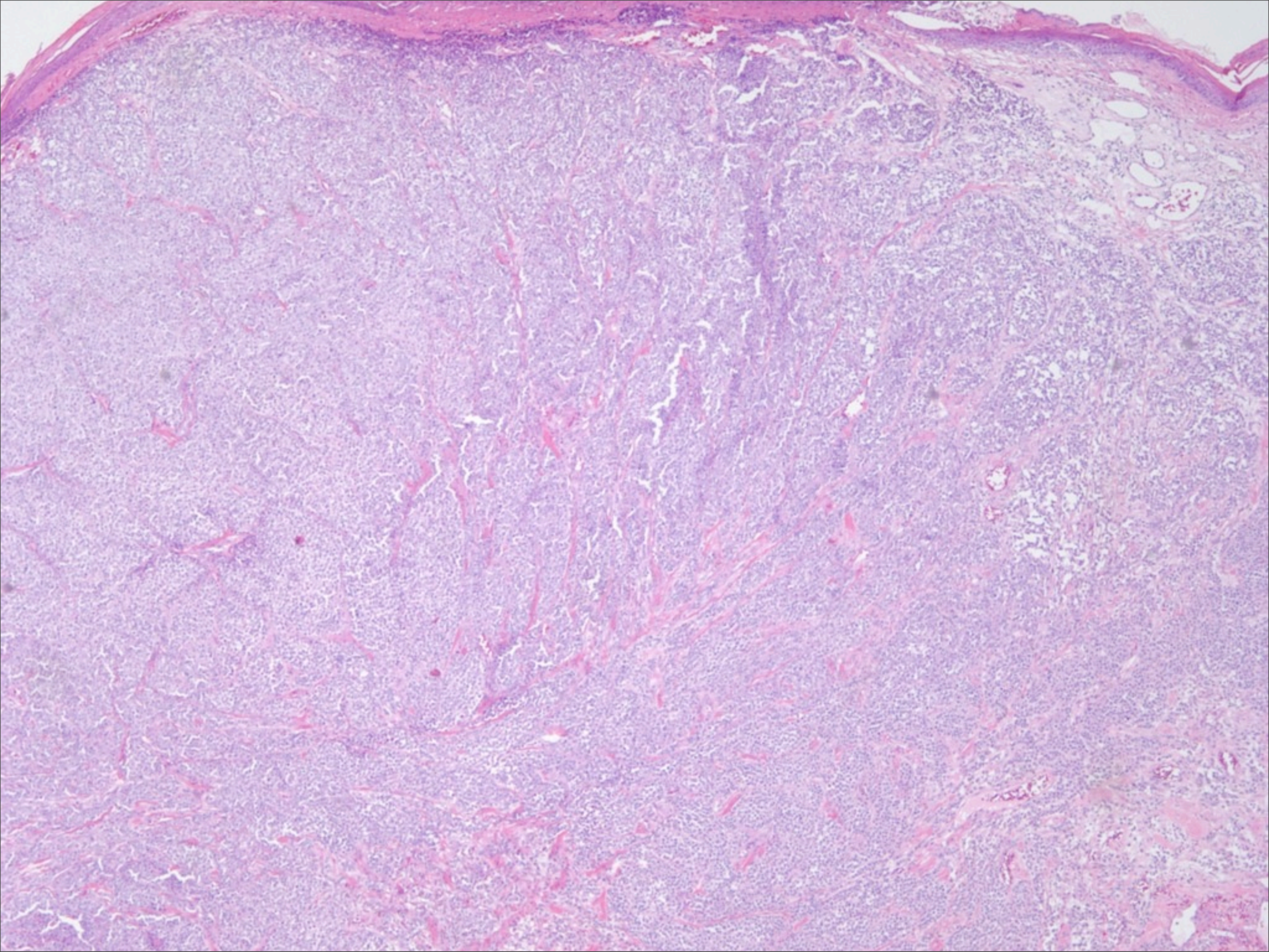
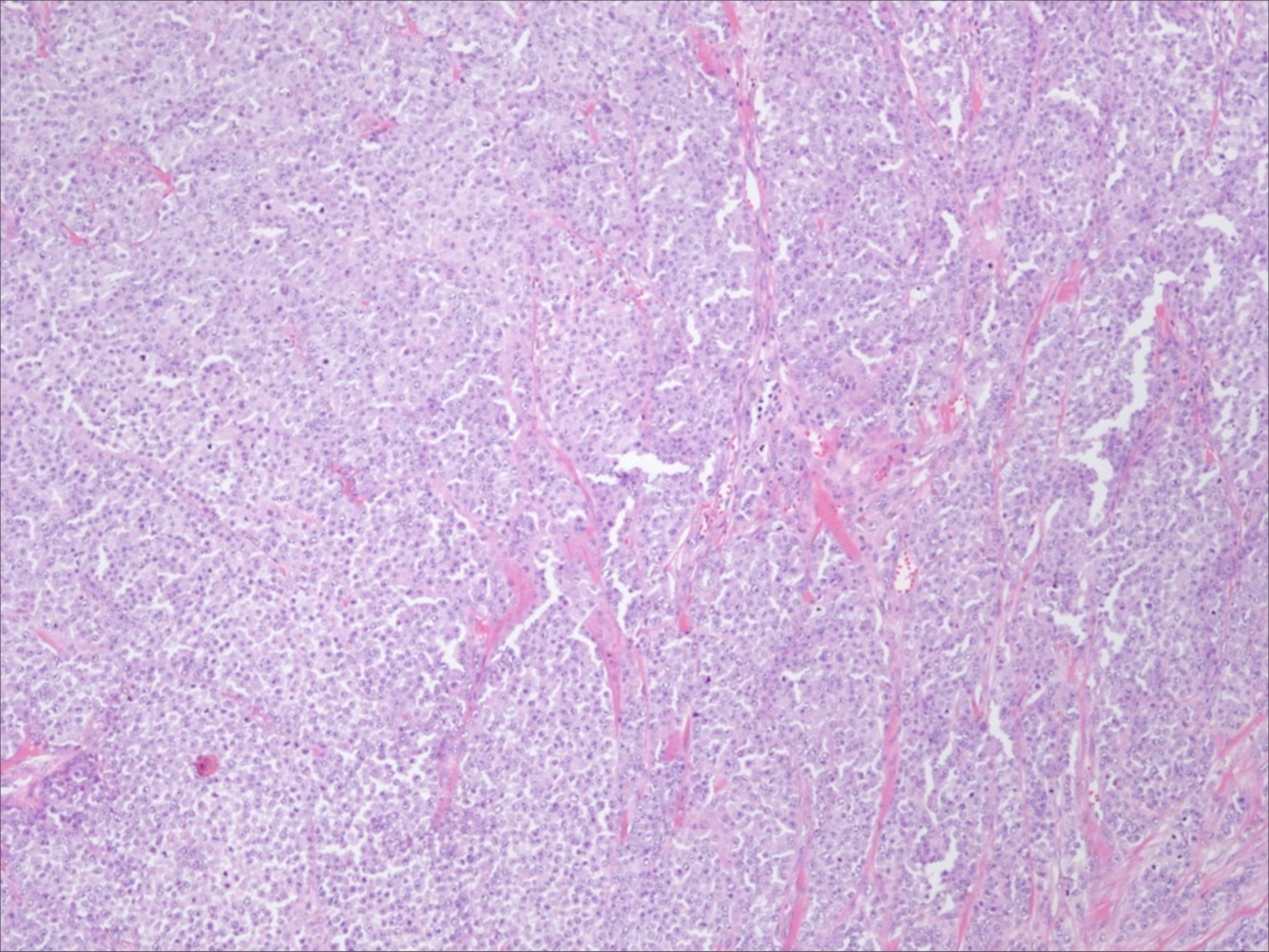


