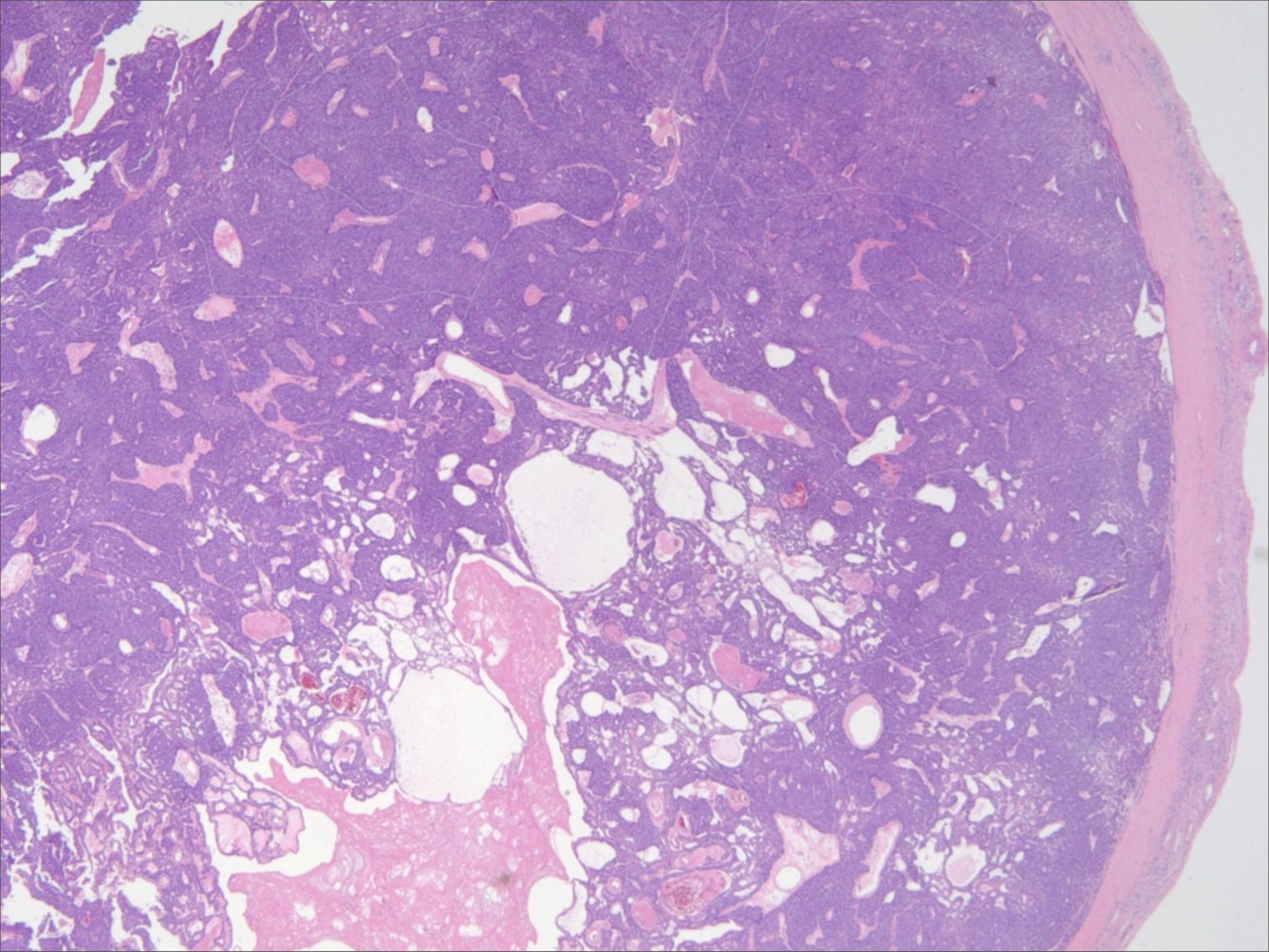
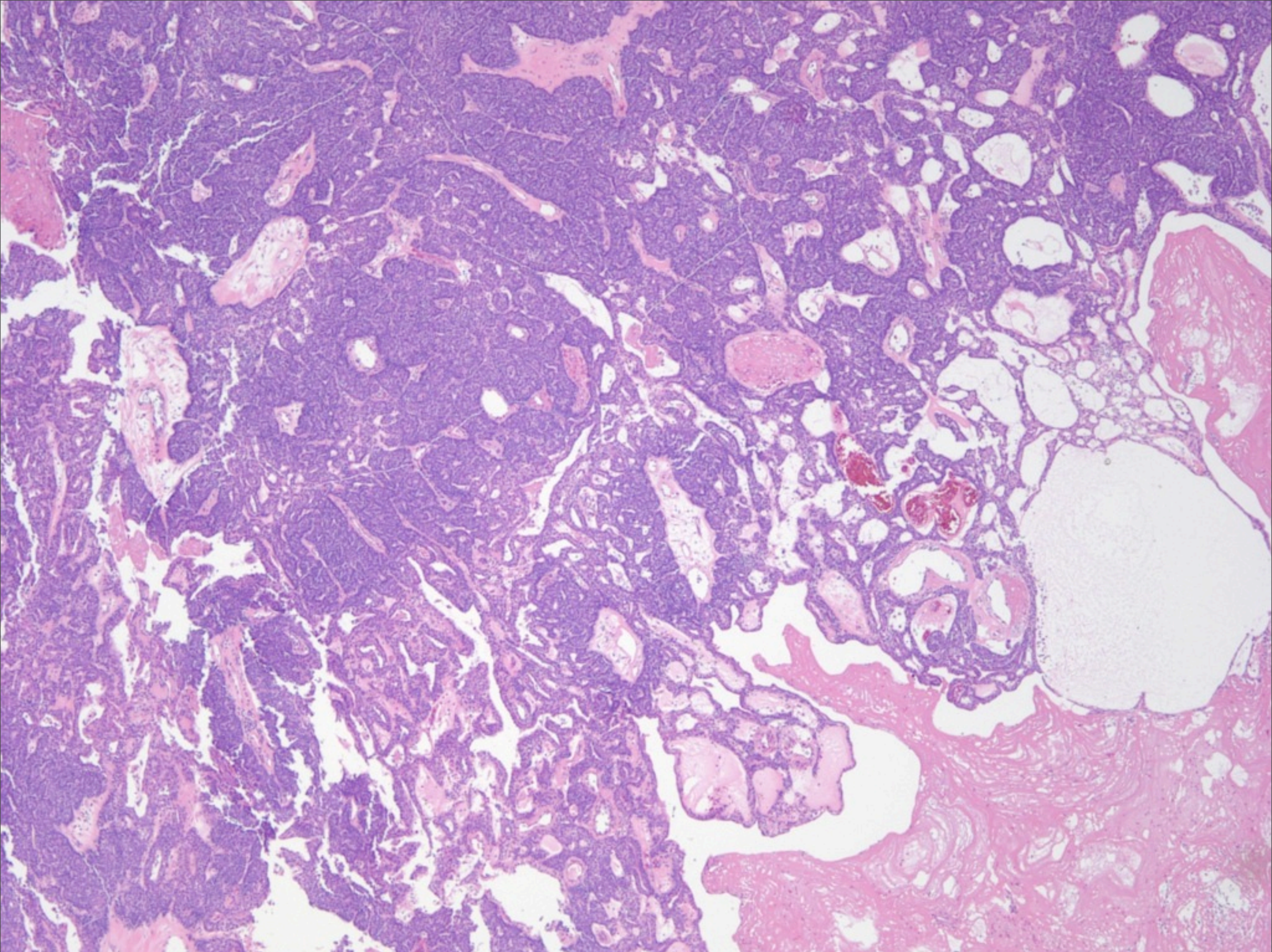


