

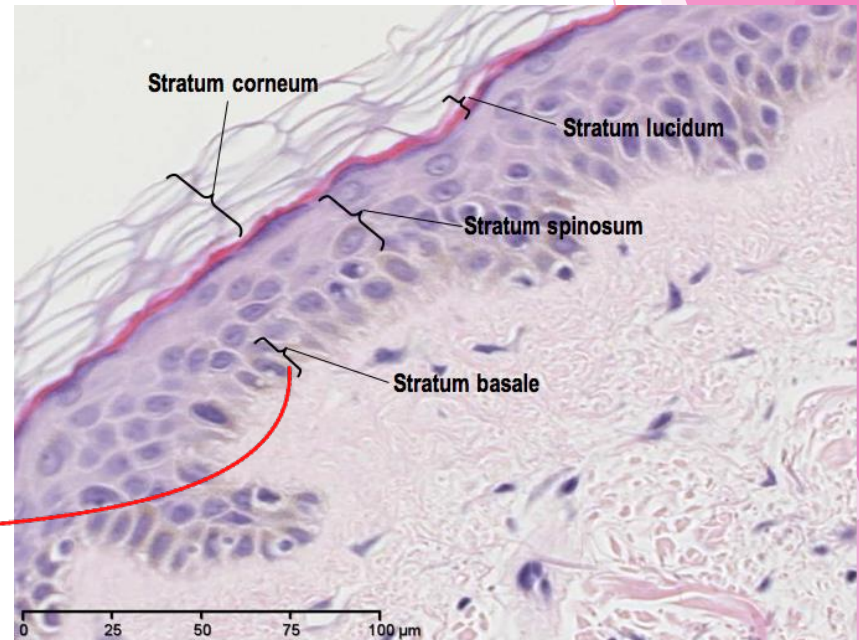
MSS-1

Acute dermatosis

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Histology



Stem
cell
of the
skin

Junctions

Desmosome

Dermo-epidermo Junction

Functions of skin

- ▶ 1. Squamous cells (keratinocytes) help maintain skin homeostasis by providing a physical barrier to environmental insults.
- ▶ 2. Has a major role in immunity.
 - dermis contain: CD4+ and CD8+ cells.
 - epidermis contain: γ/δ T cells.

- ▶ Acute inflammatory dermatoses.
- ▶ Chronic Inflammatory Dermatoses.
- ▶ Blistering (Bullous) Disorders.

1. Acute inflammatory dermatoses.

- ▶ Acute lesions, defined as:
 - ❑ days to several weeks in duration.
 - ❑ characterized by inflammation, edema, and sometimes epidermal, vascular, or subcutaneous injury.
 - ❑ Marked by infiltrates consisting of mononuclear cells rather than neutrophils, (unlike acute inflammatory disorders at most other sites).
 - ❑ Some acute lesions may persist, transitioning to a chronic phase, while others are self-limited

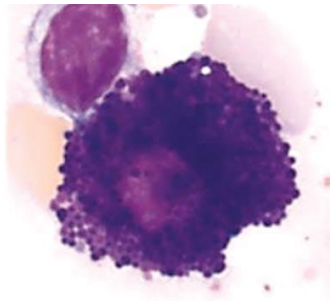


Mast C degran

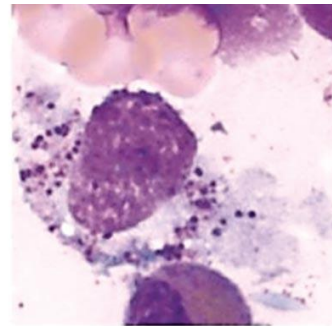
A. Urticaria.

- ▶ a common disorder mediated by localized mast cell degranulation, which leads to dermal microvascular hyperpermeability.
- ▶ The resulting erythematous, edematous, and pruritic plaques are termed wheels.

