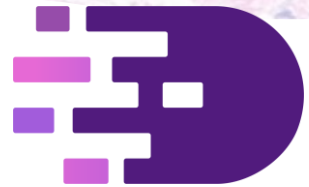


Miescher's granuloma

Extravasated erythrocytes

Expansive, fibrosing
panniculitis



- **Clinical Information:** 29/M with ankle's joint pain, short shortness of breath with CXR hilar adenopathy with findings suggestive of sarcoidosis (1 year ago). New bruise-like bumps raised and pink.
- **DIAGNOSIS:**
 - SKIN, RIGHT LOWER LEG, BIOPSY:
 - ERYTHEMA NODOSUM.
- **Teaching Points:**
 - EN not always purely septal process
 - Lofgren's syndrome triad: hilar lymphadenopathy, erythema nodosum and acute sarcoid arthritis
- **Minimal Diagnostic Criteria:**
 - Septal, fibrosing panniculitis ± lobular extension
 - Neutrophils, lymphocytes, histiocytes, & ± eosinophils
 - Multinucleated histiocytes (Miescher's granuloma)
 - Extravasated erythrocytes without vasculitis
- **Differential Diagnosis:**
 - If septal and sclerosing, then connective tissue disease
 - If also lobular with neutrophils, then infection, PG, and Sweet syndrome

