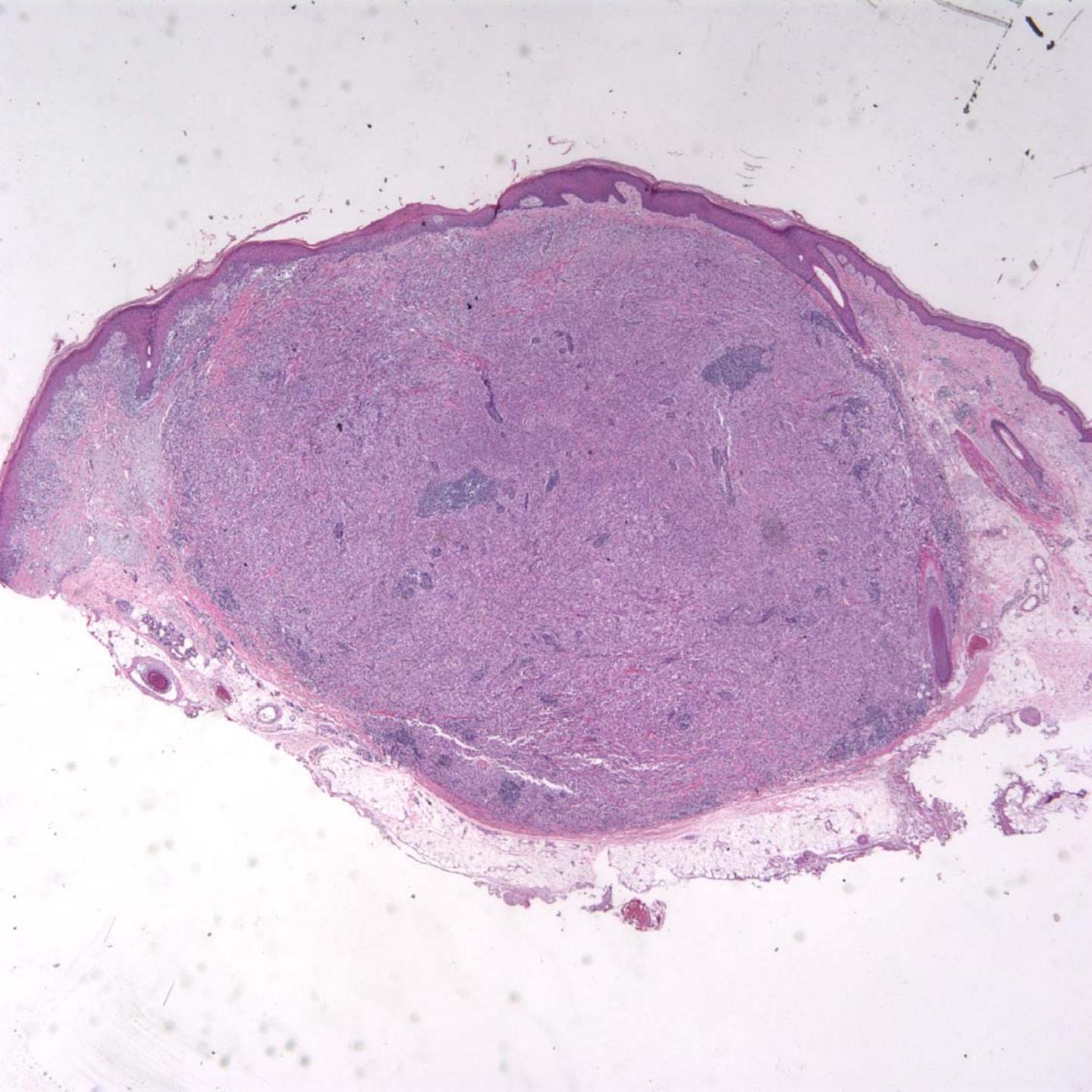
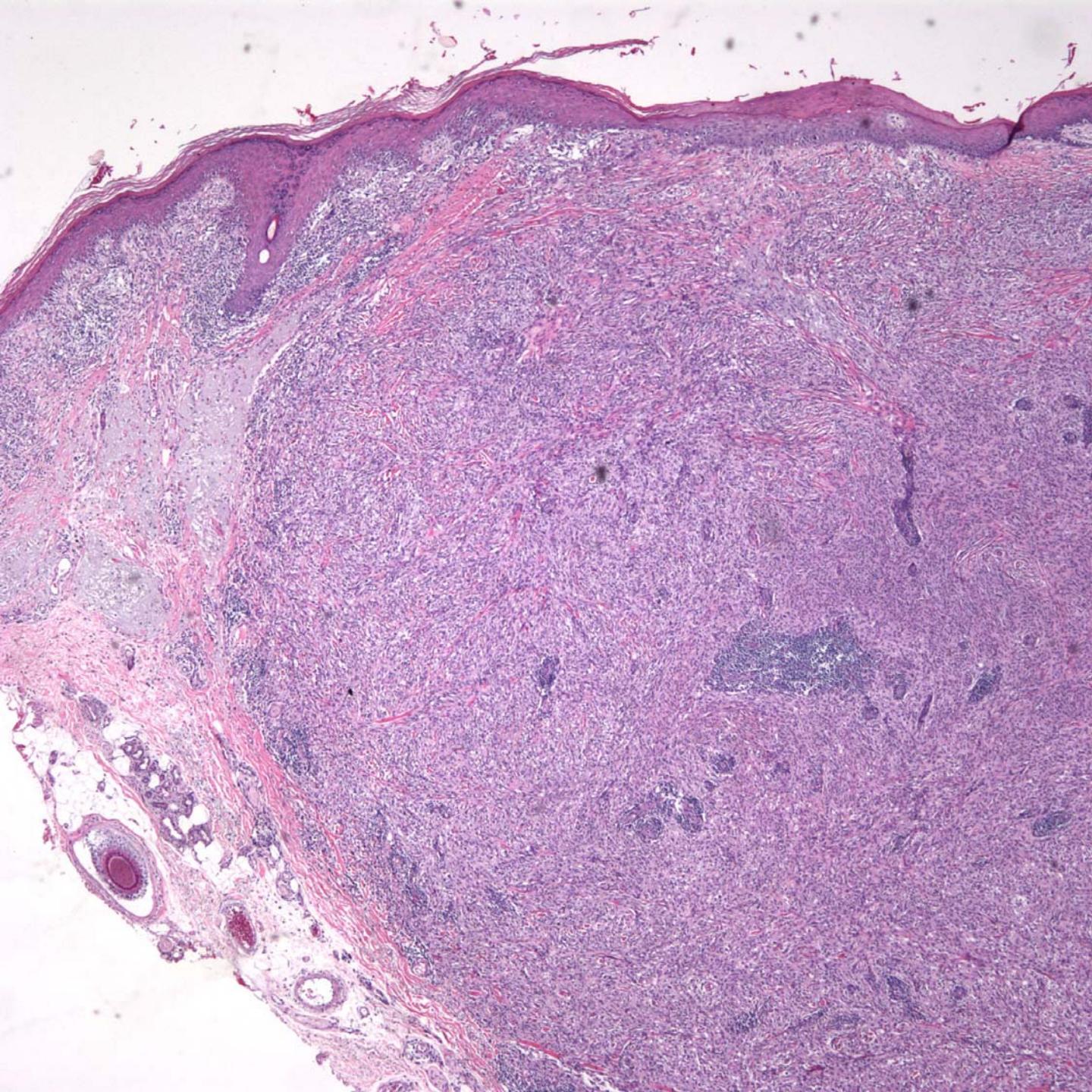


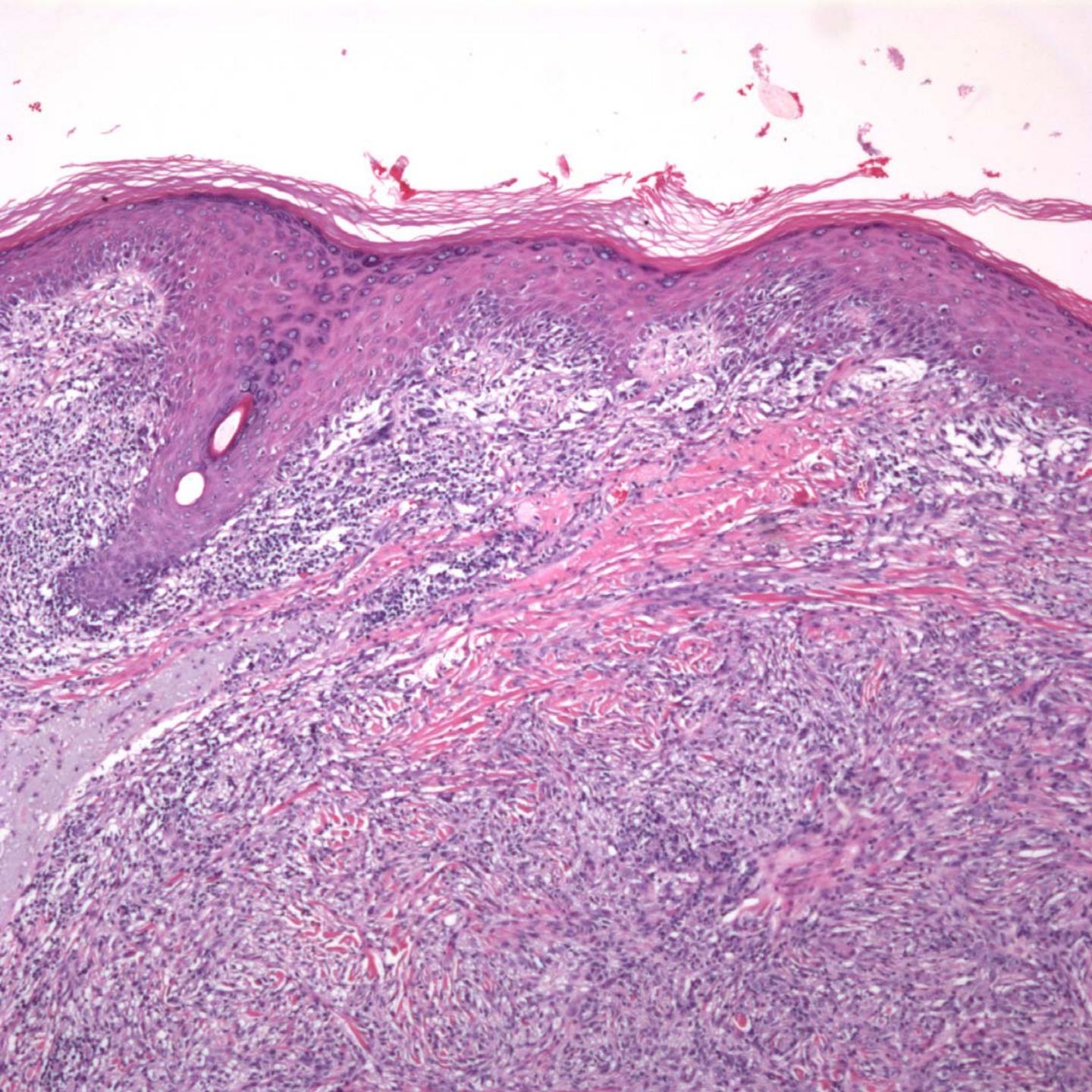
Dermatopathology Slide Review Part 31

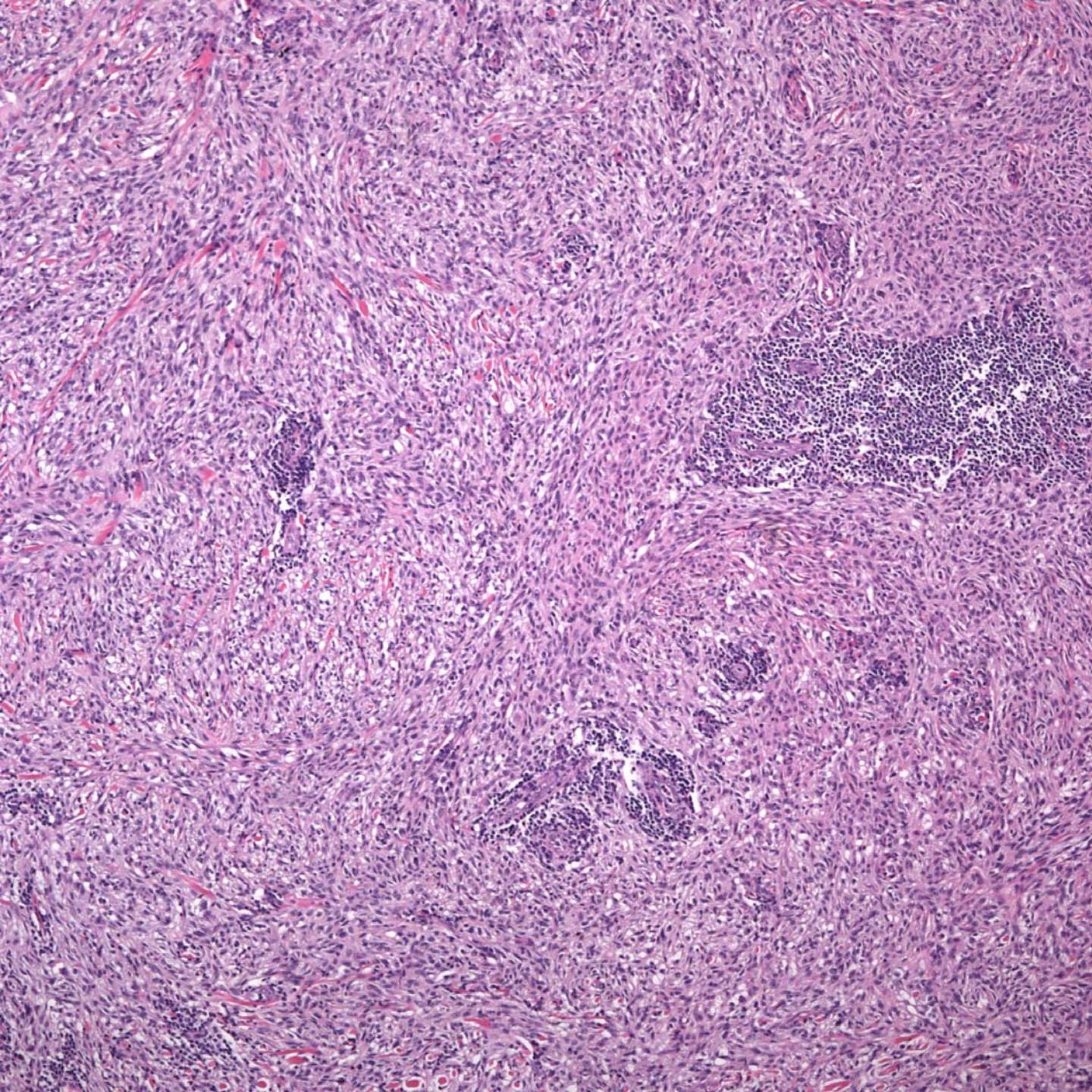
Paul K. Shitabata, M.D.

