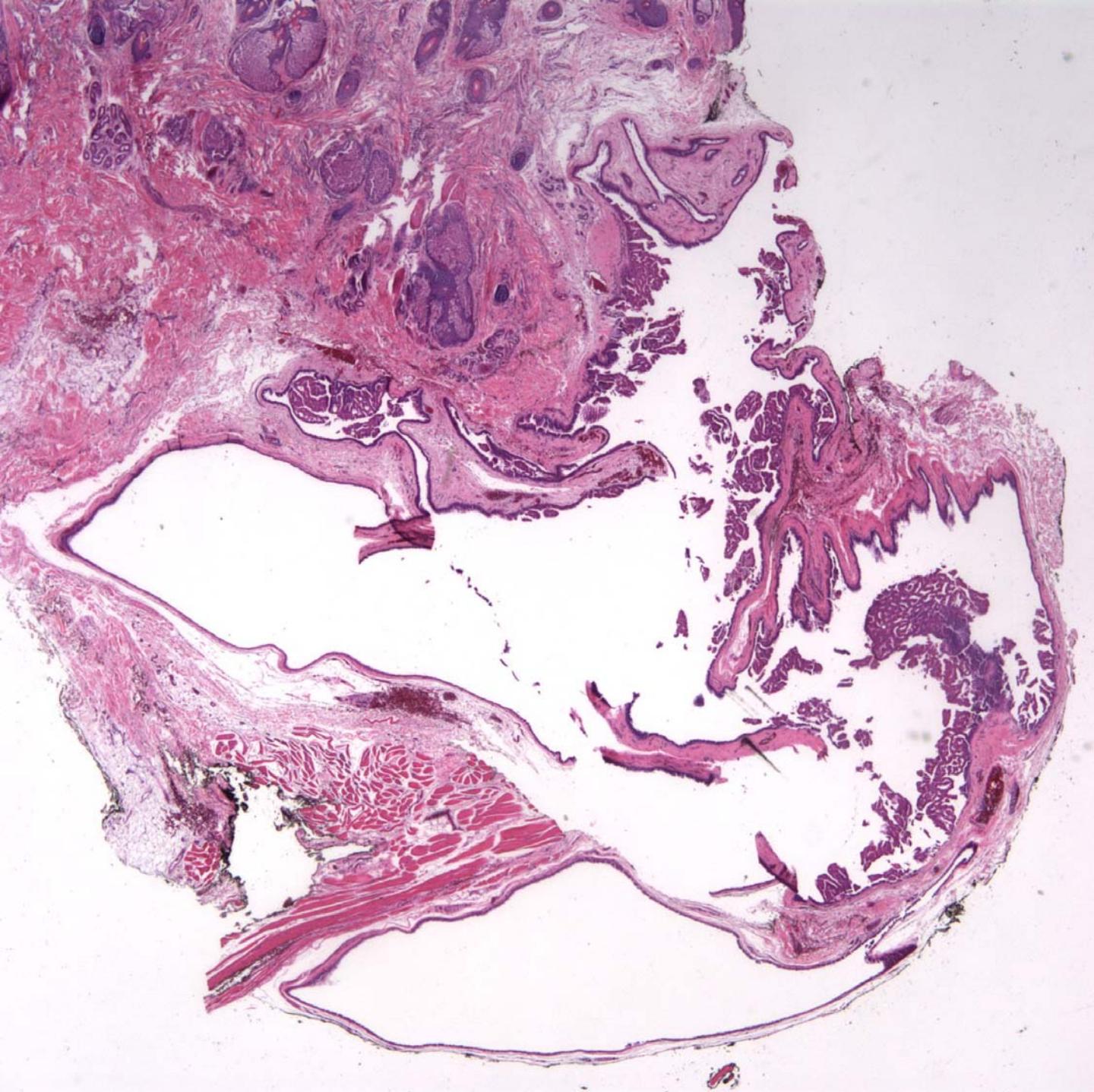
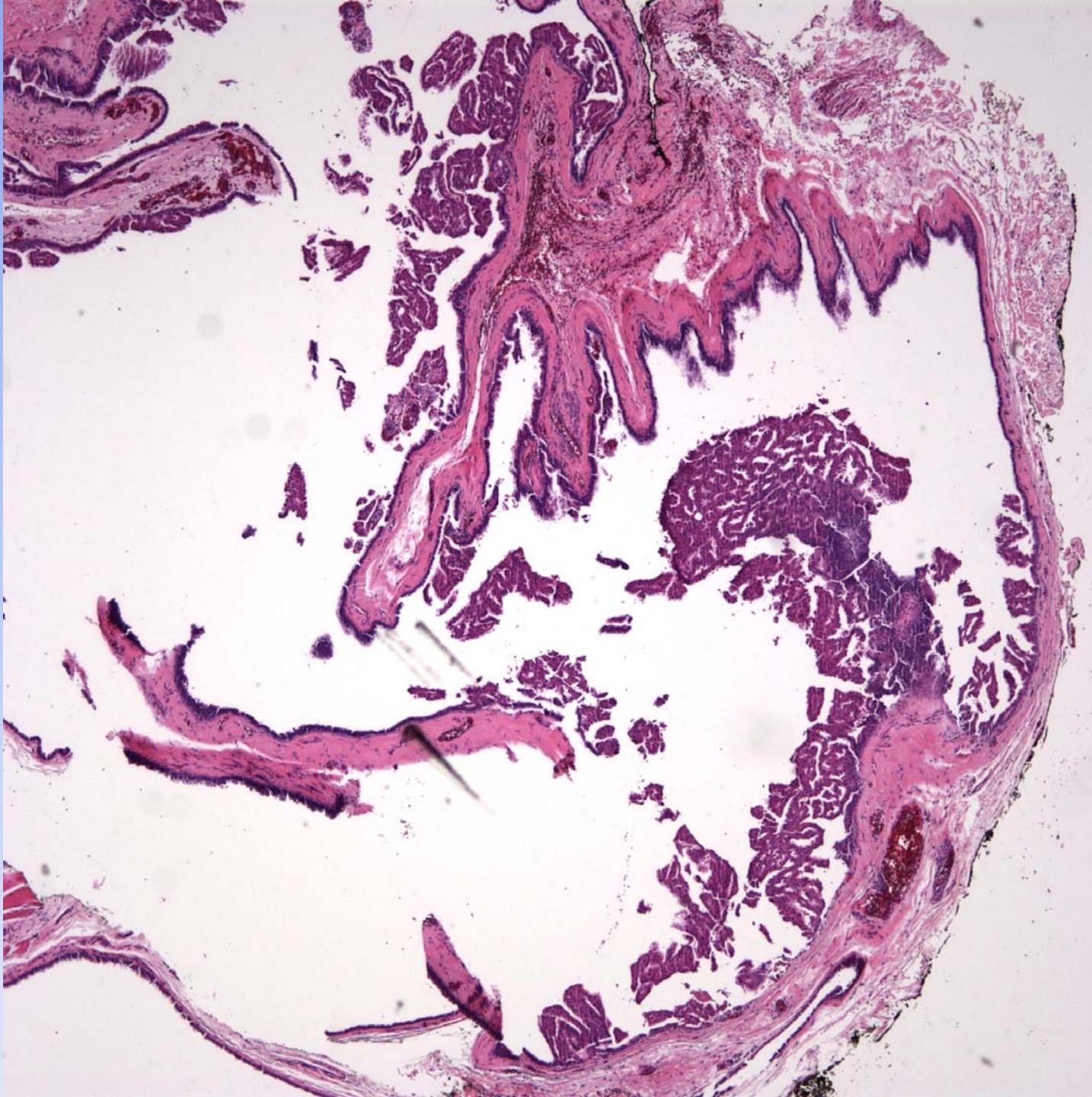
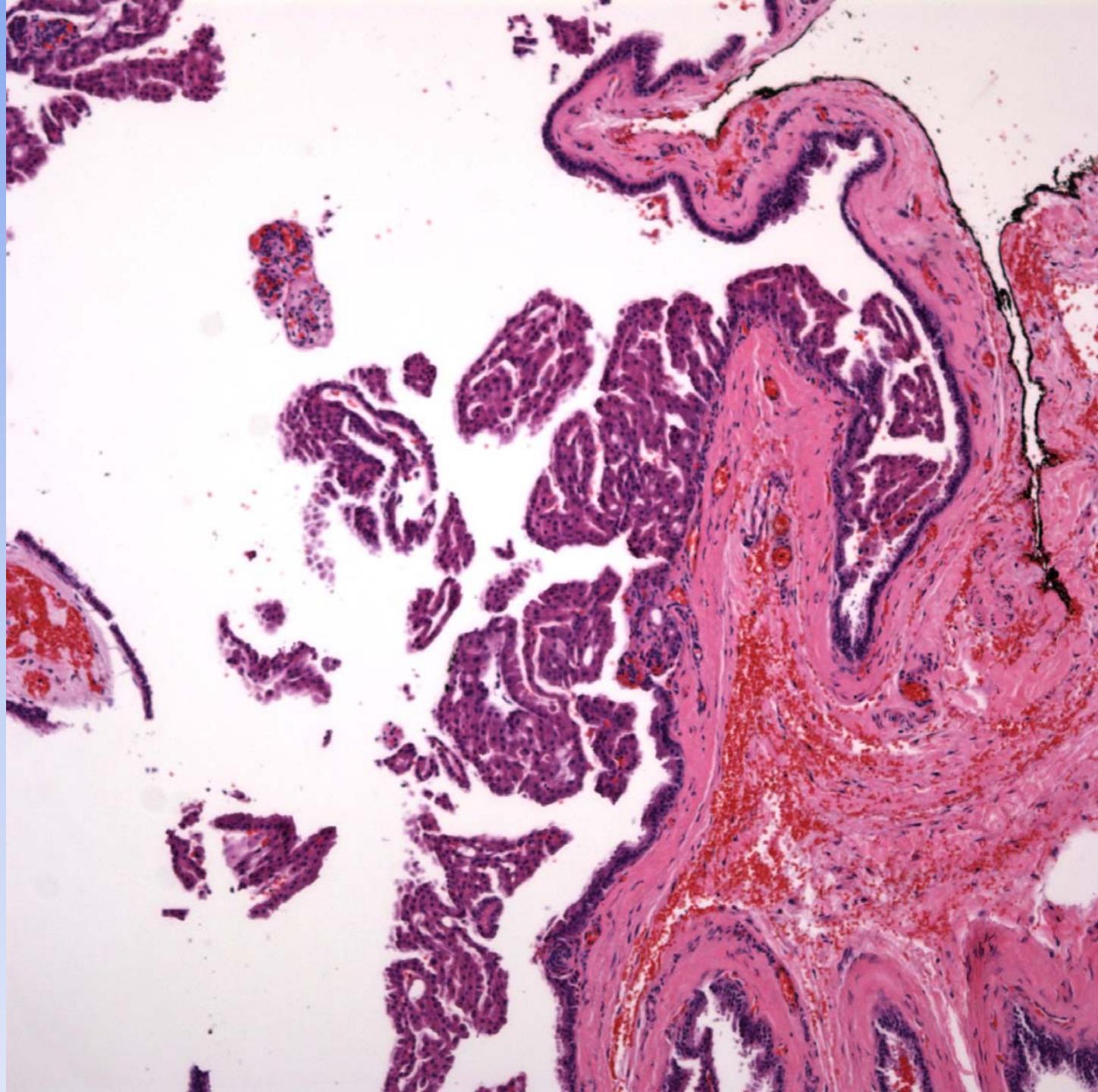


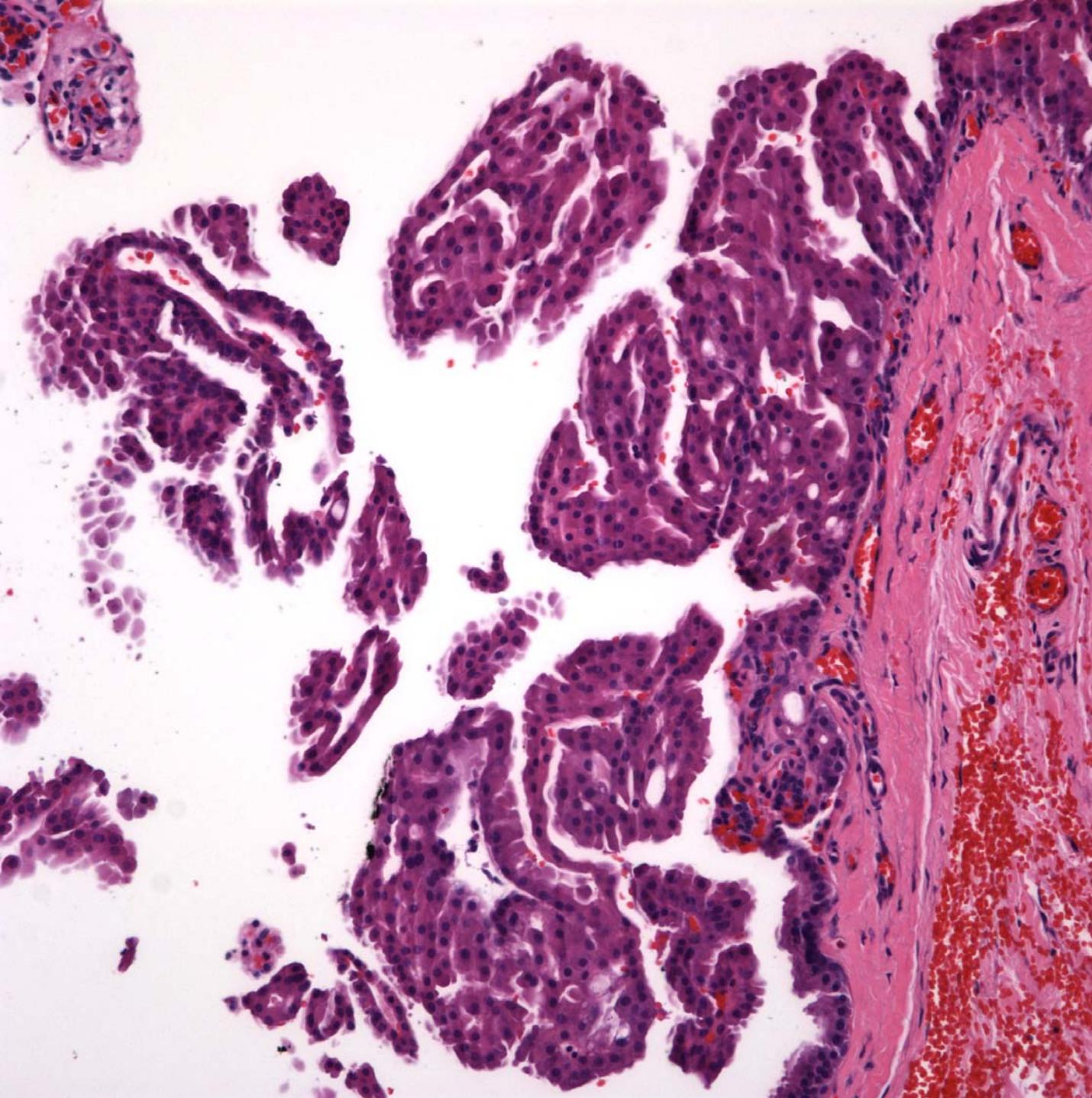
# **Dermatopathology Slide Review Part 22**

