Case No. 13

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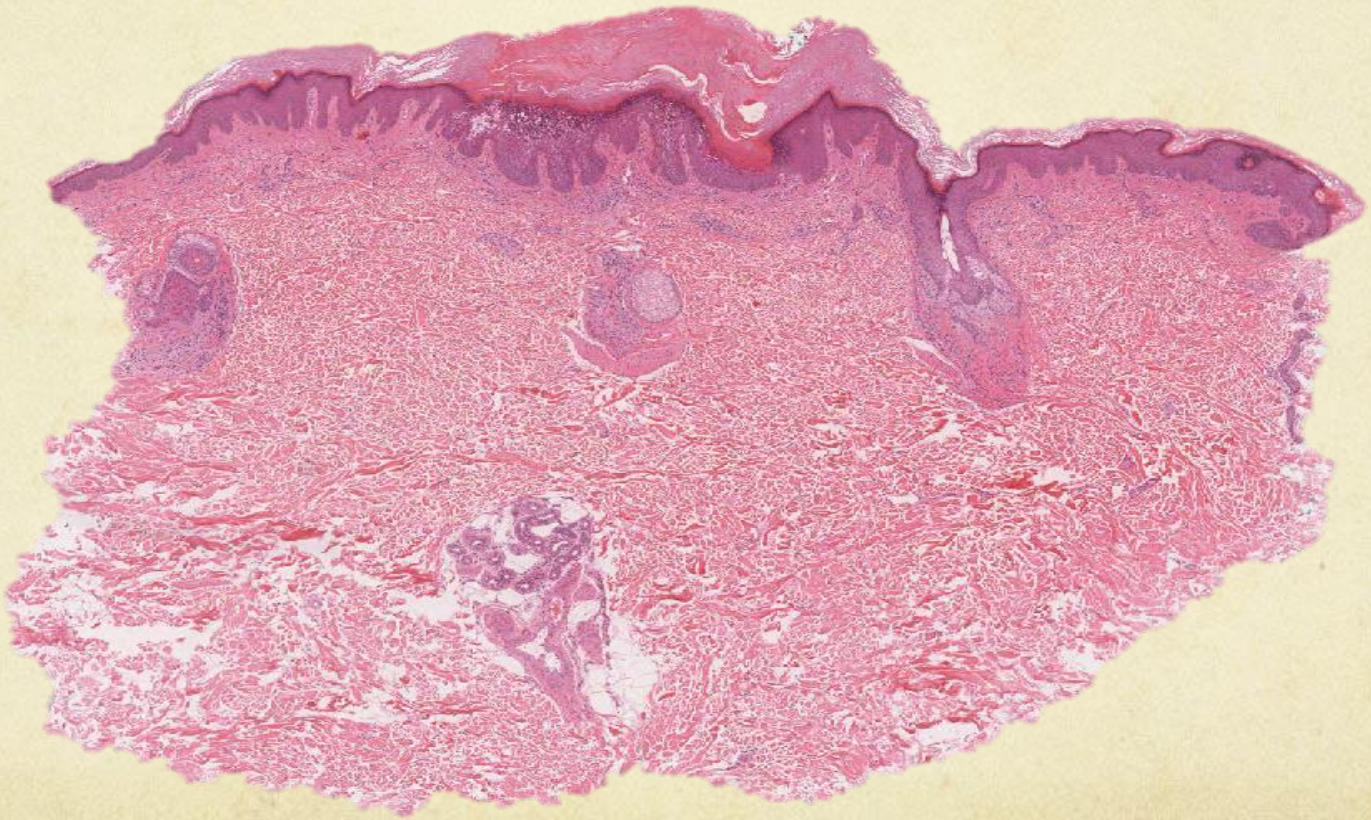
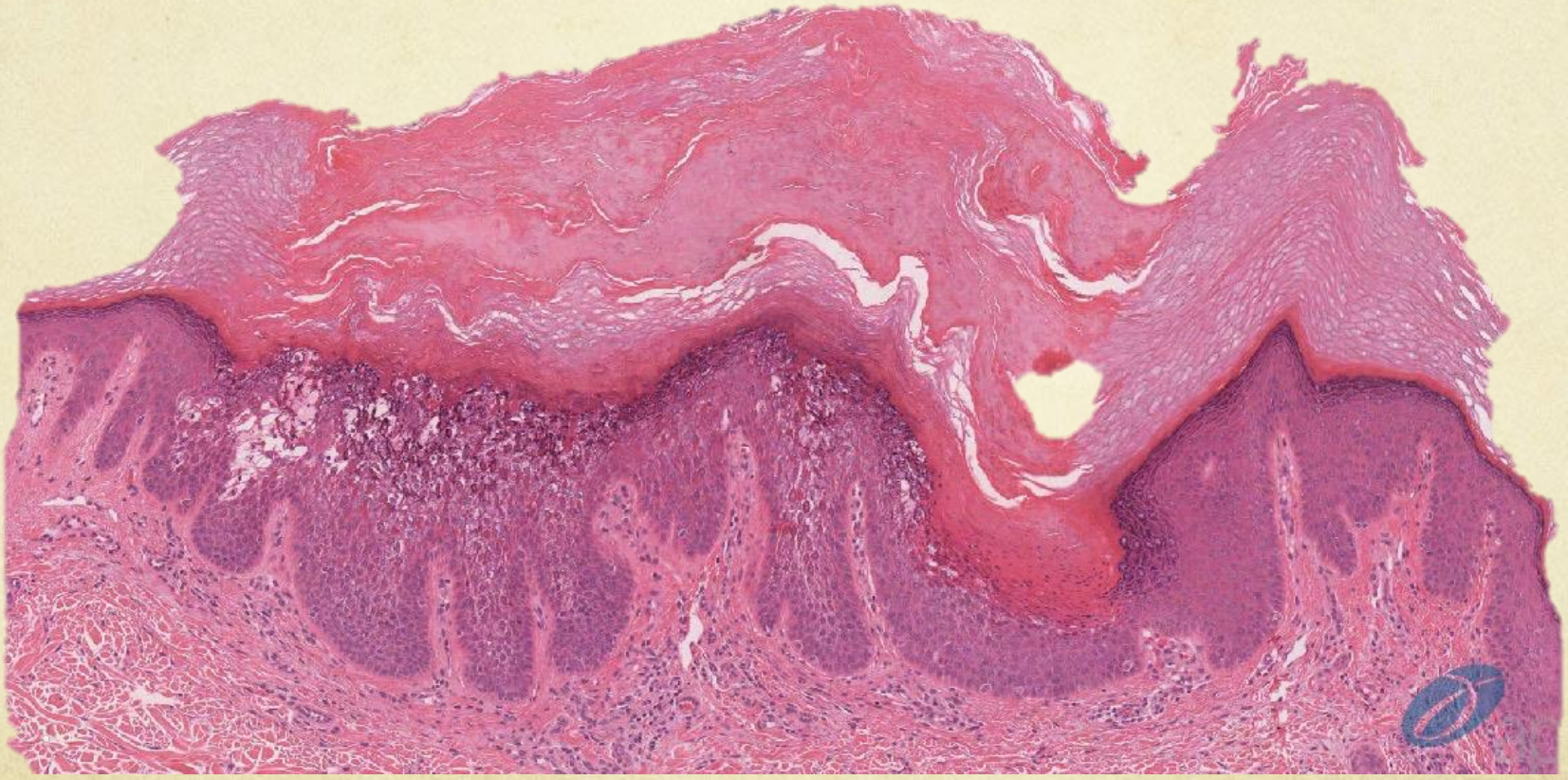
Case 13

- 56 year old lady with a single keratotic crusted lesion to the chest. Clinically actinic keratosis.

