

The background is a complex marbled pattern. A diagonal line from the bottom-left to the top-right divides the image. The upper-left and lower-right triangles are a dark, muted brown with subtle, swirling patterns. The lower-left and upper-right triangles are a lighter, more vibrant pinkish-red, also with swirling patterns. The overall effect is a rich, textured background.

PSORIASIFORM DERMATITIS

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What is psoriasiform dermatitis?

- A form of inflammatory dermatosis, characterized by:

Epidermal changes

Pattern of inflammation

- Prototype: psoriasis

Epidermal thickening

parakeratosis (nucleated scale)

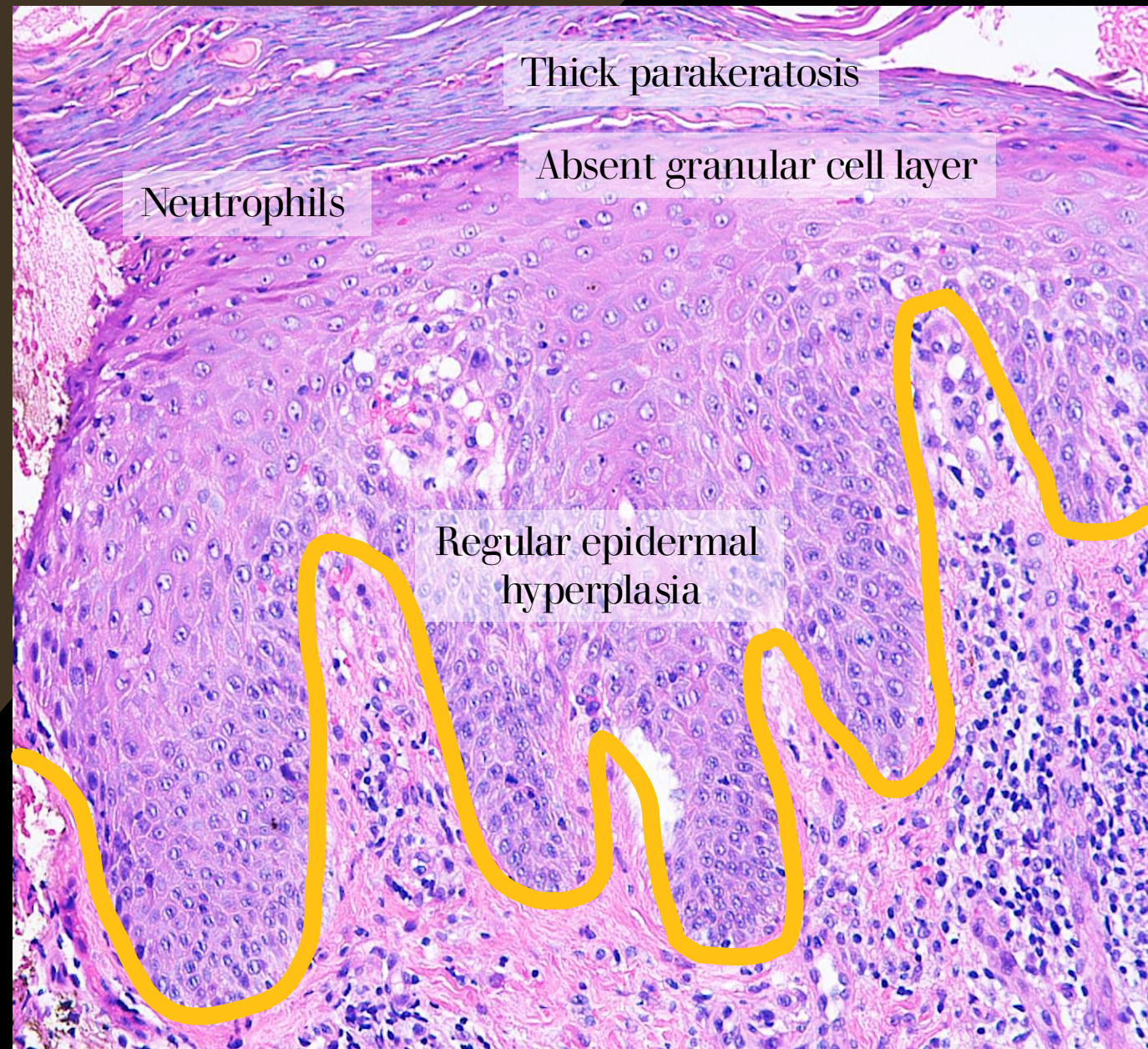
regular epidermal hyperplasia

Inflammation

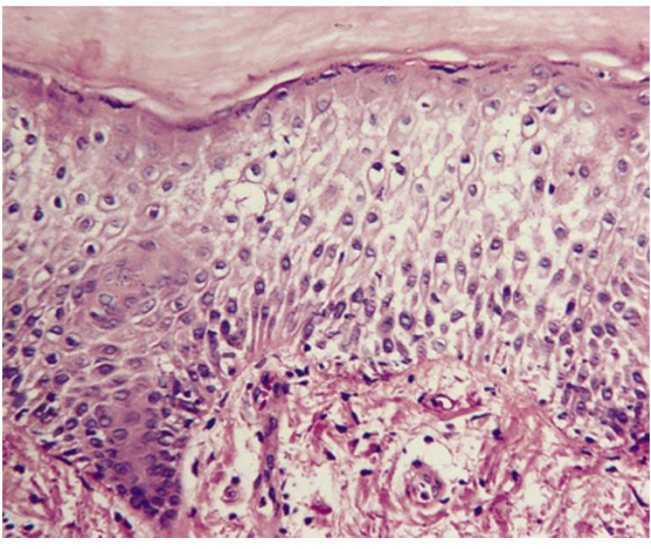
neutrophils in s corneum (Munro microabscess)

neutrophils in spinous layer (Kogoj microabscess)

lymphocytes

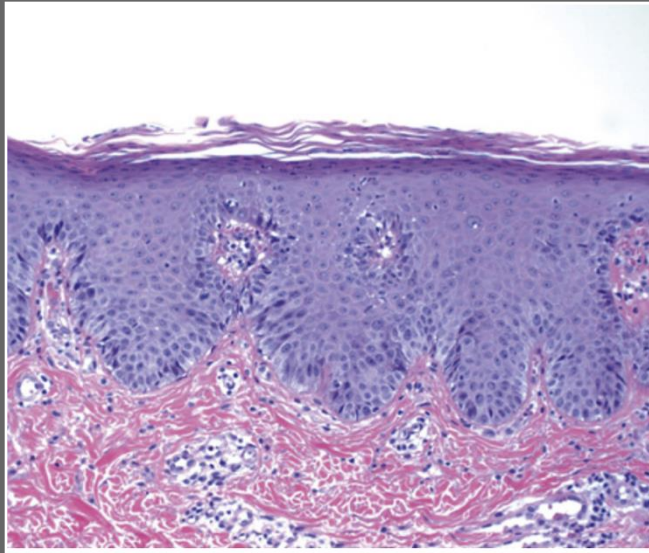


What are inflammatory skin (dermatosis) reaction patterns?



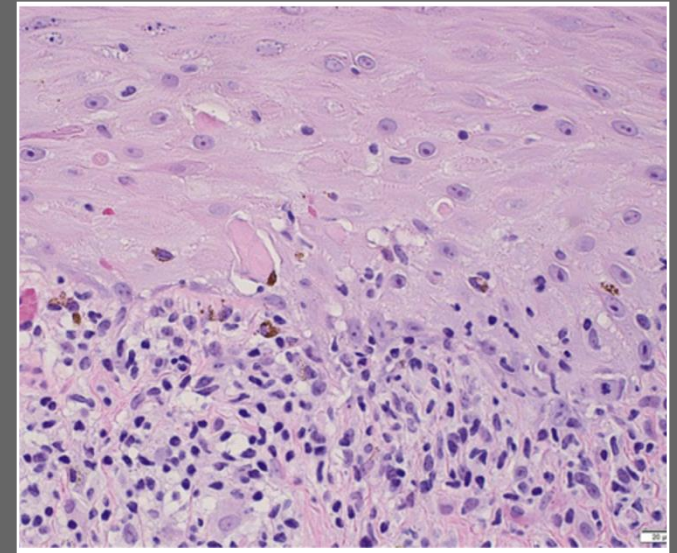
Atopic dermatitis

Spongiotic



Psoriasis

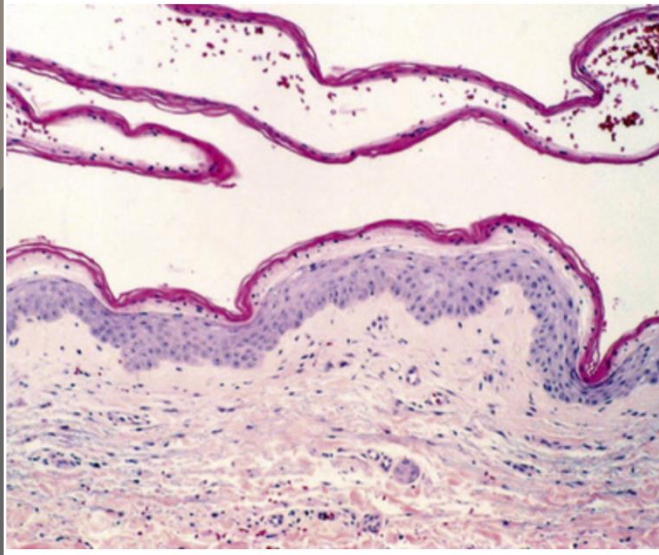
Psoriasiform



Lichen planus

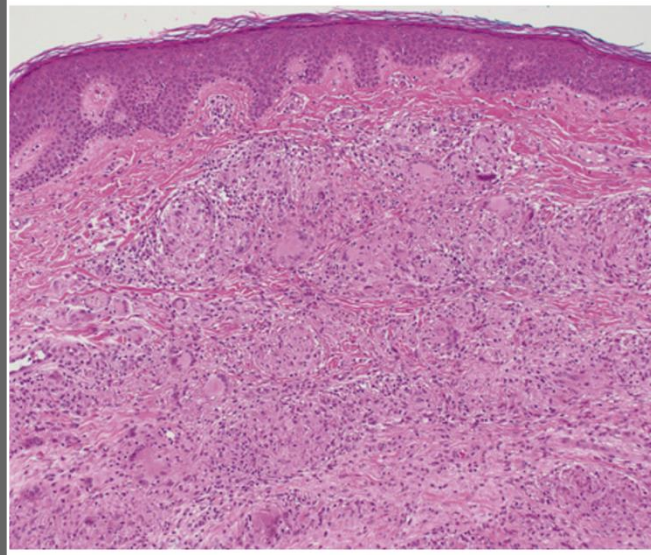
Lichenoid

What are inflammatory skin (dermatosis) reaction patterns?



