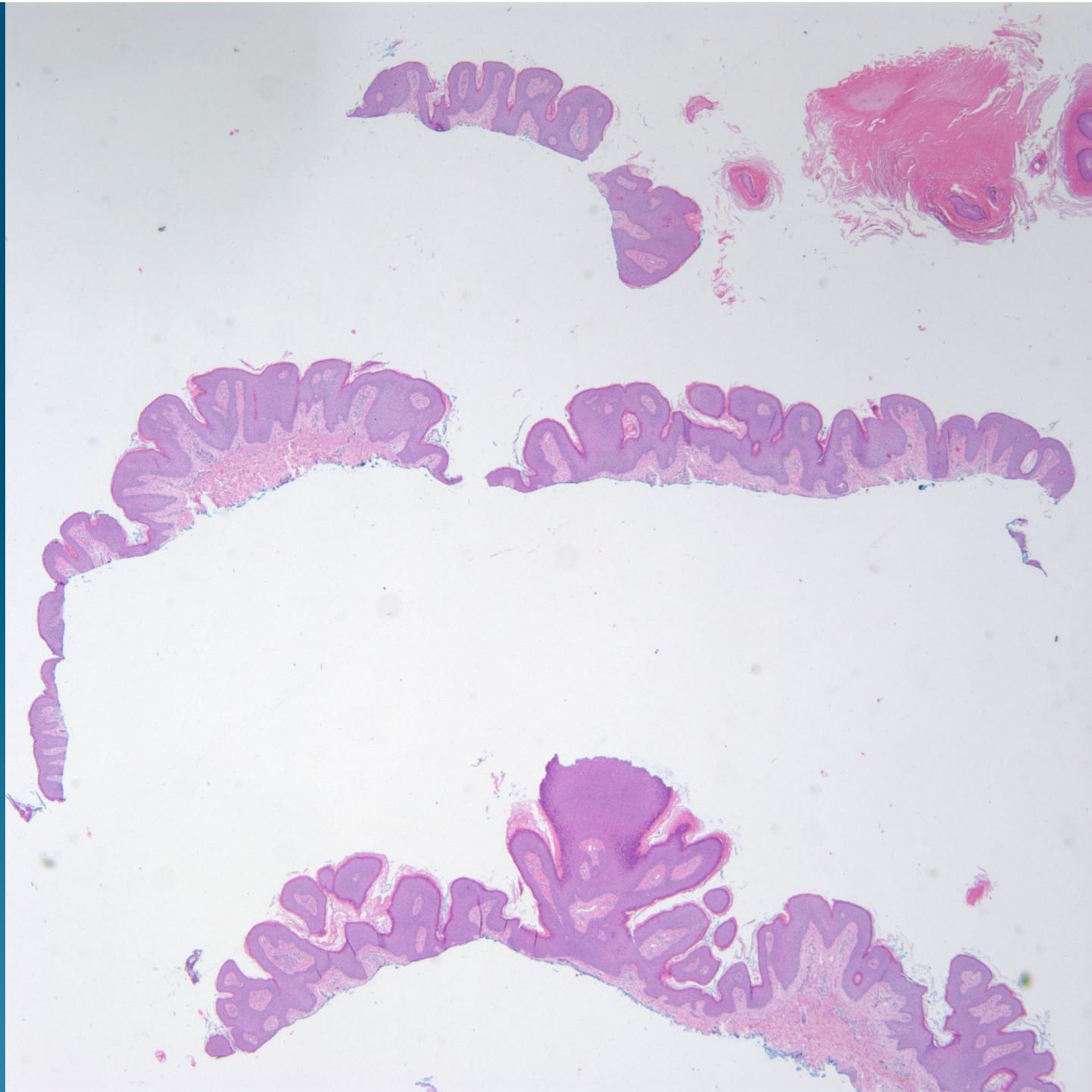
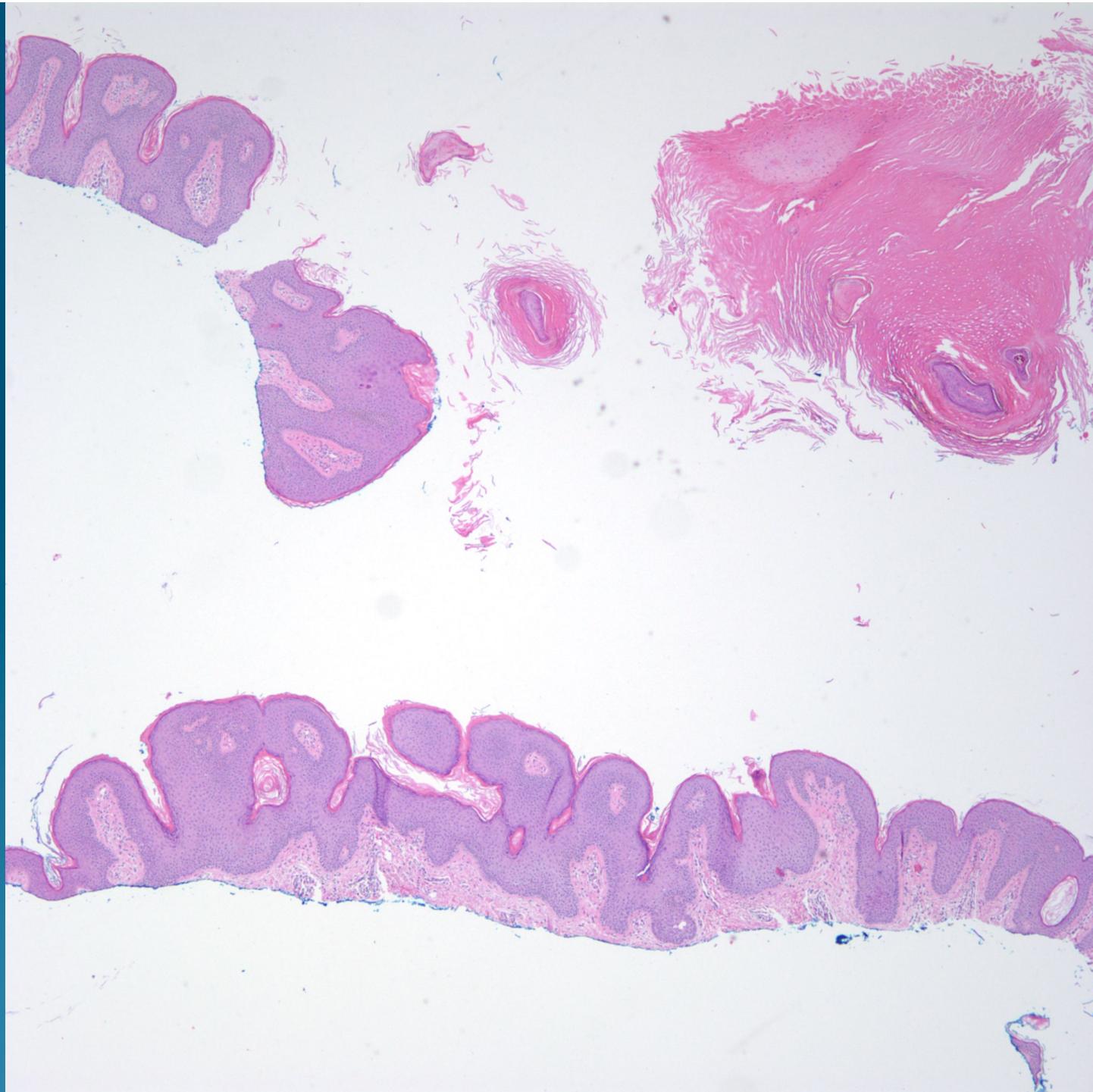
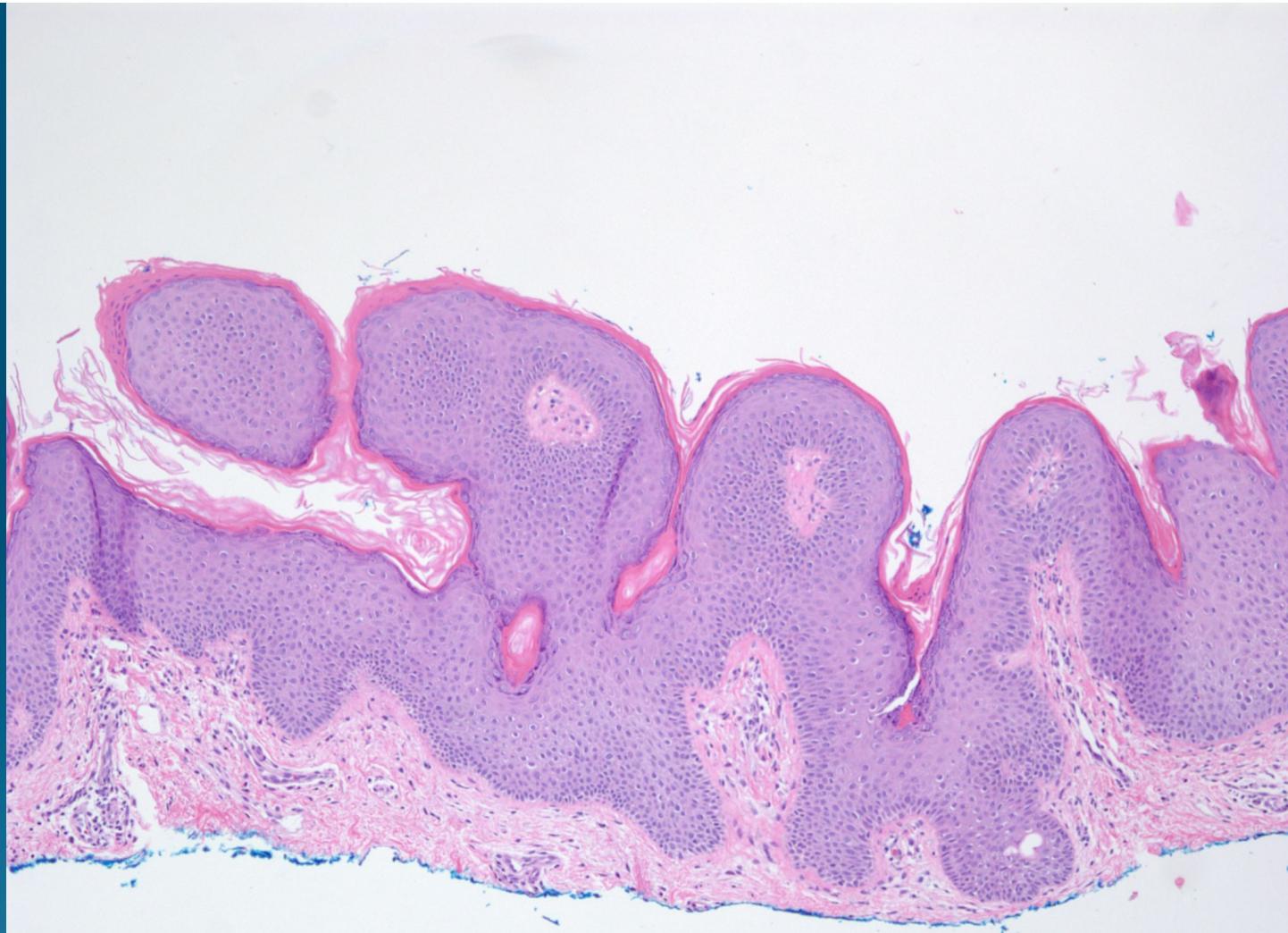


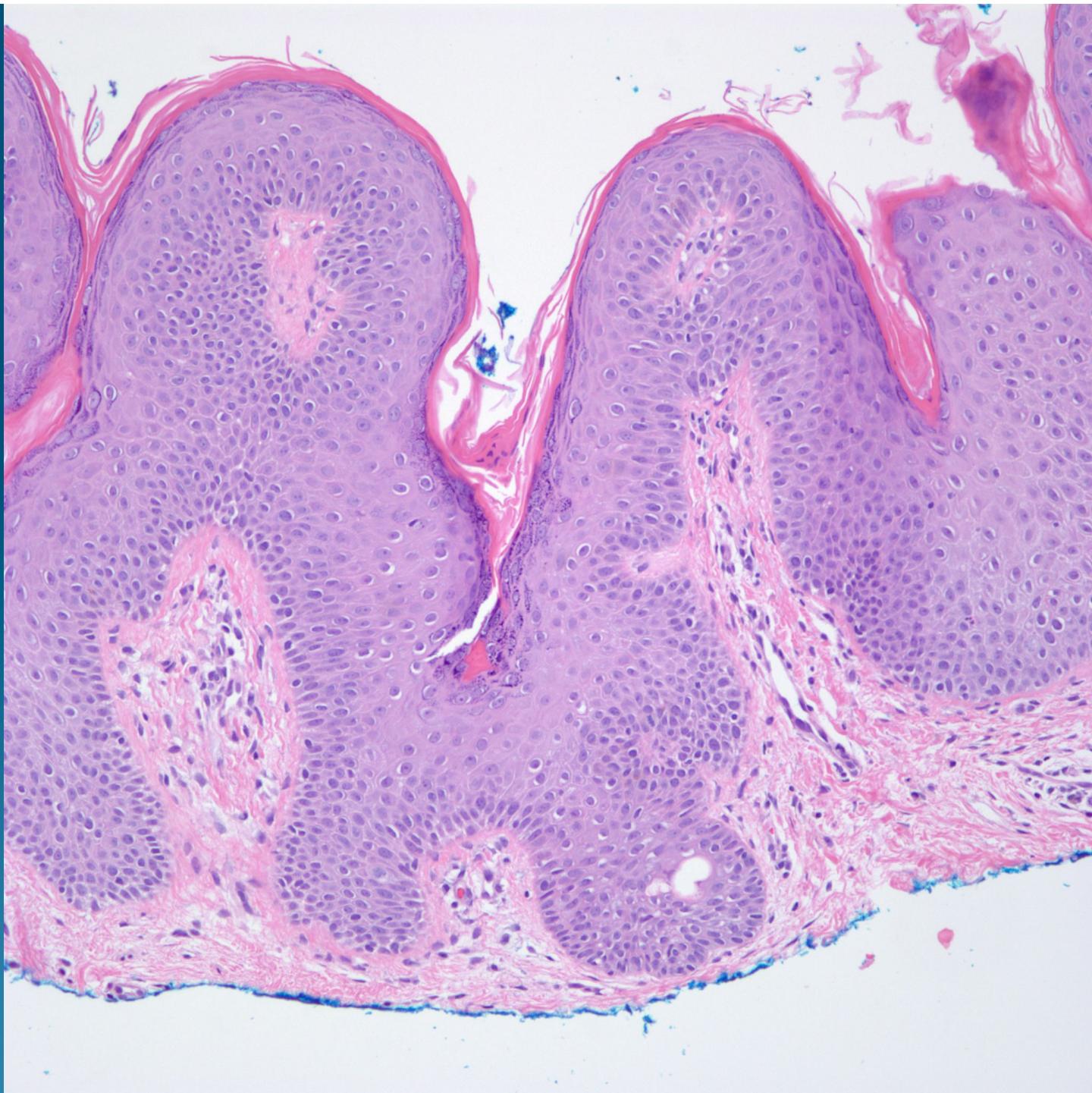
# Dermatopathology Slide Review Part 130

