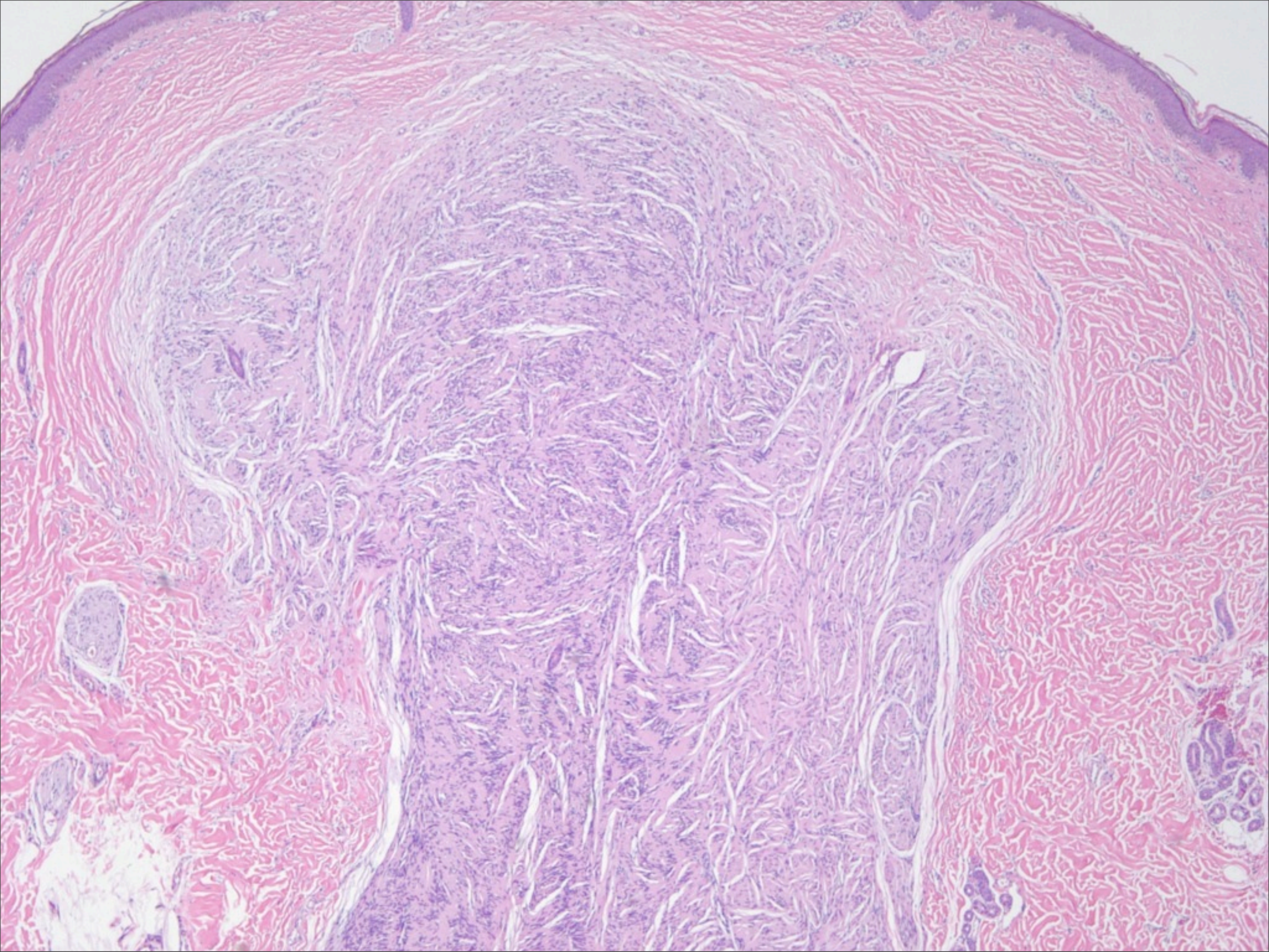
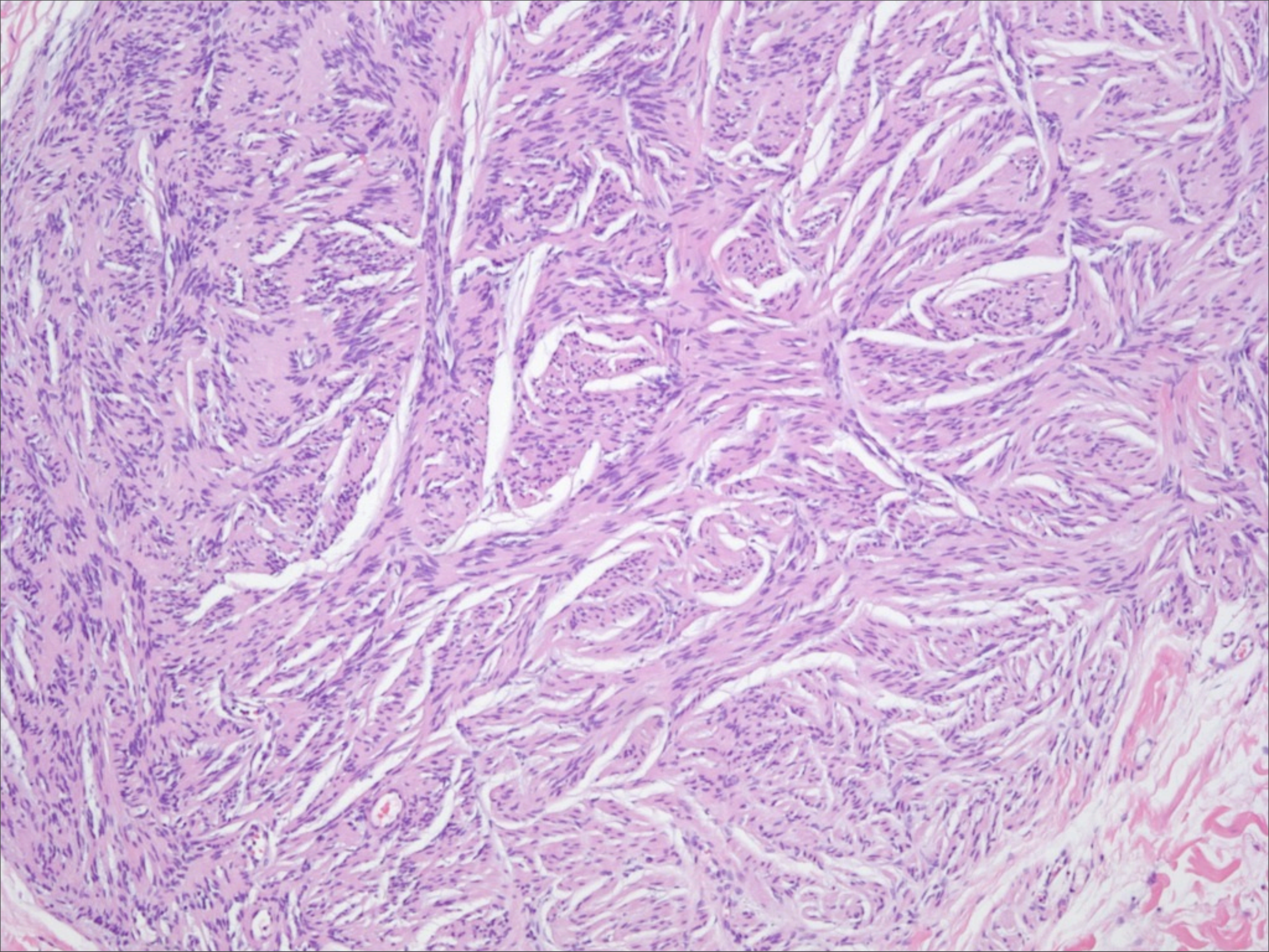


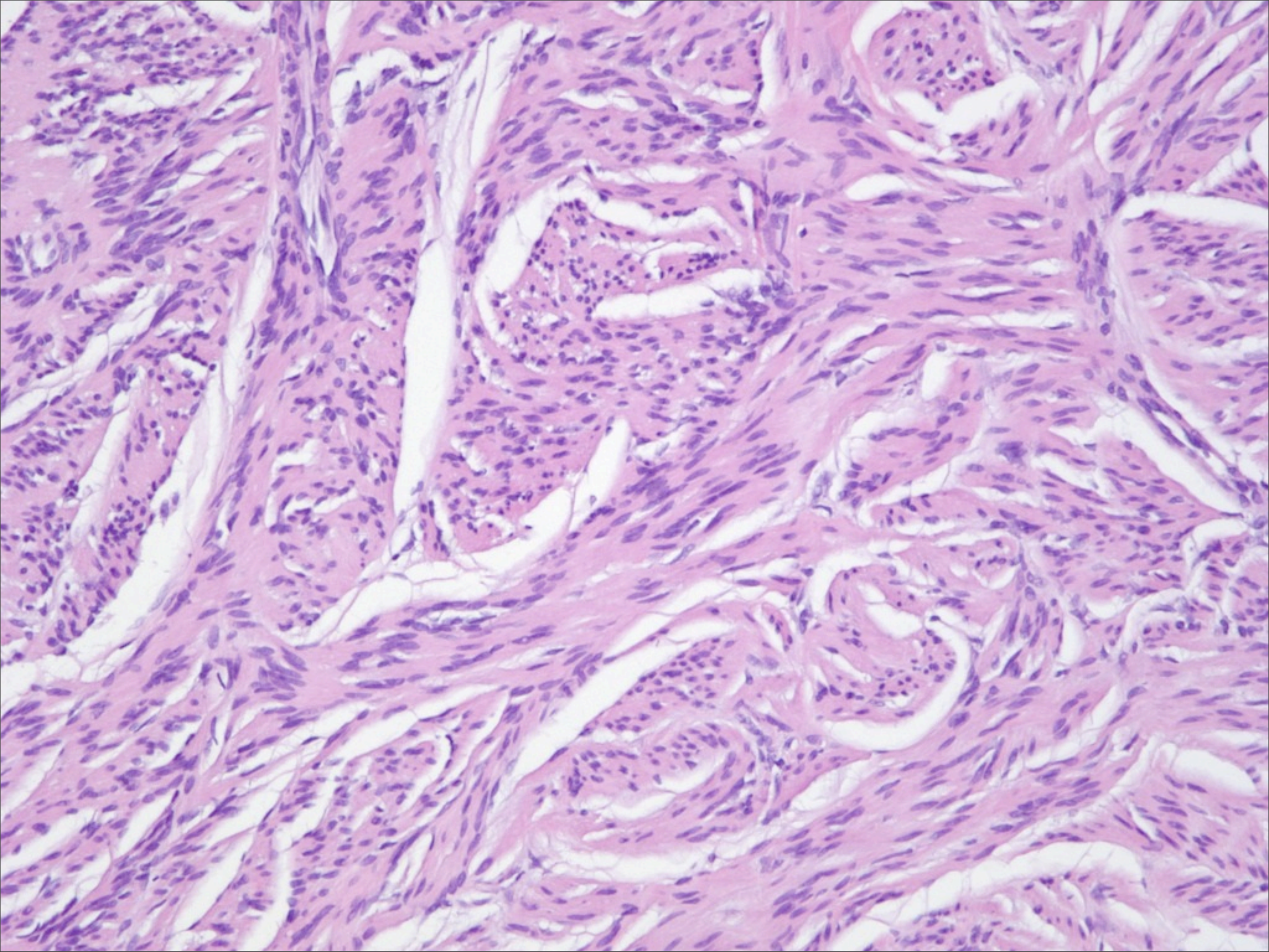
Dermatopathology

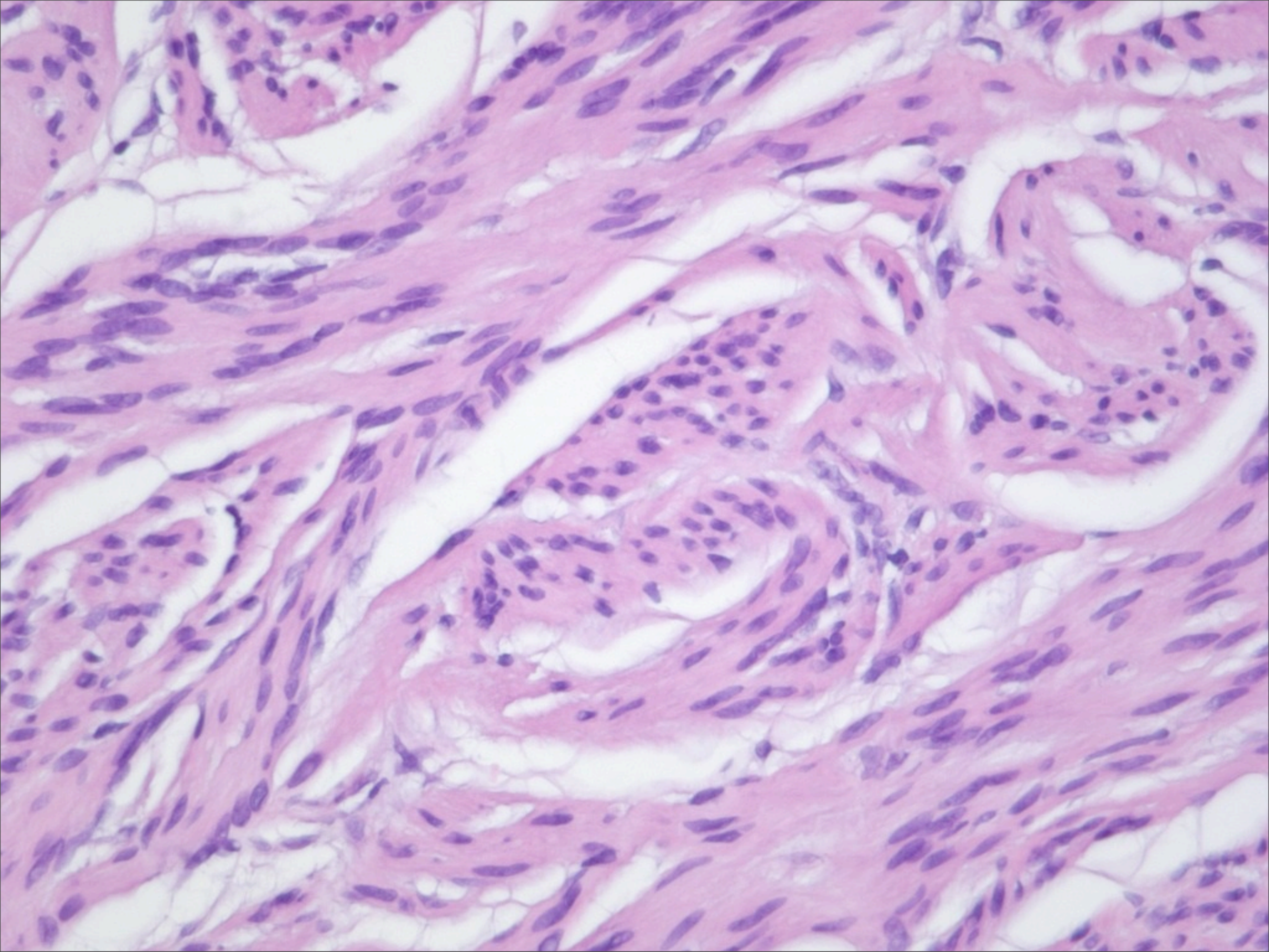
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Torrance, CA







