

Interface dermatitis is characterized by an inflammatory process, often with vacuolar changes, occurring at the interface of the epidermis and the dermis.

Table 14.1 The differential diagnosis of interface dermatitis

	EM	TEN	DM	LE	GVHD	PLC/PLEVA
Epidermal dyskeratosis, satellite cell necrosis	+	+	-/+	-/+	+	-/+
Colloid, civatte, cytoid bodies	+	+	+	+	+	+
Epidermal atrophy	+/-	-	+ (Grotton's papules have acanthosis)	+	+	-
Vacuolar interface changes	+/-	+/-	+/-	+	+	+
Epidermal lymphocyte exocytosis	+	+	-	+/-	+	+
Full thickness epidermal necrosis	-	+	-	-	-	-
Adnexal involvement	-	+	-	+	+	-
		Follicular dyskeratosis		Follicular dyskeratosis, Periadnexal inflammation	Follicular dyskeratosis	
Deep perivascular inflammation	-	-	-	+	-	-
Dermal eosinophils	+	+	-	-	-/+	-/+
Other		"Festooning" of naked dermal papillae	Loss of rete ridges	Interstitial mucin deposition		Erythrocyte extravasation

Satellite cell necrosis occurs when a dying keratinocyte is surrounded by lymphocytes. Colloid bodies are eosinophilic globules of cellular protein that are present in the epidermis or superficial dermis. *EM* erythema multiforme, *TEN* toxic epidermal necrolysis, *DM* dermatomyositis, *LE* lupus erythematosus, *GVHD* graft versus host disease, *PLC* pityriasis lichenoides chronica, *PLEVA* pityriasis lichenoides et varioliformis acuta

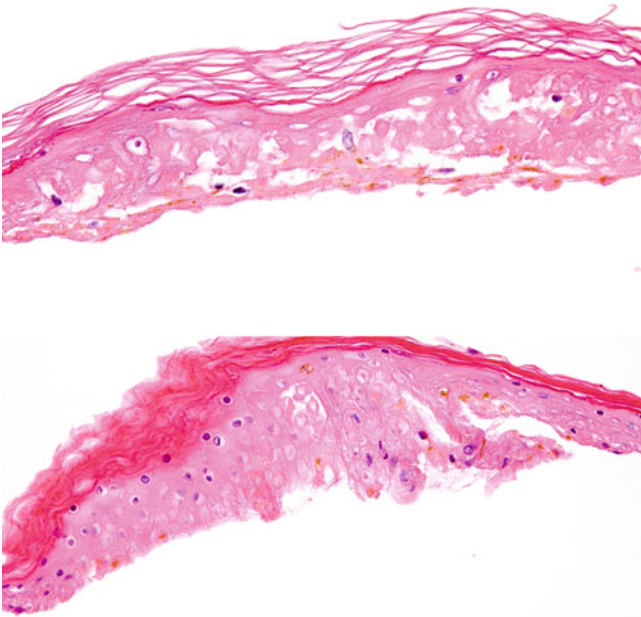


Fig. 14.1 Toxic epidermal necrolysis. There is full thickness epidermal necrosis and detachment of the epidermis from the underlying dermis

