Dermatopathology Slide Review Part 112

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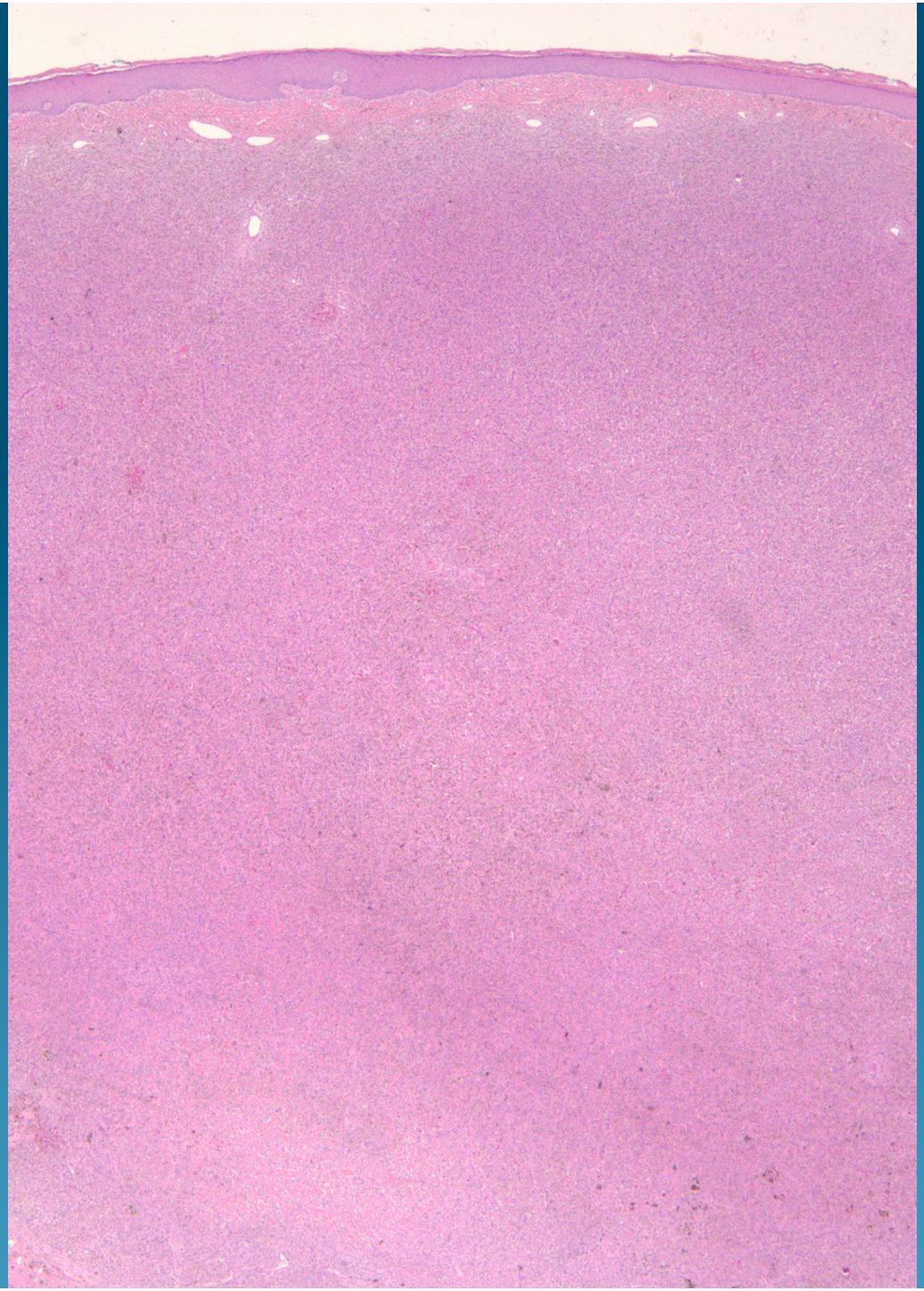
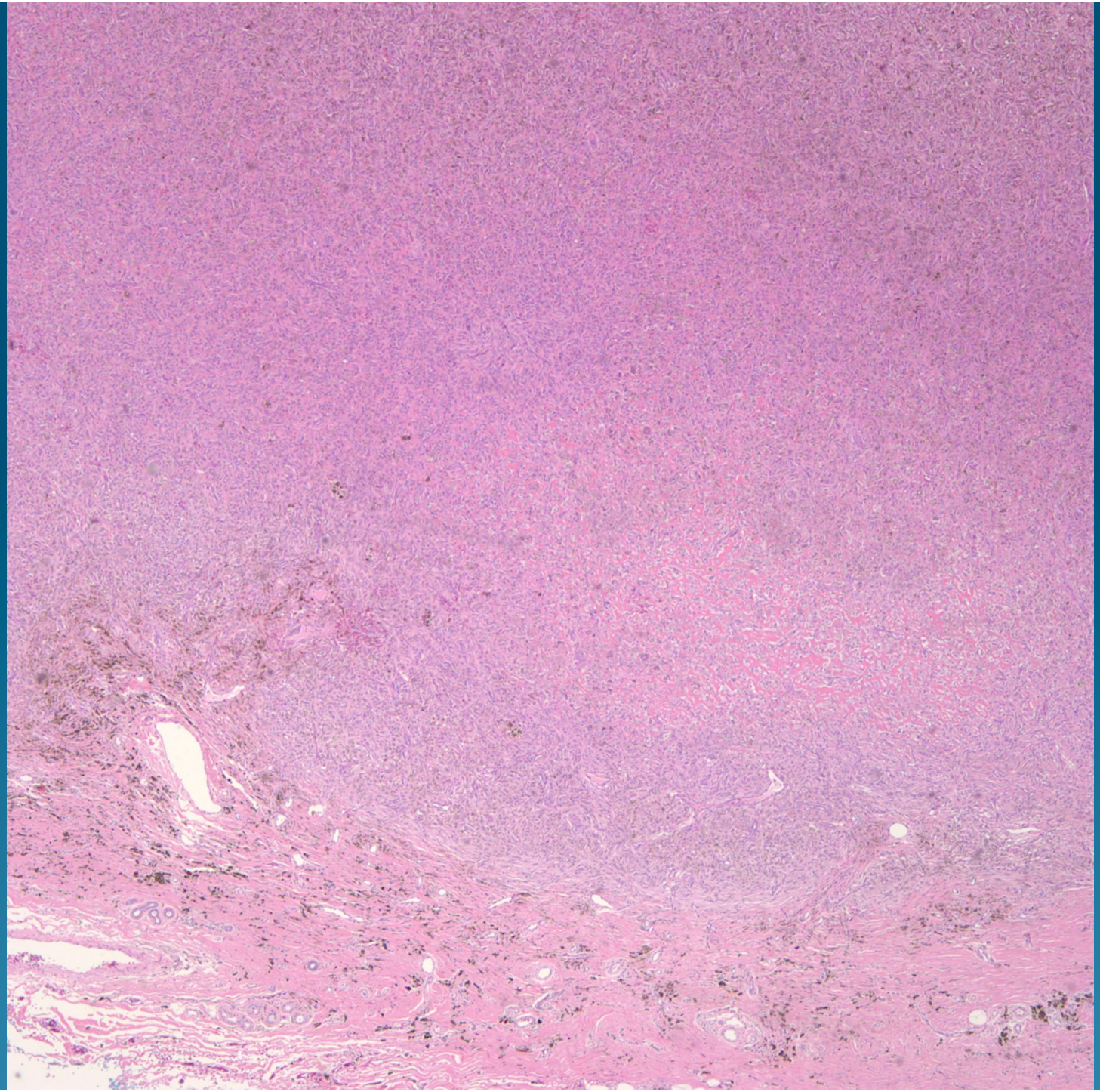
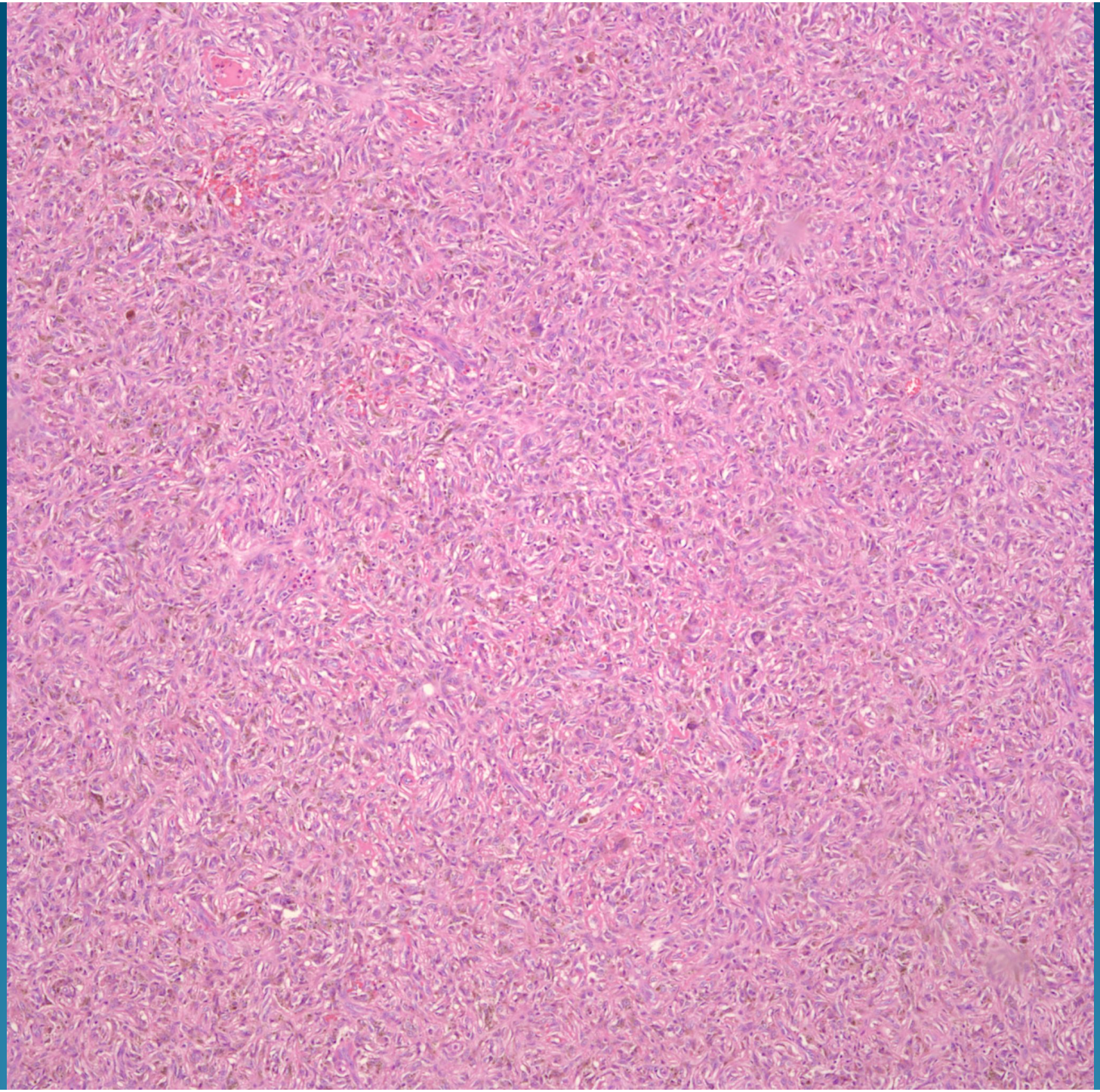
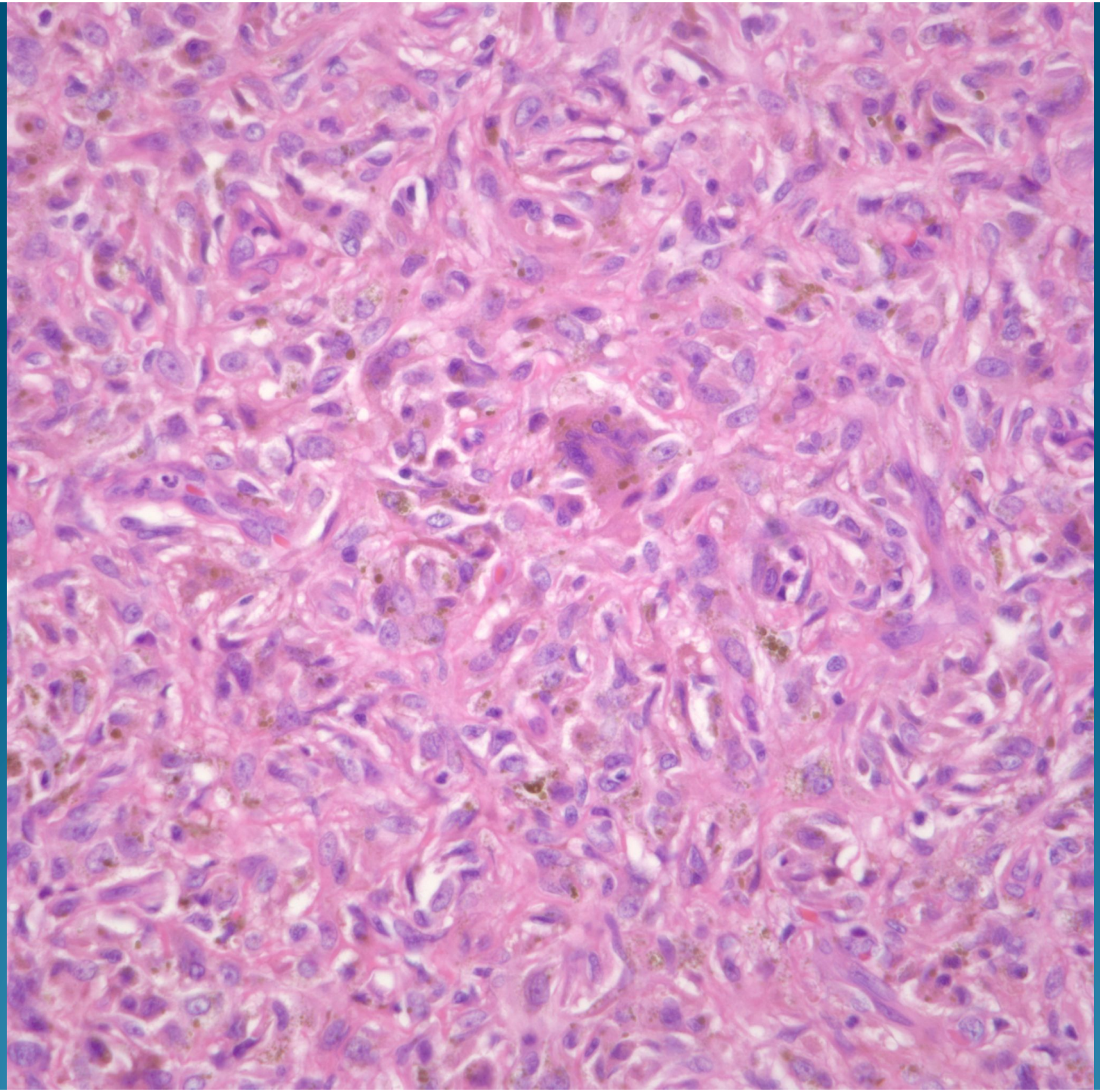