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Appropriate Differential Diagnostic considerations include ALL except:

- A. Seborrheic keratosis
- B. Epidermal nevus
- C. Verruca vulgaris
- D. Epidermodyplasia verruciformis
- E. Nevus sebaceus

# Epidermal Nevus

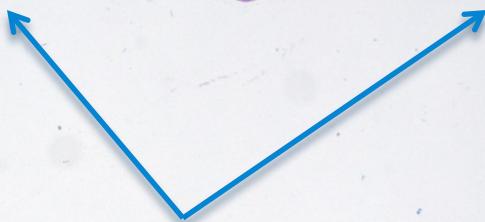
# Notes

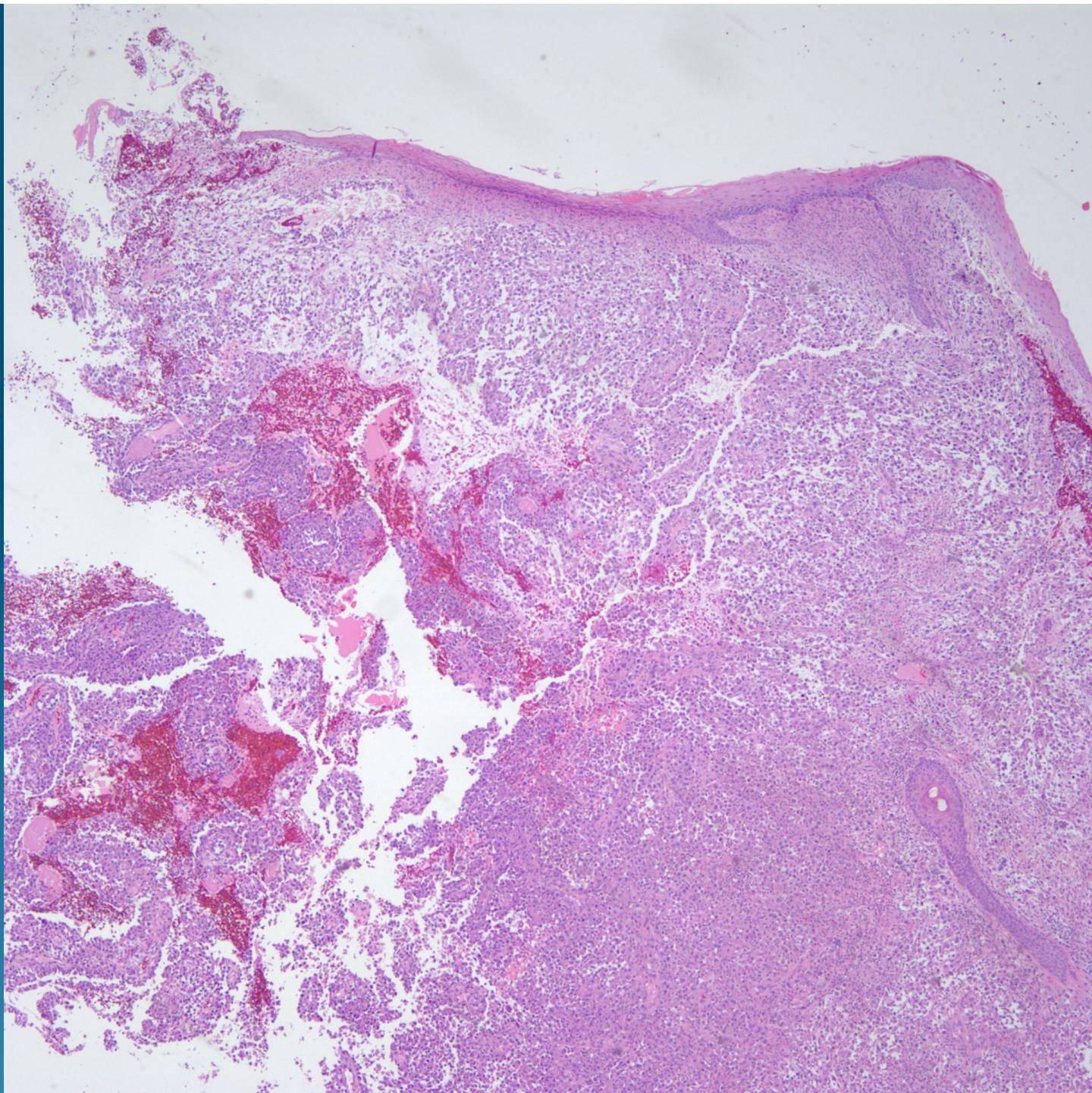
- This is an epidermal nevus arising on the neck of a 9 year old boy
- The histopathology is nearly indistinguishable from a seborrheic keratosis and it is the clinical setting that leads to the correct diagnosis
- Note, that multiple skin tag appearing lesions that are present on the low power shots are also consistent with the diagnosis

