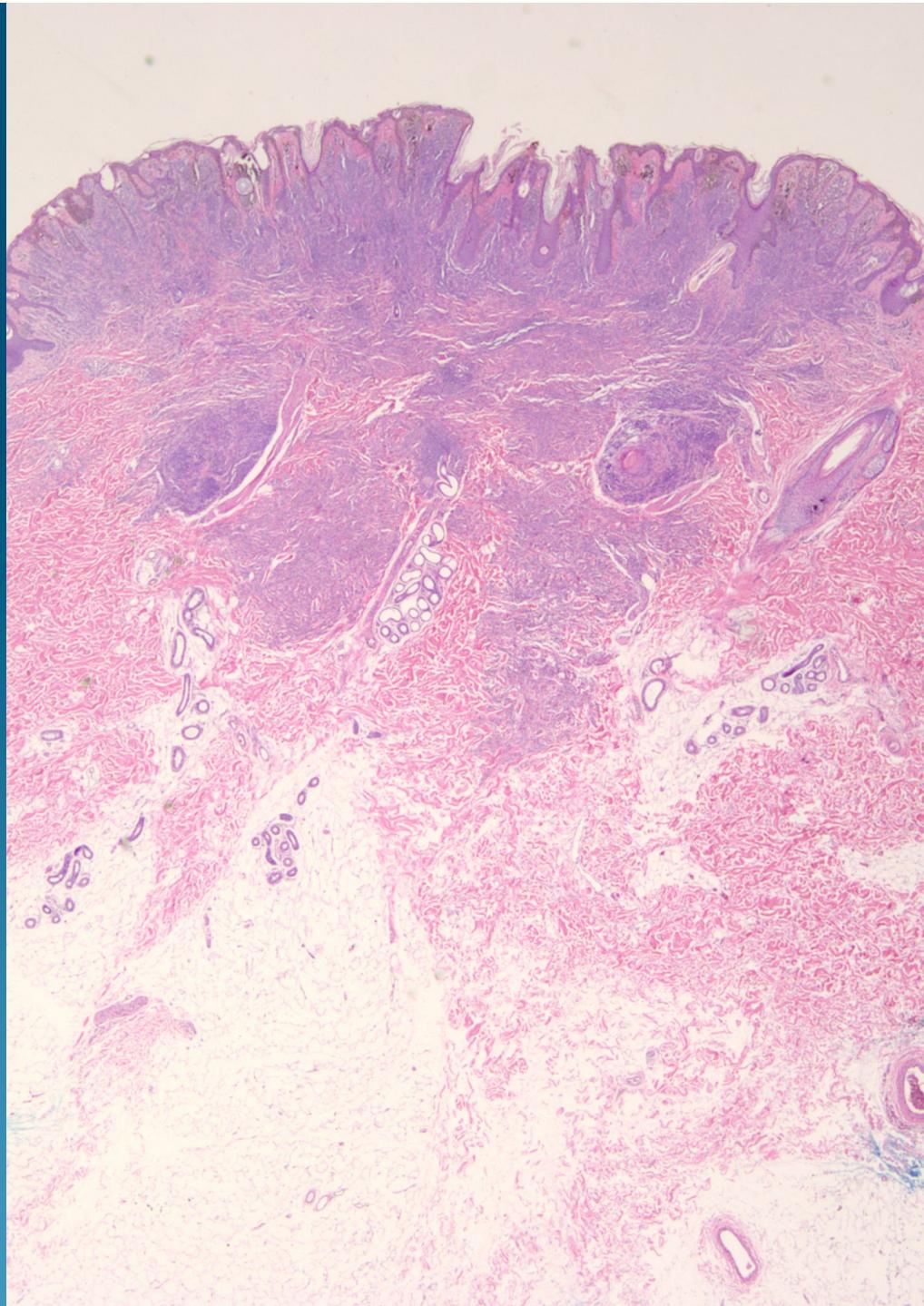
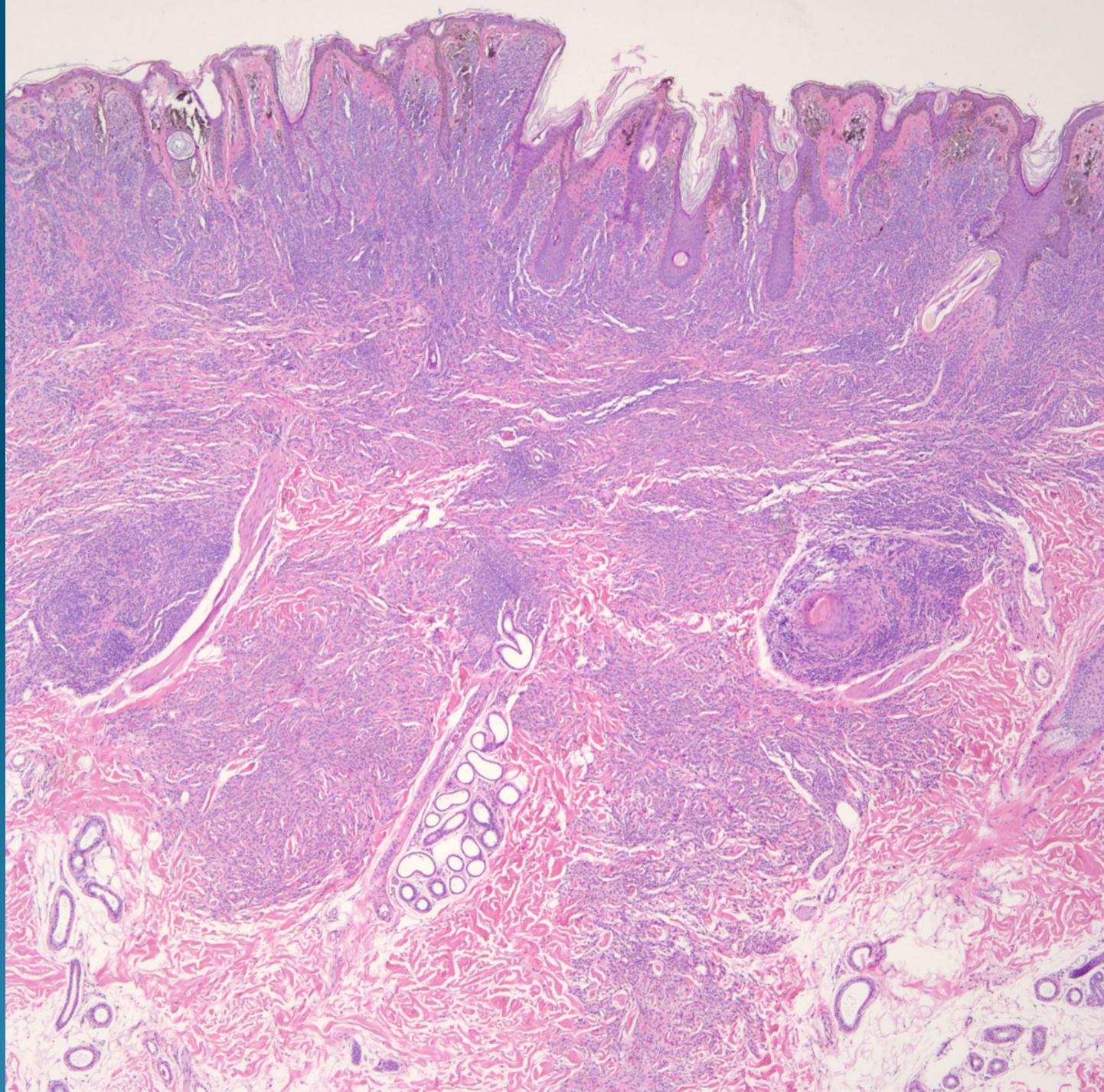
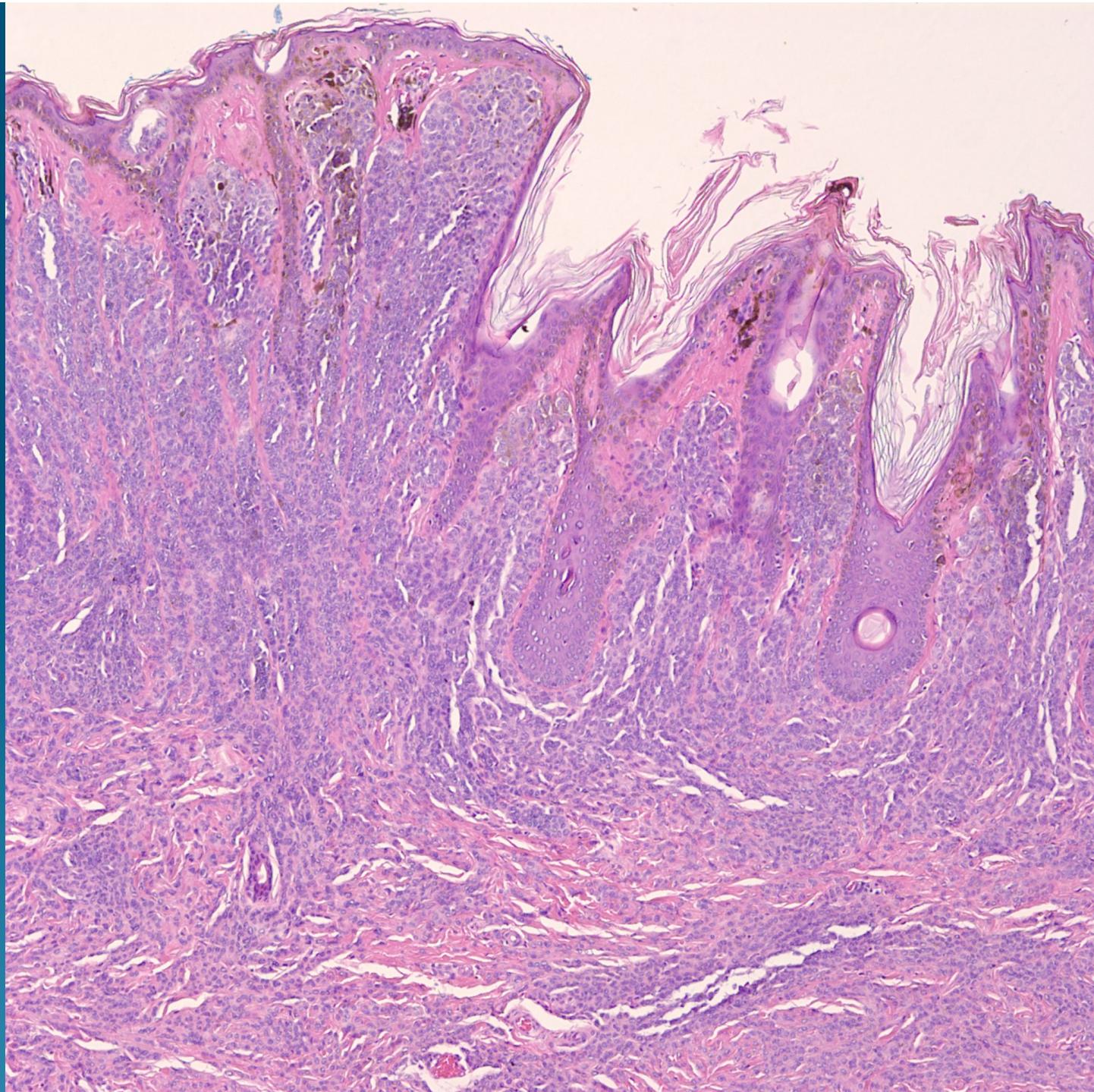


