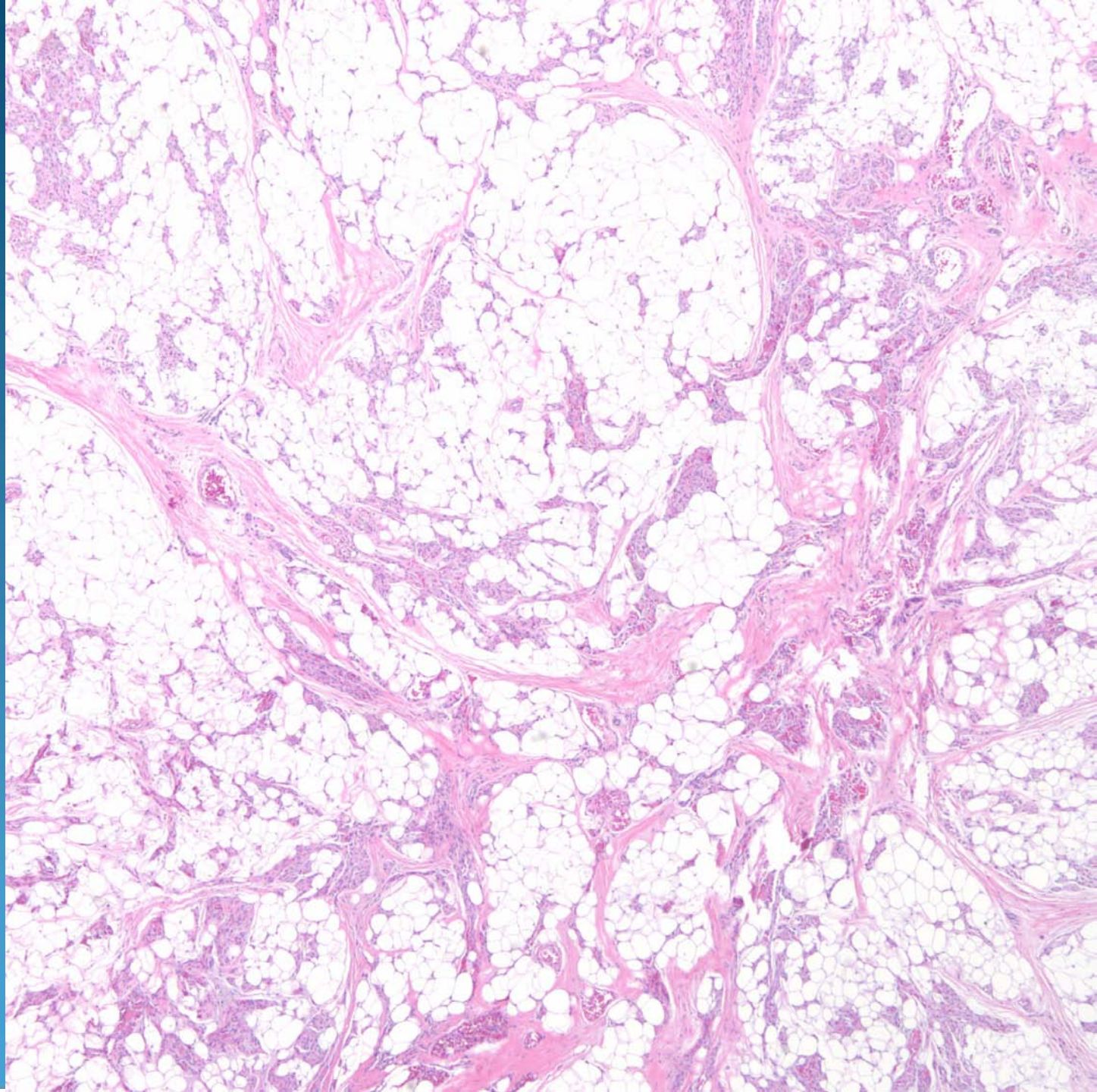
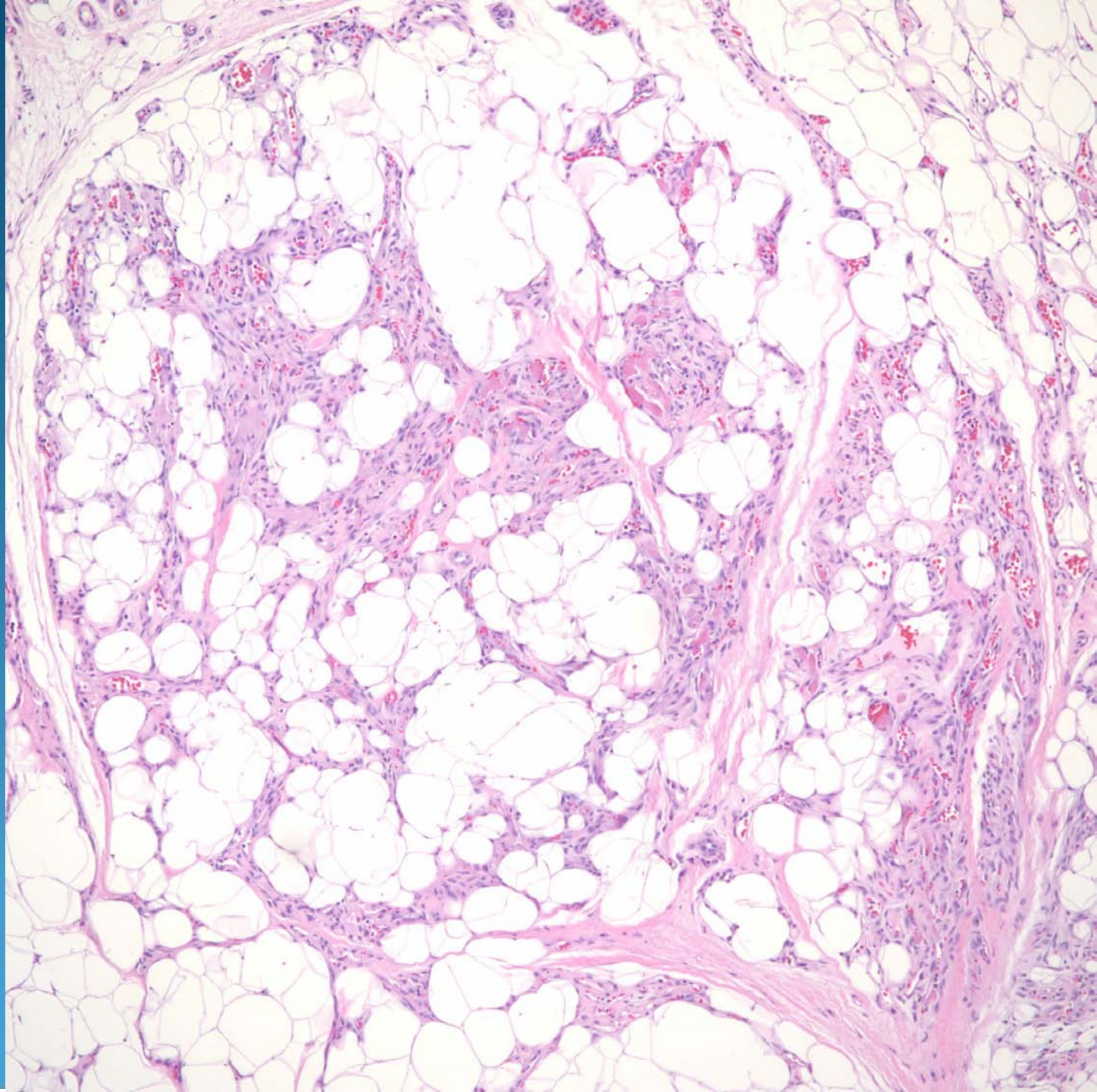


# Dermatopathology Slide Review Part 59

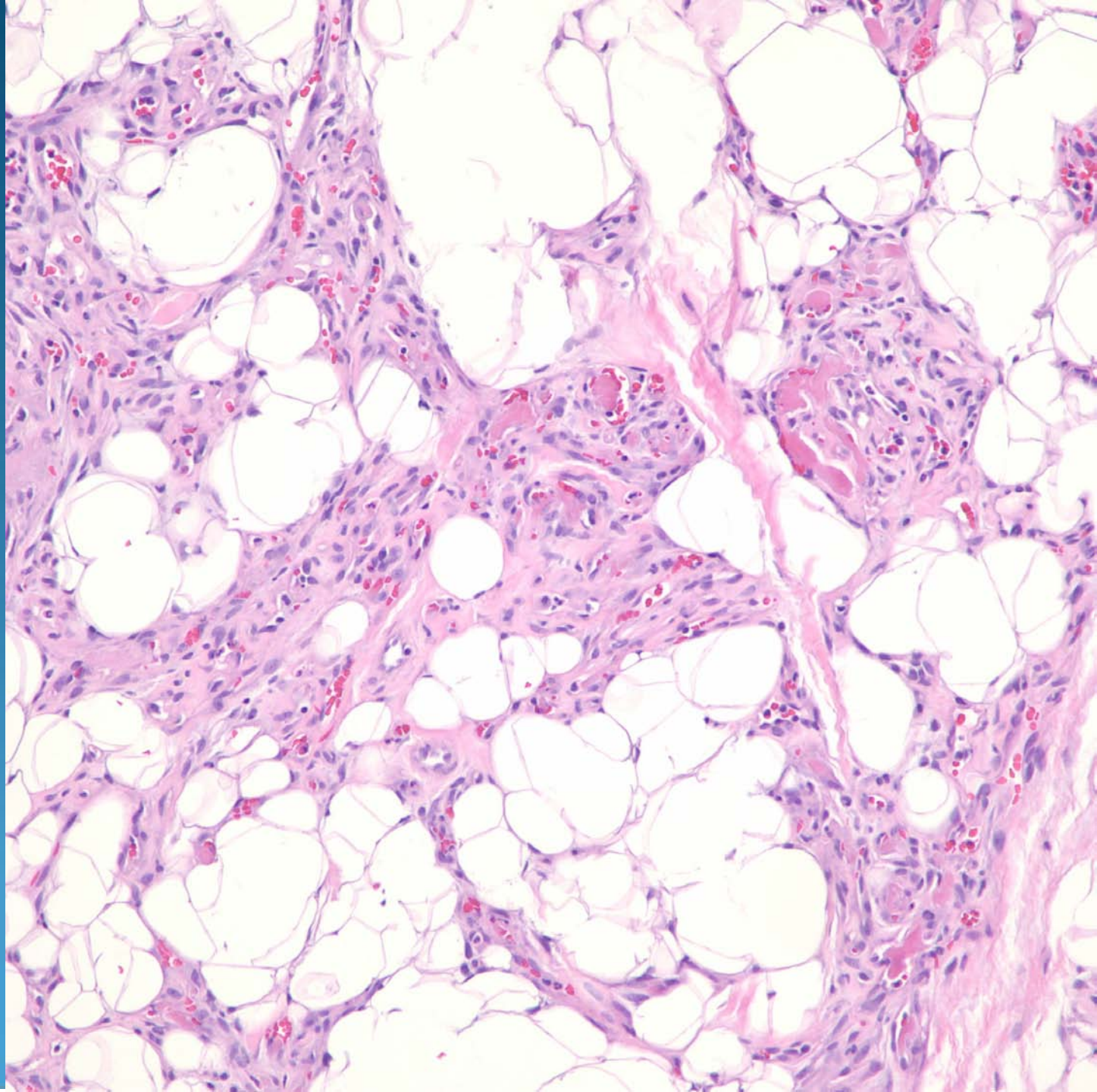
Paul K. Shitabata, M.D.  
Dermatopathology Institute