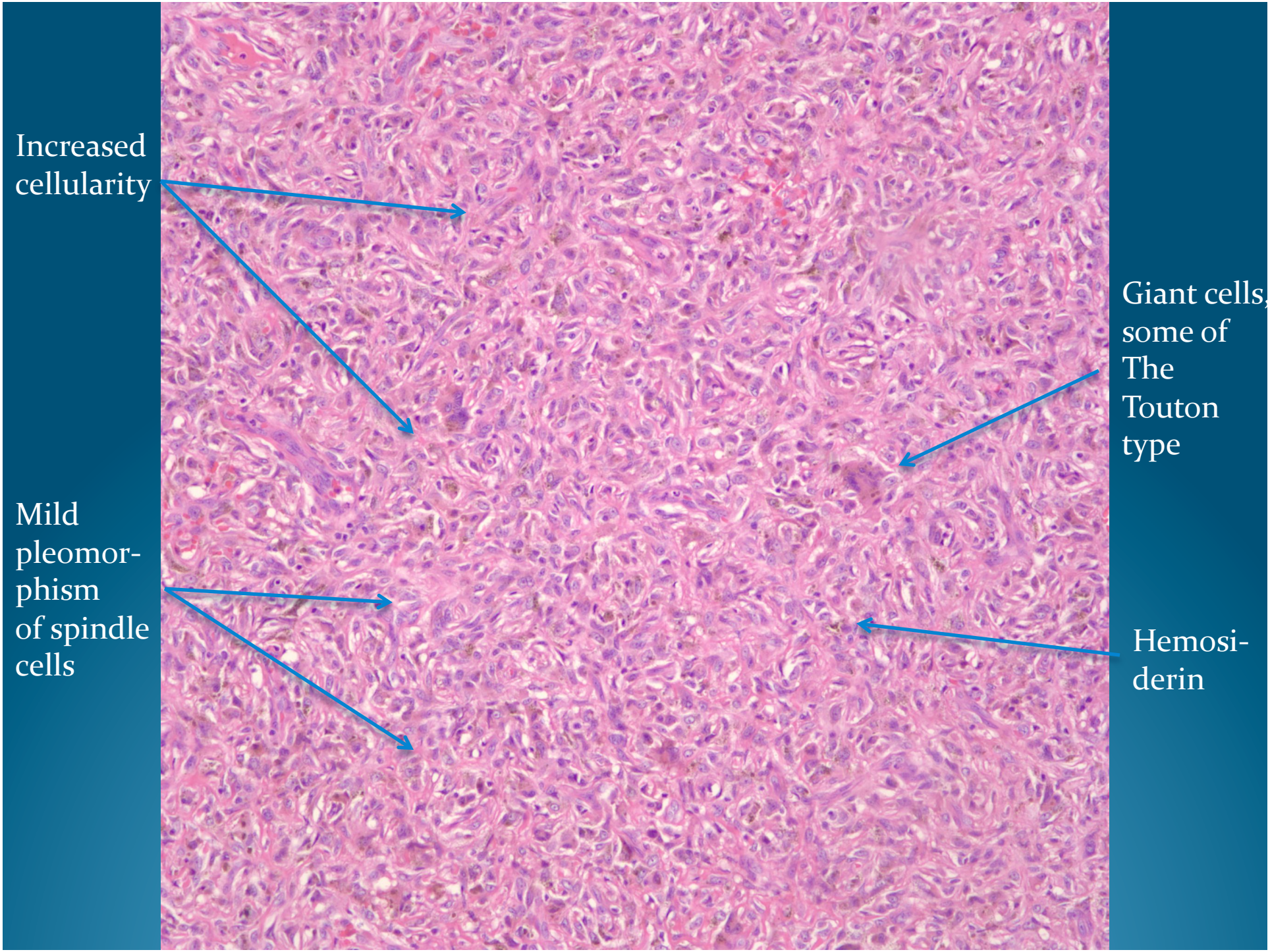


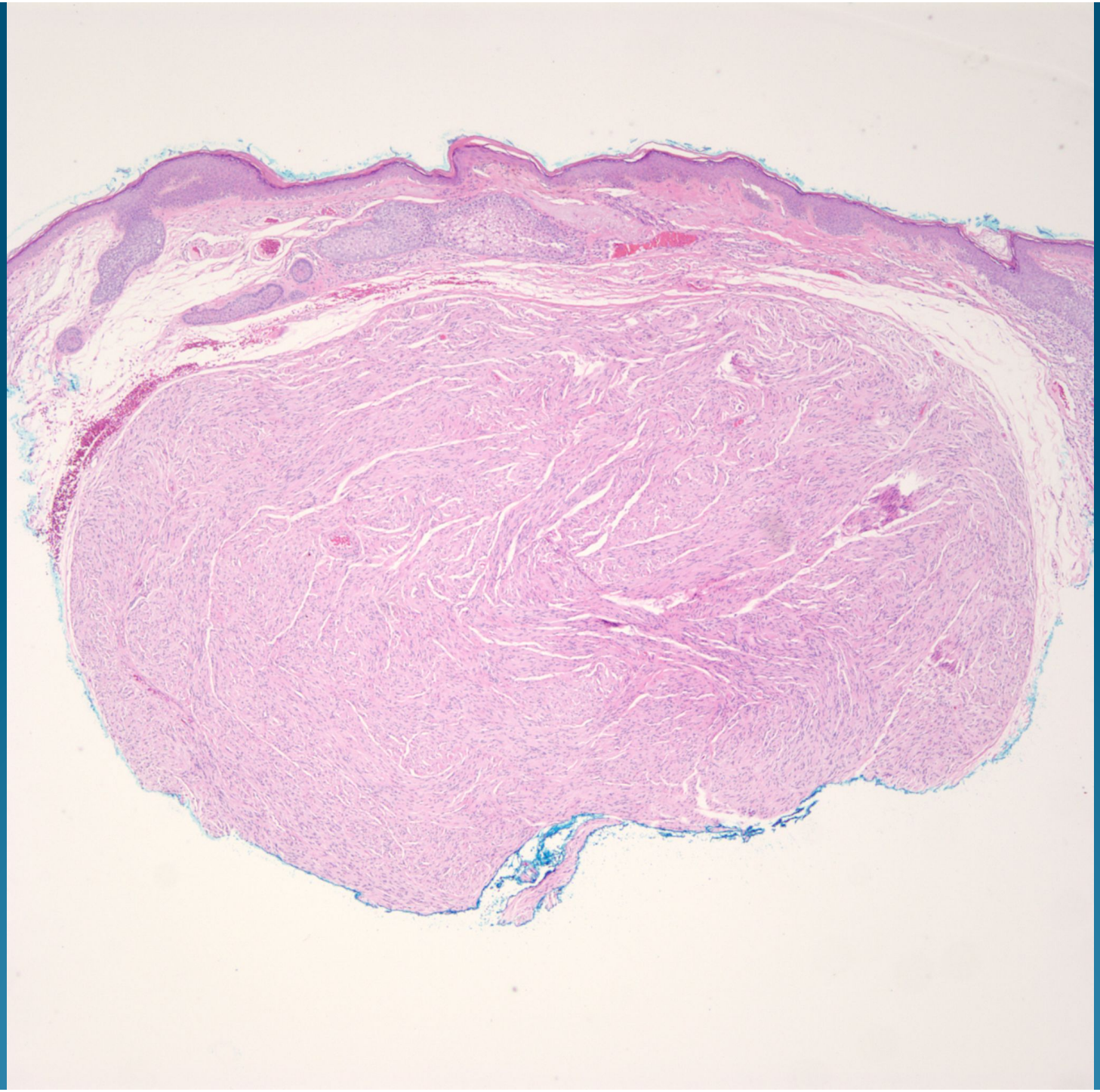


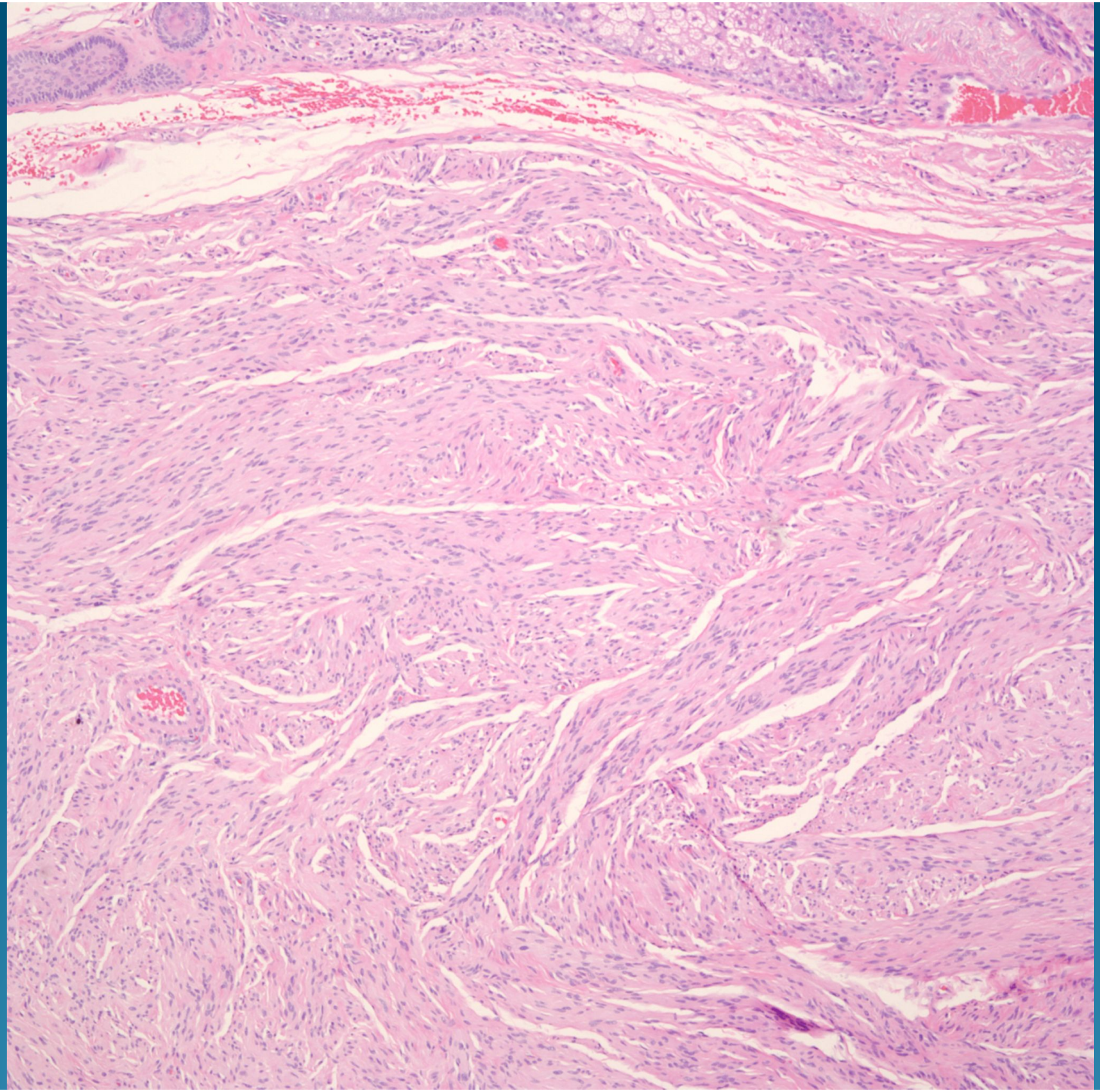
What is the best diagnosis?

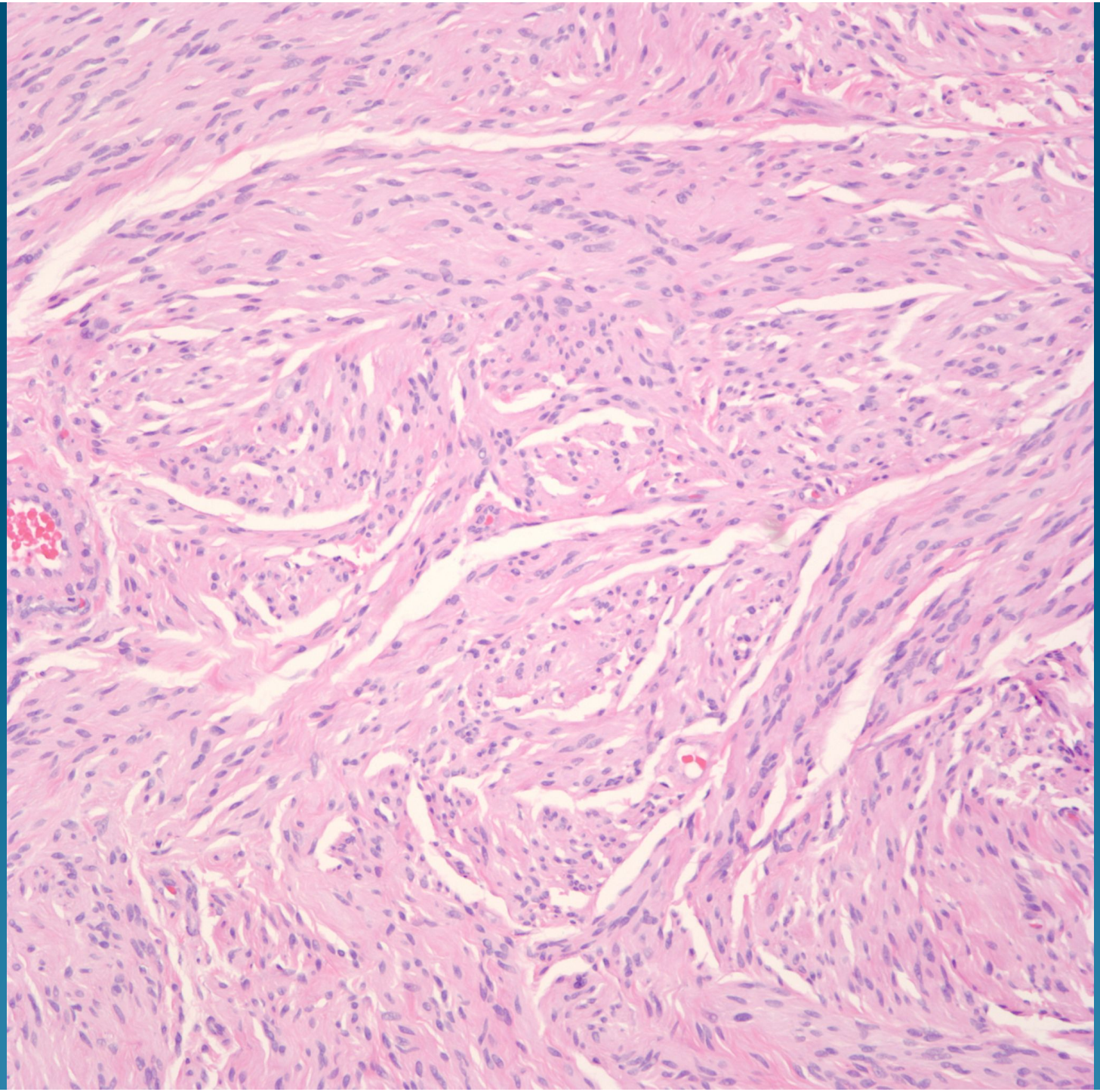
A. Dermatofibroma
B. Dermatofibrosarcoma protuberans
C. Atypical fibroxanthoma
D. Fibrosarcoma
E. Malignant melanoma

