Dermatopathology Slide Review Part 37

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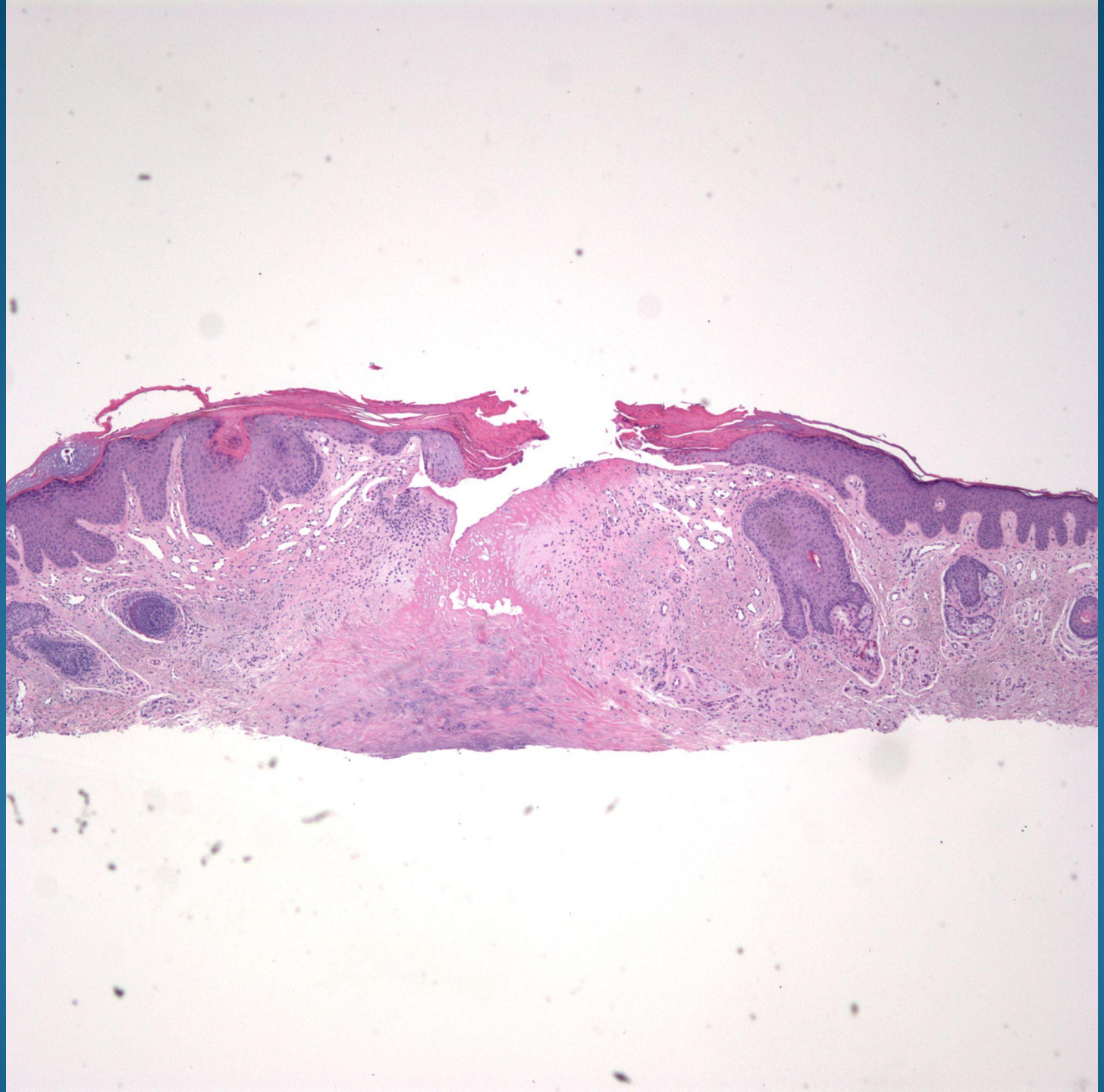
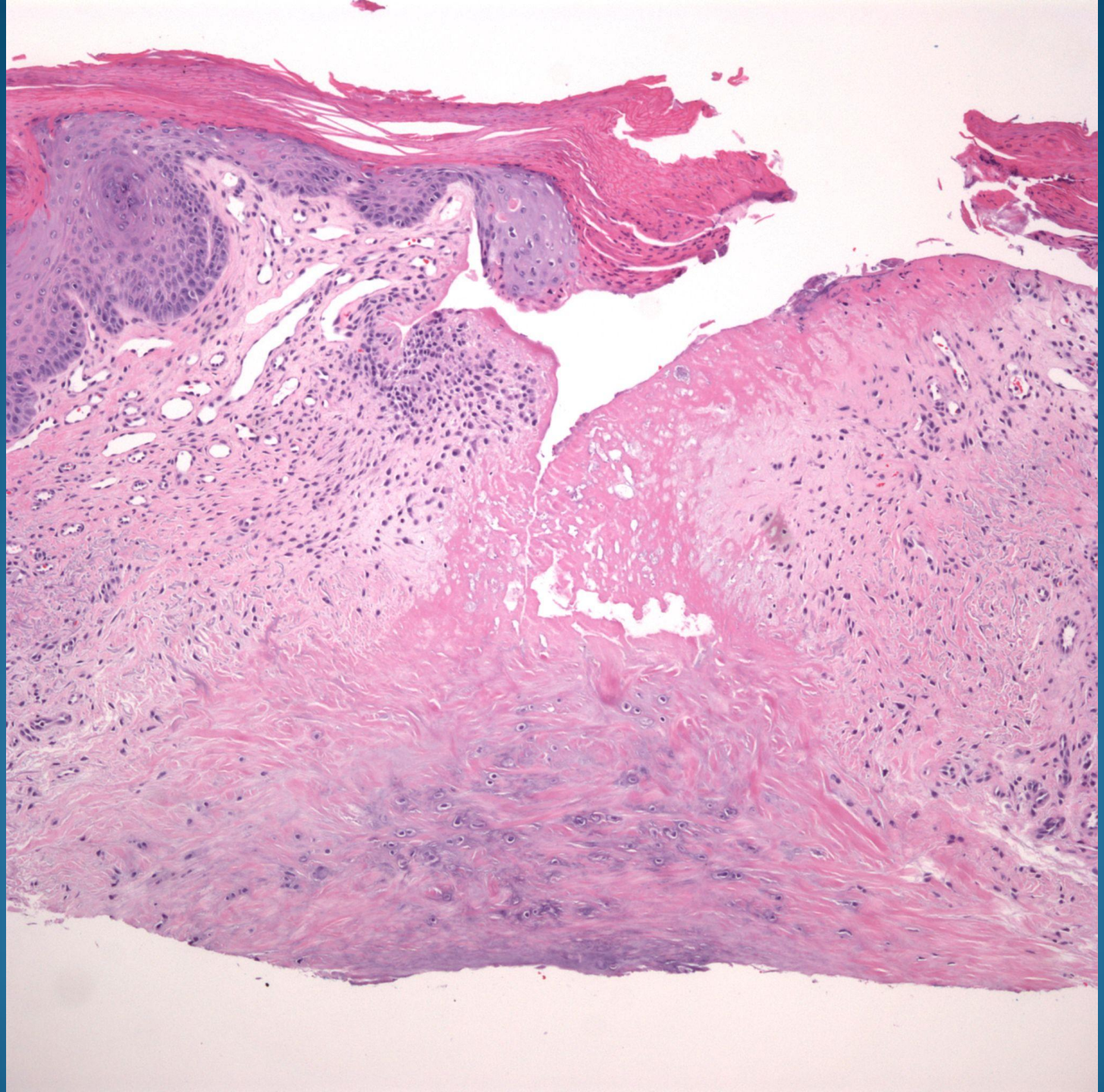
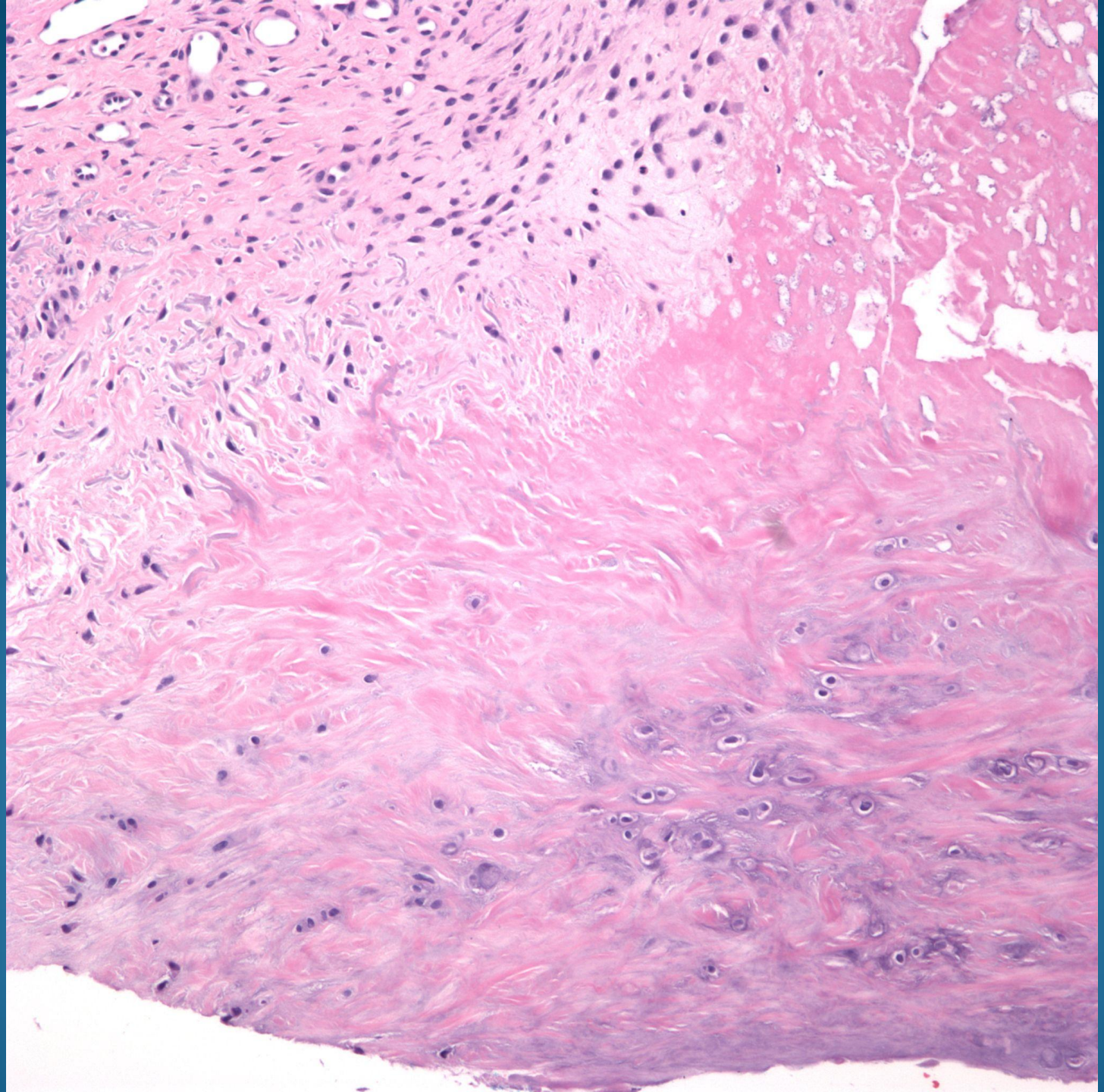
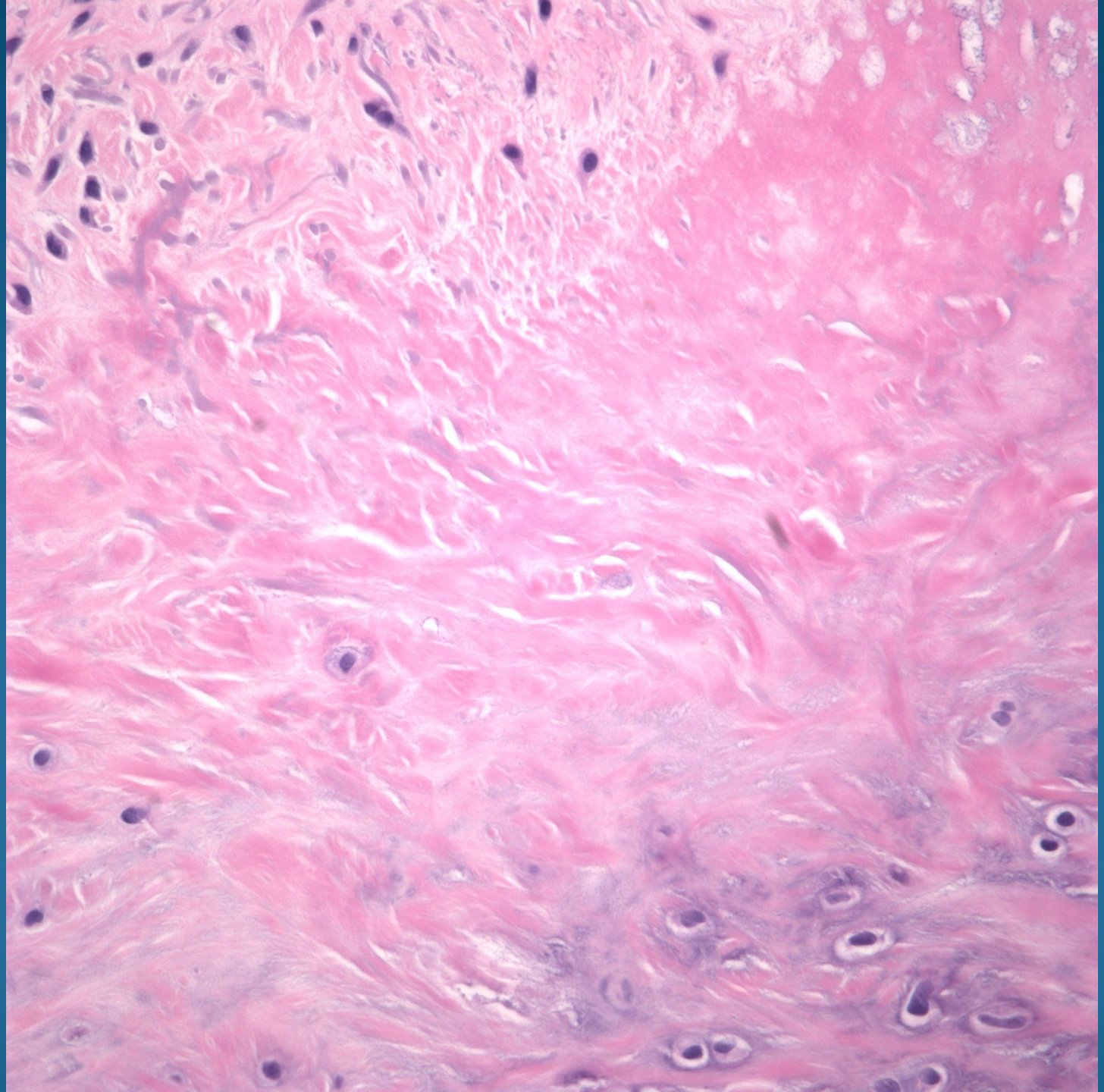


