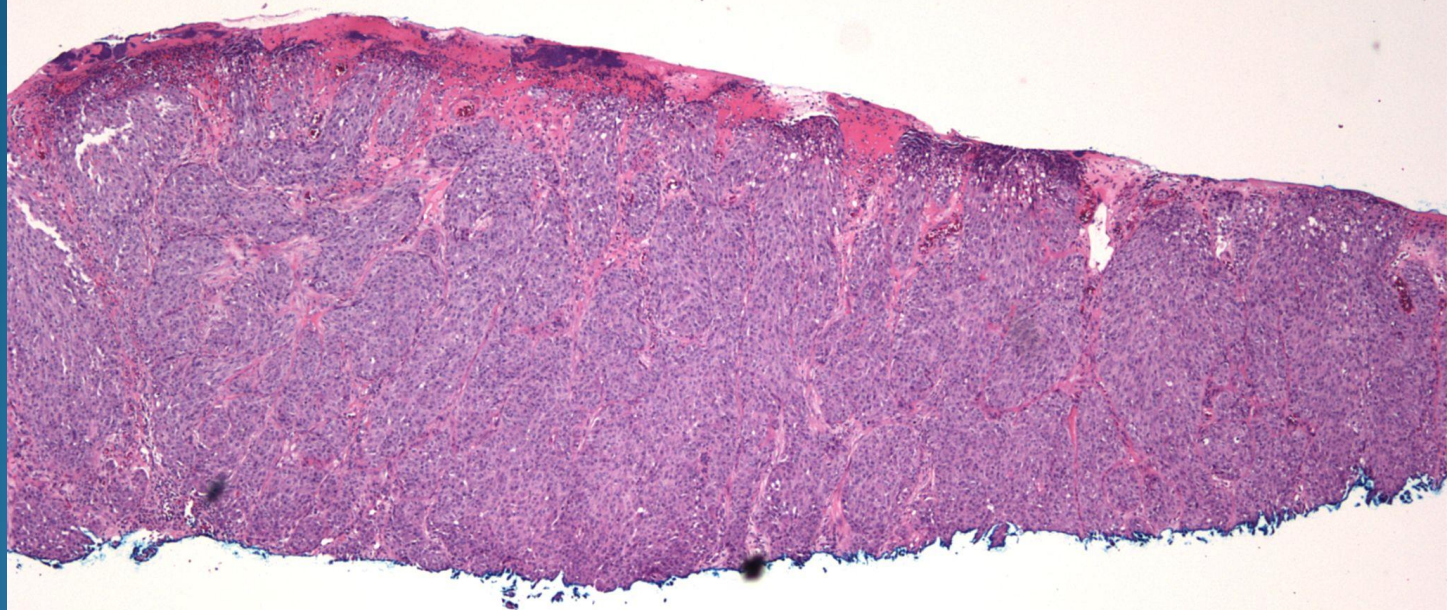
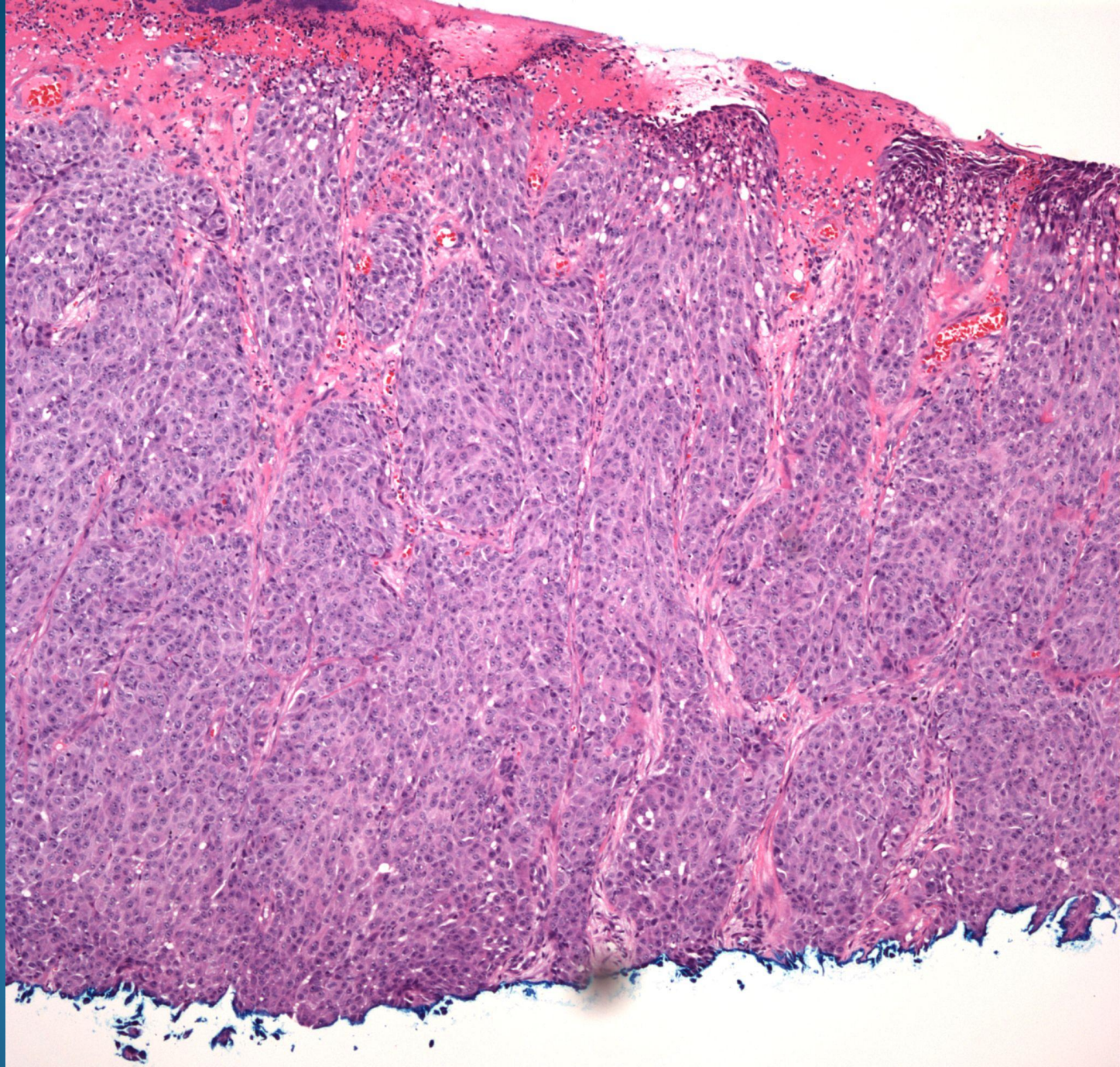
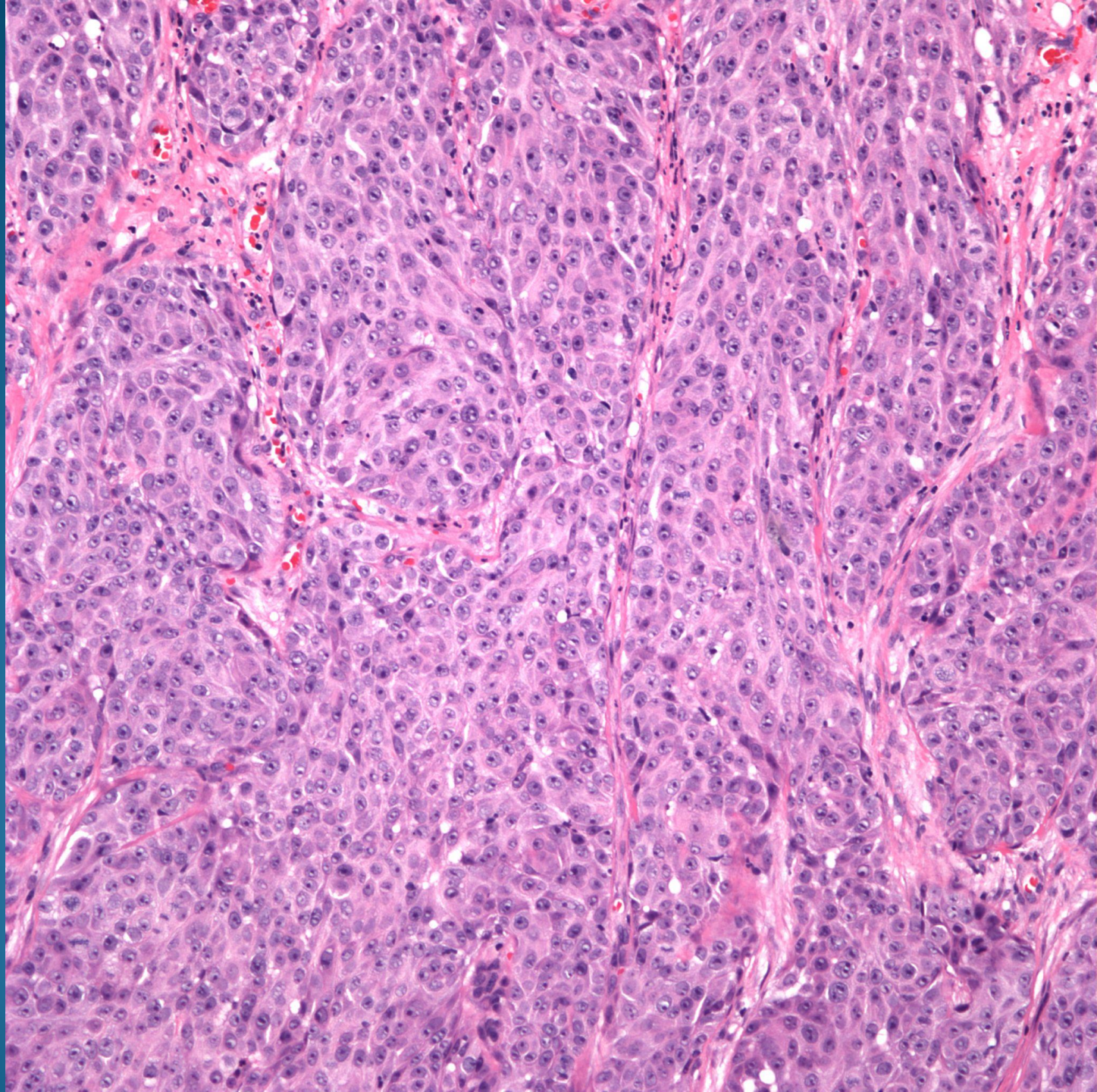


