis laxa

Cutis laxa is the term used for a group of inherited and acquired conditions in which abnormalities of elastic fibres result in loose, redundant, hypoelastic skin. Typically, the skin can easily be pulled away from underlying tissue and only slowly returns to its original position. Unlike some conditions in the differential diagnosis, cutis laxa is not characterised by spontaneous bruising or abnormal scarring. Redundant skin is often most noticeable on the neck, hands, and groin, but can also be seen on the face, creating a premature aging appearance.

Coded Elsewhere: Genetically-determined cutis laxa (LD28.2)

EE41.1 Anetoderma

A condition presenting as focal areas of thinned, flaccid skin and resulting from focal defects in dermal elastin. The involved skin is often elevated above the surrounding normal skin but can be depressed. The condition may be primary and without identifiable cause or may be a sequela of a large number of different conditions which may damage elastin in the dermis.

EE41.Y Other specified dermatoses characterised by abnormal dermal elastin

Poikiloderma (BlockL4‑EE5)

Poikiloderma is defined as a combination of skin atrophy, pigmentation and telangiectasia. It is a component of a number of genetic syndromes, of certain non-organ-specific systemic autoimmune disorders and may follow skin injury including from radiotherapy.

Coded Elsewhere: Genetic syndromes with poikiloderma (EC10)

Poikiloderma vasculare atrophicans (EK91.1)

EE50 Acquired poikiloderma

Coded Elsewhere: Poikiloderma following radiotherapy (EL61)

Poikiloderma of Civatte (EK20)

Fibromatoses and keloids (BlockL4‑EE6)

A heterogeneous group of disorders characterised by pathologically increased deposition of fibrous tissue in the skin and subcutaneous tissues.

EE60 Keloid or hypertrophic scars

Keloid and hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. Keloid scars often develop apparently spontaneously after minor injury or inflammation and expand beyond the boundary of that initial injury or inflammation. Hypertrophic scars on the other hand remain confined to the area of injury or inflammation and may undergo spontaneous resolution.

EE60.0 Keloid

A keloid is a progressively enlarging scar resulting from formation of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. It differs from a hypertrophic scar in that a keloid expands beyond the boundaries of the initial wound or site of inflammation.

Coded Elsewhere: Keloidal surgical scar (EL50.0)

EE60.00 Ear-lobe keloid

A common type of keloid which usually follows ear-piercing

EE60.0Y Other specified keloid

EE60.0Z Keloid, unspecified

EE60.1 Hypertrophic scar

Hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. In contrast to keloid scars, they do not expand beyond the boundary of the initial injury or inflammation and may undergo spontaneous resolution.

Coded Elsewhere: Hypertrophic surgical scar (EL50.1)

EE60.Y Other specified keloidal disorders

EE61 Superficial fibromatoses

Coded Elsewhere: Palmar fascial fibromatosis (FB51.0)

Knuckle pads (FB51.1)

Penile fibromatosis (GB06.2)

Plantar fascial fibromatosis (FB51.Y)

Fibro-osseous pseudotumour of the digit (FB51.Y)

EE6Y Other specified fibromatous disorders of skin and soft tissue

EE70 Perforating dermatoses

A group of skin disorders characterised by trans-epidermal elimination of abnormal matter, especially collagen or elastin, from the dermis to the exterior.

Coded Elsewhere: Perforating granuloma annulare (EE80.0)

EE70.0 Acquired perforating dermatosis

A condition commonly seen in association with longstanding diabetes mellitus, particularly in association with renal failure, in which multiple large follicular and non-follicular keratotic papules develop on the trunk and limbs. Trauma from scratching pruritic skin may be the initiating event leading to transepidermal elimination of degenerate collagen and elastic fibres from the dermis.

EE70.Y Other specified perforating dermatoses

EE7Y Other specified disorders of cutaneous connective tissue

Histiocytic-granulomatous disorders of the skin (BlockL3‑EE8)

A range of disorders characterised by the presence of increased numbers of histiocytes in the skin as a result of granulomatous inflammation or histiocytic infiltration.

Coded Elsewhere: Cutaneous sarcoidosis (4B20.5)

Crohn disease of anal region (DD70.4)

Langerhans cell histiocytosis involving the skin (2B31.20)

EE80 Necrobiotic granulomatous skin disorders

EE80.0 Granuloma annulare

A common inflammatory disorder in which granulomatous inflammation surrounds foci of degenerate dermal collagen. It presents clinically as dermal papules and annular plaques. It may be localised, especially over bony prominences, or generalised. The cause is unknown.

EE80.1 Necrobiosis lipoidica

Necrobiosis lipoidica is an uncommon skin condition in which degenerate dermal collagen is surrounded by a granulomatous inflammatory response to produce shiny, red-brown or yellowish patches in the skin, particularly on the shins. In severe cases the affected skin may ulcerate. It is associated in the majority of but not all cases with underlying diabetes mellitus, the onset of which it may precede.

EE81 Dermal dendrocyte, Class IIa histiocytoses

A sub-class of cutaneous histiocytic disorders involving dermal dendritic cells.

Inclusions: Non-Langerhans cell histiocytoses of dermal dendrocyte lineage

Coded Elsewhere: Juvenile xanthogranuloma (2B31.0)

Erdheim-Chester disease (2B31.Y)

EE8Y Other specified histiocytic and granulomatous disorders of the skin

Benign dermal lymphocytic or lymphoplasmacytic infiltrations or proliferations (BlockL3‑EE9)

EE90 Benign lymphocytic infiltration of the skin

Benign lymphocytic infiltration of Jessner is a chronic benign T-cell lymphoproliferative disorder characterised by the presence of non-scarring red tumid nodules, usually on facial skin. It may be difficult to distinguish from cutaneous lupus erythematosus.

Inclusions: Jessner lymphocytic infiltration

EE91 Lymphocytoma cutis

Lymphocytoma cutis is a benign, cutaneous B-cell lymphoproliferative disorder. It presents as papules, nodules or plaques usually on the head and neck and pursues a chronic course. It occurs as a response to known or unknown antigenic stimuli that result in the accumulation of lymphocytes and other inflammatory cells.

Inclusions: Benign cutaneous lymphoid hyperplasia

Coded Elsewhere: Borrelial lymphocytoma cutis (1C1G.14)

Disorders of subcutaneous fat (BlockL3‑EF0)

Coded Elsewhere: Neonatal disorders of subcutaneous fat (KC22)

EF00 Panniculitis

Panniculitis is the name given to a heterogeneous group of diseases all characterised by inflammation of subcutaneous adipose tissue.

Exclusions: Calcific panniculitis (EB90.41)

Coded Elsewhere: Erythema nodosum (EB31)

Lipodermatosclerosis (BD74.2)

Cold panniculitis of the newborn (KC22.1)

Alpha-1 antitrypsin deficiency panniculitis (5C5A)

Lupus panniculitis (EB51.Y)

Erythema induratum (EF40.2Y)

Cytophagic histiocytic panniculitis (EE8Y)

Gouty panniculitis (FA25.2Y)

EF00.0 Pancreatic enzyme panniculitis

EF00.Y Panniculitis of other specified aetiology

EF00.Z Panniculitis of undetermined or unspecified etiology

EF01 Lipoatrophy or lipodystrophy

Hereditary or acquired disorders characterised by loss of subcutaneous fat.

Coded Elsewhere: Genetic lipodystrophy (LD27.6)

EF01.0 Acquired partial lipodystrophy

Acquired partial lipodystrophy, or Barraquer-Simons syndrome, is characterised by the association of lipoatrophy of the upper part of the body and lipohypertrophy of the thighs.

EF01.1 Localised lipoatrophy and lipodystrophy

Localised lipodystrophies covers a heterogeneous group of conditions characterised by loss of subcutaneous tissue from small regions of the body.

EF01.Y Other specified forms of lipodystrophy and lipoatrophy

EF01.Z Lipodystrophy of unspecified type

EF02 Certain noninflammatory disorders of subcutaneous fat

EF02.0 Fat hypertrophy

Focal hypertrophy of subcutaneous adipose tissue. It is a common sequela of long-term insulin injection into the skin.

EF02.1 Subcutaneous lipomatosis

Diffuse infiltration of the subcutis by non-encapsulated adipose tissue.

EF02.2 Lipoedema

Lipoedema is characterised by non-pitting diffuse "fatty" swelling, usually confined to the legs, thighs, hips and upper arms. It may be confused with lymphoedema. Lipoedema may also occur in the scalp.

Coded Elsewhere: Lipo-lymphoedema (BD93.1Y)

EF02.3 Cellulite

Cellulite is a common architectural derangement of subcutaneous adipose tissue which results in dimpling and nodularity of the overlying skin. It is seen most commonly in postpubertal women and affects principally the pelvic region, lower limbs, and abdomen. It is thought to result from herniation of multiple small aggregates of subcutaneous fat through the fibrous tissue at the dermohypodermal junction. Obesity predisposes to but is not necessary for its development. The term is in widespread use but is misleading as it has nothing to do with cellulitis. The condition is asymptomatic but may cause considerable embarrassment.

