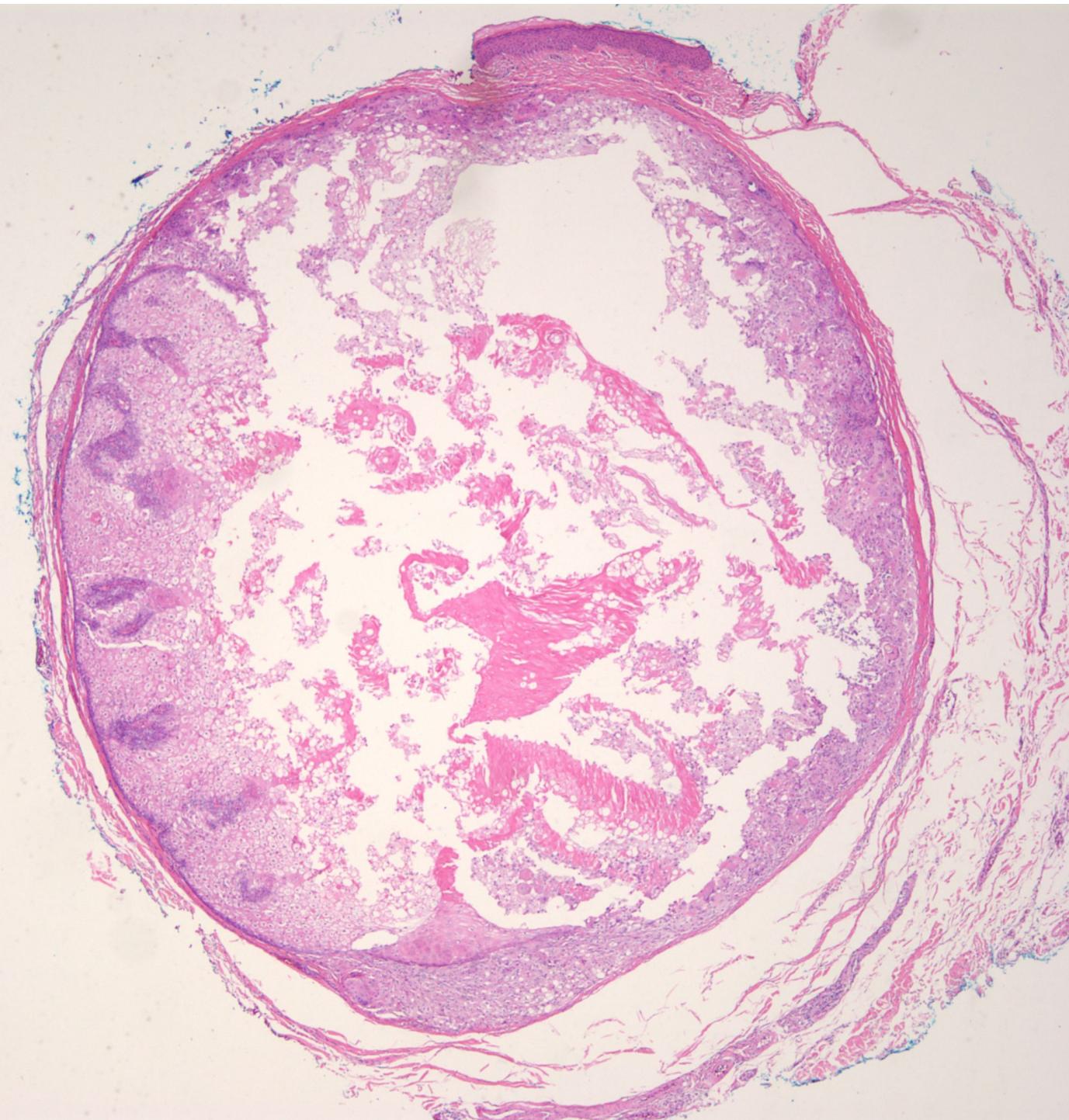
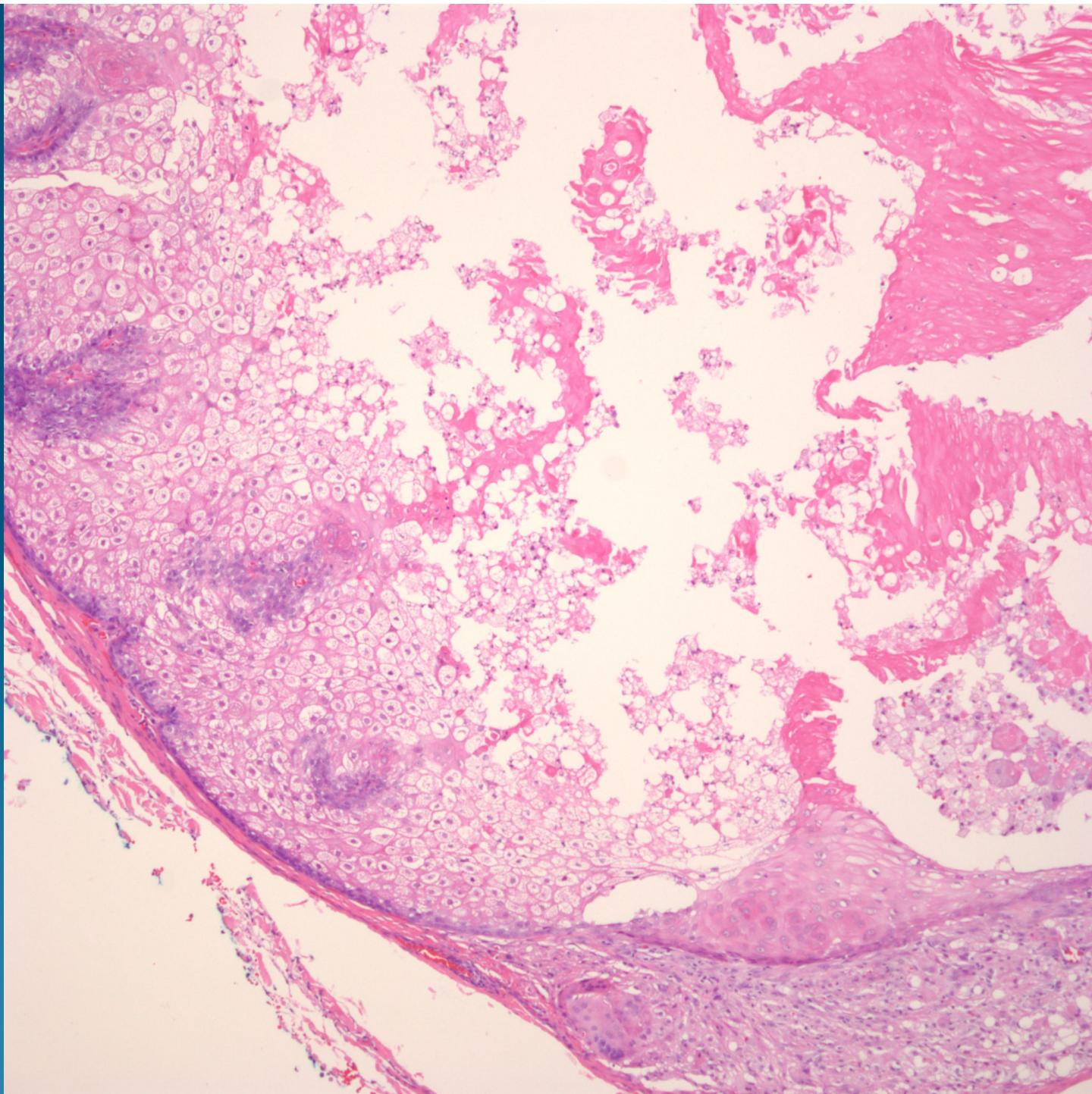
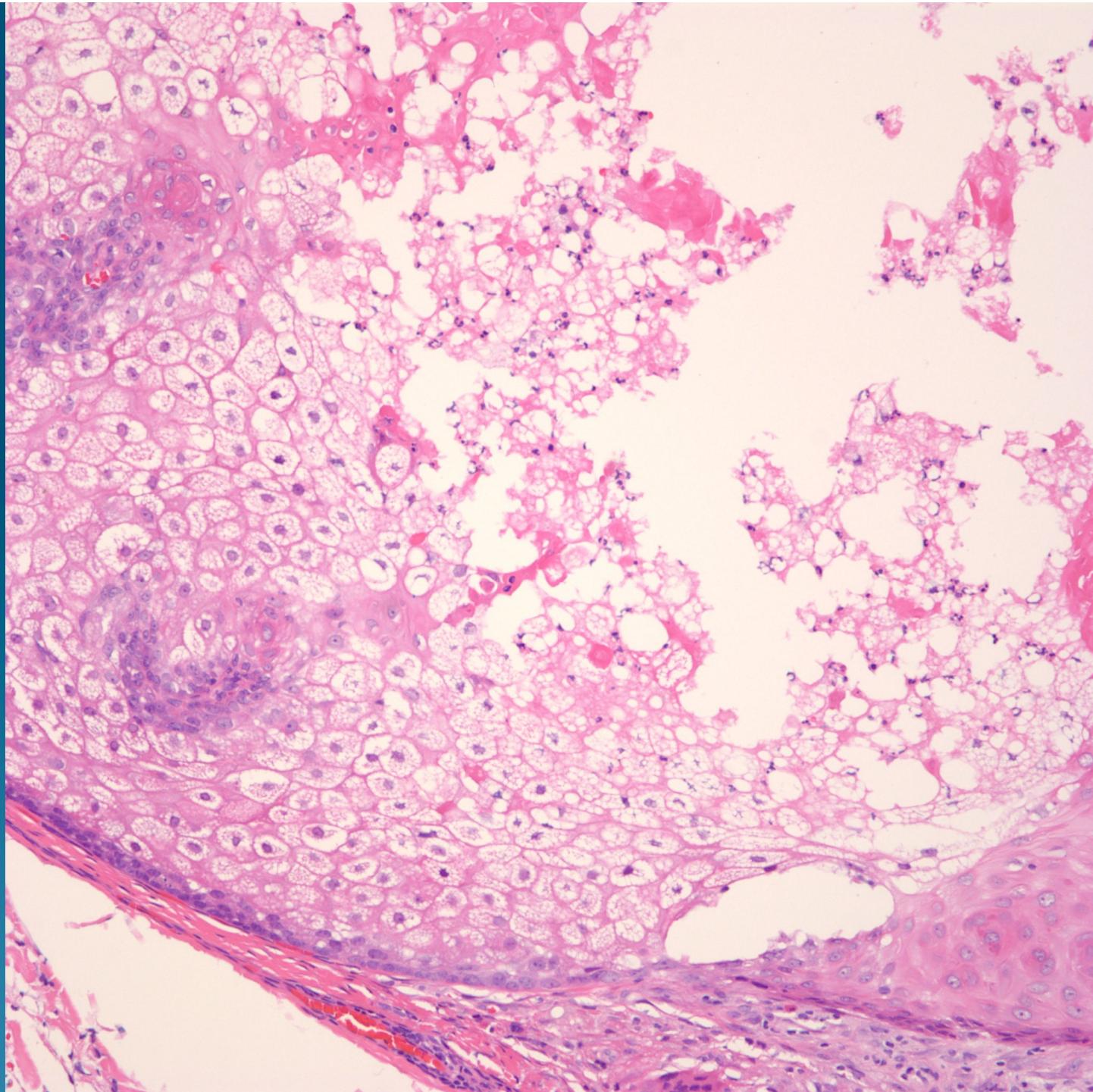


