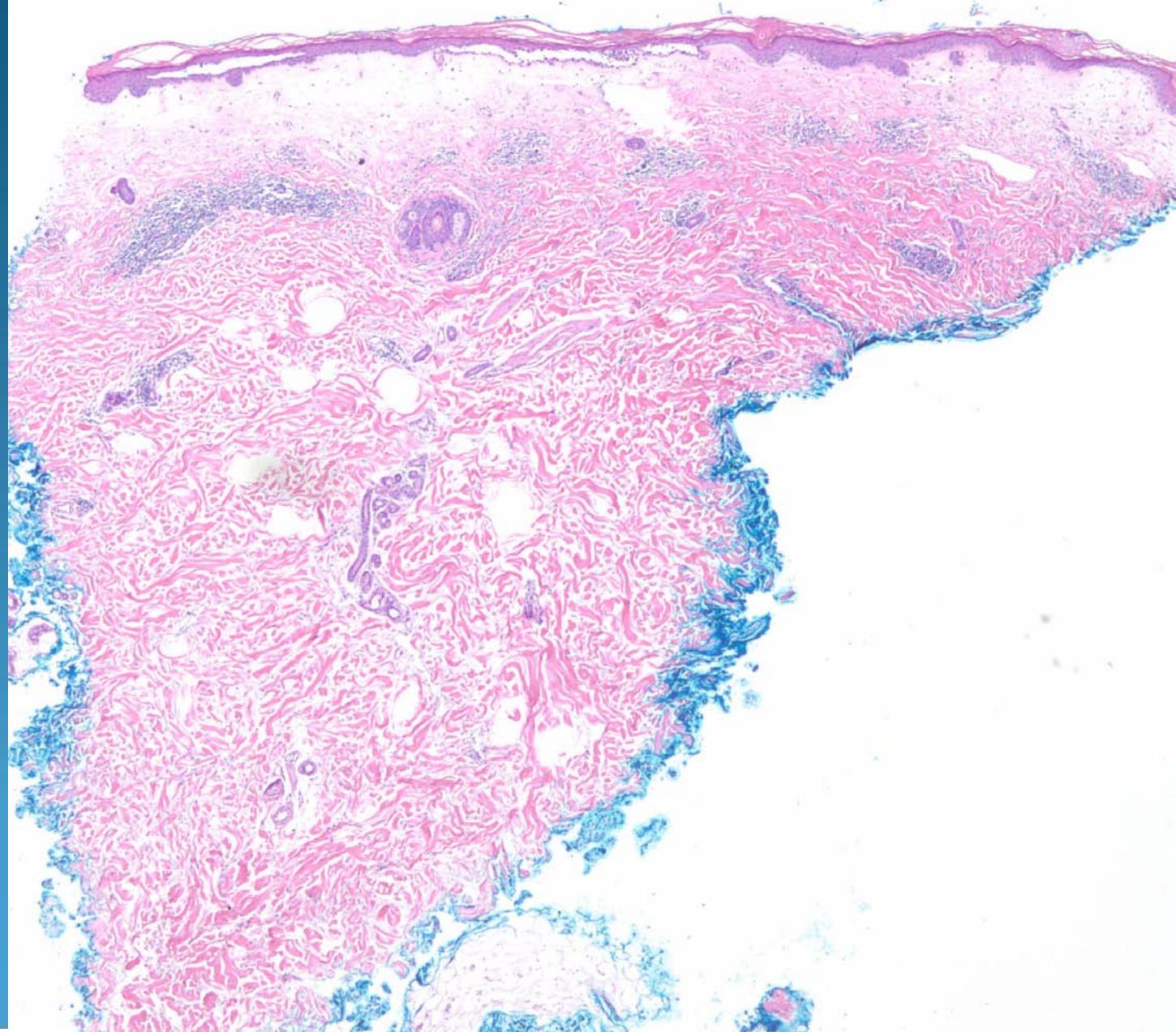
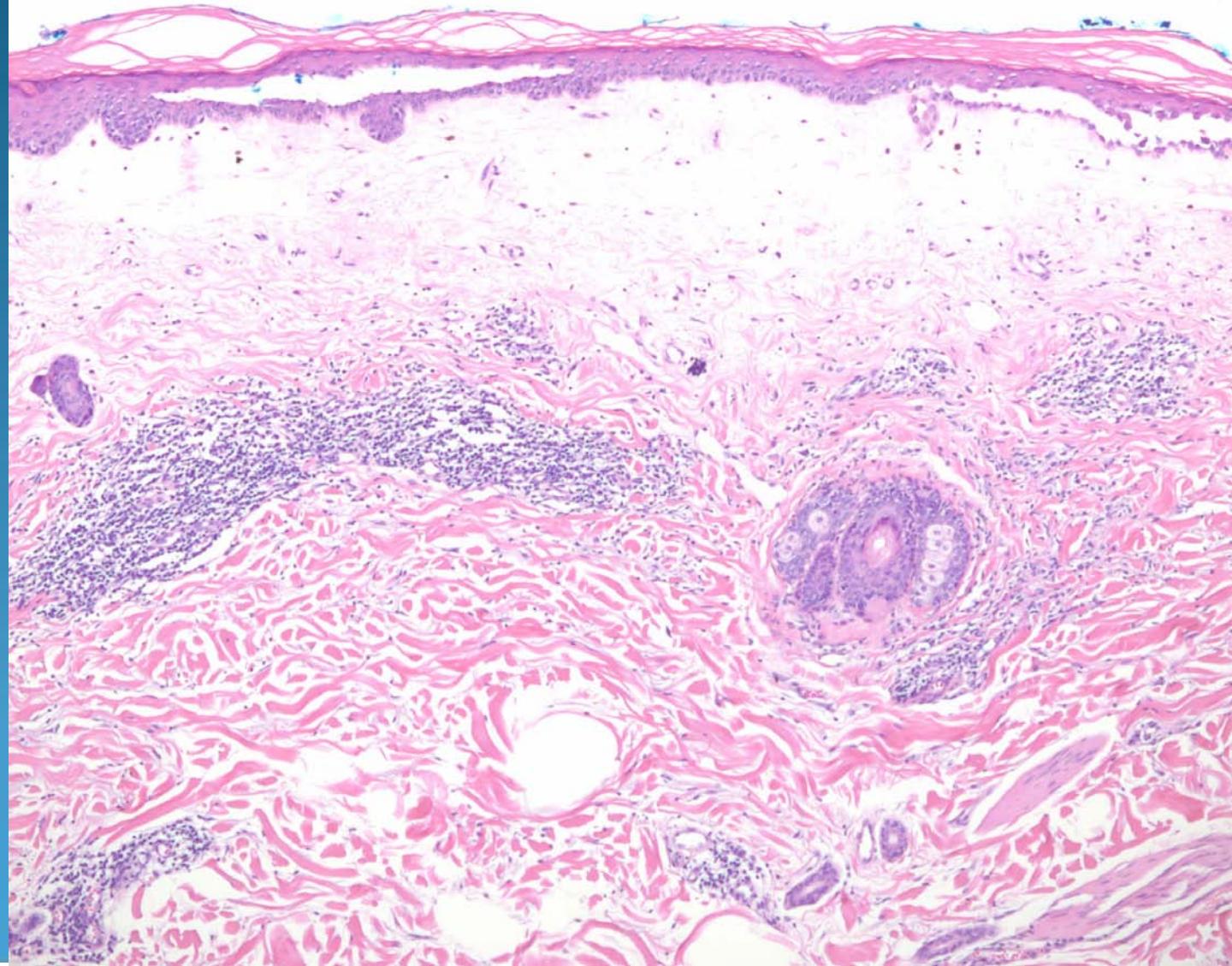
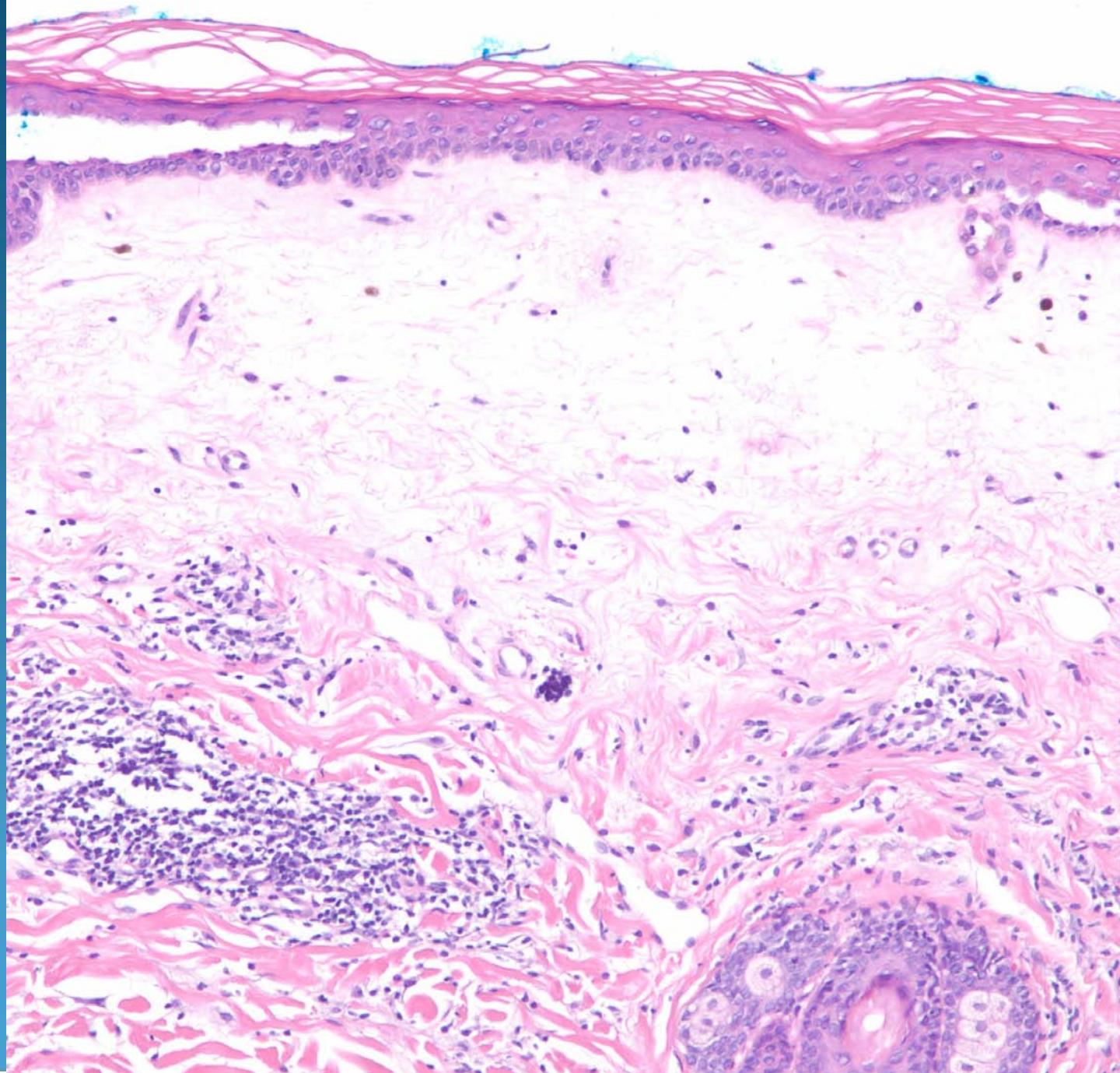


