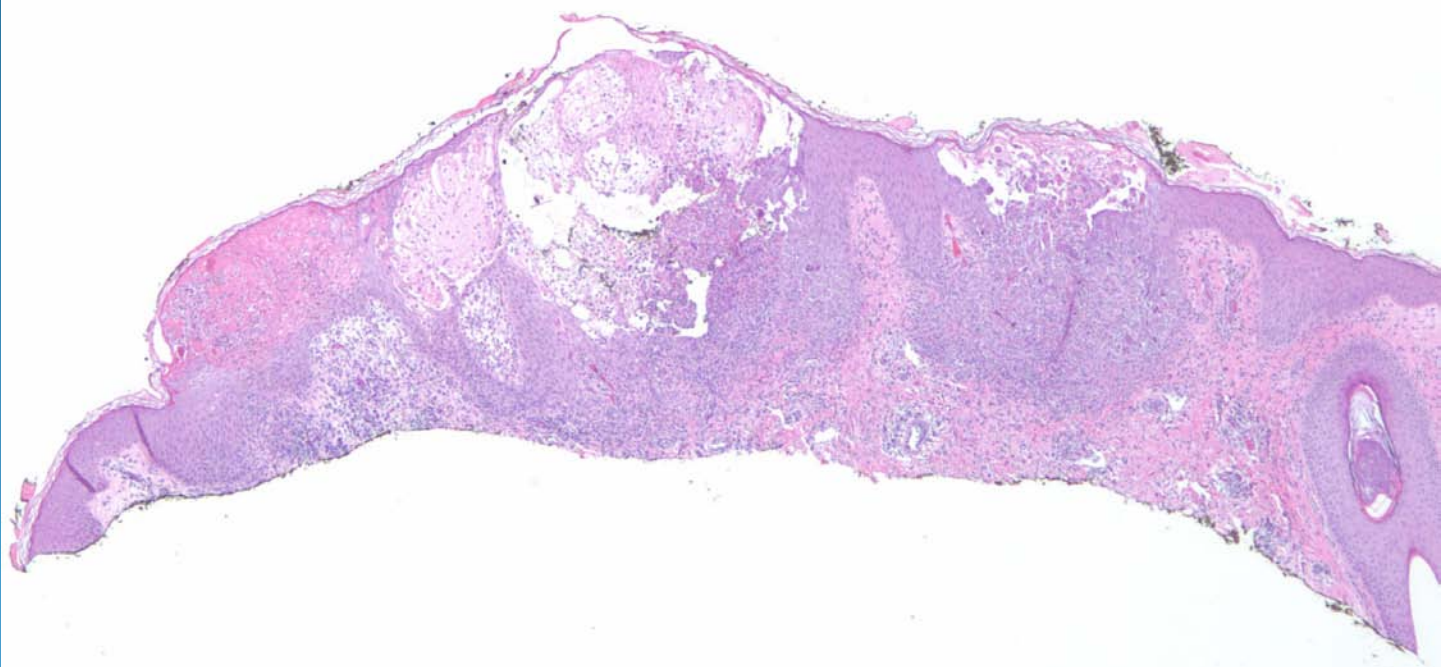
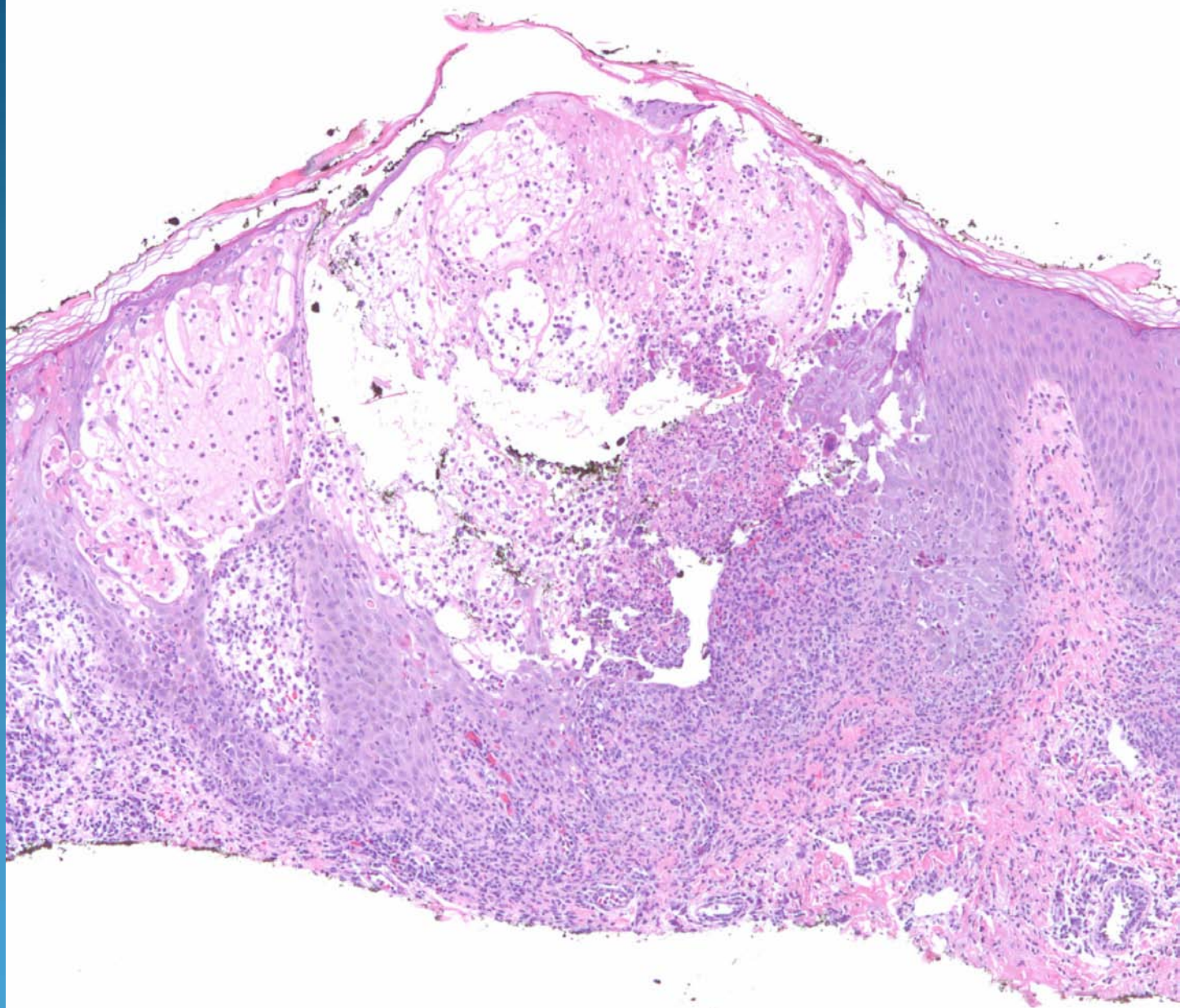
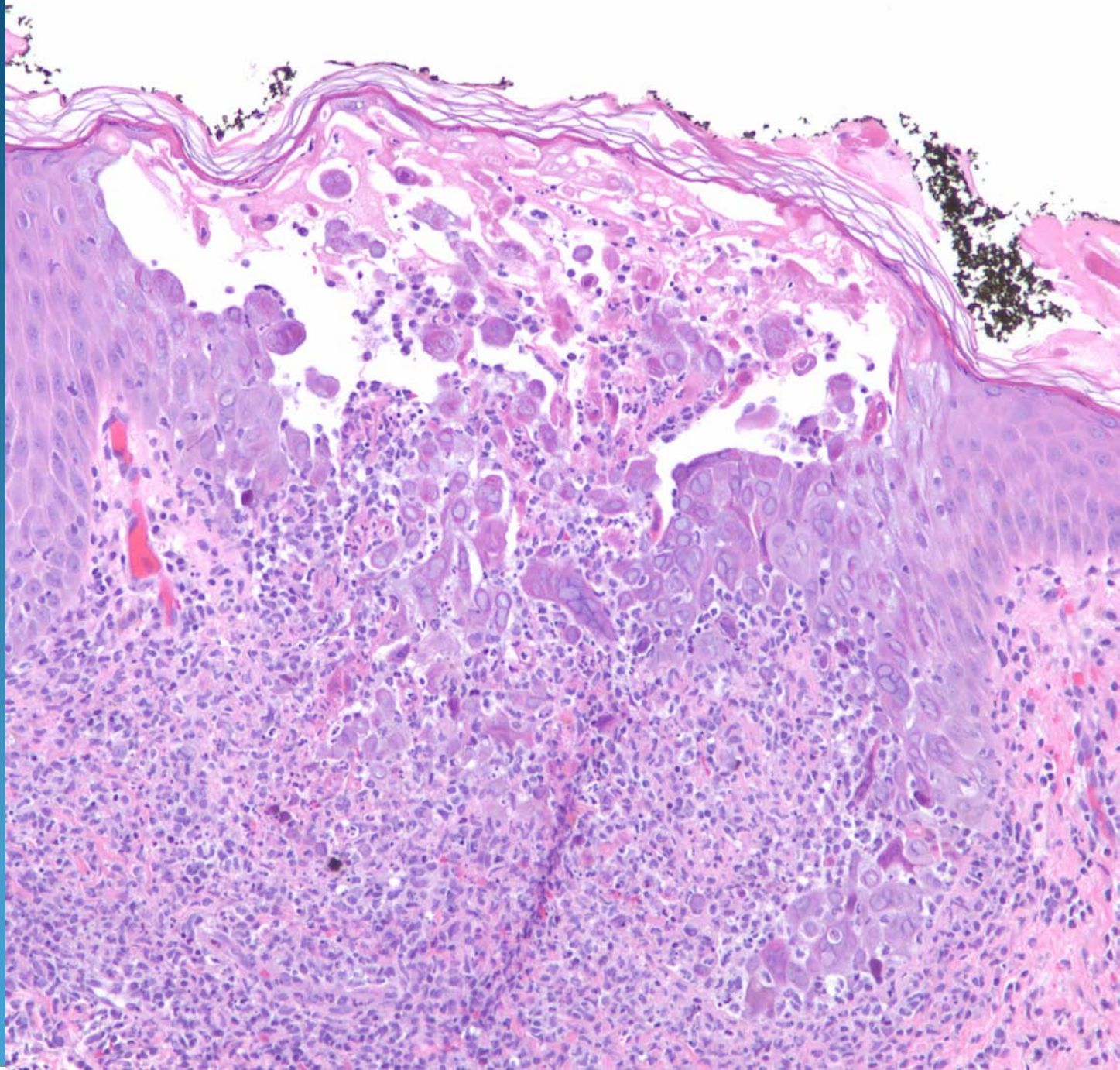


