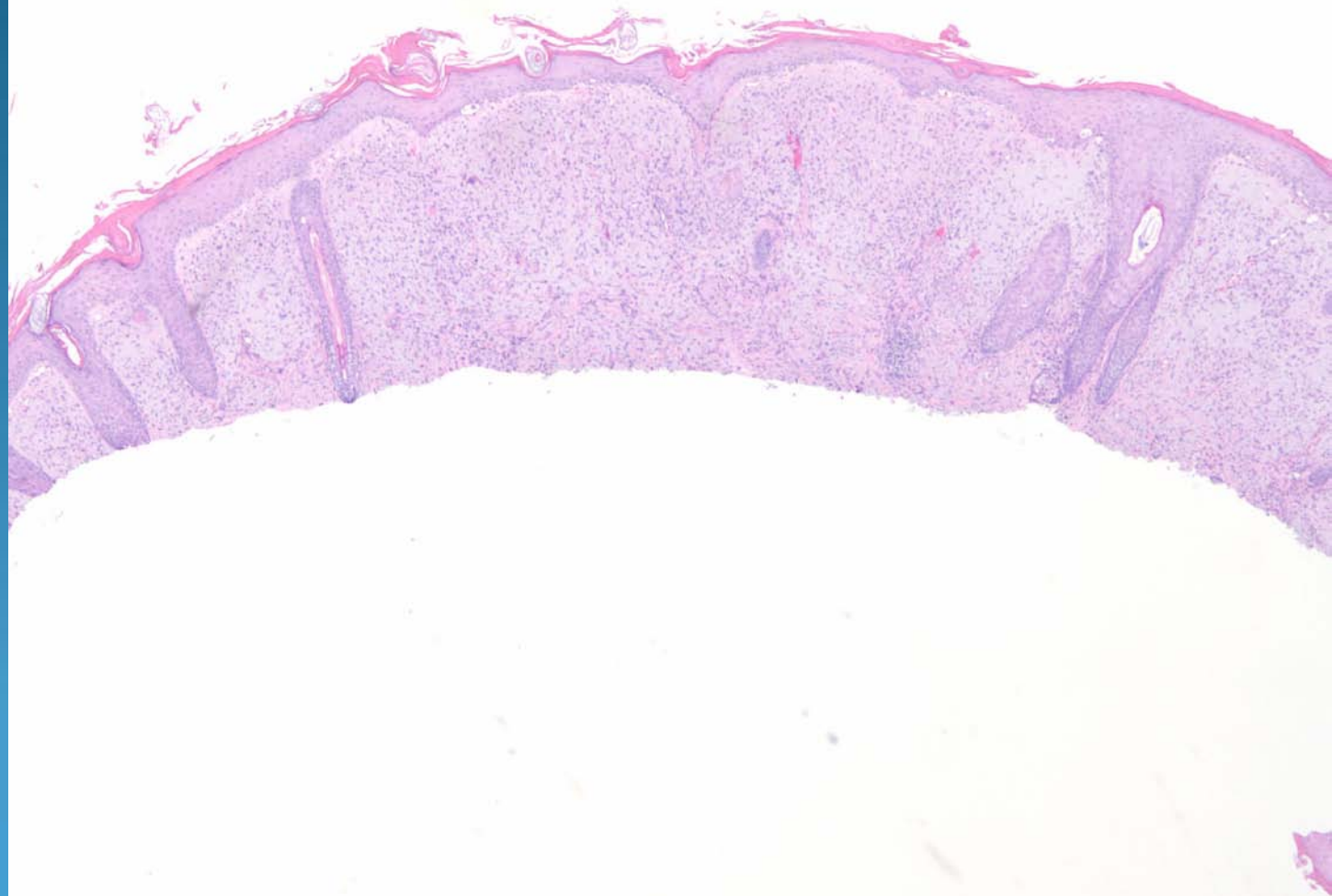
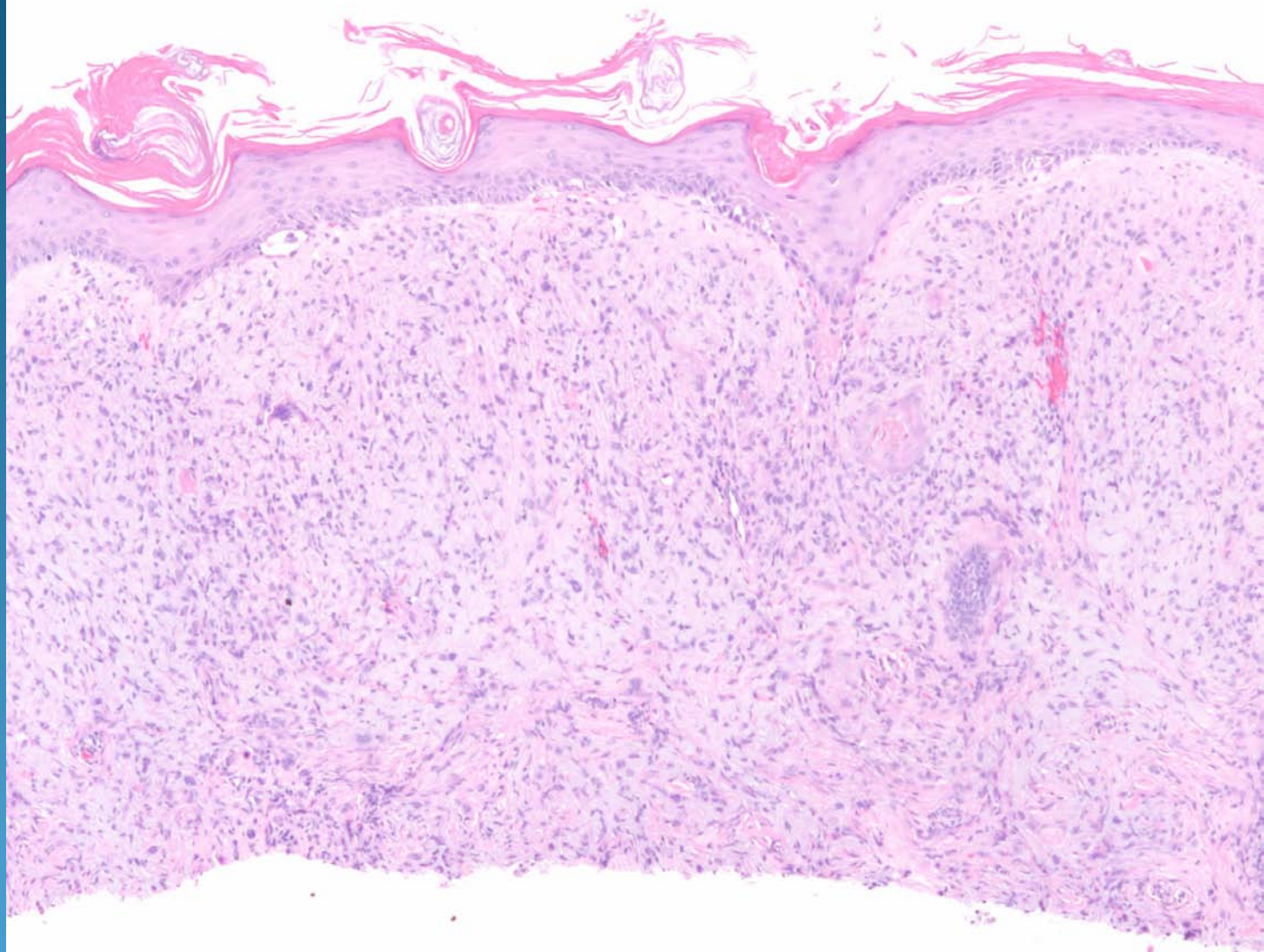
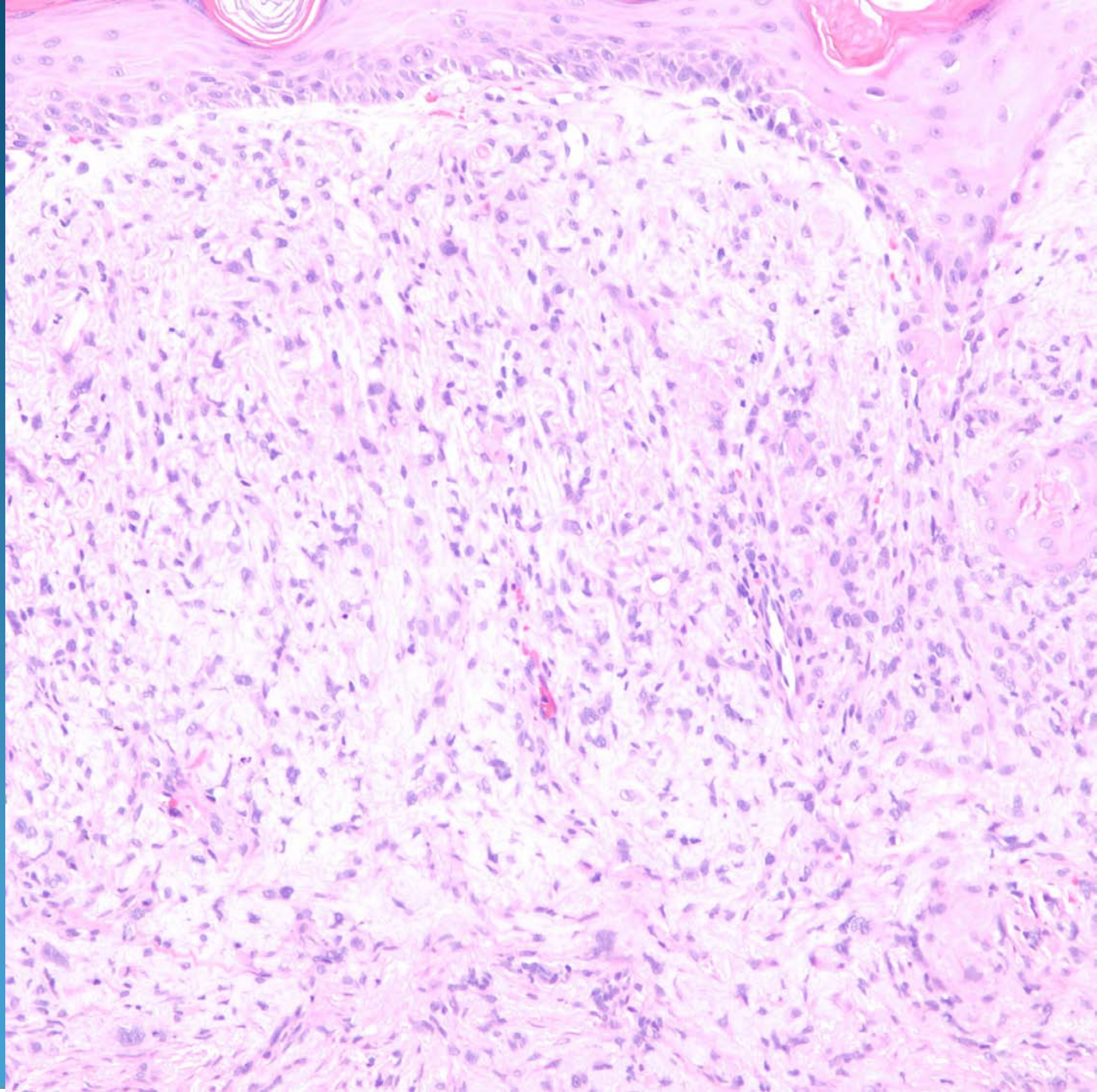