Itching



Resting mast cell



Activated mast cell



pathogenesis

**IgE-dependent urticaria

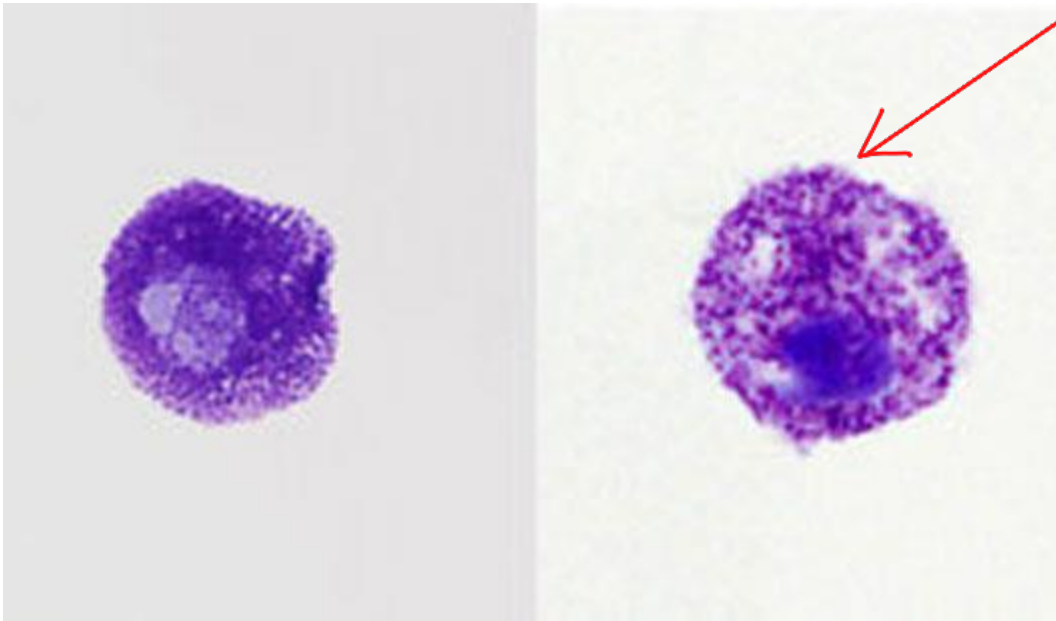
Responsible antigens include viruses, pollens, foods, drugs, and insect venom.

**IgE-independent urticaria

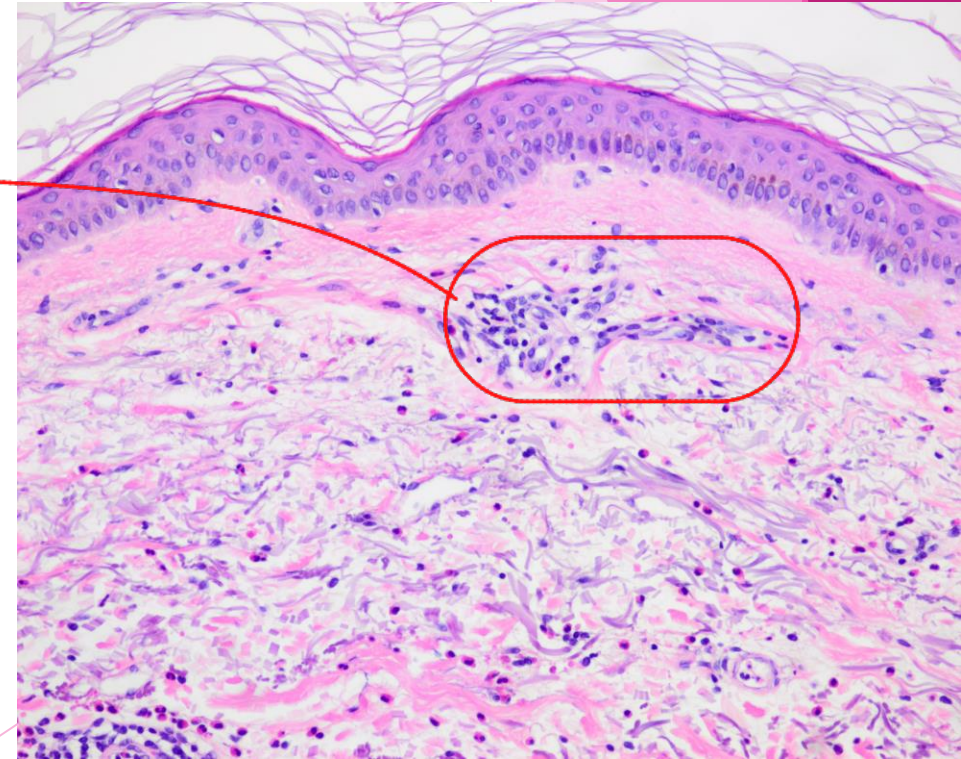
result from exposure to substances that directly incite mast cell degranulation, such as opiates and certain antibiotics

Histologic features of urticaria

- ▶ *sparse superficial perivenular infiltrate of mononuclear cells, rare neutrophils, and sometimes eosinophils.
- ▶ *dermal edema causes splaying of collagen bundles.
- ▶ *Degranulation of mast cells, can be highlighted using a Giemsa stain.