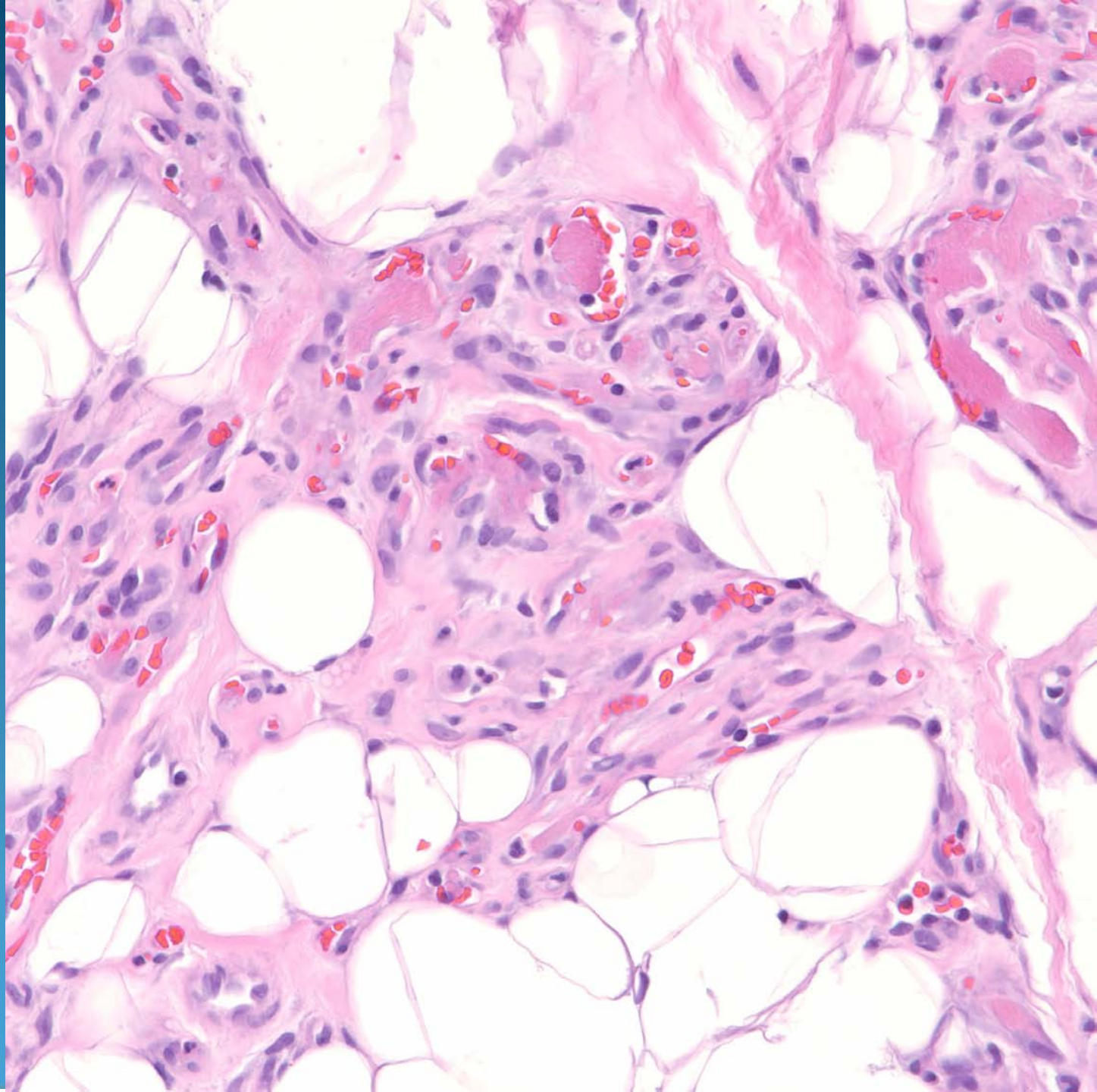






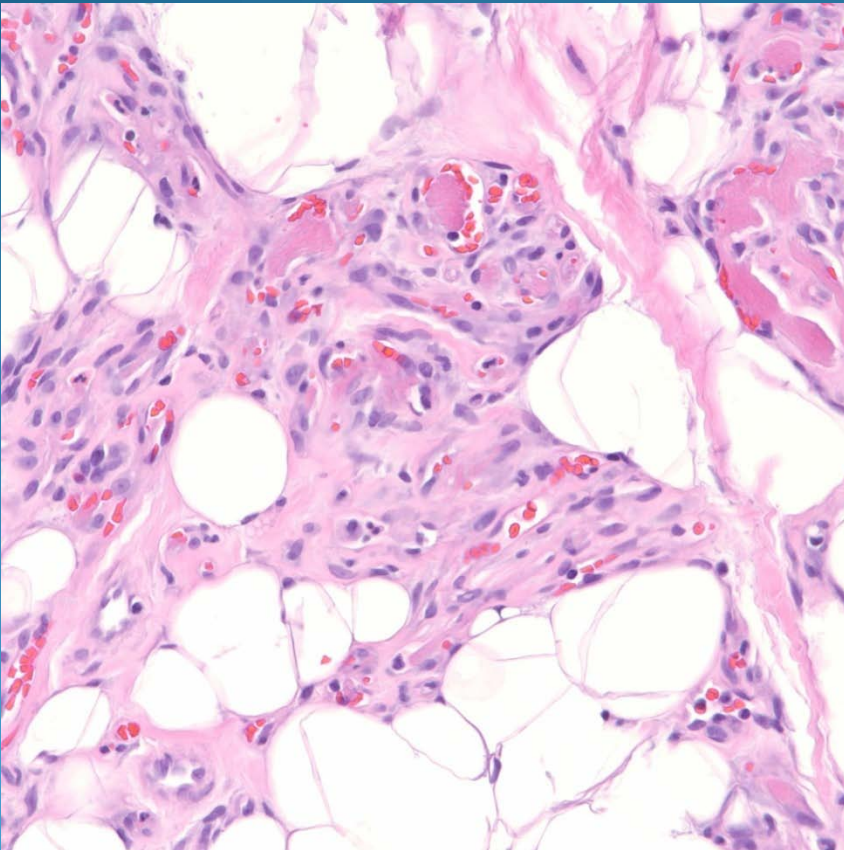






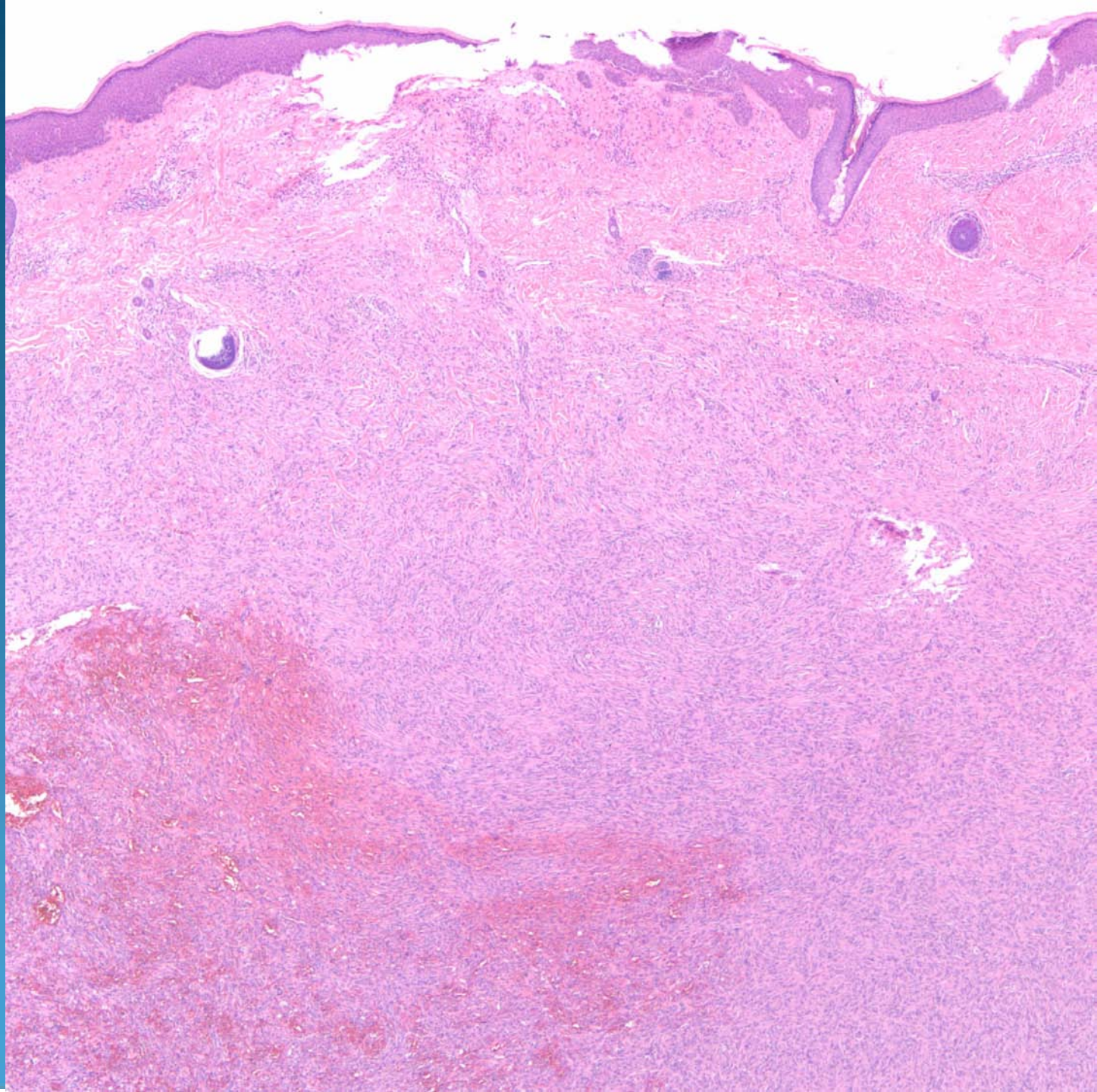
# Angiolipoma

# Pearls

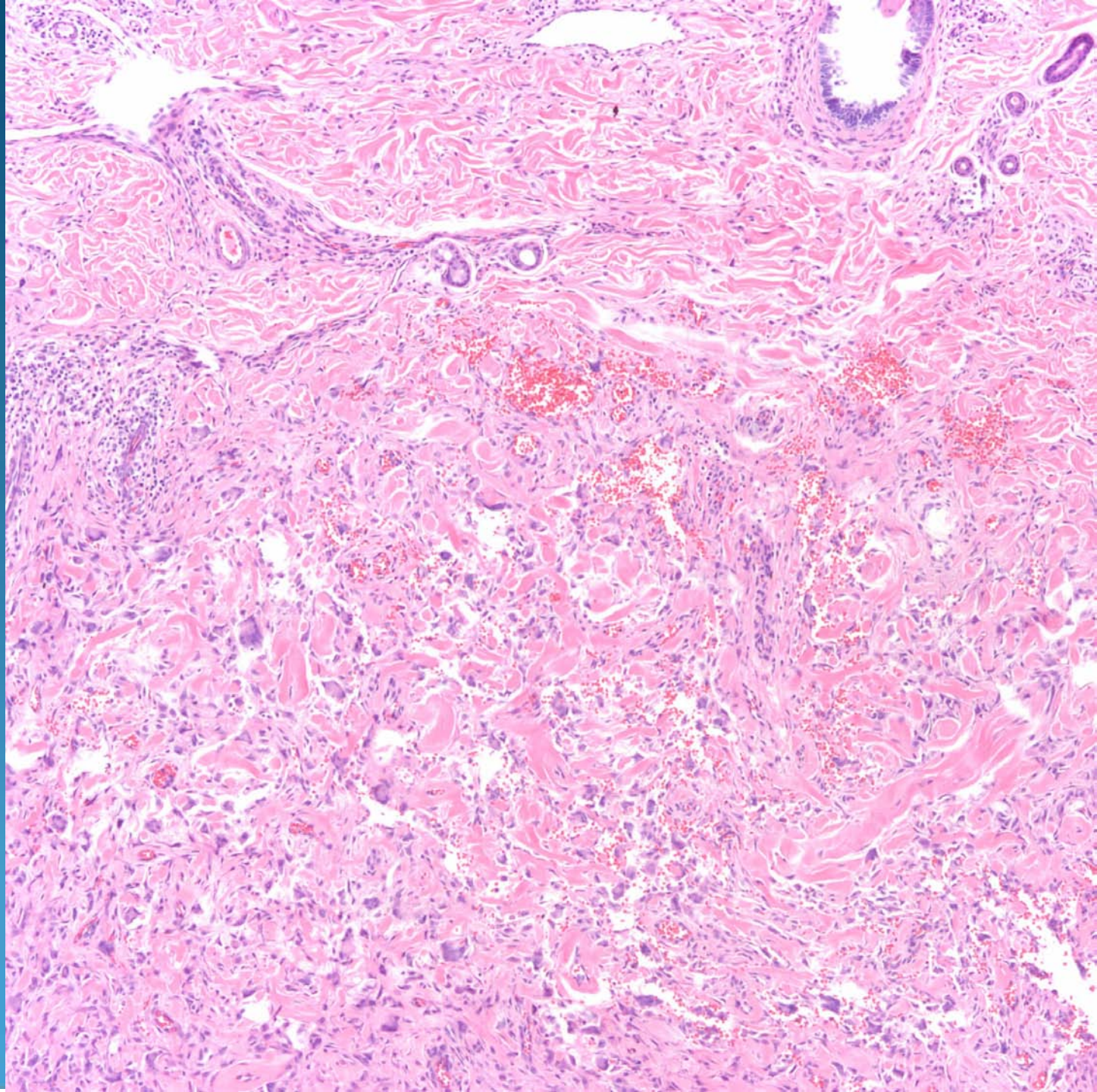


- Circumscribed collection of adipose tissue, spindle cells, and blood vessels.
- Vessels show intravascular thrombi

