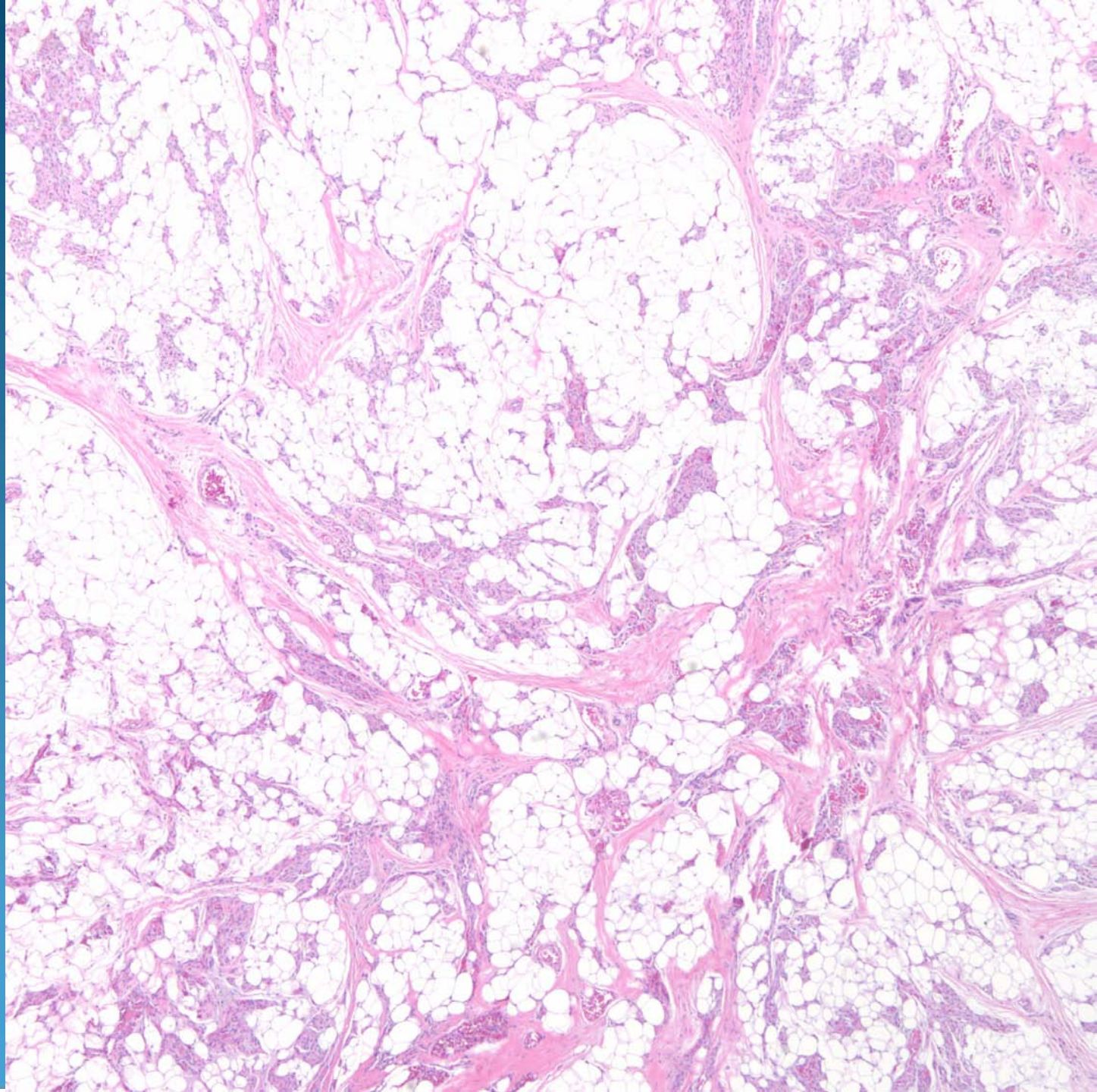
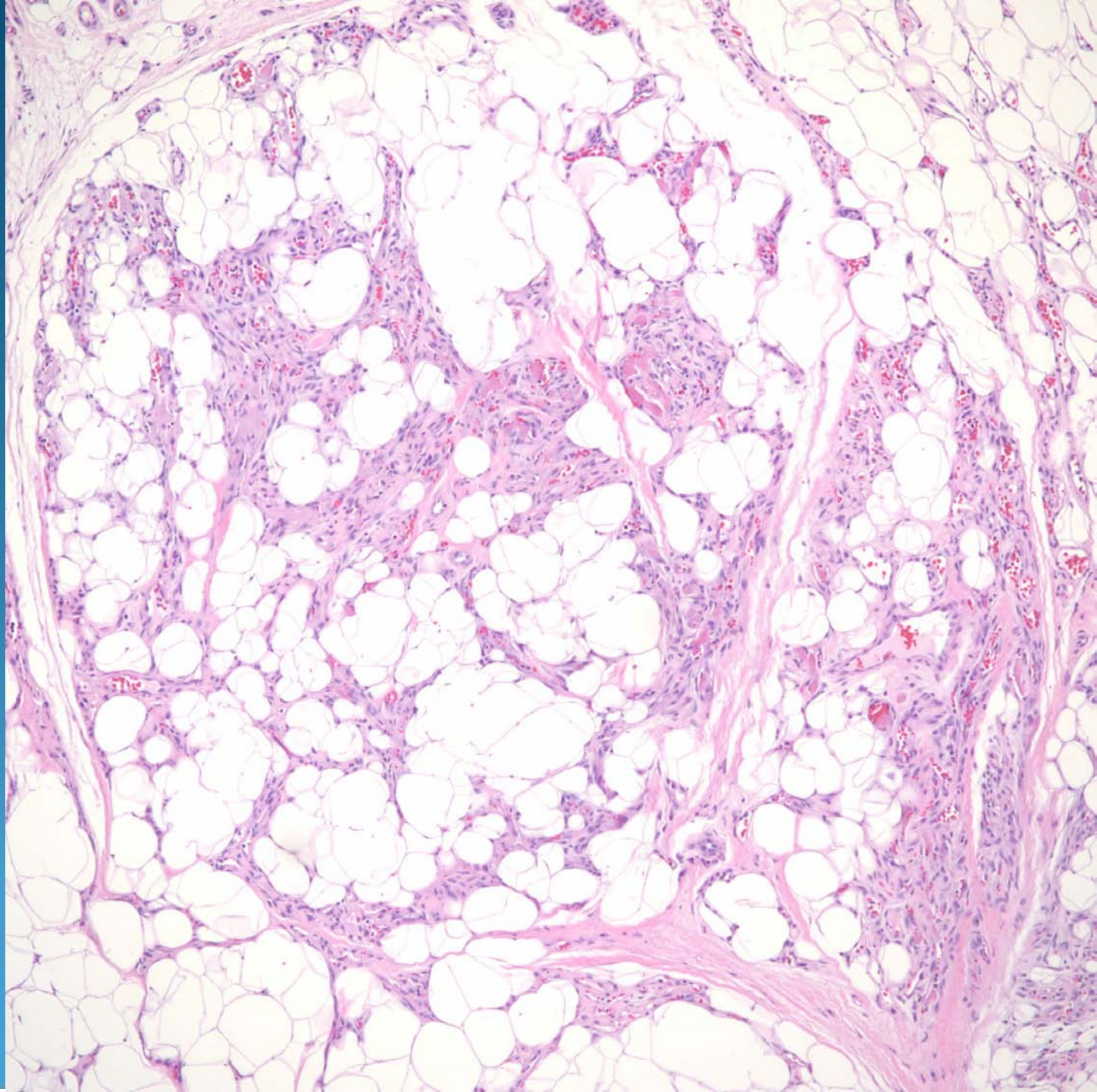
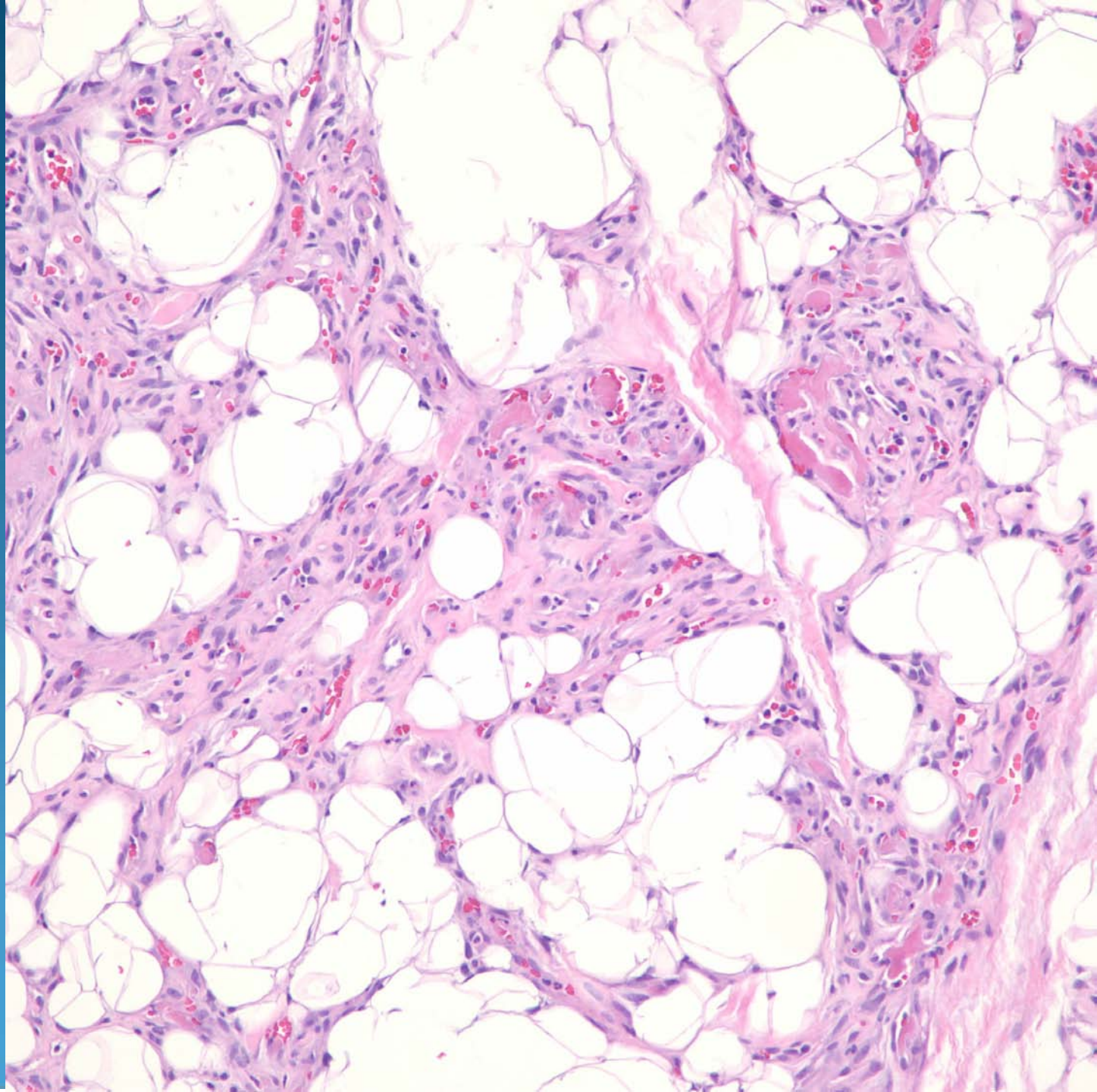


