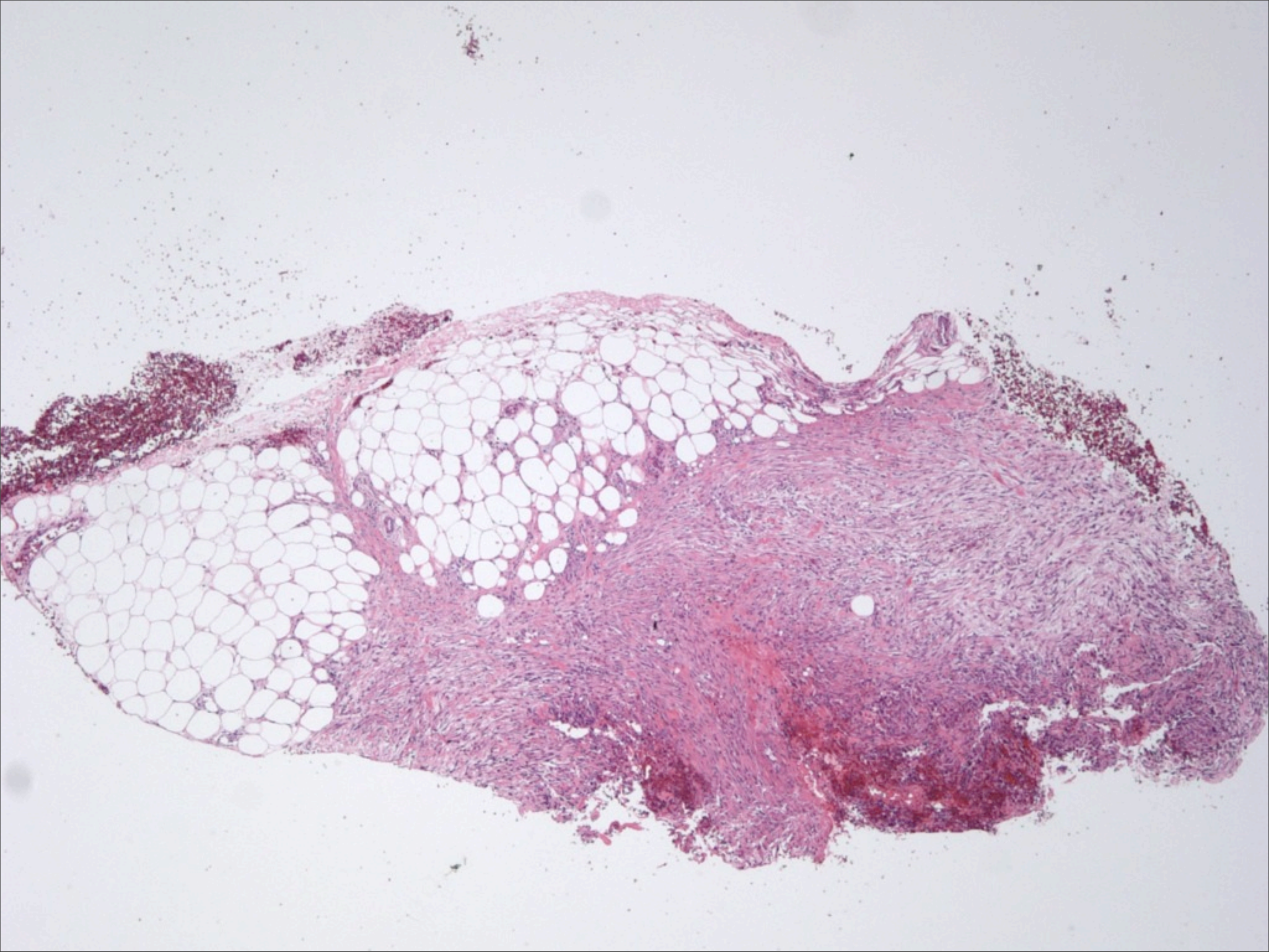
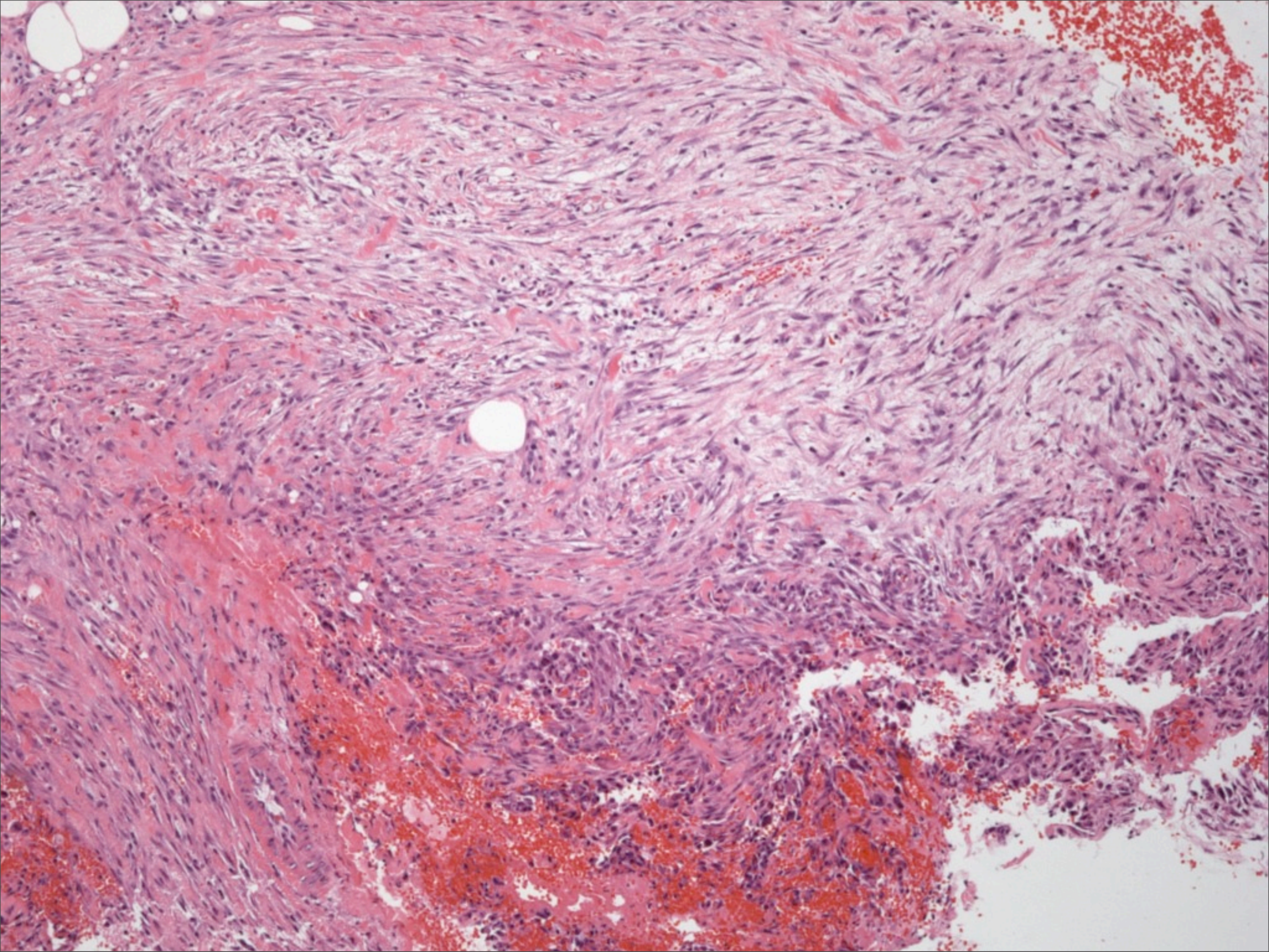