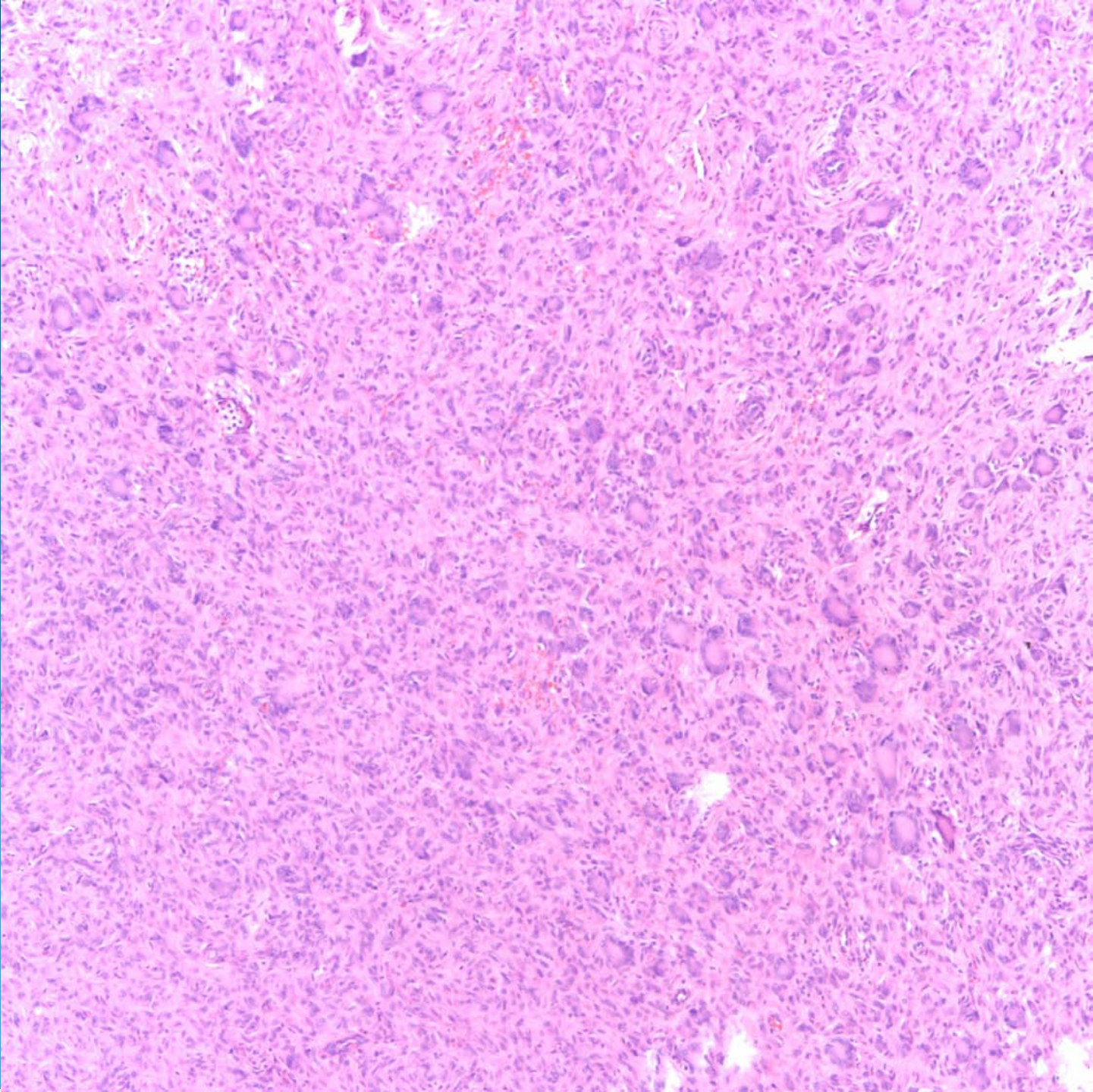




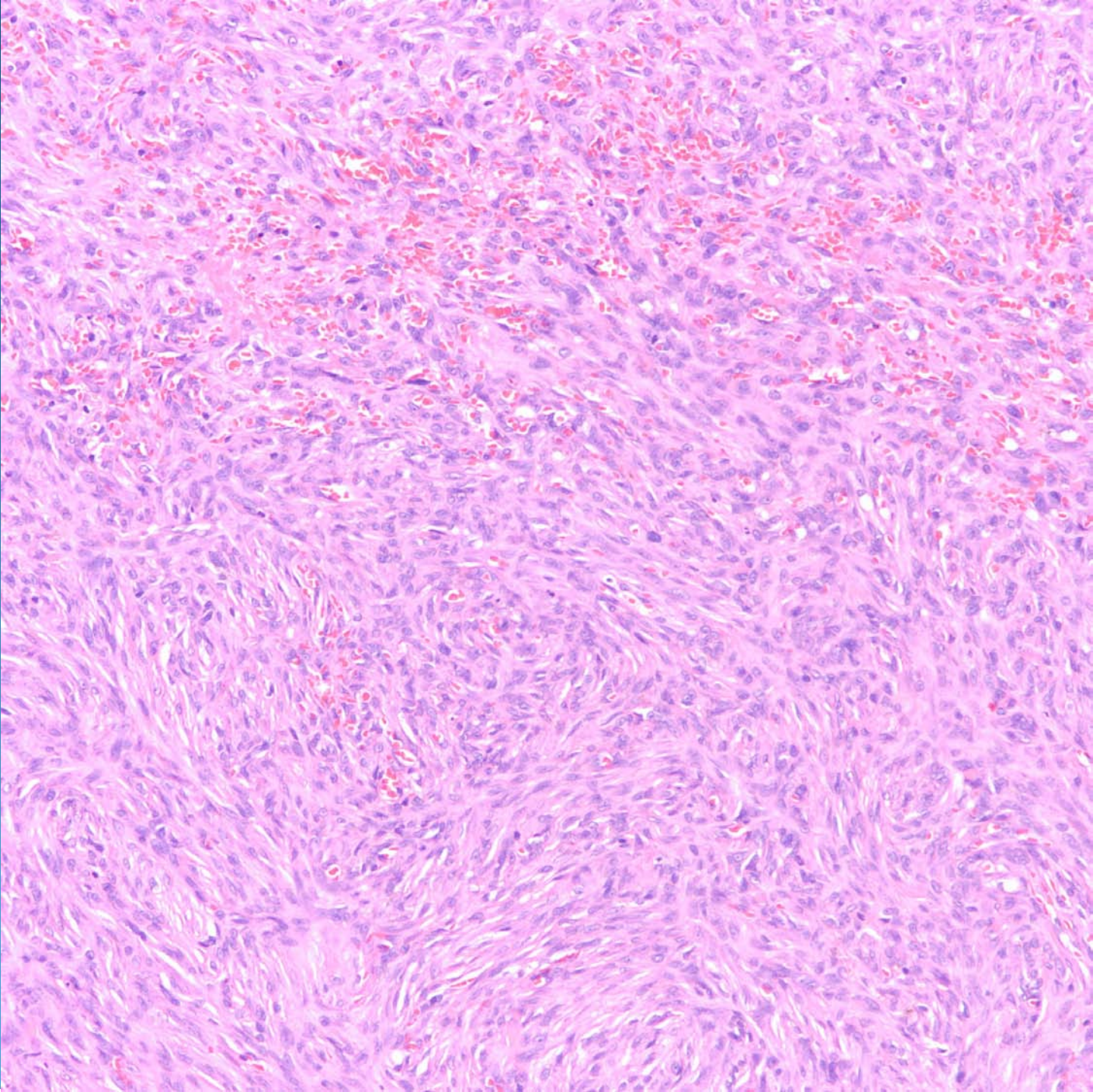




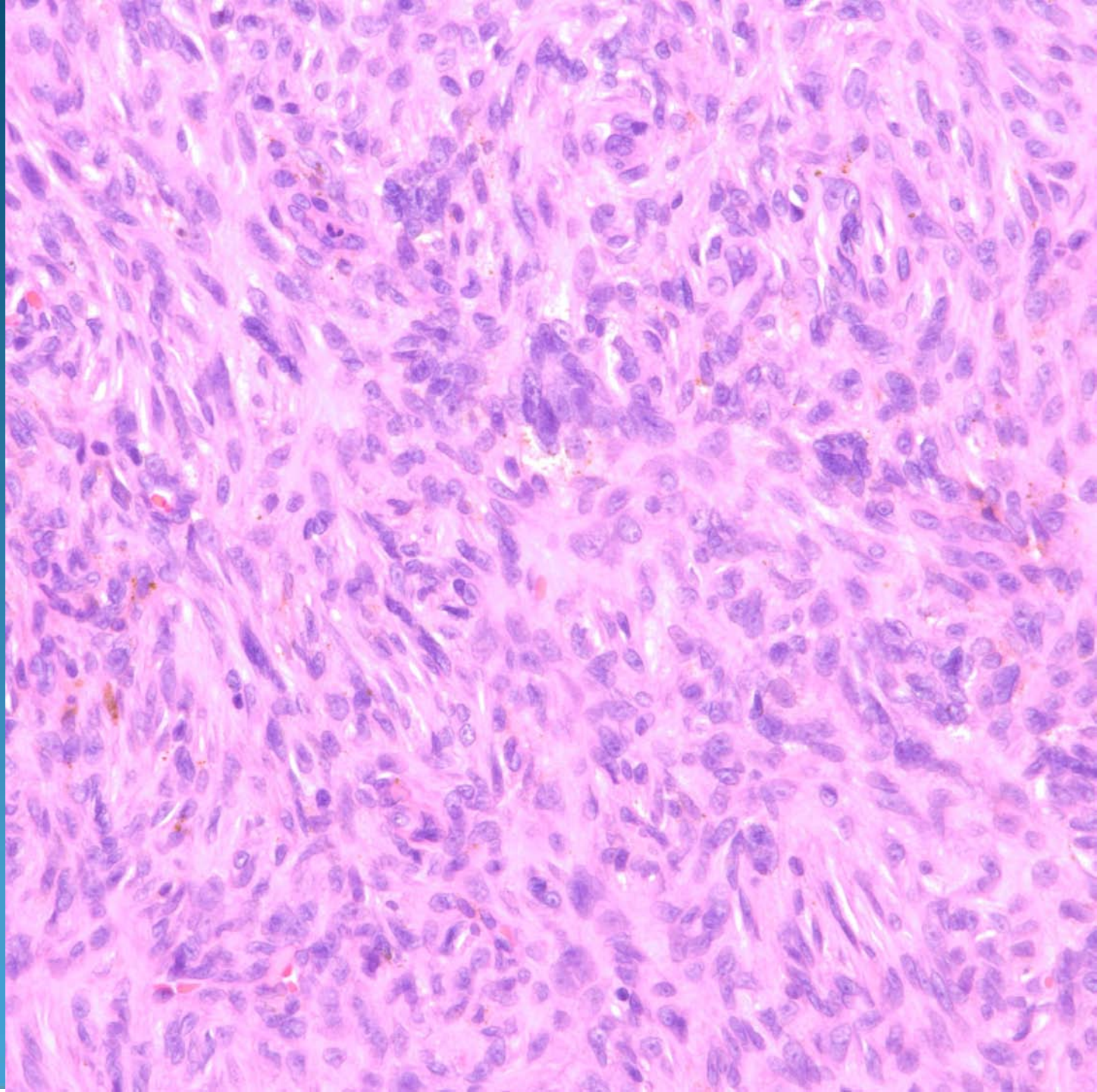








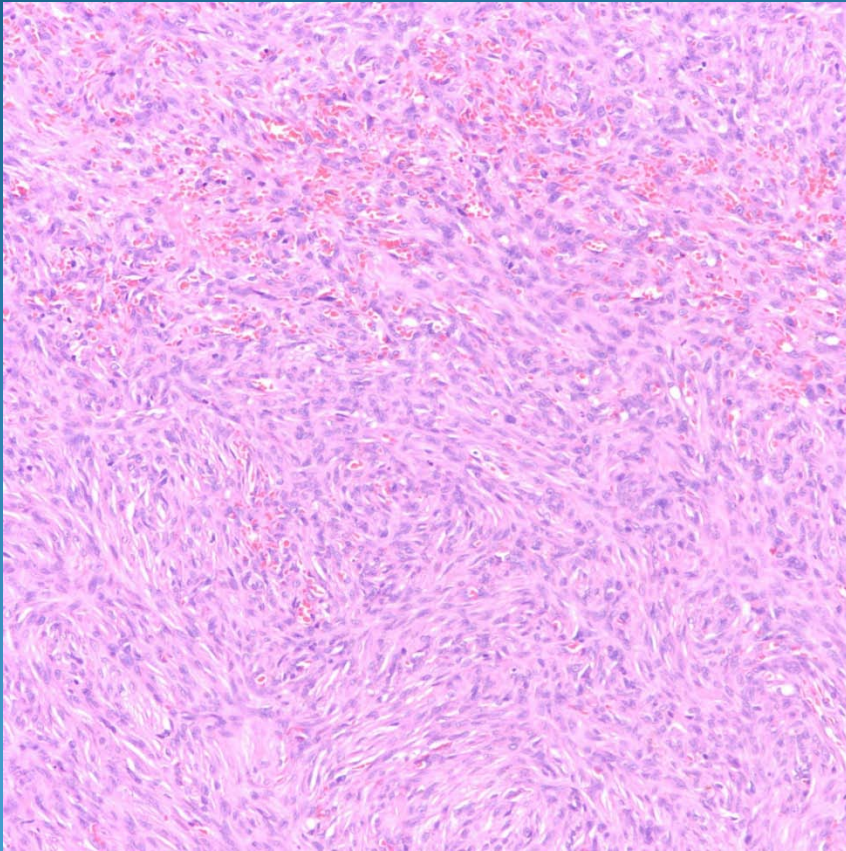






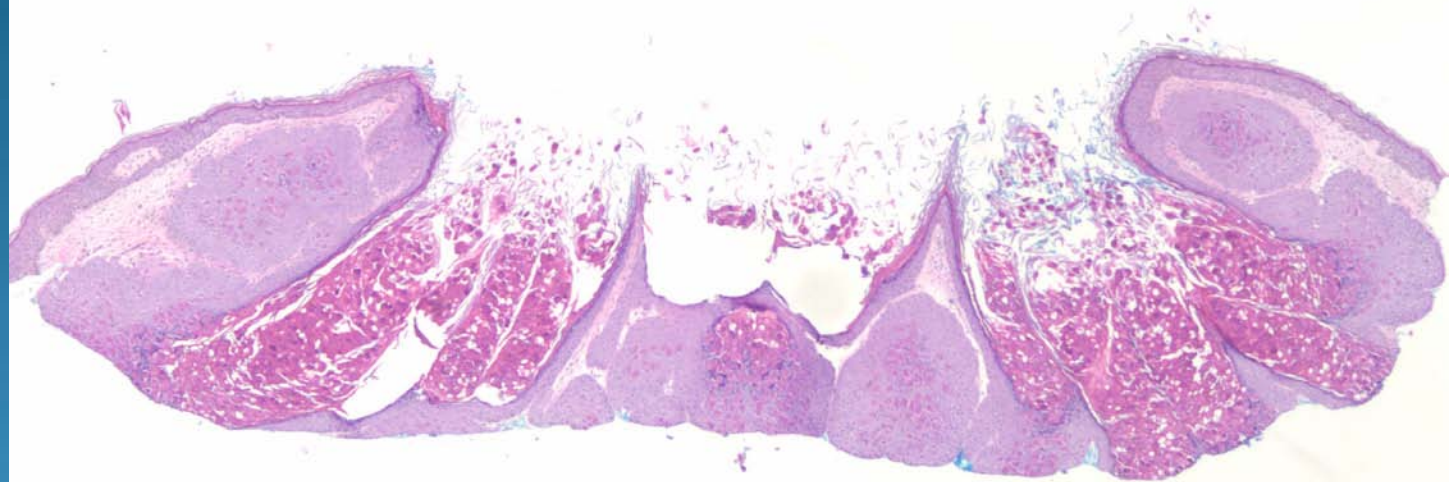
# Dermatofibroma, Cellular

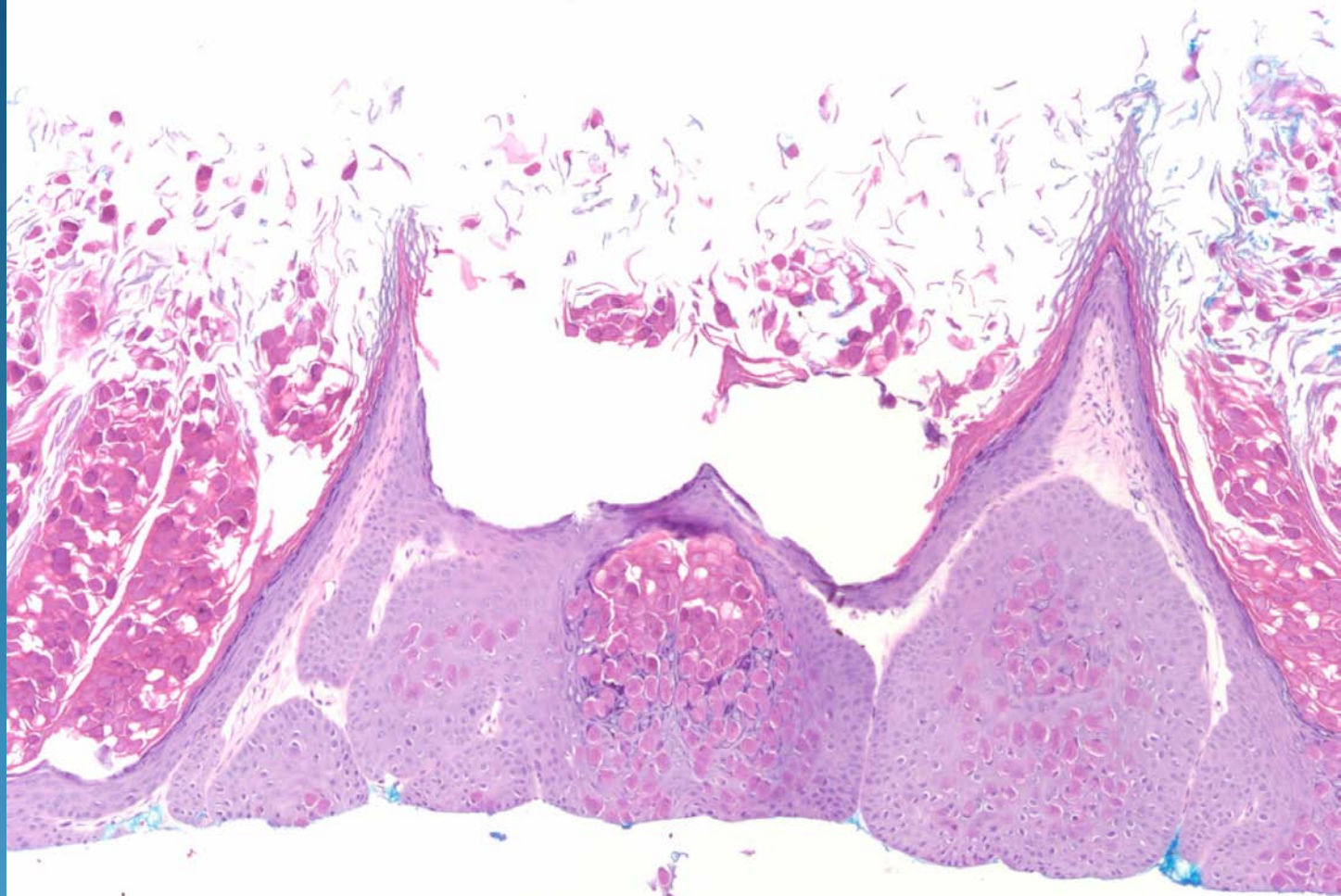