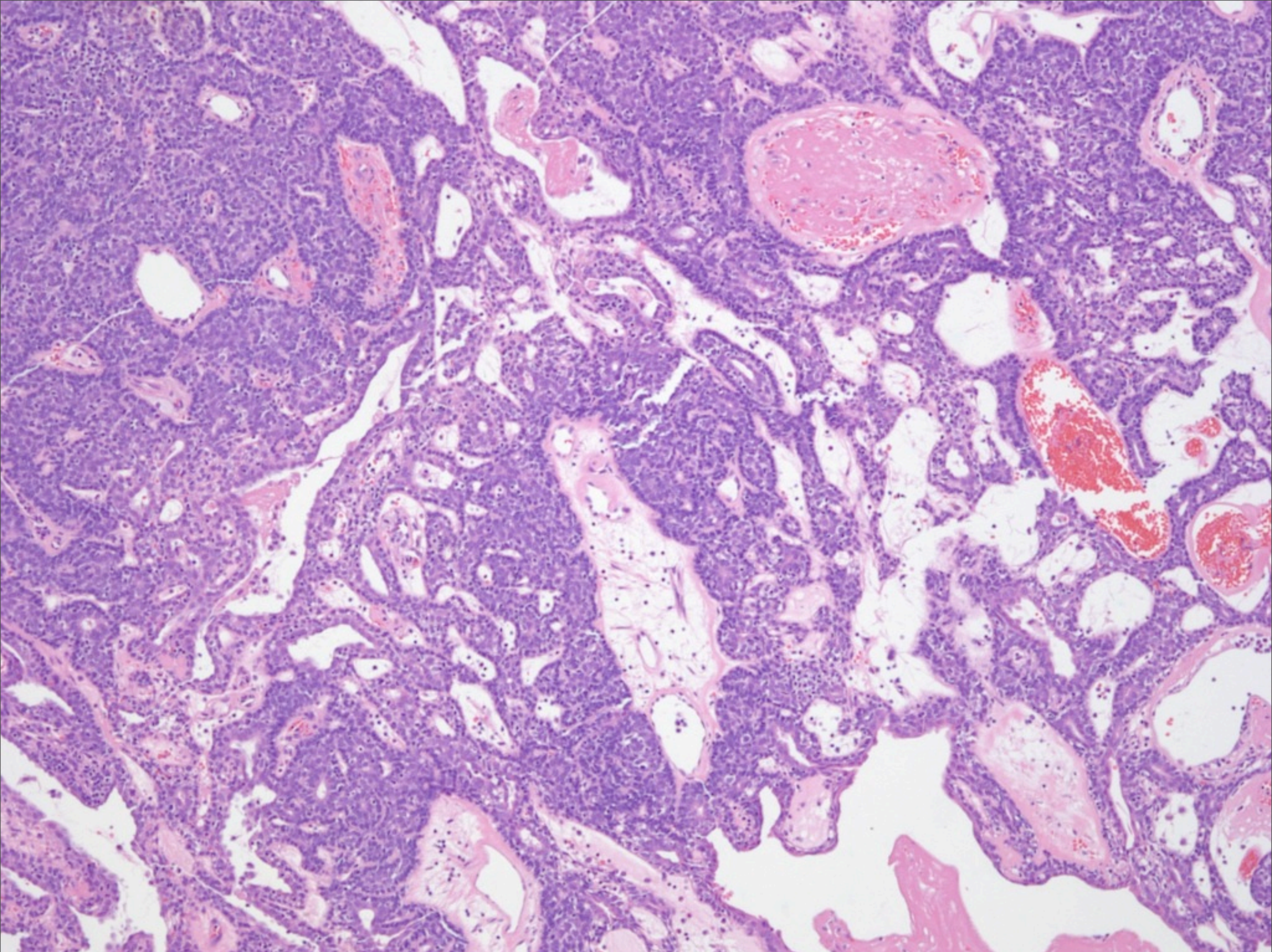
Dermatopathology

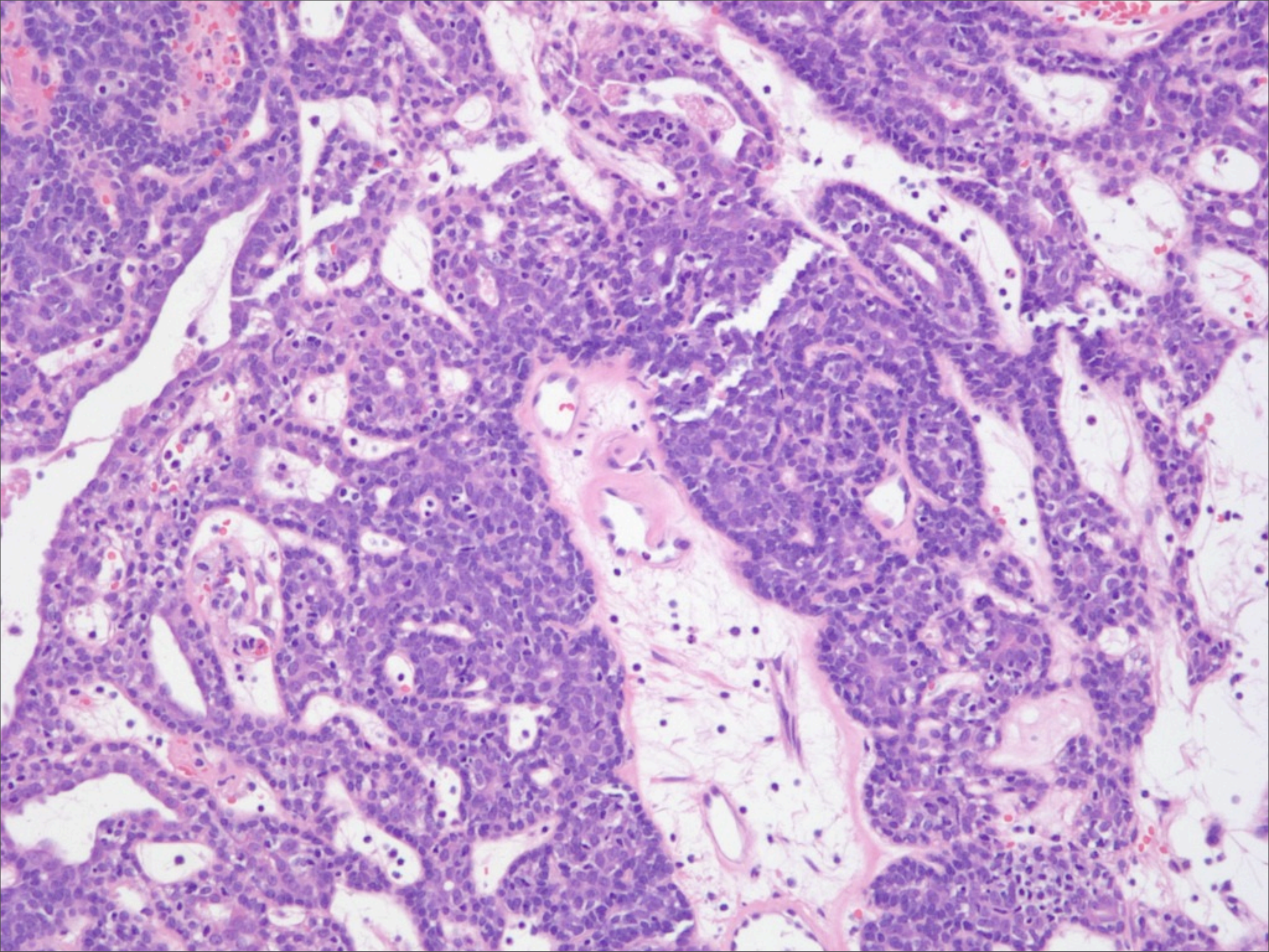
Slide Review Part 148

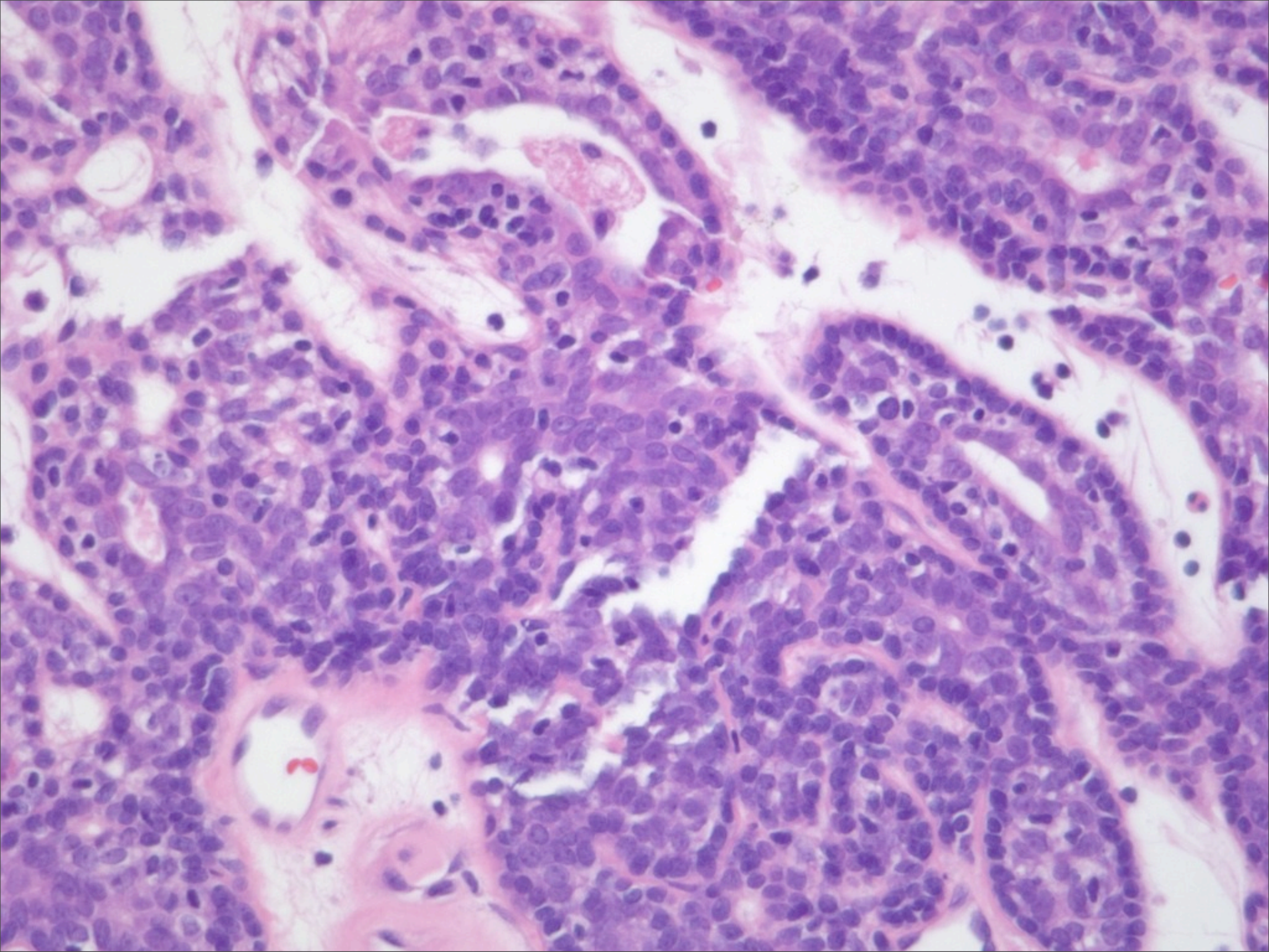
Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA



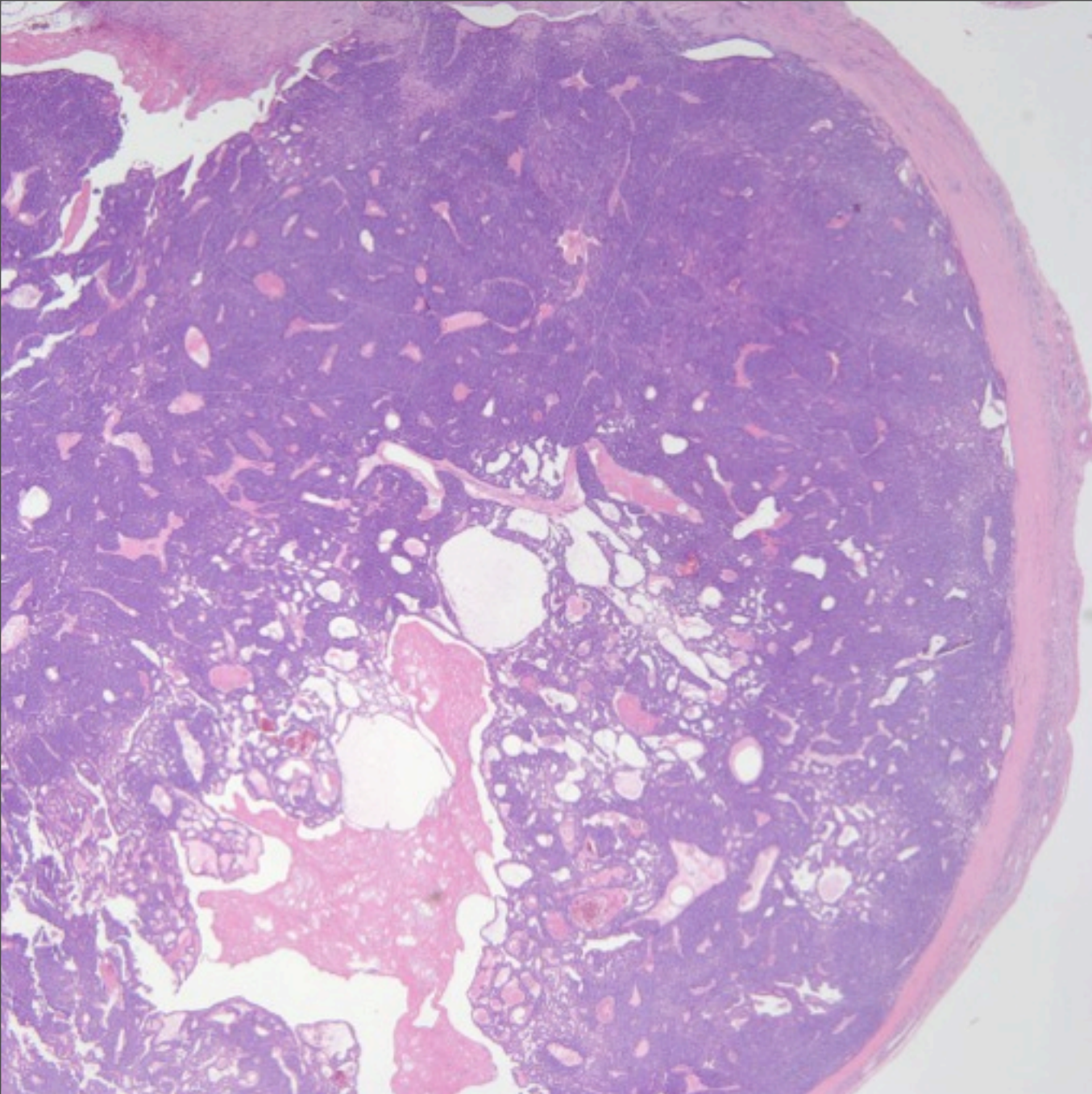






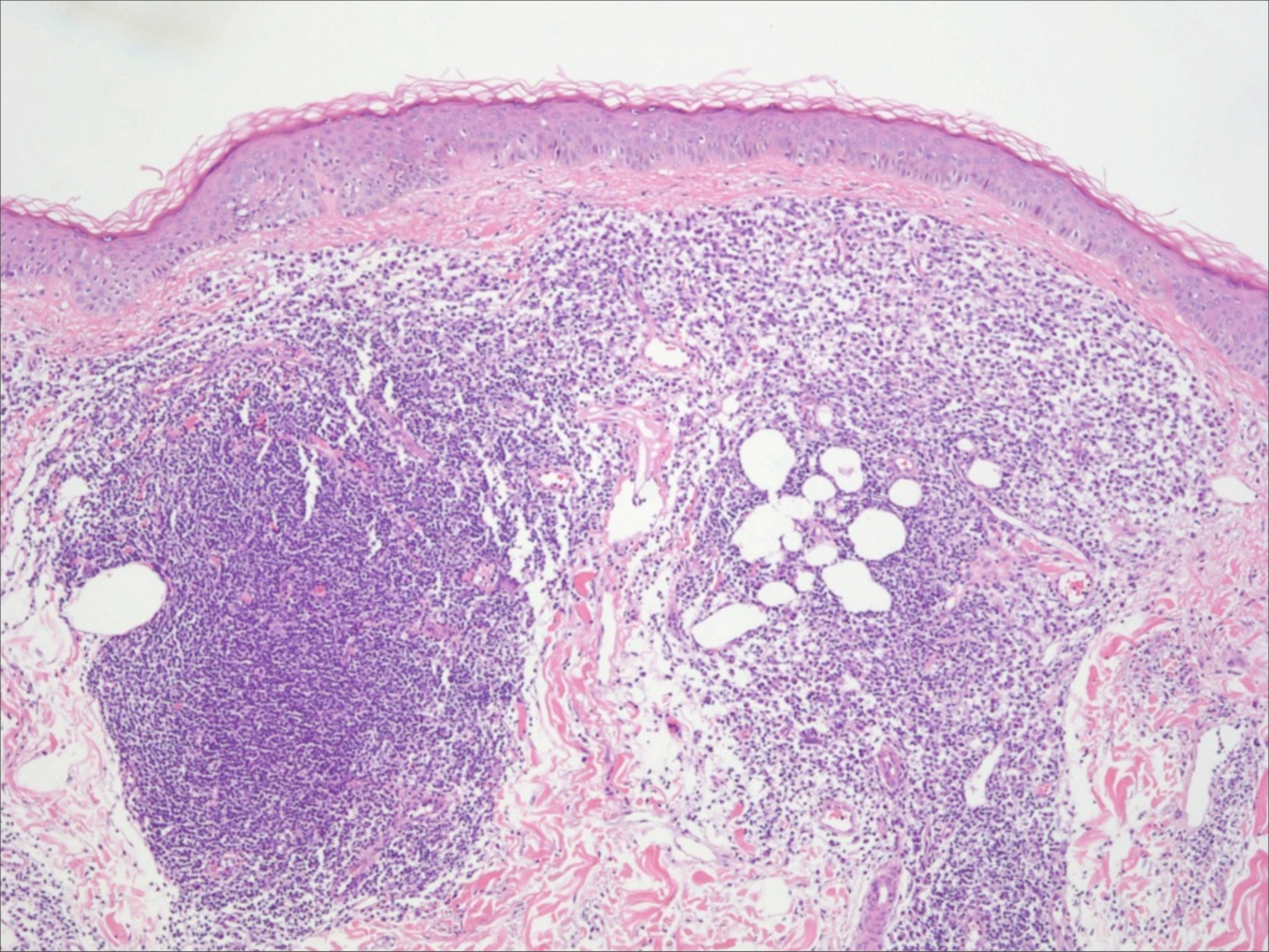


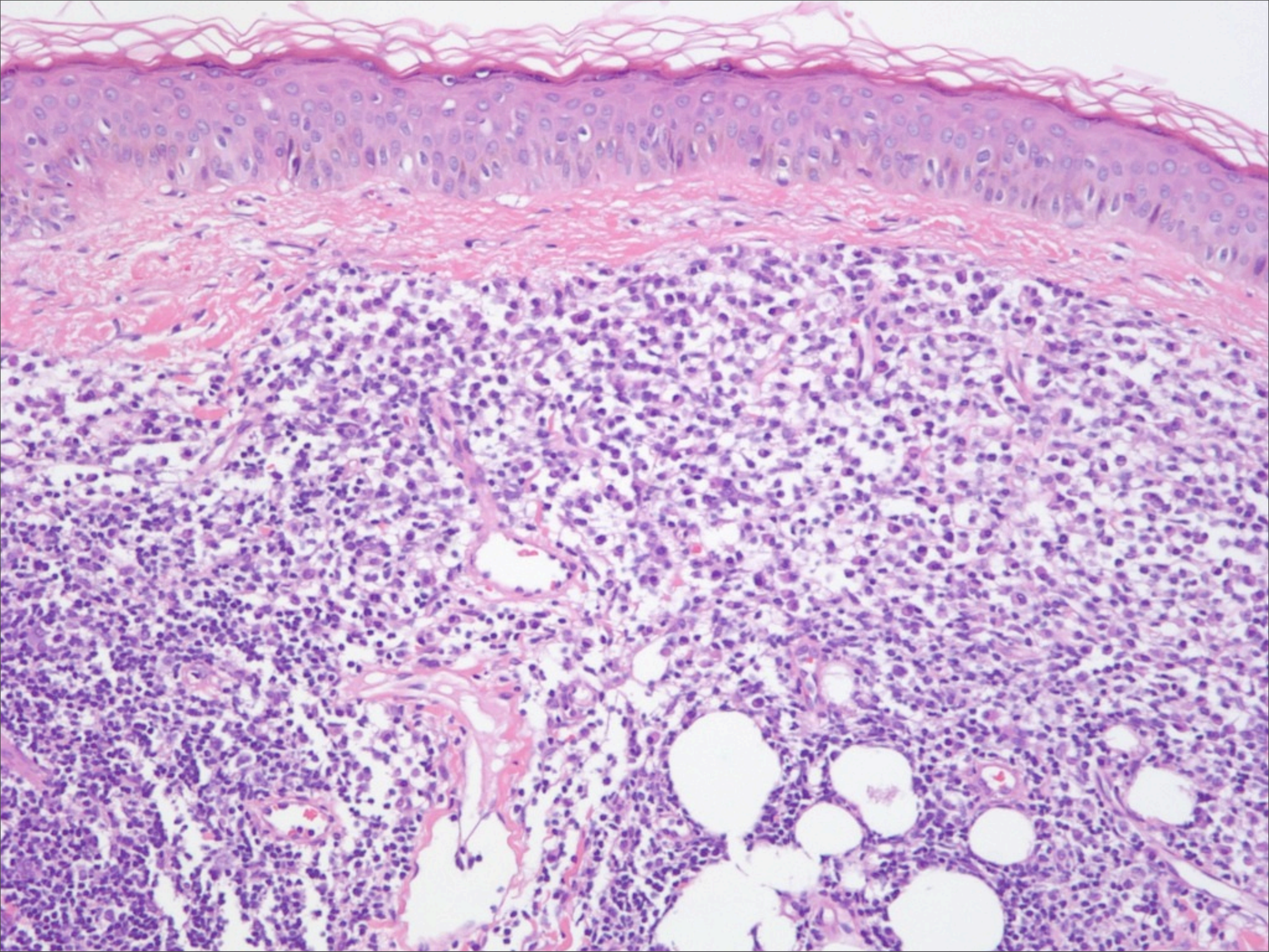
Eccrine Spiradenoma

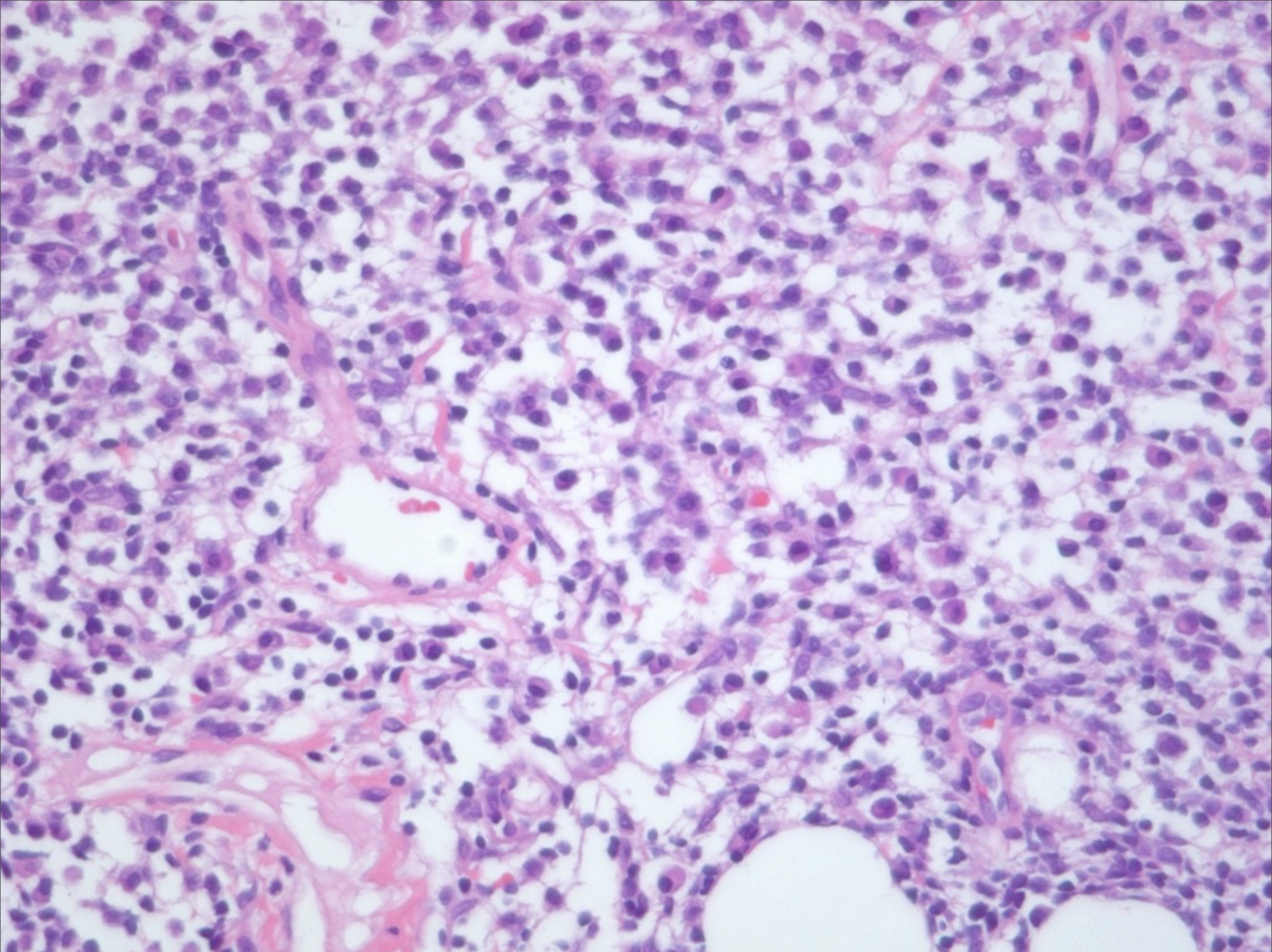


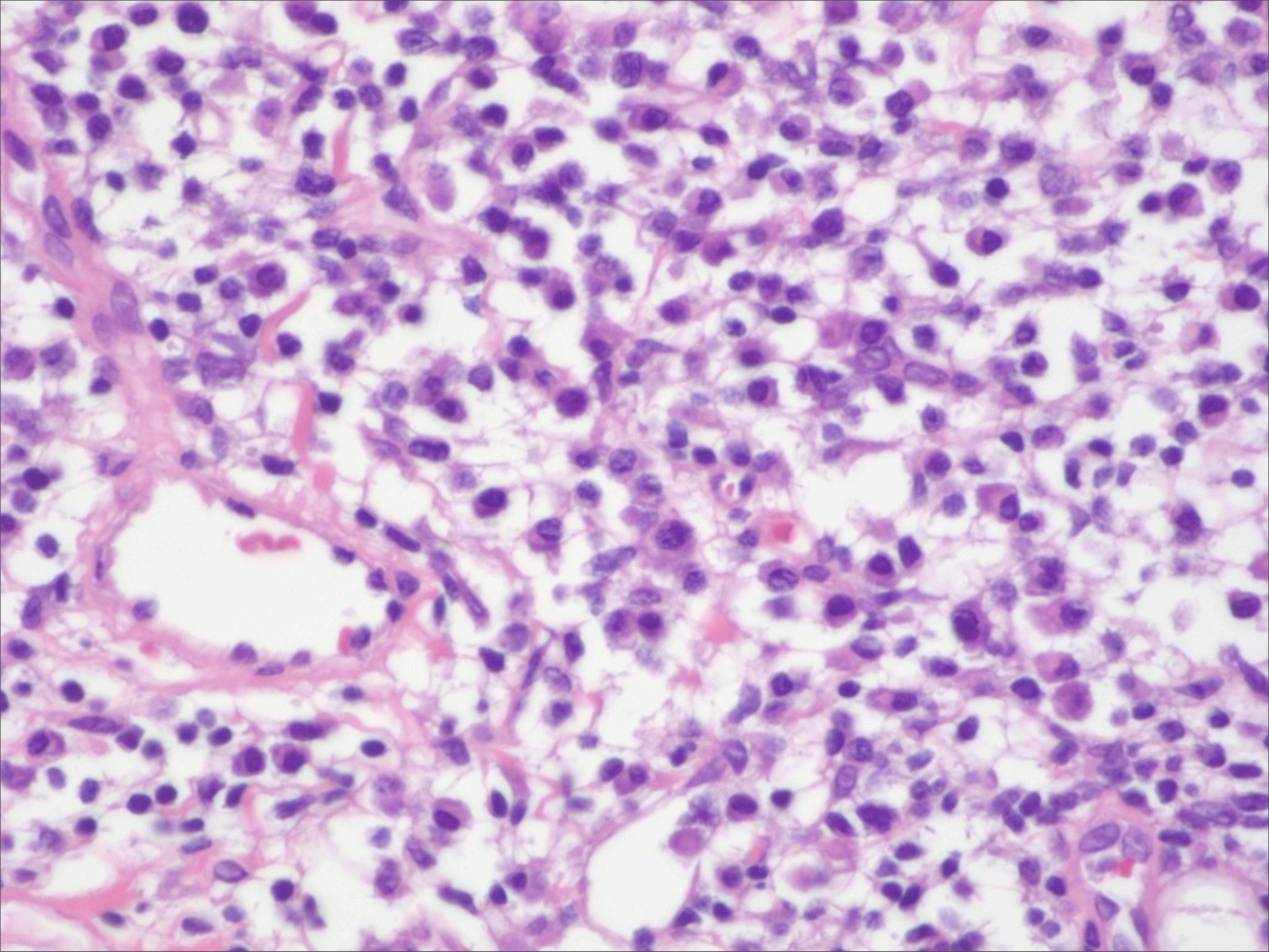
Circumscribed Dermal Tumor
Solid and Cystic
Hyalinized vessels
Basophilic cells with
squamatization
Minimal cytologic atypia