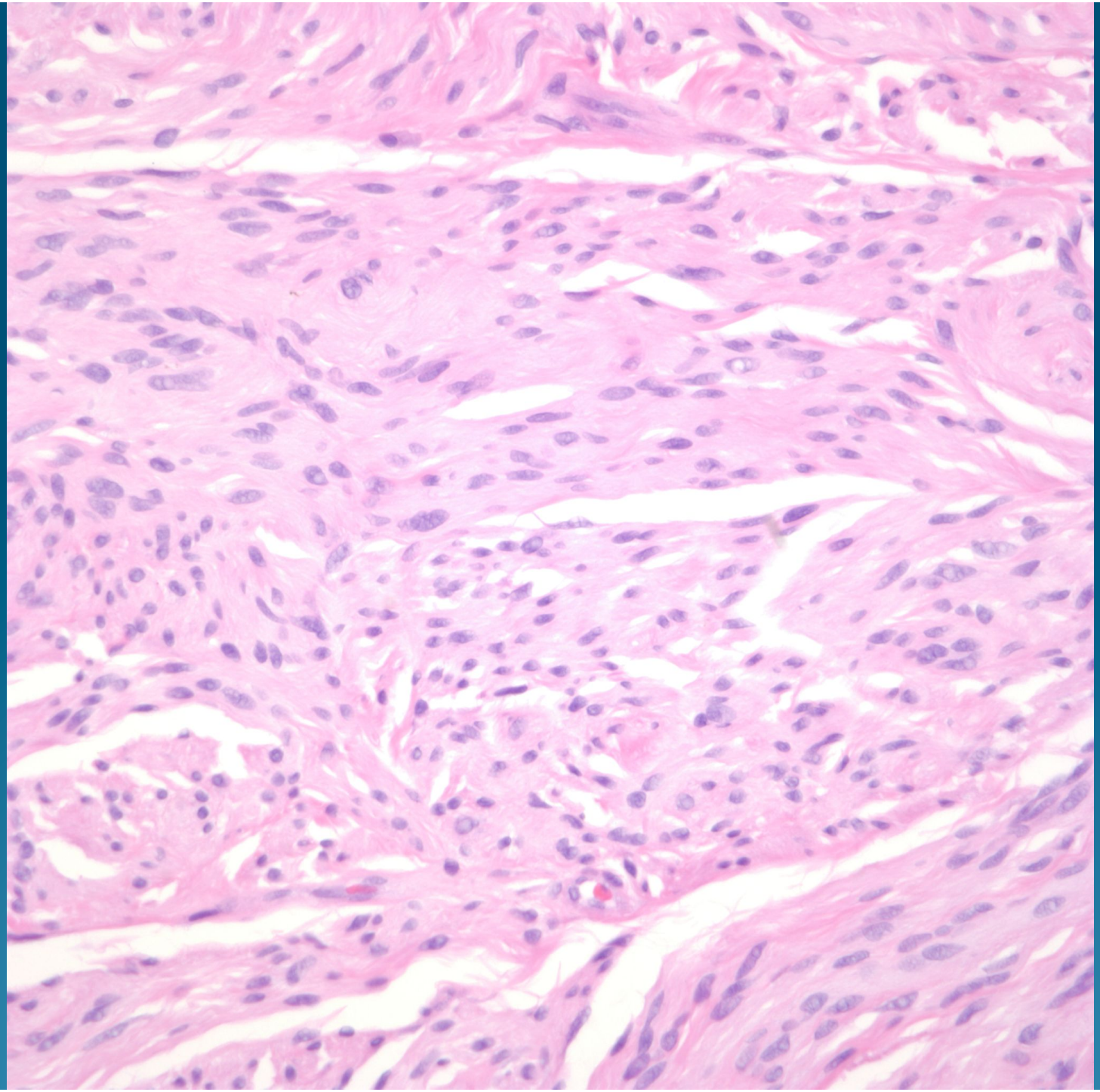
Cellular Dermatofibroma


Increased cellularity
Mild pleomor-phism of spindle cells
Giant cells, some of The Touton type
Hemosi-derin





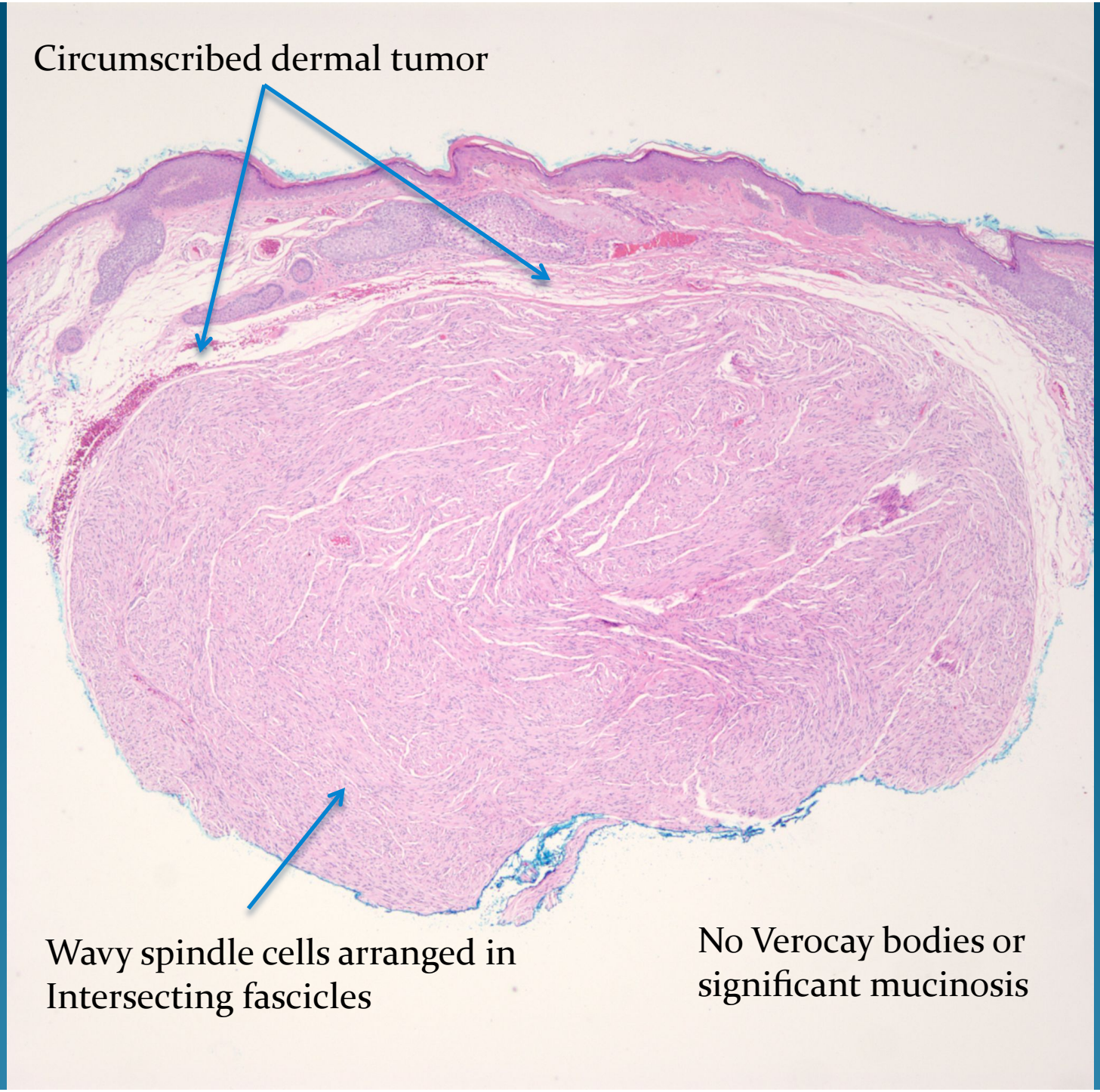


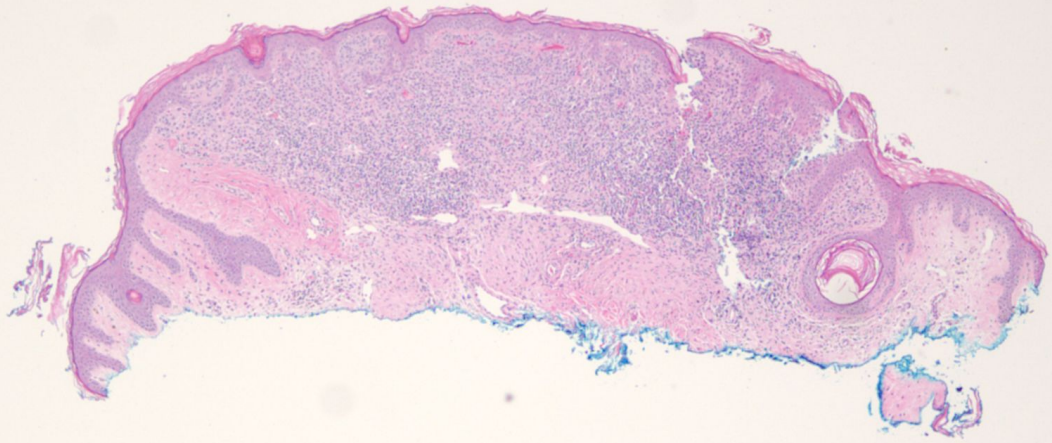


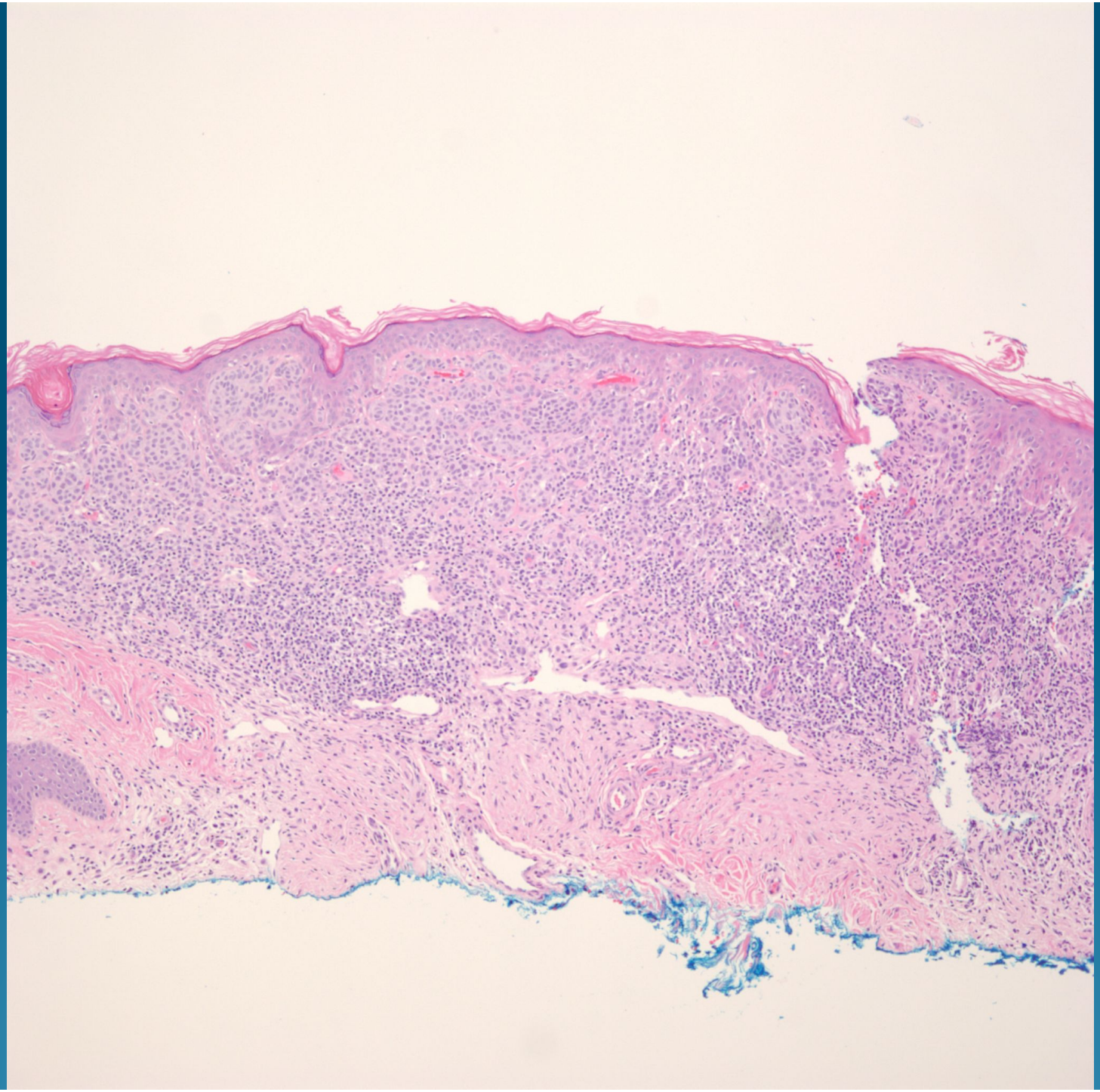
What is the best diagnosis?

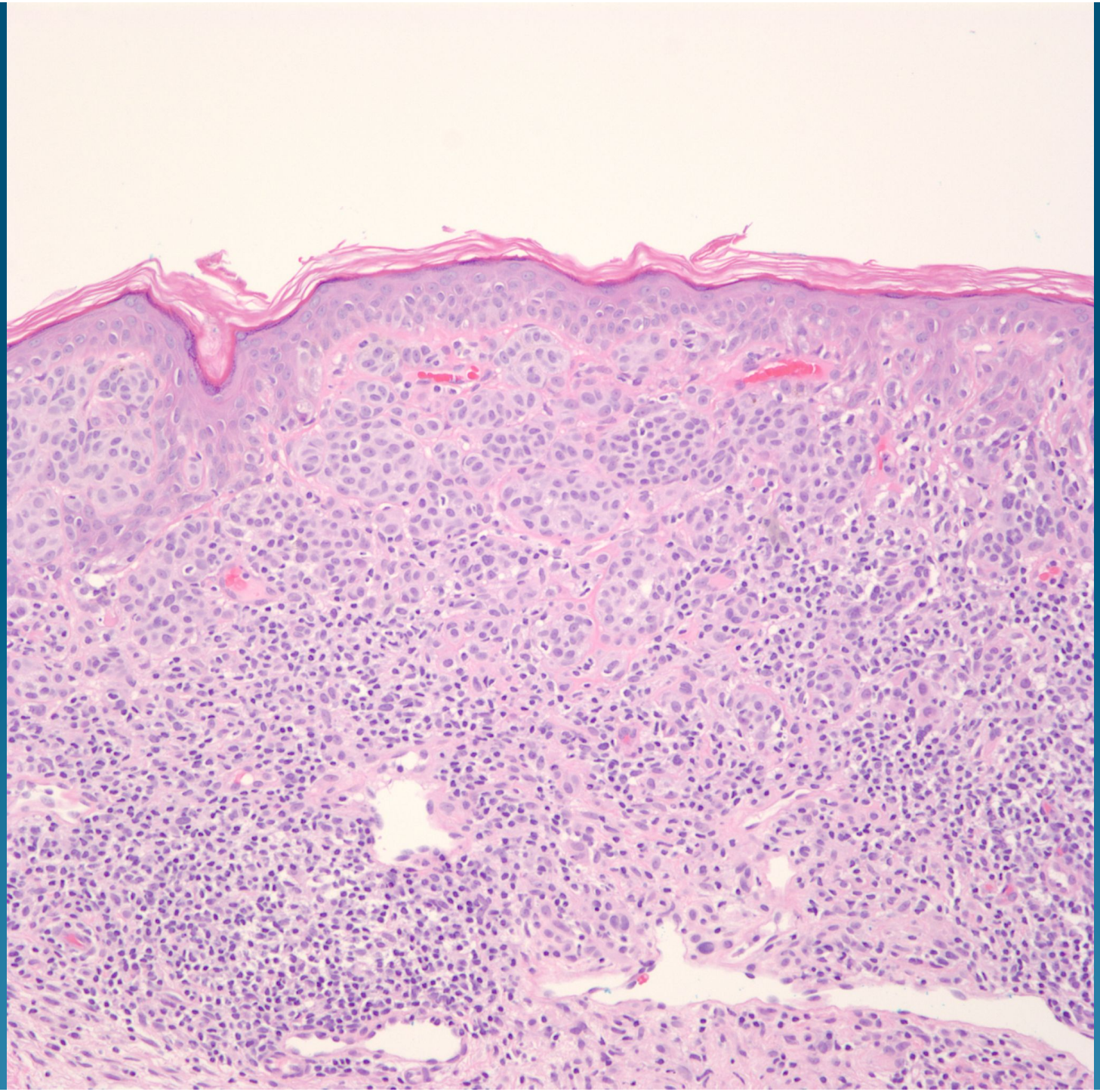
A. Palisaded and encapsulated neuroma
B. Traumatic neuroma
C. Neurofibroma
D. Neurilemmoma
E. Spindle cell lipoma

