

# Self Assessment Cases 31 and 32

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CTA Pathology

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and

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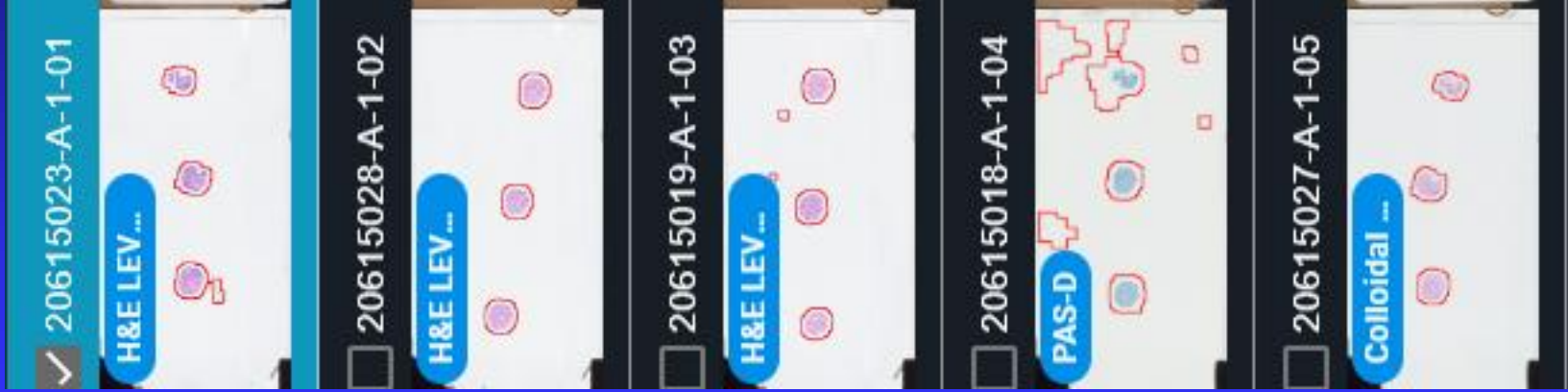
Oregon Health and Science University

## Case 31

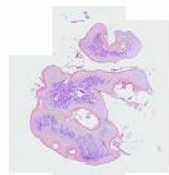
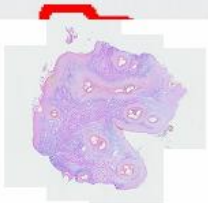
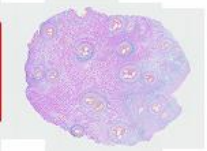
**CLINICAL:** 25 y/o male with asymptomatic focal area of possible scarring hair loss localized on the right vertex scalp with tufted hairs, perifollicular erythema 2+, and follicular hyperkeratosis 2-3+. There is a new 5 mm x 5 mm alopecic patch without follicular openings adjacent to inflammation as well



# Case 31

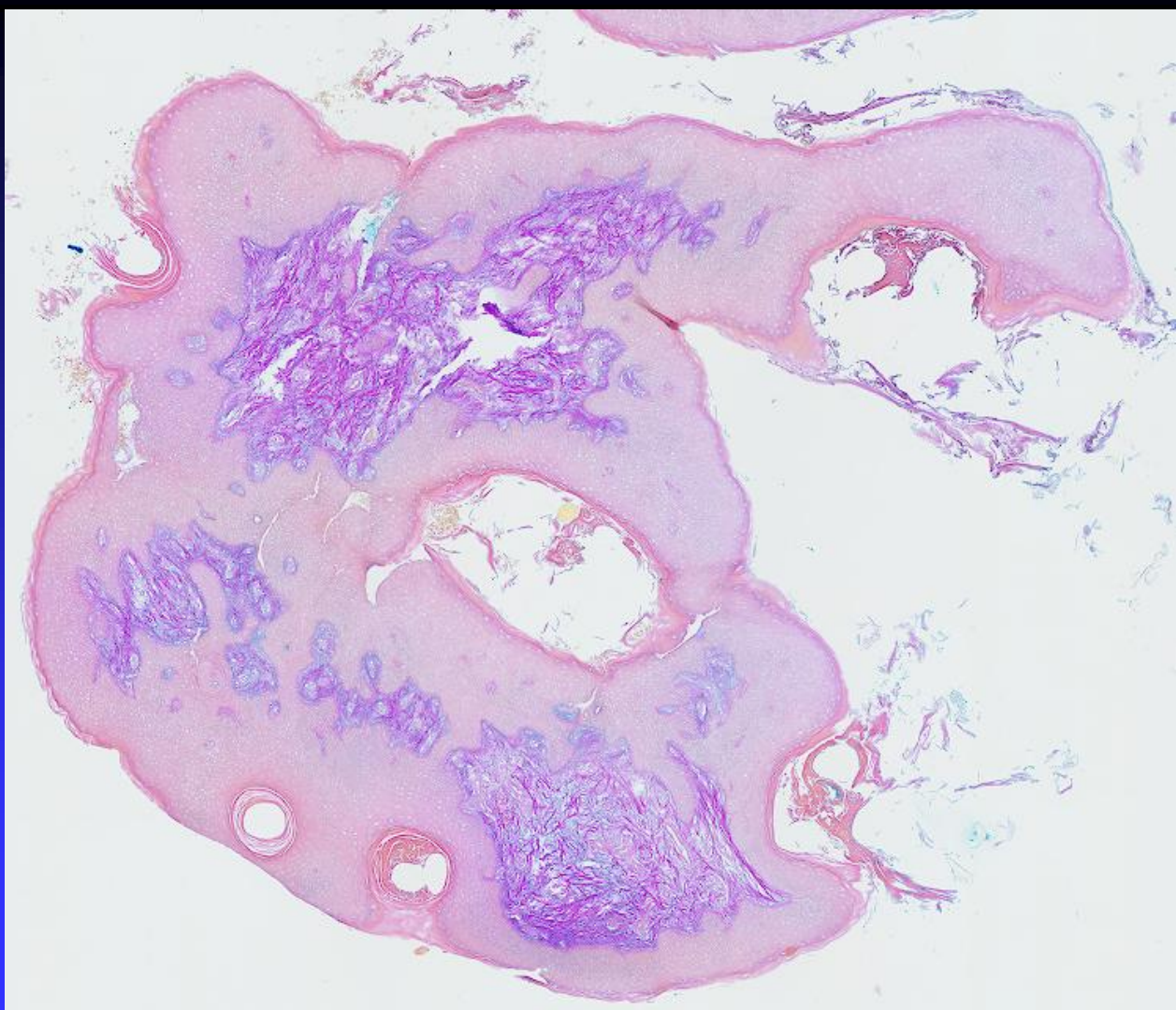


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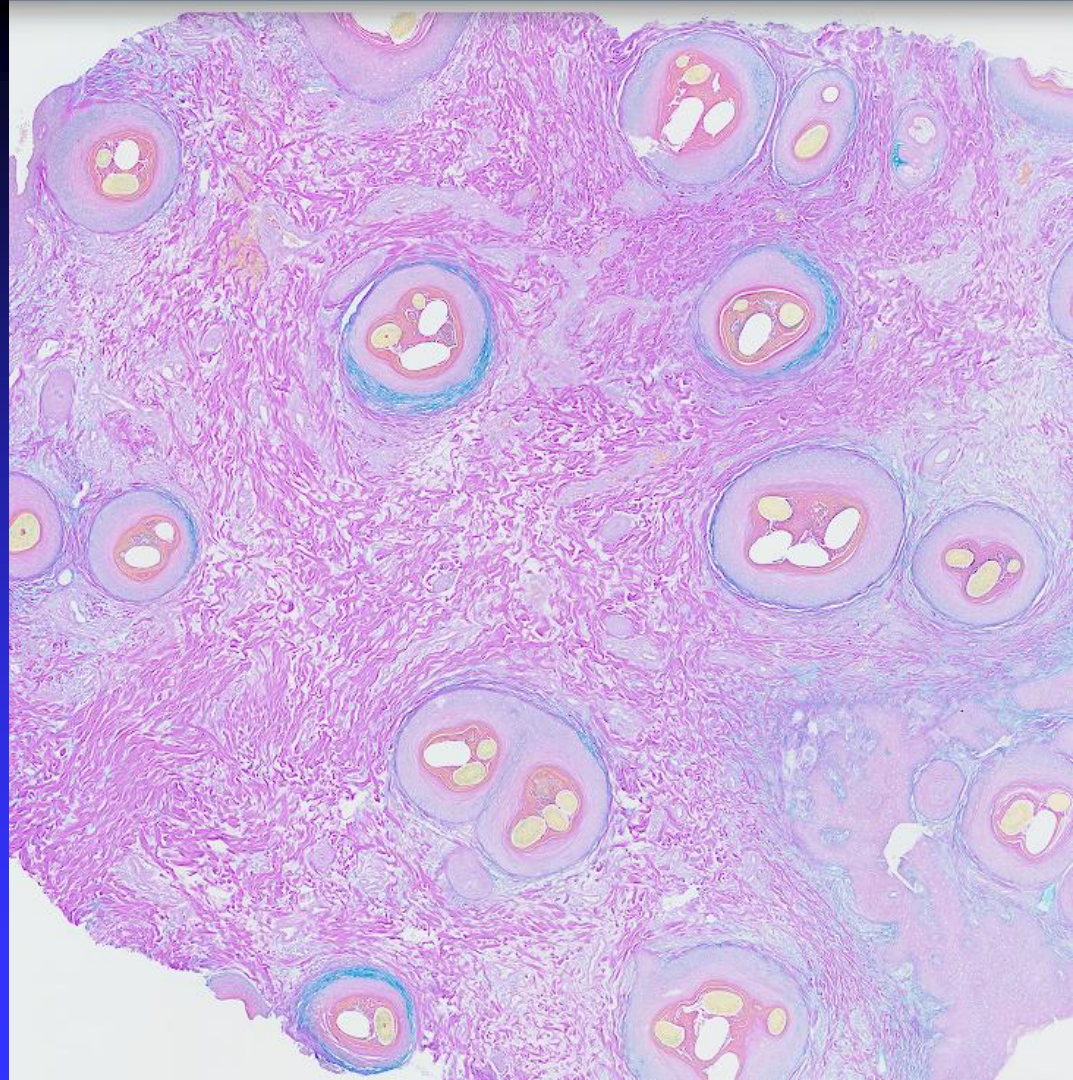


Colloidal Iron  
CTA

# Case 31



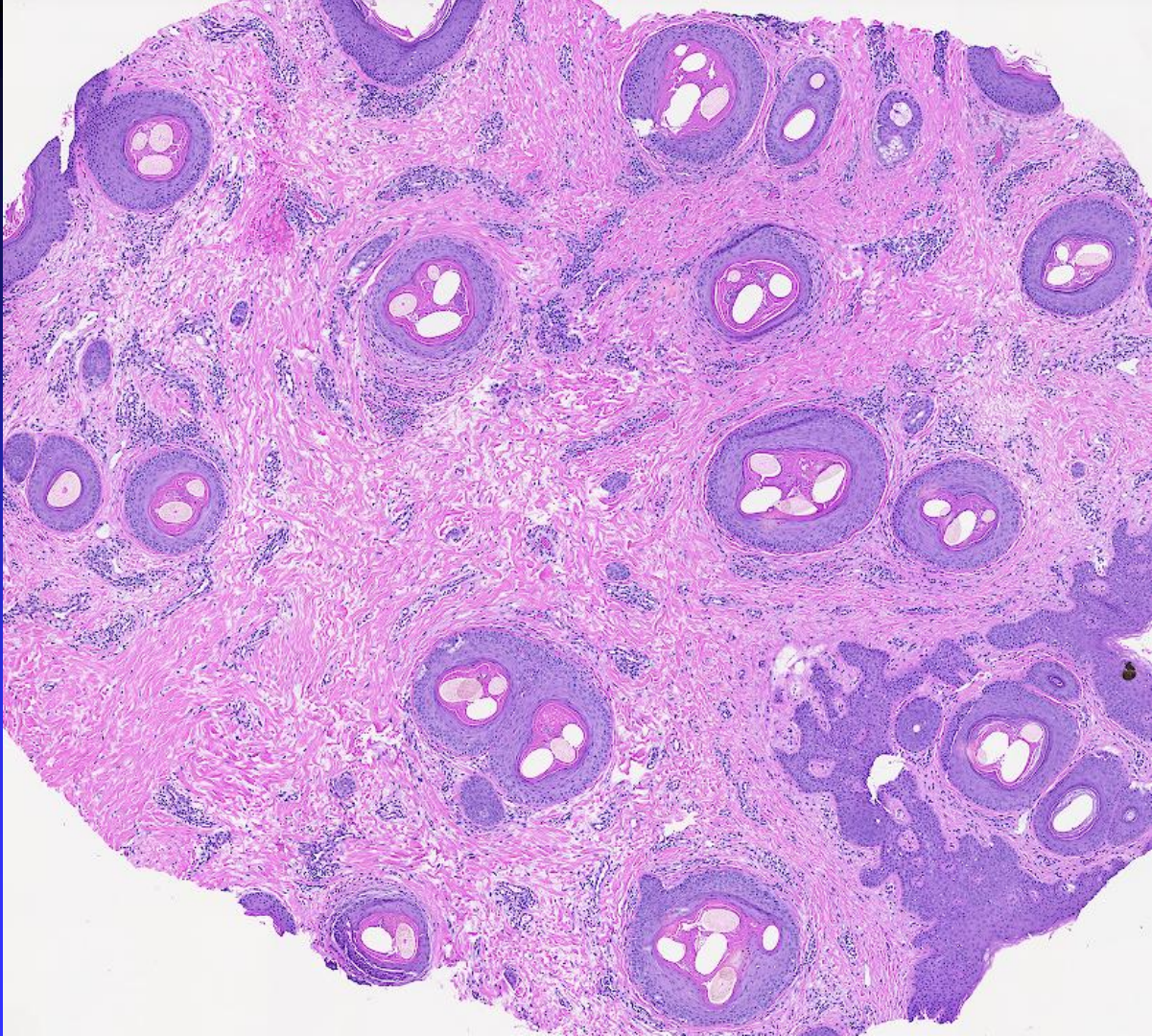
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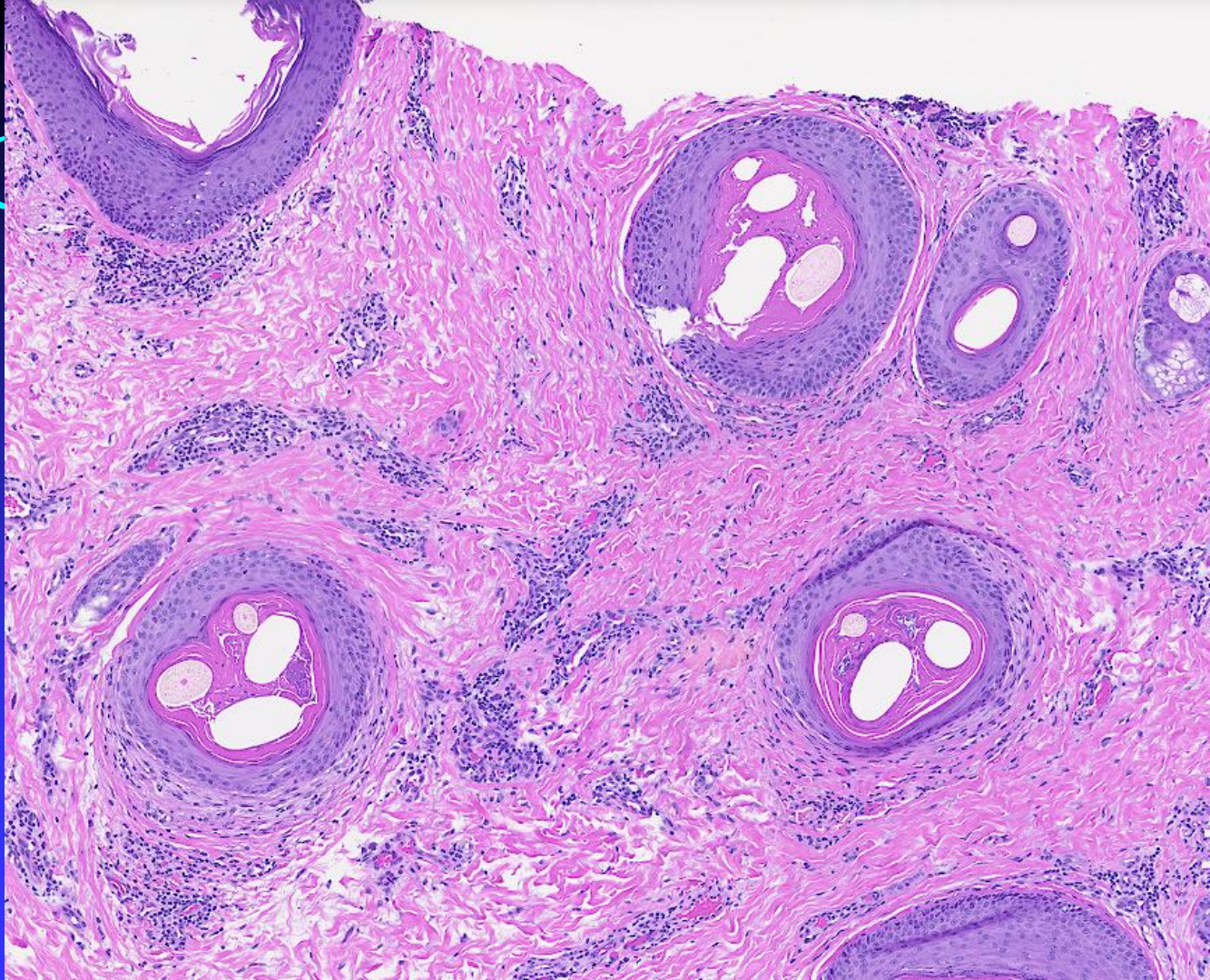