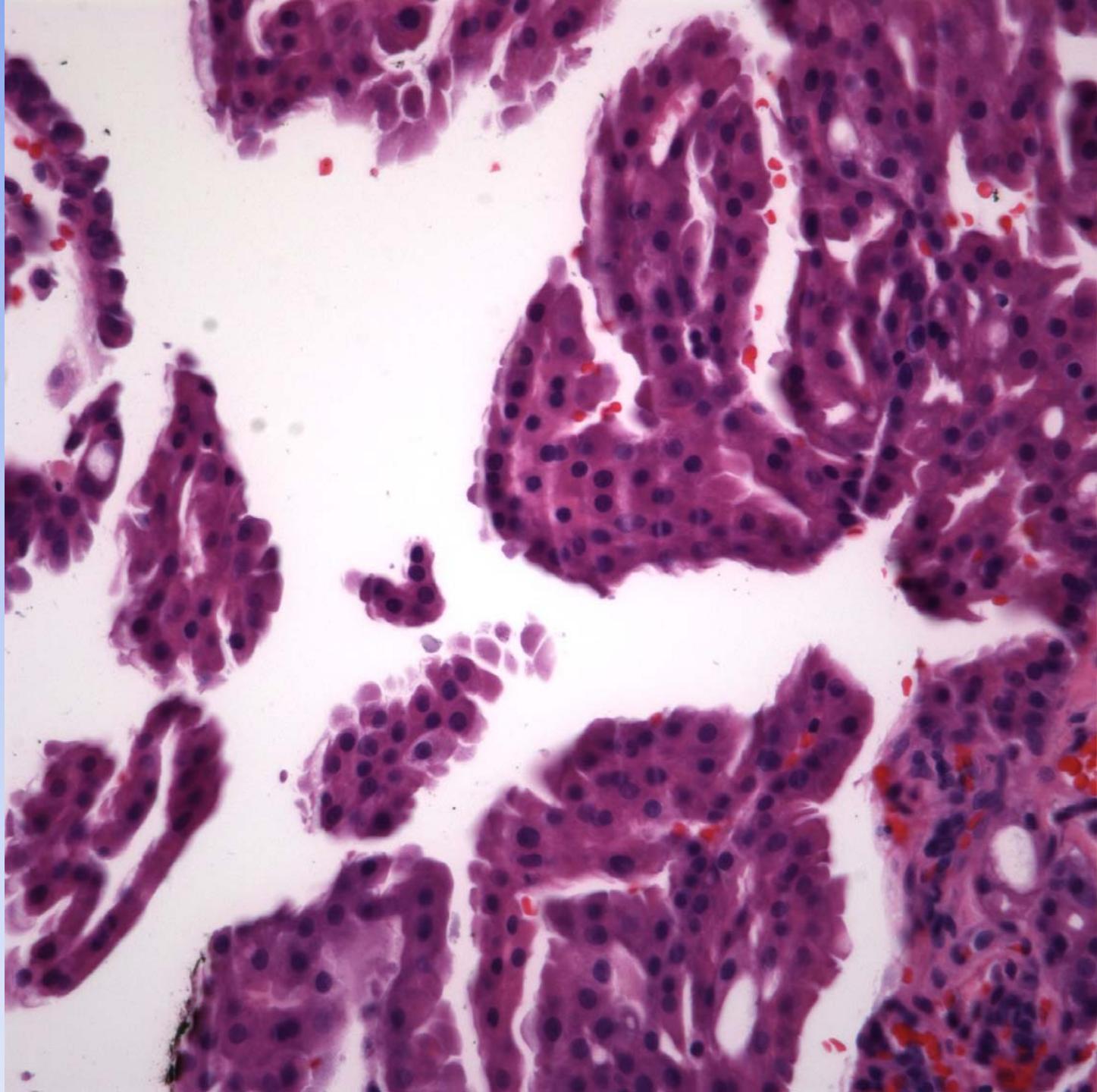
Paul K. Shitabata, M.D.  
Dermatopathology Institute