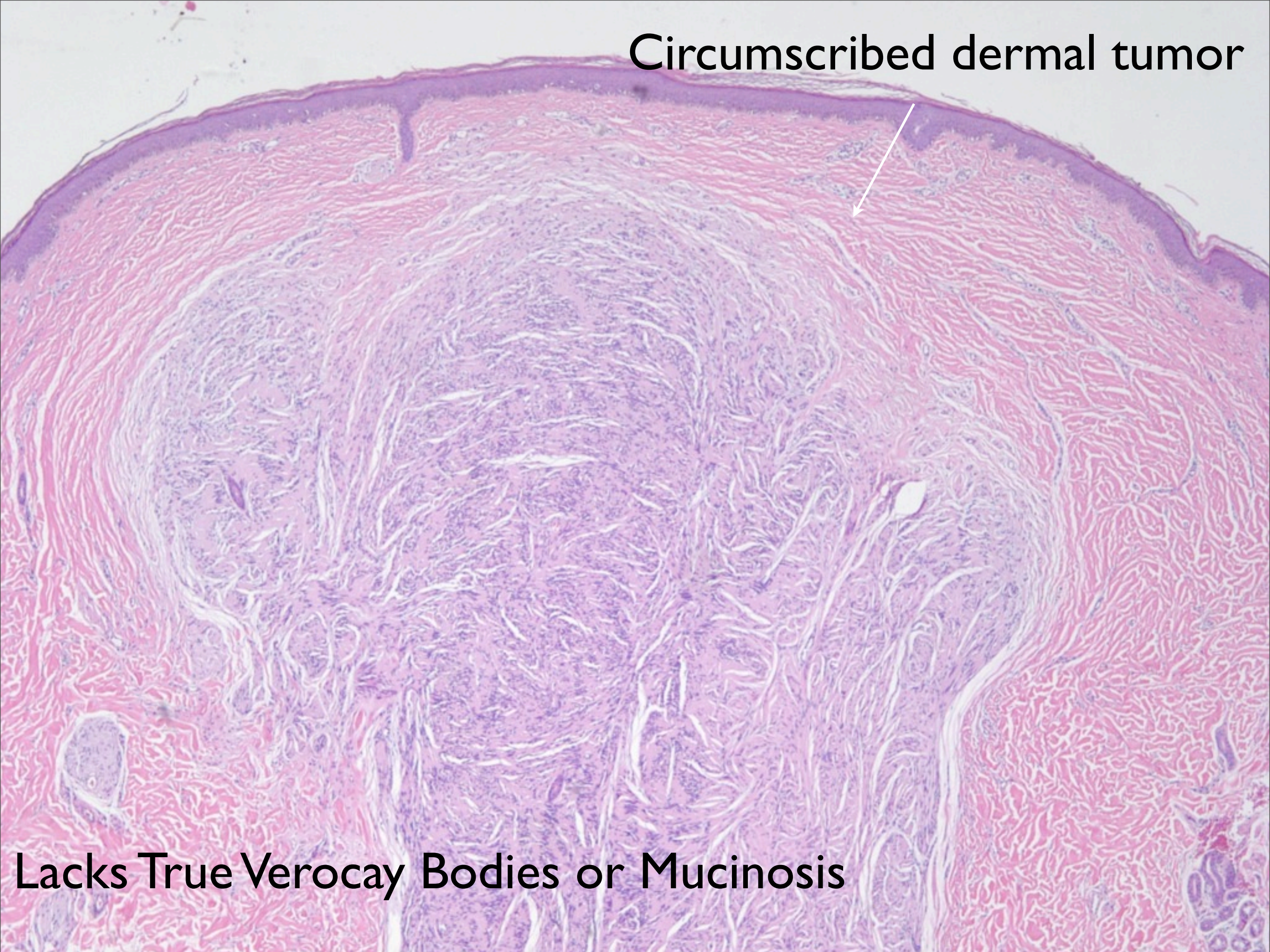


What is the best diagnosis?

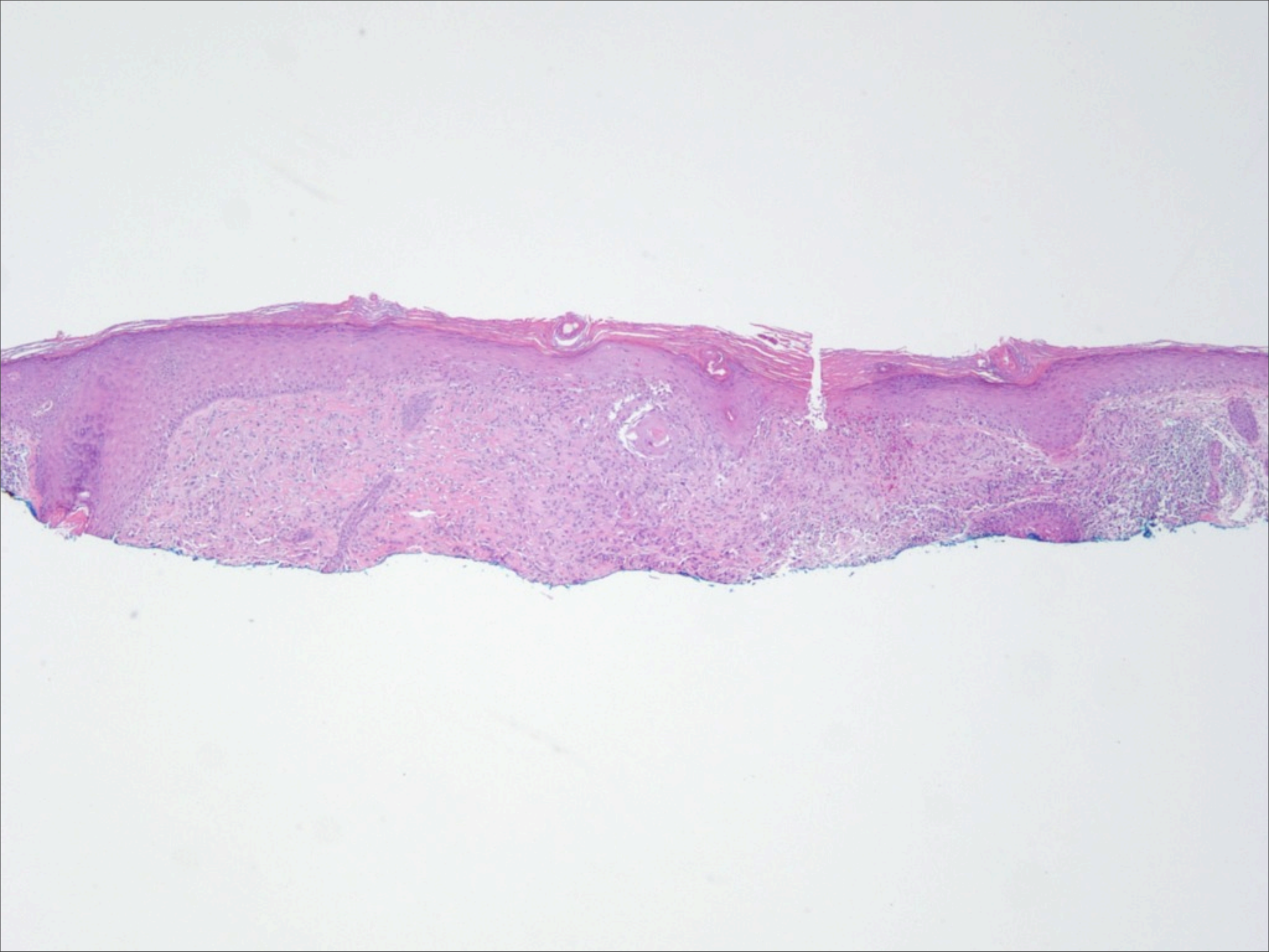
- Neurofibroma
- Traumatic neuroma
- Palisaded and encapsulate neuroma
- Schwannoma
- Hypopigmented blue nevus

