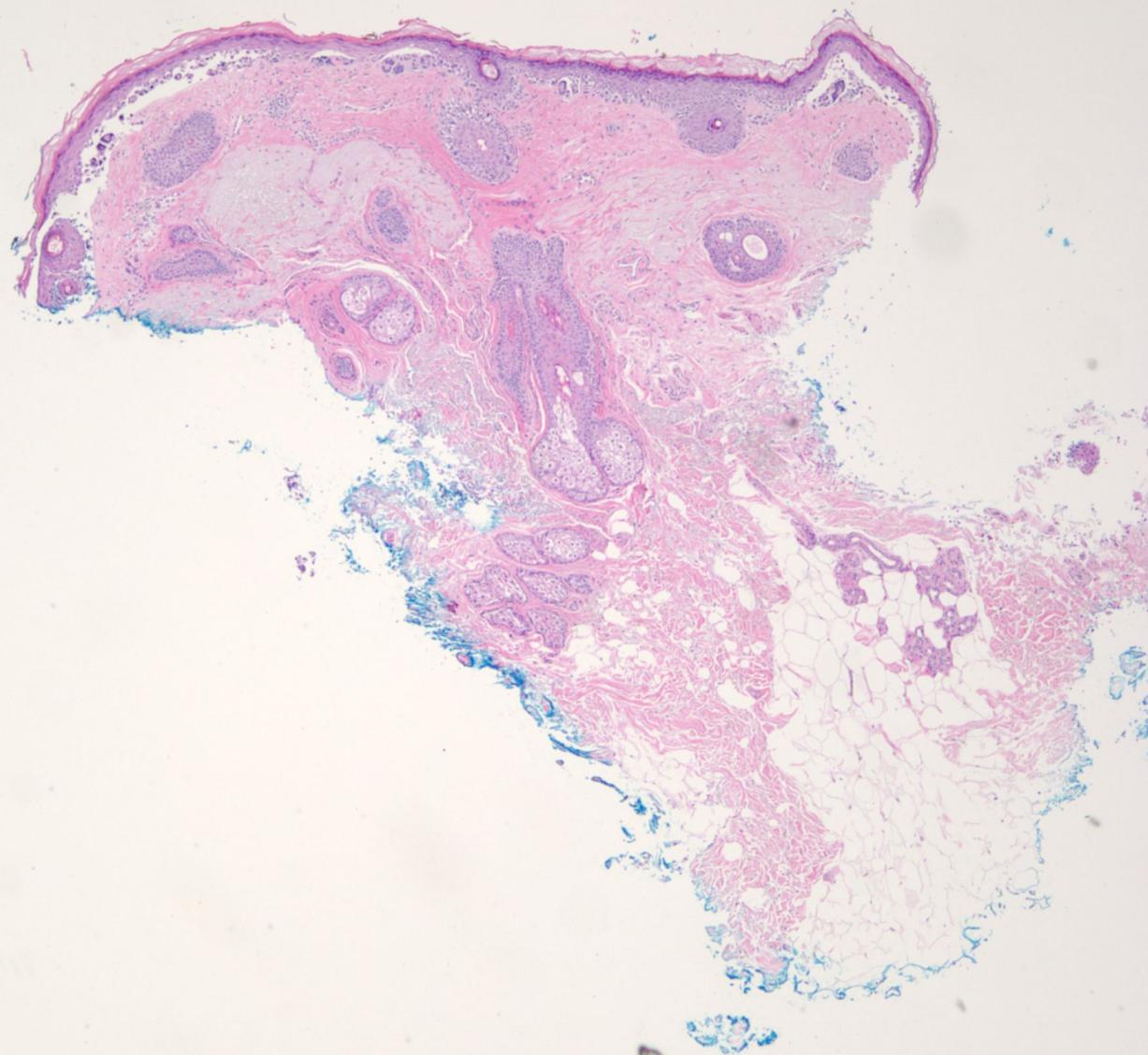
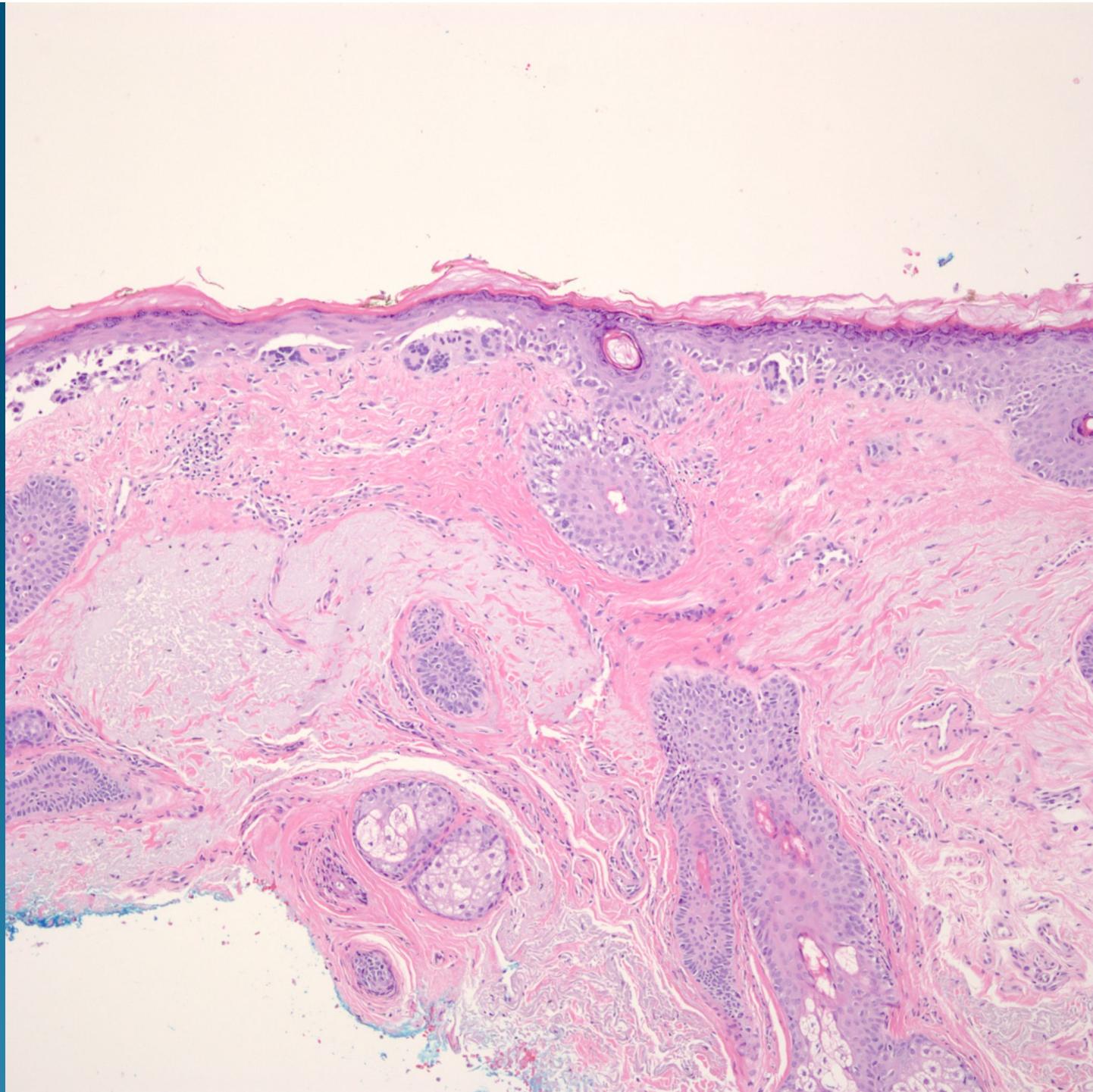
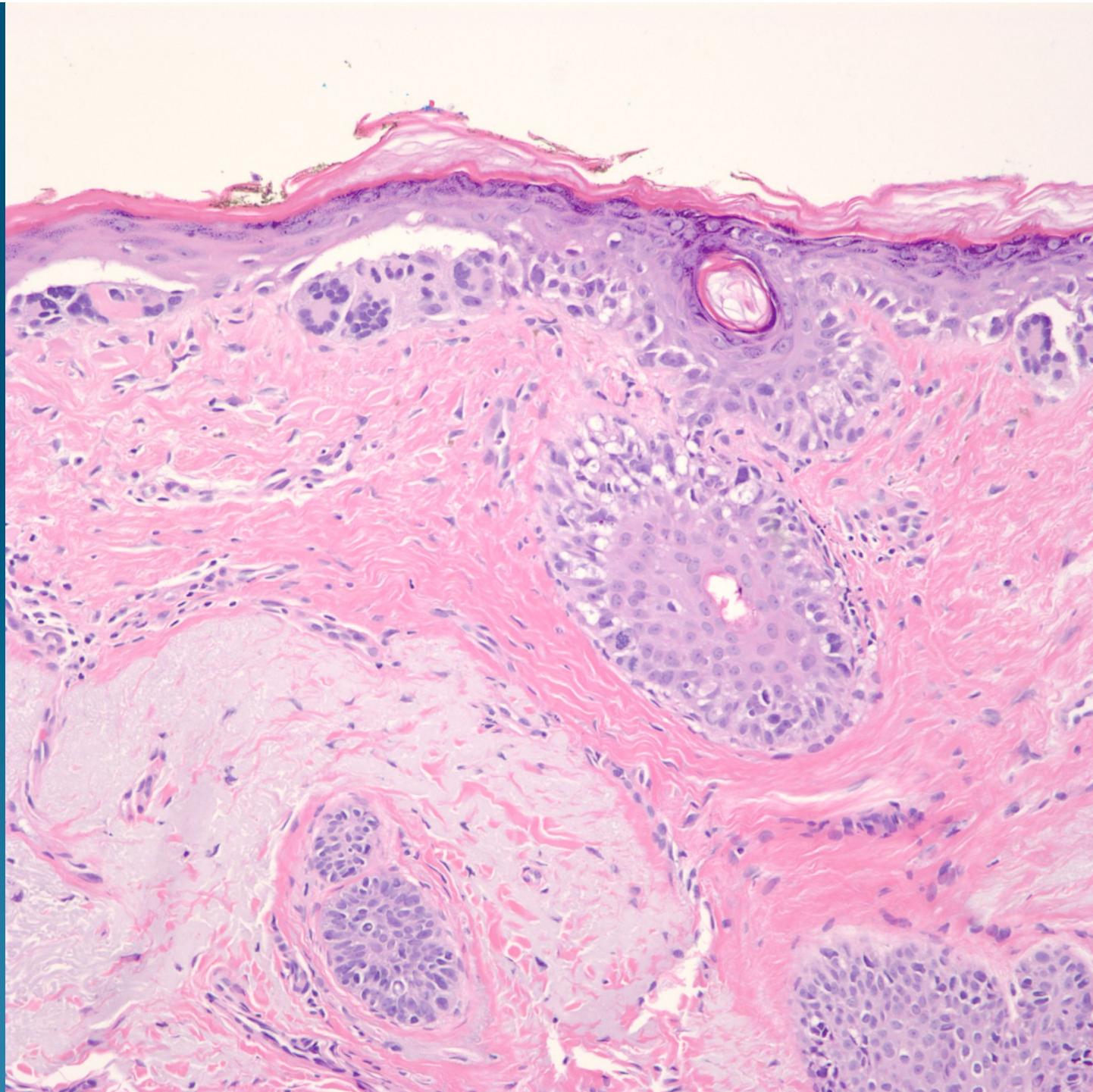