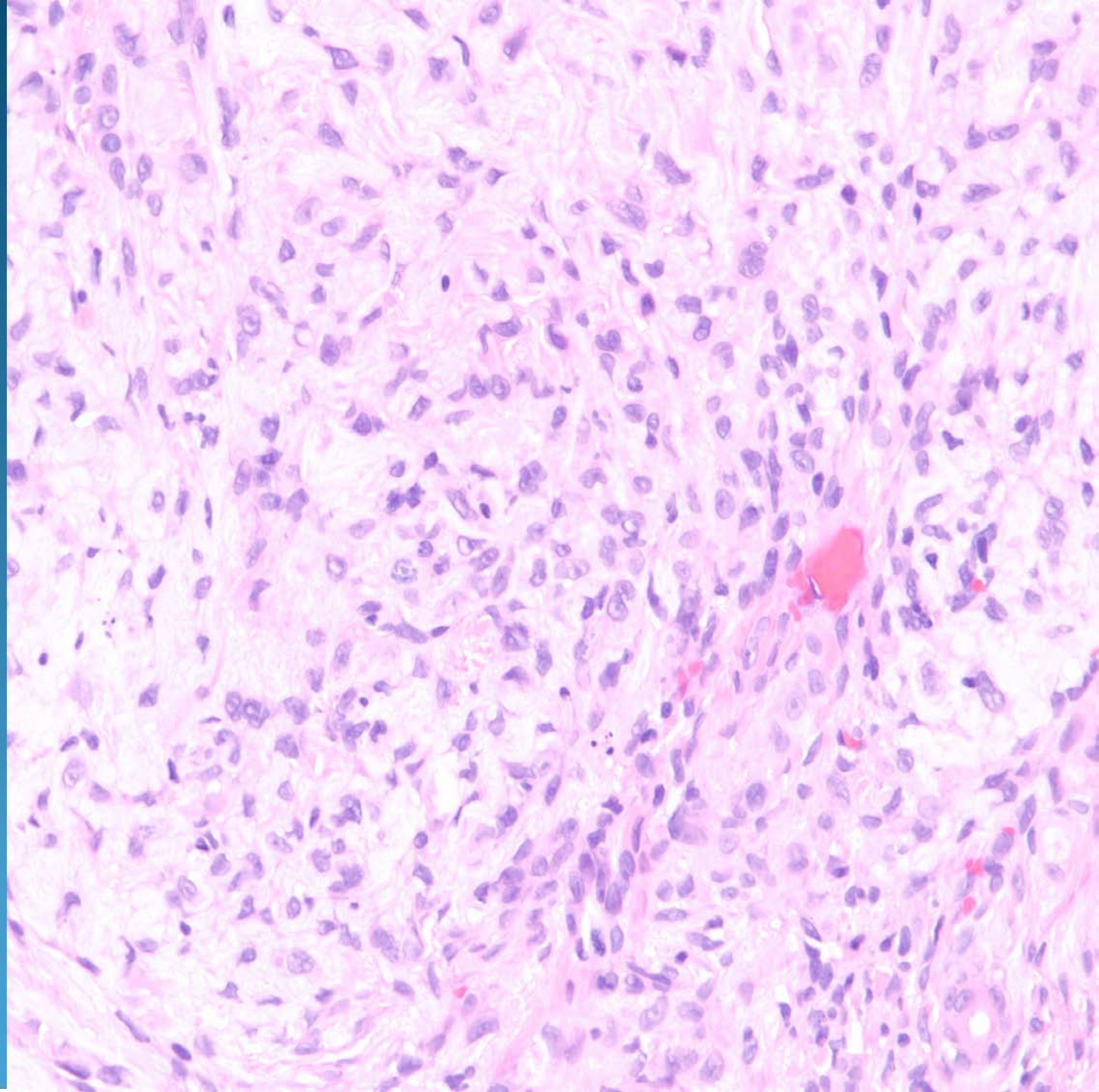
Dermatopathology Slide Review Part 51

Paul K. Shitabata, M.D.
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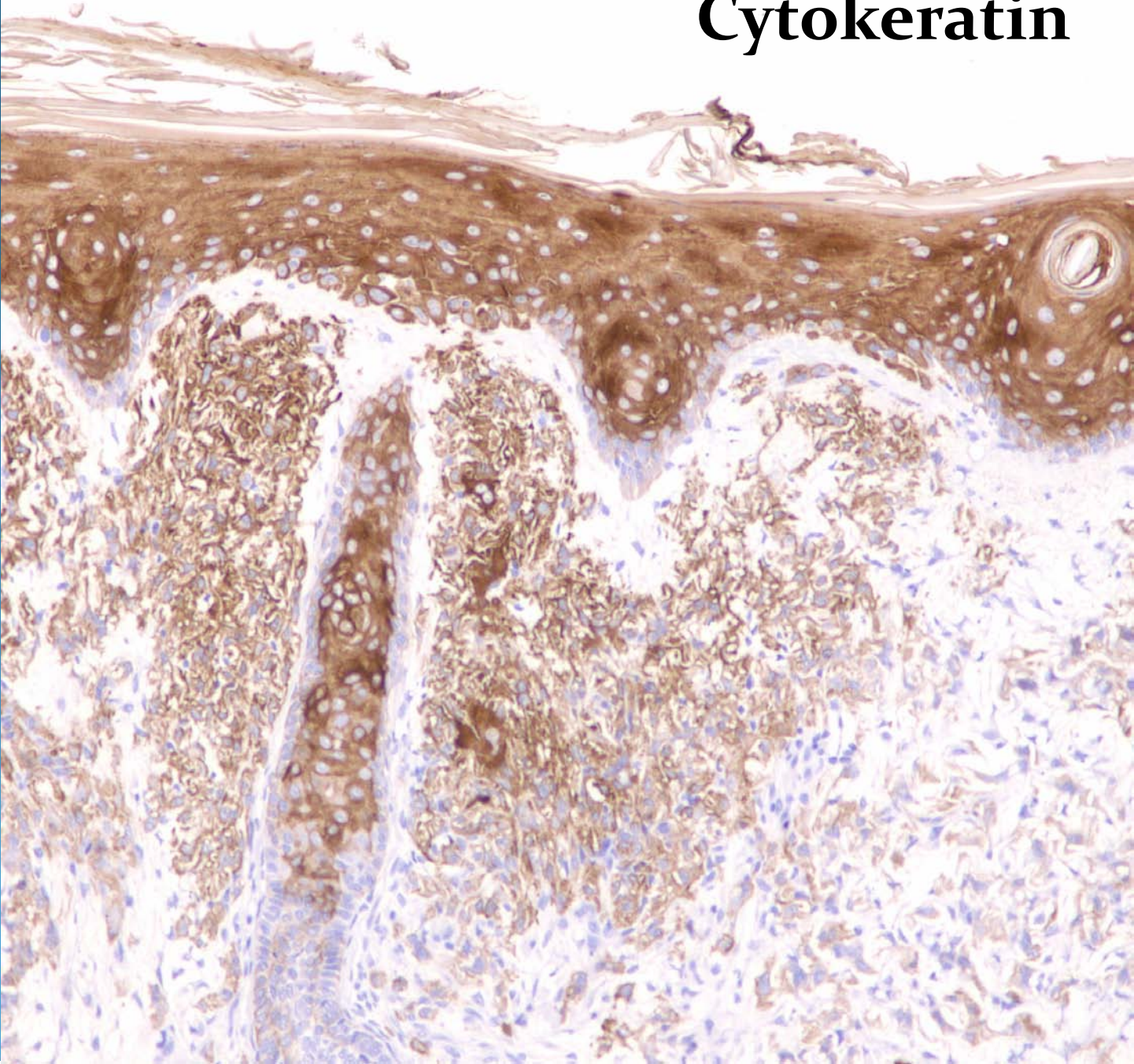






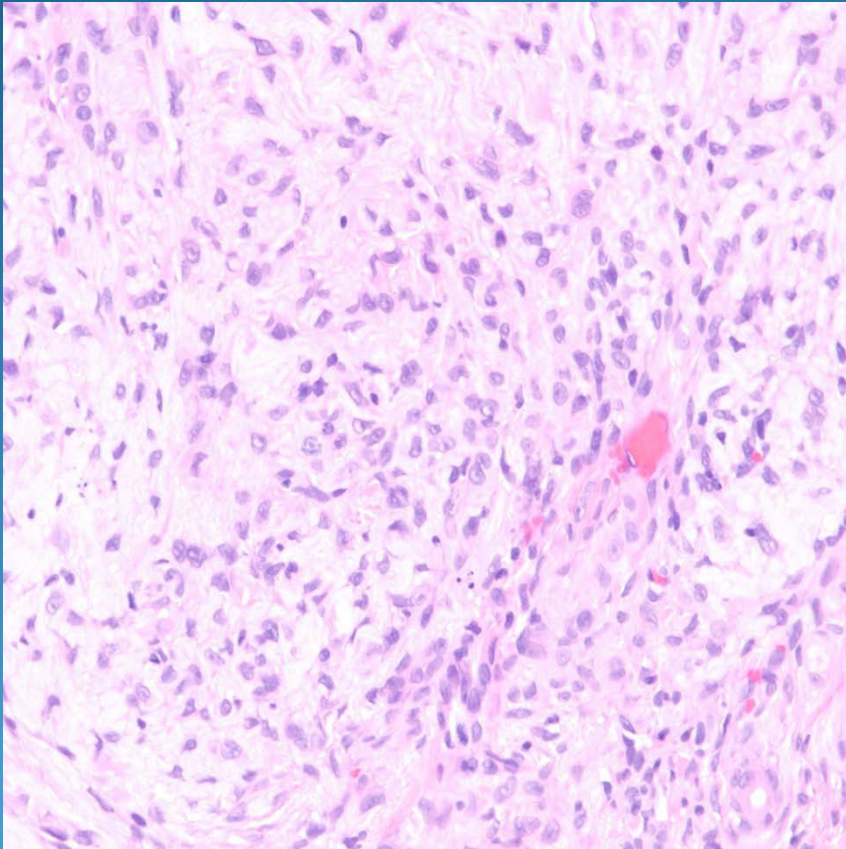


Cytokeratin

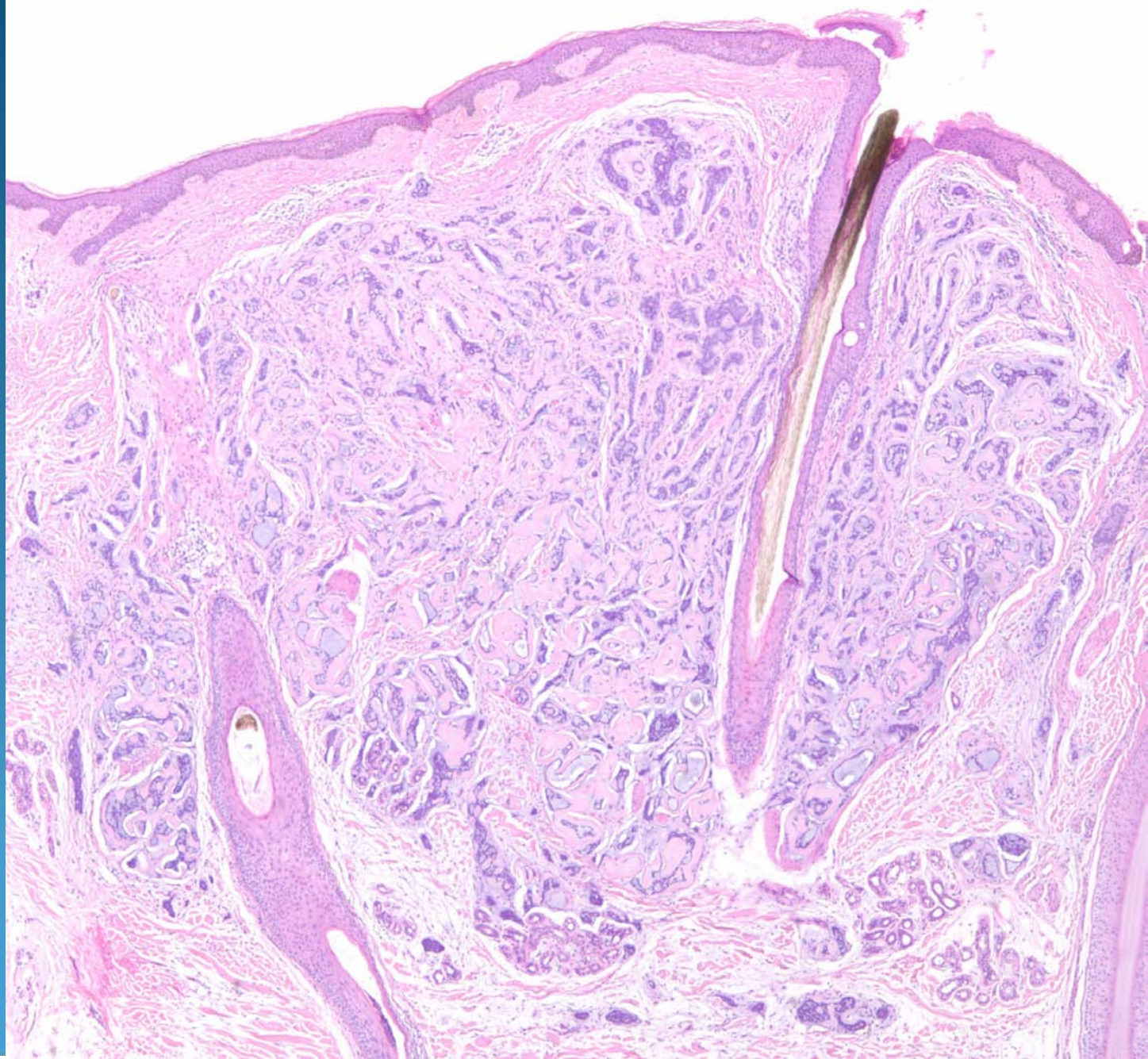


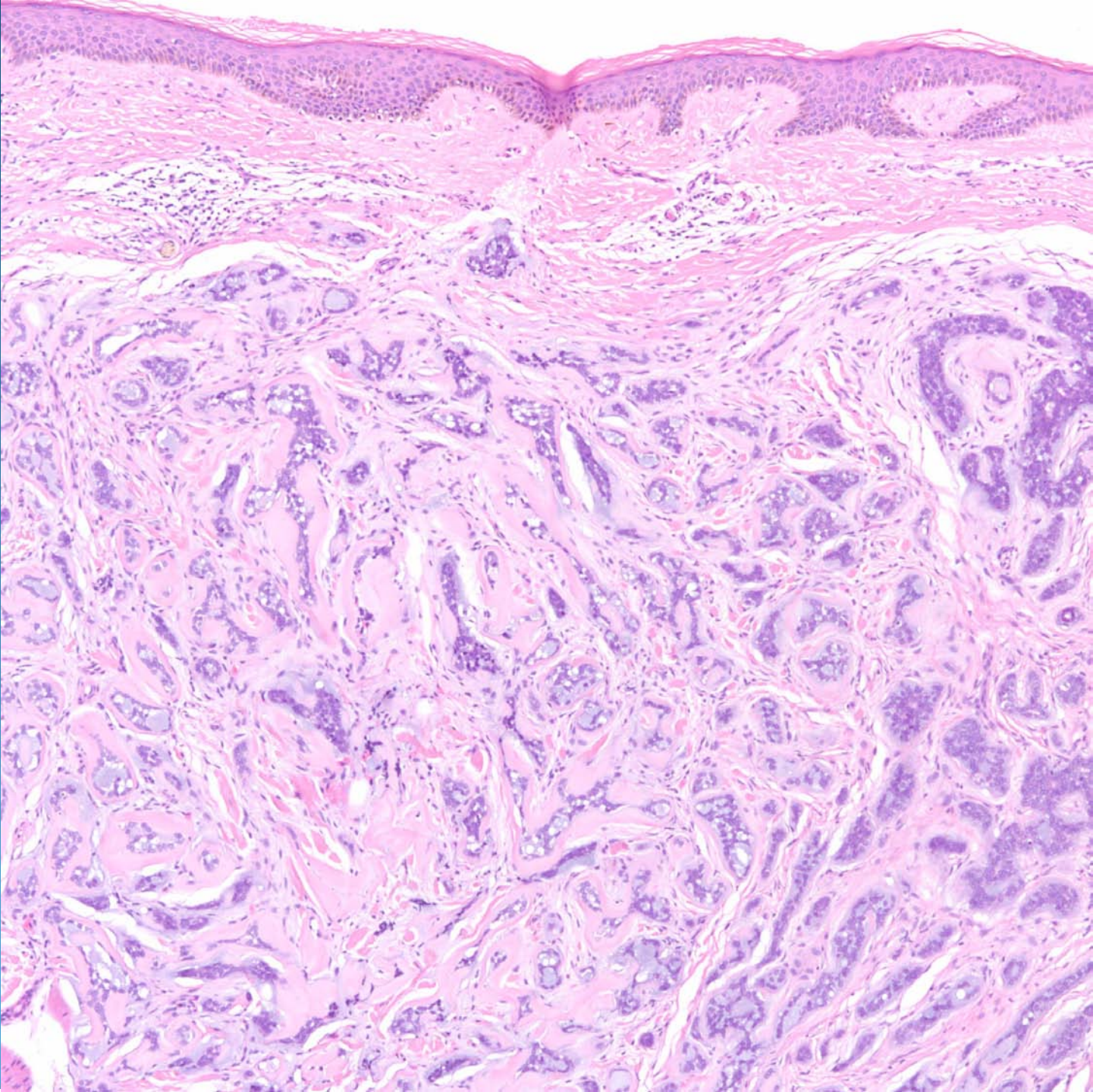
Invasive Squamous Cell Carcinoma, Poorly Differentiated

