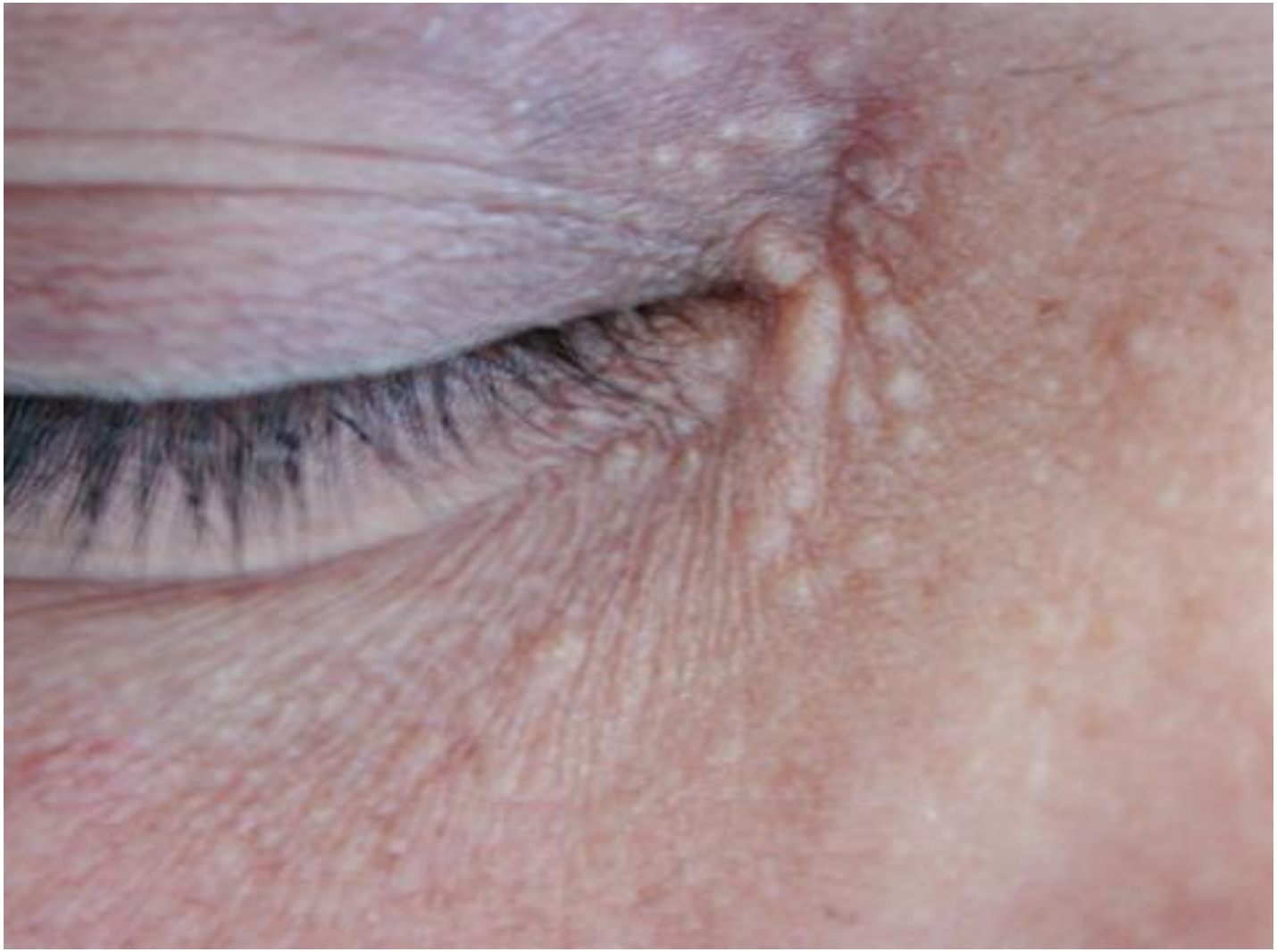
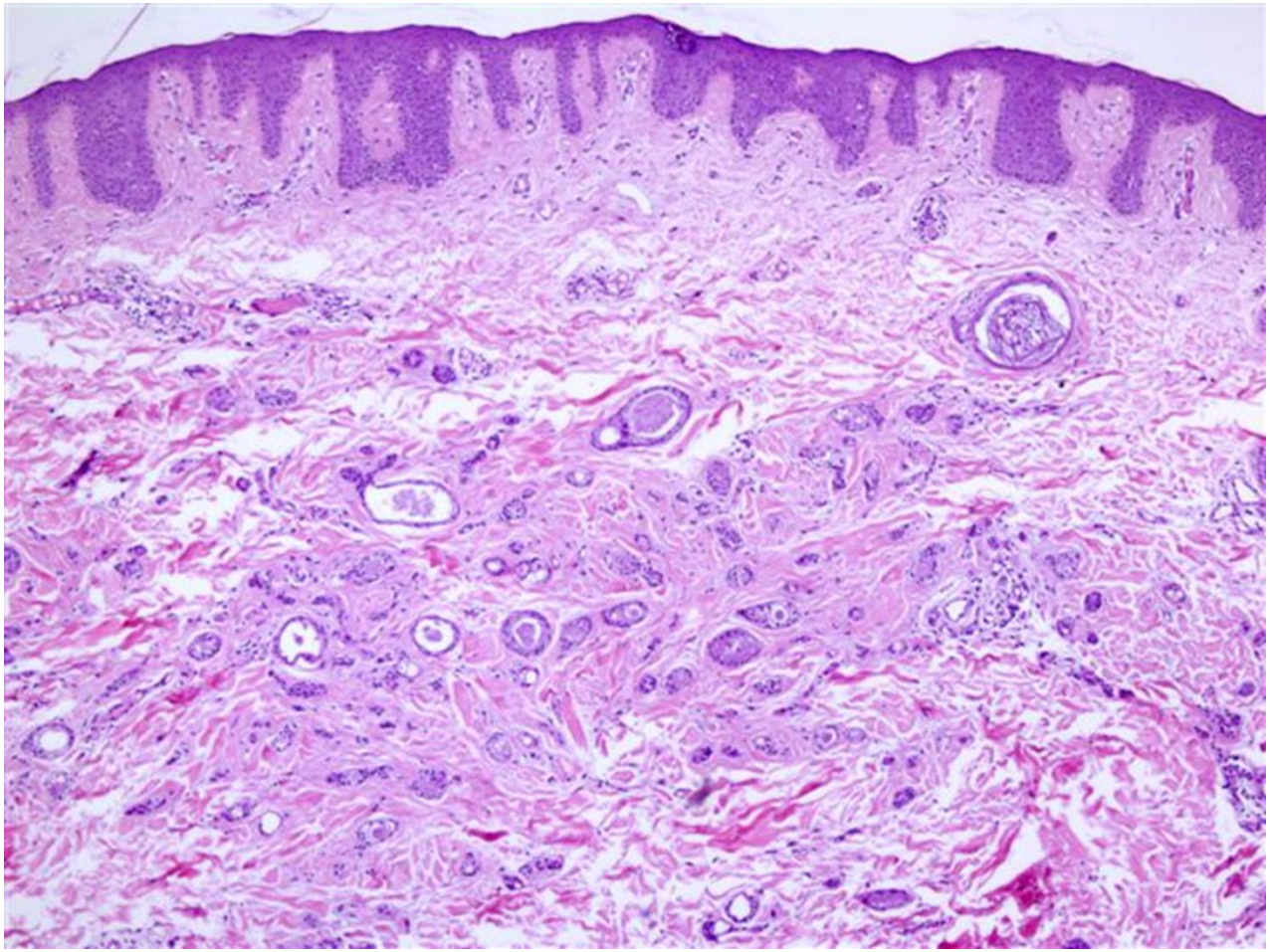
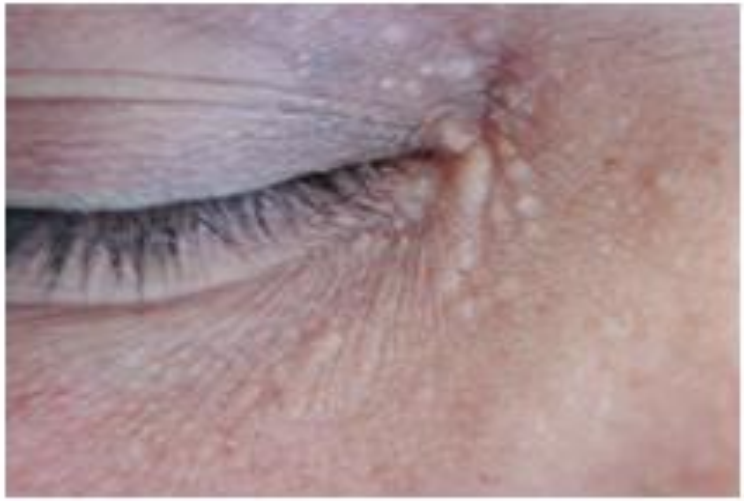
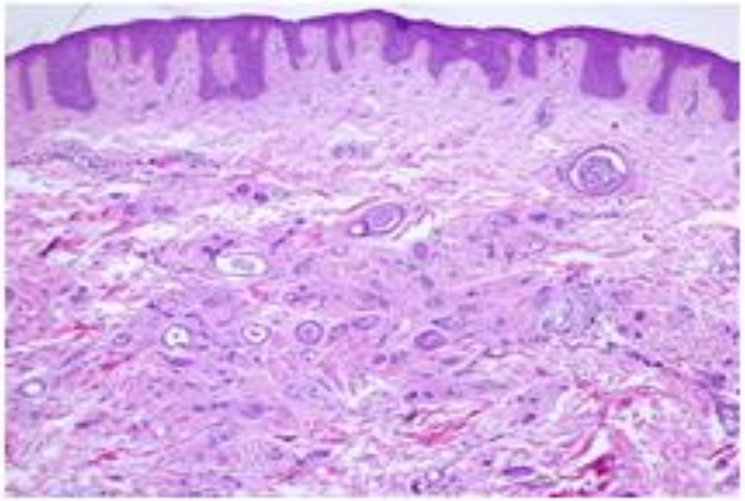
1