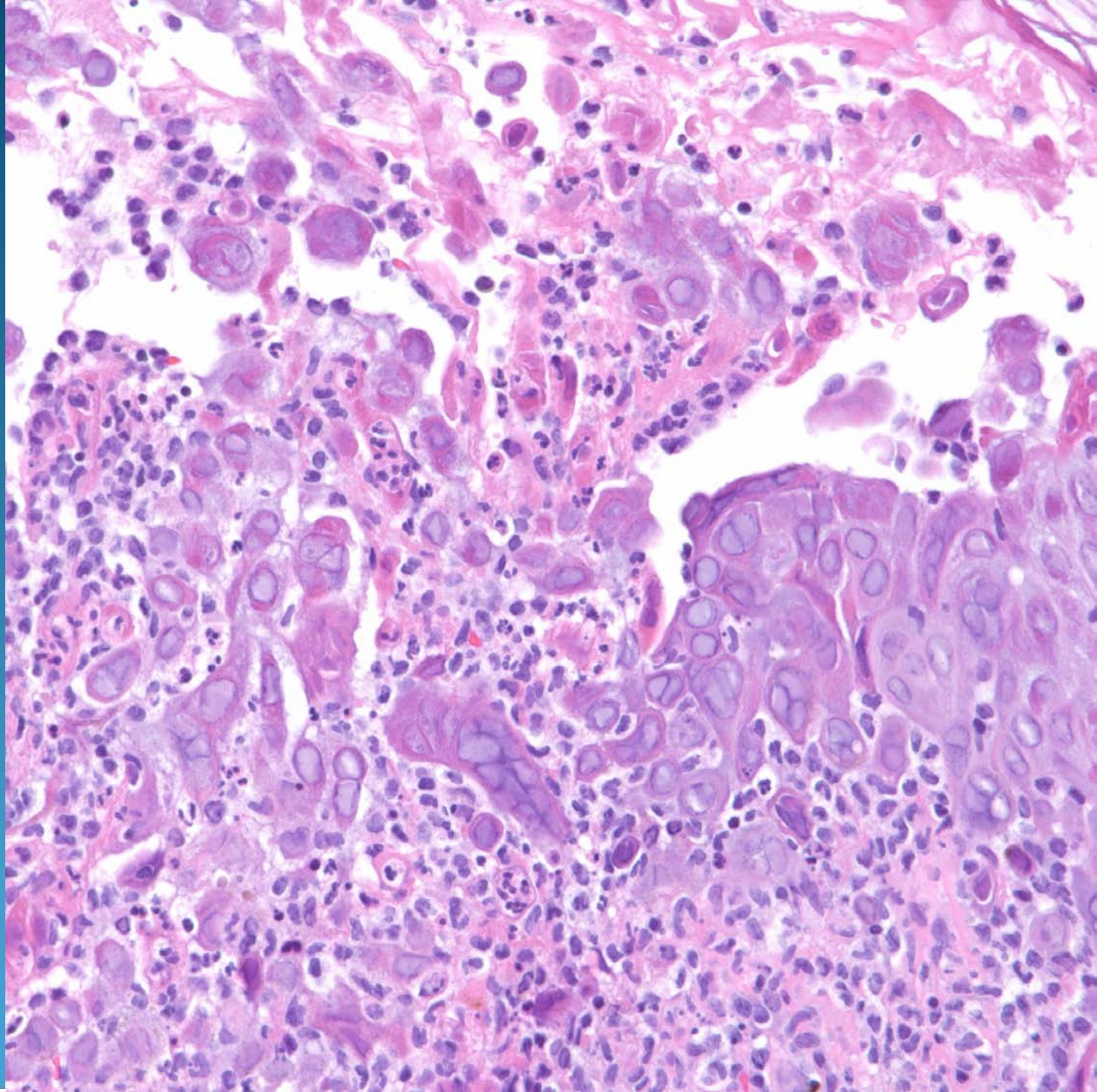
Dermatopathology Slide Review Part 47

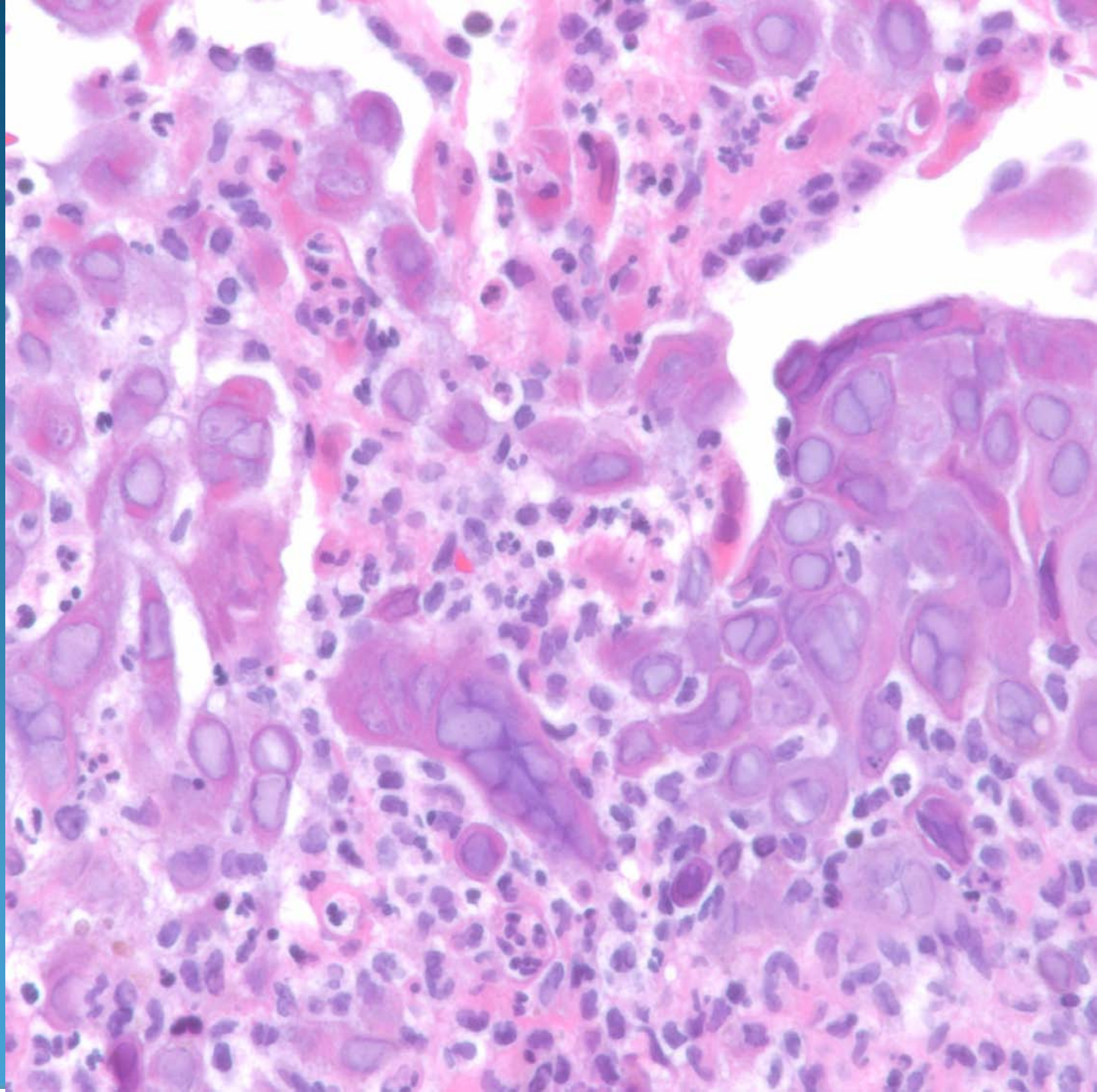
Paul K. Shitabata, M.D.
Dermatopathology Institute



