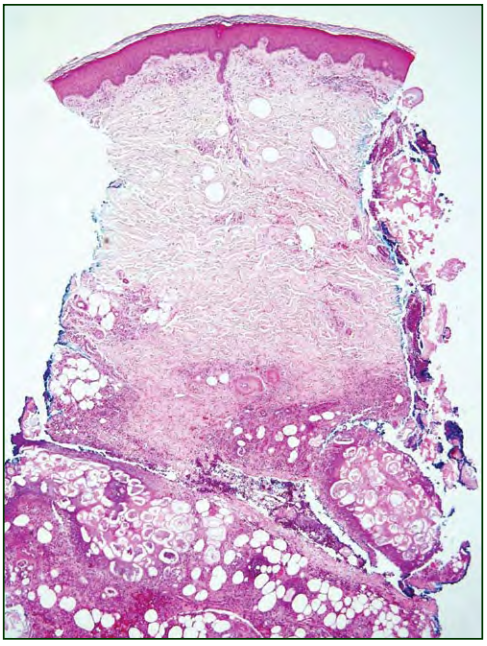
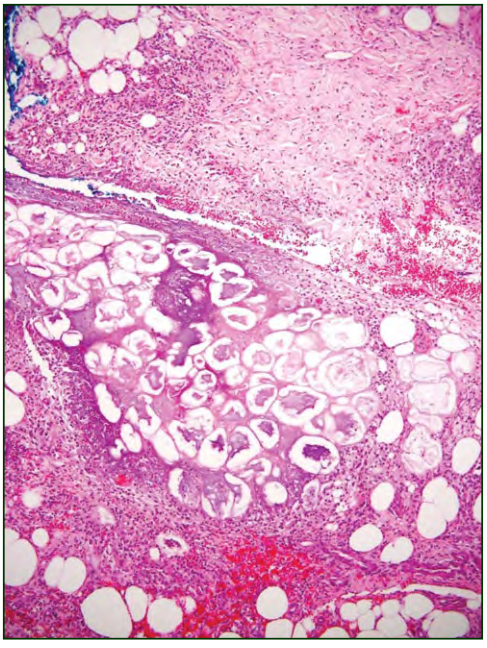


H&E, original magnification ×40.



H&E, original magnification ×100.

The best diagnosis is:

a. calciphylaxis
b. eosinophilic panniculitis
c. erythema nodosum
d. lipodermatosclerosis
e. pancreatic panniculitis

PLEASE TURN TO PAGE 264 FOR DERMATOPATHOLOGY DIAGNOSIS DISCUSSION

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The authors report no conflict of interest.
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Pancreatic Panniculitis

Pancreatic panniculitis clinically presents as tender, edematous, erythematous, or red-brown nodules that may spontaneously ulcerate and drain an oily material. These nodules most commonly appear on the distal lower extremities. Histologic examination of pancreatic panniculitis reveals a mixed septal-lobular panniculitis with necrosis of adipocytes (Figure 1). These necrotic adipocytes, known as ghost cells, have lost their nucleus and contain a granular basophilic material in the cytoplasm from calcium deposition (Figure 2).[1,2] In calciphylaxis, granular basophilic deposits of calcium are primarily found within the media of small vessels located between adipocytes (Figure 3) rather than within the adipocytes themselves.[3] Similar to pancreatic panniculitis, eosinophilic panniculitis and lipodermatosclerosis also are mixed septal-lobular panniculitis. However, eosinophilic panniculitis differs from pancreatic panniculitis because there are no ghost cells and