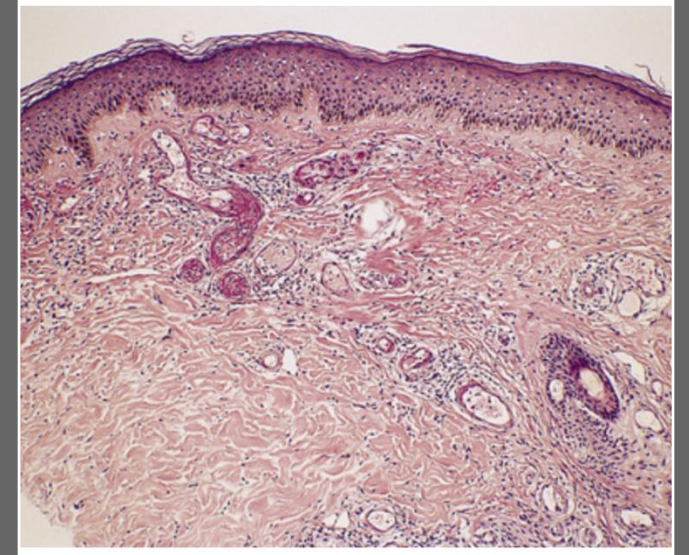
Bullous pemphigoid

Vesiculobullous



Granuloma annulare

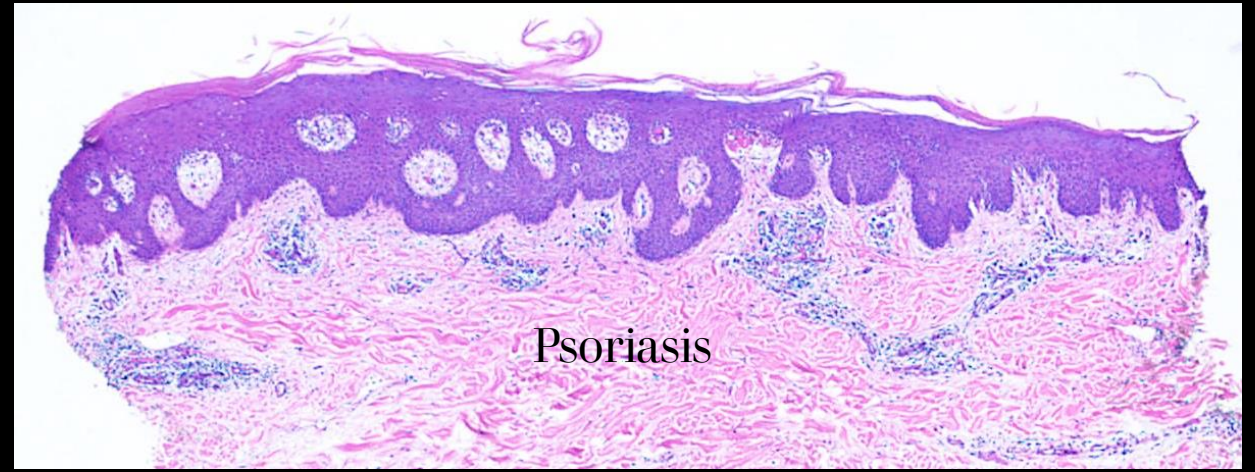
Granulomatous



Atrophie blanche

Vasculopathic

What are the major psoriasiform dermatoses?



Psoriasis

Reactive arthritis (Reiter syndrome)

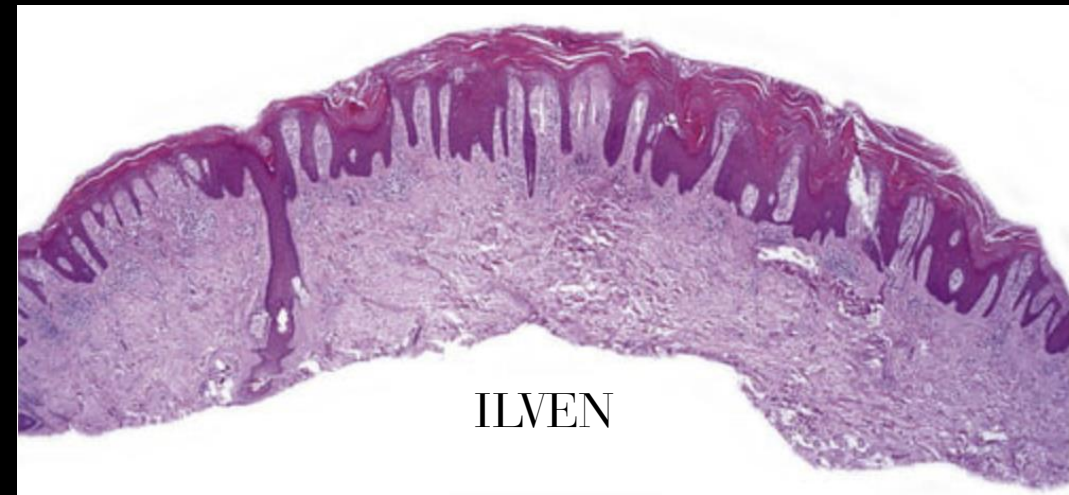
Lichen simplex chronicus

Pustular psoriasis

Pityriasis rubra pilaris

Parapsoriasis

What are 'other' psoriasiform dermatoses?



Subacute & chronic
spongiotic dermatitis

Chronic candidiasis &
dermatophytosis

Erythroderma

Pityriasis rosea

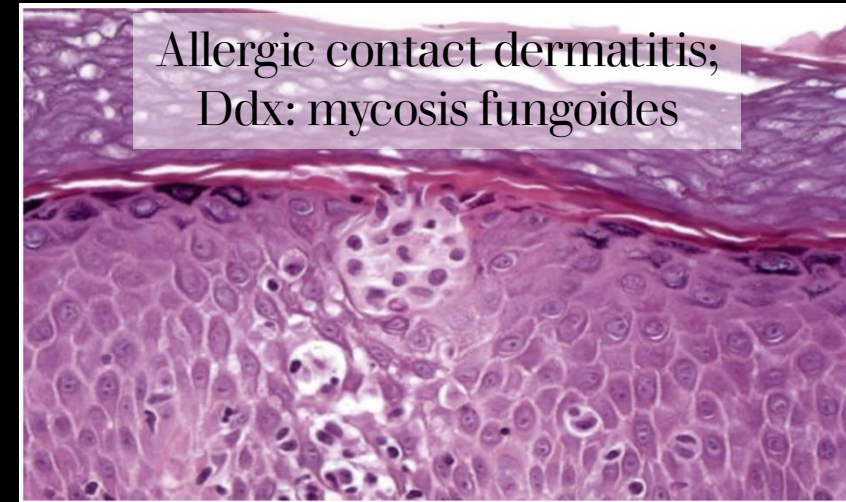
Inflammatory linear verrucous
epidermal nevus (ILVEN)

Pseudoepitheliomatous
hyperplasia (PEH)

Clear cell acanthoma

SCCIS (Bowen disease)

What are 'metabolic/systemic' psoriasiform dermatoses?



Cutaneous T-cell lymphoma
(mycosis fungoides)