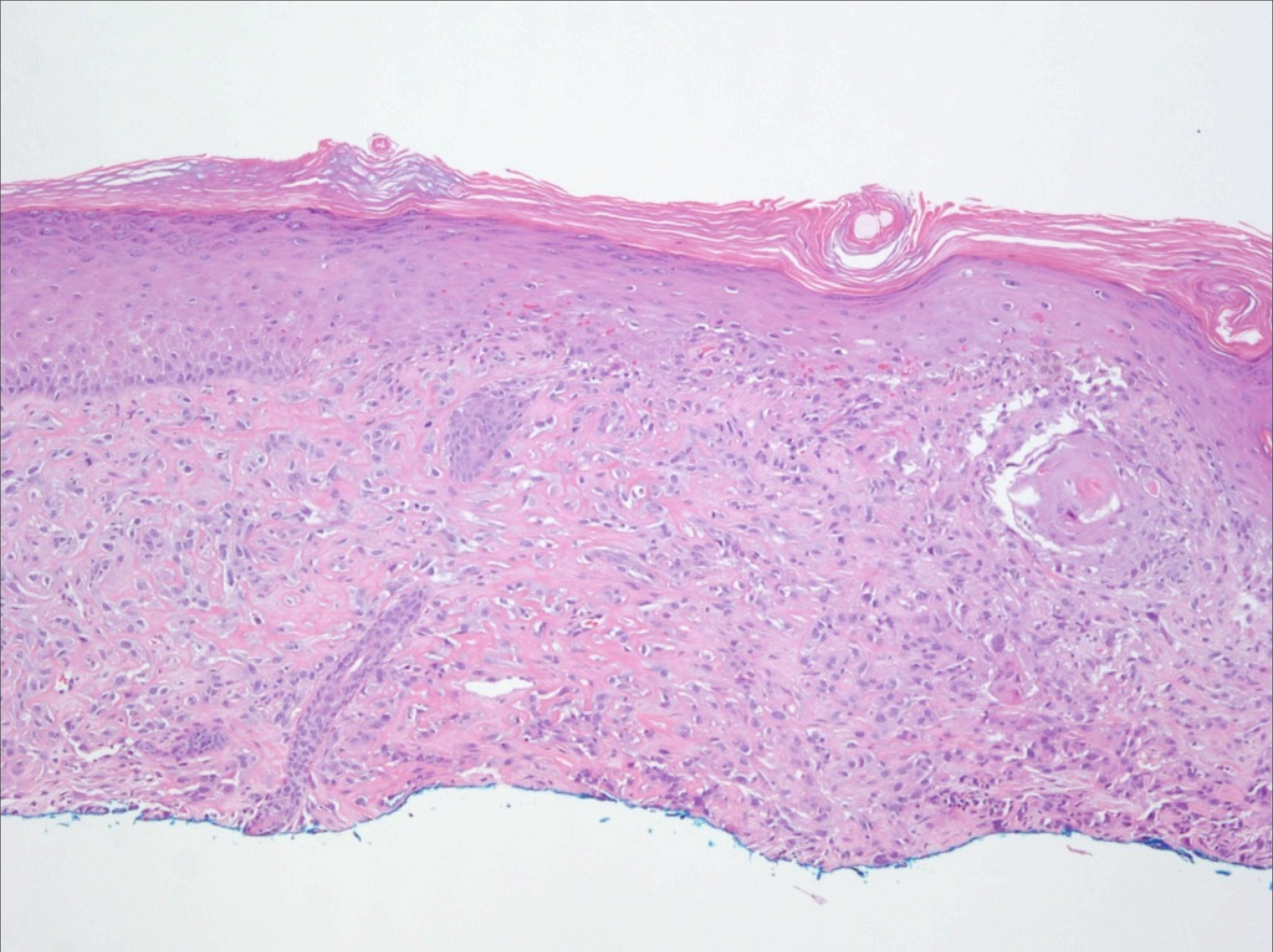
Palisaded and Encapsulated Neuroma

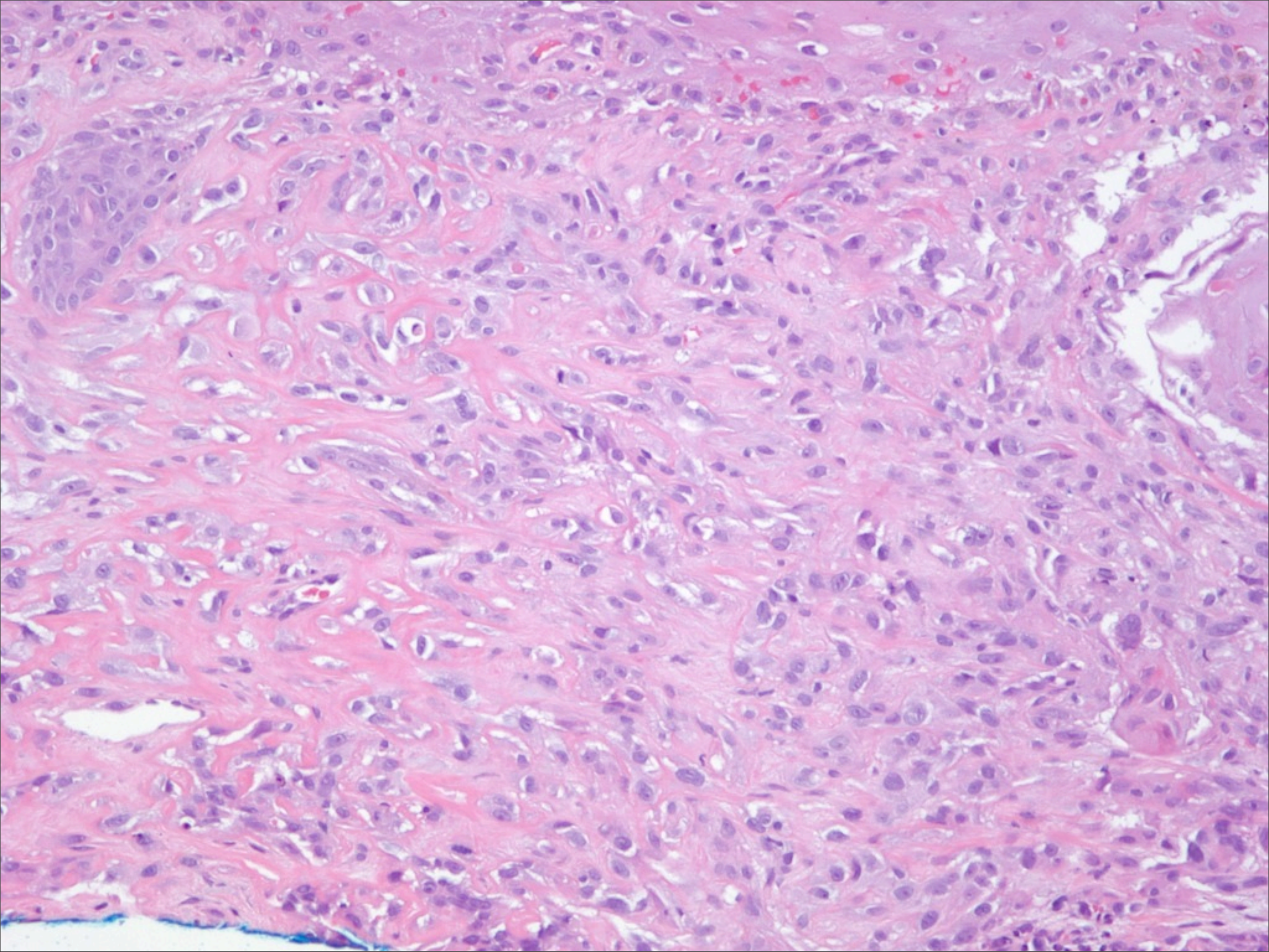
Circumscribed dermal tumor

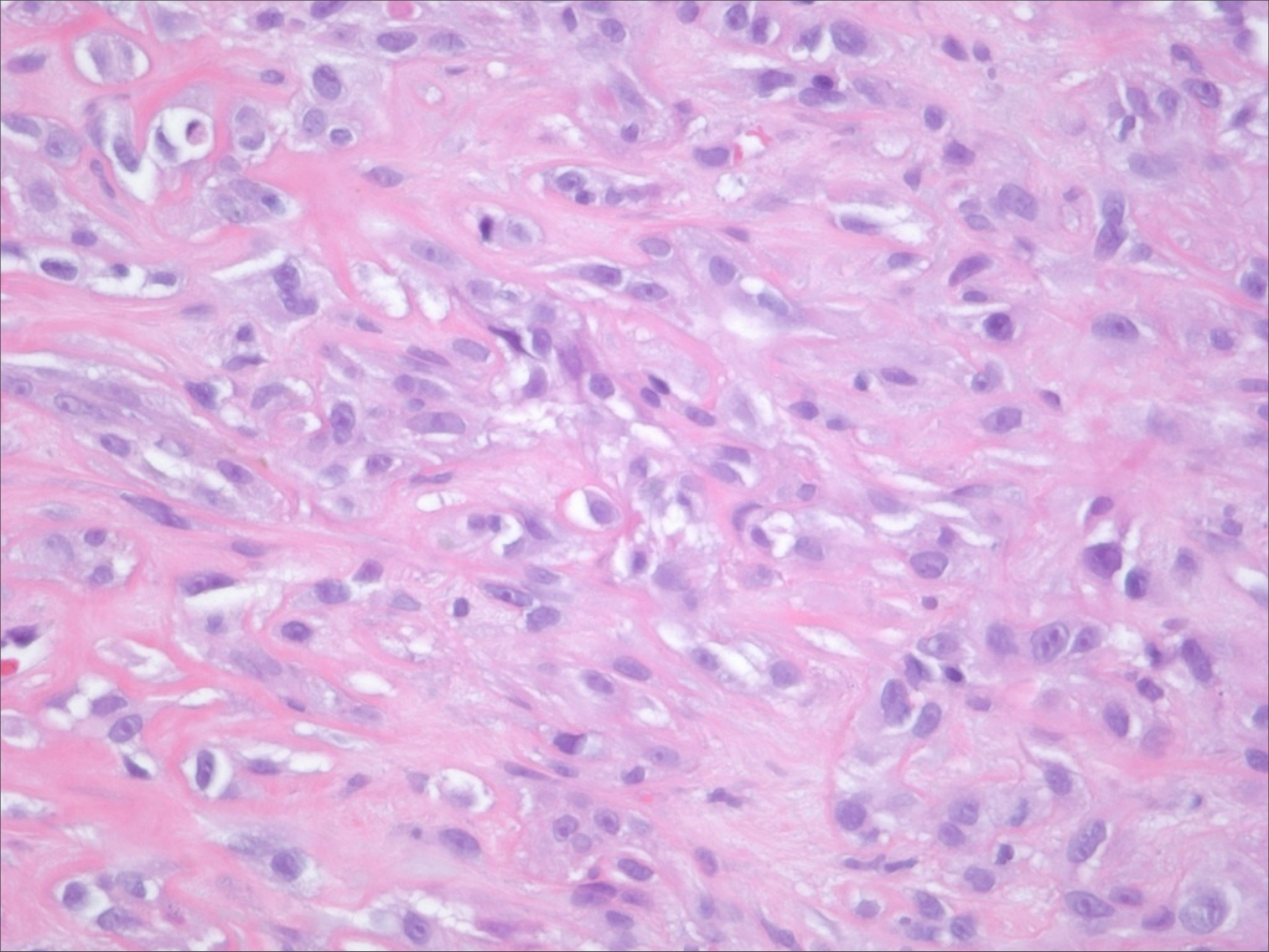


Lacks True Verocay Bodies or Mucinosi

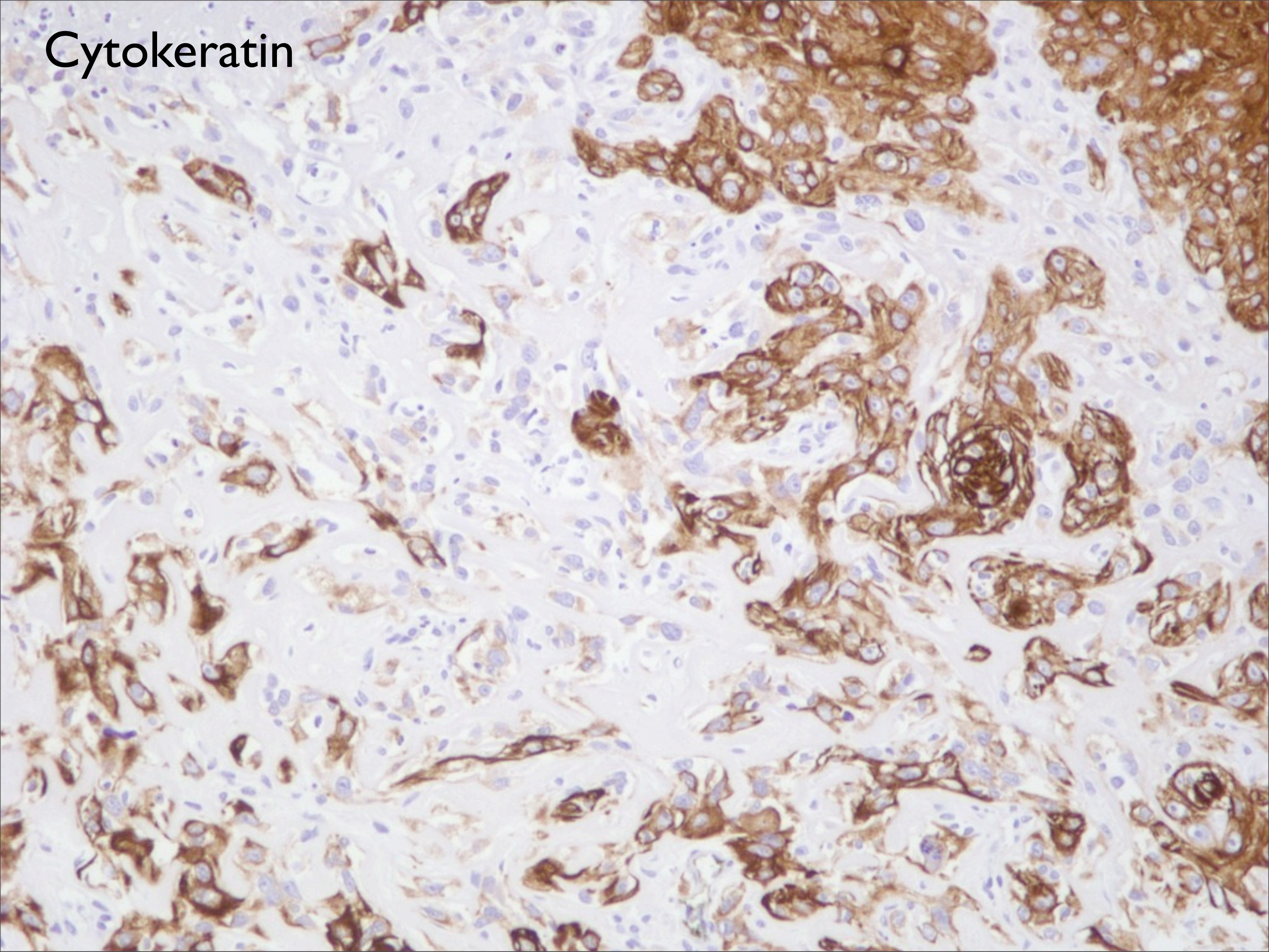








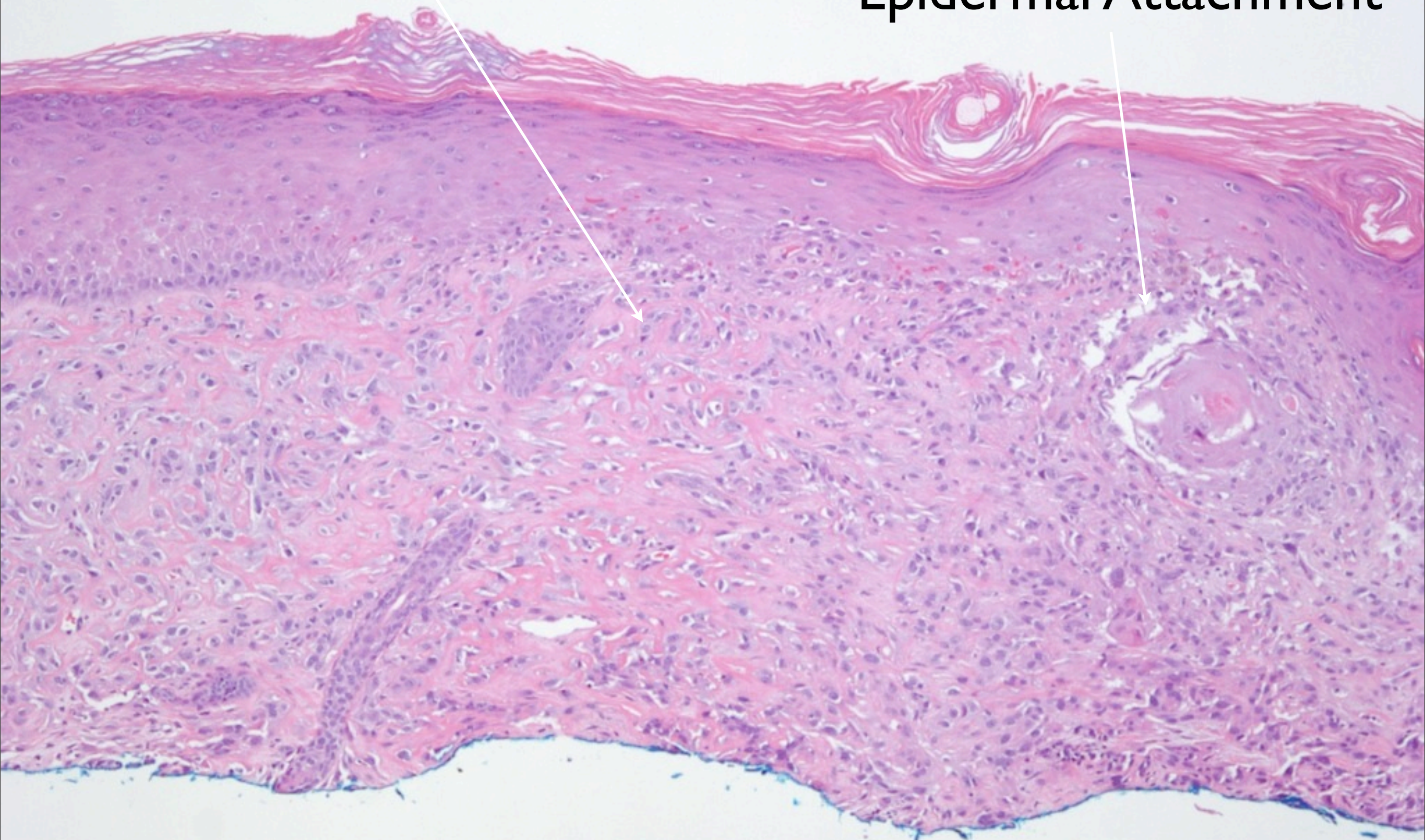
Cytokeratin



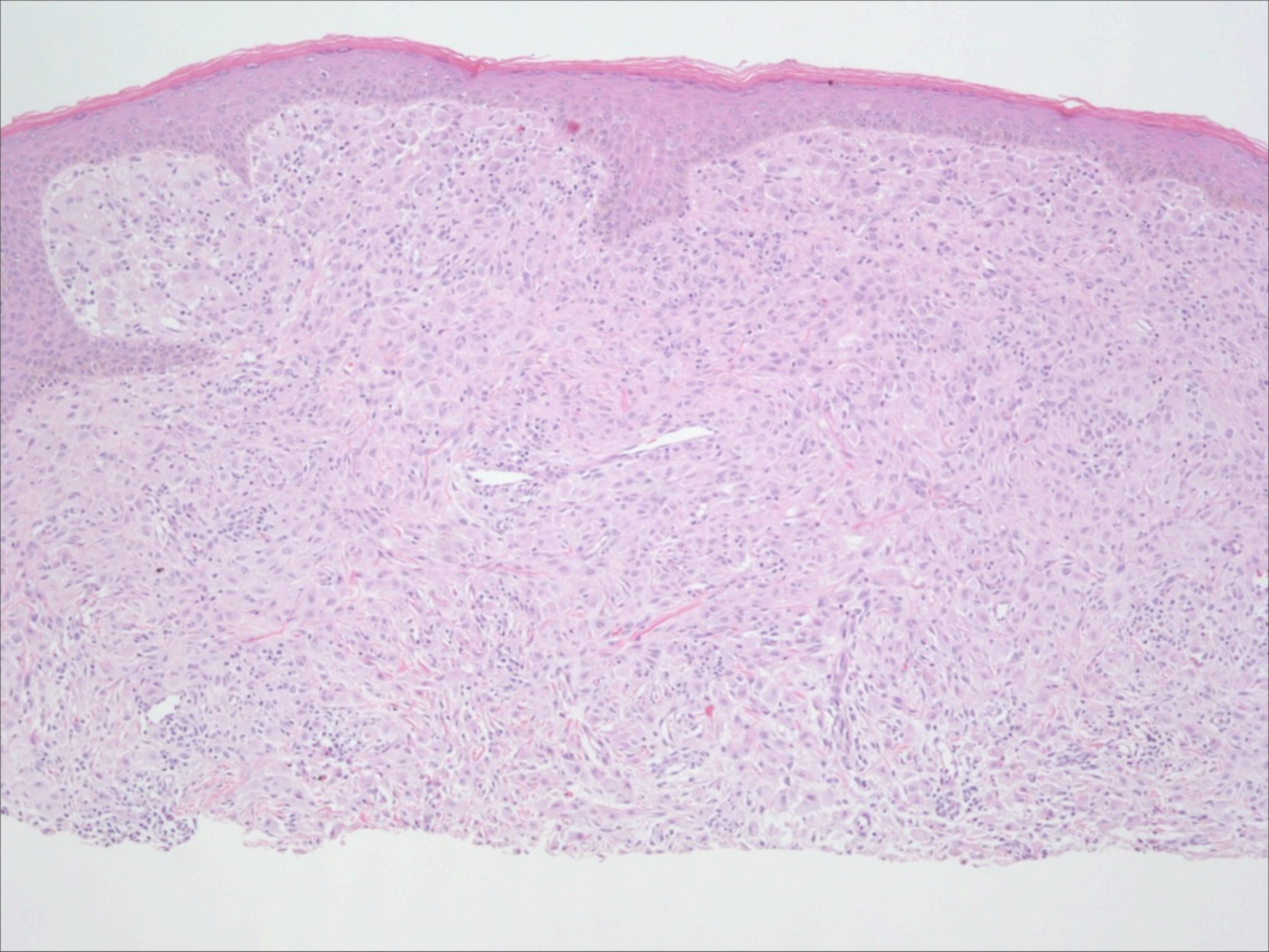
Invasive Squamous Cell Carcinoma, Poorly Differentiated