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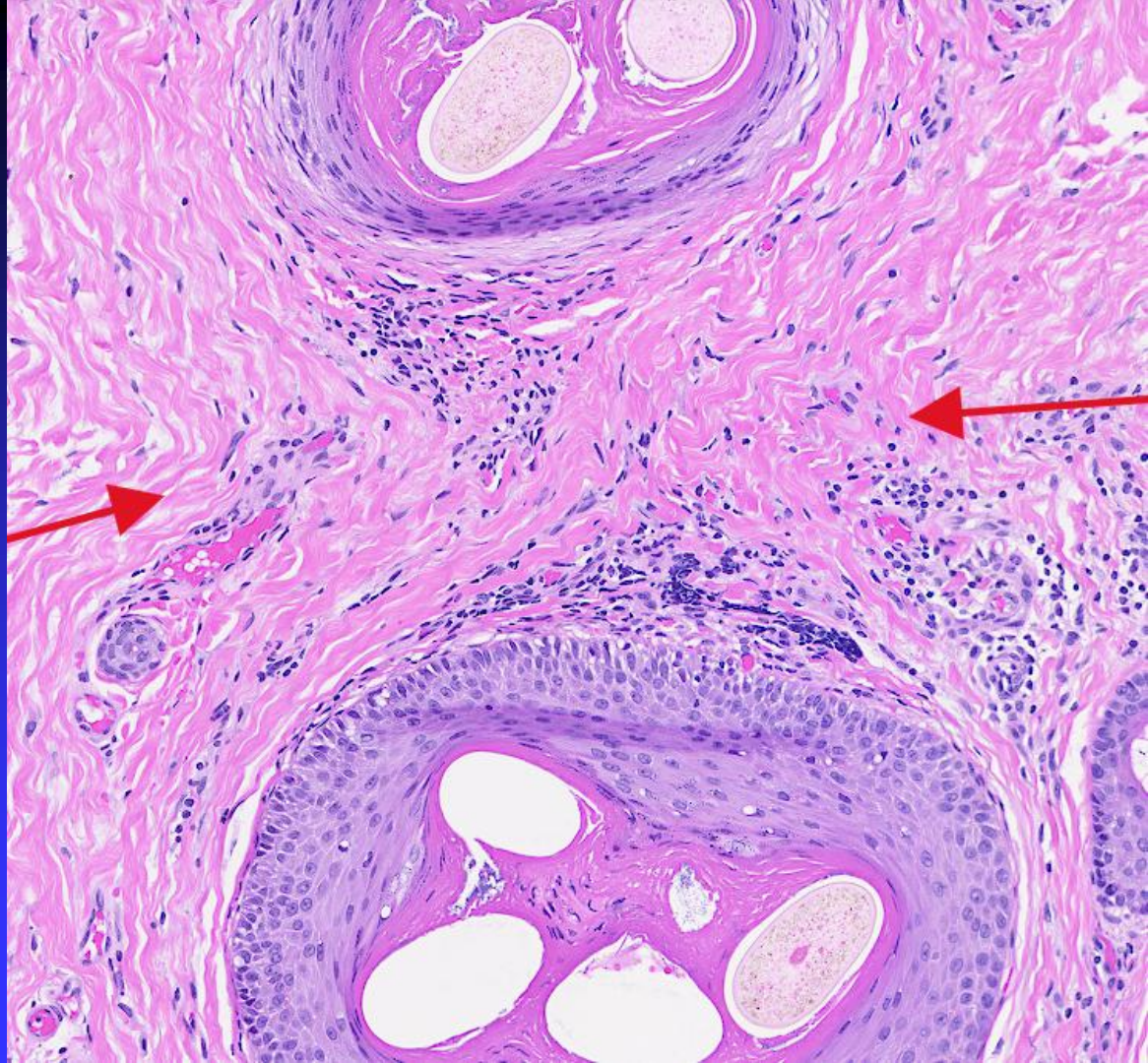


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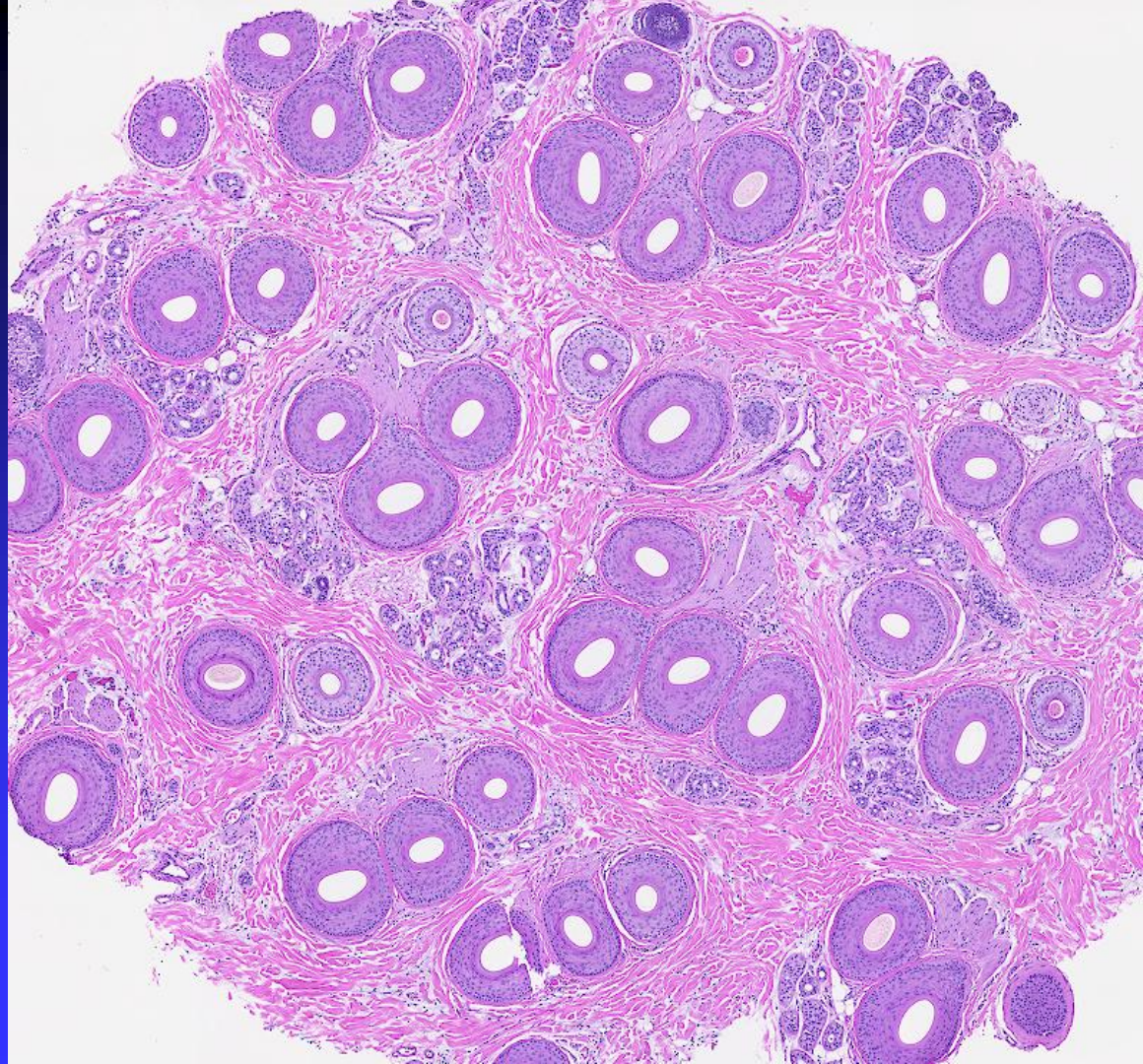