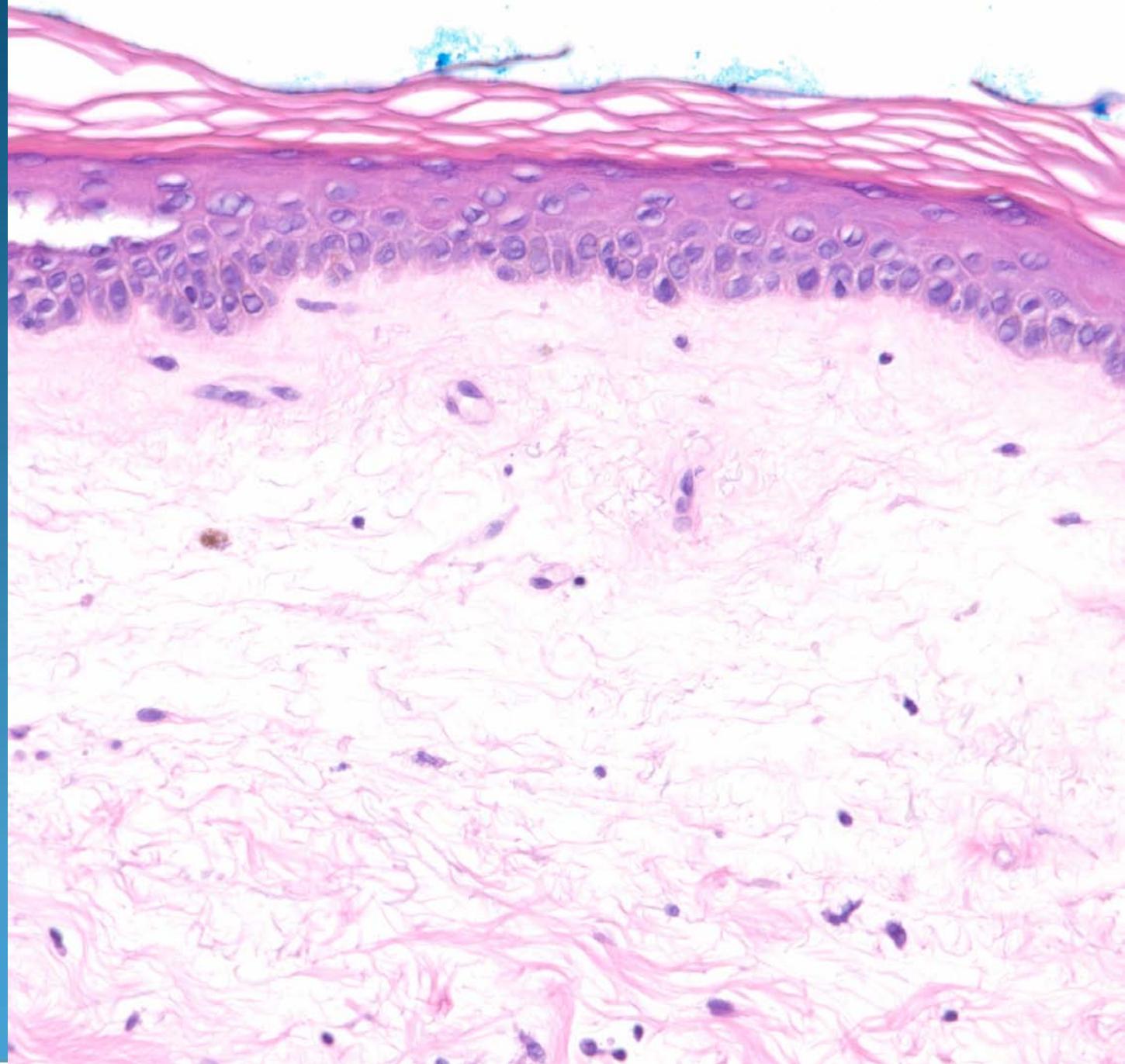
Dermatopathology Slide Review Part 46

Paul K. Shitabata, M.D.
Dermatopathology Institute



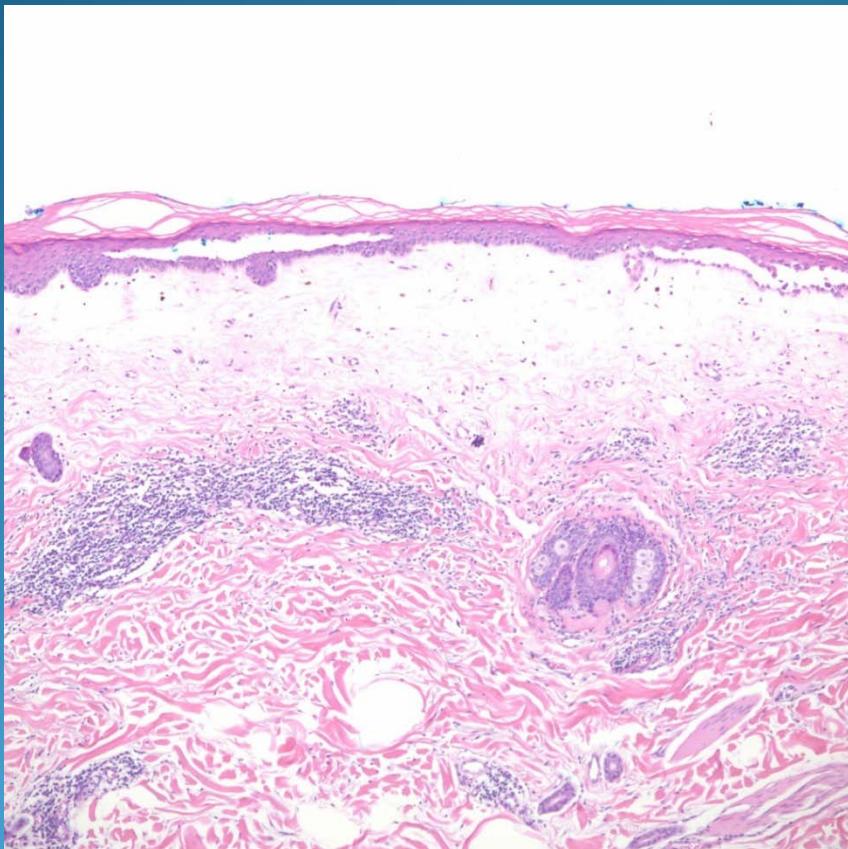




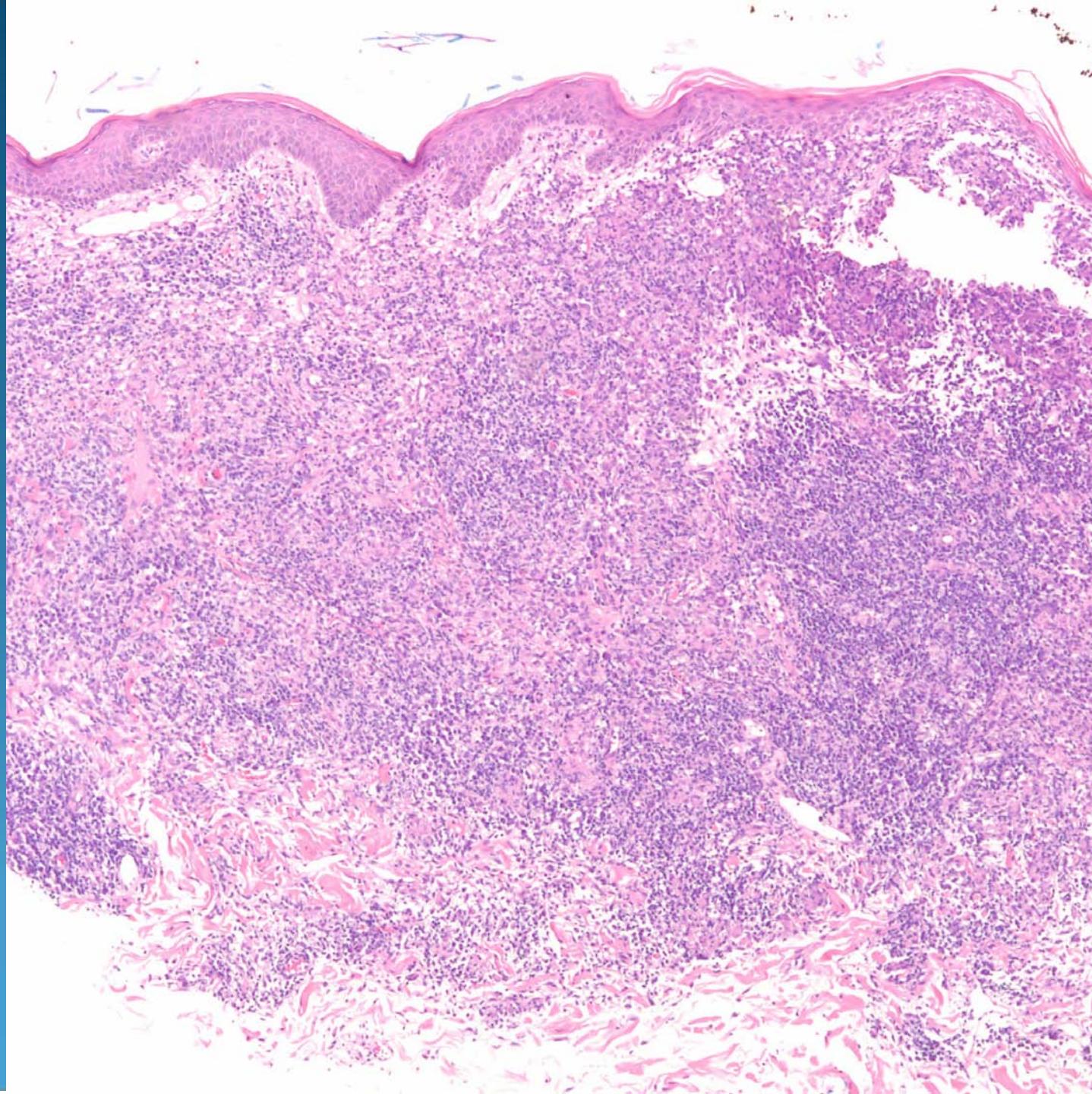


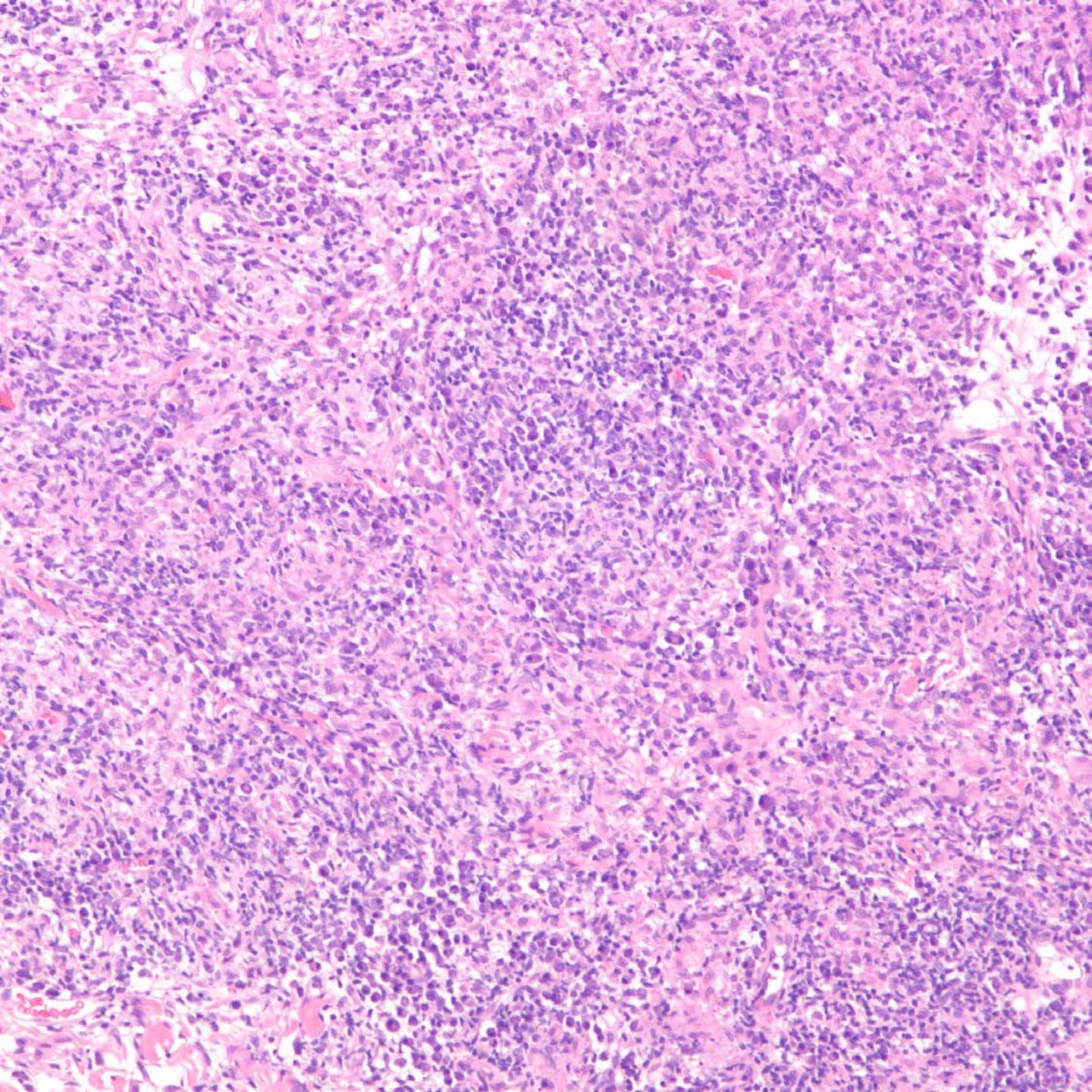
