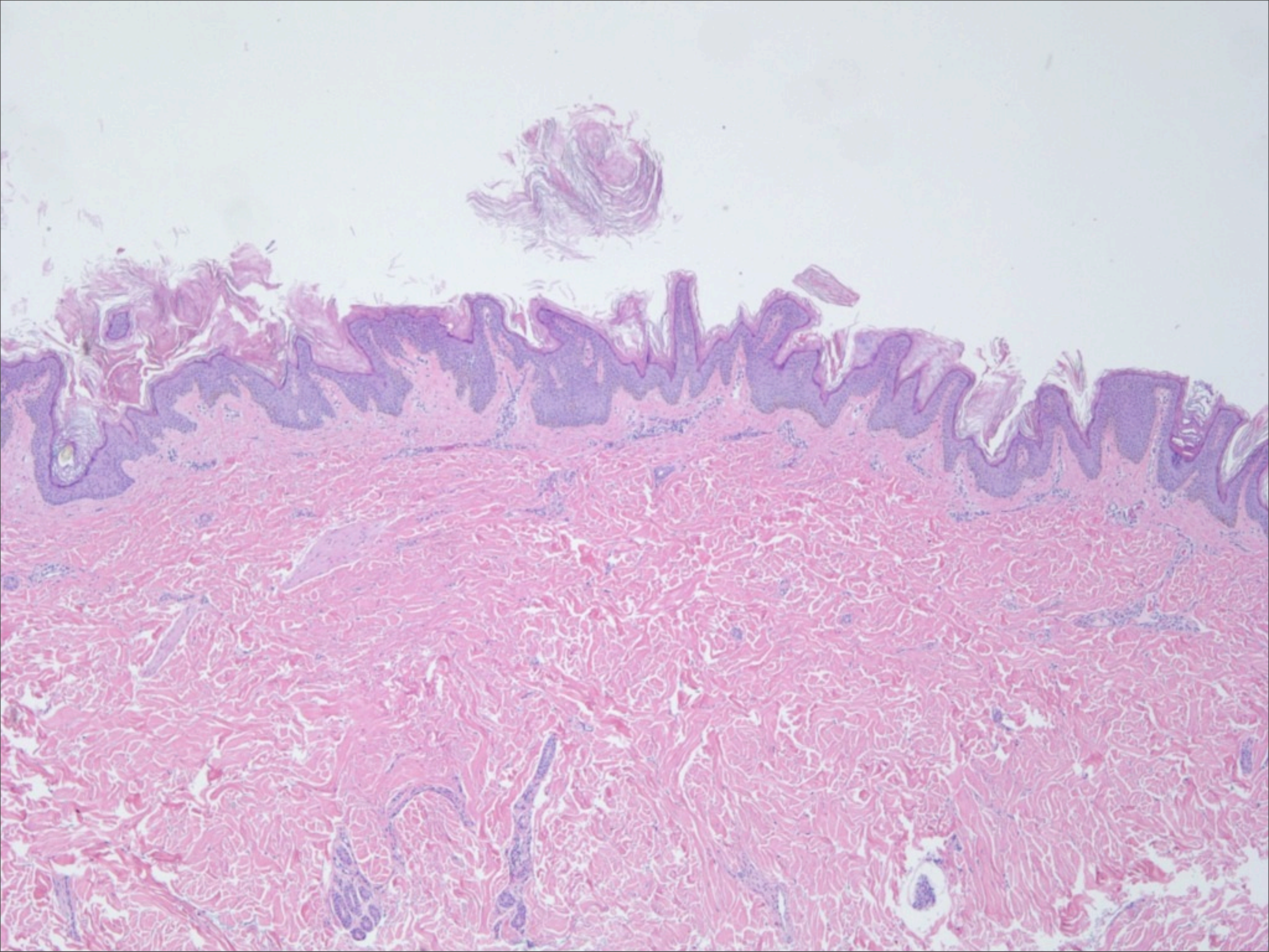
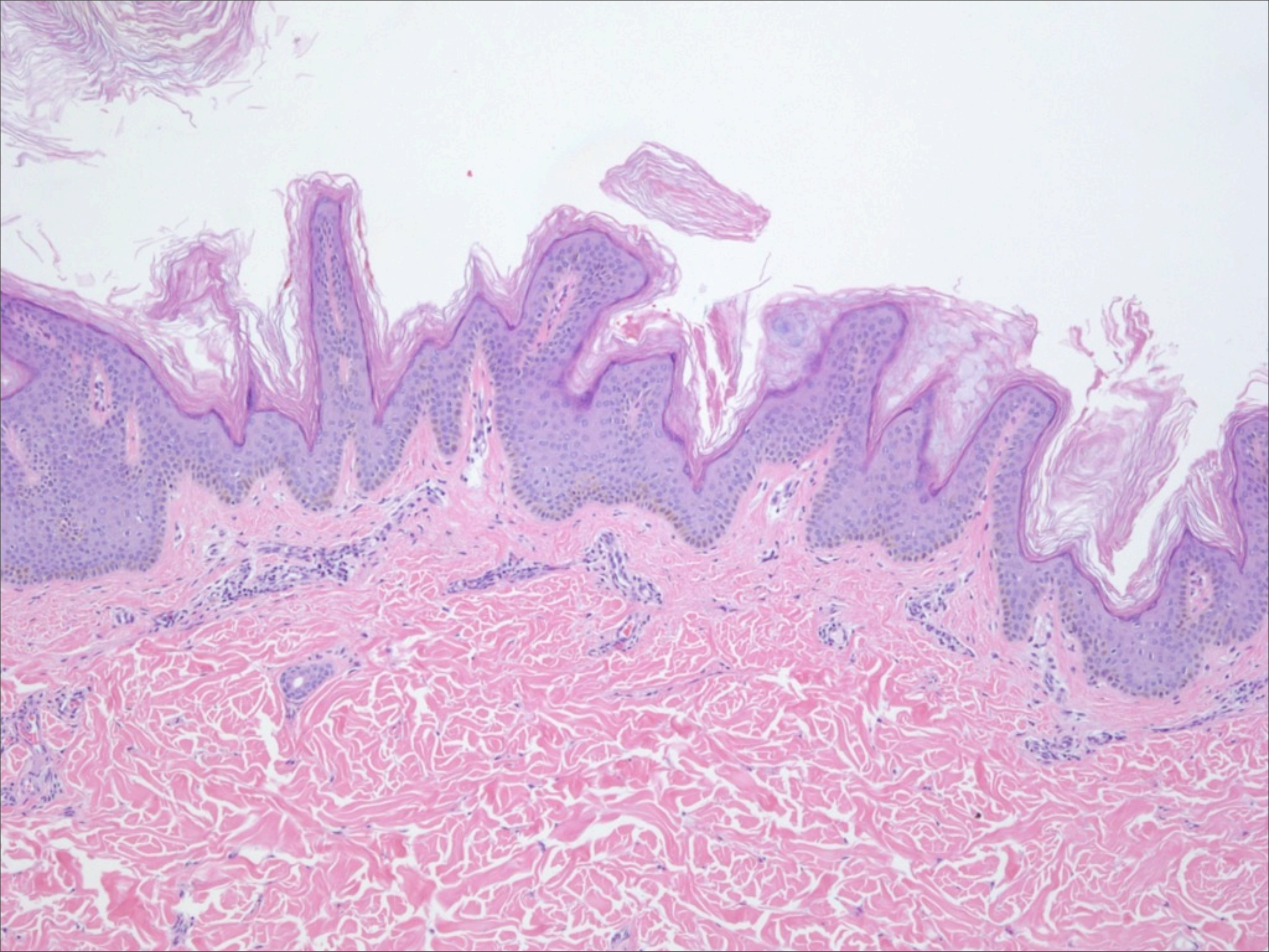


