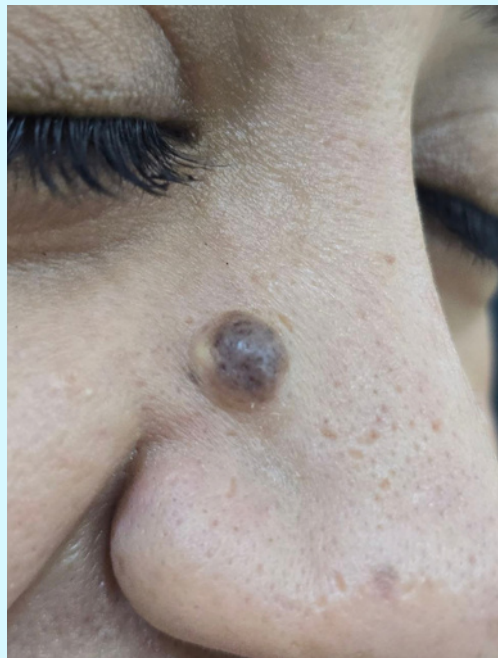
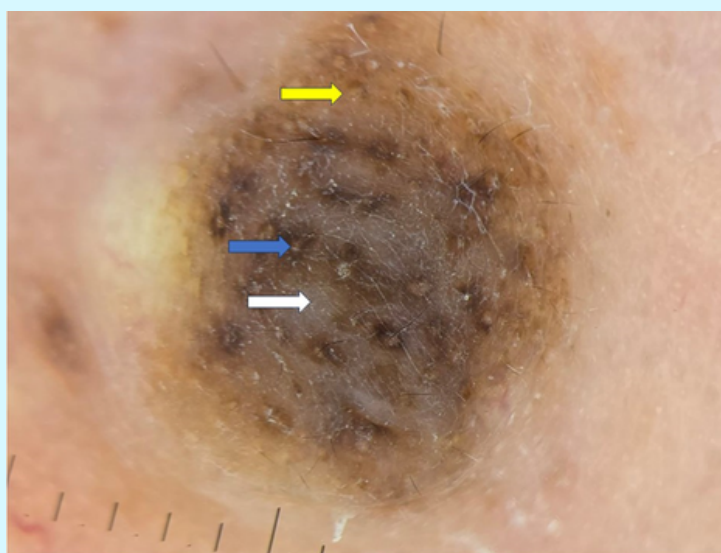


JPAD Composite Clinical Image Gallery

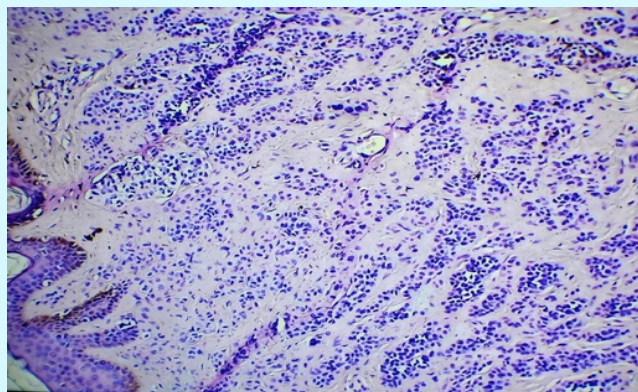
Case description: A 44-year-old woman presented with a single, well- defined, pigmented papule with a diameter of 9 mm. It involved the right side of the nose since childhood as small flat brown macule. Recently, there has been a gradual increase in size, and loss of its pigment on the lateral aspect.



Clinical Picture: Single, well- defined, pigmented nodule involved the right side of the nose.



Dermoscopy: Homogenous brown pigmentation, prominent follicular openings with accentuation of pigment in perifollicular areas. The lesion is symmetrical in both axes, with regular borders.



Histopathology: The epidermis is normal with mild acanthosis. well-circumscribed nests of melanocytes are found at the dermo-epidermal junction and also scattered throughout the dermis. the melanocytes show uniform nuclei, no significant atypia.