EF02.Y Other specified noninflammatory disorders of subcutaneous fat

EF0Y Other specified disorders of subcutaneous fat

Disorders of cutaneous blood and lymphatic vessels (BlockL2‑EF2)

Coded Elsewhere: Malformations involving cutaneous lymphatic vessels

Oedema of skin or soft tissues

Superficial thrombophlebitis (BD70)

Lower limb deep vein thrombosis (BD71.4)

Lymphoedema (BD93)

Venous varicosities of sites other than lower extremity (BD75)

Malformations involving cutaneous blood vessels (BlockL3‑EF2)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

EF20 Acquired malformations of cutaneous blood vessels

Coded Elsewhere: Erythematotelangiectatic rosacea (ED90.00)

Actinic telangiectasia (EJ20.3)

Lower limb superficial venous ectasia (BD74.0)

EF20.0 Venous lake

EF20.1 Angiokeratoma

Angiokeratomas are acquired vascular lesions that result from the ectatic dilatation of pre-existing vessels in the papillary dermis, accompanied by hyperkeratotic epidermis. There are several clinical variants: solitary papular angiokeratoma, angiokeratoma corporis diffusum, angiokeratoma of Mibelli and angiokeratoma of Fordyce, amongst which the last, in which the lesions are located on the vulva or scrotum, is the most common.

Coded Elsewhere: Angiokeratoma corporis diffusum (5C56.01)

EF20.2 Lower limb venous telangiectases

Finely dilated superficial veins of lower limbs resulting from chronic venous hypertension.

EF20.3 Spider telangiectasis

A benign vascular ectasia consisting of a central dilated terminal arteriole from which radiate several ectatic capillaries, giving rise to a spider-like appearance.  They occur most commonly on the upper trunk and proximal upper limbs.   Large numbers may develop in association with pregnancy or liver disease.

Exclusions: Lower limb venous telangiectases (EF20.2)

EF20.4 Generalised essential telangiectasia

EF20.Y Other specified acquired malformations of cutaneous blood vessels

EF20.Z Acquired malformations of cutaneous blood vessels, unspecified

EF2Z Cutaneous vascular malformation, unspecified

Purpura or bruising (BlockL3‑EF3)

Purpura is a non-blanchable multifocal purple skin discolouration due to bleeding into the skin and manifested as petechiae (pinpoint foci of intradermal haemorrhage) and ecchymoses (larger areas of intradermal haemorrhage). It has many causes and may be the presenting sign of diseases as diverse as thrombocytopenia, primary amyloidosis, meningococcal septicaemia and scurvy. It will often be accompanied by haemorrhage into the subcutaneous tissues (spontaneous bruising or haematoma).

Coded Elsewhere: Purpura due to disorders of platelets

Purpura or bruising due to vascular fragility (EE40.32)

Painful bruising syndrome (ED02)

EF30 Purpura or bruising due to disorders of coagulation

Purpura resulting from genetically-determined or acquired deficiencies or dysfunction of clotting factors.

EF31 Traumatic purpura

Purpura and bruising attributable to trauma which may be self-induced (as from rubbing itchy skin), due to friction from clothing or due to man-handling, particularly of debilitated elderly patients.

EF3Y Other specified purpura

EF3Z Purpura of unspecified aetiology

EF40 Vasculitis or capillaritis involving the skin

A range of conditions characterised by inflammation of cutaneous blood vessels with or without extravasation of red blood cells into the interstitium.

Coded Elsewhere: Giant cell arteritis (4A44.2)

Mucocutaneous lymph node syndrome (4A44.5)

Sneddon syndrome (4A44.6)

Thromboangiitis obliterans (4A44.8)

Pityriasis lichenoides (EA93)

Vasculitis associated with probable aetiology (4A44.Y)

EF40.0 Capillaritis

Capillaritis results from extravasation of red blood cells from leaky capillaries into the dermis and manifests initially as a finely stippled pink to purple purpura, most commonly affecting the lower limbs. As iron is released and converted into haemosiderin, the skin stains gold or brown. Various patterns of capillaritis have been described and given separate names depending on the distribution, time course, extent and degree of pigmentation and presence or otherwise of epidermal thickening. The underlying processes involved in all these variants is very similar and of unknown cause. Histology may show mild inflammation around capillaries but no vasculitis.

Inclusions: Pigmented purpura

Exclusions: Pulmonary capillaritis (CB04.4)

EF40.1 Vasculitis affecting small cutaneous blood vessels

Coded Elsewhere: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)

Cryoglobulinaemic vasculitis (4A44.90)

IgA vasculitis (4A44.92)

Acute haemorrhagic oedema of infancy (EH40.3)

Cutaneous leukocytoclastic vasculitis (4A44.B0)

EF40.10 Urticarial vasculitis

An uncommon form of cutaneous leucocytoclastic vasculitis manifested by urticarial weals which, in contrast to those of chronic urticaria, are long-lasting and painful rather than itchy. A cause is often not identified. It may be associated with hypocomplementaemia and systemic inflammation (hypocomplementaemic urticarial vasculitis).

Coded Elsewhere: Hypocomplementaemic urticarial vasculitis (4A44.91)

EF40.1Y Other specified vasculitis affecting small cutaneous blood vessels

EF40.2 Localised cutaneous vasculitis

A heterogeneous group of uncommon, predominantly chronic inflammatory dermatoses, each with a characteristic limited distribution, which all exhibit vasculitis on histopathological examination.

EF40.20 Granuloma faciale

EF40.2Y Other specified localised cutaneous vasculitis

EF40.Z Cutaneous vasculitis unspecified

Dermatoses attributable to hyperviscosity or microvascular occlusion (BlockL3‑EF5)

A range of disorders characterised by vascular occlusion but attributable not to primary vascular inflammation but to intravascular occlusion.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)

Antiphospholipid syndrome (4A45)

Disseminated intravascular coagulation (3B20)

Cryoglobulinaemic vasculitis (4A44.90)

EF50 Livedoid vasculopathy

EF5Y Other specified dermatoses attributable to hyperviscosity or microvascular occlusion

Dermatoses resulting from vascular insufficiency (BlockL3‑EF6)

EF60 Ischaemic ulceration of skin

Coding Note: Code aslo the casusing condition

Dermatoses due to venous disease (BlockL4‑EF7)

Coded Elsewhere: Venous leg ulcer (BD74.3)

Lipodermatosclerosis (BD74.2)

EF70 Lower limb venous eczema

A pruritic inflammatory dermatitis affecting the lower legs and ankles of individuals with lower limb venous hypertension. It may become acutely exudative, when the possibility of superimposed allergic contact dermatitis should be considered. Treatment of the associated venous hypertension is an important part of management. Venous eczema is not necessarily associated with the presence of varicose leg veins.

EF7Y Other specified dermatoses due to venous disease

EF7Z Dermatoses due to venous disease, unspecified

EF9Y Other specified dermatoses resulting from vascular insufficiency

Functional vascular disorders of the skin (BlockL3‑EG0)

Skin disorders due to disturbances in vascular tone and skin blood flow.

EG00 Vasodilatation of extremities

Disorders due to failure of normal vasoconstrictive mechanisms in the cutaneous vasculature.

EG01 Vasoconstriction of extremities

Disorders characterised by peripheral vasospasm including Raynaud disease and ergotism.

Coded Elsewhere: Raynaud phenomenon (BD42)

EG02 Flushing disorders

Coded Elsewhere: Carcinoid syndrome (5B10)

Flushing (ME64.4)

Menopausal hot flush (GA30.4)

Skin disorders involving certain specific body regions (BlockL1‑EG3)

Skin disorders involving the head and neck (BlockL2‑EG3)

Dermatoses specific to the scalp; external ear; the eyes, eyelids and eyebrows; the lips and oral cavity; and to dermatoses specific to the skin of the head and neck

Coded Elsewhere: Dermatoses of the eye, eyelids or eyebrows

Dermatoses of the lips or oral cavity

EG30 Skin disorders localised to the scalp

Skin disorders affecting preferentially or exclusively the scalp.

Coded Elsewhere: Dermatophytosis of scalp (1F28.0)

Seborrhoeic dermatitis of the scalp (EA81.1)

Scalp psoriasis (EA90.50)

Contact dermatitis of scalp (EK5Y)

Lichen planopilaris of scalp (EA91.2)

Chronic cutaneous lupus erythematosus of scalp (EB51.Y)

Scalp pruritus (EC90.Y)

Cutis verticis gyrata (EE7Y)

Lipoedema of the scalp (EF02.2)

Aplasia cutis congenita of scalp (LC60)

Hereditary hypotrichosis of scalp (EC21.2)

EG30.0 Scalp folliculitis

A non-scarring chronic superficial folliculitis of the scalp that is typically characterised by multiple minute, very itchy pustules within the scalp and which has in the past been termed acne necrotica miliaris. The cause is not well understood but an inflammatory response to Propionibacterium acnes has been postulated.

EG30.1 Erosive pustular dermatosis of scalp

Erosive pustular dermatosis of the scalp is a distinctive scalp disorder of the elderly characterised by the development of sterile pustules, erosions and crusts in areas of chronically sun-damaged scalp skin. Local trauma may also play an aetiological role. It normally responds to high-potency topical corticosteroids.

