# Dermatopathology Slide Review Part 43

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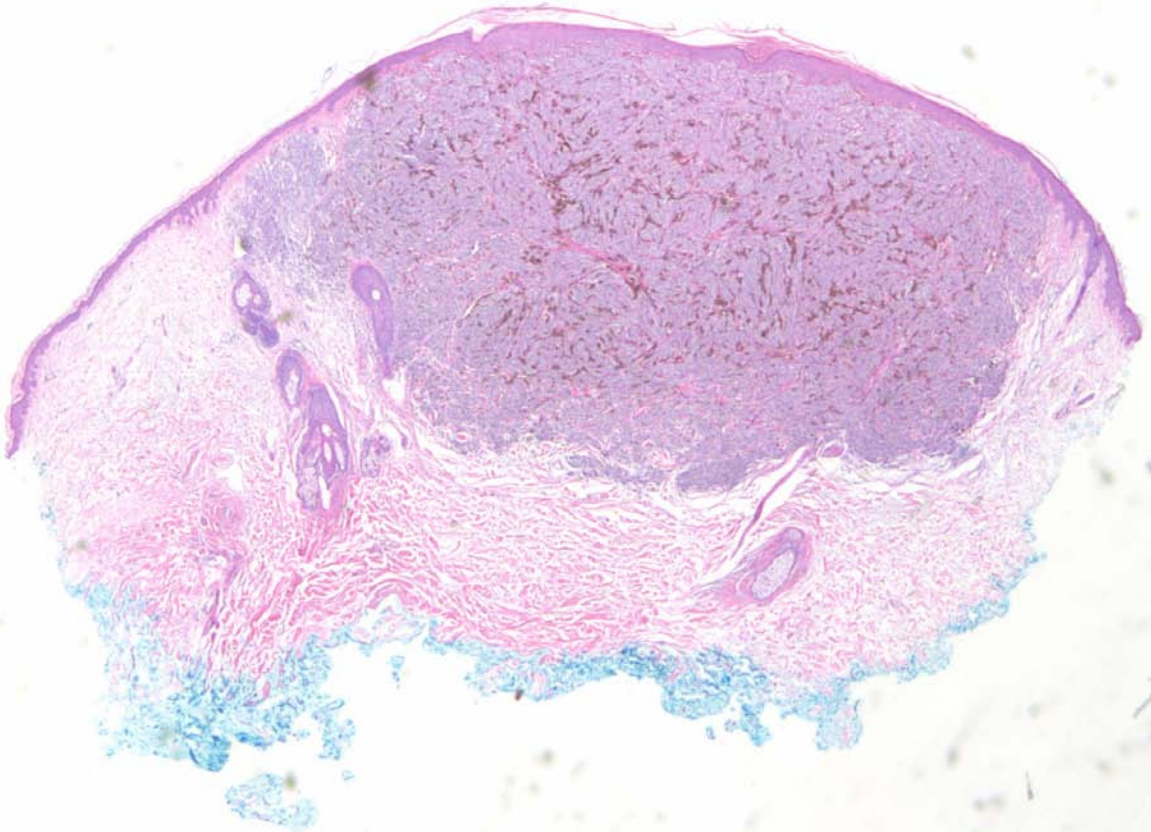
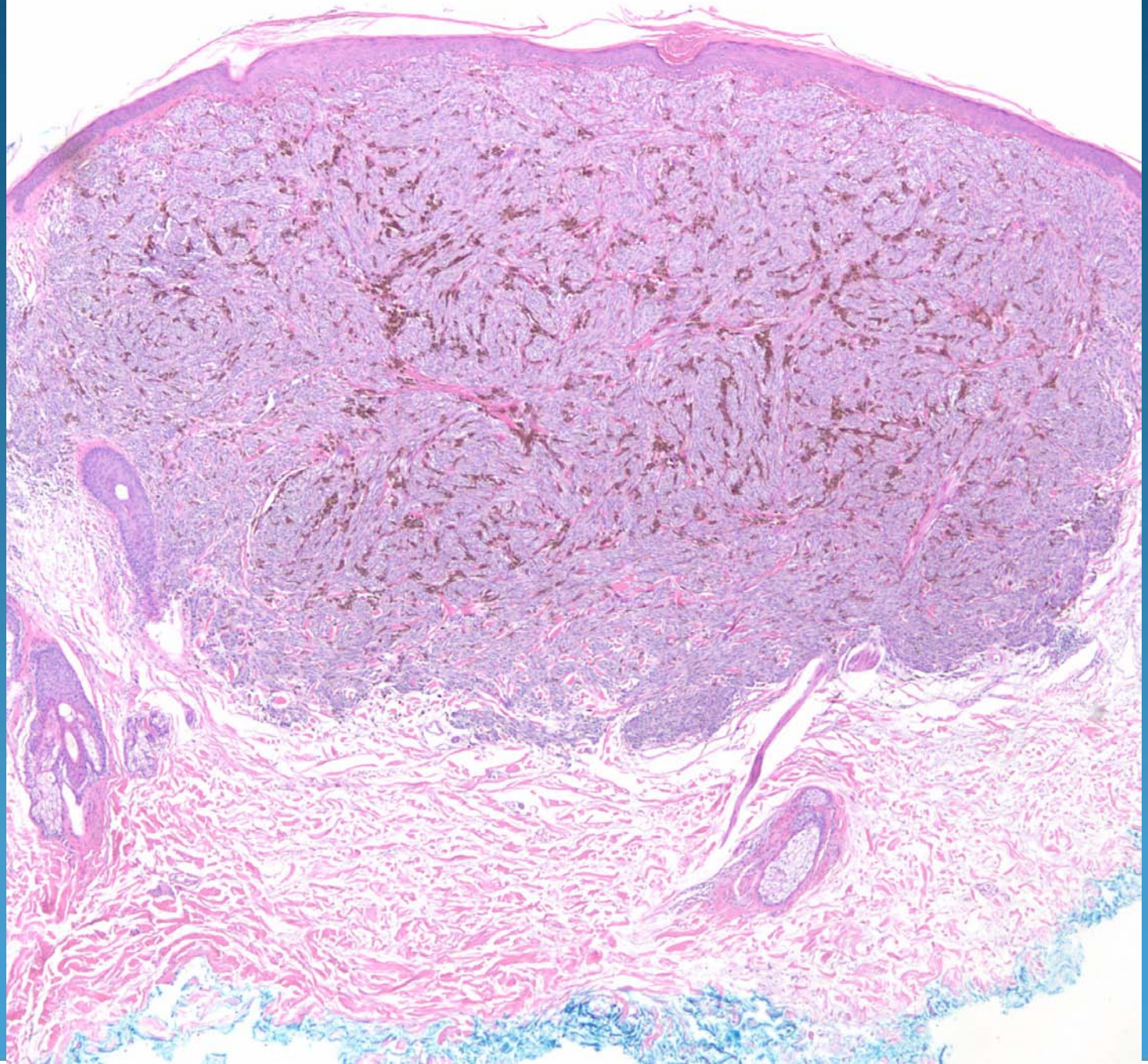
