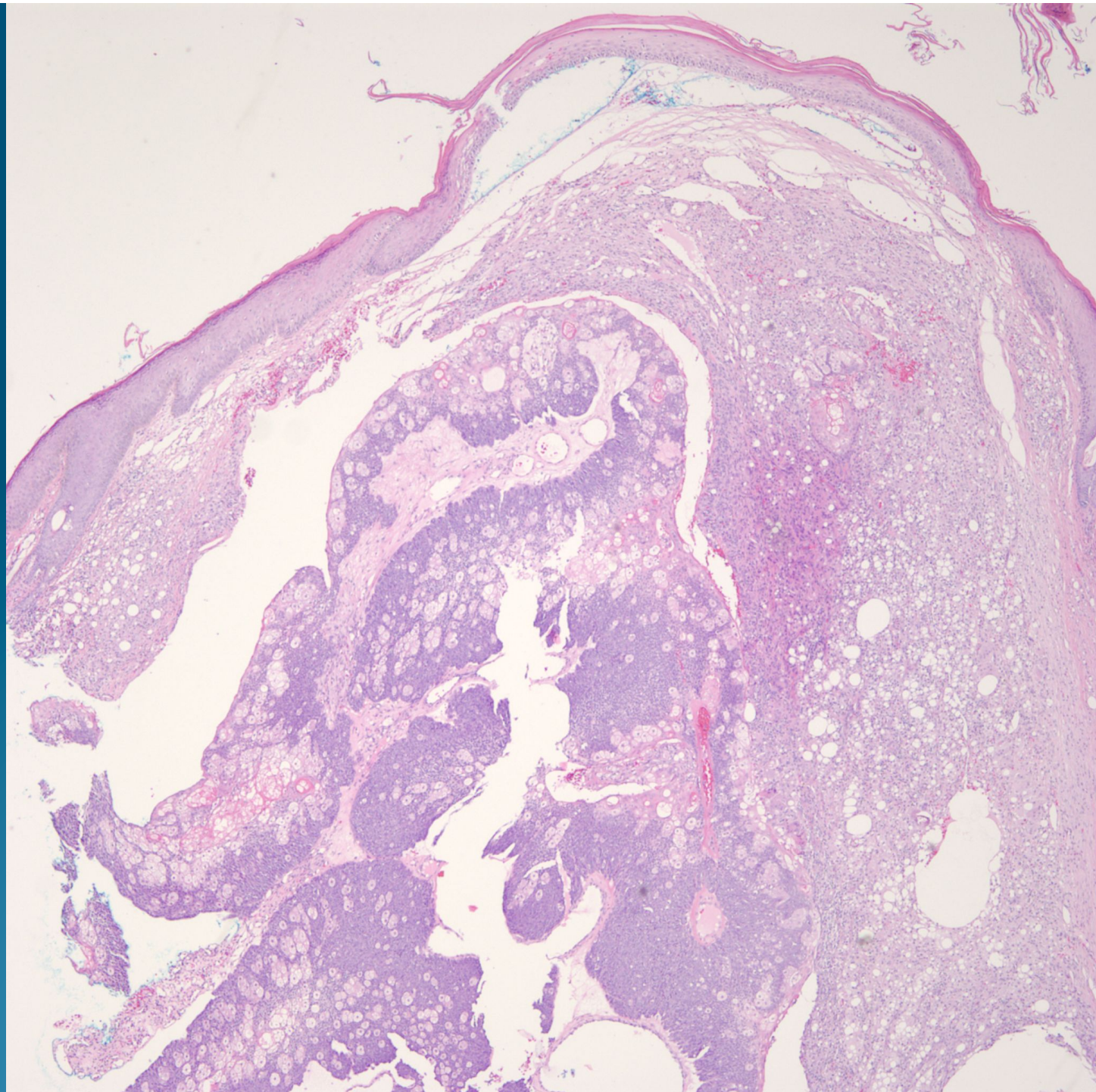
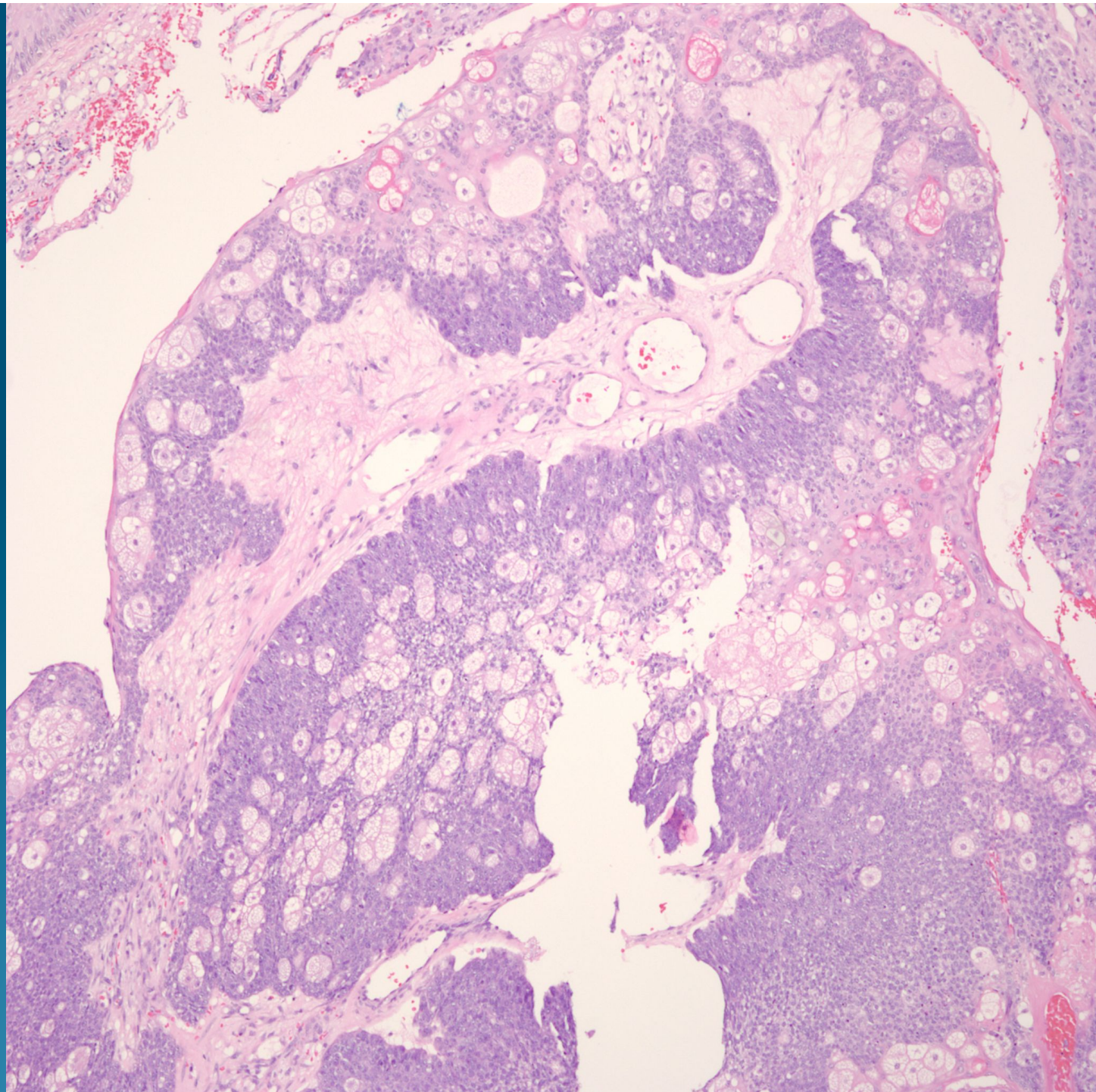
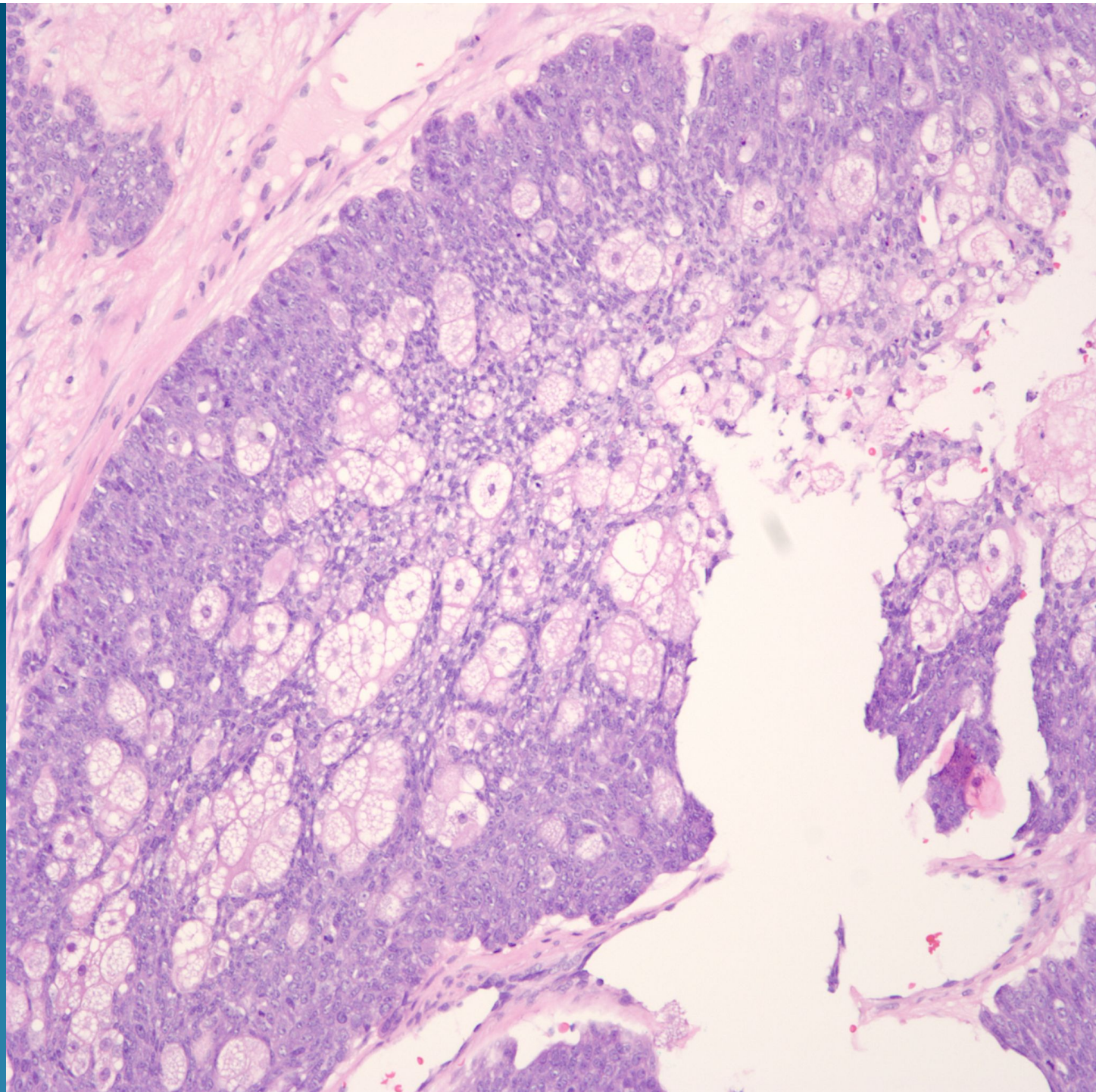