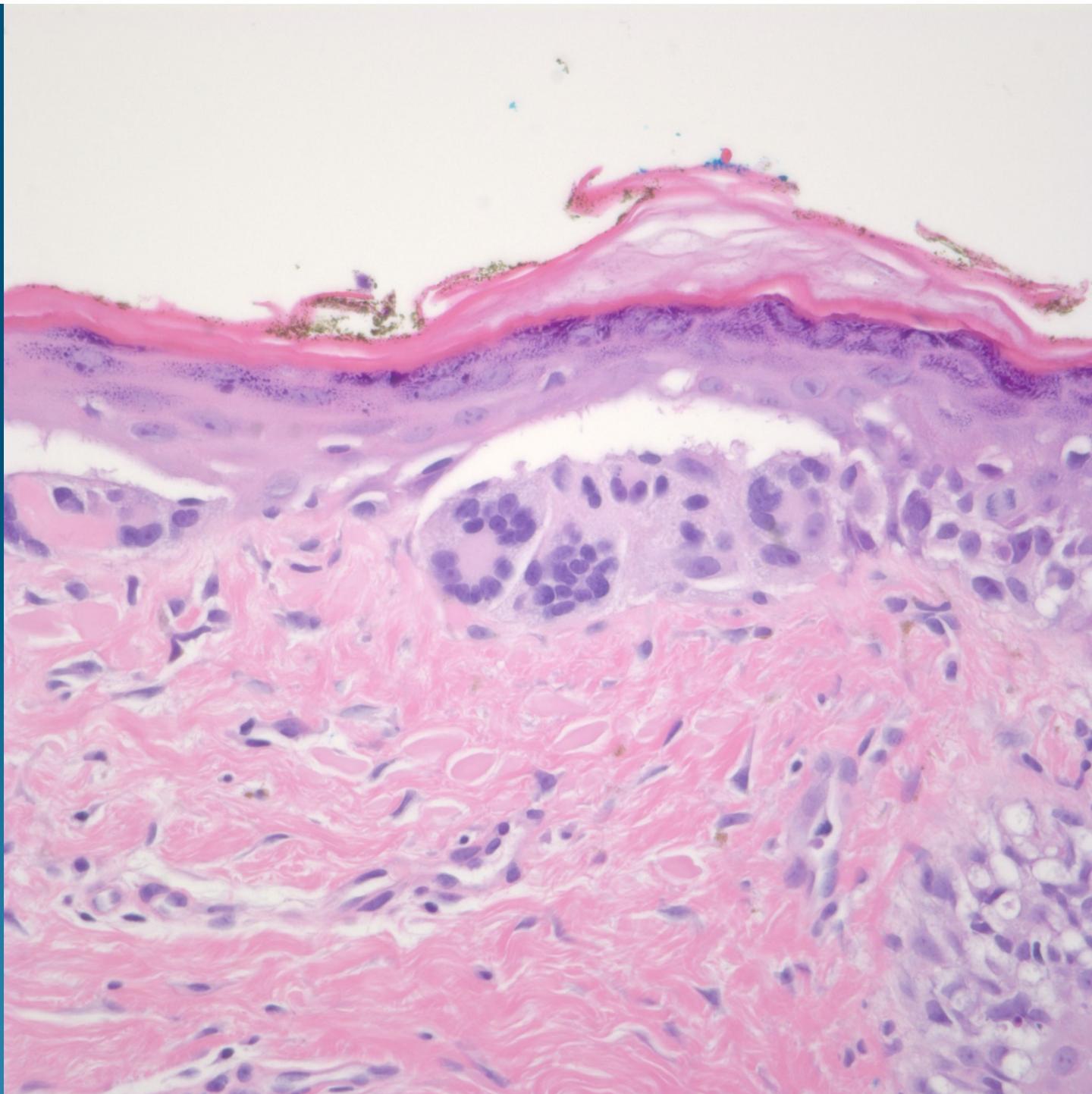
Dermatopathology Slide Review Part 100

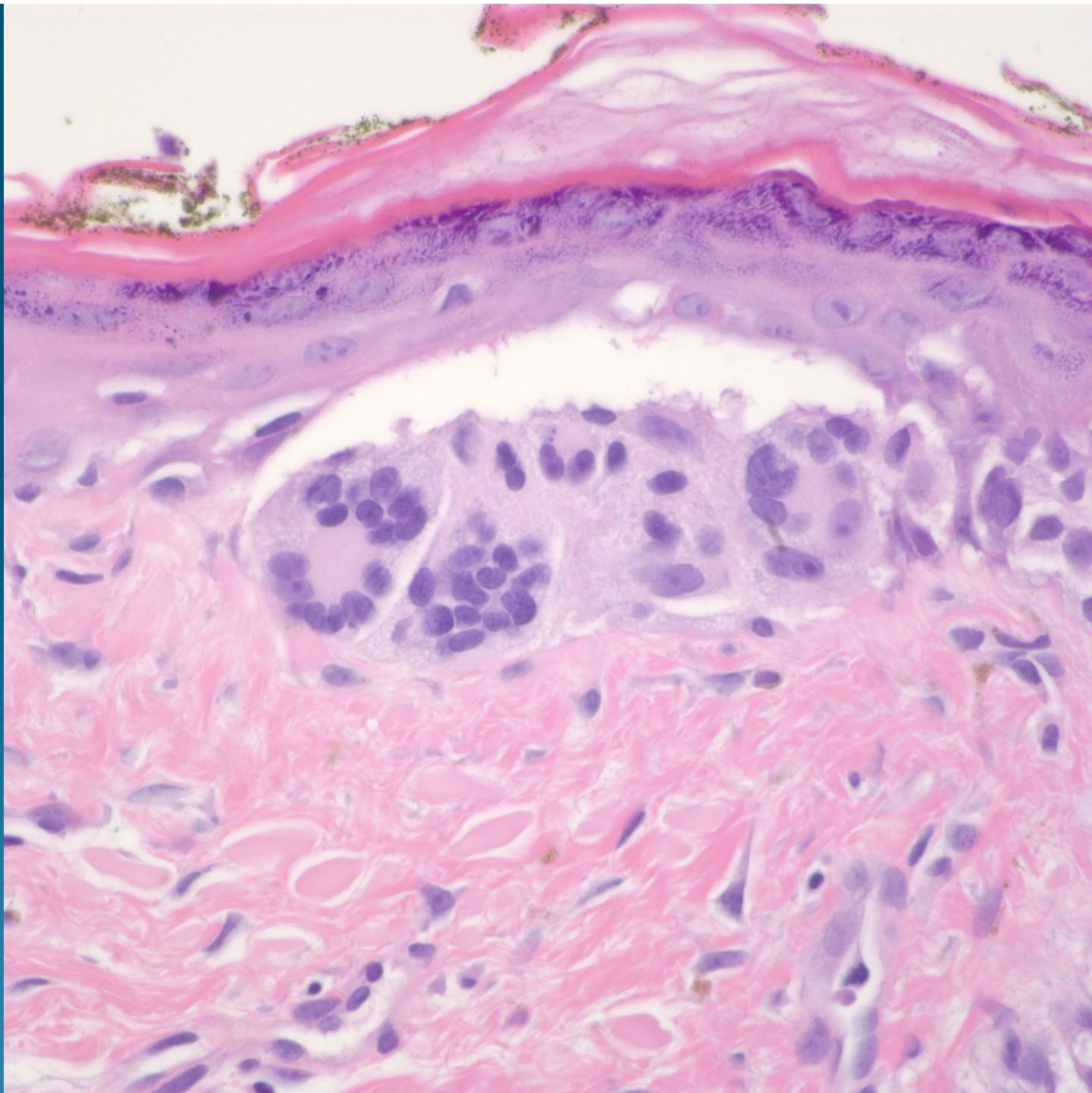
Paul K. Shitabata, M.D.
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Torrance, CA