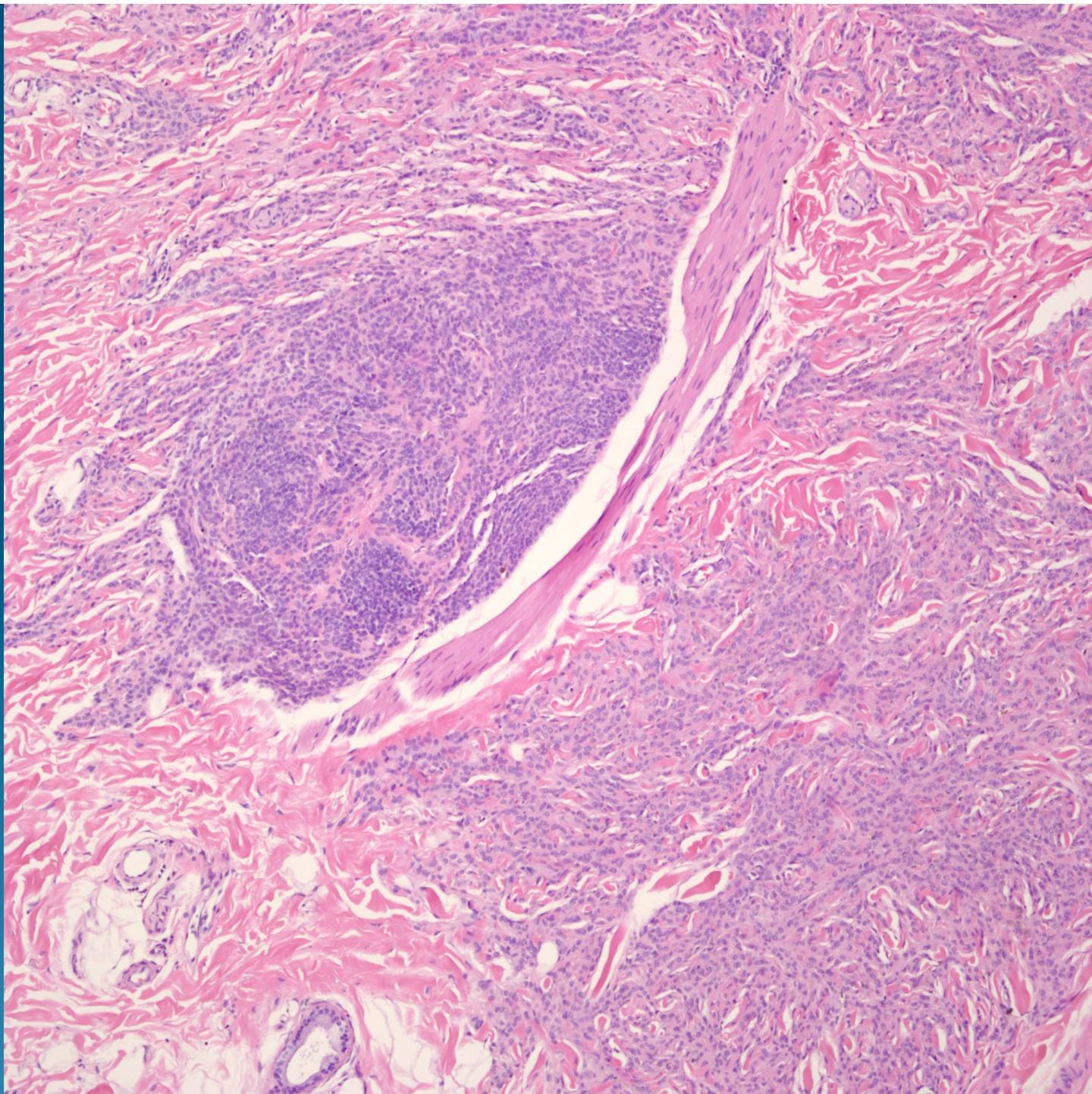
# Dermatopathology Slide Review Part 104

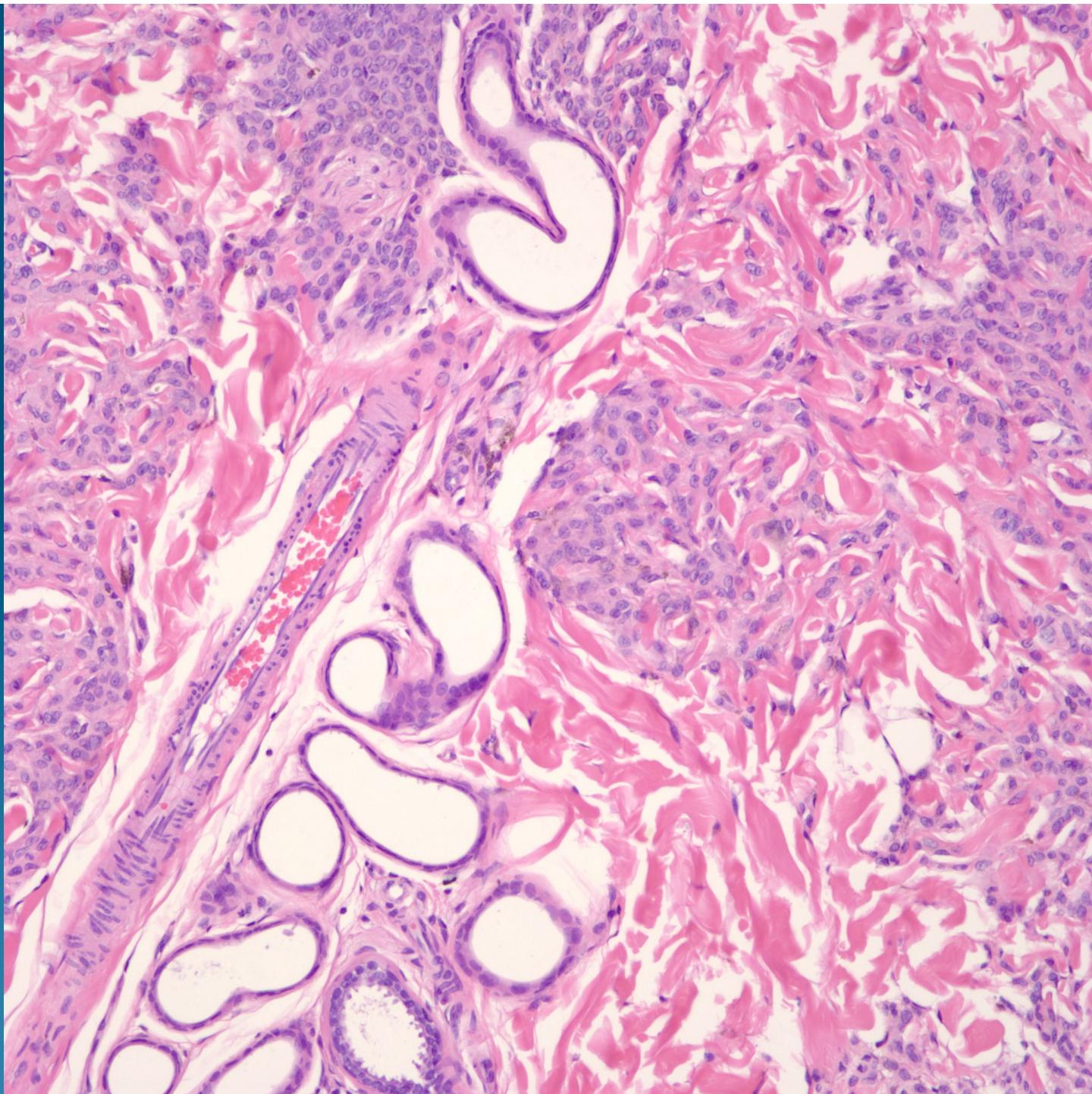
Paul K. Shitabata, M.D.  
Dermatopathology Institute  
Torrance, CA





