

Clinicopathological Correlation of Papulosquamous Skin Lesions at Tertiary Health Care Centre

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Abstract

Introduction: The papulosquamous skin disorders are characterized by papules, plaques, and erythematous changes with various amount of scaling on the surface. Their clinical overlap frequently leads to misdiagnosis; hence, histopathology remains essential for confirmation, as the treatment and prognosis varies significantly. The objective of the present study was to study the clinical and histopathological findings of papulosquamous skin disorders with clinicopathological correlation.

Methods: It was a hospital based cross-sectional analytical study done at UCMS-TH from September 2021 to February 2023 after obtaining ethical clearance from Institutional Review Committee. A total of 40 cases with clinical diagnosis of papulosquamous skin lesions were biopsied and studied. All the statistical evaluation was done by using Statistical Package for Social Sciences (SPSS) software, version 25.

Results: Among 40 cases, 27(67.5%) were female while 13 (32.5%) were males. Most cases were aged 20–39 years, 16(40%) followed by 40–59 years, 13(32.5%). Extremities were most frequently involved site 18(45%) and plaque was the most common presentation 27(67.6%). Lichen planus was the most common histopathological diagnosis 17(42.5%) followed by Psoriasis 10(25%). There was 65% correlation between clinical and histopathological diagnosis while, in the remaining 35% of cases, the histopathological diagnosis provided the final diagnosis.

Conclusions: This study revealed a relatively low clinicopathological correlation in the papulosquamous skin lesions, emphasizing the need for histopathology to make an accurate diagnosis. Thus, histopathological evaluation with appropriate clinicopathological correlation is very important for the definite diagnosis and effective treatment of cases.

Keywords: clinicopathological correlation; histopathological diagnosis; lichen planus papulosquamous disorders; psoriasis

Introduction

The Papulosquamous skin disorders are characterized by papules, plaques and erythematous changes with varying degree of surface scaling.^{1,2} The papulosquamous disorder includes Lichen planus, Psoriasis, Pityriasis

rosea, Pityriasis rubra pilaris, Parapsoriasis, Pityriasis lichenoides et varioliformis acuta, Pityriasis lichenoides chronica, Lichen striatus, Seborrheic dermatitis, Psoriasiform eczema, Sub-acute cutaneous lupus erythematosus, Dermatophyte infection, Drug reaction, Secondary syphilis, Reiter's disease and Kawasaki

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disease.³⁻⁵

In a study by Shakya S et al., the rate of papulosquamous skin lesions in Nepal was 6.7%.⁶ Lichen planus and psoriasis are the most common papulosquamous disorders with different studies showing the prevalence 50-55% and 30-35% respectively.^{5,7,8}

The visibility of skin allows an instant diagnosis in some cases by visual clues such as site distribution, color, scaling and arrangement of lesions.⁹ The interpretation of skin biopsies often requires the identification of two different morphological features: the tissue reaction pattern, referring to the overall appearance of the skin biopsy, whether it is spongiotic, lichenoid, or psoriasiform while the pattern of inflammation, refers to the distribution of the inflammatory cells in the skin biopsy, whether they are superficial, deep, or mixed.¹⁰

Although these disorders are usually differentiated by clinical history and examination, the similarities in their clinical manifestation can generate difficulties in their diagnosis.¹¹ Histopathological diagnosis is considered as gold standard which helps in differentiating these conditions. Histopathological features of some papulosquamous lesions are unique to each disease while others overlap. For e.g. pityriasis rosea, parapsoriasis, and lichen striatus, lichen simplex chronicus and prurigo nodularis can all have similar histopathological features.^{12,13}

Clinicopathological correlation can help to accurately diagnose papulosquamous lesions with overlapping clinical features. This is important because the treatment and prognosis for these diseases can vary significantly. So, this study was conducted to see the pattern of clinical and histopathological features of papulosquamous skin disorders with clinicopathological correlation.

