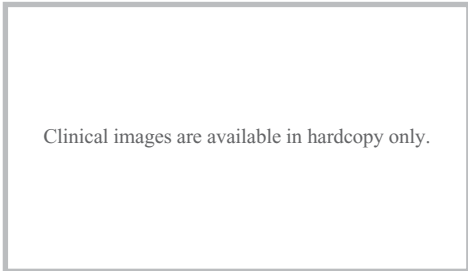
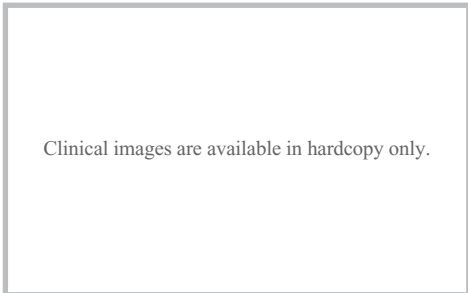




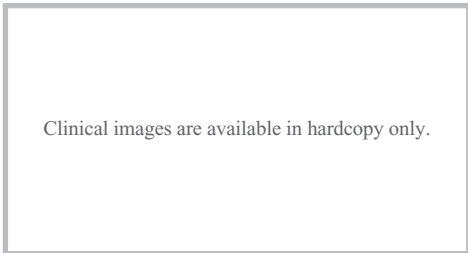
I. Histiocytic tumors



Clinical images are available in hardcopy only.

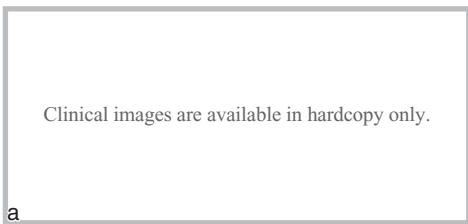


Clinical images are available in hardcopy only.



Clinical images are available in hardcopy only.

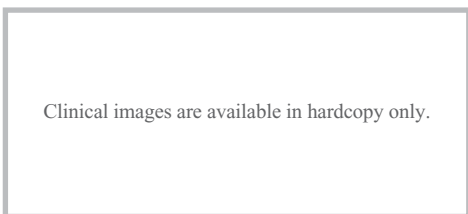
Fig. 21.61 Juvenile xanthogranuloma.



Clinical images are available in hardcopy only.

Fig. 21.62 Histopathology of juvenile xanthogranuloma.

a: Touton giant cells that have phagocytosed fat.



Clinical images are available in hardcopy only.

Fig. 21.63 Multicentric reticulohistiocytosis.

Multiple, firm, yellowish nodules and papules occurred on the dorsum of hand and fingers.

1. Juvenile xanthogranuloma ★

A flat-topped, yellowish papule or nodule of several millimeters to 1 cm in diameter occurs, most frequently on the face, extremities and trunk (**Fig. 21.61**). The onset is the time of birth or several months thereafter. It disappears spontaneously by the age of 5 to 6. Serum lipid is not elevated. The condition should be differentiated from neurofibromatosis and Langerhans cell histiocytosis, which may cause similar eruptions. Histopathologically, juvenile xanthogranuloma is a reactive granuloma composed of histiocytes, xanthoma cells and Touton giant cells (**Fig. 21.62**).

2. Verruciform xanthoma

A granular-surfaced, pedunculated tumor ranging in color from normal skin color to red and resembling a mulberry occurs, frequently in the genitalia. Histopathologically, there is infiltration of multiple fat-rich foam cells to the dermal papillary and subpapillary layers.

3. Multicentric reticulohistiocytosis ★

Firm brown or yellowish papules or nodules occur on the dorsal surfaces of hands and fingers, around the nail plates, and in the elbow regions (**Fig. 21.63**). They may coalesce and form plaques. Multiple, proliferative, destructive arthritis also occurs. The pathogenesis is thought to be reactive proliferation of phagocytic and activated monocytes or macrophage-derived histiocytes. Infiltration of histiocyte-like cells containing frosted frosted-glass-like eosinophilic cellular cytoplasm is histopathologically observed.

4. Benign cephalic histiocytosis

Dispersed reddish-brown patches, papules and nodules of 3 mm to 10 mm in diameter occur, most commonly on the face, earlobe, and neck of infants. Intradermal infiltration of mononuclear histiocyte-like cells are found histopathologically. Infiltrating cells are CD68 positive and S-100 protein negative. The skin lesion usually disappears spontaneously; benign cephalic histiocytosis is thought to be a juvenile xanthogranuloma.