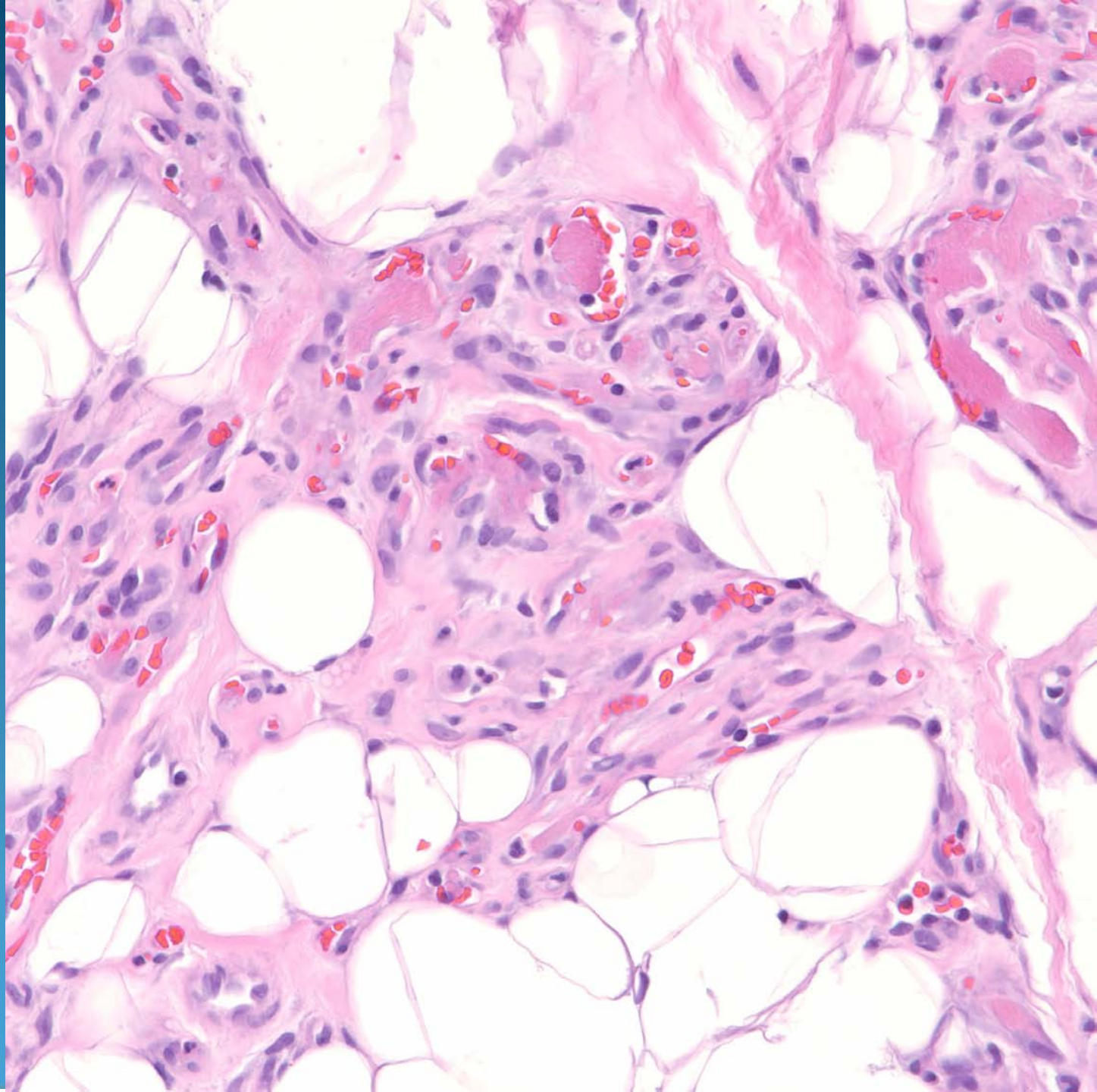
Dermatopathology Slide Review Part 58

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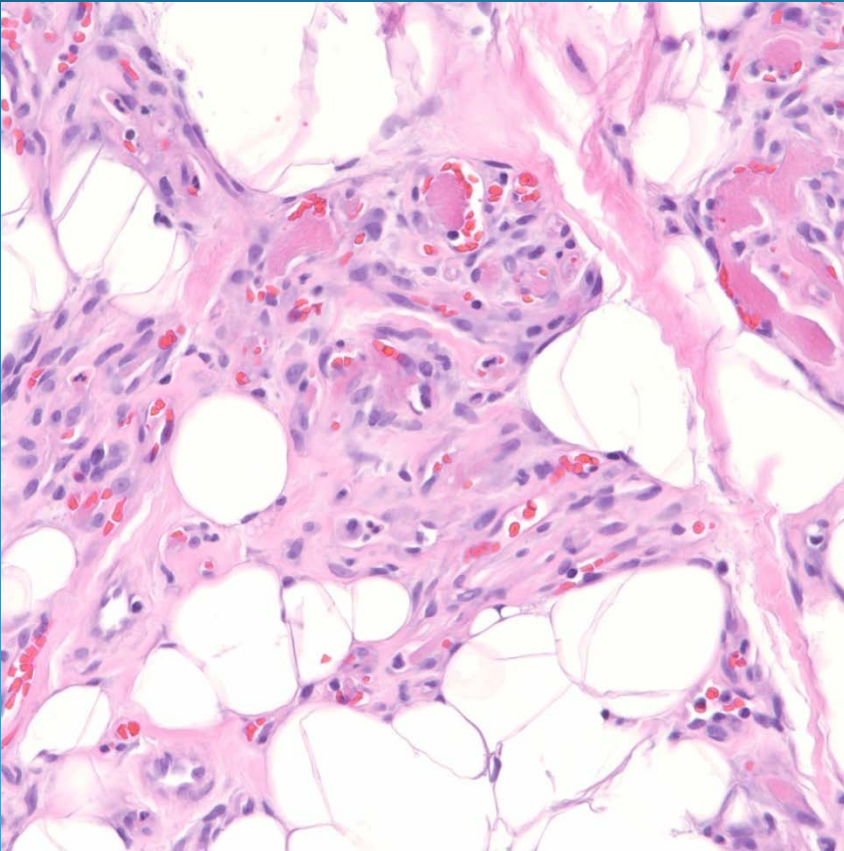