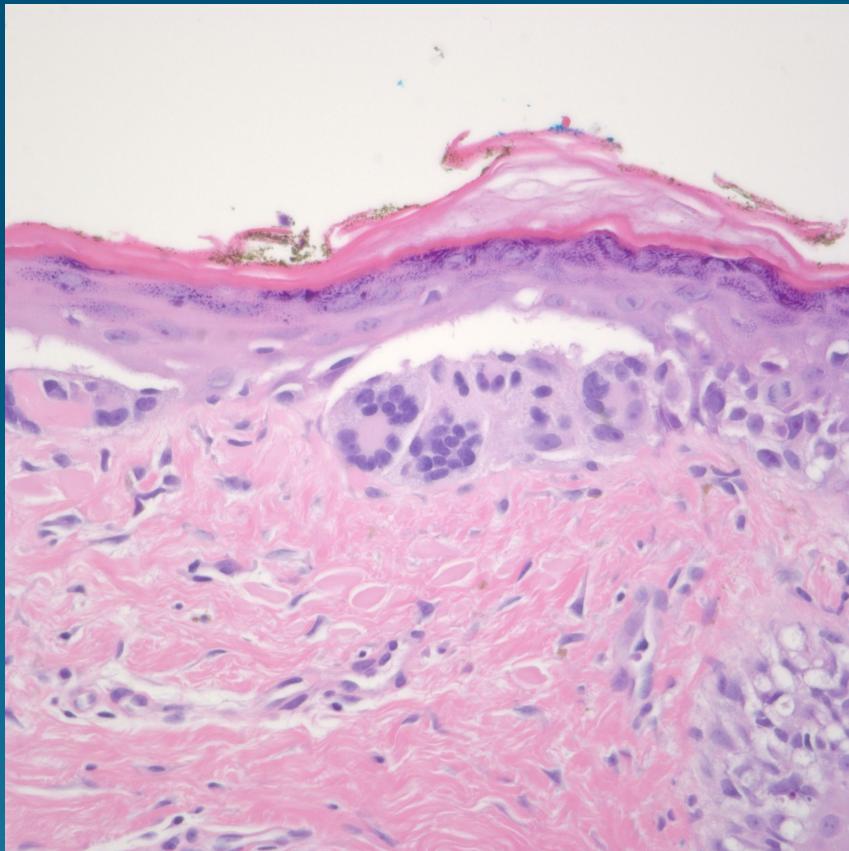




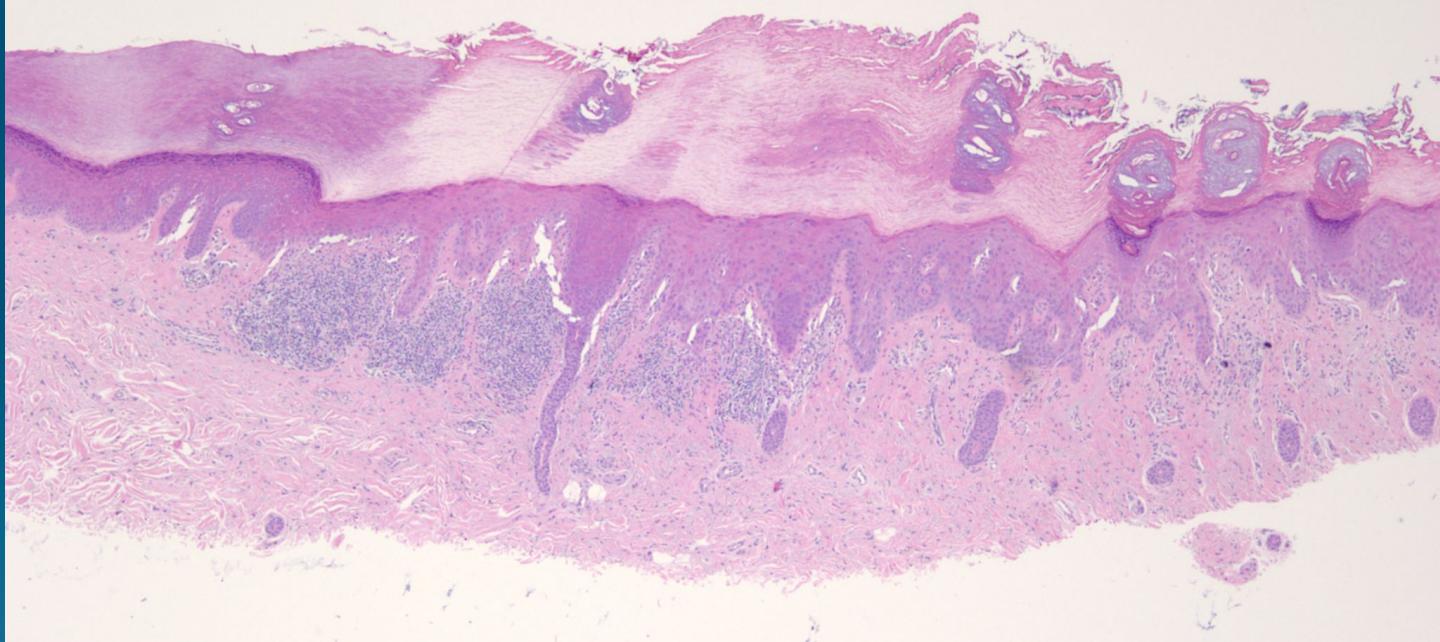


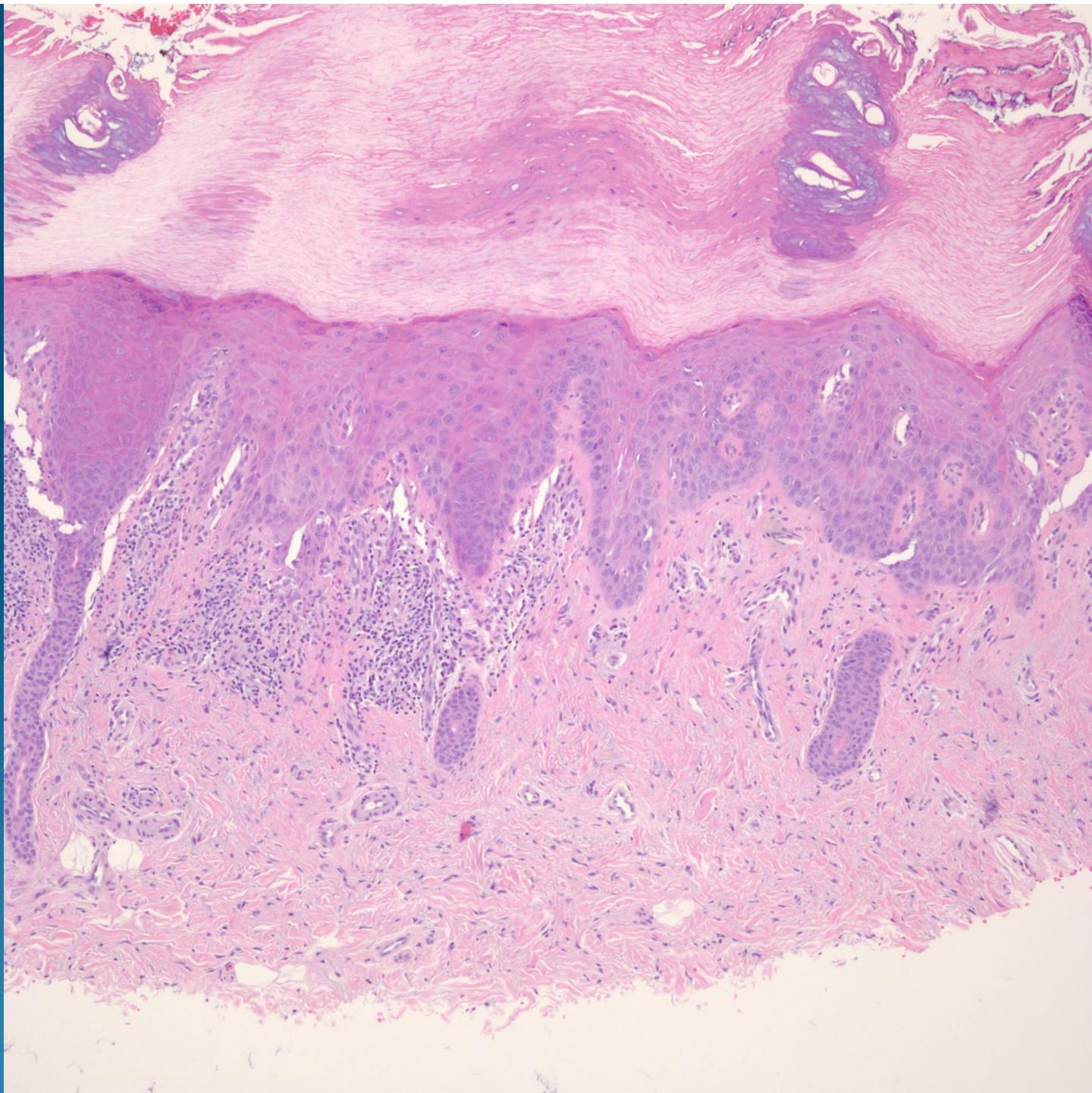
Malignant Melanoma in Situ (Lentigo Maligna)

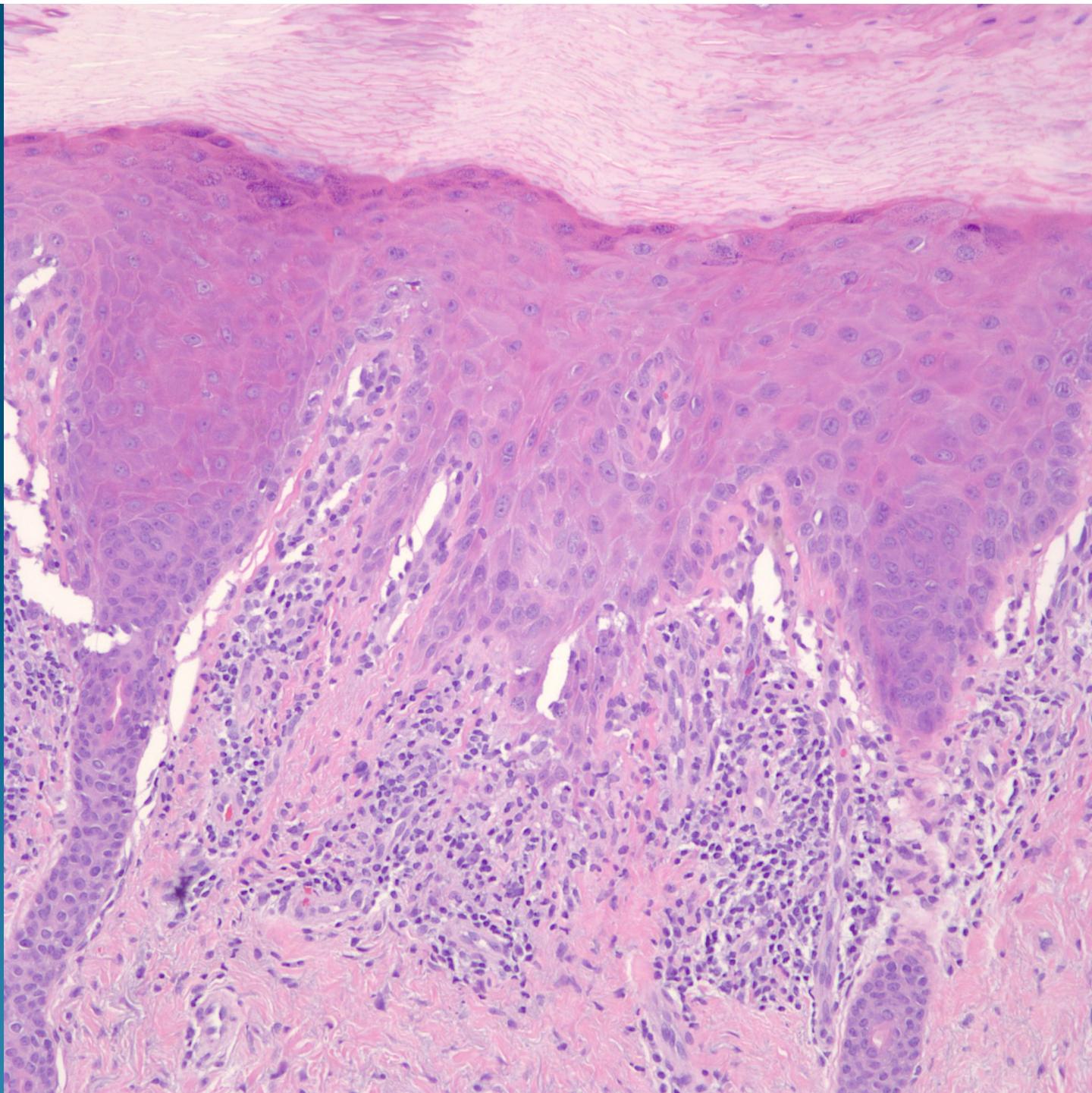
Pearls

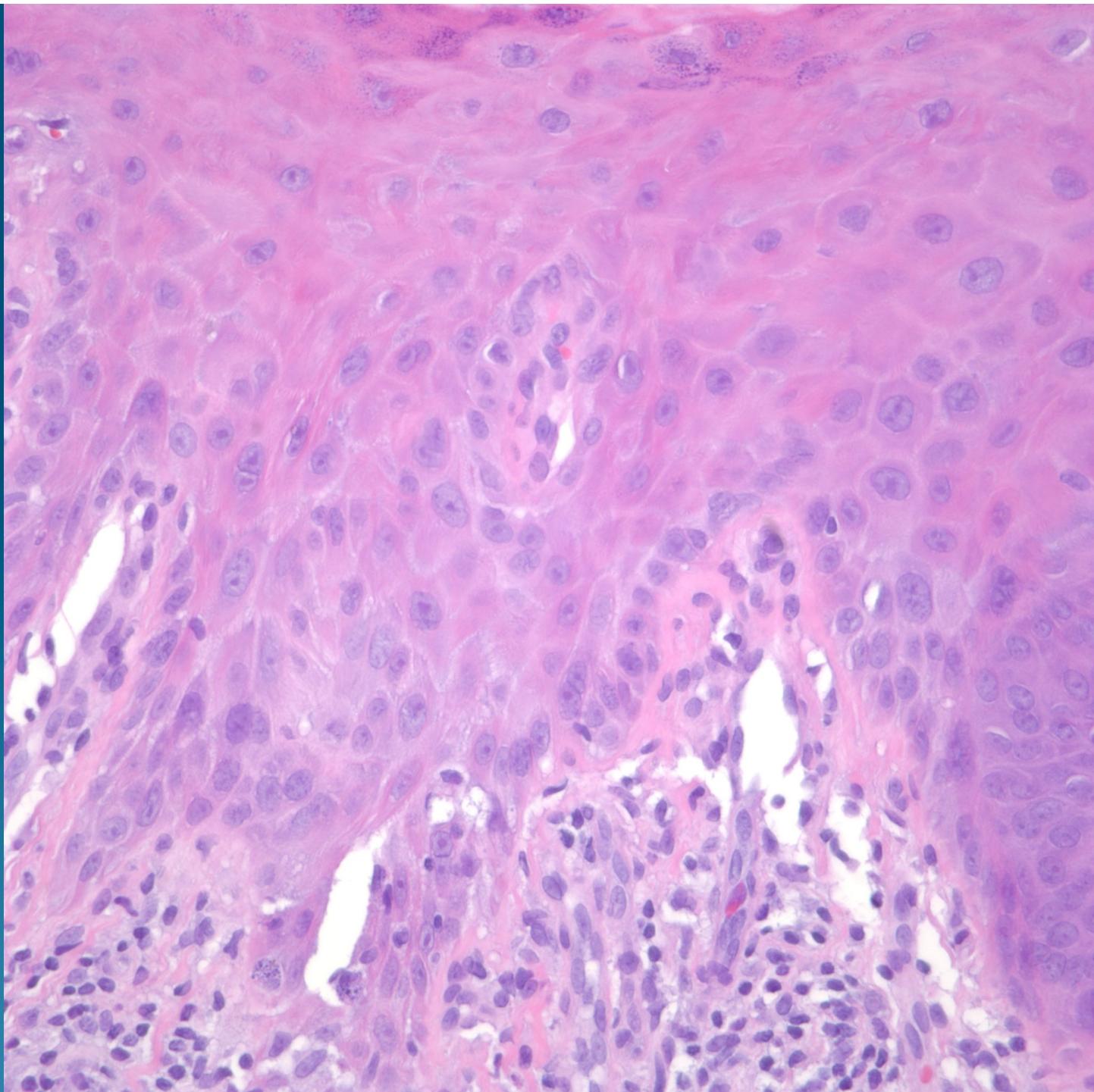


- Cytologically atypical junctional melanocytes arising on sun damaged skin with extension along adnexal epithelium
- May see “starburst giant cells” which are multinucleated melanocytes, helpful for confirmation
- JAAD 1996;35:962-968



