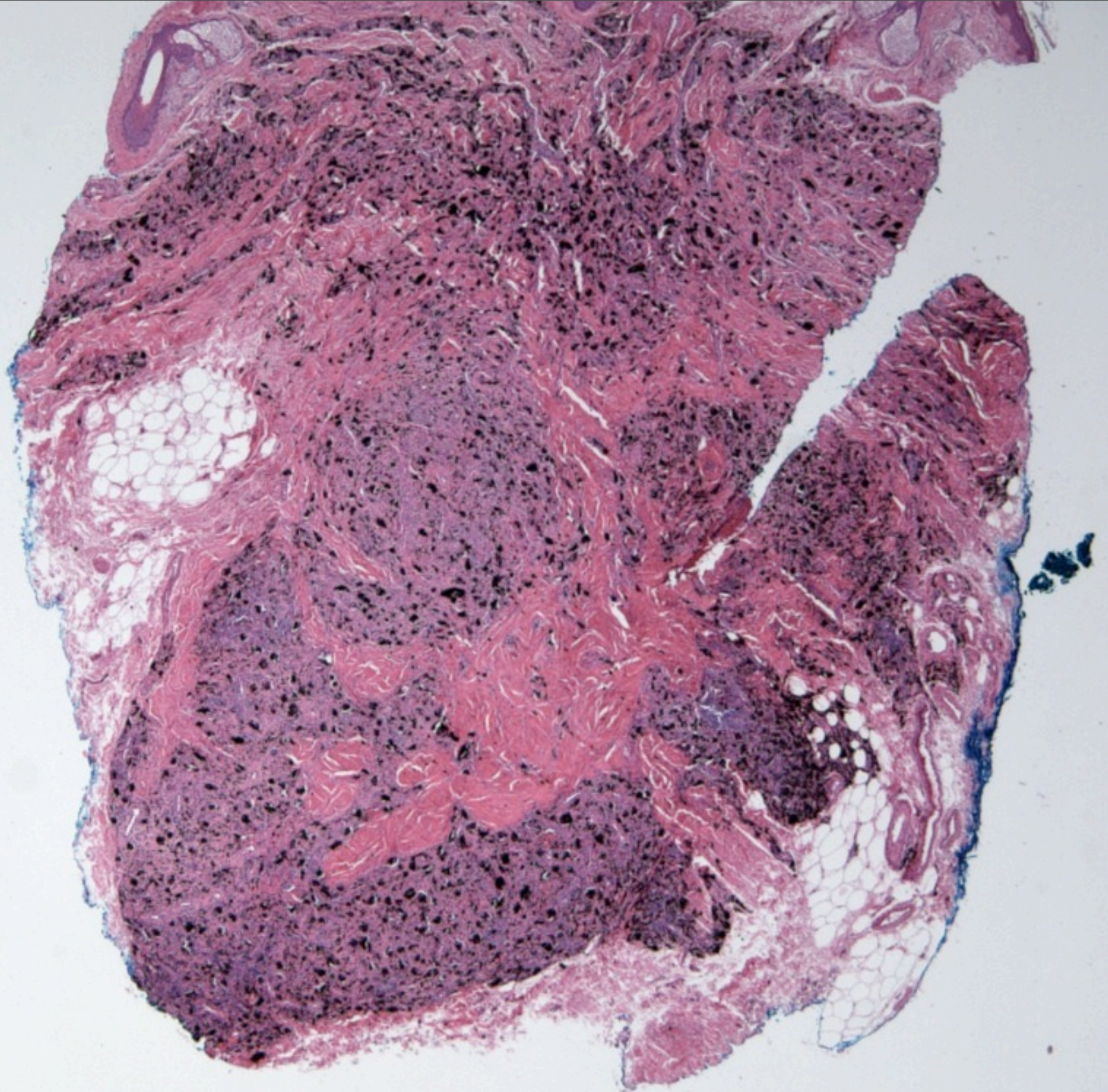


# Dermatopathology

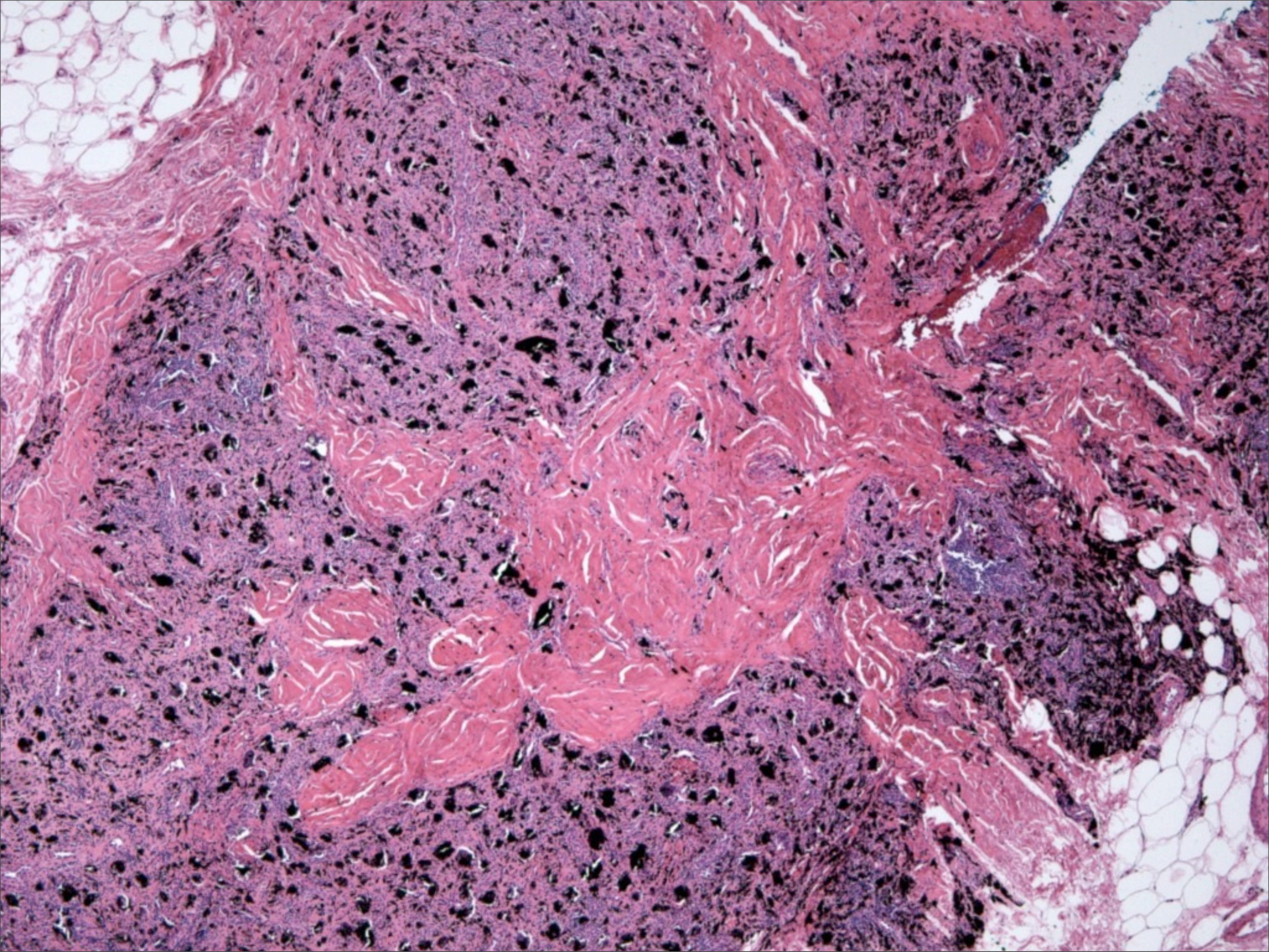
## Slide Review Part 154

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

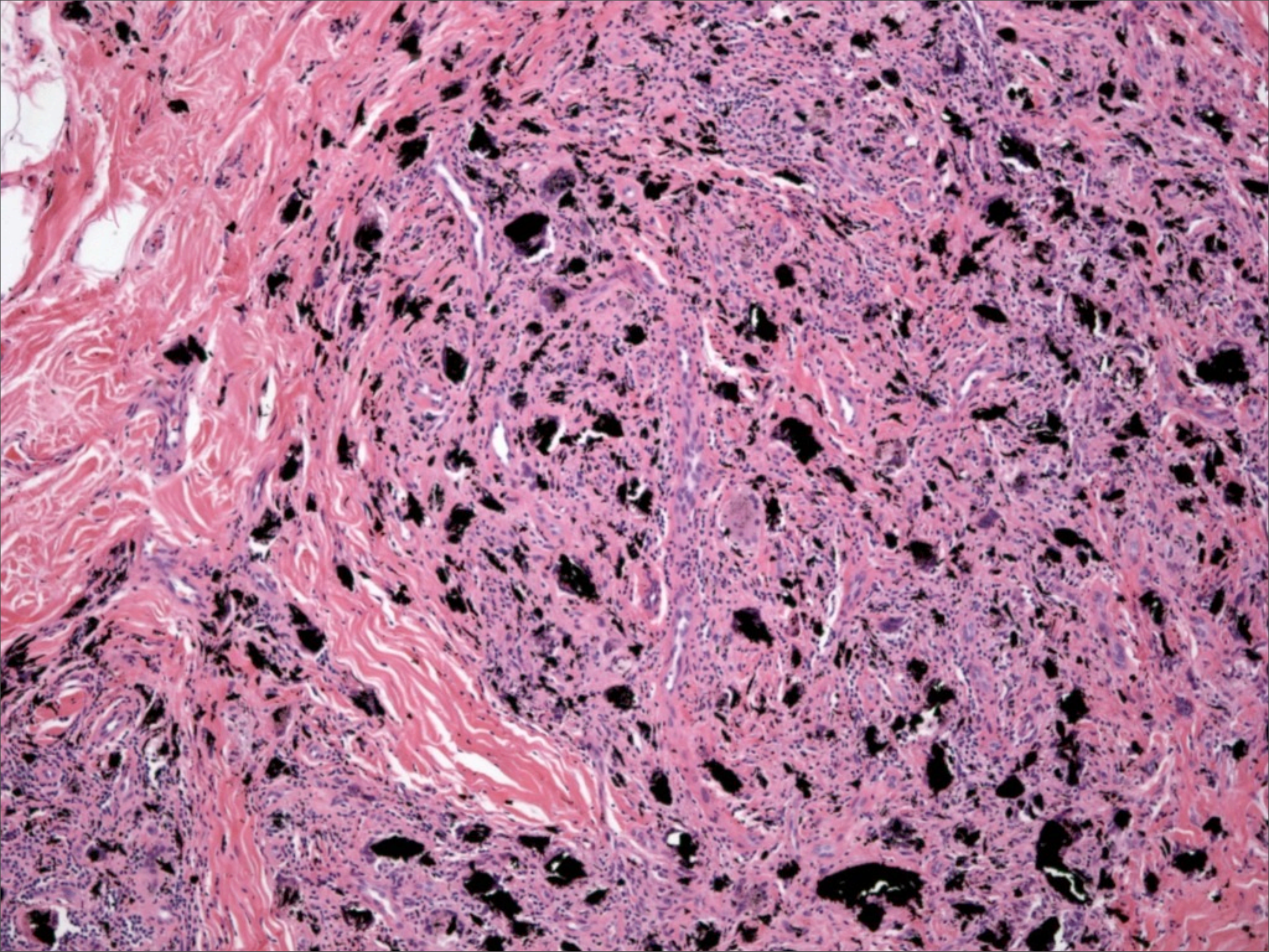




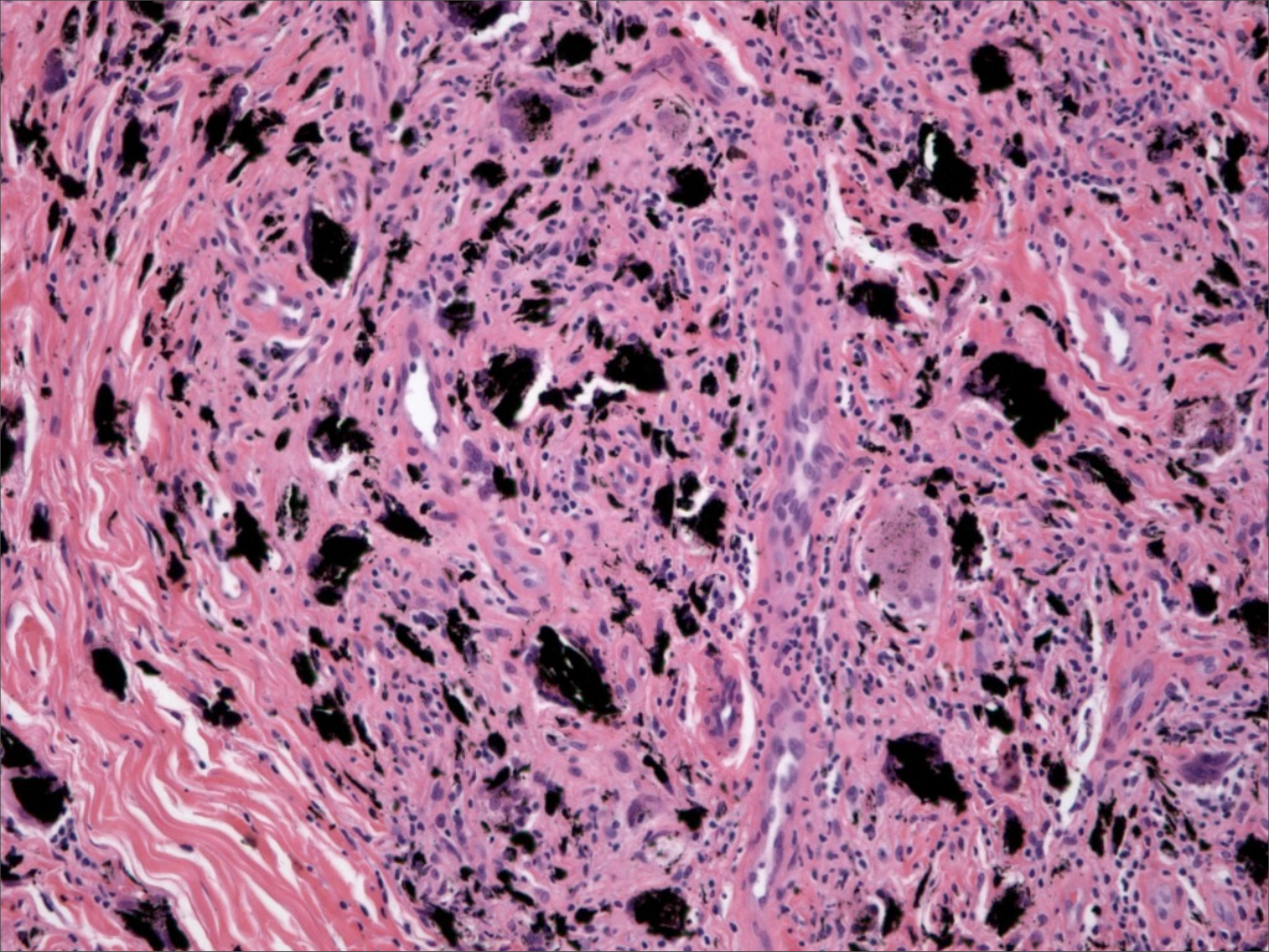




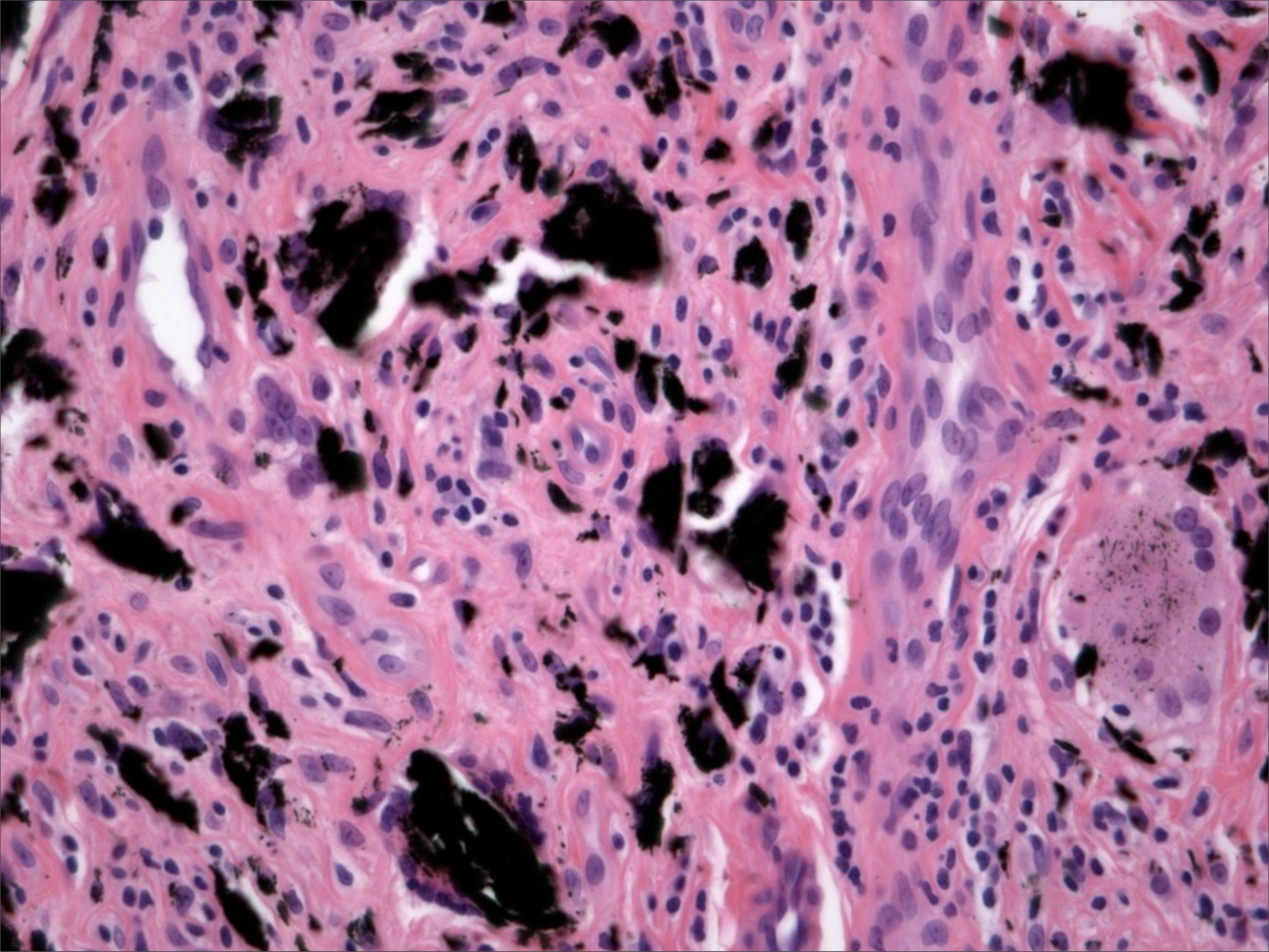












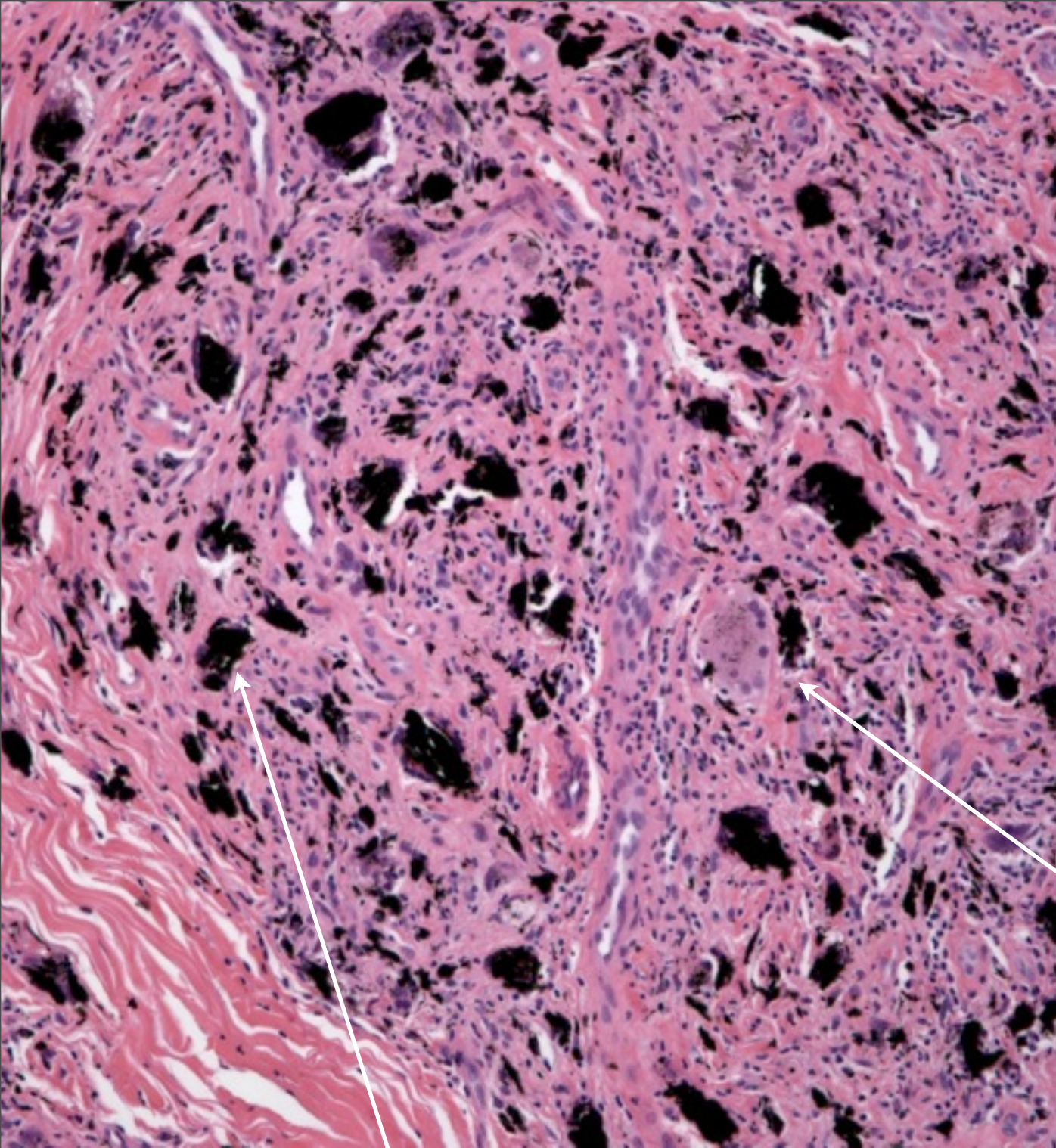


