



lation of serous fluid (scleredema) and dermis elevation caused by projected dermal papillae (papillomatosis) are also changes of connective tissues.

5. Deposition of foreign substances

Substances that deposit in the dermis include amyloids (e.g., in macular amyloidosis, lichen amyloidosis), mucins (e.g., myxedema, lupus erythematosus), calcium (e.g., in carcinosis cutis, pseudoxanthoma elasticum, CREST syndrome), hemosiderins (e.g., in bruising, angiitis, hemochromatosis), uric acid, porphyrin and hyaline.

d. Subcutaneous fat tissue

1. Panniculitis



Panniculitis is an inflammation of the subcutaneous fat tissue (**Figs. 2.22 and 2.23**). It is categorized by the site of inflammation. In septal panniculitis, inflammation occurs mostly in the septa of the subcutaneous fat tissue, such as seen in erythema nodosum. In lobular panniculitis, inflammation occurs in the lobules of the fat tissue, such as seen in erythema induratum. Panniculitis can also occur in acute pancreatitis from the fat necrosis that occurs as a complication.

2. Other changes in fat tissue

Lipogranuloma, lipatrophy, liponecrosis, lipolysis, lipoma and liposarcoma are other changes of fat tissue.

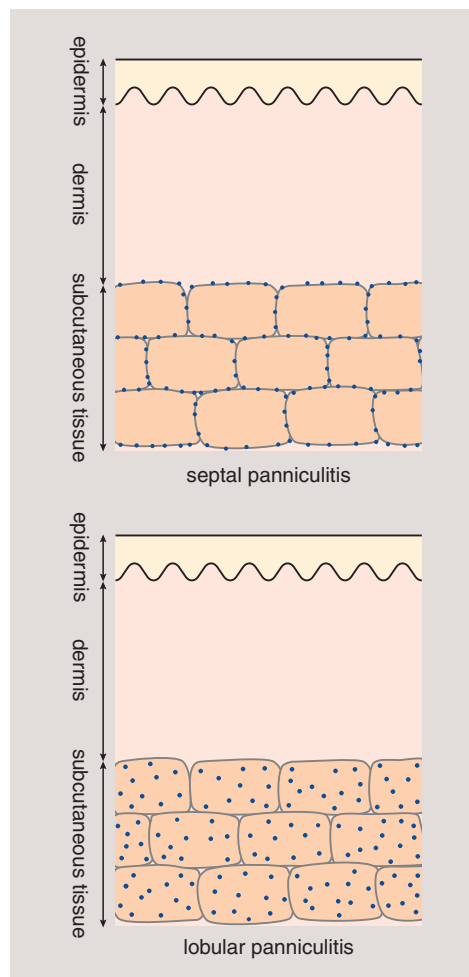


Fig. 2.22 Differences between septal panniculitis and lobular panniculitis.

Black dots are the infiltrated inflammatory cells.

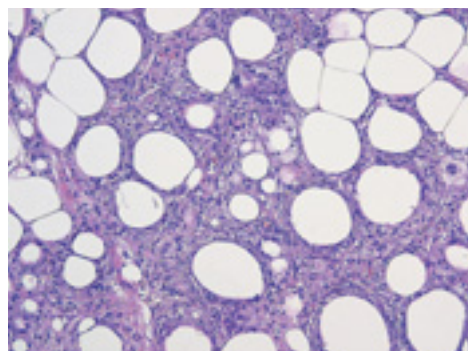


Fig. 2.23 Septal panniculitis.
Erythema nodosum.