Secondary syphilis

Lamellar ichthyosis

Bazex syndrome

Pellagra

Glucagonoma

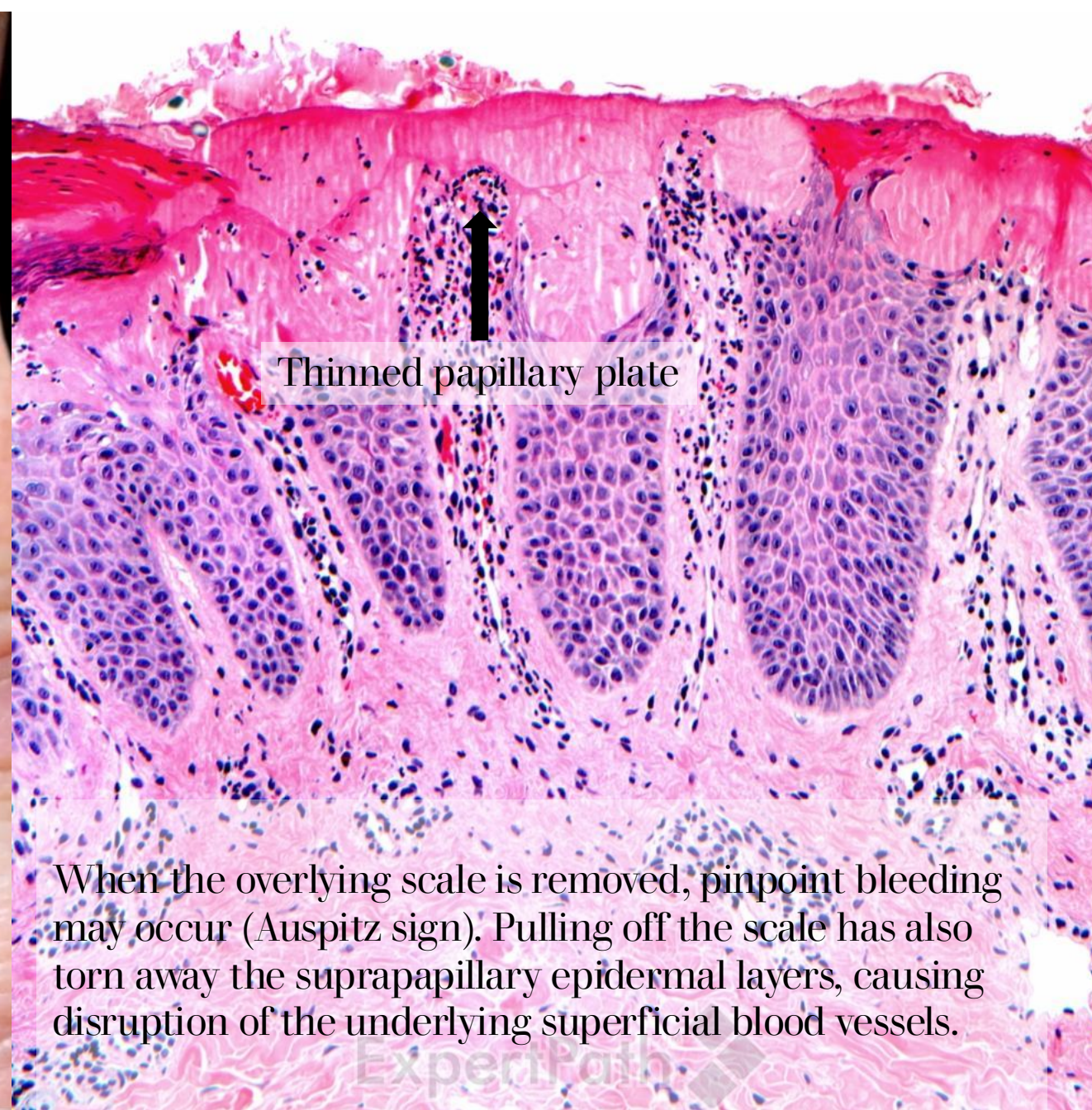
Acrodermatitis enteropathica

Psoriasis presents as an oysteraceous, silvery white, adherent, thick scale (black solid arrow) over the knuckles on erythematous plaques (white open arrow) in the usual extensor location.



PSORIASIS

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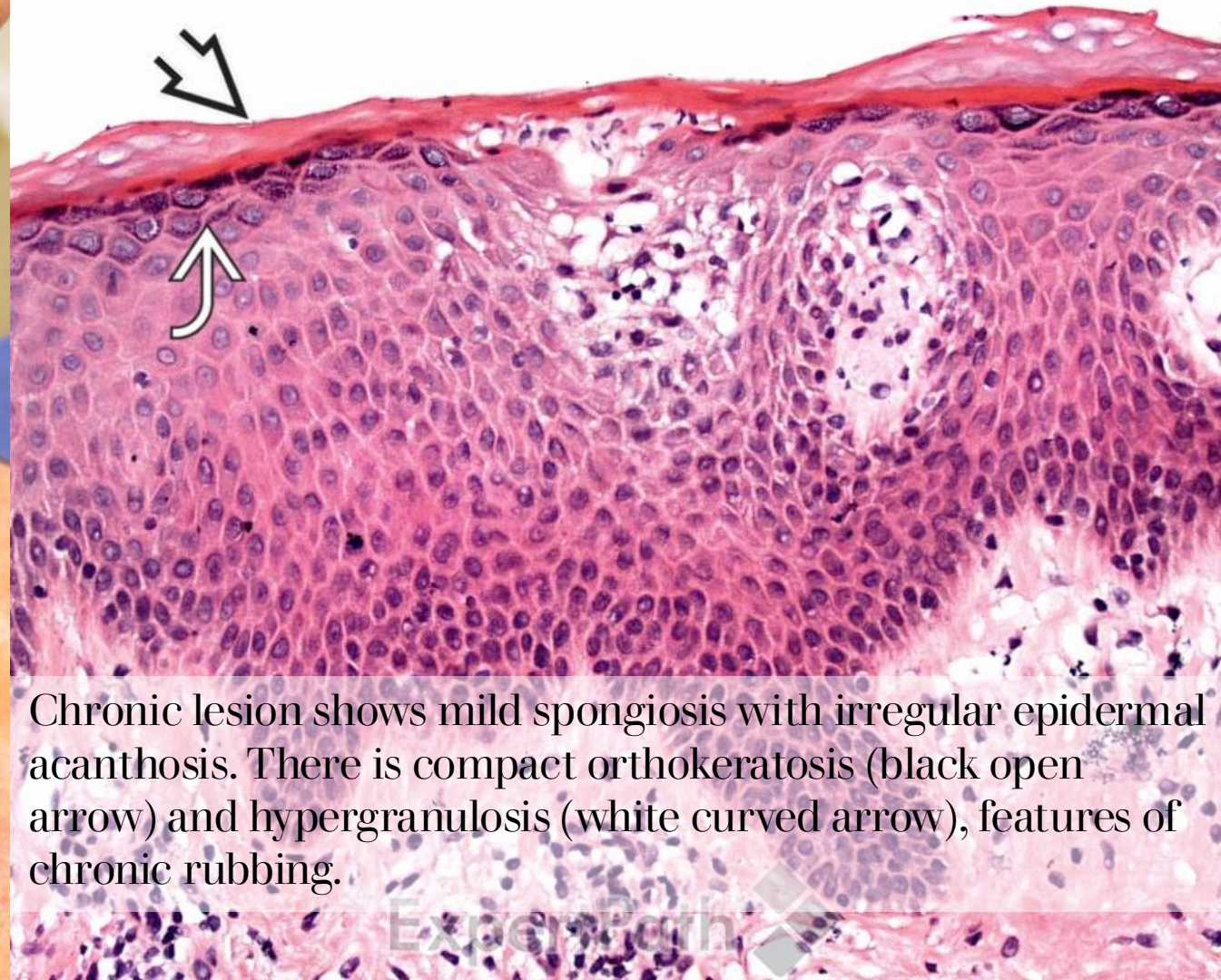


Thinned papillary plate

When the overlying scale is removed, pinpoint bleeding may occur (Auspitz sign). Pulling off the scale has also torn away the suprapapillary epidermal layers, causing disruption of the underlying superficial blood vessels.

ExpertPath™

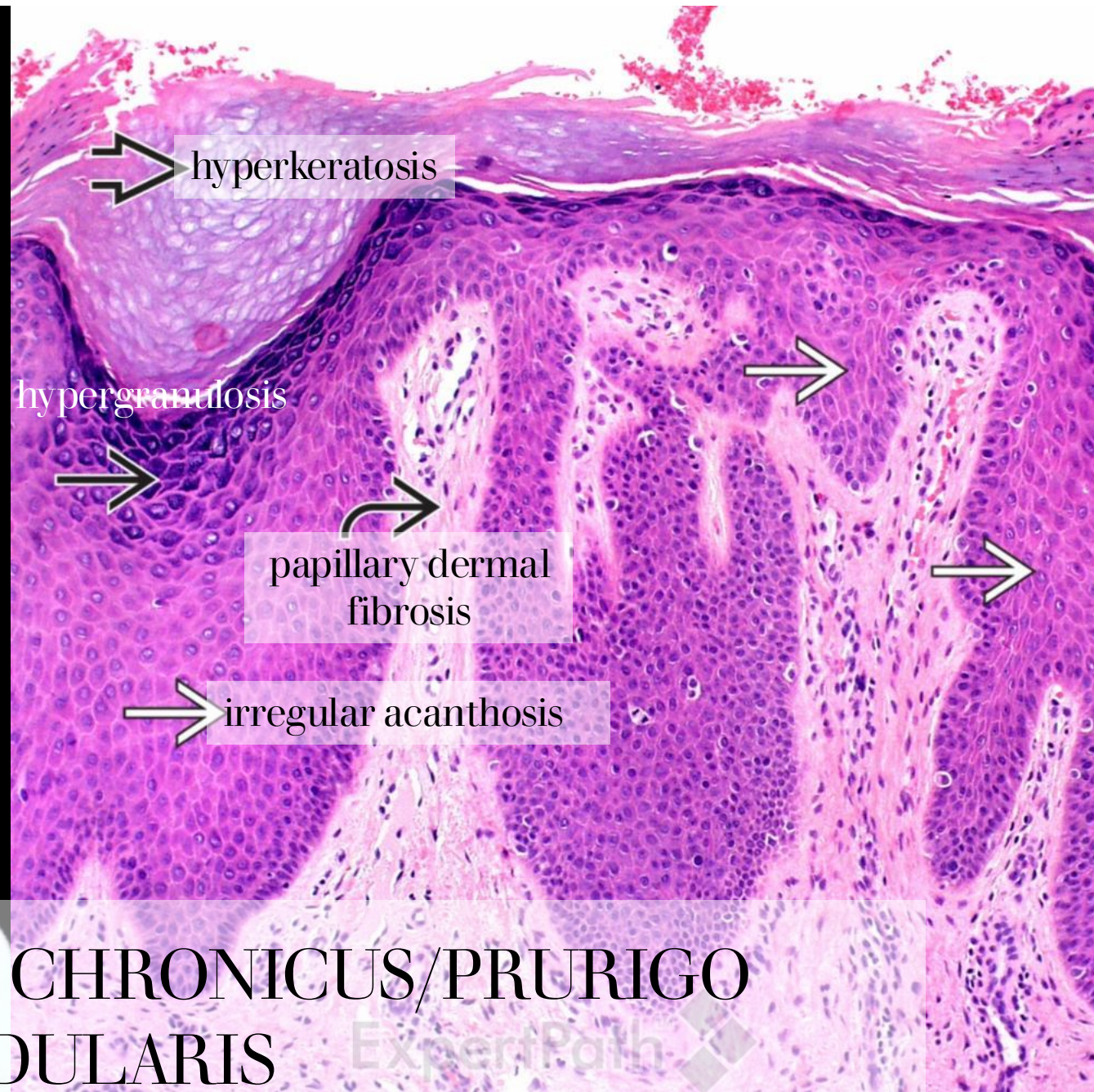
Clinical photo shows scattered erythematous papules (cyan solid arrow) with minimal scale on the lower face, neck, and upper chest. (Courtesy E. Lilly, MD.)