# Tattoo



May Show  
Knife Chatter Artifact

Polarize to exclude  
additional foreign material

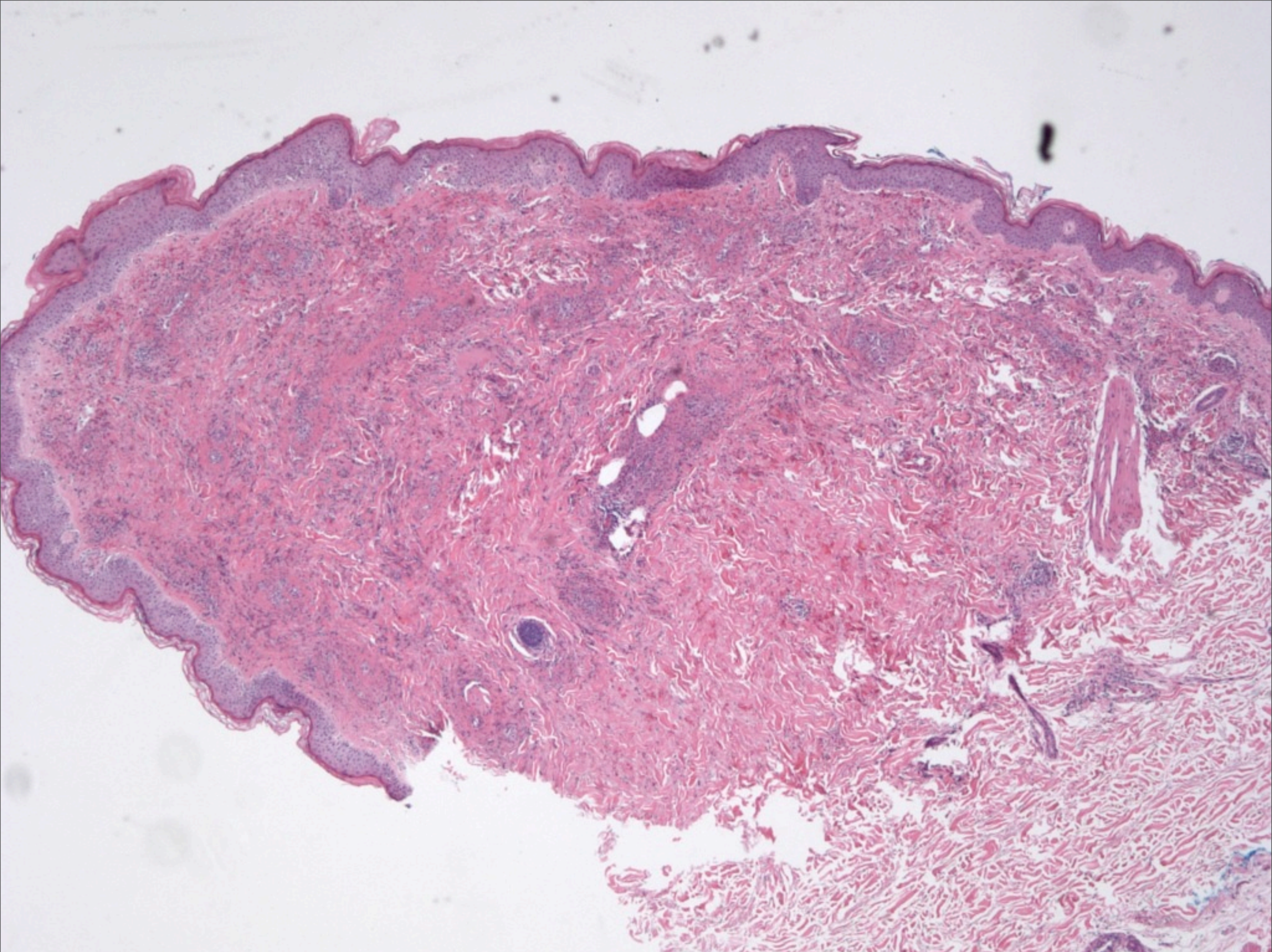


Tattoo pigment

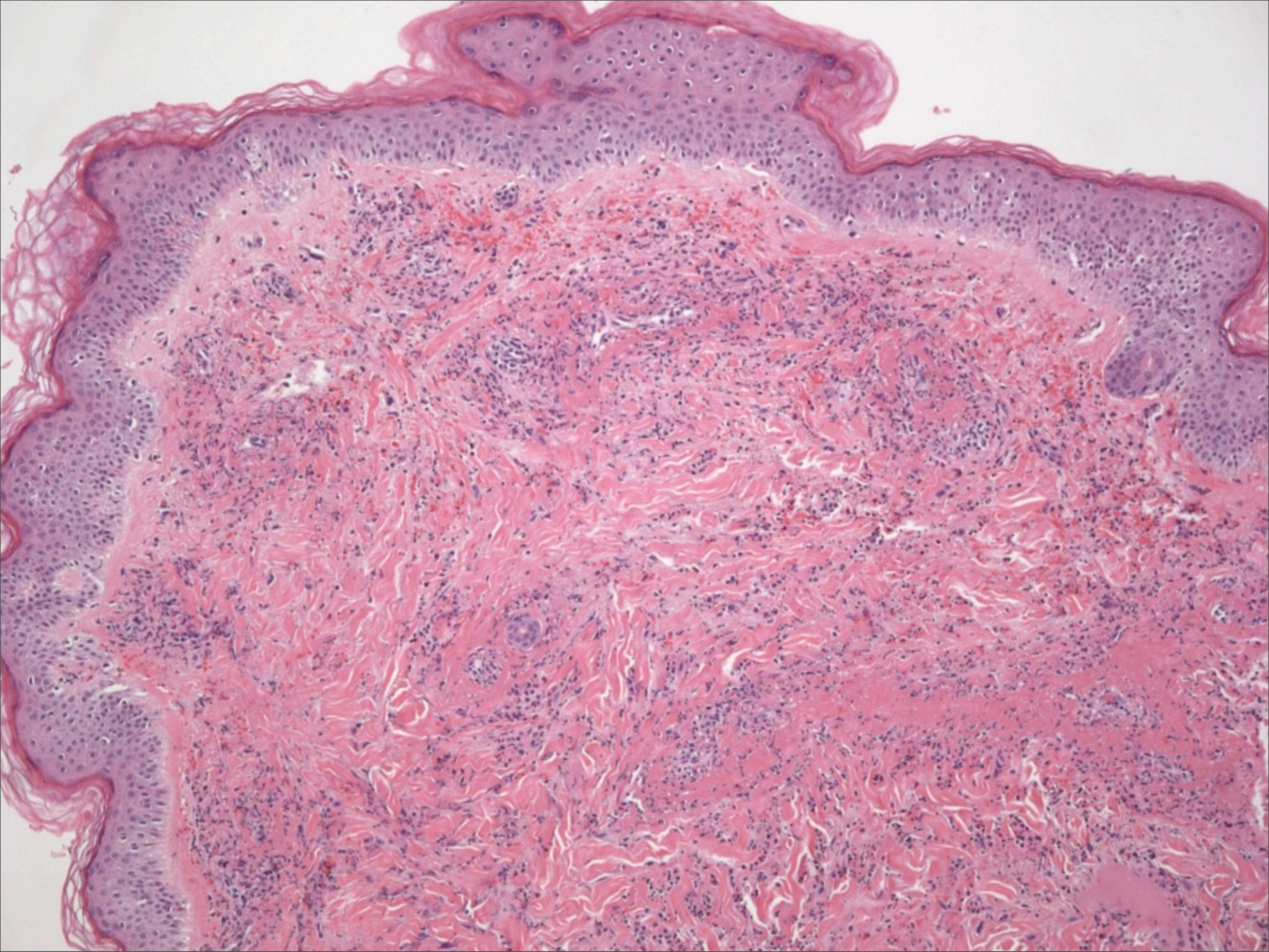
Foreign Body Type Giant Cells

Varying chronic inflammation

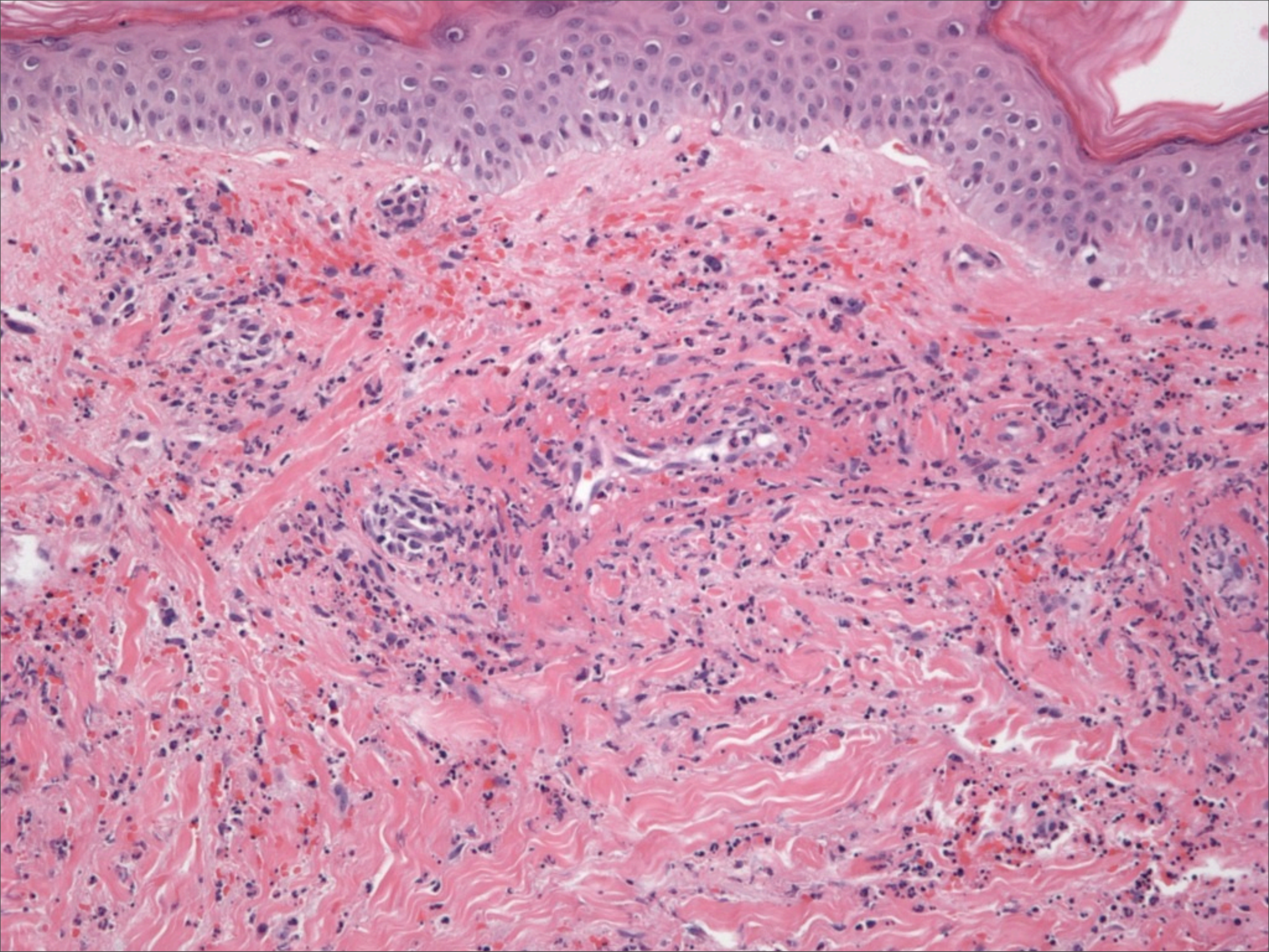




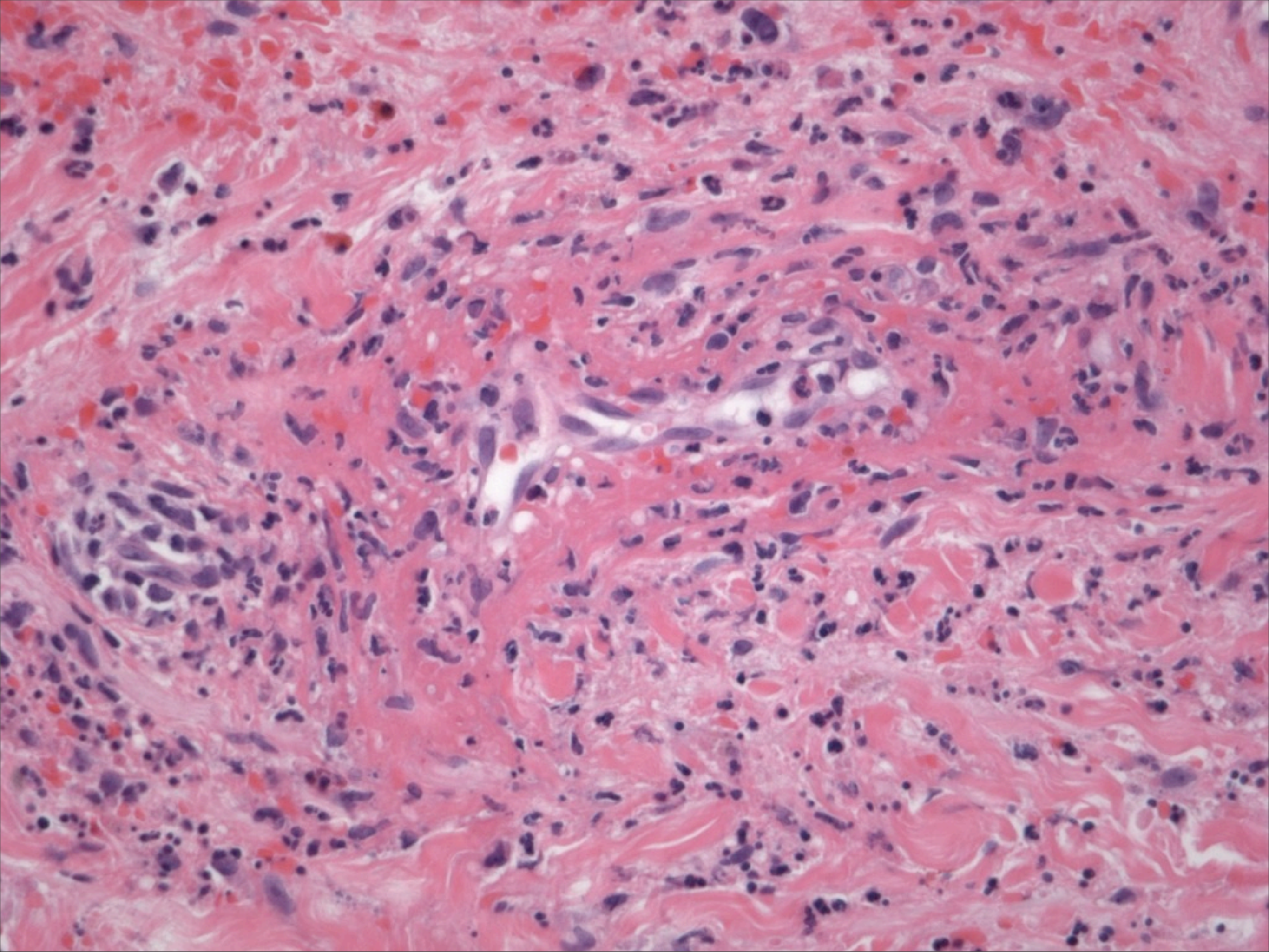