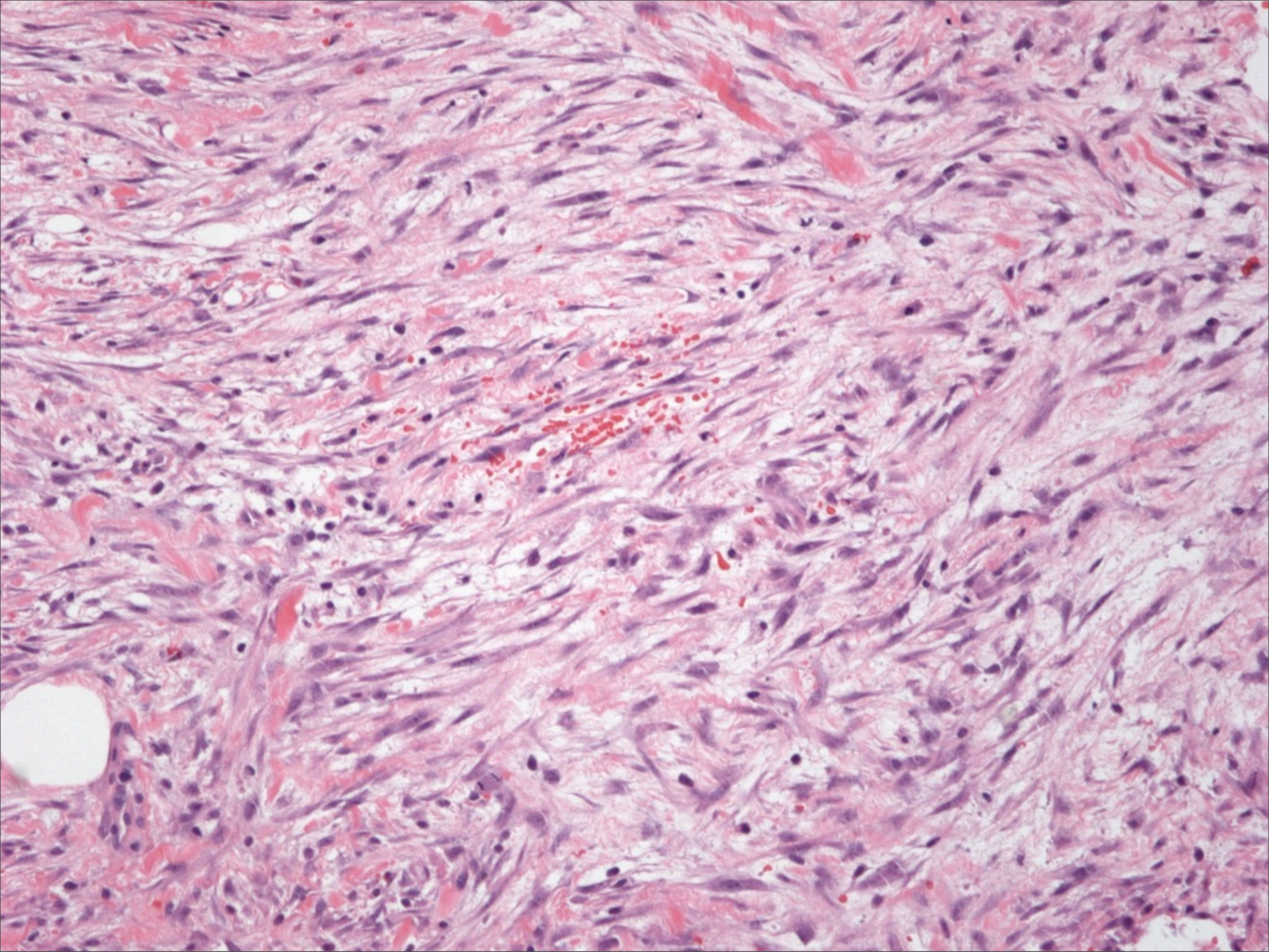
Dermatopathology

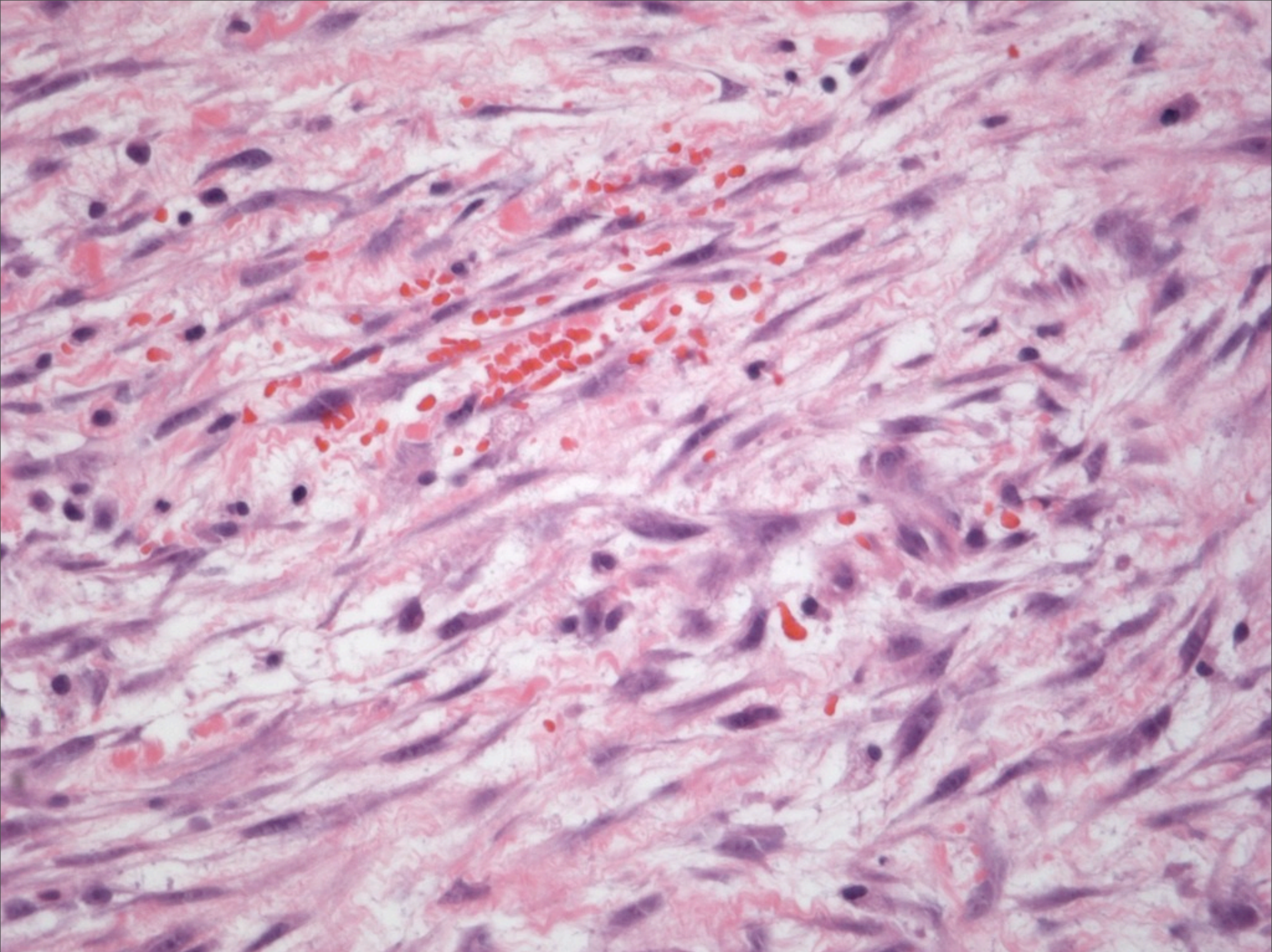
Slide Review Part 158

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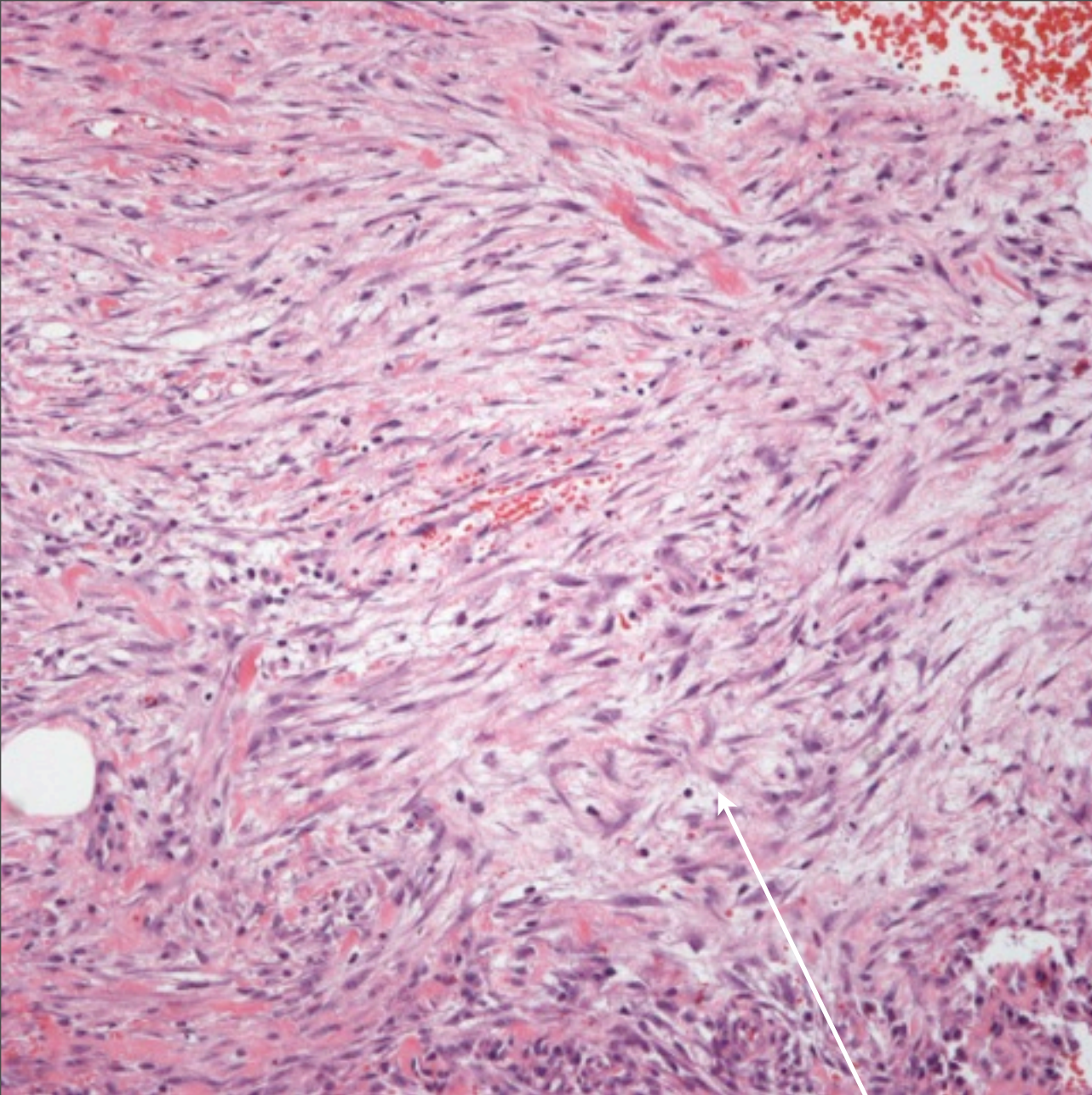




Nodular Fasciitis

Notes

- Nodular fasciitis usually arises as a painful rapidly growing soft tissue tumor in the extremities and may have an antecedent history of trauma
- The characteristic “tissue culture” appearance of the myofibroblasts, brisk mitotic activity, and soft tissue location combined with the clinical history are helpful in arriving at the correct diagnosis