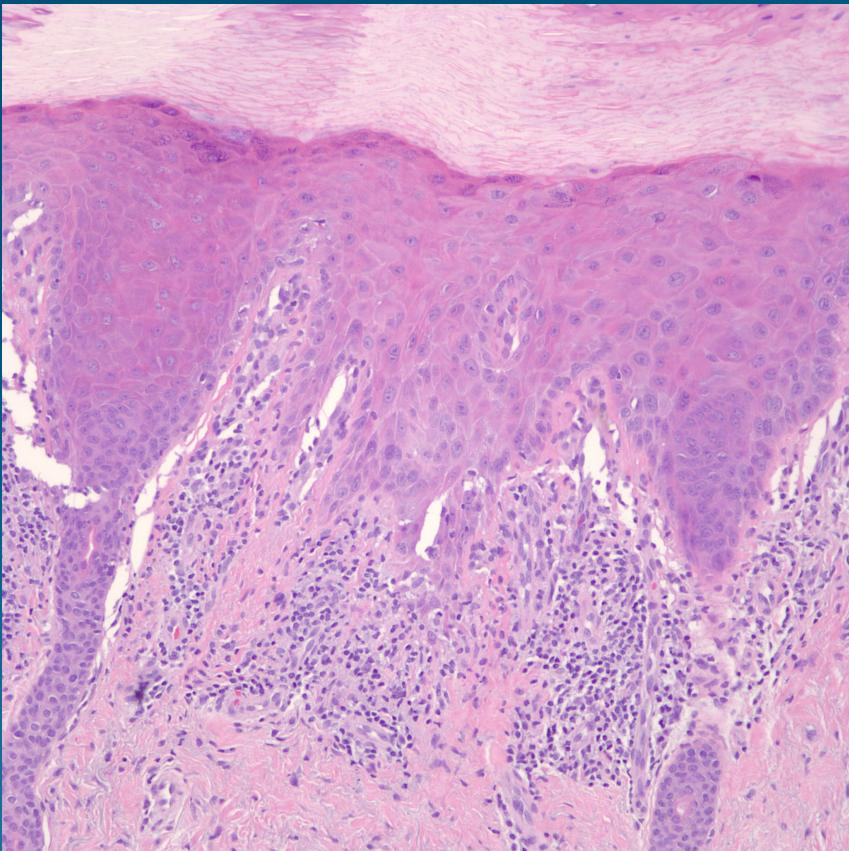




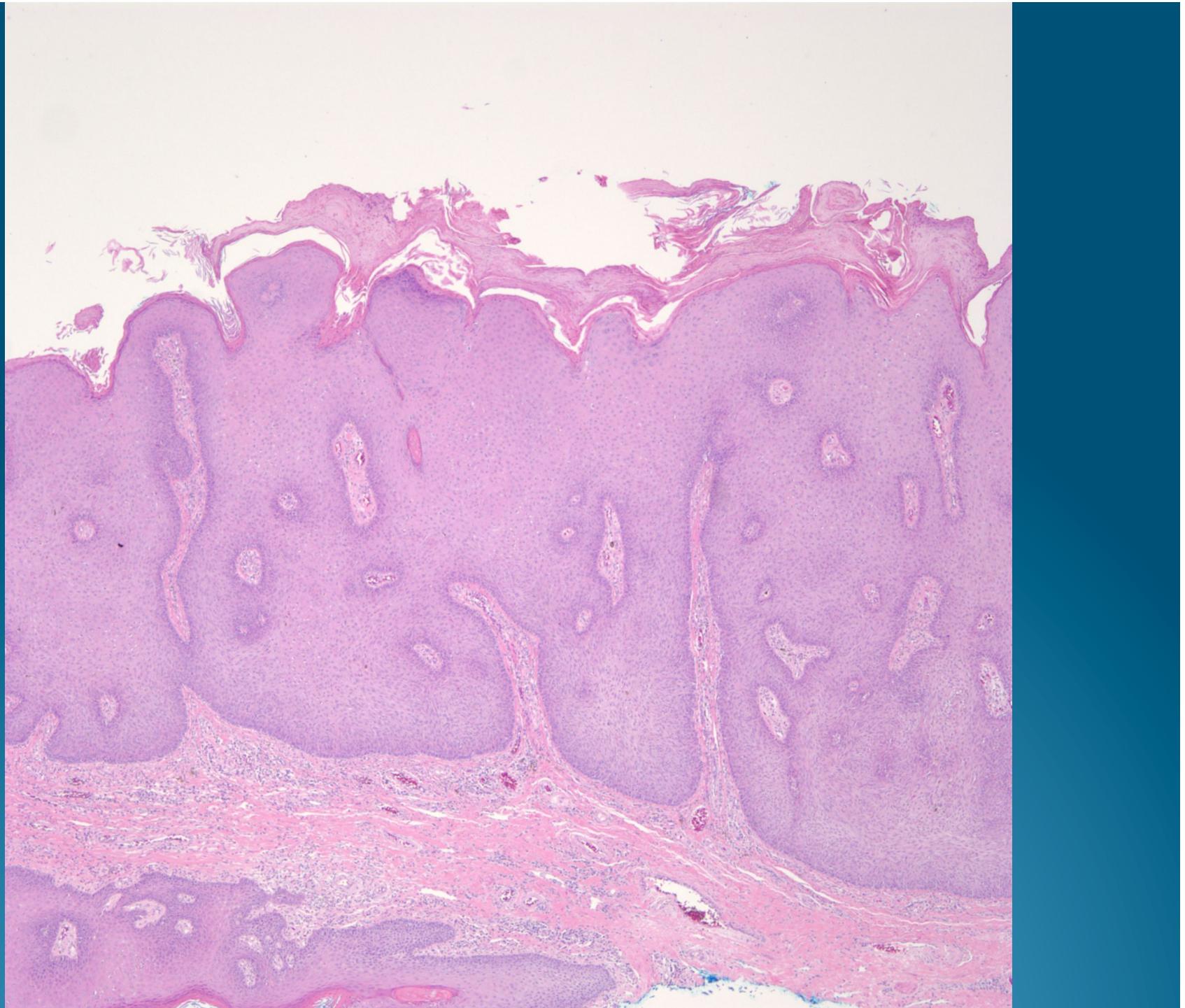


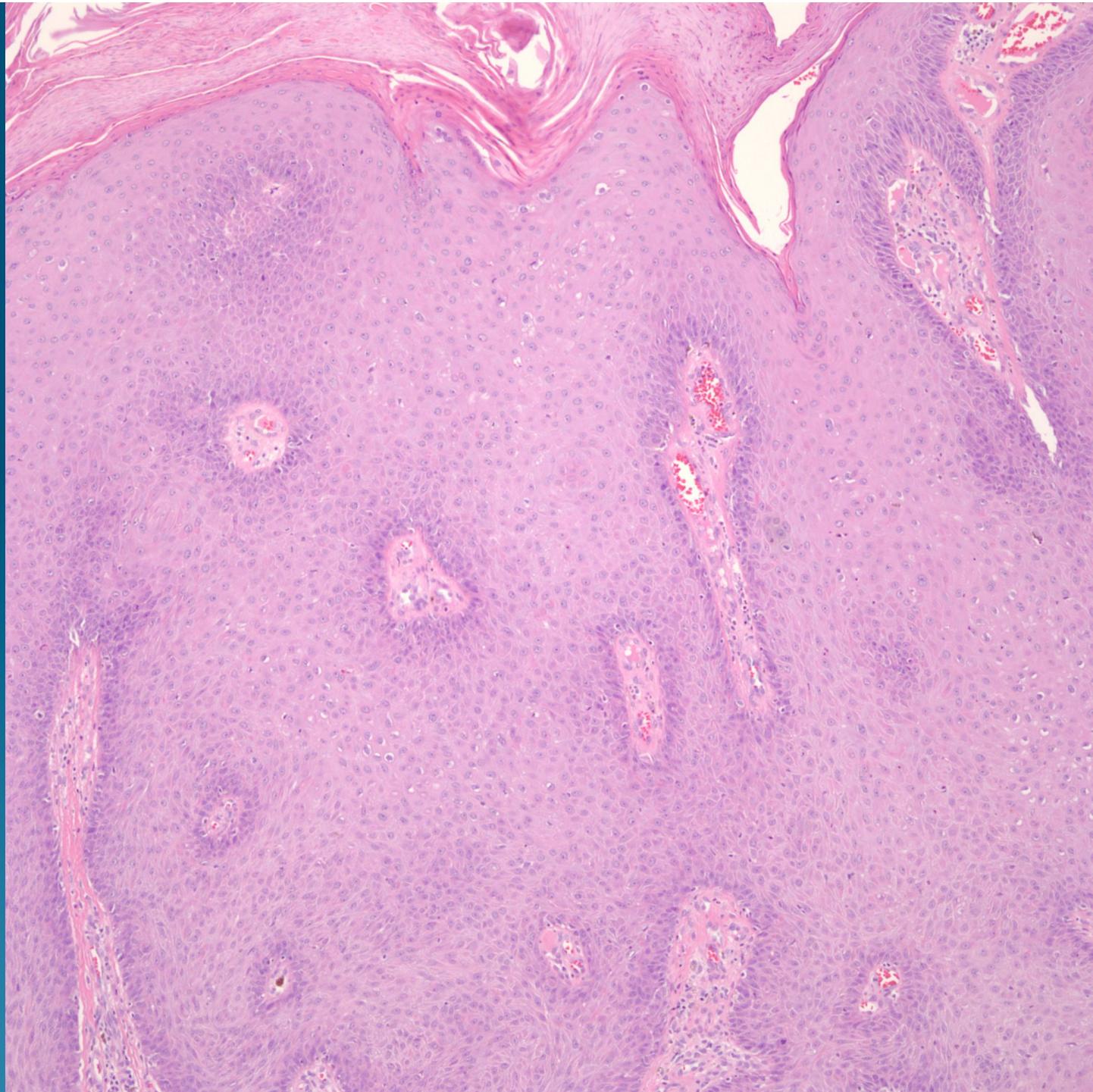
Consistent with Arsenical Keratosis

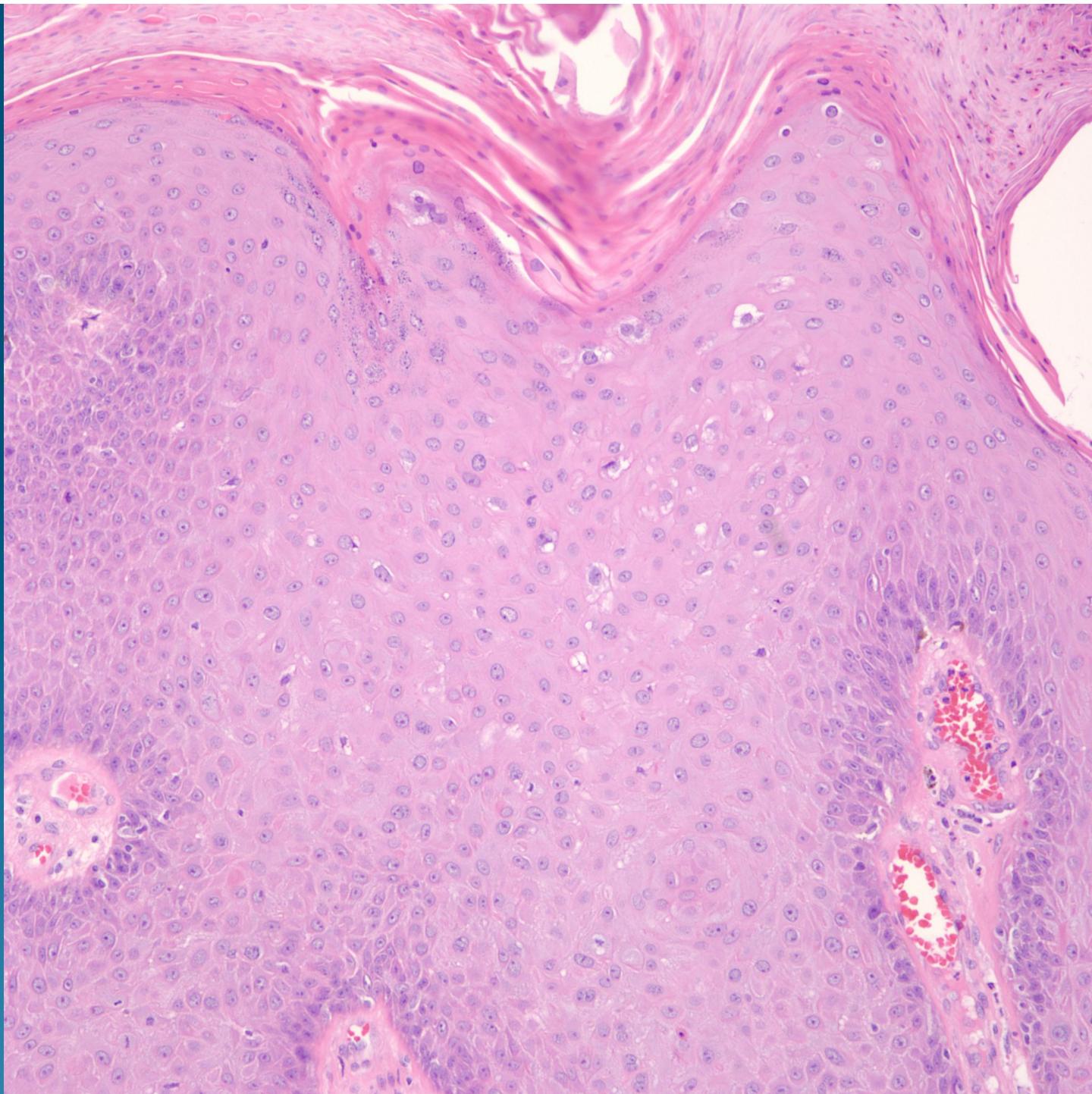
Pearls

