



DERMATOPATHOLOGY

## CLINICOPATHOLOGICAL CONUNDRUMS

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Back Ground: Histopathology is the key in the management of dermatological diseases. A wrong diagnosis is possible, if not biopsied. A repeat biopsy is necessary at times.

Observation:

Case 1: 45-Yr-Old male , with HIV infection had ulcerated nodules over palate and left cervical lymphadenopathy. Initial biopsy reported as tuberculosis and treated with antituberculous drugs. After 8 weeks of non-responsiveness, a repeat biopsy showed histoplasmosis. The ulcerative nodules regressed completely after amphotericin B .

Case 2: 32-yr-old male, presented with fungating ulcerative growth over left cheek. He was treated with antituberculosis drugs without any response. The ulcer continued to grow and developed umbilicated papules on face. A repeat biopsy from the edge of ulcer and the umbilicated papule revealed septate spores, suggestive of Penicilliosis. He was treated with Amphotericin B for 14 days, followed by itraconazole 200 mg twice daily for 3 months. Ulcer healed completely and there was no recurrence even after 3 years.

Case 3: 60-yr-old male, presented with fluctuant nodules in both axillae and fever. He was treated with antituberculous therapy for 6 months as the pus from the nodule showed Acid Fast Bacilli. The lesions regress partially and recur with fever. He had multiple cystic nodules in the both axillae, infiltration on back of the trunk, ear lobes and necrotic ulcers on legs. Smears from ear lobes revealed Lepra bacillus and a biopsy from the back revealed diffuse macrophage granuloma with globi of M. leprae. He was given multibacillary multidrug therapy along with steroids and the ulcers and the nodules healed completely in 6 weeks and he is on continuous anti leprosy treatment now.

Key Message: A thorough examination and biopsy is helpful in most dermatological conditions. A repeat biopsy in nonresponsive cases may reveal surprises and helps the correct management.