EG30.2 Pityriasis amiantacea

Pityriasis amiantacea refers to a reaction pattern on the scalp where large adherent are attached to the growing hairs and overlap like tiles on a roof. The abnormality may be localised and confined to a small patch or widespread involving the entire scalp. The underlying scalp is often moist and inflamed. The condition may occur on its own or may be associated with inflammatory disorders such as seborrhoeic dermatitis and psoriasis or with underlying dermatophytosis (tinea capitis).

EG30.Y Other specified scalp disorders not elsewhere classifiable

Disorders of the external ear involving the skin (BlockL3‑EG4)

Coded Elsewhere: Dermatitis or eczema of external ear

Otitis externa (AA10-AA3Z)

Acquired deformity of pinna (AA41)

Inflammatory disorders of the external ear (BlockL4‑EG4)

Coded Elsewhere: Chronic otitis externa (AA13)

Acute noninfectious otitis externa (AA11)

Seborrhoeic otitis externa (AA10)

EG40 Contact dermatitis of external ear

Contact dermatitis of external ear may be due to irritants or allergy. Antimicrobial aural preparations are common causes of allergic contact dermatitis.

Coded Elsewhere: Irritant contact dermatitis of external ear (EK02.10)

EG40.0 Allergic contact dermatitis of external ear

Allergic contact dermatitis affecting the external ear.

EG4Y Other specified inflammatory disorder of external ear

EG4Z Inflammatory disorder of external ear, unspecified

Skin disorders involving the genital and perianal regions (BlockL2‑EG6)

Coded Elsewhere: Dermatoses of male genitalia (GA80-GA81.Y)

Dermatoses of female genitalia (GA40-GA4Y)

Dermatoses of the anus, perianal area or perineum (BlockL3‑EG6)

Disorders affecting the skin of and surrounding the anus including the intergluteal cleft and genitocrural folds.

Coded Elsewhere: Perianal lichen simplex (EA83.02)

Herpes simplex infection of perianal skin or rectum (1A94.1)

Anal warts (1A95.0)

Primary anal syphilis (1A61.1)

Drug-induced anal ulceration (EH76.Y)

EG60 Anal pruritus

Anal pruritus is irritation of the skin at the anal margin and surrounding perianal skin which results in the desire to scratch.

EG61 Infections of the anus or perianal skin

EG62 Inflammatory dermatoses of the perianal area

Coded Elsewhere: Crohn disease of anal region (DD70.4)

Dermatitis or eczema of perianal area (EA87.2)

Perianal psoriasis (EA90.53)

Hidradenitis suppurativa of anogenital region (ED92.0)

EG63 Sacrococcygeal pilonidal disease

Pilonidal disease describes a spectrum of clinical presentations, ranging from asymptomatic hair-containing cysts and sinuses to large symptomatic abscesses of the sacrococcygeal area which tend to recur. It is found predominantly in white males in their second and third decades and is thought to result from penetration of hair into the tissues with the formation of sinuses and a foreign-body granulomatous response. Risk factors for pilonidal disease include male gender, Caucasian ethnicity, sitting occupations, obesity, a deep natal cleft, and presence of hair within the natal cleft.

EG63.0 Sacrococcygeal pilonidal sinus

EG63.1 Sacrococcygeal pilonidal cyst

EG63.2 Sacrococcygeal pilonidal abscess

EG7Y Other specified skin disorders involving the genital and perianal regions

EG9Y Skin disorders involving other specific body regions

EG9Z Skin disorders involving certain specific body regions, unspecified

Skin disorders associated with pregnancy, the neonatal period and infancy (BlockL1‑EH1)

Dermatoses which are either specific to or occur predominantly in pregnancy, the neonatal period or the first few months of life

Coded Elsewhere: Pregnancy dermatoses (JA65.1)

Diseases of the skin or subcutaneous tissue complicating pregnancy, childbirth or the puerperium (JB64.7)

Skin disorders specific to the perinatal or neonatal period (BlockL2‑EH1)

This group incorporates both skin disorders of the neonate and other disorders of the neonate with skin manifestations

Coded Elsewhere: Prenatally acquired infections with neonatal skin manifestations

Inflammatory dermatoses of the newborn (KC21)

Neonatal dermatoses due to maternal antibodies (KA07)

Neonatal nutritional disorders affecting the skin (KC24)

Neonatal disorders of subcutaneous fat (KC22)

Neonatal disorders of the oral mucosa (KC23)

Skin disorders associated with prematurity (KC30-KC3Y)

Iatrogenic injuries involving the skin of the neonate (KC50-KC7Y)

Miscellaneous skin disorders in the neonate (KC40)

Neonatal skin infection (BlockL3‑EH1)

Any condition of the skin affecting neonates, caused by an infection with a bacterial, viral, fungal, or parasitic source.

EH10 Neonatal viral infections involving the skin

Coded Elsewhere: Perinatal Herpes simplex infection (KA62.A)

Disseminated perinatal varicella (KA62.2)

Mucocutaneous perinatal varicella (KA62.2)

EH11 Neonatal pyogenic skin infections

Coded Elsewhere: Neonatal necrotising fasciitis (1B71.2)

EH12 Neonatal fungal infections involving the skin

EH1Z Neonatal skin infection, unspecified

EH3Y Other specified skin disorders specific to the perinatal or neonatal period

EH40 Dermatoses of infancy

Exclusions: Syndromes with skin or mucosal anomalies as a major feature (LD27)

Congenital malformations affecting the skin (BlockL2‑LC0)

Coded Elsewhere: Infantile atopic eczema (EA80.0)

Infantile acne (ED80.6)

Infantile papular acrodermatitis (EA12)

EH40.0 Infantile seborrhoeic dermatitis

An inflammatory but usually non-pruritic dermatitis of infants with a similar distribution to adult seborrhoeic dermatitis. Its principal manifestations are a confluent psoriasiform napkin eruption and greasy, adherent scaling over the scalp (“cradle cap”). In disseminated forms the face, retroauricular folds, neck and trunk may be involved. A small proportion of cases represent infantile onset of psoriasis (“napkin psoriasis”). Its onset is characteristically earlier than that of infantile atopic eczema, the subsequent development of which it does not preclude.

Inclusions: Neonatal seborrhoeic dermatitis

Exclusions: Seborrhoea (ED91.2)

EH40.00 Cradle cap

Cradle cap is a form of seborrhoeic dermatitis that manifests as yellowish, crusty, greasy patches of scaling on the scalp of infants between the second week and sixth month of life. The forehead and eyebrows are frequently affected. It is usually asymptomatic. It may be associated with infantile seborrhoeic dermatitis of other areas including the trunk and napkin area.

EH40.01 Disseminated infantile seborrhoeic dermatitis

A widespread form of infantile seborrhoeic dermatitis affecting the napkin area, scalp, face, neck, axillae and anterior trunk. In contrast to atopic eczema, pruritus is not usually evident and the infant remains otherwise well.

EH40.02 Psoriasiform napkin dermatitis

A napkin eruption characterised by sharply marginated confluent erythema and scale in the napkin area. It is considered a component of infantile seborrhoeic dermatitis, the disseminated form of which may start in the napkin area. In some cases, however, the same clinical picture may eventuate into psoriasis (napkin psoriasis). The clinical picture is essentially identical.

EH40.1 Infantile napkin dermatoses

Coded Elsewhere: Psoriasiform napkin dermatitis (EH40.02)

Acrodermatitis enteropathica (5C64.20)

EH40.10 Primary irritant napkin dermatitis

A type of irritant dermatitis seen most frequently in infants localised to the area in contact with a napkin (diaper) and occurring most often as a reaction to prolonged contact with urine, faeces, or retained soap or detergent.

Inclusions: Nappy rash

Diaper rash

EH40.1Y Other specified infantile napkin dermatoses

EH40.2 Erythrodermas of infancy

Coded Elsewhere: Severe combined immunodeficiency with hypereosinophilia (4A01.10)

Wiskott-Aldrich syndrome (3B62.0Y)

Congenital non-bullous ichthyosiform erythroderma (EC20.02)

Netherton syndrome (LD27.2)

Multiple carboxylase deficiency due to holocarboxylase synthetase deficiency (5C50.E0)

EH40.3 Acute haemorrhagic oedema of infancy

Acute haemorrhagic oedema is an immune complex-mediated cutaneous vasculitis typically usually associated with respiratory infection or immunization. It affects children between the ages of 4 months and 2 years, with males being affected twice as frequently as females. The dramatic clinical appearance of facial and limb oedema with multiple targetoid purpuric macules belies its generally benign course.

EH40.Y Other specified dermatoses of infancy

Adverse cutaneous reactions to medication (BlockL1‑EH6)

This group incorporates not only drug rashes but also other acute and chronic cutaneous and mucocutaneous effects of topical or systemic medicaments, whether conventional or "alternative".

Coded Elsewhere: Drug-induced pruritus (EC90.2)

Drug eruptions (BlockL2‑EH6)

Coded Elsewhere: Drug-associated immune complex vasculitis (4A85.03)

EH60 Exanthematic drug eruption

Acute skin eruption typically resembling viral infections such as measles, rubella or scarlatina attributable to drug. Antibiotics are common causes.