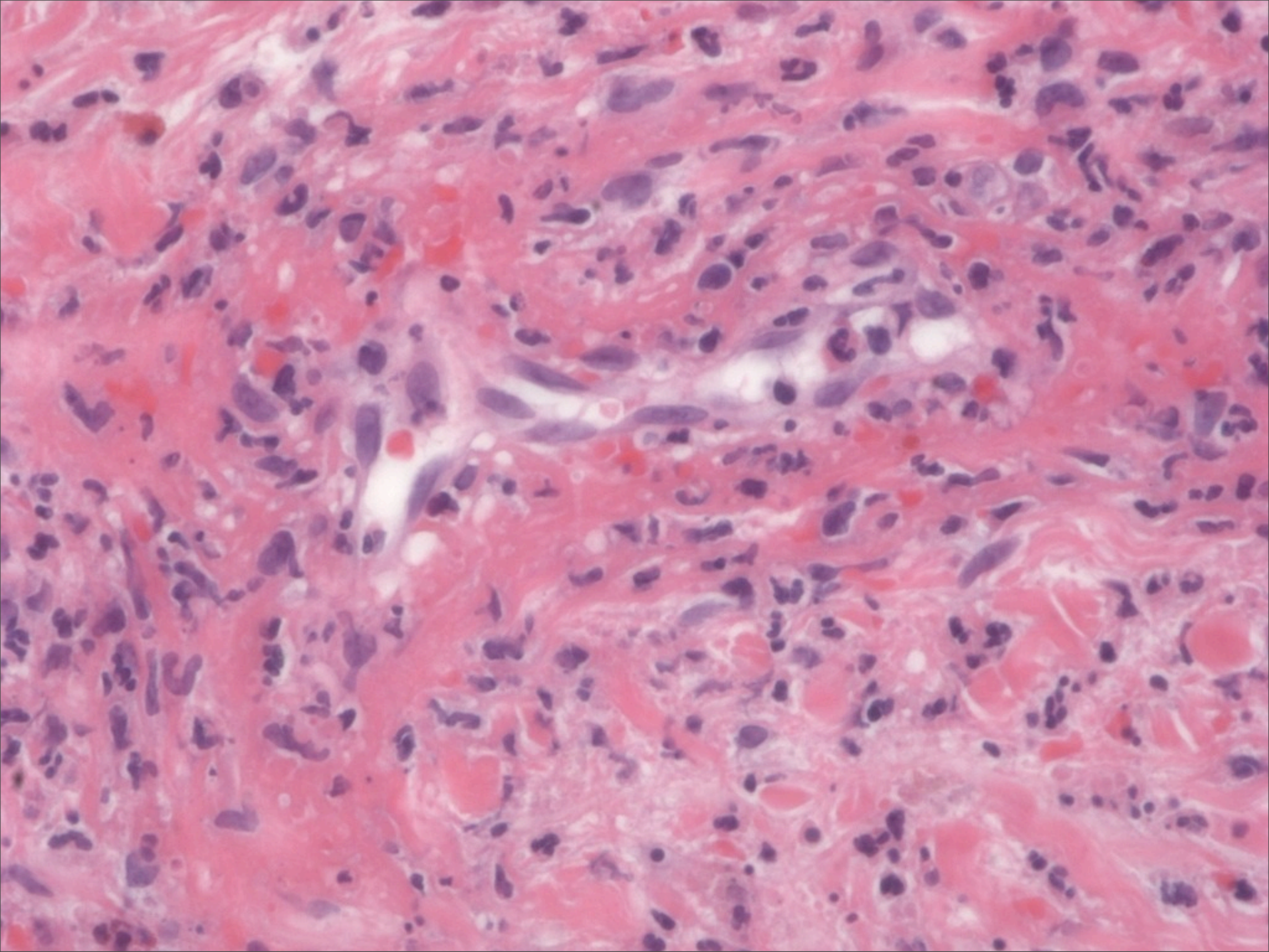








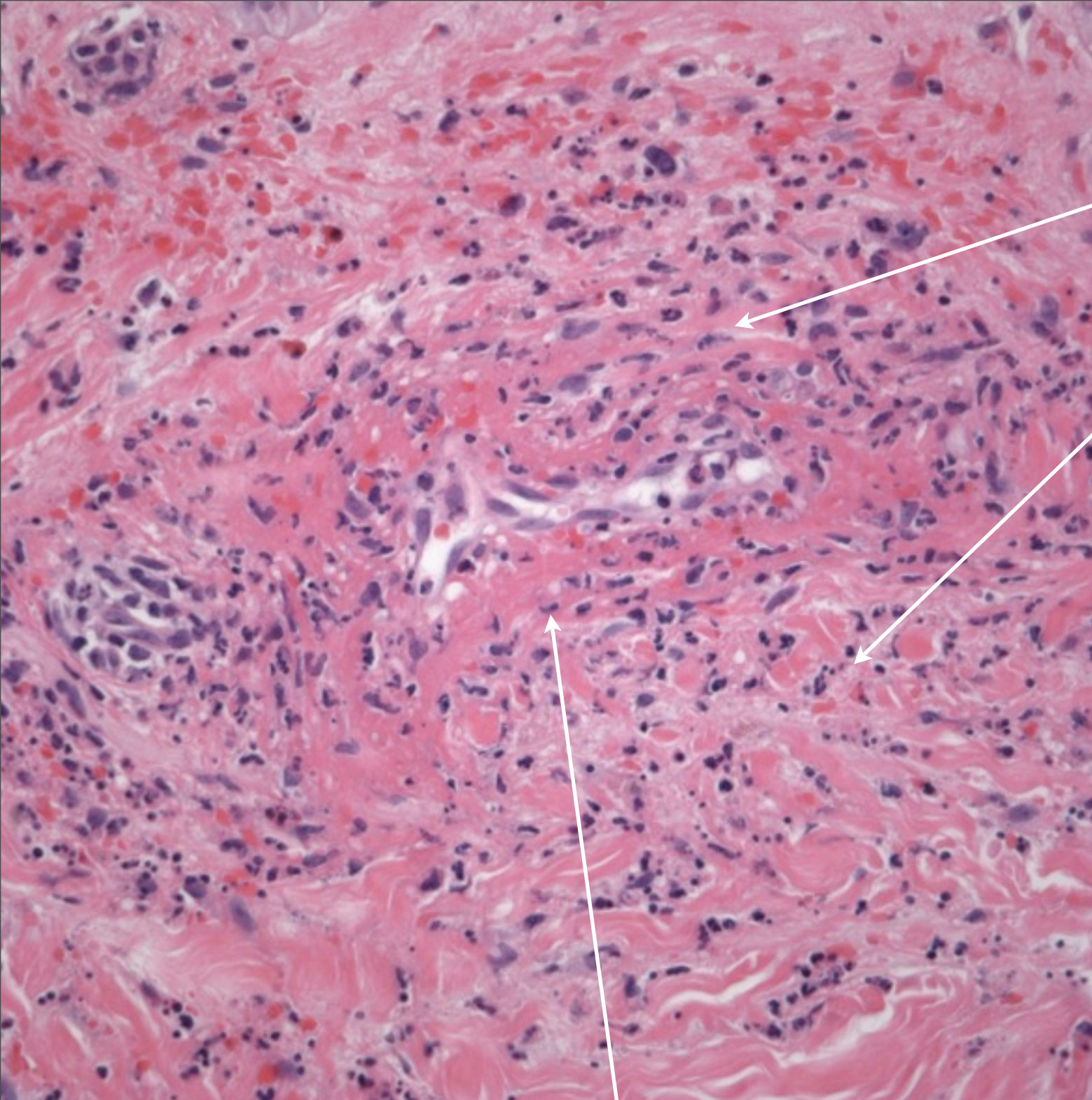






# Leukocytoclastic Vasculitis



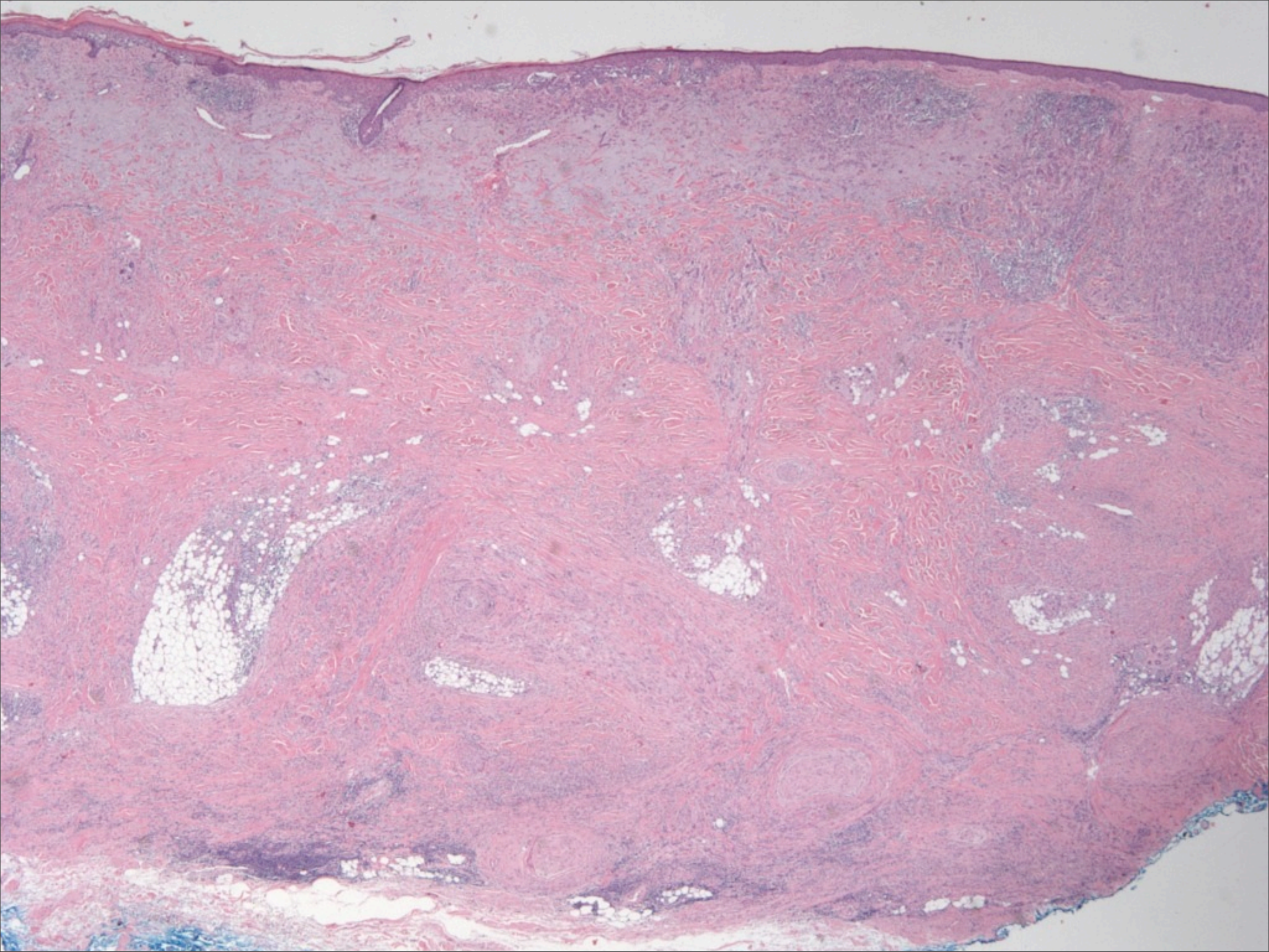


Nuclear dust

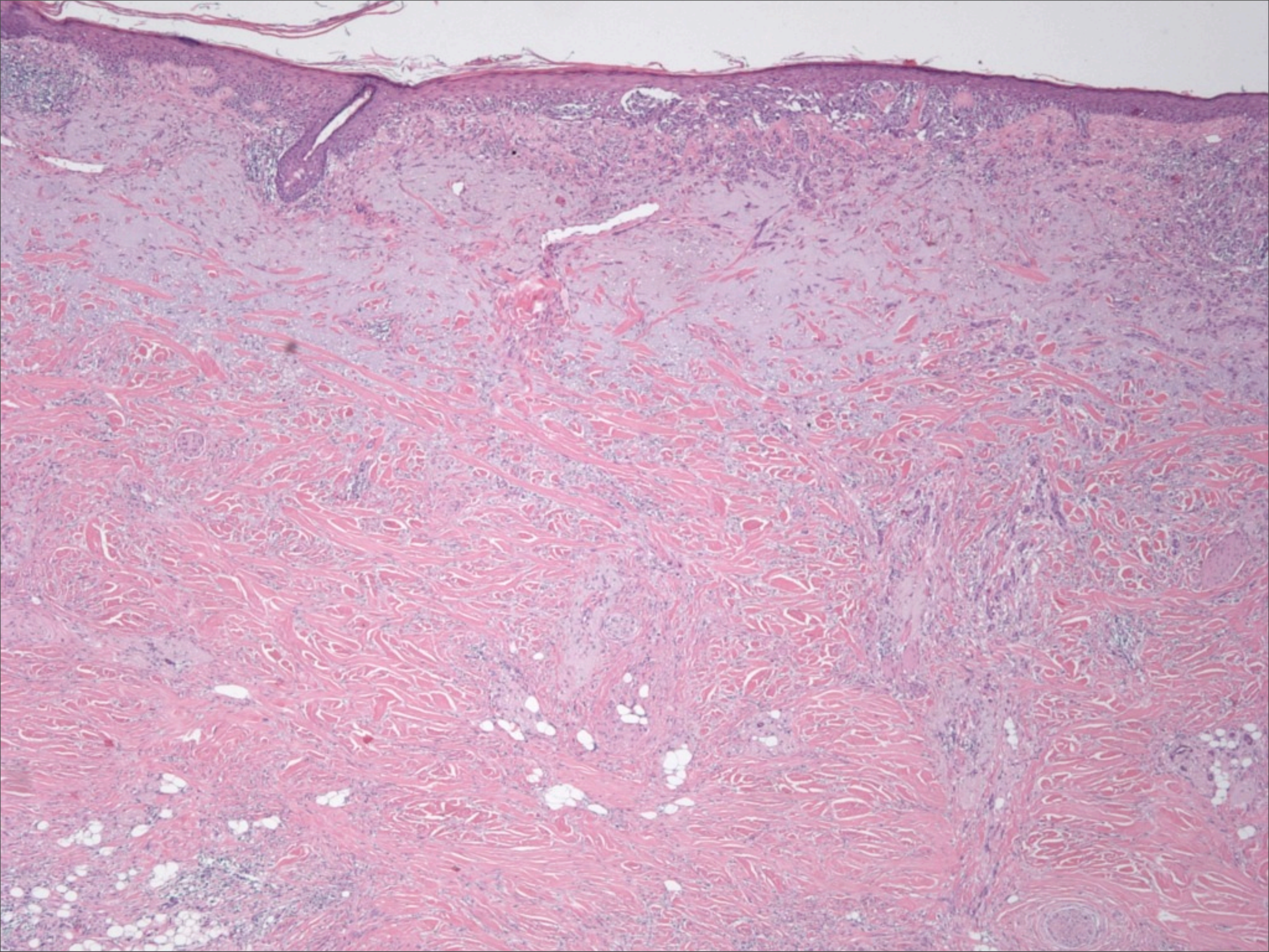
Dermal hemorrhage

Fibrinoid necrosis-MUST SHOW THIS

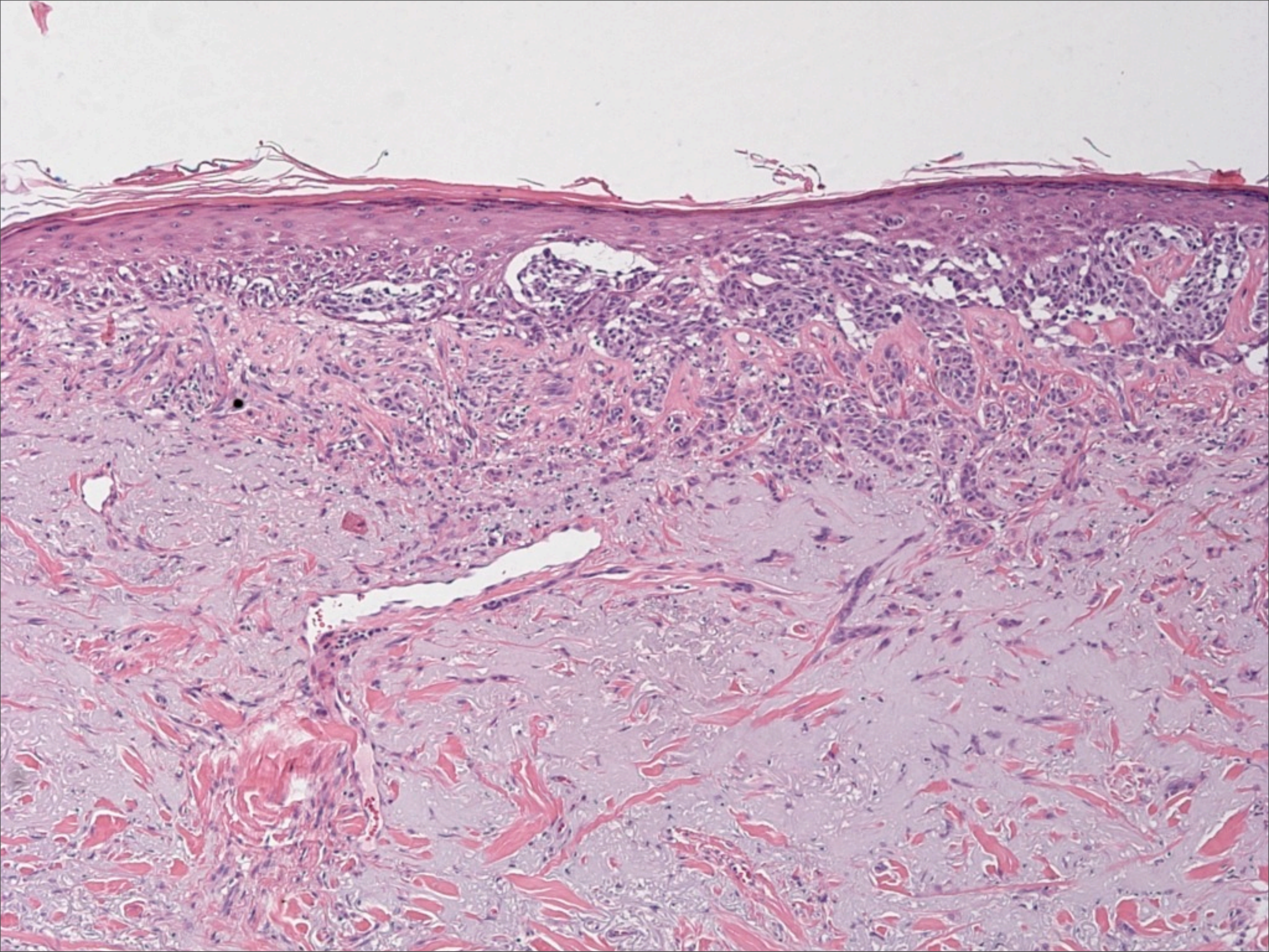




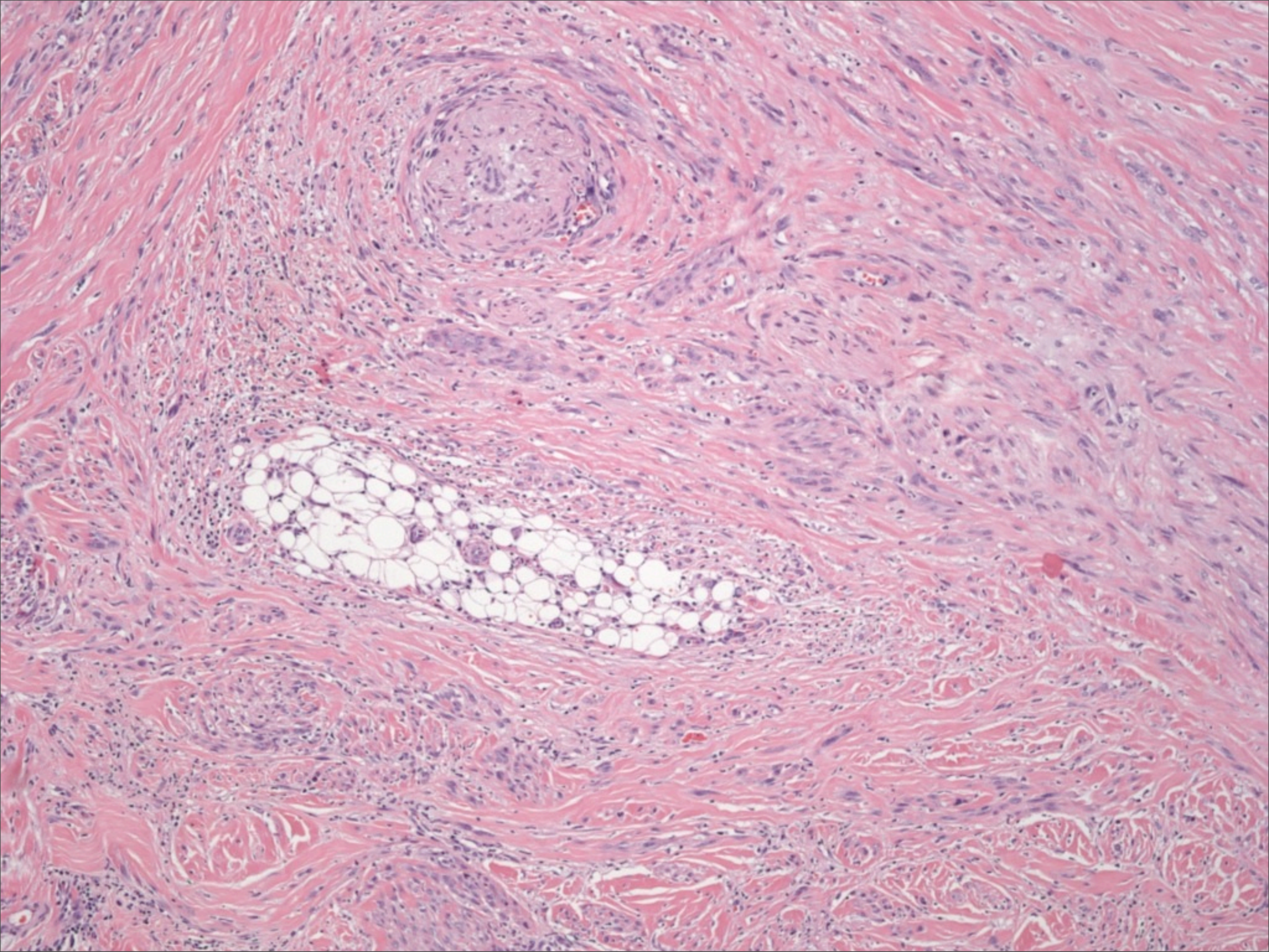