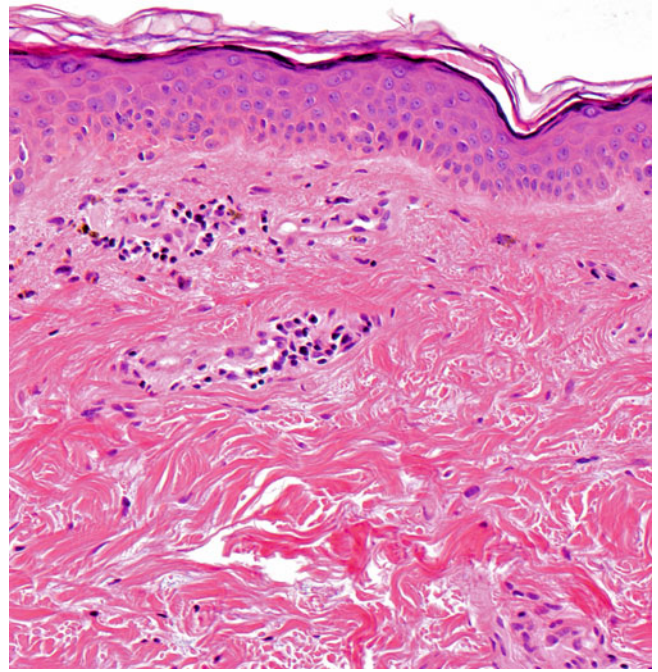


Fig. 14.2 Dermatomyositis. There is epidermal atrophy, vacuolar change at the dermal-epidermal junction and a sparse inflammatory infiltrate

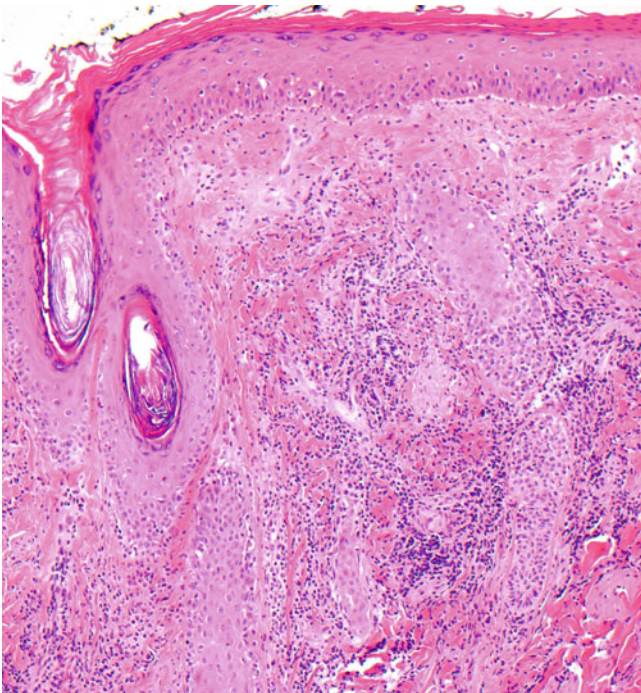


Fig. 14.3 Lupus erythematosus. Epidermal atrophy with follicular hyperkeratosis and an interface, perivascular and periadnexal inflammatory infiltrate are observed

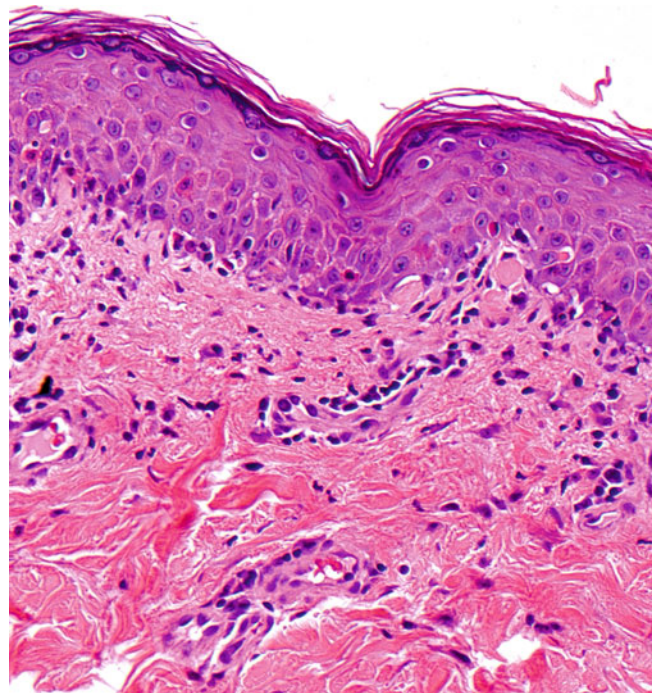


Fig. 14.4 Graft vs. Host disease. There is keratinocyte dyskeratosis and interface dermatitis