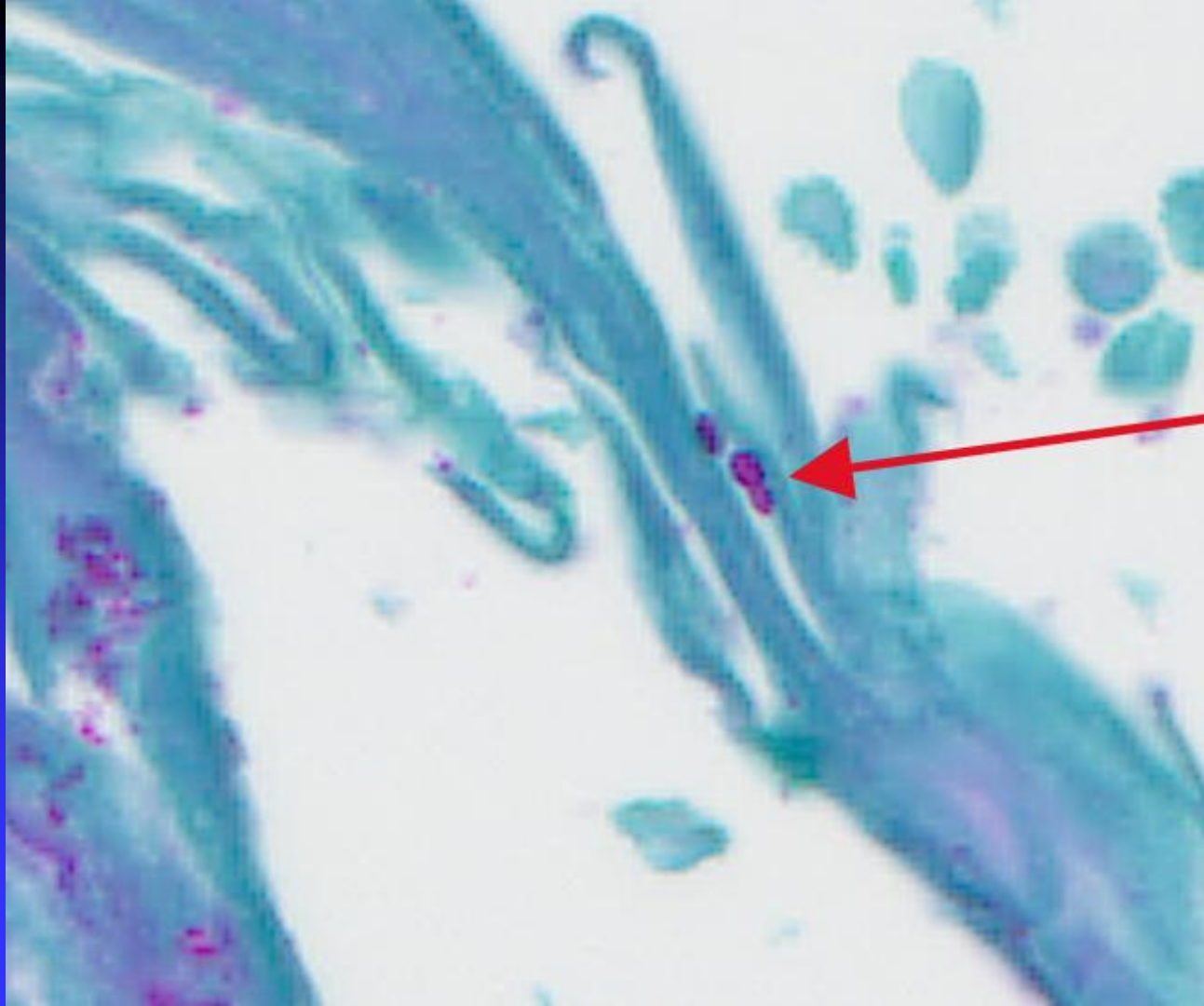
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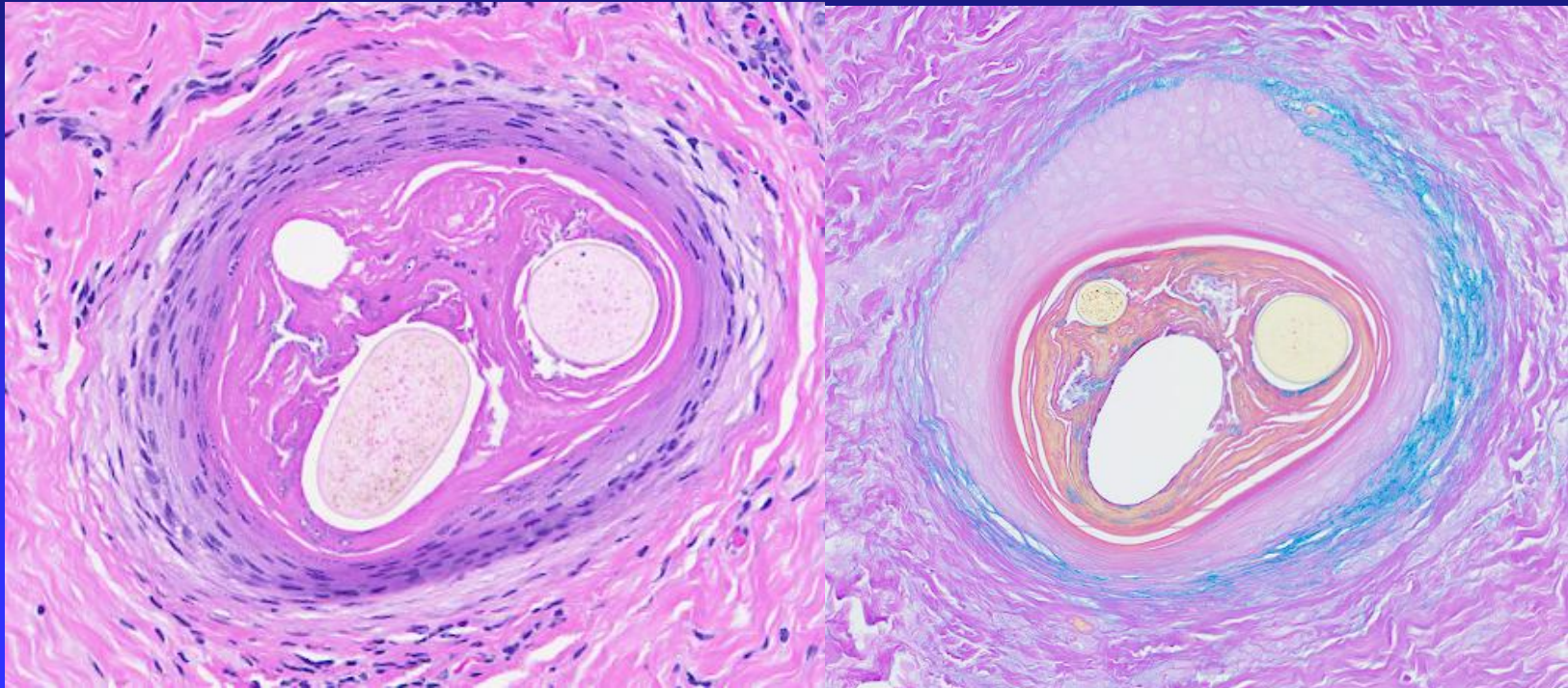
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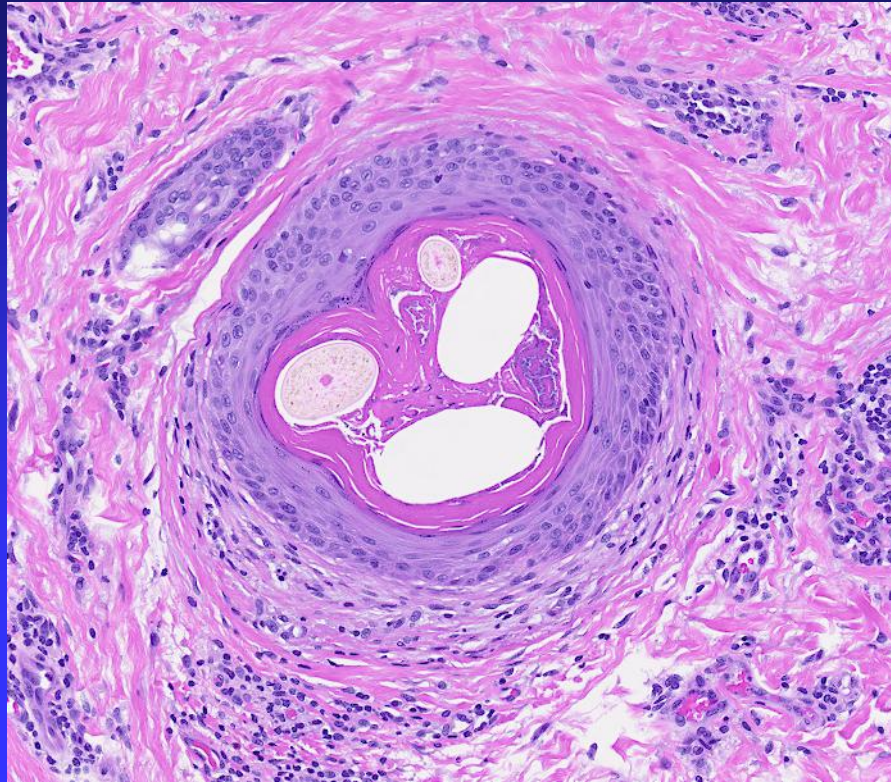
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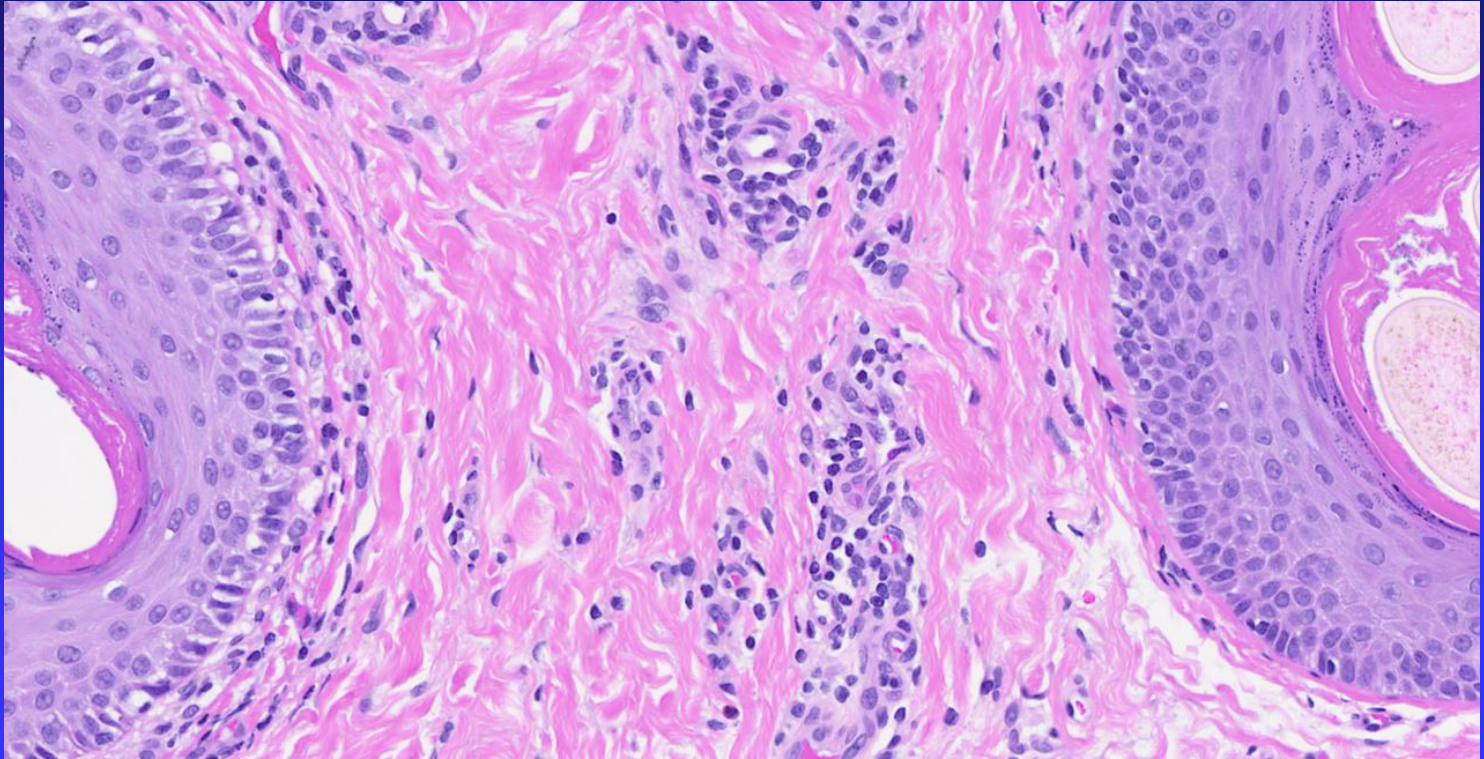
## Case 31 Perifollicular mucinous fibroplasia (PMF)



# Case 31 Tufted compound follicles



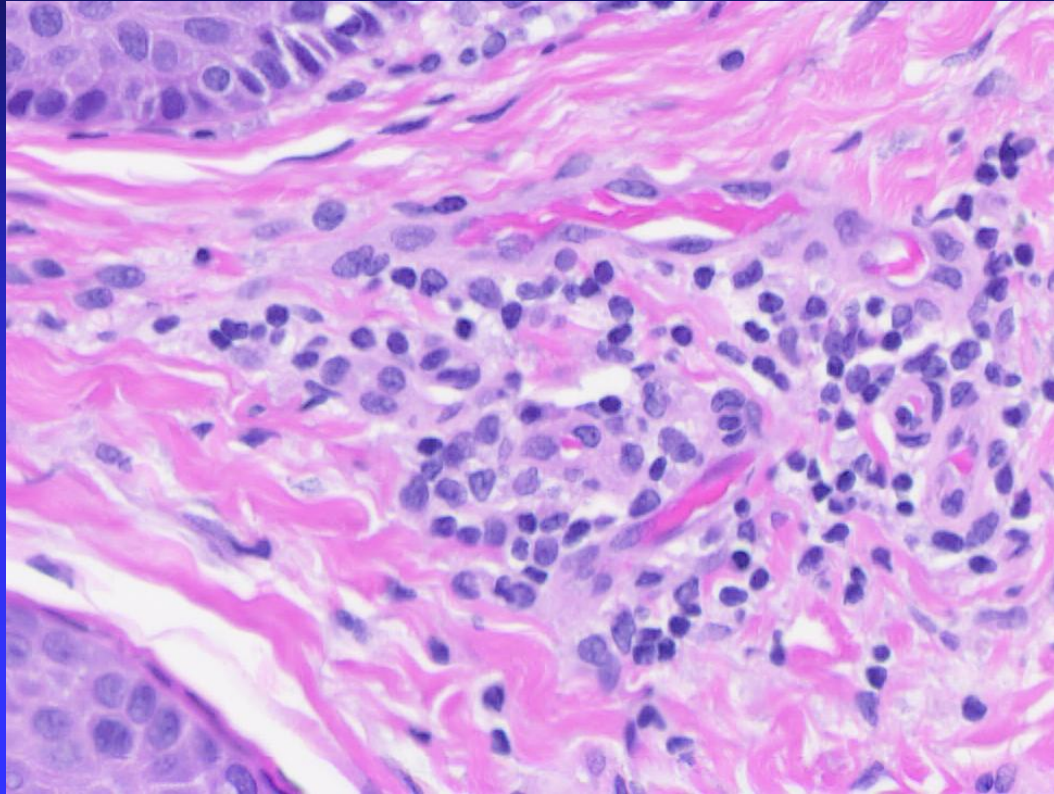
# Case 31 Perifollicular and INTERSTITIAL inflammation and fibrosis



