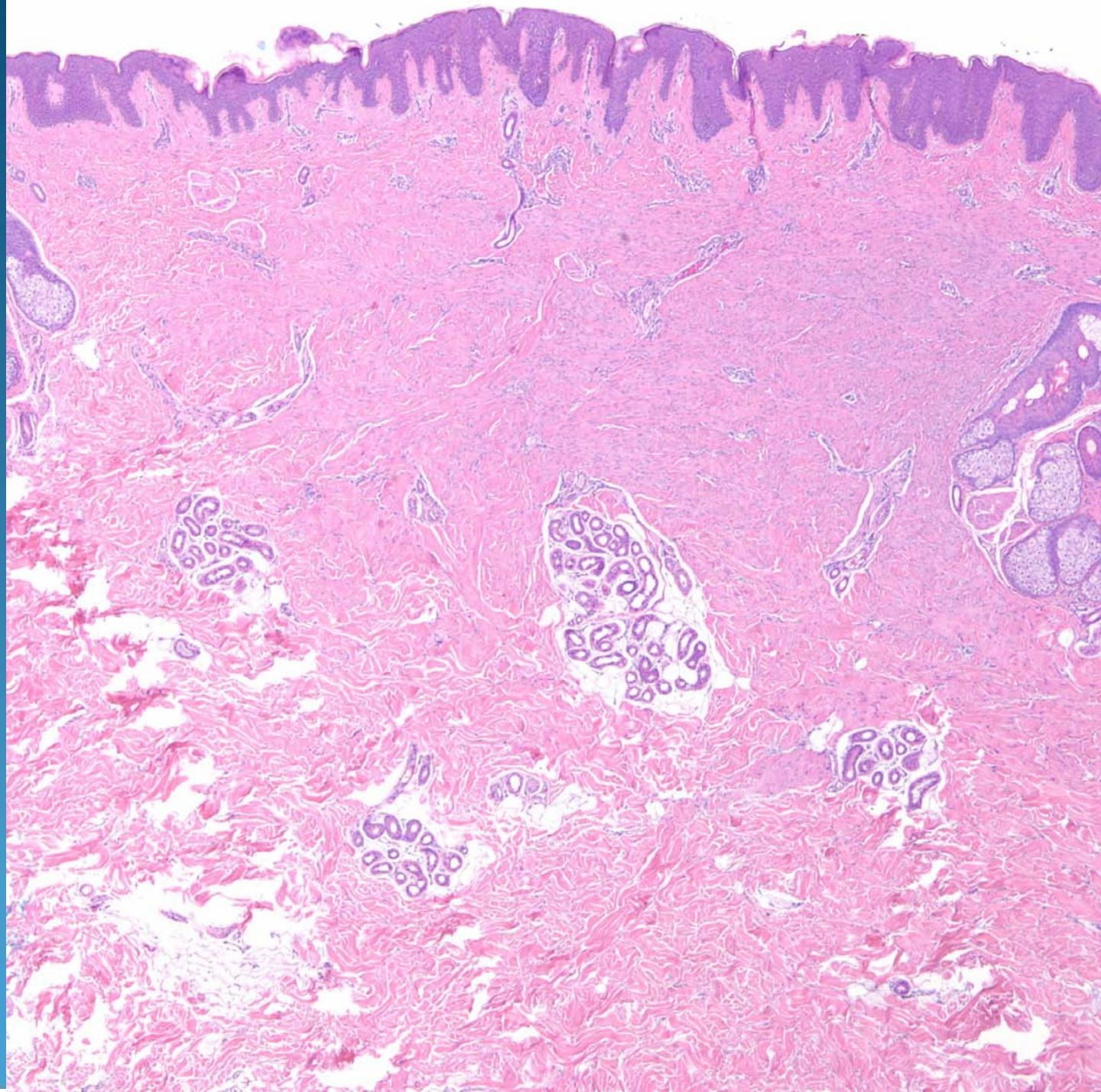
