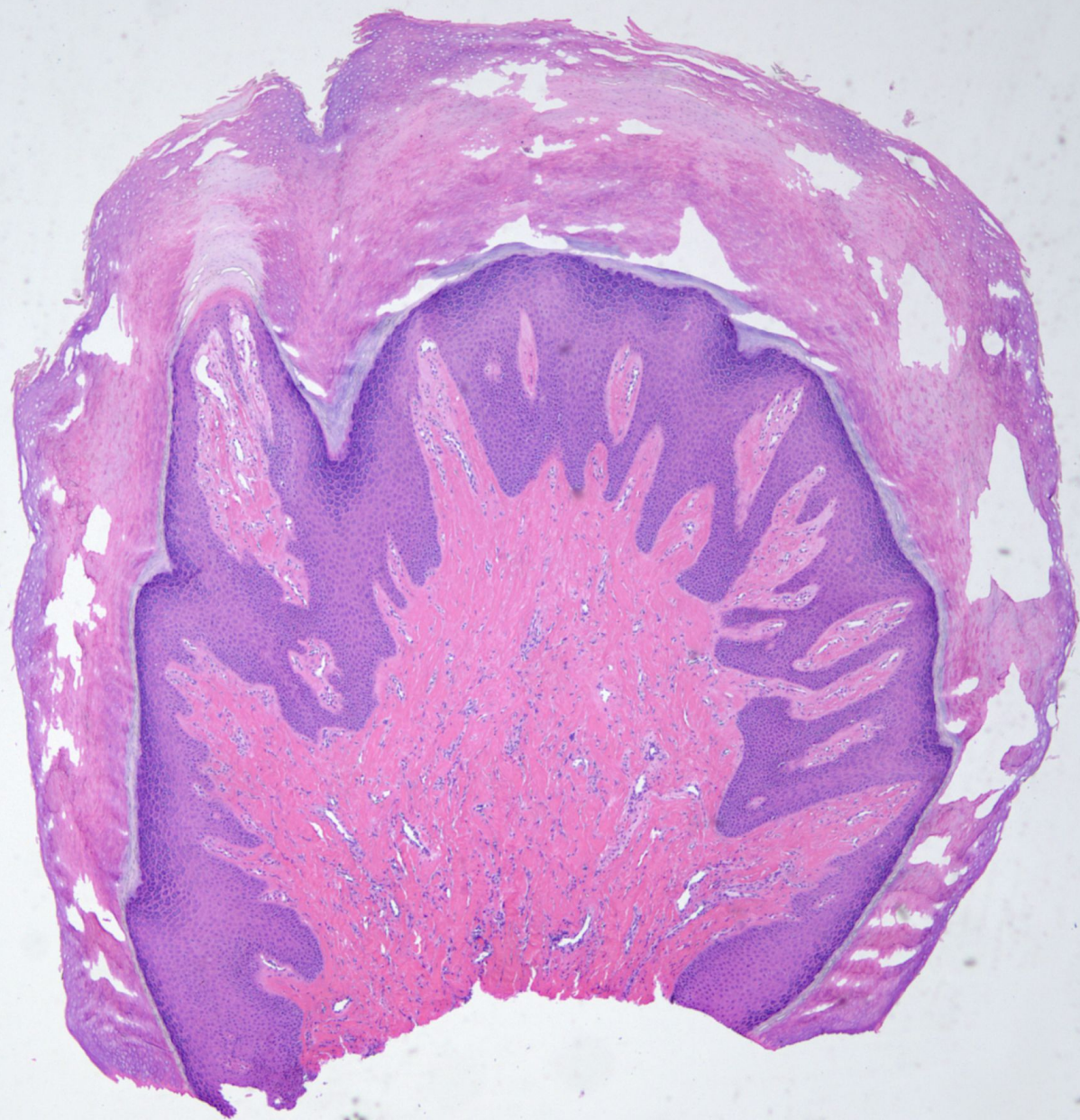
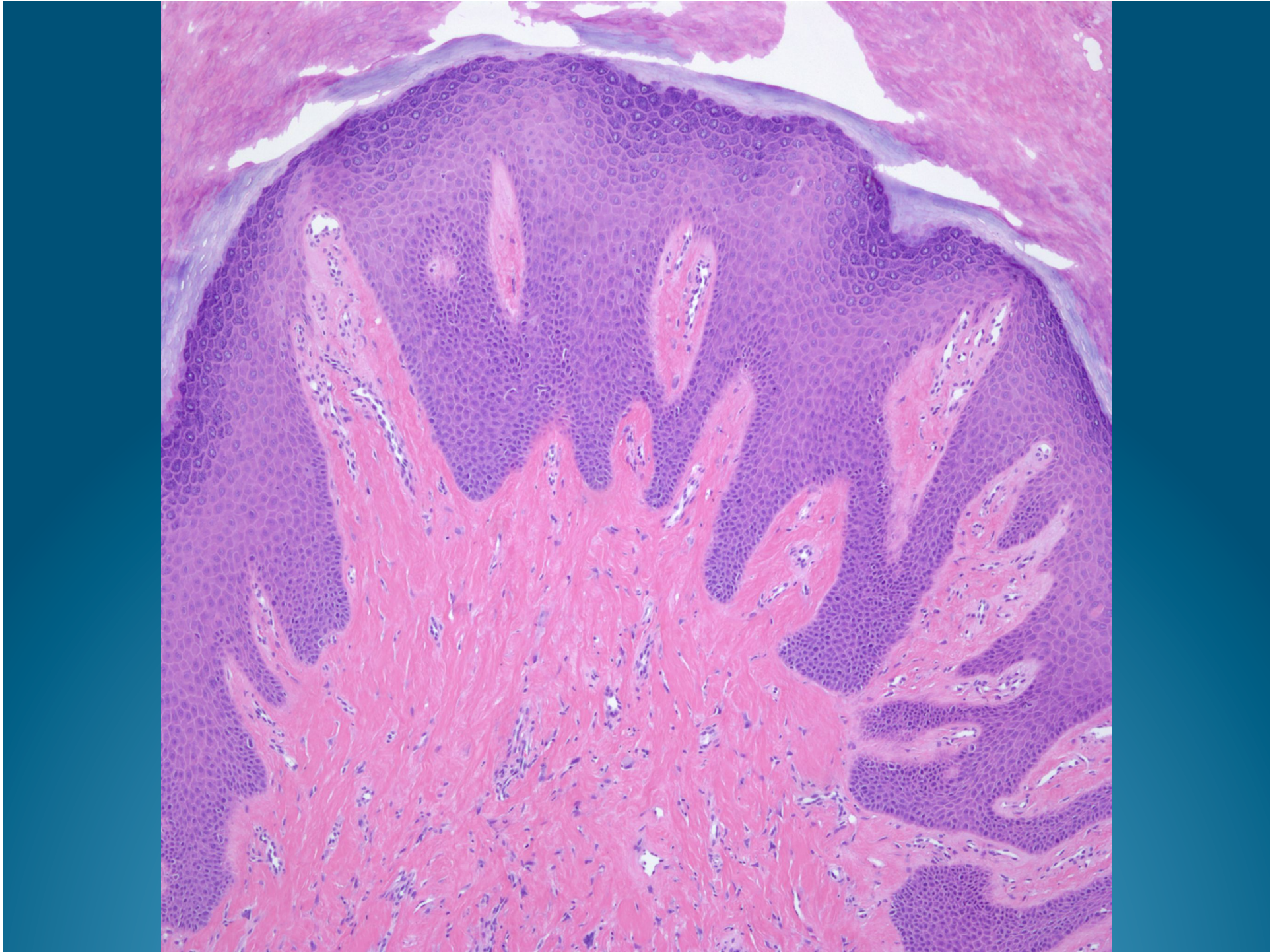
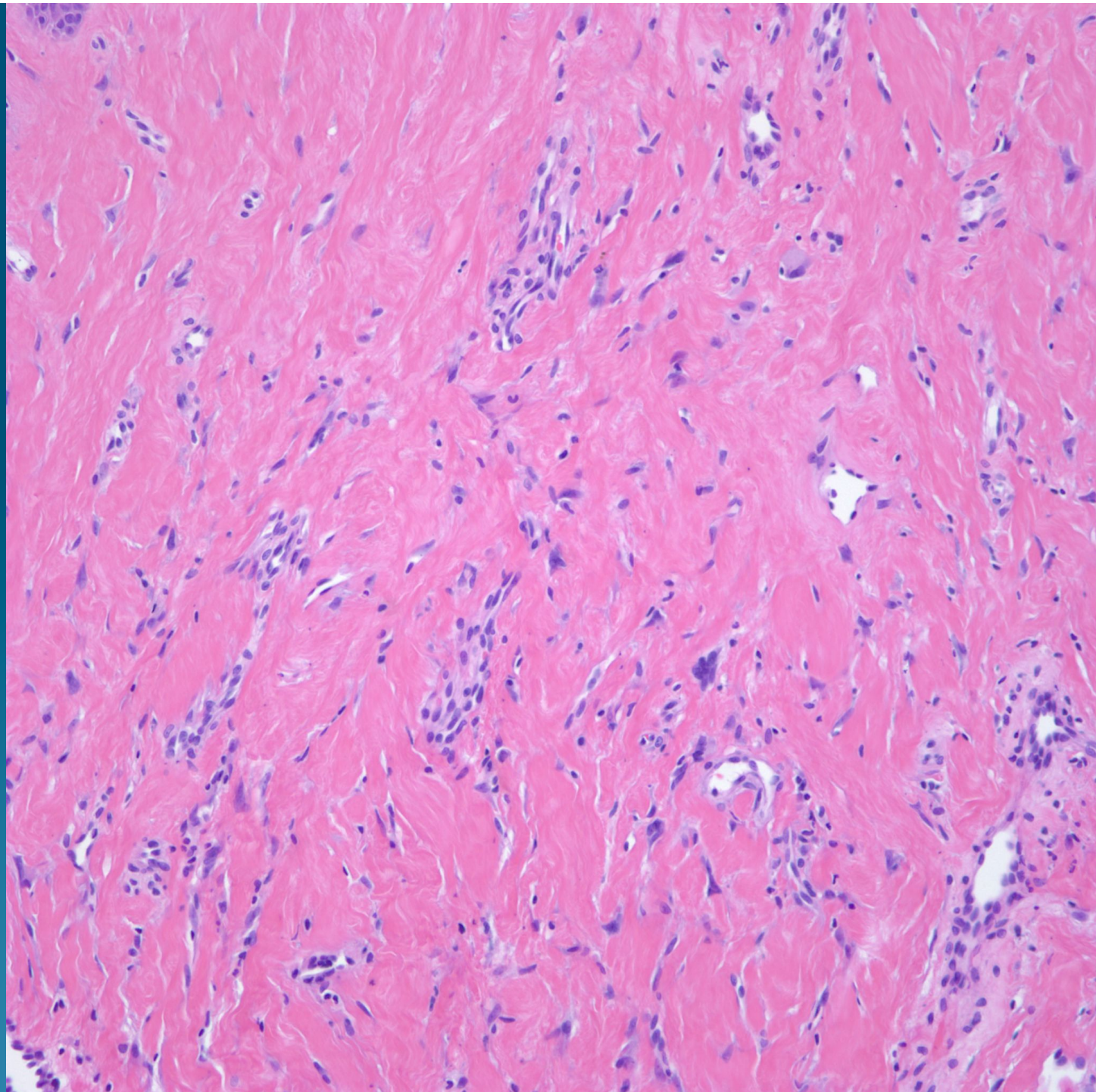


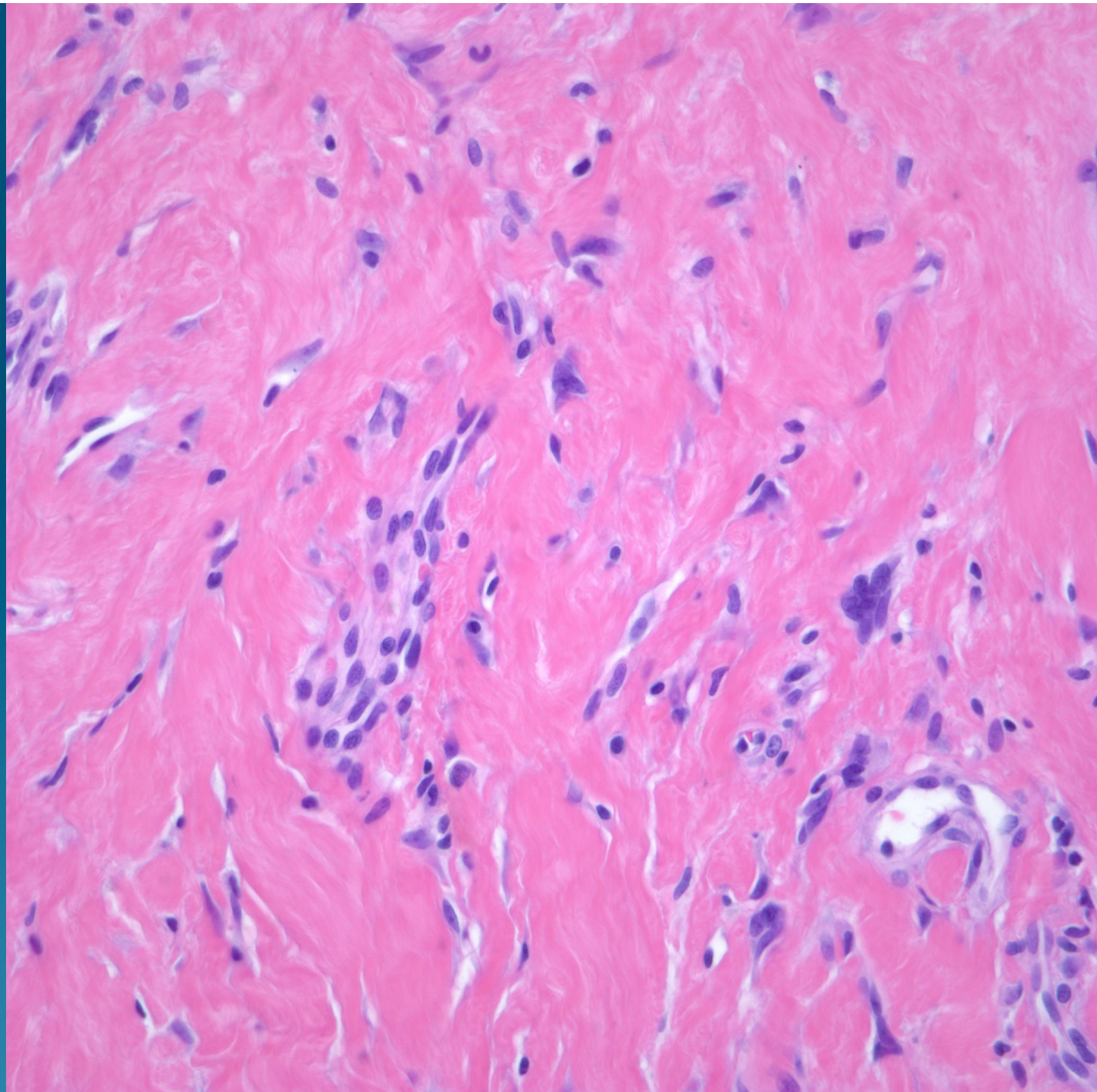
Dermatopathology Slide Review Part 137

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









What is the best diagnosis?

