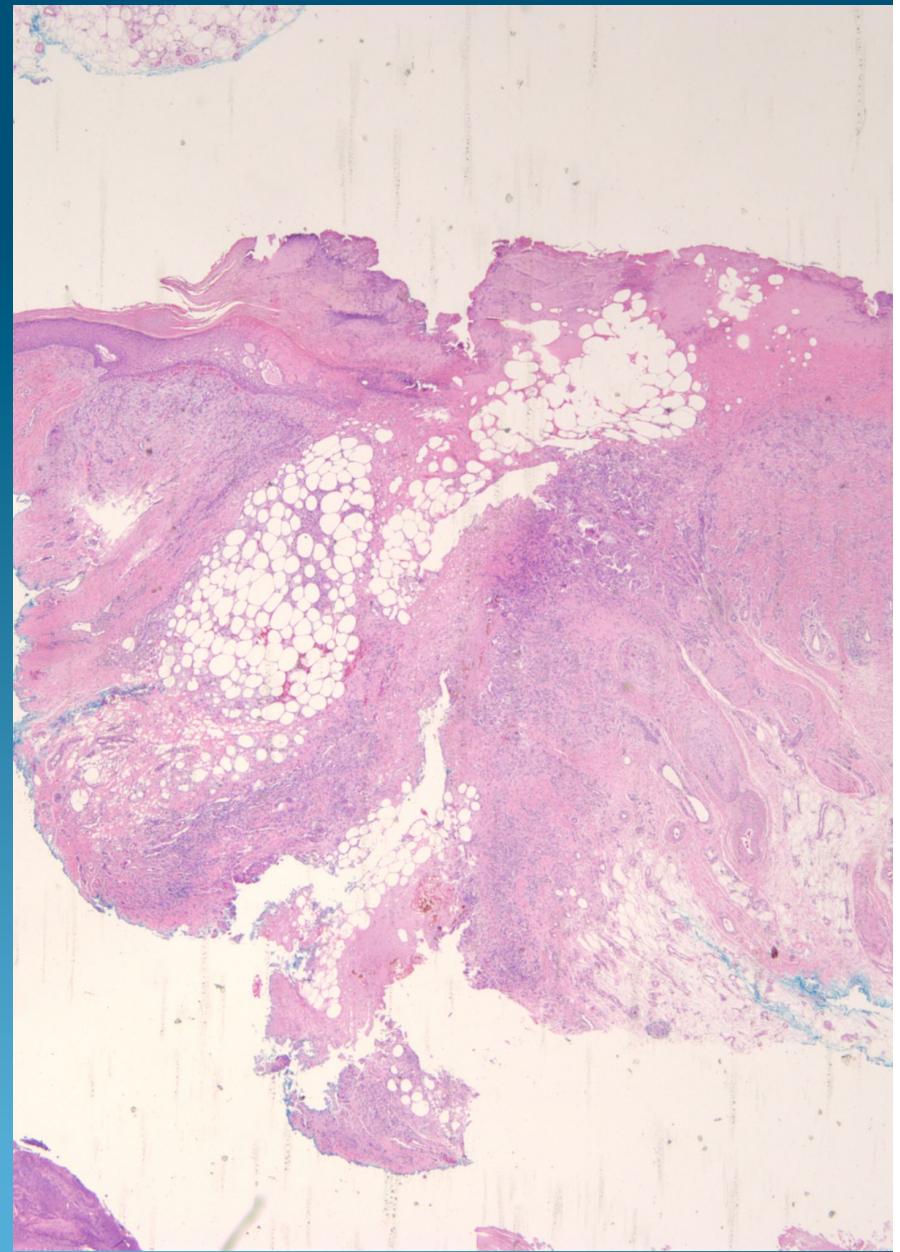
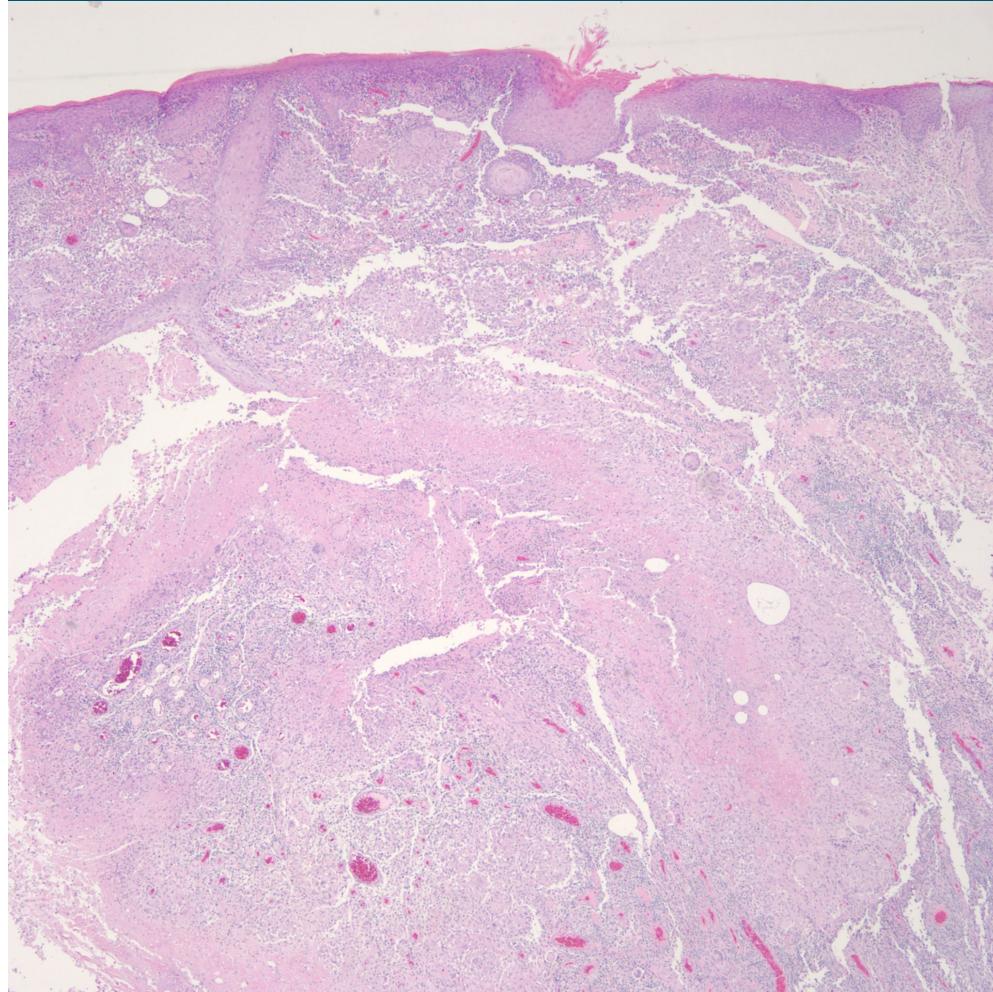
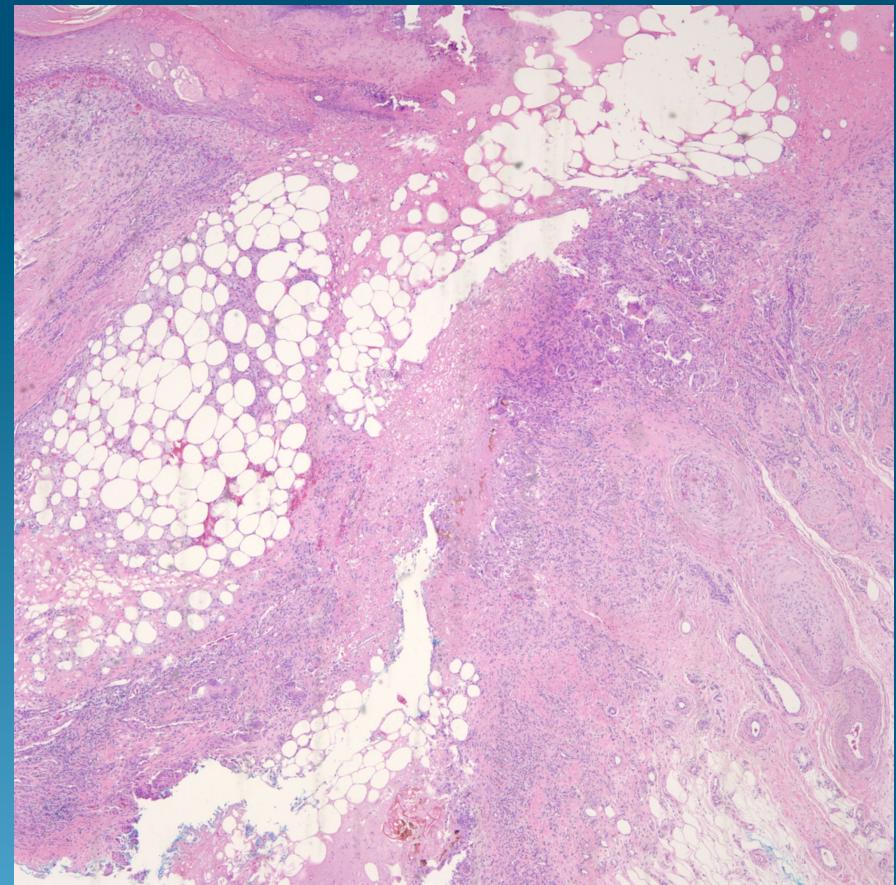
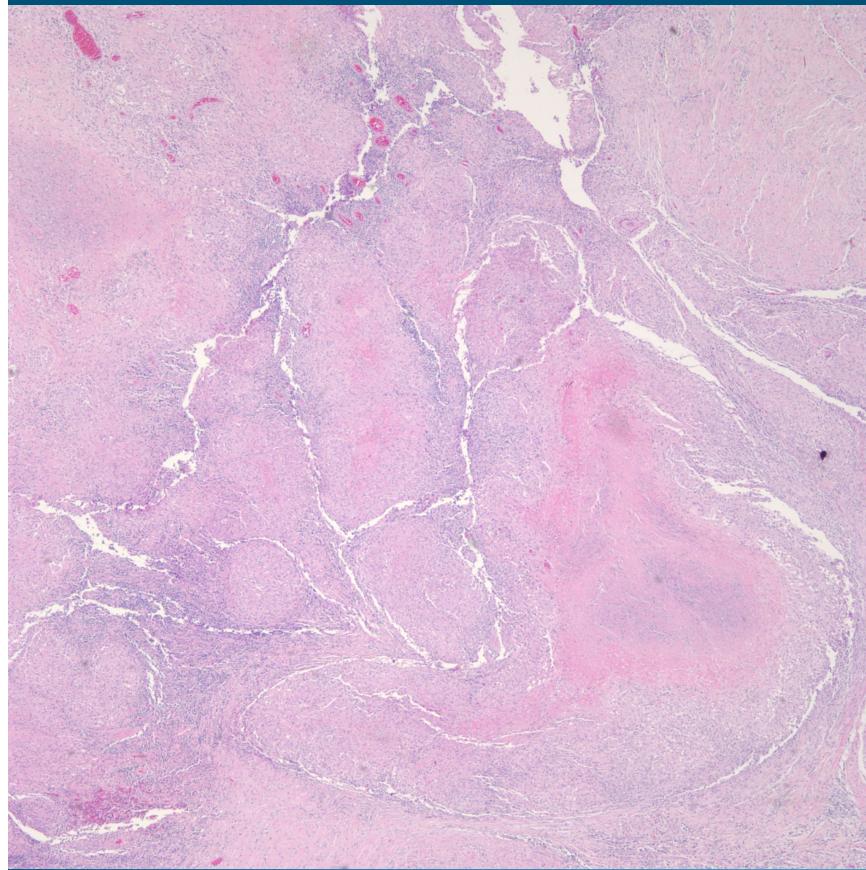


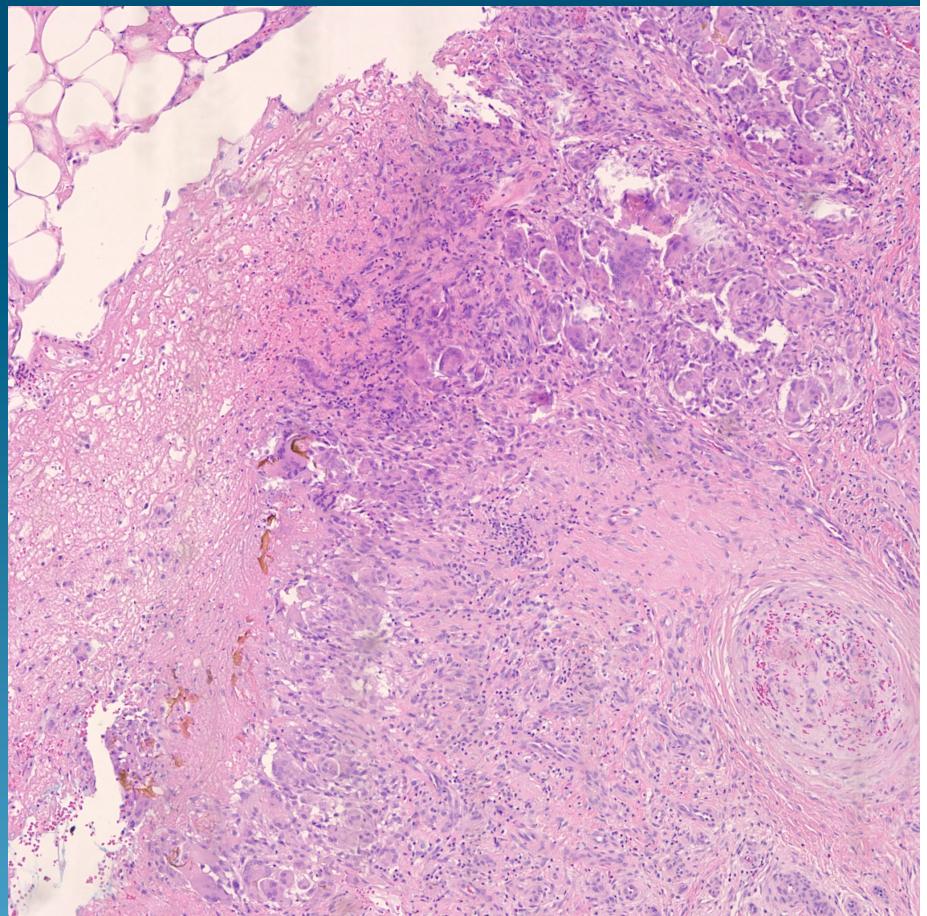
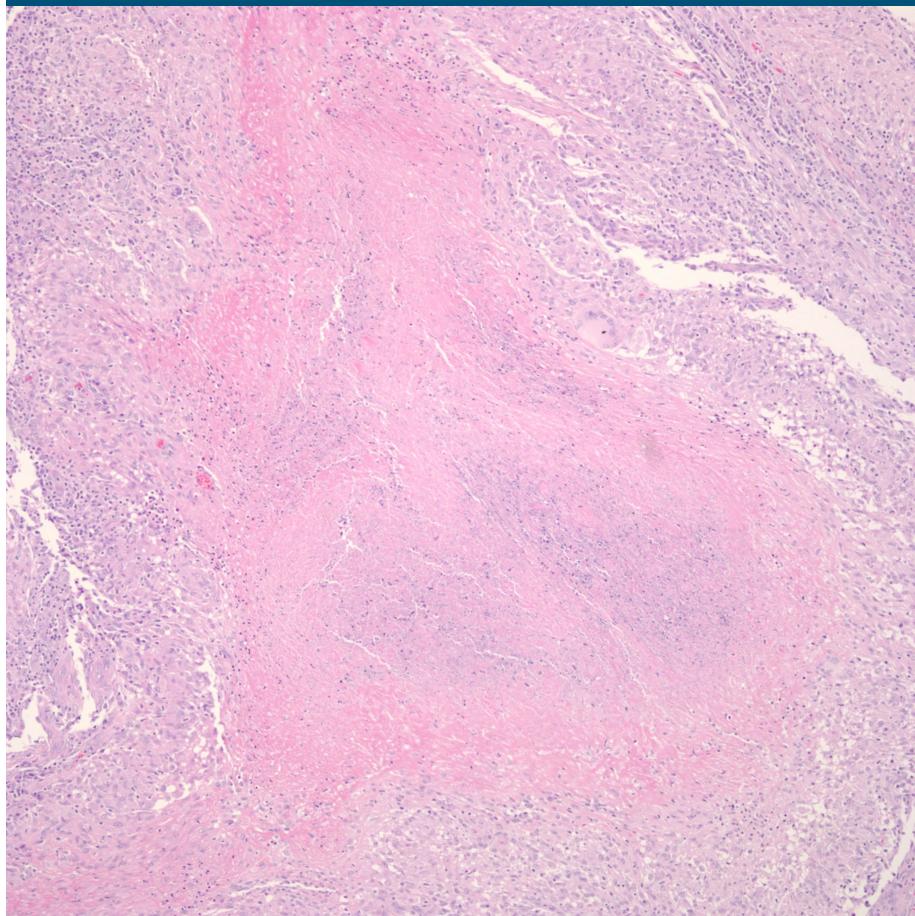
Dermatopathology Slide Review Part 108