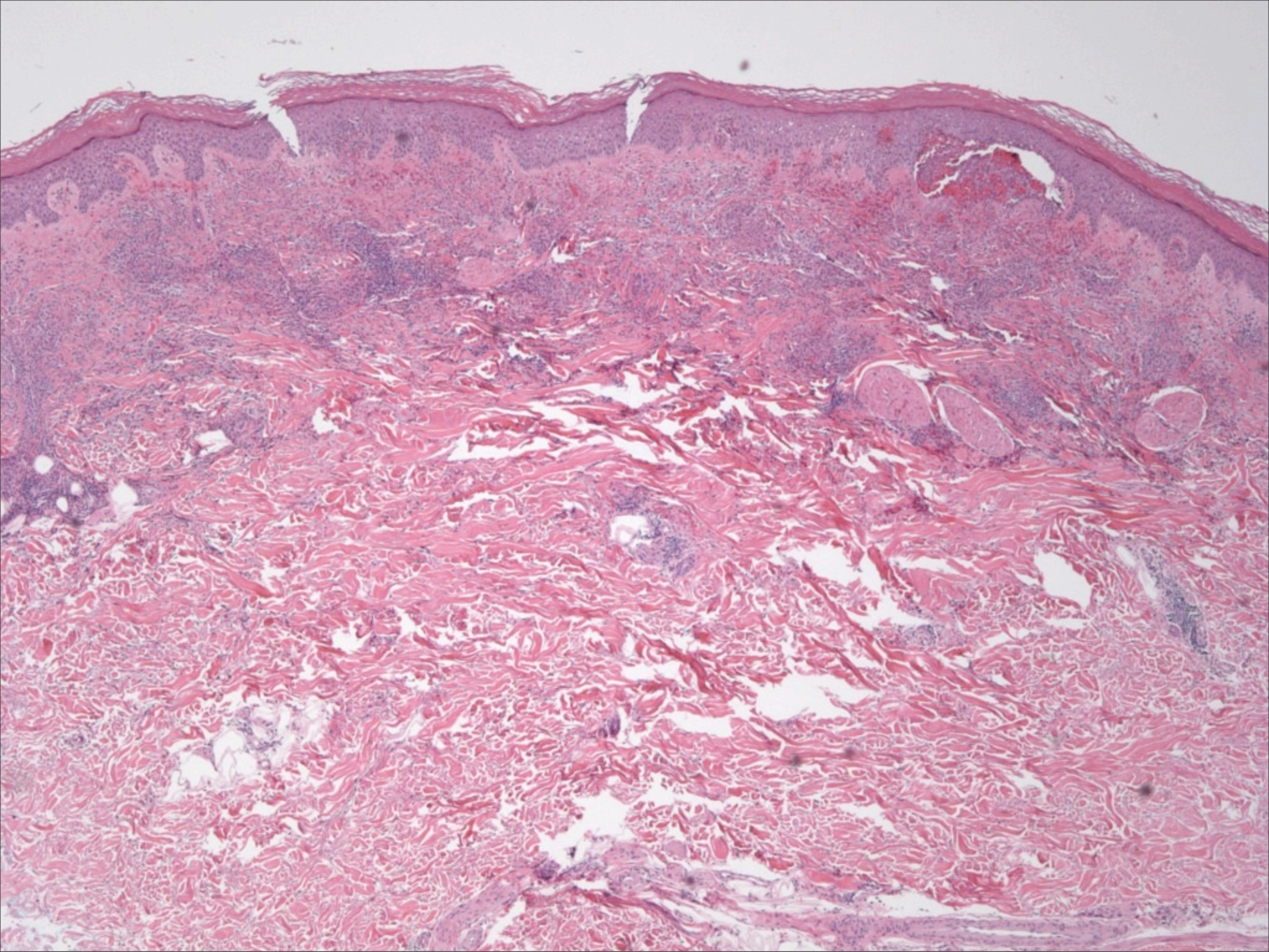


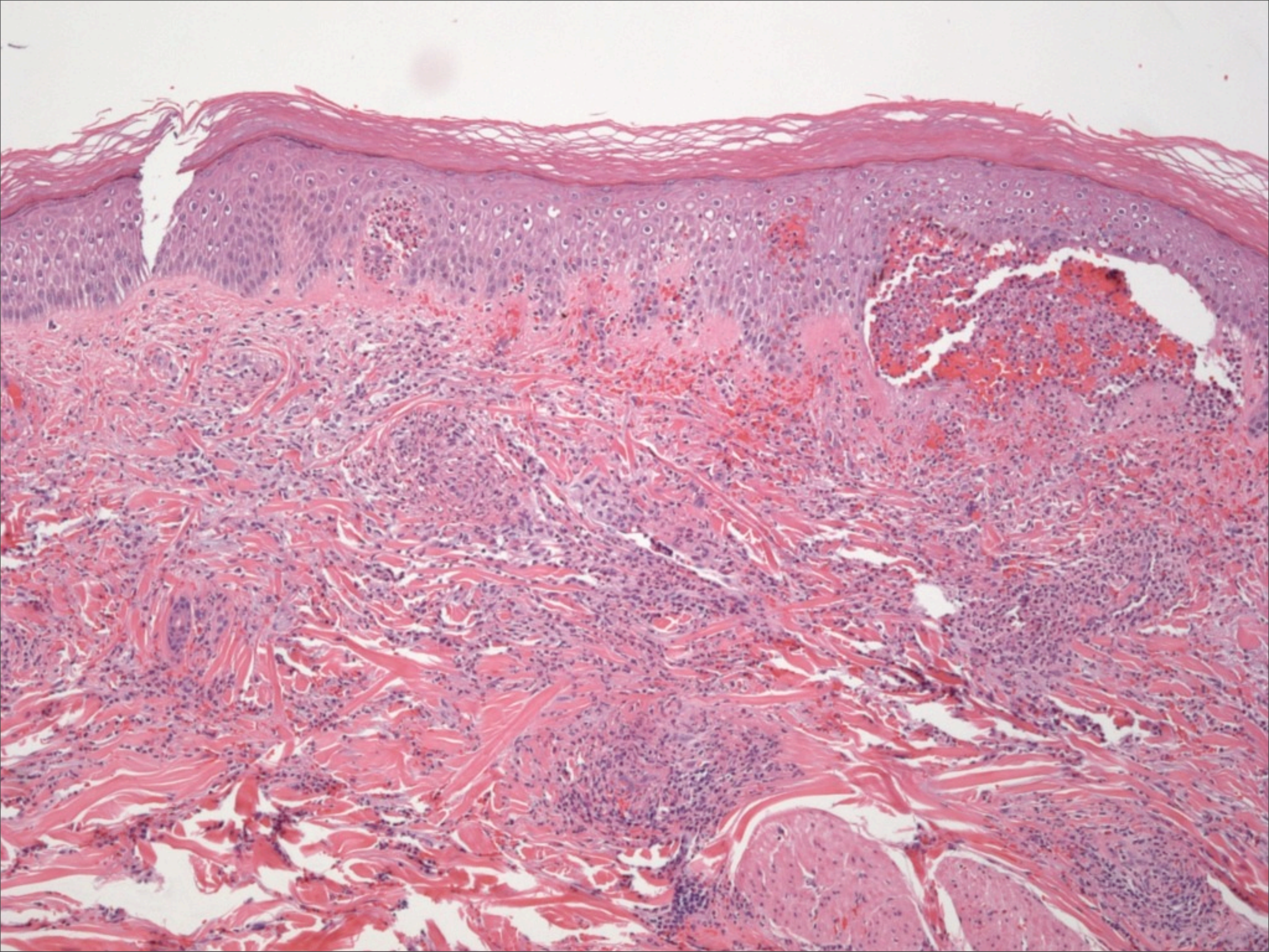
Usually deep soft tissue location

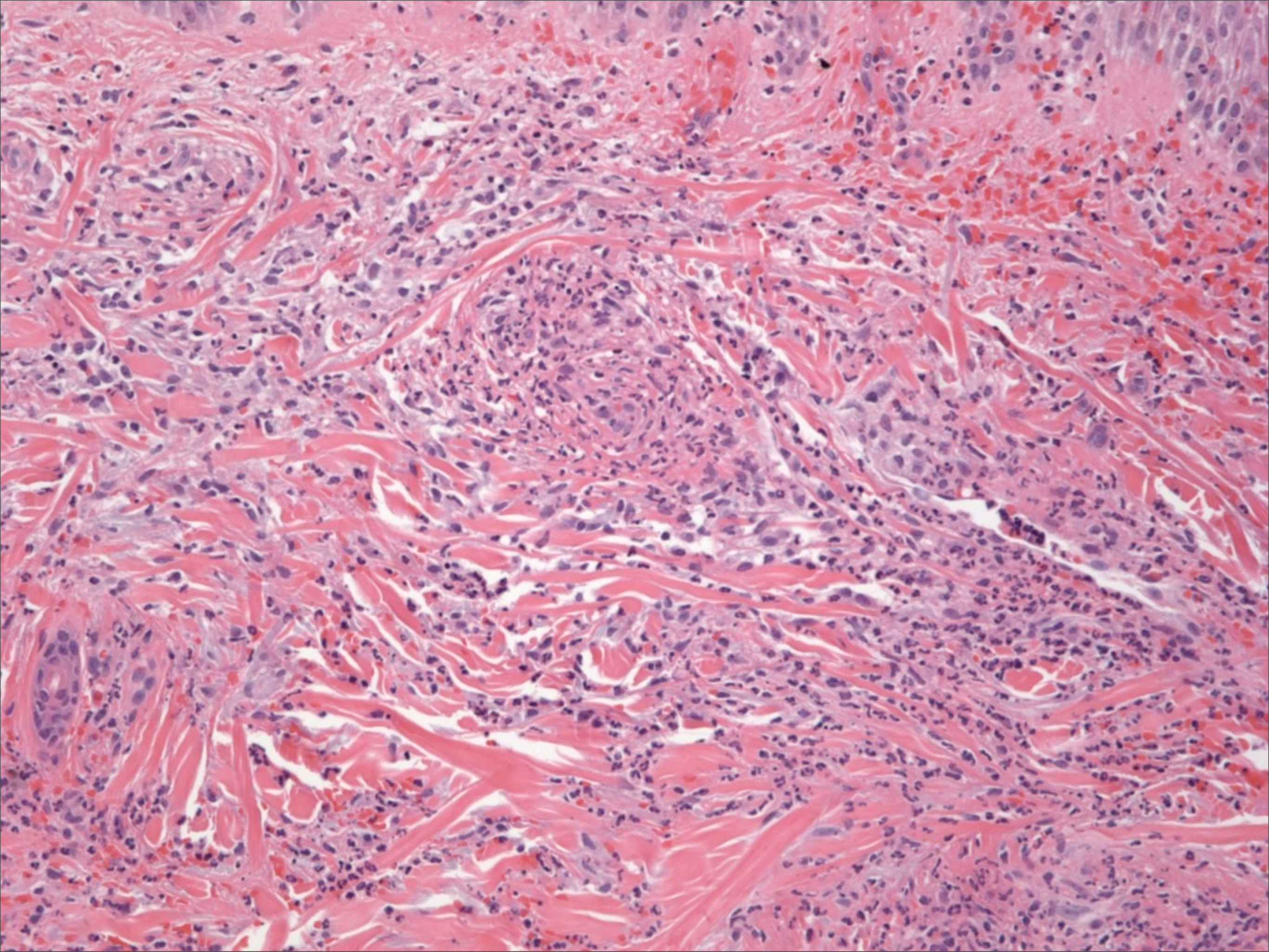
Tissue culture-like appearance of myofibroblasts

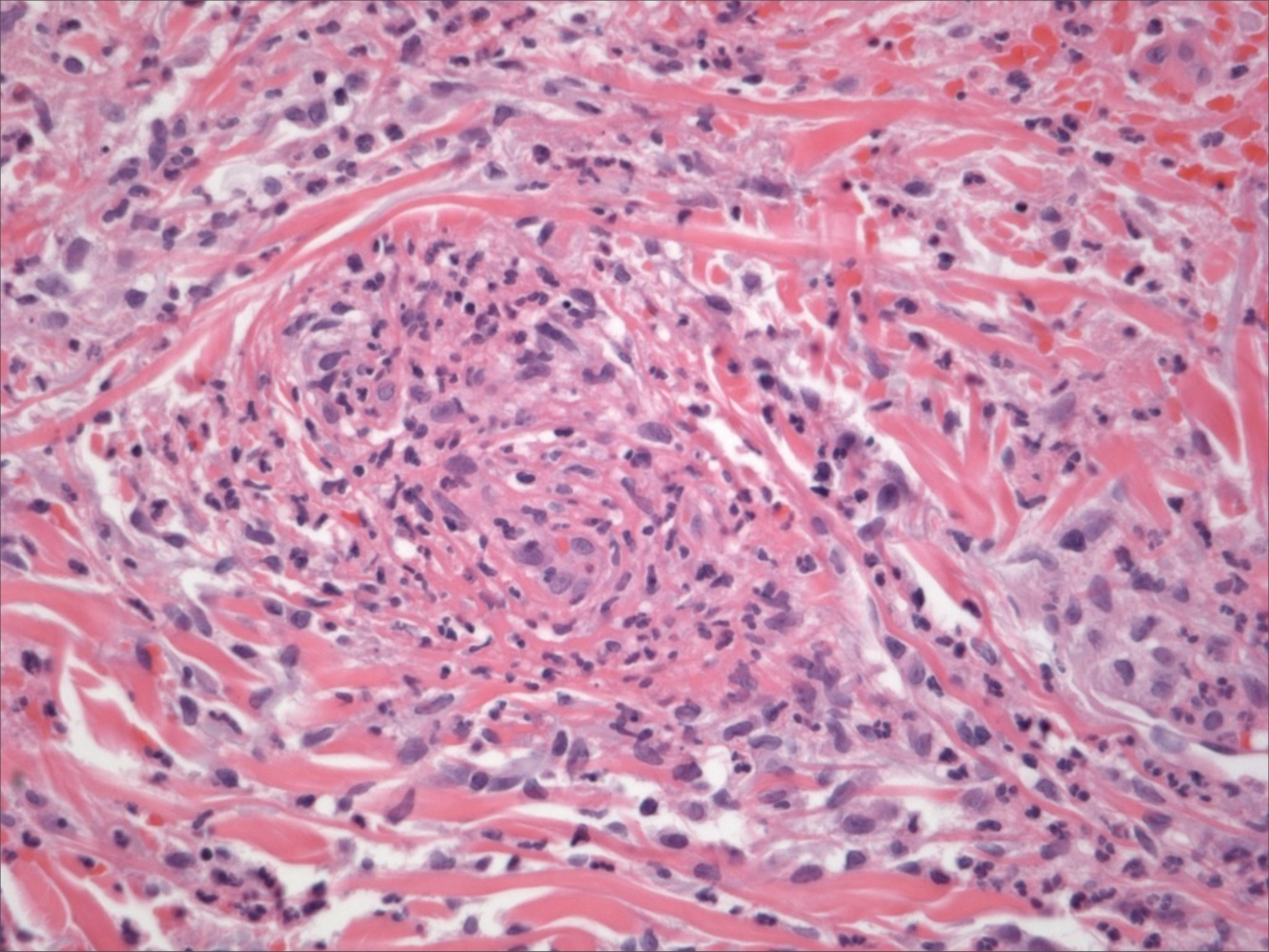
Brisk mitotic rate but no atypical mitotic figures

