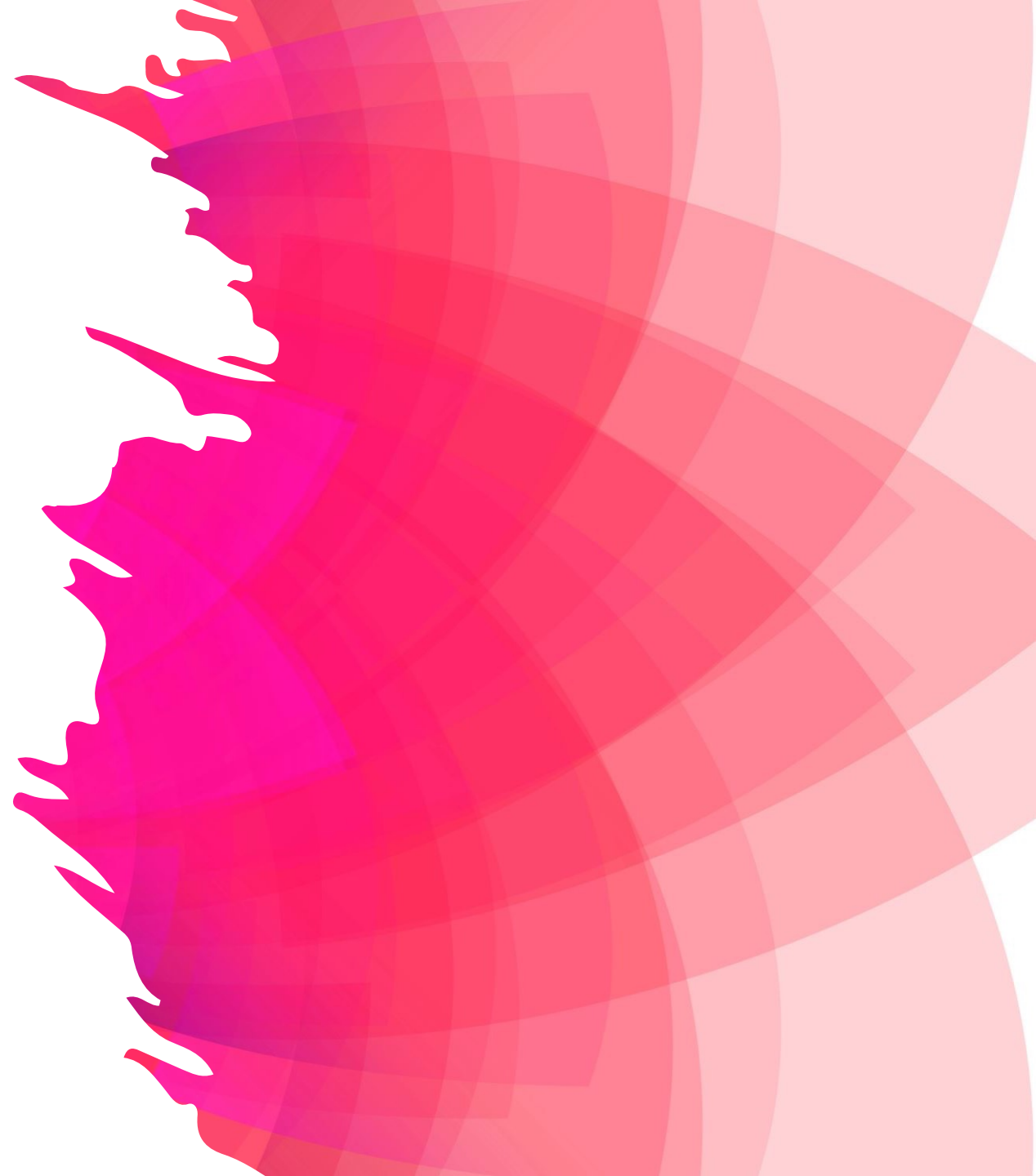
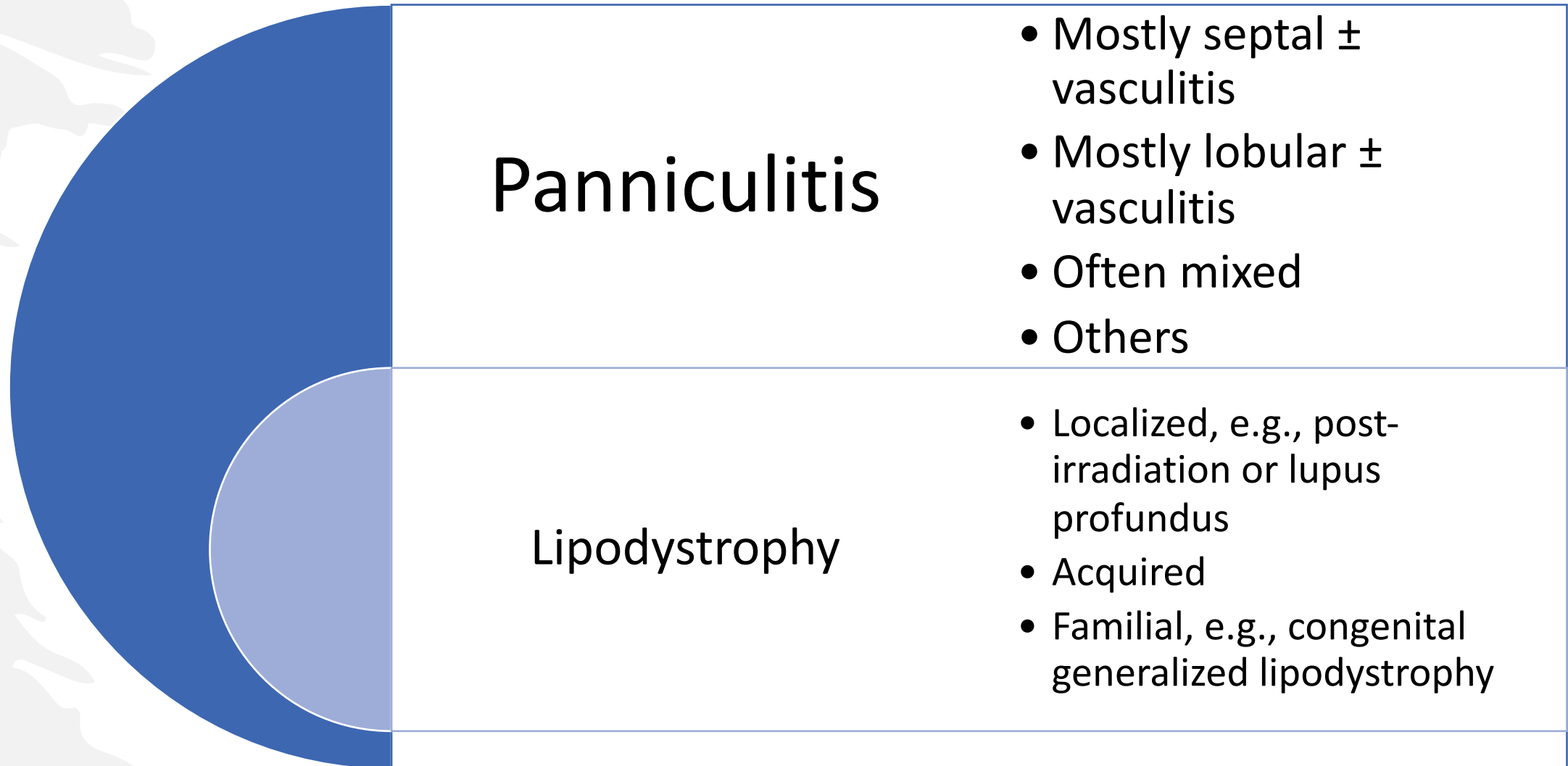