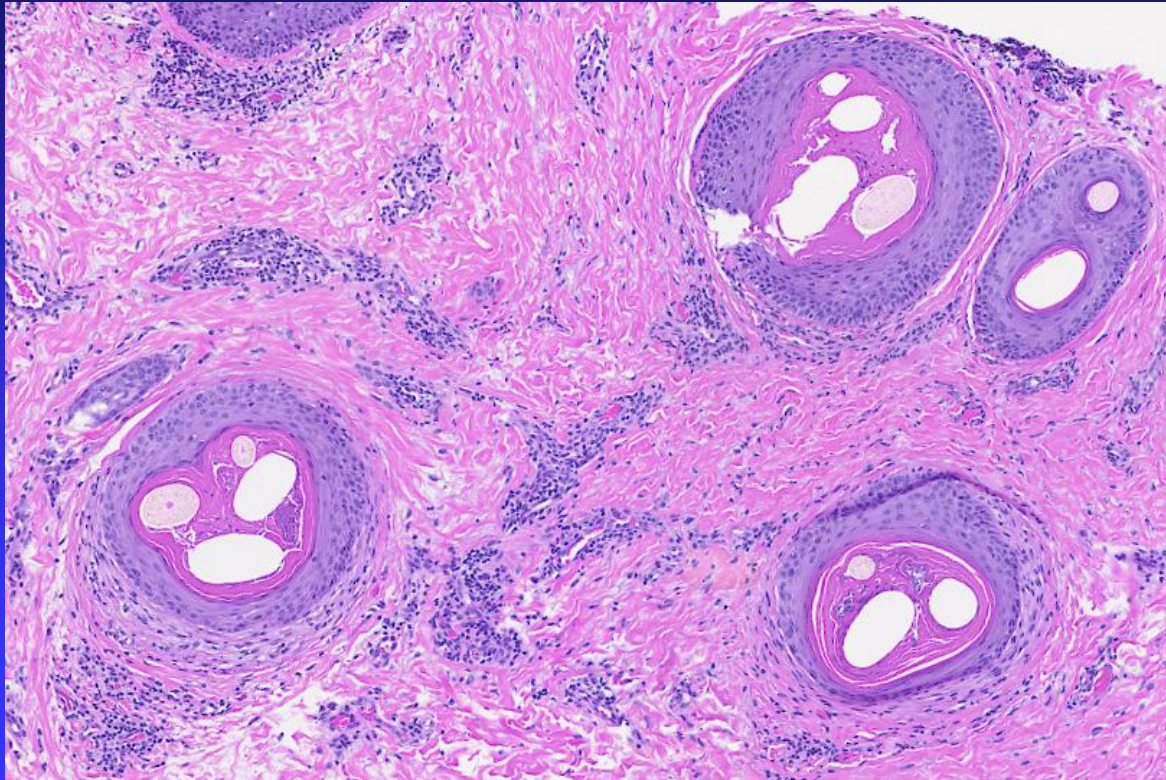
# Case 31 Clinical: Male <40 years old



# Case 31 Lymphocytic with no neutrophils



# Case 31 Answer: Folliculitis Decalvans



# Case 31 Answer: Folliculitis Decalvans

- ◆ Neutrophil-poor
- ◆ Lymphocyte-predominant

# Case 31 Clinical: Male <40 years old

- History of pustules



# Case 31 Clues: FD vs LPP

## ◆ Age/sex

◆ FD Male <40

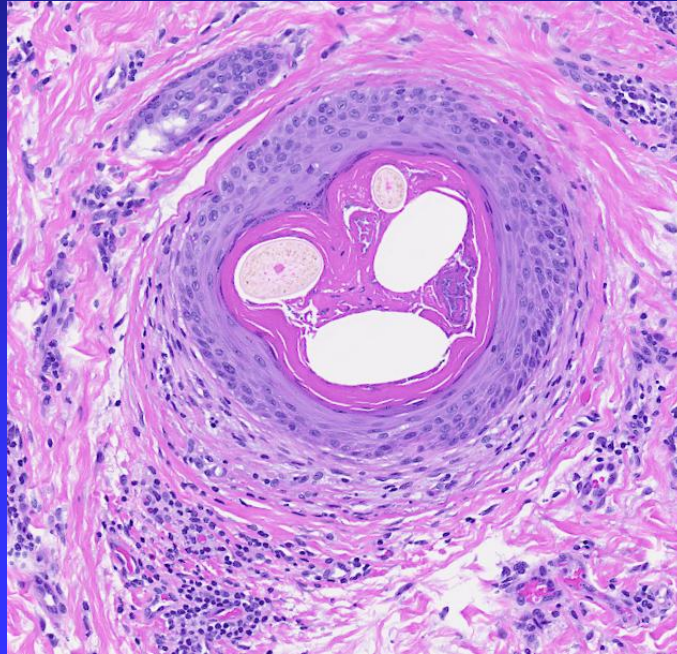
◆ LPP Female >40

History of pustules



# Case 31 Clues: FD vs LPP

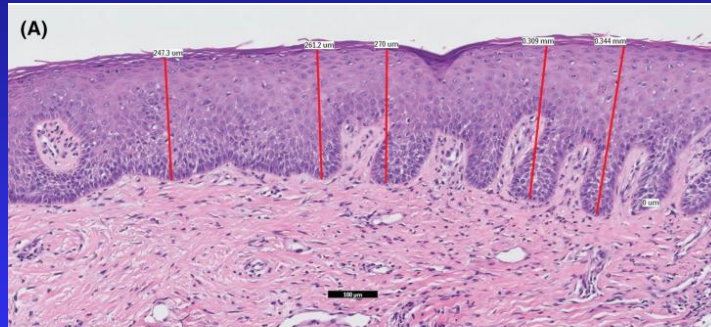
- Tufted compound follicles



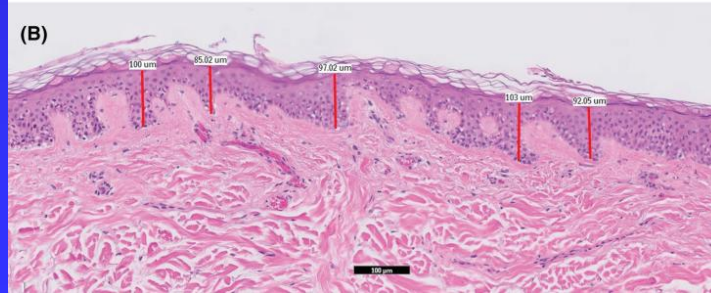
# Case 31 Clues: FD vs LPP

## ◆ Epidermal acanthosis

FD



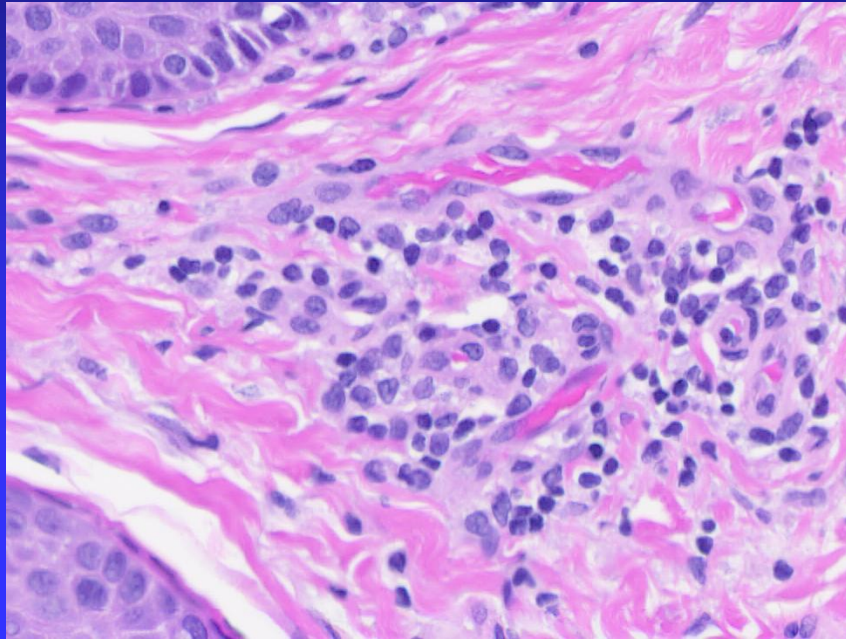
LPP



Bohnett MC, Kolivras A, Thompson AA, Thompson CT. Epidermal thickness is useful in distinguishing lichen planopilaris from neutrophil-poor/lymphocyte-predominant folliculitis decalvans. *J Cutan Pathol.* 2021 Jun;48(6):816-818.

# Case 31 Clues: FD vs LPP

- Interstitial inflammation and fibrosis



# Case 31 Other FD features

- ◆ Minimal catagen/telogen
  - ◆ AA, trichotillomania
- ◆ No deep inflammation (sinus tracts)
  - ◆ Dissecting cellulitis (Perifolliculitis abscedens et suffodiens of Hoffman)

## Case 32

- 36-year-old female right middle fingernail. Longitudinal erythronychia with a distal nail split which catches on clothing. Otherwise, asymptomatic.

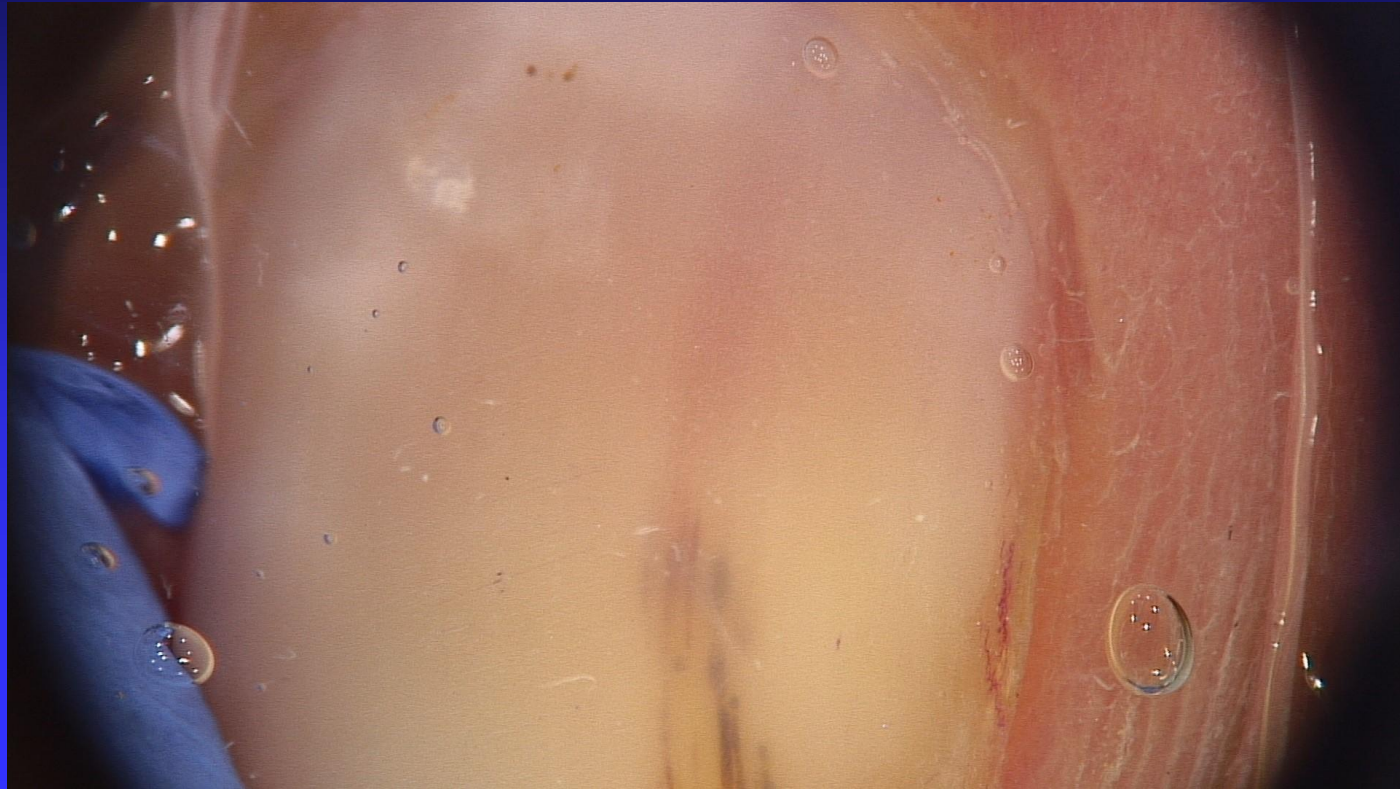
# Case 32



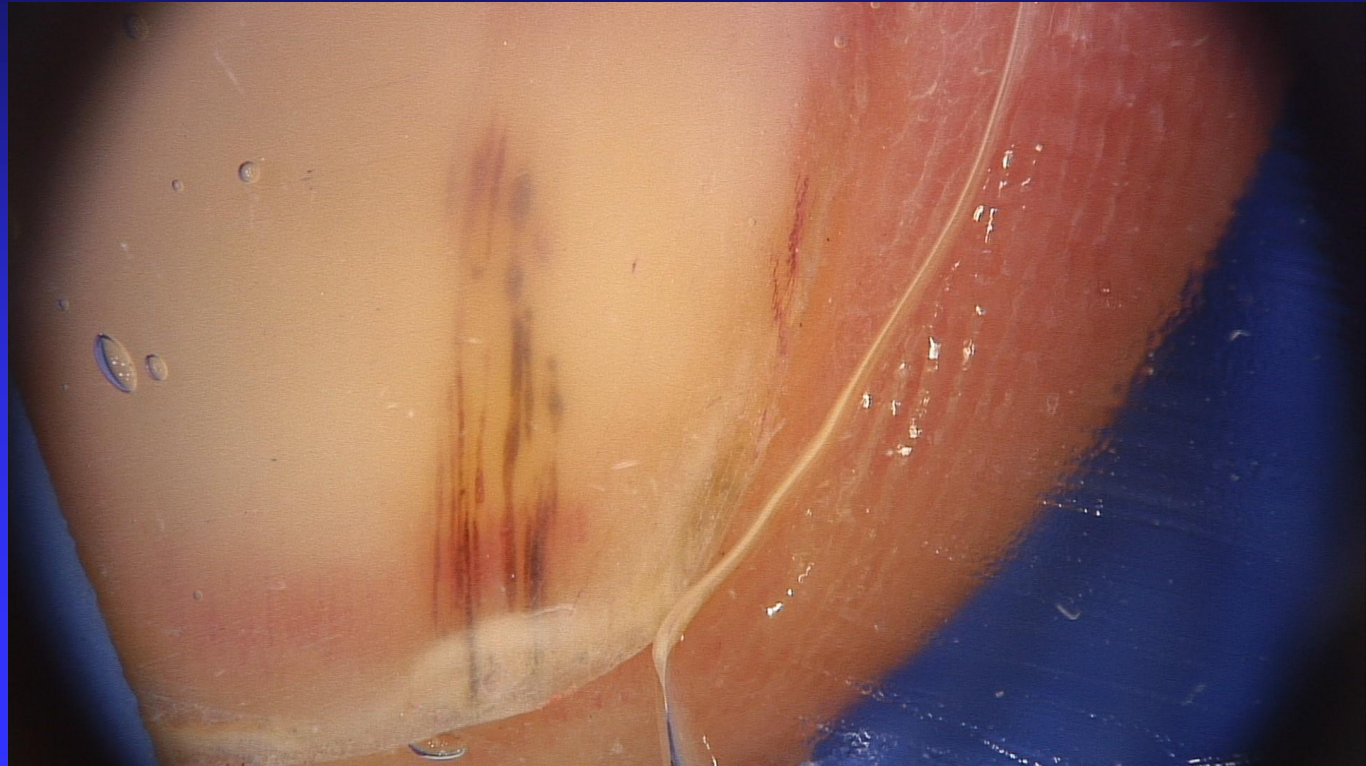
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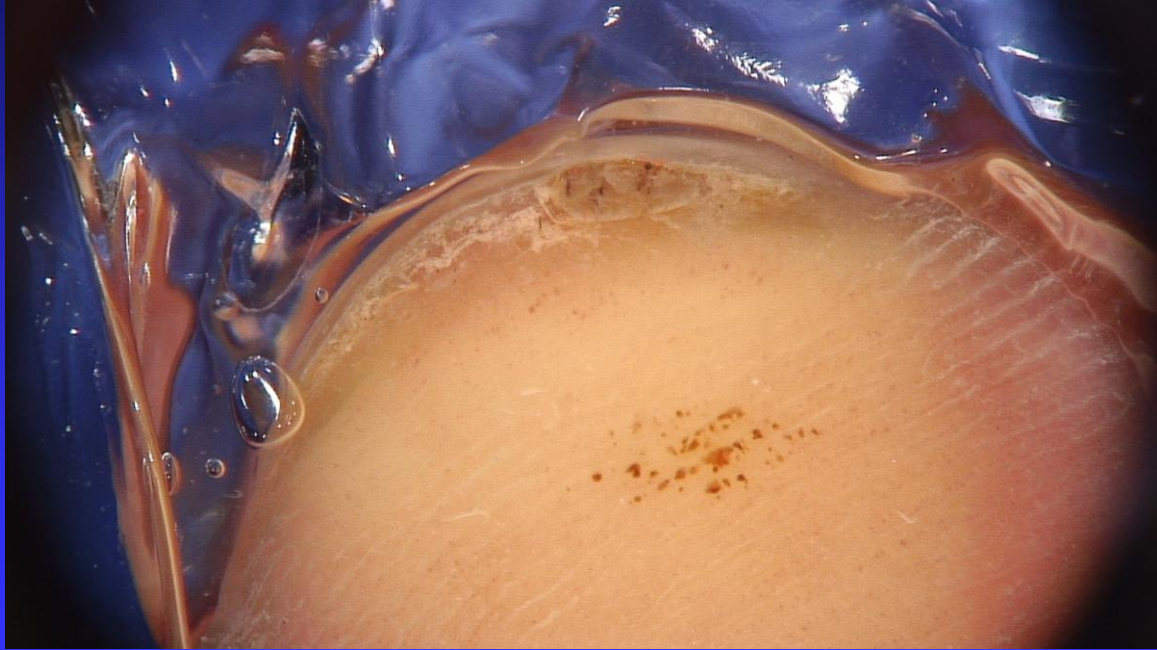