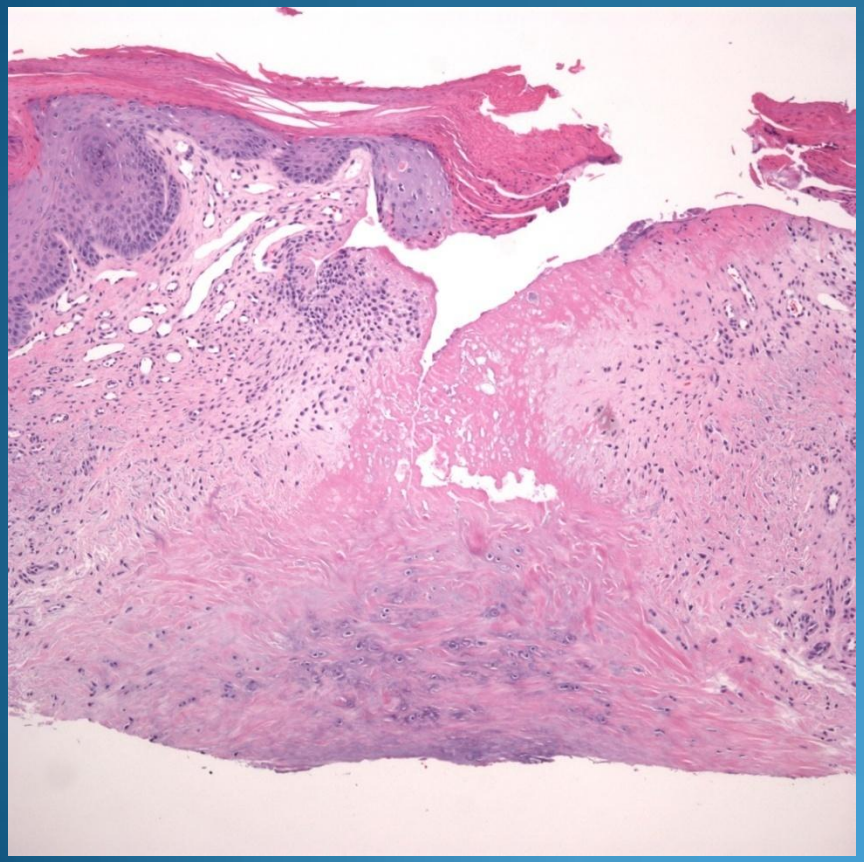




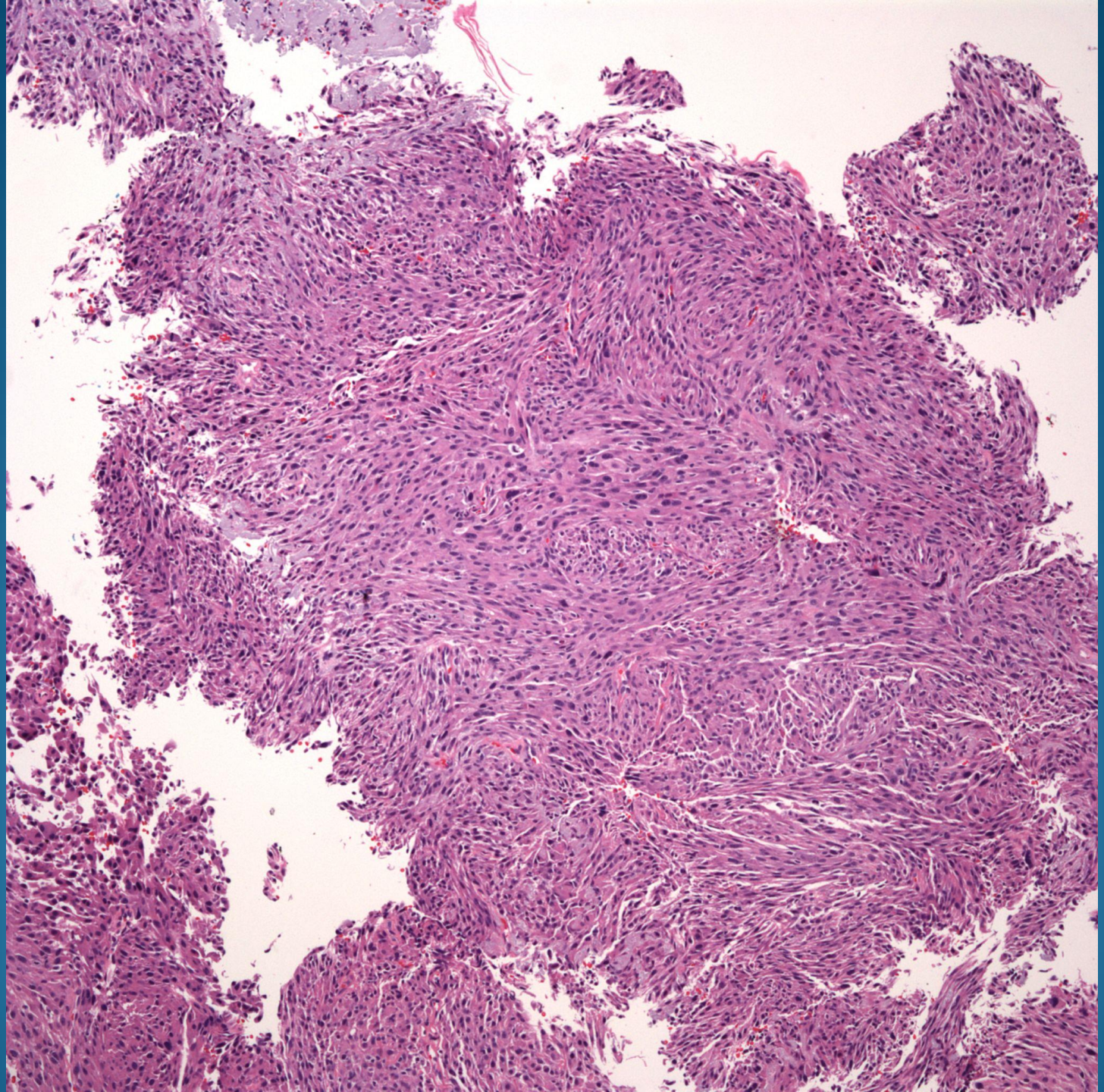


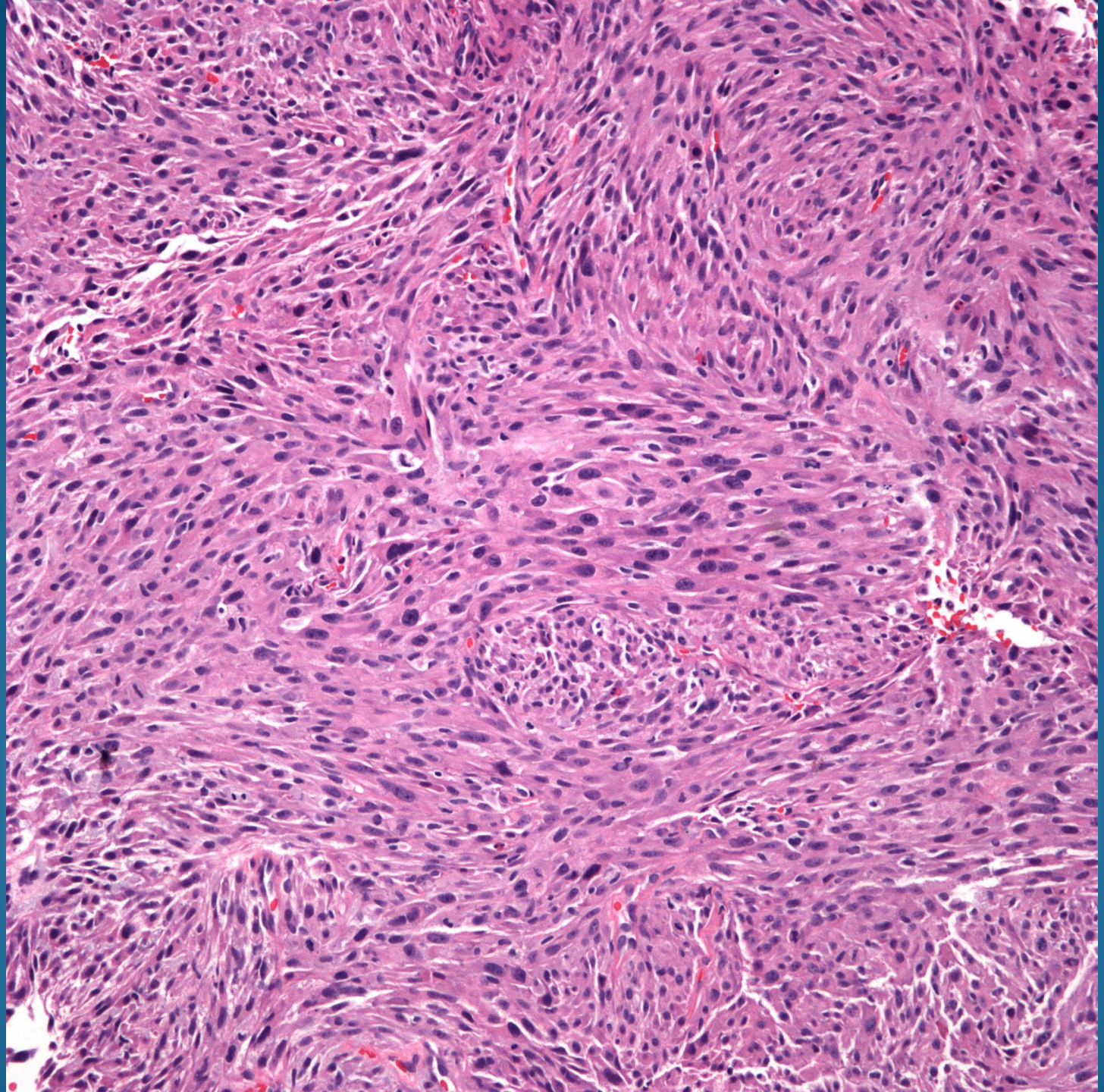
Chondrodermatitis nodularis helicis

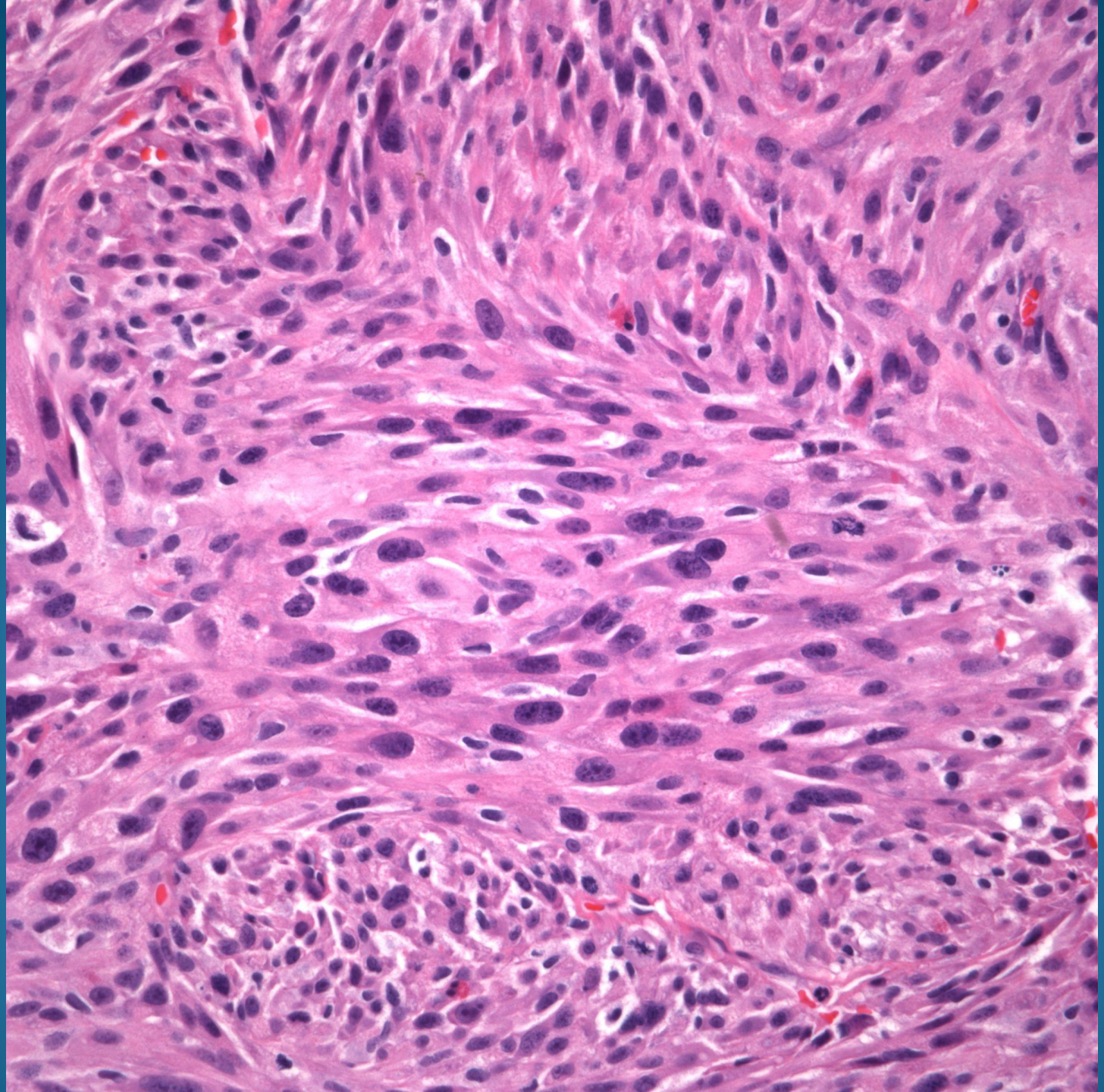
Pearls

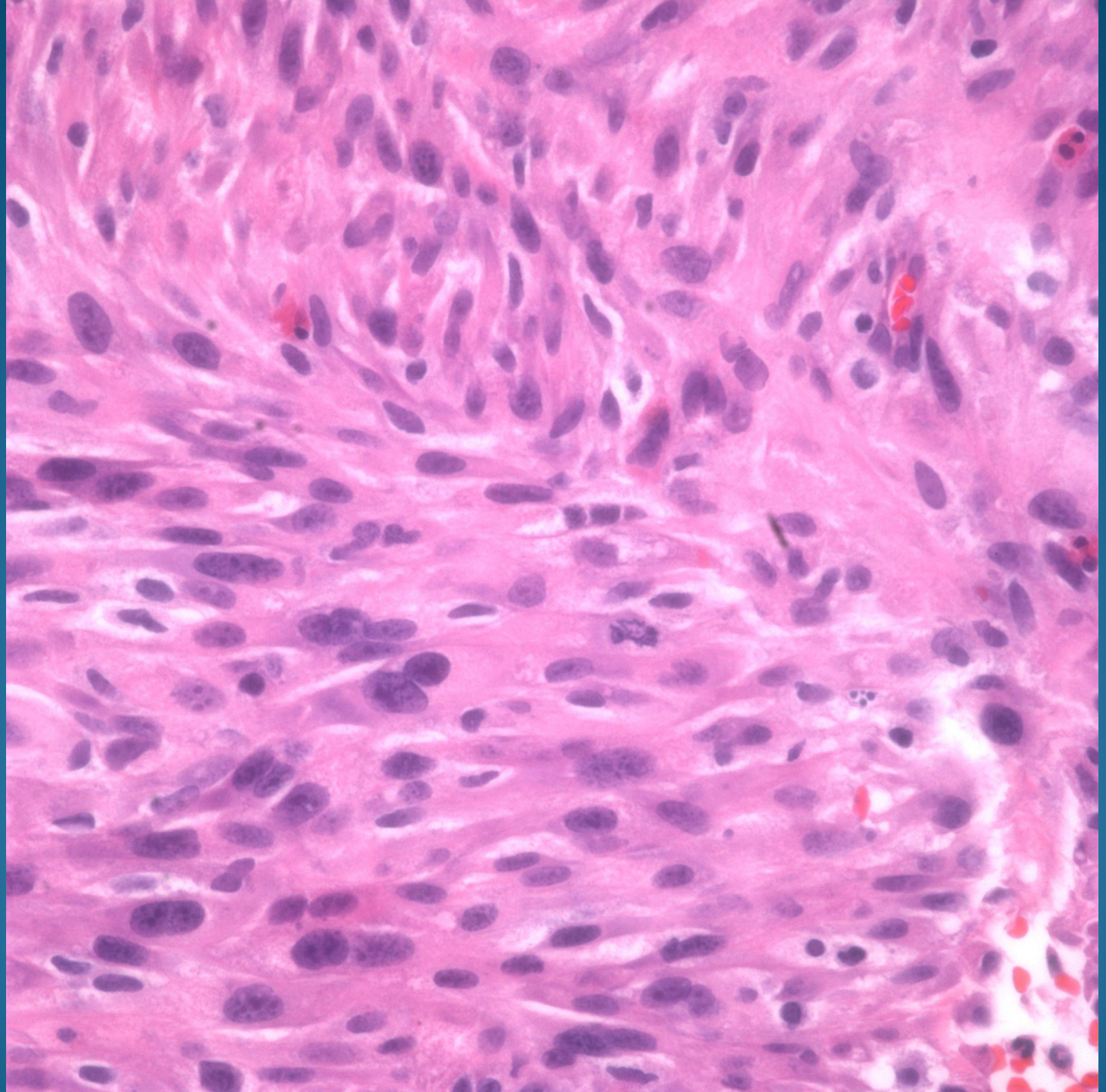


- Eosinophilic collagen and degenerating cartilage
- May have epidermal hyperplasia or ulceration
- Occasionally, may only see proliferating perichondrocytes
- Rule out relapsing polychondritis and underlying connective tissue disease