Inflammatory diseases of the subcutaneous fat

Soheil S Dadras MD-PhD

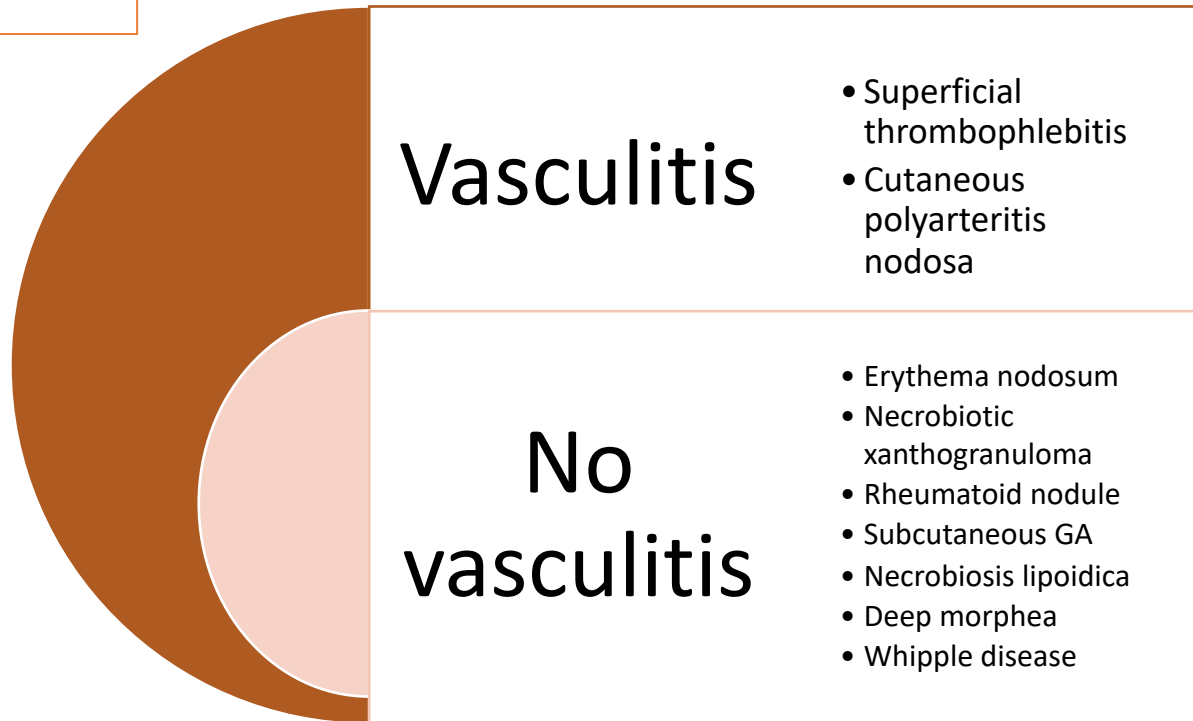


Inflammatory diseases of the subcutaneous fat: Classification

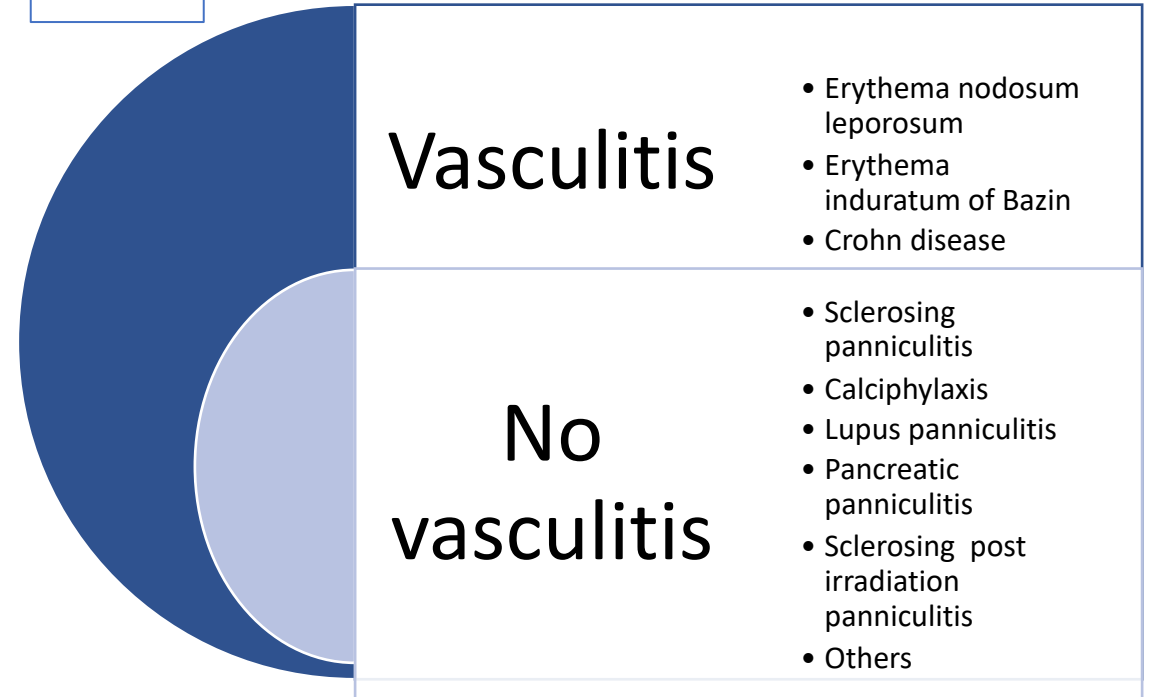


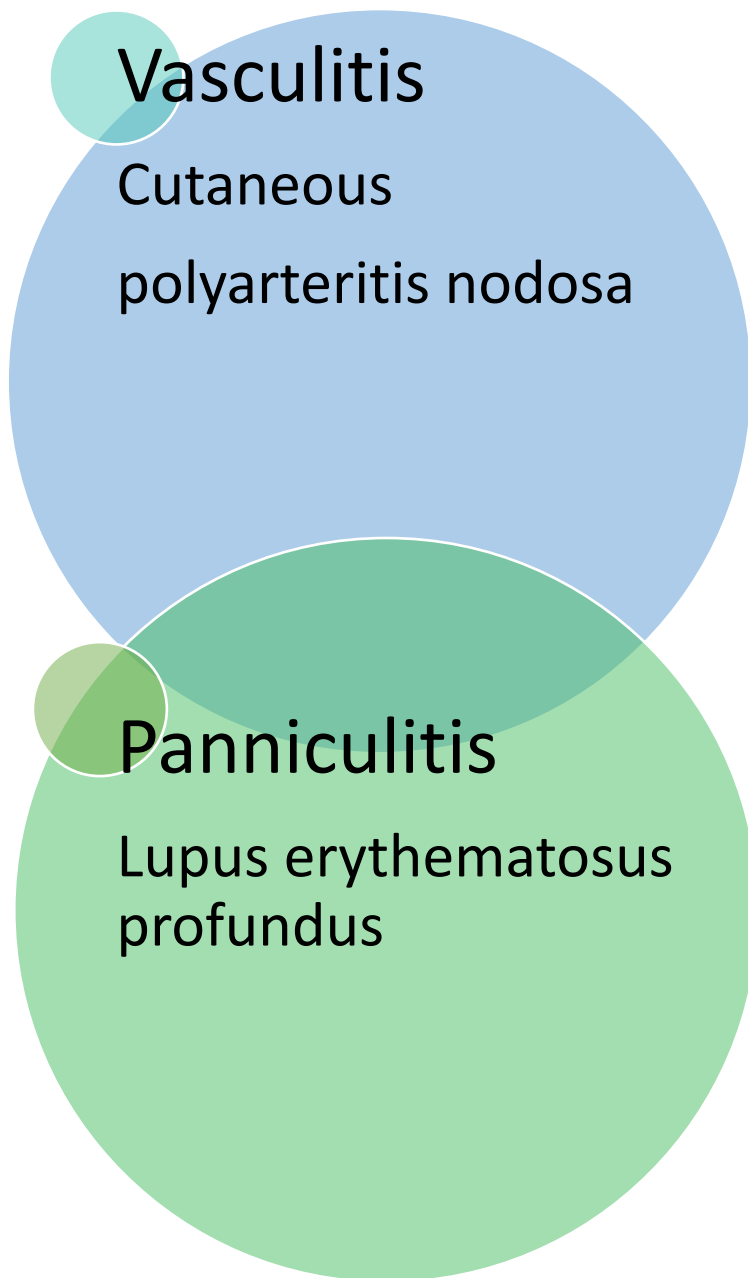
Classification of panniculitis

Septal



Lobular





Panniculitis vasculitis overlap

- Difficult to differentiate the primary process:
 - Leukocytoclastic vasculitis spilling into the panniculus? Or
 - Panniculitis with secondary involvement of leukocytoclastic vasculitis or lymphocytic vasculitis

Challenges and diagnostic confusion

- Based on outdated literature and classification
 - Inadequate biopsy specimens:
 - Too thin/shallow not enough fat!
 - Perform excisional biopsy, avoid punch
 - Strict morphologic subdivision: lobular vs. septal
 - Most disorders affect both
 - Limited repertoire of histologic reaction pattern to noxious stimuli
- Histologic patterns:
 1. Fat necrosis, many variants
 - a) Enzymatic
 - b) Crystalline
 - c) Suppurative
 - d) Hyalinizing
 - e) Microcystic
 2. Inflammation involving septum, lobule or both
 3. Types of inflammatory cells
 - a) Neutrophils
 - b) Plasma cells
 - c) Eosinophils
 - d) Lymphocytes or histiocytes (granuloma)
 4. Vasculitis: Leukocytoclastic or lymphocytic

Lobular

Sclerosing
panniculitis

Calciophylaxis

Cold
panniculitis

Lupus
panniculitis

Lobular

Alph-1
antitrypsin
deficiency

Factitial and
traumatic

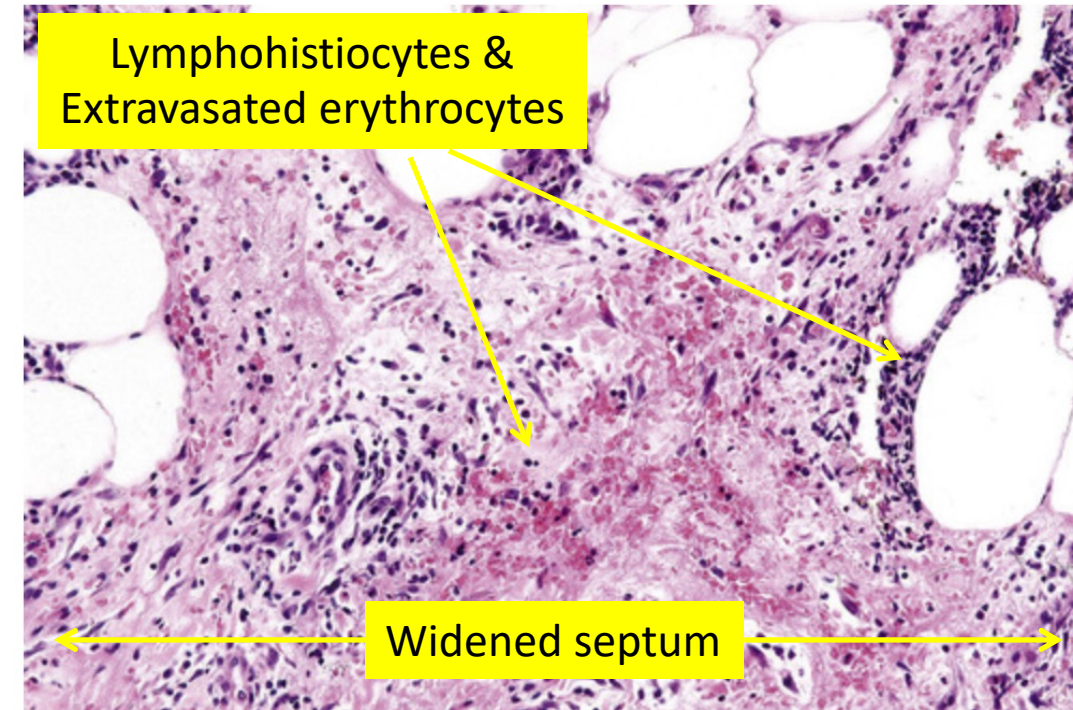
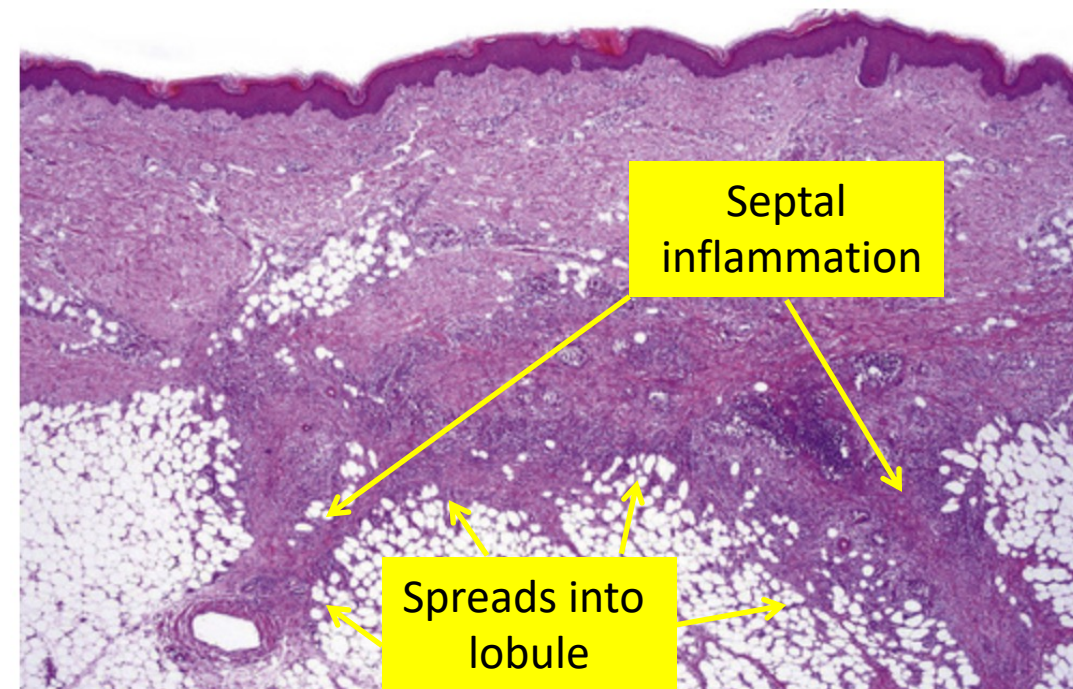
Cytophagic
histiocytic
panniculitis