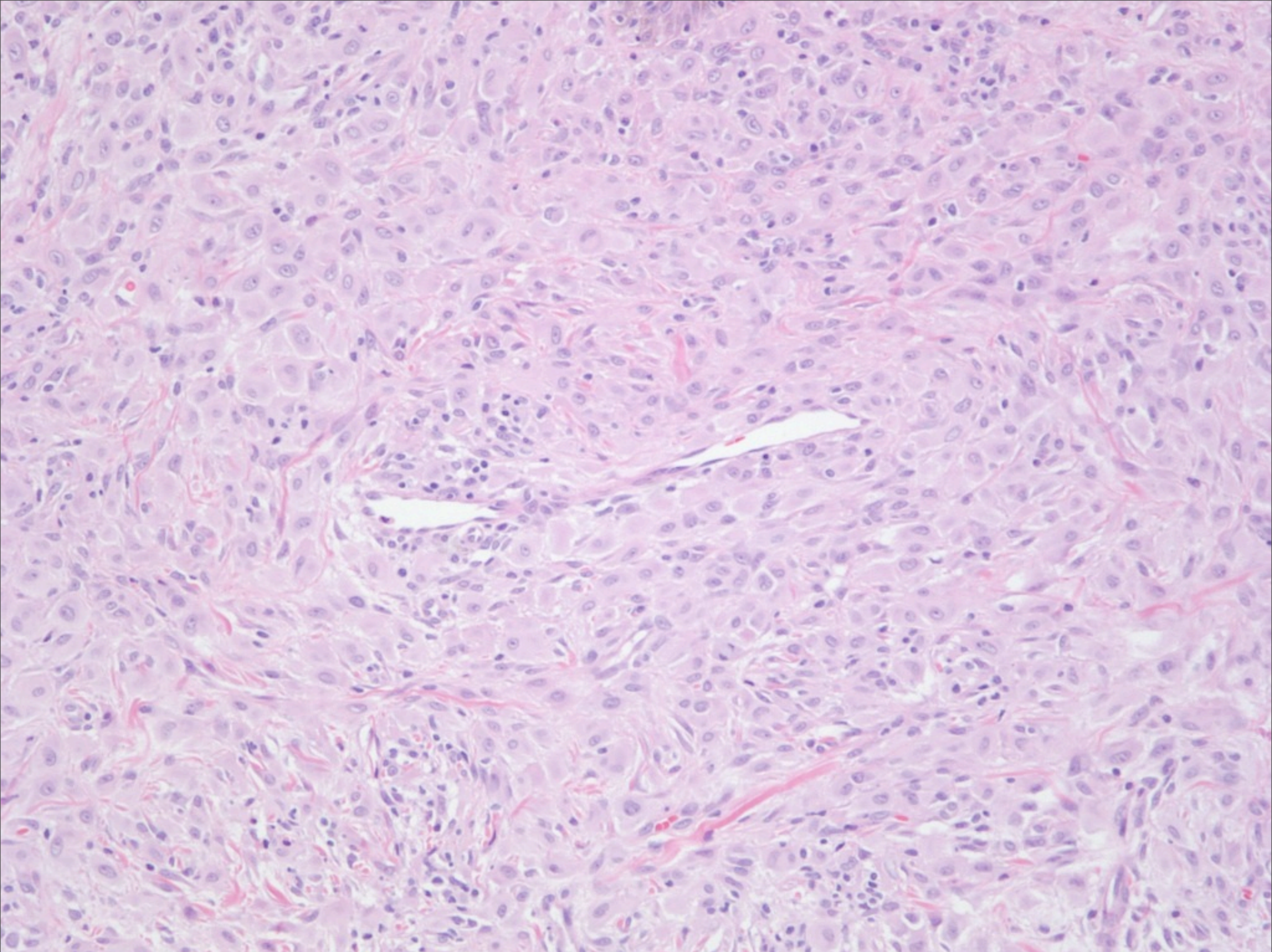
Infiltrative nest of pleomorphic cells

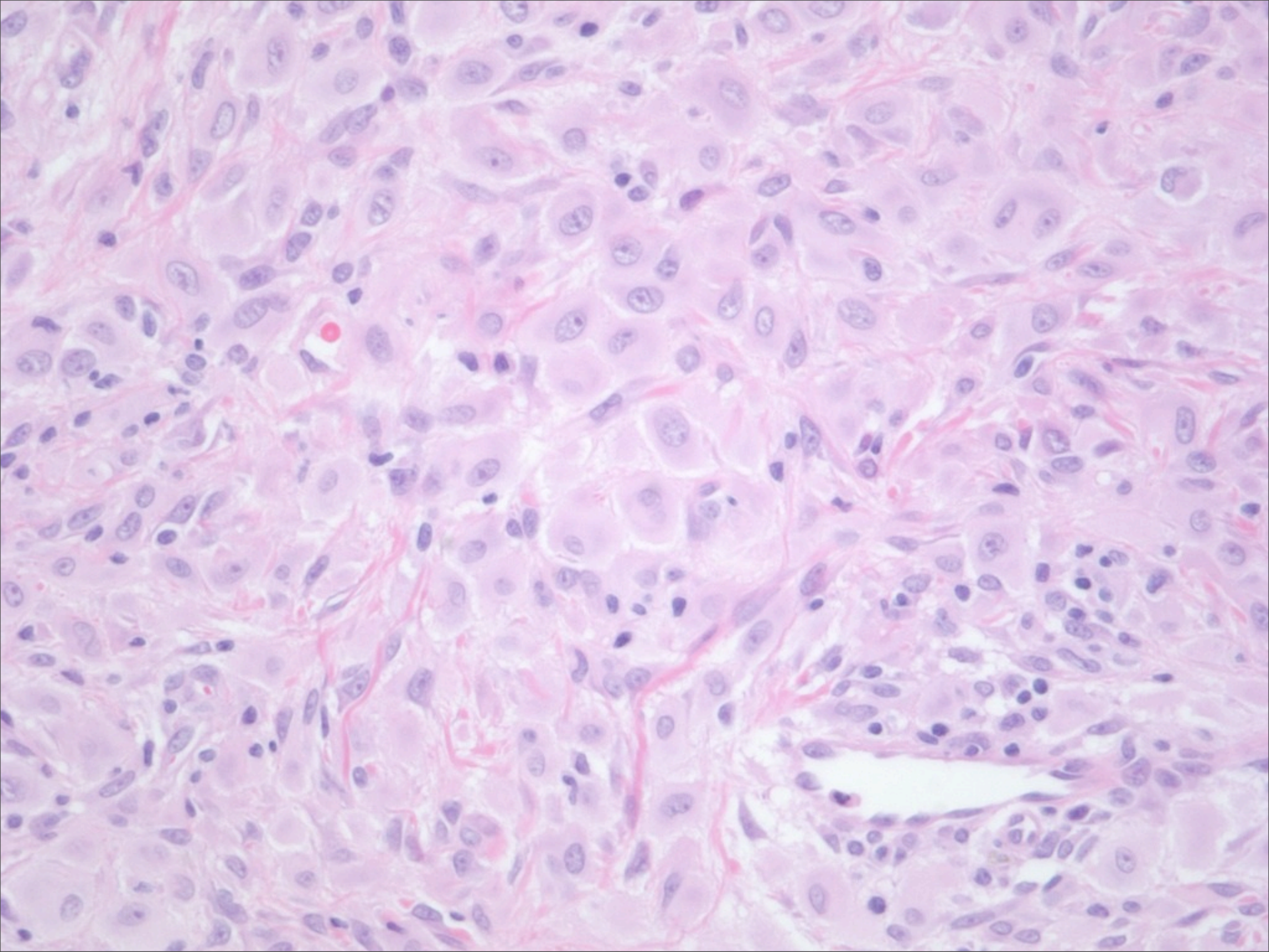
Epidermal Attachment



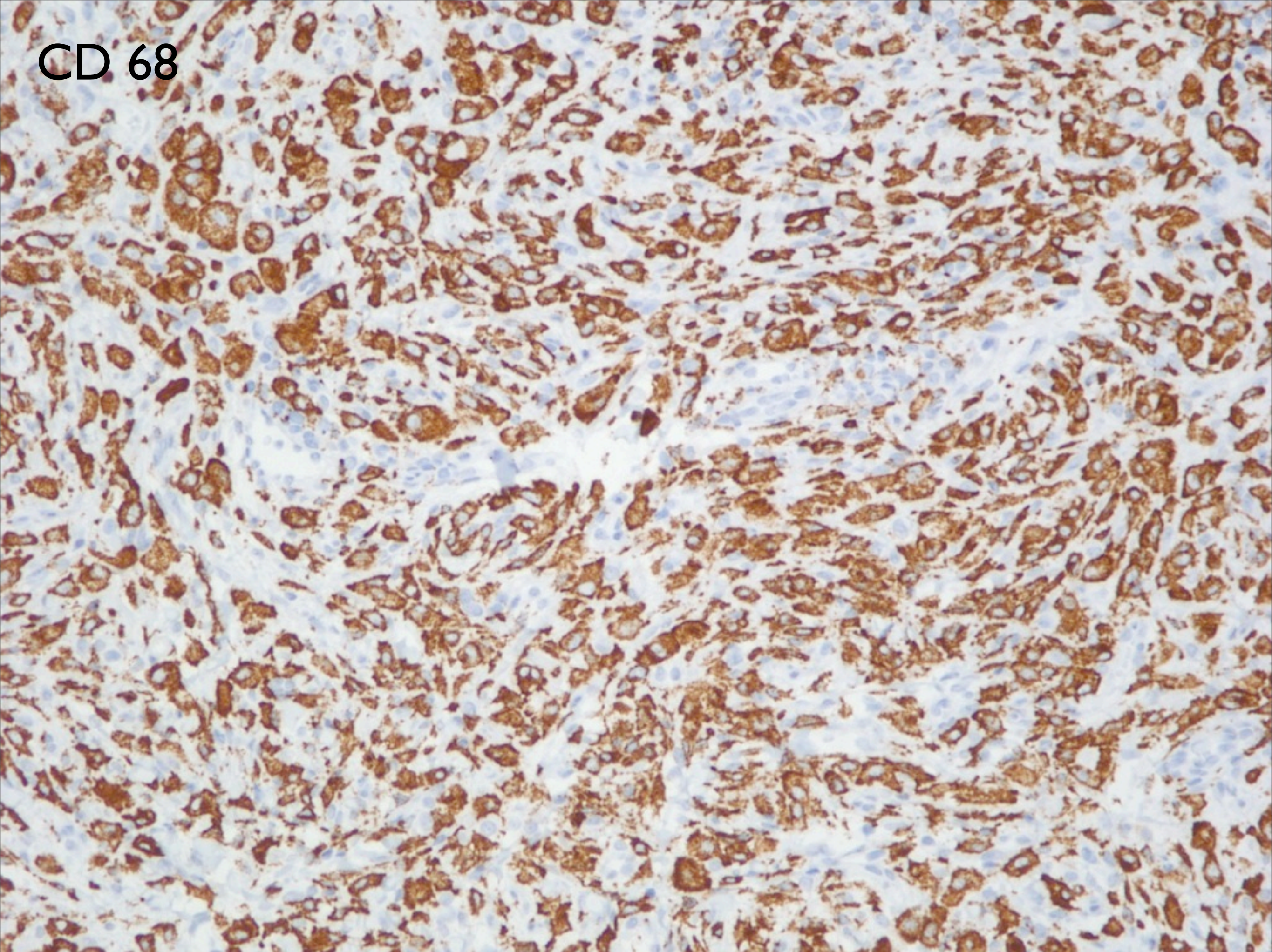
Confirm with Immunohistochemistry





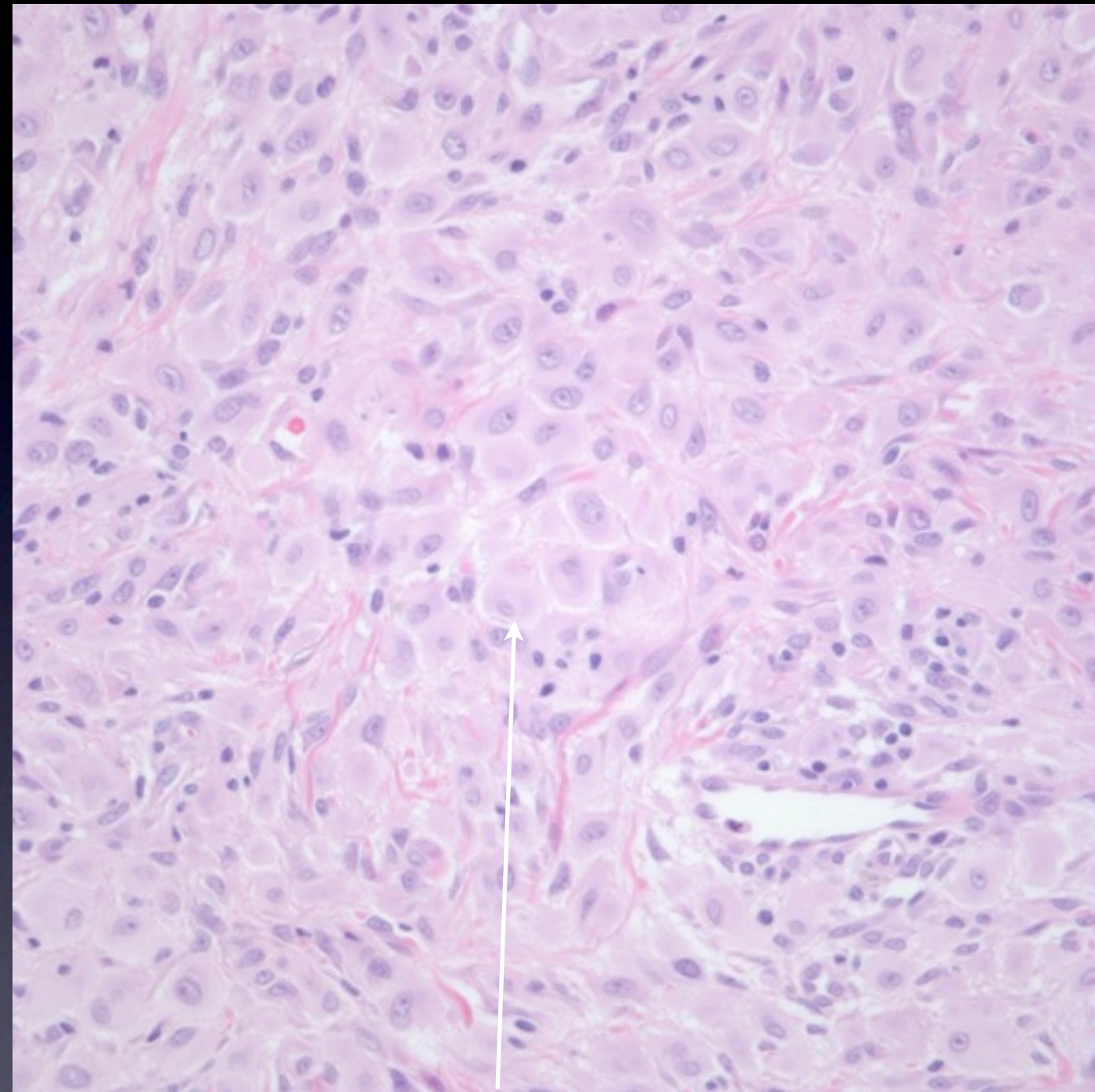
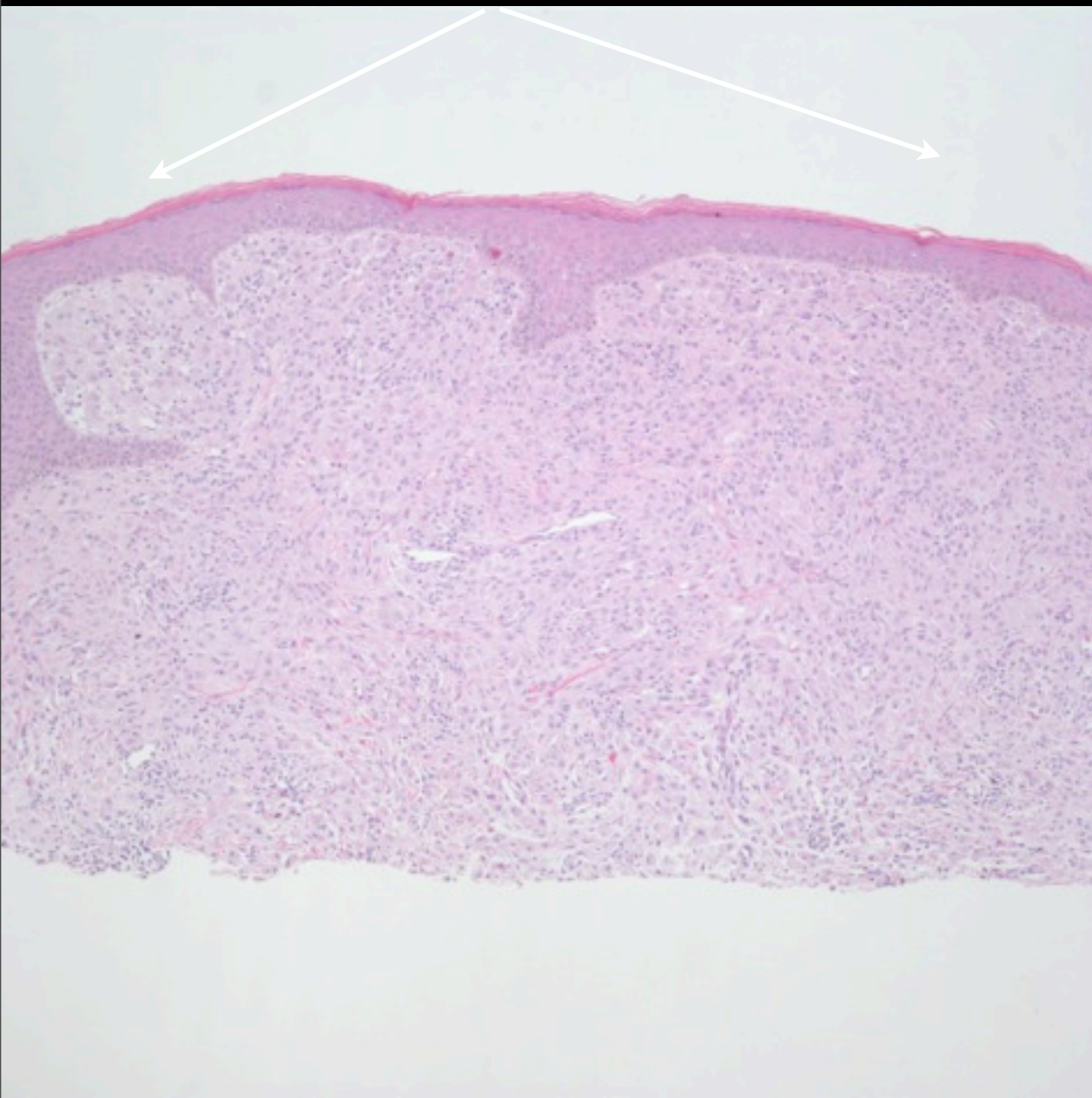