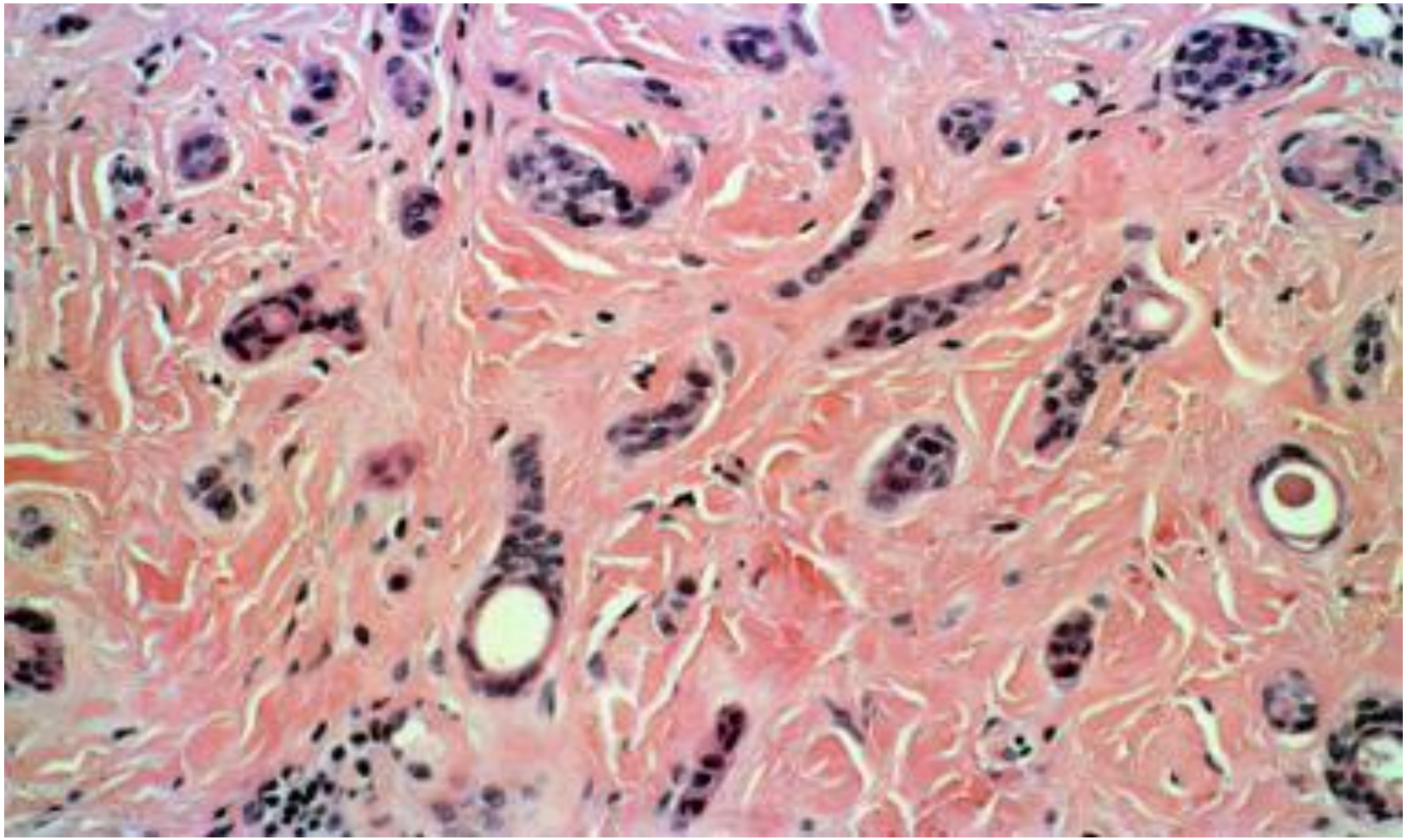




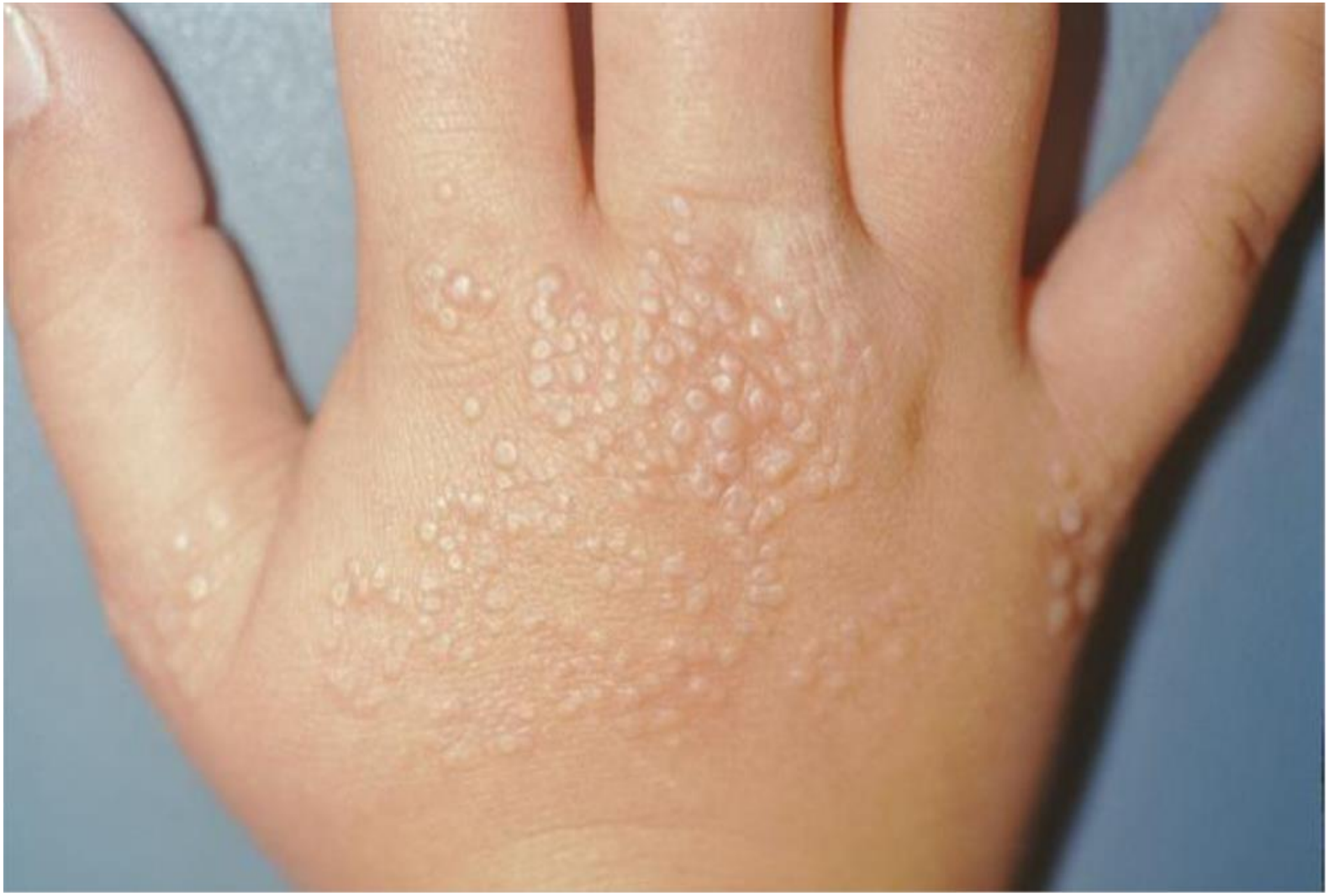
Which is the most likely diagnosis?