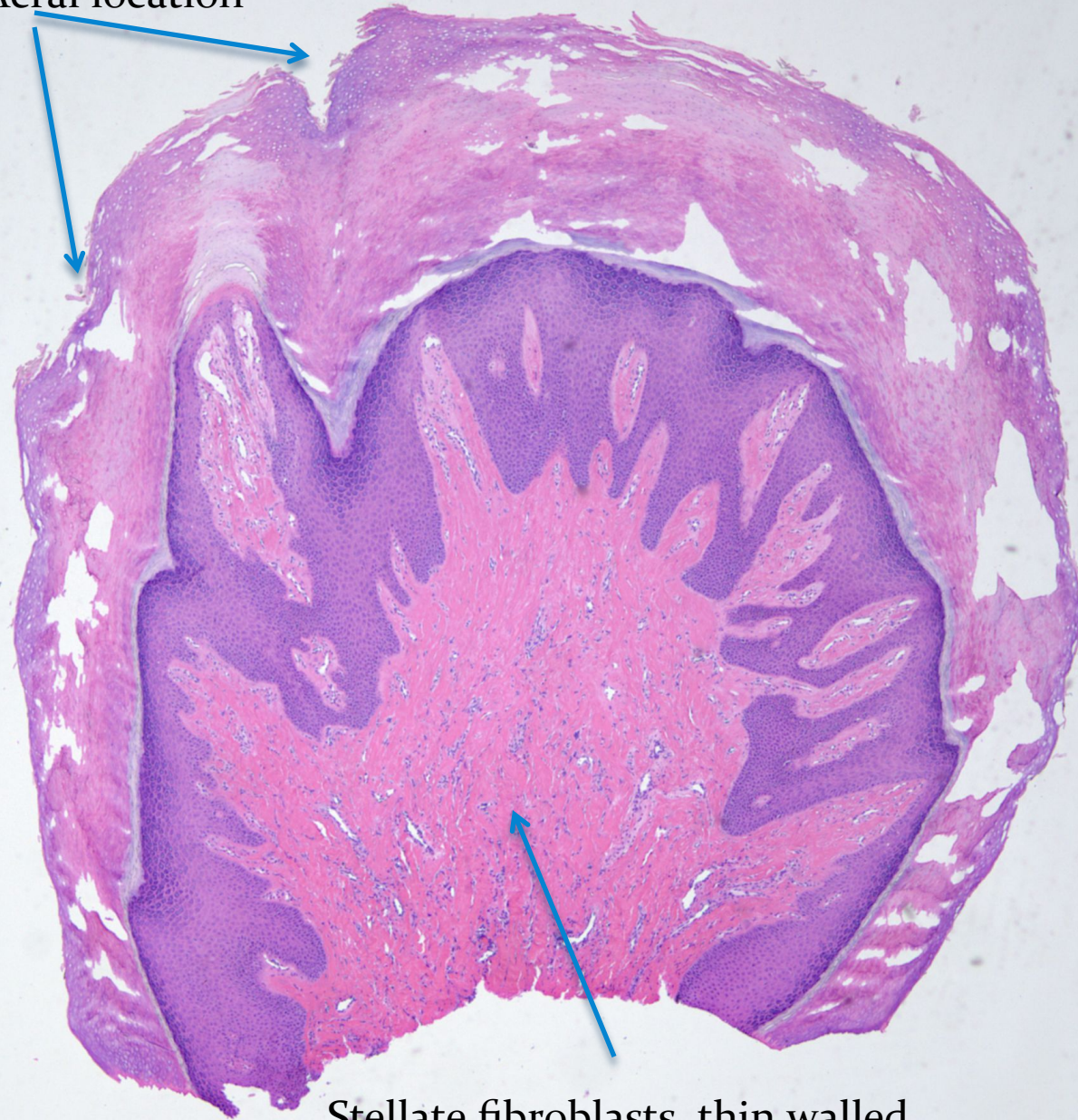
- A. Angiosarcoma
- B. Atypical Fibroxanthoma
- C. Xanthogranuloma
- D. Koenen's tumor
- E. Sclerotic Fibroma

Koenen's Tumor (Subungual Fibroma)

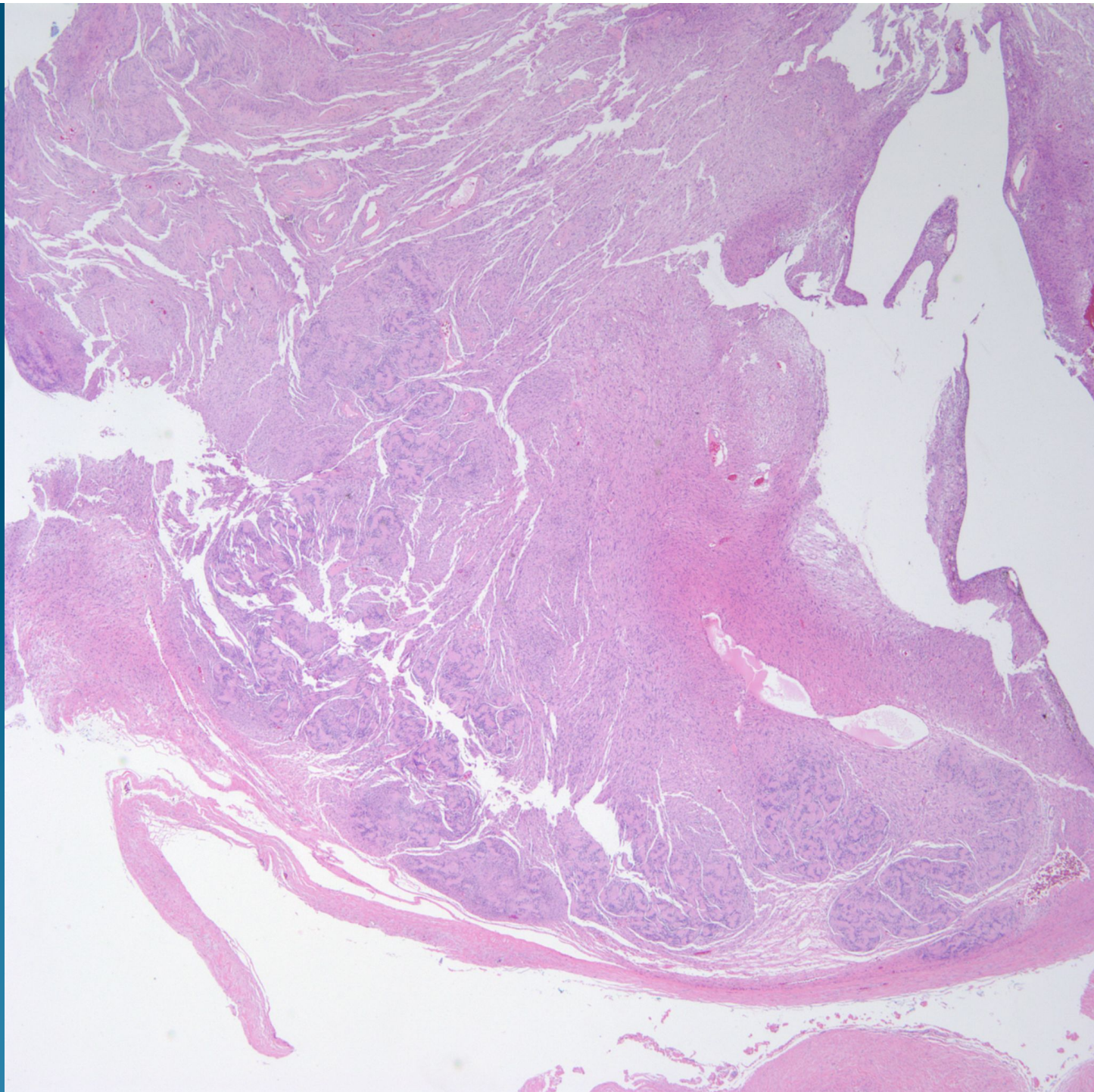
Notes

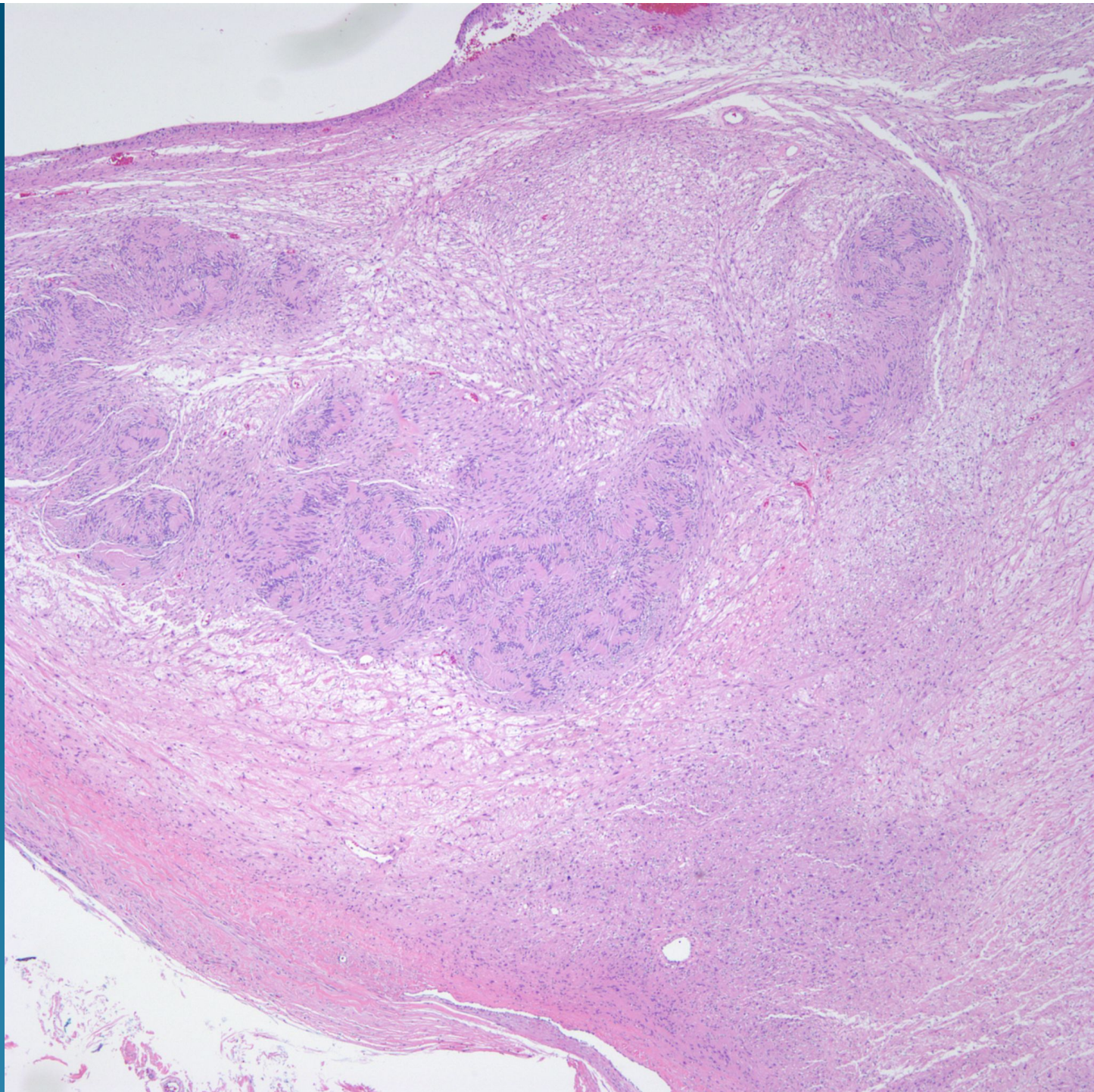
- This is an angiofibroma that occurs in the peri- or subungual location.
- Think fibrous papule arising on acral skin.
- There is a strong association with tuberous sclerosis.