Chronic lesion shows mild spongiosis with irregular epidermal acanthosis. There is compact orthokeratosis (black open arrow) and hypergranulosis (white curved arrow), features of chronic rubbing.

CHRONIC SPONGITOTIC DERMATITIS

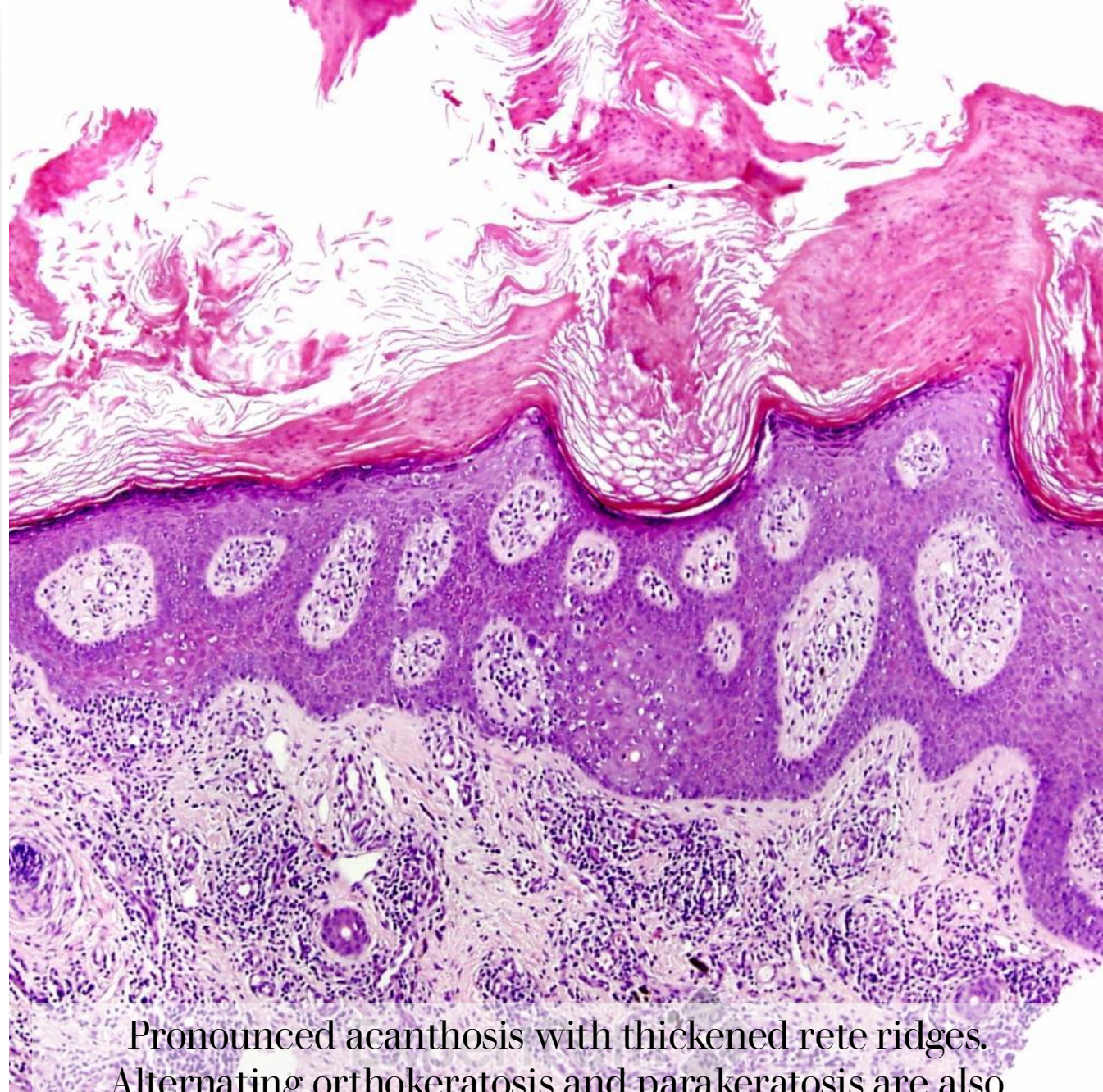
Lichen simplex chronicus often presents as erythematous and excoriated papules and plaques.



LICHEN SIMPLEX CHRONICUS/PRURIGO NODULARIS



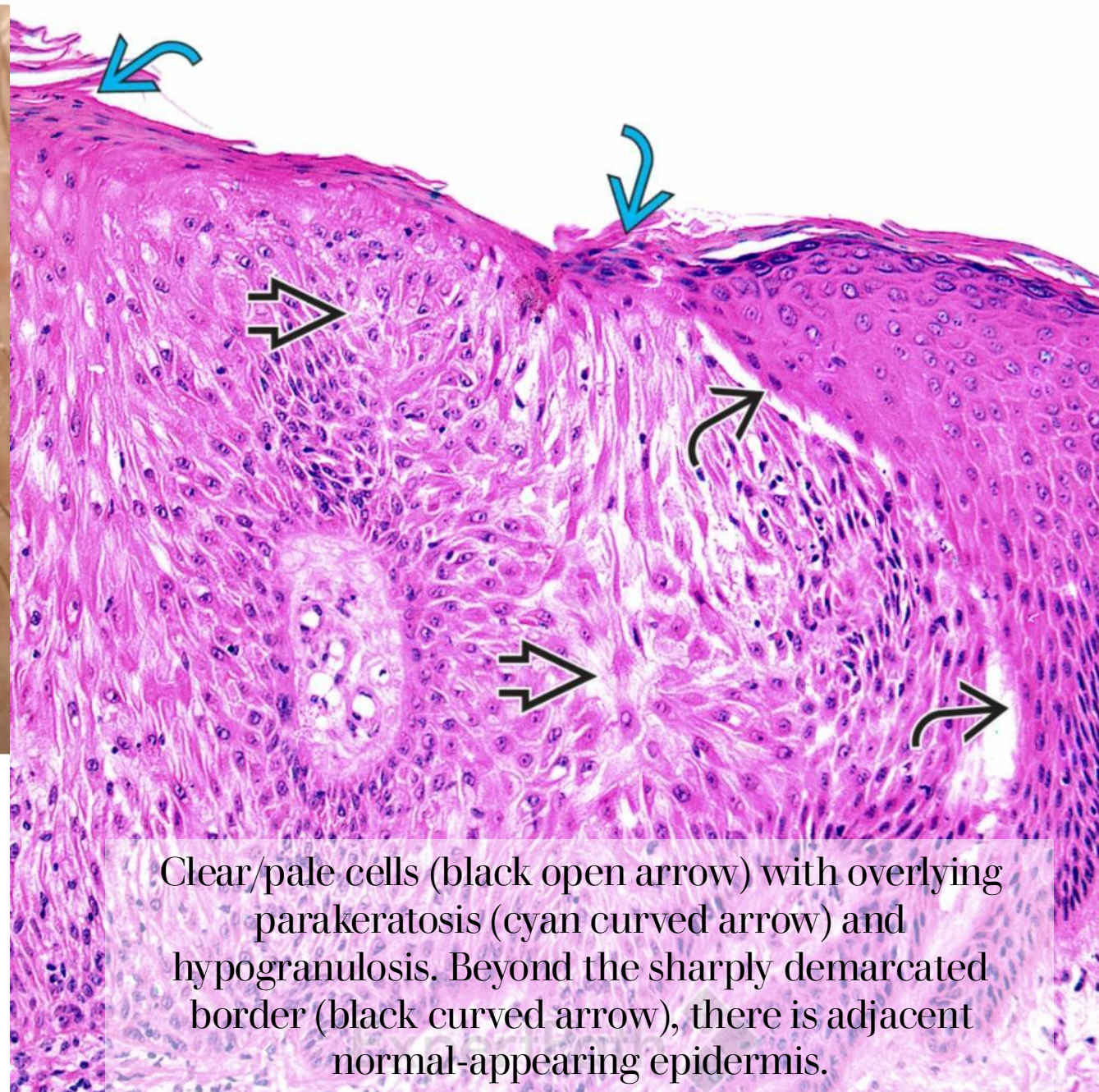
Inflammatory linear verrucous epidermal nevus (ILVEN)



Pronounced acanthosis with thickened rete ridges.
Alternating orthokeratosis and parakeratosis are also
readily appreciated.



Clear cell acanthoma



Clear/pale cells (black open arrow) with overlying parakeratosis (cyan curved arrow) and hypogranulosis. Beyond the sharply demarcated border (black curved arrow), there is adjacent normal-appearing epidermis.

Typical keratoderma in this patient with pityriasis rubra pilaris, which is waxy, sharply demarcated, and has an orange hue.



