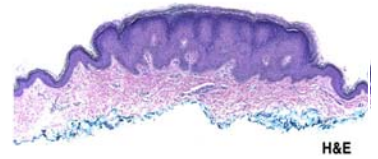


# Yale Dermatopathology

A PRACTICE OF YALE MEDICAL GROUP

**CASE 1**



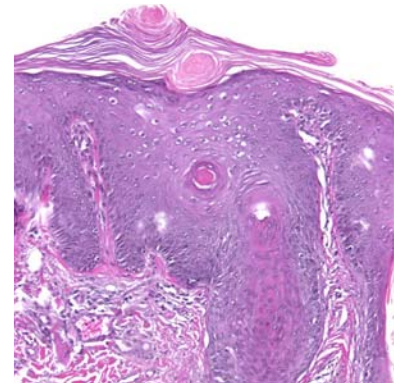
H&E



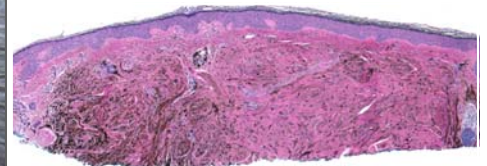
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CK5/6

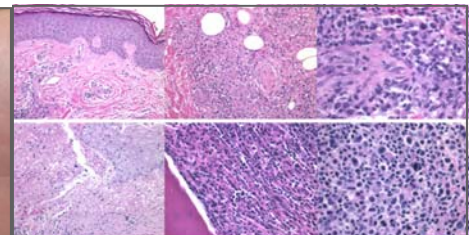
**CASE 2**



**CASE 3**



**CASE 4**



CD3

CD4

CD8

### **Case 1 – Palifermin-associated papular eruption (“PAPE”)**

Palifermin is a keratinocyte growth factor used to reduce the duration and severity of mucositis after stem cell transplantation and myelotoxic chemotherapy. A papular skin eruption resembling lichen planus or plane warts, with histologic features of verruca, may occur. The lesions typically resolve spontaneously over days to weeks, and may recur with subsequent administration of this therapy.

King B, Knopp E, Galan A, Nuovo G, Tigelaar R, McNiff J. Palifermin-associated papular eruption. *Arch Dermatol* 2009; 145(2):172-182.

### **Case 2 – Facial discoid dermatitis**

Facial discoid dermatosis is a recently described condition that presents with persistent facial papules and circular plaques with fine scale. Histopathologically, there is some resemblance to pityriasis rubra pilaris. In a small series of patients, lesions were recalcitrant to various treatments, including topical cortico-steroids, calcipotriene, topical ketoconazole, imiquimod, topical calcineurin inhibitors, and tazarotene.

Ko C, Heald P, Antaya RJ, Bologna JL. Facial discoid dermatosis. *Int J of Derm* 2010; 49:189-192.

### **Case 3 – Blue nevus with satellitosis**

Clinically, common blue nevus with satellitosis is a striking mimic for melanoma with in-transit metastases. This entity is defined by a large central "mother" papule or plaque with multiple nearby smaller satellite macules and papules on a background of normally pigmented skin. The mother lesion and the satellites show histologic features of benign blue nevus. Although quite rare, the natural history appears similar to that of solitary blue nevus.

Knopp E, Diette K, Ko C, Lazova R. Multiple Blue Macules and Papules on the Scalp. *Arch Dermatol* 2009;145:1183-88.

### **Case 4 – Primary cutaneous T-cell lymphoma localized to the leg**

Distinct patterns of lymphoma have been described with preferential localization in the lower extremity, such as leg-type primary cutaneous diffuse large B-cell lymphoma. Recently, unusual cases of T-cell lymphoma have been recognized on the legs of elderly patients, showing dense dermal CD4-positive T-cell infiltrates and limited to absent epidermotropism. Like their B-cell counterparts in the leg, these cases are locally aggressive and are often resistant to therapy, and may represent a unique clinicopathologic subtype of cutaneous lymphoma.

Primary cutaneous T-cell lymphoma localized to the lower leg; a distinct, locally aggressive cutaneous T-cell lymphoma. Poligone B, Wilson LD, Subtil A, Heald P. *Arch Dermatol* 2009;145(6):677-682.

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