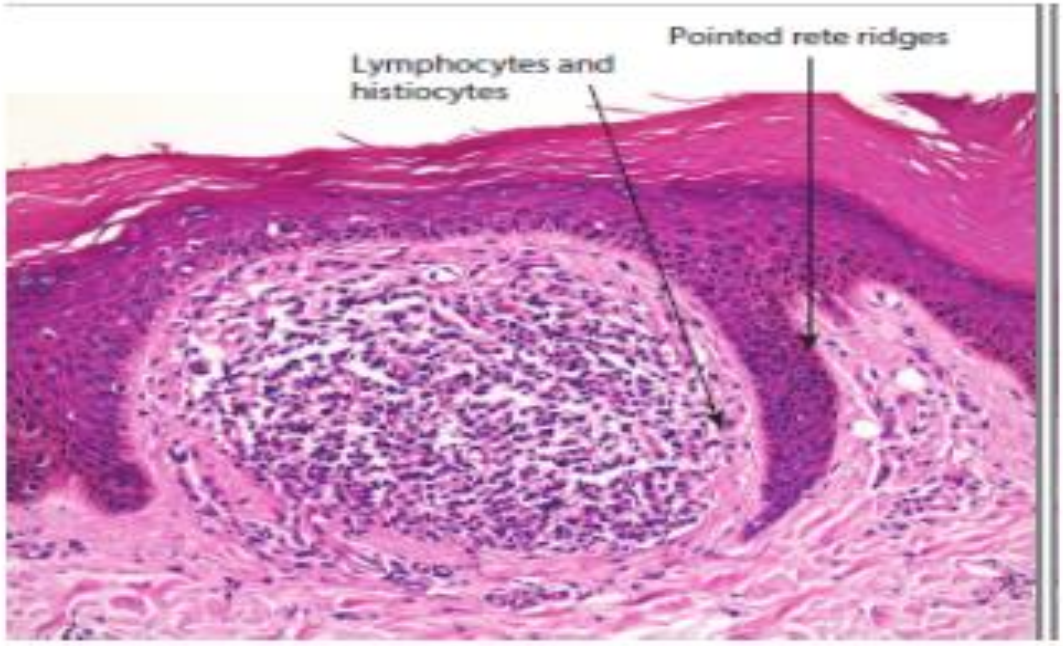




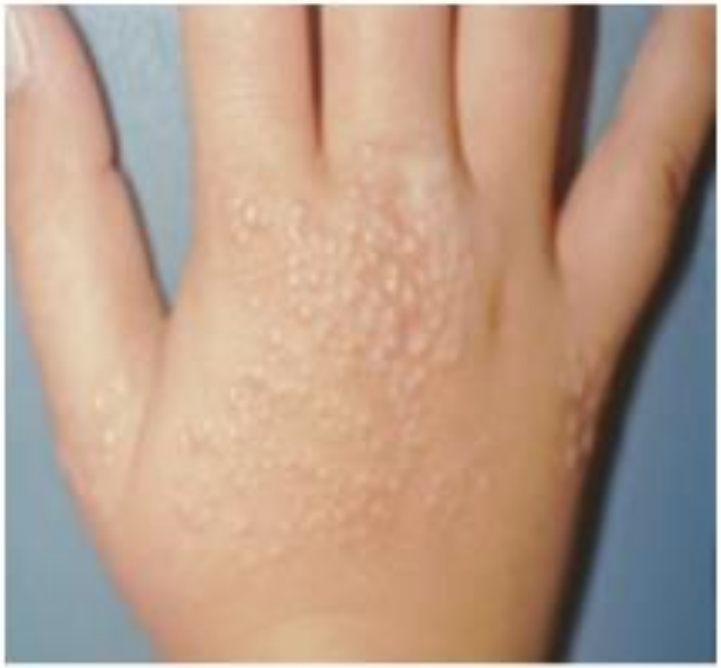


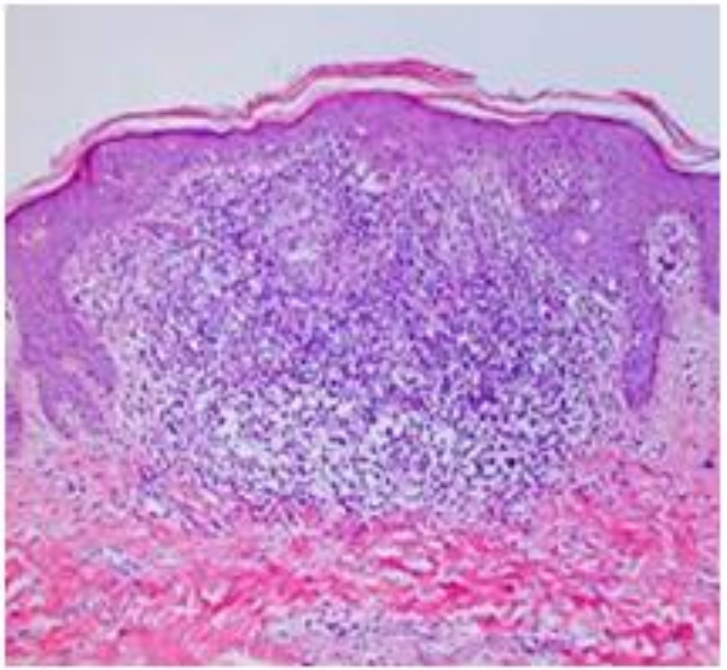
2




Pointed rete ridges
Lymphocytes and
histiocytes

Three years old boy with this asymptomatic rash of 6 months duration with this histopathology
Which is the most likely diagnosis?





Discussion

Syringoma is a benign adnexal neoplasm formed by well-differentiated ductal elements. The name syringoma is derived from the Greek word syrinx, which means reed or pipe.