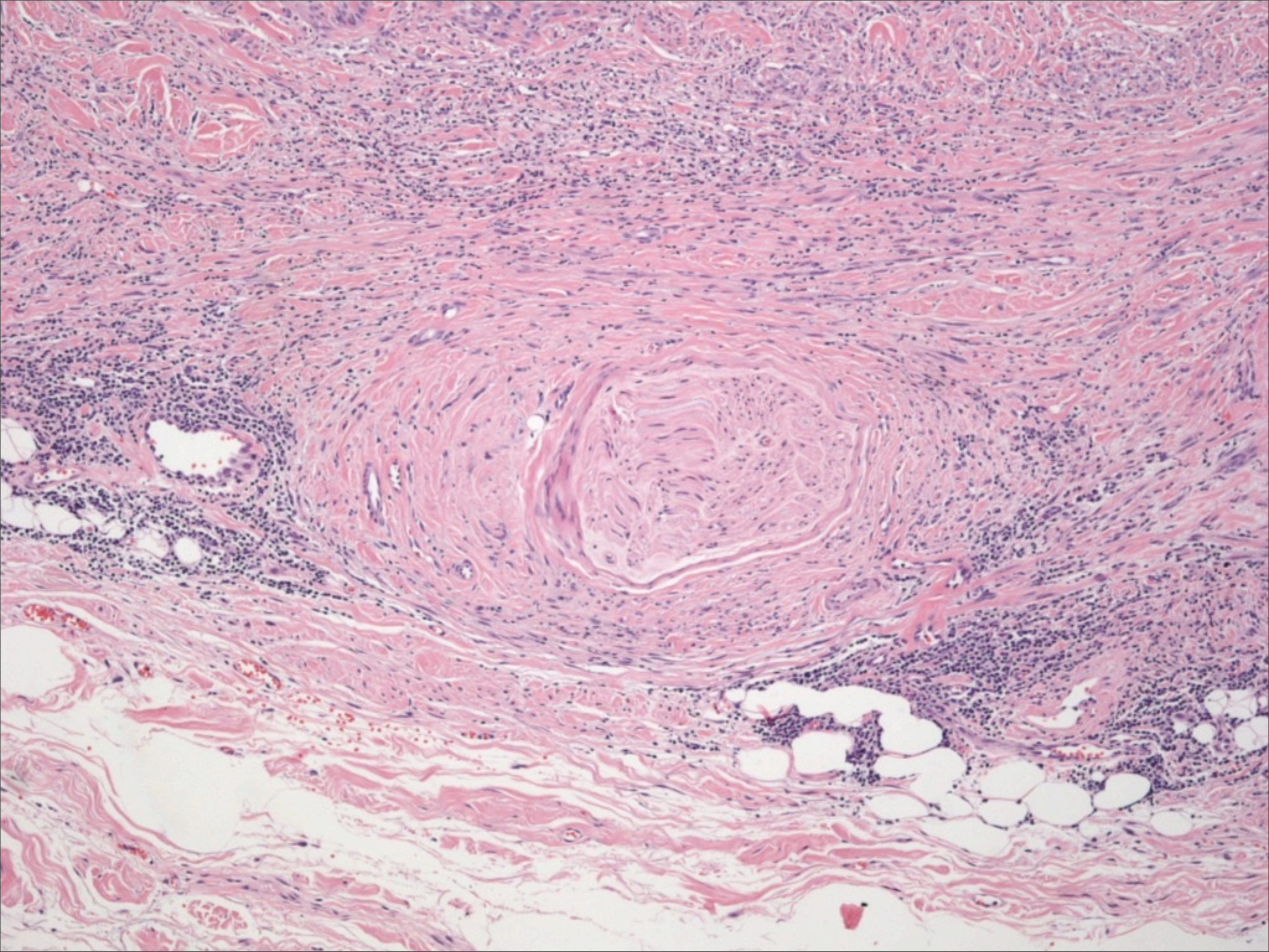




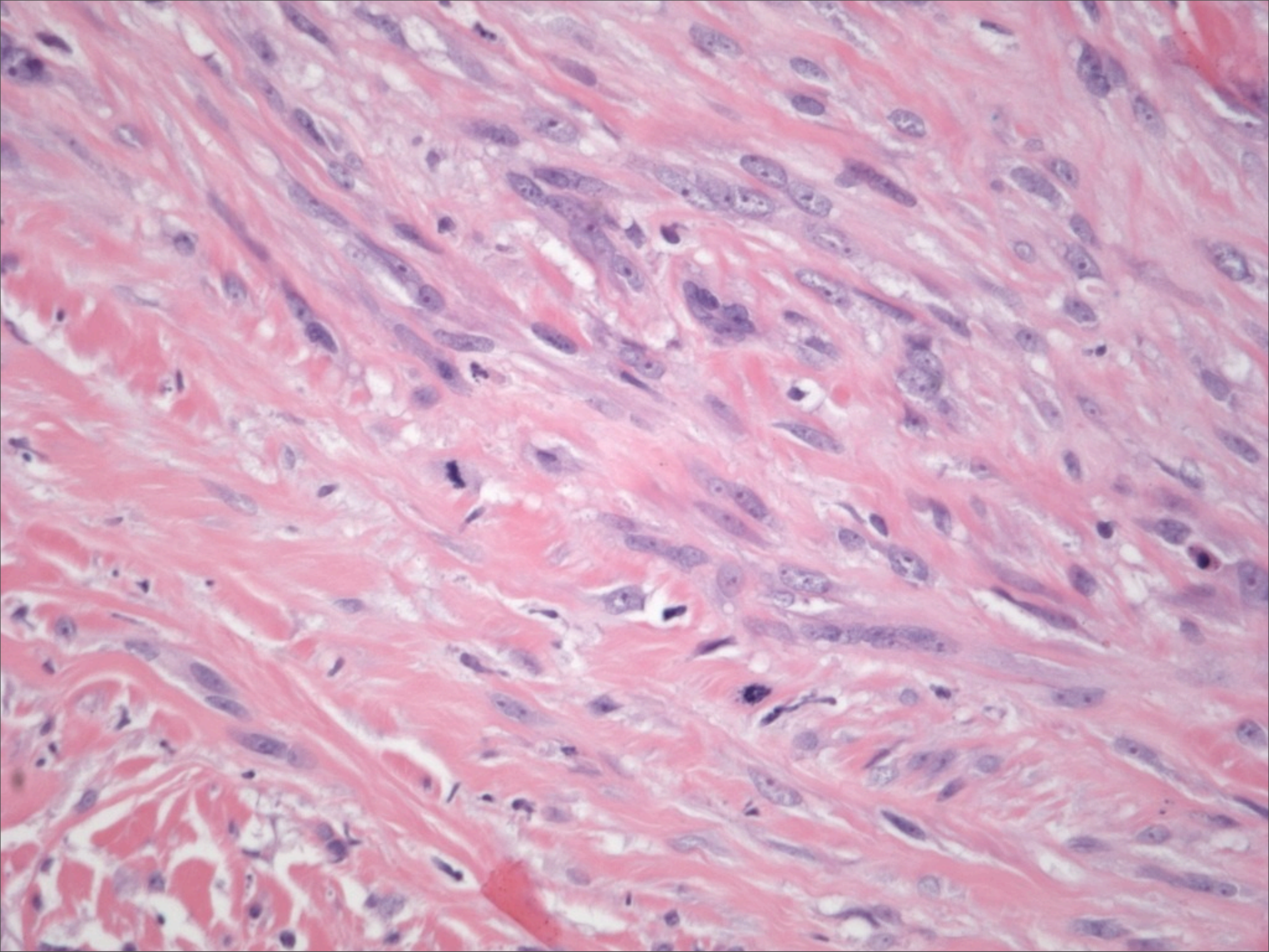
















S100



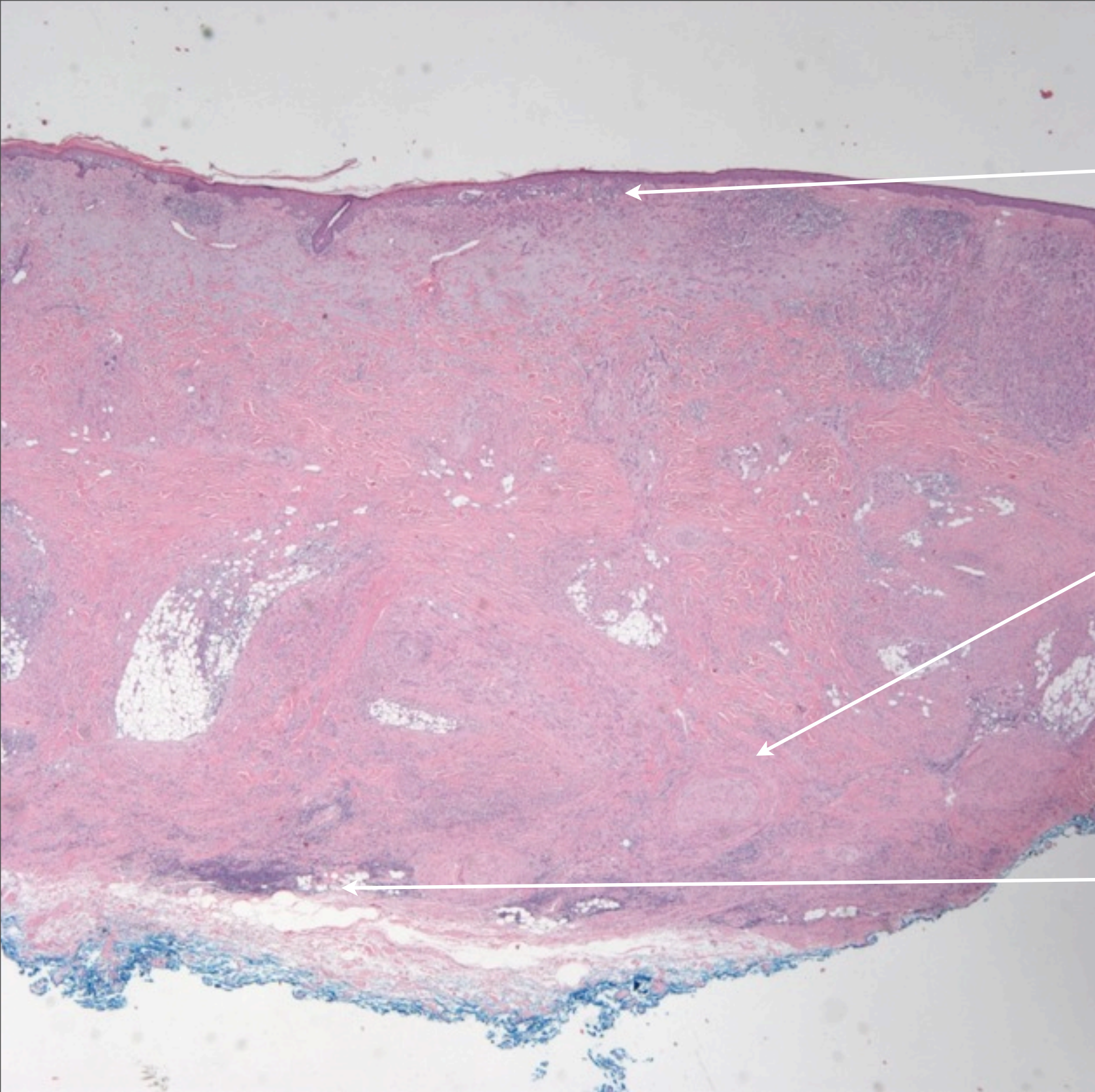


Melan A



# Desmoplastic Malignant Melanoma





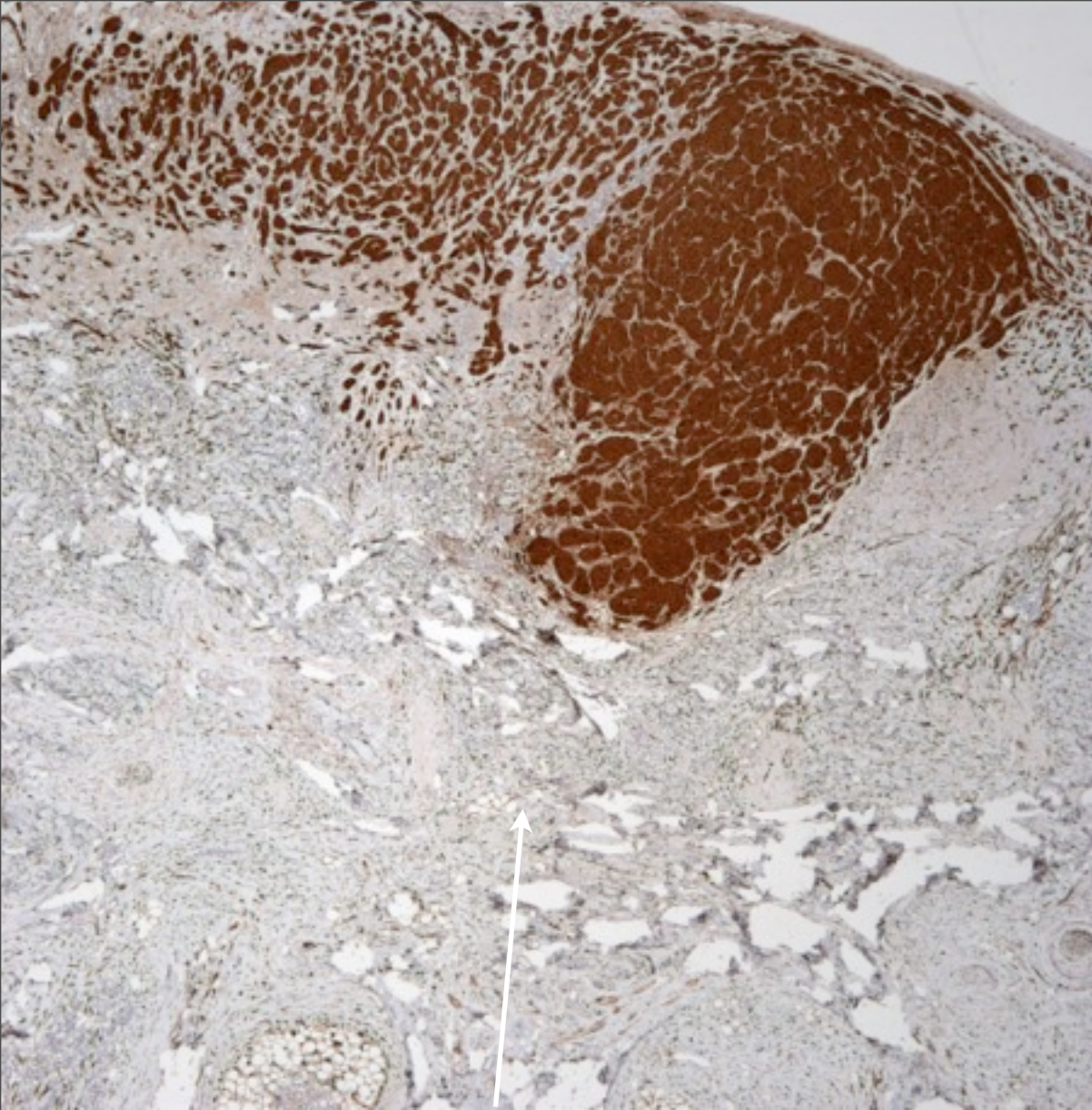
Atypical Junctional  
Component

Perineural Invasion  
Common

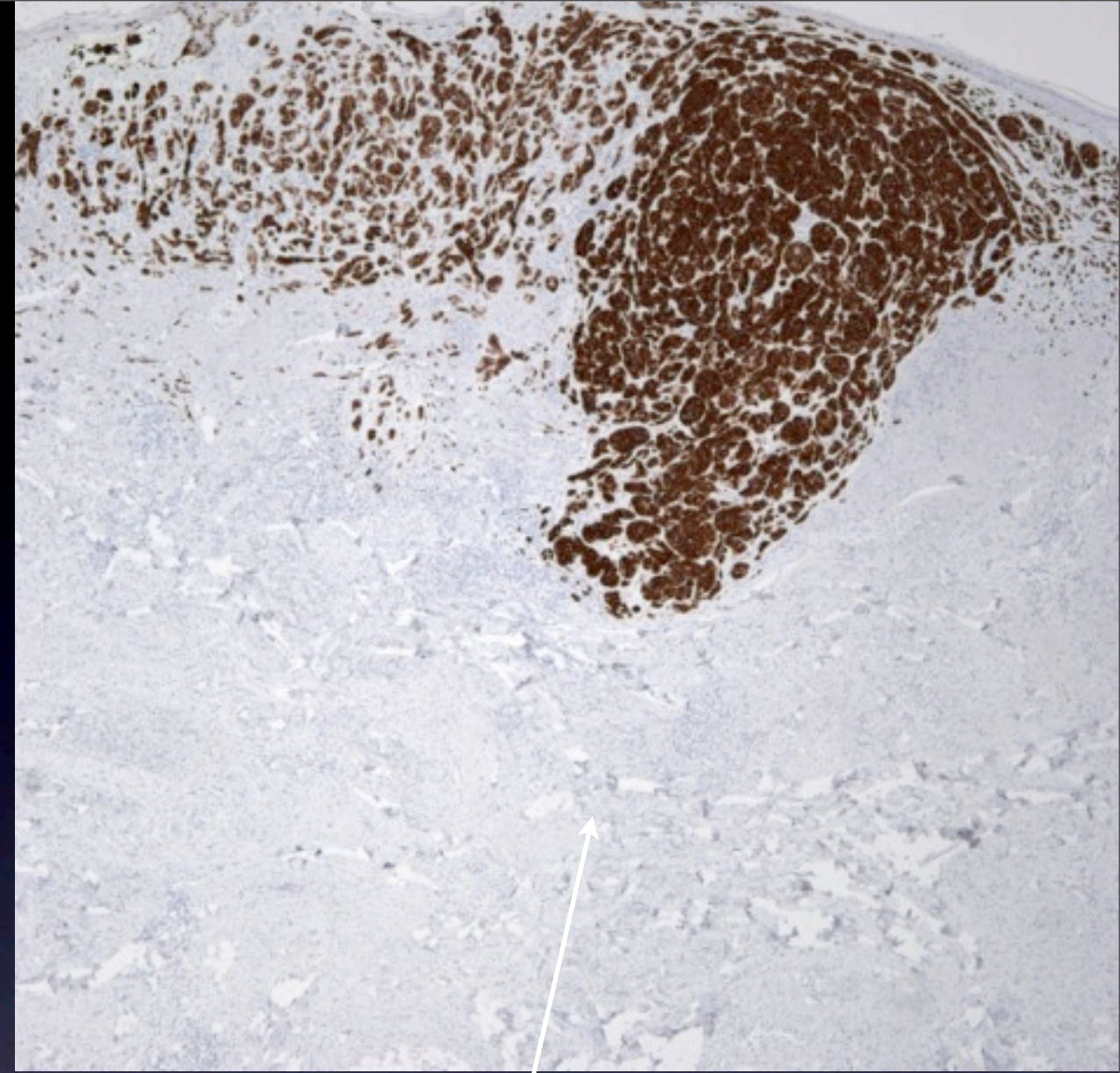
Lymphoid Aggregates