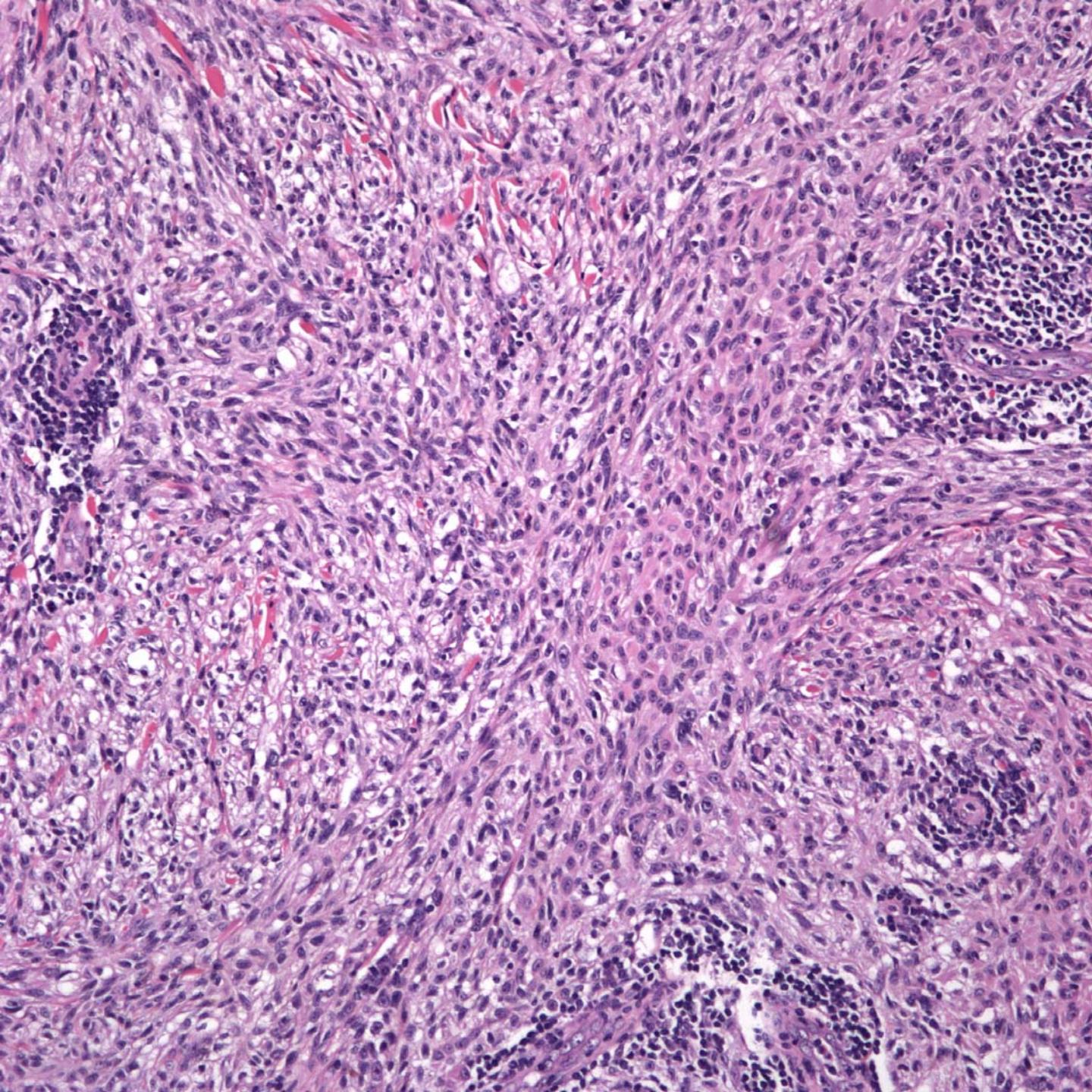
Dermatopathology Institute

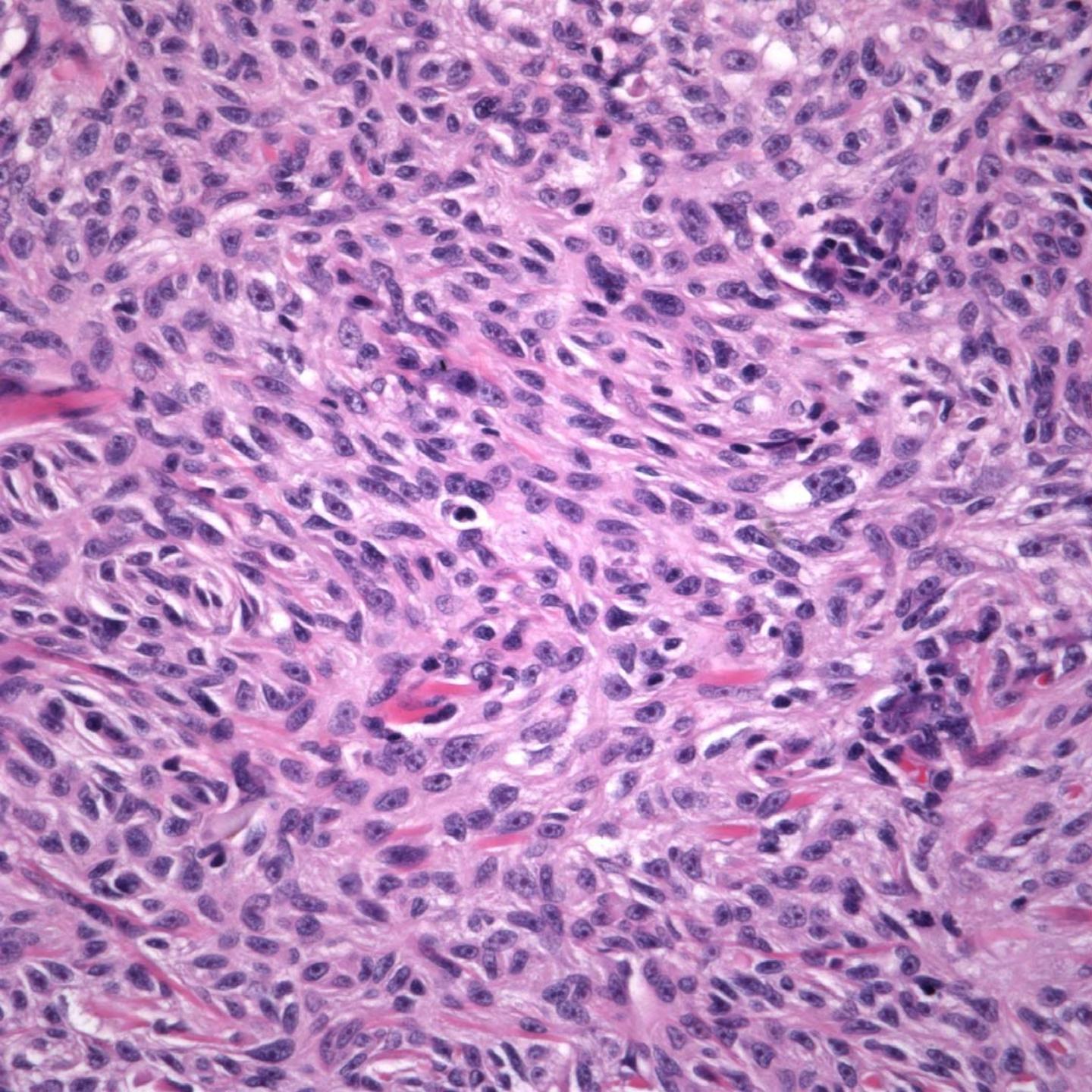


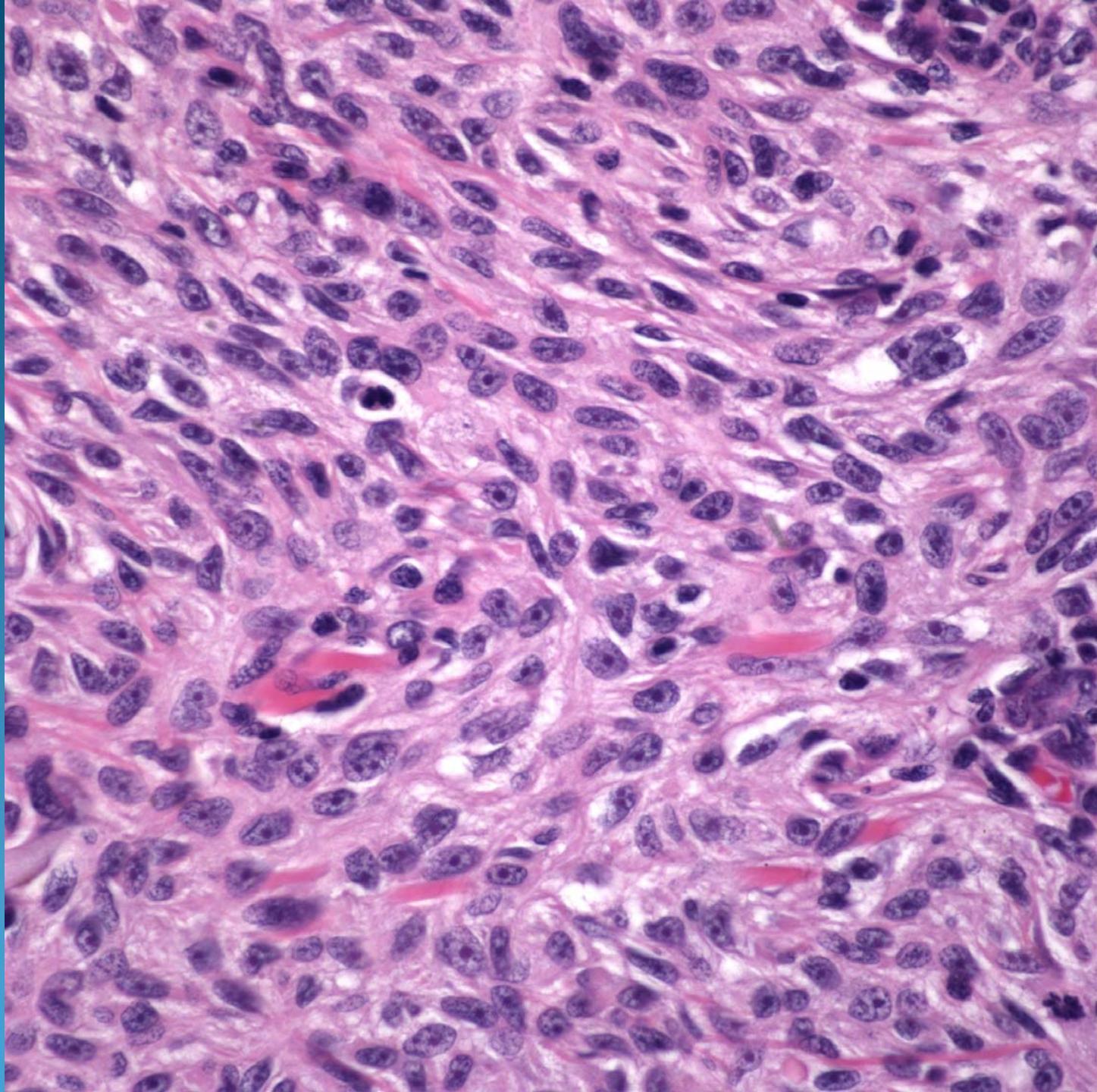


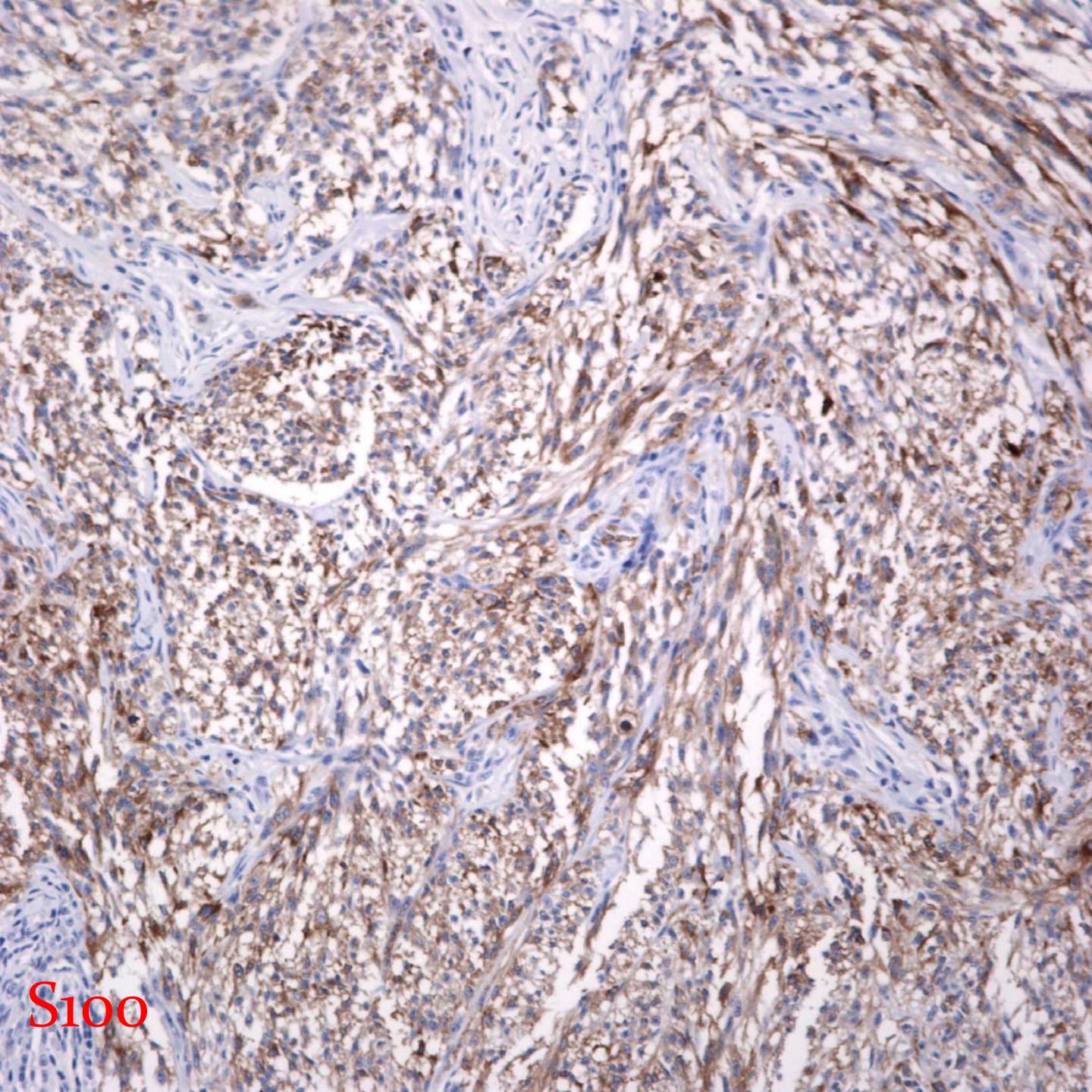








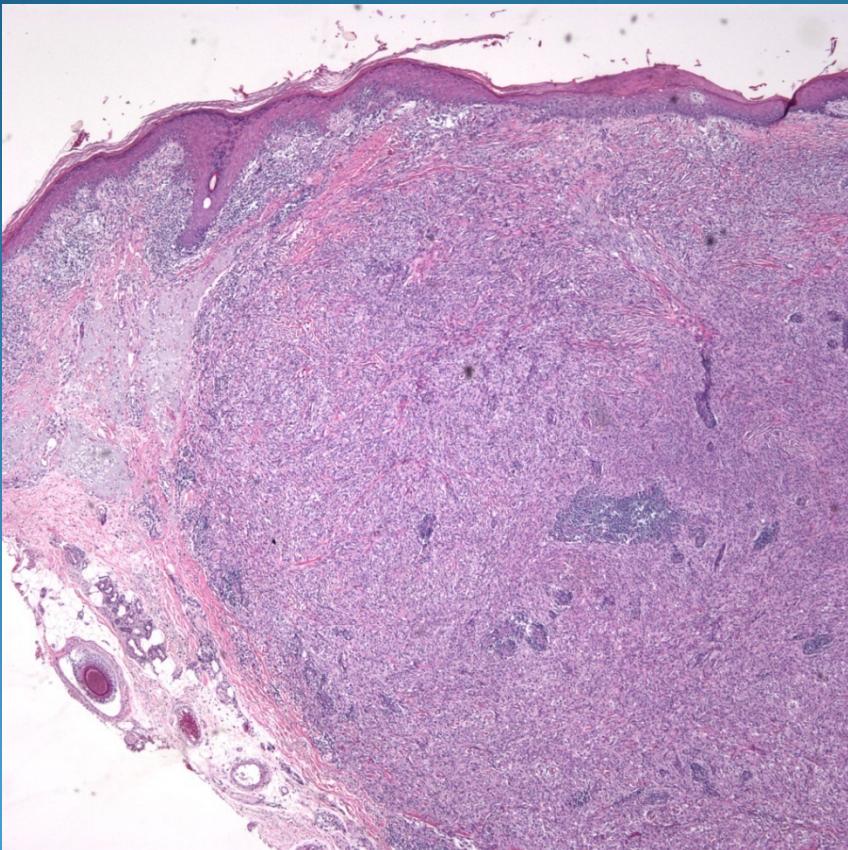