# Pearls



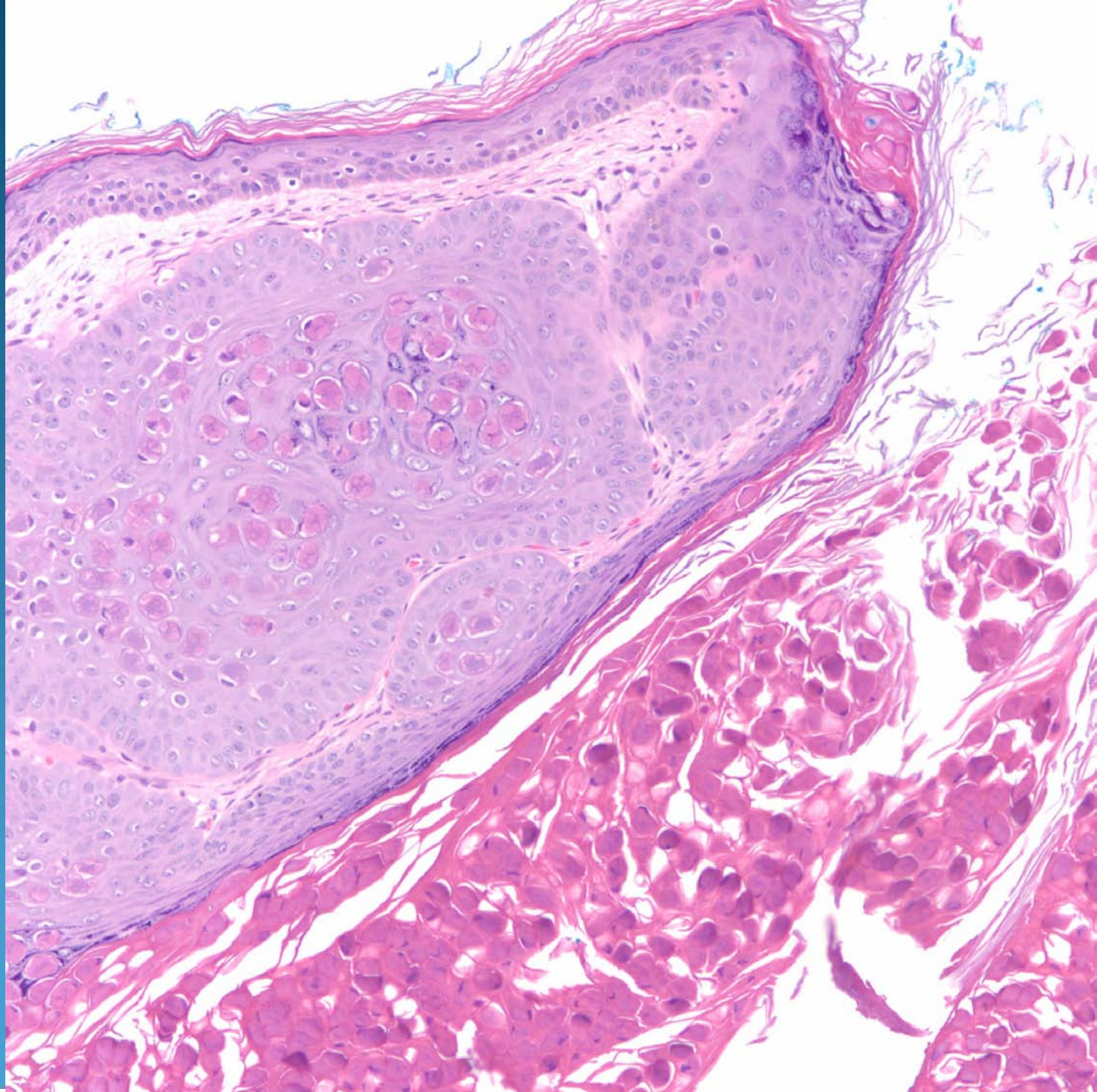
- Resembles conventional DF but increased cellularity
- Look for familiar collagen entrapment and Touton type giant cells
- Cellular areas may approach storiform configuration and have increased MFs-but no atypical MFs



