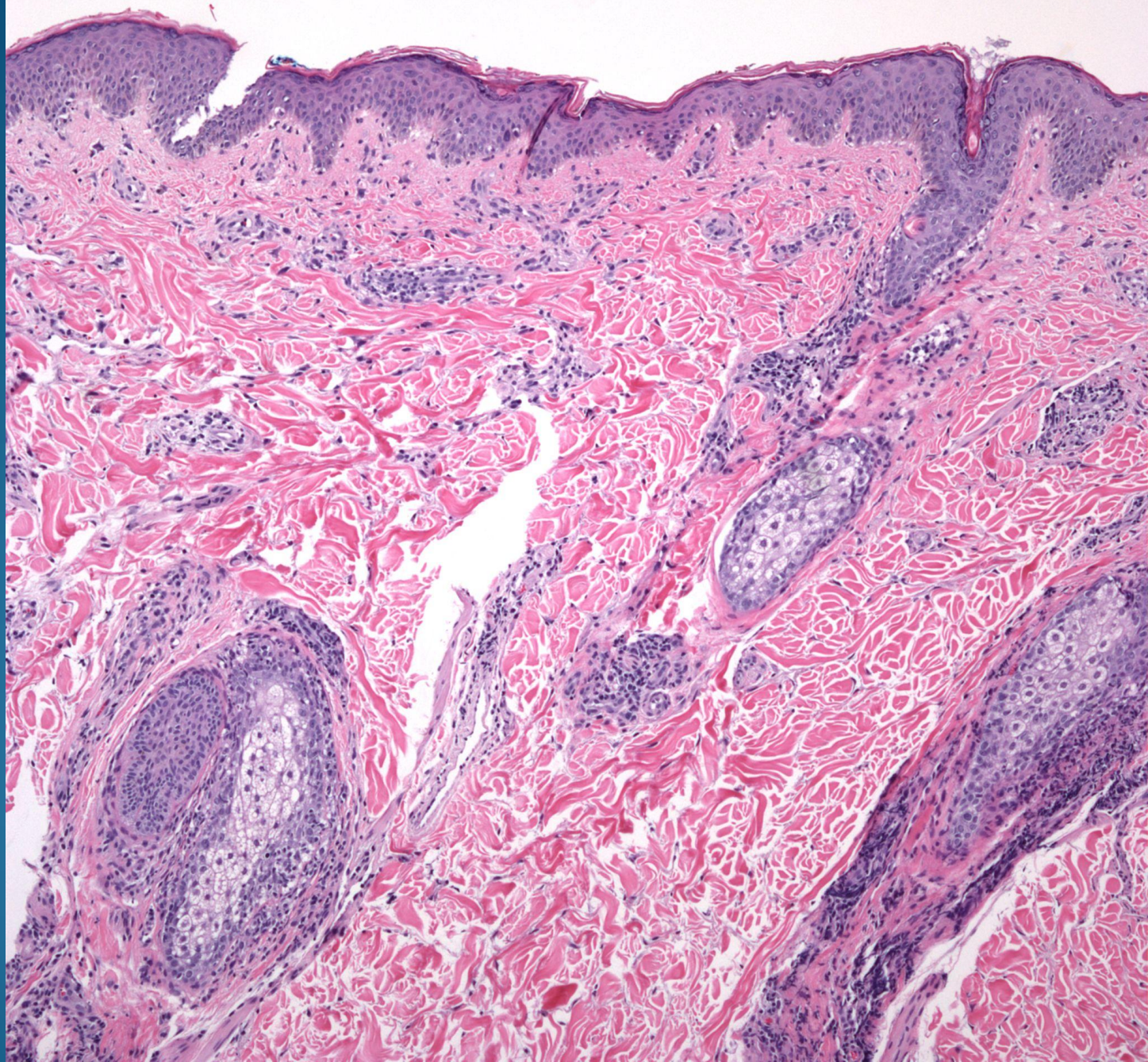


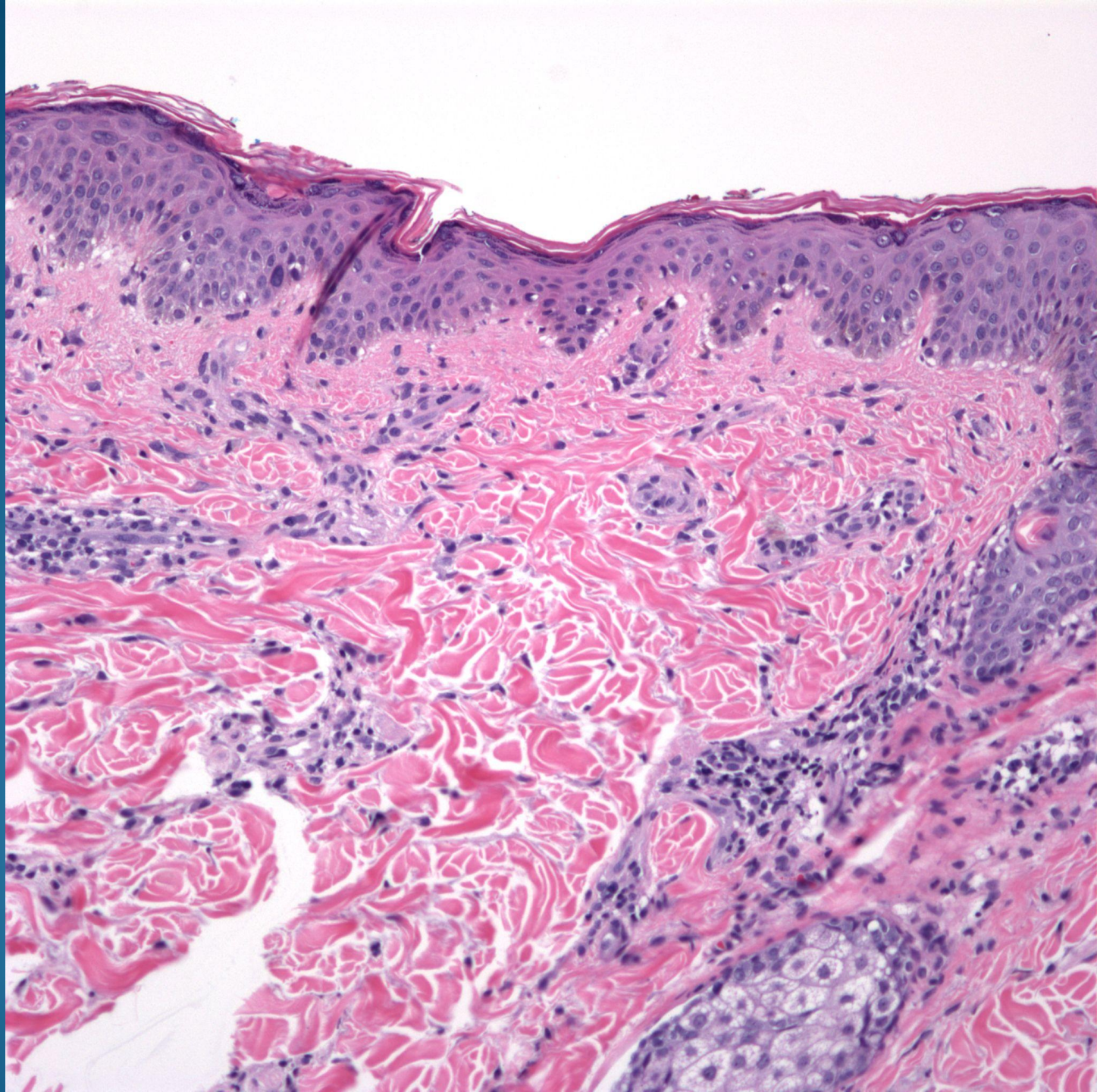
Dermatopathology

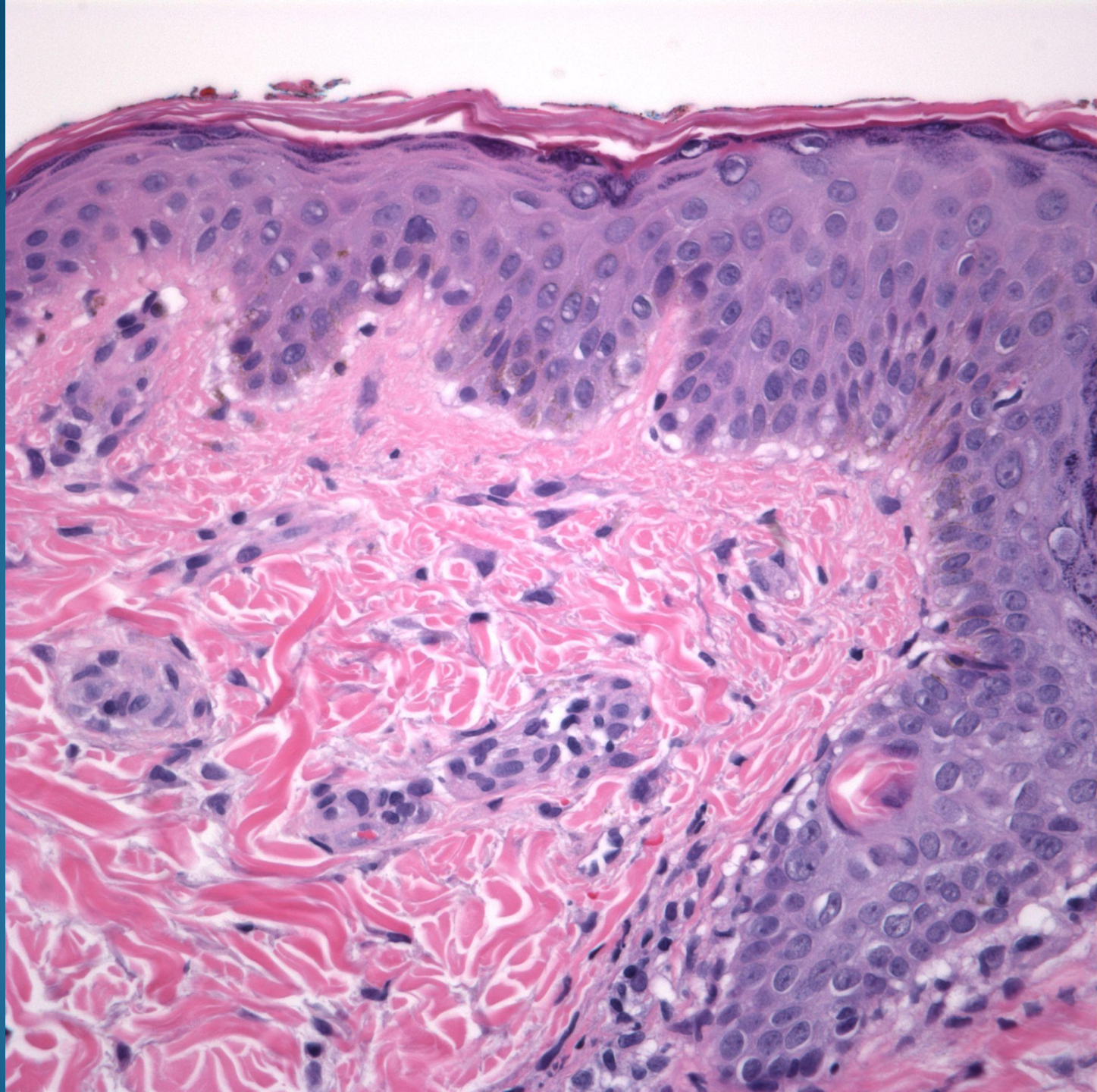
Slide Review Part 32

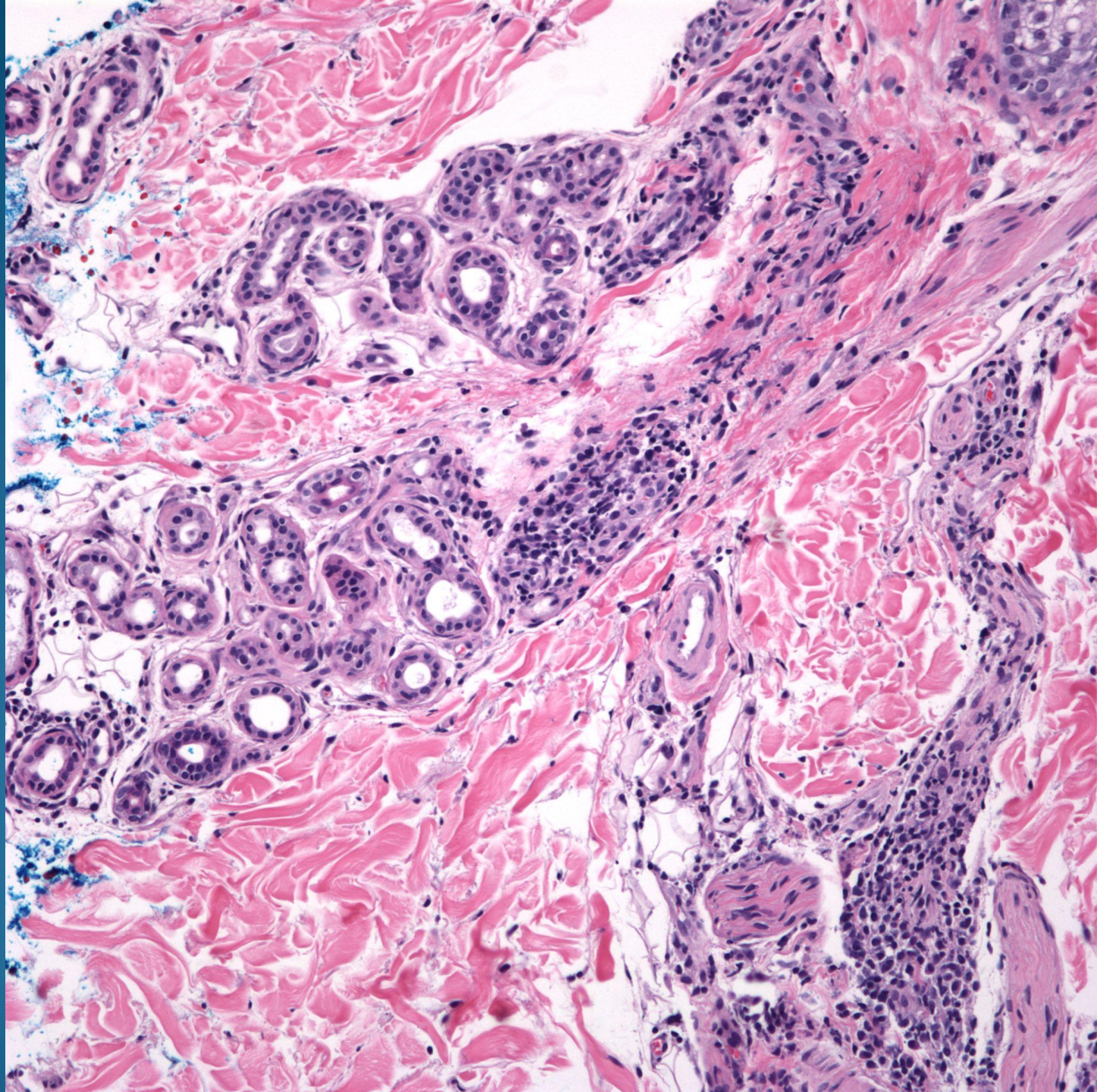
Paul K. Shitabata, M.D.
Dermatopathology Institute