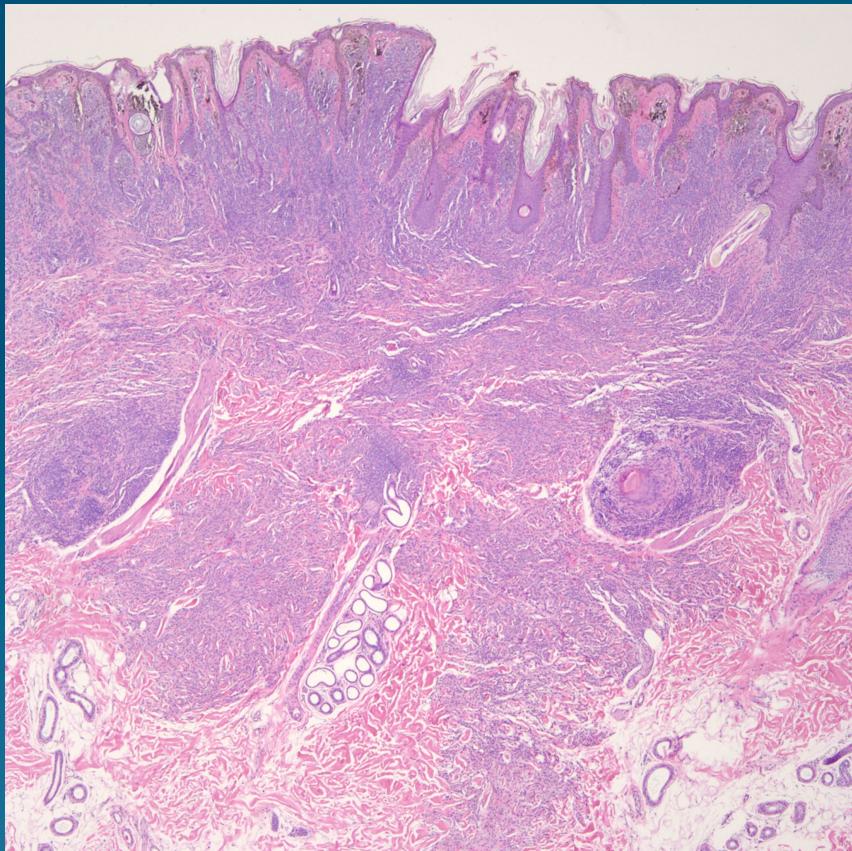




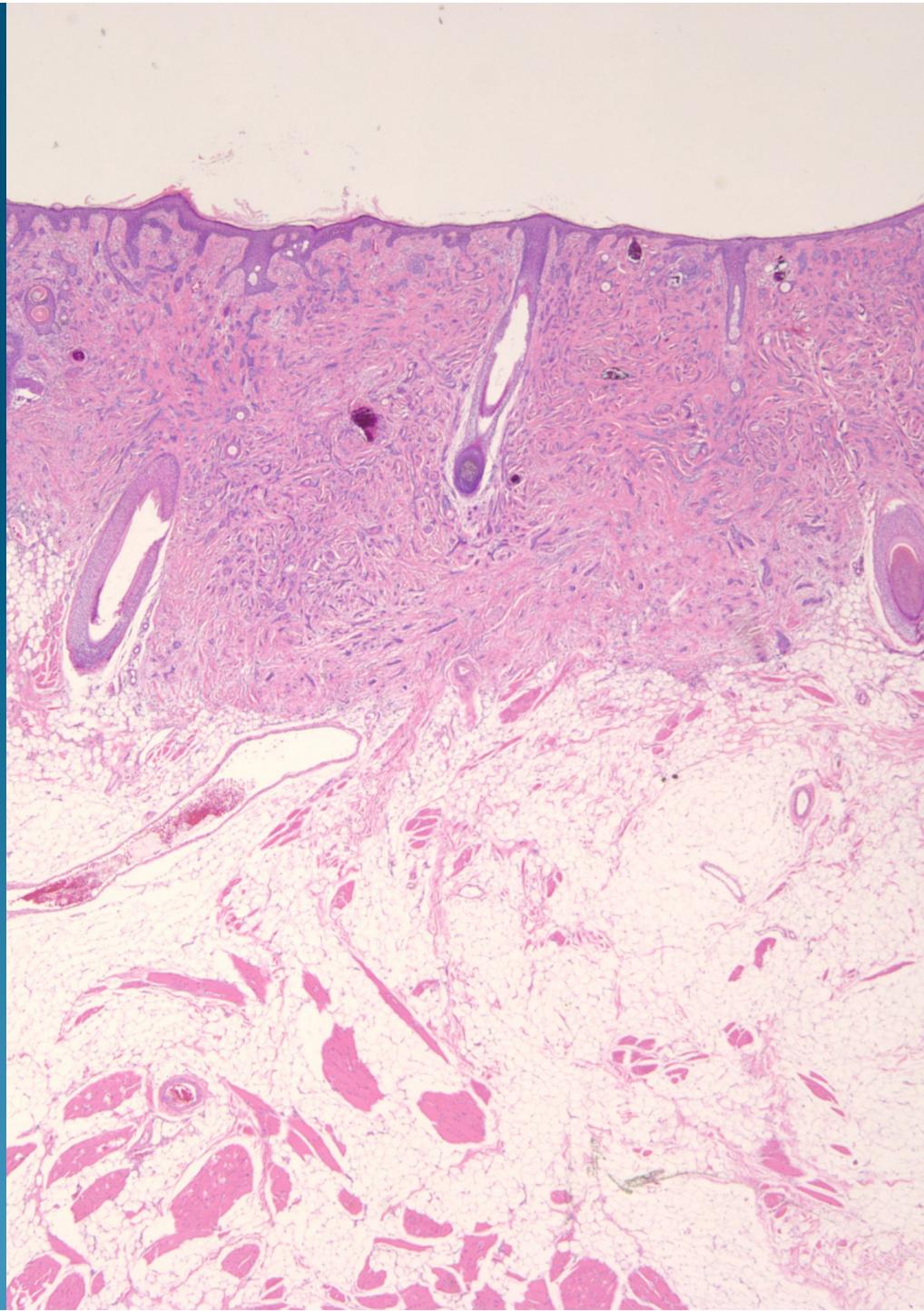


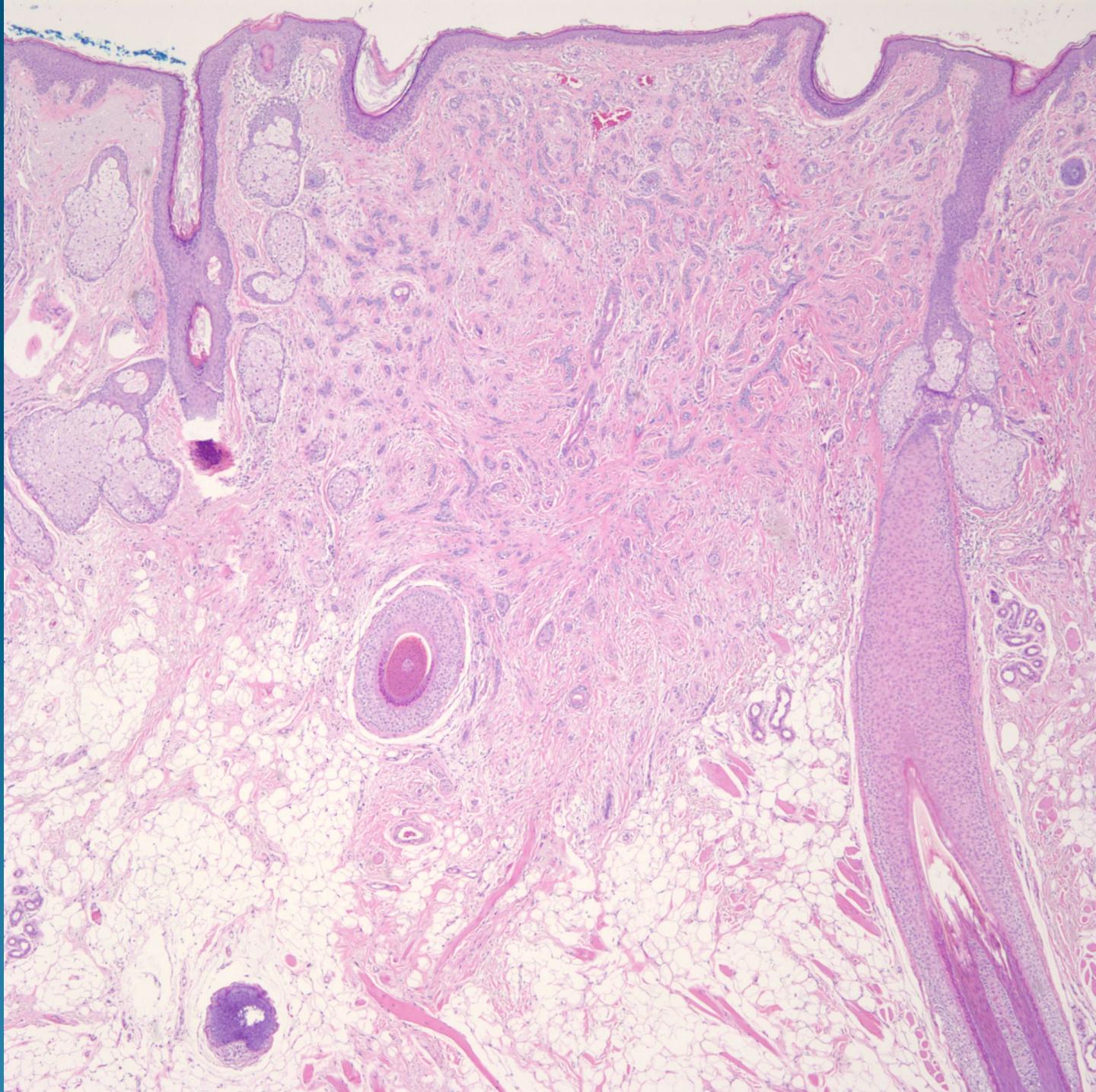
# Melanocytic Nevus, Congenital Type

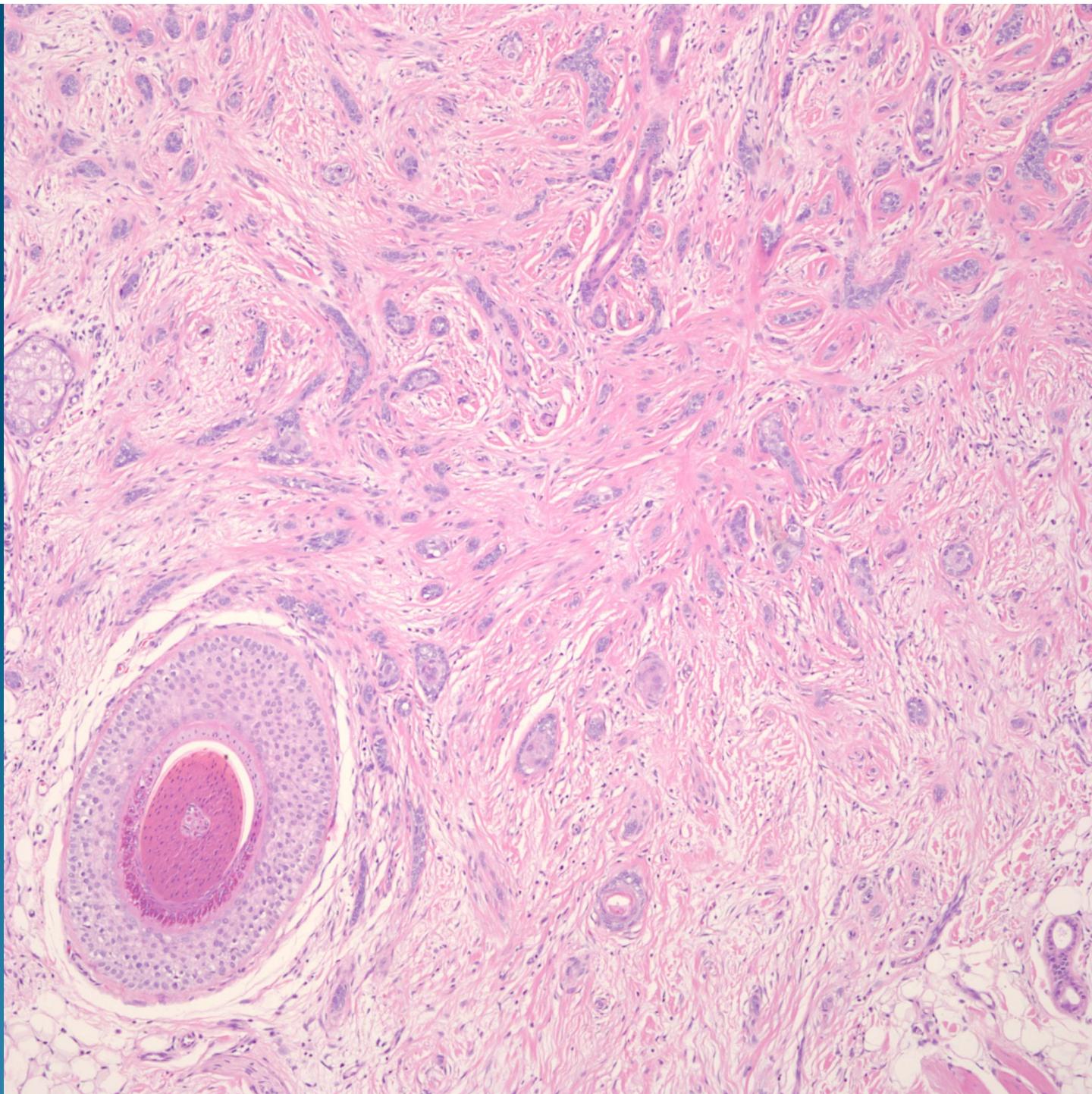
# Pearls

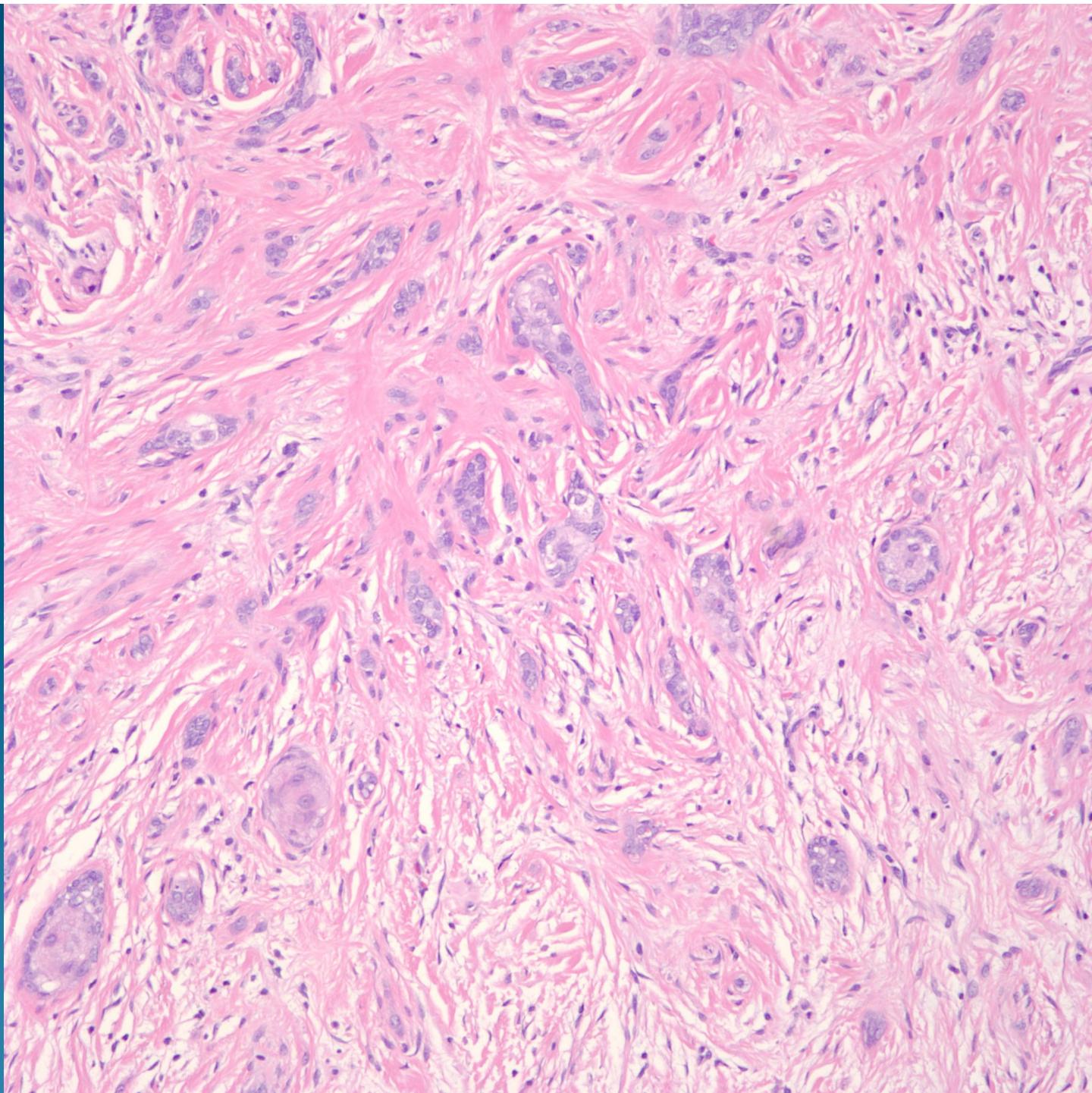


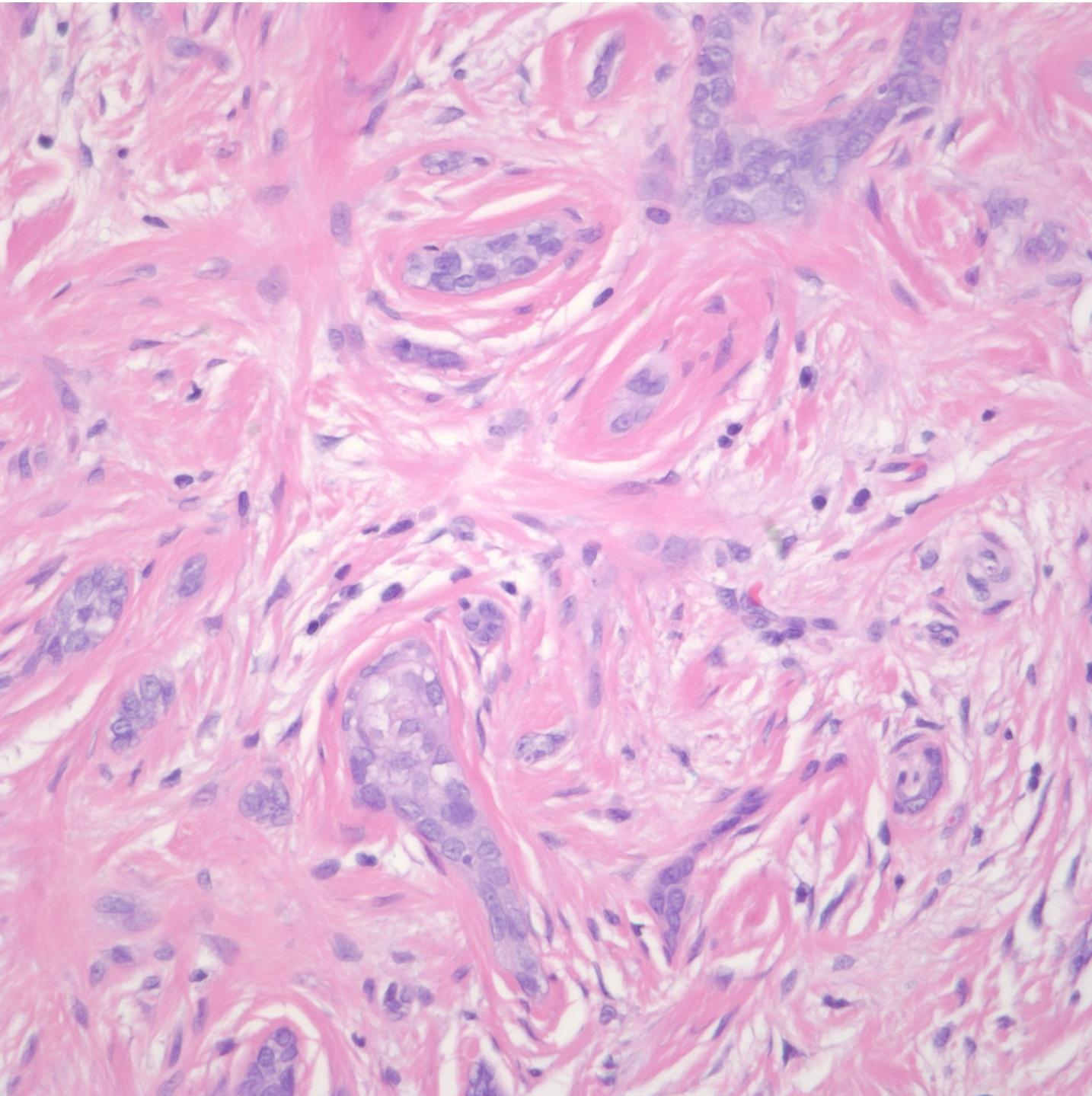