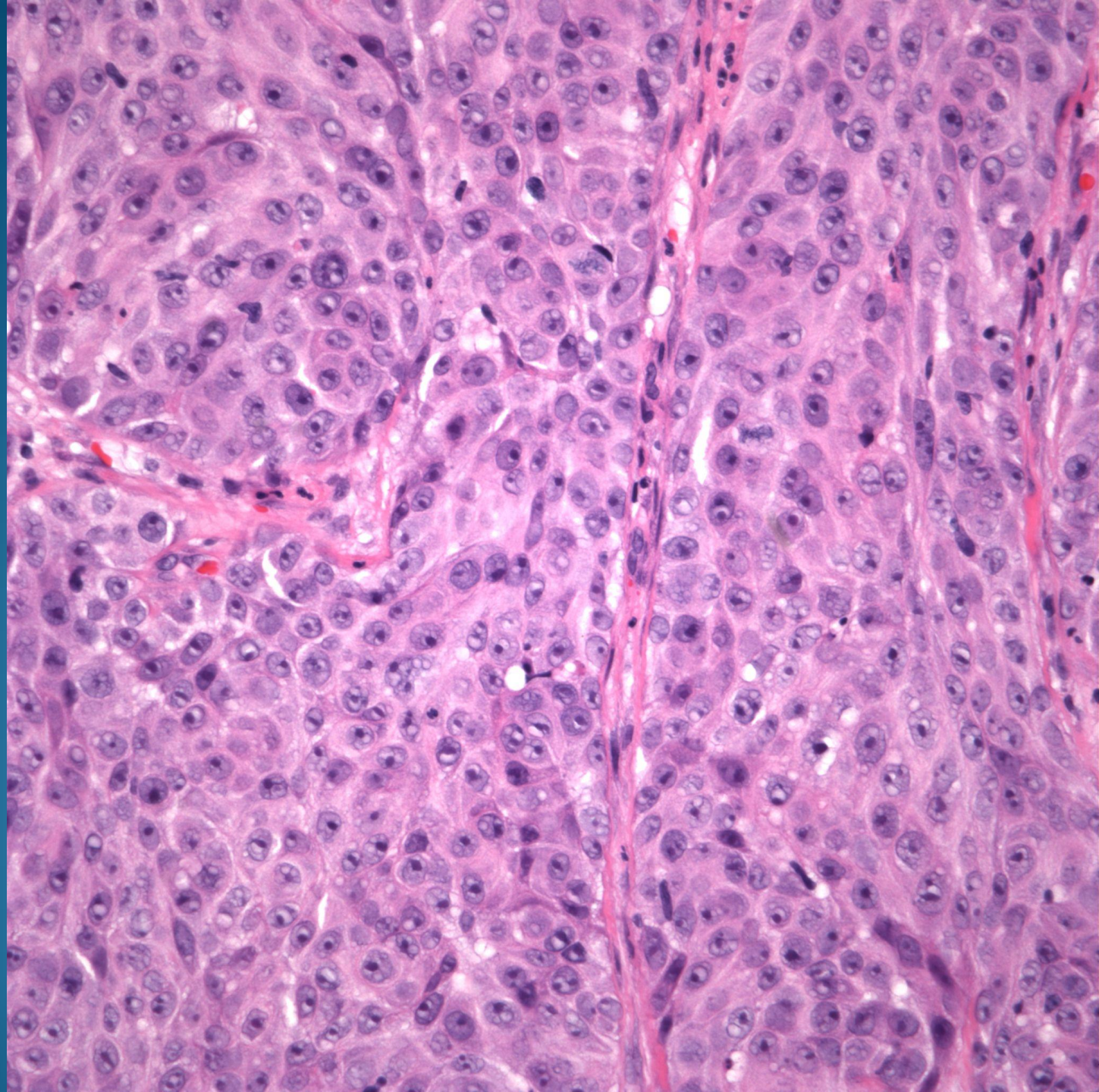
Dermatopathology Slide Review Part 34

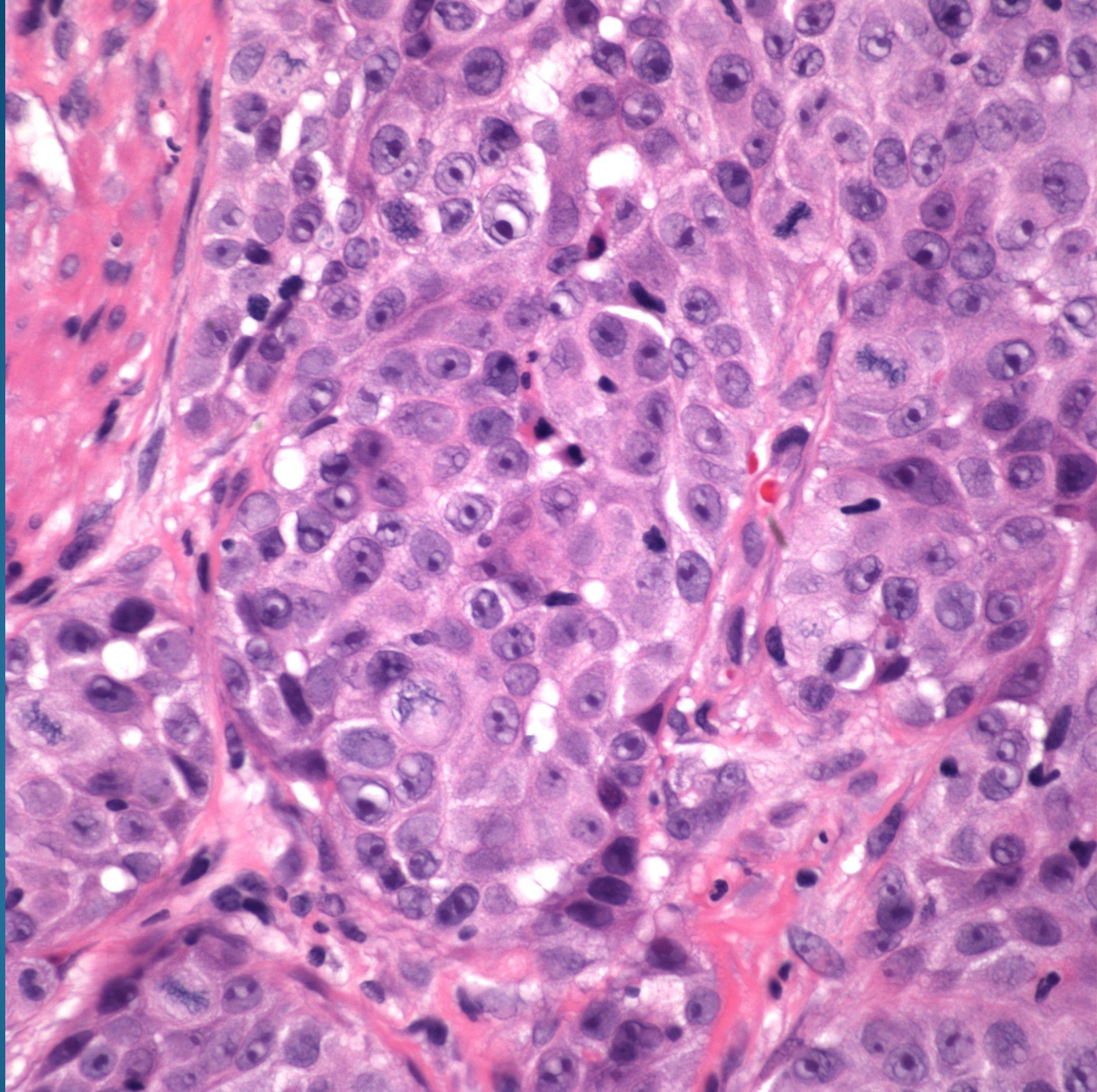
Paul K. Shitabata, M.D.
Dermatopathology Institute