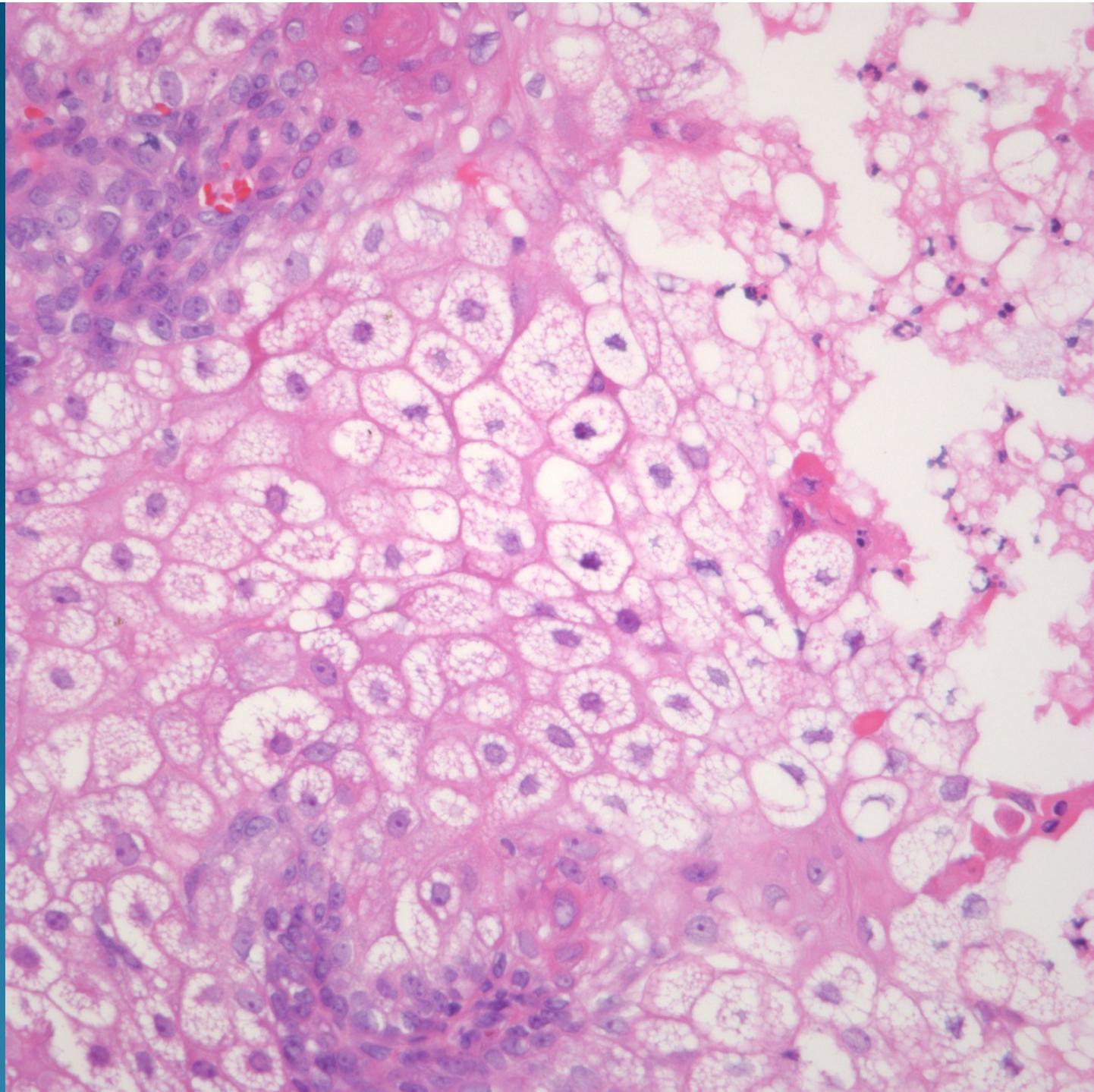
Dermatopathology Slide Review Part 121

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

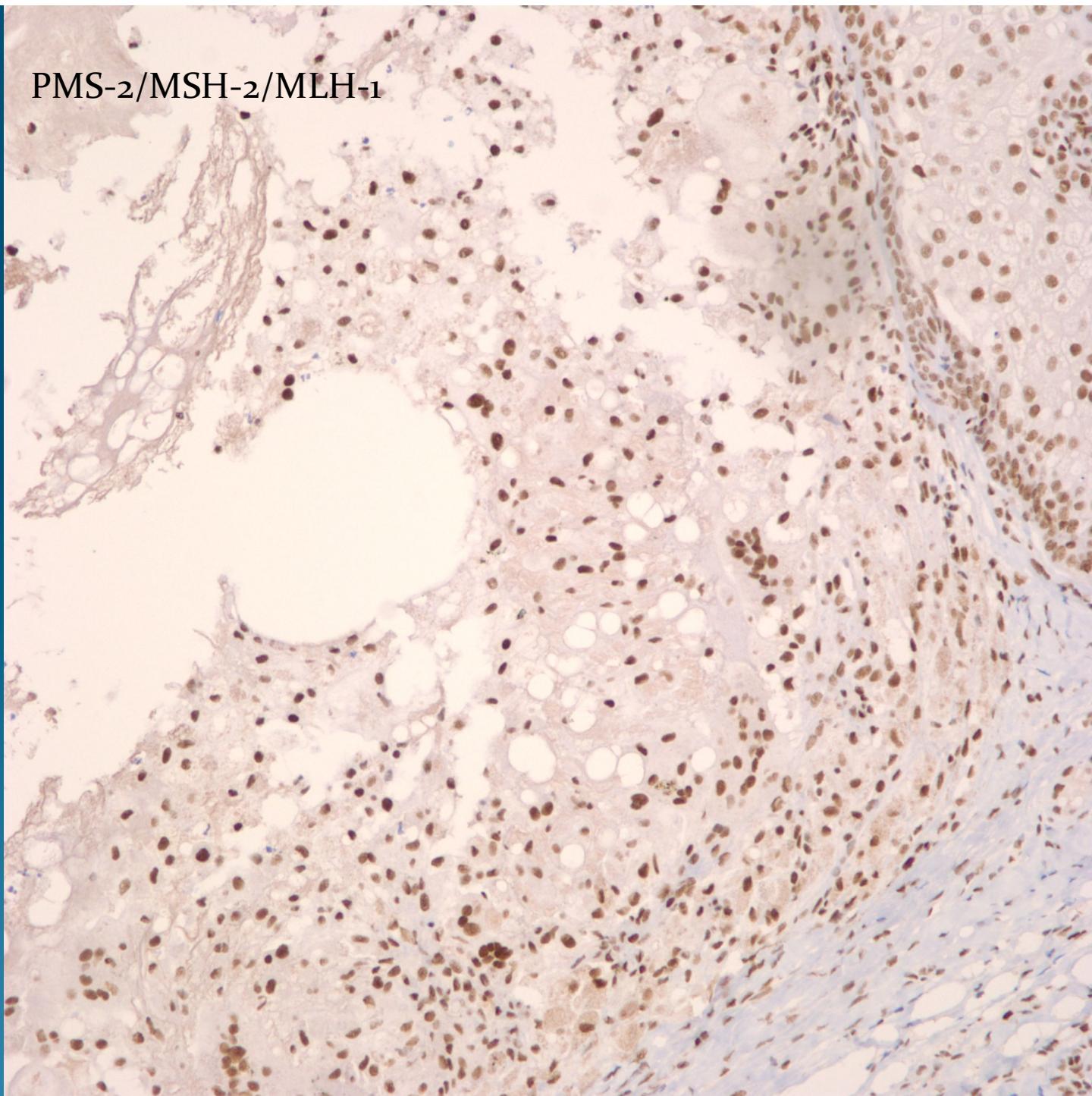




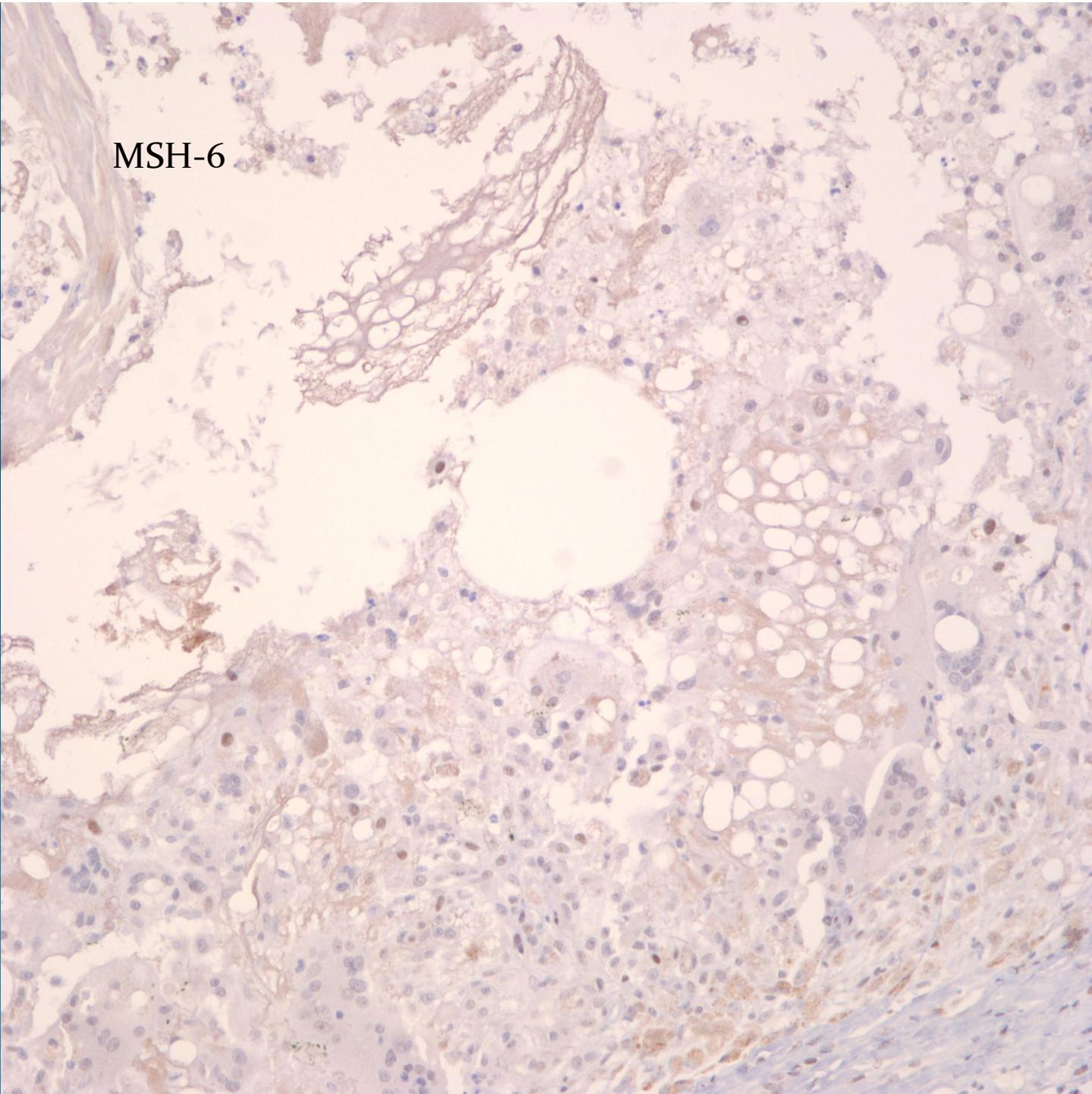




PMS-2/MSH-2/MLH-1



MSH-6



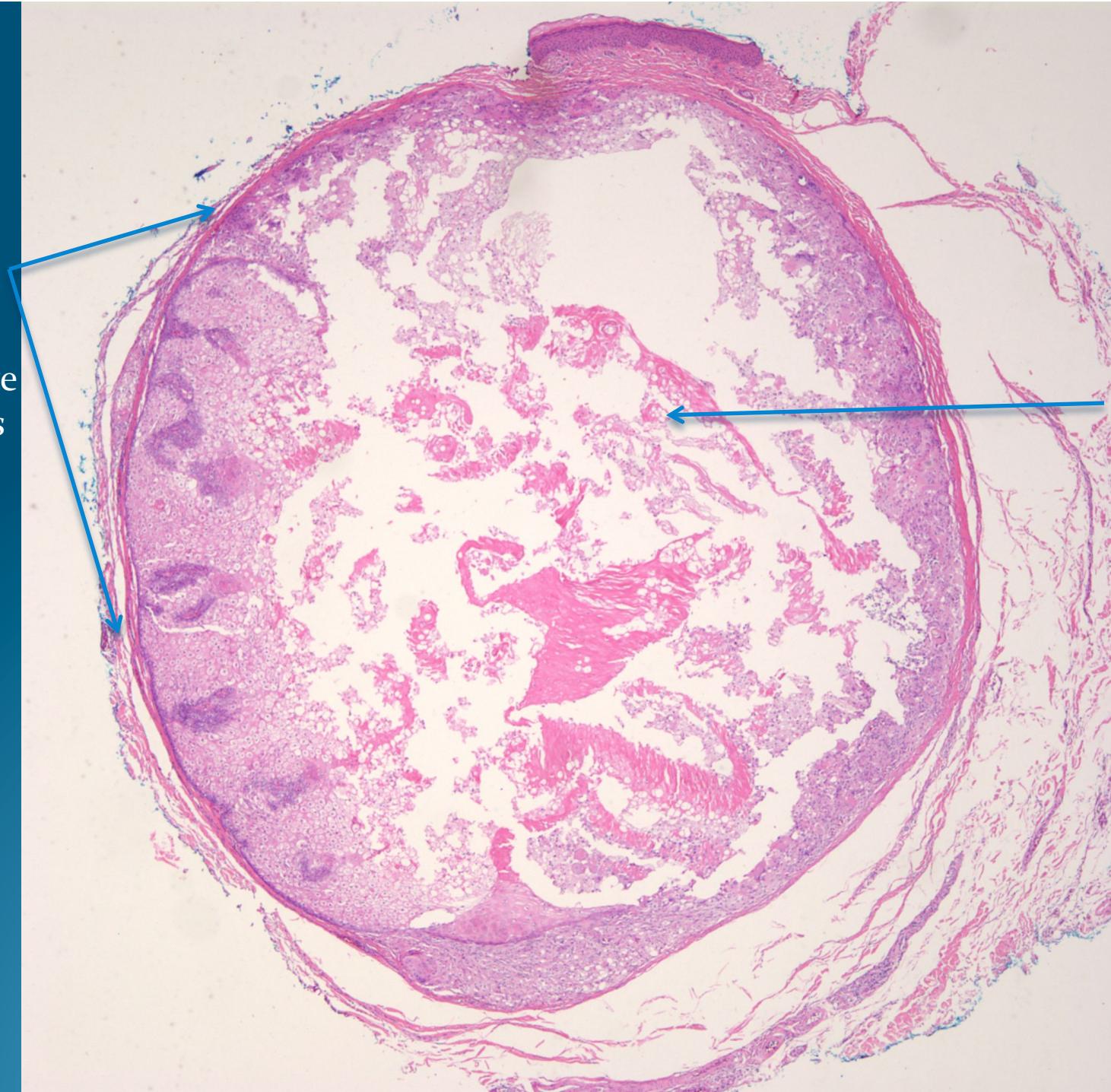
Cystic Sebaceous Adenoma Suggestive of Muir-Torre Syndrome