- Asymmetric melanocytic proliferation with splaying of collagen fibers and infiltration into pilosebaceous units and eccrine ducts
- Melanocytic maturation with descent and no cytologic atypia in deep dermal melanocytes





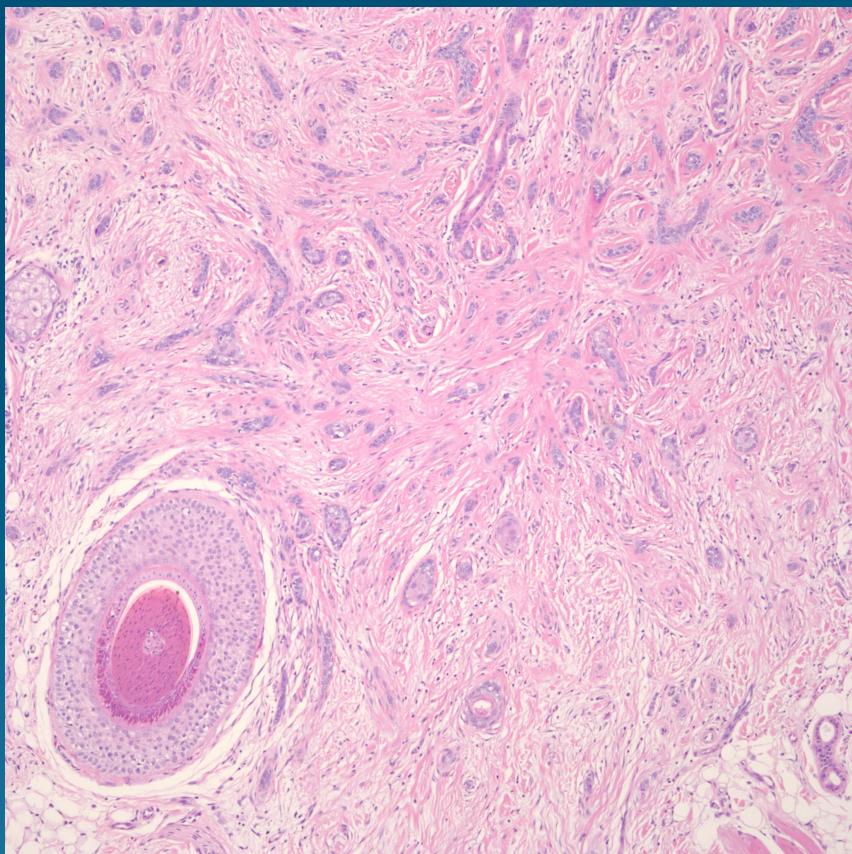




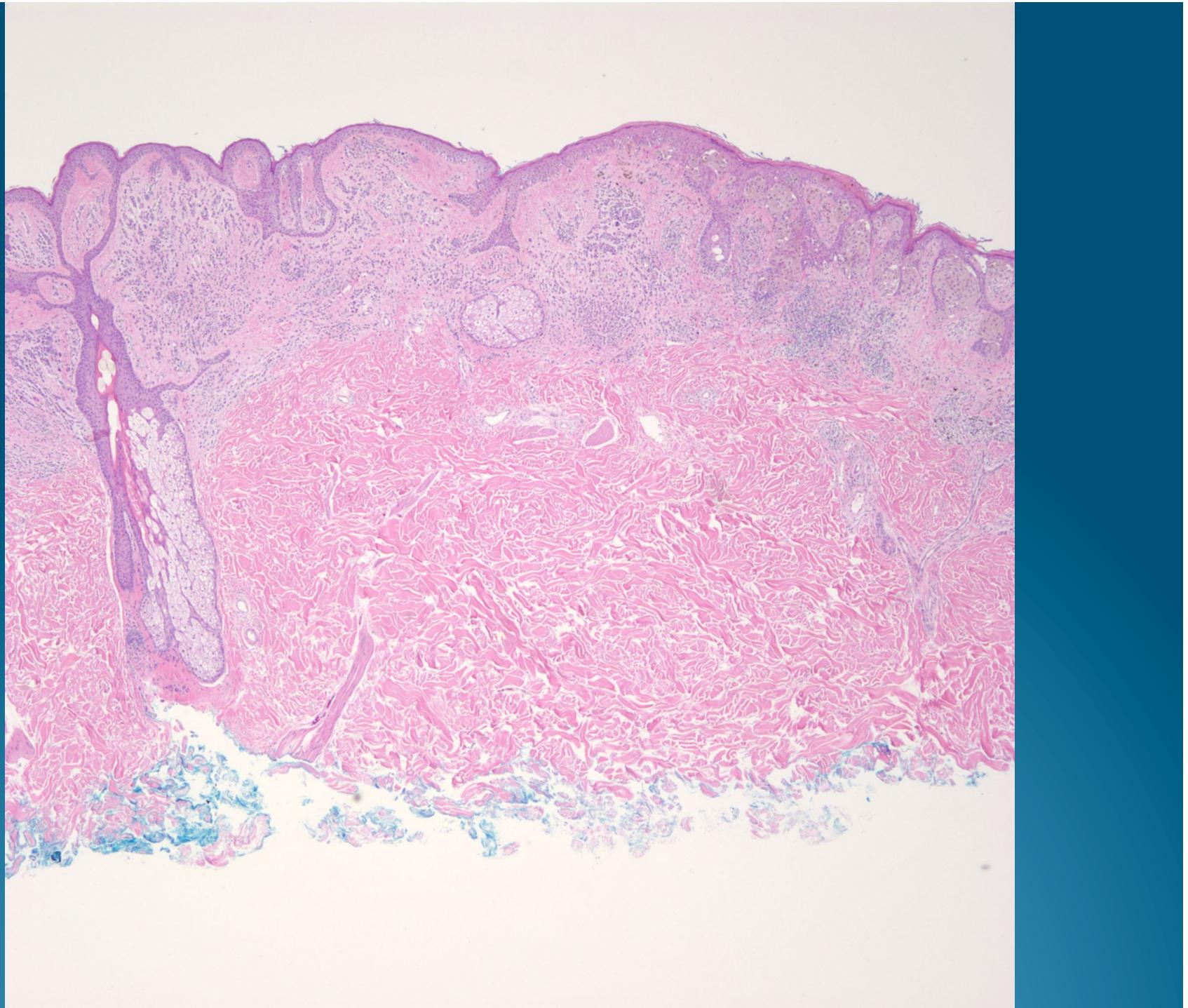


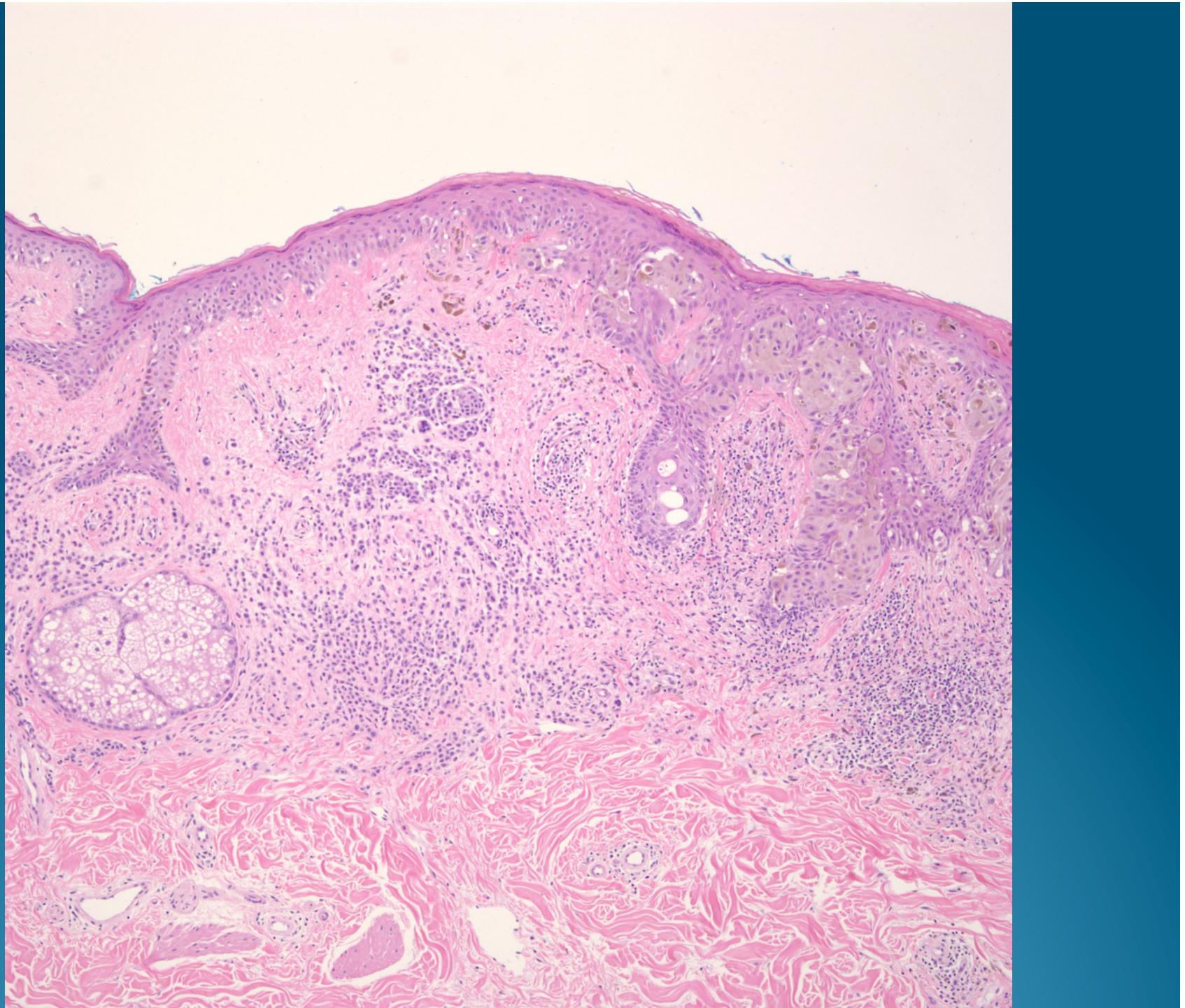
# Basal Cell Carcinoma, Morpheaform Type