Pancreatic
panniculitis

Mostly lobular
panniculitis, without
vasculitis

Erythema nodosum

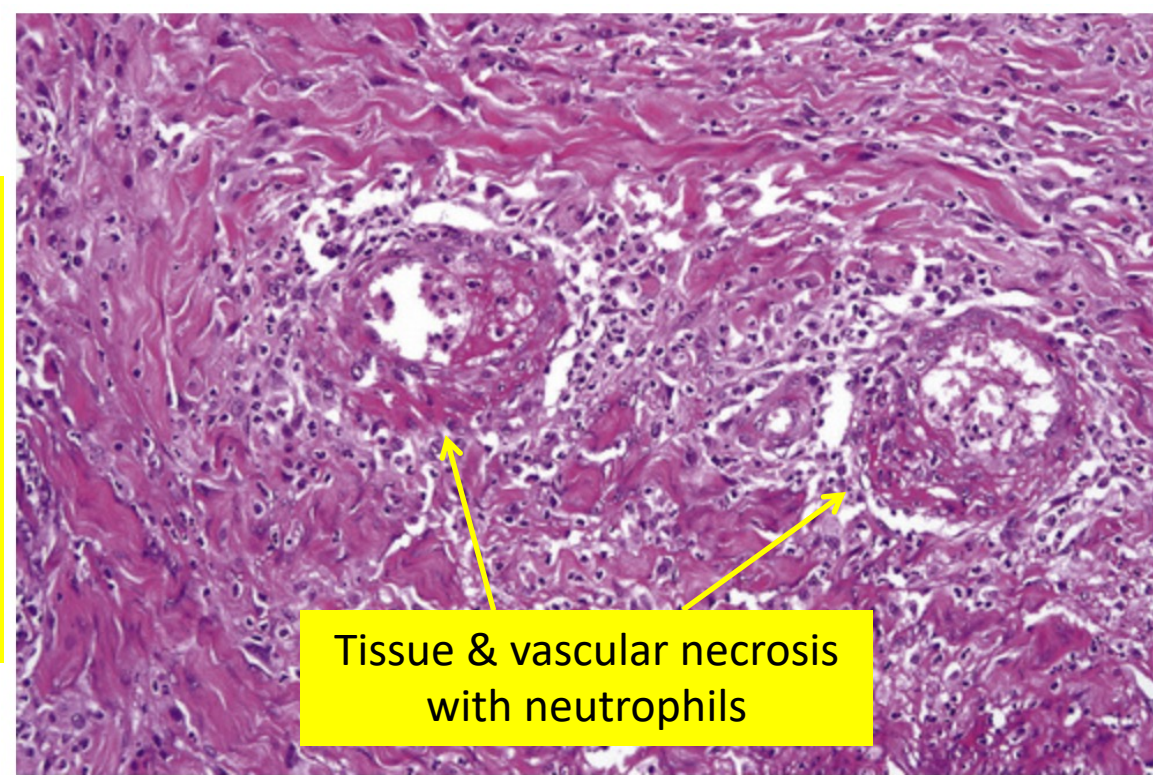
- A syndrome, not a disease
- Etiology: Crohn, drugs to malignancy to sarcoidosis
- Young adult women
- Bright red (bruise-like), warm tender nodules
- Anterior/lateral aspects of lower legs (face, arms, calves and trunk)
- Fever, malaise, & vague aches in the joints



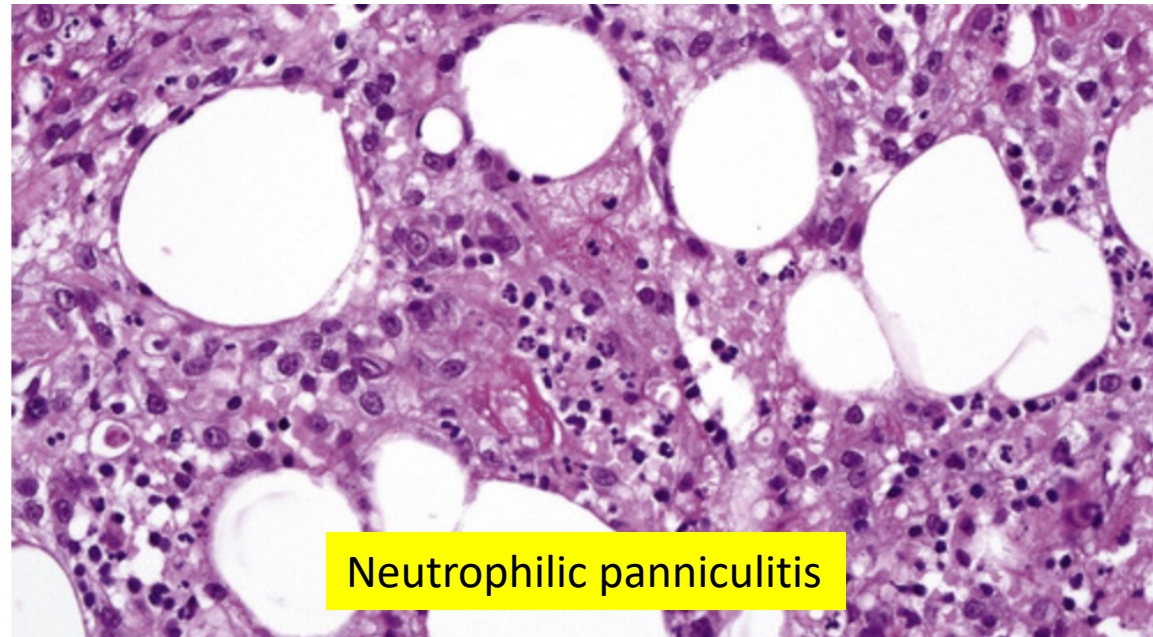
Alph-1 antitrypsin deficiency-associated panniculitis

- Hepatic glycoprotein, serine protease inhibitor (autolysis)
- Genetic and acquired
- Recurrent intractable episodes of painful, tender ulcerated nodules
- Males, 7-73 years
- Precipitated by trauma on trunk & proximal extremities (buttocks, chest, back & abdomen)
- (formerly Weber-Christian disease)
- Special stains to r/o infection

± Organizing thrombus



Tissue & vascular necrosis
with neutrophils

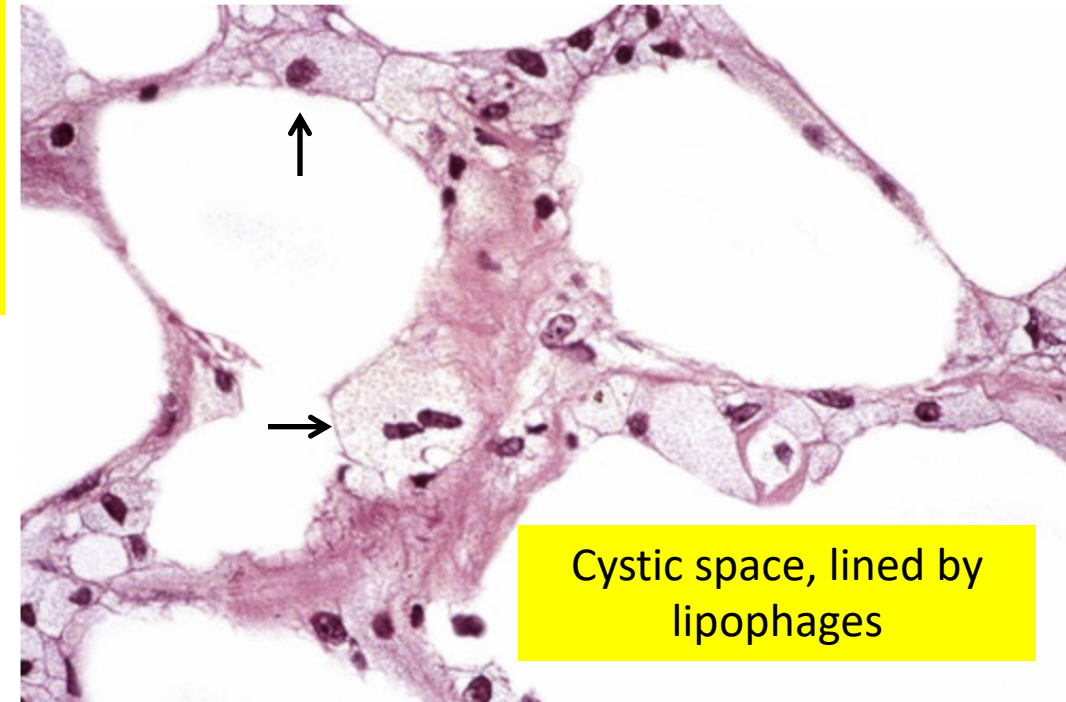
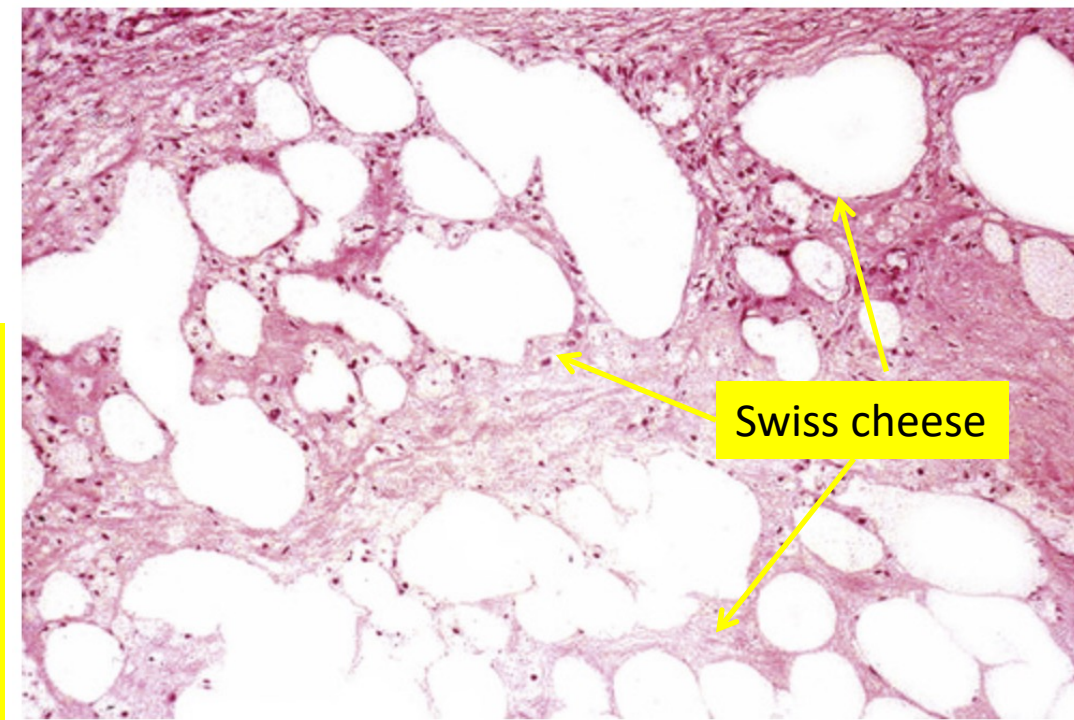