Case 13



Case 13



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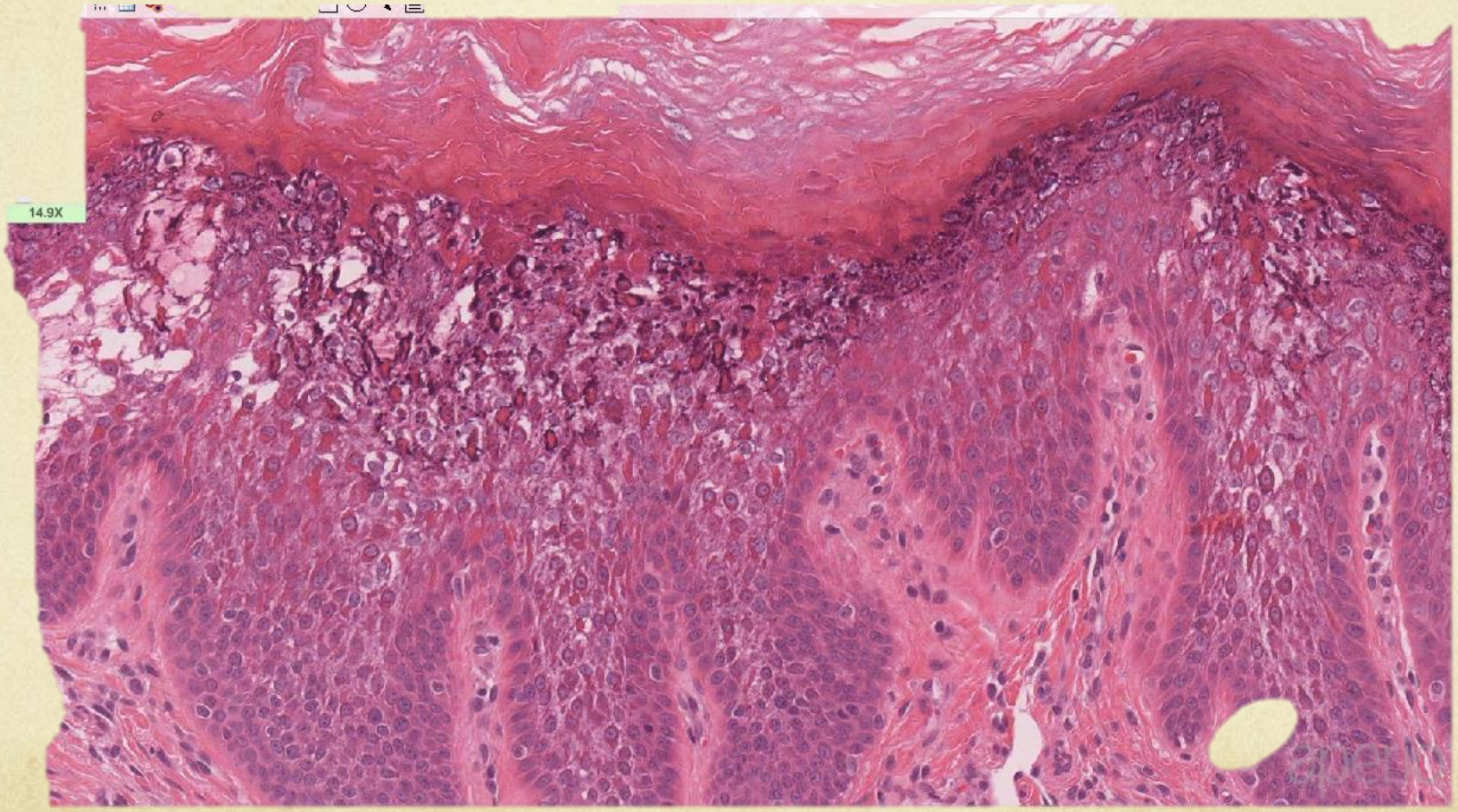

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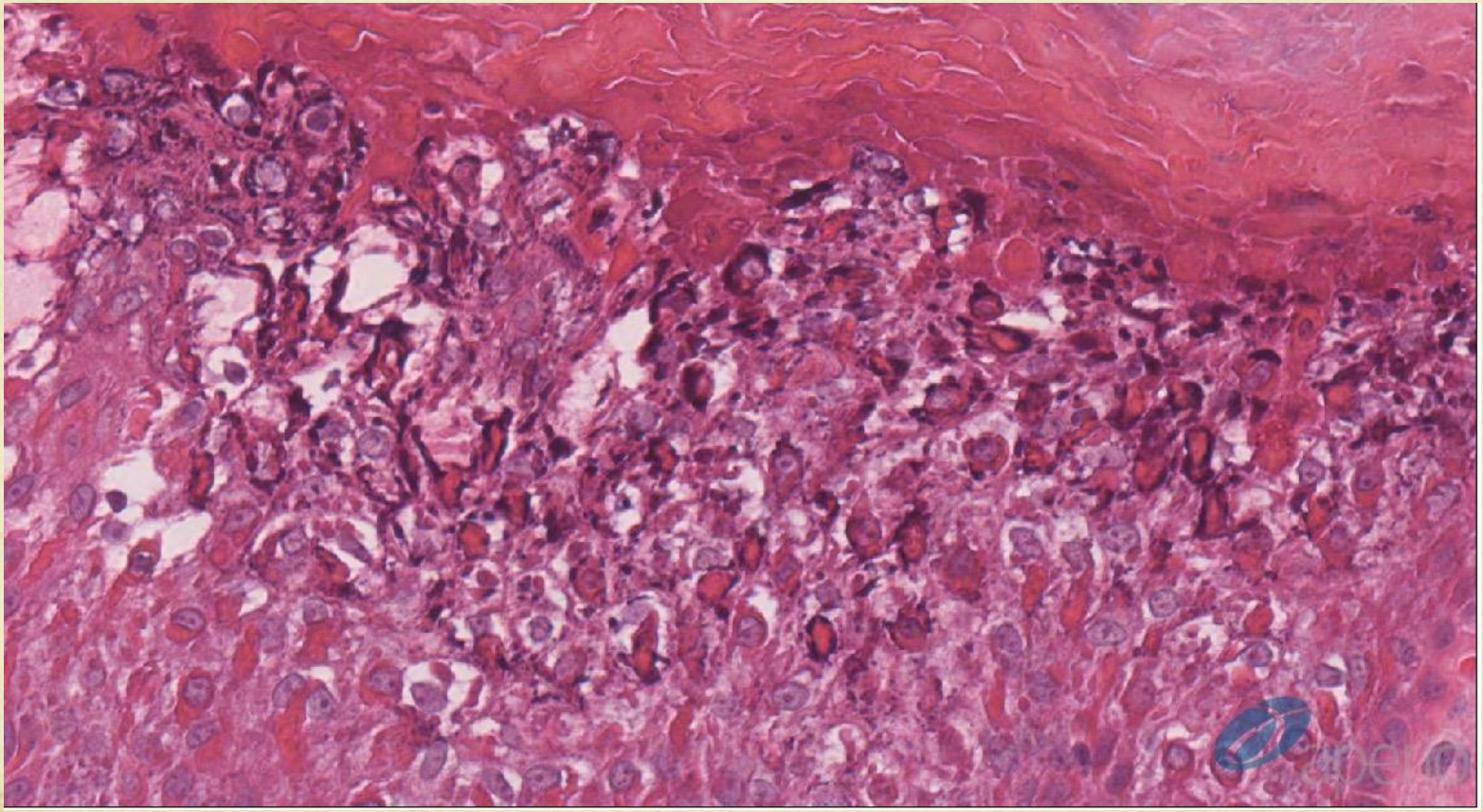


Case 13

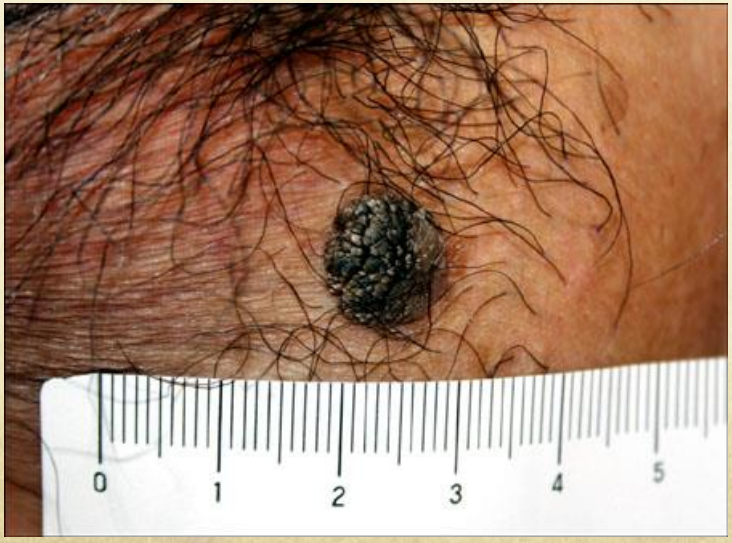
- 1) Warty dyskeratoma
- 2) Actinic keratosis
- 3) Epidermolytic acanthoma
- 4) Acantholytic acanthoma
- 5) Congenital bullous ichthyosiform erythroderma