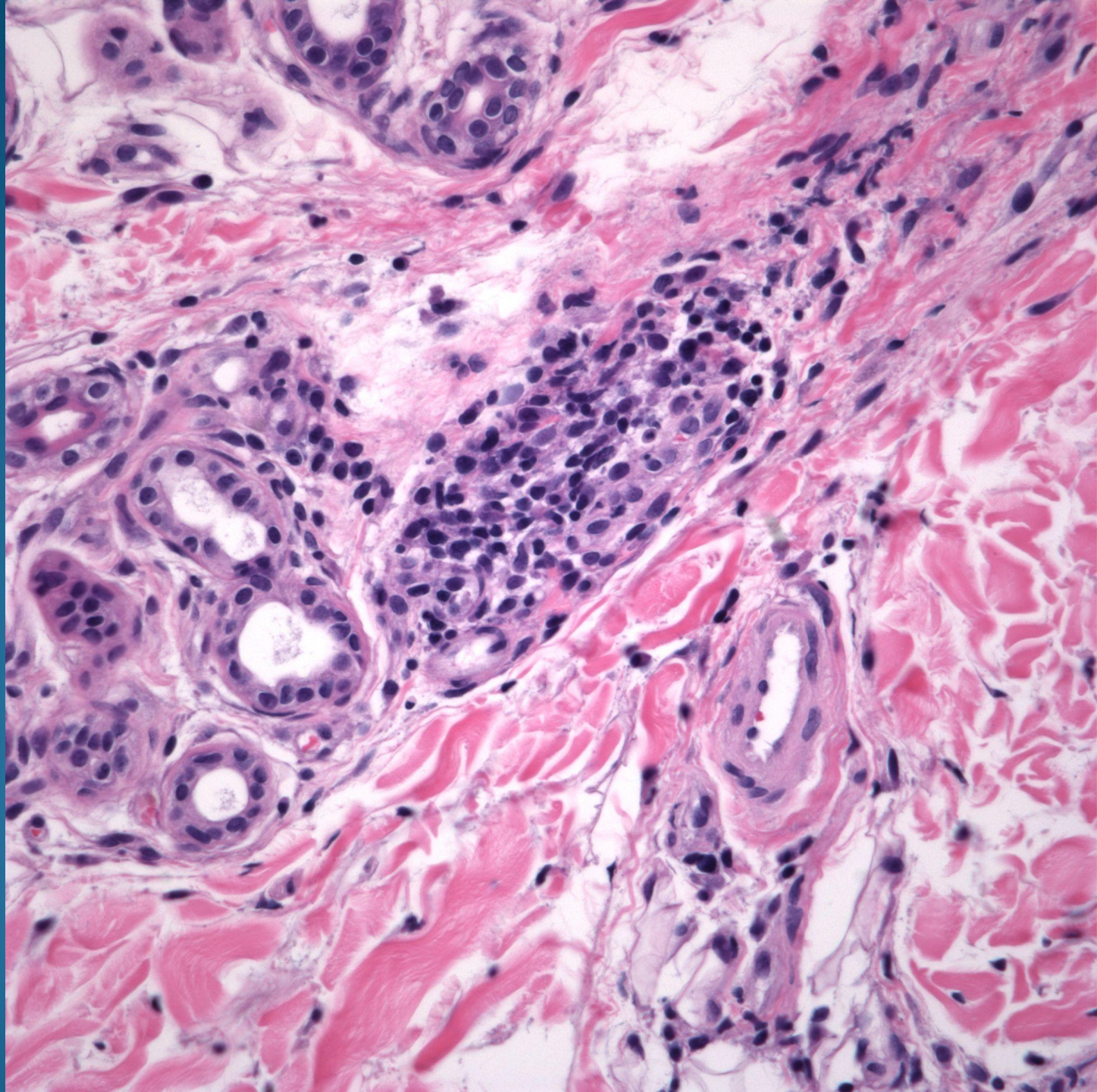


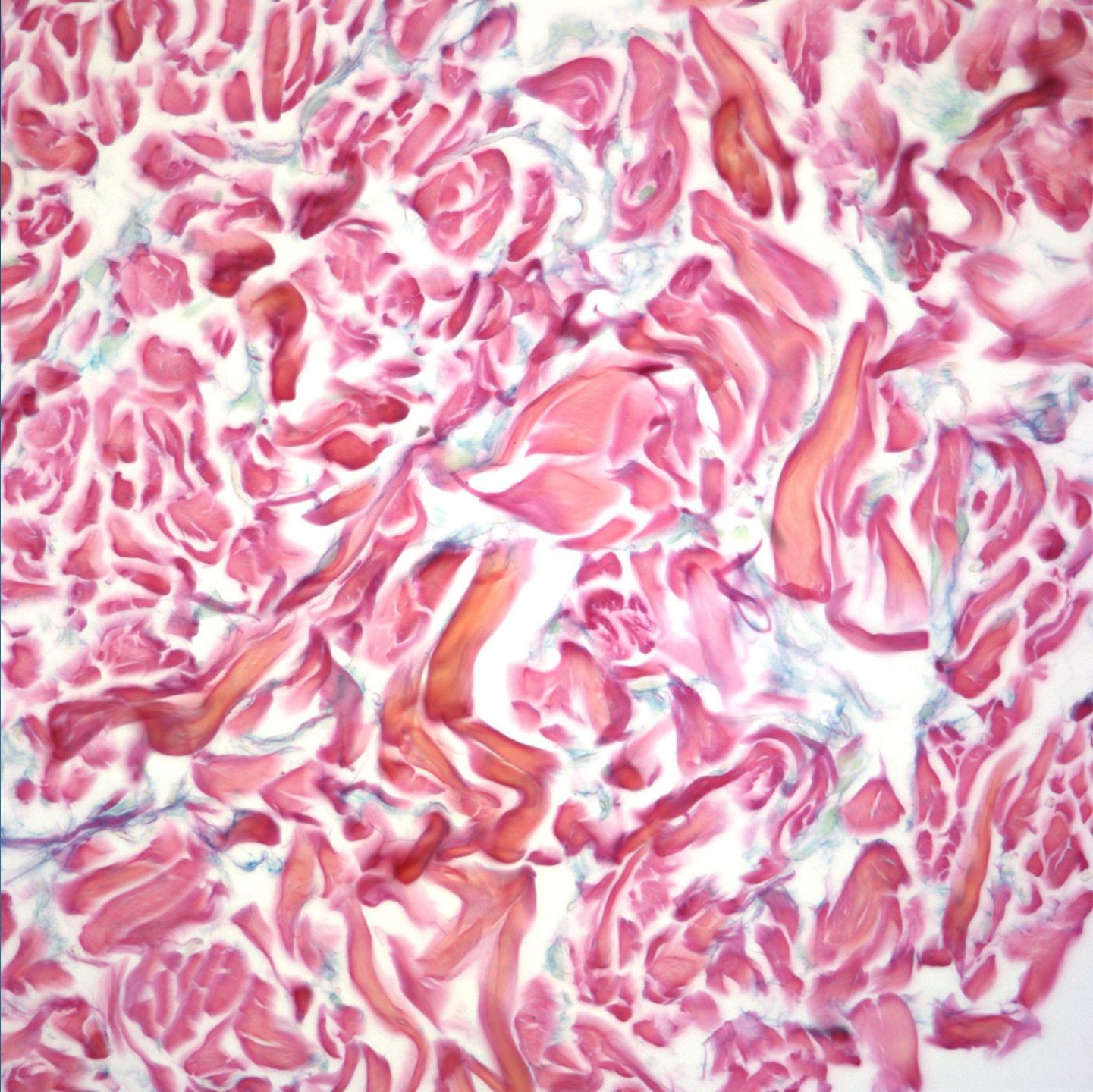






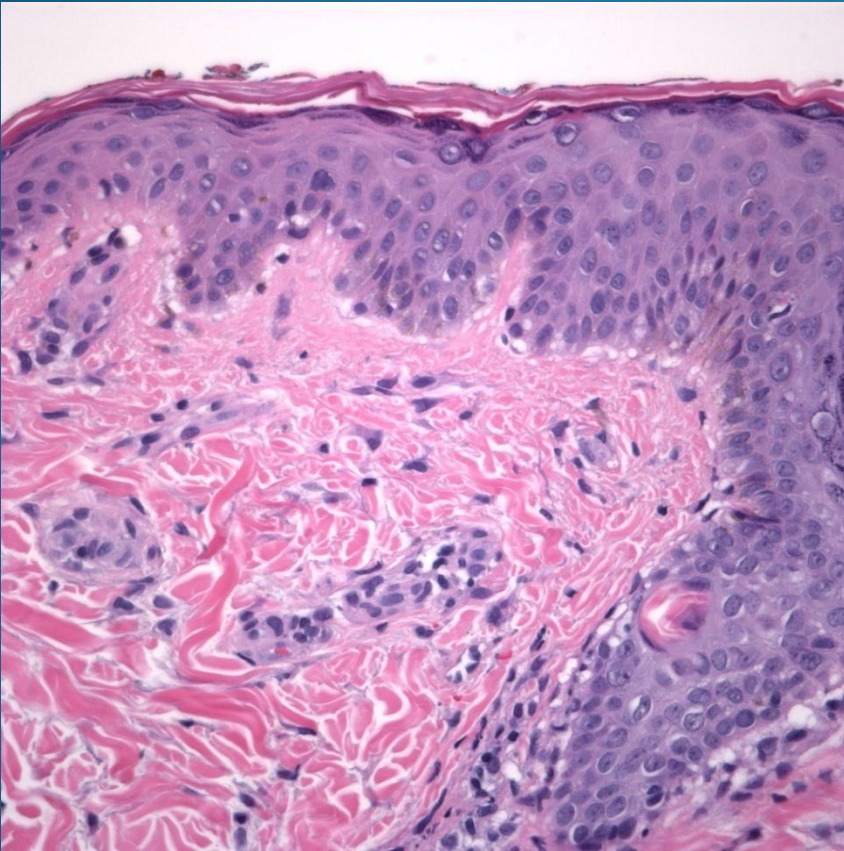




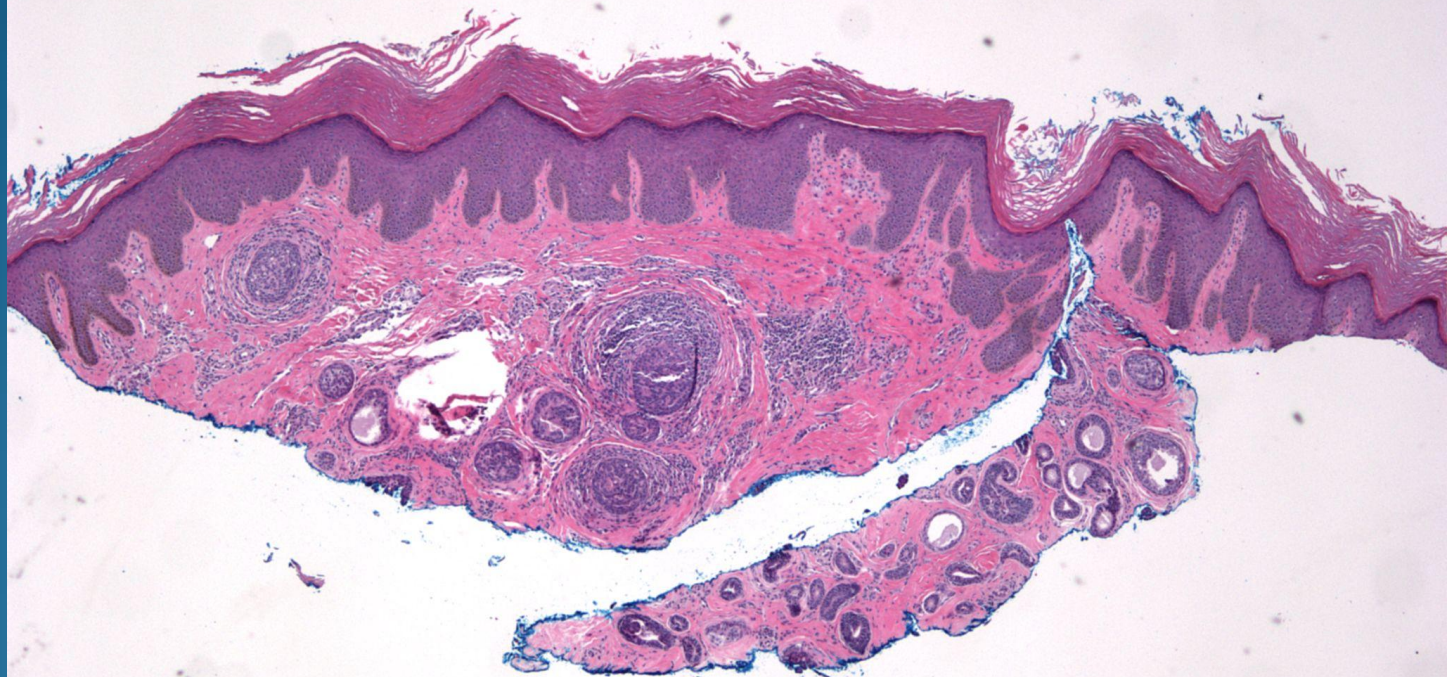


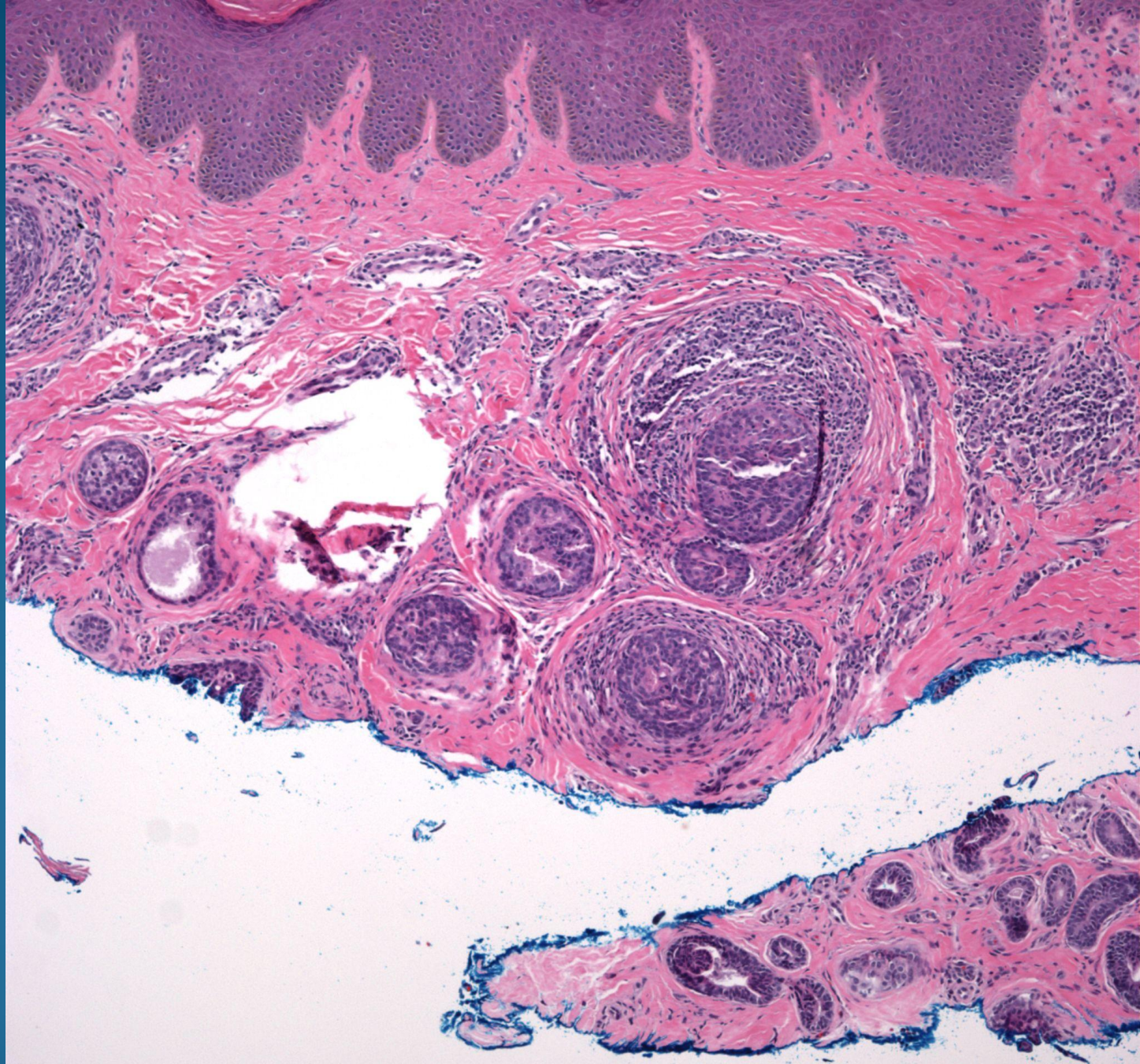
Lupus Erythematosus with Tumid Features