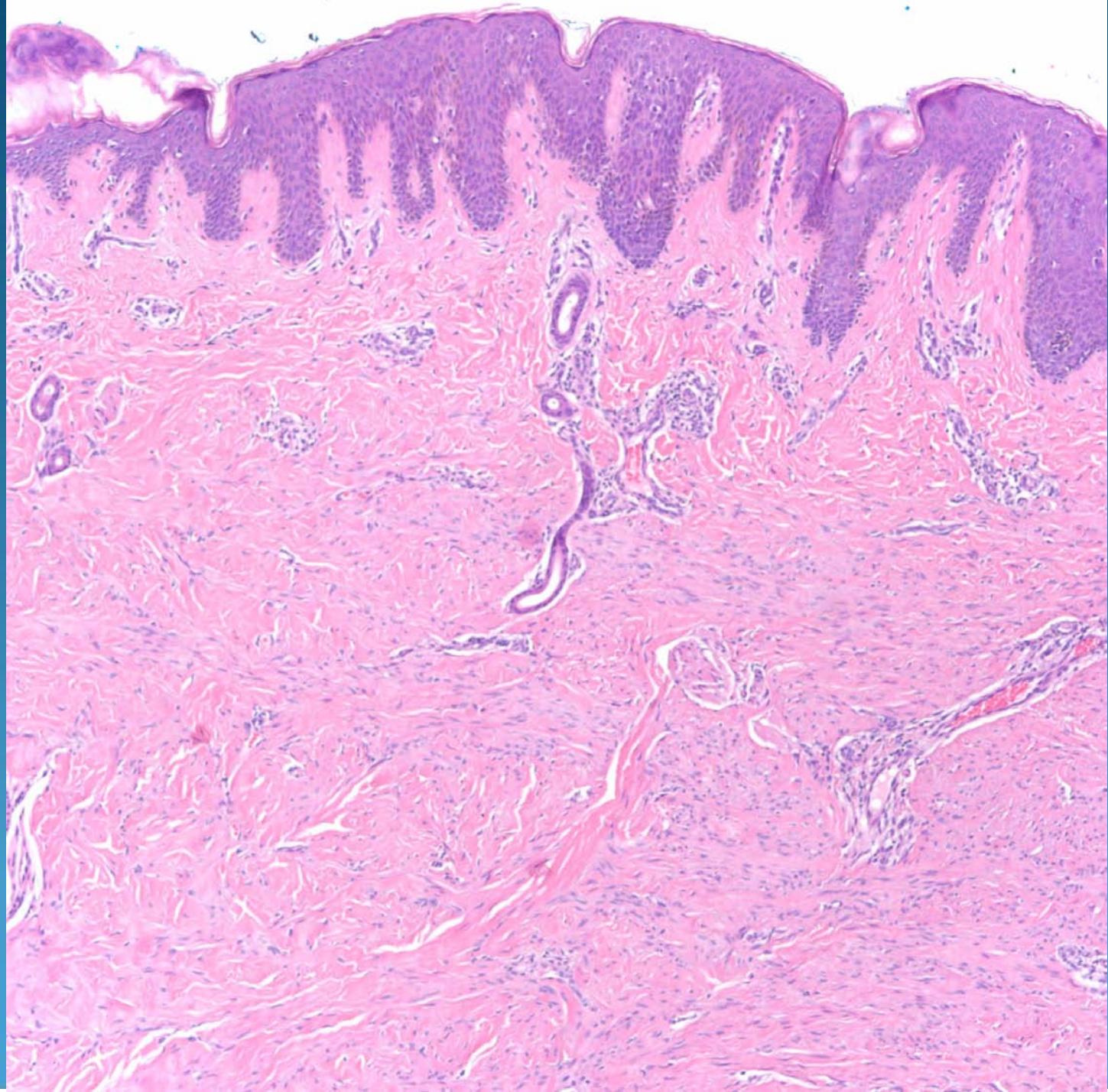
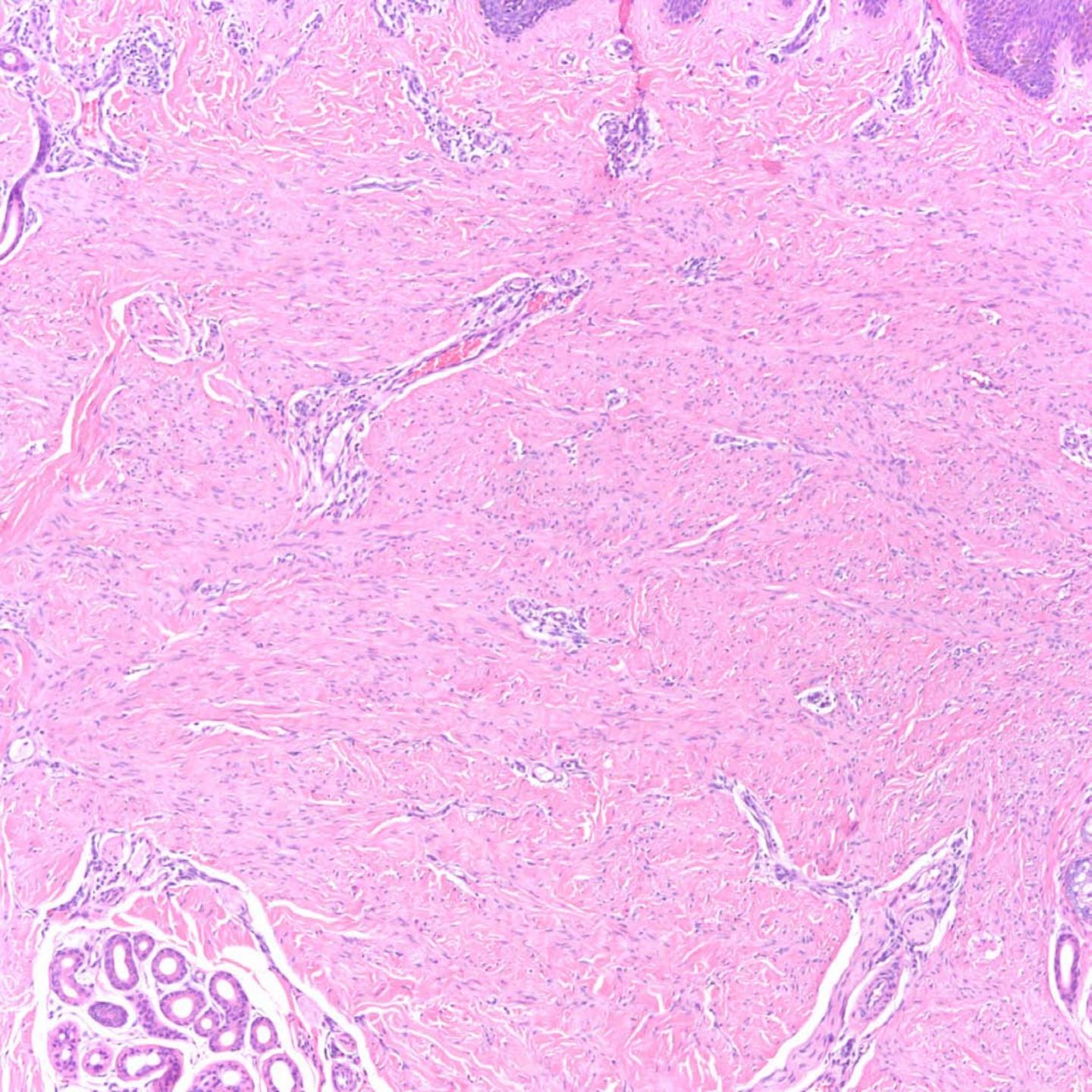