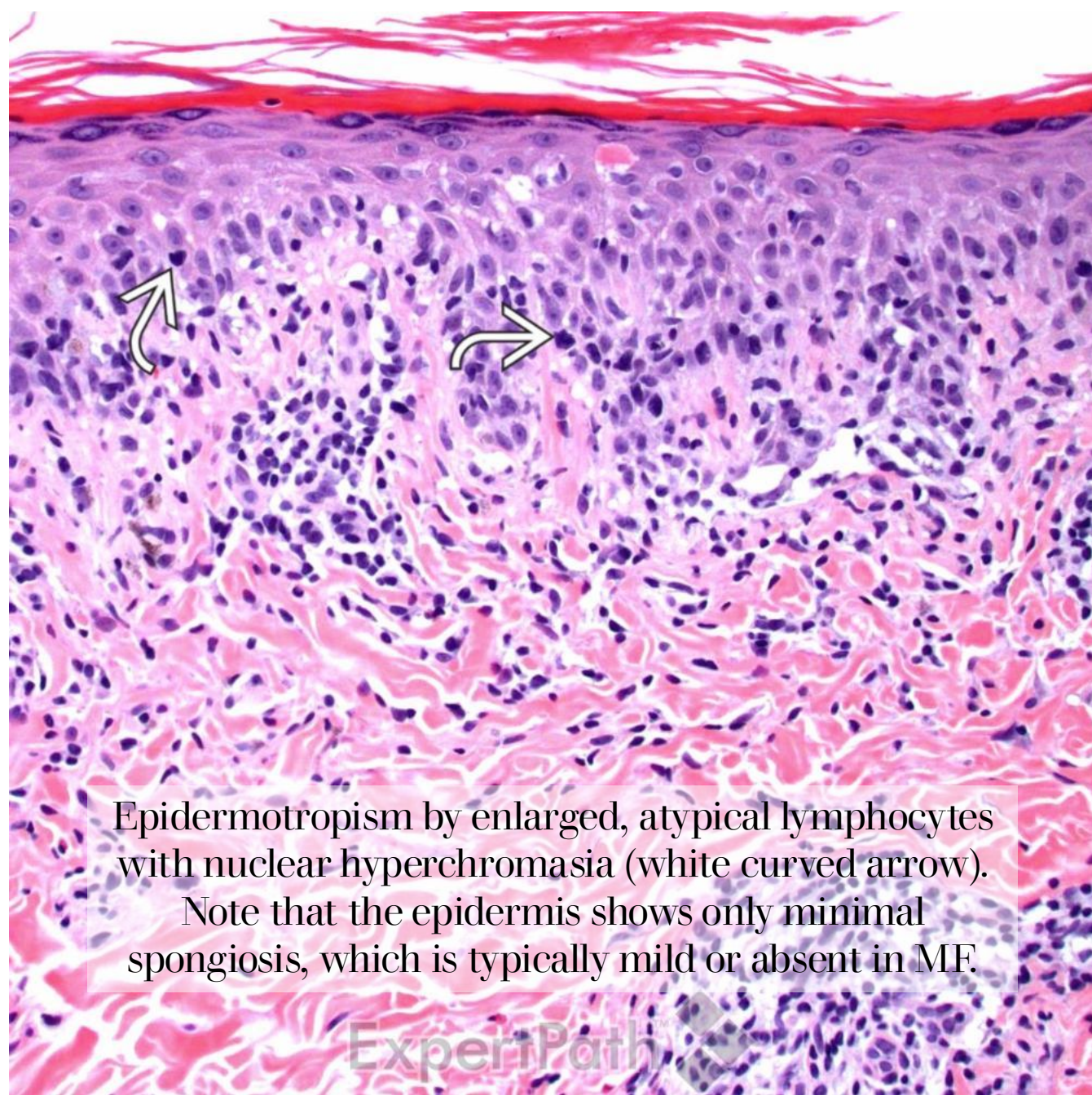
ExpertPath



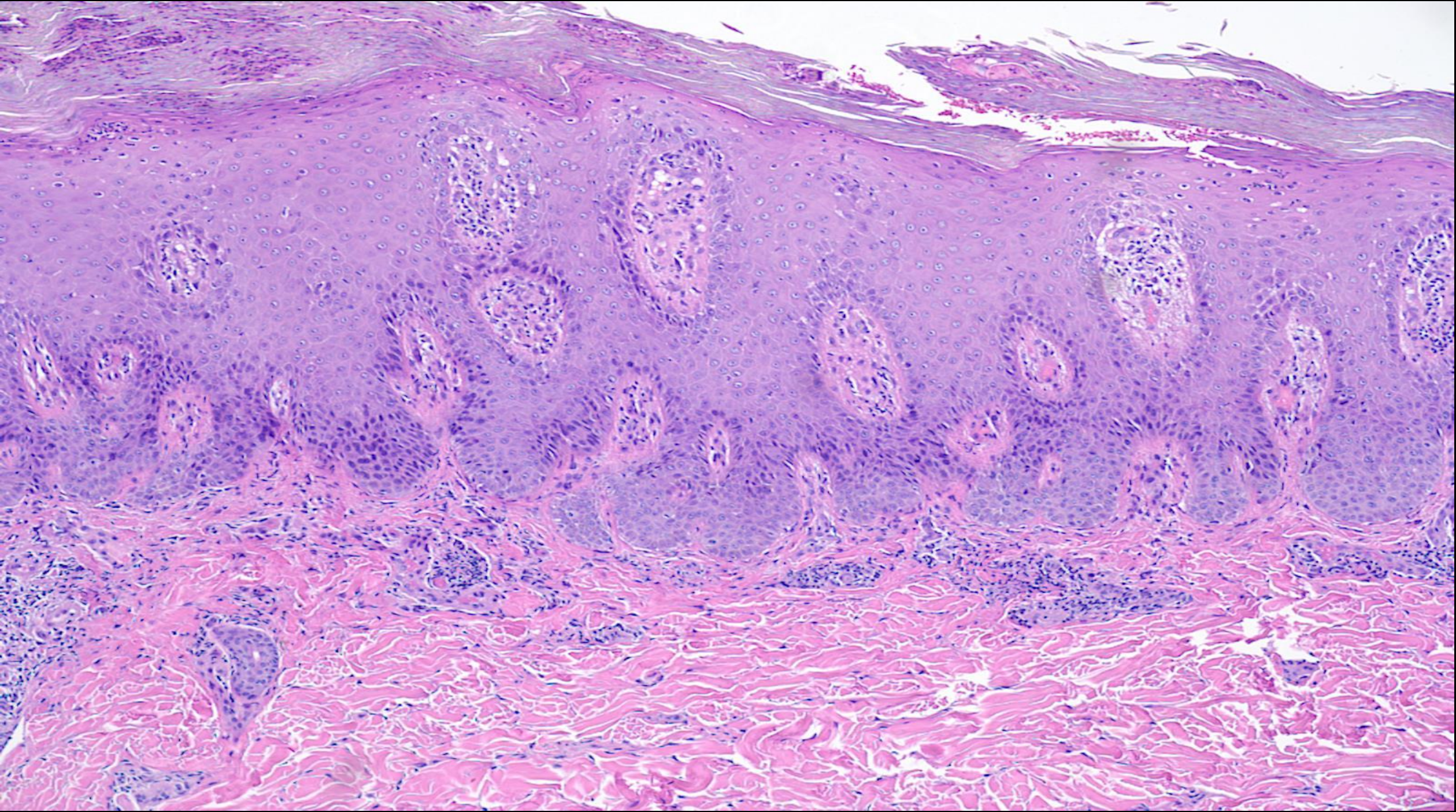
Follicular plugging (black solid arrow is accompanied by dry hyperkeratosis and sparse inflammation.



A large, annular patch-/plaque-stage lesion on the extremity of a patient with mycosis fungoides (MF).

