The best diagnosis is:

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

REFERENCES