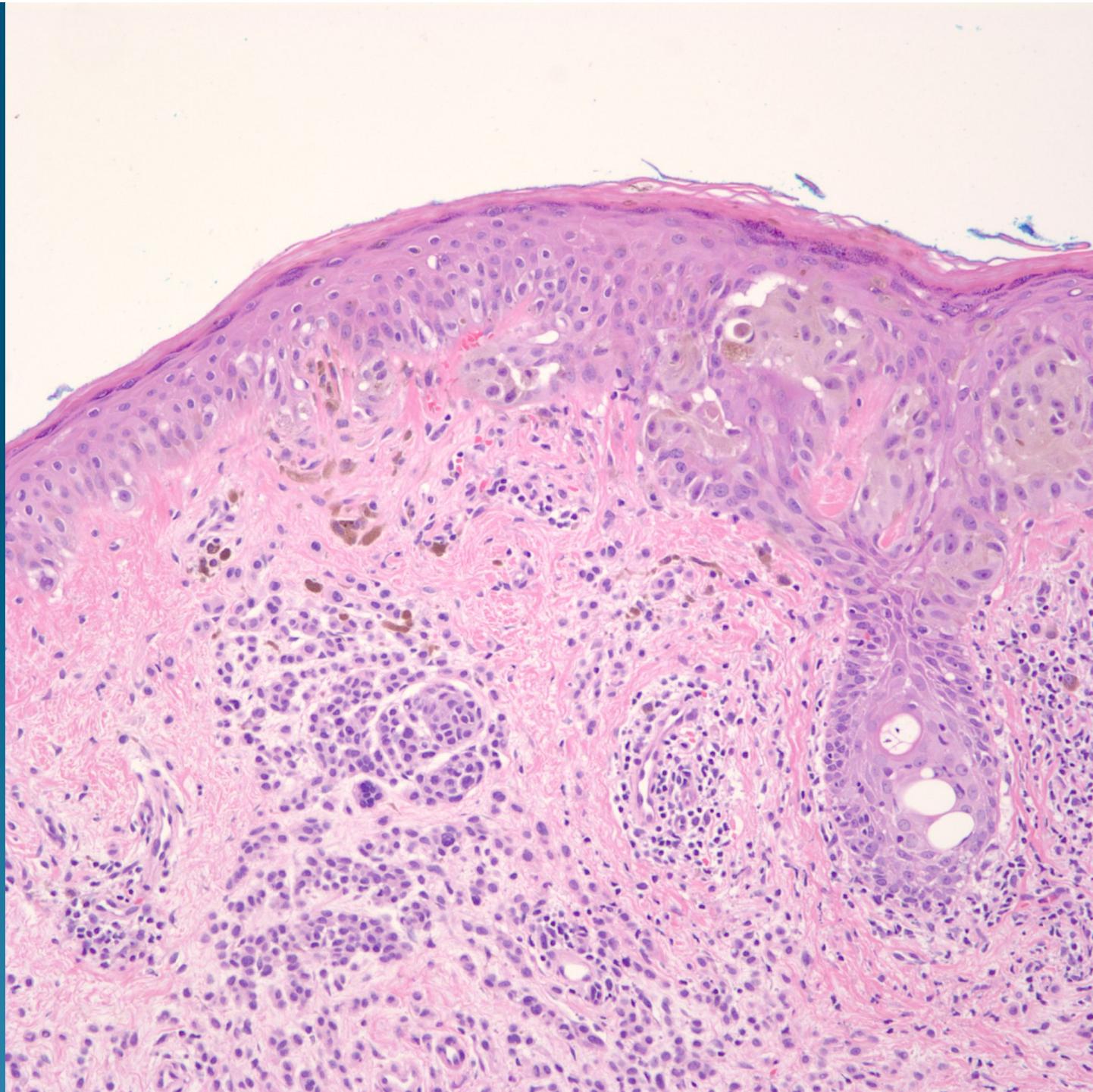
# Pearls

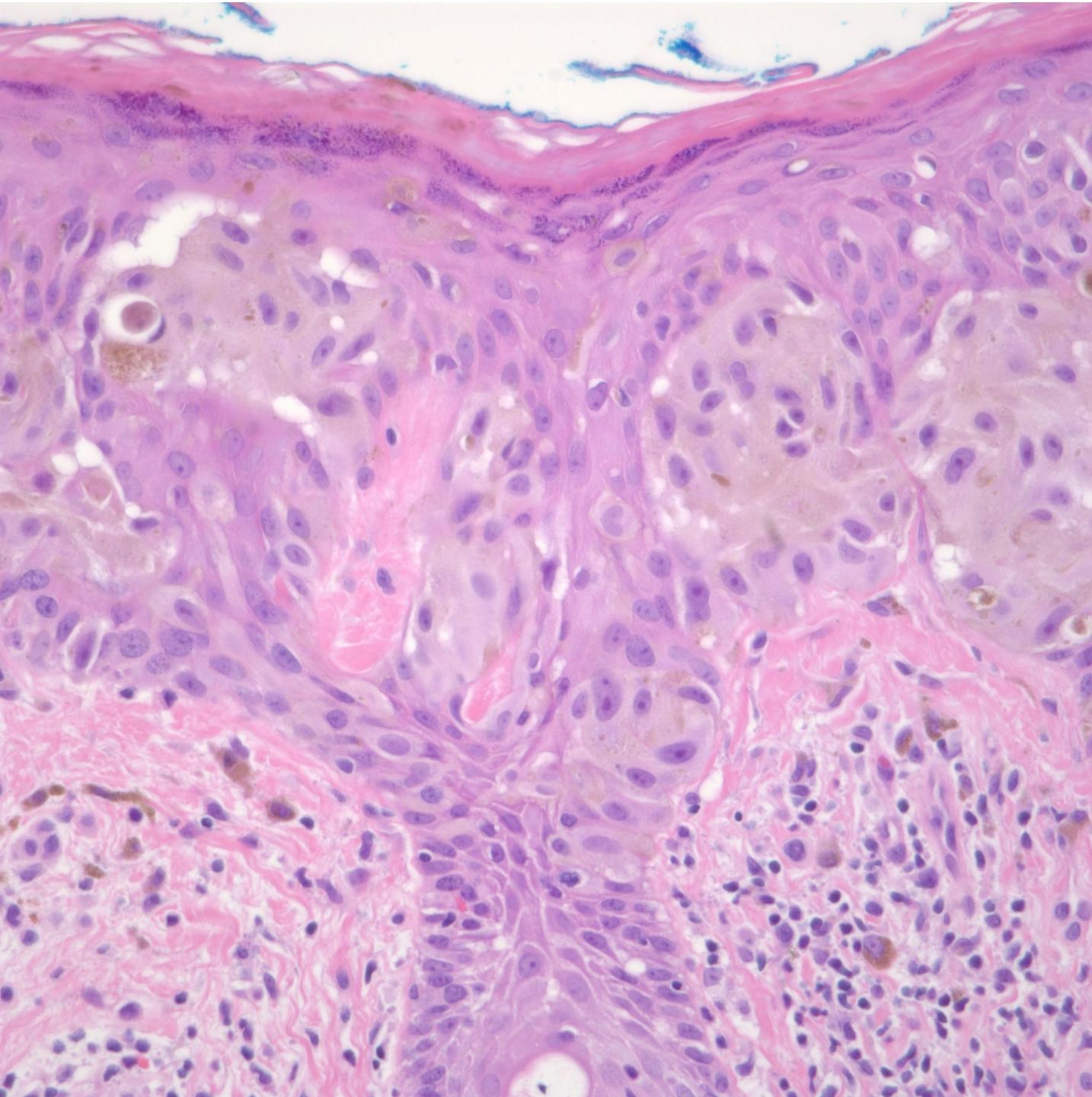


- Infiltrating cords and individual basaloid basophilic cells
- Attachment to overlying epidermis
- Perineural invasion common
- Frequently combined with other aggressive subtypes (sclerosing, infiltrative and micronodular)