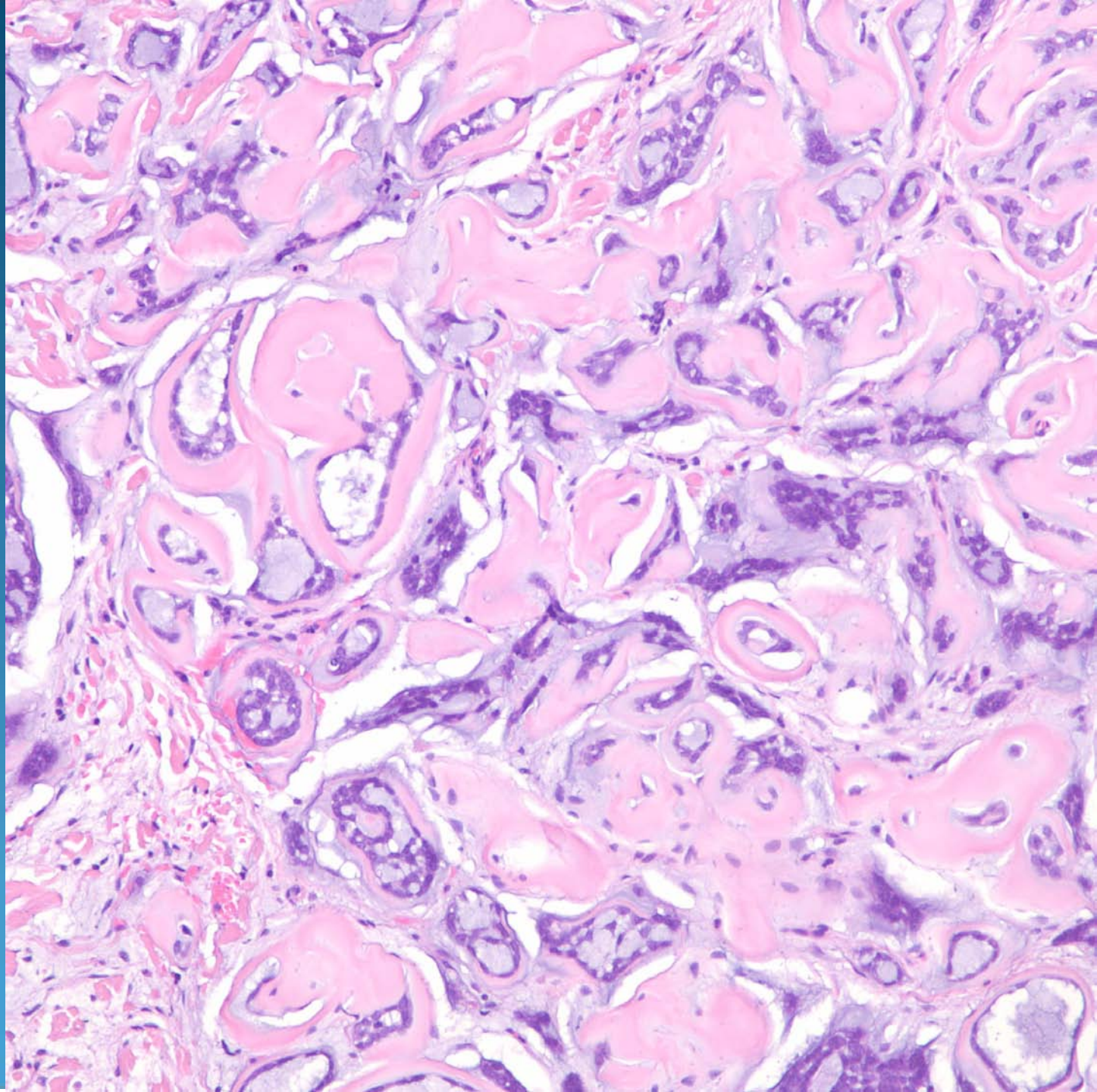
Pearls

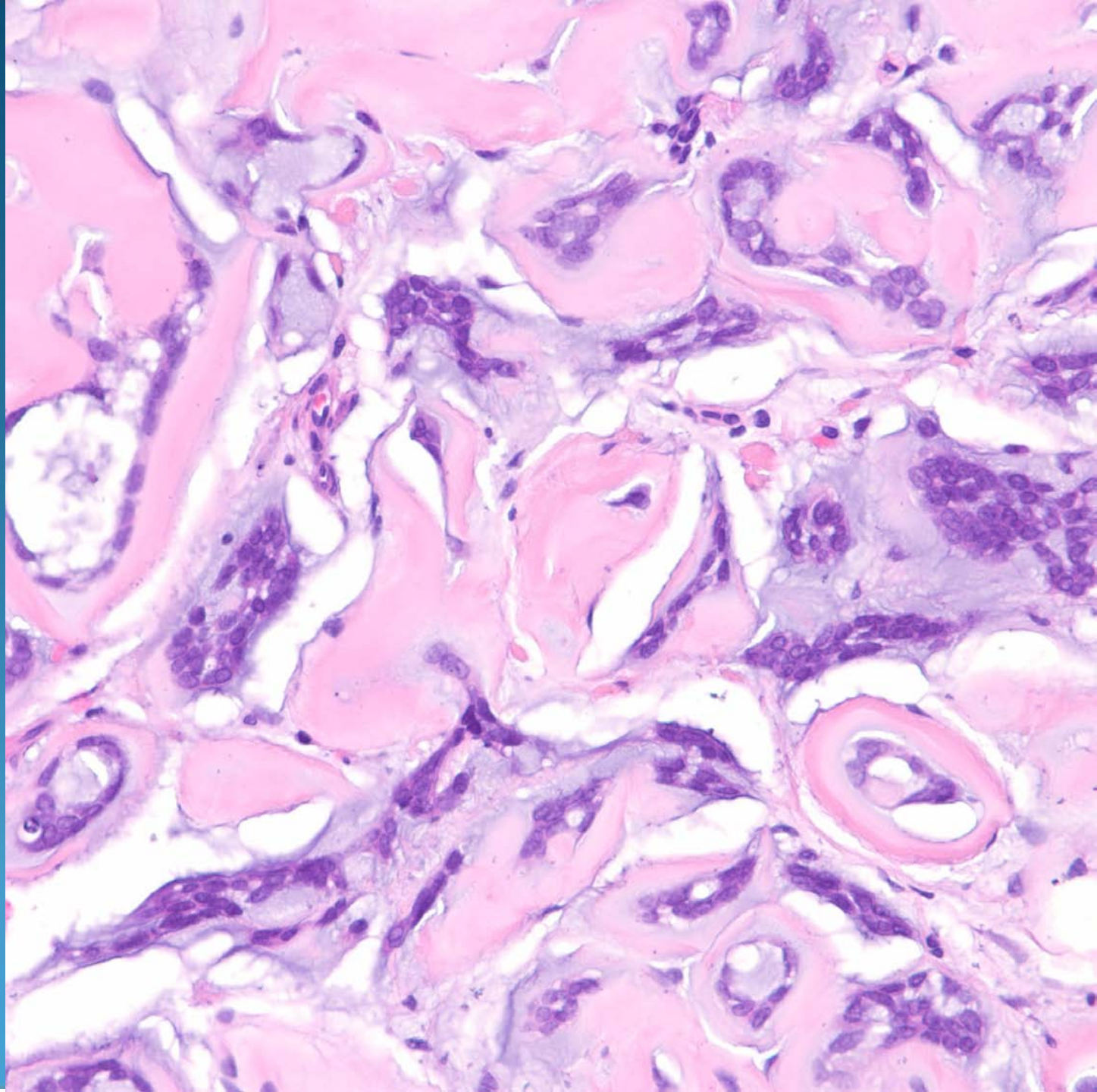


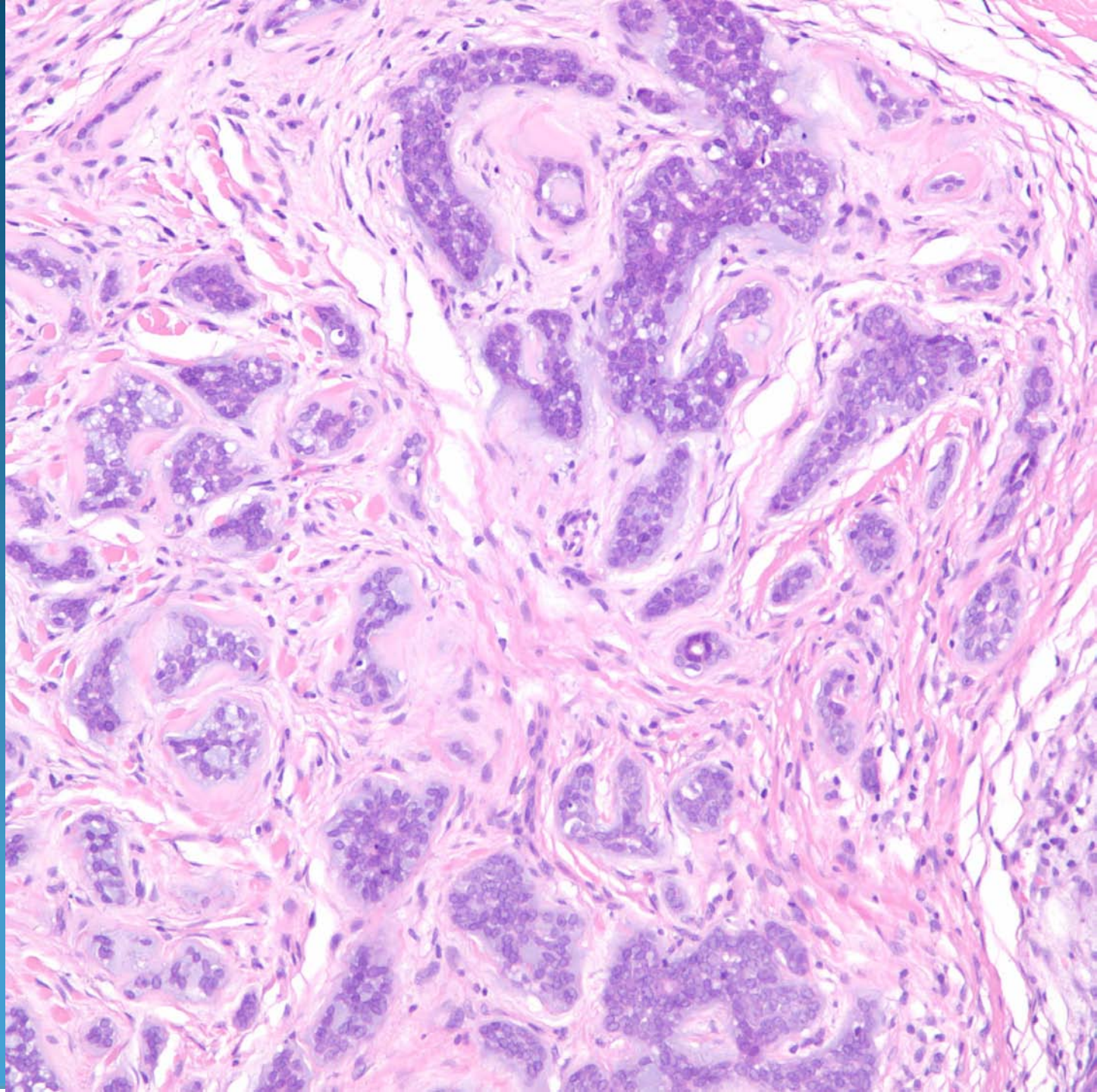
- Diffuse sheets of cytologically malignancy spindle cells
- Squamous pearl formation and epidermal attachment may be difficult to find
- May need IHC (Cytokeratin) to confirm

