Supplementary material to article by T. C. Esteves et al. “Use of Molecular Biology Techniques in Sarcoidal Granulomatous Dermatitis: A Clinicopathological and Molecular Approach with Diagnostic Implications”

Fig. S1. Clinical and histopathological features of 3 patients who presented positive PCR results for microorganisms. (a) Case 2, M. tuberculosis complex. (b) Case 5, M. xenopi. (c) Case 3, Leishmania spp. The morphological pattern of skin lesions was varied and strongly resembles sarcoidosis, leading to diagnostic difficulties in distinguishing these conditions without a molecular approach. Histologically, all 3 cases exhibited sarcoidal granulomas (∼naked”) without necrosis and associated with a dermal inflammatory infiltrate of lymphocytes and histiocytes. (b) The presence of multinucleated giant cells was the rule, as observed under higher magnification (×40) (arrow). (a) Focal necrosis was occasionally observed (×20) (arrow). (c) In case 3, under higher magnification (×100), the immunohistochemical evaluation allowed identification of only few intracytoplasmic amastigotes (thin arrow), which may explain the negative results with Giemsa stain; plasma cells (thick arrow) are another important histological features that can help clinicians to make a correct diagnosis of cutaneous leishmaniasis.