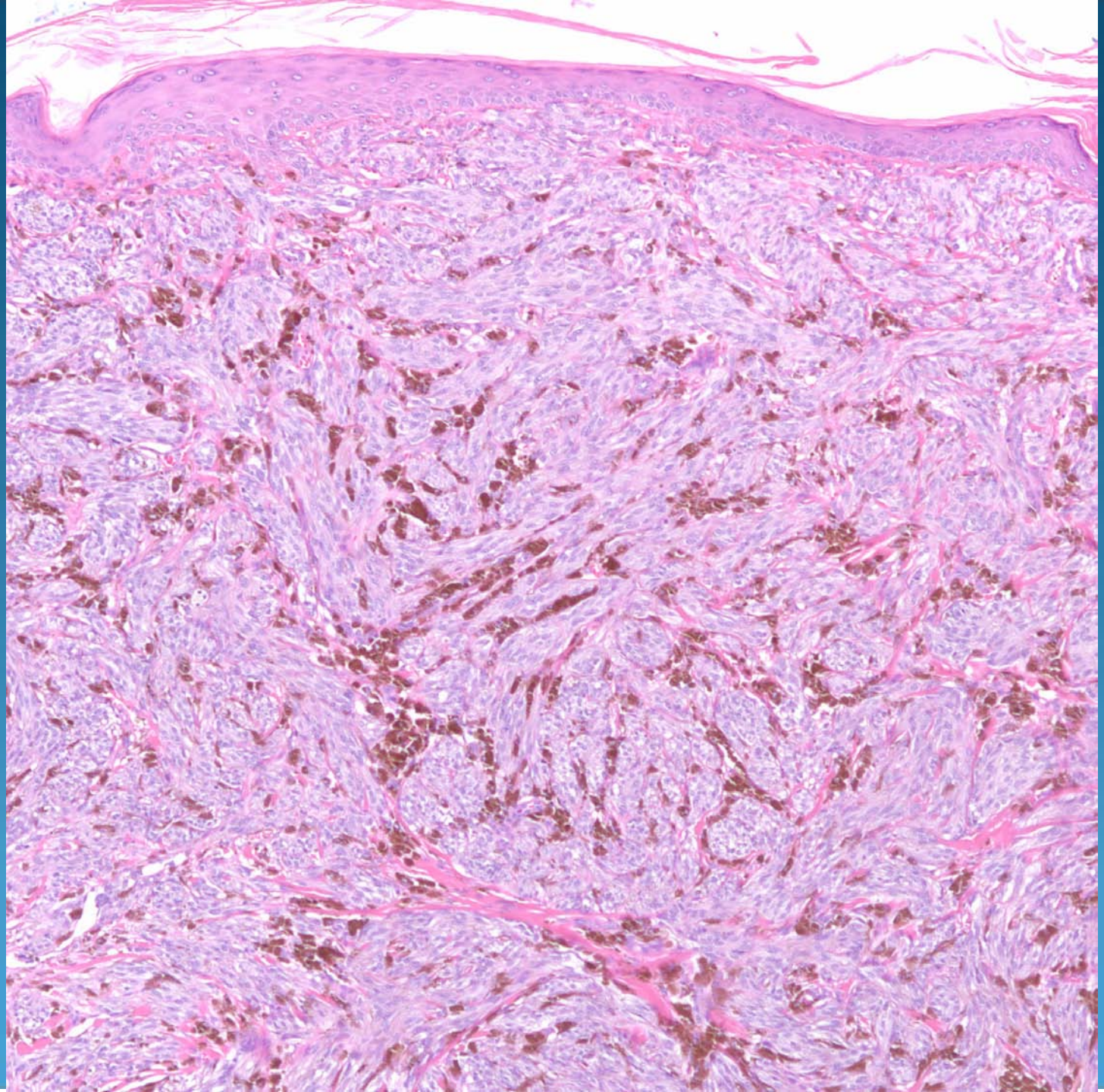
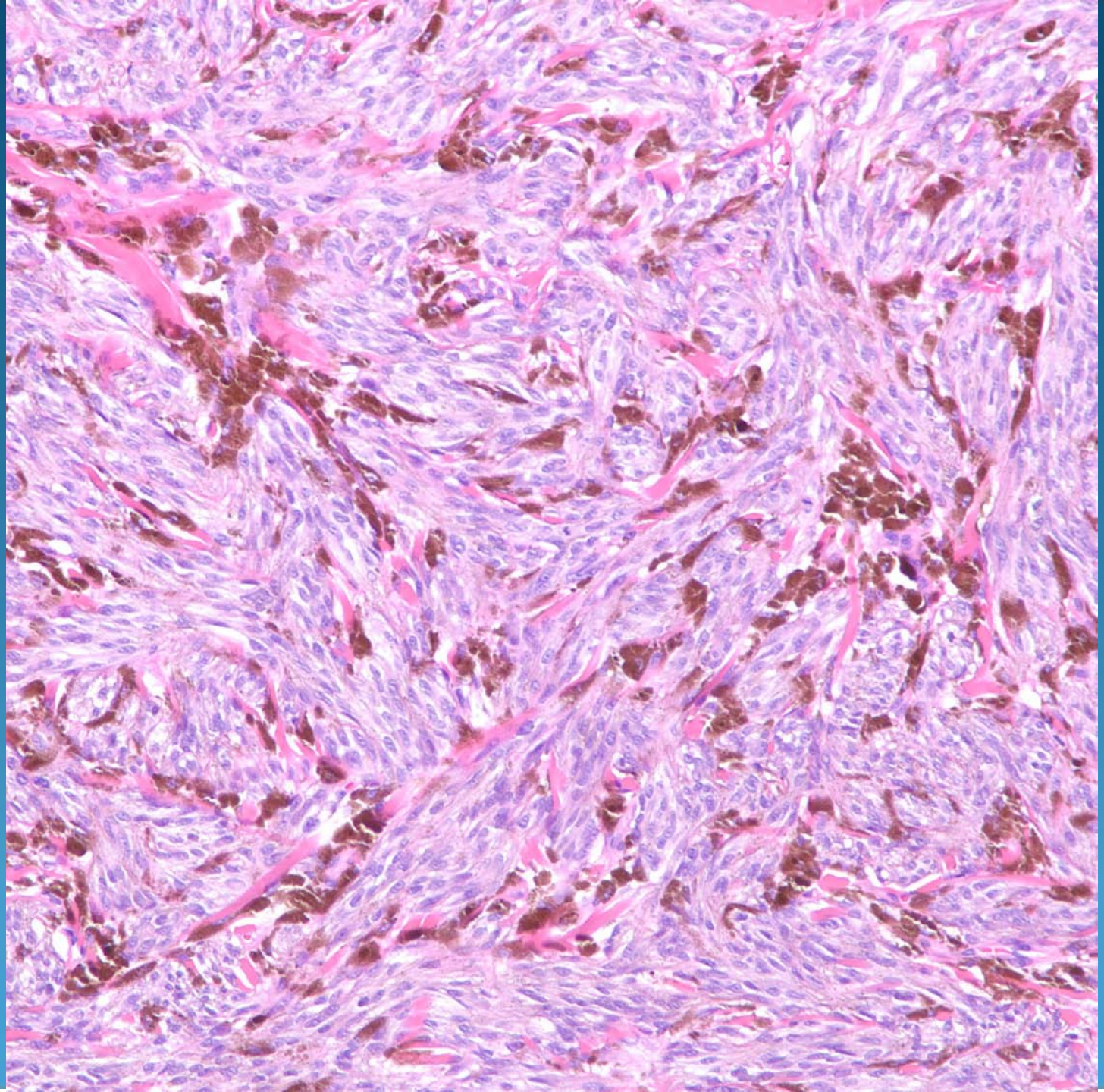
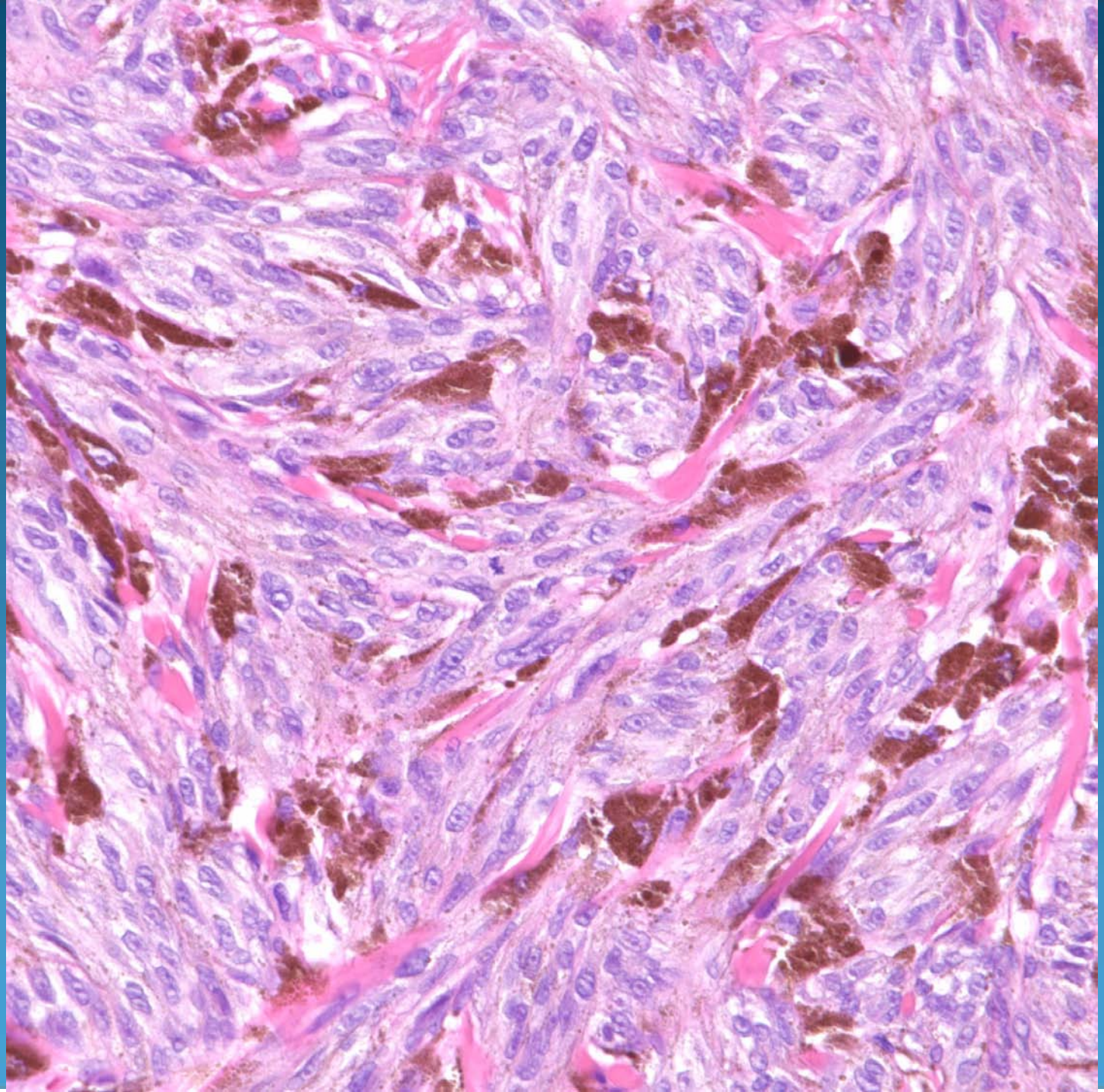
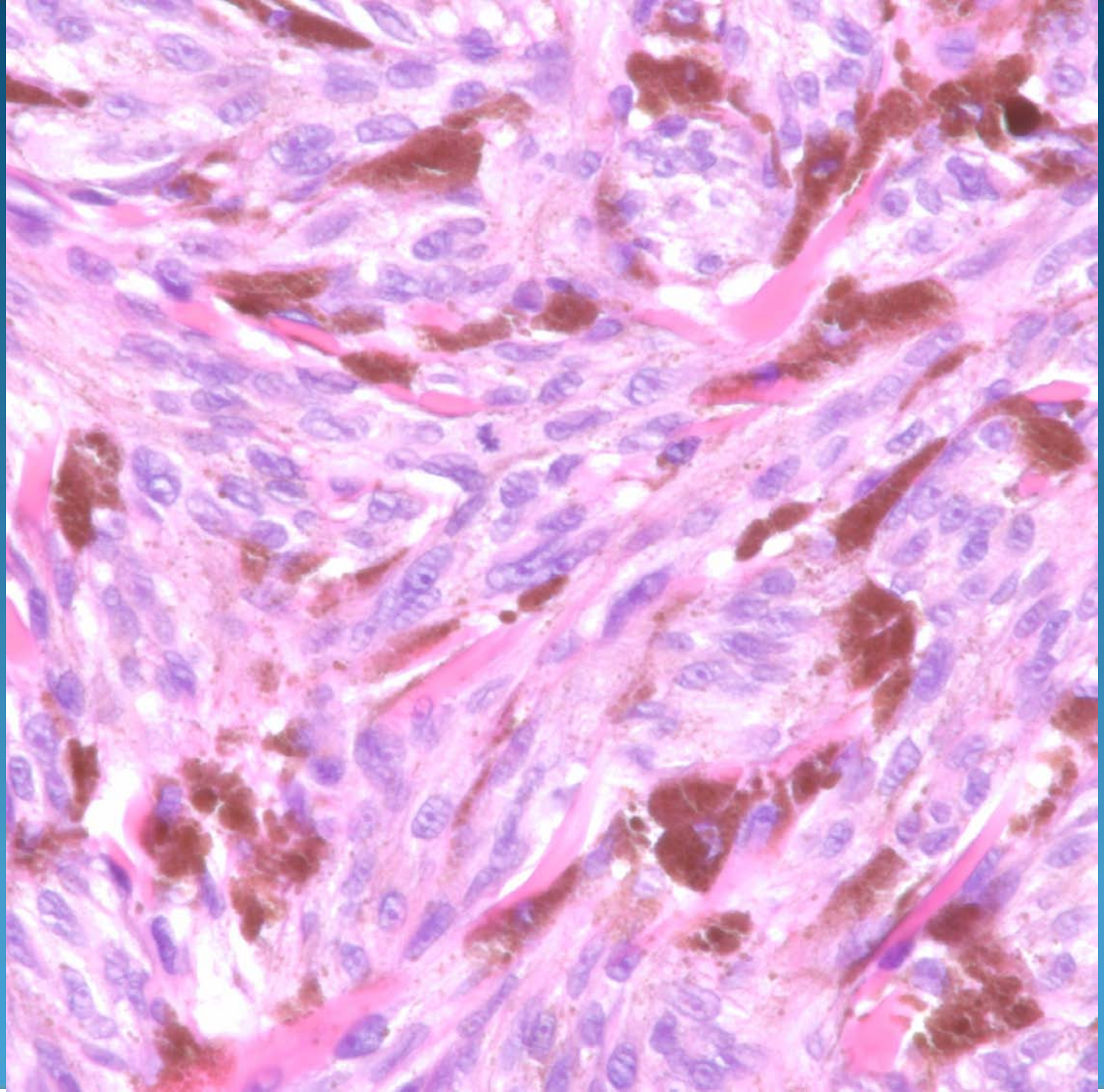