Lichen Sclerosus et Atrophicus

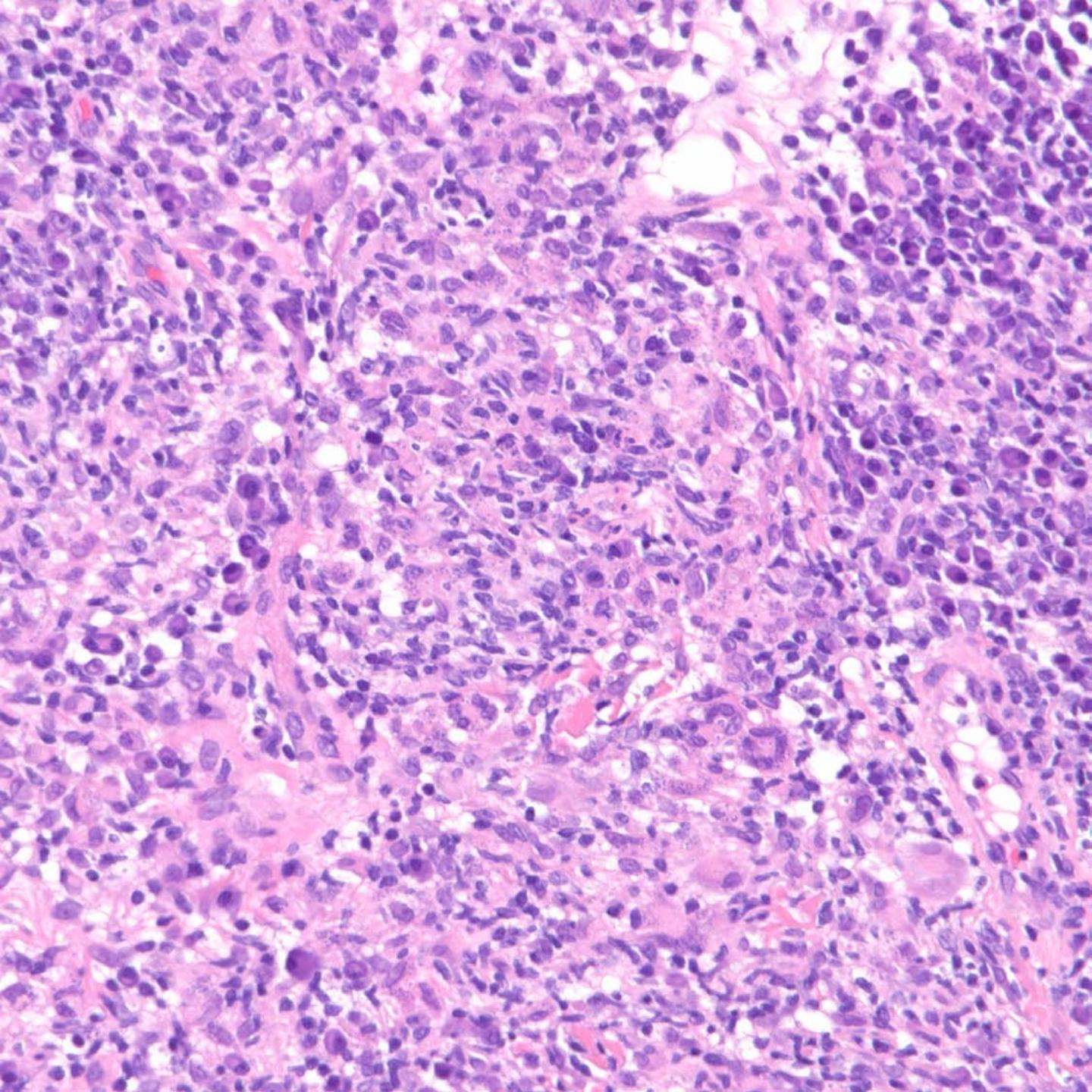
Pearls

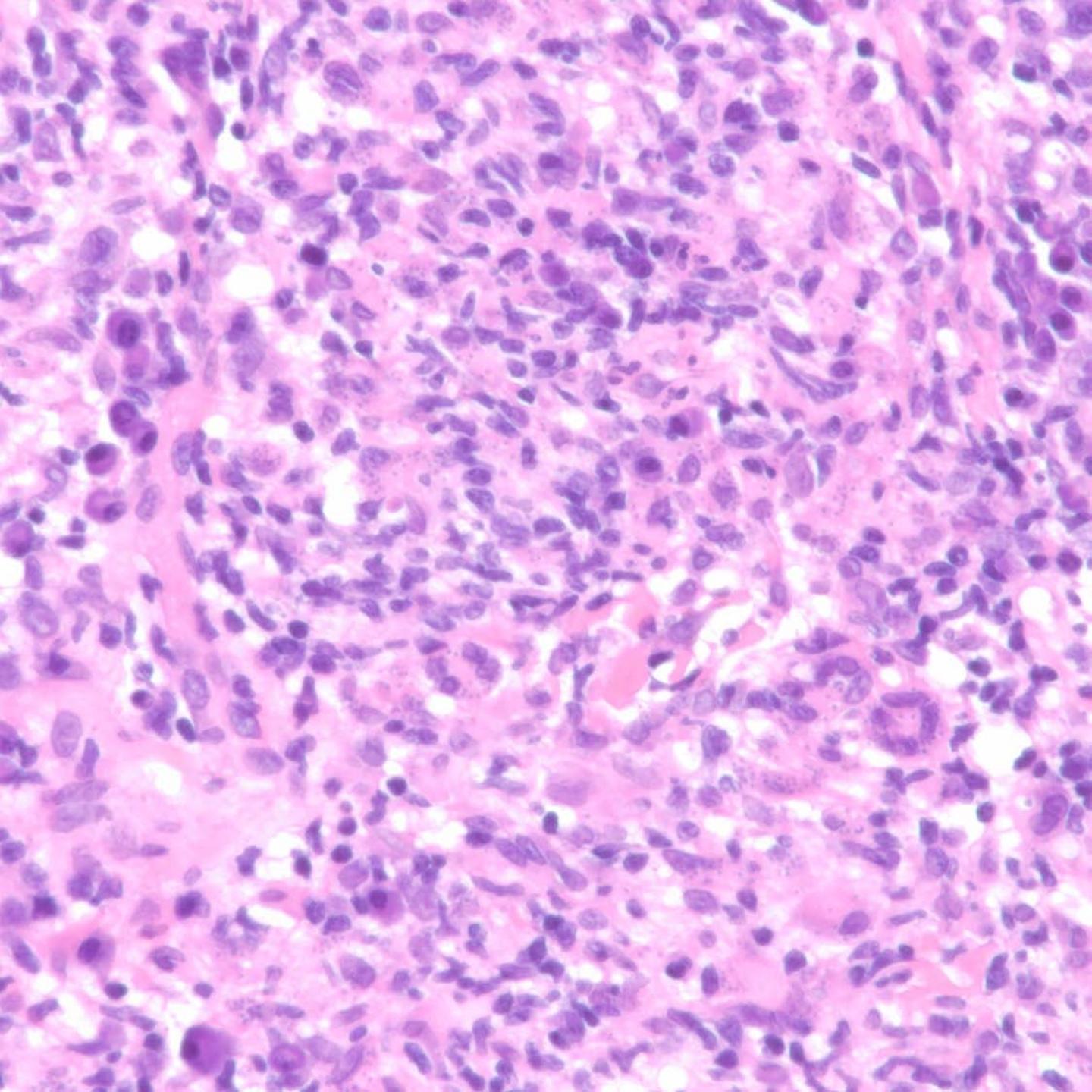


- Papillary dermal edema with underlying lichenoid inflammatory cell infiltrate
- May see hyalinization of basement membrane
- Follicular plugging