Methods

This was a hospital-based prospective cross-sectional analytical study conducted in Department of Pathology in co-ordination with Department of Dermatology, Universal College of Medical Sciences-Teaching Hospital (UCMS-TH), Bhairahawa, Nepal after the approval of the study was obtained from Institutional Review Committee (Ref no.: UCMS/IRC/106/21 dated August 30, 2021). This study was conducted on new clinically diagnosed 40 papulosquamous patients whose skin punch biopsies were sent to the Department of Pathology from Department of Dermatology at UCMS-TH from September 2021 to February 2023. Consecutive sampling technique was employed among papulosquamous skin lesions. Written informed consent was obtained from all participants prior to histopathological evaluation

Newly diagnosed papulosquamous skin disorder patients

attending the Dermatology Department of UCMS-TH for the first time with positive biopsy results were included in the study. Infective pathology, neoplastic pathology or indeterminate biopsy results cases were excluded in our study. For each patient, relevant details were entered in the pre-designed proforma which included the patient's information like patient's name, ethnicity, age, gender and occupation. Clinical details including number, site, clinical appearance of lesion were recorded along with clinical diagnosis and filled in the proforma. Histopathological examination was done by a pathologist, using Olympus BX-53 microscope. All the findings were noted in a proforma and histopathological diagnosis was made. In cases of diagnostic ambiguity, the histopathological findings were reviewed by a second pathologist to ensure diagnostic accuracy and consensus. Appropriate statistical analysis was done using statistical package for social sciences (SPSS) software, version 25. Clinicopathological concordance was defined as agreement between clinical diagnosis and final histopathological diagnosis.

The prevalence of papulosquamous disorder among the non-infectious disease in a study was 6.7%.⁶ Cochran's formula was applied to calculate the sample size.

$$\text{i.e., } n = z^2 pq / d^2$$

Where, n = Sample size

z = Level of significance at 5% = 1.96

p = Prevalence of Papulosquamous skin lesions = 6.7% (0.067)

q = 1-p = 1-0.067 = 0.933

d = Margin of error = 8% = 0.08

Therefore,

$$n = 1 = 37.5 = 38$$

For convenience, we took 40 cases of Papulosquamous skins lesion in this study.

Results

In our study, the age of patients ranged from 13 to 73 years. The overall mean age was 38.22±17 years; 38.46±19 years for males and 38.11±16.3 years for females. The overall most common age group was 20-39 years 16(40%), followed by 40-59 years 13 (32.5%). Among 40 papulosquamous skin lesion cases, 27(67.5%) were female while 13(32.5%) were males showing a female preponderance. (Table 1)

Table 1: Distribution of study cases according to Age group and Gender (n=40)

Age groups (years)	Male n(%)	Female n(%)	Total n(%)
<20	1 (2.5%)	5 (12.5%)	6 (15%)
20-39	6 (15%)	10 (25%)	16 (40%)
40-59	4 (10%)	9 (22.5%)	13 (32.5%)
≥ 60	2 (5%)	3 (7.5%)	5 (12.5%)
Total	13 (32.5%)	27(67.5%)	40(100%)

Out of the 40 cases of papulosquamous skin lesions, Chhetri had the highest number of cases, 15(37.5%) followed by Brahmin and Dalit each with 9 (22.5%) cases. (Figure 1)

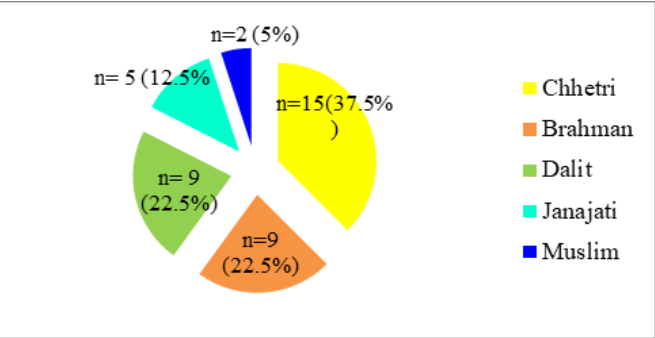


Figure 1: Distribution of study cases according to Ethnicity (n=40)

Majority of the cases were homemaker, 13 (32.5%) followed by students 6 (15 %), business person 5(12.5%), electrician 4(10 %), farmer 3(7.5 %), teacher 2 (5 %) and others 7 (17.5 %) (Table 2).

