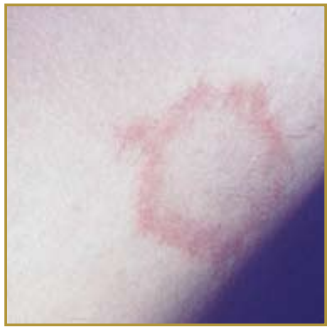
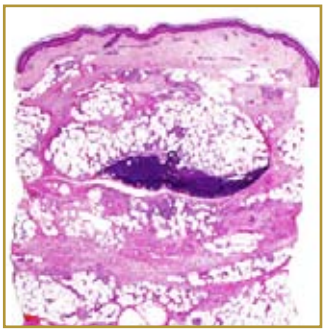
DERMPATH DIAGNOSTICS®
PRIMARY CARE DIAGNOSTIC INSTITUTE

PANNICULITIS





EPIDEMIOLOGY: Peak age of 25-40, Female: Male ratio 4:1
ETIOLOGY: Without systemic disease e.g. trauma, cold. With systemic disease e.g. collagen vascular disease, lymphoma
PATHOGENESIS: Single or multiple crops of nodules in subcutaneous fat
CLINICAL: Nodular lesions throughout body
HISTOLOGY: Inflammation primarily in the septa is designated septal panniculitis, whereas inflammatory cells primarily in the fat lobules designate lobular panniculitis.

PANNICULITIS is an inflammation within adipose tissue. Clinically, individuals present with tender nodular lesions typically on the calves or shins that feel thickened and woody. A microscopic evaluation divides panniculitis into four subtypes. Lobular with vasculitis e.g. Erythema nodosum leprosum (leprosy), Lucio's phenomenon; Lobular panniculitis without vasculitis e.g. Scelerosing panniculitis (lipodermatosclerosis), Calciphylaxis; Septal panniculitis with vasculitis e.g. Leukocytoclastic vasculitis, Superficial thrombophlebitis; Septal panniculitis without vasculitis e.g. Necrobiosis lipoidica, scleroderma, which may be localized (morphea). When the inflammation has subsided, a depression in the skin may be left in the affected area. Treatment includes rest and elevation, compression hosiery, anti-inflammatory medication and antibiotics, systemic steroids, potassium iodide or surgical removal of lesions.

BIBLIOGRAPHY

"Panniculitis" (Online). March 2007. http://dermnetnz.org/dermal-infiltrative/panniculitis.htmlhtml (visited: April 1, 2008)
"Panniculitis" (Online). http://www.healthcentral.com/encyclopedia/408/175.html (visited: April 1, 2008)