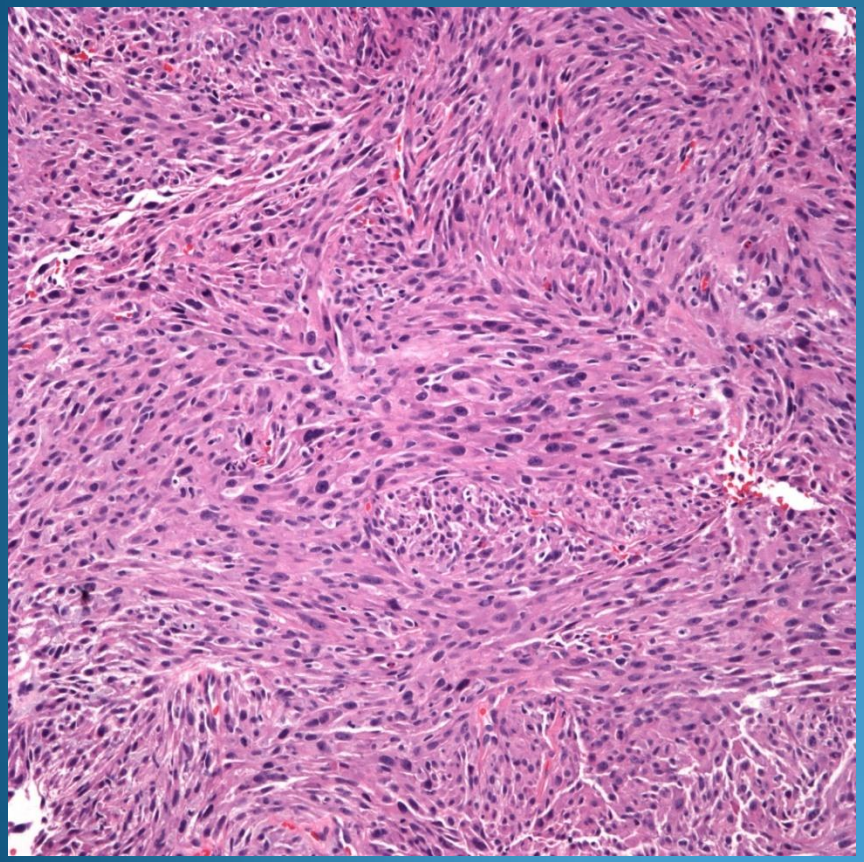




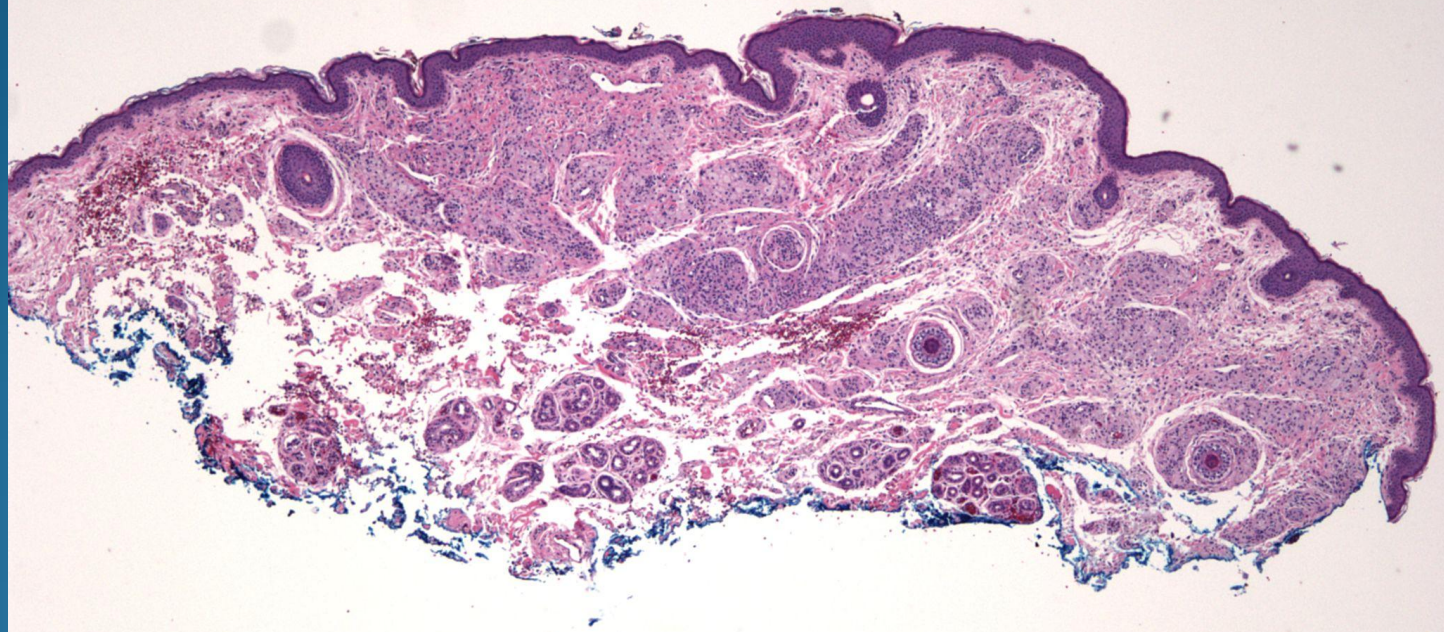


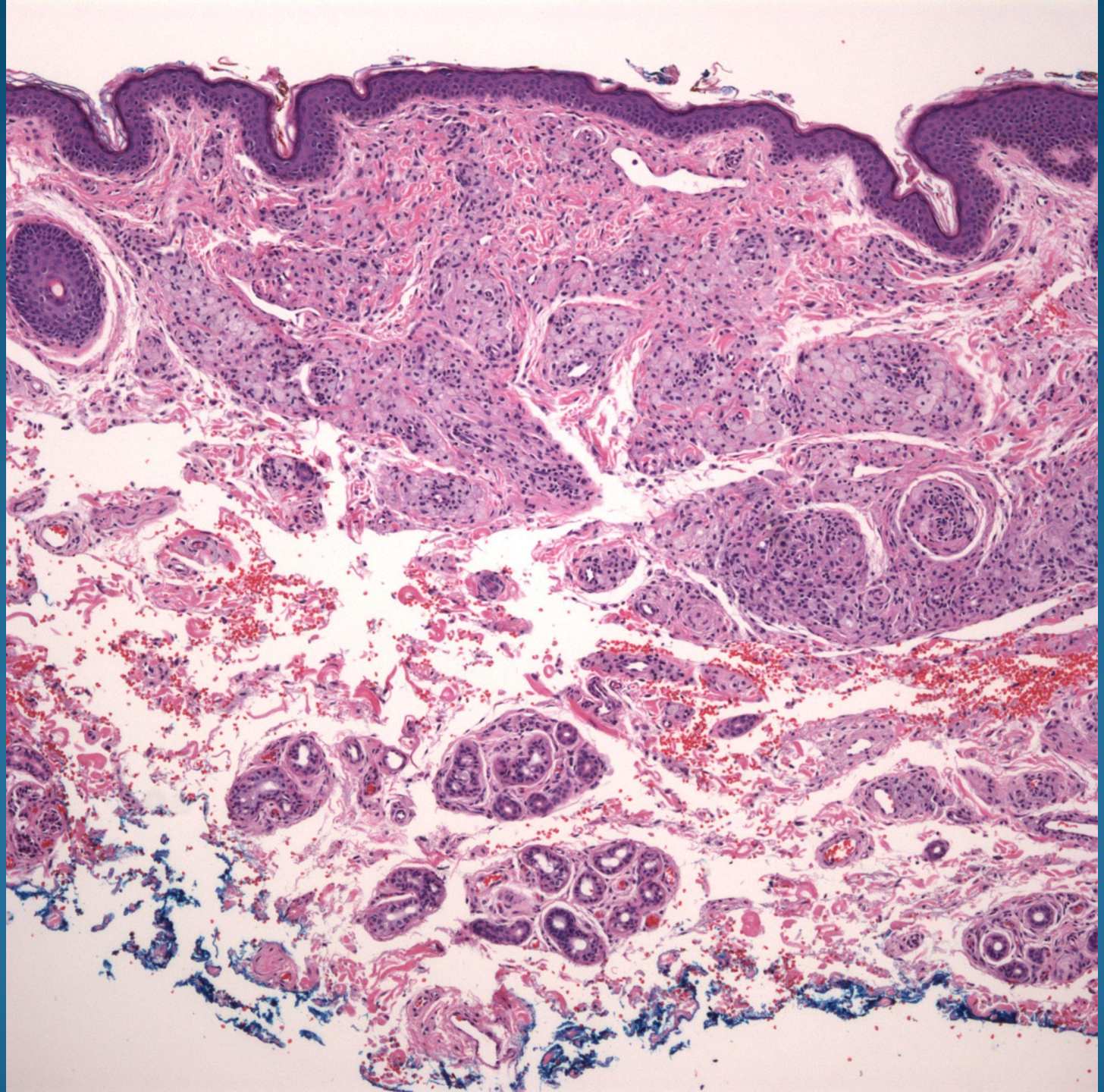
Atypical Fibroxanthoma

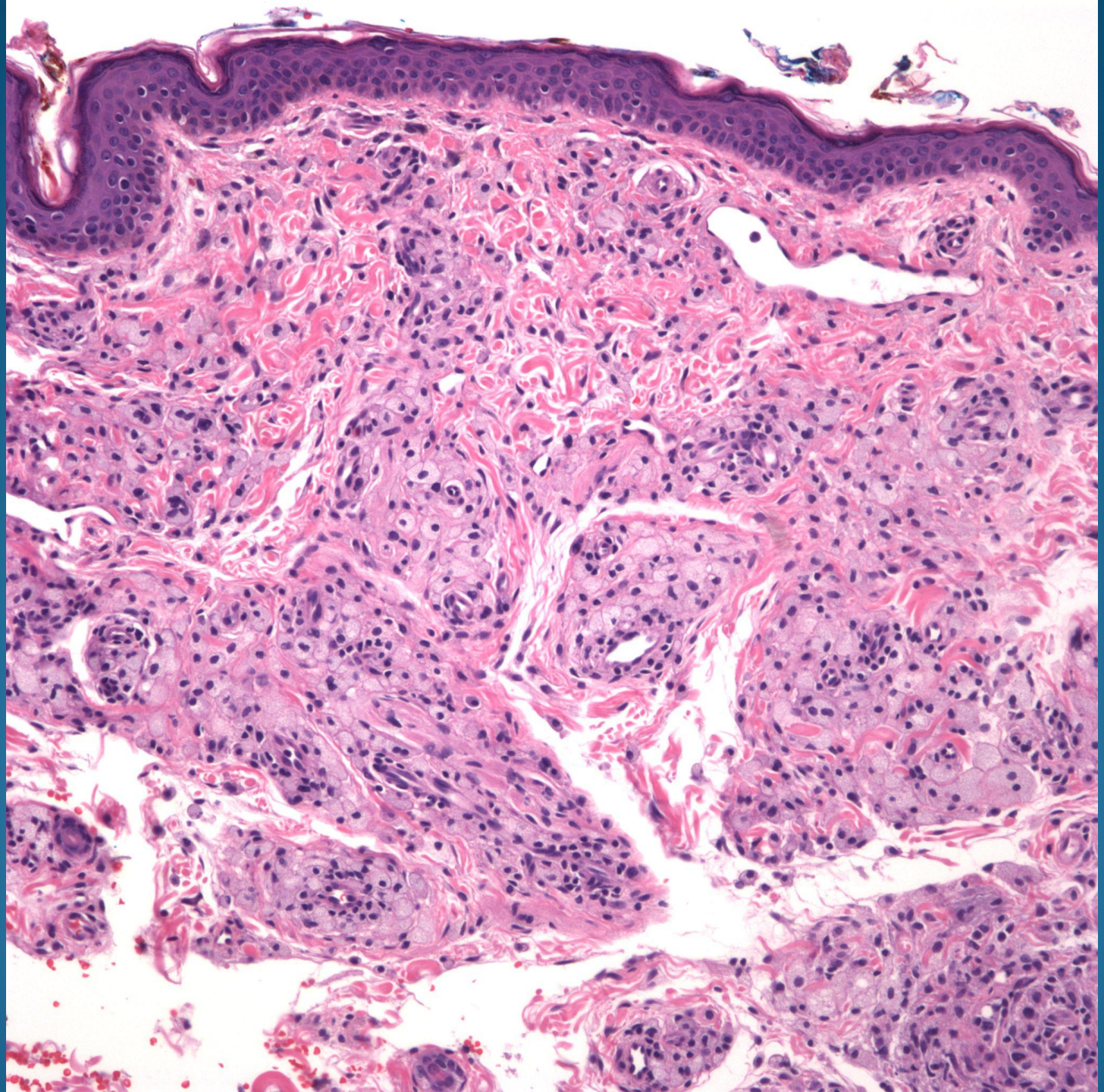
Pearls