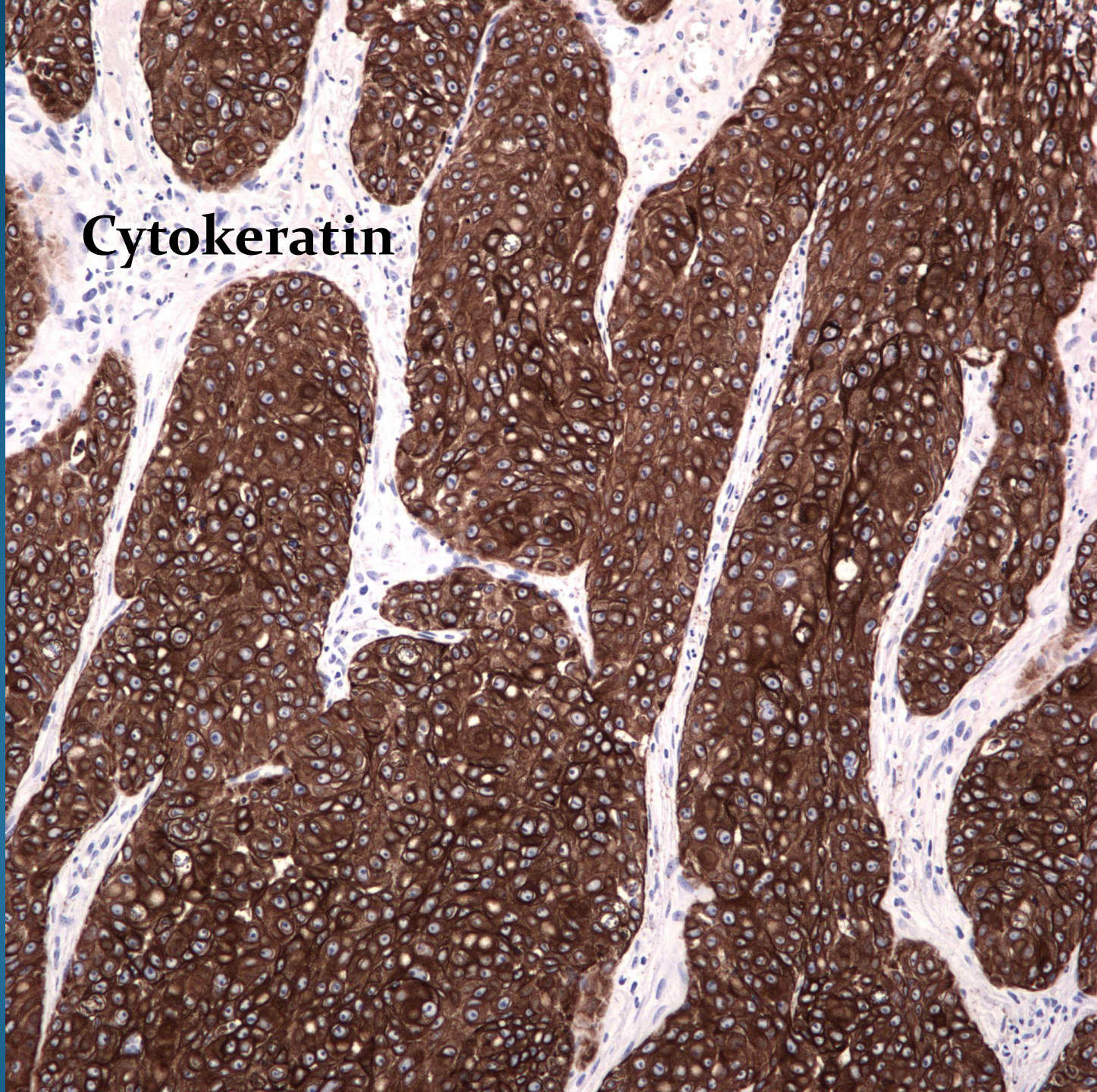






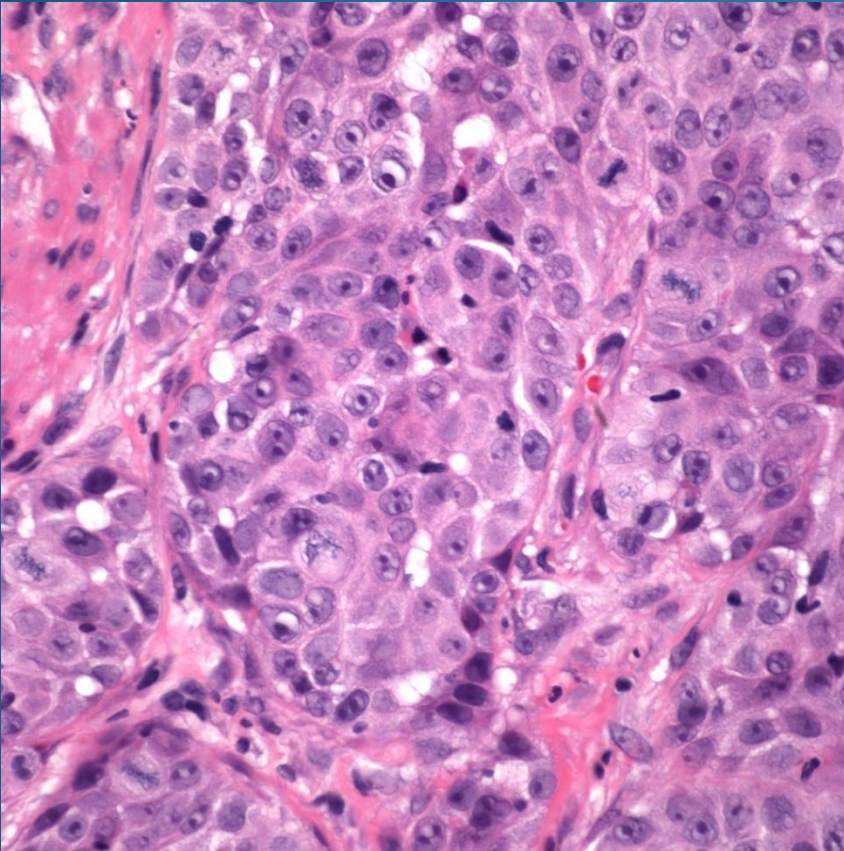


Cytokeratin

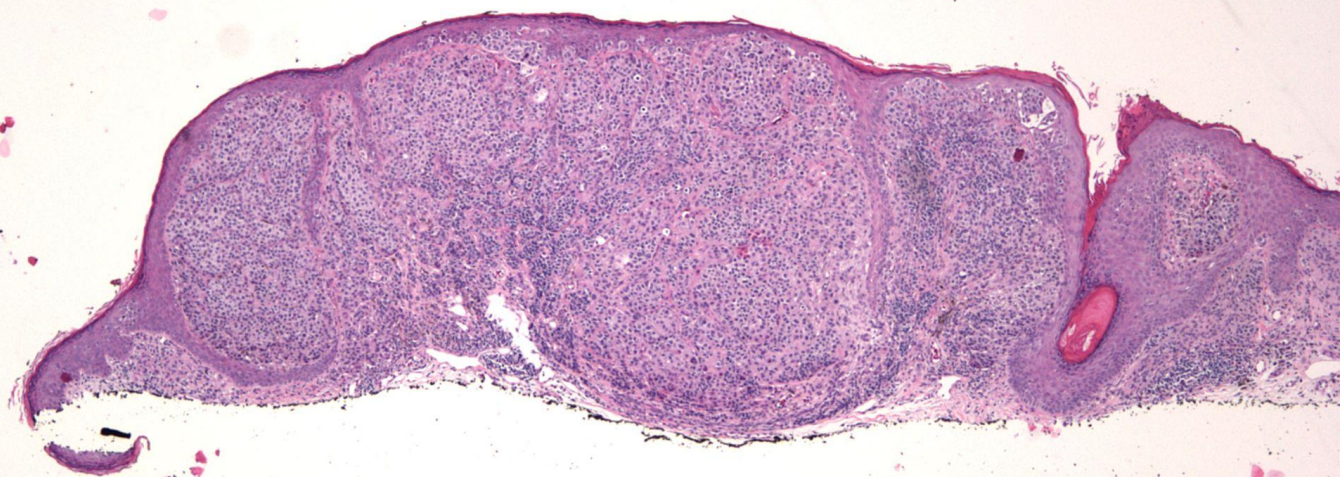


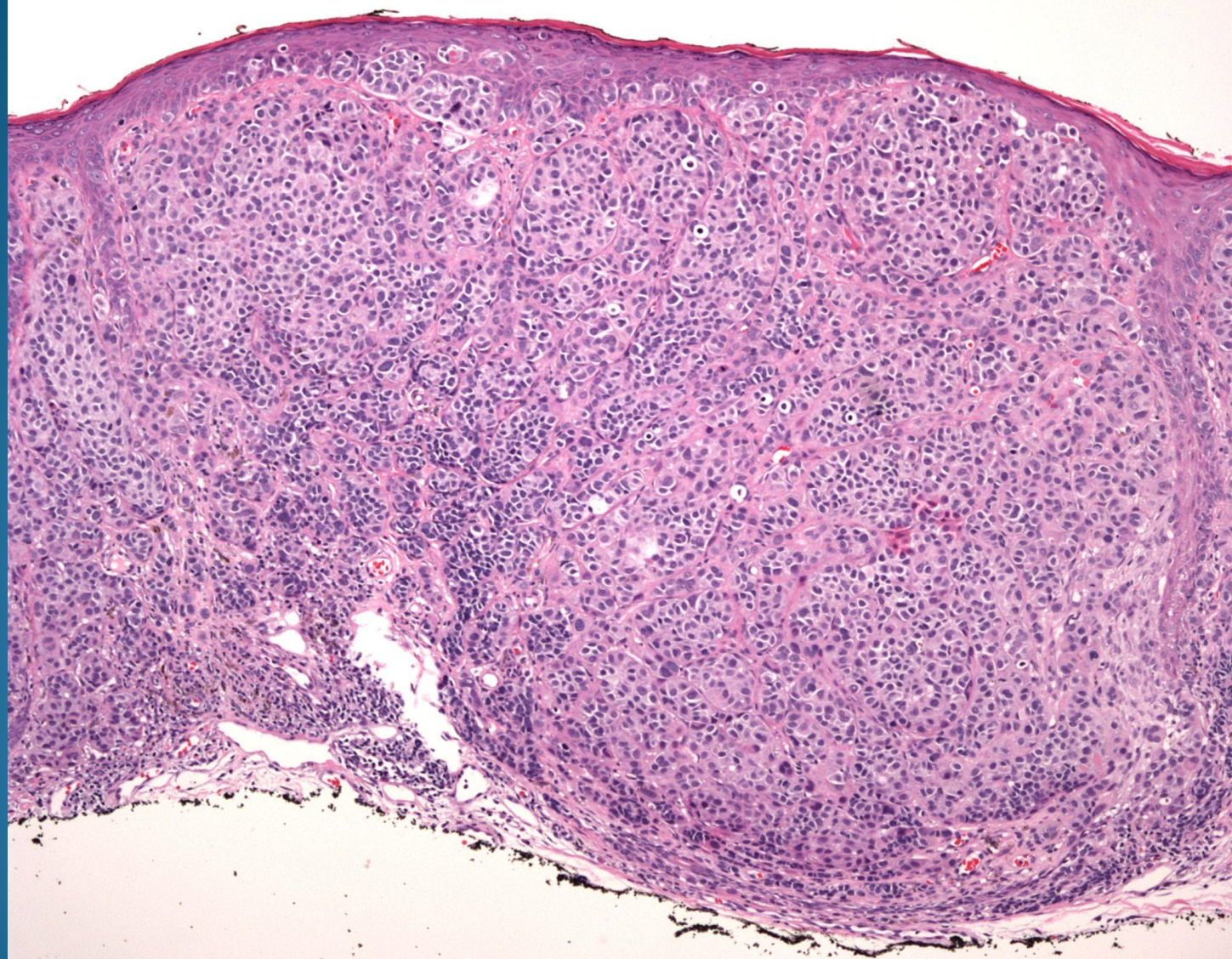
Invasive Squamous Cell Carcinoma, Poorly Differentiated

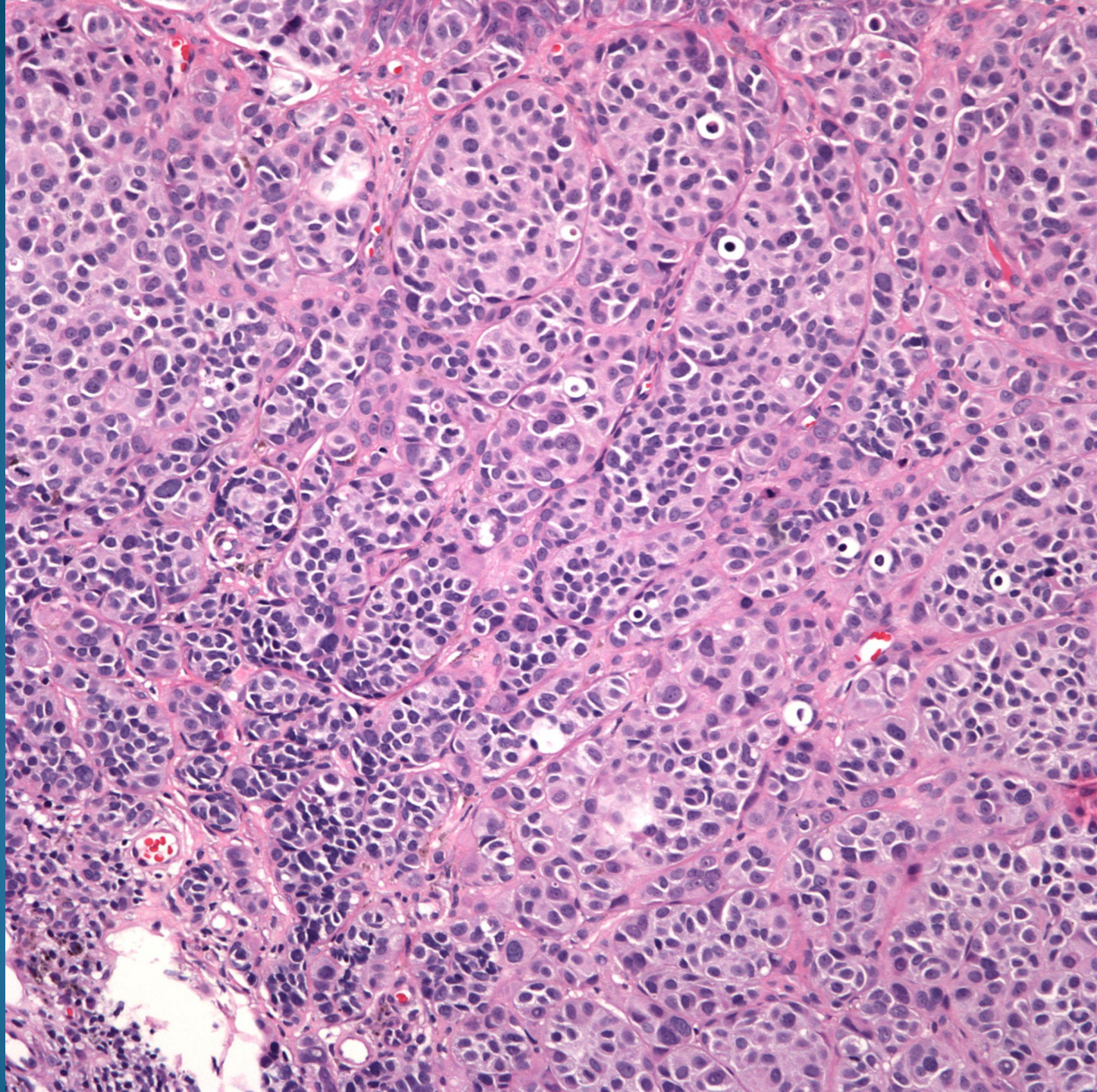
Pearls

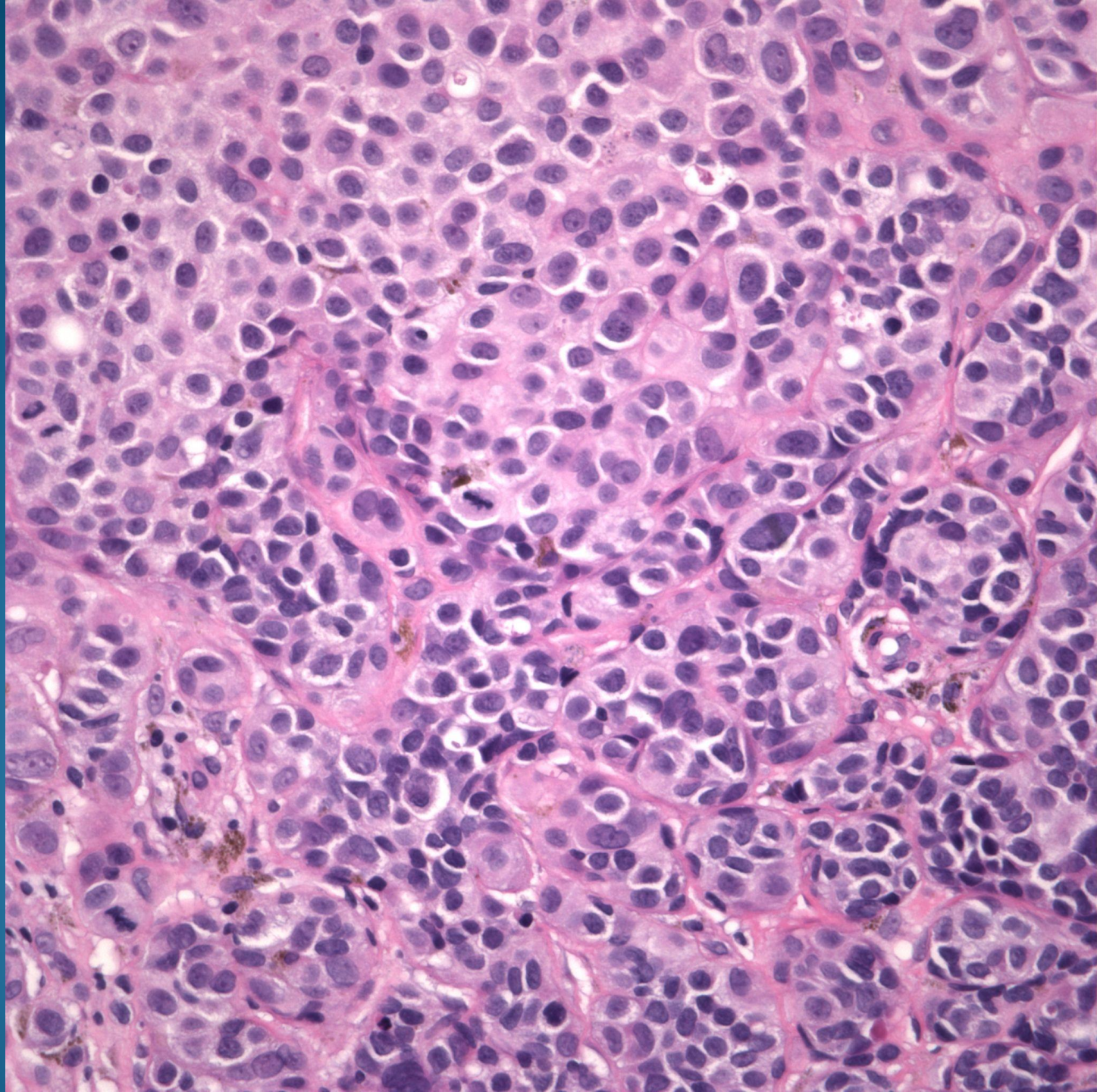


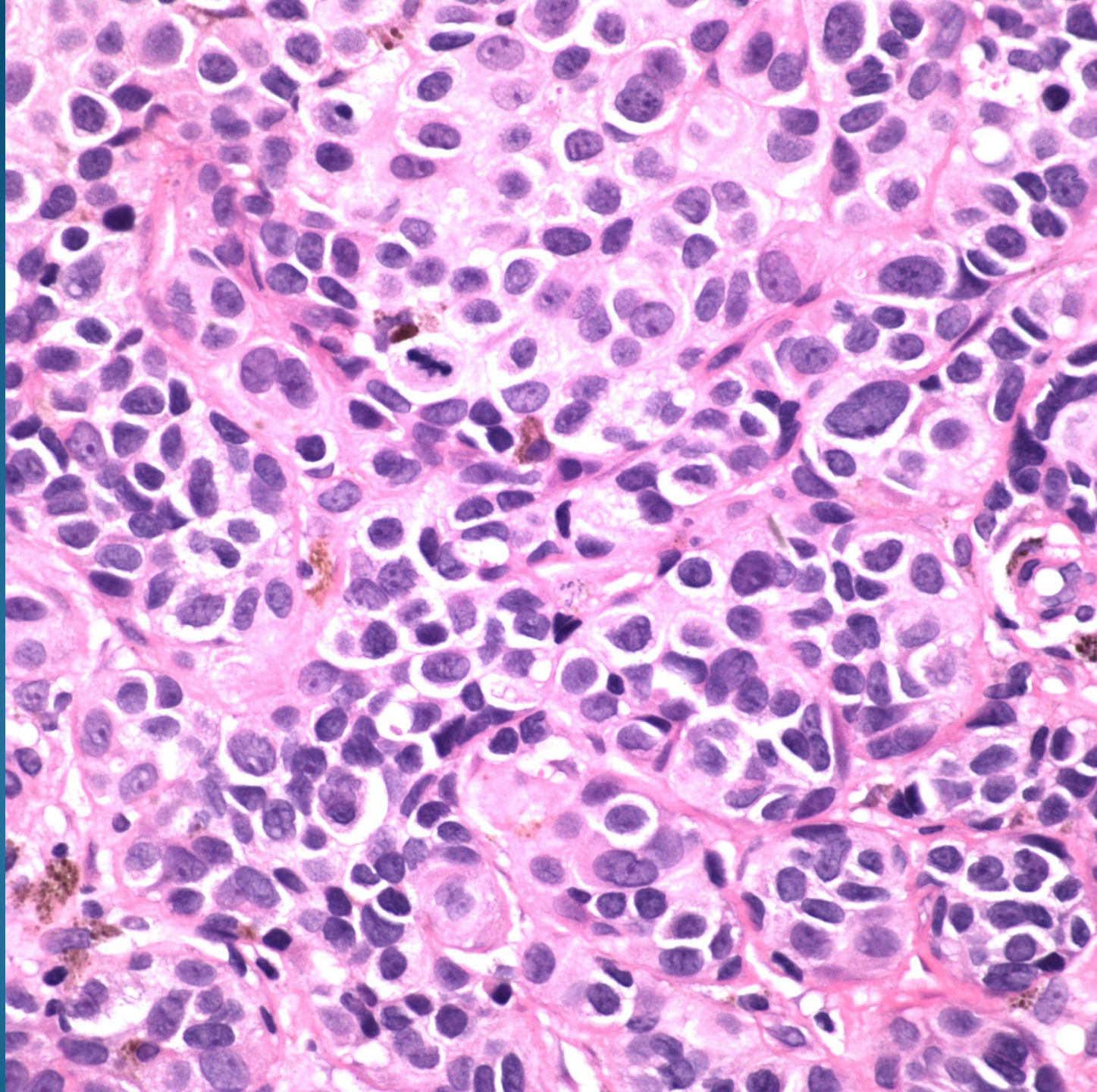
- Poorly differentiated epithelial cells with minimal keratinization
- May show focal intercellular bridges
- Acantholytic changes may mimic angiosarcoma
- May need IHC to confirm (CK+, CD31-)