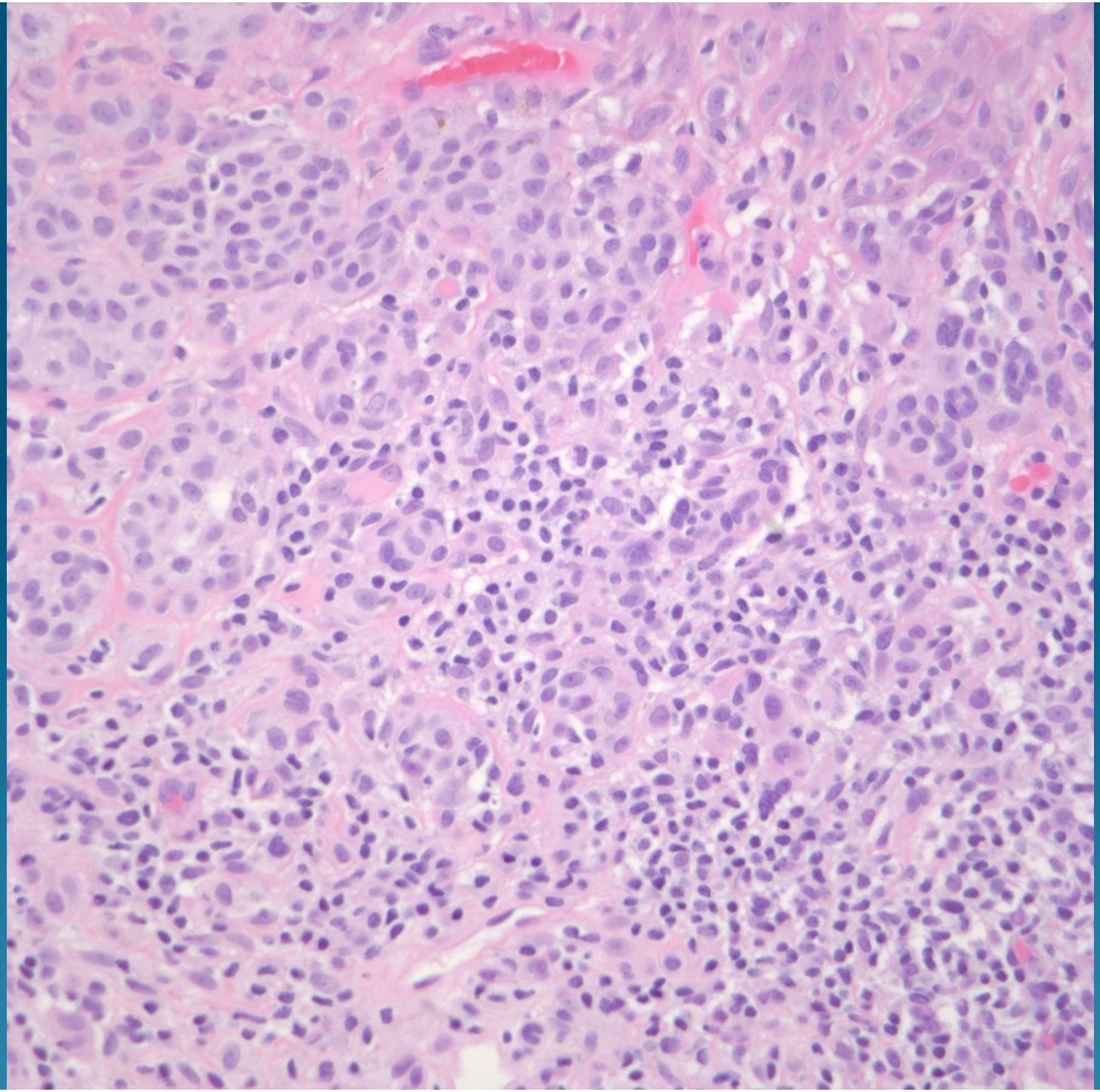
Palisaded and encapsulated neuroma


Circumscribed dermal tumor
Wavy spindle cells arranged in Intersecting fascicles
No Verocay bodies or significant mucinosis







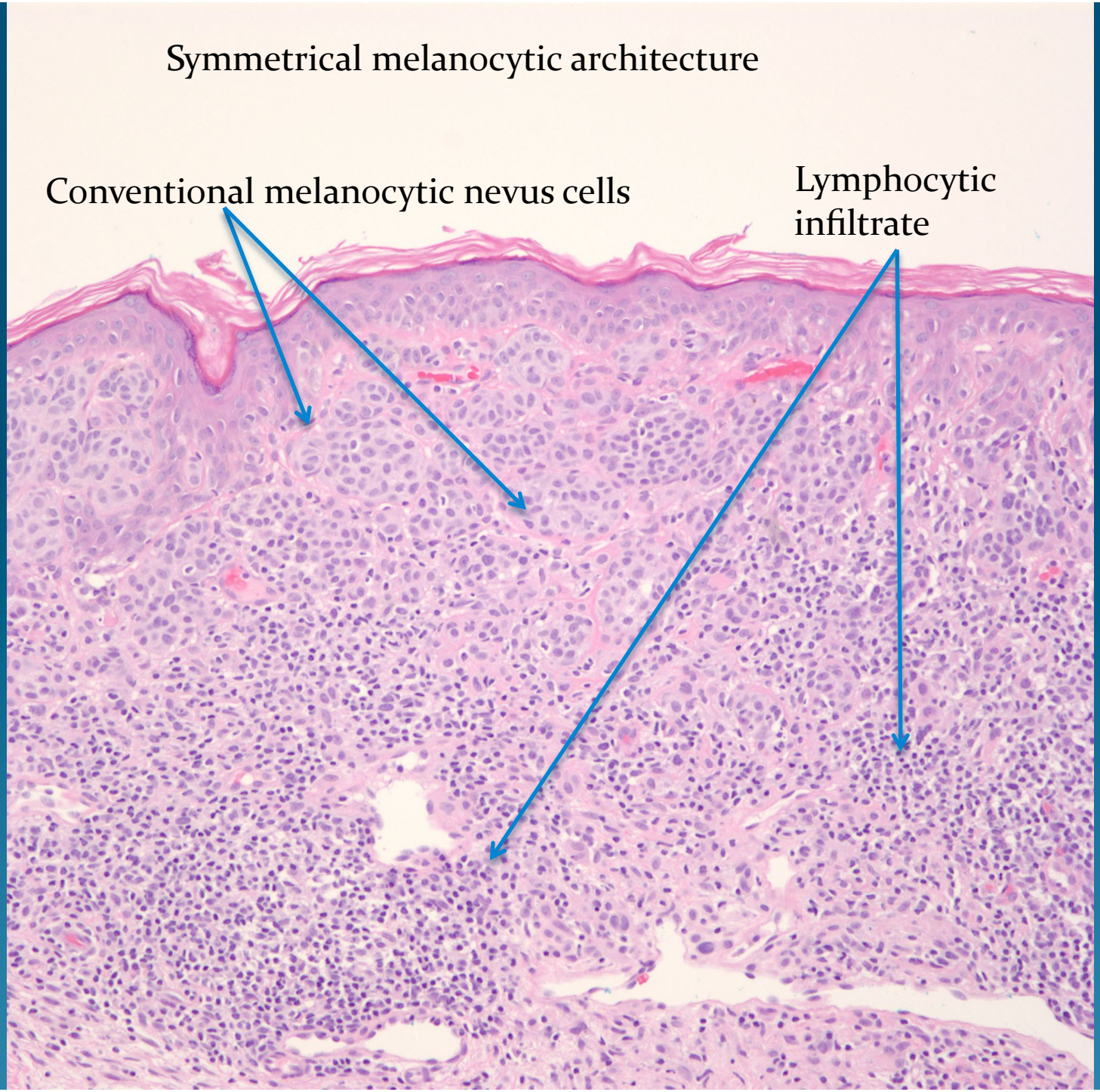


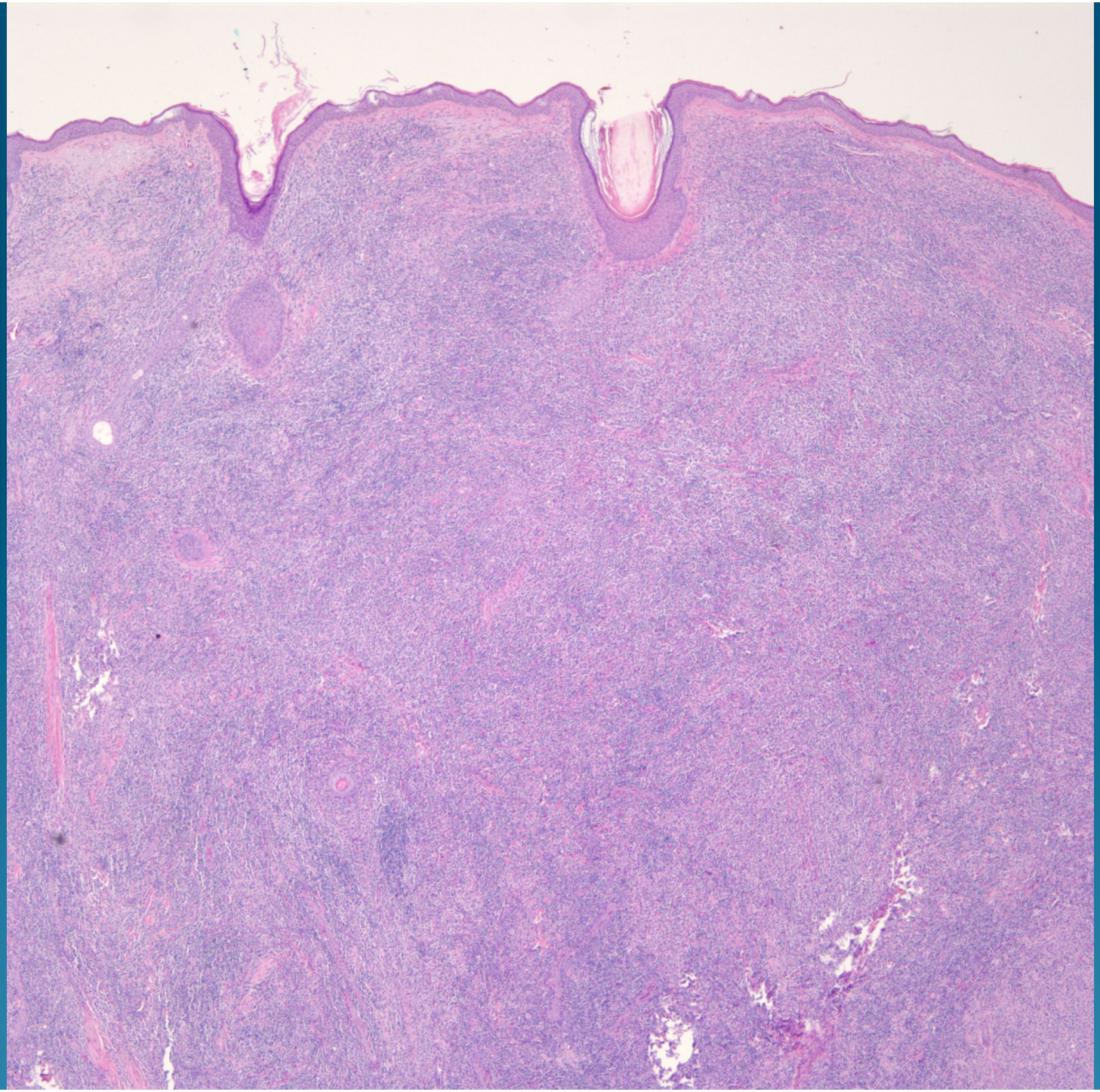
What is the best diagnosis?

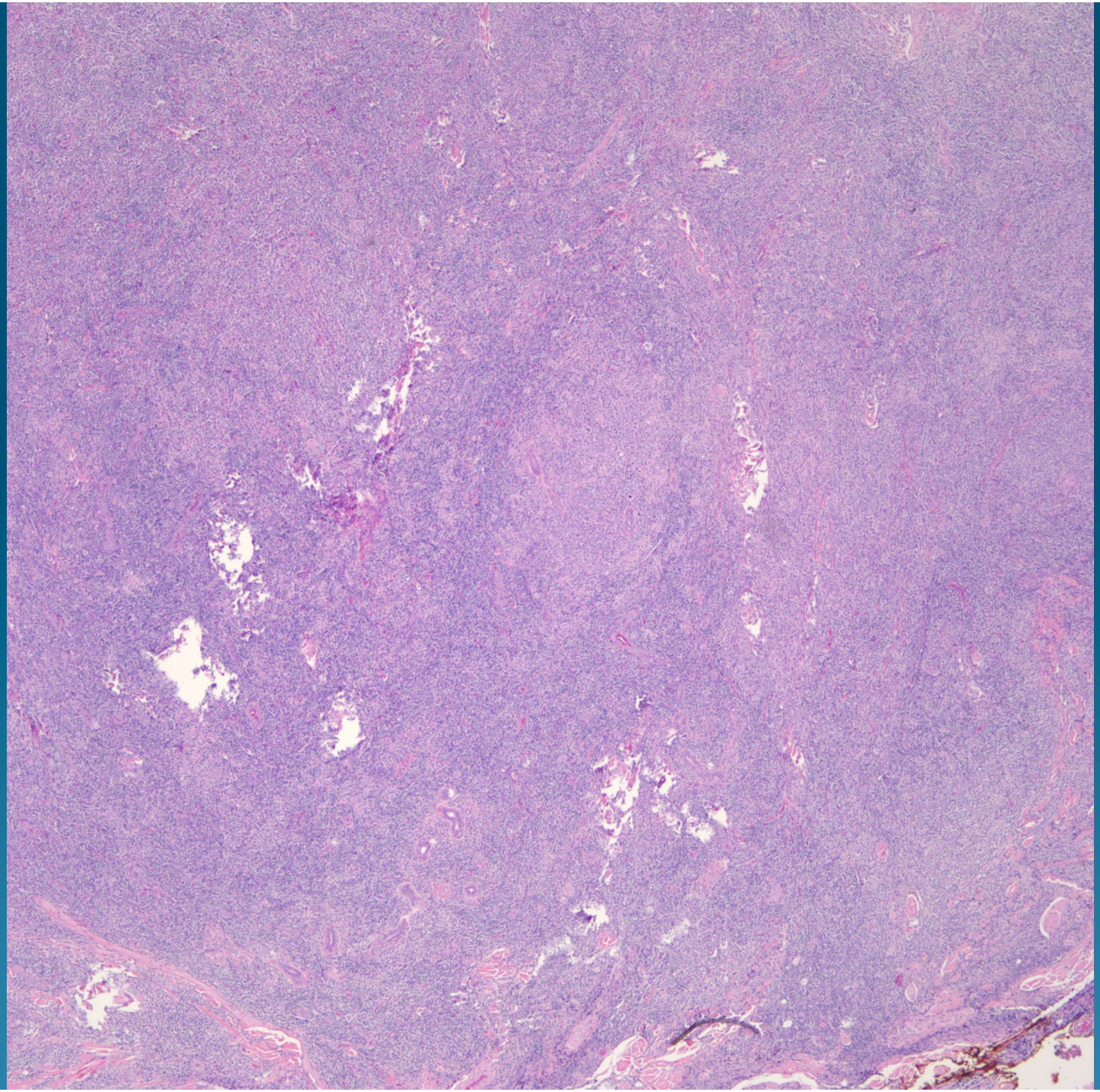
A. Lymphomatoid papulosis
B. Halo nevus
C. Cutaneous lymphadenoma
D. Angiolymphoid hyperplasia with eosinophilia
E. Basal cell carcinoma