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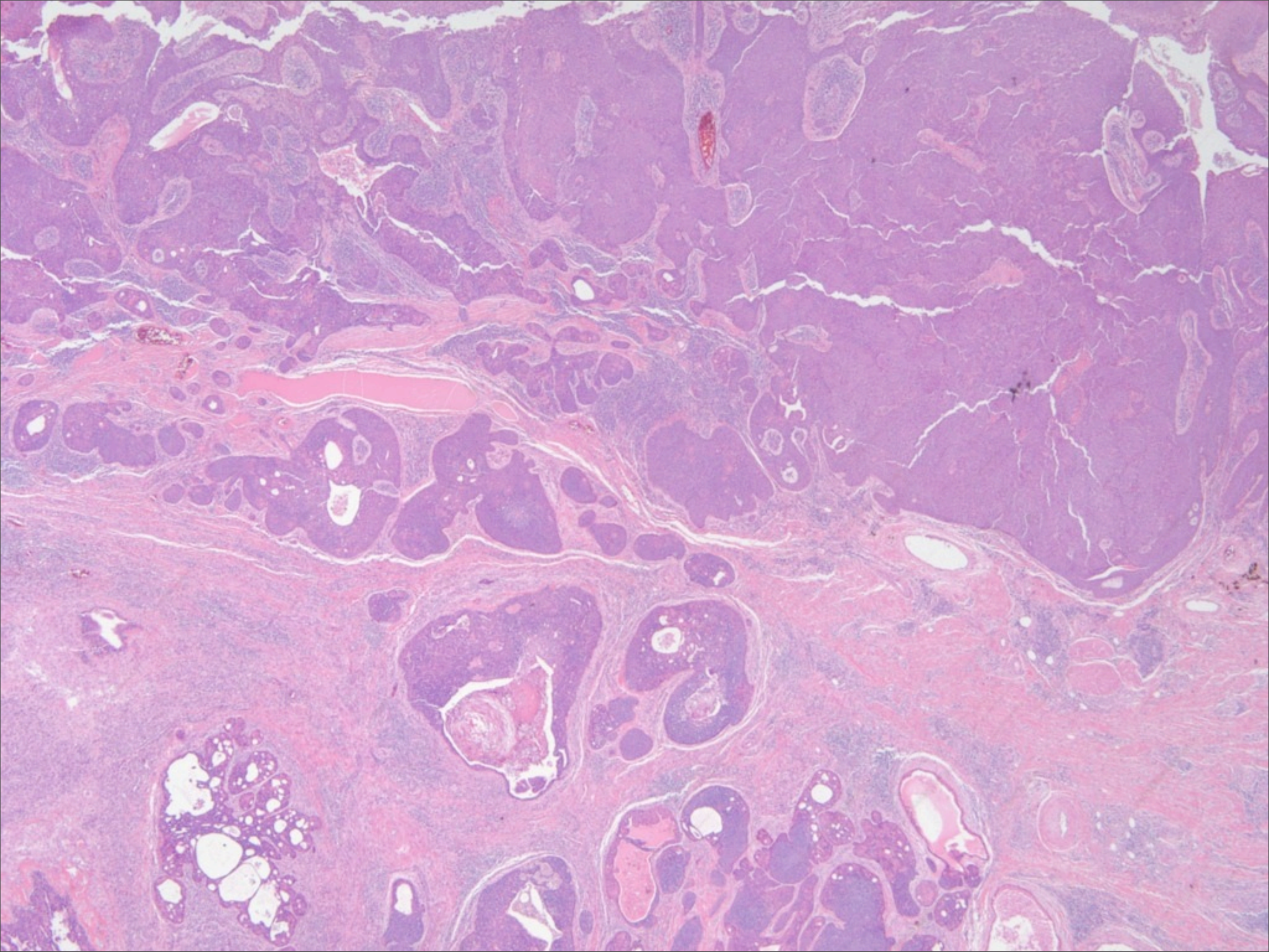