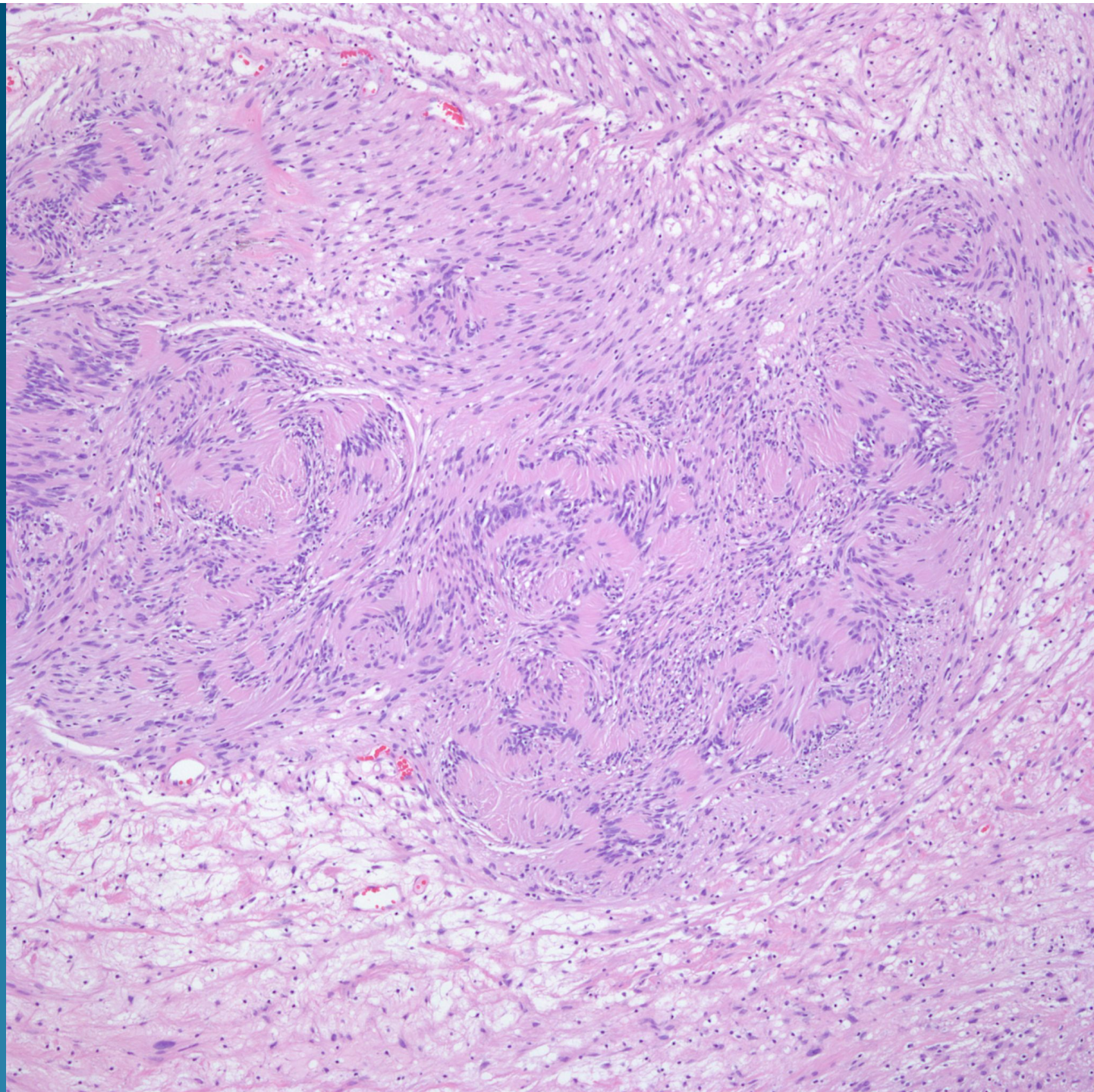
Note Acral location

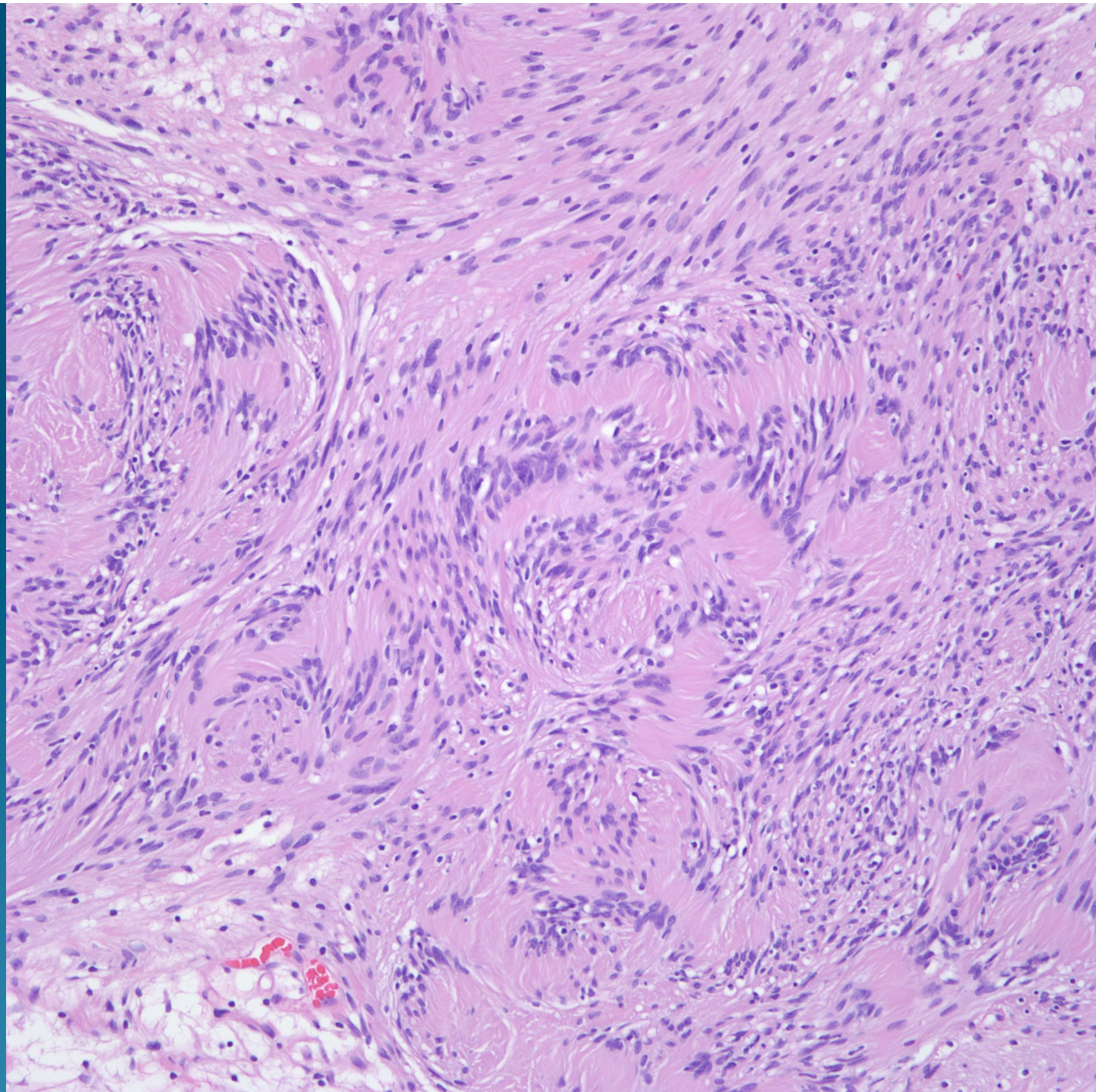


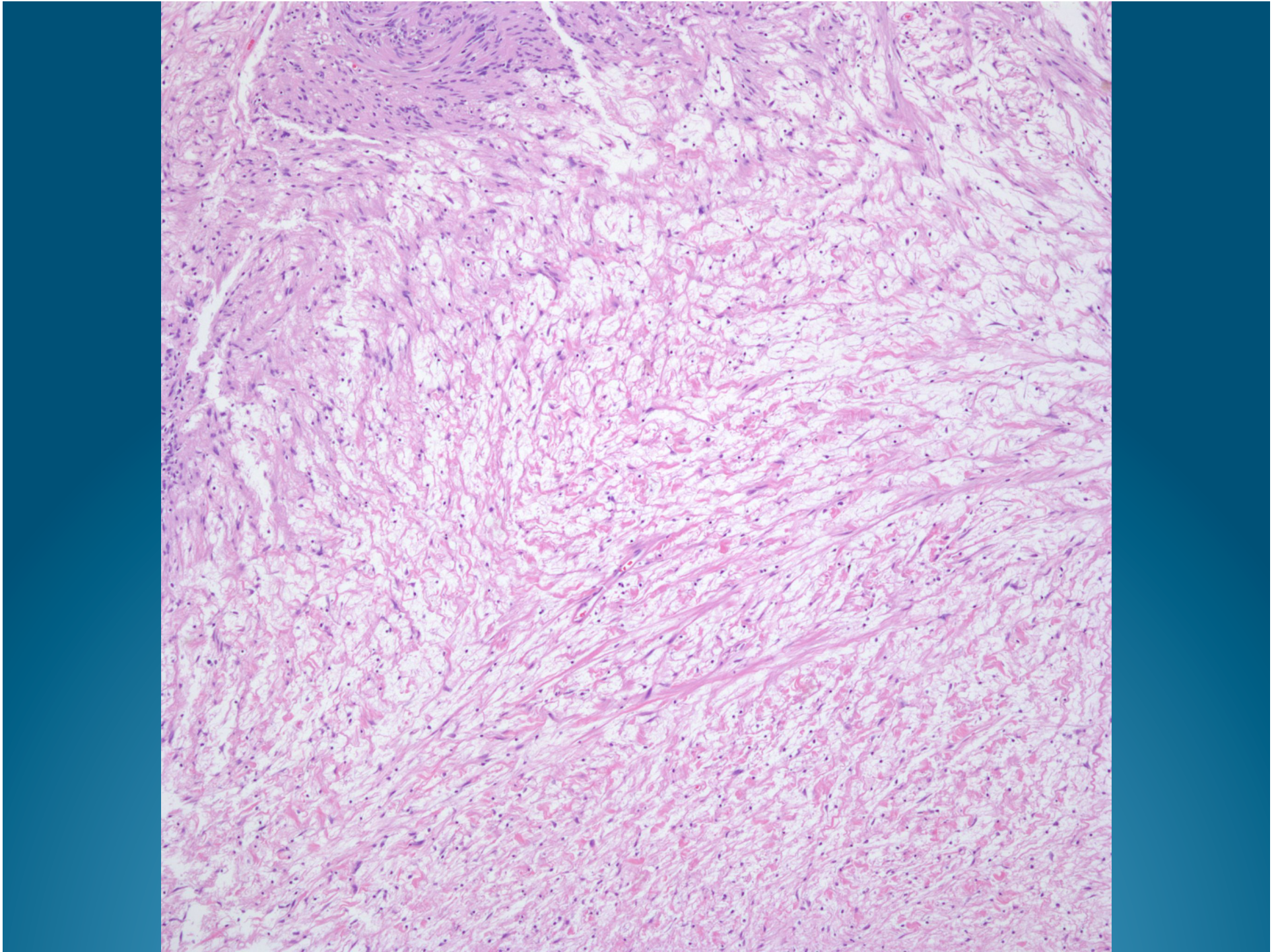
Stellate fibroblasts, thin walled
Capillary vessels, and fibroplasia