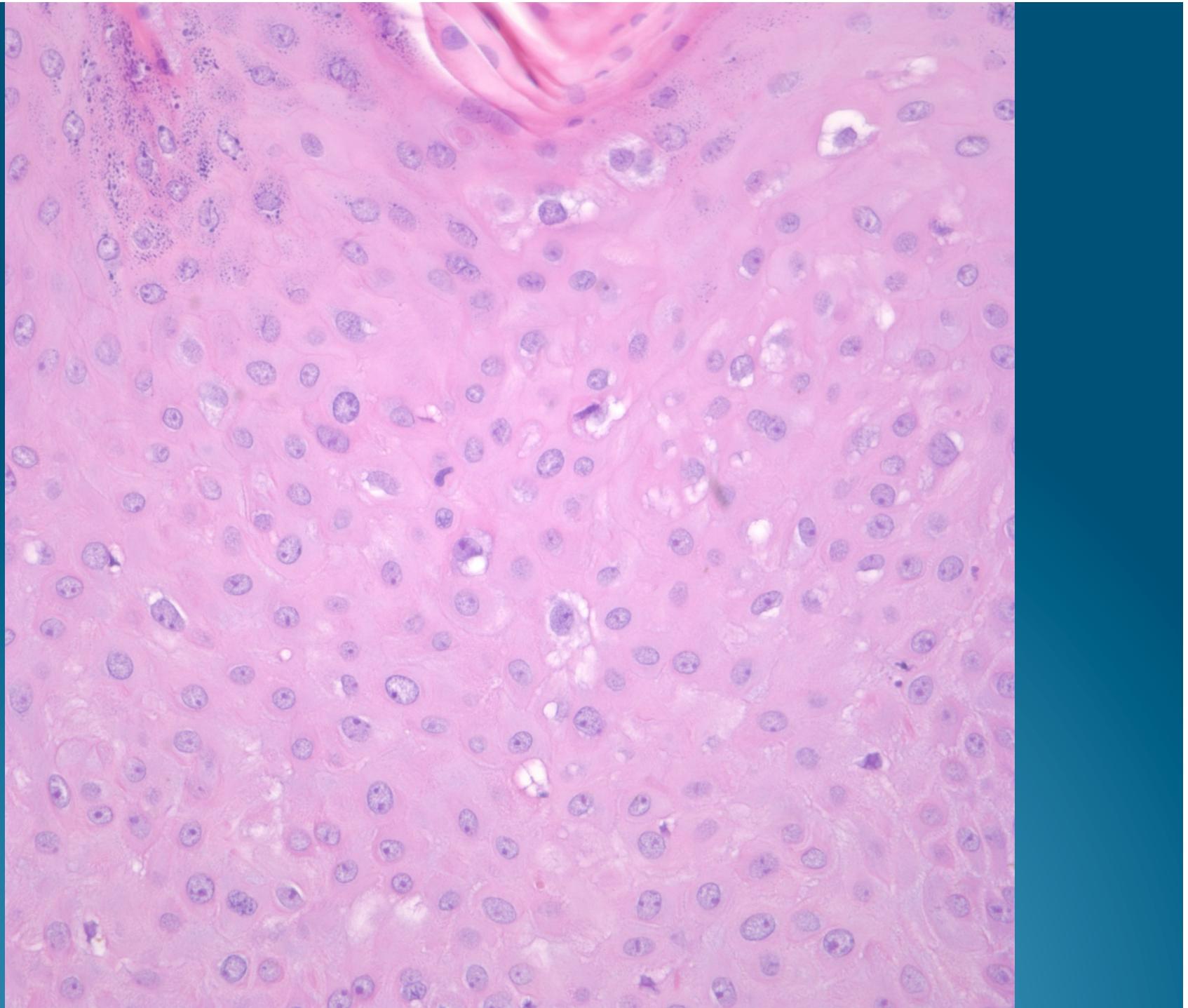


- Variable histopathology, clinical-pathology correlation with arsenic exposure
- Vary from seborrheic keratosis-like lesions to hyperplastic actinic keratosis to Bowen's disease