Spindle Cell Neoplasm with variable cellularity





S100

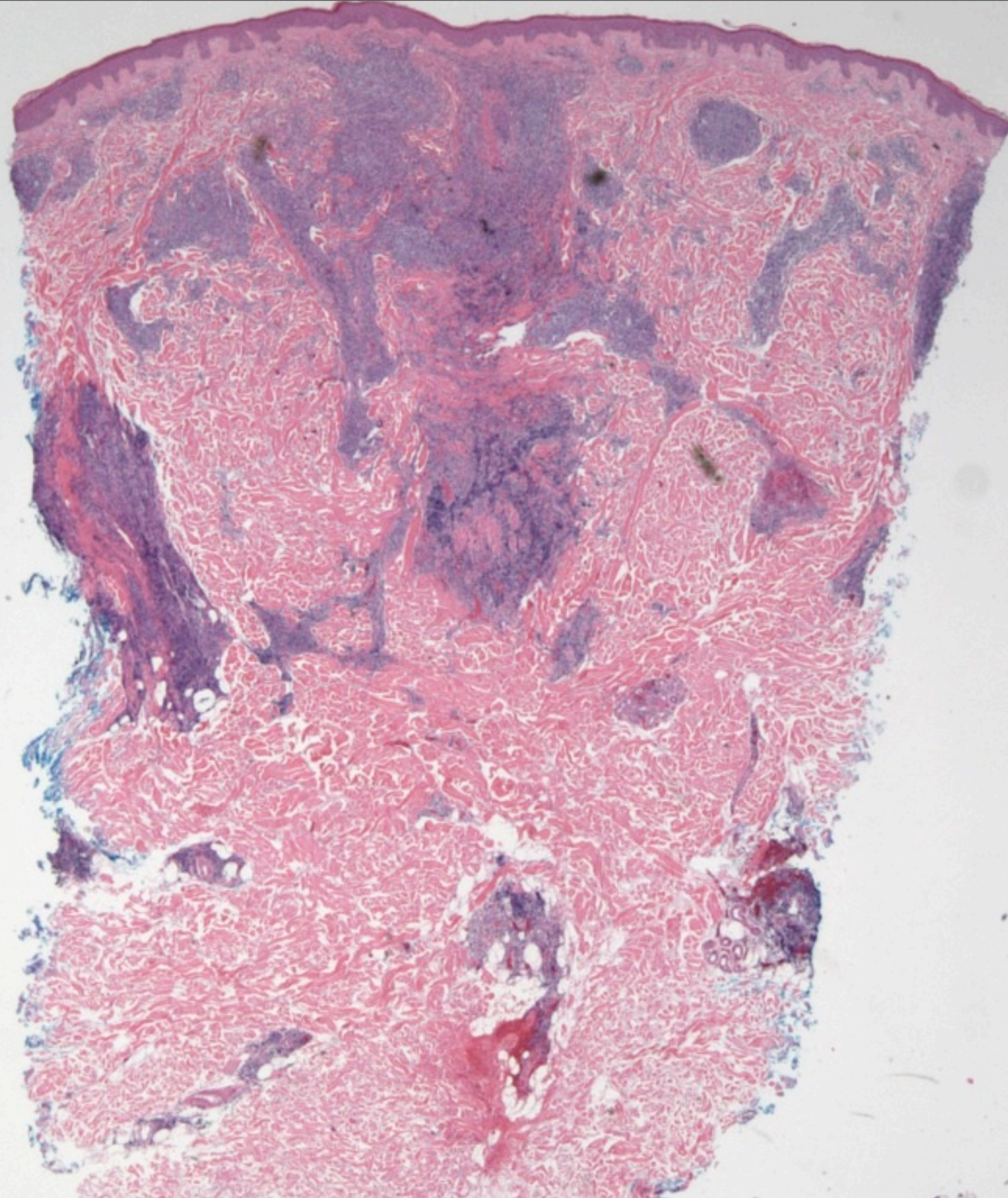


Melan A

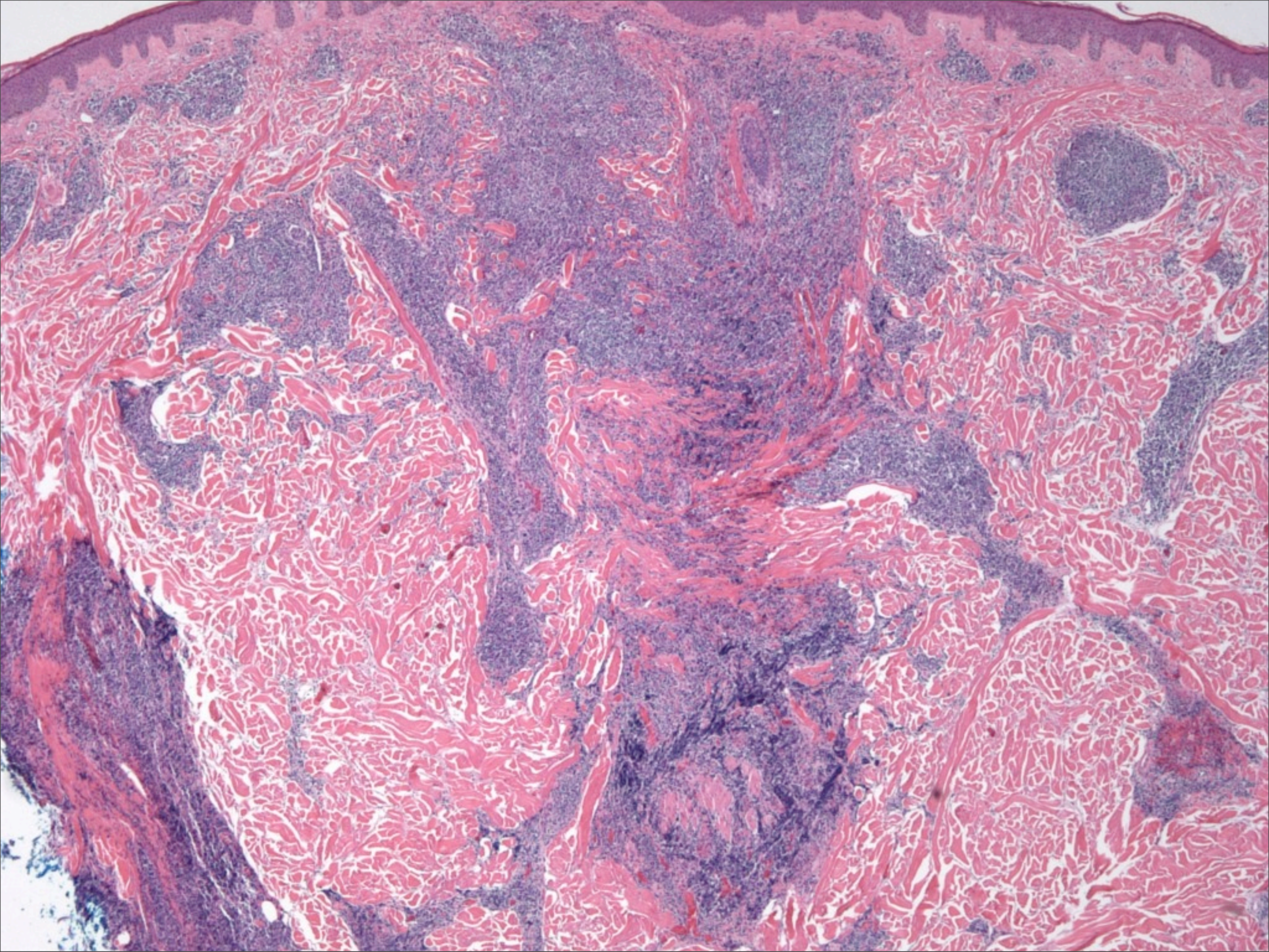
Note the absence of stain in deep dermal spindle cells

The spindle cell component in Desmoplastic melanoma is S100 positive but often negative for melanoma specific markers such as Melan A and HMB-45