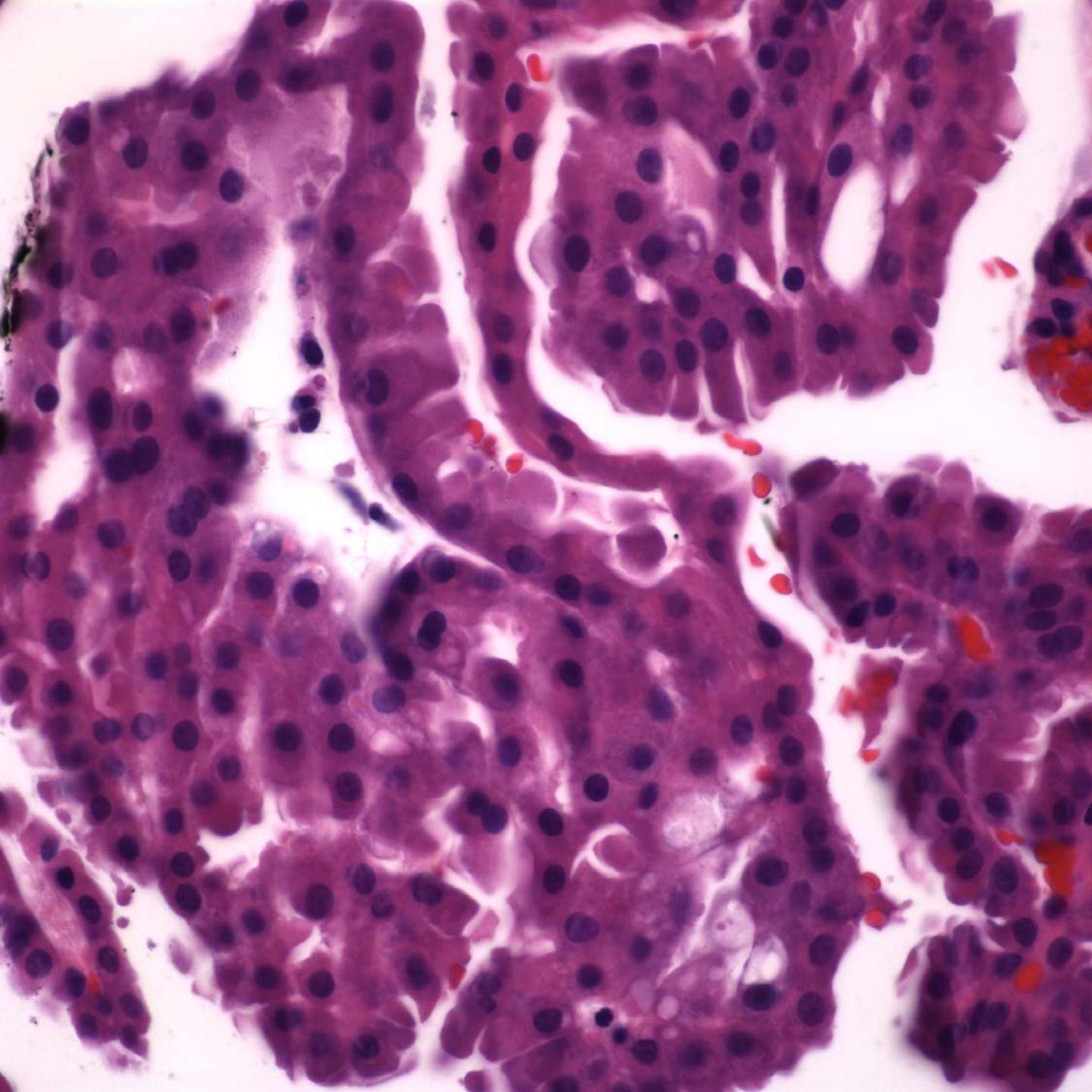






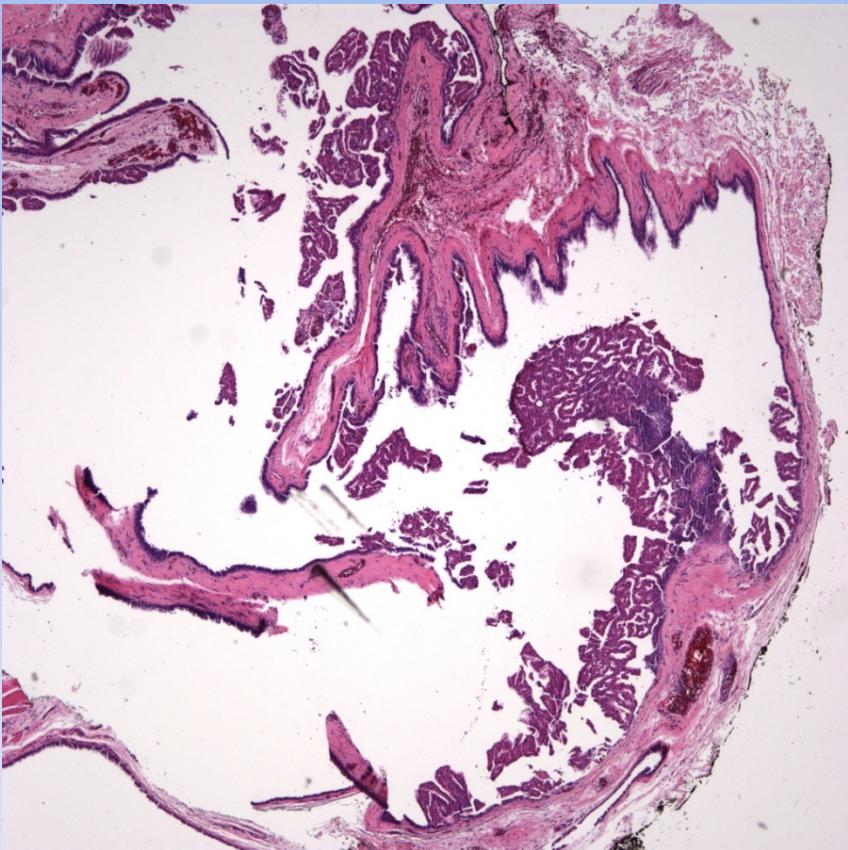




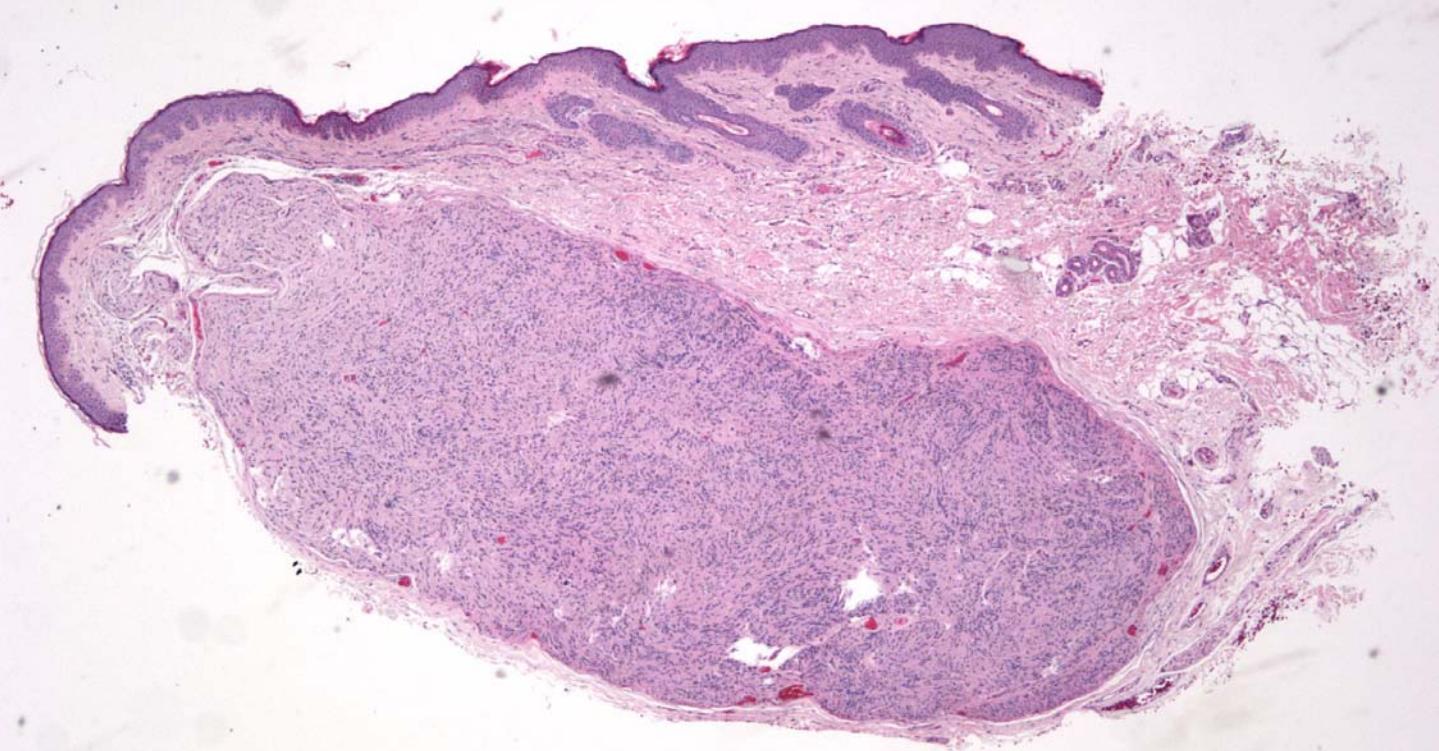


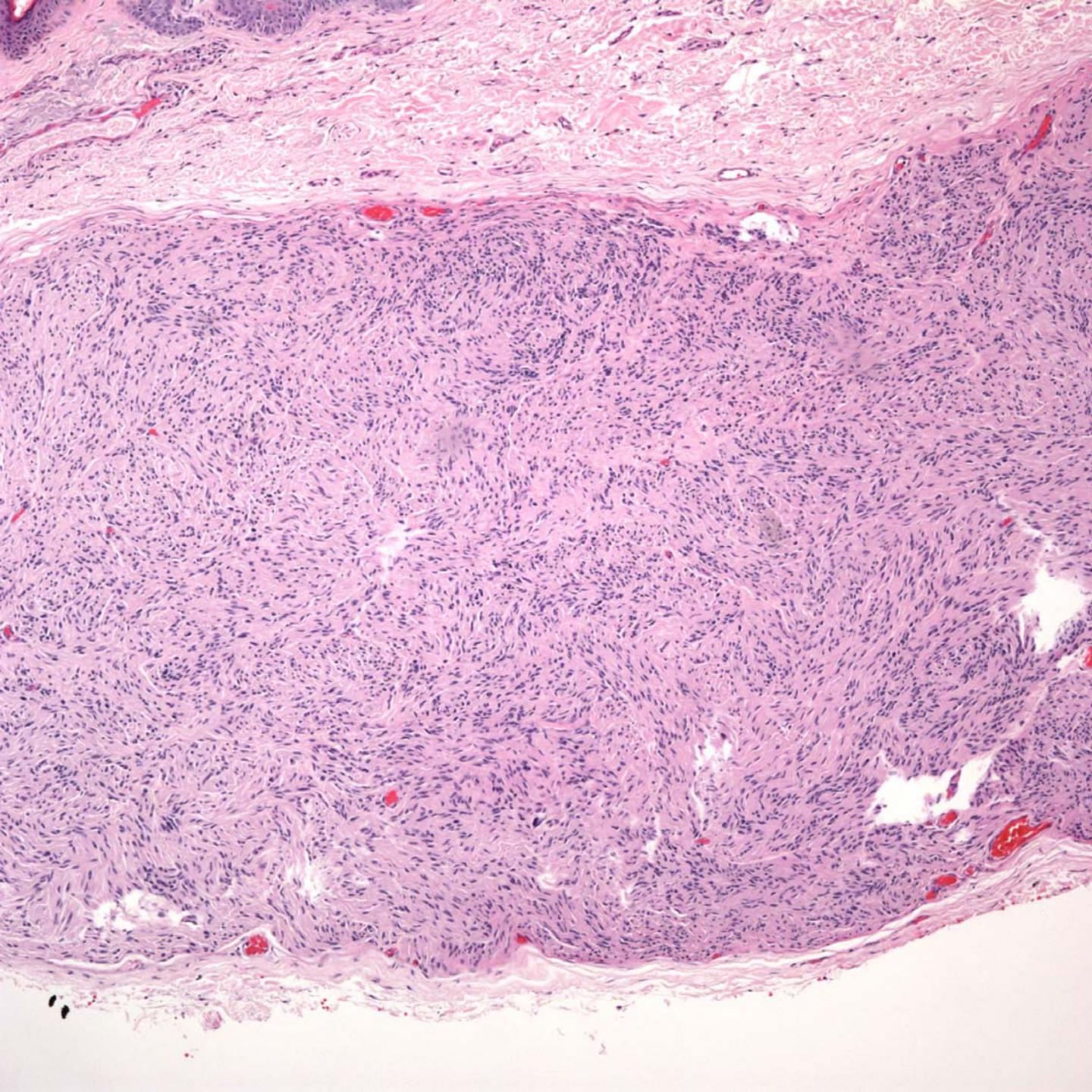
# Apocrine Cystadenoma

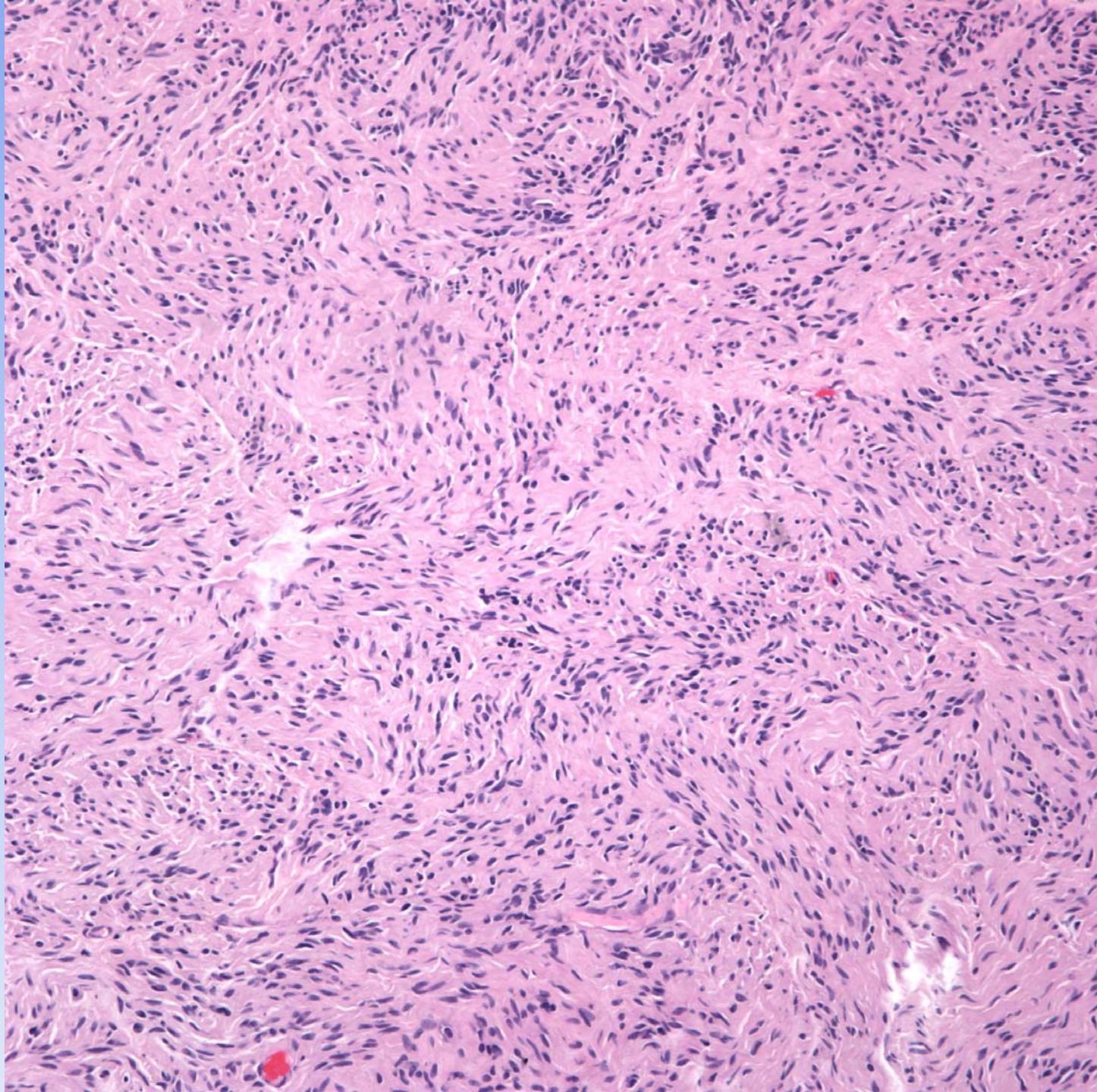
# Pearls

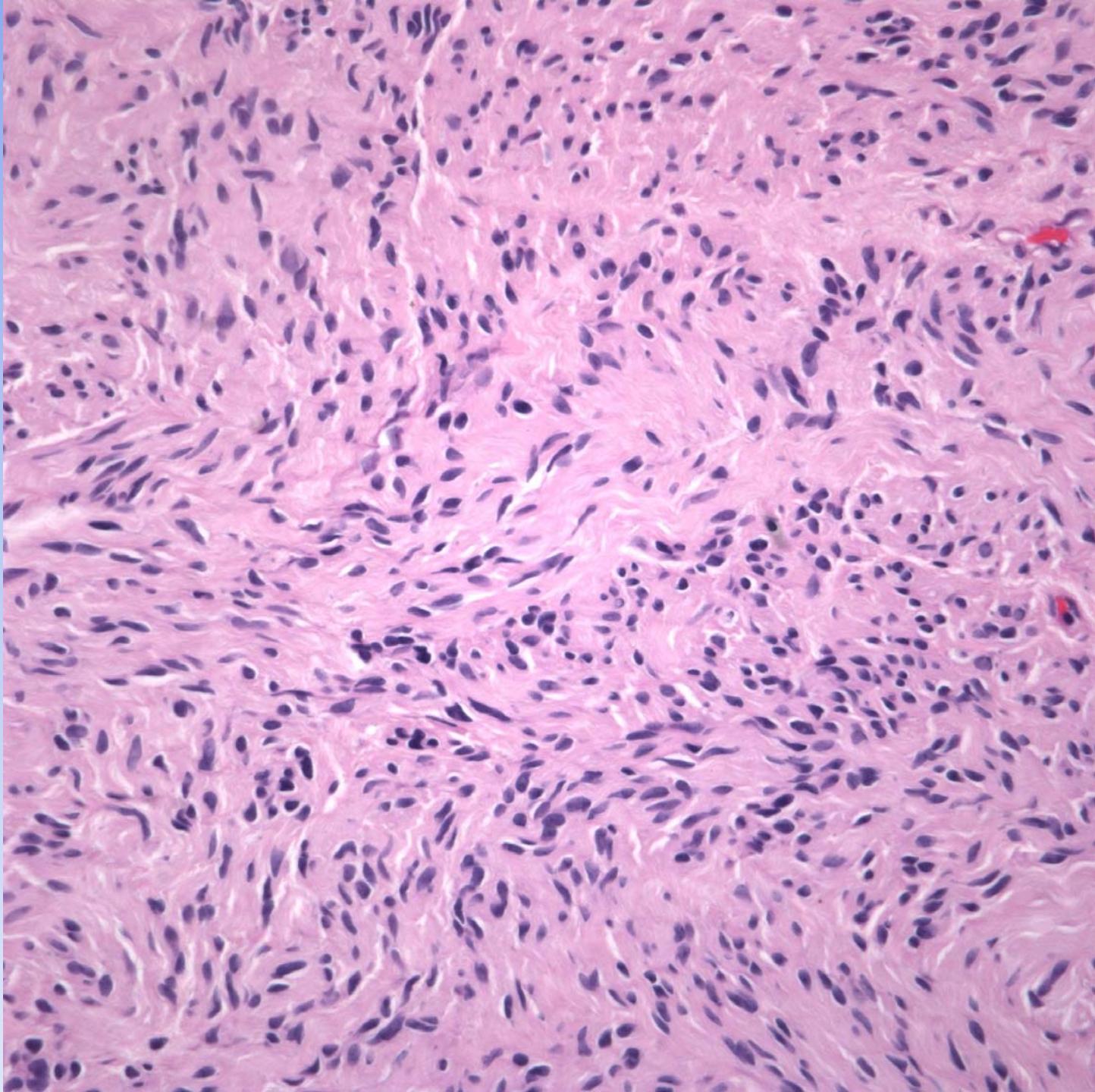


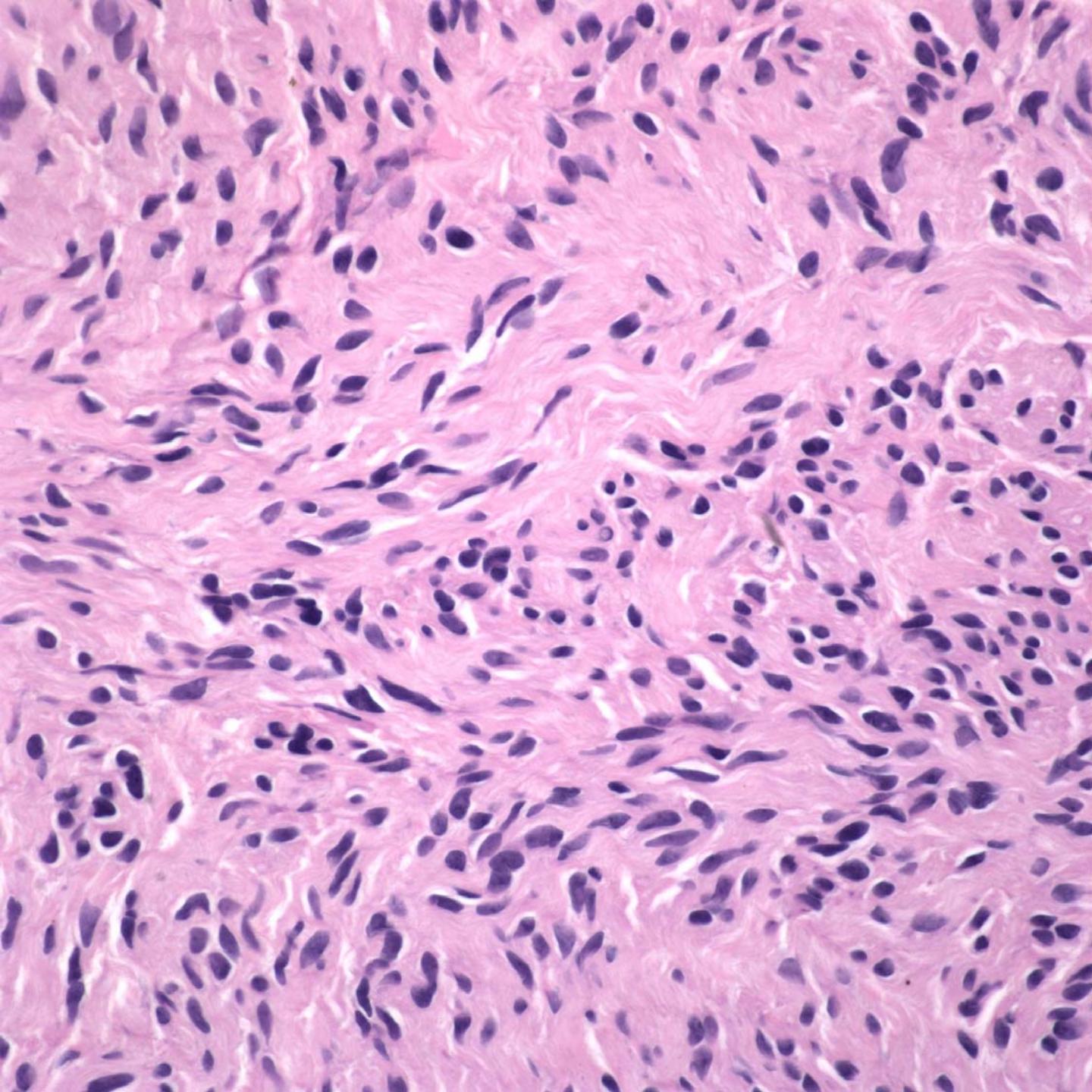
- Circumscribed cyst lined by apocrine epithelium
- Apocrine snouting
- May have multiple epithelial layers with papillary and cribriform projections
- Minimal cytologic atypia