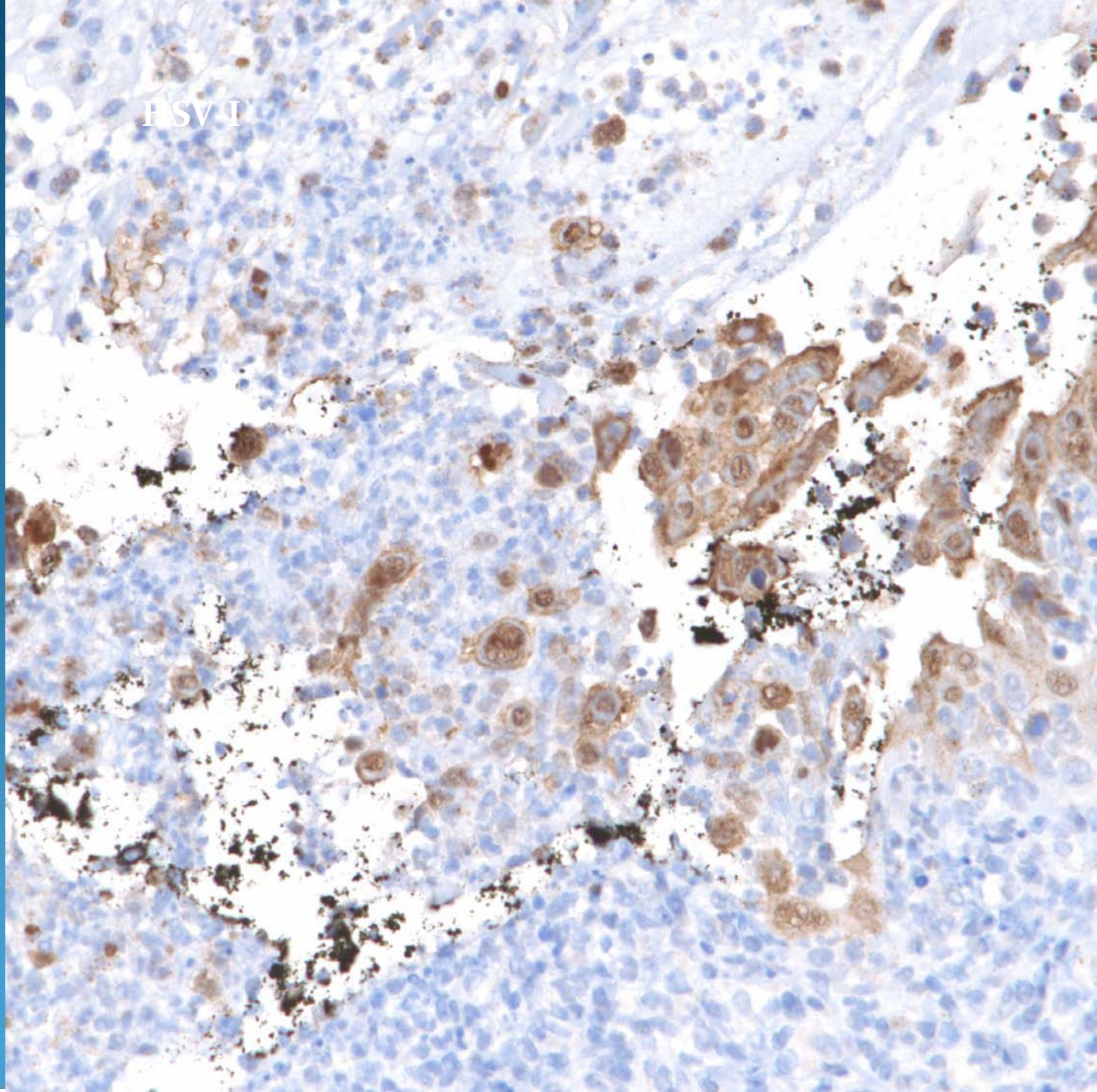






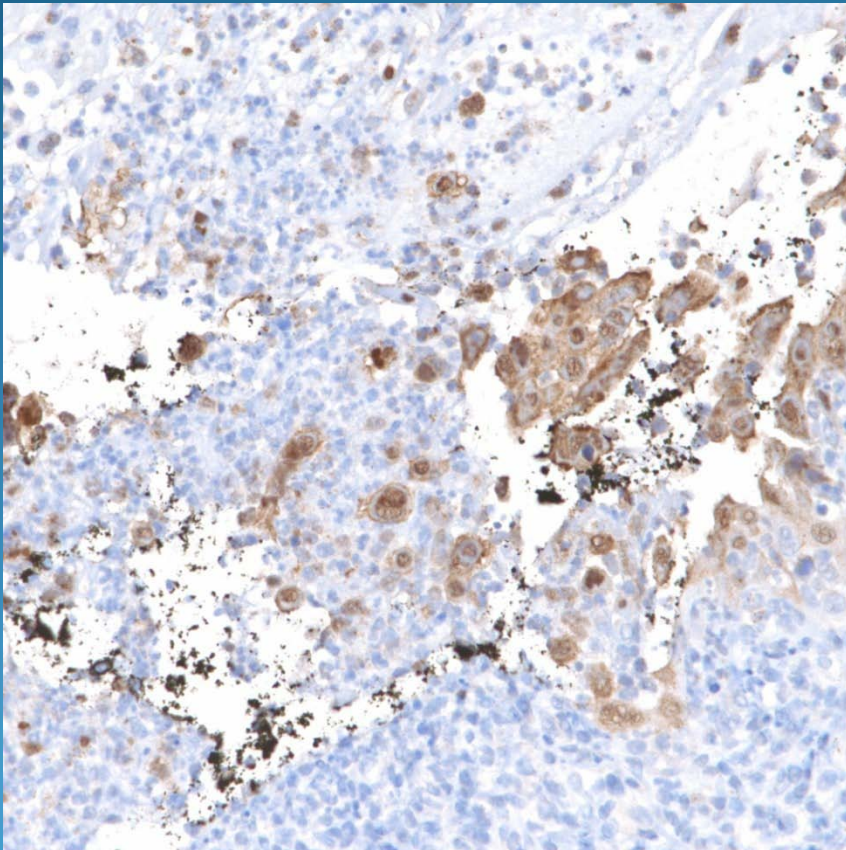


HSV I

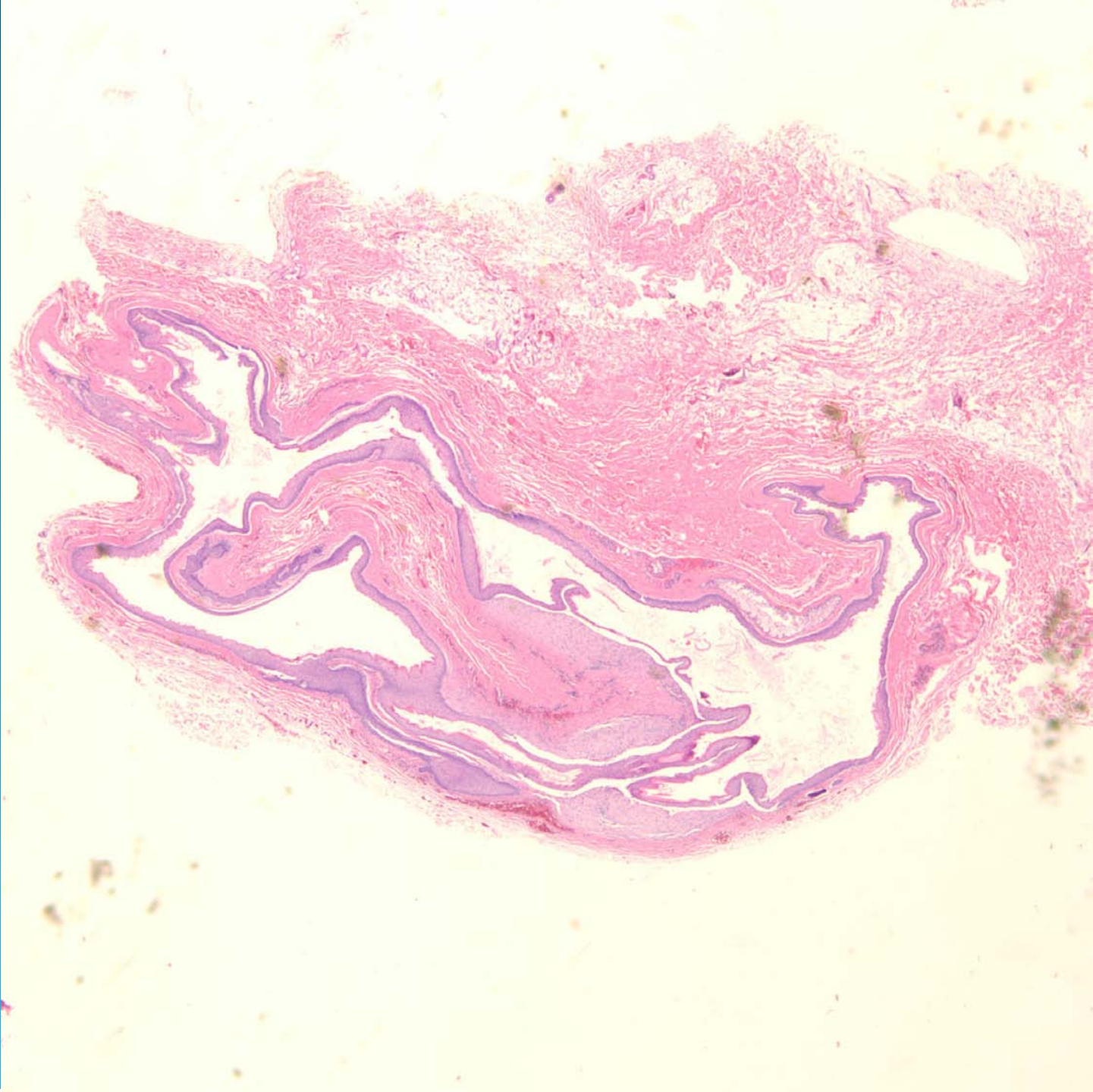


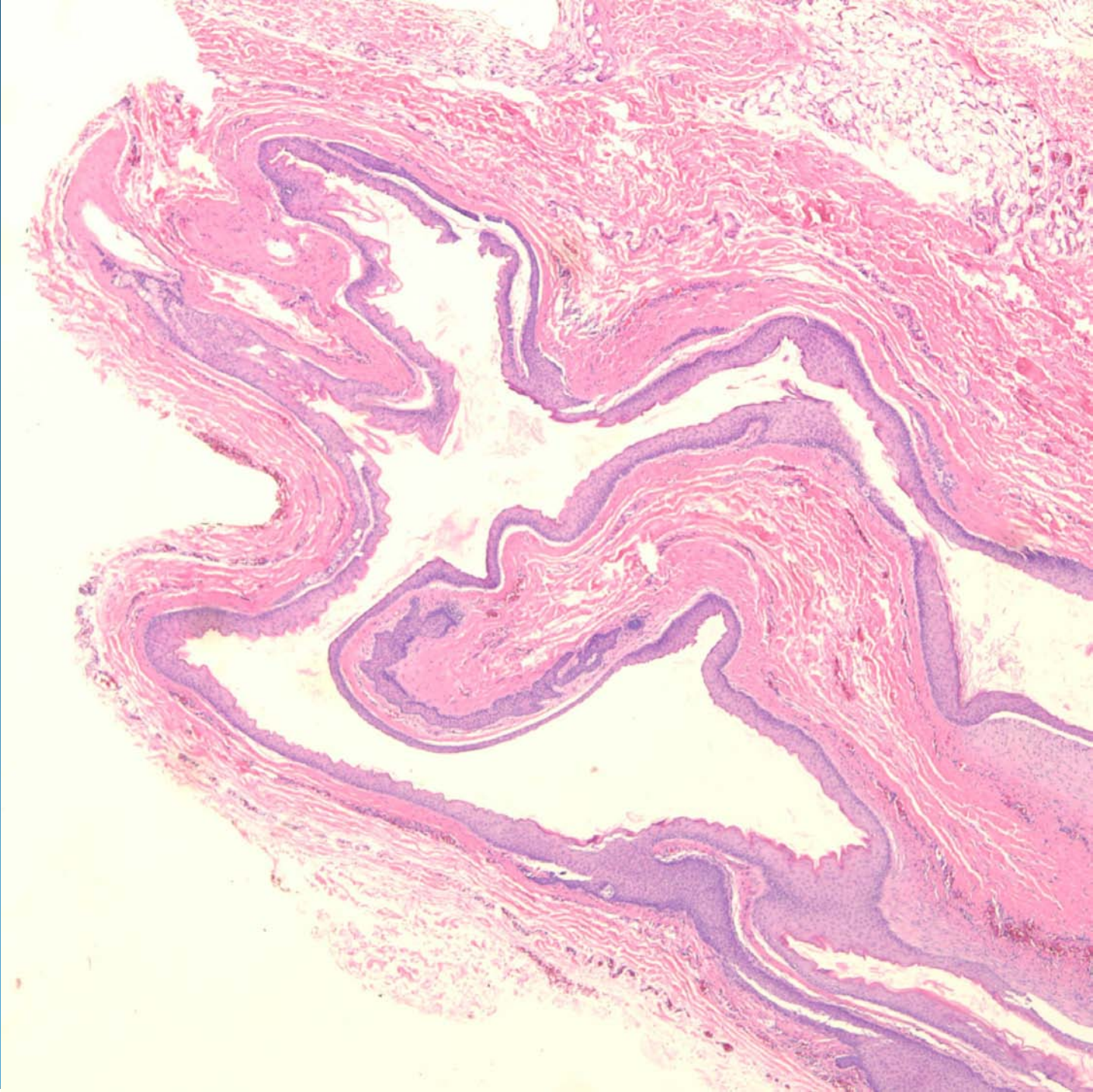
Herpes Simplex Virus Infection

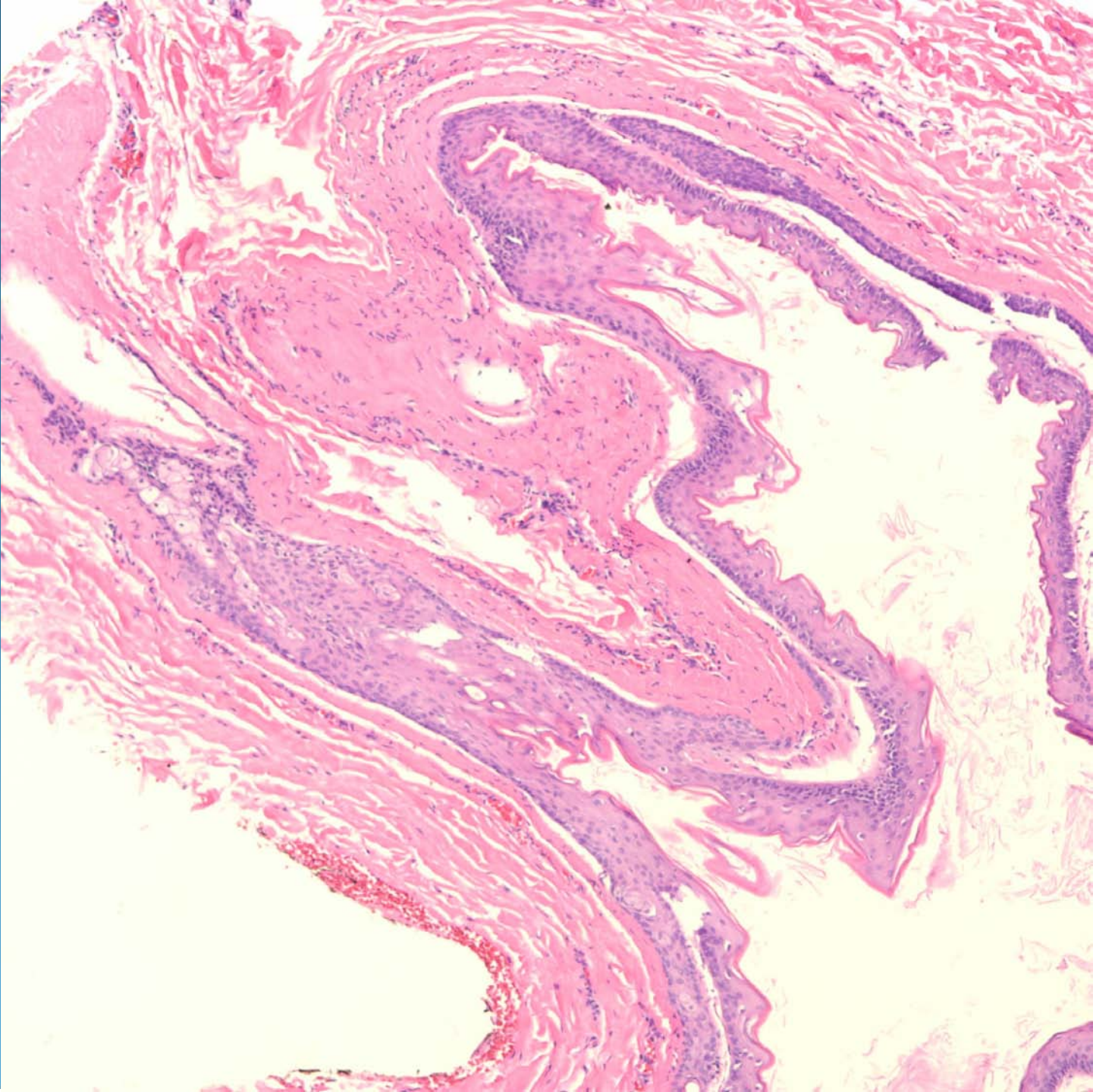
Pearls