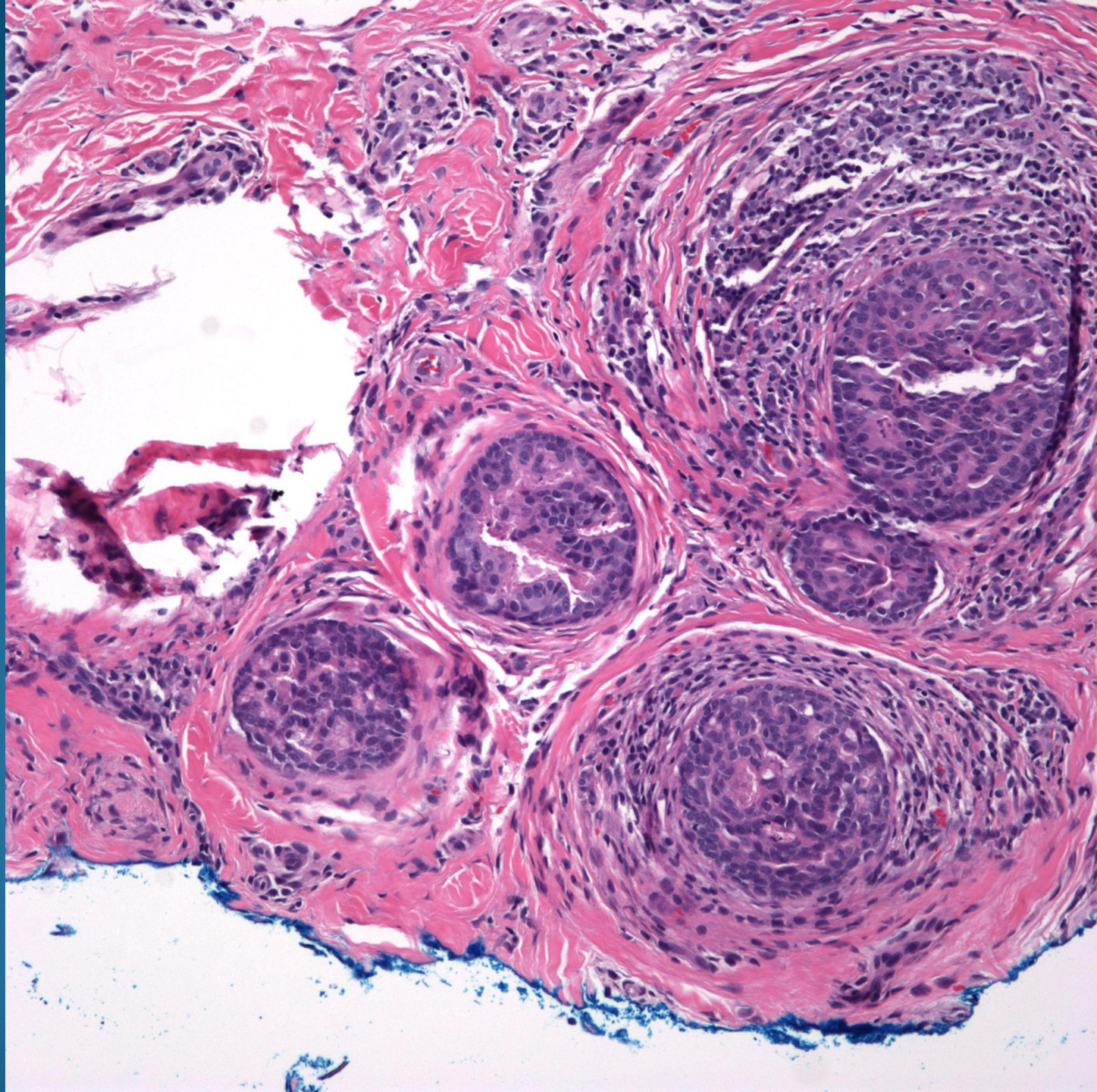
Pearls

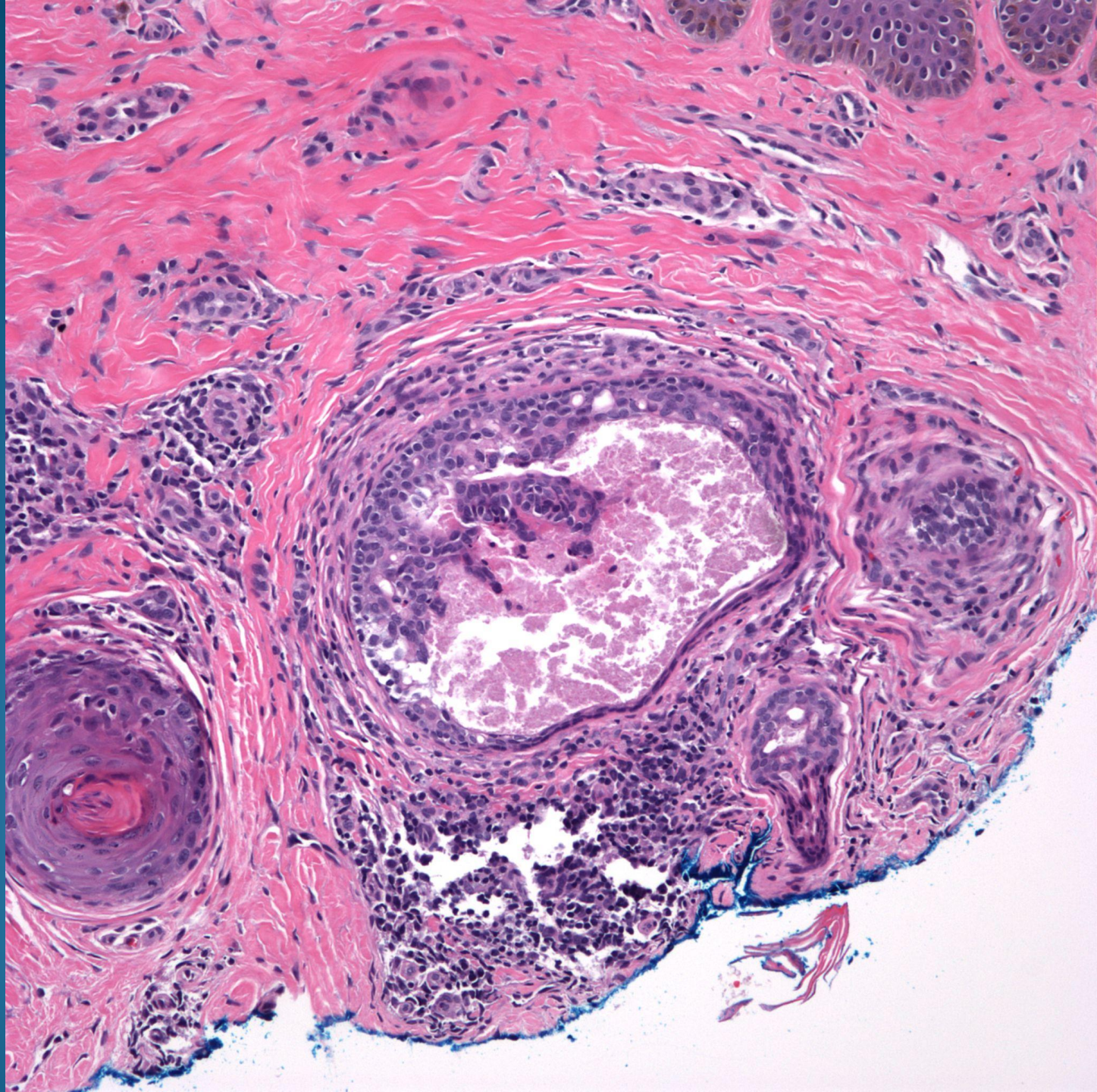


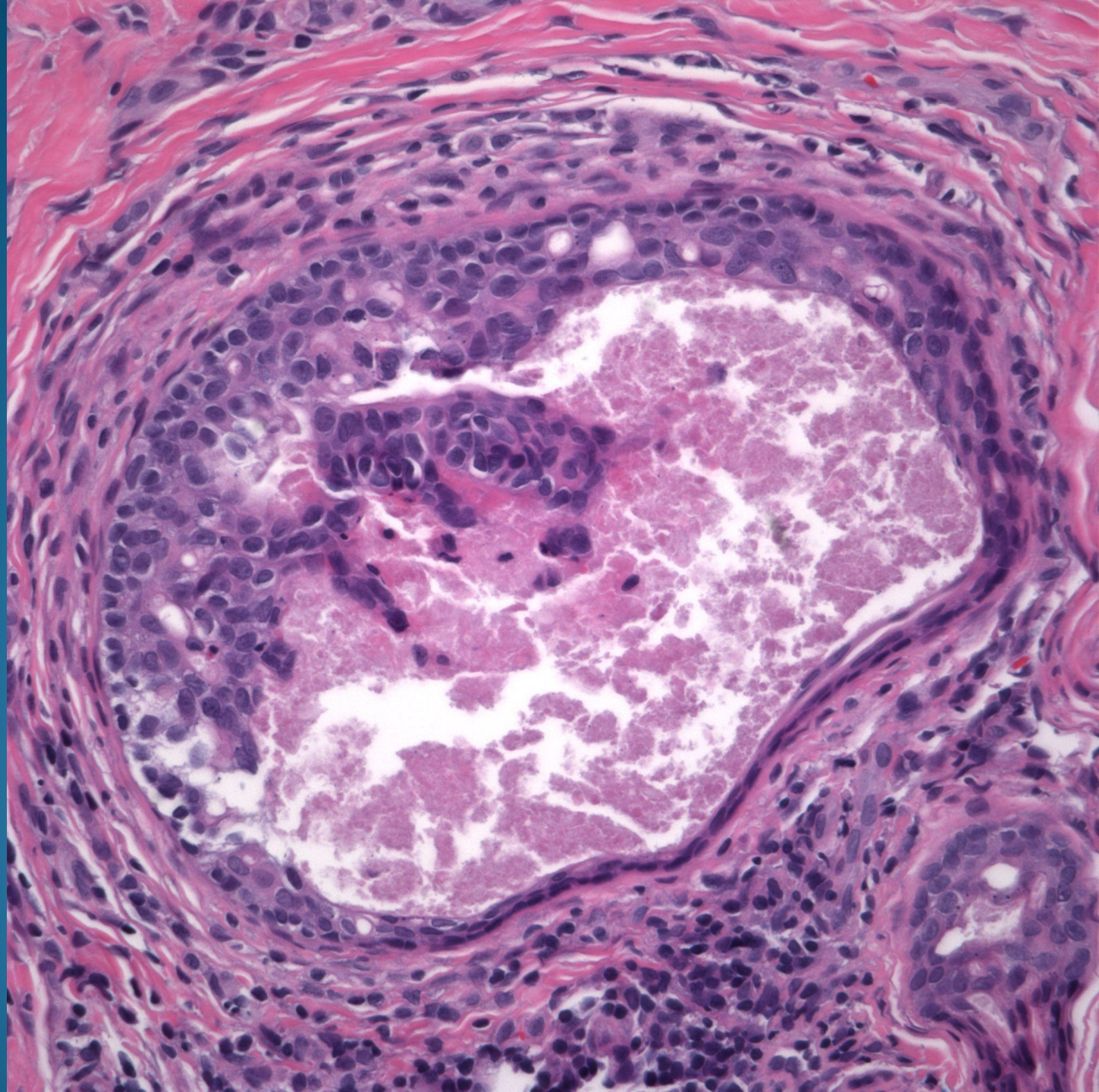
- Subtle and cell poor interface dermatitis
- Periadnexal and perivascular lymphocytic infiltrate
- Dermal mucinosis

