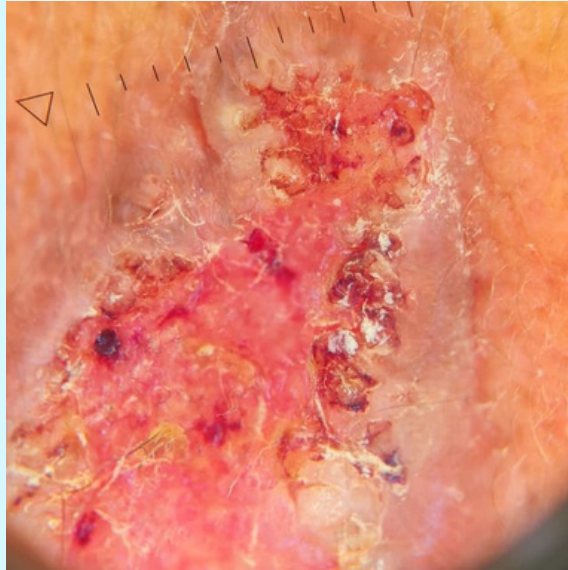


JPAD composite clinical image gallery

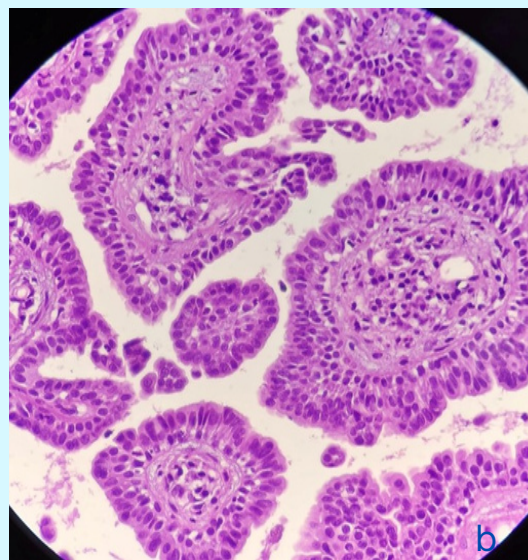
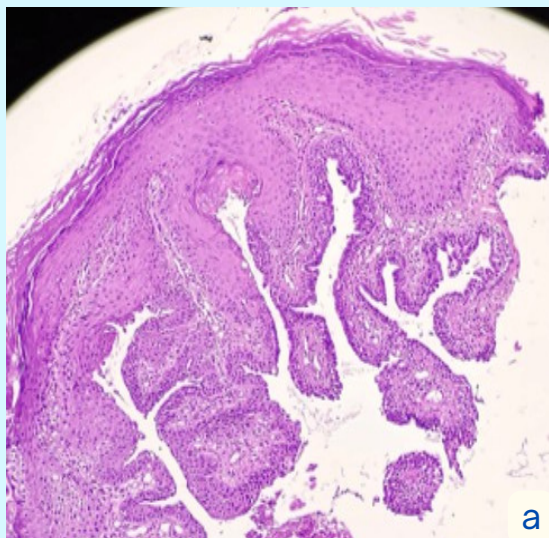
Case description: A 37 years old woman, presented with solitary painful, ulcerated and partially crusted plaque, in right preauricular area, since 9 years of age.



Clinical Picture shows solitary painful, crusted plaque, in right preauricular area.



Dermoscopy: An erythematous lesion with a central crater or ulceration, and prominent vascular patterns including dotted and polymorphous vessels.



Microscopy: (a,b) Cystic invaginations from the epidermis into the dermis, forming papillary projections; Mainly formed of a bilayered epithelium (inner columnar, outer cuboidal cells) with apocrine "decapitation" secretion and a prominent plasma cell-rich stroma.

Diagnosis: Syringocystadenoma papilliferum

Image courtesy: Dr Hira Tariq (Assistant Professor), Prof Faria Asad, Dermatology Department, Services Institute of Medical Sciences/ Services Hospital, Lahore.

