



DERMATOPATHOLOGY

## THE CLINICOPATHOLOGICAL DIFFERENTIATION BETWEEN PITYROSPORUM FOLLICULITIS AND ACNEIFORM ERUPTION

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**Background:** It is challenging for clinicians to distinguish between *Pityrosporum* folliculitis (P. folliculitis) and acneiform eruption based on clinical and histological features. The studies of histopathologic differences between P. folliculitis and acneiform eruption have been poorly described.

**Aim:** We sought to distinguish between P. folliculitis and acneiform eruption on a clinicopathologic basis.

**Methods:** We retrospectively analyzed the histology of hematoxylin-eosin-stained sections obtained from 52 patients diagnosed with P. folliculitis and acneiform eruption.

**Results:** The presence of fungal spores in follicular lumen (P. folliculitis 95.5%, acneiform eruption 0%) was more consistent with a diagnosis of P. folliculitis. Intrafollicular inflammation (P. folliculitis 40.9%, acneiform eruption 76.7%), irregular pattern of keratin plugging (P. folliculitis 36.4%, acneiform eruption 73.3%), nuclear dust in follicular lumen (P. folliculitis 9.1%, acneiform eruption 80.0%) favored a diagnosis of acneiform eruption. It is thought that these intrafollicular constituents and inflammatory differences are caused by necrotic keratinocytes presenting vacuolar changes in follicular wall (P. folliculitis 31.8%, acneiform eruption 66.7%). There was no difference in perifollicular inflammatory cell infiltration between P. folliculitis and acneiform eruption.

**Conclusions:** Our study demonstrated that a significant difference exists in the presence of necrotic keratinocytes in the follicular wall, intrafollicular constituents, and inflammatory cell infiltration between P. folliculitis and acneiform eruption. And it is thought that the necrotic keratinocytes have a key role on these differences. These findings might be helpful in understanding pathogenesis and differential diagnosis of P. folliculitis and acneiform eruption.

