

Cutaneous lesions that are red in color have a wide variety of etiologies; in an attempt to simplify their identification, they will be subdivided into papules, papules/plaques, and subcutaneous nodules. Common red papules include *arthropod bites* and *cherry hemangiomas*; the latter are small, bright-red, dome-shaped papules that represent a benign proliferation of capillaries. In patients with AIDS ([Chap. 202](#)), the development of multiple red hemangioma-like lesions points to bacillary angiomatosis, and biopsy specimens show clusters of bacilli that stain positively with the Warthin-Starry stain; the pathogens have been identified as *Bartonella henselae* and *Bartonella quintana*. Disseminated visceral disease is seen primarily in immunocompromised hosts but can occur in immunocompetent individuals.

Multiple *angiokeratomas* are seen in Fabry disease, an X-linked recessive lysosomal storage disease that is due to a deficiency of α -galactosidase A. The lesions are red to red-purple in color and can be quite small in size (1–3 mm), with the most common location being the lower trunk. Associated findings include chronic renal disease, peripheral neuropathy, and corneal opacities (cornea verticillata). While electron photomicrographs demonstrate lamellar lipid deposits in dermal fibroblasts, pericytes, and endothelial cells, nowadays, genetic analysis is more frequently performed for diagnosis. Widespread acute eruptions of erythematous papules are discussed in the section on exanthems.

There are several infectious diseases that present as erythematous papules or nodules in a lymphocutaneous or sporotrichoid pattern, that is, in a linear arrangement along the lymphatic channels. The two most common etiologies are *Sporothrix schenckii* (sporotrichosis) and the atypical mycobacterium *Mycobacterium marinum*. The organisms are introduced as a result of trauma, and a primary inoculation site is often seen in addition to the lymphatic nodules. Additional causes include *Nocardia*, *Leishmania*, and other atypical mycobacteria and dimorphic fungi; culture or PCR of lesional tissue will aid in the diagnosis.

The diseases that are characterized by erythematous plaques with scale are reviewed in the papulosquamous section, and the various forms of dermatitis are discussed in the section on