Variable edema and chronic inflammation

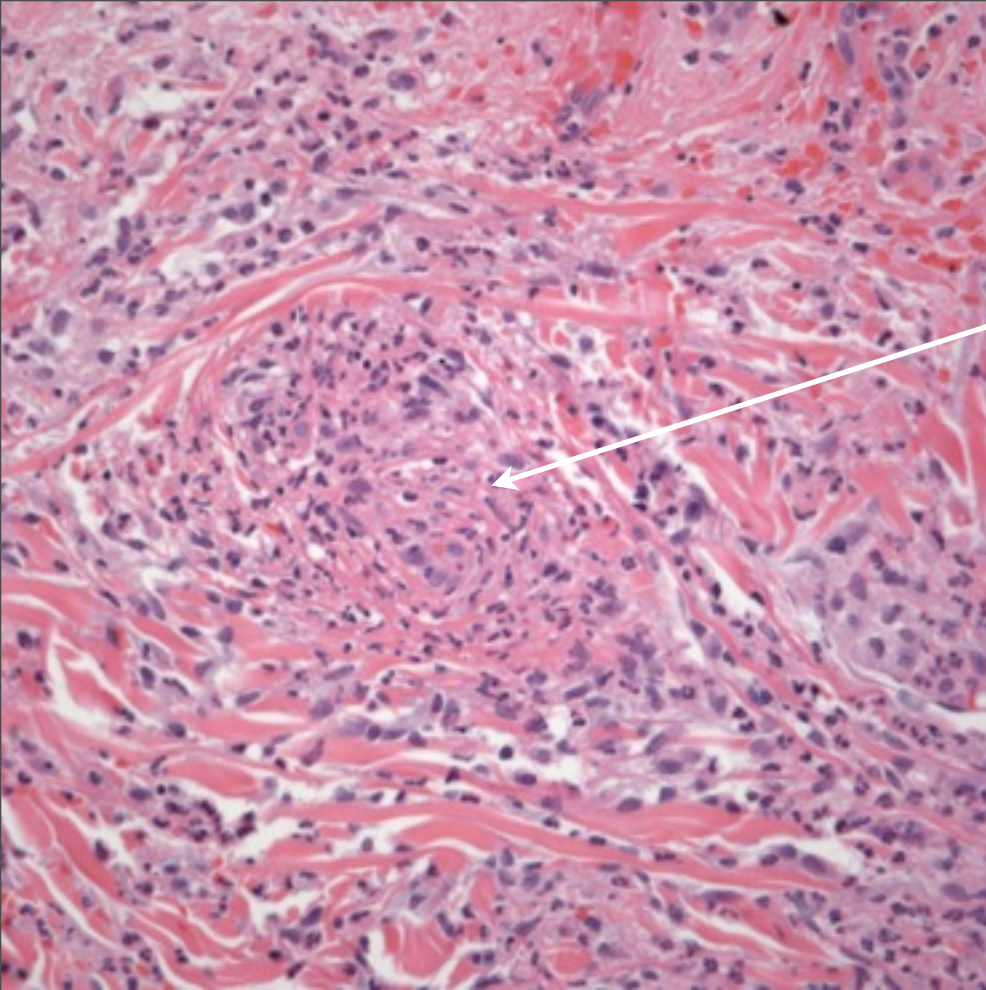








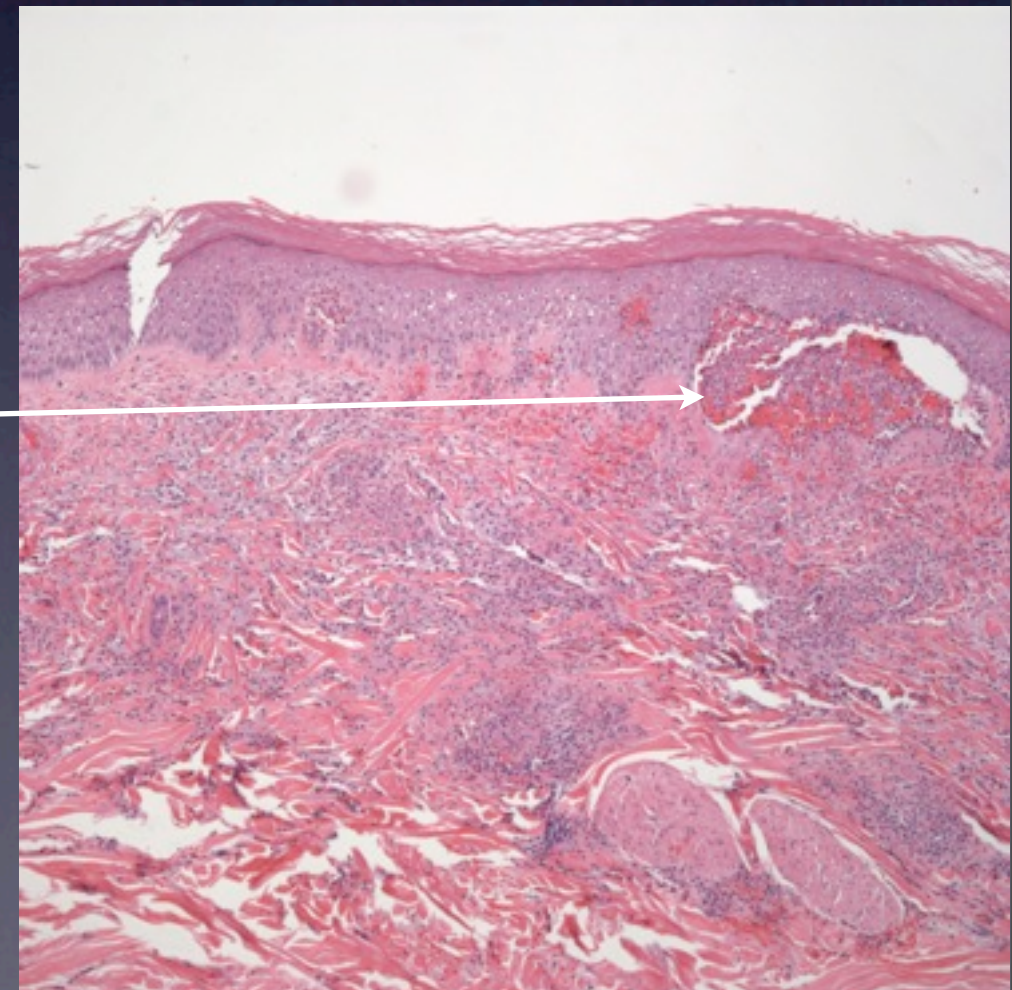
Leukocytoclastic vasculitis

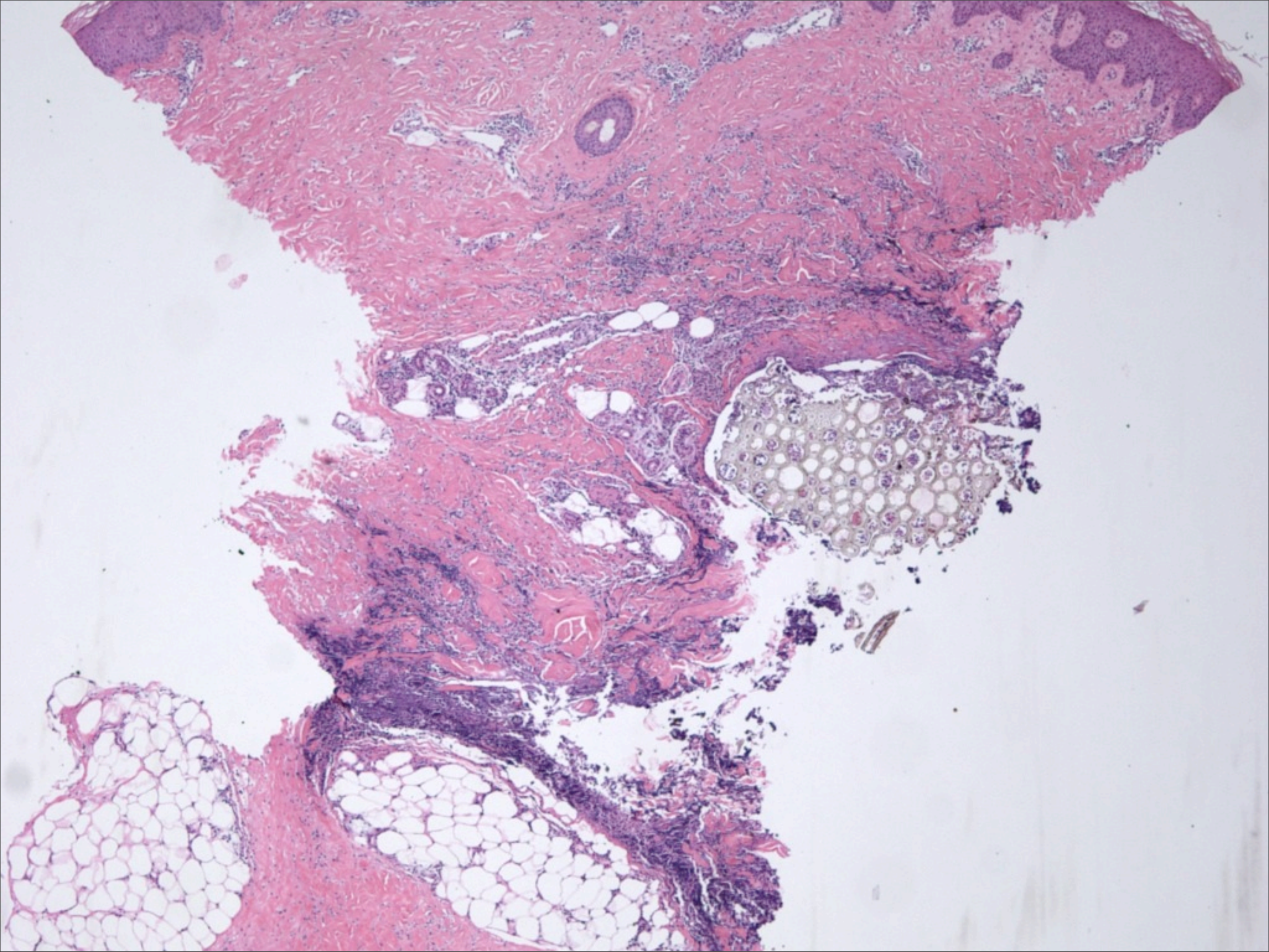


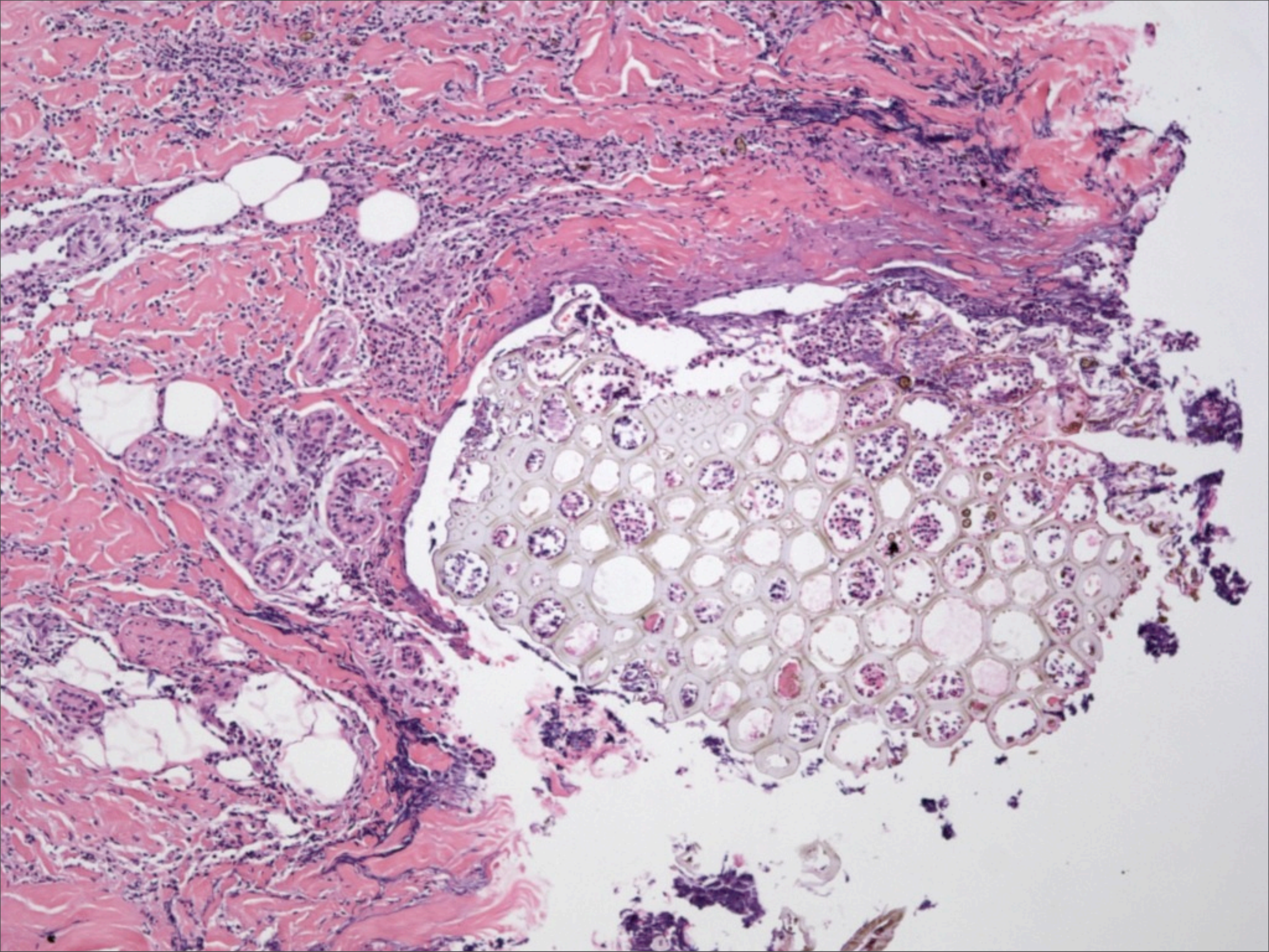
Must have fibrinoid necrosis
of the vessels

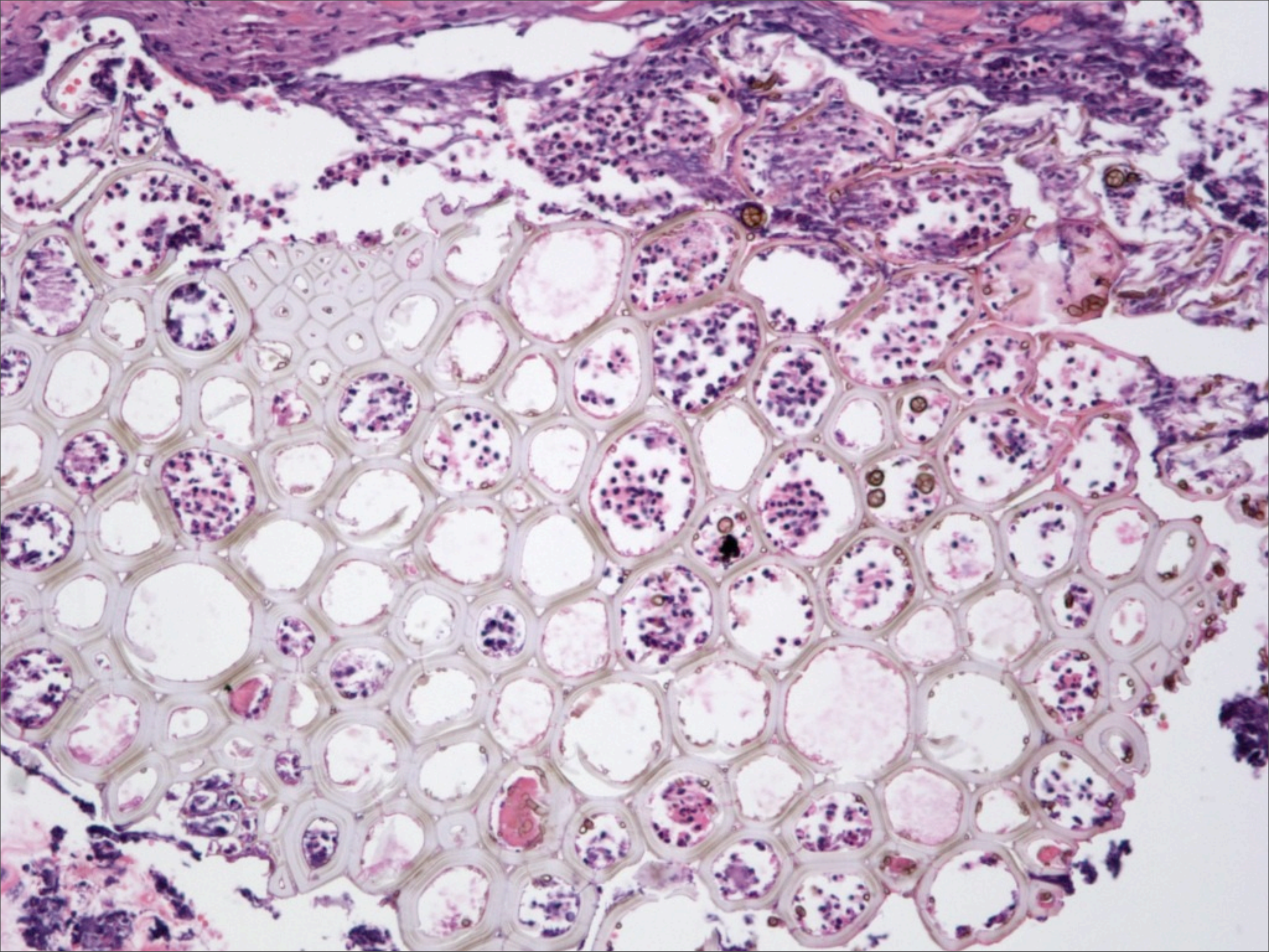
Nuclear dust or hemorrhage
insufficient for dx