JPAD composite clinical image gallery

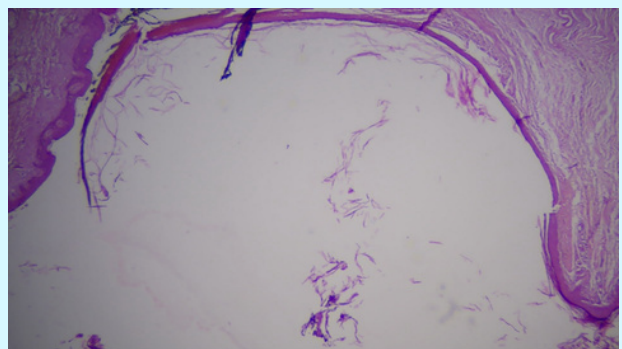
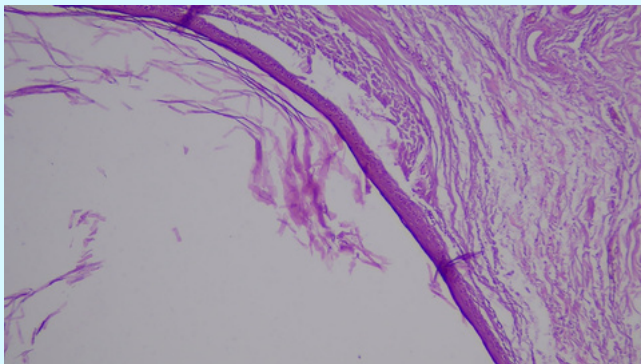
Case description: A 43 years old male with 2 years history of rounded mobile, subcutaneous nodule 1X1 cm on the right lower abdominal skin with intermittent episodes of swelling and discharge.



Clinical Picture: Rounded subcutaneous nodule with a small punctum.



Dermoscopy: Central dark punctum, blue white homogenous area, surrounding the punctum.



Microscopy: Dermal cyst lined by stratified squamous epithelium, lumen contains flakes and keratin.

Diagnosis: Epidermal inclusion cyst

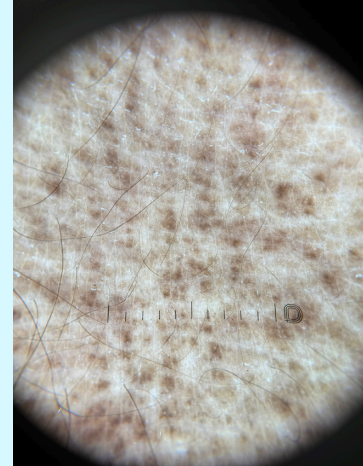
Image courtesy: Dr. Aisha Tayyab, Registrar,
Dermatology Department, Fauji Foundation Hospital, Rawalpindi.

