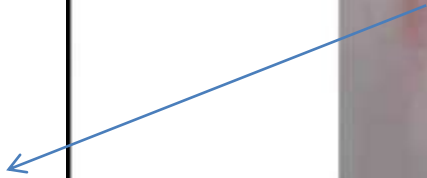


Urticaria

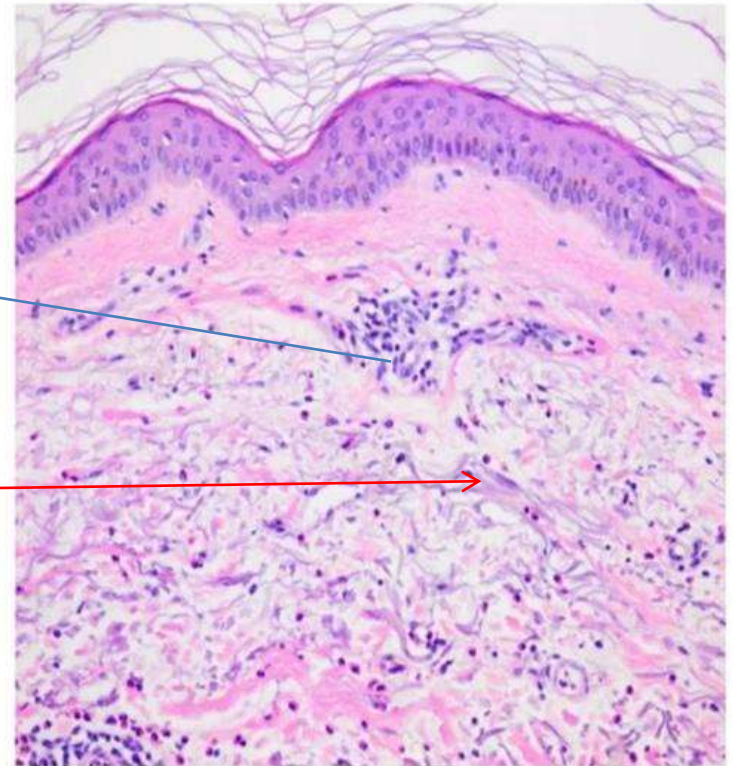


Wheals



Histologic features of urticaria

- *sparse superficial perivenular infiltrate of mononuclear cells, rare neutrophils, and sometimes eosinophils.
- *dermal edema causes splaying of collagen bundles.
- *Degranulation of mast cells, can be highlighted using a Giemsa stain.



Acute Eczematous Dermatitis.

- Clinically the patient may has:
 - erythematous papules with overlying vesicles, which ooze and become crusted.
 - Pruritus is characteristic.
 - With persistence, these lesions coalesce into raised, scaling plaques.



لو كانت اكبر حجما بتكون
Psoriasis

The clinical subtypes include :

- 1. Allergic contact dermatitis:
- 2. Atopic dermatitis:
- 3. Drug-related eczematous dermatitis:

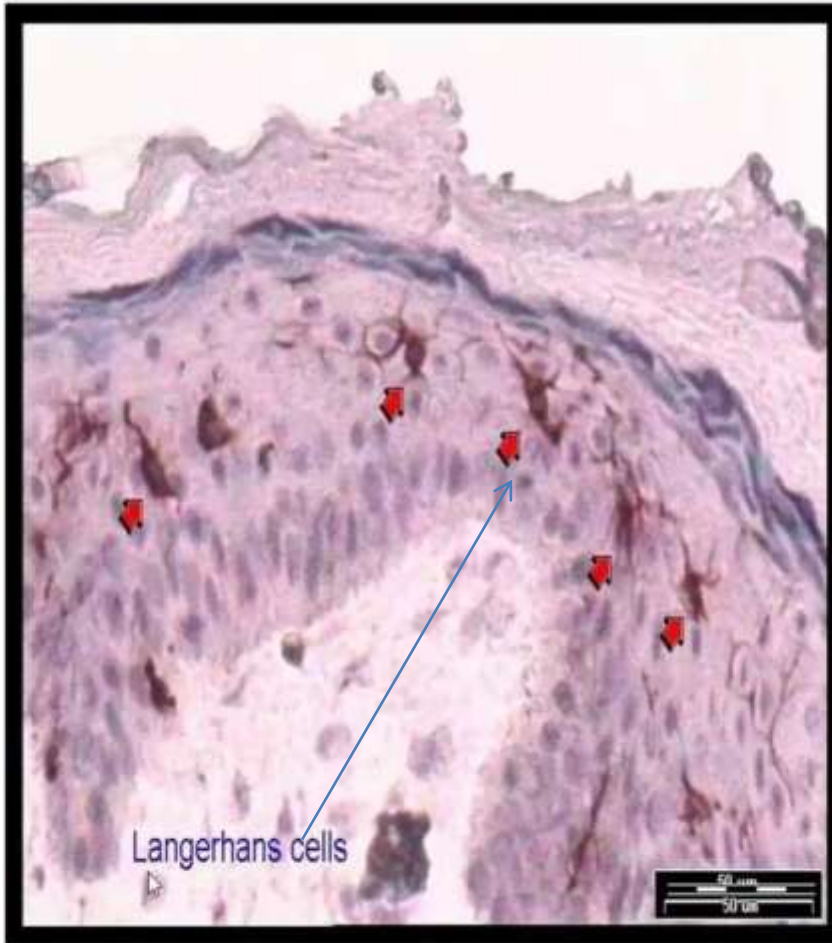


- 4. Photoeczematous dermatitis:
- 5. Primary irritant dermatitis:

**Prolonged
of used
drugs**

**Exposure of
chemical
substances**





مايشوفها

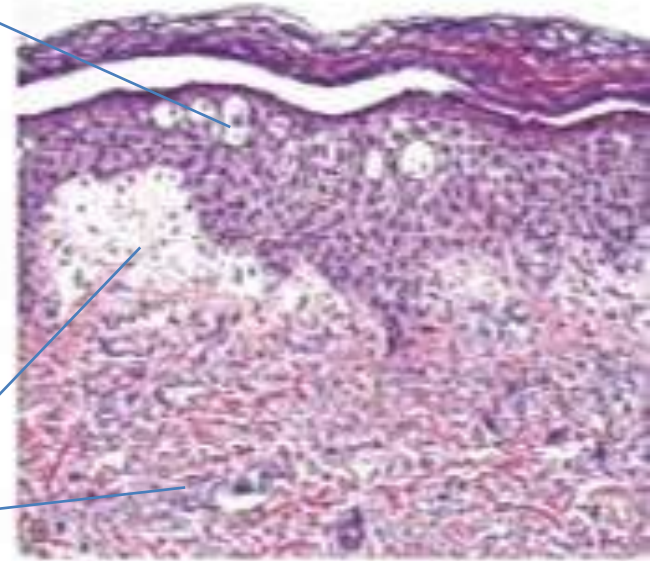
Routine stain

بشوفها

Immune stain

Histology

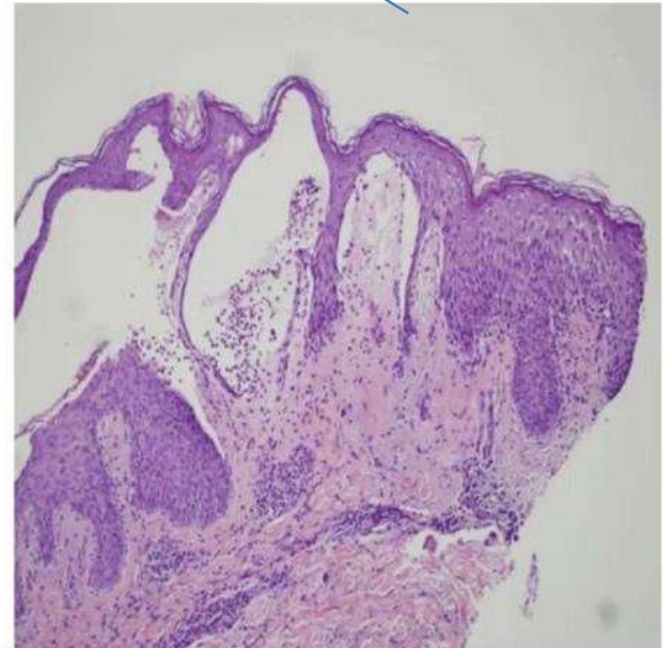
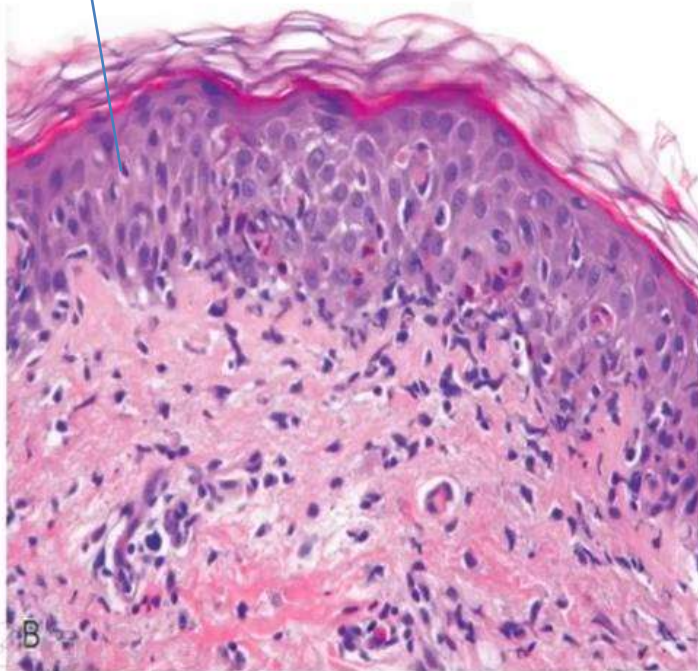
- Spongiosis or epidermal edema, Edema fluid seeps into the
- epidermis, where it splays apart keratinocytes .
- Intercellular bridges are stretched and become more prominent and are easier to visualize.
- superficial perivascular lymphocytic infiltrate
- edema of dermal papillae.
- mast cell degranulation.



- Lesions of acute eczematous dermatitis



- Early lesions show
 - superficial perivascular lymphocytic infiltrate
 - dermal edema
 - margination of lymphocytes along the dermoepidermal junction with apoptotic keratinocytes
-
- With time
 - discrete, confluent zones of basal epidermal necrosis appear, with concomitant blister formation.



**Desquamated –
signal
chronic
dermatosis**



Psoriasis



MORPHOLOGY



well-demarcated, pink to salmon-colored
plaque covered by loosely adherent
silver-white scale



epidermal thickening (acanthosis).
regular downward elongation of the rete
ridges
Increased epidermal cell turnover and
lack of maturation
results in loss of the stratum granulosum
and extensive parakeratotic scale

Clinical Features

تشبه في بدايتها
Fungal infection
Oncomyosis



1-Pemphigus vulgaris:

- **Most common type.**
- **Involves both mucosa & skin of scalp, face, axillae, groin, trunk, & points of pressure.**