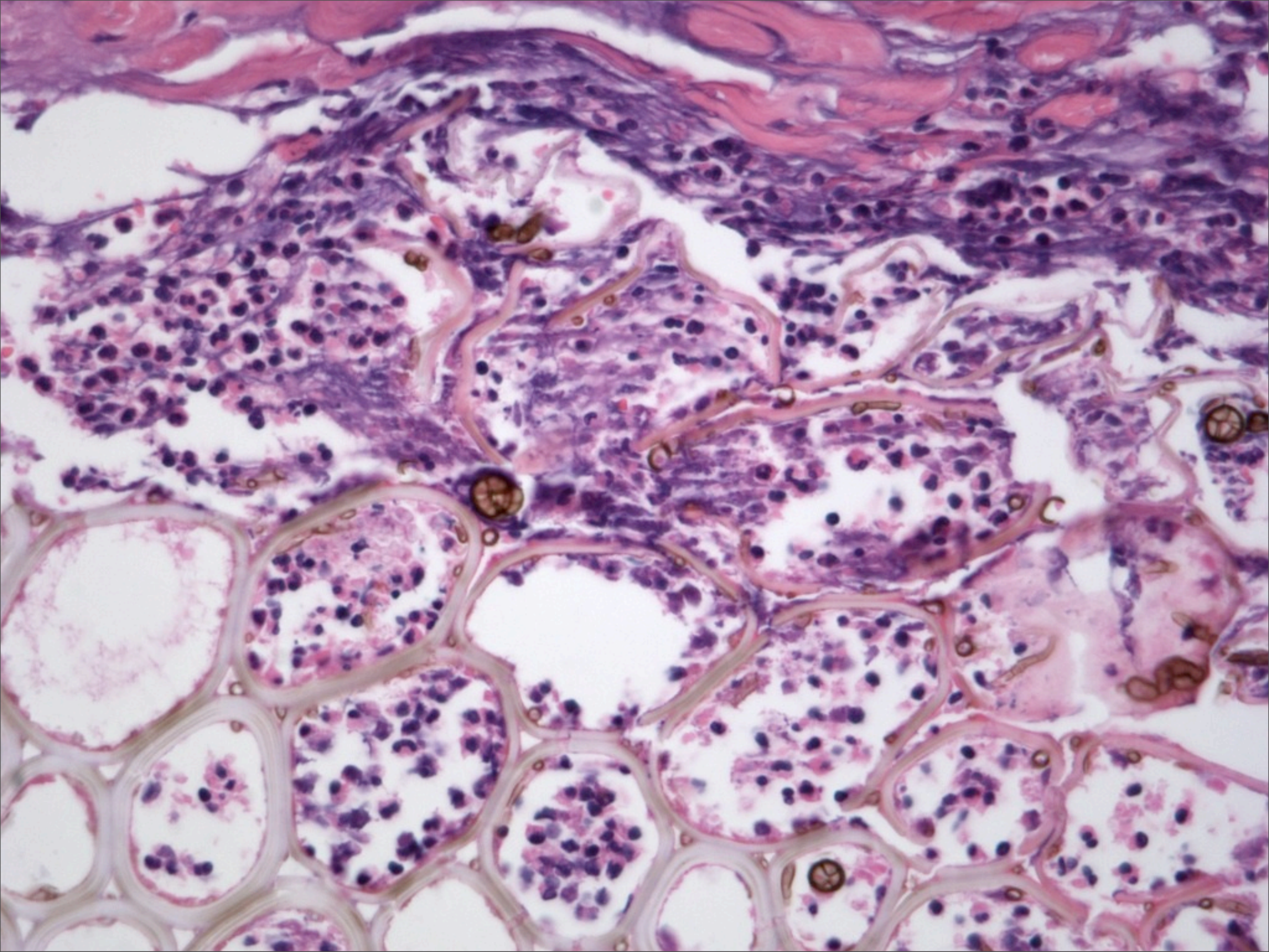
May occasionally show
bullous changes

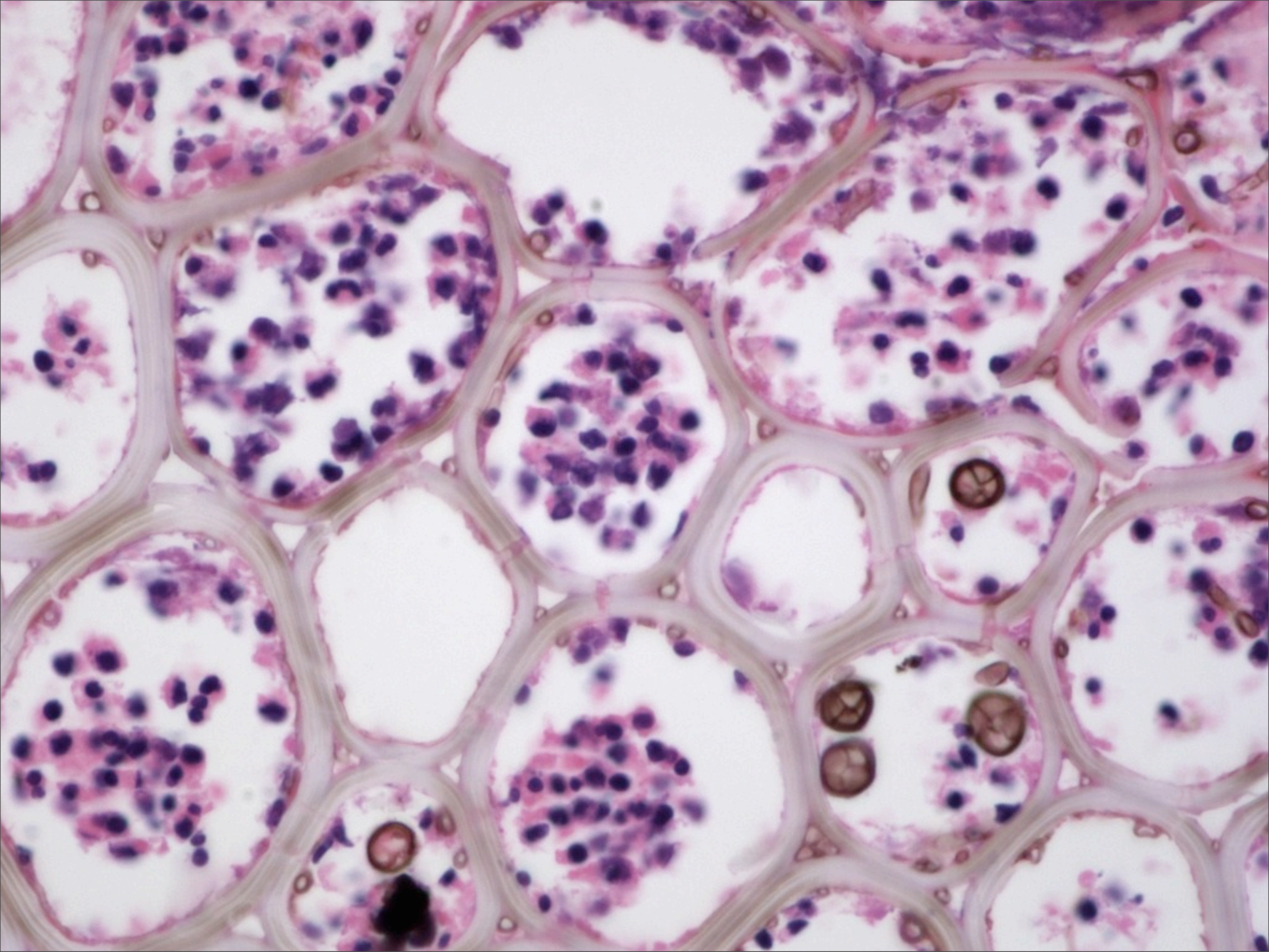


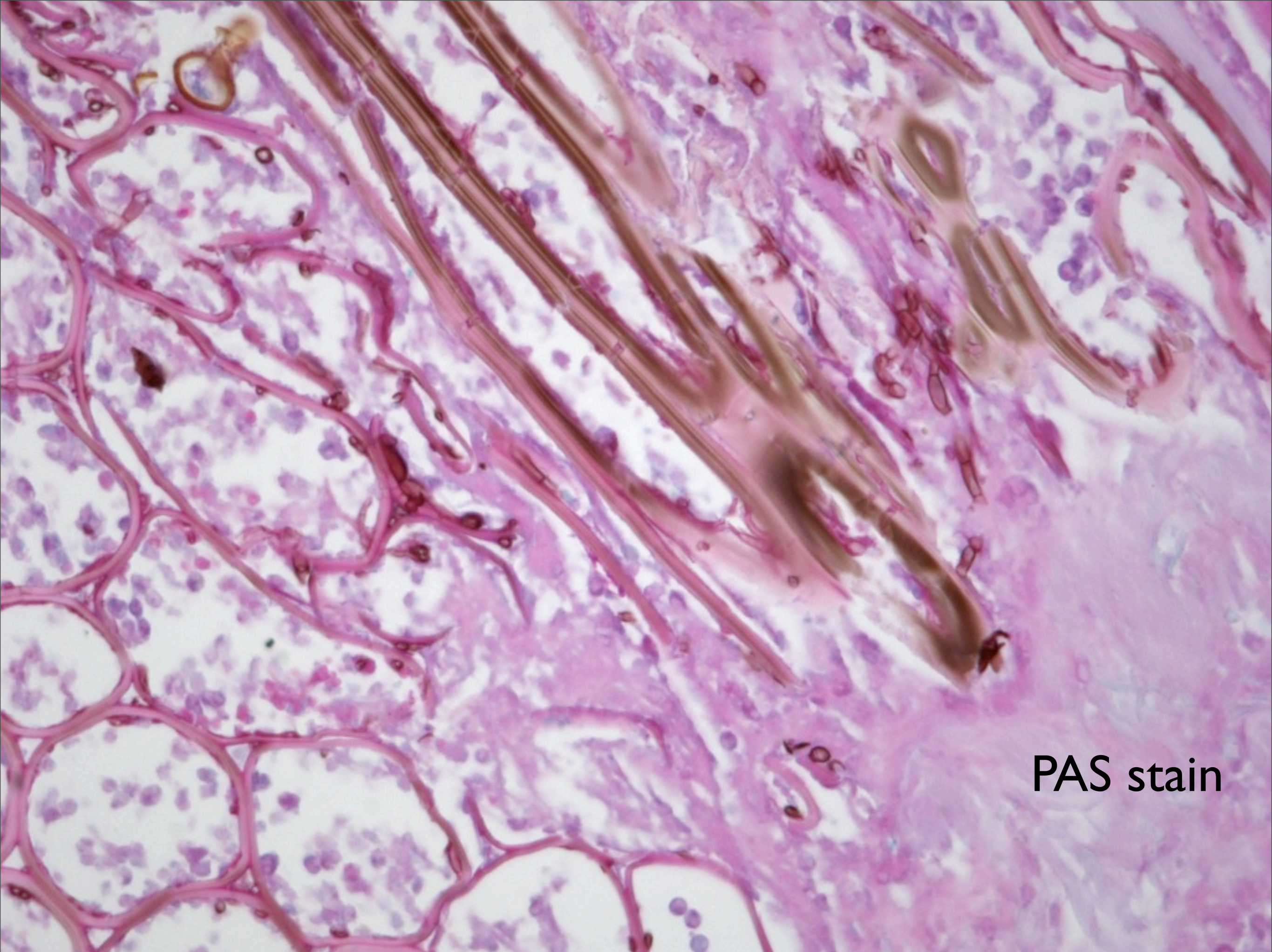






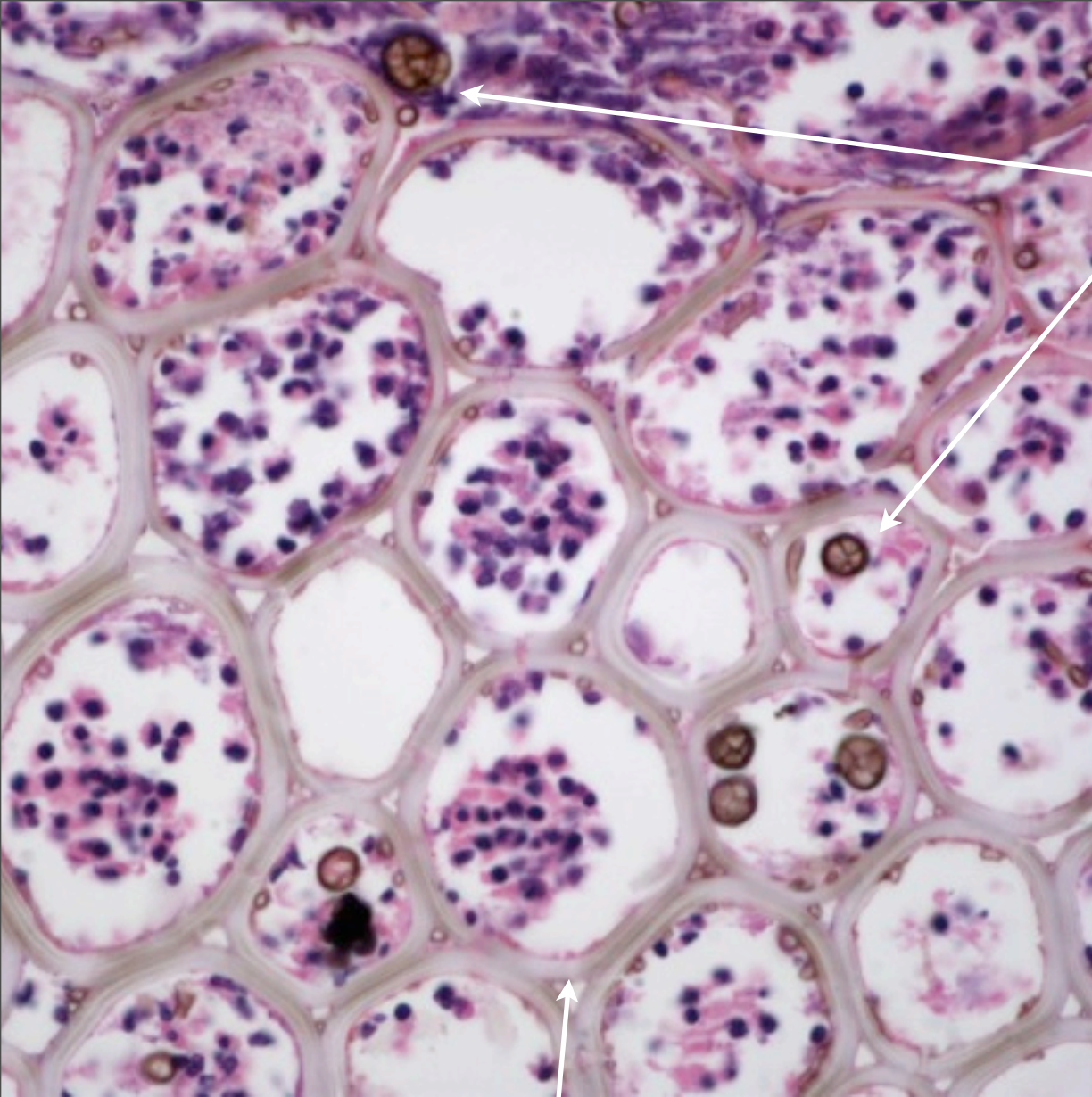