Diagnosis: Acquired melanocytic nevus (Compound nevus)

Image courtesy: Dr. Thamir A Kubaisi

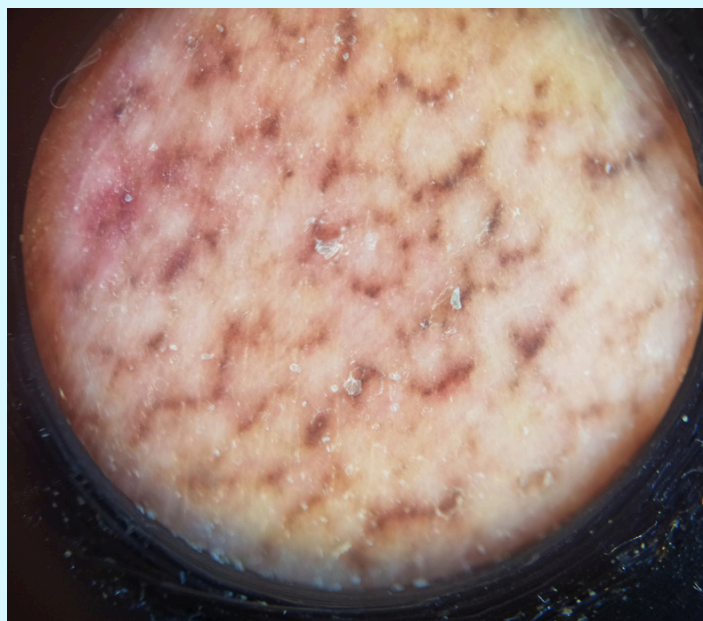
Department of Internal Medicine/ Dermatology, College of Medicine, University of Anbar;
 Ramadi Teaching Hospital, Anbar, Iraq.

JPAD Composite Clinical Image Gallery

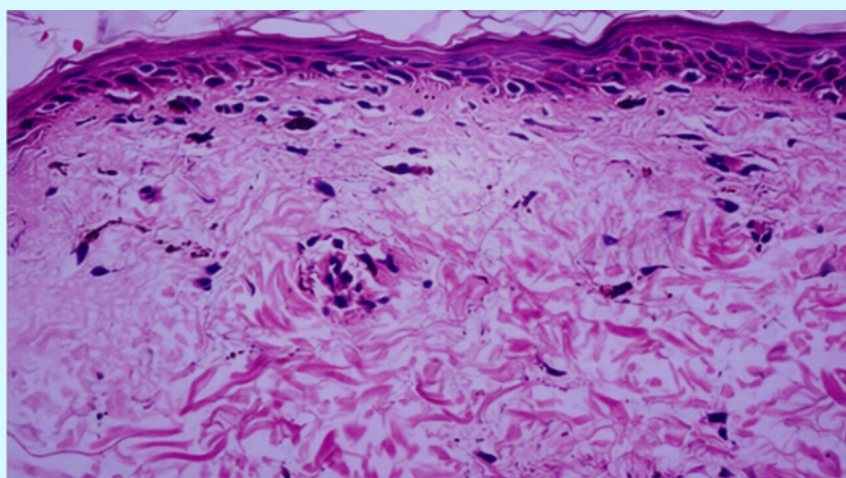
Case description: A 52-year-old female, presented with asymptomatic linear hyperpigmented lines on the neck for last 10 years. there is no history of atopy or application of cosmetics including perfumes.



Clinical Picture: Hyperpigmented lines on the neck without telangiectasias and atrophy.



Dermoscopy: Pigmented dots and globules making complete and interrupted lines over the Langer's lines.



Histopathology: Epidermal atrophy, flattening of rete ridges, basilar hyperpigmentation, and dermal melanophages.

Diagnosis: Arborizing and stellate melanosis (ASM)