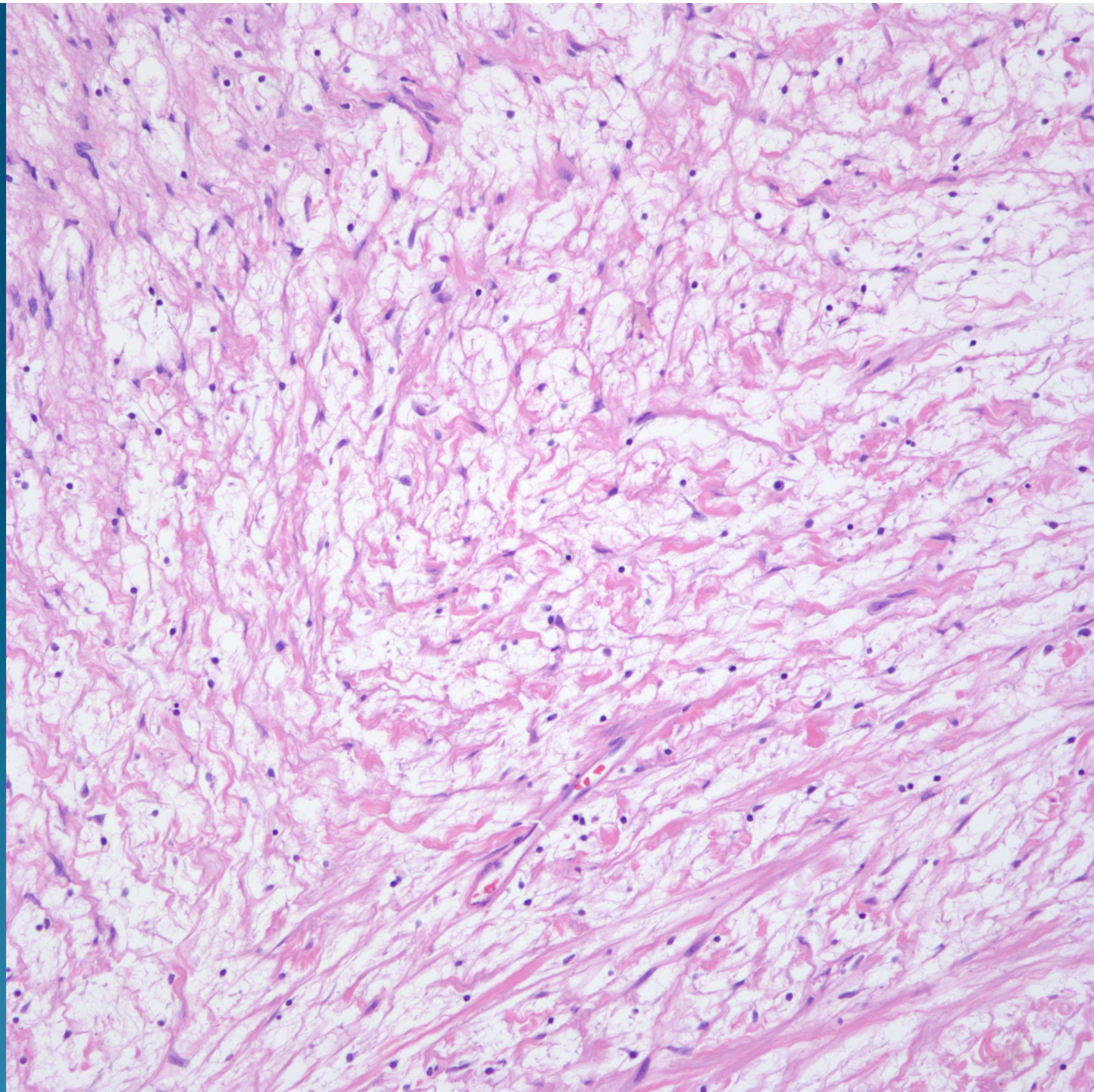


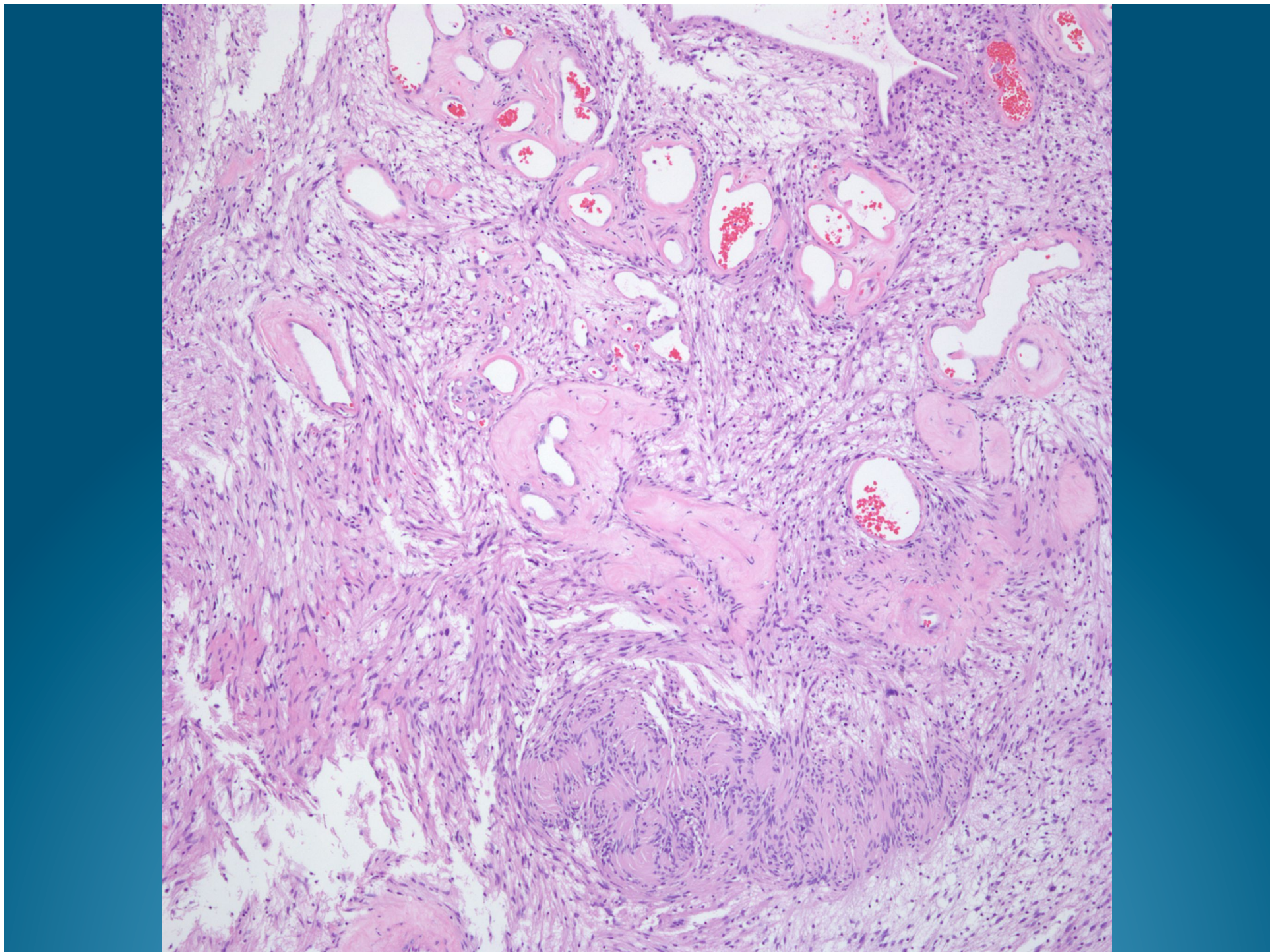








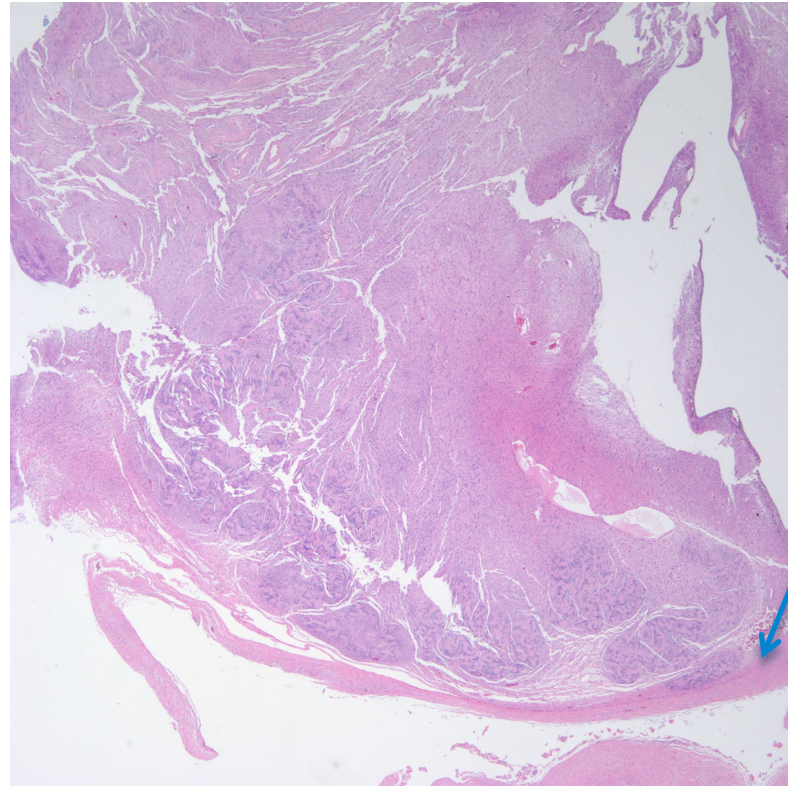




What is the best diagnosis?

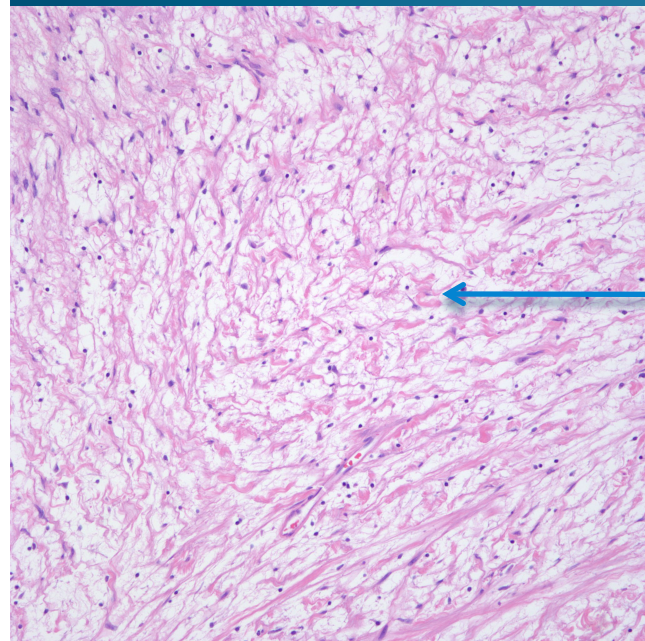
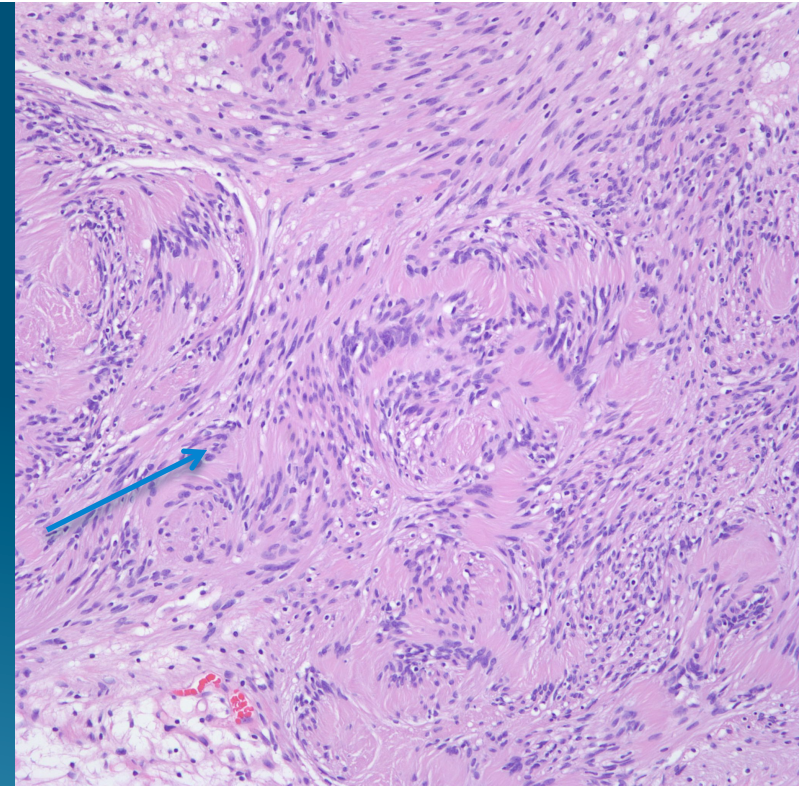
- A. Neurofibroma
- B. Neurilemmoma
- C. Palisaded and encapsulated neuroma
- D. Traumatic neuroma
- E. Neurotized nevus

Neurilemmoma (Schwannoma)