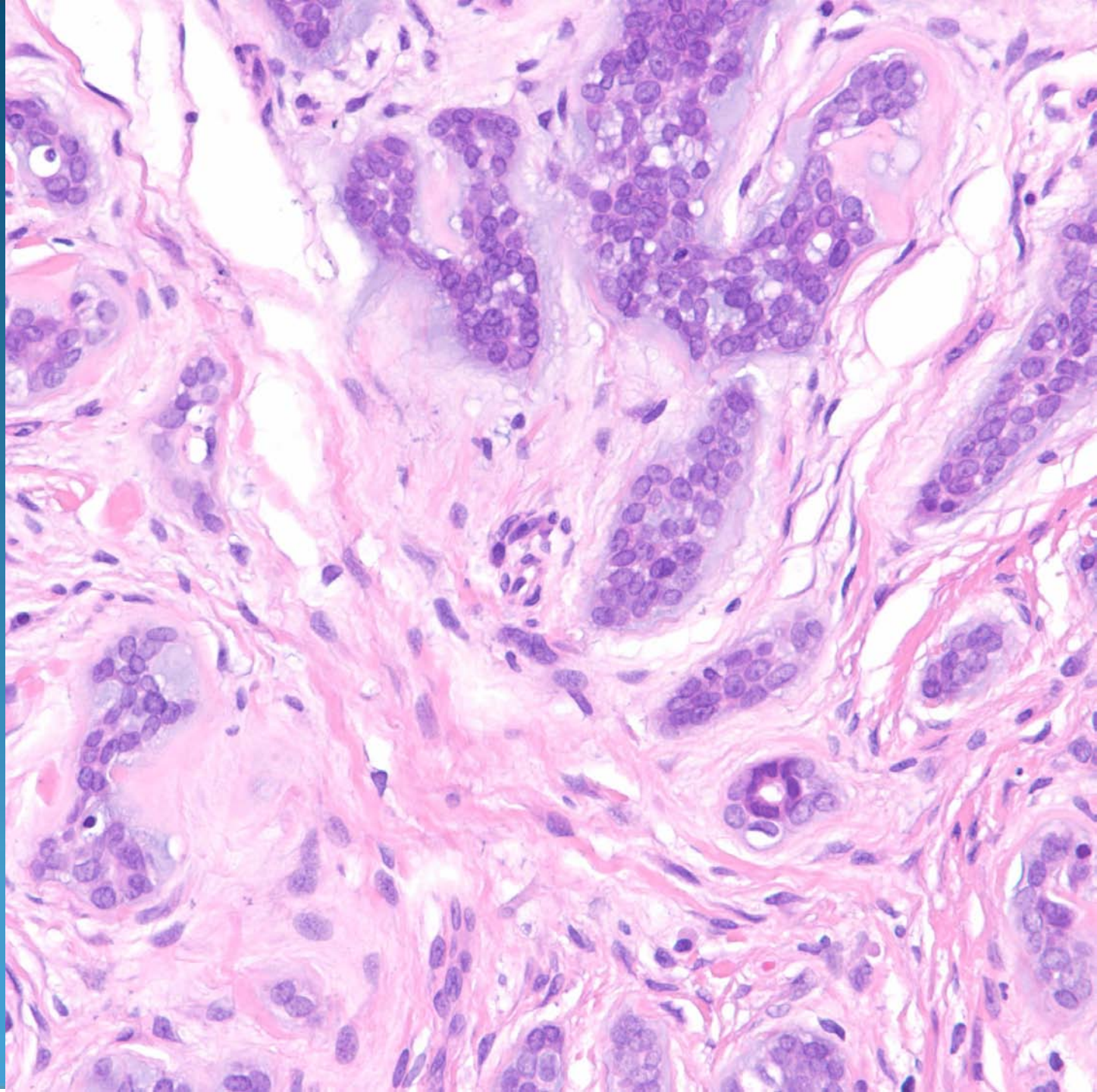






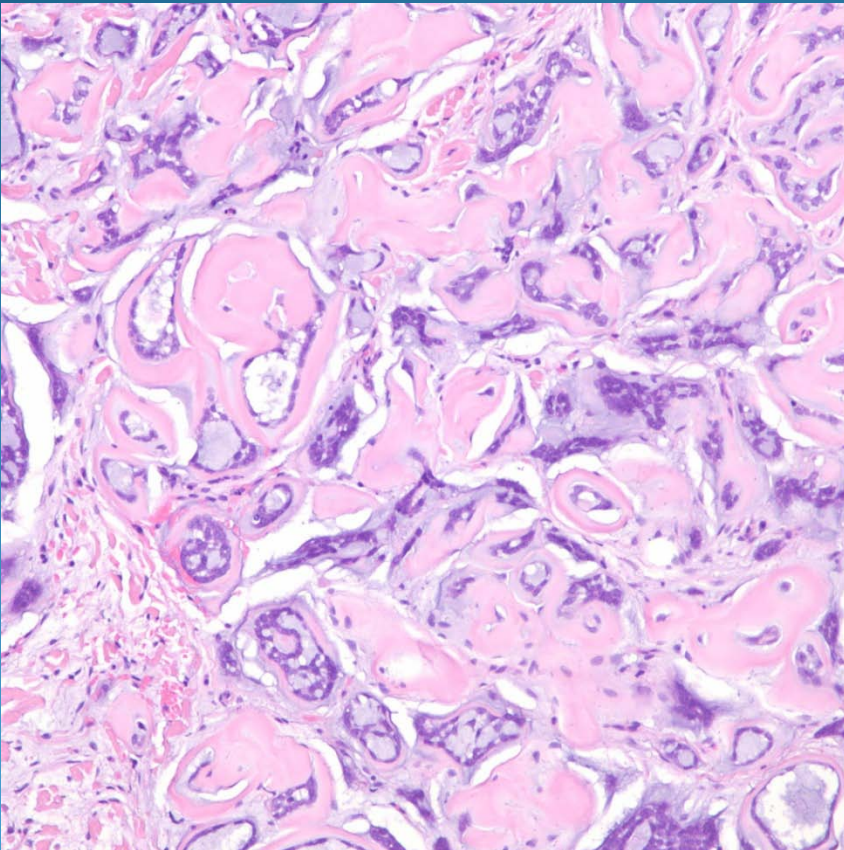




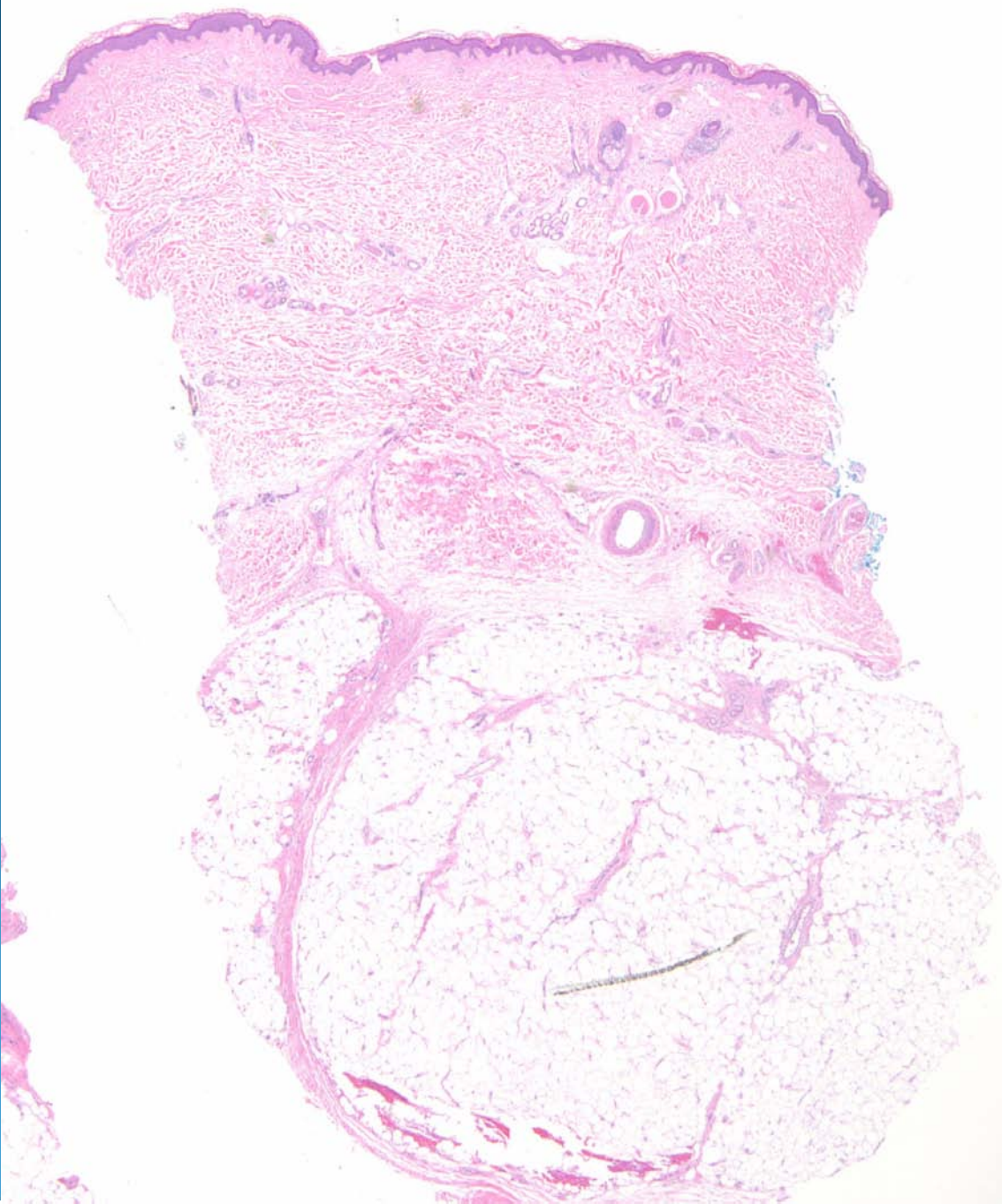


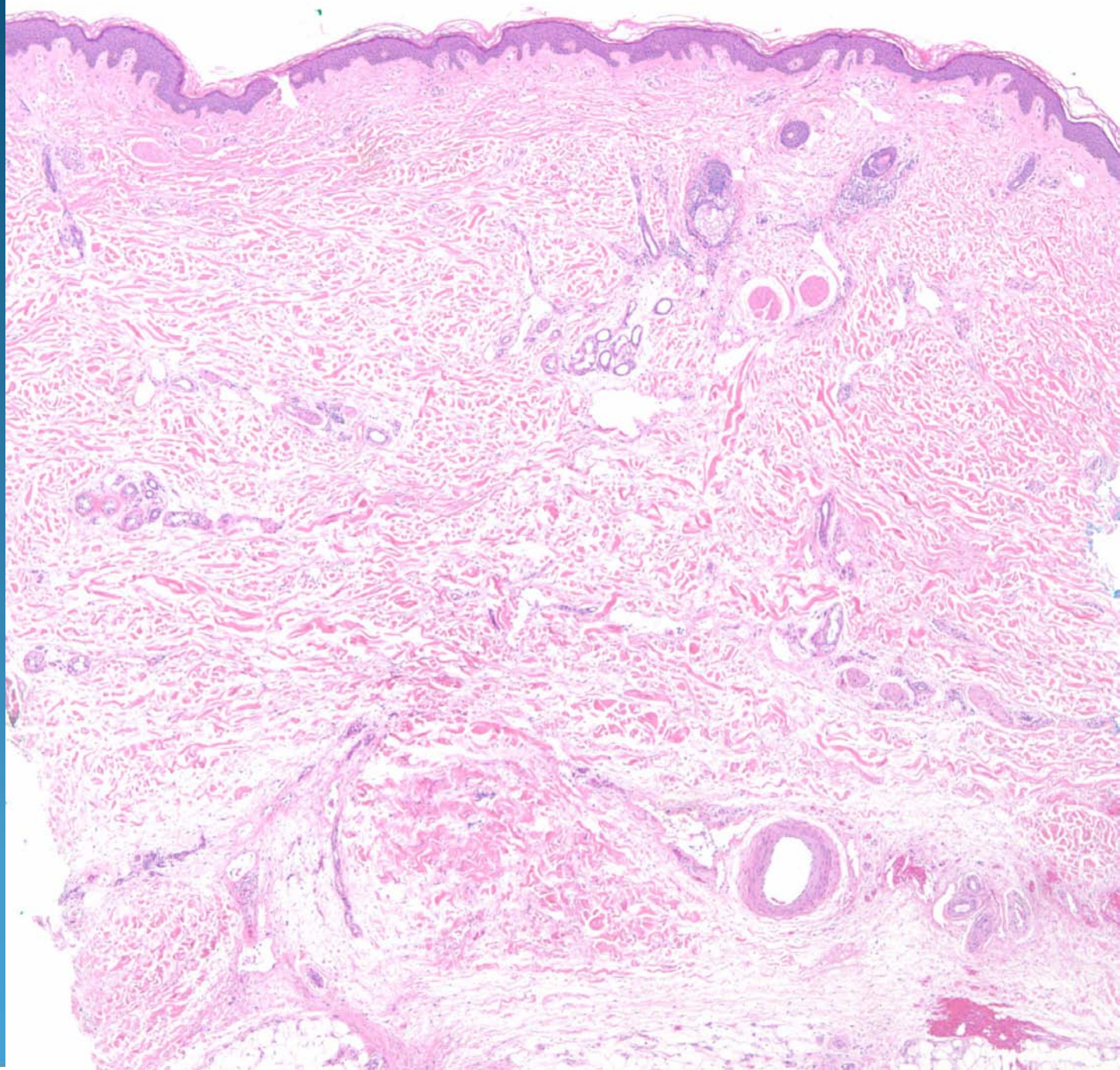
Adenoid Cystic Carcinoma of the Skin

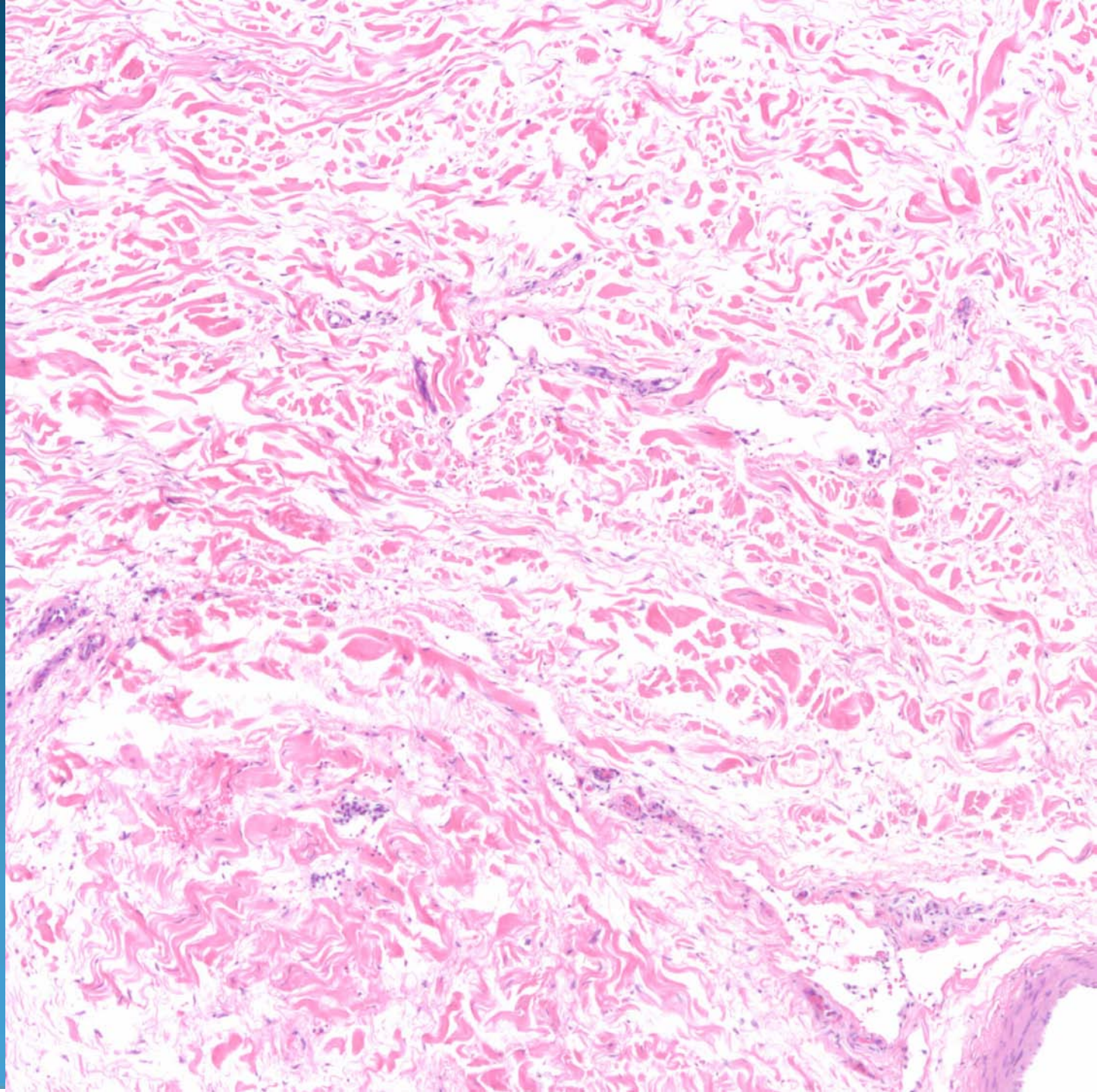