DDX: Nodular BCC, Nodular hidradenoma,
Trichoblastoma,

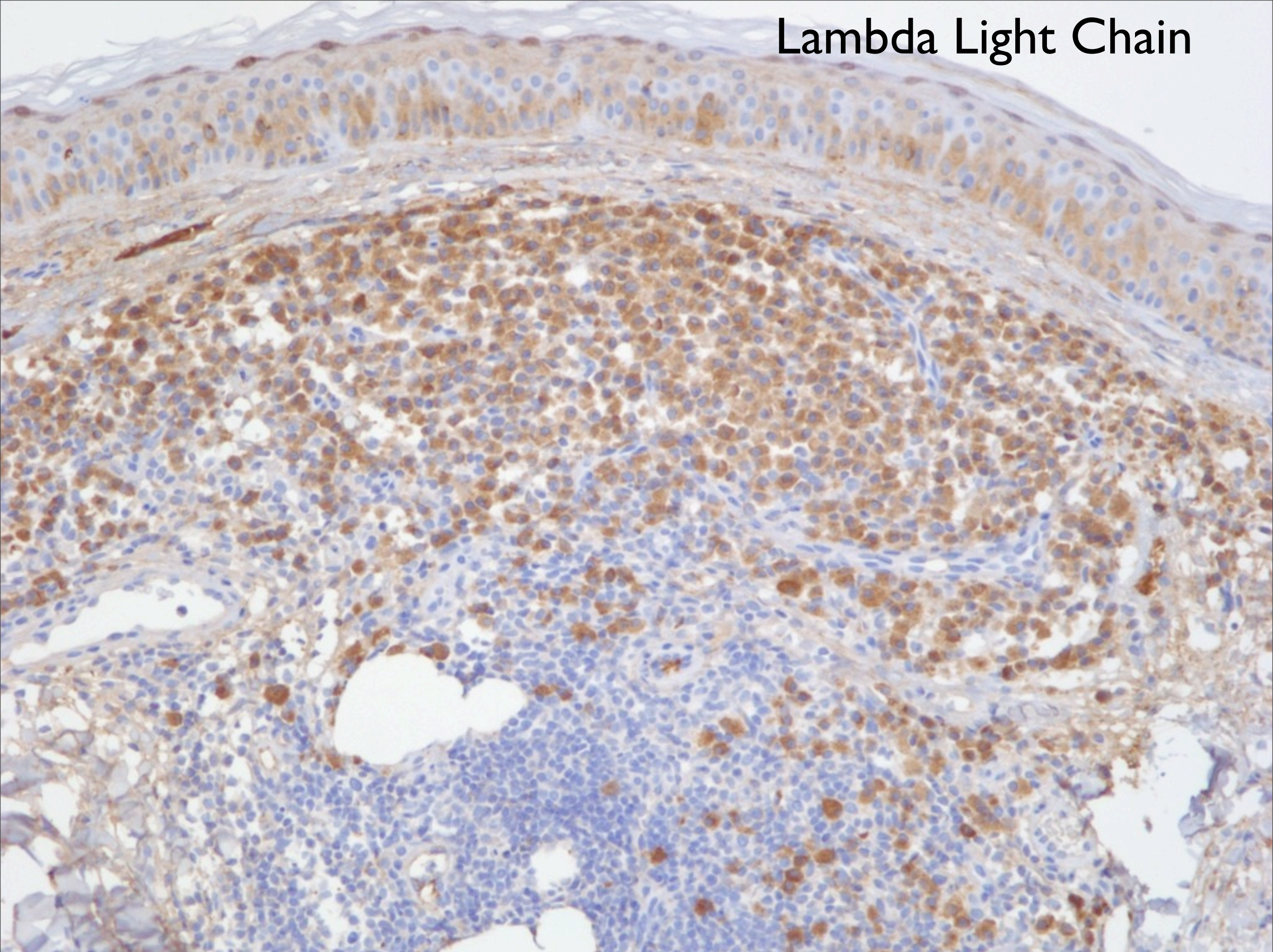




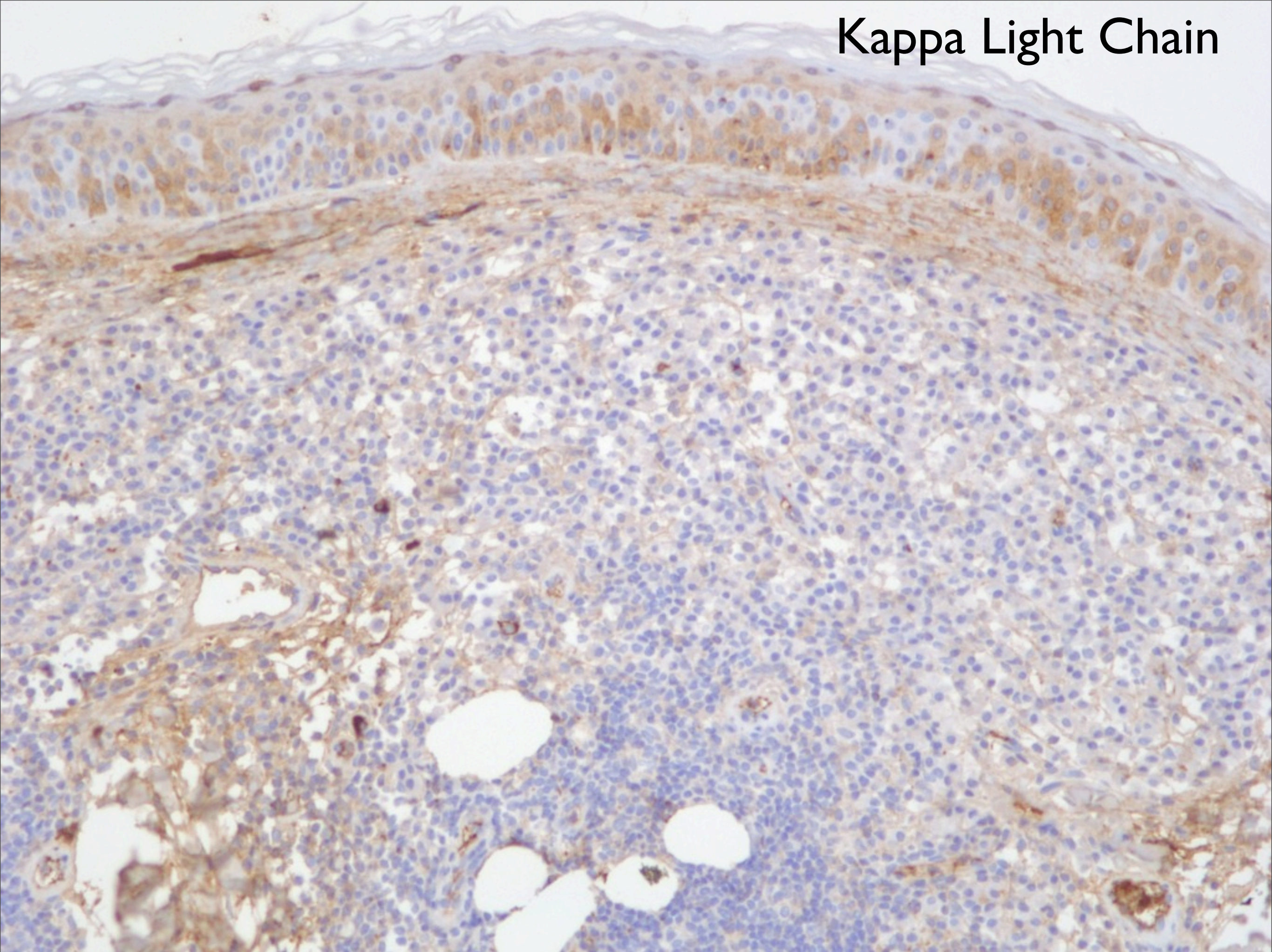




Lambda Light Chain



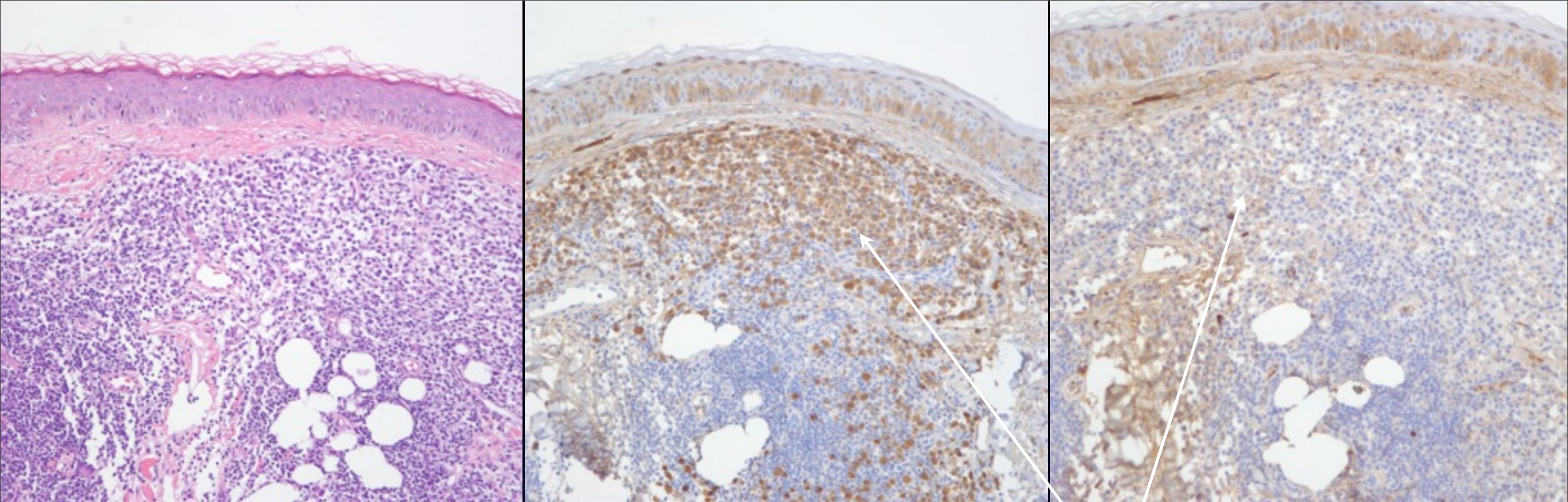
Kappa Light Chain



Cutaneous Plasmacytoma

Notes

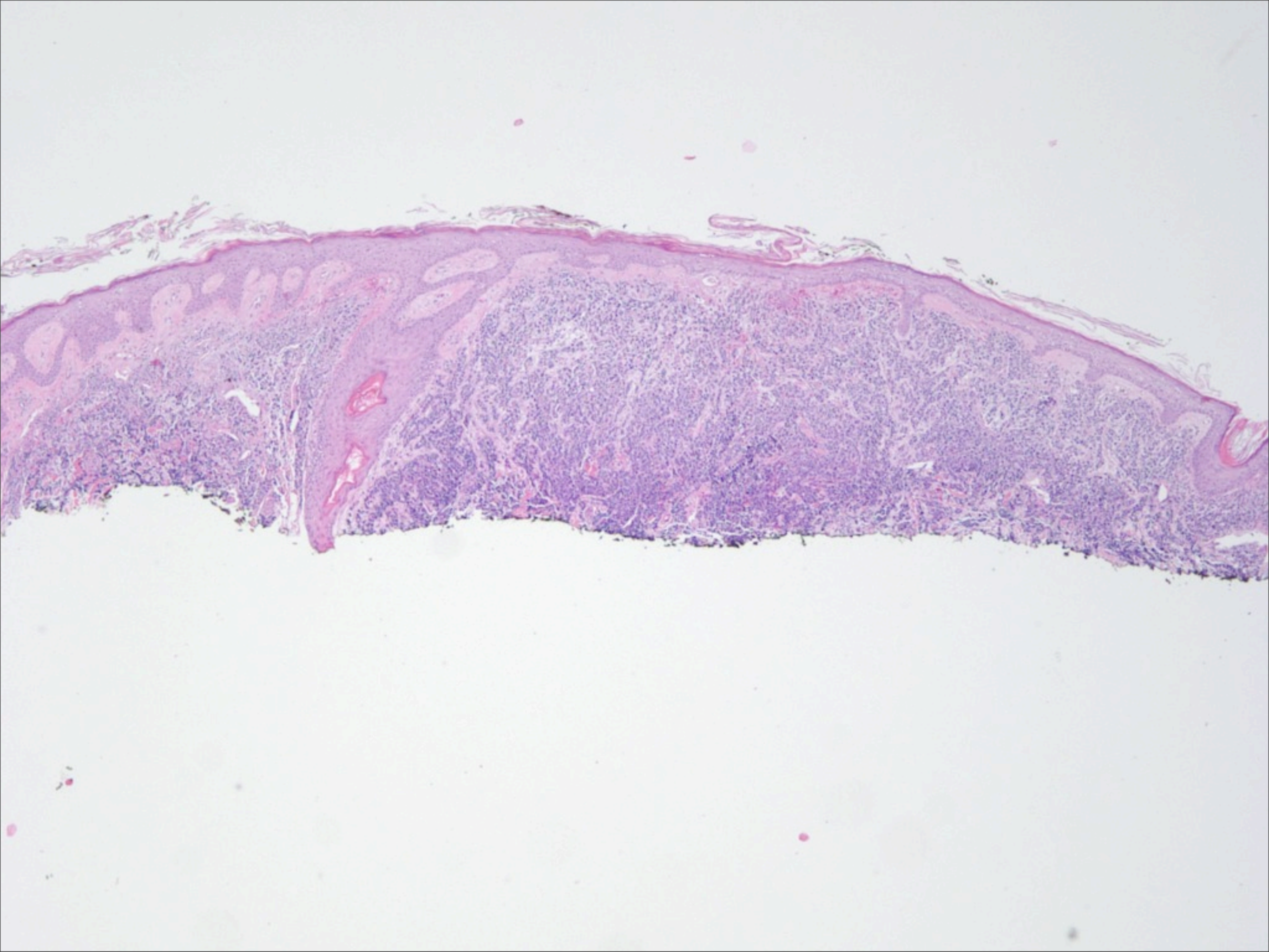
- Plasma cell infiltrates may be seen in numerous inflammatory and neoplastic conditions
- Look for light chain restriction pattern
- Rule out systemic plasma cell dyscrasia secondarily involving the skin

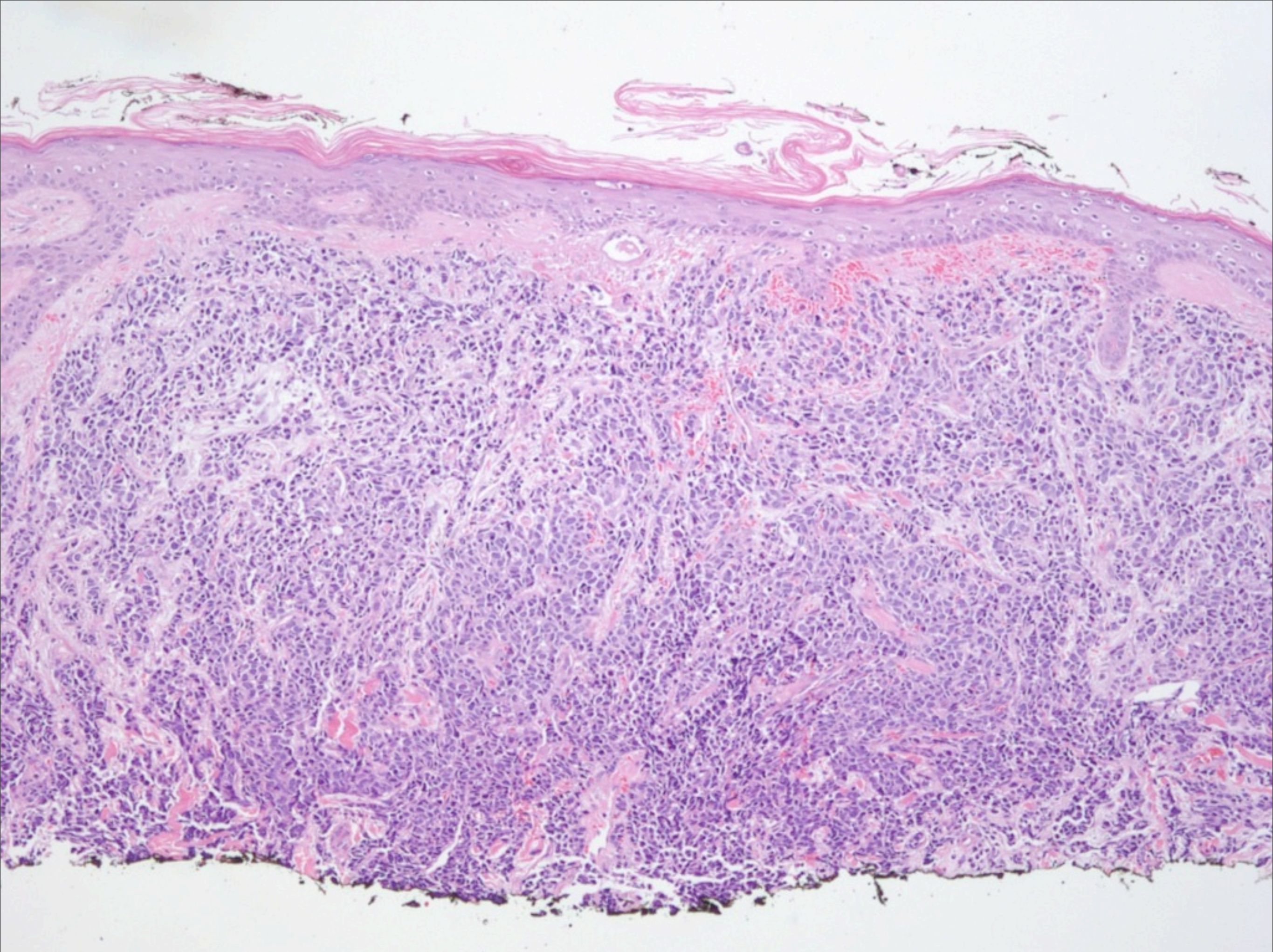


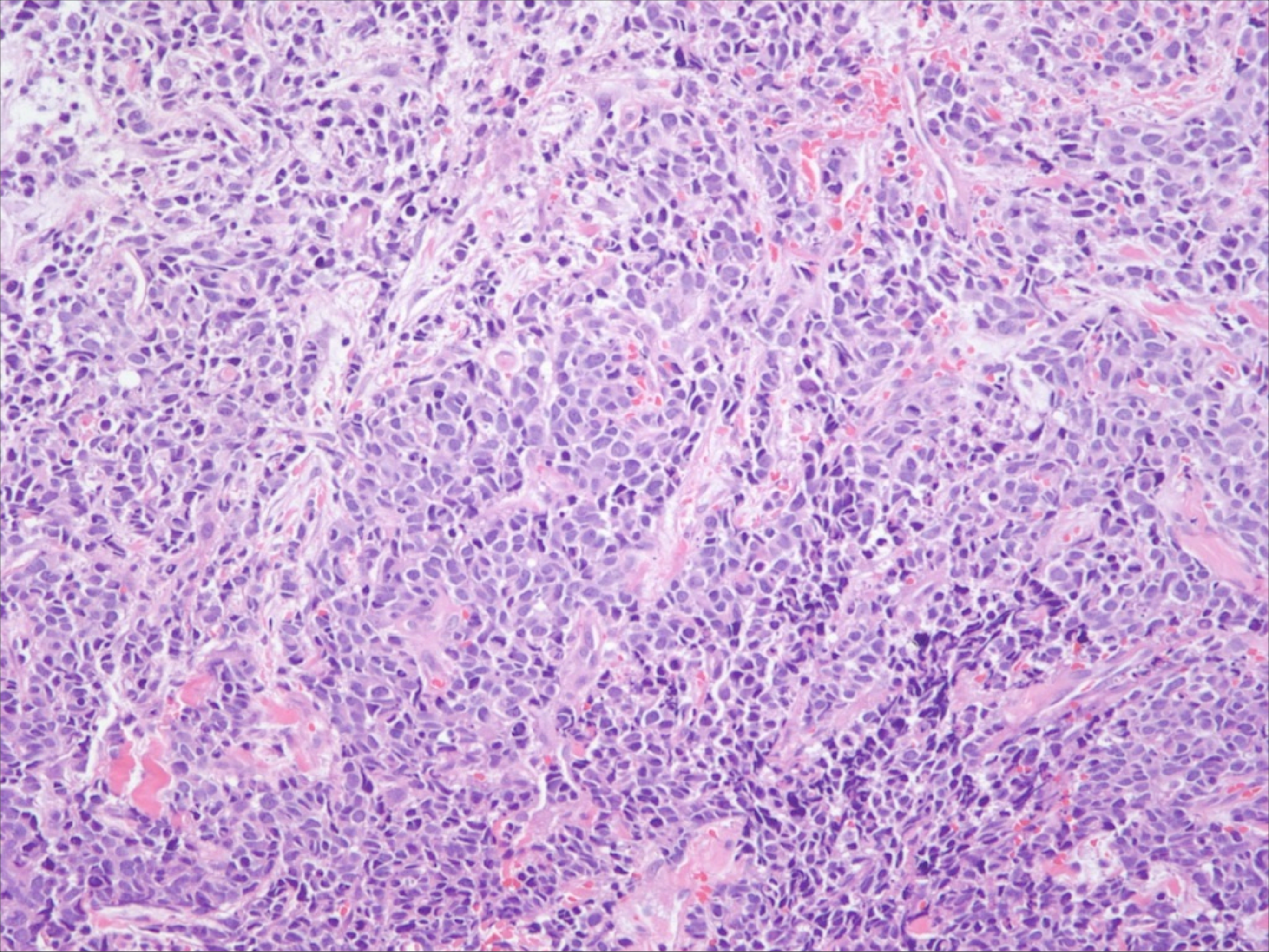
Diffuse plasma cell infiltrate

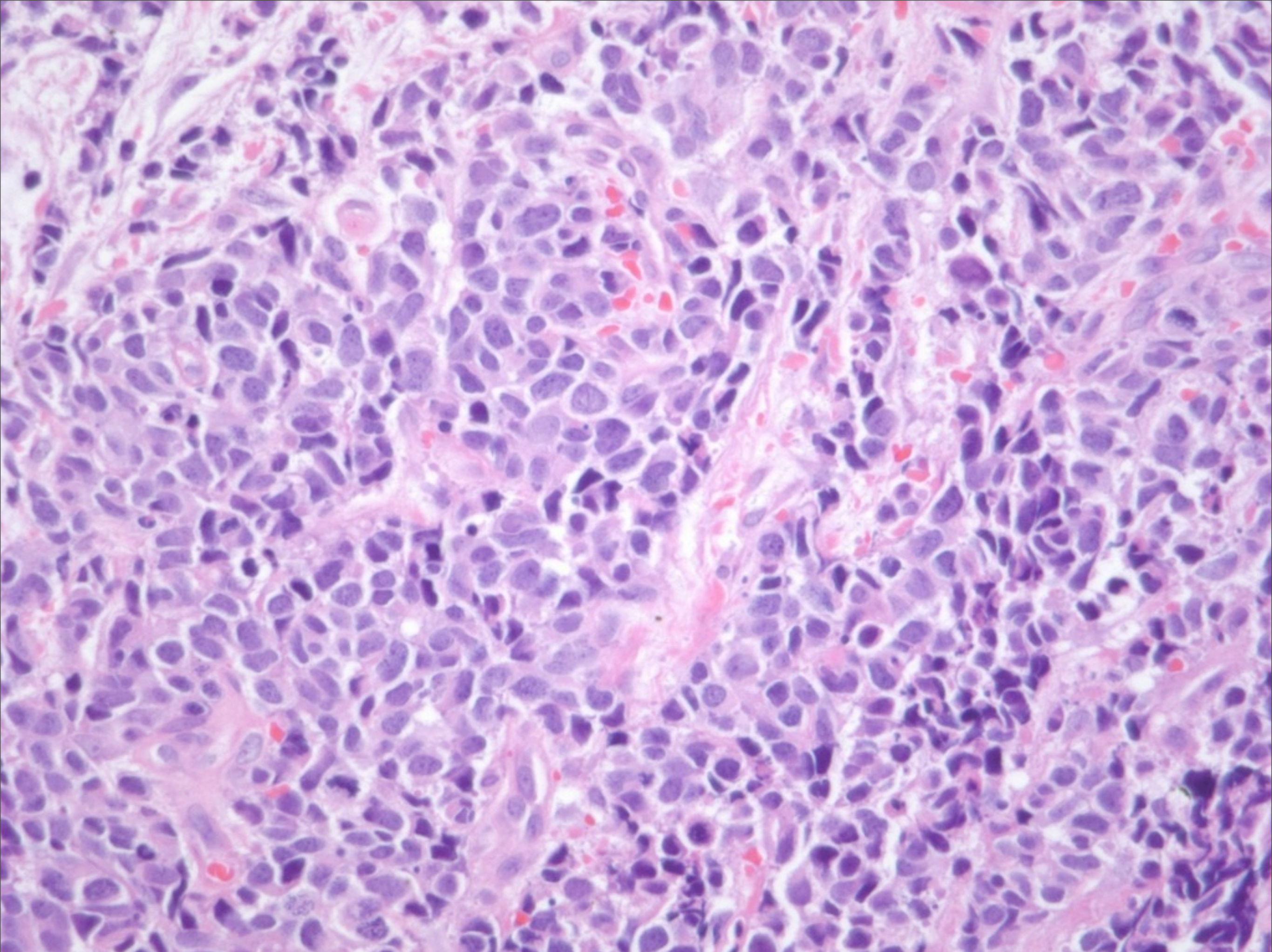
Plasma cells may show atypia
with Dutcher bodies,
multinucleation
or nuclear irregularities.
Occasional blasts may be
present