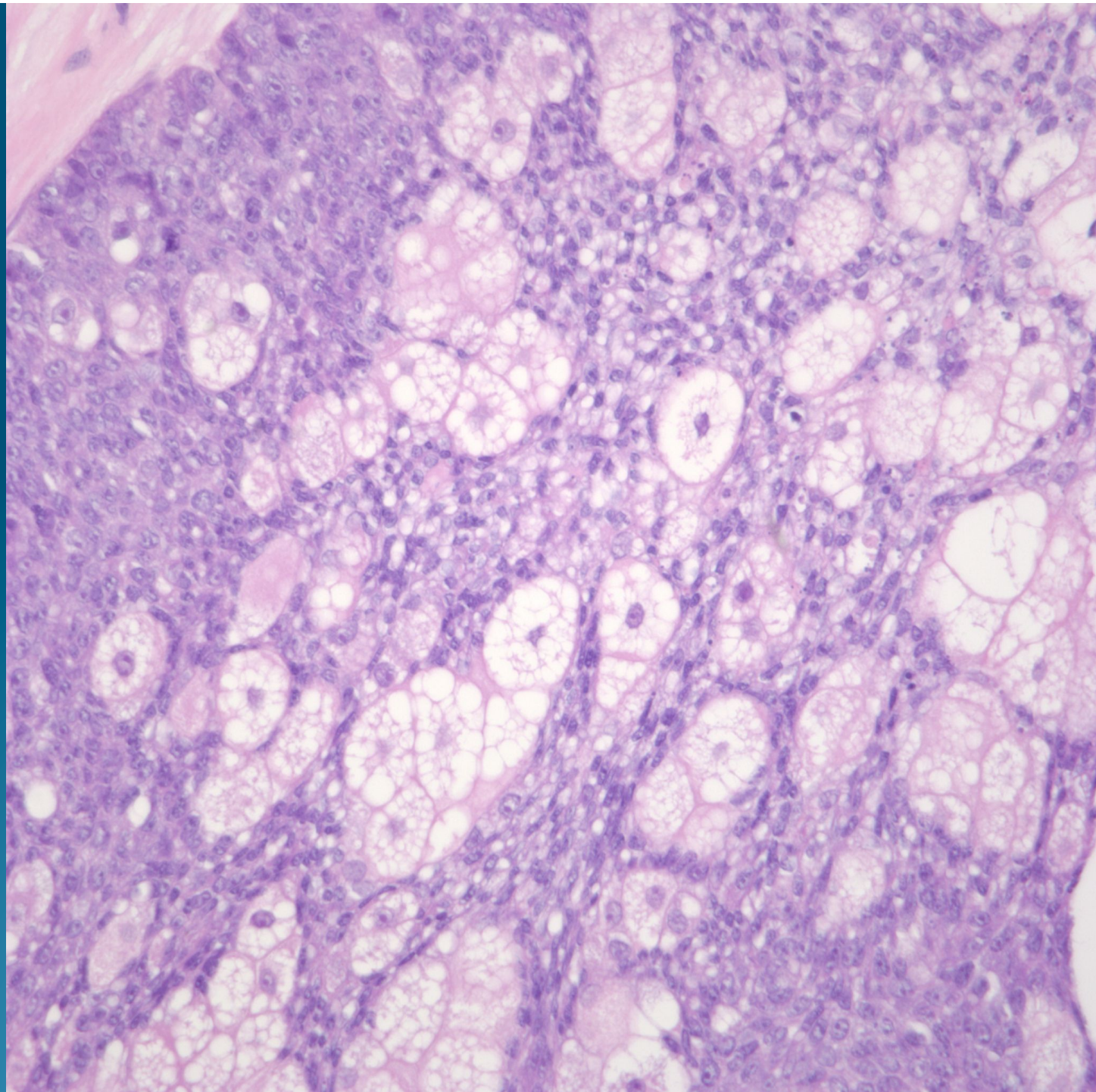
Dermatopathology Slide Review Part 105

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



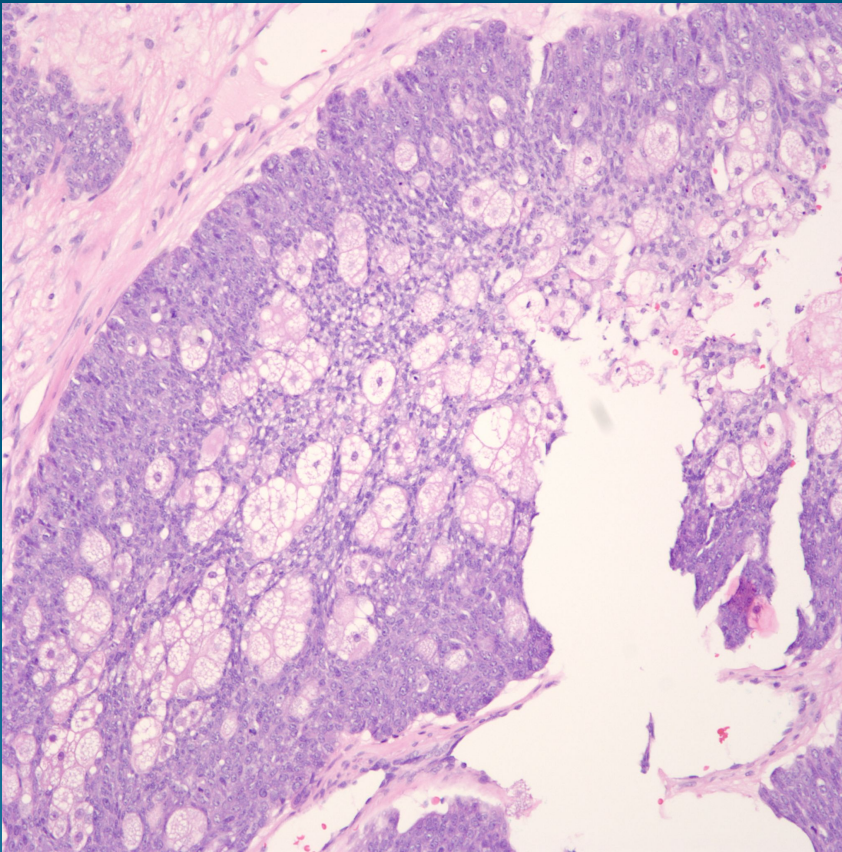




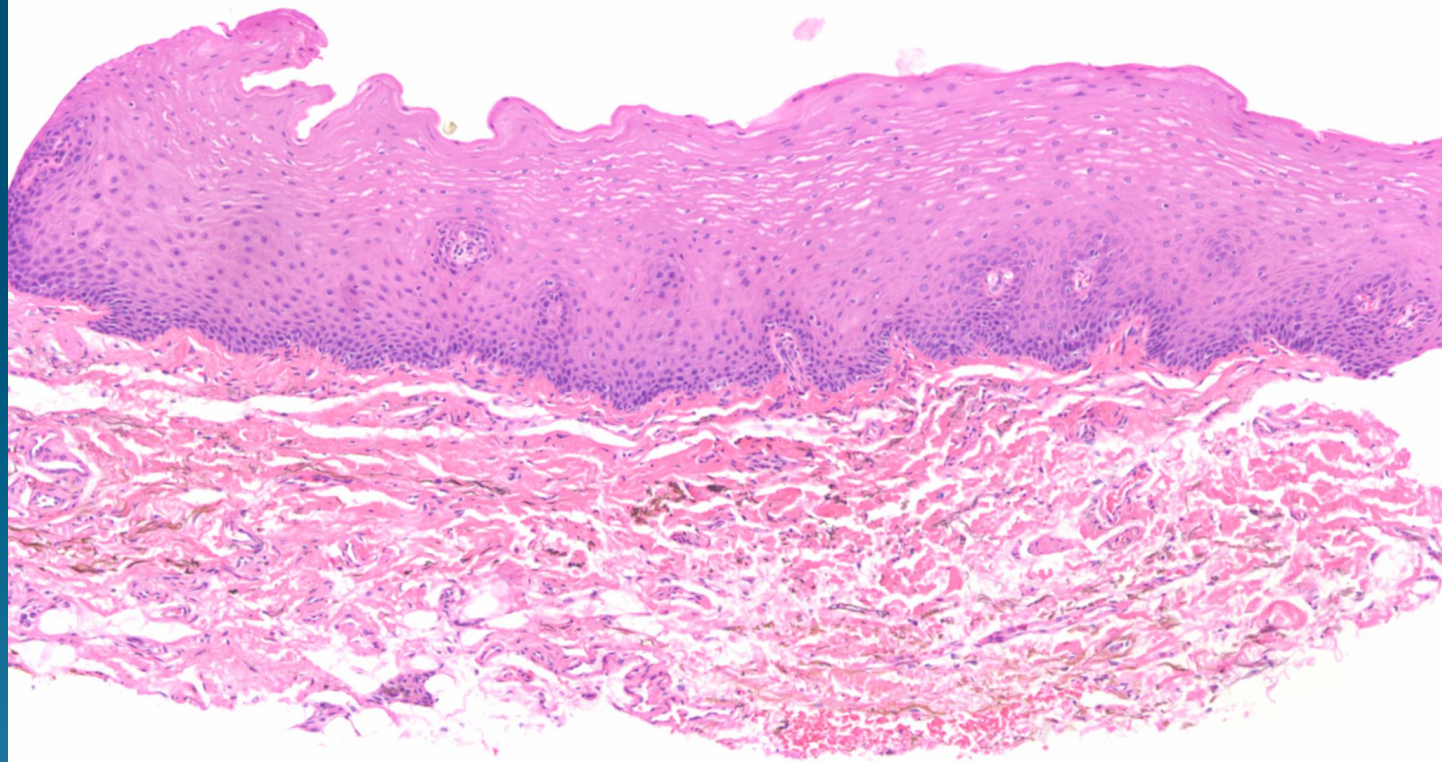


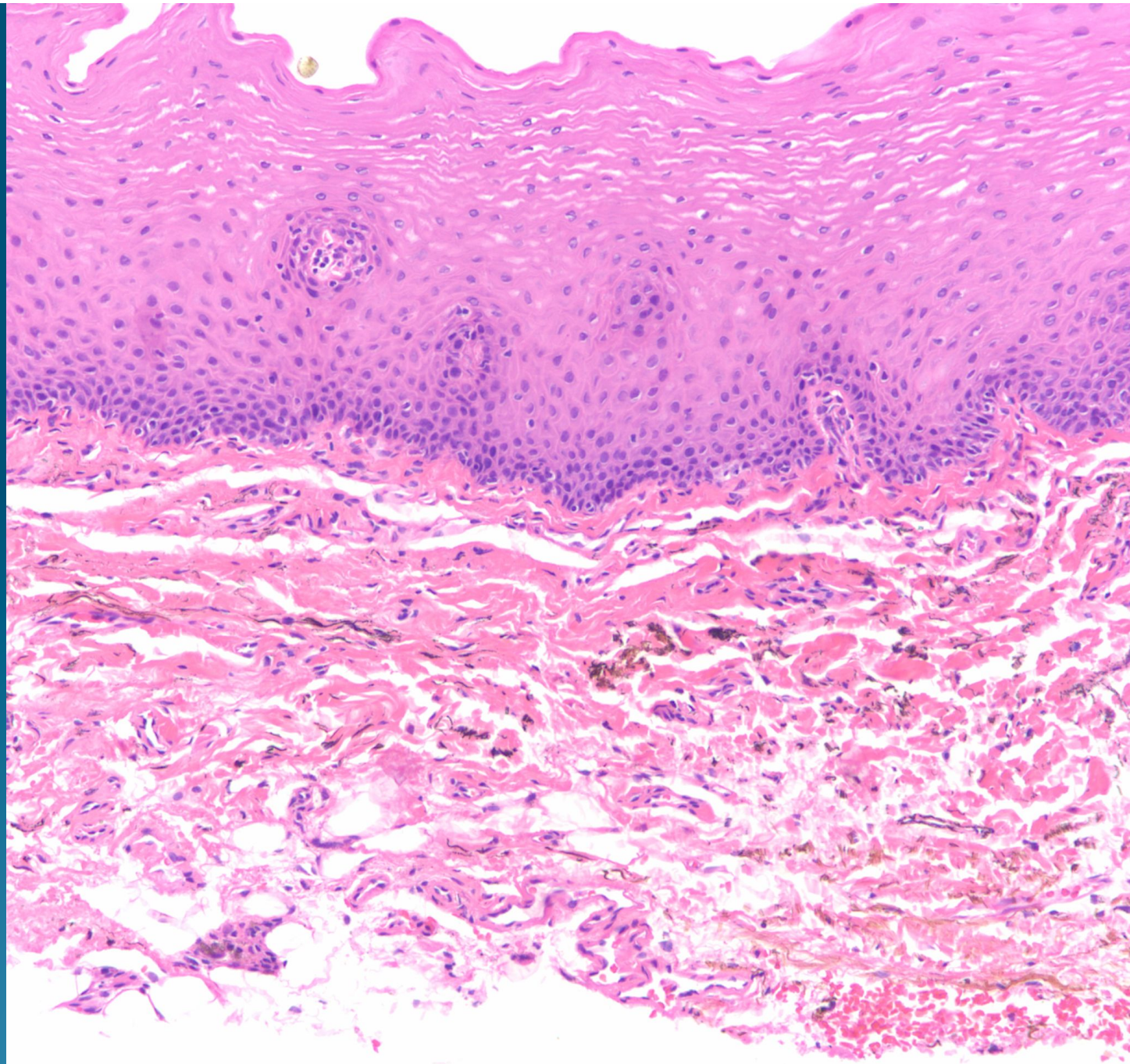
Muir-Torre Tumor (Cystic Sebaceous Neoplasm with Adenomatous and Sebaceoma Features)