Neutrophilic panniculitis

Factitial & traumatic panniculitis

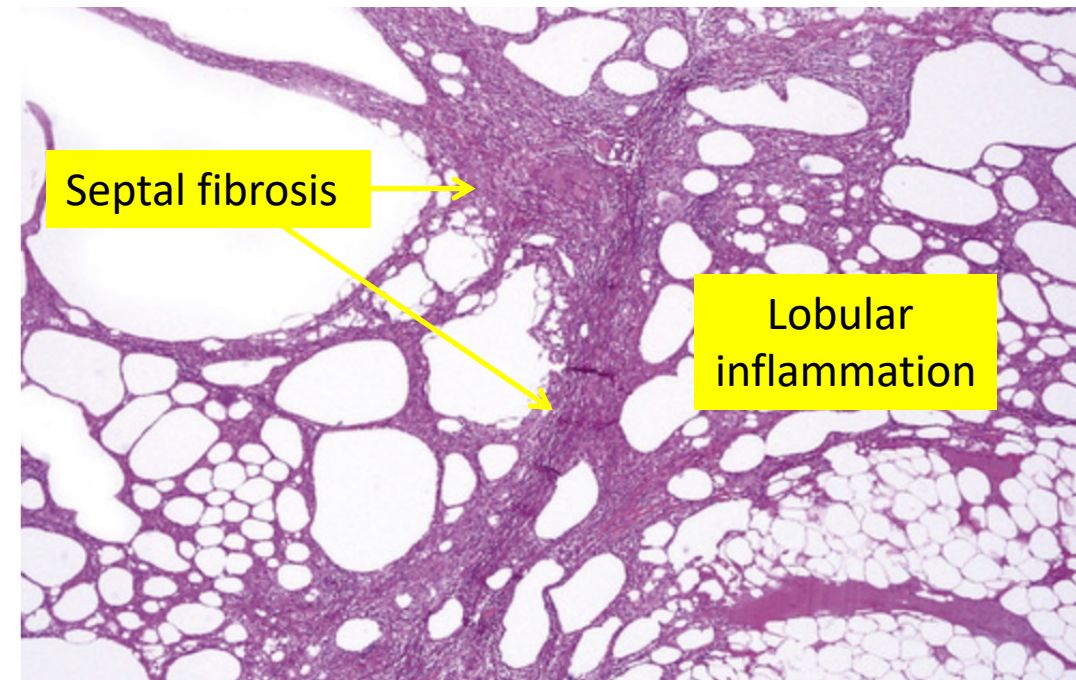
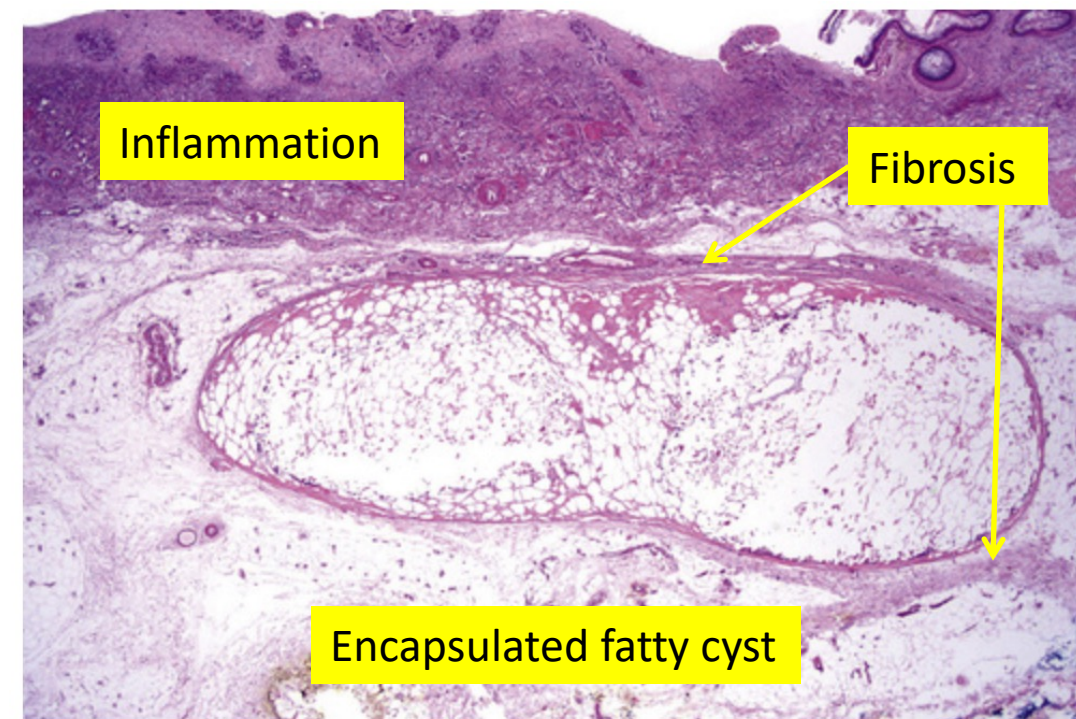
- Self-induced and vigorously denied
 - Accessible sites (buttocks & thighs)
 - Injection of chemical substances: drugs, oily material (paraffin or liquid silicon), & organic matter
- Look for refractile particles
- Posttraumatic: Nodular cystic fat necrosis
 - Adolescent boys & middle-aged or elderly females
 - Iatrogenic injections

Paraffinoma



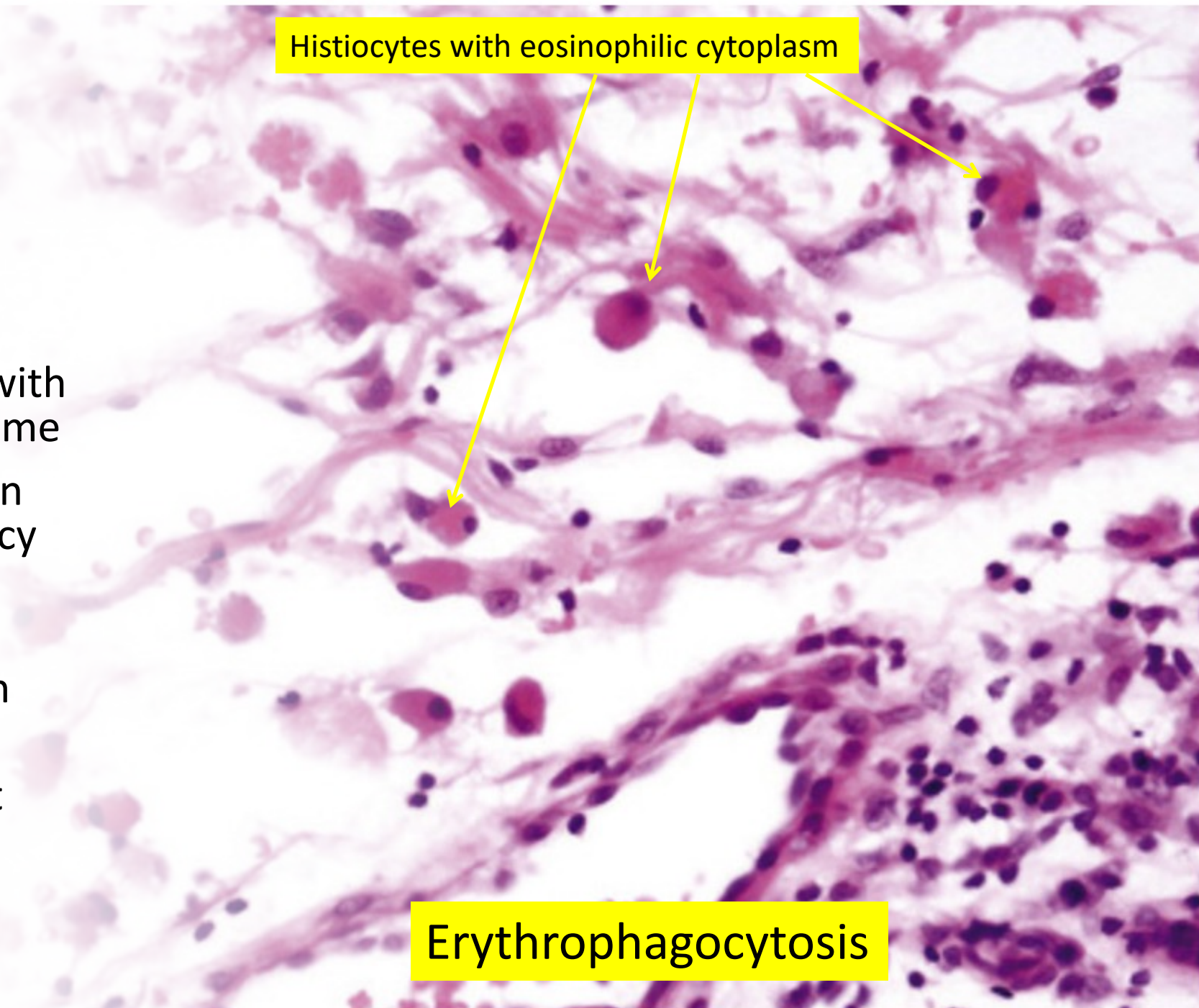
Traumatic fat necrosis

- Fat cysts, followed by fibrosis
- Hemosiderosis
- Variable mixed inflammation
- E.g., Post-surgical panniculitis



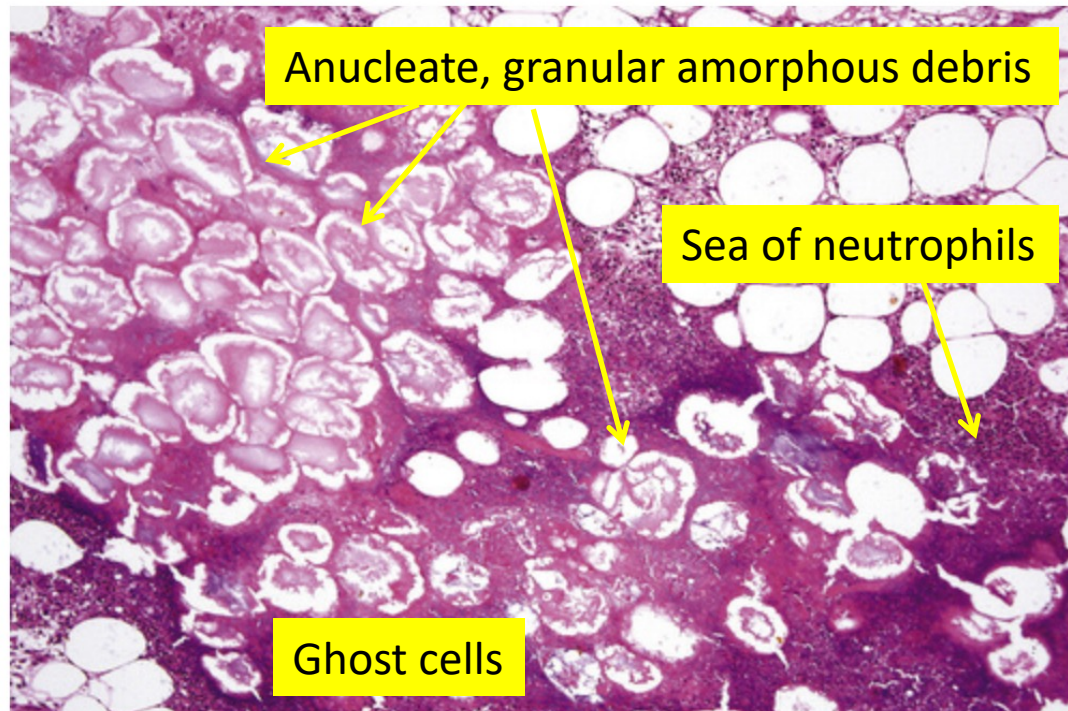
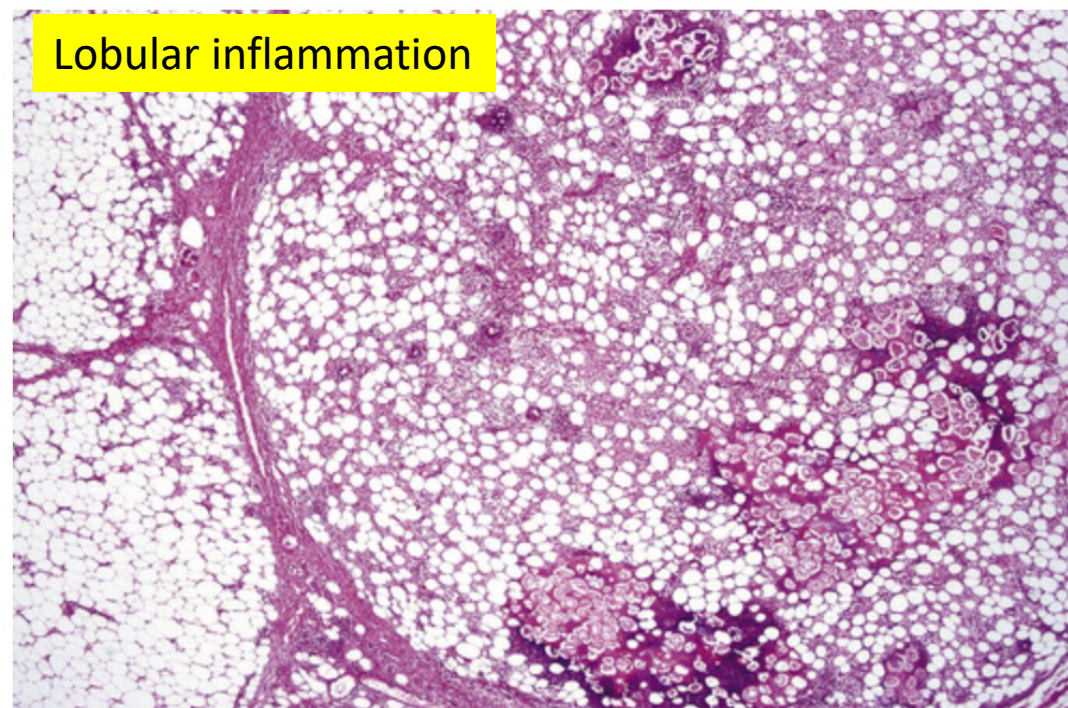
Cytophagic histiocytic panniculitis