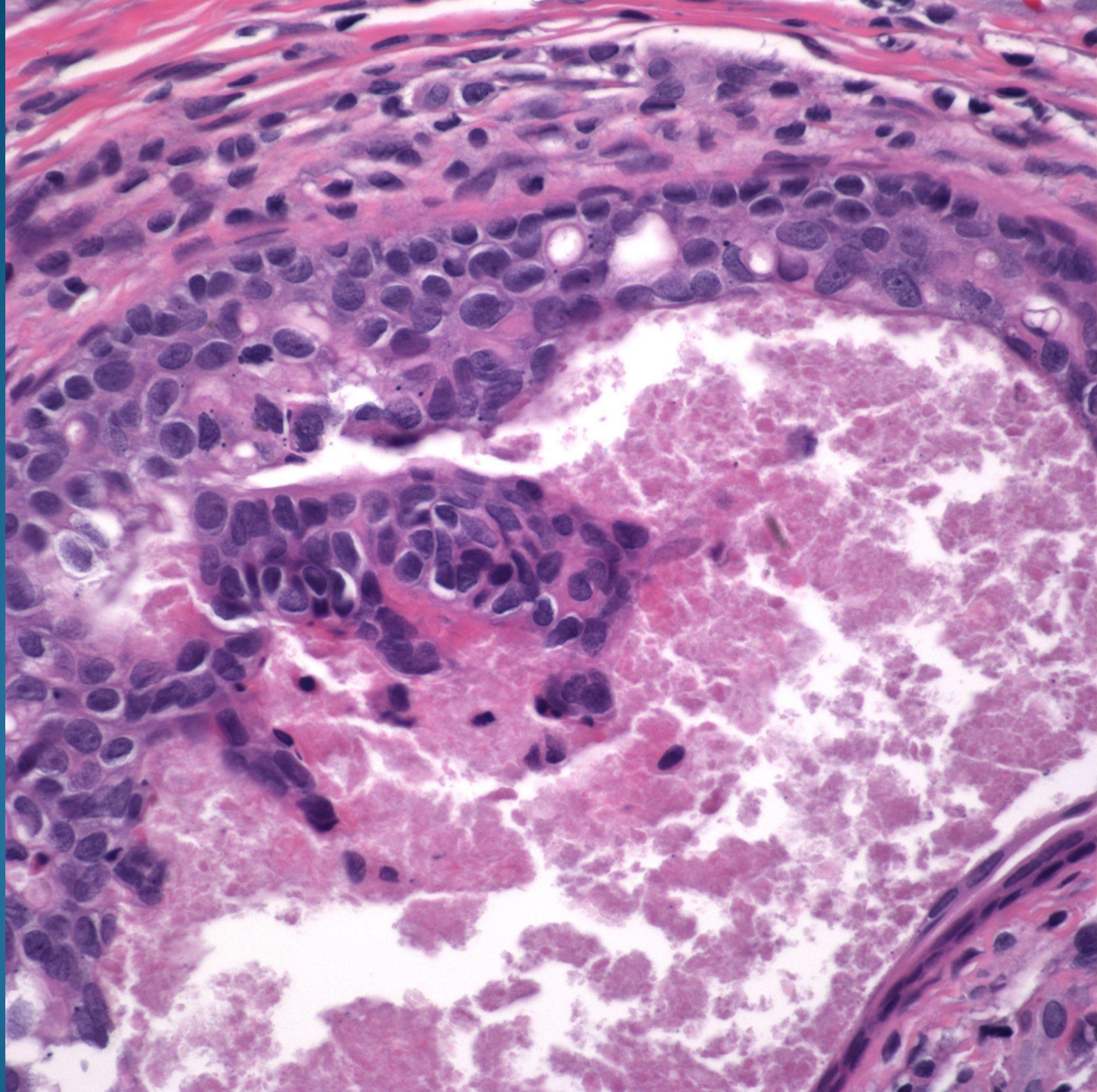






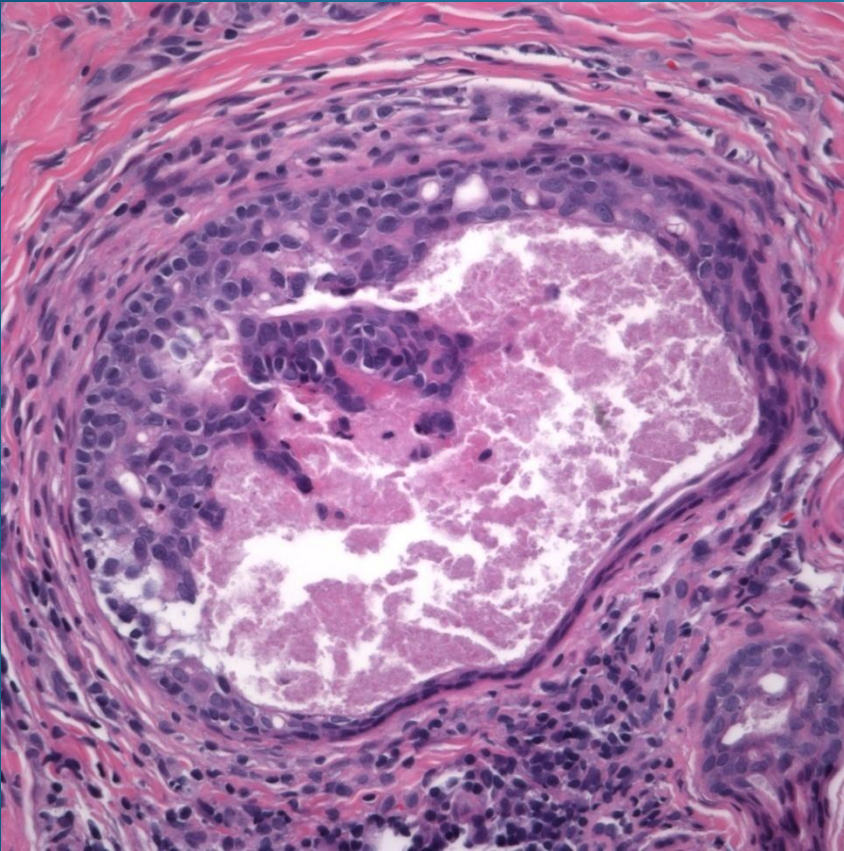




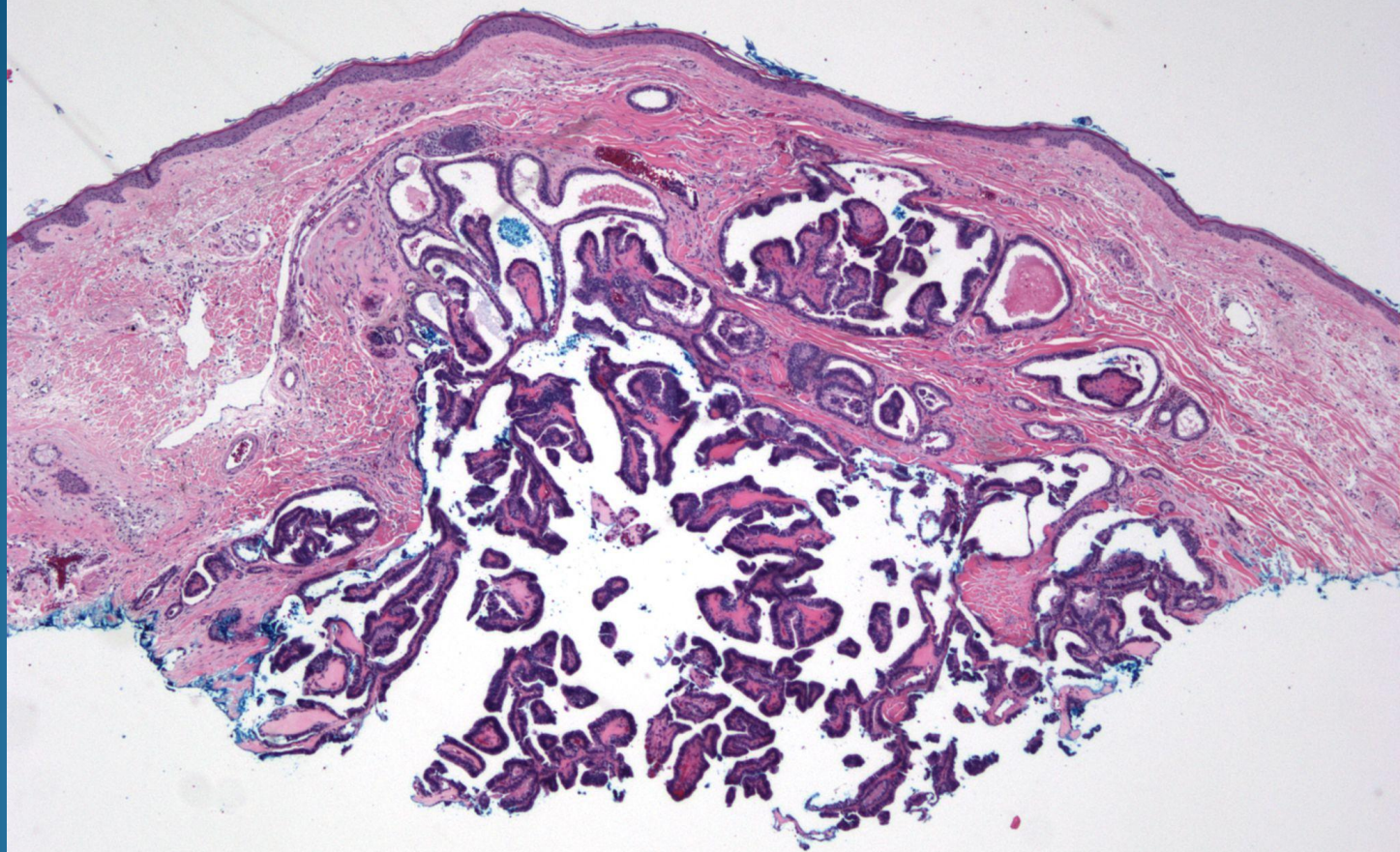


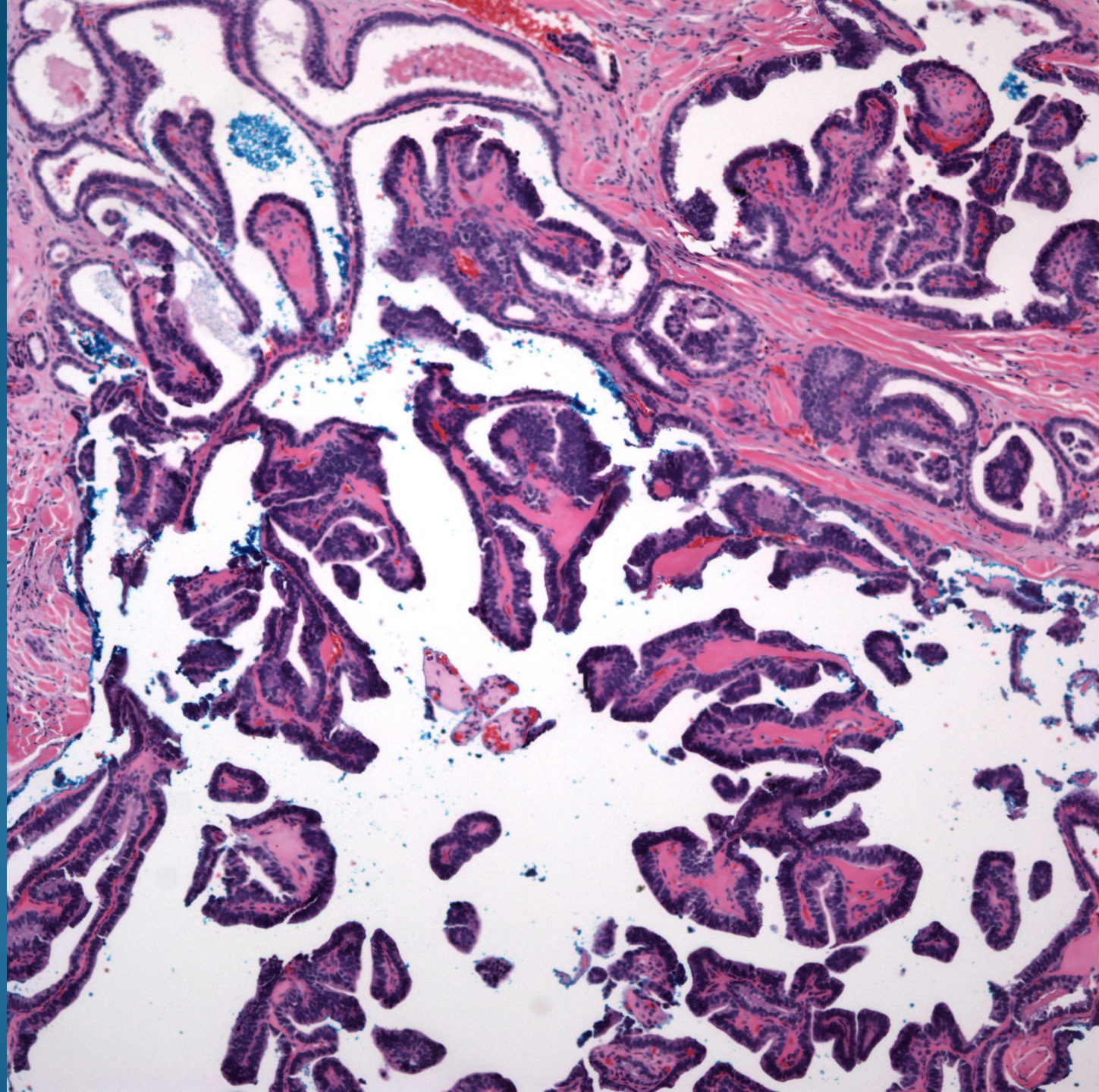
Papillary Eccrine Adenoma

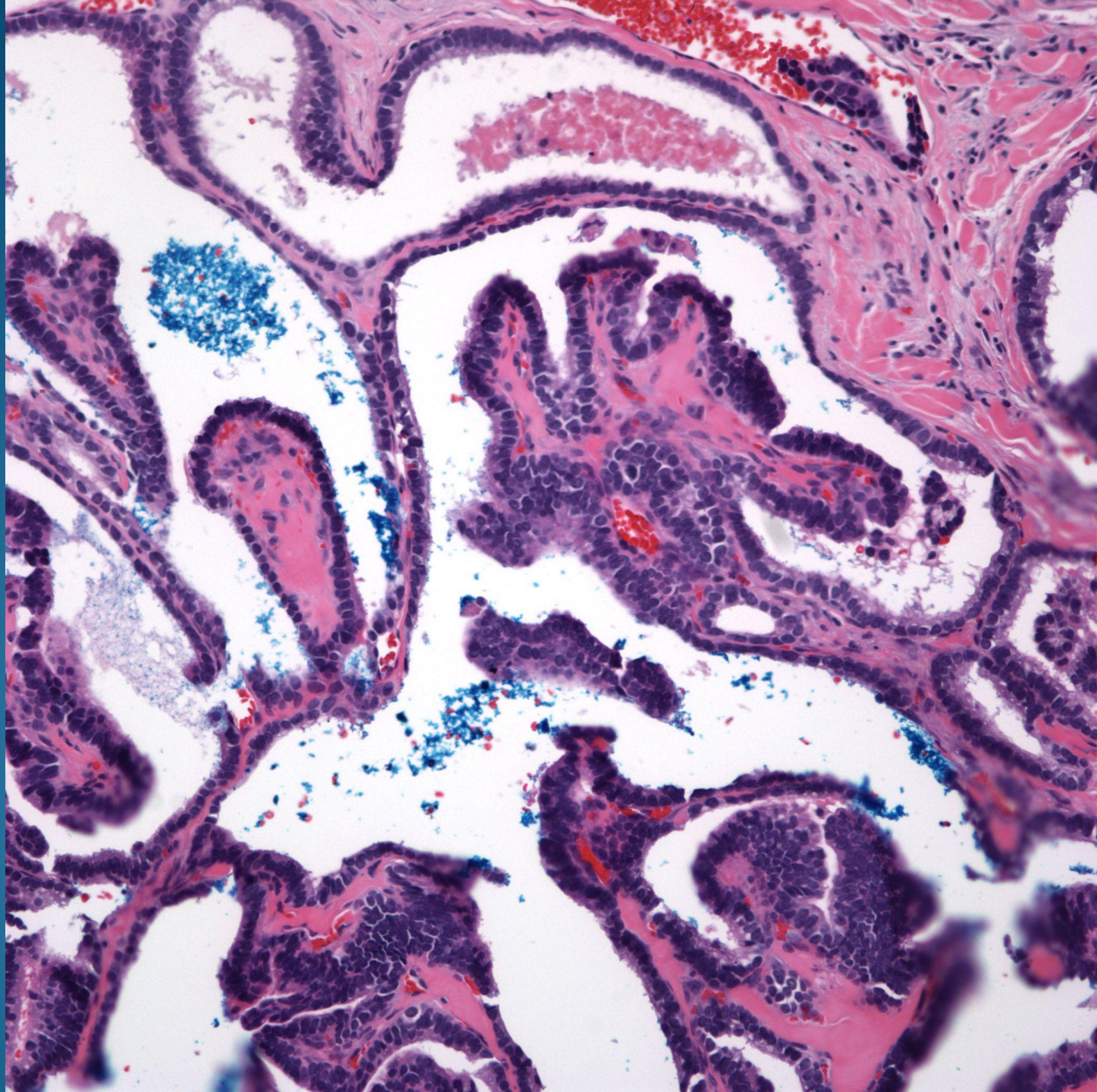
Pearls

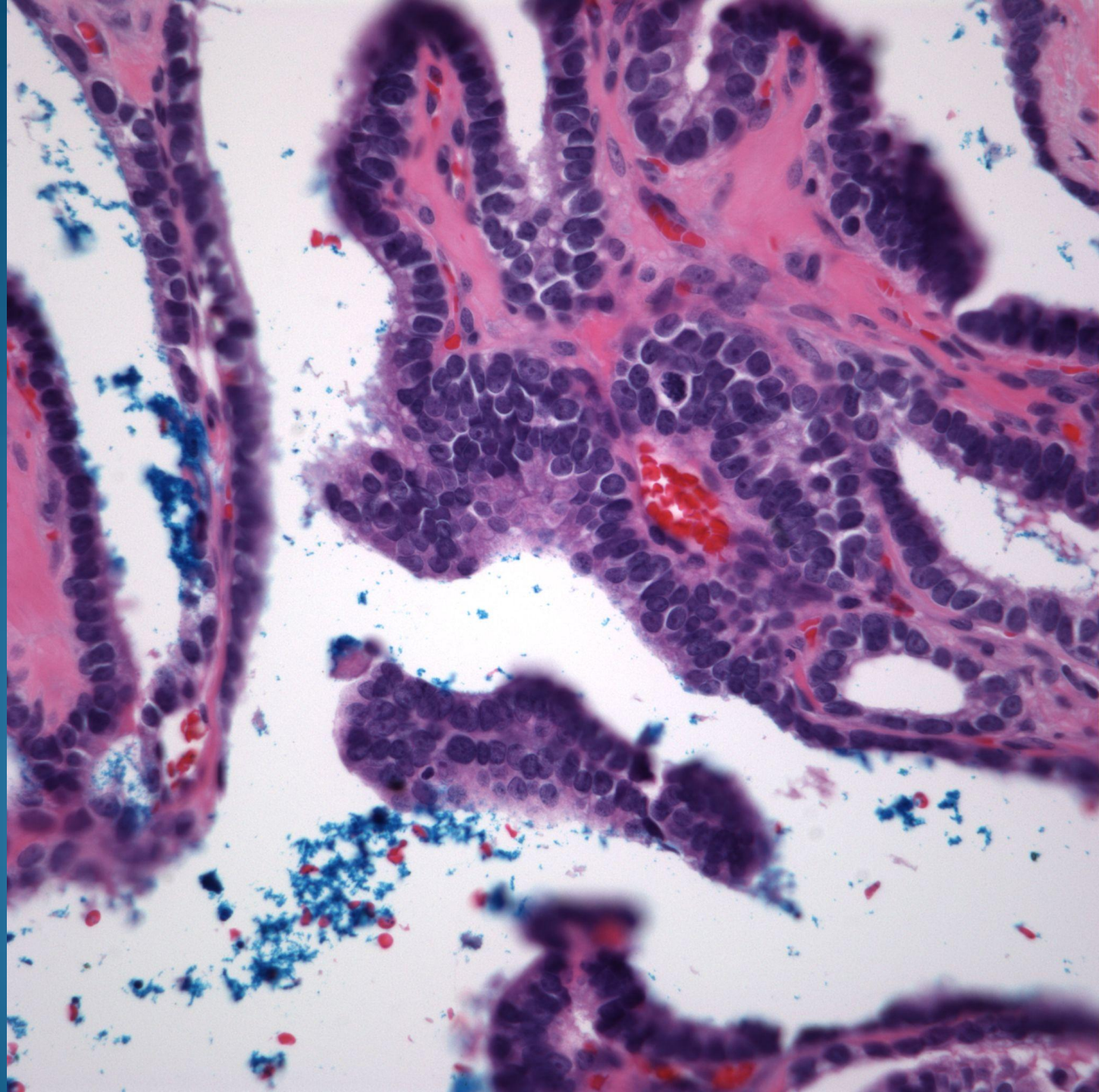


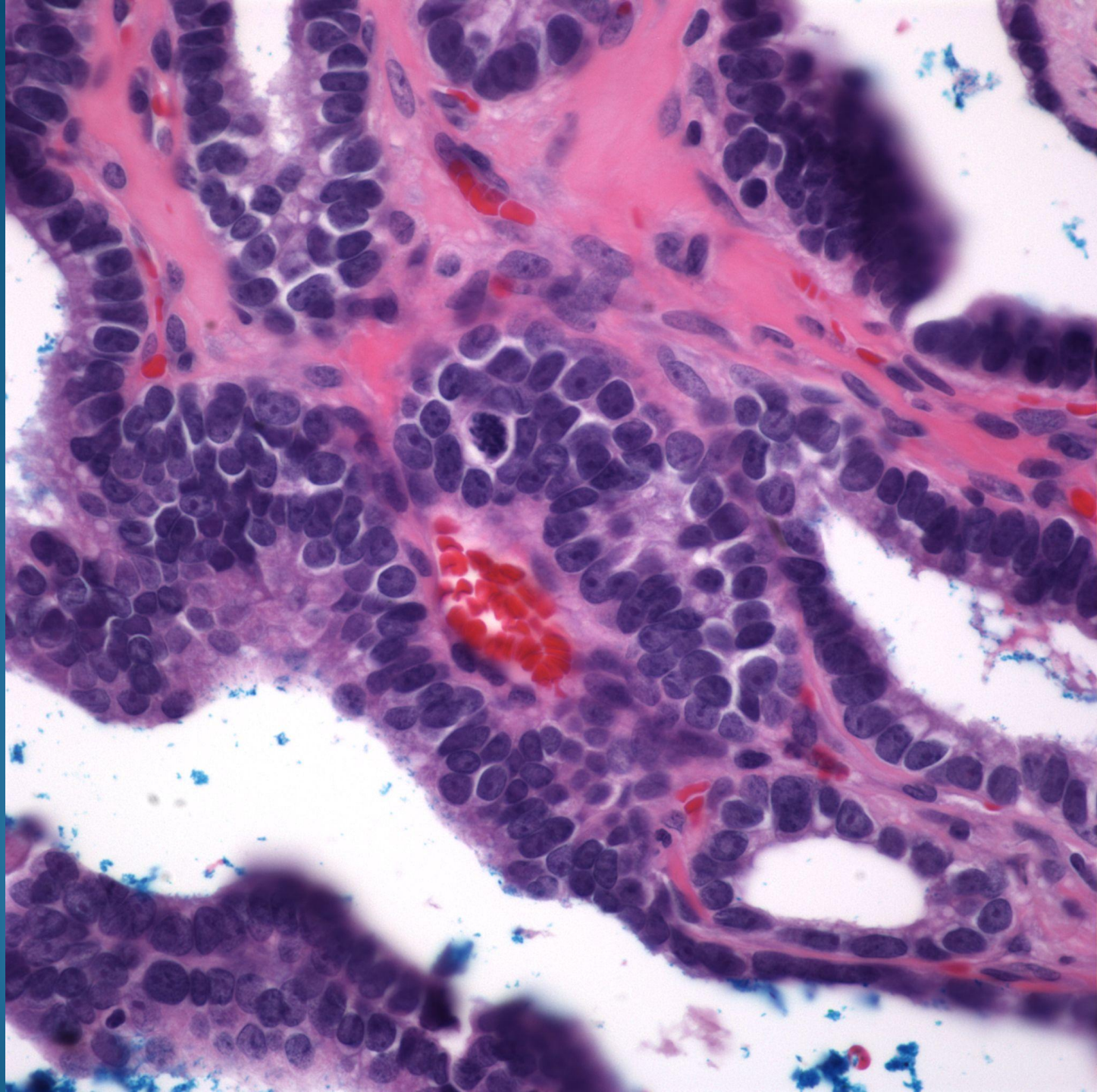
- Expanded Ducts with papillary projections
- Cytologically bland keratinocytes
- Luminal necrosis
- Resembles Ductal Carcinoma in situ of the breast