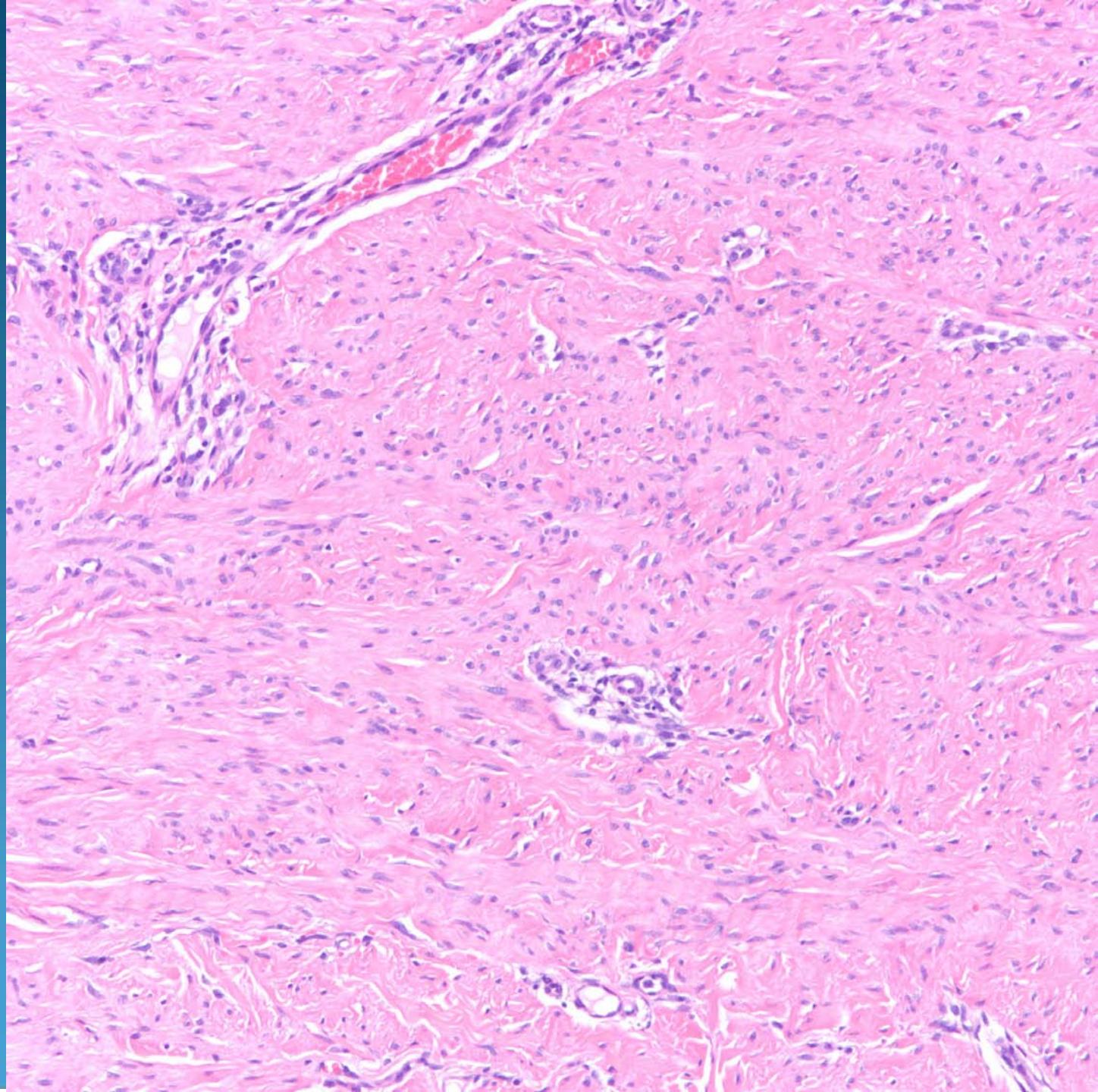
# Dermatopathology