JPAD composite clinical image gallery

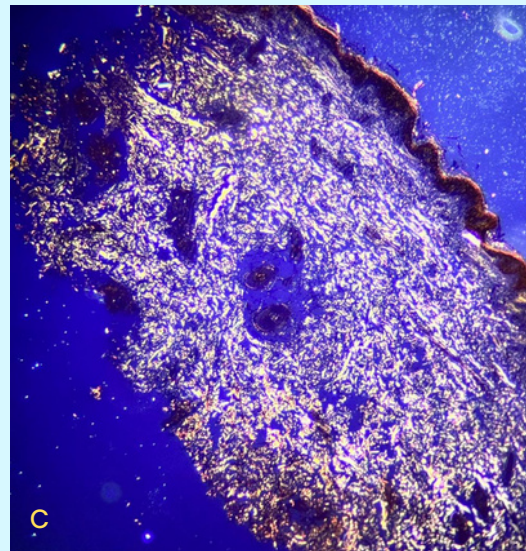
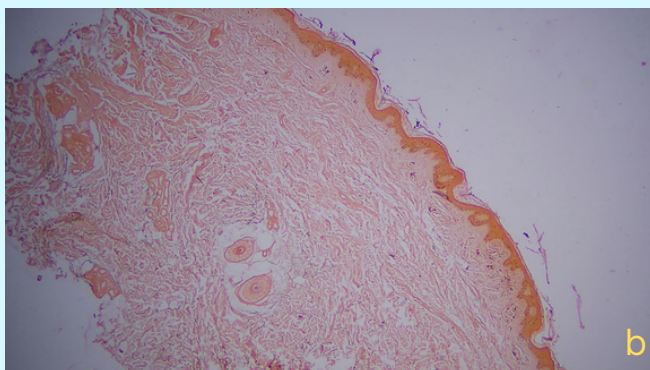
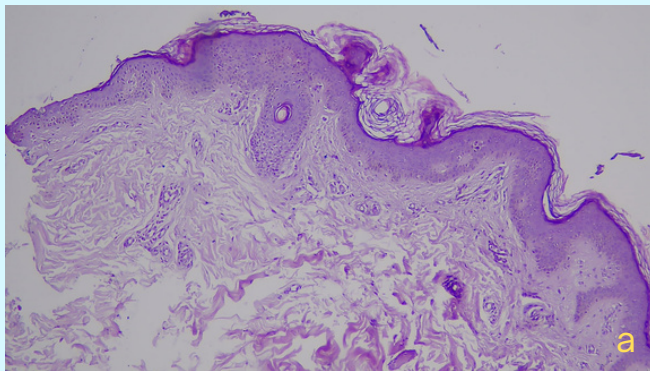
Case description: A 40 years old female presented with Rippled pattern of hyperpigmentation on upper back with thickened skin and prominent skin creases and extensor forearm, associated with mild itching and xerosis.



Clinical Picture: Rippled pigmentation with accentuated skin creases and fine scaling.



Dermoscopy: Diffuse dusky greyish brown rippled pigmentation with dots and globules; no prominent central white hub.



Microscopy: a,b) Hyperkeratosis; amorphous eosinophilic material in the papillary dermis. (H&E staining);
c) Congo red stain showed apple green birefringence (special staining).

Diagnosis: Macular amyloidosis

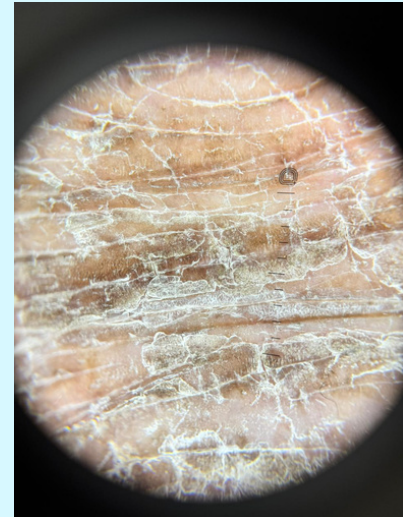
Image courtesy: Dr. Lyba Khan, PGR,
Dermatology Department, Fauji Foundation Hospital, Rawalpindi.

JPAD composite clinical image gallery

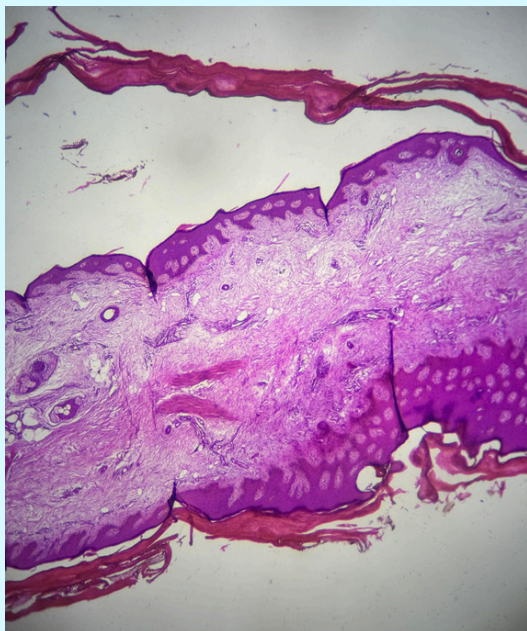
Case description: A 34 years old female presented with progressively increasing generalized dry, rough, scaly and tight skin since childhood.



