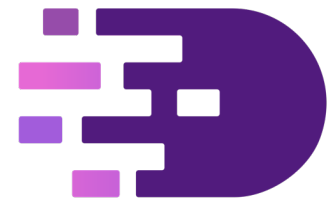


Leukocytoclasia

Fibrinoid necrosis of
vessel wall

Dying endothelial cells and luminal occlusion





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

- **Clinical Information:** 64/F left arm punch with h/o NLD
 - Her prior biopsy from right leg subcutaneous nodule was palisaded granulomatous dermatitis with focal vasculitis, probably necrobiosis lipoidica.

- **DIAGNOSIS:**

- SKIN, LEFT ARM, BIOPSY:
CUTANEOUS POLYARTERITIS NODOSA

- **Teaching Points:**

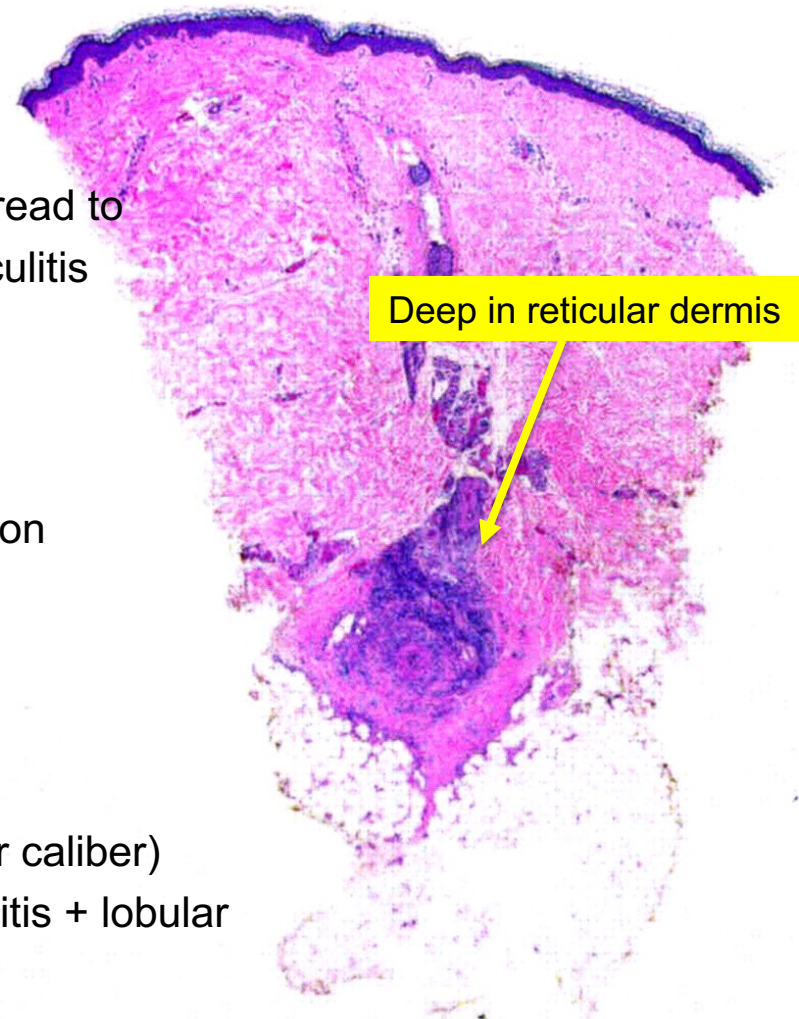
- In some PAN cases, the inflammation may spread to the surrounding adipose tissue, mimicking panniculitis
 - Look for vasculitis in lobular panniculitis