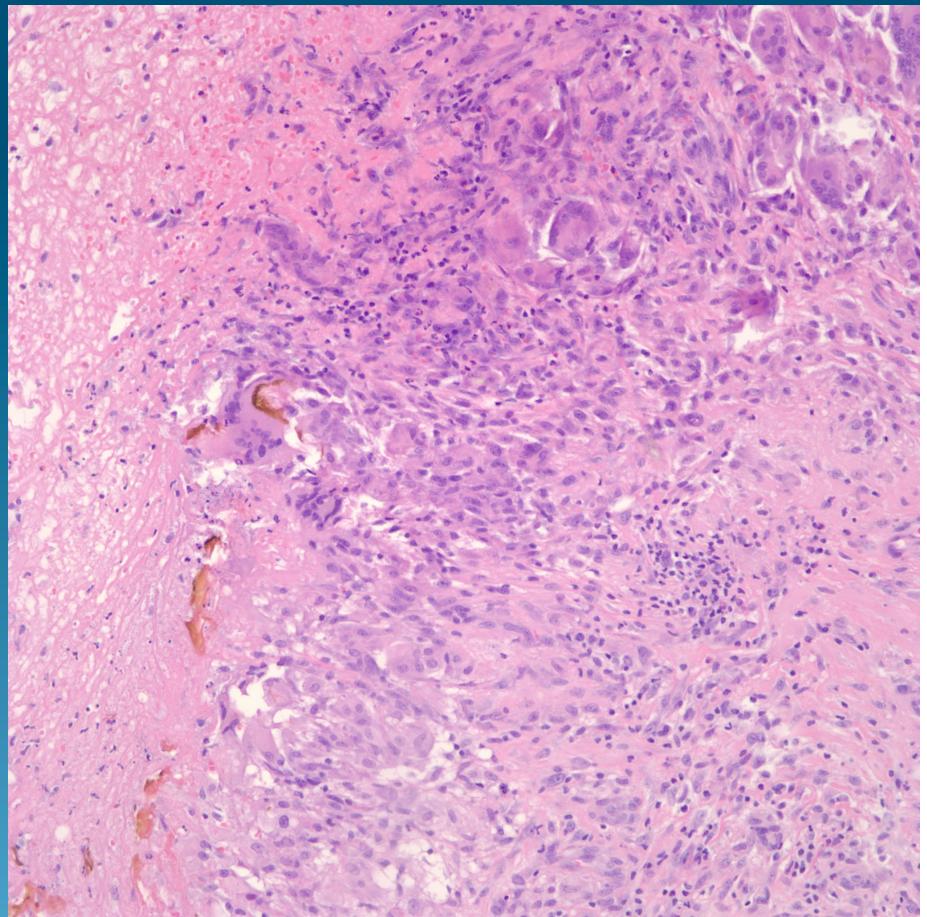
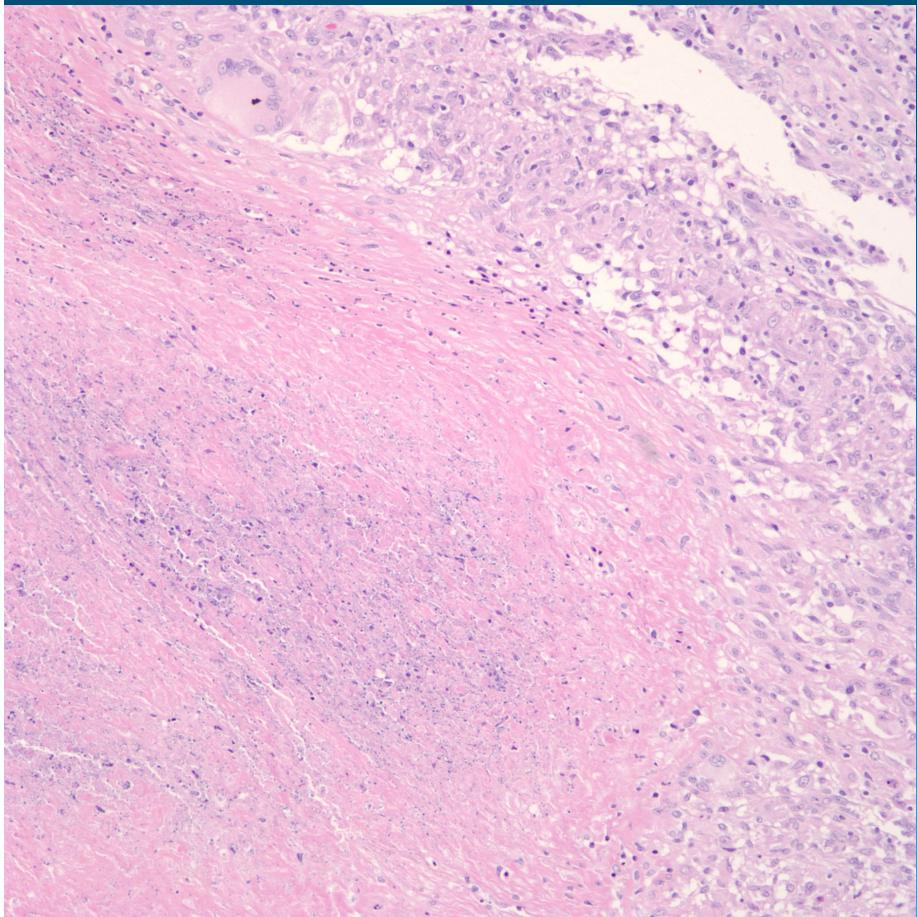
Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA

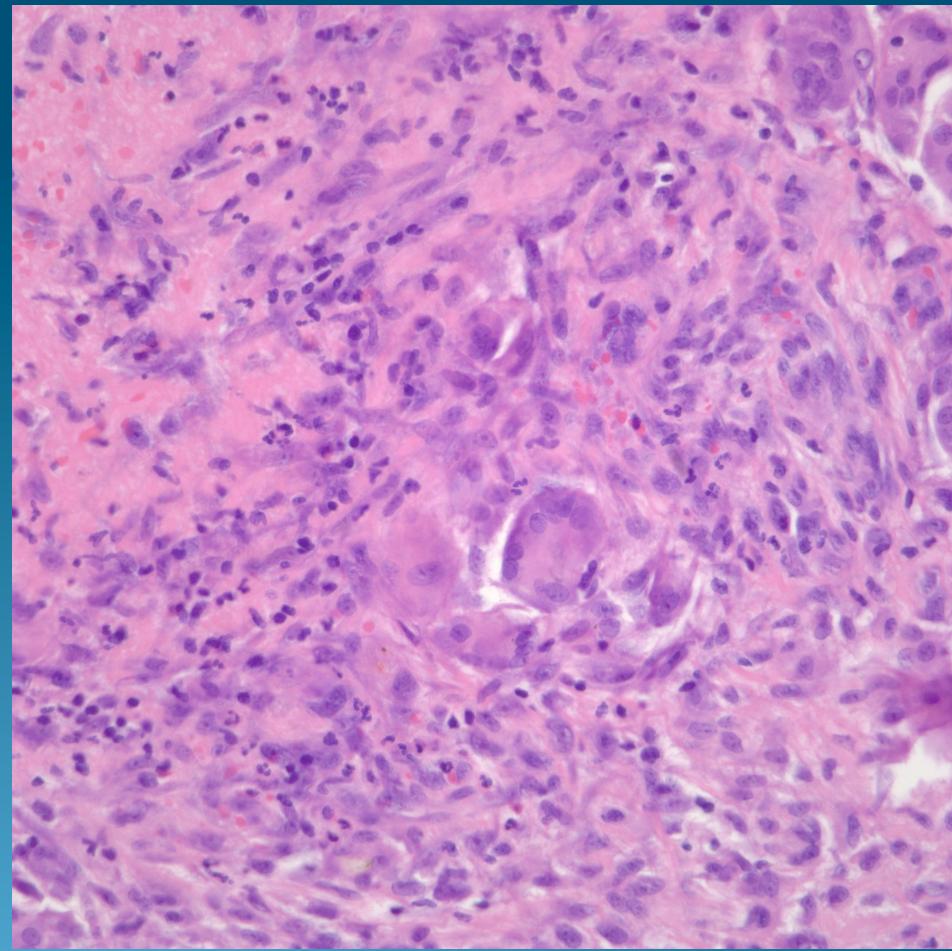
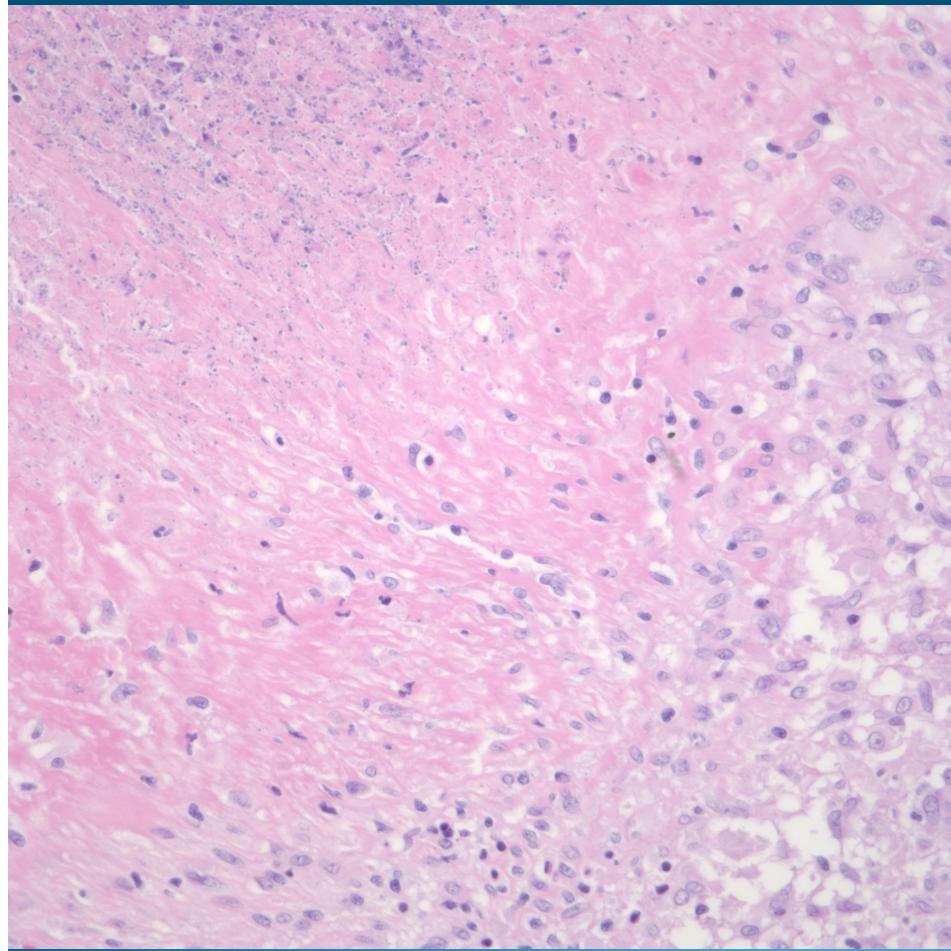
Suppurative Granuloma or Biopsy Site Granuloma?



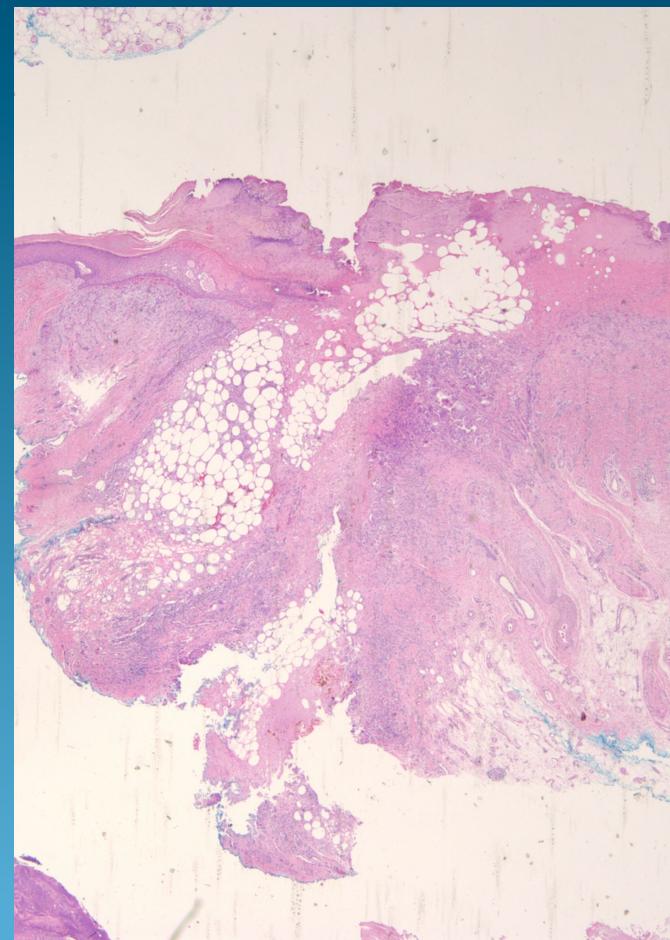
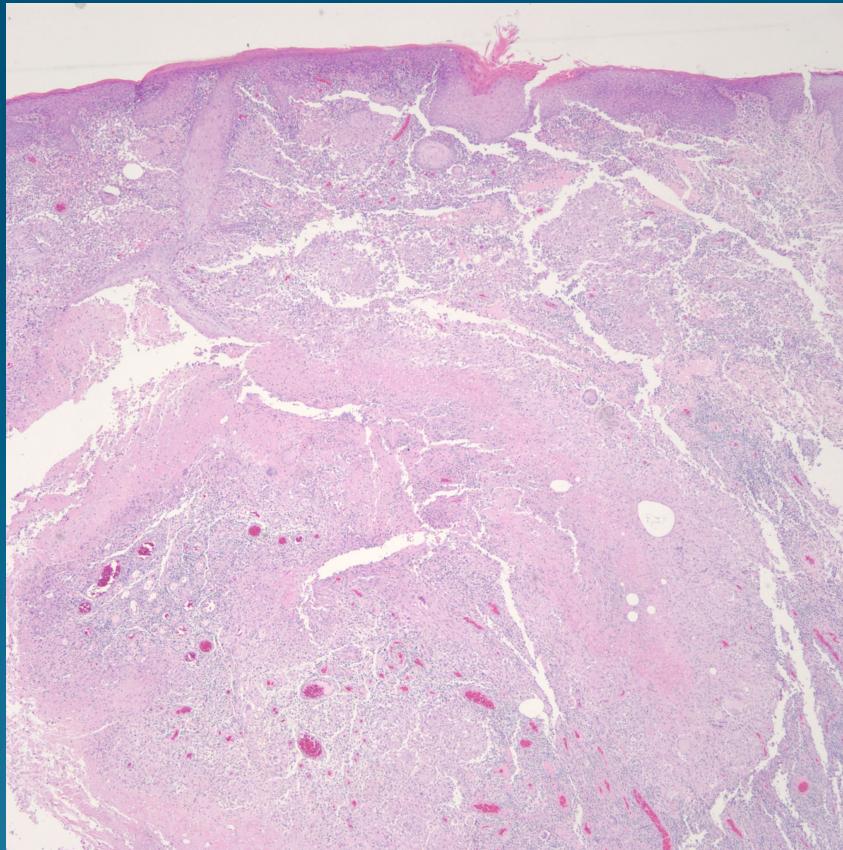




