

1. Acute inflammatory dermatoses

- **mononuclear cells rather than neutrophils**, (unlike acute inflammatory disorders at most other sites)

Urticaria:

- HIVES / Raised Wheals / transient smooth papule or plaque
- localized **mast cell degranulation**, which leads to **Dermal microvascular hyperpermeability**.
- Individual lesions usually develop and fade within hours, but episodes can persist for days or even months

Pathogenesis

- Ige dependent: **antigens**
- Ige independent: exposure to substances **directly** incite mast cell degranulation: **opiates / antibiotics**

Treatment

- Antihistamines
- Leukotriene antagonists.
- Monoclonal antibodies that block the action of IGE
- Immunosuppressive drugs

Eczema:

- Erythematous papules > vesicles > ooze > crusted > Pruritus > scaling plaques
- Spongiosis or epidermal edema, splays apart keratinocytes
- mast cell degranulation
- persistent antigen lesions become scaly hyperkeratotic as the epidermis thickens (acanthosis)
- **Children** with **atopic dermatitis** often have **Atopic triad: asthma / allergic rhinitis / atopic dermatitis**

The clinical subtypes include:

- Allergic contact dermatitis: allergen and irritation is caused by **delayed hypersensitivity reactions**.
- Atopic dermatitis: **defects in keratinocyte barrier function**
- Drug-related eczematous dermatitis: Hypersensitivity reaction to a **drug**
- Photoeczematous dermatitis: abnormal reaction to **UV or visible light**
- Primary irritant dermatitis: **substances** chemically, physically, or mechanically damage the skin

Erythema Multiforme:

- Autoimmune disease caused by CD8+ **cytotoxic T lymphocytes**
- cytotoxic T cell attack on the **basal cells** of cutaneous and mucosal epithelia
- macules, papules, vesicles, and bullae (hence the term multiforme)
- **Well-developed lesions** have a characteristic “**targetoid**” appearance
- dermal edema and with time **basal epidermal necrosis** with **blister formation**

the cause of erythema multiforme

- herpes simplex
- mycoplasma
- Drugs (PHASS): Sulfonamides / Penicillin / Salicylates / Hydantoins / anti-malarials

Erythema multiforme **caused by medications** may progress to more serious eruptions such as

- Stevens-Johnson syndrome
- toxic epidermal necrolysis