Based on Friedman and Butler's classification scheme, 4 variants of syringoma are recognized: (1) a localized form, (2) a form associated with Down syndrome, (3) a generalized form that encompasses multiple and eruptive syringomas, and (4) a familial form.

In anatomy, adnexa refers to the appendages of an organ. The term adnexa stems from a Latin word meaning appendages.

More specifically, it can refer to:

Adnexa of eye (accessory visual structures)

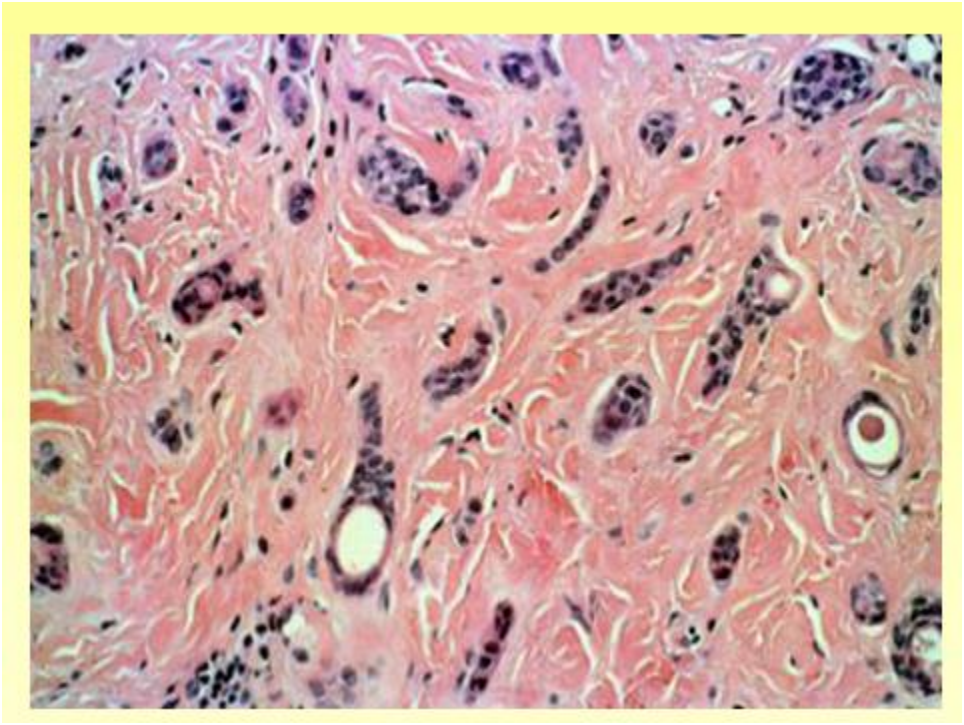
Adnexa of uterus (uterine appendages)

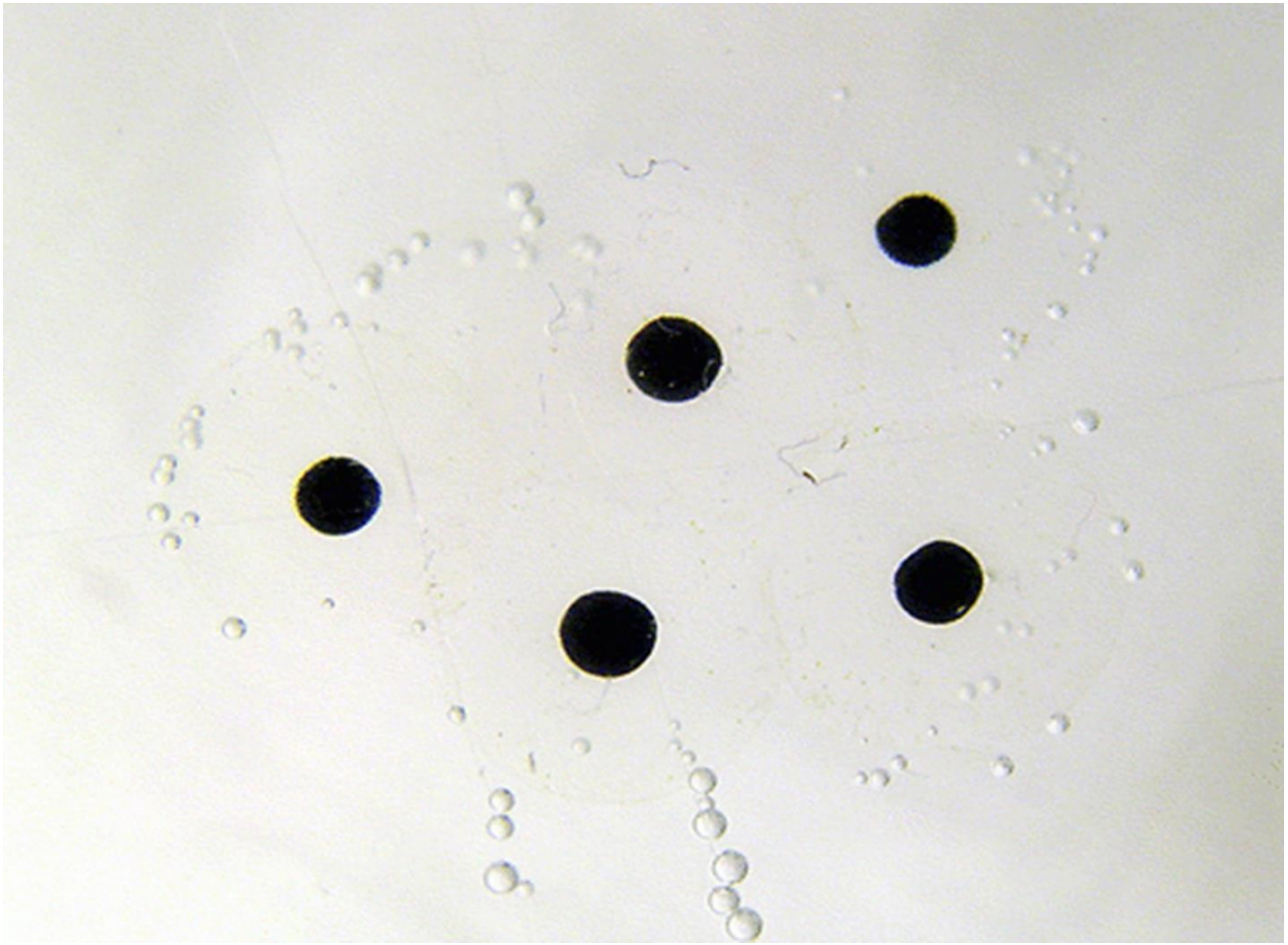
Adnexa of skin (skin appendages)