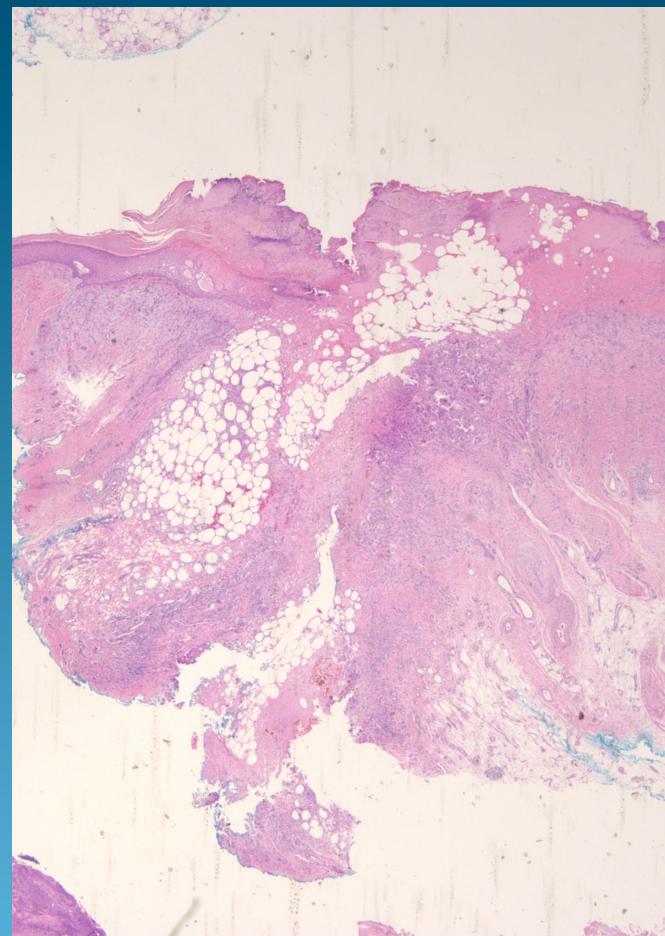
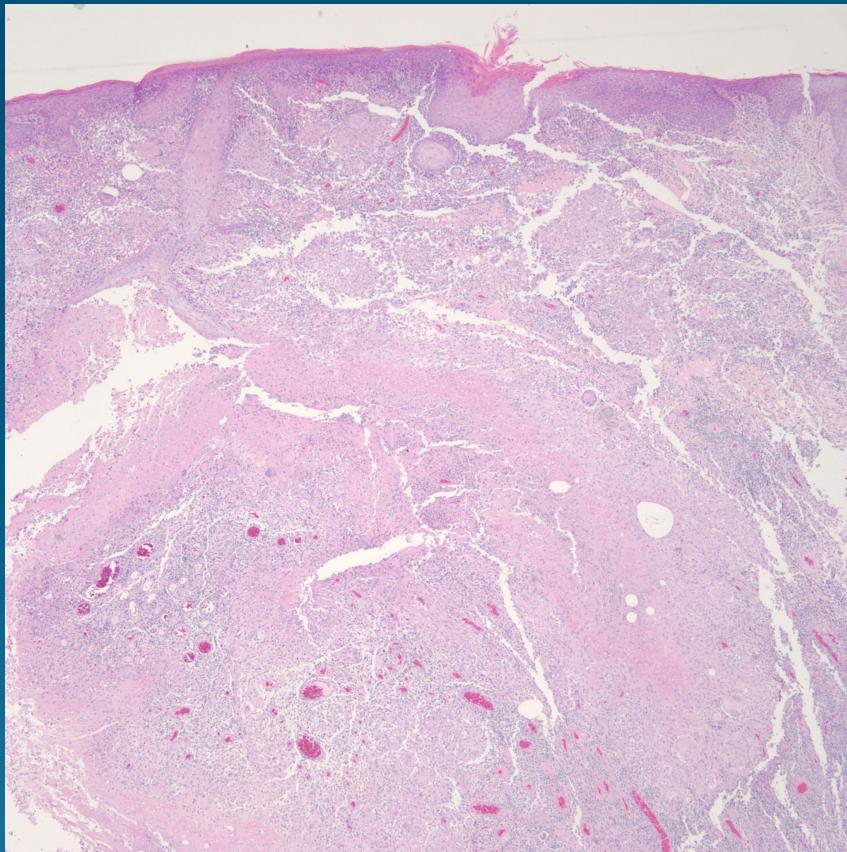




Suppurative Granuloma or Biopsy Site Granuloma?

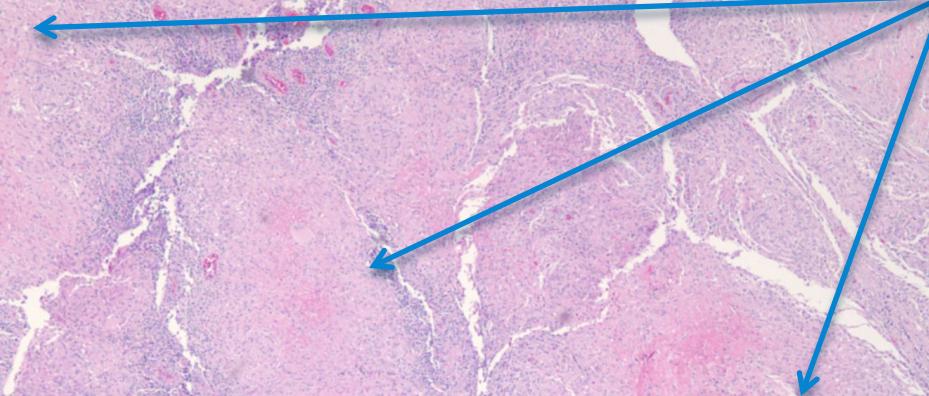


Suppurative Granuloma or Biopsy Site Granuloma?