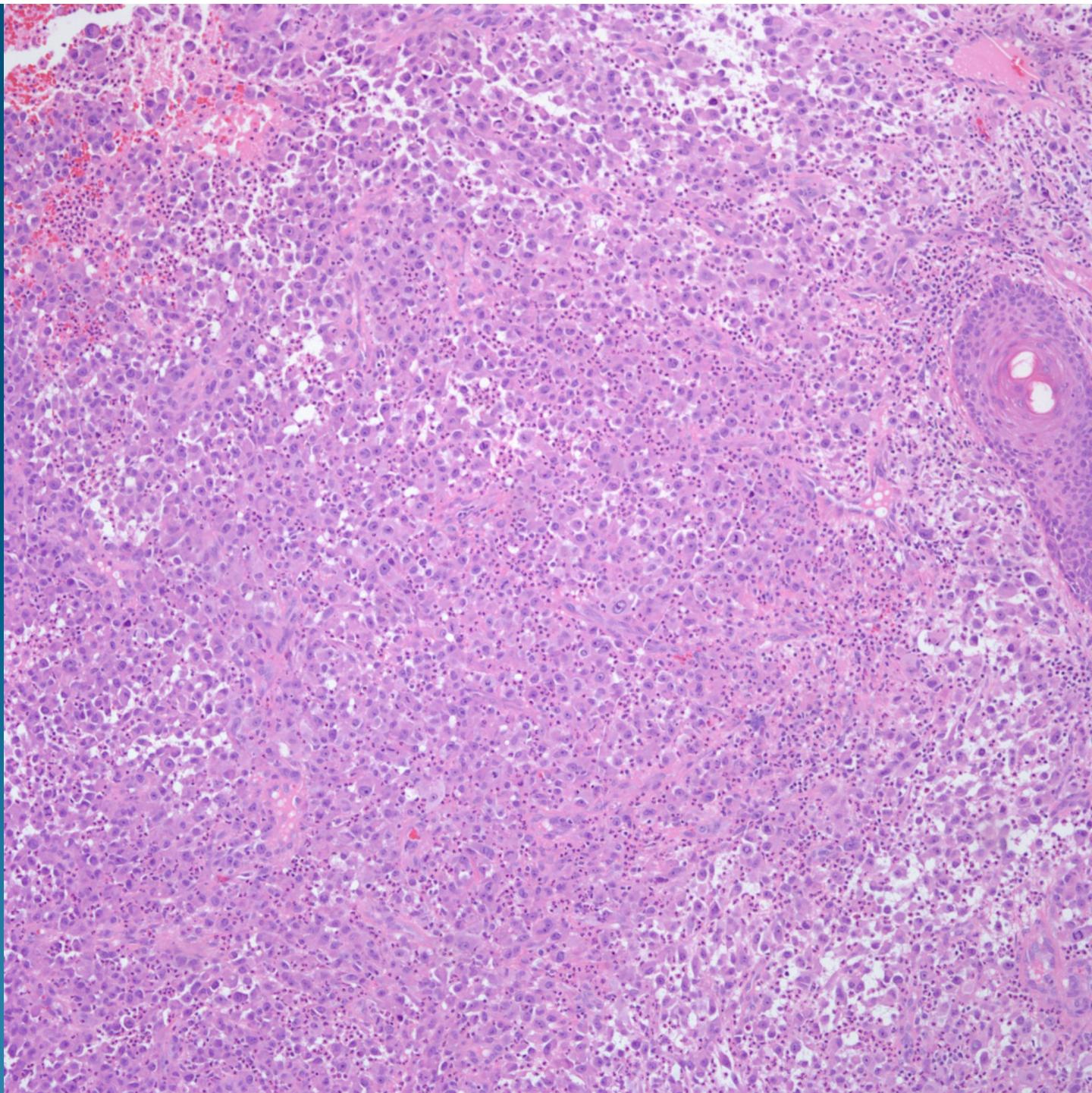
Skin tag appearing lesions

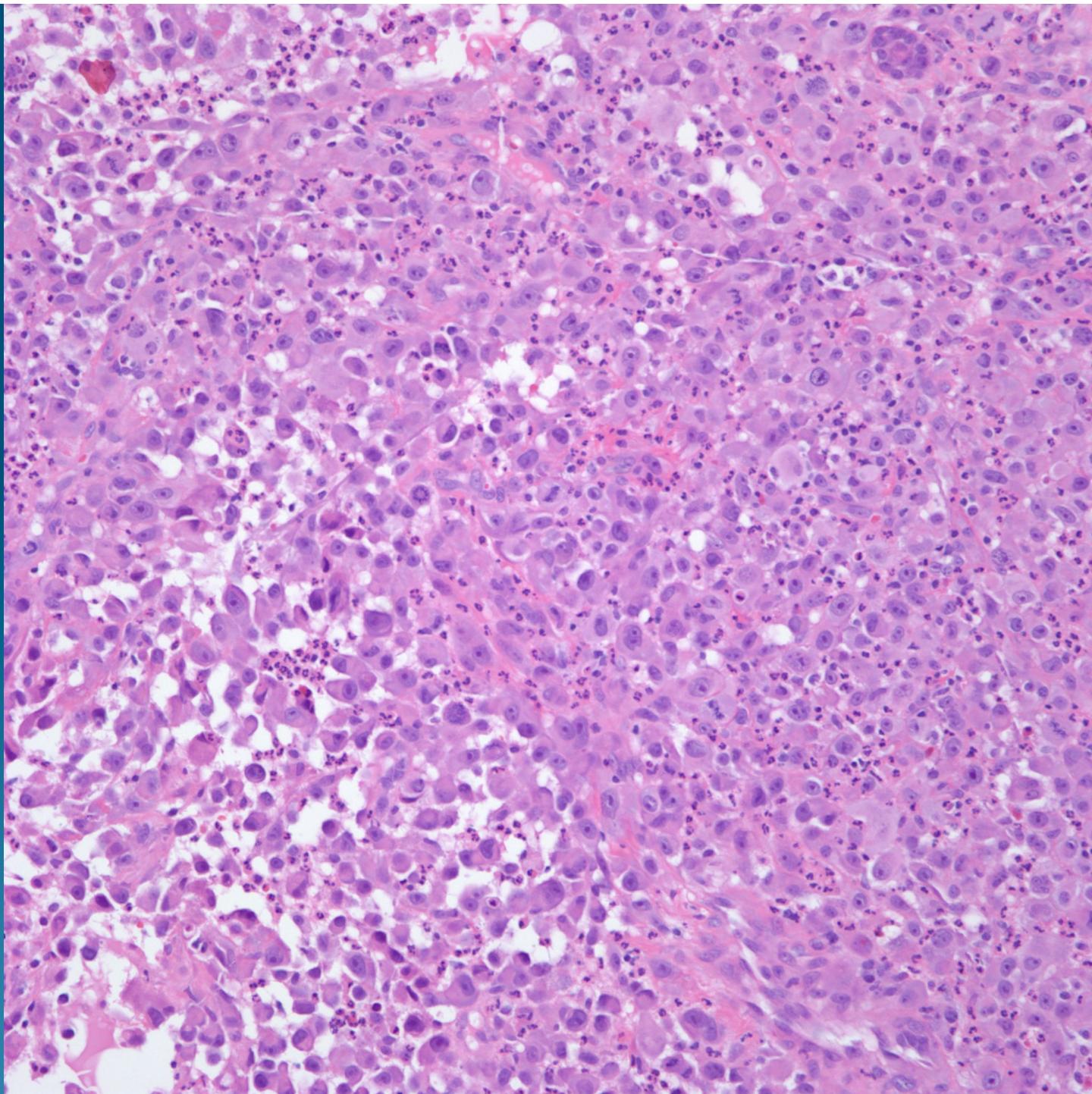


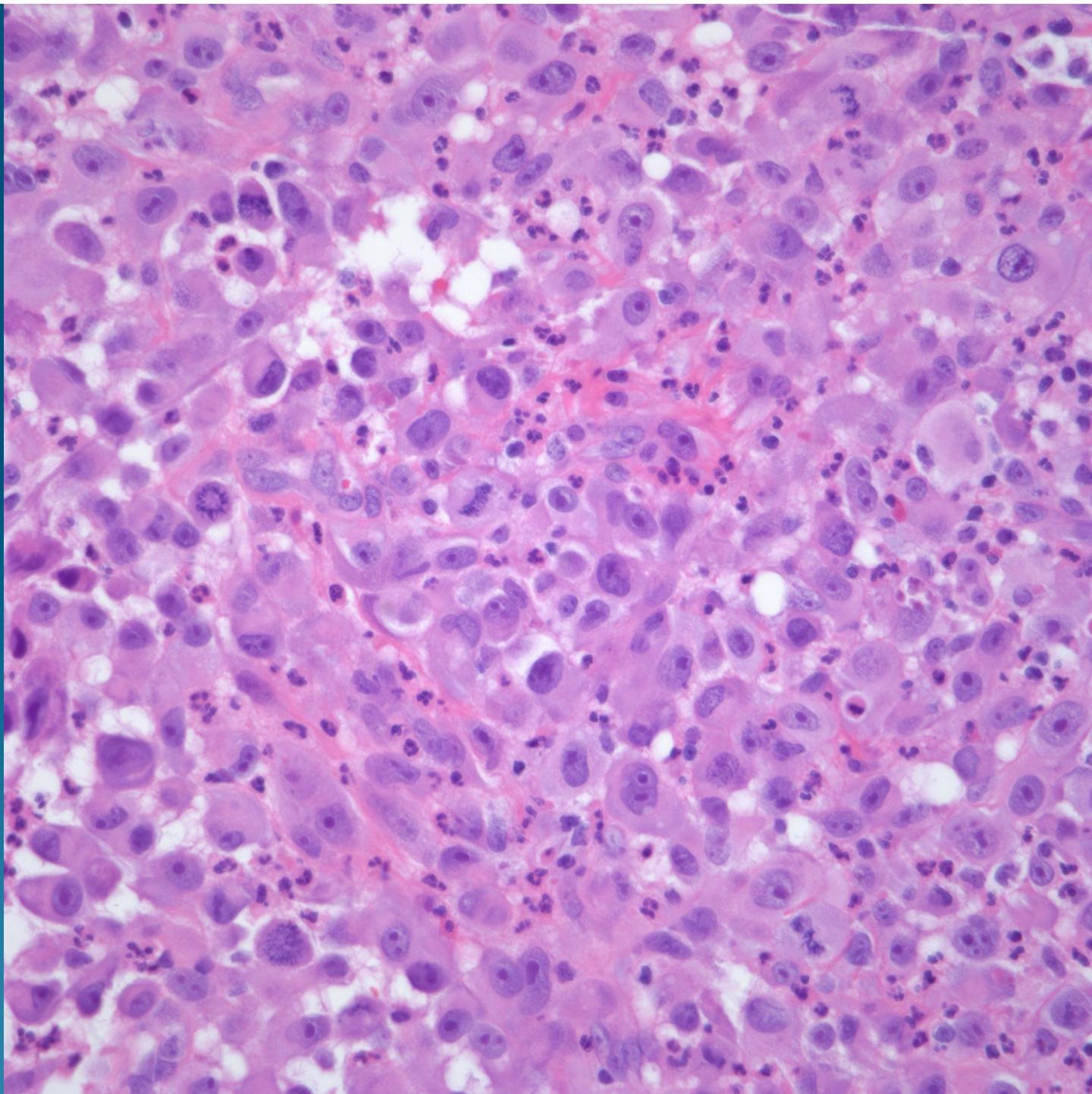
Seborrheic keratosis-like lesions









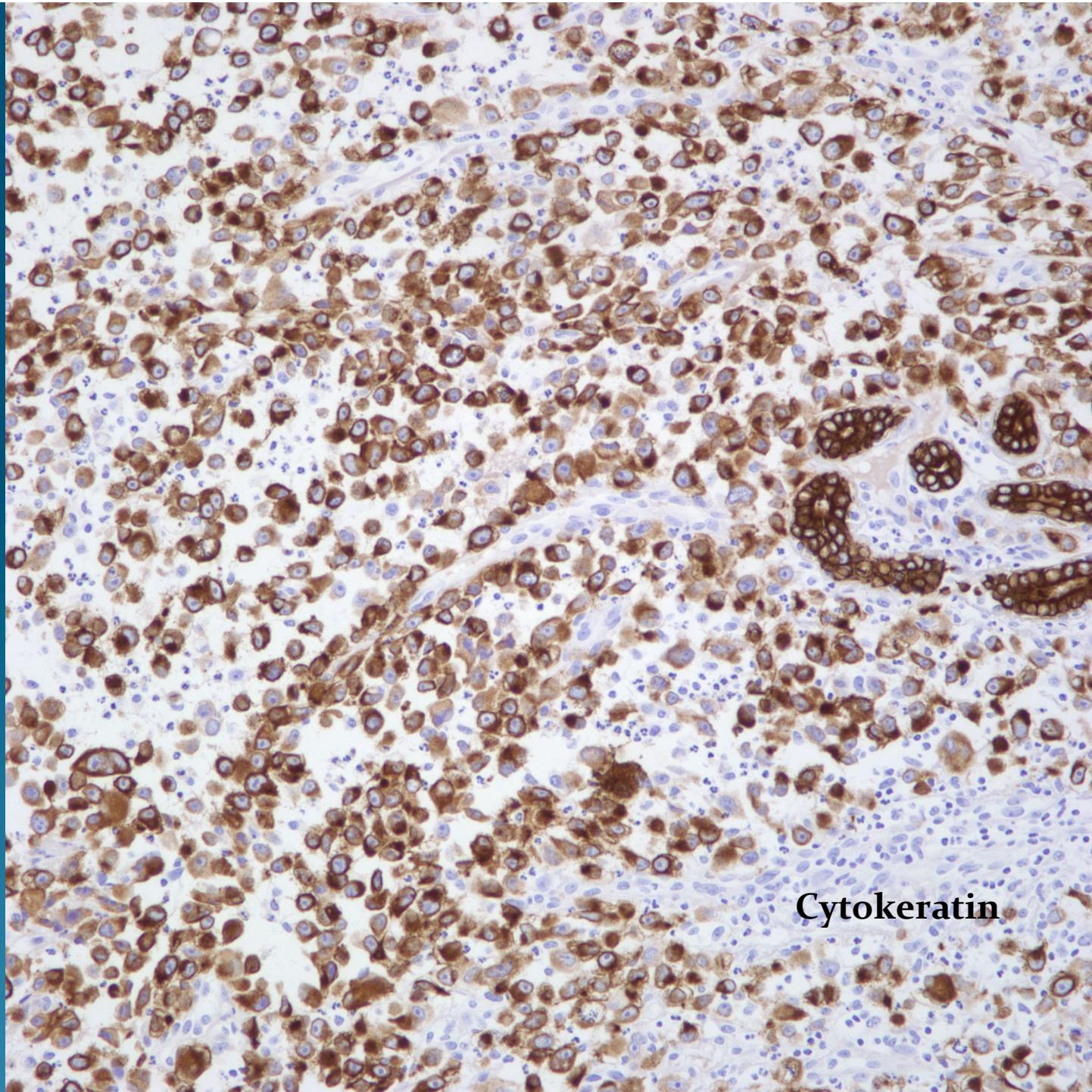


What immunohistochemical stains would assist in the differential diagnosis?

- A. Poorly differentiated squamous cell carcinoma
- B. Amelanotic melanoma
- C. Epithelioid angiosarcoma
- D. Leiomyosarcoma

# Answers

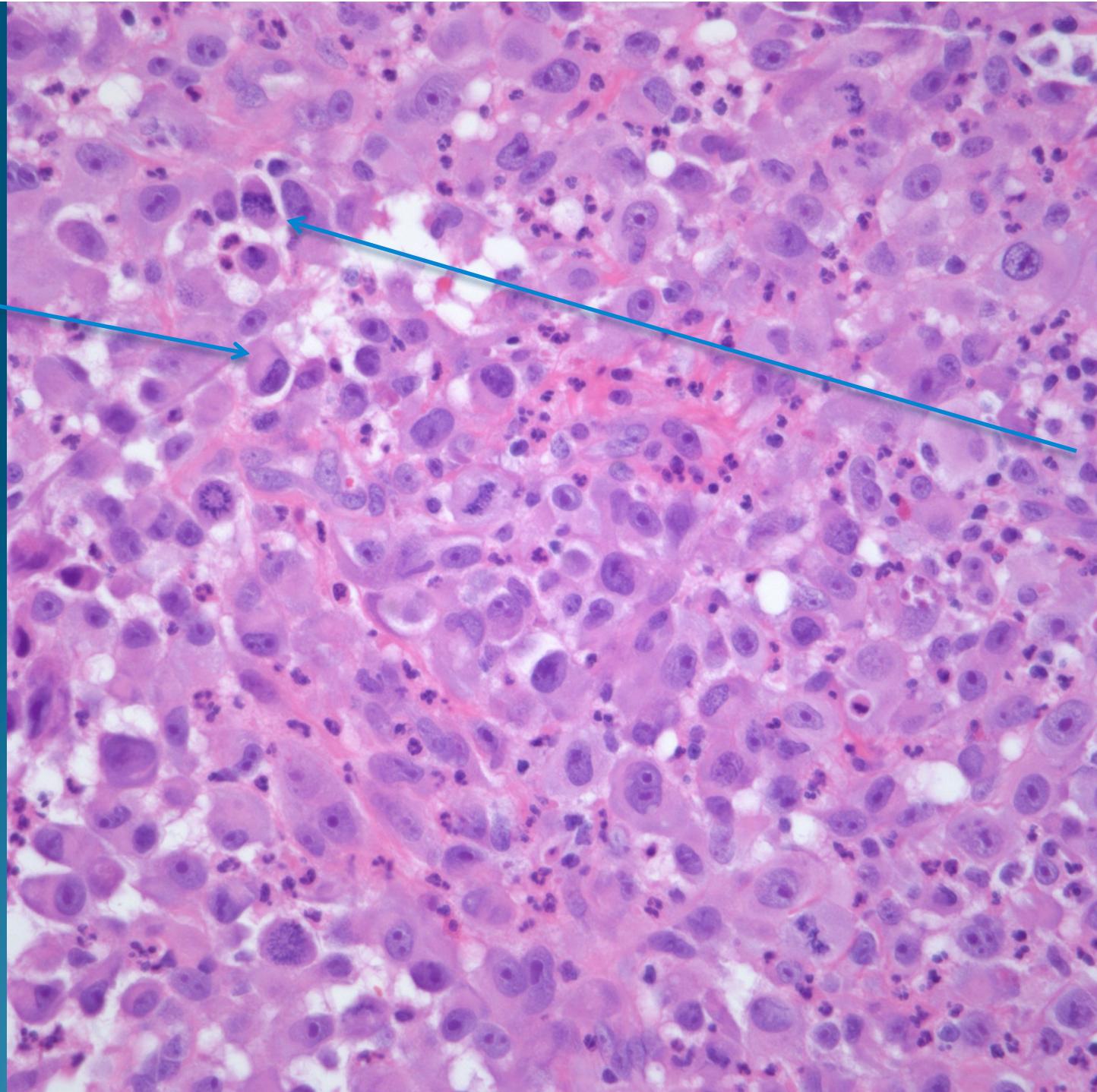
- A. Poorly differentiated squamous cell carcinoma-Cytokeratin
- B. Amelanotic melanoma-S100 and HMB45/MelanA
- C. Epithelioid angiosarcoma-CD31 and Cytokeratin
- D. Leiomyosarcoma-Smooth muscle actin



Cytokeratin

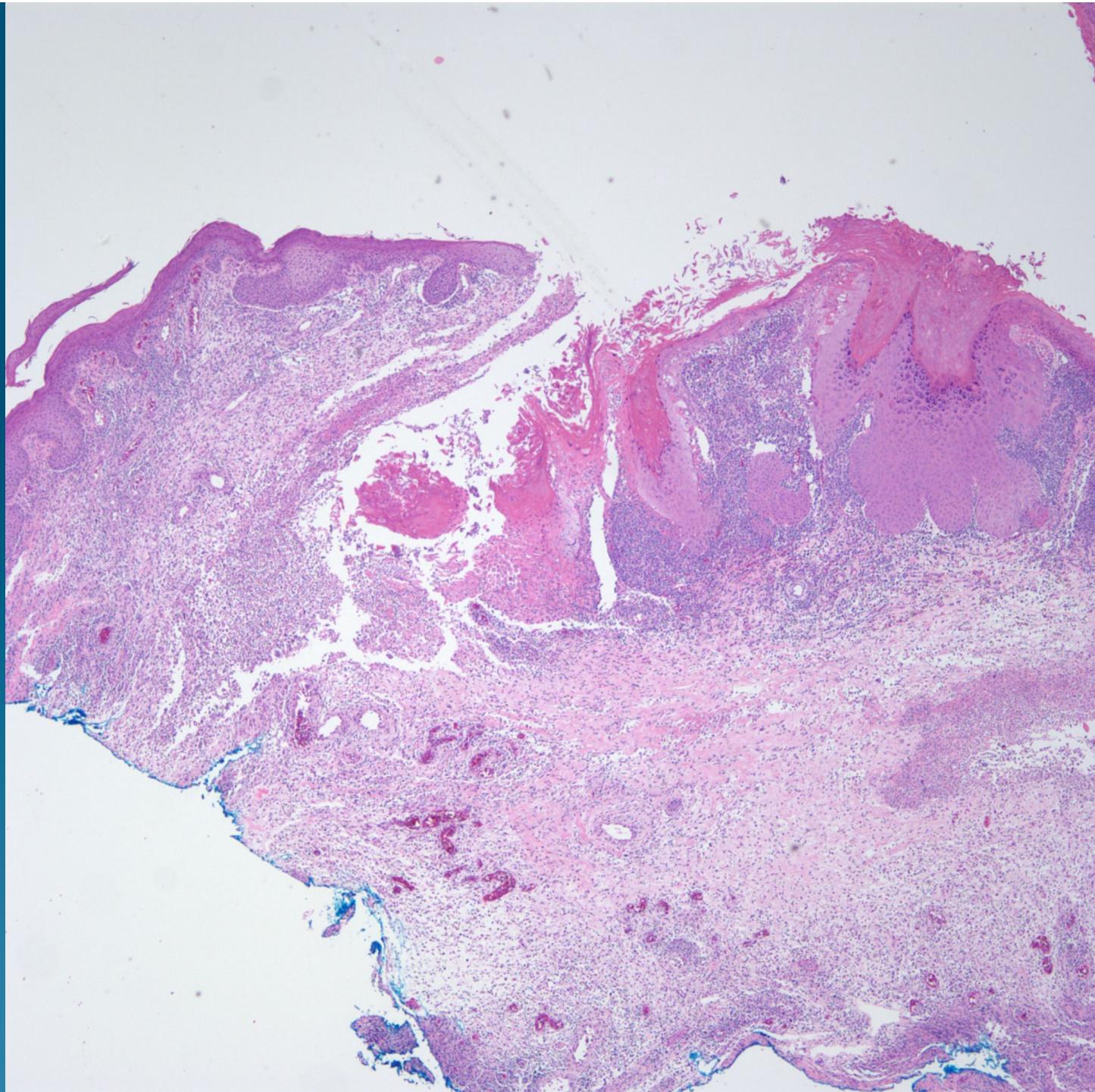
Poorly differentiated squamous cell carcinoma with acantholysis