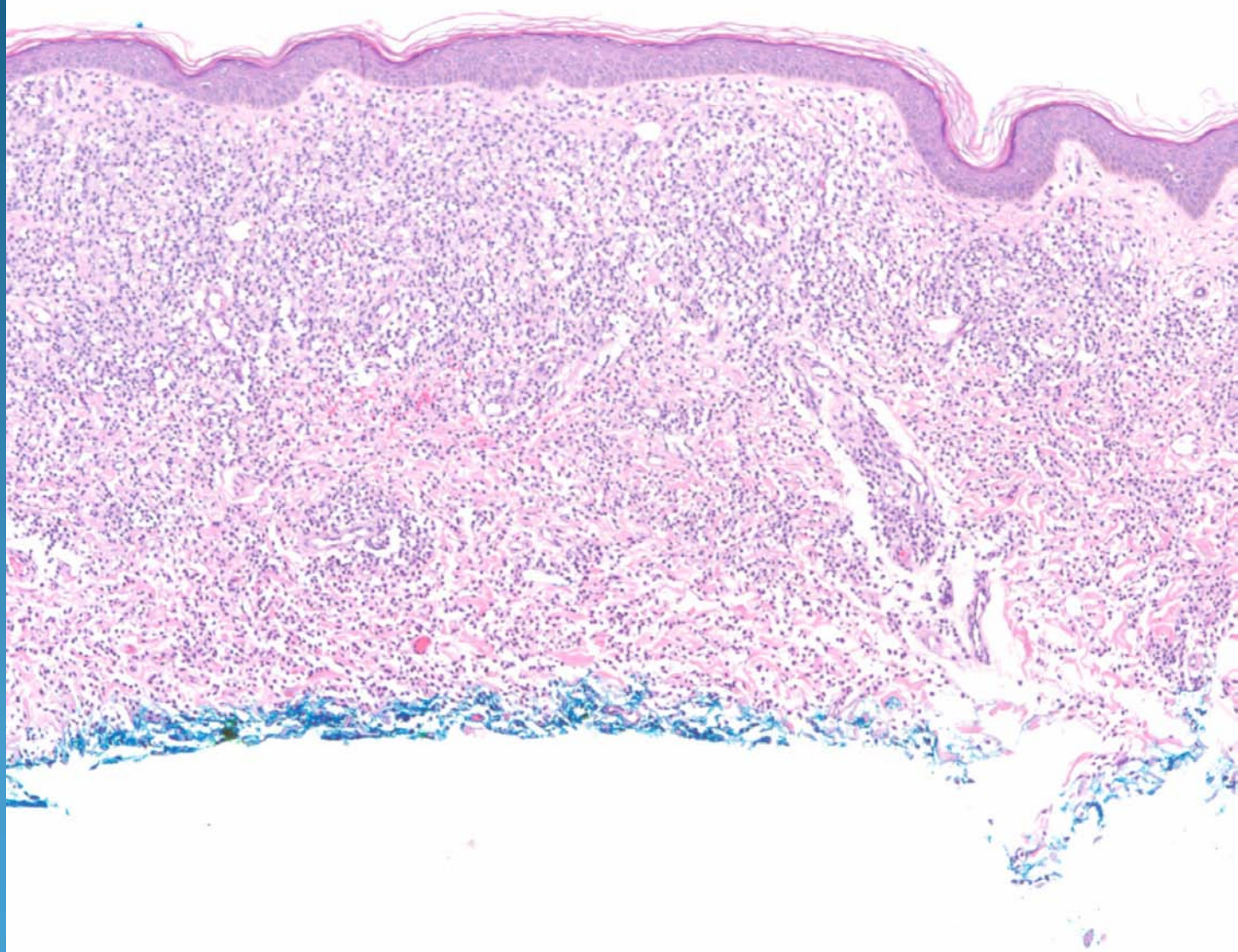


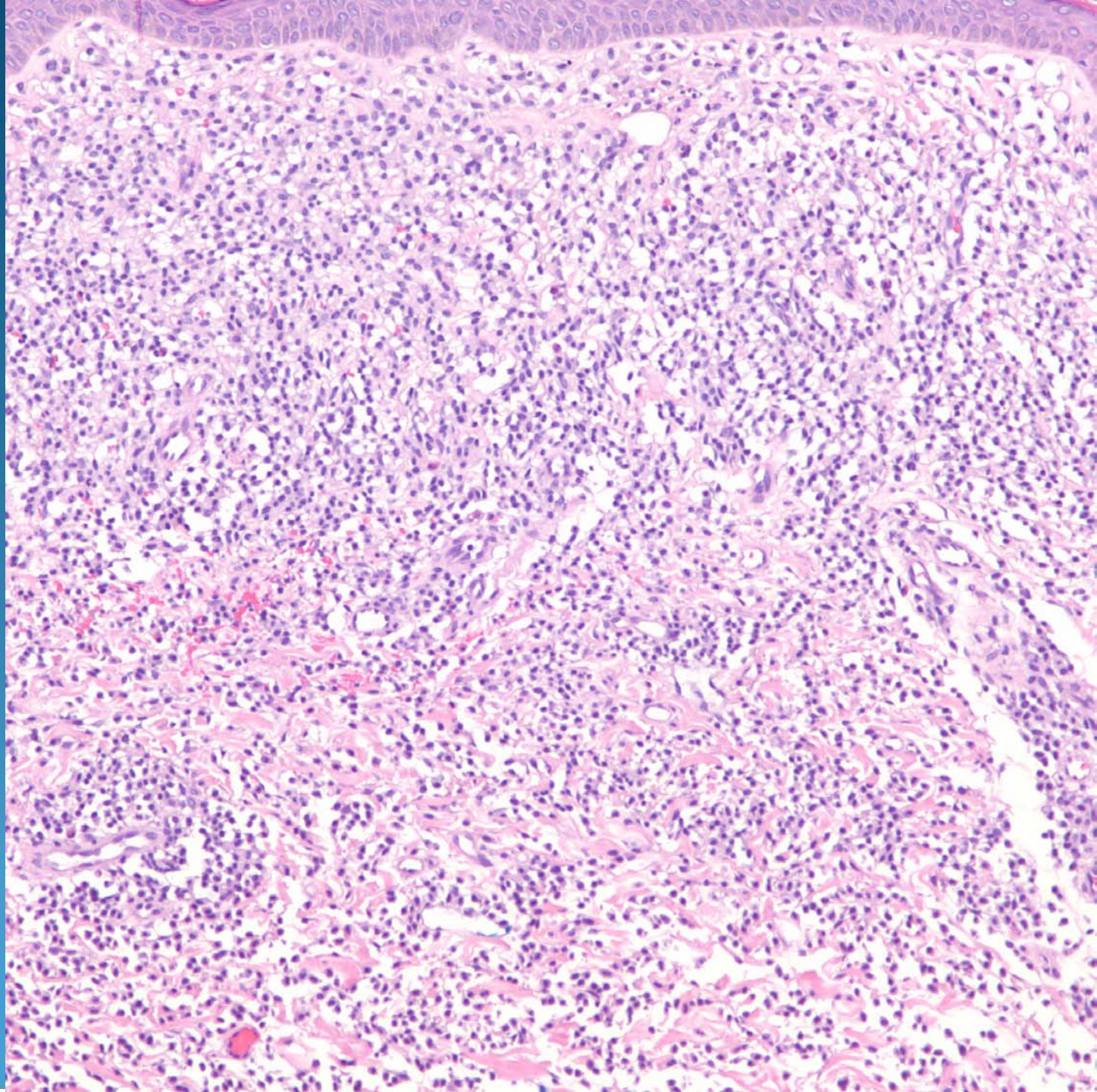
Angiolipoma

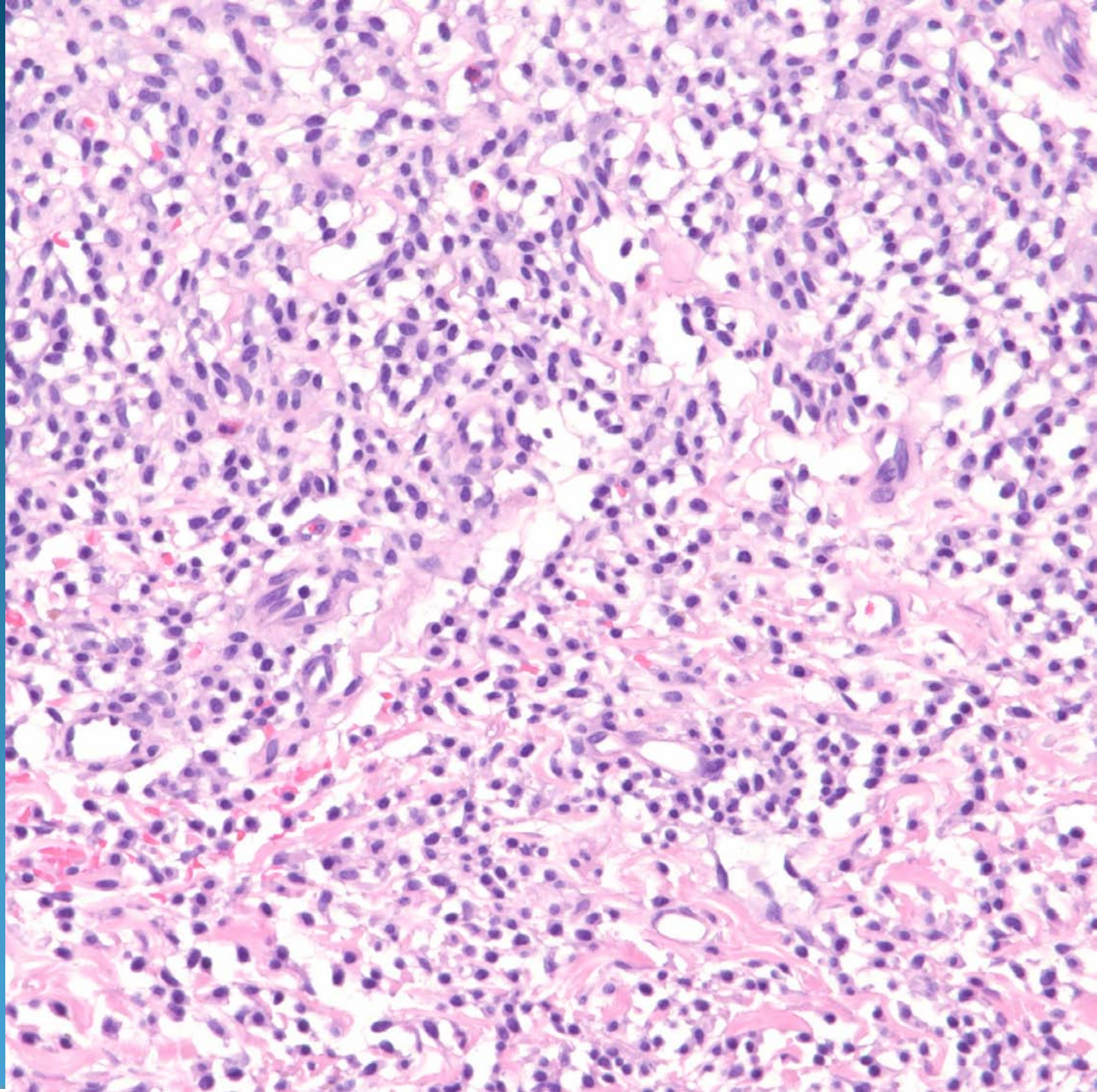
Pearls

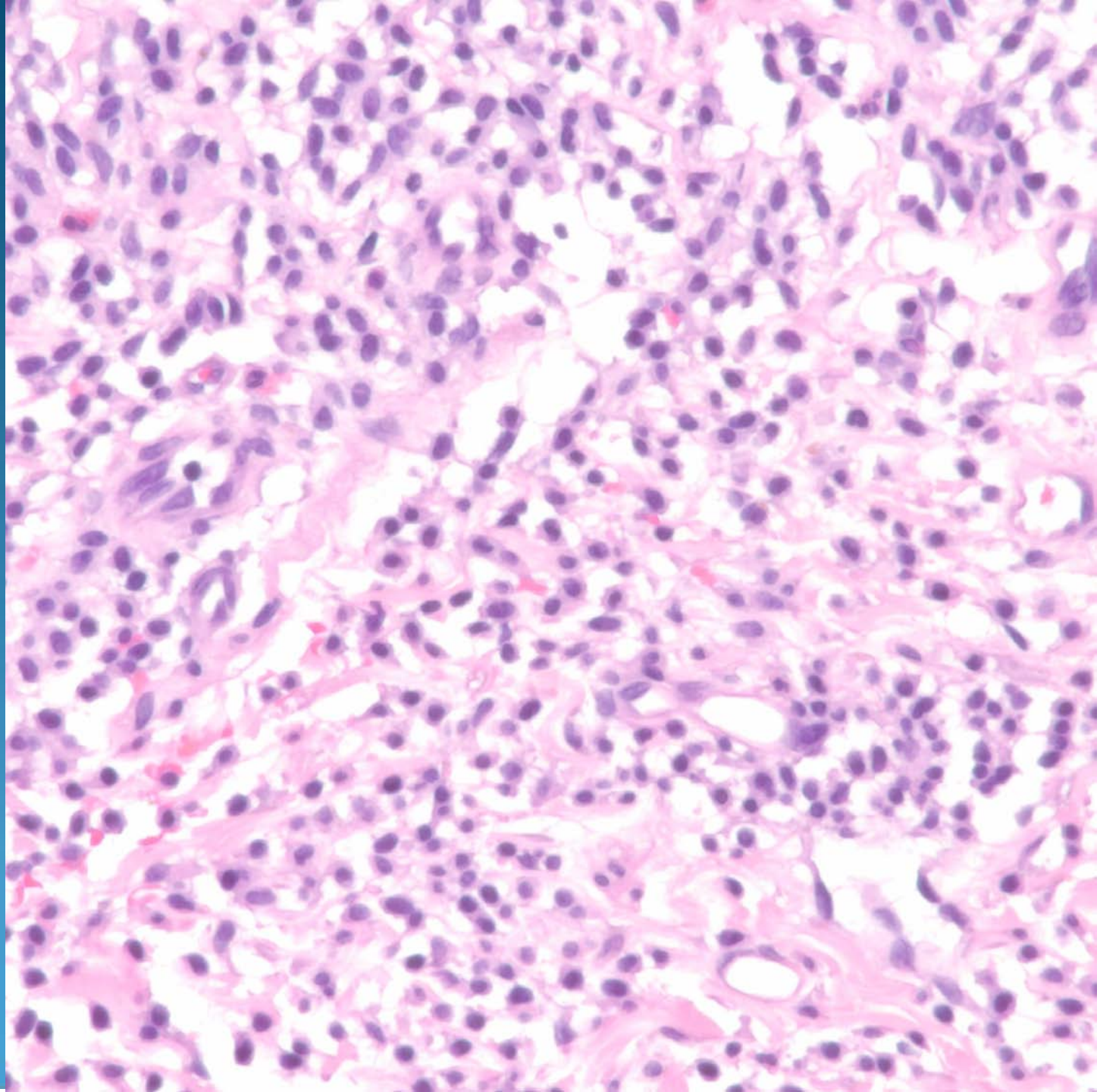


- Circumscribed collection of adipose tissue, spindle cells, and blood vessels.
- Vessels show intravascular thrombi



