CASE

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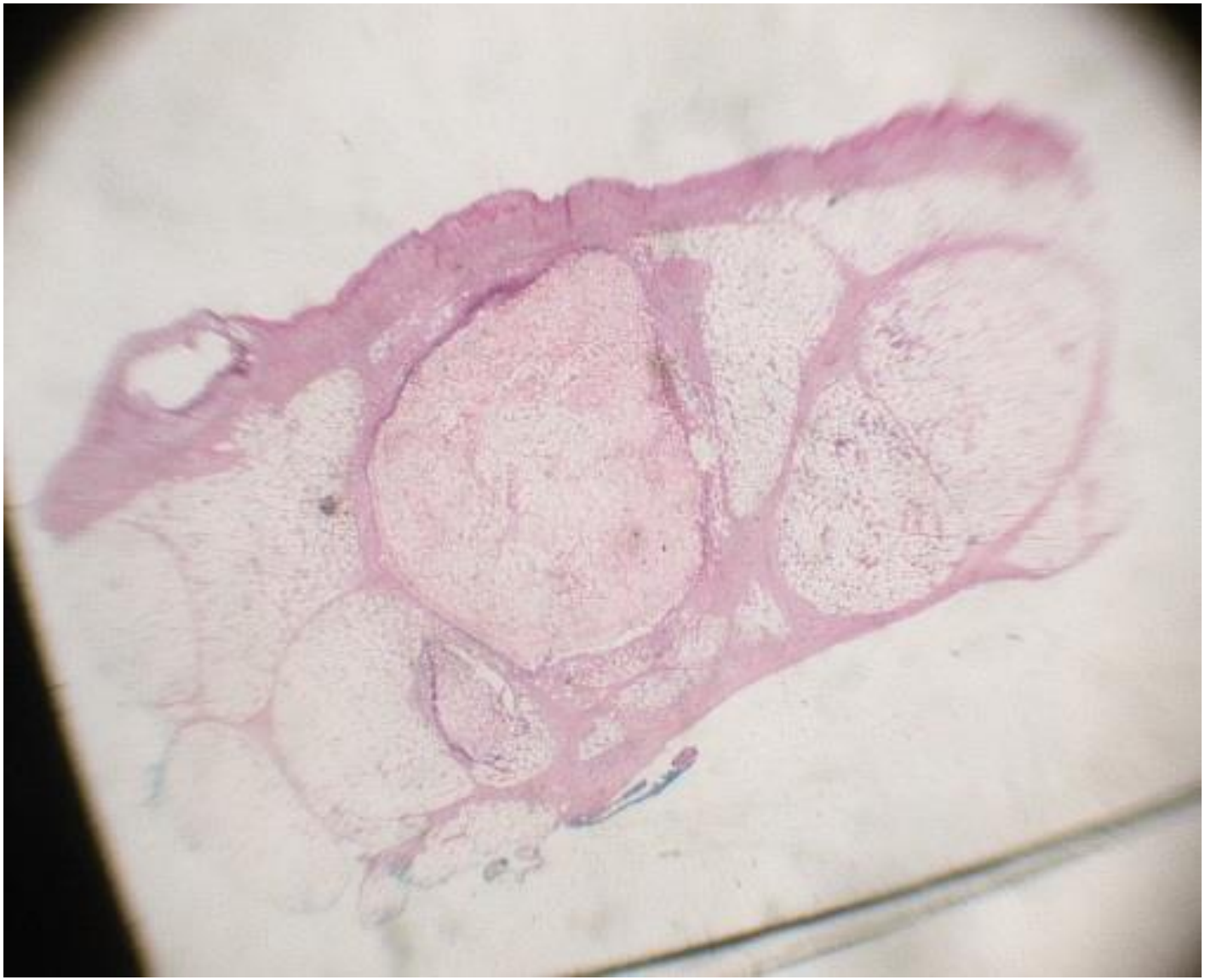
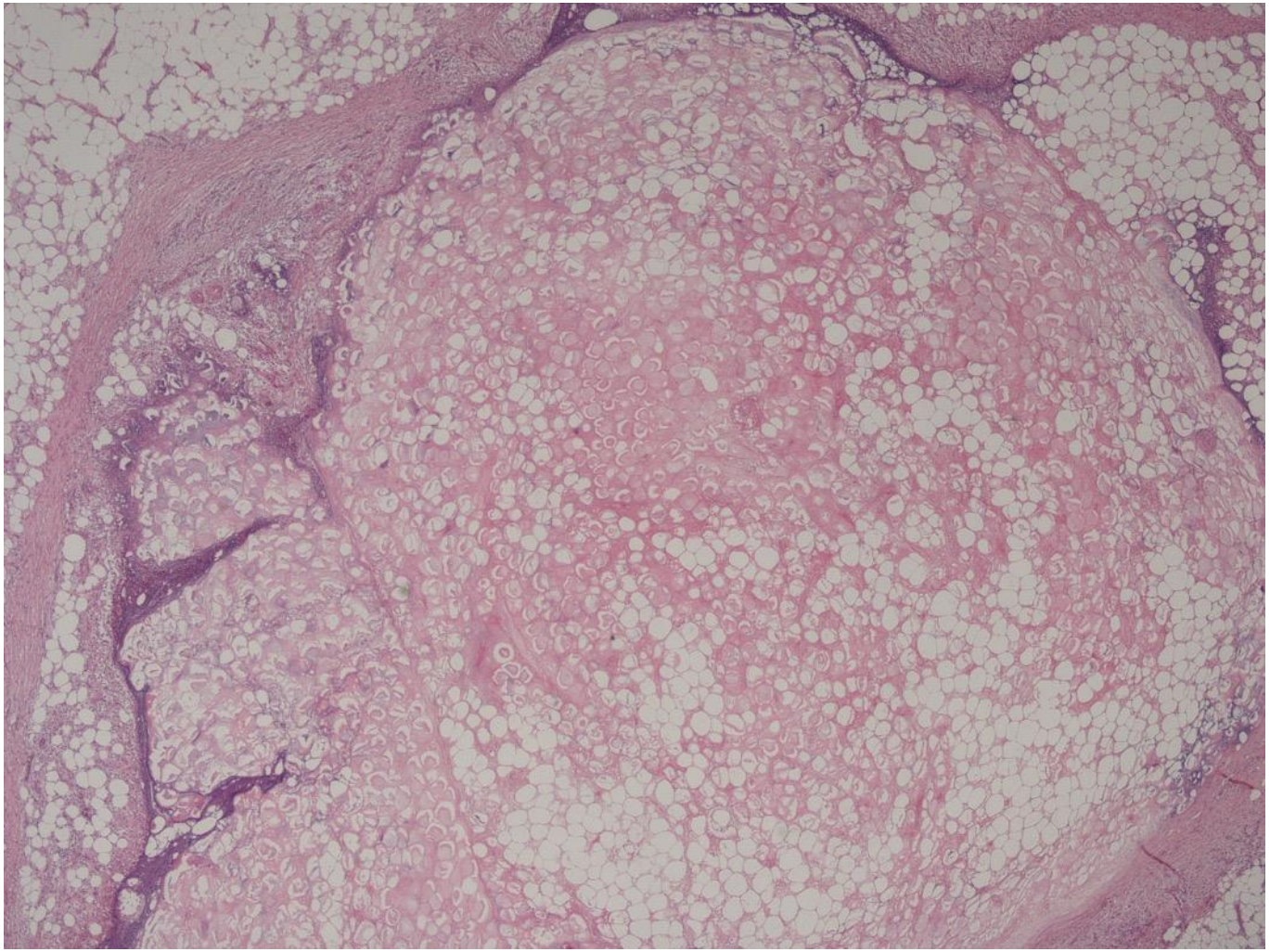