*Inflammatory
Cells*



Clinical Features

- ▶ Typically affects individuals between 20 and 40 years of age.
- ▶ Individual lesions usually develop and fade within hours, but episodes can persist for days or even months.

- ▶ Lesions range in size and nature from small, pruritic papules to large, edematous, erythematous plaques.

less than 2 cm

- ▶ Treatment:

more than 2 cm

السكروالجبموتناف

- Antihistamines.
- leukotriene antagonists.
- monoclonal antibodies that block the action of IgE.
- immunosuppressive drugs

B. Acute Eczematous Dermatitis.

- ▶ Eczema is a clinical term that embraces a number of conditions with varied underlying etiologies.
- ▶ Clinically the patient may have:
 - erythematous papules with overlying vesicles, which ooze and become crusted.
 - Pruritus is characteristic.
 - With persistence, these lesions coalesce into raised, scaling plaques.



The clinical subtypes include :

▶ 1. Allergic contact dermatitis:

stems from topical exposure to an allergen and is caused by delayed hypersensitivity reactions.

▶ 2. Atopic dermatitis:

Atopic Triad

stem from defects in keratinocyte barrier function, defined as skin with increased

permeability to substances to which it is exposed, such as potential antigens

▶ 3. Drug-related eczematous dermatitis:

Hypersensitivity reaction to a drug.



▶ 4. Photoeczematous dermatitis:

appears as an abnormal reaction to UV or visible light

▶ 5. Primary irritant dermatitis:

results from exposure to substances that chemically, physically, or mechanically damage the skin.

non specific React

4.)



5.)

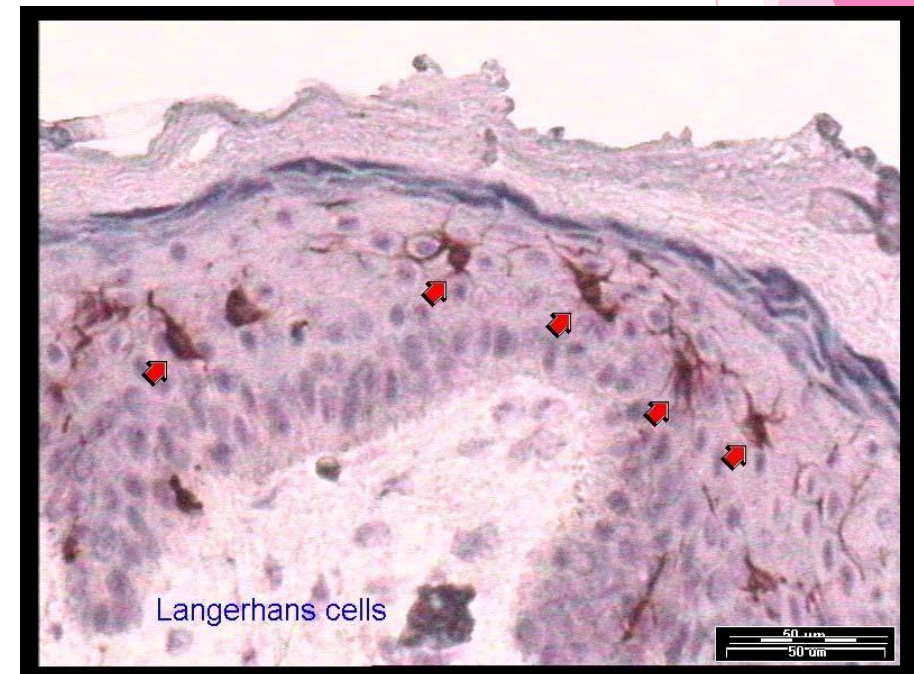


Allergic contact dermatitis

- ▶ Allergic contact dermatitis is triggered by exposure to an environmental contact-sensitizing agent, such as poison ivy, that chemically reacts with self-proteins, creating neoantigens that can be recognized by the T cell arm of the adaptive immune system.