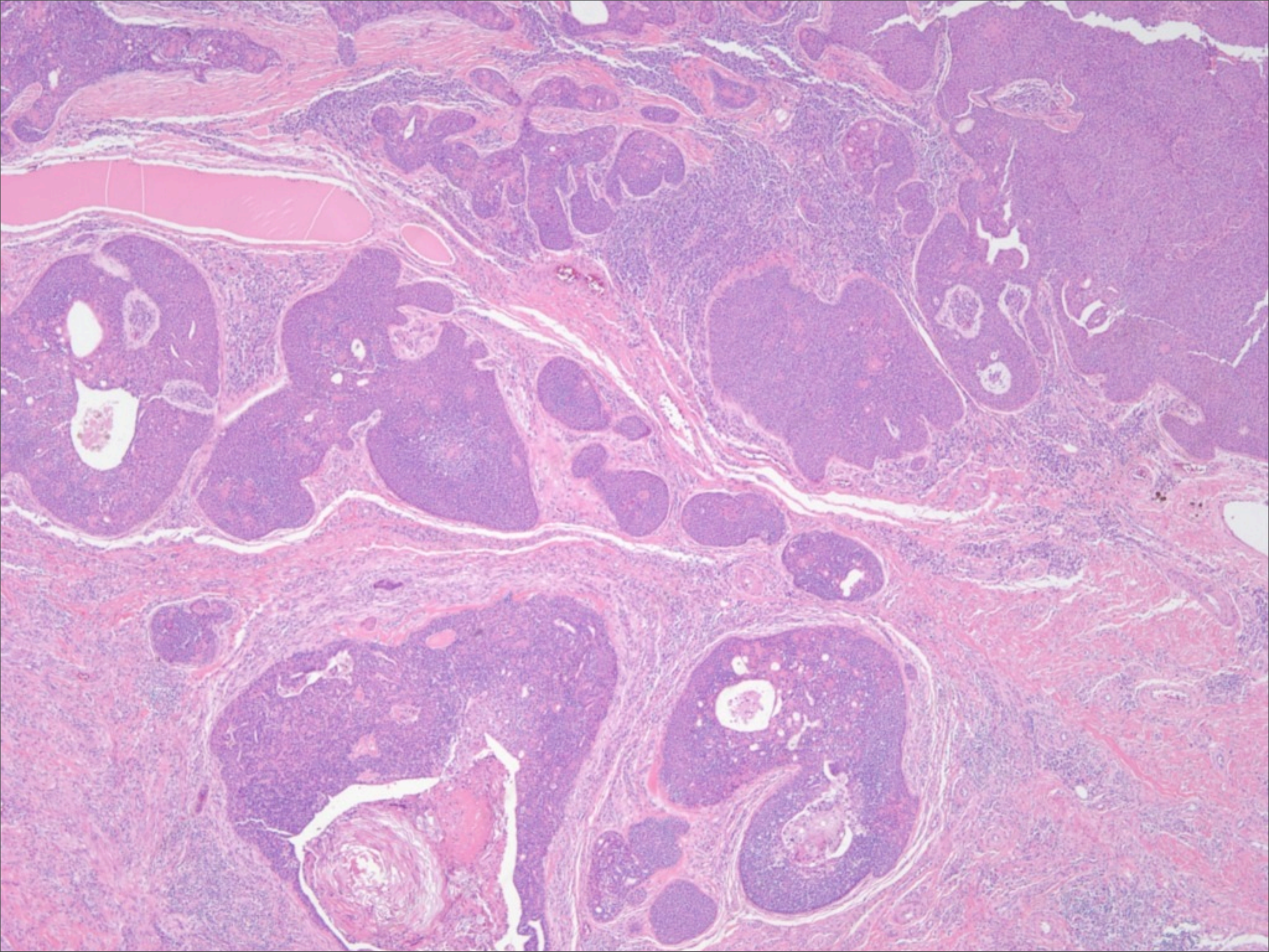
Reticulohistiocytoma

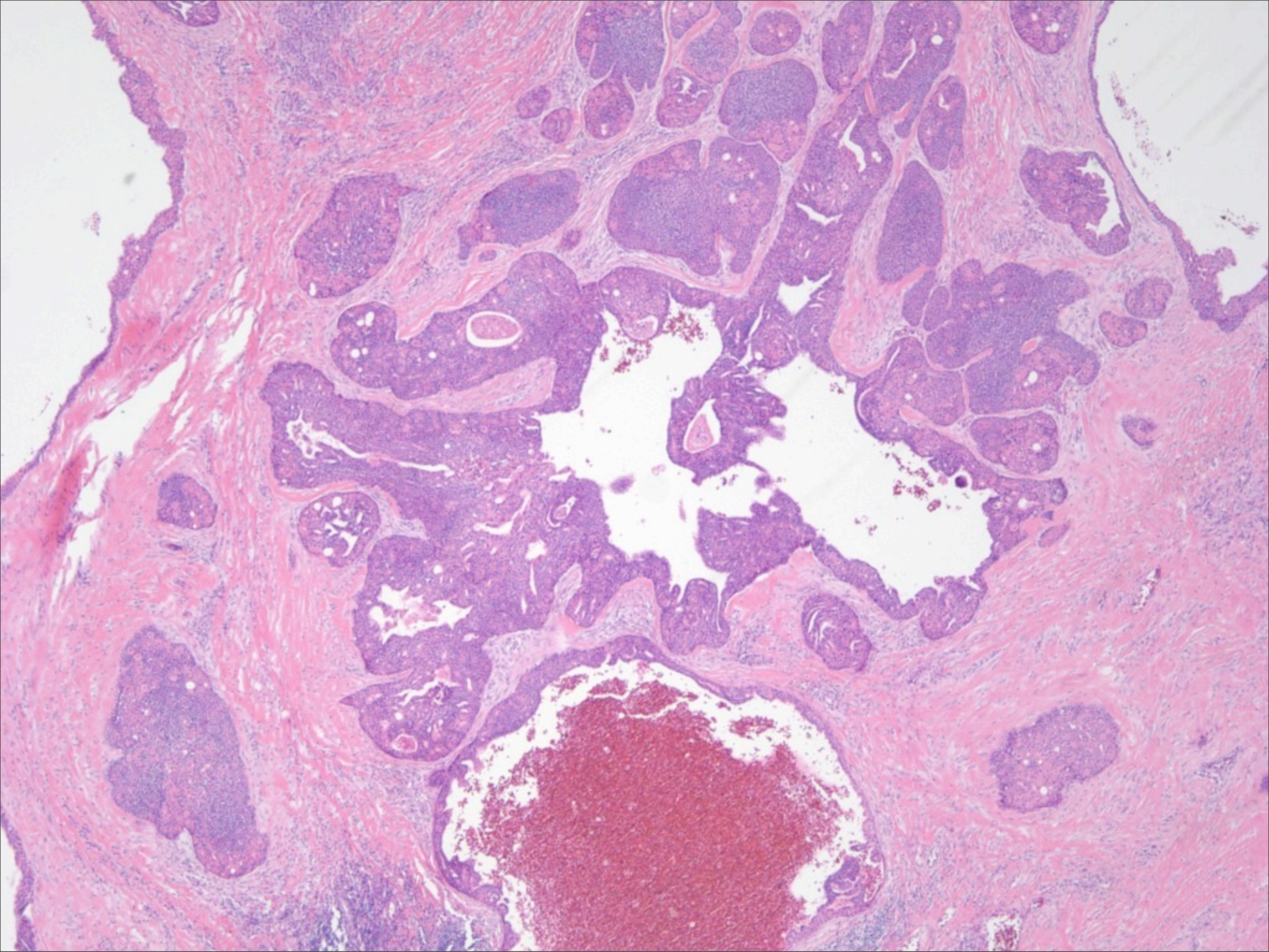
Circumscribed dermal tumor

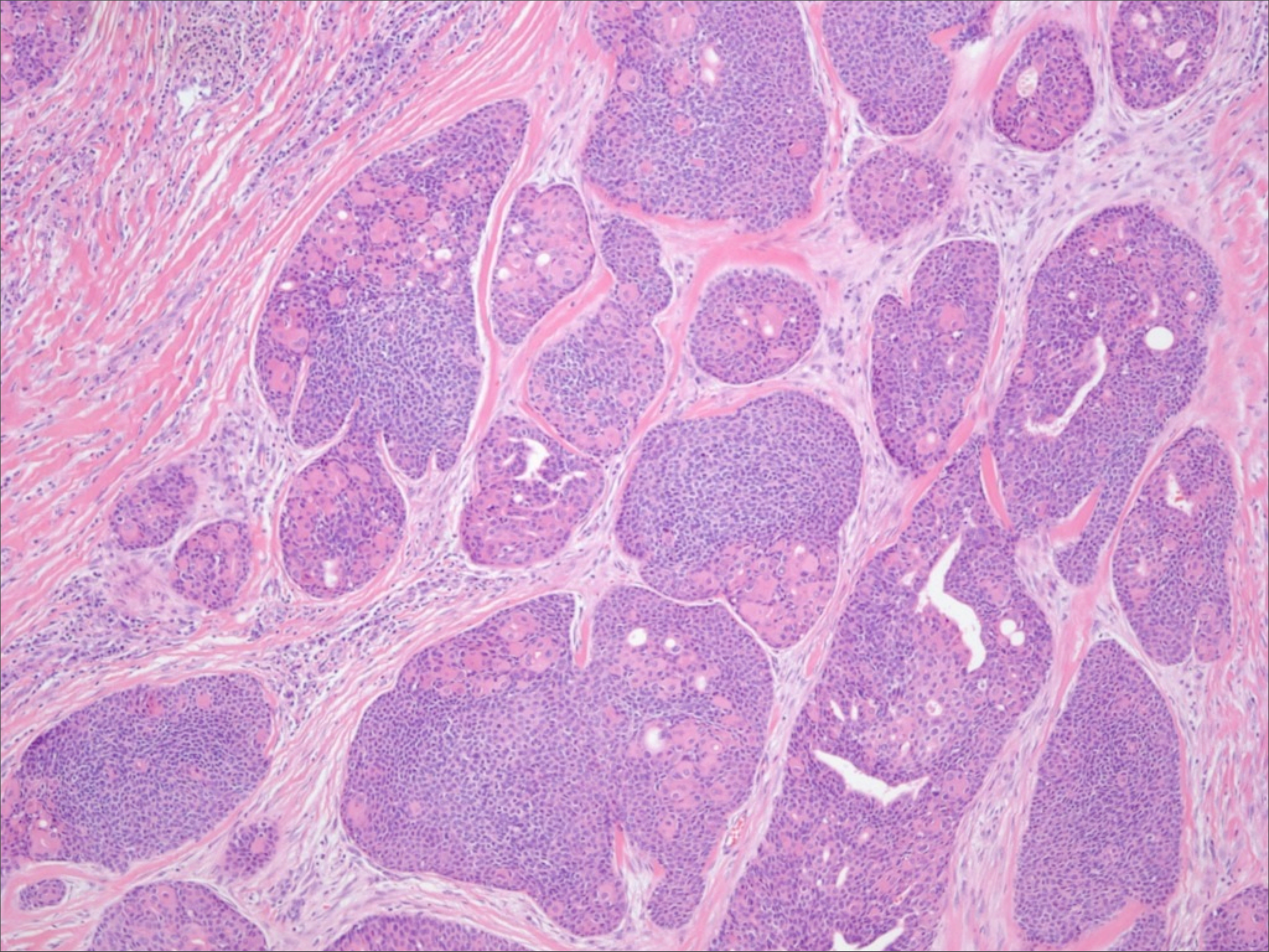


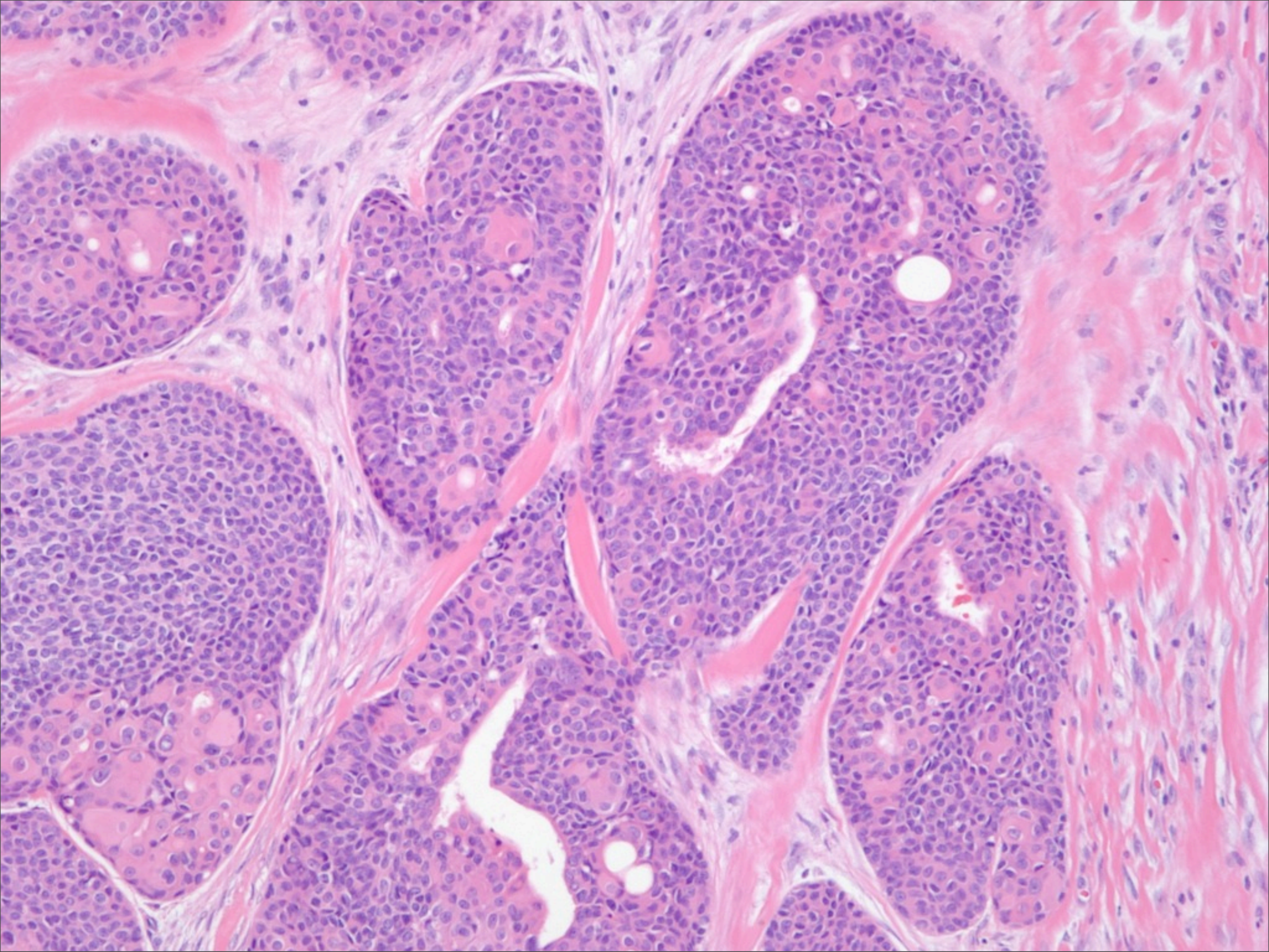
Histiocytes with Eosinophilic
Ground Glass Cytoplasm