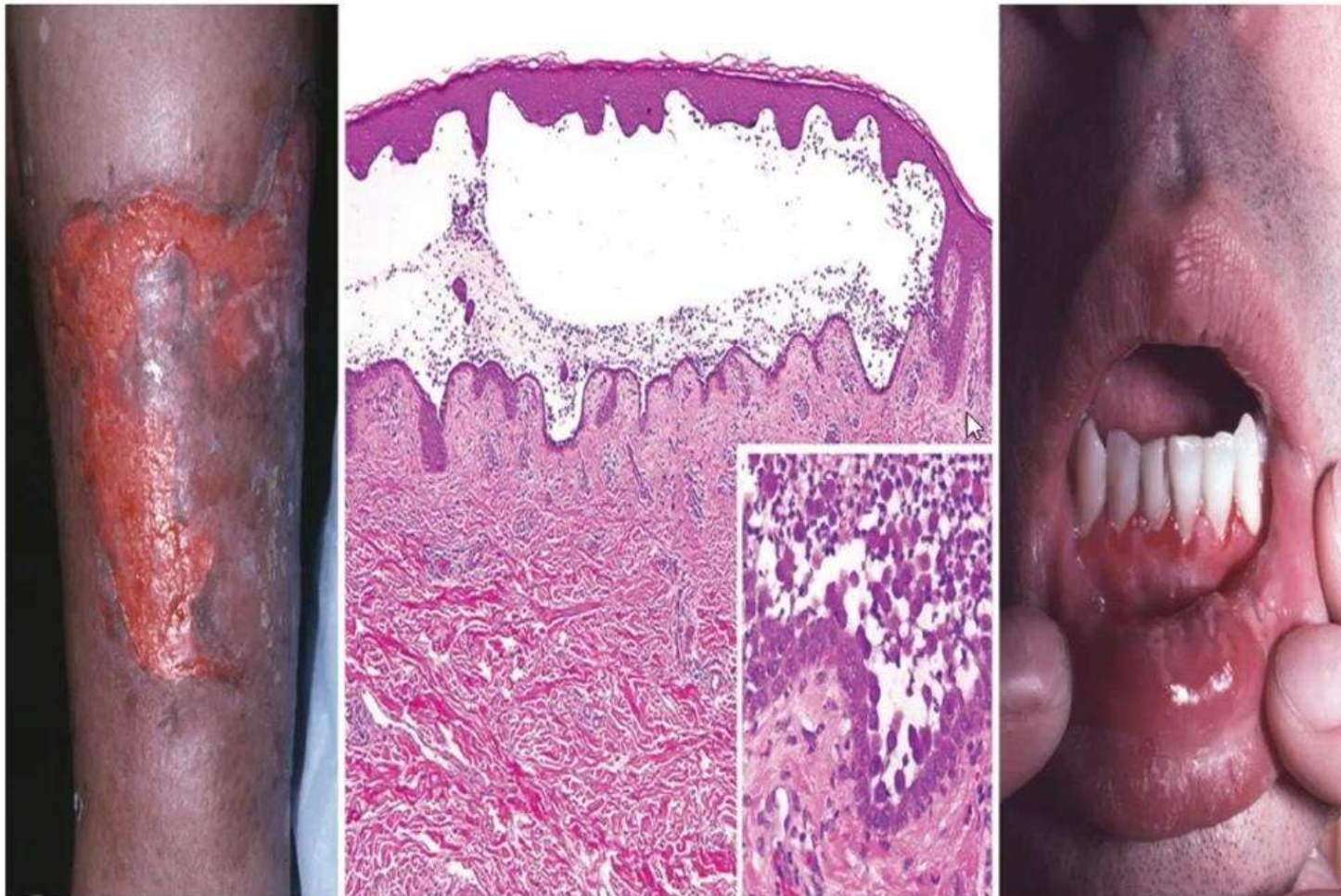
Lesions:

Superficial vesicles & bullae, rupture easily, leaving deep & extensive erosions covered with serum crust.



Pemphigus vulgaris:

Erosion on leg: Group of confluent, unroofed blisters.
Suprabasal acantholysis results in intraepidermal blister.



