Psoriasiform Reaction
Pattern
(Weedon Chapter 4)
Paul K. Shitabata, M.D.
Dermatopathology Institute
Correct associations with Psoriasis include all except:

A. Histologically normal skin after 4 weeks of treatment
B. Seborrheic keratosis-like lesions in UV treated pts.
C. Spongiosis in early lesions
D. Capillary tortuosity earliest histopathology
E. CD4 dermal predominance over CD8 intraepithelial
Answer A

Accounting for variations in treatment, most studies cite a time frame of at least 10-14 weeks until a return to histologically normal skin.
Variants of Pustular Psoriasis include all except:

A. Hypocalcemia induced
B. Pregnancy related
C. Neutrophil poor
D. Developing in long-standing psoriasis vulgaris
E. Familial
Answer C

Neutrophilia is a hallmark of pustular psoriasis and is usually more pronounced than psoriasis vulgaris.
Histopathologic variants of Pityriasis Rubra Pilaris include all except:

A. Acantholysis
B. Subepidermal vesicles
C. Epidermolytic hyperkeratosis
D. Vacuolar change in the pilar outer root sheath
E. Follicular plugging
Answer-B

Subepidermal vesicle
Disease entities associated under the term parapsoriasis include all except:

A. Mycosis fungoides
B. Digitate dermatosis
C. Lymphomatoid papulosis
D. Large plaque parapsoriasis
E. Pityriasis lichenoides
Answer C

Lymphomatoid papulosis
Classic histopathological features of Lichen Simplex Chronicus include all except:

A. Overlap with prurigo nodularis
B. “Hairy palm” sign
C. Stratum lucidum
D. Hypogranulosis
E. Thickening of the papillary dermis with vertically streaked collagen
Answer D

Hypogranulosis

Hypergranulosis is a consistent finding.
Psoriasiform epidermal changes have been associated with all except:

A. Poikiloderma of Civatte
B. Bowen’s disease
C. Pellagra
D. Secondary syphilis
E. Mycosis fungoides
Answer A

Poikiloderma of Civatte

Classically this disease presents with epidermal thinning, focal interface change, and telangiectasia