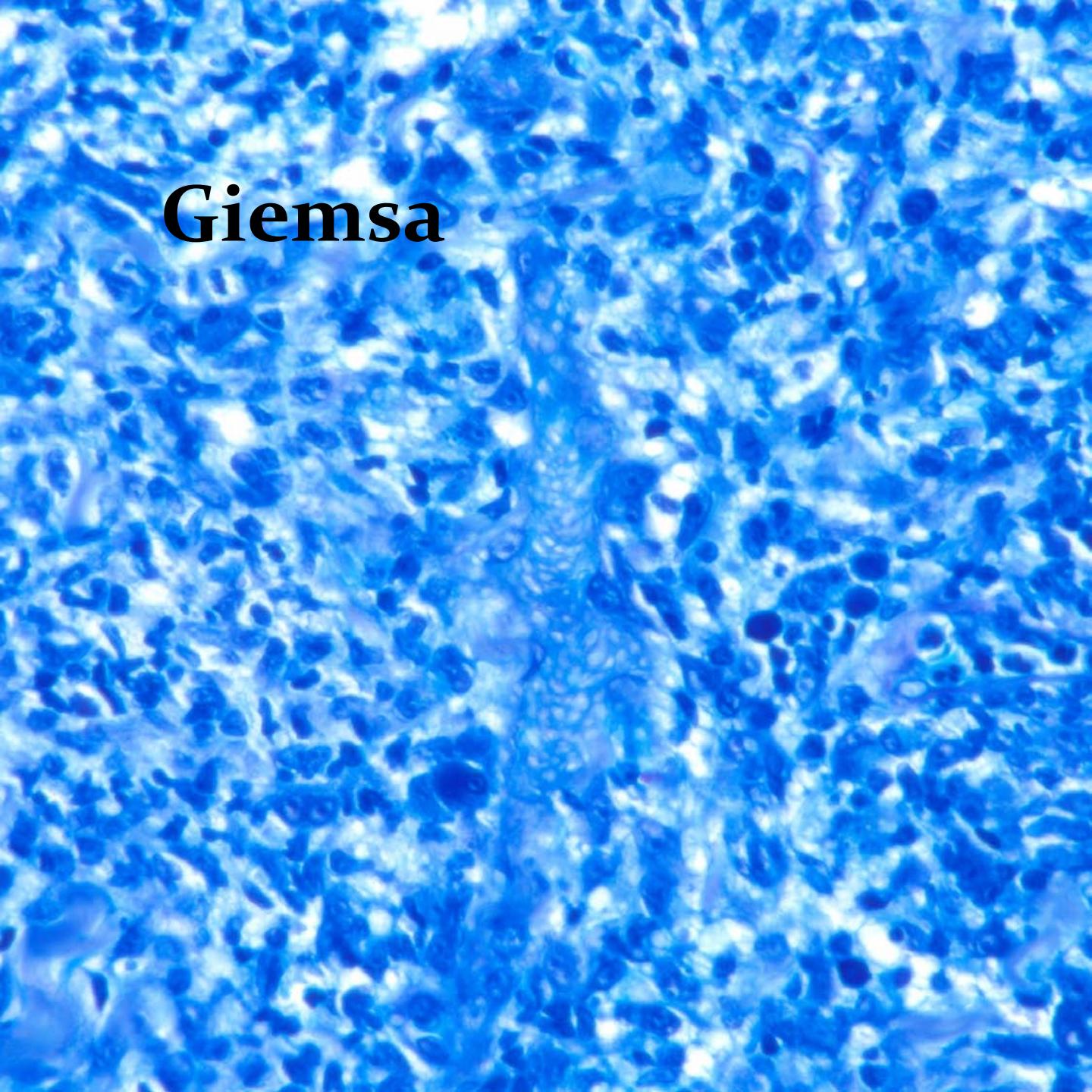






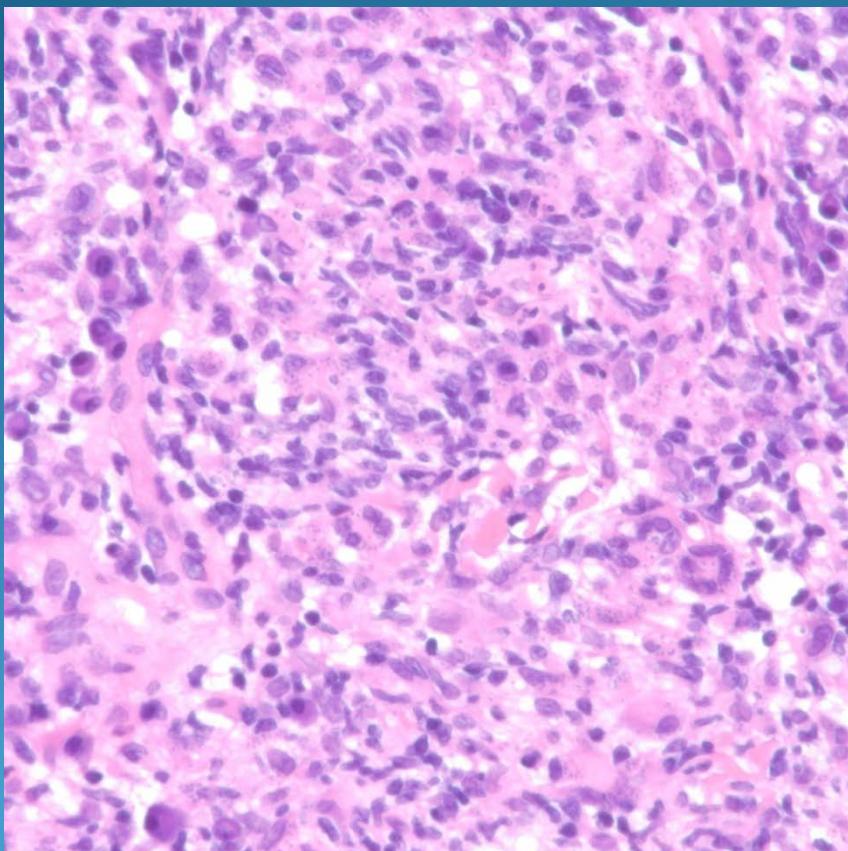


Giemsa

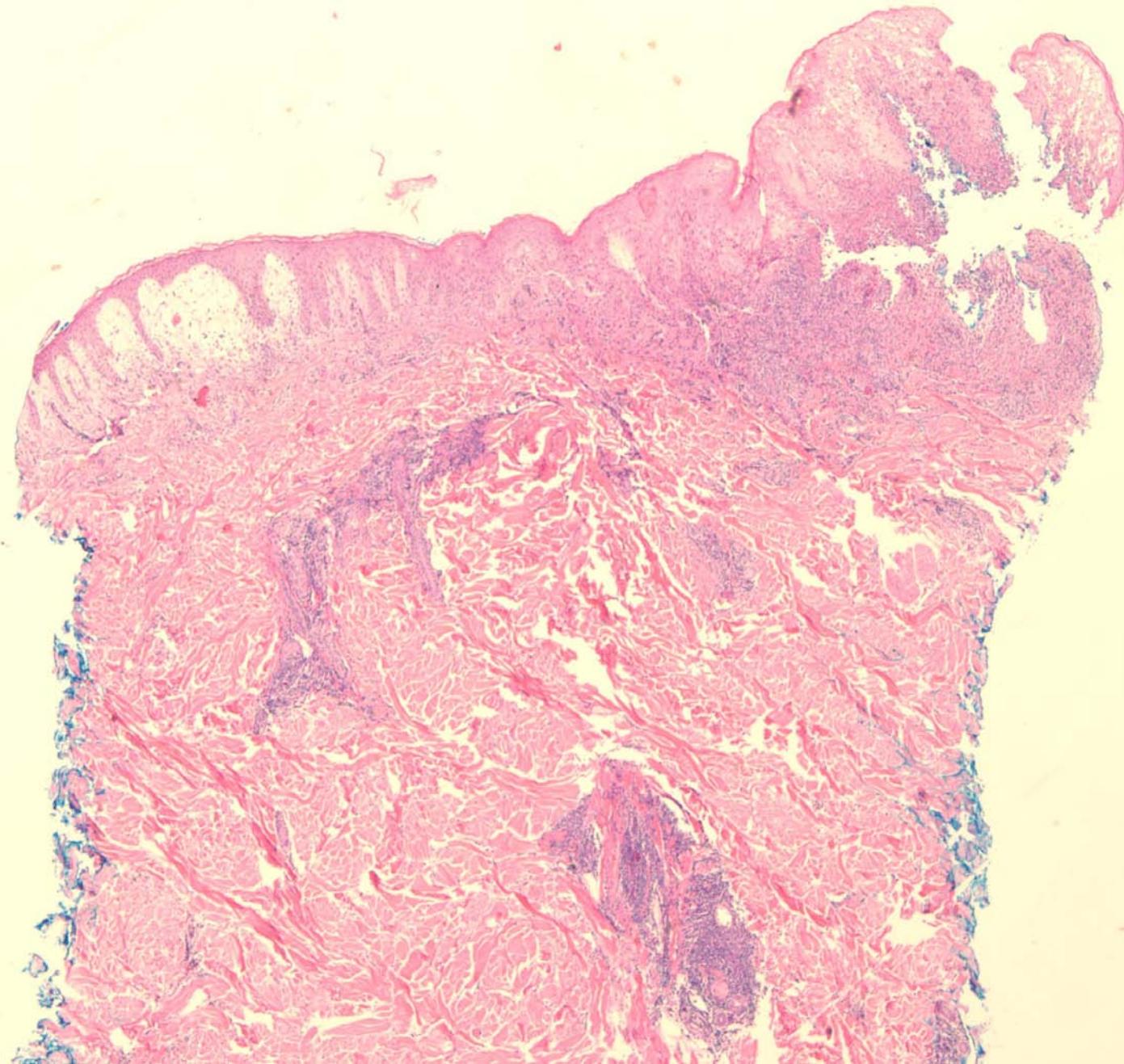


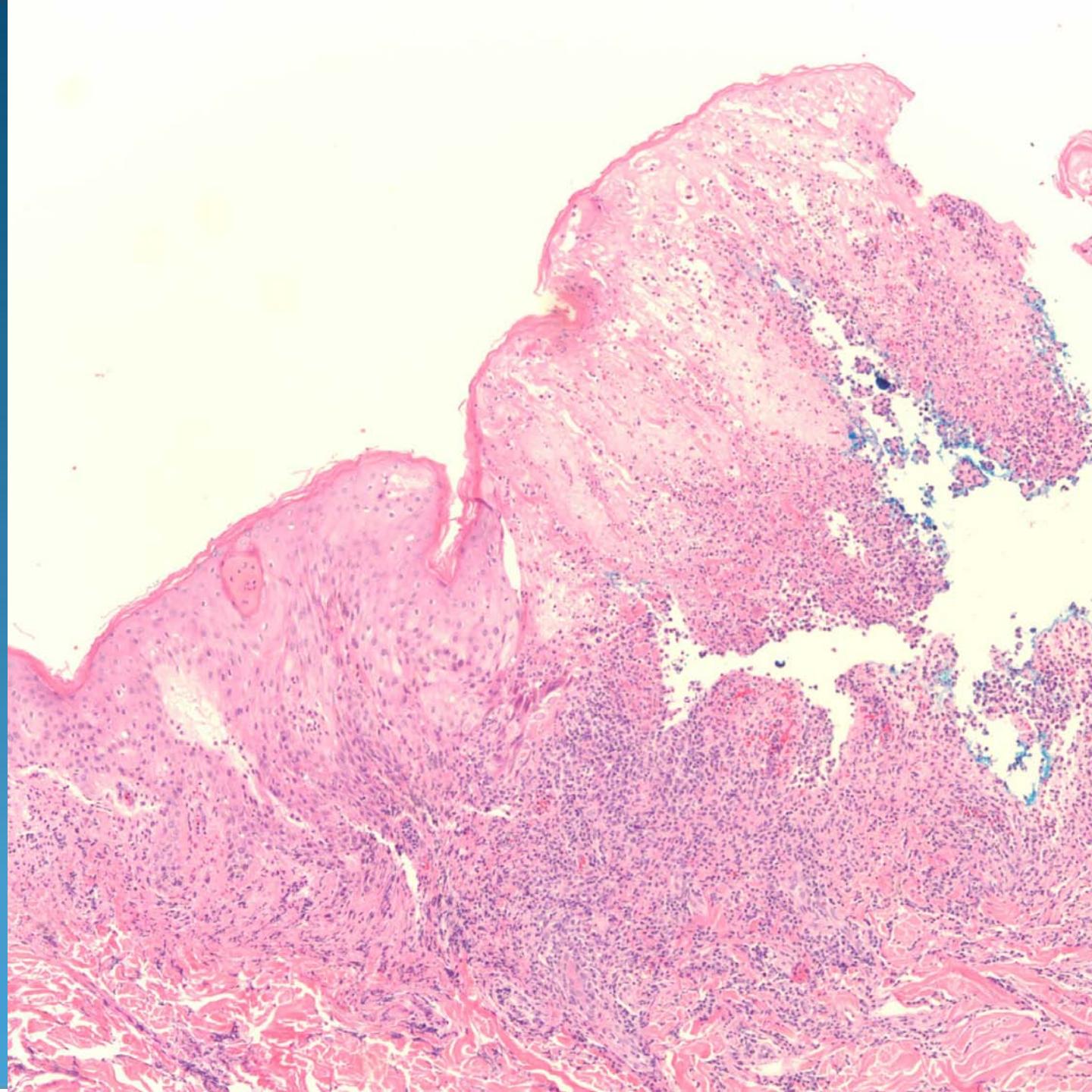
Leishmaniasis

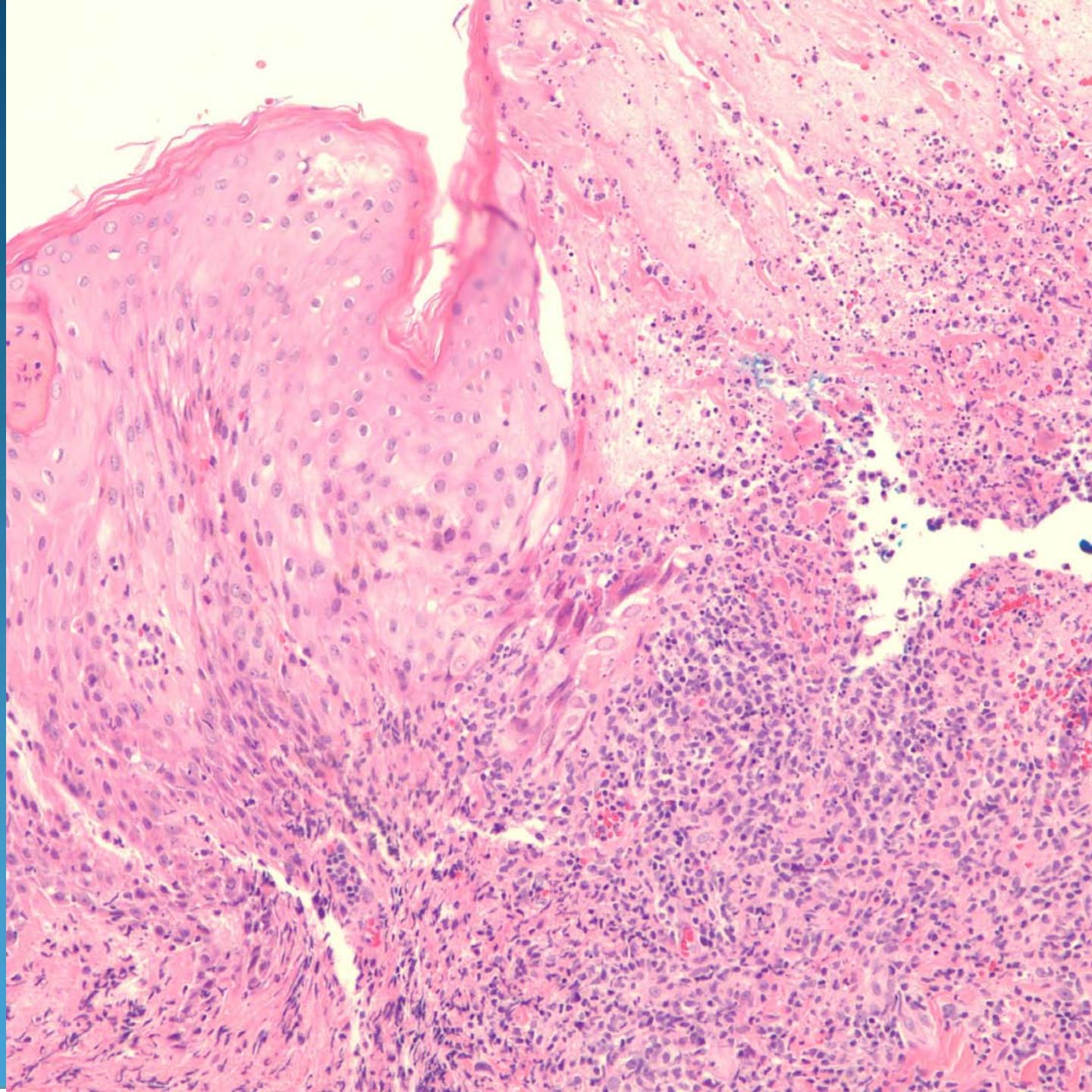
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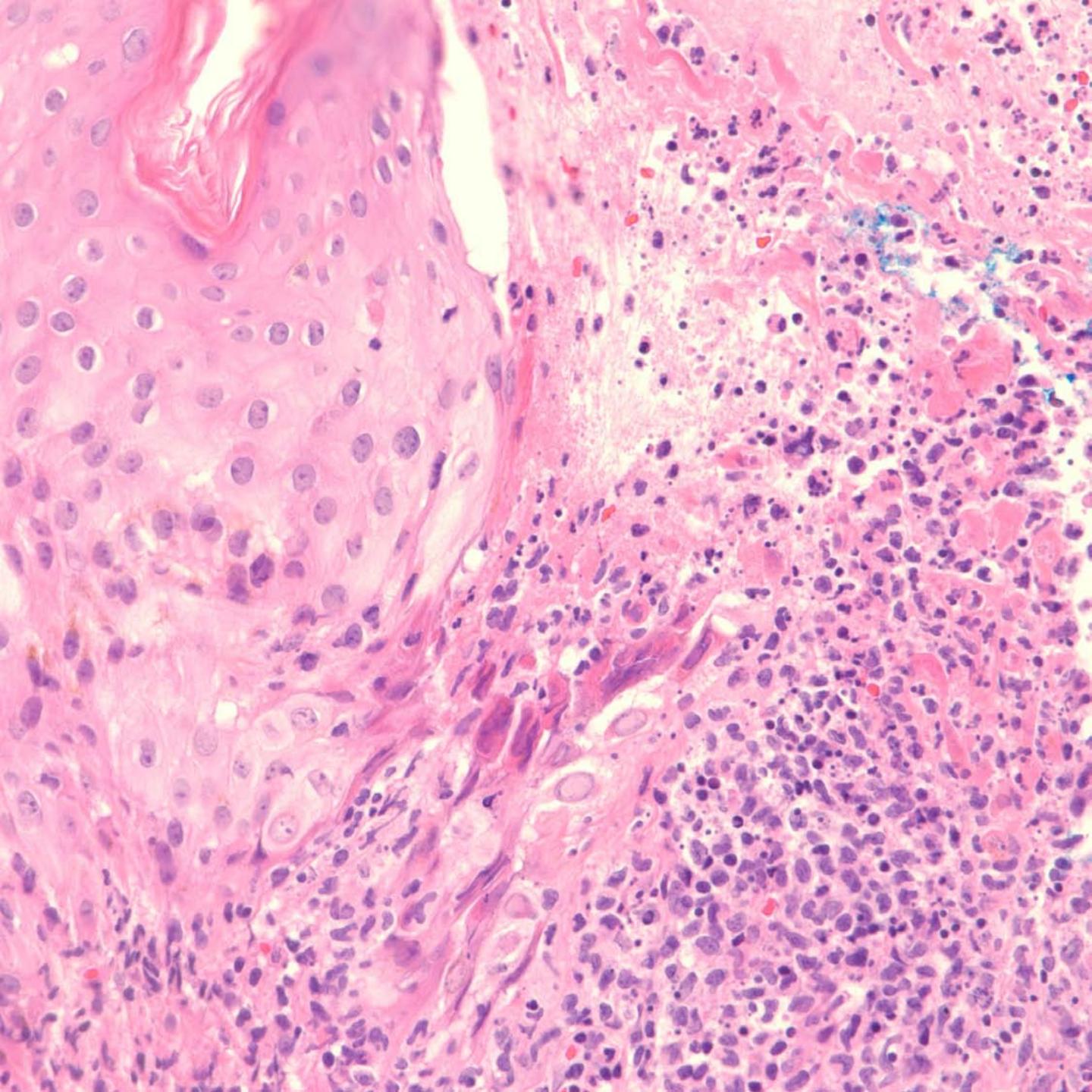