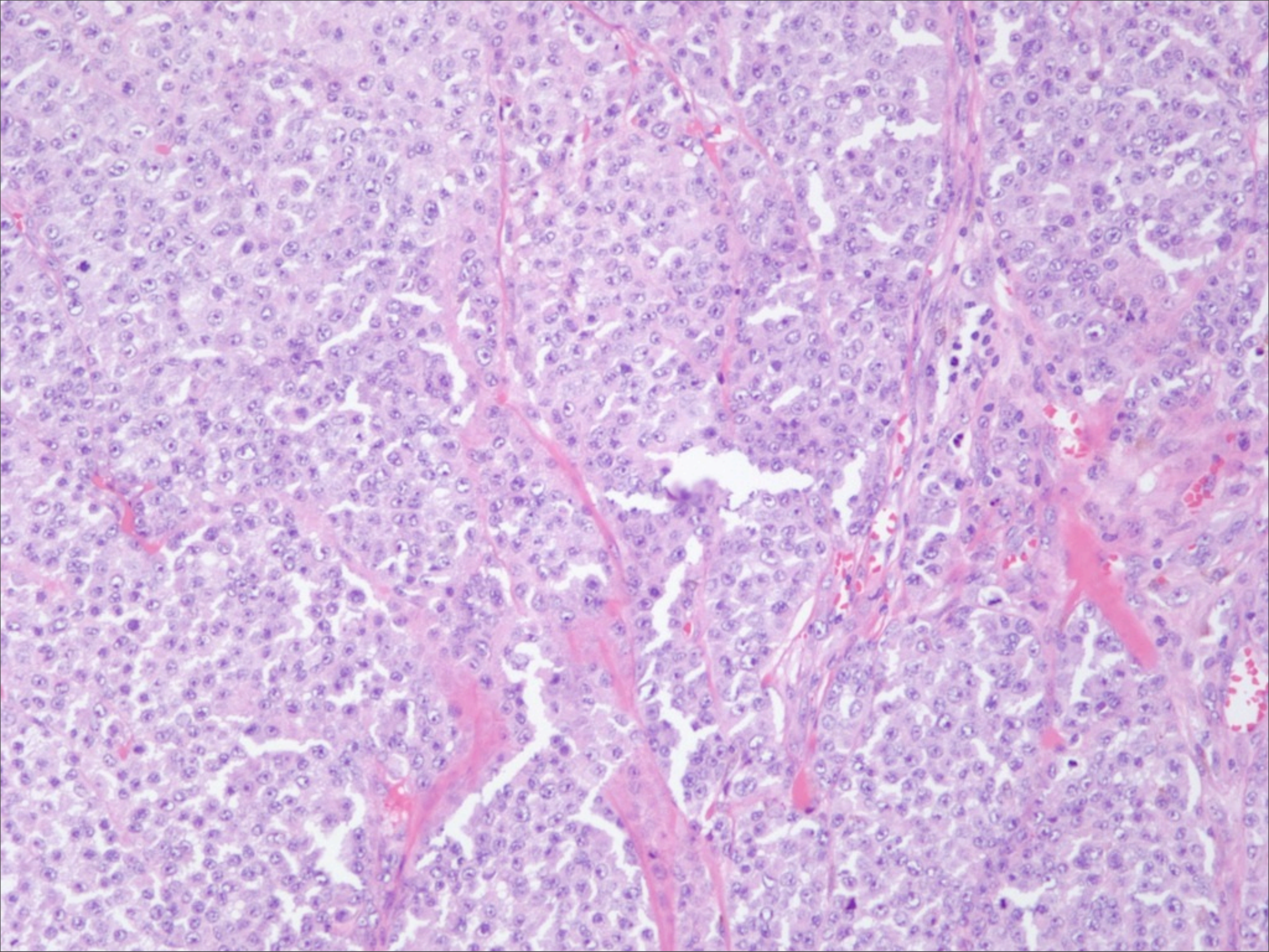
Dermatopathology

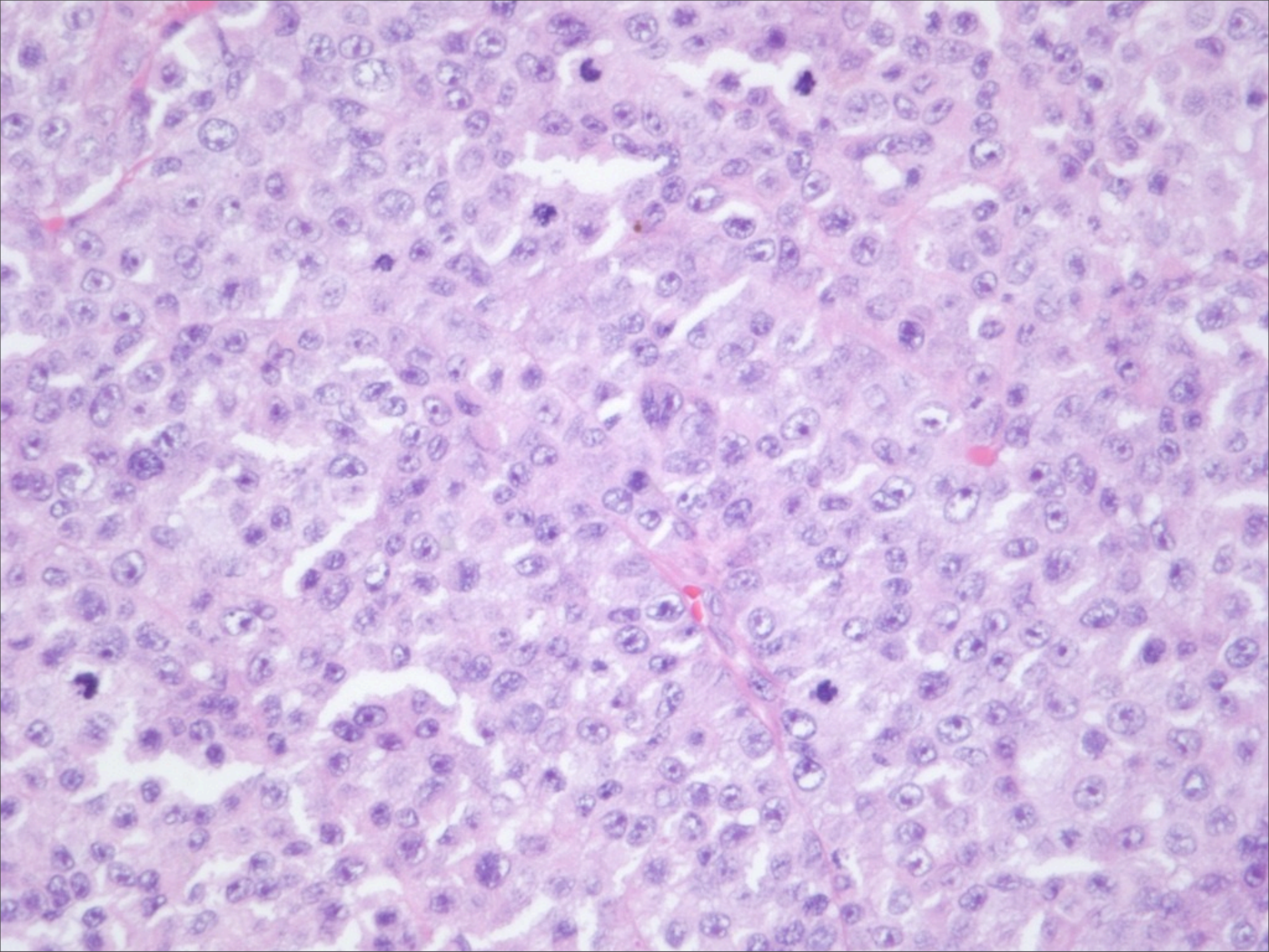
Slide Review Part 139

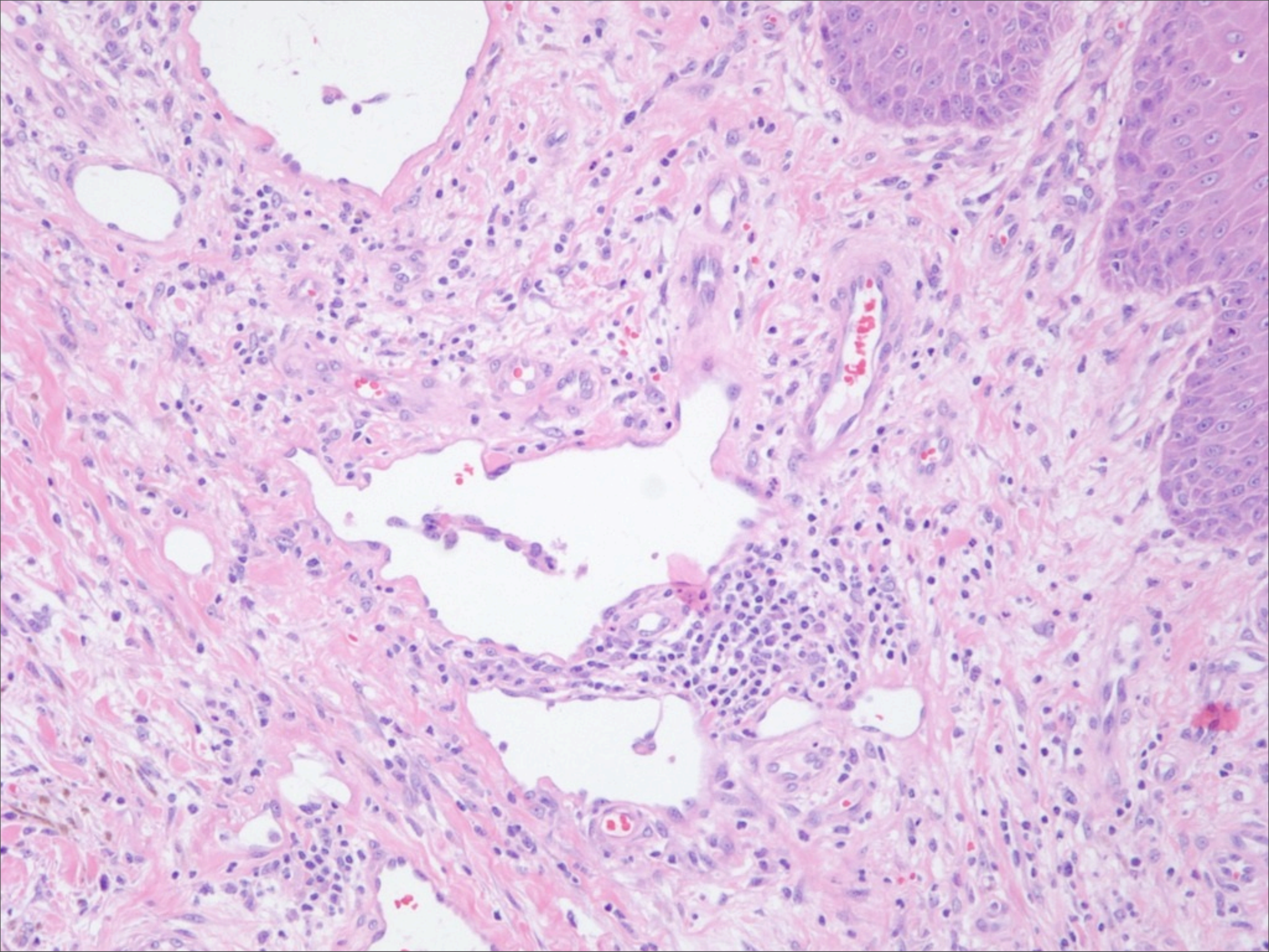
Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA



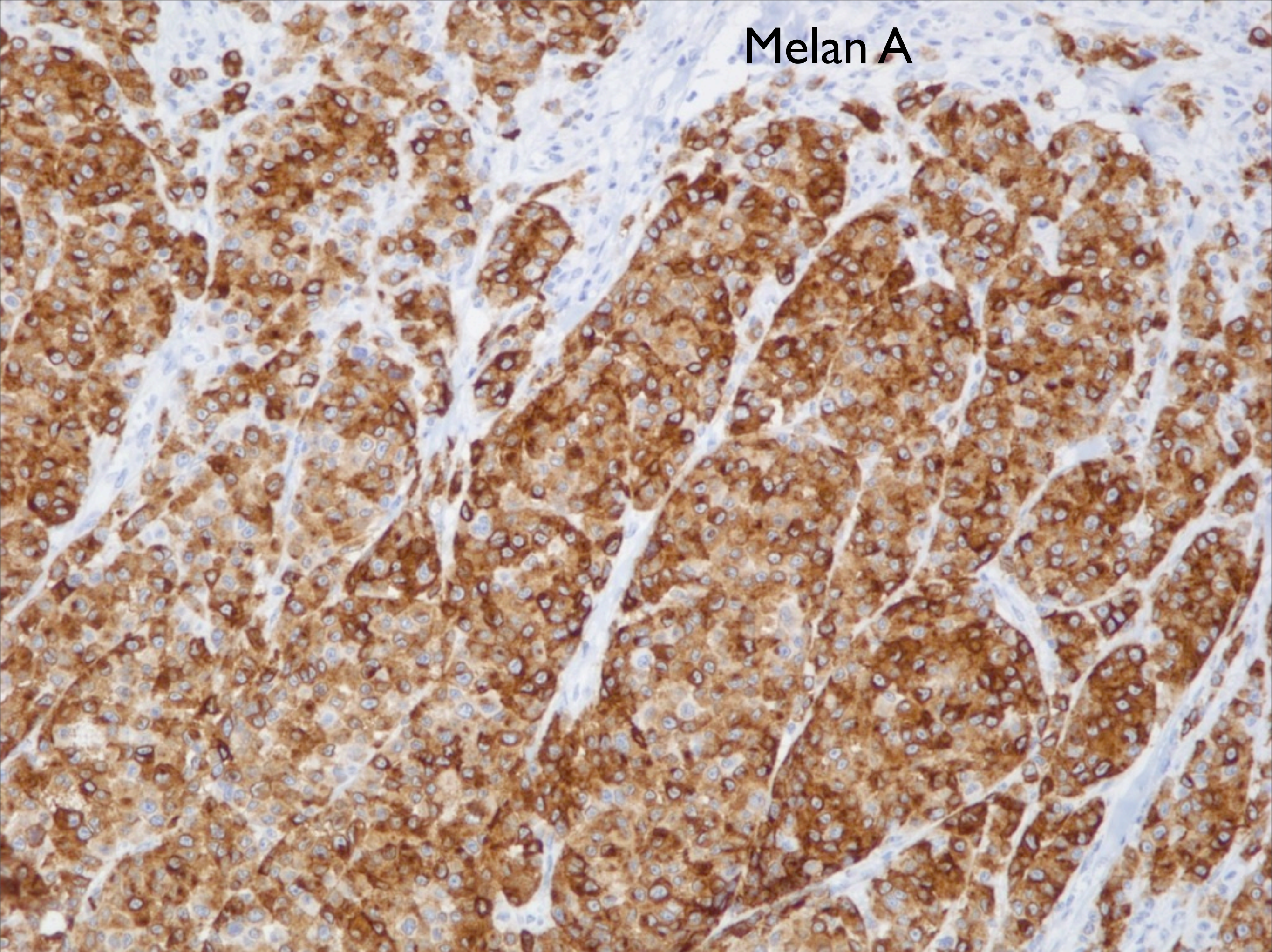






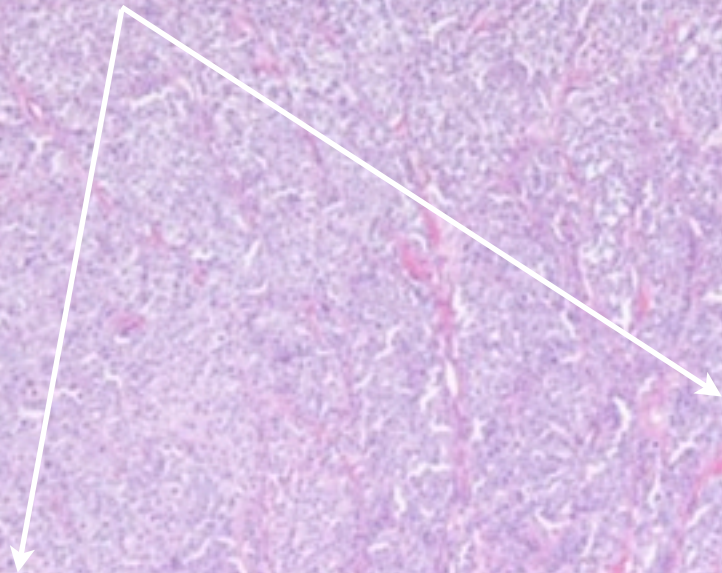


Melan A

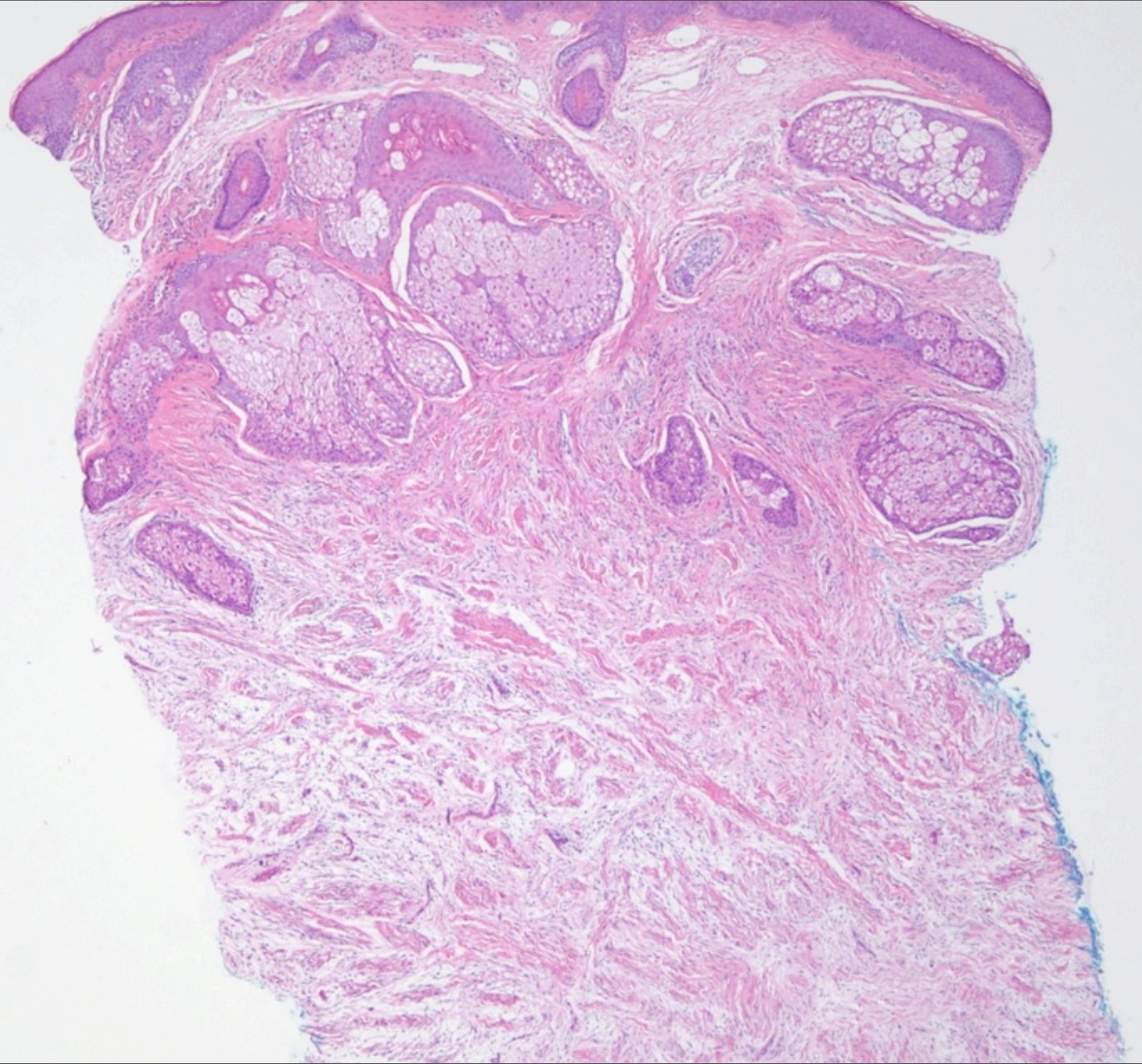


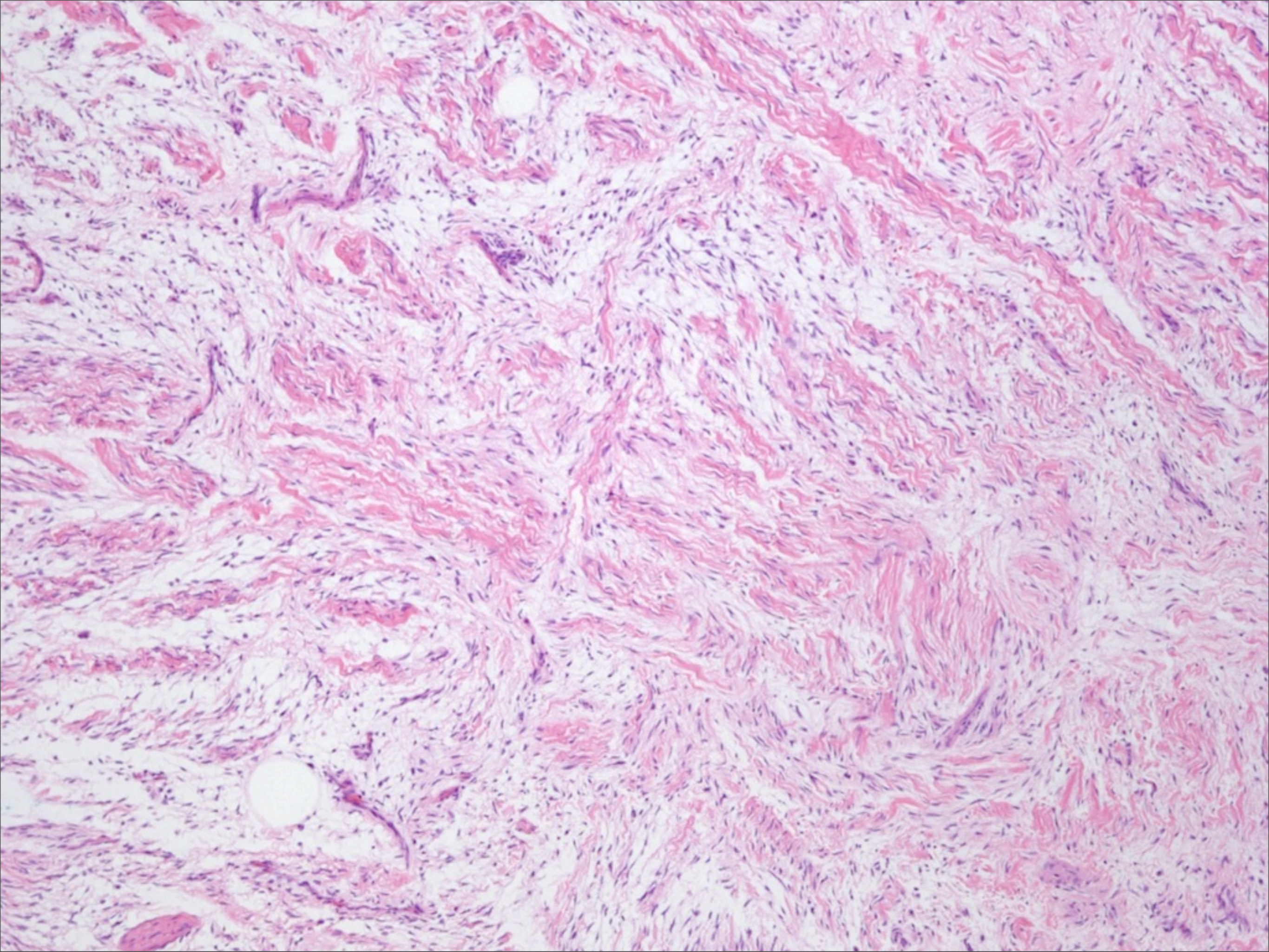
Malignant Melanoma Amelanotic Type with Lymphovascular Invasion