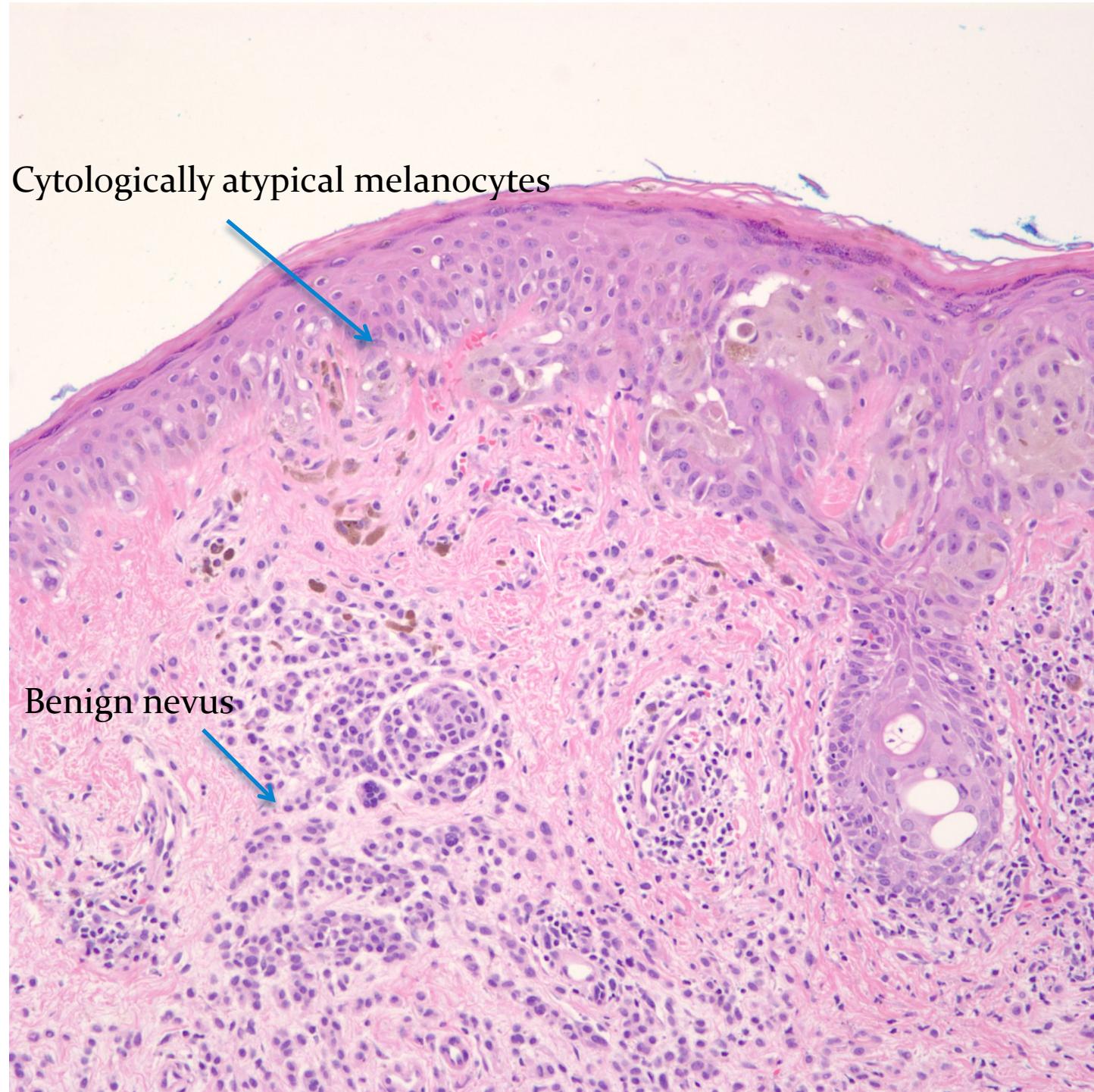






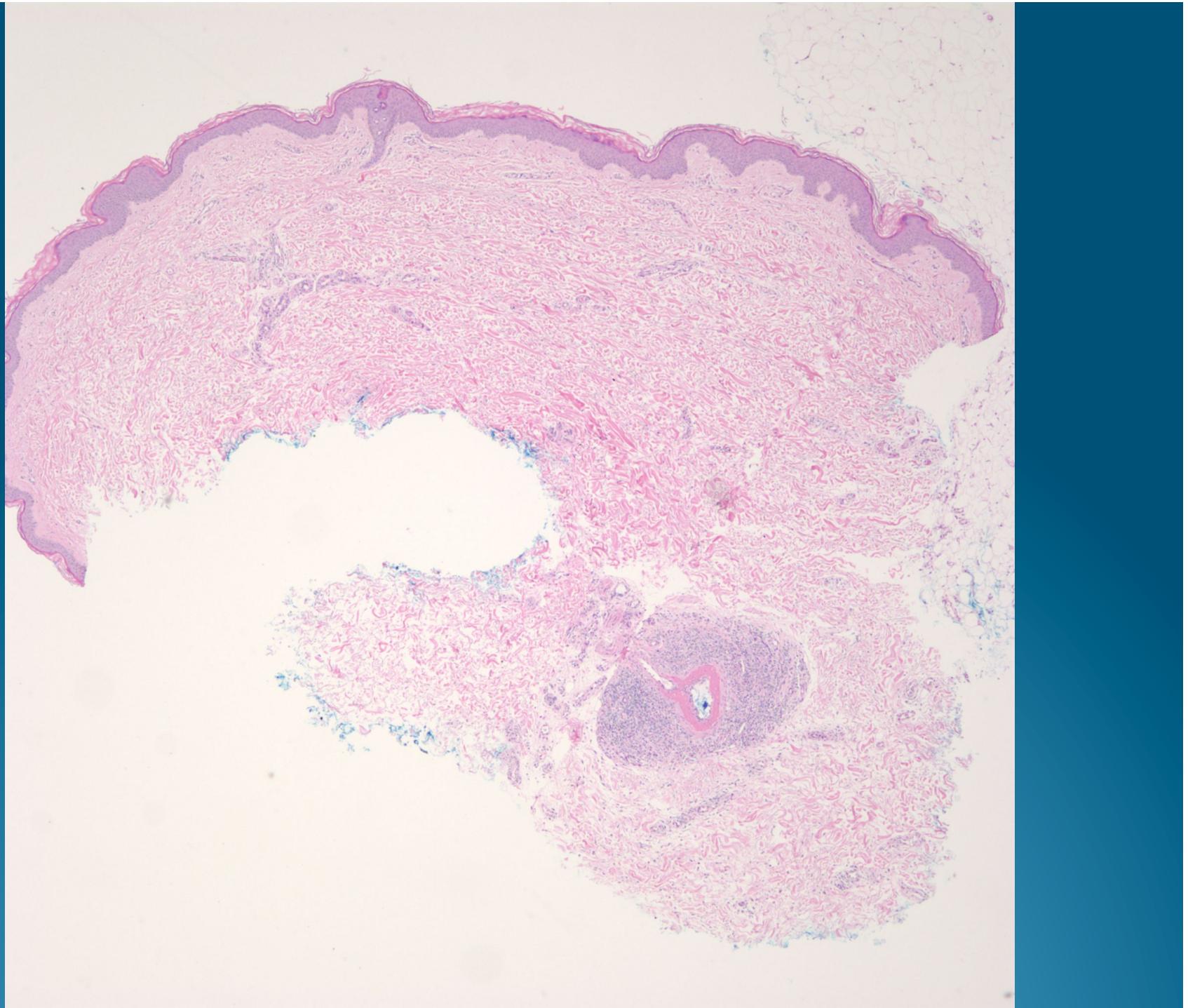


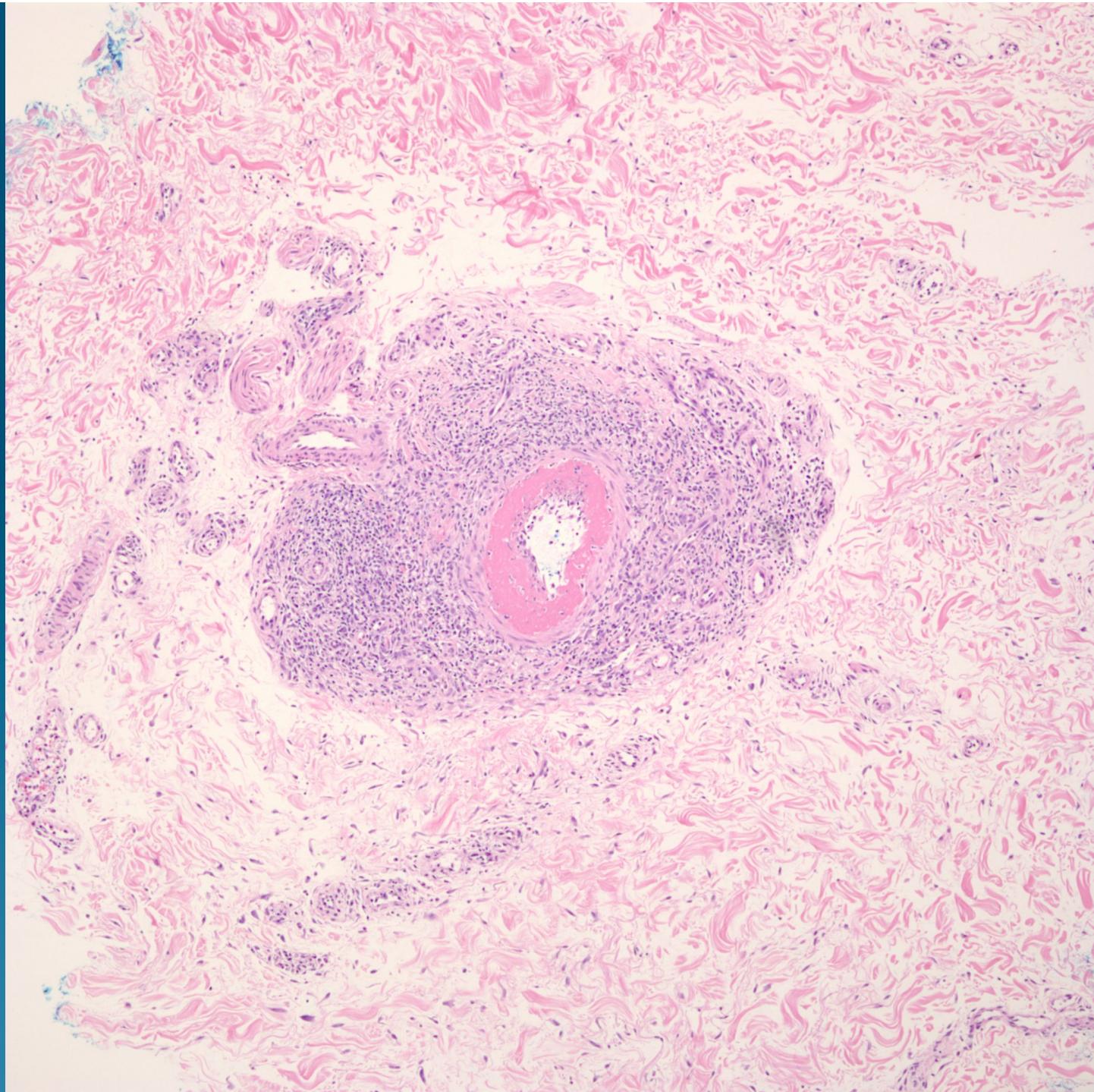
Melanoma in situ arising with an  
intradermal melanocytic nevus