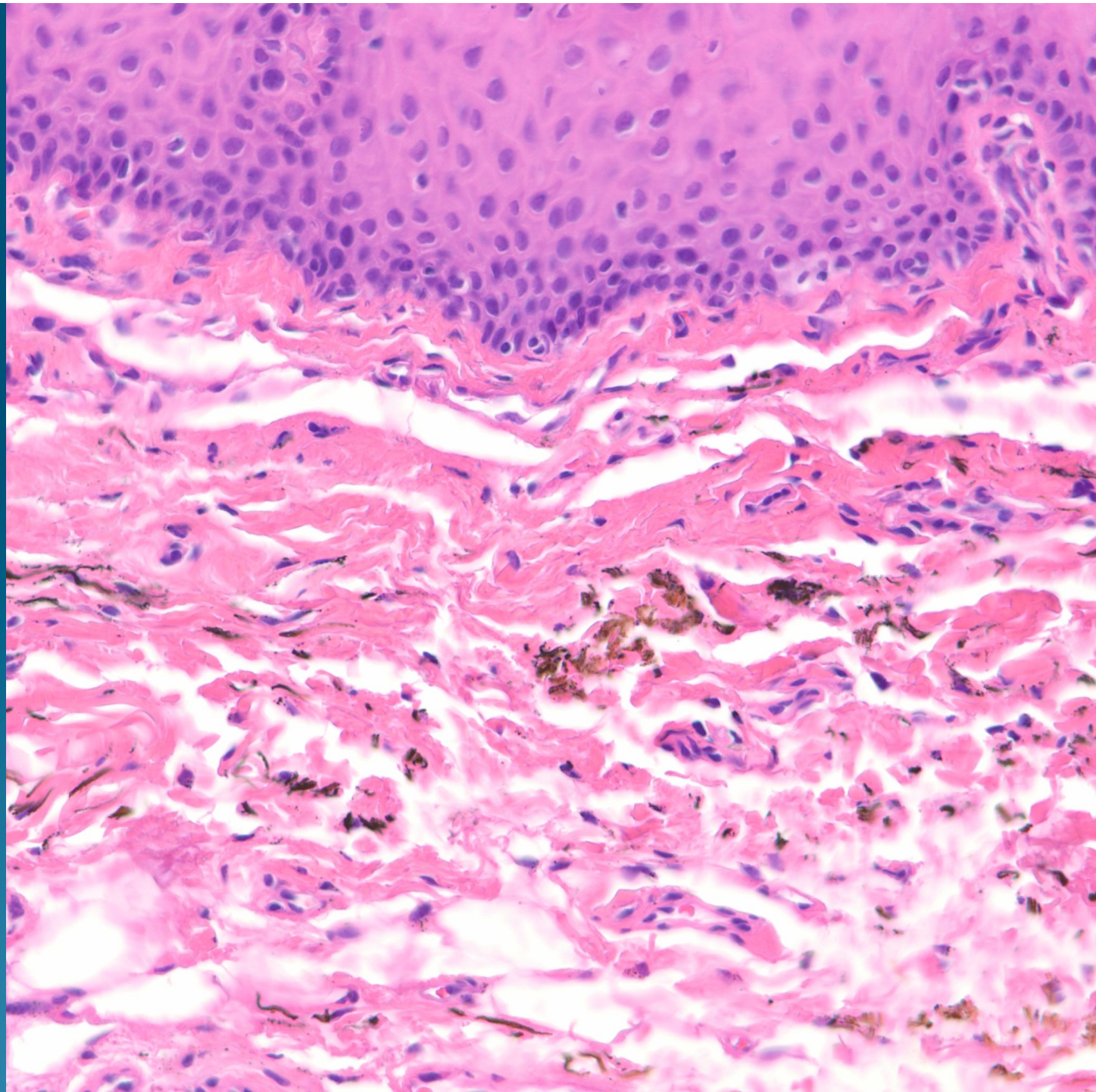
Pearls

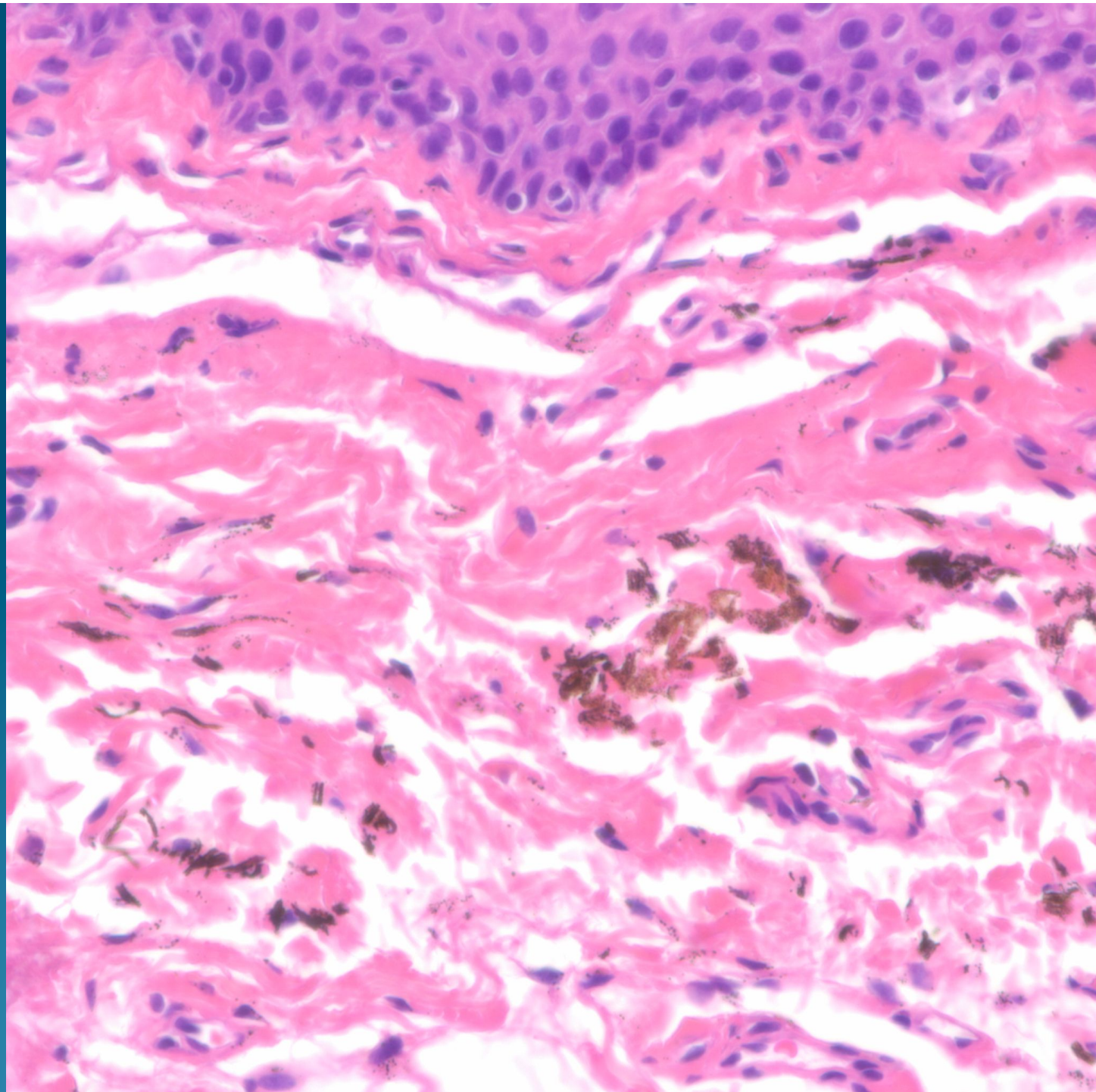


- Any atypical sebaceous neoplasm especially with verruciform epidermal hyperplasia or cystic change should raise the clinical possibility of Muir-Torre Syndrome
- May do further tissue analysis examining for loss of DNA mismatch repair genes



