Lichen Amyloidosis and Macular Amyloidosis
Lichen amyloidosis and macular amyloidosis are best considered as different manifestations of the same disease process. Some authors have suggested that the pruritis leads to damage of keratinocytes by scratching and to subsequent production of amyloid.
Macular amyloidosis is characterized by pruritic macules showing pigmentation with a reticulated or rippled pattern. It 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 (35,36). When treated by intralesional injection of steroids, the lichenoid lesions can become macular.
Histopathology
Lichen and macular amyloidosis show deposits of amyloid that are limited to the papillary dermis. Most of the amyloid is stained with Congo red and thioflavine-T 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 its variants. 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...
by the cell's own lysosomes. Such digestion produces amyloid filaments. A conversion of tonofilaments into amyloid ... further ultrastructural examination shows disruption of the lamina densa overlying these deposits.

On direct immunofluorescence, all specimens of lichen or macular amyloidosis fluoresce positively for immunoglobulins or complement.
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 and macular amyloidosis, other authors found direct amyloid fibril formation at the basal surfaces of living basal cells 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.