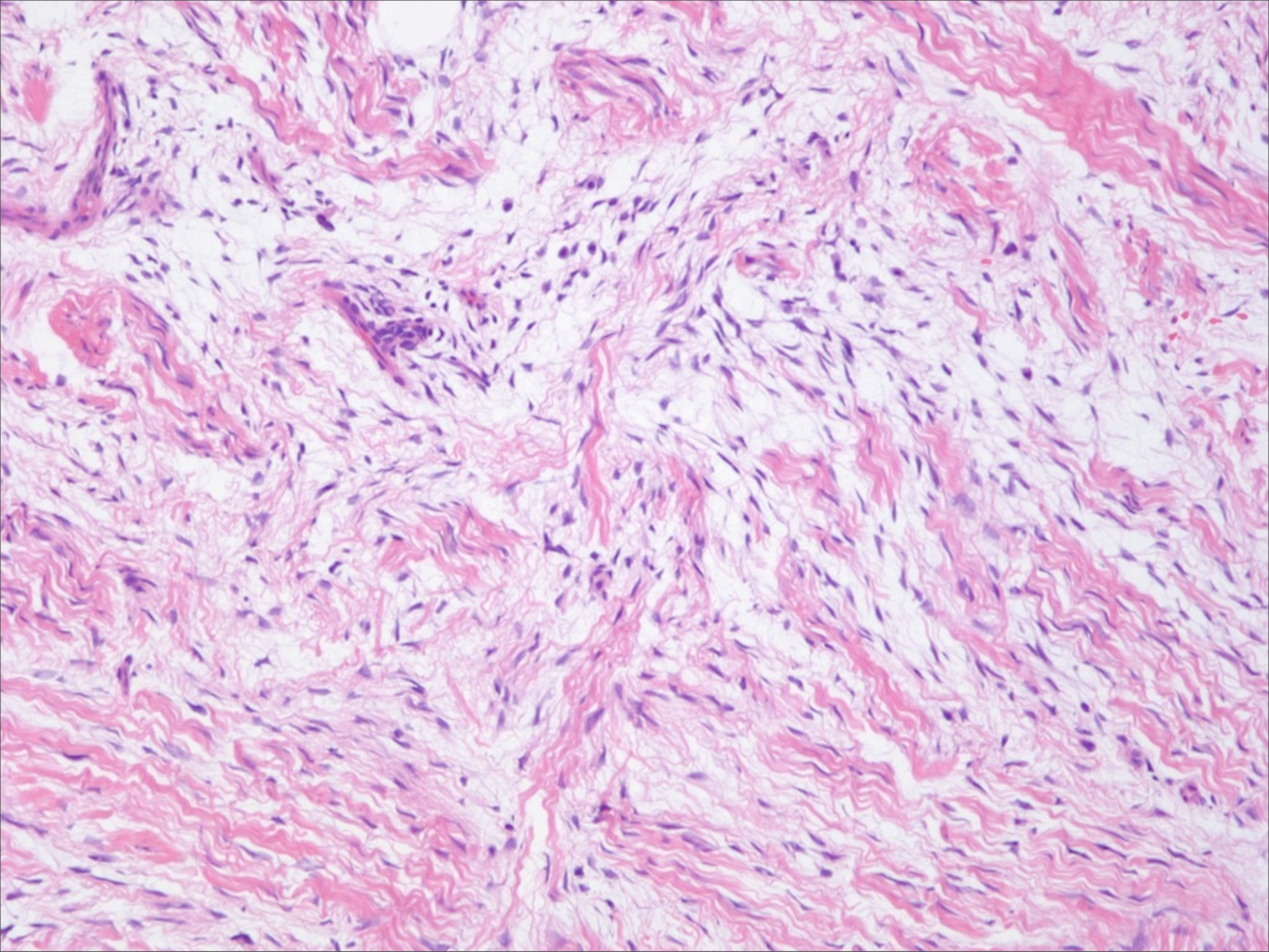
Diffuse sheets of pleomorphic cells

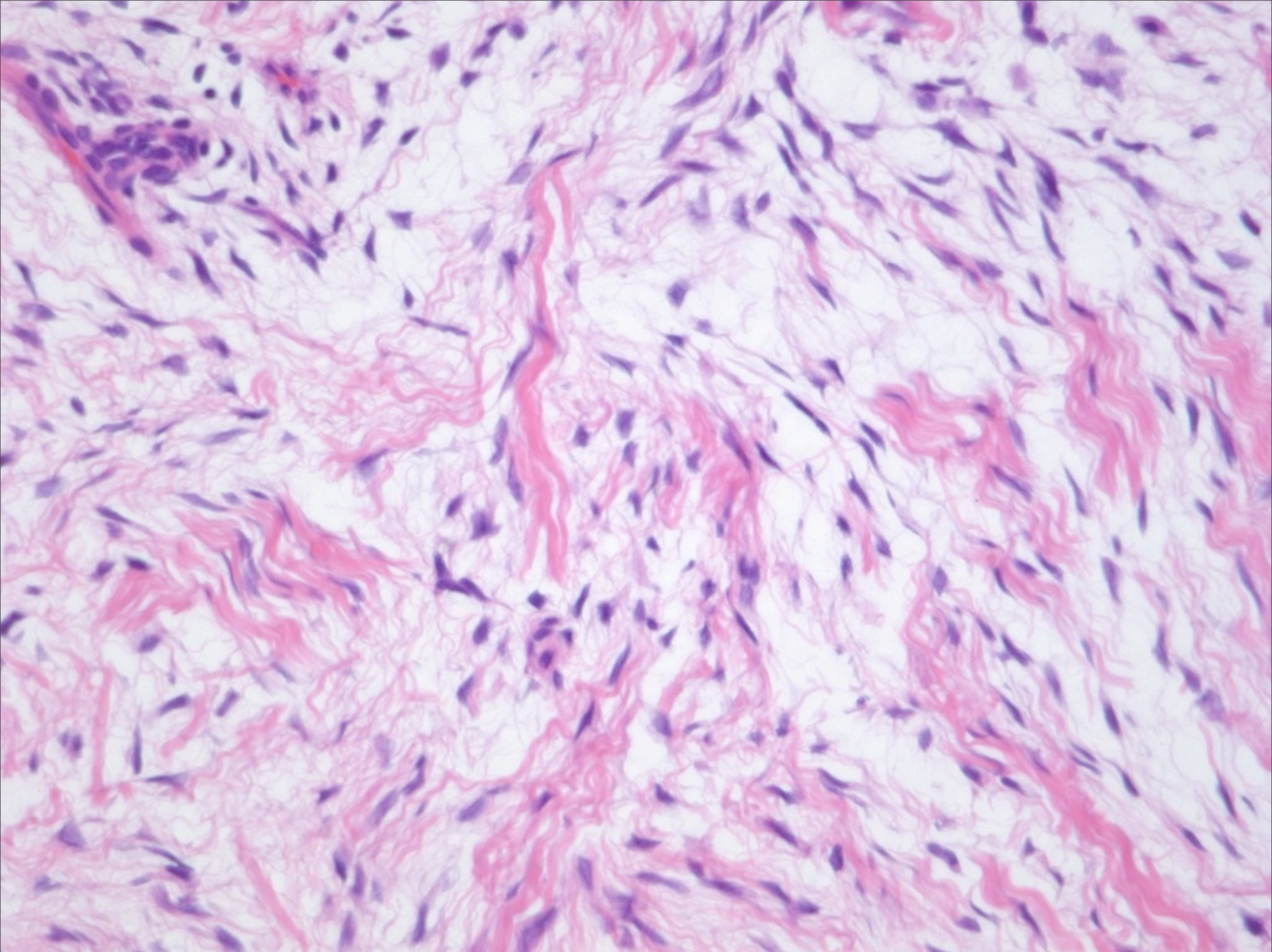


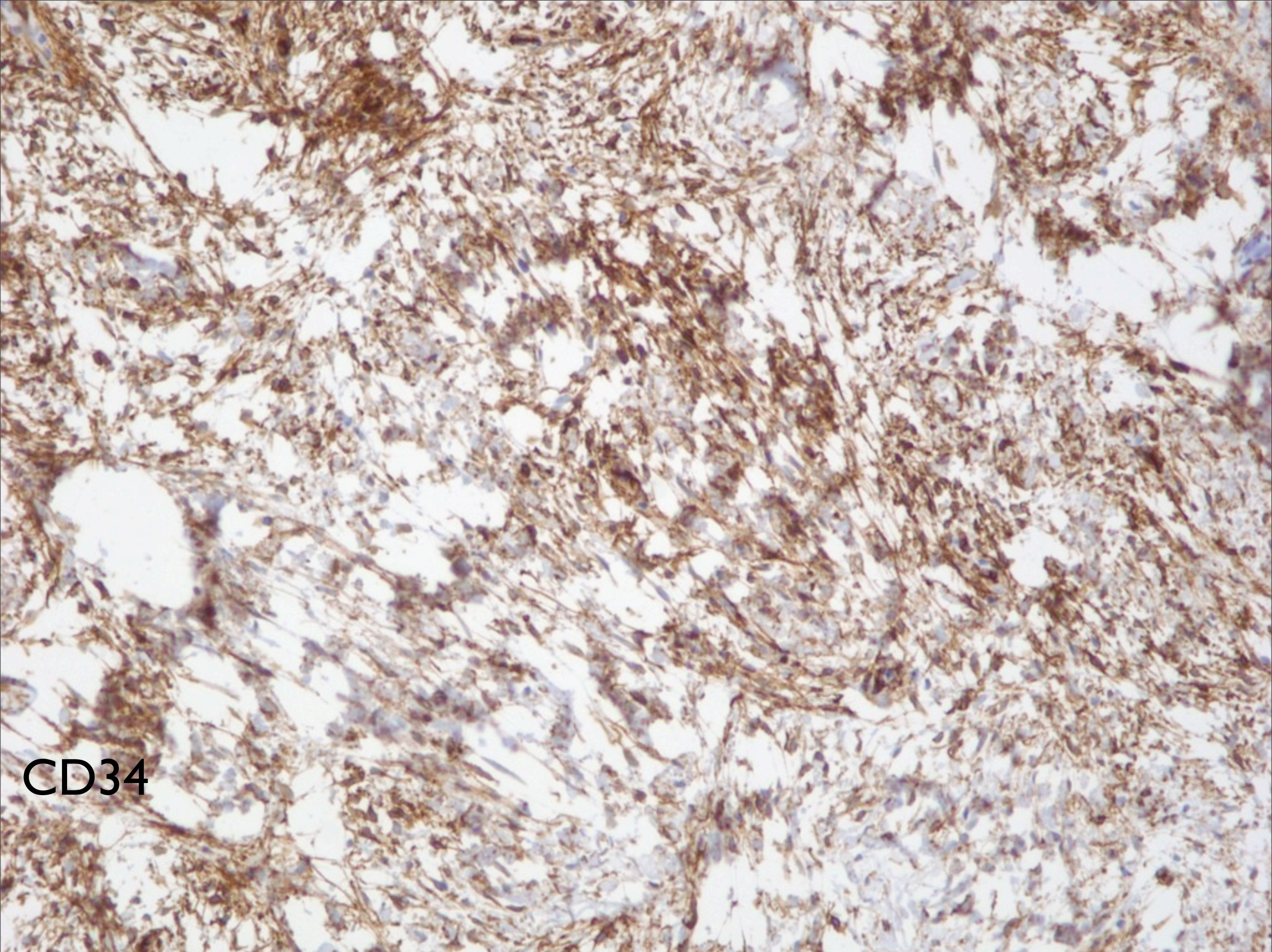
Confirm with IHC











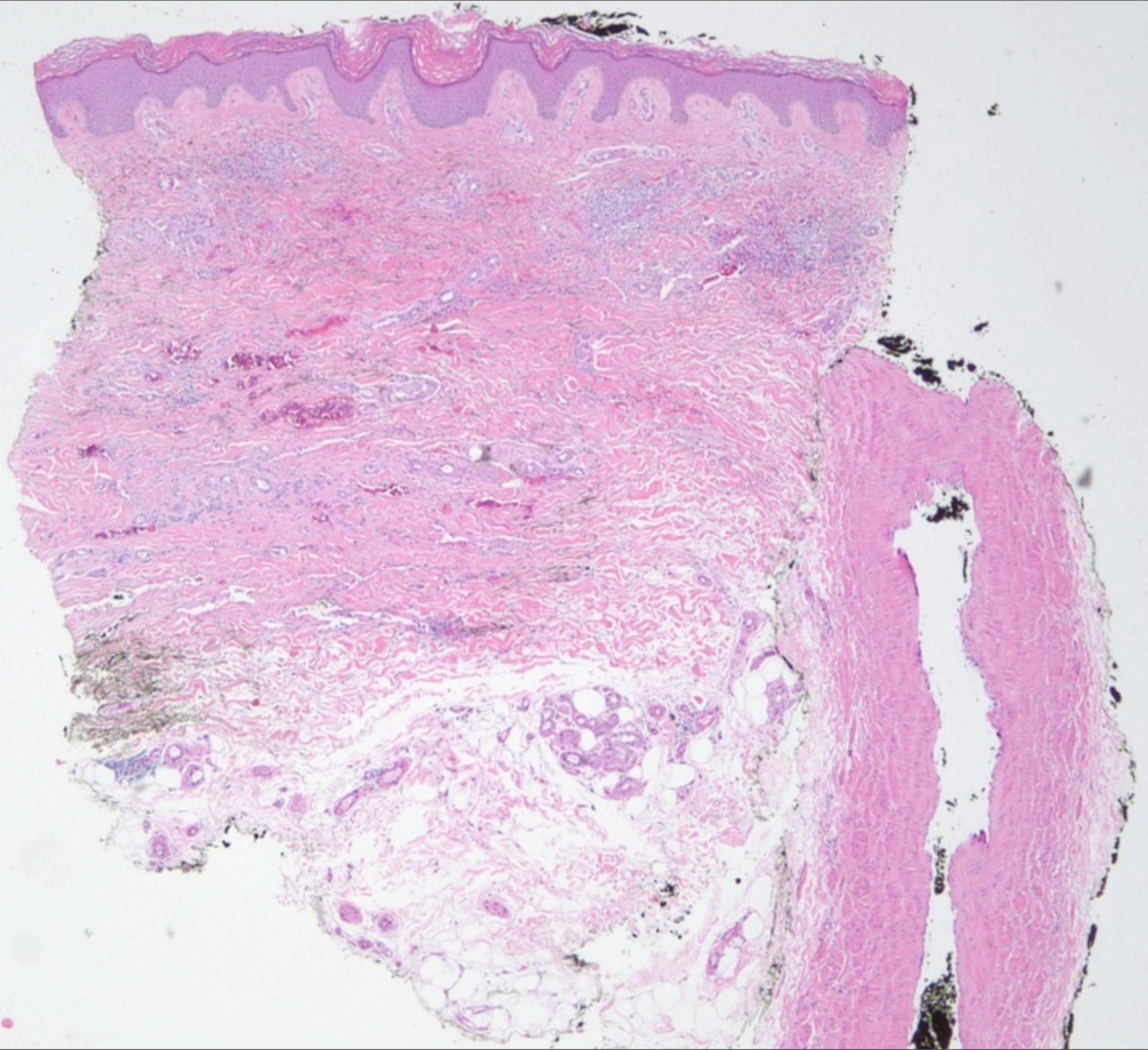
CD34

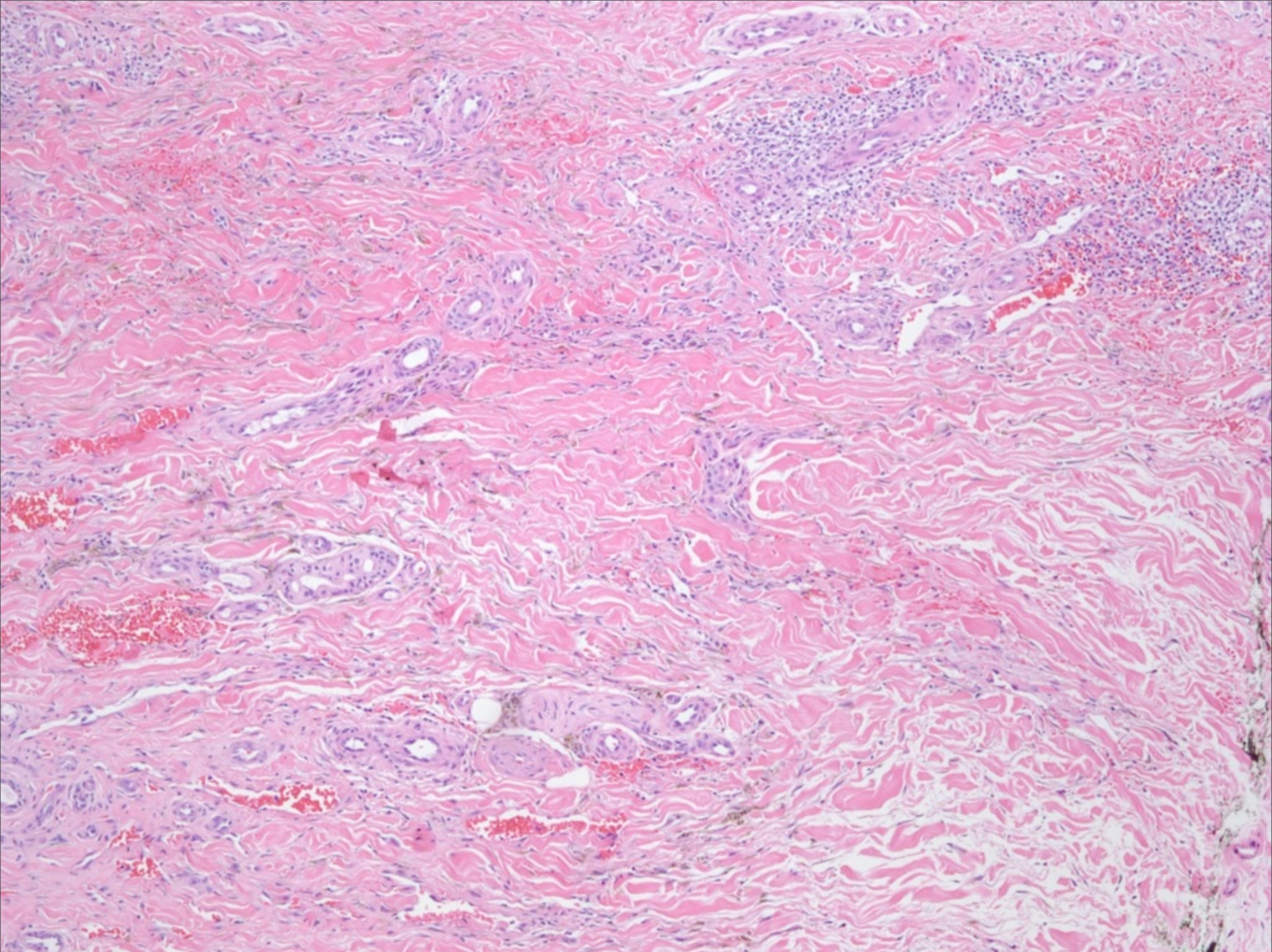
Solitary Fibrous Tumor of the Skin

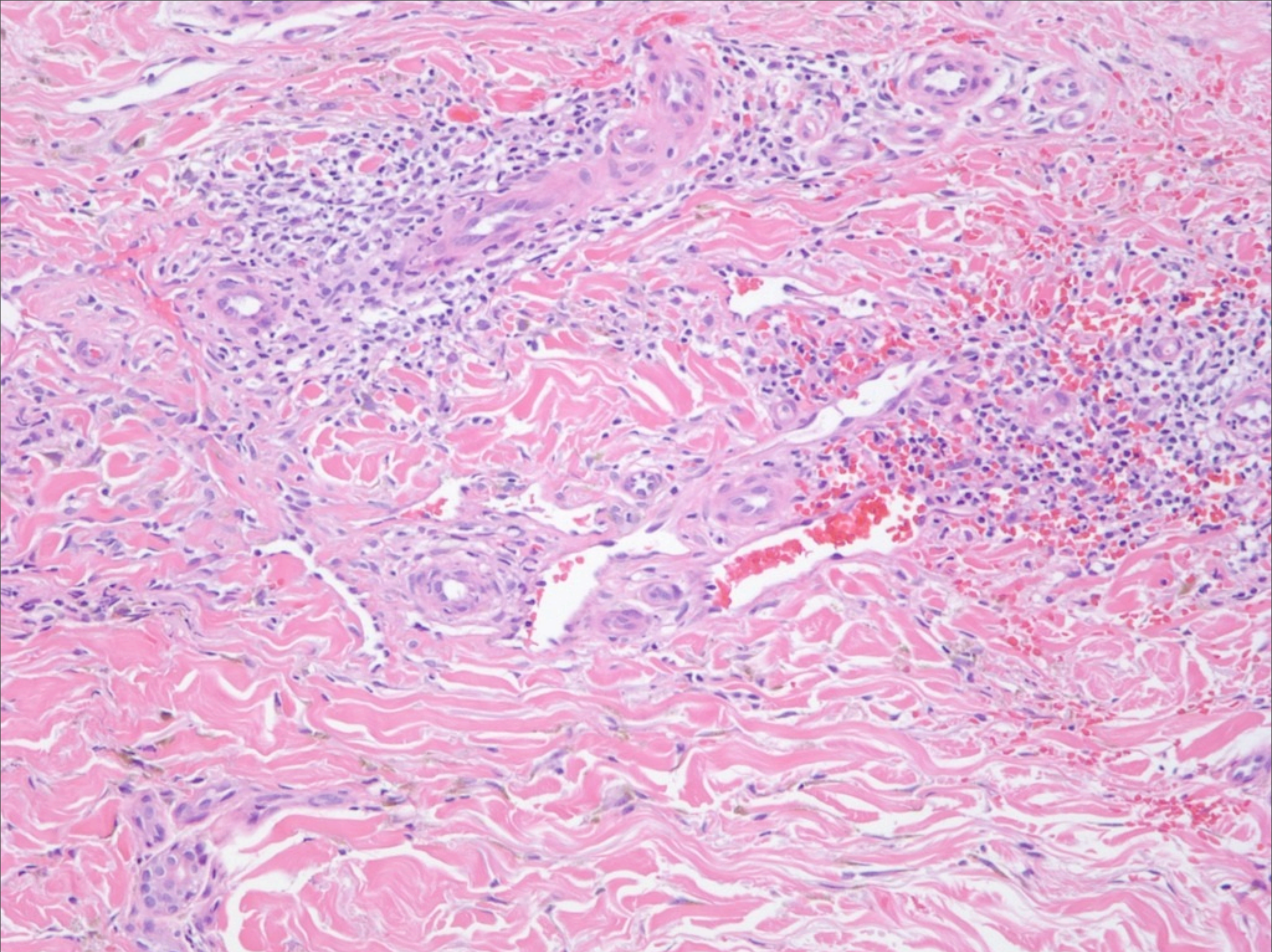
“Pattern-less Pattern”

