

## Quiz

### Quiz (1)

**Aida Al Saleh , Hamda Al Ansari, Bahram Azadeh, FRCPath**

A 24-years-old female presented with a violaceous, firm dome-shaped, smooth surfaced, skin nodule of the left shoulder of one year duration. The

nodule, 15 mm in diameter(Fig.1), was tender and painful. Hematoxylin-eosin stained sections are illustrated in Figures 2-4, along with immunostainings for vimentin (Fig. 5) and for Smooth Muscle Actin (Fig. 6)

What is your diagnosis ?..... Answer on page 60



Fig. 1

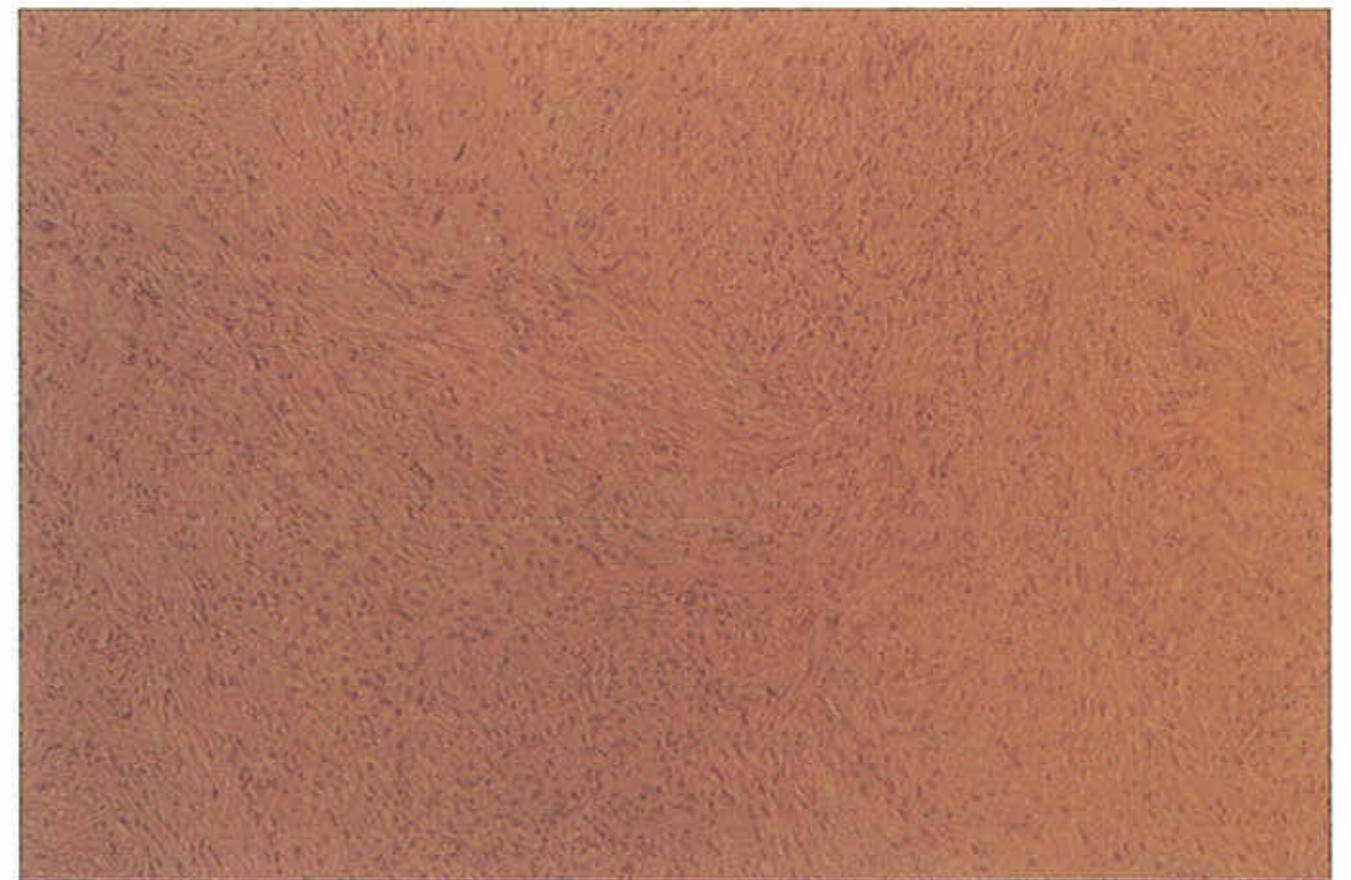


Fig. 2

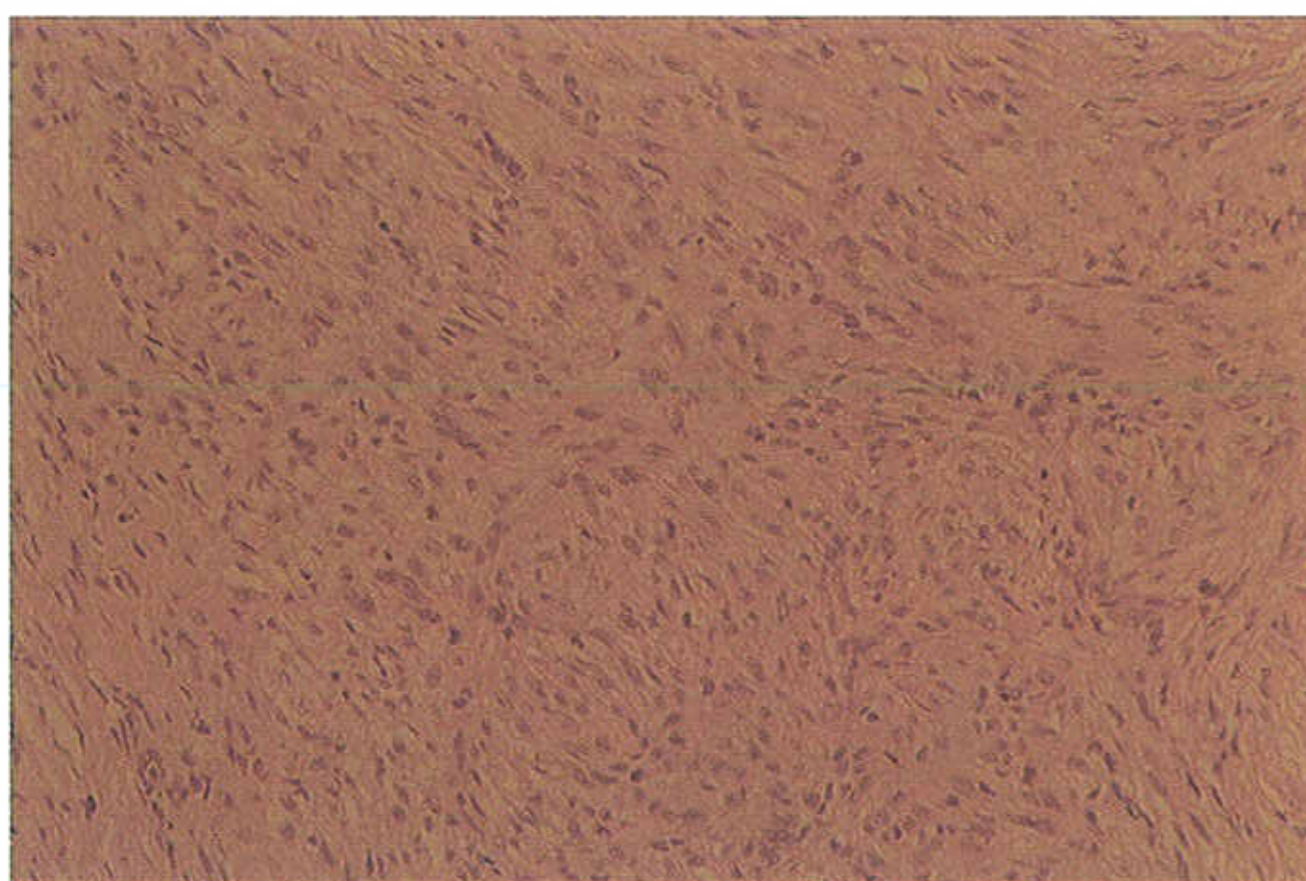


Fig. 3

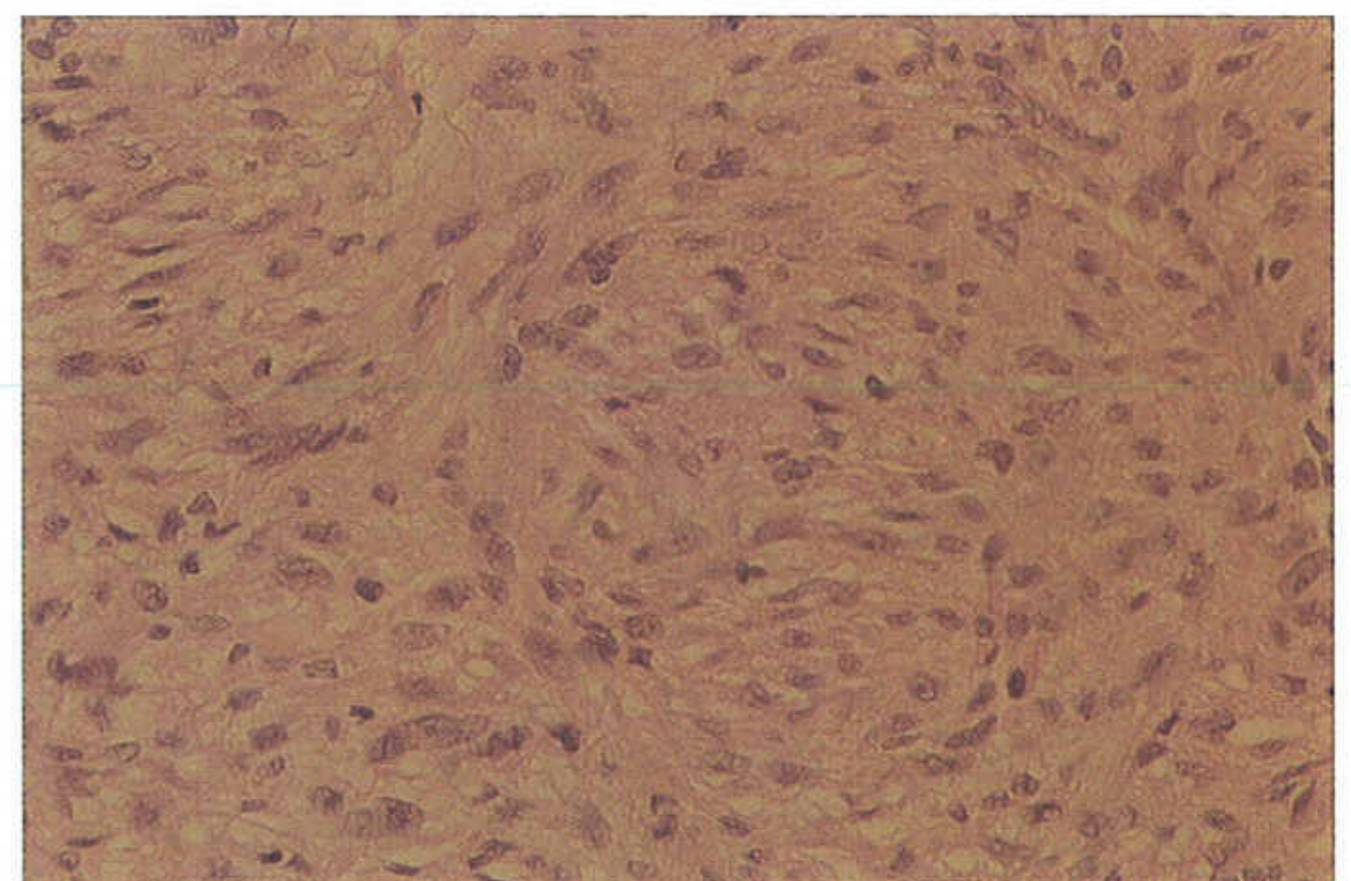


Fig. 4



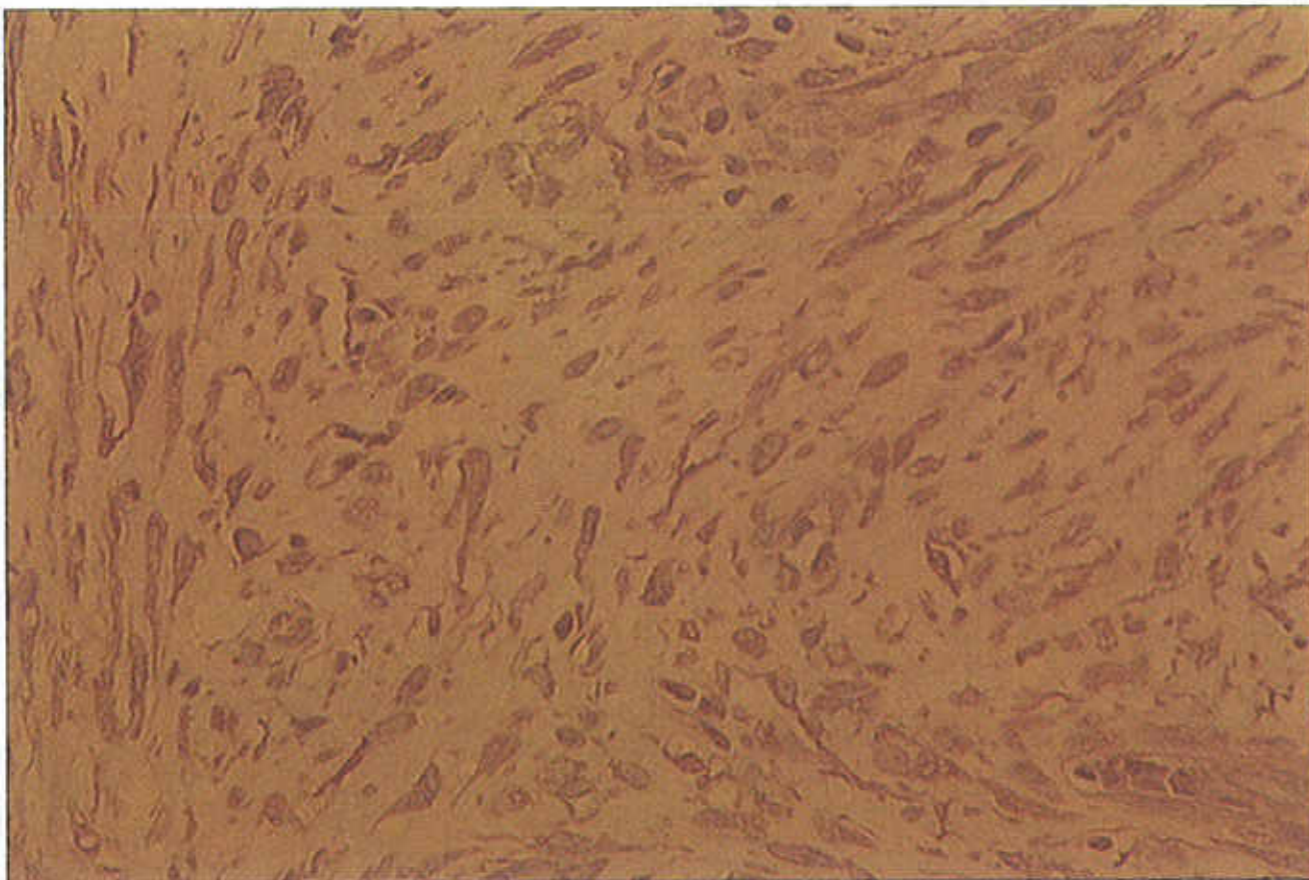


Fig. 5

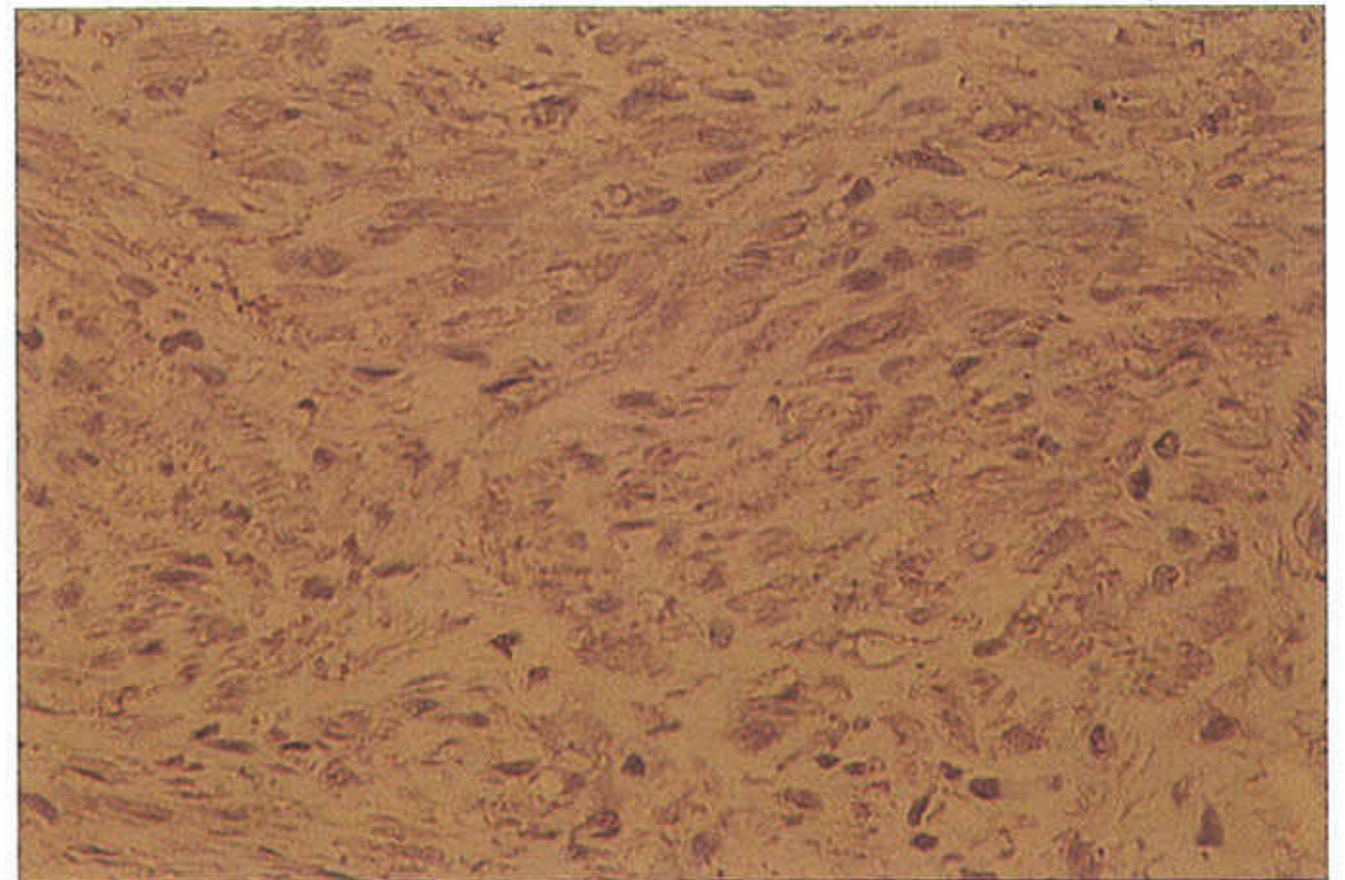


Fig. 6

### Quiz (2)

**Hamda Al Ansari, Aida Al Saleh, Bahram Azadeh MD, FRCPath**

A 40-years-old female presented with seven patches of hair loss on the scalp (Figs. 1 & 2) of many years duration. She was married with two children, was not on pills and did not complain of joint pains. Hematoxylin-eosin stained sections are illustrated in Figures 3-5, immunofluorescent stainings on frozen sections for immunoglobulins and complement were negative.