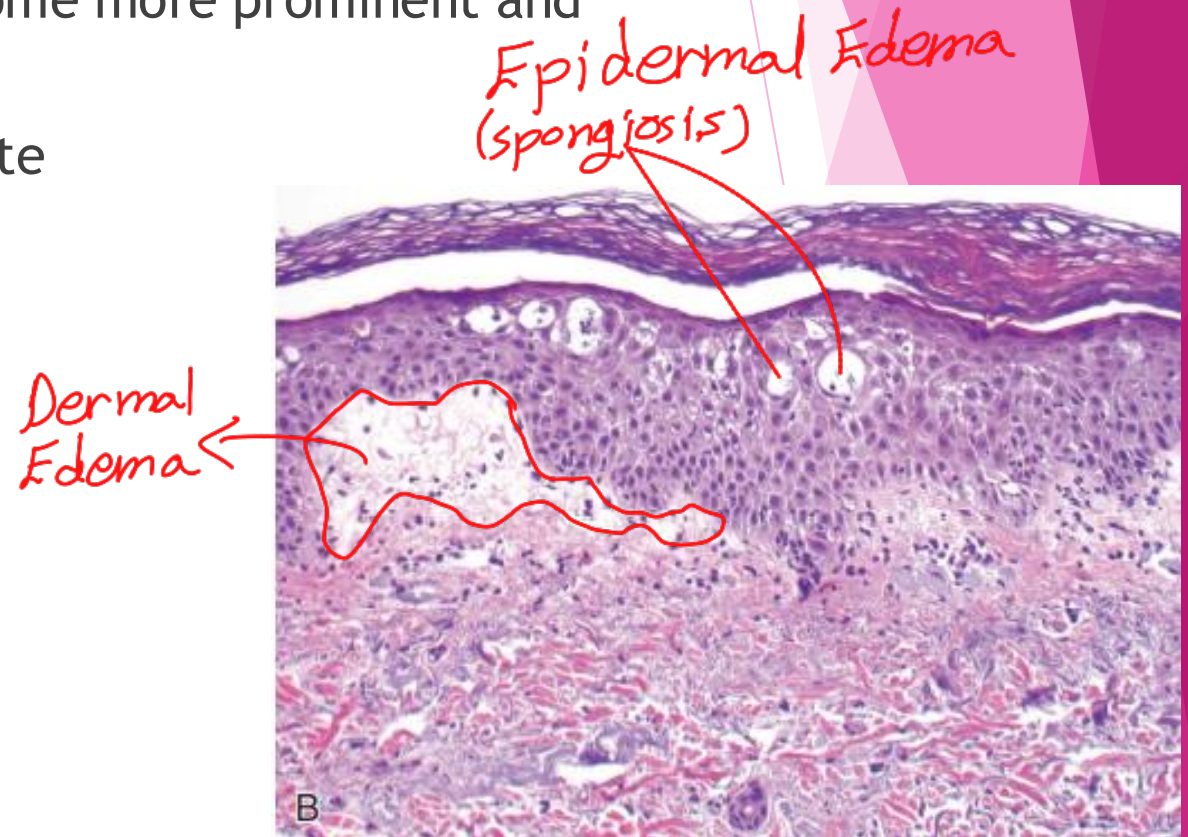


- ▶ The self-proteins modified by the agent are processed by epidermal Langerhans cells
- ▶ which migrate to draining lymph nodes and present the antigen to naïve T cells.
- ▶ This sensitization event leads to acquisition of immunologic memory
- ▶ on reexposure to the antigen, the activated memory CD4+ T lymphocytes migrate to the affected skin sites during the course of normal circulation



Histology

- ▶ Spongiosis or epidermal edema, Edema fluid seeps into the epidermis, where it splays apart keratinocytes .
- ▶ Intercellular bridges are stretched and become more prominent and are easier to visualize.
- ▶ superficial perivascular lymphocytic infiltrate
- ▶ edema of dermal papillae.
- ▶ mast cell degranulation.



Clinical Features

- ▶ Lesions of acute eczematous dermatitis are
 - pruritic, edematous, oozing plaques, often containing vesicles and bullae.
 - With persistent antigen exposure, lesions may become scaly (hyperkeratotic) as the epidermis thickens (acanthosis).
 - It usually appears in early childhood and remits spontaneously as patients mature into adults. Children with atopic dermatitis often have asthma and allergic rhinitis, termed the atopic triad.