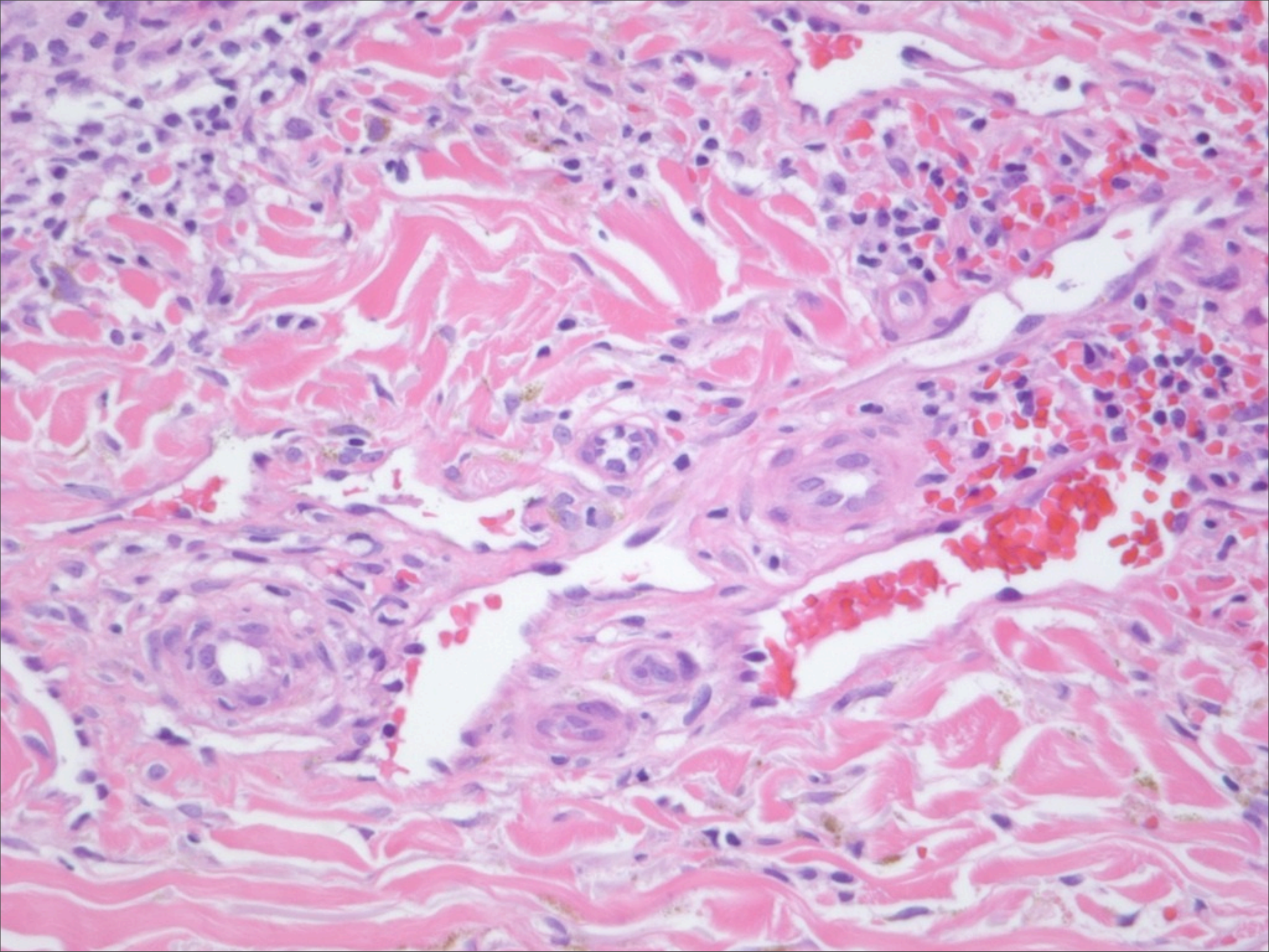
**Bland Spindle Cells
with thin capillary sized vessels**