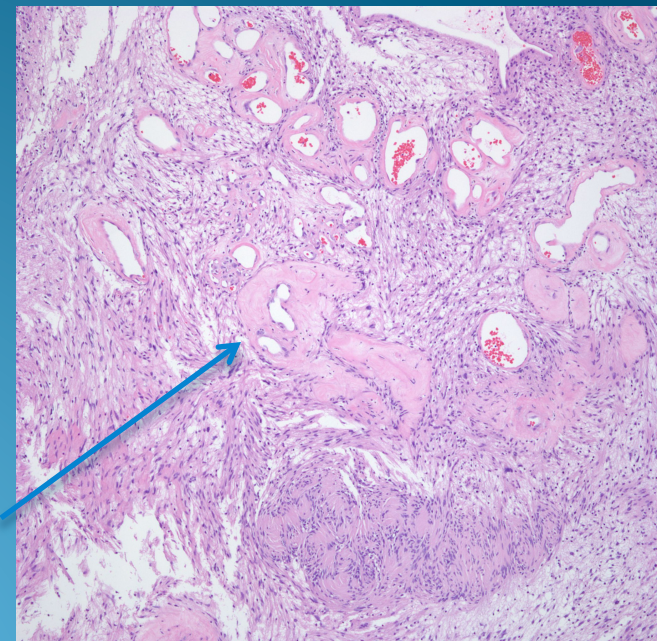
Intraneural
Tumor

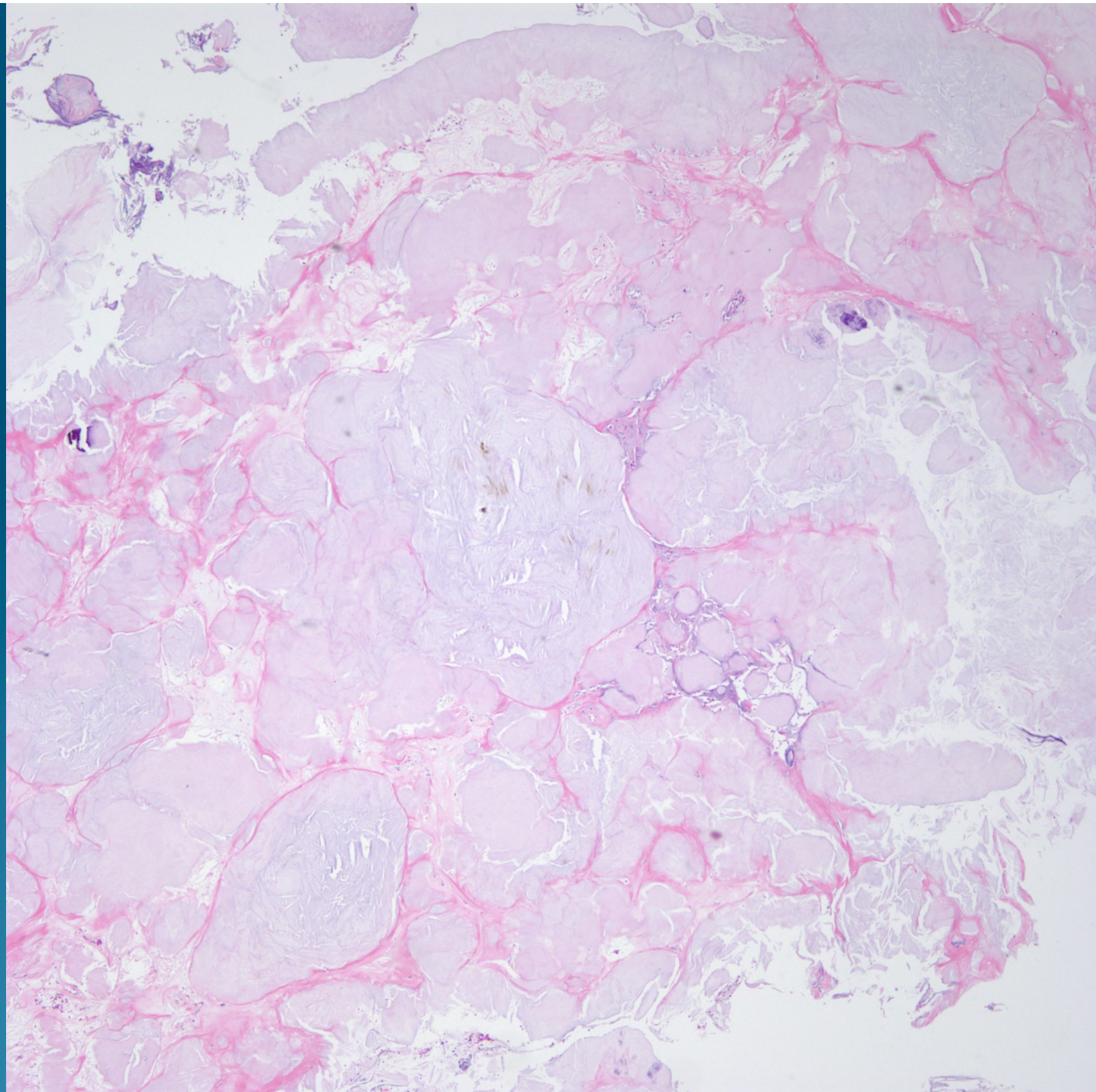
Antoni A
With
Verrocay
Bodies

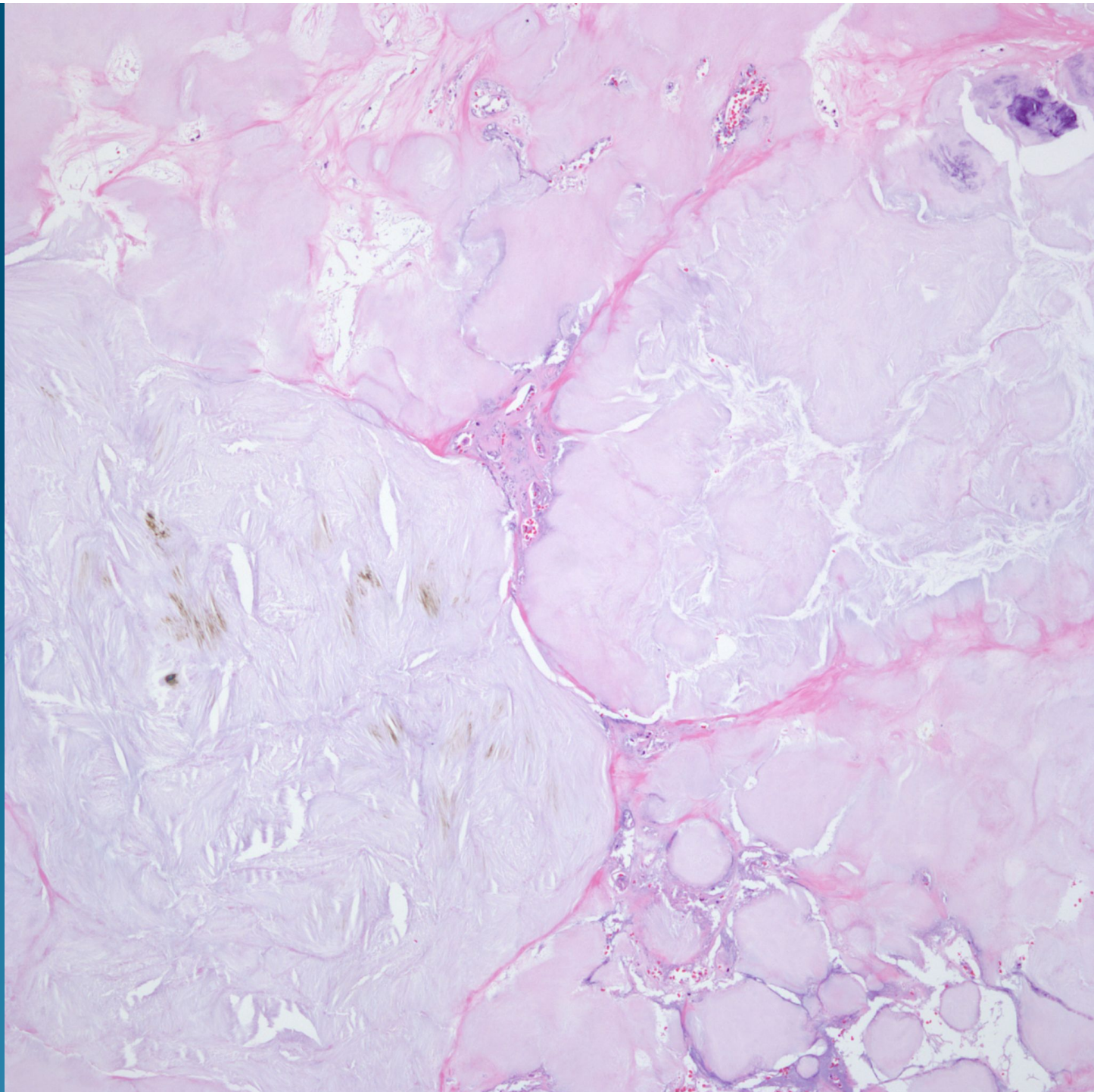


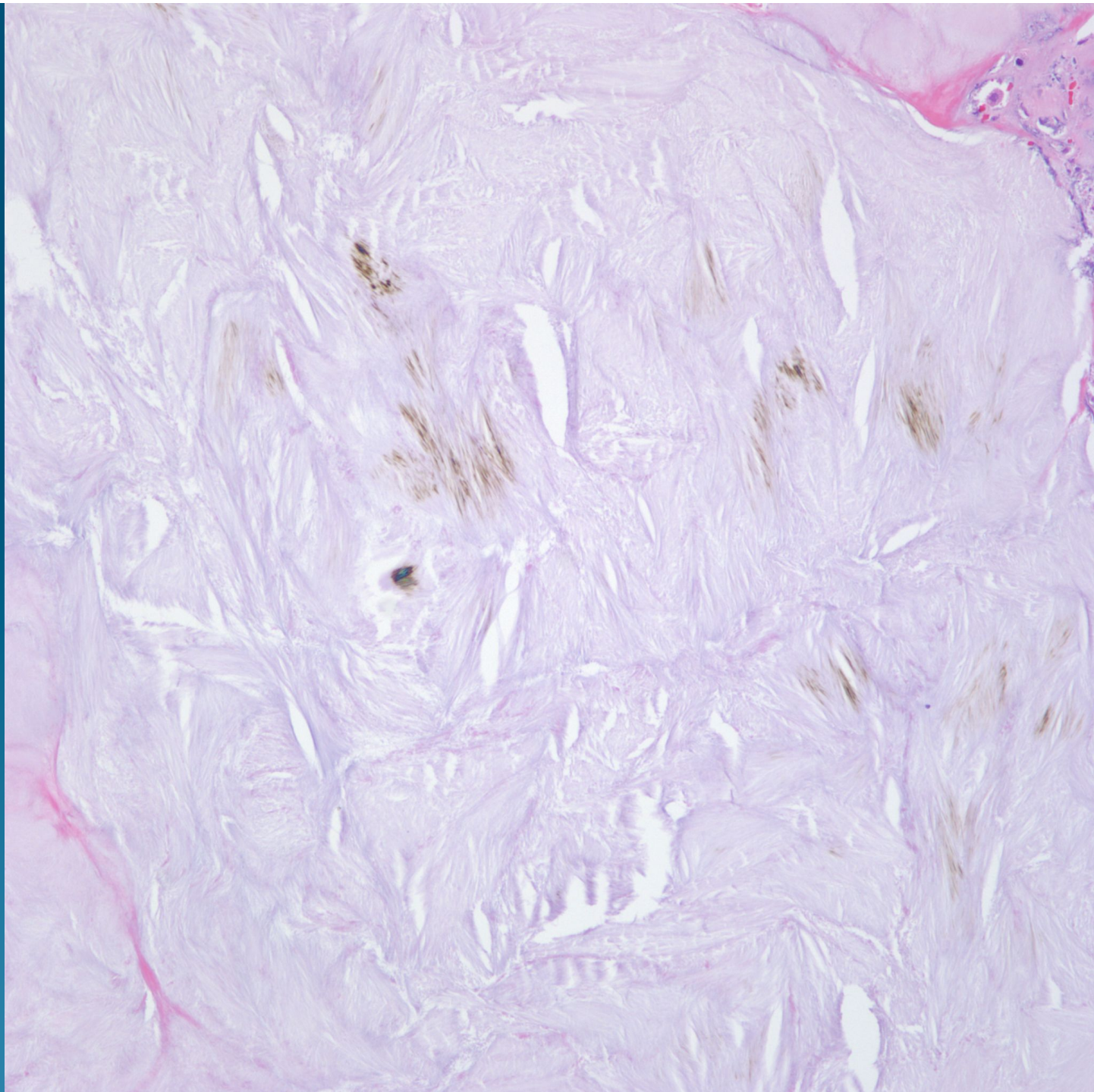
Antoni B
Loose Myxoid
Stroma

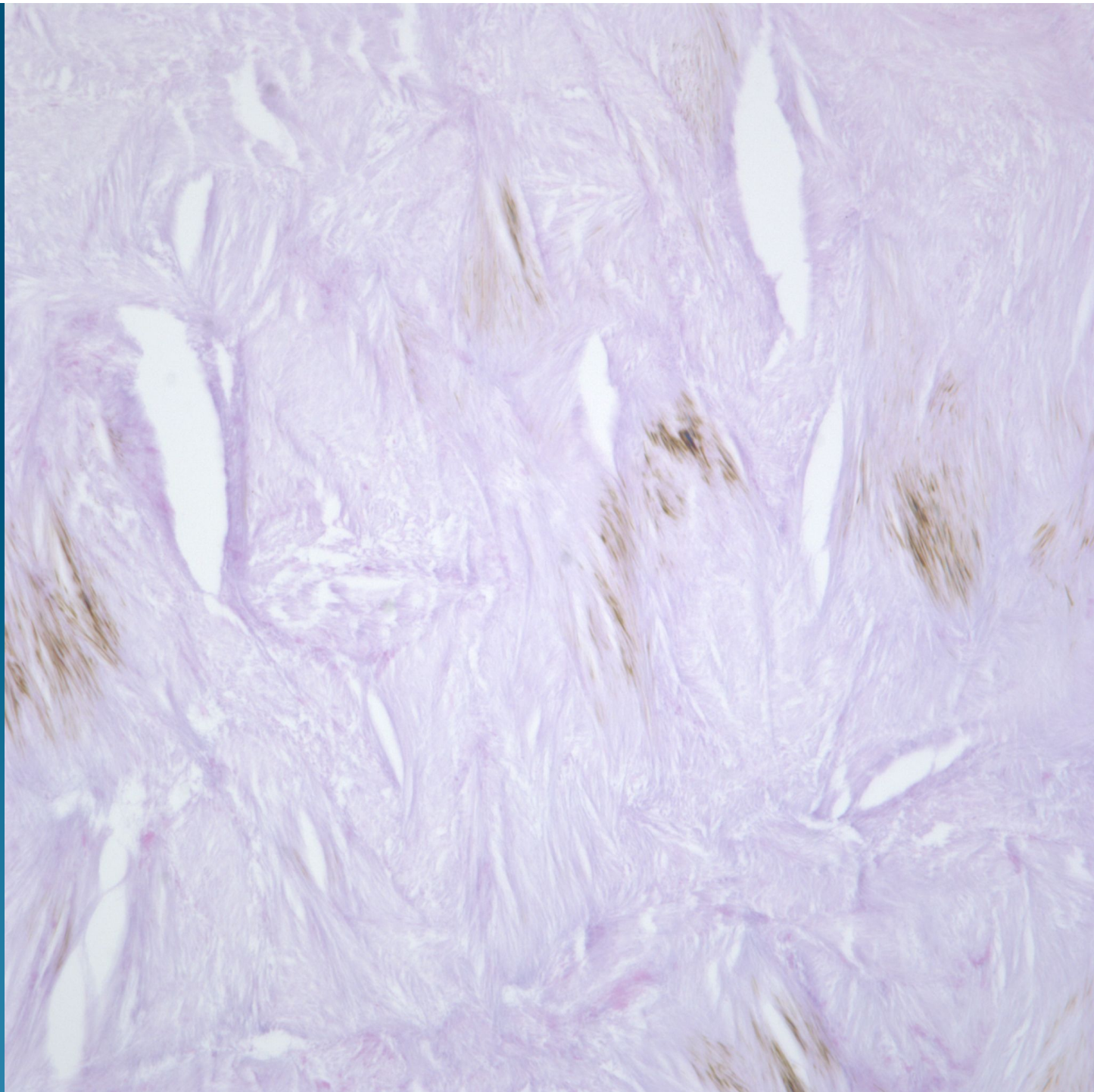
Hyalinized
Vessels









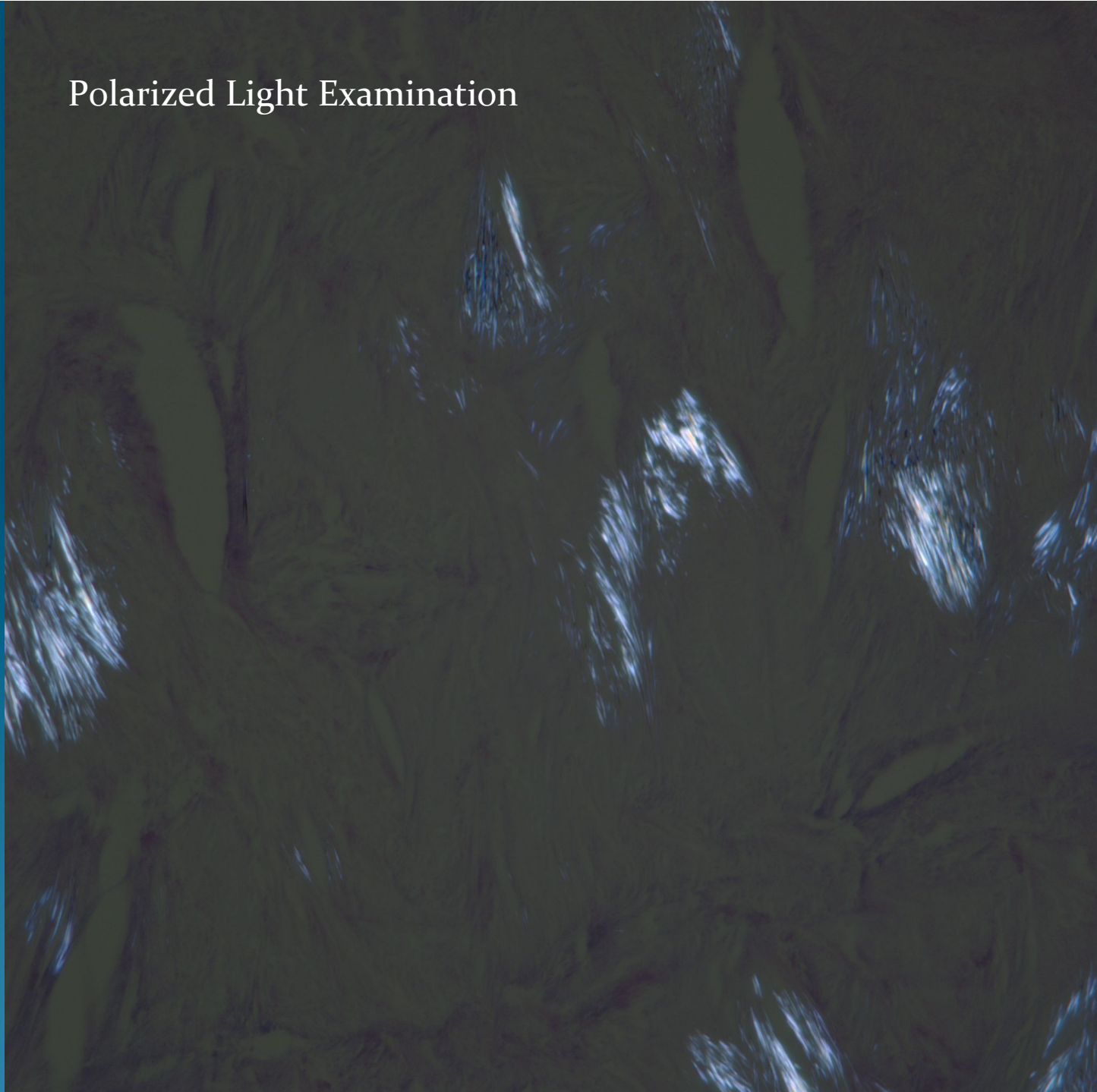


What is the best diagnosis?

