DIAGNOSIS:
MYCOSIS FUNGOIDES/LARGE PLAQUE PARAPSORIASIS

- Psoriasiform pattern: often mimics chronic spong derm or psoriasis, both clinically and histologically
- Clues: look for epidermotropism, cytologic atypia of lymphocytes, lining up of lymphocytes along basal epidermis, and Pautrier’s microabscesses (~30%)
LARGE PLAQUE PARAPSORIASIS

- Somewhat controversial entity, now accepted as a variant of MF
- Clinically, presents as large erythematous patches and plaques
- Often progresses to poikilodermatous lesions
- Histology: mild psoriasiform hyperplasia with spongiosis and few atypical lymphocytes
- Small plaque parapsoriasis (digitate dermatosis) unrelated, and not considered variant of MF
PSORIASIFORM DERMATITIS

DIFFERENTIAL DIAGNOSIS:
1. Psoriasis
2. Subacute/chronic spongiotic dermatitis
3. Lichen simplex chronicus (LSC) & prurigo nodularis
4. Pityriasis rubra pilaris (PRP)
5. Syphilis (secondary)
6. Reiter’s syndrome
7. Mycosis fungoides/large plaque parapsoriasis

PSORIASIS: Clinical
• Chronic dermatitis characterized by often symmetric, erythematous plaques with silvery scale, variants include guttate and pustular psoriasis

PSORIASIS: Histology
• Regular acanthosis, hypogranulosis, parakeratosis with neutrophils
• Increased epidermal turnover (increased basal mits) and tortuous papillary dermal capillaries
• Guttate, early and treated psoriasis exhibit less acanthosis and may show significant spongiosis
2. SUBACUTE AND CHRONIC SPONGIOTIC DERMATITIS

- Irregular or uneven hyperplasia w/parakeratosis; spongiosis may be minimal
- Almost any spongiotic dermatitis in subacute to chronic phase

PITYRIASIS ROSEA (PR)

- Common dermatosis in young patients, scaly plaque-like “herald patch” shows most psoriasiform features
- Spongiosis and spongiotic vesicles, mounds of parakeratosis, RBC extravasation
3. **LICHEN SIMPLEX CHRONICUS (LSC) AND PRURIGO NODULARIS**

- Hyperkeratosis, irregular acanthosis, hypergranulosis, papillary dermal fibrosis and chronic inflammation

4. **PITYRIASIS RUBRA PILARIS**

- Rare dermatosis, classic presentation with erythroderma, hyperkeratotic patches and plaques with follicular plugging

- Histology shows psoriasiform acanthosis with hypergranulosis and alternating hyperkeratosis and parakeratosis; follicular plugging
- Lack of neutrophils and suprapapillary thinning

5. **SYPHILIS (SECONDARY)**

- Erythematous and scaly papules and nodules, often on palms and soles, but may be anywhere on the body, including scalp and mucosal sites

- Often marked epidermal acanthosis and neutrophilic infiltrate with plasma cells
- Organisms may be difficult to find; use silver stains and/or anti-spirochetal antibody
6. REITER’S SYNDROME

- Clinical: classic triad of urethritis, uveitis and arthritis, with mucocutaneous lesions
- Crusted erythematous to pustular papules and plaques on feet, genitalia, buttocks, and scalp

- Histology shows psoriasiform hyperplasia with parakeratosis and numerous neutrophils, often forming pustules
- May be indistinguishable from pustular psoriasis