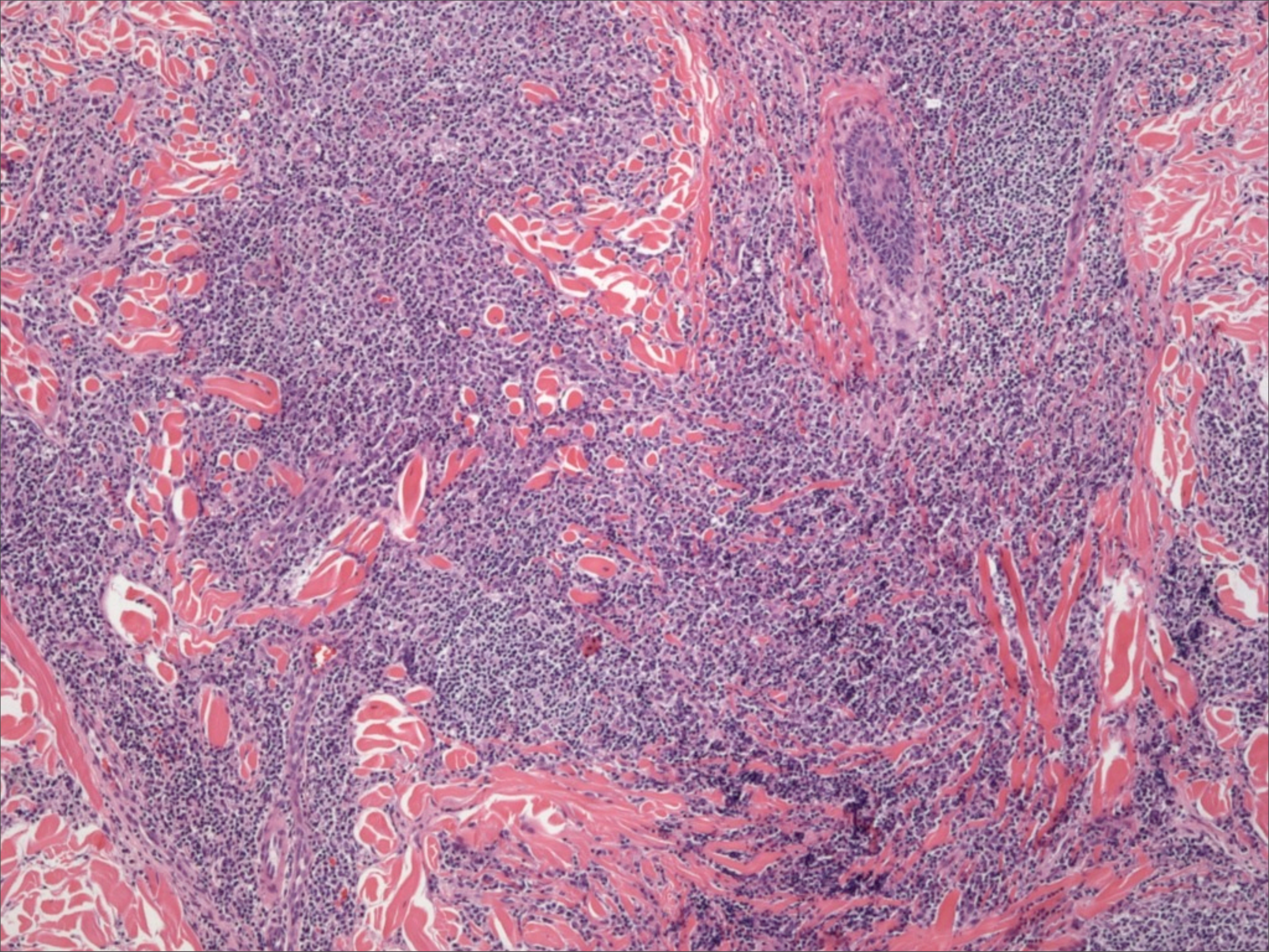




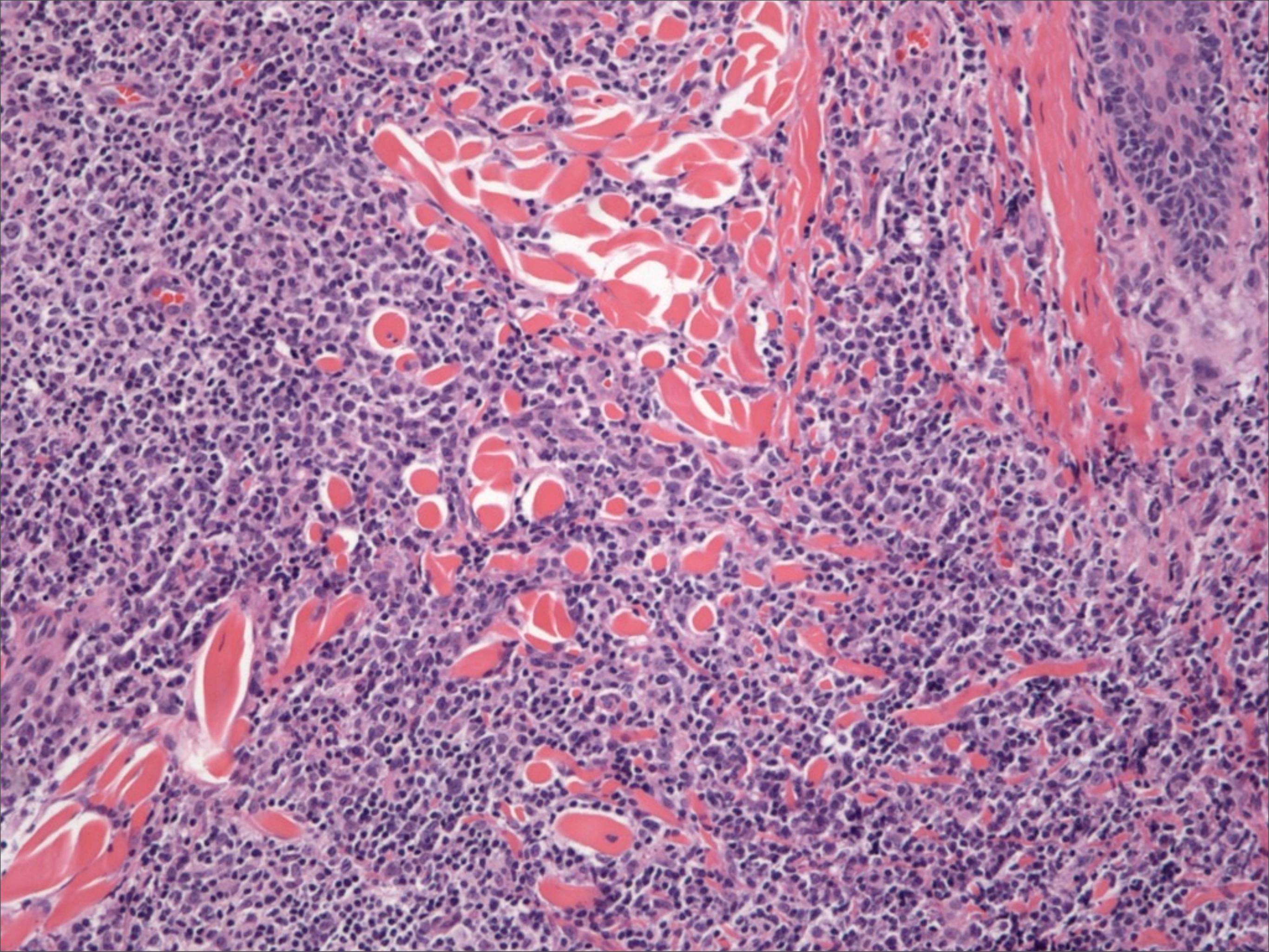




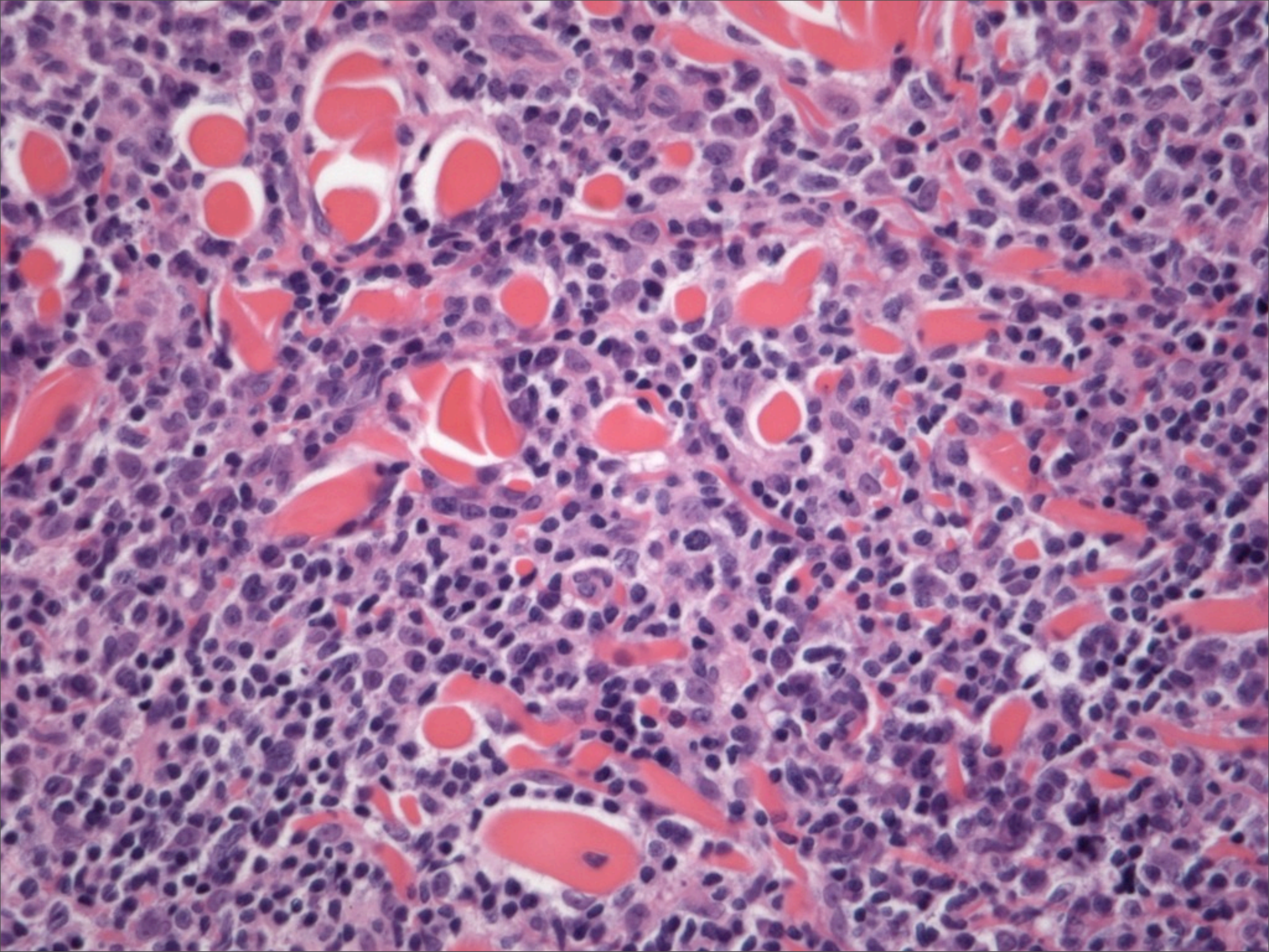






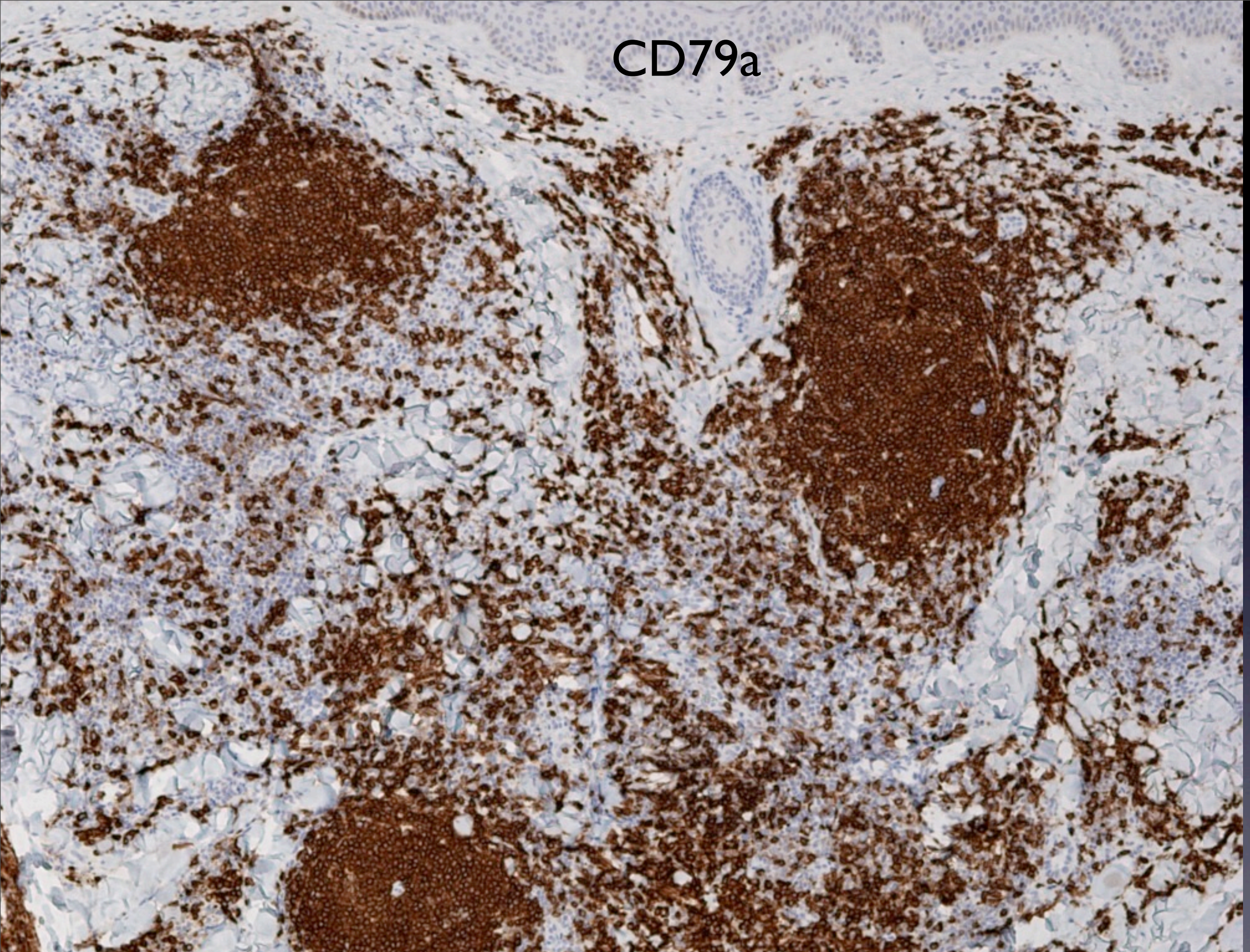






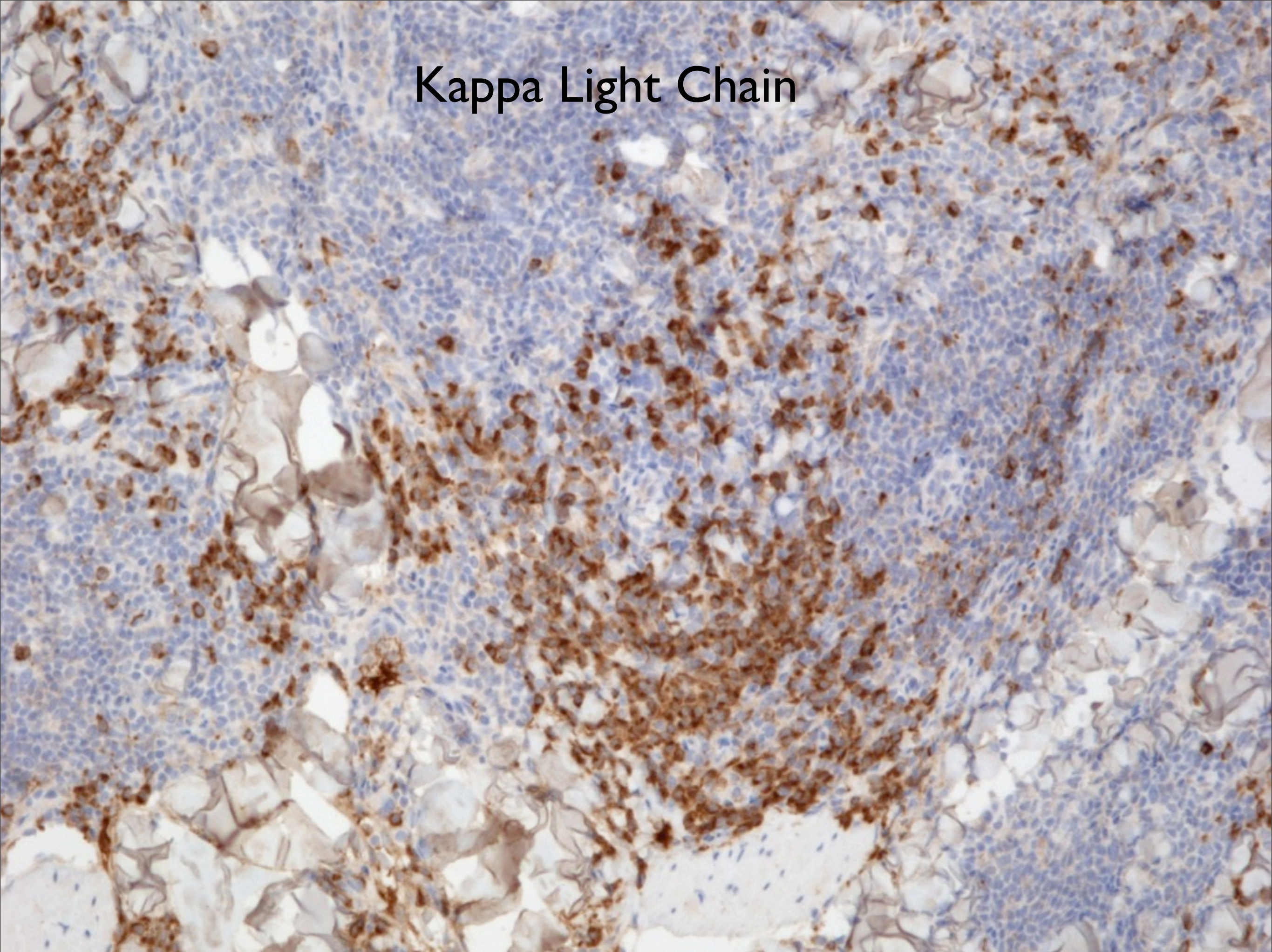