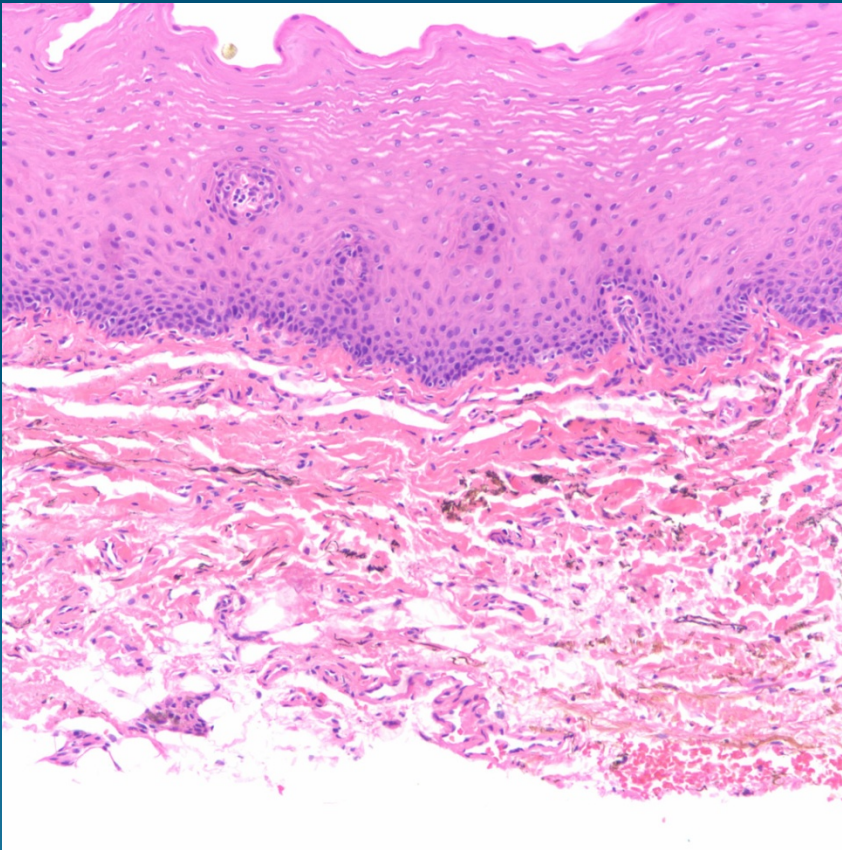




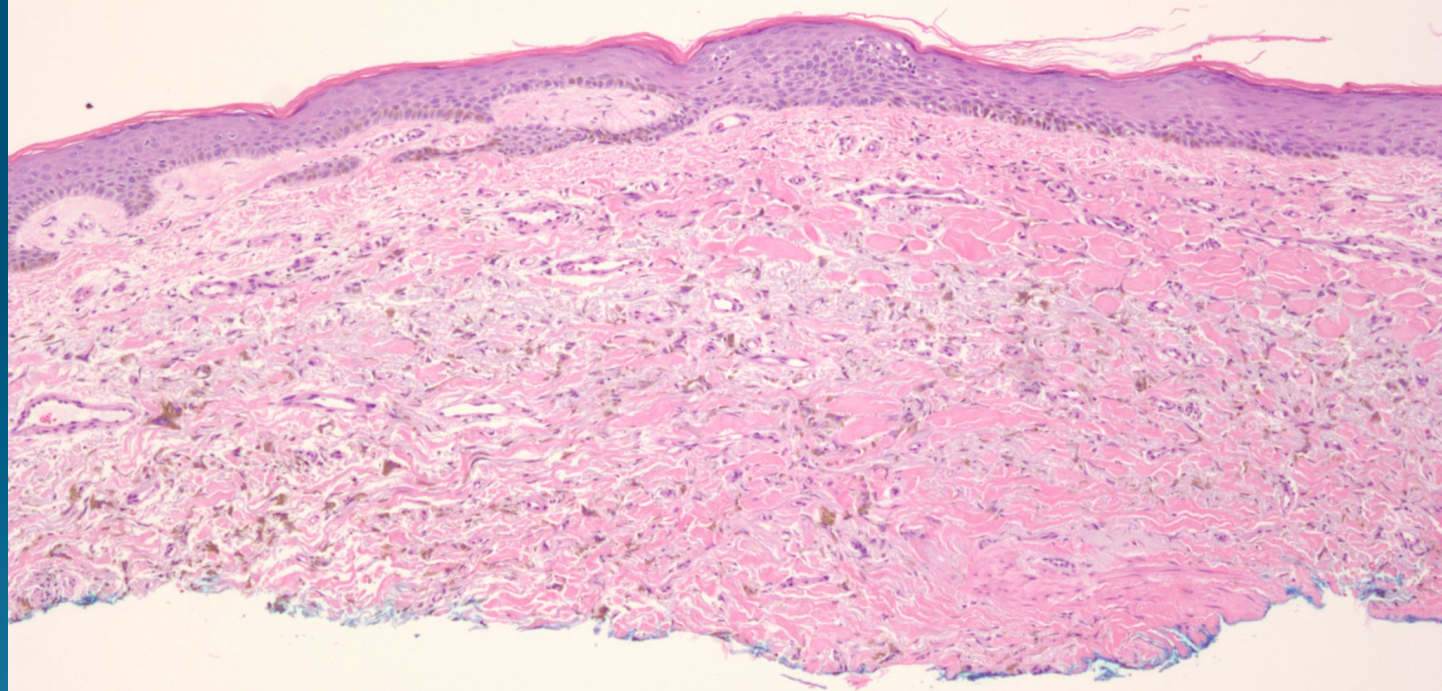


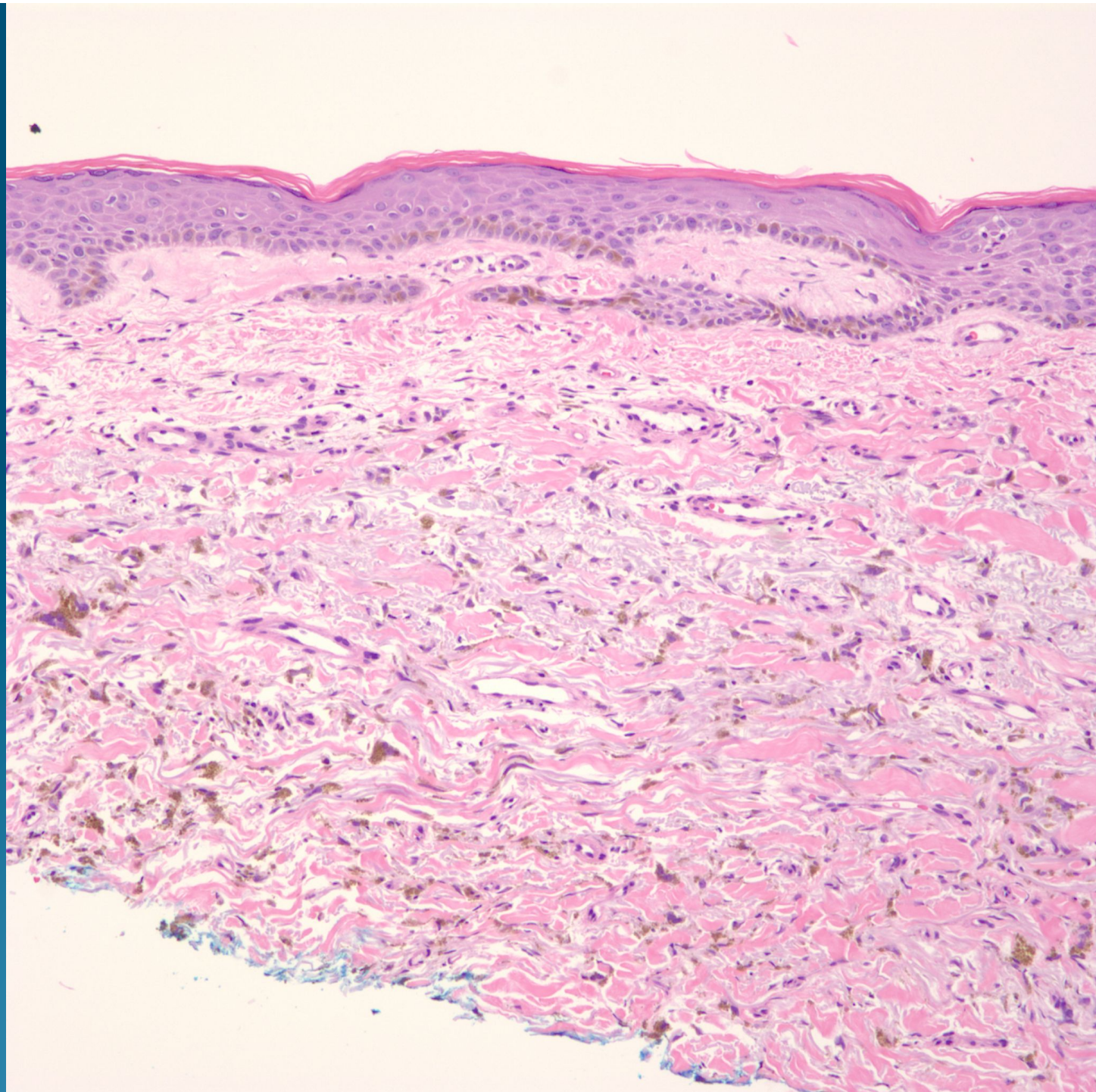
Amalgam Tattoo

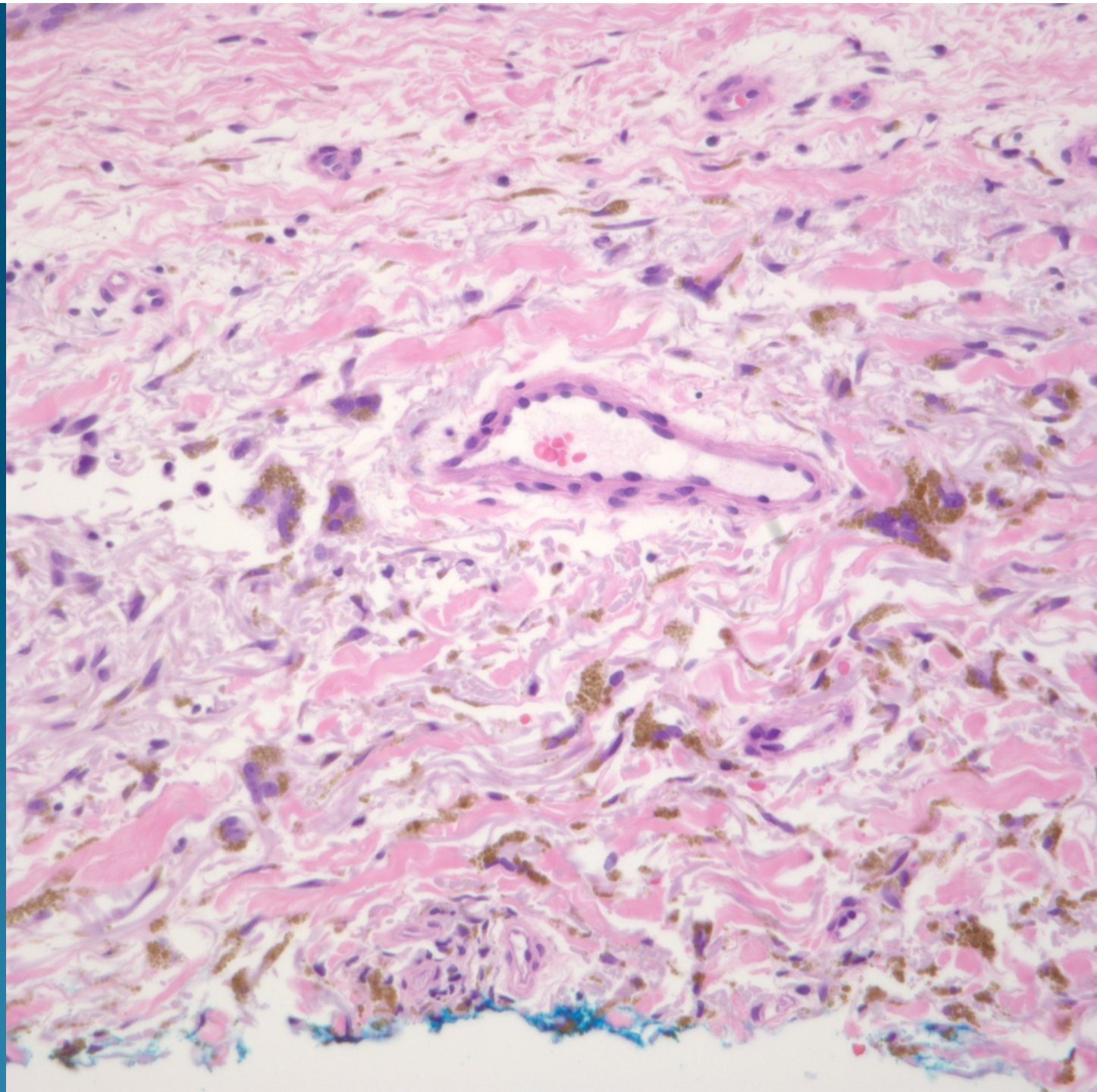
Pearls



- Note oral squamous mucosa location
- Collections of dark pigment, usually arranged along fibroblasts or perivascular
- R/o melanocytic proliferation





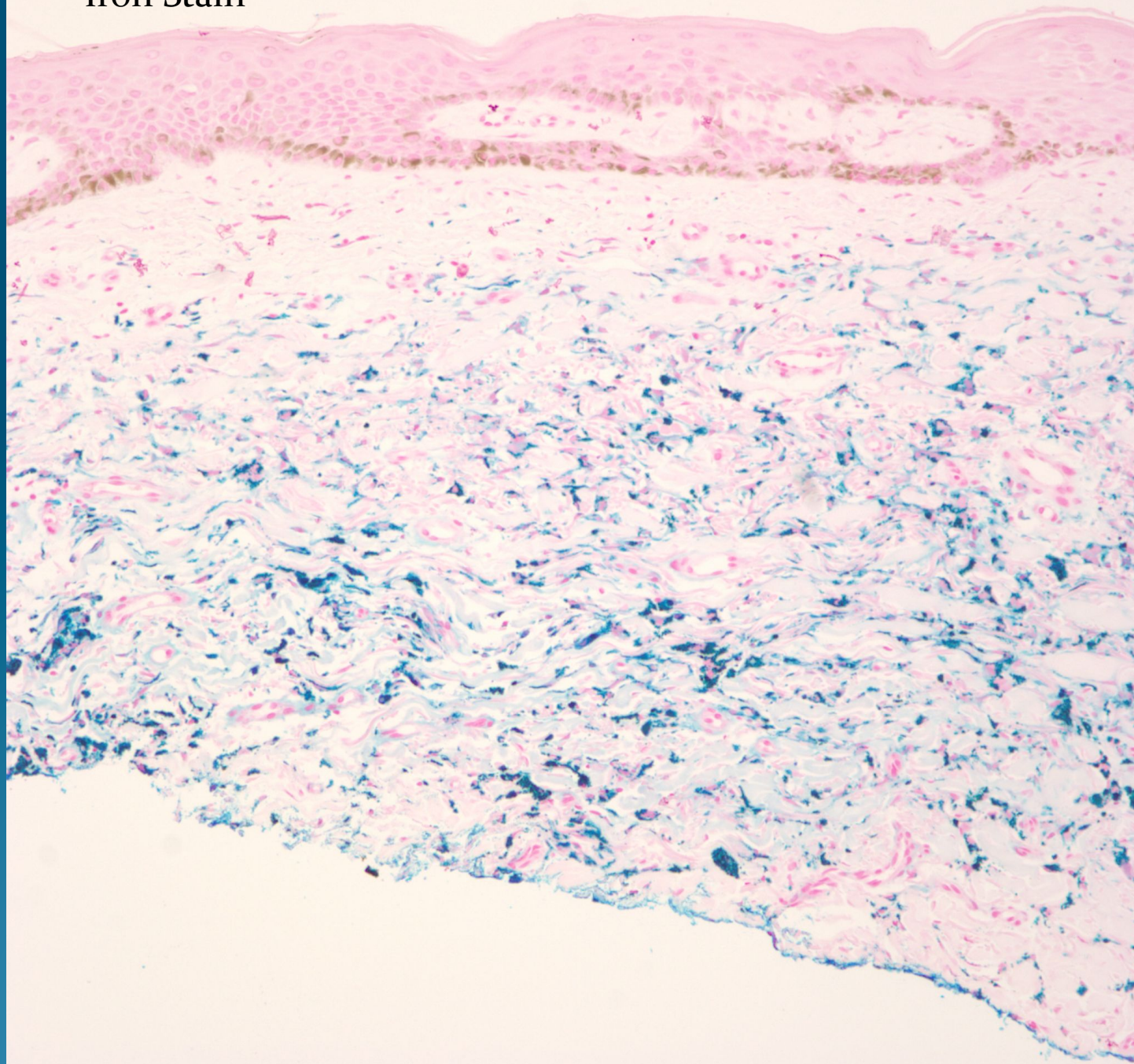


What is the best diagnosis?

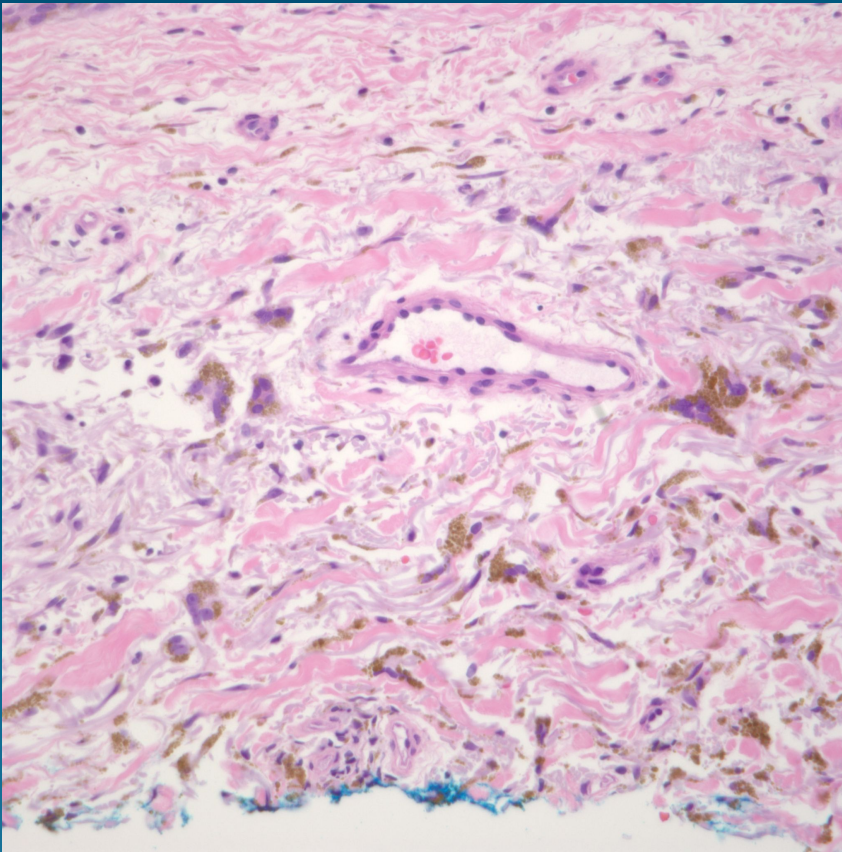
- A. Blue nevus
- B. Tattoo
- C. Malignant melanoma
- D. Dermatofibroma
- E. Sclerotic fibroma