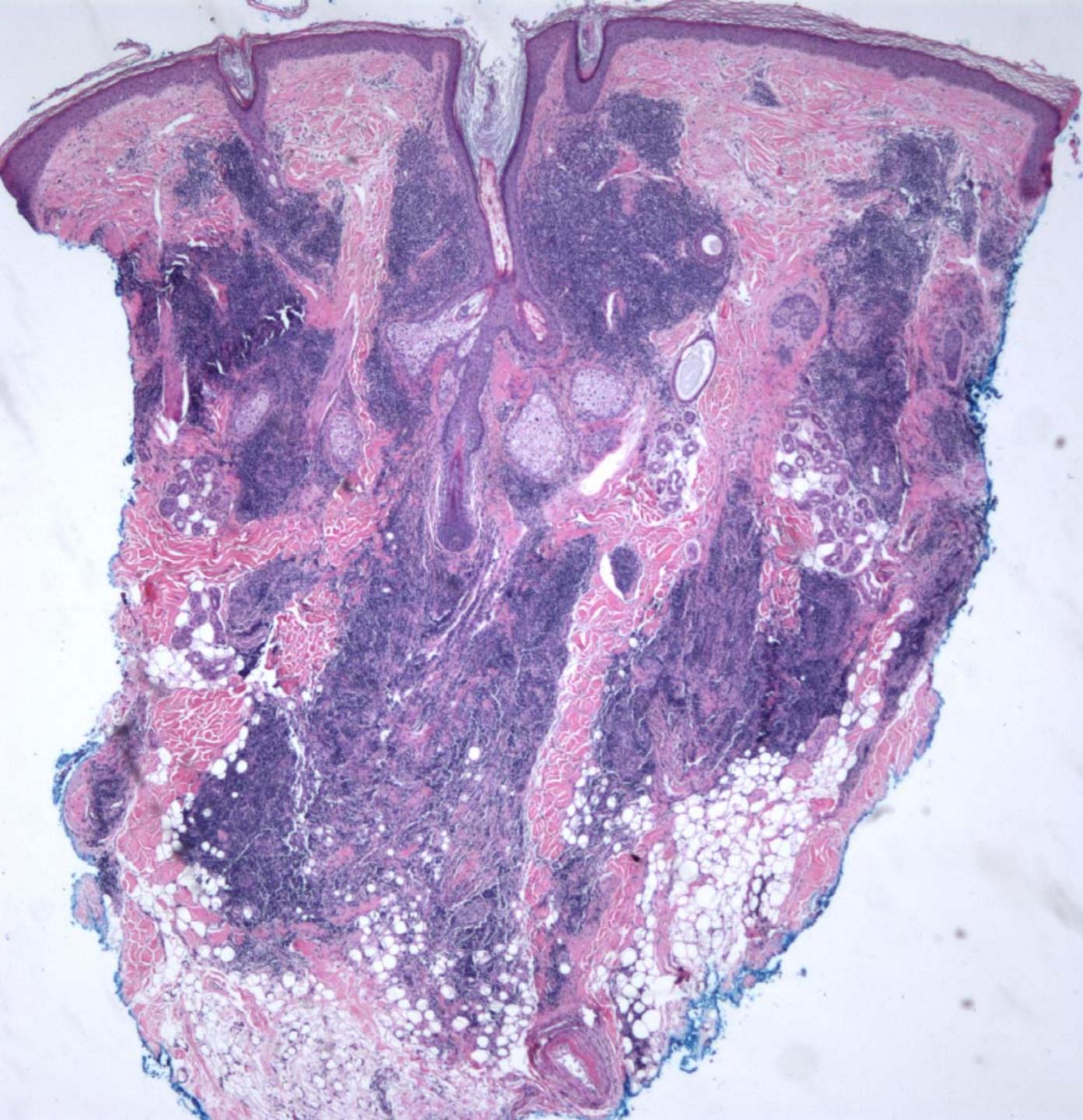
S100

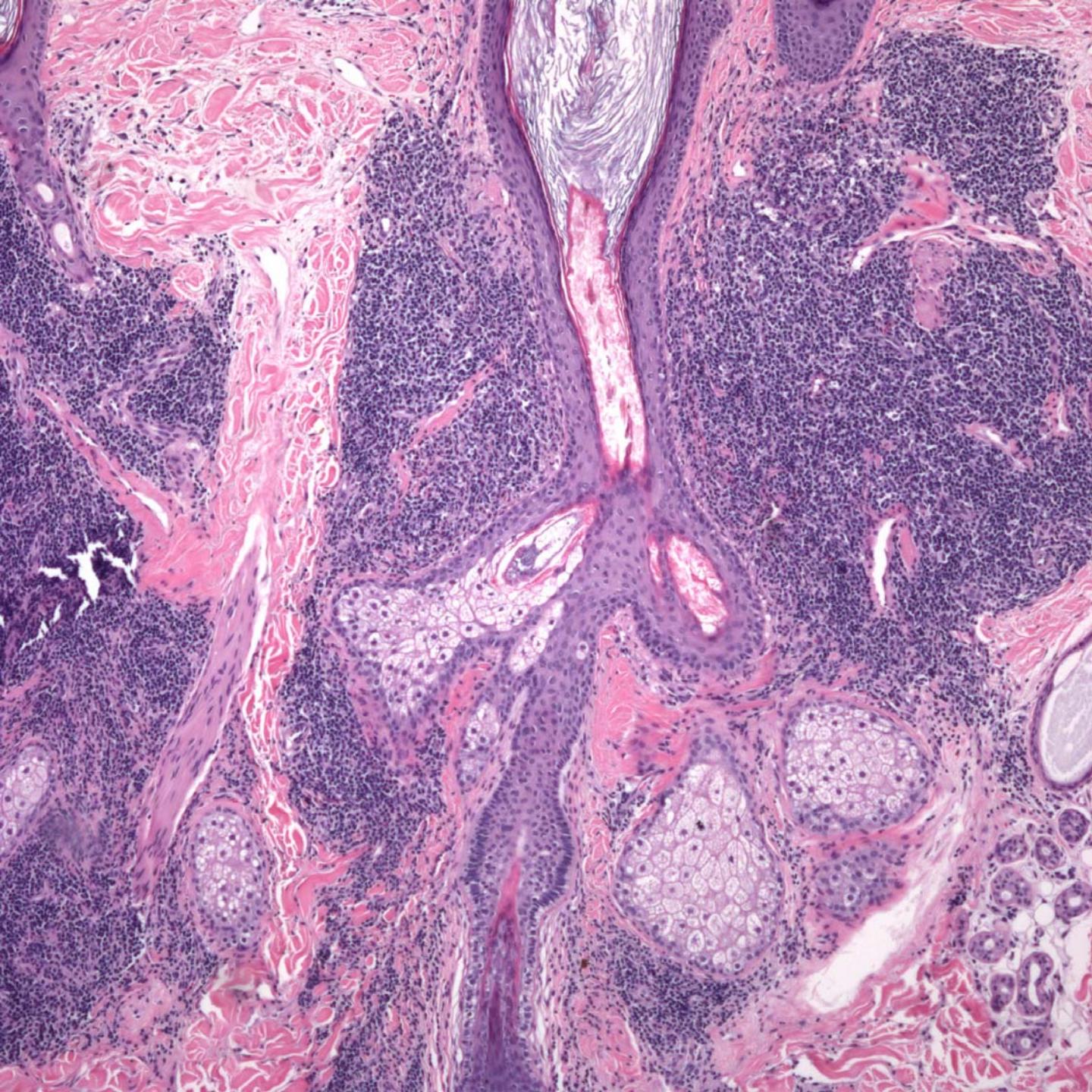
Desmoplastic Malignant Melanoma

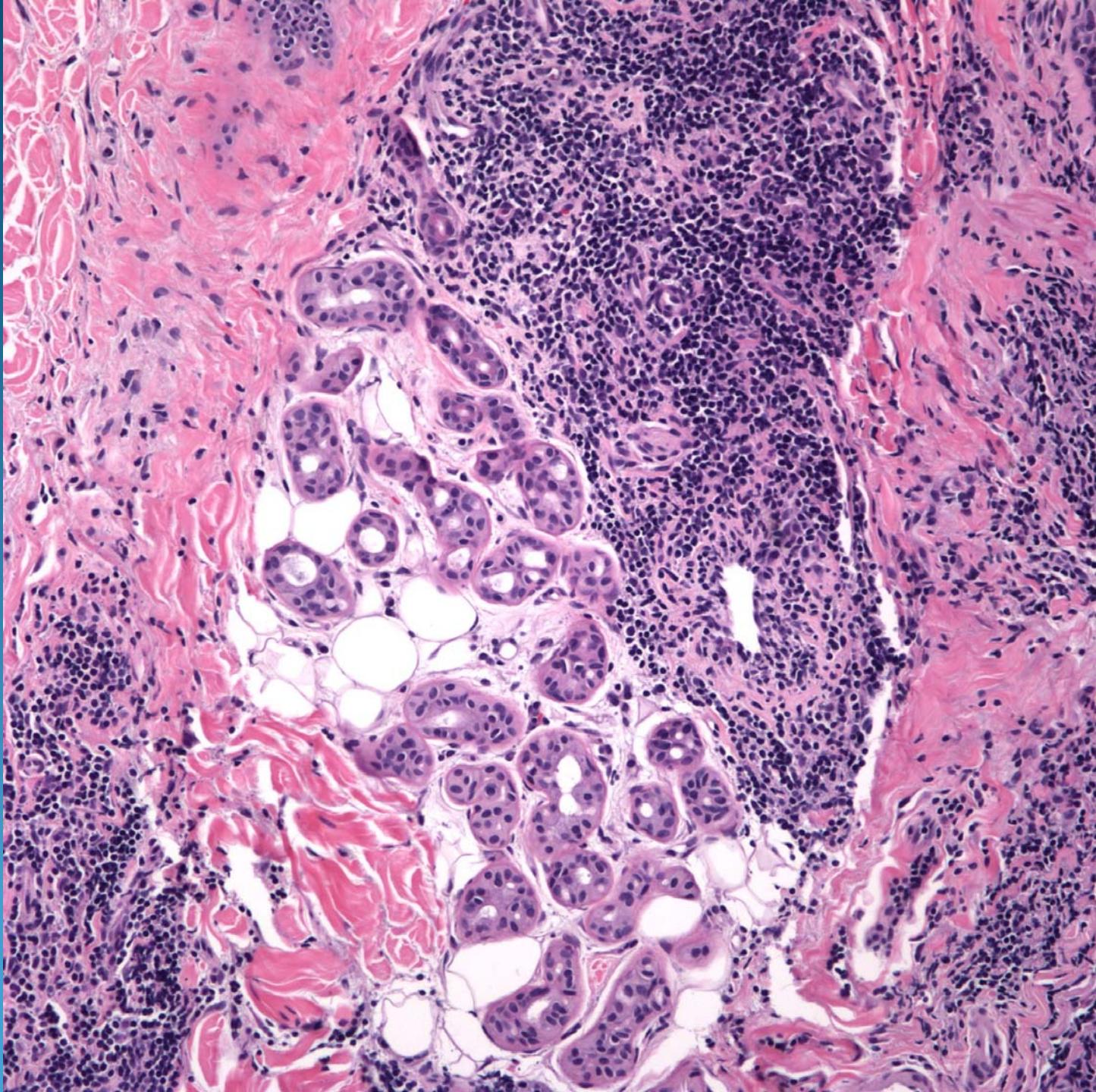
Pearls

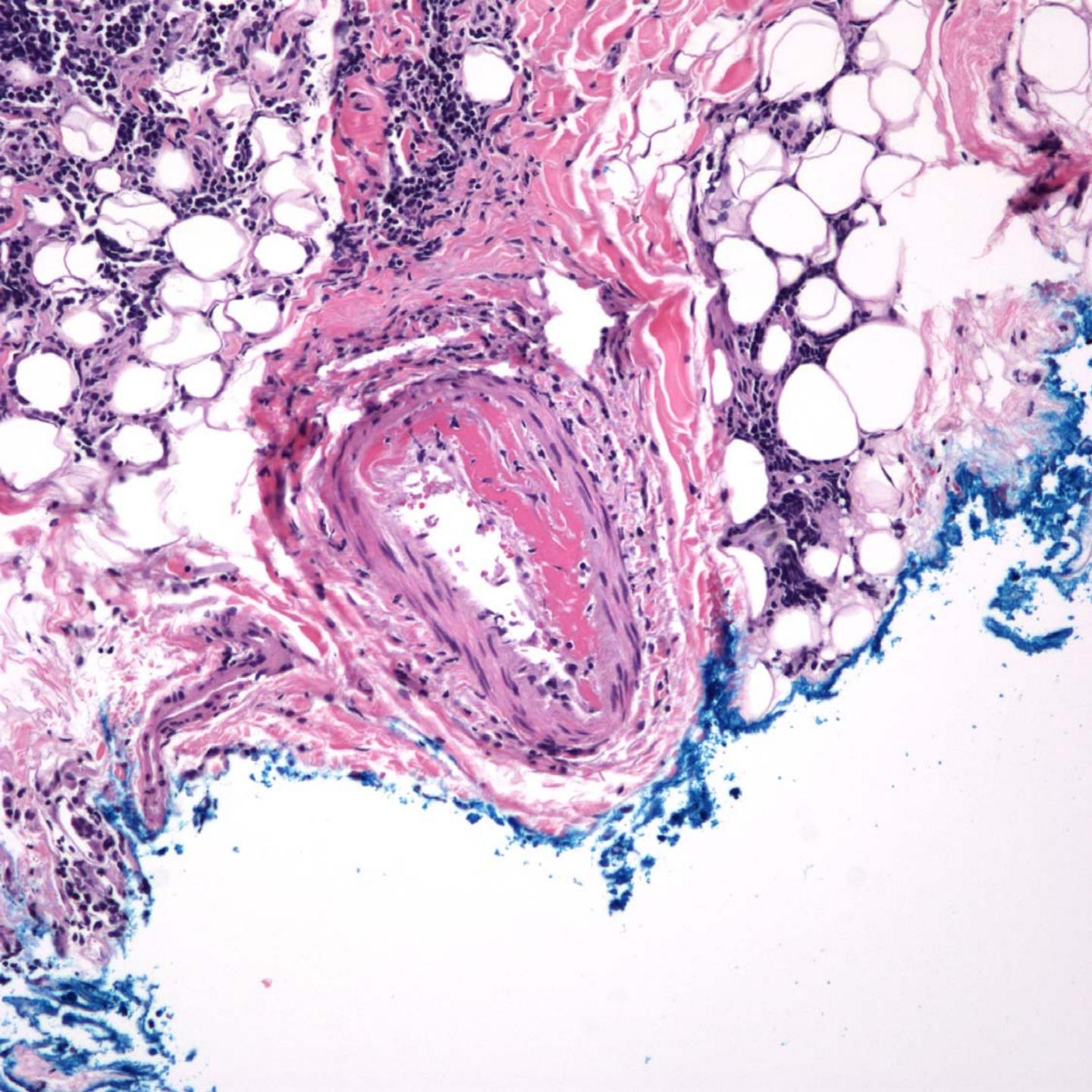


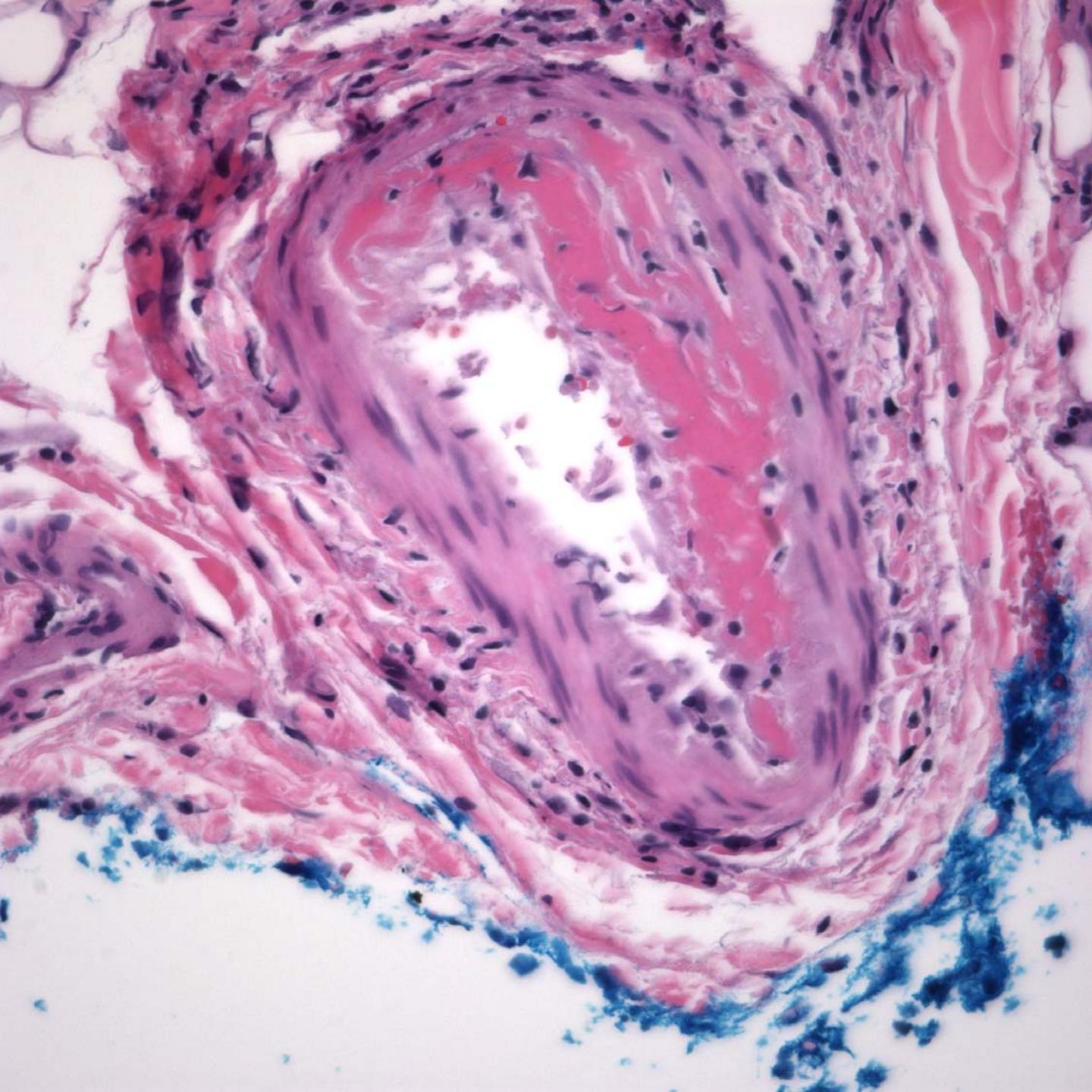
- Expansile nodule of pleomorphic spindle cells, generally lacking melanin pigmentation
- May observe malignant junctional component
- Scattered lymphoid aggregates
- Confirm with IHC, S100+ but may be HMB45 and MelanA negative