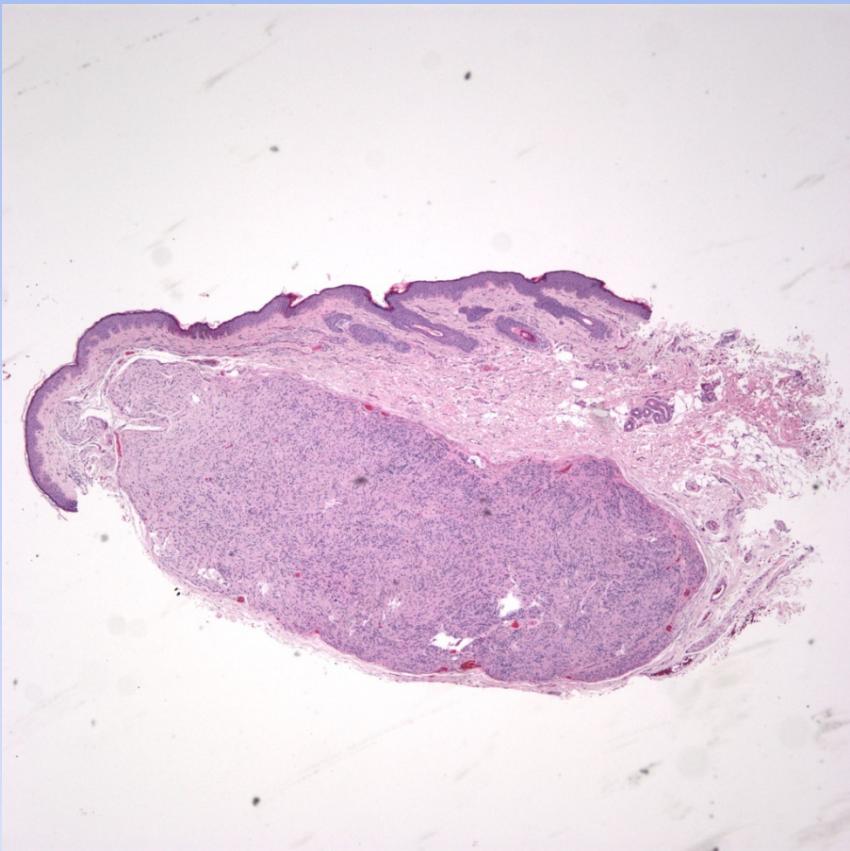




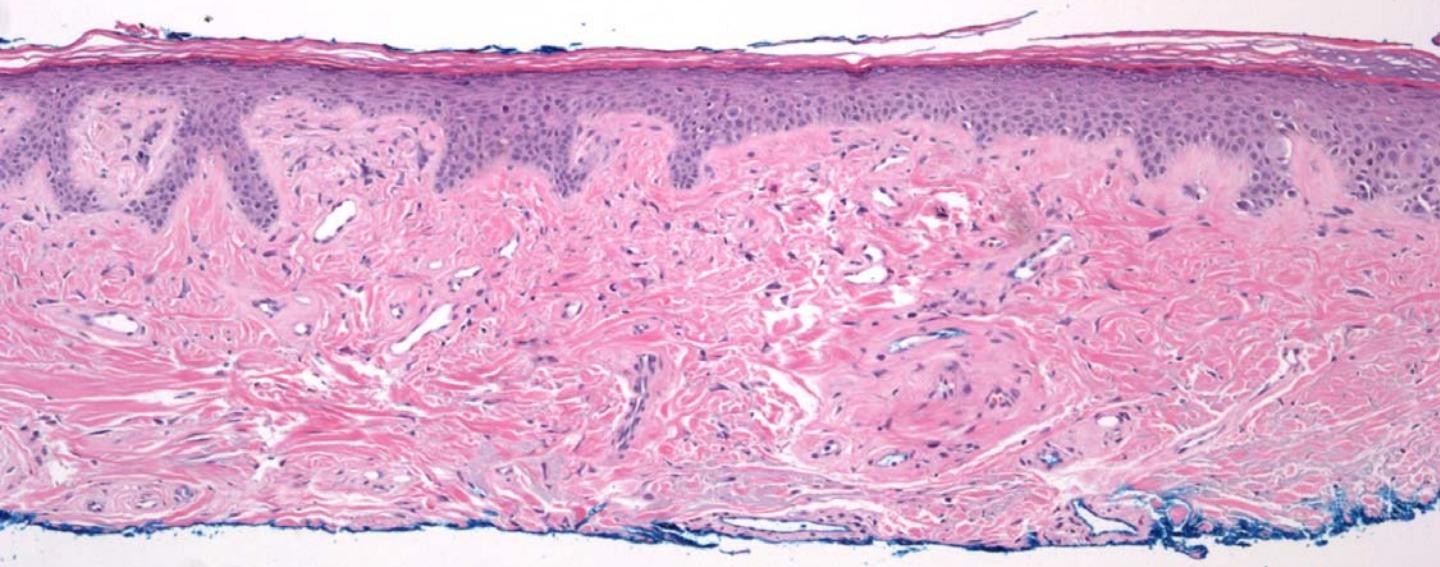


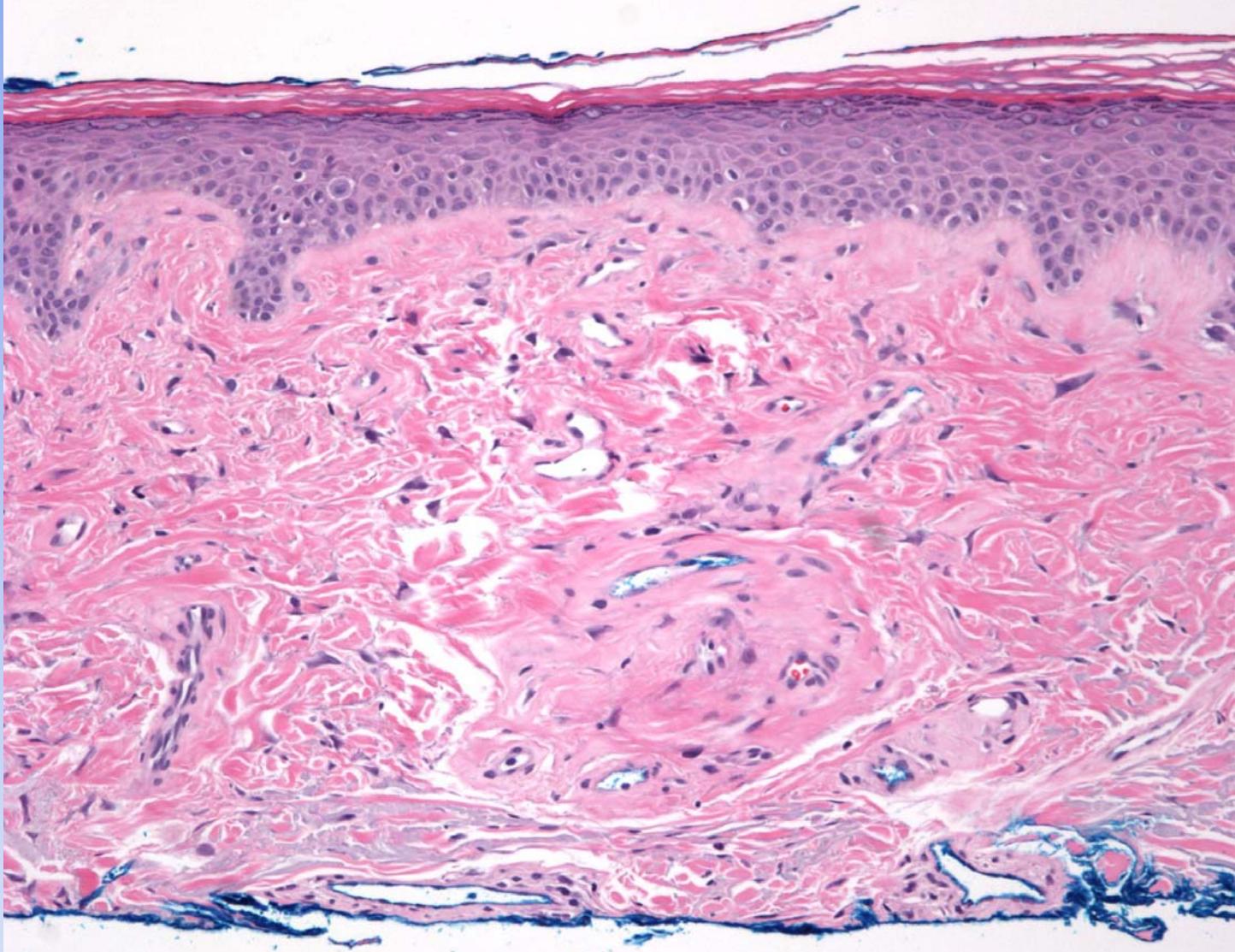
# Palisaded and Encapsulated Neuroma

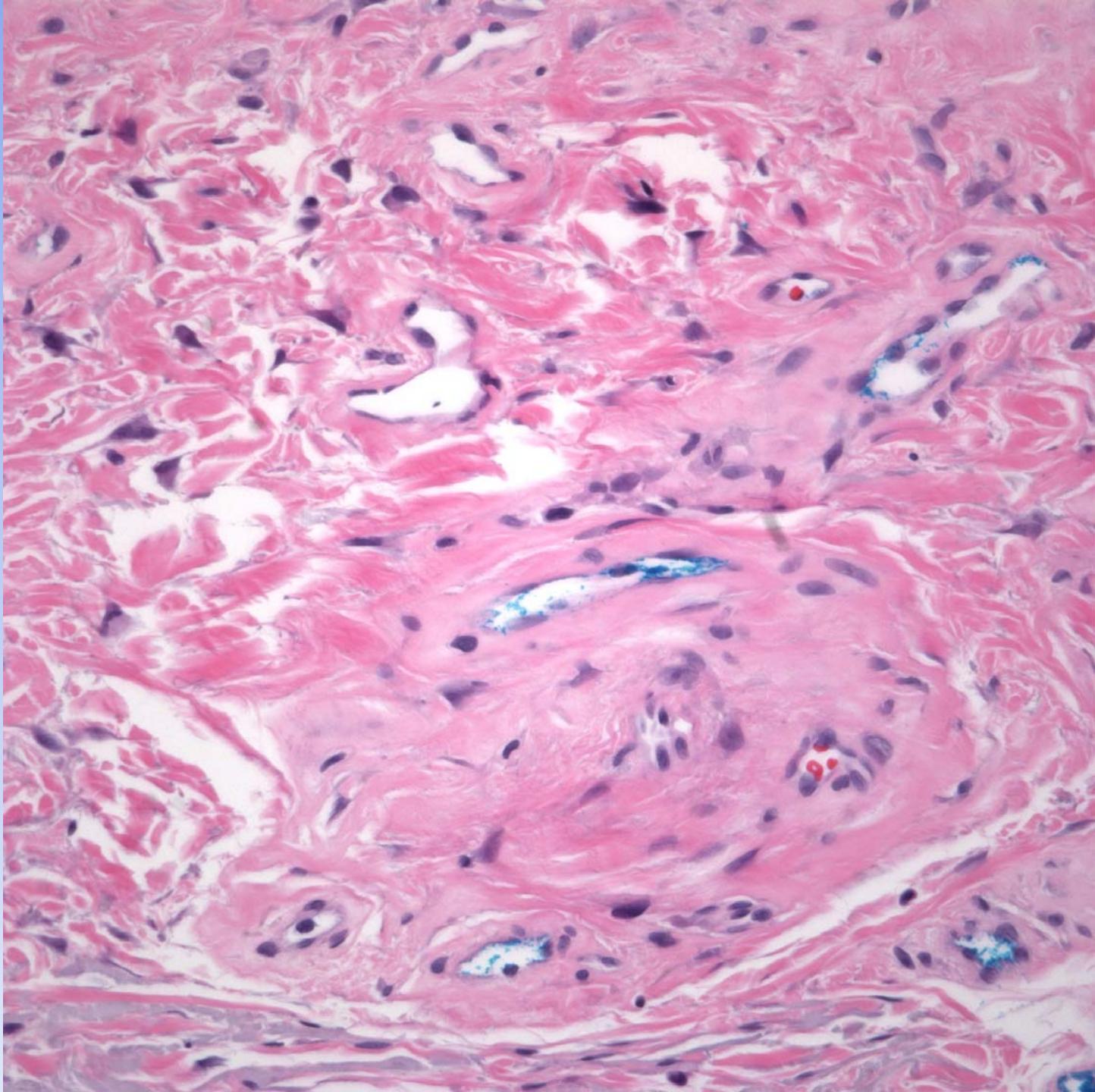
# Pearls

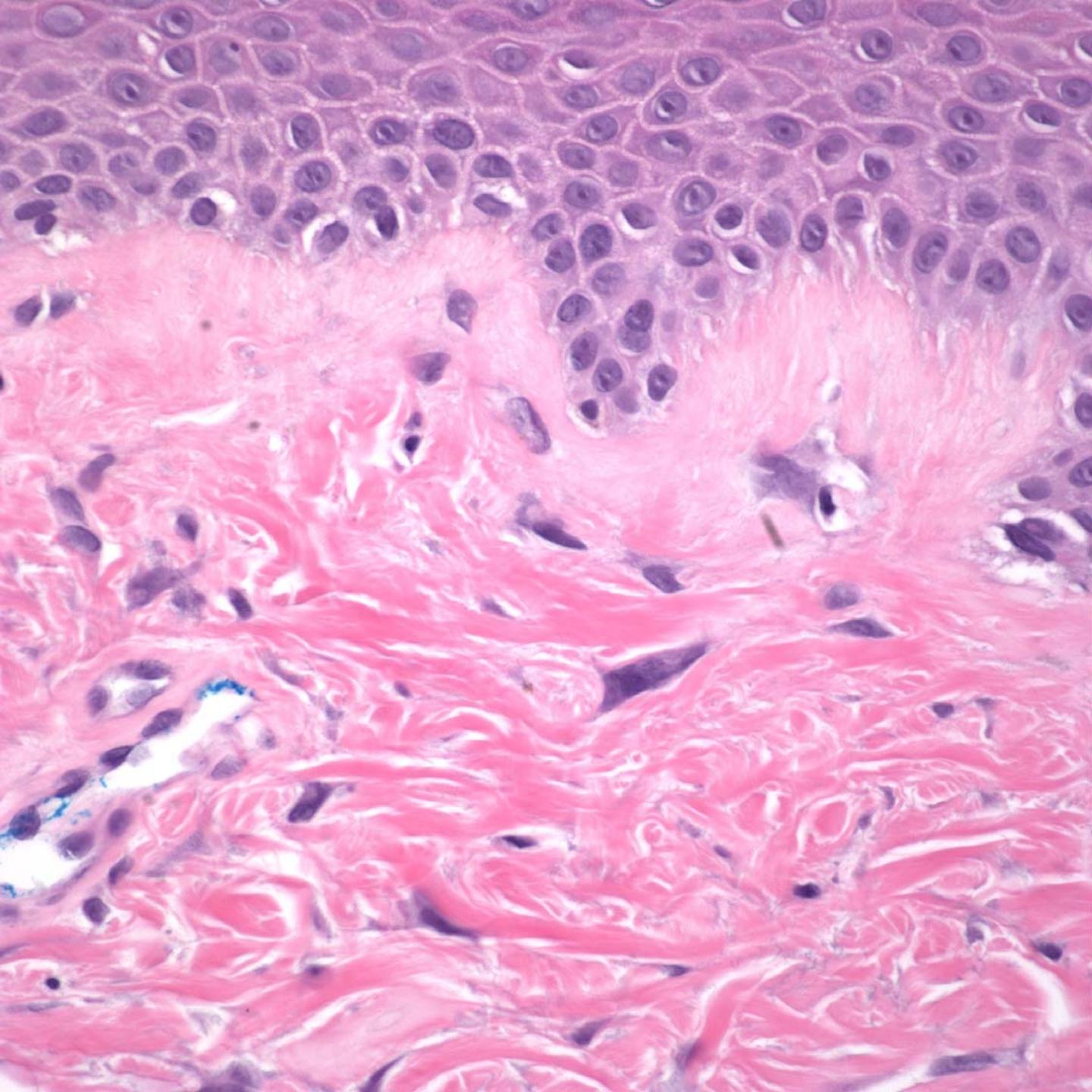


- Circumscribed spindle cell tumor, superficial dermis
- Intersecting fascicles of spindle cells with wavy nuclei
- Resembles Schwann cells
- Rule out neurofibroma, superficial schwannoma
- EMA+, S100-