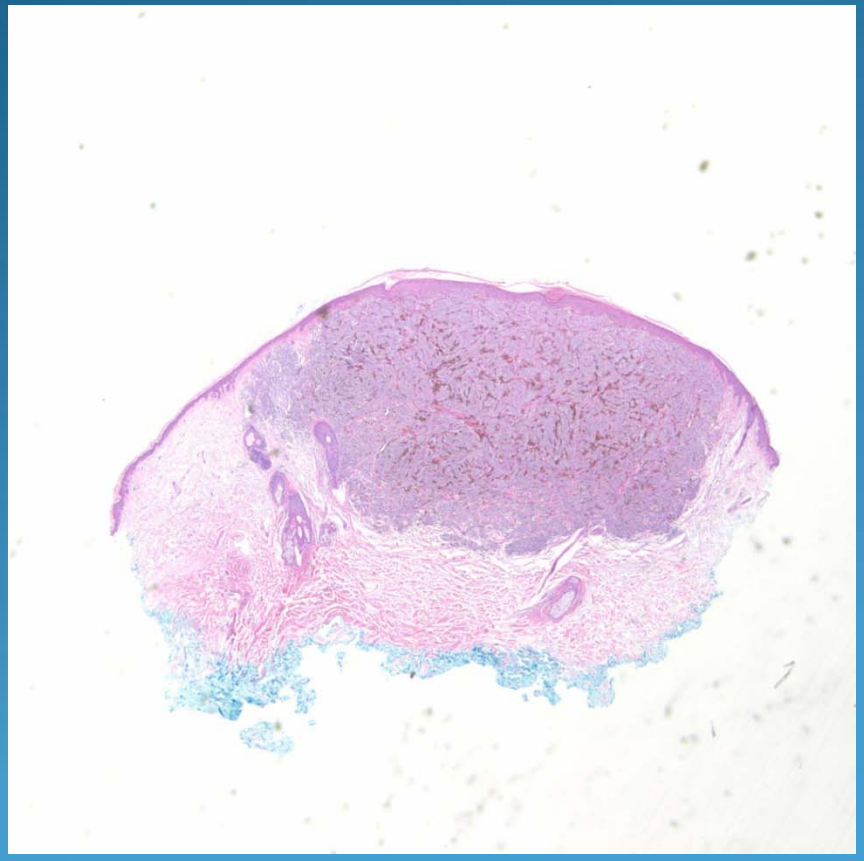




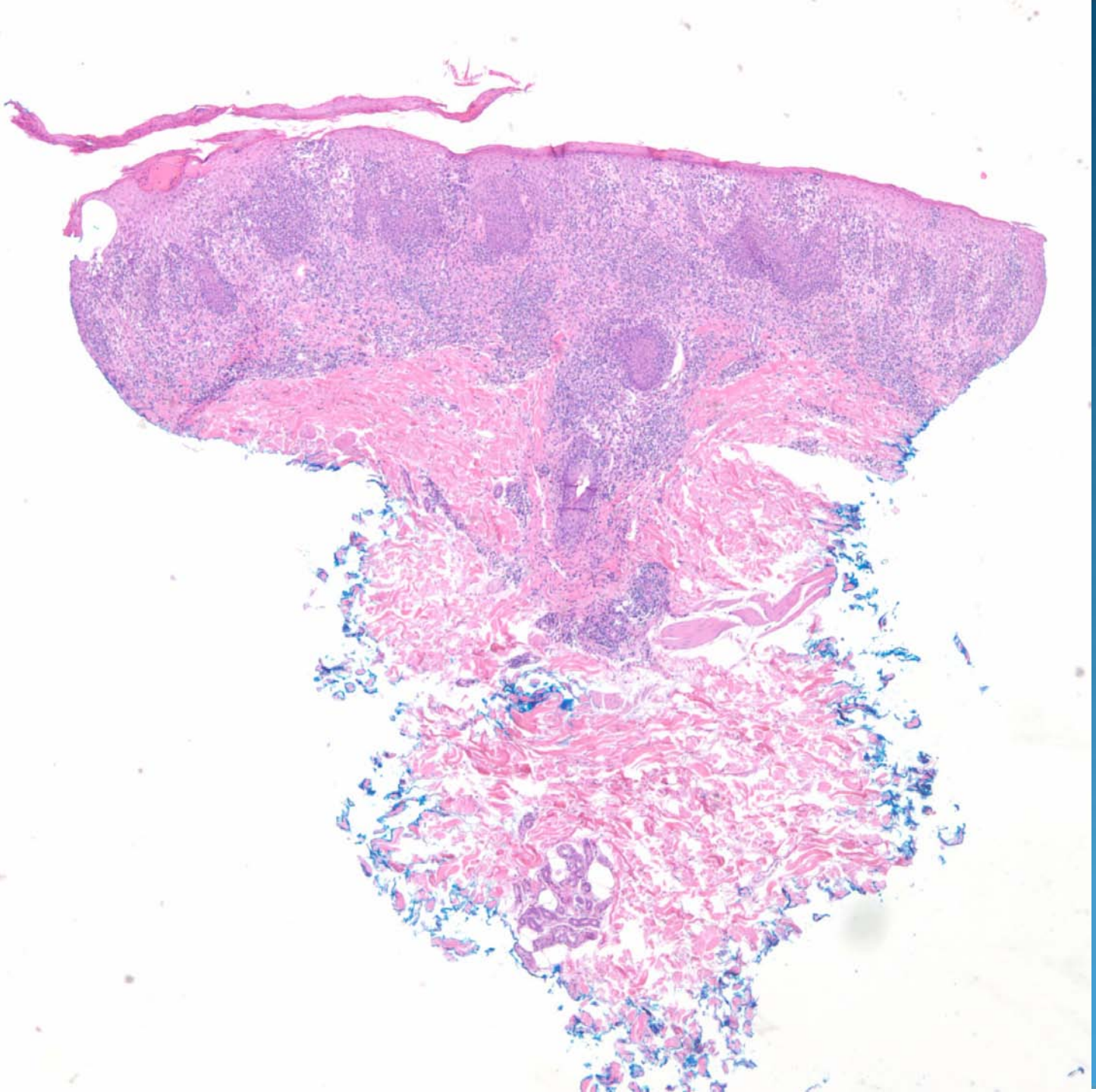


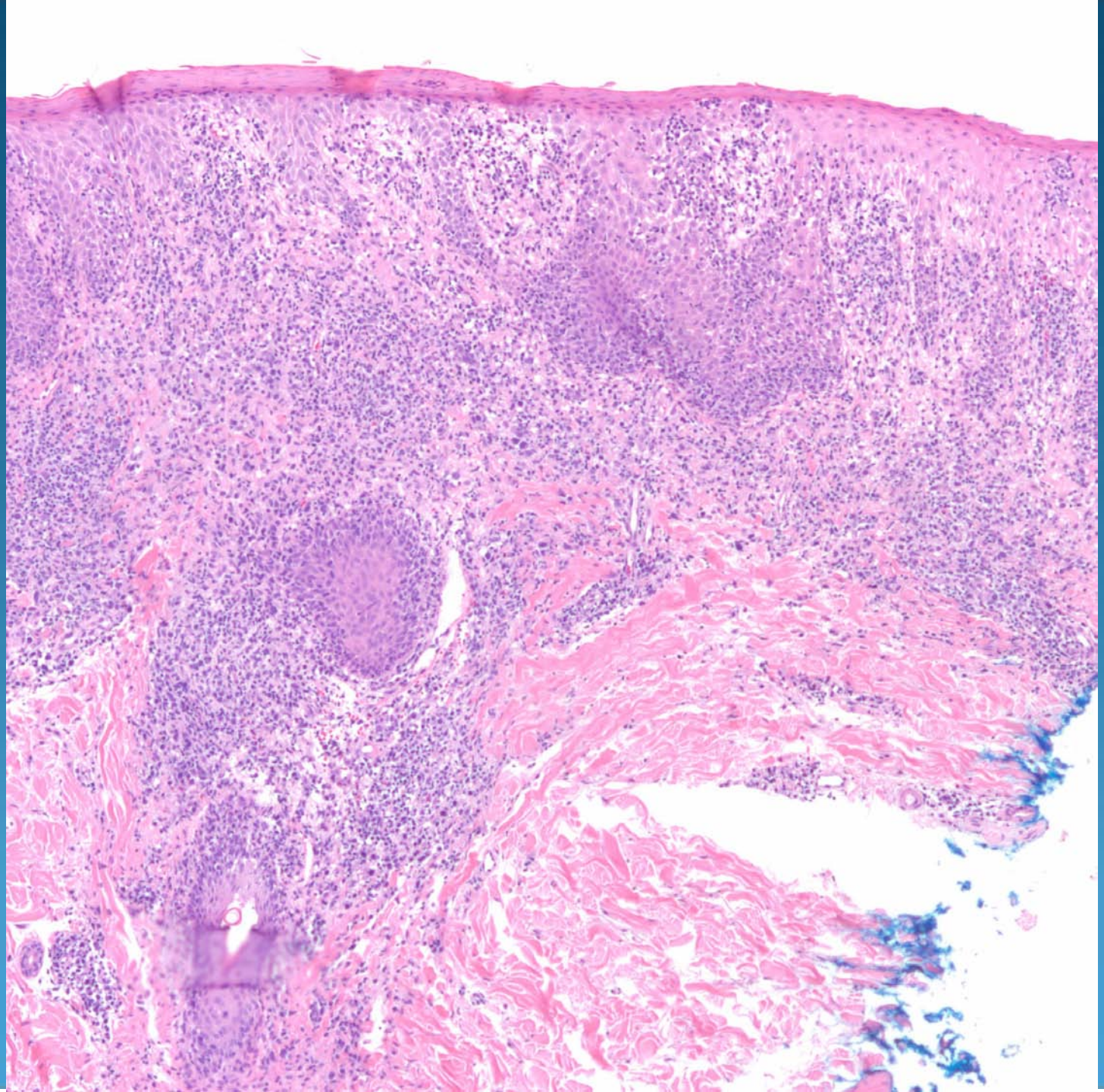
# Metastatic Malignant Melanoma

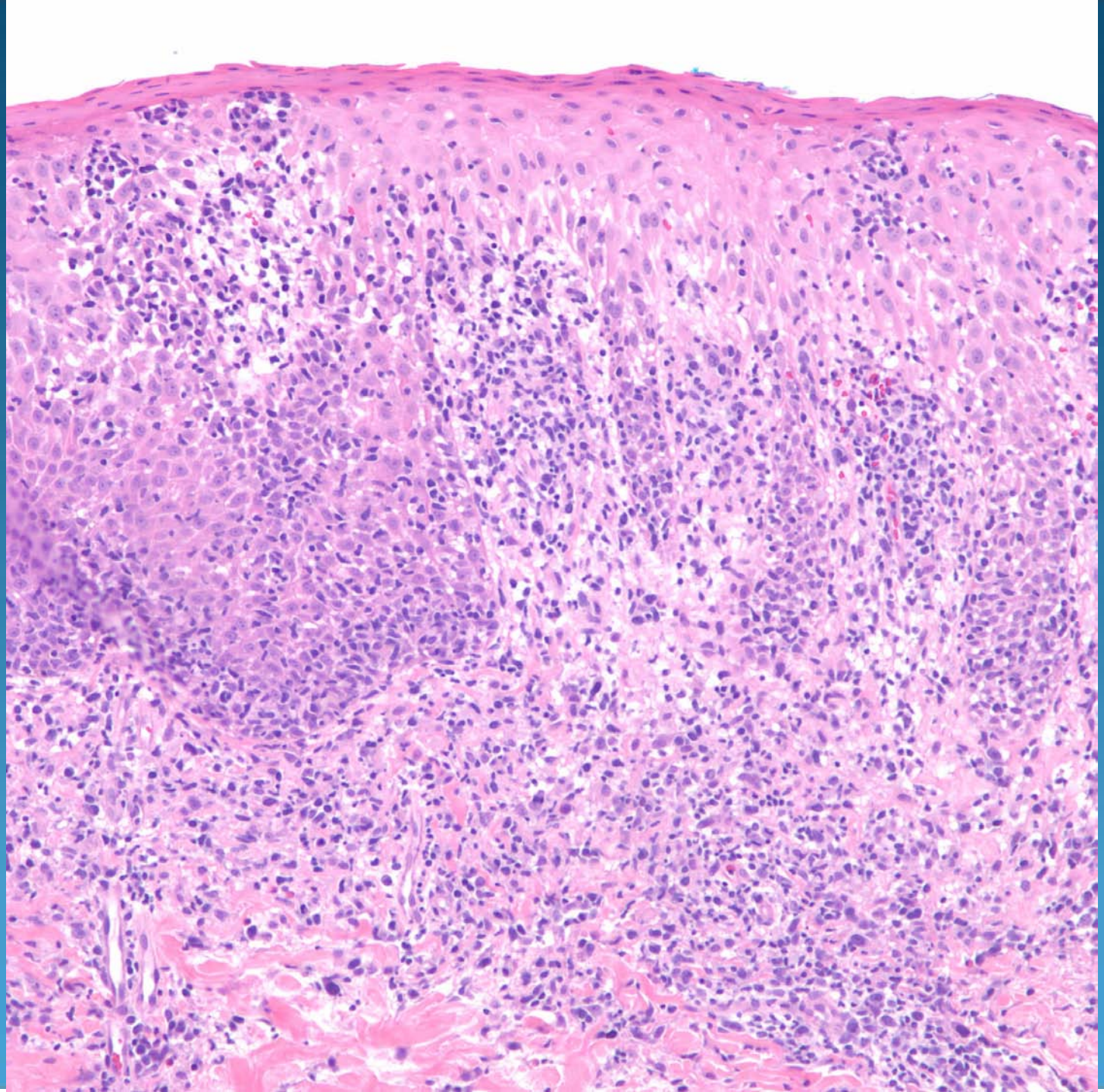
# Pearls

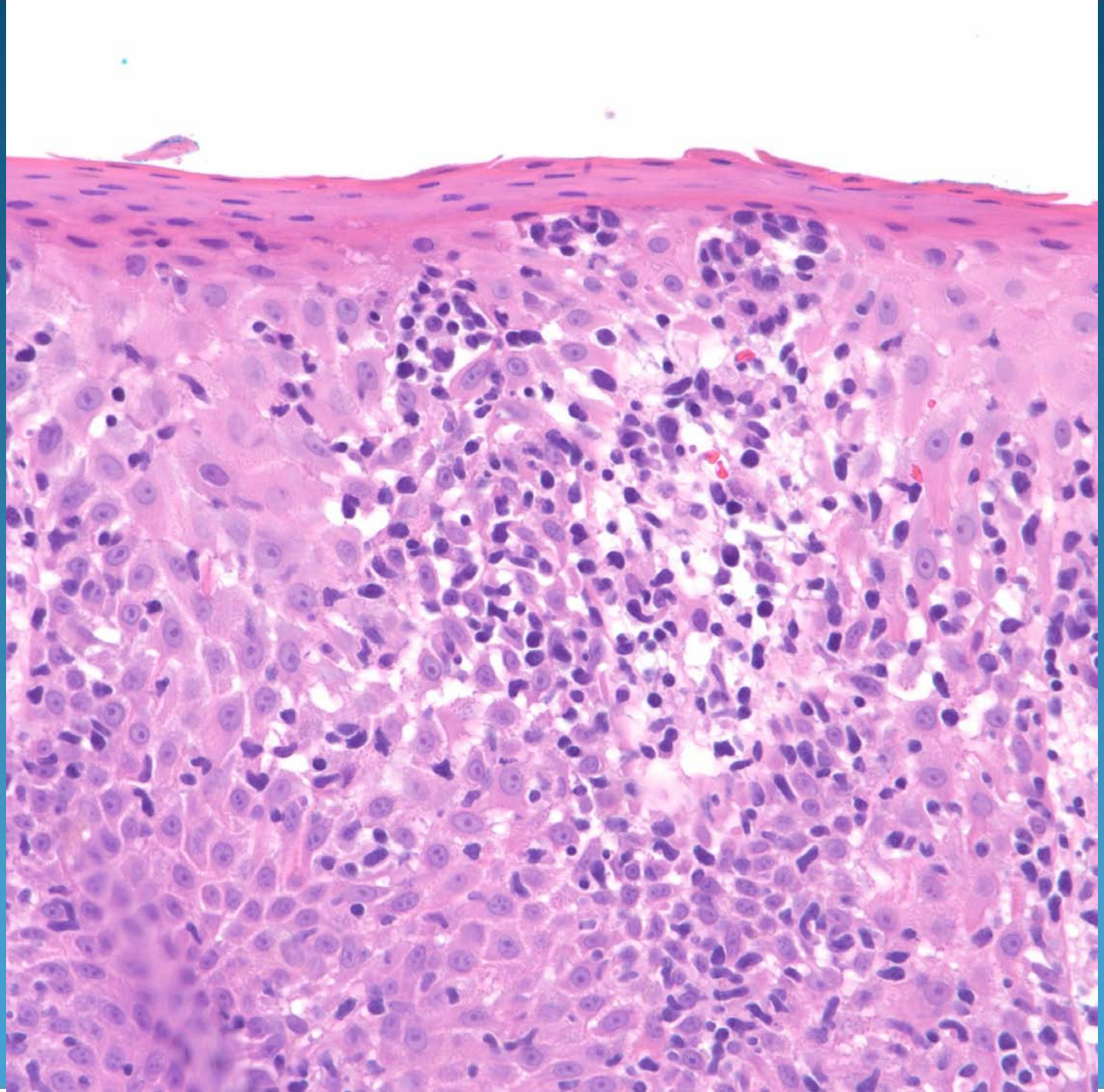