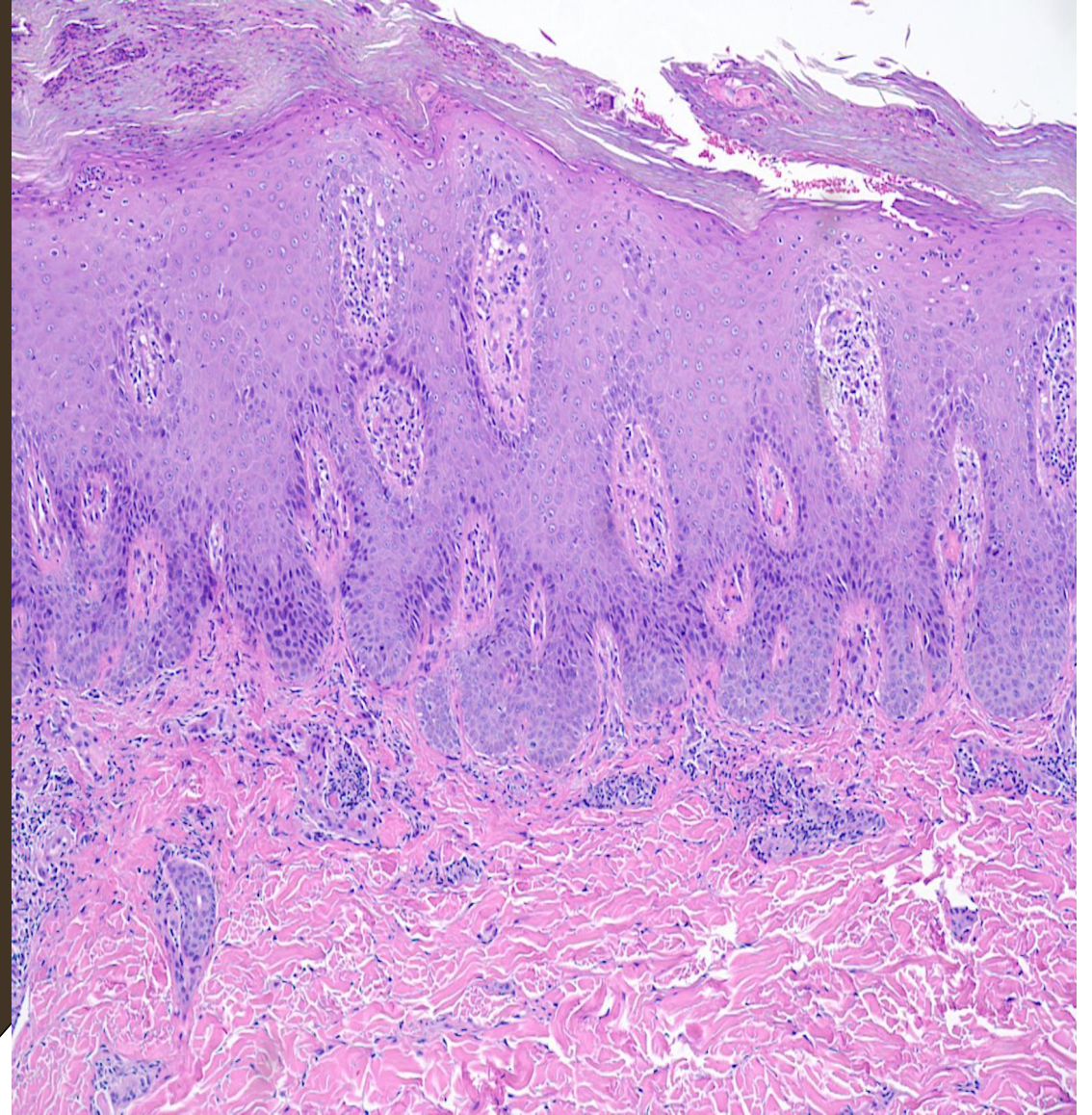


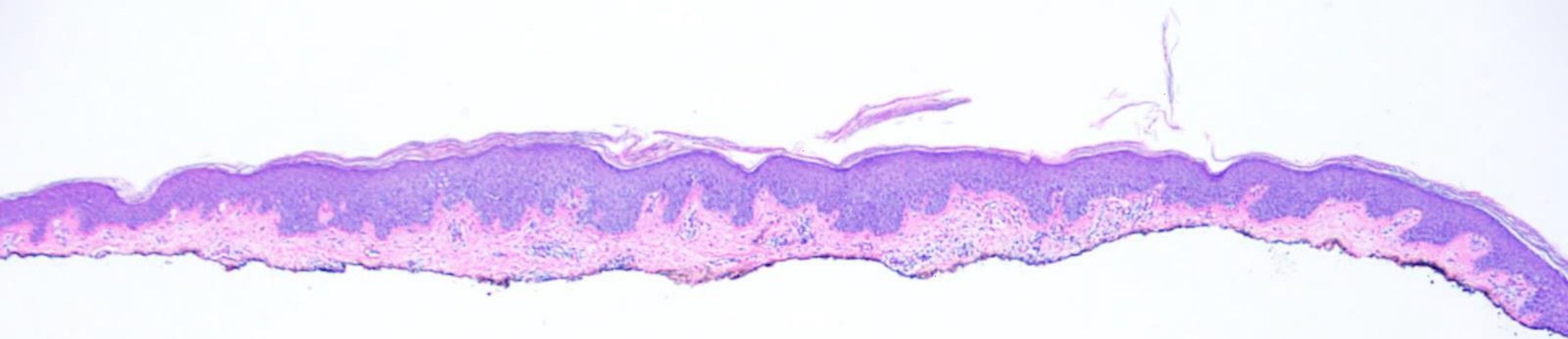
Epidermotropism by enlarged, atypical lymphocytes with nuclear hyperchromasia (white curved arrow).
Note that the epidermis shows only minimal spongiosis, which is typically mild or absent in MF.

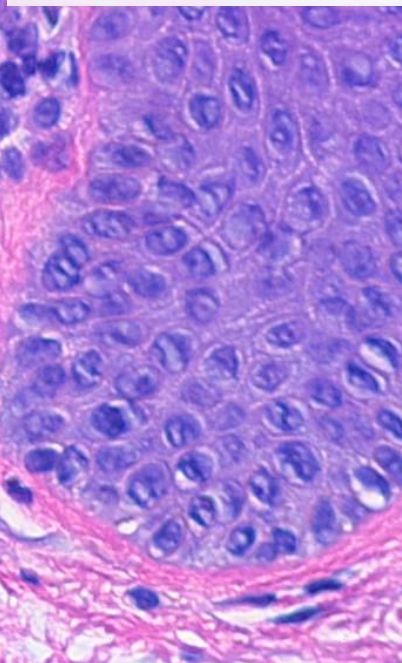
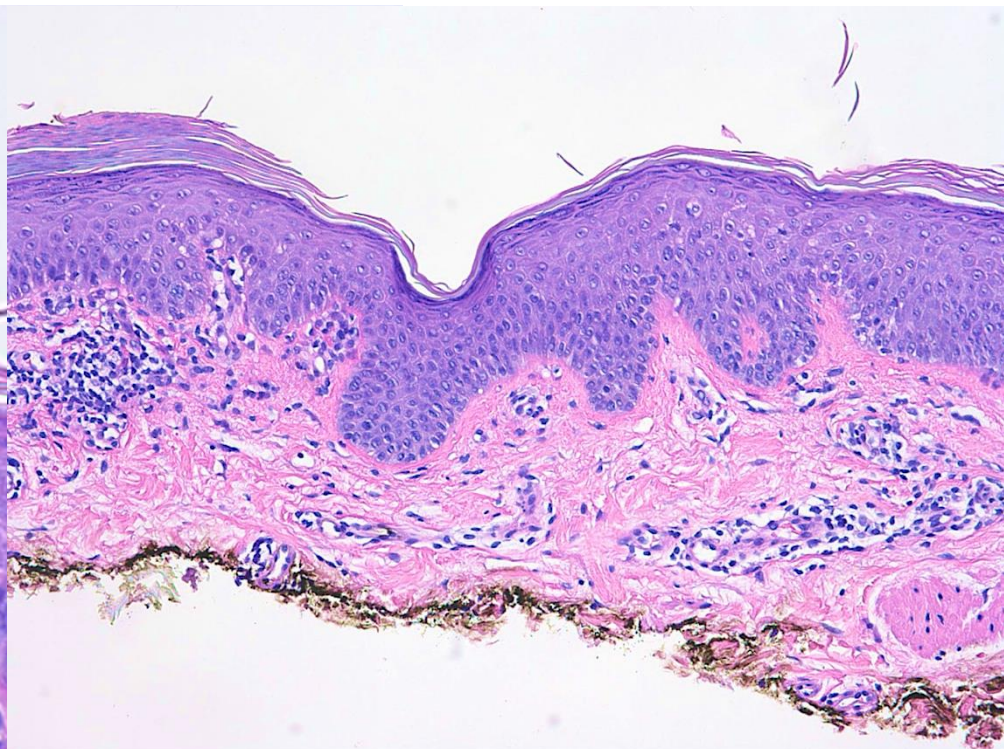
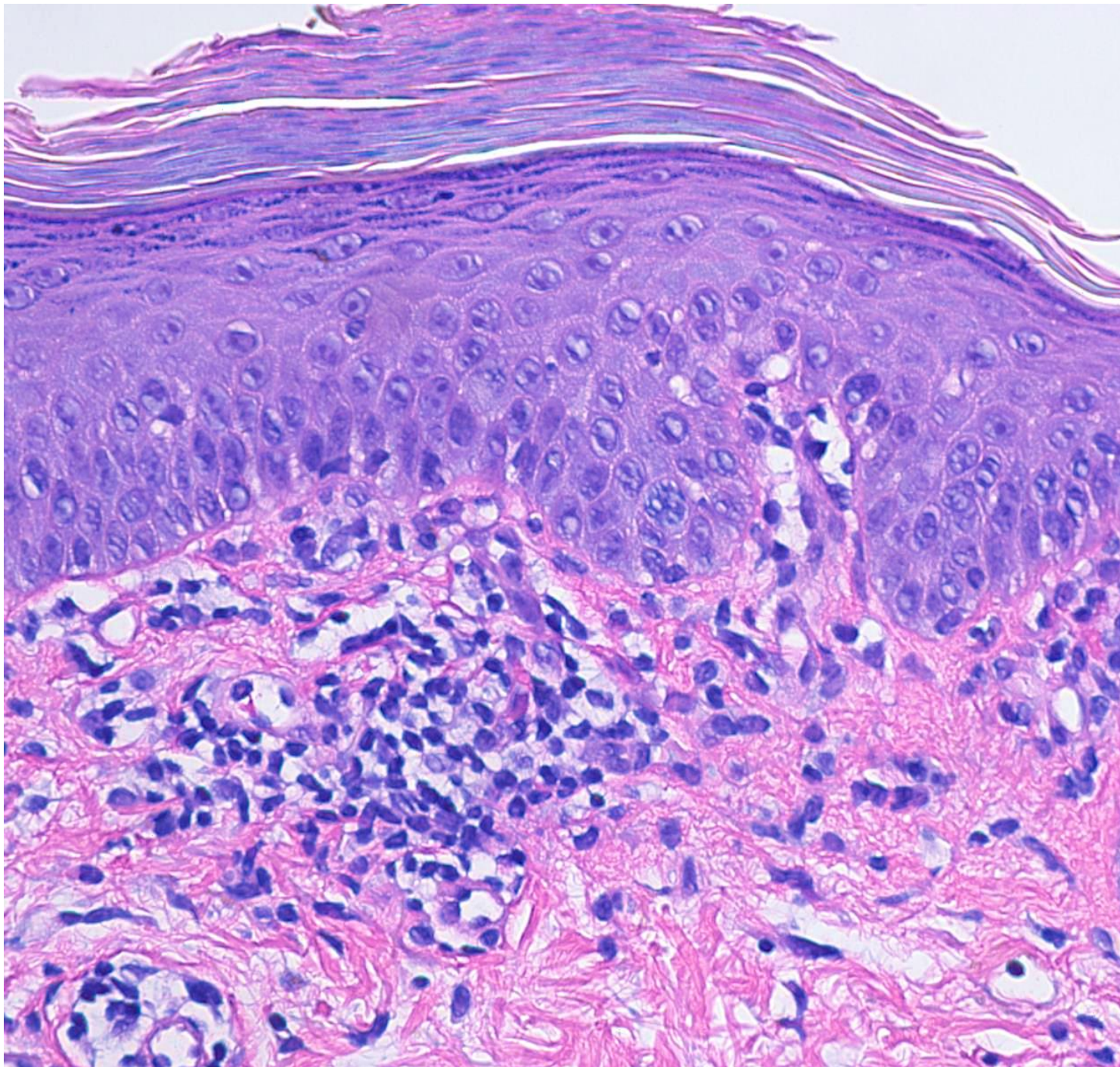


What are the histologic features of psoriasis?