Image courtesy: Dr. Hany Salah Soliman

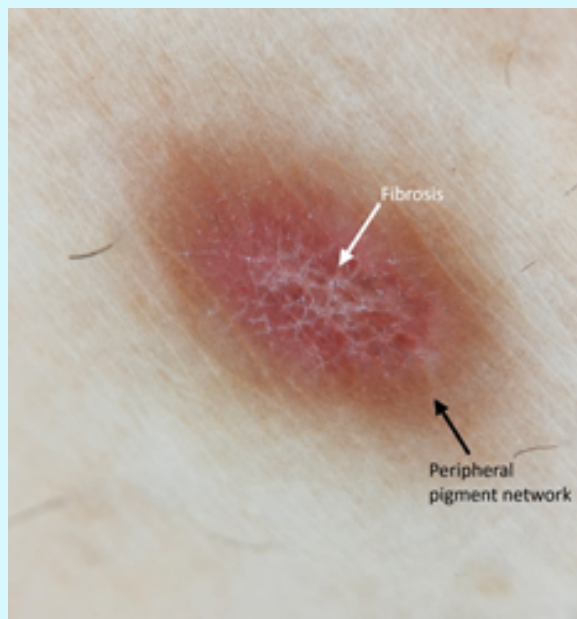
Dermatology specialist, Mansoura Dermatology Hospital, Egypt

JPAD Composite Clinical Image Gallery

Case description: A 35 year old female presented with a solitary, slowly progressive brownish red smooth nodule on the right leg for last eight years.



Clinical Picture: Dark pinkish brown firm nodule



Dermoscopy: Polarized dermoscopy demonstrating a central shiny white lines and a delicate peripheral pigment network (black arrow and label)



Non-polarized dermoscopy of the same lesion

Diagnosis: Dermatofibroma

Image courtesy: Dr. Aisha Tayyaba

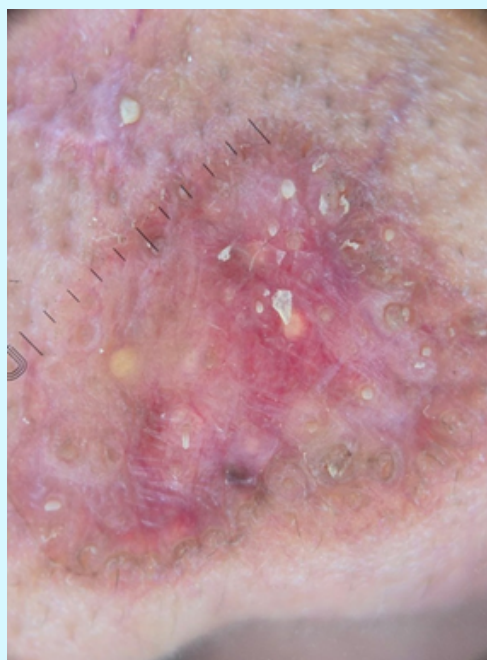
Department of Dermatology, Fauji Foundation Hospital, Rawalpindi

JPAD Composite Clinical Image Gallery

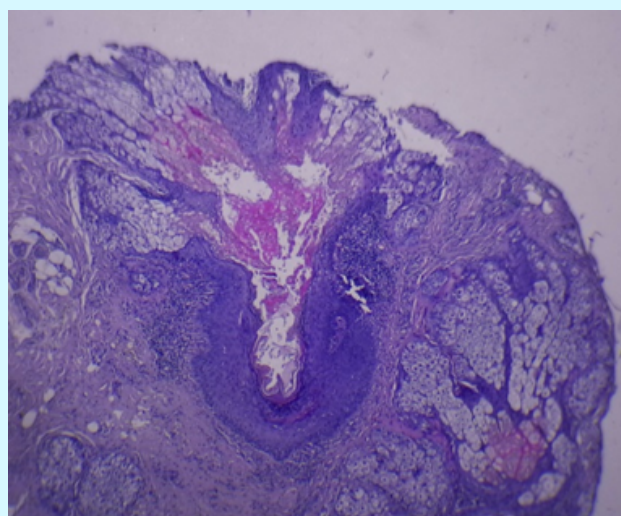
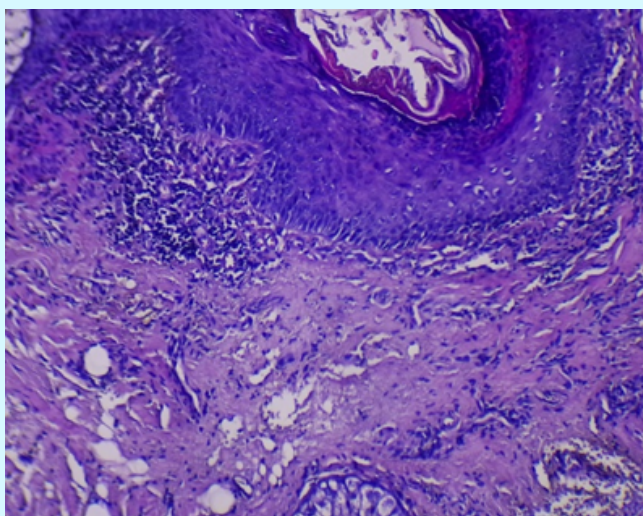
Case description: A 27 year old man presented with multiple, well defined, red, scaly, depressed plaques located on the both sides of nose, for last 15 years.