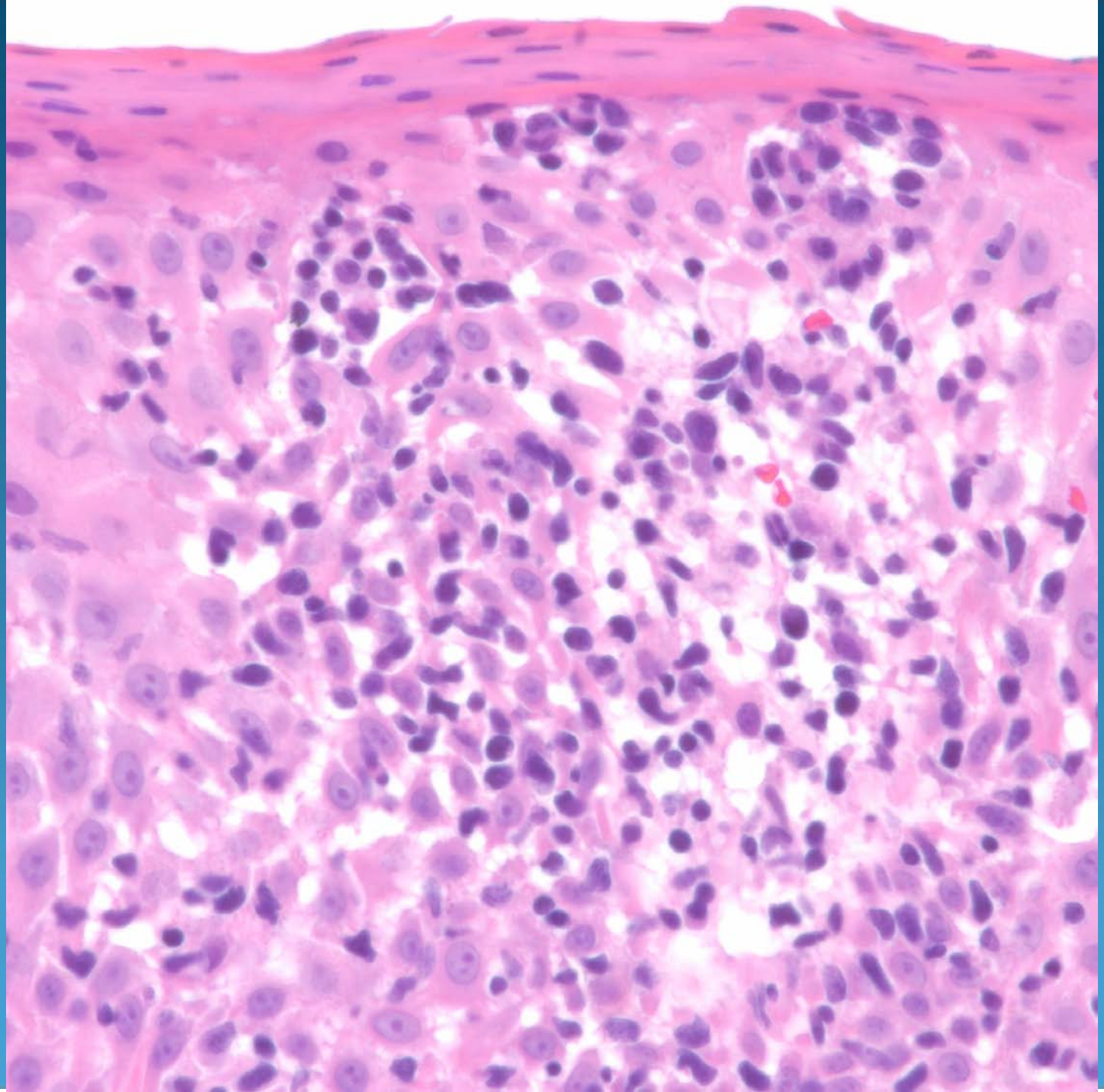
- Dermal expansile nodule which may be wider at the base of the dermis than near the epidermis
- May not have junctional activity
- Rule out lymphovascular invasion
- Cytologically malignant melanocytes



