CASE 12

- 63 year old female
- Blistering eruption over lower limbs
- Severe rheumatoid arthritis
- No new medications
Adult Linear IgA Bullous Dermatosis
Subepidermal Bullous Dermatoses with Neutrophils

- Dermatitis herpetiformis
- Linear IgA bullous dermatosis
- Epidermolysis bullosa aquisita (EBA)
- Bullous lupus erythematosus
- Cicatricial pemphigoid
- Bullous pemphigoid (uncommon)
- Don’t forget the non immunobullous causes: bullous cellulitis, erysipelas, bullous Sweets/Neutrophilic dermatoses, bullous leukocytoclastic vasculitis, bullous pyoderma gangrenosum etc (typically show neutrophils extending into the deep dermis or subcutis)
Subepidermal immunobullous disease with neutrophils – DIF and split skin

- **Dermatitis herpetiformis**: Granular IgA, occasionally C3, fibrinogen and IgM in dermal papillae, sometimes diffuse or fibrillar.

- **Linear IgA bullous dermatosis**: Linear IgA (strong) at DEJ. Weaker IgG, IgM and/or C3 (20%). Split skin roof, floor or both (heterogeneous).

- **Epidermolysis bullosa aquisita (EBA)**: Discontinuous linear deposition of C3, IgG, IgM and/or IgA at DEJ. IgG stronger than C3. Split skin floor staining.

- **Bullous lupus erythematosus**: Discontinuous granular deposition of C3, IgG, IgM and/or IgA at DEJ.

- **Cicatricial pemphigoid**: Linear IgG and C3 (latter stronger) at DEJ. Weaker IgA (20%). Split skin roof, floor or both (heterogeneous). Floor consider antiepiligrin with associated risk of malignancy.

- **Bullous pemphigoid**: Linear IgG and C3 (latter stronger) at DEJ. Rarely weak IgA. Split skin roof staining.
CASE 13

- 53 year old female
- Annular lesions over right inner thigh
Interstitial (incomplete) Granuloma Annulare
Dermal interstitial granulomatous dermatitis pattern

D/D

- Granuloma annulare
- Necrobiosis lipoidica
- Interstitial granulomatous drug reaction
- Palisaded neutrophilic and granulomatous dermatitis (IGD)
- Granulomatous mycosis fungoides
- Annular elastolytic granuloma/Actinic granuloma
- Rheumatoid nodule (uncommonly)
- Sarcoidosis (uncommonly)
- Mycobacteria marinum infection, Borrellosis, Deep fungal infection and Secondary Syphilis
CASE 14

- 25 year old female
- Slowly growing indurated lesion over left shoulder
Dermatomyofibroma
Dermatomyofibroma

DD

- **Dermatofibroma**: No parallel oriented tumour cells, more prominent epidermal hyperplasia and collagen trapping.

- **Hypertrophic scar**: Dense collagen aligned parallel, vessels vertical, loss of adnexa.

- **Dermatofibrosarcoma protuberans (DFSP)**: Storiform but plaque variant overlaps. CD34 typically positive, SMA-, Rearrangements of COL1A1/PDGFB.

- **CD34 positive plaque fibroma**: Vertical fibre and vessel orientation superficially, parallel pattern more deeply, CD34+, SMA-.

- **Leiomyoma**: Fascicles not usually parallel. Strong staining MSA, SMA and Desmin.

- **Connective Tissue Naevus, Desmoid Fibromatosis, Myofibroma, Fibrous hamartoma of infancy**
CASE 15

• 21 year old female
• Unusual rippled appearance on neck over 4 years
Pseudoxanthoma Elasticum (PXE)
PXE DD:
Acquired PXE-like syndromes

- Pseudo-PXE due to penicillamine therapy
- PXE-like papillary dermal elastolysis
- Fibroelastolytic papulosis
- Exposure to Norwegian saltpeter (calcium and ammonium nitrate)
Not much to see at first glance DD

- Macular amyloidosis
- Vitiligo
- Superficial fungal infection
- Urticaria
- TMEP (telangiectasia macularis eruptiva perstans)
- Icthyosis

- Argyria
- Chrysiasis
- Pitted keratolysis/erythrasma
- Anetoderma
- Connective tissue naevus
- Dermal melanocytosis