Clinical Picture: Well defined, red, scaly, depressed plaques located on the both sides of nose.



Dermoscopy: Yellowish-white plugs inside follicular openings (follicular keratotic plugs). Perifollicular whitish halo, Few linear, branching (arborizing) vessels. White and brown structureless areas.



Histopathology: Hyperkeratosis, prominent follicular keratotic plugging, hydric swelling of the basal cell layer. Perivascular, and peri-follicular lymphocytic infiltrate. Minor pigment incontinence with dermal melanophages

Diagnosis: Discoid lupus erythematosus

Image courtesy: Dr. Thamir A Kubaisi

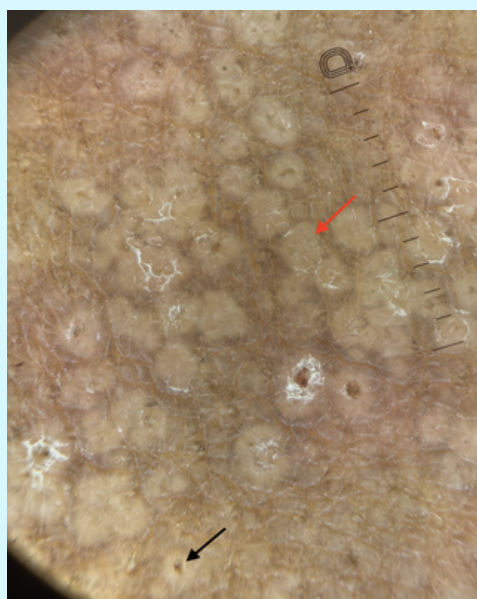
Department of internal Medicine /Dermatology, College of Medicine, University of Anbar, Iraq.

JPAD Composite Clinical Image Gallery

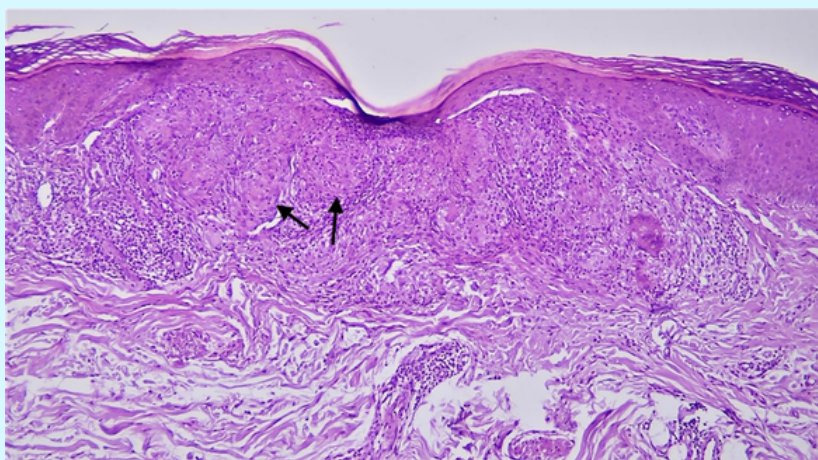
Case description: A 57-year-old woman, previously treated for cutaneous tuberculosis (TB) two years earlier, presented with a 2-month history of intensely pruritic, grouped, flesh-colored papules over an erythematous base involving the bilateral arms, legs, cheeks, and upper back. She reported a similar episode two years ago, which resolved following a 6-month course of anti-tuberculous therapy (ATT).



Clinical Picture: Grouped, flesh-colored papules involving the arm.