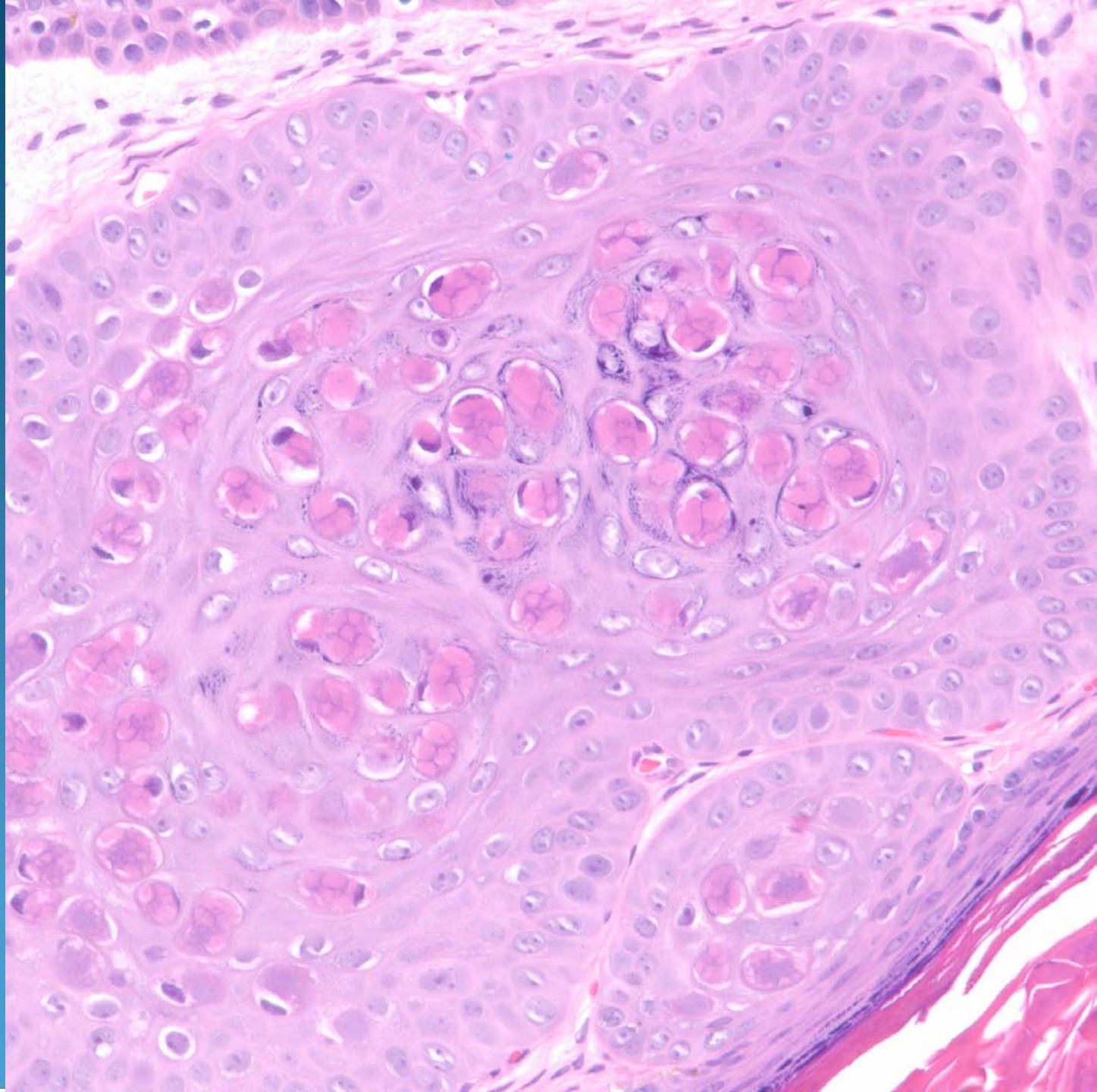




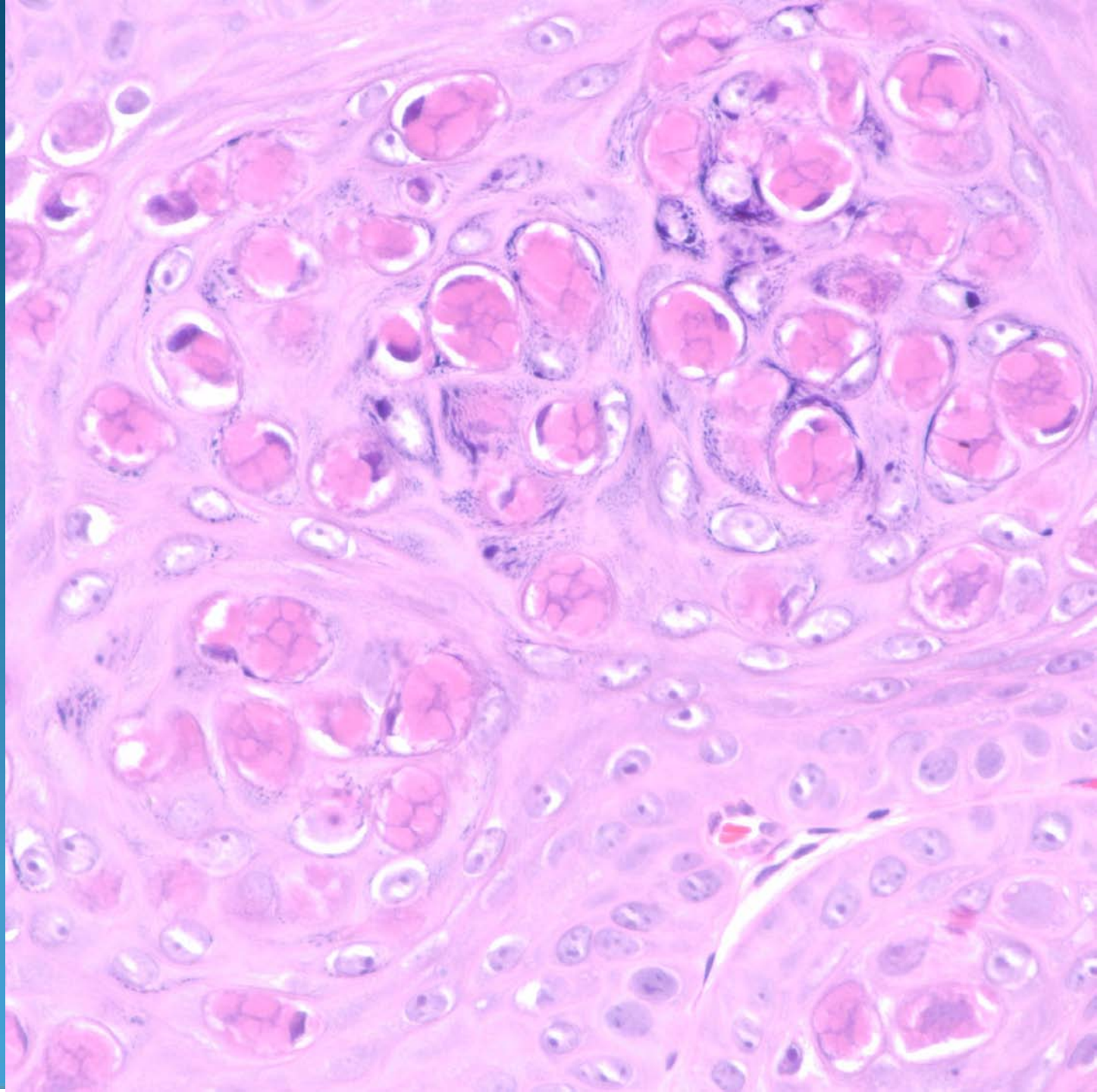








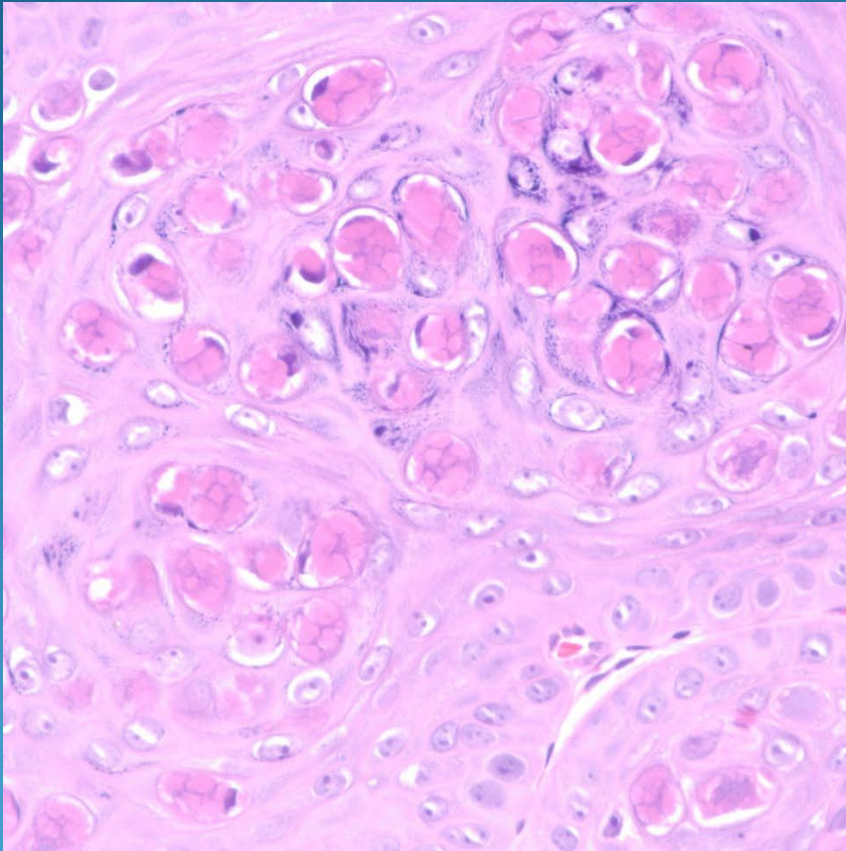




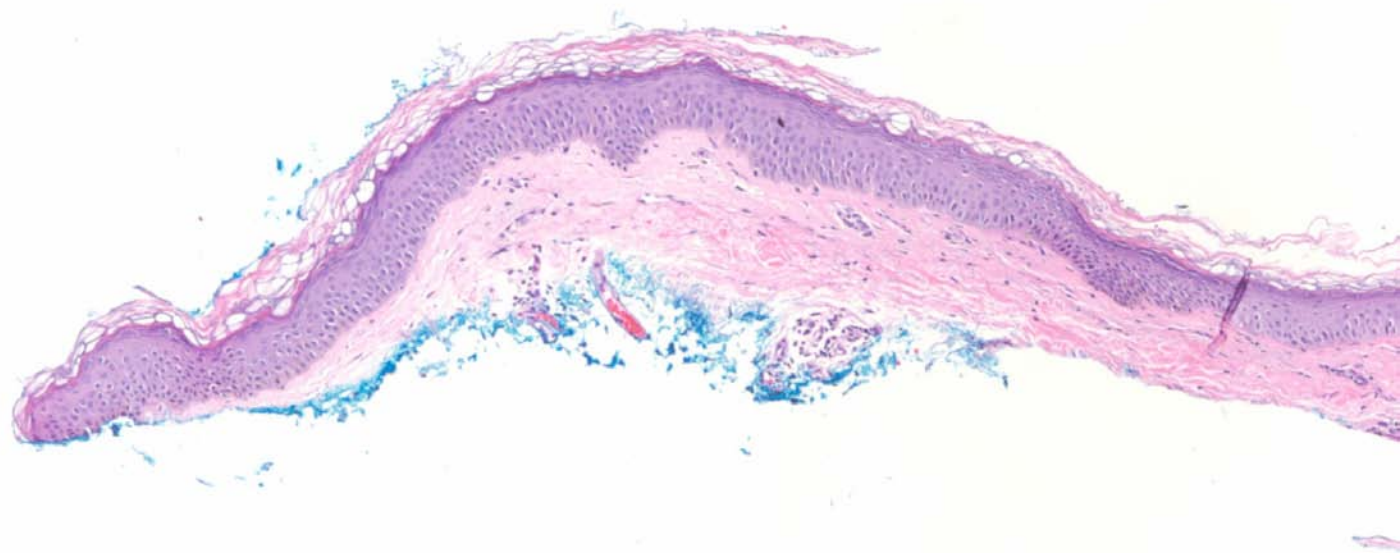
# Molluscum Contagiosum



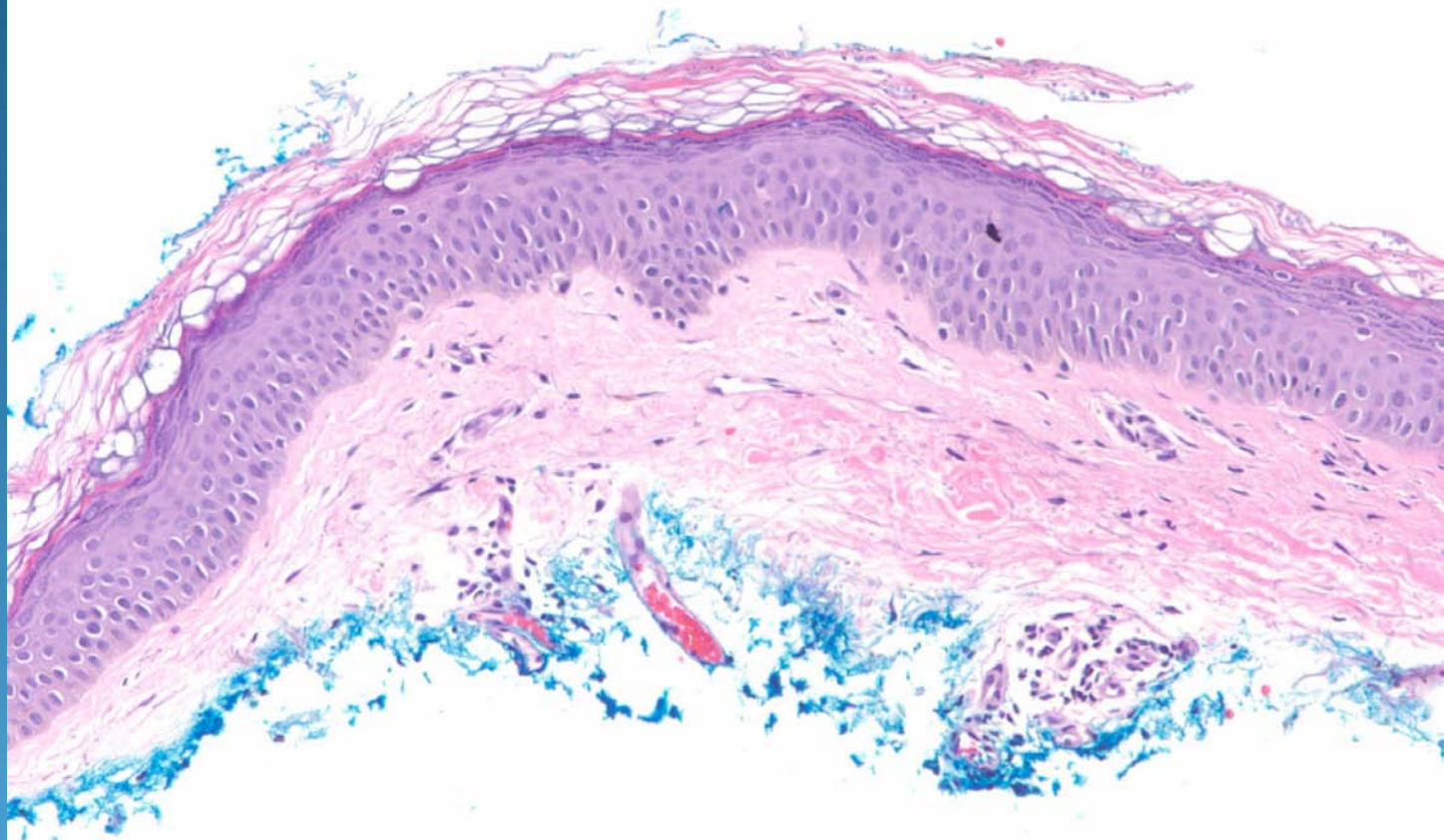
# Pearls

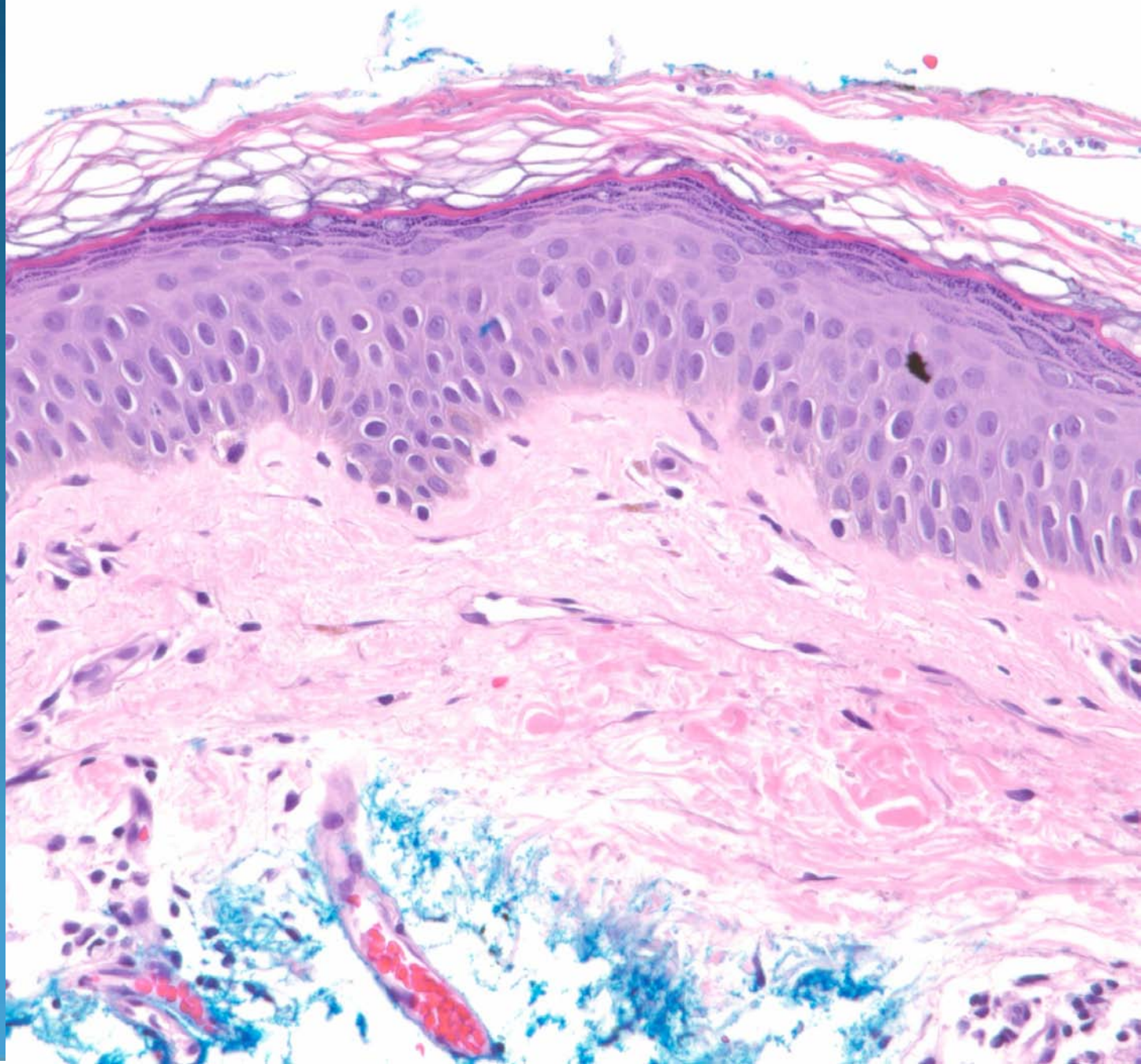


- Verruciform or elevated epidermal changes
- Look for characteristic eosinophilic viral inclusion bodies
- Beware! Some cases may show a ruptured folliculitis or granulomas, obscuring the viral cytopathic changes

