Chronic Inflammatory Dermatoses:

- Autoimmune disease
- skin surface in chronic inflammatory dermatoses is roughened as a result of excessive or abnormal scale formation and Shedding

Psoriasis:

- psoriasis increase risk for Heart attack and Stroke and 10% of patients have arthritis.
- T cells home to the Dermis and accumulate in the Epidermis
- T cells secrete cytokines and growth factors that induce keratinocyte hyperproliferation
- 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
- extensive parakeratotic scale: RULE OUT INFECTION
- Nail changes

Lichen Planus:

- Pruritic, purple, polygonal, papules, and plaques 5P
- Violaceous and flat-topped papules highlighted by white dots or lines termed Wickham striae.
- Civatte bodies
- Hyperpigmentation may result from melanin loss into the dermis from damaged keratinocyte
- CD8+ T cell-mediated cytotoxic
- Immune cells attack basal cell layer and the dermo epidermal junction

Lichen Simplex Chronicus:

- manifests as roughening of the skin
- Acanthosis, hyperkeratosis, and hypergranulosis eventual dermal scarring
- response to local repetitive trauma, usually from rubbing or scratching

Pemphigus

- Autoimmune blistering disorder resulting from loss of normal intercellular attachments
- Antibody mediated hypersensitivity reactions. (Type II)
- IgG autoantibodies bind to intercellular desmosomal proteins of skin & mucous membranes.
- Disrupt intercellular adhesive function of desmosomes
- Activate intercellular proteases
- Diagnosis by direct immunofluorescence study

Pemphigus foliaceus:

- Most common and danger type
- Superficial vesicles & bullae, rupture easily
- Suprabasal acantholysis
- frequent involvement of mucous membranes
- in immunofluorescence uniform deposition of IgG (fishnet pattern).

Pemphigus vulgaris:

- benign form of pemphigus.
- Infrequent involvement of mucous membranes
- less severely eroded, subcorneal blister
- in immunofluorescence of IgG deposits confined to superficial layers of epidermis.

Bullous pemphigoid:

- Tense bullae
- In immunofluorescence linear band of IgG deposit in epidermal basement membrane
- Nonacantholytic because the blaster under the epidermis layer
- Superficial dermal edema and basal cell vacuolization