Dermoscopy: Yellow - orange structureless areas (red arrow). Follicular openings with prominent perifollicular white scaling (black arrow)



Histopathology: The papillary dermis showed well-formed collections of epithelioid histiocytes arranged in granulomas, with foci of caseous necrosis and occasional multinucleated giant cells (black arrows) pushing the epidermis above into a thin layer.

Diagnosis: Lichen scrofulosorum

Image courtesy: Dr. Sana Khan, Dr. Mahnoor Aziz

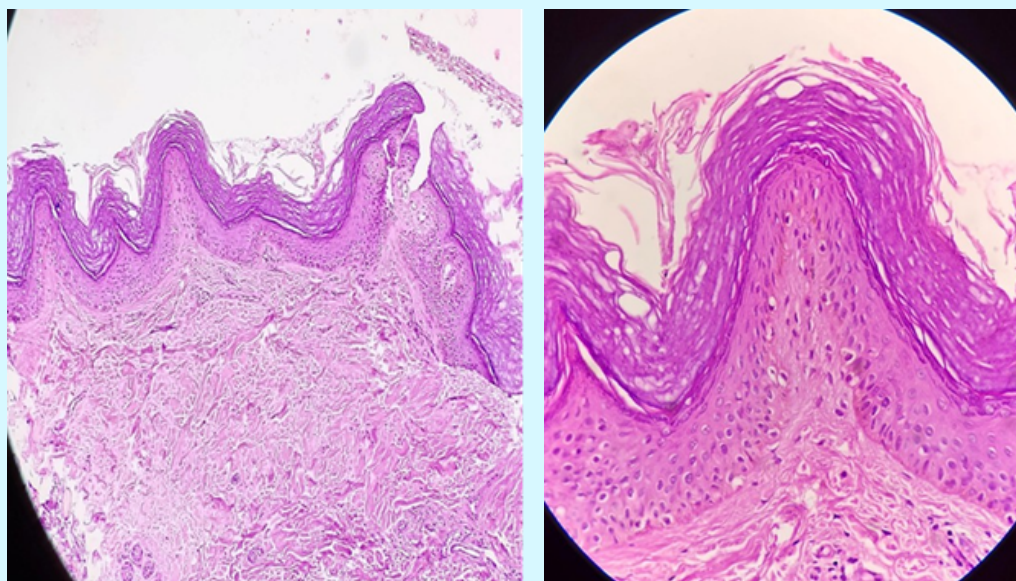
Department of Dermatology, Fauji Foundation Hospital, Rawalpindi

JPAD Composite Clinical Image Gallery

Case description: 17 years old male, known case of Darier disease, presented with bilaterally symmetrical, warty, plain topped papules over dorsum of hands, feet and legs for 5 years.



Clinical Picture: Bilaterally symmetrical, warty, plain topped papules over dorsum of hand, feet and lower legs.



Histopathology: H & E stained section at: (a) 10x and (b) 40x show hyperkeratosis, papillomatosis and acanthosis in distinct church-spire form with normal dermis

Diagnosis: Acrokeratosis Verruciformis of Hopf (AKV)

Image courtesy: Dr. Hira Tariq, Prof Faria Asad

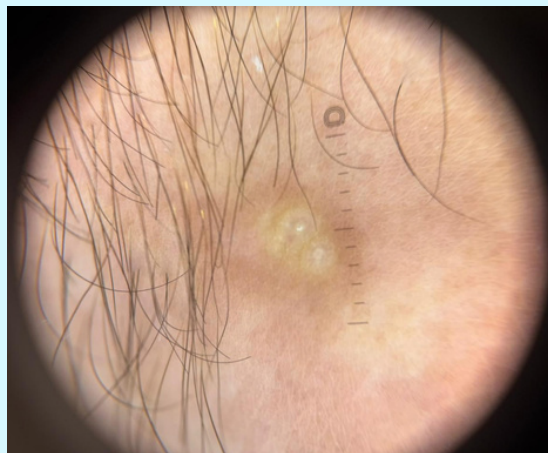
Department of Dermatology, Services Institute of Medical Sciences, Lahore.