Dermatofibroma with early
sclerosing hemangioma features

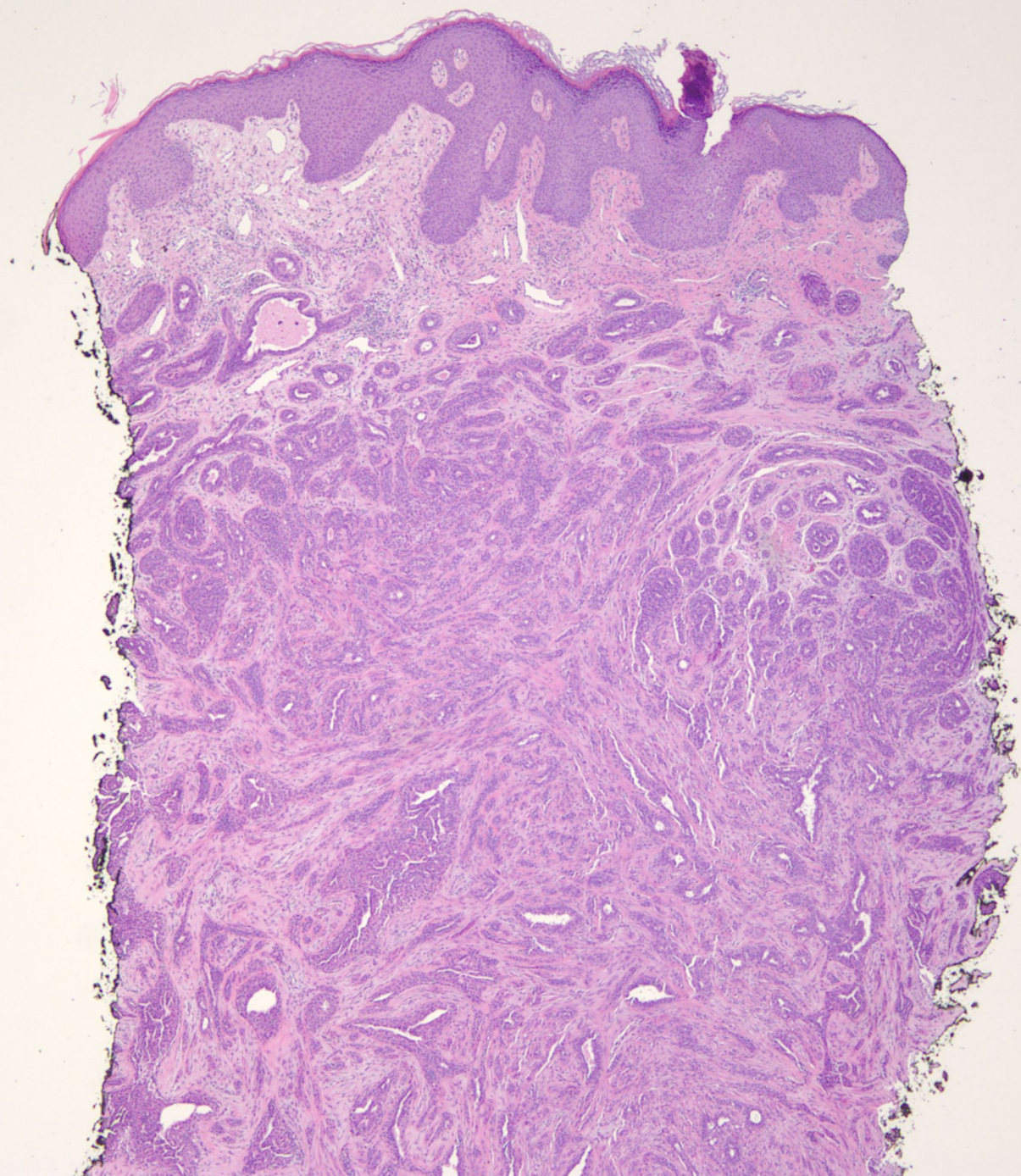
Iron Stain

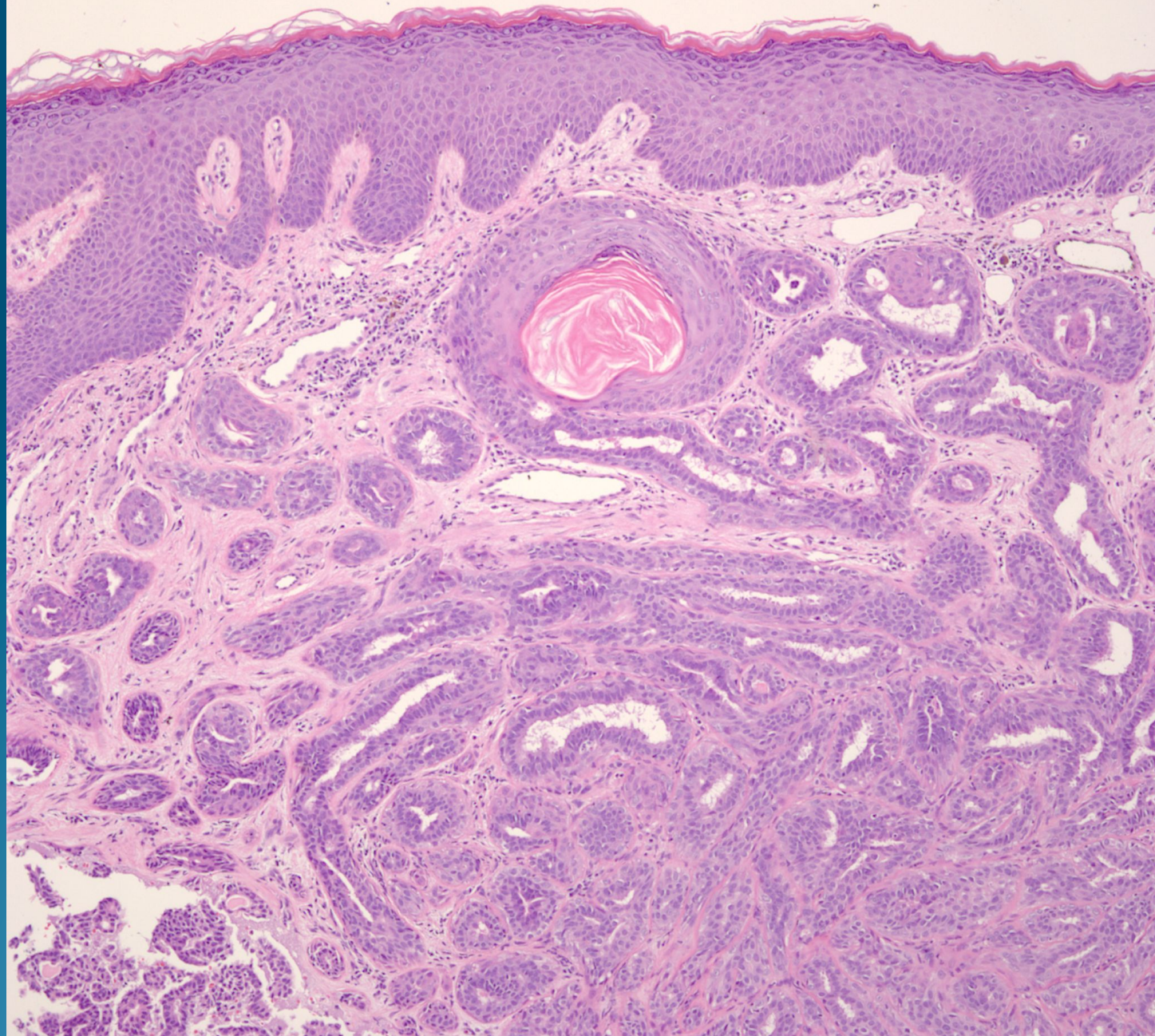


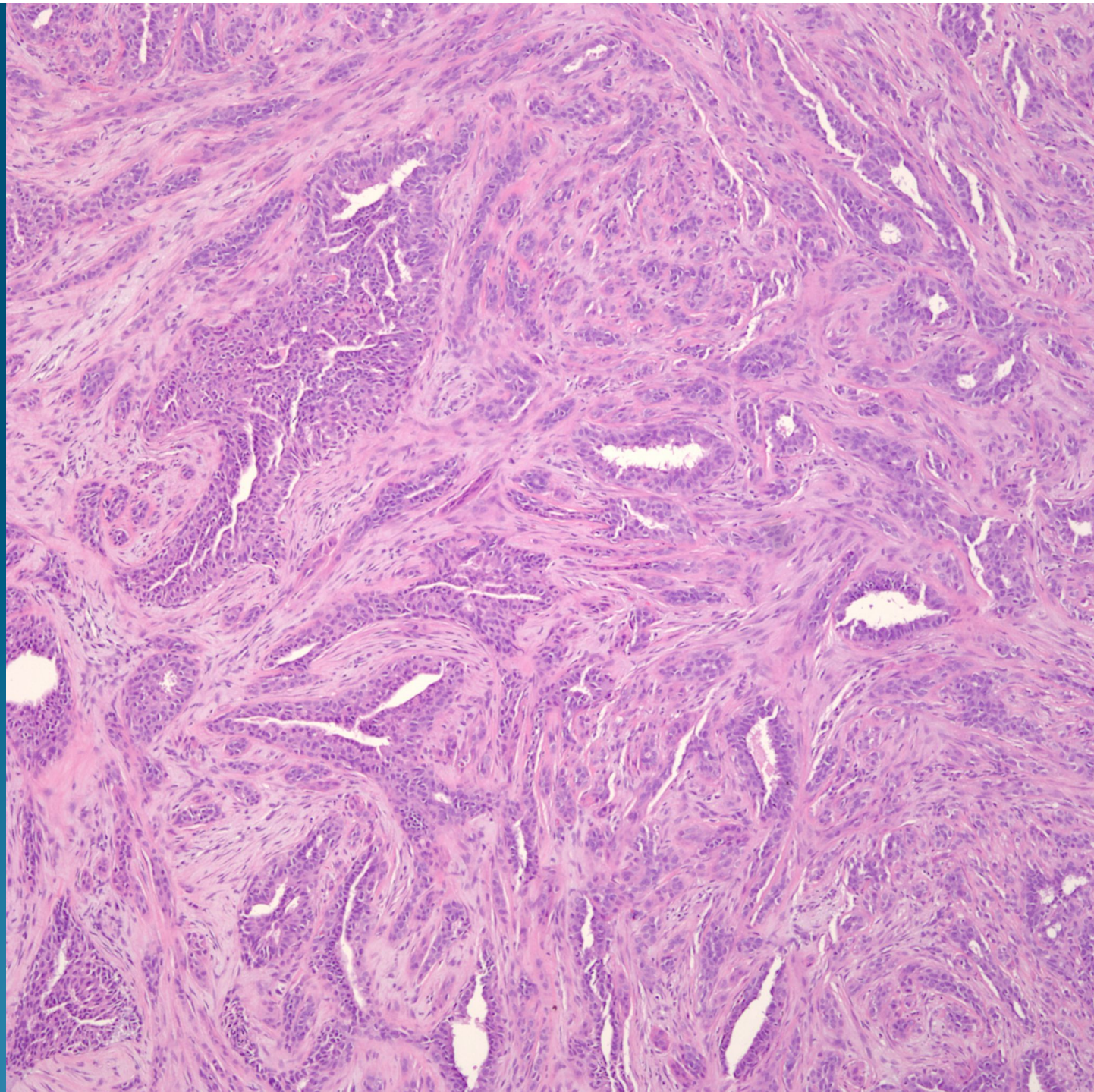
Pearls

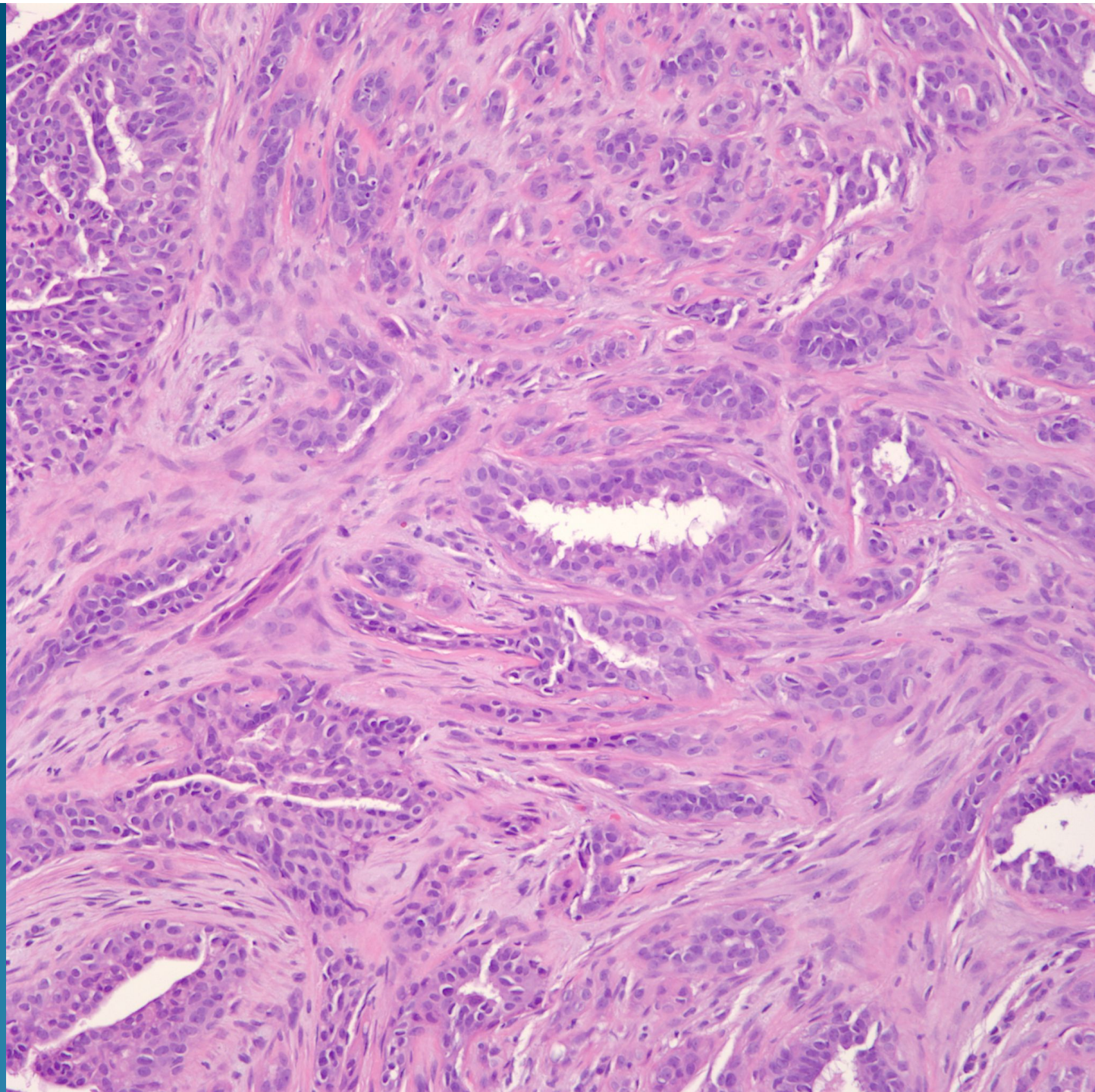


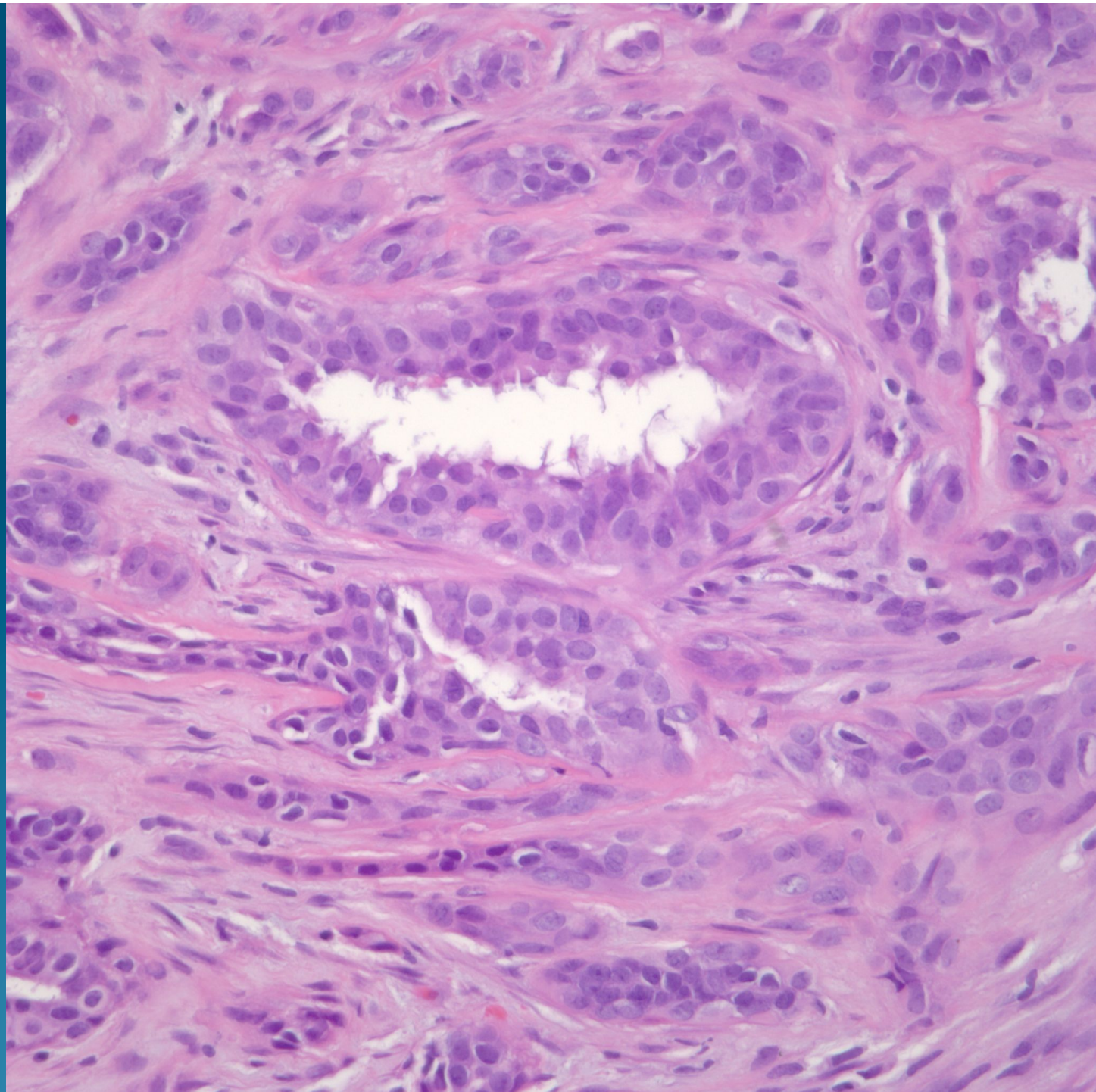
- Bland spindle cells with numerous hemosiderin laden macrophages
- Look for collagen entrapment and Touton-type giant cells
- Confirm hemosiderin with Iron stain