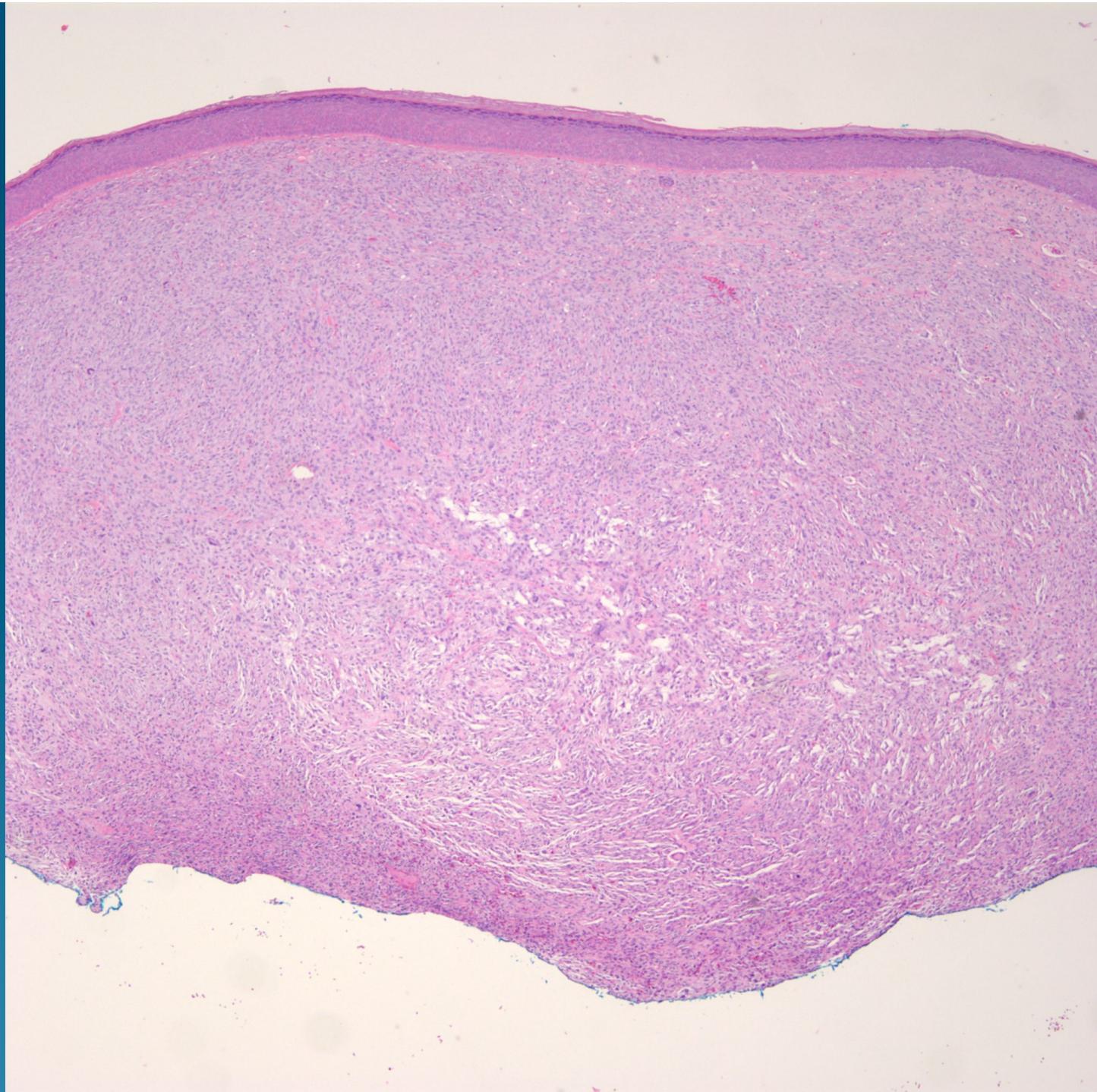
Notes

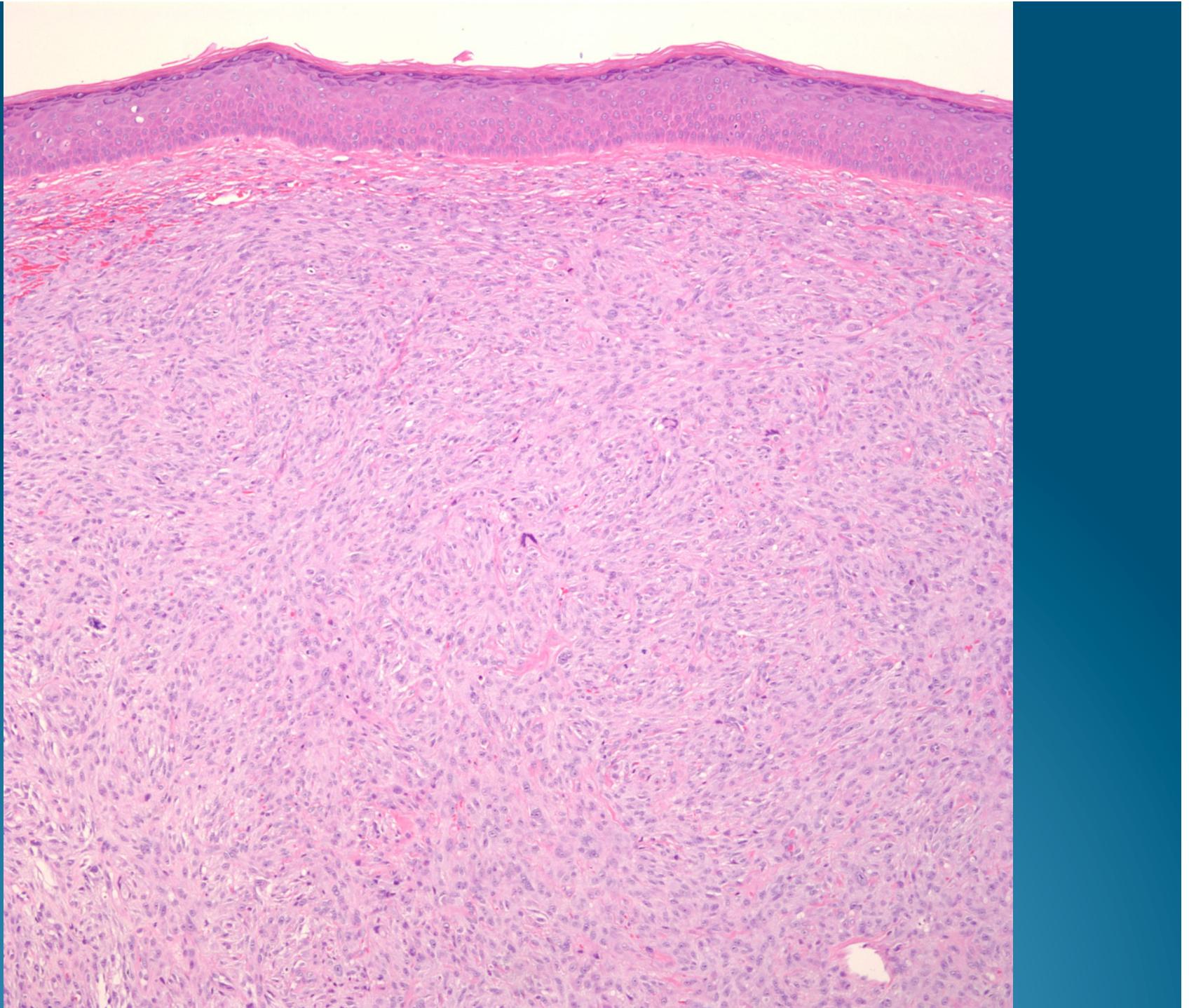
- All sebaceous neoplasms are potential markers for Muir-Torre syndrome
- Sebaceous tumors with cystic change and verruciform features are more frequently associated
- May confirm with DNA Mismatch repair genes (look for loss of staining)
 - MSH-6
 - PMS-2
 - MLH-1
 - MSH-2

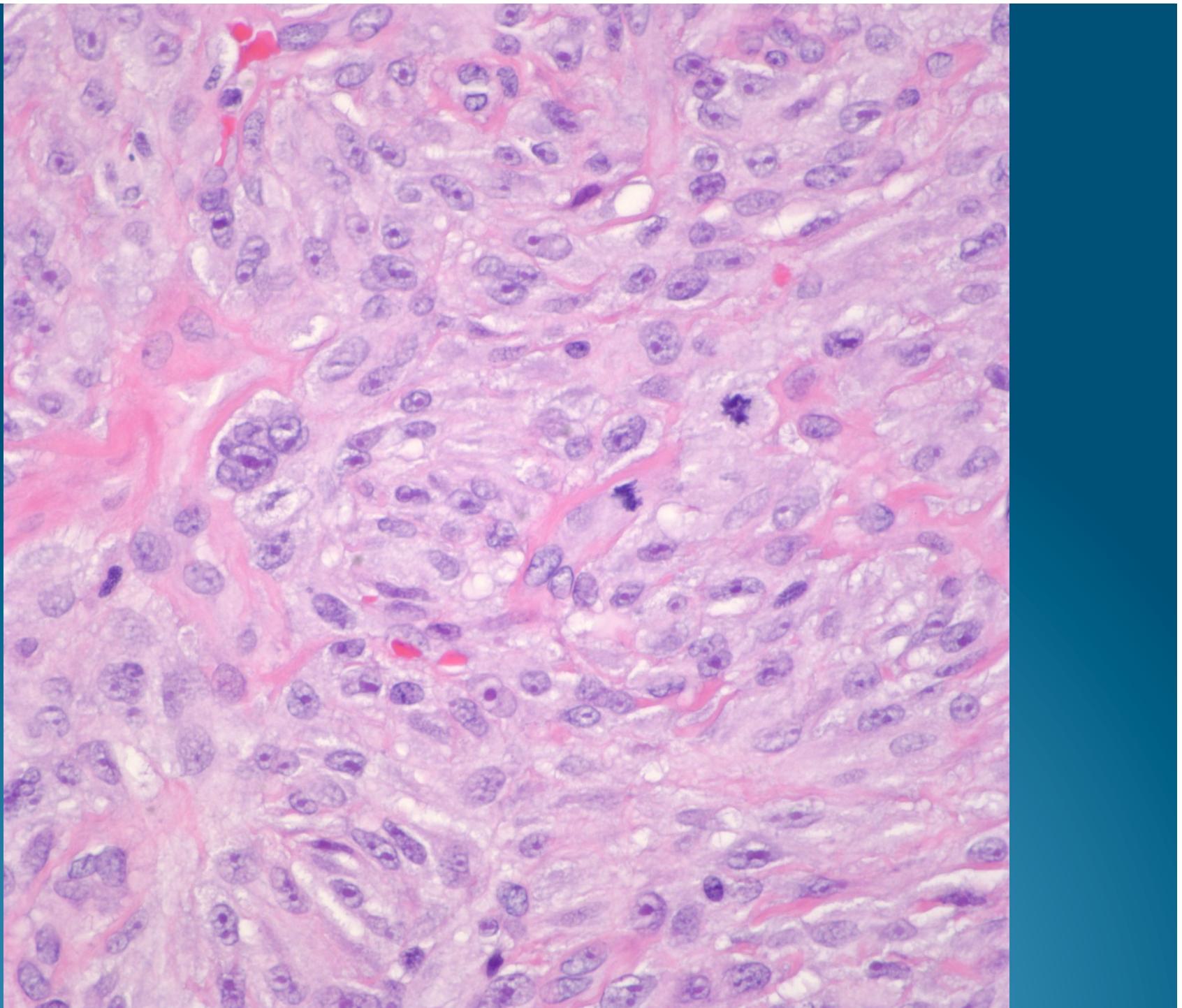
Circum-
Scribed
Dermal
Tumor
Of mature
sebocytes

