



DERMATOPATHOLOGY

PATHOLOGICAL APPROACH TO PAPULOSQUAMOUS DISORDERS

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Papulosquamous disorders are commonly seen. Most of them can be diagnosed correctly clinically, such as psoriasis, lichen planus, pityriasis rosea, pityriasis lichenoides, and pityriasis rubra pilaris. Some other disorders with various clinical presentations, such as subacute lupus erythematosus, syphilis, and drug reaction, can also present in papulosquamous form. These conditions may be difficult to recognize because they all show papules, patches or plaques with desquamation and skin biopsy will be performed.

In cases that cannot be diagnosed clinically, they are also challengeable for pathologists. The papule means inflammatory cell infiltration in the skin, either in the epidermis and/or dermis. The desquamation or scales indicate the presence of parakeratosis. They may look very similar pathologically even in different disorders.

The recognition of pathological changes play an important role to distinguish those disorders. We will discuss the way to approach these diseases pathologically, including the morphological change of parakeratosis, the infiltrated pattern of inflammation, and the cells involved in the inflammation.

The important changes of parakeratosis include mounds of parakeratosis with or without trapped neutrophils, parakeratosis with serum exudate, and alternating parakeratosis and orthokeratosis. The patterns involved in papulosquamous disorders are spongiotic, interface, lichenoid, and/or psoriasiform pattern. The infiltrated cells may contain lymphocytes, neutrophils, eosinophils, and/or plasma cells. Recognize the combination of these element can help pathologists to make the correct diagnosis.