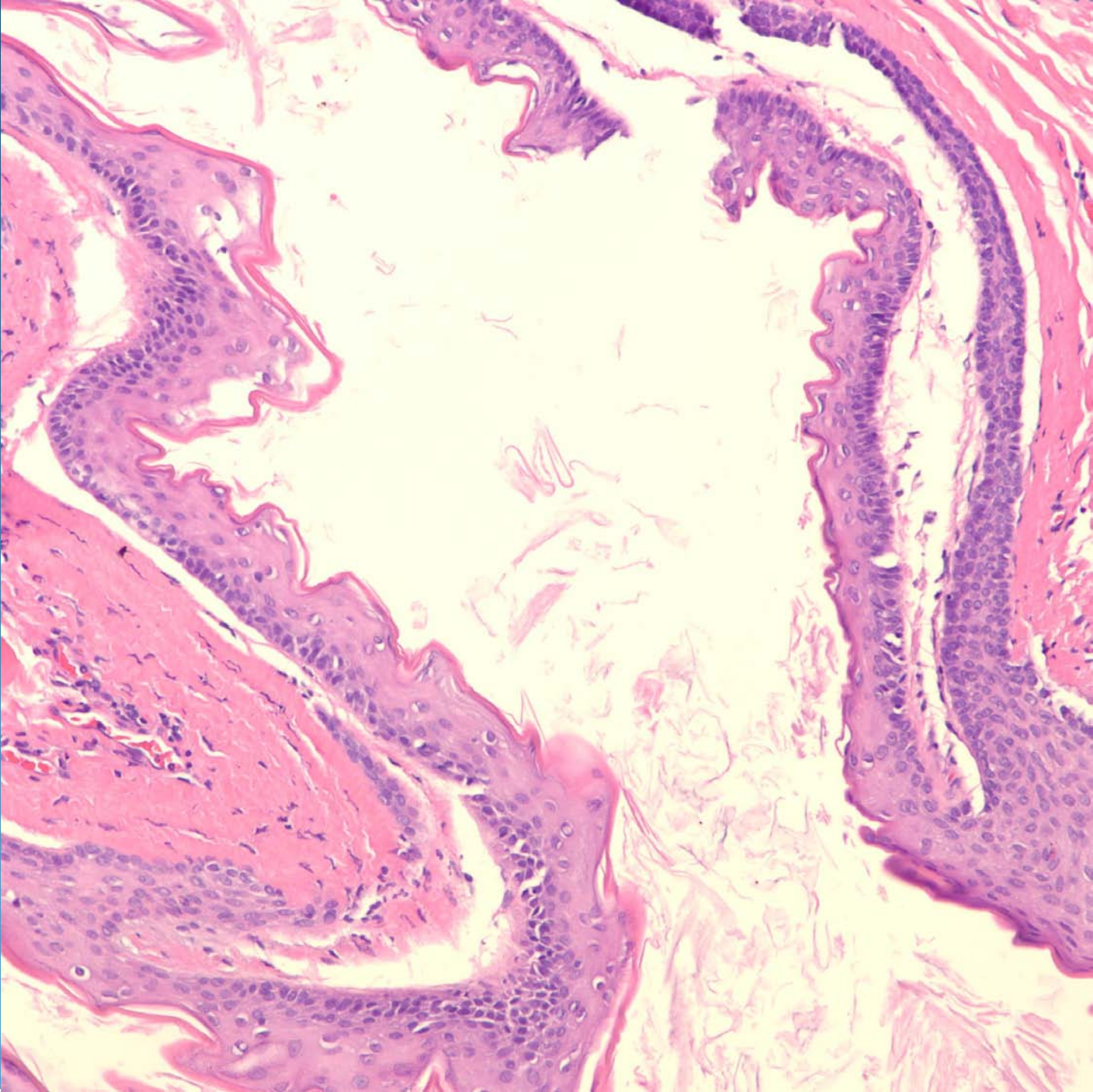


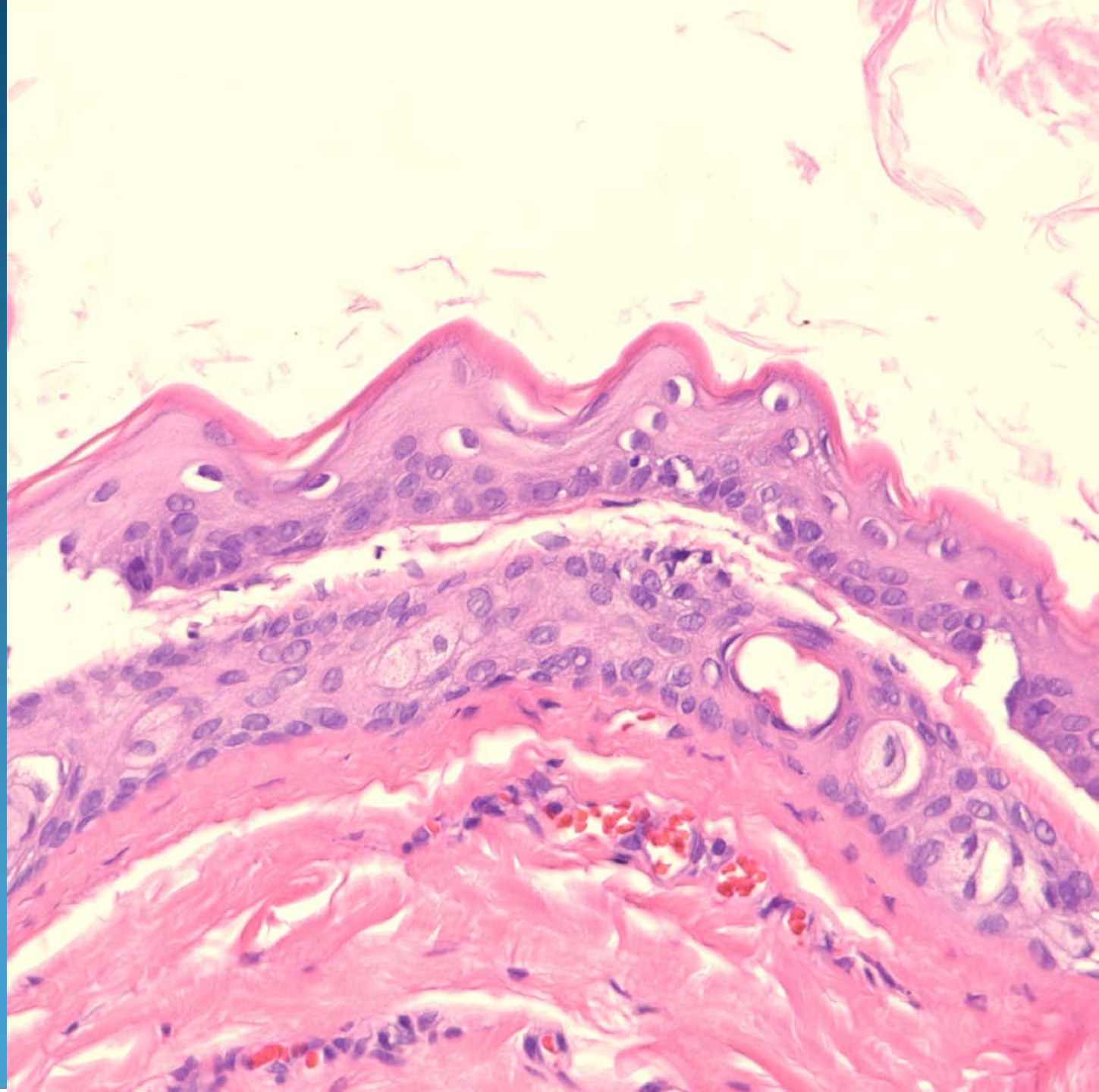
- Intraepidermal blister with acantholytic cells showing multinucleation and chromatin margination
- Occasionally follicular and eccrine duct involvement
- Confirm with IHC to HSV I and II