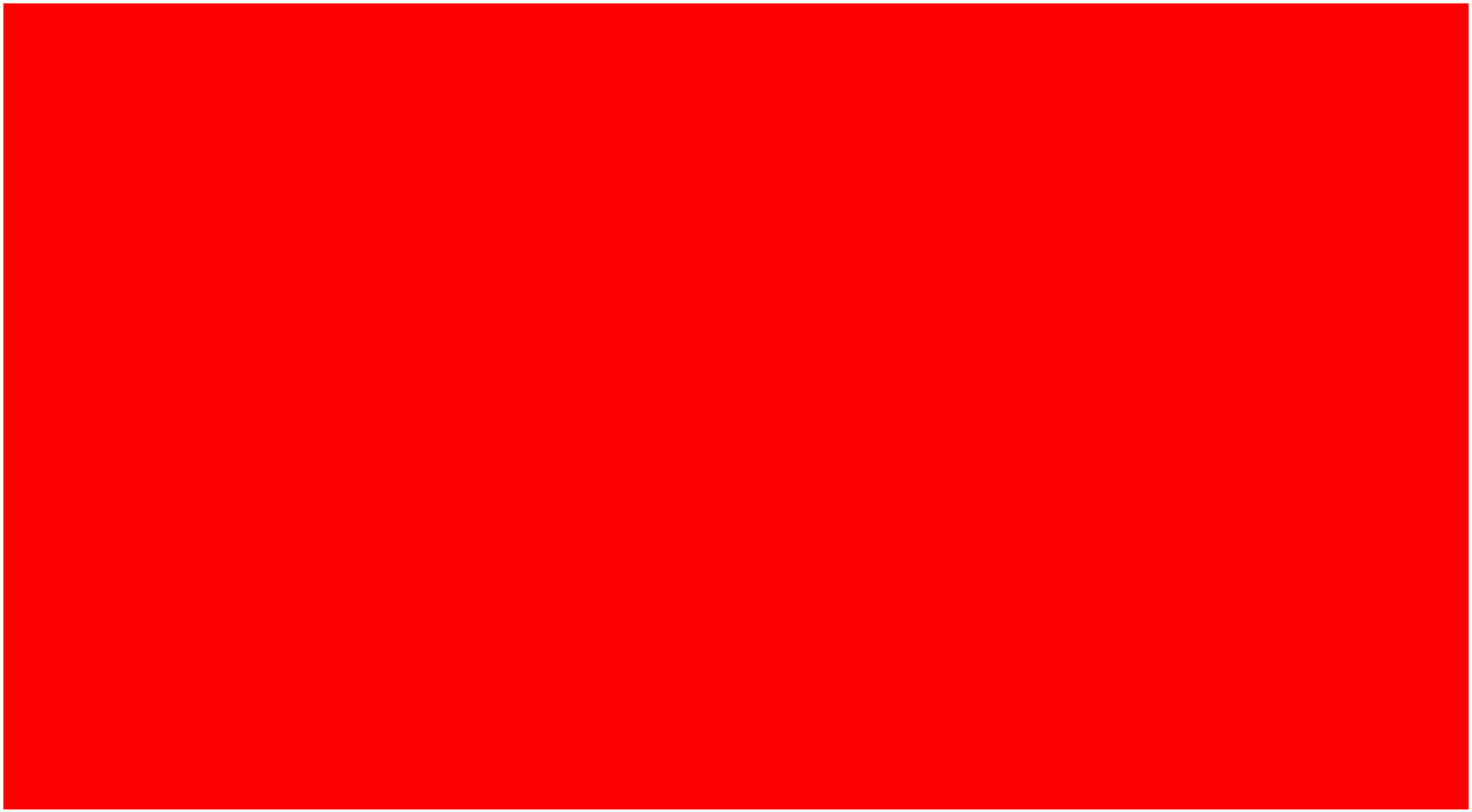
Syringoma is usually located mostly in the superficial dermis and is composed of numerous small ducts embedded in a sclerotic stroma . Rarely, deep reticular dermal involvement has been reported.

The walls of the ducts are usually lined by two rows of cuboidal-to-flattened epithelial cells and have a lumen containing periodic acid-Schiff–positive, eosinophilic, amorphous debris.

Some of the ducts have elongated “tails” of epithelial cells, producing a characteristic comma-shaped or tadpole appearance.

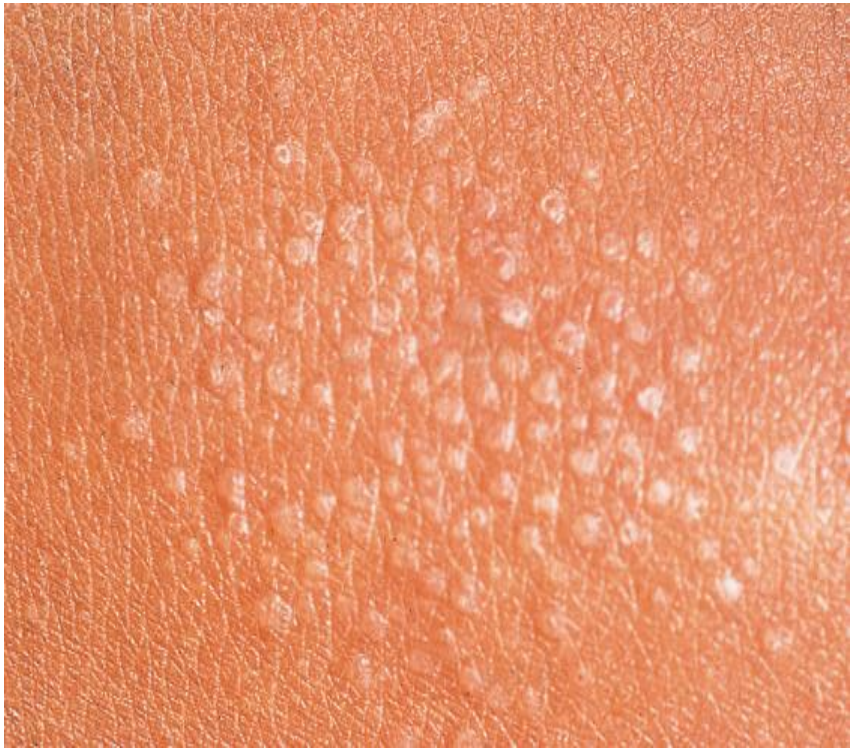






Lichen Nitidus

Assissant Prof.
Dr.Ahmed Abdul-Aziz Ahmed
F. I.B.M.S



Lichen nitidus :

(LN) is a chronic inflammatory disease characterized by minute, shiny, flat-topped, pale, exquisitely discrete, uniform papules, rarely larger than 1–2 mm.