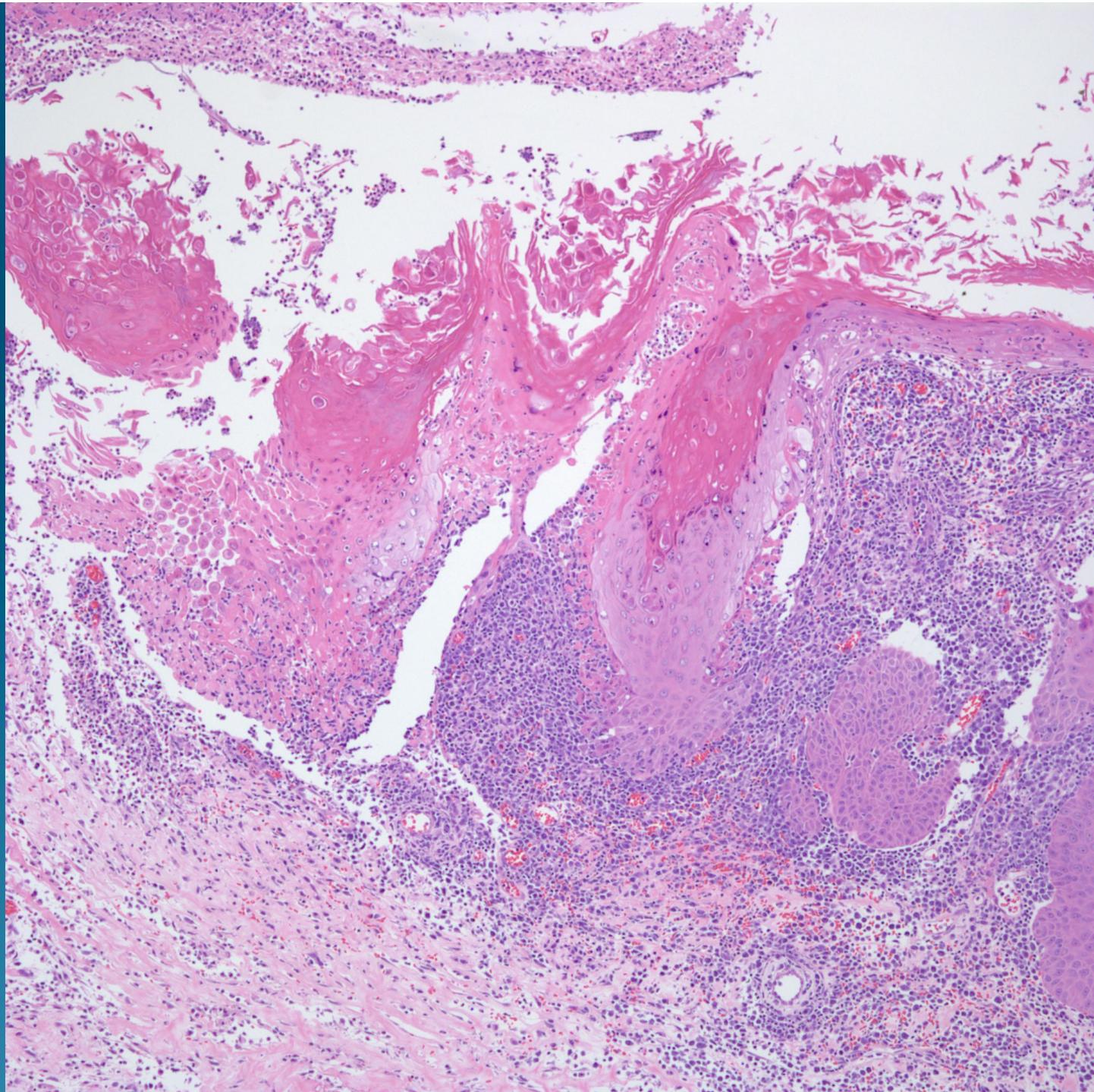
Diffuse  
Sheets  
Of cells  
With  
Eosino-  
Philic  
cytoplasm