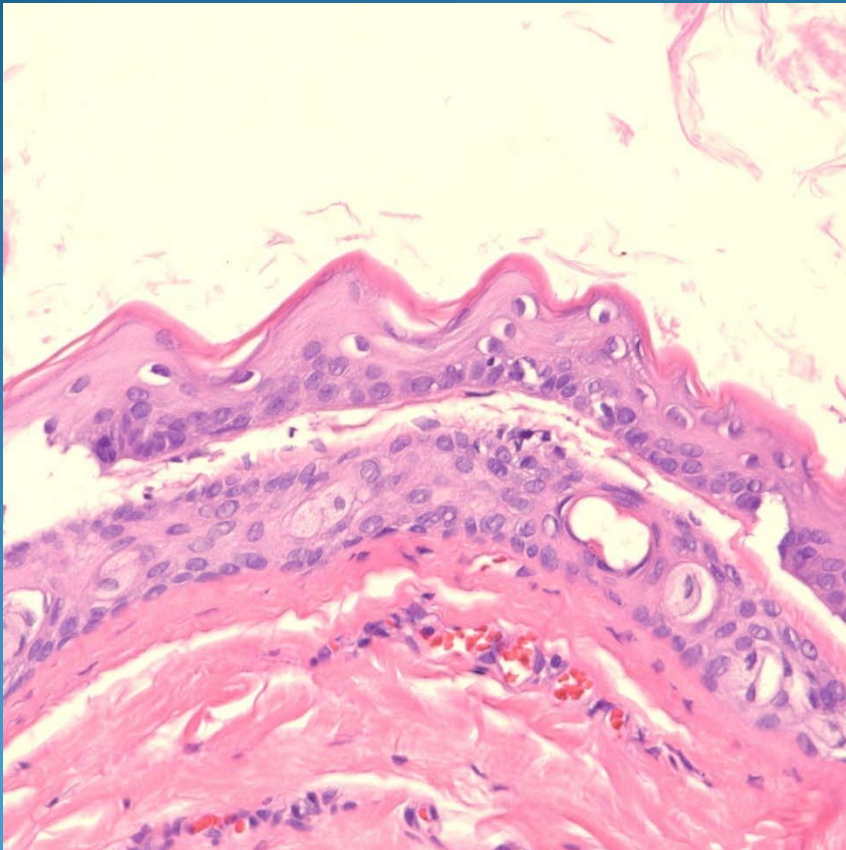




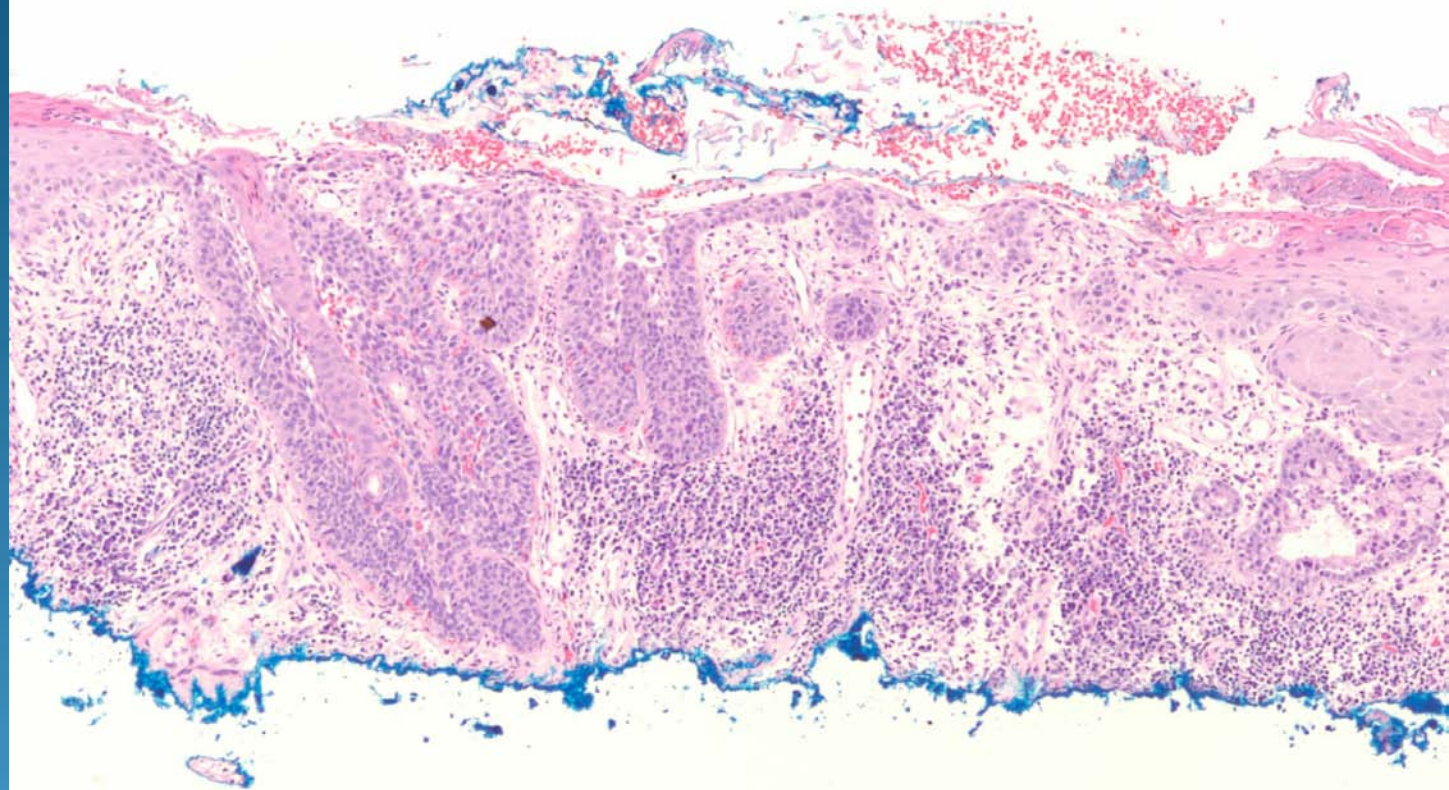


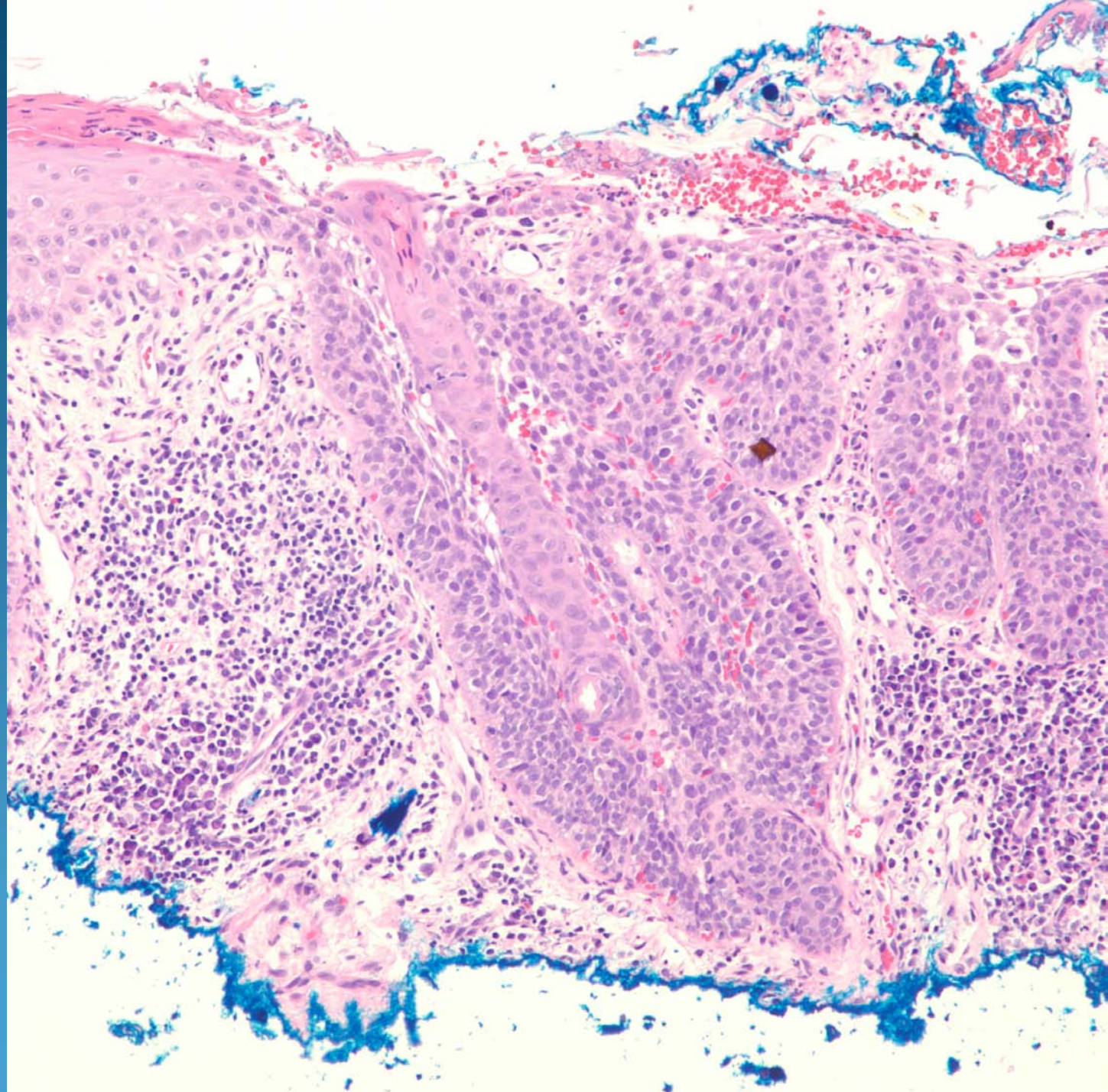
Steatocystoma

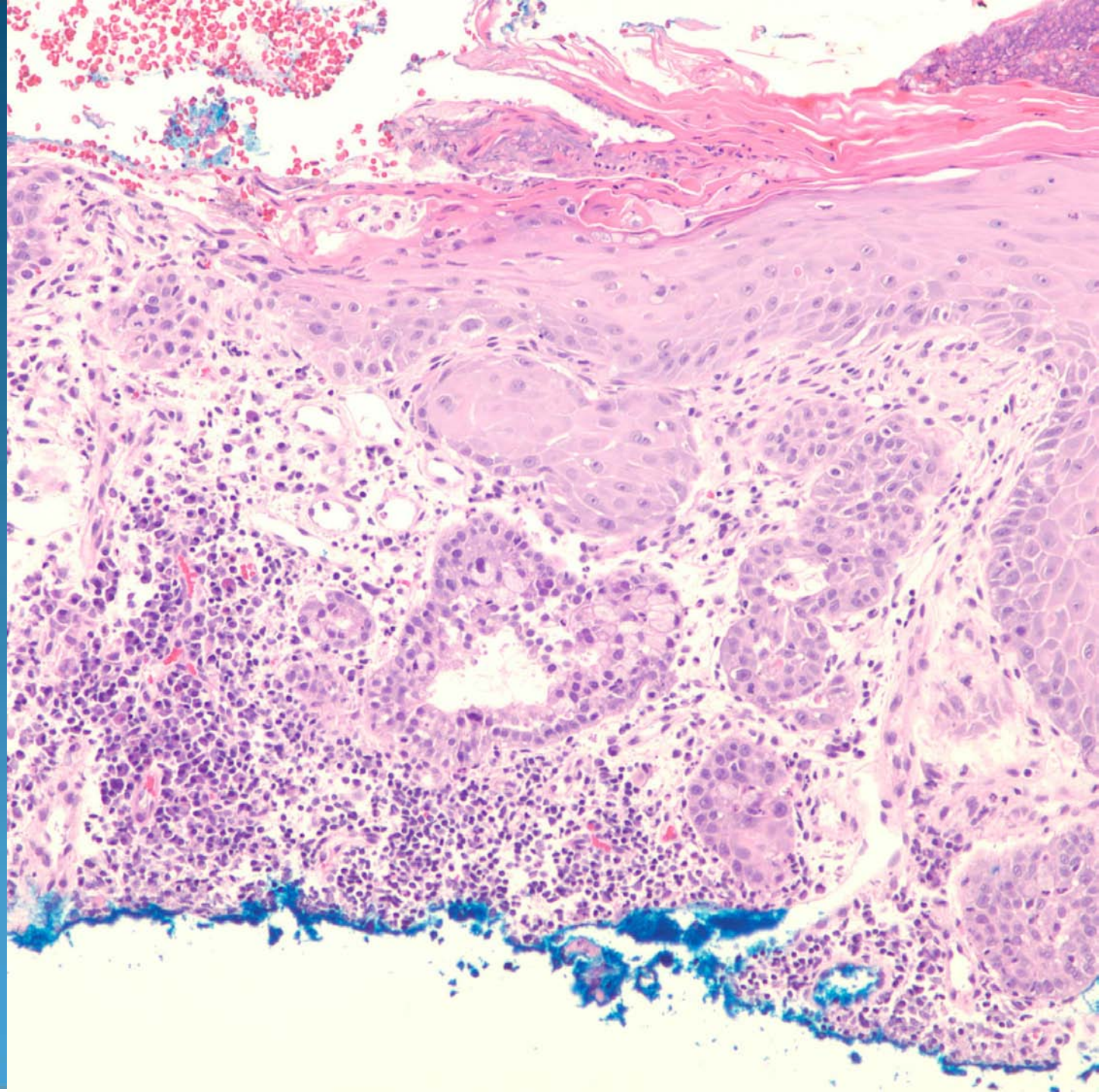
Pearls

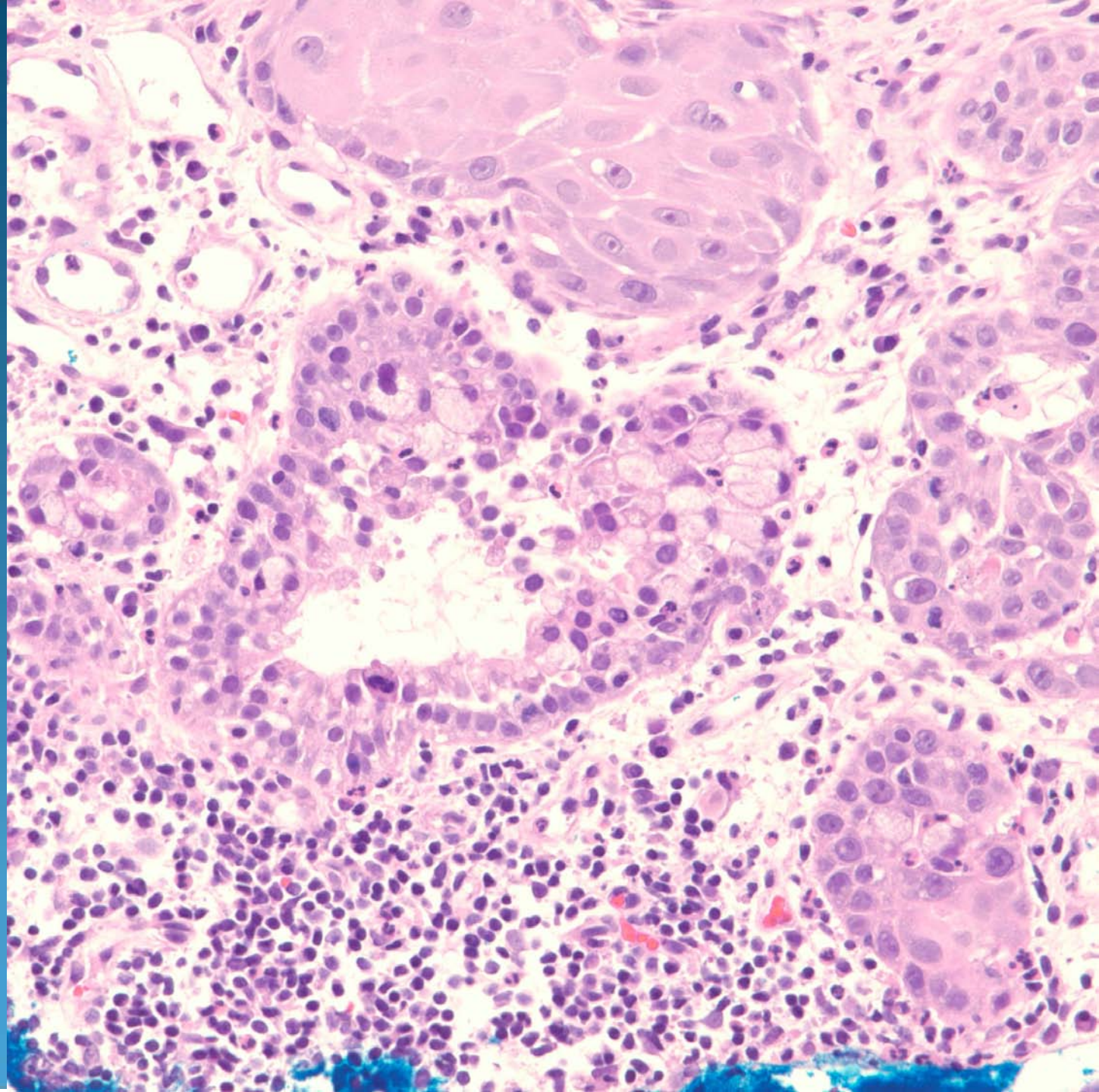


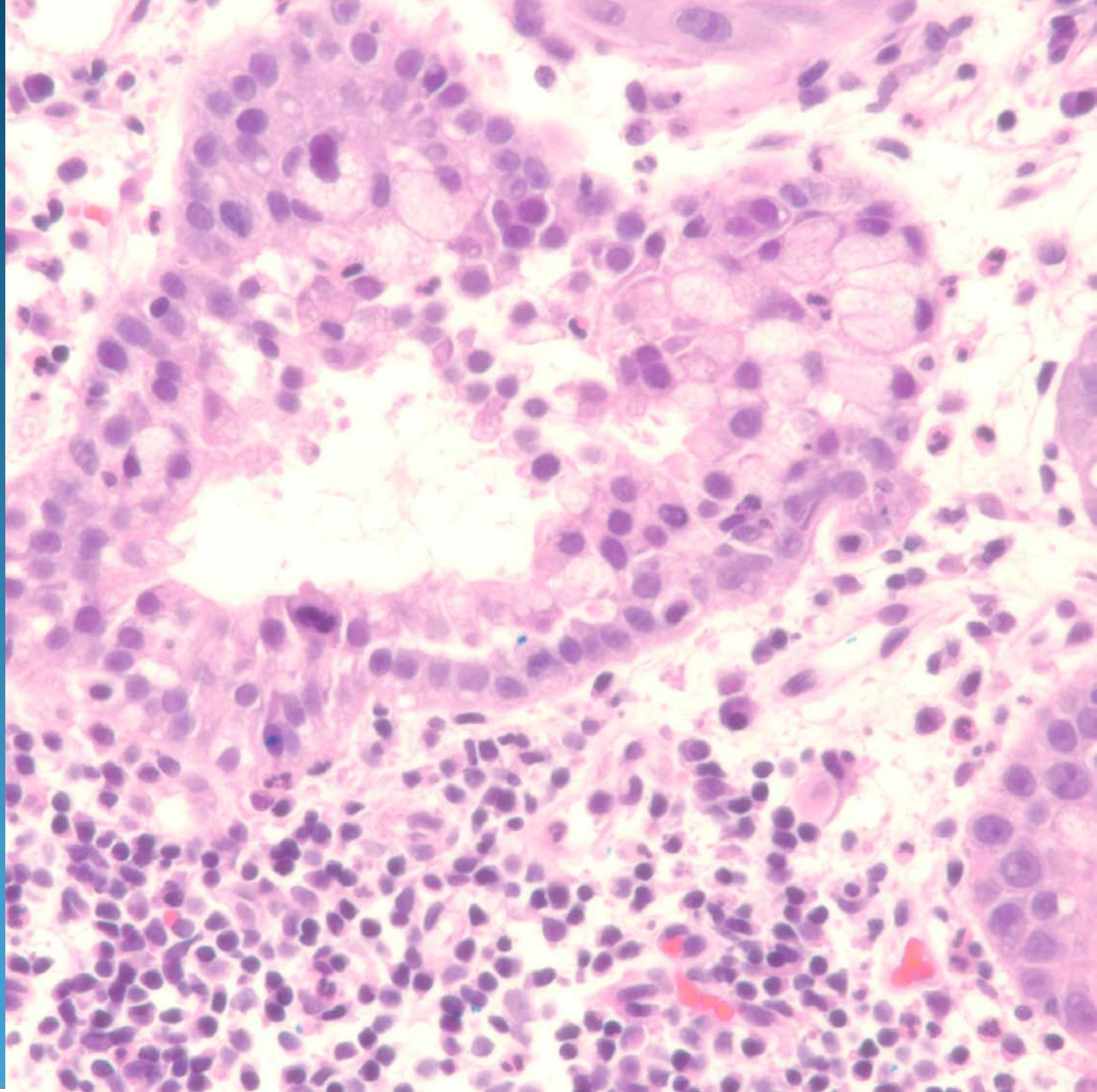
- Epidermal cyst with embedded sebaceous glands in the wall
- Corrugated hyperkeratotic inner lining
- Multiplex and simplex cases histologically identical