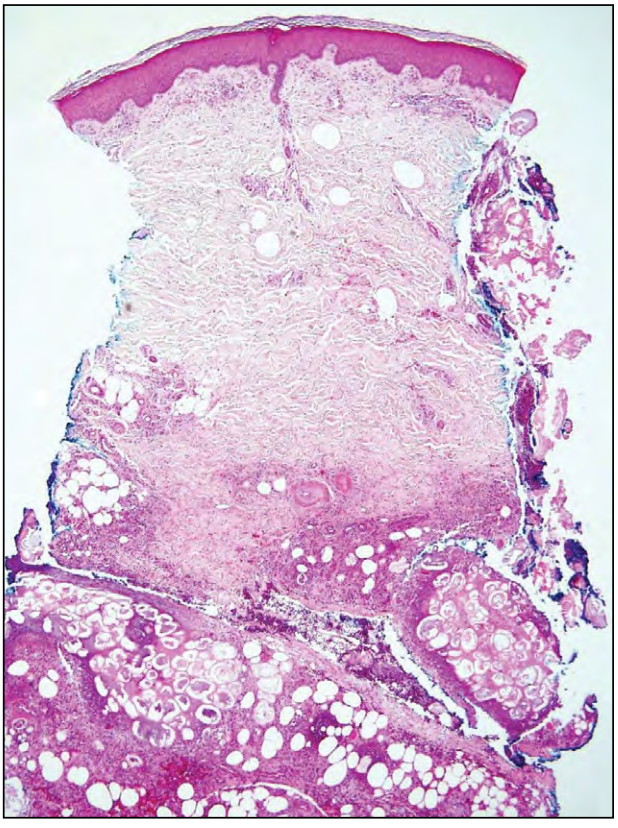

Figure 1. Mixed septal-lobular panniculitis with necrosis of adipocytes (H&E, original magnification ×40).

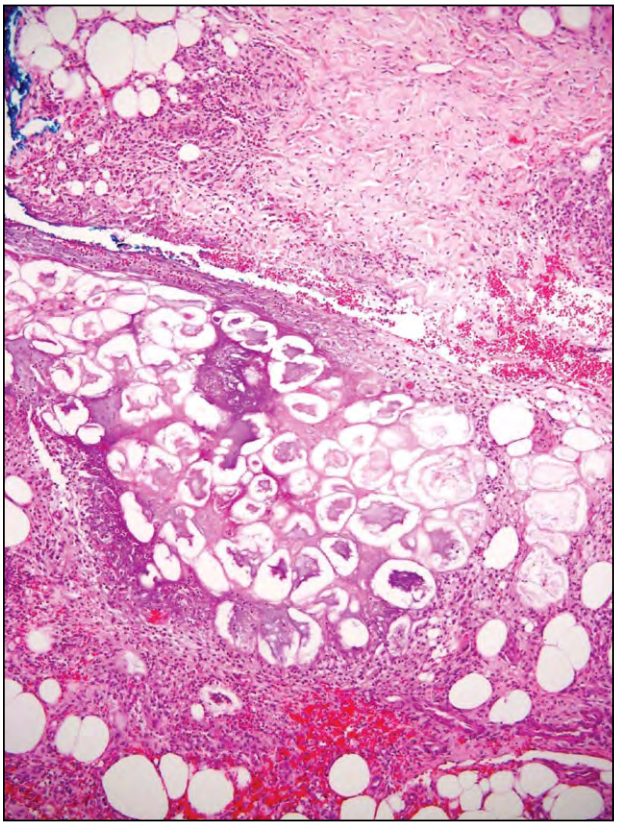

Figure 2. Necrotic adipocytes of panniculitis (H&E, original magnification ×100).

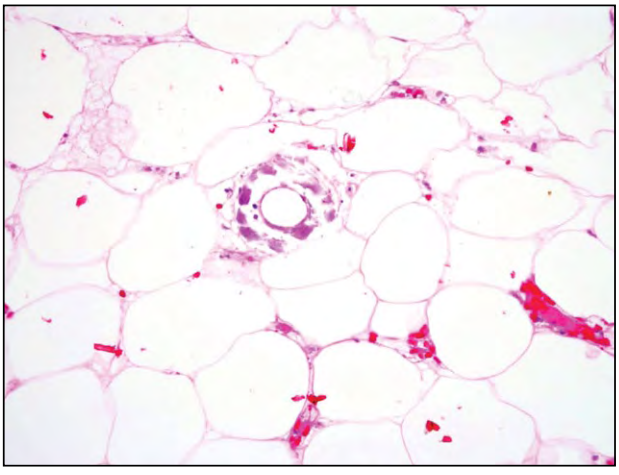

Figure 3. Granular basophilic deposits of calcium within the media of small vessels between adipocytes of calciphylaxis (H&E, original magnification ×400).