Case 13

- The correct answer is :
  - Epidermolytic acanthoma

Epidermolytic acanthoma

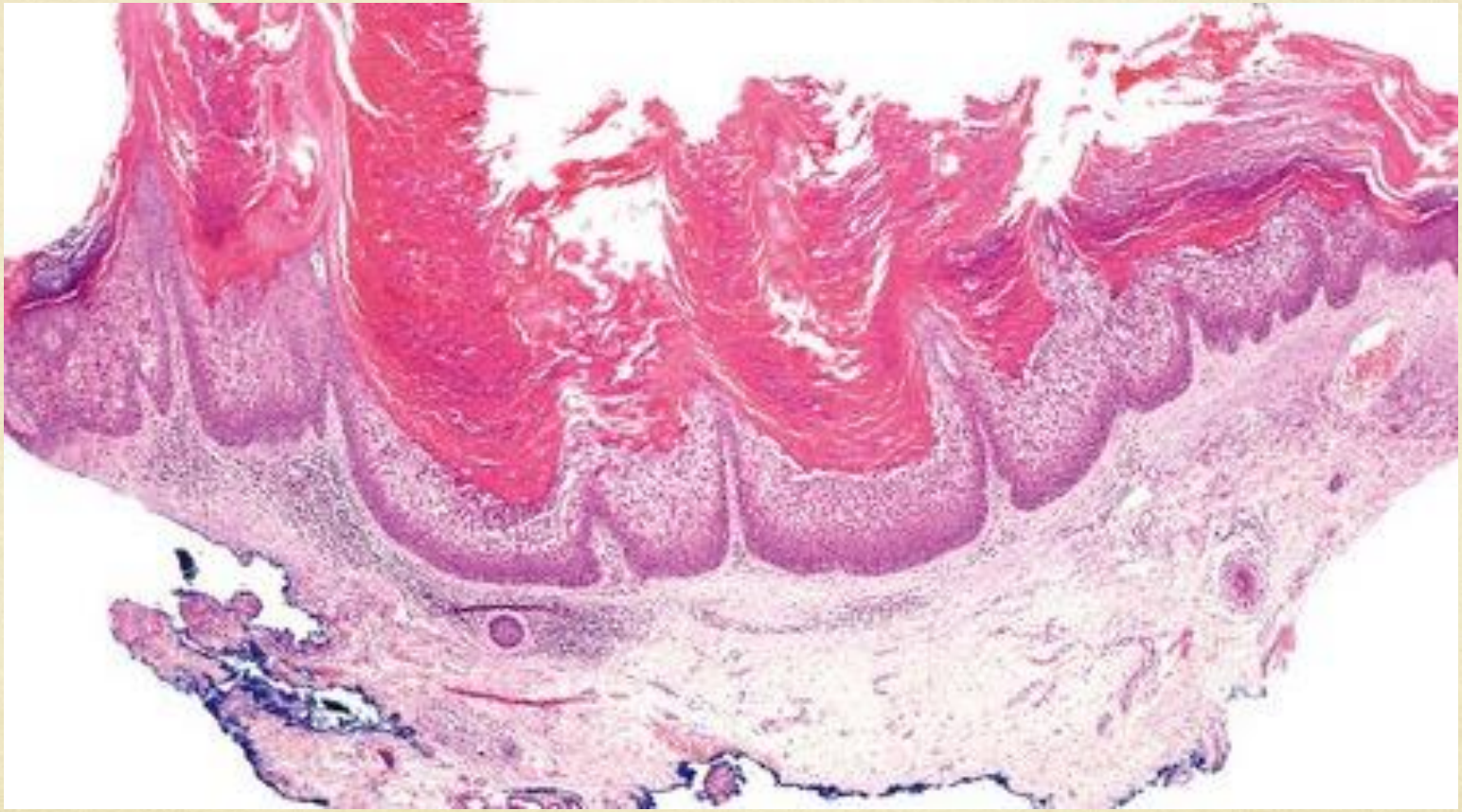
- Acquired lesion
- Verrucous papule or plaque
- Clinical differential diagnosis include: Viral wart, seborrhoeic keratosis, actinic keratosis



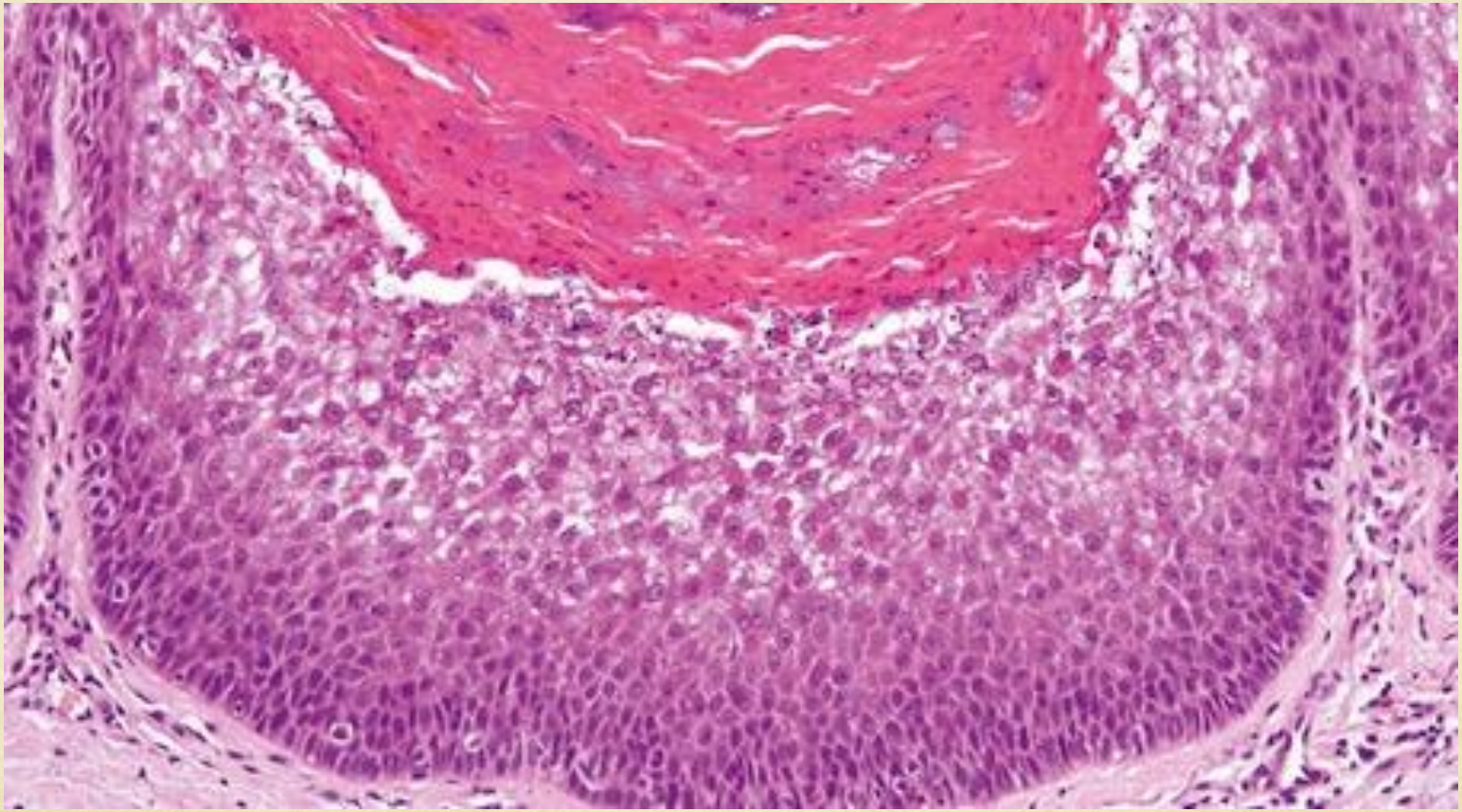
Epidermolytic acanthoma

- Histologically:
  - Hyperkeratosis, parakeratosis, acanthosis and papillomatosis
  - Features of epidermolytic hyperkeratosis in the prickle and granular cell layers
  - Marked vacuolation of keratinocytes and eosinophilic cytoplasmic inclusion bodies.