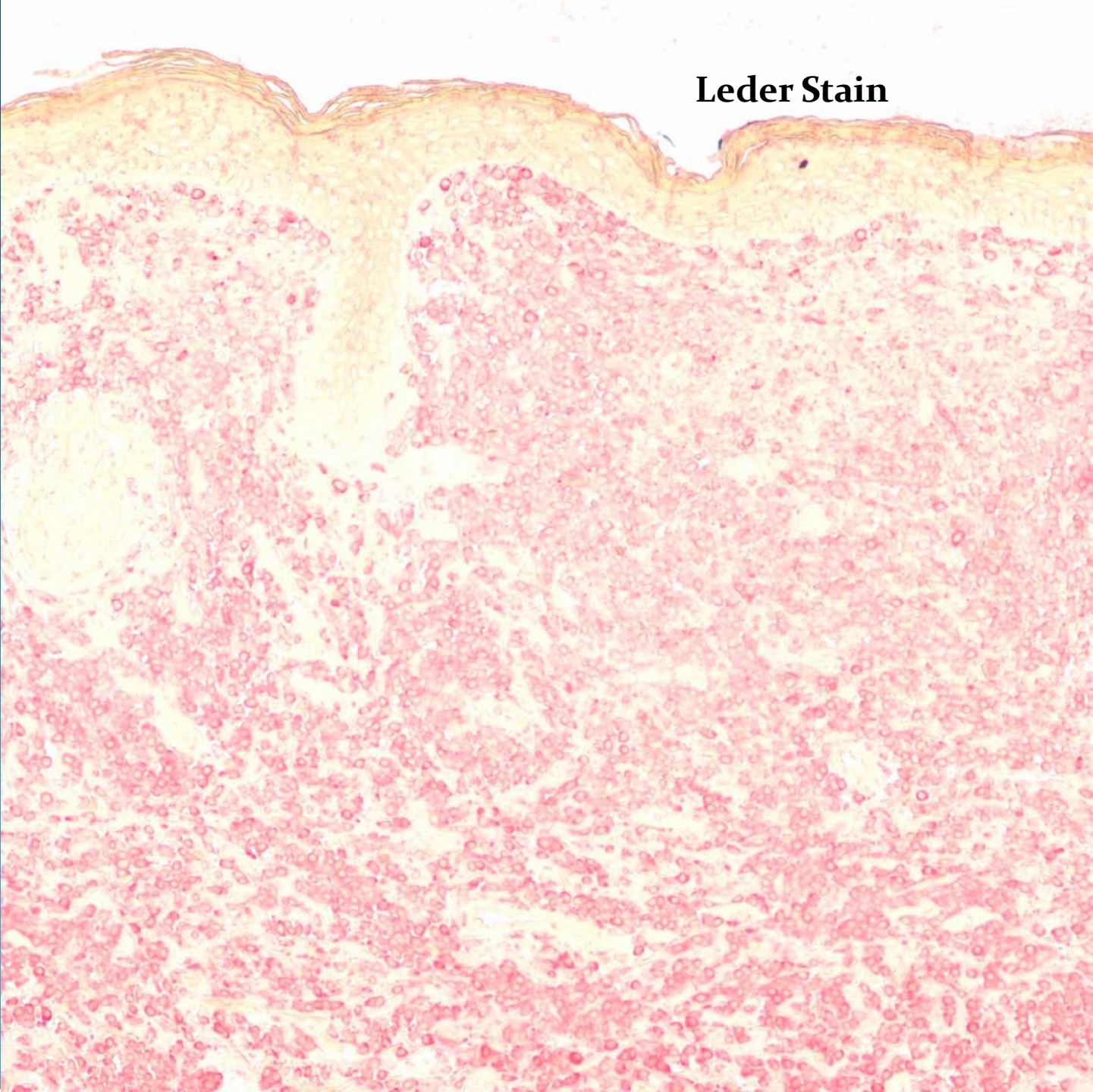




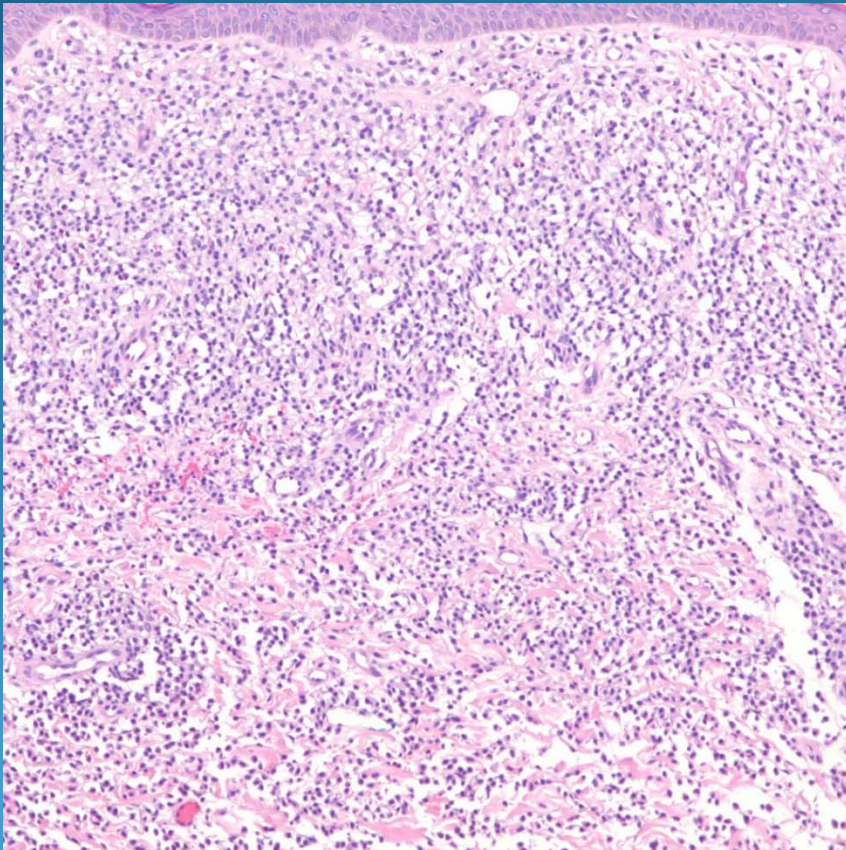


Cutaneous Mastocytoma

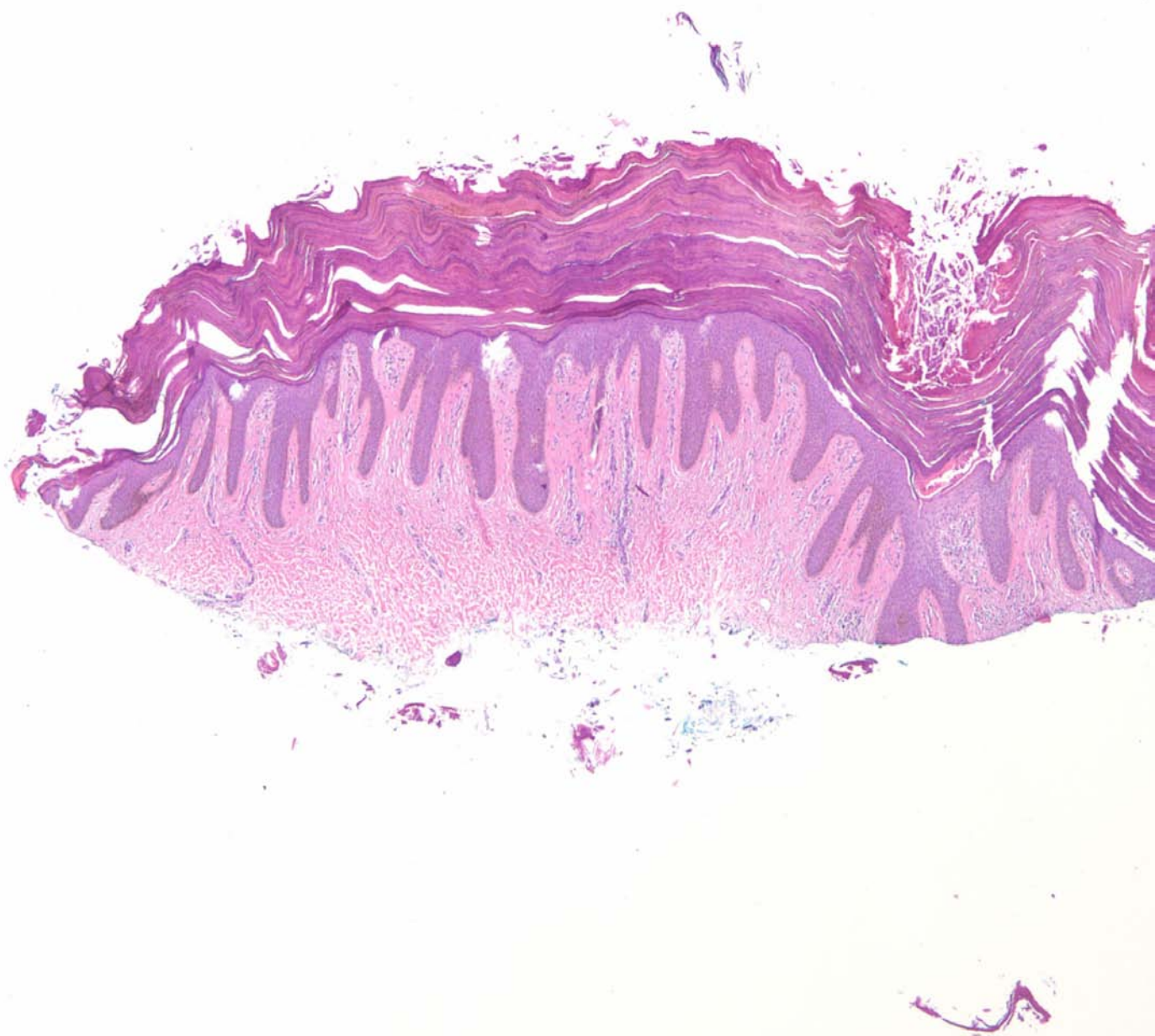
Leder Stain

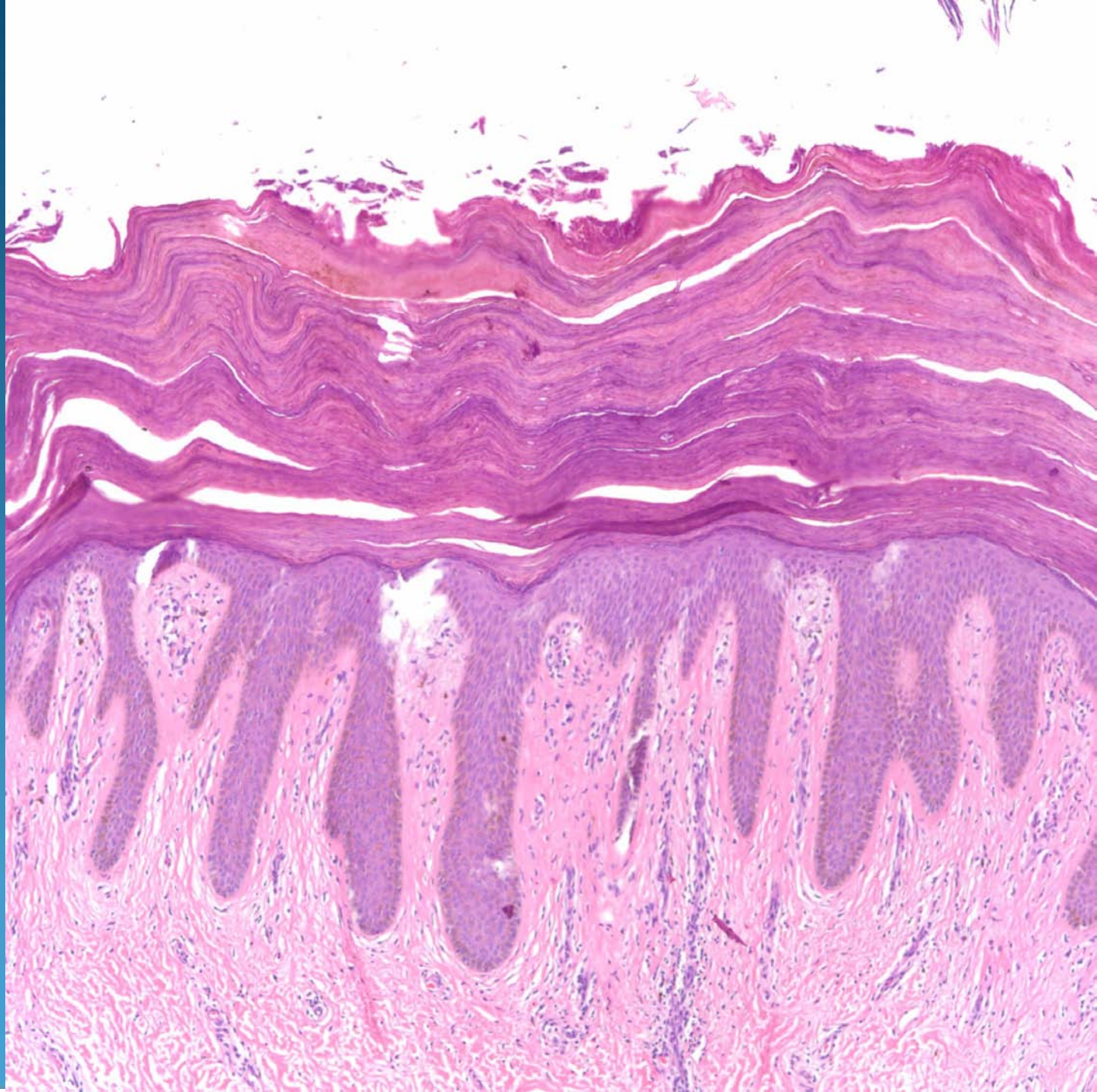


