



DERMATOPATHOLOGY

CUTANEOUS GRANULOMAS: BEST GRANULOMATOUS CASES OF THE YEAR

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Granulomatous skin lesions often present as a diagnostic challenge to dermatopathologists. An inflammatory process characterized by the presence of aggregates of histiocyte is defined as "granulomatous". Cutaneous granulomatosis belongs to a group of diseases that differ in pathogenesis and, sometimes, in clinical presentation and histological profile. A granulomatous pattern is the result of a reactive model to an immunogenetic agent that cannot be effectively eliminated and is only slowly degraded by the immune system. Elementary skin lesion are represented by well-delimited pink papules with a tendency to aggregate and form a plaque of different shape and size, becoming yellowish at vitro pressure. The granulomatous pattern is characterized by epithelioid macrophages (histiocytes) which tend to form aggregates of multinucleated giant cells, merging with lymphocytes, neutrophils and/or plasma cells. Necrosis may be present. The granuloma is the result of a complex interplay between invading organism or antigen, prolonged and chronic antigen stimulation, macrophage activity, a Th1 cell response, B cell overactivity, circulating immune complexes and biological mediators. The granuloma is an active site of production and triggering of numerous enzymes and cytokines. Cutaneous granulomas are usually classified as infectious or non-infectious. The histologic pattern is defined as a tuberculoid, sarcoid, palisaded, xantogranulomatous, foreign body type and suppurative. The histiocytic diffuse pattern is a variant frequently found as a consequence of some infections. The diagnostic conclusion is reached with a combined approach, clinical, laboratoristic, dermatoscopic and histologic. When infectious granulomas are multiple, immunodeficiency syndrome should be suspected. A clear cut clinical picture may not always be present. Skin biopsies and histopathological assessment are of definitely help to reach the final diagnosis, if a proper medical history and clinical correlation is available. Moreover special stains and dermoscopy play a supporting role.