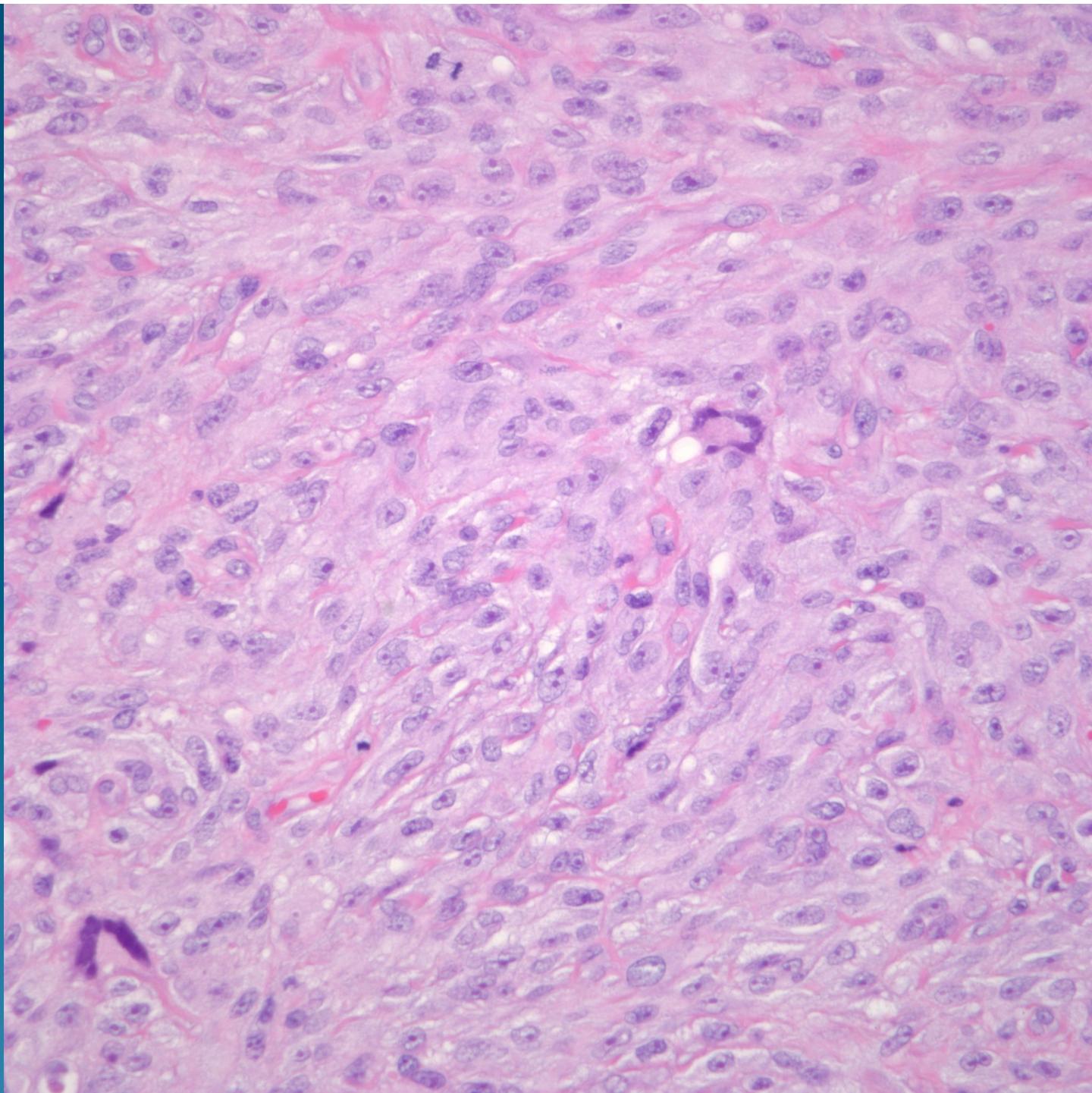
Cystic
change









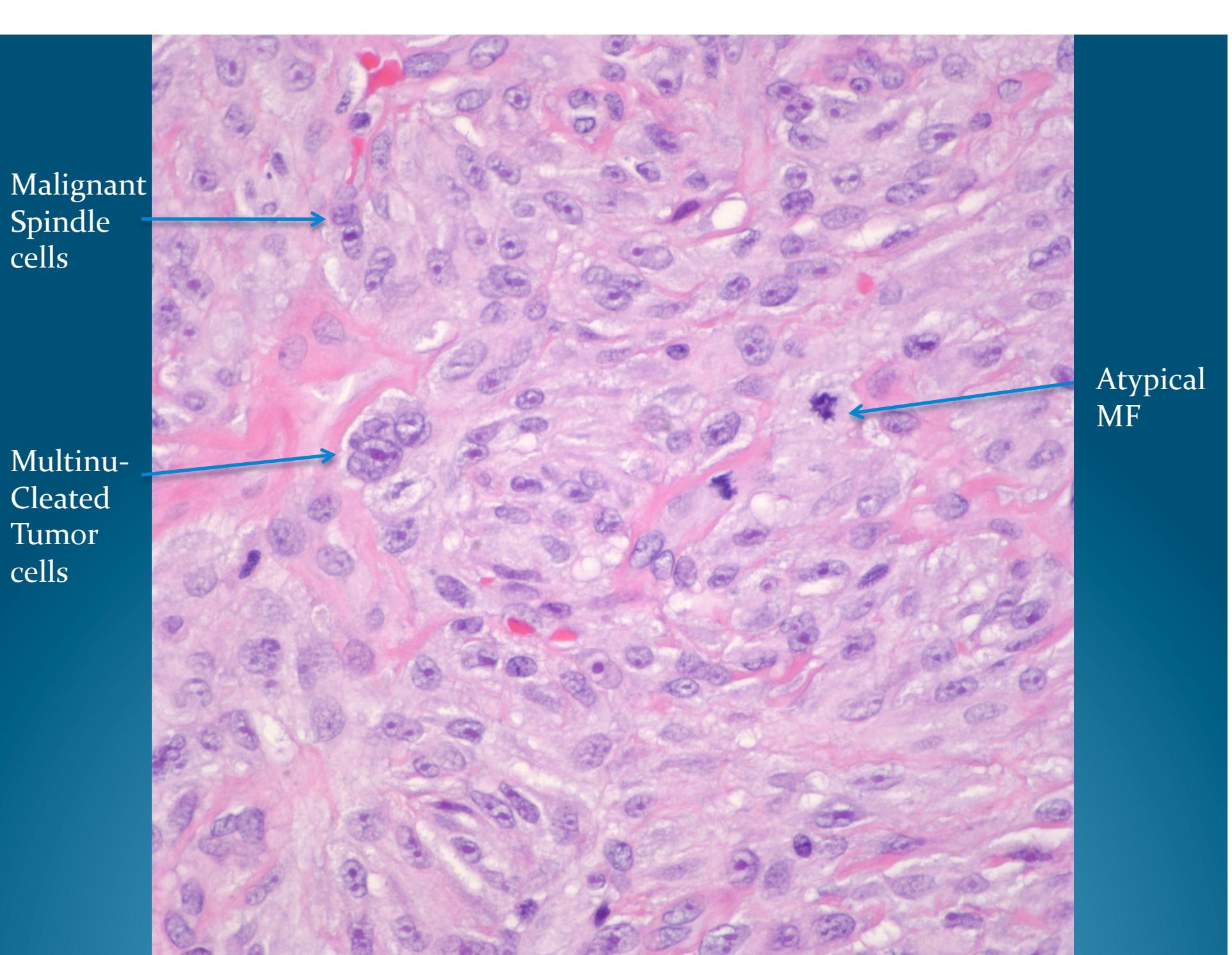


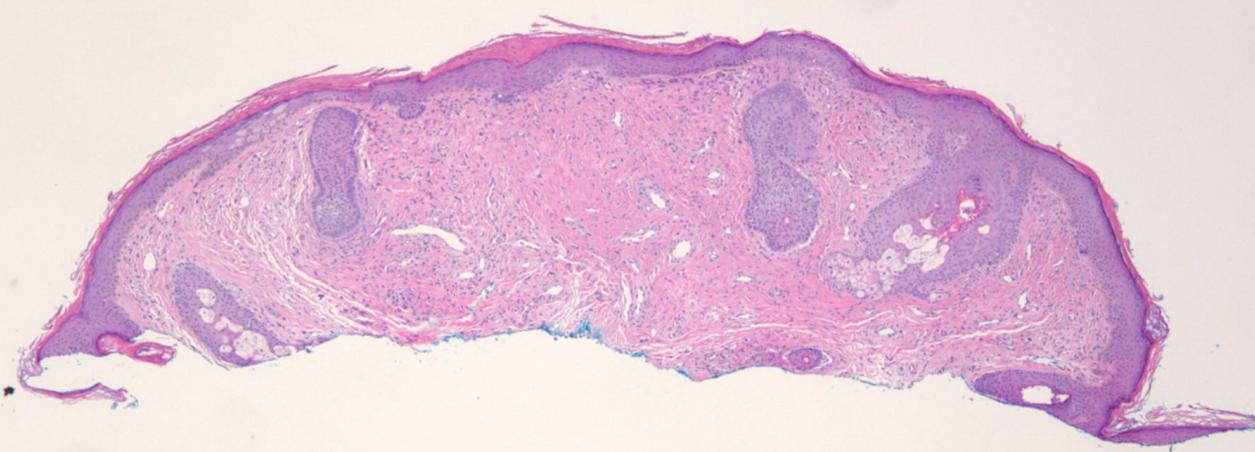
Relevant differential diagnostic considerations include all except:

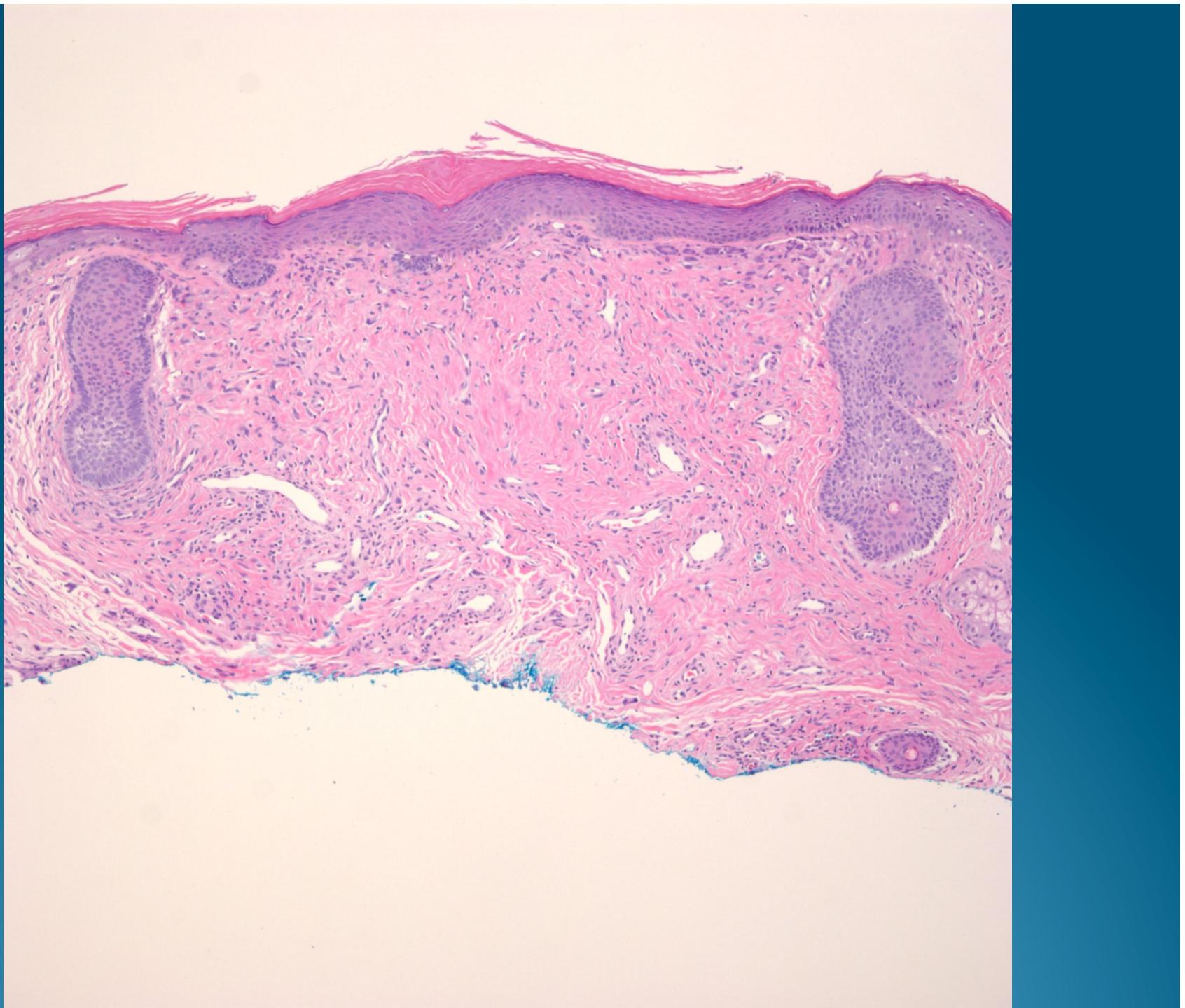
- A. Neurofibroma
- B. Atypical fibroxanthoma
- C. Sarcomatoid carcinoma
- D. Leiomyosarcoma
- E. Spindle cell melanoma