Clinical Picture: Dry scaly ichthyotic skin of lower legs.



Dermoscopy: Diffuse white reticulate scale with accentuated skin creases.



Microscopy: Regular hyperkeratosis with absent granular layer in epidermis along with spongiosis. Dermis exhibit mild fibrosis without signs of inflammation.

Diagnosis: Ichthyosis vulgaris

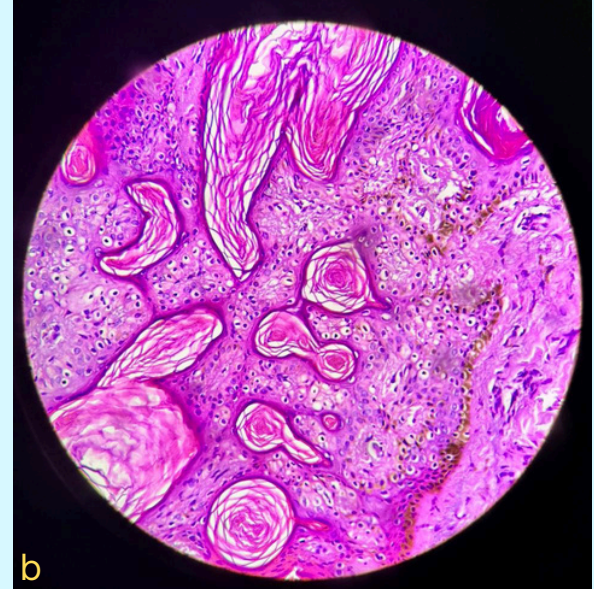
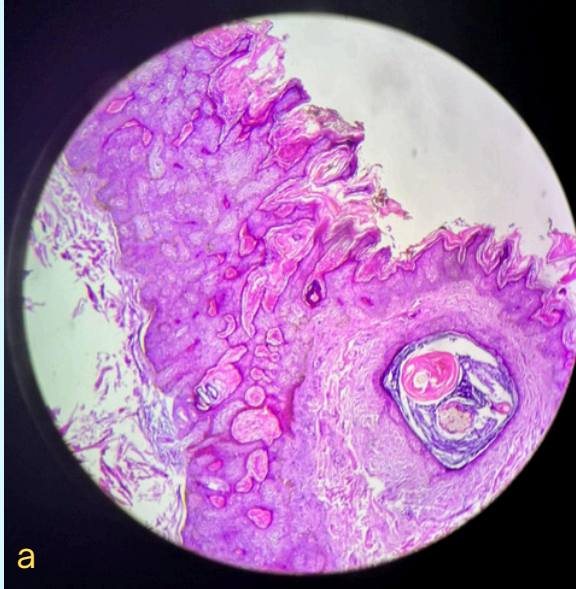
Image courtesy: Dr. Zainub Mushtaq, PGR,
Dermatology Department, Fauji Foundation Hospital, Rawalpindi.

JPAD composite clinical image gallery

Case description: A 31 years old male presented with multiple, grouped well defined asymptomatic, black raised lesion on his lower back since the past 8 years.



Clinical Picture



Microscopy: a,b) Hyperkeratosis, papillomatosis, acanthosis with horn cyst and pseudohorn cysts in the epidermis. The subepithelial tissue shows blood vessels and fibrosis.

Diagnosis: Seborrheic keratosis

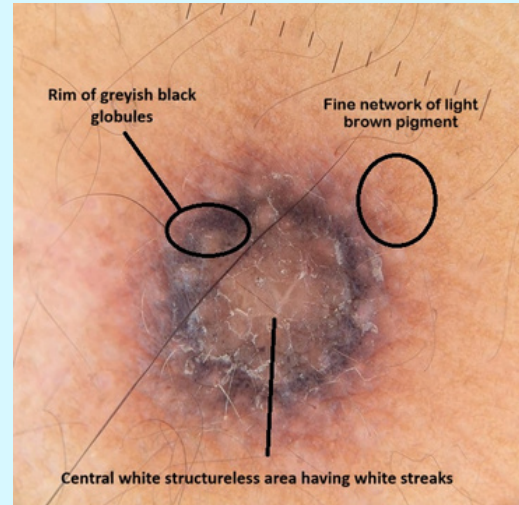
Image courtesy: Dr. Noor Ul Huda Ahsan, PGR,
Dermatology Department, Fauji Foundation Hospital, Rawalpindi