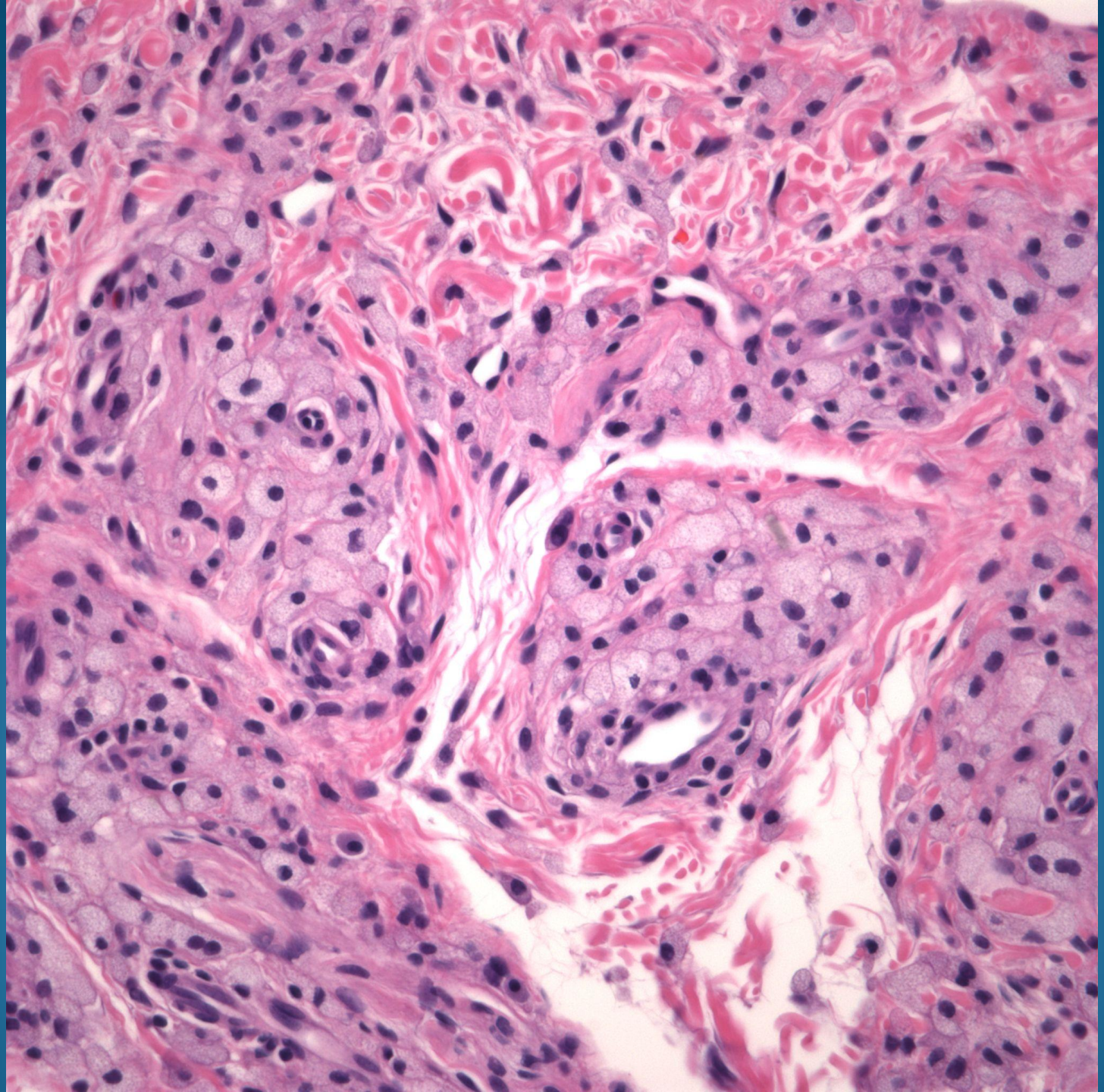


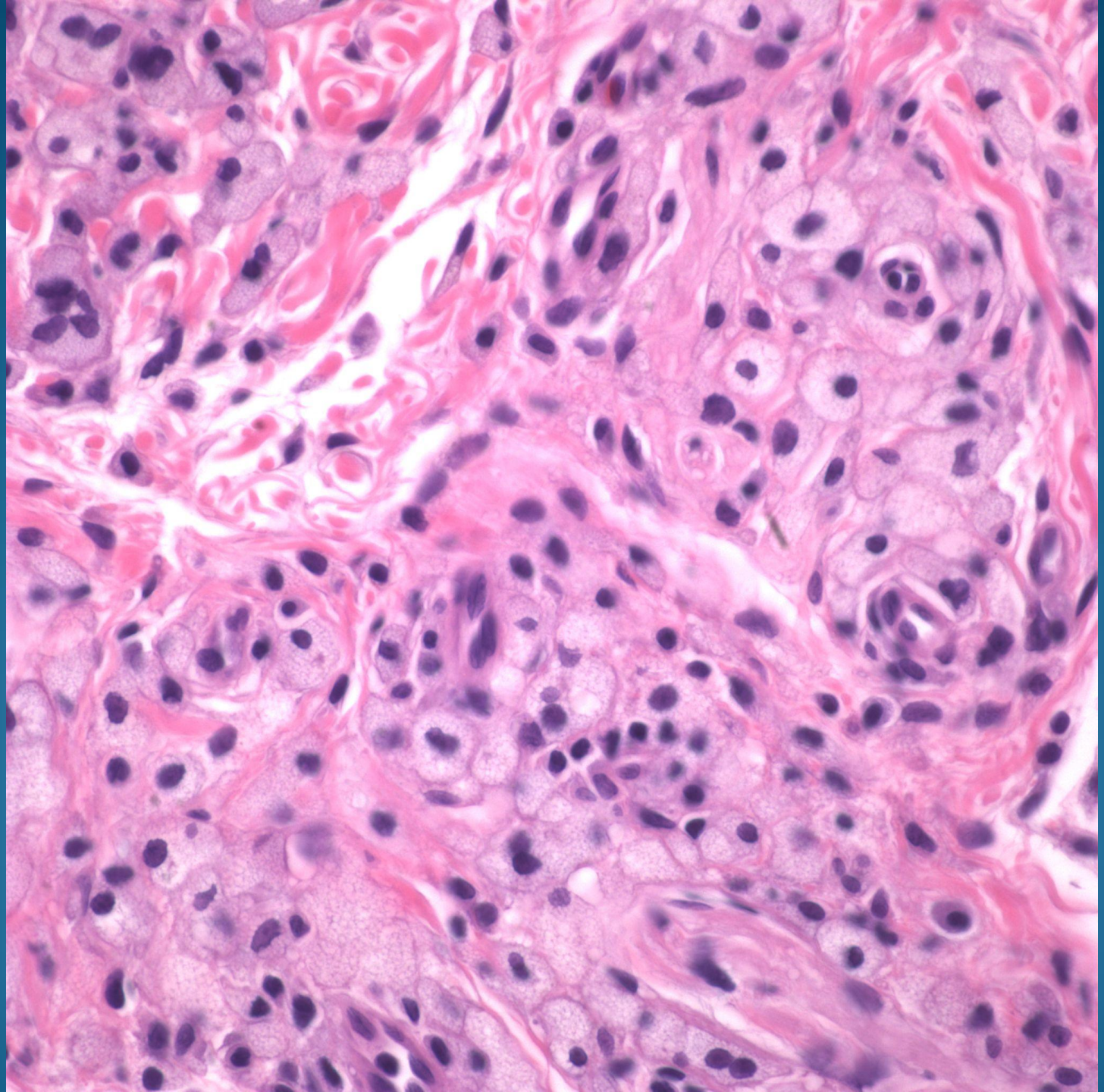
- Cytologically malignant dermal neoplasm
- May be difficult to distinguish epidermal attachment
- Diagnosis of exclusion after IHC (CK, SMA, S100, CD31)