Inclusions: Drug-induced toxic erythema

EH61 Drug-induced urticaria, angioedema and anaphylaxis

Adverse reaction to drugs due to release of histamine or vasoactive kinins.

Coded Elsewhere: Drug-induced anaphylaxis (4A84.1)

EH61.0 Drug-induced urticaria

Urticaria provoked by drug. This may be due to immunological or non-immunological mechanisms. Mild anaphylactic reactions may cause little more than urticaria but may serve as a warning of more severe reactions if the responsible agent is encountered again. Aspirin is a well-known cause of non-allergic urticaria.

EH61.1 Drug-induced angioedema

Non-allergic angioedema due to drugs, in particular angiotensin converting enzyme inhibitors and nonsteroidal anti-inflammatory drugs.

EH62 Lichenoid drug eruption

Coded Elsewhere: Drug-induced oral lichenoid reaction (EA91.4Y)

EH63 Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug

A spectrum of severe and potentially life-threatening reactions affecting skin and mucous membranes. In the majority of cases a drug can be implicated.

EH63.0 Drug-induced Stevens-Johnson syndrome

This is one of the four principal forms of severe cutaneous adverse reaction to drugs (SCARs) and is characterised by inflammation, blistering and erosion of skin and mucous membranes. By definition, there is involvement of at least one mucous membrane and skin detachment is limited to less than 10% of body surface area. Most cases occur within the first 8 weeks of drug exposure. The drugs most commonly involved are antimicrobial sulfonamides, anticonvulsants, allopurinol, nevirapine and oxicam–nonsteroidal anti-inflammatory drugs.

EH63.1 Drug-induced toxic epidermal necrolysis

EH63.2 Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome

EH64 Drug-induced erythroderma

Erythroderma (defined as erythema and scaling involving at least 90% of the skin surface) which is attributable to drug administration but which cannot be more precisely categorized, thus excluding more specific severe cutaneous adverse reactions to drugs reaction patterns such as DRESS syndrome, acute generalised exanthematous pustulosis (AGEP) and toxic epidermal necrolysis. Many drugs have been implicated.

Exclusions: DRESS syndrome (EH65)

Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

Drug-induced toxic epidermal necrolysis (EH63.1)

Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Drug-induced acute generalised exanthematous pustulosis (EH67.0)

EH65 DRESS syndrome

DRESS syndrome (Drug Rash with Eosinophilia and Systemic Symptoms) is a hypersensitivity reaction characterised by a generalised skin rash, fever, eosinophilia, lymphocytosis and visceral involvement (hepatitis, nephritis, pneumonitis, pericarditis and myocarditis) and, in some patients, reactivation of human herpes virus 6.

Inclusions: Drug-induced hypersensitivity syndrome

EH66 Fixed drug eruption

The term fixed drug eruption describes the development of one or more annular or oval inflamed erythematous patches on the skin as a result of systemic exposure to a drug. The patches may develop into bullae. The inflamed patches normally resolve with post-inflammatory hyperpigmentation but typically recur at the same site(s), often with progressively more involved sites, following each reexposure to the drug. In extreme cases (generalised bullous fixed drug eruption) the clinical picture may mimic toxic epidermal necrolysis. A large number of drugs have been implicated as triggers.

EH67 Acne or acneform reactions attributable to drugs

Coded Elsewhere: Corticosteroid-induced acne (EH76.2)

EH67.0 Drug-induced acute generalised exanthematous pustulosis

This uncommon reaction to systemic medication is characterised by fever (generally on the same day as the start of the rash) and multiple, small, non-follicular pustules that arise on a widespread inflammatory erythema centred on the upper trunk and body folds. It may be difficult to differentiate from acute generalised pustular psoriasis. It usually appears within 24 hours of drug exposure. Antibiotics are probably the commonest precipitants although many drugs have been implicated.

Inclusions: Drug-induced toxic pustuloderma

EH67.Y Other specified acne or acneform reactions attributable to drugs

EH67.Z Acne or acneform reactions attributable to drugs, unspecified

EH6Y Drug eruption of other specified type

EH6Z Drug eruption of unspecified type

EH70 Pigmentary abnormalities of skin due to drug

Disturbances of skin colour due to an ingested or injected drug. These may result from a number of different mechanisms including the colour of the drug itself, disturbed melanisation of the skin or deposition of pigments by drug breakdown products.

Coded Elsewhere: Non-melanin pigmentation due to drug (ED6Y)

EH71 Dermatoses precipitated by drug therapy

Specific dermatoses which are not in themselves commonly associated with drugs but which may be precipitated in susceptible individuals by certain drugs.

Coded Elsewhere: Drug-induced lupus erythematosus (4A40.1)

Drug-induced thrombocytopenic purpura (3B64.12)

Acute febrile neutrophilic dermatosis, drug-induced (EB20)

Drug-induced capillaritis (EF40.0)

Drug-induced ichthyosis (ED50.0)

EH72 Drug-induced hair abnormalities

EH72.0 Drug-induced alopecia

EH72.00 Drug-induced telogen hair loss

Telogen hair loss due to drug. Many drugs may occasionally cause telogen hair loss. Commonly implicated drugs include retinoids and anticonvulsants.

Exclusions: Anagen effluvium (ED70.4)

EH72.01 Drug-induced anagen effluvium

Anagen effluvium due to medication, most commonly from cytotoxic cancer chemotherapy.

EH72.Y Other specified drug-induced hair abnormalities

EH73 Drug-induced nail abnormalities

Abnormalities of nails or nail growth attributable to drugs.

Coded Elsewhere: Drug-induced photo-onycholysis (EH75)

EH74 Drug-induced oral conditions

Coded Elsewhere: Drug-induced oral ulcer (DA01.14)

Drug-induced cheilitis (DA00.0)

Oral mucositis due to cancer chemotherapy (DA01.11)

Drug-induced gingival hyperplasia (DA0D.1)

EH75 Photosensitivity due to drug

A photosensitive skin reaction to a medicament, most commonly a phototoxic reaction to a systemically administered drug, although photoallergy to drugs may rarely occur.

EH76 Dermatoses associated with specific classes of medication

A heterogeneous group of adverse skin reactions characteristic for each drug or class of drug involved. Cancer chemotherapeutic agents and systemic corticosteroids are two important examples.

EH76.0 Dermatoses resulting from cytotoxic or cancer chemotherapy

Coded Elsewhere: Oral mucositis due to cancer chemotherapy (DA01.11)

Neutrophilic eccrine hidradenitis (EB2Y)

EH76.1 Dermatoses resulting from immunosuppressive therapy

EH76.2 Dermatoses attributable to corticosteroid therapy

Coded Elsewhere: Corticosteroid-induced skin atrophy (EE40.0)

Corticosteroid-modified dermatophytosis (1F28.Y)

Perioral dermatitis (ED90.1)

Corticosteroid-induced stretch marks (EE40.1Y)

Corticosteroid-induced purpura (EE40.32)

EH76.3 Dermatoses resulting from anticoagulant therapy

Coded Elsewhere: Heparin-induced thrombocytopenia (3B64.12)

EH76.Y Other dermatoses associated with specific classes of medication

EH77 Localised adverse cutaneous reactions to administration of drug

Coded Elsewhere: Allergic contact dermatitis due to topical medicaments (EK00.C)

Allergic contact dermatitis due to systemic medicaments (EK00.B)

Localised lipoatrophy due to injected drug (EF01.1)

Insulin-induced localised fat hypertrophy (EF02.0)

Superficial thrombophlebitis resulting from infusion or injection of drug (BD70.1)

EH78 Adverse cutaneous reactions to herbal, homoeopathic or other alternative therapies

These may range from "drug" eruptions, phototoxicity, contact allergy to skin infections and scarring. (The primary code should be the adverse cutaneous reaction but this may be used to add supplementary information.)

EH7Y Other specified adverse cutaneous reactions to medication

EH7Z Unspecified adverse cutaneous reactions to medication

Skin disorders provoked by external factors (BlockL1‑EH9)

A large group of skin disorders due to exposure of the skin to various external physical, chemical or environmental insults including chemical irritants and allergens, poisons, pressure, cold, heat, sunlight, radiation and physical injury.

Coded Elsewhere: Miscellaneous specified dermatoses provoked by pressure

Skin injury due to exposure to corrosive substances

Hand and arm vibration syndrome (NF08.20)

Contact dermatitis of external ear (EG40)

Allergic contact blepharoconjunctivitis (9A06.72)

Contact gingivostomatitis (DA02.3)

Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

Hand and arm vibration syndrome (NF08.20)

Cutaneous wounds, injuries or scars (ND56.0)

EH90 Pressure ulceration

Pressure ulcers result from localised injury and ischaemic necrosis of skin and underlying tissues due to prolonged pressure, or pressure in combination with shear; bony prominences of the body are the most frequently affected sites; immobility and debility are major contributing factors.