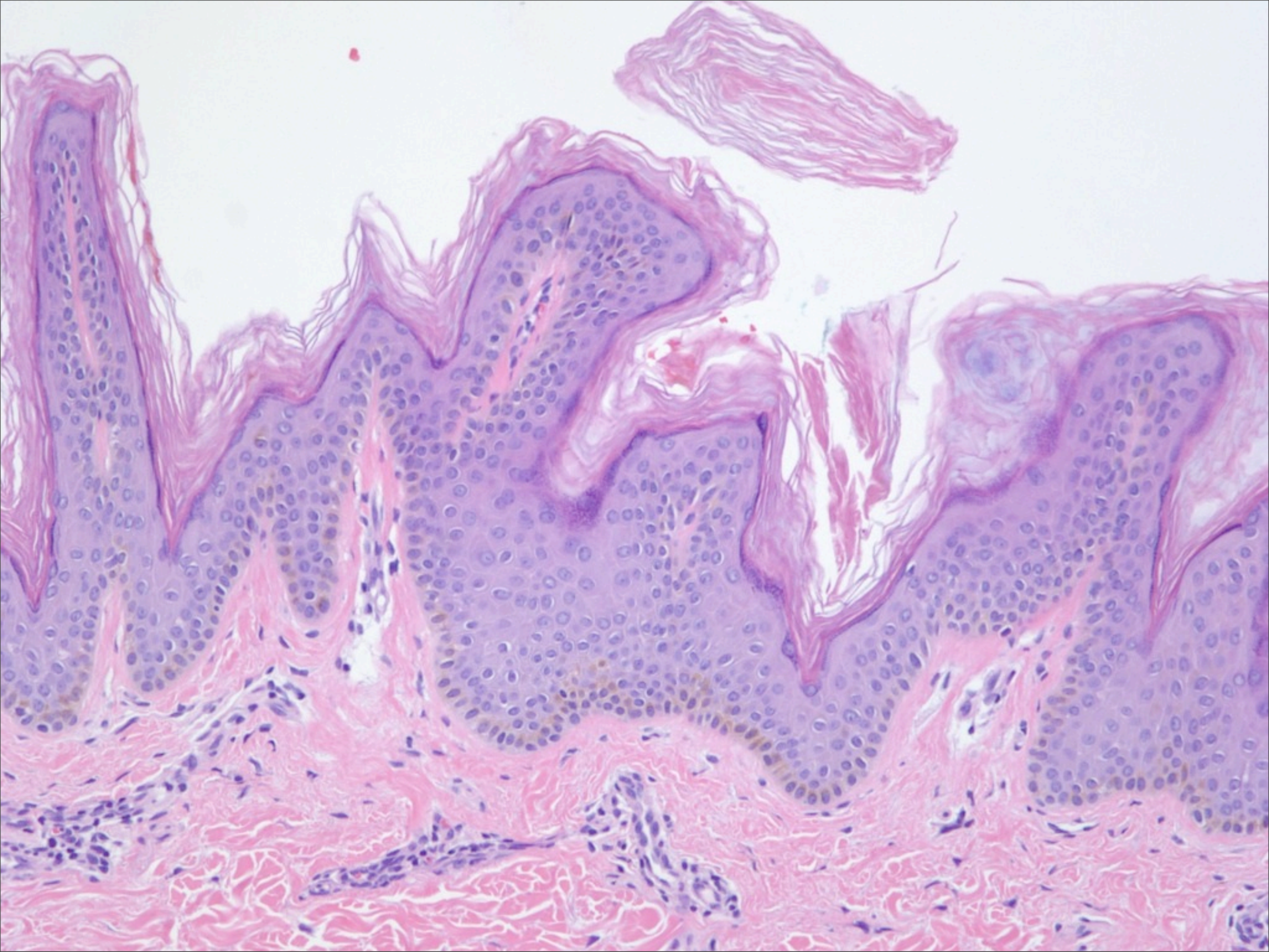
Dermatopathology

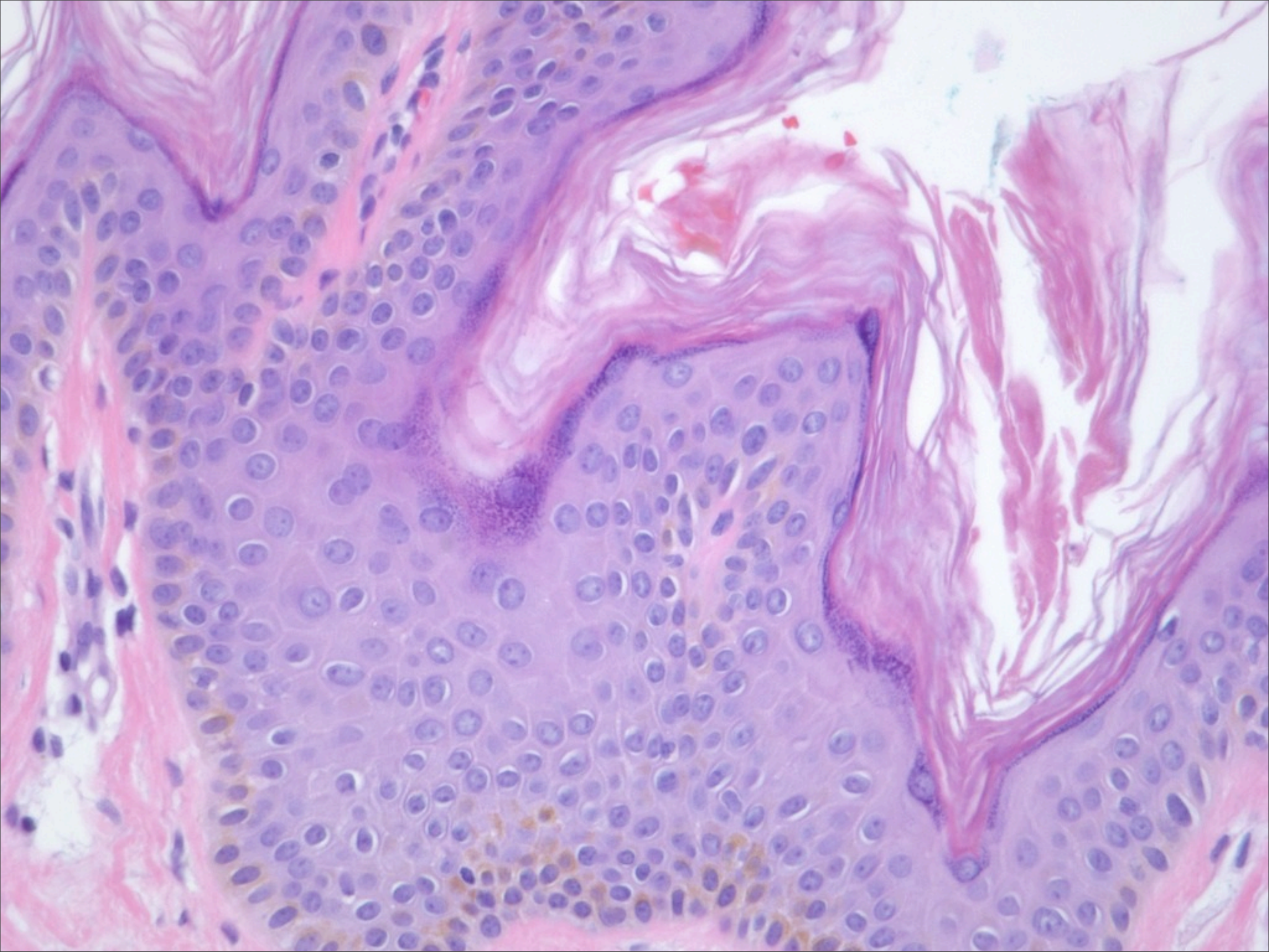
Slide Review Part 150

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Torrance, CA









Changes Consistent with Epidermal Nevus

Notes

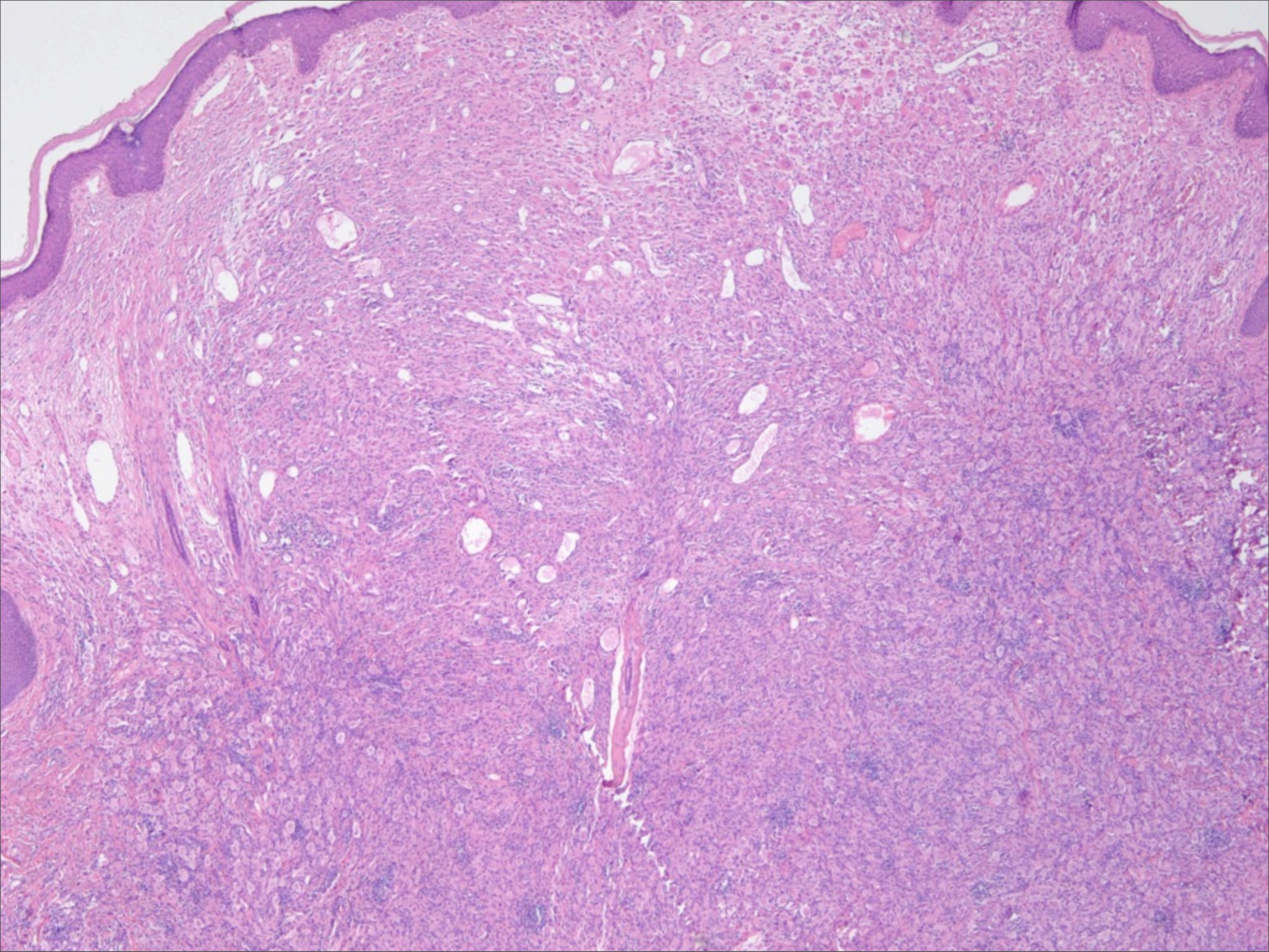
- Epidermal nevi may resemble seborrheic keratosis or resolving verruca vulgaris
- Clinical pathologic correlation is recommended

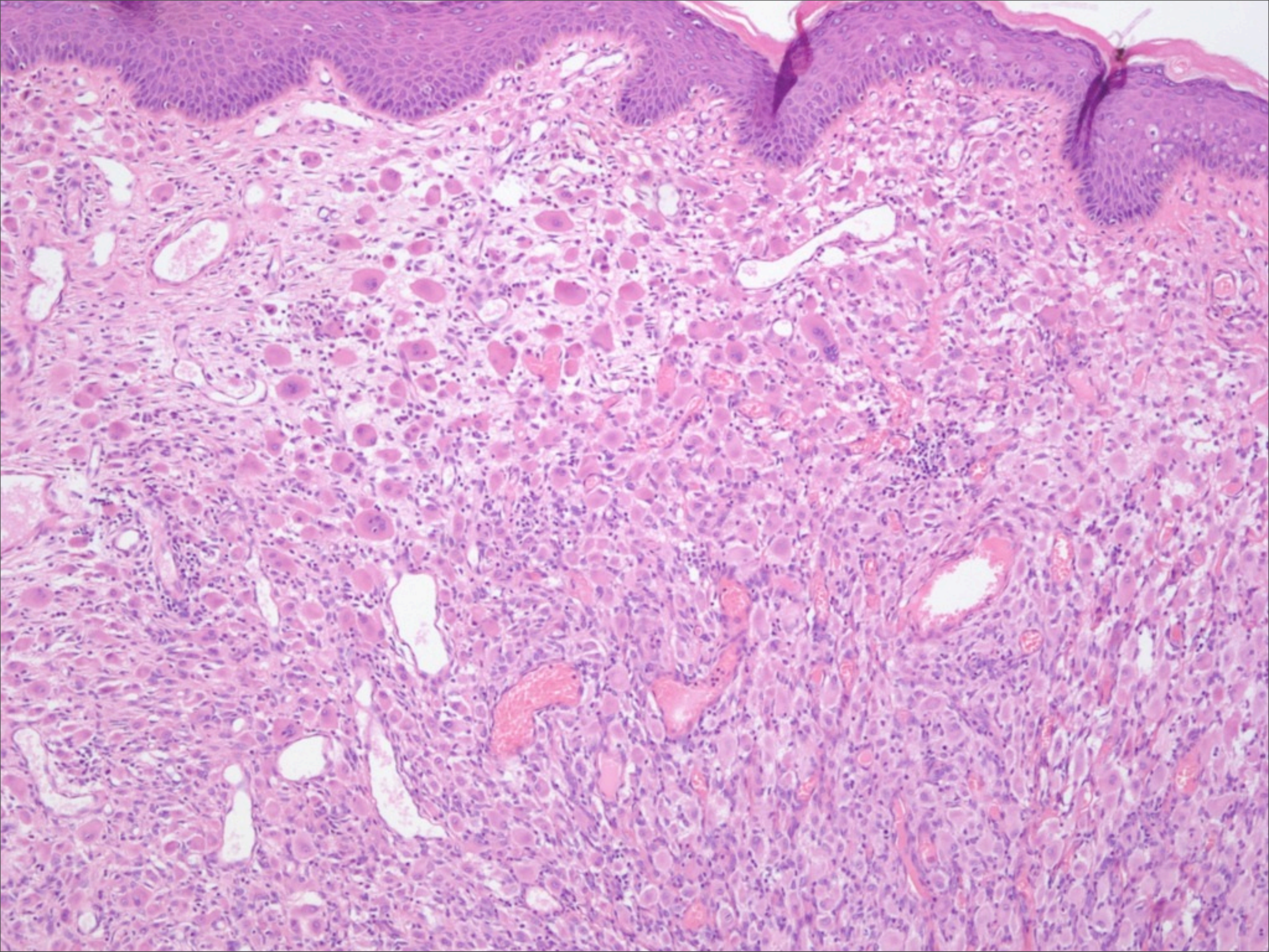
A histological section of skin stained with hematoxylin and eosin (H&E). The epidermis is thickened (hyperplasia) and shows a wavy, papillomatous border. The dermis is composed of dense, pink-stained collagen fibers. There are no viral cytopathic changes visible in the epidermal cells.

