stratum basale wins, wound heals by regeneration and normal function results from new epidermis. If the fibroblasts win, the wound heals by fibrosis. The scar tissue cannot accomplish the same functions as normal epidermis. A key factor in who wins the race is how far apart the edges are.

**BURNS**
- Classified by **degree of severity** and what part of the skin they reached
  1) **1st degree burn**
     - Involves the epidermis only
     - Most common burn
     - Symptoms include: swelling, redness and pain
  2) **2nd degree burn**
     - Involve the epidermis and the dermis
     - Symptoms include; swelling, redness, pain and blisters
     - AKA partial-thickness burns
     - Most painful type of burn due to nerve endings being exposed
  3) **3rd degree burn**
     - Involved, epidermis, dermis and hypodermis
     - Symptoms include numbness and black charring around the edges of the burn
     - AKA full-thickness burn
     - Can no longer feel any pain in this area due to severe nerve damage to the dermis

**RULE OF NINES:** used to determine the extent of the burn damage. Every part of the body is 9%

**LAYERS OF THE SKIN:**
- **2 major layers:** Thick and Thin skin.
  - Thick that have 5 layers (Strata Lucida)
    - lips, soles and palms
    - no hair

**LAYERS:**
1) Hypodermis/ Subcutaneous Fascia. (**innermost**)
- Technically not part of the skin but **attaches** skin to other tissues, so it’s part of the integumentary system
- contains majority of adipose and loose connective tissues and smooth muscles,
- some sites contain striated tissue just beneath the reticular layer
- During puberty, adipose tissues are almost complete in the form of Panniculus Adiposis (baby fats)- serves as major energy storage site and provides insulation
- Panniculus Carnosus: striated muscle
- **Most ideal** place for subcutaneous injections because numerous blood vessels in the hypodermis can absorb antibodies easily

2) Dermis (**middle**)
- AKA “True Skin”
- Dense connective tissues
- 2 layer: Papillary and Reticular
- Papillary: superficial to reticular and **deep** to the epidermis
  - loose connective tissue
3) Lunula:
- whitish portion on the base of the nail
- partially keratinized matrix cells
- appears white due to thickened underlying stratum basale obscuring underlying blood vessels
- visible portion of the nail root

4) Nail Wall:
- Folds of the skin found on the sides of the nail plate

5) Nail Groove:
- a shallow canal/furrow which is found in between the Nail Plate and Nail Wall

6) Nail Fold
- Proximal part of the skin where the cuticle is attached
- what Cristine scratches off Ben
- skin rises to form a fold over the nail’s lateral edge

7) Cuticle
- excess overlying skin on the nail plate attached to the nail fold above to the Nail Root
- AKA Eponychium
- composed of stratum corneum cells extending onto the nail bed
- edge of skin fold that covers the nail root

8) Nail Root
- proximal part of the nail plate
- buried in a fold of epidermis
- covers cells of the germinative zone/matrix

9) Nail Matrix:
- Where new nails form
- proximal part of the nail bed

10) Hyponychium
- thickening/edge of the skin under the nail
- secures free edge of the nail plate at the fingertip

KELOIDS!
- Keloids are firm, pink to red, itchy, irritated bumps that tend to gradually enlarge.
- Keloids develop as a consequence of abnormal scar formation.
- People with darker skin are typically more predisposed to develop keloids.
- Simply cutting out a keloid is likely to result in an even larger keloid developing at the excision site.