Table 2: Distribution of study cases according to Occupation (n=40)

Occupation	Frequency (n)	Percent (%)
Homemaker	13	32.5
Student	6	15
Business person	5	12.5
Electrician	4	10
Farmer	3	7.5
Teacher	2	5
Others	7	17.5
Total	40	100

Among the 40 study cases, multiple skin lesions were more common than single (85% vs 15%), while extremities were the commonest site involved, 18 cases (45%) followed by trunk and extremities, 14 cases (35%). Plaque was the most common type of skin lesion present; 27 cases (67.6%) followed by scaly lesions and papular lesions; each of them present in 24 (60%) cases. (Table 3)

Table 3: Distribution of study cases according to Clinical Findings (n=40)

Particulars	Clinical Findings	Frequency (n)	Percentage (%)
Number of lesions	Single	6	15
	Multiple	34	85
Site	Extremities	18	45
	Trunk and extremities	14	35
	Face	5	12.5
	Scalp and extremities	2	5
	Trunk	1	2.5
	Plaque	27	67.5
Types	Scaly	24	60
	Papules	24	60
	Erythema	19	47.5
	Pruritic	18	45
	Crusting	2	5

The most common clinical diagnosis was lichen planus and psoriasis, each accounting for 15 cases (37.5%). Seborrheic dermatitis and erythema dyschromicum perstans were observed, each accounting for 2 cases (5%). while pityriasis lichenoides chronica, pityriasis rosea, pityriasis rubra pilaris, polymorphous light eruption, lichen simplex chronicus, and leprosy, each representing a single case (2.5%).(Table 4).

In this study, histopathological analysis of 40 clinically diagnosed papulosquamous lesions identified lichen planus as the most common entity with 17 cases (42.5%) followed by Psoriasis 10 cases (20%). Other included 4 cases (10%) of Seborrheic dermatitis, 3 cases (7.5%) of Pityriasis lichenoides chronica, 2 cases each (5%) of Pityriasis rosea and Erythema dyschromicum perstans while Pityriasis rubra pilaris and Polymorphous light eruption with 1 case each (2.5%). (Table 4).

Among 15 clinically diagnosed Lichen Planus (LP) cases, 11 cases (73.33%) were confirmed histopathologically, the remaining non-correlated cases were diagnosed as psoriasis, seborrheic dermatitis (SD), pityriasis lichenoides chronica (PLC), and pityriasis rosea. Likewise, out of 15 clinically diagnosed psoriasis cases, 9 cases (60%) were confirmed histopathologically while non-correlated cases were seborrheic dermatitis (3 cases), LP (2 cases), and PLC (1 case).

Clinical diagnoses of Erythema dyschromicum perstans (2 cases), PLC, Pityriasis rosea, Pityriasis rubra pilaris, and Polymorphic light eruption (1 case each) had 100% histopathological correlation while all 2 cases of clinically diagnosed SD were histopathologically LP and clinically diagnosed cases of lichen simplex chronicus

and leprosy (1 case each) were also diagnosed as LP histopathologically. These results showed, histopathology confirming the diagnosis in 65 % of cases while it gave the diagnosis in 35% of cases, thus emphasizing the importance of histopathology in arriving at an accurate diagnosis. (Table 4).

Table 4: Association between histopathological diagnosis with clinical diagnosis (n=40)

Clinical Diagnosis	Frequency n (%)	Histopathological Diagnosis			
		Concordant n(%)	Discordant n (%)		
LP	15 (37.5)	11 (73.33)	4 (26.67)	Psoriasis	1
				SD	1
				PLC	1
				PR	1
				Total	4
Psoriasis	15 (37.5)	9 (60)	6 (40)	LP	2
				SD	3
				PLC	1
				Total	6
SD	2 (5)	0	2 (100)	LP	2
PLC	1(2.5)	1(100)	0 (0)		
PR	1(2.5)	1 (100)	0 (0)		
EDP	2 (5)	2(100)	0(0)		
PRP	1 (2.5)	1(100)	0(0)		
PMLE	1 (2.5)	1(100)	0		
Lichen simplex chronicus	1 (2.5)	0	1 (100)	Lichen planus	
Leprosy	1 (2.5)	0	1 (100)	Lichen planus	
Total	40 (100)	26 (65)	14 (35)		