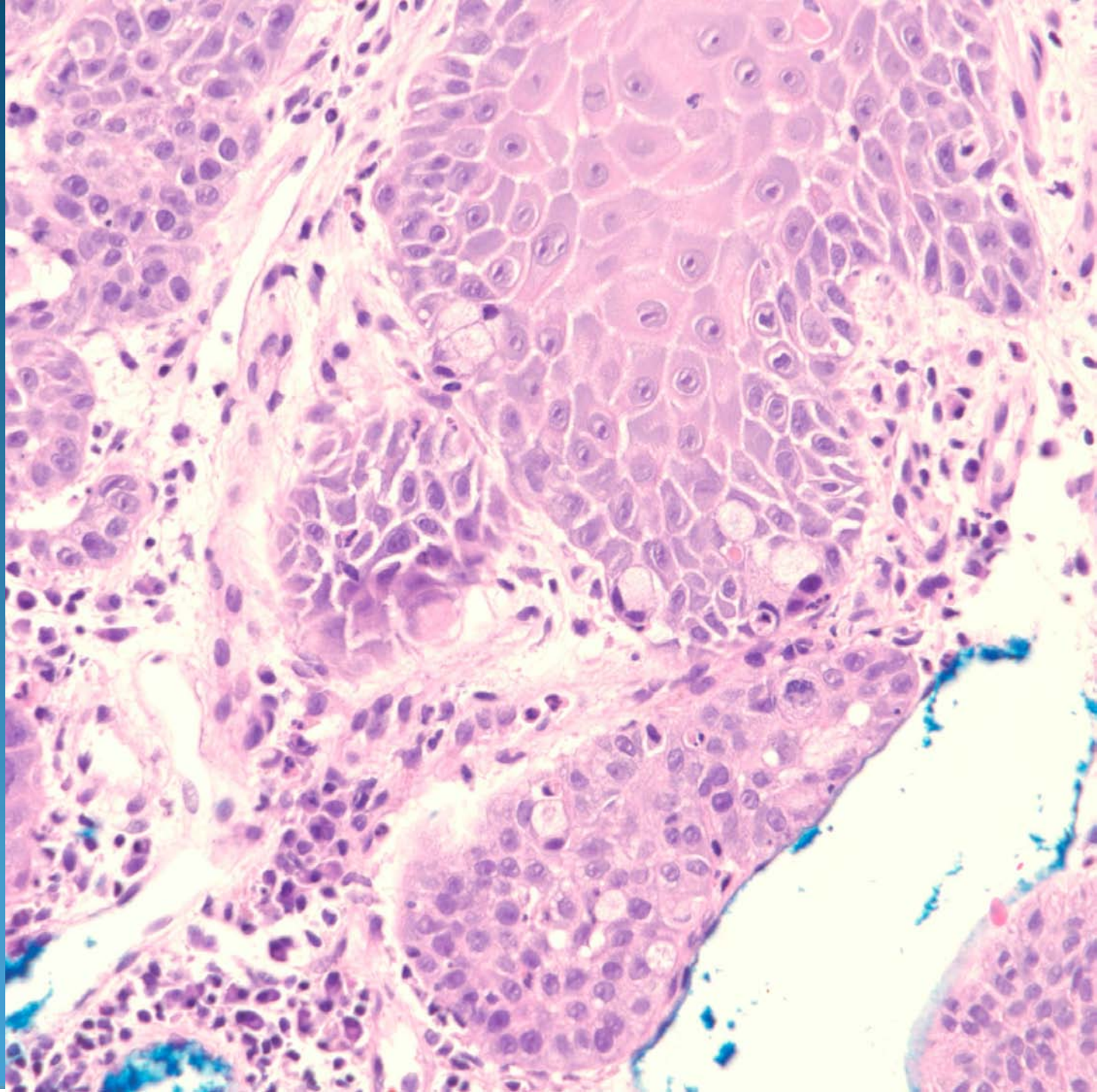


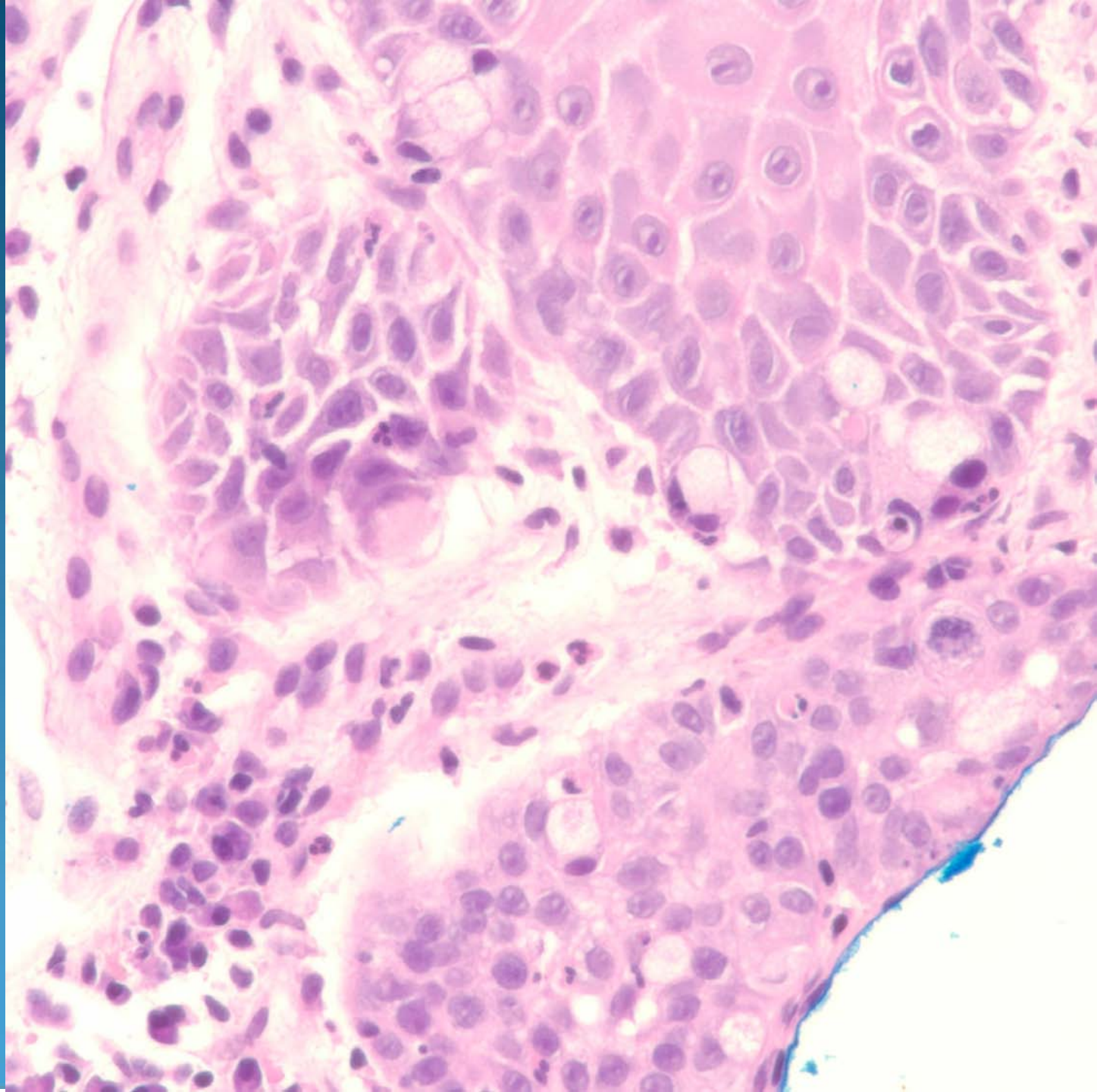


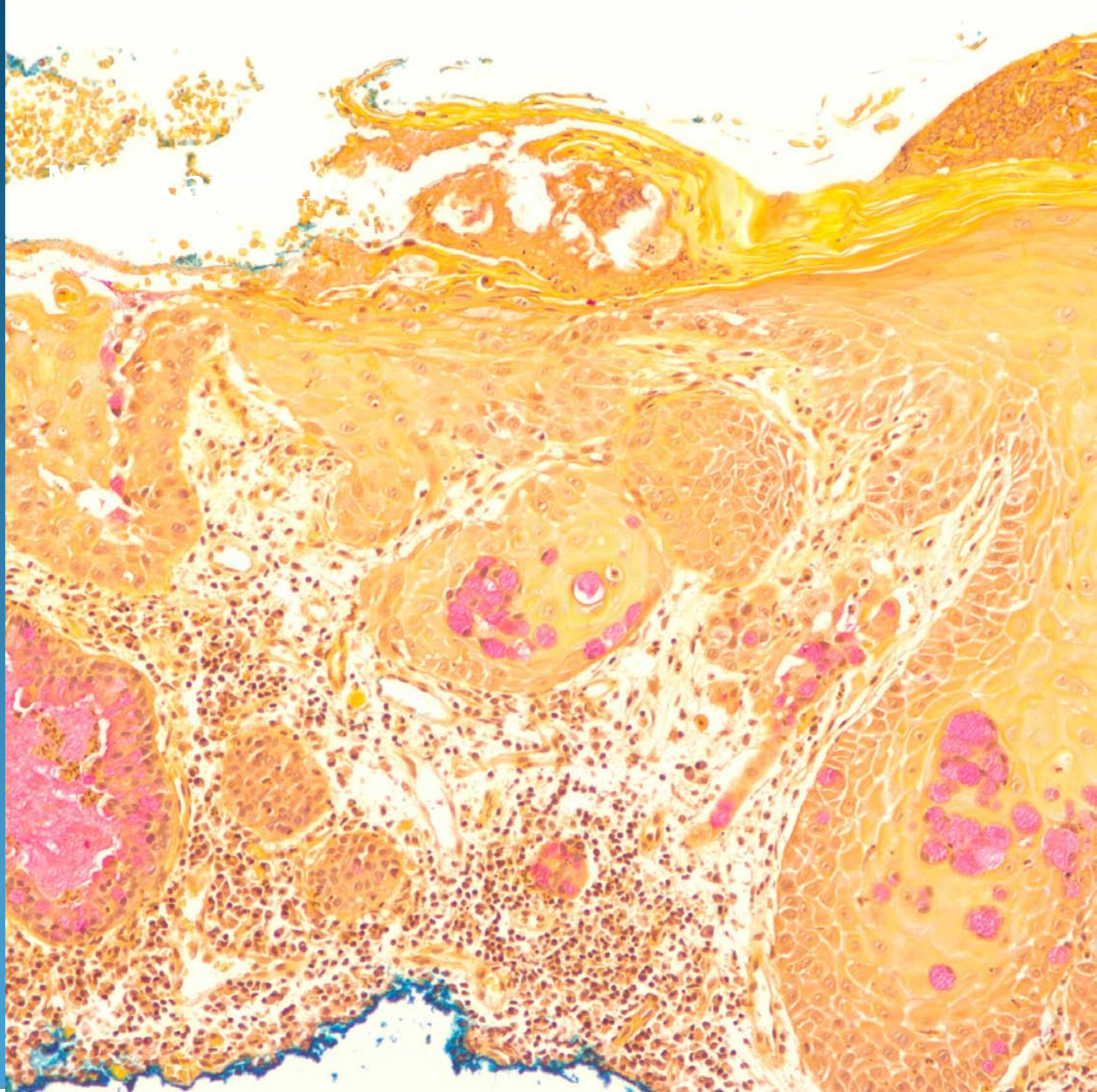






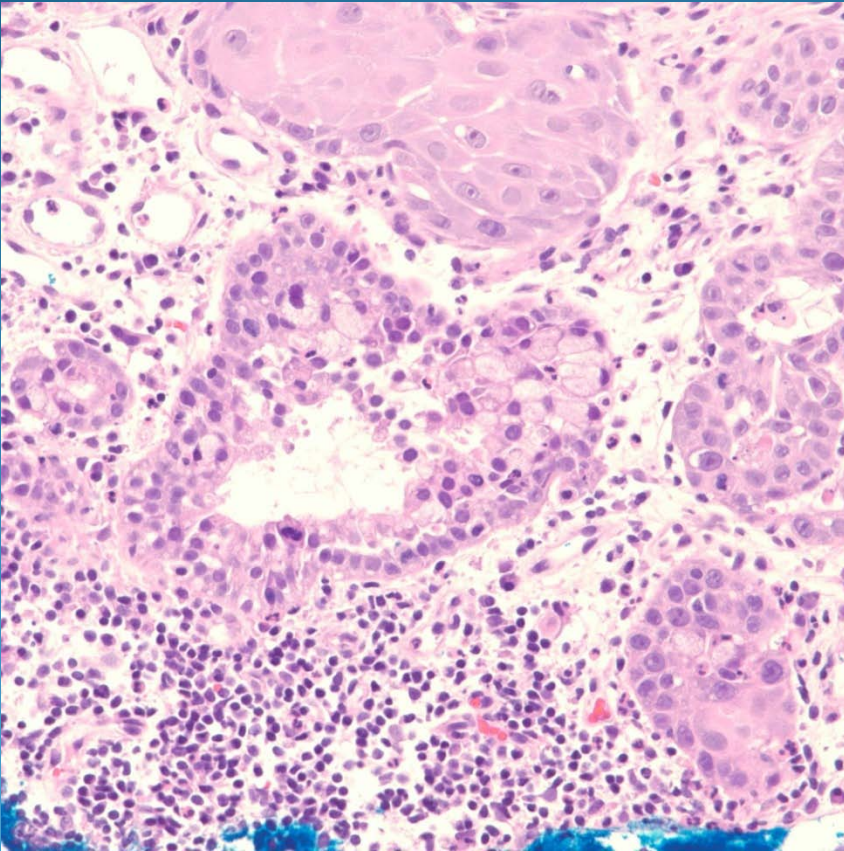




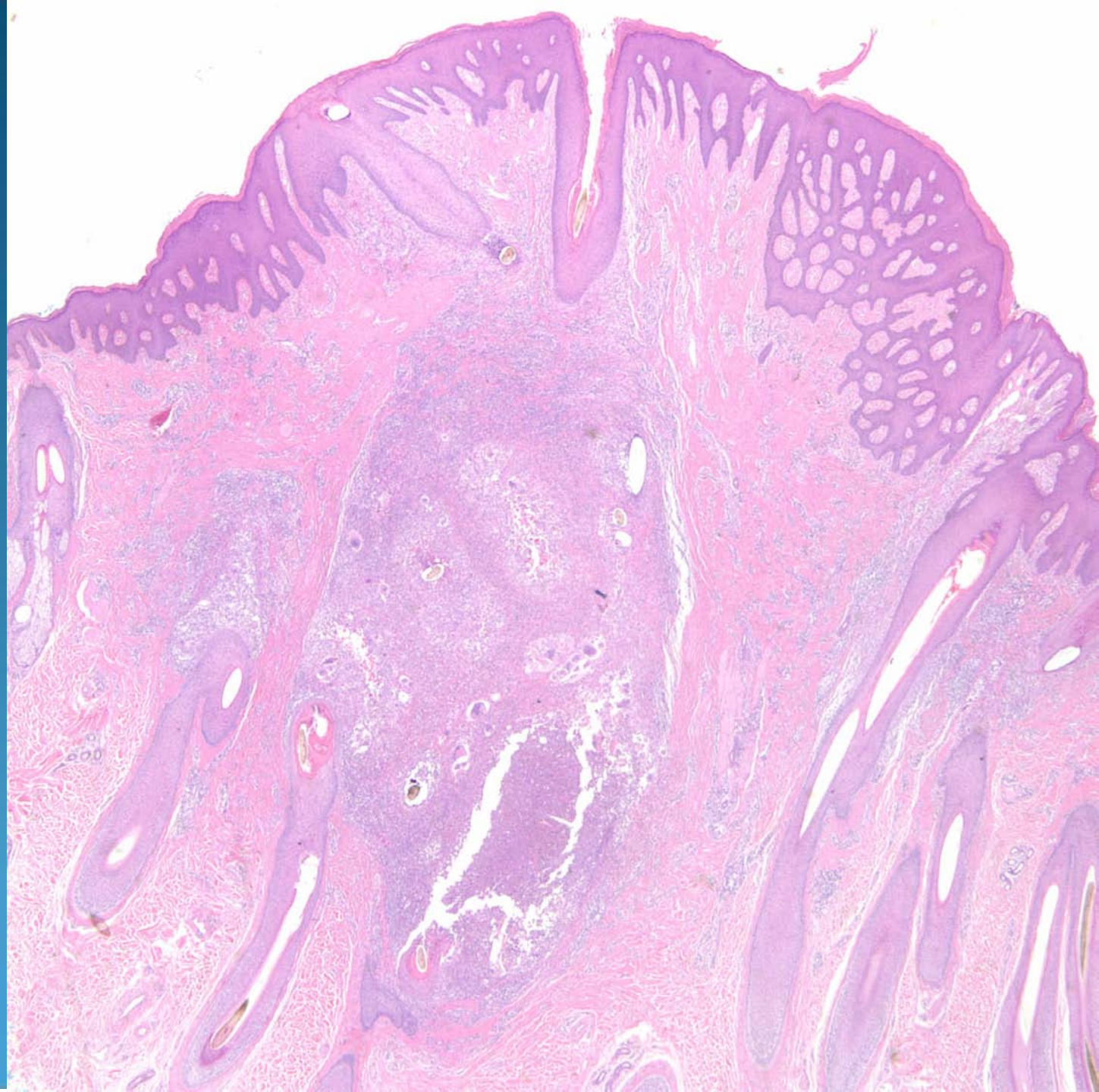


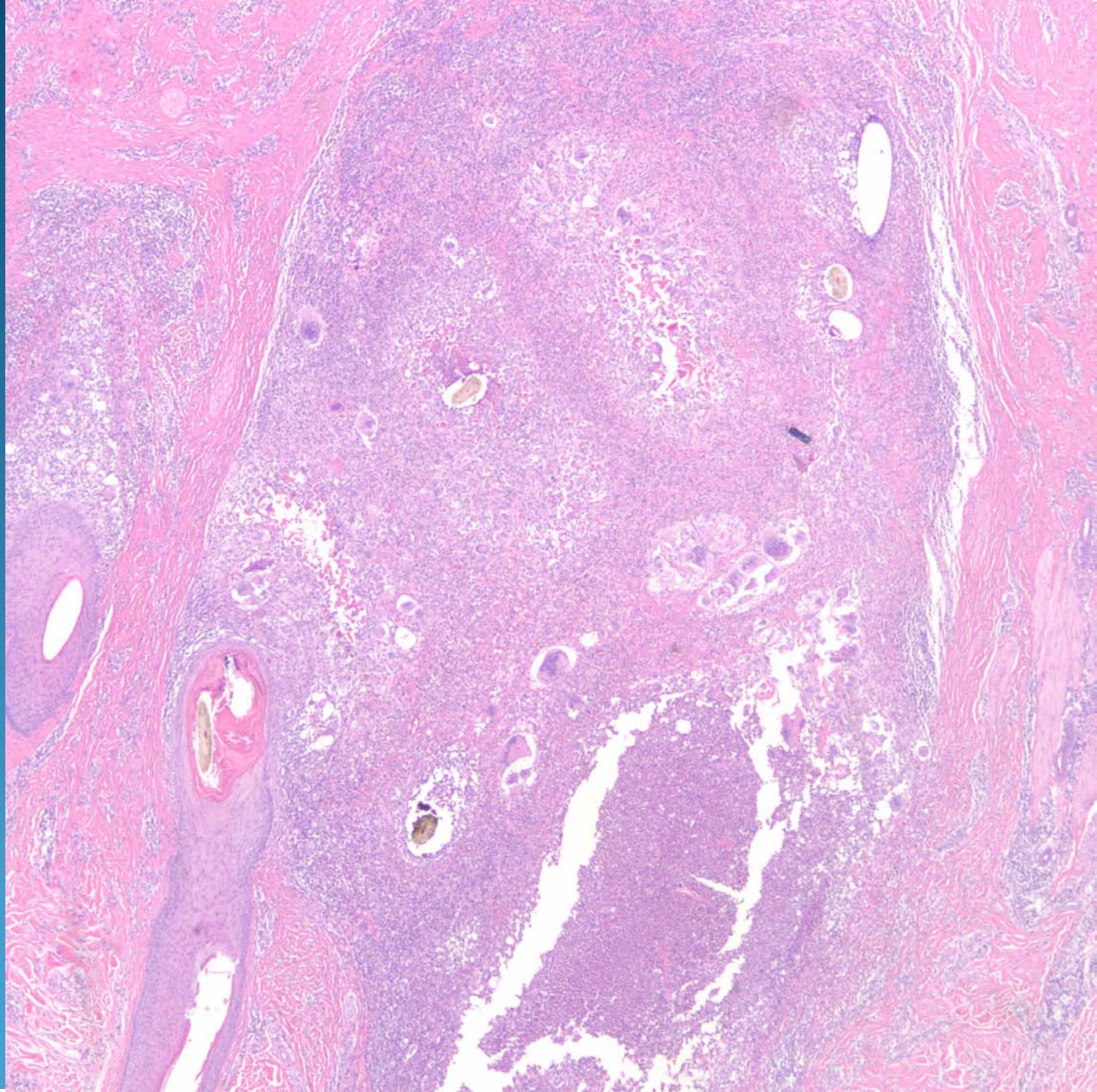
Squamous Cell Carcinoma with Mucinous Differentiation