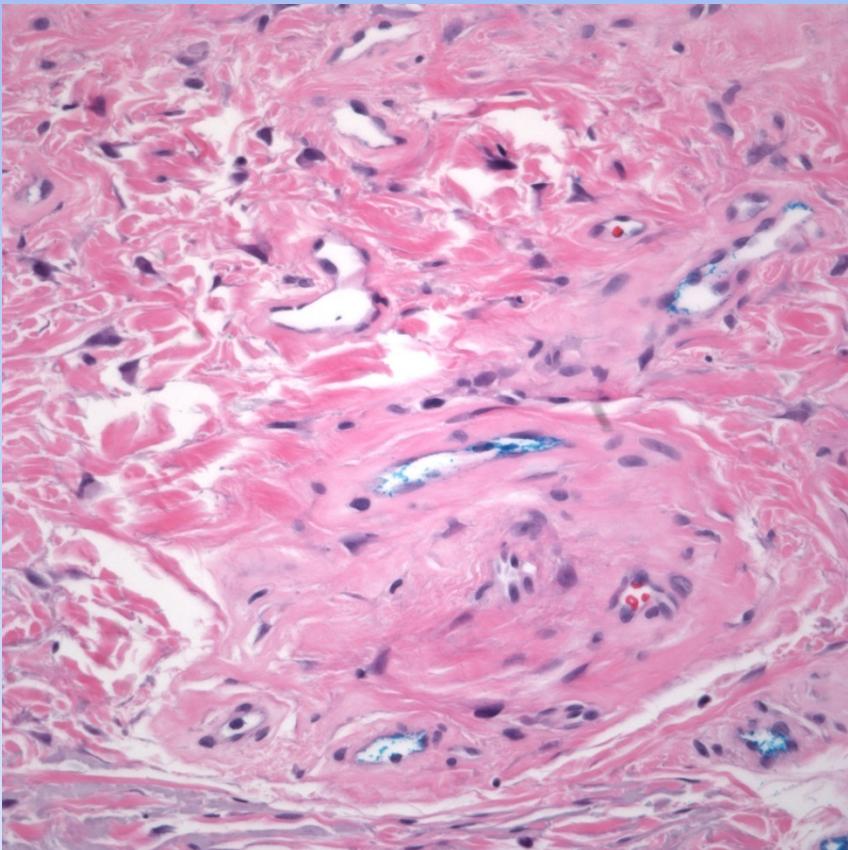




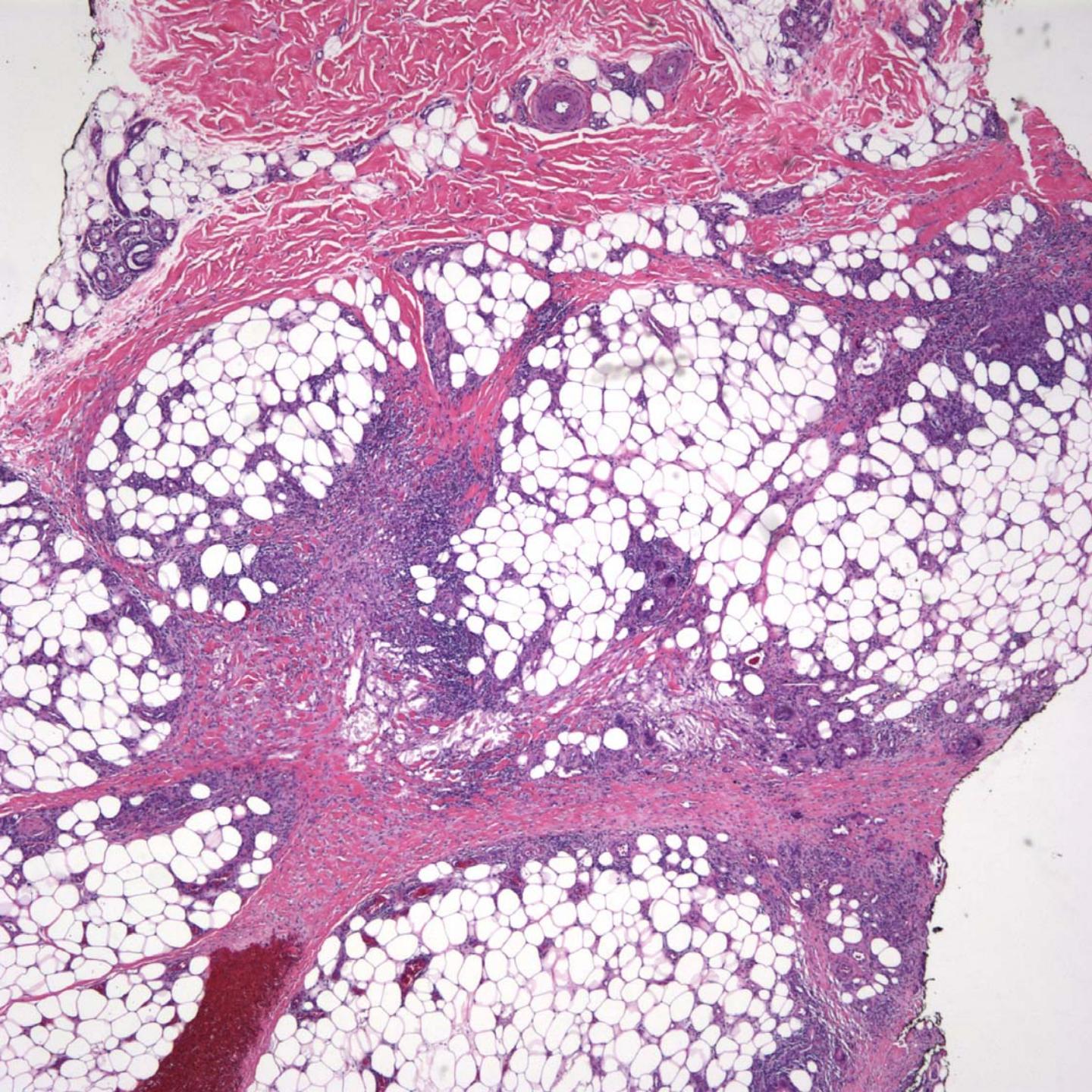


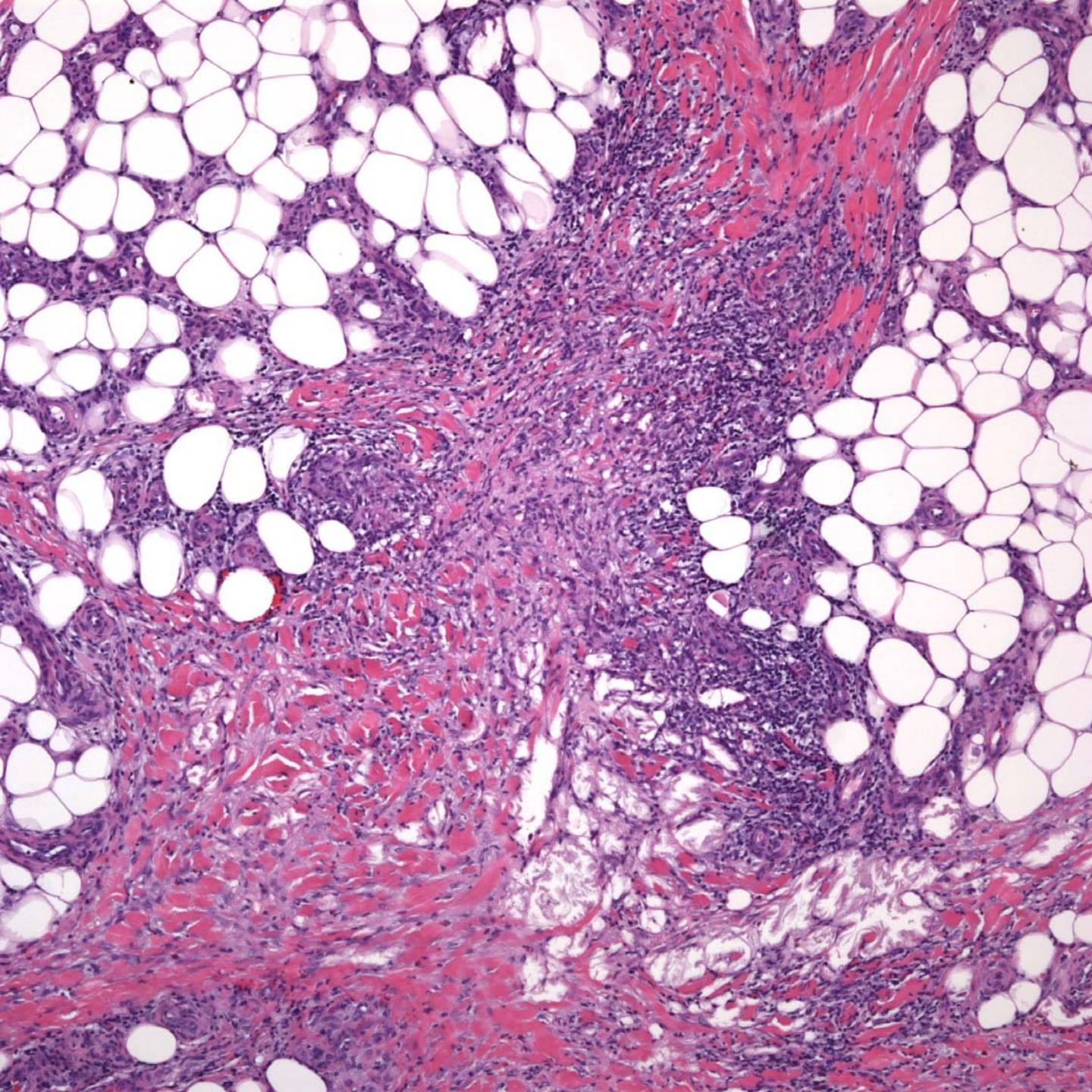
# Fibrous Papule (Angiofibroma)