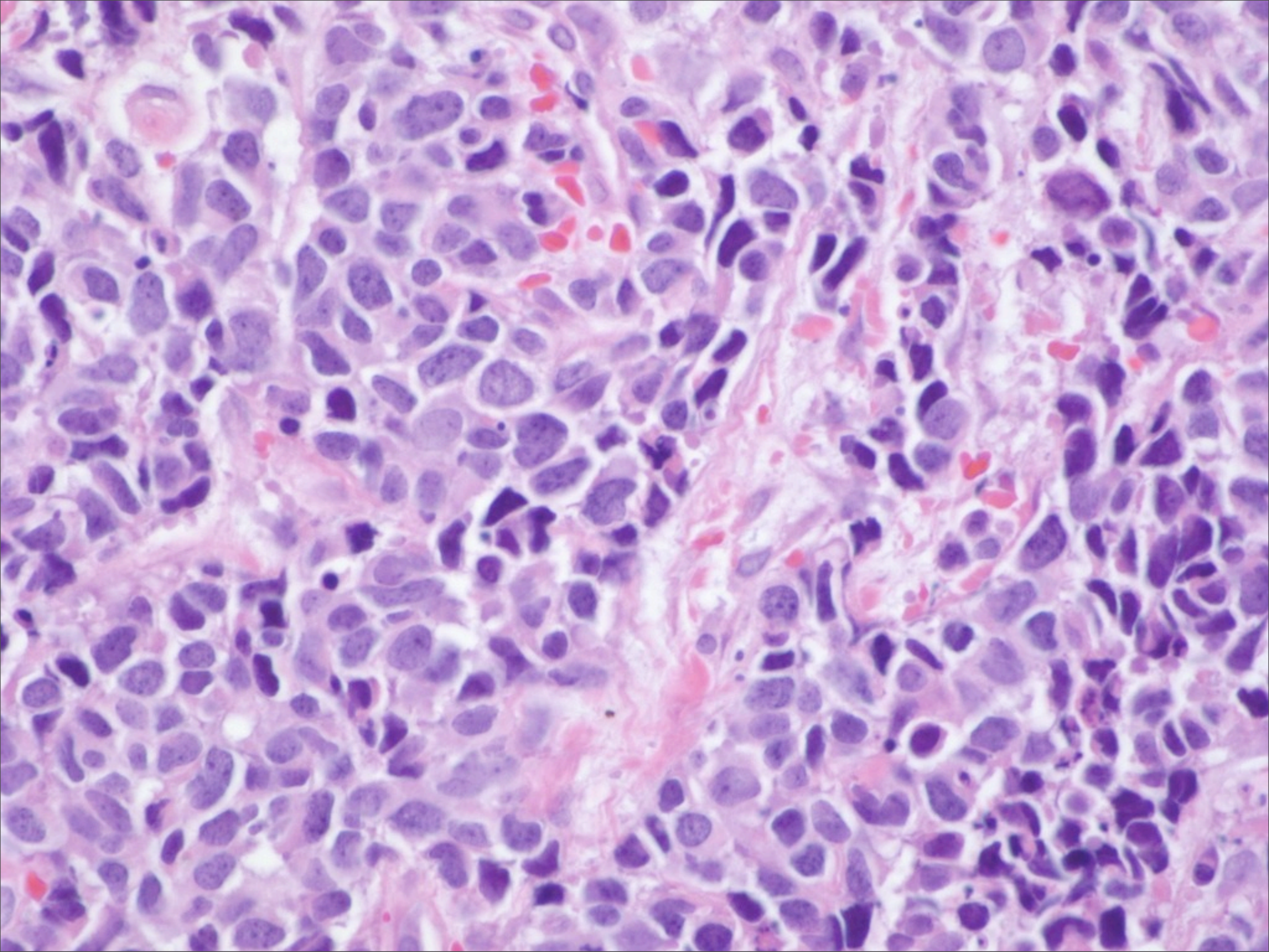
Look for light
chain restriction



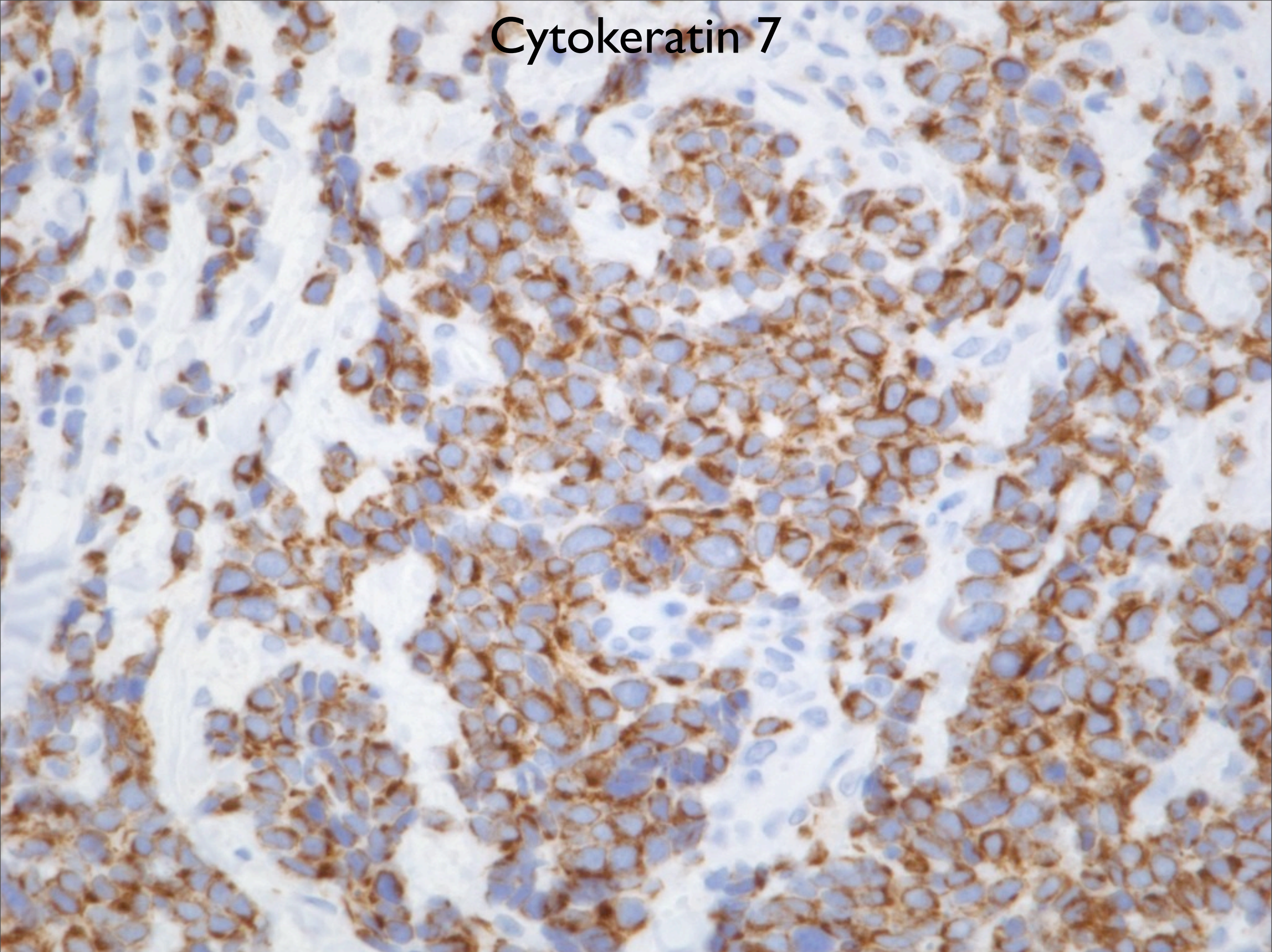




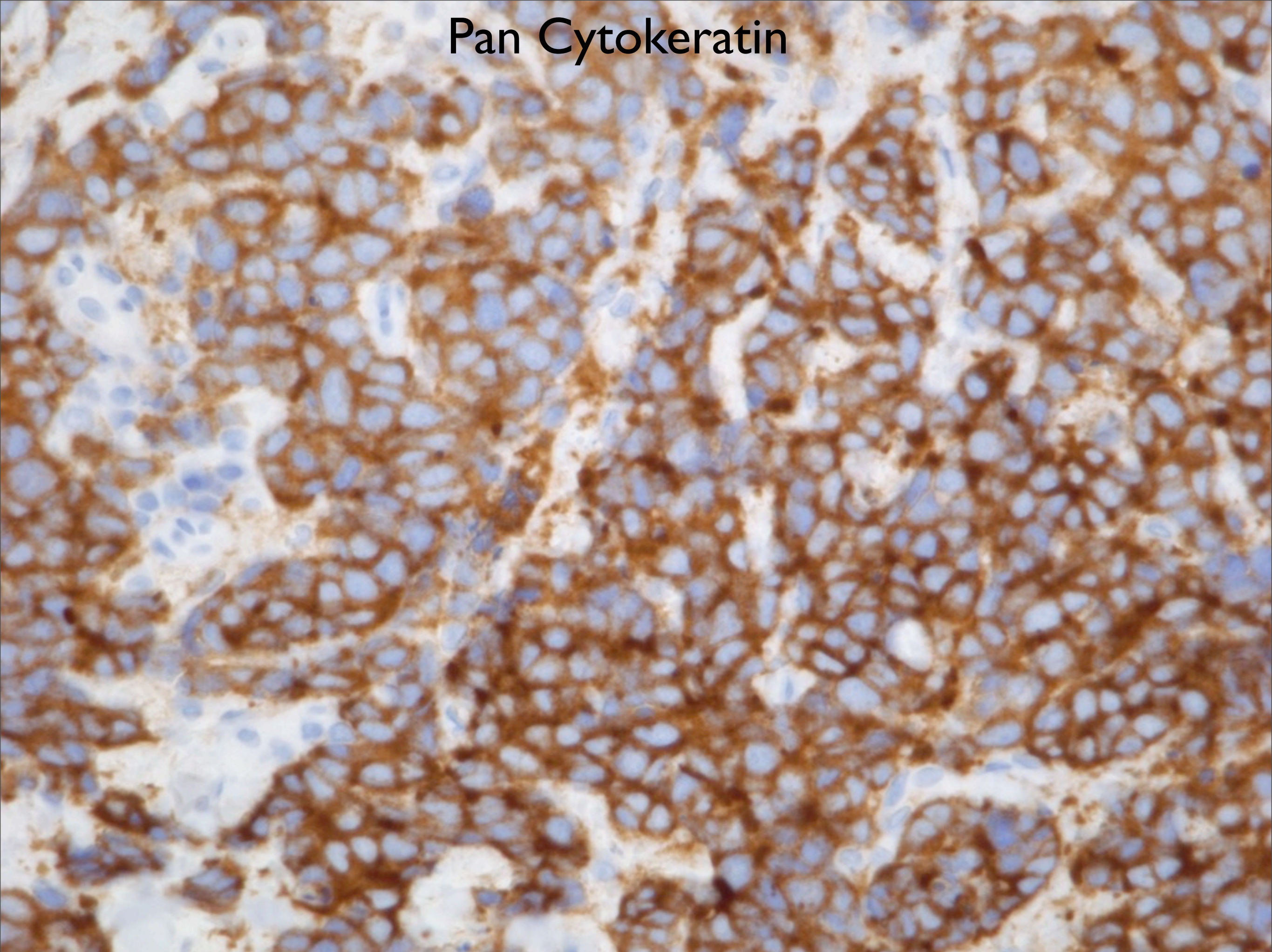




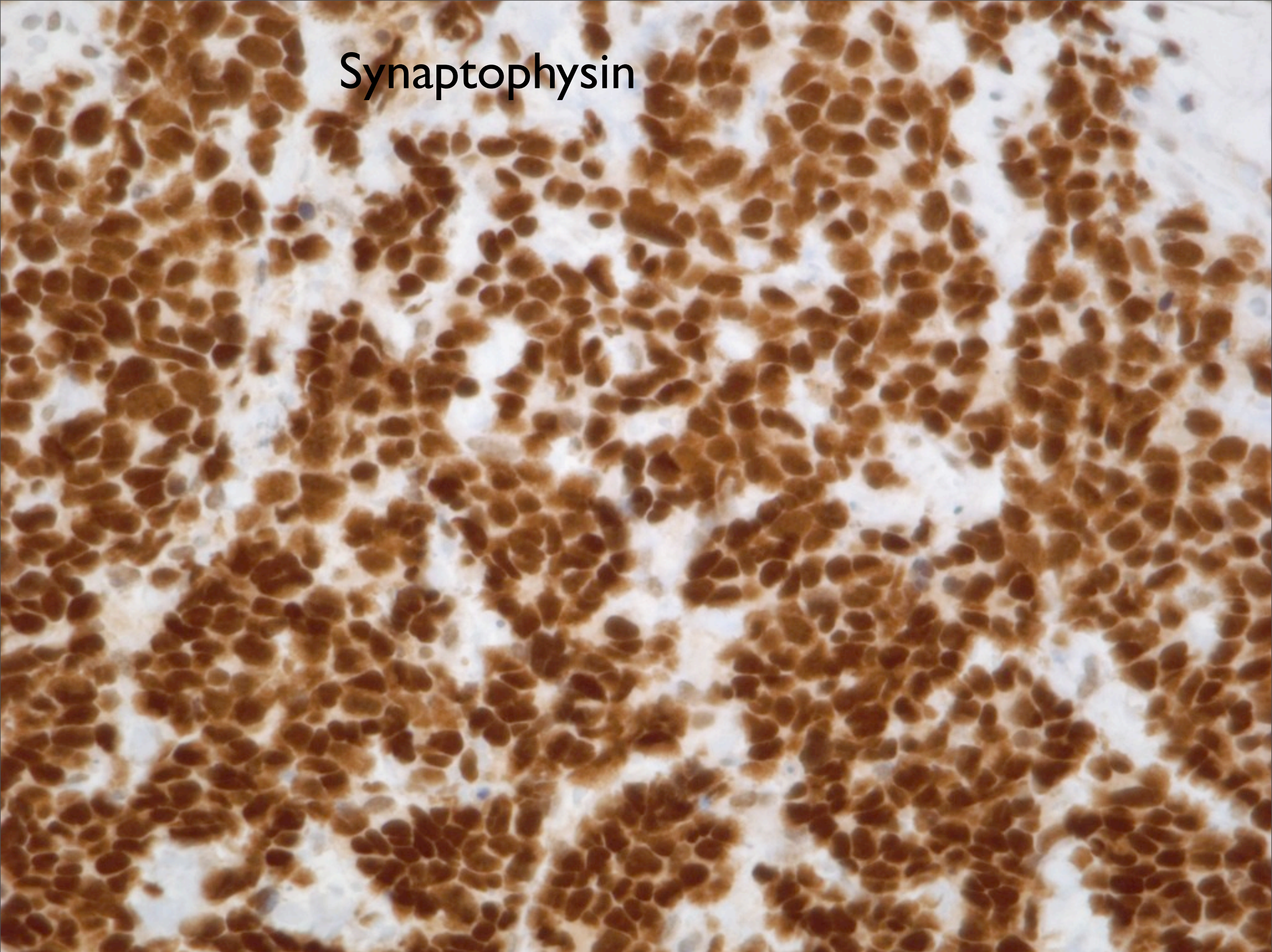
Cytokeratin 7



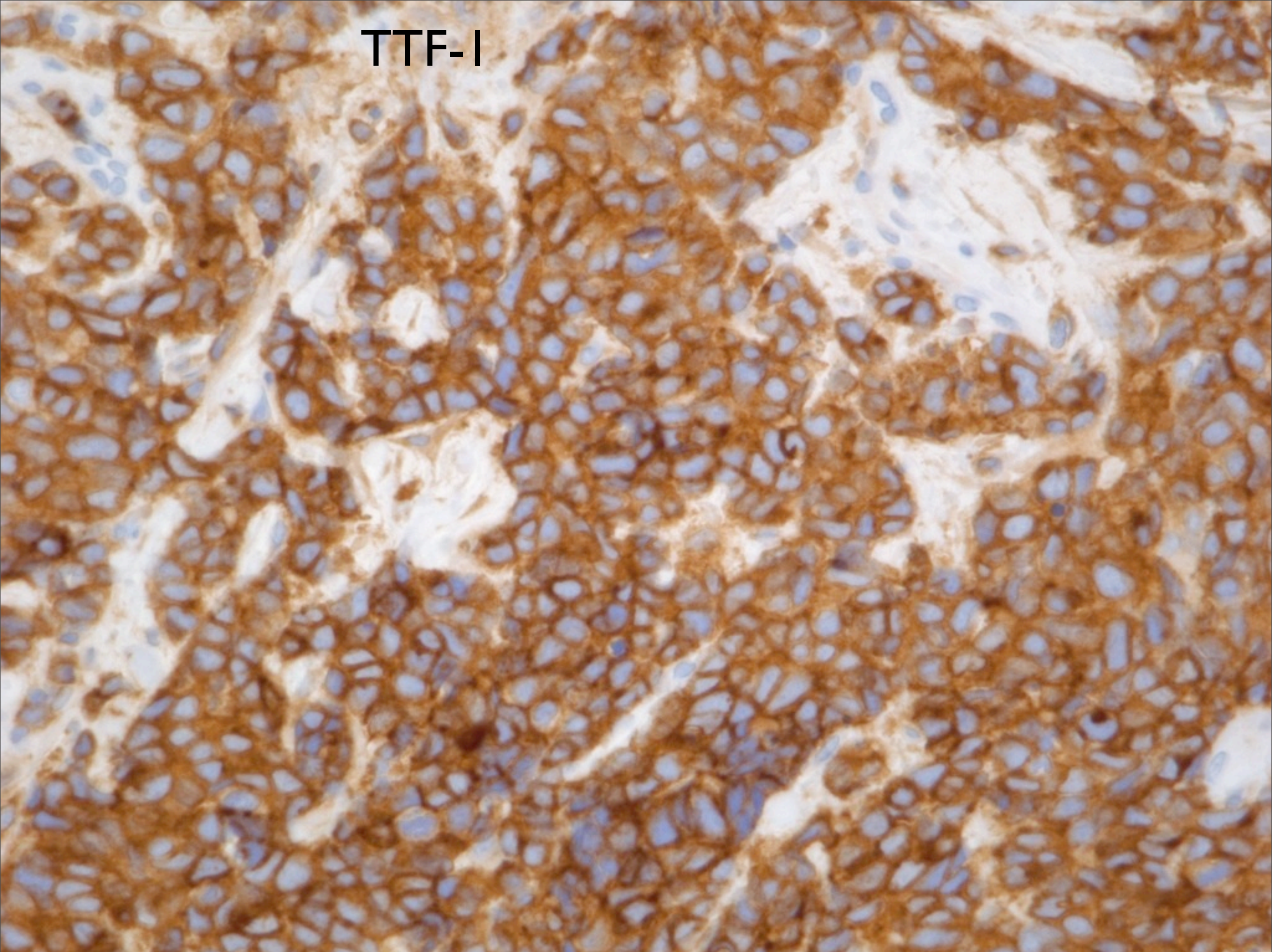
Pan Cytokeratin



Synaptophysin



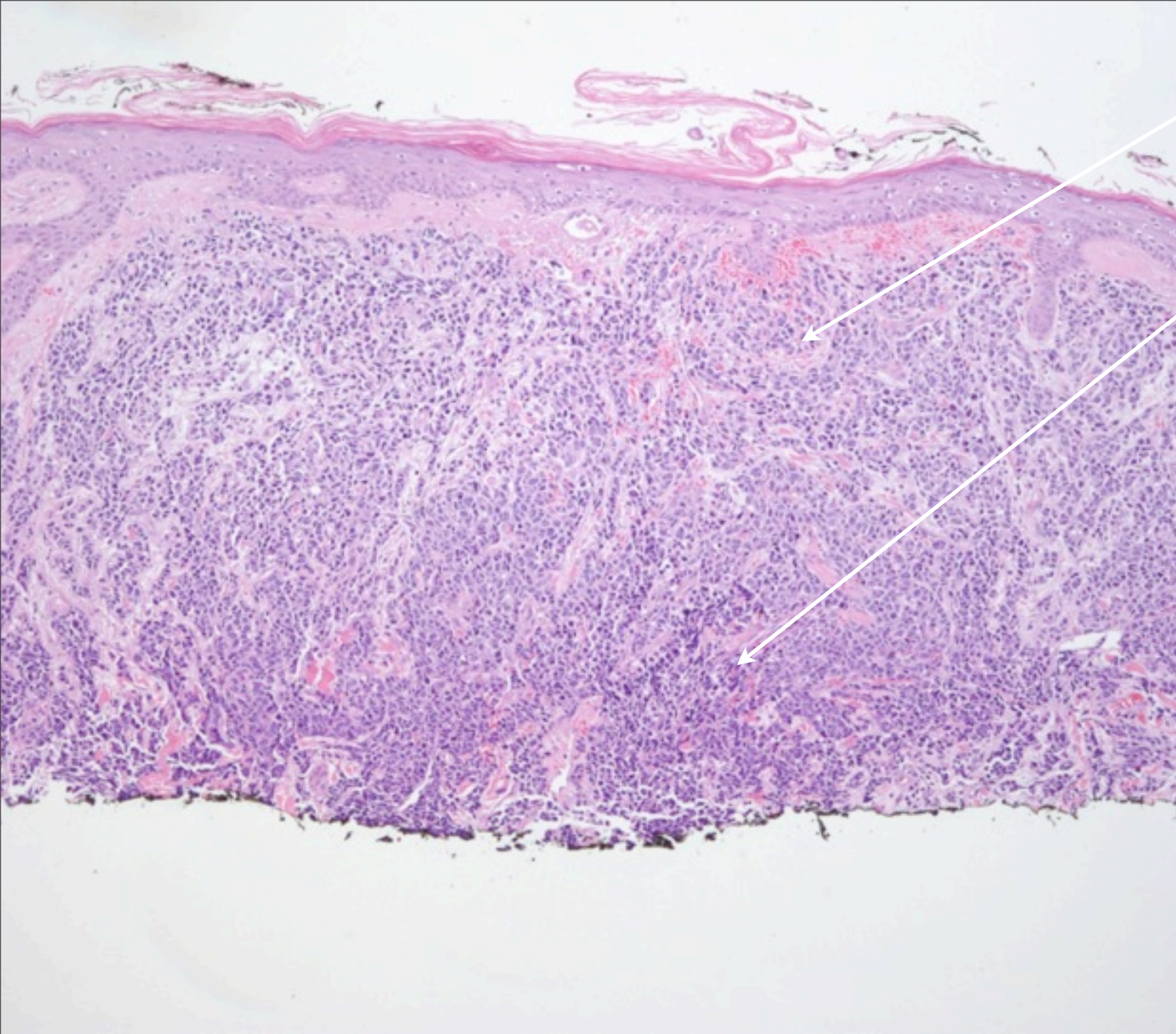
TTF-I



Small Cell Neuroendocrine Carcinoma from Lung, Metastatic to Skin

Notes

- Small cell carcinomas of visceral organs share significant histopathologic overlap with primary Merkel cell carcinomas of the skin
- In addition to the clinical history, additional immunohistochemical studies should be performed
- The typical immunohistochemical profile for Merkel cell carcinomas is Cytokeratin positive with CK20 showing paranuclear dot-like positivity with synaptophysin positive.
- In this current case, TTF-I was positive suggesting a lung origin as well as CK7 positive and CK20 negative.