Inclusions: pressure injury

pressure ulcer

bedsore

Exclusions: decubitus (trophic) ulcer of cervix (uteri) (GA15.1)

EH90.0 Pressure ulceration grade 1

Pressure ulceration grade I is a precursor to skin ulceration. The skin remains intact but there is non-blanchable redness of a localised area, usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. It can be difficult to detect in individuals with dark skin but affected areas may differ in colour from the surrounding skin. The presence of pressure ulceration grade 1 may indicate persons at risk of progressing to frank ulceration.

Inclusions: pressure injury stage 1 with nonblanchable erythema

EH90.1 Pressure ulceration grade 2

Pressure injury with partial thickness loss of dermis. It presents as a shallow open ulcer with a red or pink wound bed without slough or as a serum-filled or serosanguinous blister which may rupture.

This category should not be used to describe skin tears, tape burns, incontinence associated dermatitis, maceration or excoriation

Inclusions: pressure injury stage 2 with partial thickness skin loss

EH90.2 Pressure ulceration grade 3

Pressure ulcer with full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. There may be undermining and tunnelling into adjacent structures. The depth varies by anatomical location: grade 3 pressure ulcers can be shallow in areas with little or no subcutaneous fat (e.g. bridge of the nose, ear, occiput and malleolus). In contrast, grade 3 pressure ulcers can be extremely deep in areas of significant adiposity.

Inclusions: pressure injury stage 3 with full thickness skin loss

EH90.3 Pressure ulceration grade 4

Pressure ulcer with visible or directly palpable muscle, tendon or bone as a result of full thickness loss of skin and subcutaneous tissue. Slough or eschar may be present. The depth varies by anatomical location: grade IV pressure ulcers can be shallow in areas with little or no subcutaneous fat (e.g. bridge of the nose, ear, occiput and malleolus) but are typically deep and often undermine or tunnel into adjacent structures.

Inclusions: pressure injury stage 4 with full thickness tissue loss

EH90.4 Suspected deep pressure-induced tissue damage, depth unknown

An area of soft tissue damage due to pressure or shear which is anticipated to evolve into a deep pressure ulcer but has not yet done so. The affected skin is typically discoloured purple or maroon and may display haemorrhagic blistering. It may be painful and oedematous. It can be either warmer or cooler than adjacent tissue. Evolution into a deep ulcer may be rapid even with optimal treatment.

EH90.5 Pressure ulceration, ungradable

Pressure ulcer with full thickness skin loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, it is not possible to determine whether the ulcer is grade 3 or grade 4.

Inclusions: pressure injury with depth unknown

EH90.Z Pressure ulcer of unspecified grade

EH92 Dermatoses provoked by friction or mechanical stress

Coded Elsewhere: Contact dermatitis due to skin damage from friction or micro-trauma (EK02.Y)

EH92.0 Corns or callosities

Callosities are areas of focal hyperkeratosis due to repeated friction and pressure. A corn is a sharply demarcated callosity occurring over a bony prominence, usually on the foot, and is painful.

Coded Elsewhere: Occupational callosities (EK5Y)

EH92.00 Hard corn

A discrete area of painful hyperkeratosis resulting from repeated pressure and friction over a bony prominence, most commonly a metatarsal head or an interphalangeal joint of the forefoot.

EH92.01 Soft corn

A soft corn is a painful callosity extending from the side of one toe across to the side of the adjacent toe. It is normally caused by lateral pressure from ill-fitting footwear and appears white as a result of maceration of the excess keratin.

EH92.0Z Callosity, unspecified

EH92.1 Friction blister

A blister due to disruption of epidermal integrity as a result of repeated frictional stress. They usually form in areas with a strong, thick epidermis, i.e. the palms, fingers, soles and sides of the feet and toes. Common causes include repetitive heavy manual tasks or ill-fitting footwear.

EH92.Y Other specified skin damage due to repetitive friction and mechanical trauma

EH93 Dermatoses due to foreign bodies

Coded Elsewhere: Sacrococcygeal pilonidal disease (EG63)

EH93.0 Tattoos or tattoo reactions

Tattoos are the result of injection into the skin of insoluble coloured pigments as ornamentation of the body, or of inert materials such as coal dust as a result of superficial trauma or blast injury. They may provoke both allergic and foreign body reactions.

EH93.1 Foreign body reaction to inorganic matter in the skin

A usually granulomatous, often sarcoidal reaction to the presence in the skin of inorganic foreign material which cannot be degraded or eliminated. Responsible agents include tattoo pigment, suture materials, silica, zirconium, aluminium, paraffin, and silicone.

EH93.2 Foreign body reaction to organic matter in the skin

EH93.3 Foreign body granuloma of skin

EH93.Y Other specified reaction to foreign body in the skin

Dermatoses provoked or exacerbated by exposure to cold (BlockL2‑EJ0)

Skin conditions provoked by exposure to low temperatures.

Coded Elsewhere: Skin or soft tissue injury due to exposure to cold

Abnormal vascular reactivity to cold

EJ0Y Other specified dermatoses provoked or exacerbated by exposure to cold

Dermatoses provoked by heat or electricity (BlockL2‑EJ1)

Coded Elsewhere: Burns of external body surface, specified by site (ND90-ND9Z)

Heat contact urticaria (EB01.Y)

Thermal keratosis (EK90.Y)

EJ10 Erythema ab igne

A characteristic reticular telangiectatic and pigmented dermatosis resulting from repeated or prolonged exposure to infrared radiation (heat) of insufficient energy to produce a burn. It most commonly affects the lower extremities or lower back as a result of habitually sitting too close to a heat source (radiator or open hearth) or from keeping a hot water bottle held against the skin.

Exclusions: Burns of external body surface, specified by site (BlockL2‑ND9)

EJ1Y Other specified dermatoses provoked by heat or electricity

Dermatoses provoked by light or UV radiation (BlockL2‑EJ2)

Coded Elsewhere: Porphyria or pseudoporphyria affecting the skin (EB90.3)

Cutaneous lupus erythematosus (EB50-EB5Z)

Dermatomyositis (4A41.0)

Rosacea (ED90.0)

Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)

Abnormal sensitivity to light or UV radiation of uncertain or unspecified nature (ME66.0)

Photo-allergic contact dermatitis (EK01)

Chronic effects of ultraviolet radiation on the skin (BlockL3‑EJ2)

Coded Elsewhere: Actinic keratosis (EK90.0)

Diffuse actinic keratinocyte dysplasia (EK90.1)

Brachioradial pruritus (EC90.3)

Disseminated superficial actinic porokeratosis (ED52)

Poikiloderma of Civatte (EK20)

Actinic cheilitis (EK90.Y)

EJ20 Photoaging of the skin

The changes in skin which can be attributed to chronic exposure to ultraviolet radiation and which are clinically manifest principally as actinic elastosis, wrinkles and dyspigmentation.

Inclusions: Sun damage due to chronic sun exposure

EJ20.0 Actinic elastosis

Inclusions: Solar elastosis

Rhytides

EJ20.1 Actinic lentigo

A circumscribed grey or brown macule resulting from chronic exposure to the sun or to artificial sources of ultraviolet such as sun-beds. They are typically located on the backs of the hands and forearms, shoulders, forehead and the scalp (if bald). They often coexist with and may be difficult to differentiate from plane seborrhoeic keratoses, which differ clinically in exhibiting fine scaling and histologically in showing proliferation of keratinocytes as well as melanocytes.

Inclusions: Liver spot

EJ20.2 Actinic lentiginosis

The presence of multiple actinic lentigines. This is a common finding in people with fair skin who have a long history of repeated exposure to the sun where it most commonly affects the upper extremities, upper back, forehead and scalp (if bald). It can be generalised and occur at an earlier age in people with an addiction to sun-bathing and use of sun beds.

EJ20.3 Actinic telangiectasia

EJ2Y Other specified chronic effects of ultraviolet radiation on the skin

EJ30 Autoimmune or other photodermatoses

A heterogeneous group of dermatoses mostly involving an interaction between the immune system and ultraviolet radiation or visible light

Coded Elsewhere: Solar urticaria (EB01.Y)

EJ30.0 Polymorphic light eruption

Polymorphic light eruption is a common delayed‐onset abnormal inflammatory cutaneous reaction to sunlight or other source of ultraviolet radiation. It typically manifests as an eruption of papules and vesicles affecting normally sun-protected skin sites following exposure to sunlight. Tolerance is commonly seen after repeated sunlight or UV exposure.

EJ30.1 Chronic actinic dermatitis

EJ30.Y Other specified photodermatoses

Acute effects of ultraviolet radiation on normal skin (BlockL3‑EJ4)

Coded Elsewhere: Photosensitivity due to drug (EH75)

Photo-onycholysis (EE10.2)

EJ40 Sunburn

An injury to the skin causing erythema, tenderness, and sometimes blistering and resulting from excessive exposure to the sun. The reaction is produced by the ultraviolet radiation in sunlight.