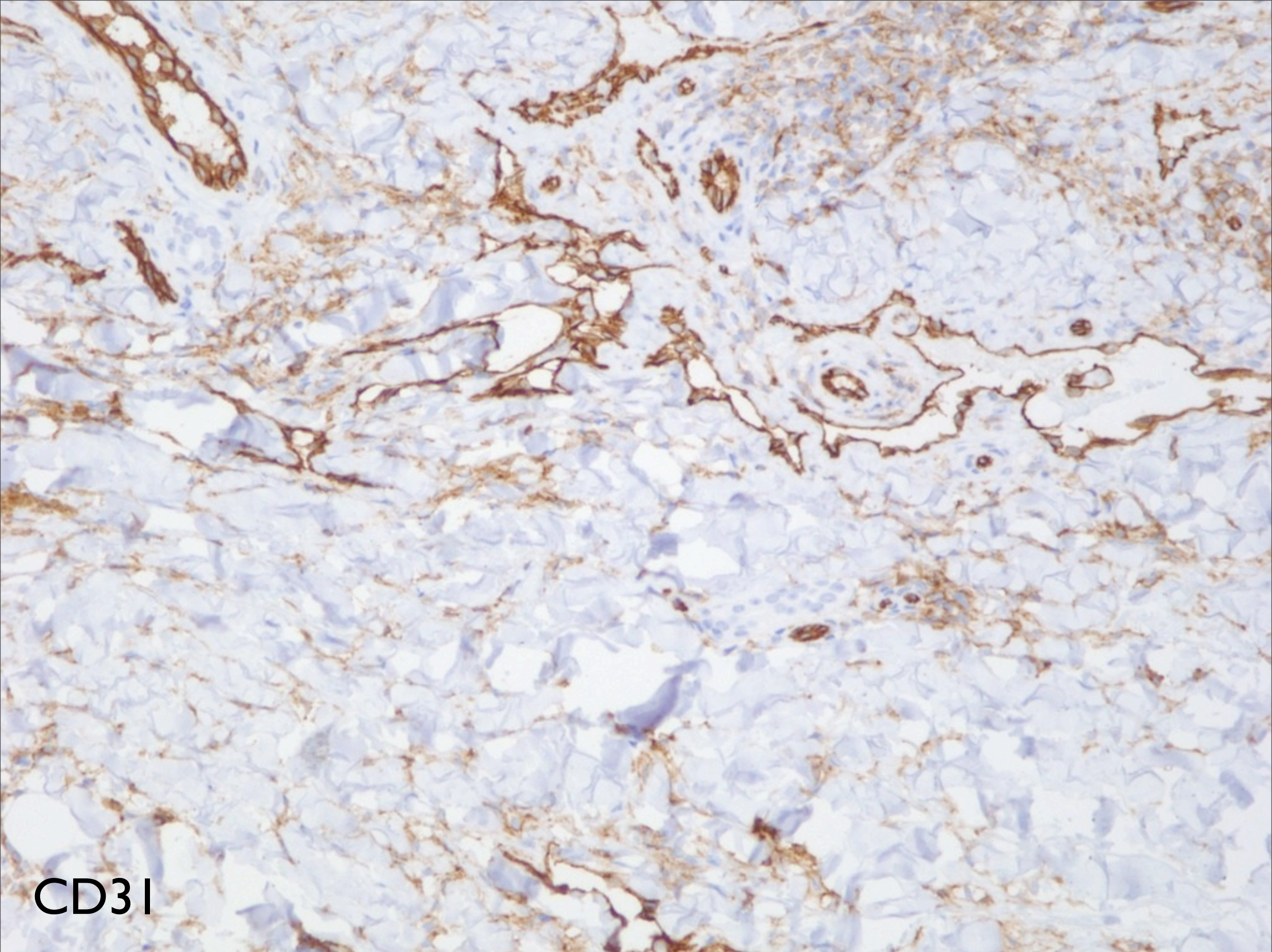
Confirm with CD34 Stain



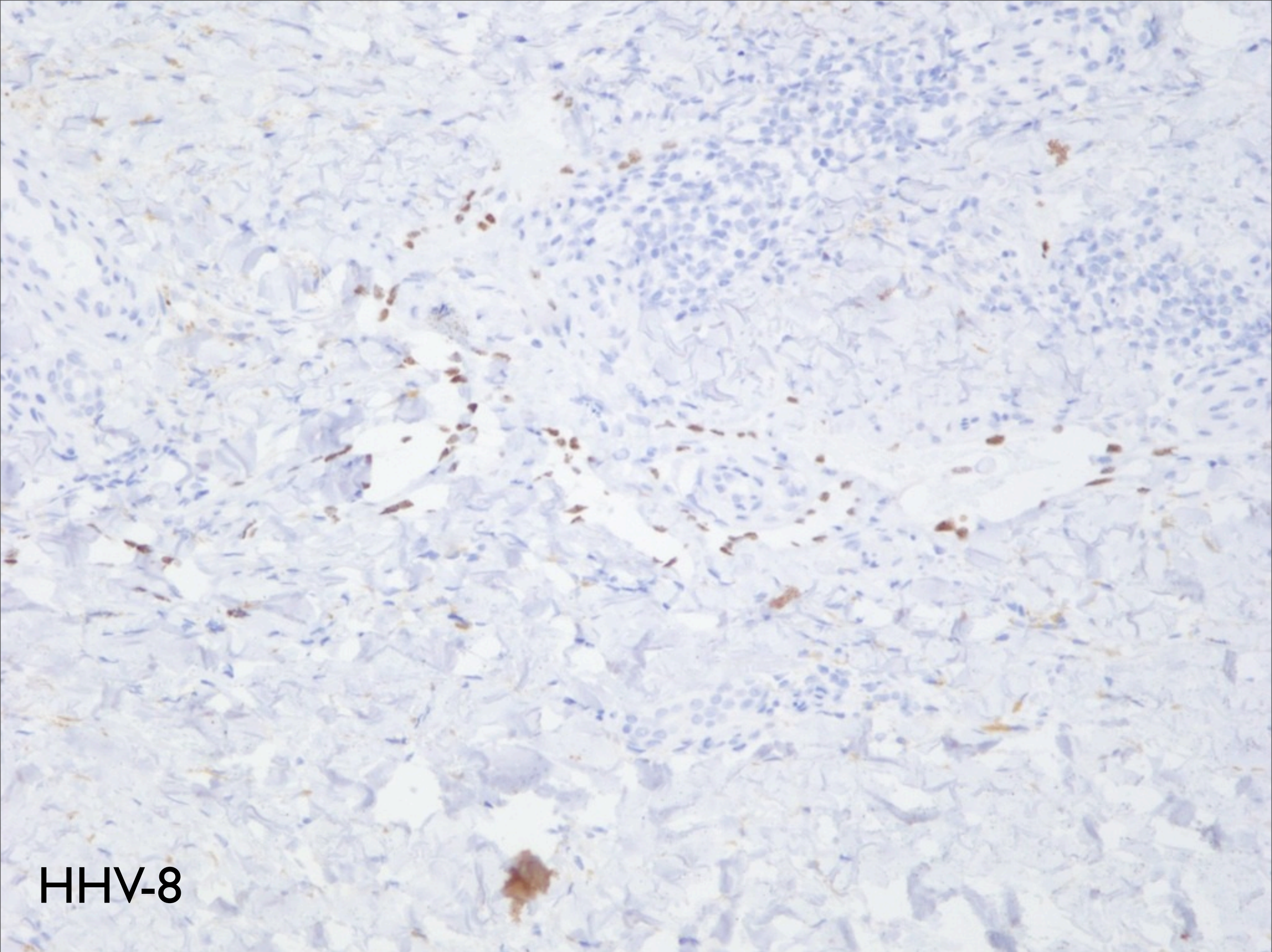








CD3 I



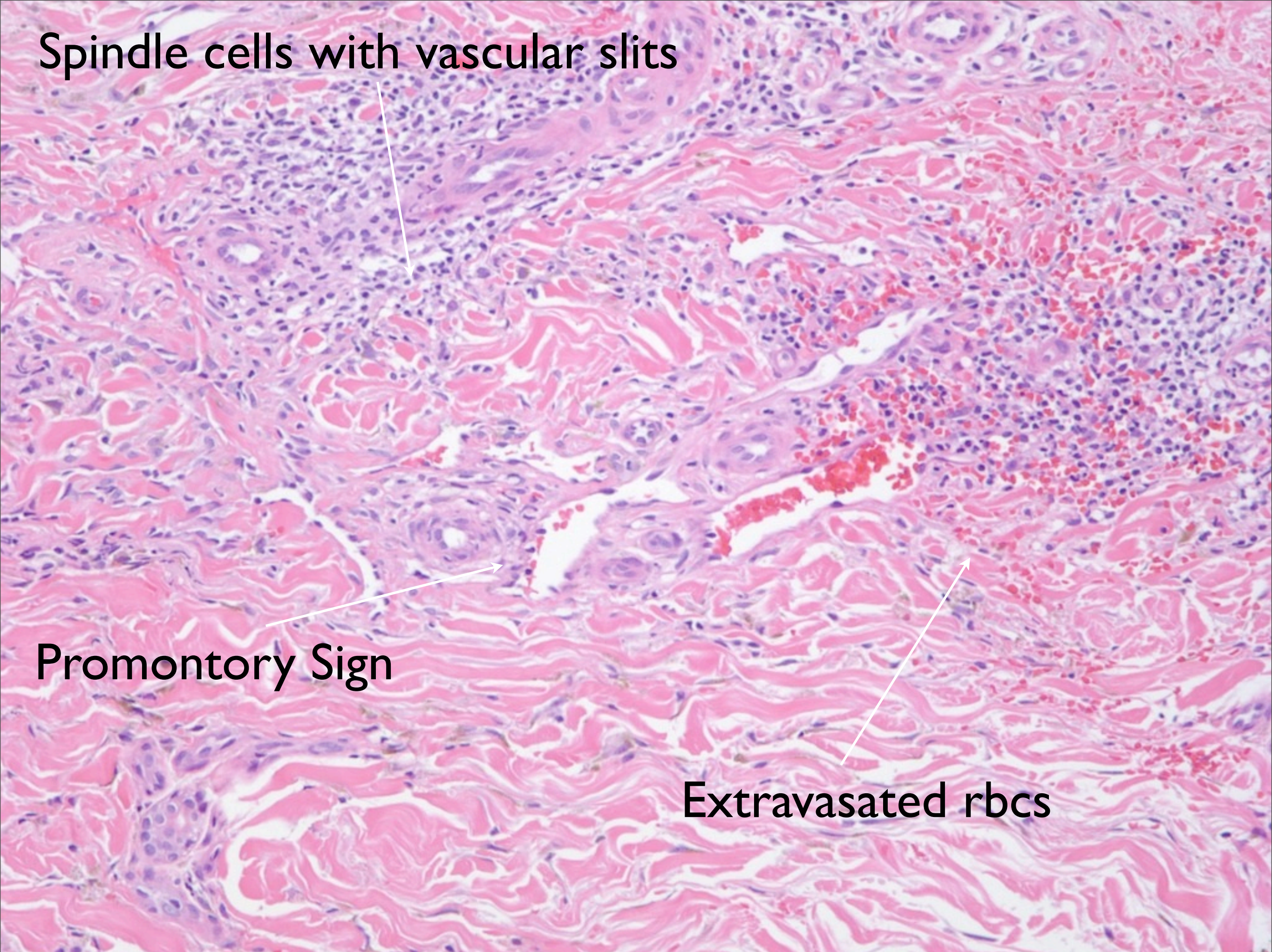
HHV-8

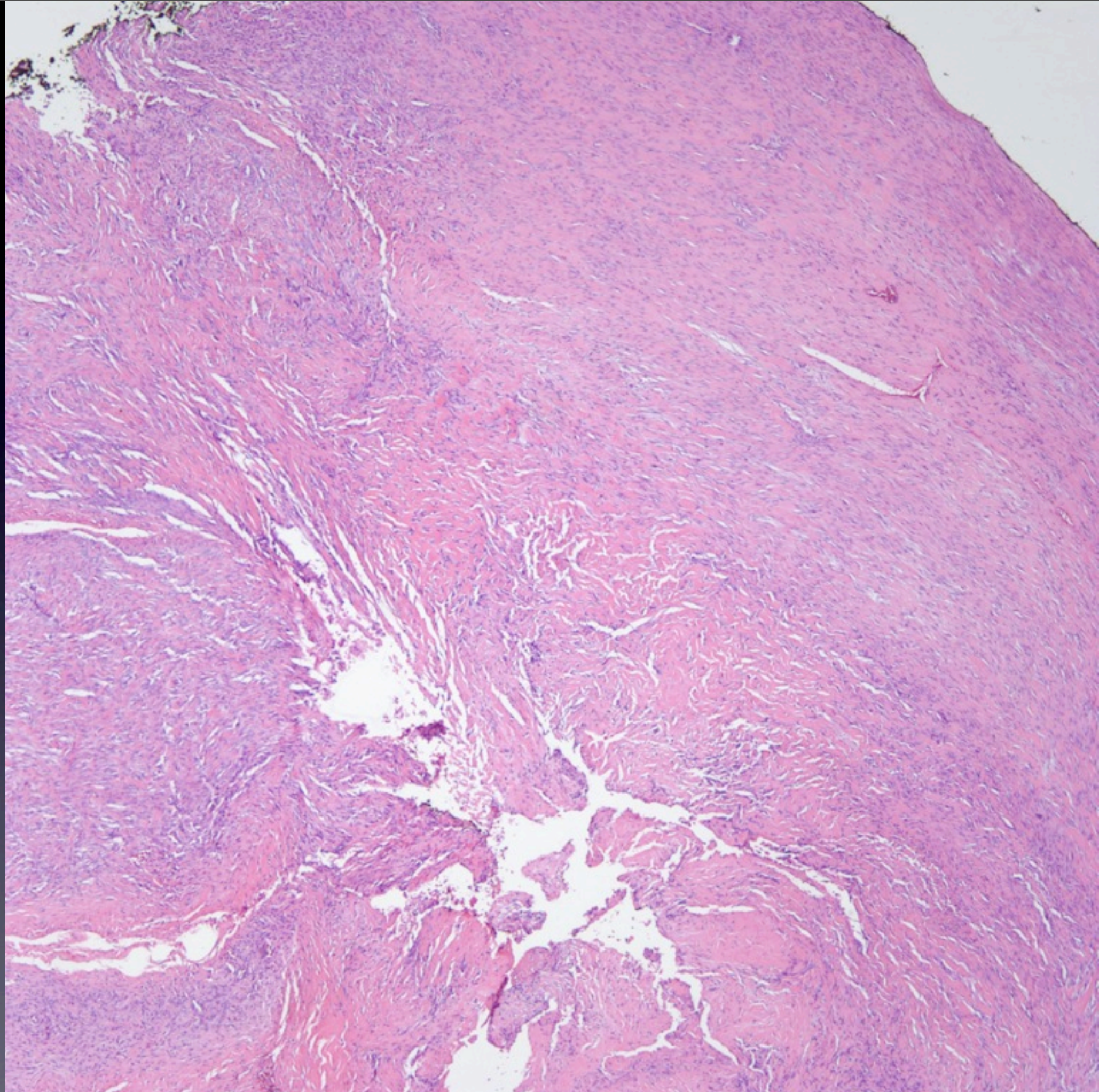
Kaposi's Sarcoma Patch/Plaque Stage

