IADVL
Color Atlas of Dermatopathology

Indian Association of Dermatologists, Venereologists and Leprologists
Dedicated to

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Late Dr MB Gharpuray
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Foreword

Dermatopathology is the backbone of dermatology. Sound knowledge of dermatopathology enhances the prowess of a clinician. Dermatology being a visual specialty, makes it easier for a clinician to learn dermatopathology. It is, therefore, not surprising that so many dermatopathologists are also clinical dermatologists.

The idea of an atlas in dermatopathology was conceived five years back when I was the convenor of special interest group of dermatopathology. I am happy it is being published now; this has been completed in one year, which speaks about the commitment of our authors and the hard work put in by the editor Dr Pradeep Mahajan.

The atlas seeks to fill a void; there are hardly any atlases of this type by Indian authors, and hence, I am sure it will be welcomed by all. The atlas is all encompassing with around 1,500 images. The format makes it easy to learn and will be useful to both residents and practitioners in both dermatology and dermatopathology.

In the days when basic sciences are facing existential challenges and being pushed to the background by the onslaught of cosmetic procedures, it is important that associations and teachers nurture and develop this subspecialty to ensure proper development of the subject and also training of residents for the future. This project, therefore, has been particularly satisfying to initiate and oversee.

I congratulate the editor-in-chief, all the editors and the contributors for the excellent work and hope that the book will prove useful to all.

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It is with a sense of fulfillment that we pen this message for the *IADVL Color Atlas of Dermatopathology*. This book, edited by Dr Pradeep Mahajan, is a unique project of the IADVL Academy and the brainchild of Dr Venkataram Mysore, the outgoing IADVL President. The desire to create it was ignited by the renewed interest in this specialty, especially among our young members, and the continued realization of its importance in the diagnosis of dermatoses when the clinician is in a dilemma.

The creation of this atlas has necessitated obtaining good and typical photomicrographs of common and rare conditions from the collections of dermatopathologists from India and abroad. That it has been prepared in less than a year under exceptionally tight deadlines is a tribute to the editors. We fervently hope that this atlas encourages young dermatologists to take up this enchanting specialty as their chosen path. Its unique format will ensure that dermatologists and pathologists will be able to scan through the images to correlate them with the histopathology of lesions pertaining to their patient.

It is hoped that this book, along with the other two prepared under the aegis of the IADVL Academy this past year, would find a place in every Indian dermatologist's library. Its acceptance by our members would be the true culmination of the efforts taken towards its completion.

**Col Manas Chatterjee**  
Chairman  
IADVL Academy

**Ameet Valia**  
Convenor and Chairperson Designate  
IADVL Academy
Preface

Dermatopathology is a rapidly developing specialty in India, and this book, an IADVL Presidential Project conceived by Dr Venkataram Mysore, is a major attempt to strengthen it.

I hope this atlas reflects the science, practice and art of dermatopathology in India. While not an exhaustive display of all dermatology conditions, it showcases the histology of common skin disorders in a systematic manner.

The contents are entirely the result of the relentless efforts of eminent dermatopathologists from India and all over the globe, who sent images of a very high standard.

I am not just thankful, but indebted, to the IADVL office bearers (Dr Venkataram Mysore, IADVL President; Dr Rashmi Sarkar, IADVL Honorary Secretary General; Dr Manas Chatterjee, Chairman, IADVL Academy, and Dr Ameet Valia, Convenor, IADVL Academy), the editorial board, the assistant editor, the contributors, and my fellows and postgraduate students, who helped complete the work.

I thank Dr Bhushan Madke, who introduced us to dermatopathologists from US who contributed images of a few uncommon disorders.

I thank all my seniors, friends and students, who sent amazing clinical material whose photomicrographs are included in the atlas.

I am also thankful to Shri Jitendar P Vij (Group Chairman), Mr Ankit Vij (Group President) and Mr Tarun Duneja (Director–Publishing), especially Mr Sabarish Menon, Mr Rajesh Sharma and the team of M/s Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, India, who have supported me throughout the process.

I conclude with a quote:

“I was clever yesterday, 
And I wanted to improve the world
Today I am wise,
And I want to change myself!”

Pradeep Mahajan
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DIFFERENTIAL DIAGNOSIS
1. Lichenoid purpura
2. Lichenoid contact dermatitis
3. Mycosis fungoides
4. Erythroderma
5. Porokeratosis

DIAGNOSTIC PEARLS
1. Lichenoid dermatitis refers to band like infiltrate in the upper dermis obscuring dermoepidermal junction (Lichen Planus) and interface dermatitis refers to presence of basal cell vacuolation and apoptosis (erythema multiforme) (Quoted from McKee's Pathology of the skin with clinical correlations). But these terms are used interchangeably for most diseases included under this section by many dermatopathologists.
2. Older lesions of lichen planus will have minimal inflammation with many melanophages and dilated capillaries in dermis.
3. Mucous membrane lichen planus—show plasma cells which are rare in cutaneous lichen planus.
4. Early pointer to acute graft versus host disease (GVHD) is involvement of follicular epithelium with basal cell vacuolation.
5. The infiltrate in lichen planopilaris does not extend around blood vessels of the mid and deep plexus like lupus erythematosus (LE).
6. Lichen nitidus versus lichen scrofulosorum—The infiltrate in lichen nitidus expands the dermal papilla, the granulomas in lichen scrofulosorum do not cause widening of the papillae and are usually perifollicular.
7. Prominent basal cell vacuolation and presence of mucin are helpful in distinguishing systemic lupus erythematosus (SLE) from polymorphic light eruption.
8. In tumid lupus erythematosus, there is increased dermal mucin and epidermal involvement is uncommon.
9. Only subtle histologic changes with mucin deposition is suggestive of dermatomyositis. The histopathology may be indistinguishable from lupus erythematosus but basement membrane thickening is prominent and colloid bodies are frequent in LE than in dermatomyositis (DM).
10. Lupus band test of involved skin is positive in almost 100% of cases of SLE, while uninvolved skin from sun-exposed areas is positive in about 90% of cases.
11. Lichenoid reaction with spongiotic changes are seen in drug reactions, lichenoid contact dermatitis, lichen striatus.
12. Lichenoid change with granulomatous reaction is encountered in lichen nitidus, lichenoid sarcoidosis, infective reactions including secondary syphilis, herpes zoster, human immunodeficiency virus (HIV) infection, tuberculosis, atypical tuberculosis and some drug reactions.
13. Lichenoid reaction with parakeratosis is a feature of pityriasis lichenoides, lichenoid drug eruptions, lichen striatus, lichen planus-like keratosis, Lichen nitidus.