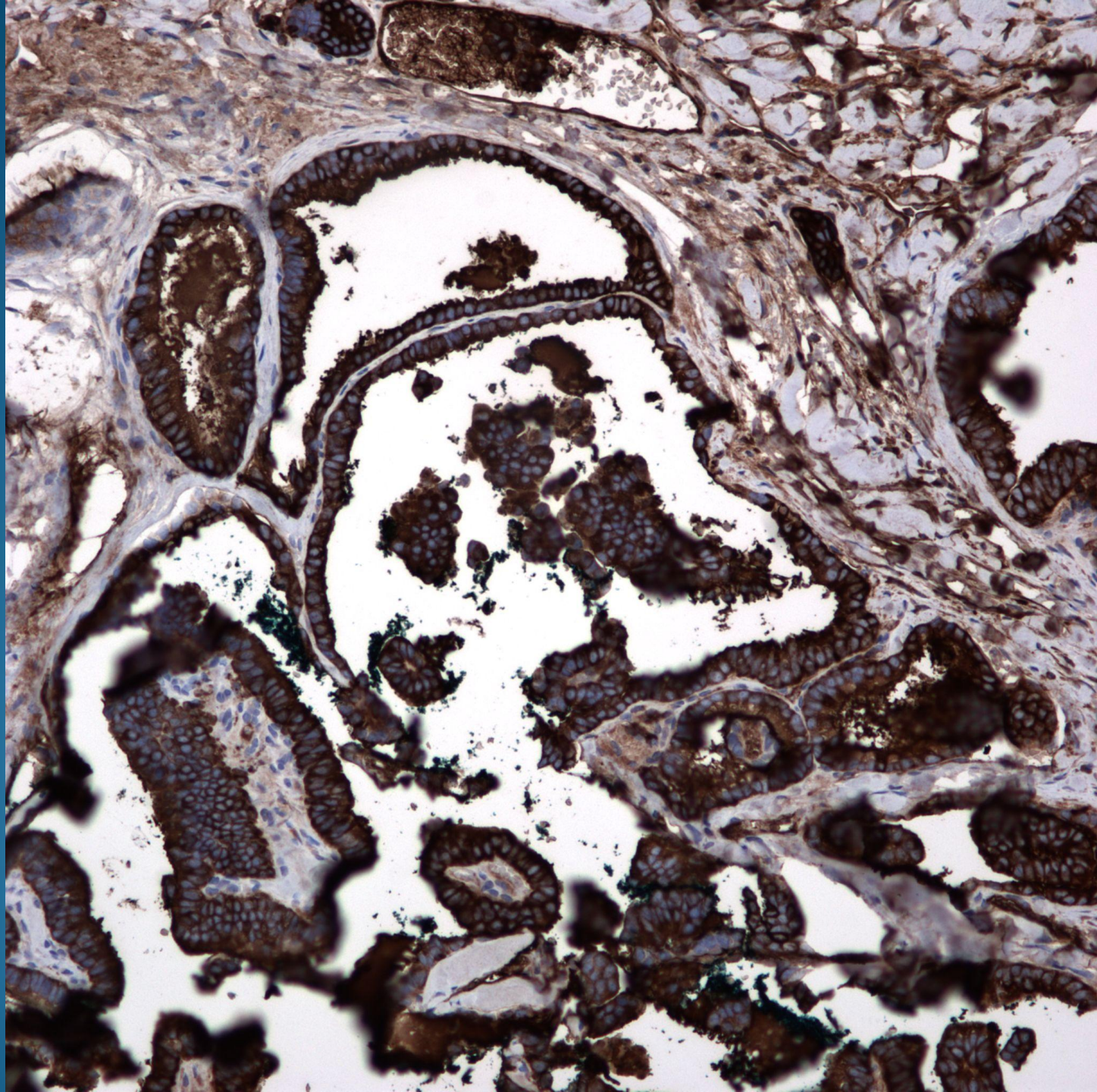






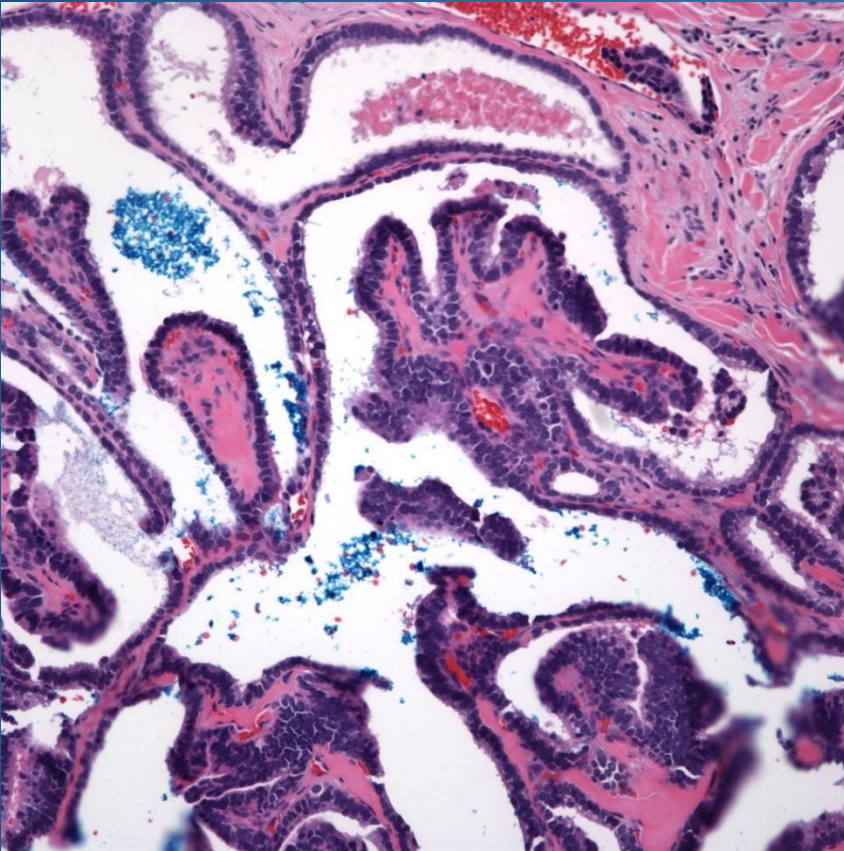




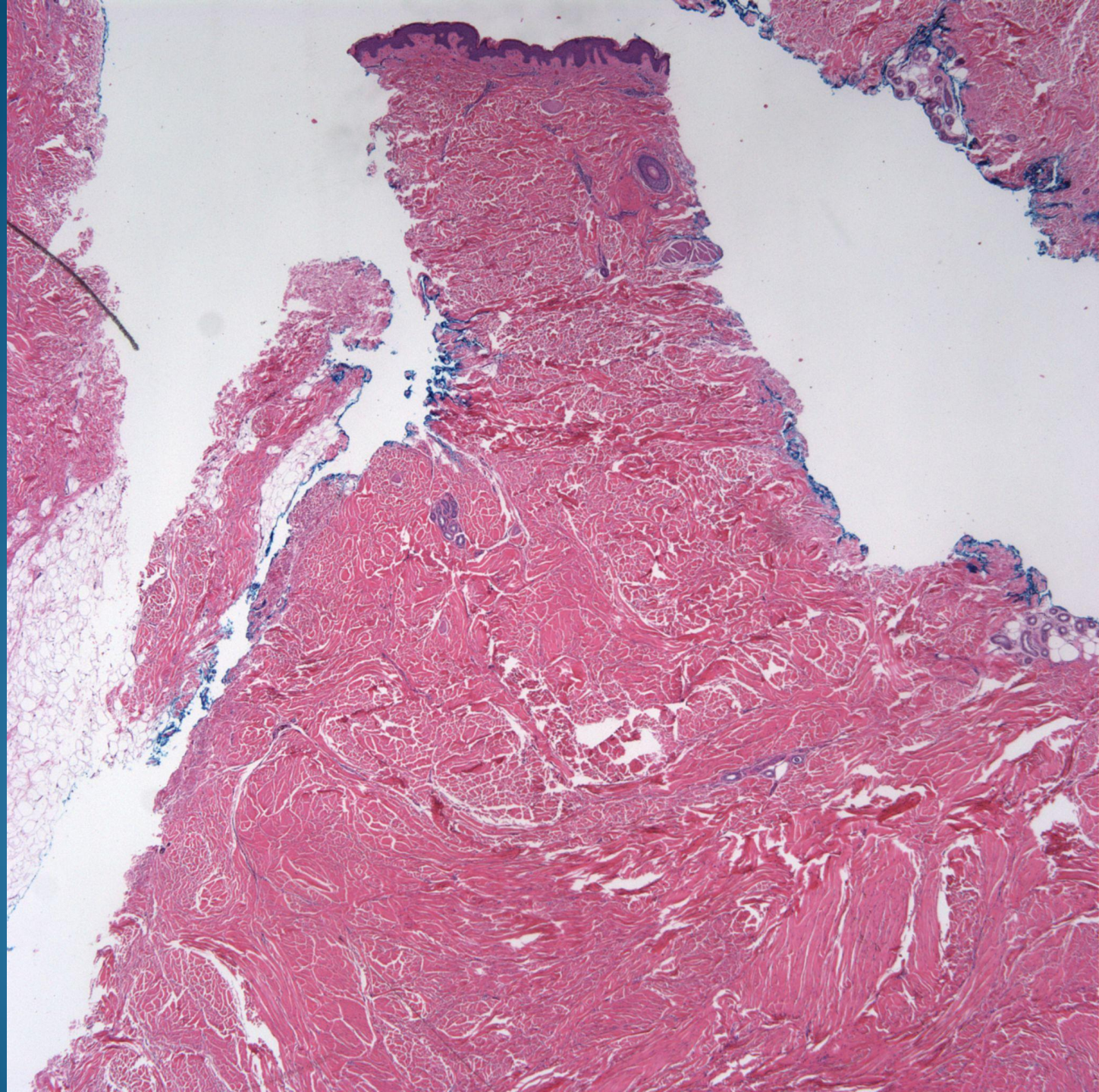


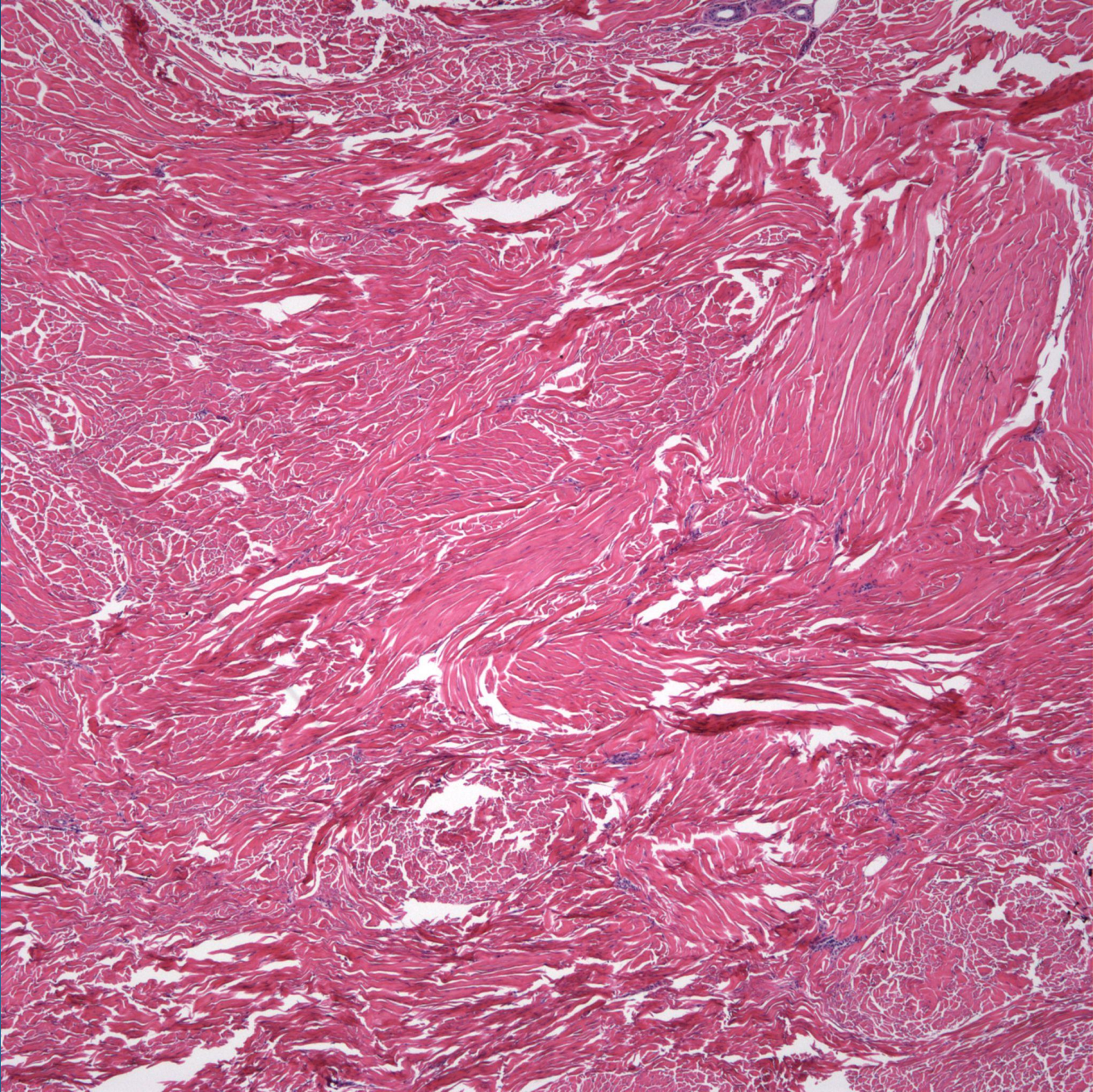
Metastatic Papillary Adenocarcinoma, Thyroid Primary