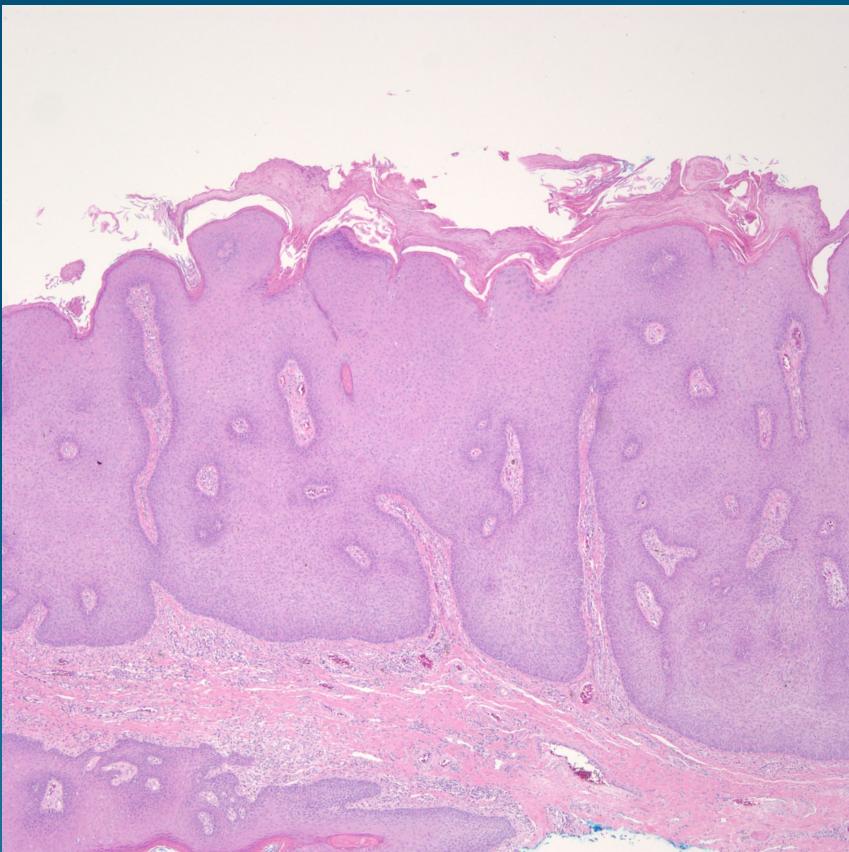




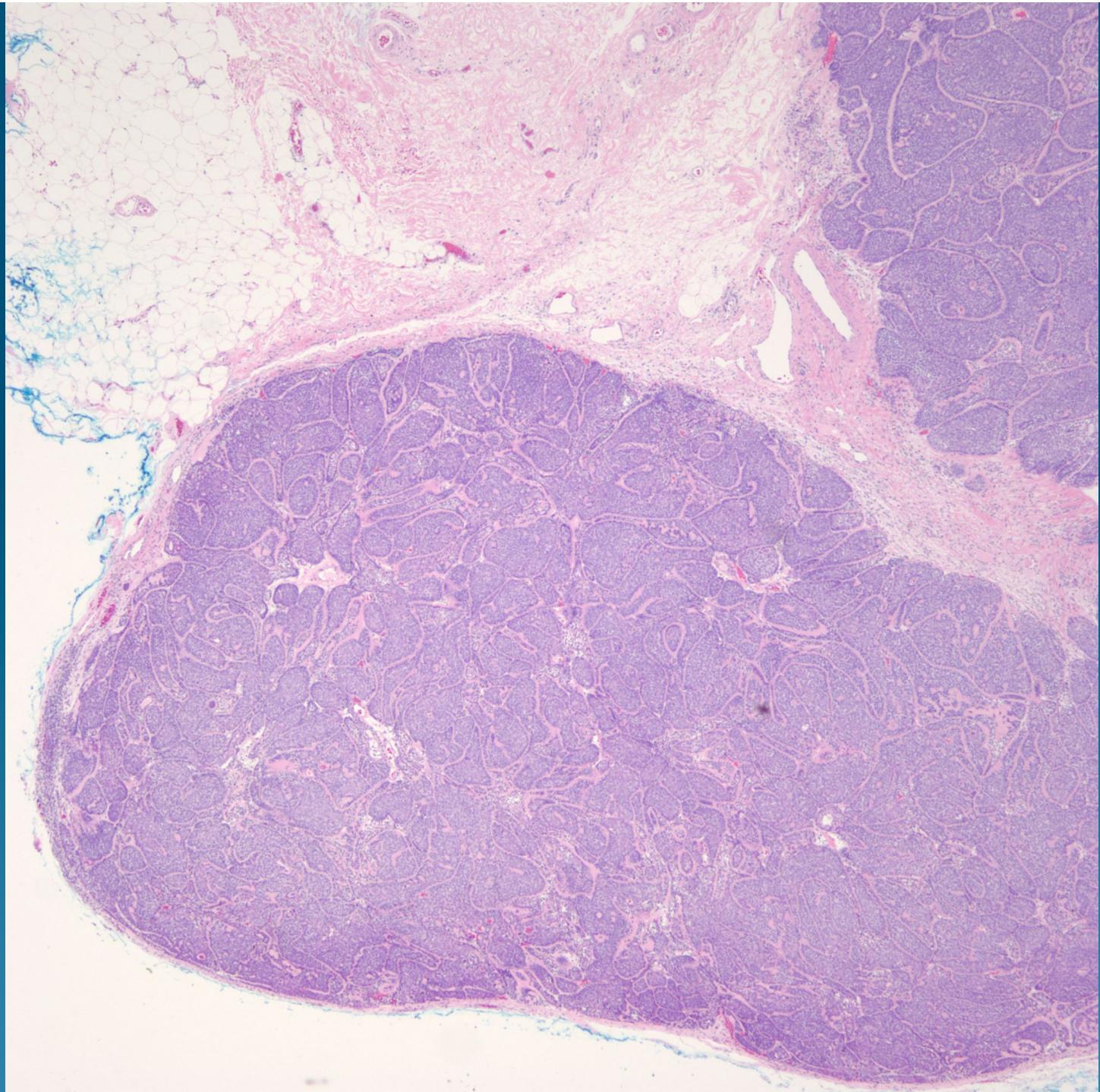


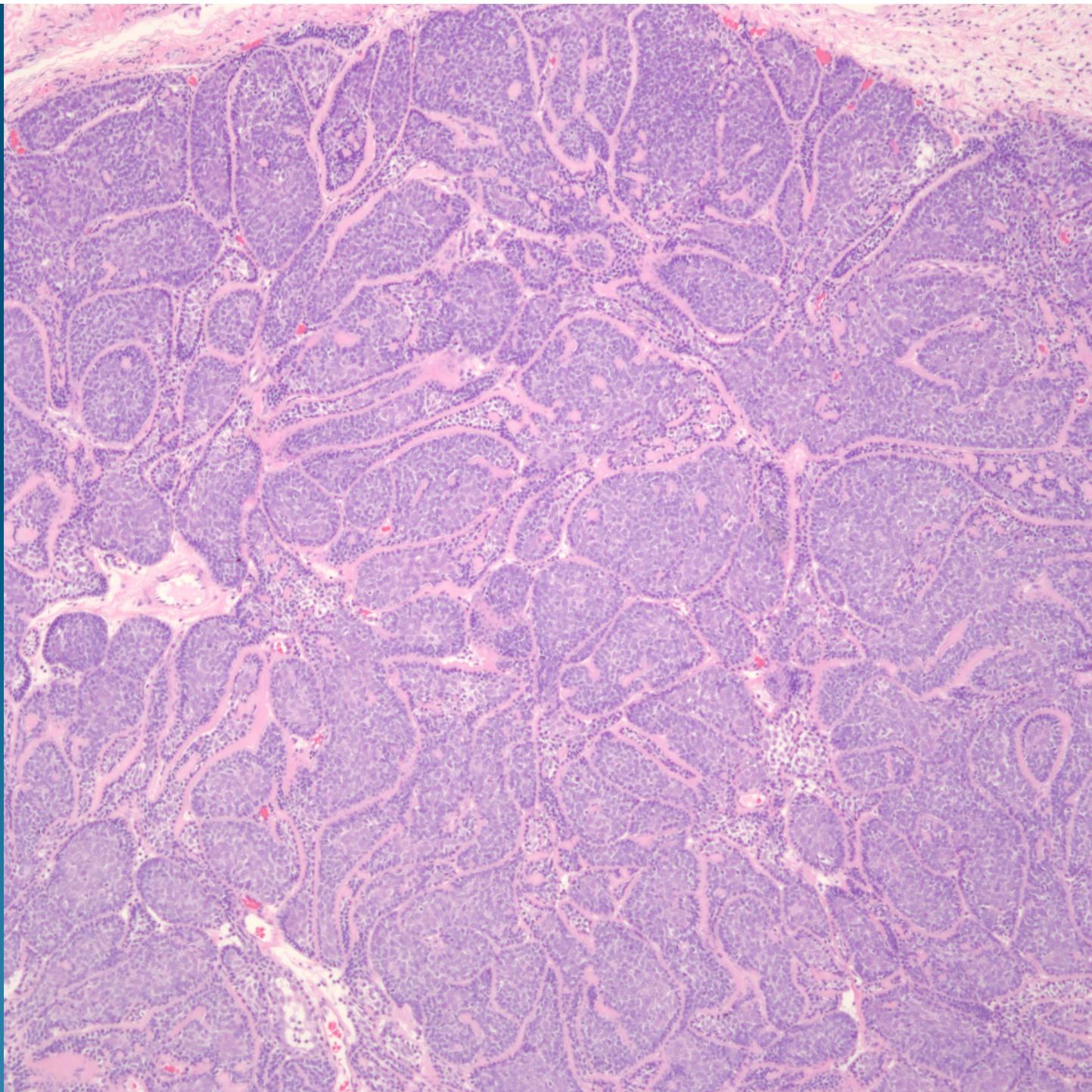
Condyloma acuminatum

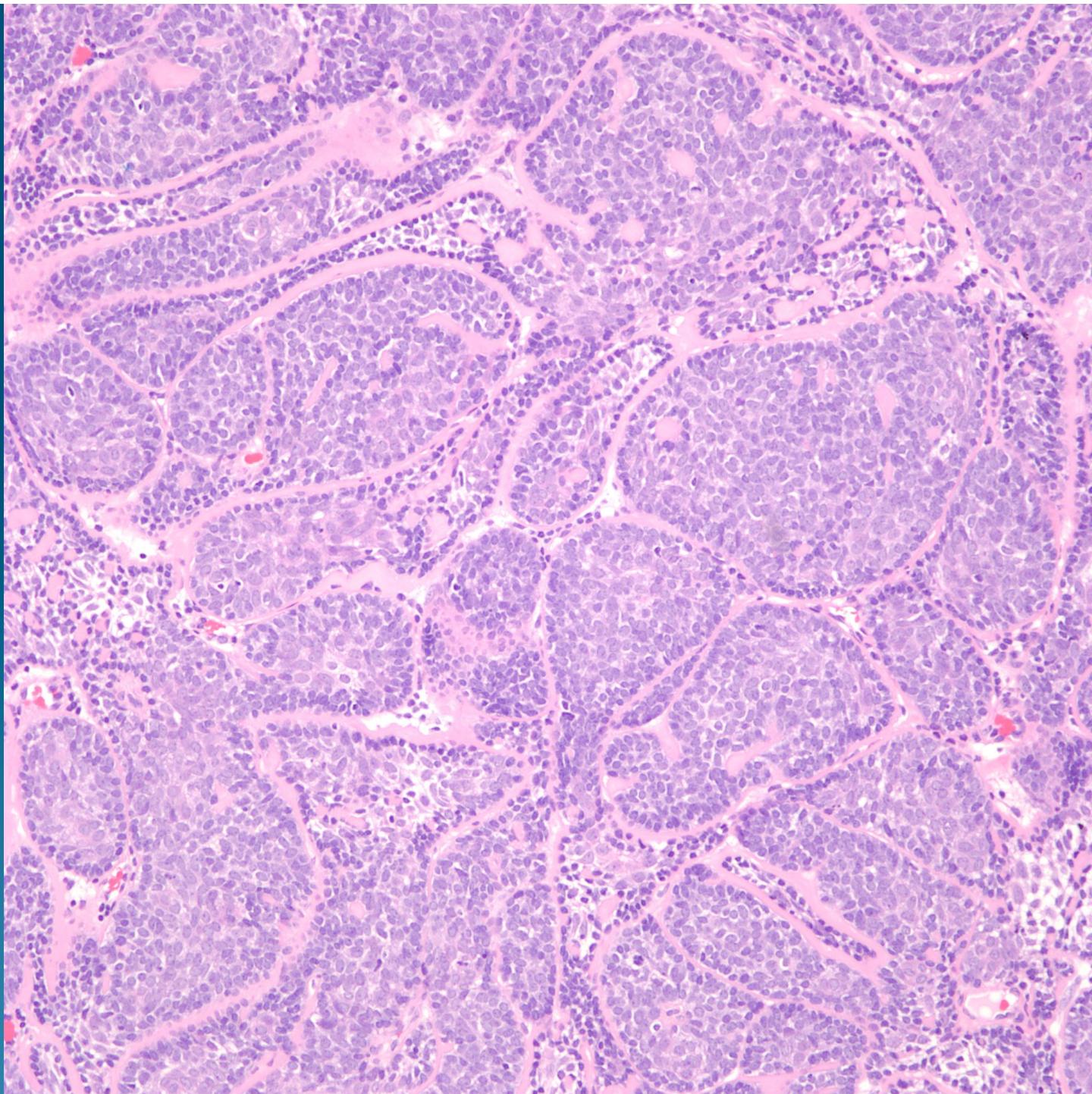
Pearls

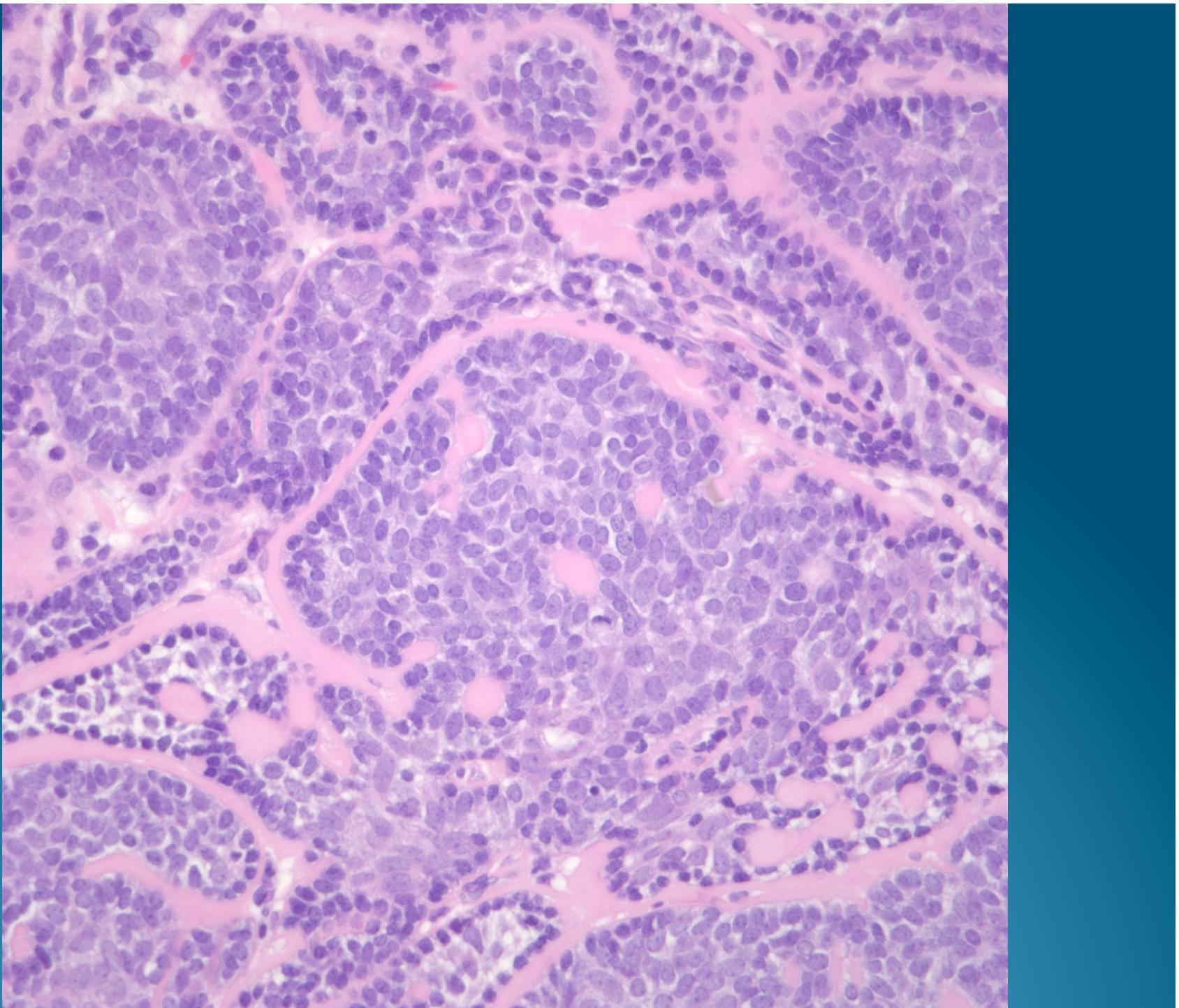


- Gently mammillated architecture with rounded rete ridges
- Superficial koilocytes
- Minimal atypia
- Clinical-pathological correlation