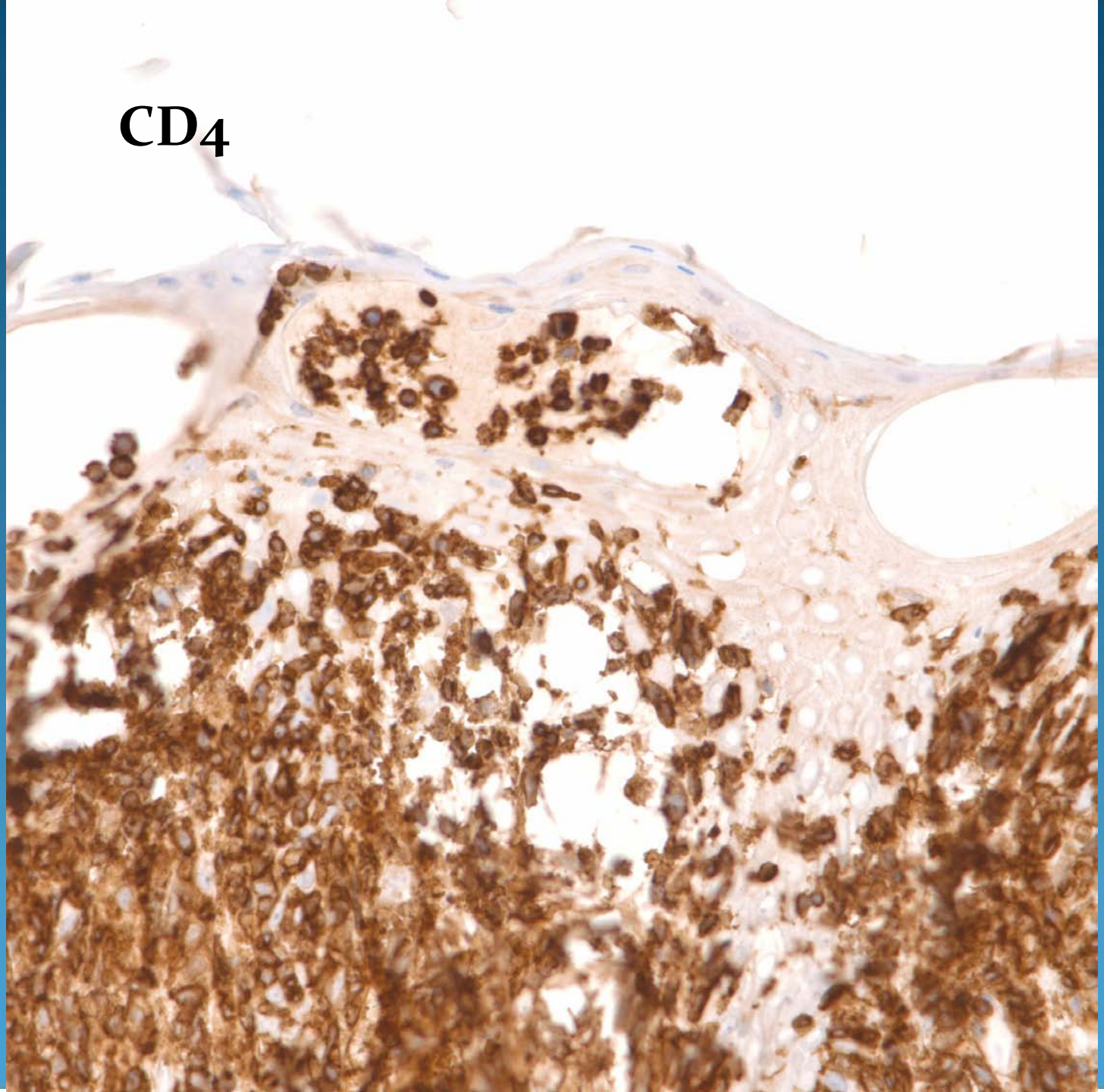




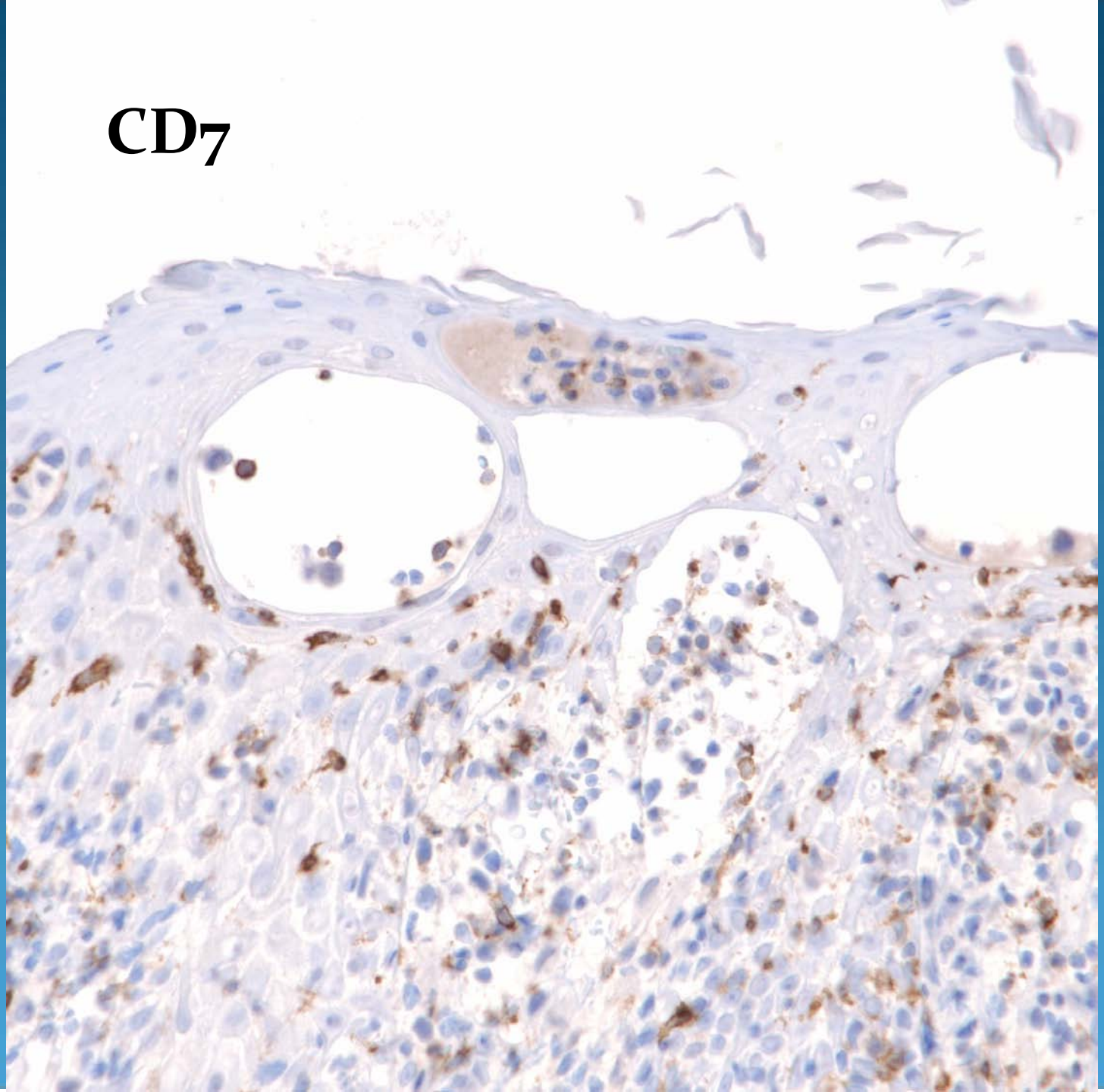




CD4

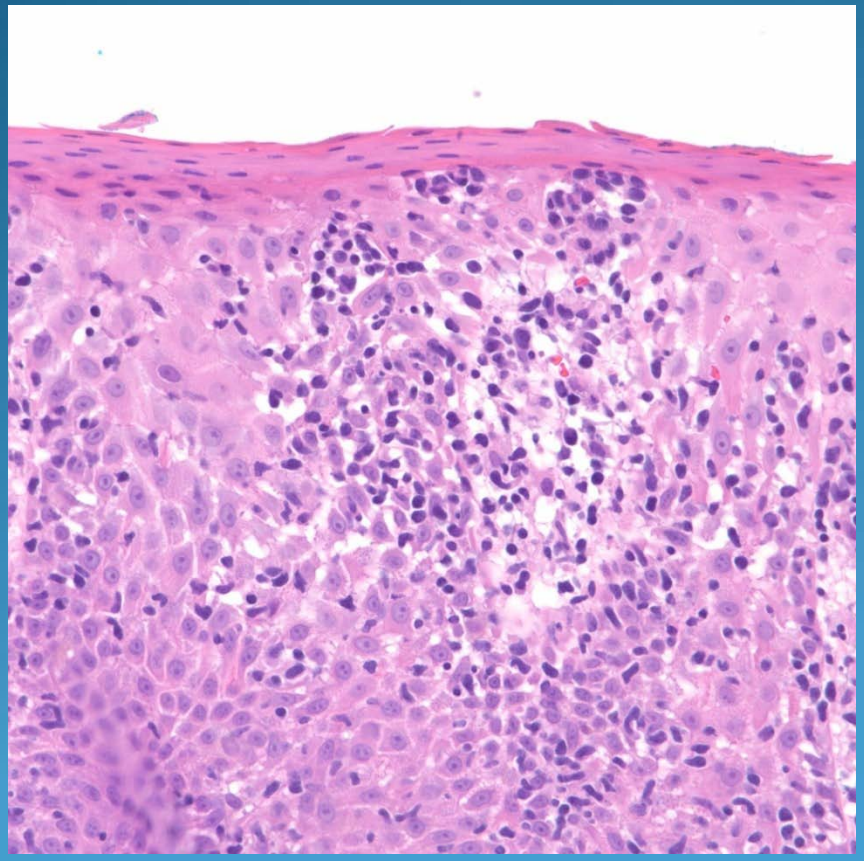


# CD7

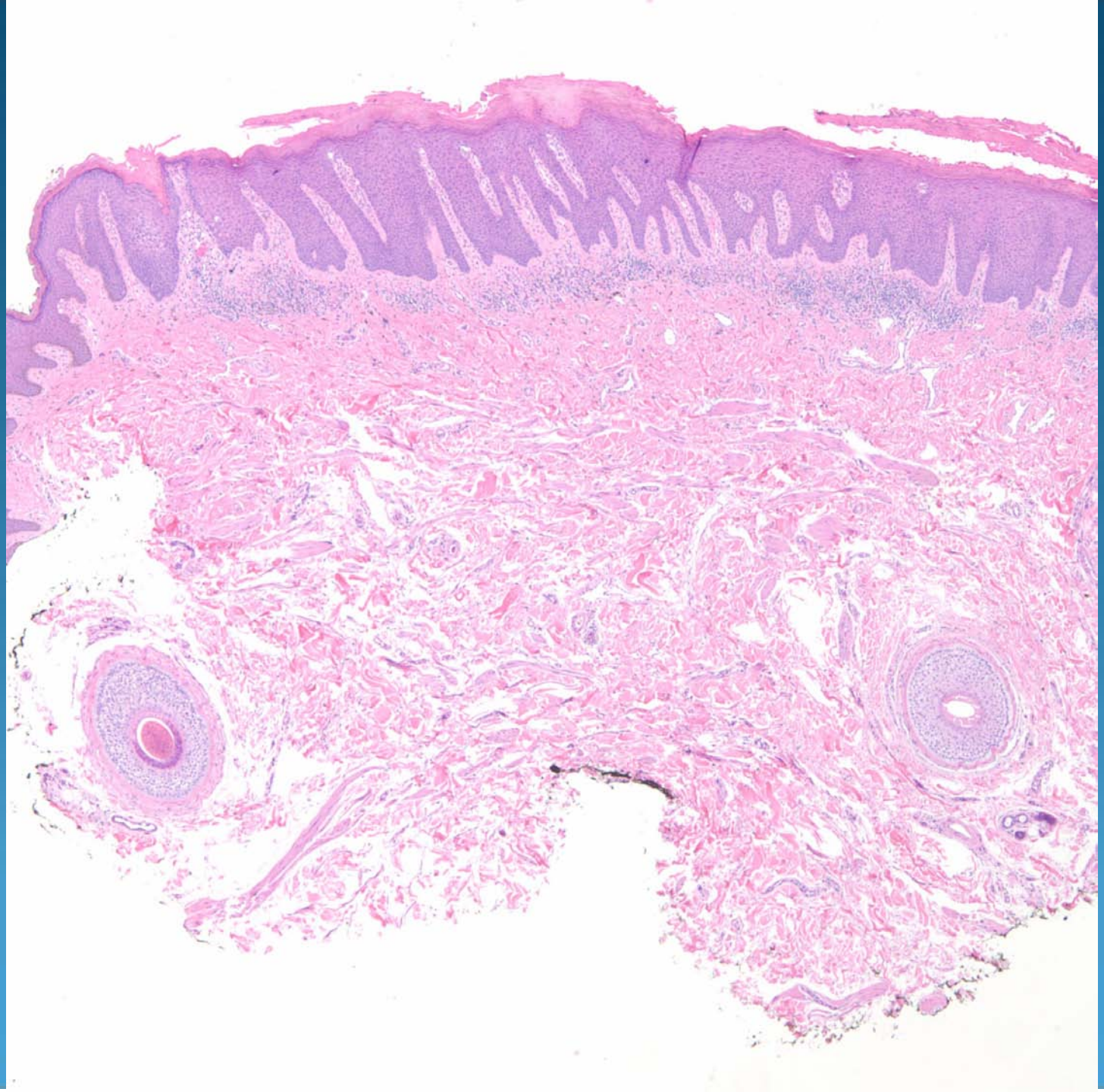


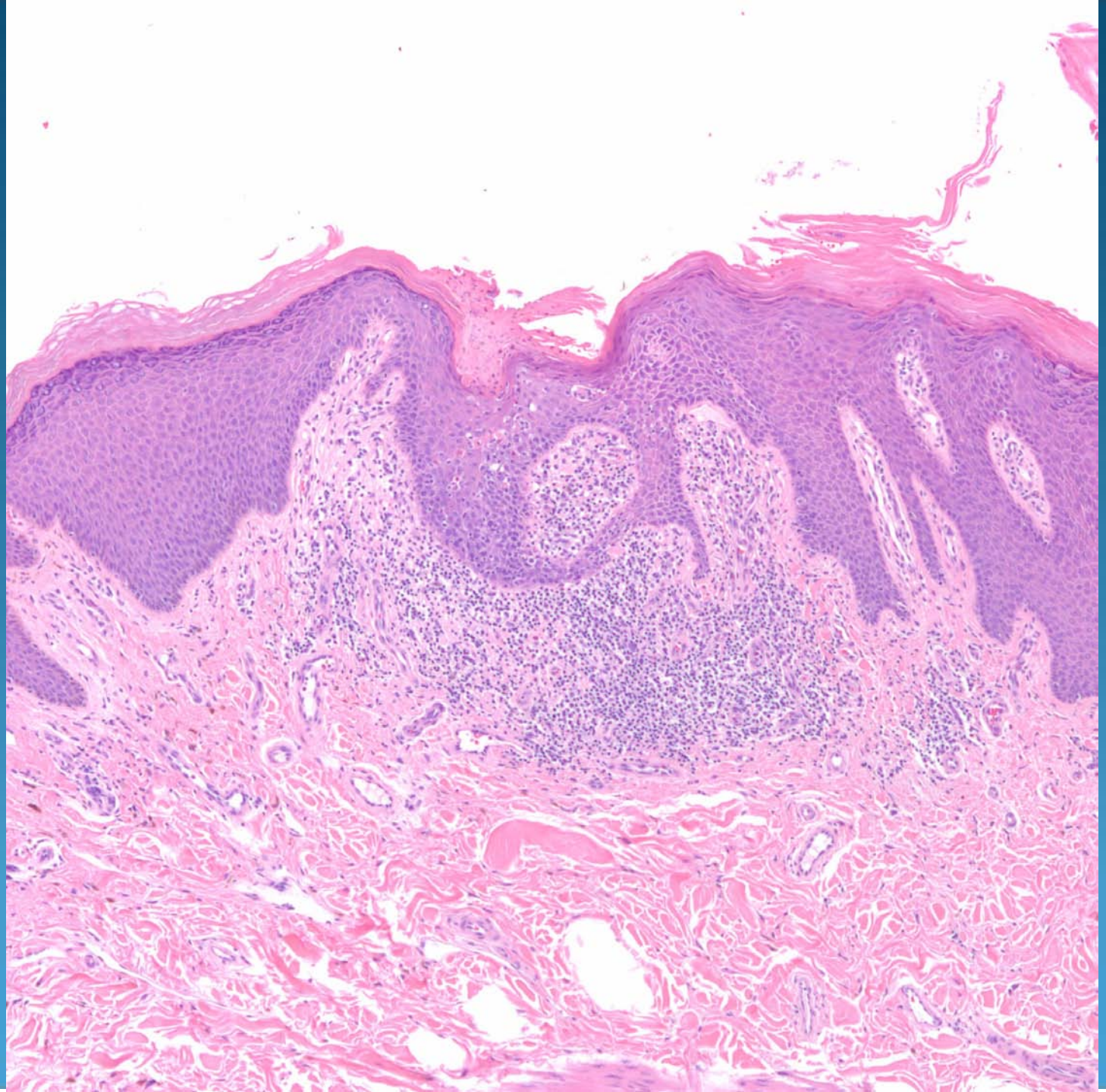
# Mycosis fungoides-Plaque Stage

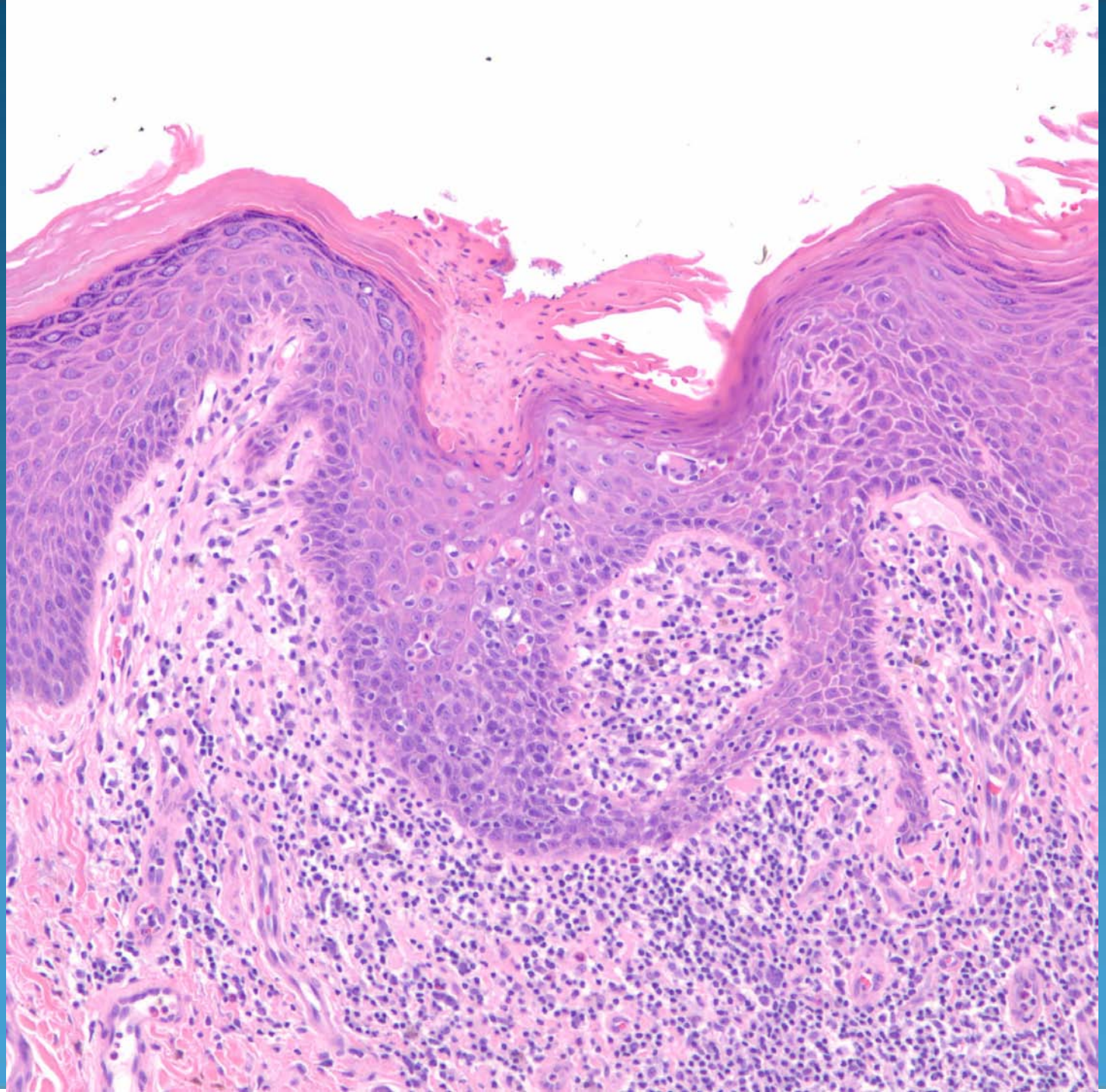