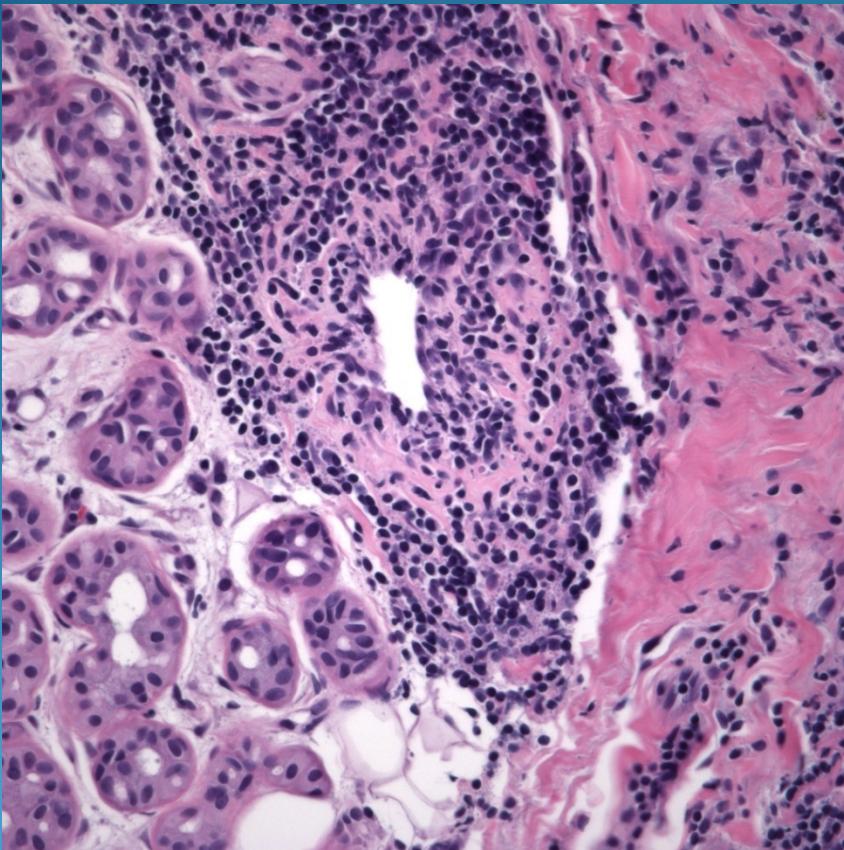




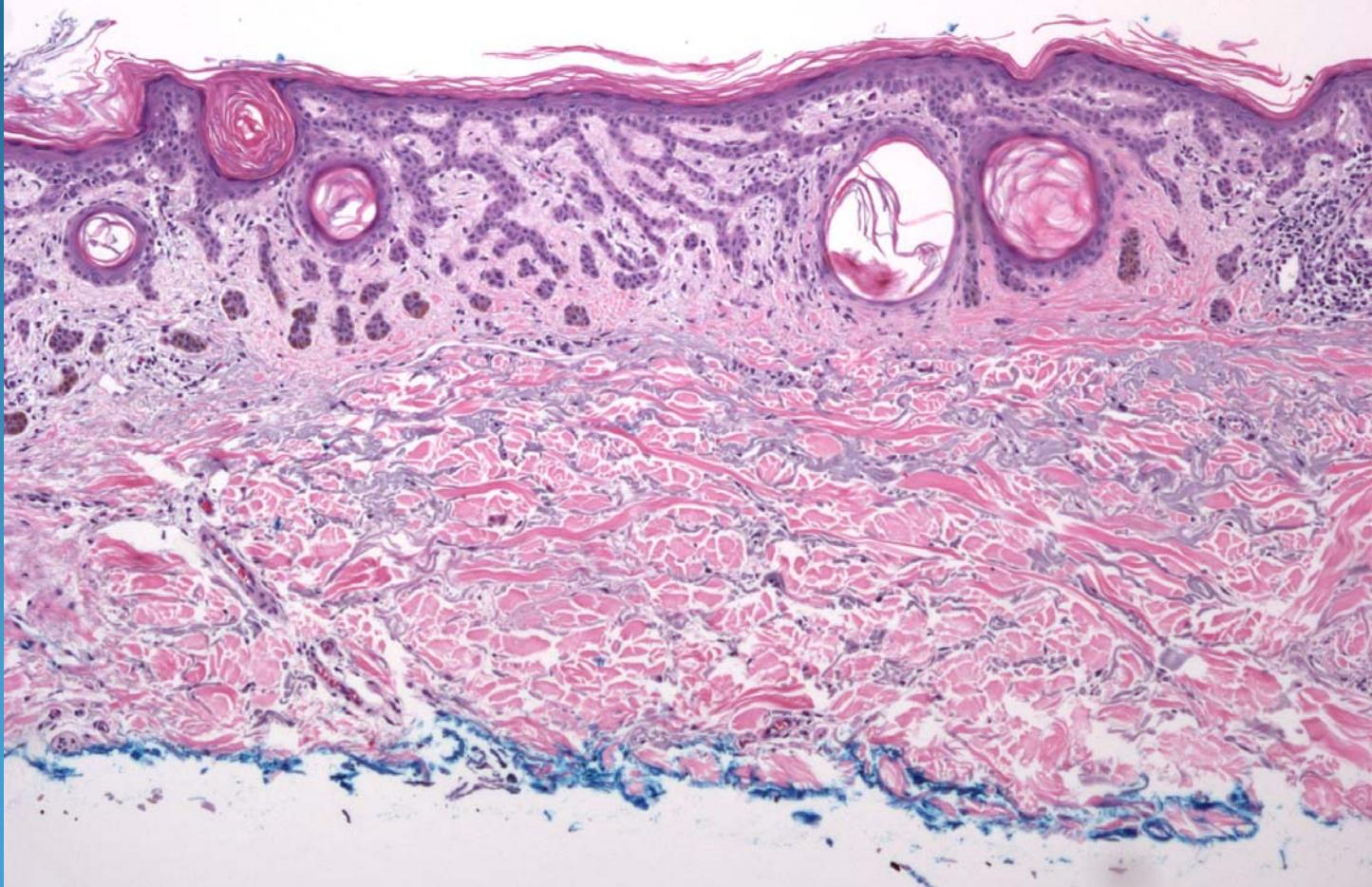


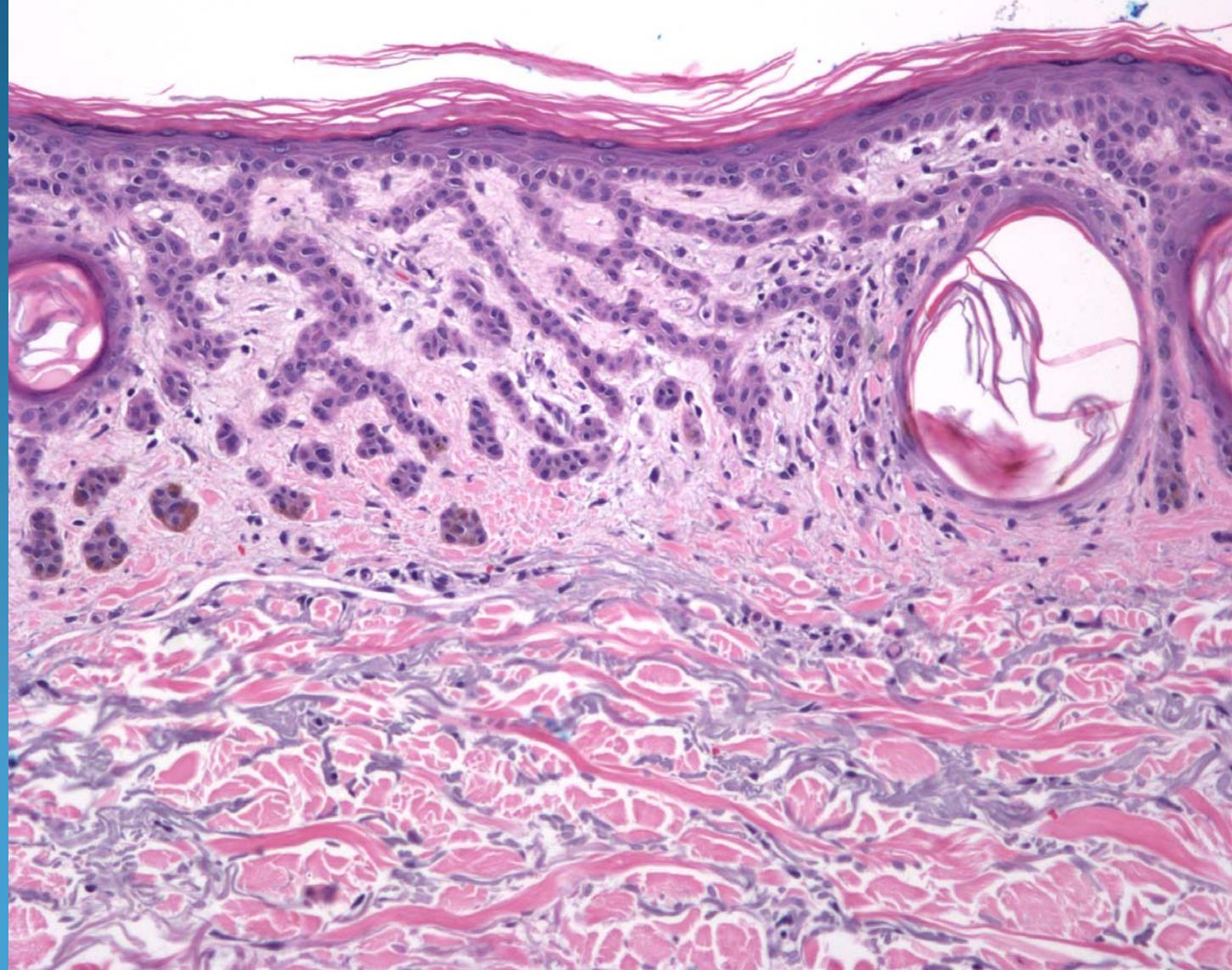
Discoid Lupus Erythematosus with True Lymphocytic Vasculitis

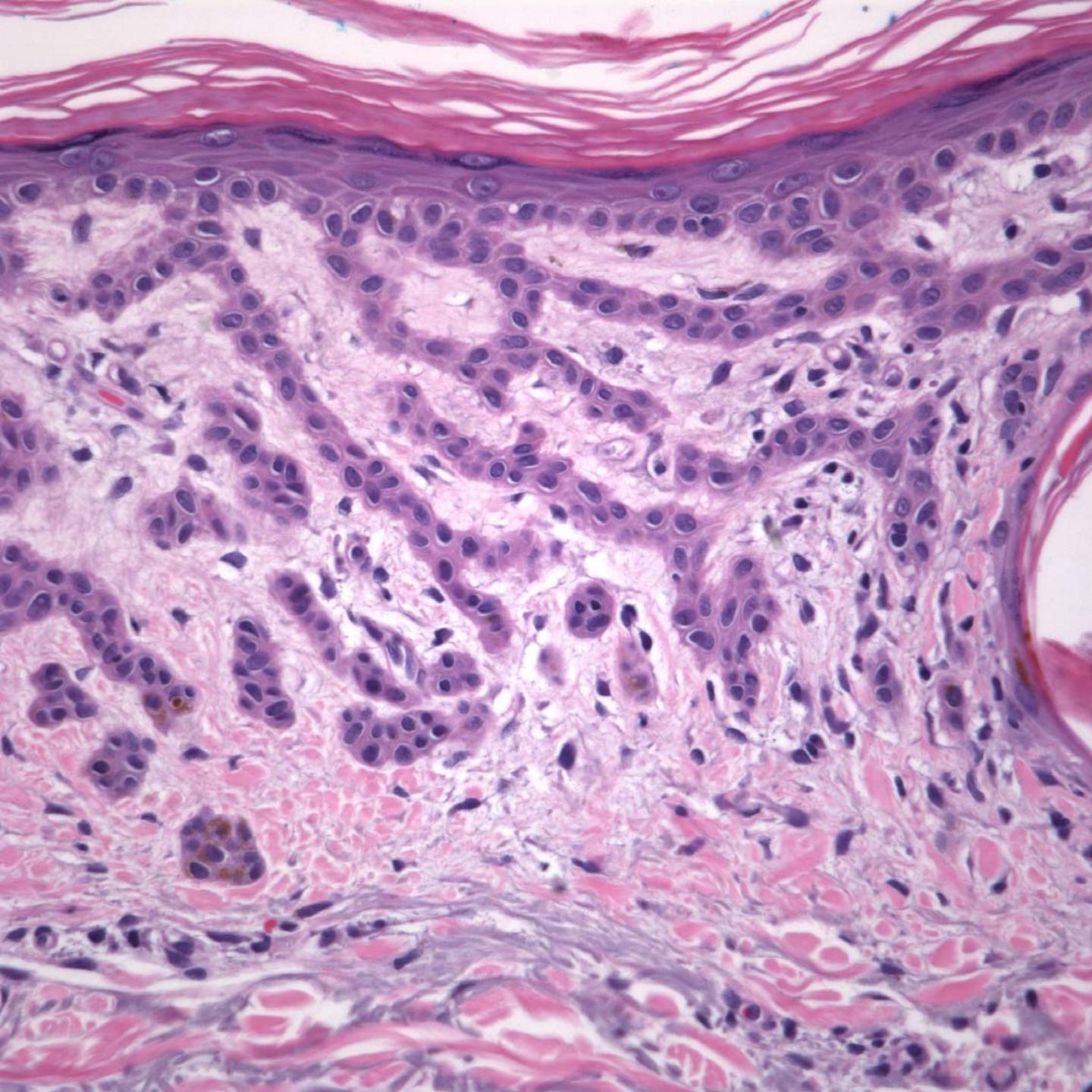
Pearls



- Classic DLE histopathology with superficial and deep perivascular and periadnexal lymphocytic infiltrate
- Deeper vessels show intense lymphocytic infiltration with fibrinoid necrosis