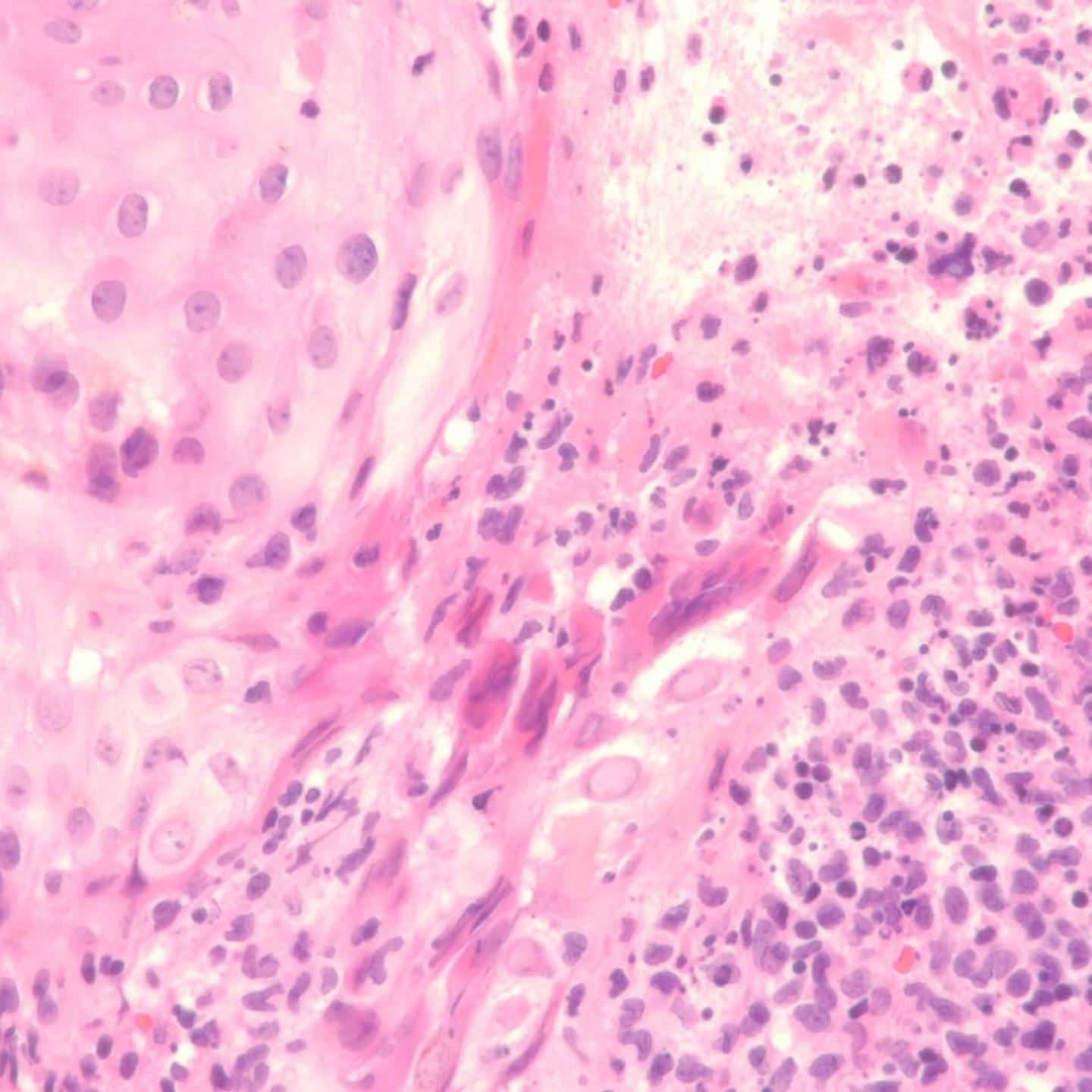
- Diffuse and nodular mixed inflammatory infiltrate with giant cells
- Histiocytes stuffed with amastigotes, very tiny about 1 micron
- Confirm with Giemsa+ and GMS/PAS-