Children and young adults are primarily affected.

Pruritus is usually *minimal or absent*, **but may be more prominent in more generalized cases.**

Linear arrays of papules (Koebner phenomenon) are common, especially on the penis, forearms, and dorsal hands.

Initially, lesions are localized and often remain limited to a few areas, chiefly the penis and lower abdomen, the inner surfaces of the thighs, and the flexor aspects of the wrists and dorsal hands/forearms. In other cases, the disease assumes a more widespread distribution, and the papules fuse into erythematous, finely scaly plaques.

The reddish color varies with tints of yellow, brown, or violet. Unusual variants of LN include vesicular, hemorrhagic, linear, purpuric (resembling a pigmented purpuric dermatosis), and spinous follicular (resembling lichen spinulosus).

Palm and sole involvement may occur in LN, and the disease may be restricted to these areas.

It presents with multiple, tiny, hyperkeratotic papules. The papules may coalesce to form diffuse hyperkeratotic plaques that fissure. The differentiation of LN from hyperkeratotic hand eczema and lichen planus of the palms is aided by the presence of a keratotic plug in the center of lesions of palmoplantar LN.

Nail involvement with pitting; beaded, longitudinal ridging; and nail fold inflammation have been reported.

Oral involvement, with gray–yellow papules or petechiae of the hard palate, is rare.

A variant of LN, termed actinic lichen nitidus, has been reported in dark-skinned patients from the Middle East and Indian subcontinent. Cases seen in African Americans have also been termed "pinpoint, papular polymorphous light eruption (PMLE)," or known by the older term "summer actinic lichenoid eruption." These cases all have lesions clinically and histologically identical to LN, which are limited to the sun-exposed areas of the dorsal hands, brachioradial area, and posterior neck. The LN histology may represent subacute or chronic lesions of pinpoint PMLE. Actinic LN/pinpoint papular PMLE usually responds to sun protection, with or without topical steroids.

The course of LN is slowly progressive, with a tendency for remission.

The lesions may remain stationary for years but eventually they often disappear spontaneously and entirely.

The cause of LN is unknown.

LN has a characteristic histologic appearance:

Dermal papillae are widened and contain a dense infiltrate composed of lymphocytes, histiocytes, and melano-phages.

Multinucleate giant cells are often present, imparting a granulomatous appearance to the infiltrate.

The epidermal rete ridges on either side of the papilla form a clawlike collarette.

The overlying epidermis is attenuated, and there is usually vacuolar alteration of its basal layer.

At times the infiltrate may extend down adjacent hair follicles and eccrine ducts, making distinction of LN from lichen scrofulosorum and lichen striatus difficult.

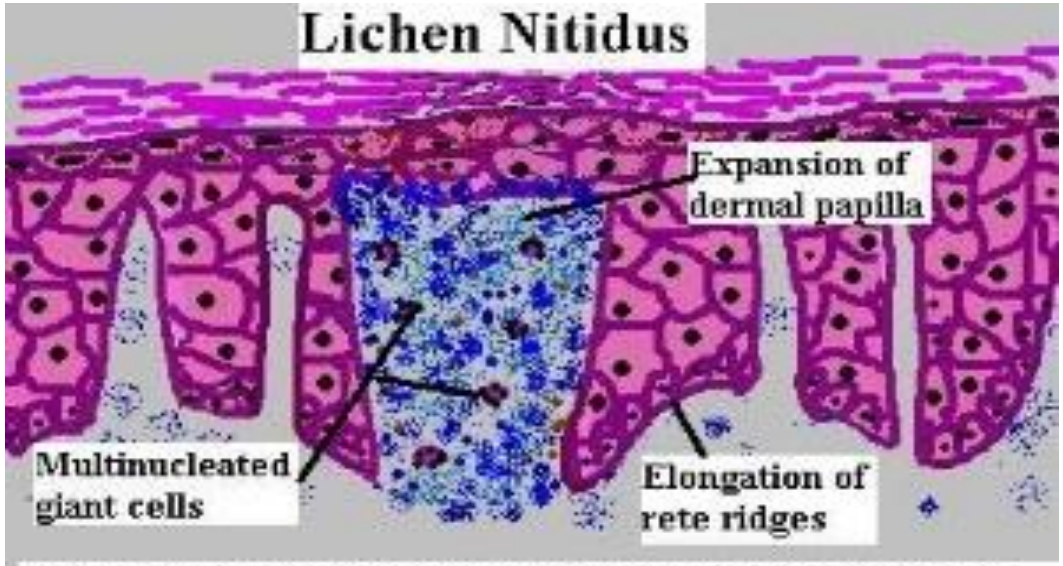
Lichen nitidus:

A round aggregate of lymphocytes and histiocytes is locked by two adjacent rete ridges at the dermoepidermal junction. the thick stratum corneum is a clue to acral skin.