Epidermolytic acanthoma



Epidermolytic acanthoma



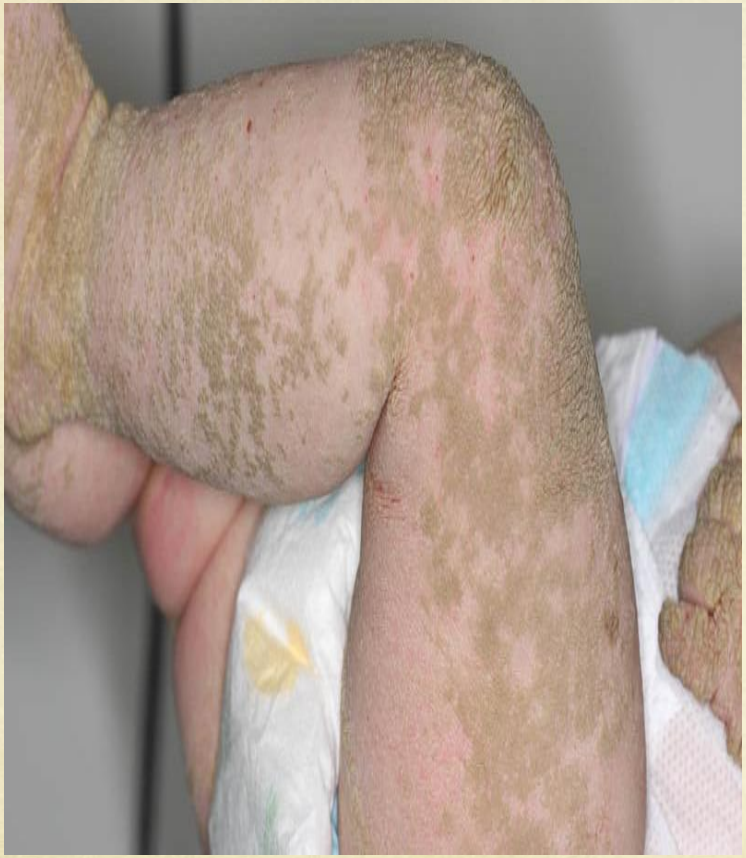
Differential diagnosis

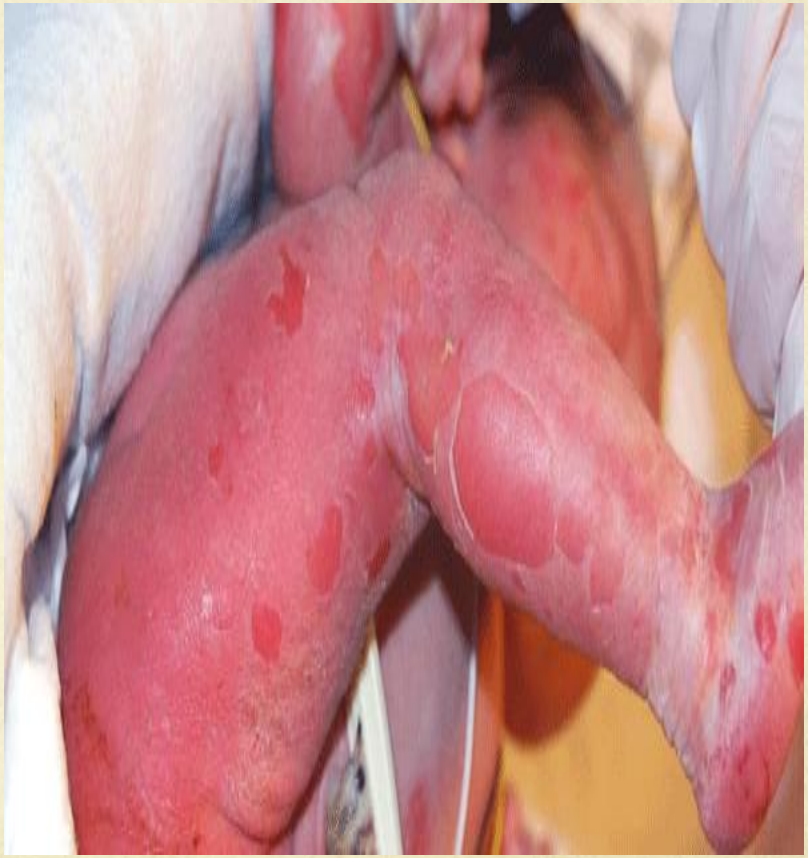
- Identical histological features are seen in
  - Congenital bullous ichthyosifrom eryhtroderma
  - Epidermolytic palmoplanter keratoderma
  - Focal epidermolytic hyperkeratosis

Congenital bullous ichthyosiform erythroderma

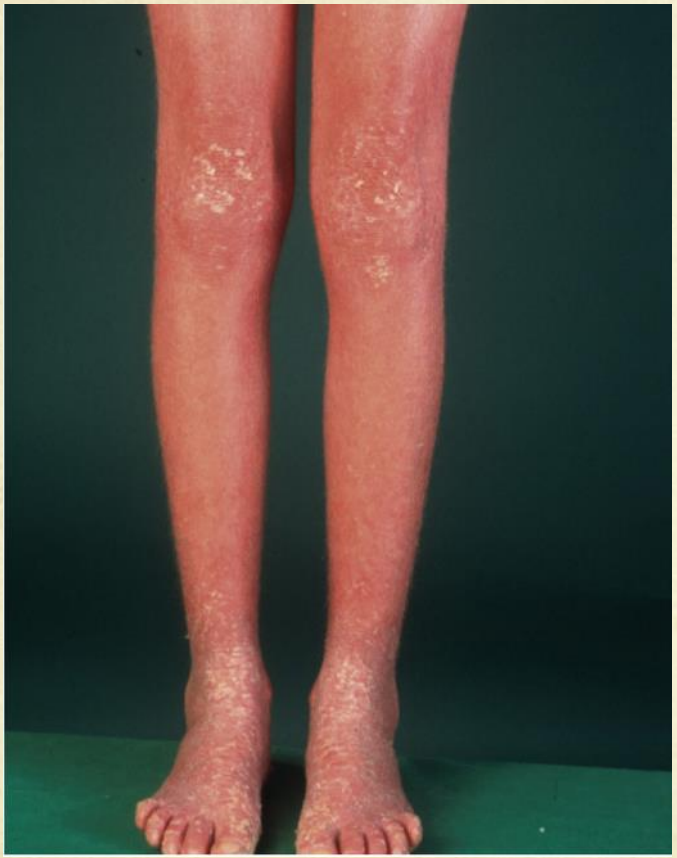
- May be a spontaneous mutation or inherited as an autosomal dominant condition.
- Infants may show marked hyperkeratosis with scales that change to a moist tender erythroderma as the scales are lost.
- As the patients get older there is less erythema and blistering with development of verrucous hyperkeratosis especially in the flexures.
- Associated with significant morbidity and mortality

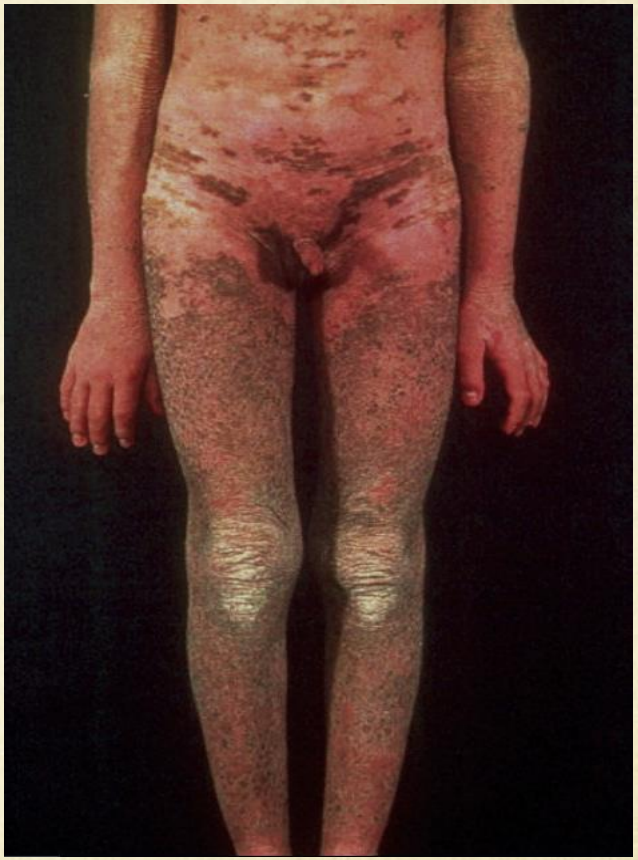
Congenital bullous ichthyosiform erythroderma