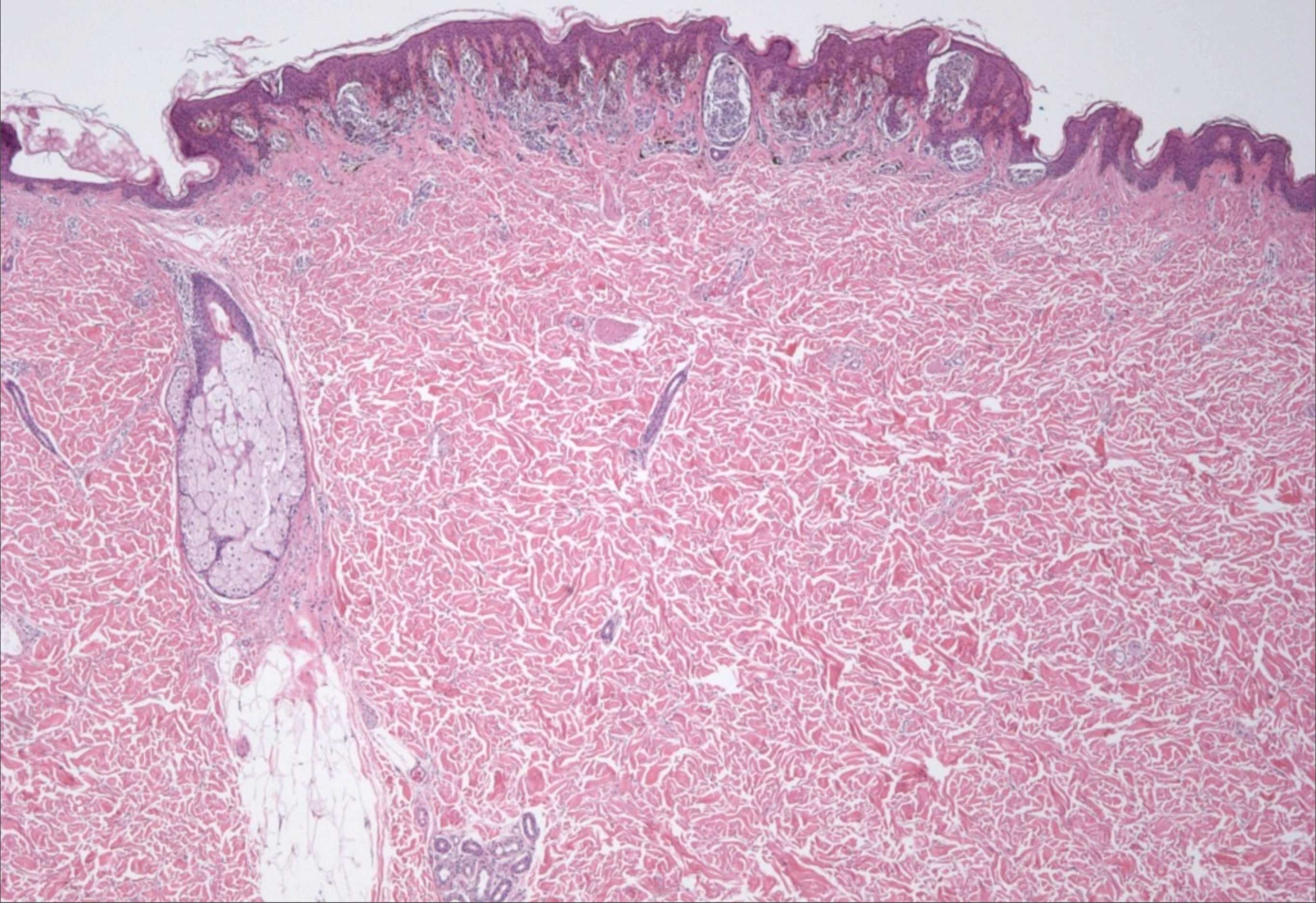
PAS stain

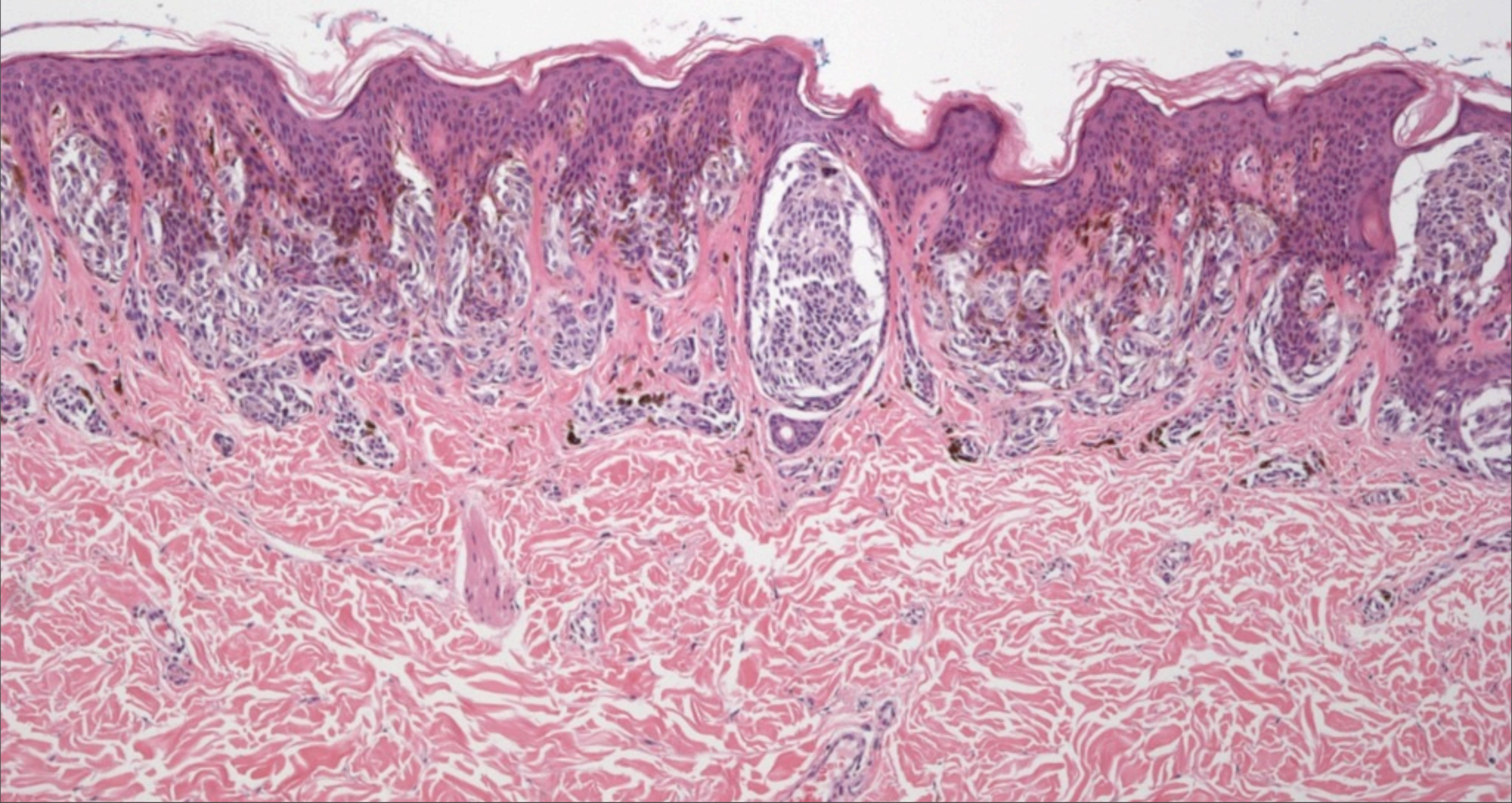
Chromomycosis

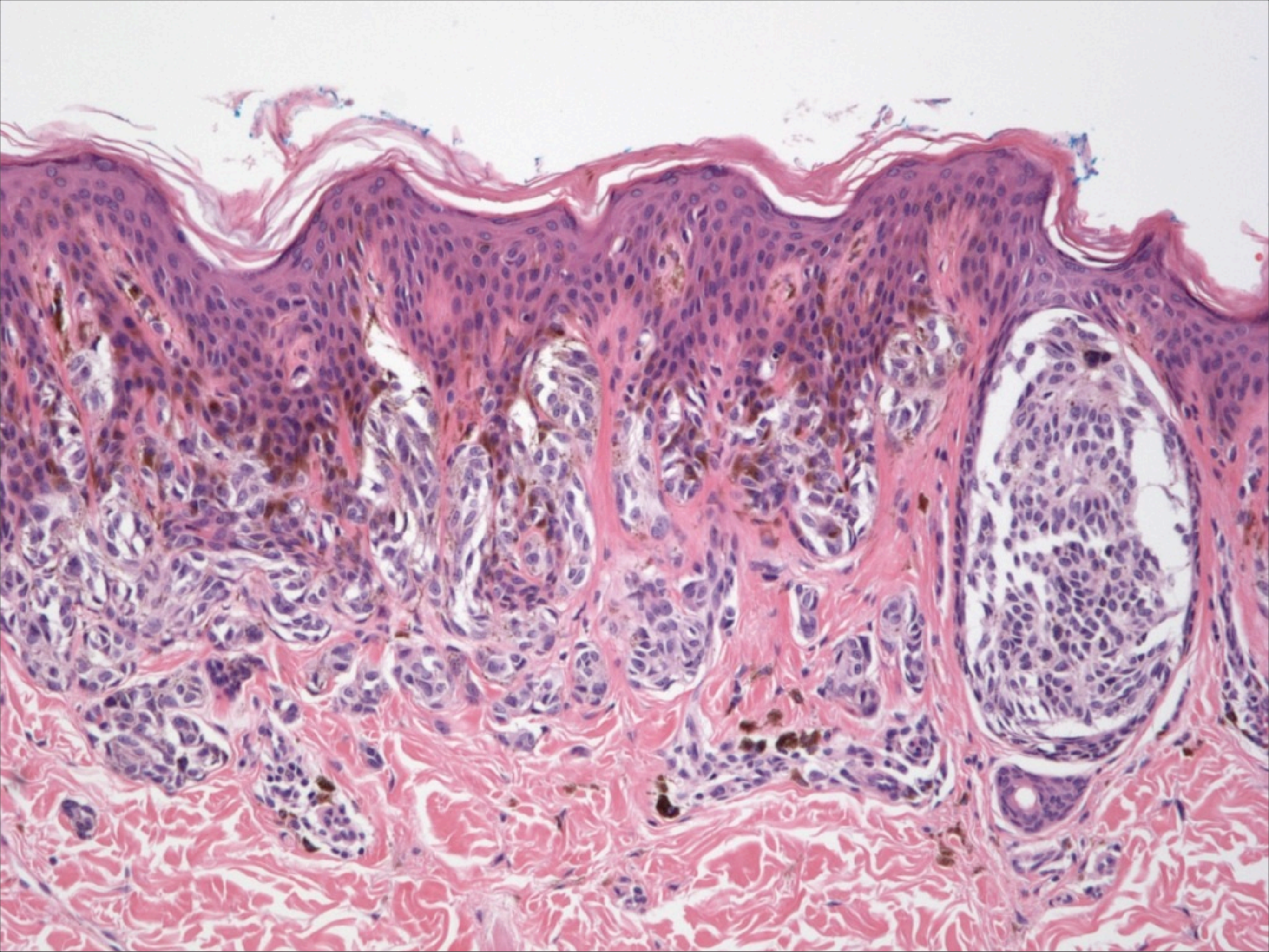


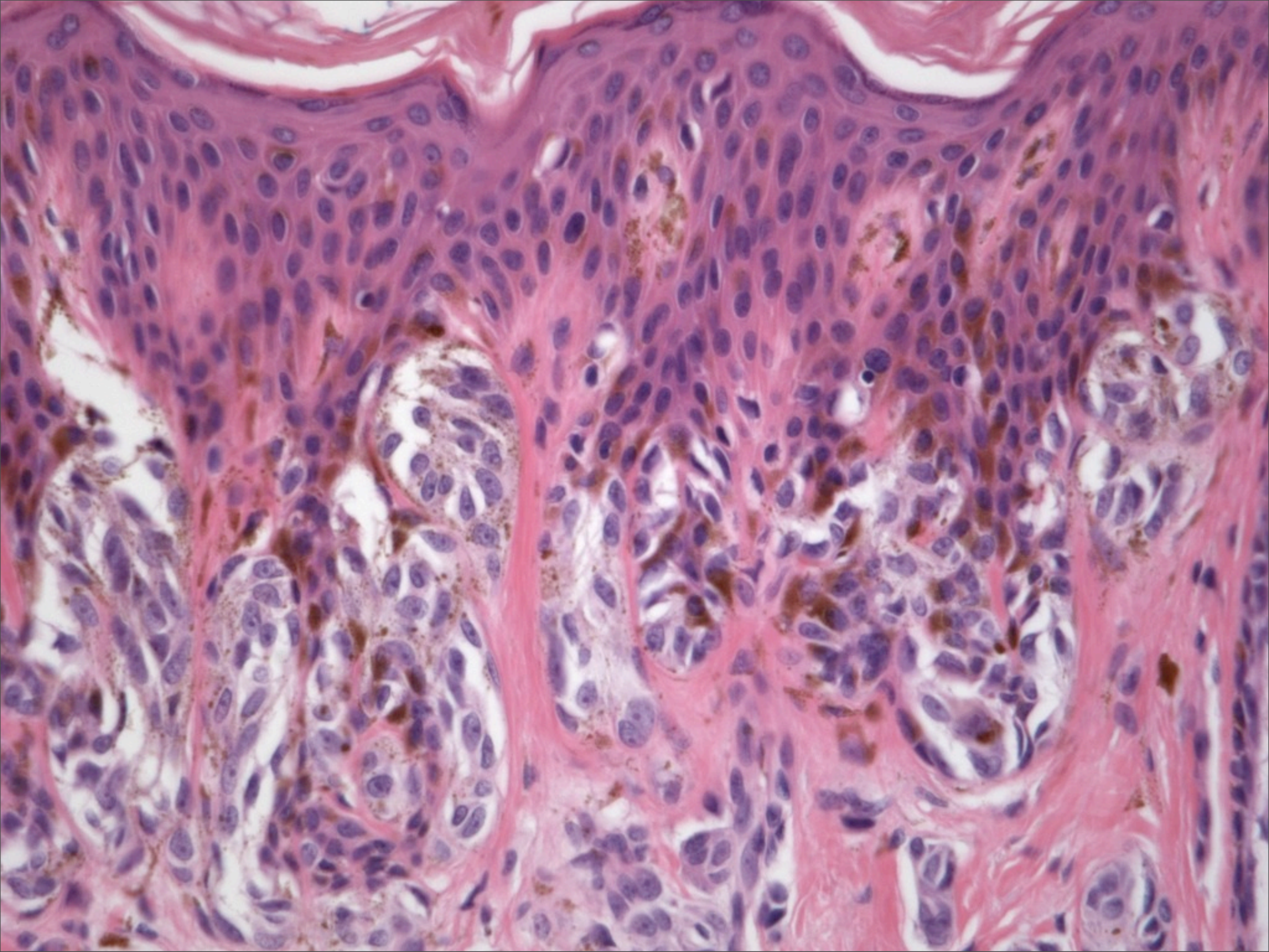
Medlar bodies
(Sclerotic Bodies)

