FROM UKRAINE WITH
CHALLENGING CASES

Professor Svyatenko T.V.
Dnepropetrovsk Medical Academy, Ukraine
Center Dermatology and Cosmetology, Dnepropetrovsk, Ukraine

DISCLOSURES
I do not have any relevant relationships with industry.
I DO NOT HAVE ANY CONFLICT OF INTEREST RELATED TO MY PRESENTATION
CASE № 1.

- 38-year-old female patient, Caucasian
- **Reason for visit:**
  - Itchy skin lesions since age 15, with use of betamethasone ointment as self-treatment improving the itching.
- **Medical history:**
  - No personal history of any skin diseases previously, otherwise in good general health.
  - For the last 23 years from the first manifestation of skin lesions, the patient consulted various doctors
  - Patient was treated for lichen planus, lichen simplex chronicus Vidal
Clinical findings I
Clinical findings II
Histology I

Hematoxilene-eosine (HE)
Discrete orthokeratosis, spongiosis, cystic degeneration with vacuolization of the follicular epithelium and moderate inflammatory infiltrate, (lymphocytes, histiocytes, in lesser abundance plasmocytes and eosinophils, predominantly located in the perifollicular area.

Stains – with hematoxylin-eosin, magnification x100

Alcian blue staining
Cystic spaces acquired bluish character of tone, confirming the presence of mucin inside.

Stains – with alcian blue, magnification x400
• CASE № 1. FOLLICULAR MUCINOSIS (FMU)
CASE № 2.

- **Gender**: Female
- **Age**: 57 years old
- **Reason for visit**: developed ulcer, itching
- **Medical history**: Patient was admitted to our clinic with developed ulcer, itching. This condition appeared in 20 years.
Dermatopathology findings

Stains – with hematoxylin-eosin, magnification x200

Is represented by compact areas, well delineated and invading the dermis, apparent with no connection with the epidermis. Cells resemble normal basal cells (small, monomorphous) and are disposed in palisade at the periphery of the tumor nests, but are spindle-shaped and irregular in the middle. Tumor clusters are separated by a reduced stroma with inflammatory infiltrate.
CASE № 2. BASAL CELL CARCINOMA
CASE № 3.

- 49-year-old male patient, Caucasian
- **Medical history:** according to the patient, the rash appeared all of a sudden 2 years ago, with no pain or severe itching. No triggering accidents can be recalled.
- The process progresses slowly. He repeatedly contacted dermatologists and was treated with the diagnosis: multiple warts? Lichen planus? Atopic dermatitis? – without any effects, also after administration of the local and oral corticosteroids therapy a positive
Clinical findings
Histological investigation showed epidermis without changes, multiple epithelioid-cell granulomas are determined in papillary and reticular dermis with the presence of single giant polynuclear cells. Granulomas have clear boundaries, with the presence of single lymphocytes around some of them. When painting on Alcian blue PAS + cells of fungi have been identified.
• CASE № 3. CUTANEOUS SARCOIDOSIS
CASE No 4.

- 46-year-old male patient, Caucasian

Reason for visit:
- skin lesions since age 34

Medical history:
- No personal history of any skin diseases previously, otherwise in good general health.
- For the last 34 years from the first manifestation of skin lesions, the patient consulted various doctors
- Patient was treated for lichen planus, lichen simplex chronicus Vidal, psoriasis
Histological investigation showed productive chronic inflammation with the formation of epithelioid cell granulomas, the presence of multinucleated giant cells.
Information of common status

Spiral computed tomography of the thoracic cavity: multiple foci of 1-2 mm d in both lungs, increased pulmonary pattern, the expansion of the lung roots mediastinal lymphadenopathy. According to ultrasound, peripheral lymph nodes: generalized hyperplasia of the peripheral lymph nodes, splenomegaly.
CASE № 4. SYSTEMIC SARCOIDOSIS WITH COMBINED CUTANEOUS SARCOIDOSIS
Case № 5.

Gender of patient – male patient, Caucasian

Age of patient - 50-year-old

Reason for visit skin lesions appeared 6 months ago, itch

Medical history:

For the last 6 months from the first manifestation of skin lesions, the patient consulted various doctors

Patient was treated for pyoderma without any effect
Histological examination (stains: hematoxylin-eosin, periodic acid - Schiff (PAS) reaction): single-chamber pustules under the horny layer of the epidermis, containing epithelial cells, neutrophils, fibrin strands, individual eosinophils and lymphocytes. Spongiosis, acanthosis and exocytosis. In the papillary dermis - edema and perivascular infiltrates consisting of histiocytes, lymphocytes, neutrophils and eosinophils.
• Case № 5. SUBCORNEAL PUSTULAR DERMATOSIS (SNEEDDON-WILKINSON DISEASE)
Case № 6.

Gender of patient – male patient 8-year-old, Caucasian

Reason for visit complaints of demarcated itching in the area of scars on the skin of buttocks, torso and limbs. These scars have been constantly forming for three years after enduring the Lyell's syndrome, caused by the intake of phenobarbital to cure epilepsy.
Clinical findings
• Documentation of clinical and histological findings (stains – with hematoxylin-eosin, magnification x100)
• CASE № 6. MASSIVE KELOIDS AFTER LYELL'S SYNDROME IN AN EIGHT YEARS CHILD