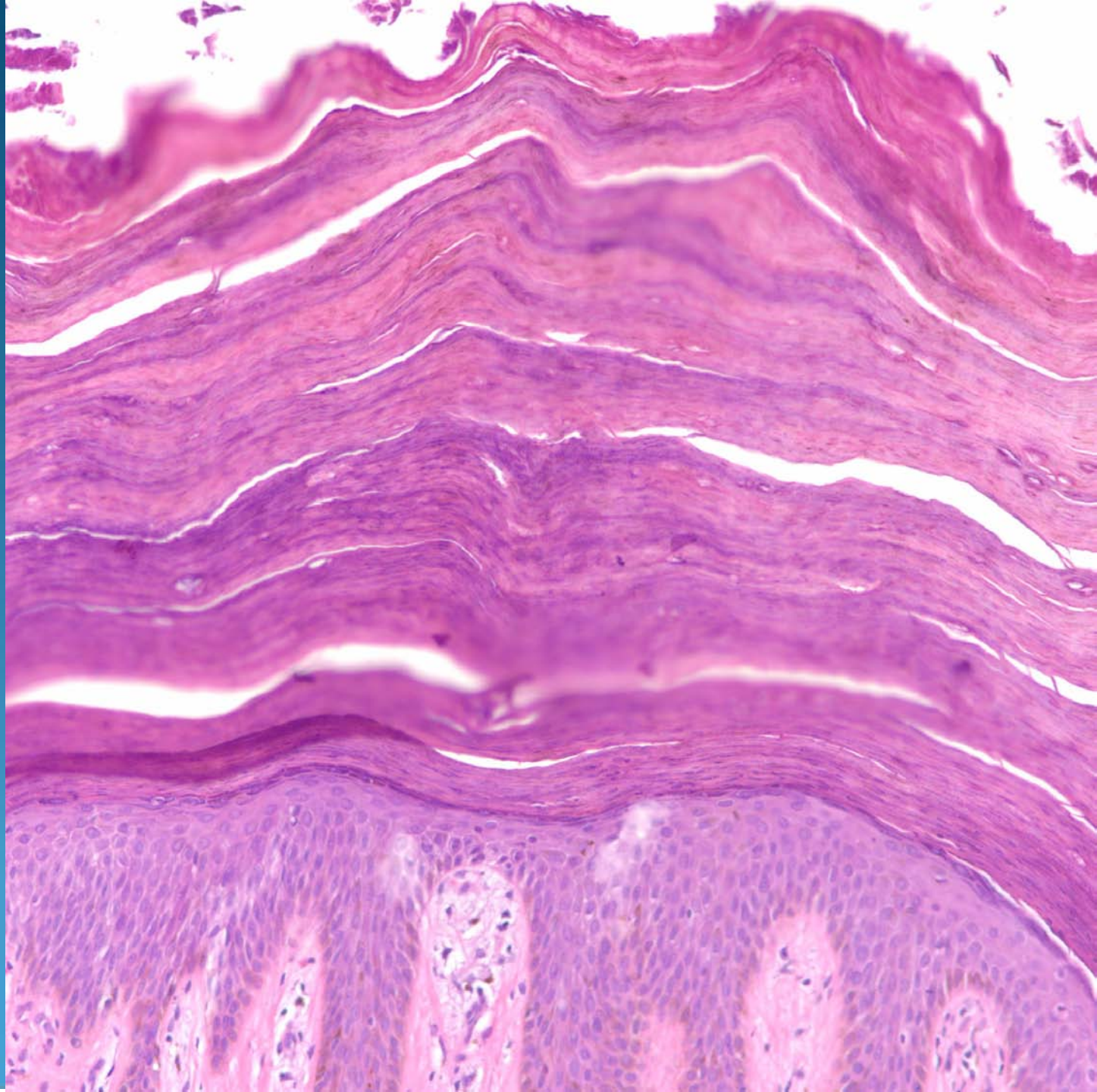
Pearls

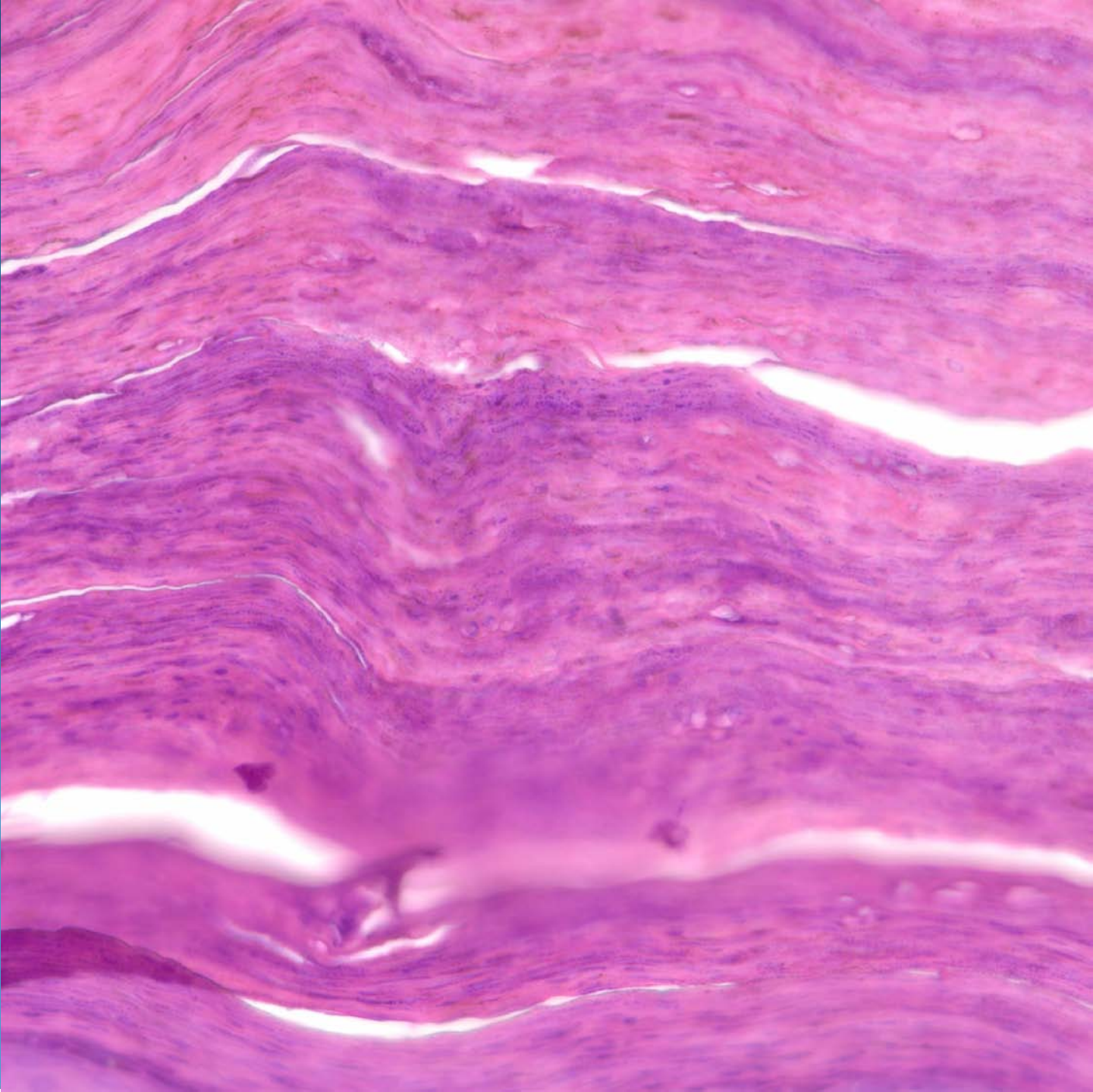


- Diffuse collection of mast cells
- Usually mixed with eosinophils
- Confirm with Leder stain