Suppurative Granuloma

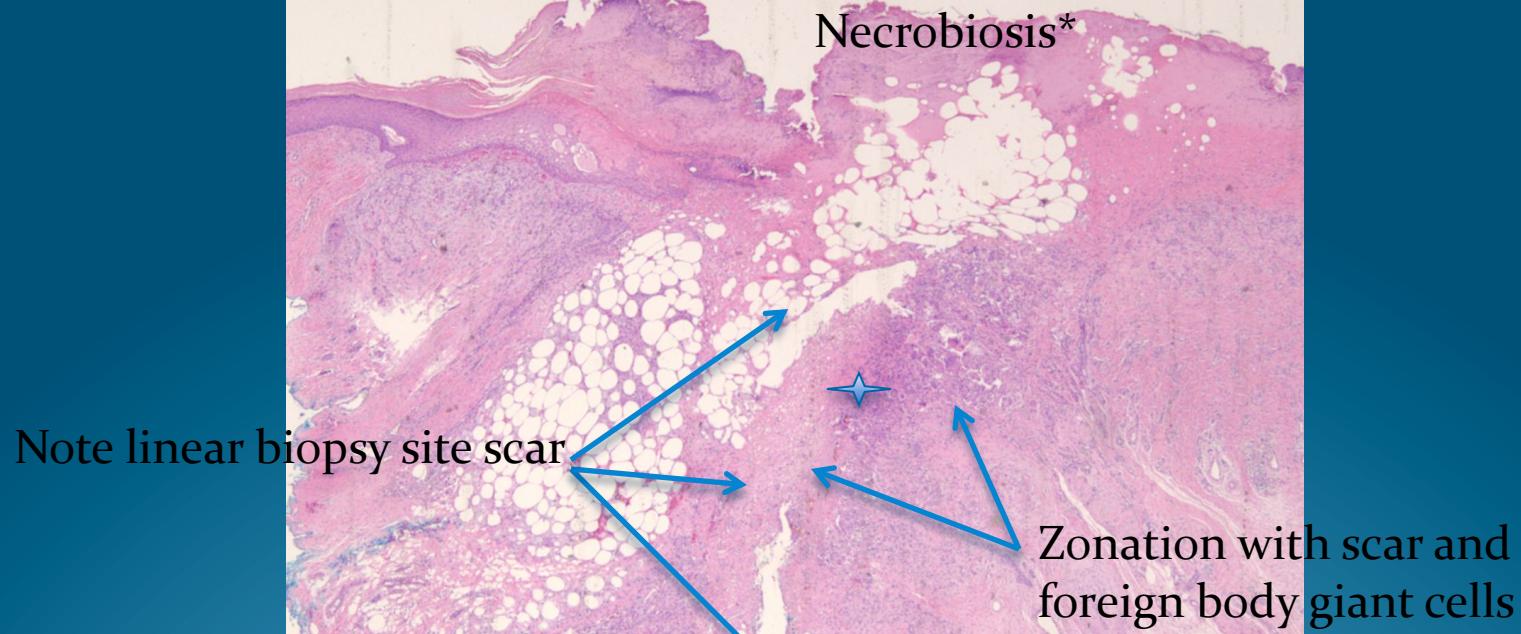
Palisading necrobiotic granuloma

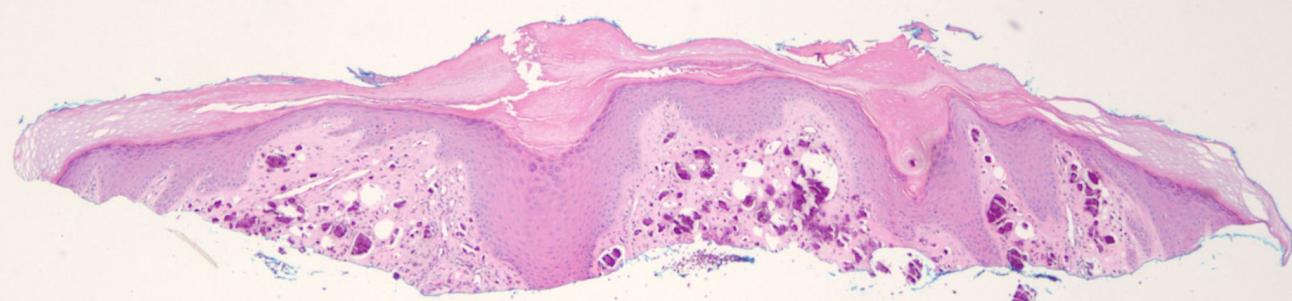


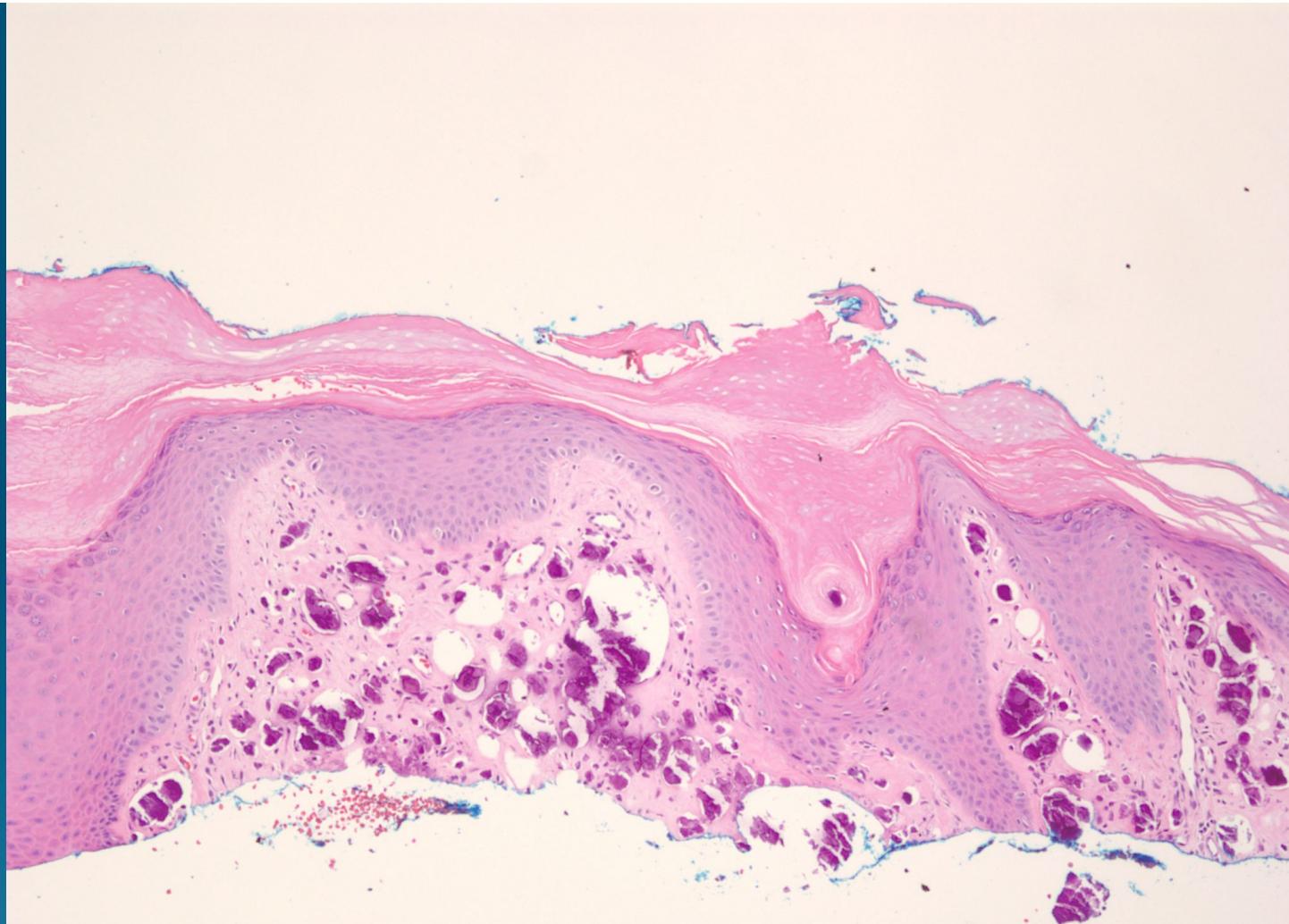
Necrobiosis

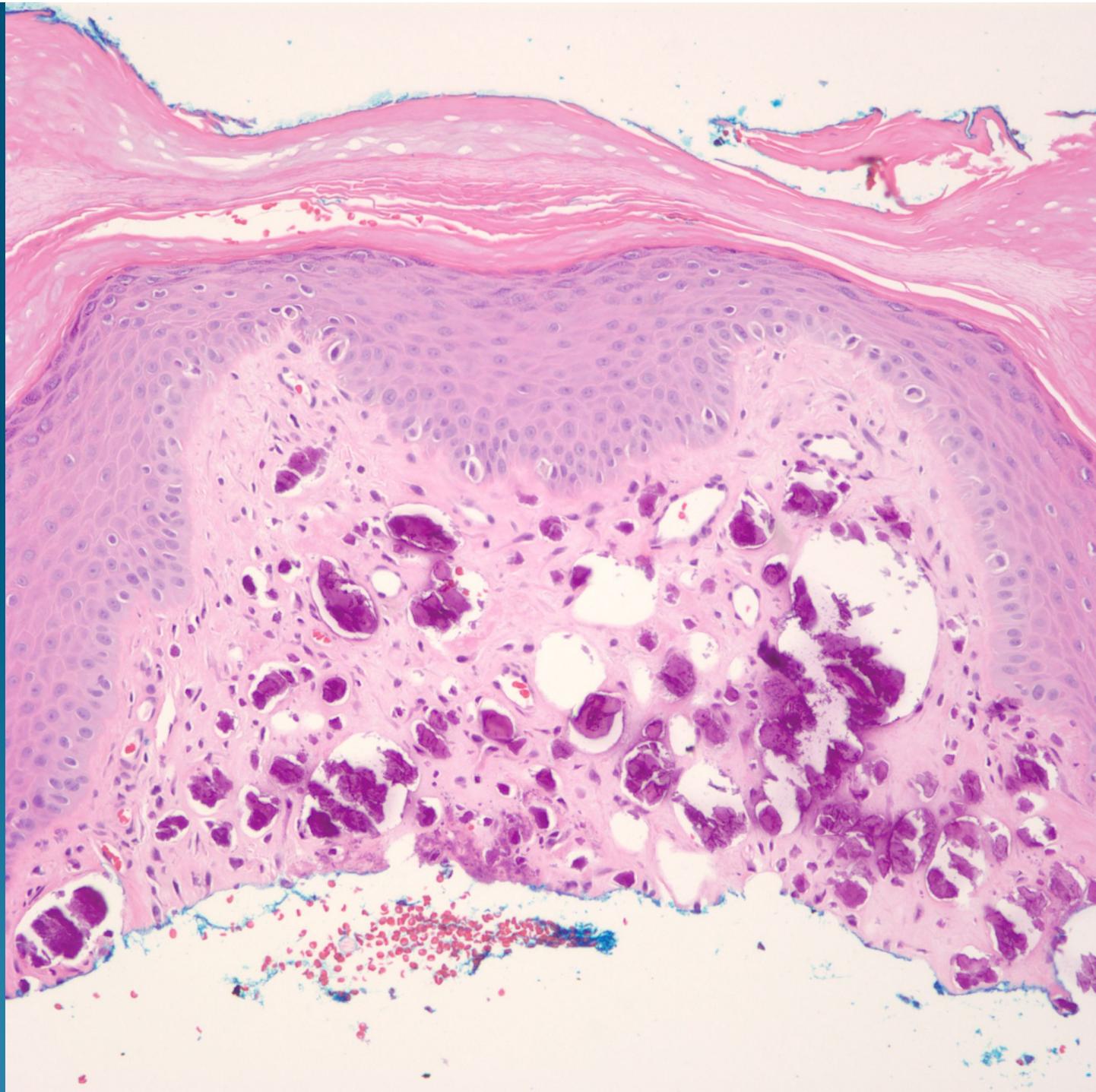
Always rule out infection with additional microbiological special stains

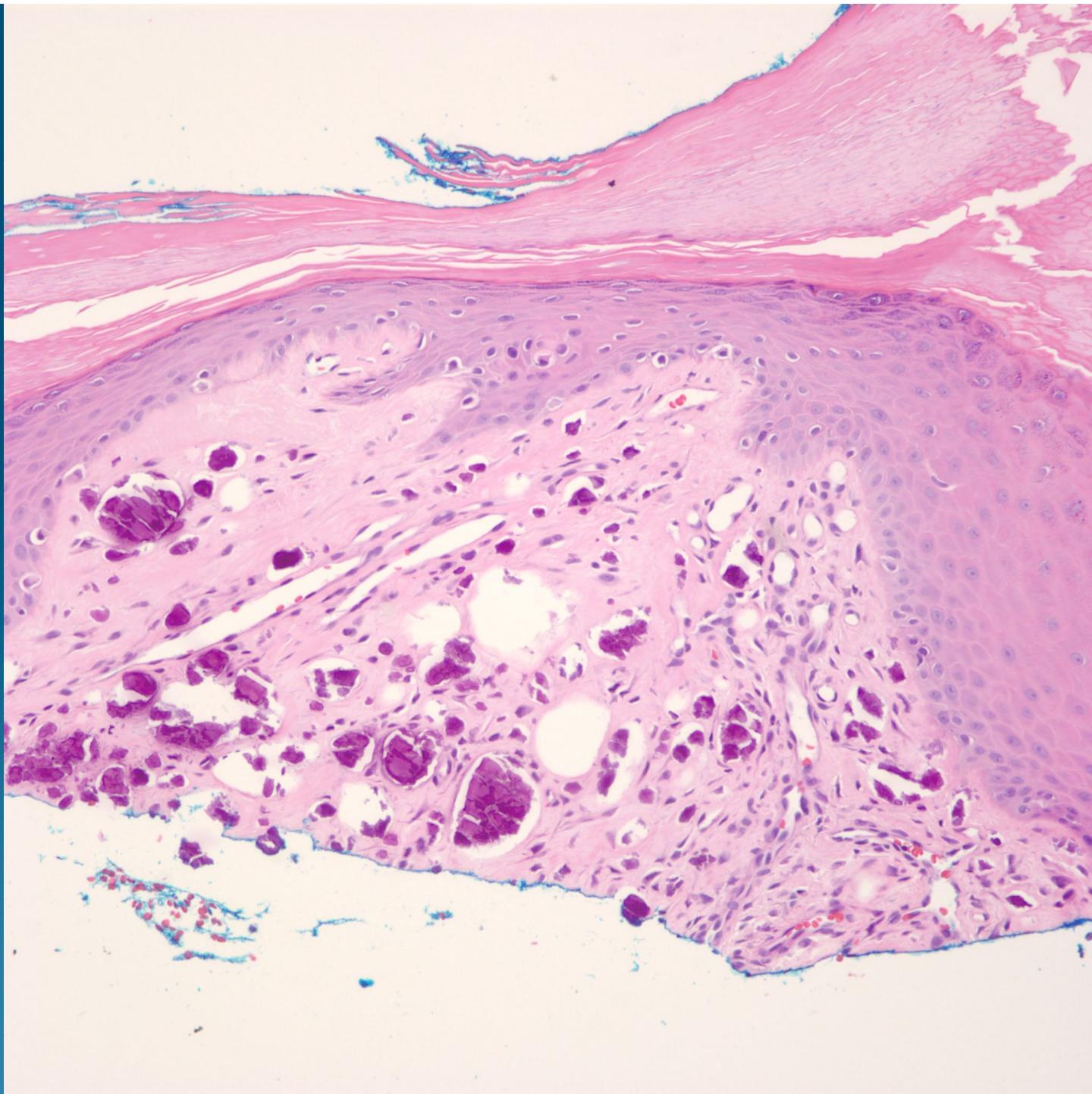
Biopsy Site Scar and Foreign Body Granuloma

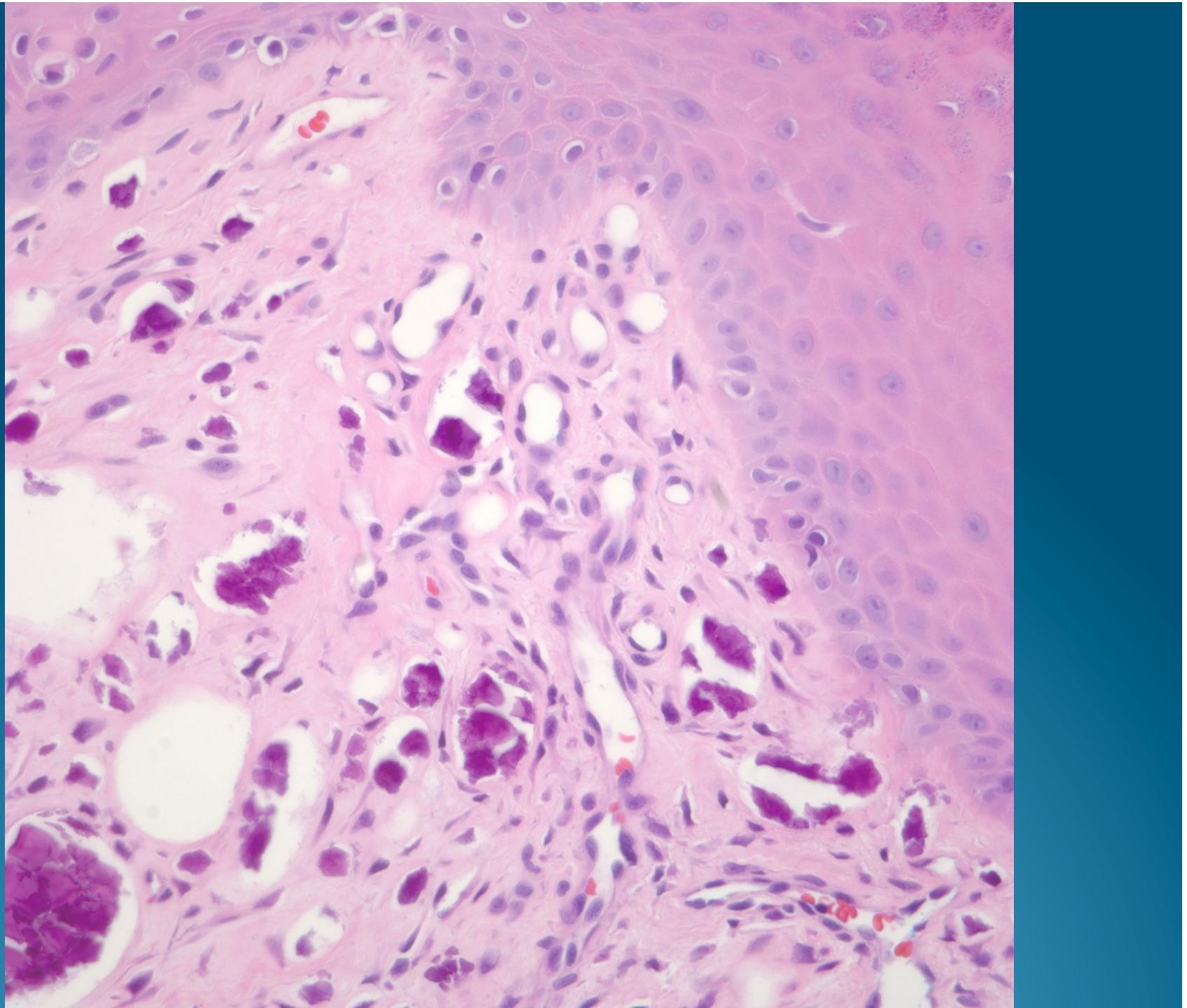












What is the best diagnosis?

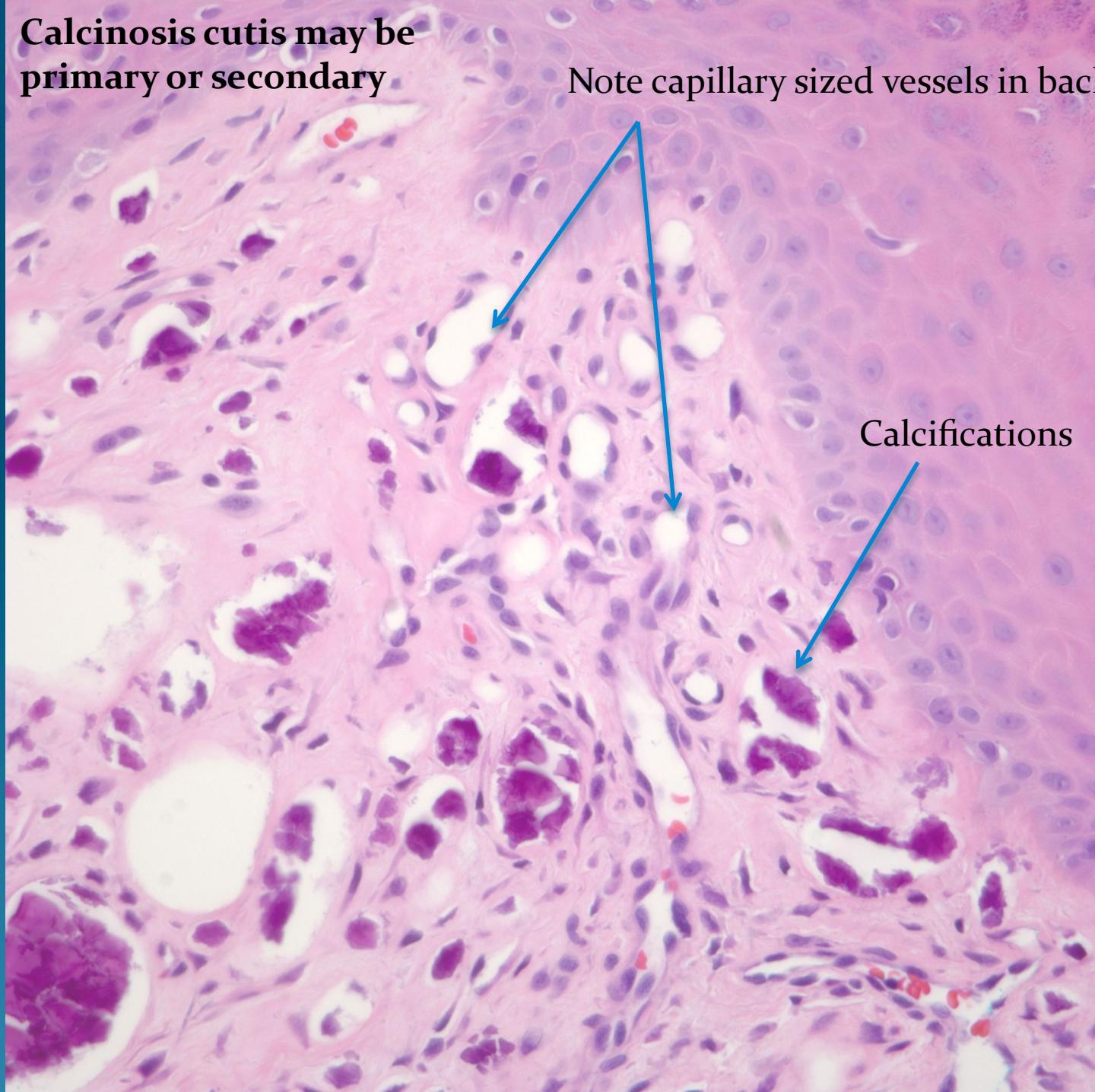
- A. Gouty tophus
- B. Chondrodermatitis nodularis helicis
- C. Osteoma cutis
- D. Ochronosis
- E. Calcinosis cutis