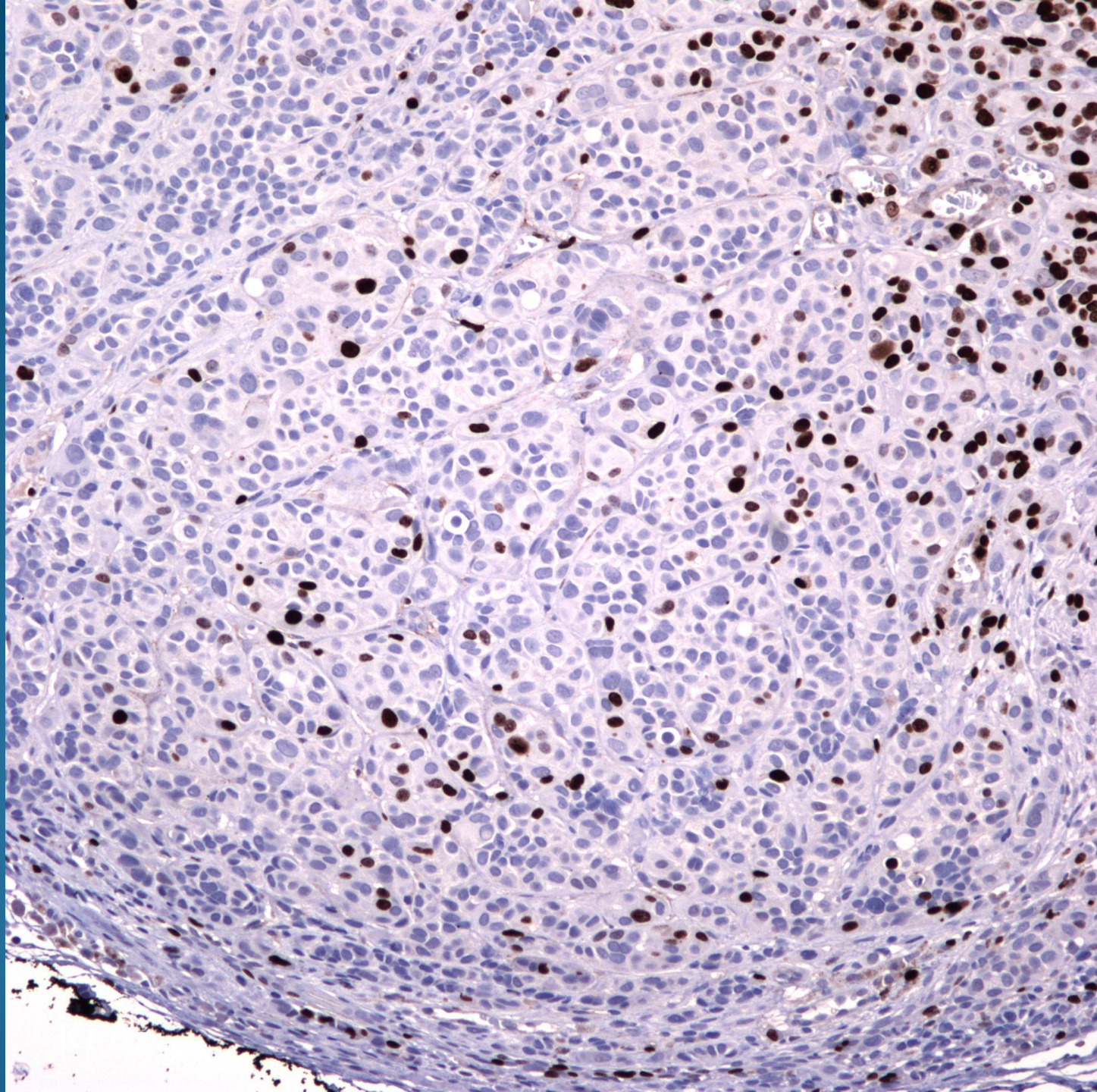










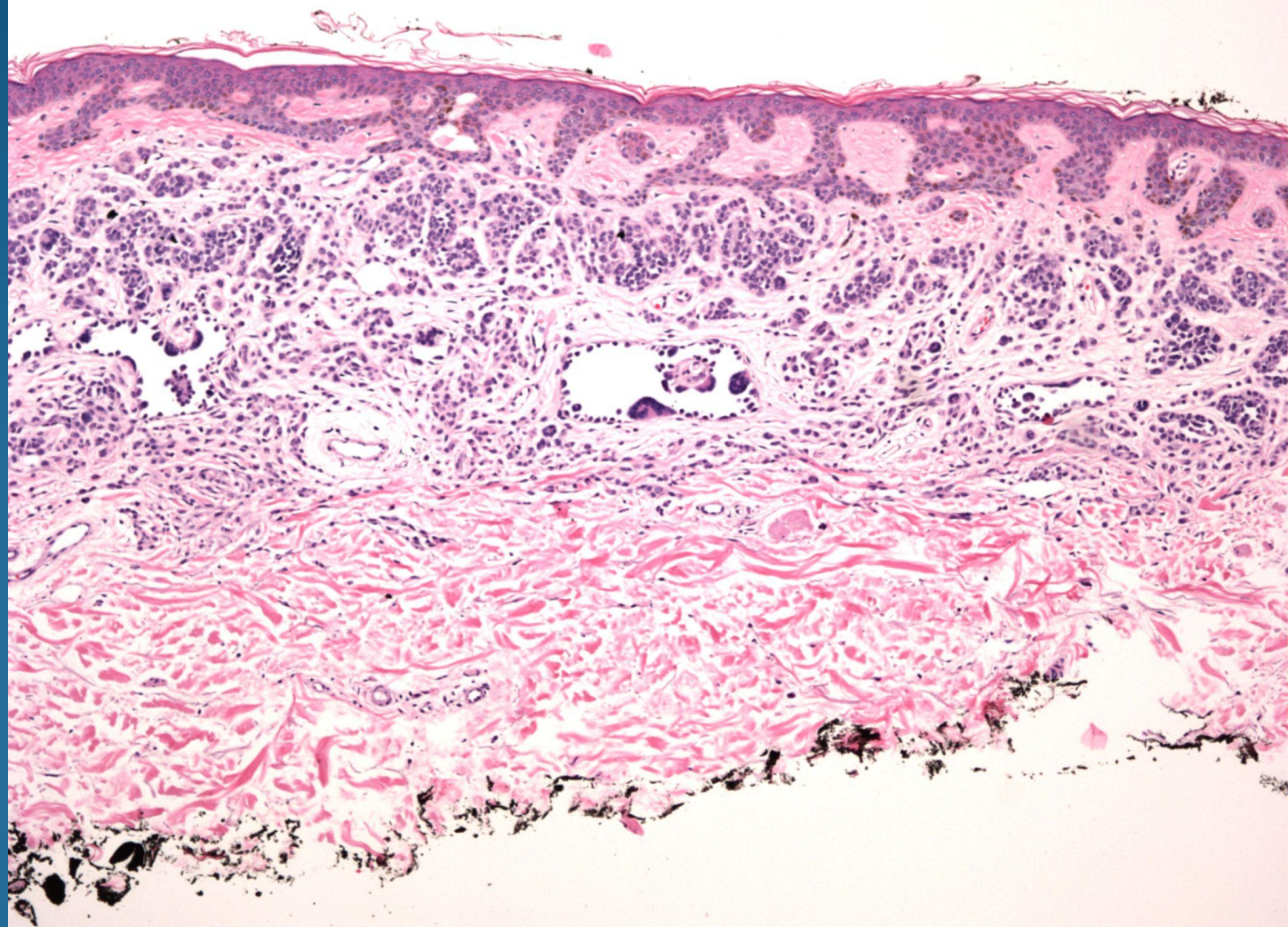


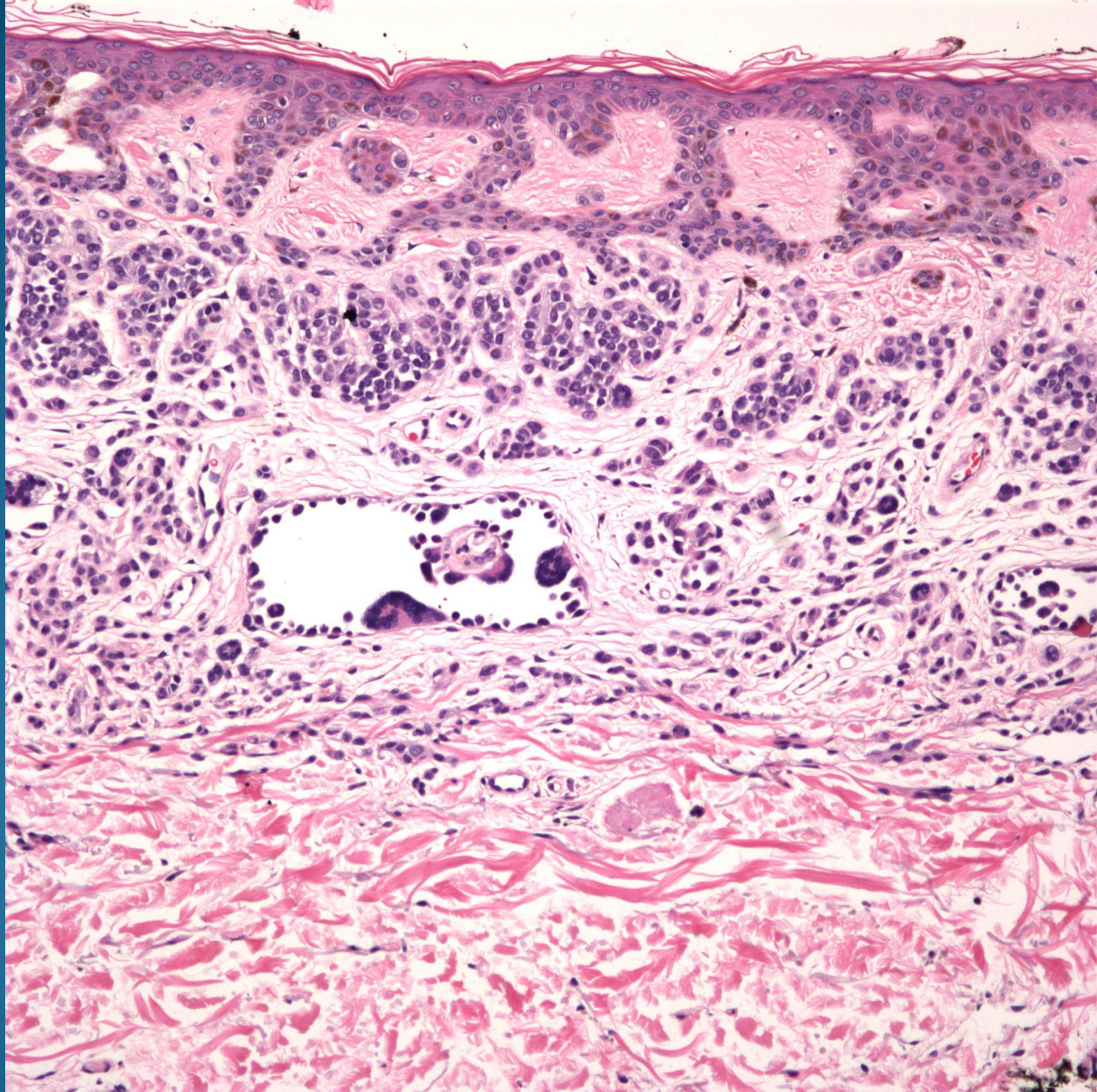
Malignant Melanoma, Nevoid Type

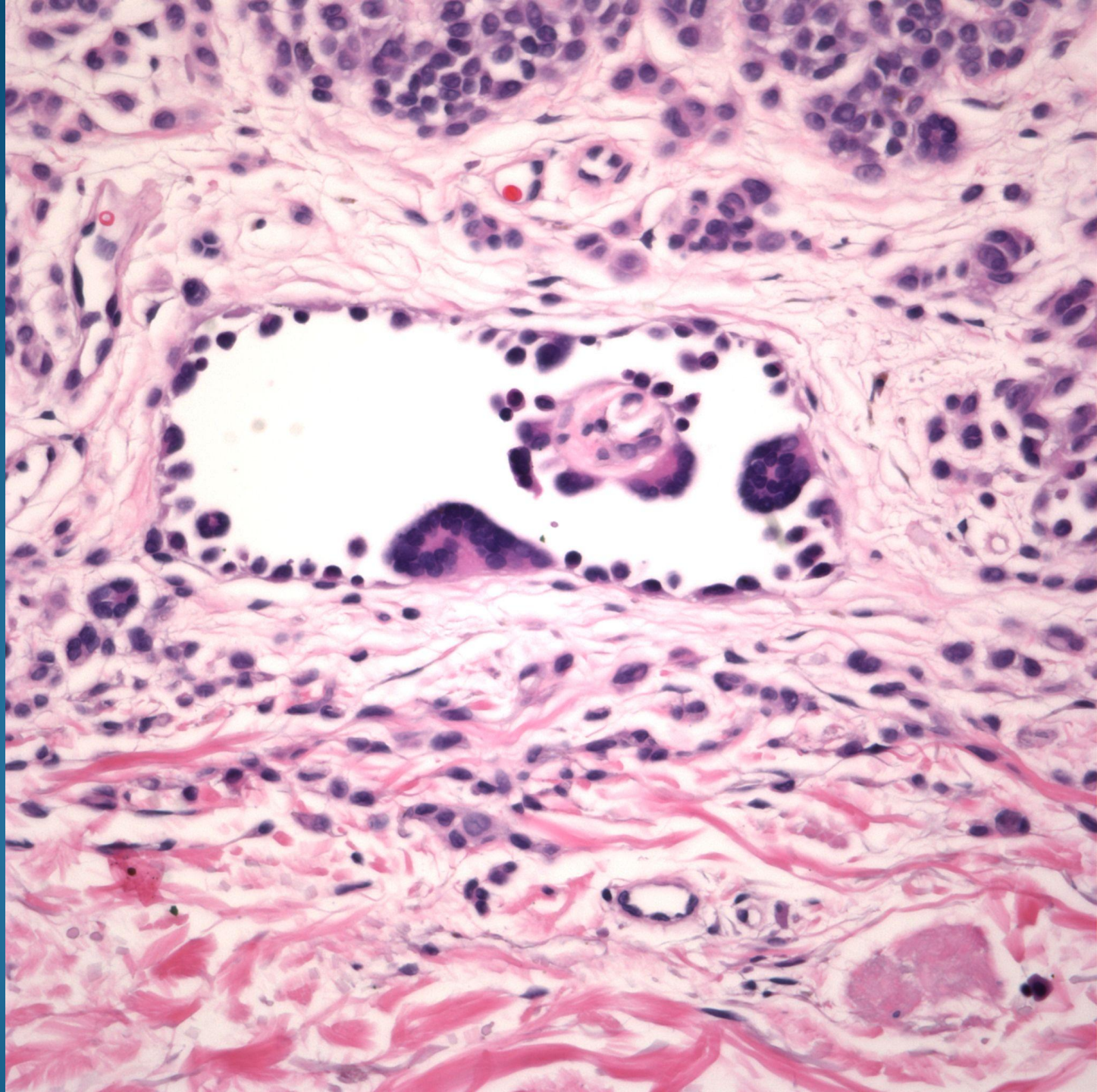
Pearls

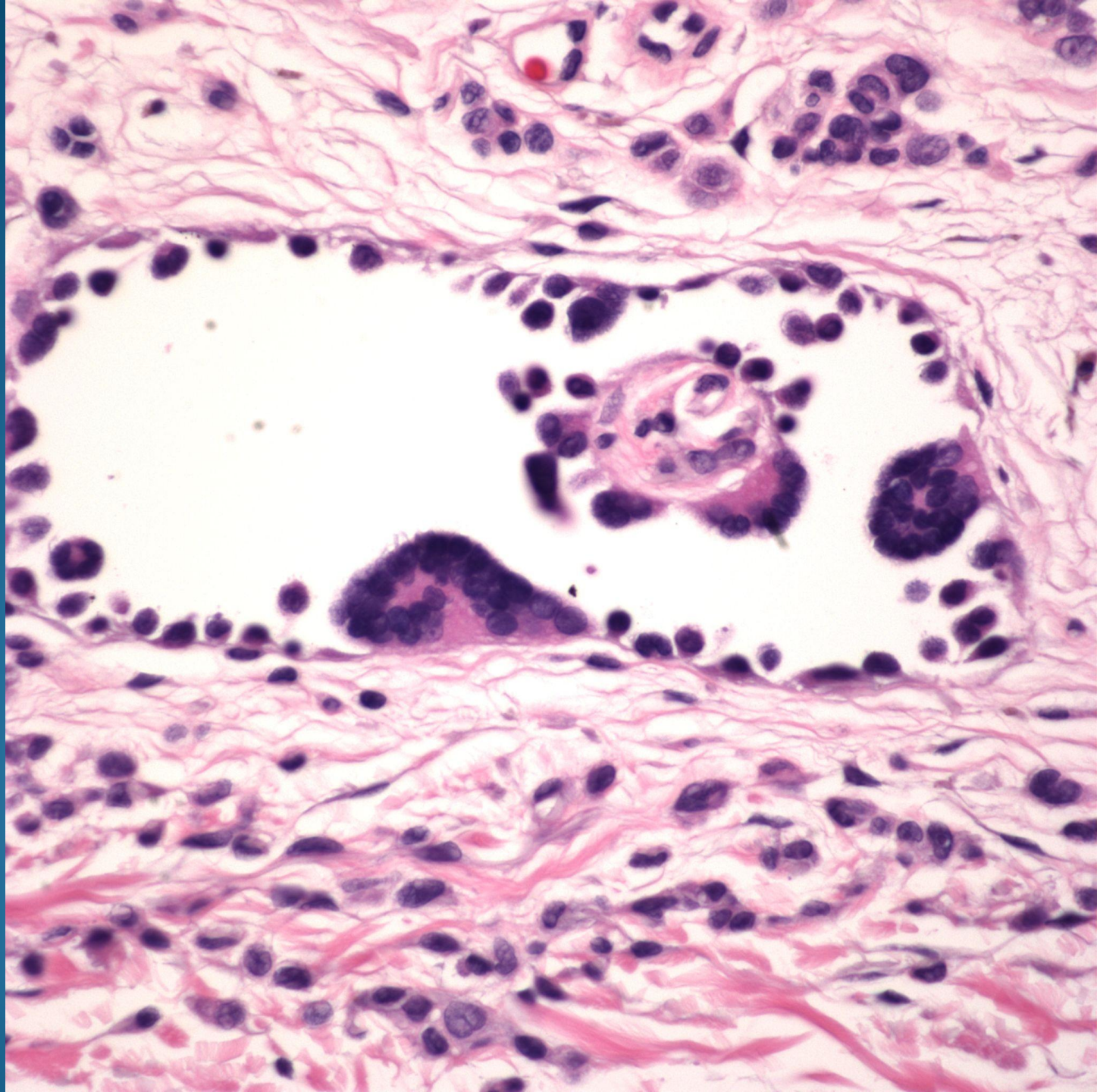


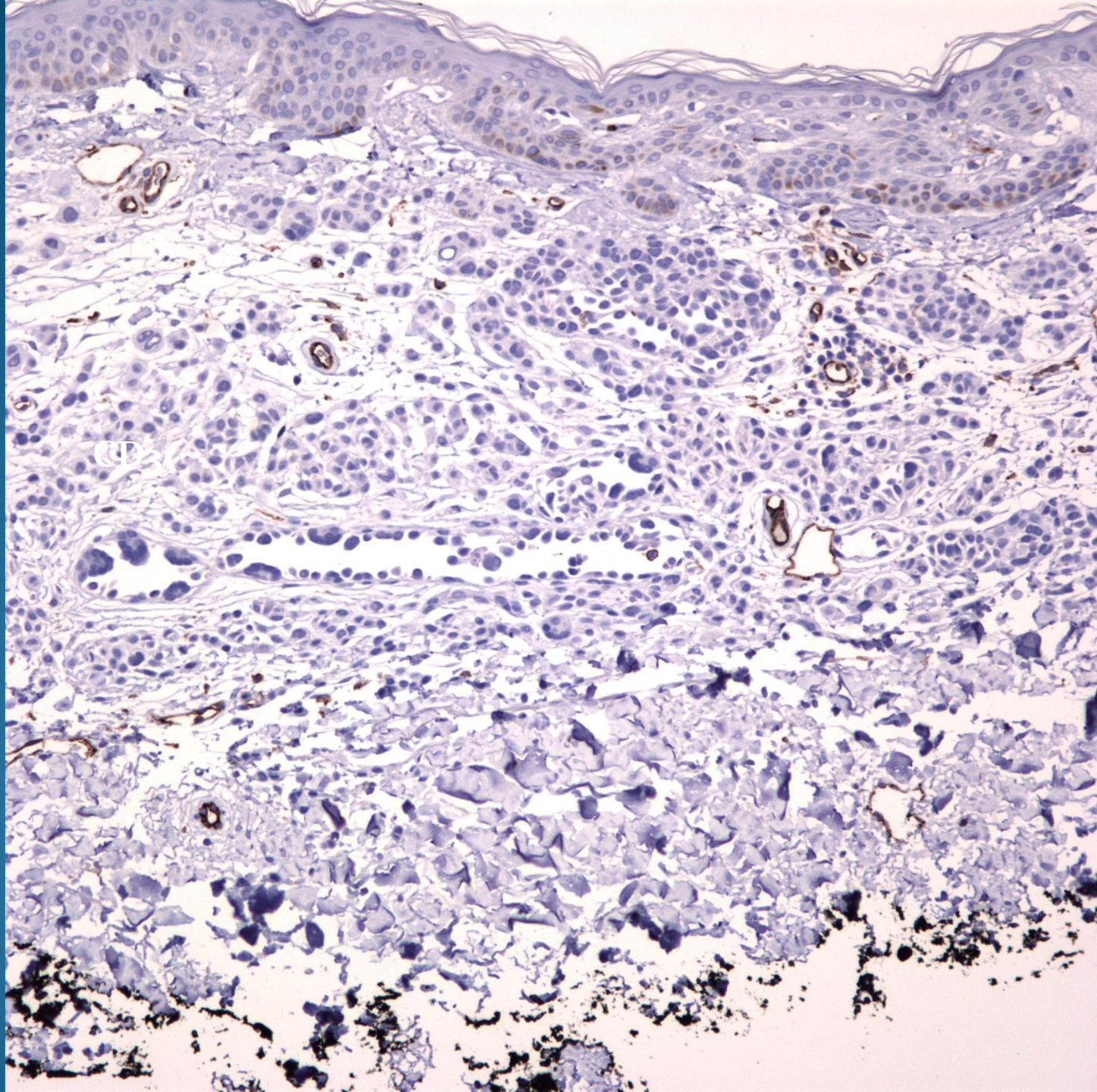
- Low power architecture of a benign melanocytic nevus
- Cytologically atypical melanocytes present at base of lesion
- Mitotic figures at base
- Ki-67 may be helpful to label melanocytes at the base