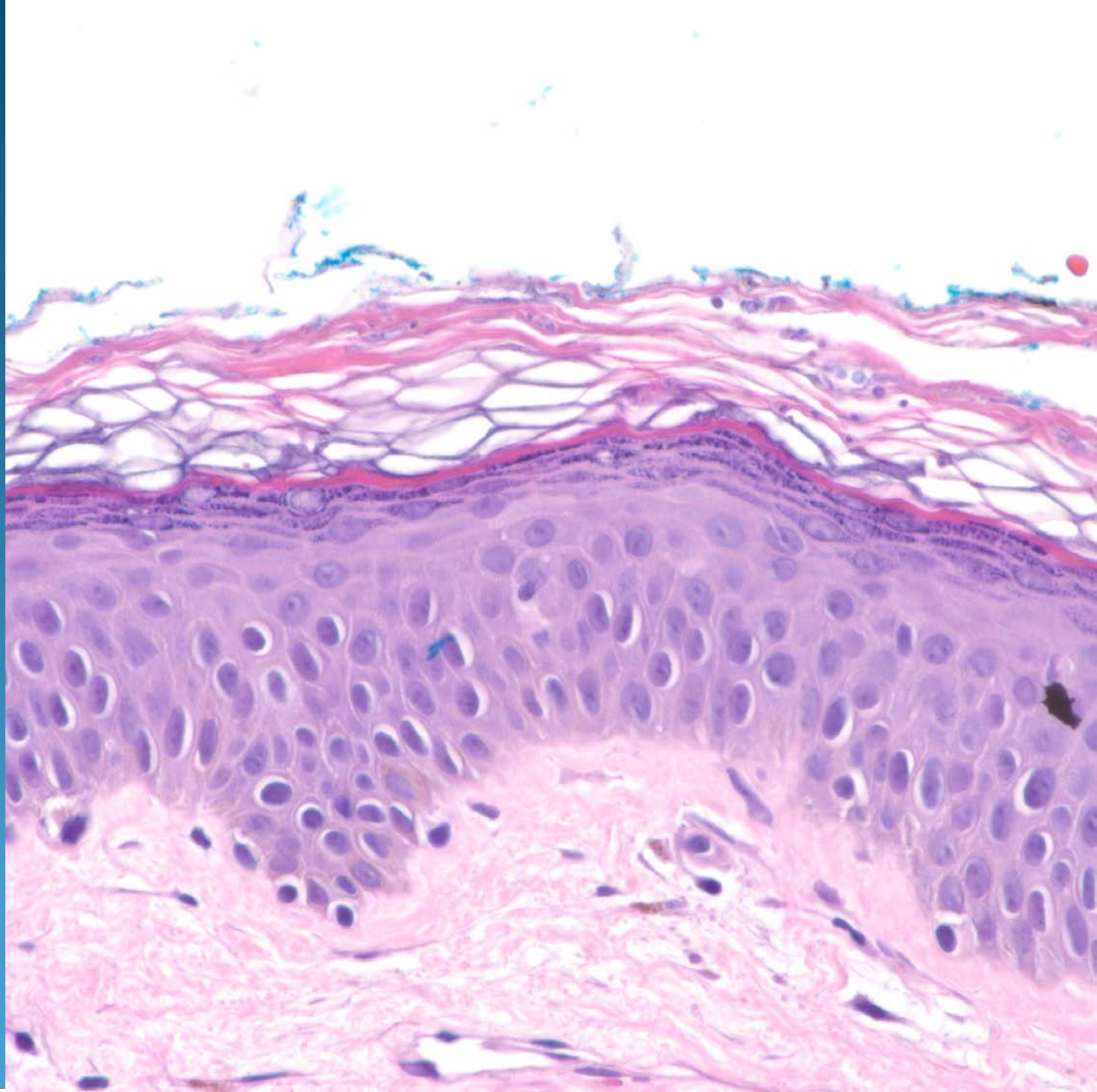








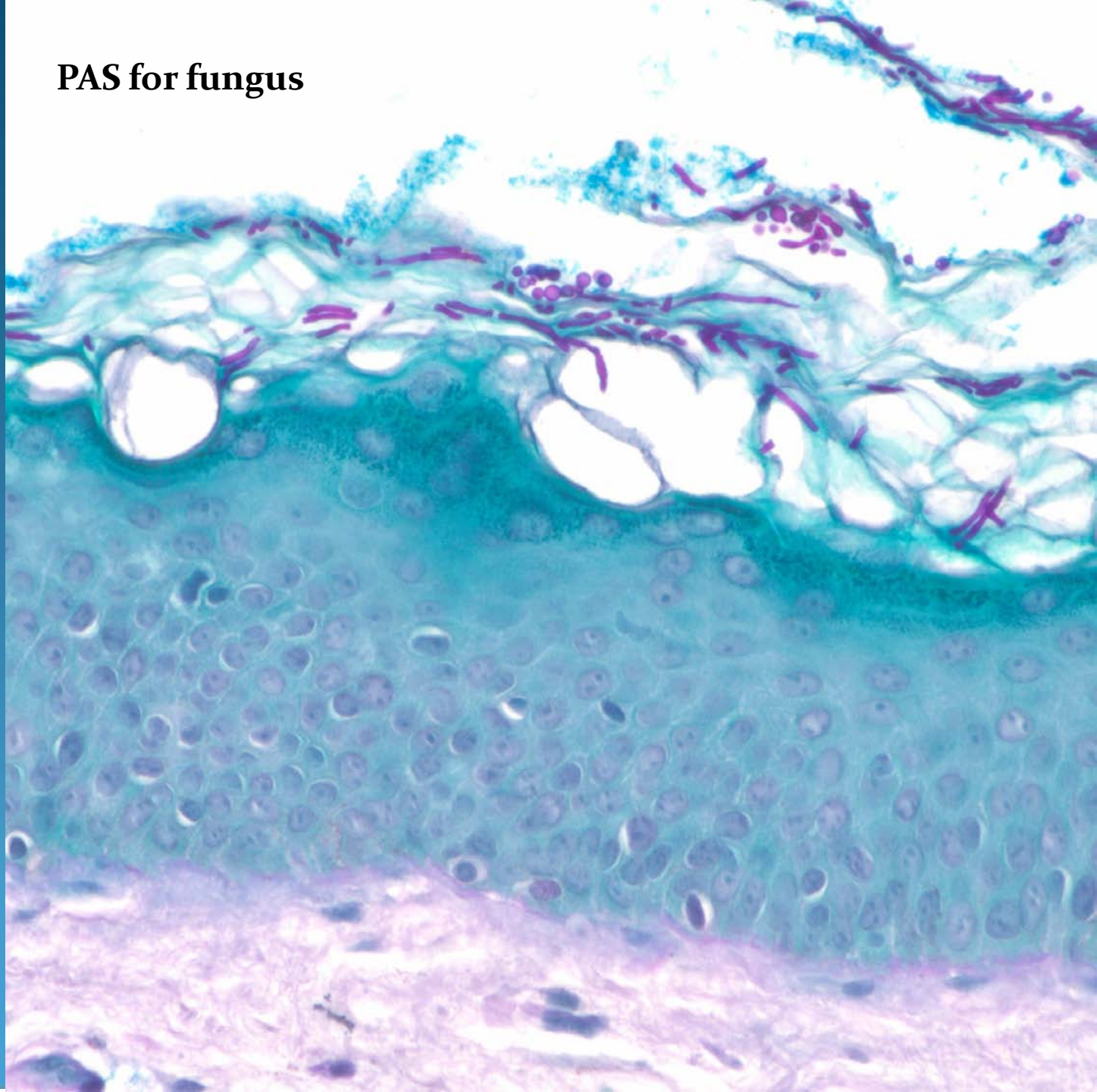




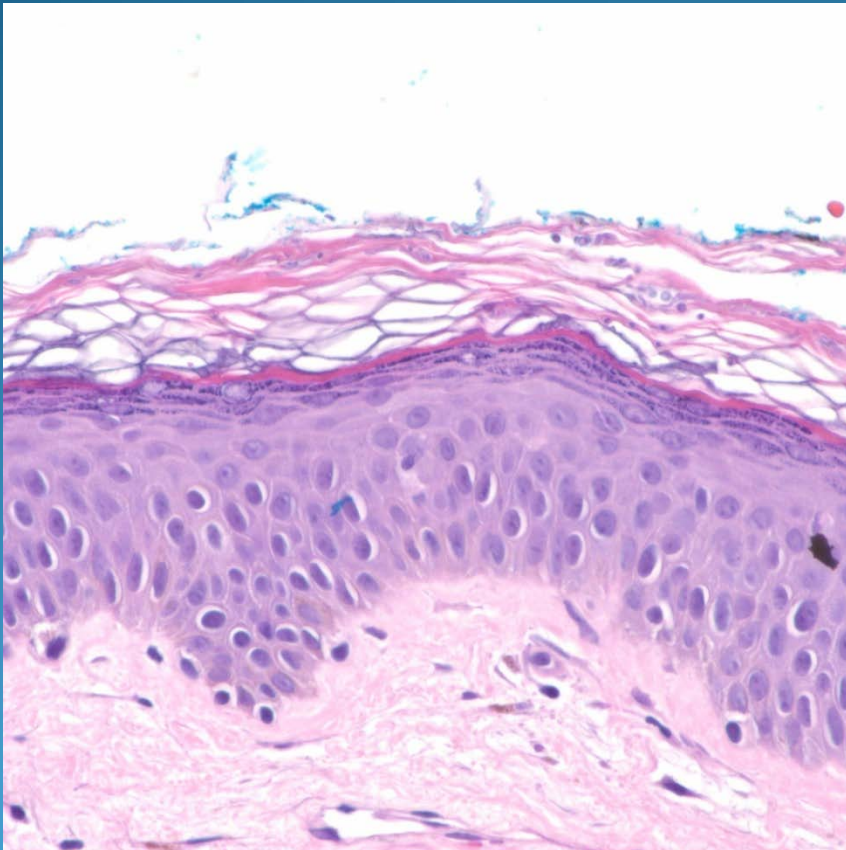
Tinea versicolor



## PAS for fungus

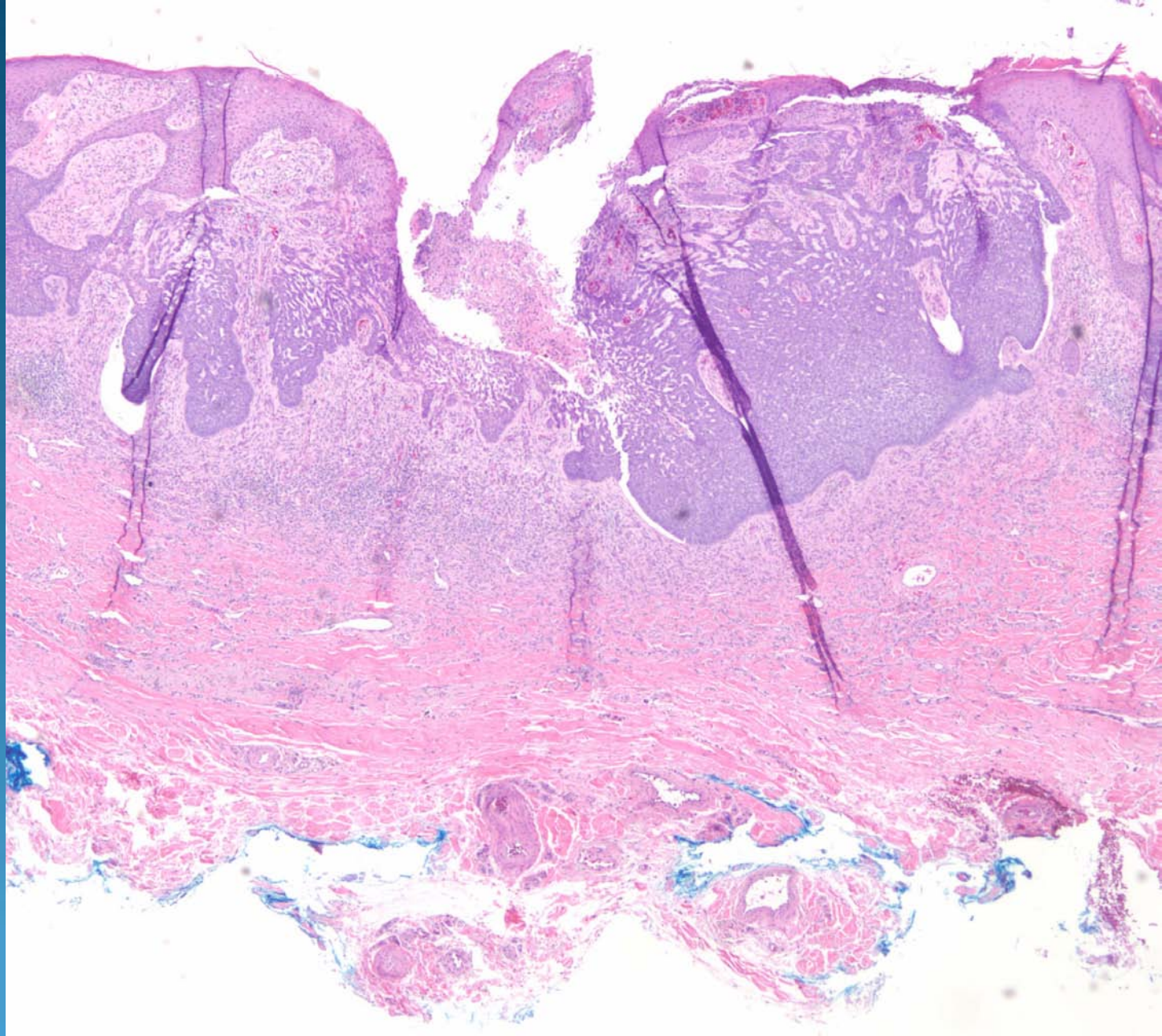


# Pearls

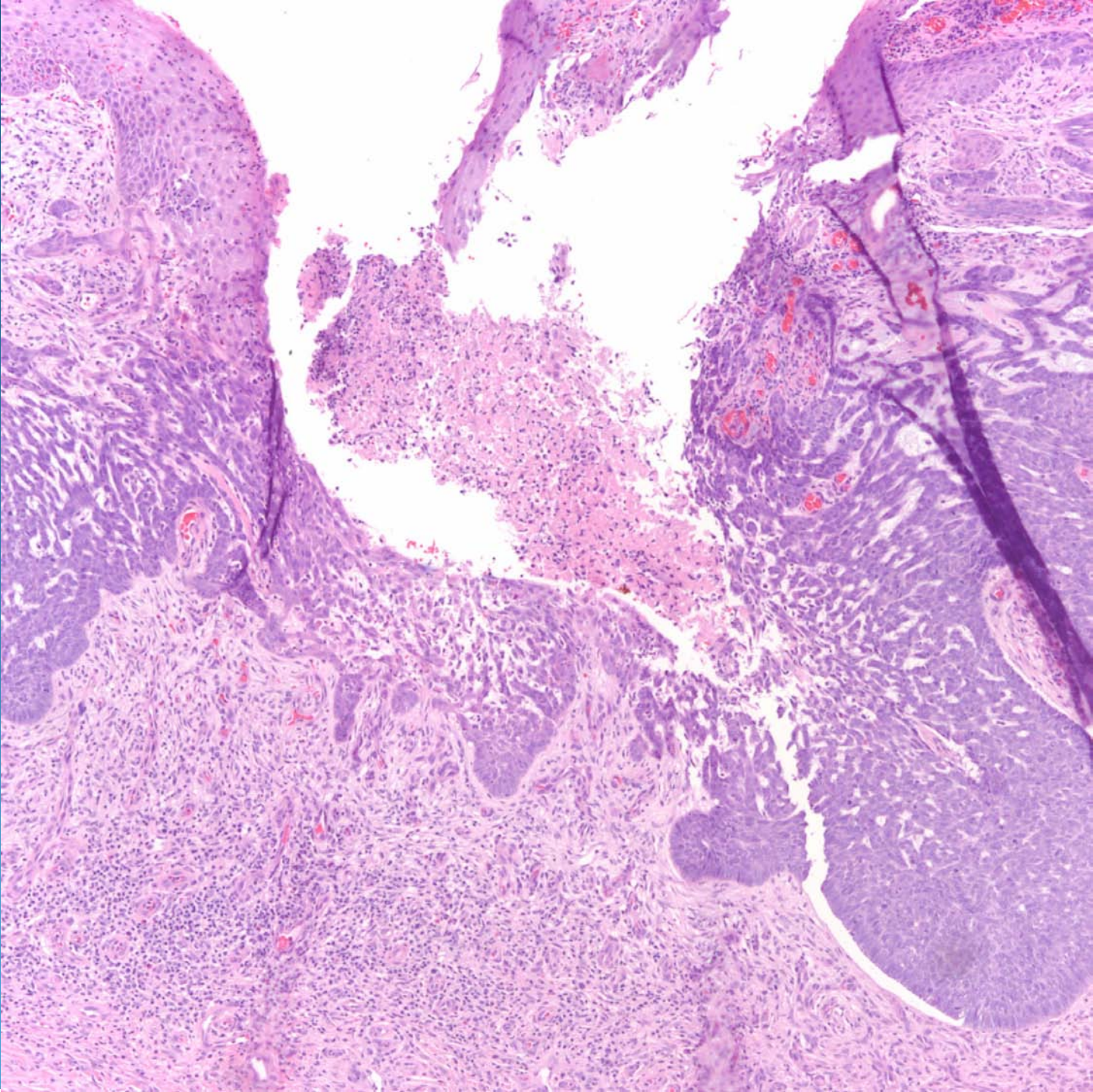


- Invisible dermatosis-may show minimal structural or inflammatory changes
- Look in stratum corneum for “spaghetti and meatballs” of fungus
- Confirm with PAS-fungus or GMS stains