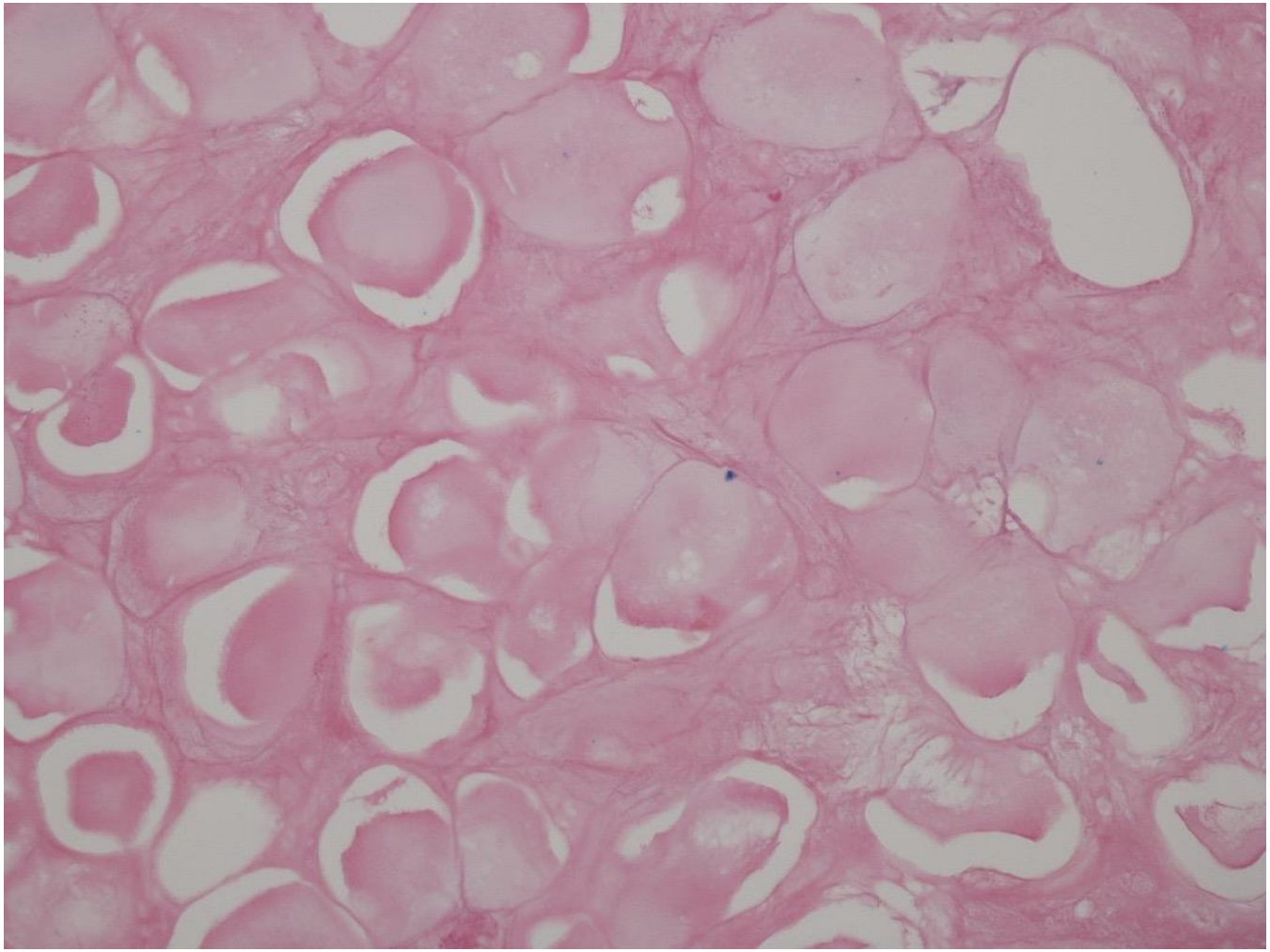
Clinical information provided