# Pearls

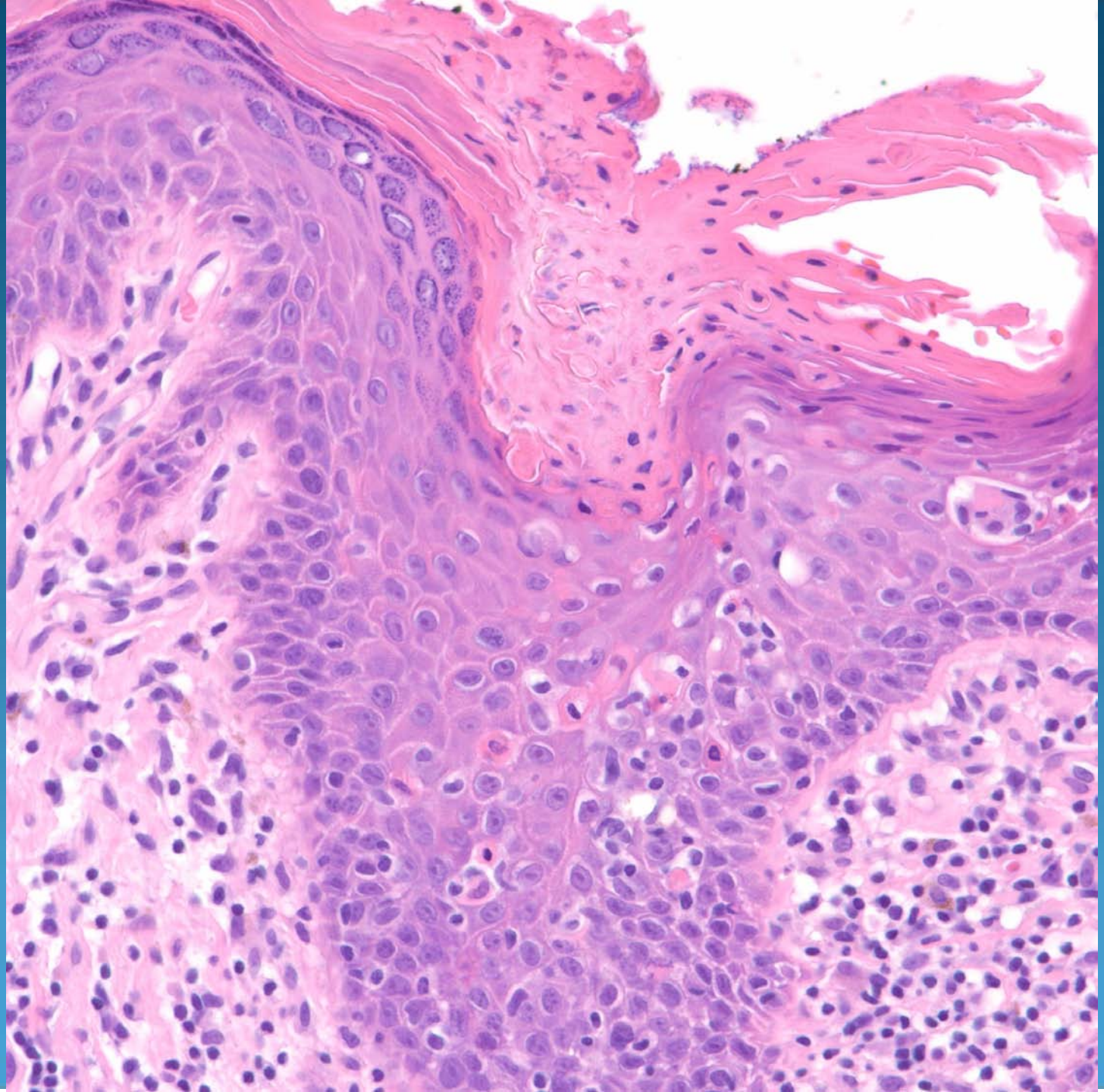


- Lichenoid to nodular atypical lymphocytic infiltrate
- Lymphocytic epidermotropism with minimal spongiosis
- Pautrier microabscesses
- IHC to confirm: most common pattern CD4+, CD7-