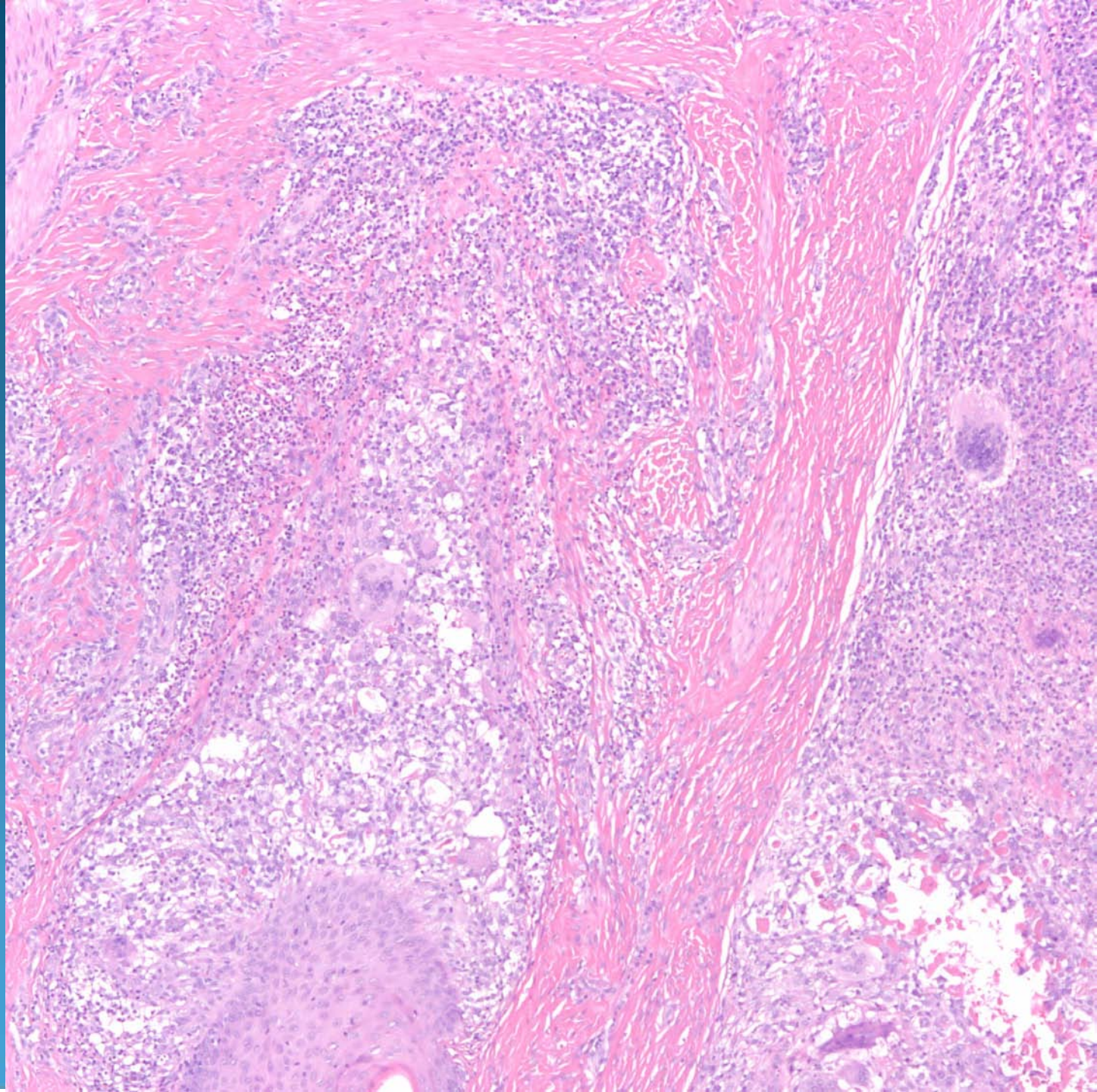
Pearls

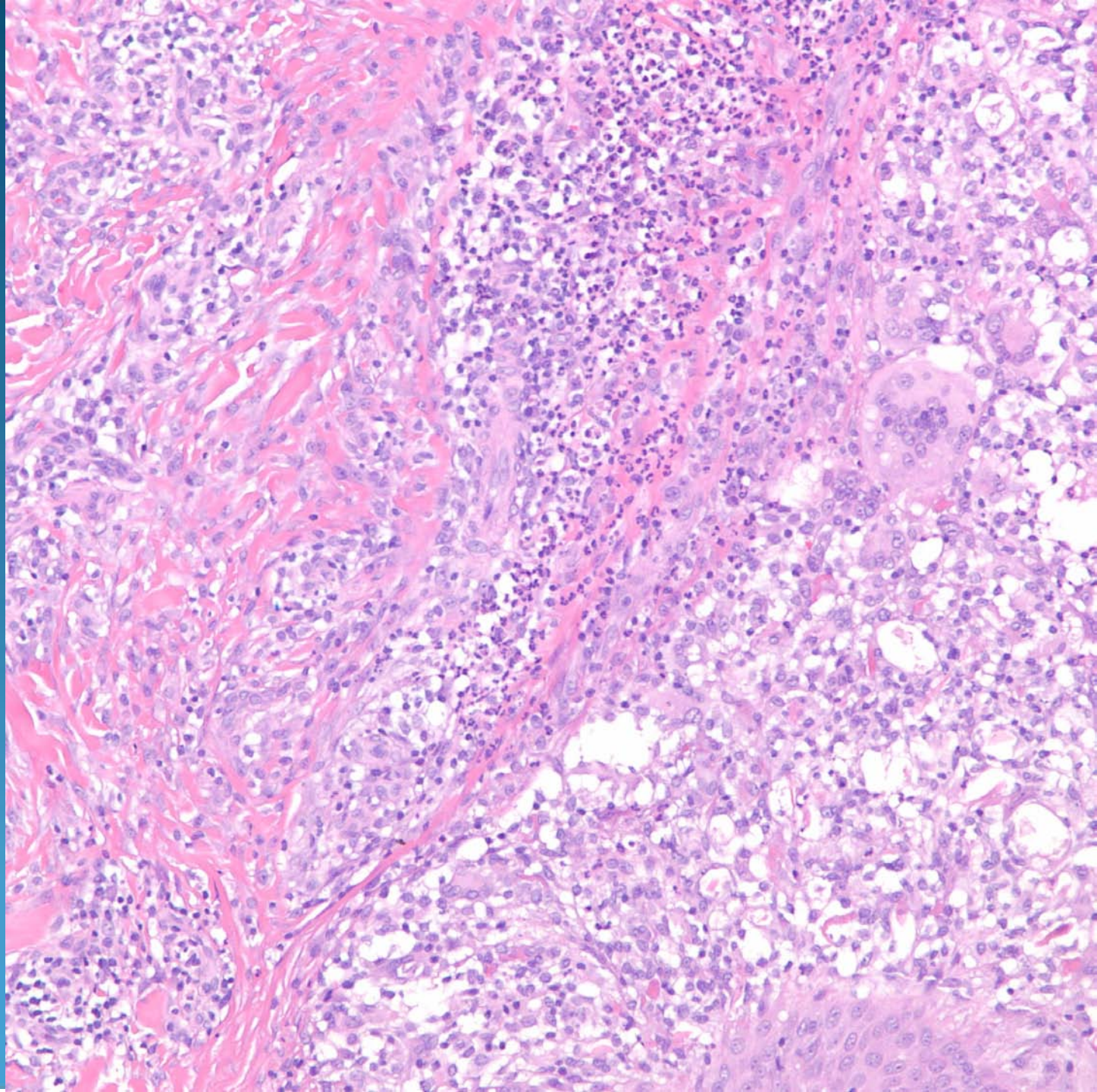


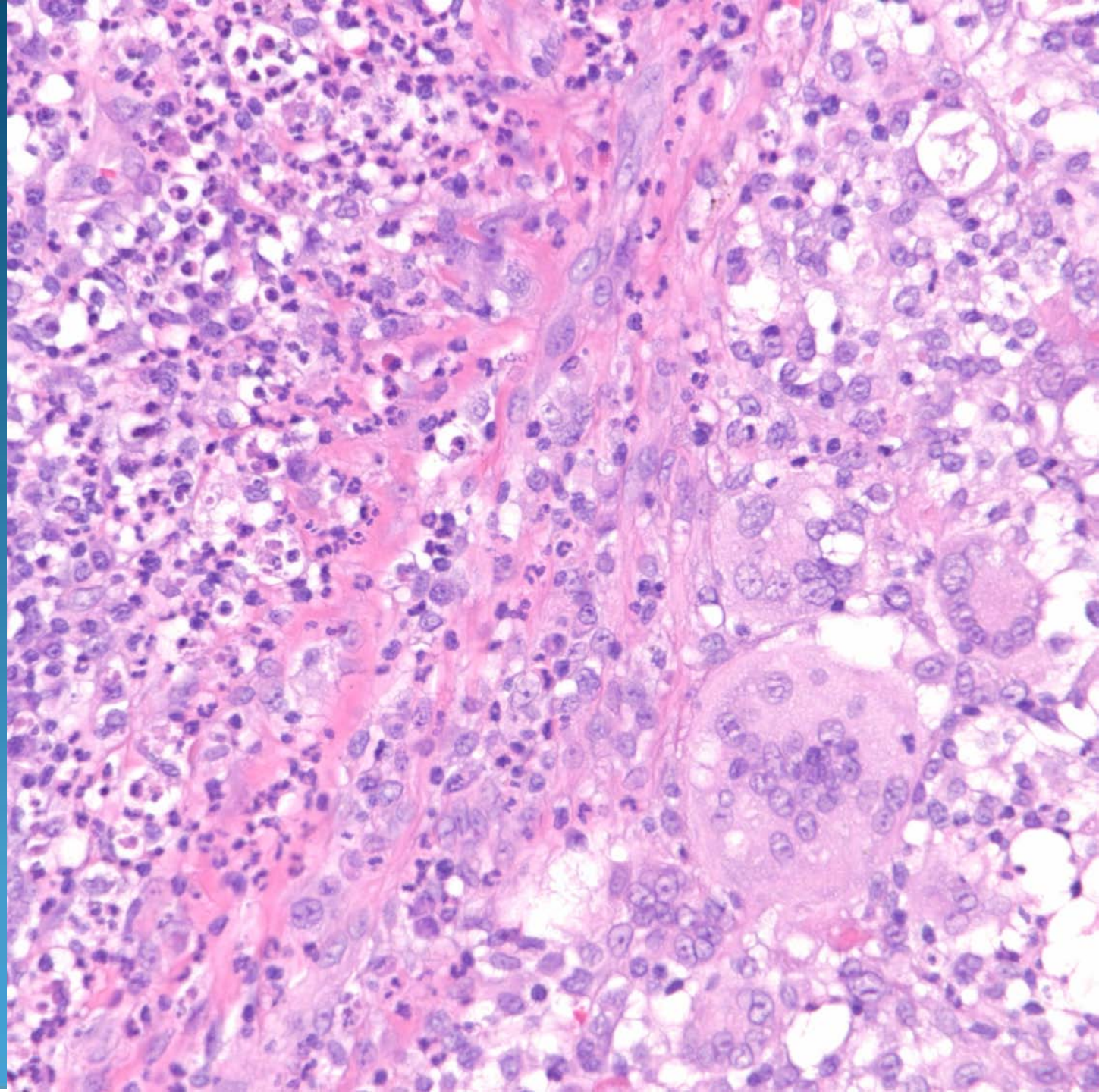
- Conventional squamous cell carcinoma
- Look for glandular or signet ring cells
- Confirm by mucin stains
- Rule out collision tumor, metastatic signet ring adenocarcinoma