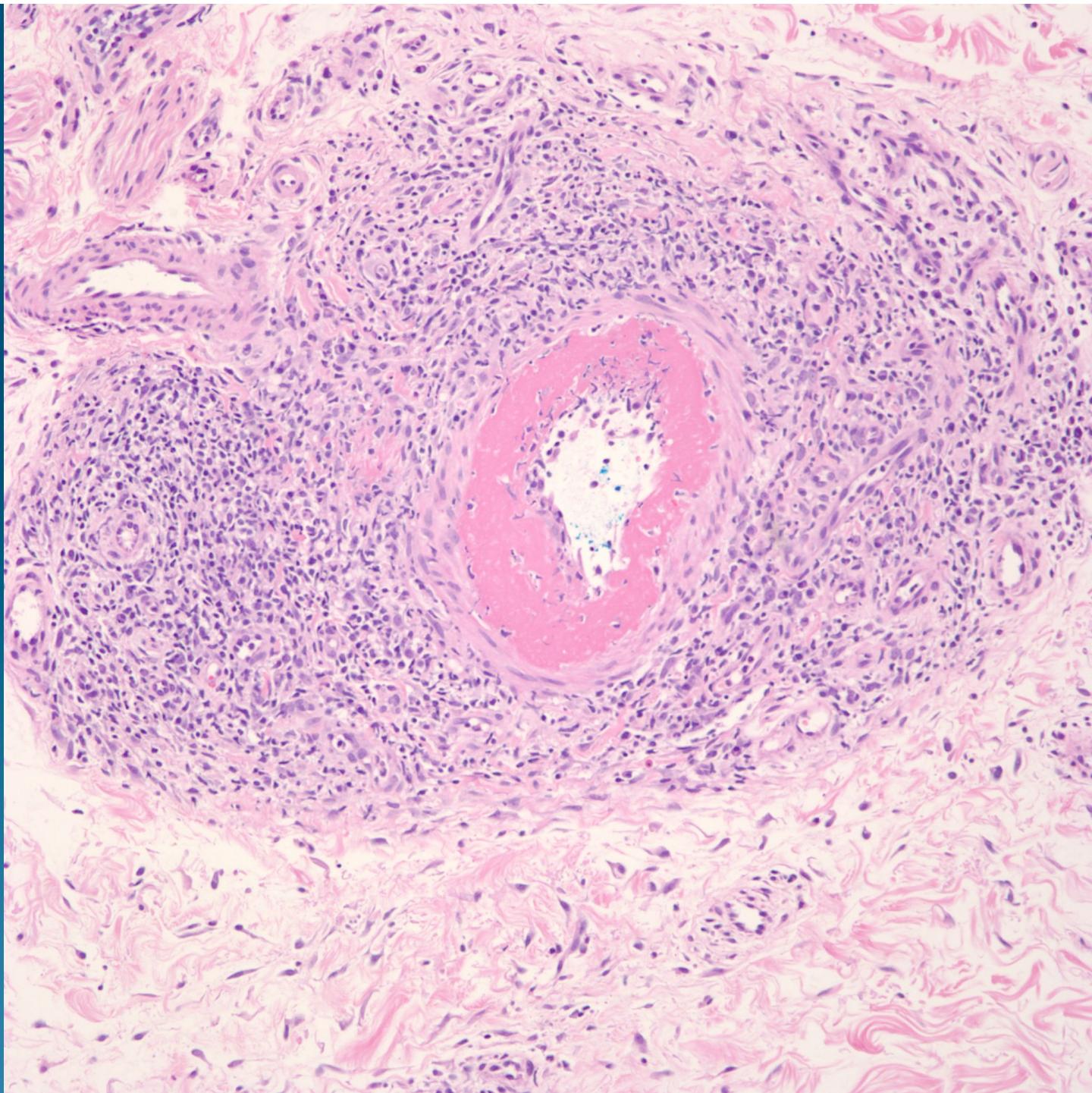


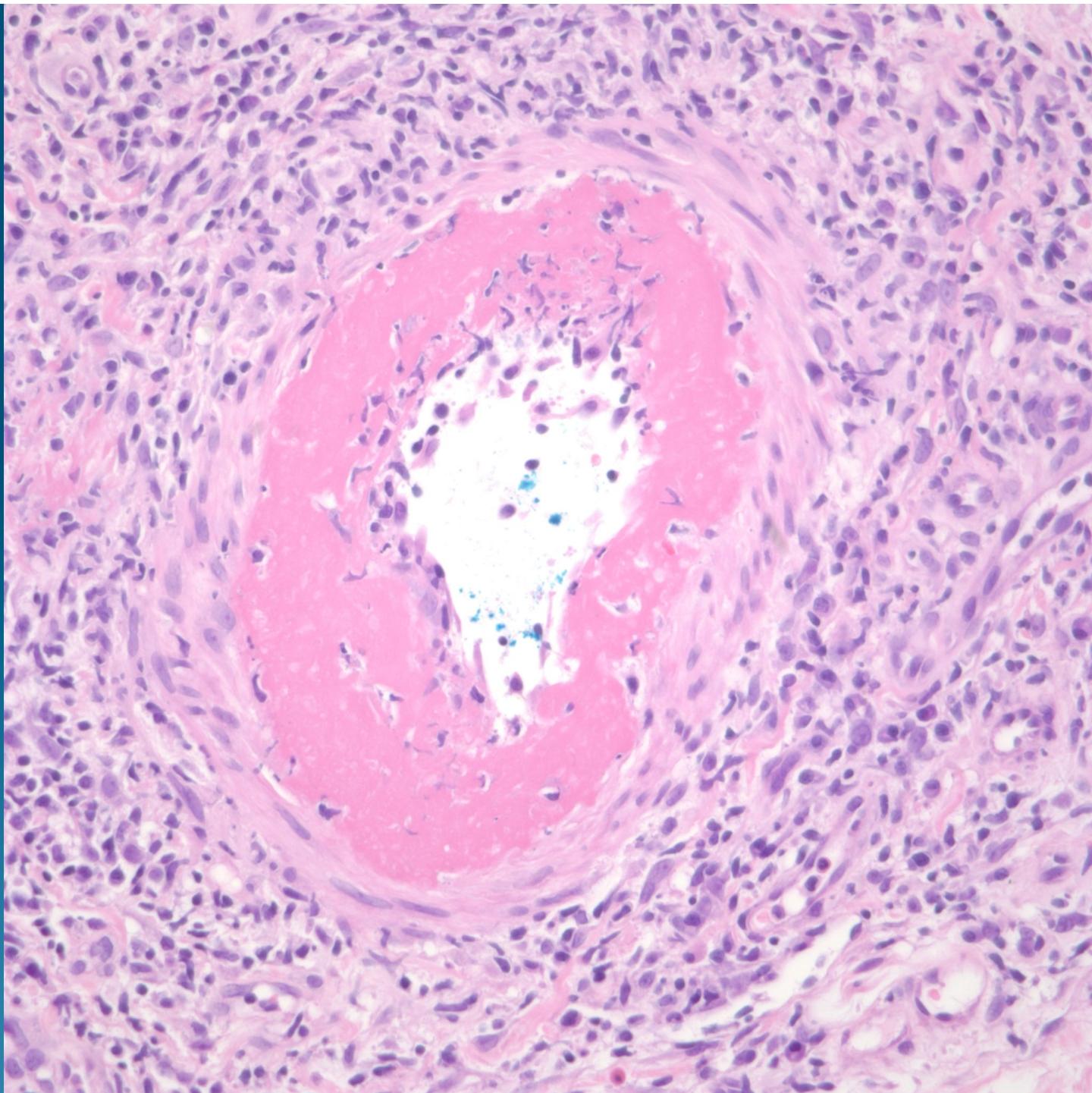
Cytologically atypical melanocytes

Benign nevus





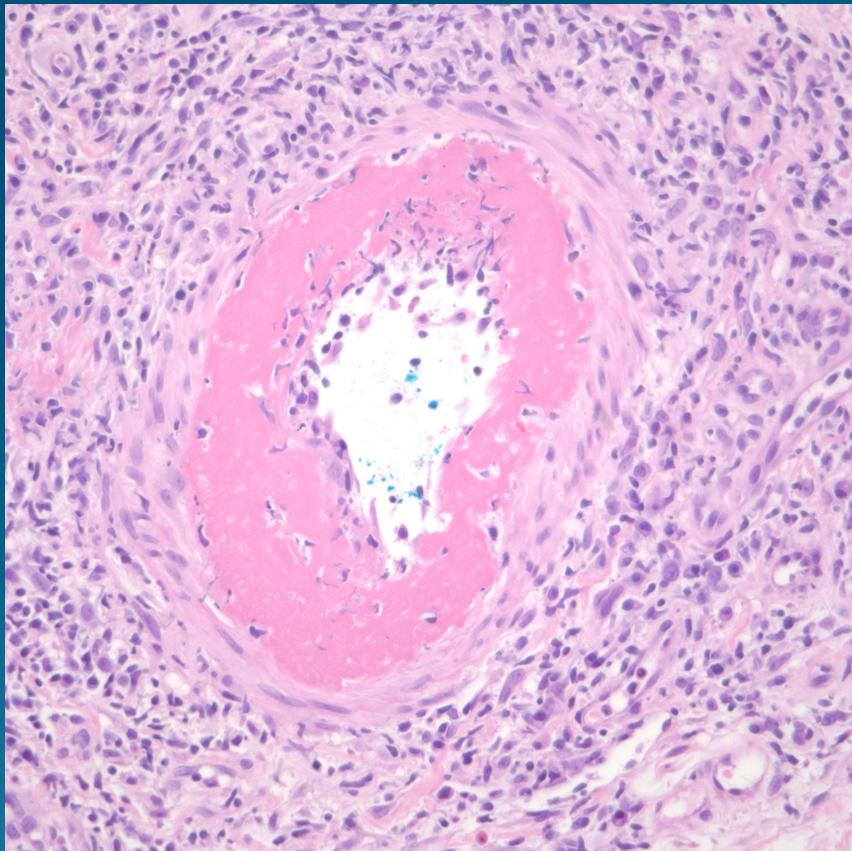




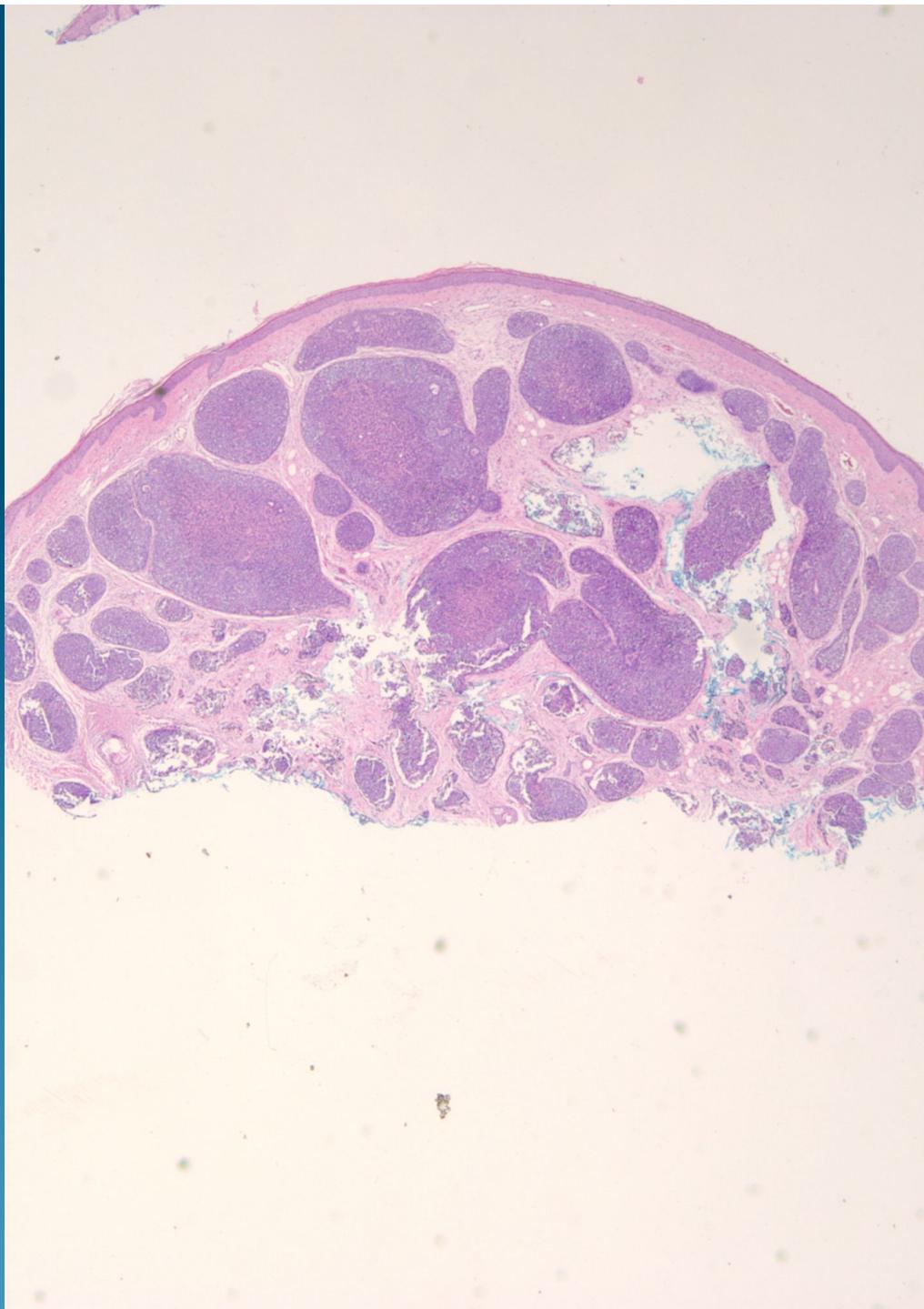
# What is the diagnosis?