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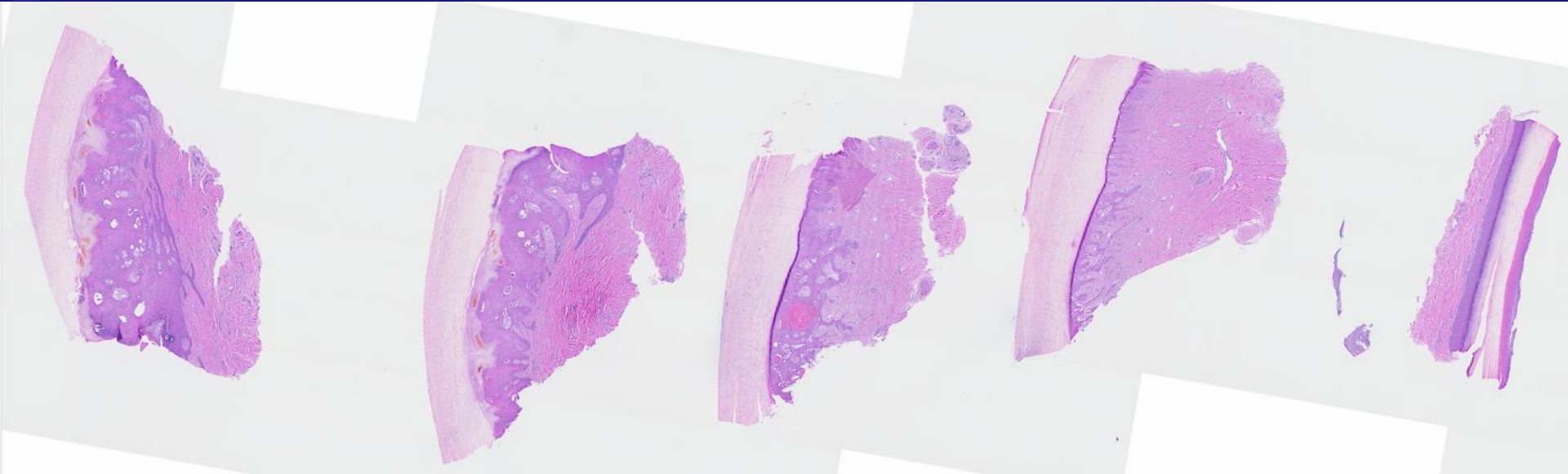


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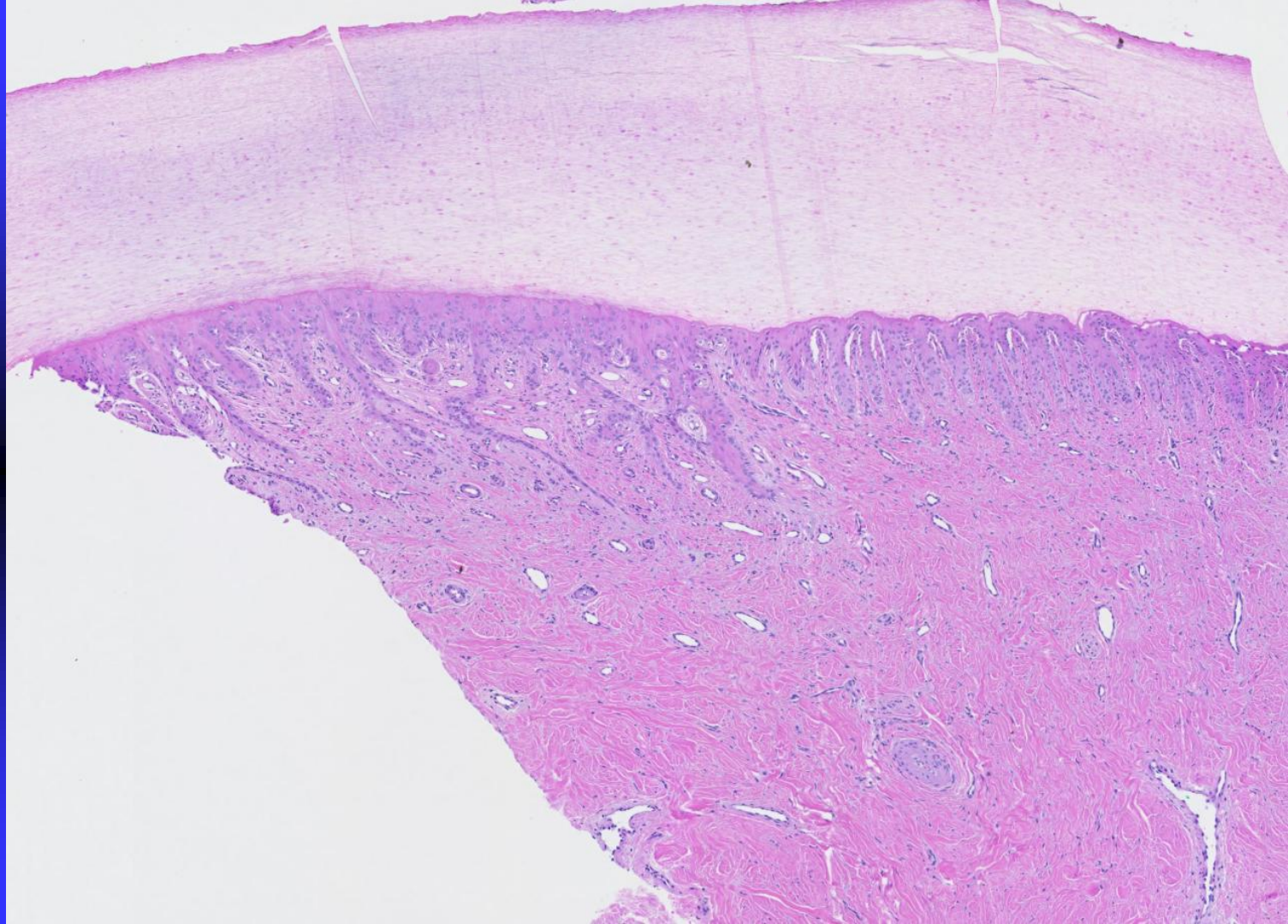