- A. Tophus
- B. Amyloidoma
- C. Necrobiotic granuloma
- D. Colloid Millium
- E. Paraffinoma

Gouty Tophus

Polarized Light Examination



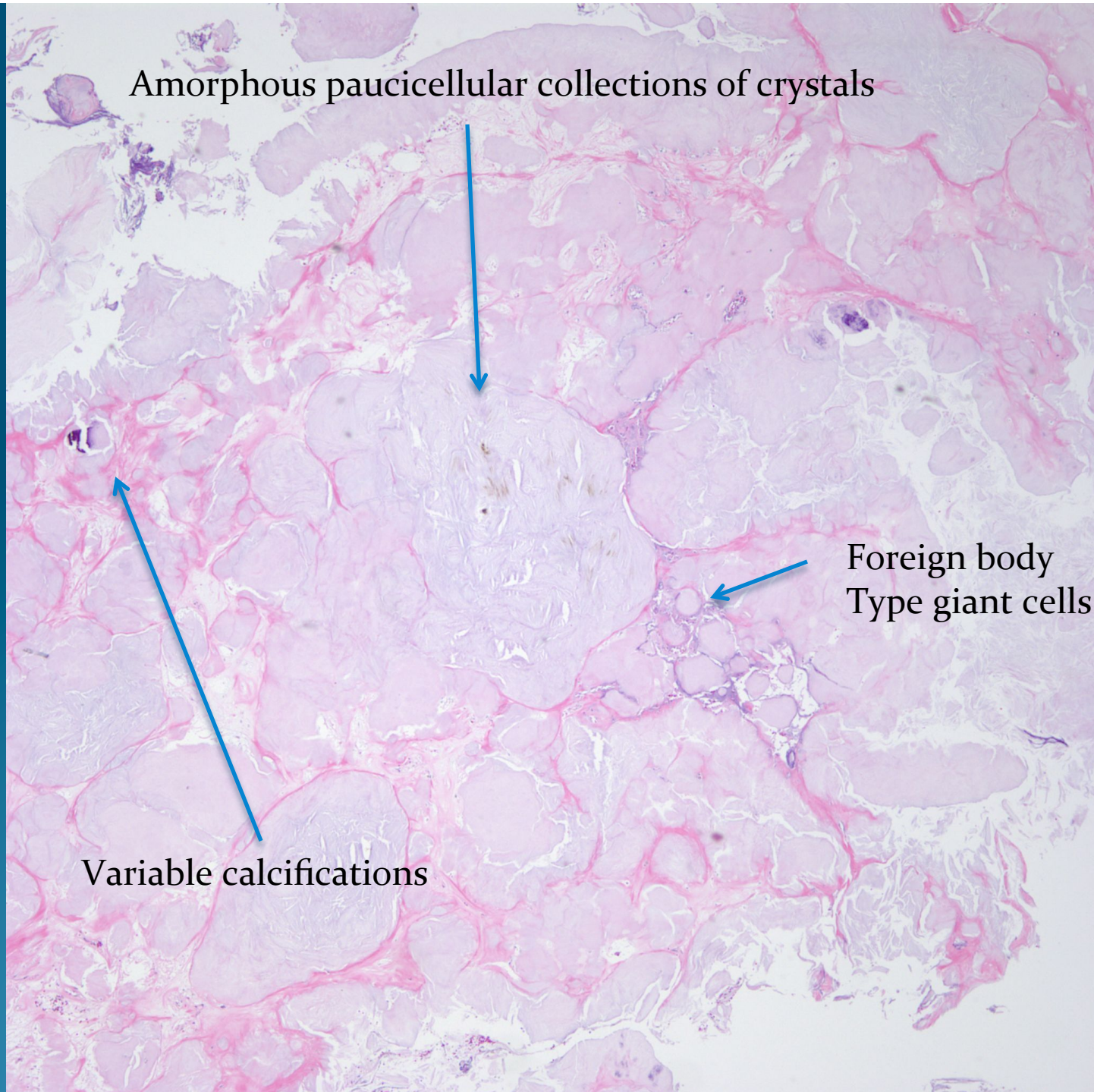
Notes

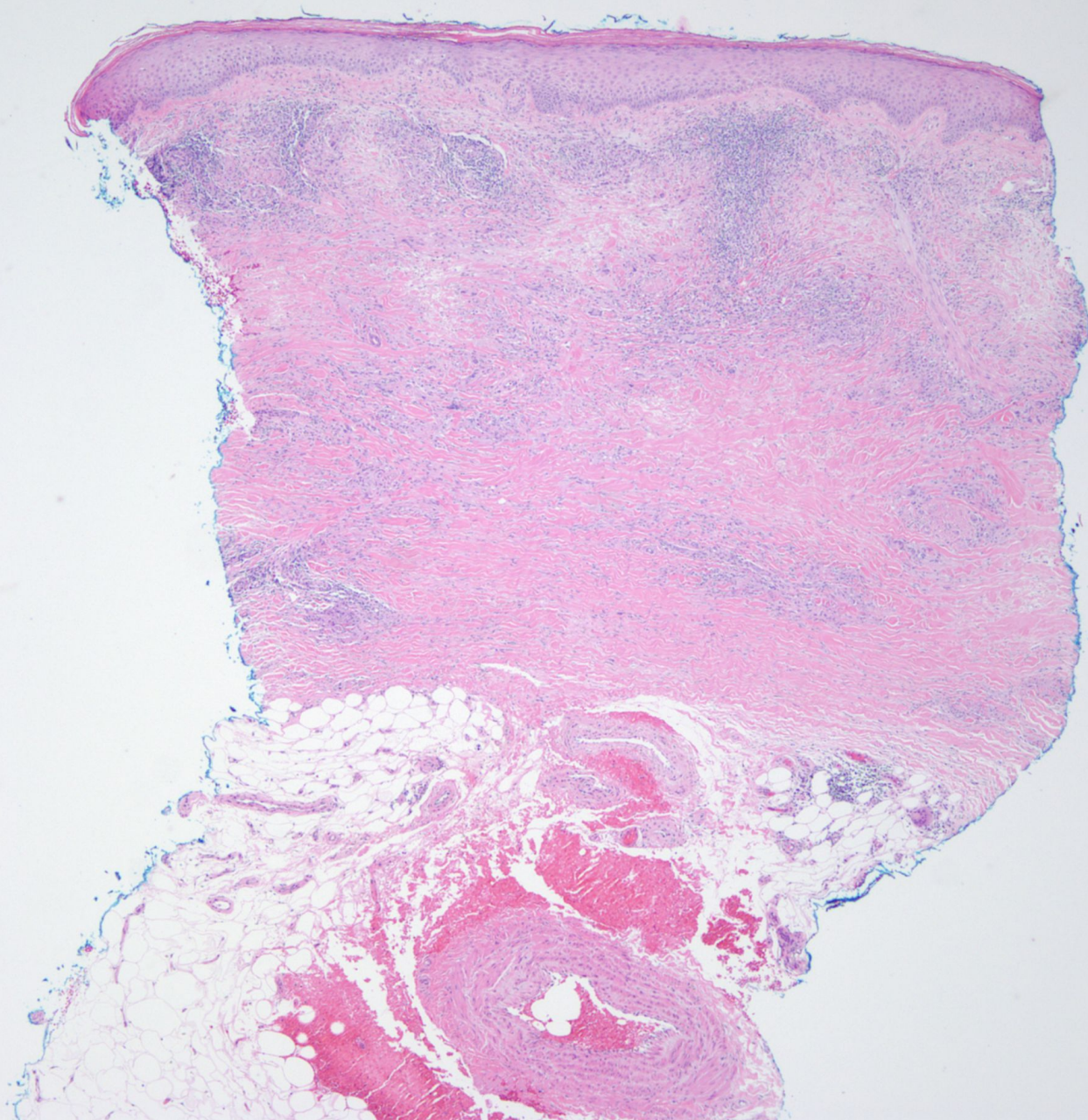
- Although Uric acid crystals are water soluble and usually do not survive routine tissue processing, it is still possible to obtain H&E stained sections that preserve the histopathology of gout.
- Polarization is helpful to illustrate the needle-like crystals

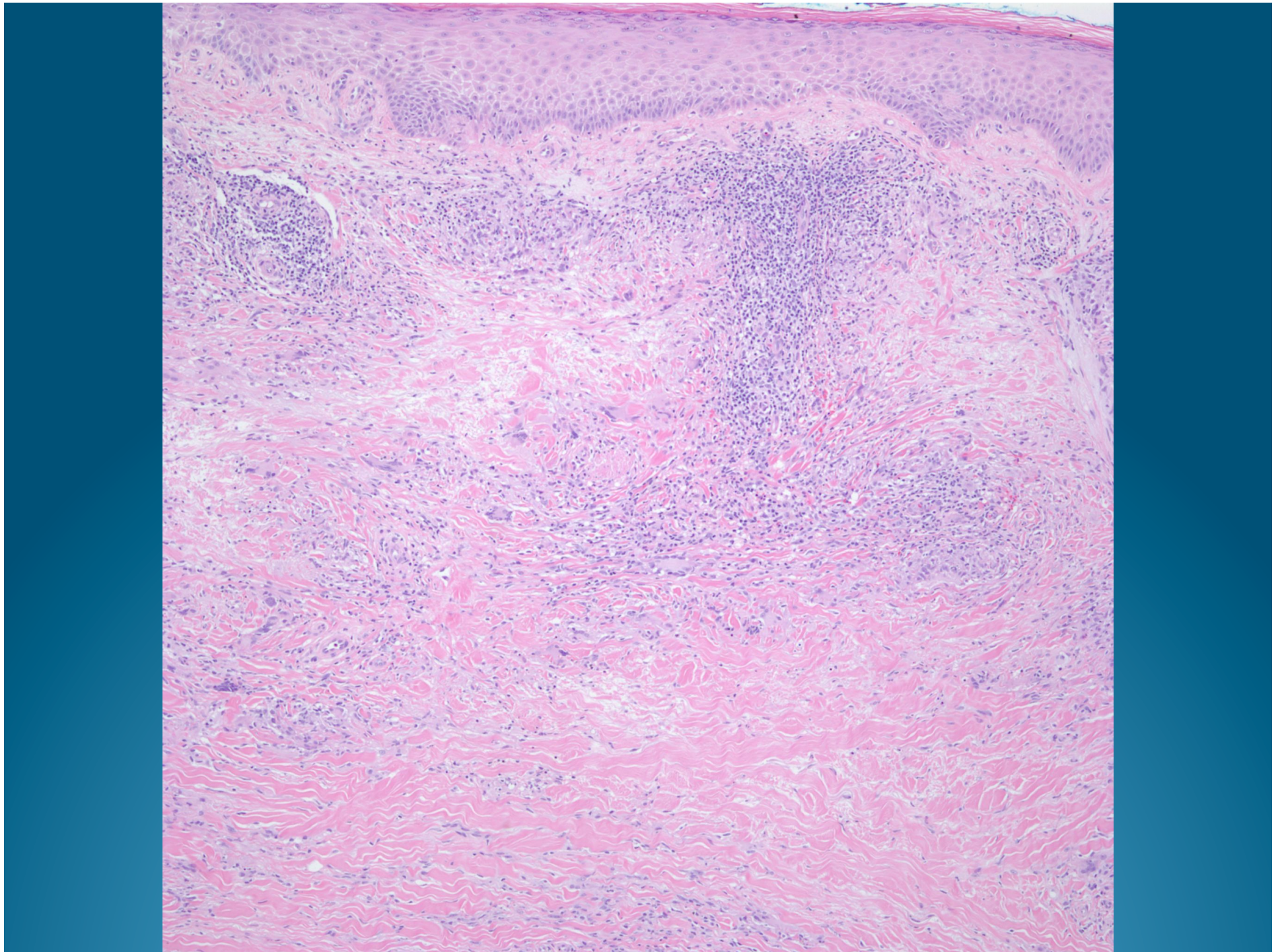
Amorphous paucicellular collections of crystals