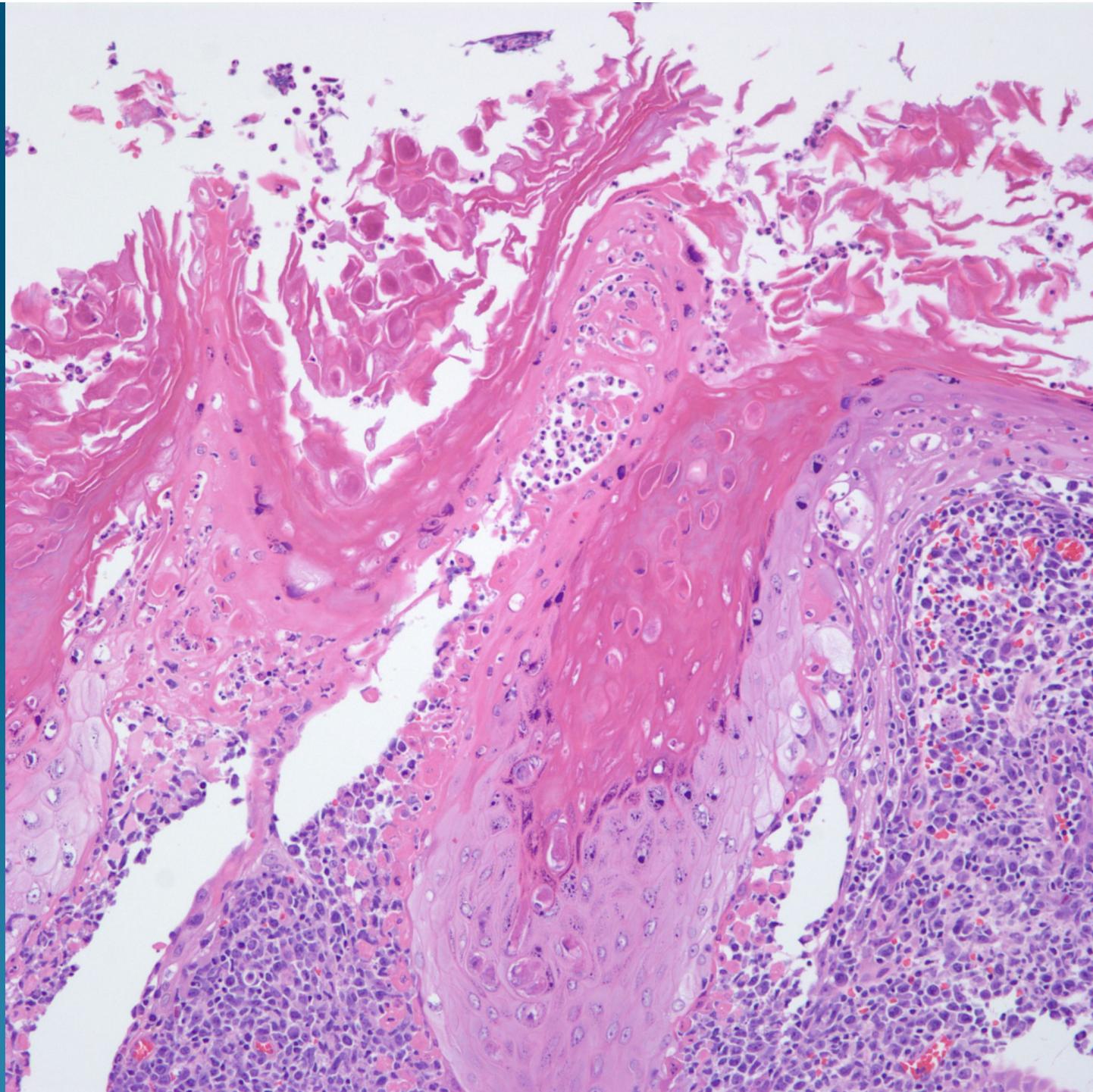


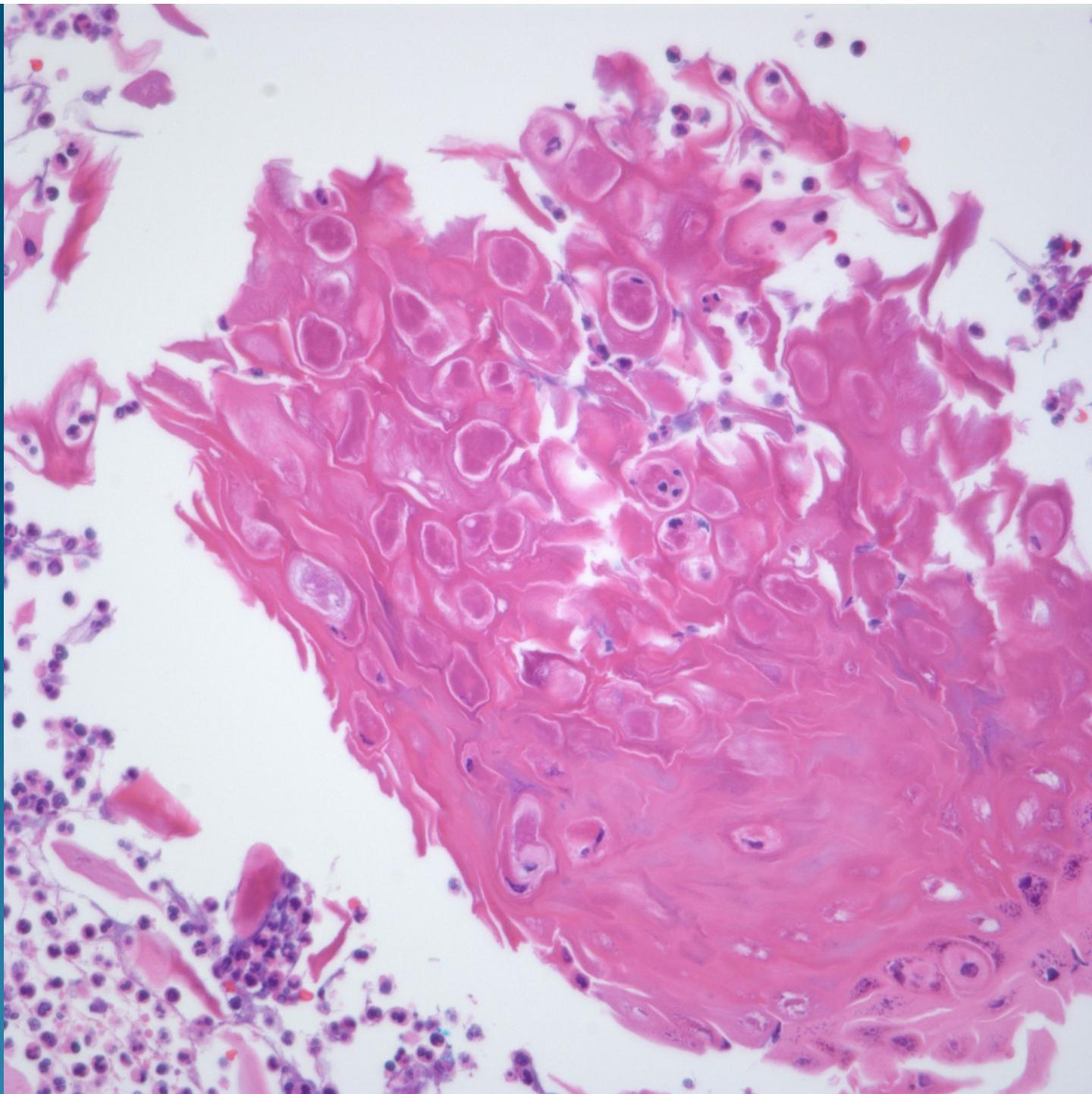
Numerous  
Atypical  
MF

Need  
IHC stains  
To confirm









# What is the best diagnosis?

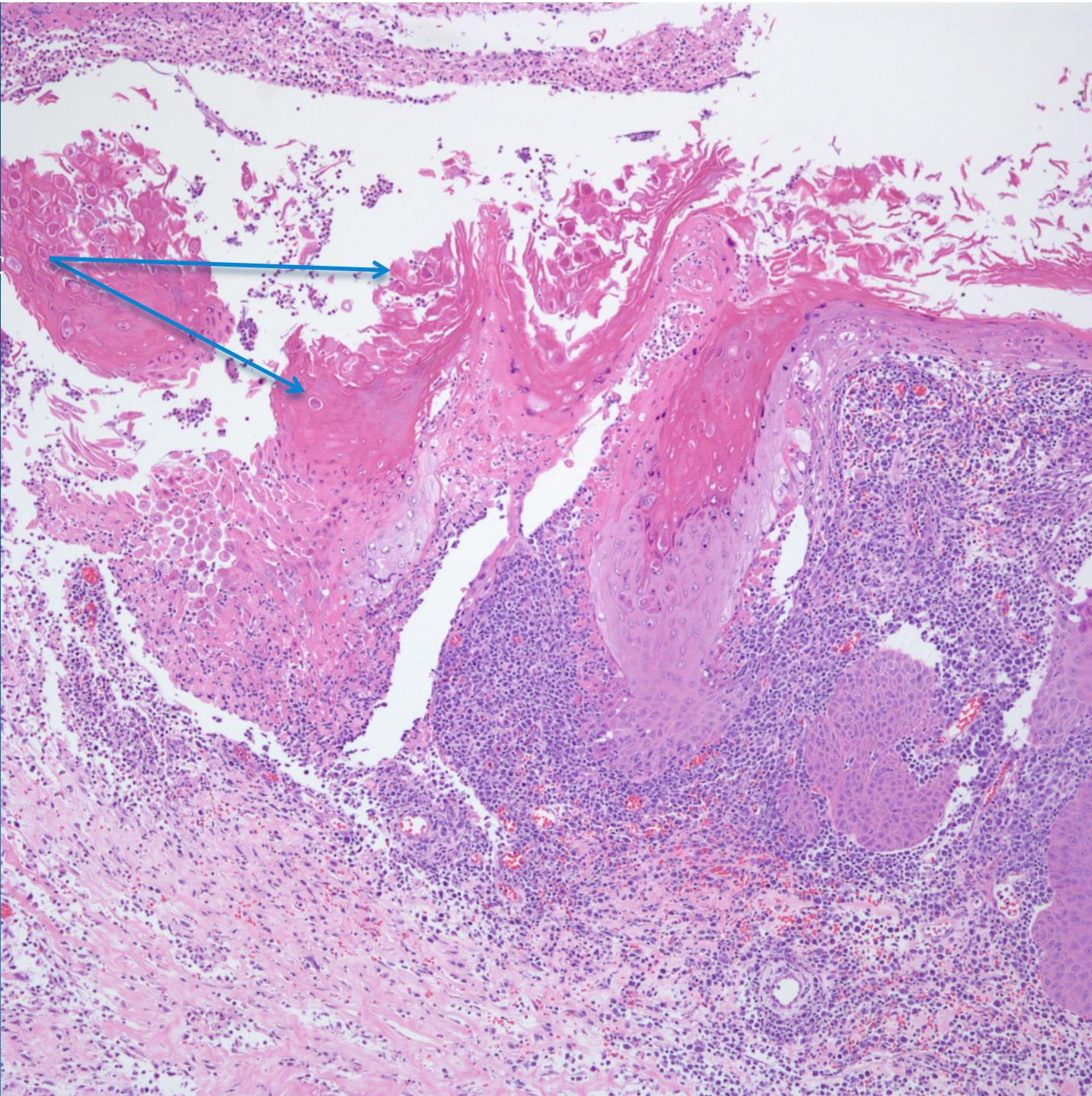
- A. Molluscum contagiosum
- B. Myrmecia
- C. Orf
- D. Herpes simplex virus
- E. Cytomegalovirus

Molluscum contagiosum, inflamed

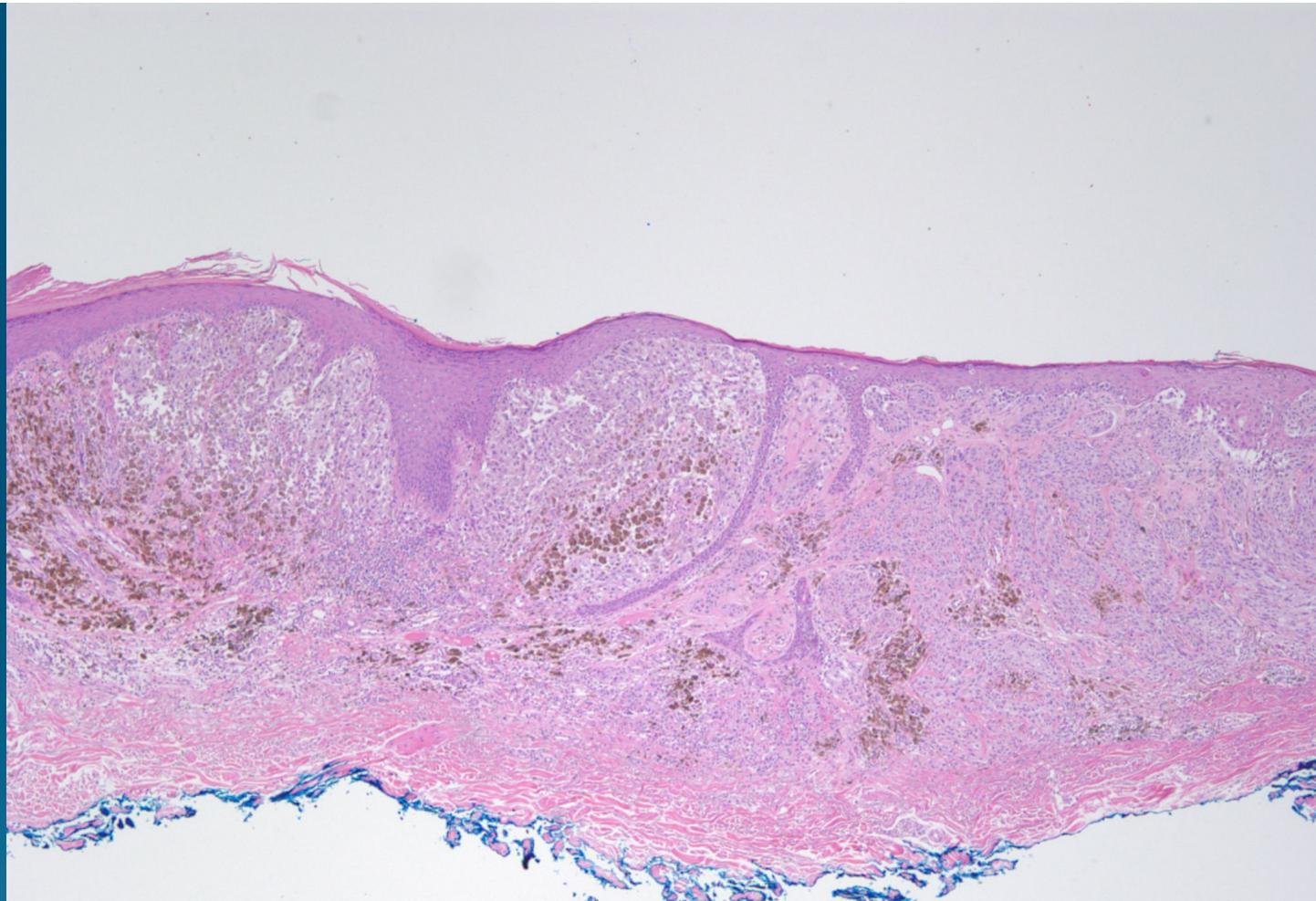
# Notes

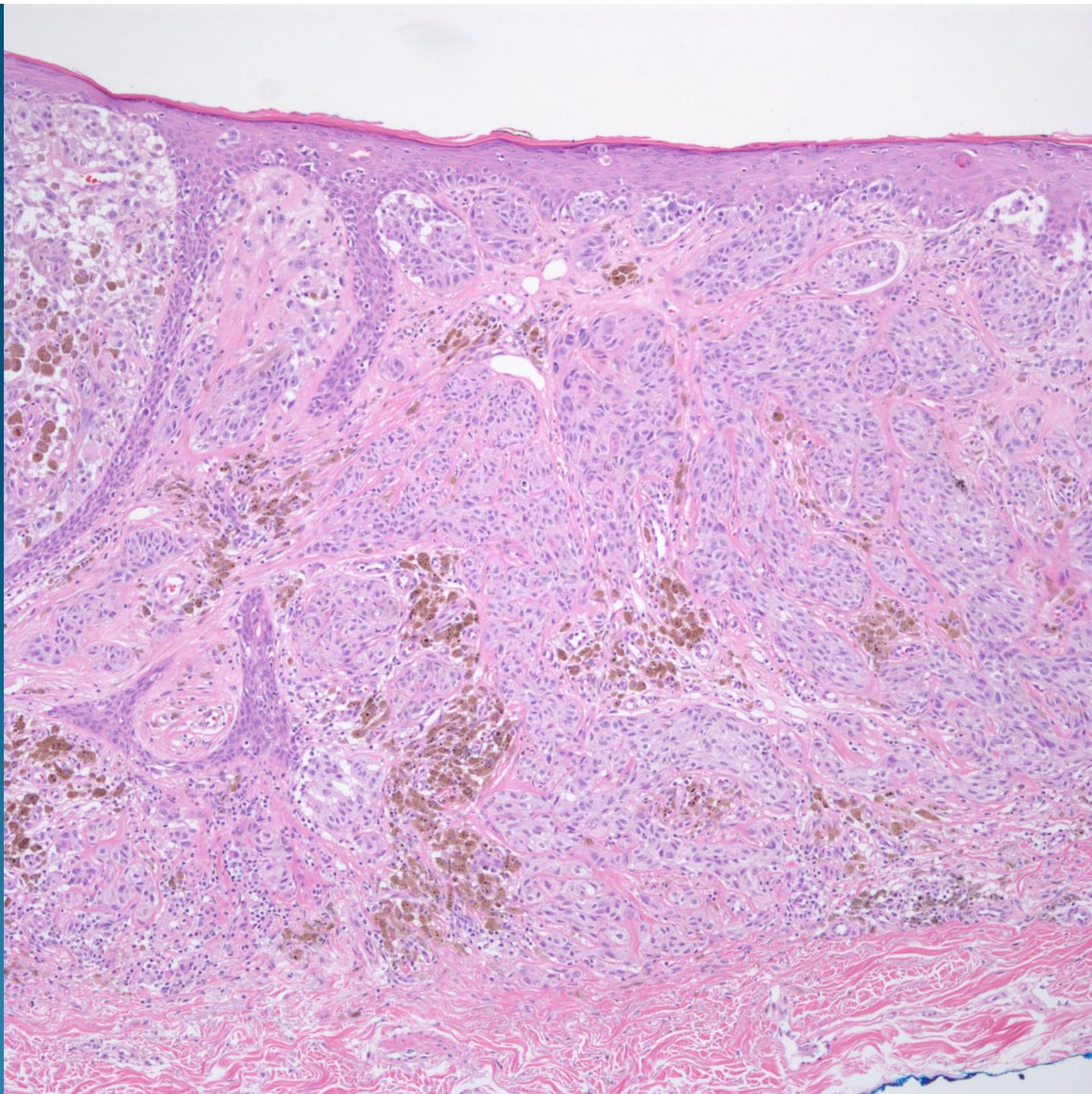
- In some cases of molluscum contagiosum, there is an intense inflammatory response which may obscure the characteristic viral cytopathic changes
- The inflammation may vary from acute and chronic inflammation to granulomas
- Multiple deeper levels may be needed to identify the characteristic viral cytopathic changes

