WSC 2025-2026
Conference 9, Case 1
Tissue from a pig
(NOTE: There are not enough points here to make it worth grading.)

MICROSCOPIC DESCRIPTION: Haired skin: Three sections of haired skin are submitted for examination and all are similar. Diffusely, apocrine are glands are clustered, tortuous, and dilated. Some clusters of apocrine glands contain moderate amounts of light pink secretory material within their lumina; other clusters contain empty lumens. There are multifocal perivascular infiltrates of lymphocytes and plasma cells within the superficial, mildly edematous dermis, and to a lesser extent surrounding hair follicles. There is mild orthokeratotic hyperkeratosis. In one section, one cluster of apocrine glands is infiltrated by moderate number of lymphocytes, plasma cells, neutrophils, and macrophages, with low numbers of macrophages and neutrophils occasionally infiltrating apocrine gland lumina.

MORPHOLOGIC DIAGNOSIS: Haired skin, apocrine glands: Dilation, diffuse, marked.

NAME THE CONDITION: Apocrine cystomatosis

WSC 2025-2026
Conference 9, Case 2
Tissue from a dog.

MICROSCOPIC DESCRIPTION: Haired skin: Diffusely, at all levels of the markedly hyperplastic **(1pt)**, and moderately hyperkeratotic and hyperpigmented epidermis and follicular epithelium **(1pt)**, there numerous individual and small groups of eosinophilic, shrunken **(1pt)**, apoptotic **(1pt)** keratinocytes often with one to several lymphocytes and/or neutrophils in close association **(1pt)**. Degenerating keratinocytes exhibit moderate inter- and intracellular edema with peripheralization of nuclei. Within the superficial dermis, there is a marked interface dermatitis **(1pt)** which often obscures the dermo-epidermal junction and consists of large numbers lymphocytes **(1pt)** macrophages, **(1pt)** plasma cells with fewer neutrophils which infiltrate **(1pt)** the epidermis. This infiltrate surrounds follicles and adnexa within the superficial dermis, and infiltrates follicular epithelium as well. There is moderate pigmentary incontinence. Expanding the stratum granulosum and elevating the overlying stratum corneum **(1pt)**, there are numerous large intraepidermal pustules **(1pt)** which are composed of innumerable degenerate neutrophils **(1pt)** which are admixed with abundant cellular debris, edema fluid, and occasional colonies of cocci. Occasionally, these pustules extend into underlying layers of the epidermis. There is moderate diffuse parakeratotic hyperkeratosis. **(1pt)**

MORPHOLOGIC DIAGNOSIS: Haired skin: Dermatitis, cytotoxic-interface **(1pt)** and lymphohistiocytic, **(1pt)**, diffuse, marked, with transepidermal and follicular keratinocyte apoptosis **(1pt)** , and parakeratotic hyperkeratosis **(1pt).**

NAME THE CONDITION: Erythema multiforme/Stevens-Johnson Syndrome/TEM **(2pt)**

O/C: **(1pt)**

WSC 2025-2026
Conference 9, Case 3.
Tissue from a horse.

MICROSCOPIC DESCRIPTION: Haired skin: The dermis is expanded by large numbers of of moderate numbers of histiocytes **(1 pt.)**, lymphocytes **(1 pt.)**, plasma cells and individualized and small aggregates of eosinophils **(2 pt.)** in perivascular (1 pt.) and periadnexal areas **(1 pt.)** . They are even in periarteriolar areas within the deep dermis. There are low numbers of inflammatory cells scattered among pilosebaceous units **(1 pt.)**, but inflammatory cells typically respect basement membranes and infiltration into hair follicles or sebaceous glands is infrequent **(1 pt.)**. There are areas of epidermal necrosis which are covered with a serocellular crust **(1 pt.)** containing necrotic eosinophils **(1 pt.)** and neutrophils admixed with cellular debris and edema fluid and scattered cocci, but no evidence of exocytosis of the dermal inflammatory infiltrate **(1 pt.)**. There is diffuse mild acanthosis of the epidermis, and moderate parakeratotic hyperkeratosis **(1 pt.)**.

MORPHOLOGIC DIAGNOSIS: Haired skin: Dermatitis , lymphohistiocytic and eosinophilic **(1 pt.)**, chronic, perivascular, marked, with epidermal hyperplasia, parakeratotic hyperkeratosis **(1 pt.)** and focal eosinophilic pustule. **(1 pt.)**

NAME THE CONDITION: Equine multisystemic eosinophilic epitheliotropic disease (MEED) **(3 pt.)**

O/C – **(1 pt.)**

WSC 2025-2026
Conference 9, Case 4.
Tissue from a pig.

MICROSCOPIC DESCRIPTION: Haired skin, pinna, prepuce and two other sections of skin: (As the lesion is similar in all sections, I'm just describing the pinna.) Multifocally, the epidermis is hyperplastic up to three times normal thickness **(1pt.)** with the formation of broad rete ridges **(1pt.).** There is multifocal partial and full-thickness necrosis of the epidermis **(1pt.)** , which is covered by a serocellular crust. **(1pt.)** At the periphery of these lesions, keratinocytes at all levels of the epidermis **(1pt.)** and within adjacent follicular epithelium **(1pt.)** are expanded by abundant intracytoplasmic edema **(2pt.)** (ballooning degeneration) **(1pt.)** and contain multiple intracytoplasmic 2-4um irregularly round eosinophilic viral inclusions **(2pt.)** . In the ulcerated central areas of the lesions, the denuded dermis is infiltrated by large numbers of neutrophils **(1pt.)** (which also infiltrate the epidermal and follicular epithelium undergoing ballooning degeneration) **(1pt.)** admixed with abundant cellular debris and dermal edema**.**

MORPHOLOGIC DIAGNOSIS: Haired skin, pinna, prepuce and two unspecified locations, epidermis and follicular epithelium: Dermatitis, necrotizing **(1pt.)** and proliferative, **(1pt.)**, multifocal, moderate, with ballooning degeneration and intracytoplasmic viral inclusions. **(1pt.)**

CAUSE: Suid poxvirus **(3pt.)**

O/C - **(1pt.)**