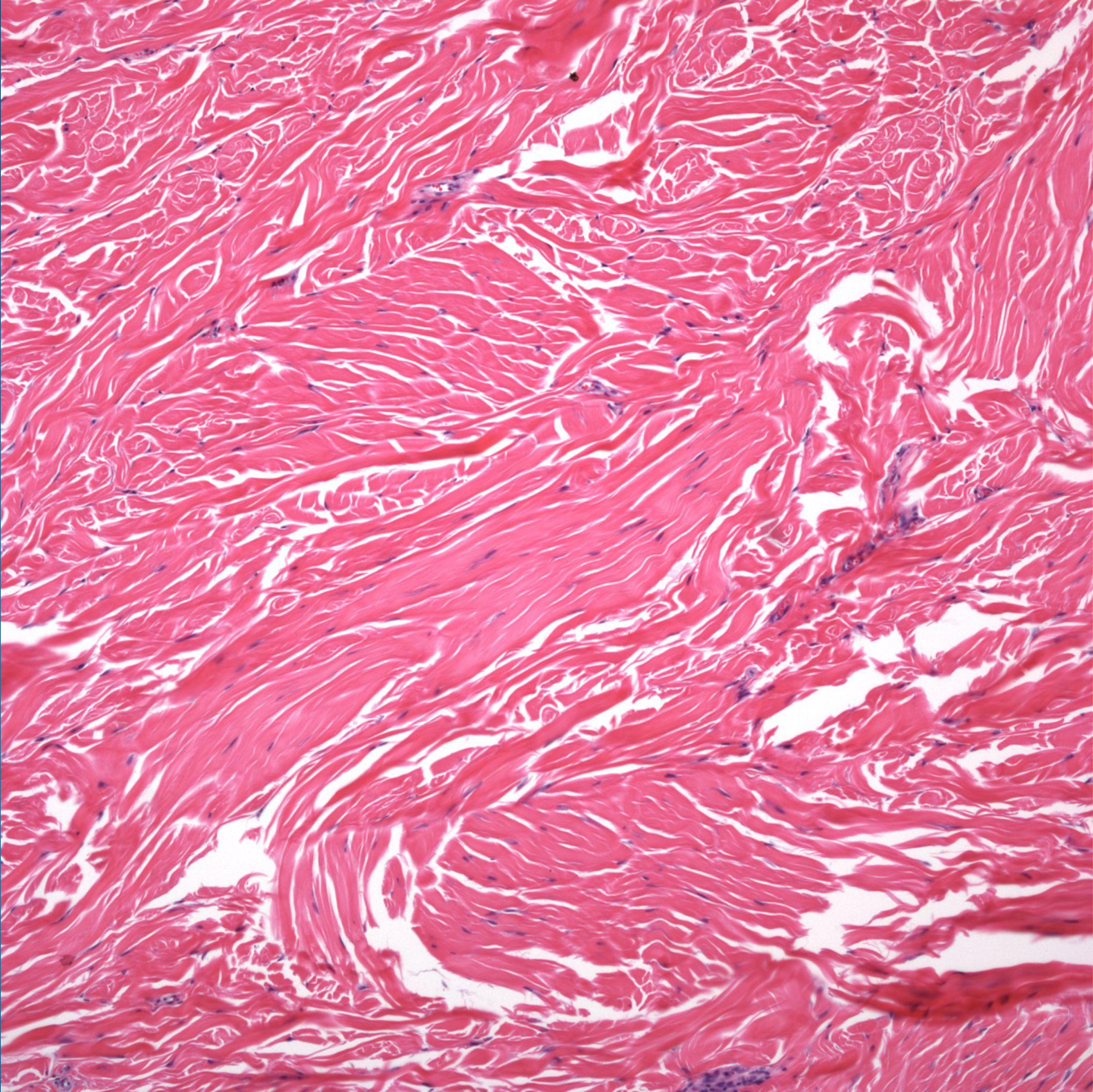
Pearls

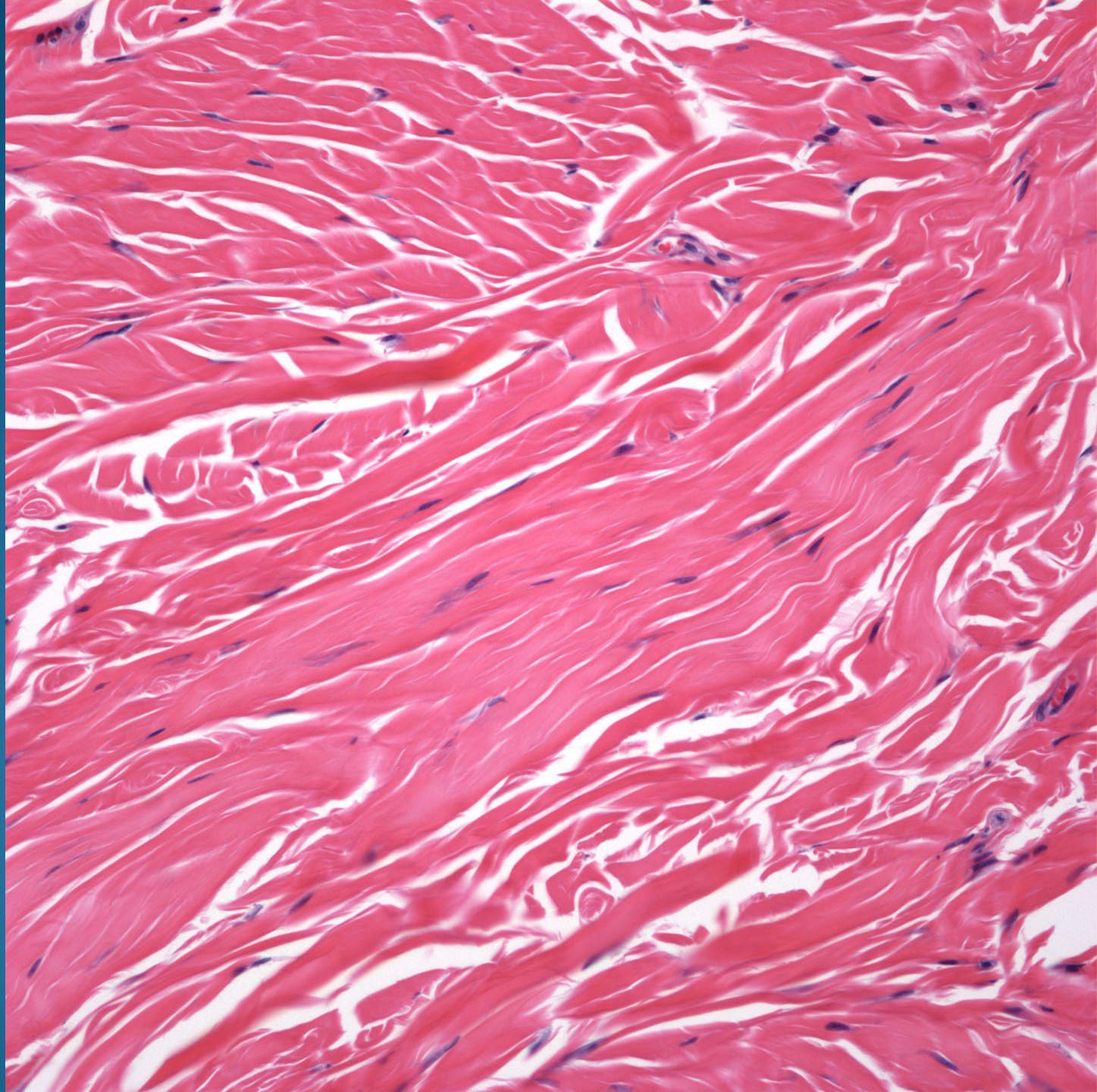


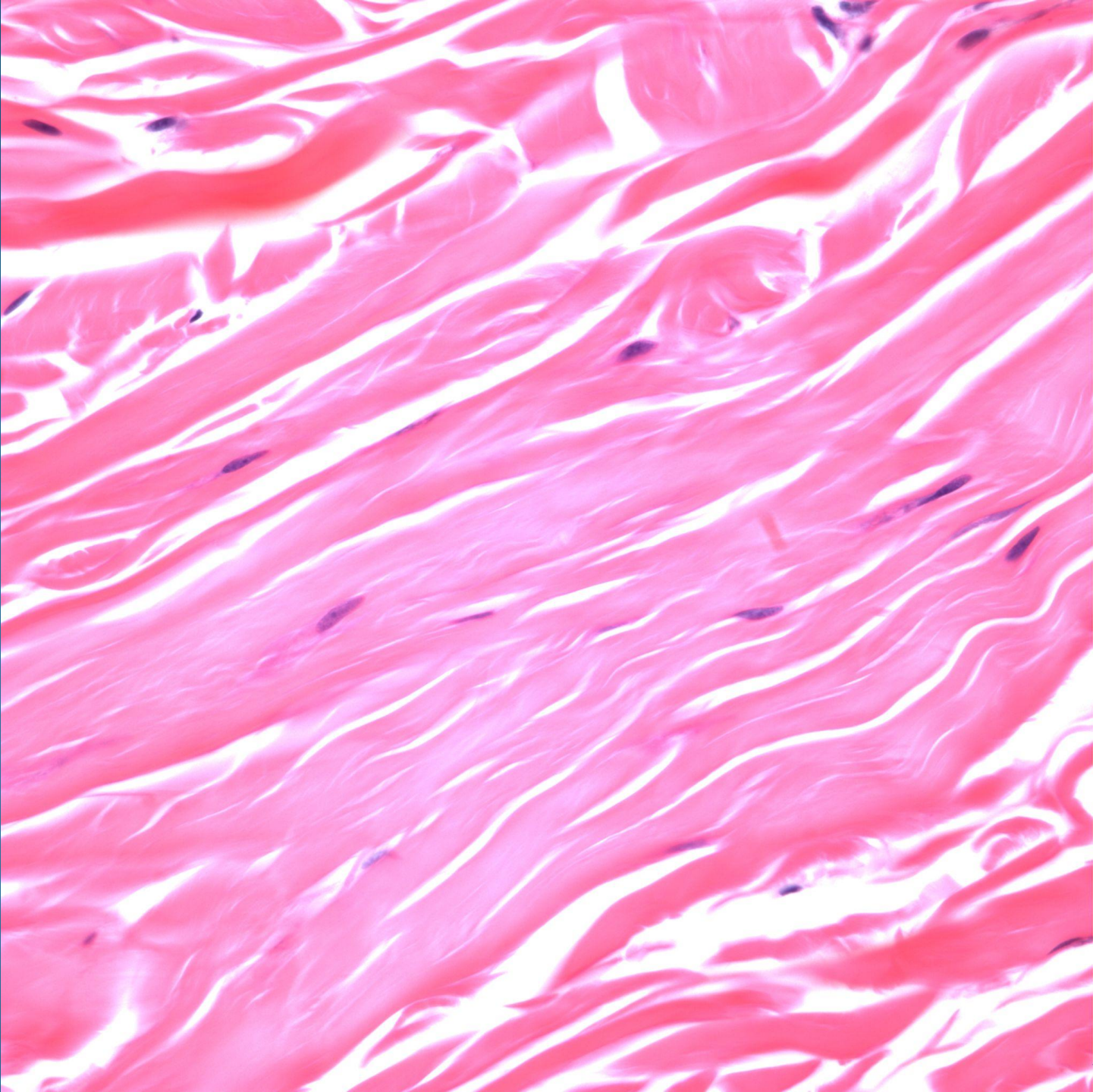
- Primary papillary carcinomas of the skin are exceedingly rare
- Look for true fibrovascular cores
- Metastatic carcinoma until proven otherwise
- May need IHC to confirm organ of origin