JPAD composite clinical image gallery

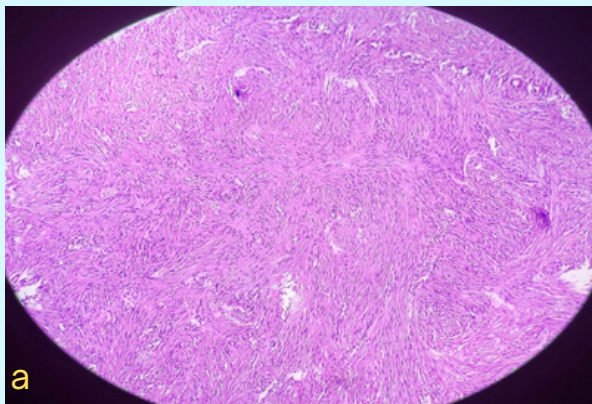
Case description: A 37 years old male, presented with asymptomatic, solitary, hyperpigmented, 1x1 cm, firm nodule on right arm for 6 months.



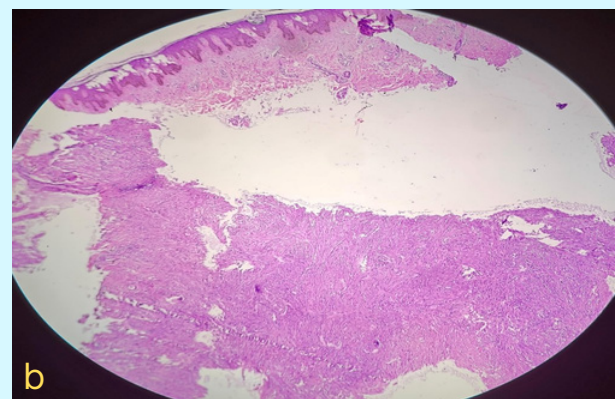
Clinical Picture: Solitary, hyperpigmented firm nodule on right arm.



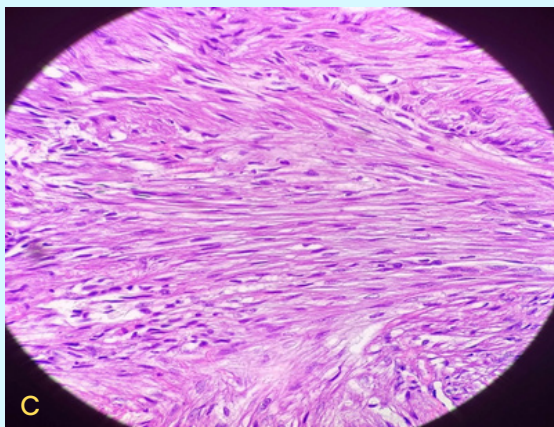
Dermoscopy: Central white structureless area having white streaks, surrounded by fine network of light brown pigment having a rim of greyish black globules.



a



b



c

Histopathology: H & E sections at:
(a) 4x shows normal epidermis and papillary dermis. There is a well-circumscribed, unencapsulated, mass of fibrohistiocytic cells in mid and deep dermis.
(b) 10x shows spindled fibroblasts and collagen fibres forming storiform pattern.
(c) 40x showing Spindled cells: thin, elongated nuclei with pointed ends and eosinophilic cytoplasm. No cytological atypia seen.

Diagnosis: Dermatofibroma (cutaneous fibrous histiocytoma)

Image courtesy: Dr Hira Tariq, Prof Faria Asad

Dermatology Department, Services Institute of Medical Sciences/
Services Hospital, Lahore.