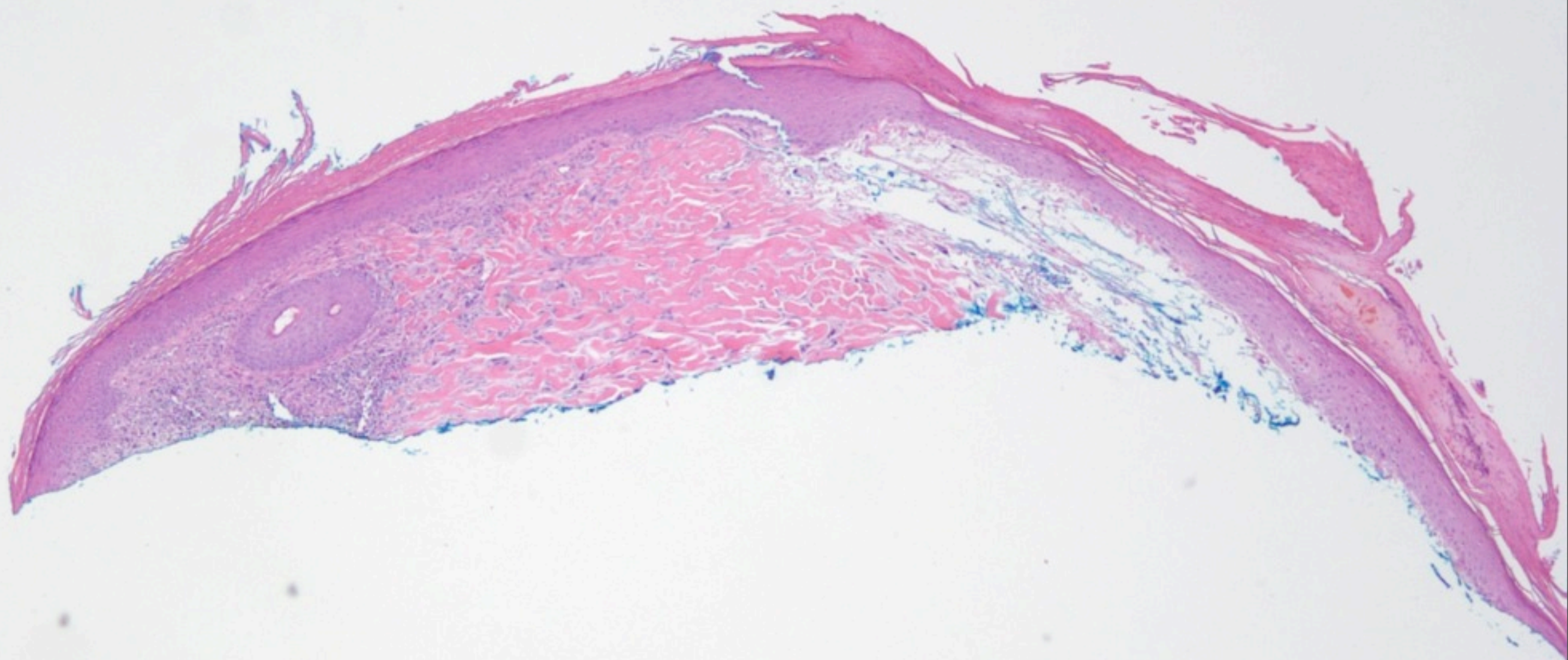


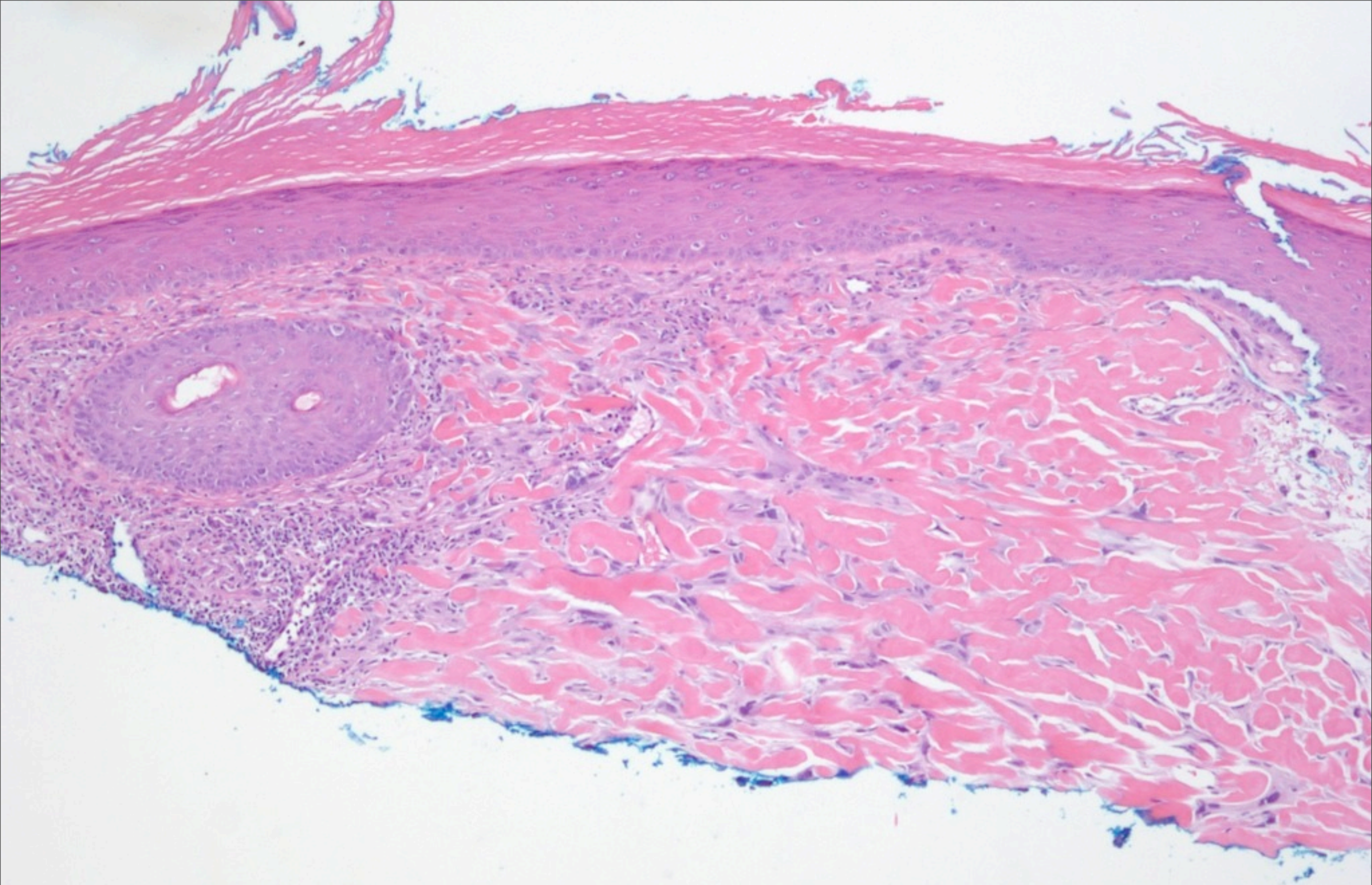
Nuclear molding

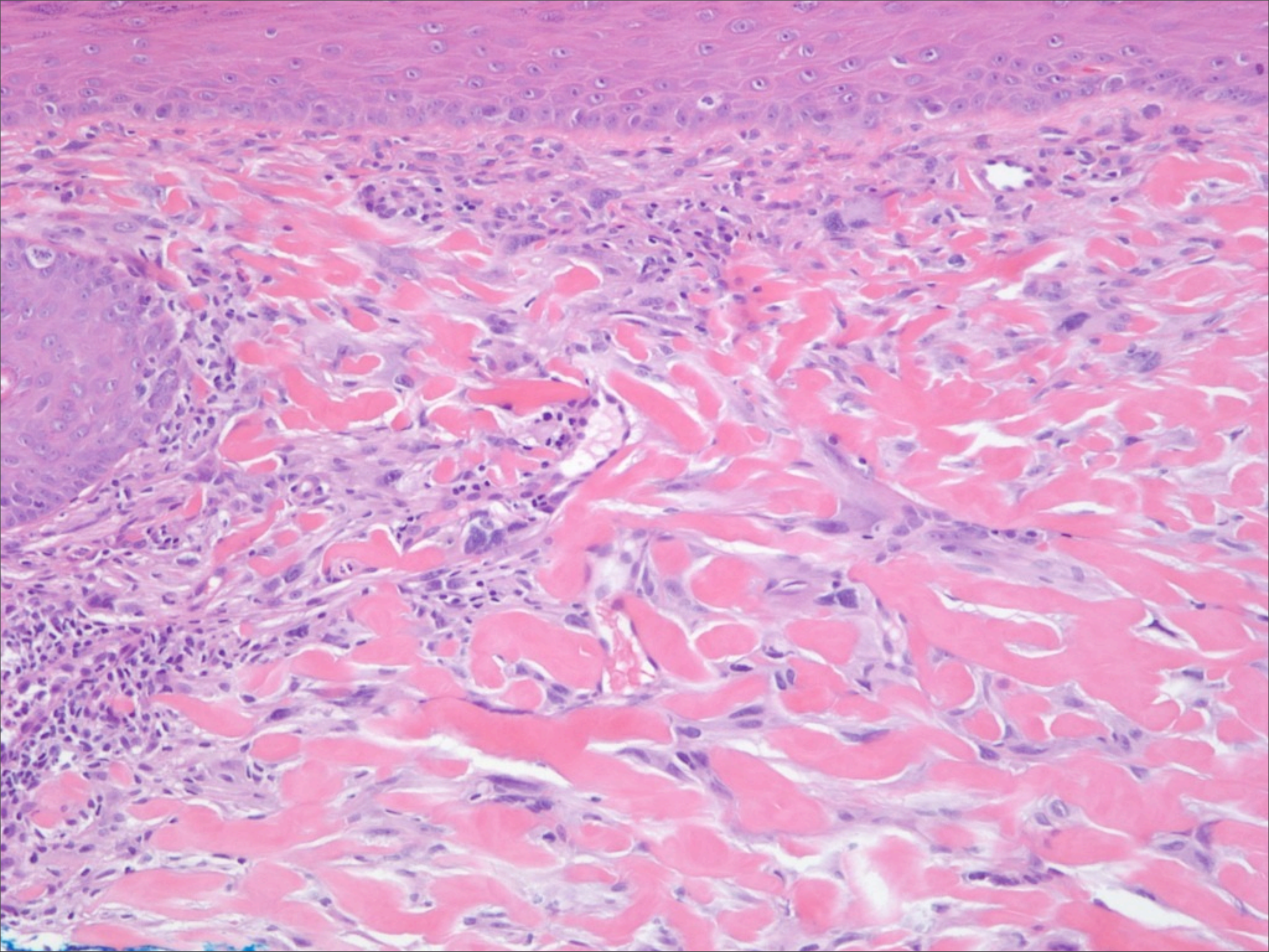
Crush artifact

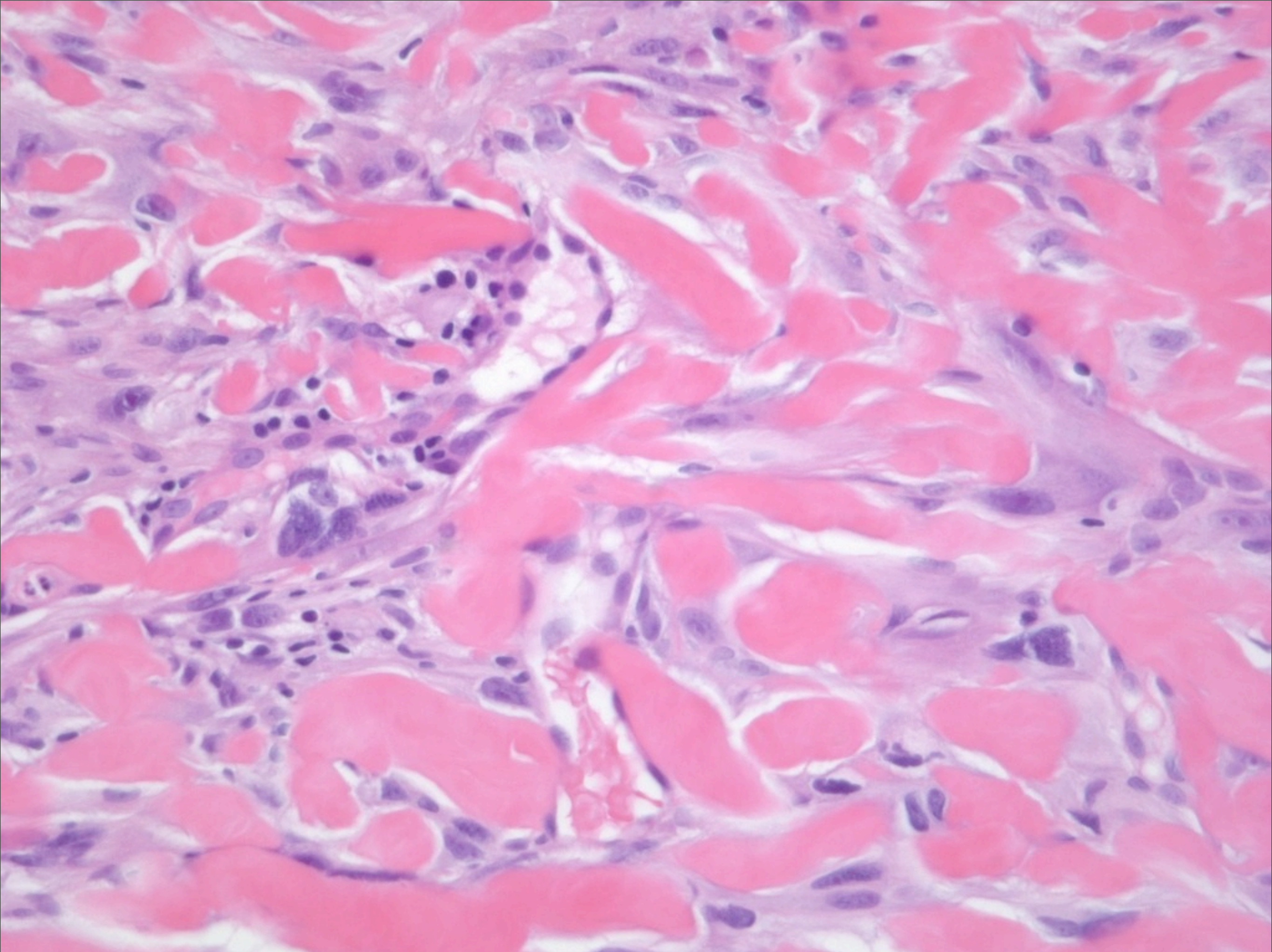
Stippled chromatin

Diffuse involvement of dermis by small
round blue cells







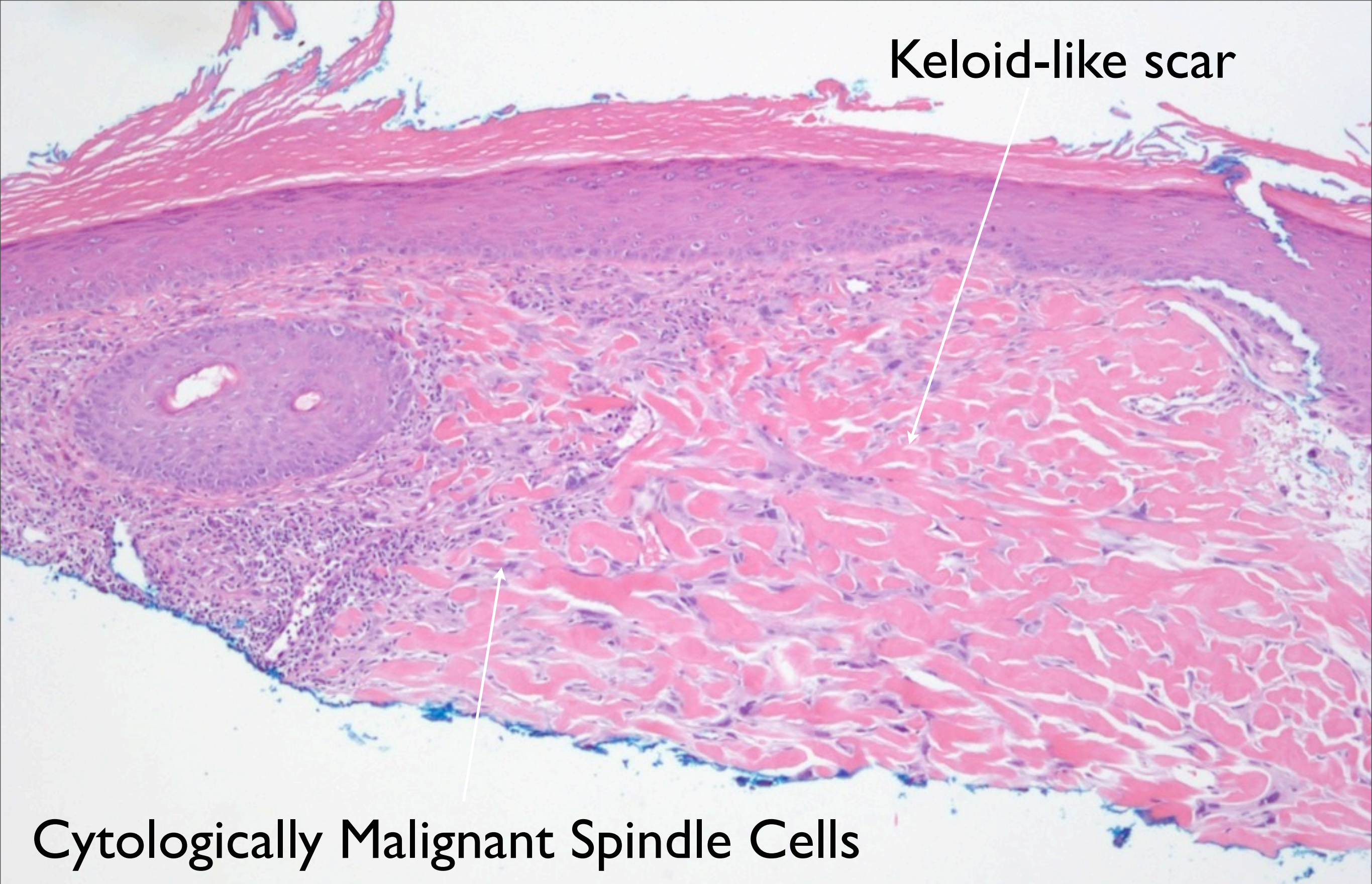


Atypical Fibroxanthoma, Keloidal Type