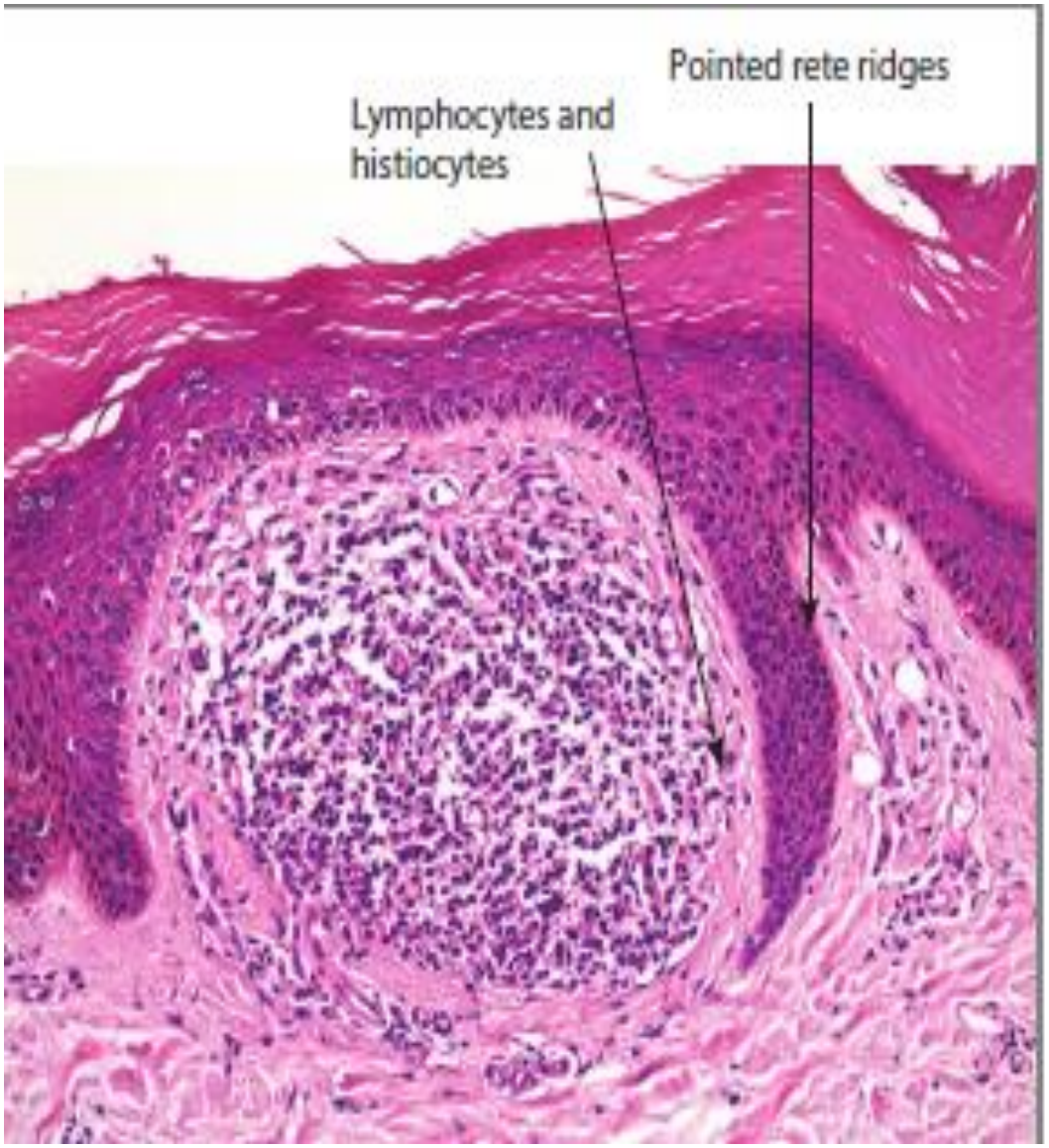
Histologic Findings

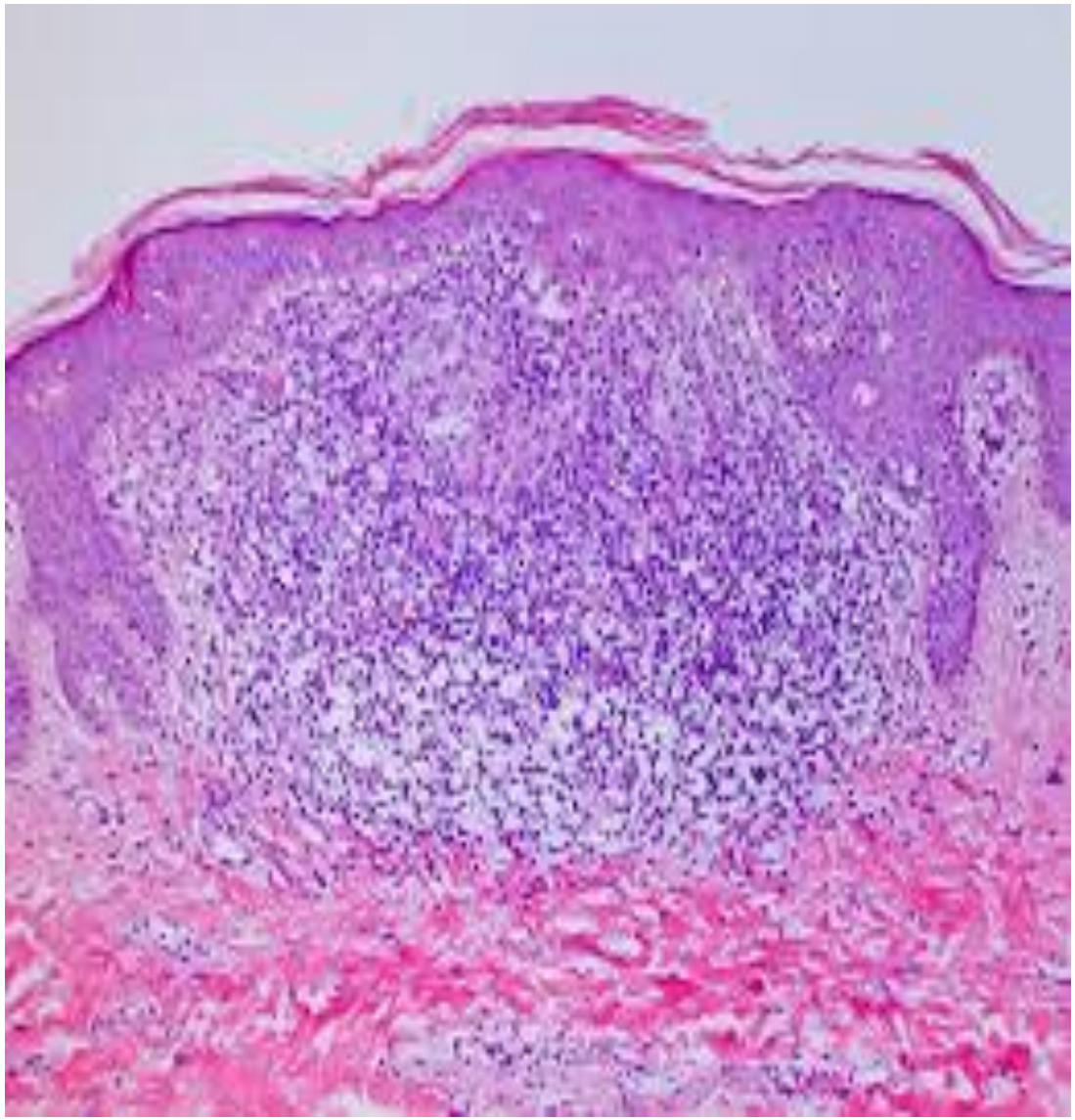
The papule of lichen nitidus consists of a lymphohistiocytic inflammatory cell infiltrate that lies in close proximity to the epidermis and is associated with basal cell hydropic degeneration. The overlying epidermis is flattened and parakeratotic. At the lateral margins of the papule, the rete ridges extend downward and seem to hug the inflammatory infiltrate, which may be granulomatous.