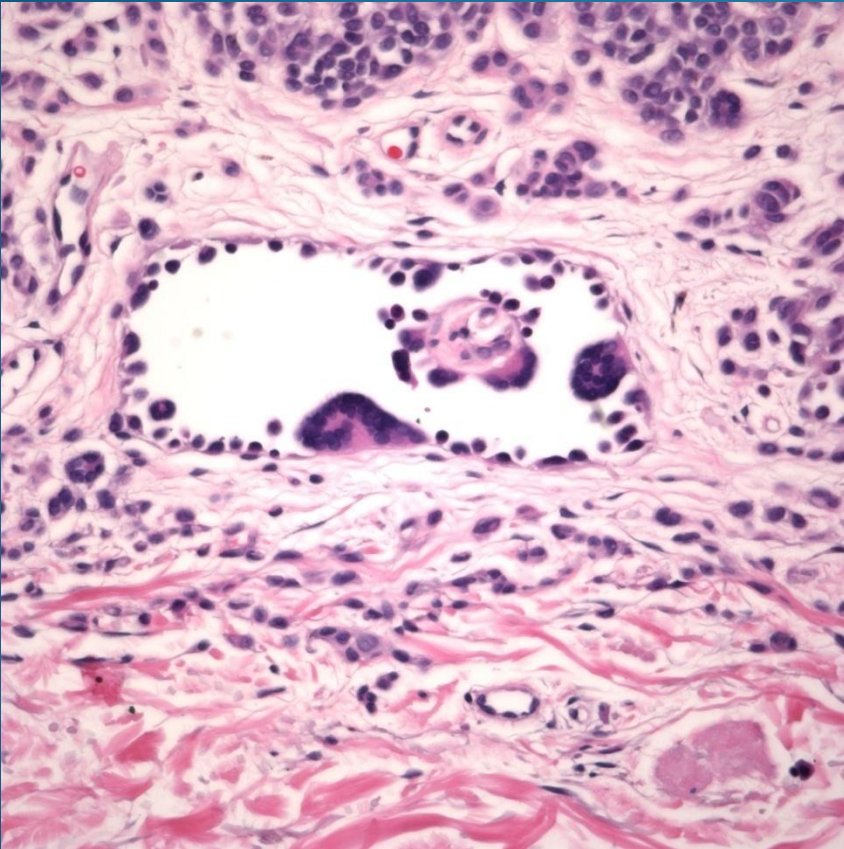




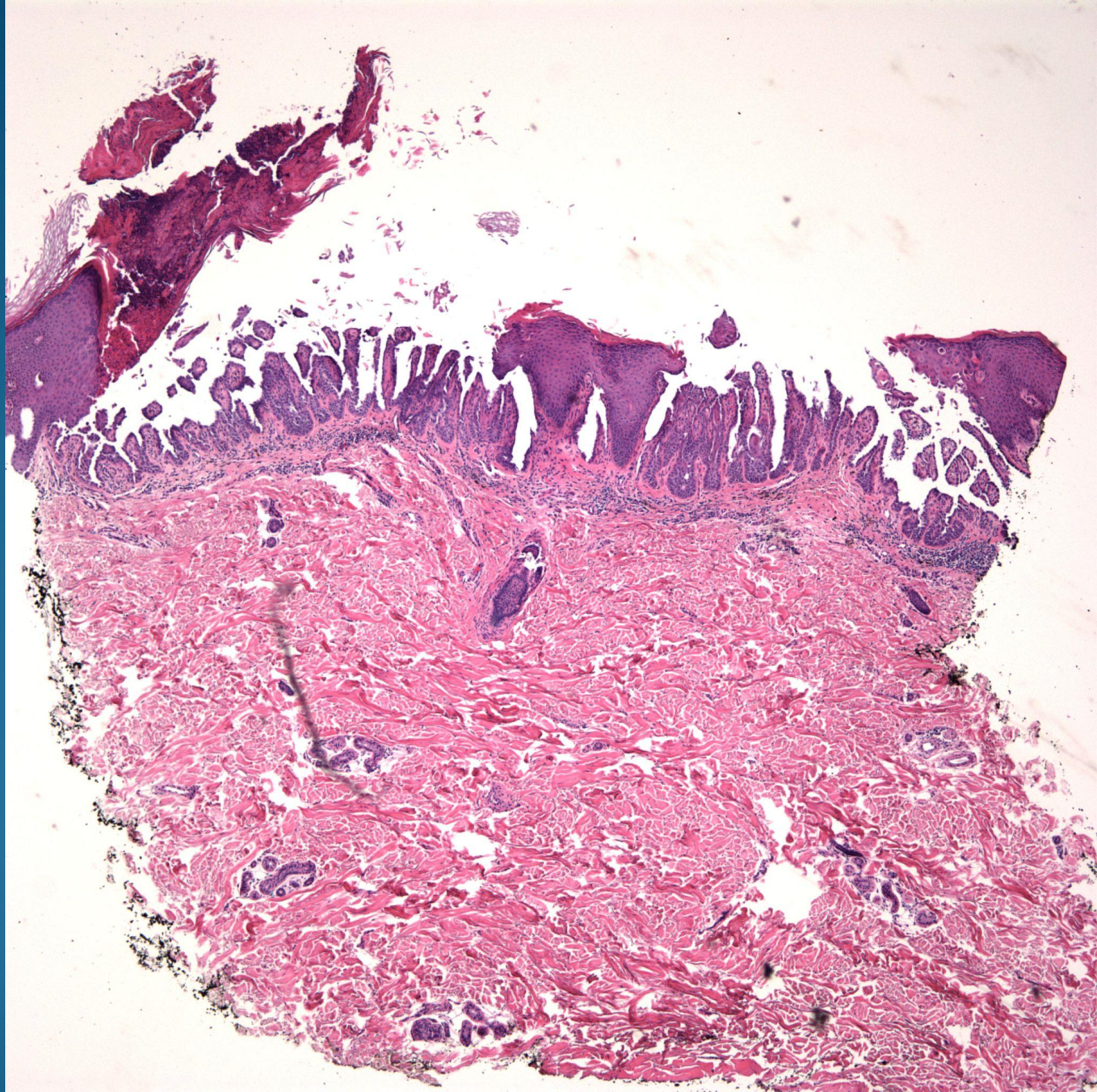


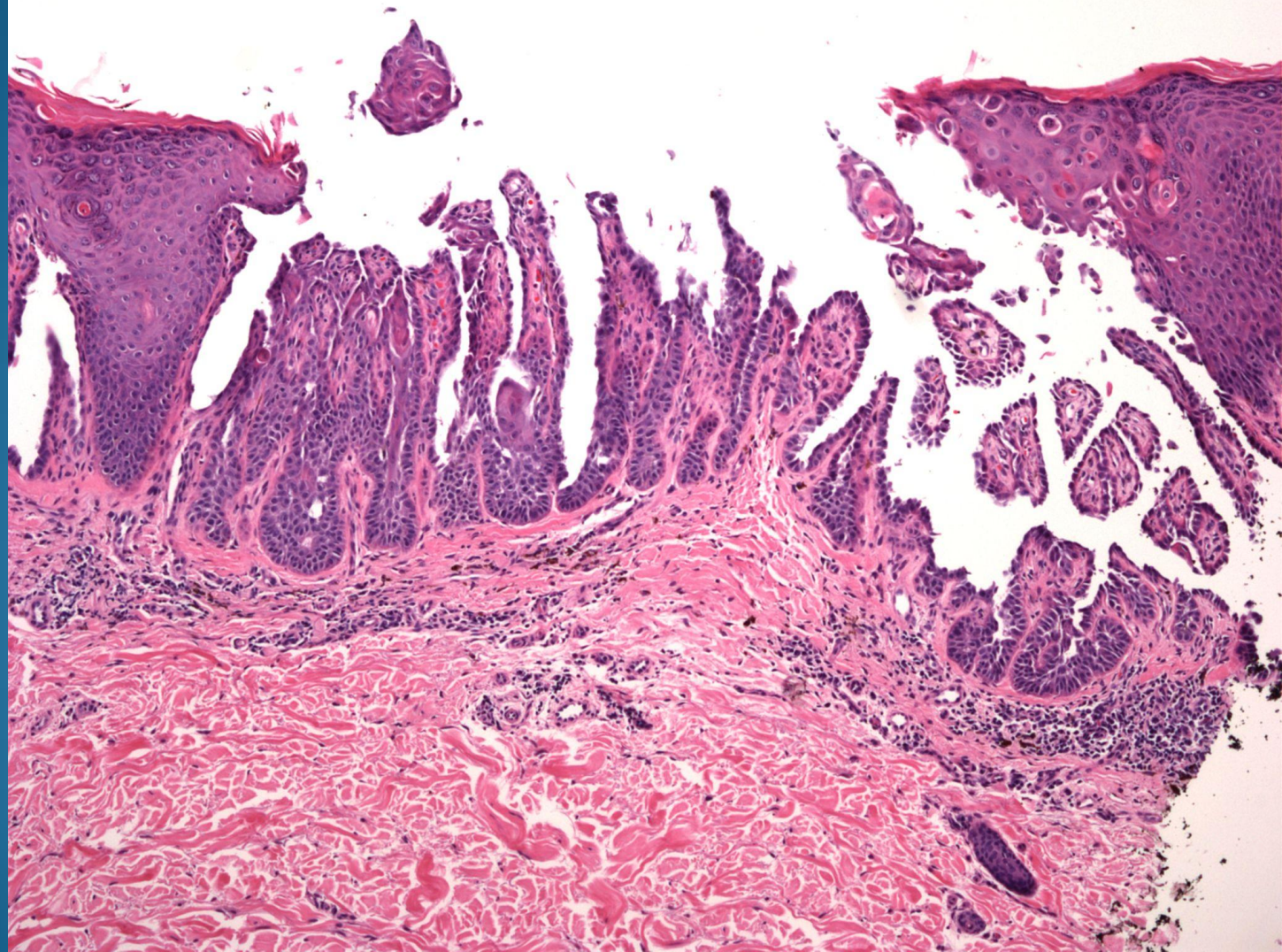
Intradermal melanocytic nevus,
with pseudovascular changes