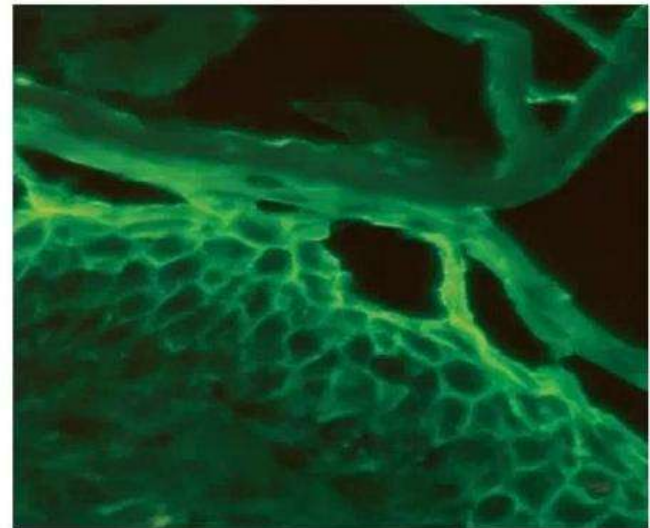
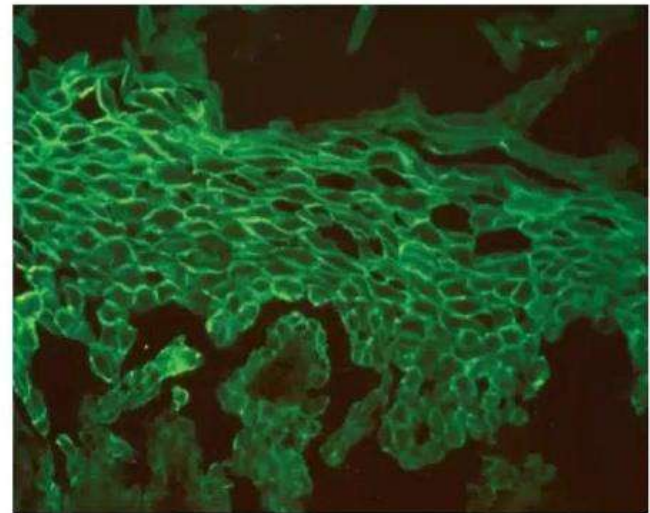
- **Diagnosis: Direct immunofluorescence study:**
Lesional sites show a characteristic fishnet-like pattern of intercellular IgG deposits.

Pemphigus vulgaris:

Uniform deposition of Ig (green) along cell membrane of keratinocytes (fishnet pattern).

Pemphigus foliaceus:

Ig deposits confined to superficial layers of epidermis.



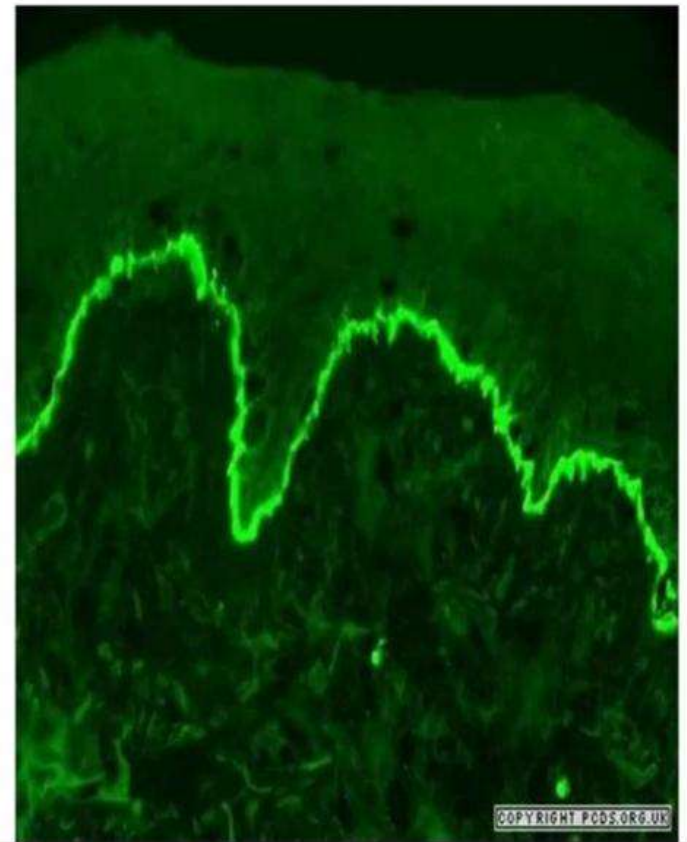
2-Bullous pemphigoid:

Acquired blistering disorder with autoimmune basis.

