Clinical Pearls:

1) Pediatric Discoid Lupus Erythematous
   a. Clinical presentation
      i. Early lesions may have atypical clinical morphology, but occur in a similar
distribution as adult DLE
      ii. Pediatric DLE has a greater association with systemic disease than adult DLE
   b. Histology
      i. Pediatric DLE is often misdiagnosed histologically
      ii. Compared to adult DLE, there is a denser (sometimes pseudolymphomatous)
infiltrate, less epidermal alteration, less interface changes, and less mucin
deposition

2) Amyloid elastosis
   a. Rare form of cutaneous amyloidosis
      i. Most cases occur in the setting of systemic amyloidosis
      ii. May present as plaque, nodule, or area of induration
   b. Histology is subtle
      i. Amyloid deposits on elastic fibers, displaying a "fishbone" appearance
      ii. Clinical suspicion and awareness of histologic findings are important for
accurate diagnosis
   c. Treatment consists mainly of treating the underlying disorder

References: