ALGORITHM FOR

Adnexal disease in dermatology

1. Inflammatory disorders
   - Periinfundibulitis
   - Perifolliculitis
   - Peribulbitis
   - Adenitis
   - Complication & collision: e.g. cyst formation (skin coloured, yellow, bluish) or ruptured cyst (reddish)

2. Proliferations
   - Benign vs. malignant
   - Infundibular: comedo
   - Follicular: hair, skin-coloured, hard (horny material)
   - Sebaceous: yellowish, lobulated, soft
   - Apocrine: reddish-fleshy
   - Eccrine: papillary-red or skin-coloured, hard
   - Illusion: e.g. pigmentation by melanin or haemorrhage (brown-bluish-black)

Zelger Bernhard, Medical University Innsbruck, Austria - no conflict of interest
Ruptured folliculitis, no fungi in PAS

H13-08250W: Female, 57 years; capillitium. Clinician A: lesion
ALGORITHM FOR Adnexal disease in dermatology

Inflammatory disorders

Proliferations

Complication & collision: e.g. cyst formation (skin coloured, yellow, white, bluish) or ruptured cyst (reddish)
Ruptured folliculitis, plasma cells as a clue for chronic infection or malignant neoplasia.

H13-08250W: Female, 57 years; capillitium. Clinician A: lesion.
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Adnexal disease in dermatology

Inflammatory disorders

- Periinfundibulitis
- Perifolliculitis
- Peribulbitis
- Adenitis

Proliferations

- Benign vs. malignant

Complication & collision: e.g. cyst formation (skin coloured, yellow, white, bluish) or ruptured cyst (reddish)
Ruptured folliculitis, plasma cells as a clue for chronic infection

H13-08250W: Female, 57 years; capillitium. Clinician A: lesion; clinician B: lesions on head; clinician C: lesions on head suspicious of lichen planopilaris
Ruptured folliculitis in lichen planopilaris
Ruptured folliculitis in alopecia areata
Acne equivalent, type folliculitis decalvans or tufted folliculitis

DD: Lichen planopilaris
ALGORITHM FOR Adnexal disease in dermatology

Inflammatory disorders

Proliferations

Periinfundibulitis
Perifolliculitis
Peribulbitis
Adenitis

Complication & collision: e.g. cyst formation (skin coloured, yellow, white, bluish) or ruptured cyst (reddish)
Ruptured infundibular cyst/folliculitis ("atheroma")
H07-10186H III: Female, 50 years, thigh, tumor.
Mantle cell hyperplasia/germinative induction

H07-10186H III: female, 50 years, thigh, tumor.
ALGORITHM FOR

Adnexal disease in dermatology

Inflammatory disorders

Proliferations

Periinfundibulitis
perifolliculitis
peribulbitis
adenitis
Melanocytic nevus (dermal, Unna), ruptured folliculitis with mantle cell hyperplasia
ALGORITHM FOR

Adnexal disease in dermatology

Inflammatory disorders

Proliferations

Complication & collision: e.g. cyst formation (skin coloured, yellow, white, bluish) or ruptured cyst (reddish)
Inflammatory disorders

Ruptured infundibular cyst/infundibilulitis
Inflammatory disorders

may be papules, plaques, nodules, tumors mimicking a proliferative-neoplastic disorder

Viral papilloma, type trichilemmoma
ALGORITHM FOR Adnexal disease in dermatology

Inflammatory disorders

- Complication & collision: e.g. cyst formation (skin coloured, yellow, white, bluish) or ruptured cyst (reddish)
- Periinfundibulitis
- Perifolliculitis
- Peribulbitis
- Adenitis

Proliferations

- Benign vs. malignant
- Illusion: e.g. pigmentation by melanin or haemorrhage (brown-bluish-black)
- Infundibular: comedo
- Follicular: hair, skin-coloured, hard (horny material)
- Sebaceous: yellowish, lobulated, soft
- Apocrine: reddish-fleshy
- Eccrine: papillary-red or skin-coloured, hard
Infundibular

• Clinic: superficial, either (white or black) comedo or skin-coloured-yellow-white papule to nodule, hard (to cystic), often ruptured/ill-defined and red

• Histo: cornified epithelium with keratohyaline granules, foreign body reaction
• Clinic: superficial, **hair**, **skin-coloured to pearly**, variably **hard** (to cystic), occasionally pigmented (brown-black)

• Histo: **hair**, matrix epithelium, shadow cells, trichohyaline granules, blue-gray and yellowish corneocytes, outer root sheath epithelium & trichilemmal cornification, follicular connective tissue
Sebaceous

• Clinic: superficial, **yellow**, skin-coloured to red, **lobulated, soft** (to cystic),
• Histo: sebocytes & sebaceous ducts/ cyst with crenulated cuticula
Apocrine

- **Clinic**: superficial, reddish-fleshy (to bluish-cystic)
- **Histo**: apocrine secretion
Eccrine

- Clinic: Superficial, either papillary reddish-brown (DD: viral wart) or skin-coloured, hard (to cystic)
- Histo: acrosyringium or eccrine glands and ducts/cysts
ALGORITHM FOR

Adnexal disease in dermatology

Inflammatory disorders

Complication & collision: e.g. cyst formation (bluish) or ruptured cyst (reddish)

Proliferations

Benign vs. malignant

Infundibular: comedo
Follicular: hair, skin-coloured, hard (horny material)
Sebaceous: yellowish, lobulated, soft
Apocrine: reddish-fleshy
Eccrine: papillary-red or skin-coloured, hard

Illusion: e.g. pigmentation by melanin or hemorrhage (brown-bluish-black)

Thank you for your attention