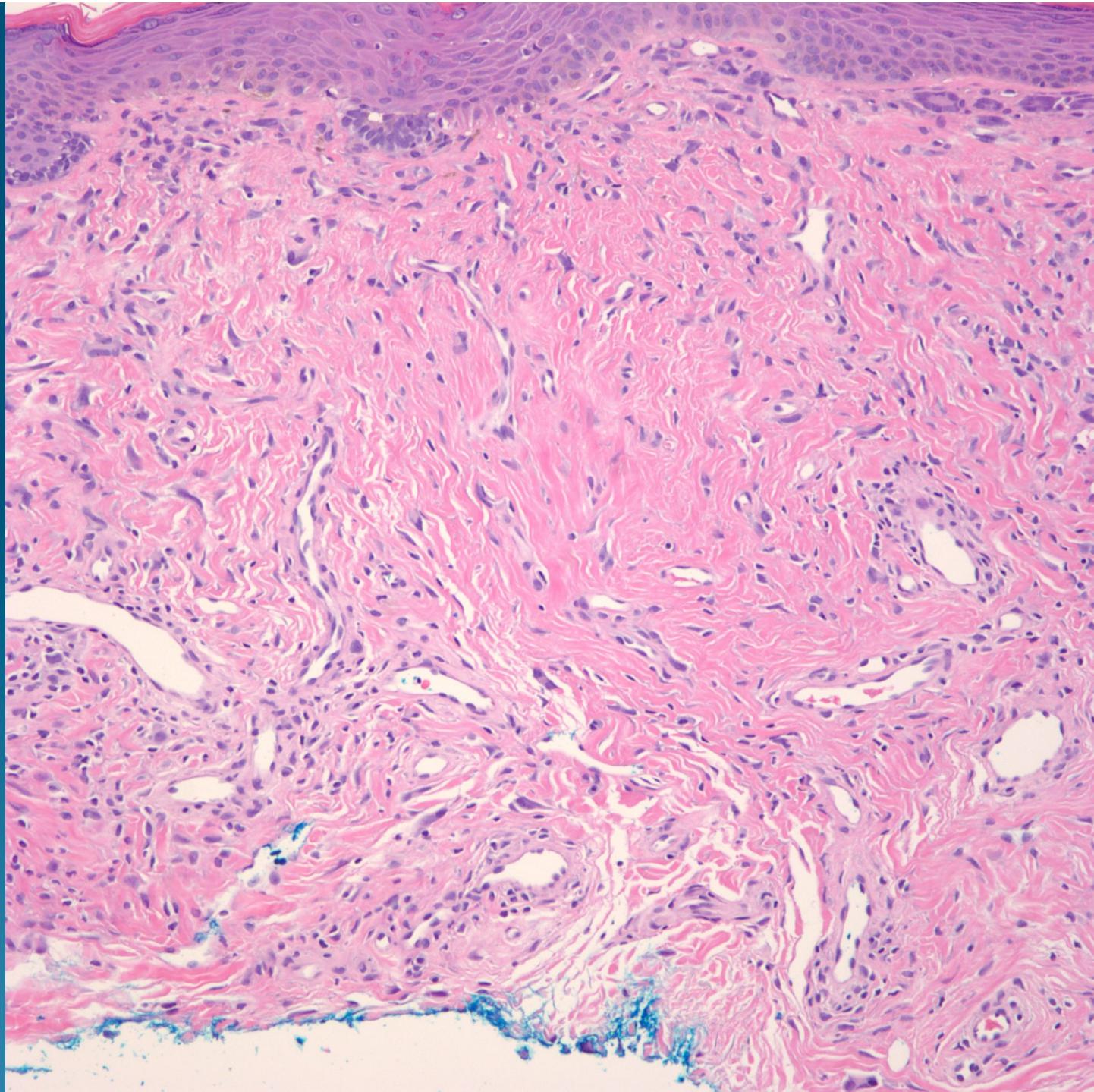
A-Neurofibroma

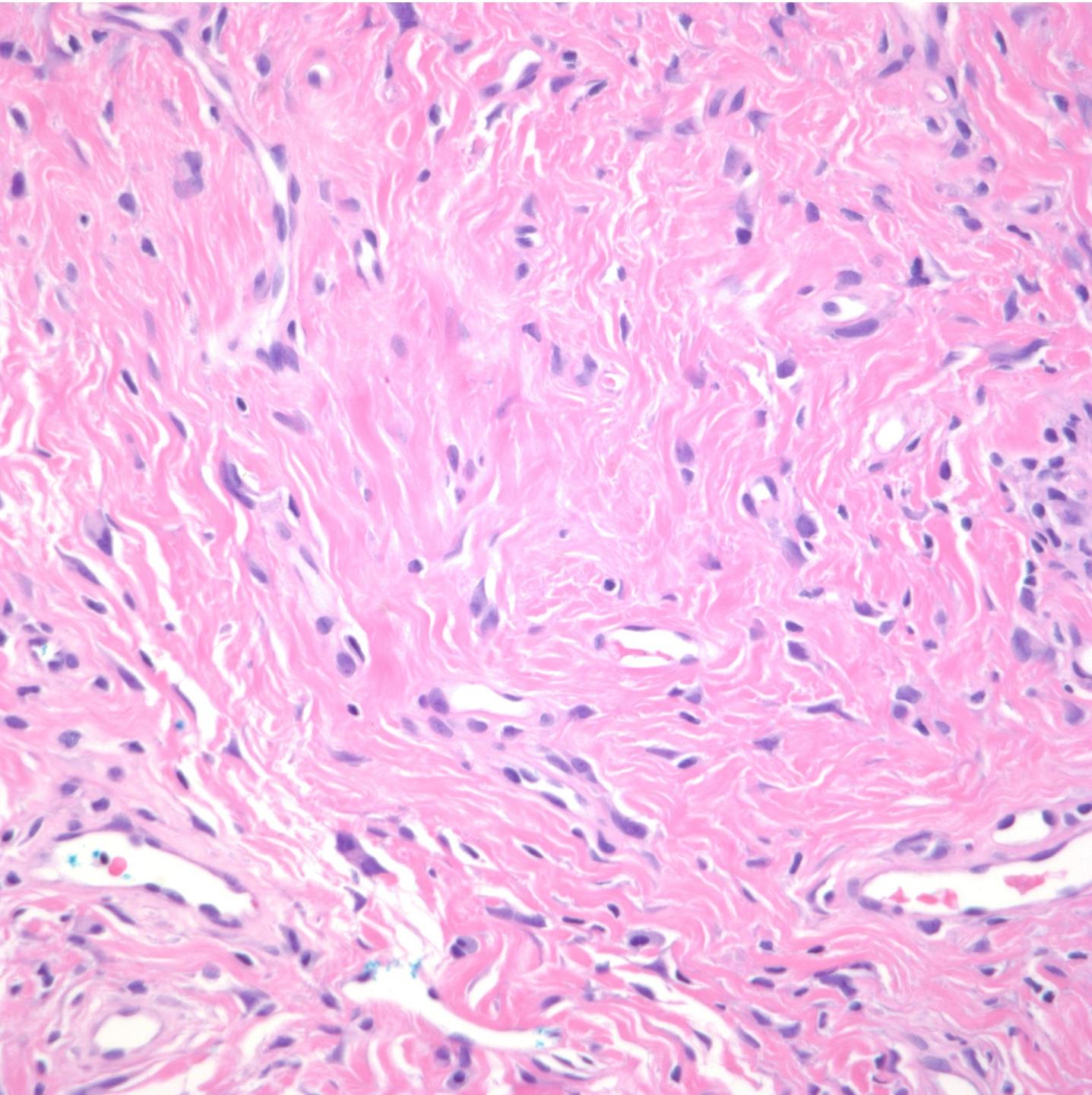
- This is an atypical fibroxanthoma (AFX) with cytologically malignant cells, a feature not found in neurofibroma but found in the other tumor choices.
- Pertinent immunohistochemical stains included focal positivity for CD68 and negative stains for CK, S100, CD34, CD31, SMA, and p63











What is the best diagnosis?

- A. Fibrous papule
- B. Dermatofibroma
- C. Reticulohistiocytoma
- D. Neurofibroma
- E. Palisaded and encapsulated neuroma