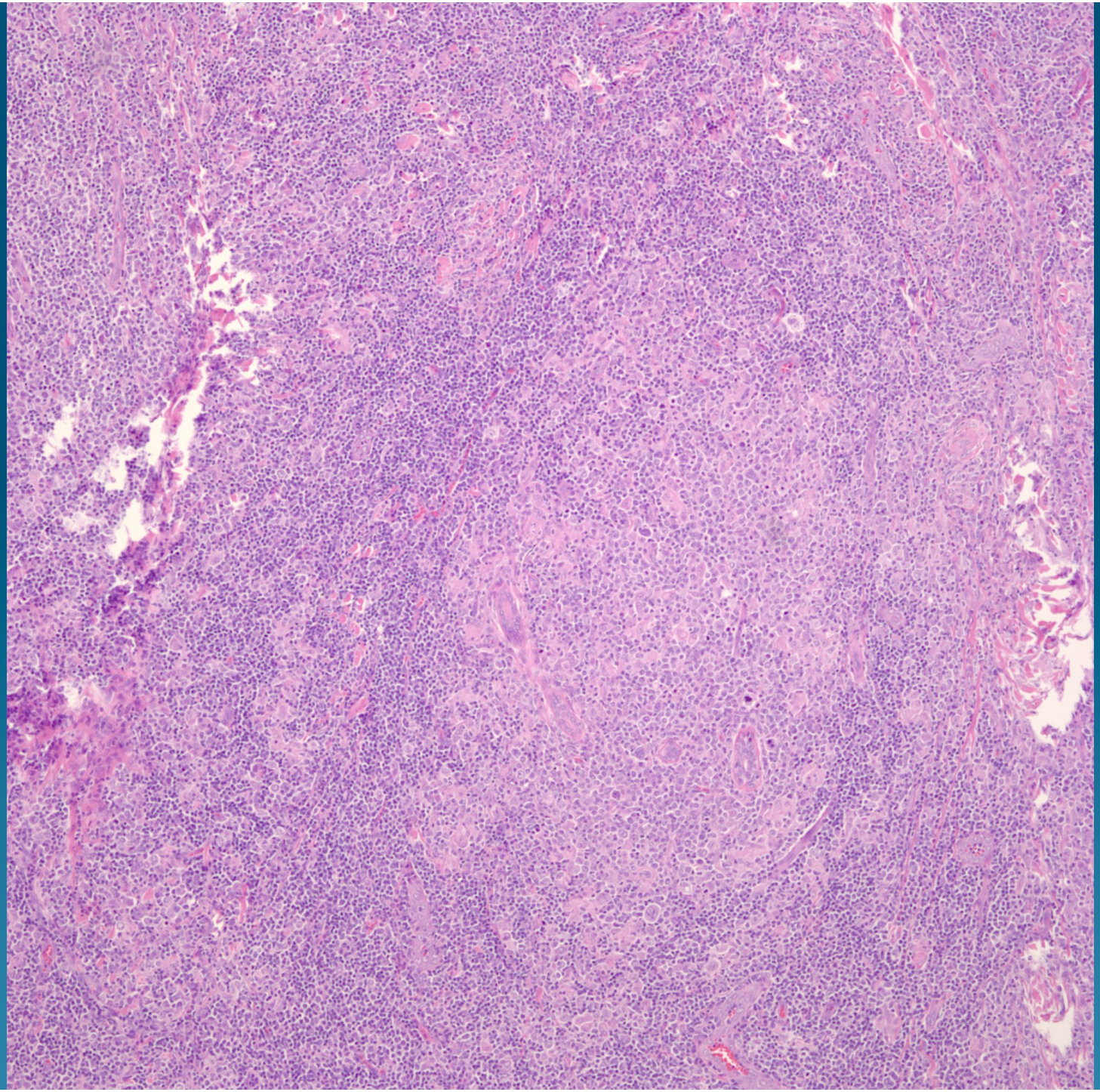
Halo Nevus

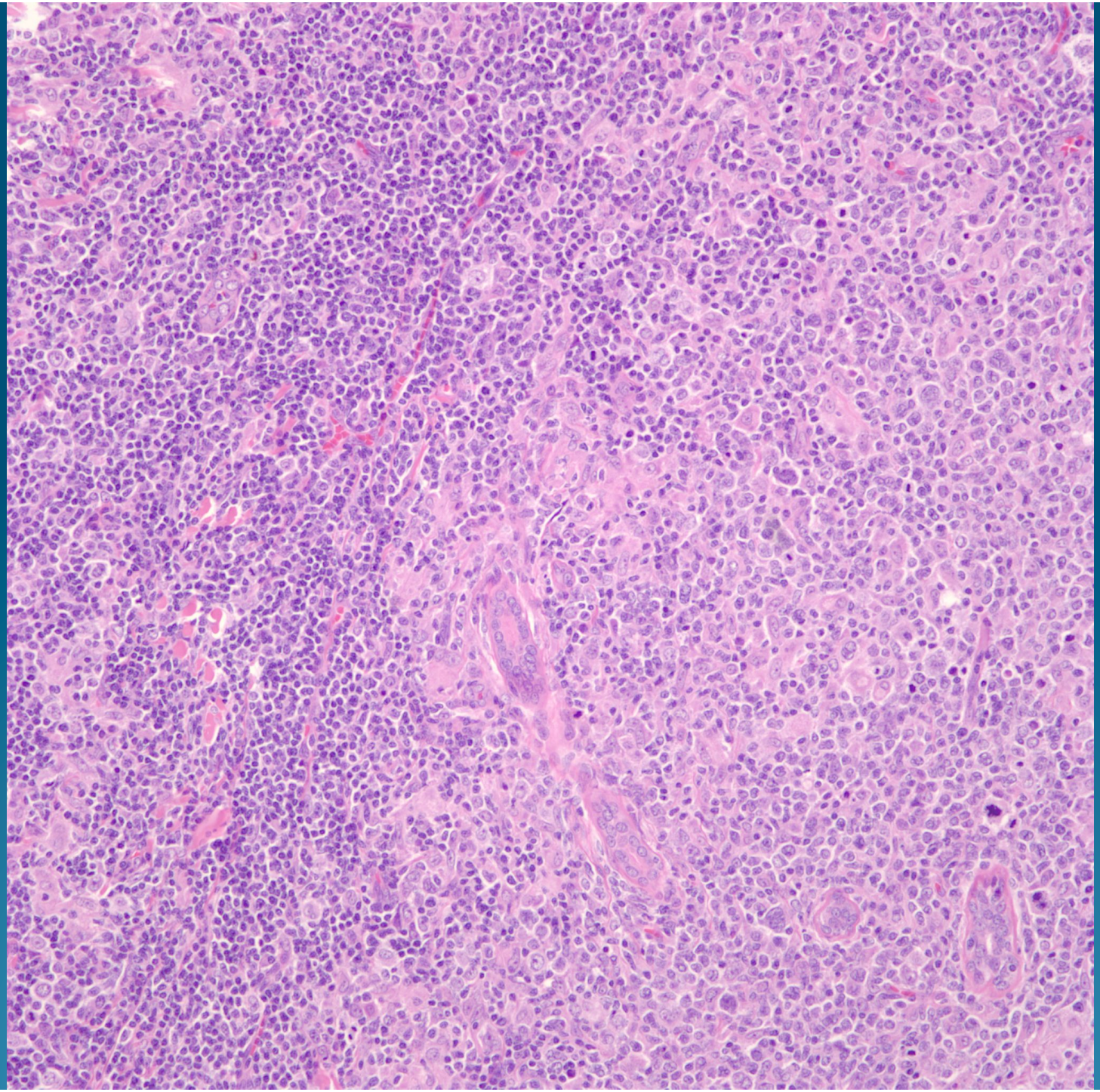
Symmetrical melanocytic architecture

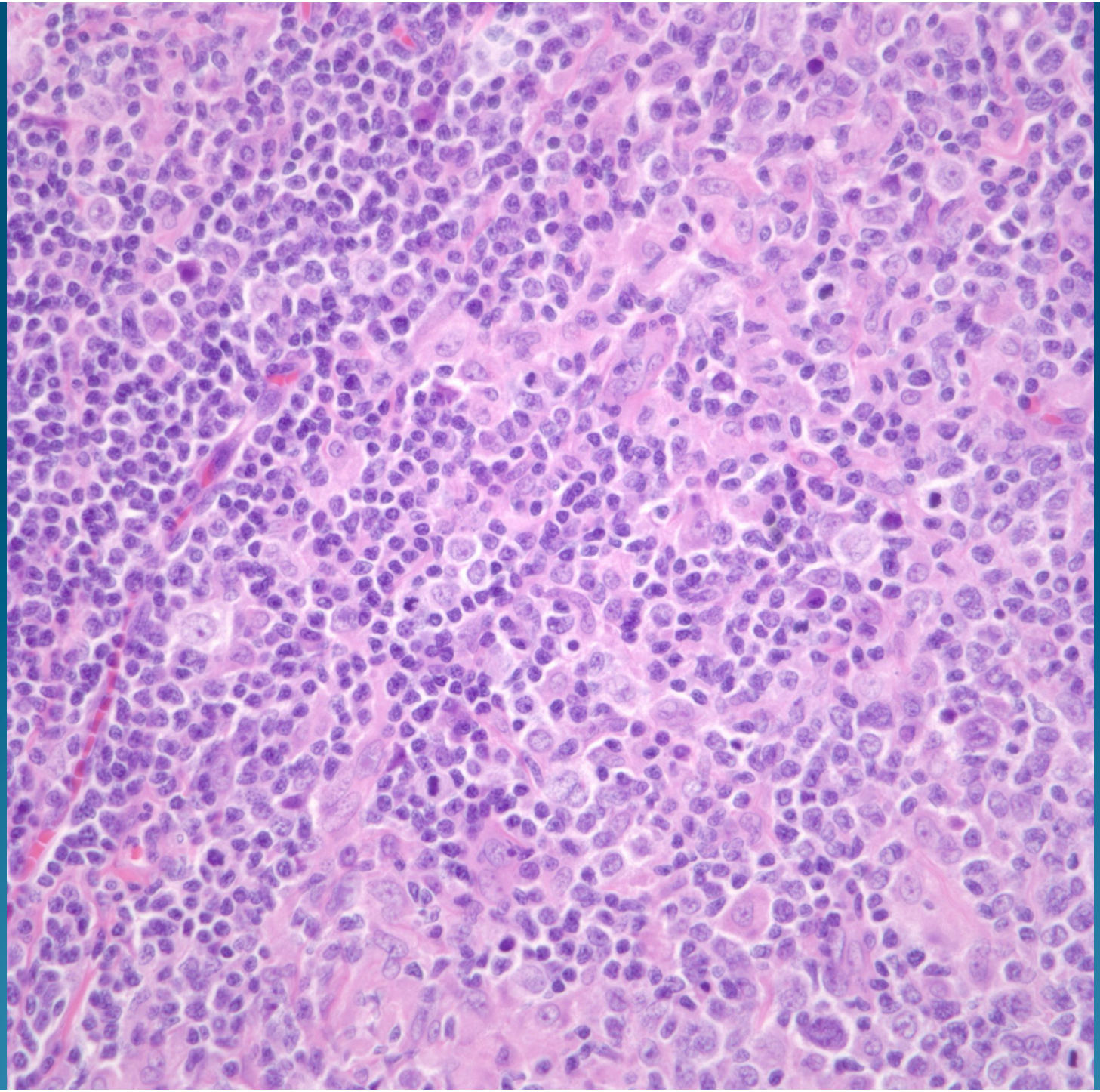


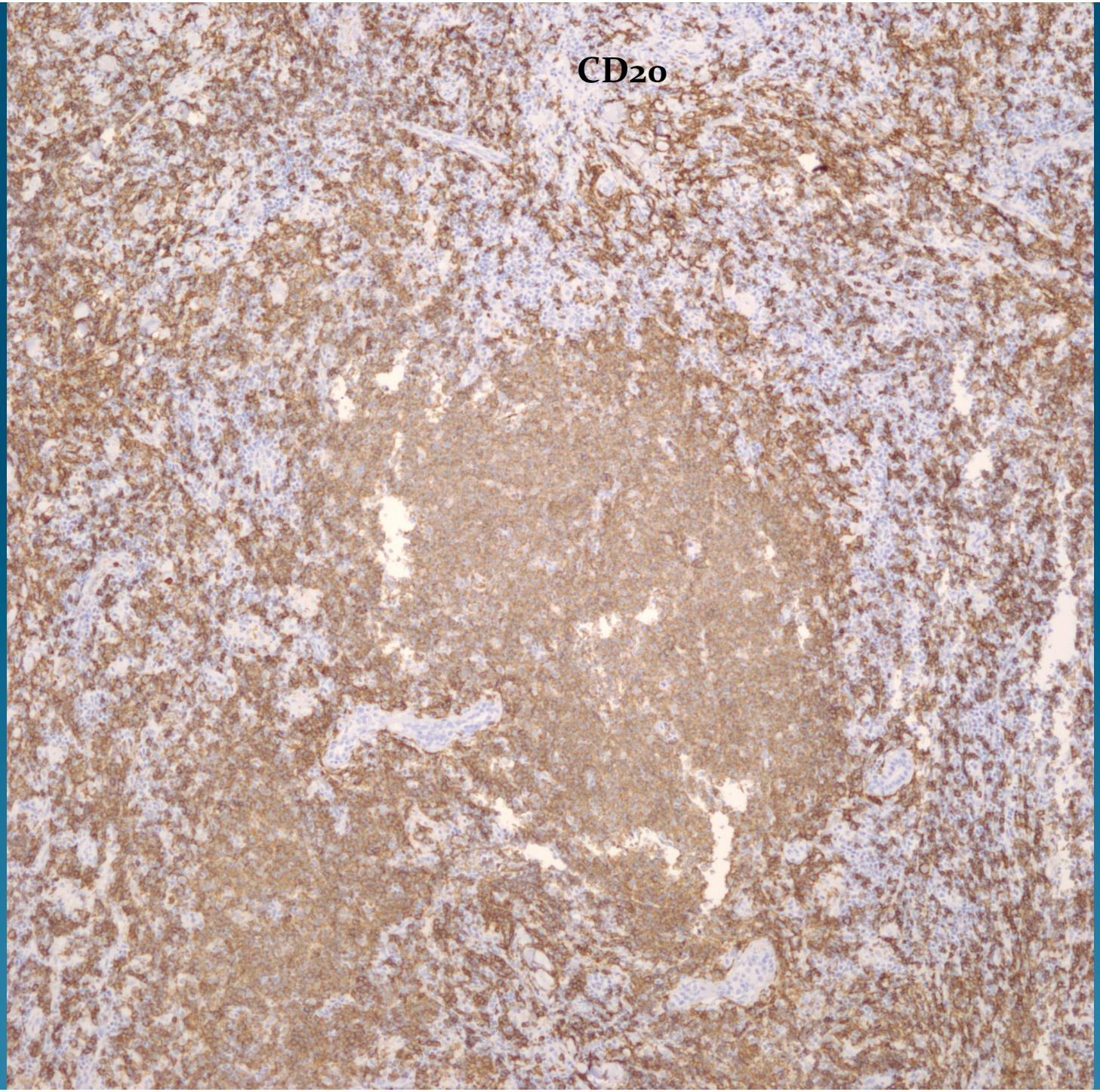


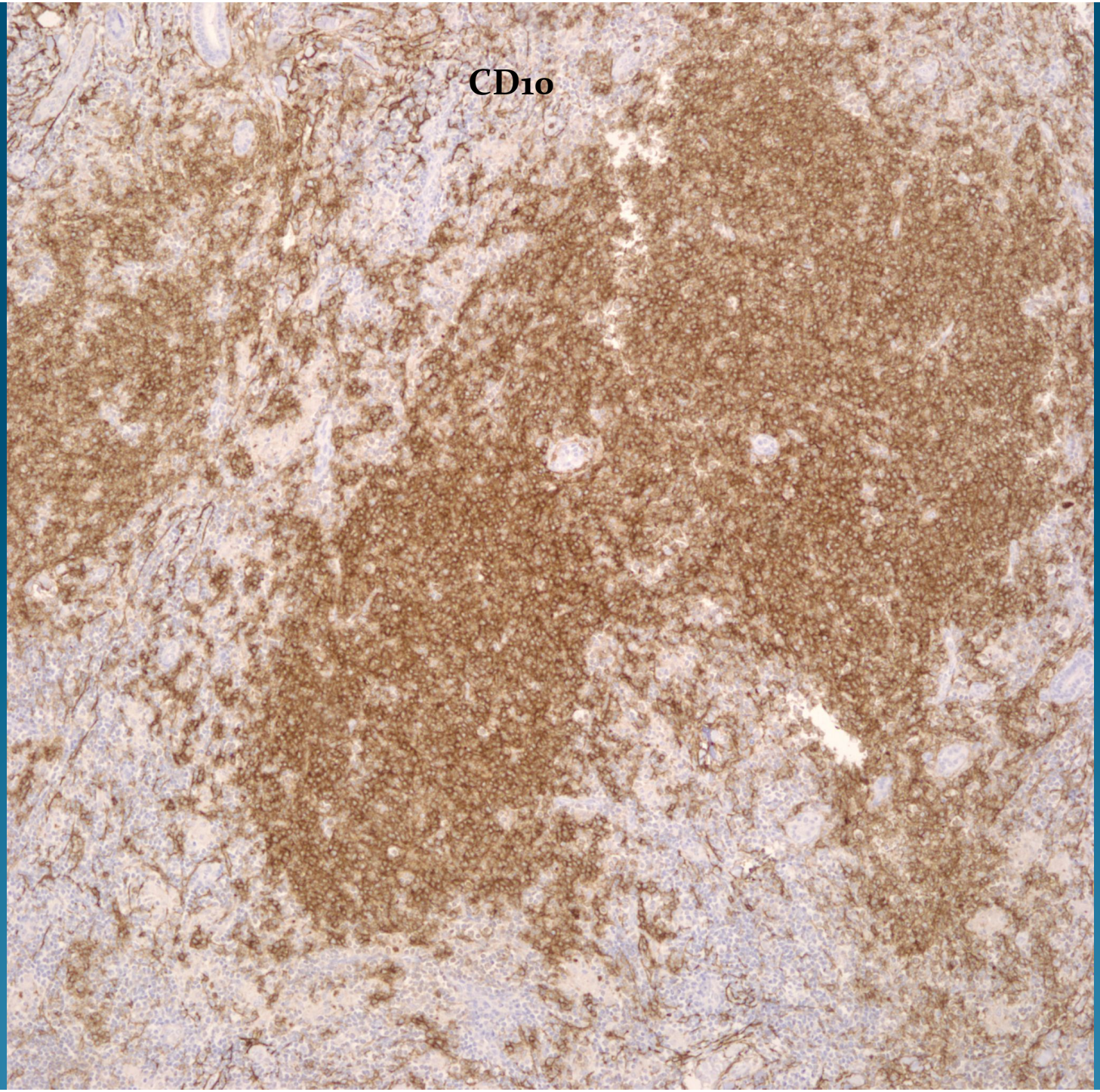








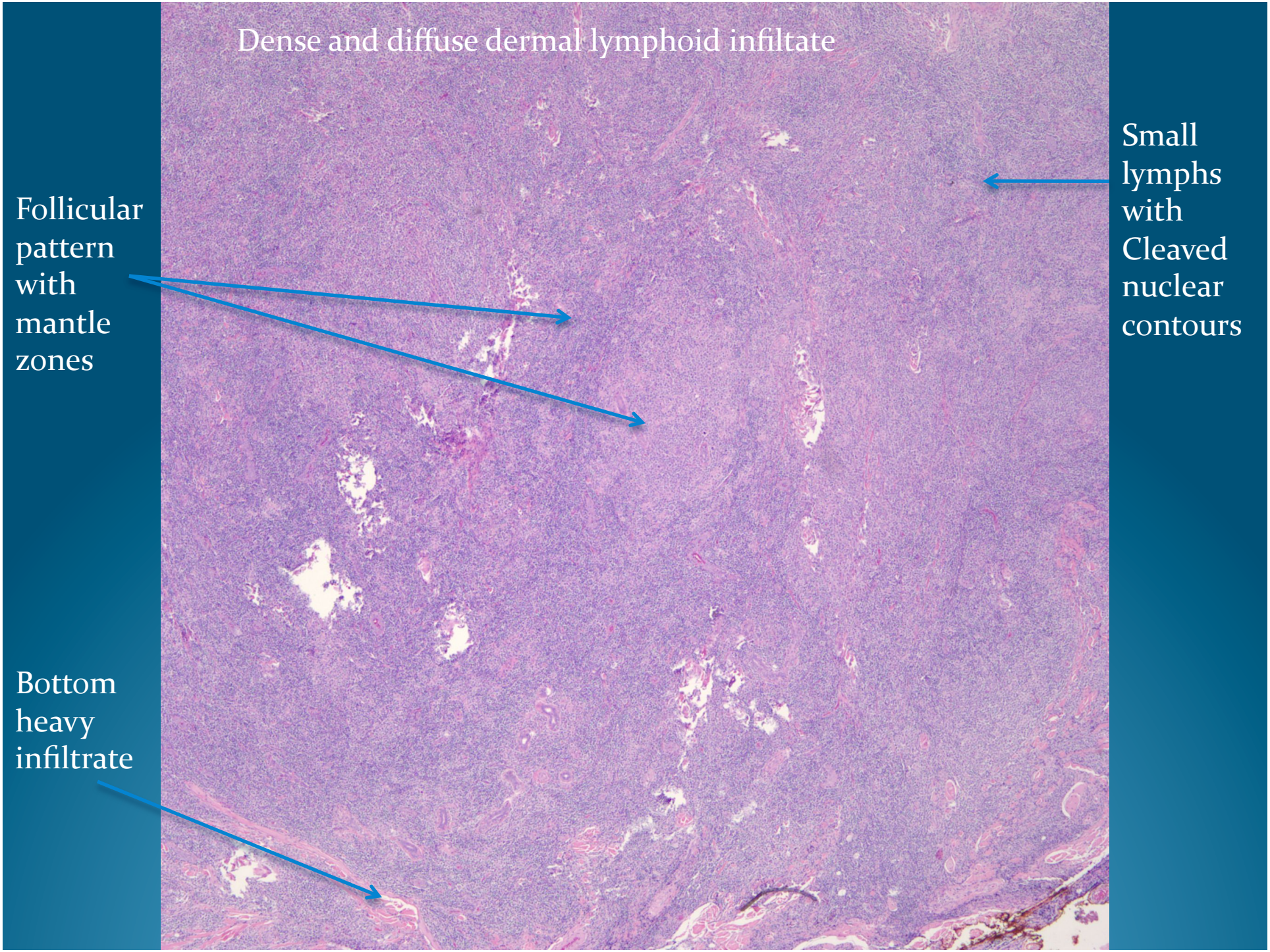