- Panniculitis associated with hemophagocytic syndrome
- Associated with infection (CMV, EBV) or malignancy (T-cell lymphoma)
- Ulcerated violaceous, hemorrhagic nodules on lower limbs & trunk
- Pyrexia, malaise, weight loss, & fatigue



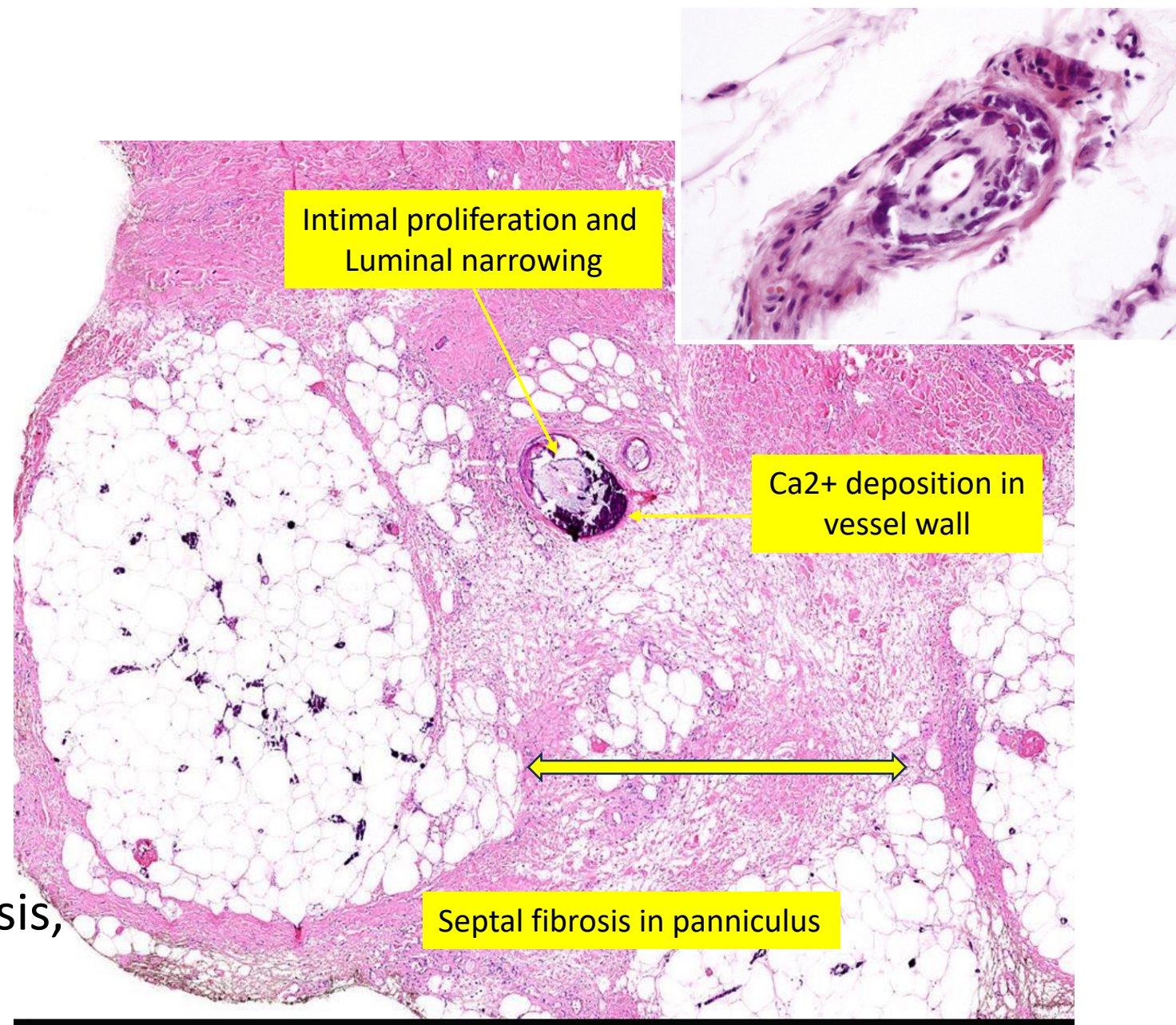
Pancreatic panniculitis

- 1-3% of patients with pancreatic disease
- Presenting sign in pancreatic disorder (35%)
- Males 40-60 years of age
- Violaceous tender nodules with creamy, oily discharge
- Ankles, knees, elbows, and wrists
- Associated with high mortality: pancreatitis (42%); carcinoma (100%)
- Rim of eosinophilia & stippled basophilia
- Splendore-Hoeppli reaction
- DDX: infection (aspergillosis) and cancer



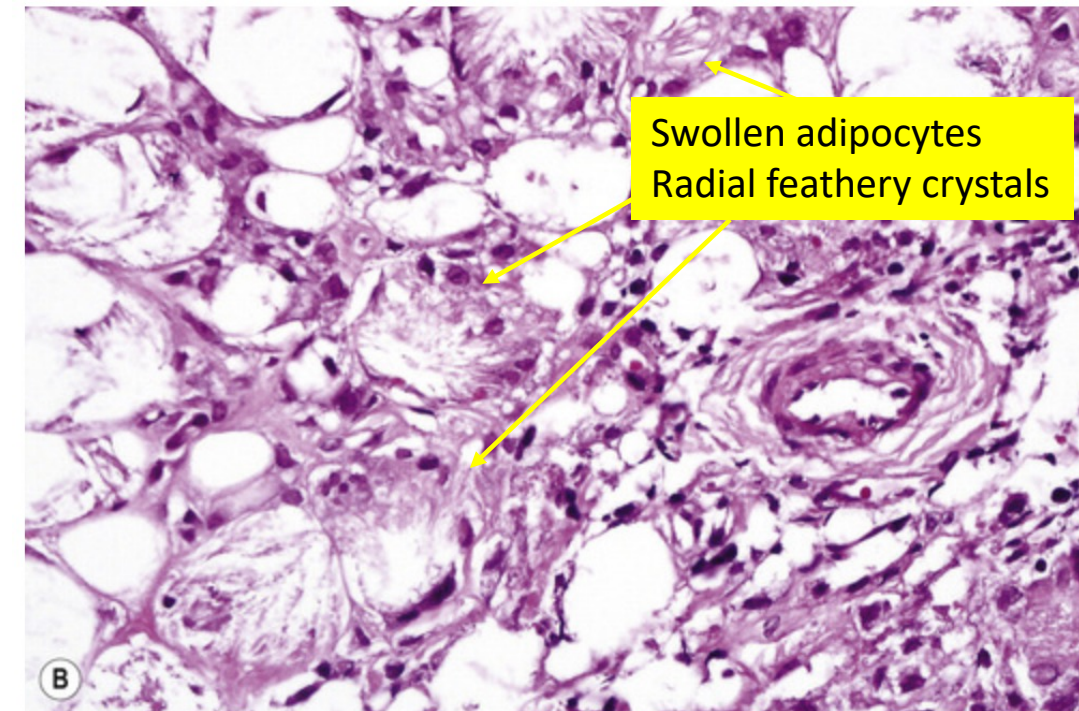
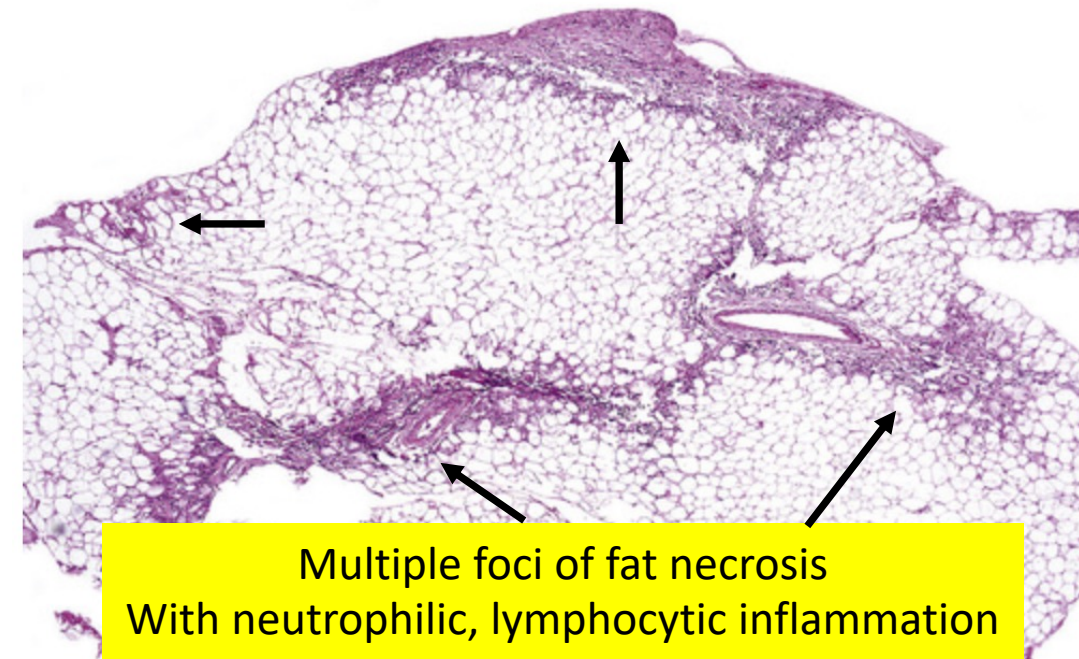
Calciophylaxis