JPAD Composite Clinical Image Gallery

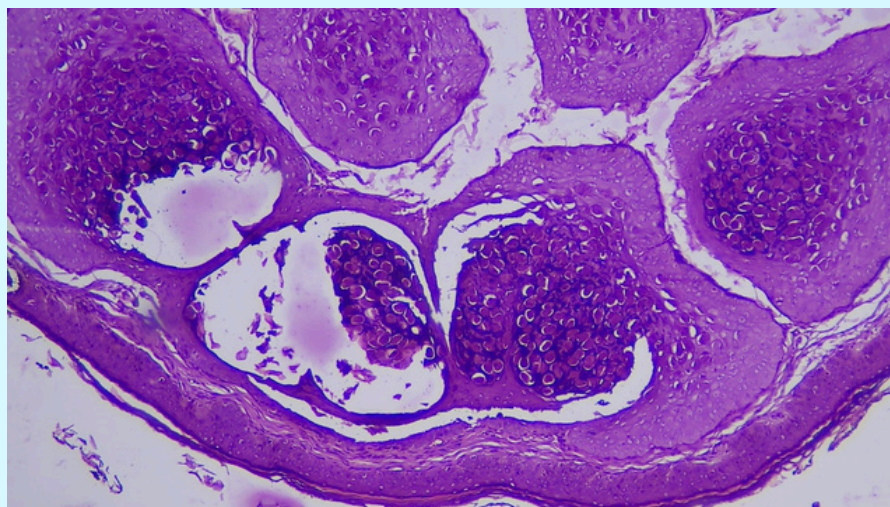
Case description: A 19 years old male patient presented with multiple discrete, dome-shaped, flesh coloured smooth papules with central umbilication on bilateral arms; nape of the neck; non-pruritic since past 09 months.



Clinical Picture



Dermoscopy: Central Pore: A small center dimple. Amorphous Areas: White to yellow blobs in the middle vessel Patterns.



Histopathology: The section reveals superficial stratified squamous epithelium showing equivocal molluscum bodies.

Diagnosis: Moluscum Contagiosum

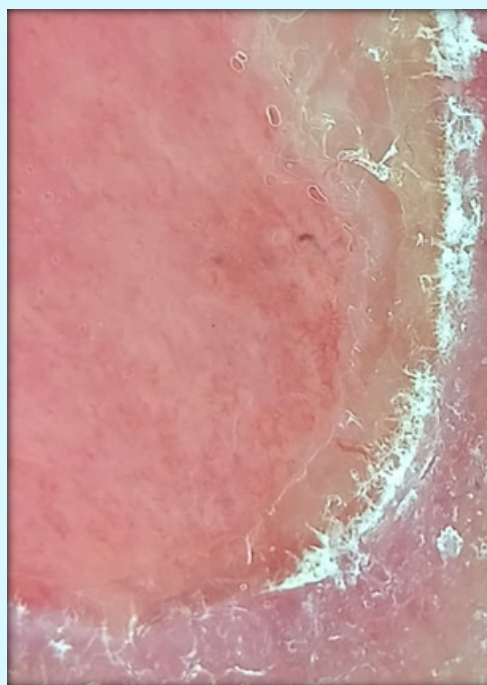
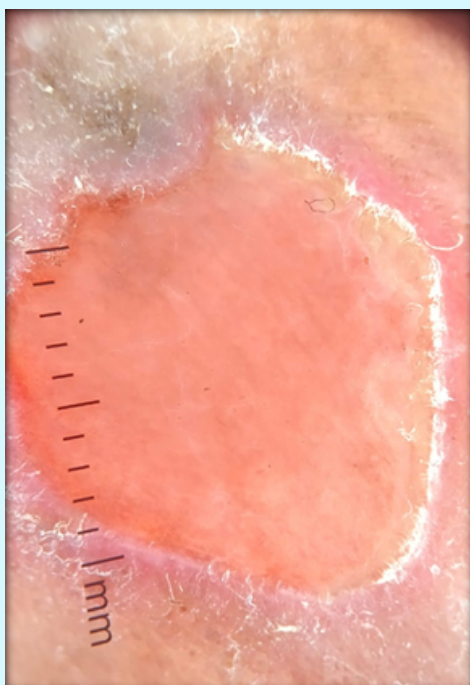
Image courtesy: Dr. Sana Khan, Dr. Noor Ul Huda, Prof. Arfan Ul Bari, Dr. Tariq Sarfaraz
 Foundation University Islamabad, Fauji Foundation Hospital, Rawalpindi.

