

Keratotic follicular plugging

Acanthotic epidermis

vacuolar alteration

lichenoid lymphocytic inflammation





**Clinical Information:** 65/F Right Cheek. L30.9, R/O Atypia.

**DIAGNOSIS:**

SKIN, RIGHT CHEEK, BIOPSY:  
DISCOID LUPUS ERYTHEMATOSUS

**Teaching Points:**

This biopsy had two different morphologies:  
lichenoid interface with epidermal atrophy vs.  
epidermal acanthosis and follicular plugging  
(look for both)

Clinically, LE was missed. Look for sharply demarcated,  
erythematous, scaly patches on the cheeks.

Must examine neck, scalp, eyelids, lips, and oral mucosa

**Minimal Diagnostic Criteria:**

Epidermal changes: atrophy and/or acanthosis,  
keratotic follicular

plugging, and hyperkeratosis

Basilar layer: vacuolar alteration and

lichenoid lymphocytic inflammation

Inflammation involves pilosebaceous  
follicles

Civatte bodies (apoptotic keratinocytes)

Progressive thickening of the basement  
membrane on PAS stain

**Differential Diagnosis:**

Lichen planus

Hypertrophic LE: squamous cell carcinoma

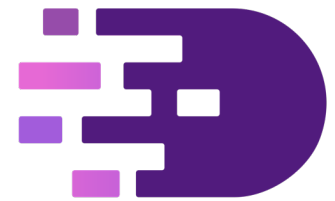
Tumid LE: erythema annulare centrifugum, chronic

Urticaria, and reticular erythematous mucinosis

Polymorphic light eruption

Secondary syphilis

Poikiloderma atrophicans vasculare



**DIGITAL SKIN PATHOLOGY (DiSK)**  
Learn Histologic Diagnosis Case-By-Case