CD20

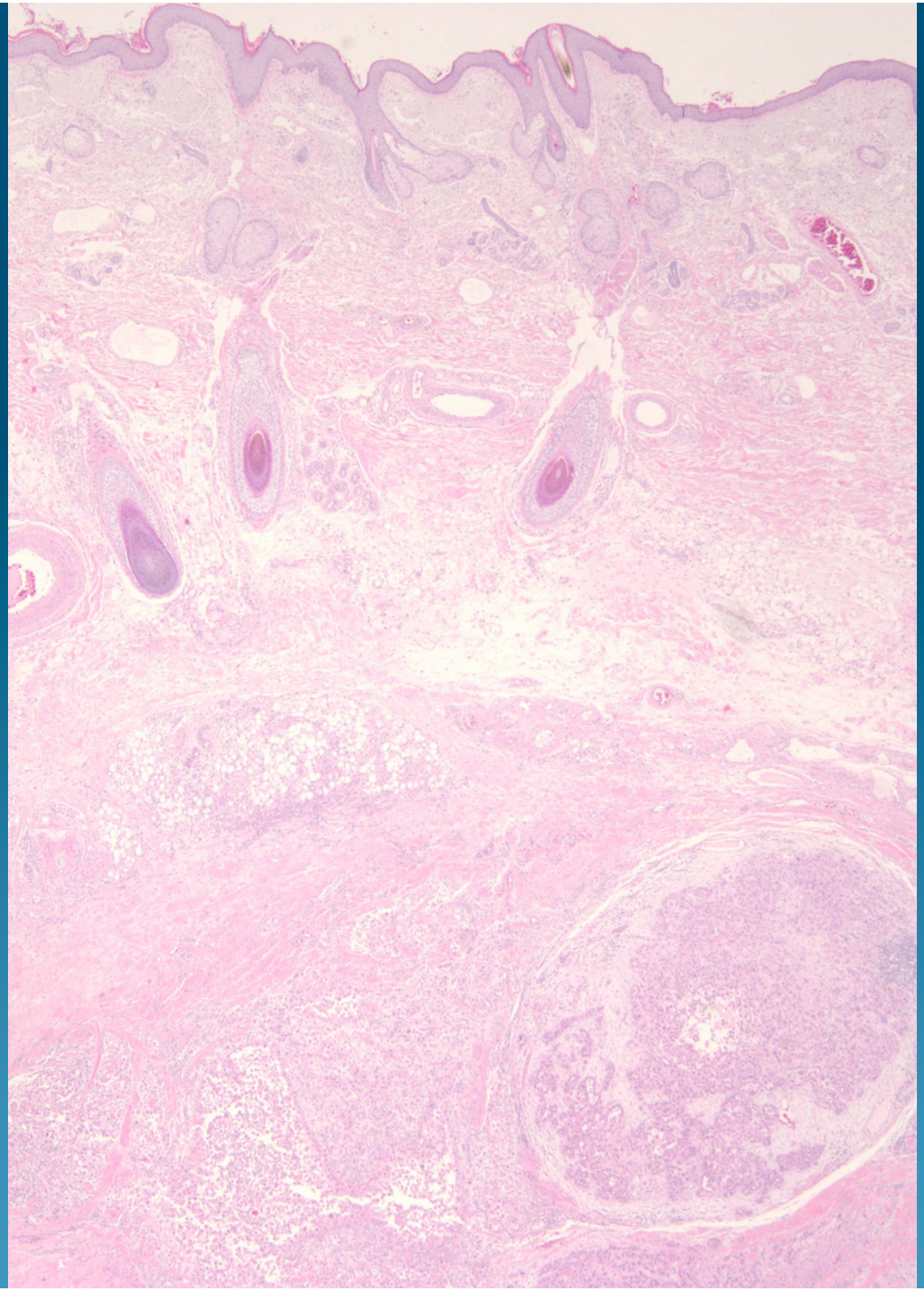

CD10

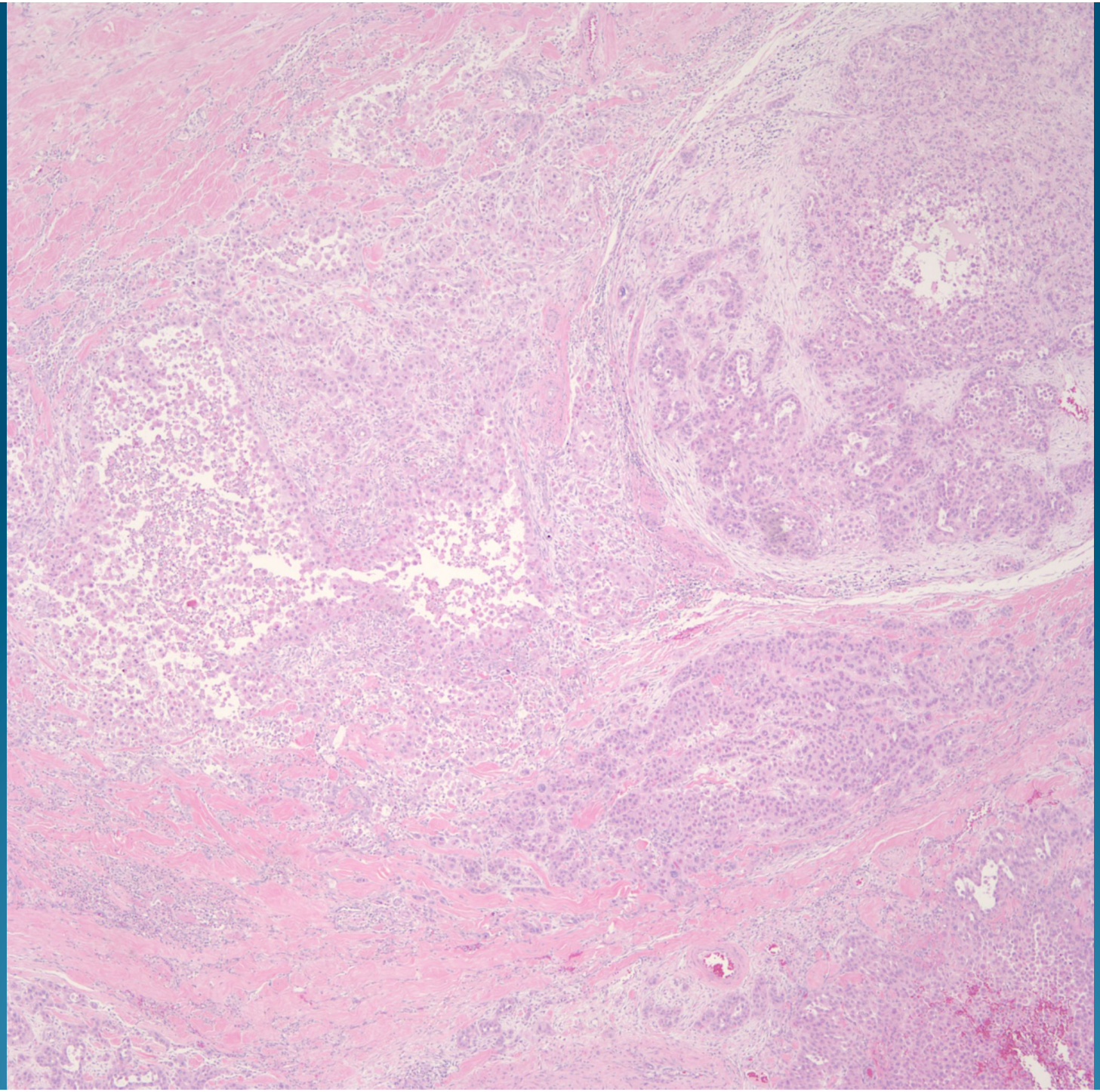
What is the best diagnosis?

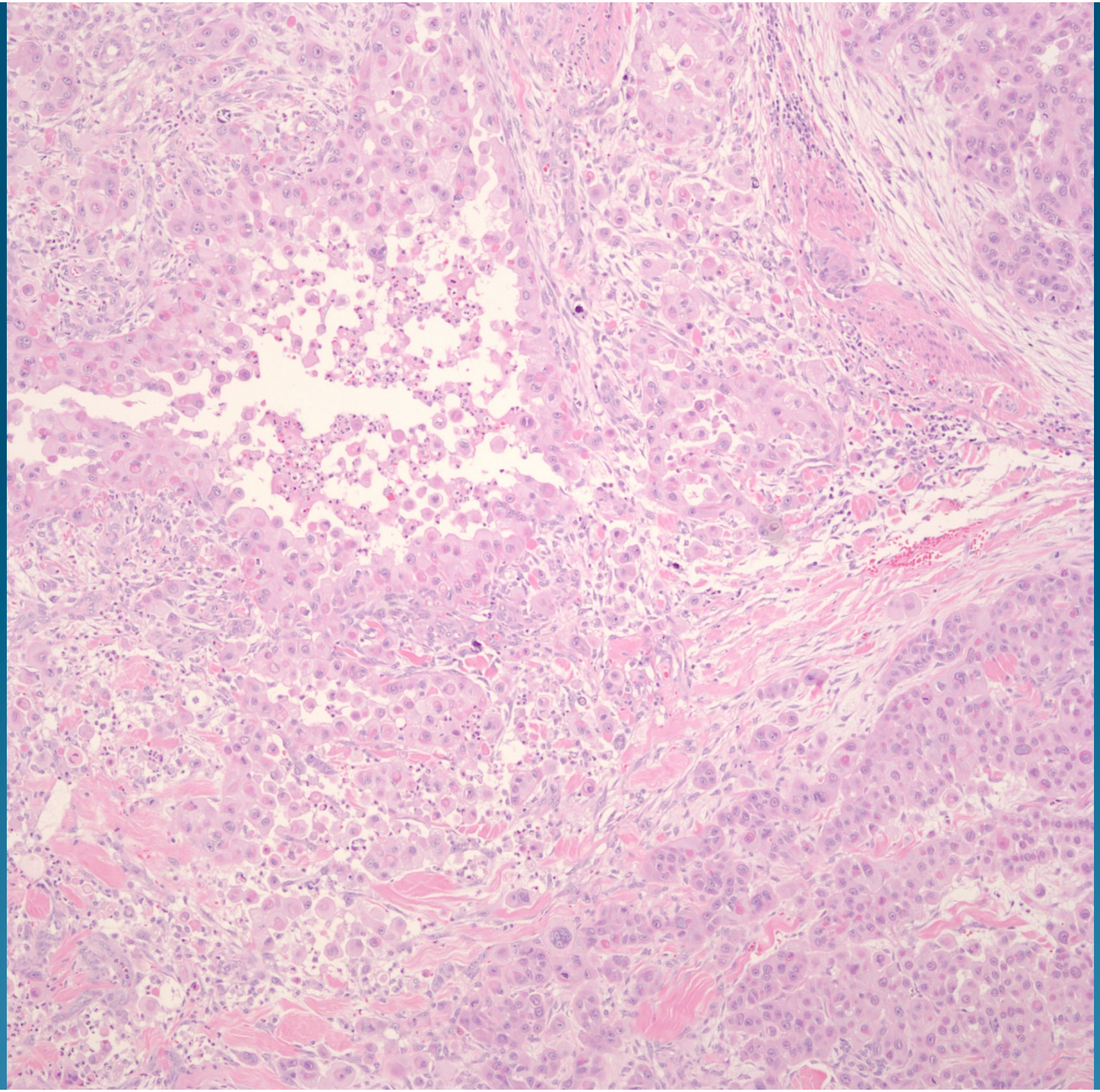
A. Mycosis fungoides-tumor stage
B. Anaplastic large cell lymphoma
C. Lymphomatoid papulosis
D. Kimura's disease
E. Cutaneous B-cell lymphoma