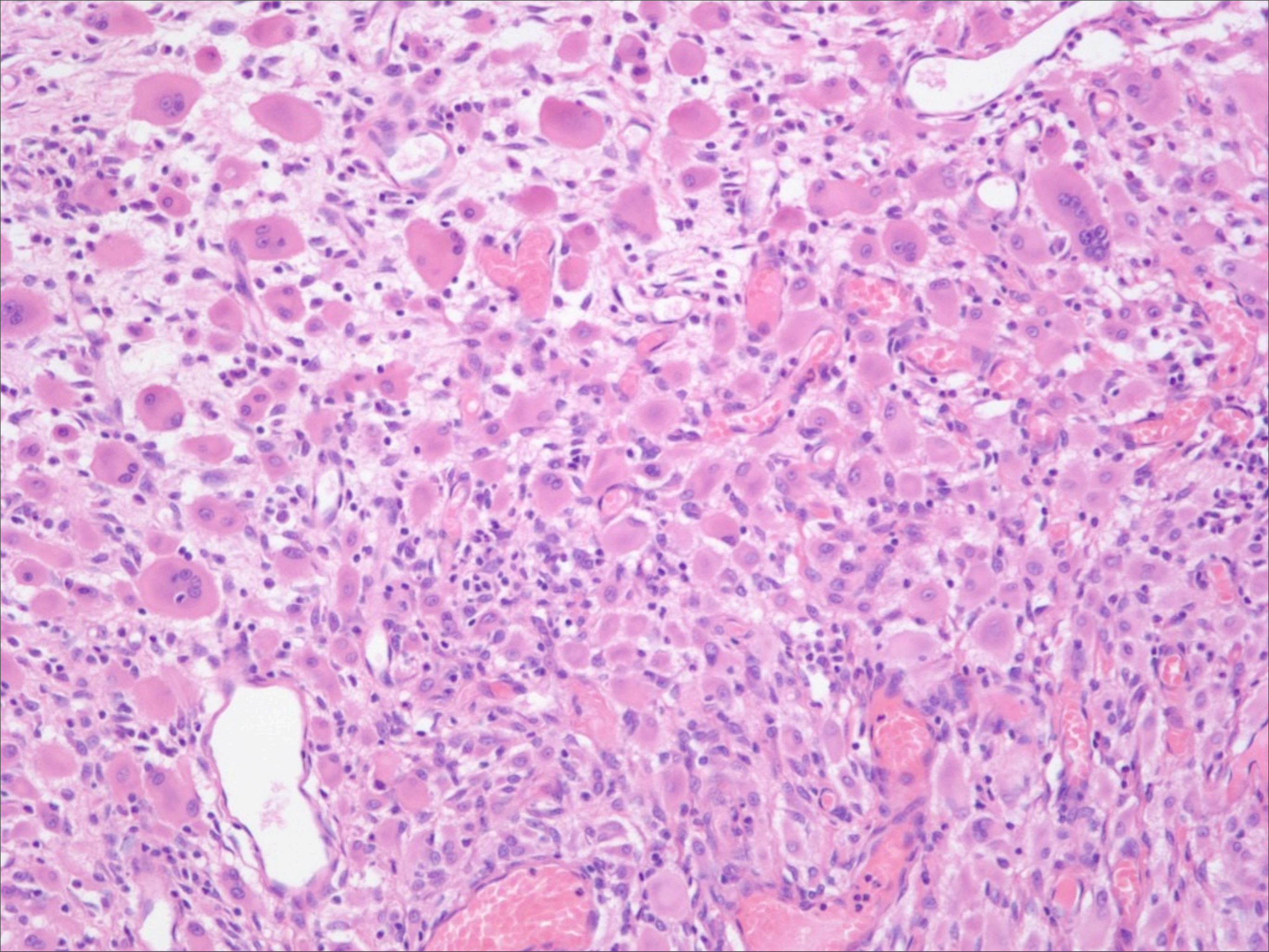
No viral cytopathic changes

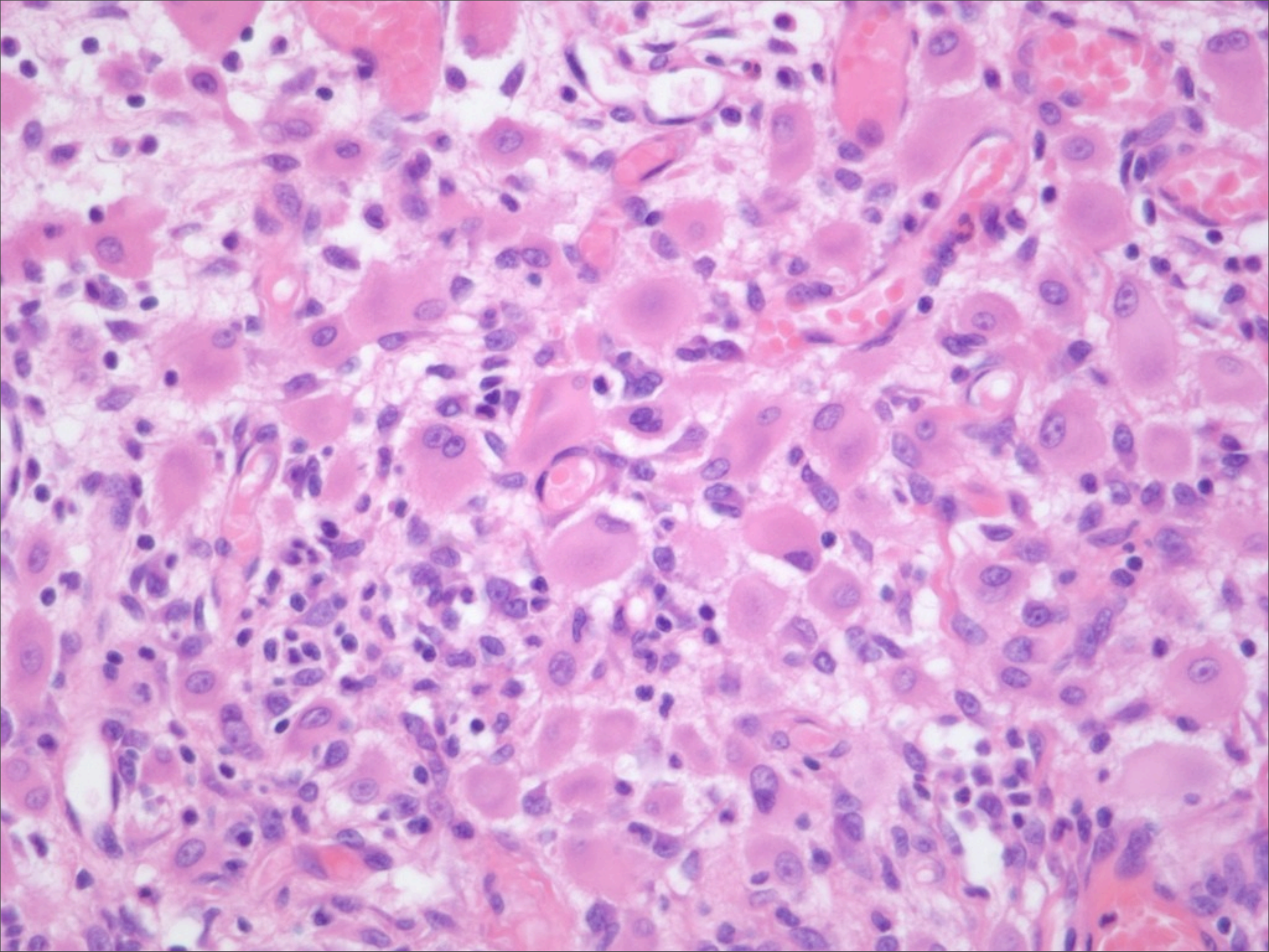
Epidermal hyperplasia with papillomatosis