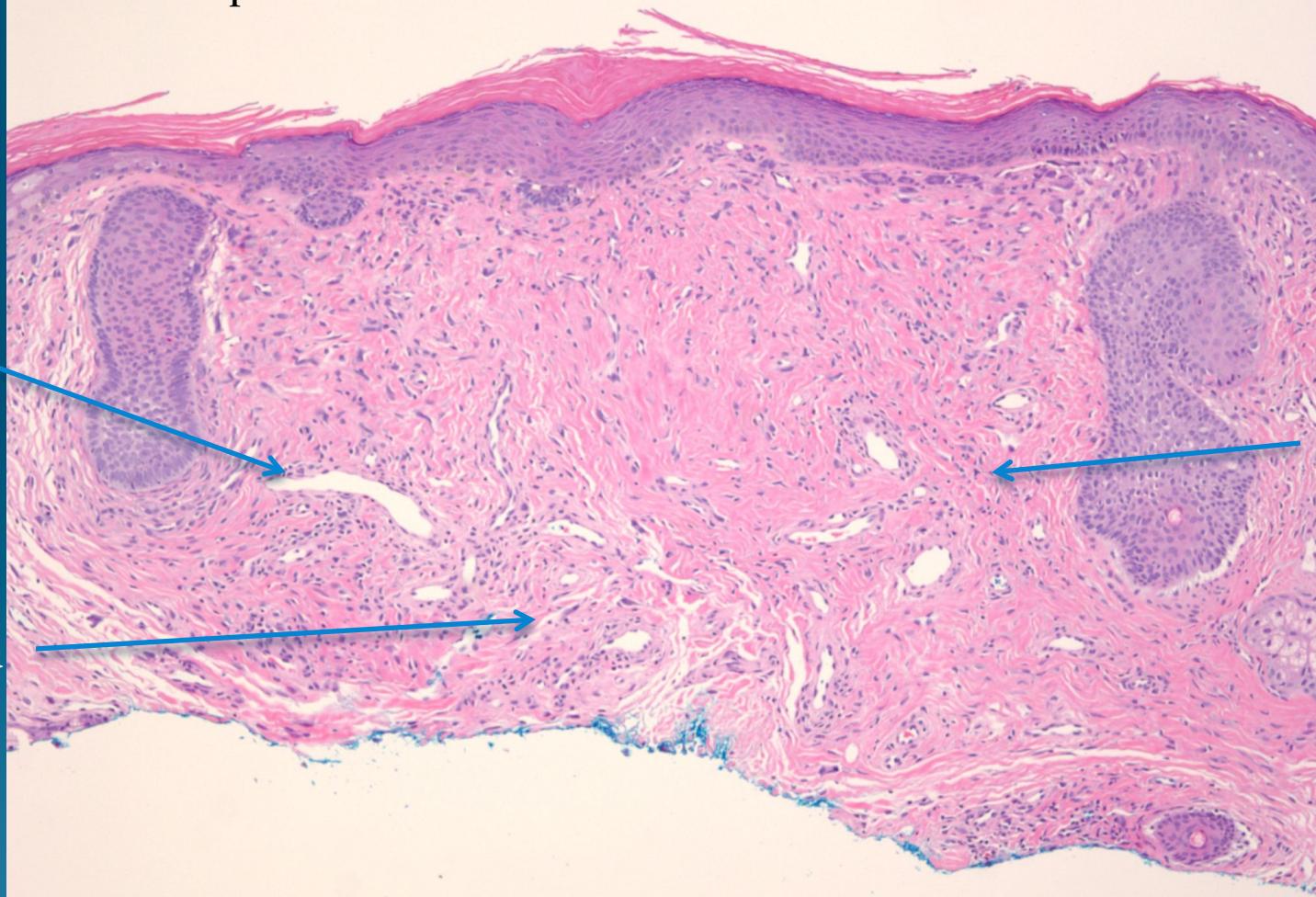
Fibrous Papule

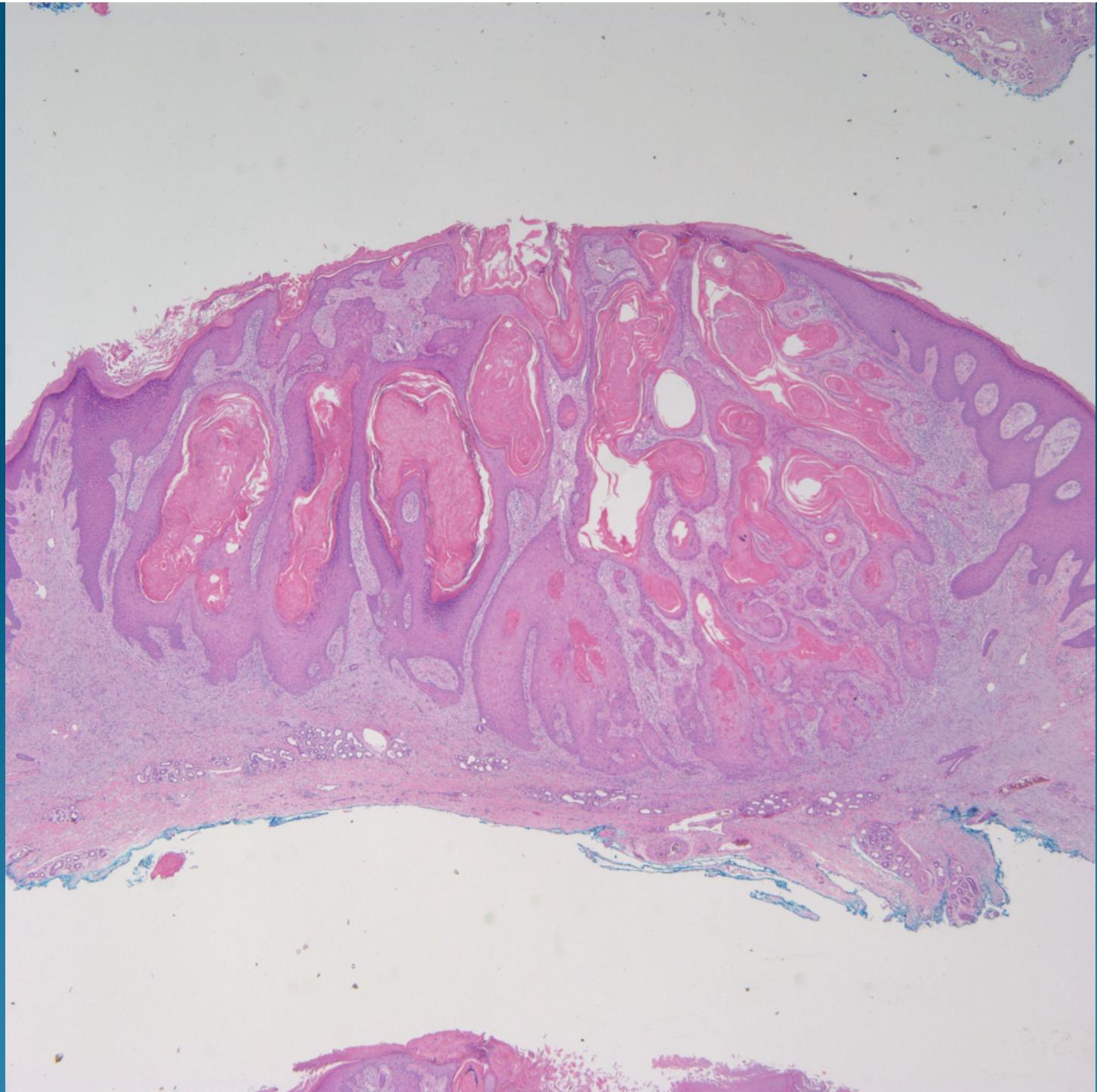
Dome shaped nodule

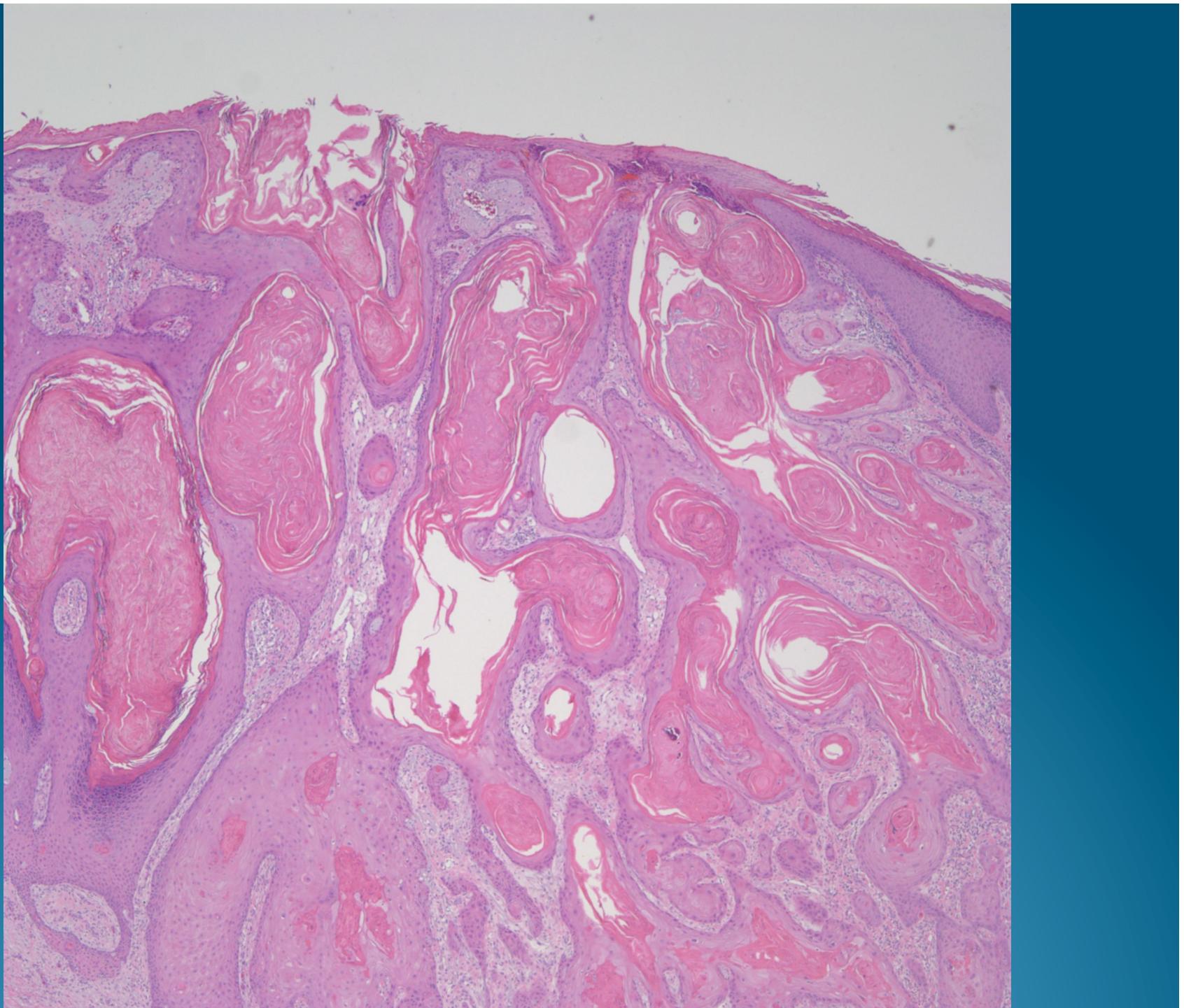
Capillary
Sized
vessels

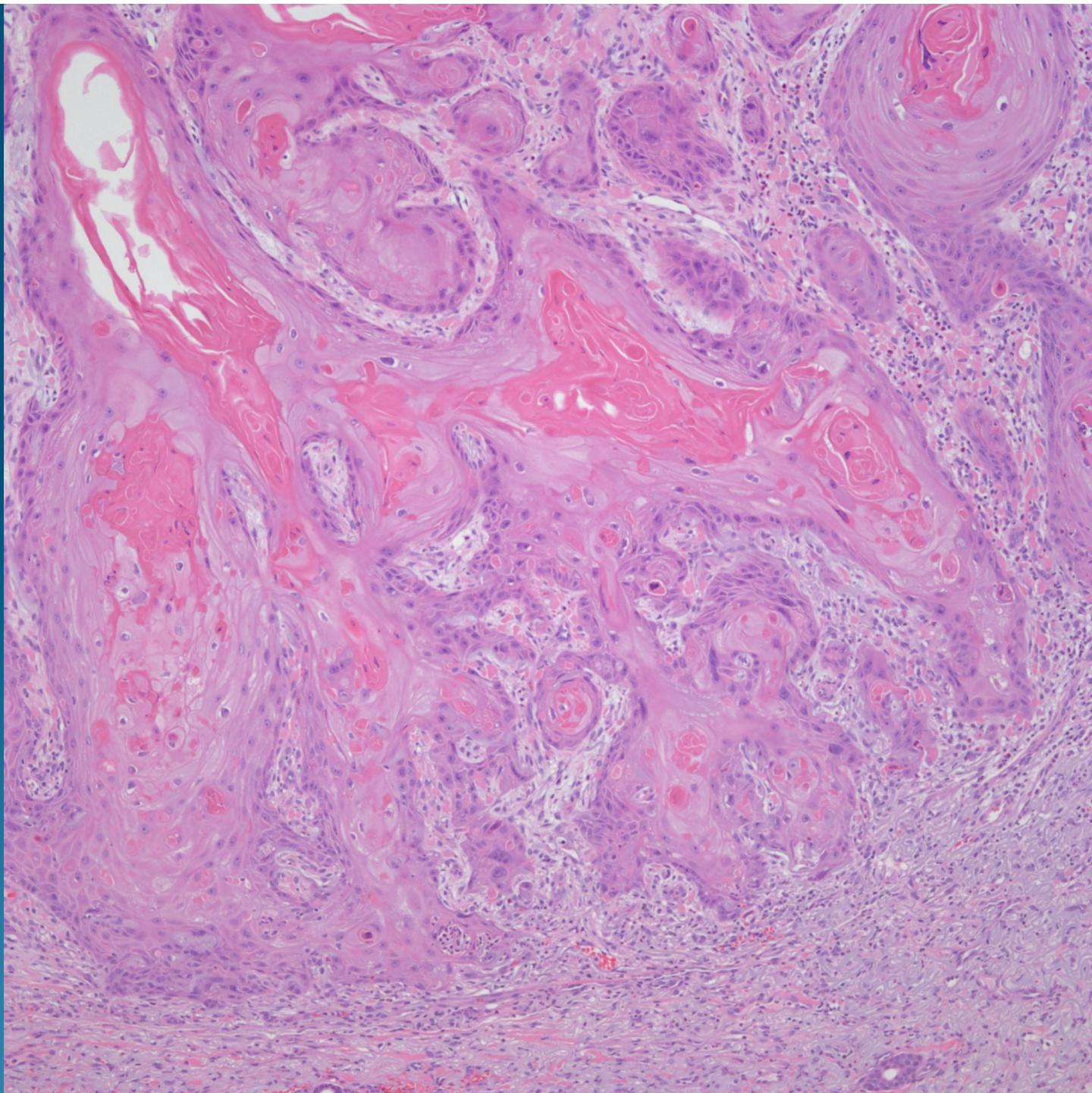
Dermal
fibroplasia

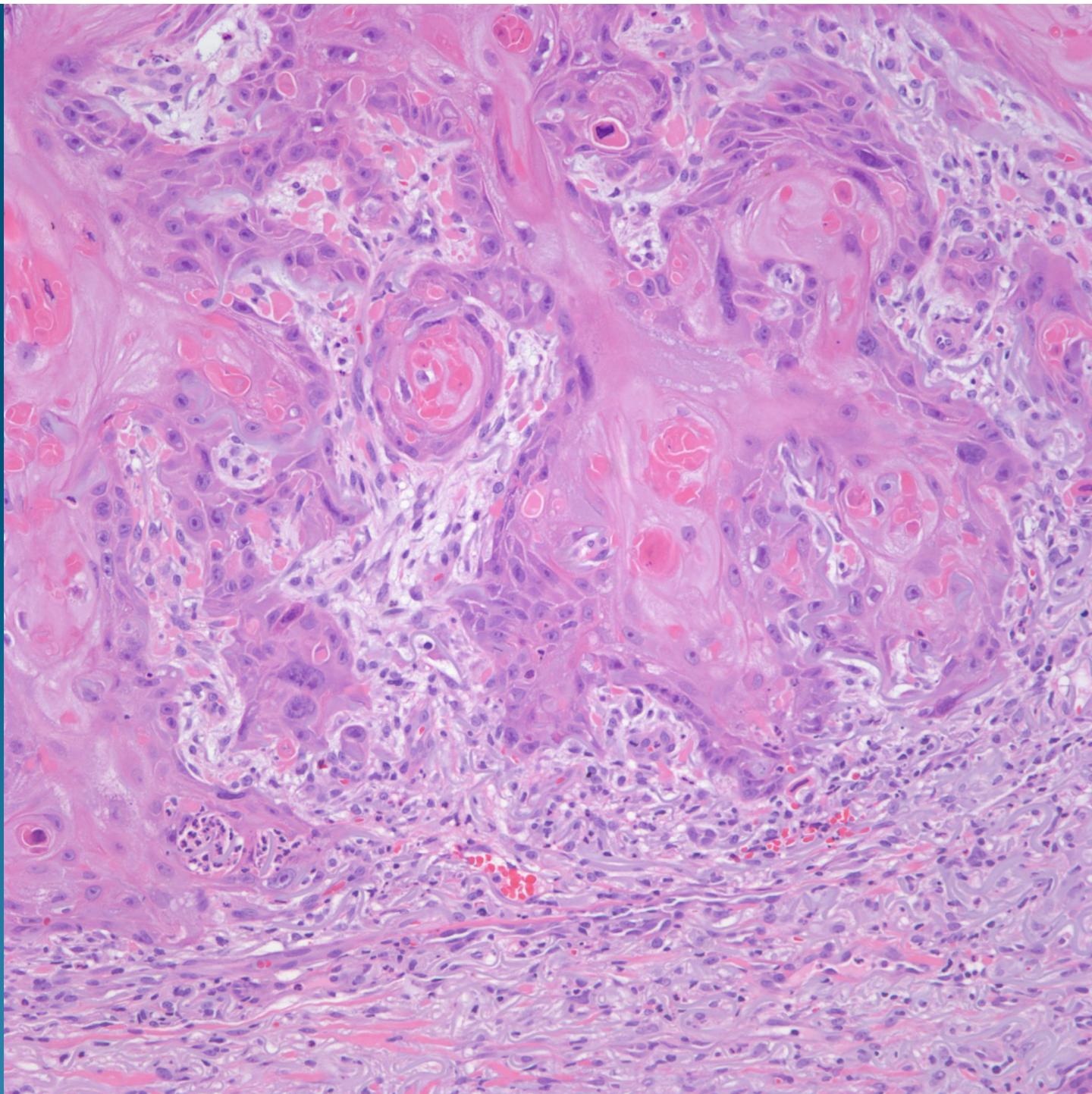
Stellate
fibroblasts

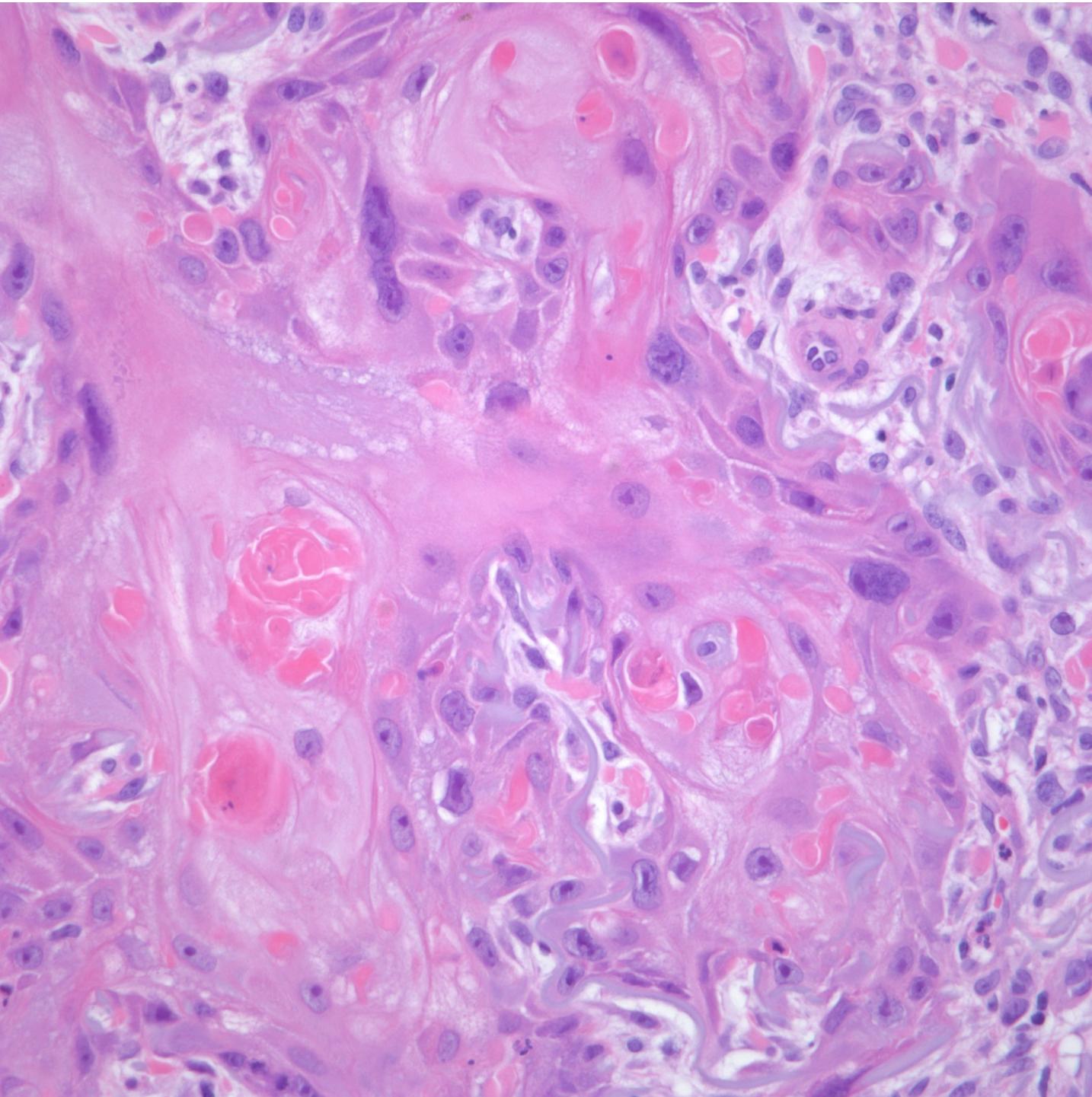












What is the best diagnosis?