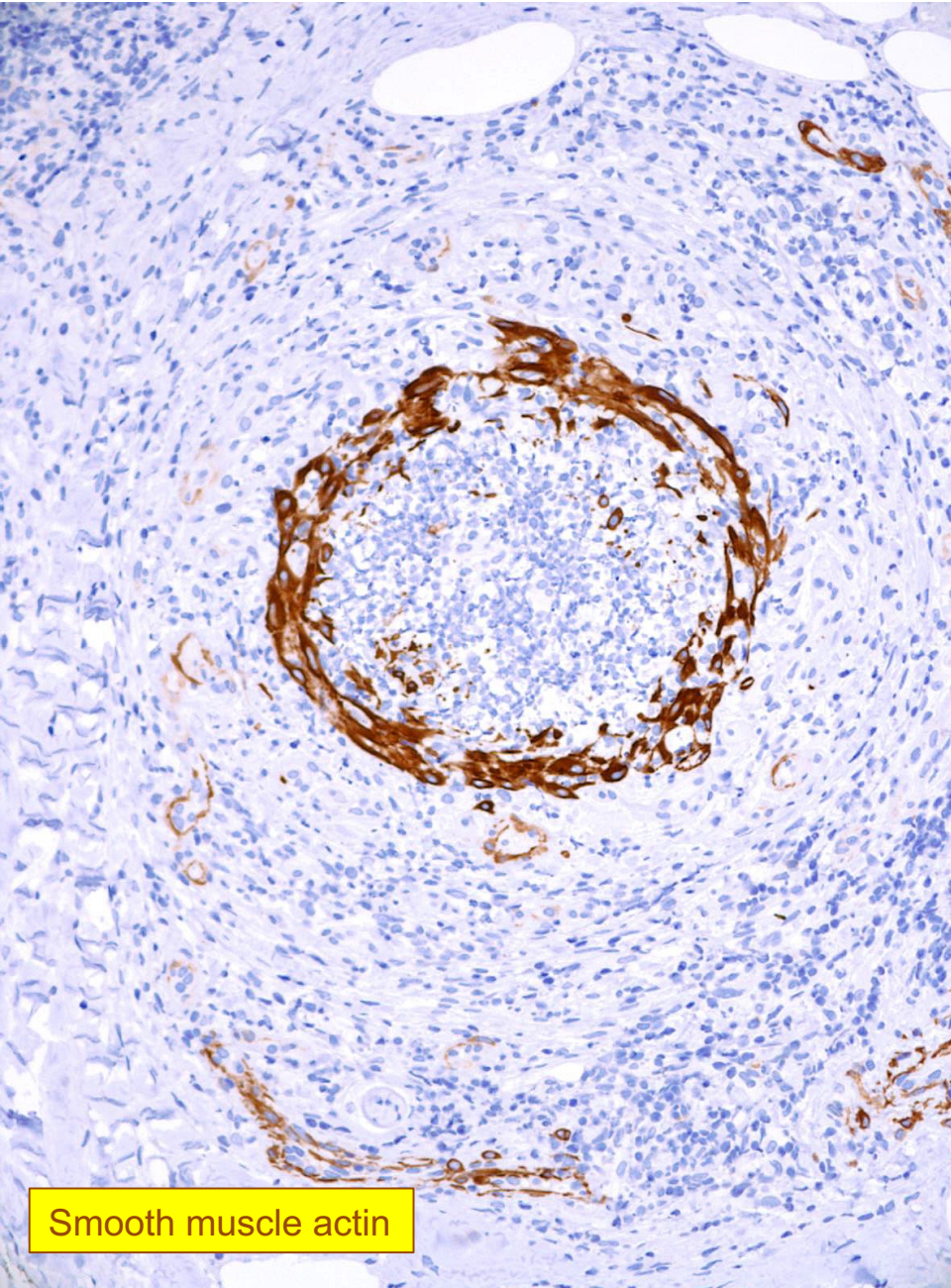
- **Minimal Diagnostic Criteria:**

- Necrotizing vasculitis of medium size artery
 - Endothelial fibrinoid necrosis \pm luminal occlusion
 - Nodular swelling (aneurysm) of artery
 - Neutrophilic infiltration with leukocytoclasia
 - No evidence of panniculitis