- Pathogenesis

Blistering is triggered by linear deposition of IgG antibodies in epidermal basement membrane.

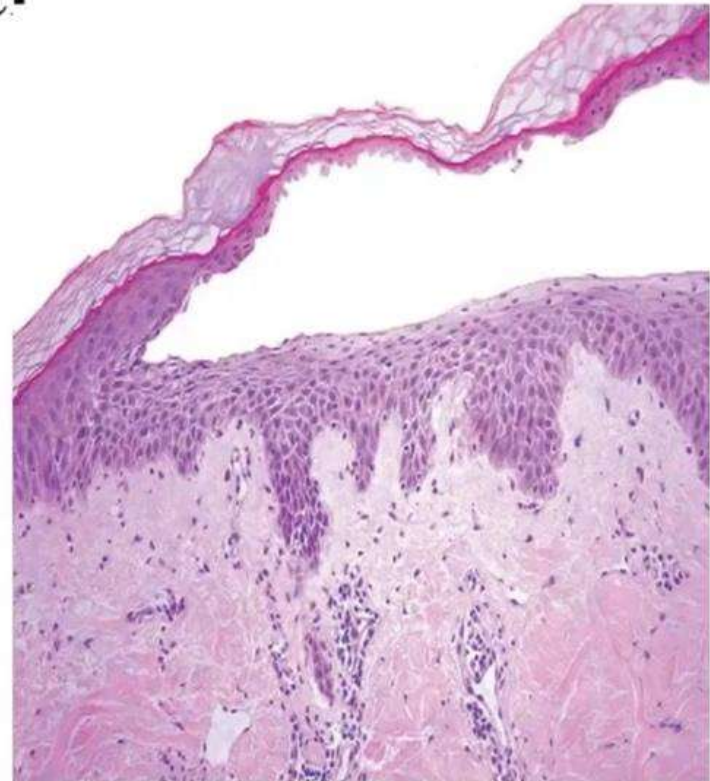
Deposition of IgG antibody detected by direct immunofluorescence as linear band outlining the subepidermal basement membrane zone



Pemphigus foliaceus:

Gross appearance of typical blister, less severely eroded than those seen in pemphigus vulgaris.

Microscopic: Characteristic subcorneal blister

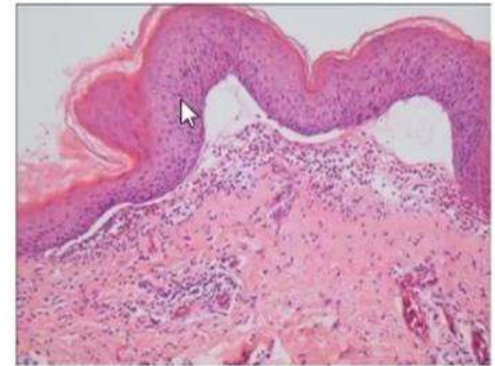


2-Pemphigus foliaceus:

- Rare, more benign form of pemphigus.
- Bullae confined to skin.
- Infrequent involvement of mucous membranes.
- Blisters are superficial with more limited zones of erythema & crusting of ruptured blisters.



- Morphology: Grossly:
 - Tense bullae filled with clear fluid.
 - Subepidermal nonacantholytic blisters.
 - Perivascular infiltrate of lymphocytes & eosinophils.
 - Superficial dermal edema.
 - Basal cell vacuolization gives rise to fluid-filled blister.
 - Blister roof consists of full thickness with intact intercellular junctions so epidermis not rupture easily.
- (Key distinction from blisters in pemphigus)



Bullous pemphigoid.

Gross appearance of tense, fluid filled blisters.



Subepidermal vesicle with inflammatory infiltrate rich in eosinophils.