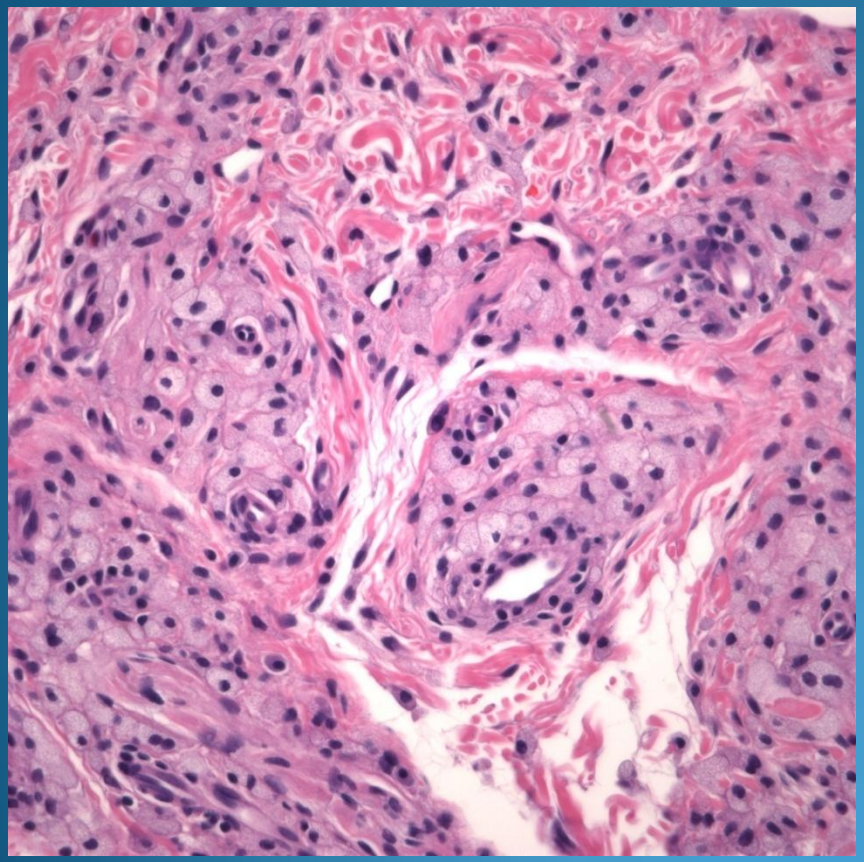




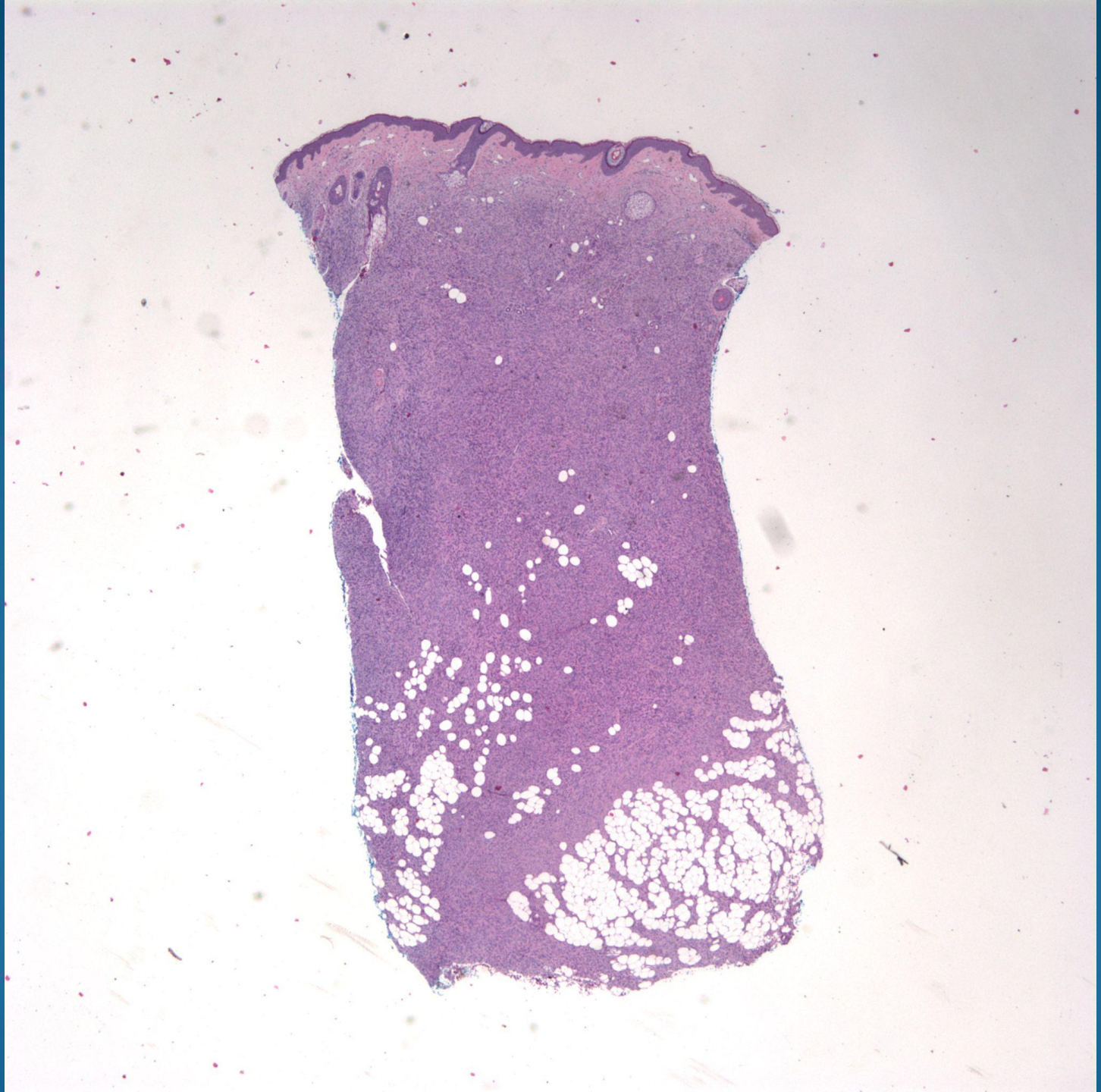


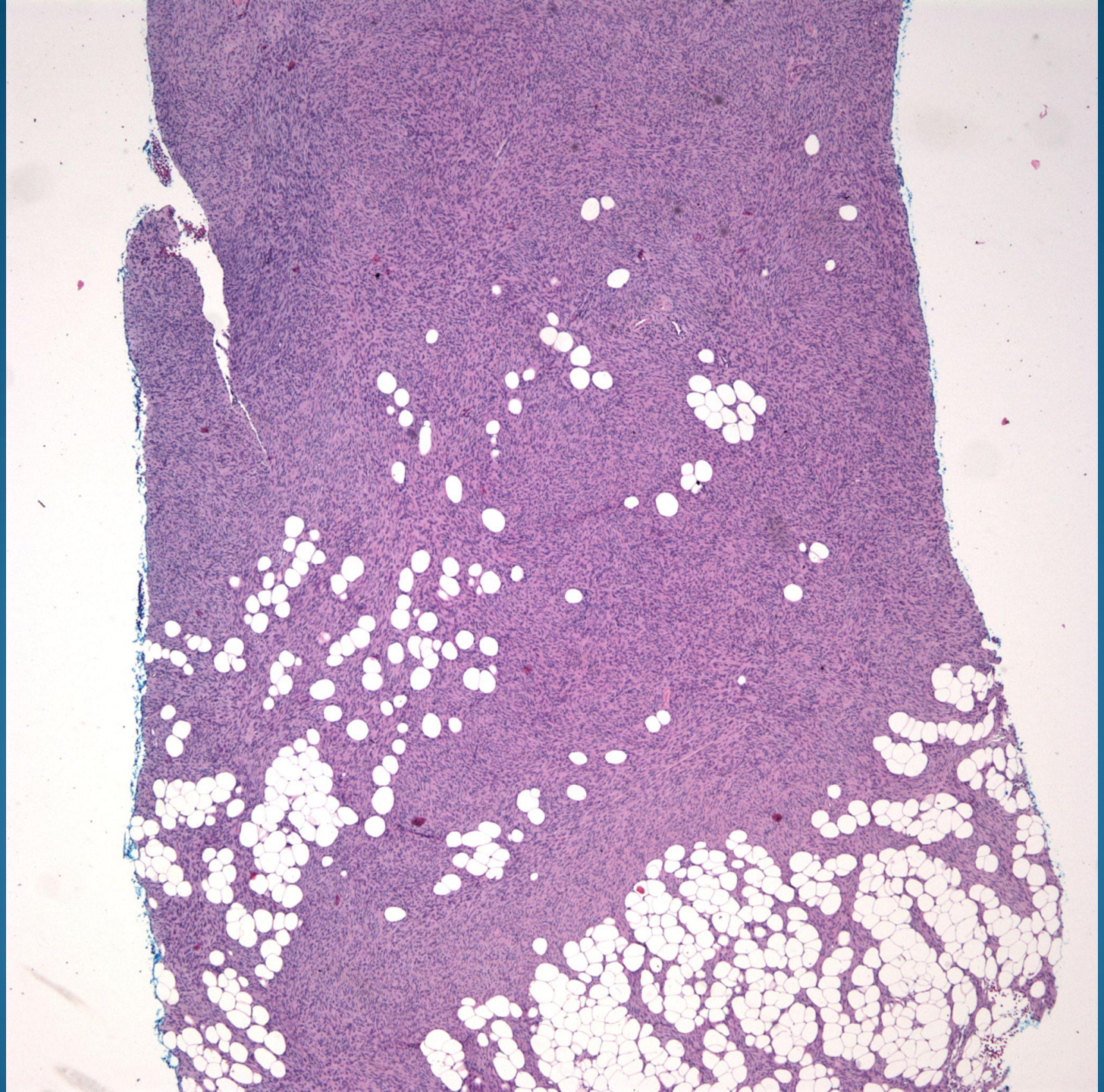
Xanthelasma
(Xanthoma of the Eyelid)