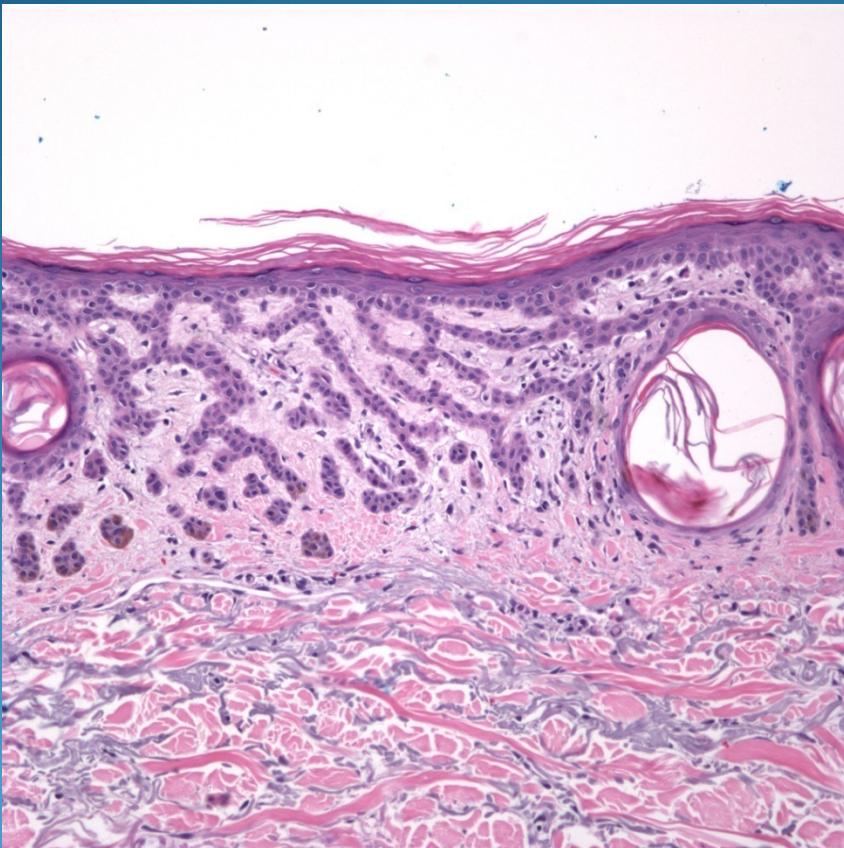




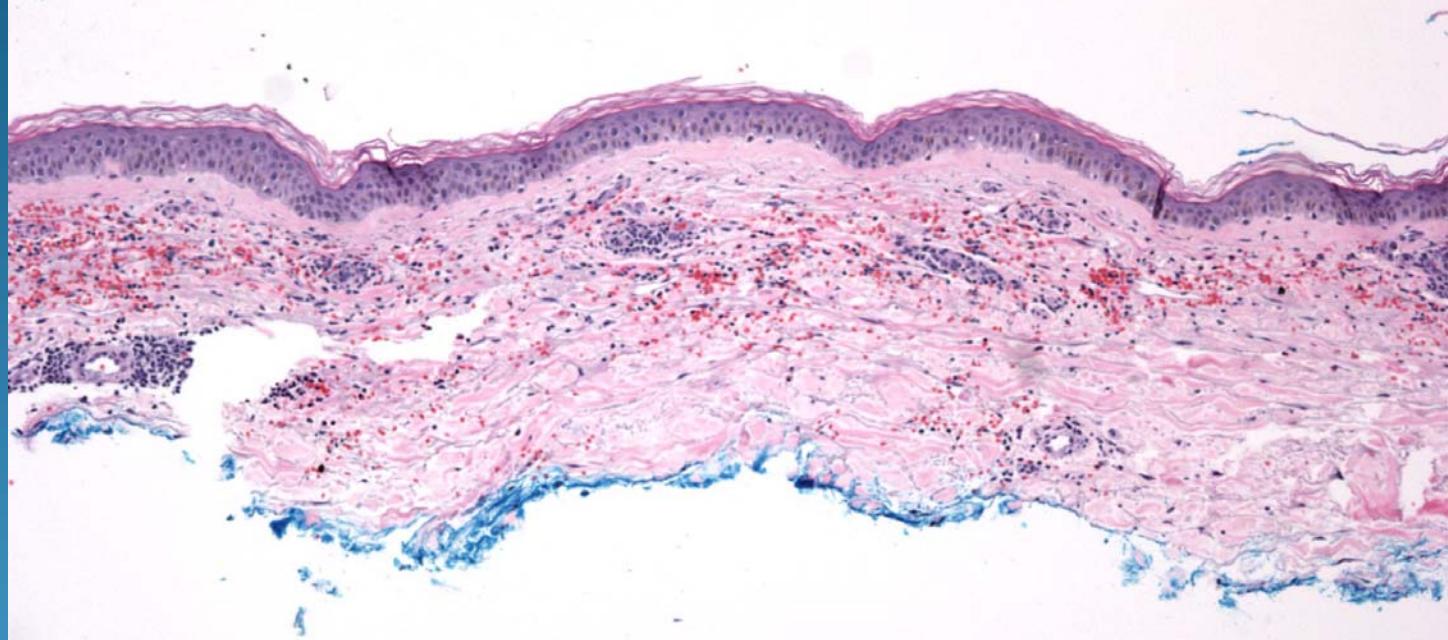


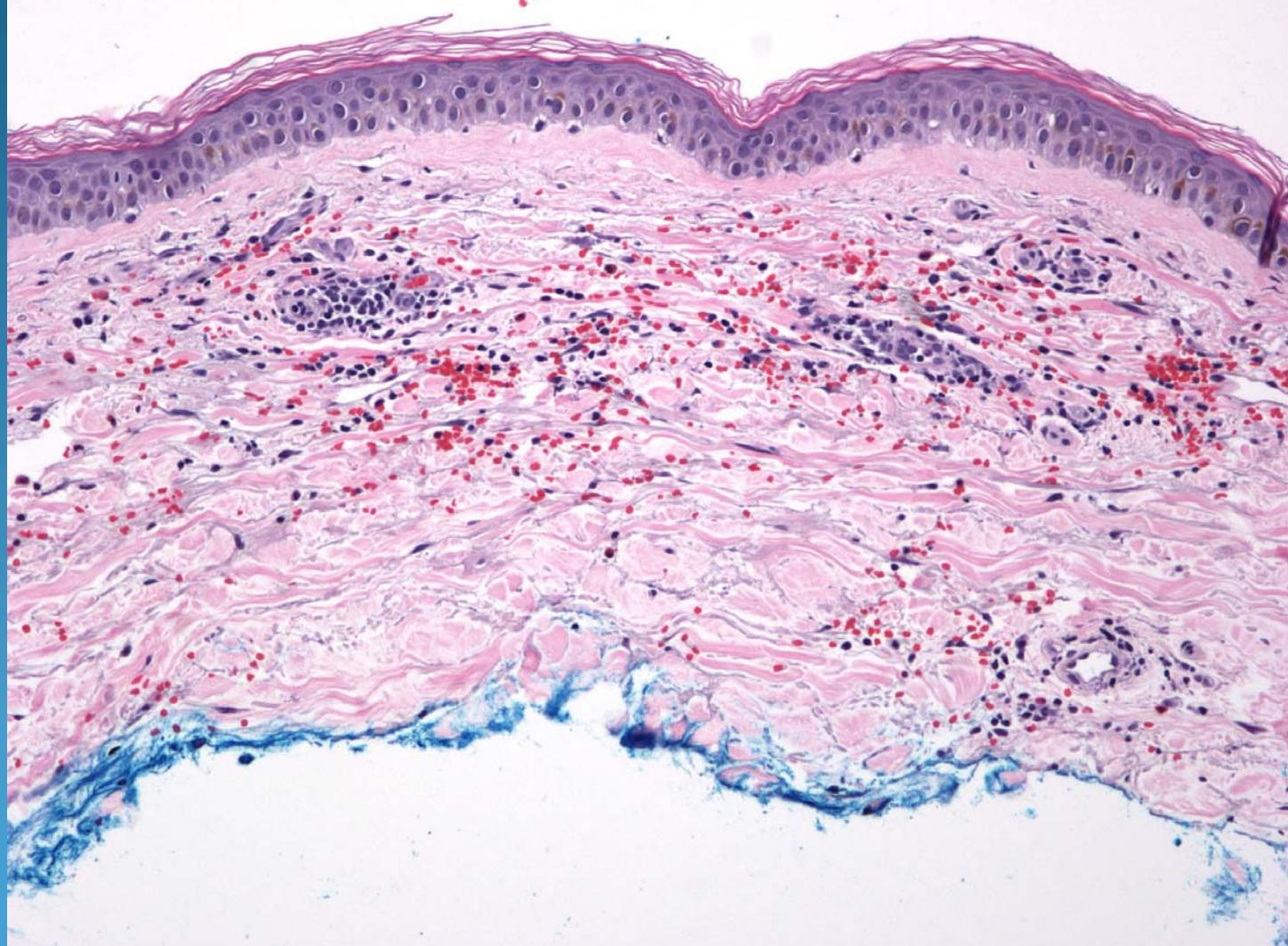
Seborrheic Keratosis, Reticulated Type

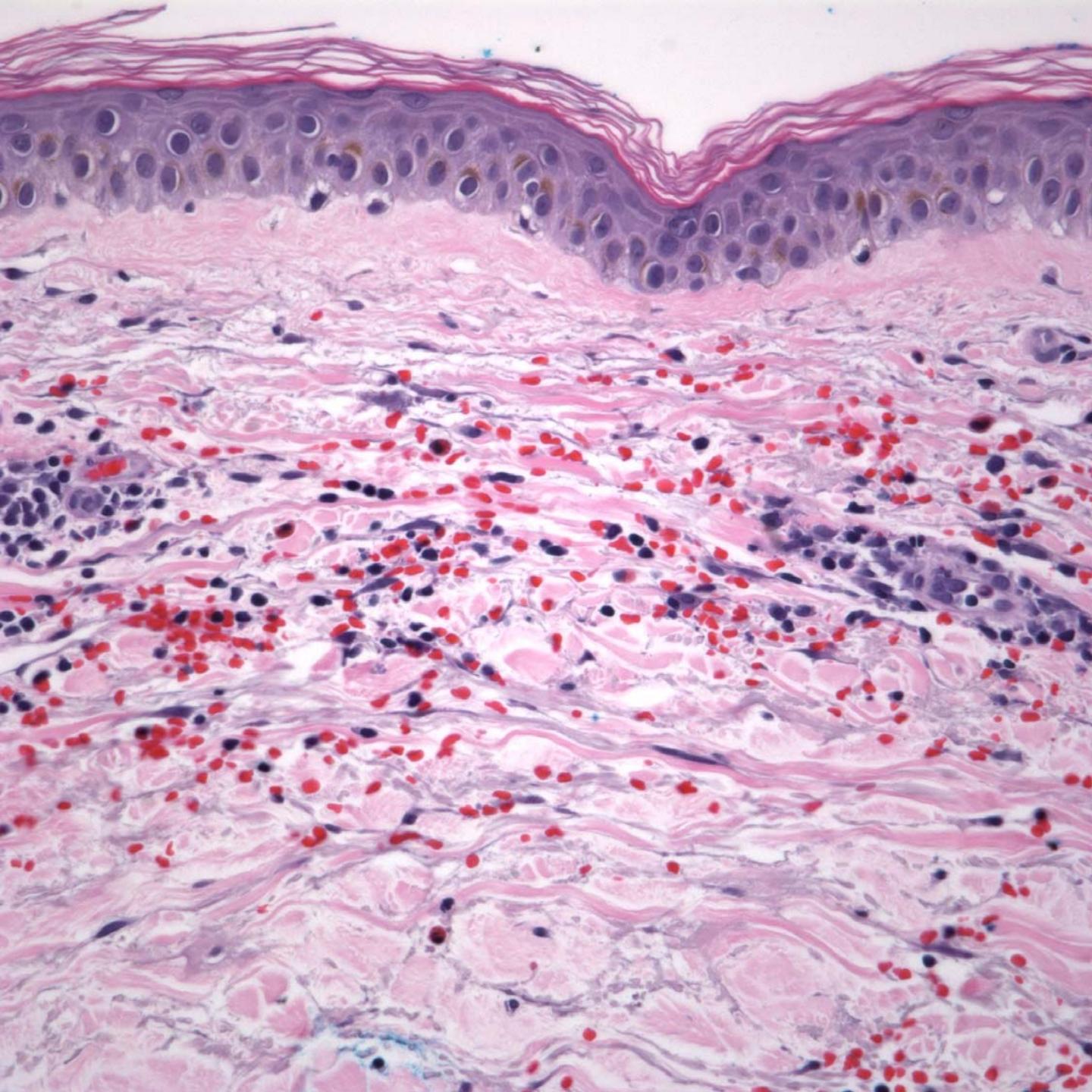
Pearls

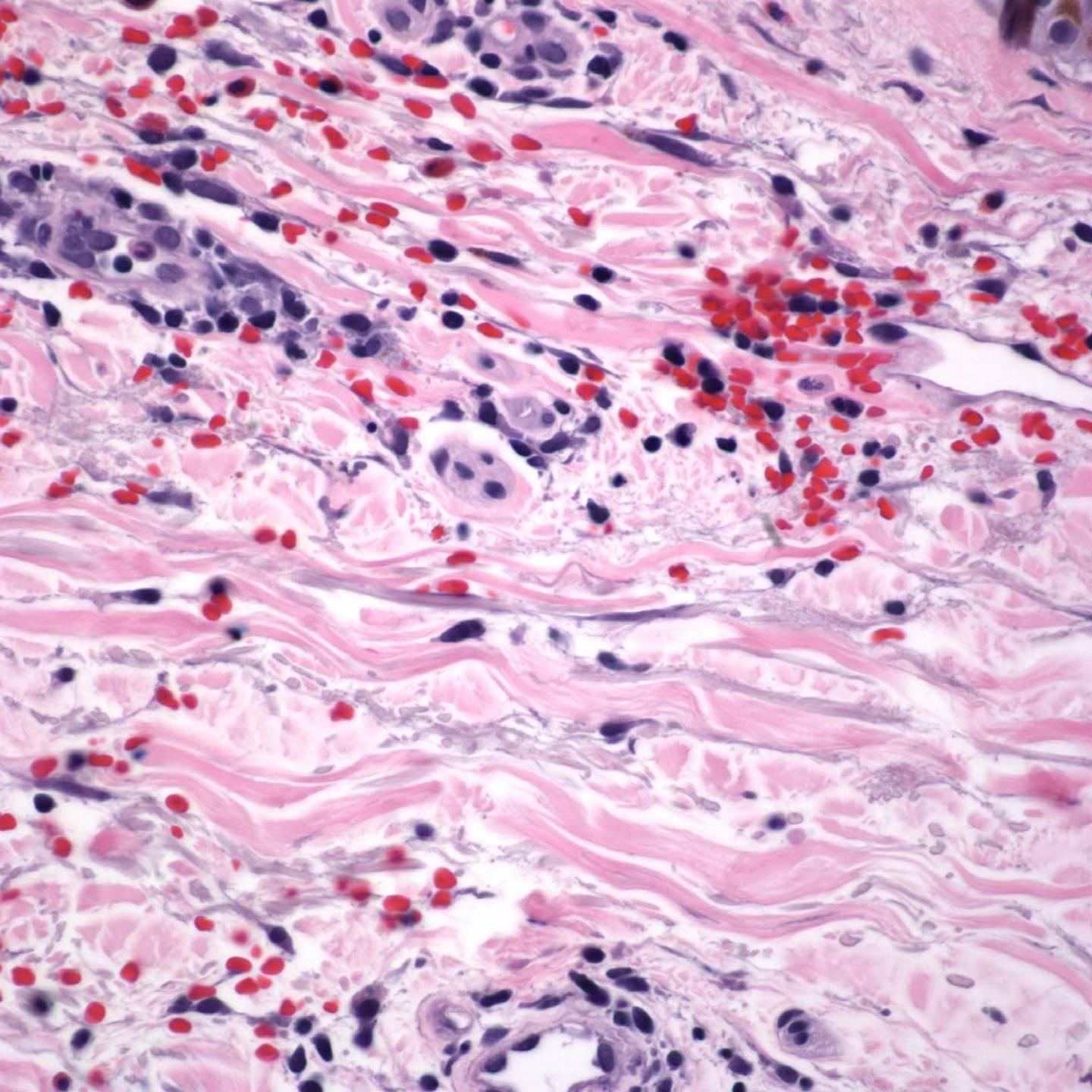


- Classic outline of seborrheic keratosis
- Filigree-like pattern of rete ridges with interanastomoses
- No atypia
- May have melanin pigmentation