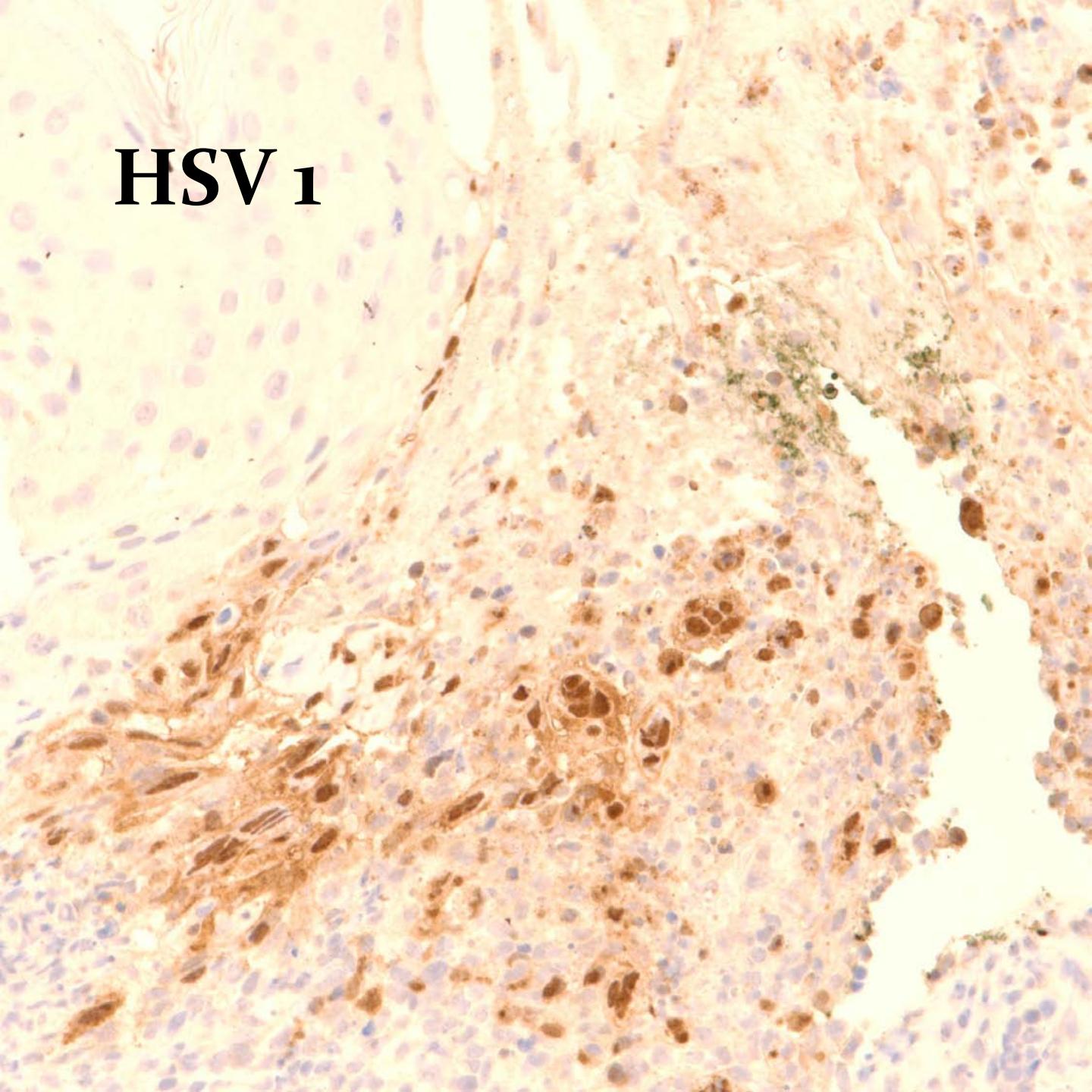






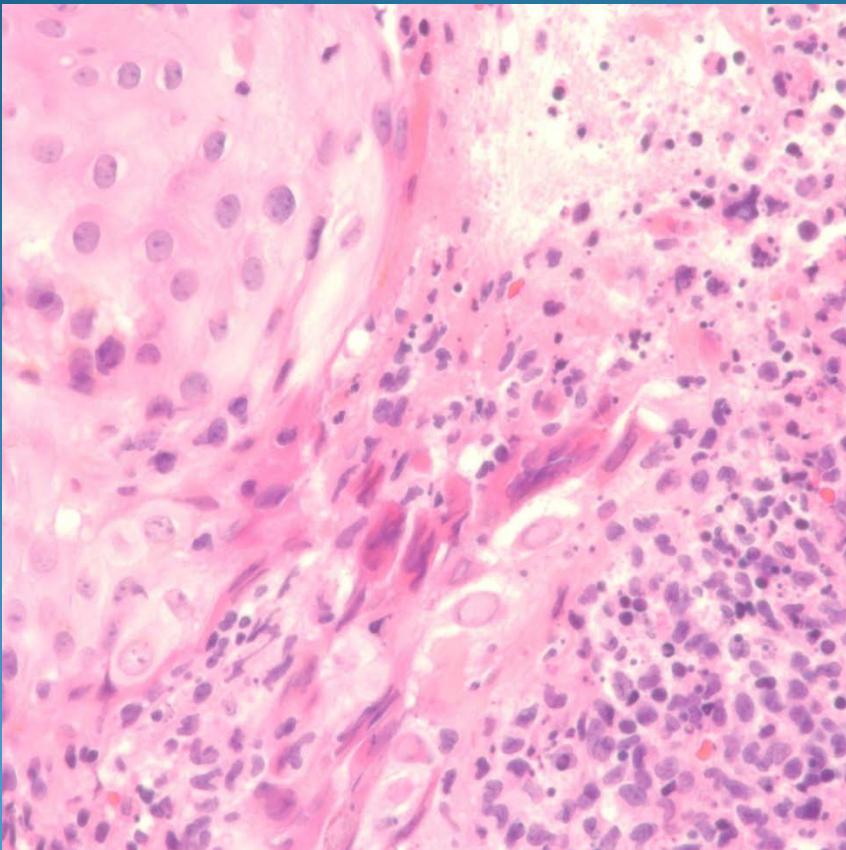


HSV 1

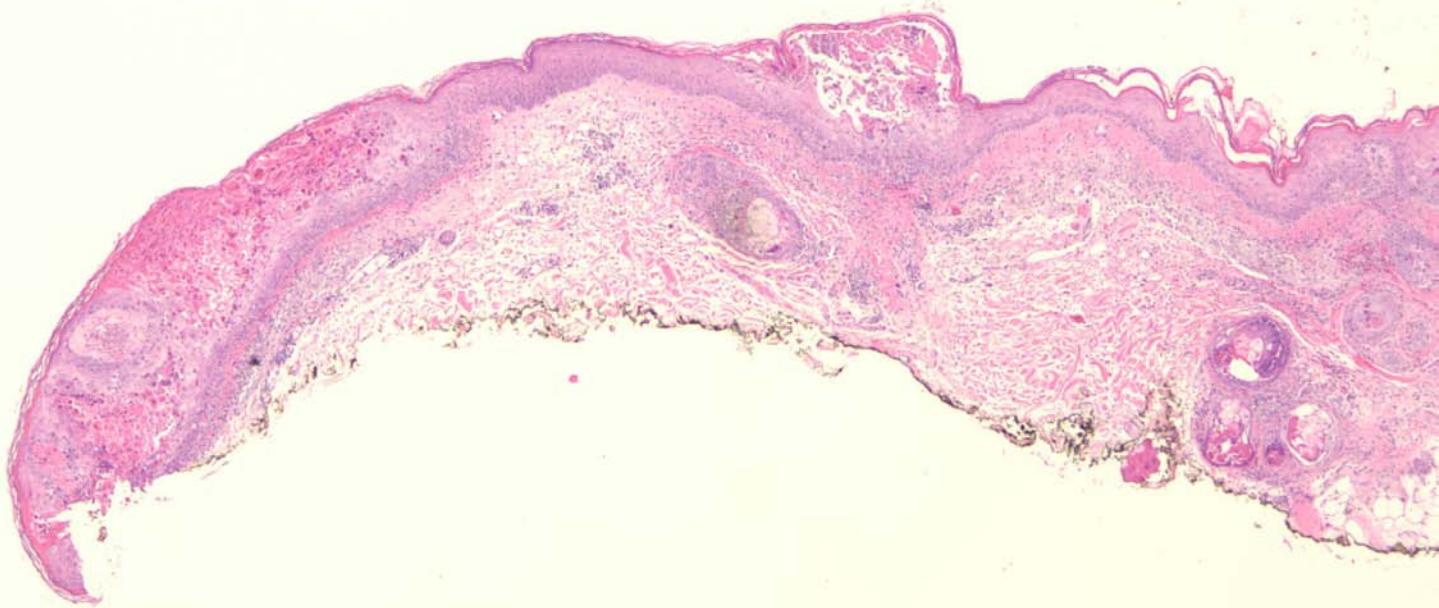


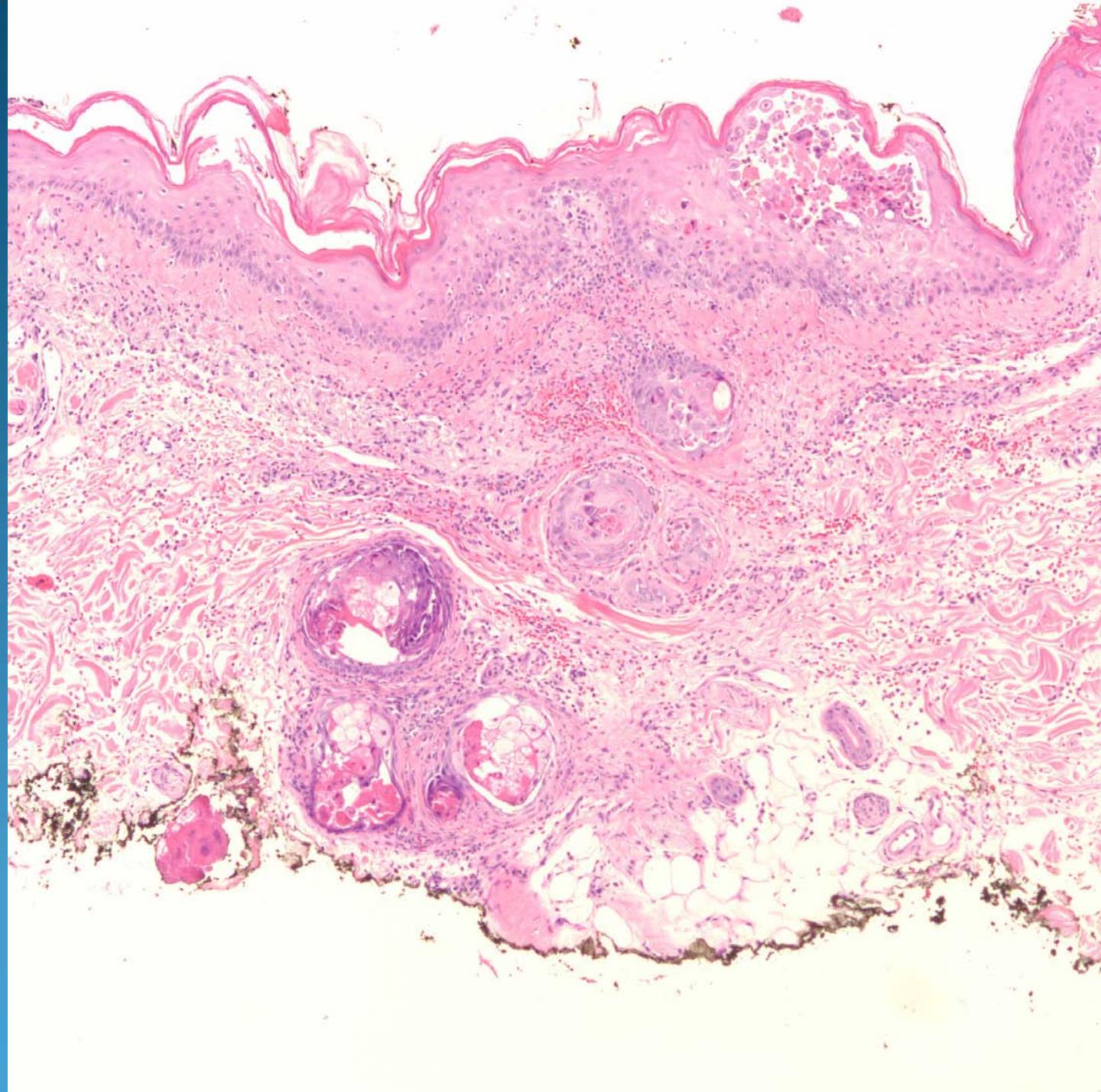
Herpes Simplex Virus Infection

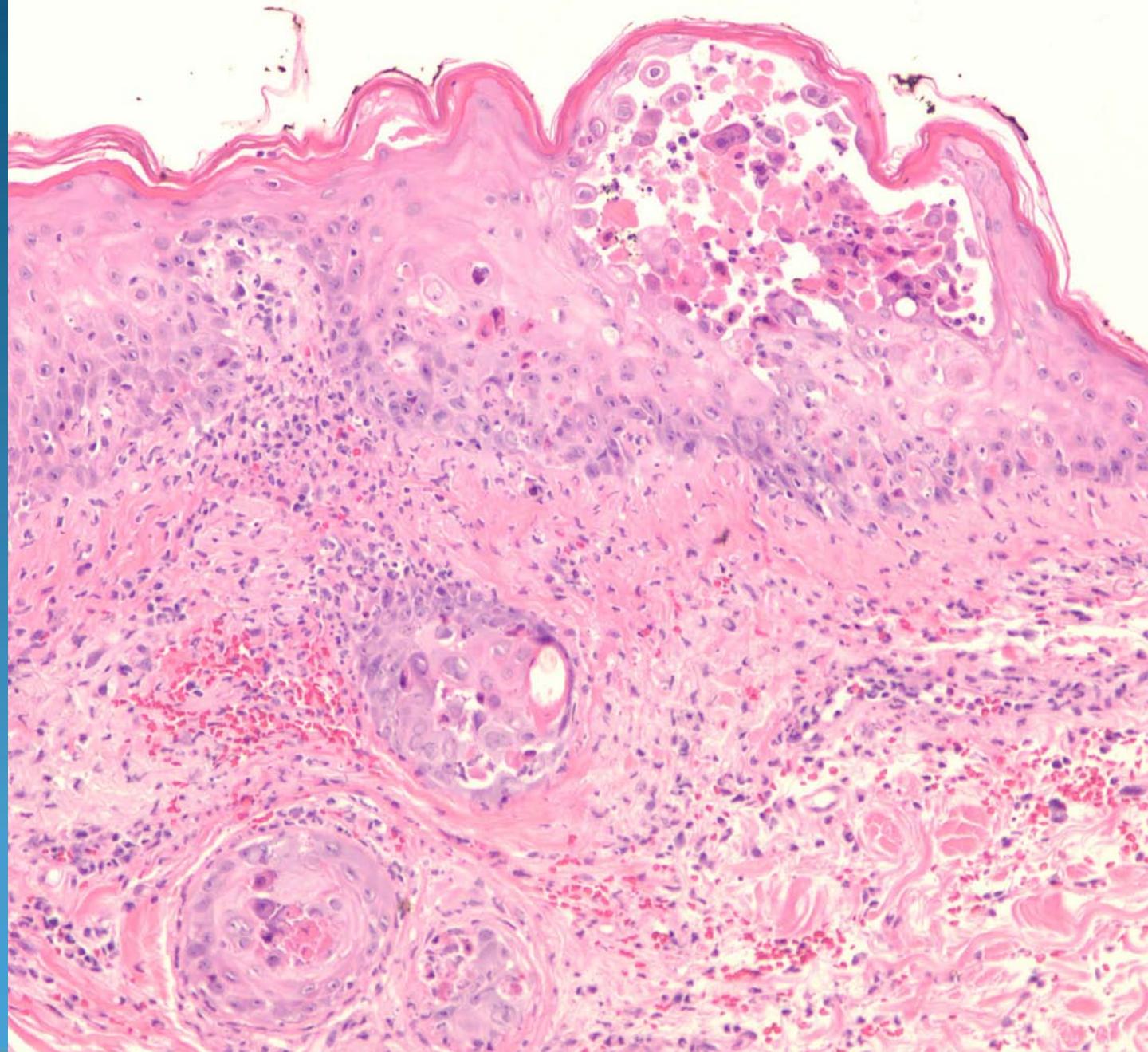
Pearls

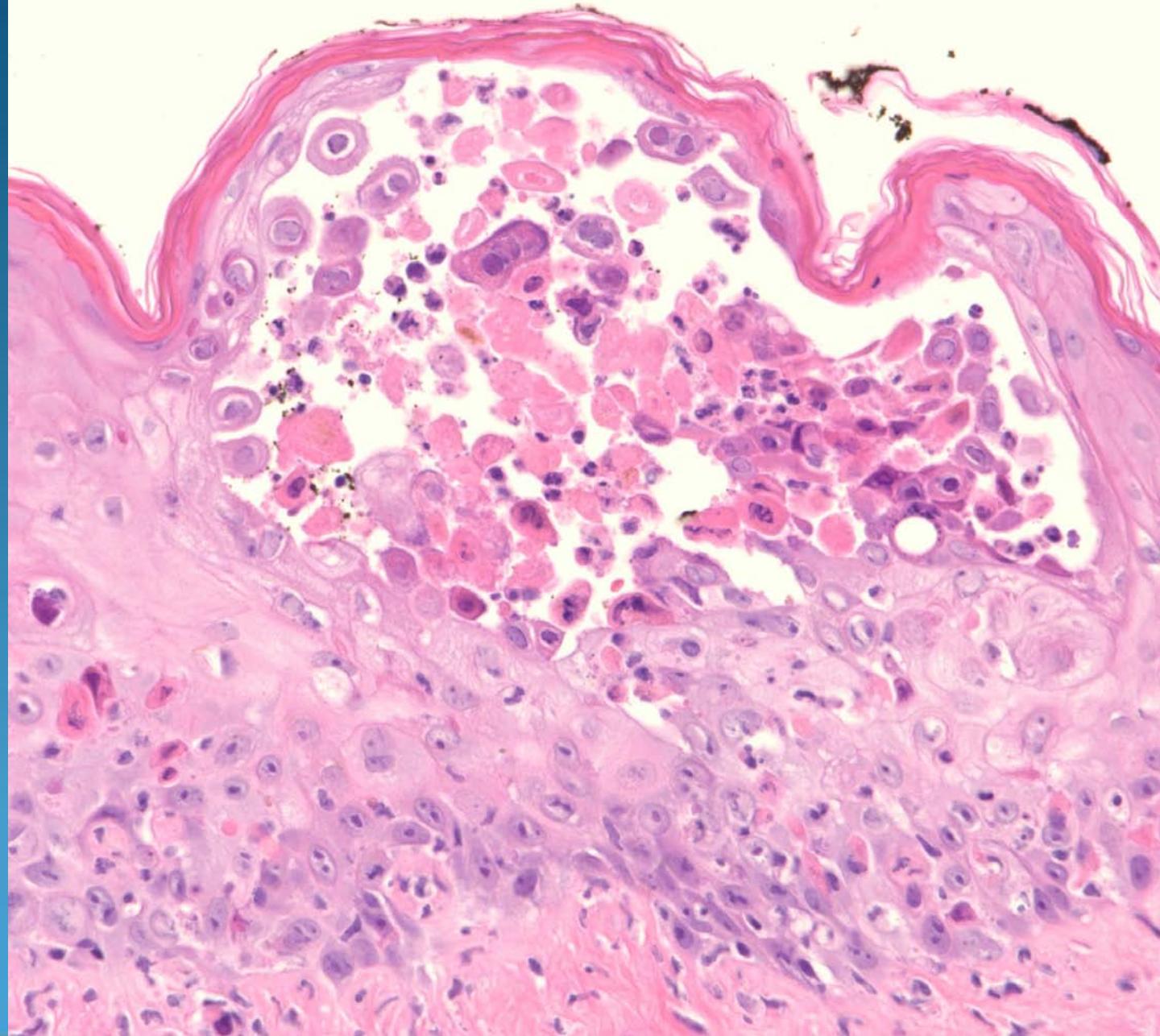


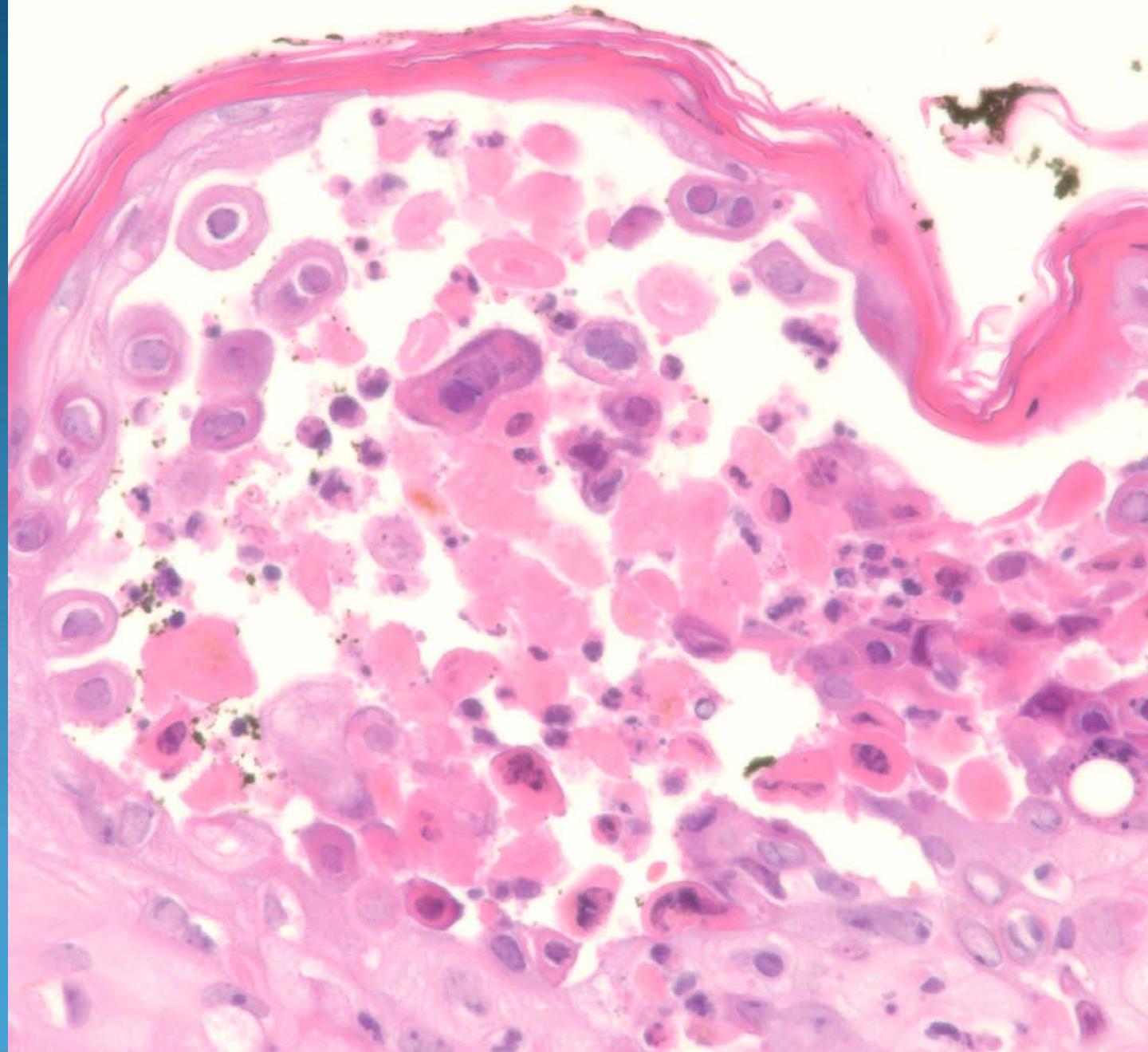