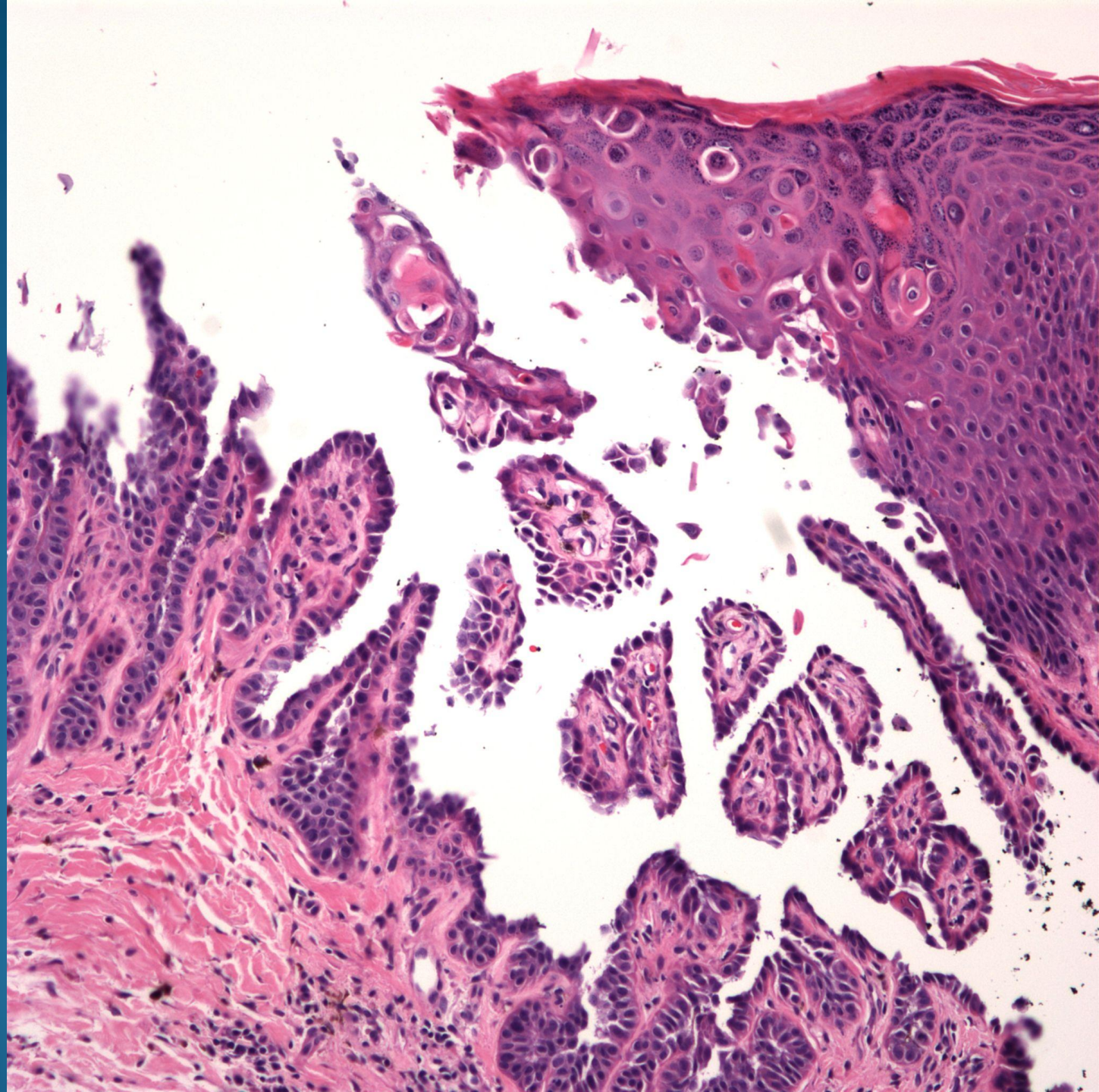
Pearls

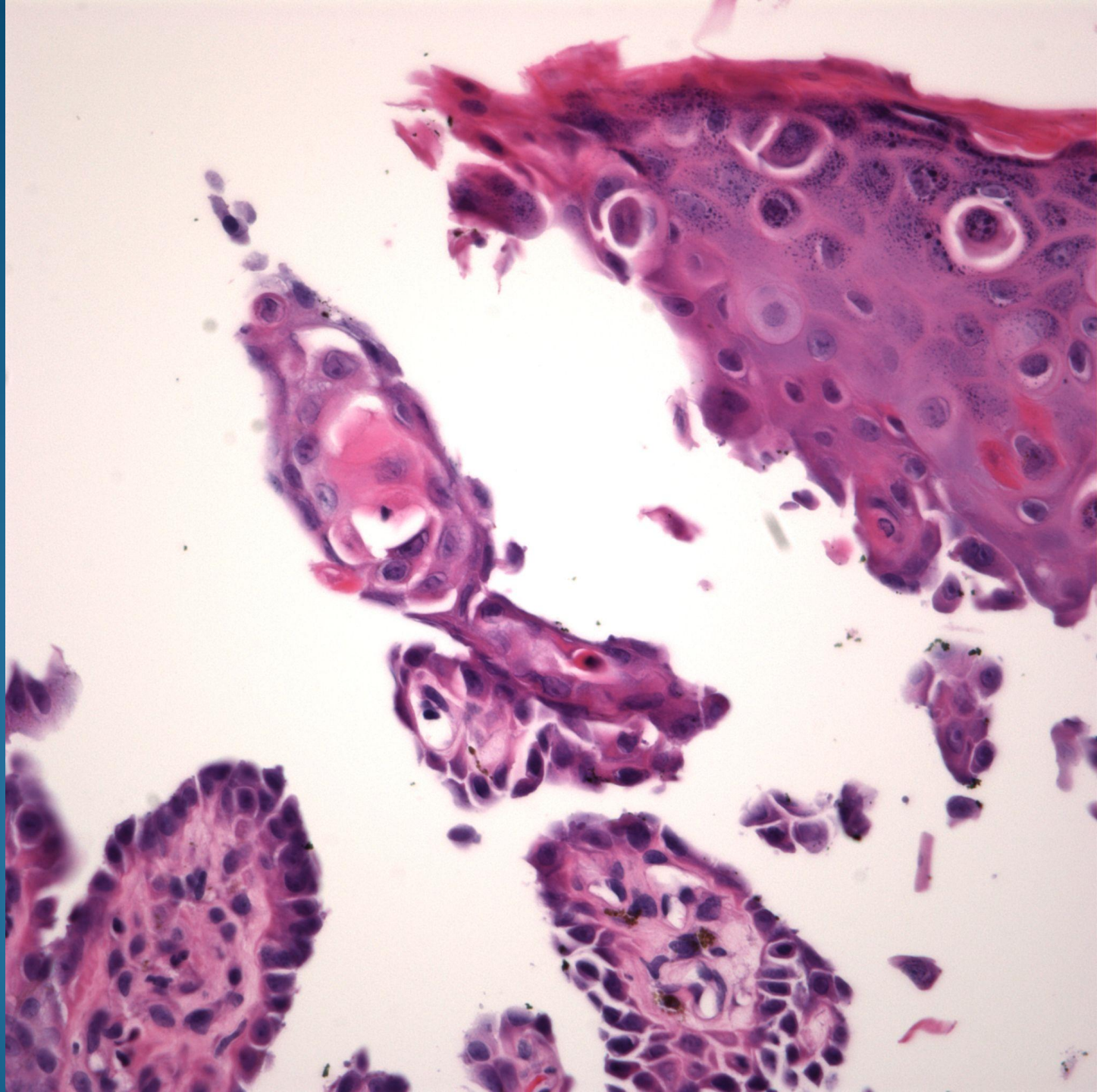


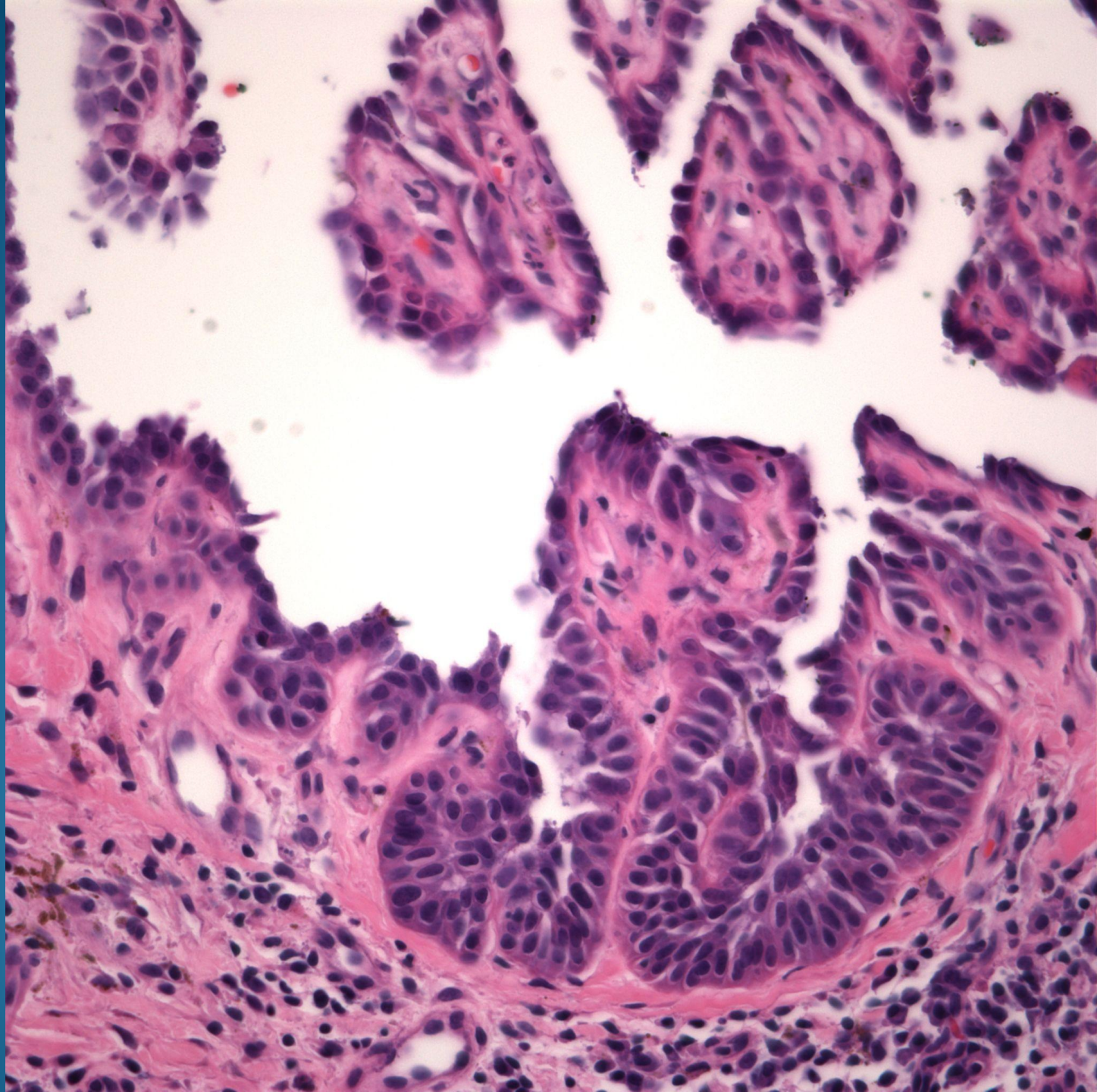
- Melanocytic nevi may exhibit many architectural patterns
- This pattern mimics a hobnail hemangioma
- Represent retraction around existing nests
- May confirm with absent staining for CD31