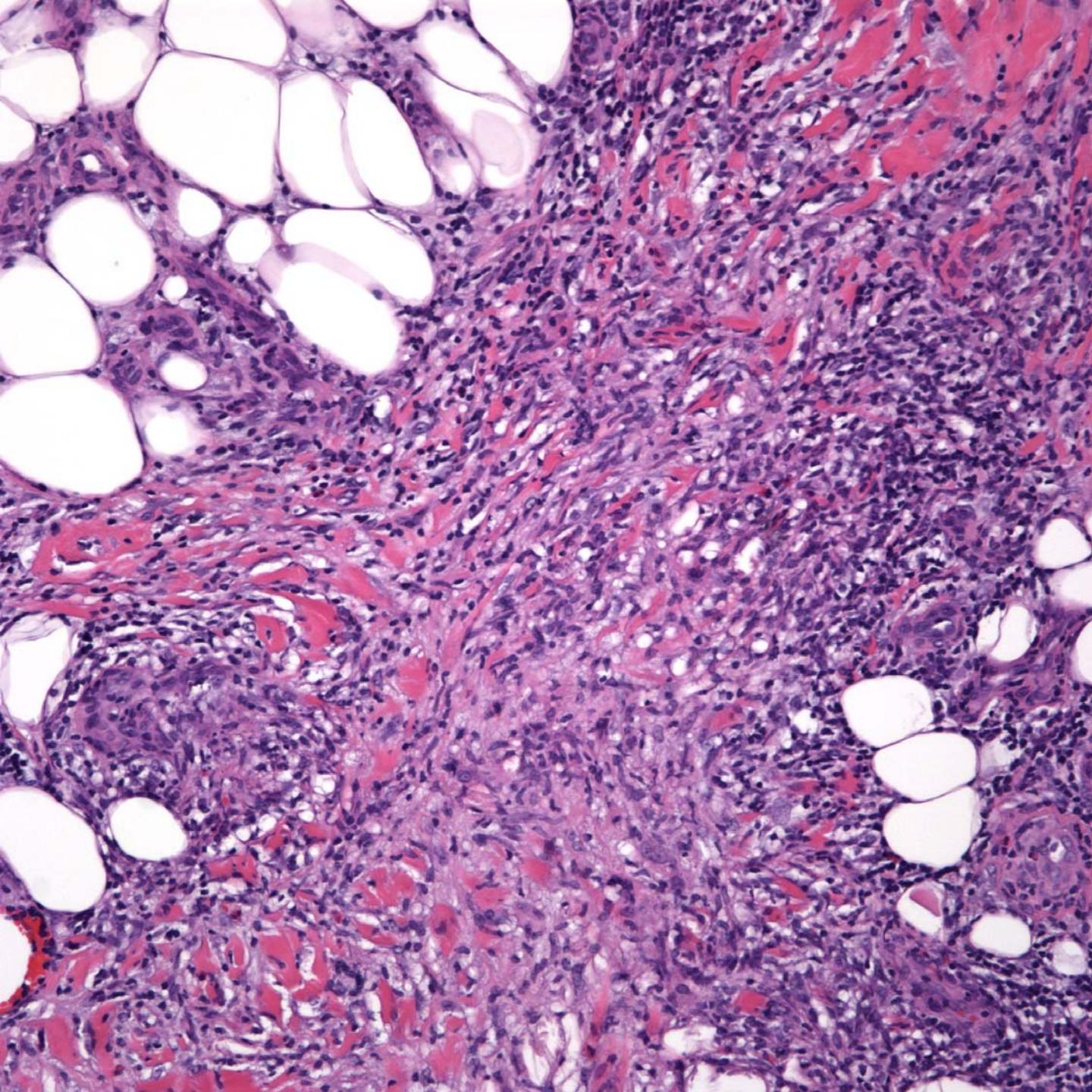
# Pearls

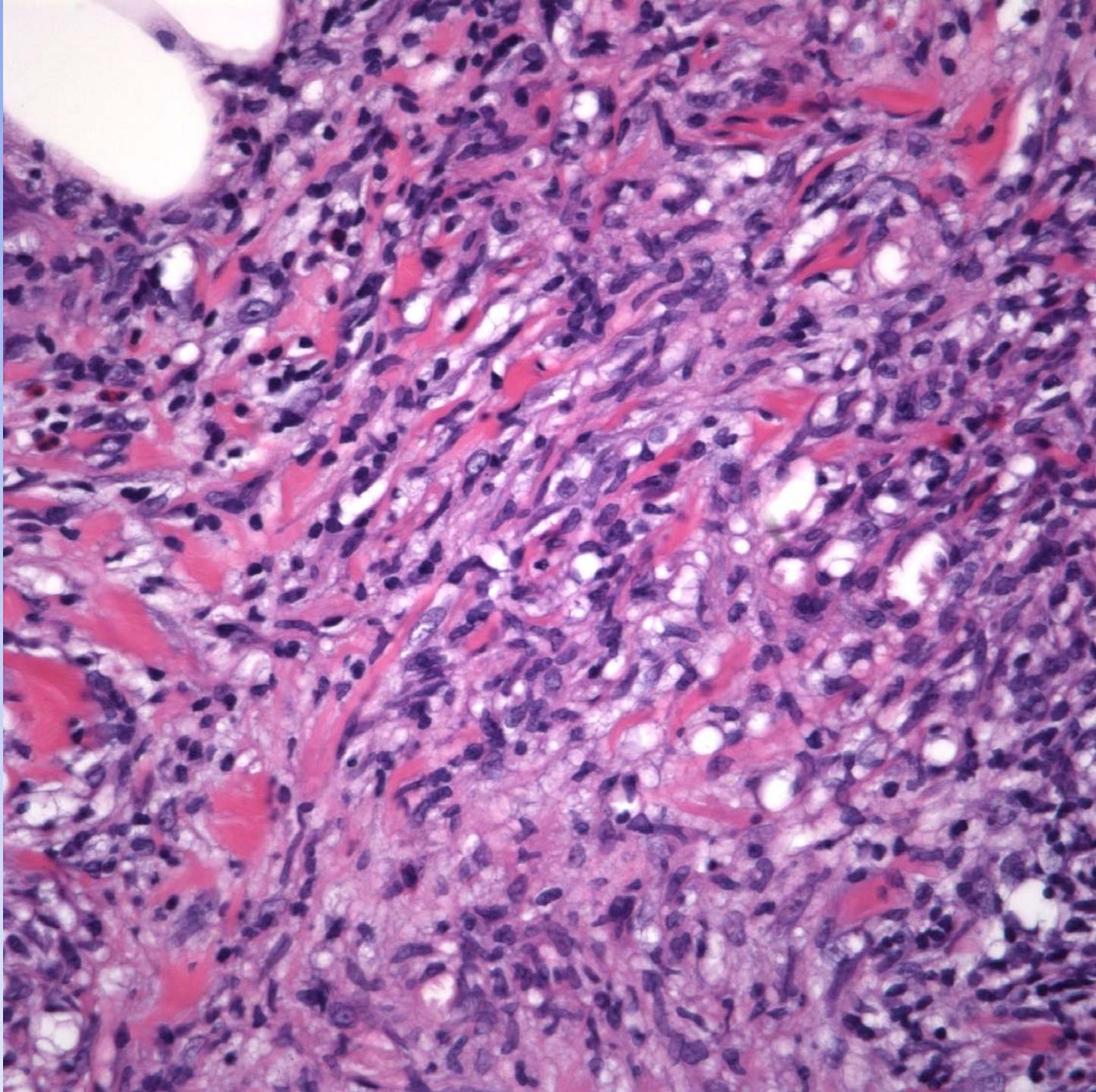


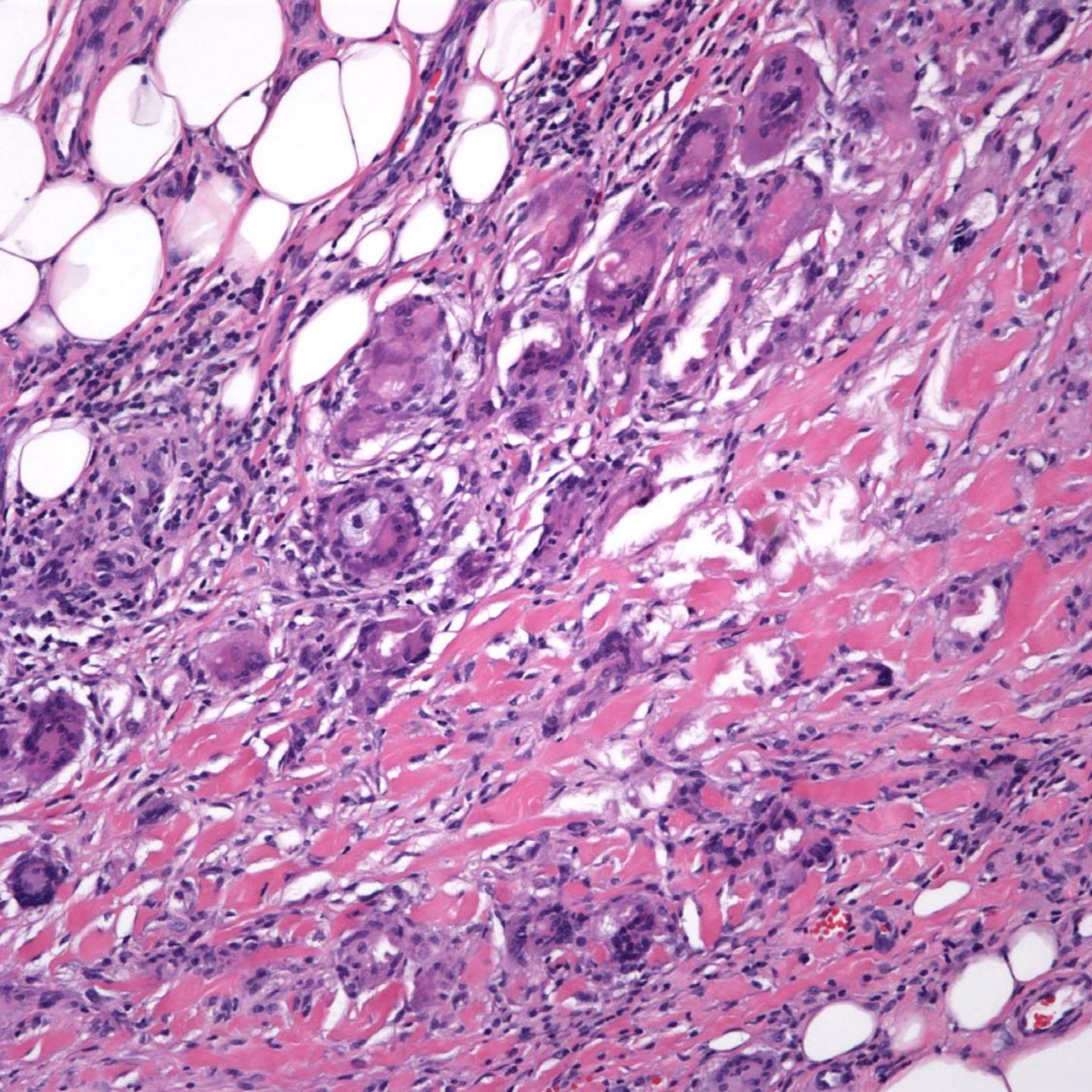
- Bland stellate fibroblasts in a fibrotic stroma
- Variable mixture of thin walled capillary sized vessels
- FXIIIa positive for dermal dendrocytes
- Beware of atypical junctional melanocytes