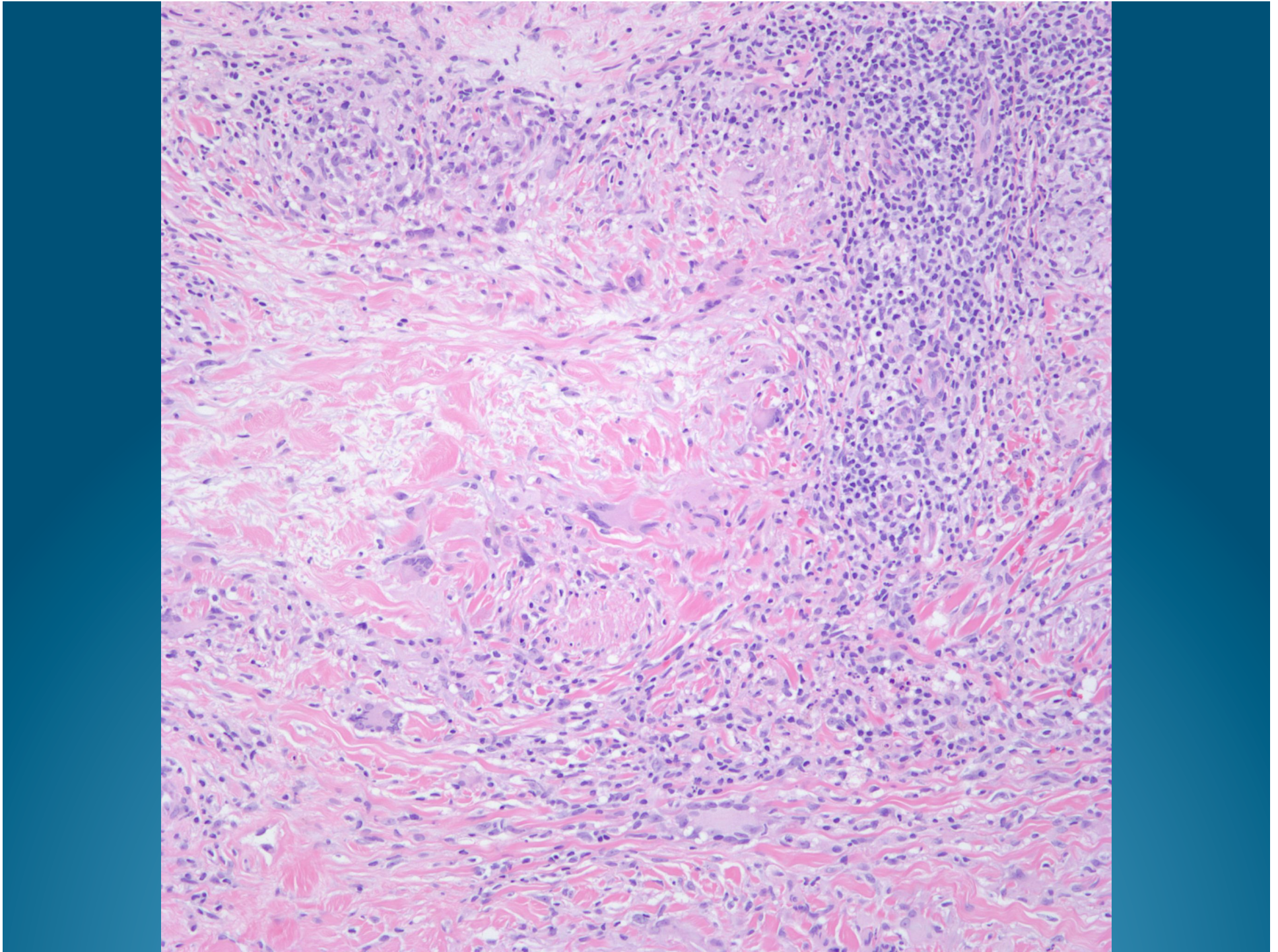
Foreign body
Type giant cells

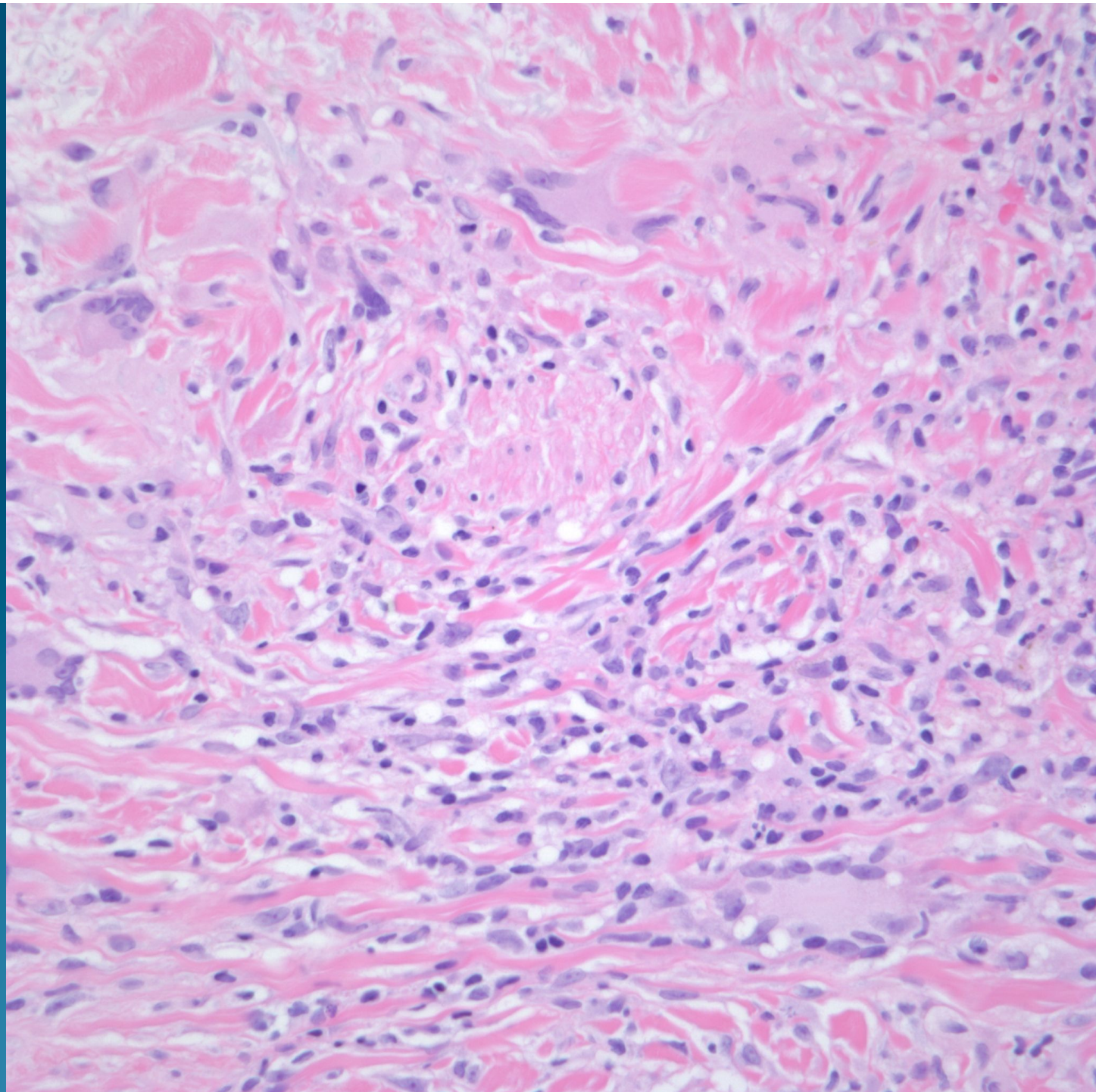
Variable calcifications











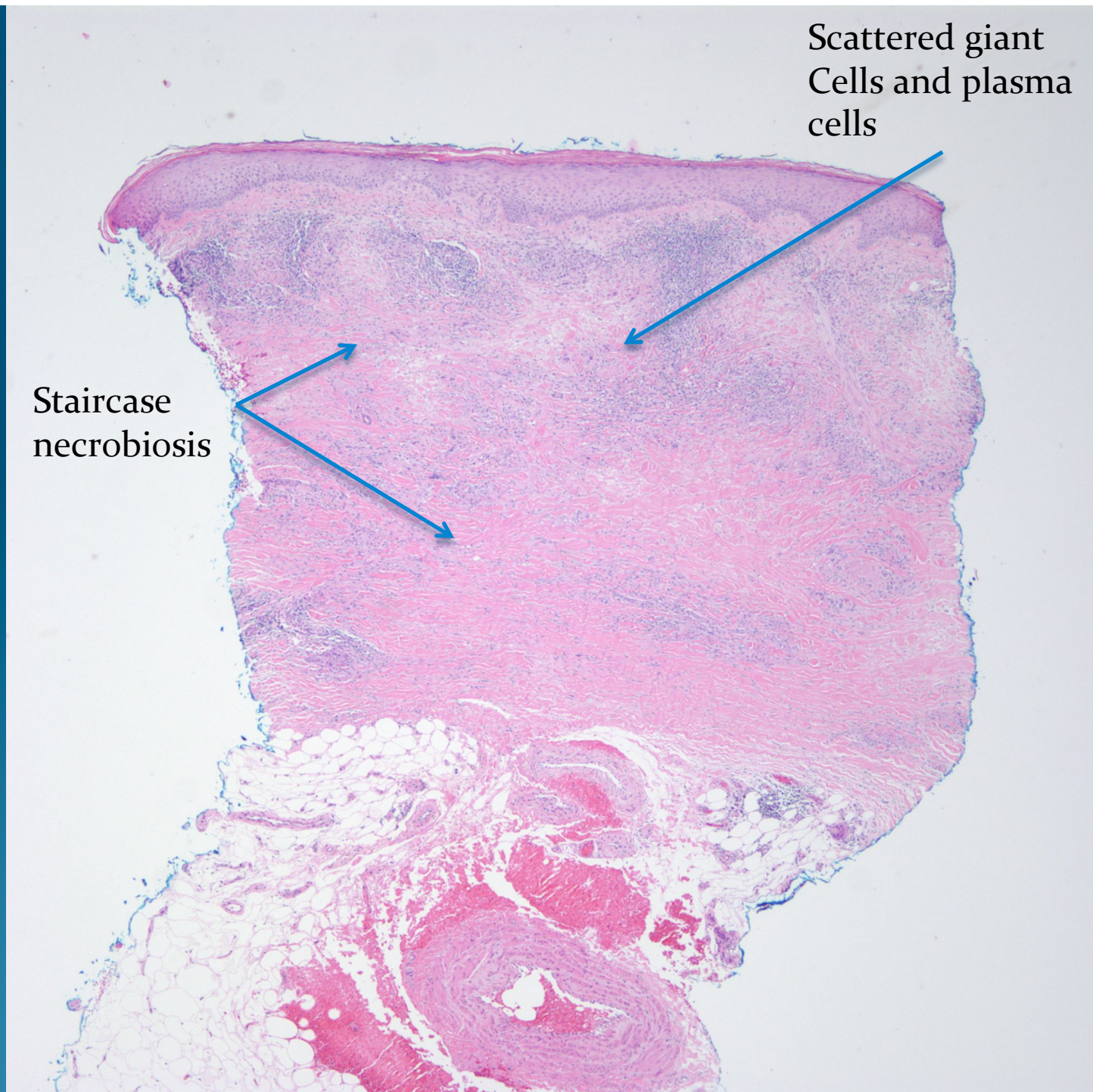
What is the best diagnosis?

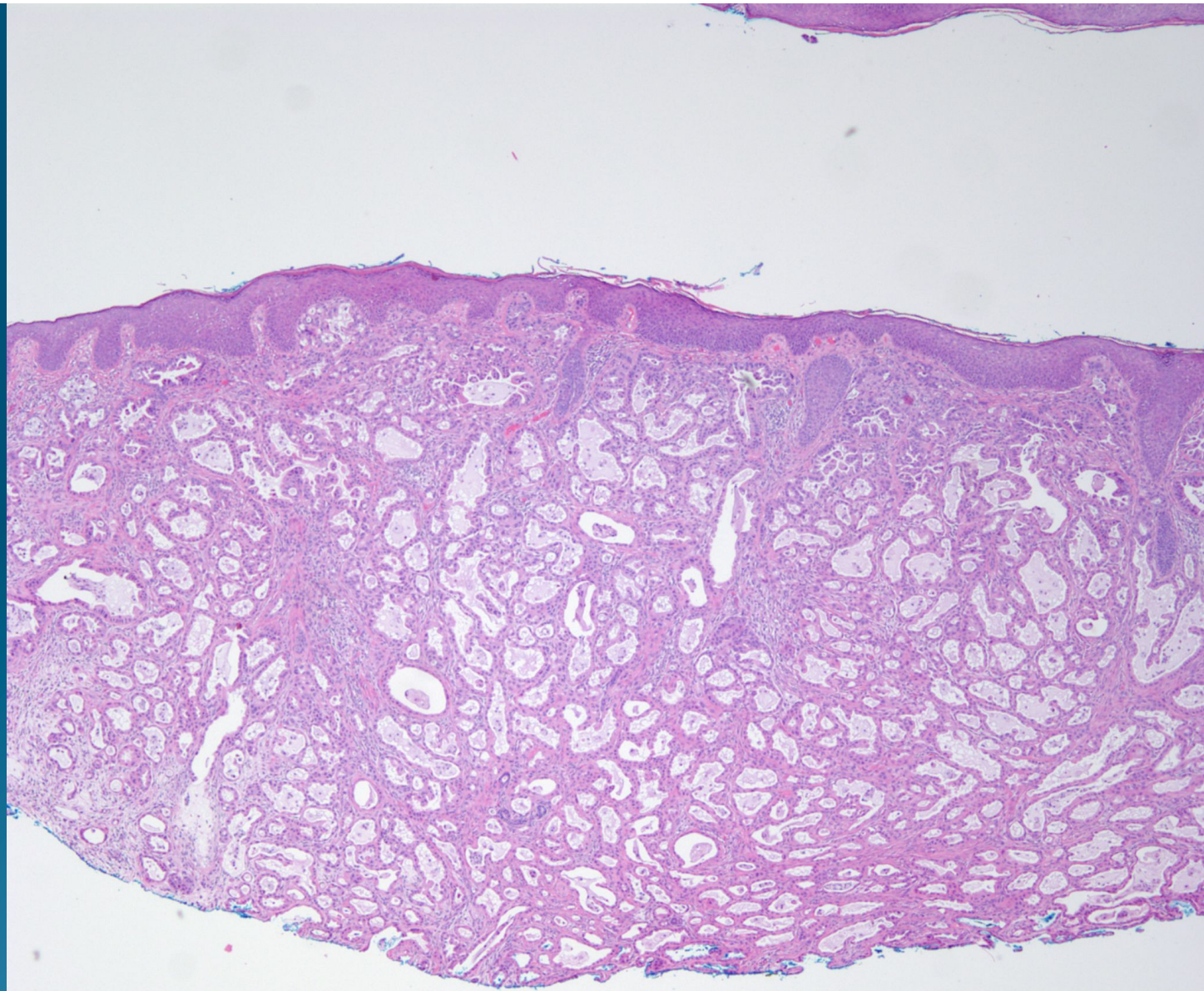
- A. Granuloma annulare
- B. Granuloma faciale
- C. Necrobiosis lipoidica
- D. Allergic granulomatosis
- E. Granulomatous slack skin disease