- Ulcer with acantholytic cells showing multinucleation and nuclear chromatin margination
- Look in base and edge of ulcer
- May confirm with Ab to HSV₁/HSV₂





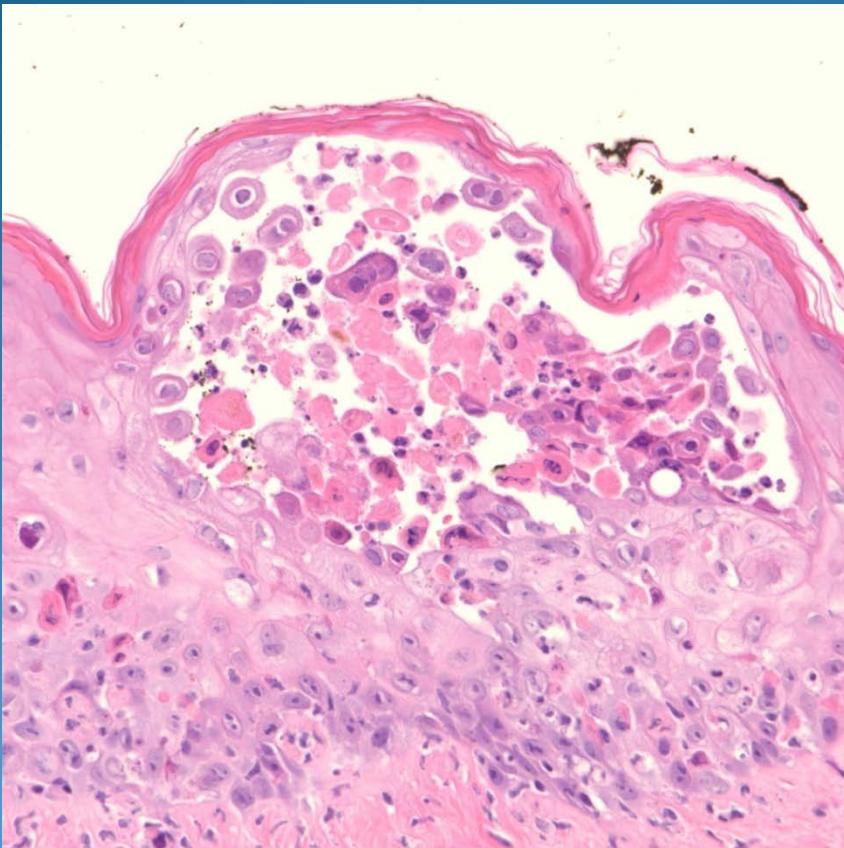




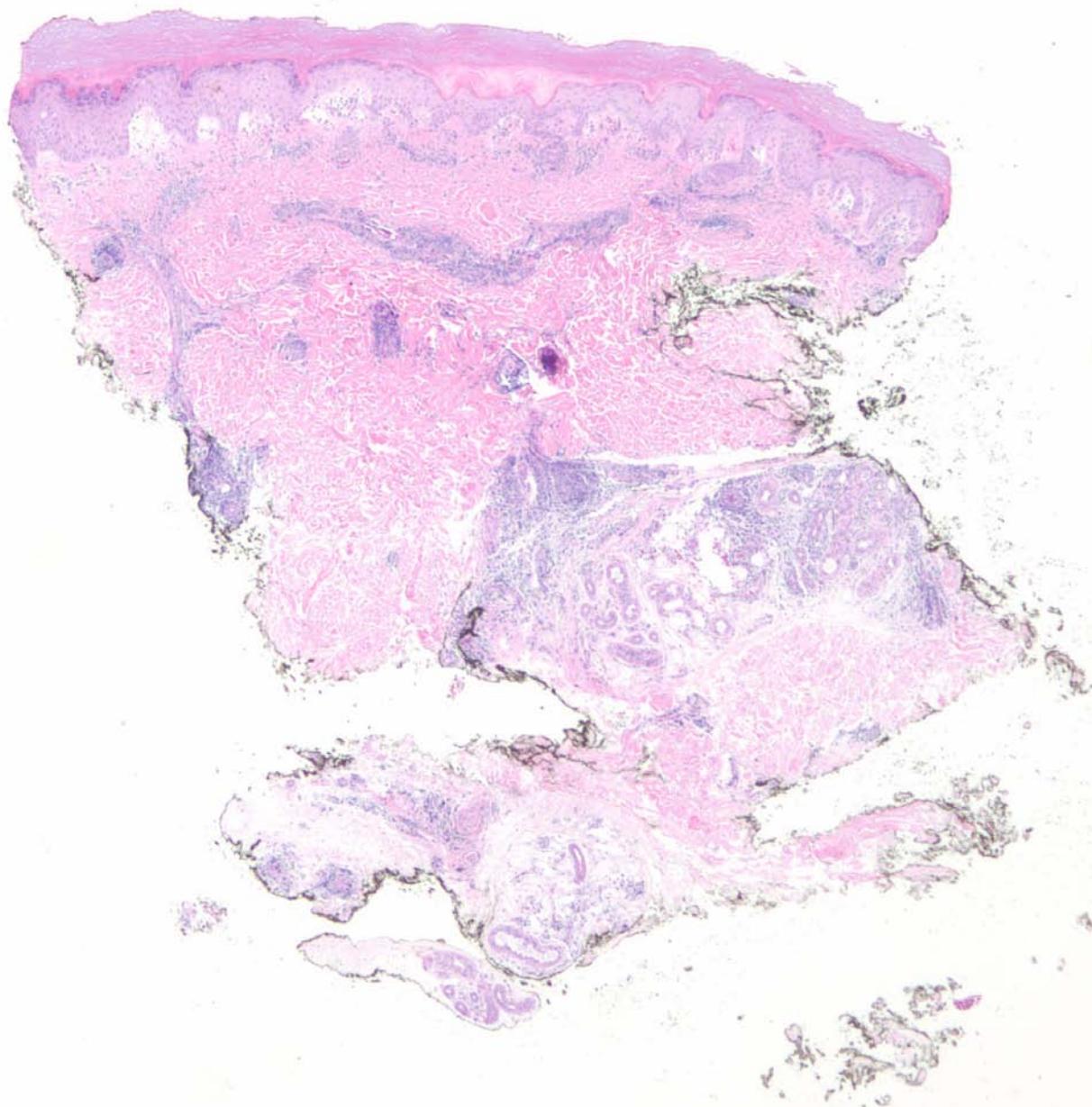


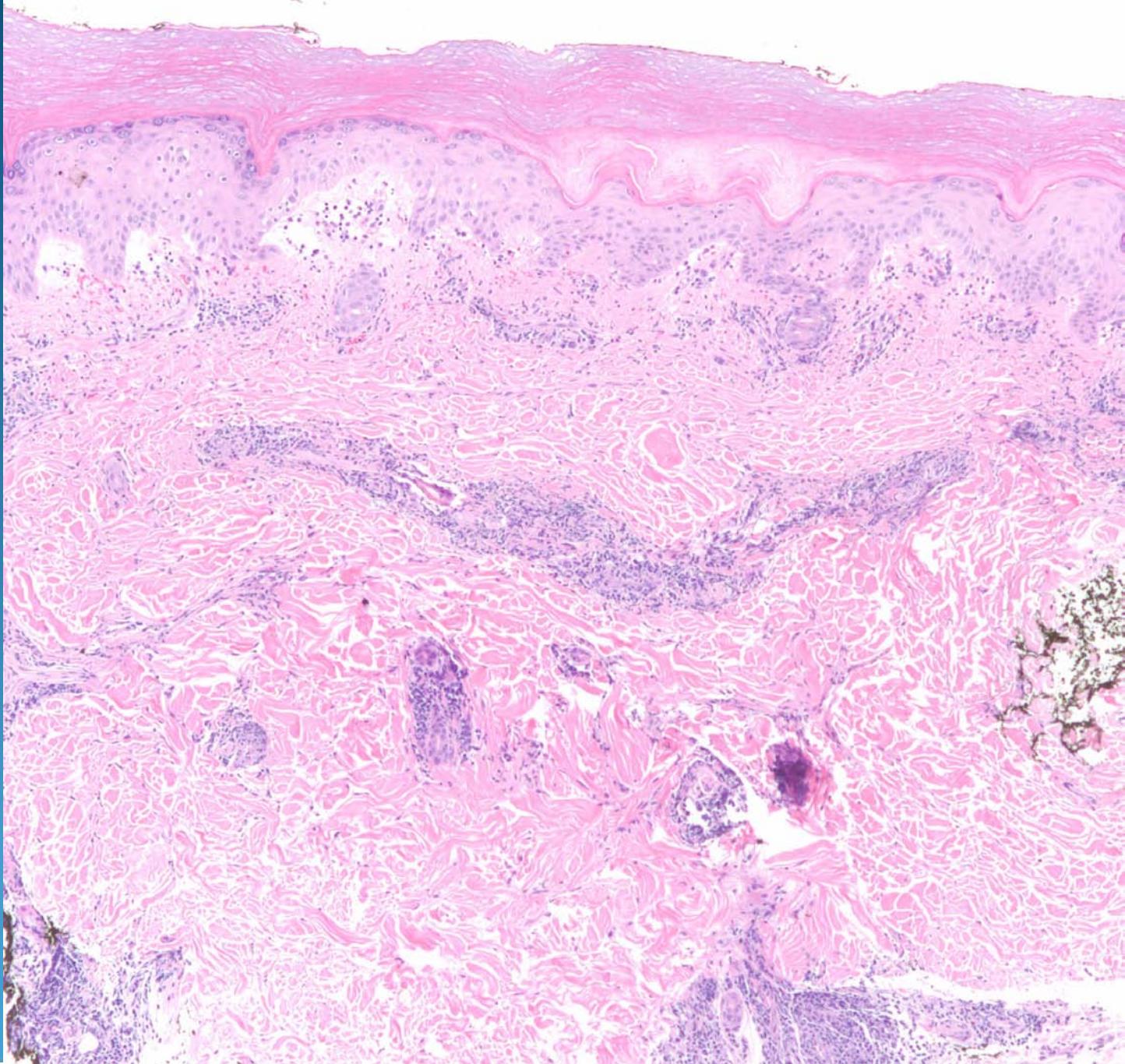
Zoster (Shingles)