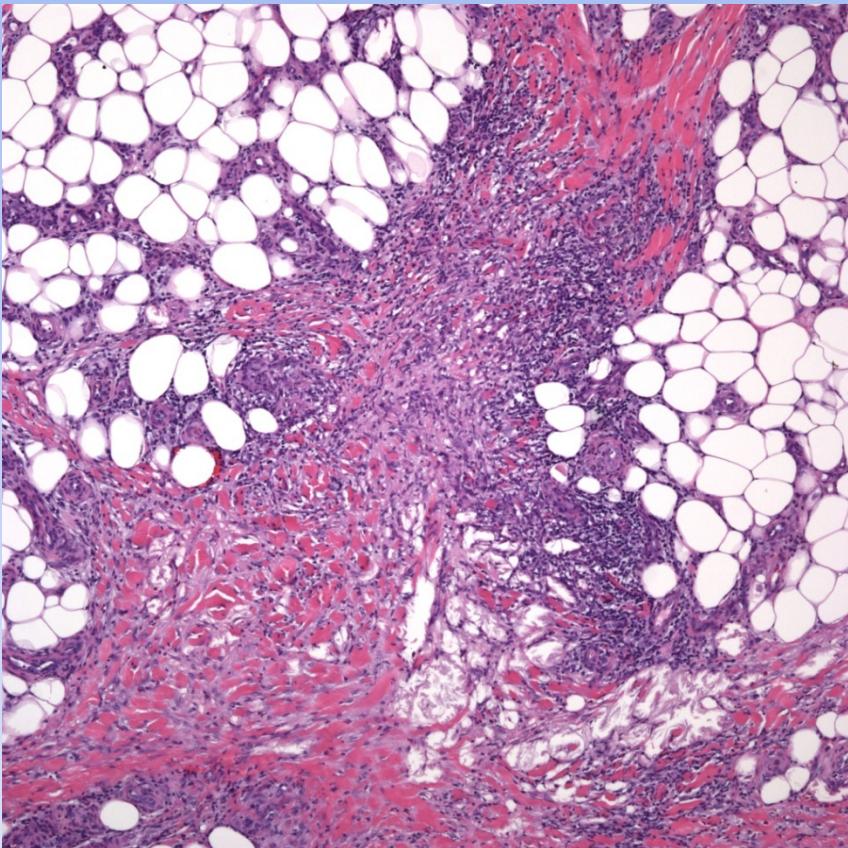




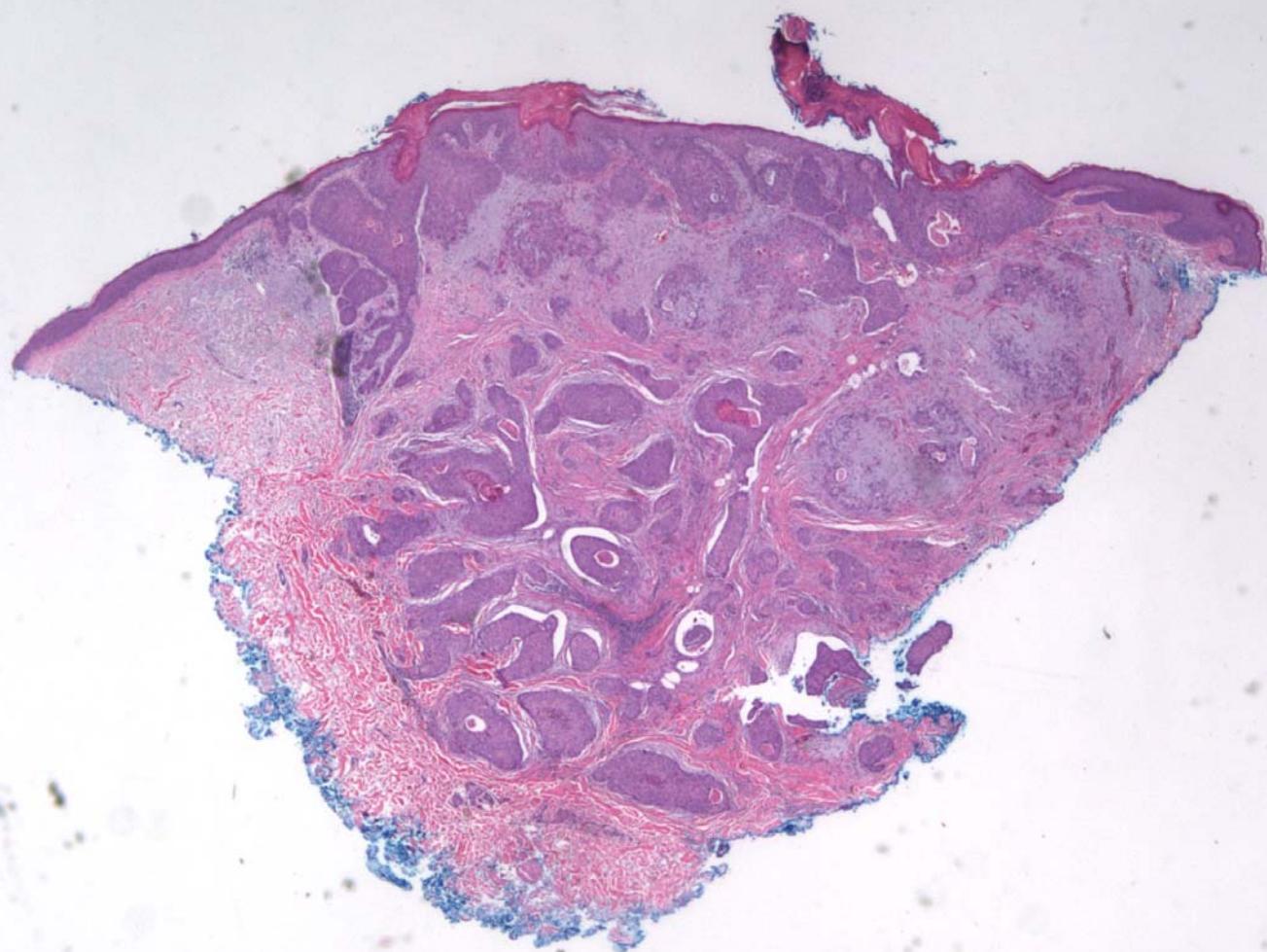


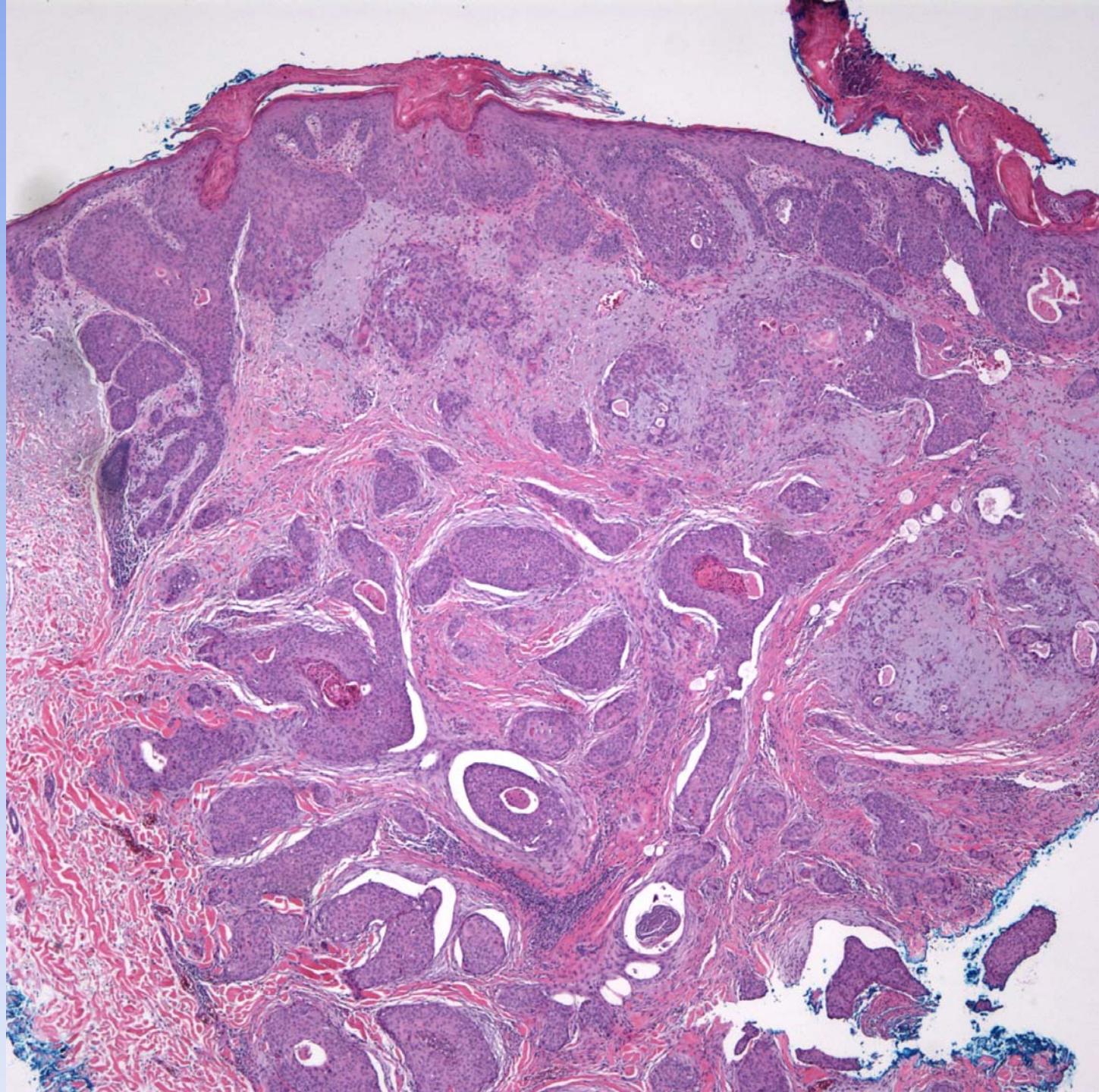
# Erythema Nodosum

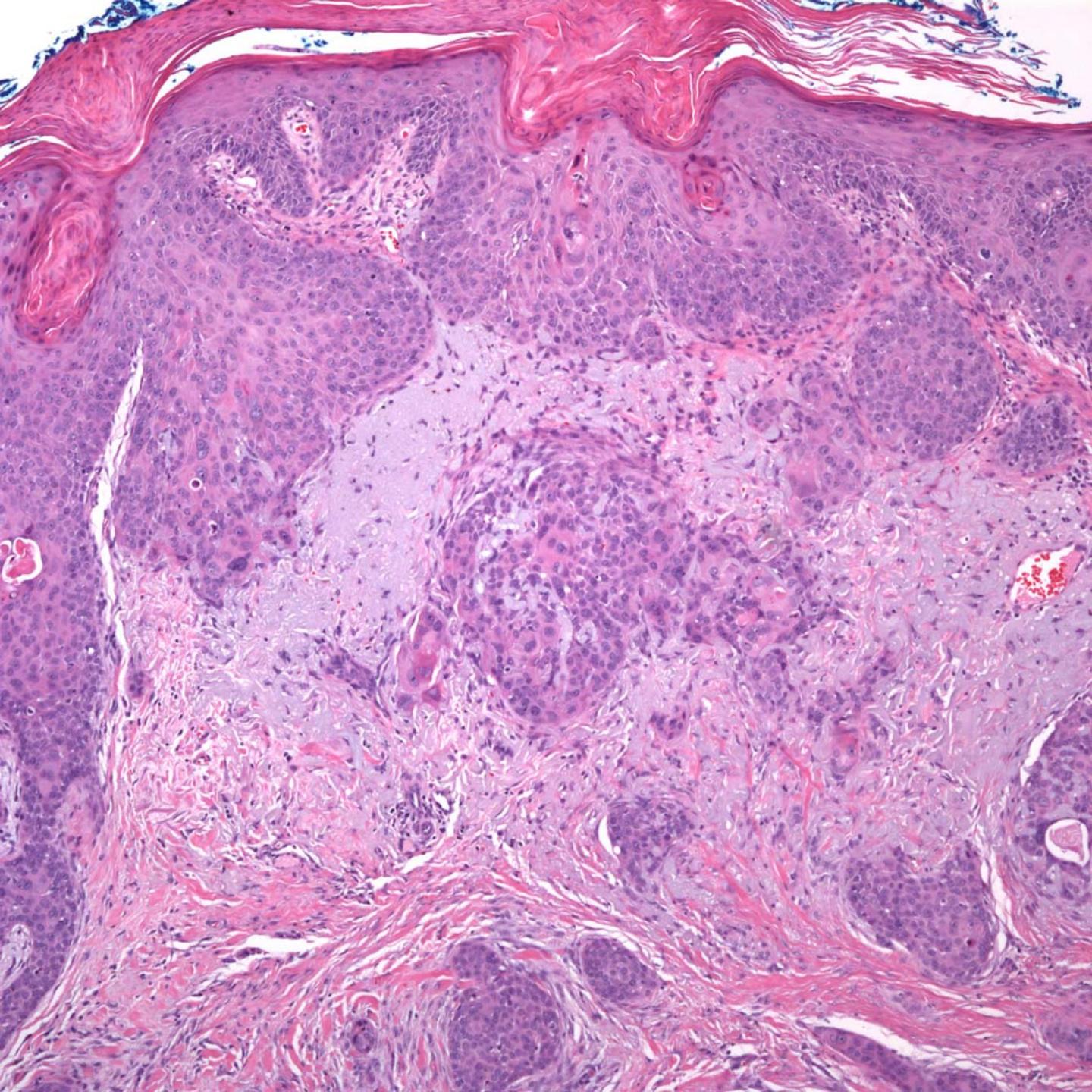
# Pearls

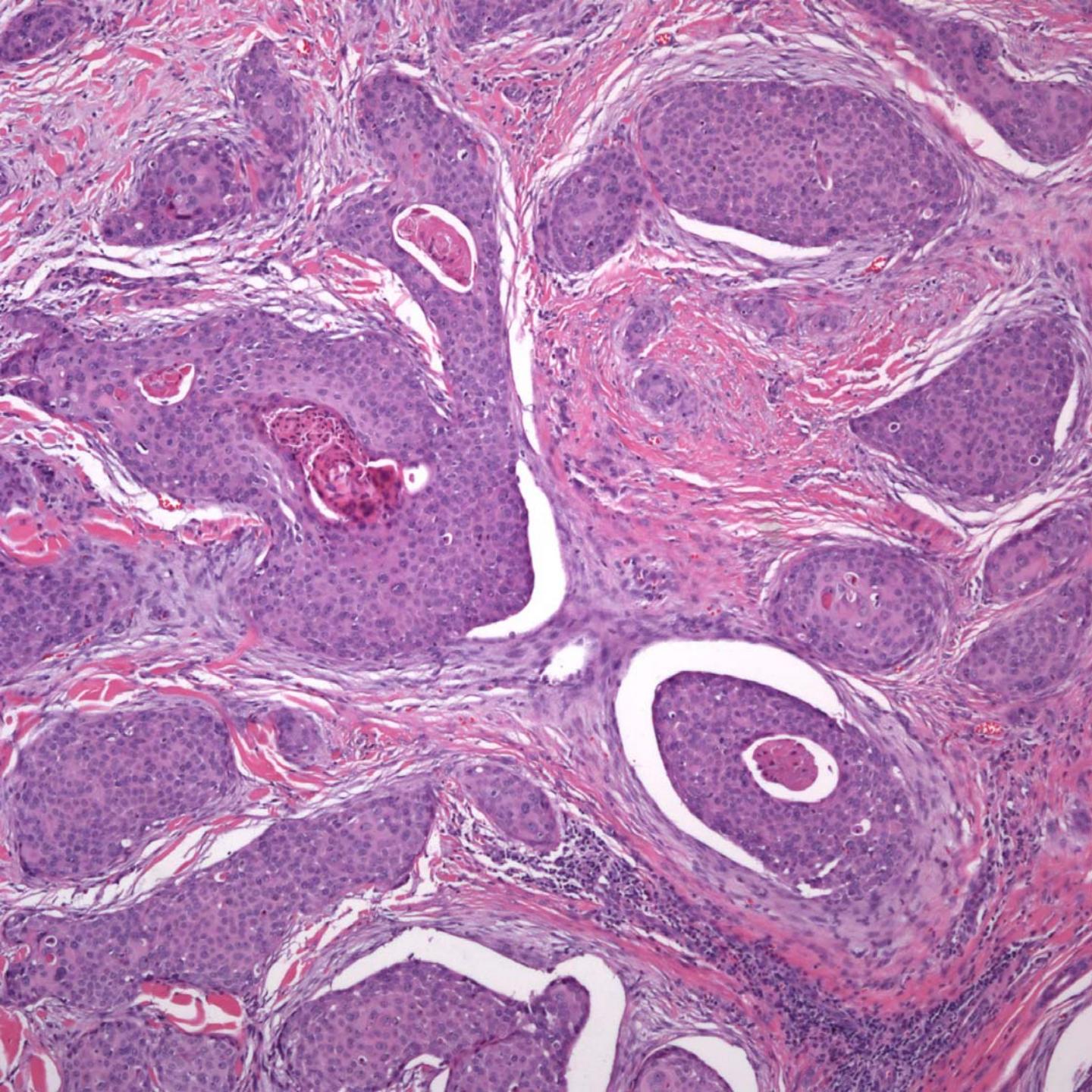


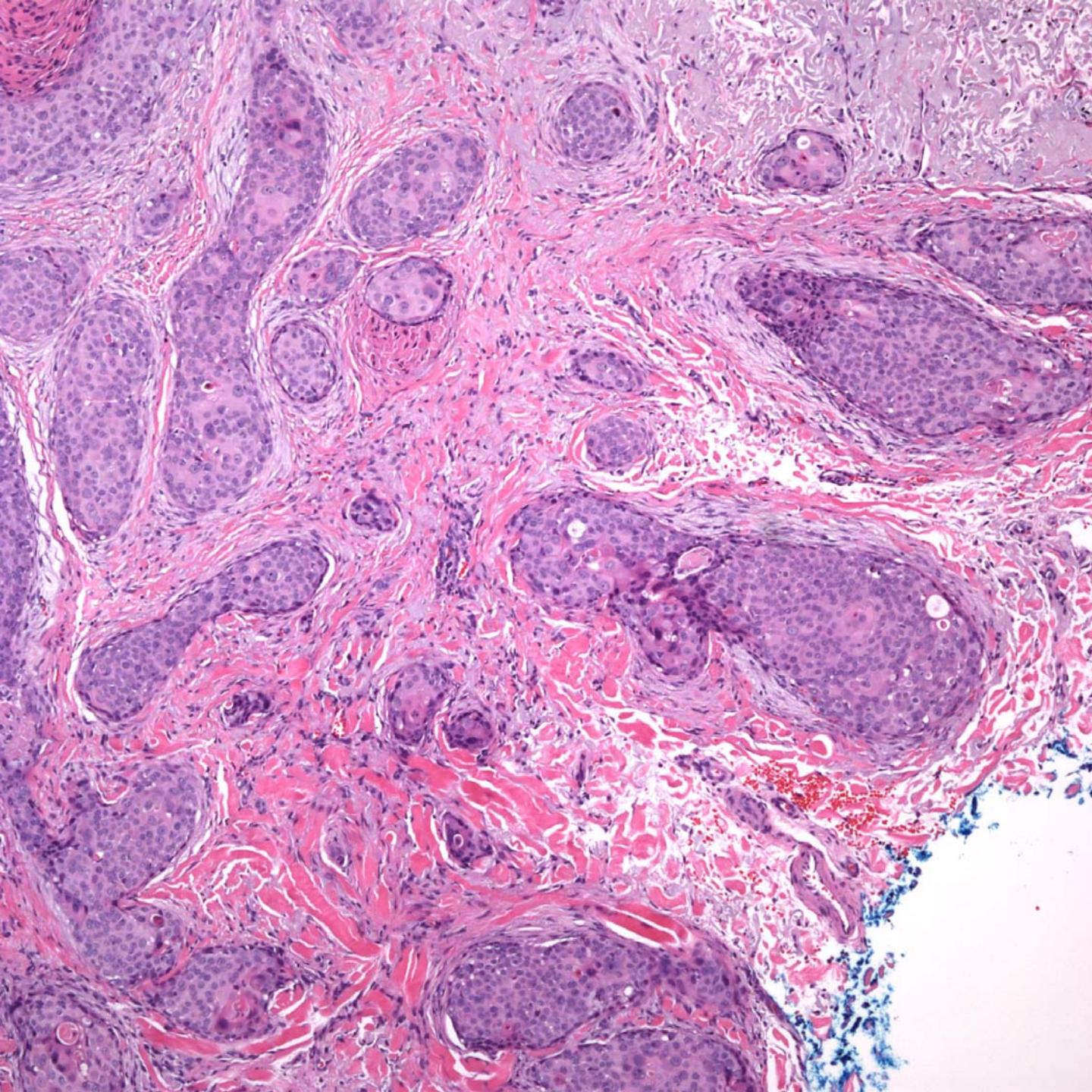
- Predominately septal panniculitis
- Expansion with fibrosis, giant cells, mixed chronic inflammatory cell infiltrate
- No vasculitis
- Consider microbiological special stains-AFB, GMS