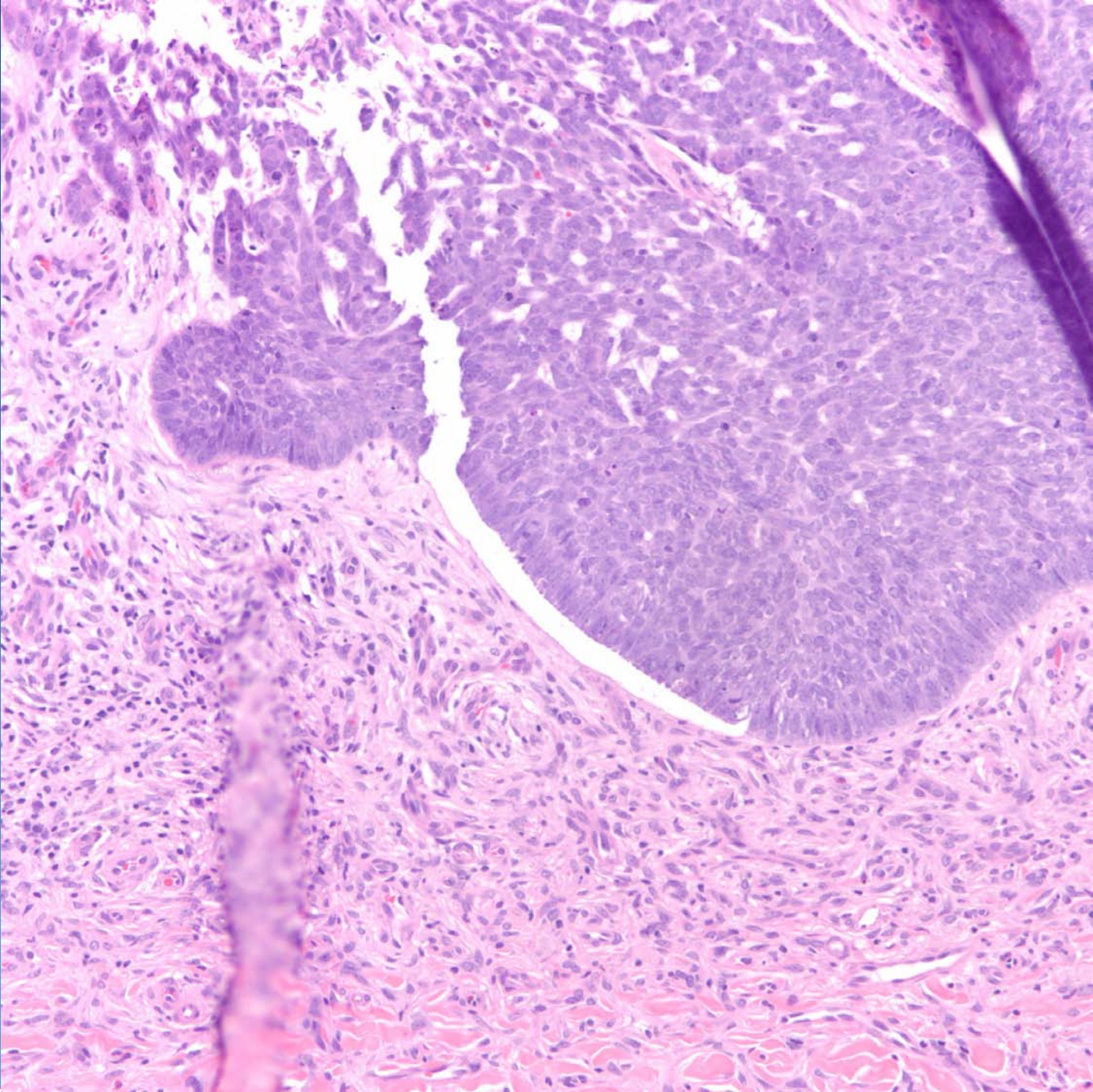




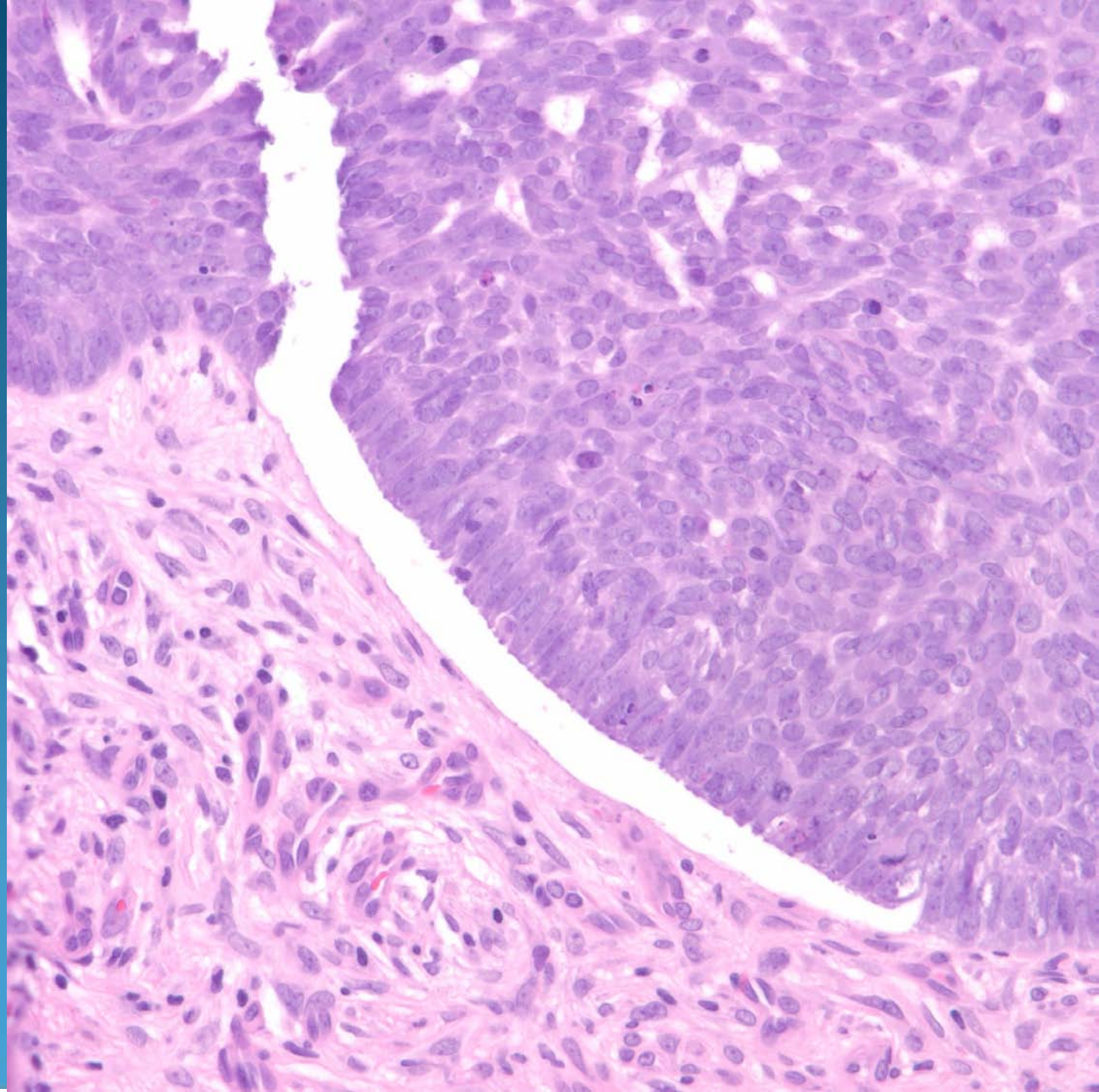




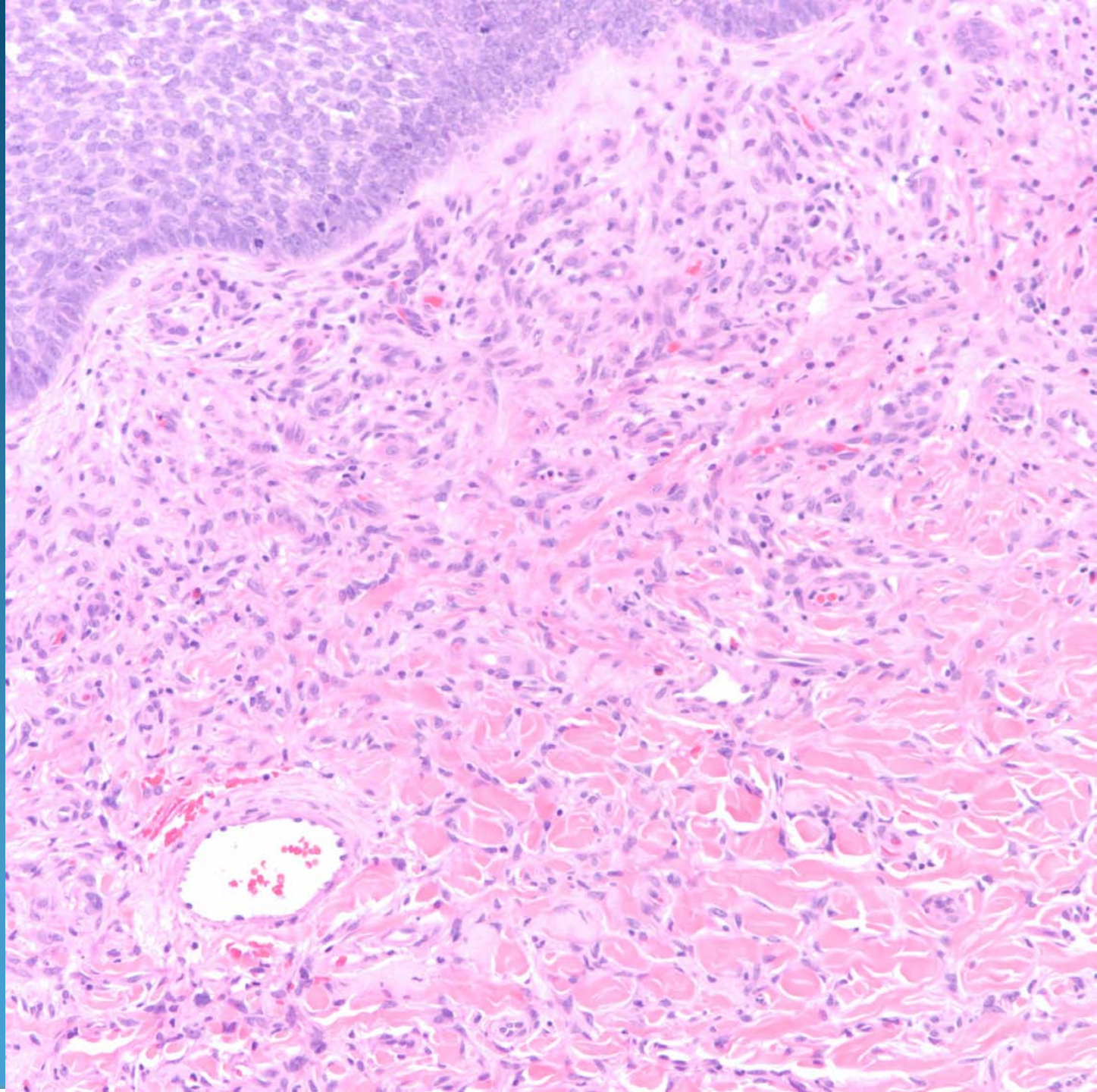




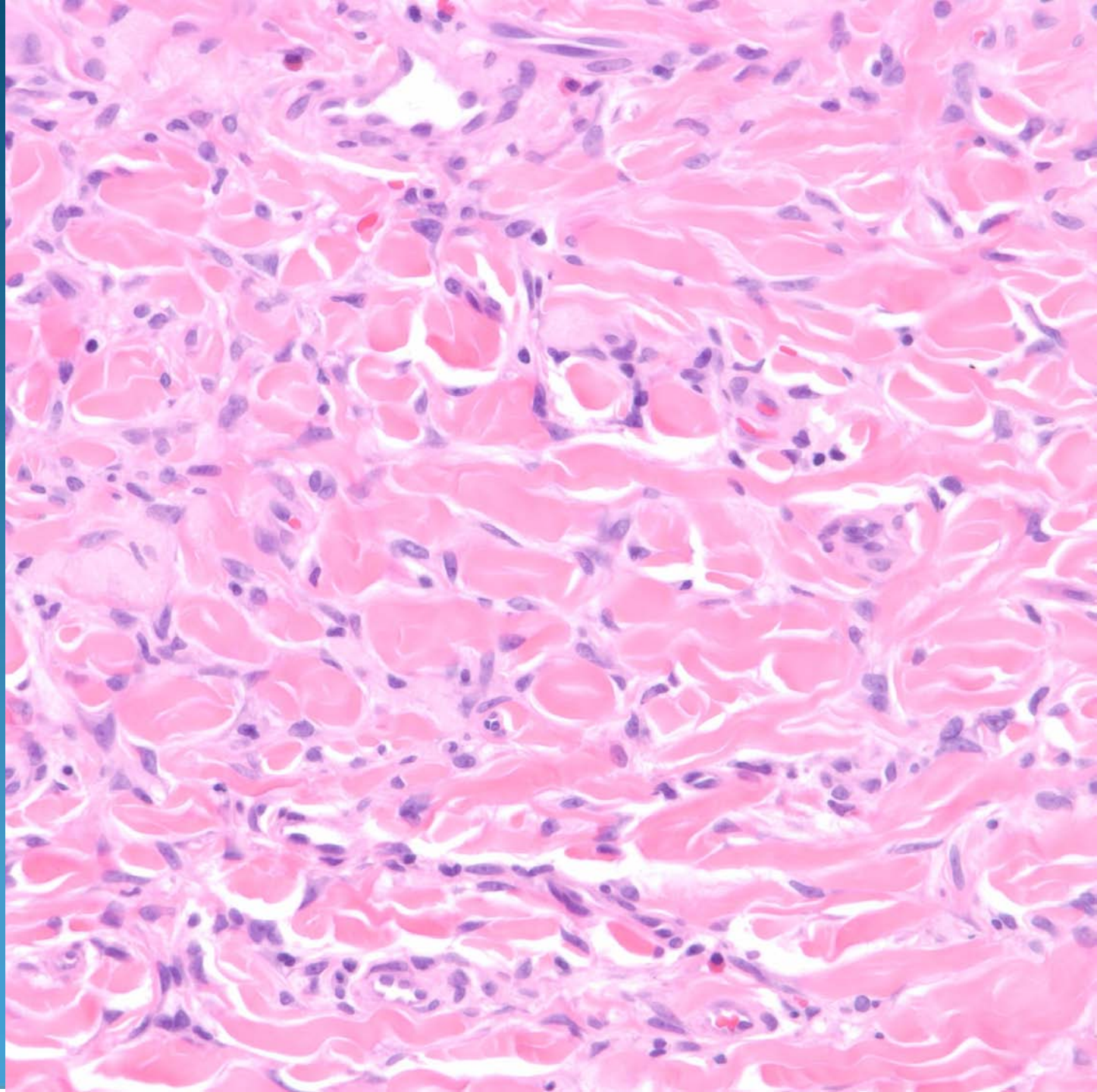




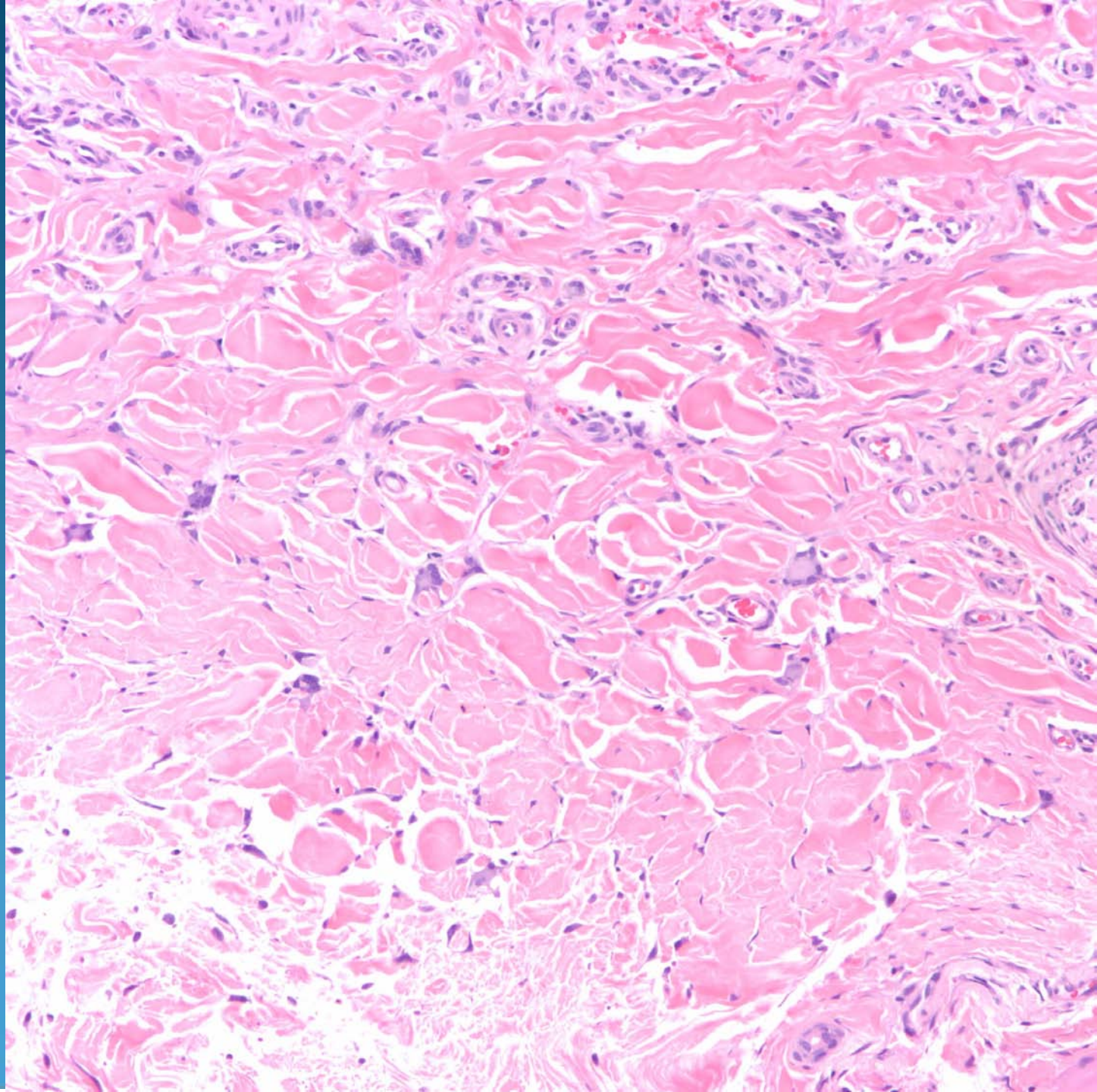




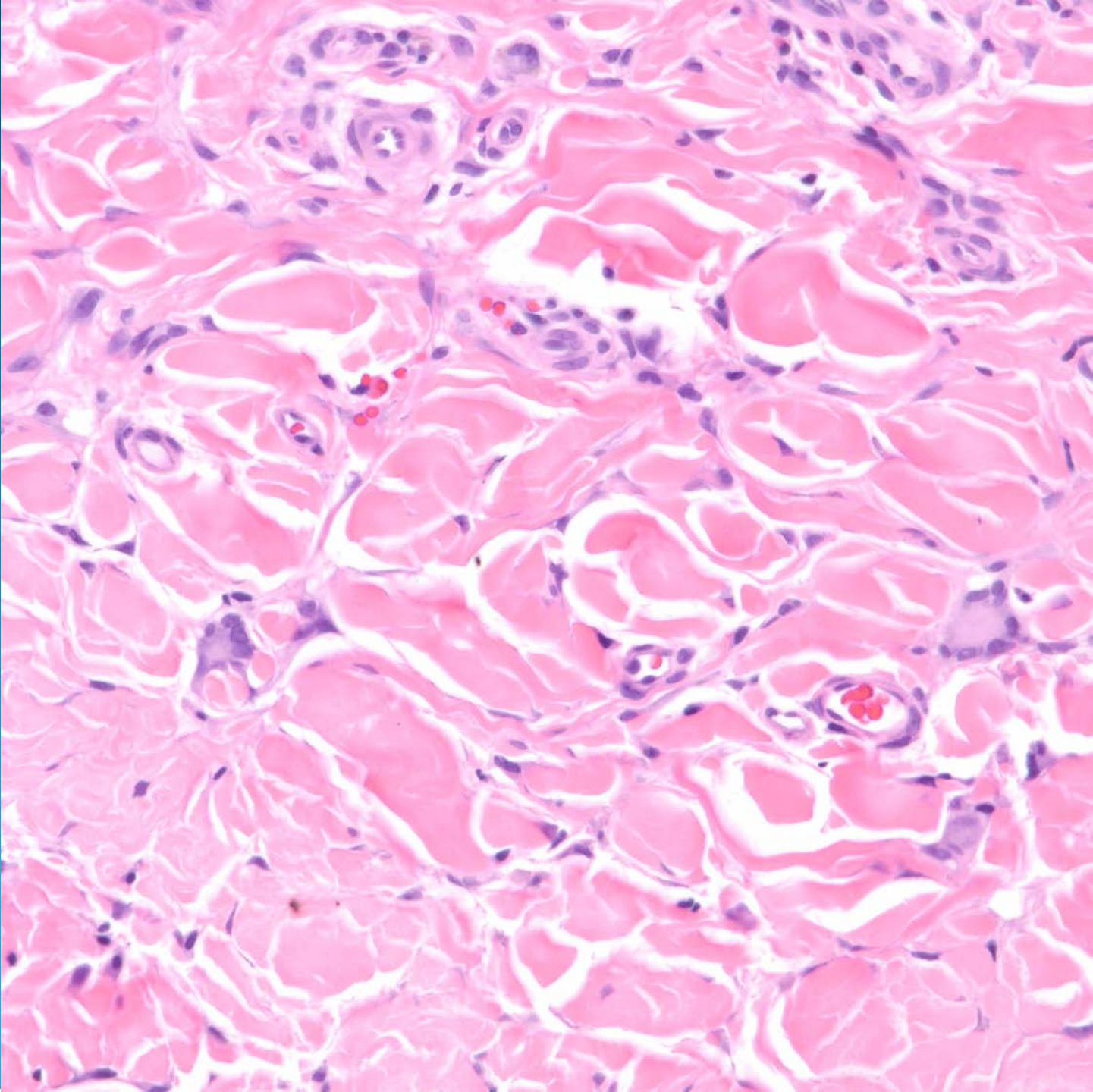




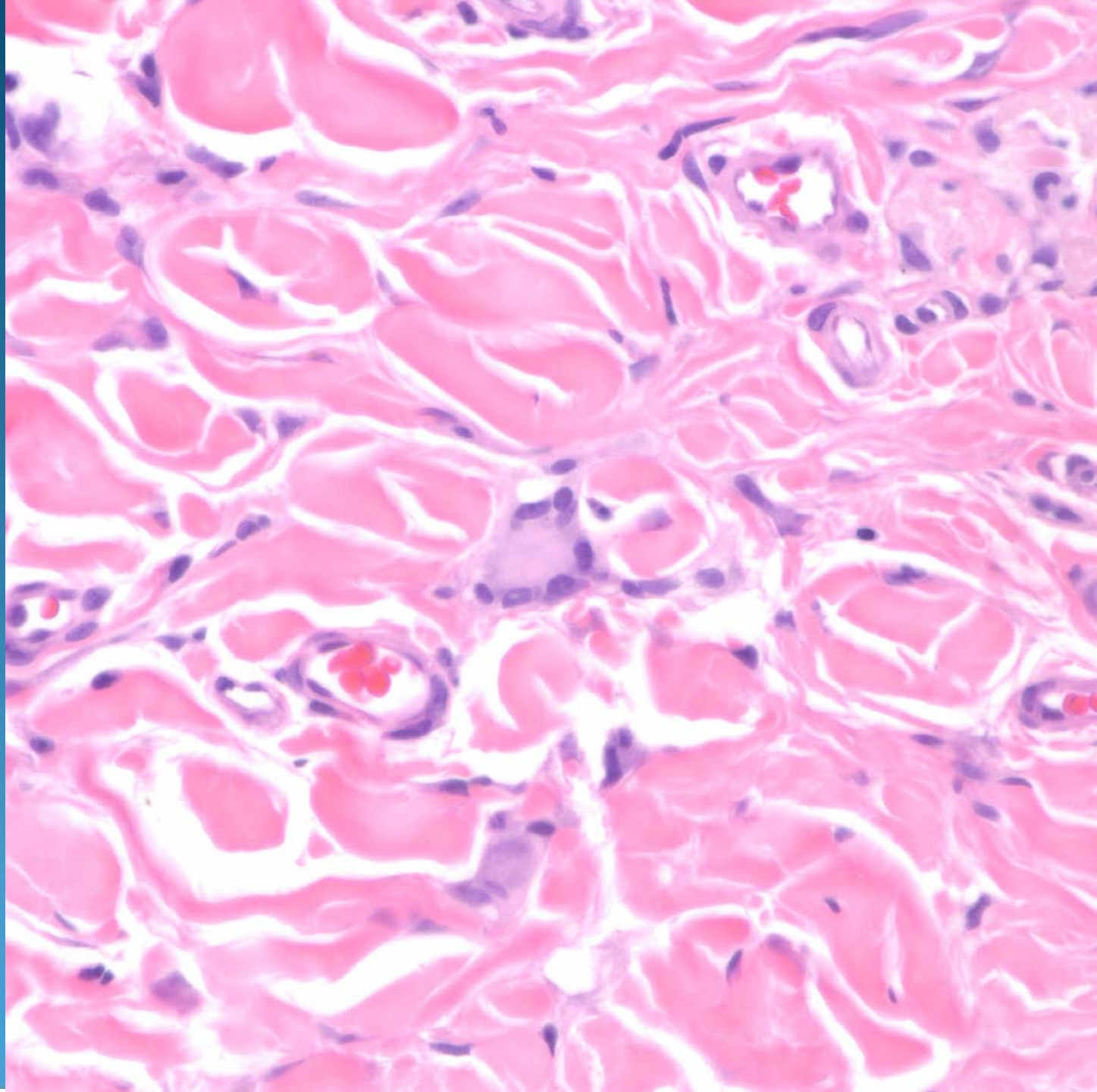