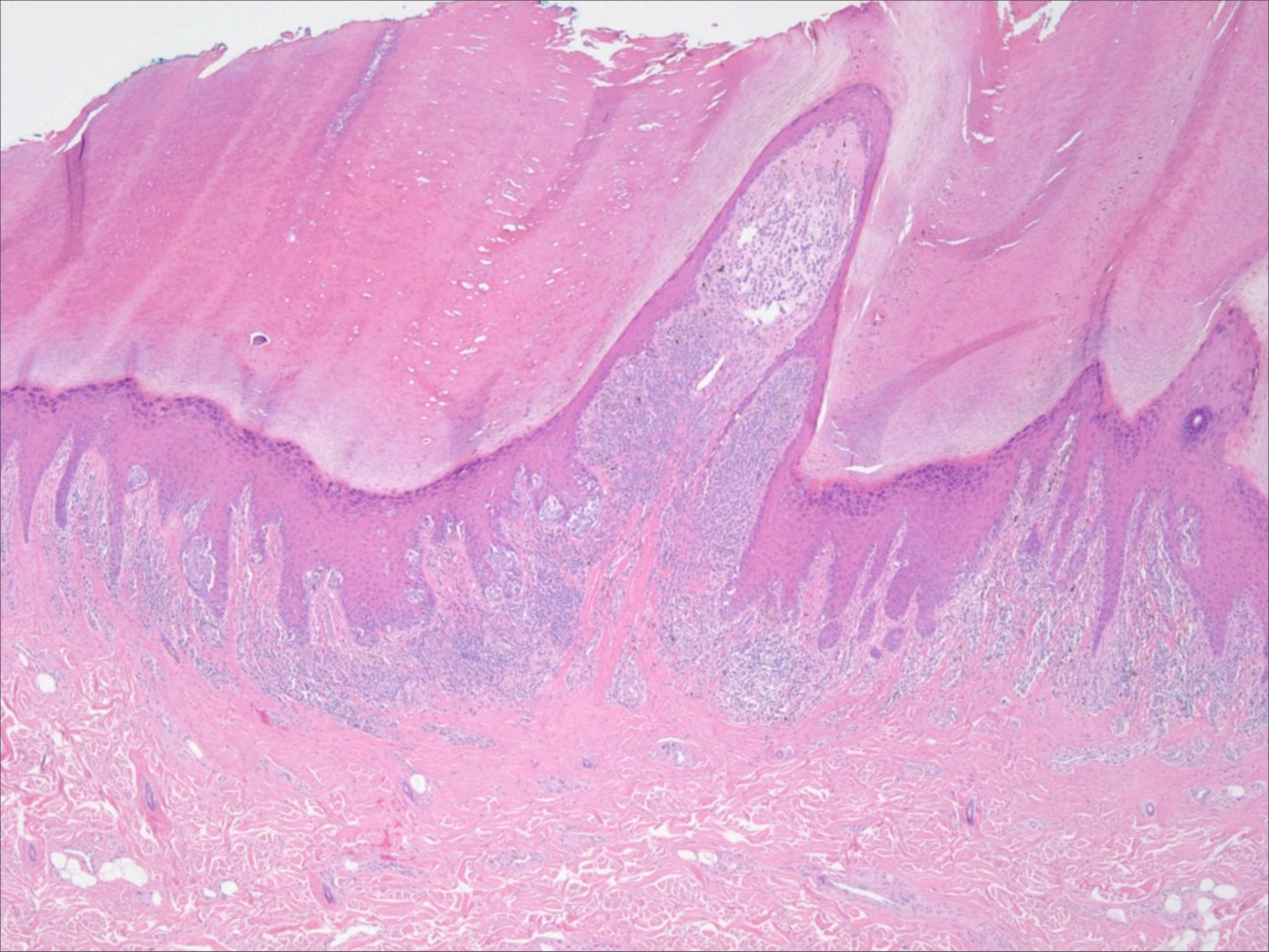
Notes

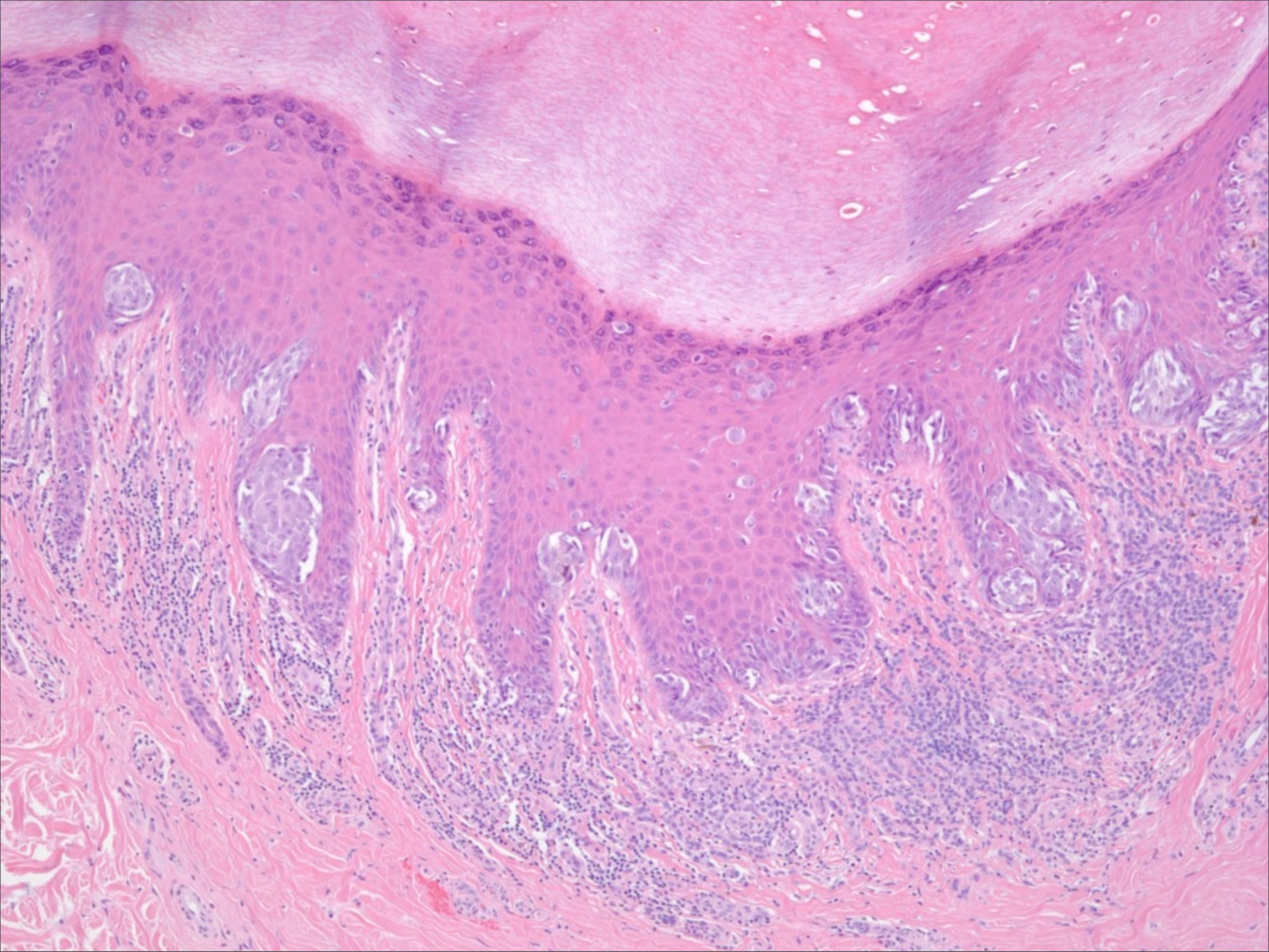
- This is a rare and recently described variant of an atypical fibroxanthoma.
- Prior treatment or trauma should be excluded to rule out a keloid
- Confirm with immunohistochemical stains, rule out sarcomatoid carcinoma, desmoplastic melanoma, and leiomyosarcoma