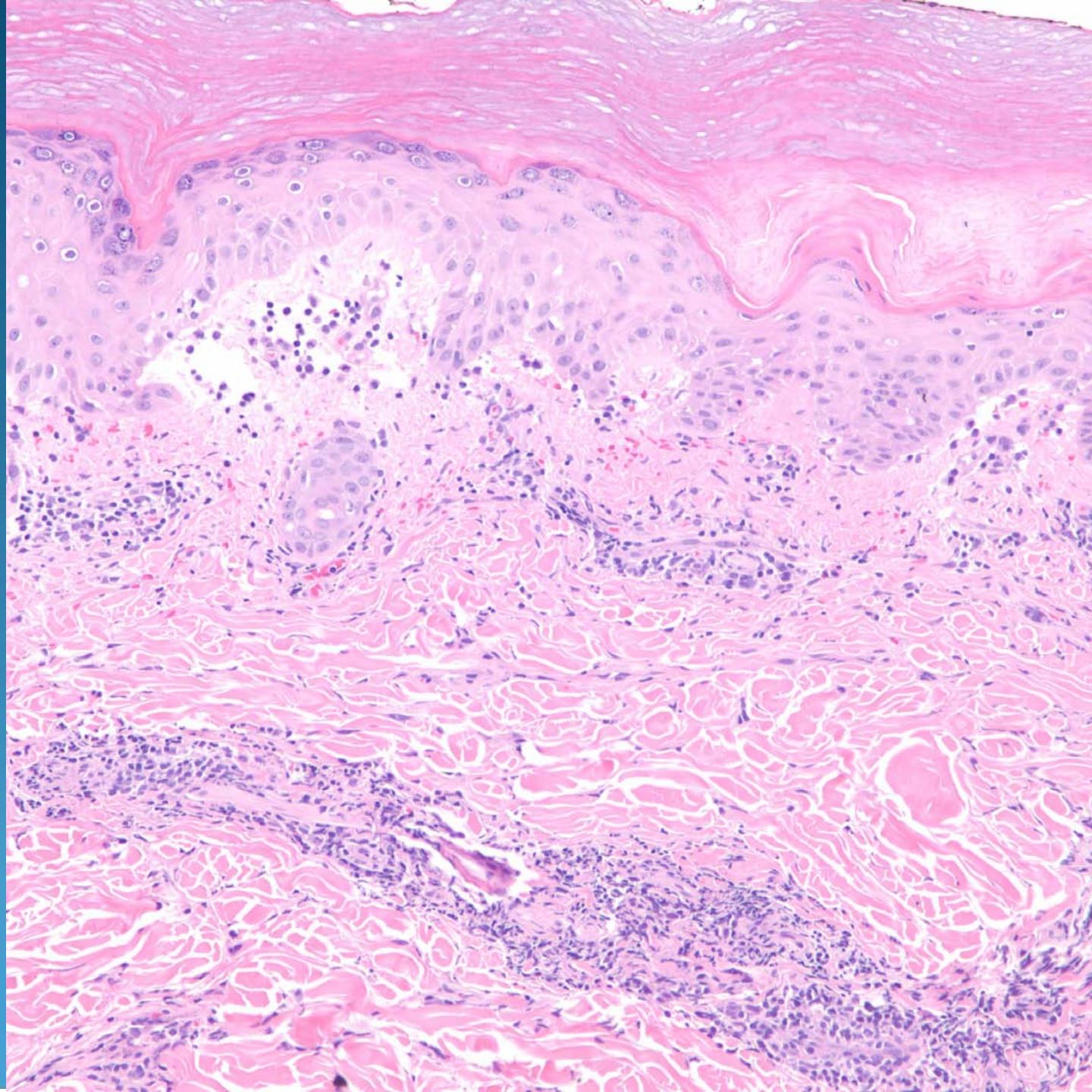
Pearls

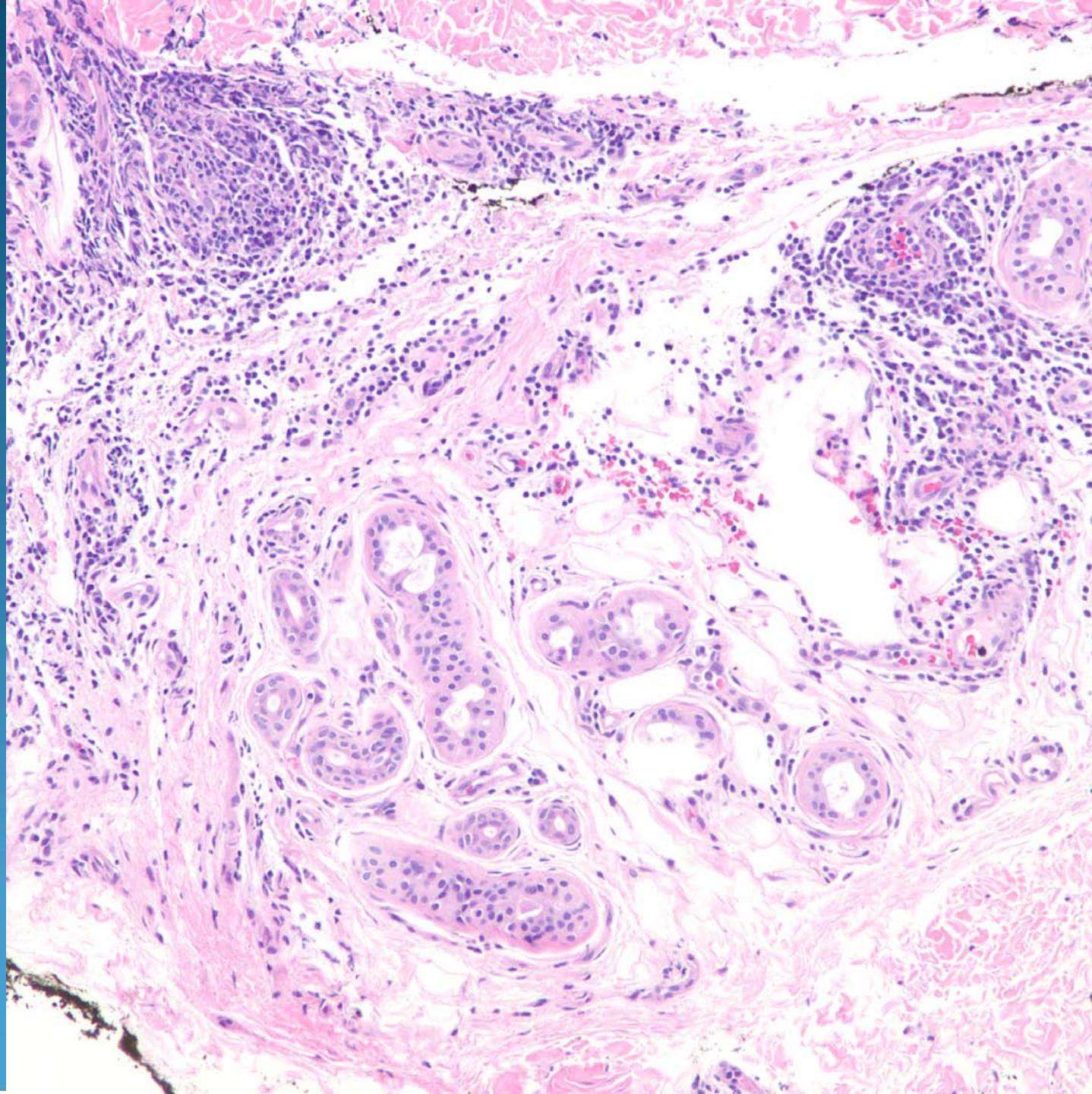


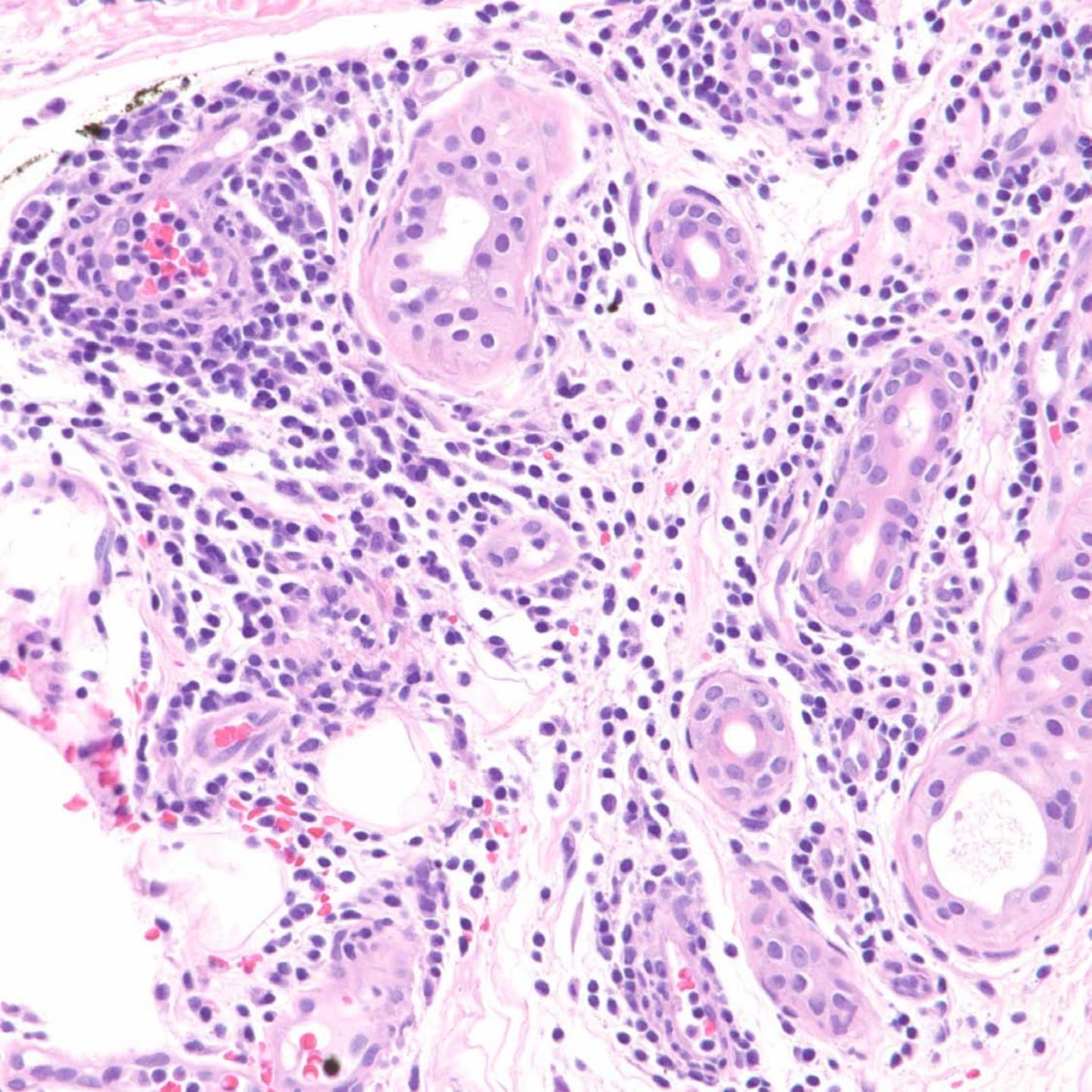
- May be histologically similar to Herpes virus infection
- Intraepithelial blister with acantholytic cells showing multinucleation and nuclear chromatin margination
- Early cases may show perineural lymphocytic infiltration
- Clinical-pathological correlation
- Negative staining for HSVI/II antibodies





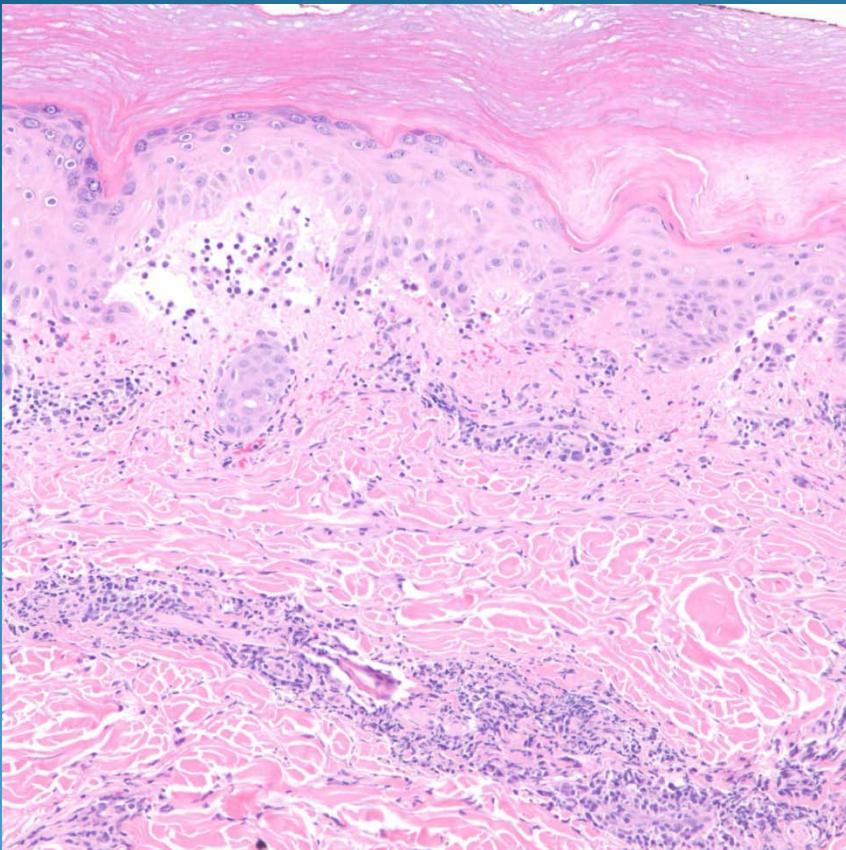






Chilblains (Perniosis)

Pearls



- Clinical-pathologic correlation
- Superficial and deep perivascular and periadnexal dermatitis with lymphocytic vasculitis
- May have dermal edema/dermal mucinosis
- May have focal interface changes
- DDX: Lupus erythematosus