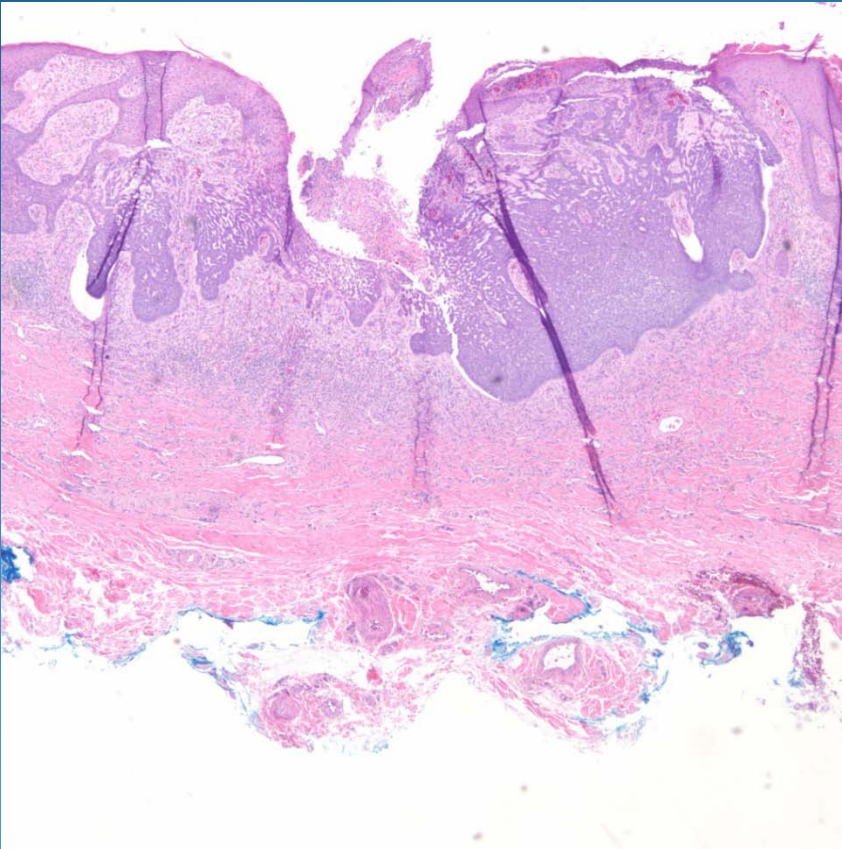




Dermatofibroma arising with true  
basal cell carcinoma



# Pearls



- Very rare event and must be distinguished from usual basaloid follicular induction that occurs with DF
- Look for marked architectural irregularity of basal cell with minimal to absent follicular differentiation