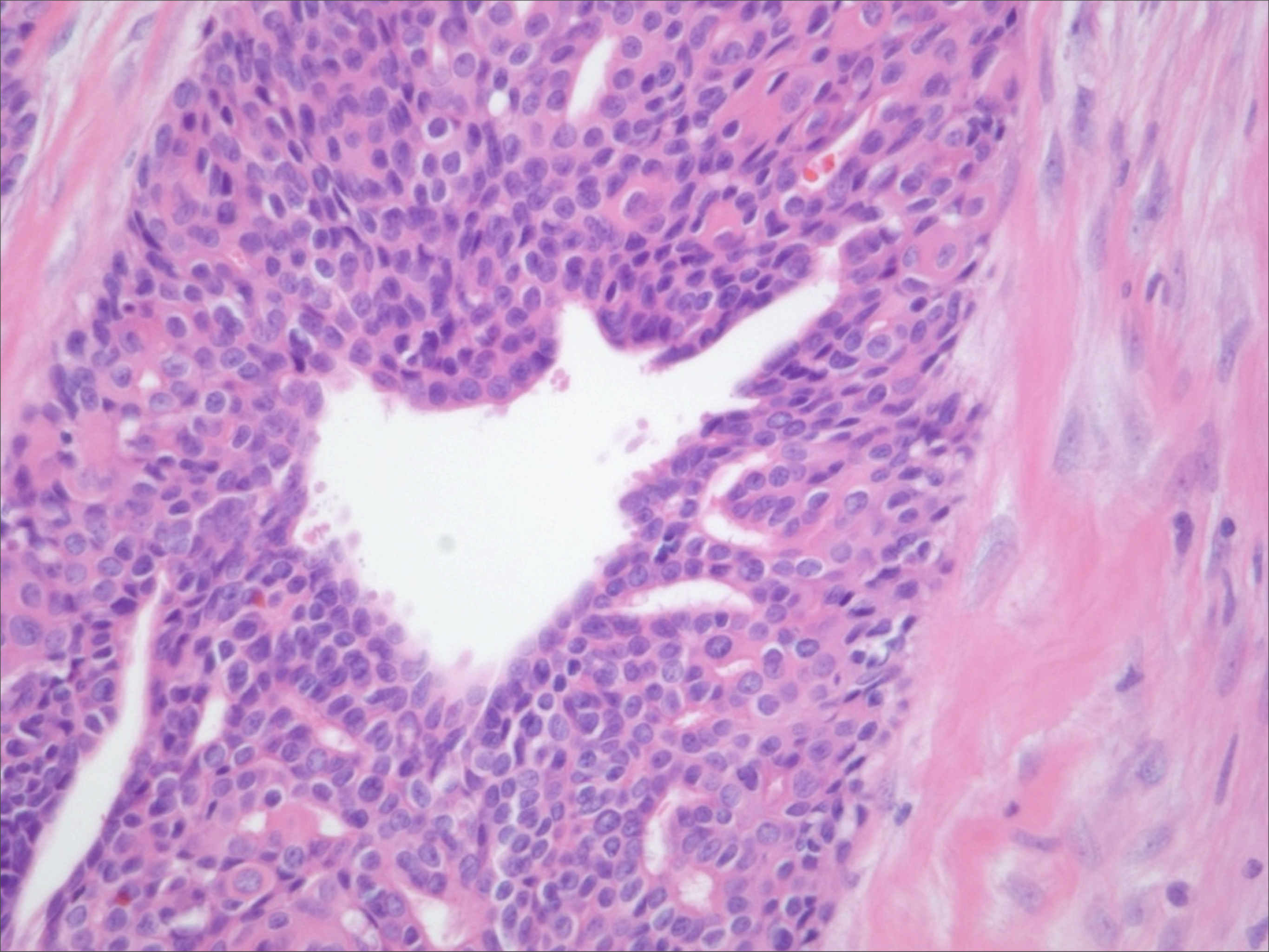




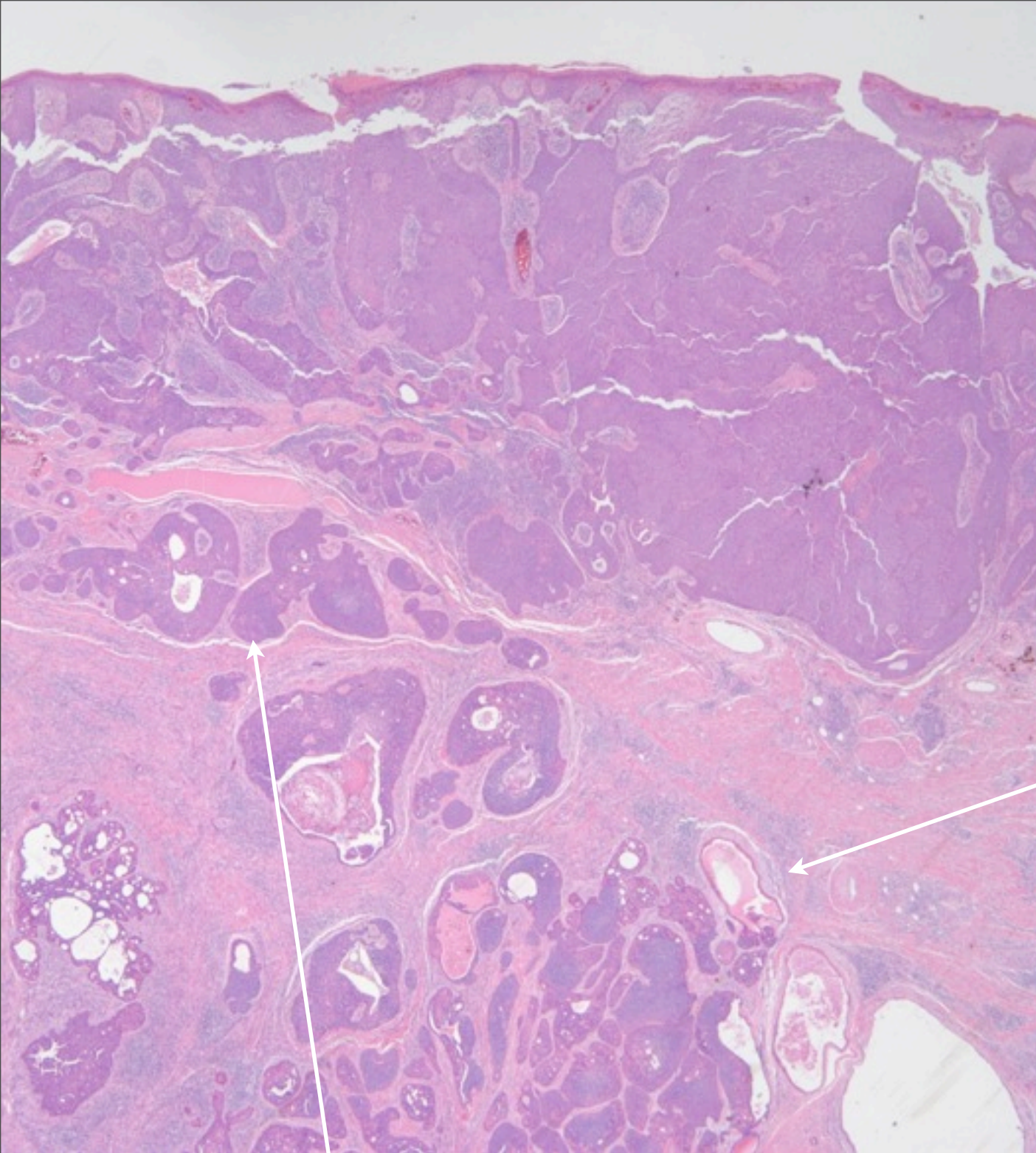








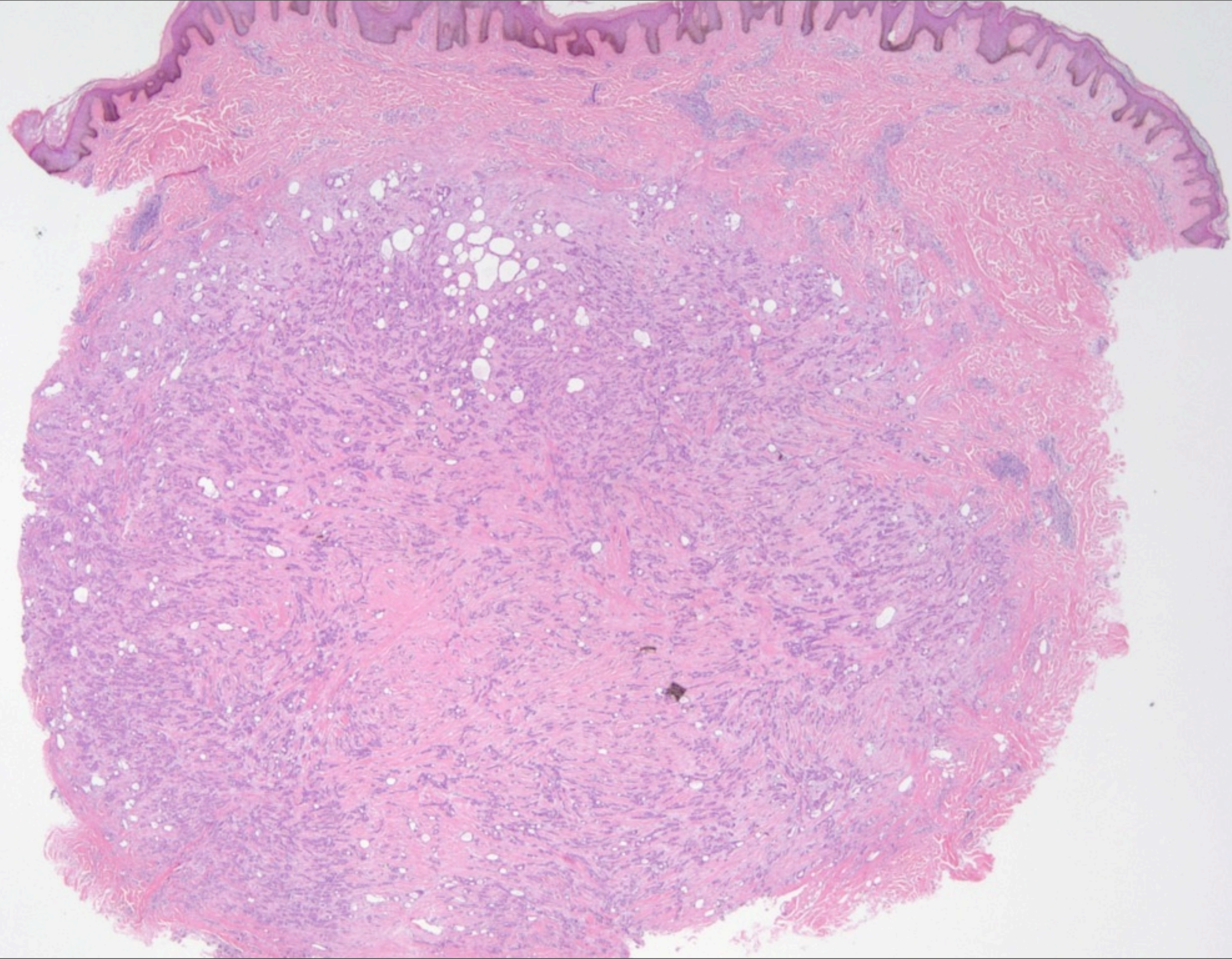
Hidradenocarcinoma, Low Grade

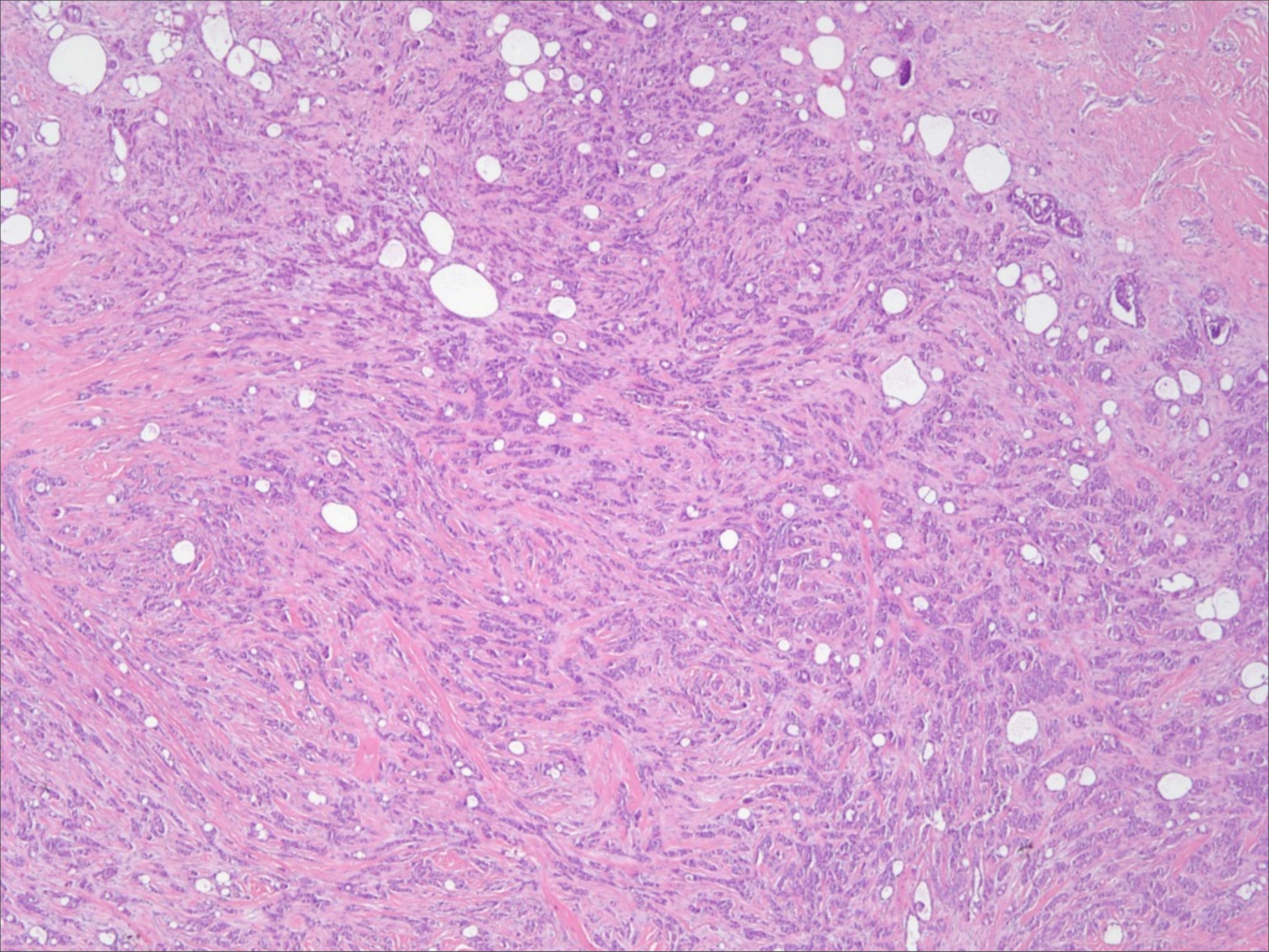


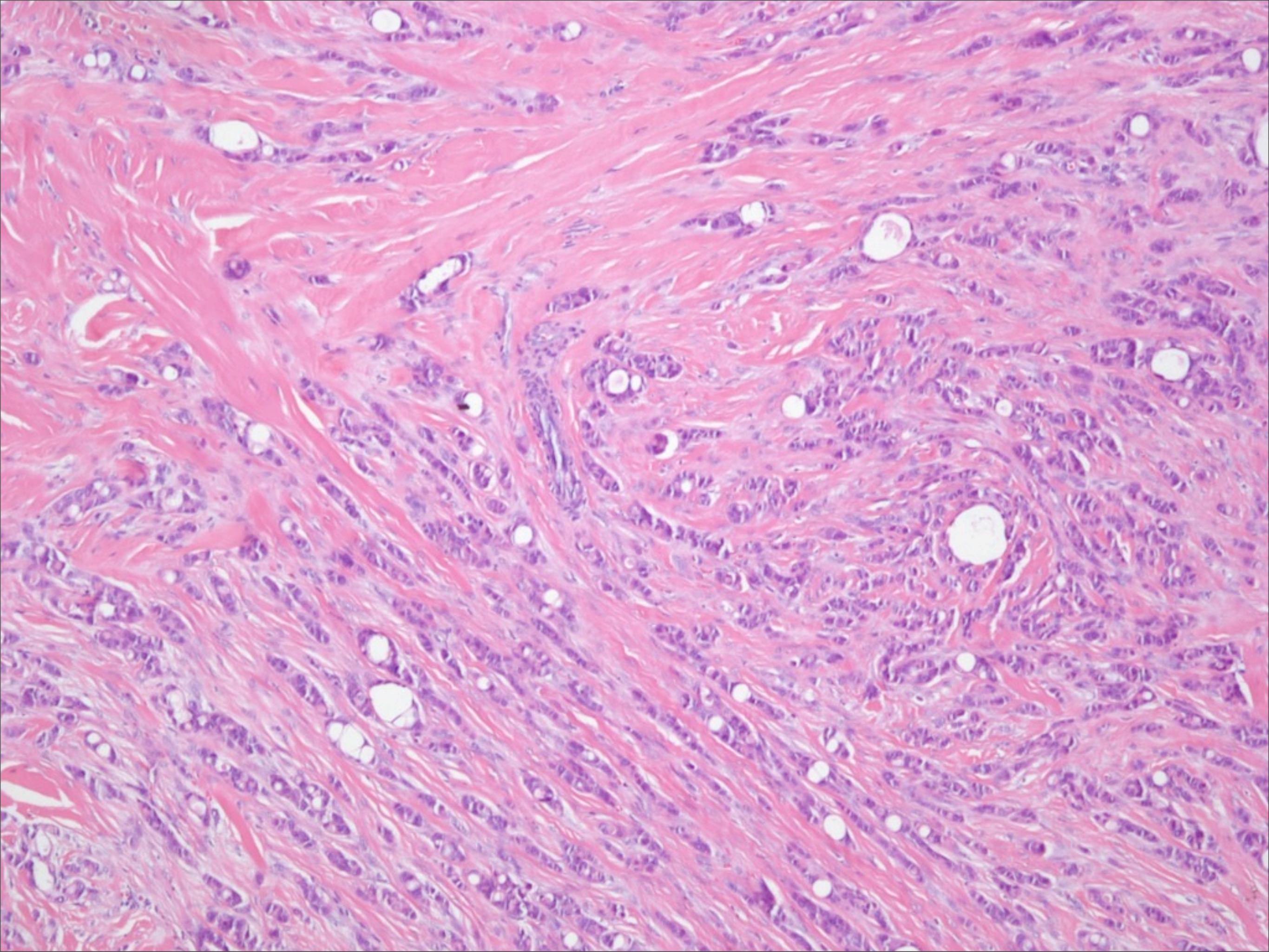
Squamous cells admixed
with
eccrine/apocrine
ductal epithelium

