

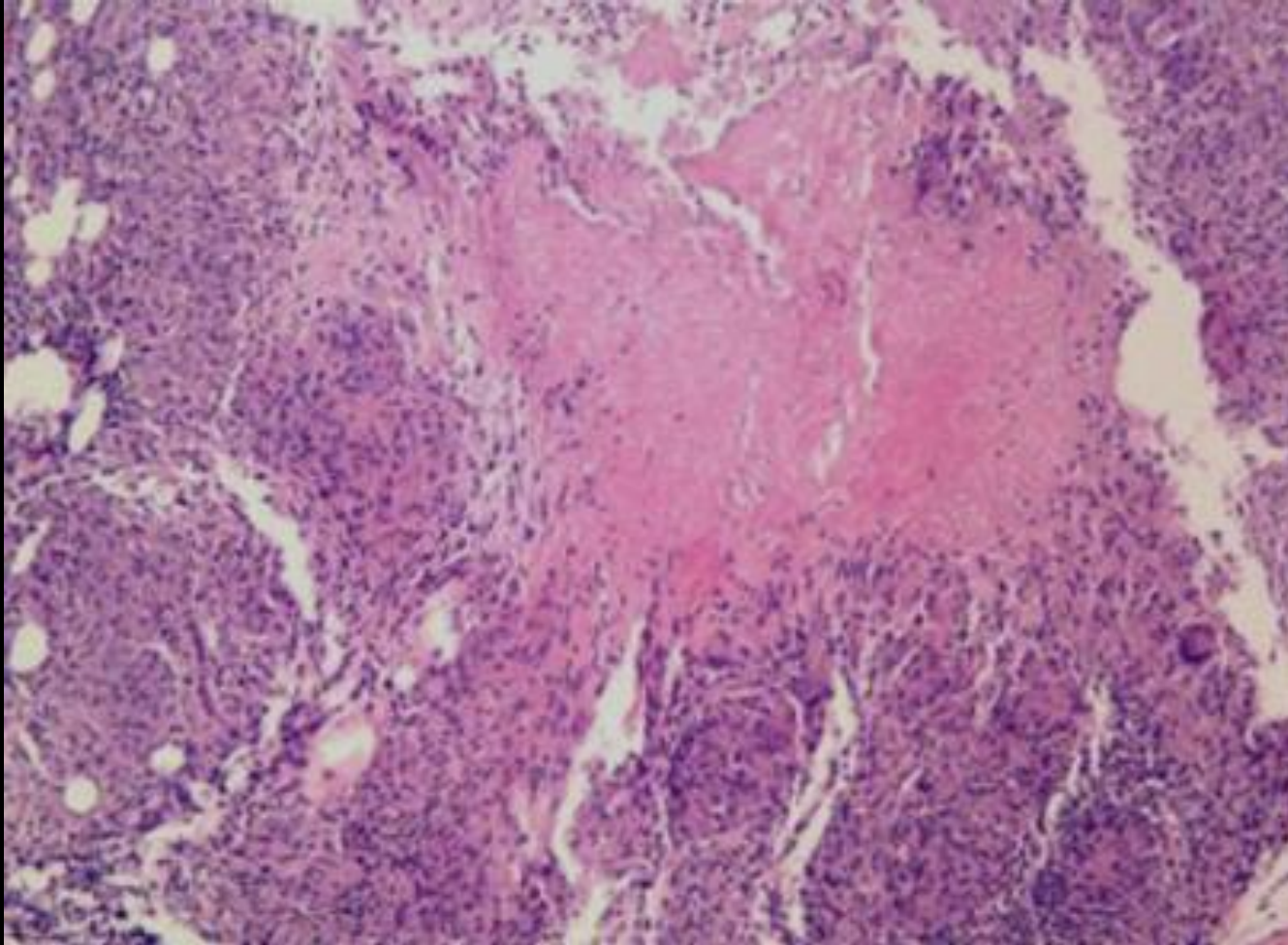


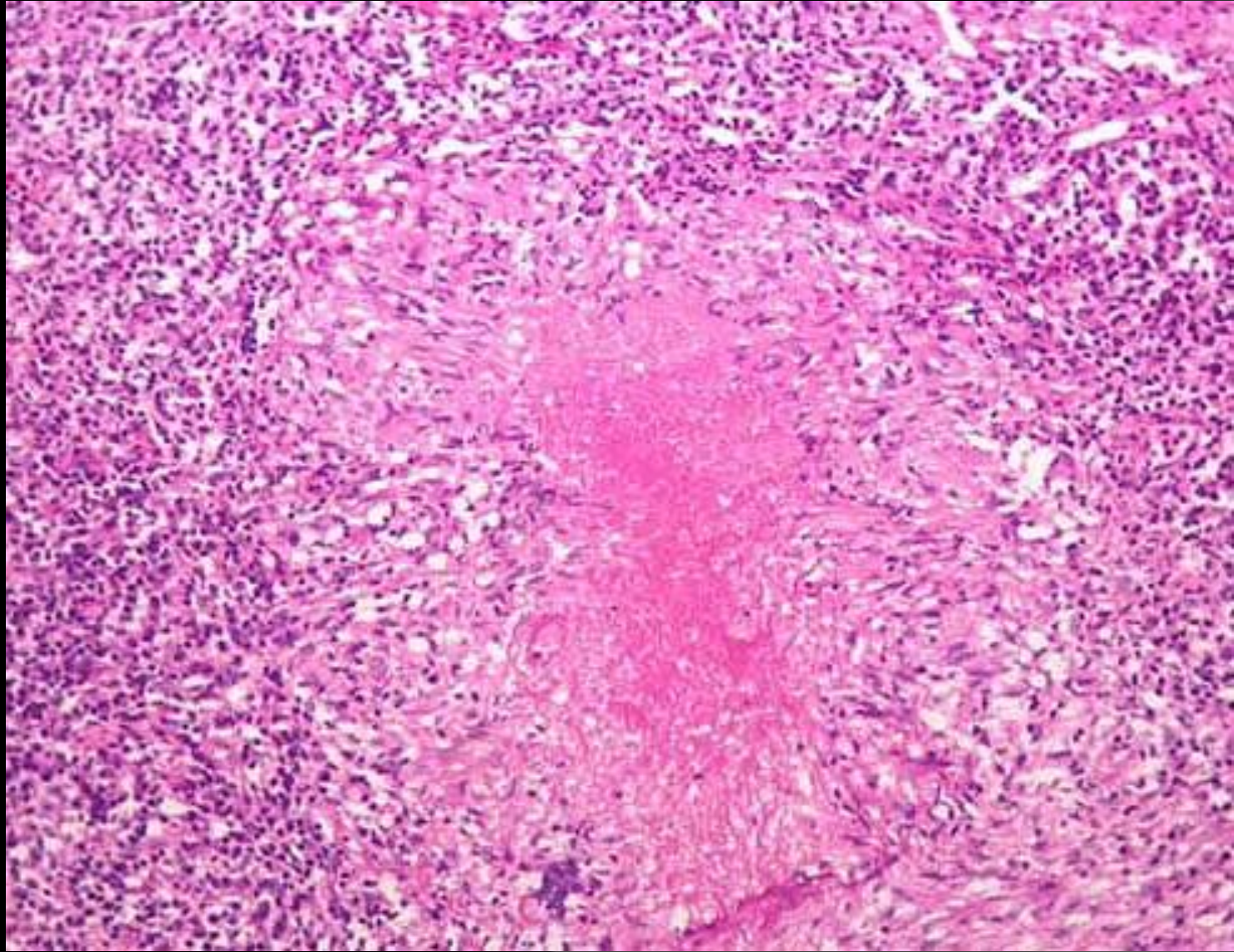
IAP 2017

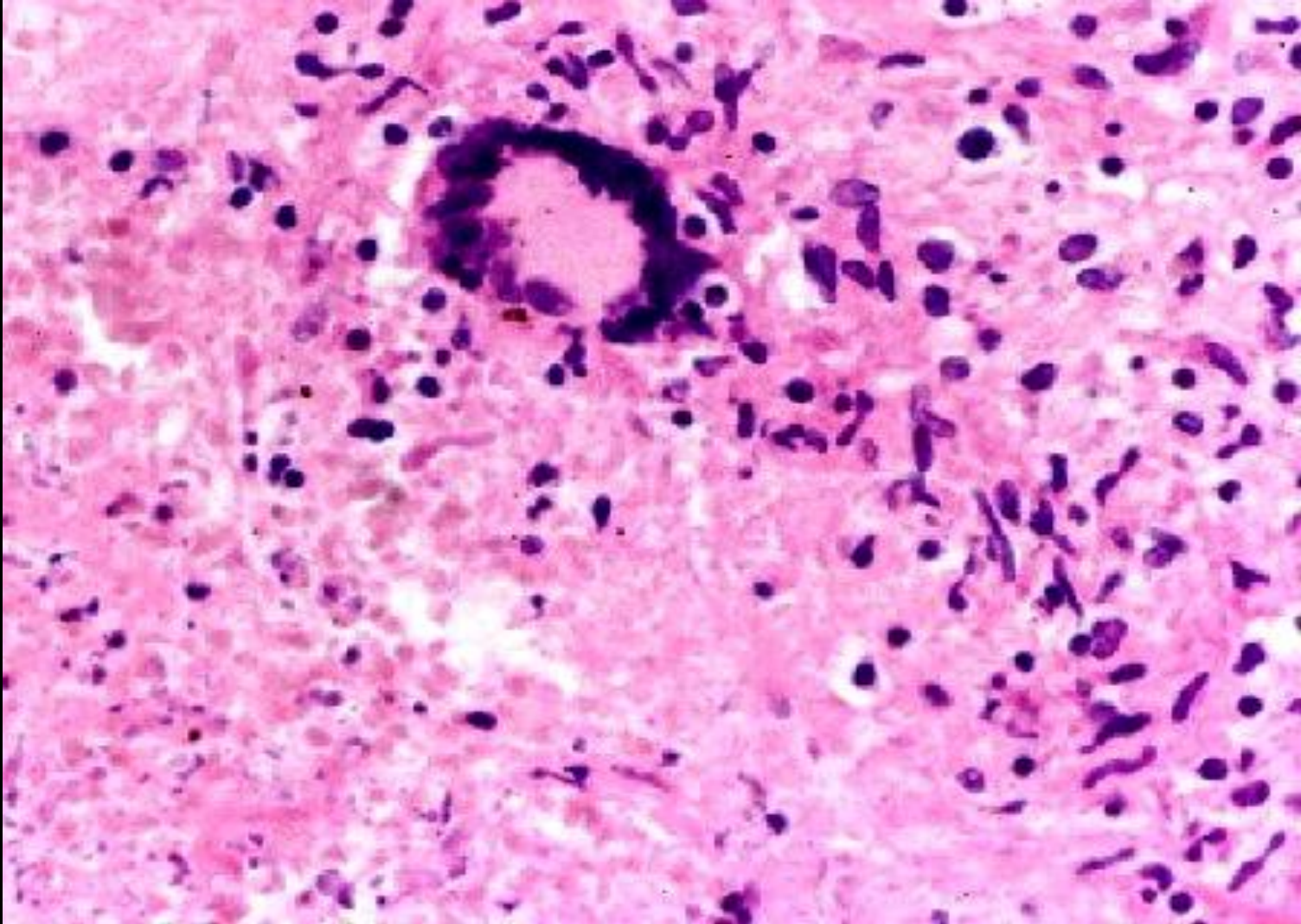
Asst Prof Yingluck Visessiri, MD
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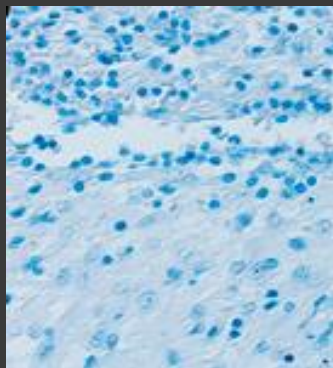
A 40-year old male with follicular papule and pustule at central face area for 3 months