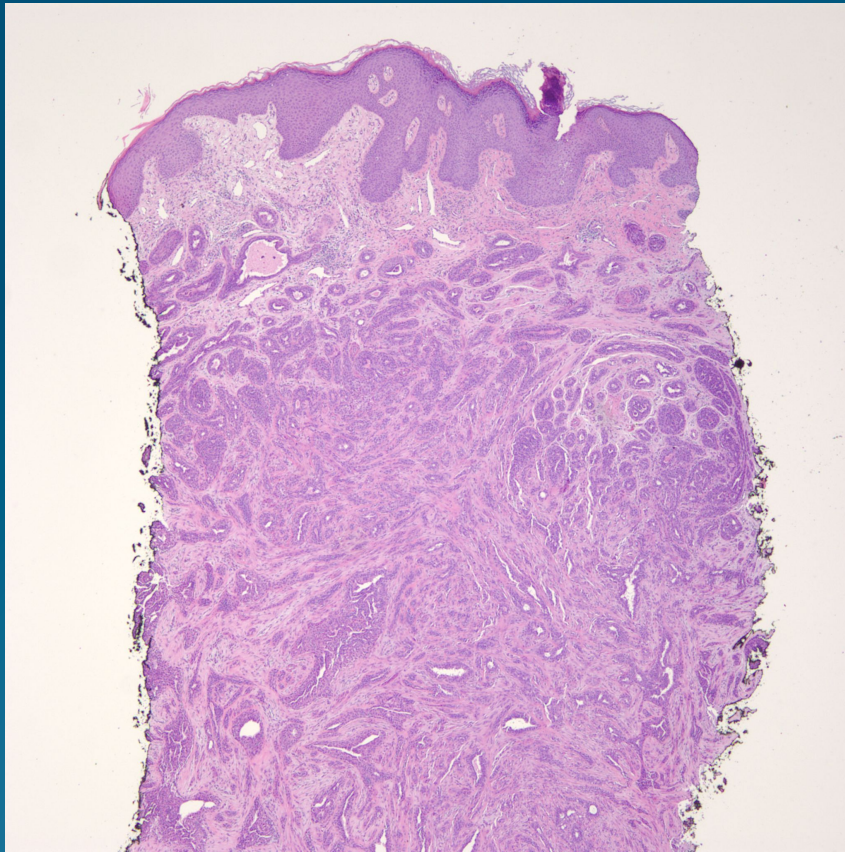
What is the best diagnosis?

- A. Nipple adenoma
- B. Tubular Eccrine Adenoma
- C. Nodular and Cystic Hidradenoma
- D. Eccrine Poroma
- E. Basal cell carcinoma, infiltrative type

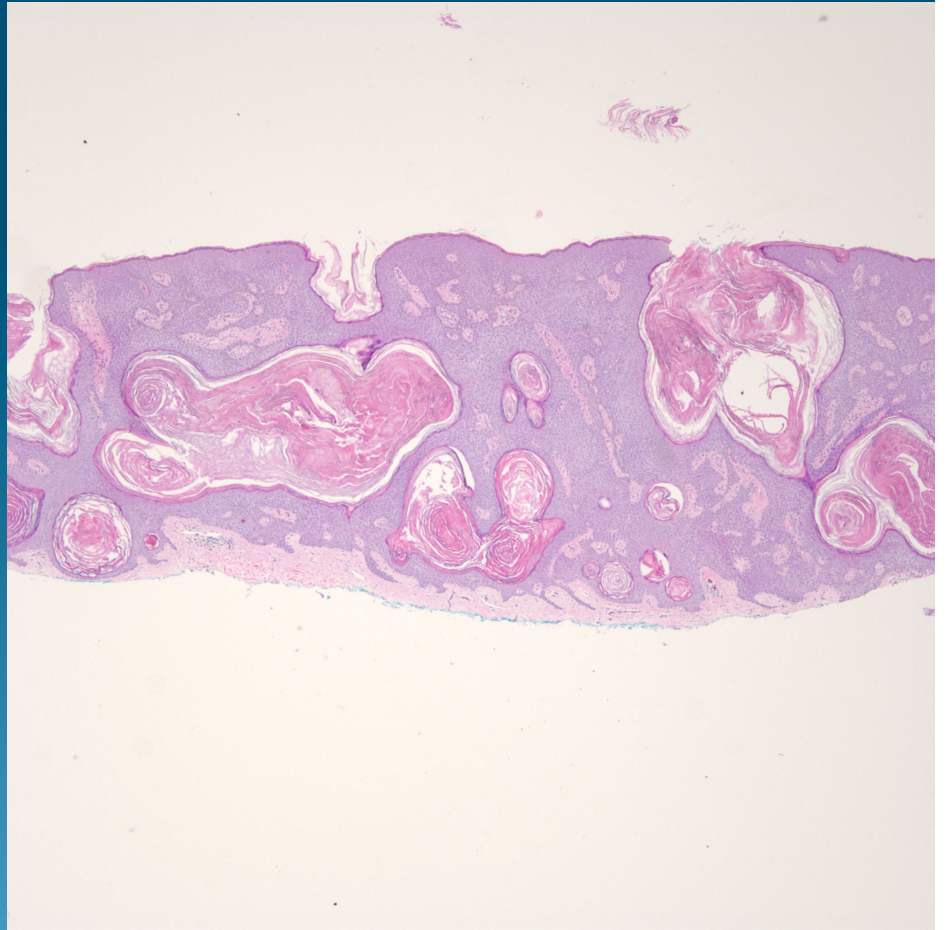
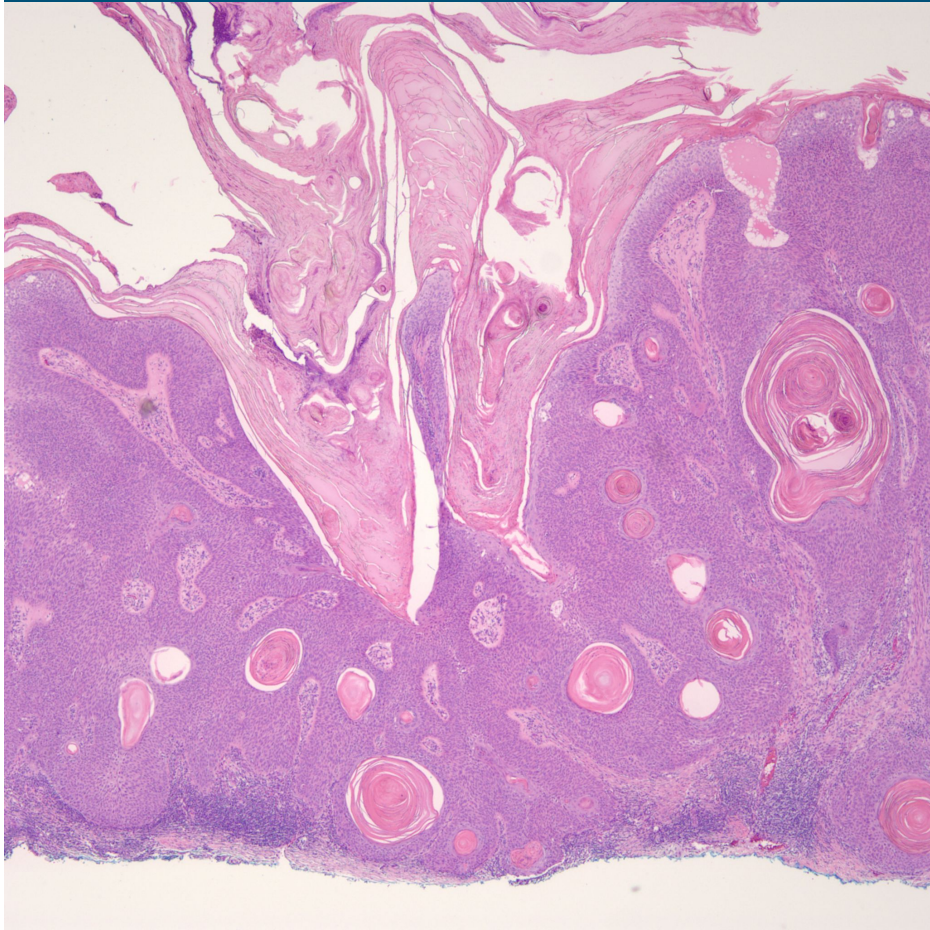
Nipple Adenoma

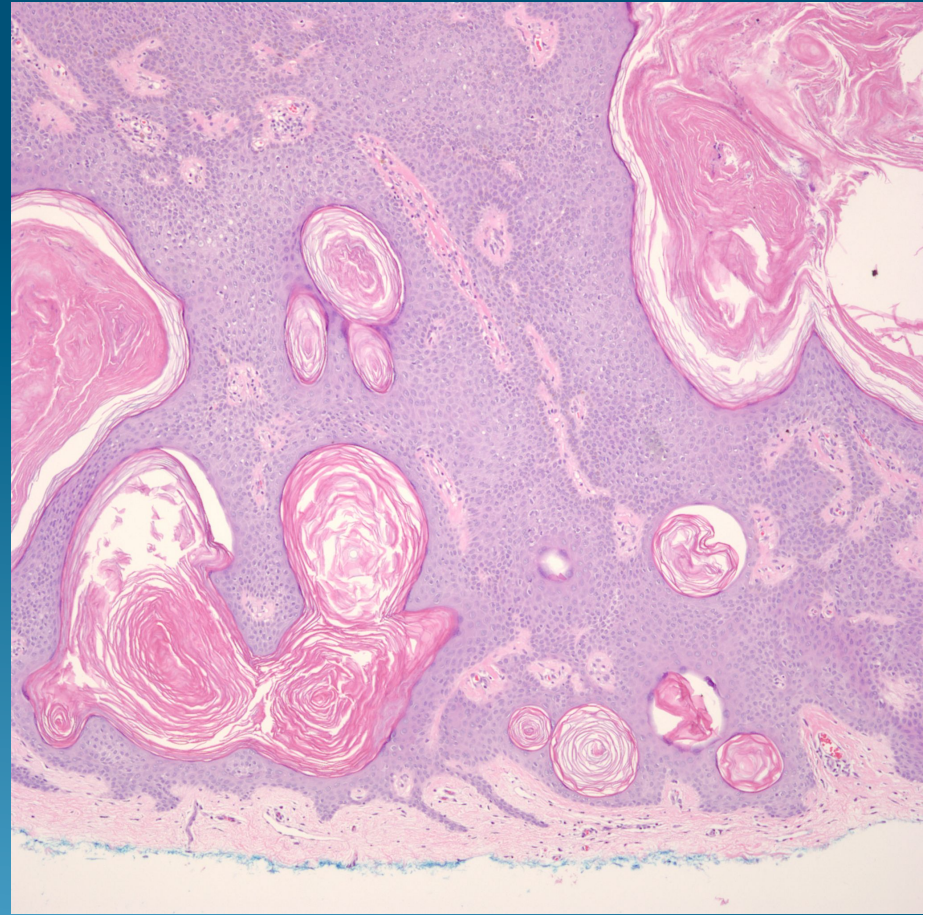
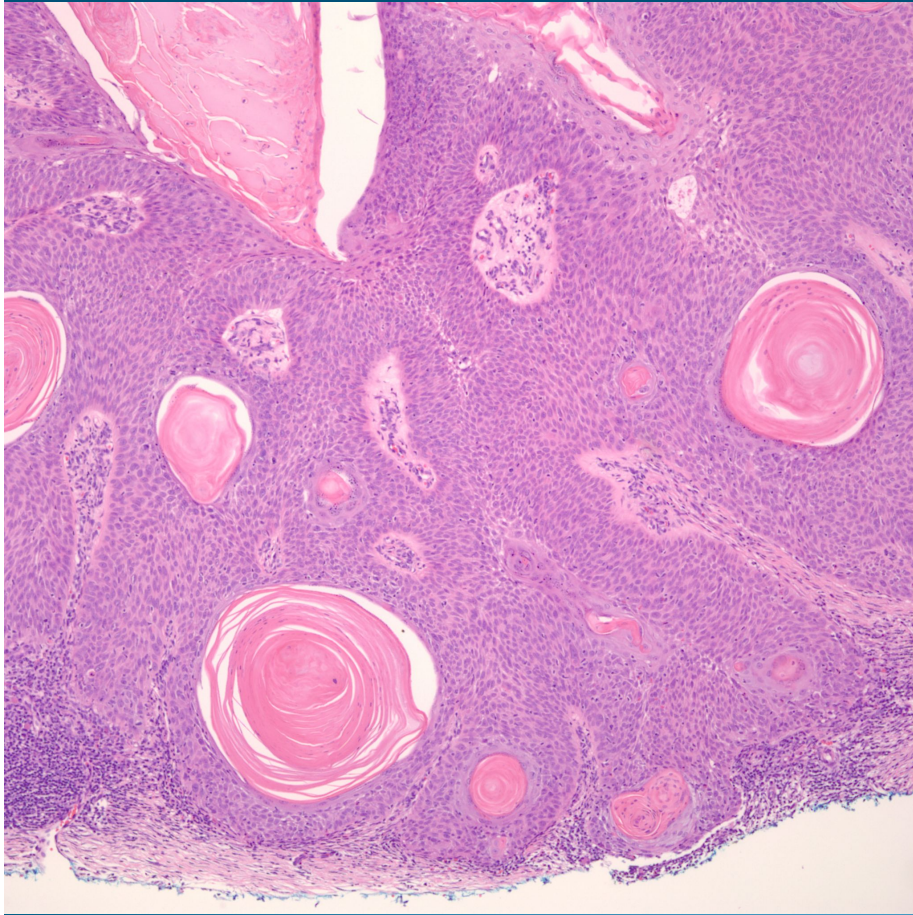
(Erosive adenomatosis,
Florid papillomatosis)