LP: Lichen planus; SD: Seborrheic dermatitis.PLC: Pityriasis lichenoid chronica, PR: pityriasis rosea, EDP: Erythema dyschromicum perstans; PRP: Pityriasis rubra pilaris; PMLE: Polymorphous light eruption

Discussion

Most of the papulosquamous diseases have similar clinical presentation leading to confusion in making clinical diagnosis. So there is need for histopathological diagnosis to differentiate between these conditions. The present study was undertaken to evaluate the demographic, clinical, and histopathological profiles of papulosquamous skin lesions and to determine their clinicopathological correlation

The most common age group with papulosquamous lesions in our study was 3rd to 4th decade of life which was in accordance to study by Balaji C et al.⁵ and Barmann DD et al.⁷ Likewise, female preponderance was seen in our study which was similar to above studies.^{5,7} In present study, the majority of the cases were homemakers, accounting for 32.5% of the total cases. Chiriac A et al.¹⁴, Karthikeyan K et al.¹⁵ and Verma K et al.¹⁶ indicated that individuals involved in work especially outdoor activities such as farming are more susceptible to papulosquamous skin lesions. The homemakers in our study area rely on agriculture as their primary livelihood, which often exposes them to animal

danger, organic dust, and infectious agents, increasing their susceptibility to developing papulosquamous skin lesions.

In our study, 85% patients presented with multiple skin lesions and 15%. with single lesion. Bhuiyan MSI et al.¹⁷ studied childhood psoriasis where 63.7% had multiple sites skin lesion and 36.2% with single site skin lesion. Likewise, in a study carried out by Kanwar AJ et al.¹⁸, of Lichen plannus pigmentosus patients, 79% patients had more than one anatomical site lesions while 21% patients, presented with localized lesion. Our study findings are comparable to these studies validating our study. In present study, plaque was the most common type of skin lesion present, 67.6% followed by scaly and papular lesions, each presenting in 60%. Our findings are comparable with the studies by Barbhaya M et al.¹⁹, Gandhi J et al.²⁰ and Hosamane et al.²

In the present study, 40 cases were analyzed to assess the correlation between clinical and histopathological diagnoses. There was 65% concordance, which was similar to study by Balaji C et al.⁵ and Chaudhary R et al.⁴ showing 62.96% and 68.72% clinicopathological correlation

respectively. Study done by Hosamane S et al.², Chichani S et al.¹³, Agarwal S et al.²¹, had lower clinicopathological correlation of 46.67%, 57% and 58% respectively. Study by Gupta R et al.²² and Ukonu BA et al.⁸, noted 72% and 77.4 % concordance respectively, slightly higher than our study. Study by Reddy RB et al.²³, Bhargava R et al.²⁴, Narayankar SL et al.²⁵, Barman DD et al.⁷ and D' Costa G et al.²⁶ observed concordance of 86.5%, 89%, 90%, 92% and 97.52% respectively, higher compared to the present study.

In our study, among 15 clinically diagnosed Lichen planus (LP) cases, 11 cases (73.33%) were confirmed as LP histopathologically while 4 cases (26.67%) exhibited different histopathological diagnoses; one each case of Psoriasis, Seborrheic dermatitis (SD), Pityriasis lichenoides chronica (PLC), and Pityriasis rosea (PR). Study by Balaji C et al.⁵, among 48 clinically suspected LP cases, 40 cases (83.33%) were histopathologically confirmed as LP while five cases were Psoriasis, and 3 cases were Pityriasis rosea. Barbhaya et al.¹⁹, Barman DD et al.⁷ and Reddy et al.²³ demonstrated a clinicopathological correlation of 93.75%, 92.3 % and 87.5% respectively, higher than our study. Hosamane et al.² reported a clinicopathological correlation of 48.71% (40 out of 88 cases), lower than our study. The high concordance rate observed might be attributed to cases displaying the typical histopathological features of LP while discordance could arise from the absence of classical characteristic features or from cases that closely mimic other papulosquamous lesions, such as psoriasis.