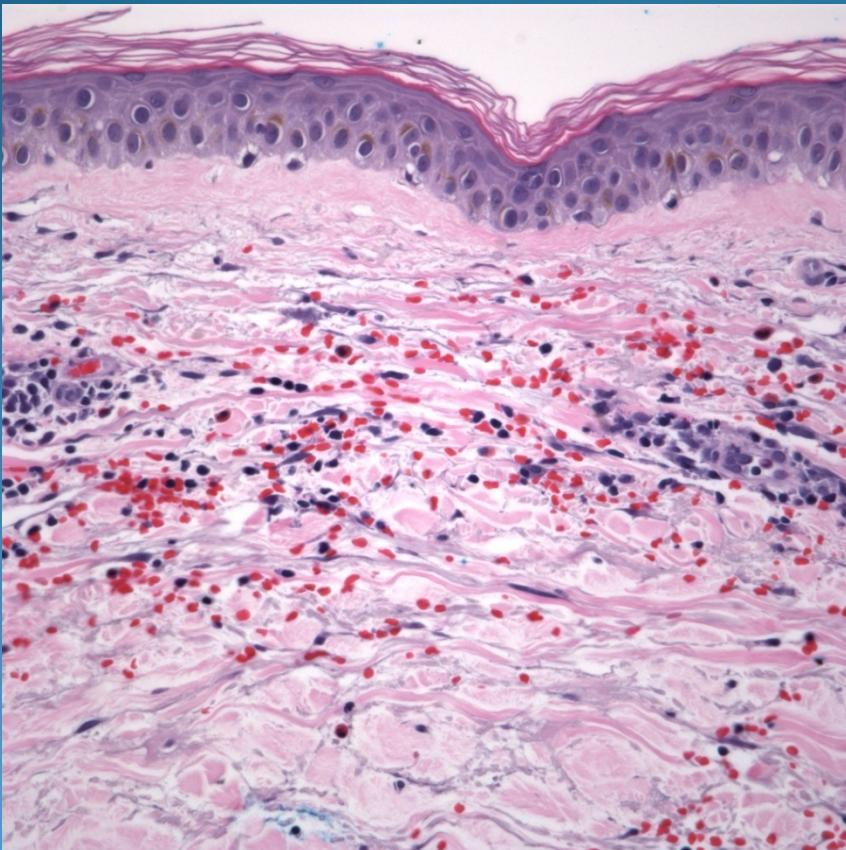




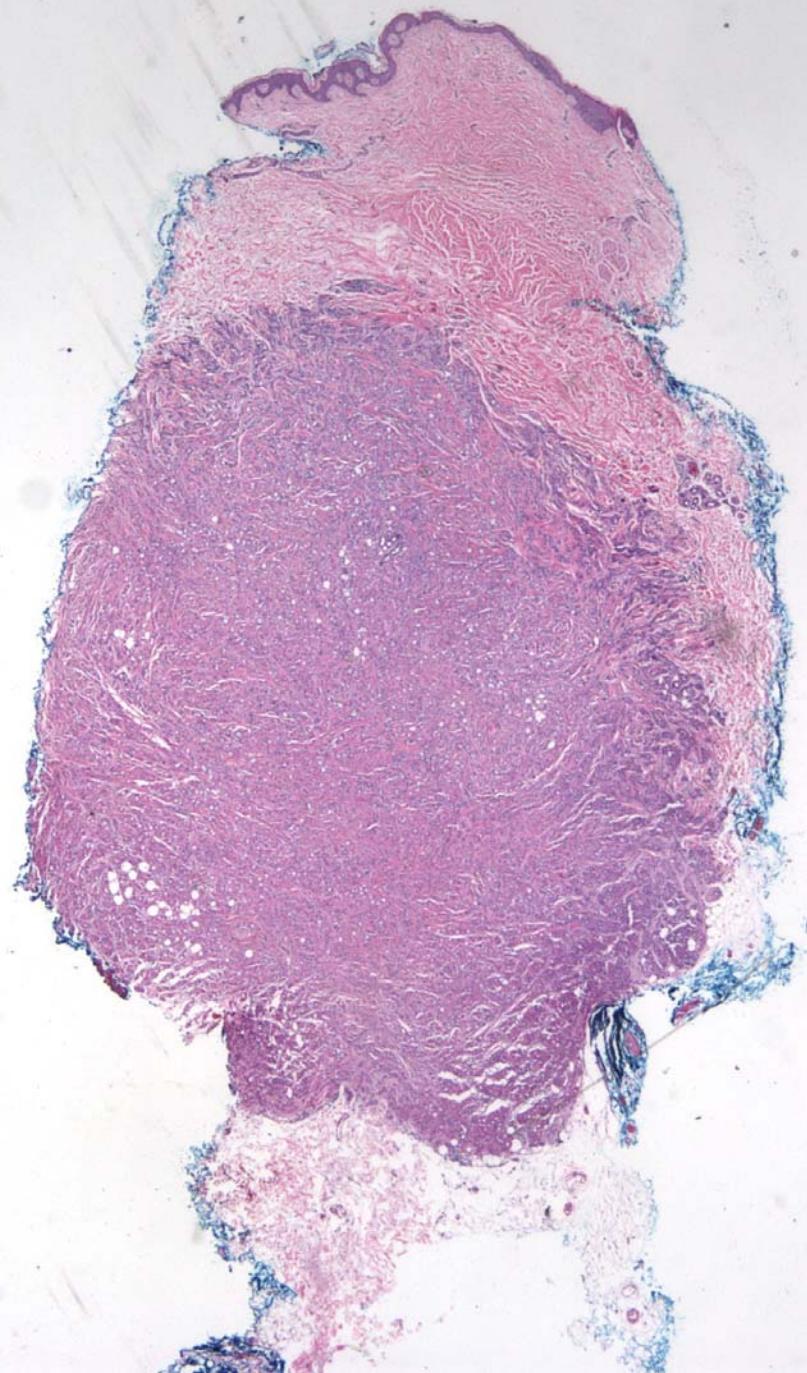


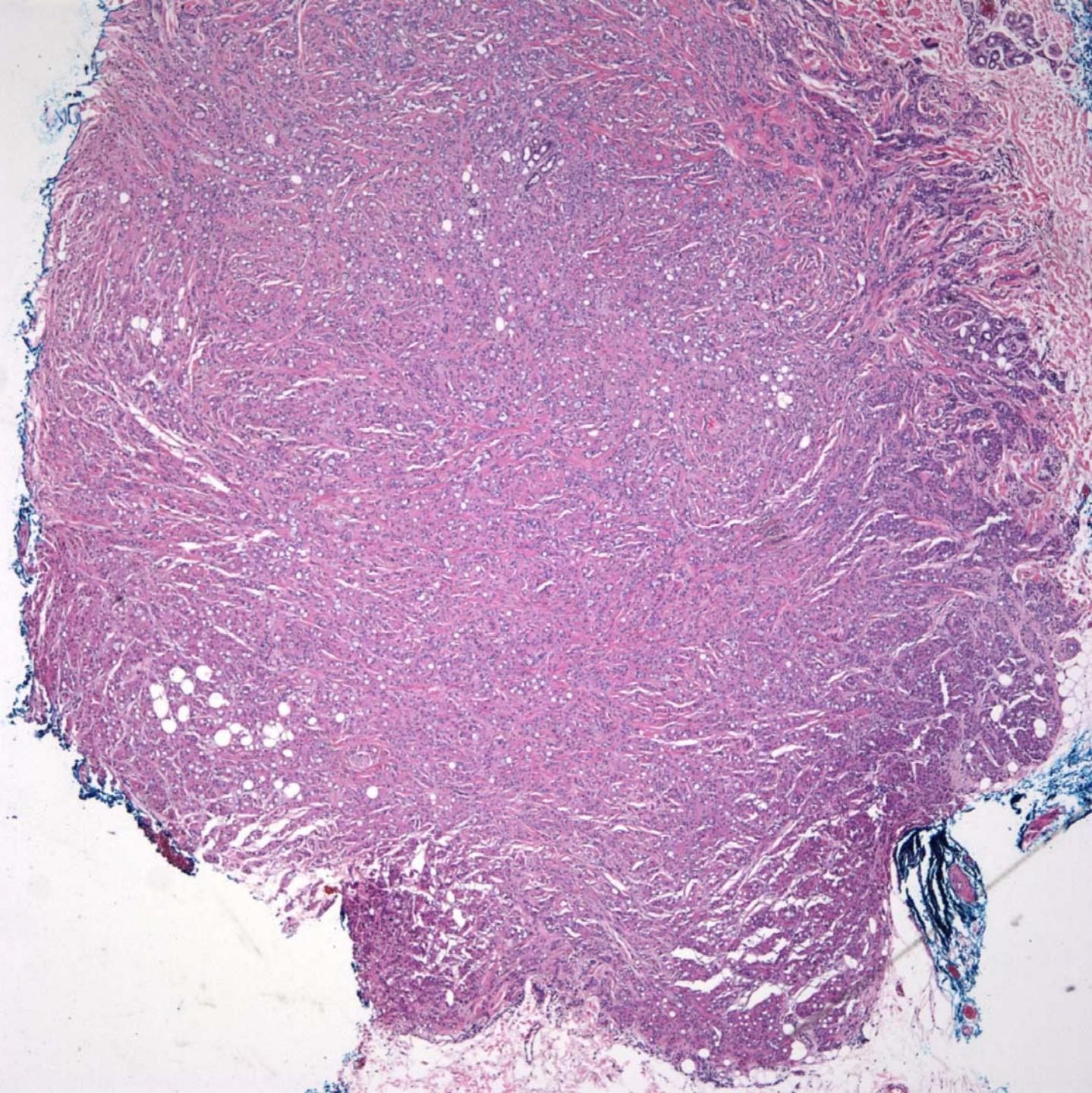
Pigmented Purpuric Dermatosis

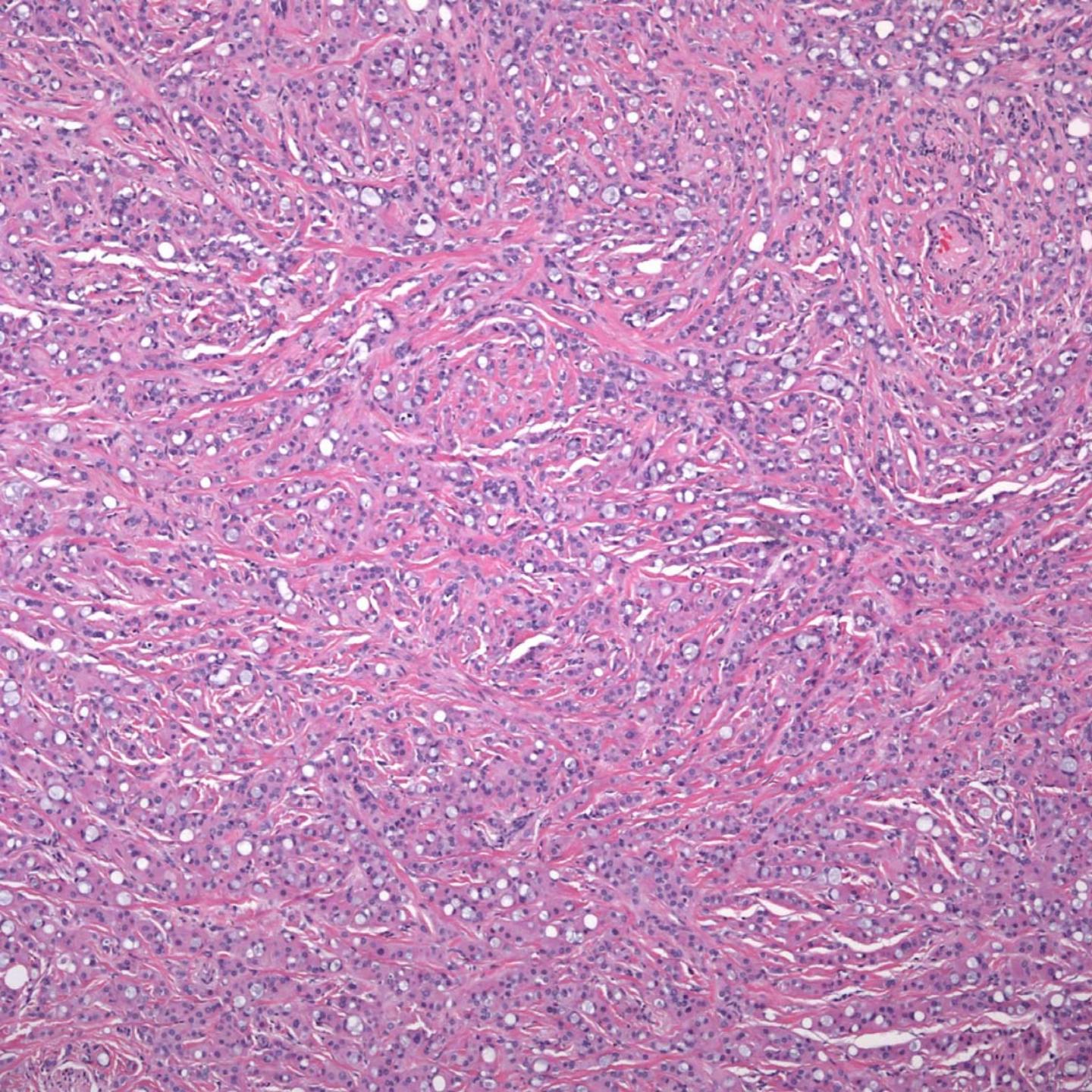
Pearls

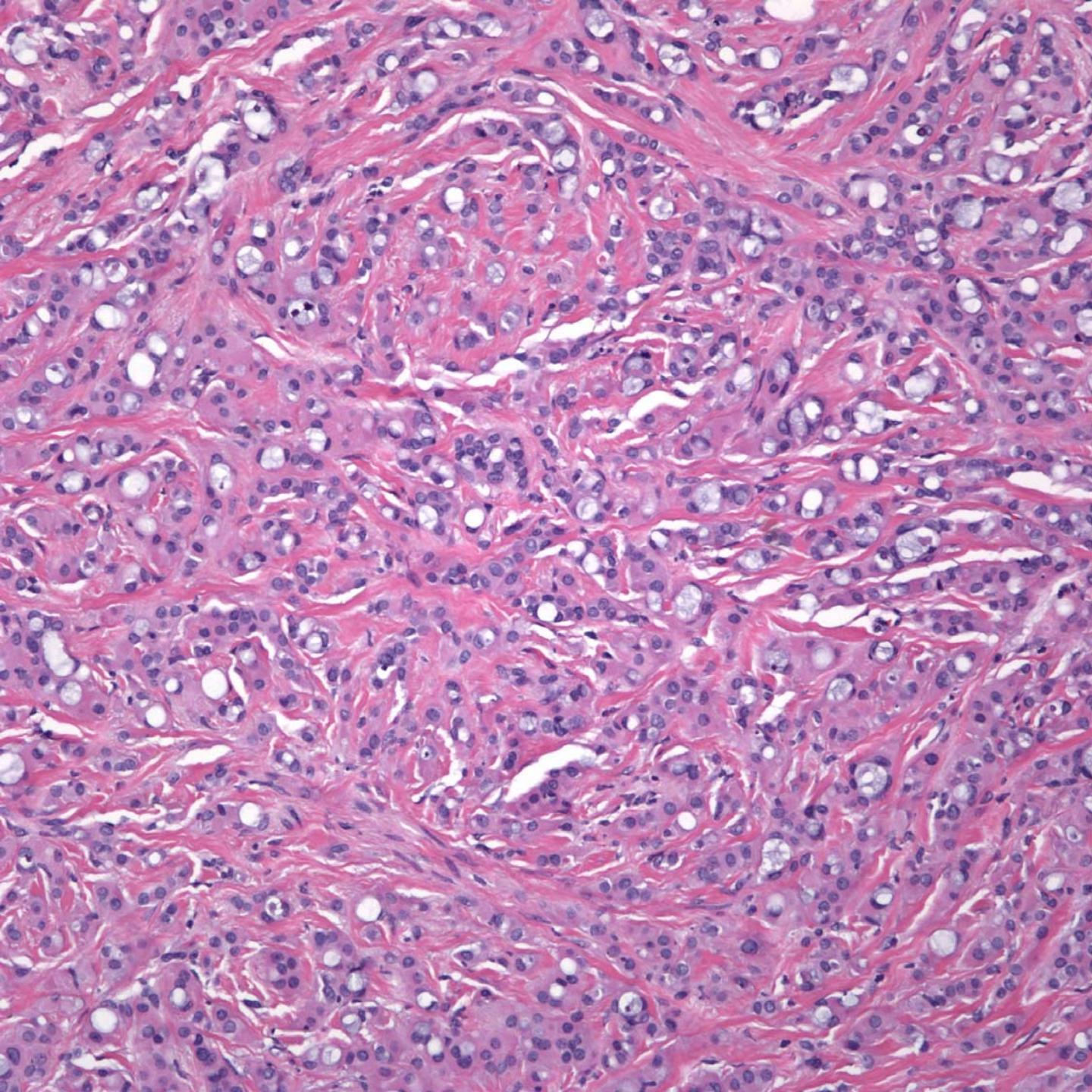


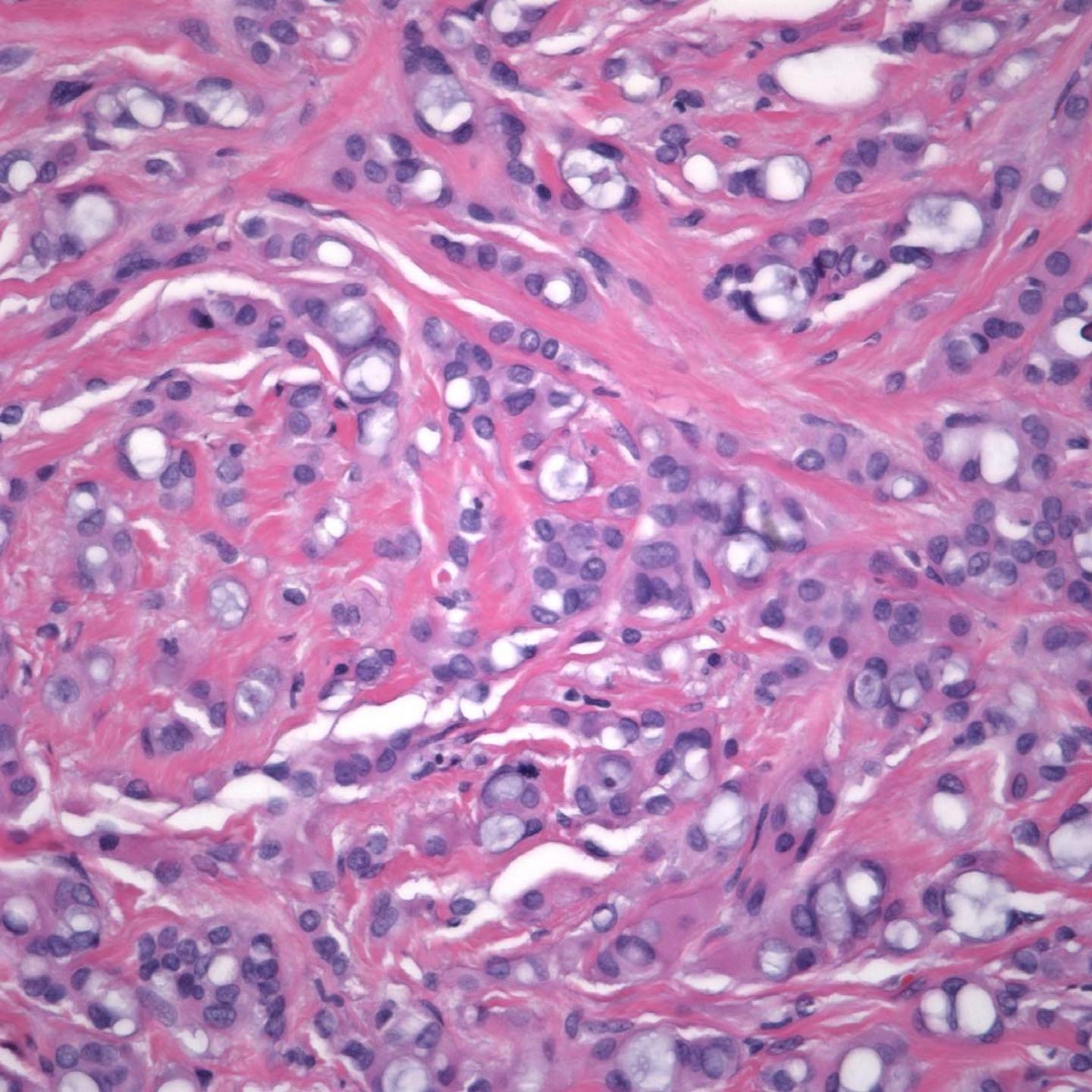
- Superficial perivascular and interstitial dermatitis with extravasated rbc's
- No vasculitis or interface dermatitis