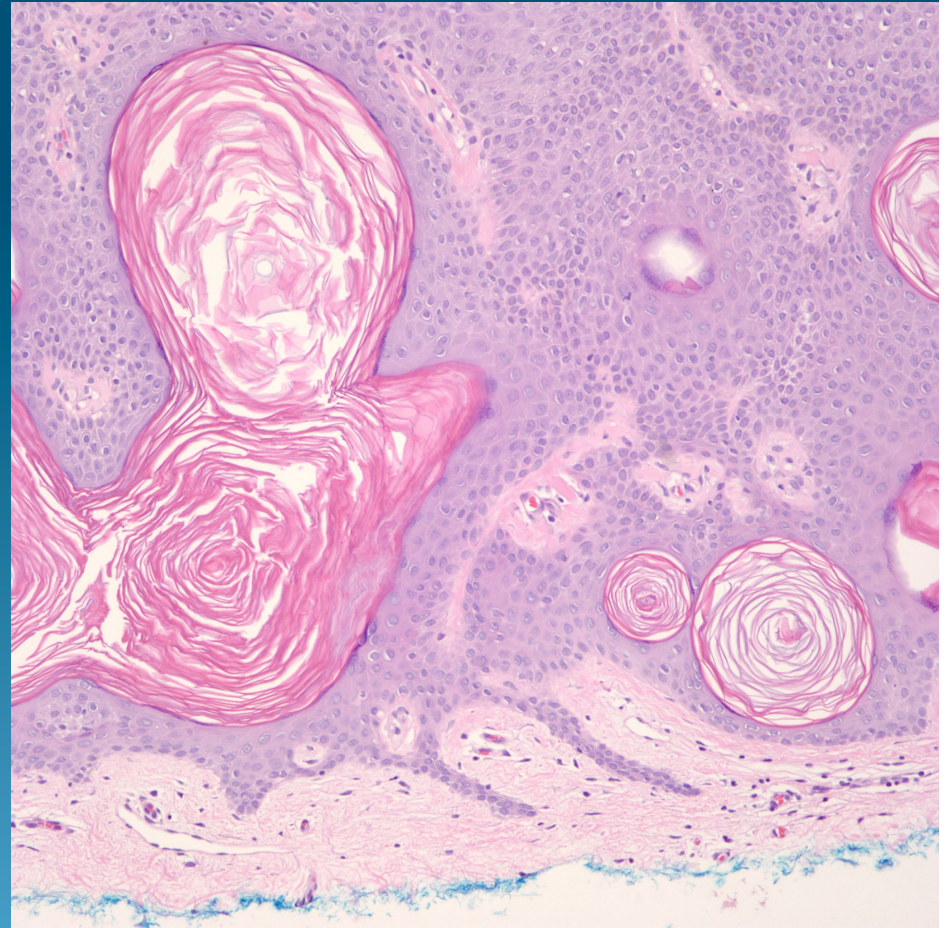
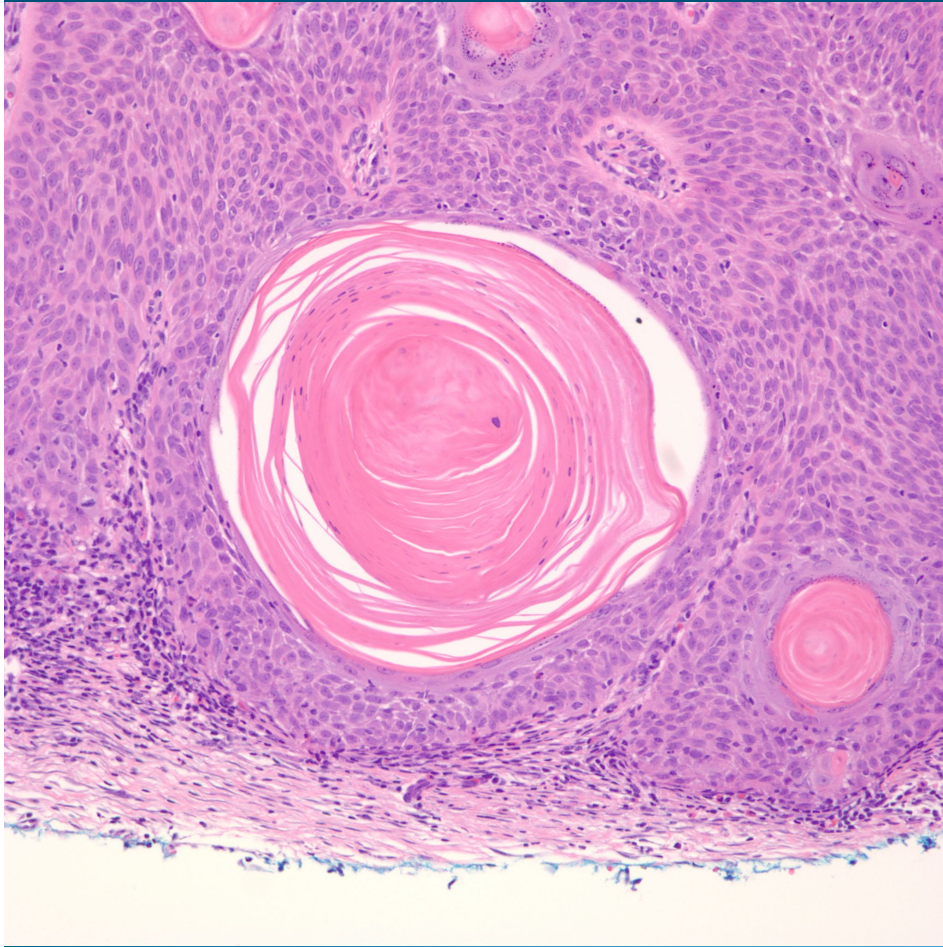
Pearls

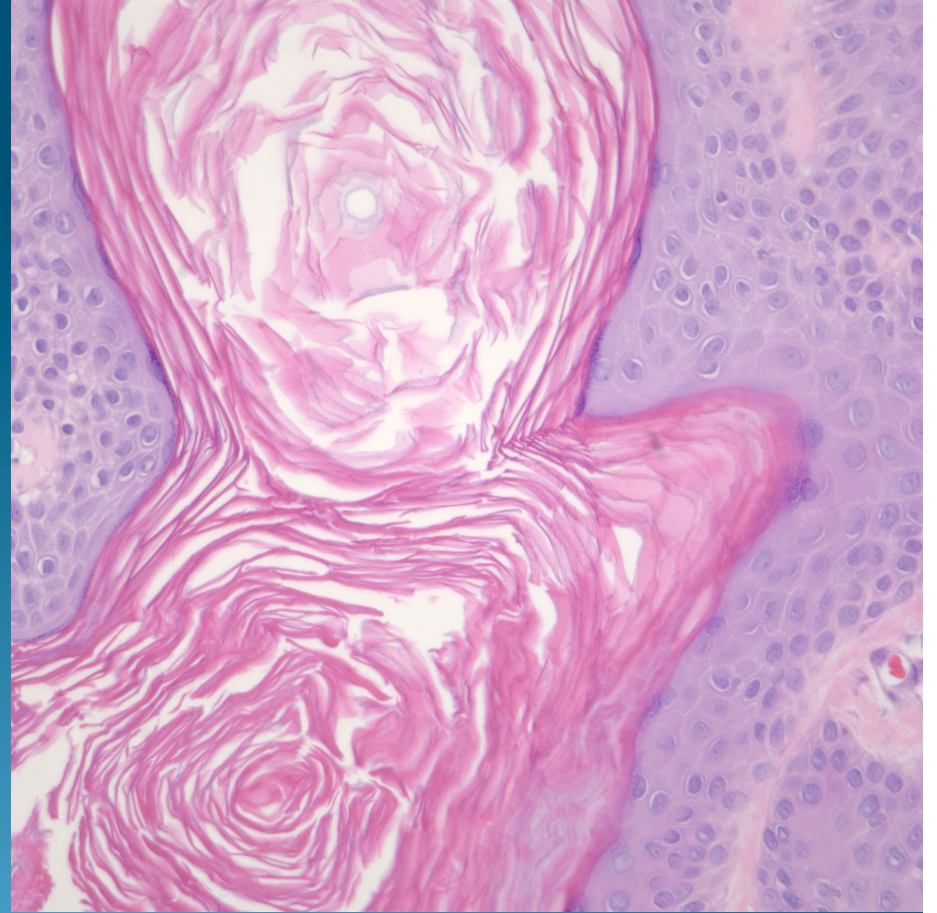
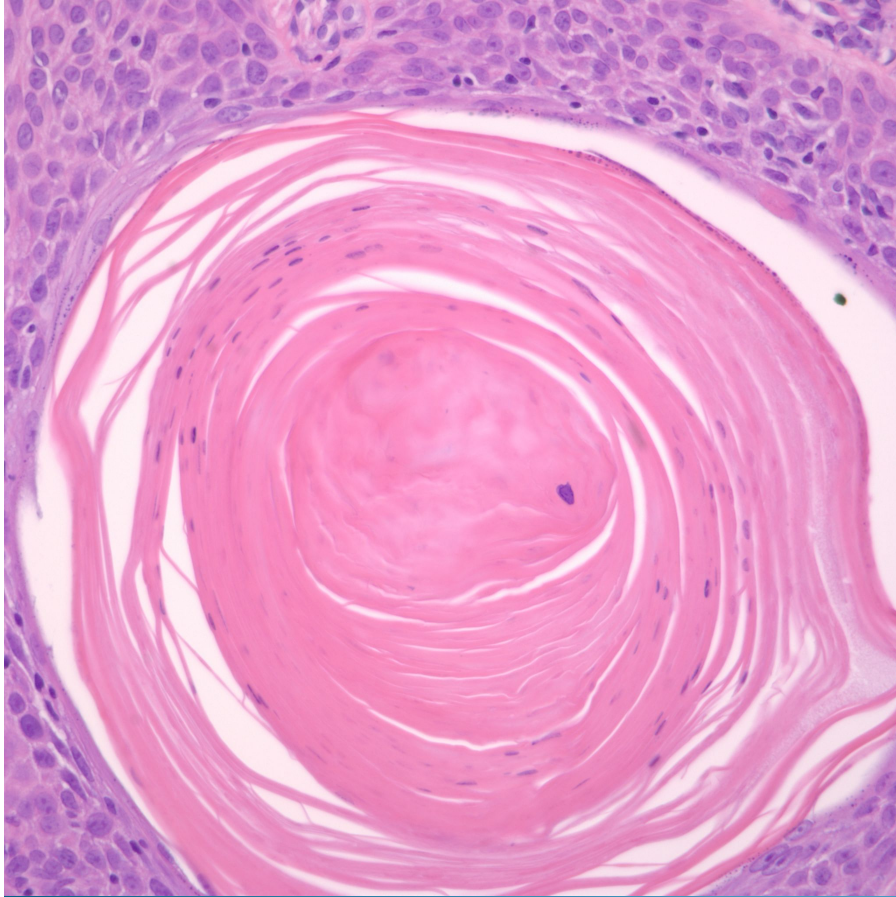


