

Quiz

WHAT IS YOUR DIAGNOSIS?

A 63-year-old man was admitted to an outpatient clinic with a generalised rash. His symptoms included erythematous, non-pruritic lesions with a focal nodular component that gradually spread from the lower extremities to the trunk and upper extremities (Figure 1). He also reported a “pillow-like” sensation in both feet, blue discolouration of his toes, a cough, and nasal congestion with bloody discharge. The clinical differential diagnoses included fungal infections, sarcoidosis, erythema nodosum, medication-

related eruption, Kaposi sarcoma, and cutaneous tuberculosis.

His medical history was notable for seronegative polyarthritis over a two-year period treated with adalimumab, administered for approximately 18 months. The patient had an extensive travel history having visited Africa twice in the last year.

Incisional biopsies were obtained from a skin lesion on the thigh (Figures 1–3) and later from the nasal mucosa (Figures 4, 5). Histopathological examination



Figure 1.

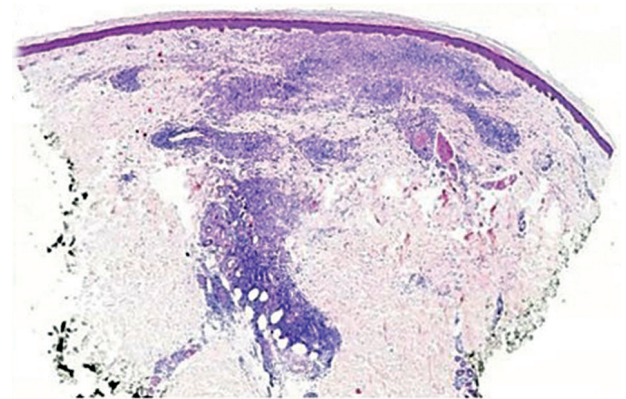


Figure 2.

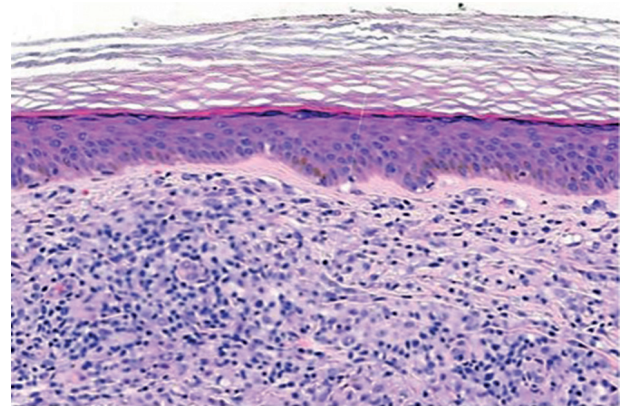


Figure 3.

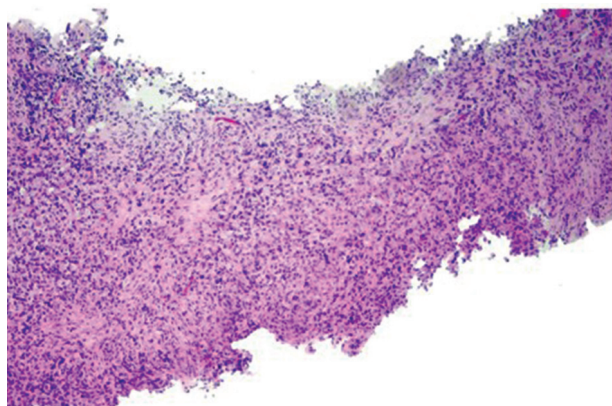


Figure 4.

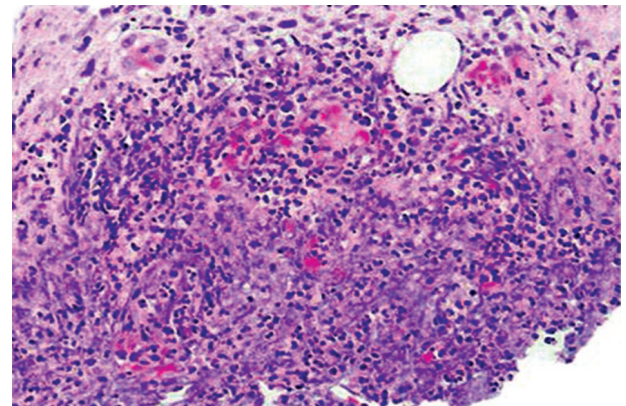


Figure 5.

revealed an interstitial lymphohistiocytic infiltrate with a granulomatous appearance, but without well-formed necrotizing or non-necrotizing granulomas. Grocott's methenamine silver and periodic acid-Schiff

showed no evidence of fungal infection. Which additional special stains may facilitate further diagnostic clarification, and which diseases should be included in the differential diagnosis?

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Answers should be sent to the Editorial Office until 31st January 2026. The correct answer will be announced in the next issue of the *Polish Journal of Pathology*.