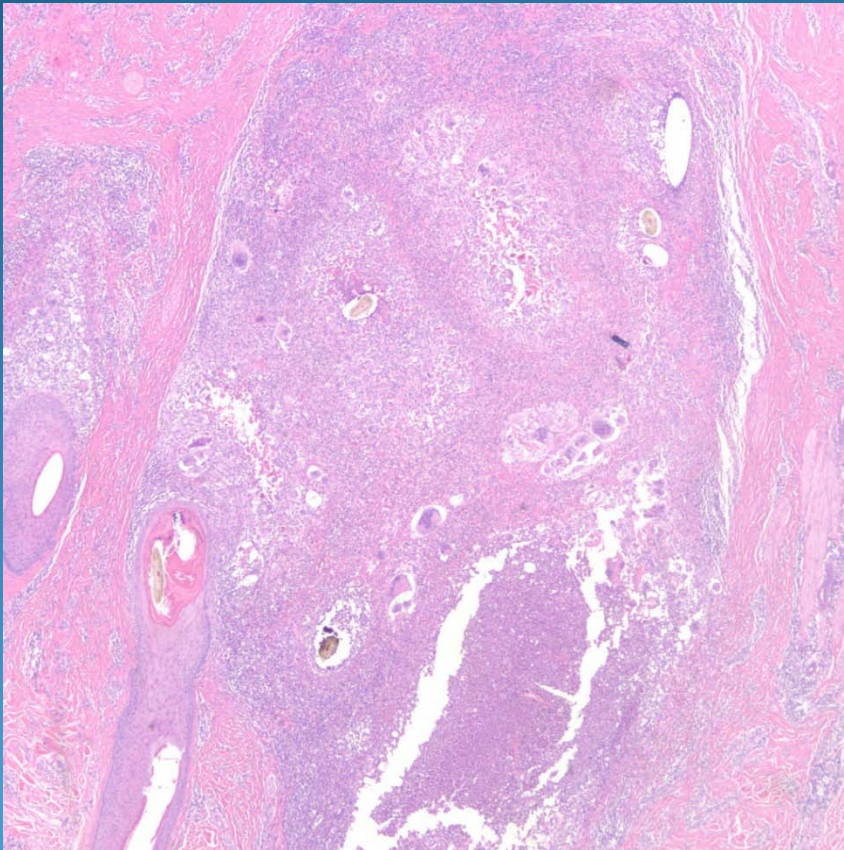




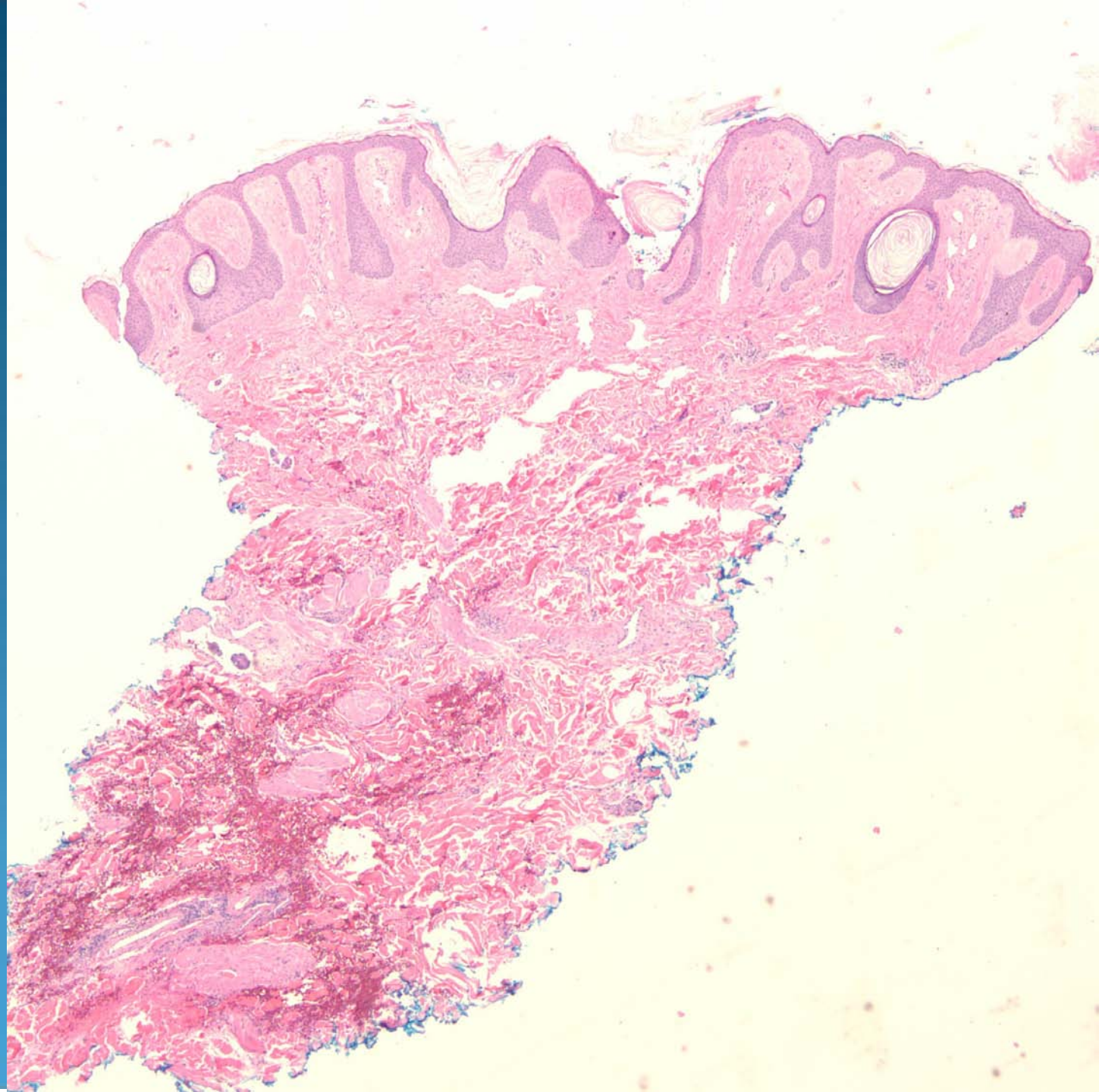


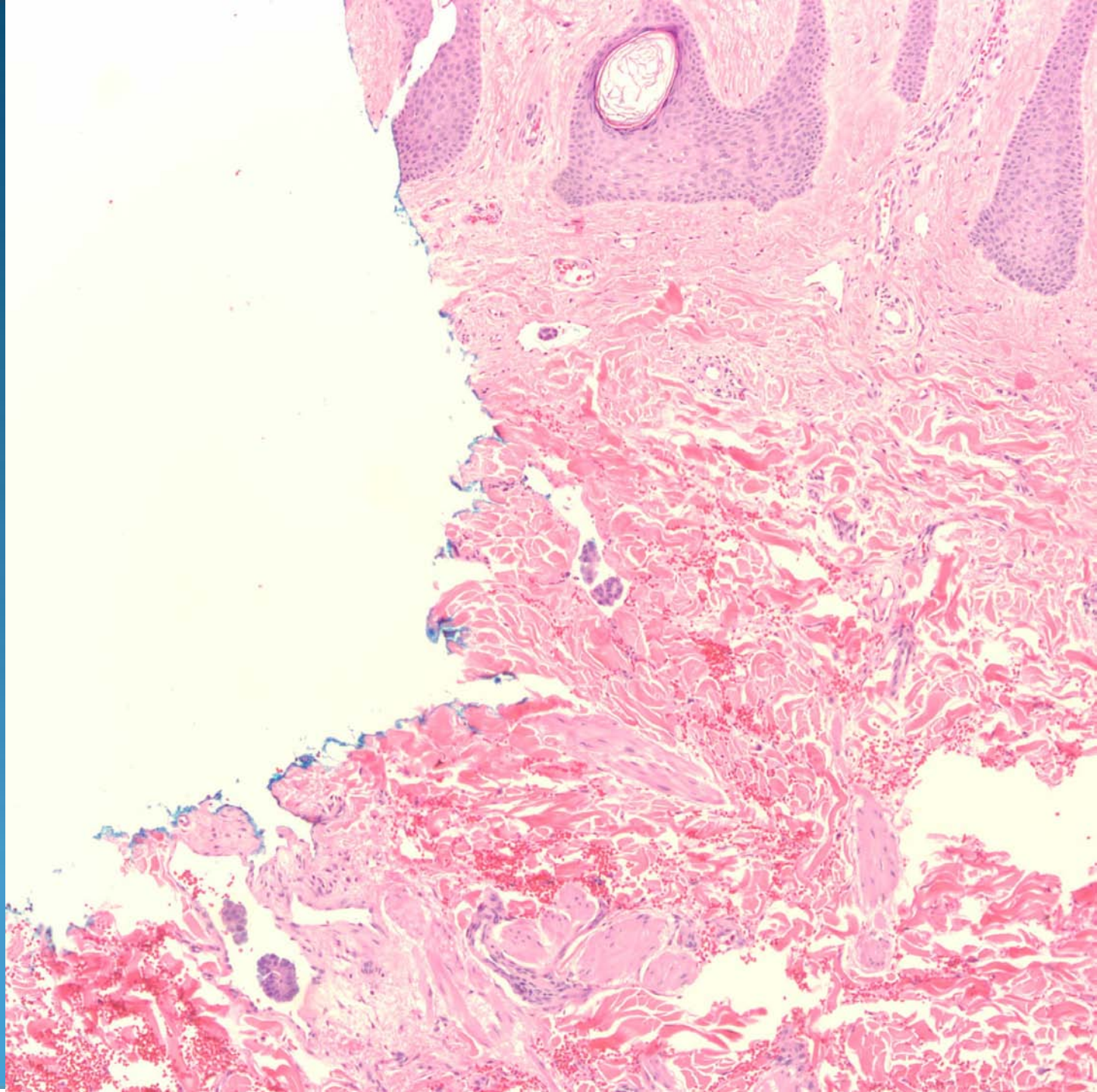
Acne Keloidalis Nuchae

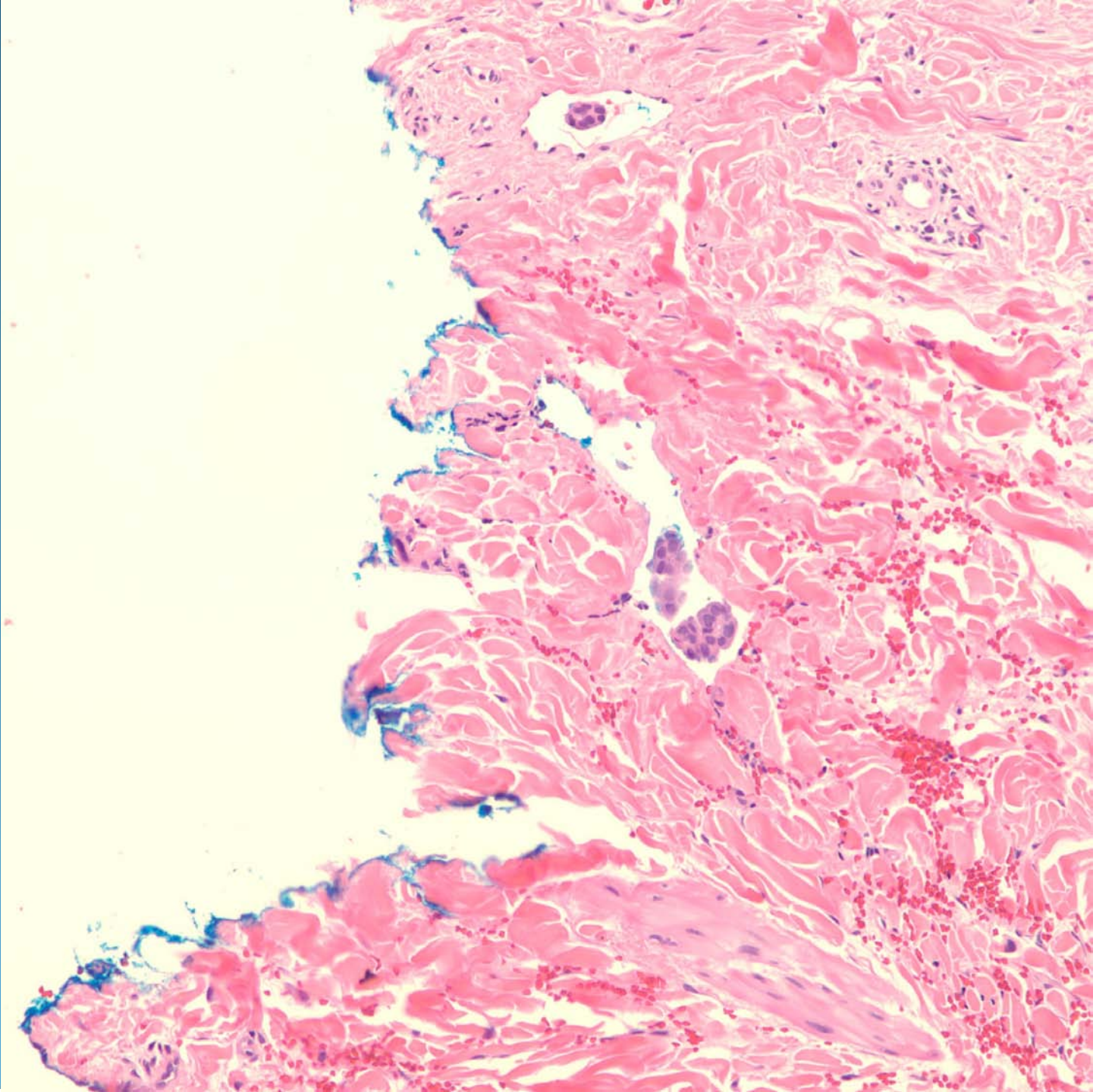
Pearls

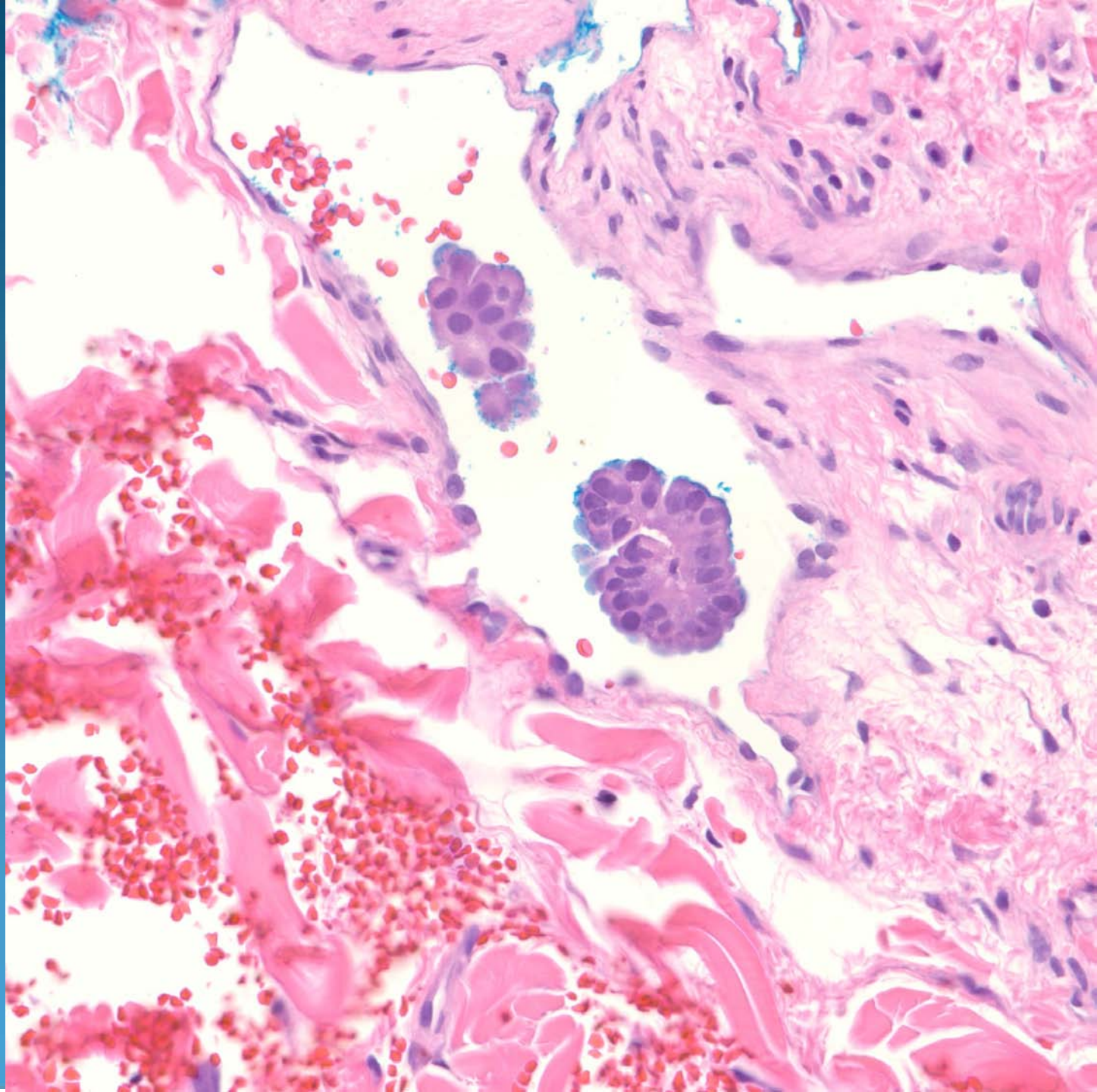


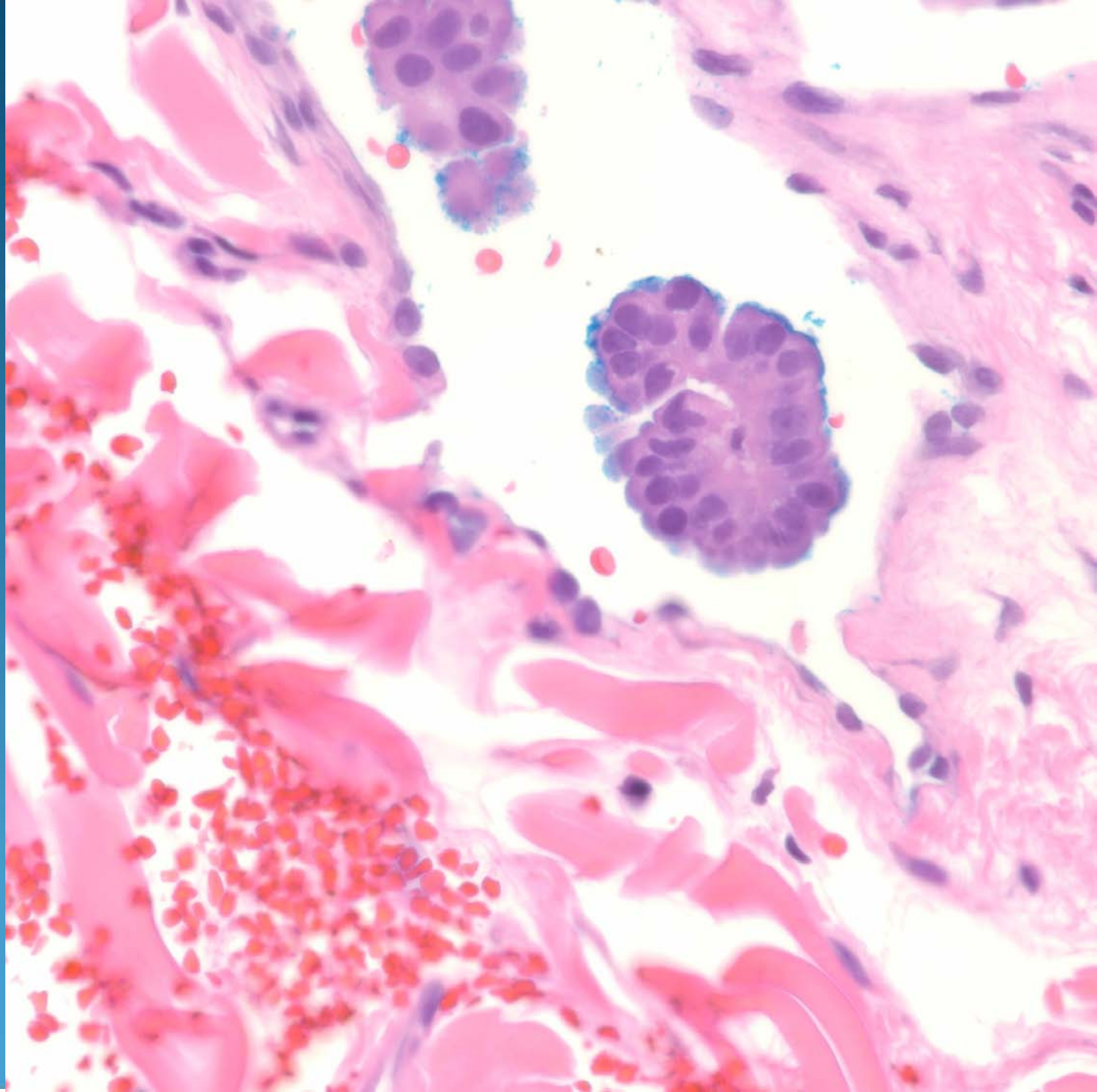
- Scar with a ruptured folliculitis and foreign body giant cell reaction
- Clinical-pathologic correlation





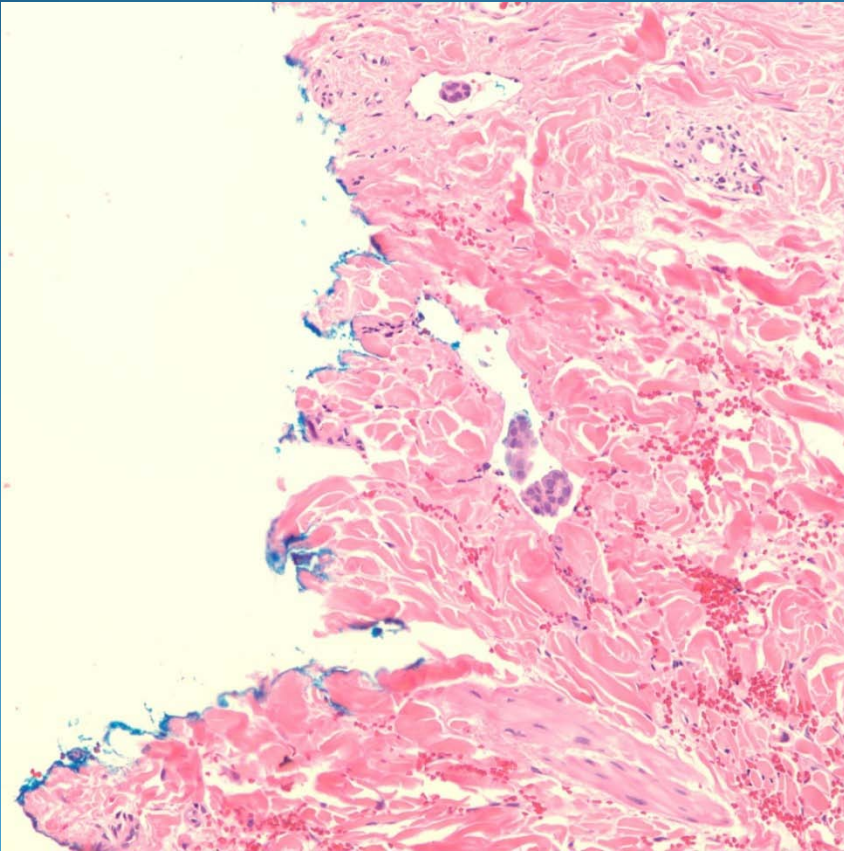






Metastatic Breast Carcinoma to Skin Lymphatics (Inflammatory Breast Carcinoma)

Pearls



- Look in lymphatic spaces for papillary or solid clusters of cells
- Clinical-pathologic correlation
- May require multiple deeper levels