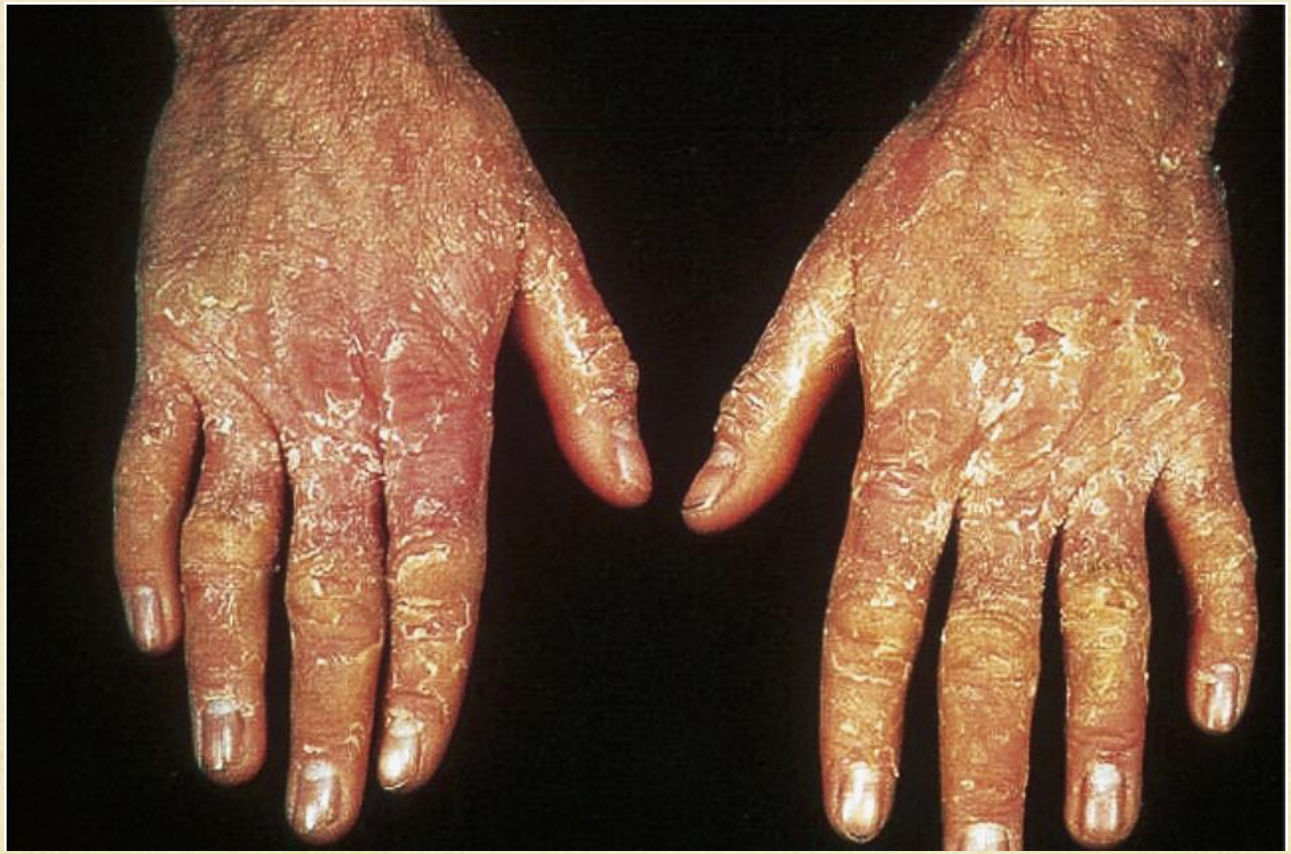


Congenital bullous ichthyosiform erythroderma





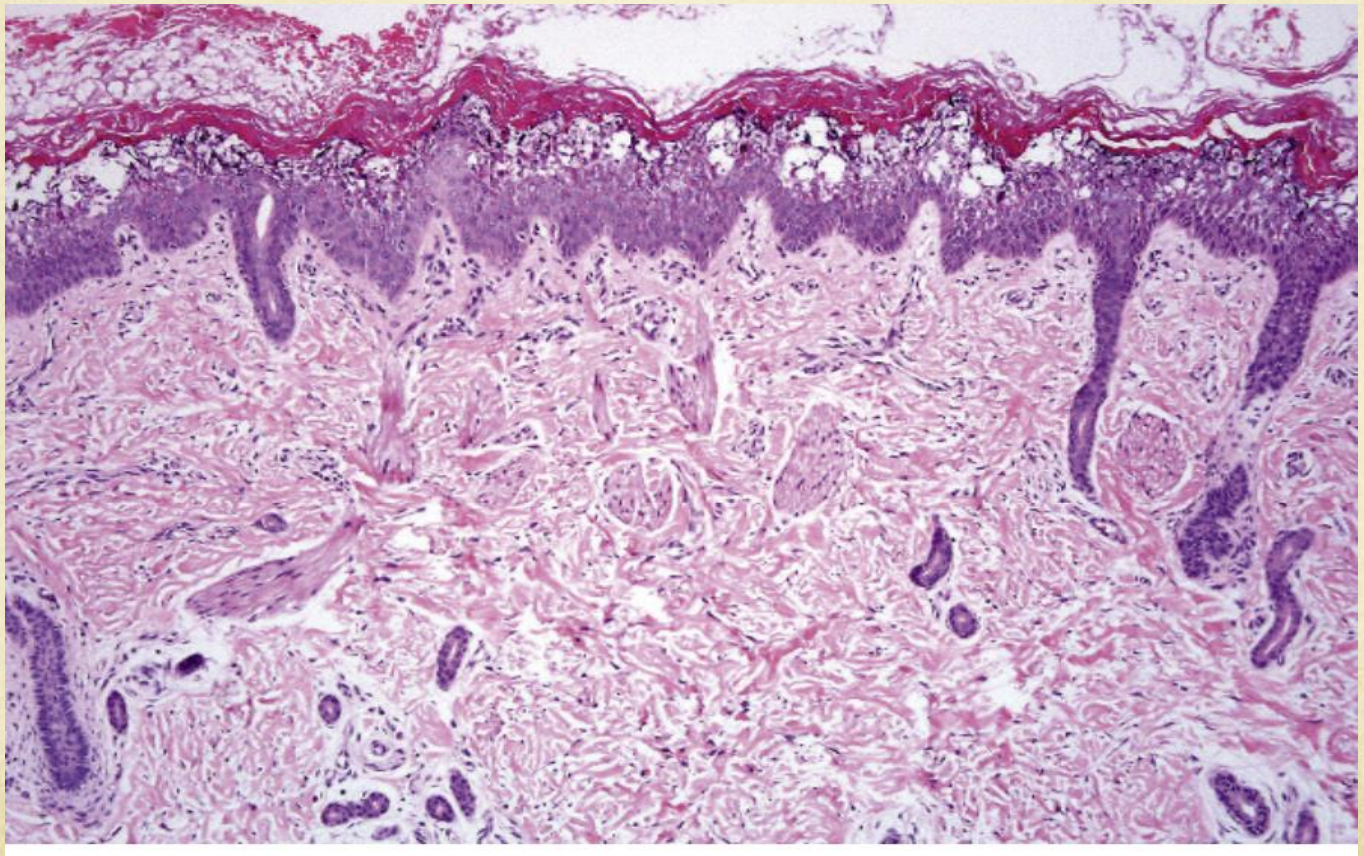
Congenital bullous ichthyosiform erythroderma



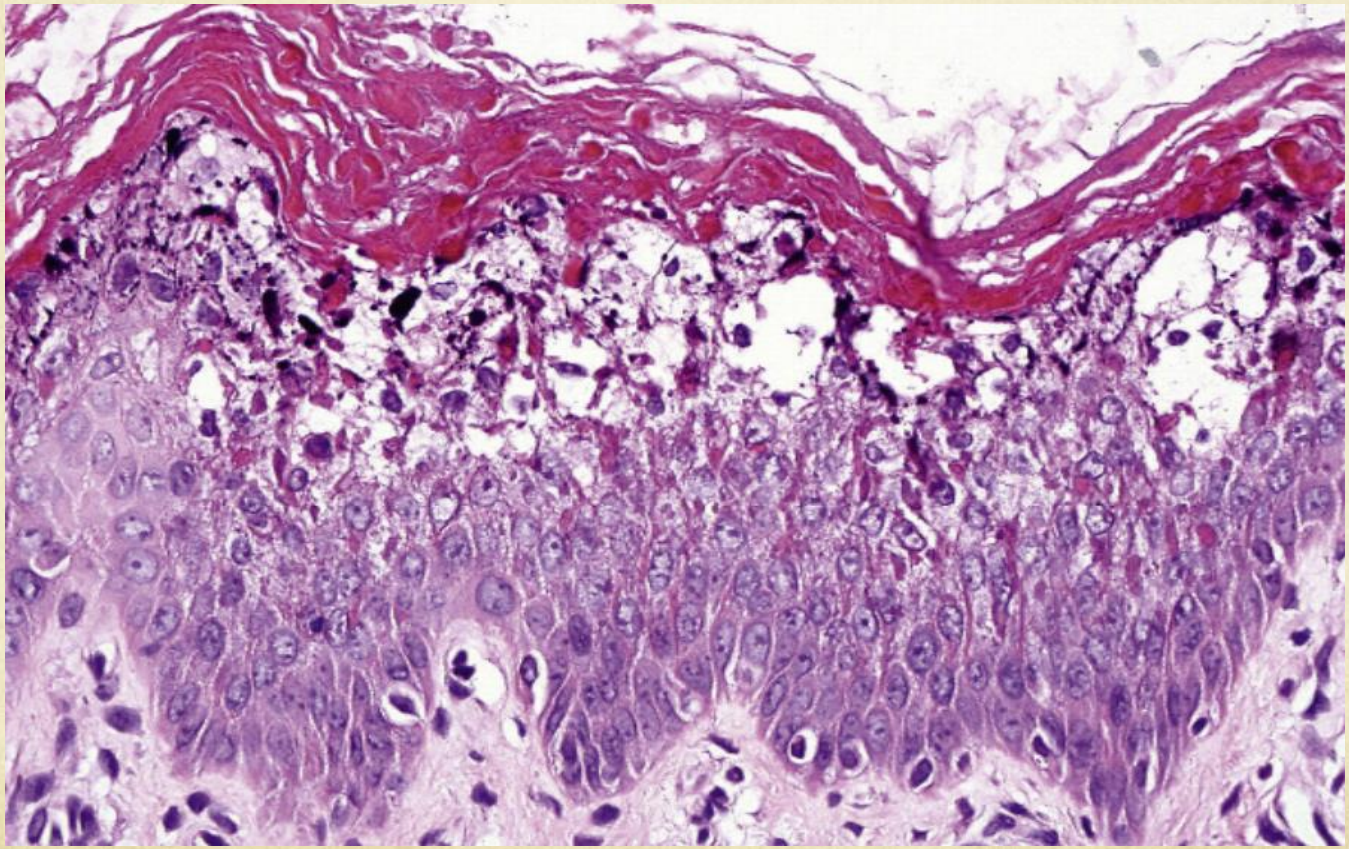
Congenital bullous ichthyosiform erythroderma

- Histologically shows epidermolytic hyperkeratosis. There maybe intra-epidermal blister formation.
- Ultrastructurally the eosinophilic inclusions are abnormally aggregated keratin. Cells lack a regular keratin skeleton accounting for the skin fragility.
- Represents a genetic disorder of keratin expression. Mutations in genes for keratin 1 and 10 have been identified.

