



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## DIAGNOSTIC DILEMMAS IN DERMATOLOGY: A CASE SERIES OF DECEPTIVE CUTANEOUS MASQUERADERS

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**Background:** Various cutaneous conditions show clinical overlap which requires a high index of suspicion and thorough evaluation to unmask the actual culprit. Therefore, a series of five cases of cutaneous imitators has been penned down.

### Observation:

Patient1, 25 years/male, presented with multiple asymptomatic skin-colored discrete, well-circumscribed, firm, non-tender papules over the face, back and extremities since three months. Differential diagnoses included histoid leprosy, reticulohistiocytosis and eruptive xanthoma. Histopathology revealed dense infiltrate of histiocytes in dermis with ground glass cytoplasm. Immunohistochemistry was positive for CD68 and vimentin. Thus, a diagnosis of multiple reticulohistiocytomas was rendered.

Patient2, 28 years/male, presented with blanchable erythematous macules and indurated plaques on midline of chest since six weeks. Such a clinical picture can be seen in reticular erythematous mucinosis, seborrheic dermatitis and urticarial conditions. Histopathology showed abundant mucin in reticular dermis with negative ANA favoring reticular erythematous mucinosis.

Patient3, 38years/female, presented with well-defined, progressive hypopigmented patches over trunk and left forearm since two months. There was strong suspicion of borderline tuberculoid leprosy, mycosis fungoides and vitiligo. Histopathology unmasked findings consistent with mycosis fungoides viz. epidermotropic lymphocytes with alignment along basal layer in toy soldier pattern.

Patient4, 31years/male, presented with a solitary firm swelling over right wrist since 5 months. Storiform pattern of fibrocytes with positivity for CD34 pointed towards dermatofibrosarcoma protuberans, ruling out ganglion and epidermal cyst.

Patient5, 27years/male, presented with multiple firm, non-tender erythematous, dome-shaped papules, plaques over face, trunk and extremities since six months. Differential diagnoses included histoid leprosy, secondary syphilis and post kala-azar dermal





leishmaniasis. Normal sensation and nerves, positive slit skin smear for lepra bacilli and histoid-habitus with spindle-shaped histiocytes on histopathology favored histoid leprosy.

Key Message: Apart from great imitators like syphilis and sarcoidosis, various other cutaneous conditions do masquerade and a keen clinic-pathological insight towards such masqueraders is essential.

