

ROE DEER (*CAPREOLUS CAPREOLUS*) WARTS – FIBROMAS, PAPILOMAS OR FIBROPAPILOMAS

V. Farkaš, D. Konjević, Ž. Grabarević, Z. Janicki, A. Slavica, R. Sabočanec

Faculty of Veterinary Medicine, University of Zagreb, Zagreb, Croatia

Roe deer fibropapillomatosis is mainly a benign neoplastic disease caused by papillomaviruses. Previously, based on the gross appearance of the lesions, such skin tumors were usually classified by practitioners as fibromas and papillomas. On the other hand, a part of the literature describes these lesions as fibropapillomas. The aim of the study was to determine histologic characteristics of the lesions in roe deer in order to improve the knowledge of the appearance of papillomavirus induced neoplastic lesions in roe deer in Croatia. As part of the surveillance of wildlife diseases, three roe deer with few clearly visible skin lesions were presented to the Faculty of Veterinary Medicine. Gross examination was taken on the field, while samples of the lesions were alcohol fixed and submitted for histopathologic analysis (routine HE staining). Grossly, lesions were ranging in size from 1.5 to 19 cm. Some of these lesions were covered with intact skin, while in others the surface was hyperkeratotic and hyperpigmented with several ulcerations. Histopathologic analysis revealed elements that are characteristic of both fibromas and papillomas. Roe deer fibropapillomatosis is present in Croatia as an endemic disease, similarly to other European countries. It is a benign, in wild animals incurable disease, which depending on the location of the lesions can, with duration of the disease, cause severe or minor effects on the overall health and survival rate of the affected individual. From the results obtained, it is concluded that the majority of analyzed lesions contain both fibromatous and papillomatous characteristics, and therefore we find the term fibropapillomatosis suitable to describe this condition. Systematic survey and detailed examination of papillomavirus induced neoplasms is necessary for better understanding of its epidemiology.

MORPHOLOGICAL FEATURES OF PLAQUE LESION OF MYCOSIS FUNGOIDES

R. Taradi¹, I. Ilić², R. Čeović³, S. Dotlić²

¹Department of Cytology, Dr. Josip Benčević General Hospital, Slavonski Brod; ²Department of Pathology, ³University Department of Dermatology and Venereology, Zagreb University Hospital Center, Zagreb, Croatia

The aim of the study was to show the frequency of lichenoid dermal infiltrate, Pautrier's microabscesses, sentinel lymphocytes, atypia and antigen loss of T cells in mycosis fungoides (MF). The diagnosis of early patch lesion of MF is difficult because of the lack of characteristic morphological features. This study showed that even in plaque lesions, not all MF features are always present. In this retrospective study, we reviewed 54 skin biopsies from patients with plaque stage MF diagnosed and treated at Department of Pathology and Cytology and Department of Dermatology and Venereology, Zagreb University Hospital Center from January 2006 to December 2010. There were 25 females and 29 males, median age 48 (range 38-77) years. The following criteria of MF were evaluated: presence of lichenoid infiltrate, Pautrier's microabscesses and sentinel lymphocytes, atypia and surface antigen loss of T cells. Lichenoid infiltrate and atypia of T cells with intermediate size lymphocytes and irregular or cerebriform nuclei were found in all 54 study cases. Pautrier's microabscesses were found in 33 (61.1%), sentinel lymphocytes in 32 (59.3%) and antigen loss in 38 (70.4%) cases. On antigen loss analysis, the most frequent feature was loss of CD7 (36/54; 66.6%), followed in the order of frequency by CD2 (6/54; 11.1%), CD5 (8/54; 14.8%) and CD3 (2/54; 3.7%). There were 25 cases with the loss of only one surface antigen, 10 cases with the loss of two surface antigens and two cases with the loss of three surface antigens. Two of our cases were found to be double positive for both CD4 and CD8. In conclusion, since the morphological criteria are not invariably present in all biopsies of MF cases, it is crucial to know the clinical appearance of the lesion but also the information about previous treatment.