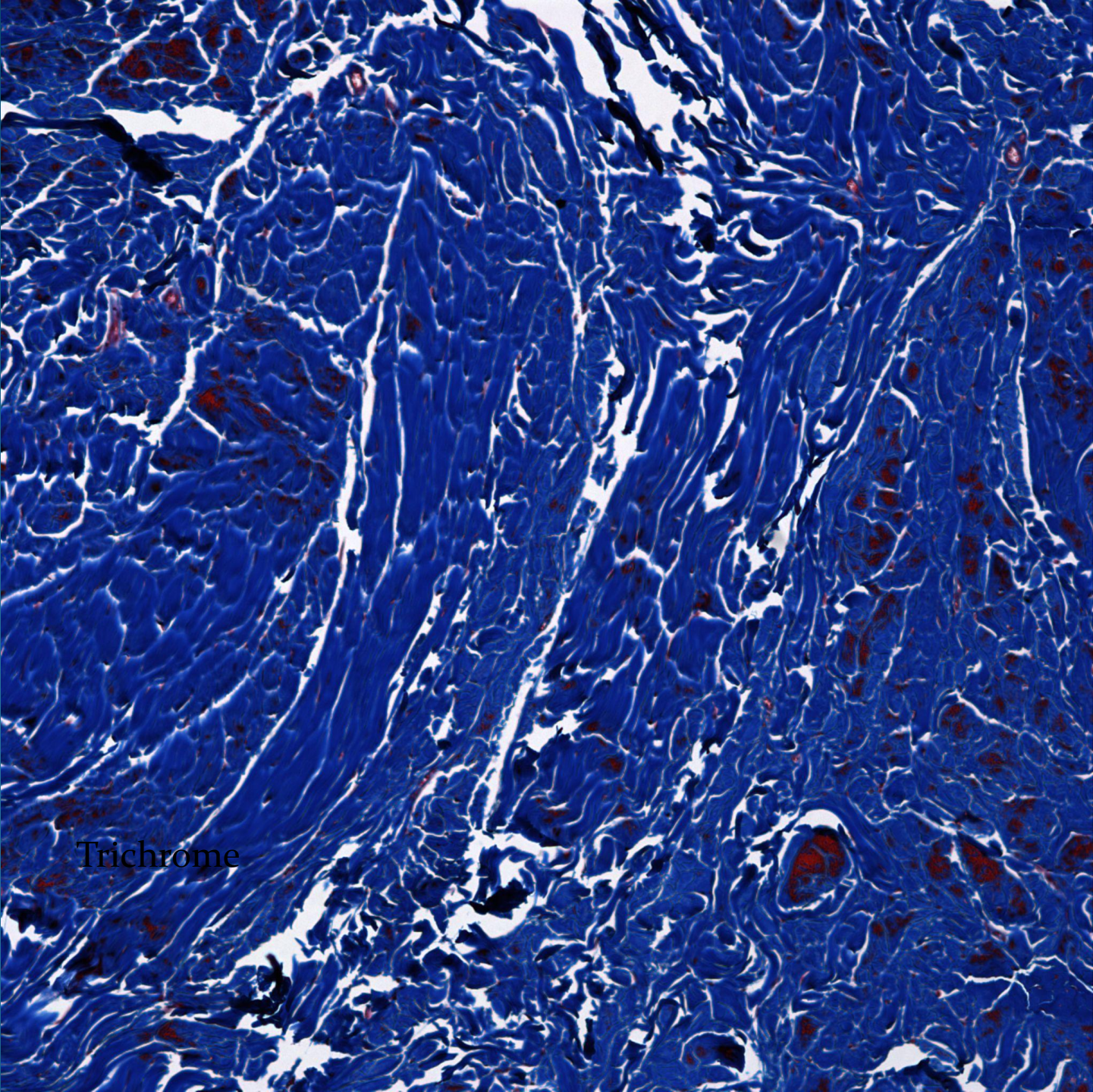








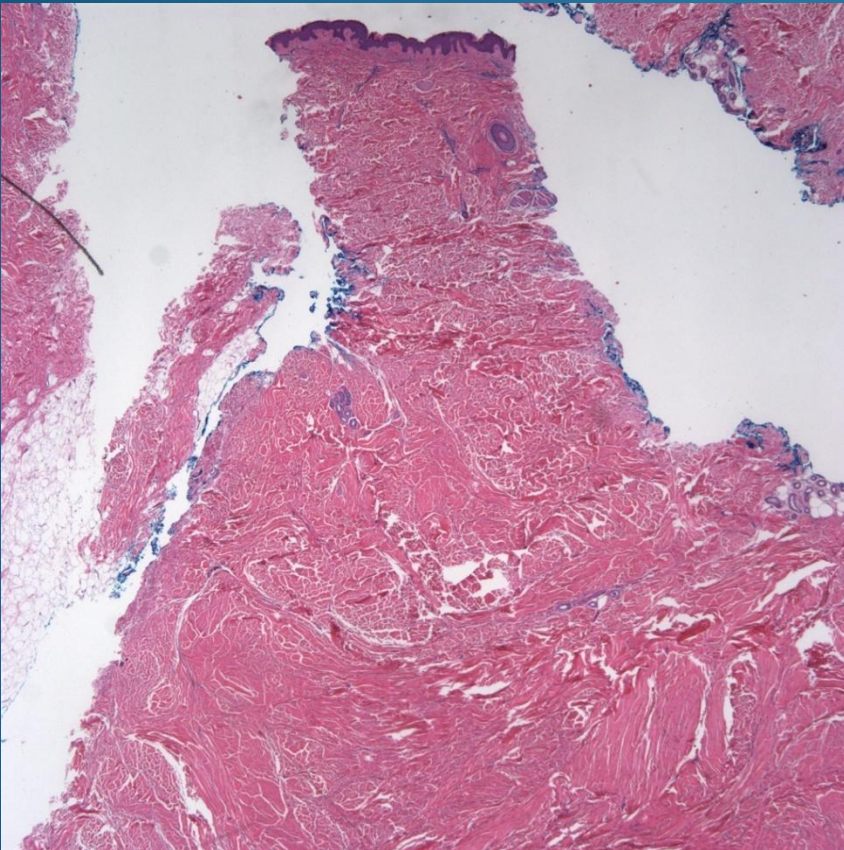




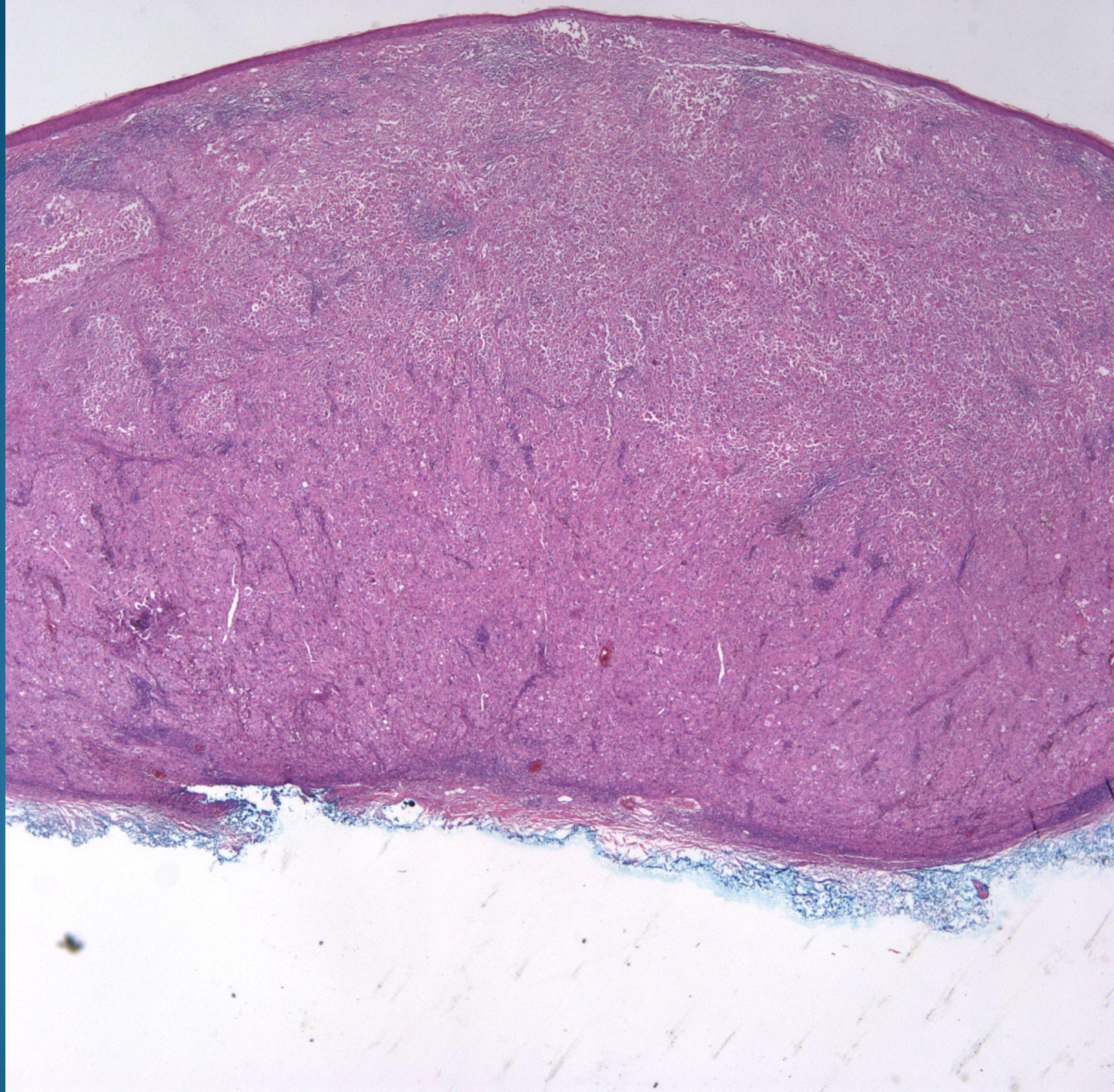
Trichrome

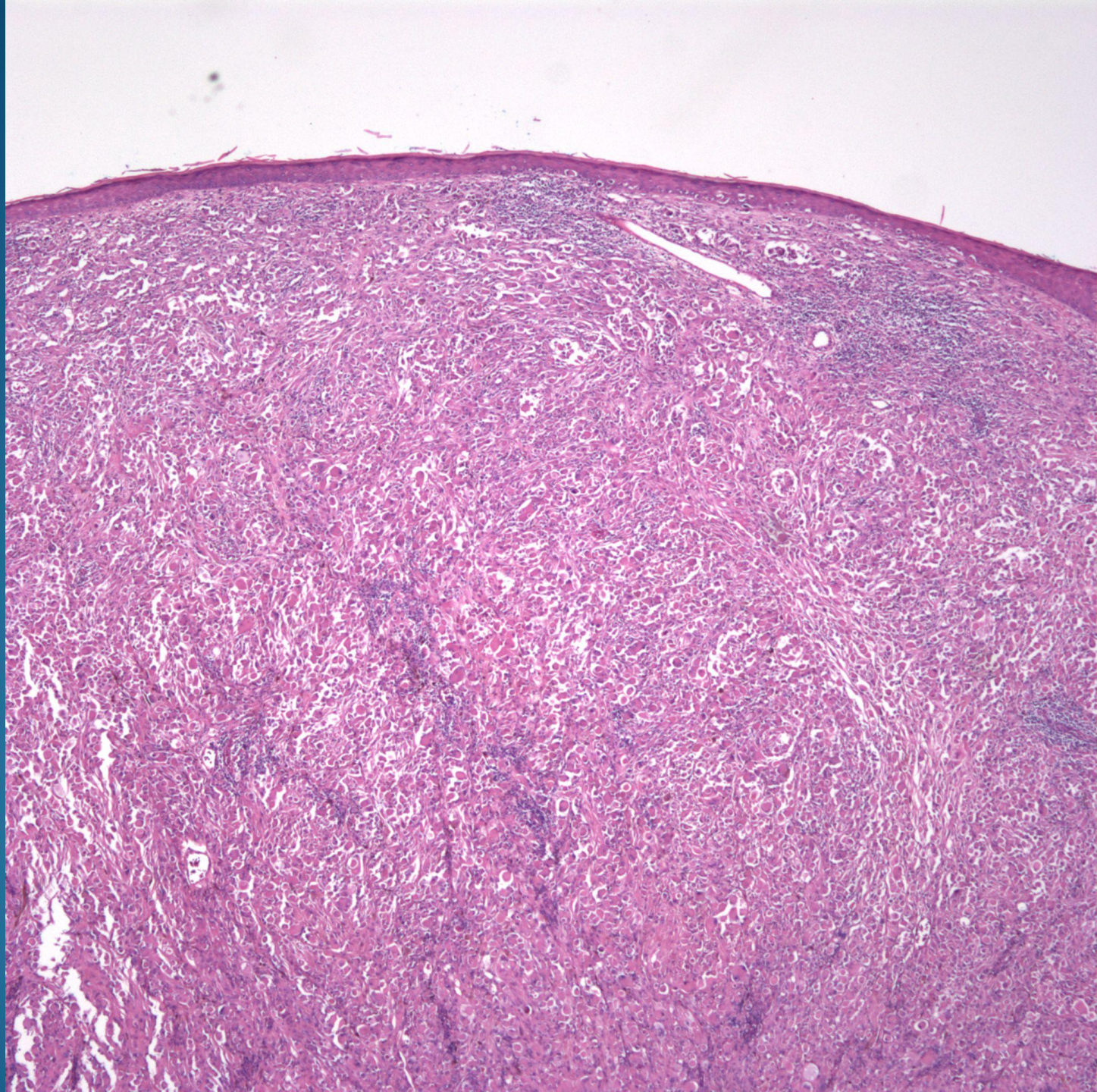
Collagenoma

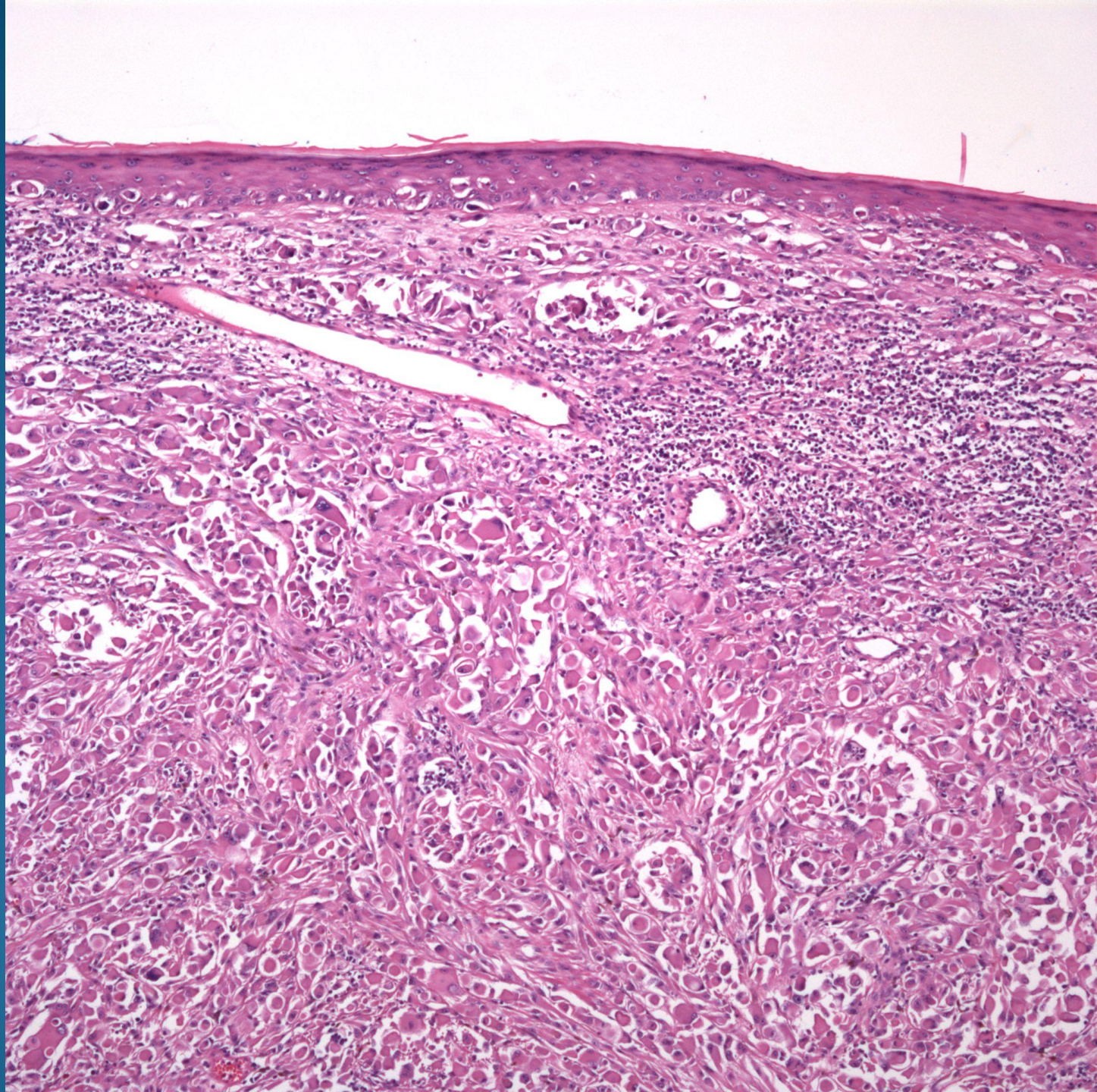
Pearls

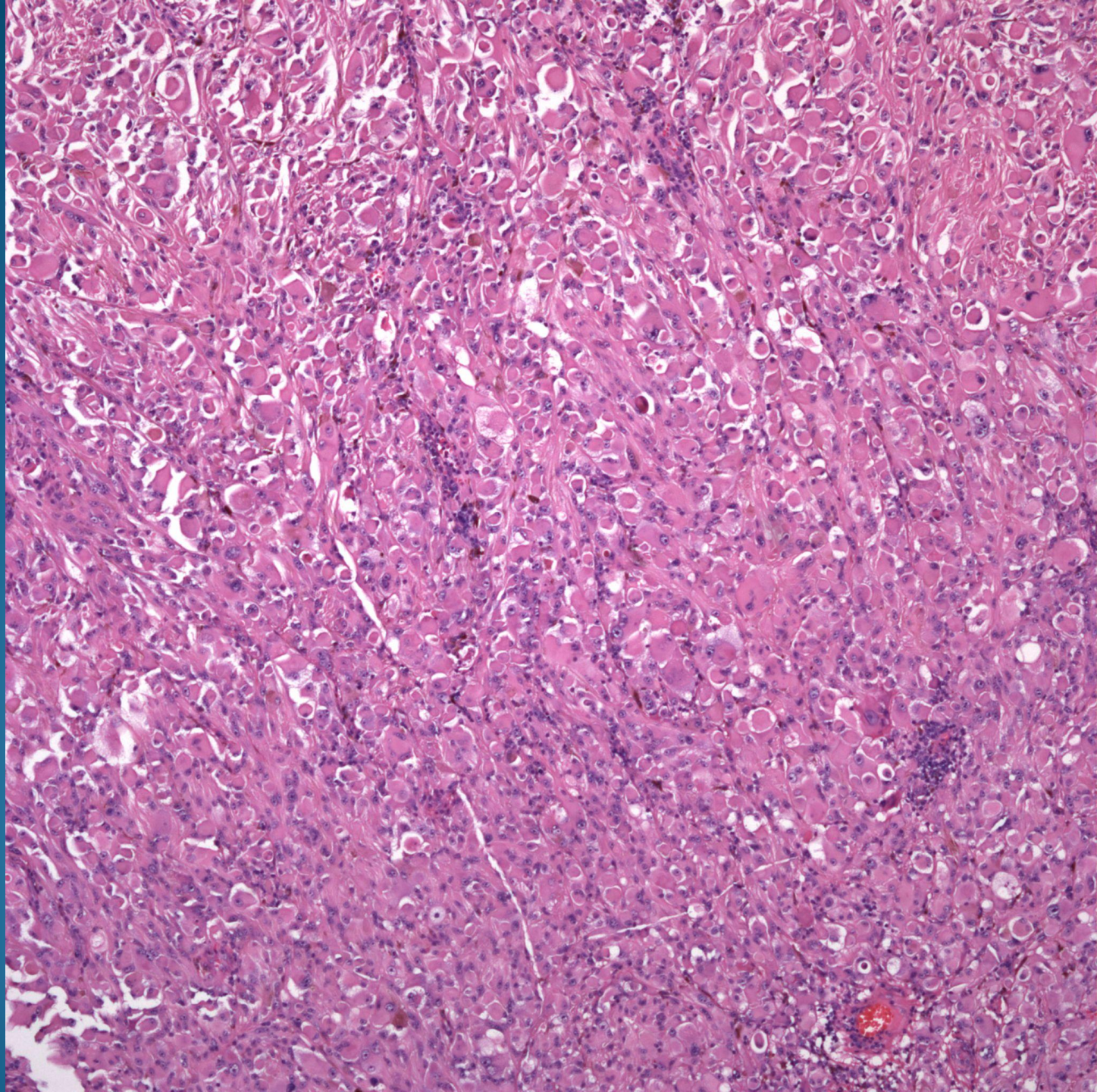


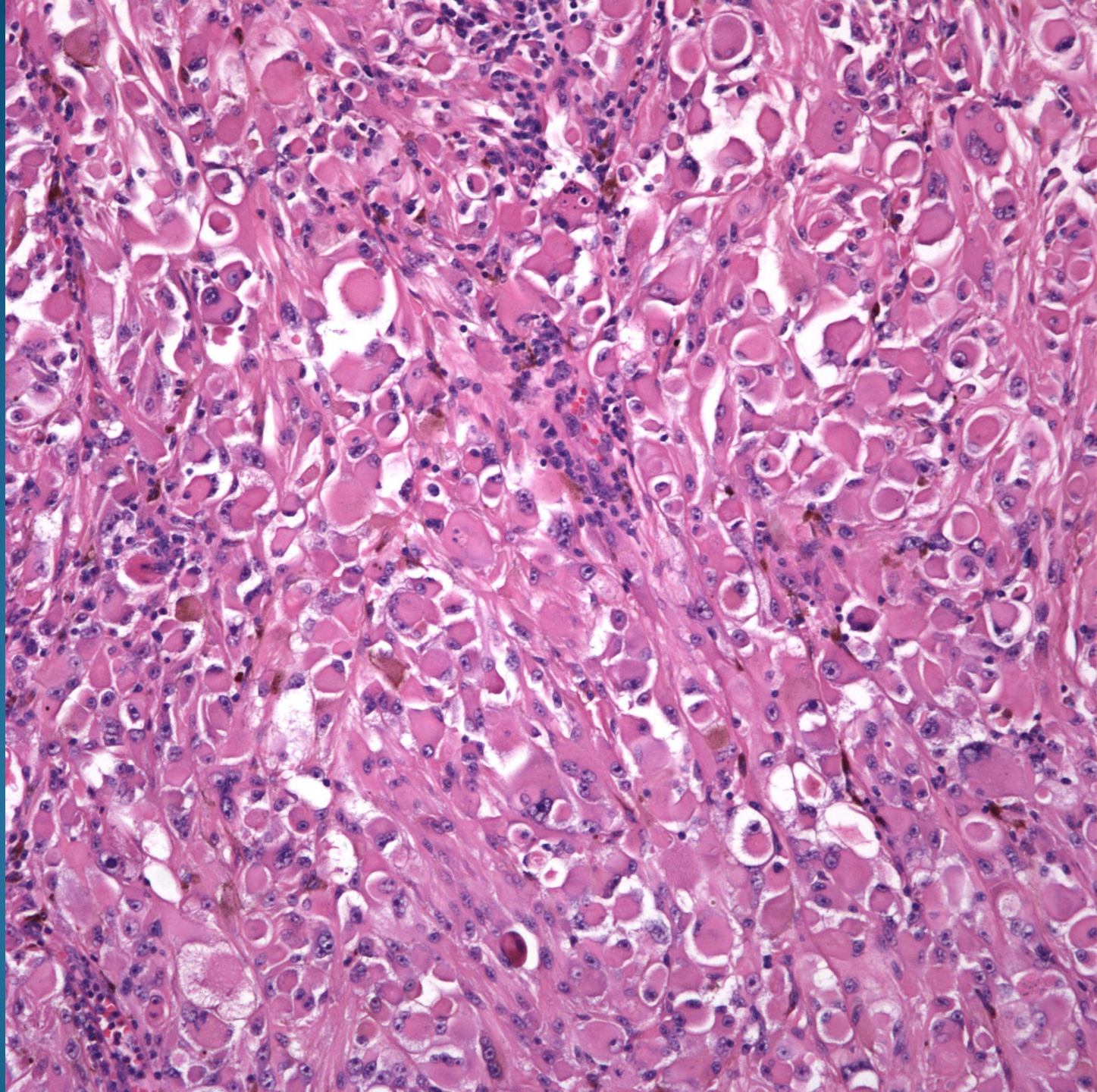
- Low power poorly defined area of fibroplasia, usually deep dermis, resembling a scar
- Lacks vertical orientation of scar collagen bundles