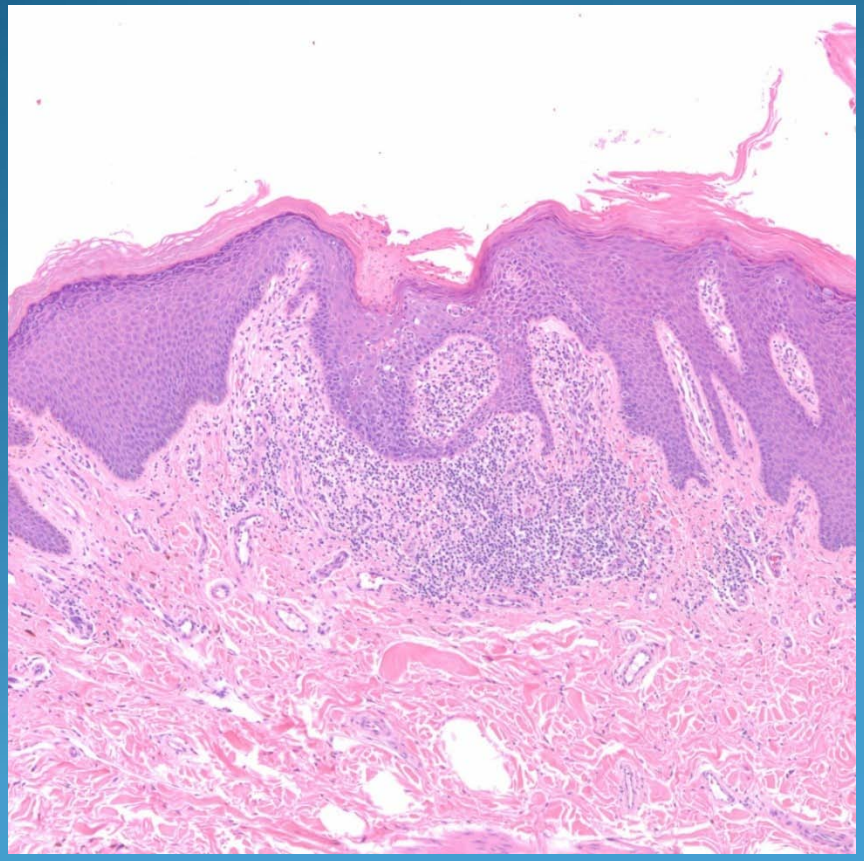




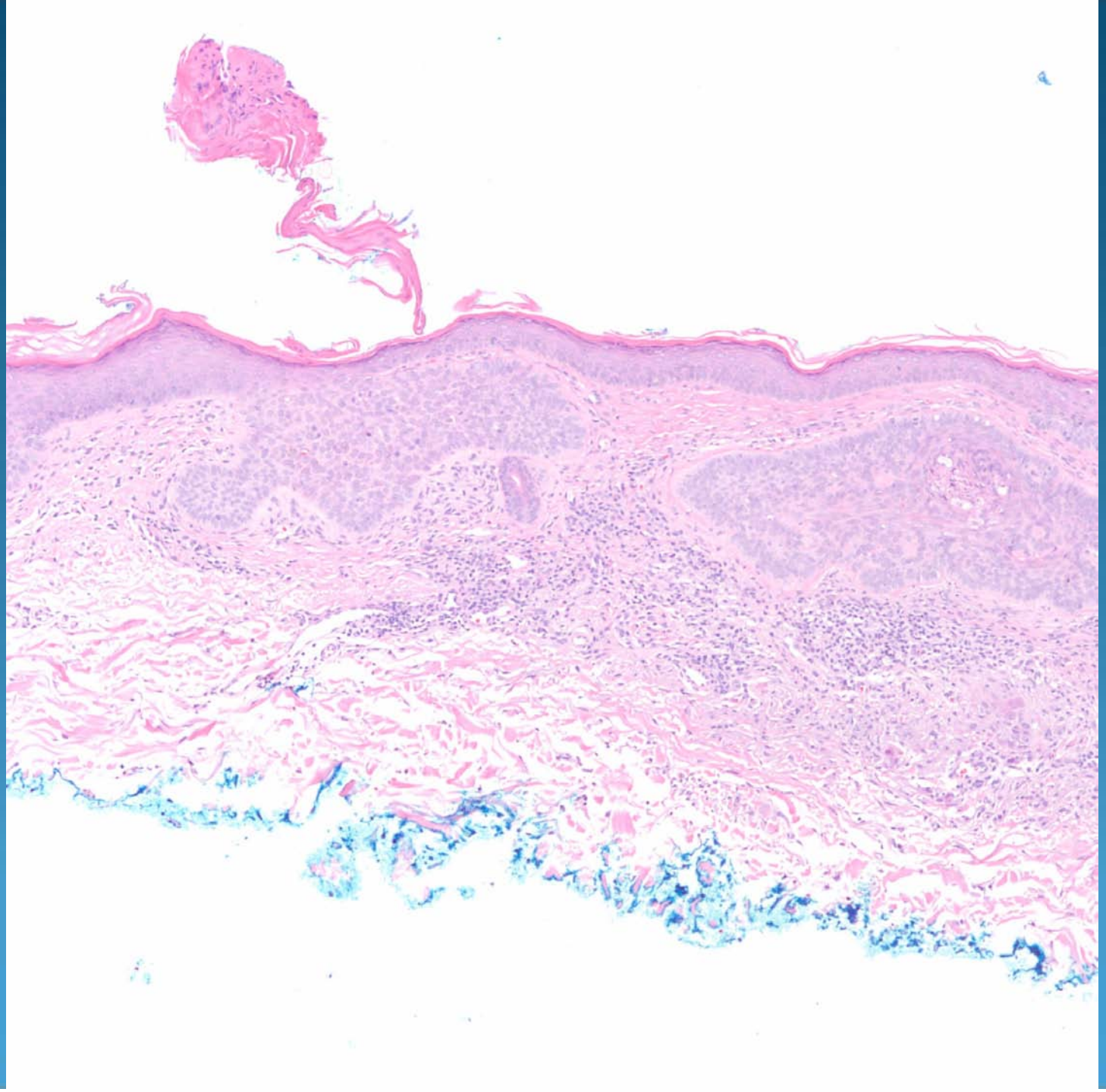


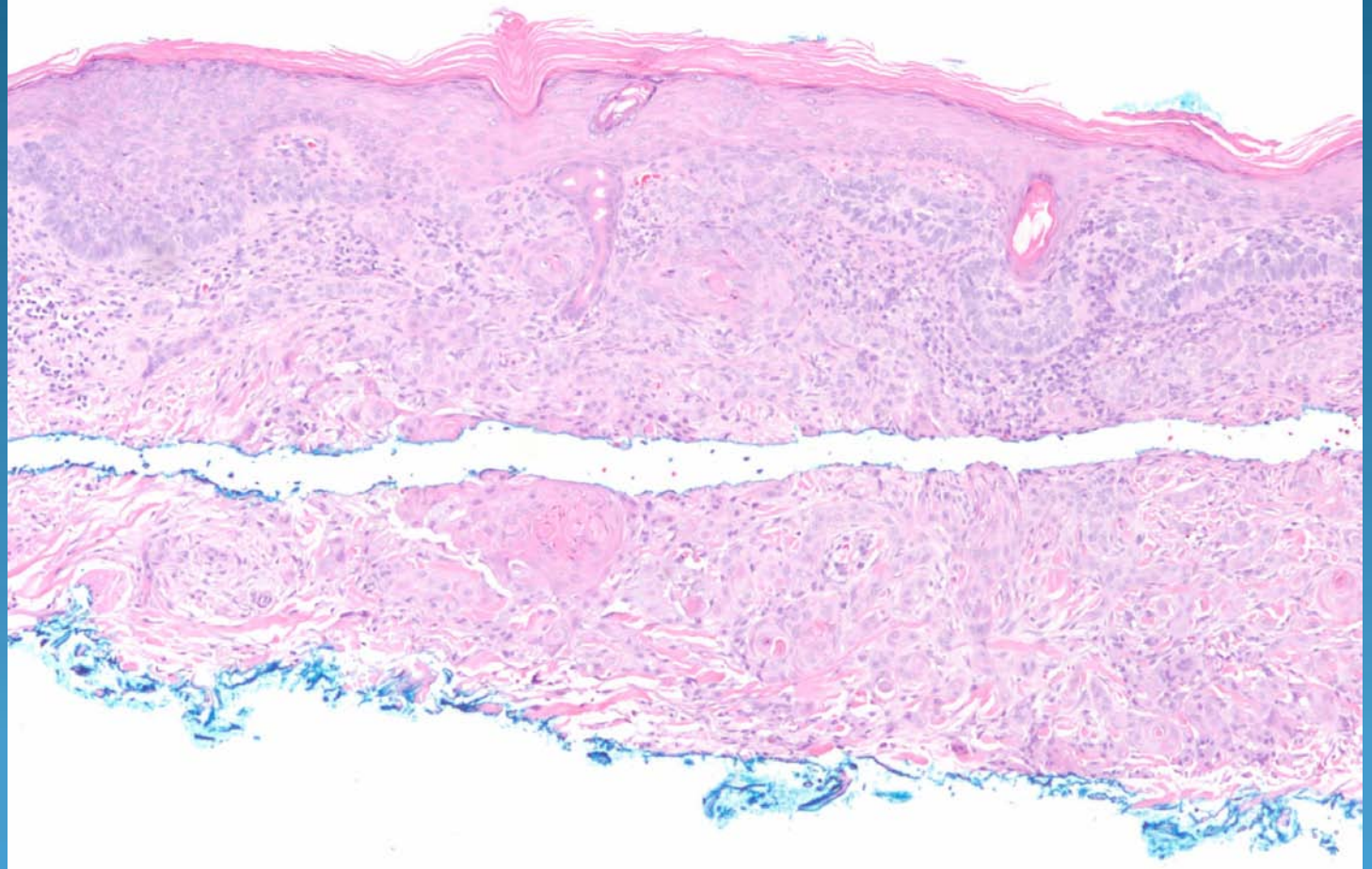
# Porokeratosis of Mibelli

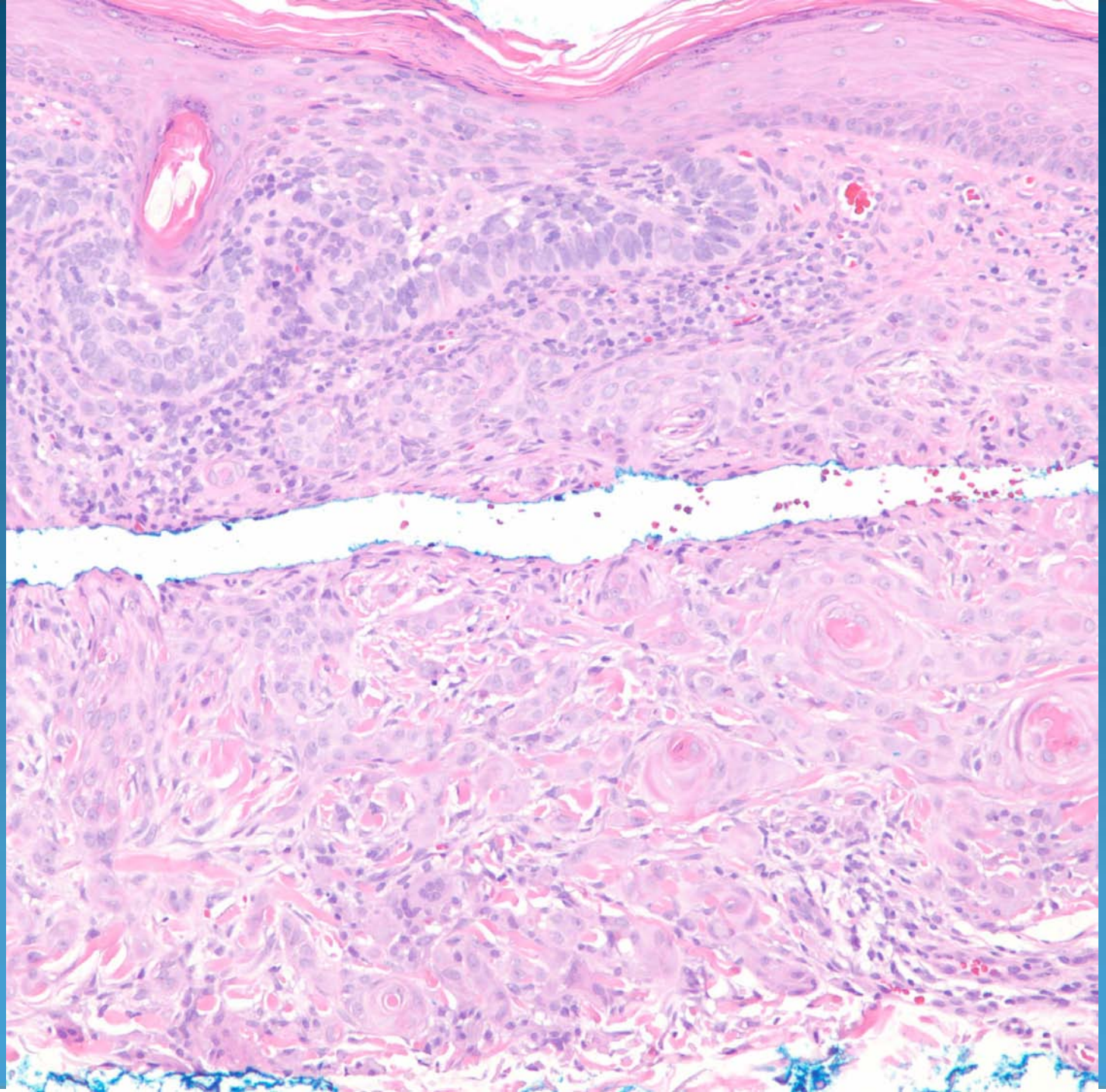
# Pearls

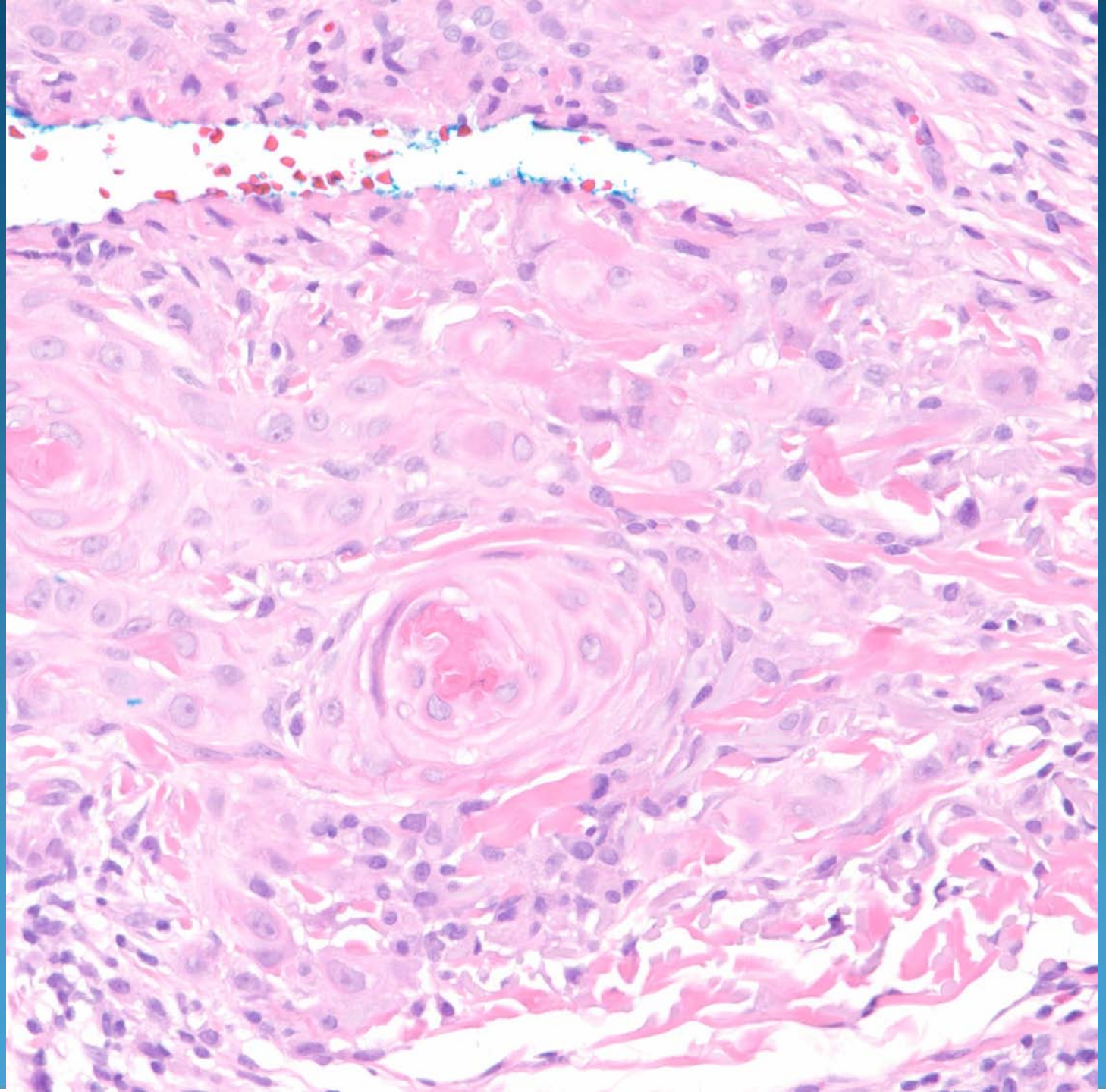


- Silhouette of benign keratosis
- Look for cornoid lamella
- May have focal lichenoid inflammatory cell infiltrate