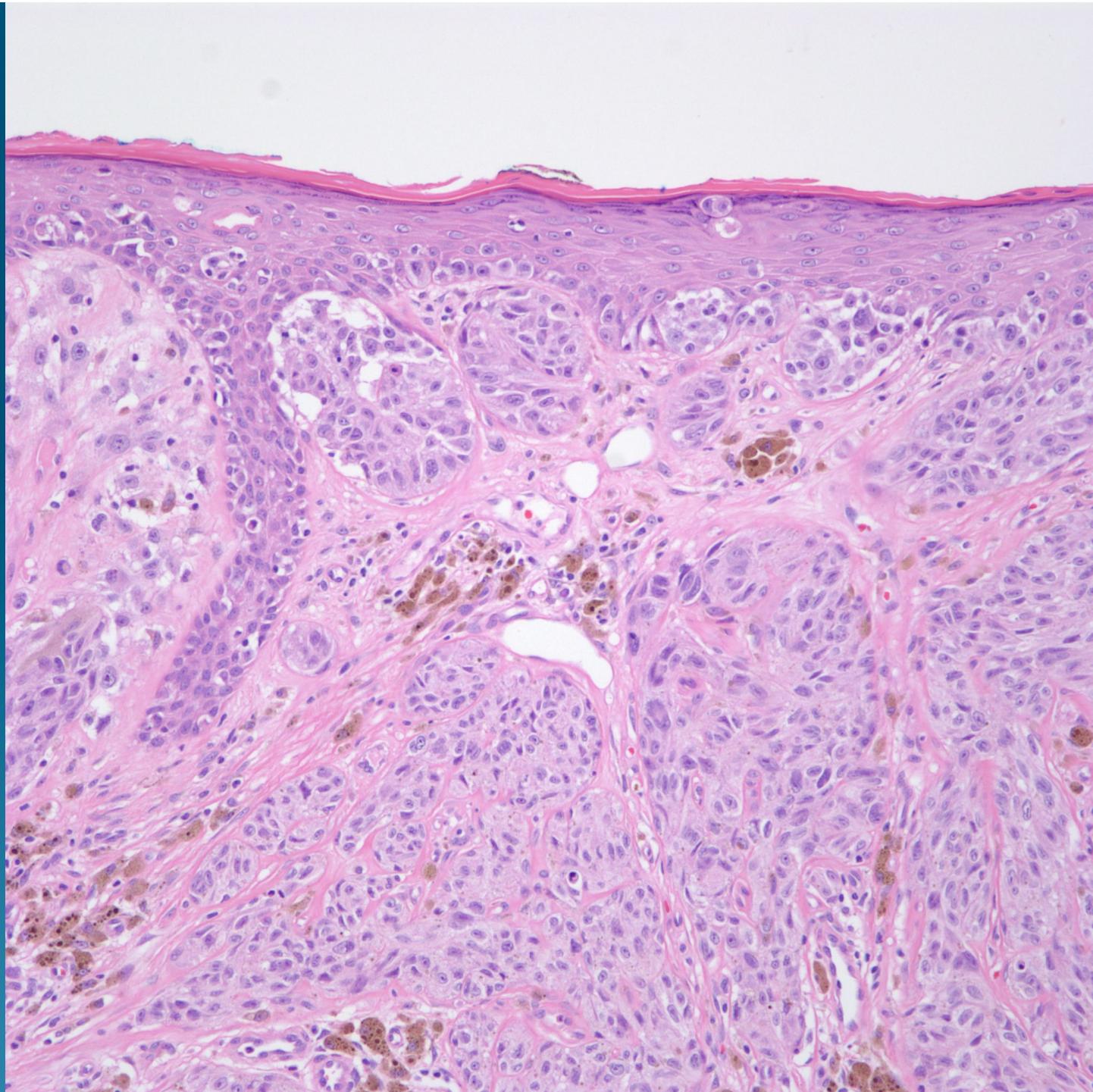
Viral  
Cytopathic  
changes

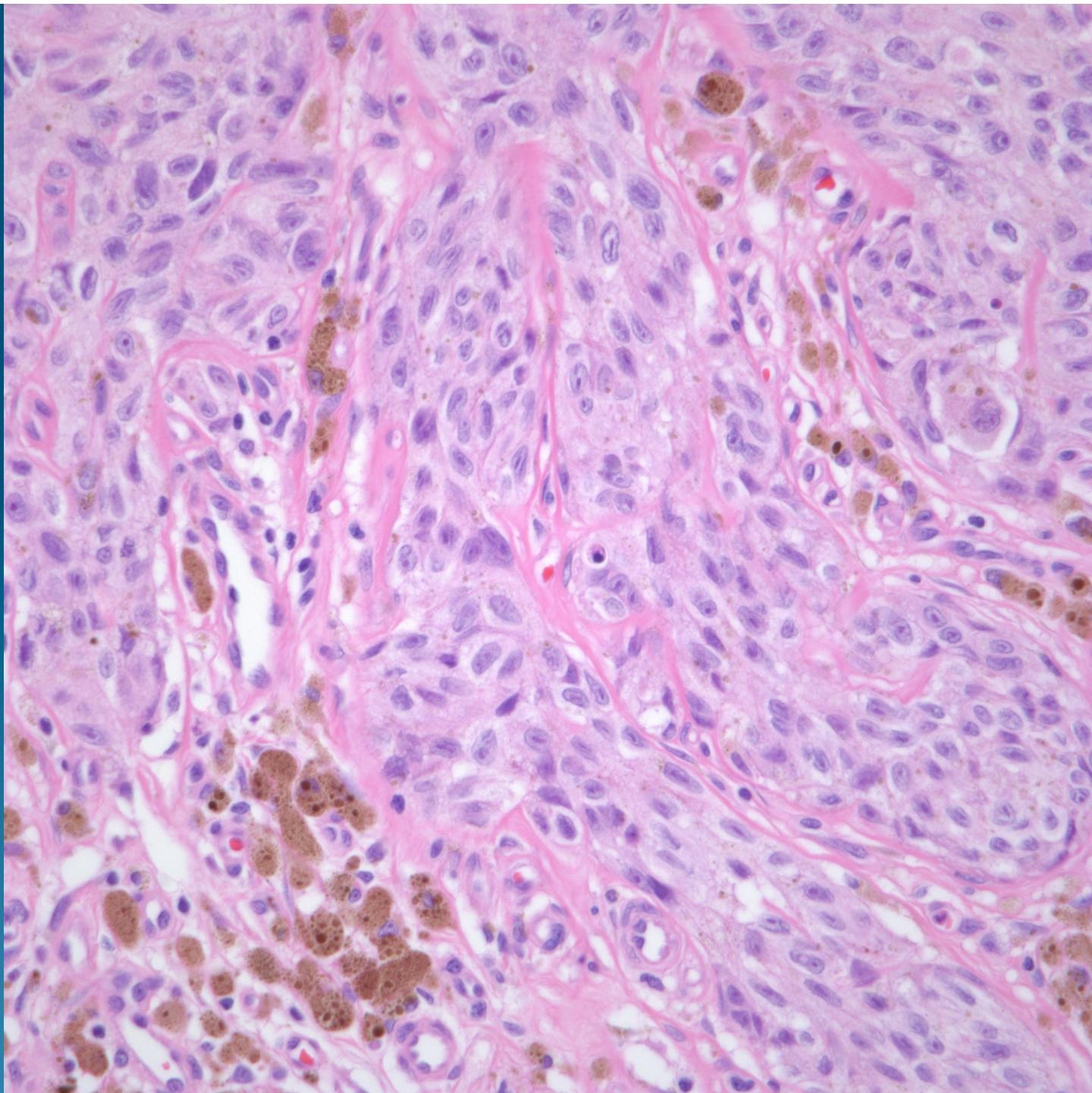


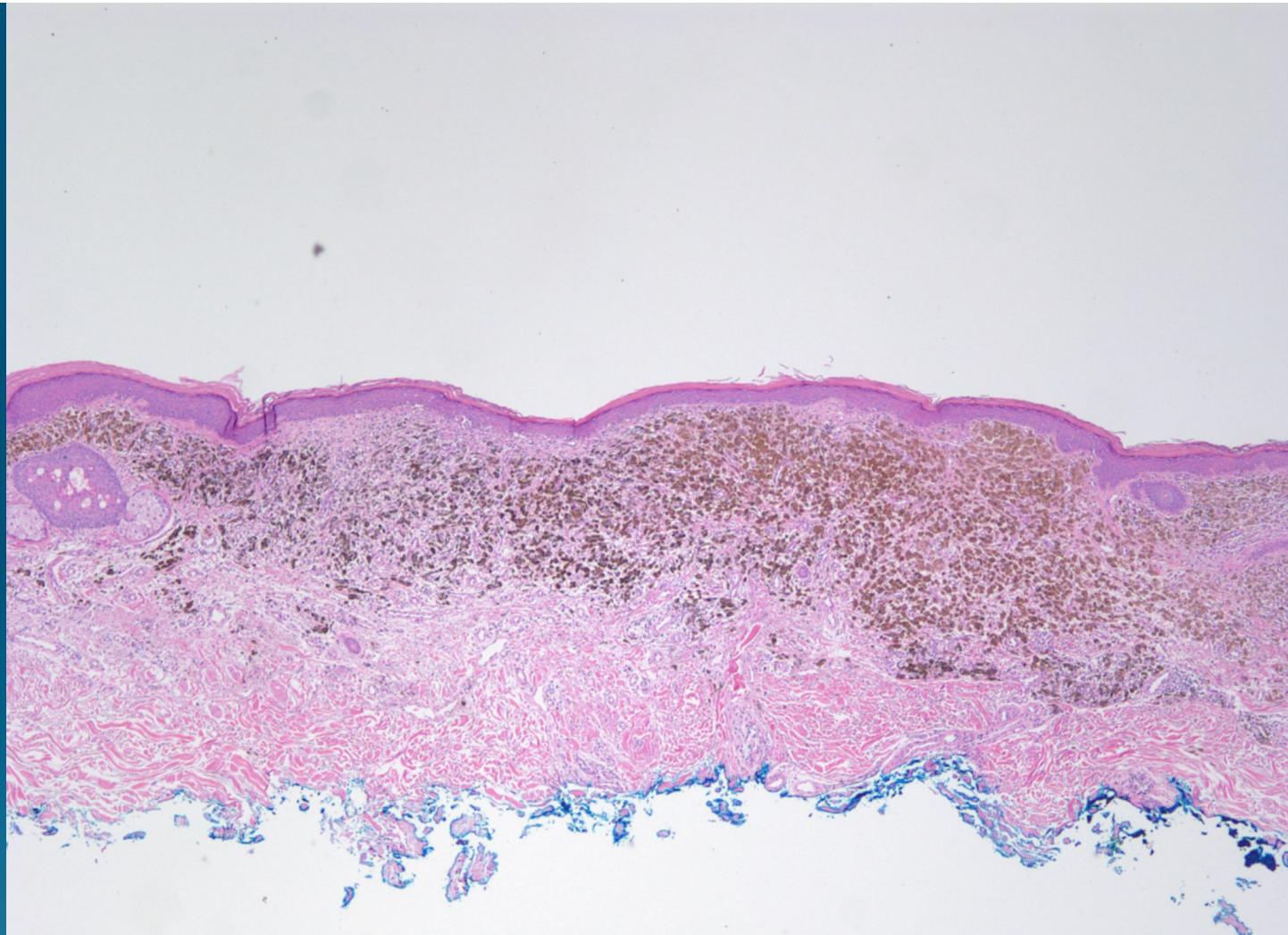
Increased  
Acute  
And  
Chronic  
Inflamma-  
tion