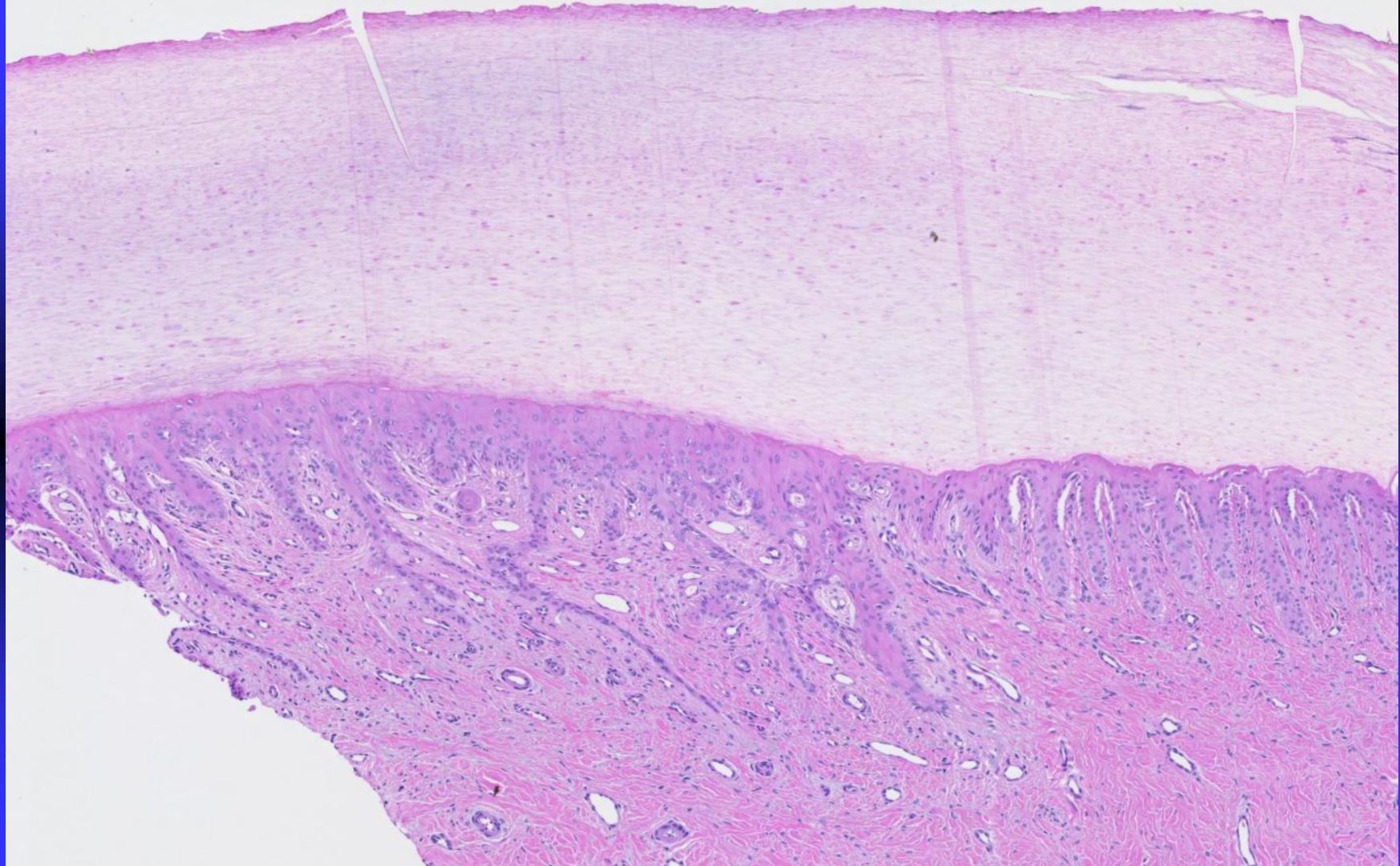
# Case 32



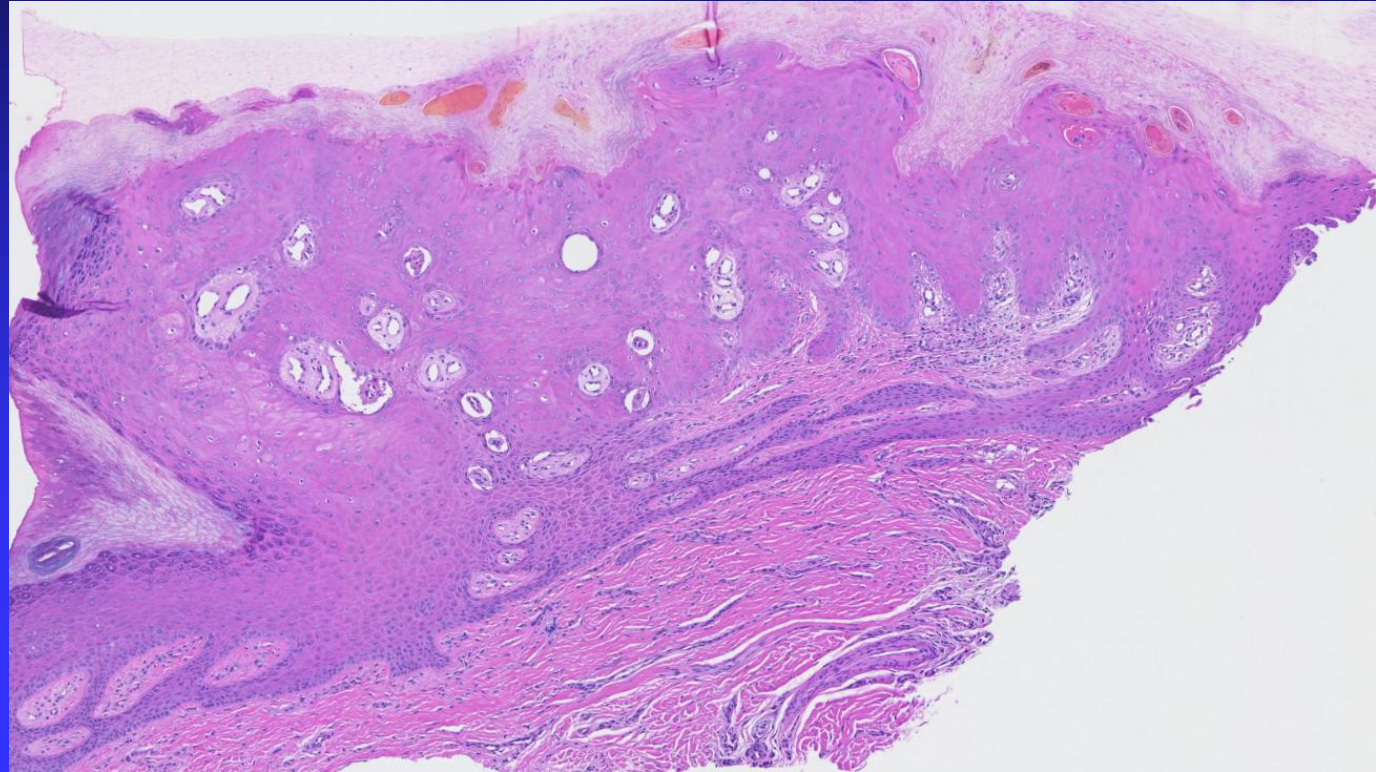
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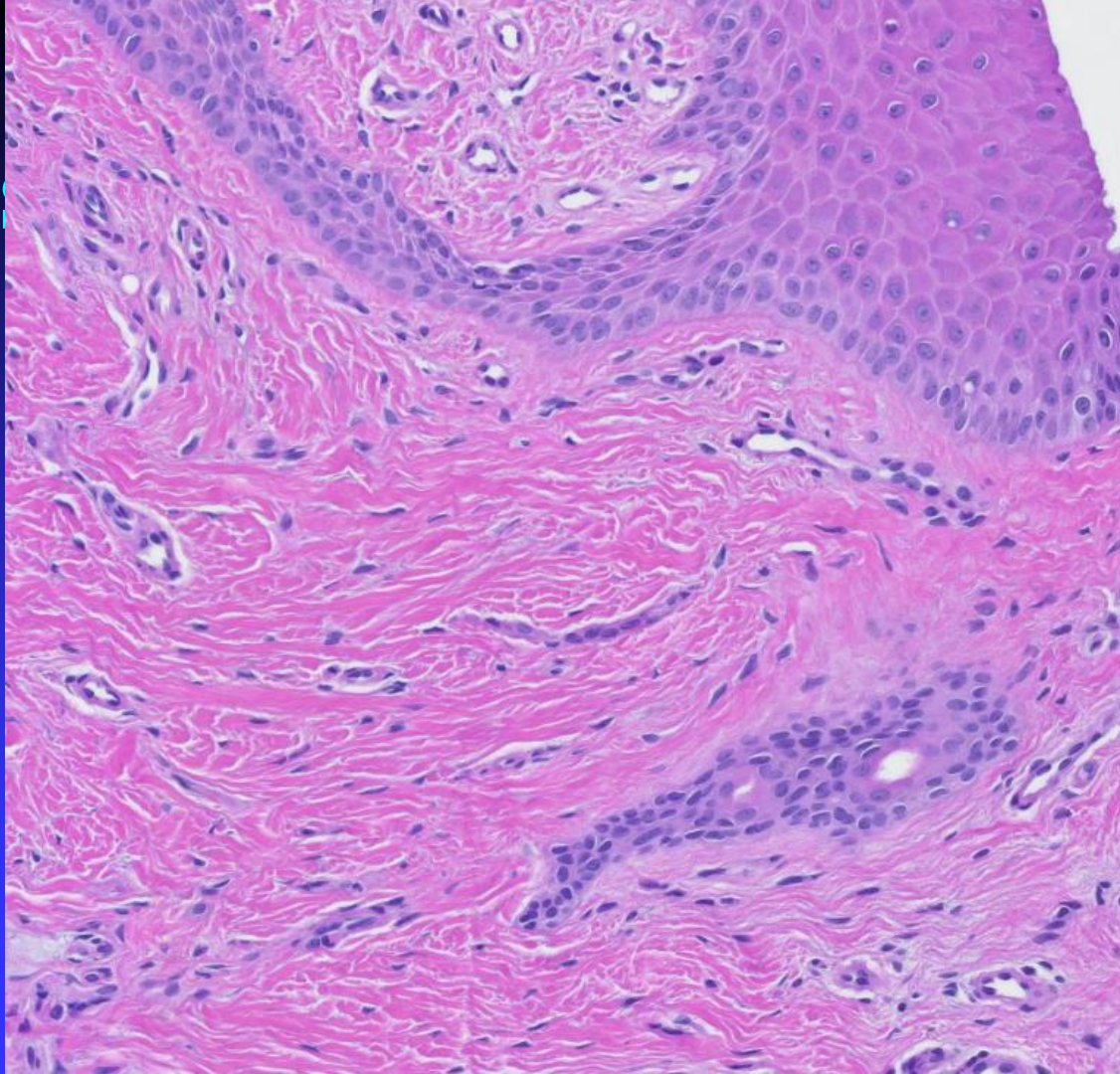




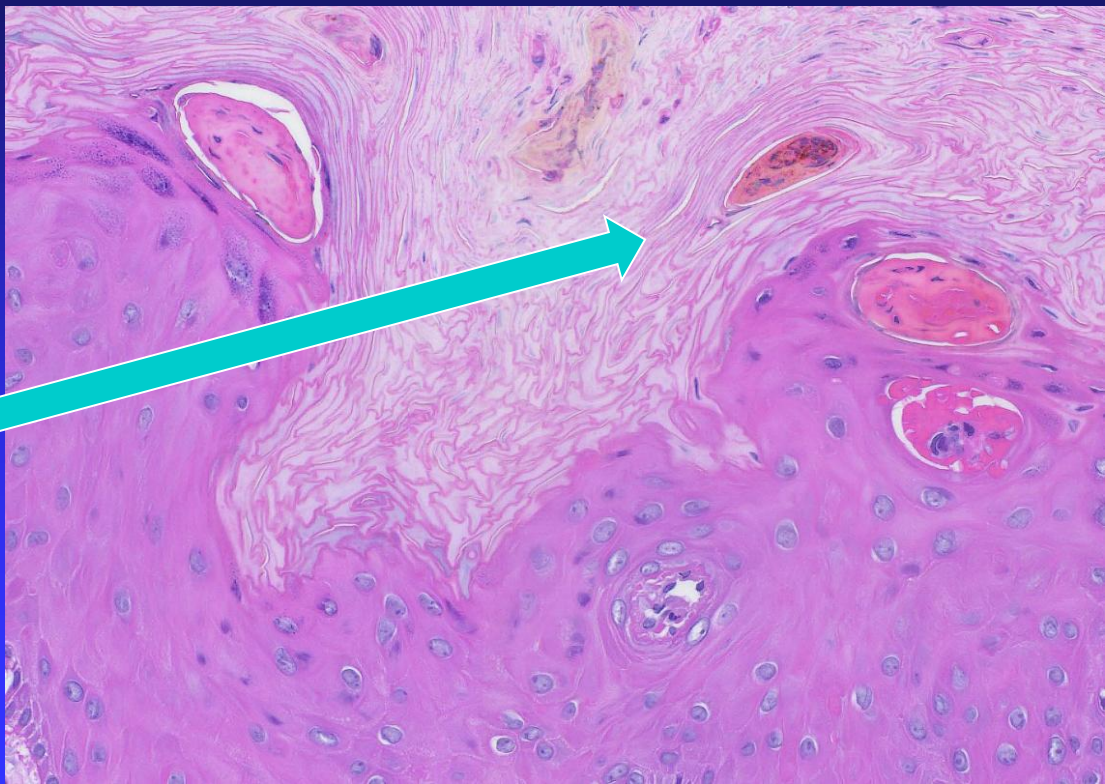
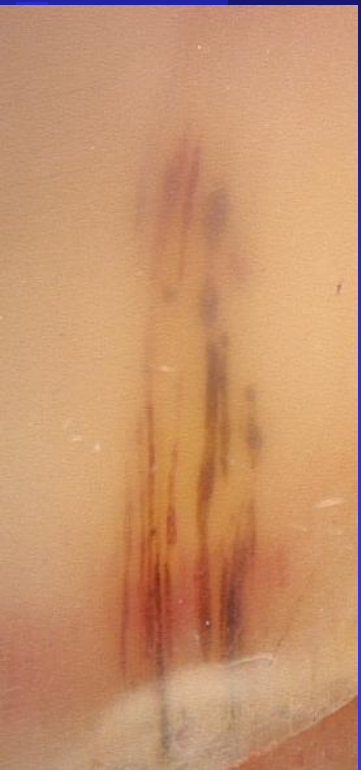
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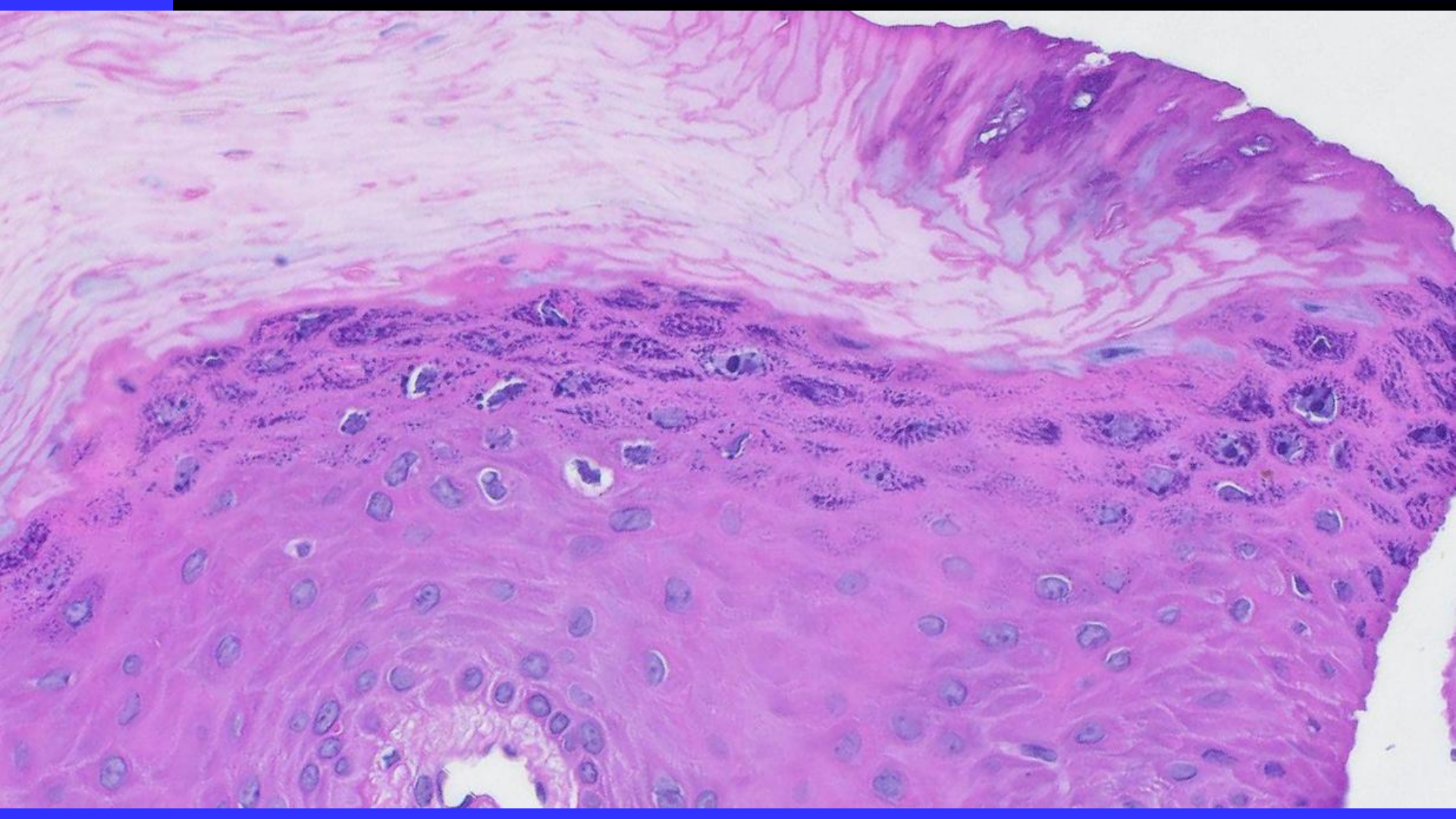


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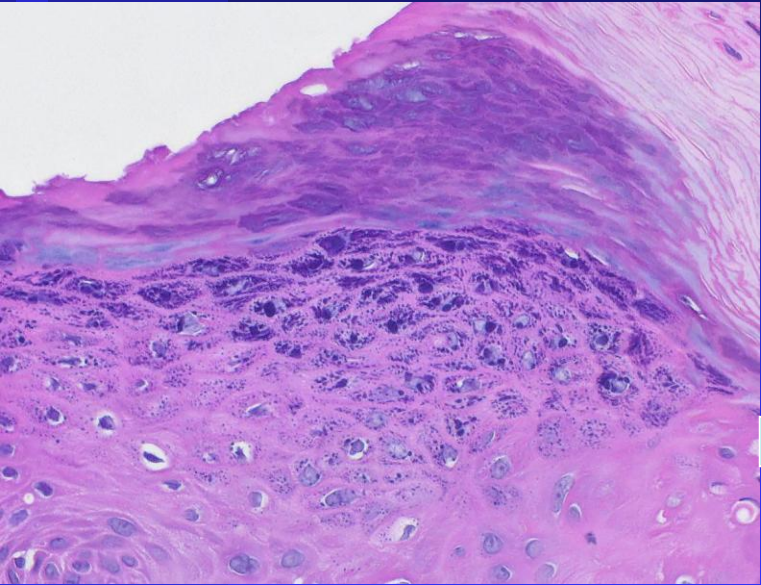