C. Erythema Multiforme

Targitoid

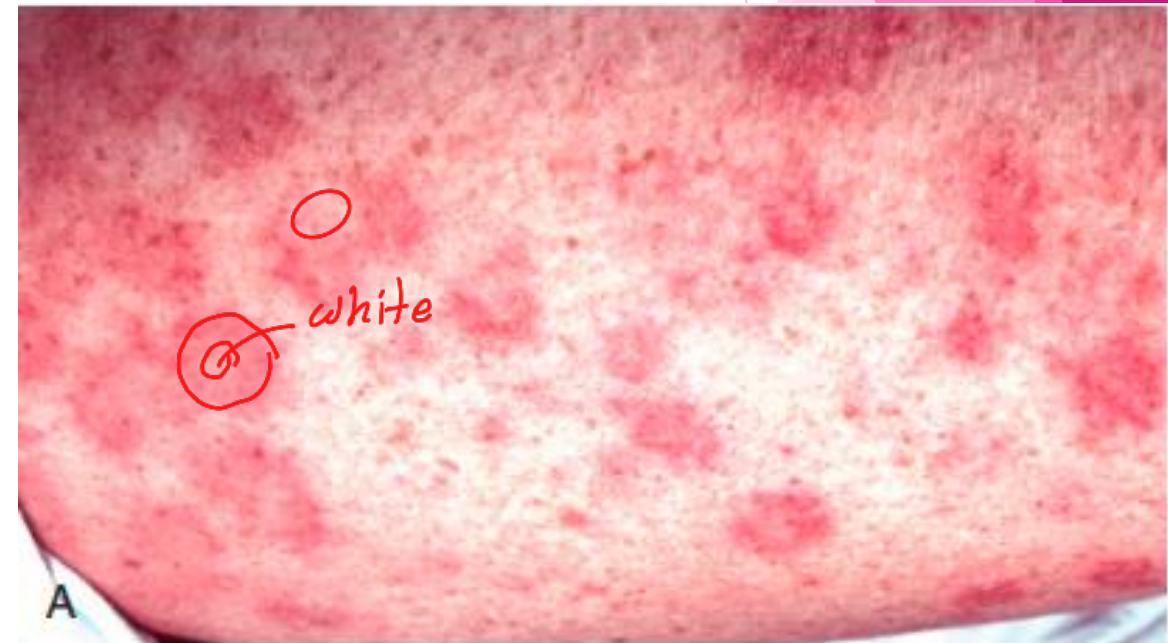
- ▶ Erythema multiforme is characterized by epithelial injury mediated by skin-homing CD8+ cytotoxic T lymphocytes.
- ▶ The cytotoxic T cell attack is focused on the basal cells of cutaneous and mucosal epithelia, presumably due to recognition of still unknown antigens
- ▶ self-limited disorder that appears to be a hypersensitivity response to
 - certain infections: herpes simplex, mycoplasma, and some fungi.
- ▶ drugs.
 - sulfonamides, penicillin, salicylates and anti-malarials.

in stratum
basalies

مستخد من وجود في
التهبة الأولى من الـ Epi
والتي تتحدث بين الـ Epi و
الـ Dermis
تفاعل مع الـ CD8+