May lack distinct rete ridge flattening or horn pseudocysts

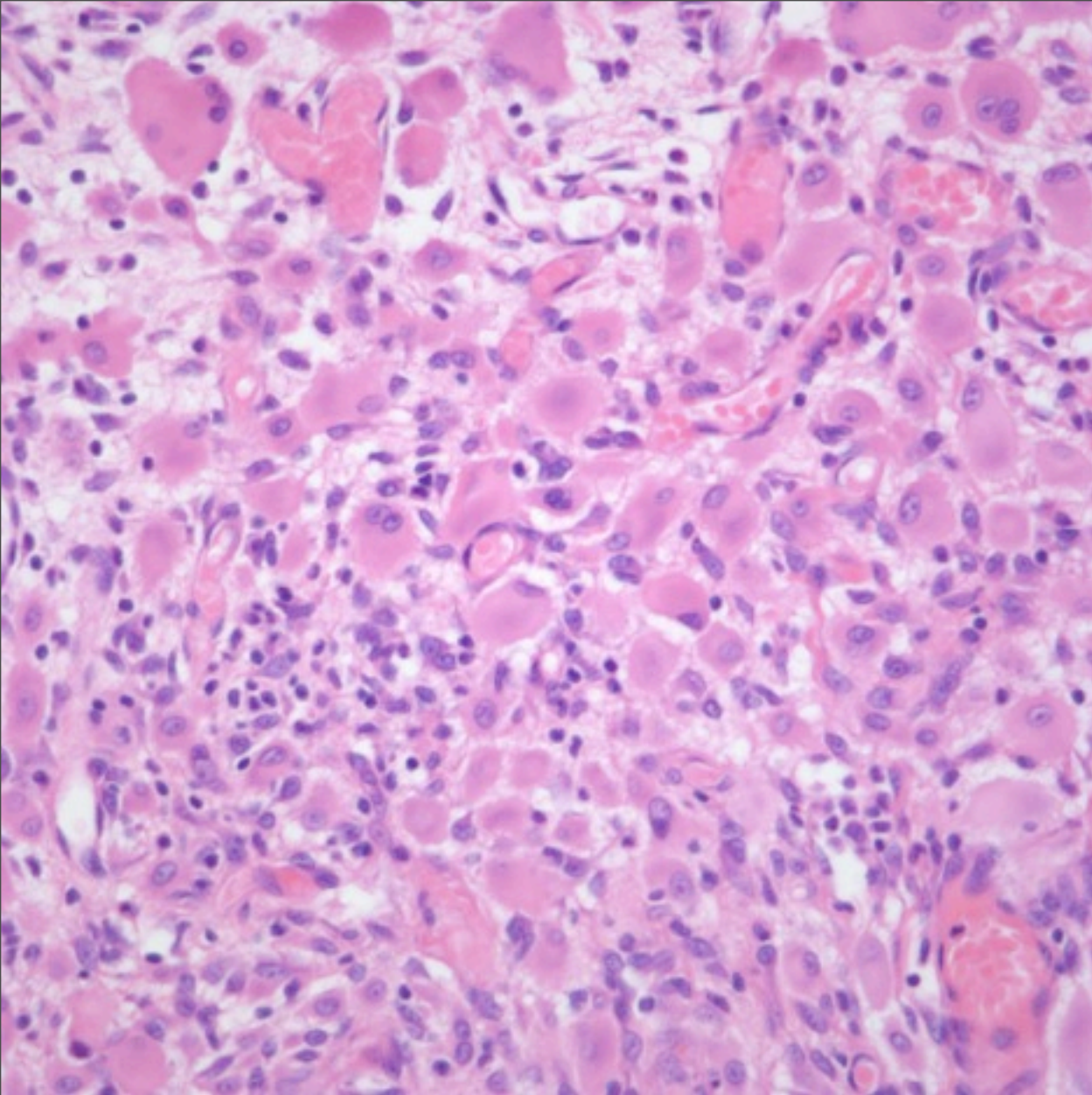








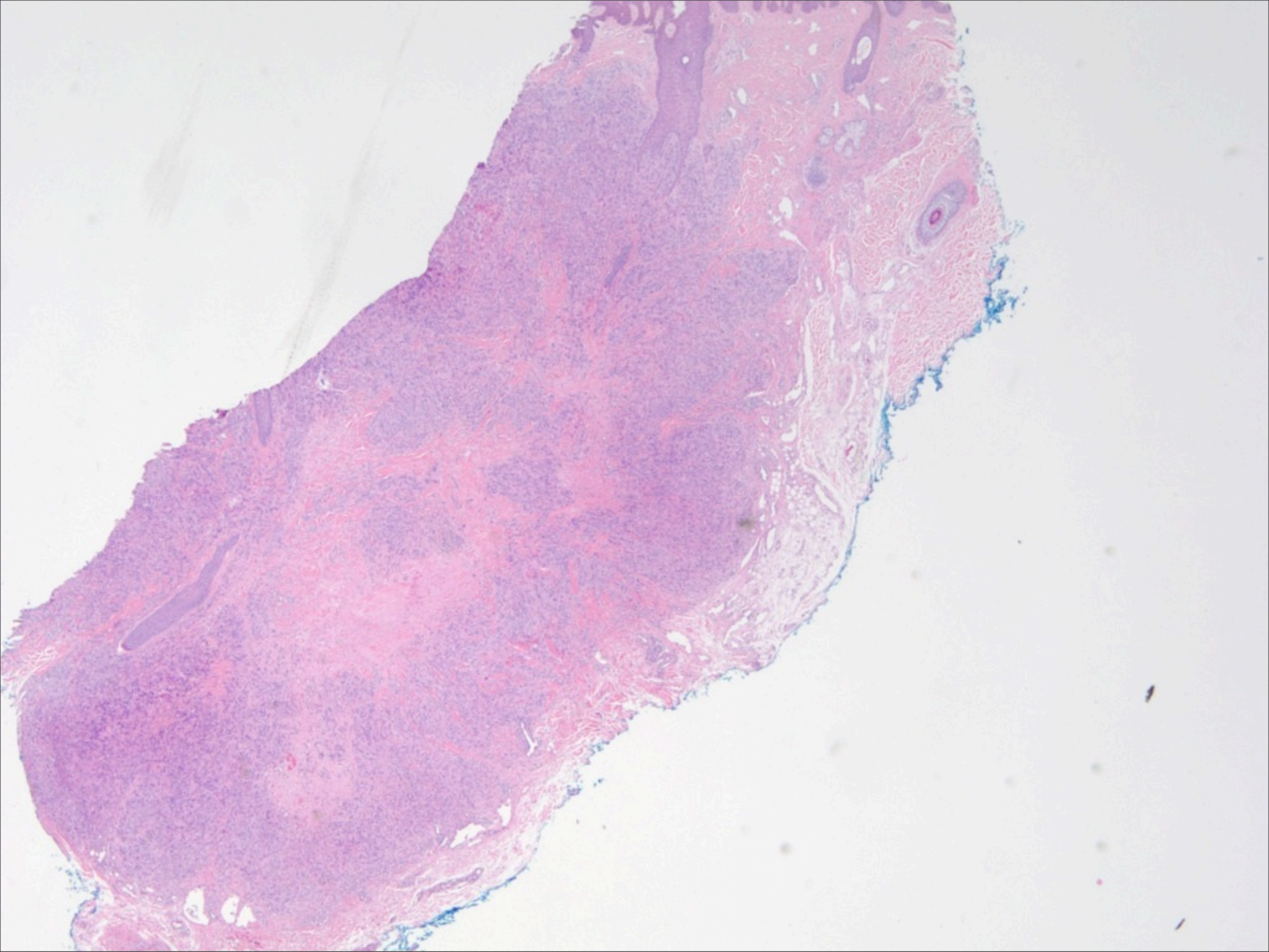
Reticulohistiocytoma

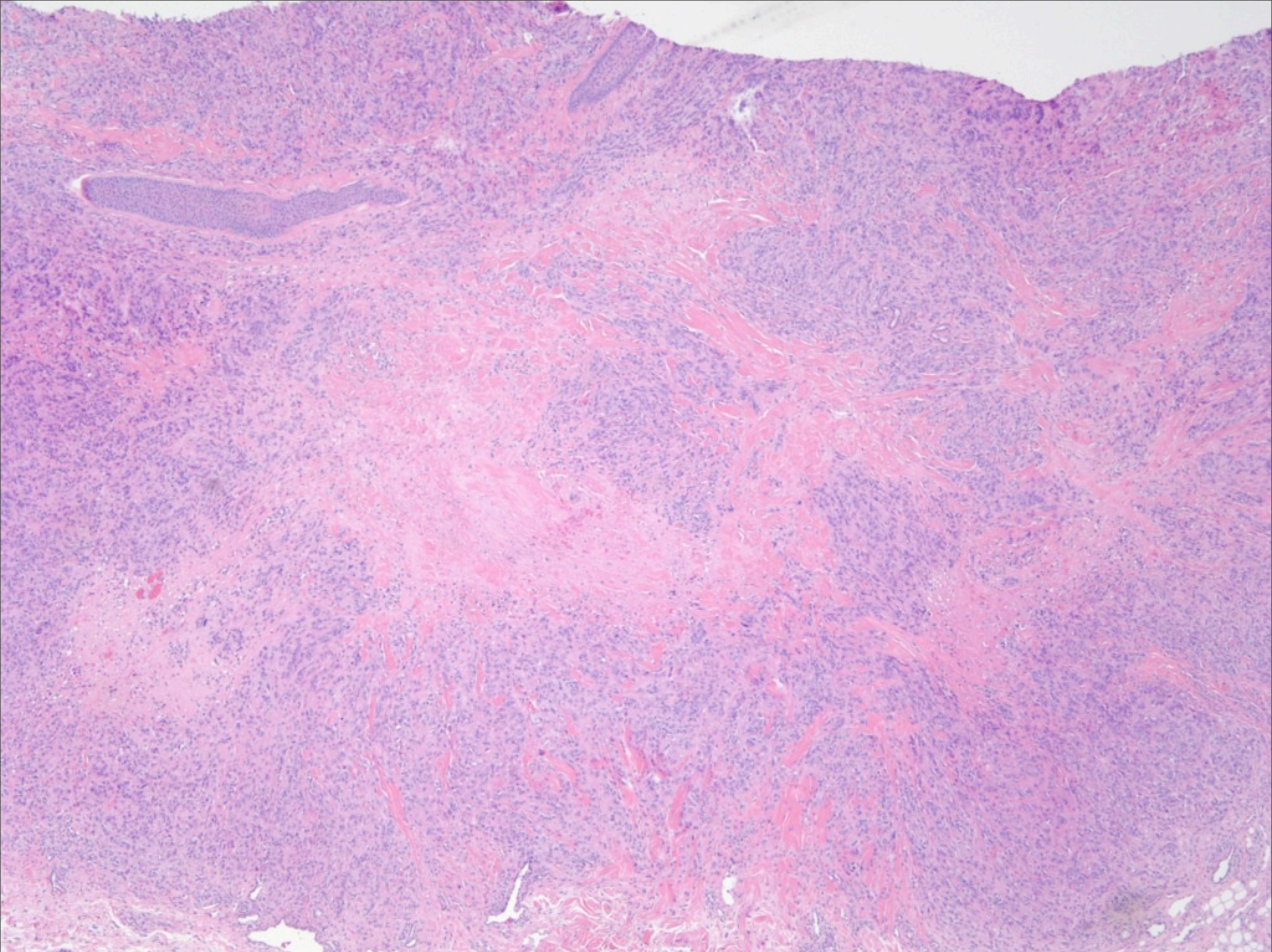


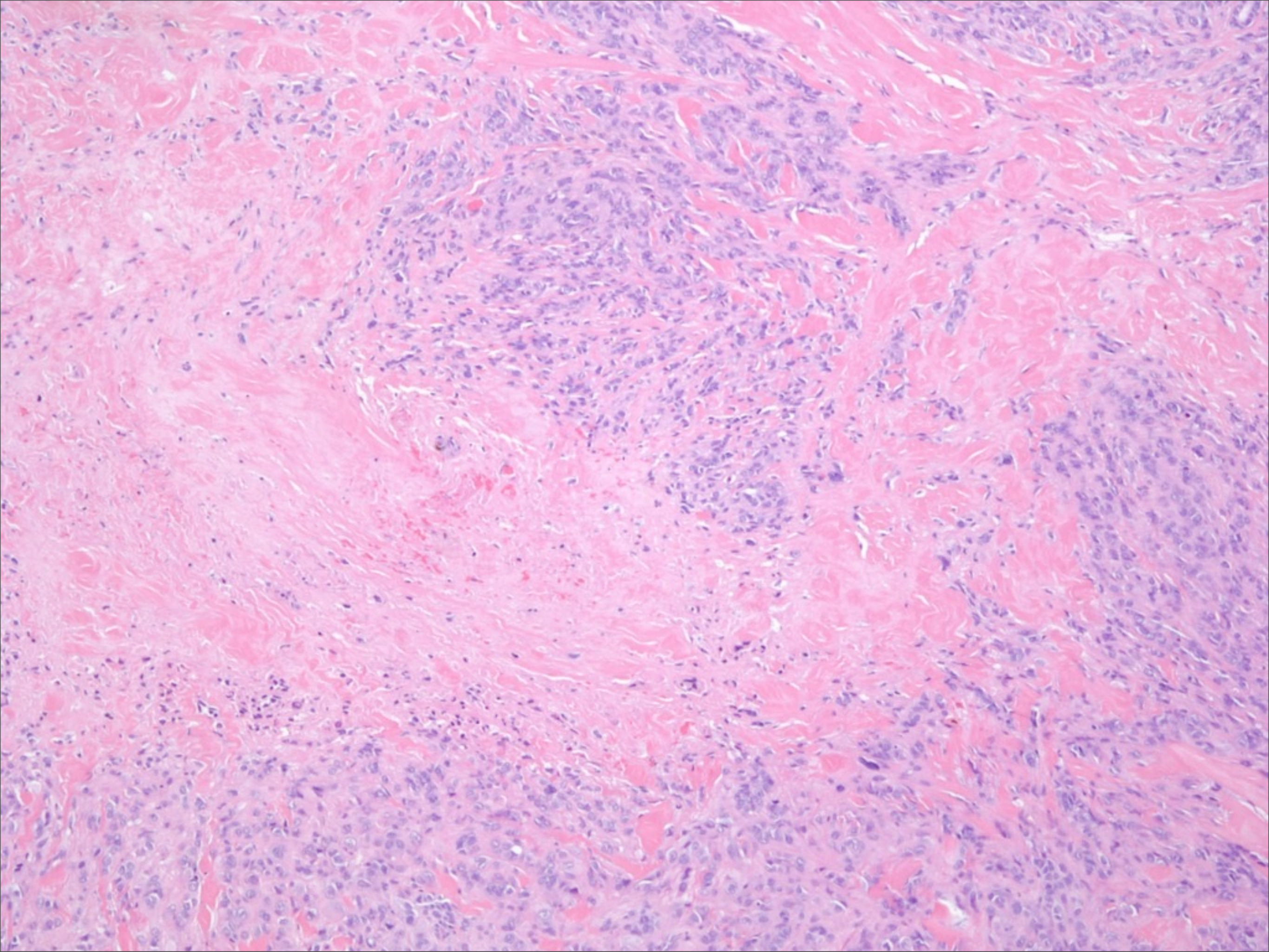
May confirm with
immunostains-CD68+

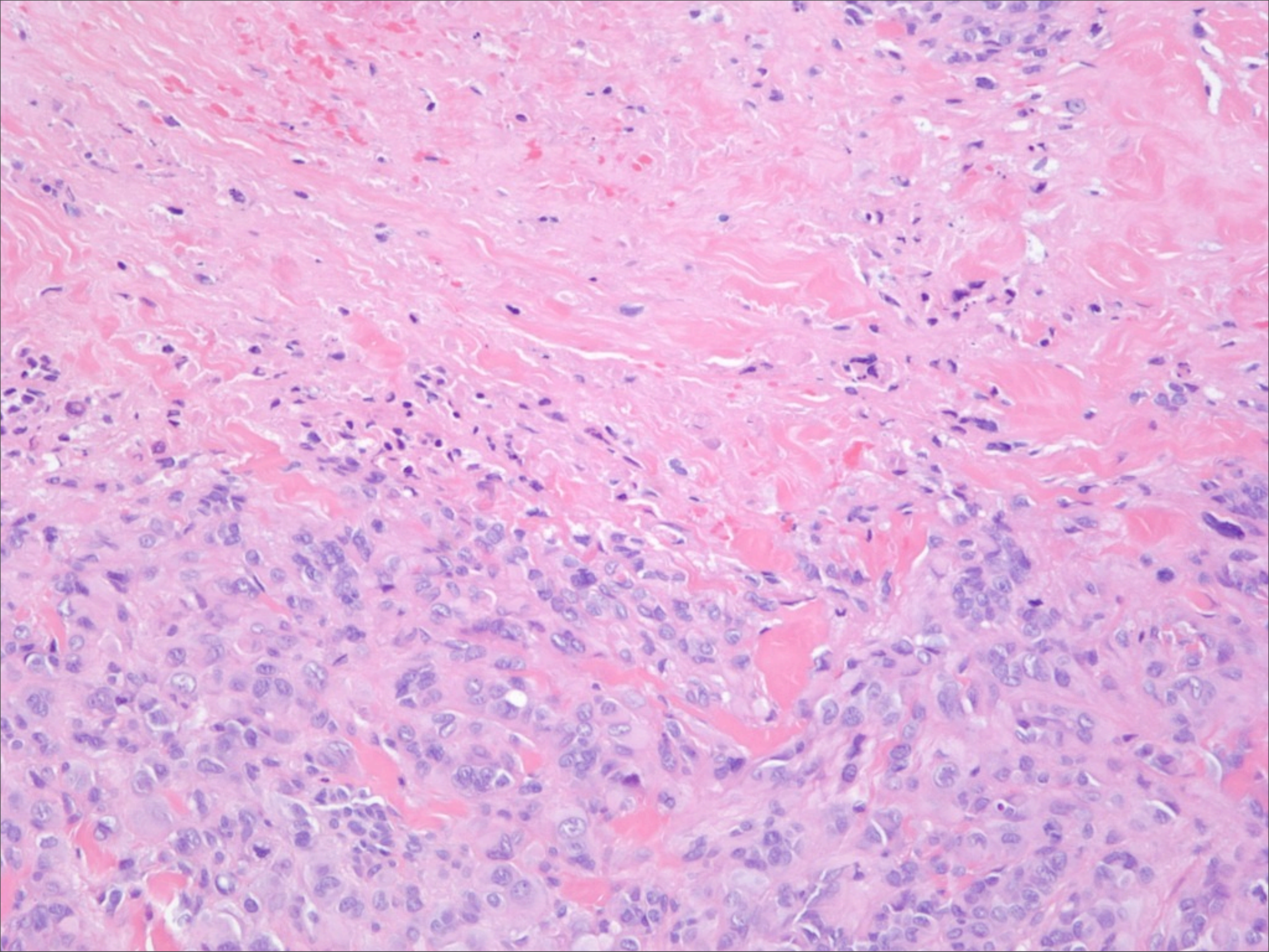
Background with variable
foamy histiocytes
and chronic inflammation

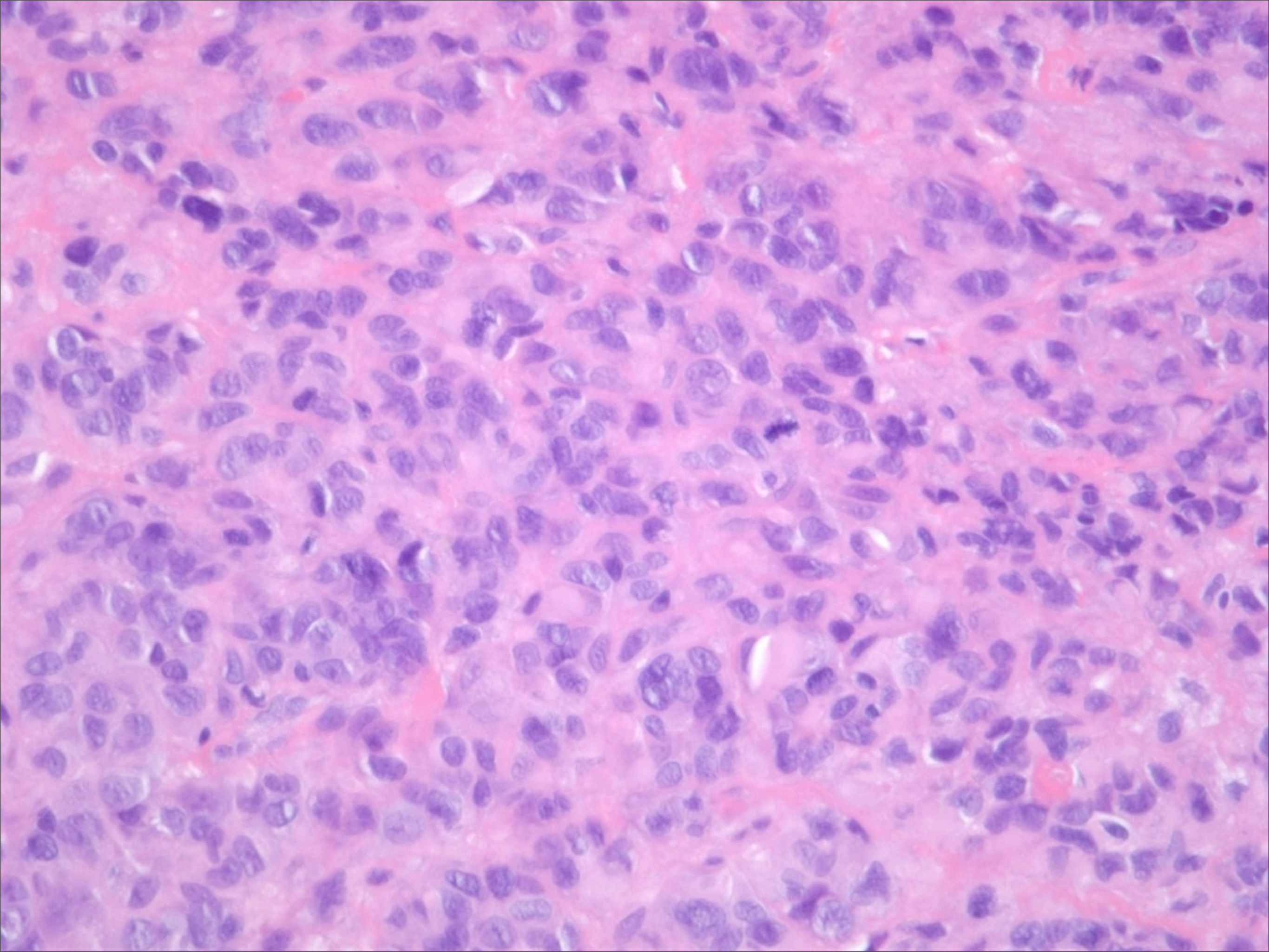
Epithelioid Histiocytes with
Abundant eosinophilic staining cytoplasm