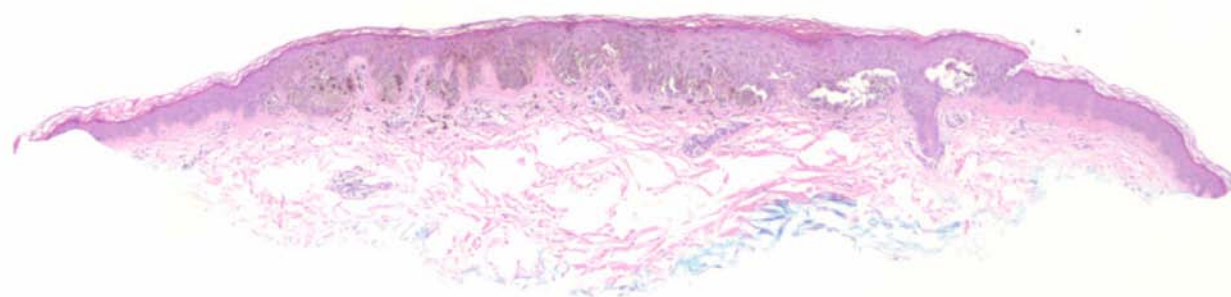


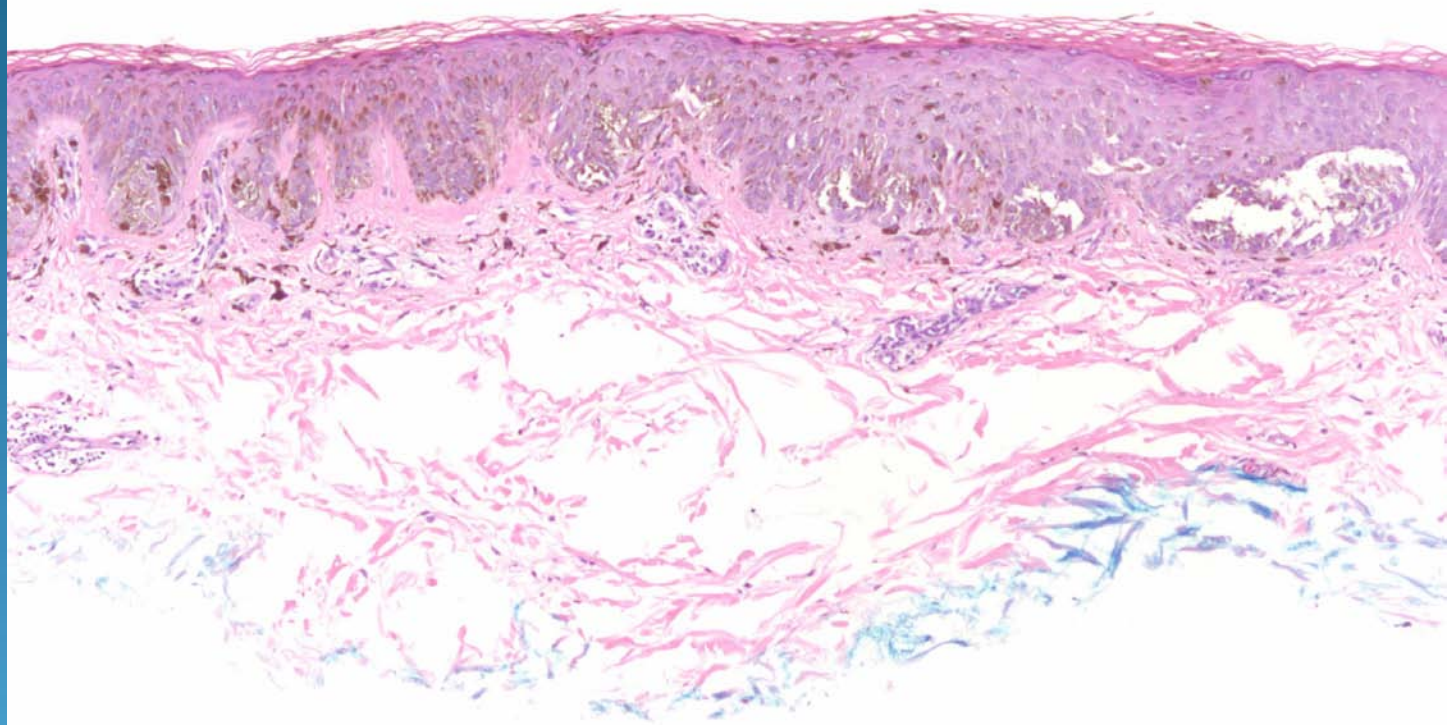
Axillary Granular Parakeratosis

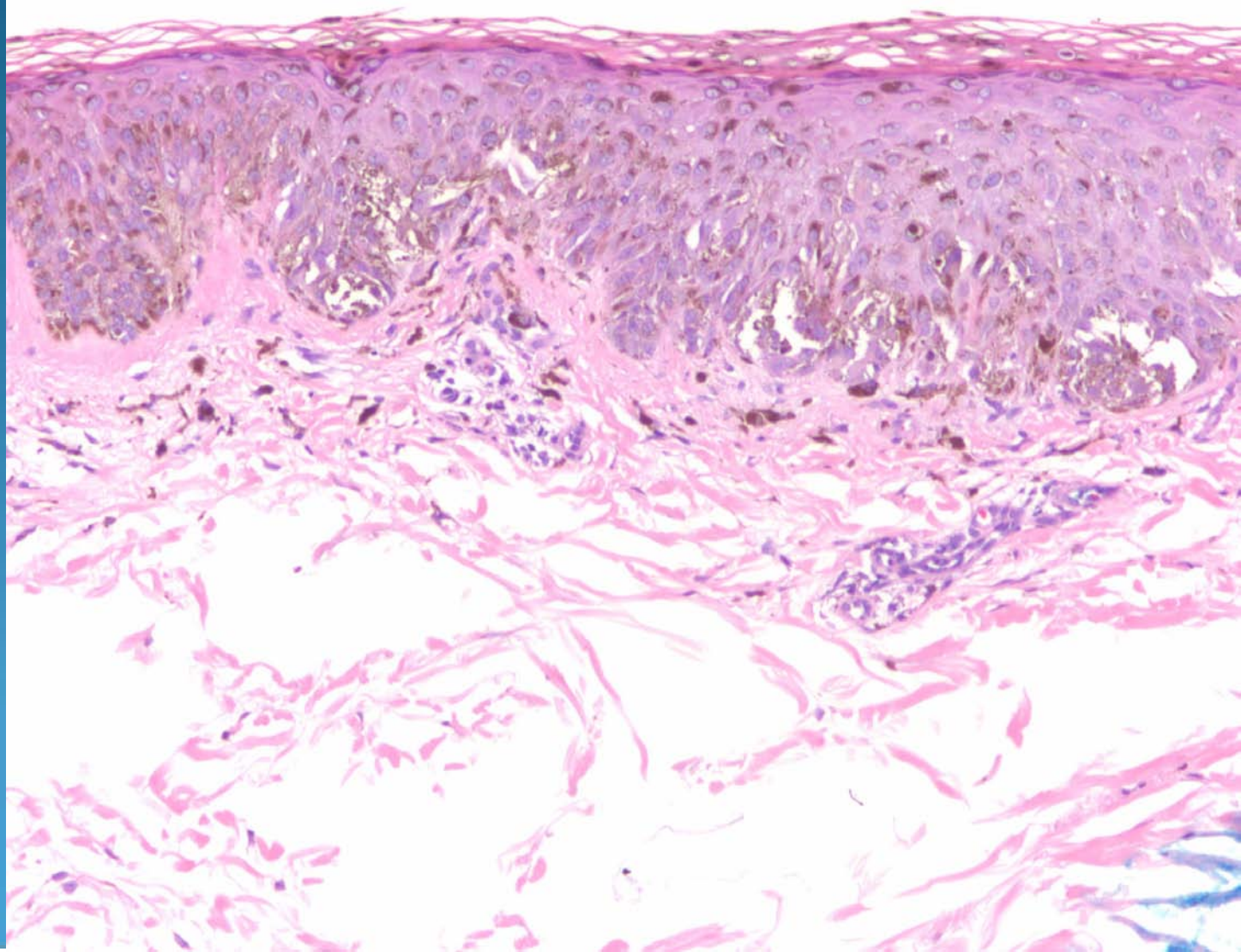
Pearls

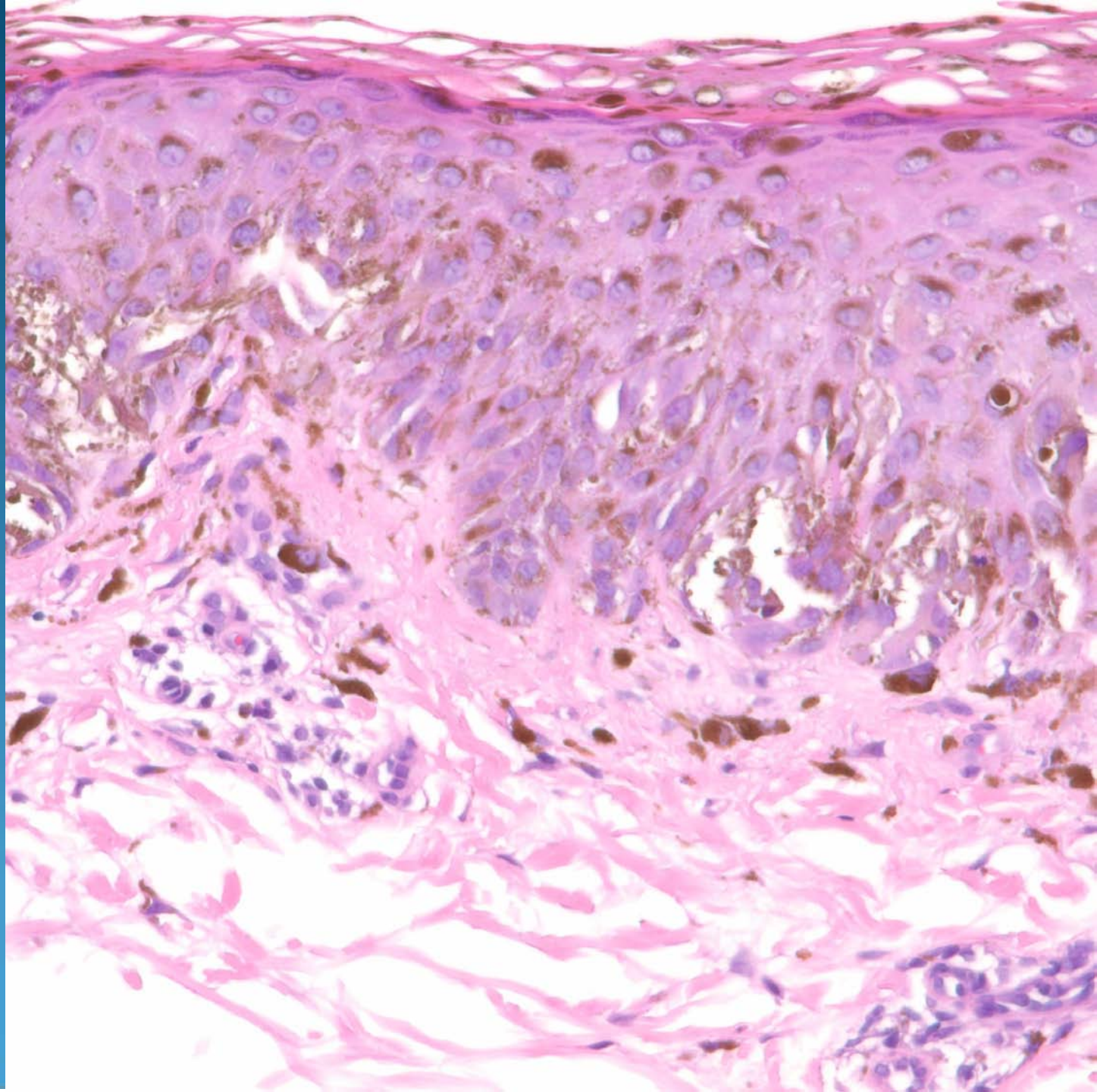


- Pronounced hyper and parakeratotic scale
- No viral cytopathic changes or dysplasia
- Psoriasiform elongation of rete ridges
- Minimal inflammation
- Clinical correlation with site although there are recent reports of extra-axillary lesions