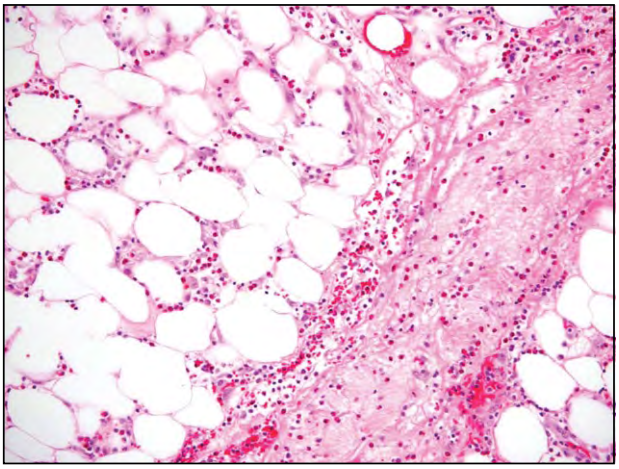

Figure 4. Mixed septal-lobular panniculitis with predominance of eosinophils of eosinophilic panniculitis (H&E, original magnification ×200).

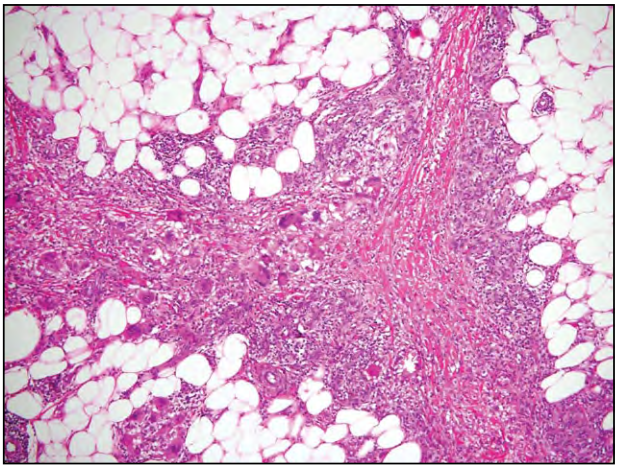

Figure 6. Septal panniculitis with a mixed inflammatory cell infiltrate and giant cells of erythema nodosum (H&E, original magnification ×100).

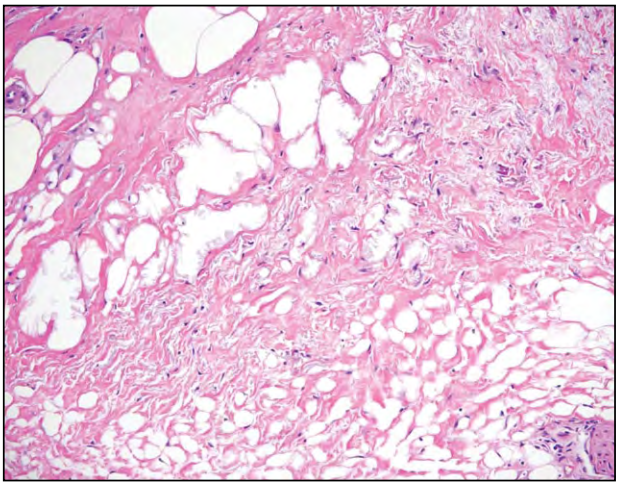

Figure 5. Mixed septal-lobular panniculitis with membranocystic fat necrosis and eosinophilic amorphous material with an undulating appearance lining the walls of the adipocytes of lipodermatosclerosis (H&E, original magnification ×200).

the infiltrating cells predominantly are eosinophils and lymphocytes (Figure 4).[2] In lipodermatosclerosis, there is membranocystic fat necrosis with adipocytes coalescing into microcysts and macrocysts lined by an eosinophilic amorphous material with an undulating appearance. Septal thickening with hyaline sclerosis and a mild lymphocytic infiltrate also are present (Figure 5).[2,3] Erythema nodosum is a septal panniculitis in which the septa are edematous and fibrotic with a mixed inflammatory cell infiltrate, often with giant cells (Figure 6).[2]

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