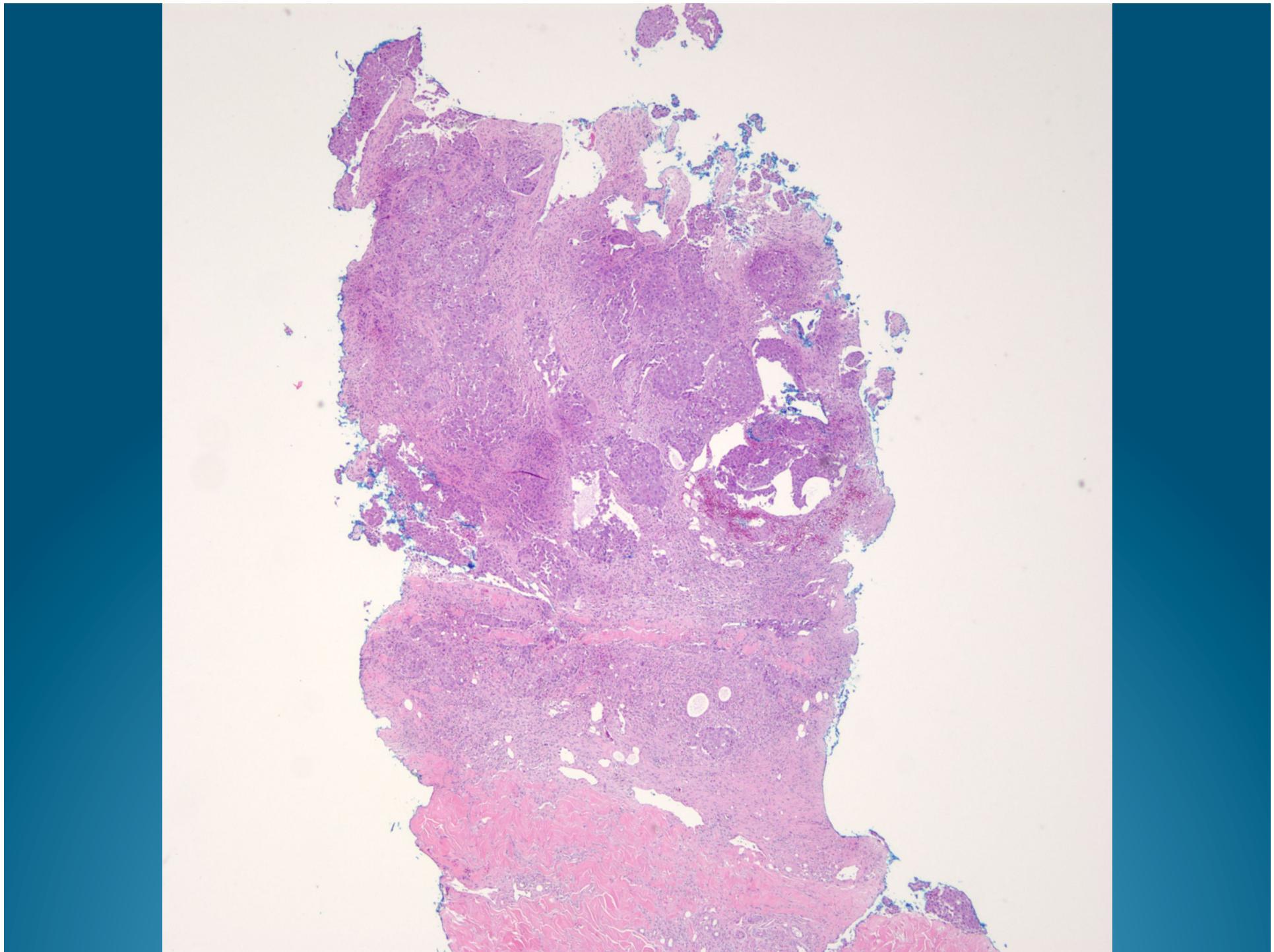
Calcinosis cutis secondary to
hemangioma

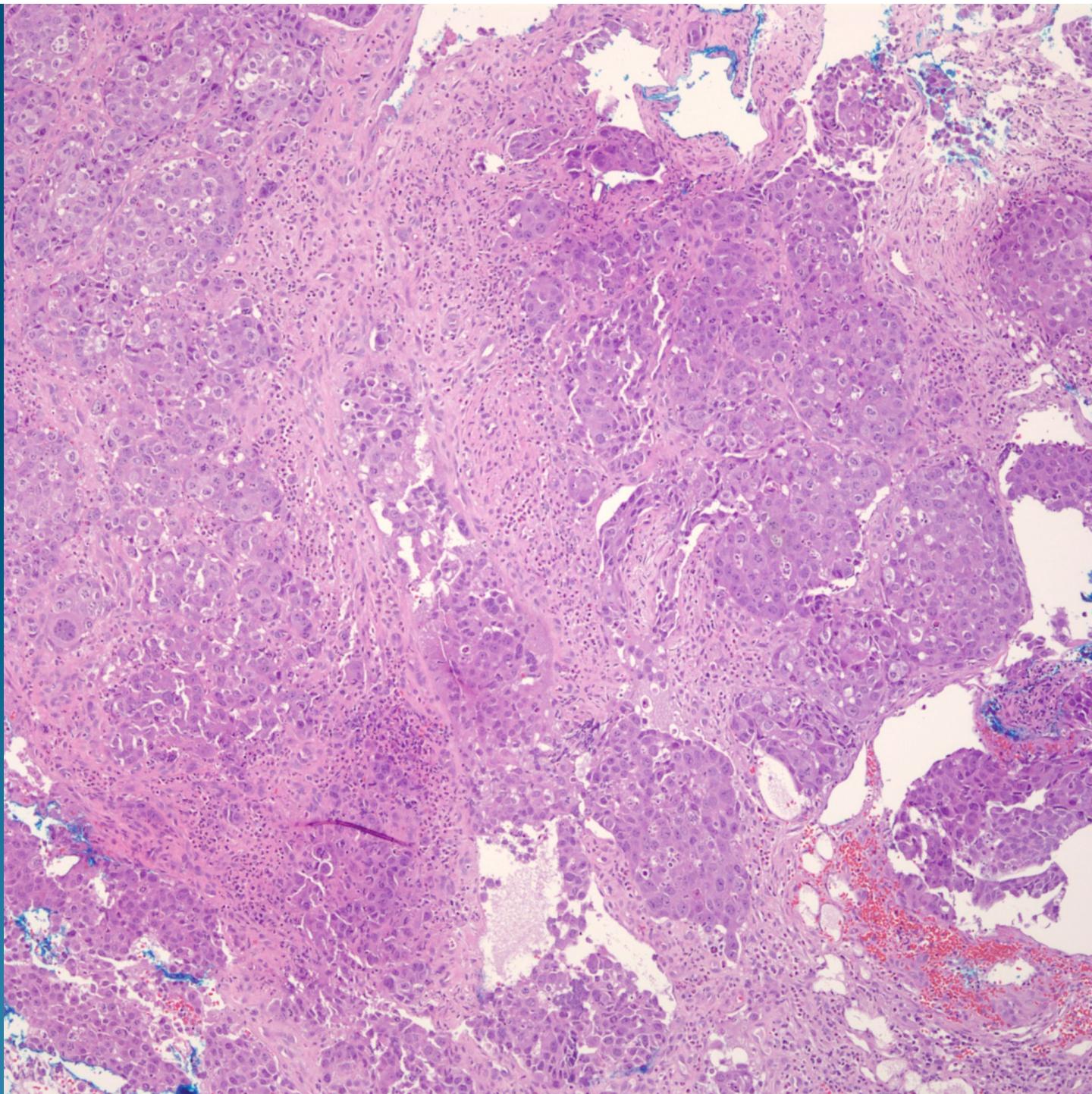
Calcinosis cutis may be primary or secondary

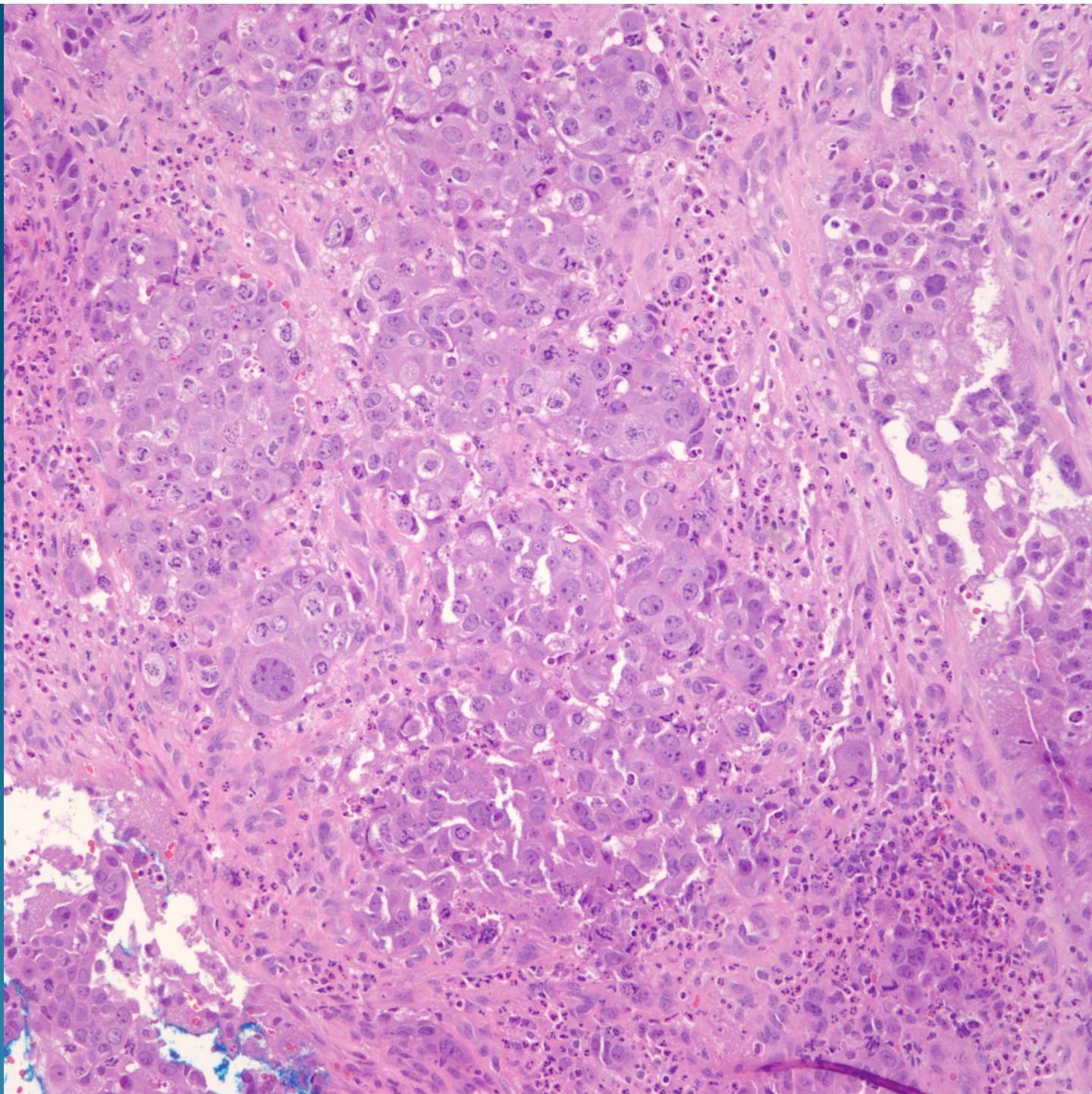
Note capillary sized vessels in background