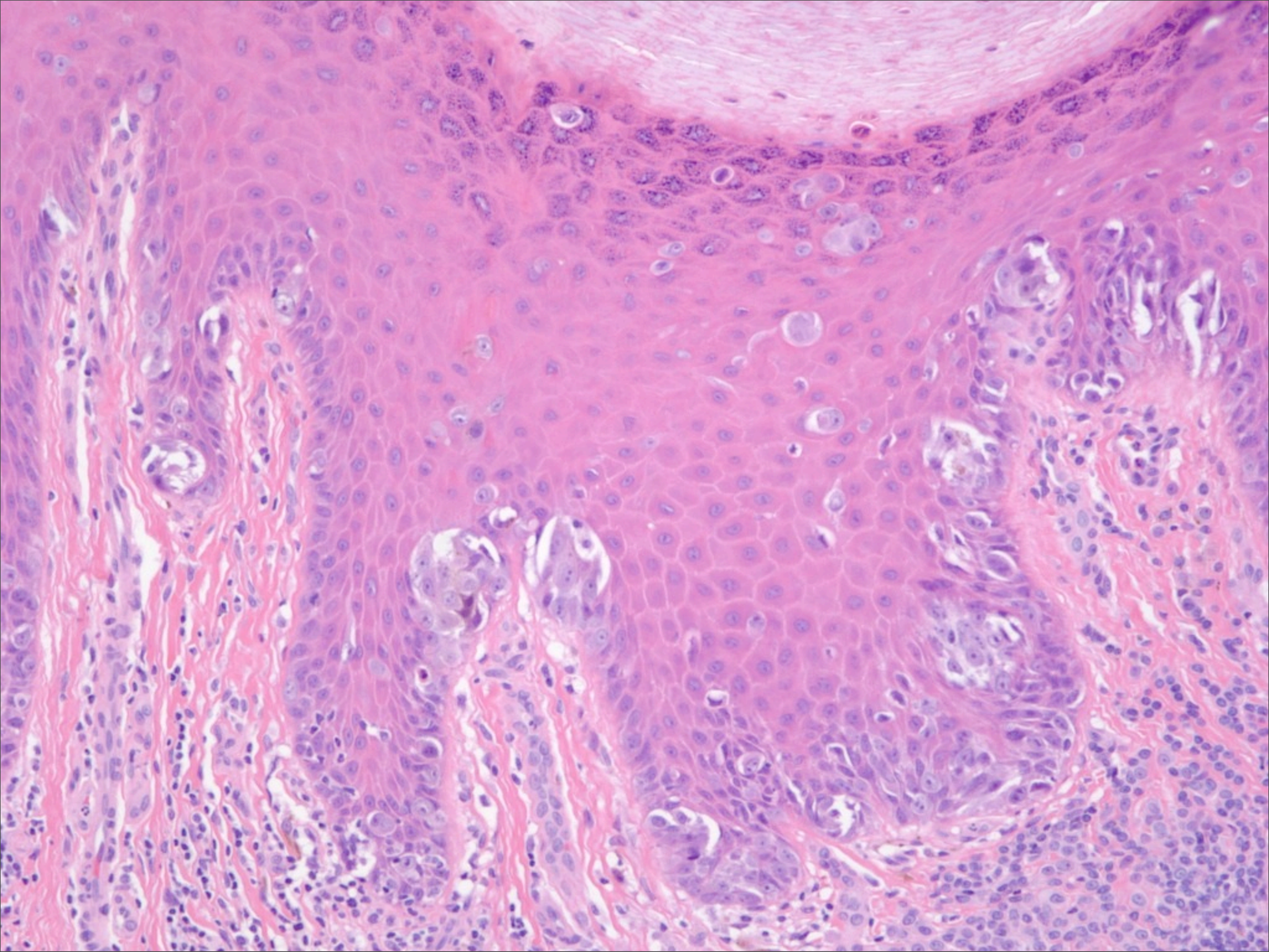
Keloid-like scar

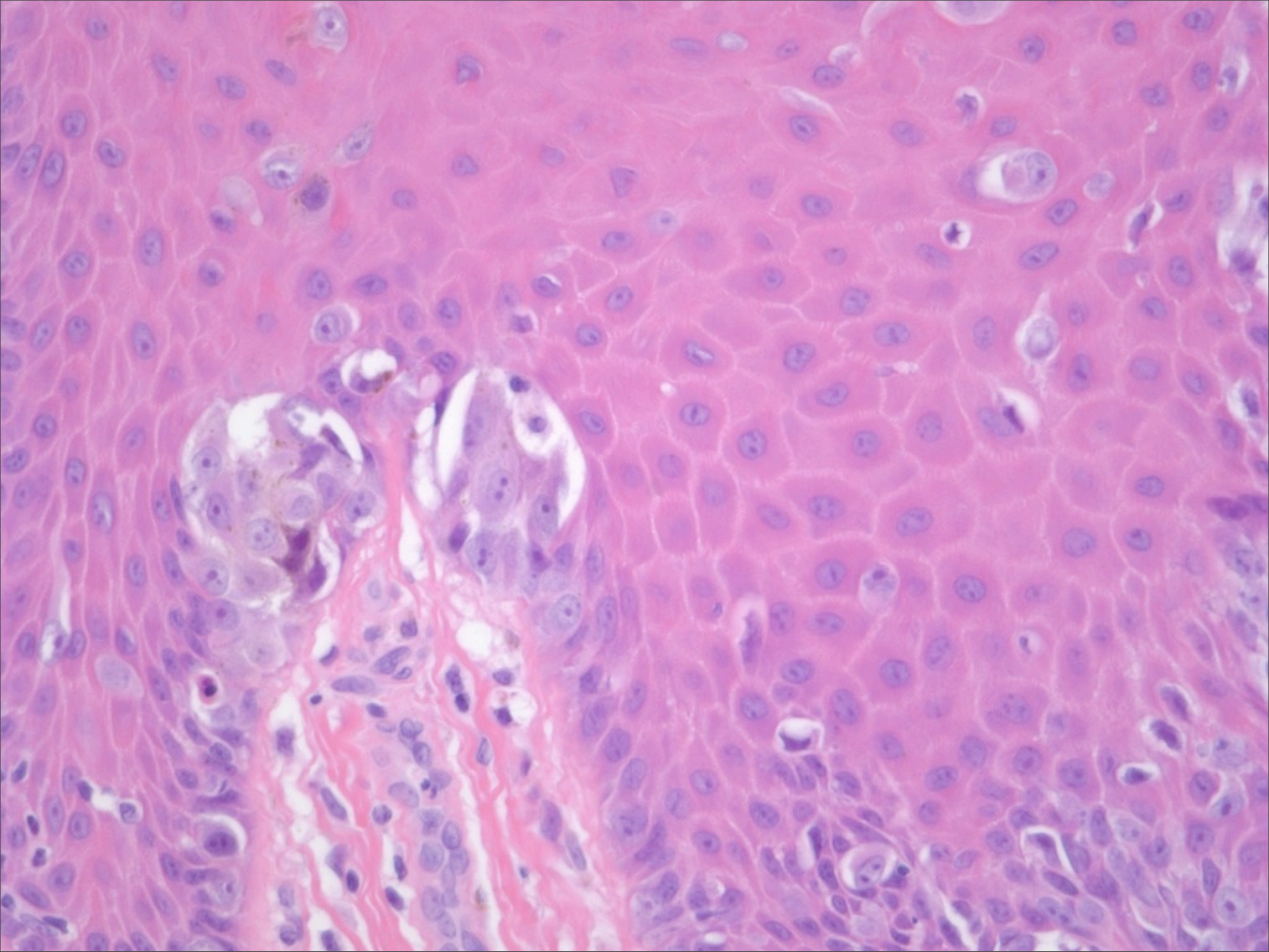


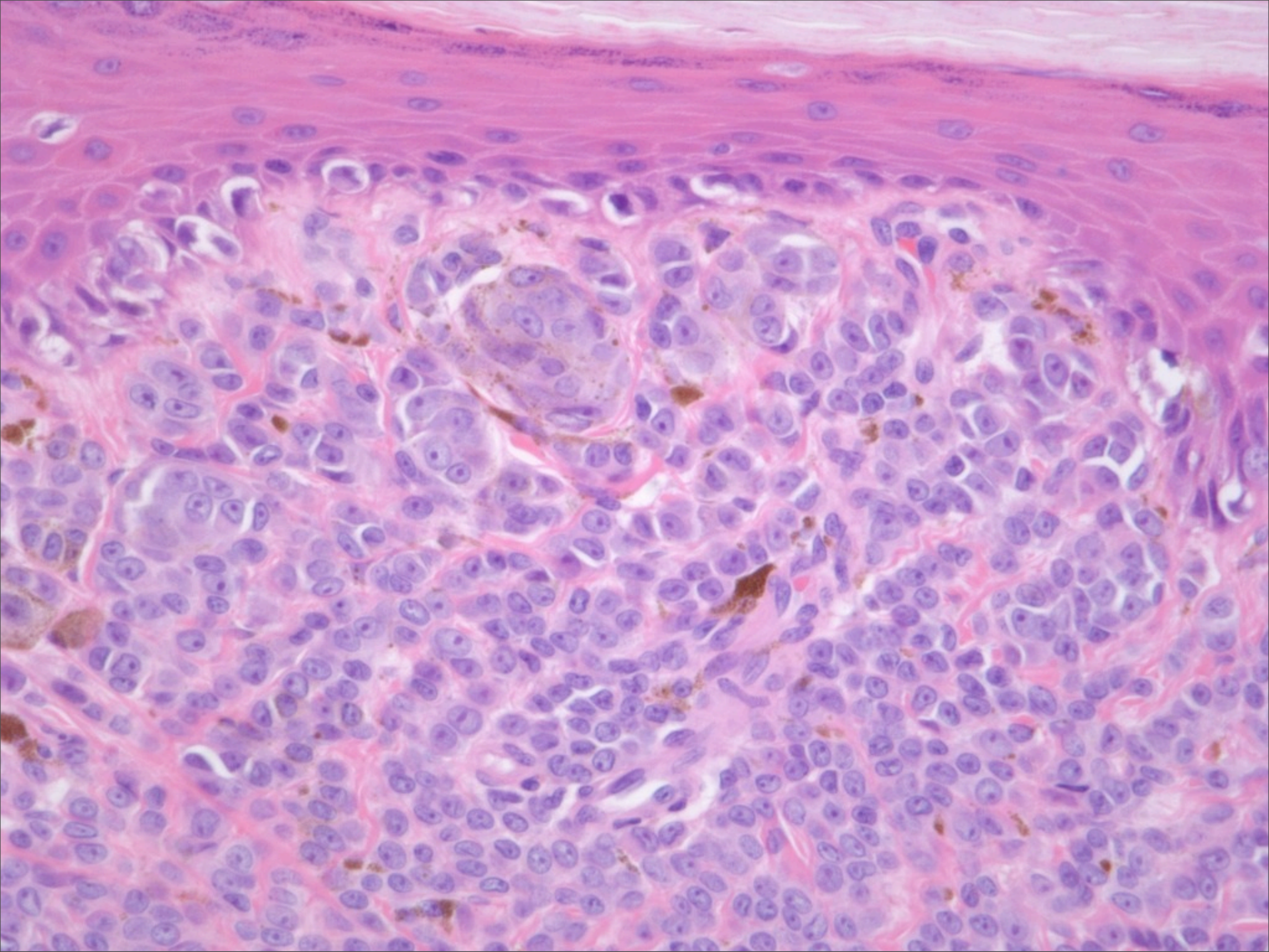
Cytologically Malignant Spindle Cells





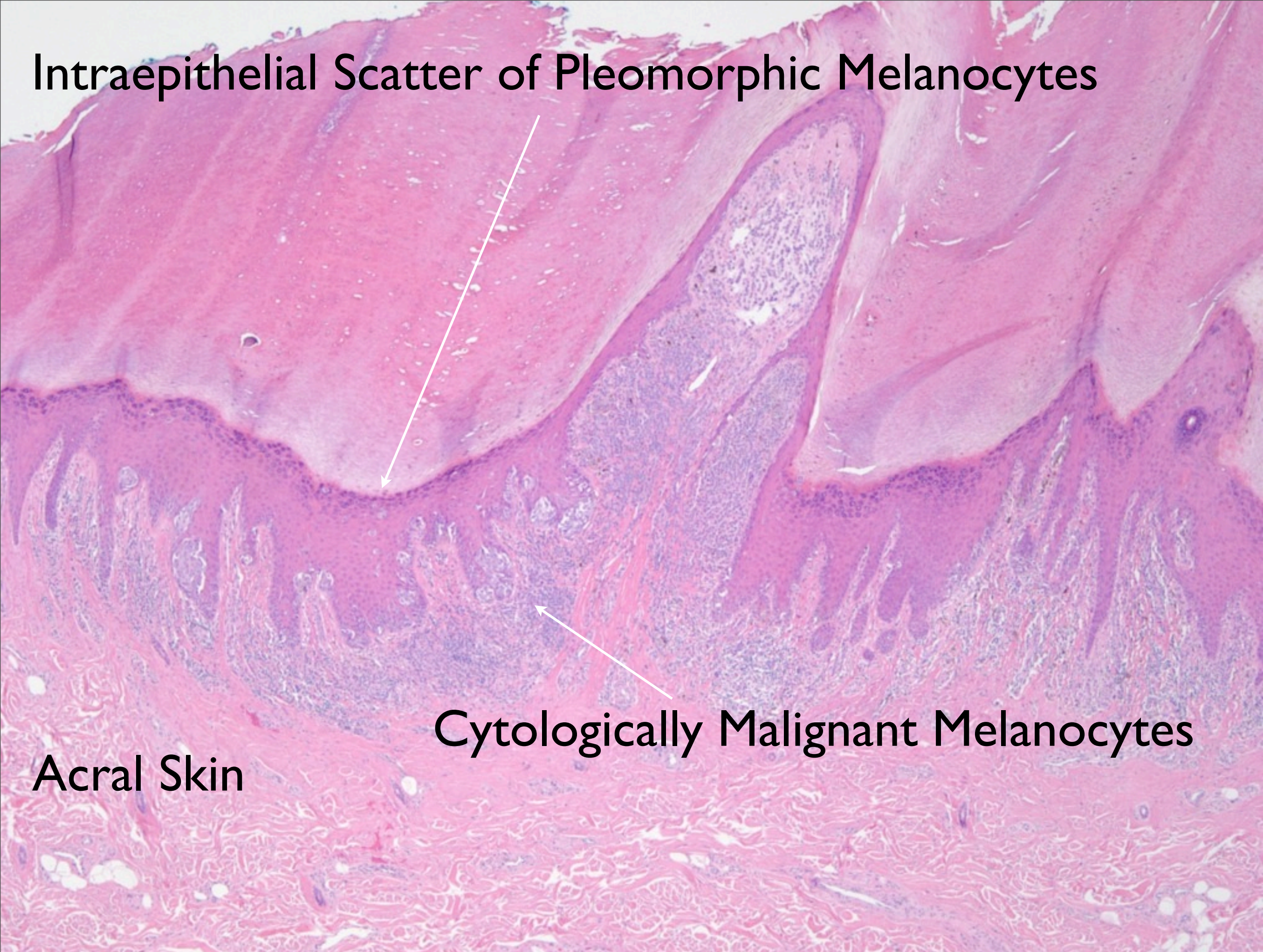






Acral Malignant Melanoma

Intraepithelial Scatter of Pleomorphic Melanocytes



Cytologically Malignant Melanocytes

Acral Skin