EJ40.0 Sunburn erythema

EJ40.1 Sunburn with blisters or exudation

EJ41 Burn from exposure to artificial source of ultraviolet radiation

Exclusions: Tanning due to exposure to artificial sources of ultraviolet radiation (ED60.01)

EJ41.0 Burn from exposure to therapeutic ultraviolet radiation

EJ41.Y Other specified burn from exposure to artificial source of ultraviolet radiation

EJ41.Z Burn from exposure to artificial source of ultraviolet radiation, unspecified

EJ4Z Acute effects of ultraviolet radiation on normal skin, unspecified

EJ6Y Other specified dermatoses provoked by light or UV radiation

Dermatoses due to ionizing radiation (BlockL2‑EJ7)

Coded Elsewhere: Acute effects of ionizing radiation on the skin

EJ71 Chronic effects of ionizing radiation on the skin

The long-term sequelae of prior exposure of skin to ionizing radiation.

Coded Elsewhere: Chronic radiodermatitis following radiotherapy (EL61)

Radionecrosis of skin attributable to diagnostic procedure (EL80)

Chronic radiation keratosis (EK90.Y)

EJ7Z Dermatoses due to ionizing radiation, unspecified

EK00 Allergic contact dermatitis

Allergic contact dermatitis is an eczematous response provoked by a Type IV delayed immune reaction in the skin to a substance or substances to which the individual has previously been sensitized.

Exclusions: Irritant contact dermatitis (EK02)

Allergic contact sensitisation (EK12)

Coded Elsewhere: Allergic contact dermatitis of external ear (EG40.0)

Allergic contact gingivostomatitis (DA02.30)

EK00.0 Allergic contact dermatitis due to clothing or footwear

Allergic contact dermatitis due to exposure to allergens found in clothing and footwear: these include colophony, p-phenylenediamine (PPD), disperse dyes, potassium dichromate and formaldehyde resins.

EK00.1 Allergic contact dermatitis due to cosmetics or fragrances

Allergic contact dermatitis due to sensitisation to any of a large number of allergens which may be found in cosmetics and other products to which fragrances are added. Common allergens include colophony, fragrances such as hydroxycitronellal, emollients such as lanolin (wool wax alcohols), surfactants such as cocamidopropyl betaine, or preservatives such as isothiazolinones, parabens or formaldehyde-releasing agents. Fragrances are found in many household products as well as in cosmetics.

EK00.2 Allergic contact dermatitis due to dental materials

Allergic contact dermatitis due to sensitisation to agents used in dentistry. Dentists, dental nurses and dental technicians are generally at greater risk than their clients. Important allergens include acrylates and methacrylates, disinfectant aldehydes and fragrances.

EK00.3 Allergic contact dermatitis due to food flavours or additives

Allergic contact dermatitis due to flavouring agents (e.g. cinnamyl alcohol) and other food additives (e.g. ammonium persulfate, benzoic acid). Such agents may be encountered at work in food processing or preparation, or may rarely cause allergic contact cheilitis or stomatitis.

EK00.4 Allergic contact dermatitis due to hairdressing products

Allergic contact dermatitis due to hair care products such as dyes, permanent wave and bleaching agents and shampoos. Such allergens may show occupational relevance among hairdressers although consumers are most commonly affected.

EK00.5 Allergic contact dermatitis due to industrial biocides, cutting oils or disinfectants

Allergic contact dermatitis due to any of a large number of potential allergens used to prevent microbial contamination in industrial processes or in commercial, health care and other public environments. These allergens are of predominantly occupational relevance.

EK00.6 Allergic contact dermatitis due to metals or metal salts

Allergic contact dermatitis due to exposure to metals and metal salts such as nickel, cobalt or chromate.

EK00.7 Allergic contact dermatitis due to allergenic haptens derived from plants or organic matter

Allergic contact dermatitis due to low molecular weight allergens from organic matter including plants and woods such as Primula obconica, sesquiterpene lactones and teak.

EK00.8 Allergic contact dermatitis due to plastics, glues or resin systems

Allergic contact dermatitis due to exposure to chemicals used in plastics and resin systems. It is normally the uncured chemicals (e.g. uncured epoxy resin or methacrylates) which are responsible.

EK00.9 Allergic contact dermatitis due to preservatives or biocides

Allergic contact dermatitis due to exposure to preservatives and biocides such as parabens, isothiazolinones, formaldehyde, formaldehyde releasers and phenoxyethanol.

EK00.A Allergic contact dermatitis due to rubber chemicals

Allergic contact dermatitis due to exposure to rubber chemicals such as thiurams, mercaptobenzothiazoles, N-isopropyl-N-phenyl-p-phenylenediamine (IPPD), thiourea derivatives or carbamates.

EK00.B Allergic contact dermatitis due to systemic medicaments

Allergic contact dermatitis due to exposure to systemic medicaments, usually during the manufacturing process. Examples include penicillins, carbamazepine and tetrazepam.

EK00.C Allergic contact dermatitis due to topical medicaments

Allergic contact dermatitis due to exposure to topical medicaments such as corticosteroids, antibiotics, antimycotics, disinfectants, local anaesthetics or NSAIDs.

EK00.Y Other specified allergic contact dermatitis

EK00.Z Allergic contact dermatitis, unspecified

EK01 Photo-allergic contact dermatitis

Allergic contact dermatitis caused by sensitisation to a photoproduct of a compound either applied directly to the skin or taken up by the skin via the systemic circulation. The parent compound does not elicit an allergic reaction until it is chemically modified by exposure to ultraviolet radiation.

EK02 Irritant contact dermatitis

Irritant contact dermatitis is an eczematous reaction provoked by acute or prolonged and repeated contact with a substance or substances which are injurious to the skin. Common irritants include defatting agents (solvents, soaps and detergents), acids (both inorganic and organic) and alkalis (e.g. sodium hydroxide and wet cement).

Exclusions: Allergic contact dermatitis (EK00)

EK02.0 Irritant contact dermatitis from specified external agents

Irritant contact dermatitis from external agents grouped according to the type of causative agent.

EK02.00 Irritant contact dermatitis due to wet work

Irritant contact dermatitis caused by prolonged or repetitive wet work. It usually affects predominantly the skin of the hands and wrists but may affect other sites if clothing is repeatedly drenched. Although water and sweat alone (especially from under occlusive protection gloves) may be responsible, the risk is increased by exposure to defatting agents and irritants including soaps, detergents and cooling fluids. It is seen commonly in those looking after dependent relatives, especially young mothers. Professions or occupational sectors where there are substantial risks include health care, hairdressing, cleaning, catering and food-processing.

EK02.01 Irritant contact dermatitis due to solvents

Irritant contact dermatitis caused by skin contact with solvents such as tetrachloroethylene, toluene, turpentine, acetone, methyl acetate, ethyl acetate, hexane, citrus terpenes or ethanol. These have numerous uses including in dry-cleaning chemicals, paint thinners, nail polish removers, glue solvents and perfumes. Occupations where there are substantial risks include painters and decorators, construction workers, dry-cleaners, machinists and workers in the chemical industry.

EK02.02 Irritant contact dermatitis due to exposure to acids, alkalis or other specified chemical irritants

Irritant contact dermatitis caused by skin contact with solvents such as tetrachloroethylene, toluene, turpentine, acetone, methyl acetate, ethyl acetate, hexane, citrus terpenes or ethanol. These have numerous uses including in dry-cleaning chemicals, paint thinners, nail polish removers, glue solvents and perfumes. Occupations where there are substantial risks include painters and decorators, construction workers, dry-cleaners, machinists and workers in the chemical industry.

EK02.03 Irritant contact dermatitis due to cosmetics or emollients

Irritant contact dermatitis caused by skin contact with cosmetics and emollients containing substances with irritant capacities such as fragrances, sodium lauryl sulfate, formaldehyde, alcohols, urea, lactic acid, enzymes or peeling particles.

EK02.04 Irritant contact dermatitis due to topical medicaments or antimicrobials

Irritant contact dermatitis caused by repetitive or prolonged skin contact with topical medicaments and antimicrobials containing e.g. benzoyl peroxide, hydrogen peroxide, povidone iodine, formaldehyde, salicylic acid, alcohols, 5-fluorouracil, dithranol, chlorhexidine, quaternary ammonium compounds or tretinoin. Their irritancy is usually mild and sometimes part of their therapeutic action.

EK02.05 Irritant contact dermatitis due to plants or other vegetable matter

Irritant contact dermatitis caused by exposure to plants and other vegetable matter. Irritation may be due to the mechanical (e.g. hairs, thorns, or spines) or chemical (e.g. acids, proteolytic enzymes) properties of the plant. Occupations where there is a substantial risk include agricultural workers, florists and gardeners.

EK02.06 Irritant contact dermatitis due to foods

Irritant contact dermatitis due to friction, sweating and contact with body fluids. Irritation from body fluids may be due to high or low pH, to proteolytic enzymes or both; the irritant effect may be aggravated or caused solely by sweating and repetitive friction of apposed skin surfaces.

EK02.1 Irritant contact dermatitis of specified site

Irritant contact dermatitis organised by the body part affected.

Exclusions: Irritant contact dermatitis from specified external agents (EK02.0)

Coded Elsewhere: Irritant contact gingivostomatitis (DA02.31)

EK02.10 Irritant contact dermatitis of external ear

Irritant contact dermatitis affecting skin of external ear. This may result from retention of irritants such as soaps and shampoos in the external auditory canal or from friction and maceration from use of hearing-aids etc. Irritant damage to the skin may predispose to secondary infection.