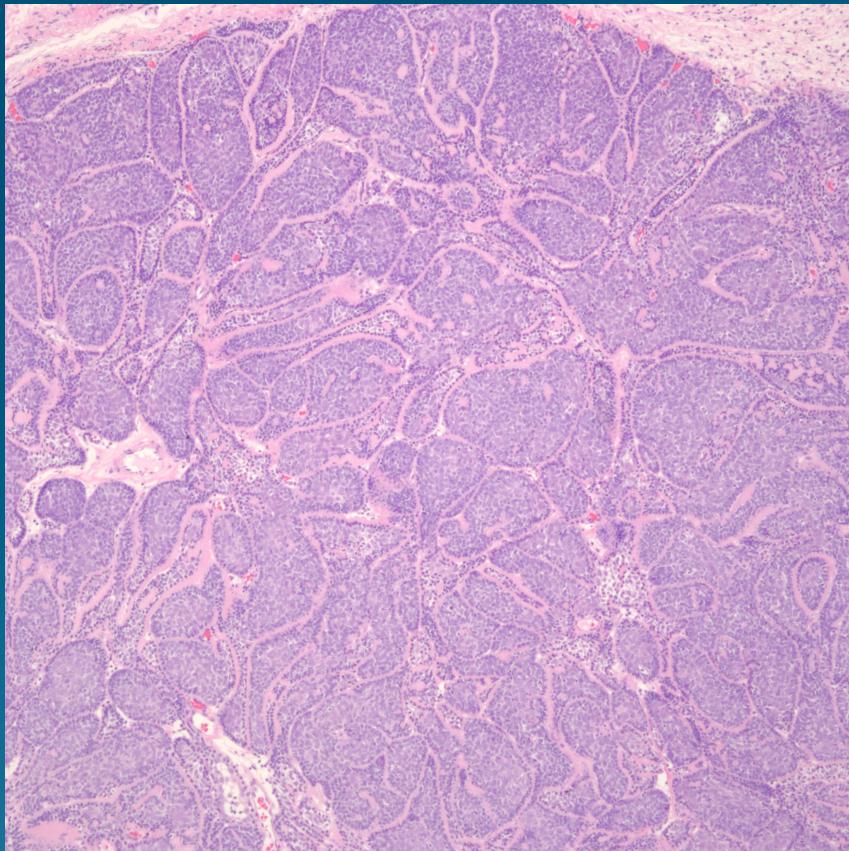


What is the best diagnosis?

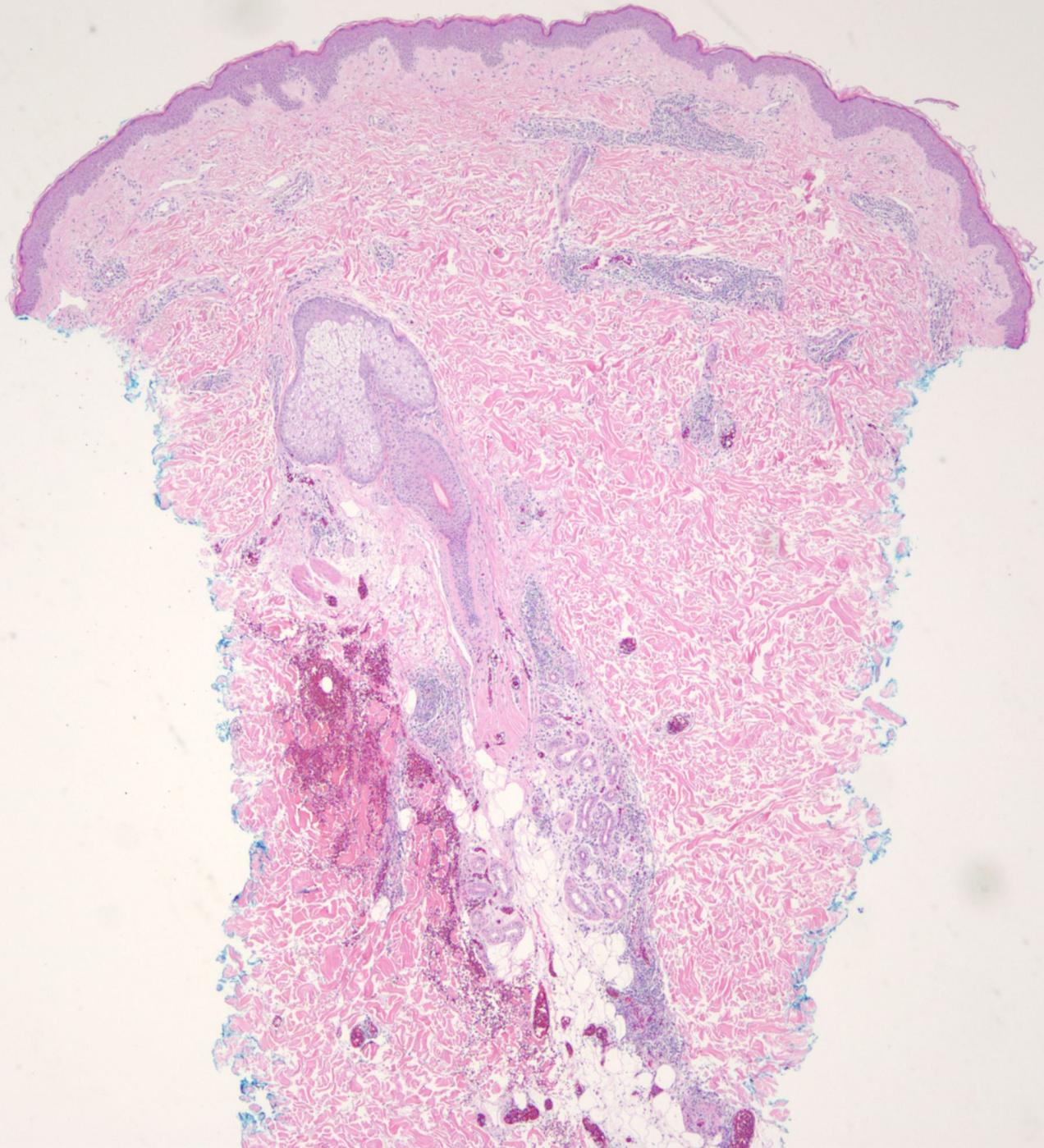
- A. Cylindroma
- B. Basal cell carcinoma, nodular type
- C. Trichoepithelioma
- D. Glomus tumor
- E. Merkel cell carcinoma