1) What is your diagnosis? ... Answer on page 60



Fig. 1

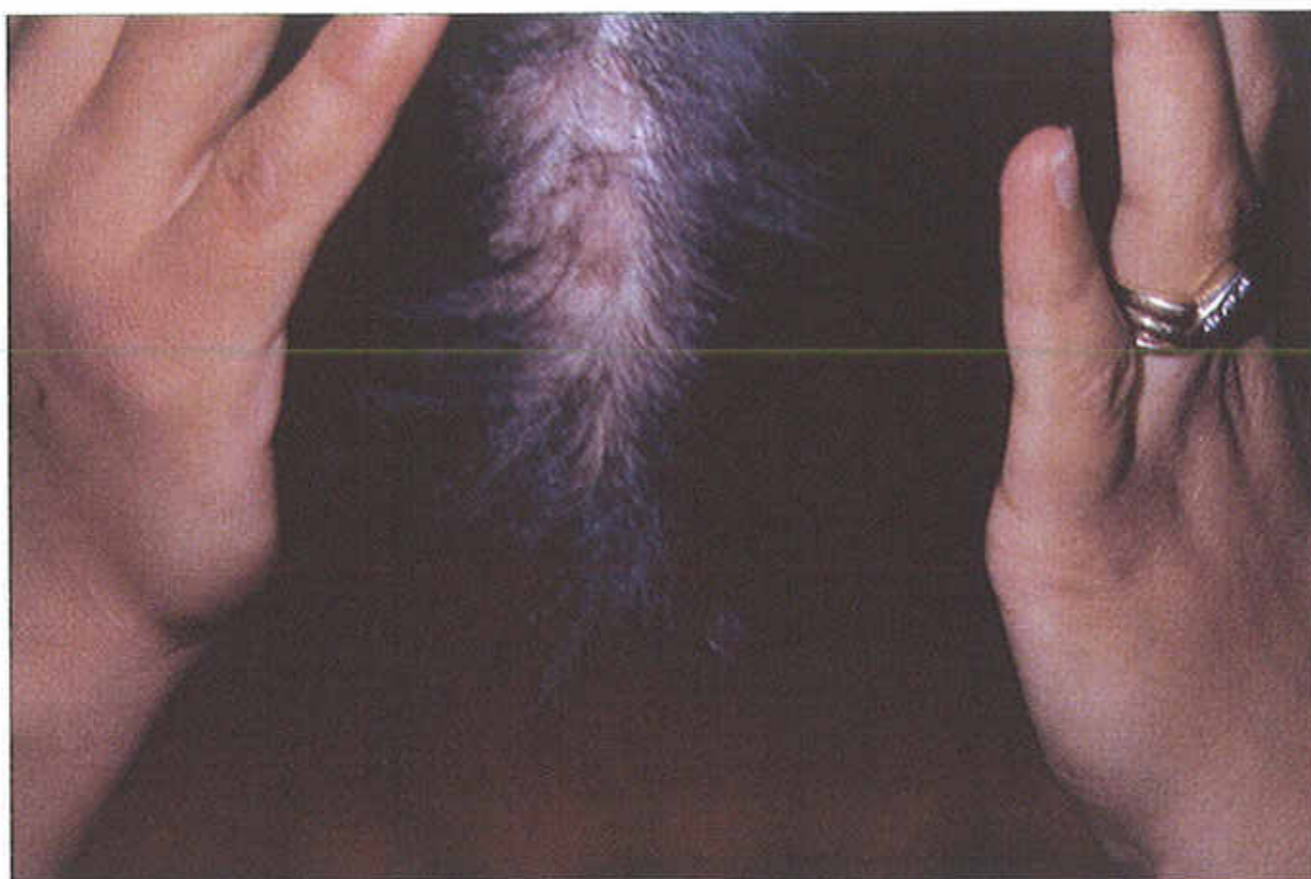


Fig. 2



Fig. 3



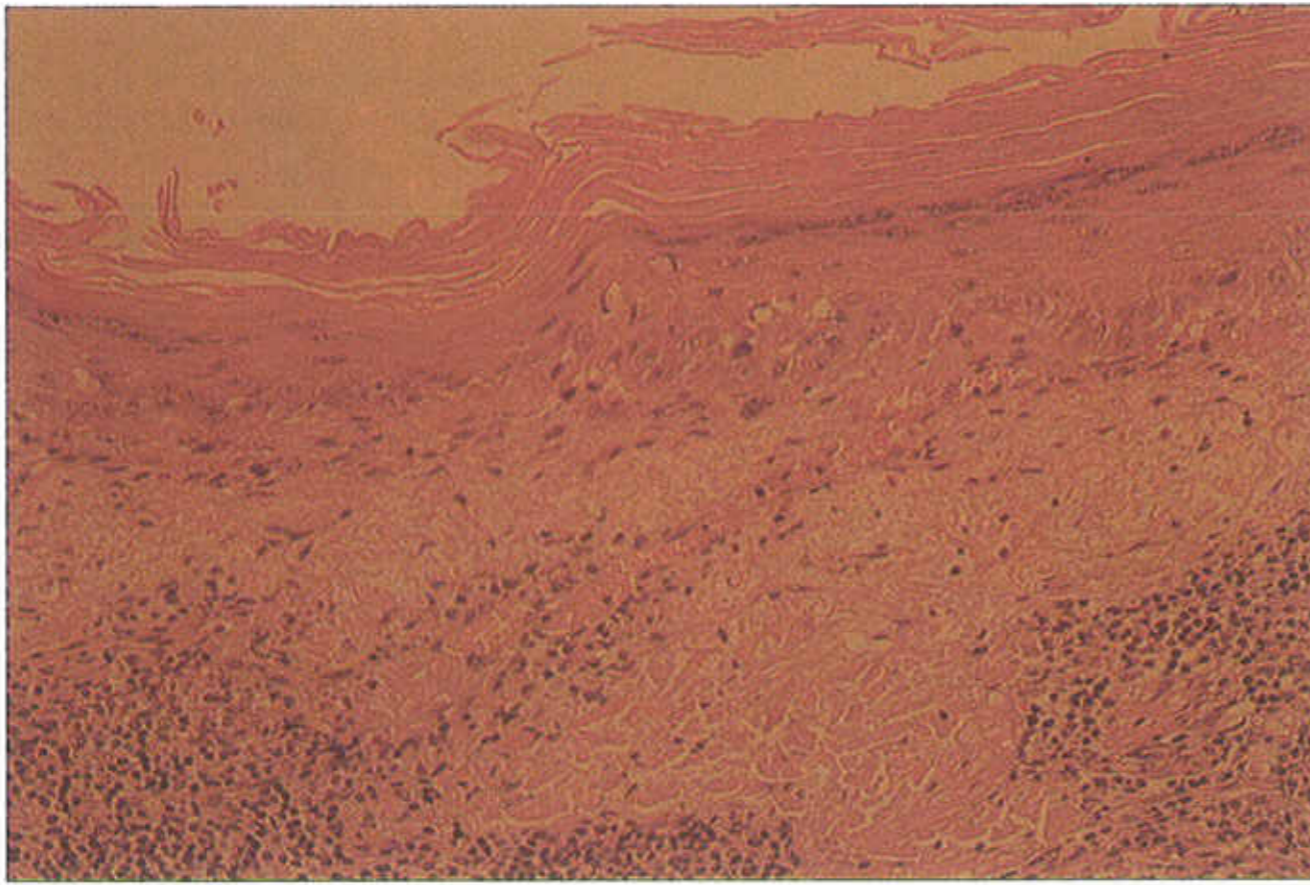


Fig. 4

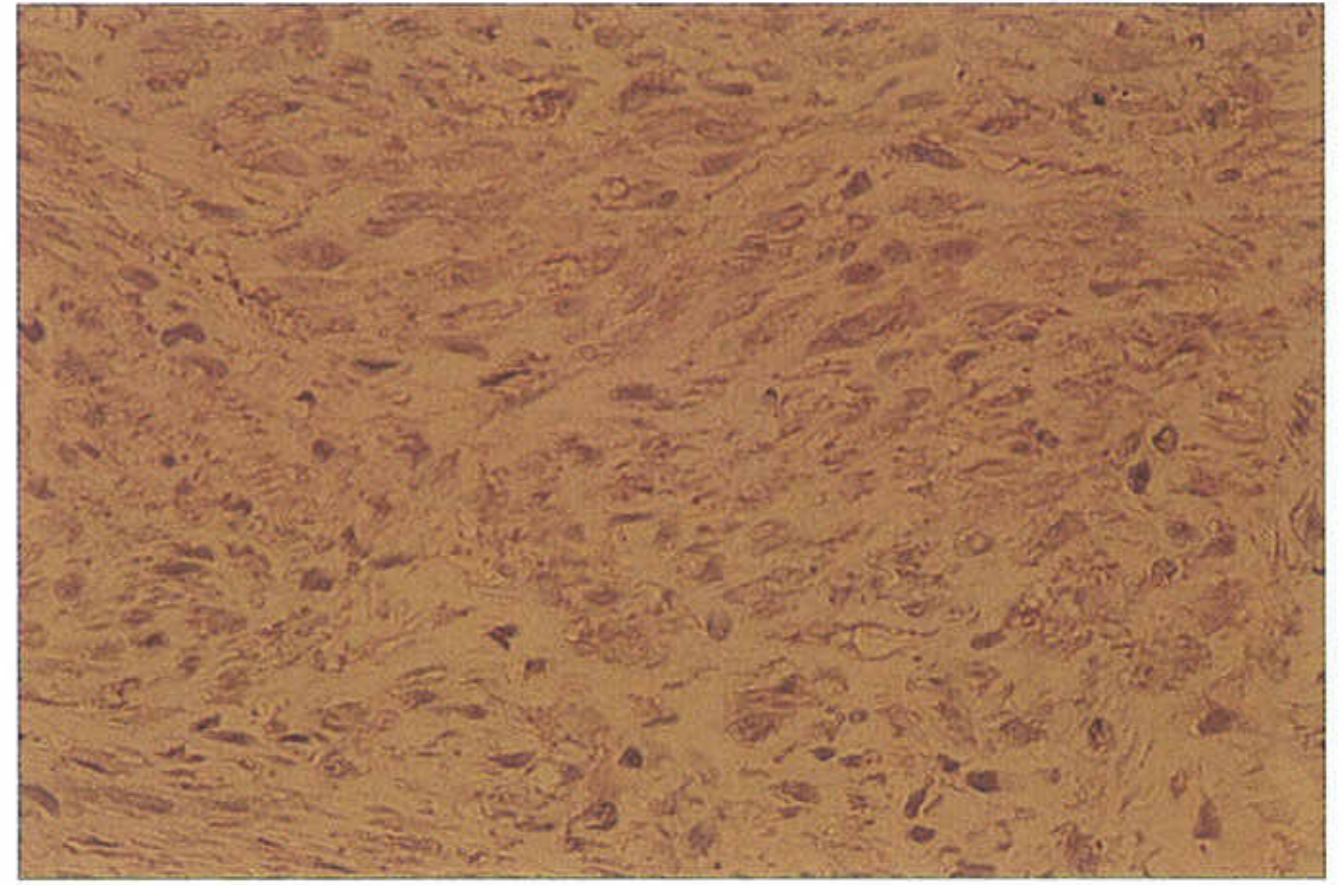


Fig. 5

### Quiz 3

**Bahram Azadeh, MD, FRCPath, Shaikha Al Thani,**

An ellipse of skin 50 x 20 mm. Including subcutaneous tissue to the depth of 25 mm was excised from the umbilical region of a 45-year-old Egyptian woman. Grey tan nodules of up to 15 mm were

noticed protruding over the skin surface. Review of the patient's file revealed a past history of cesarean section. Figures 1 to 4 illustrate hematoxylin-eosin stained sections of the skin lesions.