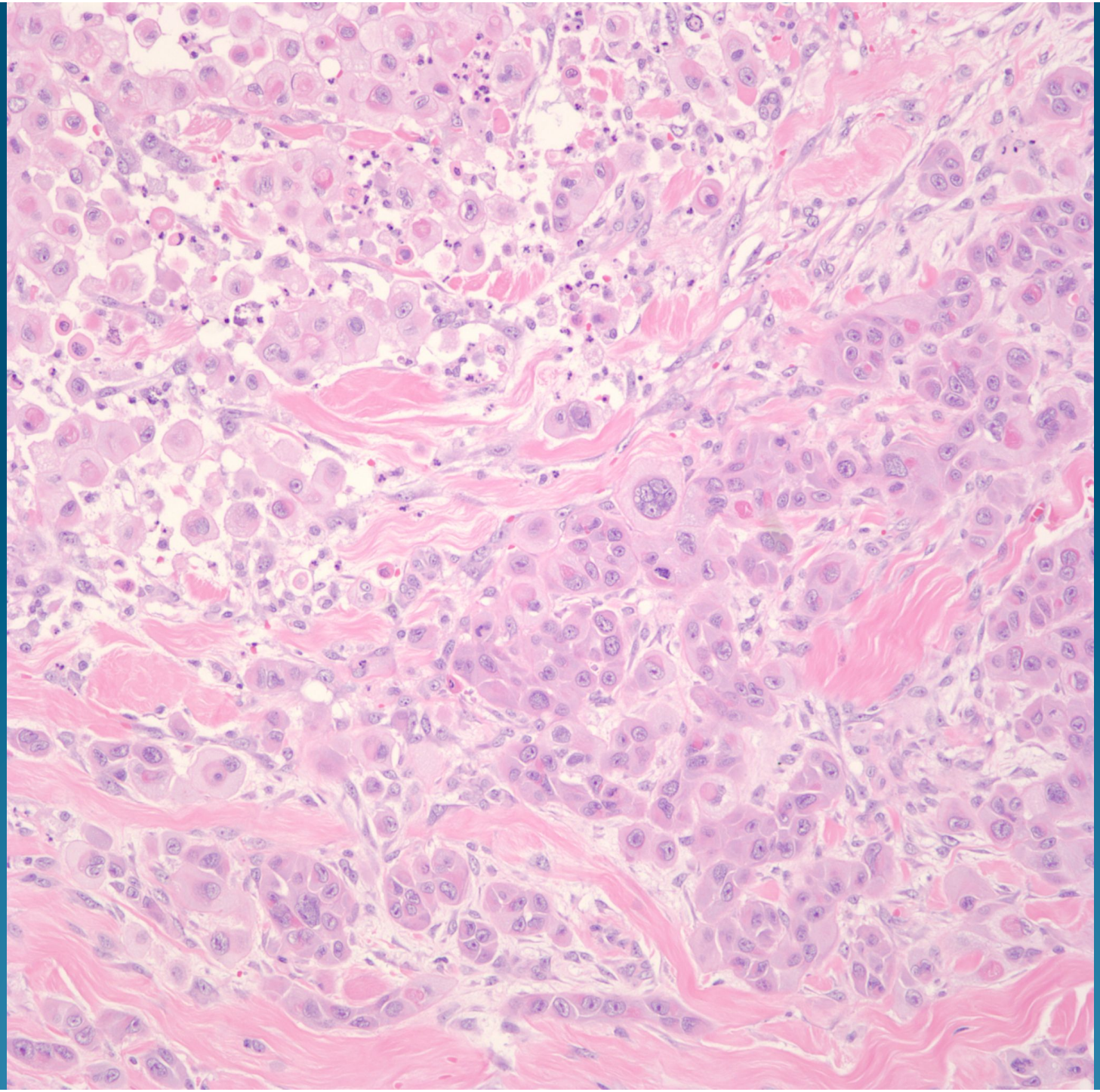
Cutaneous B-cell Lymphoma Follicle Center Cell Type Low Grade

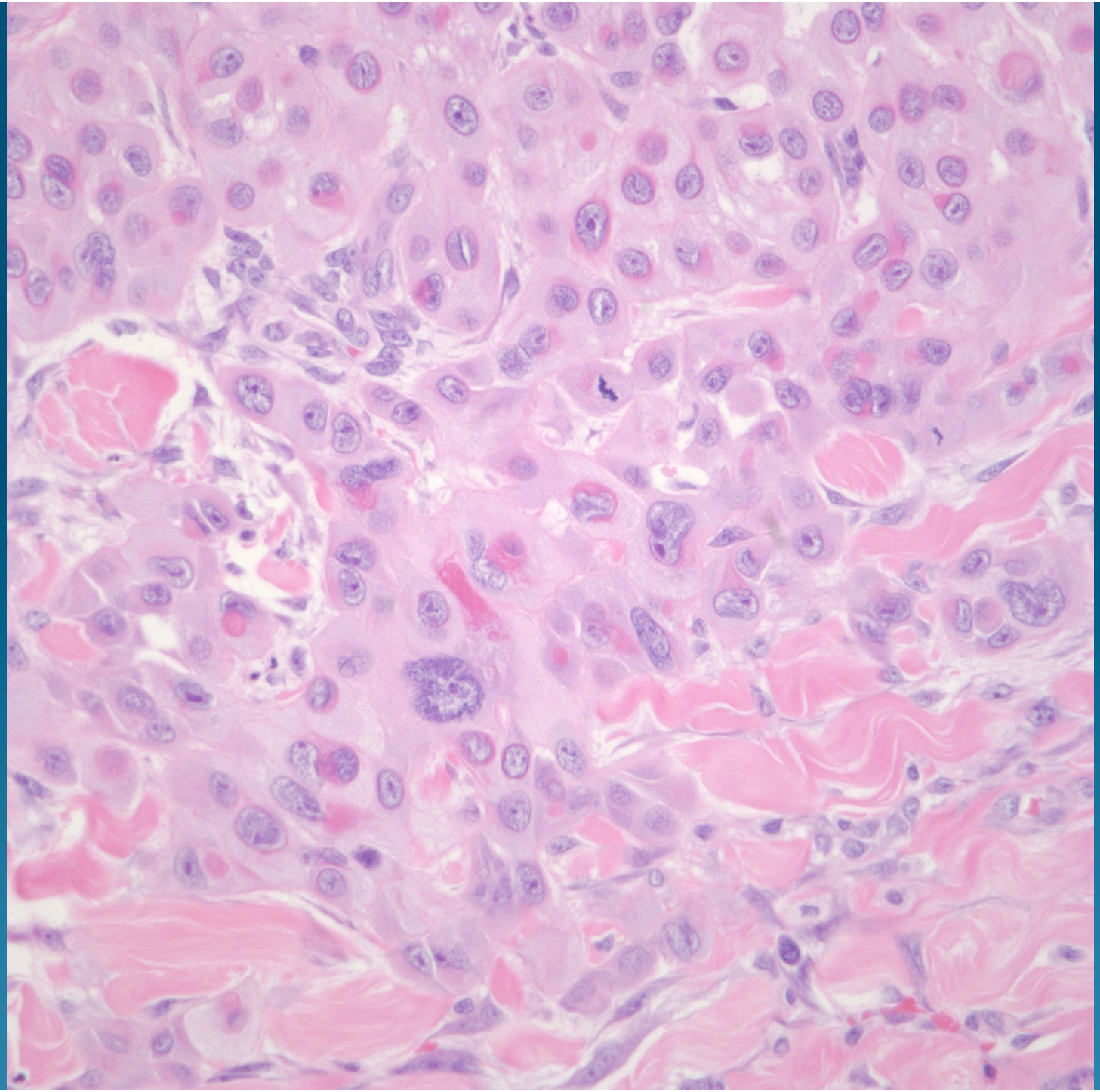

Dense and diffuse dermal lymphoid infiltate
Follicular pattern with mantle zones
Small lymphs with Cleaved nuclear contours
Bottom heavy infiltrate