EK02.11 Irritant contact blepharoconjunctivitis

Irritant contact dermatitis affecting skin of eyelid and/or conjunctiva. Cosmetics are often responsible.

EK02.12 Irritant contact dermatitis of hands

Irritant contact dermatitis affecting skin of hands. This is the commonest site for the development of irritant contact dermatitis. In the early stages the dorsal finger-webs are affected before the inflammation extends to involve the fingers, the dorsa of the hands and frequently the wrists. The palms are usually but not always less severely affected.

Inclusions: Irritant hand dermatitis

EK02.13 Irritant contact dermatitis of vulva

Irritant contact dermatitis affecting the vulva and surrounding skin. It is much more frequent than allergic contact dermatitis in this area. It is commonly due to a combination of occlusion and use of feminine hygiene products in the genital area. Leakage of urine or profuse vaginal discharge are sometimes important factors.

Inclusions: Vulval irritant contact dermatitis

EK02.1Y Irritant contact dermatitis of other specified site

EK02.2 Irritant contact dermatitis due to friction, sweating or contact with body fluids

Irritant contact dermatitis due to friction, sweating and contact with body fluids. Irritation from body fluids may be due to high or low pH, to proteolytic enzymes or both; the irritant effect may be aggravated or caused solely by sweating and repetitive friction of apposed skin surfaces.

Coded Elsewhere: Primary irritant napkin dermatitis (EH40.10)

EK02.20 Intertriginous dermatitis due to friction, sweating or contact with body fluids

Intertriginous dermatitis (intertrigo) is a form of irritant contact dermatitis of the skin folds (axillary, submammary, genitocrural, abdominal apron) caused by repetitive shearing forces of skin on skin. Sweat, other body fluids, occlusion and obesity all contribute to its development.

EK02.21 Irritant contact dermatitis due to saliva

Perioral irritant contact dermatitis caused by repetitive or prolonged contact with saliva.

EK02.22 Irritant contact dermatitis due to incontinence

Irritant contact dermatitis from prolonged contact with urine or faeces as a result of incontinence.

Inclusions: Incontinence-associated dermatitis

EK02.23 Irritant contact dermatitis related to stoma or fistula

Irritant contact dermatitis of skin surrounding stomas or fistulas caused by prolonged or repeated contact with gastrointestinal secretions, faeces, urine, pus, mucus, or cleansing materials.

EK02.24 Irritant contact dermatitis related to skin contact with prostheses or surgical appliances

Irritant contact dermatitis resulting from friction and sweating between the skin surface and a prosthesis or appliance in contact with the skin, especially limb prostheses.

EK02.Y Irritant contact dermatitis due to other specified cause

EK02.Z Irritant contact dermatitis, unspecified

EK10 Allergic contact urticaria

Allergic contact urticaria is a Type I IgE-mediated immediate immune reaction from cutaneous or mucosal contact to a substance or substances to which the individual has previously been exposed.

EK10.0 Oral allergy syndrome

Type I IgE-mediated immediate immune reaction limited to the lips, oral cavity, tongue and throat caused by direct contact with allergen in sensitized patient. Symptoms include with mucosal swelling, itching or a burning sensation.

Inclusions: Pollen-food allergy syndrome

EK10.1 Contact urticaria due to food allergen

Contact urticaria due to food allergen is a IgE-mediated immediate immune reaction from cutaneous or mucosal contact to food allergen in a sensitized patient.

EK10.Y Other specified allergic contact urticaria

EK11 Protein contact dermatitis

Immediate contact dermatitis due to exposure to proteins from plants, animal tissue and other organic matter.

Exclusions: Allergic contact dermatitis due to food allergen (4A85.22)

EK12 Allergic contact sensitisation

The presence of specific delayed type IV hypersensitivity of the immune system to a given substance without imputation of past or current disease. Such sensitisation is normally acquired by prior contact of the skin or mucous membranes with the substance or with one chemically closely related to it (cross-reactivity). Subsequent contact with the substance may provoke an allergic reaction. In certain circumstances such sensitisation may prevent an individual from taking up or continuing employment where exposure to the allergen cannot be avoided. Some individuals sensitized to a specific allergen may, however, never experience symptoms on contact with it.

Phototoxic reactions to skin contact with photoactive agents (BlockL2‑EK2)

Non-allergic skin inflammation caused by cellular damage from reactive oxygen species in the skin produced by the interaction between ultraviolet or visible light and a photoactive substance in contact with the skin.

EK20 Phototoxic reaction to fragrance or cosmetics

Phototoxic reaction caused by a combination of sun exposure and skin contact with fragrances or cosmetics containing photoactive substances such as oak moss, musk ambrette or bergamot oil.

EK2Y Phototoxic reaction to skin contact with other specified photoactive agent

EK2Z Phototoxic dermatitis, unspecified

EK50 Cutaneous reactions to venomous or noxious animals

Coded Elsewhere: Cutaneous reactions to arthropods (NE61)

Cutaneous reactions to venomous or noxious aquatic invertebrates (NE61)

Cutaneous reactions to venomous or noxious vertebrates (NE61)

EK50.0 Cutaneous insect bite reactions

Skin reactions to known or presumed insect bites. Commonly the nature of the insect responsible is unknown.

Coded Elsewhere: Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom (4A85.31)

EK50.00 Papular urticaria

A reaction pattern to insect bites with the formation of multiple itchy, urticated papules or papulovesicles.

EK50.01 Bullous insect bite reaction

Cutaneous blisters resulting from a brisk immune response to insect bites. These are most common around the lower legs and ankles and in children rather than adults.

EK50.02 Persistent insect bite reaction

Bite reactions lasting for months as inflamed papules and nodules, this is particularly likely to be seen with tick bites and mosquito bites. These may be confused with lymphoma histologically, with a dense inflammatory infiltrate of lymphoid cells, histiocytes, eosinophils and plasma cells together with the presence of atypical mononuclear cells.

Inclusions: Insect bite granuloma

EK50.0Y Other specified cutaneous insect bite reactions

EK50.0Z Cutaneous insect bite reactions, unspecified

EK5Y Other specified skin disorders provoked by external factors

Benign proliferations, neoplasms and cysts of the skin (BlockL1‑EK7)

Coded Elsewhere: Benign adipocytic neoplasms of skin or soft tissue

Benign cutaneous neoplasms (2F20-2F2Z)

EK70 Cutaneous cysts

Coded Elsewhere: Neonatal milia (KC40.1)

EK70.0 Epidermoid cyst

A cutaneous cyst with an epidermoid wall filled with keratin and its breakdown products. It most commonly forms as the result of squamous metaplasia in a damaged sebaceous gland but may result from trauma (traumatic inclusion cyst), especially when situated on the extremities. It typically presents as a spherical skin-coloured or yellowish nodule, often with a central pore opening onto the skin surface.

Inclusions: Epidermal inclusion cyst

EK70.00 Infected epidermoid cyst

An epidermoid cyst which has become secondarily infected by, most commonly, Staphylococcus aureus. It manifests as pain, swelling and erythema of a preexisting cyst and is predisposed to rupture.

EK70.0Z Epidermoid cyst, unspecified

EK70.1 Trichilemmal cyst

A trichilemmal (pilar) cyst is a common, typically non-tender, intradermal or subcutaneous cyst. The cysts are typically confined to the scalp and are often multiple. They usually occur sporadically but may be inherited in an autosomal dominant manner. They are derived from the outer root sheath of the hair follicle and as such contain keratin or keratin degradation products. Rarely, they may undergo malignant transformation.

Inclusions: Pilar cyst

EK70.2 Digital myxoid pseudocyst

Digital myxoid cysts (DMCs) are benign ganglion cysts of the digits, which typically present as a small dome-shaped, often translucent papule on the dorsum of the terminal phalanx and/or as longitudinal "guttering" of the nail plate which is focally compressed by the cyst as it develops from the underlying nail matrix. In the majority of cases a stalk connecting the cyst with the adjacent distal interphalangeal joint can be demonstrated, accounting for the alternative names of digital ganglion cyst and digital synovial cyst.

Inclusions: Digital ganglion cyst

EK70.3 Hidrocystoma

A hidrocystoma is a cystic cutaneous swelling lined by either apocrine or eccrine ductal epithelium. It presents typically as a small solitary bluish translucent papule on or around the eyelids. It is not always possible to be certain whether it is of apocrine or eccrine origin though the majority show apocrine differentiation.

EK70.Y Other specified cutaneous cysts

EK70.Z Cutaneous cysts, unspecified

EK71 Skin tags or polyps

Benign outgrowths of skin consisting of a fibrovascular core covered with normal or thinned epidermis. They may be single or multiple and range in diameter from less than a millimetre to a centimetre or more.

EK71.0 Fibroepithelial polyp of skin

A common polypoid, often pedunculated non-neoplastic benign skin growth consisting of a fibrovascular core covered with normal or thinned epidermis. If torsion of the stalk occurs they may become painful, swollen and necrotic.