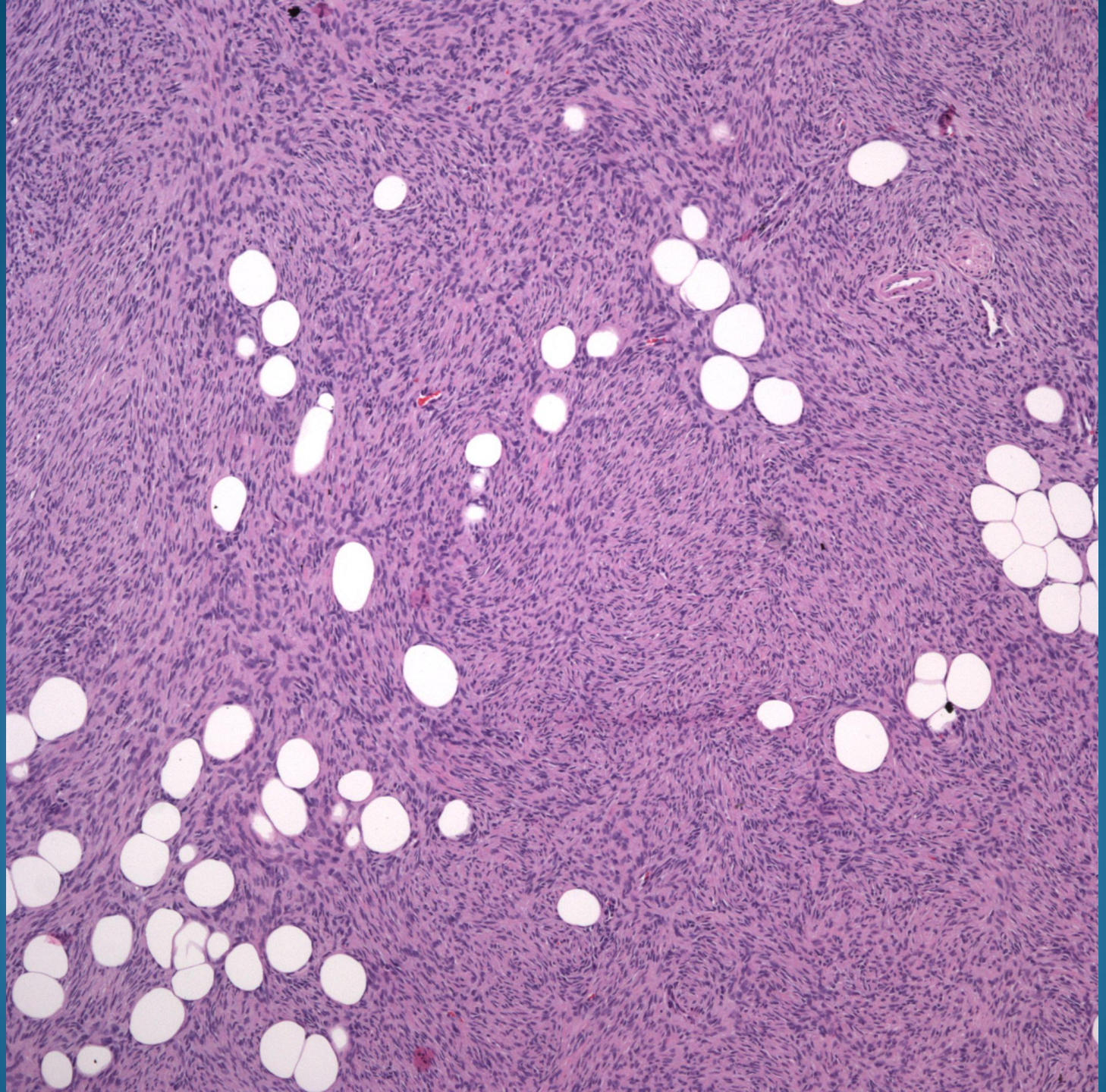
Pearls

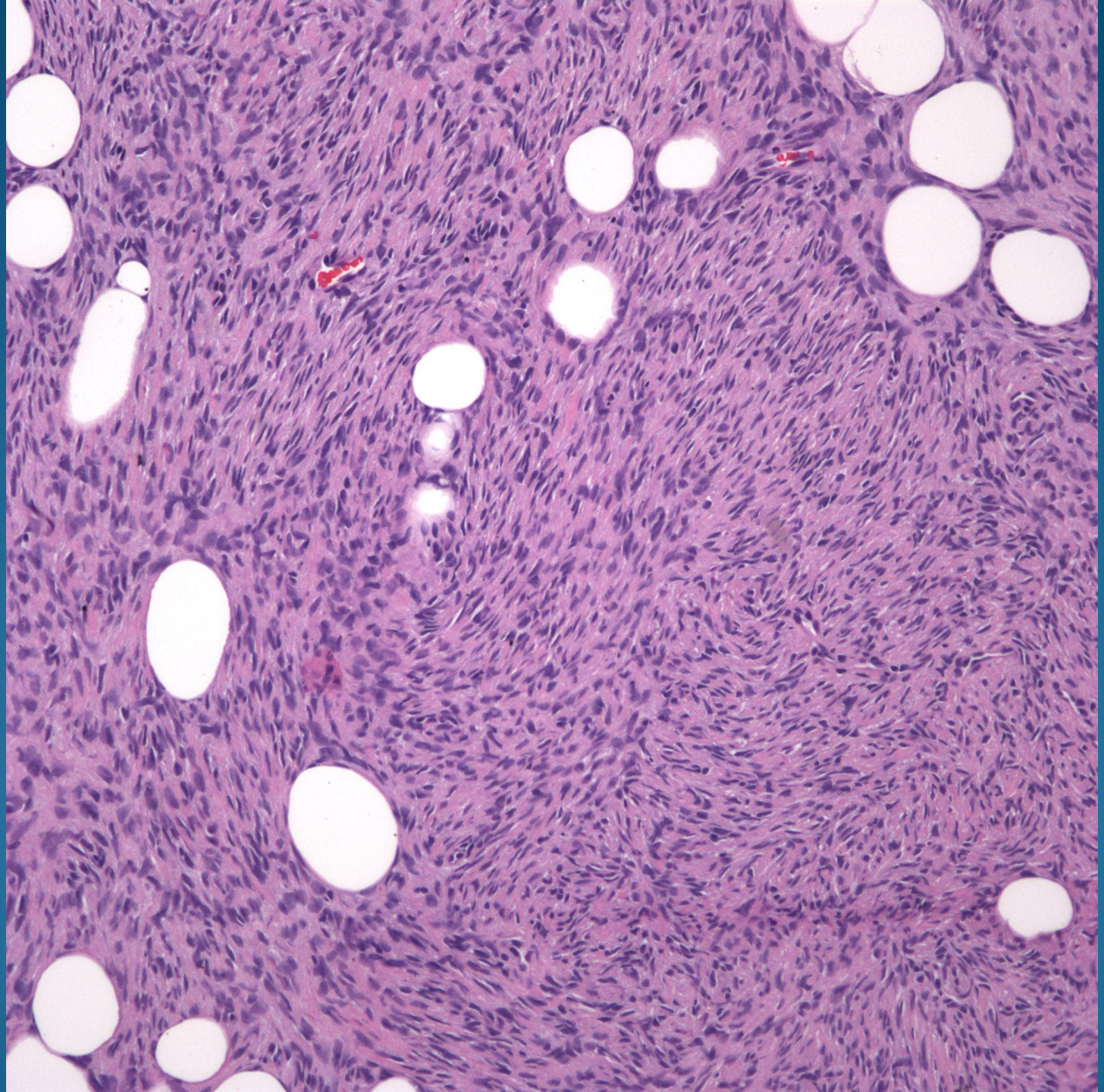


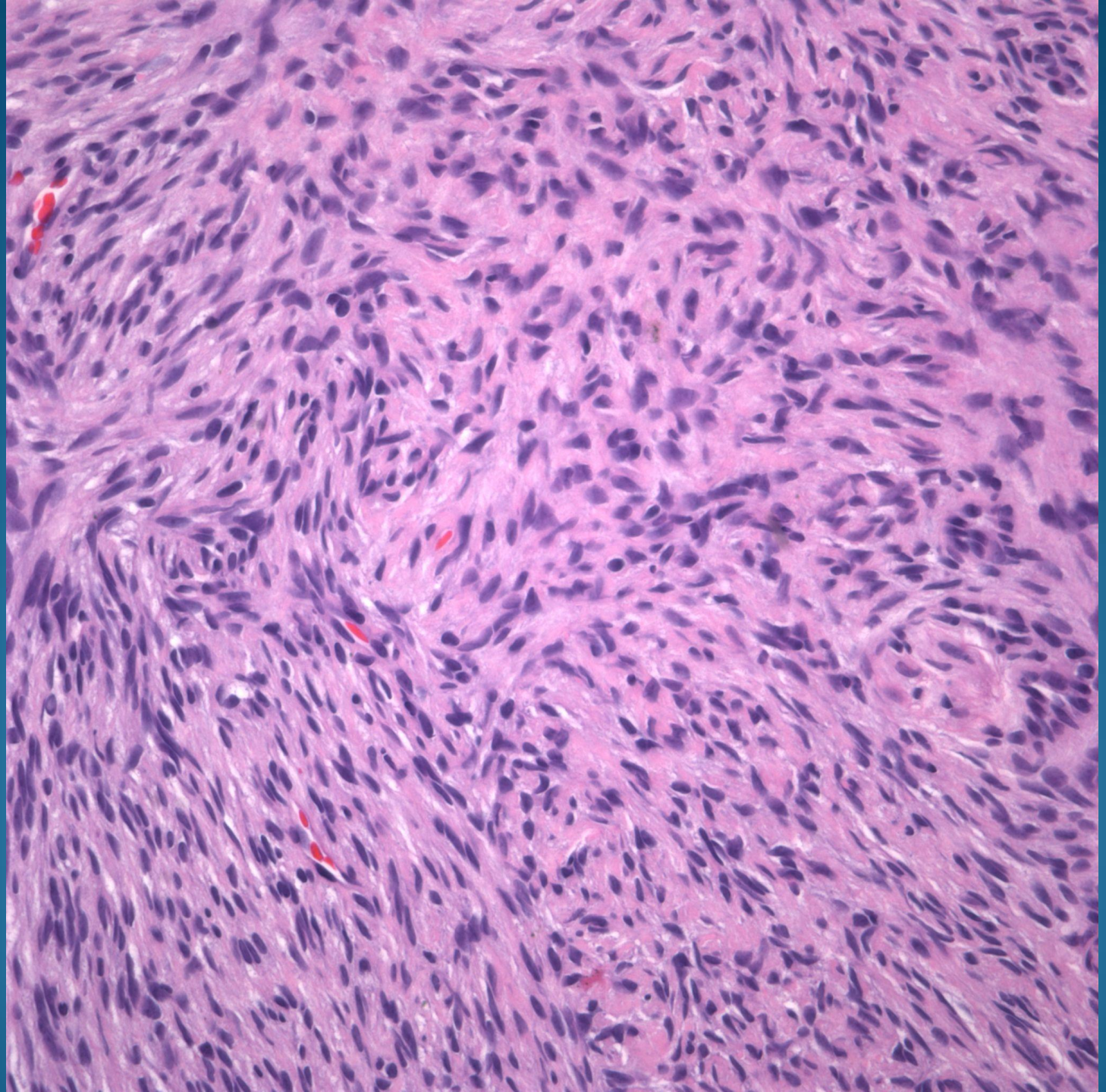
- Low power architecture of melanocytic nevus
- Diffuse and nodular collection of foamy histiocytes
- No cytologic atypia
- Usually minimal chronic inflammation
- May need IHC-CD68+ to confirm