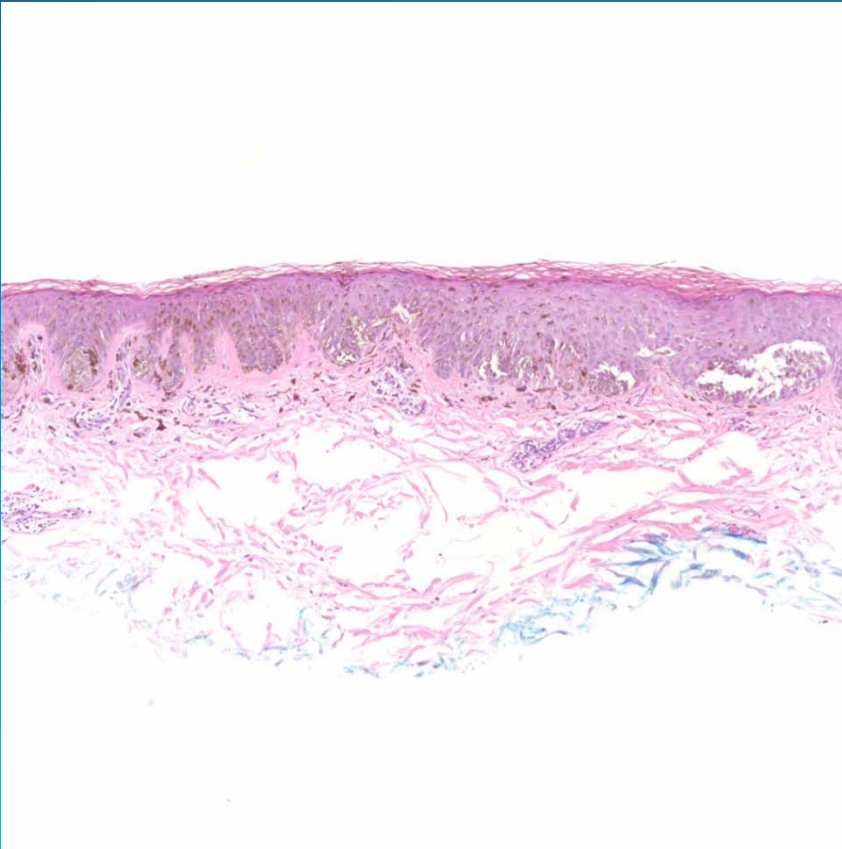




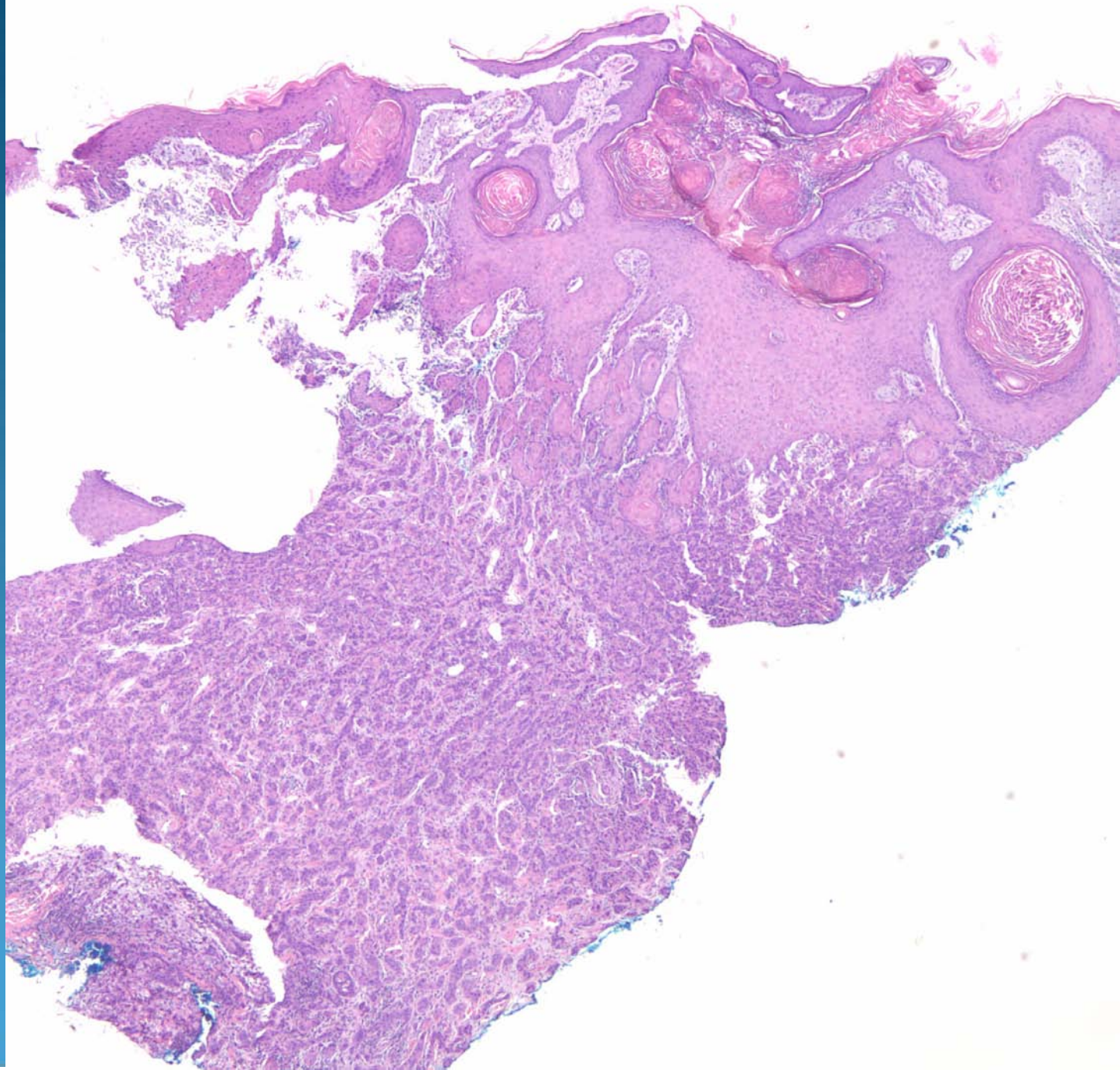


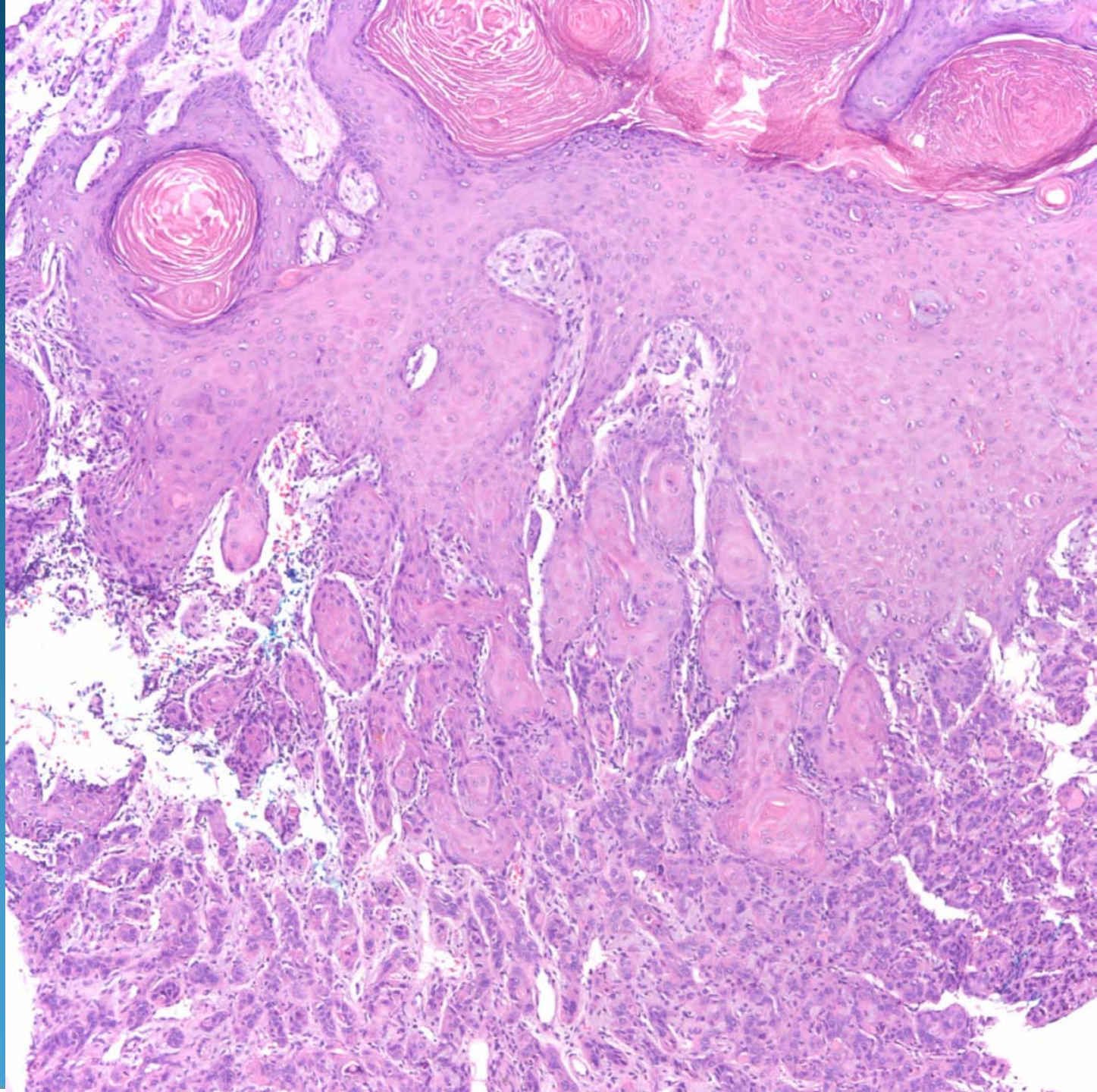
Pigmented Spindle Cell Nevus

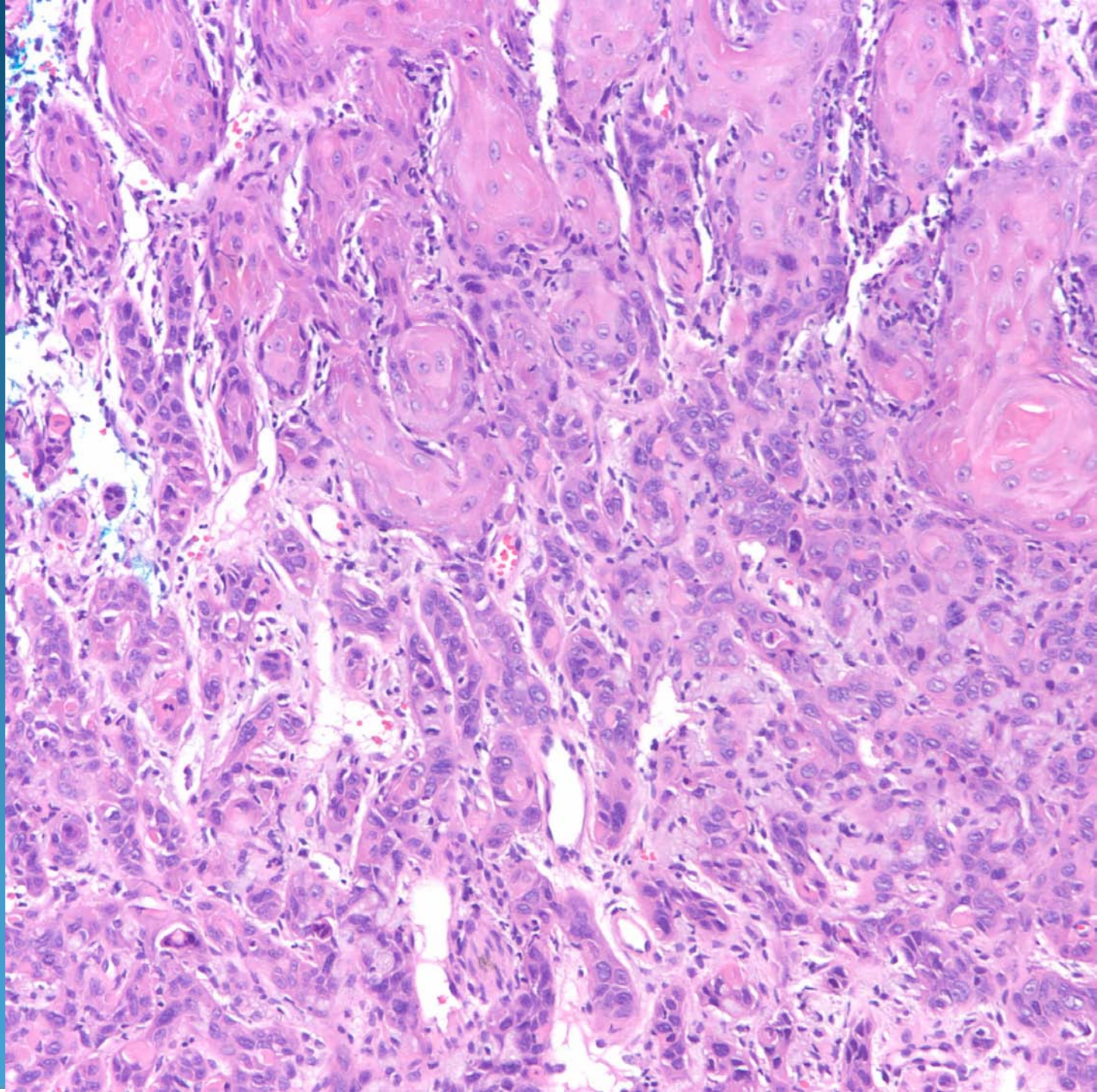
Pearls

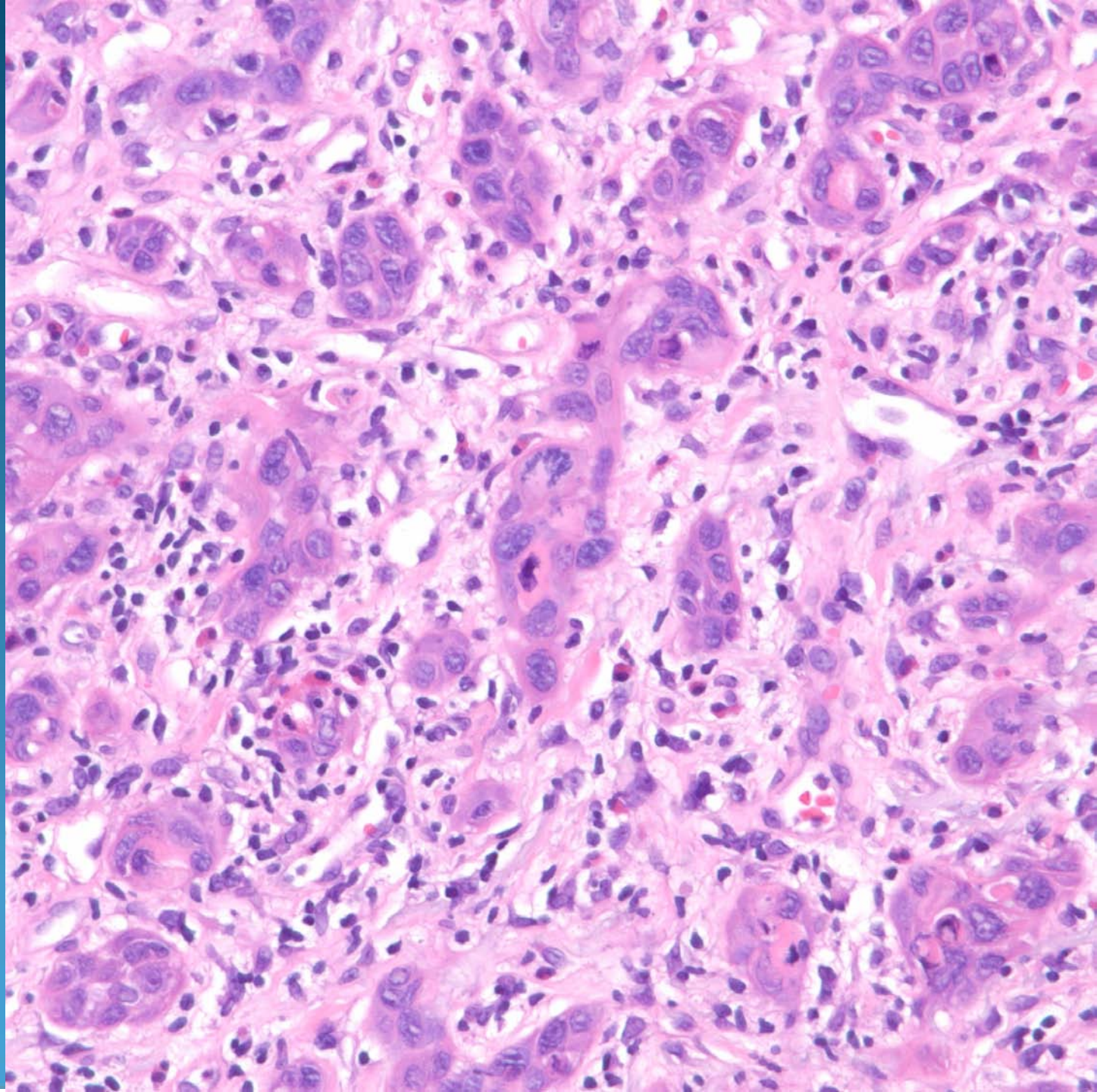


- Circumscribed proliferation of spindled melanocytes with heavy but even melanin pigmentation
- Minimal variation in size and shape of melanocytes