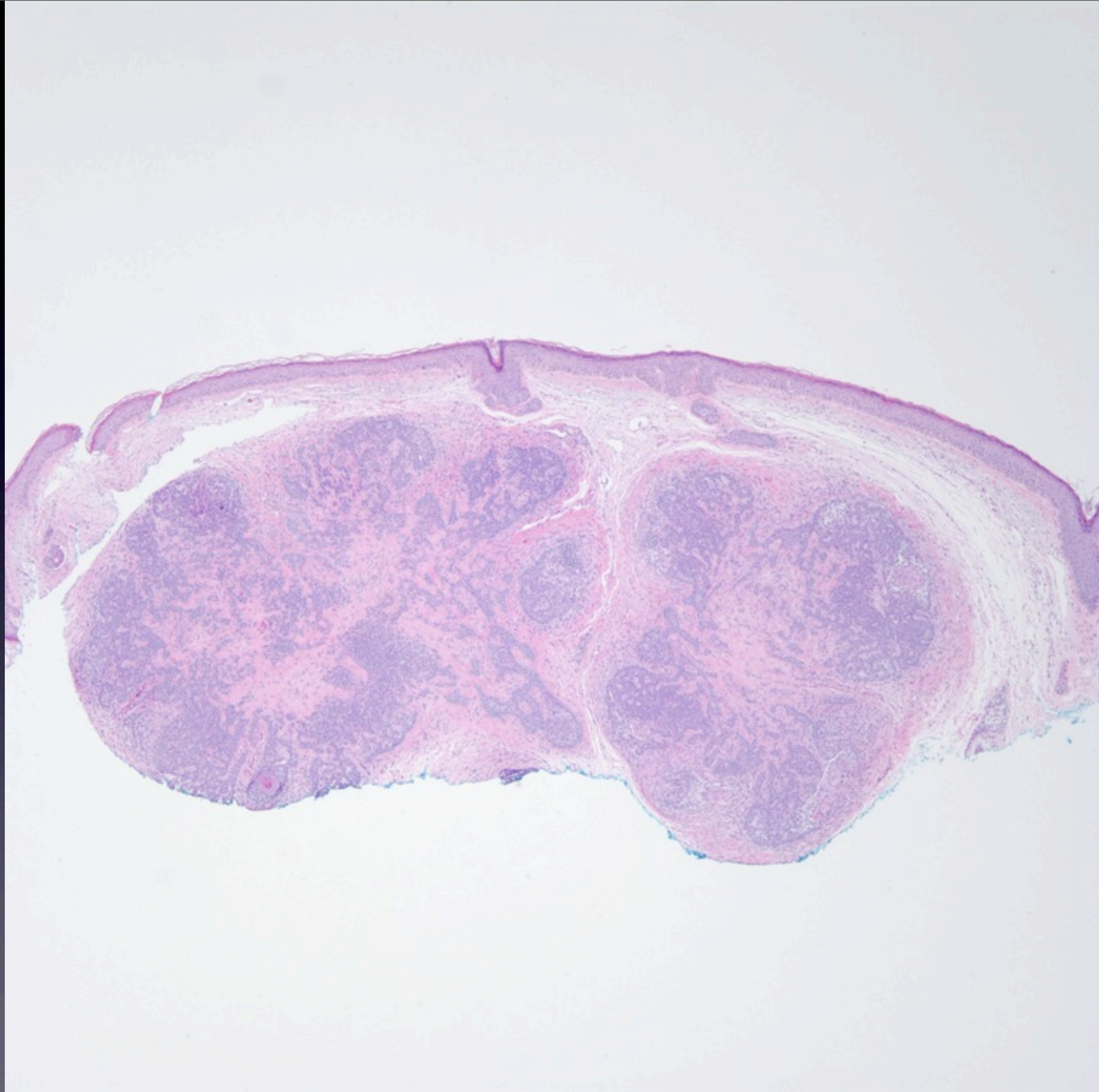
Spindle cells with vascular slits

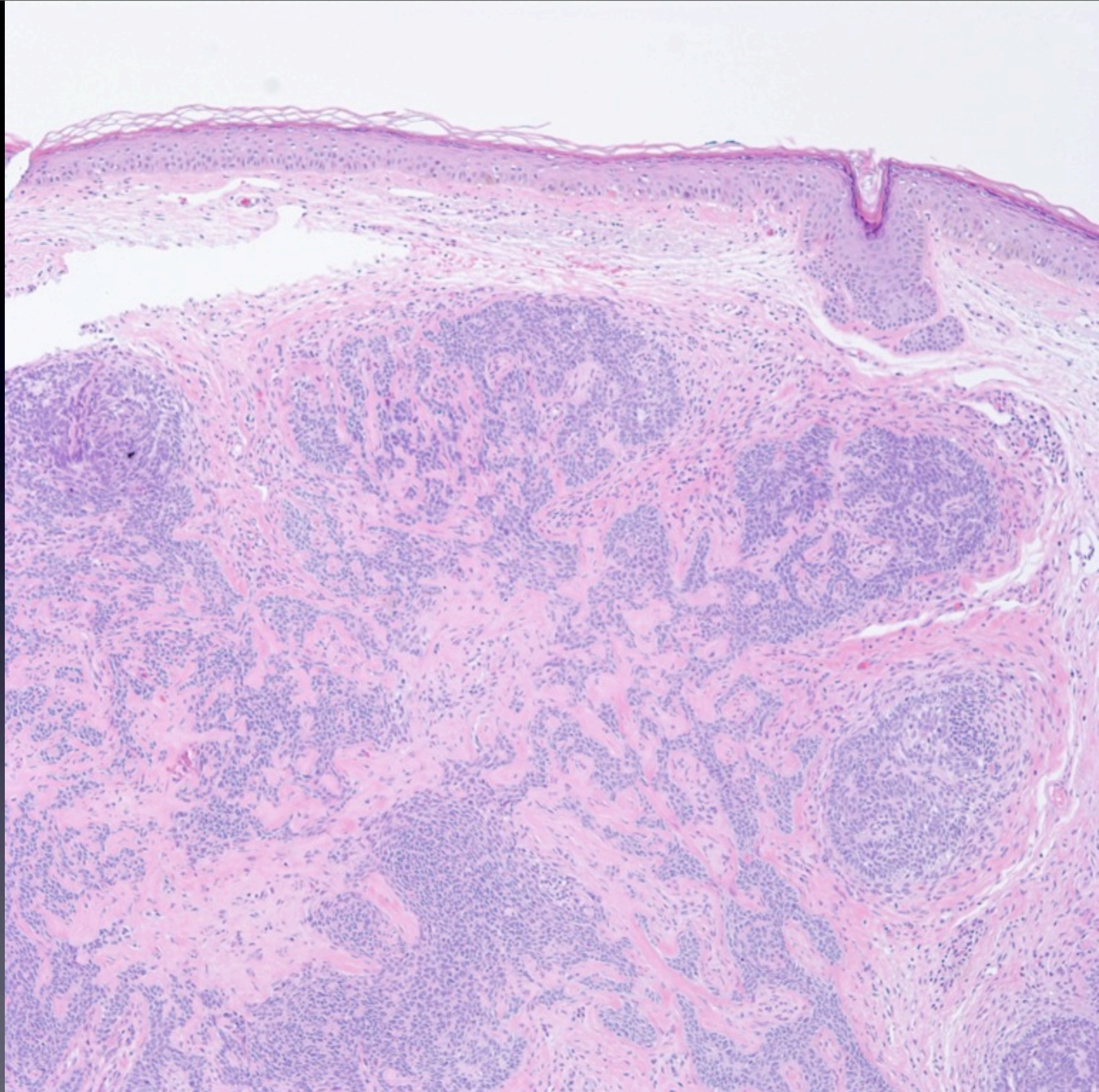
Promontory Sign

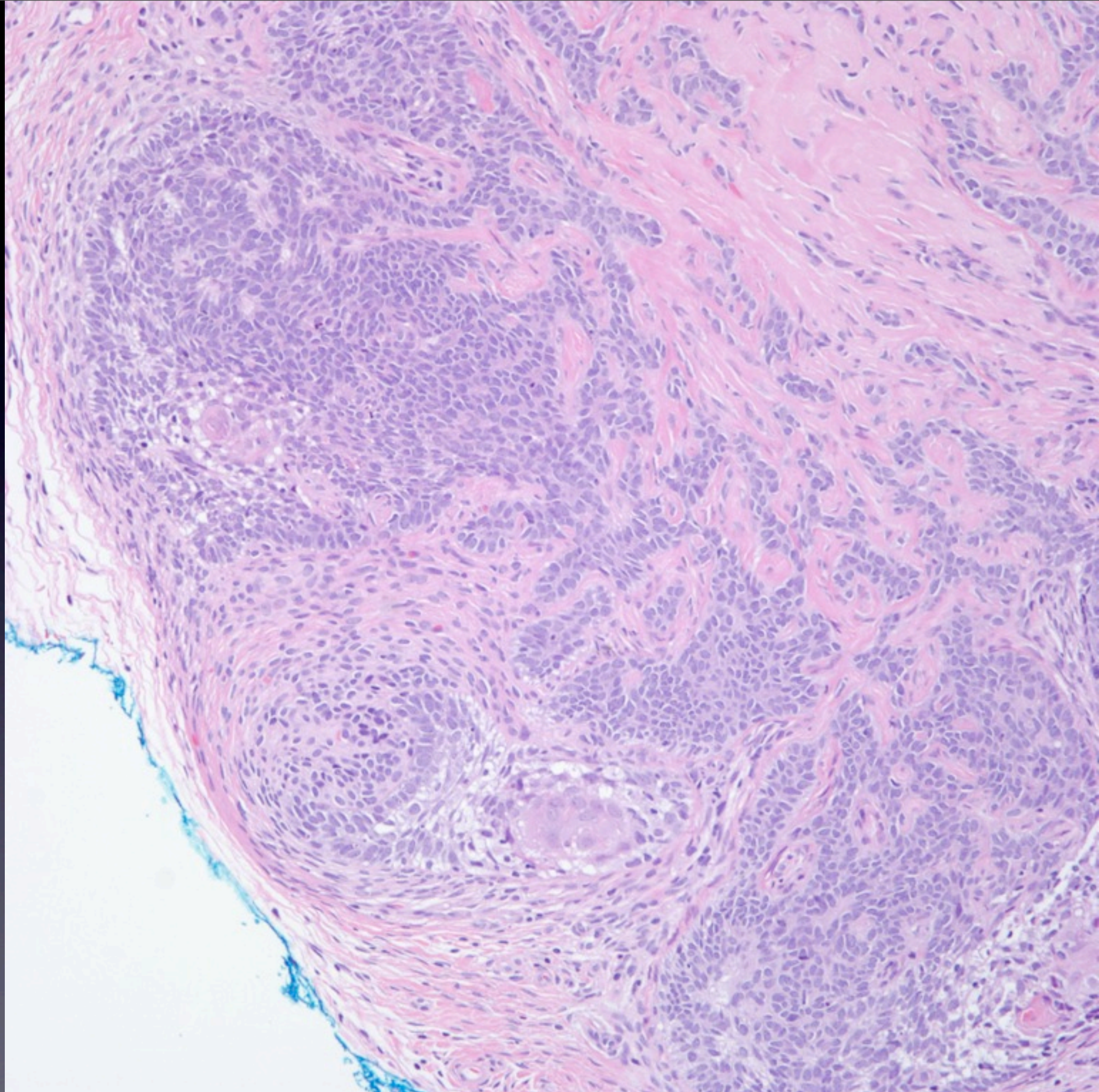
Extravasated rbcs

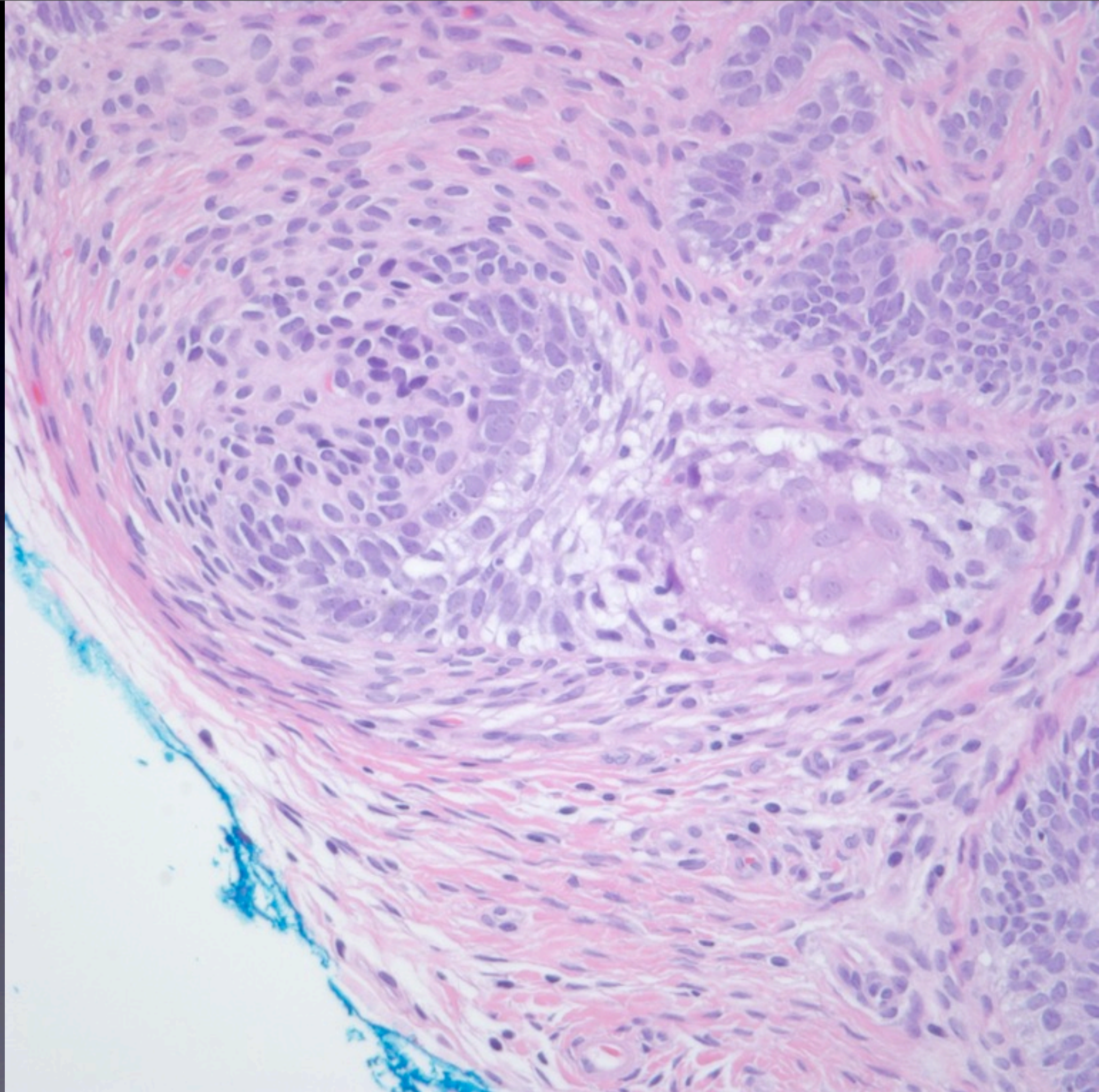












What is the best diagnosis?

