A violaceous plaque on the arm
Disseminated pink papules

Catherine G. Chung, M.D.
Case 1

• 55 y.o. male smoker
• Red to violaceous irregular indurated plaque on the L upper arm
  – Started with burning sensation within 1 hour of applying nicotine patch 3 months prior
  – Gradually worsening Sx, bleeding
Additional history

• First application of nicotine patch, discontinued thereafter
• History of multiple toe and R arm below elbow amputations due to PVD
• ESRD
• HHV-8 negative
ARS!
What is the diagnosis?

1) Calciphylaxis
2) Angiosarcoma
3) Diffuse dermal angiomatosis
4) Contact dermatitis to nicotine patch
5) Kaposi’s sarcoma
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DDA

• Variant of reactive angioendotheliomatosis
  – Acroangiodermatitis, Pseudo-Kaposi’s sarcoma
• Livedoid or reticulate violaceous plaques
  – freq. ulceration
• Lower legs, abdomen, or pendulous breasts in pts with severe atherosclerosis
• Differentiate from malignant vascular tumors
  – Angiosarcoma, Kaposi’s: nuclear atypia
What is the diagnosis?

1) **Calciphylaxis**
   - Stellate plaques, necrosis; hx ESRD
   - Ca$^{2+}$ in walls of sm-med vessels in dermis and subcutis
2) **Angiosarcoma**
   - Slit-like vasc. spaces without well-formed vessels
   - Nuclear atypia, high mitotic activity
3) **Diffuse dermal angiomatosis**
4) **Contact dermatitis to nicotine patch**
   - Spongiosis, epidermal necrosis
5) **Kaposi’s sarcoma**
   - HHV-8 pos.
DDA

• Revascularization mainstay of therapy
• Topical, intralesional steroids locally
S/p clobetasol x 6 wks
Case 2

- Clinical history: “pink papules”
- Biopsy site: R hand
Additional history

• Dermal cells CD68-positive
ARS!
What is your diagnosis?

1) Granuloma annulare
2) Fibroblastic rheumatism
3) Superficial acral myxoma
4) Scleromyxedema
5) Mucinous nevus
Additional clinical history
ARS!
What is your diagnosis?

1) Granuloma annulare
2) Fibroblastic rheumatism
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4) Scleromyxedema
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• Diagnosis: Scleromyxedema (generalized lichen myxedematosus)
Scleromyxedema

• Diagnostic criteria
  1. Generalized papular and sclerodermoid eruption
  2. Evidence of monoclonal gammopathy
     • Usually IgG lambda
  3. Pathologic triad: dermal mucin, increased collagen deposition, fibroblast proliferation
  4. Absence of thyroid disease
Pathologic triad
dermal mucin, increased collagen deposition, fibroblast proliferation

Scleromyxedema with an interstitial granulomatous-like pattern: a rare histologic variant mimicking granuloma annulare

Scleromyxedema is the generalized and sclerodermoid form of lichen myxedematosus. Its typical histological features include a diffuse deposition of mucin in the papillary and mid reticular dermis, an increased of collagen deposition, and a proliferation of irregularly arranged fibroblasts. We describe a 76-year-old man presenting with

Franco Rongioletti, Emanuele Cozzani and Aurora Parodi
Section of Dermatology, DISEM, University of Genoa, Italy
• 34 patients diagnosed with scleromyxedema
  – Two histologic patterns
  1. Classic triad: CD68 neg. (87.5%)
  2. Interstitial GA-like: CD68 pos. (12.5%)
• “Everything is clinical-pathologic correlation”
• Thank you!
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