Immunostains

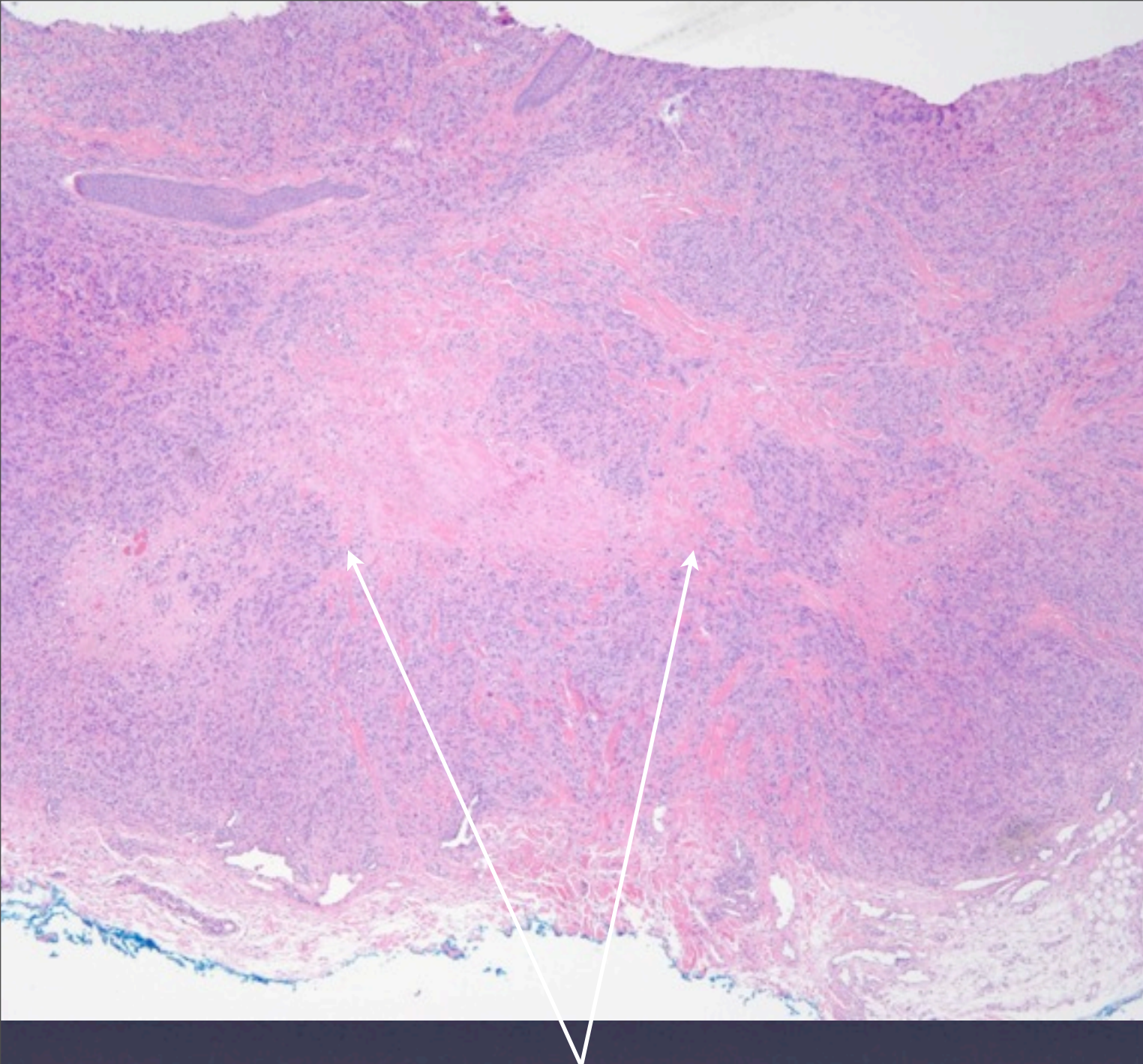
- Cytokeratin and Vimentin positive
- Negative for CK7, CK20, PSA, TTF-I, S100, MelanA, HMB-45, CD31, CD34, D2-40

Poorly Differentiated Malignancy Consistent with Metastatic Epithelioid Sarcoma

Notes

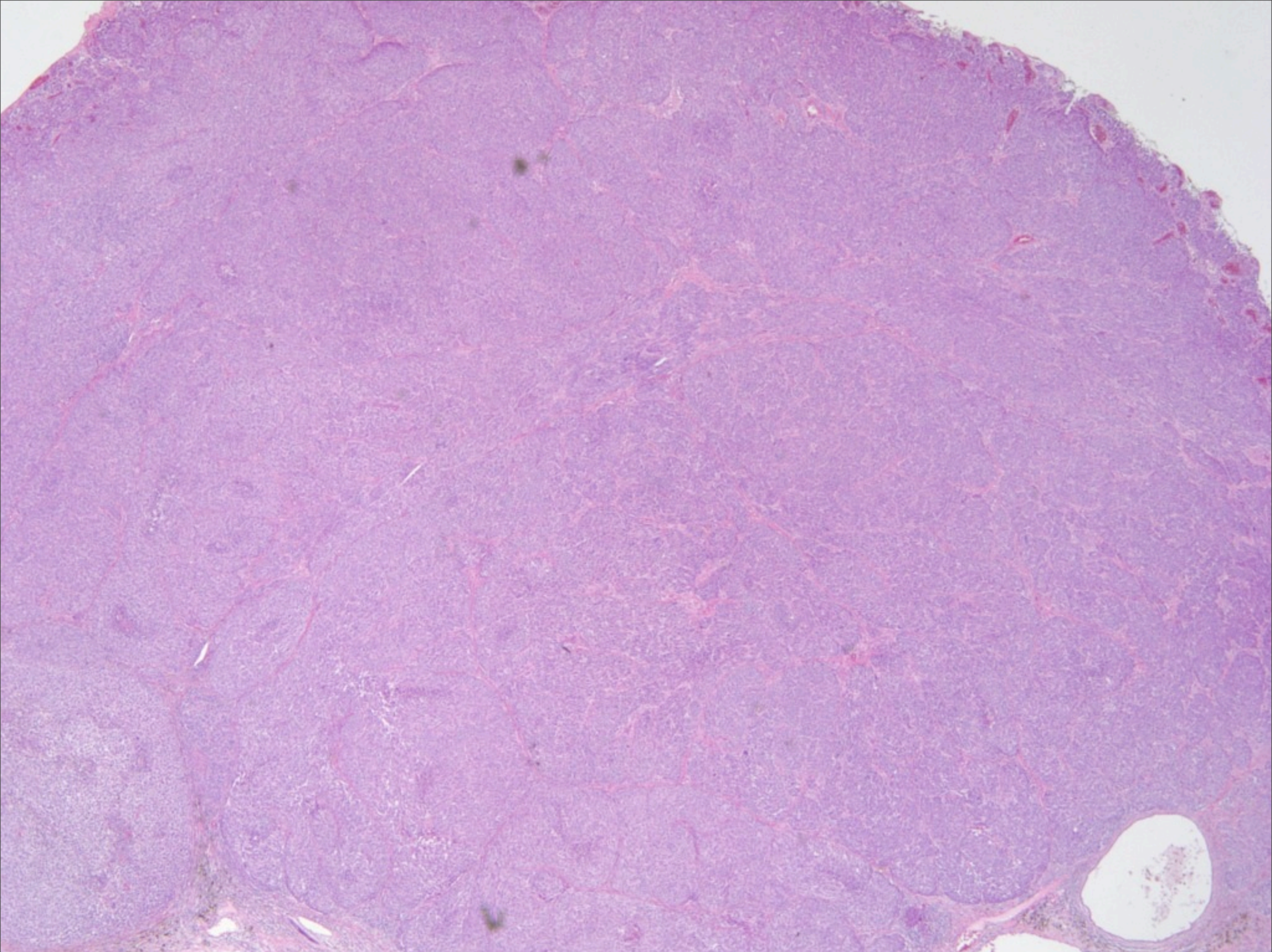
- This is a complicated case in a young male (34 years)
- By histopathology, this is a pleomorphic tumor which was positive for cytokeratin. However all other epithelial markers were negative.
- History obtained later indicated the patient had a diagnosis of a poorly differentiated tumor with a working diagnosis of epithelioid sarcoma

