Lichen Amyloidosis and Macular Amyloidosis
Lichen amyloidosis and macular amyloidosis are best considered as different manifestations of the same disease process.
Macular amyloidosis is characterized by pruritic macules showing pigmentation with a reticulated or rippled pattern. This eruption can be easily passed off as postinflammatory hyperpigmentation by physicians who are unfamiliar with the condition.

Macular amyloidosis and lichen amyloidosis sometimes occur together in the same patient, and lichen amyloidosis can arise due to scratching.
Histopathology
Lichen and macular amyloidosis show deposits of amyloid that are limited to the papillary dermis. Most of the amyloid is ... stains are used on frozen sections. In such instances, more than one biopsy may be necessary to confirm the diagnosis.
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In areas in which the entire dermal papilla is filled with amyloid, the amyloid appears homogeneous in both lichen and non-lichen areas. Similar colloid bodies are also found in some sections within the epidermis, but in contrast with those located at the dermal-epidermal junction, they do not stain as amyloid. In addition, there often is a striking degree of pigmentary incontinence.
Histogenesis
The light microscopic findings in lichen and macular amyloidosis suggest that degenerating epidermal cells are discharged and nonbranching. It is postulated that the degenerated, wavy tonofilaments are recognized as foreign and are digested.
by the cell's own lysosomes. Such digestion produces amyloid filaments. A conversion of tonofilaments into amyloid filaments in the lamina densa overlying these deposits is observed.

On direct immunofluorescence, all specimens of lichen or macular amyloidosis fluoresce positively for immunoglobulins.
The epidermal derivation of the amyloid in lichen and macular amyloidosis is supported by histochemical
After full agreement apparently had been reached about the keratogenic origin of the amyloid in lichen amyloidosis.
The amyloid that may be found in the stroma or in the adjacent connective tissue of basal cell carcinoma and other epithelial tumors has an appearance on electron microscopy and direct immunofluorescence similar to that of lichen and macular amyloidosis, suggesting that it too is
derived from tonofilaments. This amyloid also shows positive staining with antikeratin antiserum.