Pearls

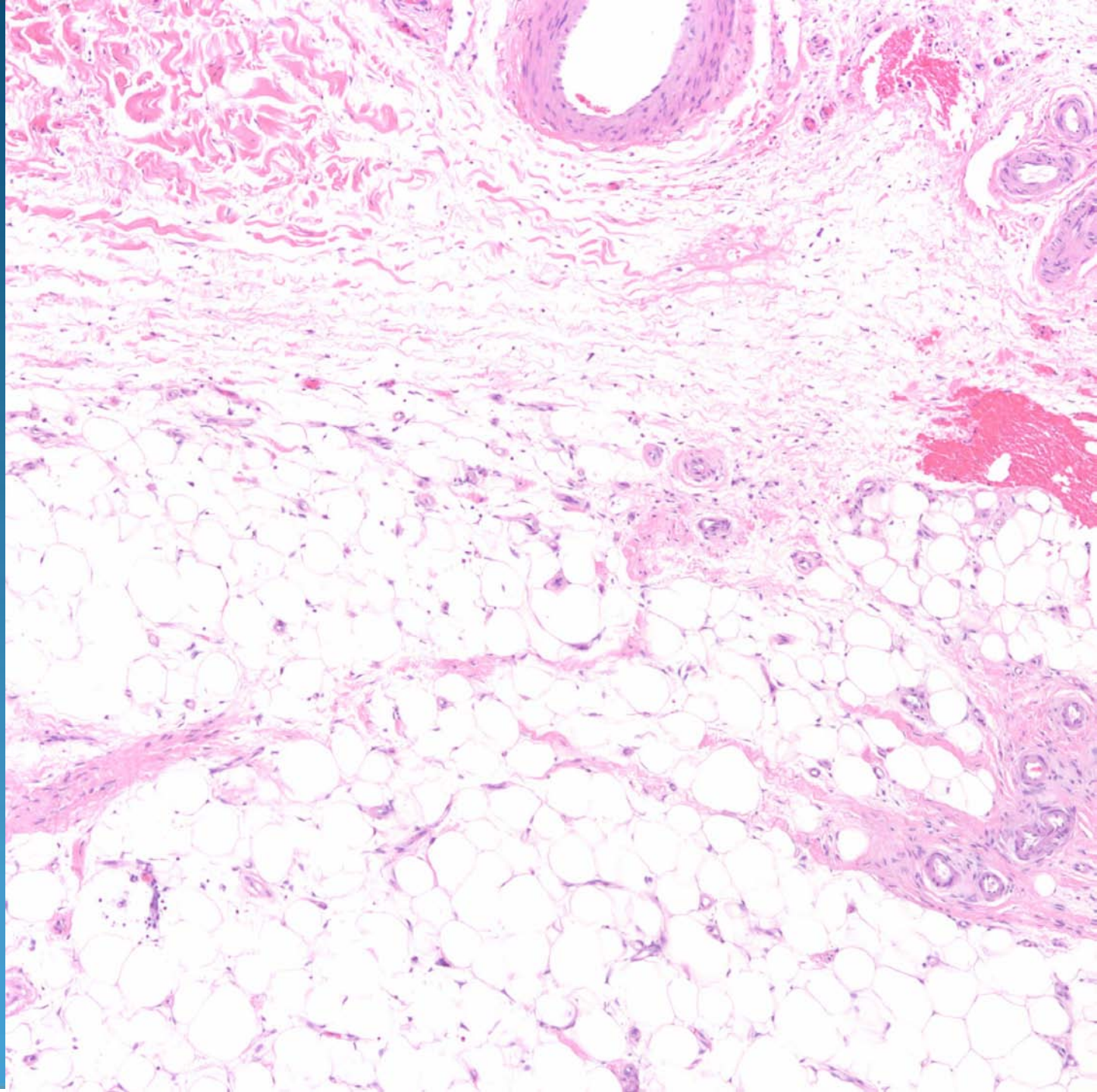


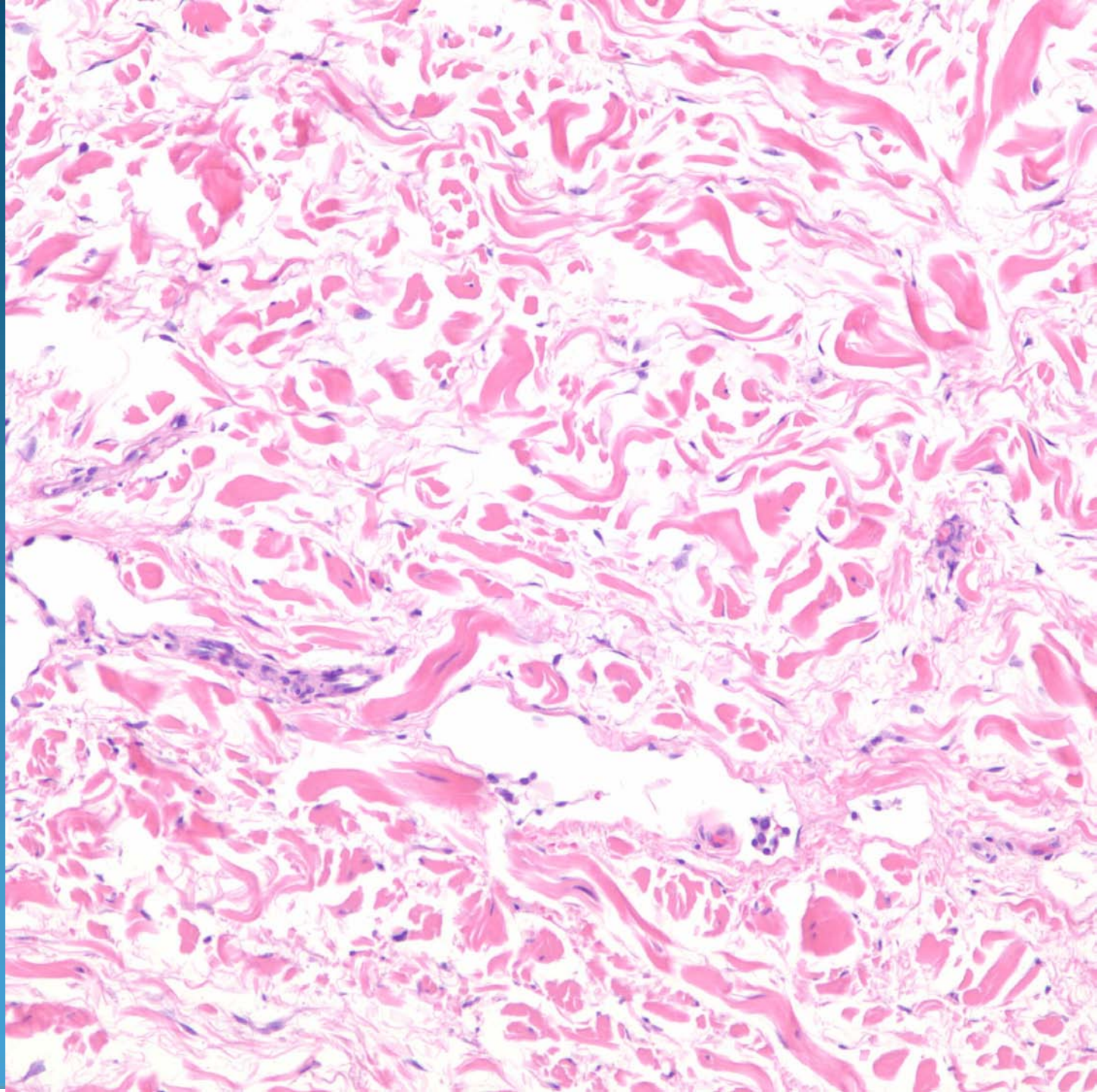
- Cellular blue tumor with “cookie cutter – like” architecture and hyalinized basement membranes
- Always rule out metastatic adenoid cystic carcinoma to the skin