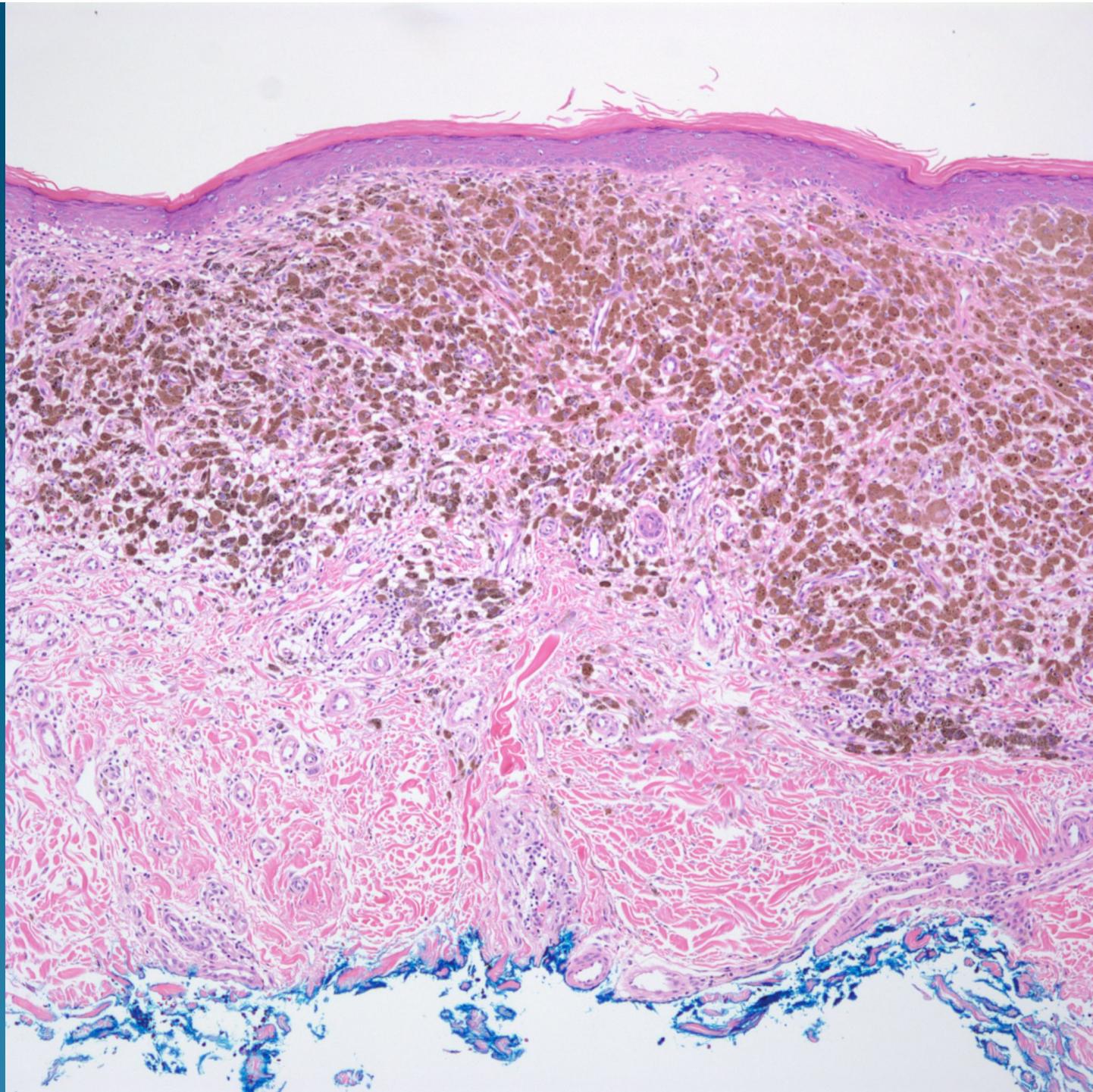


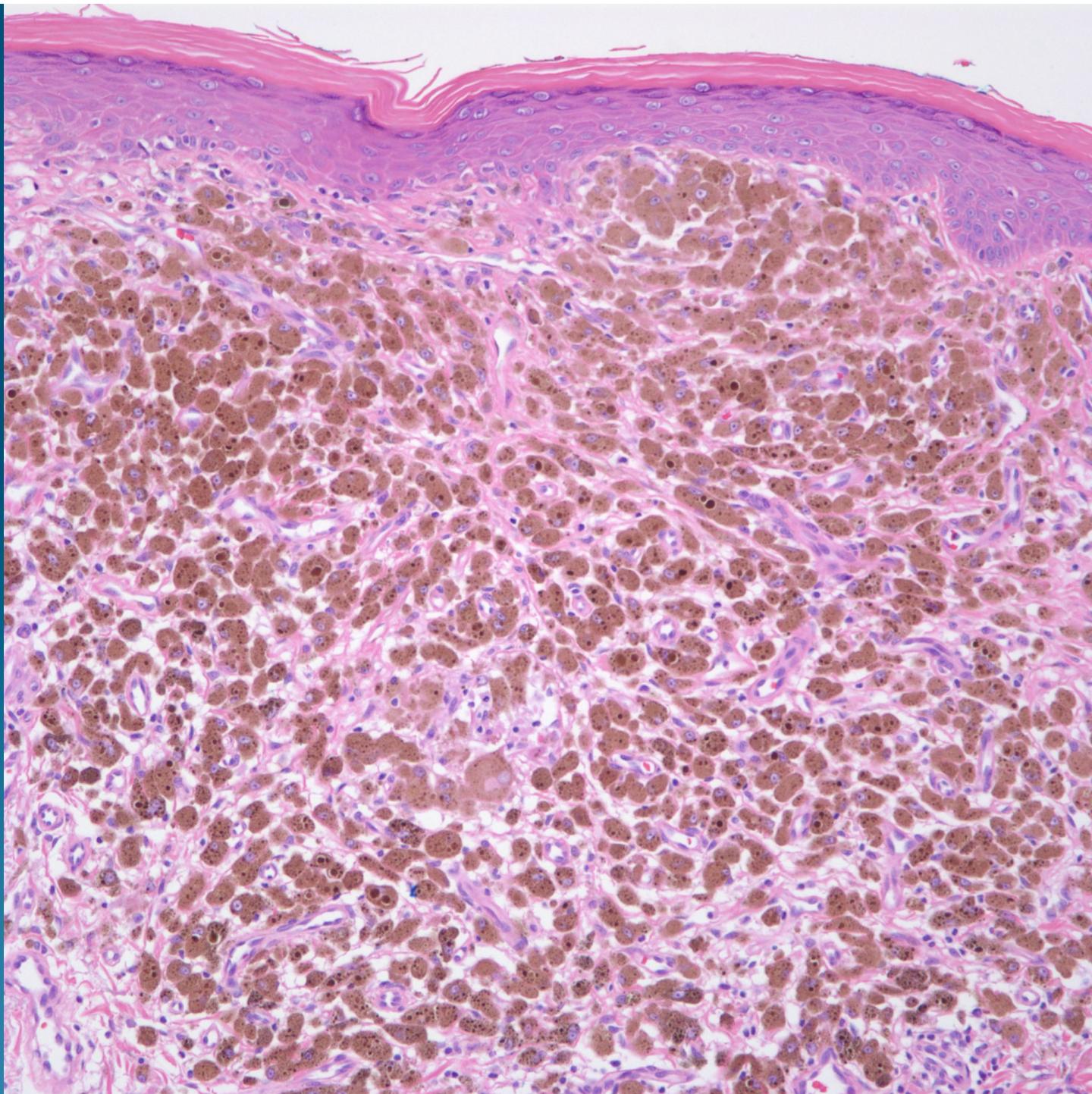


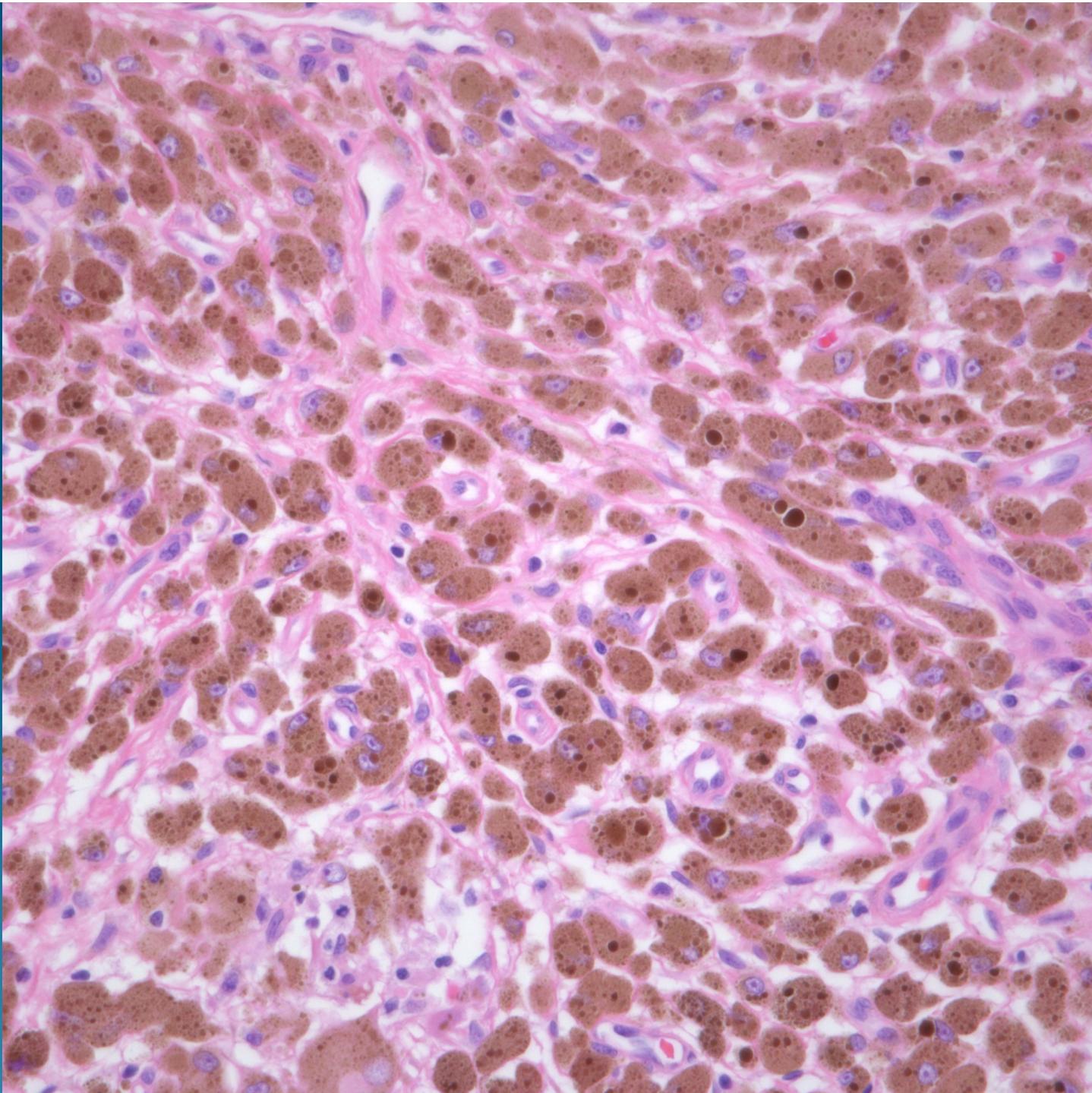












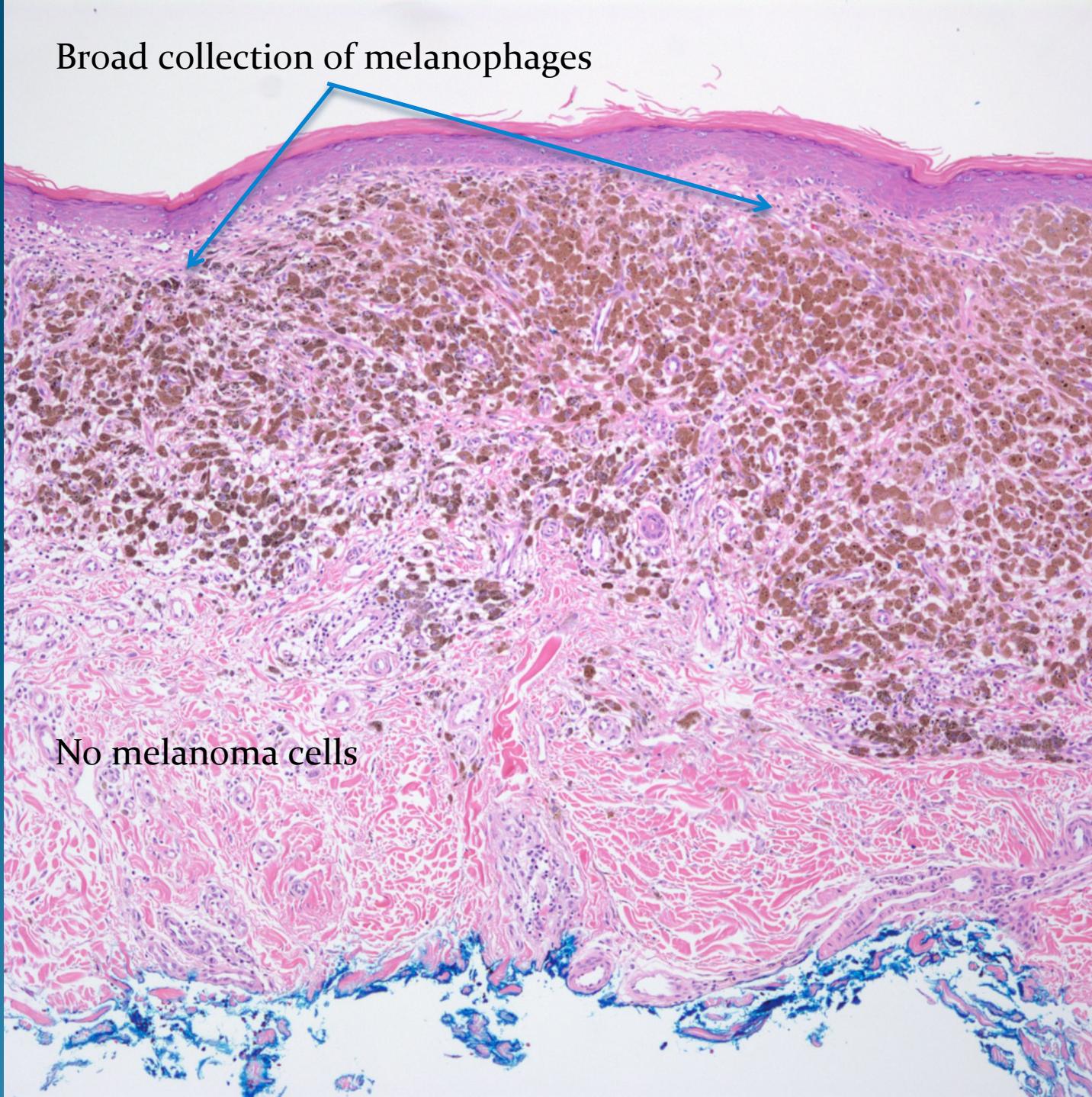
What is the significance of the collection of melanophages adjacent to the invasive malignant melanoma?

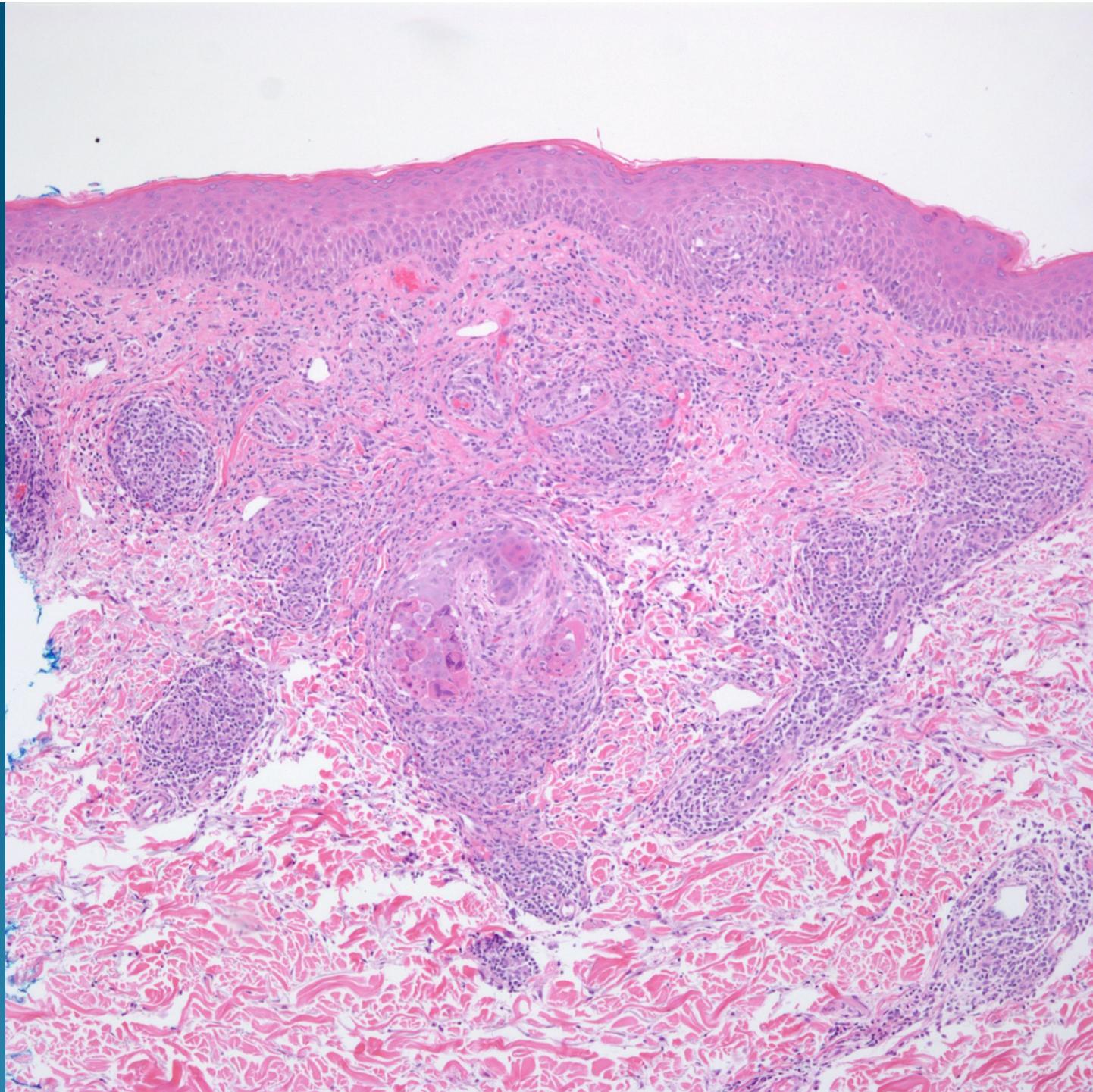
# Malignant Melanoma with Tumoral Melanoma