A. Basal cell carcinoma

B. Trichoepithelioma

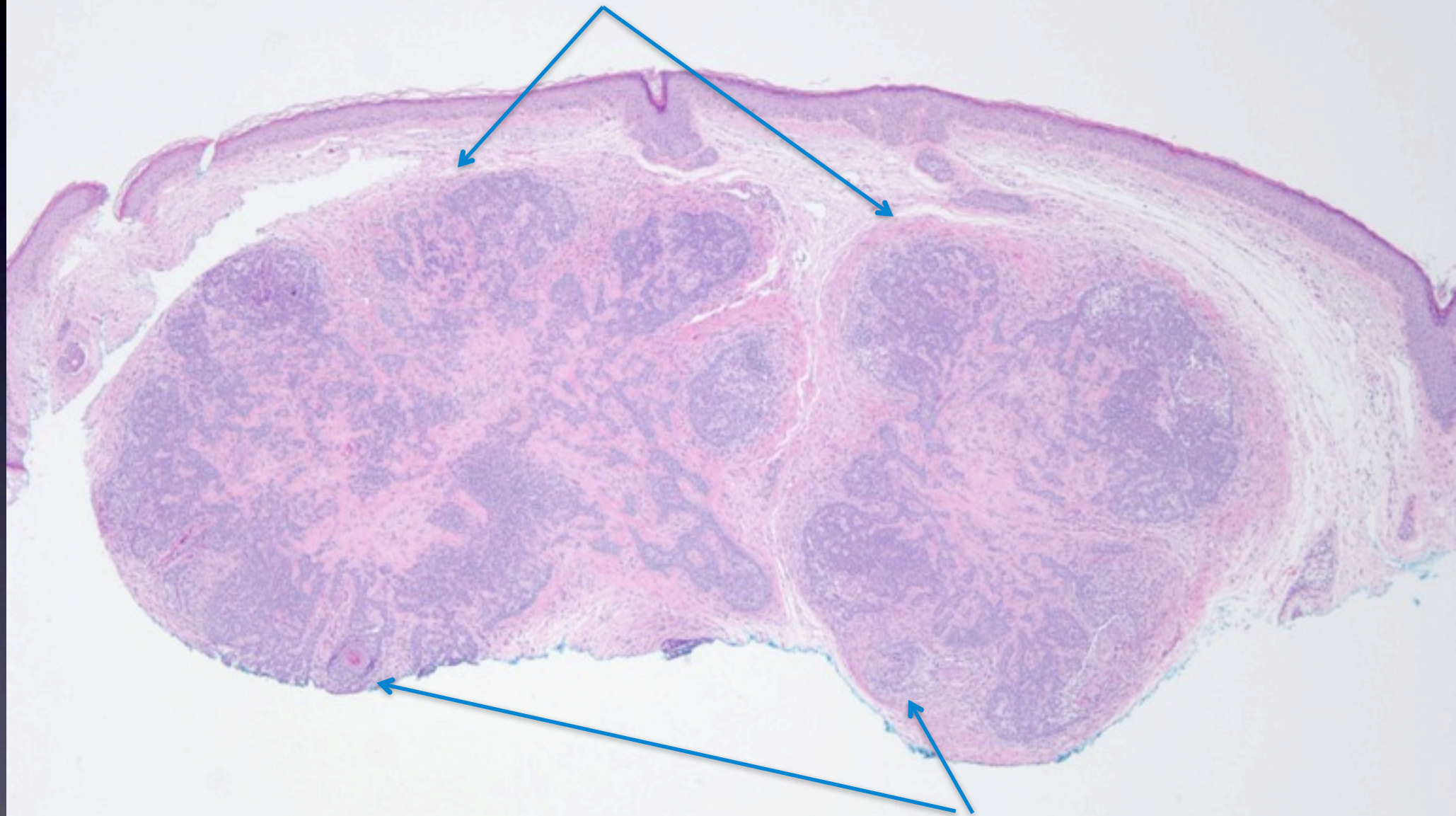
C. Nodular hidradenoma

D. Poroma

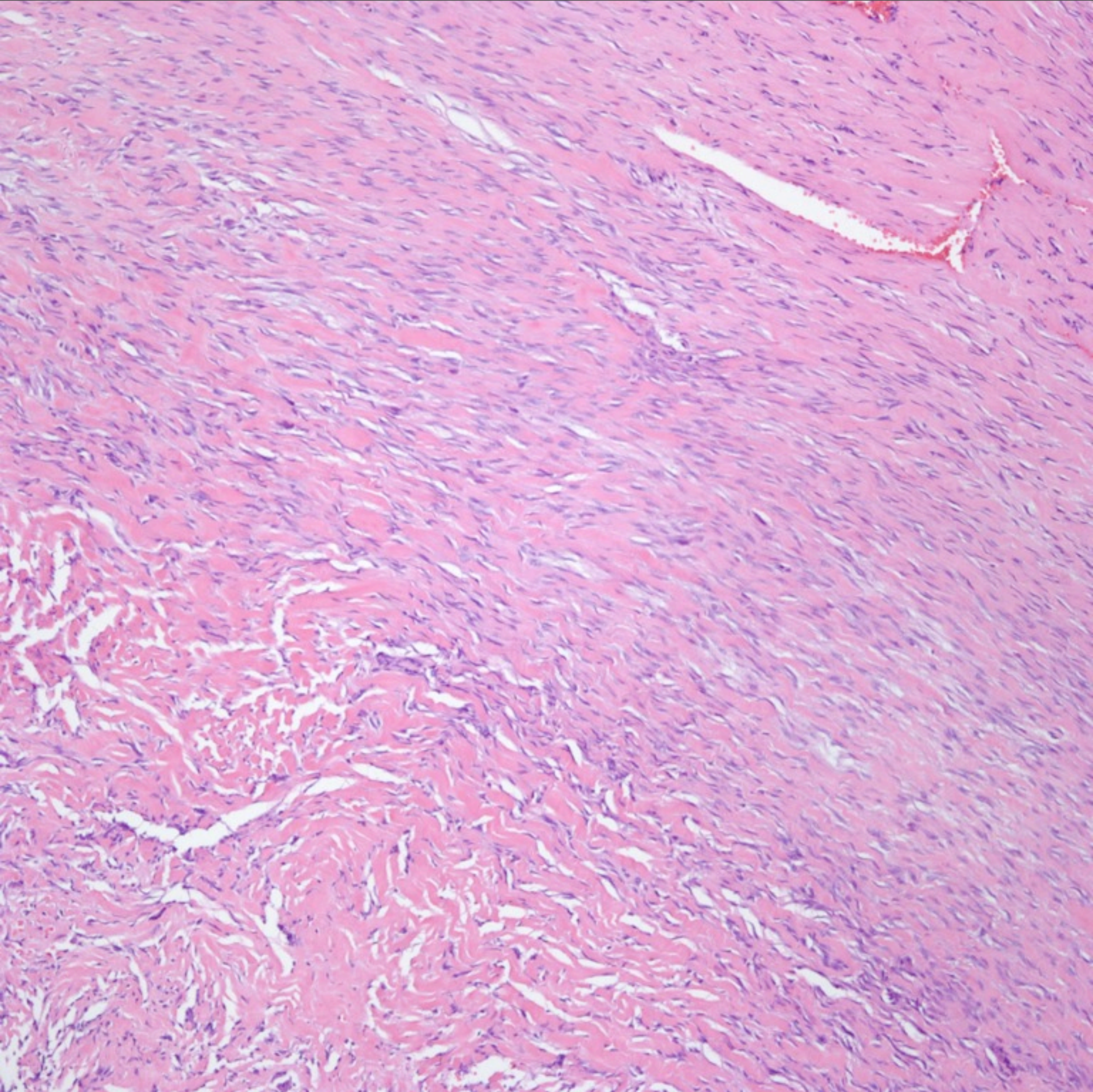
E. Pilomatricoma

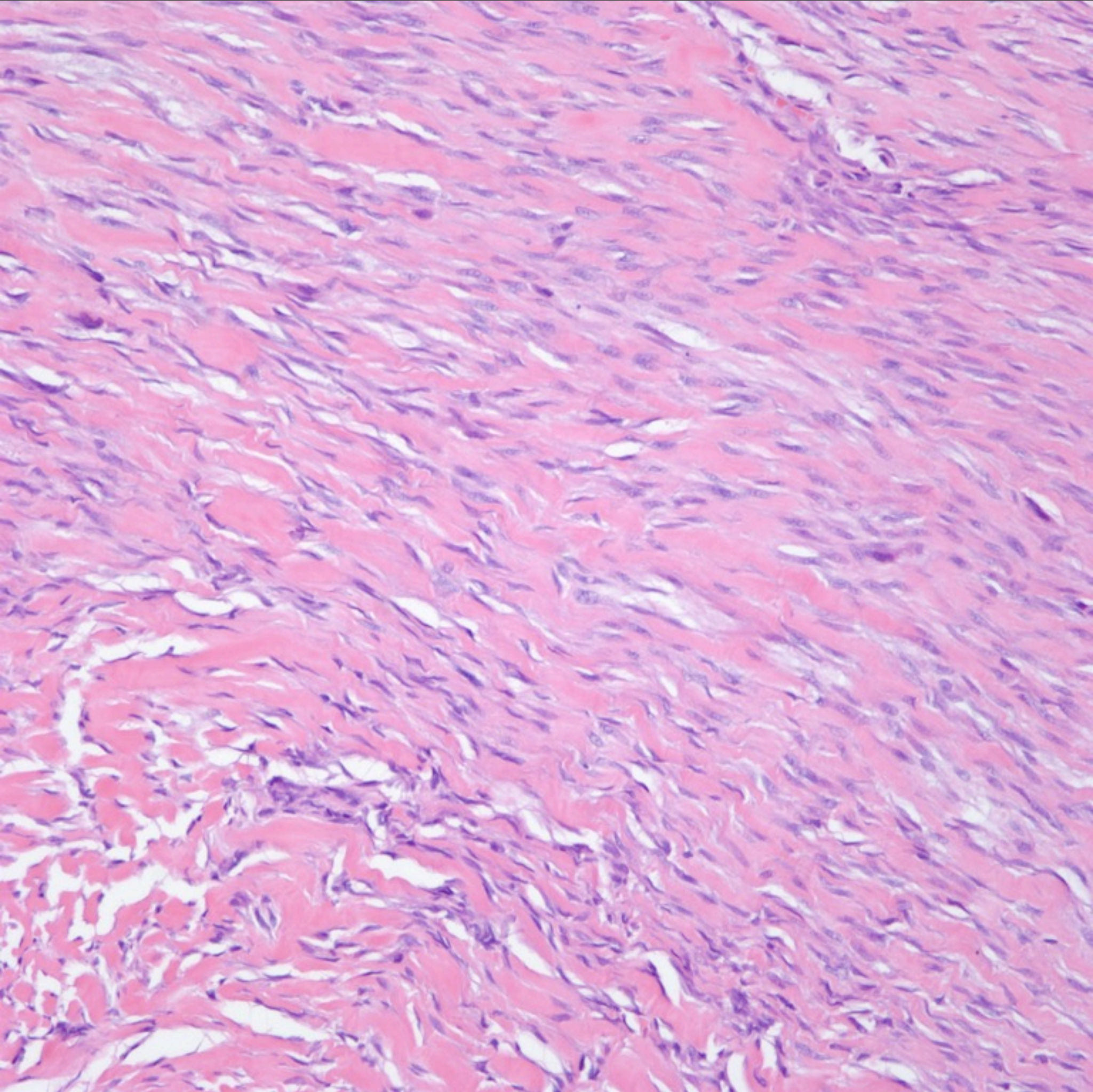
Trichoepithelioma

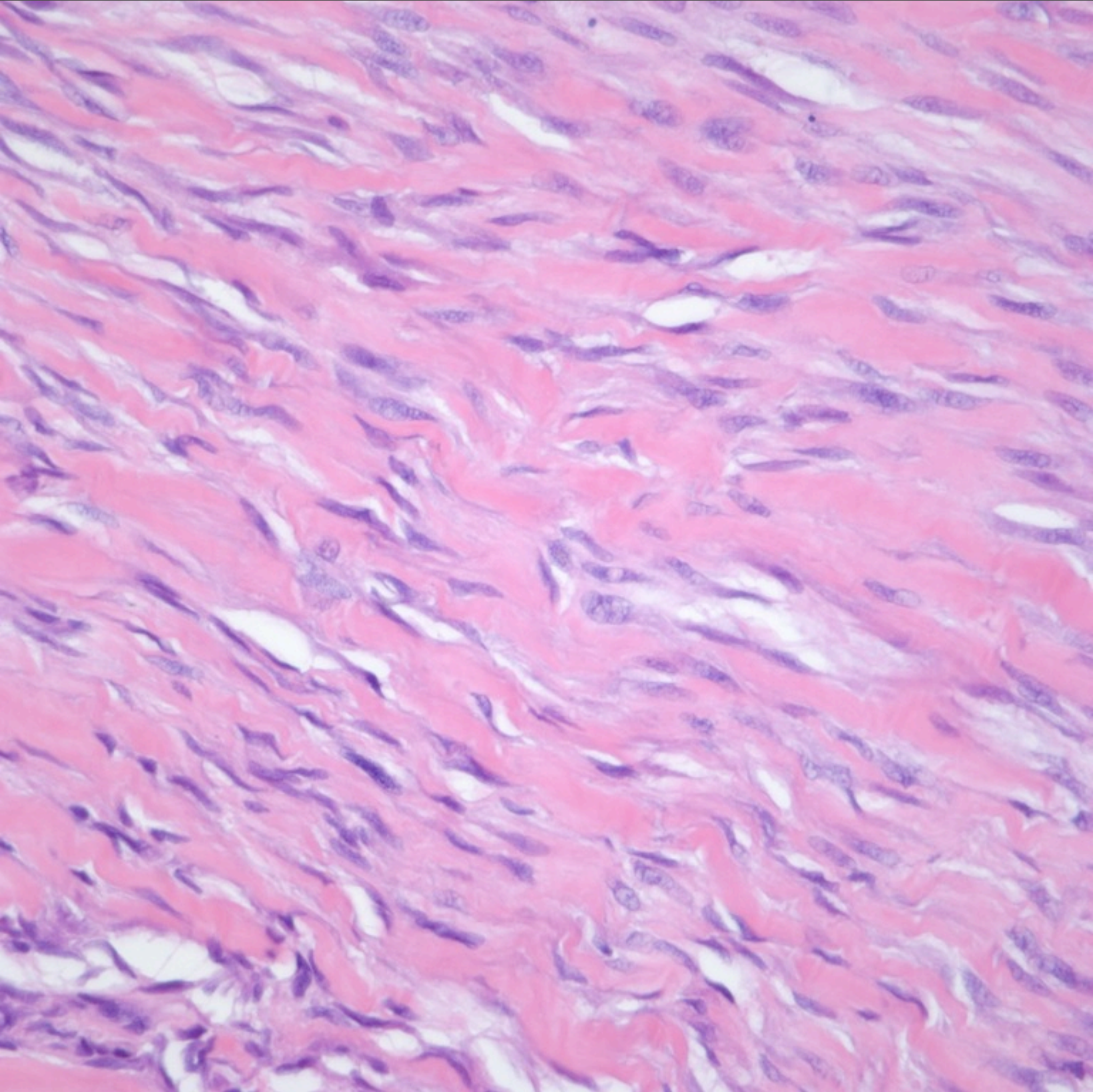
Circumscribed dermal tumor
with stromal-stromal clefting



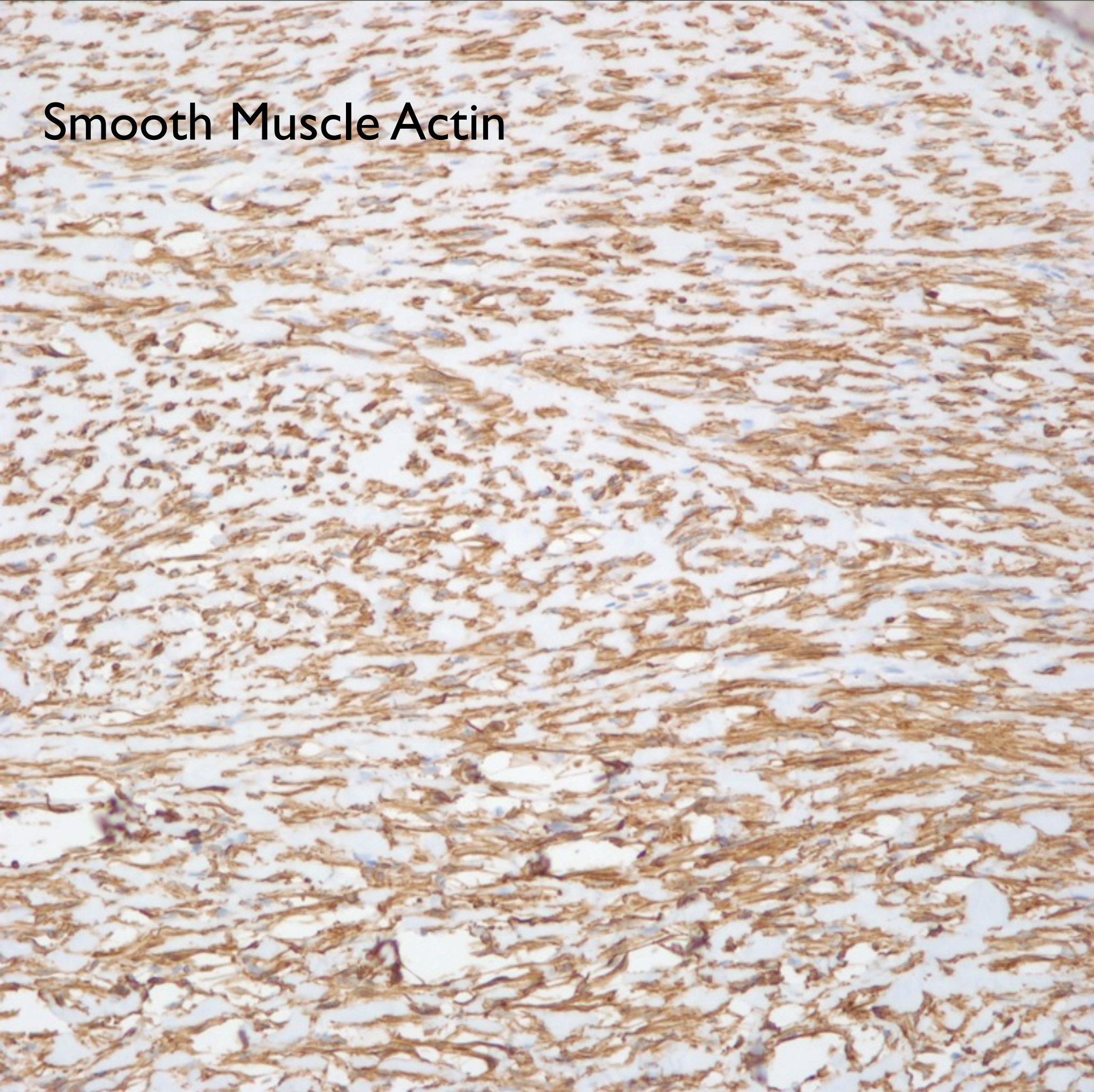
Papillary–mesenchymal bodies







Smooth Muscle Actin



Beta Catenin



What is the best diagnosis?

- A. Fibrosarcoma
- B. Schwannoma
- C. Dermatofibroma
- D. Nodular fasciitis
- E. Fibromatosis

Fibromatosis

Notes

- This was a soft tissue thigh mass that arose over a span of 4 months in a 17 year old male with a history of possible trauma to the area.
- Although the clinical history suggested nodular fasciitis, this tumor lacked the characteristic histopathology.
- The positive staining for beta-catenin is supportive of fibromatosis. Note, that both fibromatosis and nodular fasciitis may be smooth

Diffuse
bland
Spindle
cells

Sclerotic
back-
ground

Rare
MFs