JPAD Composite Clinical Image Gallery

Case description: A 43-year-old male presented with a three week's history of painless ulcer on the glans penis. The lesion progressed from a papule to a crater-like ulcer with indurated and raised edges. Firm, non-tender inguinal lymphadenopathy was noted. Rapid plasma Reagin (RPR) test was reactive.



Clinical picture: A clean ulcer with an erythematous base and well-demarcated, raised edges on the glans penis



Dermoscopy: 1) Diffuse orange-red base surrounded by a well-defined, erythematous scaly border. 2) Linear and looped vessels in the lesions.

Diagnosis: Primary syphilitic chancre

Image courtesy: Dr. Muhammad Khurram Shahzad

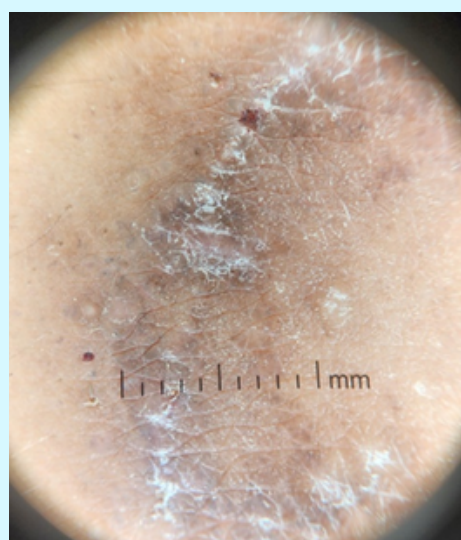
Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.

JPAD Composite Clinical Image Gallery

Case description: A 10-year-old male patient presented with a 3-year history of three pruritic, scaly, annular, hyperpigmented plaques; affecting the right axilla and right lower limb. The lesions gradually increased in size over the preceding years

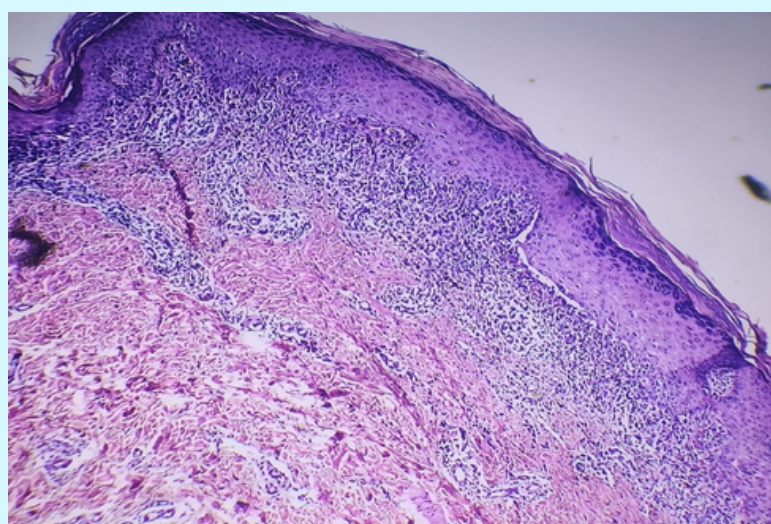


Clinical Picture: Scaly, annular, hyperpigmented plaques in right axilla and groin



Dermoscopy: The background shows mild erythema, brown-grey dots and globules, overlying white scales, and exaggerated dermatoglyphics.

Diagnosis: Annular lichen planus



Histopathology: Lamellated hyperkeratosis, wedged shaped hypergranulosis, saw-toothed acanthosis, vacuolar degeneration of basal layer, Max-Joseph cleft, lympho-histiocytic band infiltration, and dermal melanin incontinence.

Image courtesy: Dr. Thamir A Kubaisi, Dr. Enas A. Al-ani

Department of Internal Medicine/Dermatology, College of Medicine, Ramadi Center of Iraqi Board of Dermatology and Venereology, Ramadi Teaching Hospital; Ramadi, Anbar, Iraq