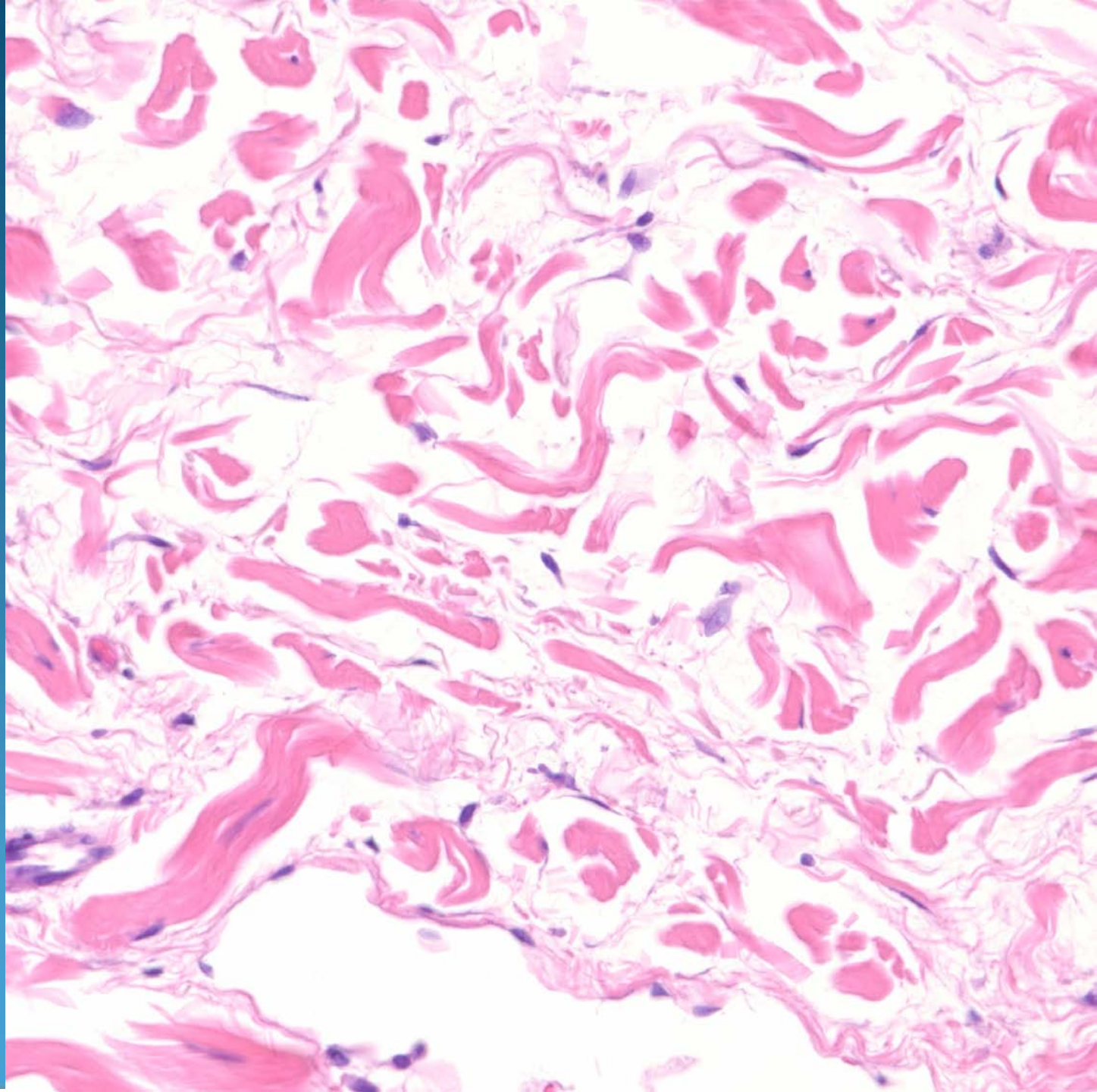




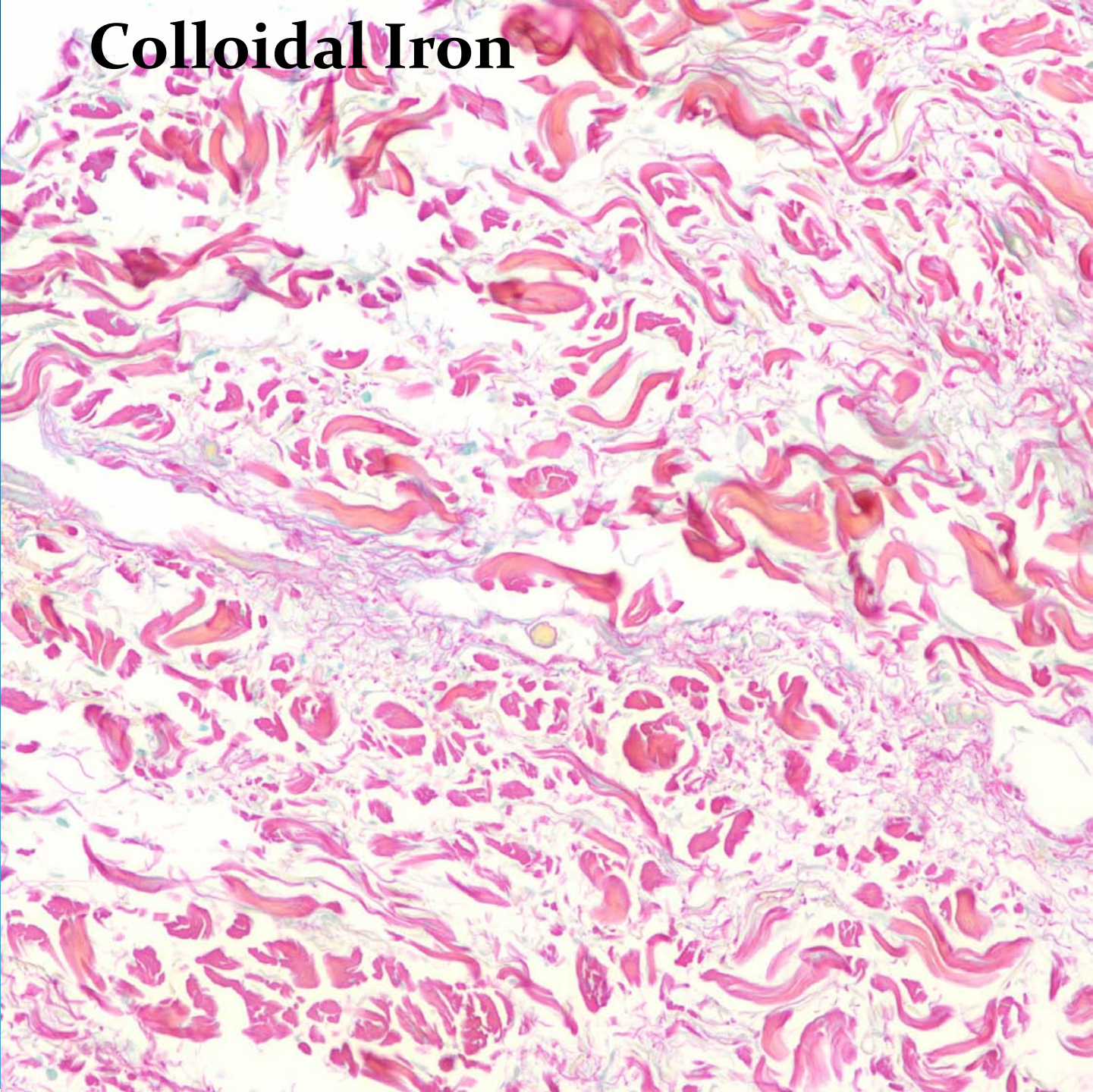






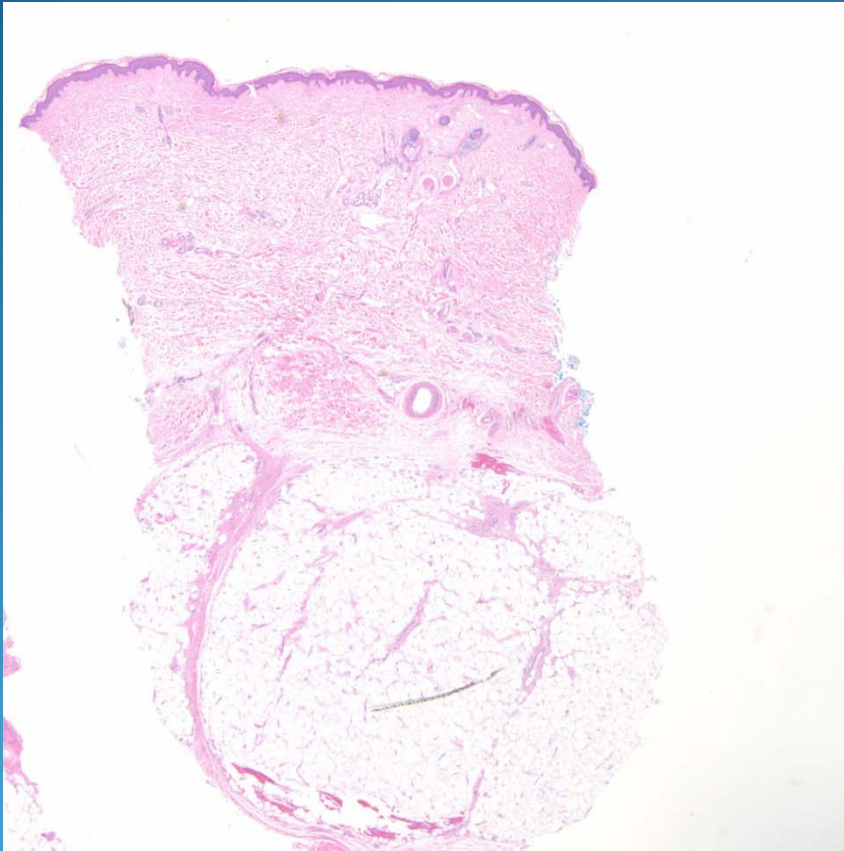


Colloidal Iron

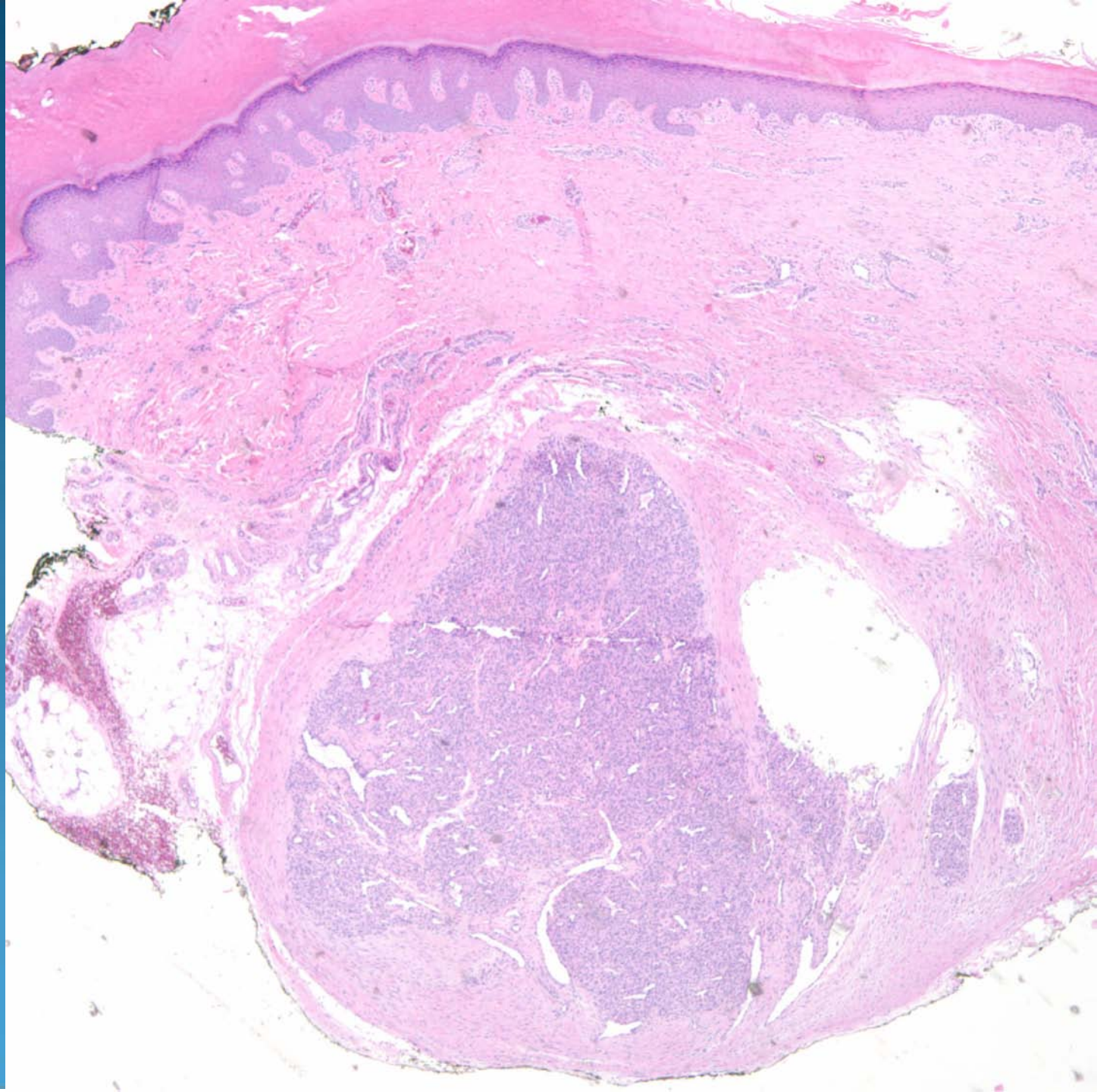


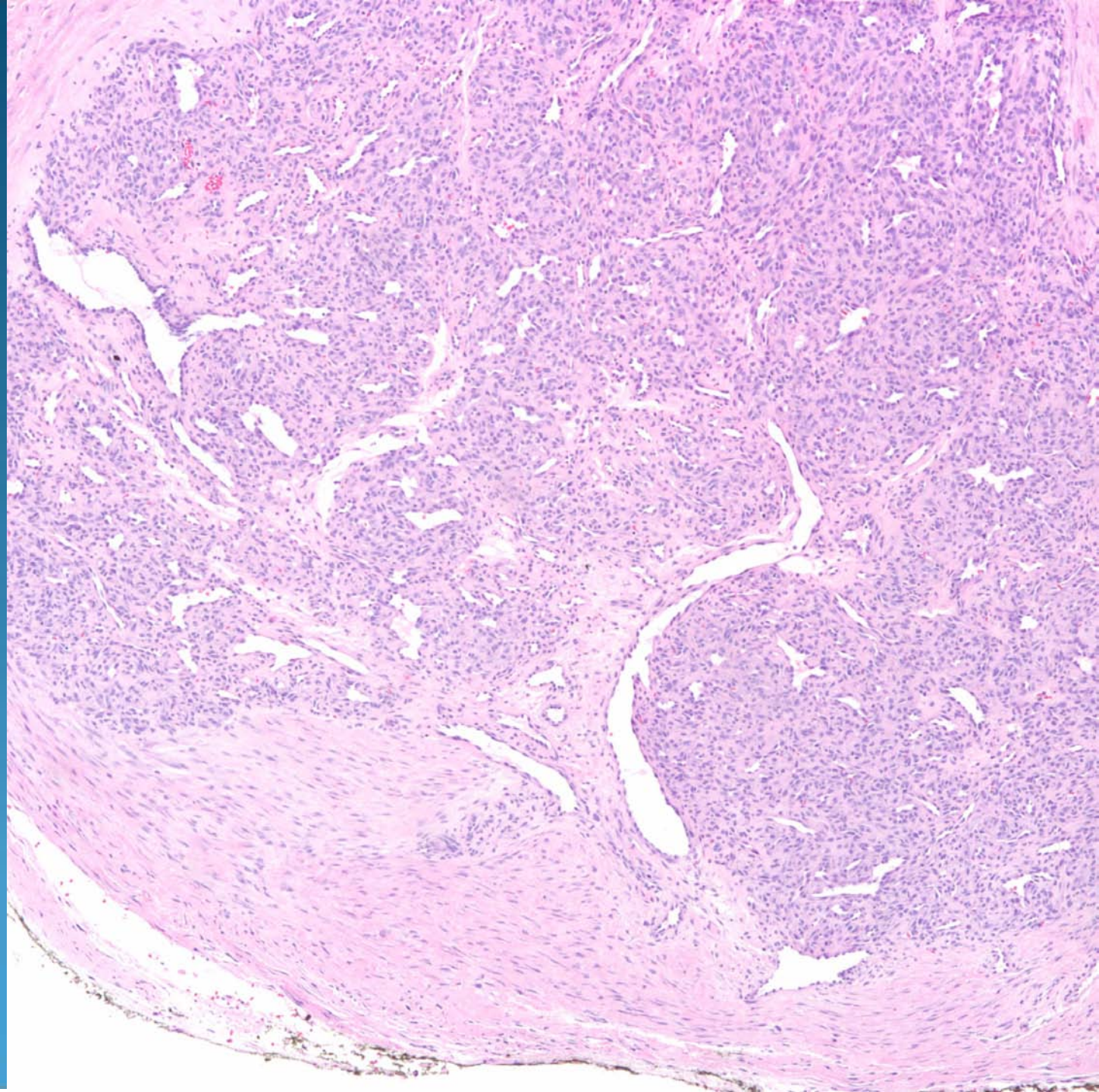
Scleromyxedema