Congenital bullous ichthyosiform erythroderma



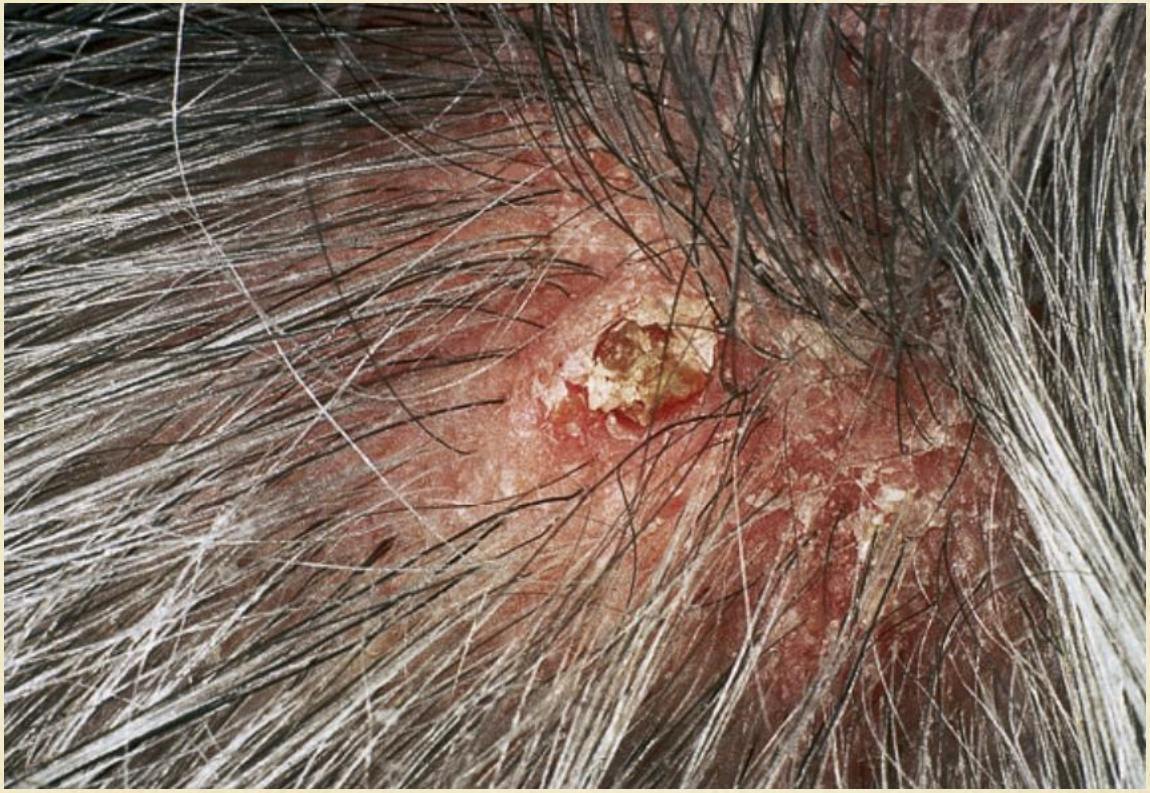
Congenital bullous ichthysiform erythrodema

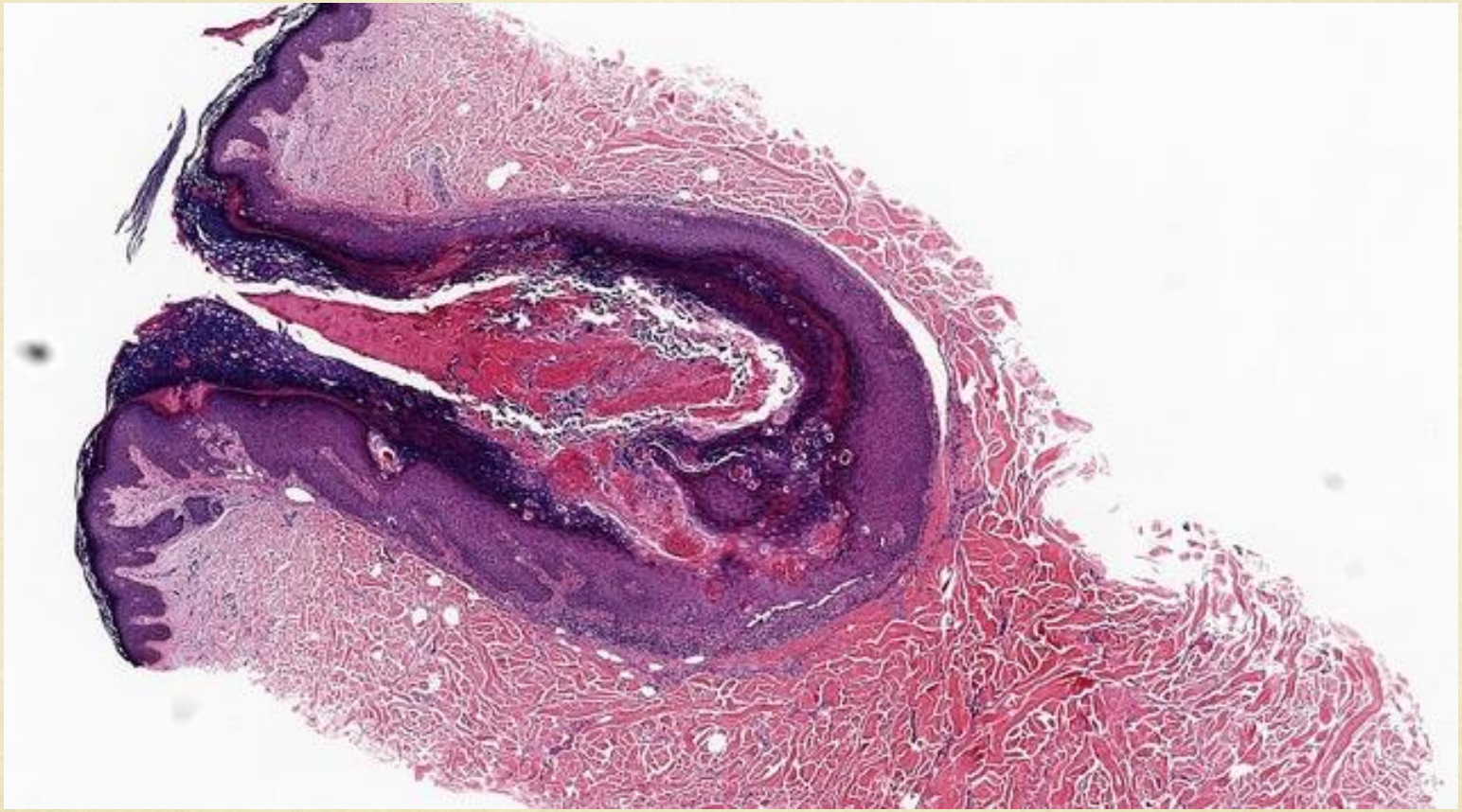


Warty dyskeratoma

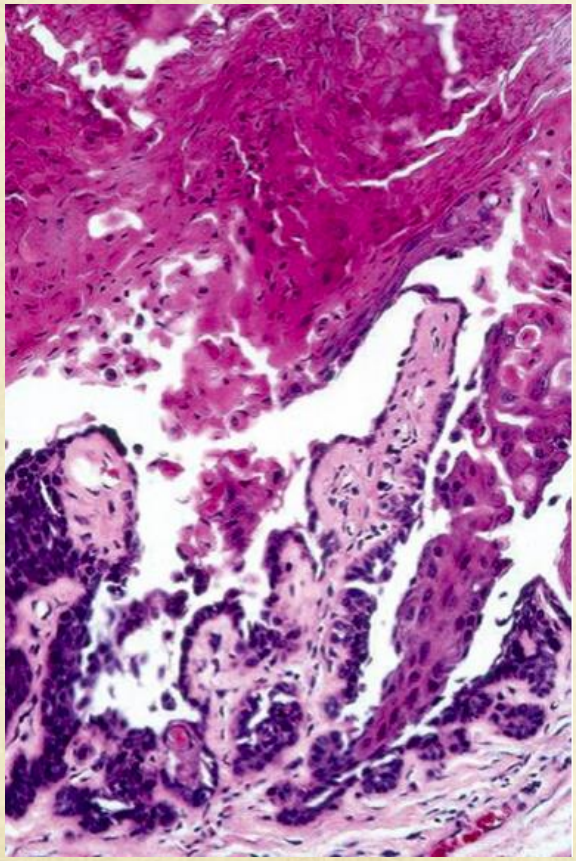
- Hyperkeratotic nodule on skin exposed site of middle aged adults . Unknown etiology.
- Histologically:
  - Cup shaped lesion containing keratinous debris
  - Superficially there are corps Ronds and Grains of Darier.
  - Deeper epithelium shows marked acantholysis with suprabasal villi,
  - Lymphocytes, histiocytes and occasional plasma cells in dermis.