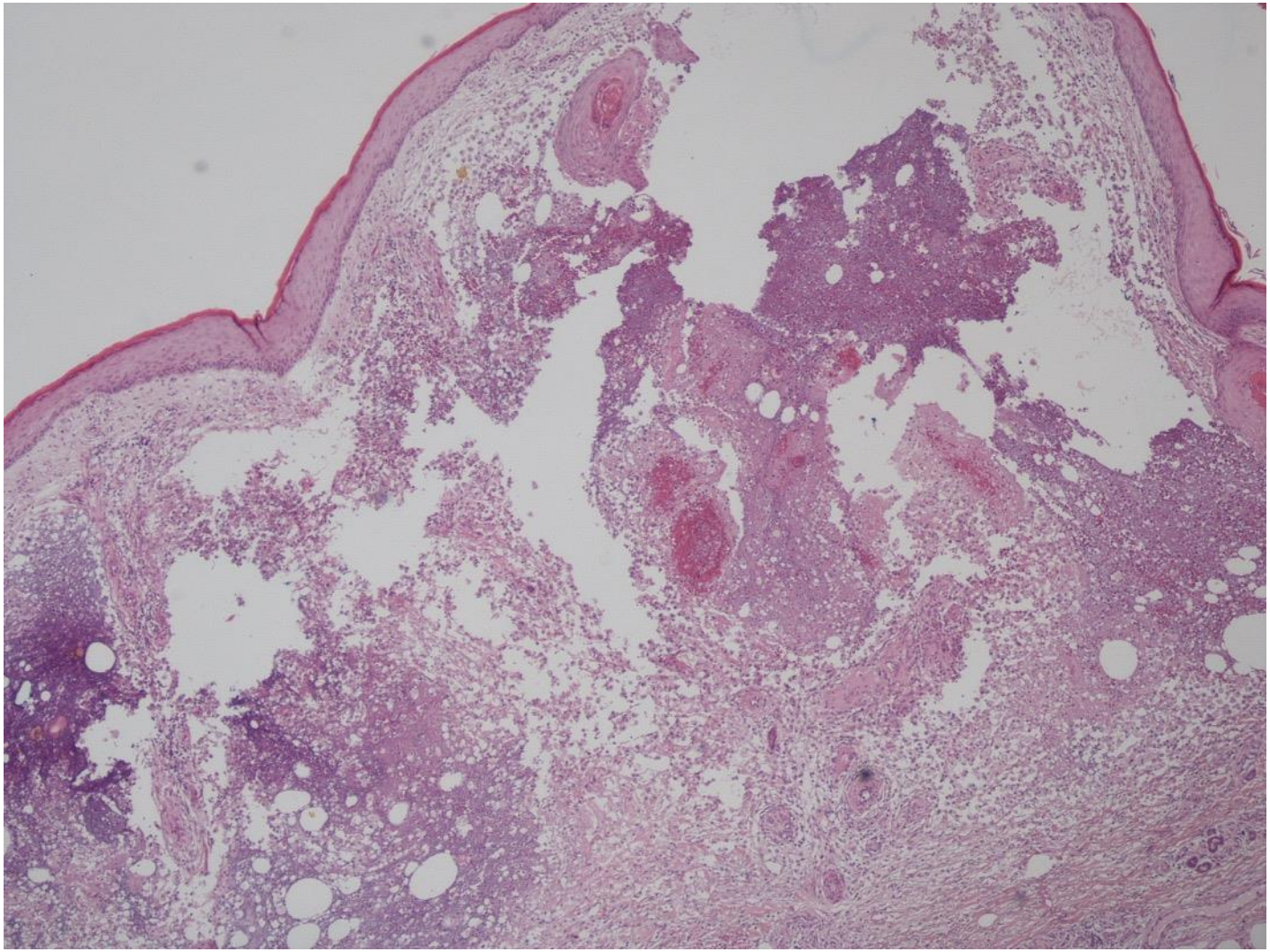
- Punch biopsy nail plate to exclude melanoma
- Also biopsy lesion from calf
- 82/ F