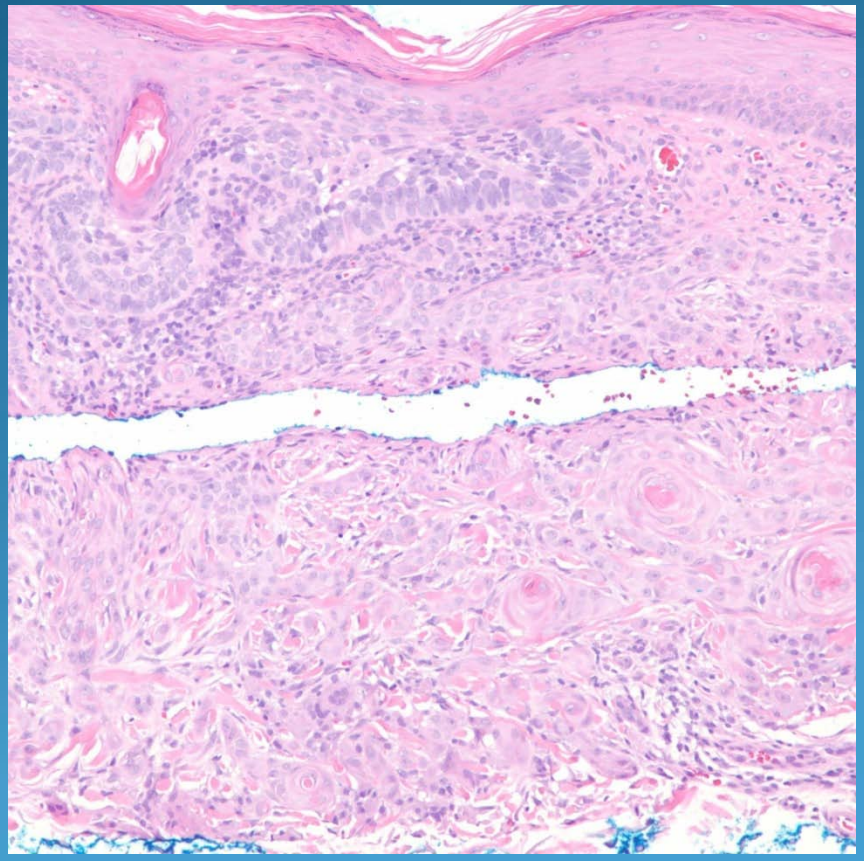






# Basal Cell Carcinoma Arising in Association with a Squamous Cell Carcinoma

# Pearls



- Should have 2 clearly distinct tumors with no transitional forms
- Should have typical squamous pearl formation for SCC if well differentiated
- BCC morphology dependent upon the type