Often associated with
splinter or foreign body







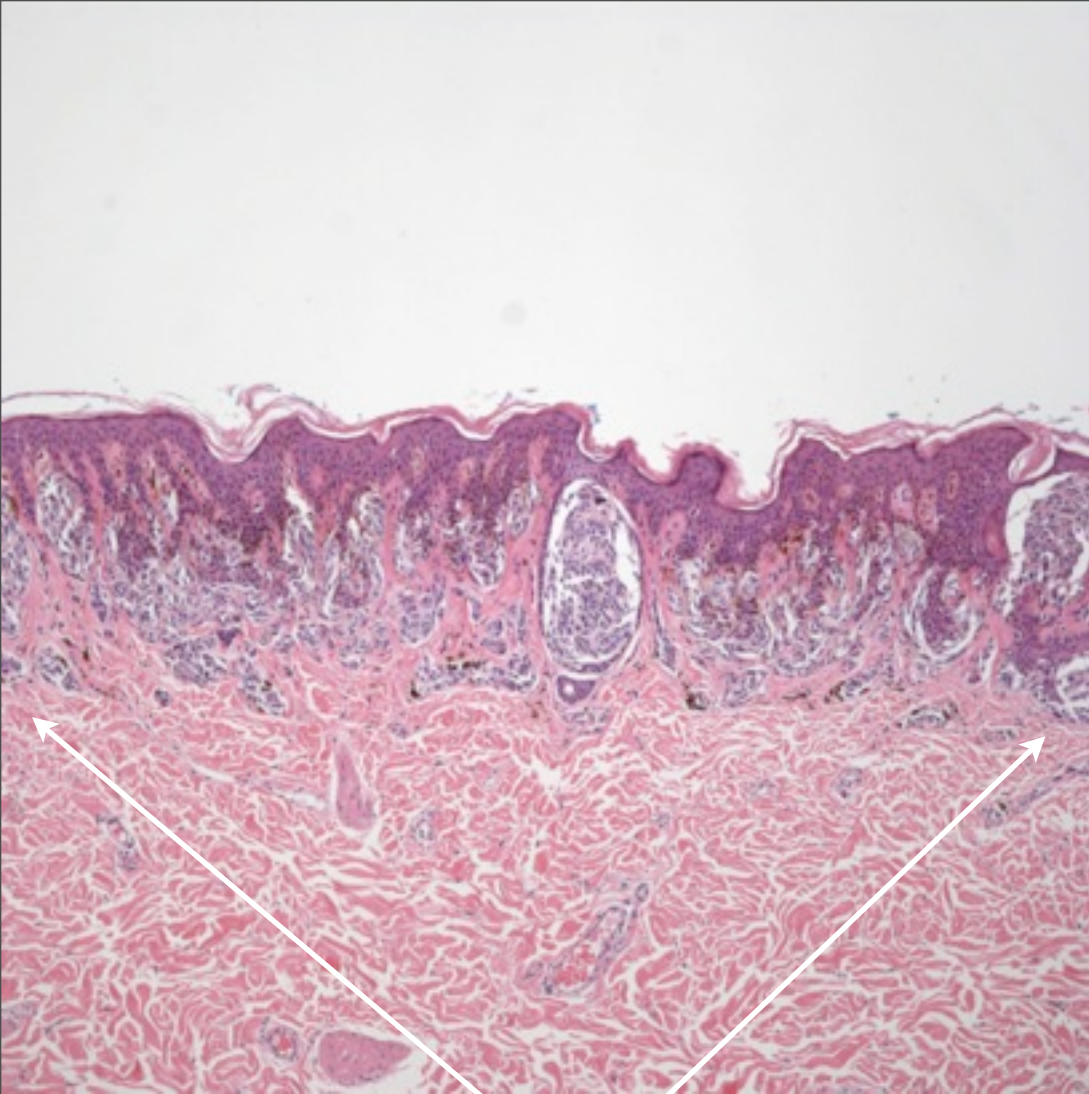


Pigmented Spindle Cell Nevus

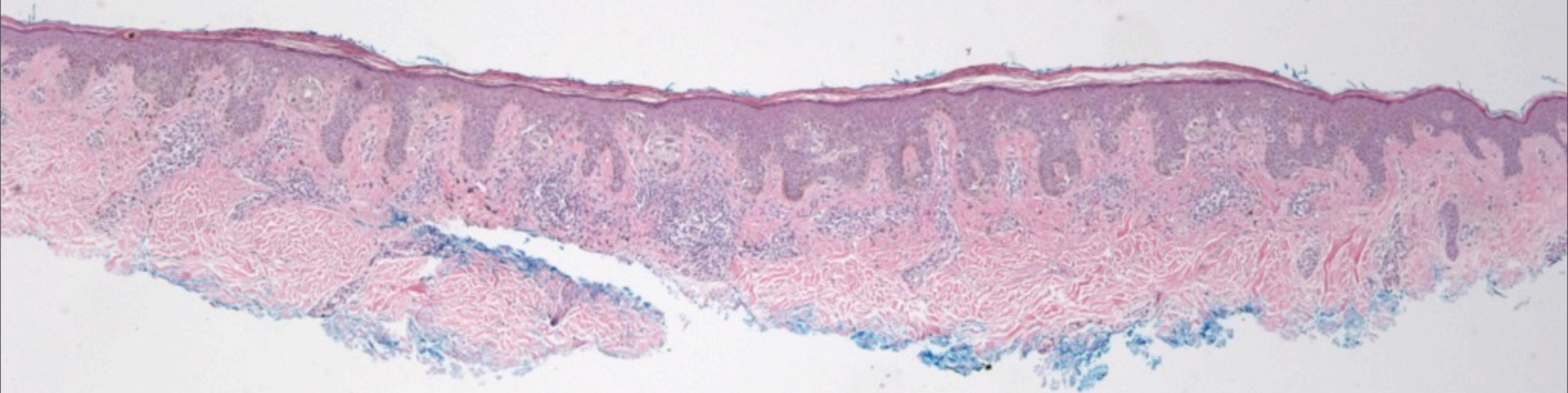
Pigmented spindled and
epithelioid melanocytes