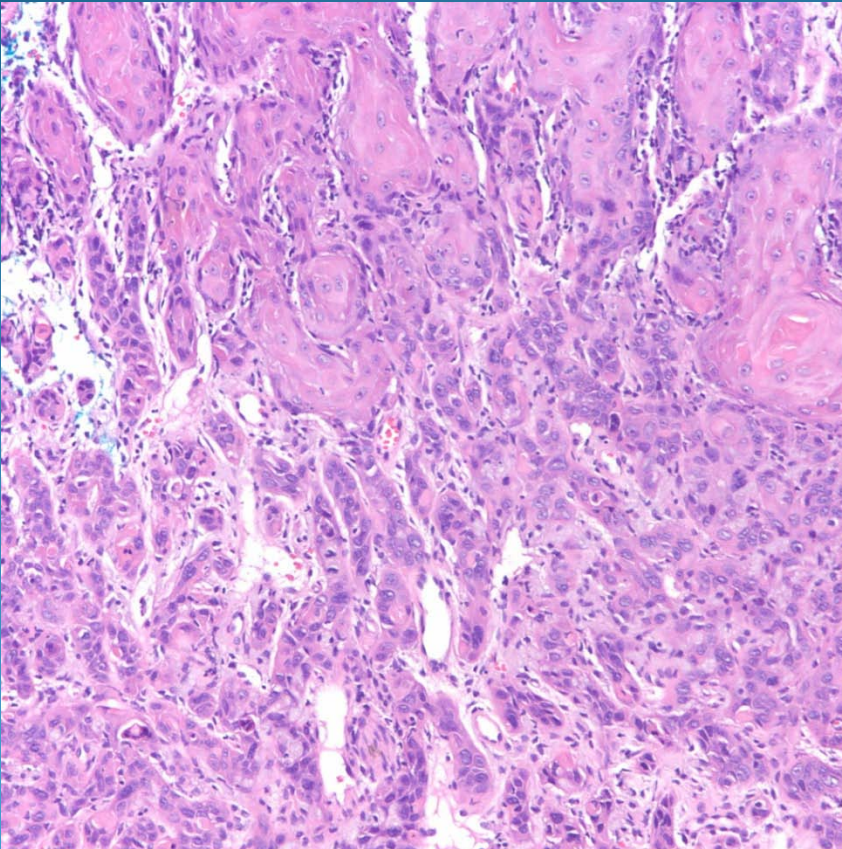






Invasive Squamous Cell Carcinoma, Poorly Differentiated

Pearls



- Invasive nests of pleomorphic squamous epithelial cells
- Look for areas of squamous pearl formation and intercellular bridges
- May be completely replaced with sheets and cords of poorly differentiated cells
- Beware of perineural or lymphovascular invasion
- May need IHC to confirm (CK+)