EK71.1 Multiple skin tags

very common non-neoplastic fibroepithelial skin growths ranging from less than one to several millimetres in diameter. They favour the neck and intertriginous areas and may be very numerous. They are associated with obesity, type II diabetes, insulin resistance and acanthosis nigricans.

EK71.Z Polyp of skin not elsewhere classified

Disorders of the skin of uncertain or unpredictable malignant potential (BlockL1‑EK9)

Coded Elsewhere: Neoplasms of uncertain behaviour of skin (2F72)

EK90 Actinic keratosis and other discrete epidermal dysplasias

A group of conditions characterised by varying degrees of keratinocytic atypia resulting from damage to keratinocyte DNA. They carry a small propensity to develop into invasive squamous cell carcinoma.

EK90.0 Actinic keratosis

Actinic keratoses (AKs) are focal areas of abnormal keratinocyte proliferation and differentiation induced by chronic exposure to ultraviolet radiation. They are very common on sun-exposed skin of fair-skinned individuals who have had excessive exposure to sunlight. Initially flat scaly papules, they may become significantly elevated from the skin surface by producing dense adherent keratin or as a result of unregulated cellular proliferation which may progress to frank carcinoma in situ or invasive squamous cell carcinoma.

Inclusions: Solar keratosis

EK90.1 Diffuse actinic keratinocyte dysplasia

Diffuse actinic dysplasia develops after repeated exposure of skin to ultraviolet radiation, usually over decades, and results from cumulative DNA damage within the nuclei of epidermal keratinocytes. It is characterised initially by subtle diffuse skin changes including mottling, erythema, telangiectasia and irregular fine scaling. It is seen most commonly on the unprotected scalp skin of bald men. Histologically there are early signs of dysplasia in the basal epidermis. As damage accumulates the clinical changes become more pronounced with the formation of discrete actinic keratoses, from which intraepidermal or invasive squamous cell carcinoma may develop.

Inclusions: "Field change" due to chronic exposure to ultraviolet radiation

EK90.Y Other discrete epidermal dysplasias

EK91 Dermatoses which may presage cutaneous lymphoma

Dermatoses which may represent the earliest stages of cutaneous lymphoma but where it is not possible to confirm their neoplastic nature.

EK91.0 Large plaque parapsoriasis

Large plaque parapsoriasis is a chronic skin disorder characterised by the indolent development over years or decades of scaly patches or slightly elevated plaques which may be clinically indistinguishable from early mycosis fungoides but in which no evidence of infiltration by abnormal lymphocytes can be found. Approximately 10% of patients will, however, eventually progress to mycosis fungoides.

EK91.1 Poikiloderma vasculare atrophicans

Poikiloderma vasculare atrophicans is a cutaneous reaction pattern characterised by mottled hyper- and hypomelanosis, telangiectasia and progressive dermal and epidermal atrophy. It may manifest as a component of established mycosis fungoides but may precede the development of the latter by many years and, in some cases, may persist indefinitely without progression to frank lymphoma. It should be distinguished from other causes of poikiloderma such as may be seen with dermatomyositis.

EK91.2 Primary cutaneous plasmacytosis

A skin disorder resulting from focal or multifocal dense infiltration of the skin by plasma cell aggregates. It may be associated with high levels of serum IgG4. It typically presents as widespread reddish-brown papules, nodules and pigmented indurated plaques involving the trunk and limbs but may present as a single nodule or plaque. The majority of patients with this uncommon skin disorder are of East Asian descent. There is a risk of progression to systemic lymphoproliferative malignancy.

EK92 Histiocytoses of uncertain malignant potential

Disorders characterised by abnormal proliferation of dendritic cells and macrophages. The proliferation may or may not be clonal and the prognosis is unpredictable.

Coded Elsewhere: Langerhans cell histiocytosis (2B31.2)

Indeterminate dendritic cell tumour (2B31.6)

Cutaneous markers of internal disorders (BlockL1‑EL1)

A heterogeneous group of skin disorders associated with underlying disease.

Coded Elsewhere: Tophaceous gout (FA25.20)

Diabetic skin lesions (EB90.0)

Benign acanthosis nigricans (ED51.00)

Acquired perforating dermatosis (EE70.0)

Calcific arteriolopathy (EB90.42)

Diabetic skin lesions (EB90.0)

Pretibial myxoedema (EB90.10)

Tophaceous gout (FA25.20)

Acromegaly or pituitary gigantism (5A60.0)

Cholestatic pruritus (EC90.11)

Yellow nail syndrome (EE11.1)

Uraemic pruritus (EC90.10)

Nail-patella syndrome (LD24.J0)

Hairy leukoplakia (DA01.01)

Immune reconstitution inflammatory syndrome (4B23)

Cutaneous markers of internal malignancy (BlockL2‑EL1)

A range of generally uncommon skin signs which may point to the presence of an internal malignancy

EL10 Paraneoplastic syndromes involving skin

Coded Elsewhere: Paraneoplastic pemphigus (EB40.2)

Thrombophlebitis migrans (BD70.2)

Paraneoplastic dermatomyositis (4A41.00)

Paraneoplastic hypertrophic osteoarthropathy (FB86.10)

EL1Y Other specified cutaneous markers of internal malignancy

EL3Y Other specified cutaneous markers of internal disorders

Coding Note: Code aslo the casusing condition

Postprocedural disorders of the skin (BlockL1‑EL5)

This group of disorders incorporates drug eruptions, other cutaneous side effects of medication and adverse reactions to medical and surgical interventions.

EL50 Unsatisfactory surgical scar of skin

A surgical skin scar with a poor functional or cosmetic outcome.

EL50.0 Keloidal surgical scar

A surgical scar which heals with an overgrowth of fibrous scar tissue which extends beyond the limits of the original surgical wound.

EL50.1 Hypertrophic surgical scar

An elevated surgical scar containing an excess of fibrous tissue which, in contrast to a keloidal scar, does tend to flatten with time.

EL50.2 Atrophic surgical scar

A surgical scar in which there is thinning of the skin giving it a wrinkled appearance.

EL50.3 Expanded surgical scar

A widened surgical scar, often resulting from inadequate deep suturing or poor surgical technique. They are common in disorders of connective tissue such as Ehlers-Danlos syndrome.

Inclusions: Stretched scar

EL51 Cutaneous flap necrosis

Necrosis of surgical skin flap

EL52 Myocutaneous flap necrosis

Necrosis of a surgical flap containing both skin and muscle

EL53 Skin graft failure

Failure of skin graft tissue to engraft as intended

EL54 Composite graft failure

Failure of composite graft tissue (e.g. skin and cartilage) to engraft as intended

Adverse cutaneous effects of therapeutic ionizing irradiation (BlockL2‑EL6)

Coded Elsewhere: Oral mucositis due to radiotherapy (DA01.11)

EL60 Acute radiodermatitis following radiotherapy

The reaction of the skin, and in particular the epidermis, to acute exposure to ionising radiation directed at the skin for therapeutic purposes. It manifests as inflammation, erosion and crusting.

EL61 Chronic radiodermatitis following radiotherapy

The late cutaneous sequelae of the therapeutic use of ionising radiation. It may take five to ten years to develop and is characterised by cutaneous atrophy, fibrosis, dyspigmentation, alopecia and telangiectasia with associated damage to underlying subcutaneous fat.

EL62 Radiotherapy-induced skin malignancy

Malignant neoplasm of skin attributable to the effects of ionising radiation from previous radiotherapy. Skin tumours associated with radiotherapy include basal cell carcinoma, squamous cell carcinoma, atypical fibroxanthoma and fibrosarcoma.

EL6Y Other specified adverse cutaneous effects of therapeutic ionizing irradiation

EL6Z Adverse cutaneous reaction to radiotherapy

Complications of cutaneous cosmetic procedures (BlockL2‑EL7)

EL70 Adverse reaction to dermal or deep fillers

Any adverse event attributable to the use of injected fillers used for soft tissue augmentation.

Exclusions: Pyogenic abscess of the skin (1B75.3)

EL71 Adverse reaction to chemical peel

Any adverse reaction attributable to the use of chemical peels on the skin for cosmetic enhancement. Examples include infection, chemical burns, pustular acneform eruptions, dyspigmentation and scarring. The precise adverse reaction should be documented separately.

EL72 Adverse reaction to injection of neurotoxin

Adverse event resulting from use of neurotoxins, especially botulinum toxin, into the skin. This is most commonly administered for aesthetic reasons. Recognised problems include ptosis, diplopia and hypersensitivity to the toxin. Details of the reaction should be coded separately.

EL73 Unsatisfactory outcome from cutaneous cosmetic surgical procedure

The outcome from a surgical intervention designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.

EL7Y Other specified complications of cutaneous cosmetic procedures

EL80 Adverse cutaneous effects of diagnostic procedures

Skin problems arising from diagnostic procedures. Examples would be radiation necrosis from prolonged fluoroscopy or anaphylaxis from use of radiocontrast media.

Coded Elsewhere: Nephrogenic systemic fibrosis (FB51.Y)

EM0Y Other specified diseases of the skin

EM0Z Skin disease of unspecified nature