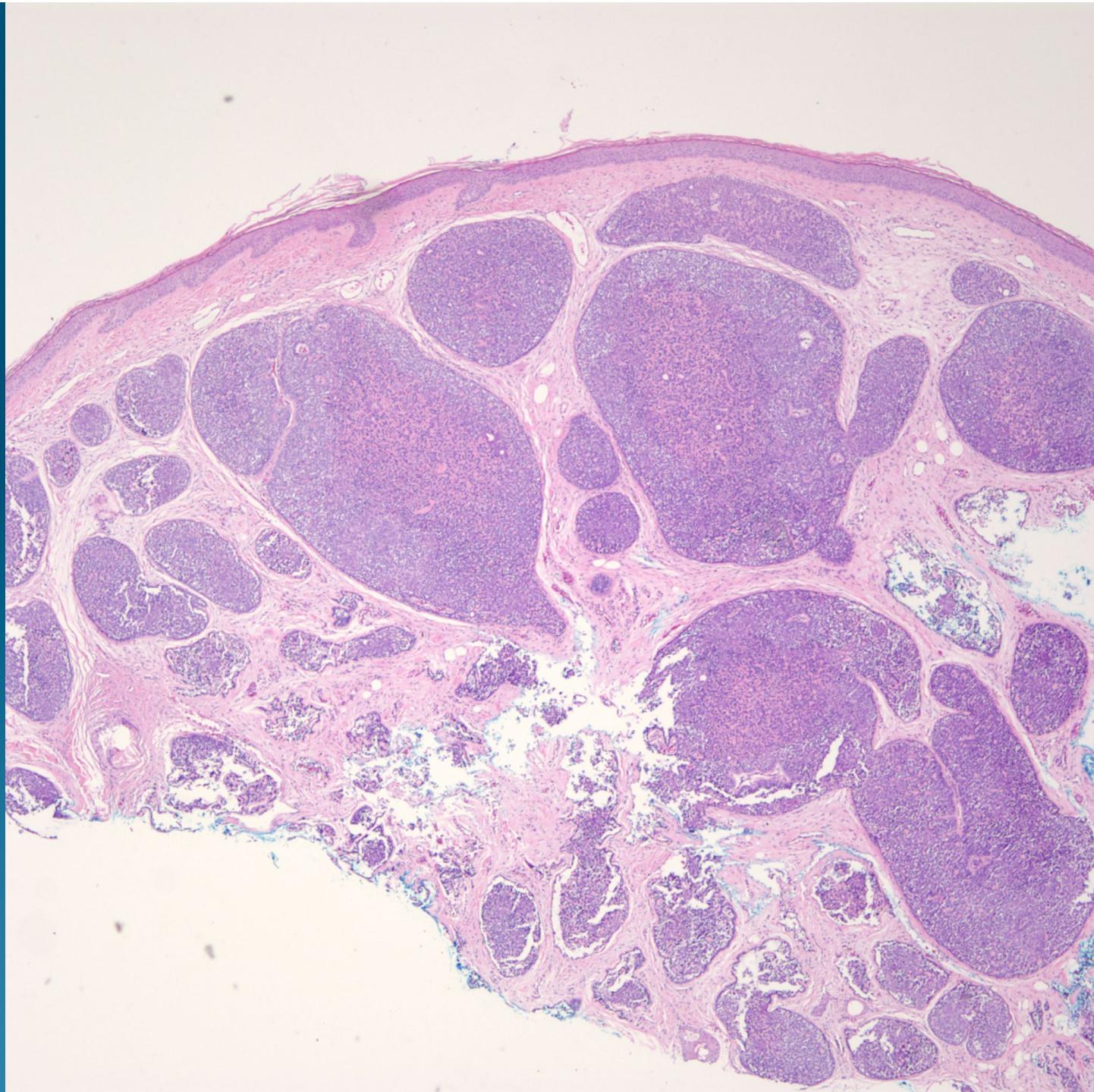
# Lymphocytic Thrombophilic Arteritis

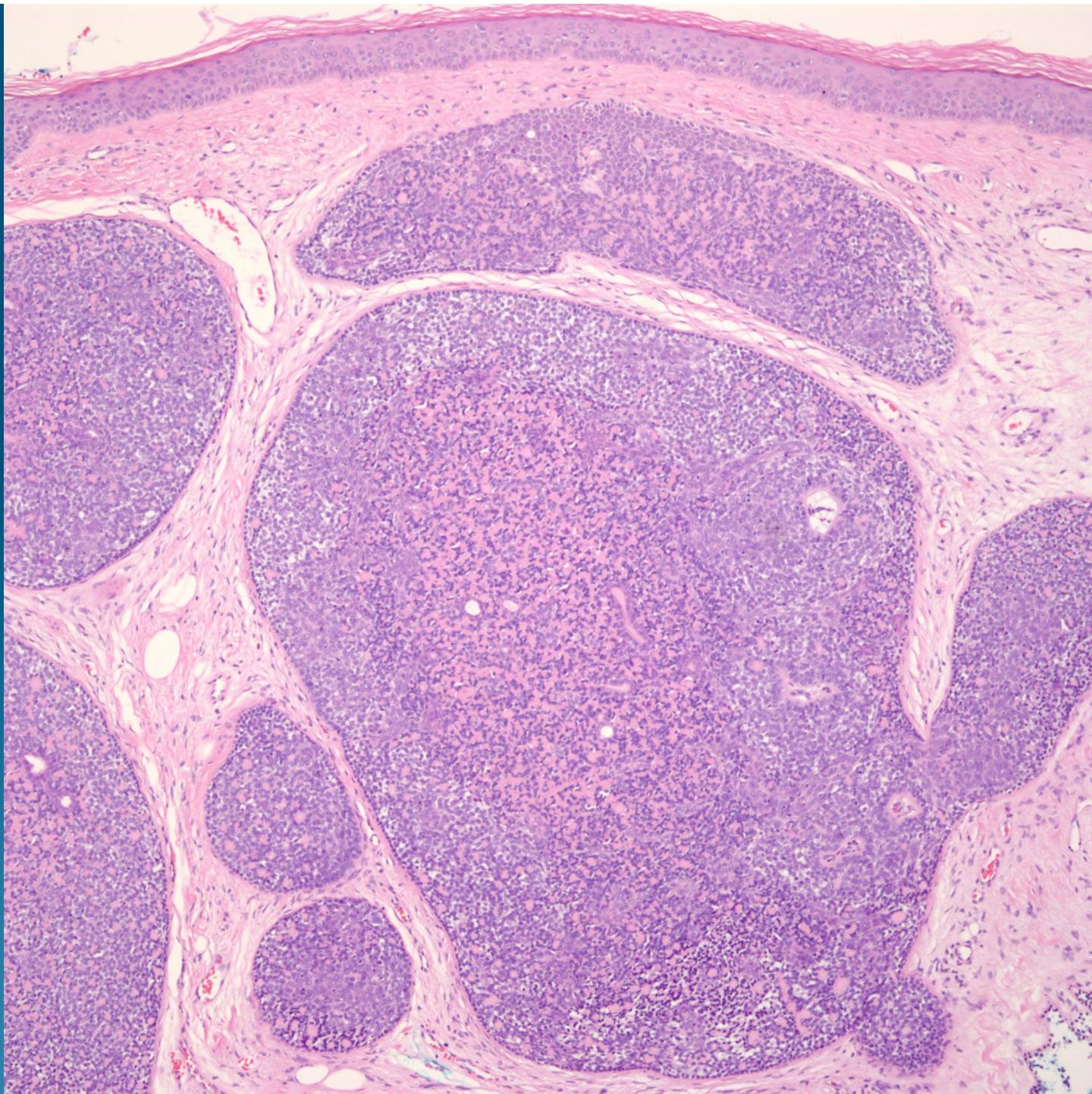
# Pearls

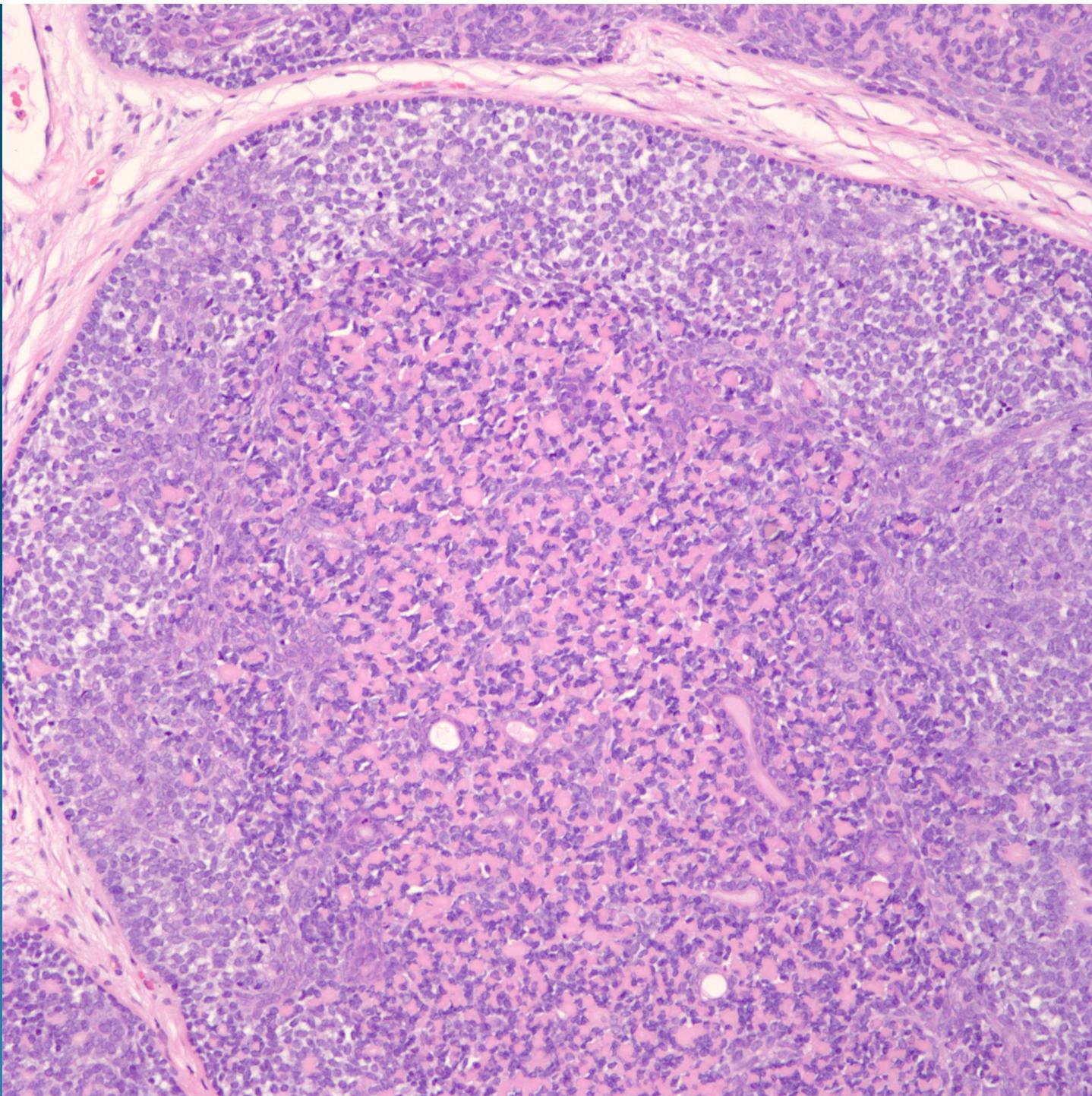


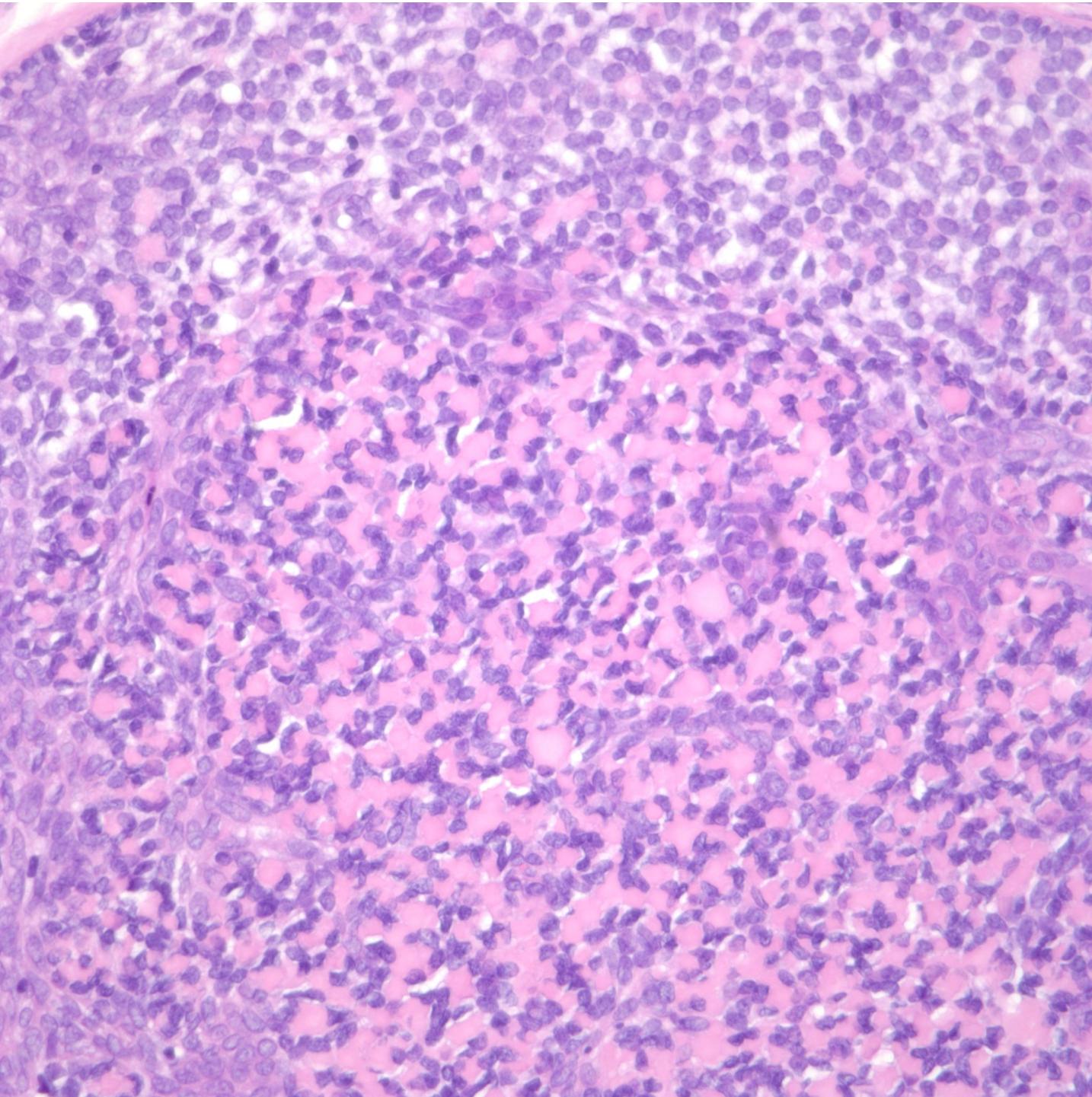
- Concentric fibrin ring involving the periphery of the lumina of affected vessels usually at junction of subQ fat
- Clinical presentation of livedo racemosa in lower limbs
- 4/5 patients with serum Antiphospholipid antibodies











# What is the best diagnosis?

- A. Nodular basal cell carcinoma
- B. Sebaceoma
- C. Cylindroma
- D. Trichoblastoma
- E. Spiradenoma

# Spiradenoma

# Pearls



- Multiple circumscribed dermal nodules of basaloid cells alternating with clear cells
- Multiple foci of hyalinized droplets of basement membrane
- Focal ductal differentiation