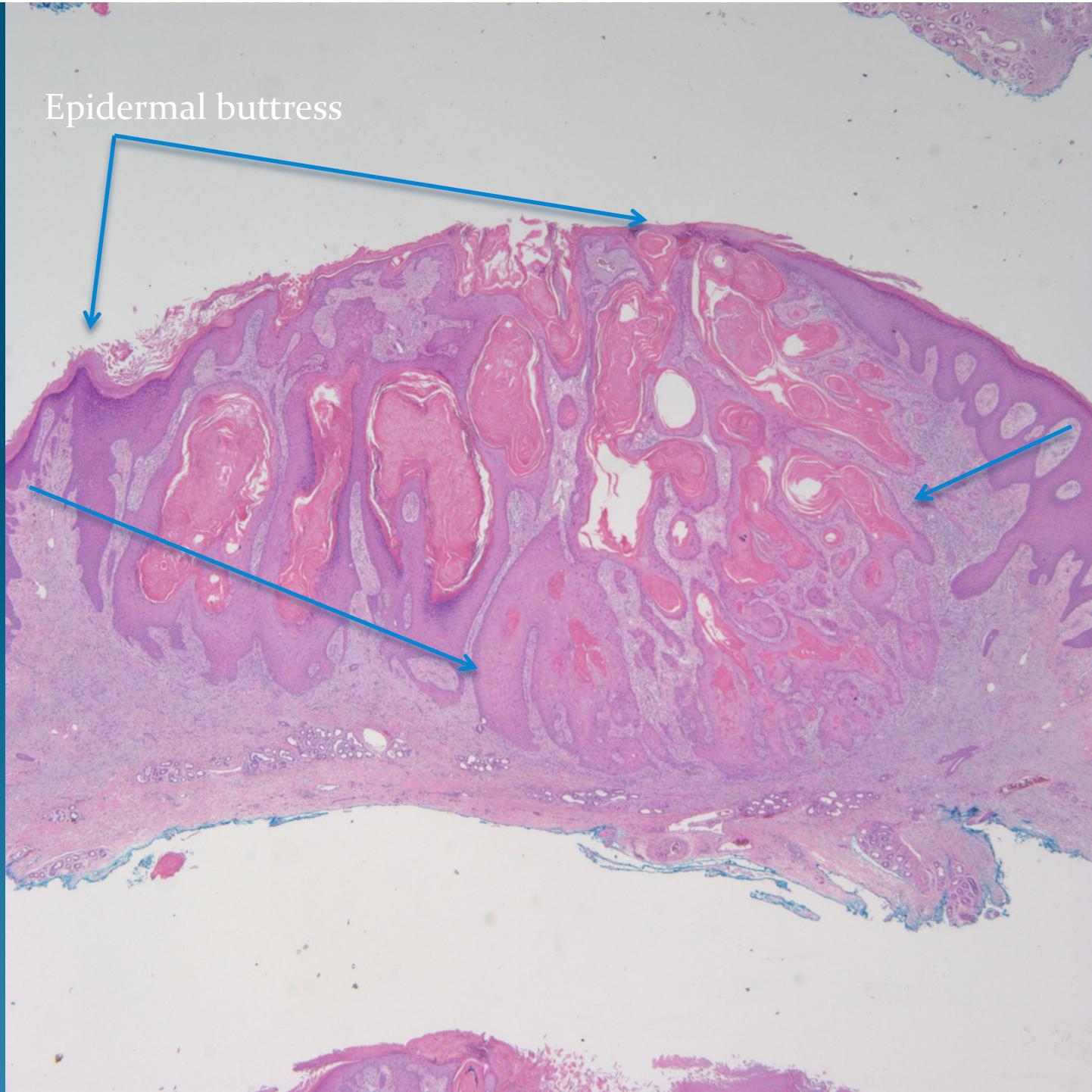
- A. Eccrine carcinoma
- B. Verruca vulgaris
- C. Sclerosing basal cell carcinoma
- D. Merkel cell carcinoma
- E. Keratoacanthoma