What is your diagnosis? ..... Answer on 61

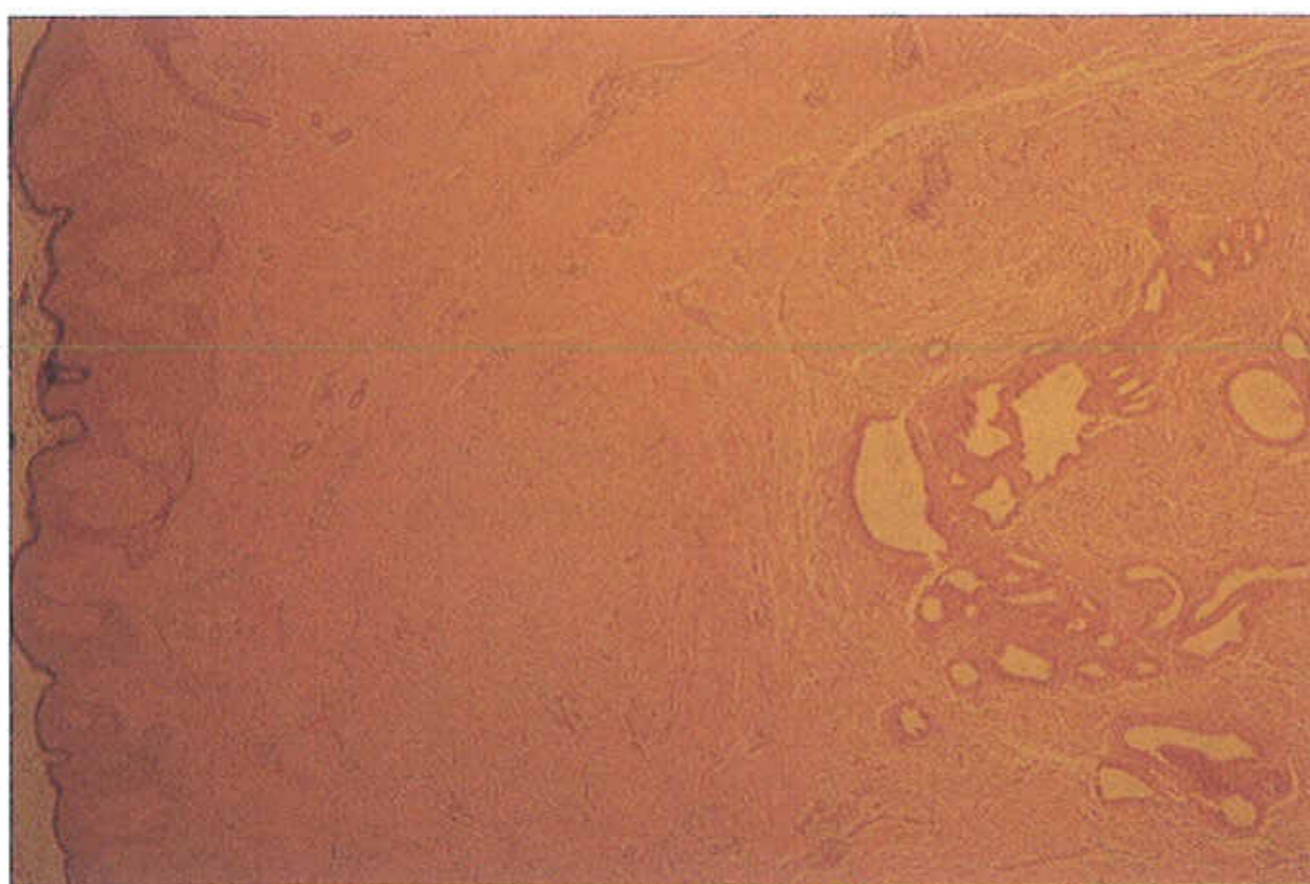


Fig. 1

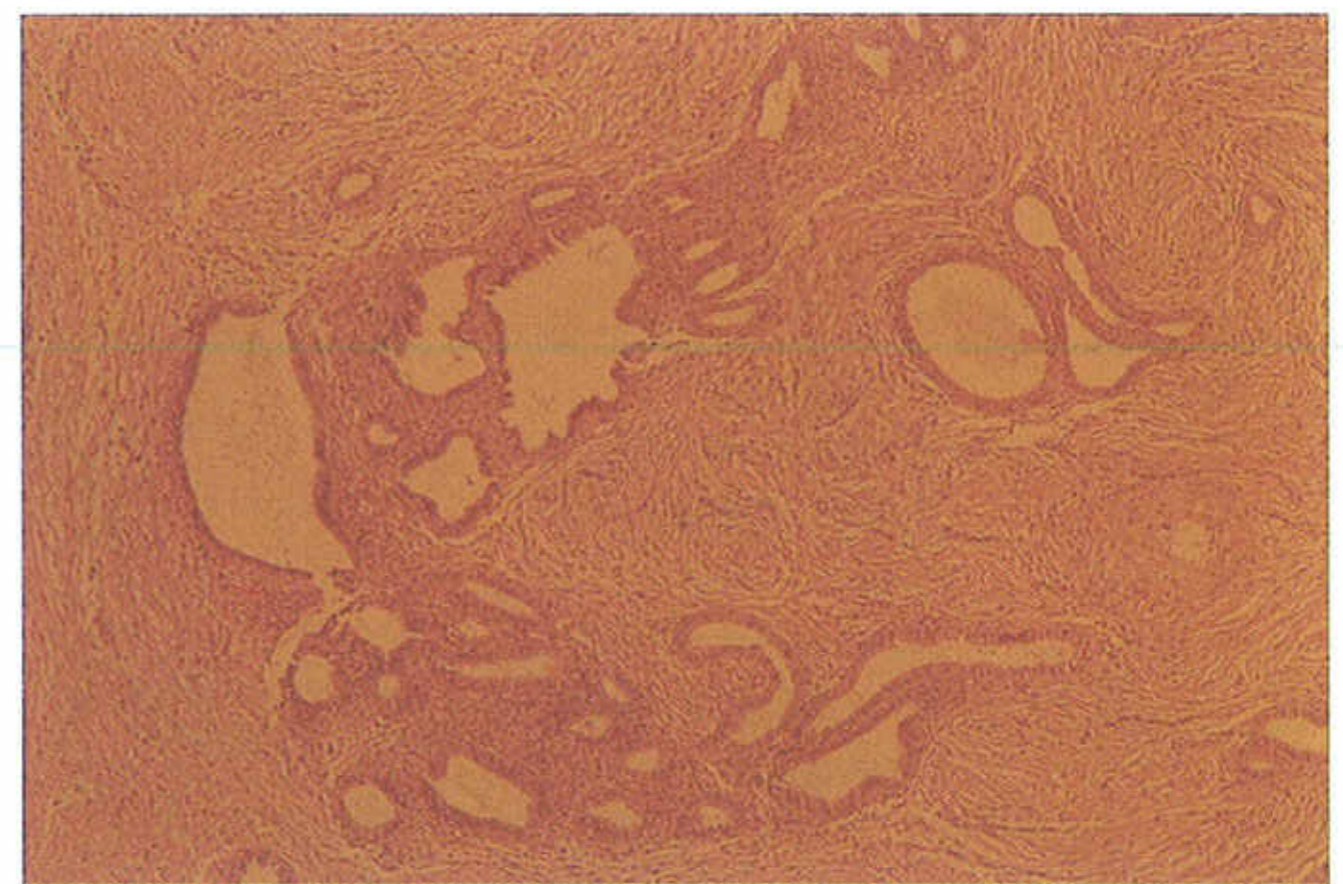


Fig. 2



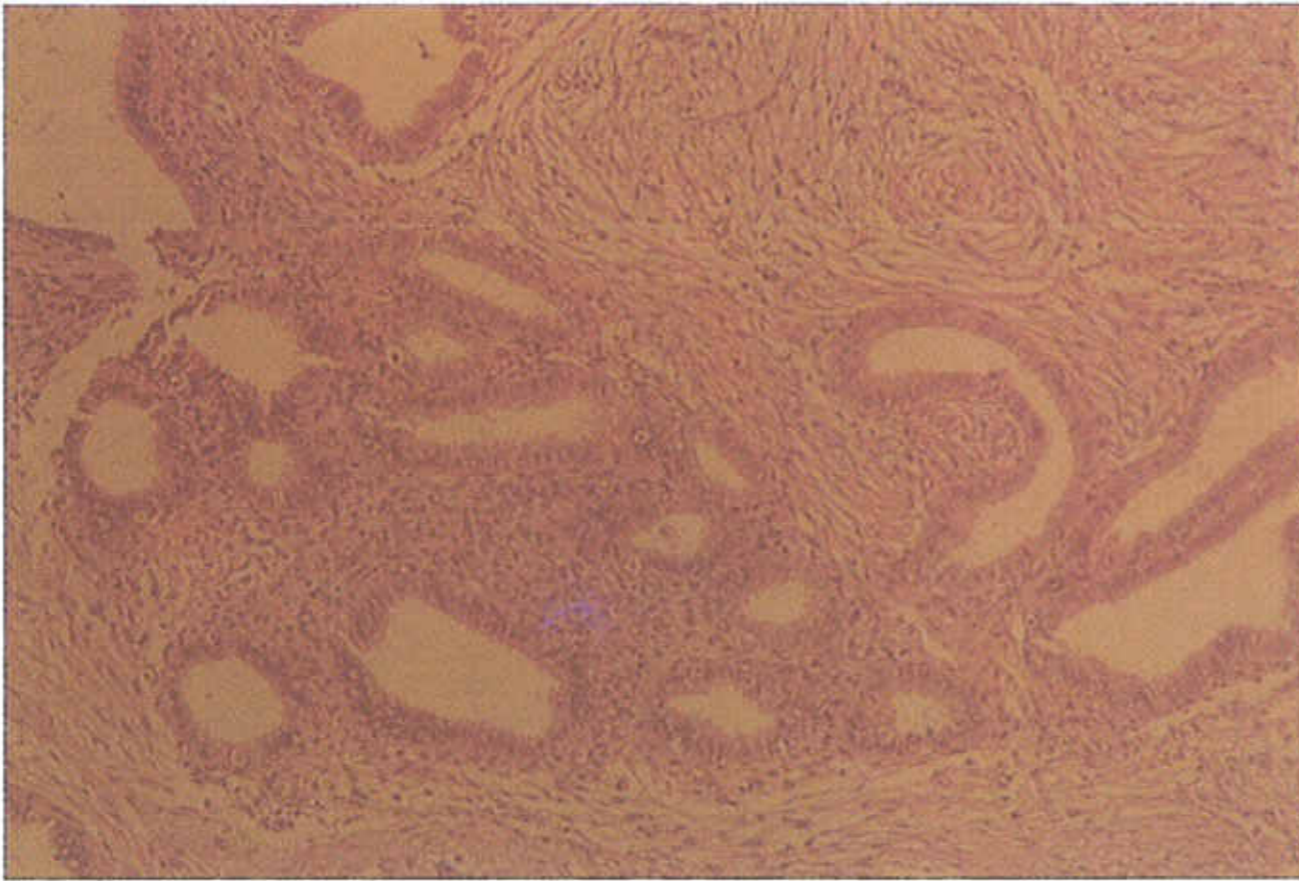


Fig. 3

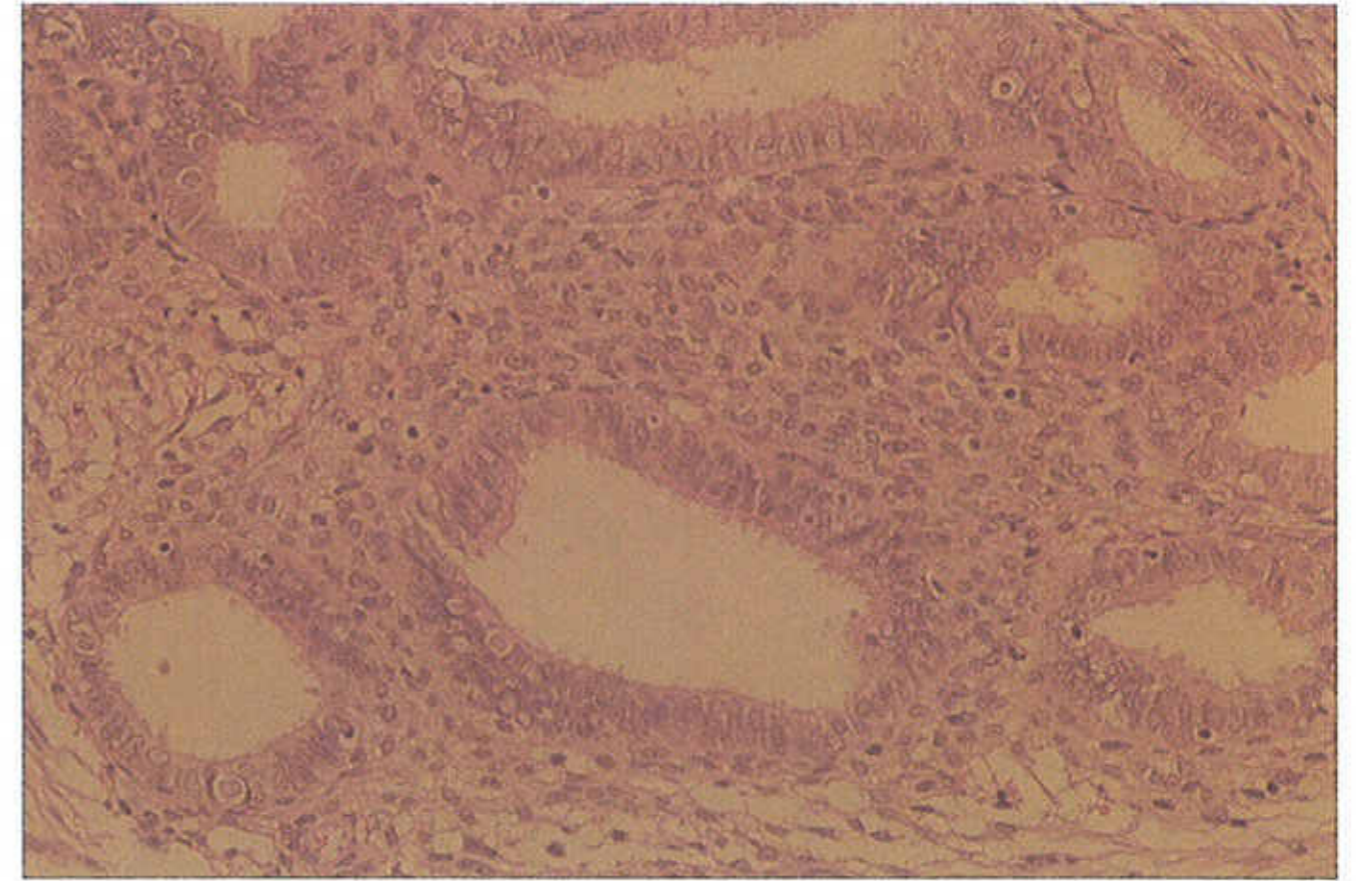


Fig. 4

### Answer to Quiz 1: Cutaneous Leiomyoma

Leiomyomas are relatively common benign neoplasms of dermal and subcutaneous smooth muscles. Solitary and multiple piloleiomyomas are also referred as hamartomas of arrector pili muscle. They generally present as tender intradermal nodules on hair-bearing surfaces, often extensor surfaces of the extremities. Genital leiomyomas are devoid of pain or tenderness presenting as solitary intradermal nodules on scrotal, labial, and areolar skin. Histopathology, leiomyomas are formed of bundles of smooth muscle and collagen fibers. Immunohistochemical positive staining of actin and desmin and negative staining for S-100 protein are helpful in confirming the diagnosis, and in rare difficult cases differentiate them from neural tumors.

Clinical differential diagnosis of a painful nodule of the skin includes

#### “LENDANE G G”:

L	=	Leiomyoma
E	=	Eccrine spiraderma
N	=	Neuroma
D	=	Dermatofibroma
A	=	Angiolipoma
N	=	Neurolemmoma
E	=	Endometrioma
G	=	Glomus tumor
G	=	Granular cell tumor

### Answer to Quiz 2 : Discoid Lupus Erythematosus

Old lesions of discoid lupus erythematosus appear atrophic with loss of hair and show hypo or hyper-pigmentation and this appearance on the scalp simulates alopecia areata clinically.

