Pathology in dermatology
Dra. Victoria Alegría.
Fundación Jiménez Díaz, Madrid
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International Society of Dermatopathology
• Increase the knowledge of the structure and function of the skin and of diseases of the skin by microscopy
• Establish criteria for diagnosing diseases of the skin by microscopy
• Disseminate scientific information regarding inflammatory, infectious and neoplastic dermatopathology
Structure

- Posters
- Self-assessment sessions
- Oral abstract presentations
- Dermatopathology trainee world cup
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Posters

• 30 Posters

1. Pseudomyogenic hemangioendothelioma presenting as a painful cutaneous nodule
2. Cutaneous blastic plasmacytoid dendritic cell neoplasm
3. Primary cutaneous nodular amyloid of the feet
4. Multinucleate cell angiohistiocytoma: a rare imitator
5. Pseudoangiosarcomatous squamous cell carcinoma: a rare mimic of cutaneous angiosarcoma
6. Gouty panniculitis
7. Juvenil temporal arteritis
INTRODUCTION

Primary scarring or "burning" lesions are categorized based on the character of the inflammatory cell infiltrate (lymphocytic, neutrophilic, mixed, and eosinophilic). Diagnostic limitations remain, however, and not only in criteria for making definitive diagnosis but also in understanding the exact nature of the different alergic processes.

A recent publication establishes the existing diagnostic dilemma that lymphatic scarring alergic lesions (including lupus erythematosus) are a group of several dermatopathologists investigated. They classified this group into three subgroups. This group consists of chronic atopic alergic lesions and two additional subgroups: keratolytic dermatitis and lymphocytic alergic lesions. These subgroups were evaluated on histopathological features.

Lymphatic scarring alergic lesions, including lepromatous lupus erythematosus, consist of scattered lymphocytes and neutrophils. They are characterized by the presence of lymphocytic and neutrophilic infiltrates within the dermis. The inflammatory infiltrate is composed of lymphocytes, neutrophils, and eosinophils. The presence of eosinophils is associated with the pathogenesis of chronic atopic alergic lesions.

METHODS

Case series included cases of chronic atopic alergic lesions of the hands and wrists. The cases presented with persistent pruritus and erythematous plaques. The diagnosis was made by histopathological examination of skin biopsy samples. The cases were followed up for a period of 12 months.

RESULTS

Nine cases were included in the study. One patient presented with chronic atopic alergic lesions of the hands and wrists. The lesions were characterized by a dense infiltrate of lymphocytes, neutrophils, and eosinophils. The histopathological features were consistent with chronic atopic alergic lesions.

CONCLUSIONS

This study demonstrates the importance of histopathological examination of skin biopsy samples in the diagnosis of chronic atopic alergic lesions. The results of this study suggest that histopathological examination is a useful tool in the diagnosis of chronic atopic alergic lesions.

REFERENCES

CONCLUSIONS

This is the first study to assess the IHC of central centrifugal cicatricial alopecia and lichen planopilaris.

This study demonstrates that immunohistochemically, as well as histologically, specimens of CCCA and LPP are indistinguishable. CK15 may be a useful marker for identifying subtly diseased follicles that are not otherwise identifiable on H&E alone.

The distinct clinical presentations of CCCA and LPP, combined with their identical cellular and molecular features, suggests the possibility that diverse etiologies, such as a variety of environmental exposures, may lead to the activation of a common pathway that results in the development of one of several clinically characteristic yet biologically equivalent acquired lymphocytic permanent alopecias.
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Oral abstracts presentations

• 20 presentations

1. Cutaneous cysts: what lies beneath
2. Contiguous verrucous proliferations in syringocystoadenoma papilliferum: a retrospective analysis with additional evaluation via mutation-specific BRAF V600E immunohistochemistry
3. Gata-3 staining in primary cutaneous primary cutaneous apocrine cribriform carcinoma
Oral abstracts presentations

Cutaneous cysts: what lies beneath. Dra. Maria Teresa Fernández Figueras

1. Contiguos squamous proliferations, some resembling verrucous cysts are common in SCAP
2. Occasionally squamous–glandular BRAF V600E occurs in large subsets of sporadic SCAP
3. Expressed in both glandular and contiguous squamous epithelium: common origin
Oral abstracts presentations

• Gata-3 staining in primary cutaneous primary cutaneous apocrine cribriform carcinoma Dra. Mar Llamas-Velasco
  1. To study the staining pattern of GATA-3 in primary cutaneous apocrine cribriform carcinoma
  2. To study how this study may be useful to differentiate cribriform carcinoma from breast cancer metastases
Gata-3 staining in primary cutaneous apocrine cribriform carcinoma. Dra. Mar Llamas-Velasco

1. To study the staining pattern of GATA-3 in primary cutaneous apocrine cribriform carcinoma

Primary cutaneous apocrine cribriform carcinoma does not express GATA-3

2. To study how this study may be useful to differentiate cribriform carcinoma from breast cancer metastases

100% GATA-3 + breast cancer metastases
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