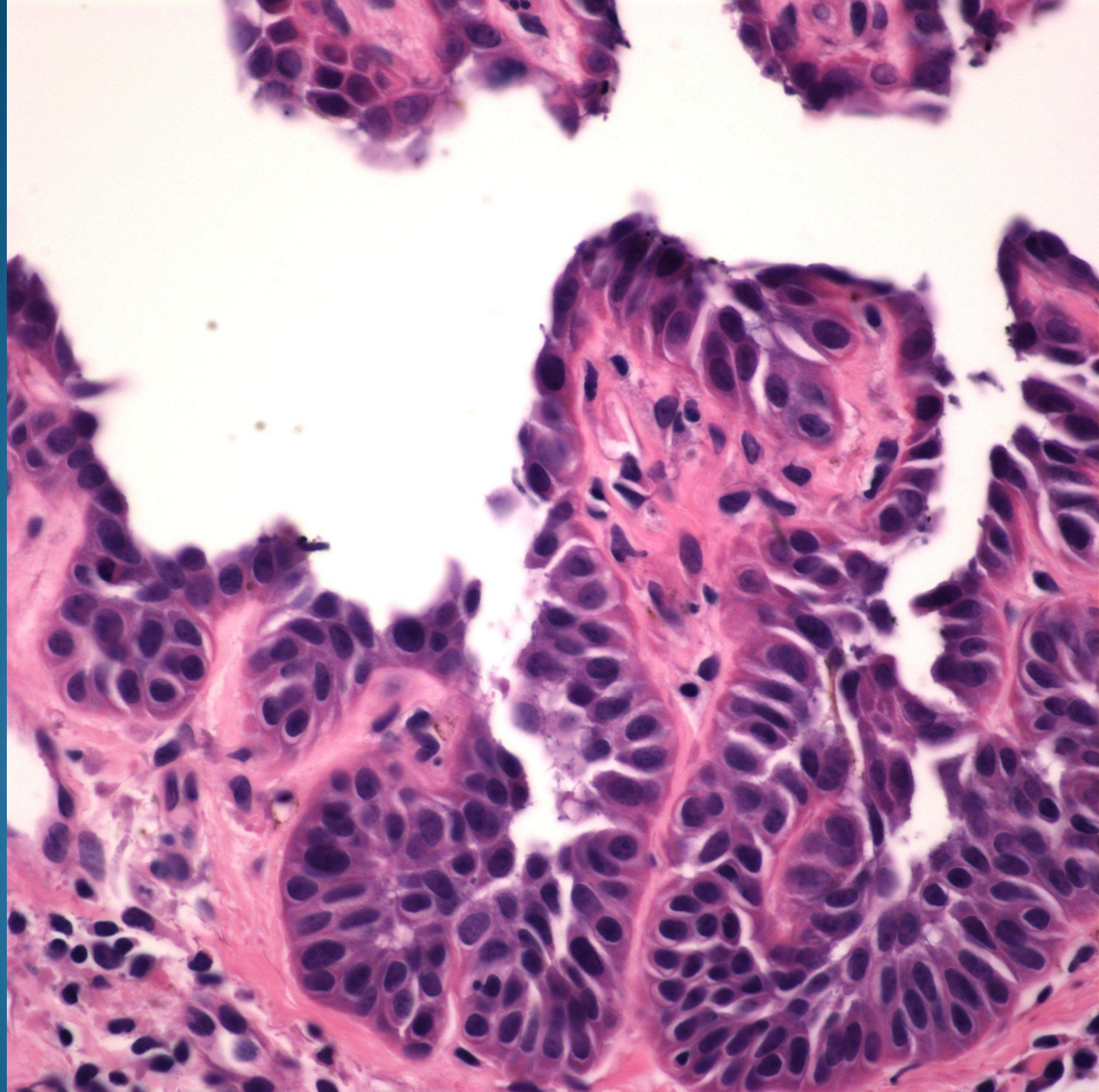






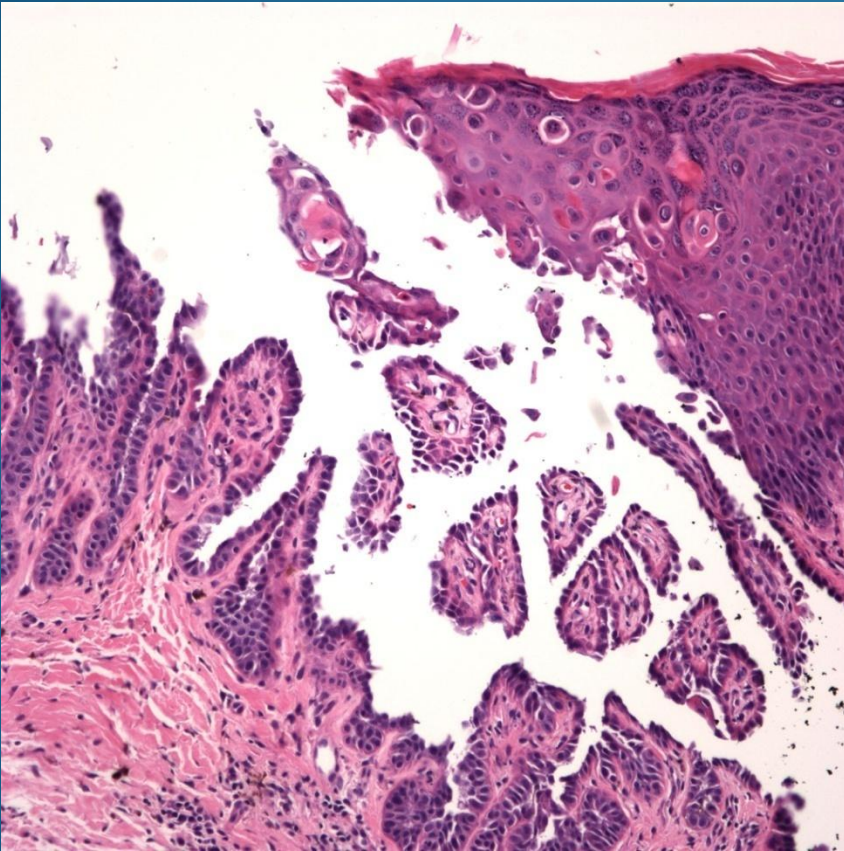




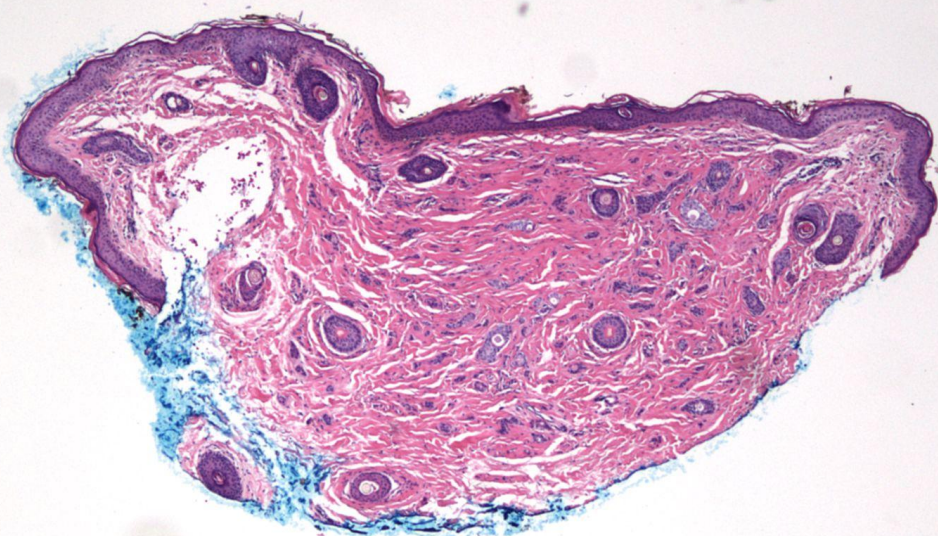


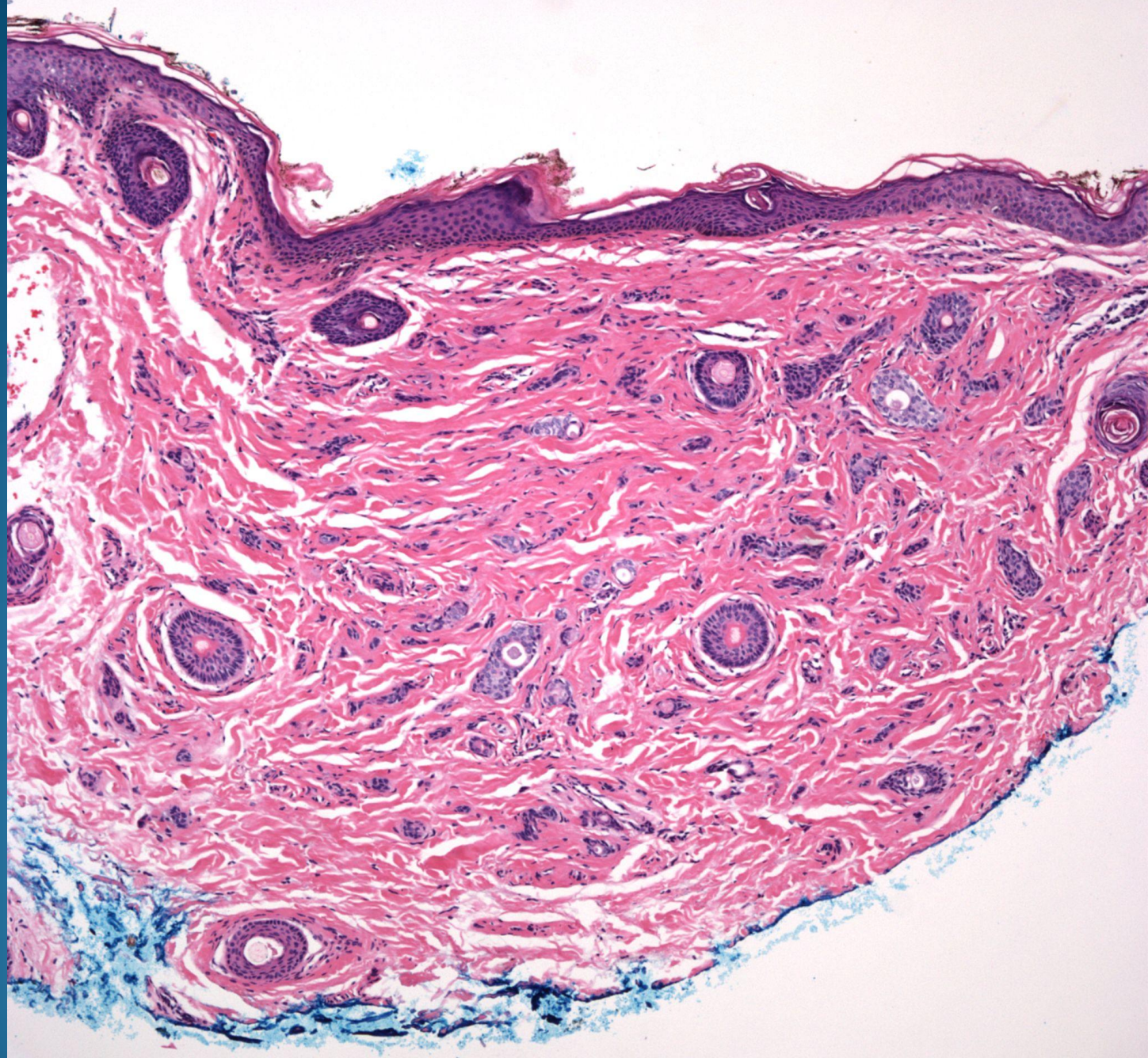
Darier's Disease

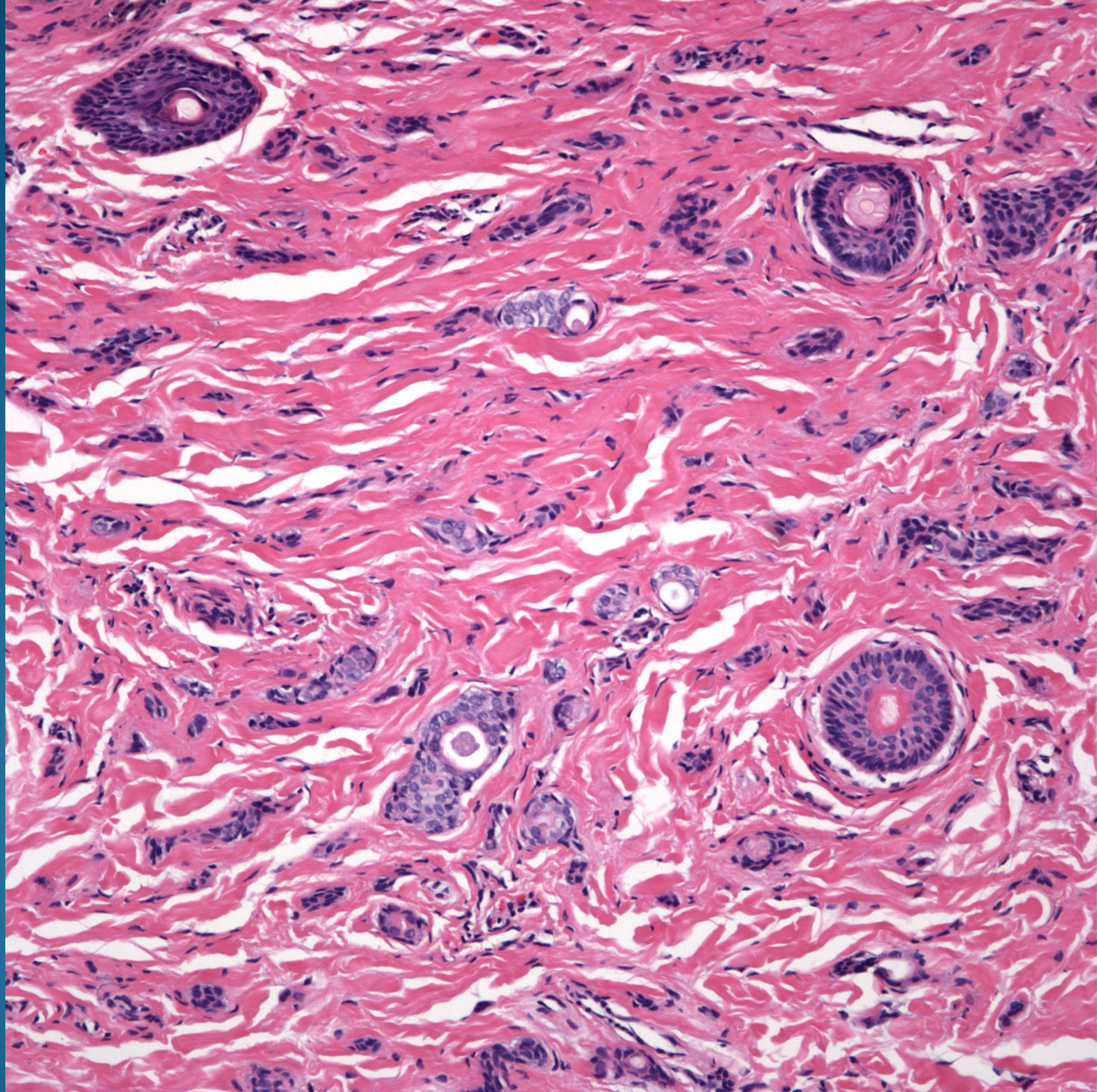
Pearls

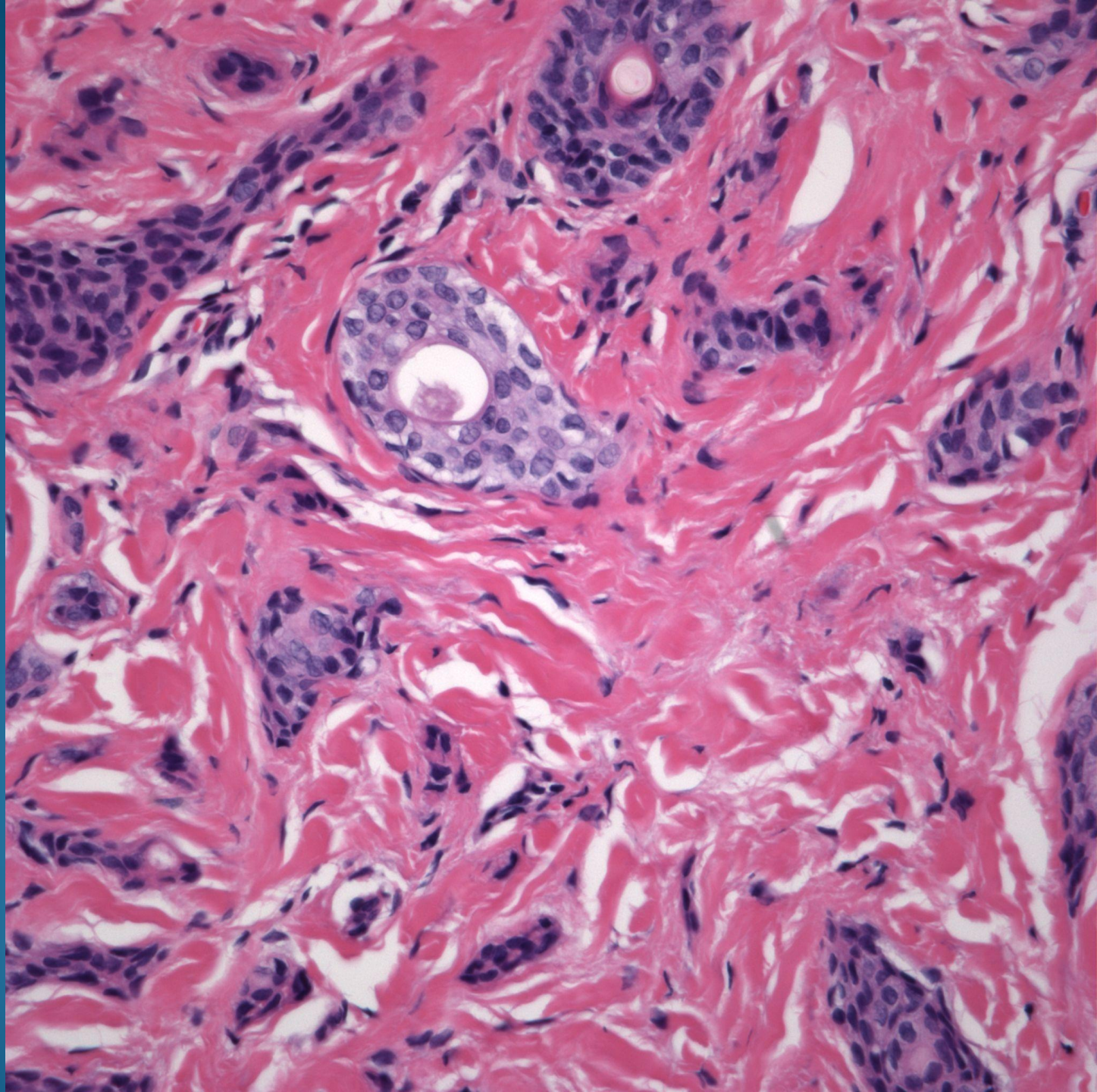


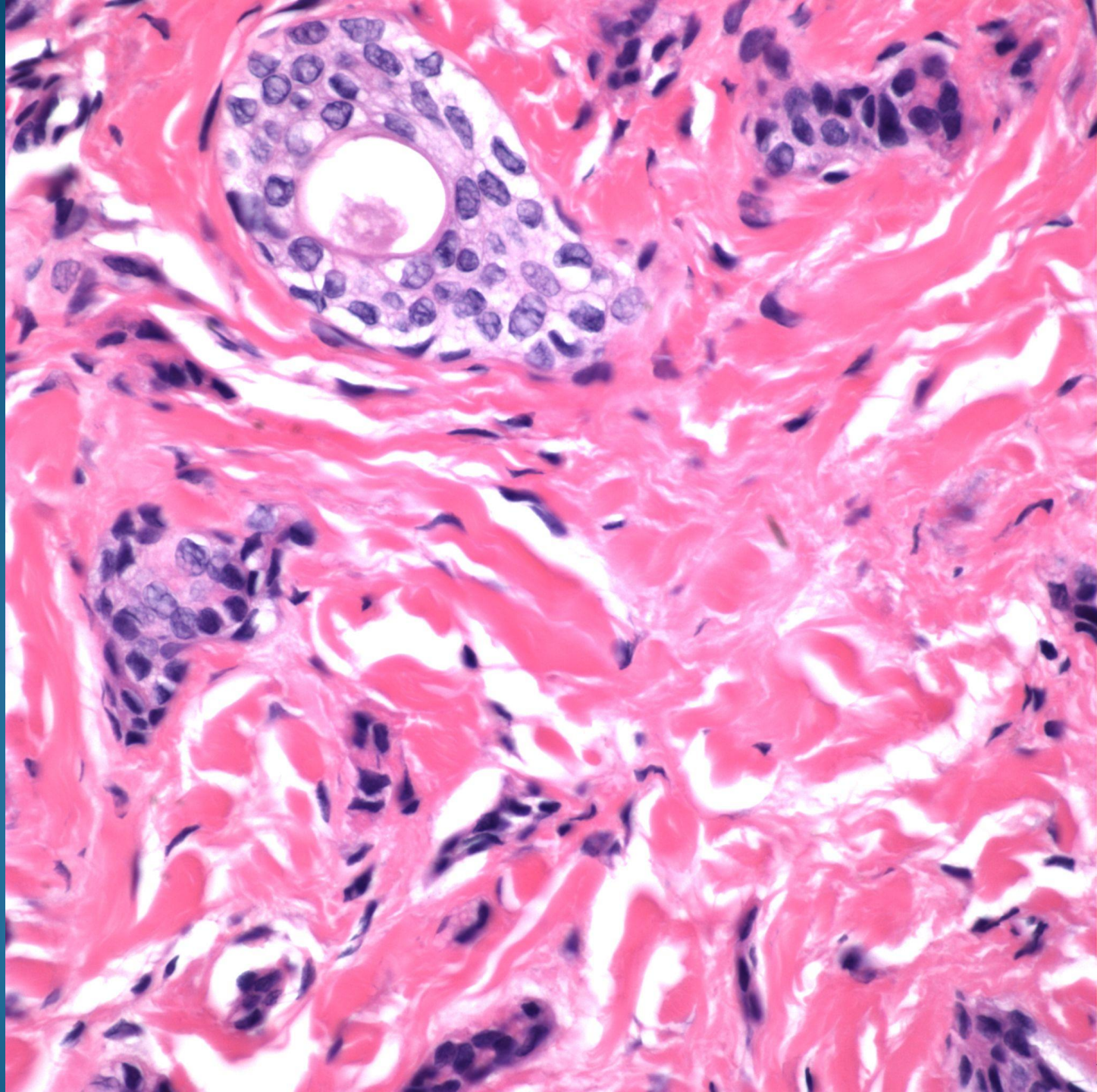
- Epidermal hyperplasia with a verruciform-like appearance