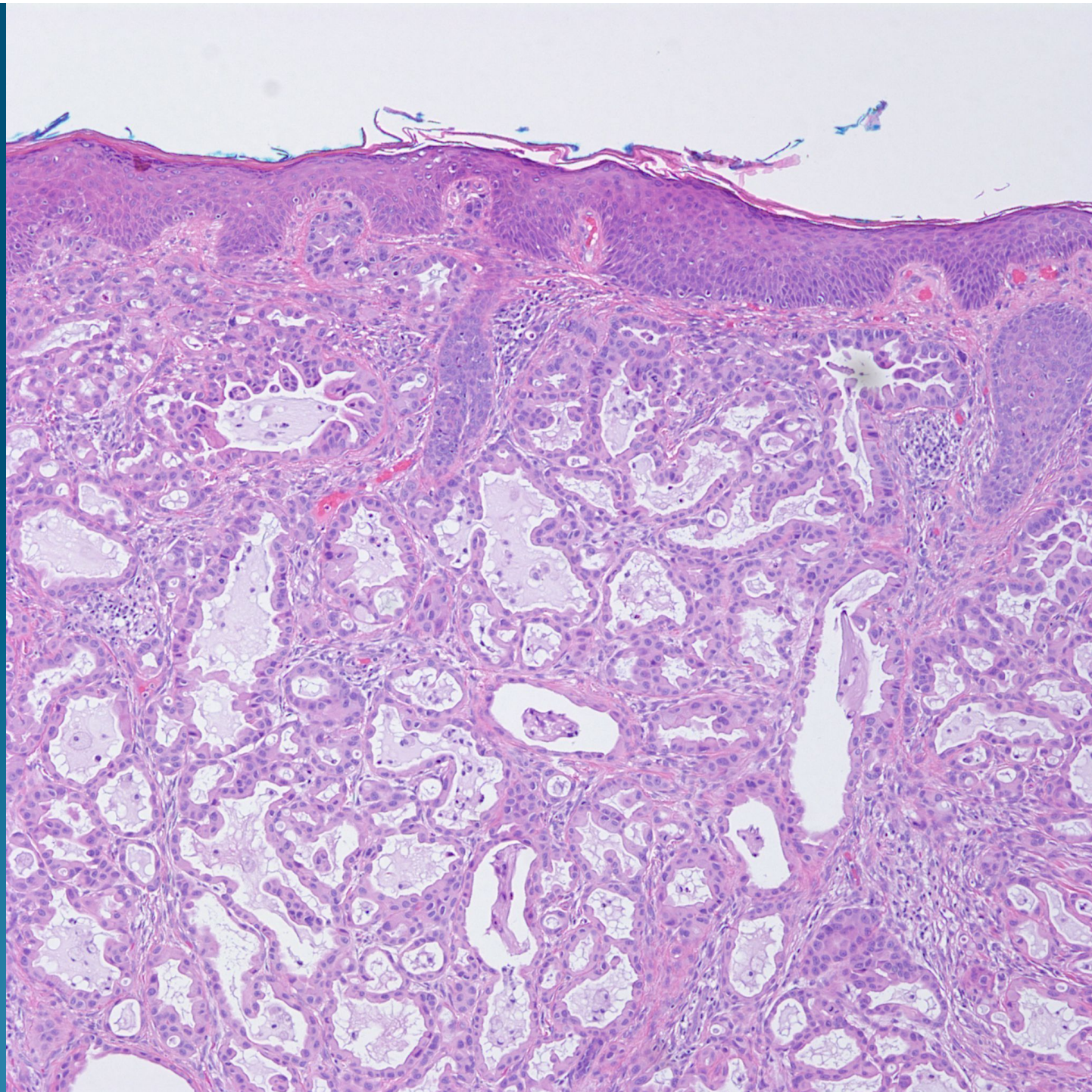
Necrobiosis lipoidica

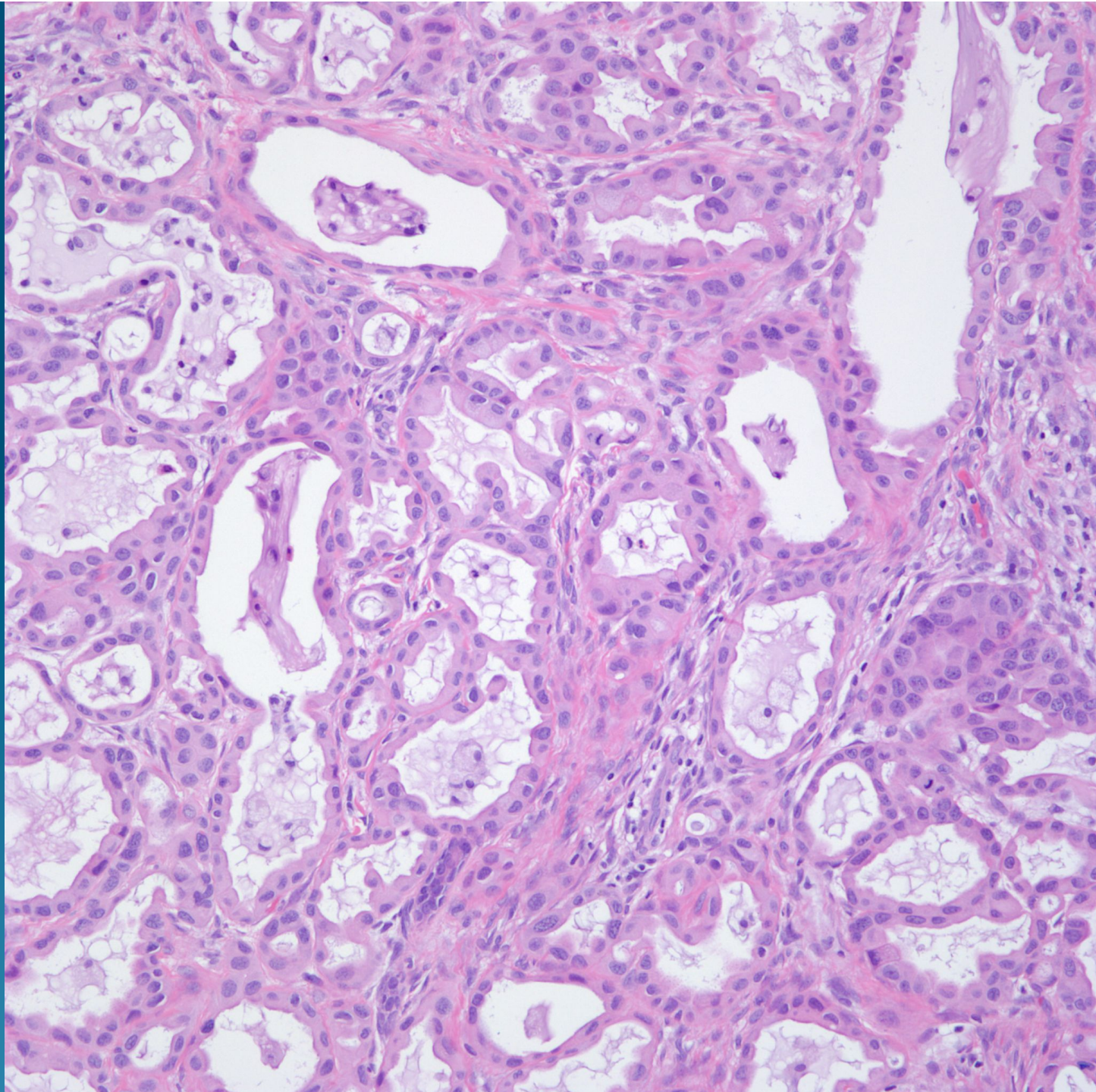
Staircase
necrobiosis

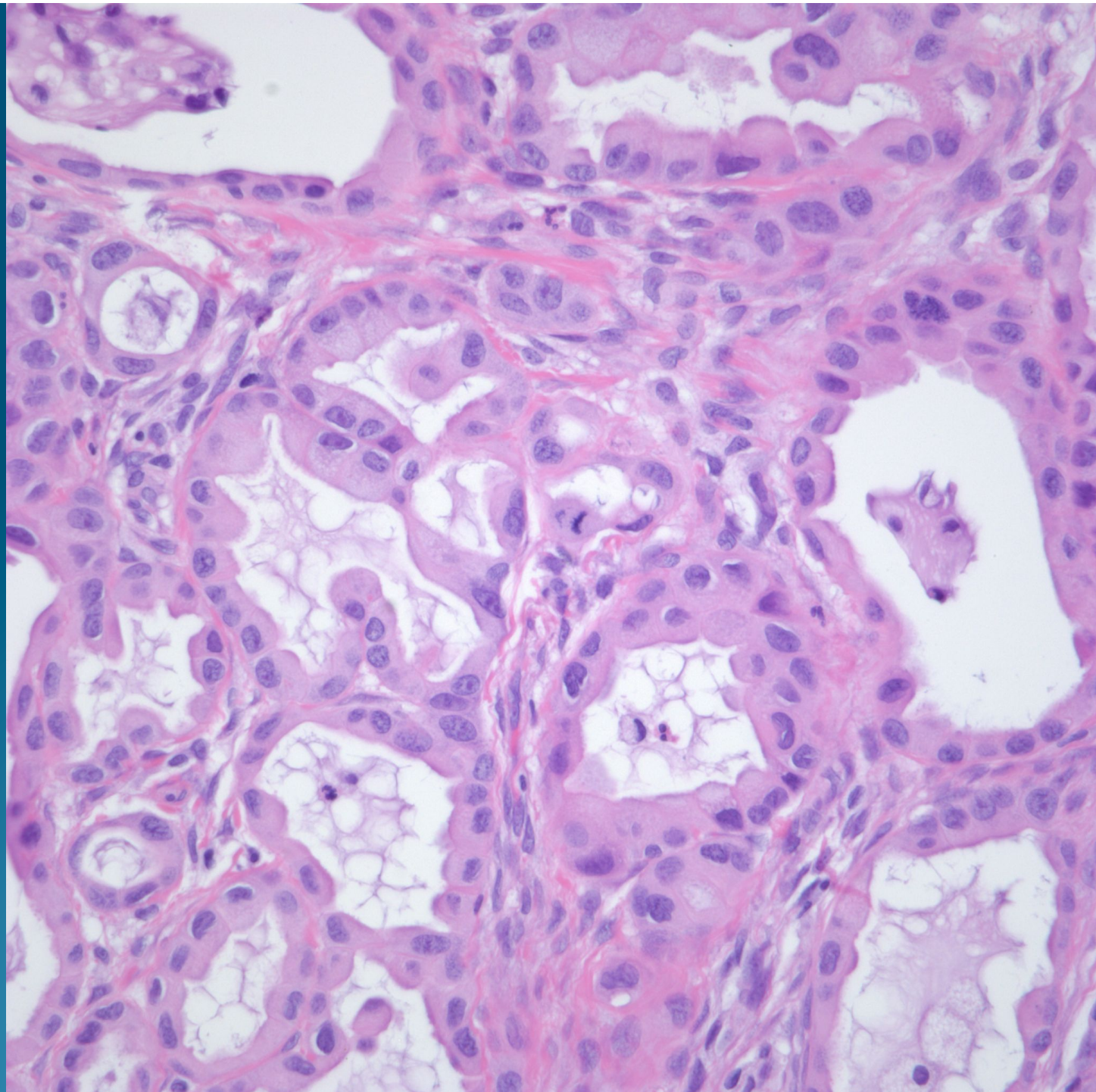
Scattered giant
Cells and plasma
cells

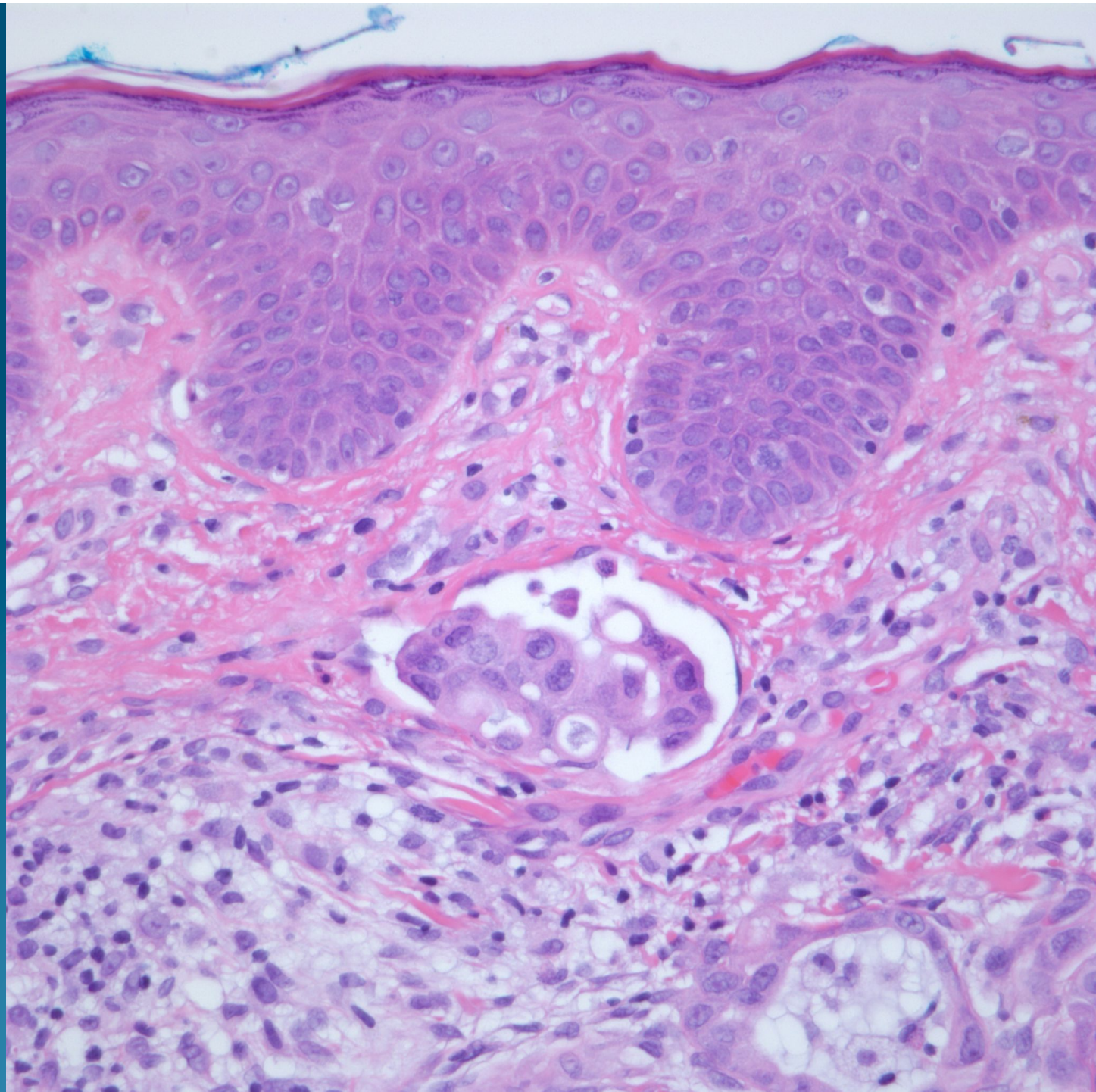












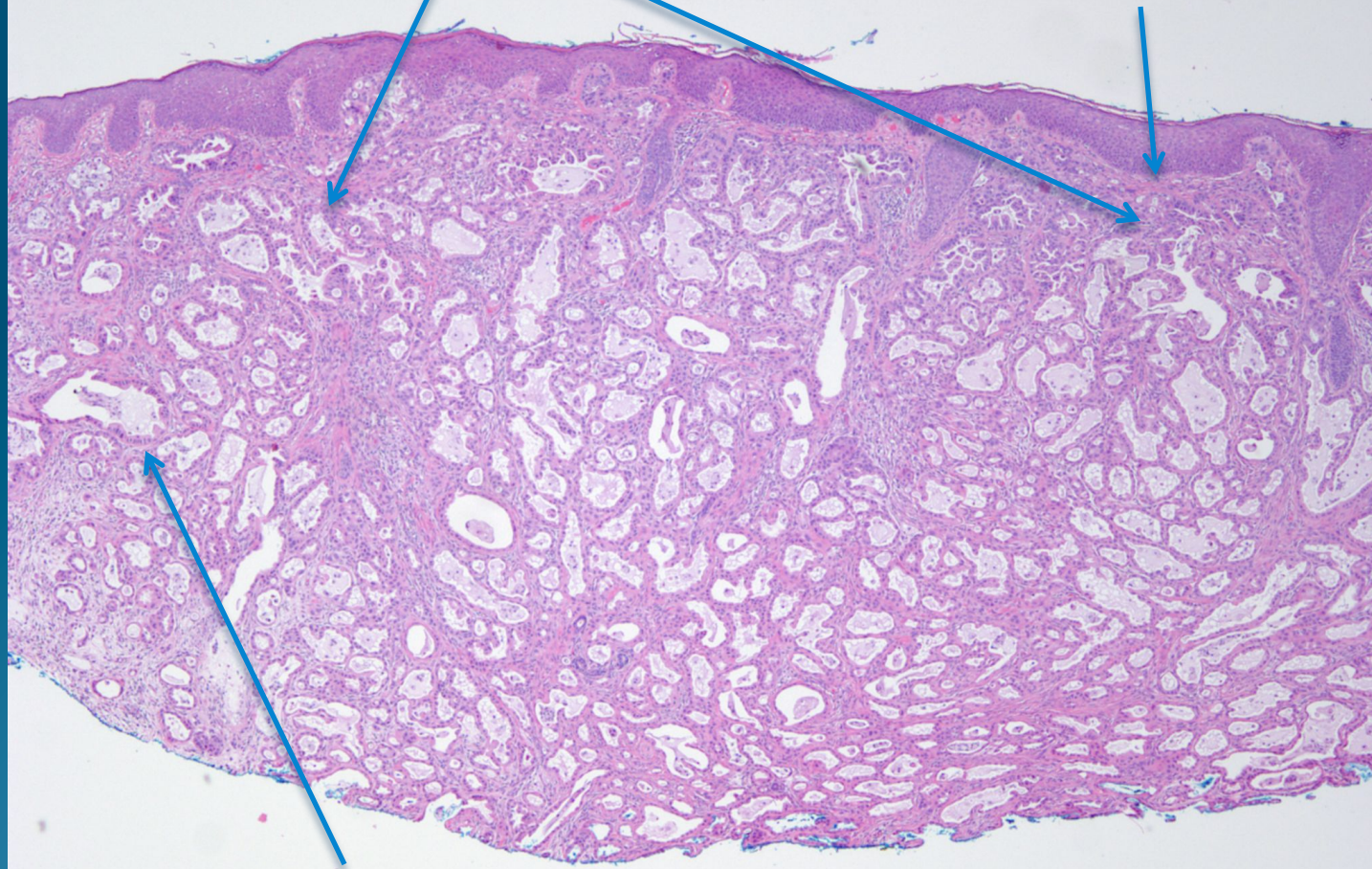
What is the best diagnosis?

- A. Adenoid Basal Cell Carcinoma
- B. Adenoid Cystic Cell Carcinoma
- C. Apocrine Carcinoma
- D. Tubular Papillary Adenoma
- E. Apocrine Cystadenoma

Apocrine Carcinoma with Lymphovascular Invasion

Diffuse proliferation of pleomorphic glands,
some with micropapillary projections

No epidermal
connection



Apocrine differentiation with
Snouting and cytologic atypia

Rule out metastatic
adenocarcinoma