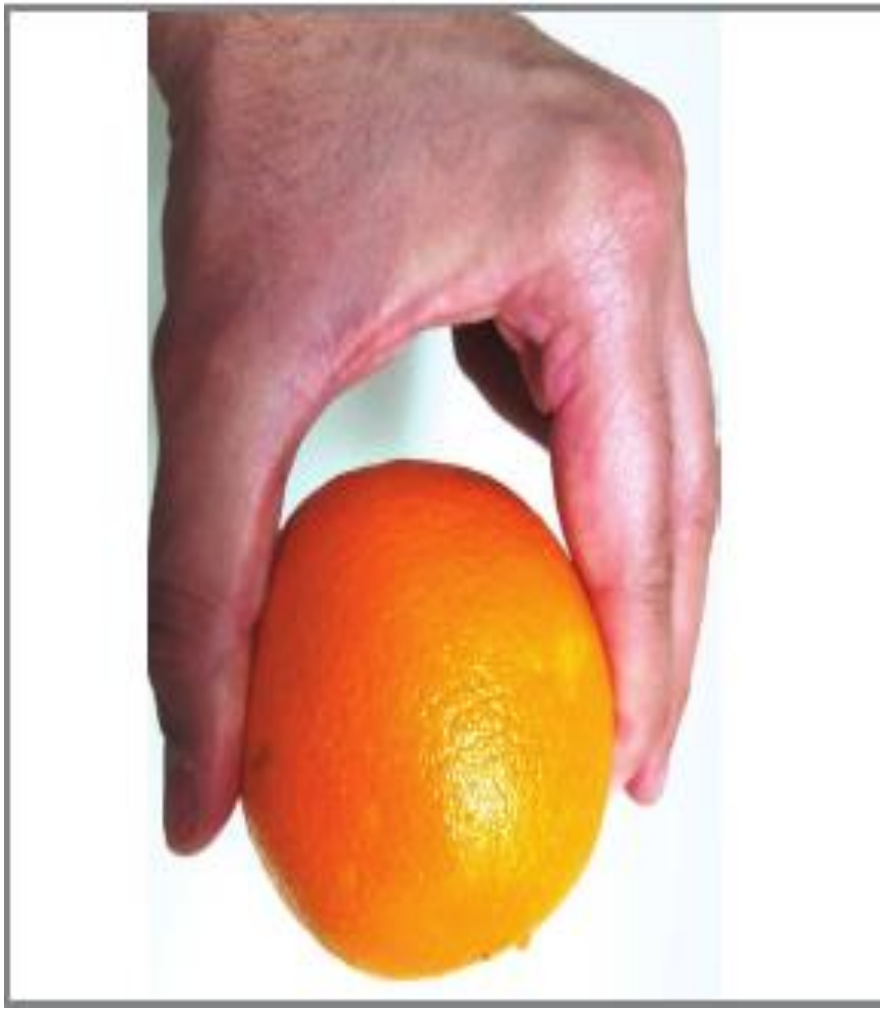
Lichen Nitidus



Dense well circumscribed subepidermal infilrate involving superficial dermis. The infiltrate consists of lymphocytes, histiocytes, melanophages, epithelioid cells and mutinuleated giant cells. Claw-like acanthotic rete-ridges are present at the margin of the inflammatory focus. Some overlying parakeratosis is present.


Pointed rete ridges
Lymphocytes and
histiocytes





Differential Diagnoses

Acute Complications of Sarcoidosis

Bowenoid Papulosis

Guttate Psoriasis

Id Reaction (Autoeczematization)

Keratosis Pilaris

Lichen Planus

Lichen Sclerosus

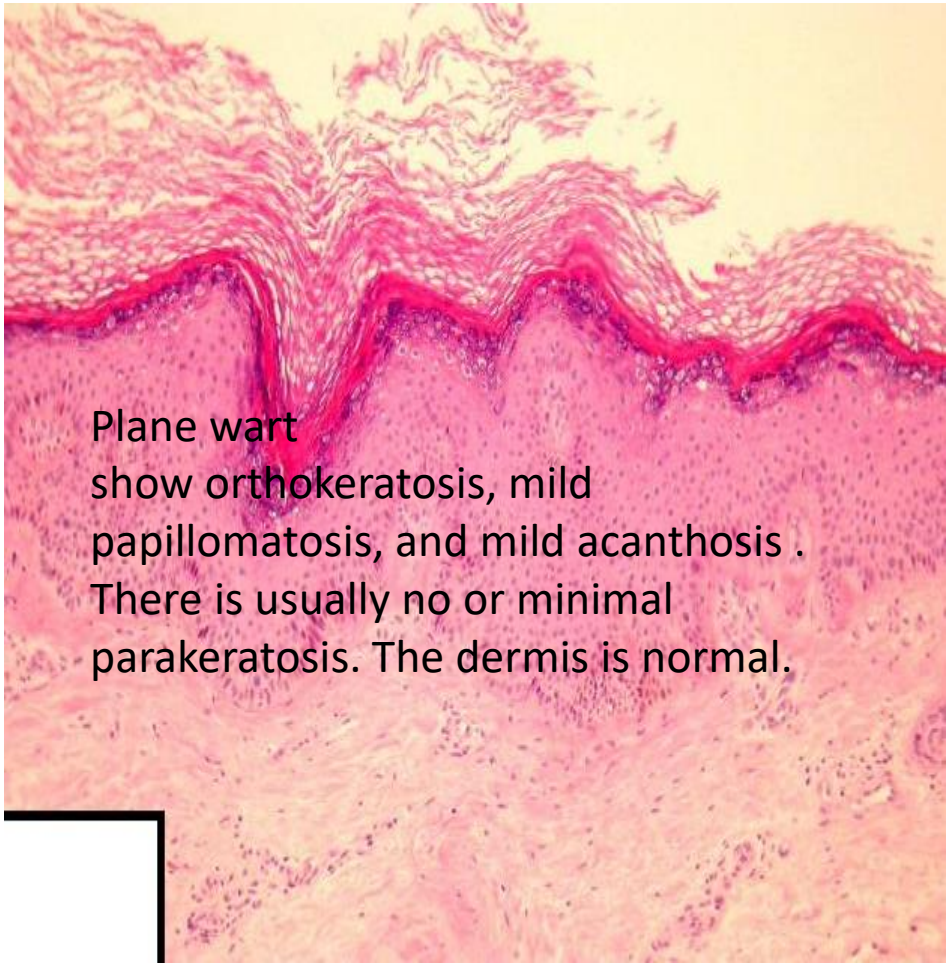
Lichen Scrofulosorum

Lichen Spinulosus

Lichen Striatus

Nongenital Warts

Secondary Syphilis


Plane wart
show orthokeratosis, mild
papillomatosis, and mild acanthosis .
There is usually no or minimal
parakeratosis. The dermis is normal.

Because LN is usually asymptomatic, treatment is often not necessary.

Topical application of high or superpotent topical corticosteroids or topical calcineurin inhibitors may suppress pruritus and lead to resolution of skin lesions. Narrow-band UVB and PUVA could be considered in more generalized and symptomatic cases.


EVERY
NEW DAY
IS ANOTHER
CHANCE
TO CHANGE
YOUR LIFE

Lichen nitidus is a relatively rare, chronic skin eruption that is characterized clinically by asymptomatic, flat-topped, skin-colored micropapules . Lichen nitidus mainly affects children and young adults.

Scanning power view of lichen nitidus identifies a focal dermal inflammatory infiltrate enclosed within collarettes of epidermal acanthosis .

Higher power view identifies a well circumscribed lymphohistiocytic infiltrate with multinucleated giant cells