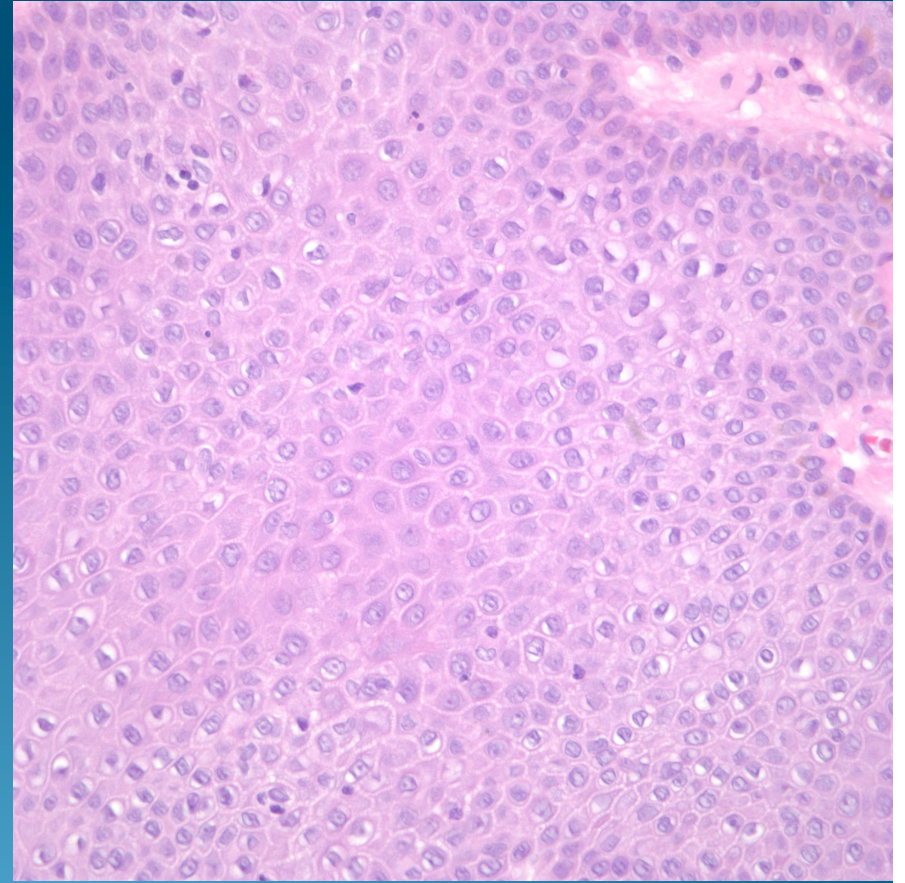
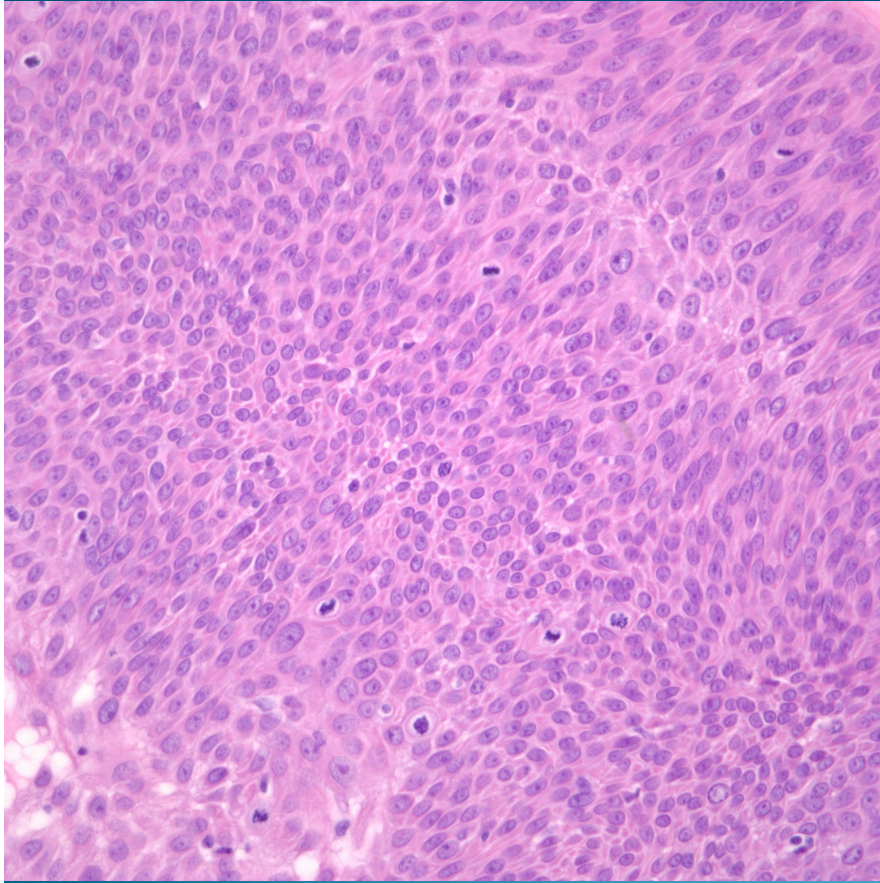
- Nipple location, clinically mimics Paget's disease
- Diffuse proliferation of ducts lined by apocrine epithelium merging with varying cytologically bland squamous epithelium
- Desmoplastic stroma
- Minimal to absent mitotic figures



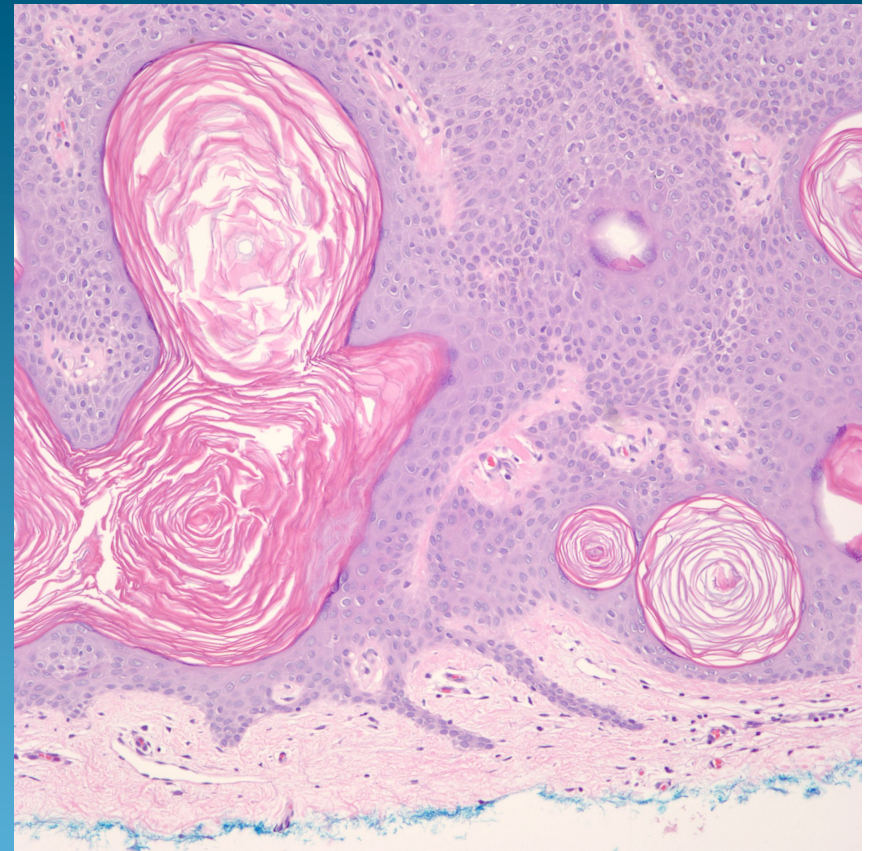
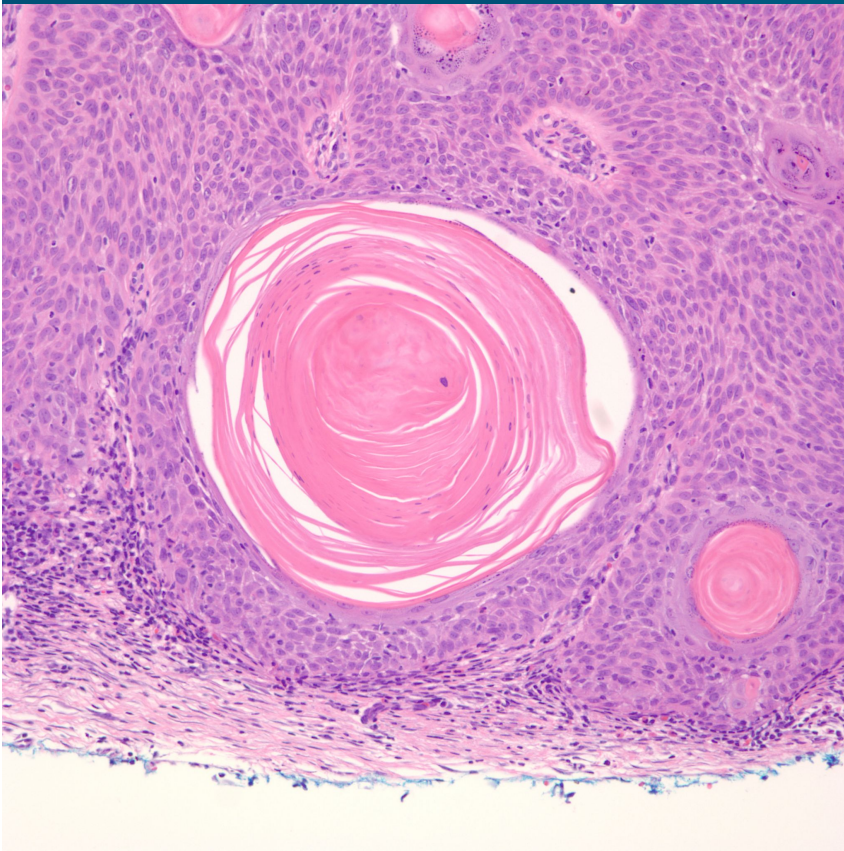




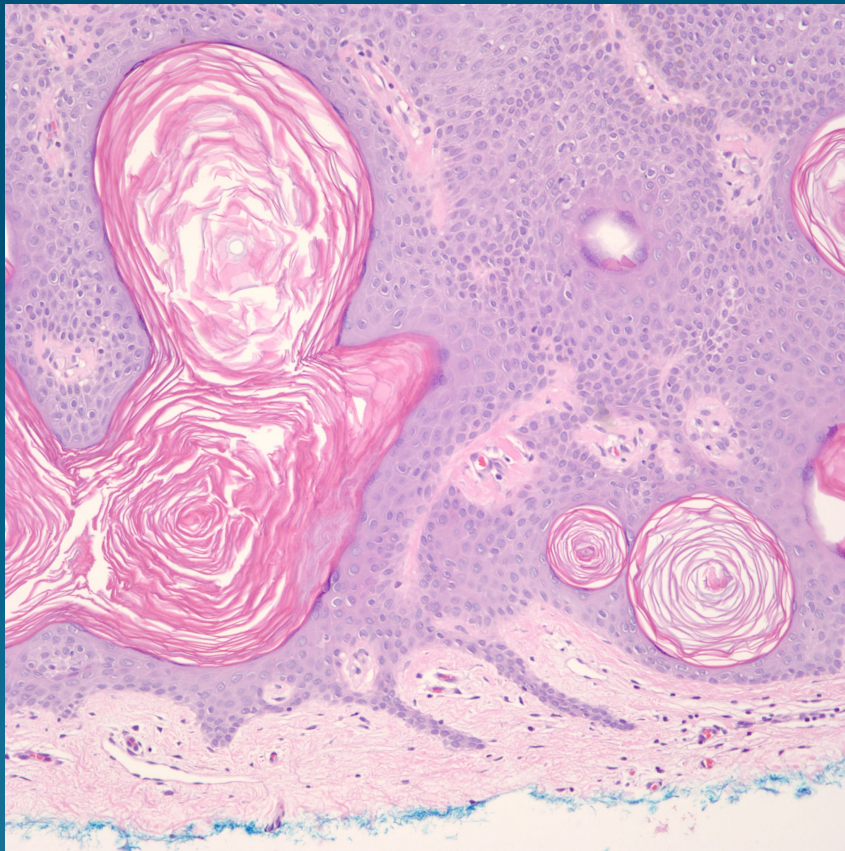




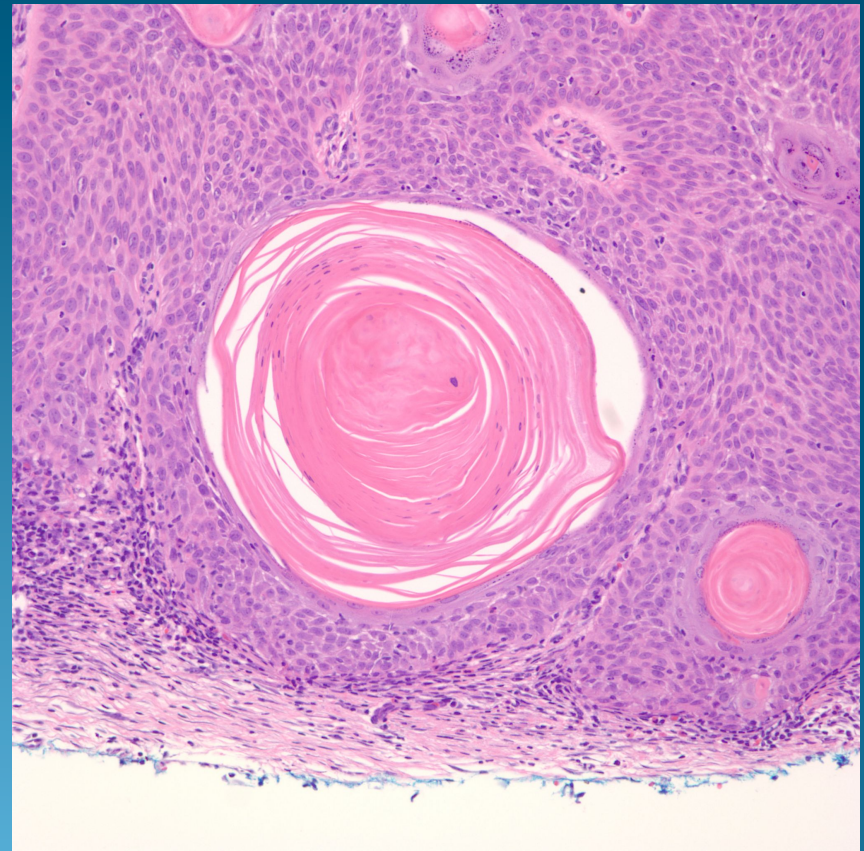
Bowen's Disease or Seborrheic Keratosis?



Seborrheic Keratosis



Bowen's Disease



Pearls

- Seborrheic keratosis has flattened rete ridges
- Horn pseudocysts are invaginations of epidermis with loose keratin with granular layer usually identified
- Minimal atypia of keratinocytes
- Bowen's disease has increased cellularity giving hyperchromasia to epidermis
- Irregular rete ridge pattern
- Squamous pearls with compact keratin and abrupt keratinization with parakeratosis and absent granular layer
- Increased cytologic atypia of keratinocytes with atypical mitotic figures