The histopathology of the biopsy taken showed characteristics of discoid lupus. The skin shows hyperkeratosis of stratum corneum and parakeratosis is usually not conspicuous and keratotic plugs are seen in dilated follicular openings. The epidermis shows thinning and hydropic degeneration of basal cells and dyskeratosis of basilar keratinocytes. The basement membrane is thickened and the dermis shows predominantly lymphocytic infiltrate at dermoepidermal junction, around hair follicles and other appendages. Frequently one observes hydropic changes in the basal layer of hair follicles.

The lymphocytic infiltrate may be seen in five diseases or what is called the five “Ls” namely Lupus erythematosus, Lymphoma, Lymphocytoma cutis, polymorphous Light eruption of the plaque type and Lymphocytic infiltration of Jessner. The negative immunofluorescent stainings in this case reflects the long duration of the lesions and previous therapies.



**Answer to Quiz 3:**

**Endometriosis of the Anterior Abdominal Wall Following Cesarean Sections**

Microscopic sections show endometrial glands and stroma in the dermis associated with fibrous scar tissue. Some glands are dilated. There is no cytologic atypia in the epithelial linings of the glands.

Endometriosis is defined as the presence of functioning endometrial tissue in anatomic locations other than uterine cavity. It occurs in women during the reproductive years and affects approximately 15% of menstruating women. The most common sites of occurrence are pelvic organs. Appendix, rectosigmoid colon, ileum, bladder, umbilicus, vagina and hernia sacs are less common sites. Rarer occurrences are in surgical scars, especially after abdominal hysterectomies, amniocentesis, cesarean sections and episiotomies.

Pathogenetic mechanisms postulated for endometriosis include reflux, vascular and lymphatic dissemination and coelomic metaplasia. Scar endometriosis may be explained resulting from direct

implantation of endometrial cells at the time of the procedure.

Microscopically the combination of endometrial glands and stroma is characteristic; the lesion should not be confused with a sweat gland tumor or with a metastatic adenocarcinoma.

A review of the literature revealed 41 reported cases of endometrioma in caesarean scars, all of which have been reported in the obstetrics/ gynecology literature. Cesarean section is the most common procedure associated with cutaneous endometriosis. In a female of reproductive age with an abdominal wall mass; endometriosis must always be considered in the differential diagnosis. The existence of the abdominal wall nodule that fluctuates and pain during the menstrual cycle in a young woman is a useful sign for abdominal scar endometriosis.

**Reference**

Zlem Aydn, Ediz Coar, Figen Doran, Seyhan Varinli, Mehmet Ali Vardar.

Scar Endometriosis, Report of Three Cases. *Ann Med Sci* 1999;8:63-66



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