- Suprabasilar acantholysis associated with keratins and keratin grains
- No cytologic atypia
- Rule out Grover's disease





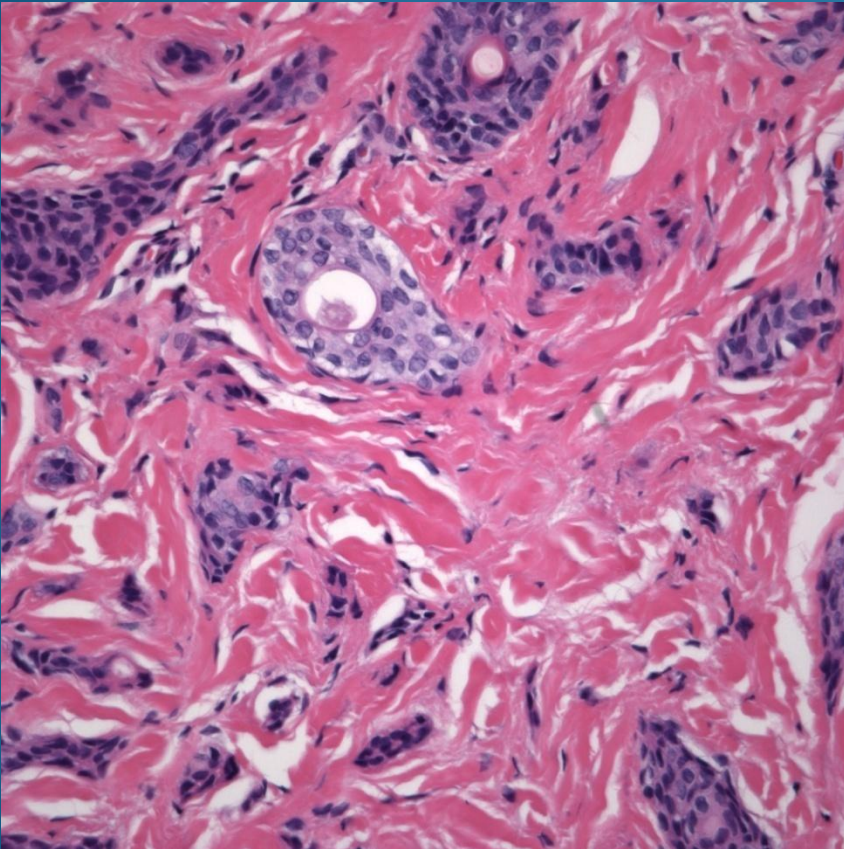






Syringoma

Pearls



- Comma shaped ducts lined by squamous epithelial cells with no atypia
- Sclerotic stroma surrounds the epithelial proliferation
- Correlate with clinical appearance (usually multiple and always superficial)