CD79a



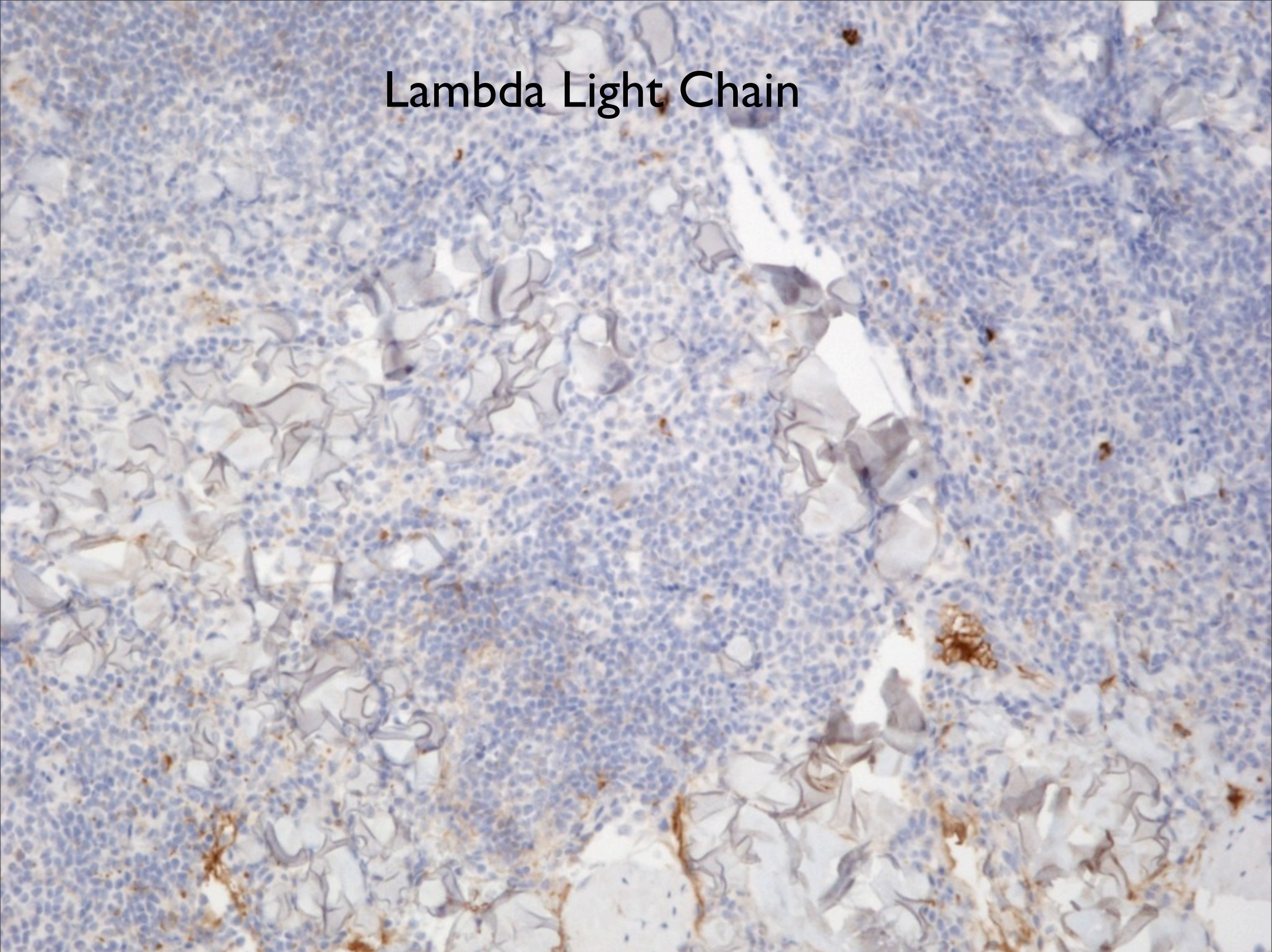


# Kappa Light Chain





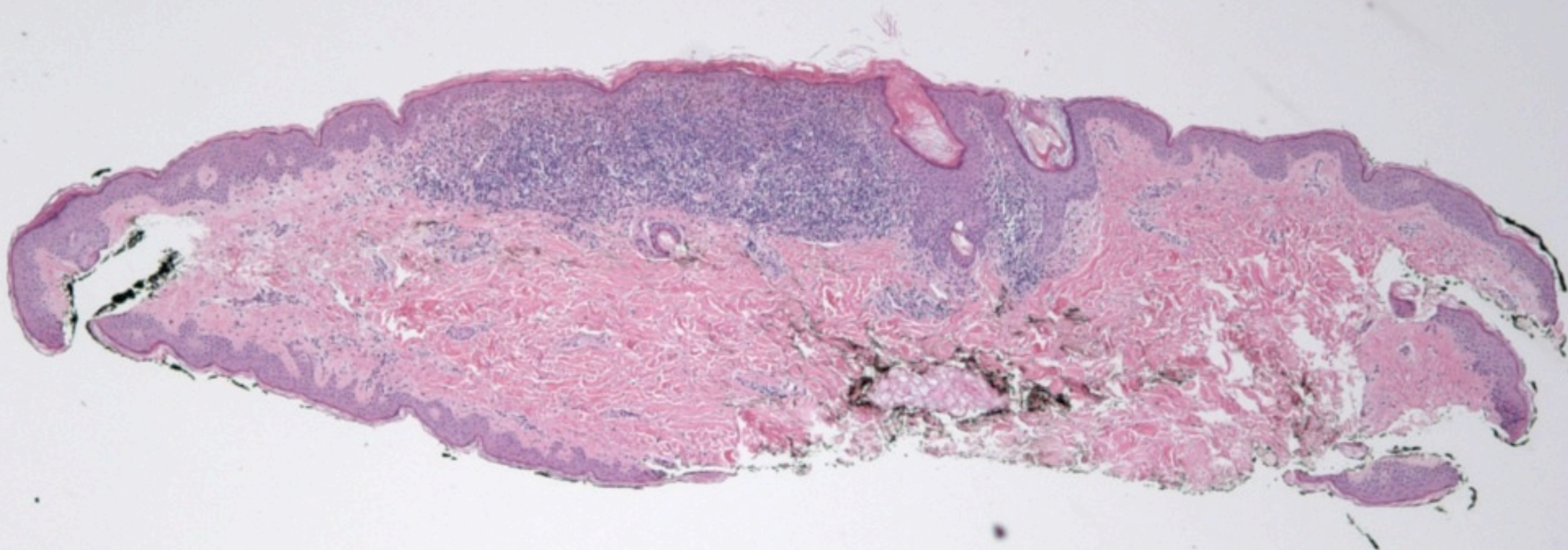
# Lambda Light Chain



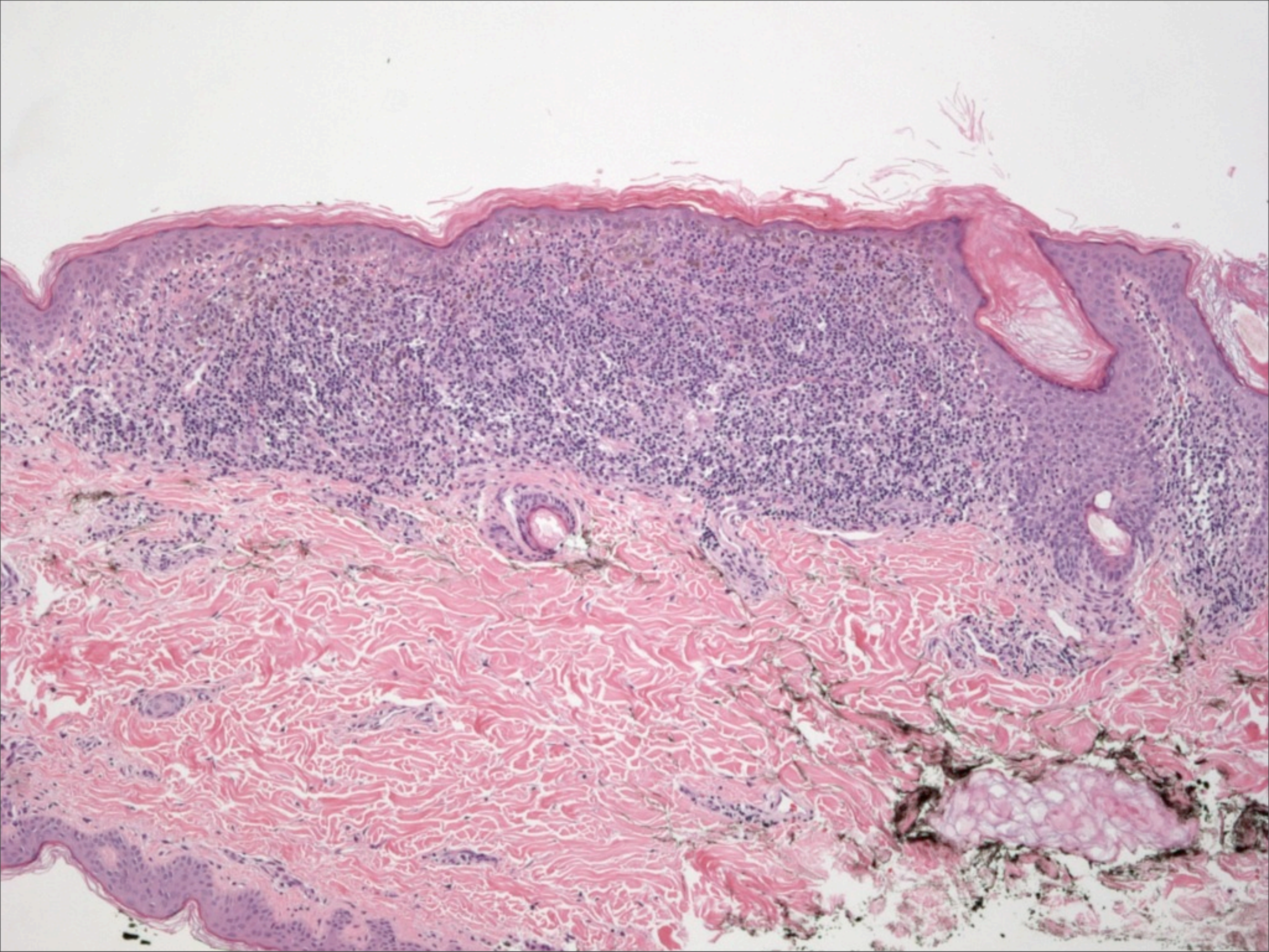


# Cutaneous B-Cell Lymphoma Marginal Zone Type