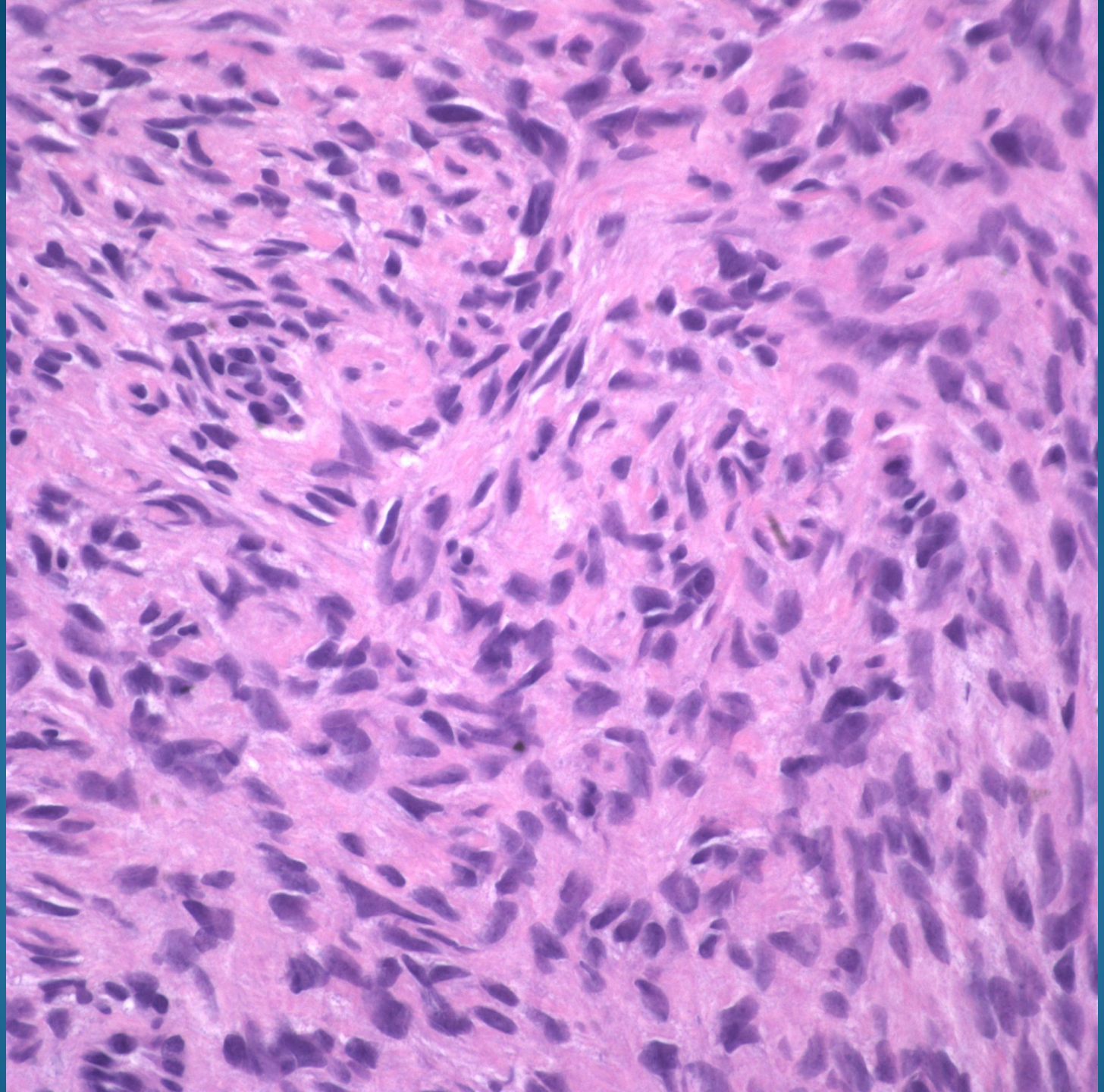


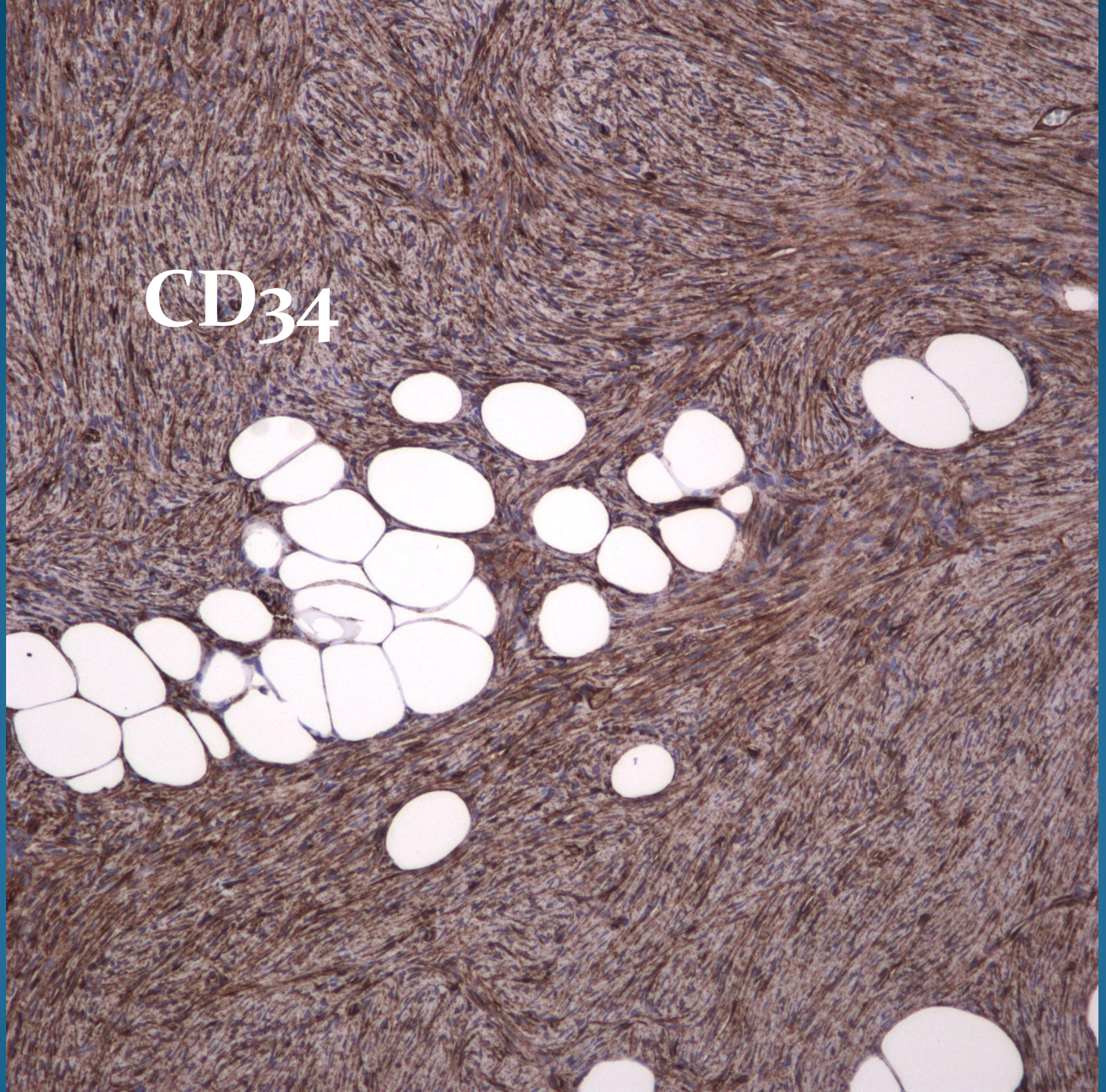






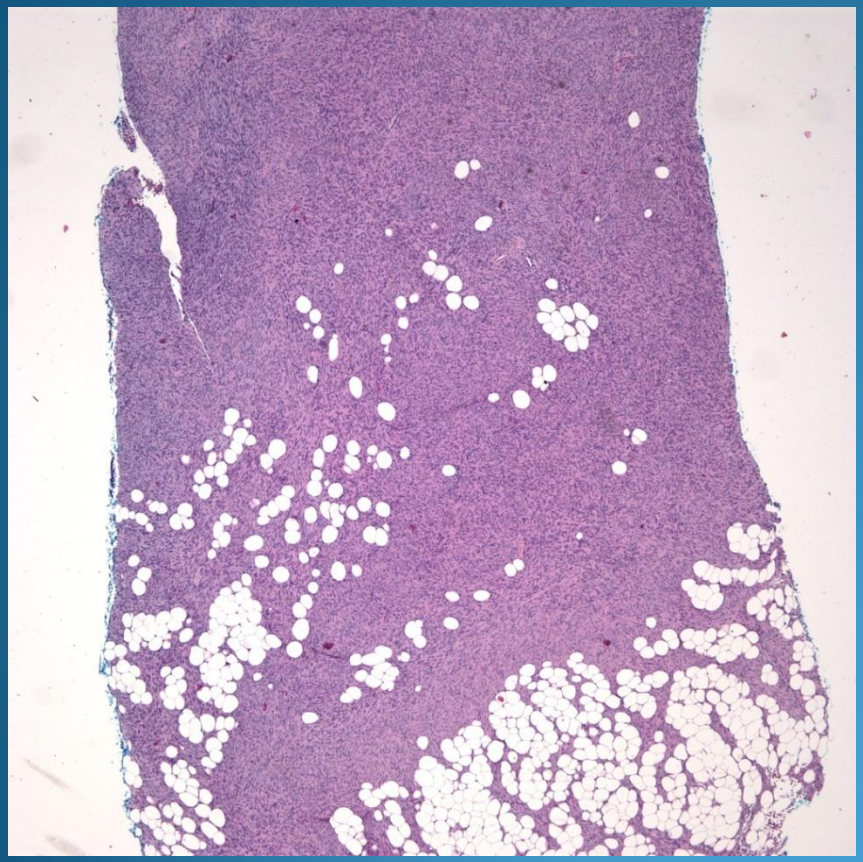




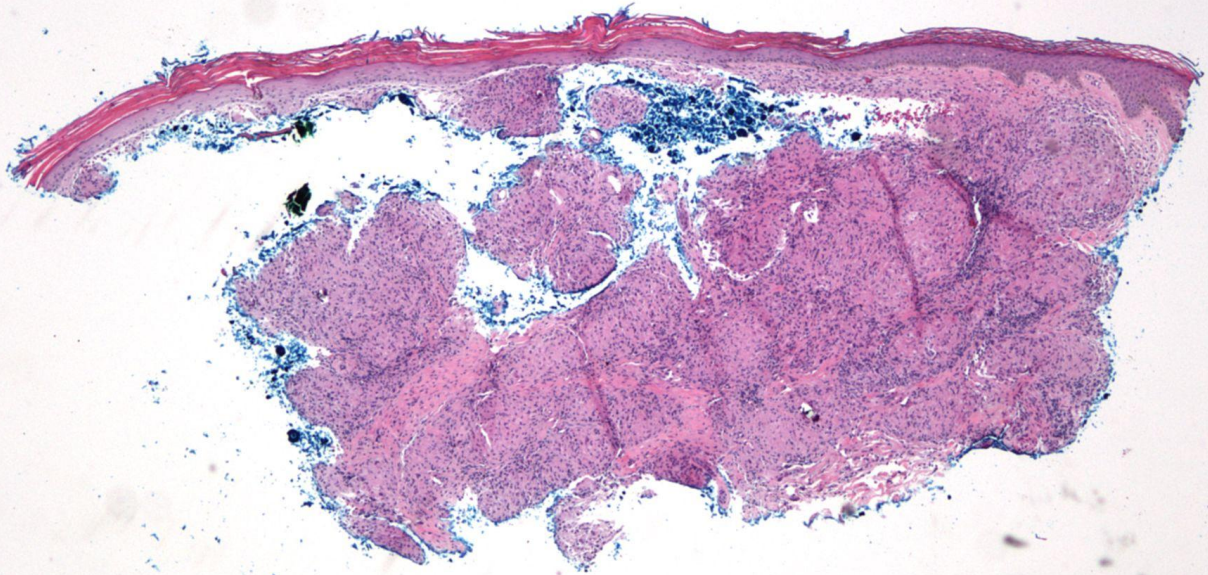

CD34

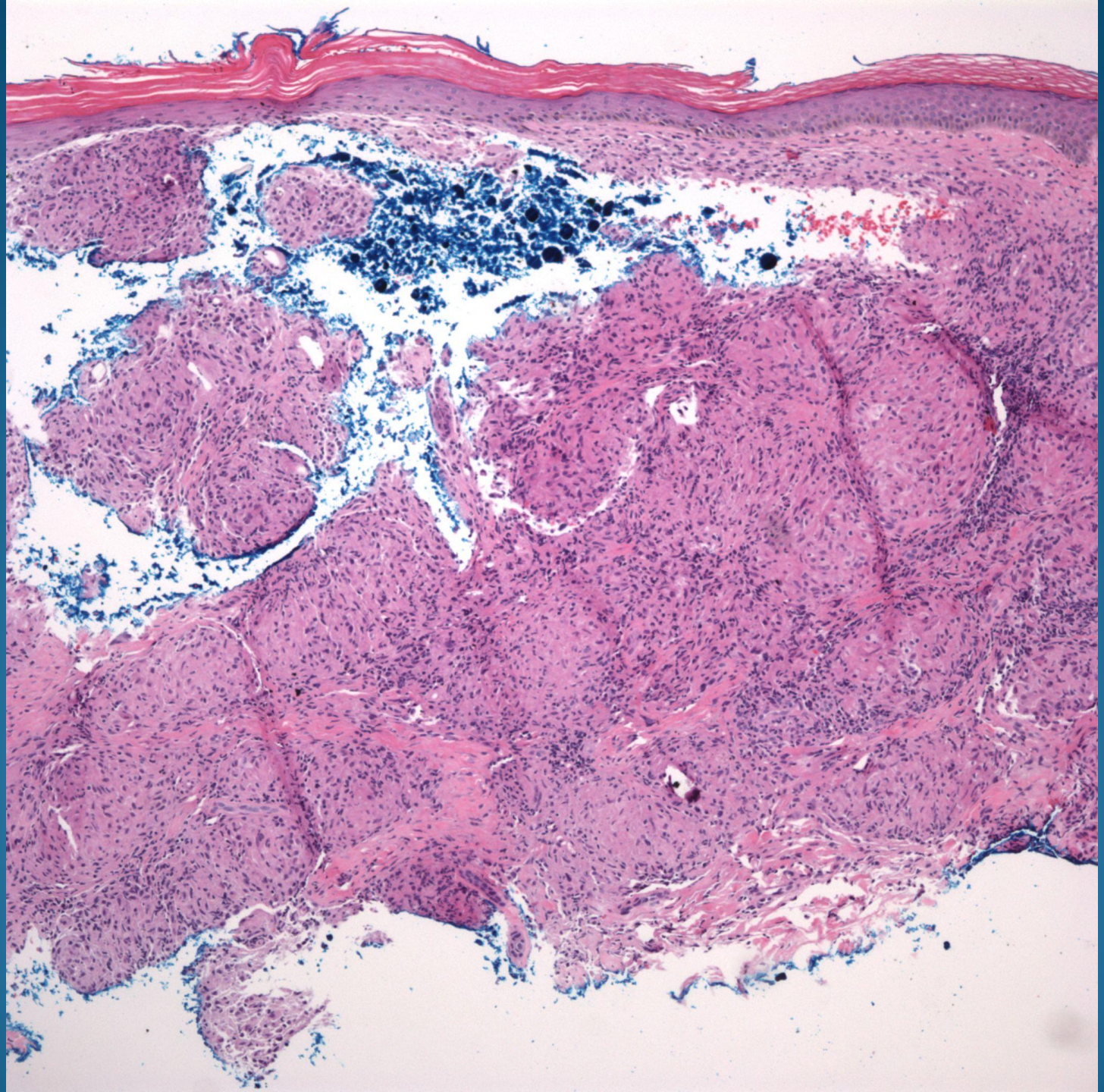
Dermatofibrosarcoma Protuberans

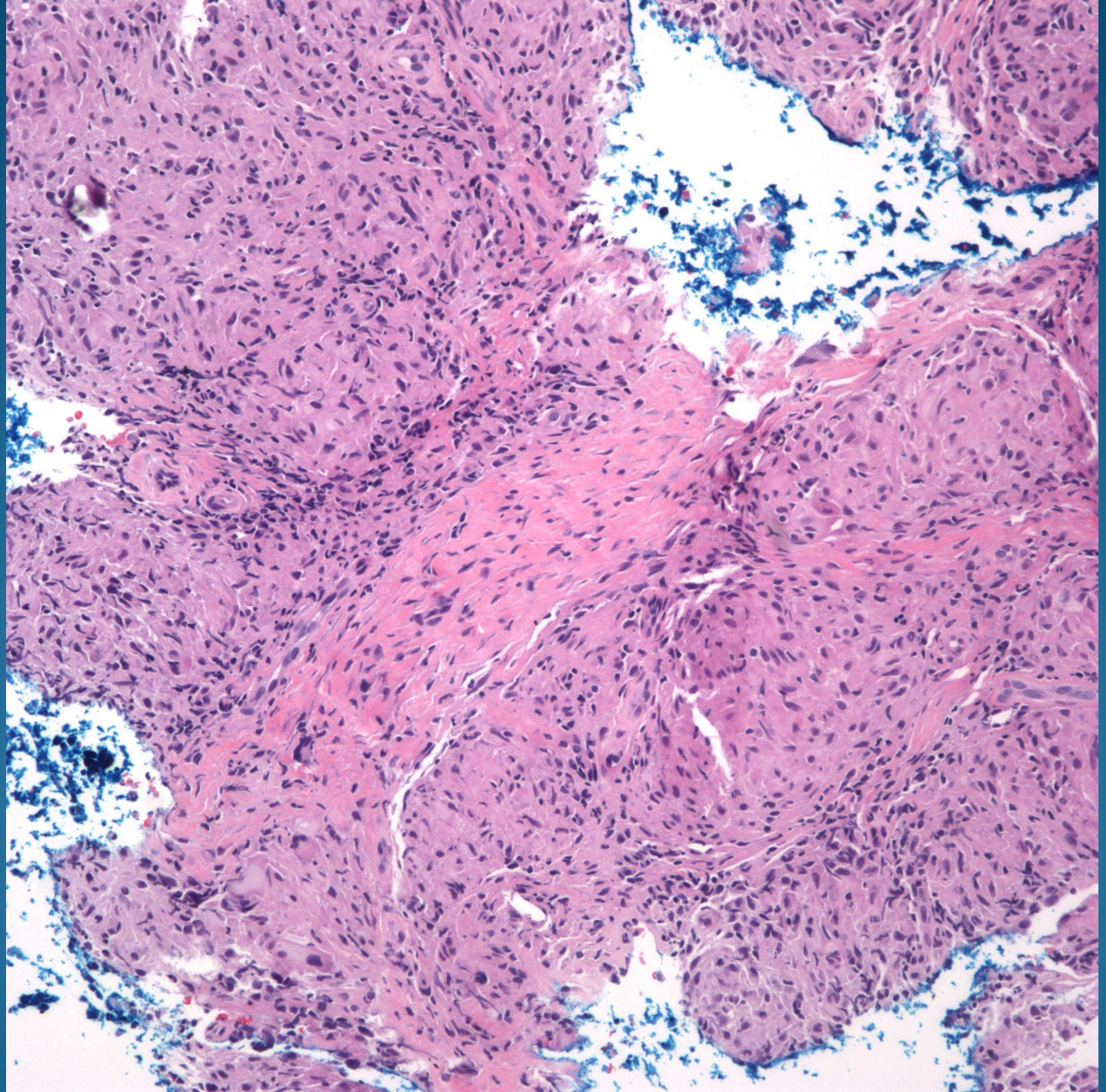
Pearls

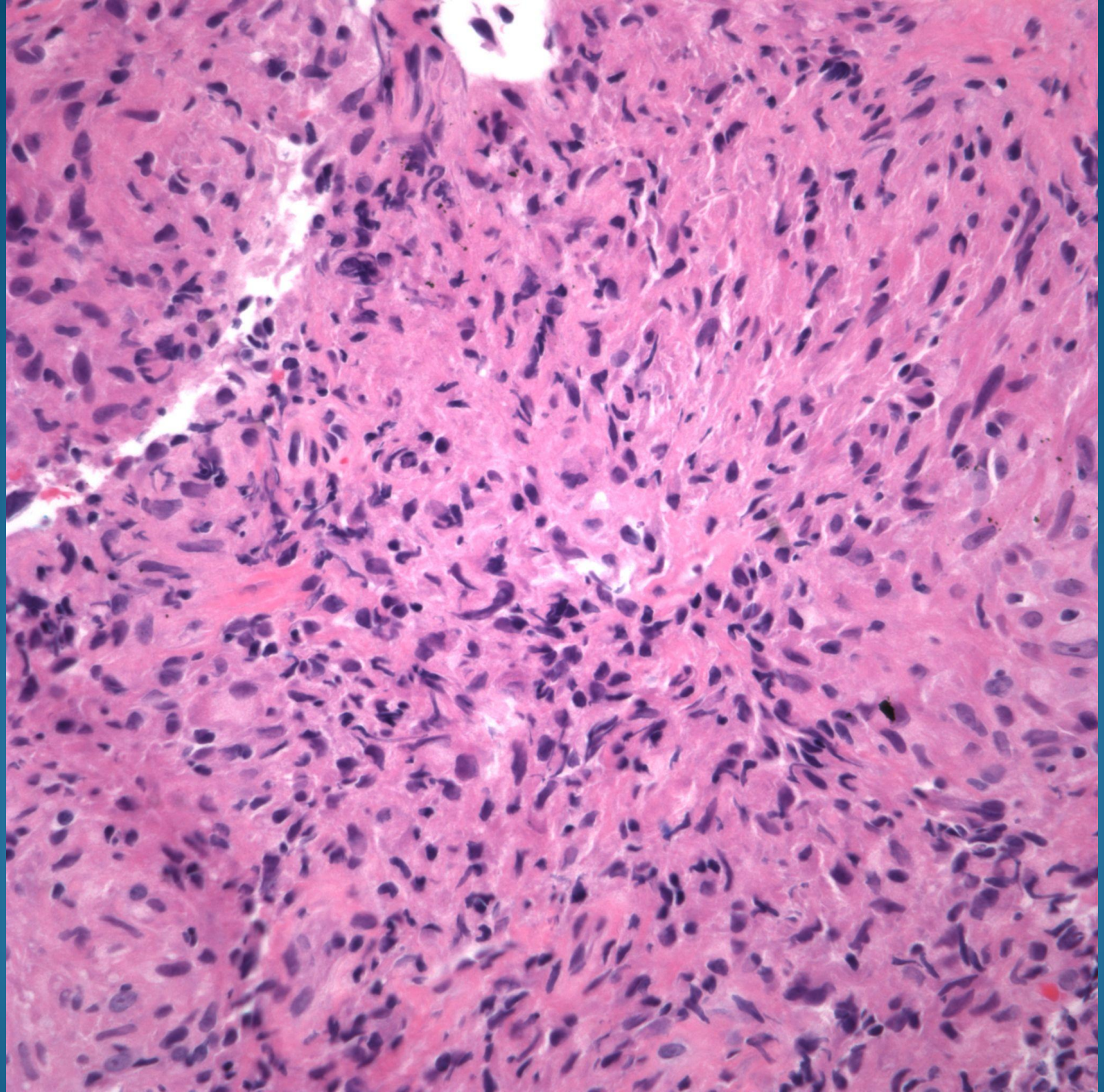


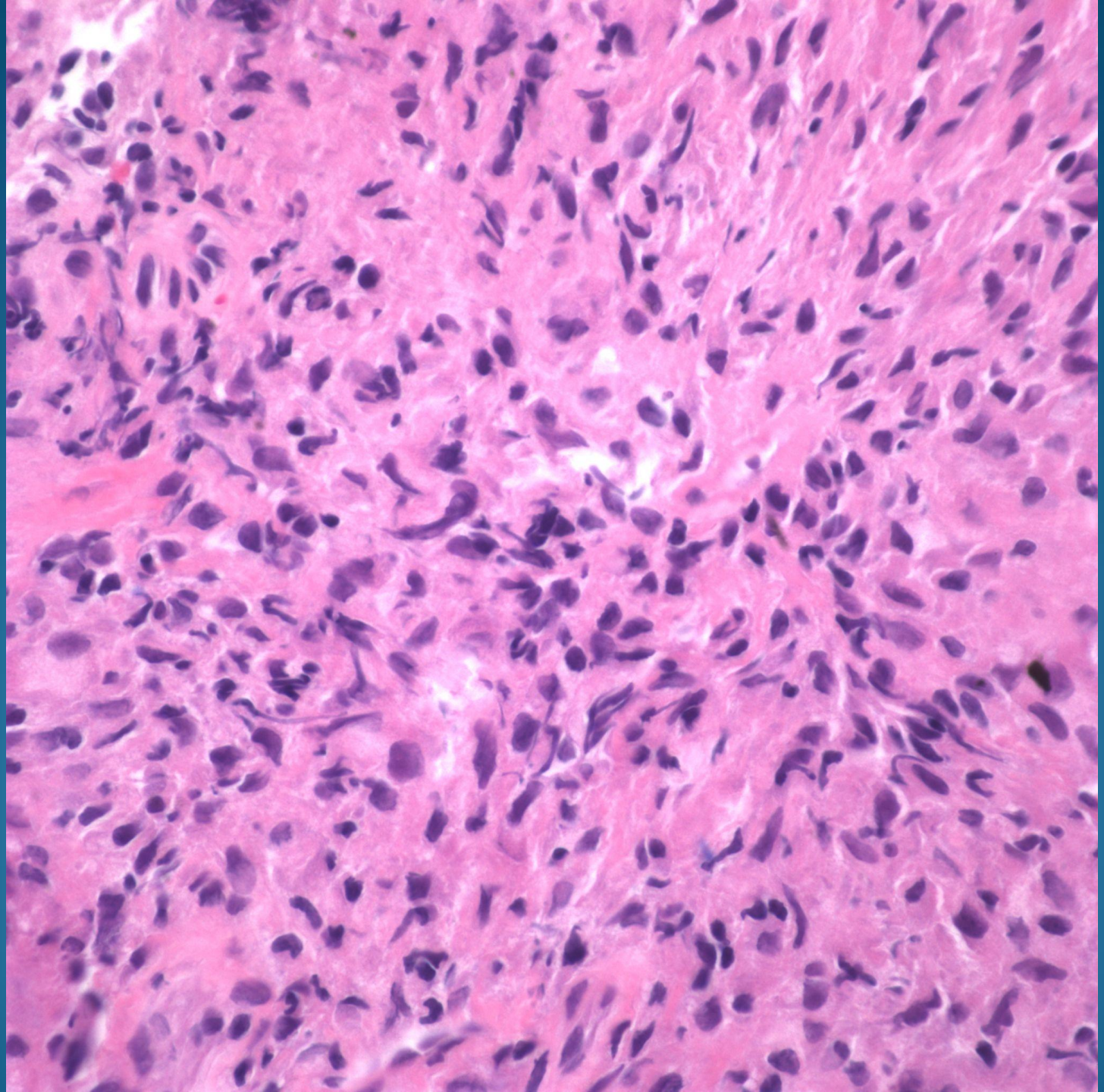
- Spindle cell tumor creating “lace-like” or “sieve-like” appearance with subcutaneous fat