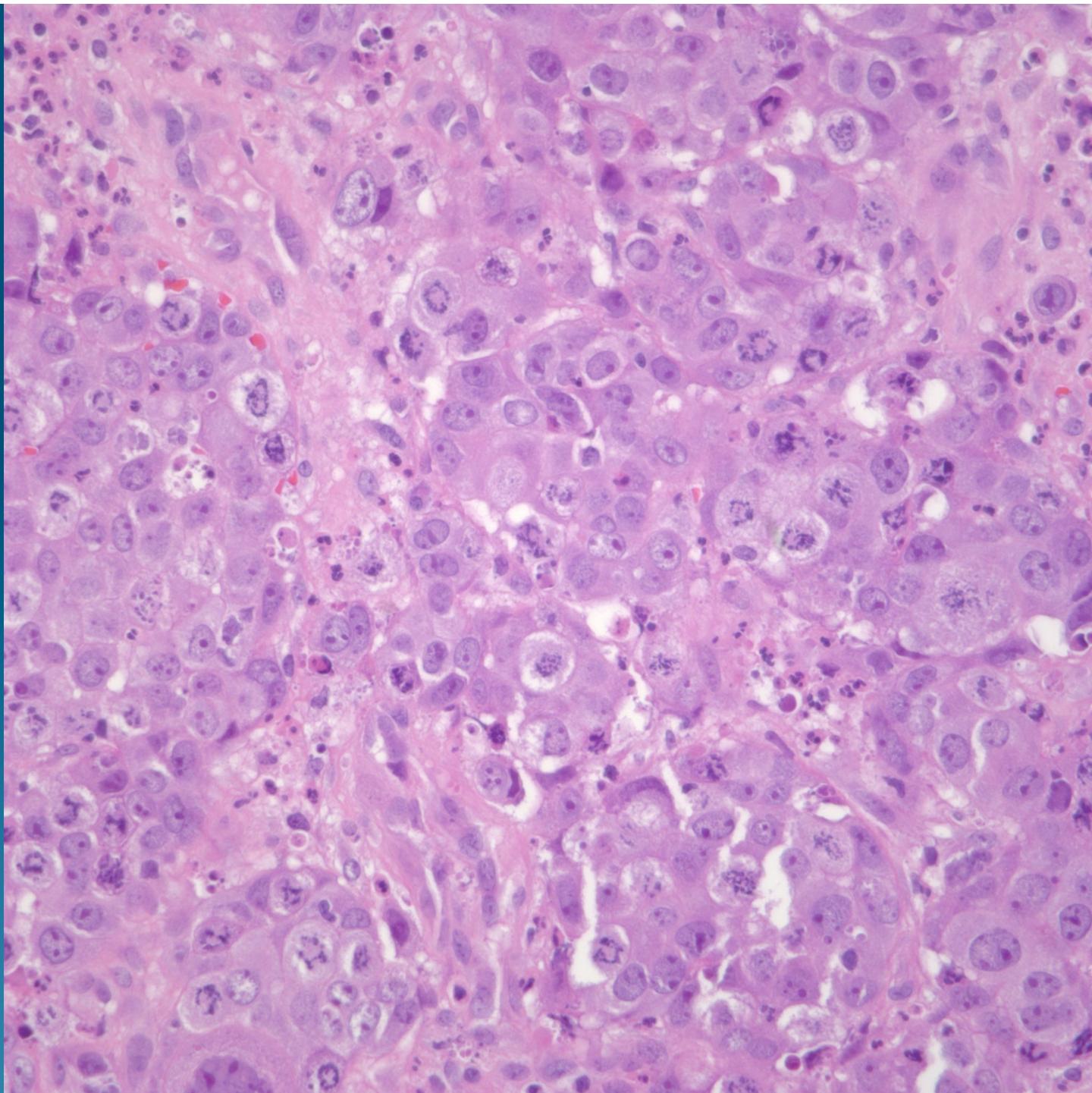
Calcifications





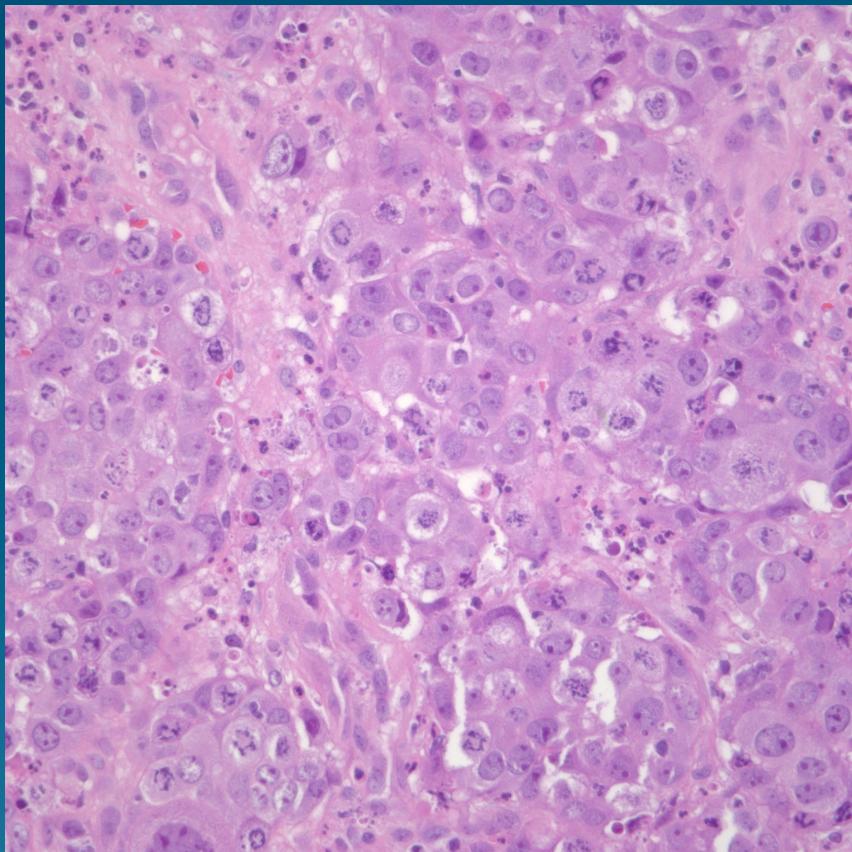




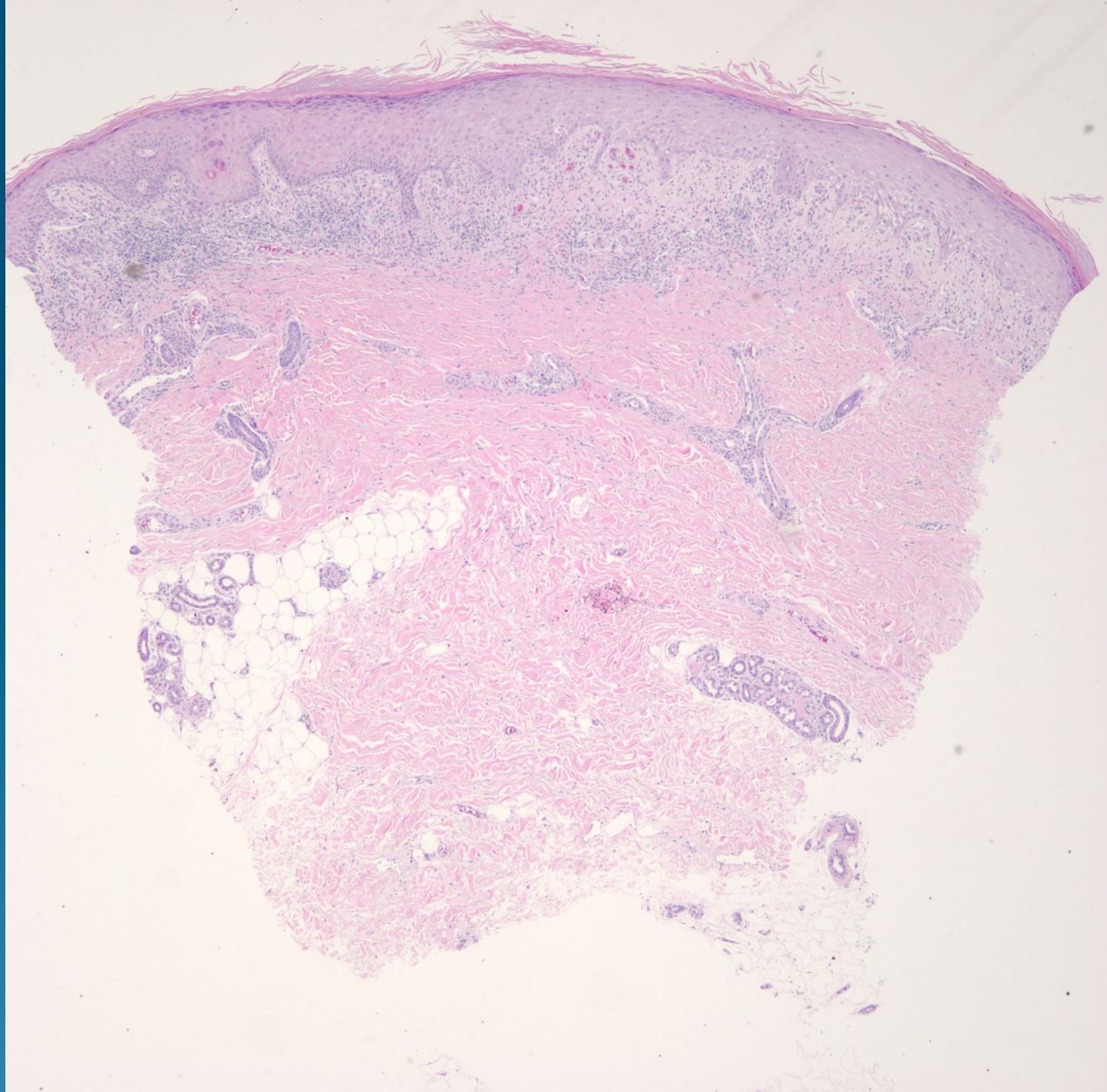


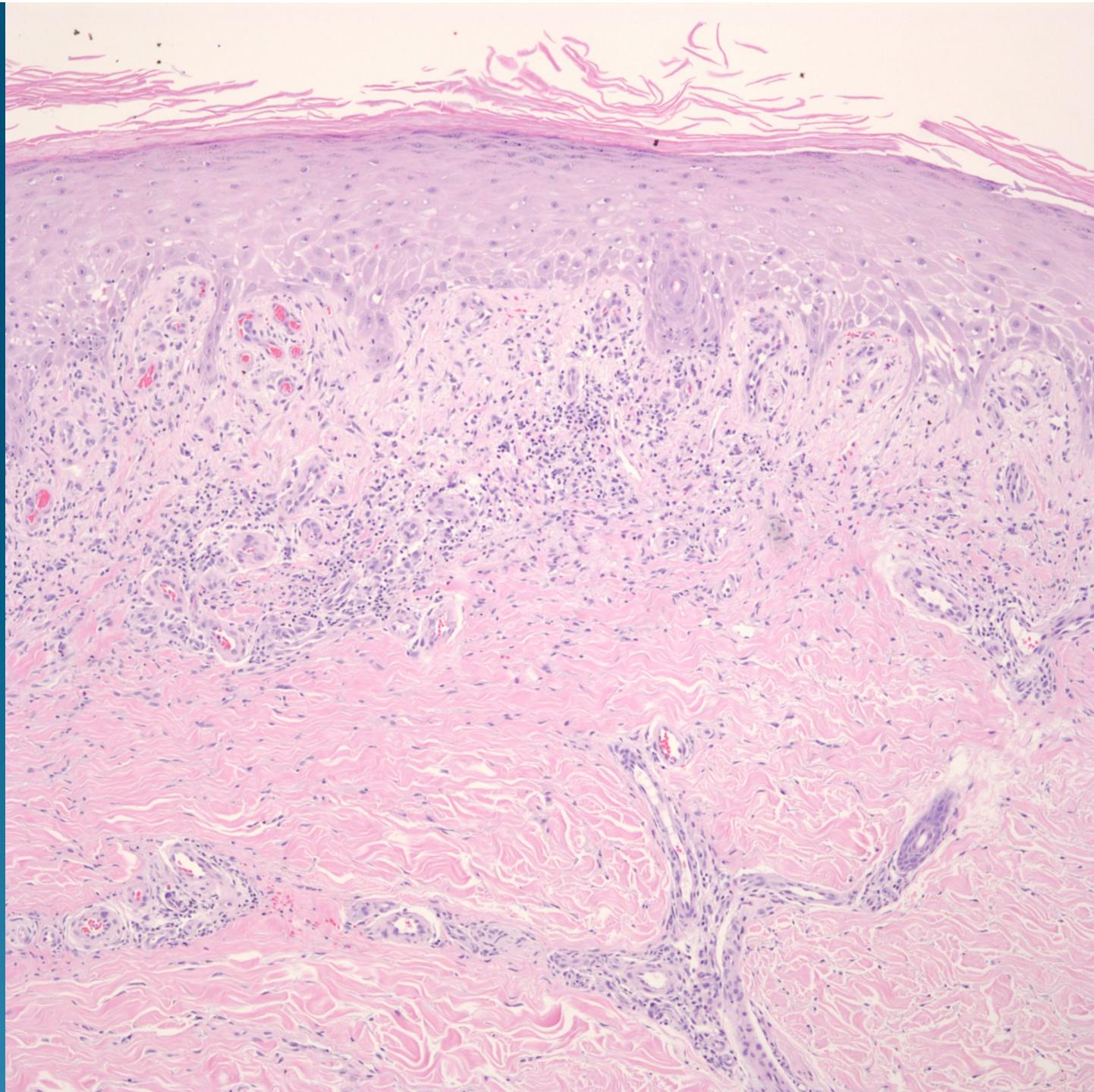
Poorly Differentiated Adenocarcinoma of the Lung, Metastatic to the Skin

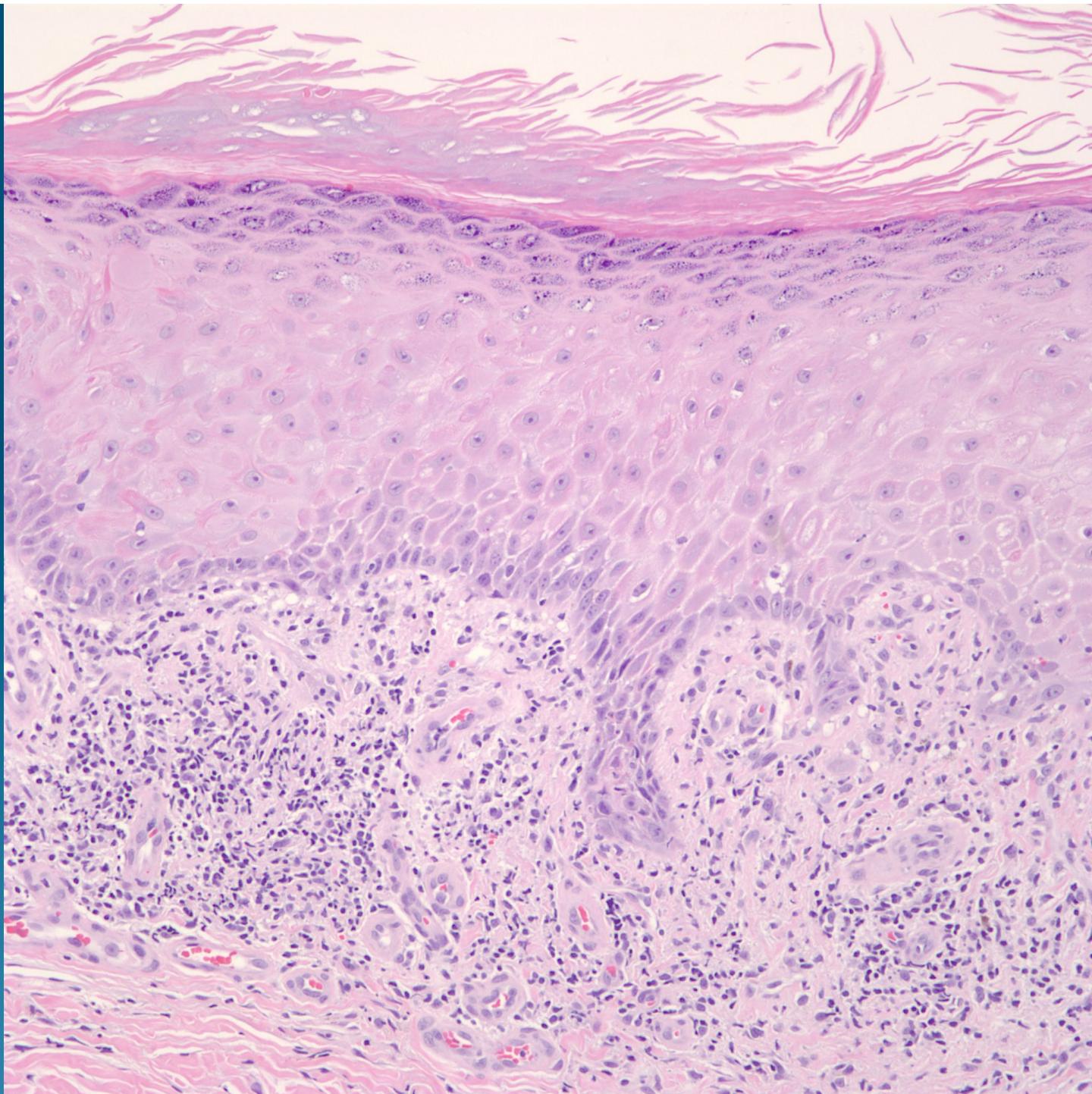
Pearls

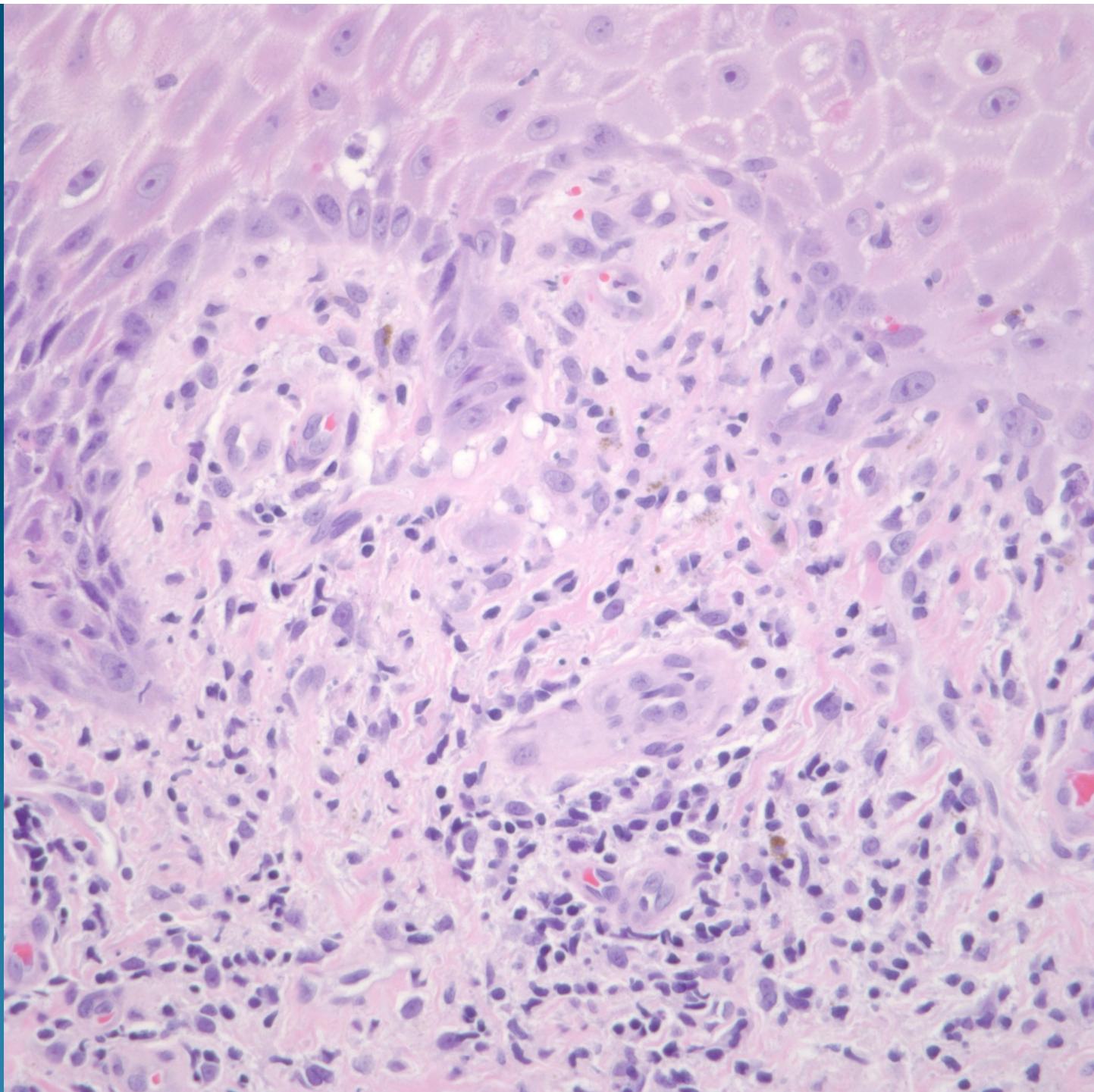


- Malignant cells in clusters and sheets
- May see focal glandular differentiation or cytoplasmic vacuoles-may confirm with mucin stains
- Consider multiple sources with most common primaries in a woman including breast, GI, and lung
- May need additional IHC if unknown primary