- Uniform elongation of rete ridges
- Hyperkeratosis with confluent parakeratosis
- Loss of granular cell layer
- Papillary dermal edema with dilated tortuous capillaries
- Thinned, suprapapillary plates
- Neutrophils within the stratum corneum
- Neutrophils within the spinous layer
- Superficial perivascular lymphocytic infiltrate
- DDX: Chronic spongiotic dermatitis, Superficial cutaneous fungal infections, Secondary syphilis, Reiter syndrome, and Lichen simplex chronicus

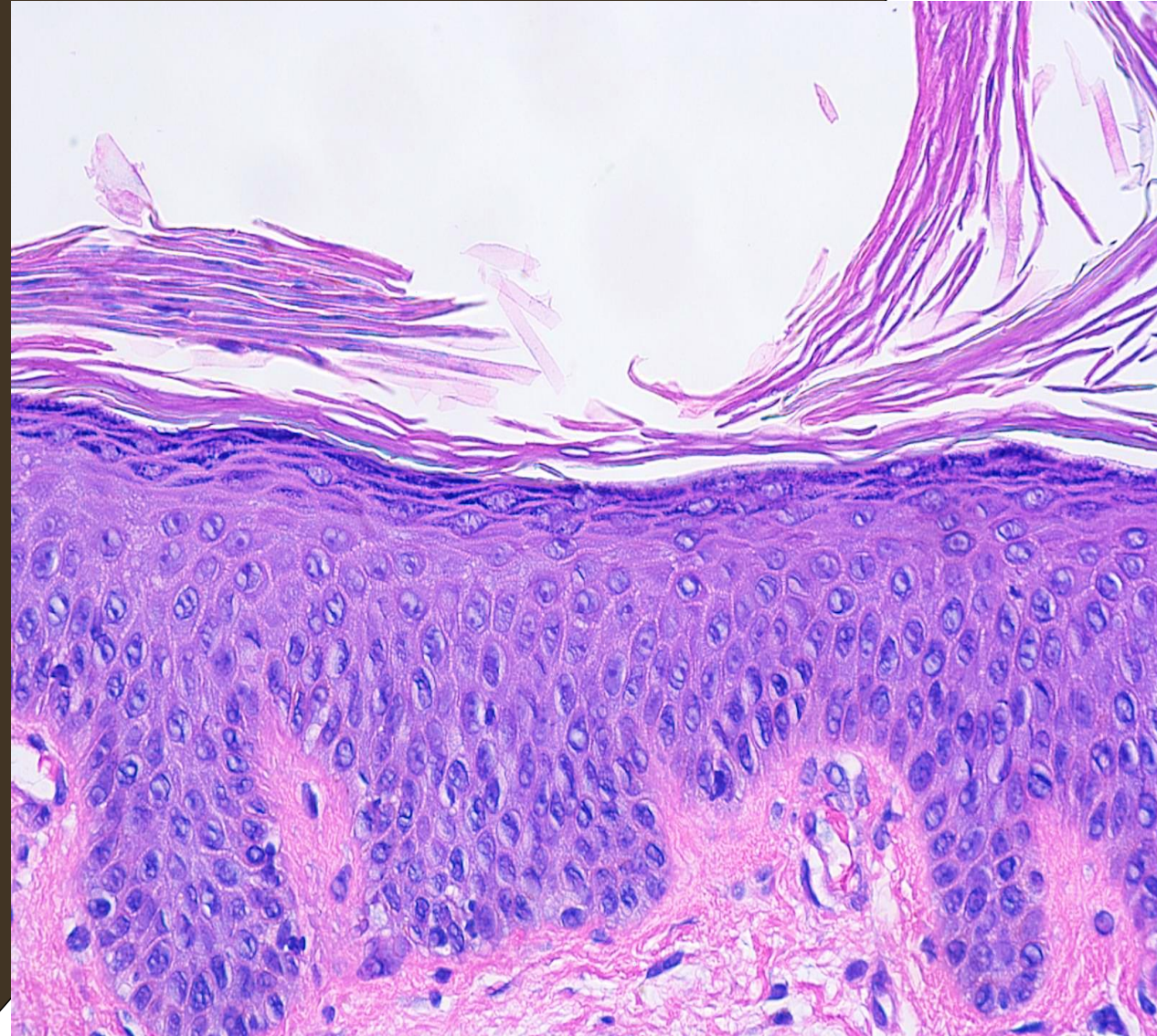


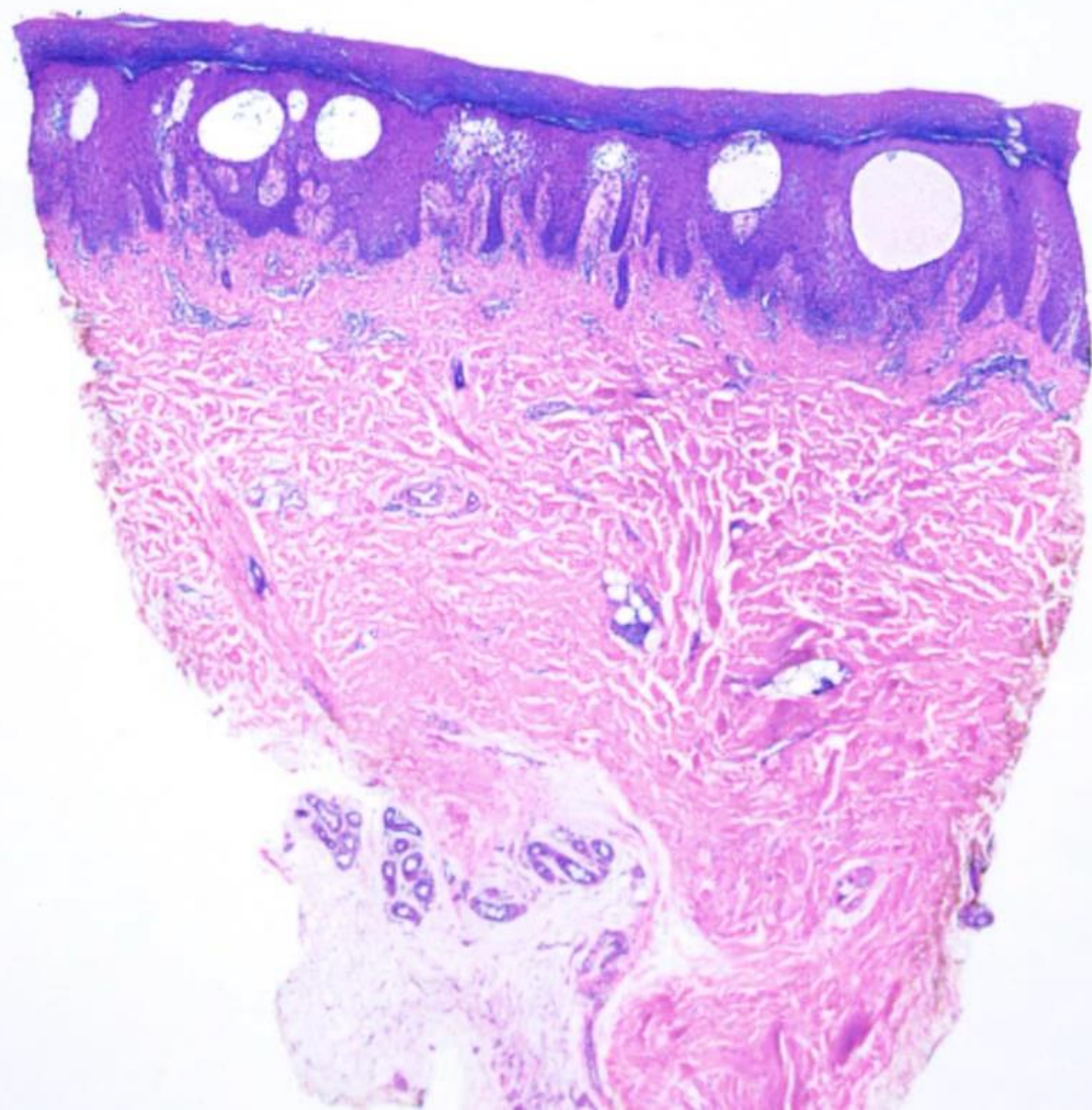


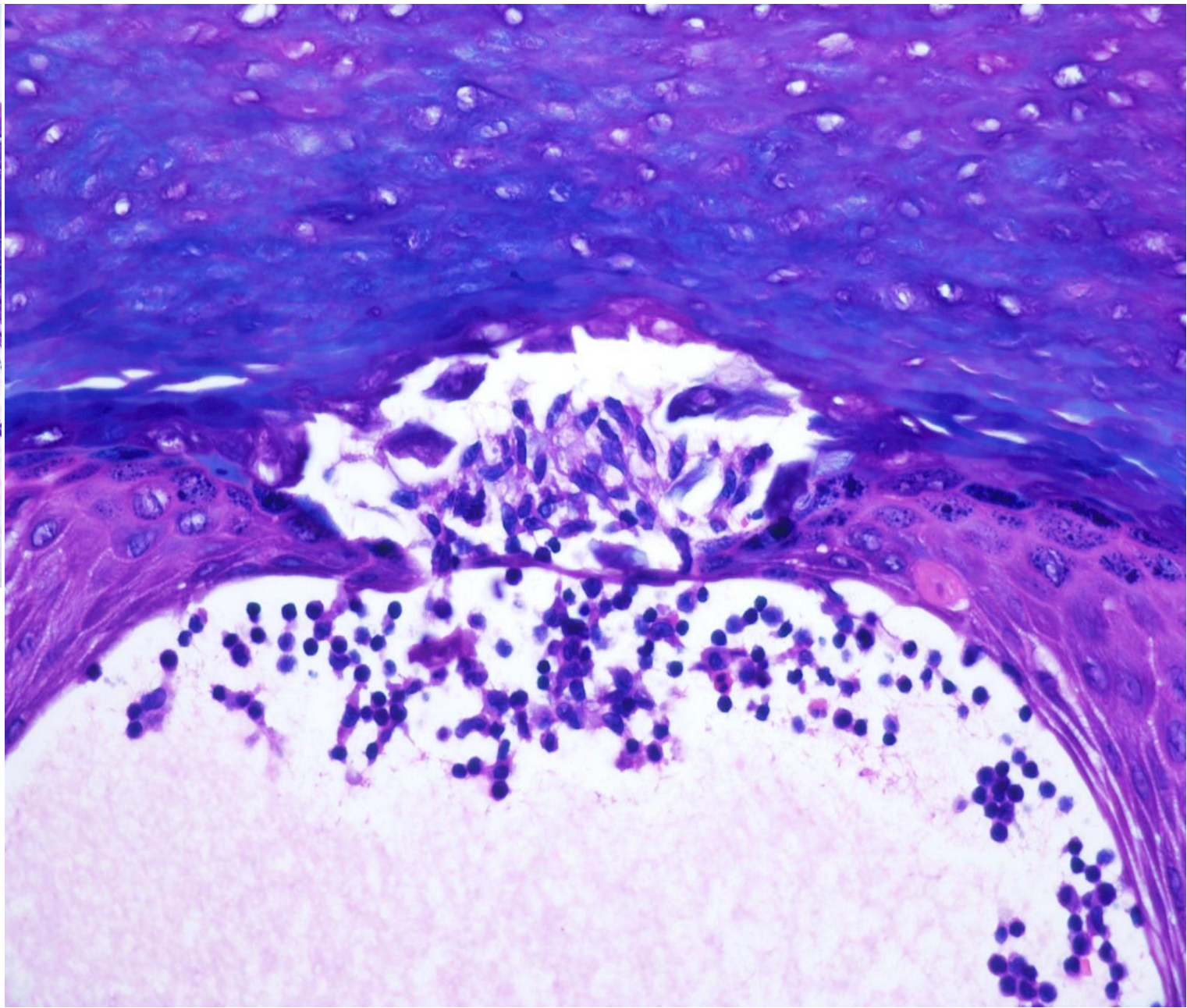
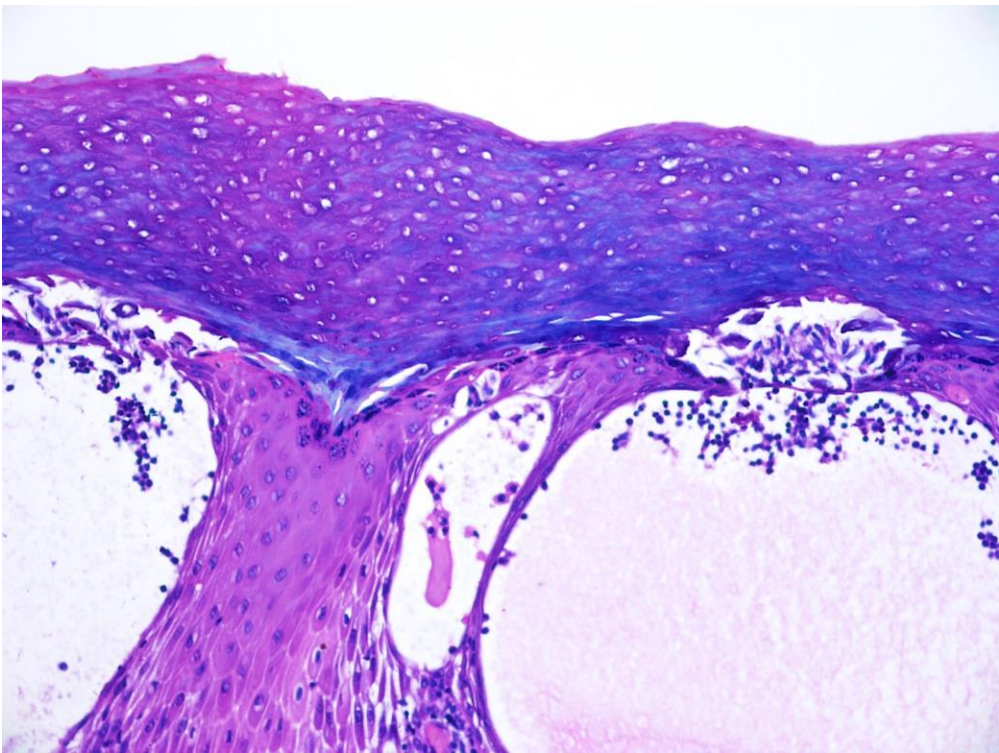


What are the histologic features of pityriasis rubra pilaris?

- Vertical and horizontal foci of orthokeratosis alternate with parakeratosis
- Parakeratotic mounds at follicular ostia (shoulder parakeratosis)
- Follicular plugging
- Rete ridges irregularly elongated and thickened
- Thickened suprapapillary plates
- Superficial perivascular lymphocytic infiltration
- DDX: psoriasis, seborrheic dermatitis, keratosis pilaris

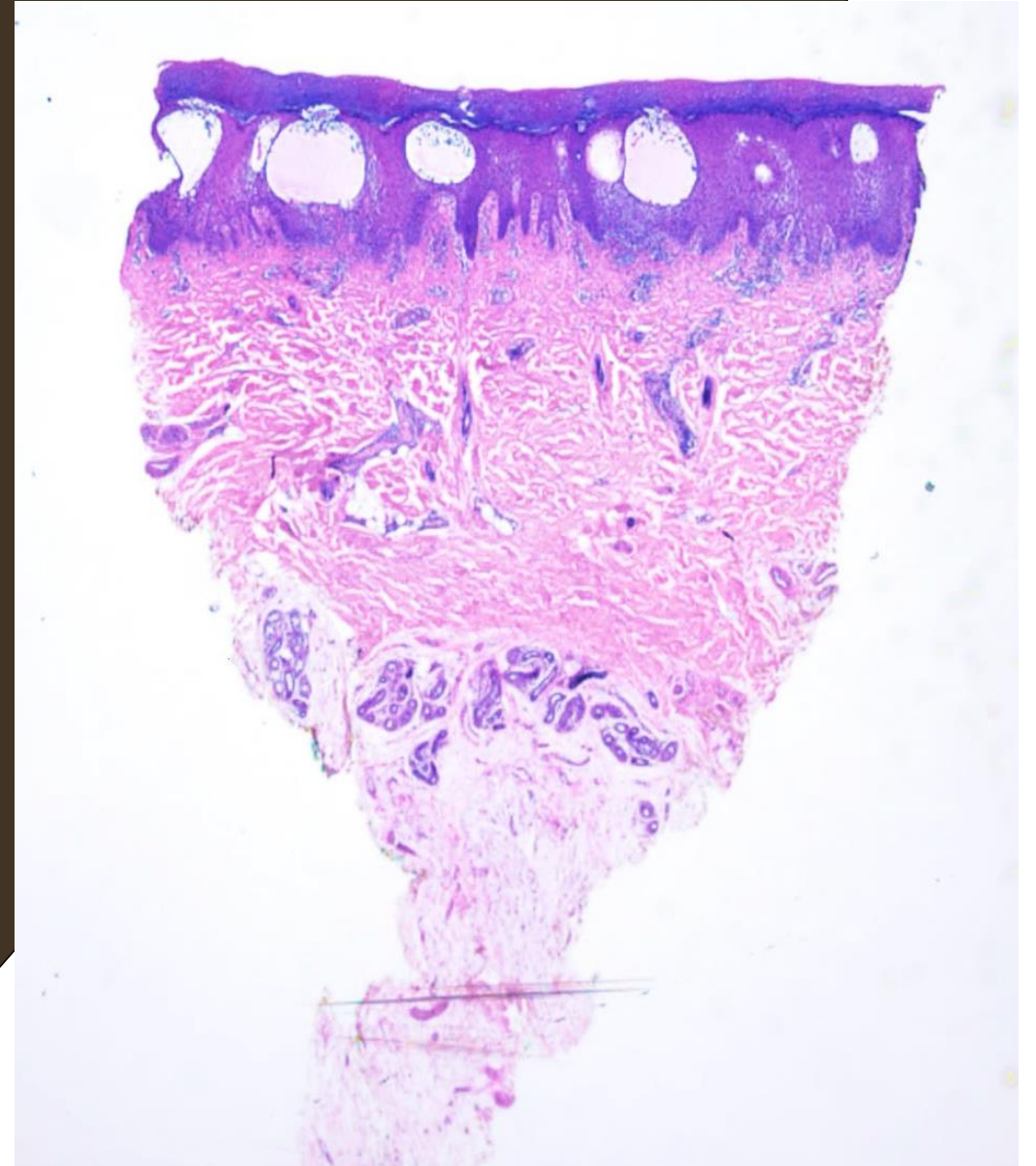






What are the histologic features of chronic spongiotic dermatitis?

- Hyperkeratosis, hypergranulosis
- Intraepidermal vesicle/spongiosis (acute on chronic)
- Irregular epidermal hyperplasia/acanthosis
- Rete ridges irregularly elongated and pointed
- Thickened suprapapillary plates
- Papillary dermal fibrosis (feature of LSC)
- Stellate fibroblasts (feature of LSC)