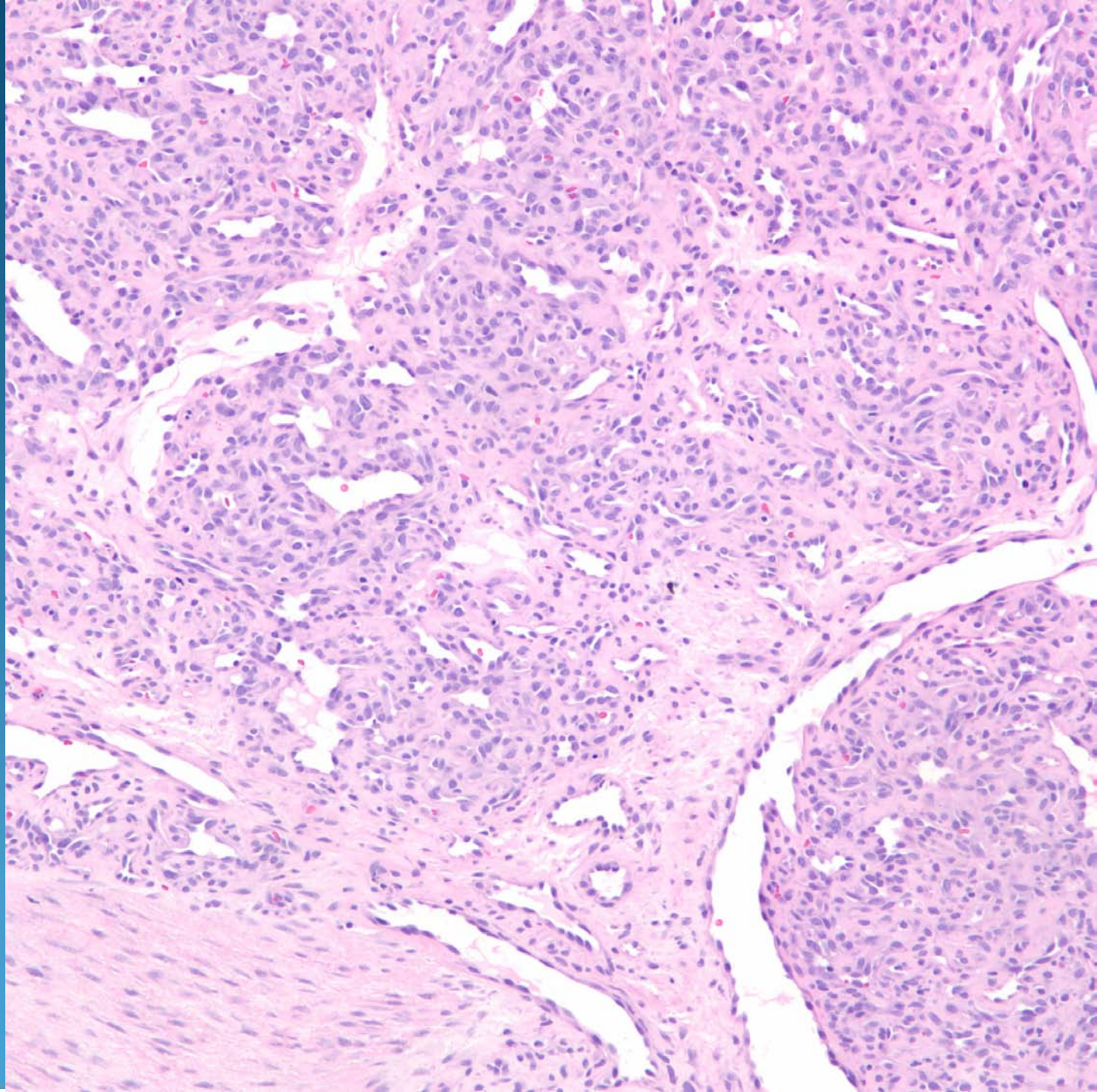
Pearls

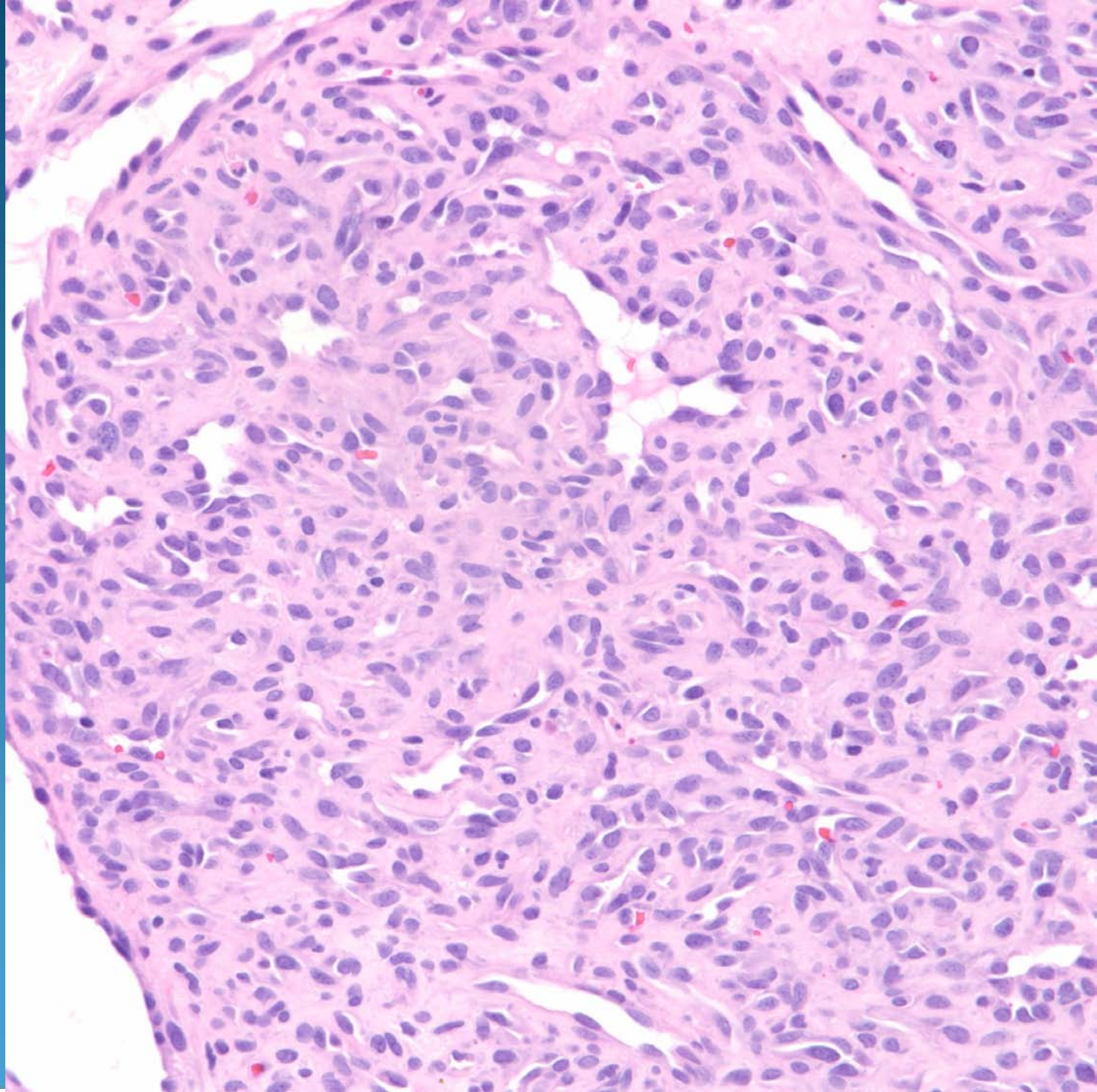


- Square biopsy sign
- Dermal mucinosis with fibroplasia, usually papillary dermis > reticular dermis
- May need colloidal iron or other mucin stains to confirm



