UC DAVIS DERMATOPATHOLOGY SERVICE
MAXWELL A. FUNG, MD, DIRECTOR
THOMAS H. KONIA, MD
MAIJA KIURU, MD, PHD
Department of Dermatology
3301 C St., Suite 1450
Sacramento, California 95816
Phone: 916-734-6373 Toll Free: 866-323-9061 Fax: 916-442-1053

Dermatopathology Report

PATIENT NAME:
DOB:

Age/Sex:
Physician:
Physician Phone:
Copy To:
CC Phone Number:

PATH NUMBER: **DS25-10178**
Service:
Received: 8/11/2025

Reported: 8/12/2025
Physician Fax:

CC Fax Number:

Clinical Data: R/O CARP vs tinea vs folliculitis with other hyper

SLIDE CONSULTATION:

DIAGNOSIS:

SKIN, CENTRAL UPPER BACK (PUNCH BIOPSY)
NEUTROPHILIC PSORIASIFORM SPONGIOTIC DERMATITIS WITH FOLLICULAR INVOLVEMENT, SEE NOTE.

Note: I agree with your assessment of this case. Thank you for sending the clinical image, which, in the context of the histopathologic features, evokes consideration of prurigo pigmentosa (Nagashima's disease), such that it may be worthwhile checking if the patient is on a ketogenic diet (PMID 34409375; available upon request).

Otherwise, I considered an unusual contact, atopic, or other spongiotic/eczematous dermatitis with secondary follicular involvement. Our IL-36 exhibits only weak staining of the superficial epidermis, failing to suggest follicular psoriasis. We also obtained additional H&E sections from the submitted block.

The submitted PASD stain is negative for fungal pathogens. *Malassezia* (*Pityrosporum*) colonization is noted, but I agree the appearances do not support Pityrosporum folliculitis or confluent and reticulate papillomatosis of Gougerot and Carteaud (CARP).

Specimen: SKIN, CENTRAL UPPER BACK

Gross

Received are 2 glass slides labeled ": H&E, PASD." Also received is 1 paraffin block labeled "." ds

Microscopic Description

Sections show parakeratosis with folliculocentric neutrophilic crust, psoriasiform acanthosis, and spongiosis with limited exocytosis of small lymphocytes overlying perivascular lymphohistiocytic infiltrates with sparse extravasated erythrocytes, neutrophils, and melanophages, without overt eosinophils. Appropriate positive and negative controls were performed. The immunohistochemical test was developed and performance characteristics determined by the UC Davis Dermatopathology Service. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is accredited by the College of American Pathologists and certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

ICD: L30.9

CPT: 88323, 88342

Electronically Signed By:

Maxwell A. Fung, MD
Dermatopathologist