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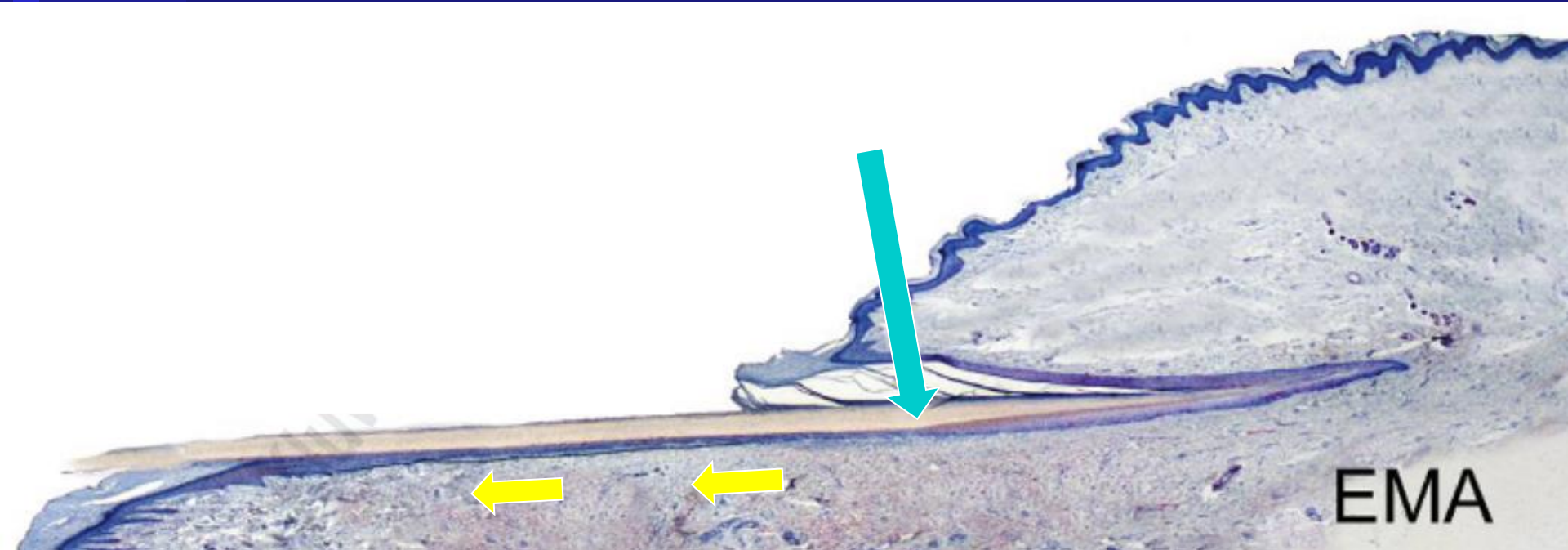




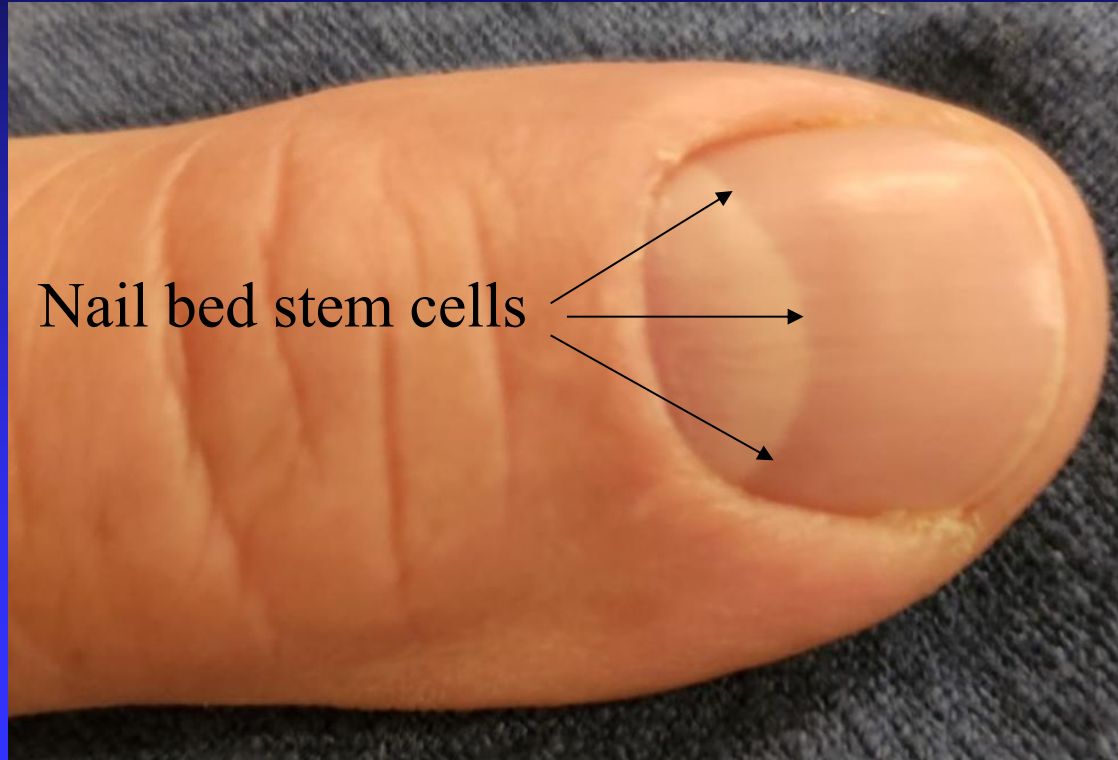
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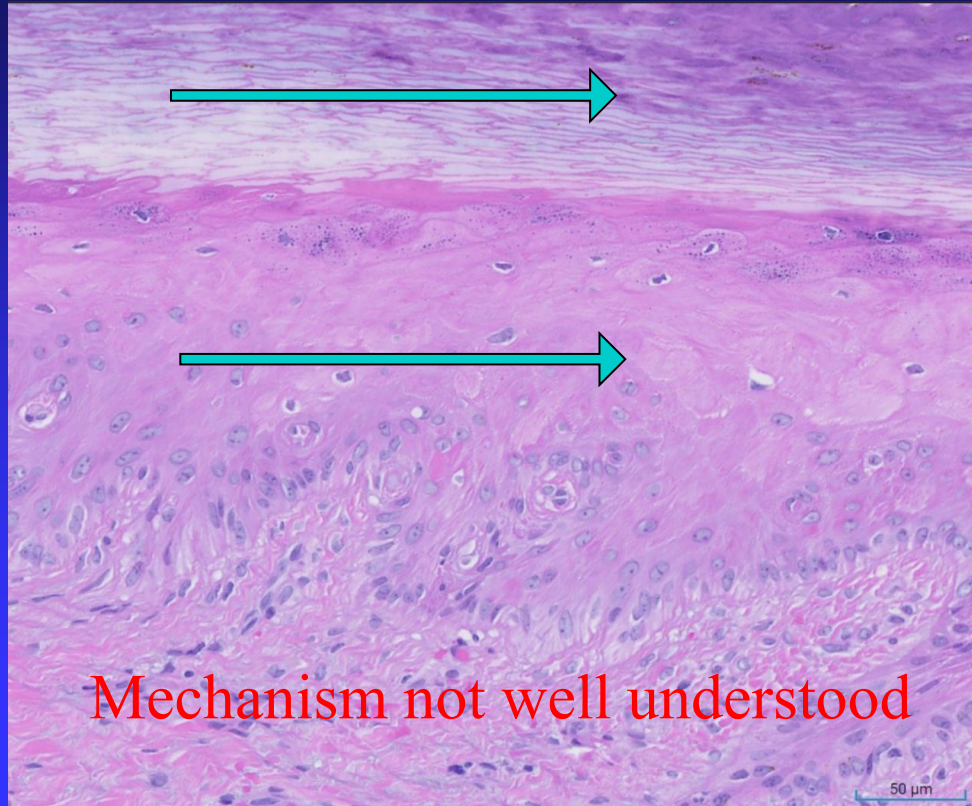
# Bed stem cells



# Continuous growth observable



# Plate and epithelium move together



Mechanism not well understood



# Onychopapilloma

- Keratin-producing
- Trauma



# Onychopapilloma

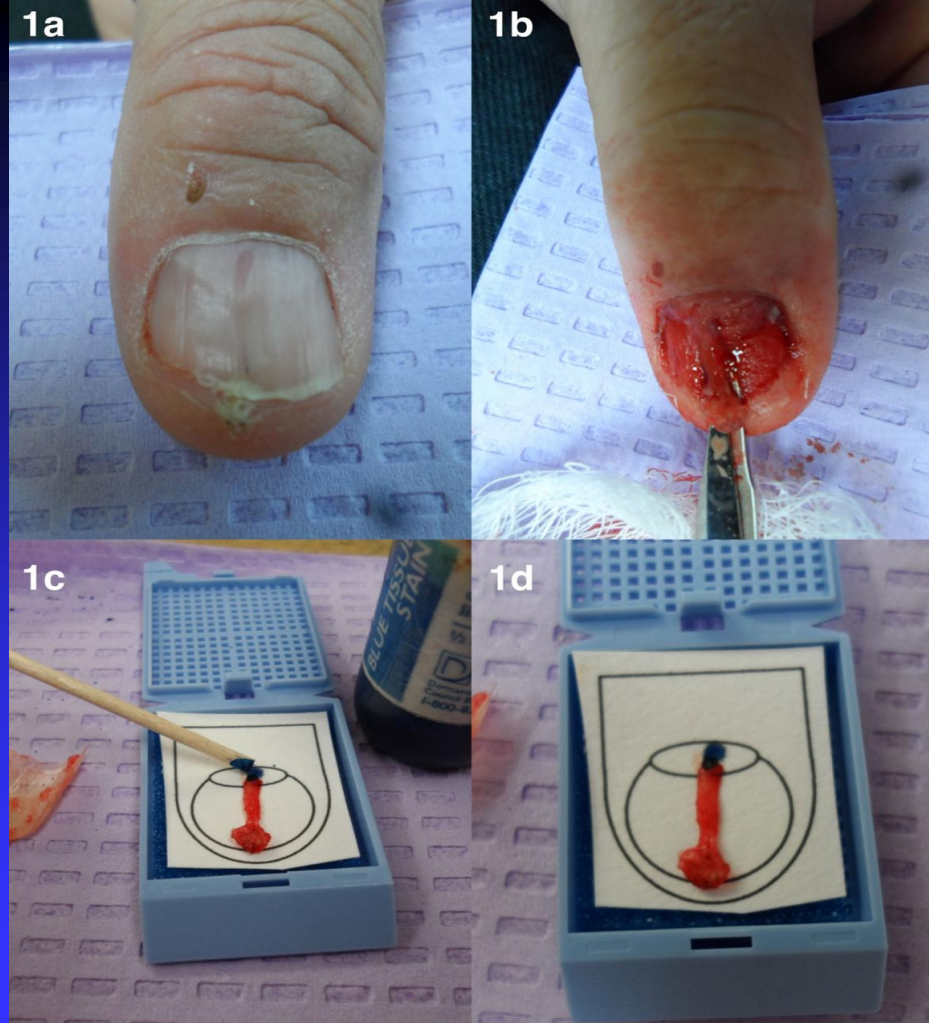
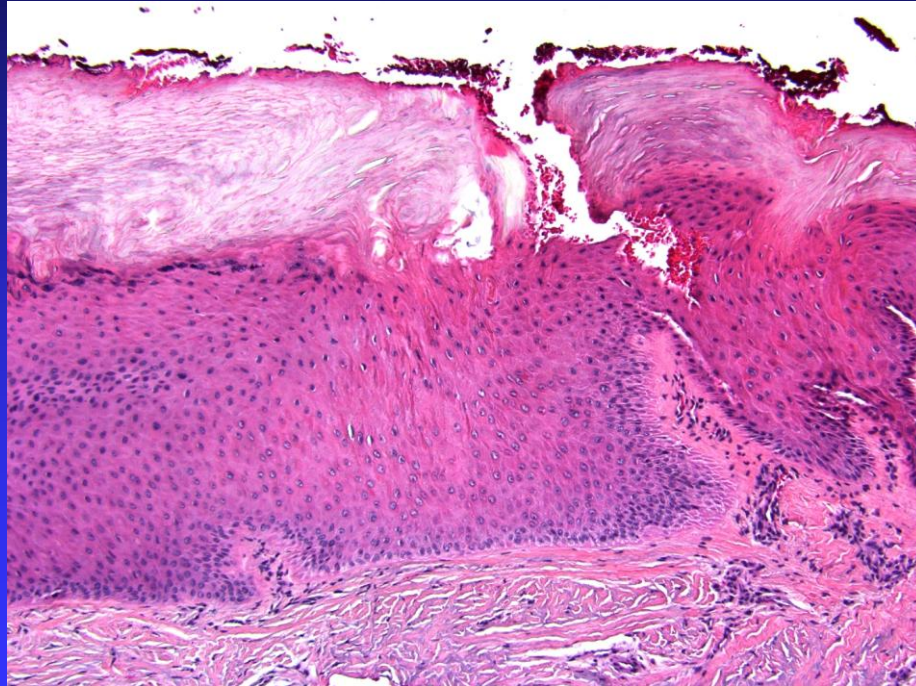
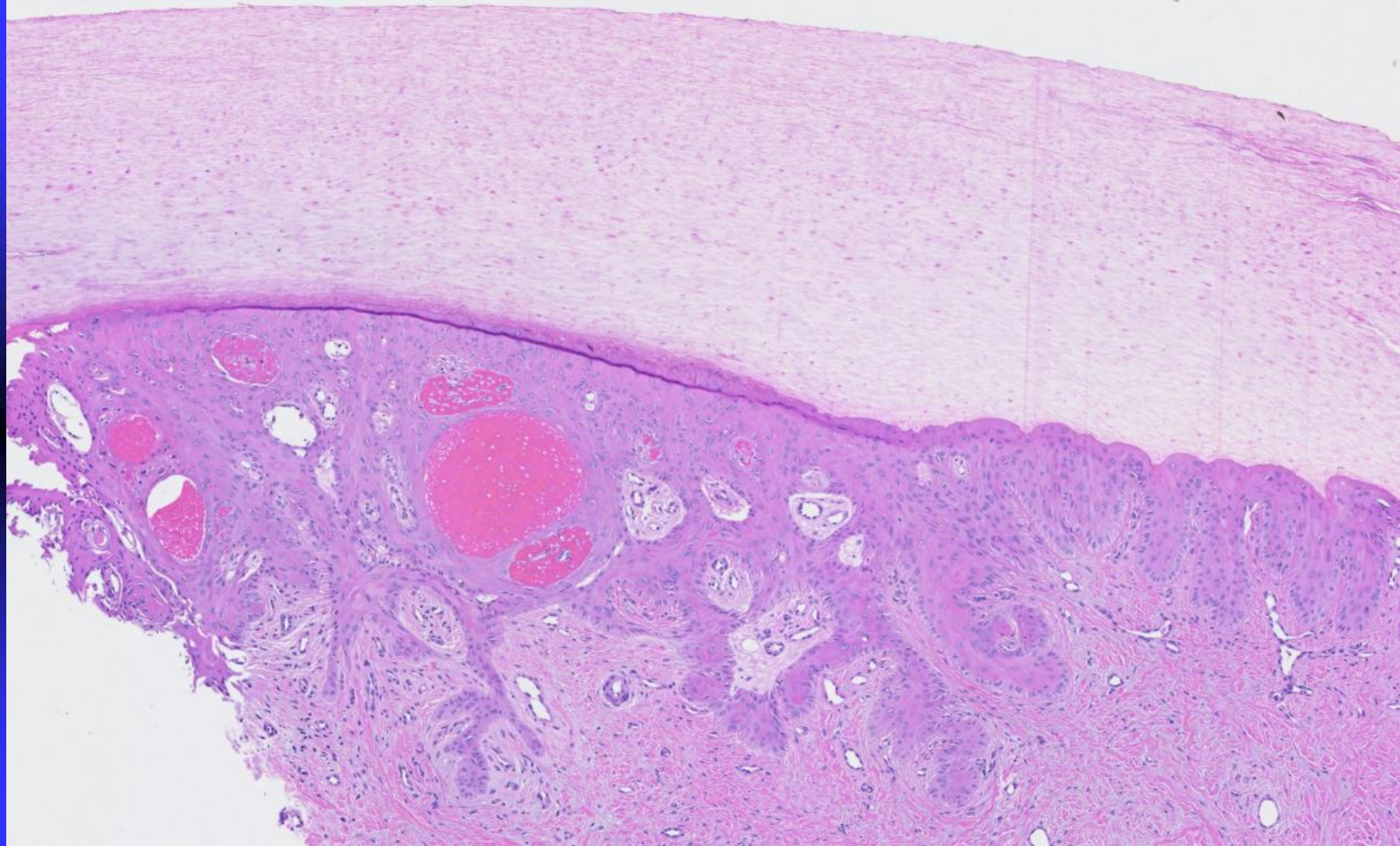