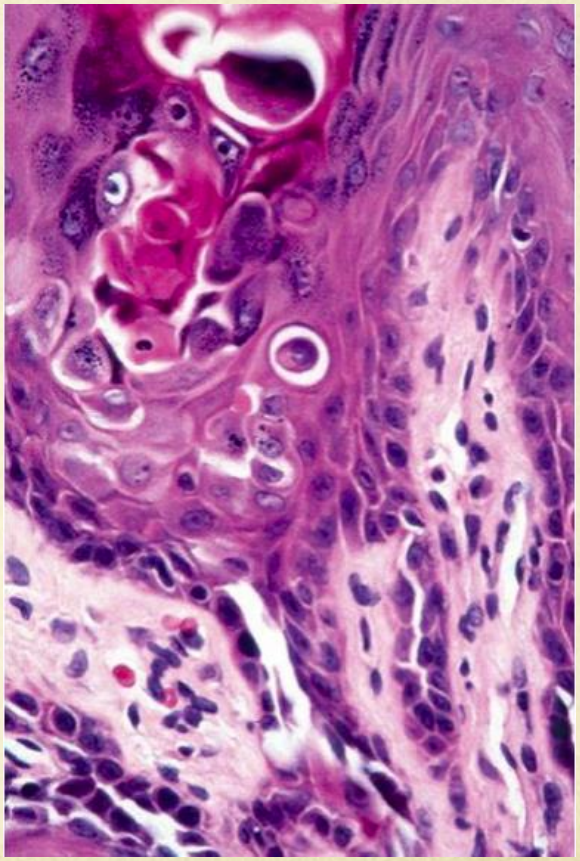
Warty dyskeratoma





Warty dyskeratoma

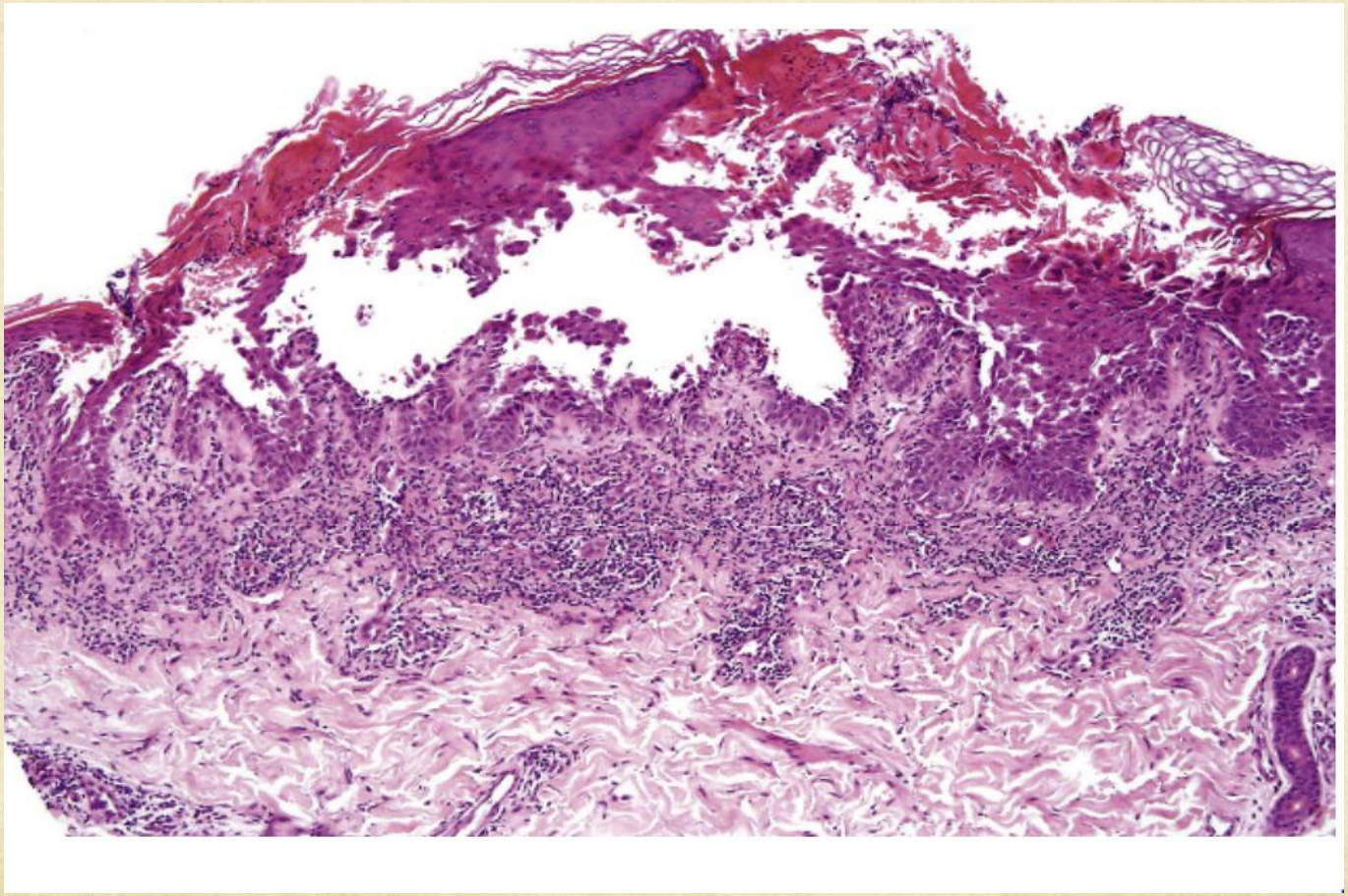




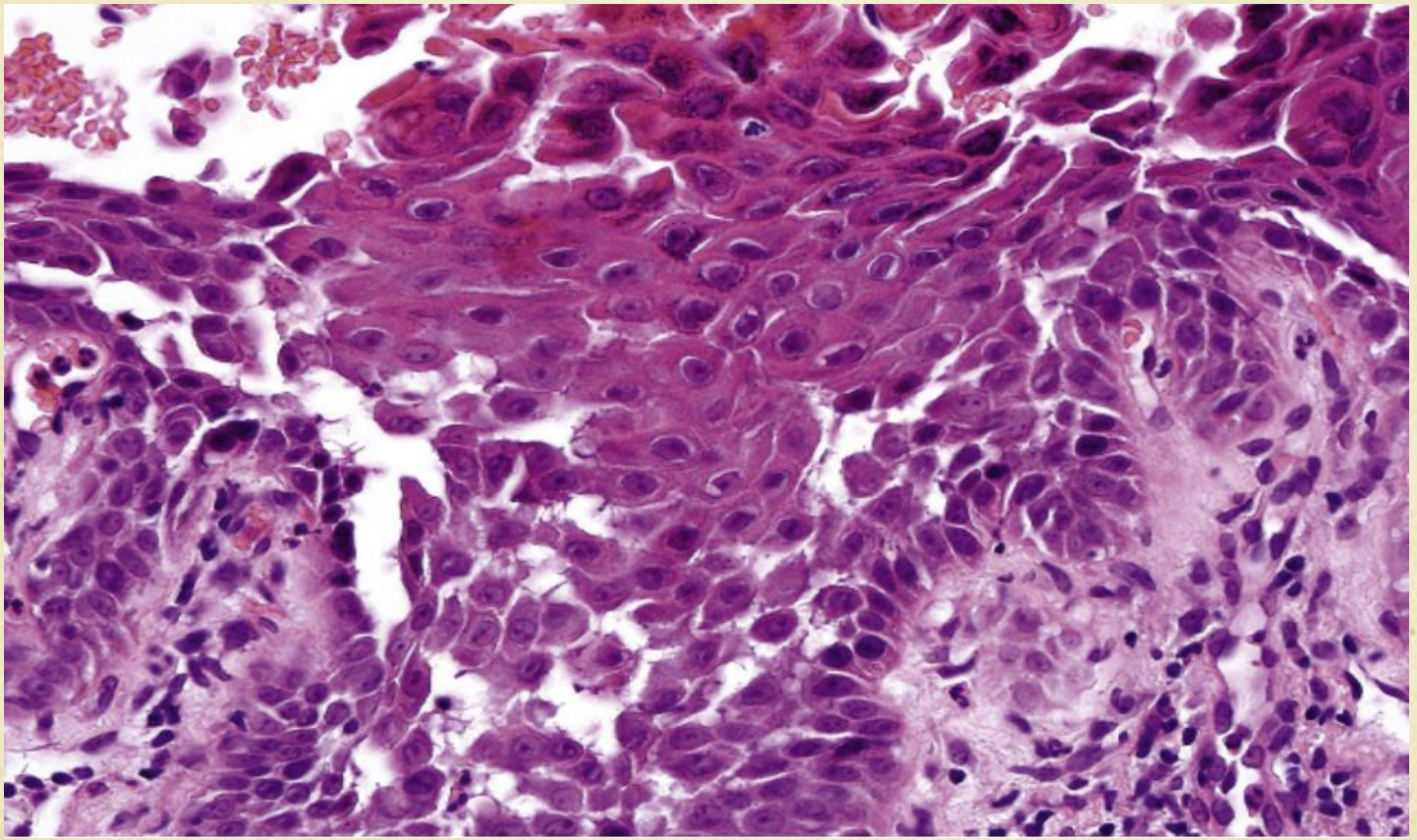
Acntholytic acanthoma

- Common solitary, asymptomatic keratotic papule or plaque.
- Usually presenting on trunk, arms or neck
- Histologically:
  - Papillomatosis, acanthosis and hyperkeratosis.
  - Acantholysis affecting all or any layer of the epidermis.
  - Dyskeratosis may be evident.
  - A lymphohistiocytic perivascular chronic inflammatory infiltrate in superficial dermis.