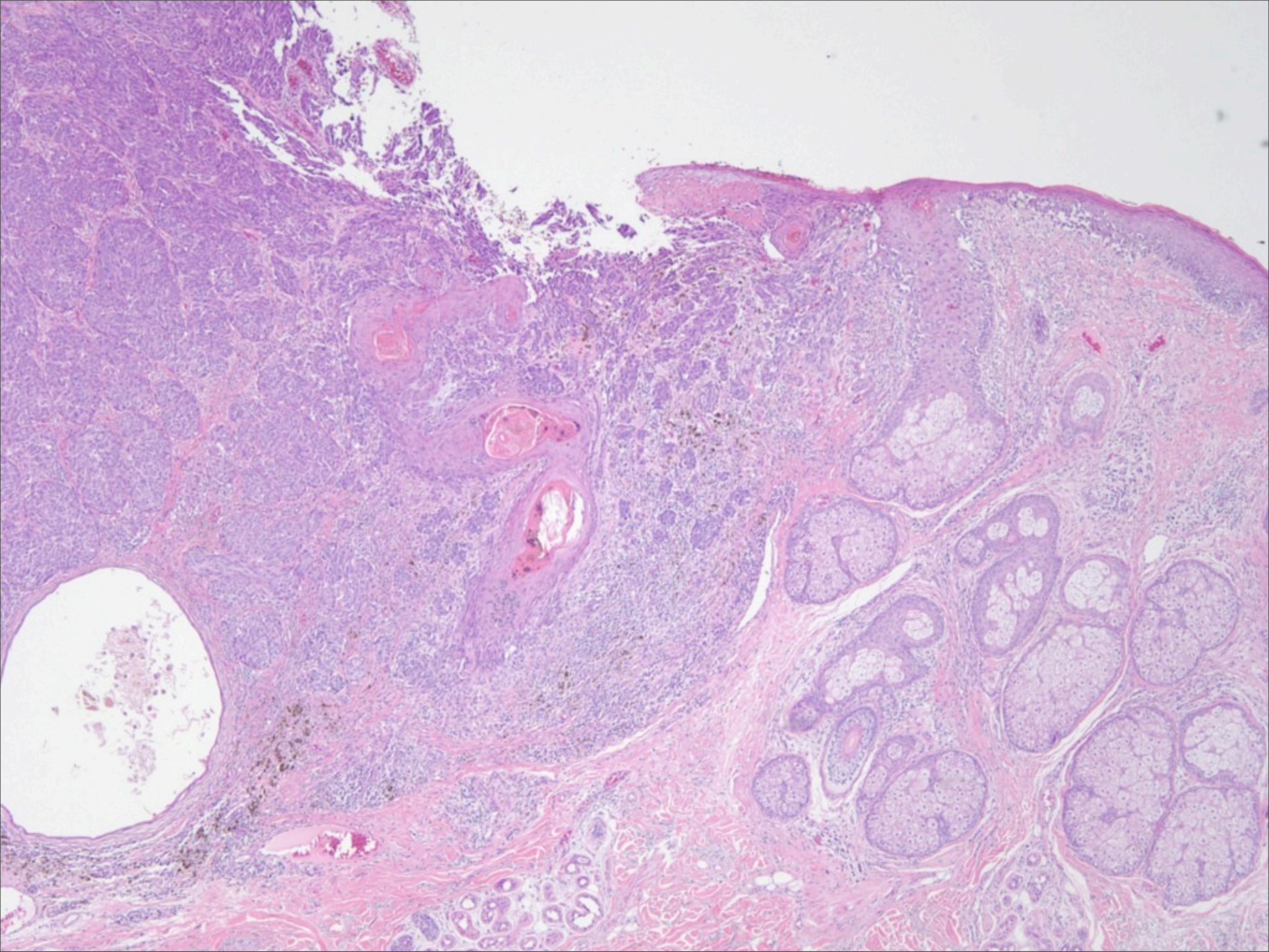
Pleomorphic
epithelioid cells

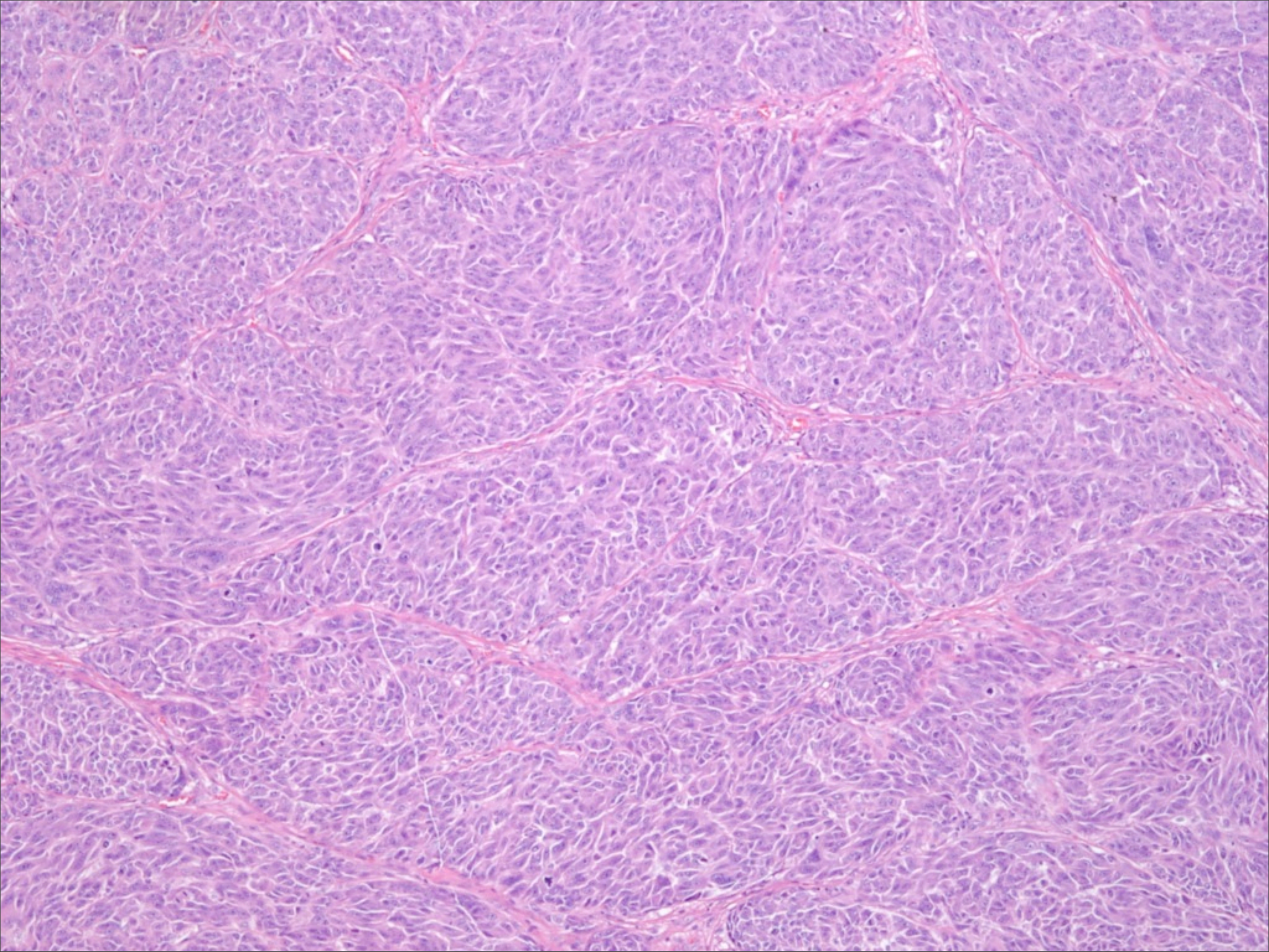


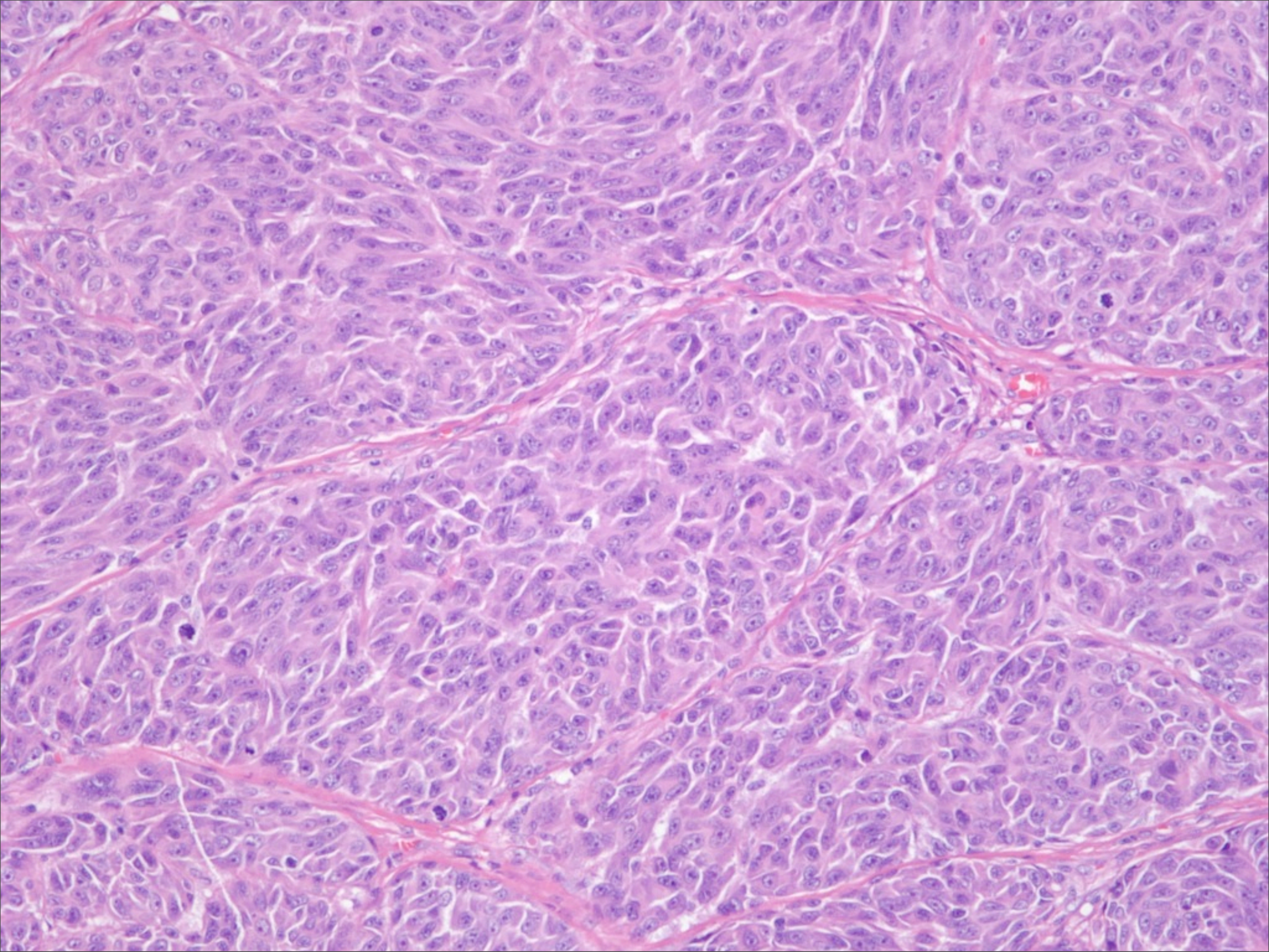
Geographic zones of necrosis

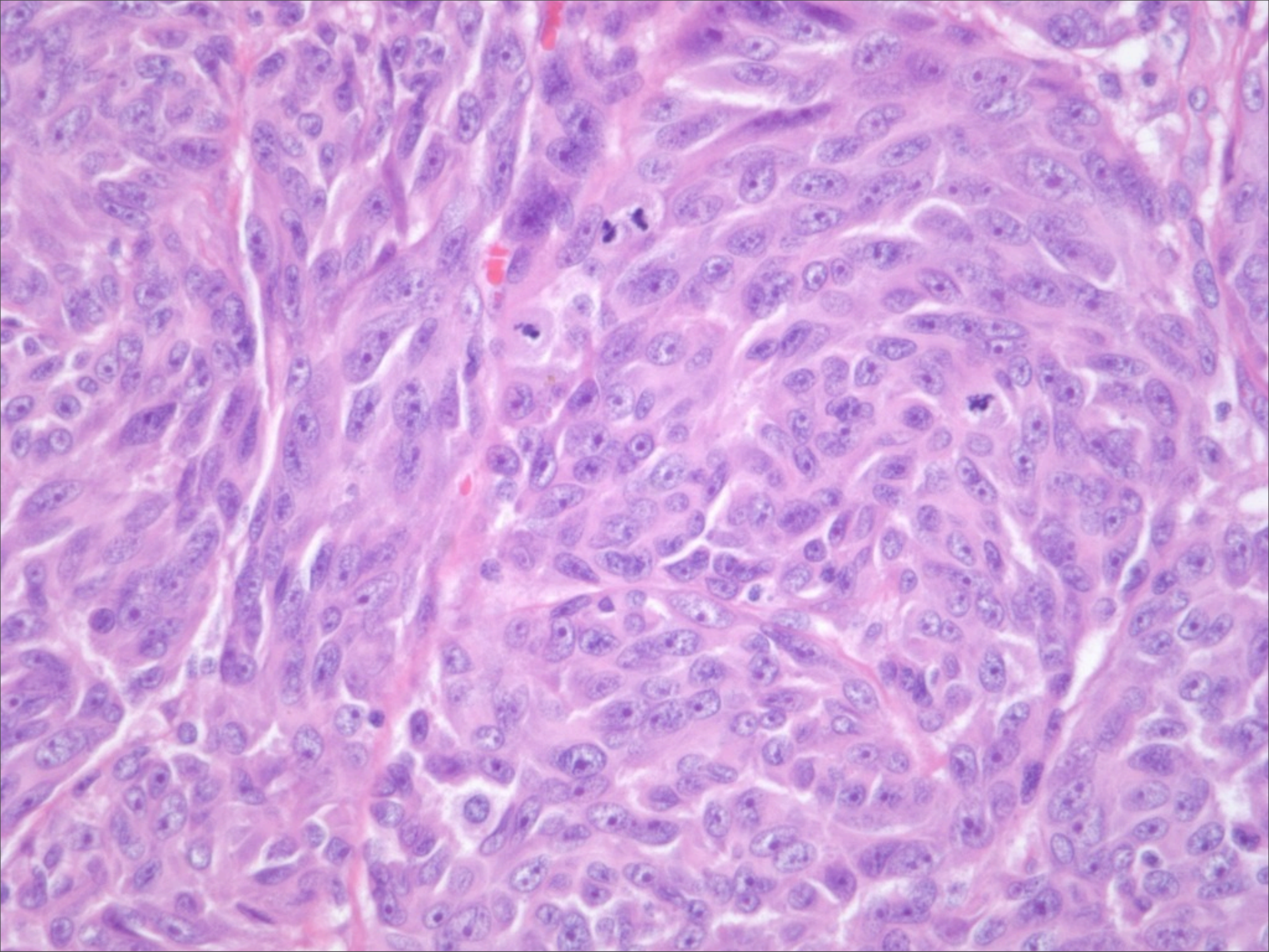
Must have a VERY High Index of
Clinical Suspicion