- Abnormality of $\text{Ca}^{2+}/\text{PO}_4$ -metabolism
- End-stage renal disease
- Calcification of vasculature >>> thrombosis >>> necrosis
- Females 50 years of age
- Bilateral symmetrical painful eruption on the lower limbs
- Livedoid, violaceous plaques/nodules
- DDX: nephrogenic systemic fibrosis, peripheral vascular disease, diabetes mellitus



Subcutaneous fat necrosis of the newborn

- Full-term neonates, first few weeks of life
- Symmetrical painful subcutaneous violaceous fluctuant nodules on the cheeks
- Benign, self-limiting
- Hypercalcemia > dyslipidemia



Newborn panniculitis

Sclerema neonatorum

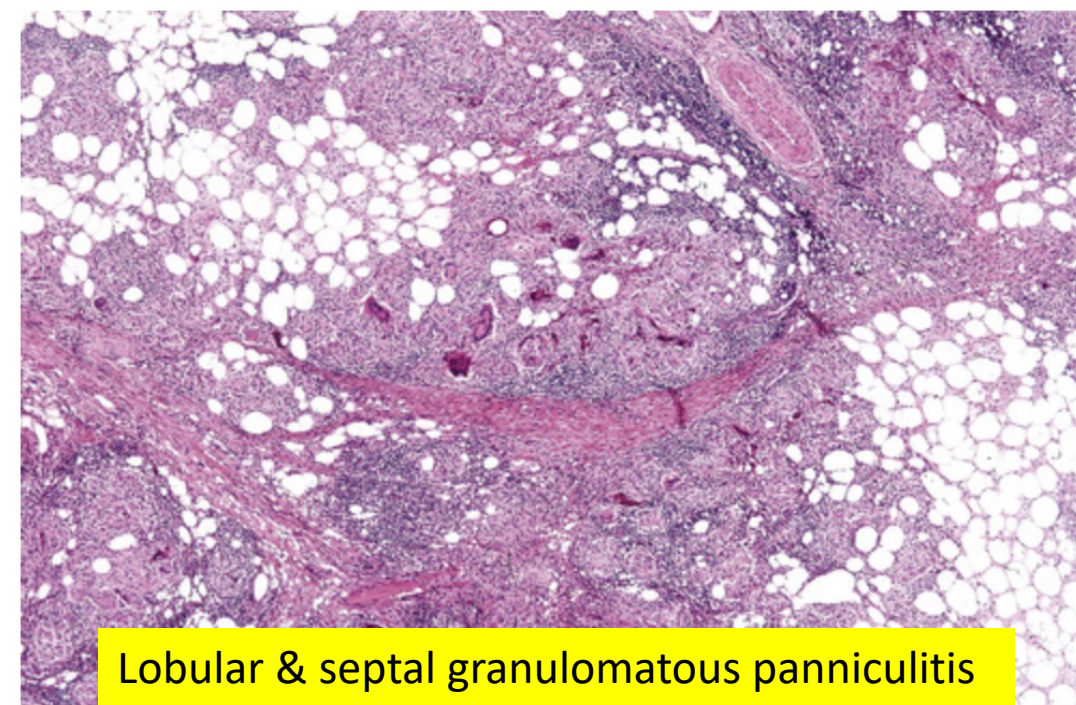
- Premature
- Diffusely cold, rigid, wax-like thickening of skin
- Death common
- Feathery eosinophilic crystals in swollen adipocytes
- Septal fibrosing panniculitis
- Pauci-inflammatory

Subcutaneous fat necrosis of the newborn

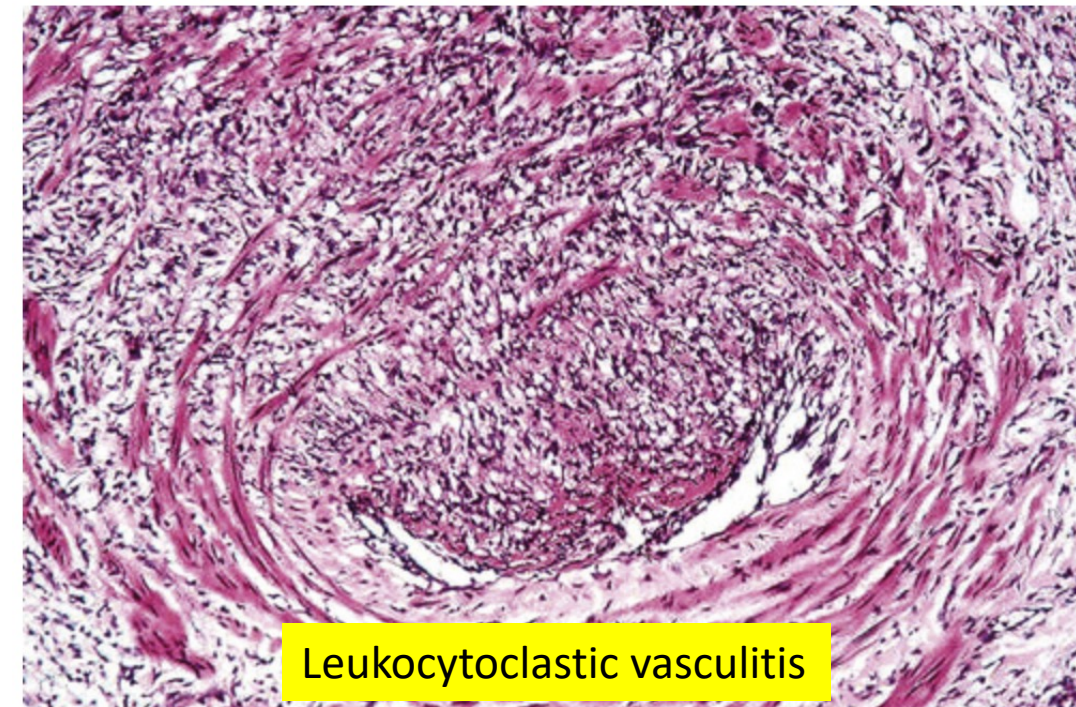
- Full-term
- Discrete subcutaneous fluctuant nodules
- Benign, self-limiting
- Feathery eosinophilic crystals in swollen adipocytes
- Lobular inflammatory panniculitis

Nodular vasculitis (erythema induratum)

- Manifestation of underlying tuberculosis (Bazin disease)
- Occult tuberculosis: hypersensitivity reaction to mycobacterial (and others) antigens
- Young to middle-aged women
- Painful, tender violaceous nodules lower (fat calves) and upper limbs in winter months
- DDX: infective panniculitis (fungal, mycobacterial) and subcutaneous sarcoidosis



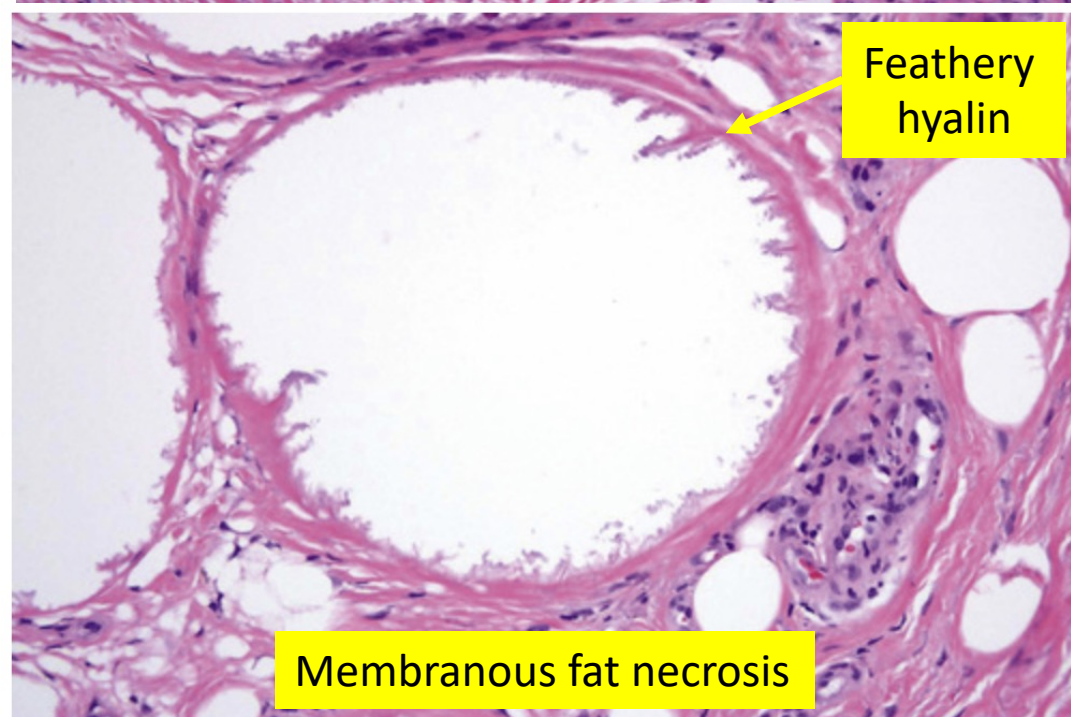
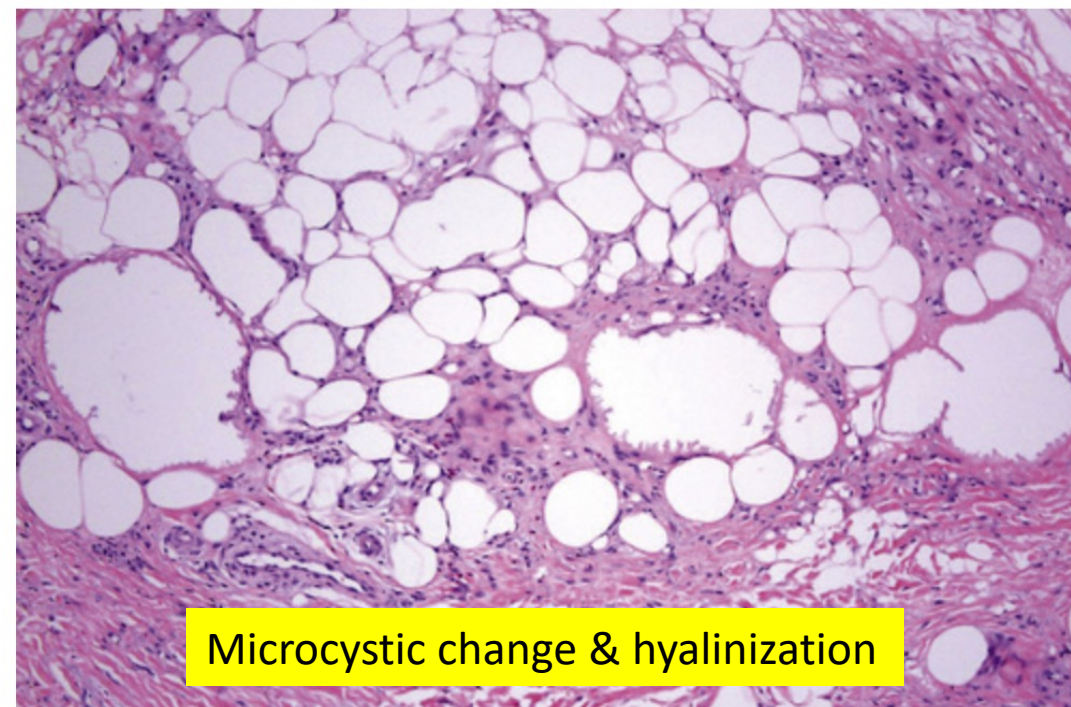
Lobular & septal granulomatous panniculitis