- Confirm with trichrome stain, consider IHC

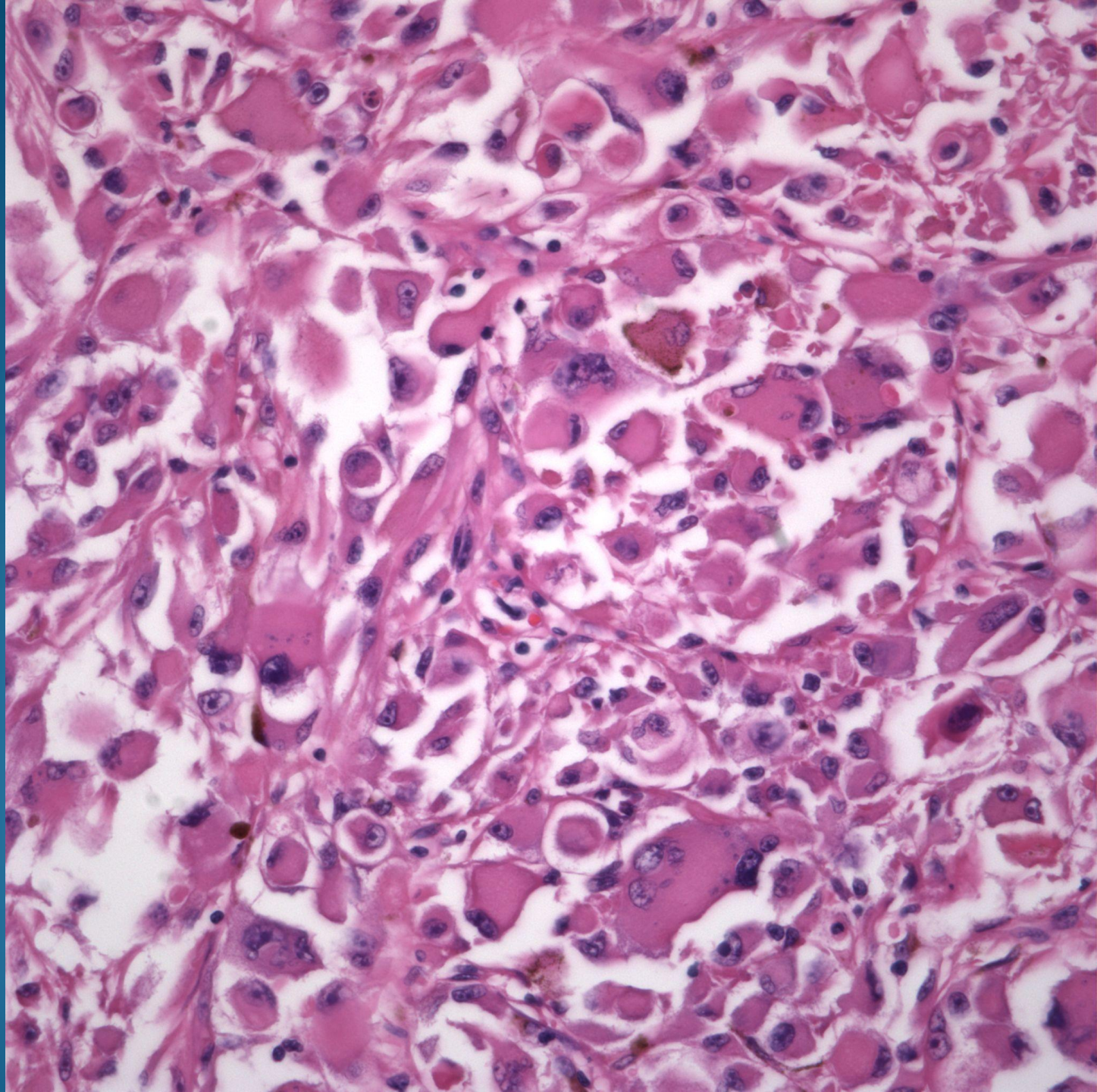


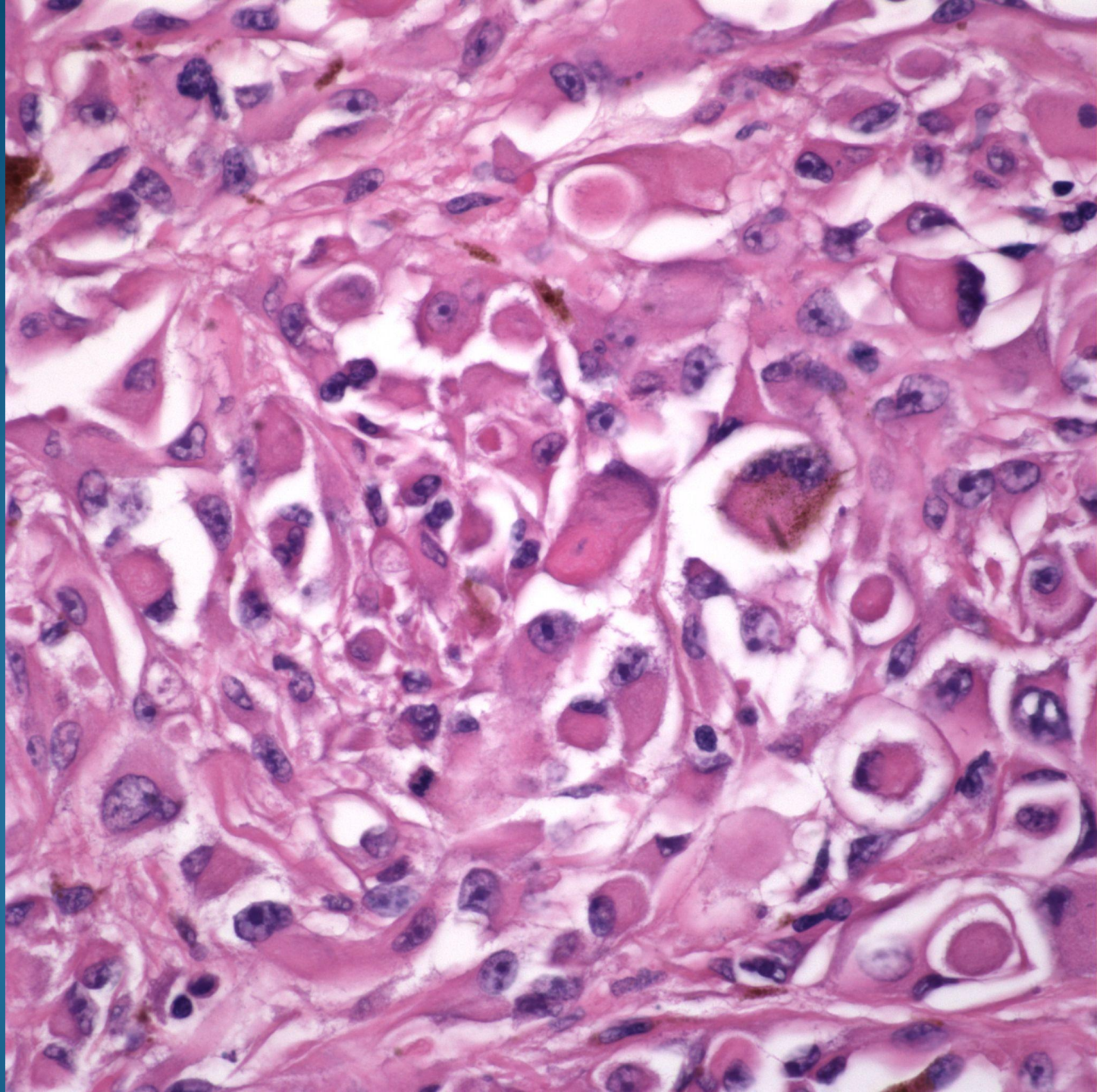


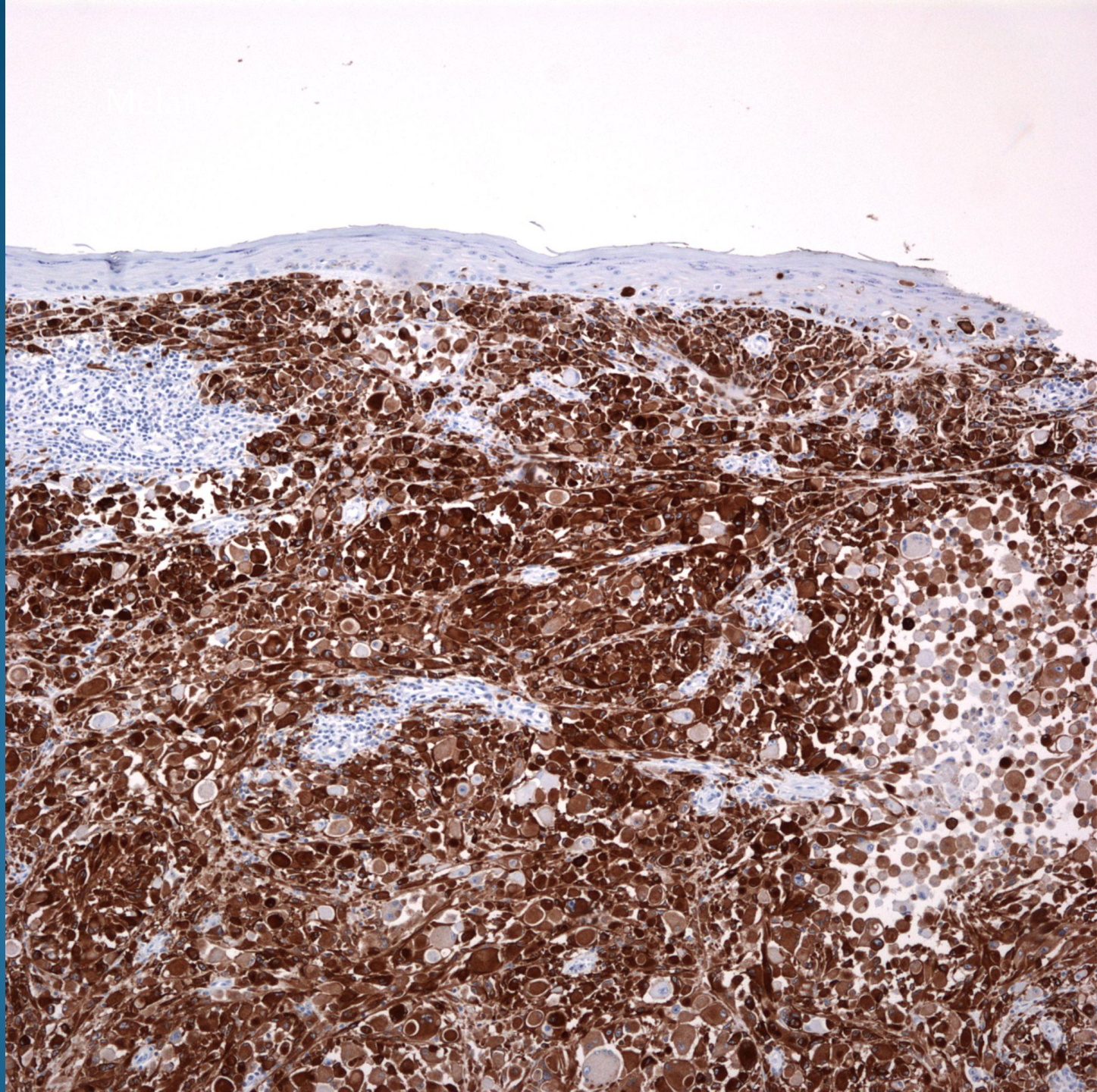






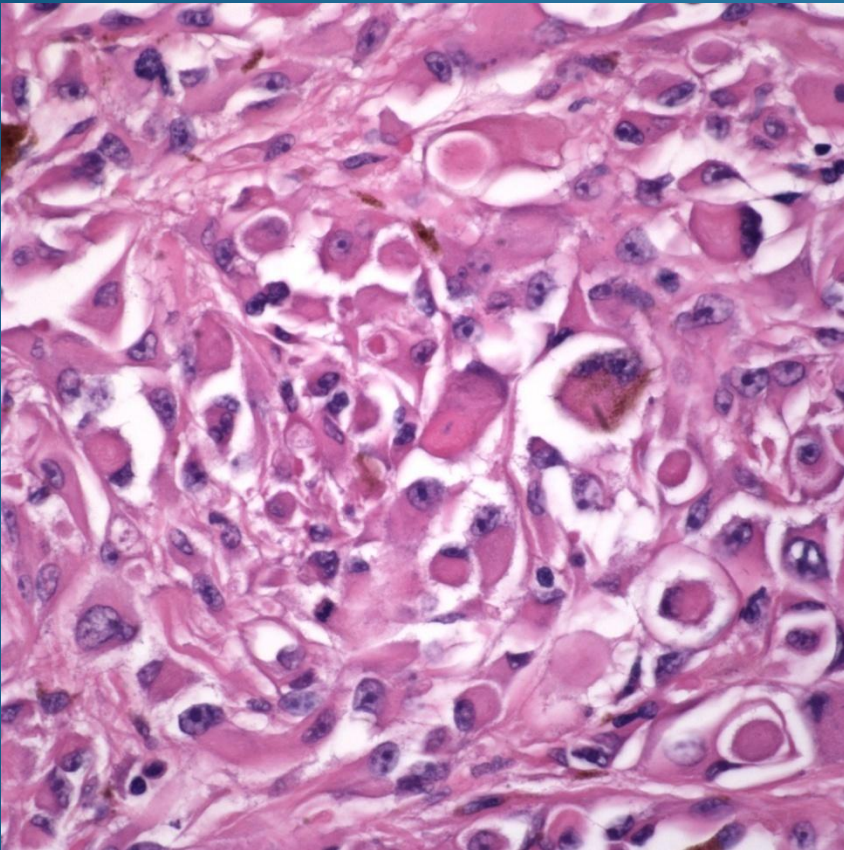






Malignant Melanoma, Rhabdoid Type

Pearls



- Large pleomorphic cells with abundant eosinophilic staining cytoplasm
- May show focal melanin cytoplasmic pigment
- Rule out other tumors showing rhabdoid differentiation-confirm with IHC