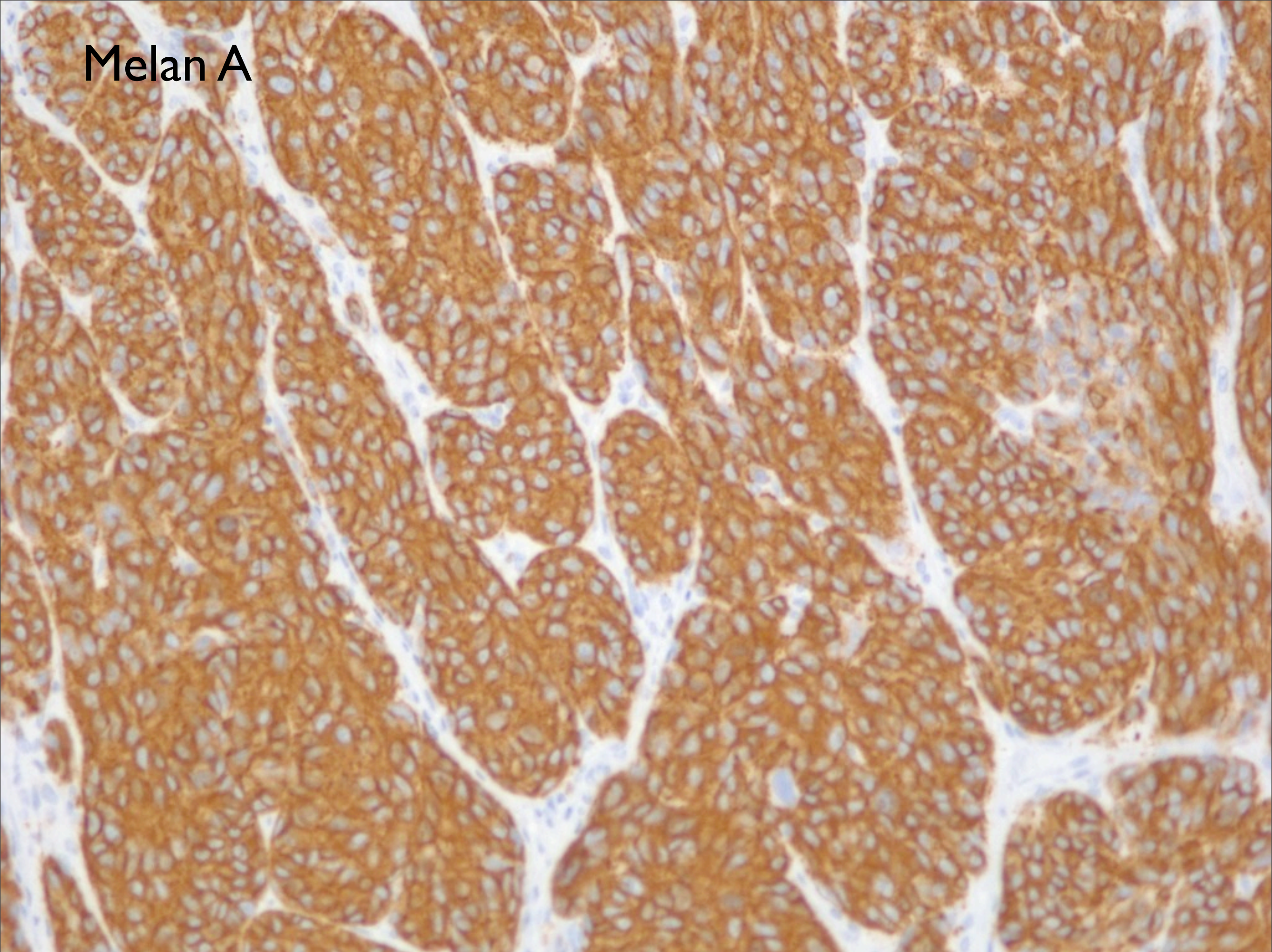




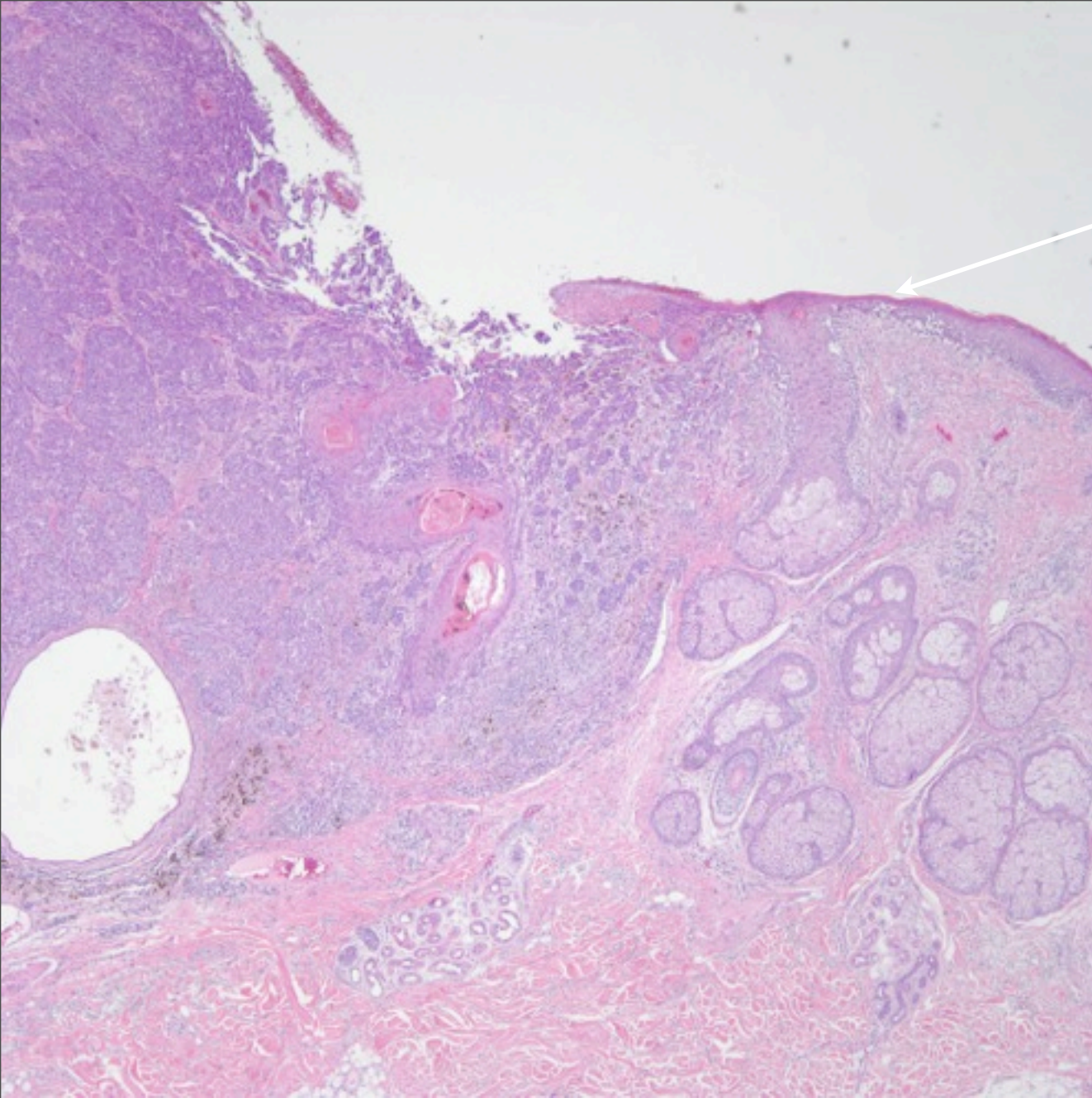




Melan A



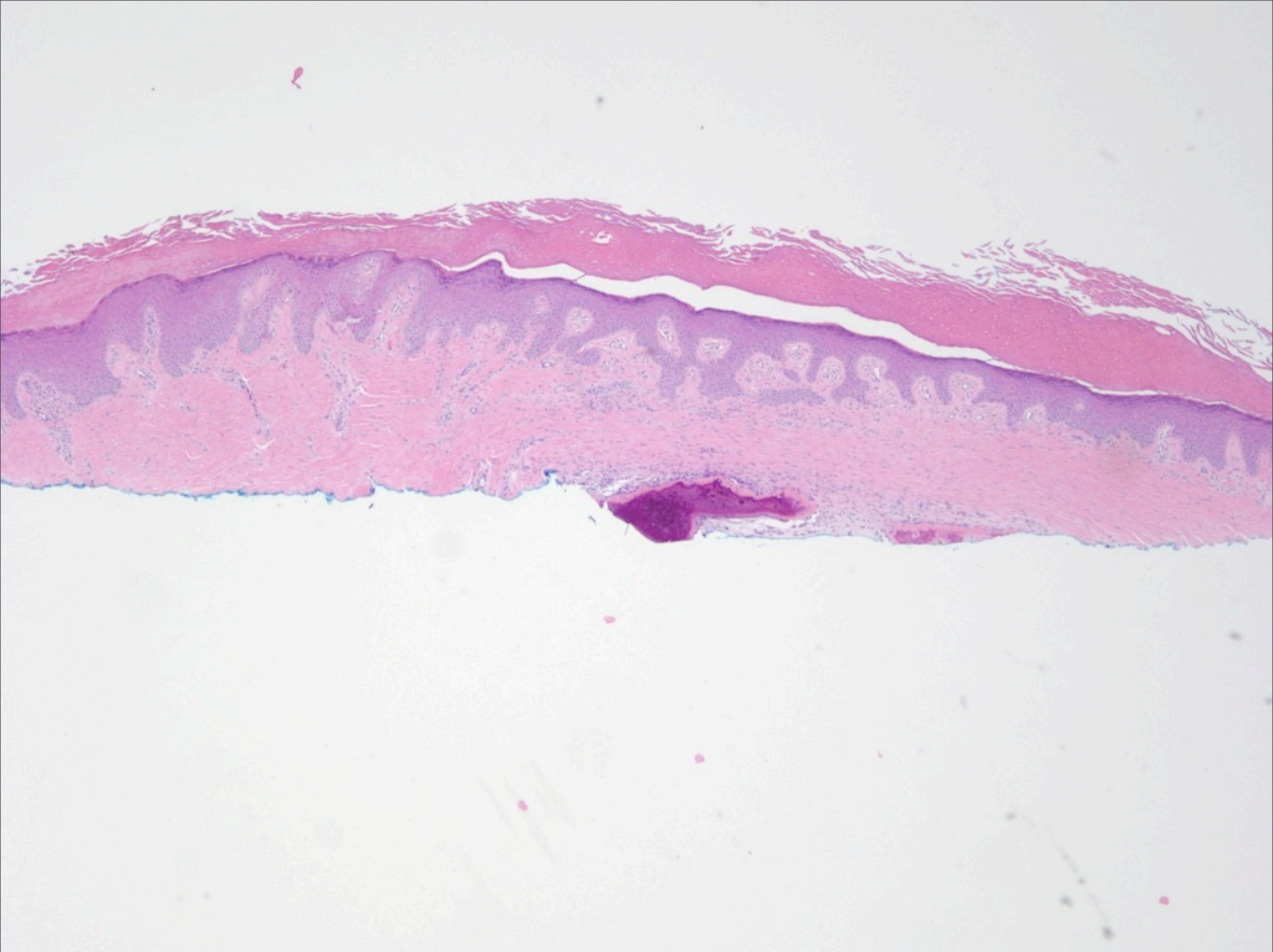
Amelanotic Malignant Melanoma

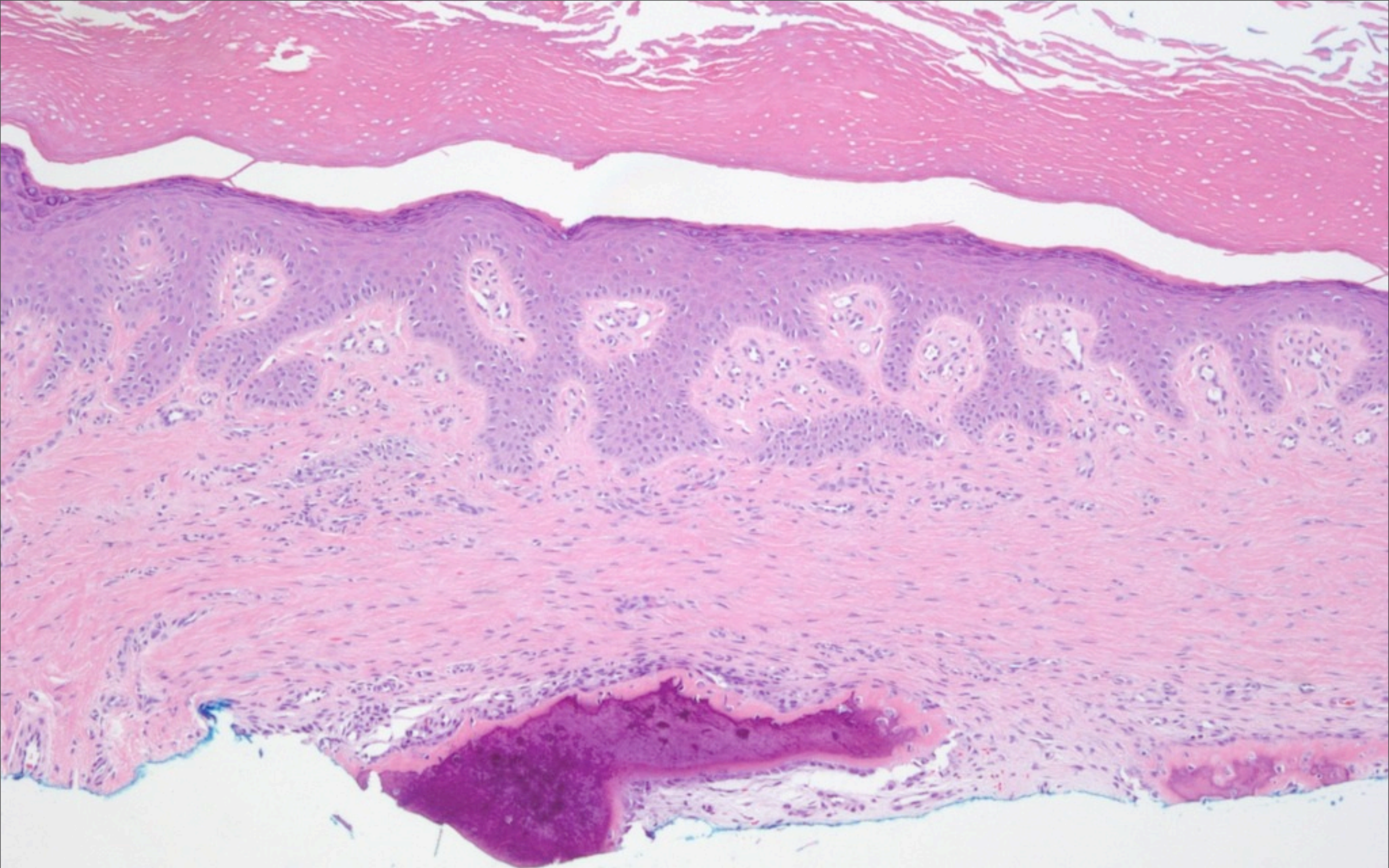


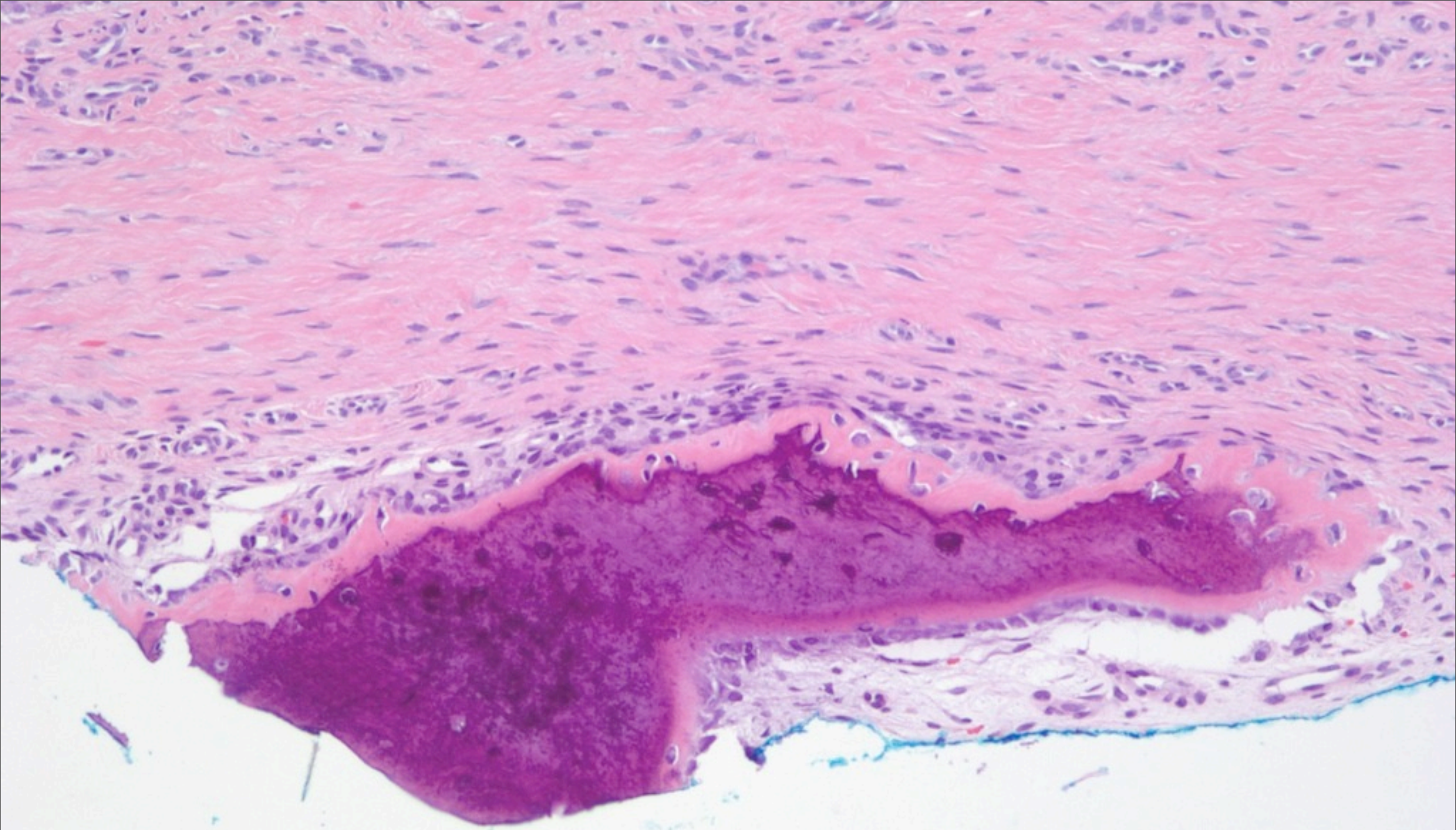
Look for a radial
growth phase

