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Palitha Ratnayake

Teaching Hospital-Kandy, Sri Lanka

Biography

Palitha Ratnayake is the current President of Sri Lanka College of Pathologists. Following MD in Histopathology, he has completed advanced course in Dermatopathology at St John Institute in St Thomas Hospital, London in 2001 and Fulbright Fellowship in Dermatopathology in University of California, USA in 2009. He has done many research studies in the field of Dermatopathology and given speeches at both local and international conferences and symposia. He holds many years of experience in teaching junior dermatologists and pathologists and has been contributing as an examiner for MD Histopathology for several years. His special research interest is mycosis fungoides, cutaneous leishmaniasis and cutaneous infections.

palnaisal@gmail.com

COLOURS IN SKIN BIOPSIES – A CLUE TO DIAGNOSIS

Substances with different colours may present in a skin biopsy sample, which provide clues for the definitive diagnosis of the underlying skin disease. On the other hand, pathologists use colored substances to highlight different material in a biopsy sample, which is not apparent on routine hematoxylin, and eosin stained skin biopsies. In this lecture different pathological entities of skin will be discussed where the presence of colored substance plays a major role in the diagnosis. Mucin in a skin biopsy will give bluish tinge to the tissue. Mucin can be highlighted by different mucin stains like alcian blue, colloidal iron and mucicarmine. When a bluish tinge is present in a biopsy sample depending on the dermal location, diagnosis can be narrowed down. In systemic lupus erythematosus and dermatomyositis mucin is present in the stroma. Follicular mucinosis is a clue to mycosis fungoides, especially folliculotrophic variant. Presence of mucin in a dermal based granuloma is a clue to diagnose granuloma annulare. Calcium is a substance which can be present in different skin lesions which appear dark blue in H and E stained skin biopsies. Calciphylaxis, calcinosis cutis and pancreatic panniculitis are some of the conditions where calcium is deposited in skin tissue. Fibrin gives red characteristic red colour. Fibrin is deposited in different conditions of skin including vasculitis with fibrinoid necrosis, rheumatoid nodules with central necrobiotic focus containing fibrin etc. Deposition of amorphous or granular eosinophilic material appears as pink colour cutaneous deposits. In different cutaneous pathological conditions which help to narrow down the differential diagnosis. Amyloid, elastotic degeneration of skin and caseous necrosis can appear as pink material, which can be differentiated using different special stains. Special stains are also used to highlight different micro organisms in cutaneous infections. Fungi may appear purple with PAS stain and black with Grocott stain. Giemsa stain highlights donovani bodies in cutaneous leishmaniasis in purple. Acid fast stains use to highlight mycobacterial which appear pink. It is important to pay attention to variation in colours and their patterns, which will provide valuable clues in the diagnosis of cutaneous diseases.



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