MORPHOLOGY

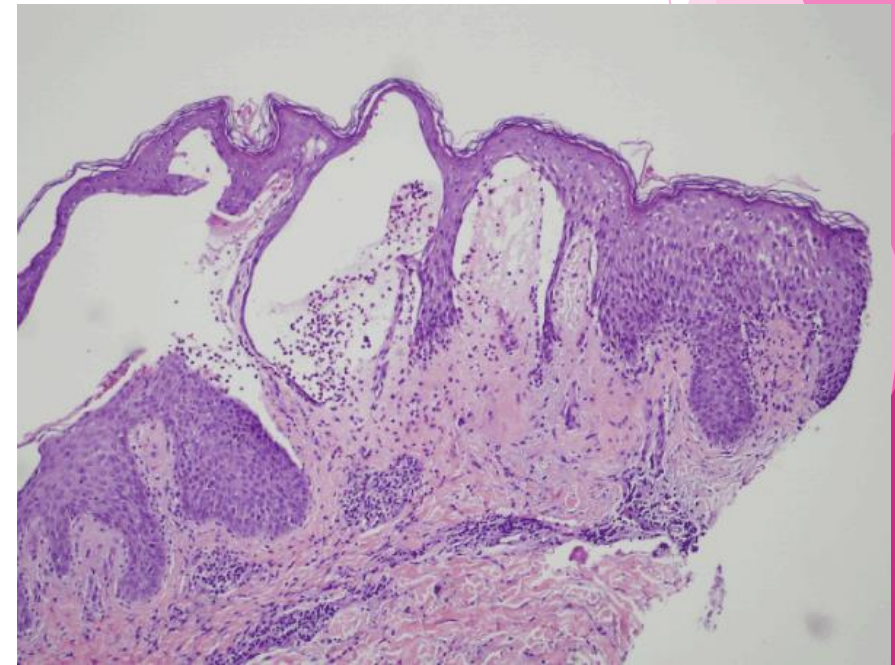
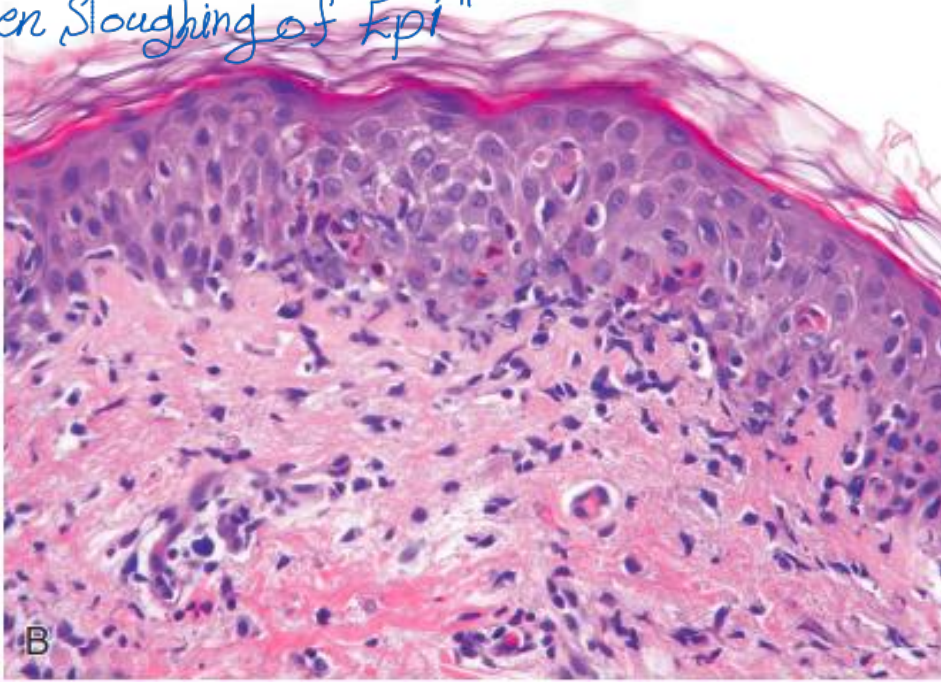
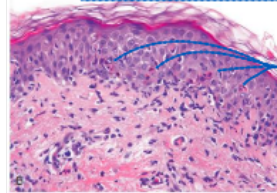
- ▶ Affected individuals present with a wide array of lesions, which may include macules, papules, vesicles, and bullae (hence the term multiforme)
- ▶ Well-developed lesions have a characteristic “targetoid” appearance



- ▶ Early lesions show
 - superficial perivascular lymphocytic infiltrate
 - dermal edema *Dilated, Increase permability*
 - margination of lymphocytes along the dermoepidermal junction with apoptotic keratinocytes

- ▶ With time
 - discrete, confluent zones of basal epidermal necrosis appear, with concomitant blister formation.

"then Sloughing of Epi"



Clinical Features

- ▶ Erythema multiforme caused by medications may progress to more serious eruptions, such as
 - Stevens-Johnson syndrome: epidermal detachment < 10% body surface area
 - toxic epidermal necrolysis: epidermal detachment > 30% body surface area
- ▶ These forms can be life-threatening, as they may cause sloughing of large portions of the epidermis, resulting in fluid loss and infections complications



Sloughing