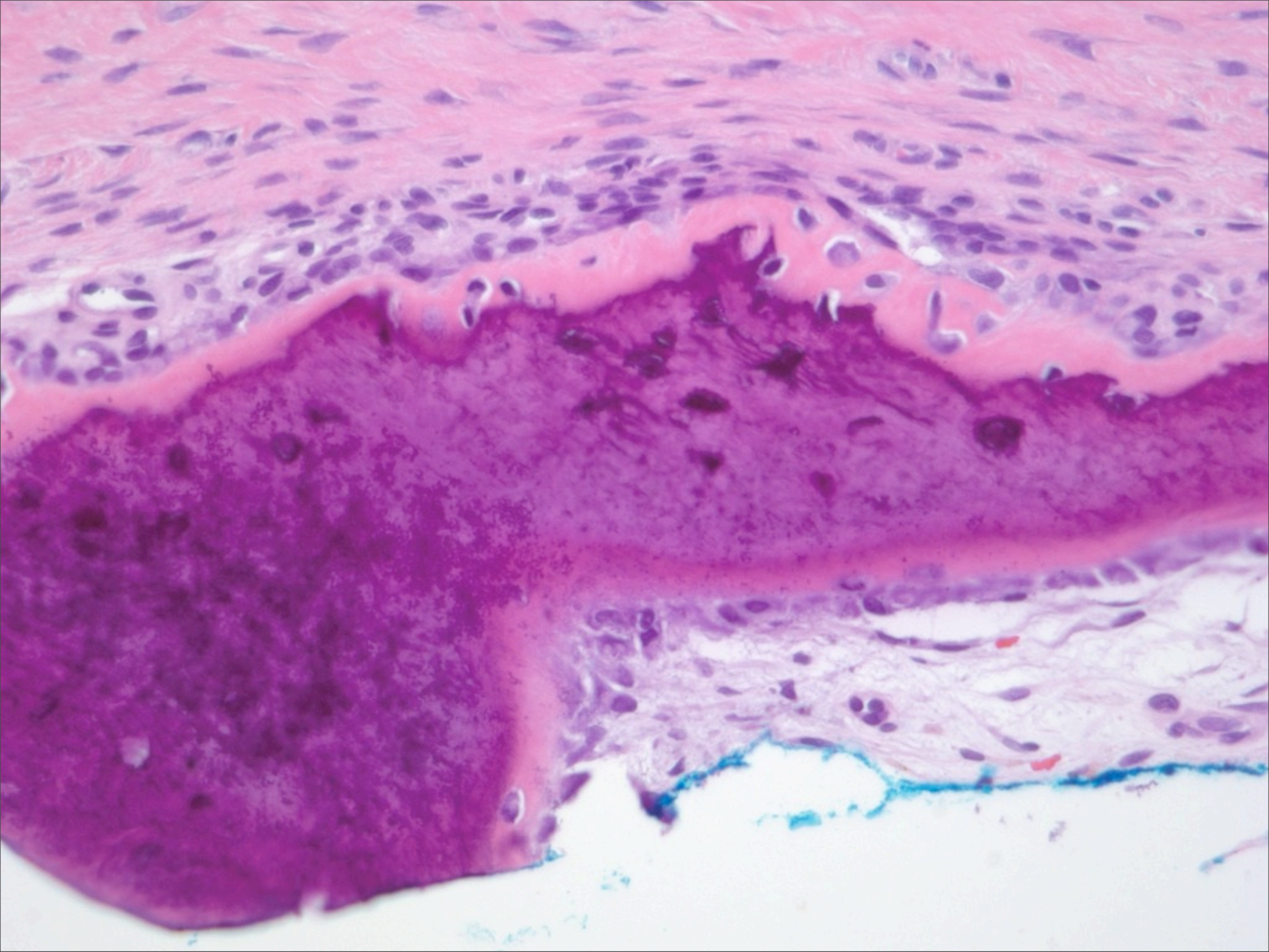
Confirm with Immunostains

Pleomorphic Cells in Sheets and Nests



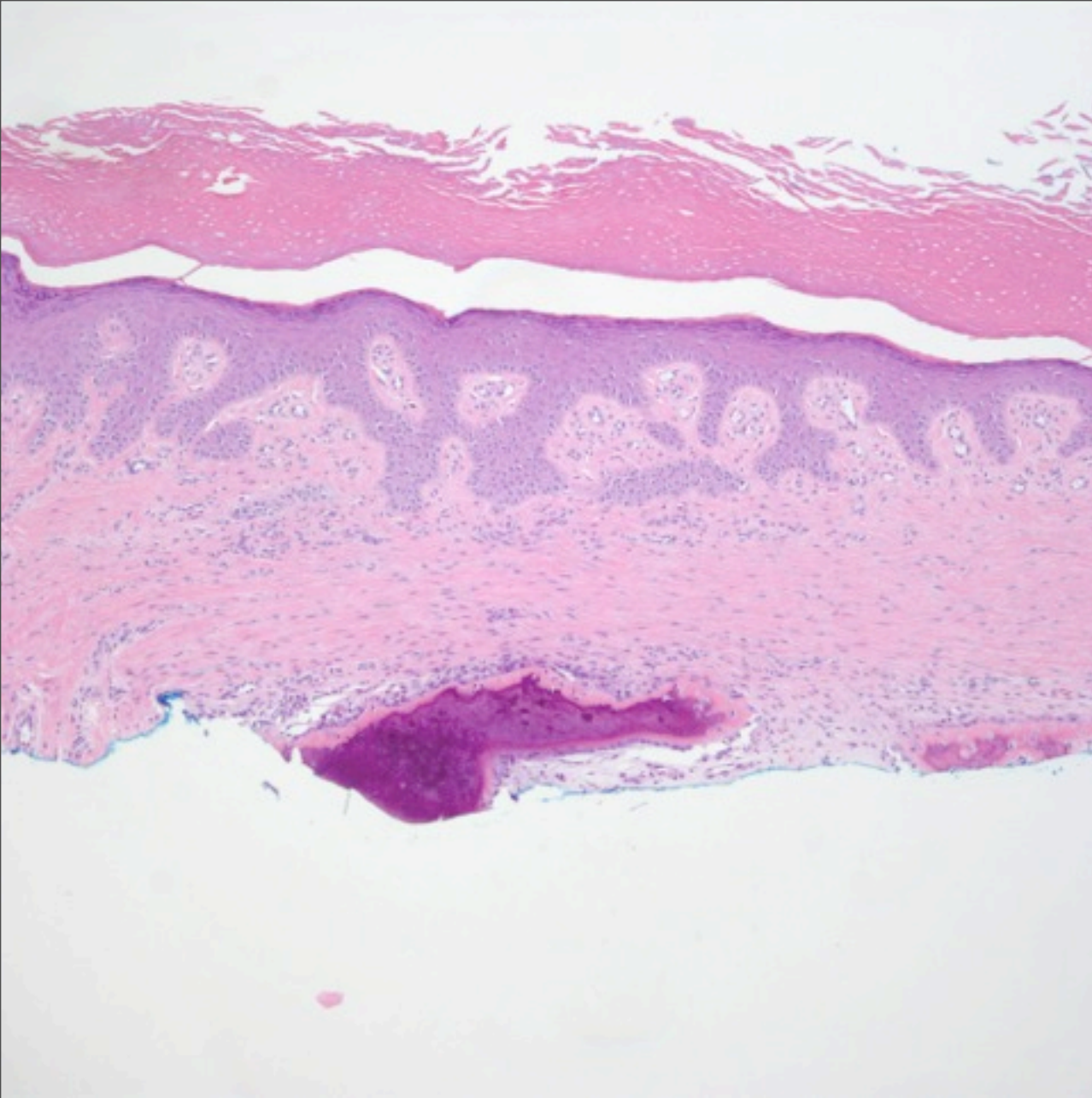






Osteoma Cutis

Look for secondary causes
such as scar, hemangioma,
neoplastic proliferations



Mature Bone with Calcification