- May have hemosiderin-laden macrophages
- R/O Mycosis fungoides

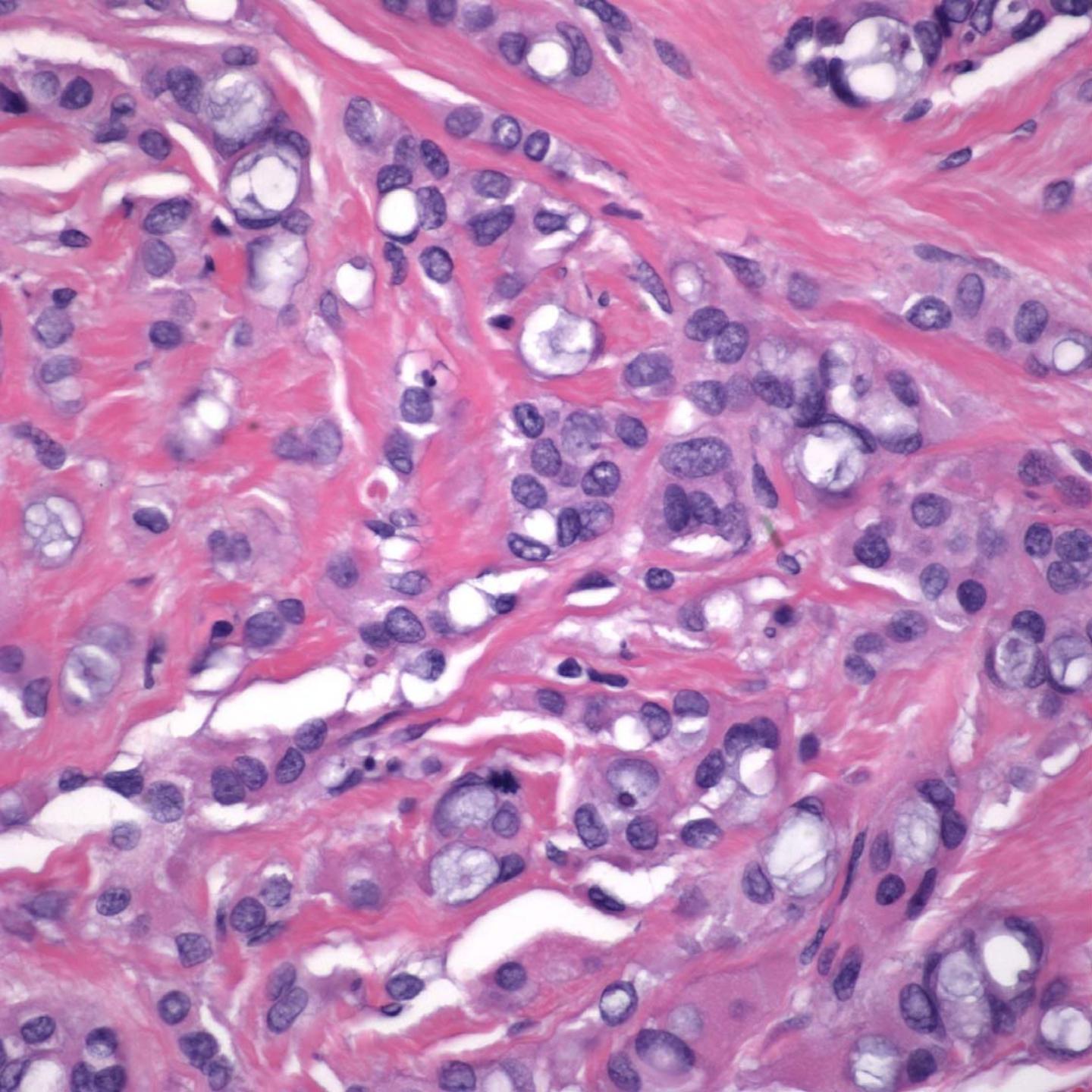






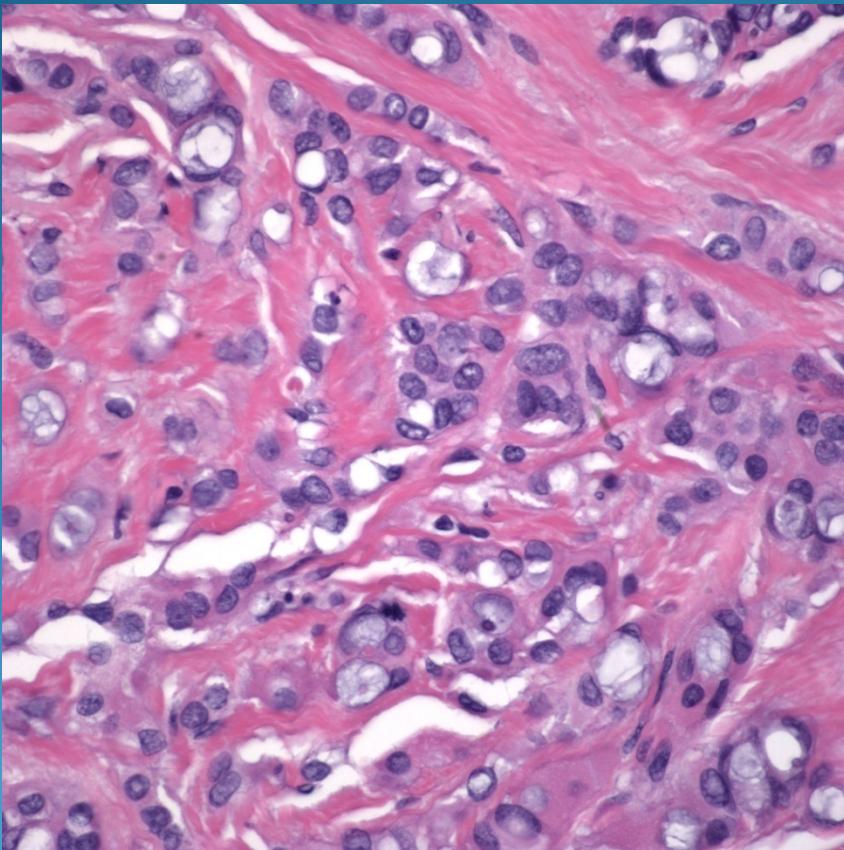






Metastatic Adenocarcinoma,
Consistent with Breast Primary

Pearls



- Malignant glands, some of which show signet ring appearance
- Lymphovascular invasion common
- Clinical history and IHC
- Local recurrence rules out a metastases