

Table 11.1 Color Variations in Light and Dark Skin

COLOR VARIATION/ LOCALIZATION	POSSIBLE CAUSES	APPEARANCE IN LIGHT SKIN	APPEARANCE IN DARK SKIN
<p>Pallor</p> <p><i>Loss of color in skin due to the absence of oxygenated hemoglobin.</i></p> <p>Widespread, but most apparent in face, mouth, conjunctivae, and nails.</p>	<p>May be caused by sympathetic nervous stimulation resulting in peripheral vasoconstriction due to smoking, a cold environment, or stress. May also be caused by decreased tissue perfusion due to cardiopulmonary disease, shock and hypotension, lack of oxygen, or prolonged elevation of a body part. May also be caused by anemia.</p>	<p>White skin loses its rosy tones. Skin with natural yellow tones appears more yellow; may be mistaken for mild jaundice.</p>	<p>Black skin loses its red undertones and appears ash-gray. Brown skin becomes yellow-tinged. Skin looks dull.</p>
<p>Absence of Color</p> <p><i>Congenital or acquired loss of melanin pigment.</i></p> <p>Congenital loss is typically generalized, and acquired loss is typically patchy.</p>	<p>Generalized depigmentation may be caused by albinism. Localized depigmentation may be due to vitiligo or tinea versicolor, a common fungal infection.</p>	<p>Albinism appears as white skin, white or pale blond hair, and pink irises. Vitiligo appears as patchy milk-white areas, especially around the mouth. Tinea versicolor appears as patchy areas paler than the surrounding skin.</p>	<p>Albinism appears as white skin, white or pale blond hair, and pink irises. Vitiligo is very noticeable as patchy milk-white areas. Tinea versicolor appears as patchy areas paler than the surrounding skin.</p>
<p>Cyanosis</p> <p><i>Mottled blue color in skin due to inadequate tissue perfusion with oxygenated blood.</i></p> <p>Most apparent in the nails, lips, oral mucosa, and tongue.</p>	<p>Systemic or central cyanosis is due to cardiac disease, pulmonary disease, heart malformations, and low hemoglobin levels. Localized or peripheral cyanosis is due to vasoconstriction, exposure to cold, and emotional stress.</p>	<p>The skin, lips, and mucous membranes look blue-tinged. The conjunctive and nail beds are blue.</p>	<p>The skin may appear a shade darker. Cyanosis may be undetectable except for the lips, tongue, and oral mucous membranes, nail beds, and conjunctivae, which appear pale or blue-tinged.</p>
<p>Reddish Blue Tone</p> <p><i>Ruddy tone due to an increased hemoglobin and stasis of blood in capillaries.</i></p> <p>Most apparent in the face, mouth, hands, feet, and conjunctivae.</p>	<p>Polycythemia vera, an overproduction of red blood cells, granulocytes, and platelets.</p>	<p>Reddish purple hue.</p>	<p>Difficult to detect. The normal skin color may appear darker in some clients. Check lips for redness.</p>
<p>Erythema</p> <p><i>Redness of the skin due to increased visibility of normal oxyhemoglobin.</i></p> <p>Generalized, or on face and upper chest, or localized to area of inflammation or exposure.</p>	<p>Hyperemia, a dilatation and congestion of blood in superficial arteries. Due to fever, warm environment, local inflammation, allergy, emotions (blushing or embarrassment), exposure to extreme cold, consumption of alcohol, dependent position of body extremity.</p>	<p>Readily identifiable over entire body or in localized areas. Local inflammation and redness are accompanied by higher temperature at the site.</p>	<p>Generalized redness may be difficult to detect. Localized areas of inflammation appear purple or darker than surrounding skin. May be accompanied by higher temperature, hardness, swelling.</p>
<p>Jaundice</p> <p><i>Yellow undertone due to increased bilirubin in the blood.</i></p> <p>Generalized, but most apparent in the conjunctivae and mucous membranes.</p>	<p>Increased bilirubin may be due to liver disease, biliary obstruction, or hemolytic disease following infections, severe burns, or resulting from sickle cell anemia or pernicious anemia.</p>	<p>Generalized. Also visible in sclerae, oral mucosa, hard palate, fingernails, palms of hands, and soles of the feet.</p>	<p>Visible in the sclerae, oral mucosa, junction of hard and soft palate, palms of the hands, and soles of the feet.</p>
<p>Carotenemia</p> <p><i>Yellow-orange tinge caused by increased levels of carotene in the blood and skin.</i></p> <p>Most apparent in face, palms of the hands, and soles of the feet.</p>	<p>Excess carotene due to ingestion of foods high in carotene such as carrots, egg yolks, sweet potatoes, milk, and fats. Also may be seen in clients with anorexia nervosa or endocrine disorders such as diabetes mellitus, myxedema, and hypopituitarism.</p>	<p>Yellow-orange seen in forehead, palms, soles. No yellowing of sclerae or mucous membranes.</p>	<p>Yellow-orange tinge most visible in palms of the hands and soles of the feet. No yellowing of sclerae or mucous membranes.</p>

Table 11.1 Color Variations in Light and Dark Skin (*continued*)

COLOR VARIATION/ LOCALIZATION	POSSIBLE CAUSES	APPEARANCE IN LIGHT SKIN	APPEARANCE IN DARK SKIN
<p>Uremia</p> <p><i>Pale yellow tone due to retention of urinary chromogens in the blood.</i></p> <p>Generalized, if perceptible.</p>	<p>Chronic renal disease, in which blood levels of nitrogenous wastes increase. Increased melanin may also contribute, and anemia is usually present as well.</p>	<p>Generalized pallor and yellow tinge, but does not affect conjunctivae or mucous membranes. Skin may show bruising.</p>	<p>Very difficult to discern because the yellow tinge is very pale and does not affect conjunctivae or mucous membranes. Rely on laboratory and other data.</p>
<p>Brown</p> <p><i>An increase in the production and deposition of melanin.</i></p> <p>Generalized or localized.</p>	<p>May be due to Addison's disease or a pituitary tumor. Localized increase in facial pigmentation may be caused by hormonal changes during pregnancy or the use of birth control pills. More commonly due to exposure to ultraviolet radiation from the sun or from tanning booths.</p>	<p>With endocrine disorders, general bronzed skin. Hyperpigmentation in nipples, palmar creases, genitals, and pressure points. Sun exposure causes red tinge in pale skin, and olive-toned skin tans with little or no reddening.</p>	<p>With endocrine disorders, general deepening of skin tone. Hyperpigmentation in nipples, genitals, and pressure points. Sun exposure leads to tanning in various degrees from brown to black.</p>