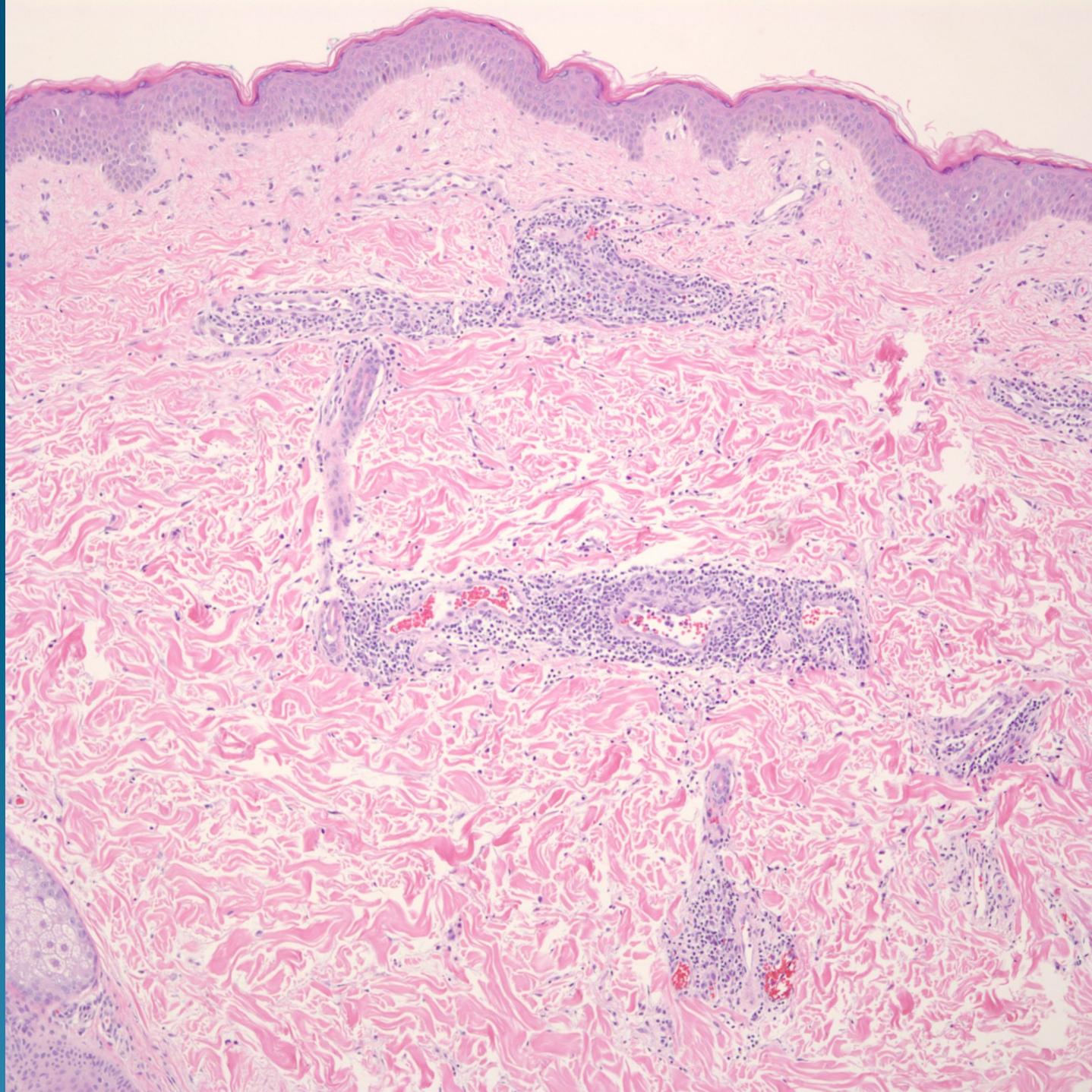
Cylindroma

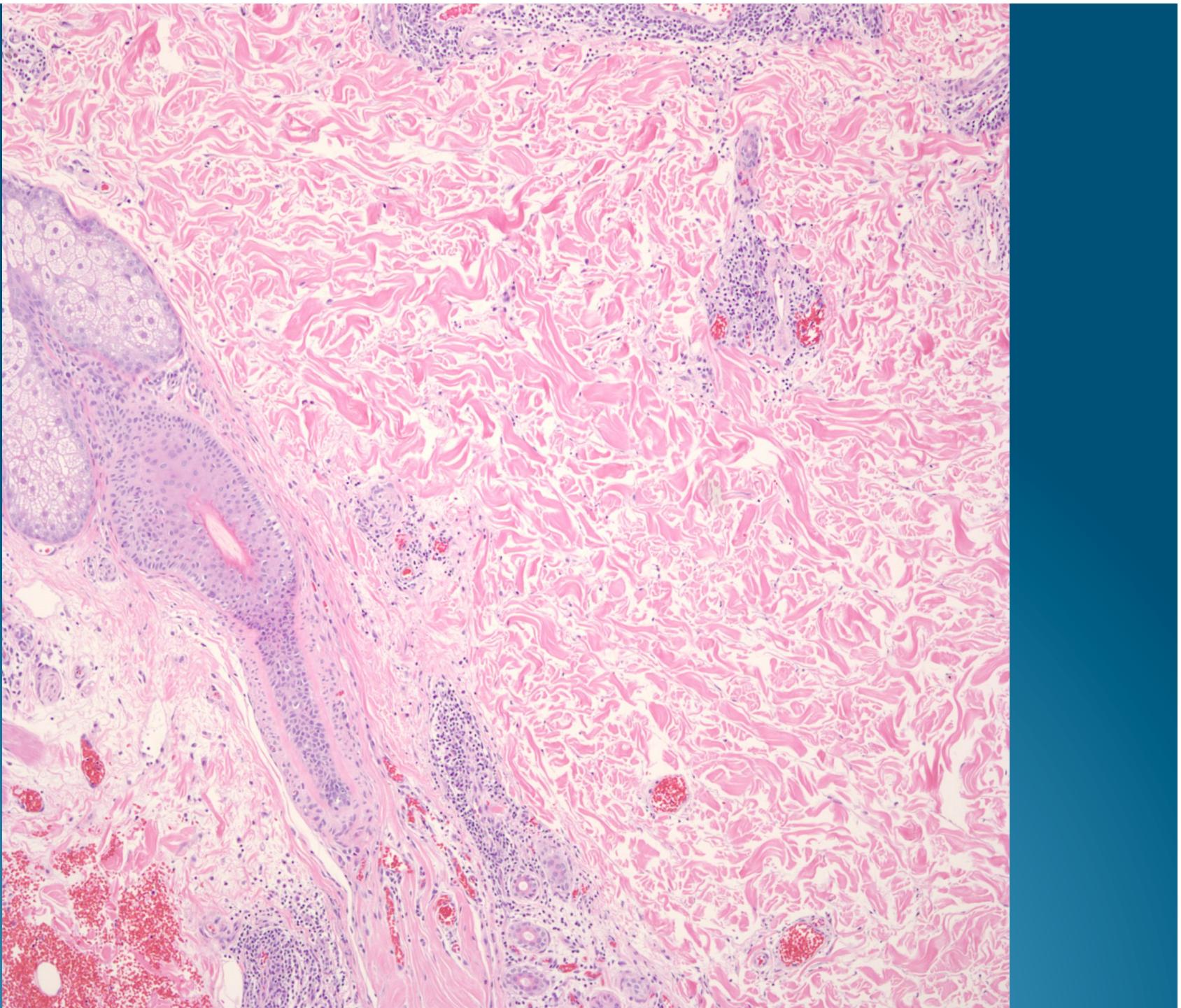
Pearls

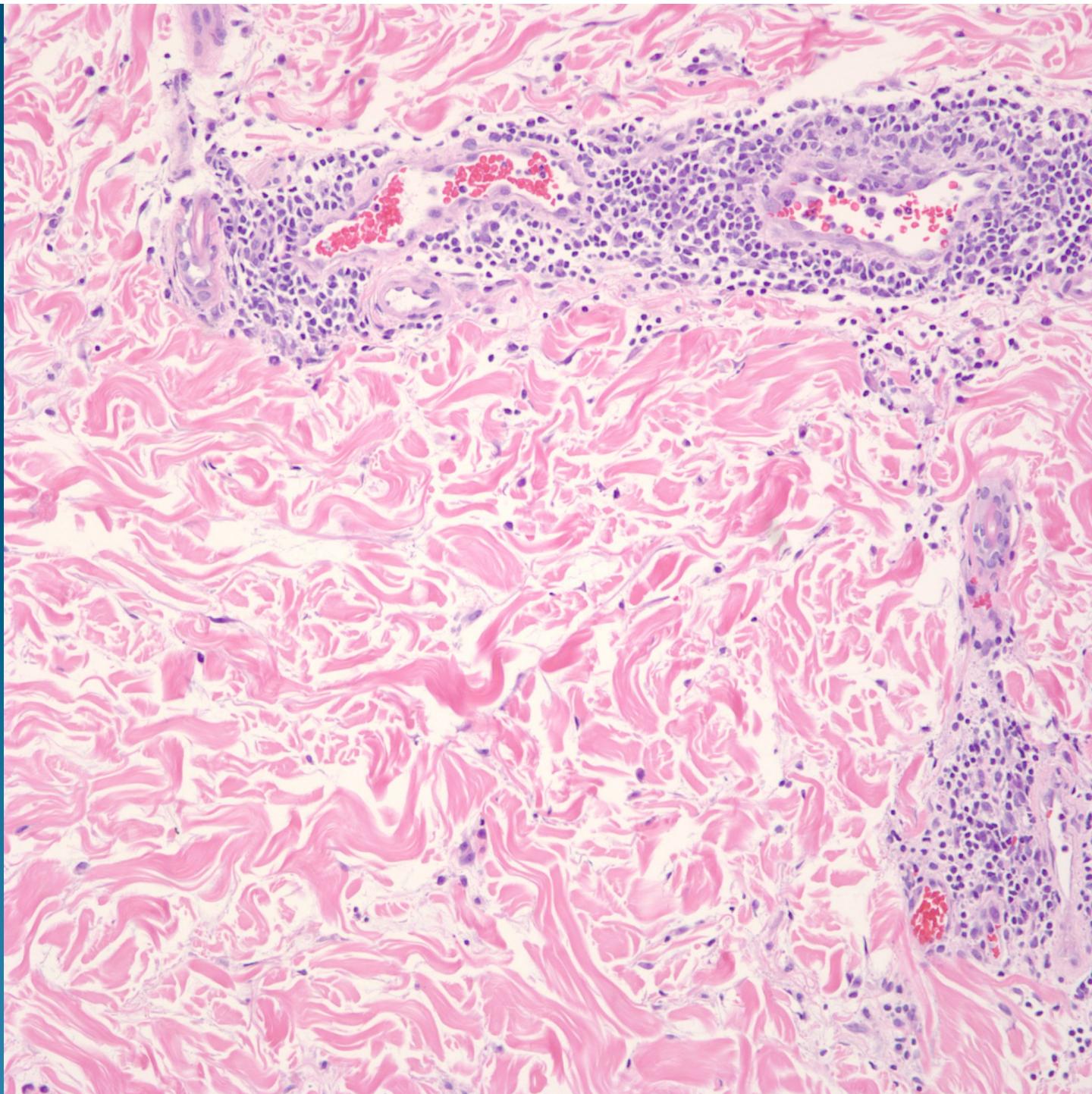


- Circumscribed dermal nodules with no epidermal attachment
- Basaloid cells divided by hyalinized basement membrane imparting a “jigsaw puzzle-like” appearance

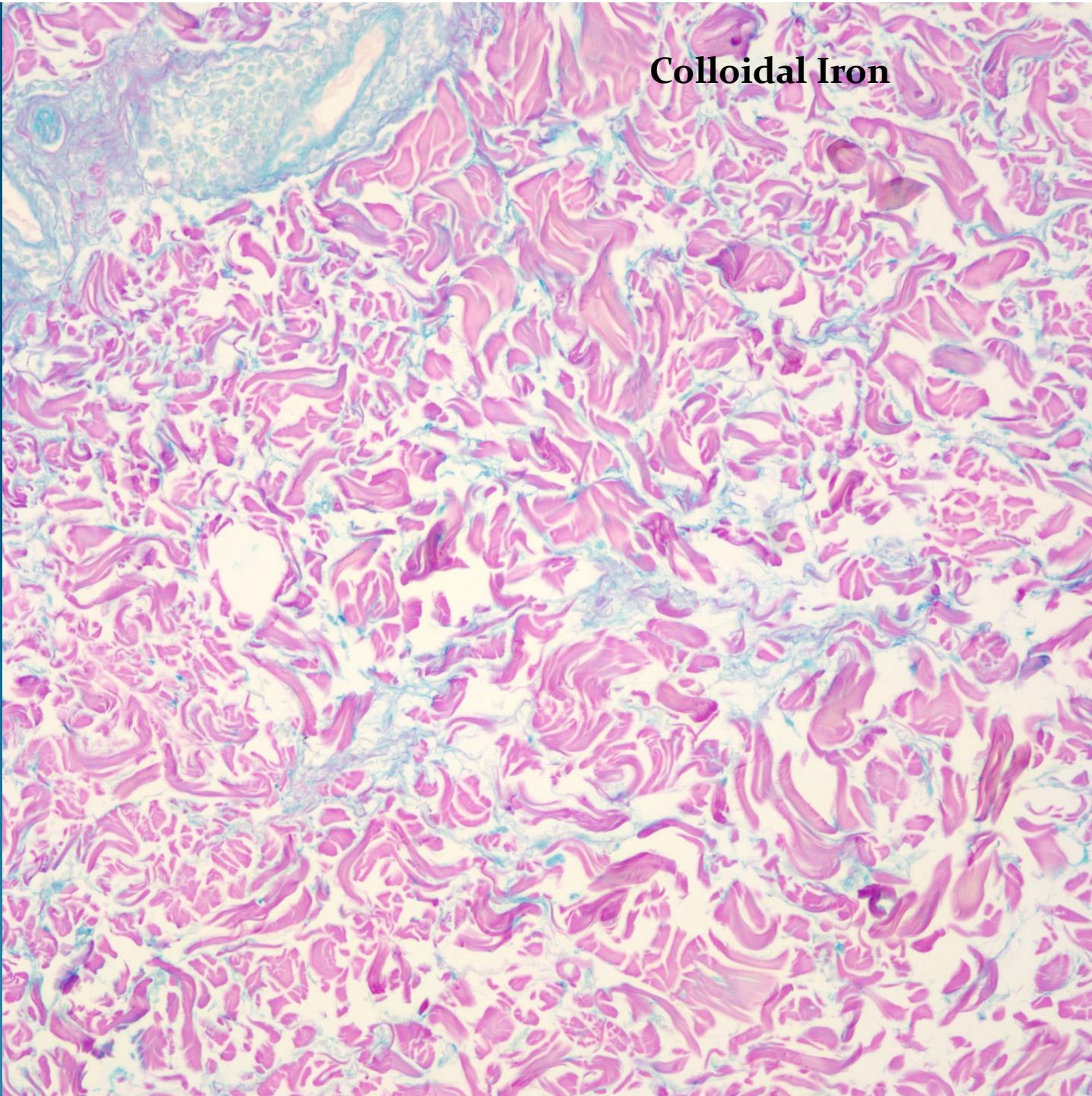








Colloidal Iron



Tumid Lupus Erythematosus

Pearls



- Variable histopathology ranging from superficial and deep perivascular and periadnexal inflammatory infiltrate to variable interface changes
- Consistent increase in mucin as identified by mucin/colloidal iron stains