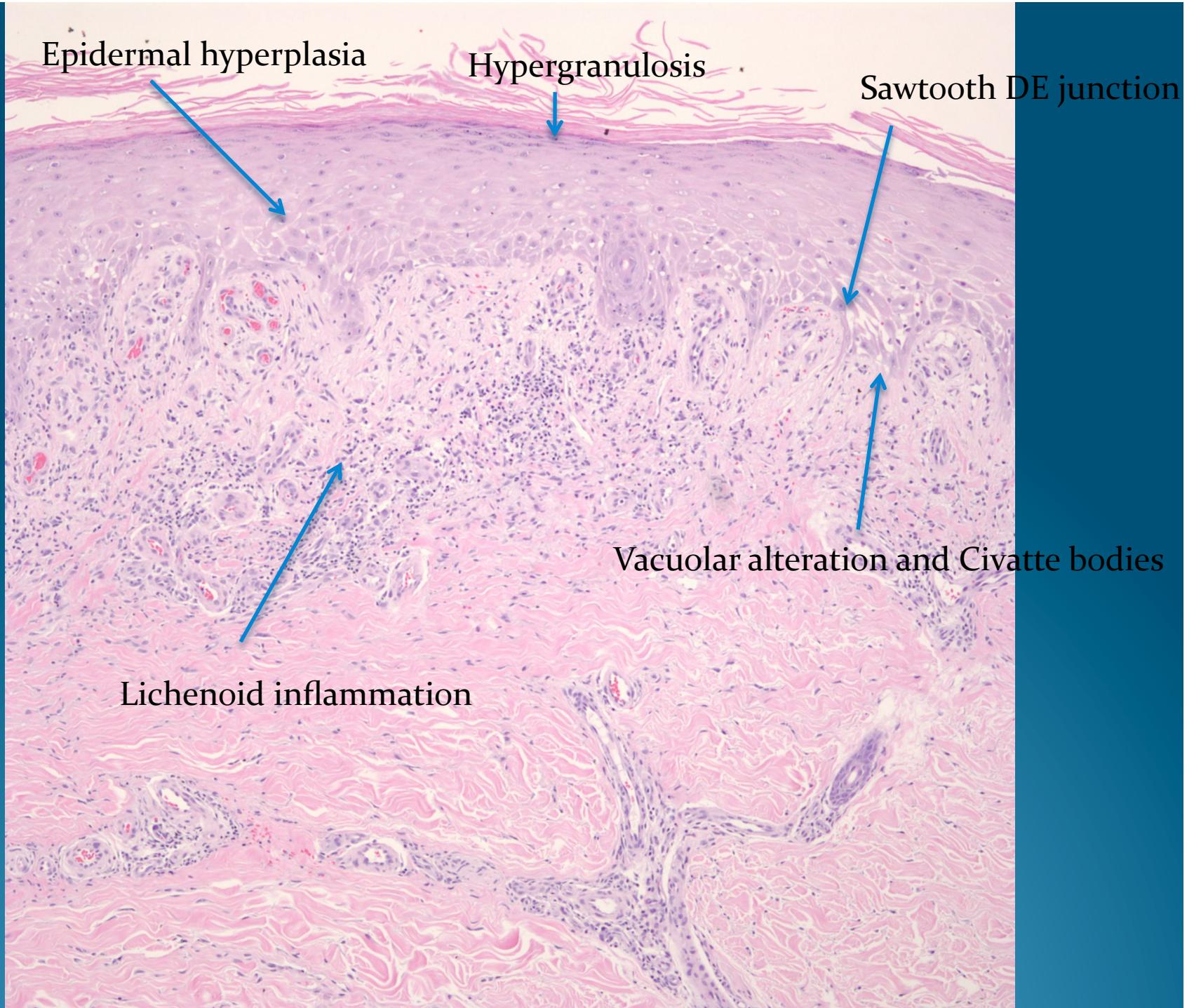


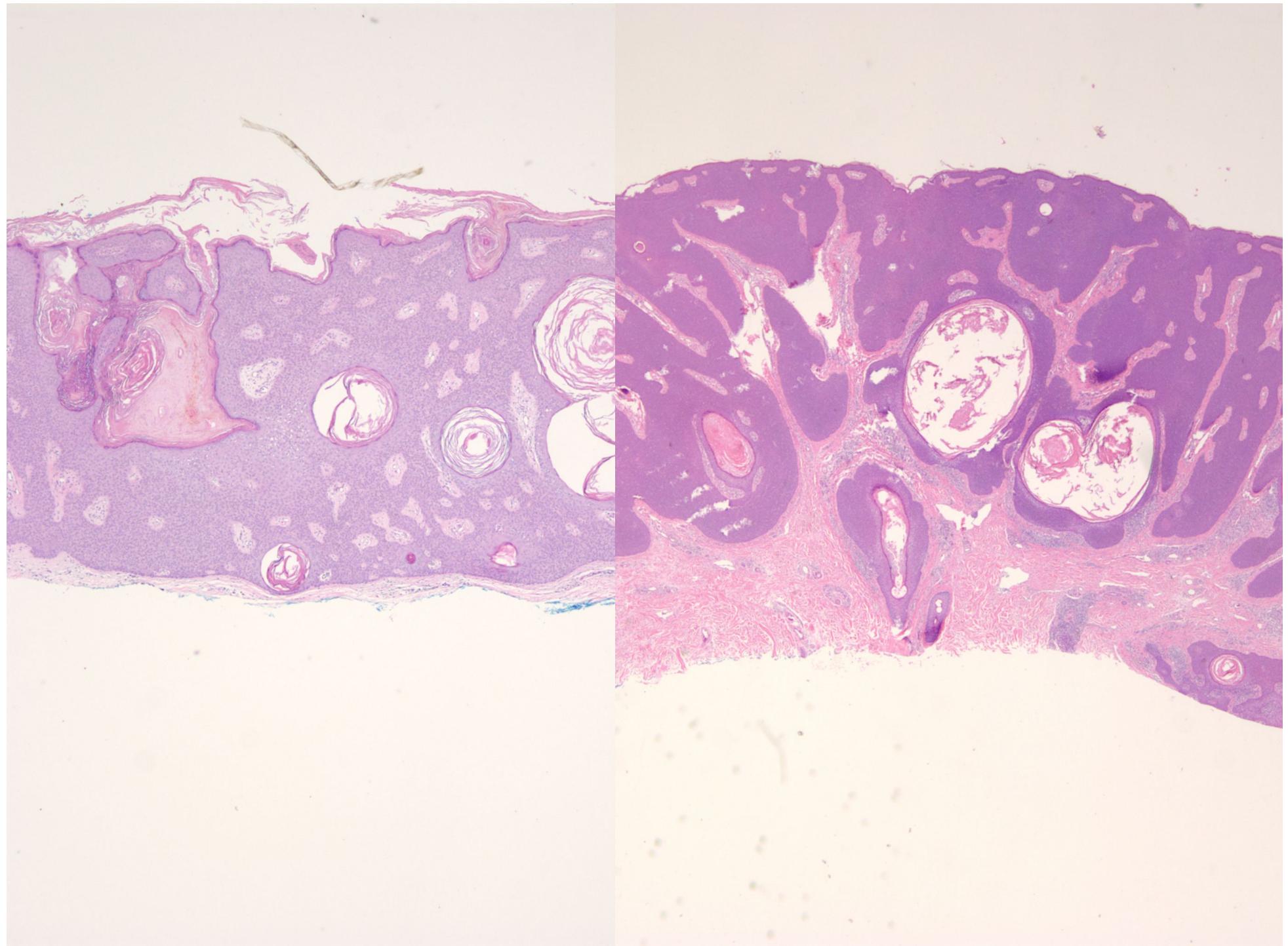


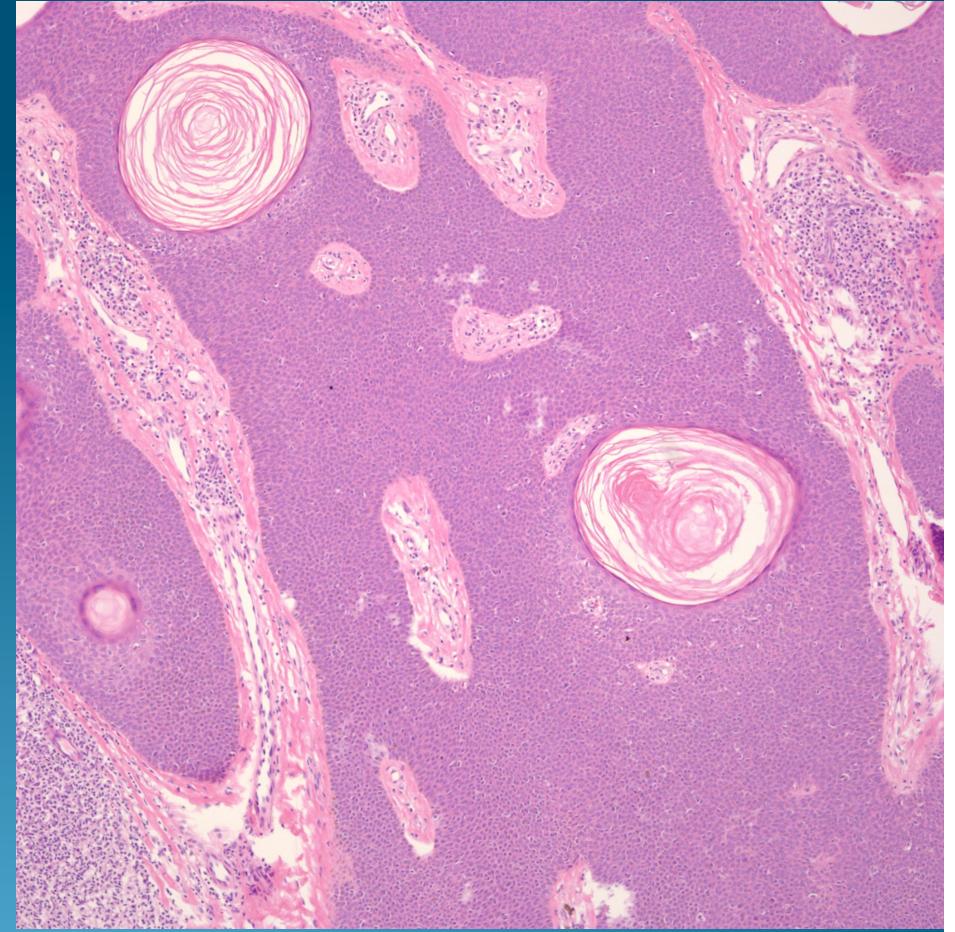
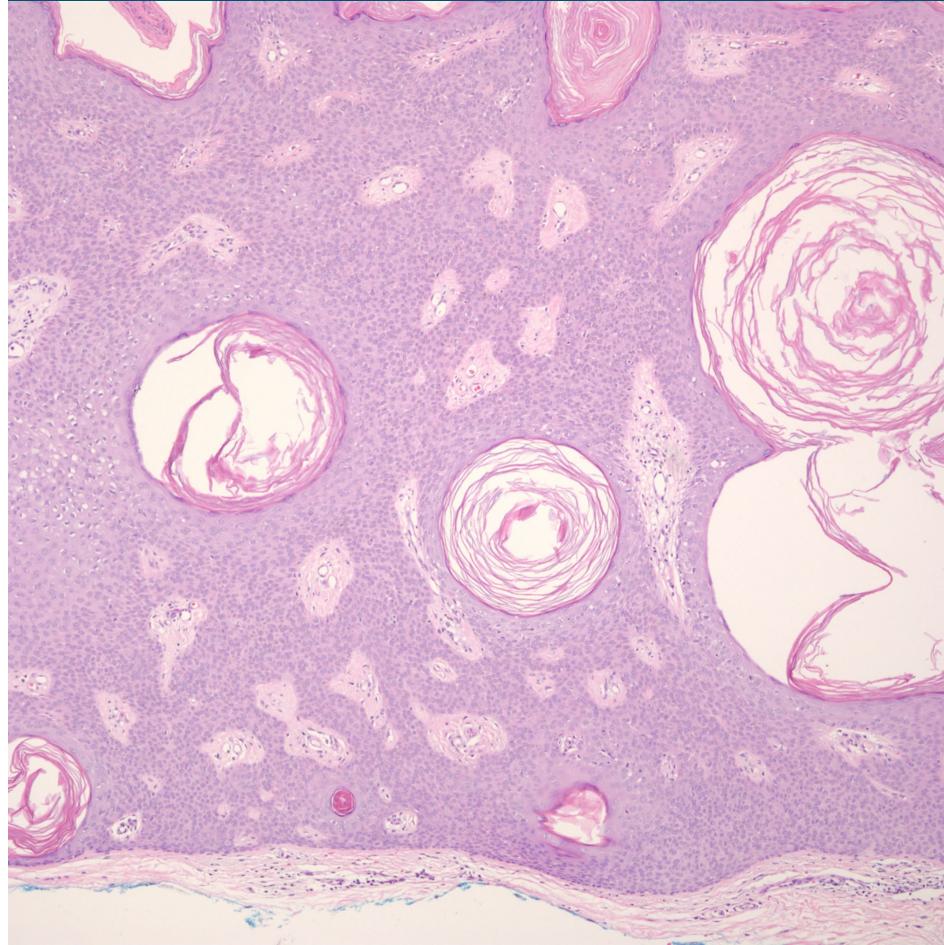
What is the best diagnosis?