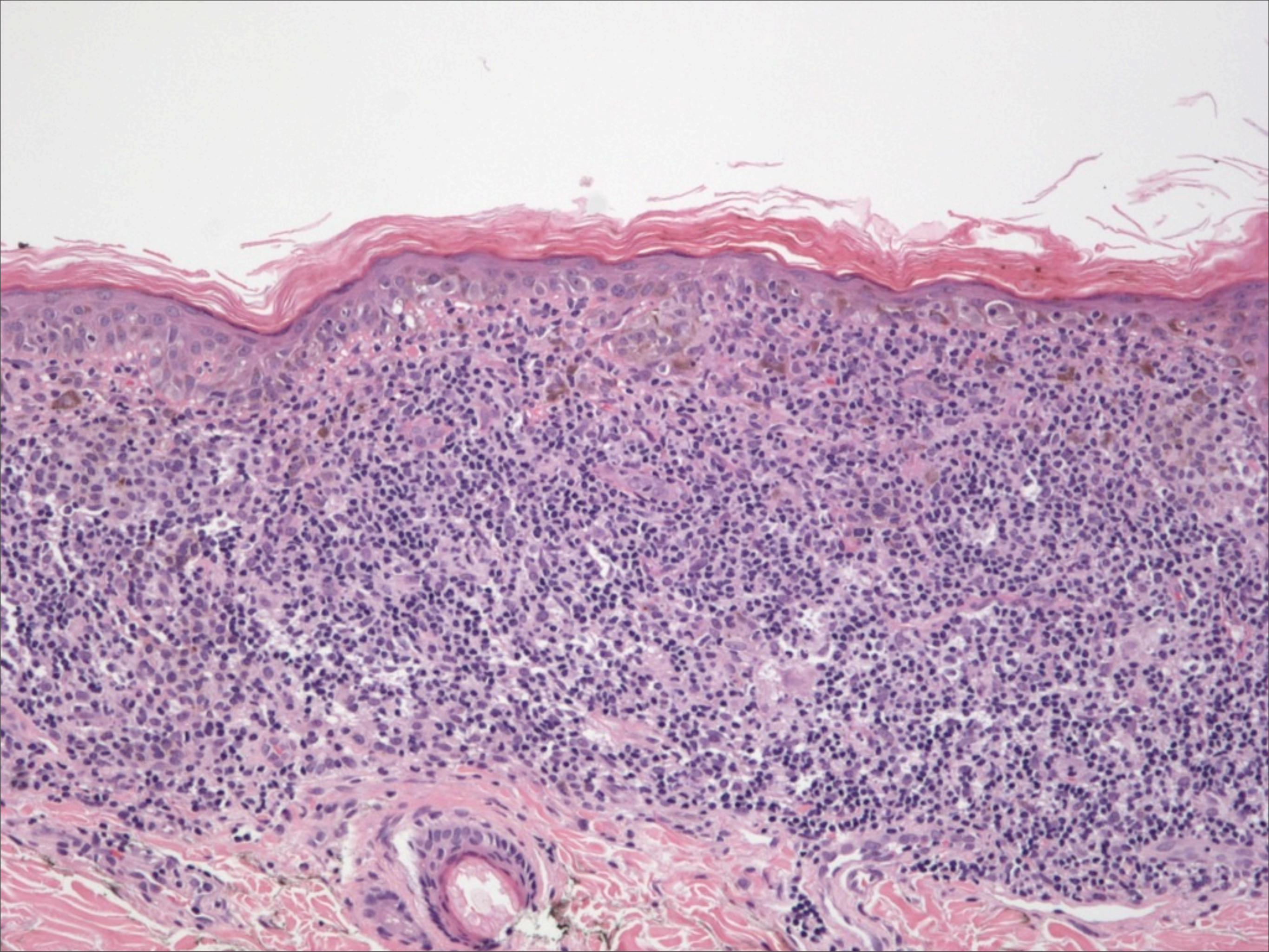




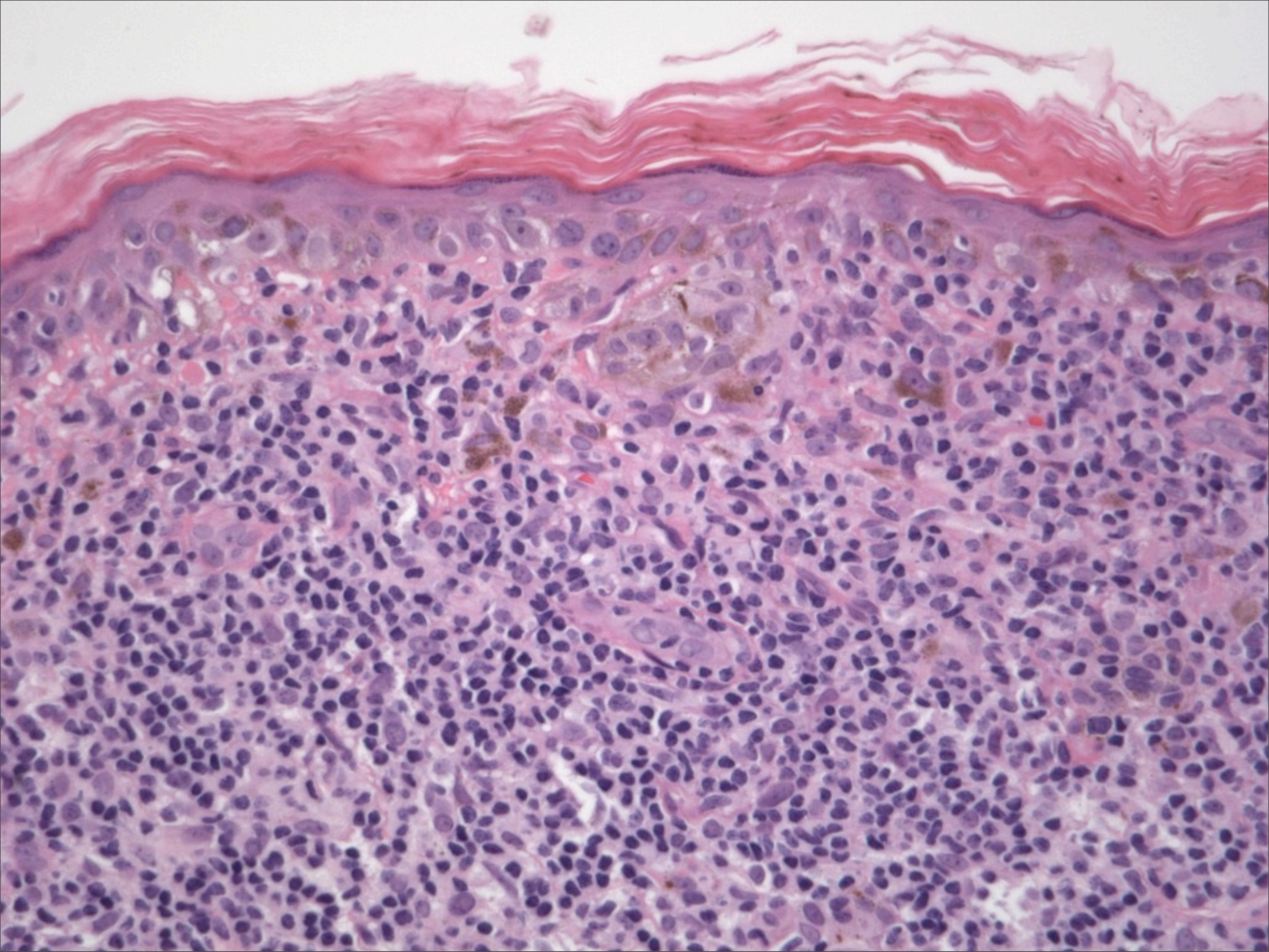










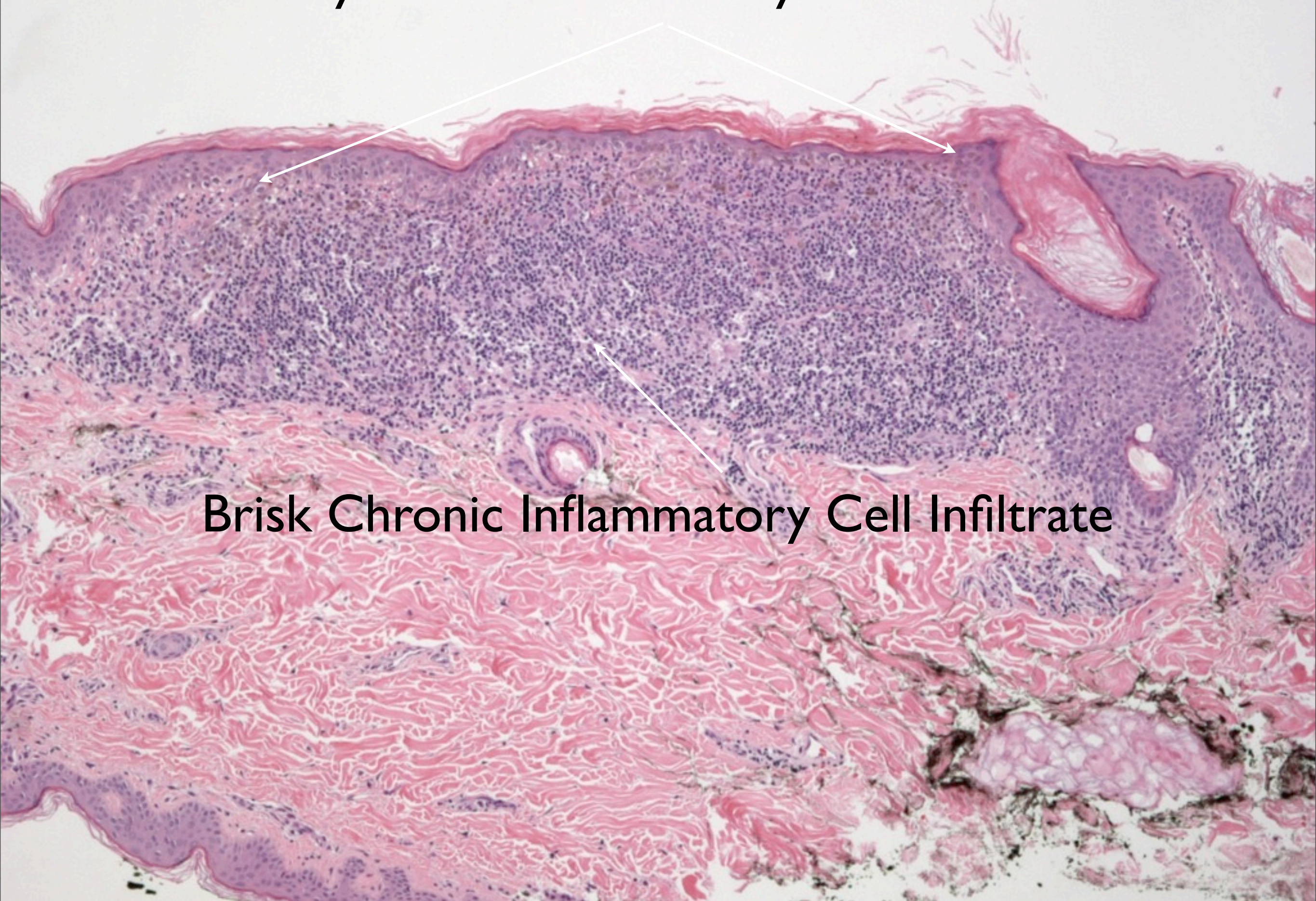




# Halo Nevus



# Symmetrical Melanocytic Nevus



Brisk Chronic Inflammatory Cell Infiltrate