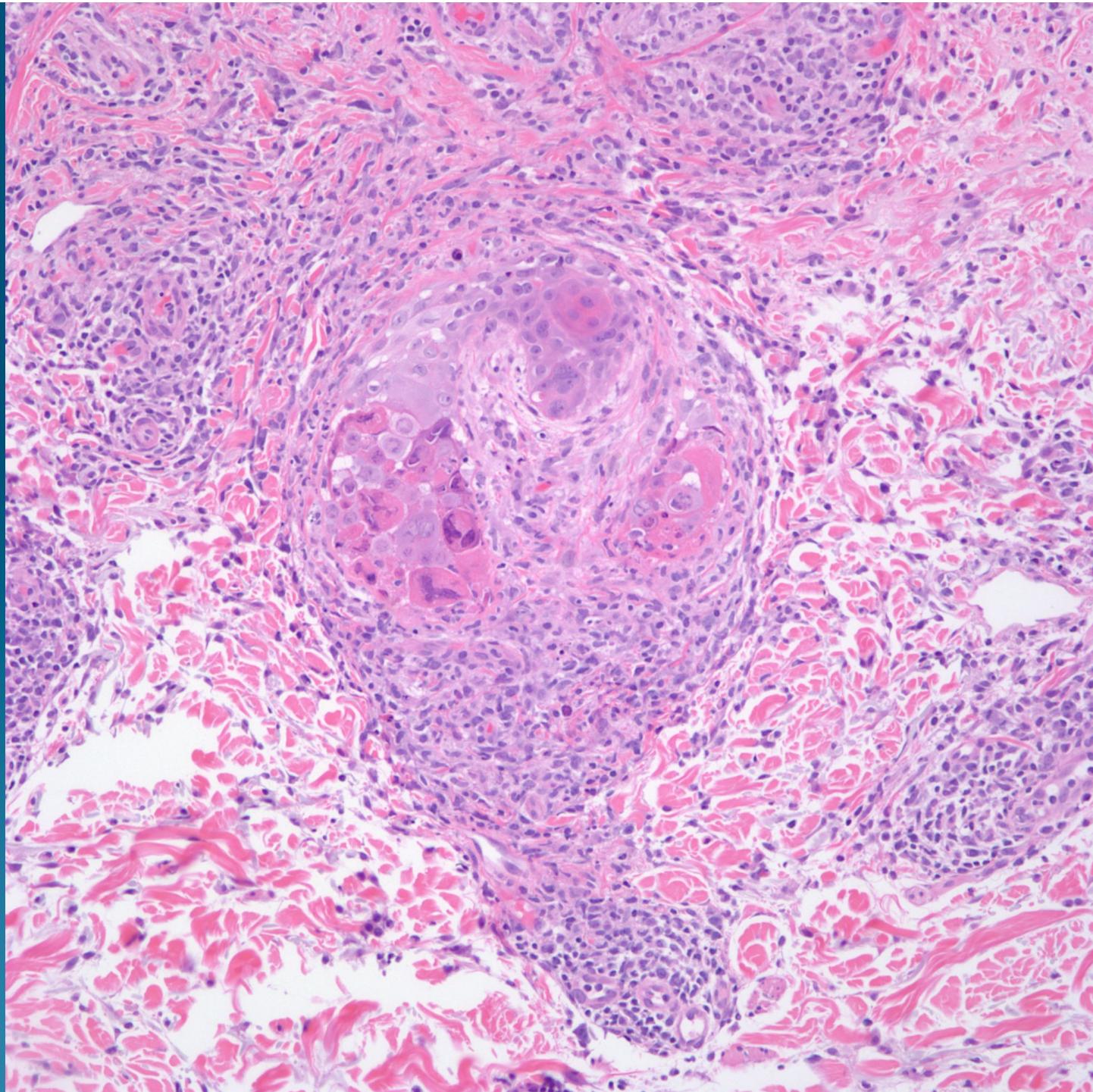
- Tumor melanosis is a form of regression with melanomas
- It is characterized by a nodular collection of heavily pigmented melanophages
- May need to bleach the sections and apply immunohistochemical studies to confirm the cells are macrophages and not invasive melanoma cells

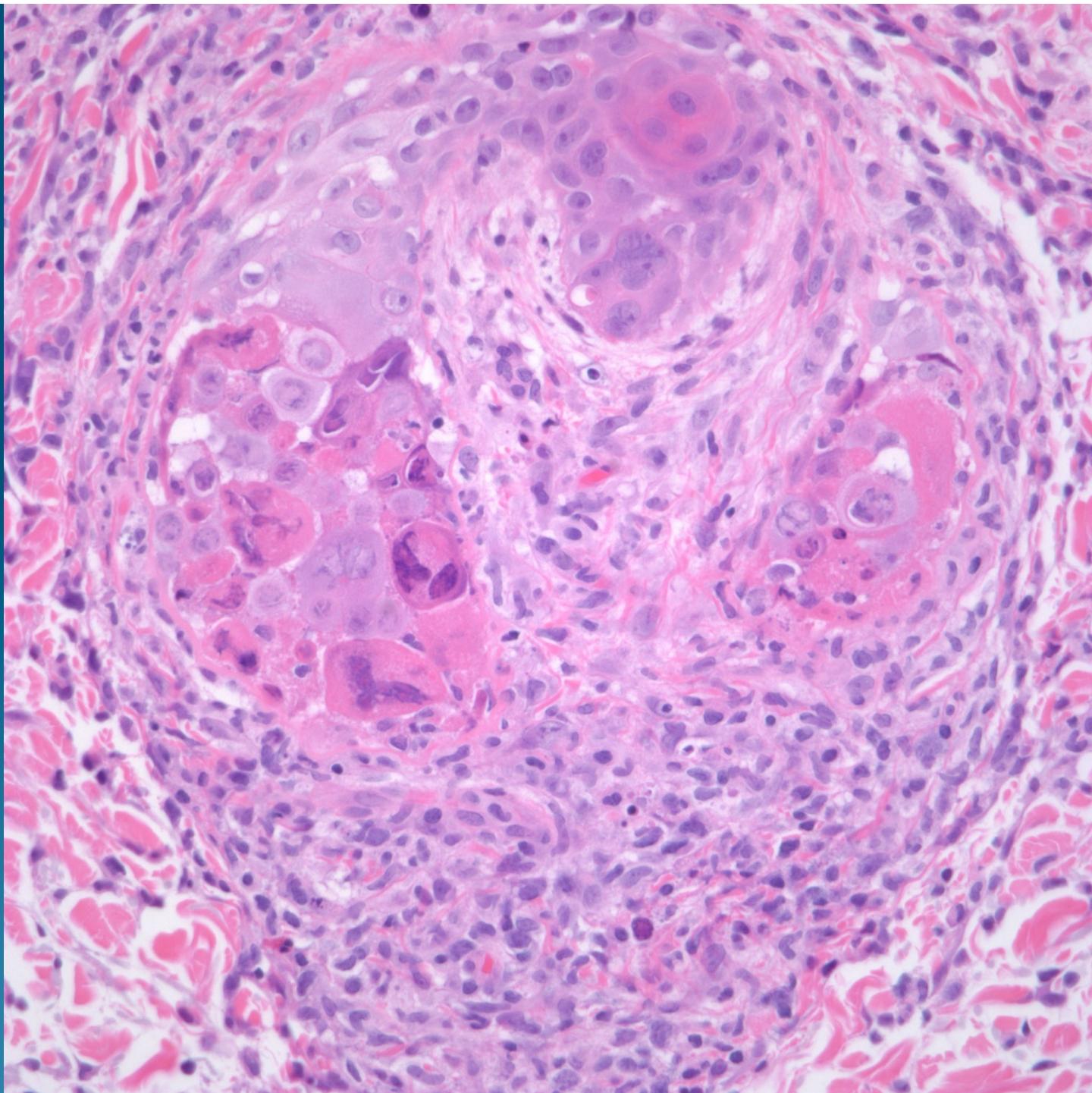
Broad collection of melanophages

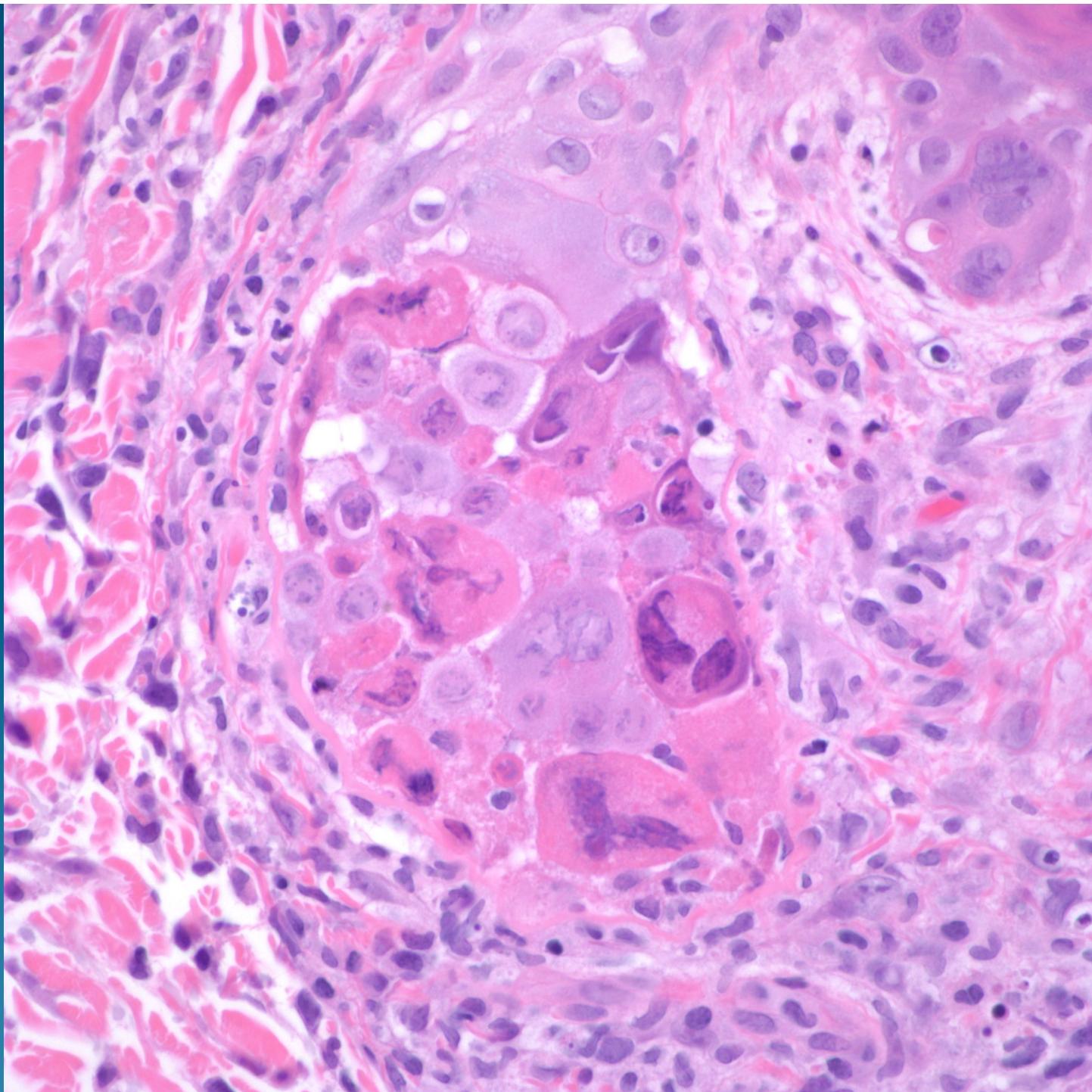
No melanoma cells







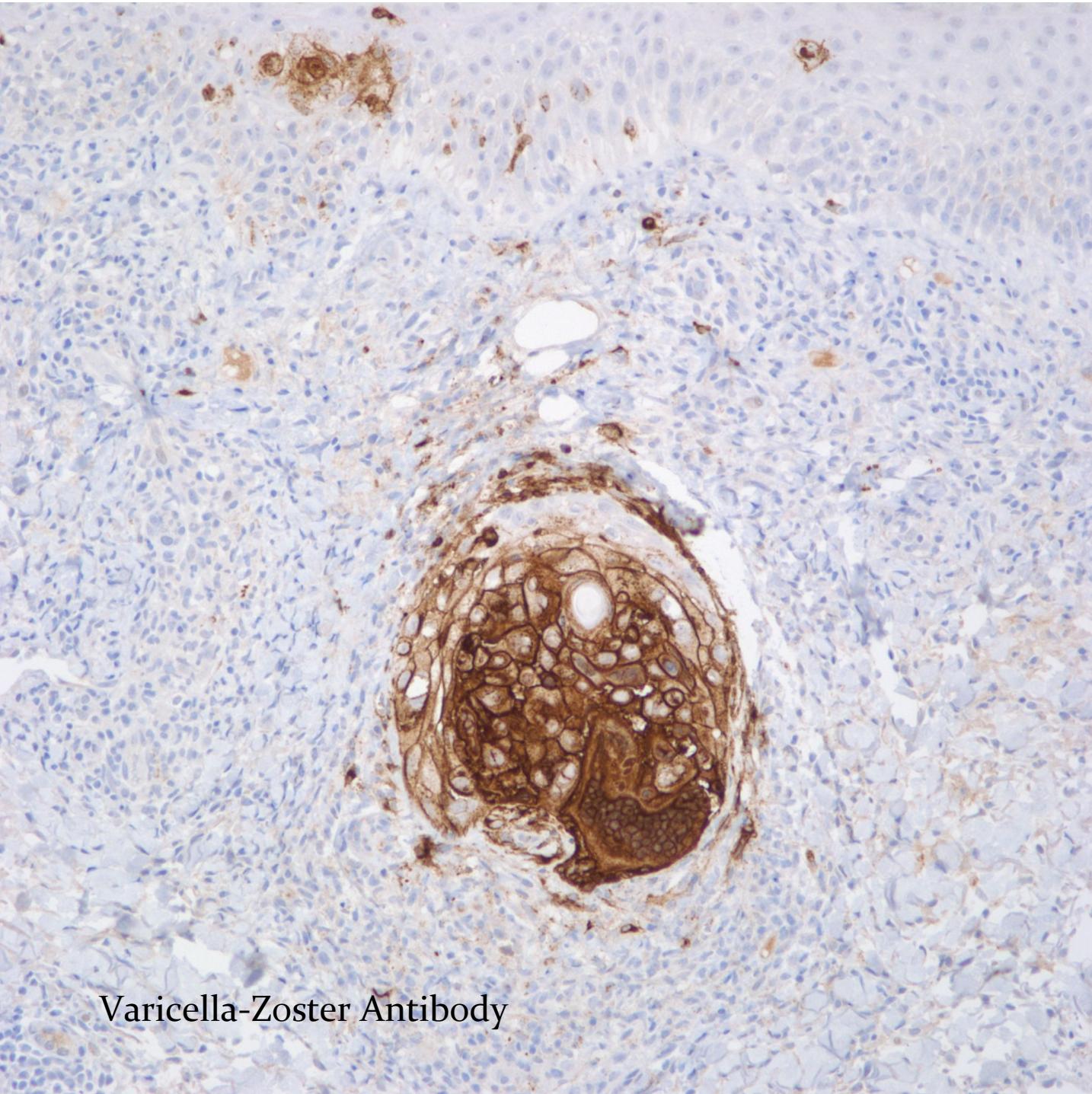




# What is the best diagnosis?

- A. Epstein-Barr Virus
- B. Cytomegalovirus
- C. Varicella zoster virus
- D. Orf
- E. Molluscum Contagiosum

# Varicella-Zoster Virus (Shingles)



Varicella-Zoster Antibody

Multinucleated viral cytopathic changes  
Nuclear chromatin margination