Leukocytoclastic vasculitis

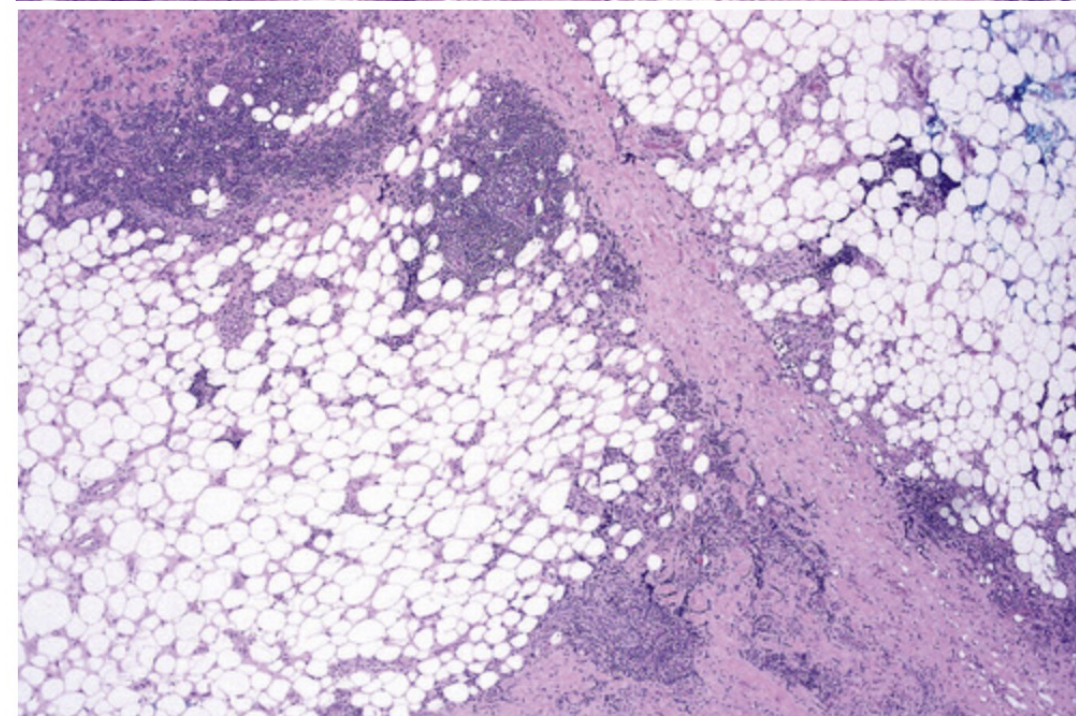
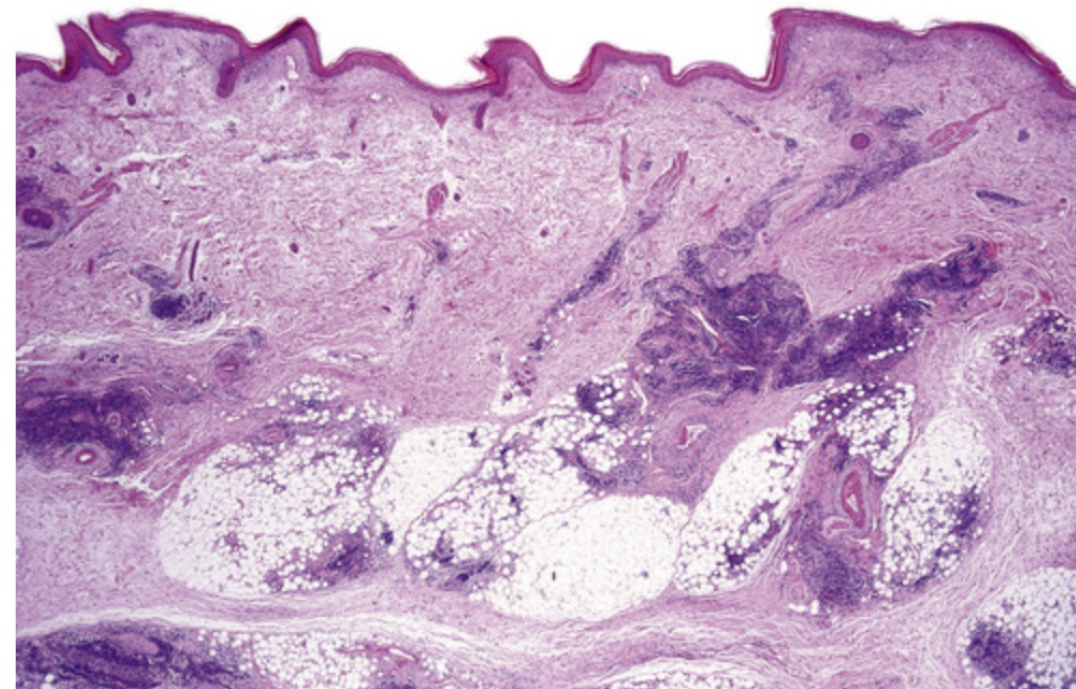
Sclerosing panniculitis (lipodermatosclerosis)

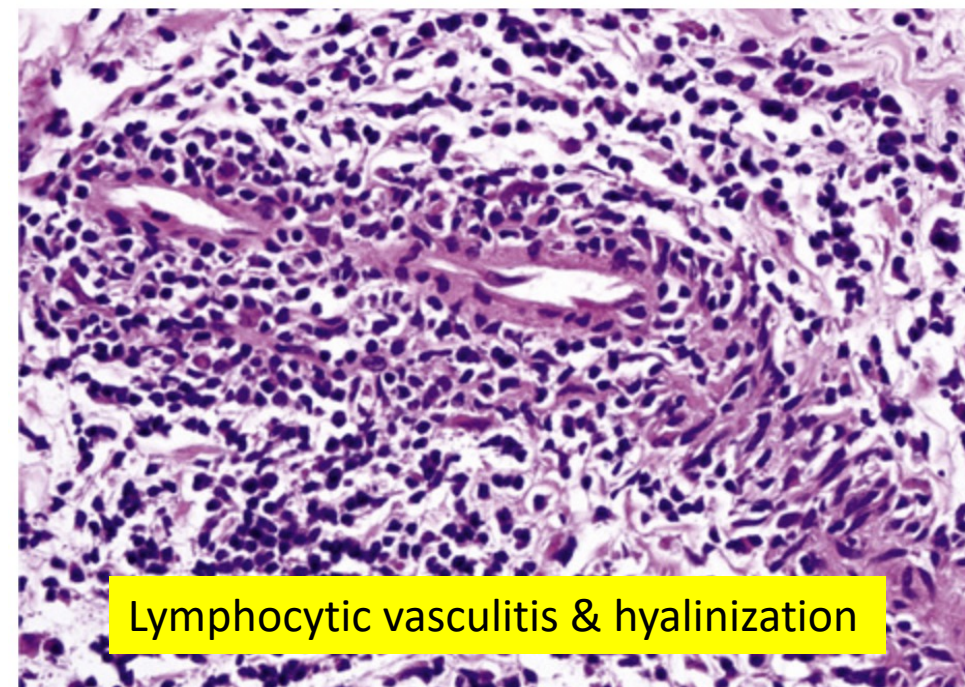
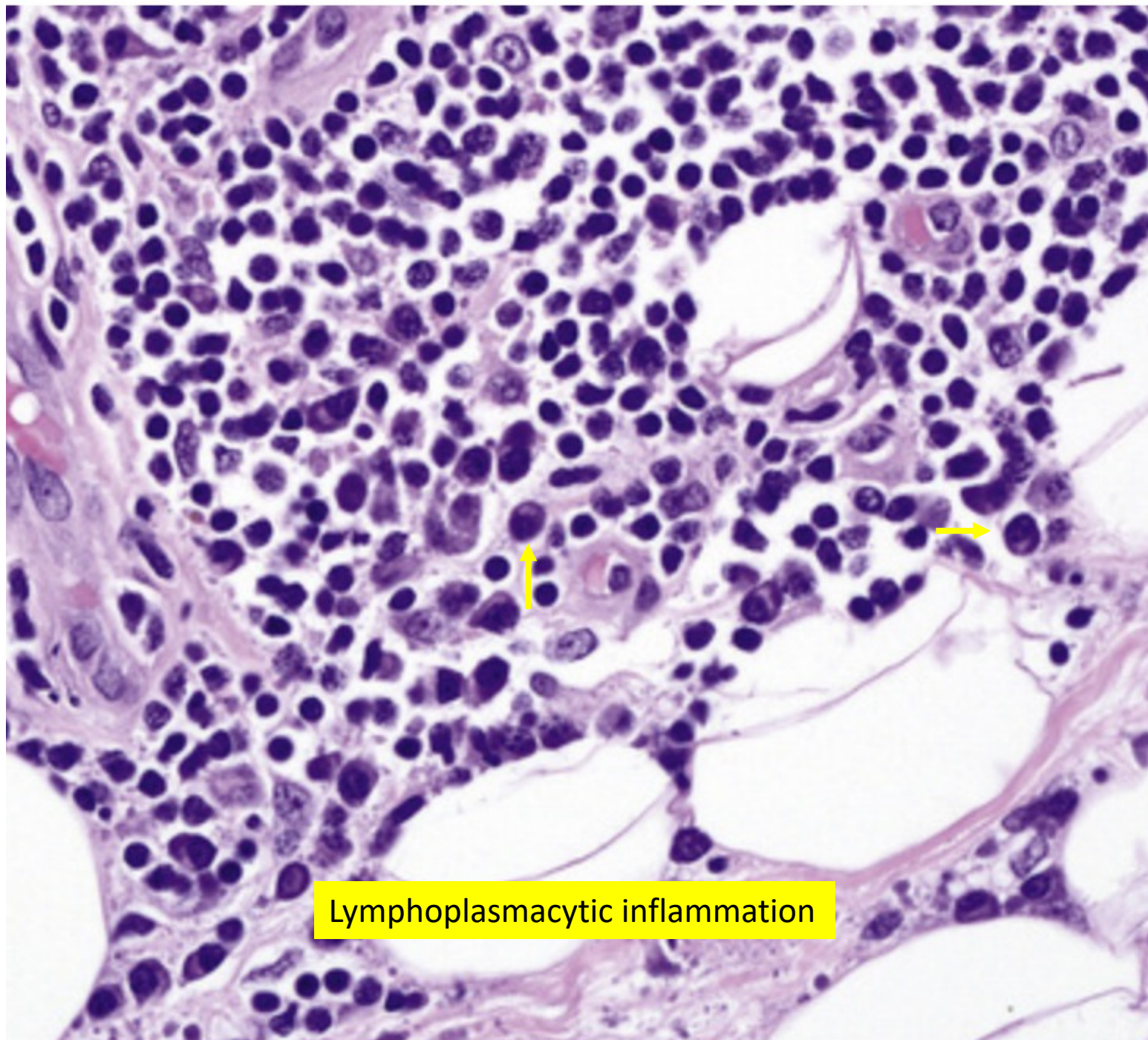
- Stasis-associated, peripheral venous disease
- Middle-aged to elderly overweight females
- Painful, erythematous swollen plaques in stocking distribution in lower limbs (inverted bottle)
- Stasis dermatitis: lobular capillary proliferation, hemosiderosis, fibrosis, lymphocytic inflammation
- Membranous fat necrosis: non-specific change in a variety of conditions especially vascular insufficiency



Lupus erythematosus panniculitis (profundus)