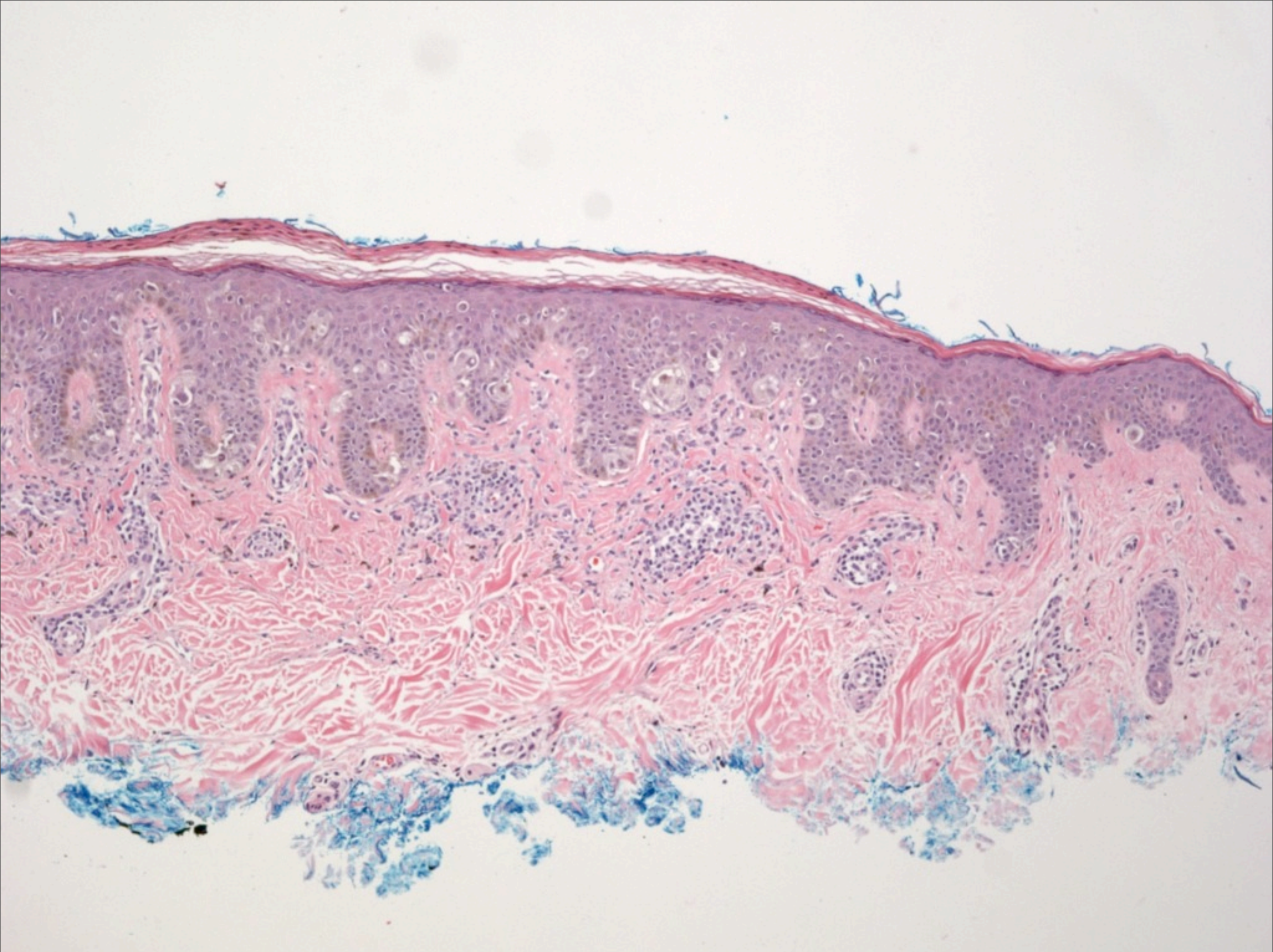
Minimal cytologic atypia

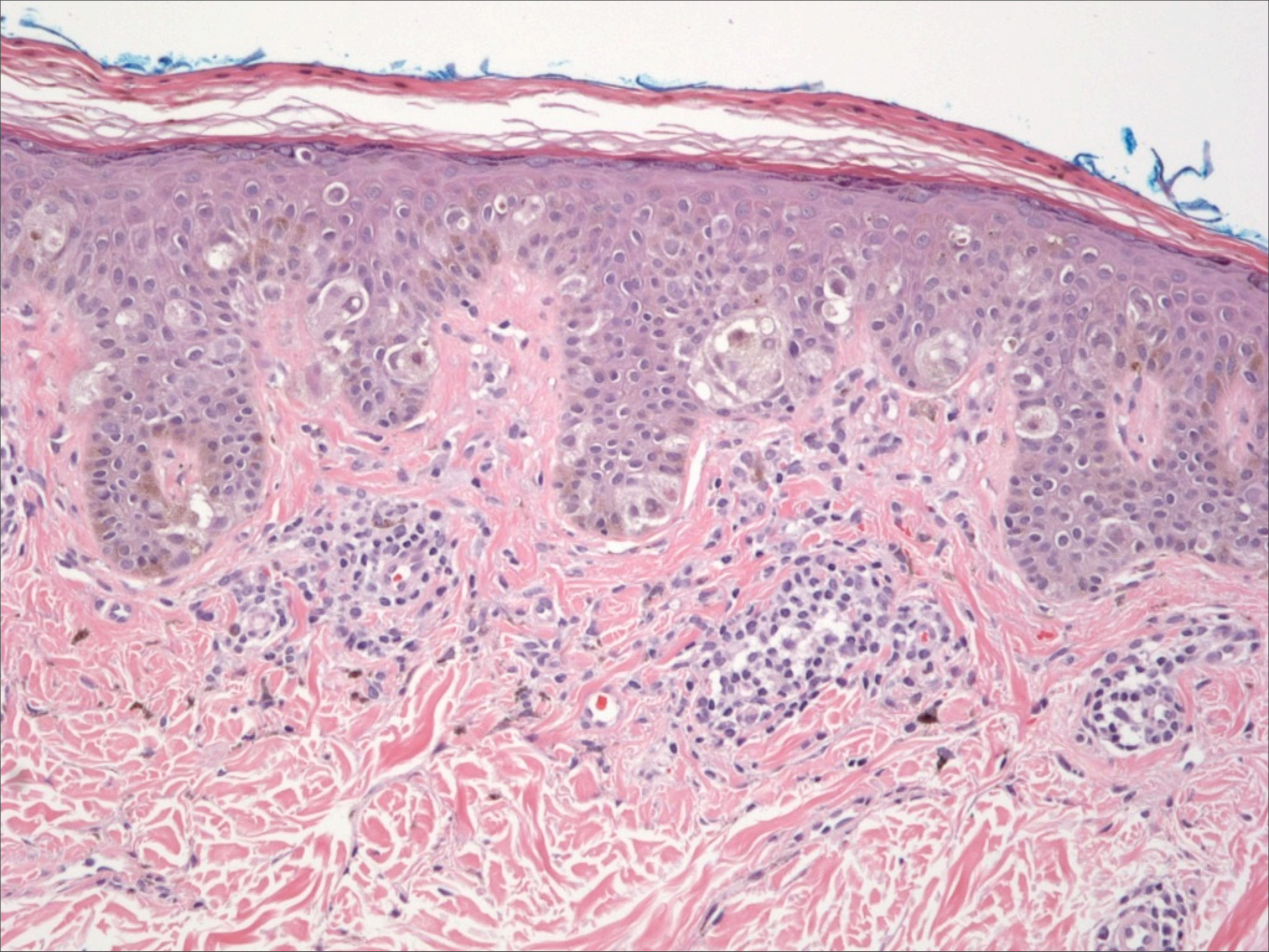
Kamino bodies rarely

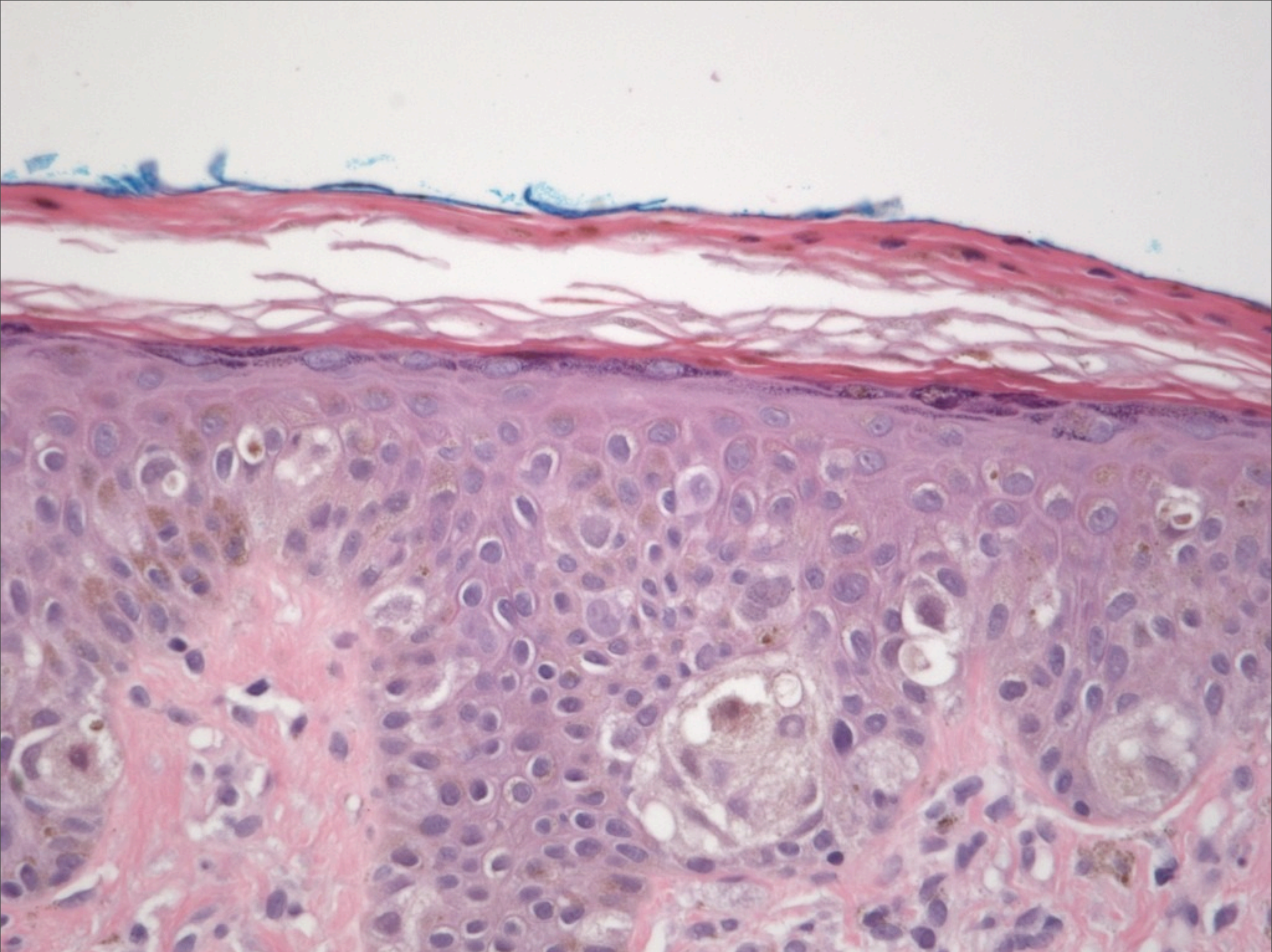


Sharp peripheral circumscription



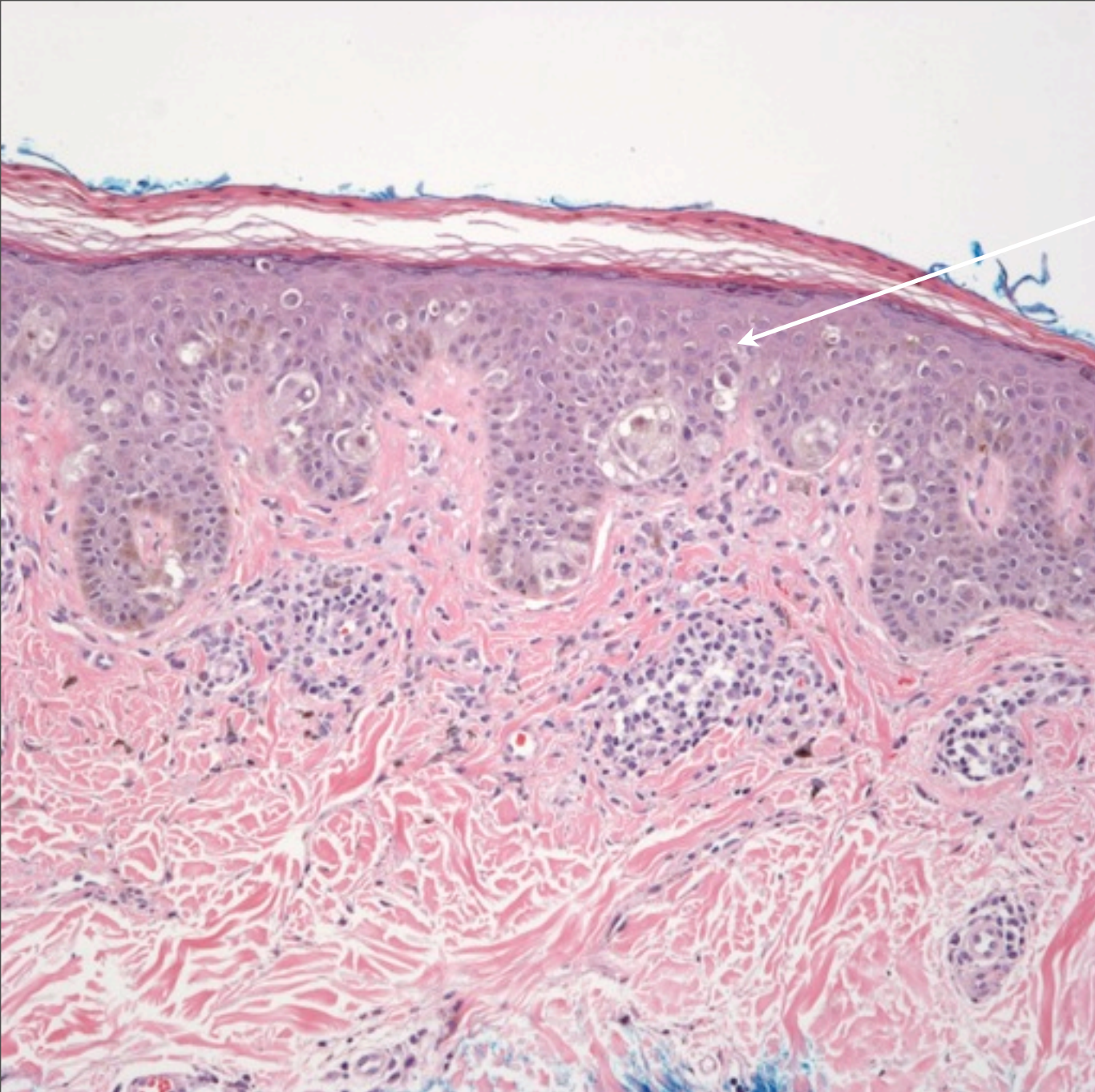






Malignant Melanoma in Situ, Superficial Spreading

Pleomorphic melanocytes
with intraepithelial scatter



May have discohesive expansile junctional nests