- Superficial perivascular lymphocytic infiltration
- DDX: Psoriasis, Seborrheic dermatitis, Superficial cutaneous fungal infections, and Lichen simplex chronicus



What are the phases of spongiotic dermatitis?

Acute

- Spongiosis, intraepidermal vesicle; intraepidermal and perivascular lymphocytes
- No hyperkeratosis; No epidermal hyperplasia; No papillary dermal fibrosis

Subacute

- Less spongiosis, \pm intraepidermal vesicle; some lymphocytes
- Some hyperkeratosis (orthokeratosis); Some acanthosis (epidermal thickening)

Chronic

- No spongiosis or vesicle (dry); less lymphocytes
- Hyperkeratosis; Psoriasiform hyperplasia; Papillary dermal fibrosis/fibroblasts

What are the histologic terms ‘hyperkeratosis’ and ‘epidermal hyperplasia’?

HYPERKERATOSIS

- Increase in the thickness of the scale
normal: basket weave, thin
 - In disease state: hyperkeratosis
Orthokeratosis (compact keratin, without nuclei)
Parakeratosis (compact keratin, with nuclei)
 - Tiers of ortho or parakeratosis can alternate or stack
-

EPIDERMAL HYPERPLASIA

- Thickened layers of epidermis
Acanthosis: slight increase
Regular: significant, club shaped rete ridges
Irregular: significant, pointed rete ridges
Pseudoepitheliomatous: marked, mimics epidermal neoplasm

References

- ExpertPath.com by Elsevier
 - Own slides/images
 - *Dermatopathology* Raymond L. Barnhill 3rd Edition
 - *McKee's Pathology of the Skin*
-

Case-by-case Series

<https://digitalskinpathology.com>