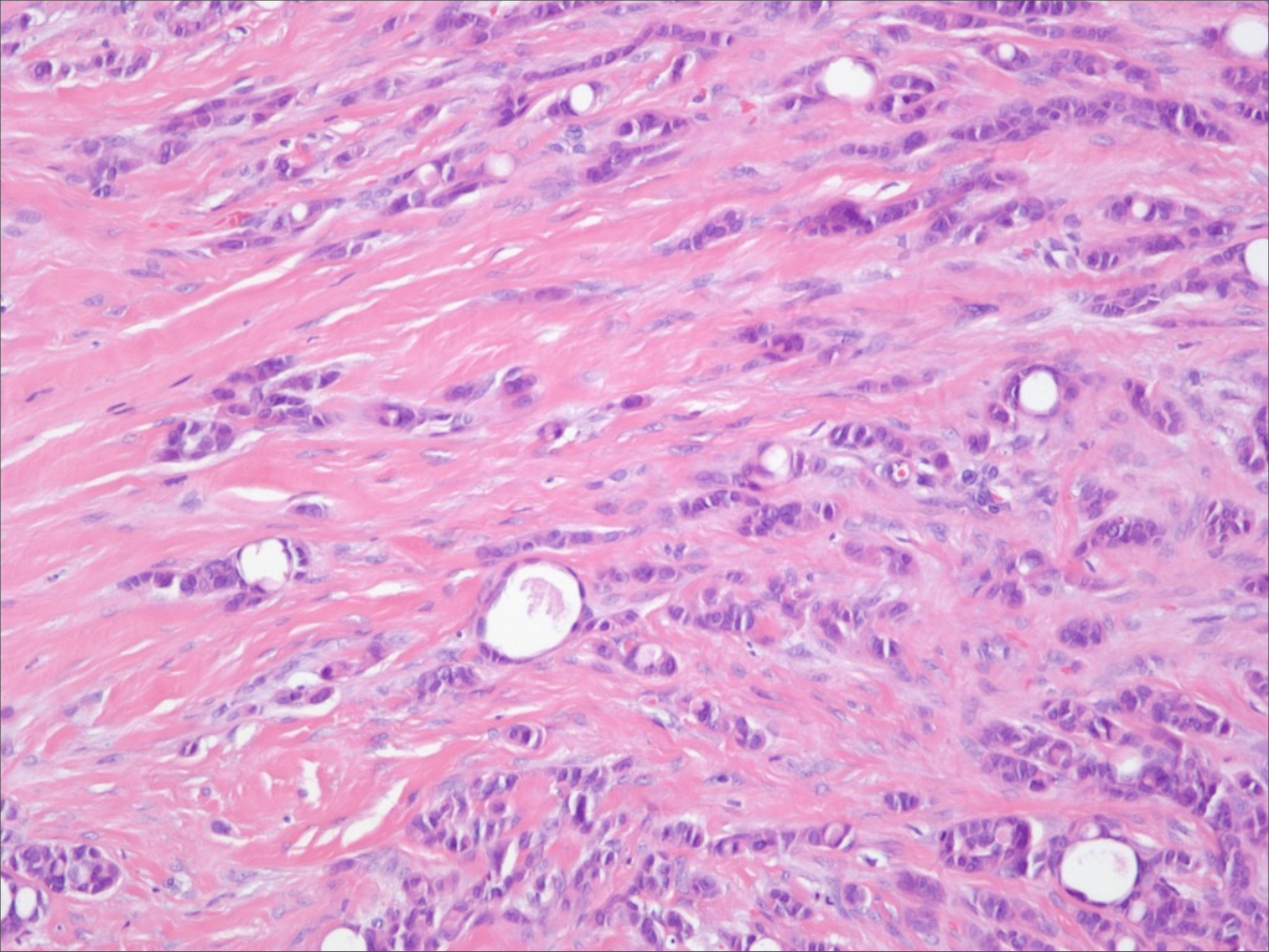
Cysts with
Papillary Projections

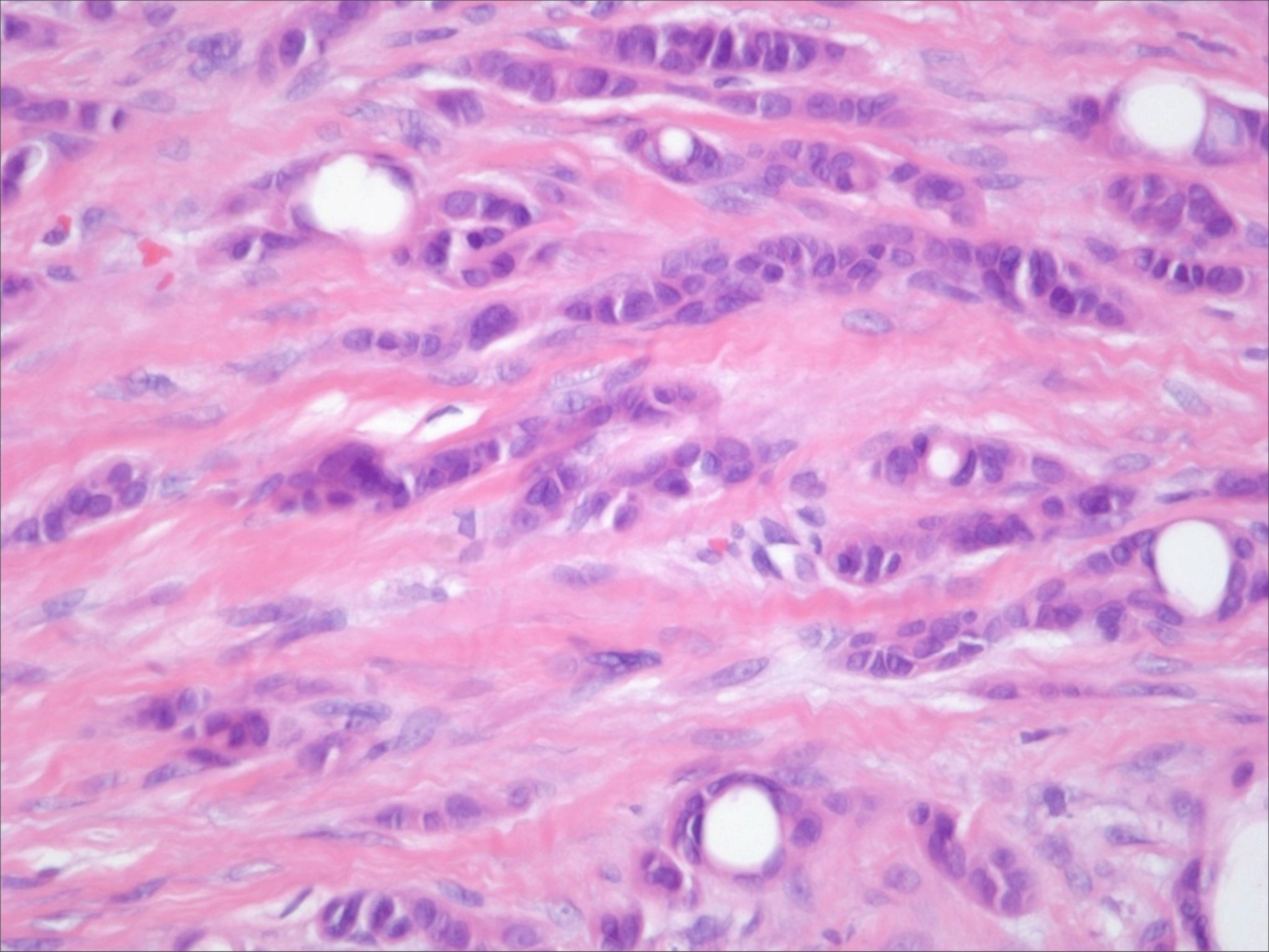
Platelike growth in
continuity with invasive ducts



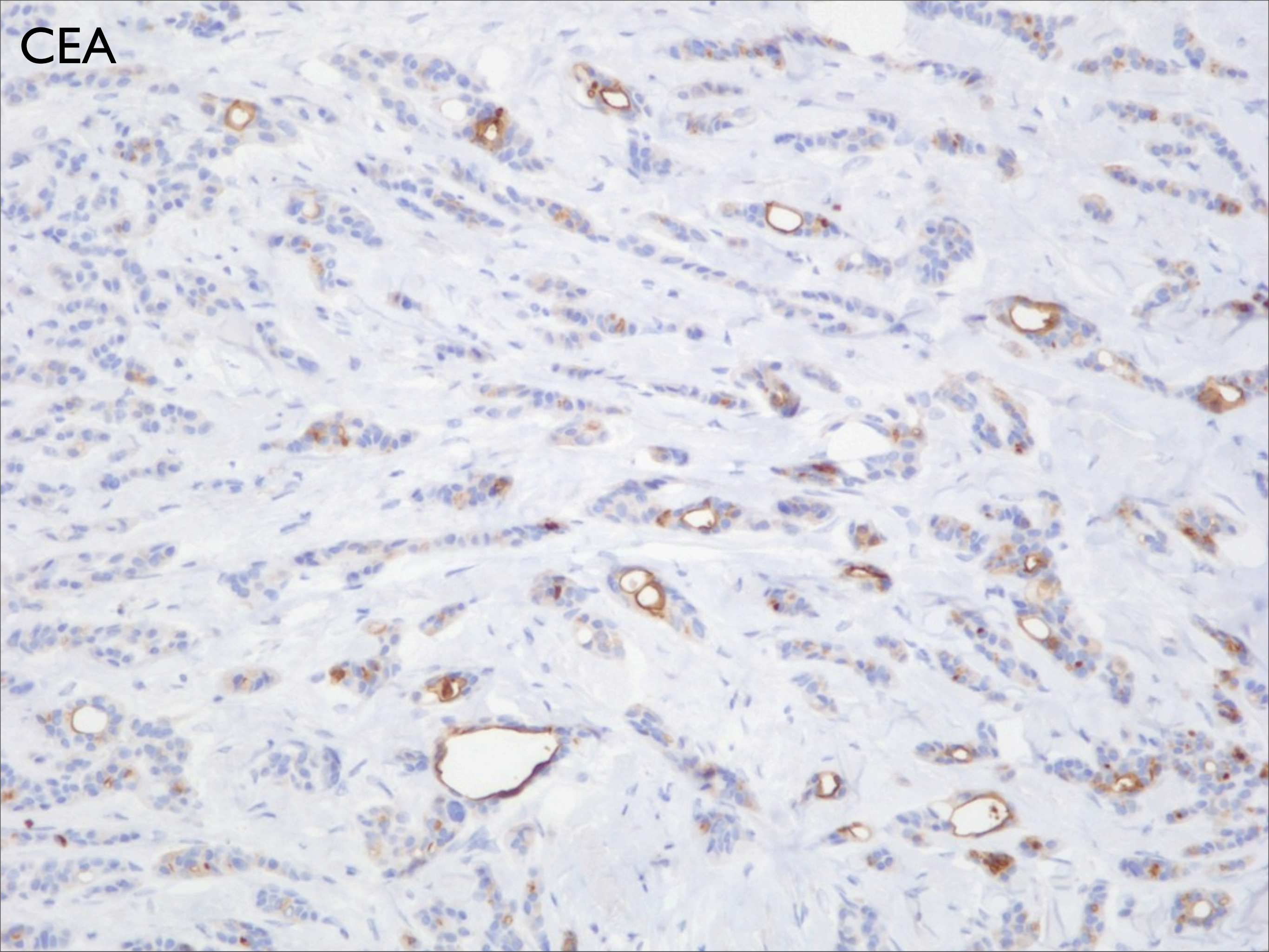




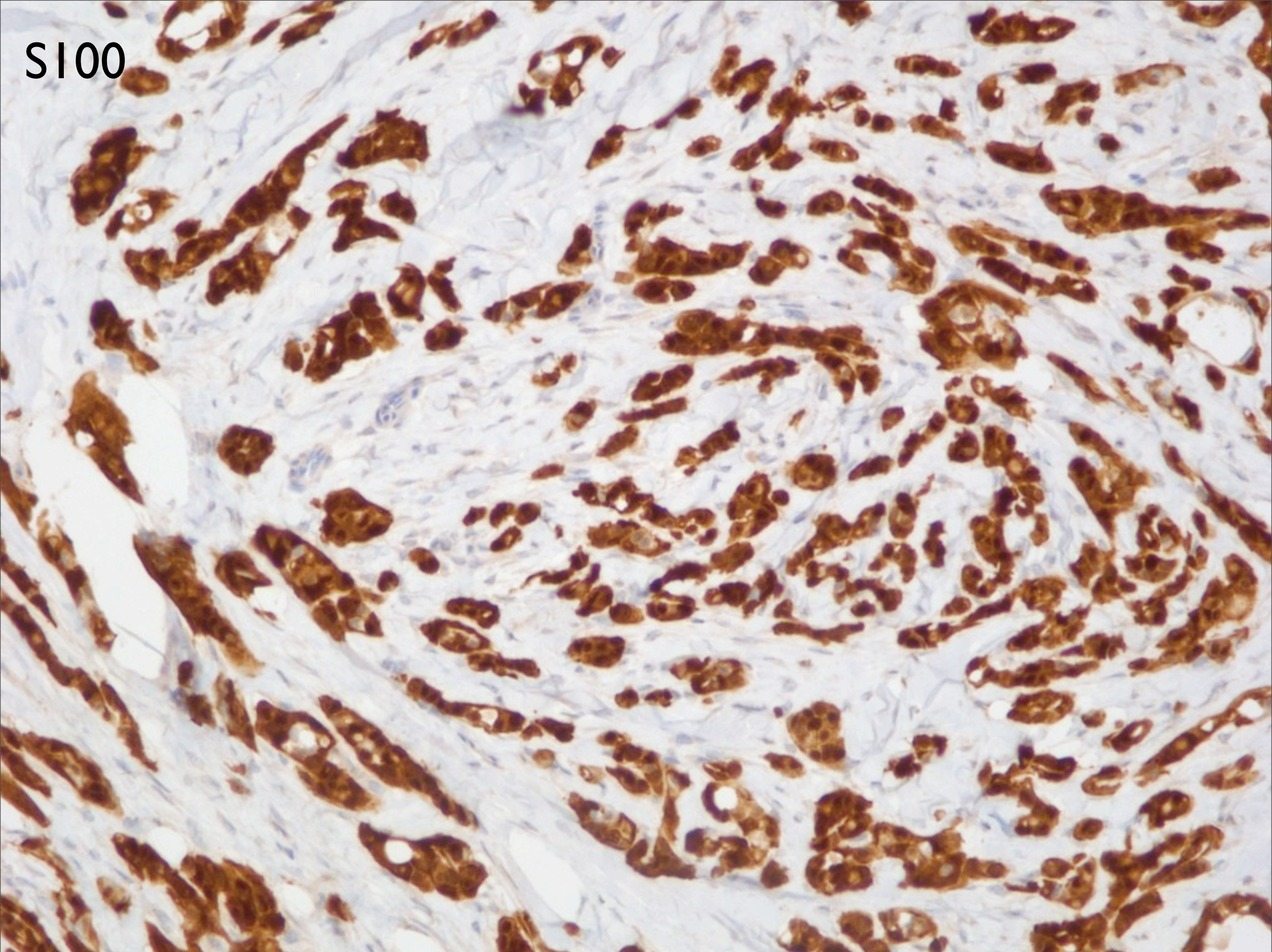




CEA



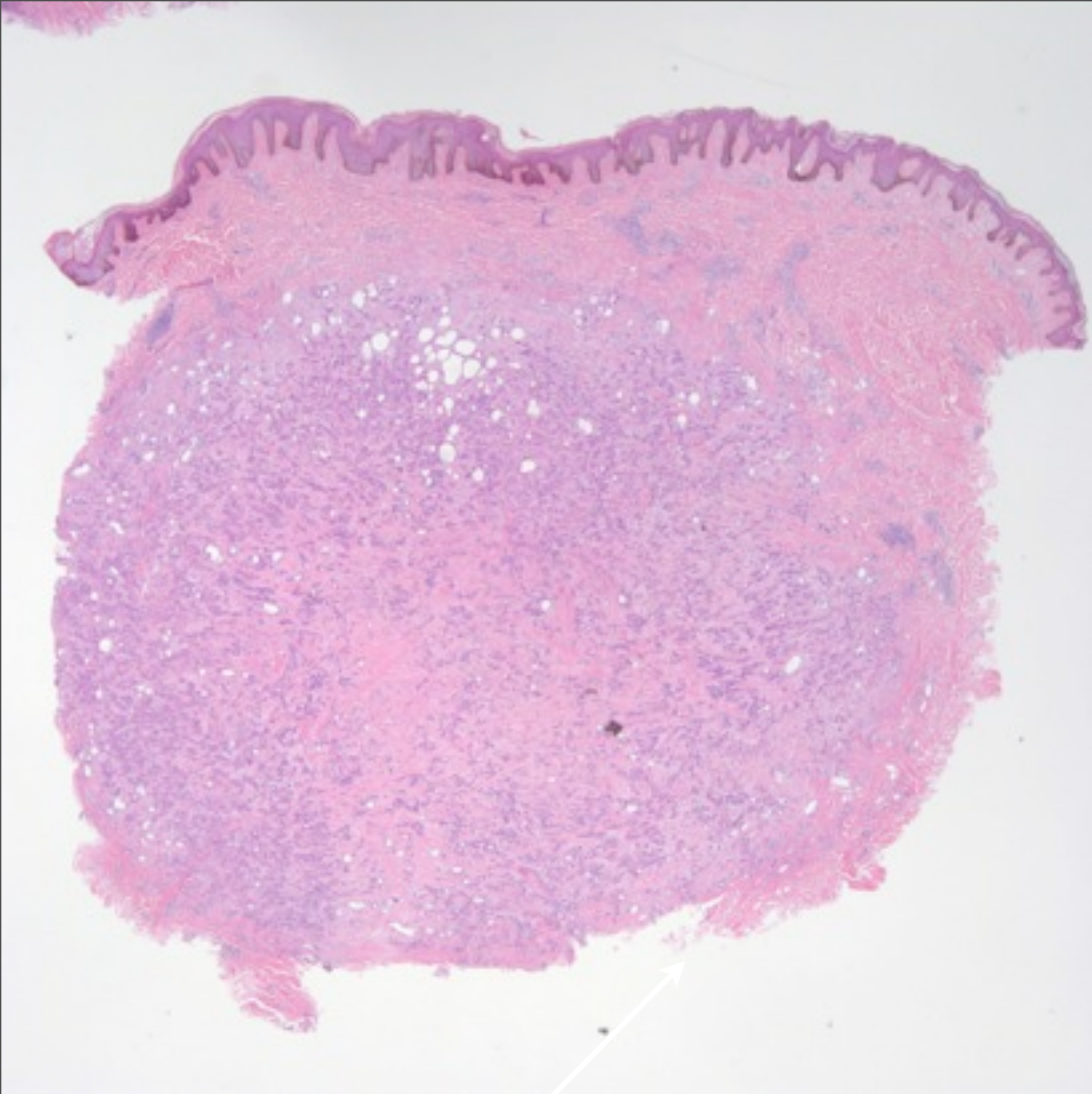
SI00



Microcystic Adnexal Carcinoma (Sclerosing Sweat Duct

Notes

- Microcystic adnexal carcinomas are thought to be an adnexal carcinoma showing mixed lineage with eccrine, apocrine, and pilar differentiation noted
- Sclerosing sweat duct carcinoma has been applied to tumors that generally lack pilar differentiation, as in this current case
- Eccrine differentiation supported by glands showing CEA and S100 positivity



Cords and Ductal Structures
Minimal Cytological Pleomorphism
Rare Mitotic Figures

Deeply Infiltrative Tumor