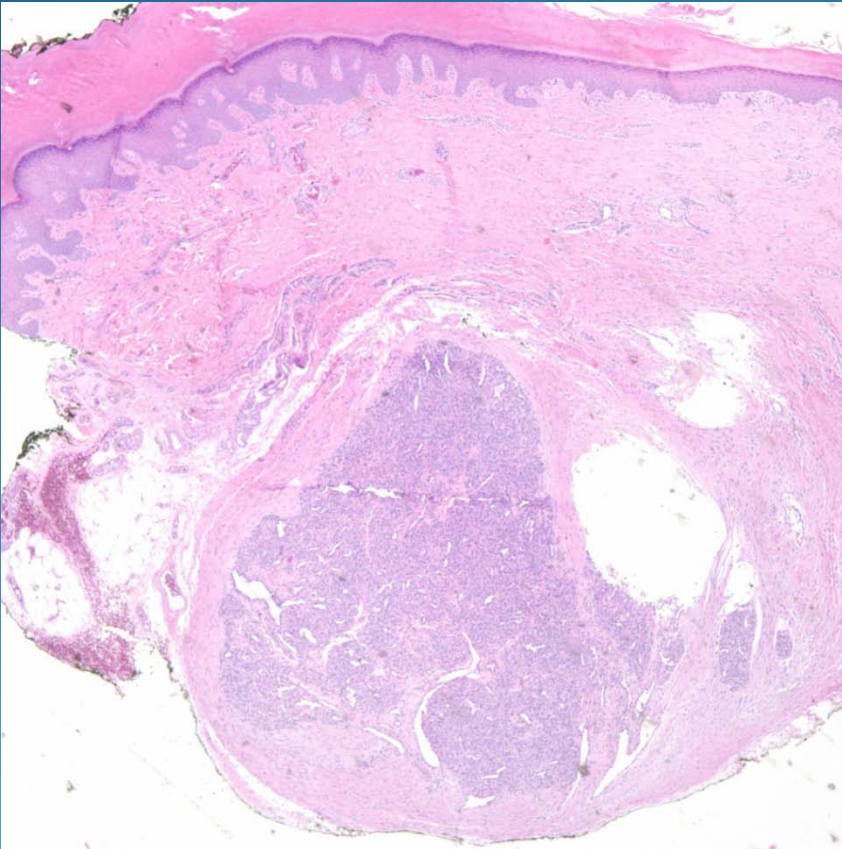




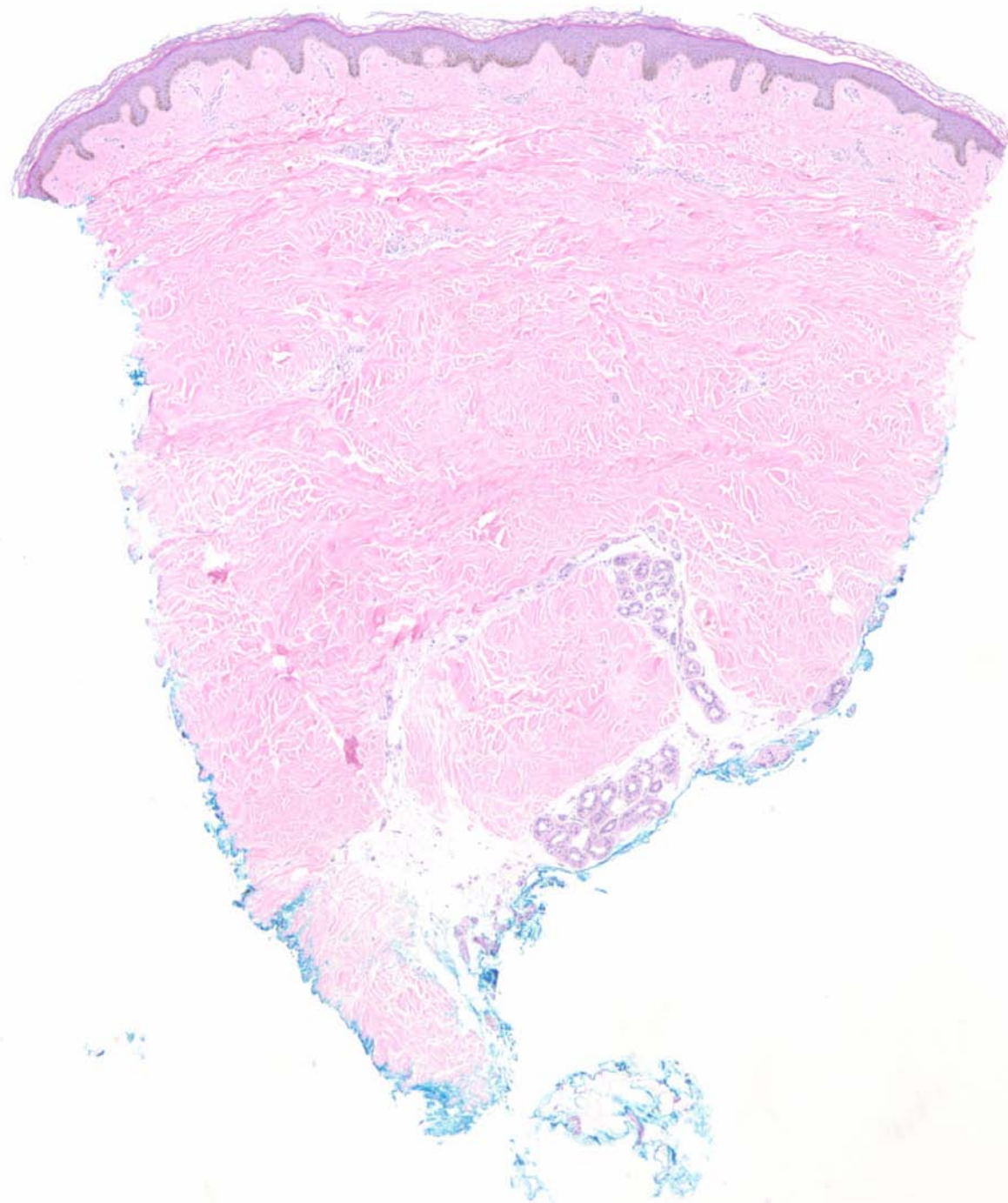


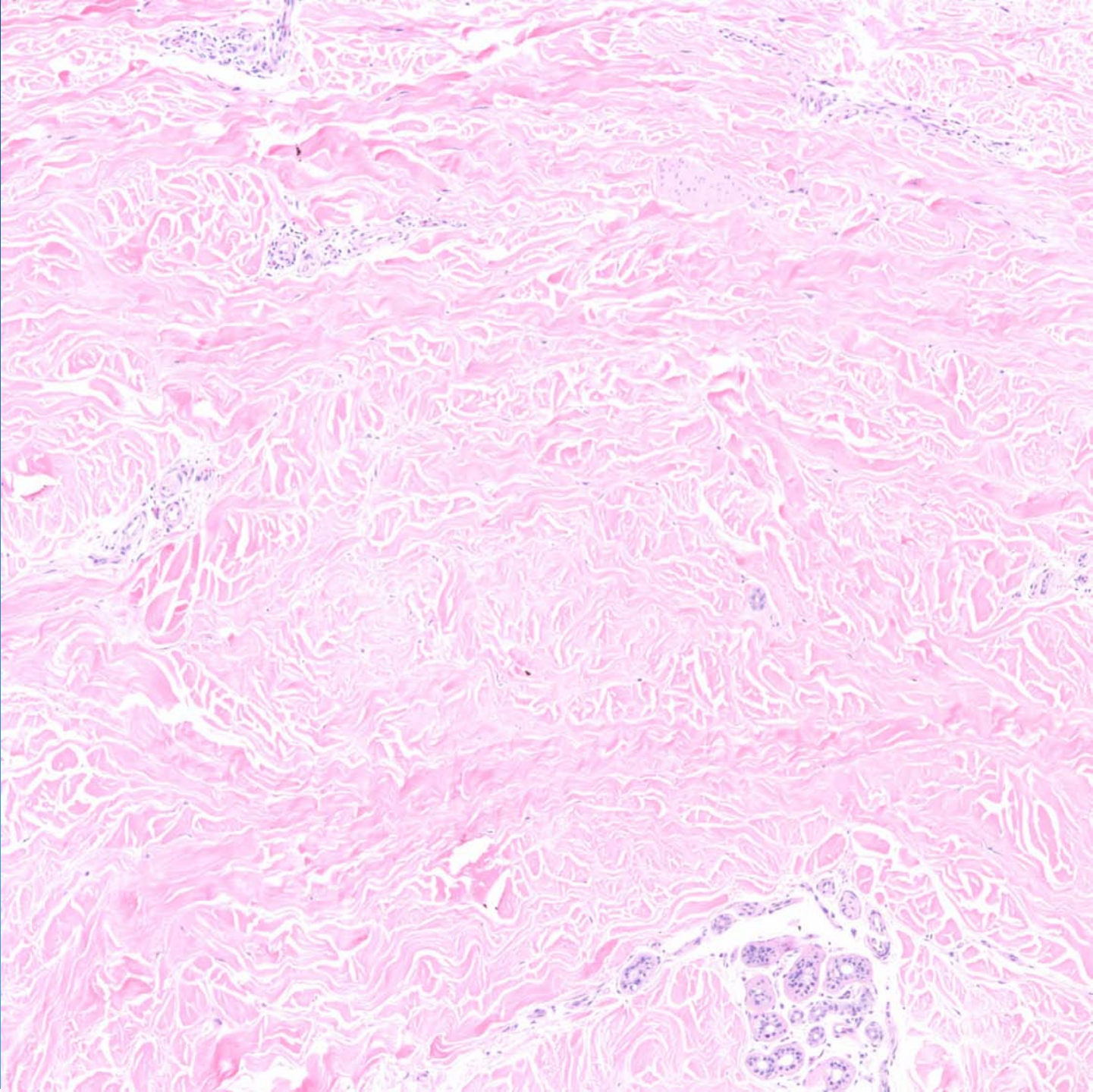
Intravascular Pyogenic Granuloma

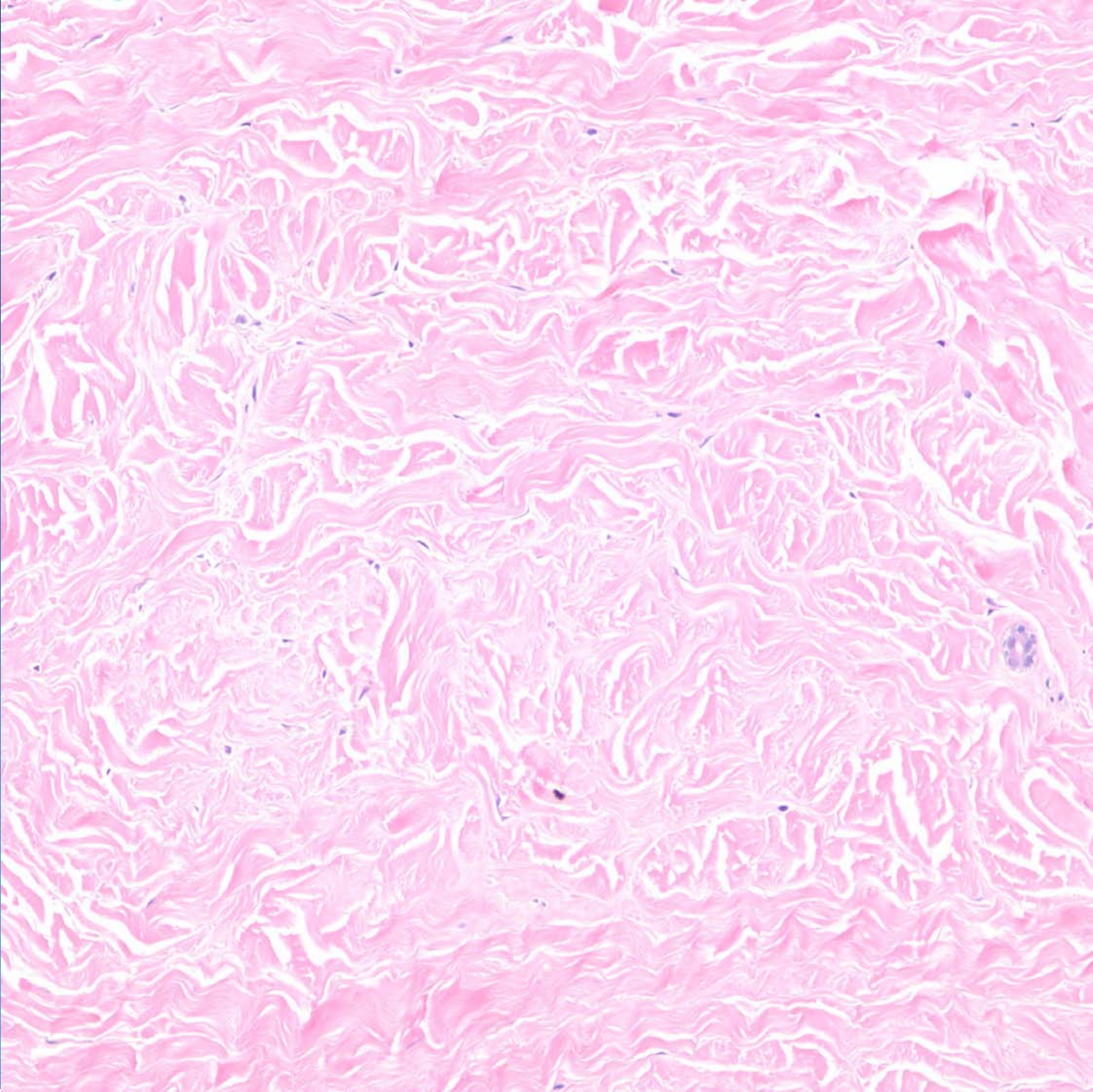
Pearls

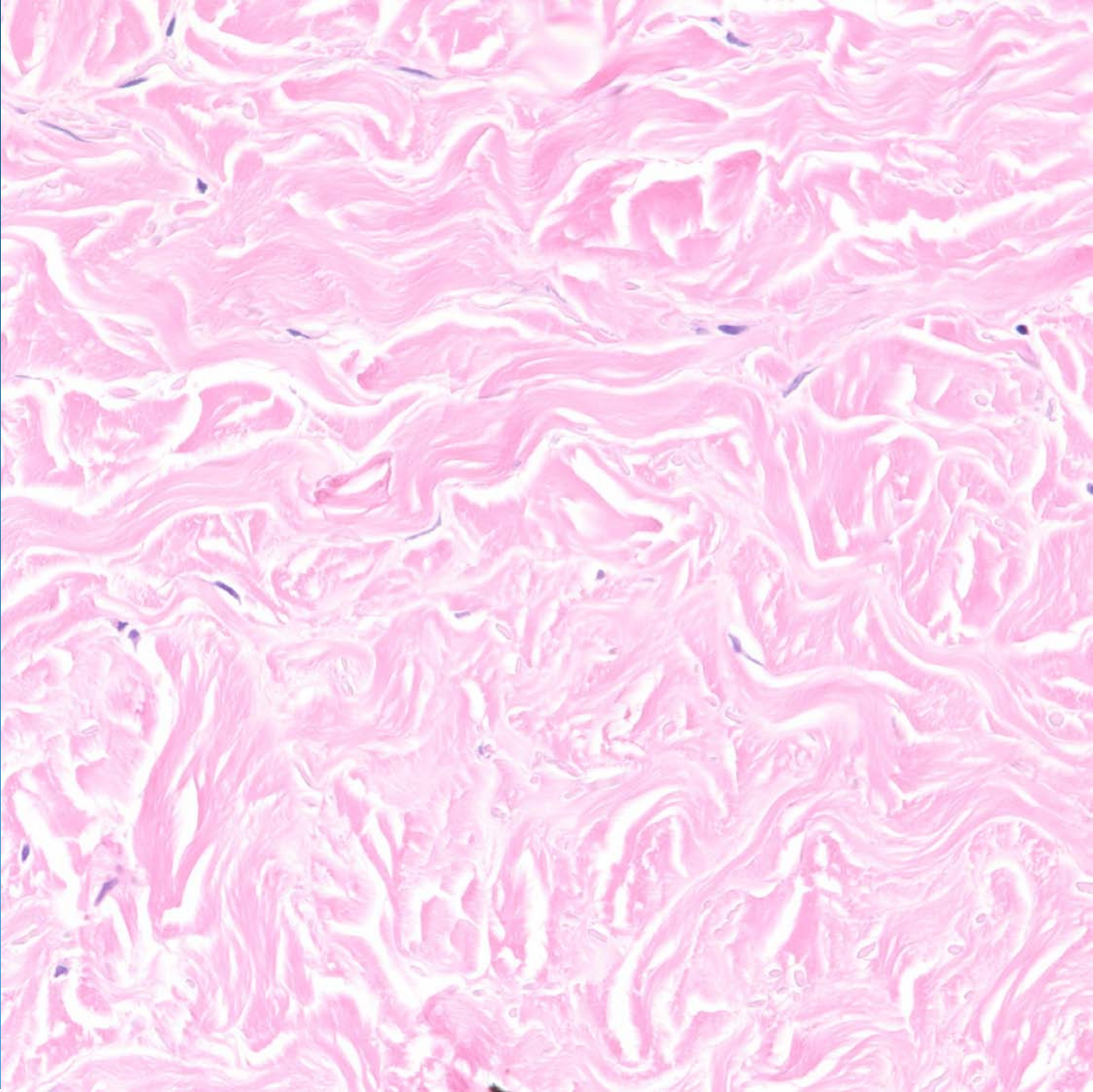


- Circumscribed intravascular proliferation of capillary-sized vessels arranged in lobular configuration
- Resembles an organizing thrombus but more lobular architecture







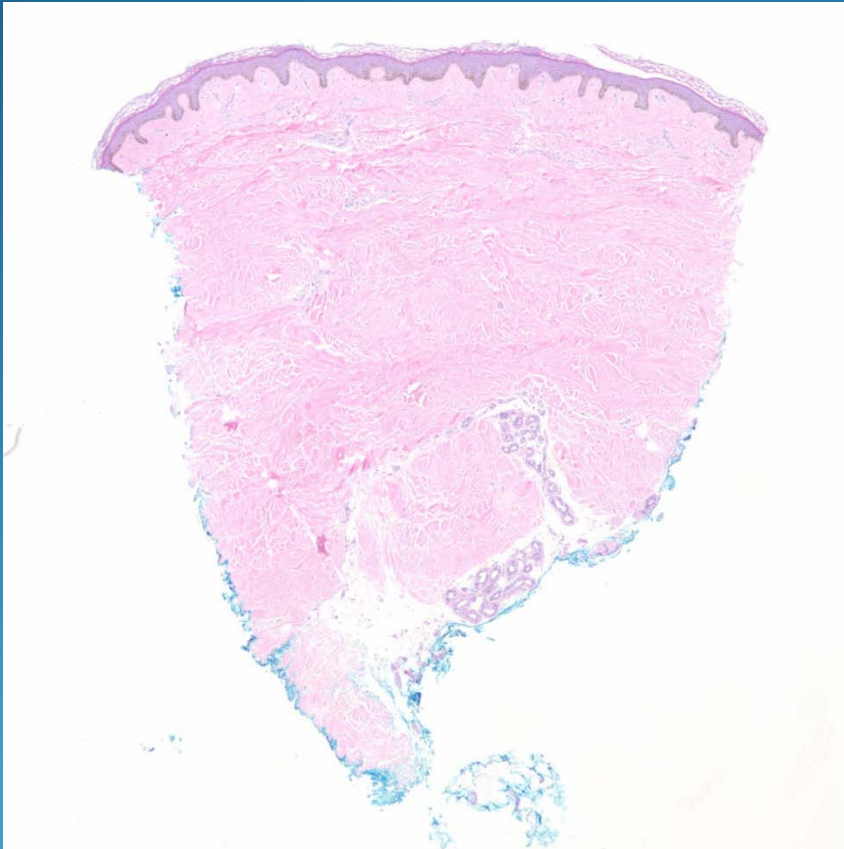




Colloidal Iron

Scleredema

Pearls



- Square biopsy with dermal sclerosis
- Slits in dermis with subtle wispy mucin, confirm with colloidal iron
- Minimal to absent inflammatory infiltrate