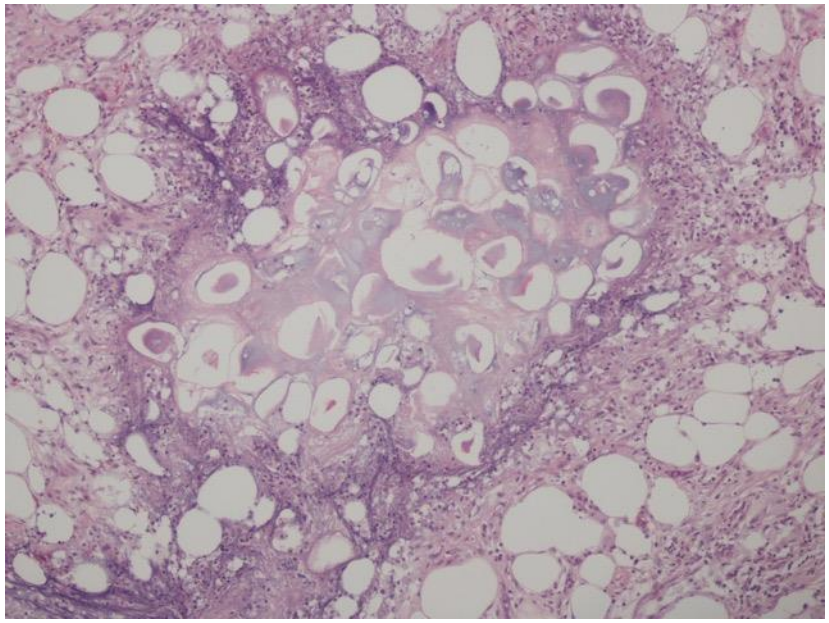
- GROSS: Skin ellipse 47x27x10mm, with 2 slightly raised areas 13 and 12mm. On cutting there were circular pale brown areas in the subcutaneous fat
- Also received a bx from the nail plate