- **Differential Diagnosis:**

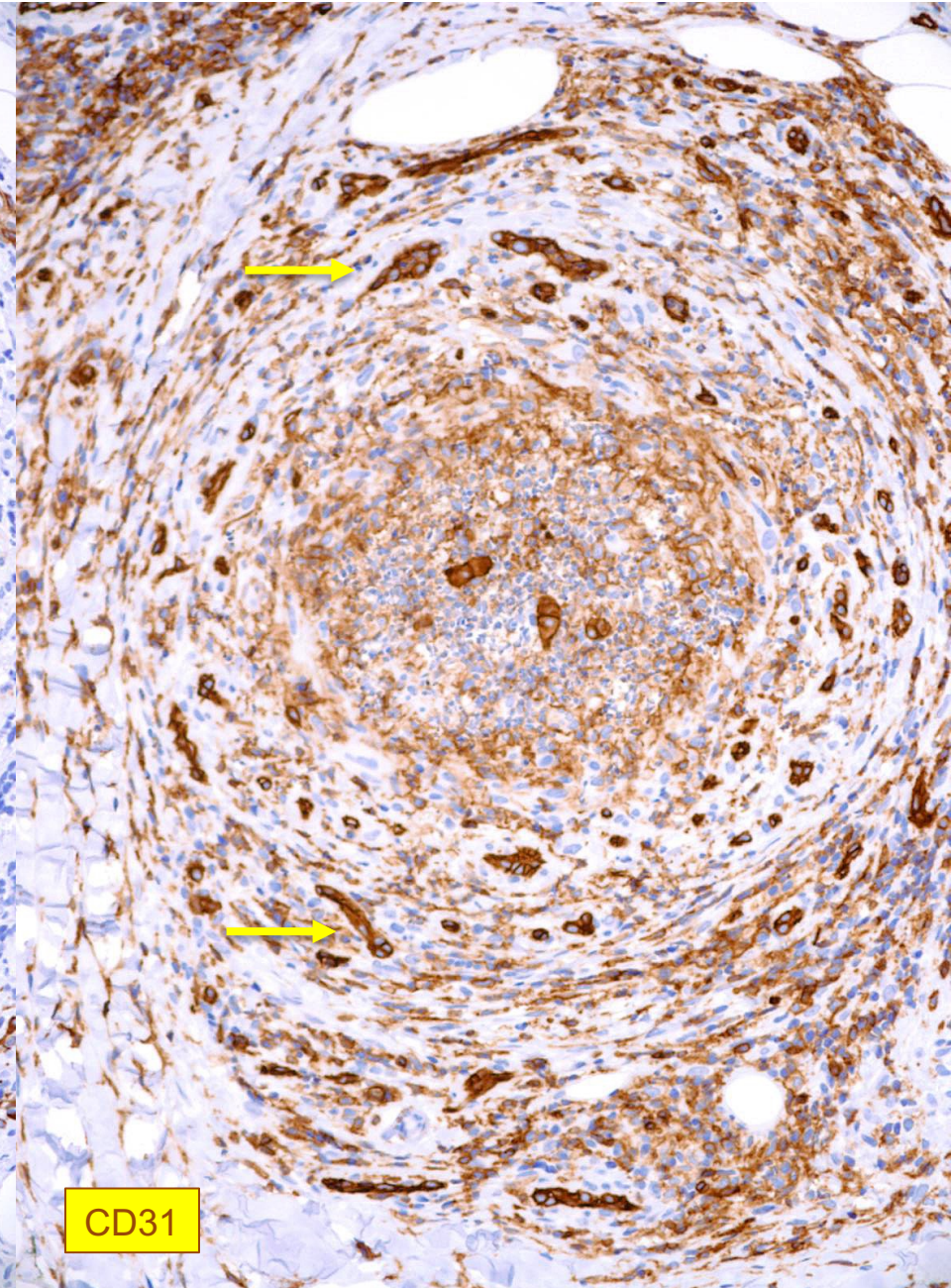
- Microscopic polyangiitis (examine the vascular caliber)
 - Erythema induratum (\pm medium caliber vasculitis + lobular panniculitis)





Smooth muscle actin

Highlights occluded medium size muscular artery



CD31

Smaller arteries attempting to recanalize