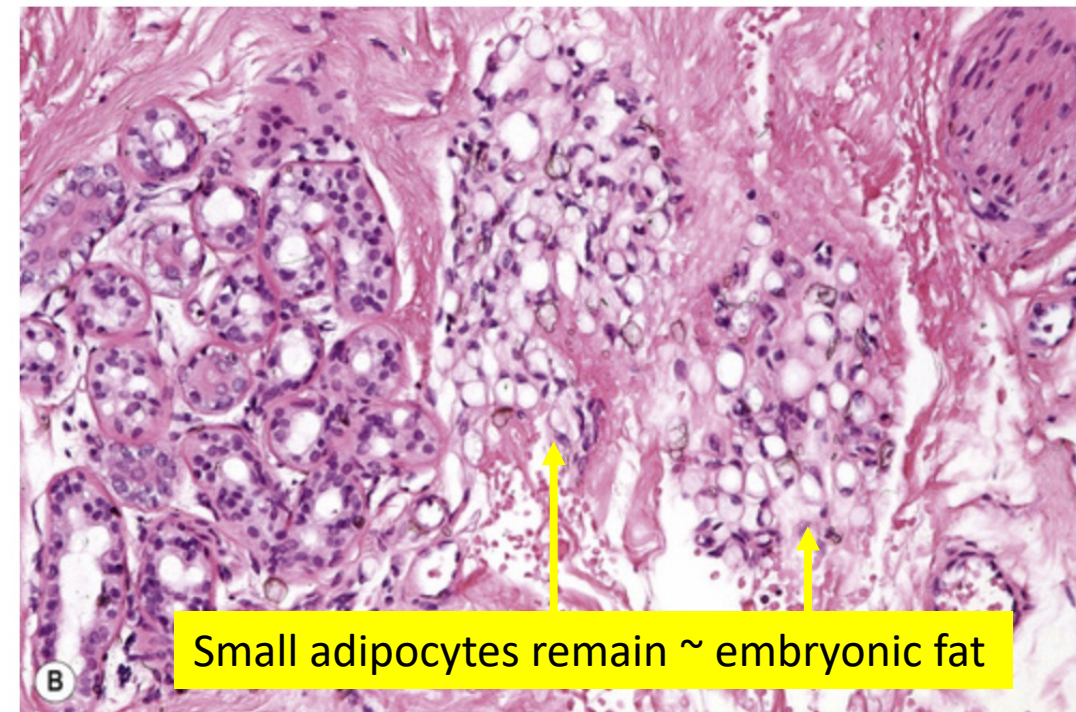
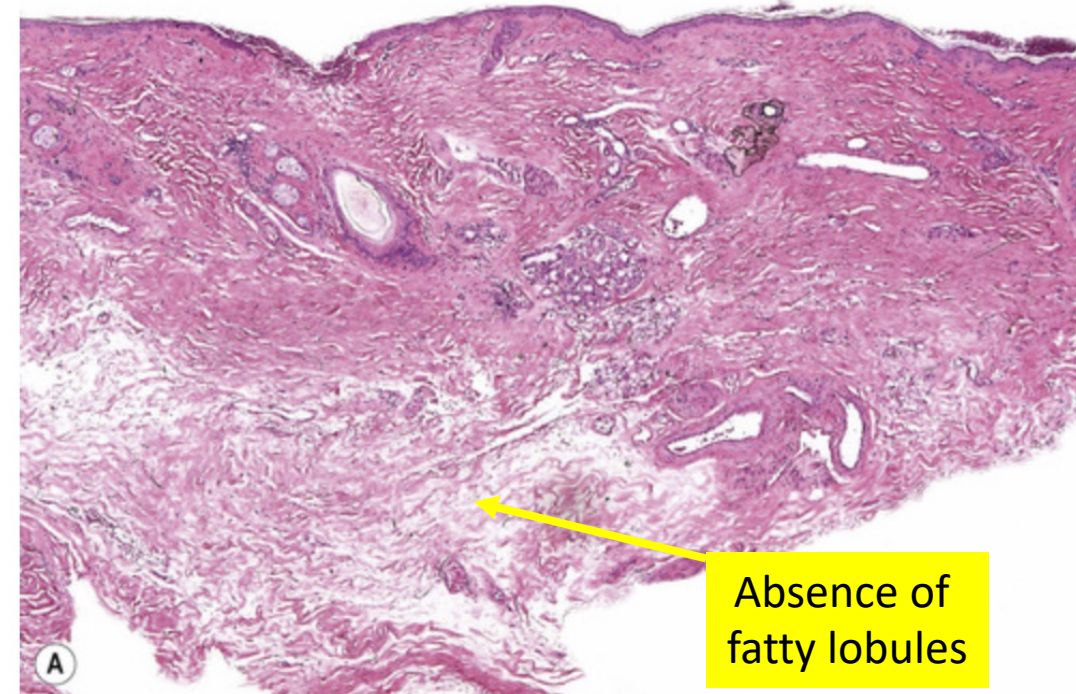
- In association with discoid (33-70%) or systemic (2-10%) LE
- May present without other manifestations
- Middle-aged females
- Firm subcutaneous nodules
- DDX: morphea profunda, mixed connective tissue disease, SPTCL (co-exist), cold panniculitis, & Sjögren syndrome





Lipodystrophy/ lipoatrophy

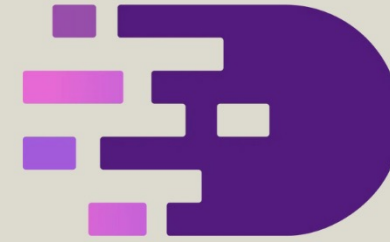
- Reported under many synonyms
- Classification
 - Familial
 - Acquired, e.g., HIV-associated
 - Localized
- Localized: trauma or injurious stimuli: insulin, penicillin, etc.
 - Complication of connective tissue diseases
- Unimpressive histopathology
 - Noninflammatory, loss of fatty lobules



Digital Skin Pathology

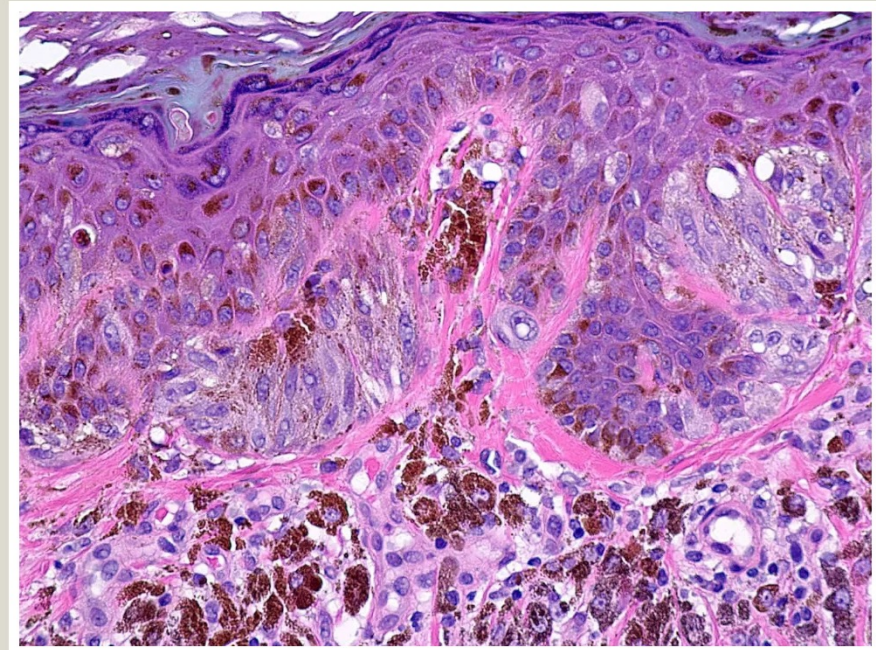
<https://digitalskinpathology.com/>

- Meet the challenges of the growing needs for dermatopathology knowledge
- Learn Dermatopathology based on actual real-life cases
- Residents of Dermatology and Pathology
- Dermatology PAs and NPs
- Primary MDs and general surgeons

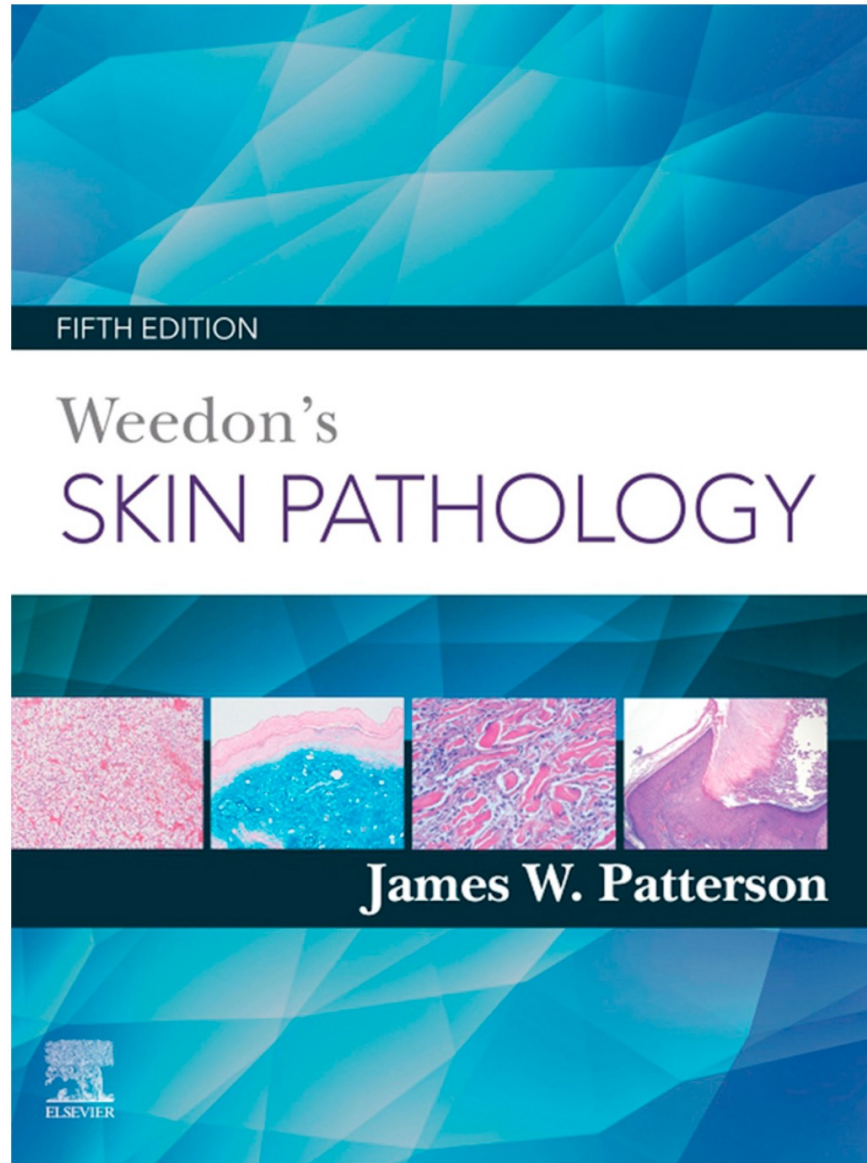


DIGITAL SKIN PATHOLOGY (DiSK)
Learn Histologic Diagnosis Case-By-Case

**DERMATOPATHOLOGY: LEARN HOW TO
DIAGNOSE SKIN DISEASES DERM PATH
DIAGNOSTICS**



**Understand your patient's dermatopathology diagnostic report to
provide better clinical care** (how to diagnose skin diseases). derm
path diagnostics



References

- Weedon's skin pathology
- McKee's pathology of the skin