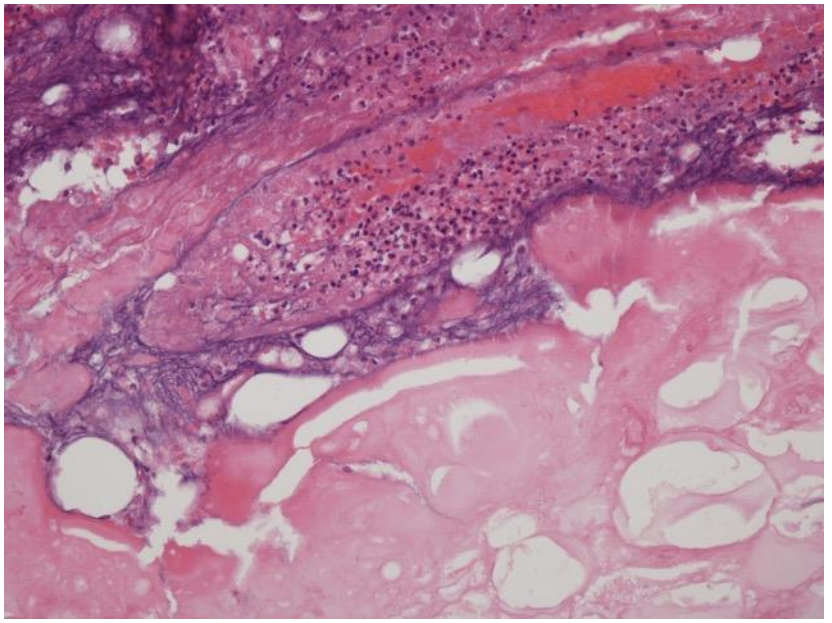


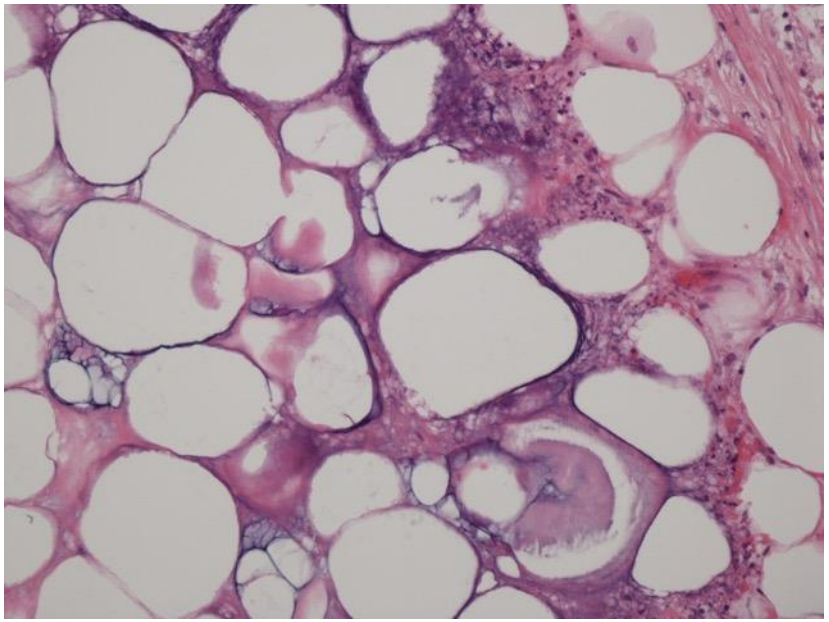


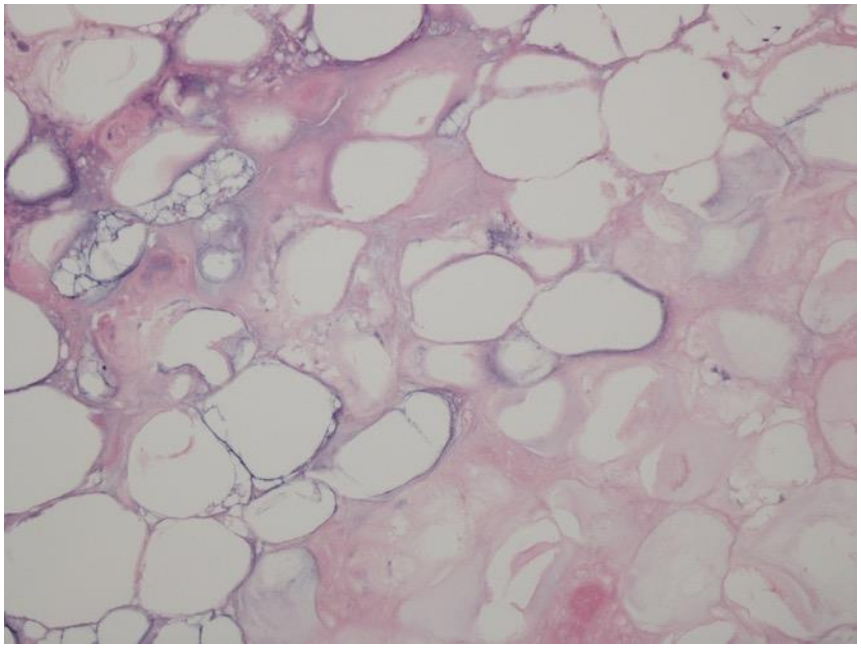












Microscopic

- Localised areas of fat necrosis
- Ghost cells saponification
- Calcification around these areas and also around individual fat cells
- Superficial dermis showed some microabscesses
- Neutrophils were seen within the fat

Histological diagnosis

- Suggestive of pancreatic panniculitis.
- Further investigations

- Nail plate biopsy- some haemorrhage. No evidence of melanocytic hyperplasia.

- Further information after discussion with surgeon: Presented with unusual subcutaneous lesions on left lower leg. There were about 4-5 dusky lesions, and one was about to ulcerate. There was also some pigmentation of left third toe nail plate. Left groin was normal.
- Biopsy was performed to exclude melanoma

- Subsequently investigations :
- History: patient had no h/o abdominal pain, nausea, vomitting, weight loss, arthritis.
- Bloods: Serum lipase and amylase were raised
- CT scan: annular pancreas. Calcification in head of pancreas consistent with previous pancreatitis. Stone in pancreatic duct. No focal pancreatic tumour
- Both annular pancreas and stones are known risk factors for pancreatitis.
- Now follow up with Gastroenterologist

Discussion

- Important to identify this lesion as the associated pancreatic disease can be silent. Histological appearances are quite classical.
- Can be associated with any pancreatic lesion- pancreatitis, pseudocyst, ductal adenocarcinoma, islet cell tumours, acinar cell tumour
- Probably due to circulating amylase and lipase.
- Should be brought to the notice of the submitting clinician, for further investigation

Clues to diagnosis:

- Lobular pattern
- Saponification/ fat necrosis
- Neutrophilic infiltrate
- Individual cell calcification

THANK YOU