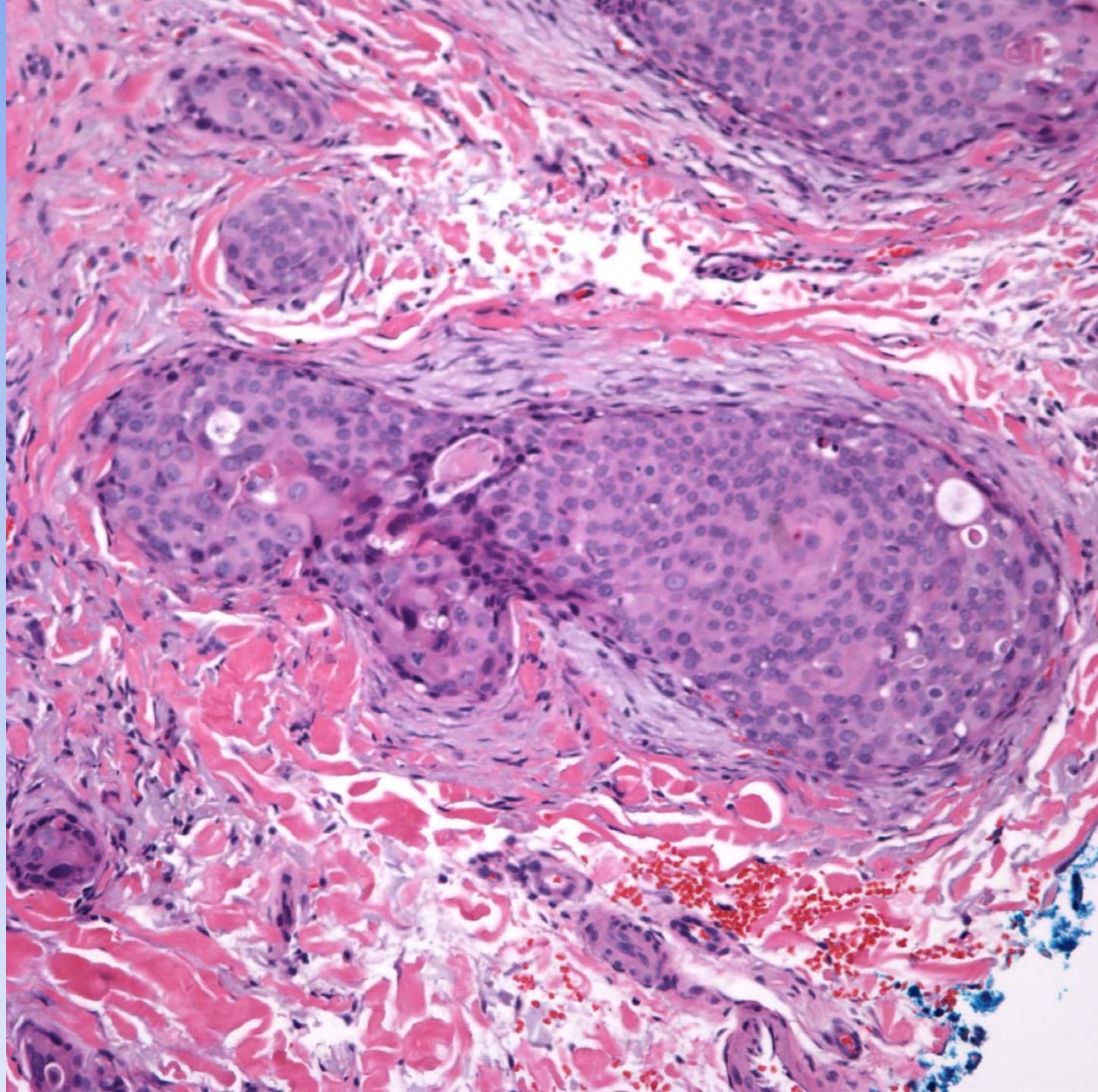


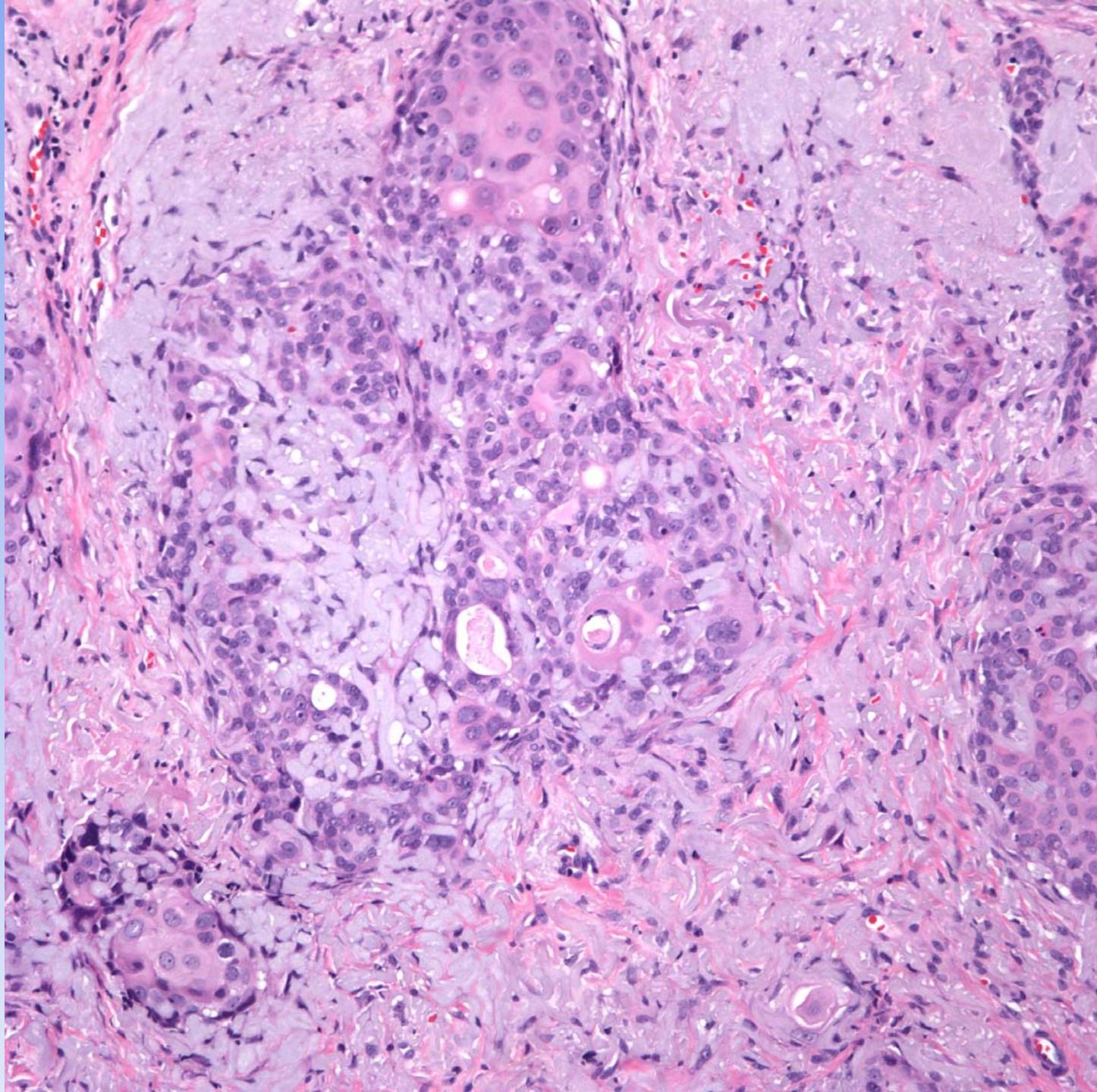


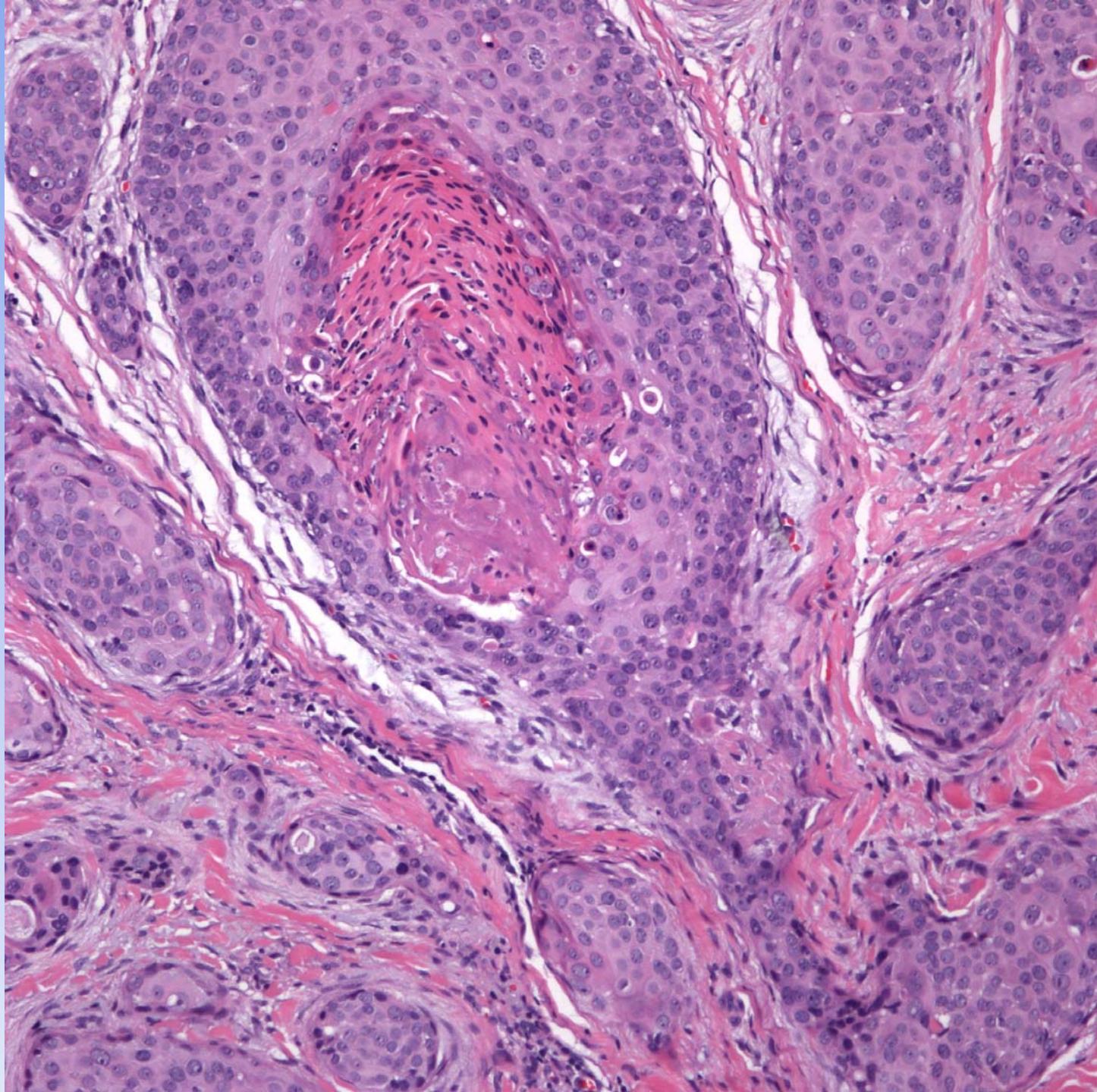


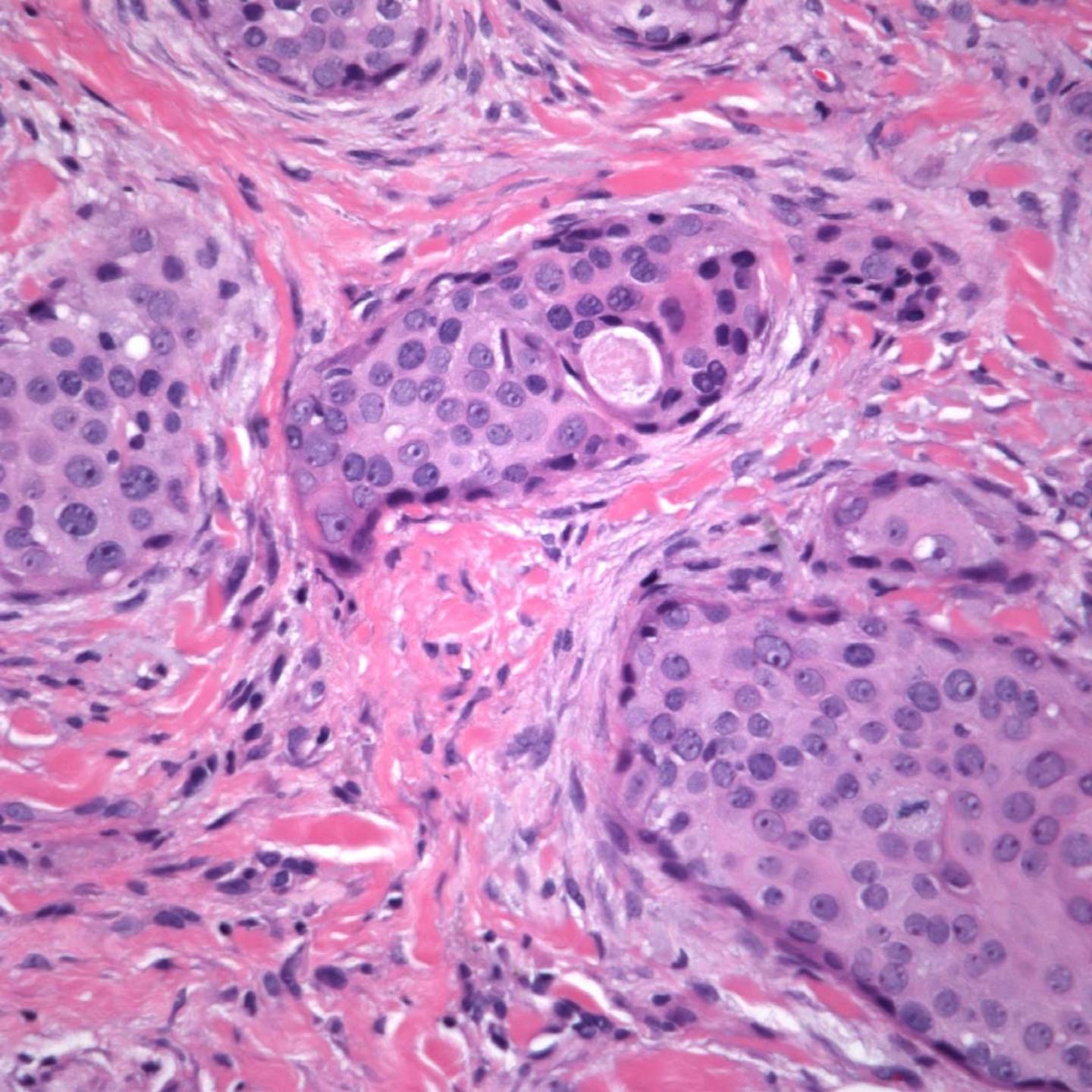






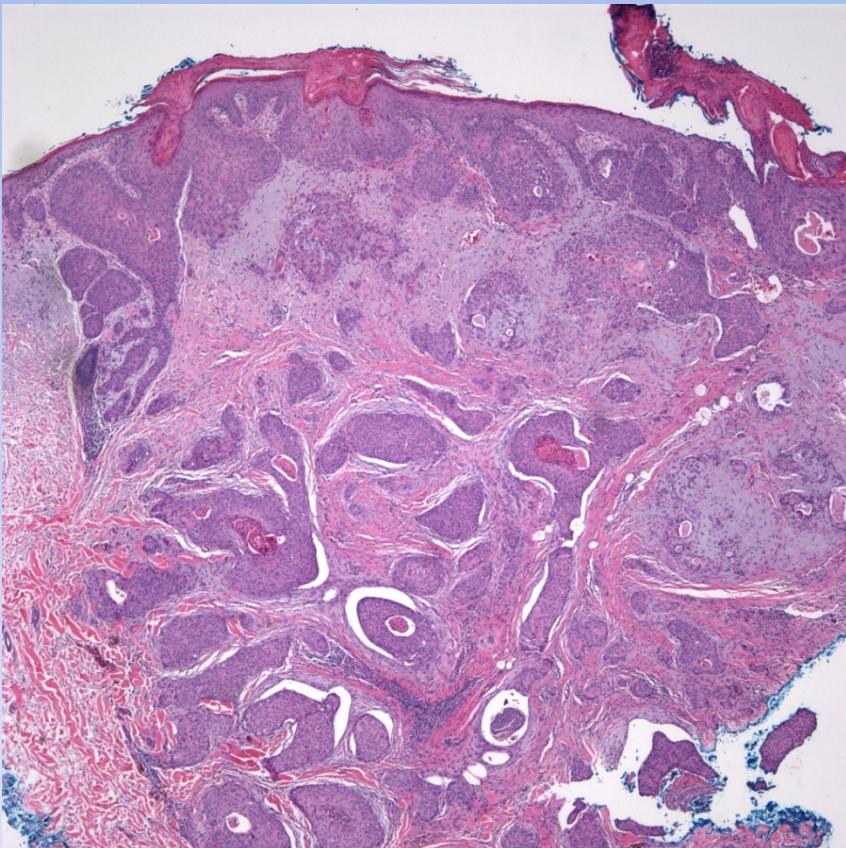






# Eccrine Porocarcinoma

# Pearls



- Low power architecture of an invasive carcinoma, mimicing a basal cell or squamous cell carcinoma
- Generally lacking peripheral palisading
- May show squamous pearl formation
- Look for ductal differentiation