Among 15 clinically diagnosed cases of Psoriasis, only 9 cases (60%) were histopathologically confirmed as psoriasis, while 6 cases (40%) exhibited different histopathological diagnoses; 3 cases were identified as SD, 2 cases as LP, and 1 case as PLC. Study by Balaji C et al.⁵, among 26 clinically suspected psoriasis cases, only 18 cases (69.23%) were histopathologically confirmed as Psoriasis while 5 were identified as LP, 1 case each was diagnosed as Lichen simplex chronicus, Parapsoriasis, and Pityriasis rubra pilaris. Our study's findings were more or less similar to their study findings. In contrast, Barman DD et al.⁷ reported 100% clinicopathological correlation in Psoriasis, while Pandit GA et al.²⁷, Reddy et al.²³ and Chaudhary R et al.⁴ observed 95.24%, 94.1% and 74% correlation respectively. The high concordance observed in their study could be due to presence of typical clinical features of Psoriasis. Despite with typical clinical features in our study, a lower concordance was noted which might be attributed to other papulosquamous skin lesions closely resembling psoriasis, encompassing conditions such as LP, SD, parapsoriasis, PR, pityriasis rubra pilaris, PLC.

In our study, clinically diagnosed both SD cases were

histopathologically confirmed as LP while study by Agrawal S et al.²¹ showed 100% correlation (in 2 out of 2 cases). Likewise, Chaudhary R et al.⁴ demonstrated a correlation of 76.2% (17 out of 21 cases). Summey TB et al.²⁸ had noted that an unrecognized variant of Spongiotic dermatitis can be indistinguishable from LP. Considering SD as one of the variants of Spongiotic dermatitis, it could exhibit clinical features that closely resemble LP.

In our study, clinically diagnosed both Erythema dyschromicum perstans (EDP) cases had 100% clinicopathological correlation aligning with the findings of Sharmin L et al.²⁹ who reported 100% correlation. Likewise, each clinically diagnosed PLC, PR, Pityriasis rubra pilaris, and PMLE cases had 100% clinicopathological correlation. Study by Barbhaya M et al.¹⁹, had 100% correlation (5 out of 5 cases) for PLC and a 70.37% correlation (19 out of 27 cases) for PR. In contrast Balaji C et al.⁵ demonstrated 75% correlation (3 out of 4 cases) for PLC, 40% correlation (2 out of 5 cases) for PR, and no correlation for Pityriasis rubra pilaris (0 out of 2 cases). Study by Sharma P et al.³⁰, a 66.7% correlation (2 out of 3 cases) was observed for PR. In the study conducted by Reddy BR et al.²³ they reported a 33.33% correlation (1 out of 3 cases) for PLC, a 50% correlation (2 out of 4 cases) for Pityriasis rosea, and a 100% correlation (4 out of 4 cases) for Pityriasis rubra pilaris. Likewise, they found a 50% correlation (1 out of 2 cases) with Polymorphous light eruption. In our study, one case each of clinically diagnosed as Lichen simplex chronicus and Leprosy was found to be LP upon histopathological examination.

While cases of lichen planus and psoriasis with classic presentations demonstrated high clinicopathological correlation due to their distinct tissue reaction patterns, other conditions exhibited significant morphological overlap. In these instances, the clinical ambiguity resulted in notable diagnostic discordance. Biopsy taken at an early stage or from inappropriate site, might have also caused discordance. Any undocumented previous treatment could have partially altered the histopathological results.

There were some limitations in our study. Small sample size and limited study time period was taken which may lack true representation of case load and diversified cases. As reporting was done by single pathologist, there could be observer bias. In cases of multiple lesions of different morphology, a single biopsy was received from the most active lesion while precise histopathological confirmation of the clinical diagnosis may require more than one biopsy in such cases. Our study involved one time cross-sectional assessment only and lacked follow-up component to evaluate the long-term clinical outcomes of the patients.

Conclusions

The present study was an attempt to correlate clinically diagnosed papulosquamous skin lesion with histopathological diagnosis where we analyzed 40 cases and found 65% concordance rate; relatively low clinicopathological correlation. Since majority of these papulosquamous skin lesions have considerable overlapping clinical features, histopathological evaluation is necessary to arrive at definite diagnosis. Thus, histopathological evaluation supported by precise clinicopathological correlation is indispensable for establishing a definitive diagnosis and ensuring optimal therapeutic outcome

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