- Cytologically bland with tight storiform
- Beware margins on the tumor
- Beware fibrosarcomatous transformation
- Confirm with IHC-bcl2 and CD34+





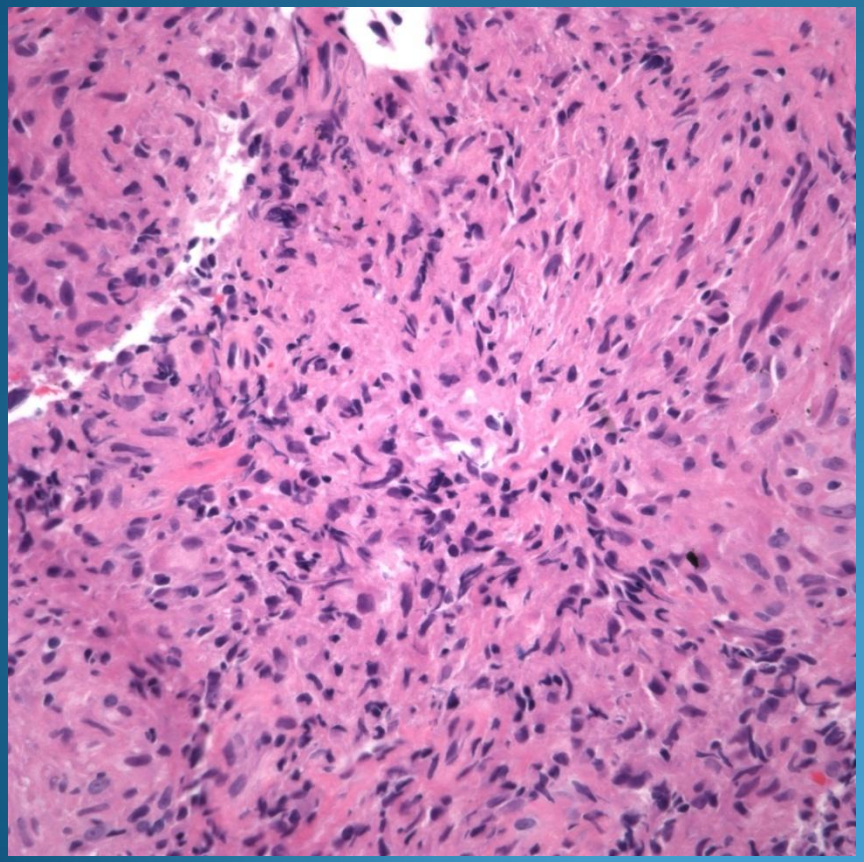






Sarcoidosis

Pearls



- Non-caseating granulomas with minimal inflammatory cell infiltrate (“naked granulomas”)
- Scattered giant cells
- Rare asteroid bodies
- Rule out foreign body
- Rule out infection