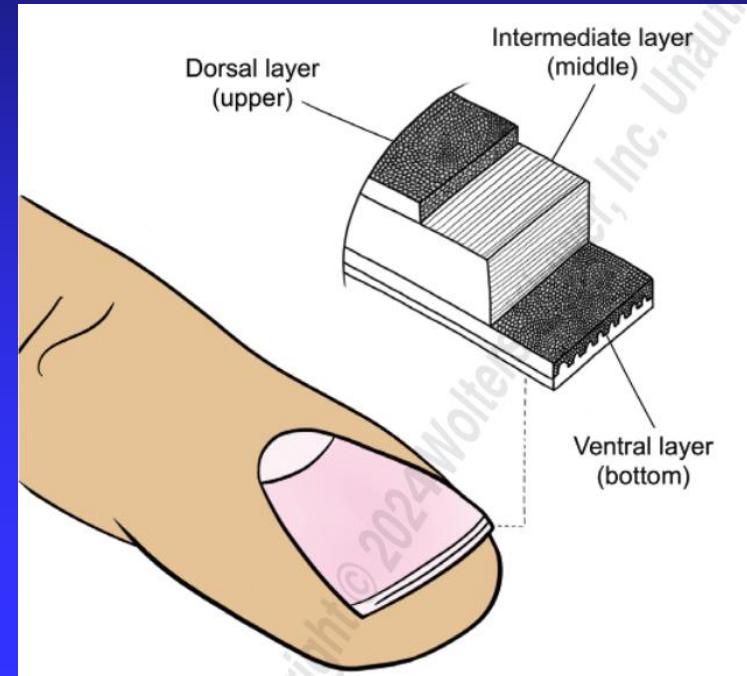
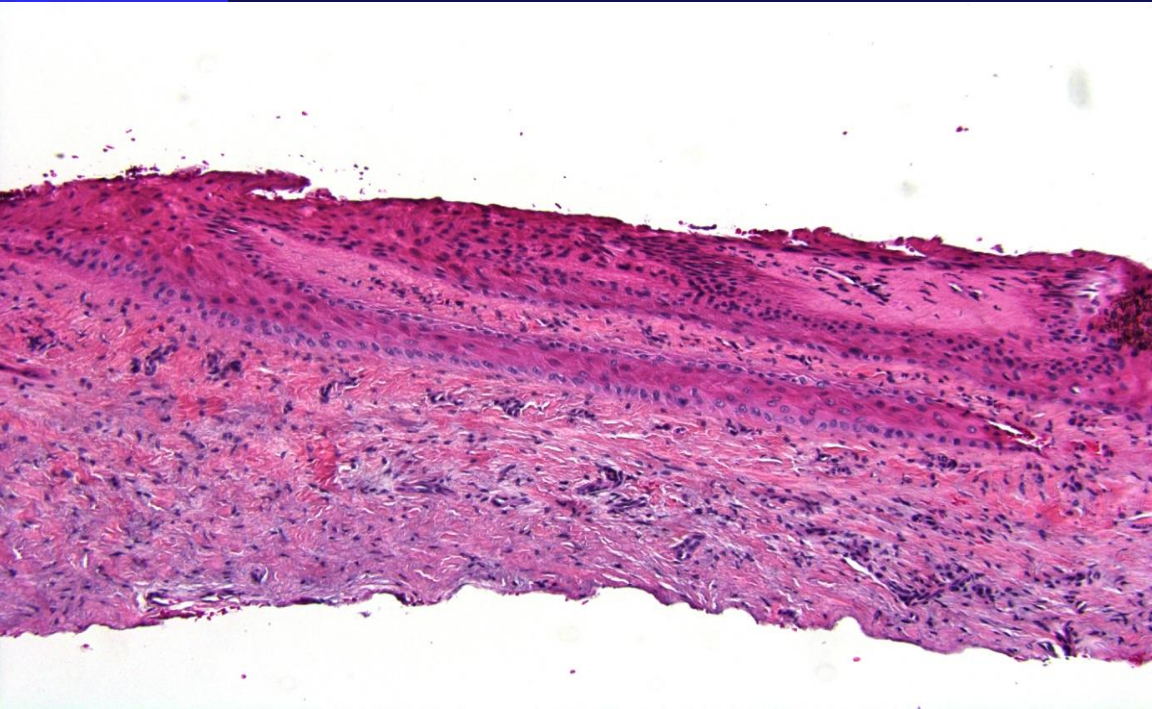
Figure 1

# Onychopapilloma—Keratin Producing





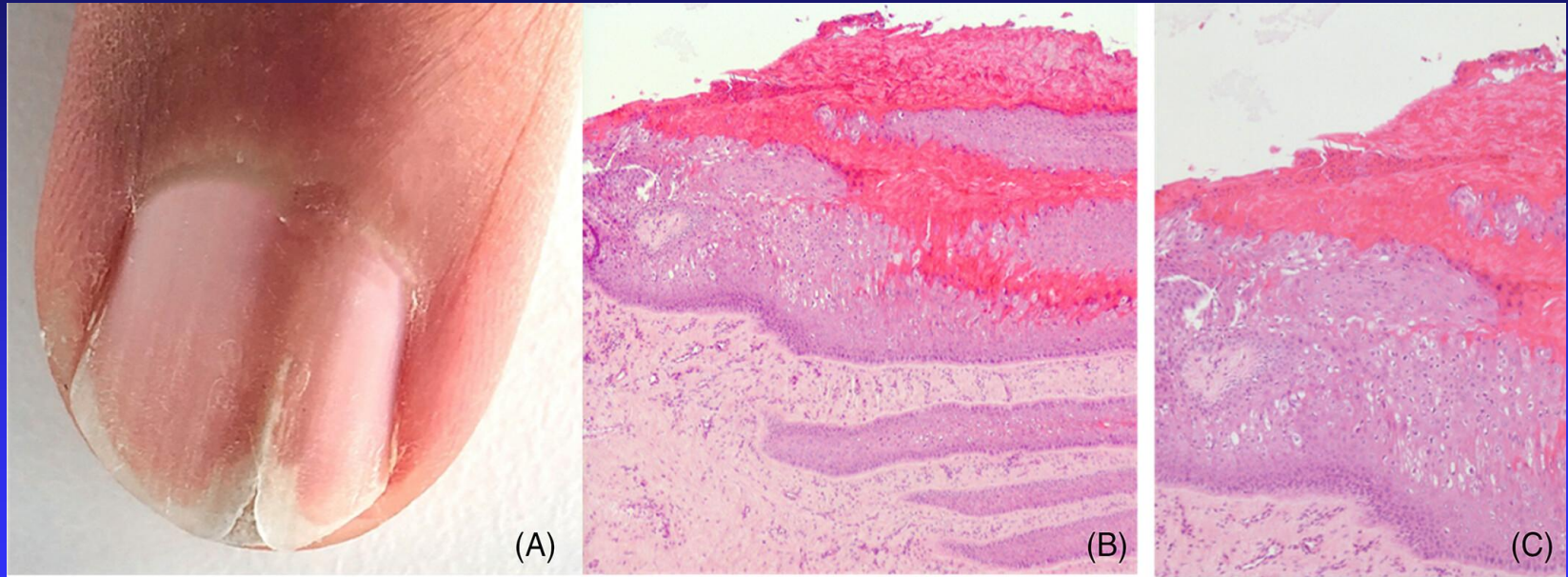
# Onychopapilloma—elongated rete



# Onychopapilloma

- Better termed ‘Onychohyperkeratoma’
- No specific histopathology
- No HPV

# Malignant Onychopapilloma

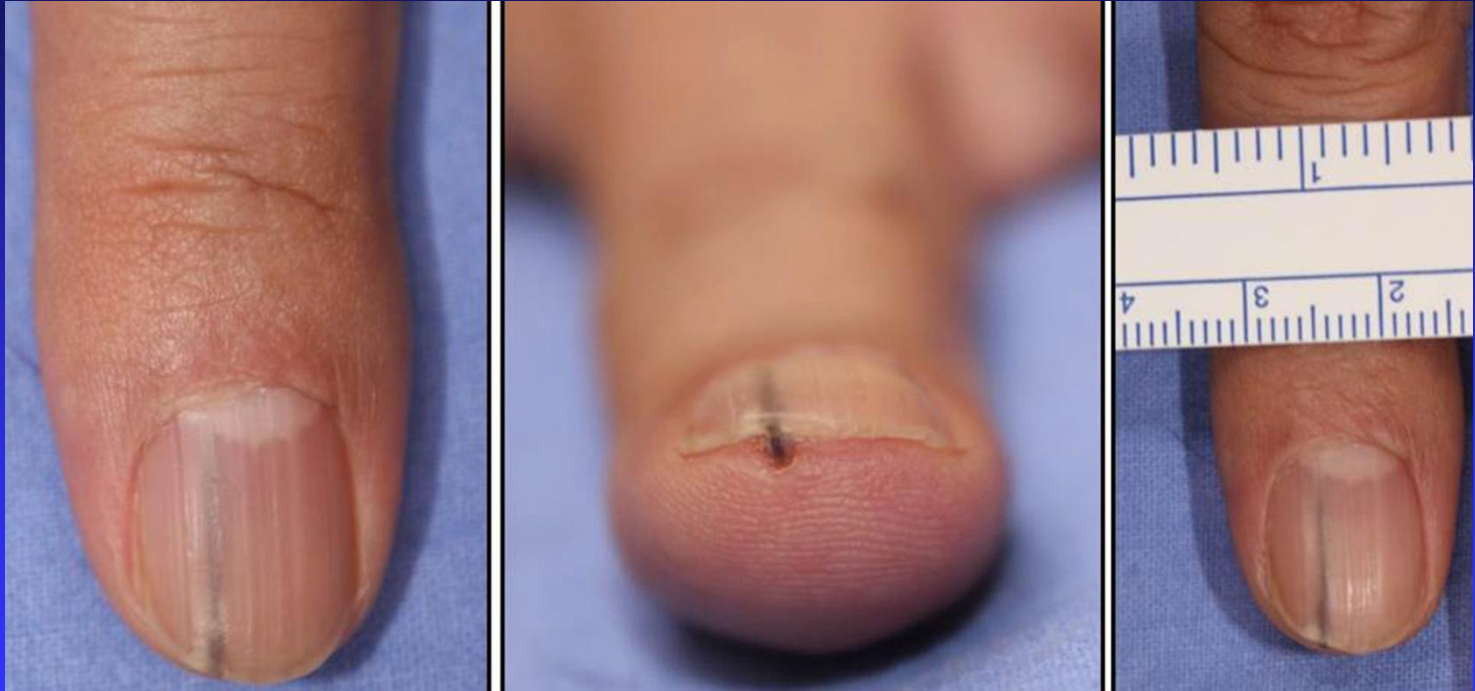


André J, Ewbank A, Moulonguet I, Richert B. Three atypical/malignant onychopapillomas in a 52-case series with immunohistochemical study. *J Cutan Pathol.* 2024 Mar;51(3):239-245.

# Squamous cell carcinoma



# Pigmented Onychopapilloma



Jung Min, Jae-Hui Nam, Seoung Wan Chae, Ga-Young Lee, Won-serk Kim, Case of onychopapilloma presenting as longitudinal melanonychia. *Dermatologica Sinica* 35(2), 102-3, 2017.

# Death by 'Onycho'pathology

Onychocytic acanthoma, onychopapilloma, onycholemmal horn, proliferating onycholemmal tumor, proliferating oncholemmal cyst, onychomatricoma, onychocytic carcinoma, onycholemmal carcinoma, onychocytic matricoma



# Neoplasms

- Squamous
  - HPV-related
  - Benign and malignant “Onycho”
- Melanocytic
  - Nevus, MIS, MM
  - Lentigo/SK
- Soft tissue
  - Vascular
  - Spindle cell neoplasm—benign and malignant

Thanks!

*Mahalo!*

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*Gracias!*

*Mālō 'aupito*