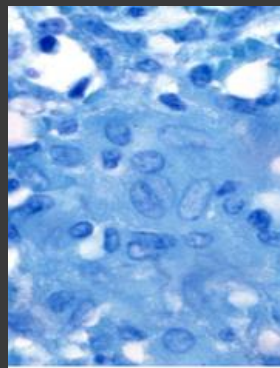




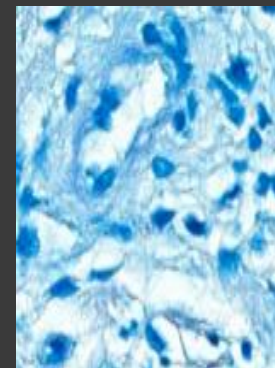




GMS- Neg



AFB-Neg



Fite stain - neg



HISTOPATHOLOGICAL DIFFERENTIAL DIAGNOSIS

CASEOUS GRANULOMA

INFECTION

-MYCOBACTERIUM

- : Primary cutaneous tuberculosis
- : Lupus vulgaris
- : Tuberculosis verrucosa cutis

- ATYPICAL MYCOBACTERIUM INFECTION

REACTION TO ACTIVE TUBERCULOSIS INFECTION

(Lesion improve after TB treatment)

- LICHEN SCROFULOSORUM

NON INFECTION

-Granulomatous Rosacea

- Lupus miliaris disseminatus faciei



INFECTION

ATYPICAL MYCOBACTERIUM INFECTION

CLINICAL:

SOLITARY OR MULTIPLE NODULE, ABSCESS, ULCER OR VERRUCOUS PLAQUE OR SINUS TRACT
SOMETIME SPOROTRICHOID

HISTO

SUPPURATIVE GRANULOMATOUS INFLAMMATION WITH OR WITHOUT CASEATION

SPECIAL STAIN

AFB OR FITE STAIN MAY POSITIVE



INFECTION

TUBERCULOSIS

CLINICAL : TUBERCULOSIS OF SKIN HAS MANY CLINICAL SUBTYPE

HISTO : ONLY SOME FORMS CAUSE CASEOUS GRANULOMA

: OTHER FORMS CAUSE SUPPURATIVE GRANULOMA

SPECIAL STAIN : AFB STAIN AND CULTURE ARE DEFINITE



INFECTION

TUBERCULOSIS

	PRIMARY TUBERCULOSIS	LUPUS VULGARIS	TUBERCULOSIS VERUCOSA CUTIS
	Infection to skin follow direct inoculation	Reactivation in patient with good immunity	Direct inoculation in patient with high immune
CLINICAL	Crust,ulcer with regional adenopathy	Reddish brown apple jelly patch or plaque	Solitary purulent verrucous plaque
HISTO	Granulomatous inflammation with caseous usually, but not always	Granulomatous inflammation with caseous usually, but not always	Neutrophilic microabscess Granuloma with sometime caseation
SPECIAL STAIN	AFB - positive	AFB- positive	AFB- positive



REACTION TO ACTIVE TUBERCULOSIS INFECTION

LICHEN SCROFULOSORUM

CLINICAL : LICHENOID PAPULE, SOMETIME FOLLICULAR, MOSTLY ON TRUNK

HISTO : GRANULOMATOUS INFLAMMATION WITH OR WITHOUT CASEATION OFTEN AROUND FOLLICLE

SPECIAL STAIN : AFB - ALWAYS NEGATIVE

NON INFECTION



ROSACAE

CLINICAL

- Erythematous papule, pustule and or telangiectasia on central face
- Granulomatous rosacea : yellow-brown nodule
- History of flushing with consumption of hot liquid, alcohol, spicy food or exposure to cold or wind

HISTO

Depend on stage of disease

- Nonpustular lesion : mixed perivascular and perifollicular inflammation with lymphocyte, plasma cell and histiocyte
- Pustular lesion : the number of neutrophil are increase , especially perifollicular epithelium
- Granulomatous form : result from ruptured of hair follicle with or without central necrosis (indistinguished from caseous necrosis)



GRANULOMATOUS ROSACAE



HISTOLOGY IDENTICAL TO



LUPUS MILIARIS DISSEMINATUS FACIEI



IN THIS CASE

INFECTION

-MYCOBACTERIUM
(no evidence from PCR
and culture)

- ATYPICAL MYCOBACTERIUM

(Negative special stain,
no evidence from PCR
and culture)

REACTION TO ACTIVE TB
(Lesion improve after treat TB)

-LICHEN
SCROFULOSORUM

(Not fit
This patient: multiple papule at
central face , especially periorbital
area in young adult)

NON INFECTION

-GRANULOMATOUS
ROSACAE
(No flushing or
telangiectasia)

-LUPUS MILIARIS
DISSEMINATUS
FACIEI (LMDF)



LUPUS MILIARIS DISSEMINATUS FACIEI (LMDF)



LUPUS MILIARIS DISSEMINATUS FACIEI (LMDF)

- Uncommon
- Chronic dermatosis with abrupt development
- Asymptomatic single to multiple, 1-3 mm brown to yellow dome shape papule
- Symmetrical distribution
- Involve the central and lateral face with periorbital area
- Most commonly affect young adult
- Spontaneous resolution in 1-4 year with pitted scar

LUPUS MILIARIS DISSEMINATUS FACIEI (LMDF)





LUPUS MILIARIS DISSEMINATUS FACIEI (LMDF)

SYNONYME

- ACNE AGMINATA
- ACNITIS
- PAPULAR TUBERCULID
- LUPOID ROSACAE
- FACIAL IDIOPATHIC GRANULOMA WITH REGRESSING EVOLUTION



LUPUS MILIARIS DISSEMINATUS FACIEI (LMDF)

MICROSCOPIC FINDING

- Superficial granulomatous inflammation with caseous necrosis that often in perifollicular distribution



LUPUS MILIARIS DISSEMINATUS FACIEI (LMDF)

- Etiology and pathogenesis is unknown
- Consider by some to be part of a spectrum between granulomatous rosacea and sarcoidosis
- Other postulate an immune response to ruptured follicle



Keypoint

CASEOUS GRANULOMATOUS INFLAMMATION



MYCOBACTERIUM INFECTION

Thank you for your attention