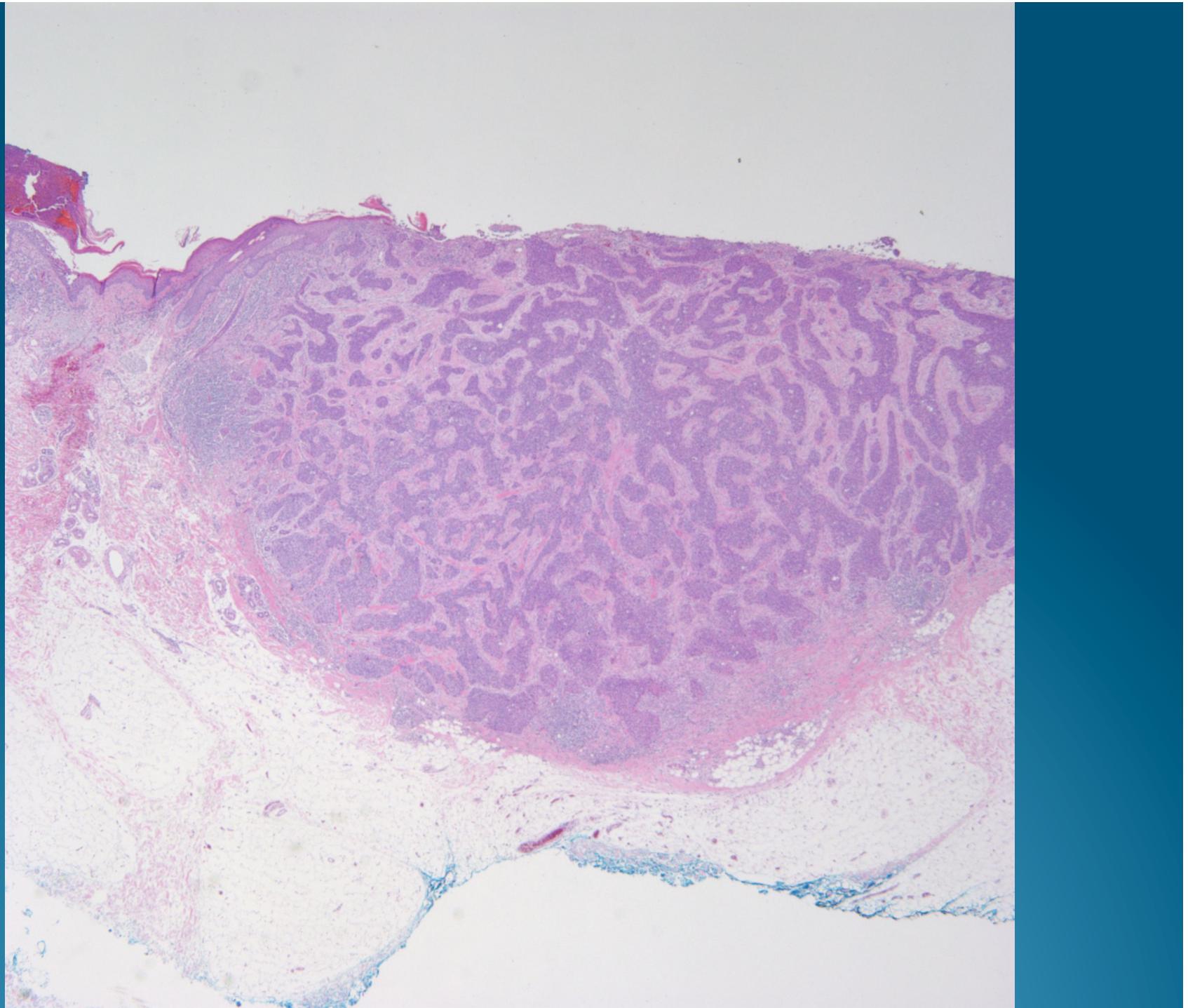
Keratoacanthoma

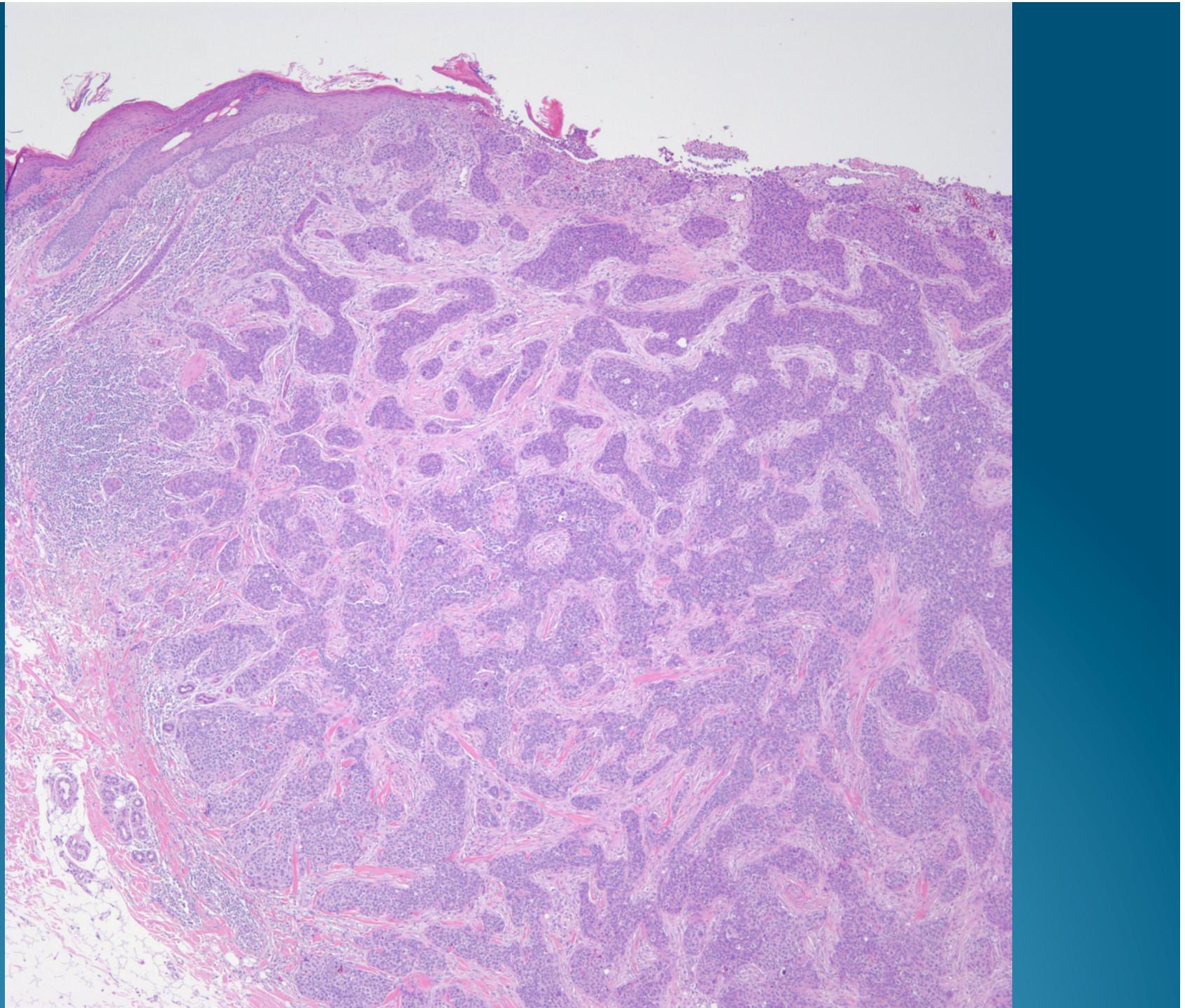
Epidermal buttress

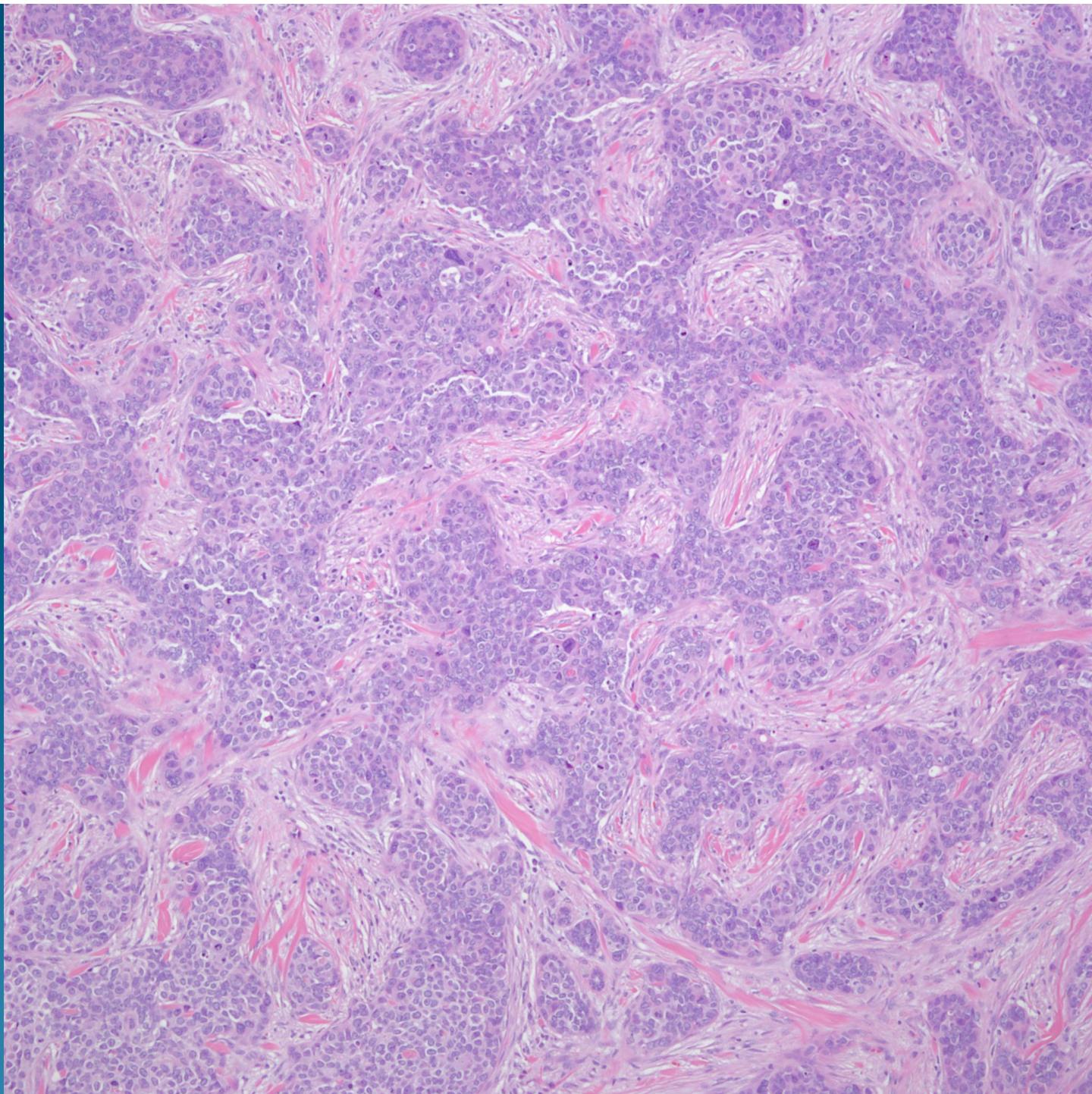
Glassy
Keratini-
zation

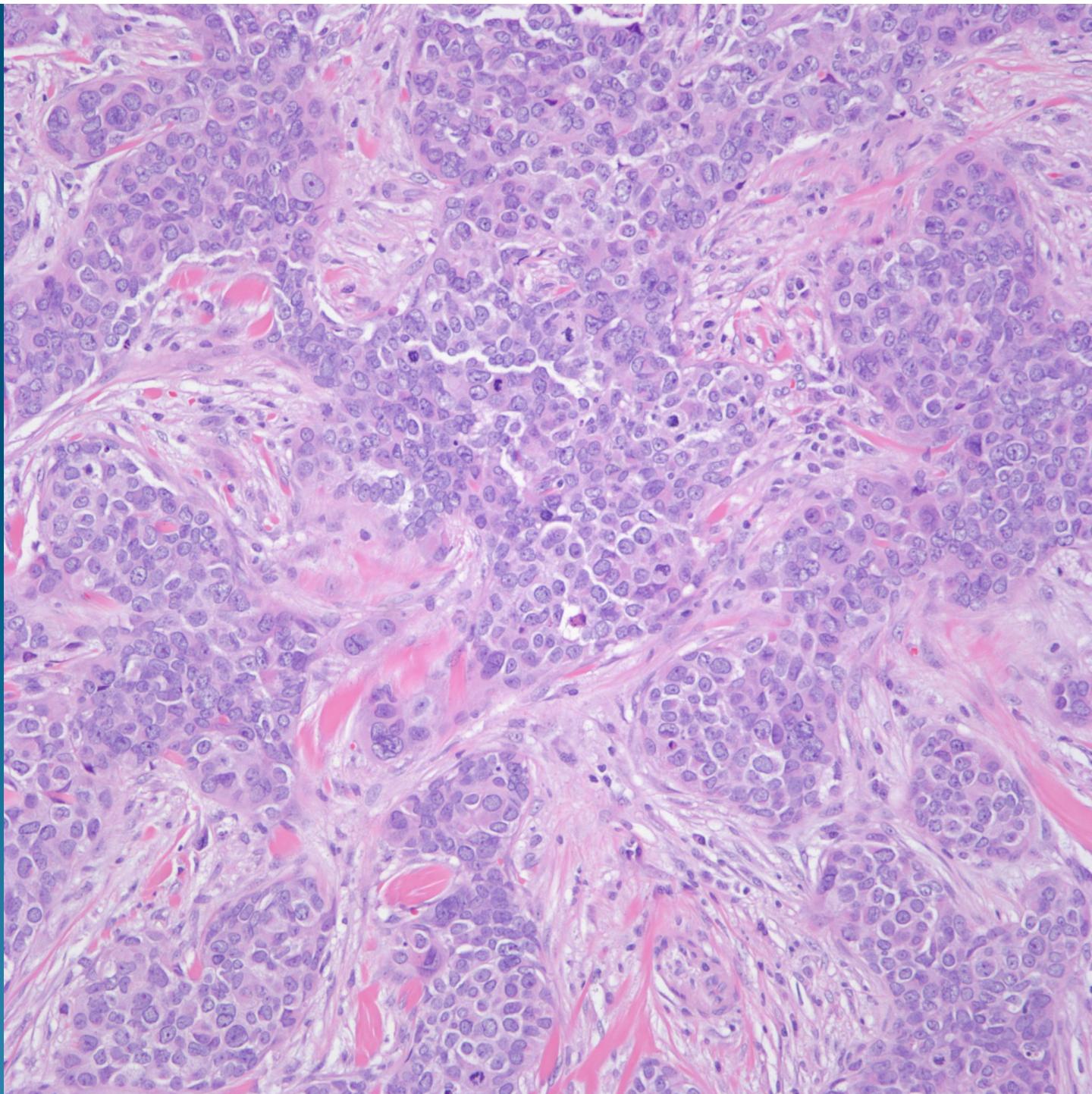
Mild to
Moderate
Cytologic
atypia

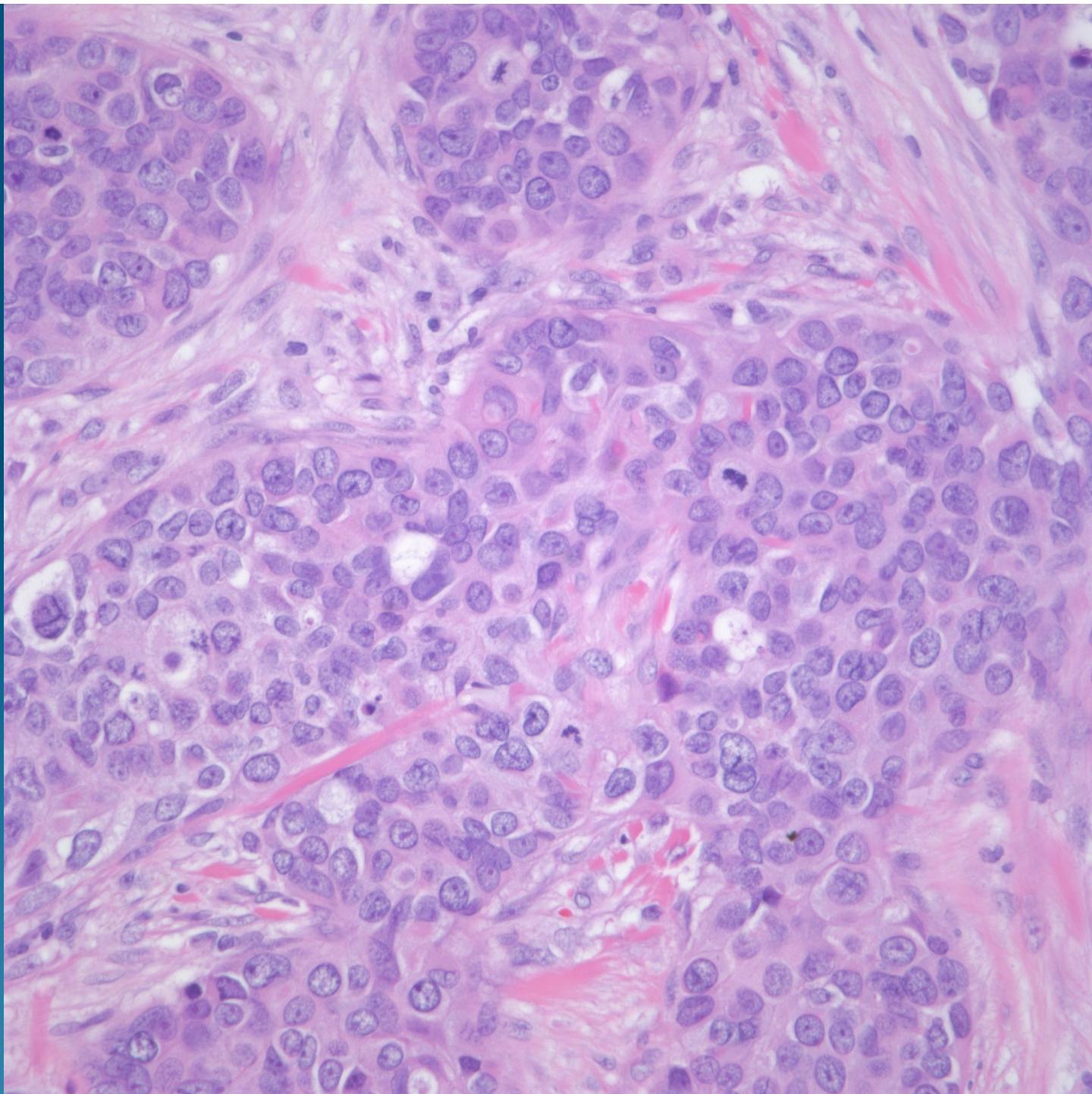










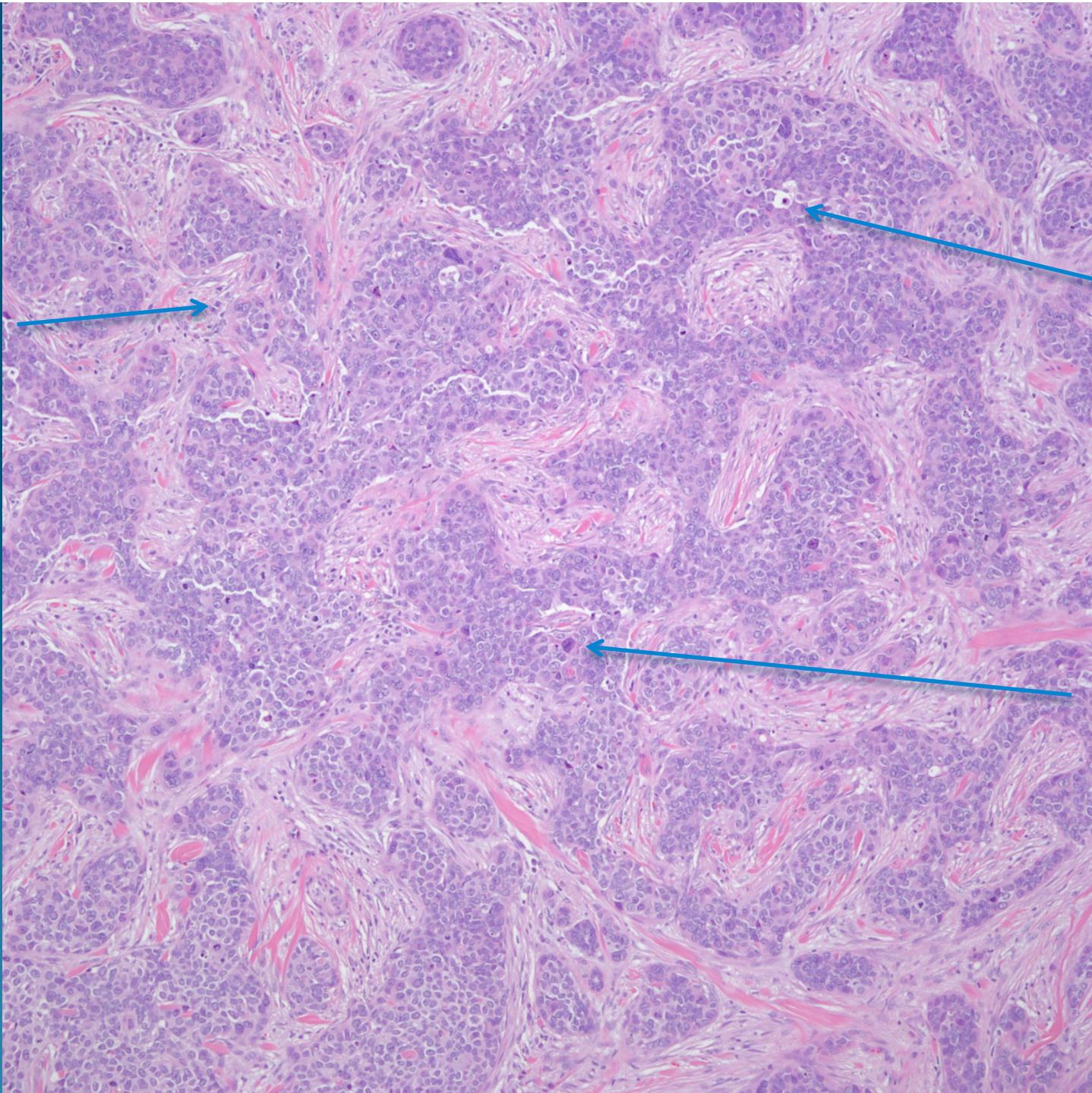


What is the best diagnosis?

- A. Sclerosing basal cell carcinoma
- B. Eccrine porocarcinoma
- C. Sebaceous carcinoma
- D. Pilomatrical carcinoma
- E. Merkel cell carcinoma

Eccrine Porocarcinoma

Infiltrative
Nests
showing
Squamous
Differen-
tiation



Ductal
Differen-
tiation

Cytologic
Pleomor-
Phism with
Atypical
MF