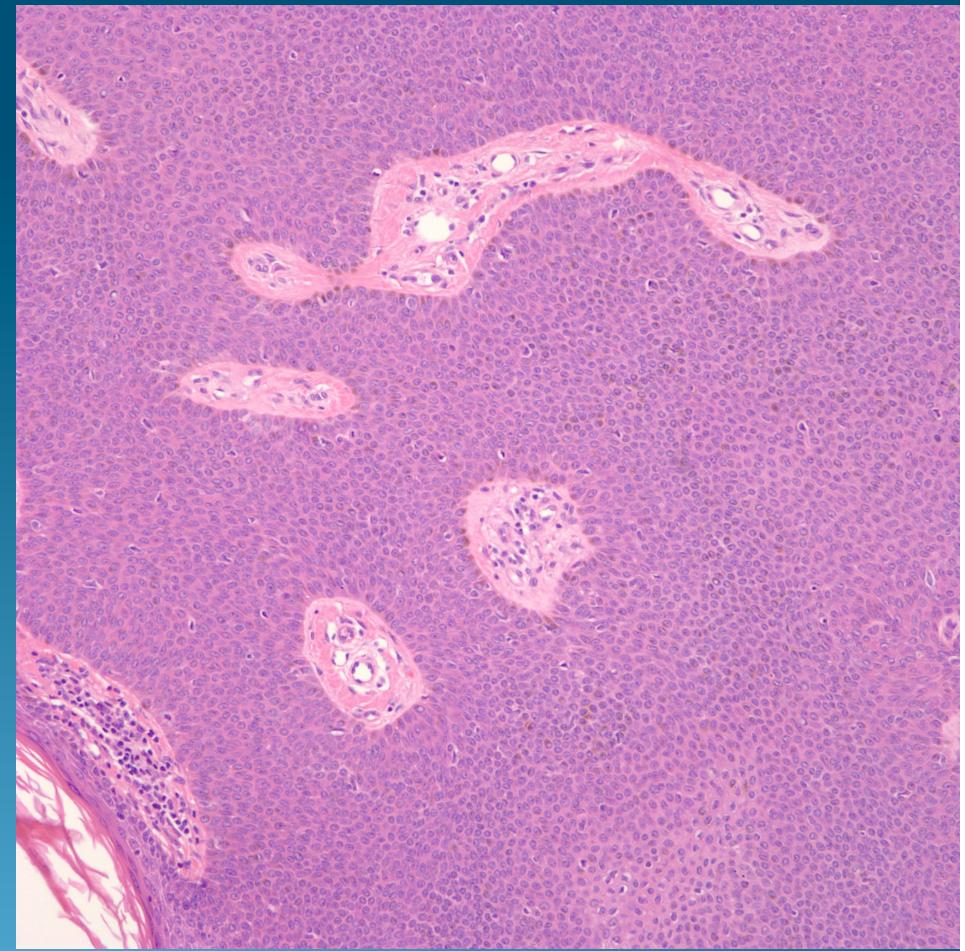
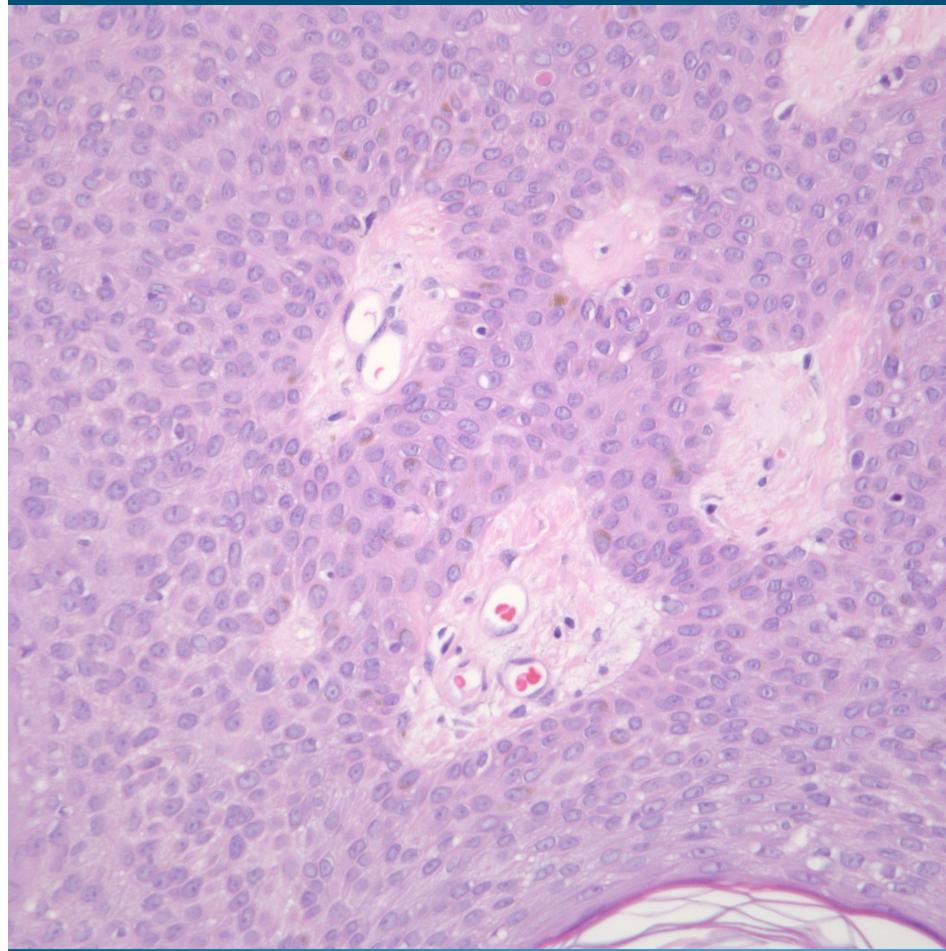
- A. Polymorphous light eruption
- B. Psoriasis vulgaris
- C. Lichen planus
- D. Lichenoid photoallergic reaction
- E. Lichen nitidus

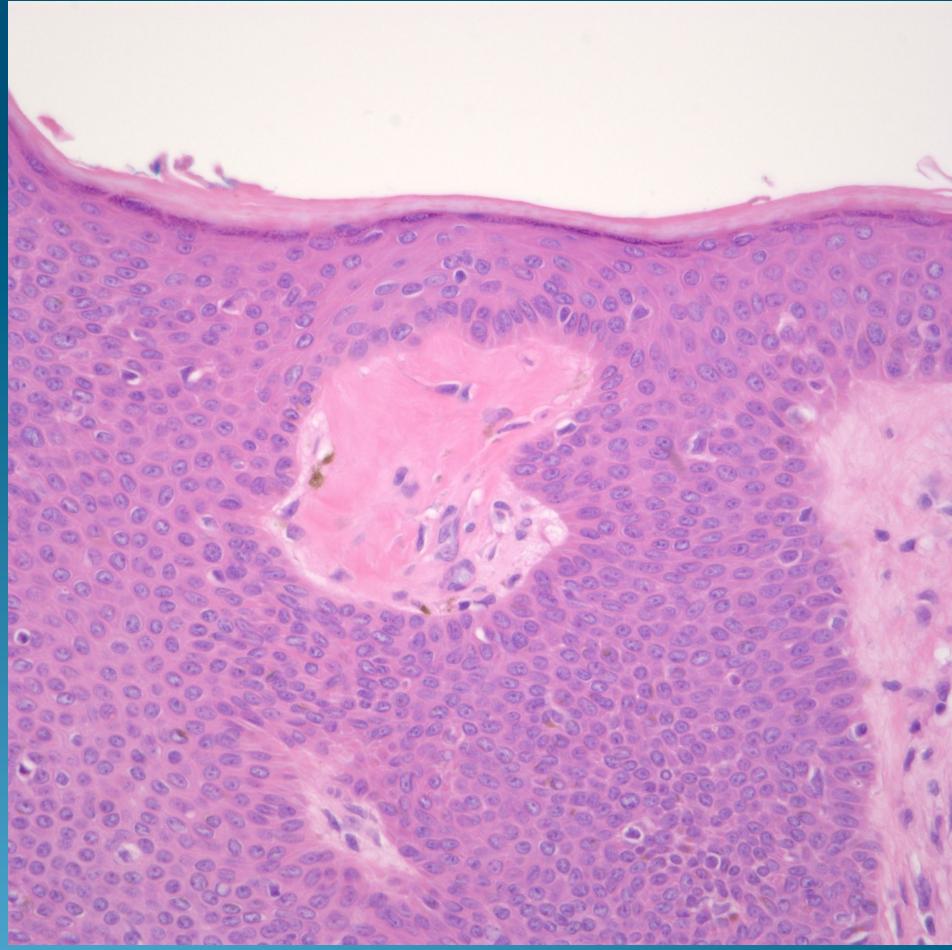
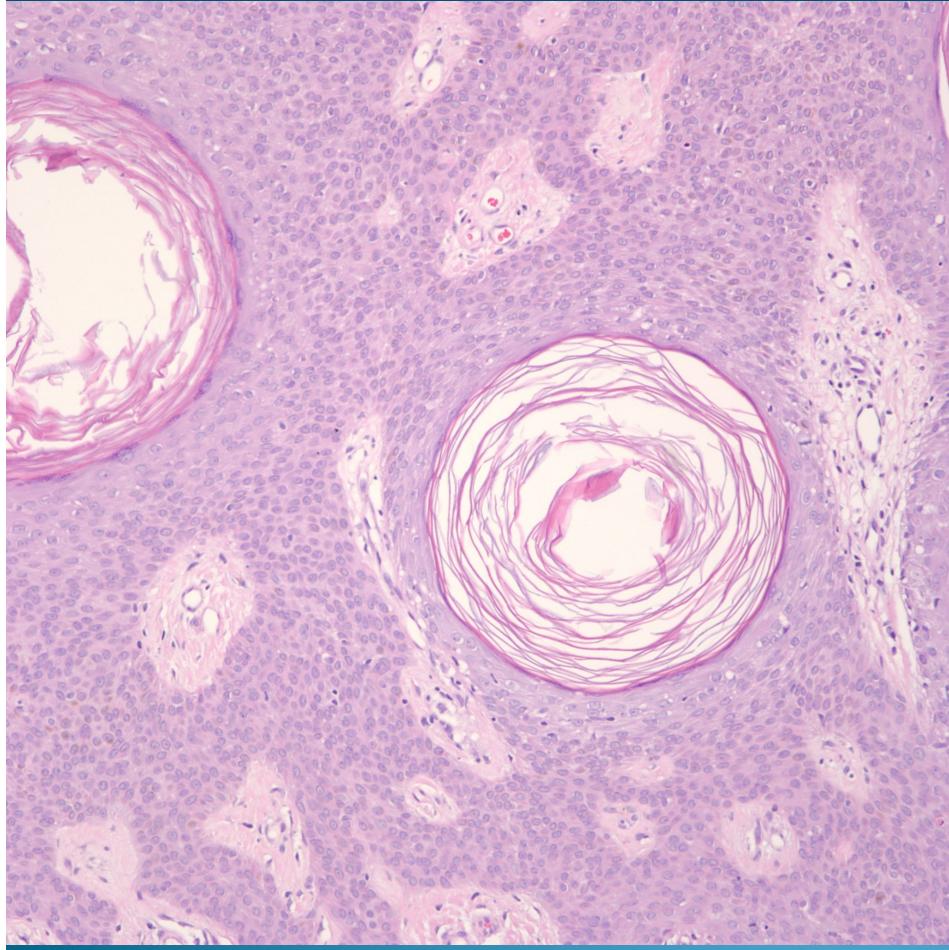
Lichen planus



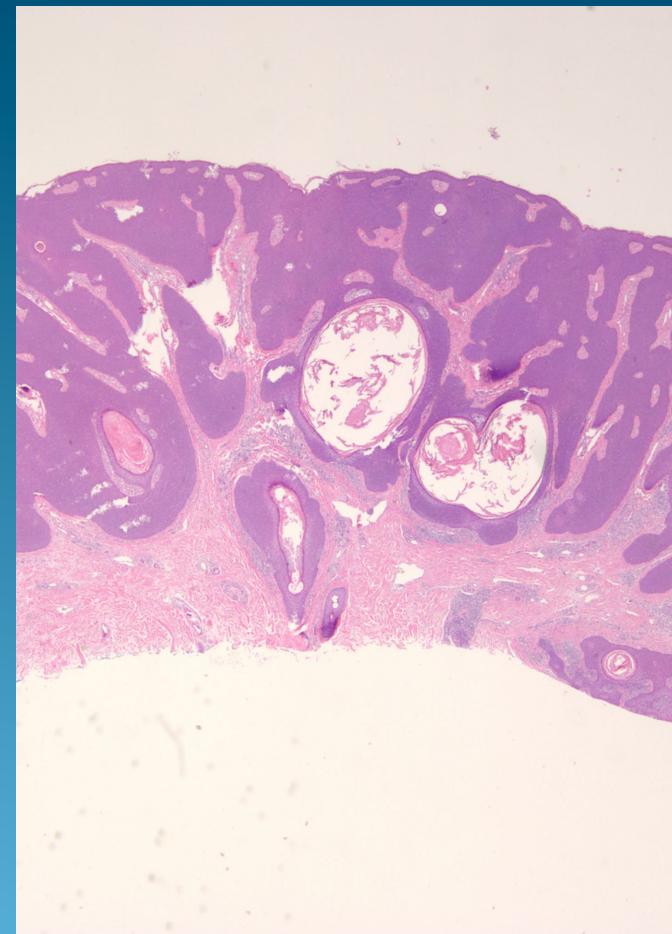
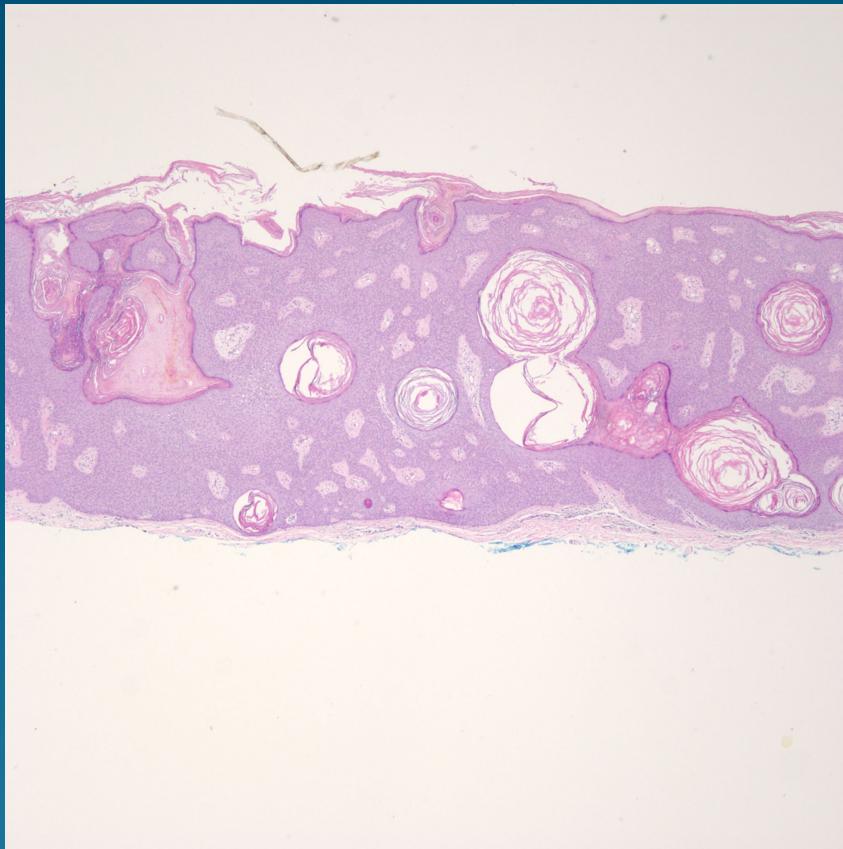








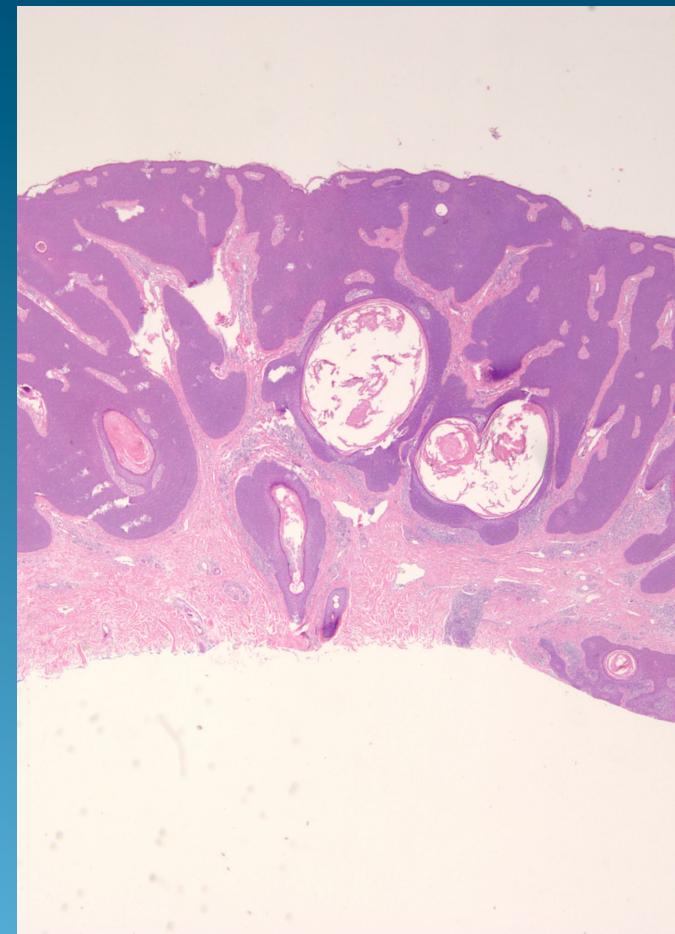
Seborrheic Keratosis or Poroma?



Seborrheic Keratosis



Poroma



Seborrheic Keratosis

- Flat basal epithelial layer
- Horn pseudocysts
- Minimal cytologic atypia
- No hyalinized vessels
- No ductal differentiation

Poroma

- Rounded pushing basal epithelial layer
- Horn pseudocysts
- Minimal cytological atypia
- Hyalinized vessels
- Focal ductal differentiation