Acantholytic acanthoma



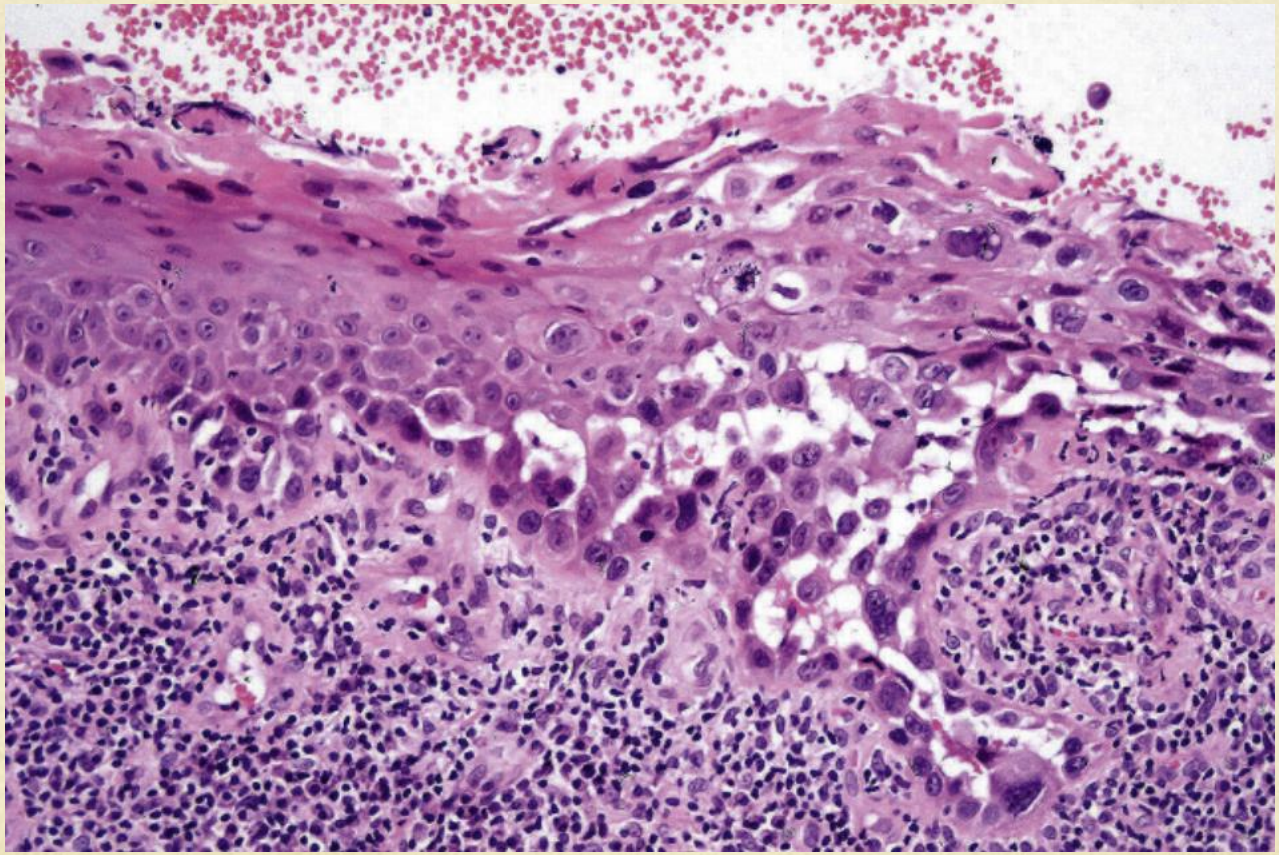
Acantholytic acanthoma



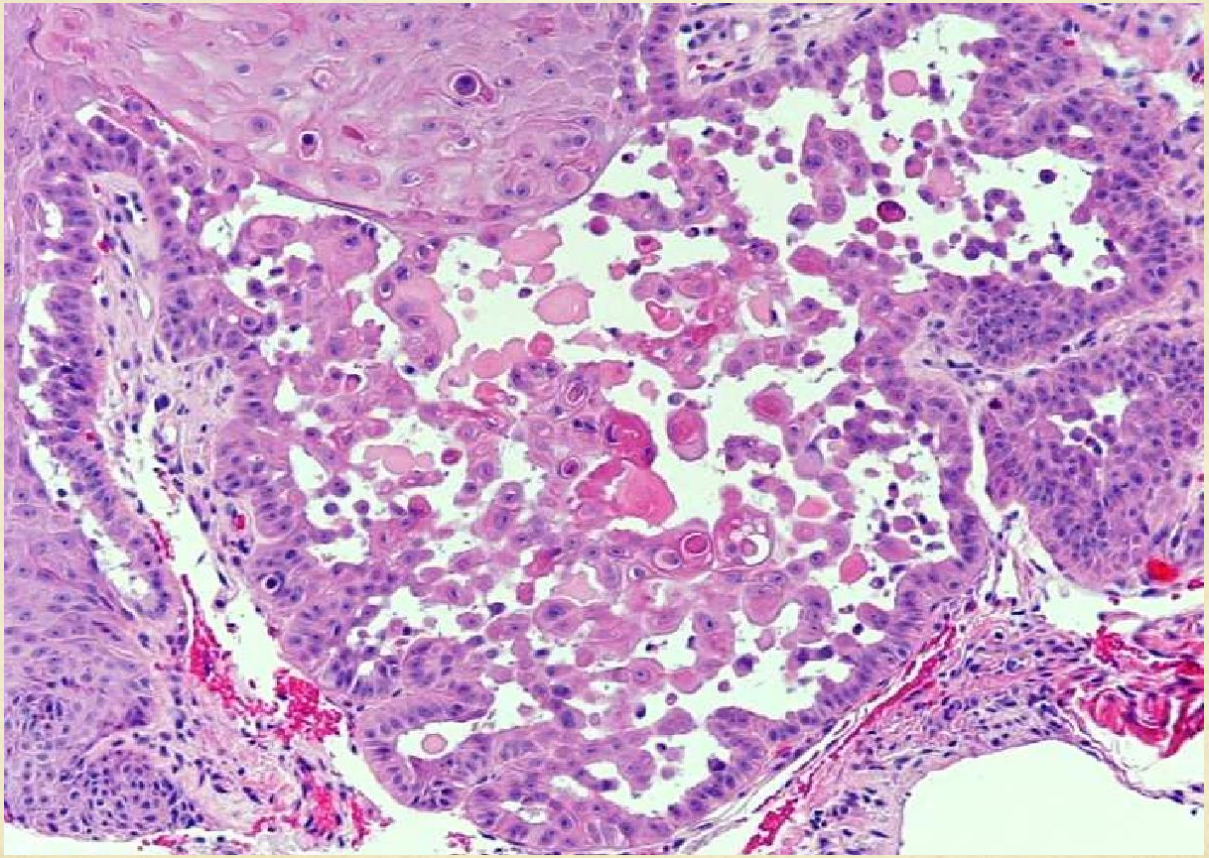
Actinic keratosis

- Usually tan brown, red or skin coloured circumscribed lesions
- Histologically:
- Basal keratinocyte unrest and atypia with disorderly maturation.
- Variants include epidermolytic actinic keratosis and acanthotic actinic keratosis which may cause histological confusion.

Actinic keratosis



Actinic keratosis



Thank you !