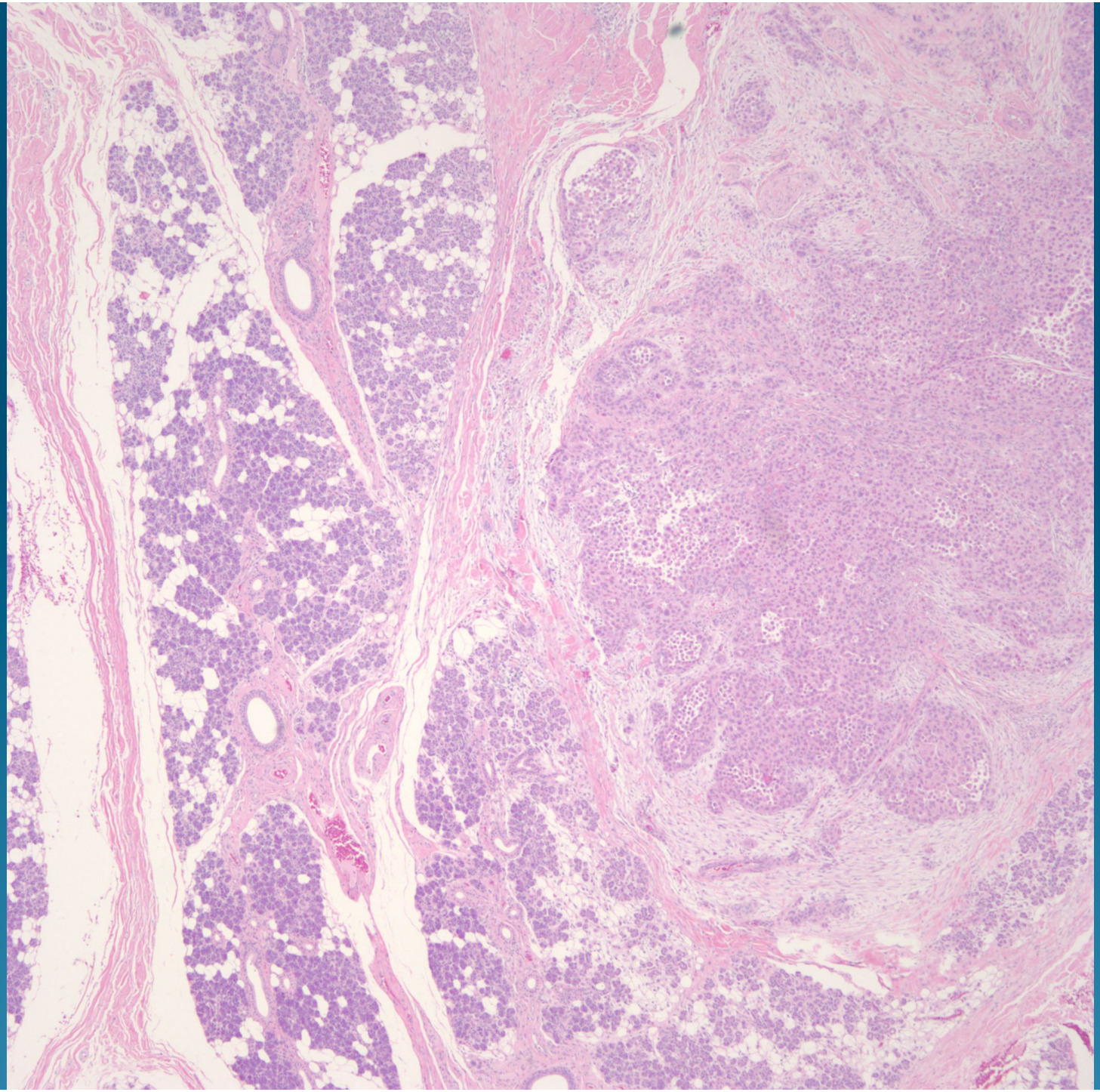


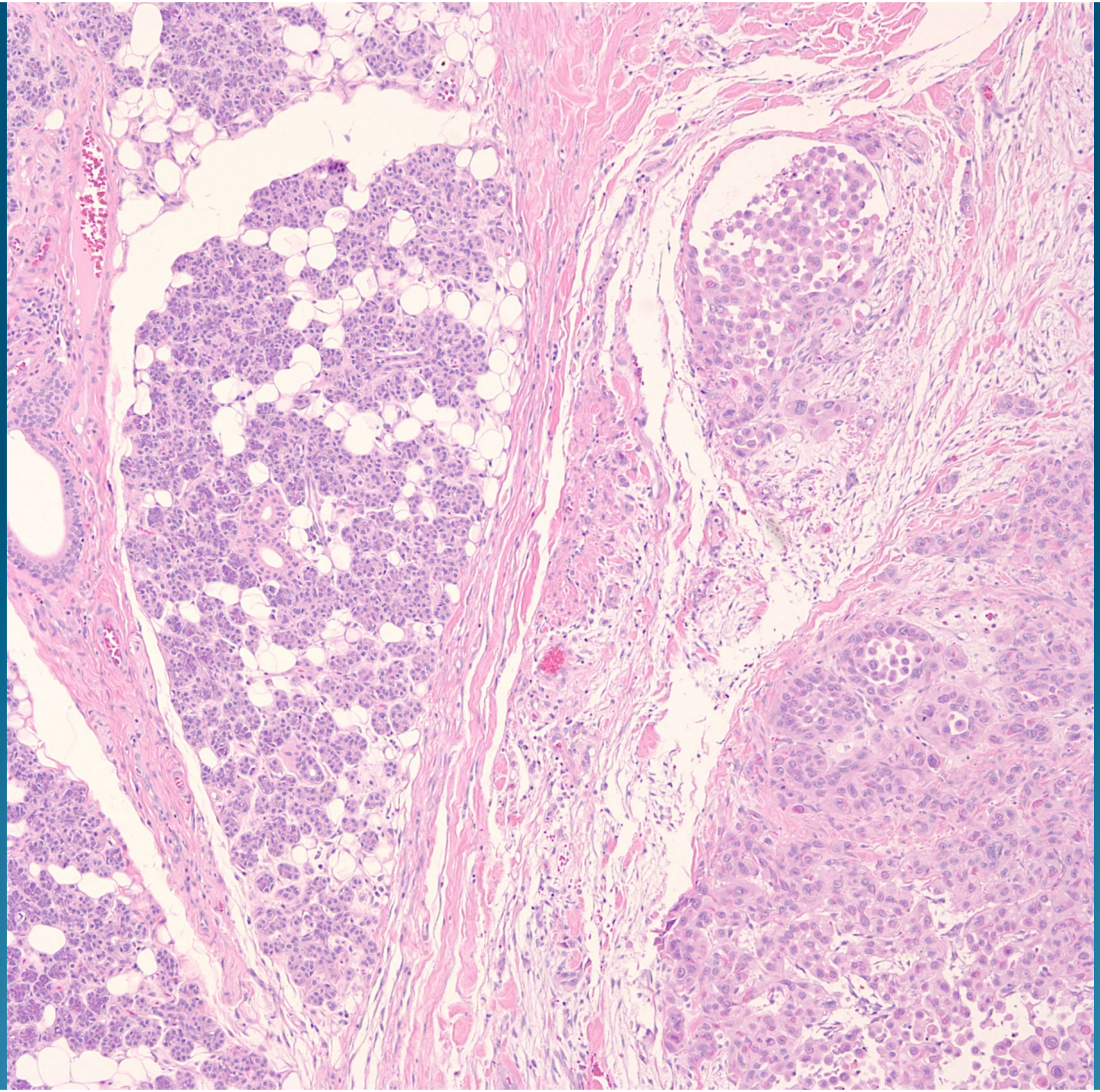


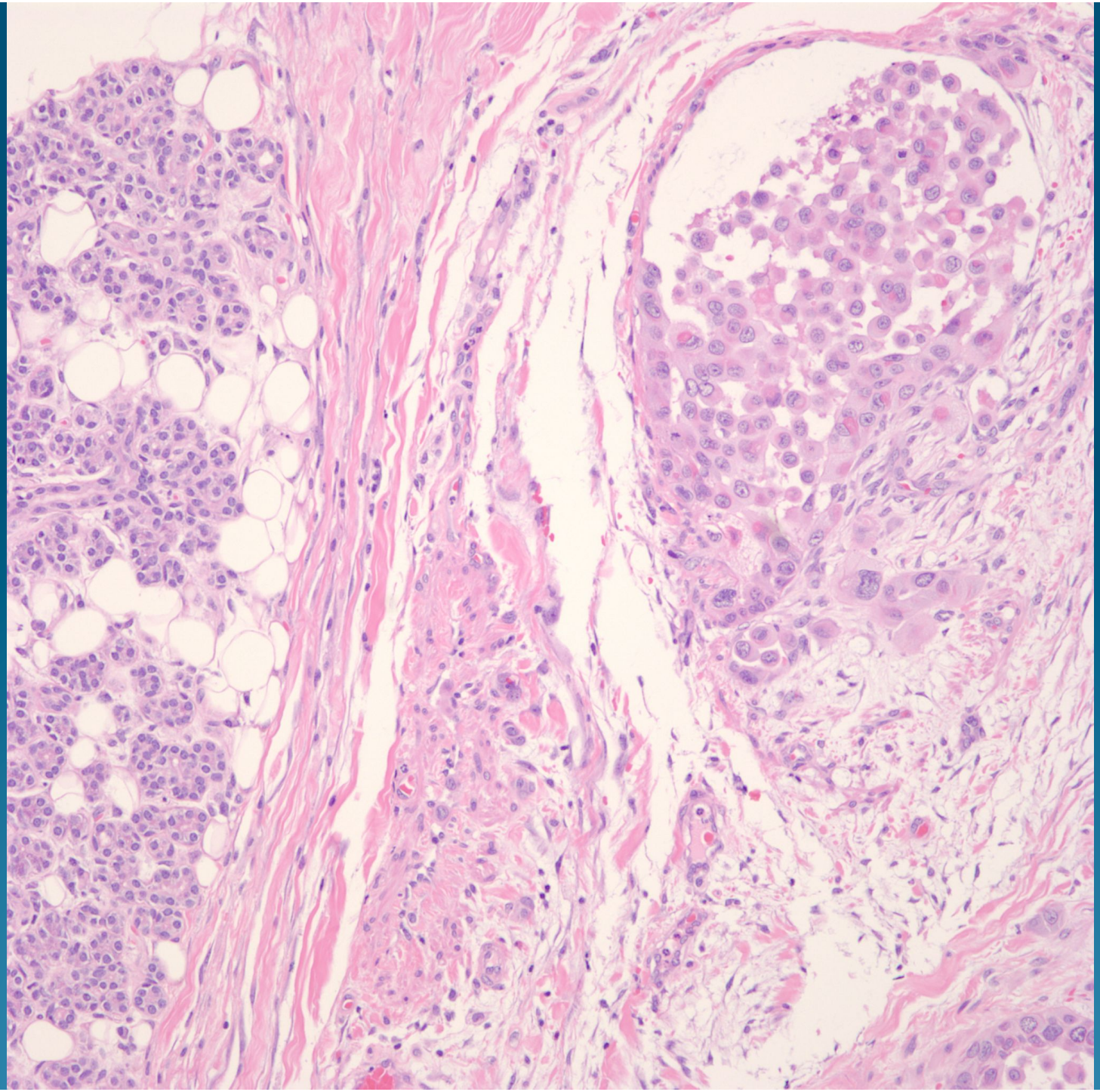


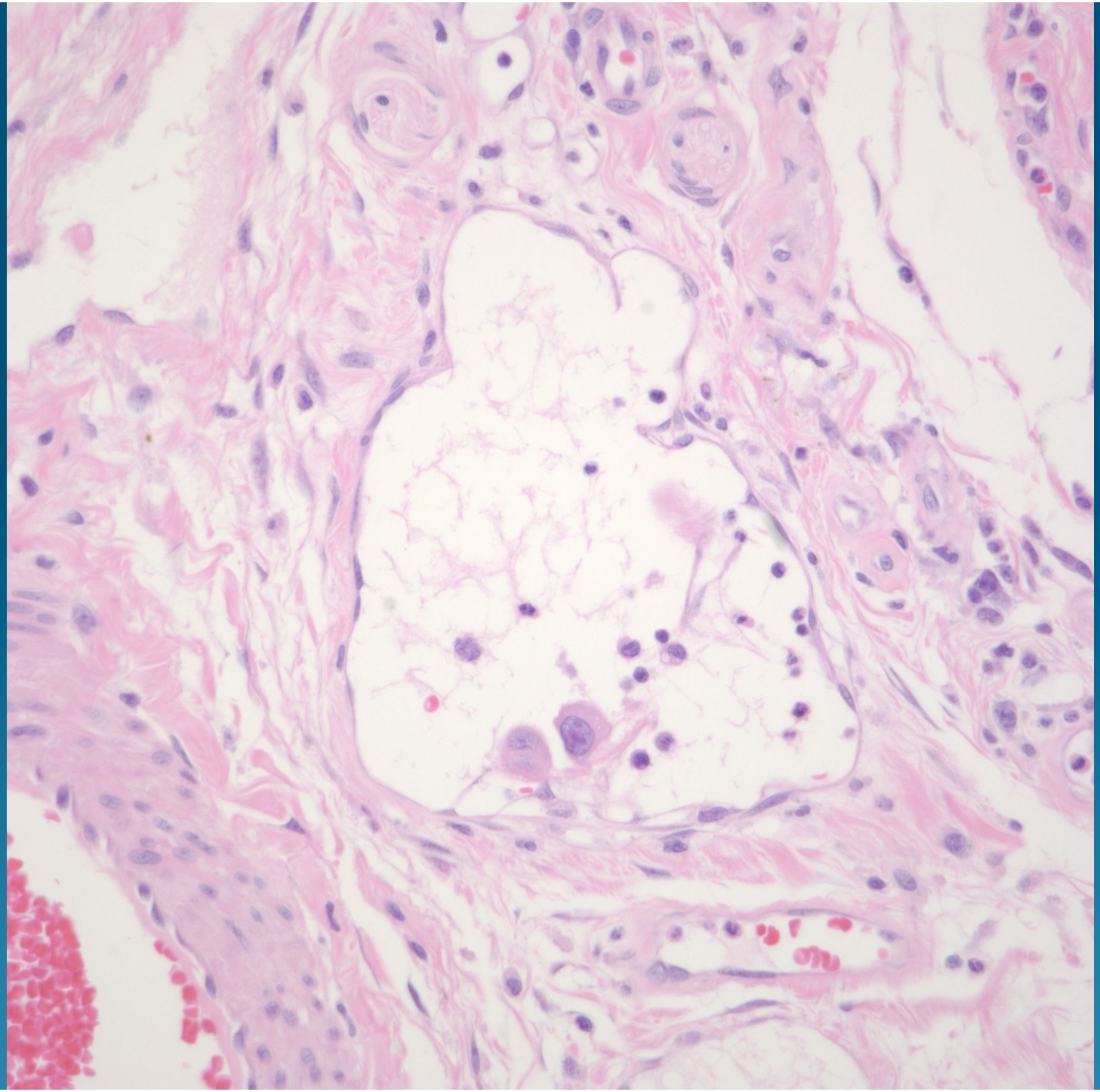


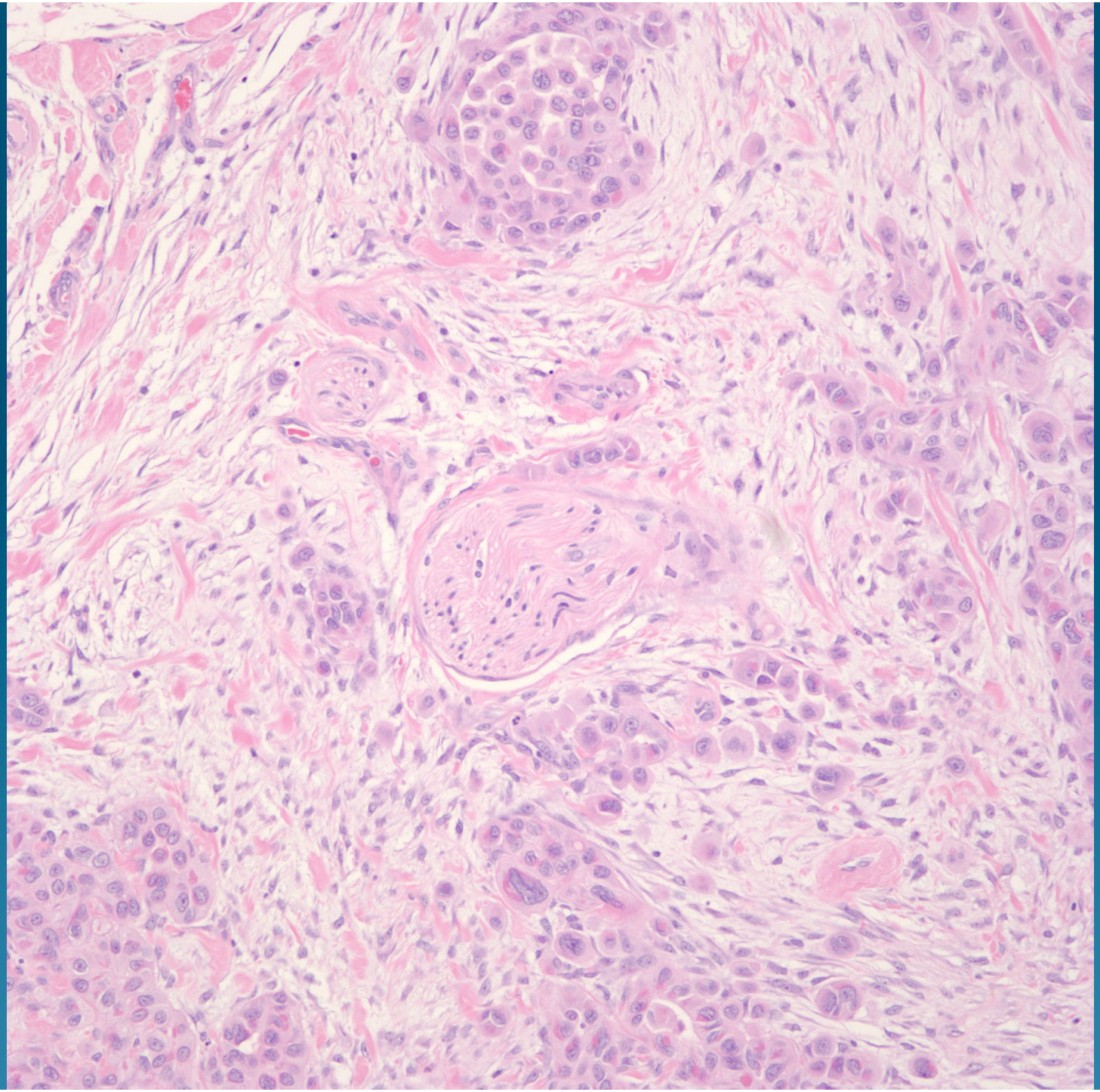








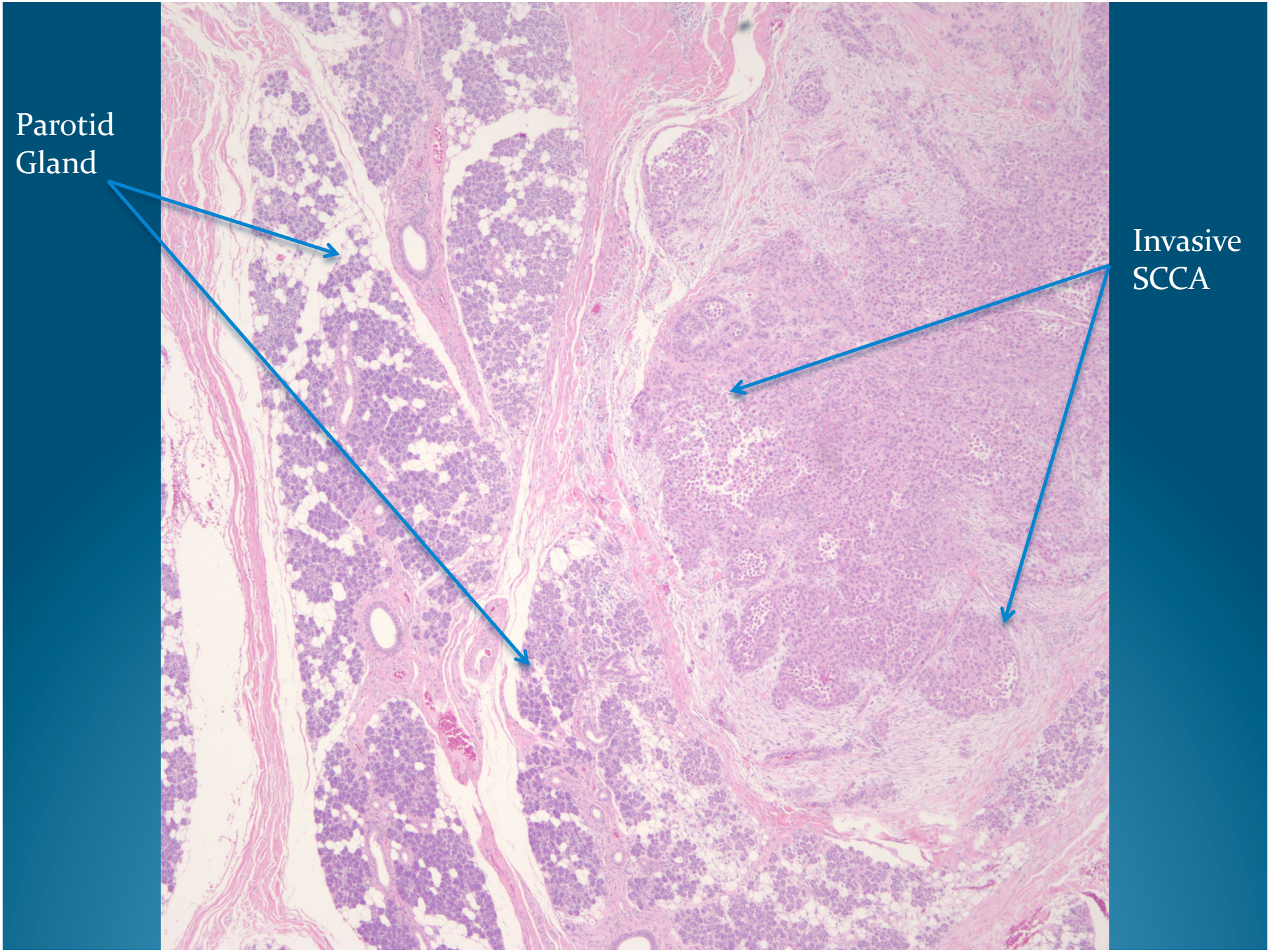




Invasive Squamous Cell Carcinoma, Poorly Differentiated with Acantholysis

Invasive into Parotid Gland

Lymphovascular and Perineural Invasion+


Parotid Gland
Invasive SCCA