Slide Review Part 60

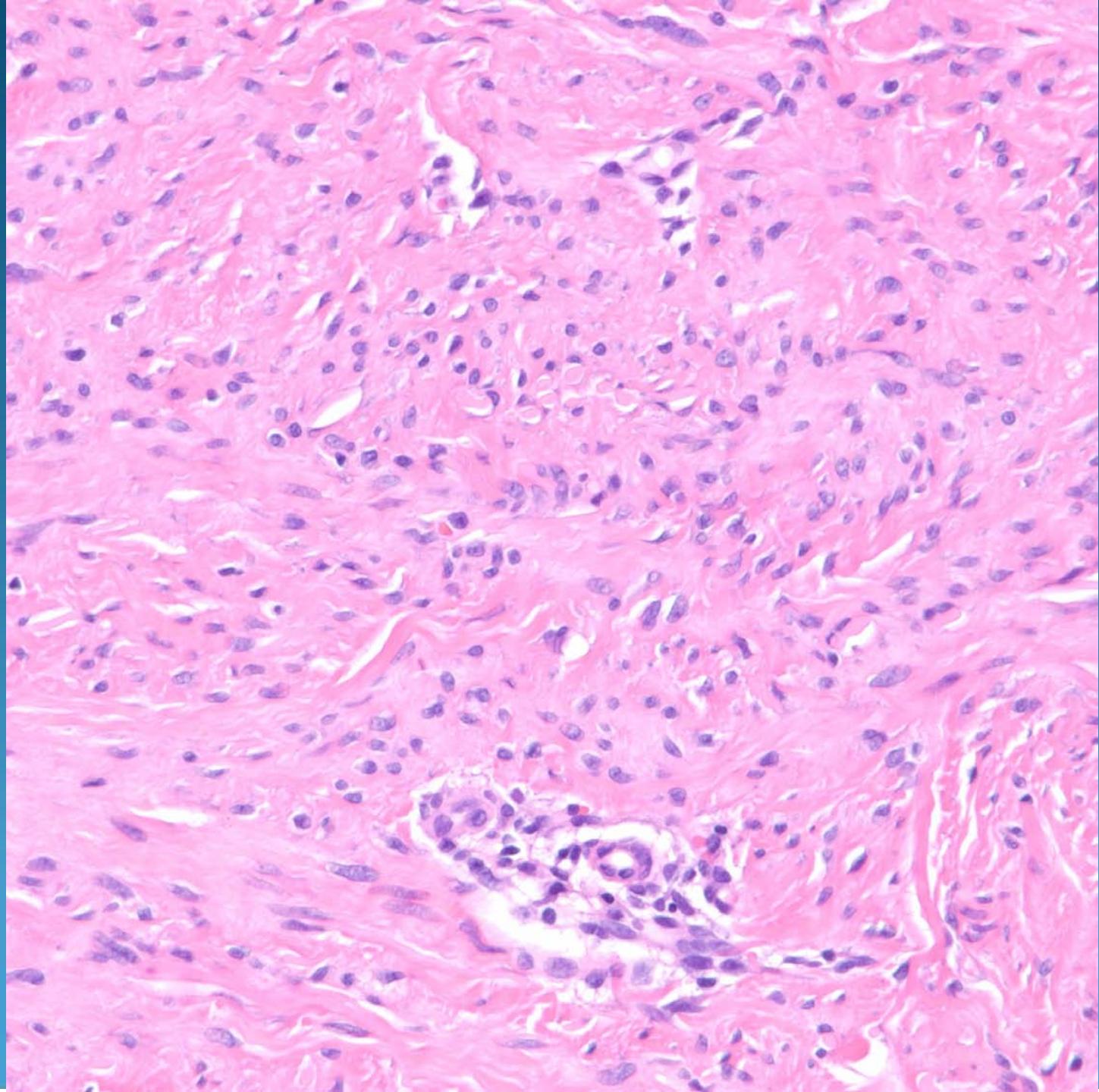
Paul K. Shitabata, M.D.  
Dermatopathology Institute





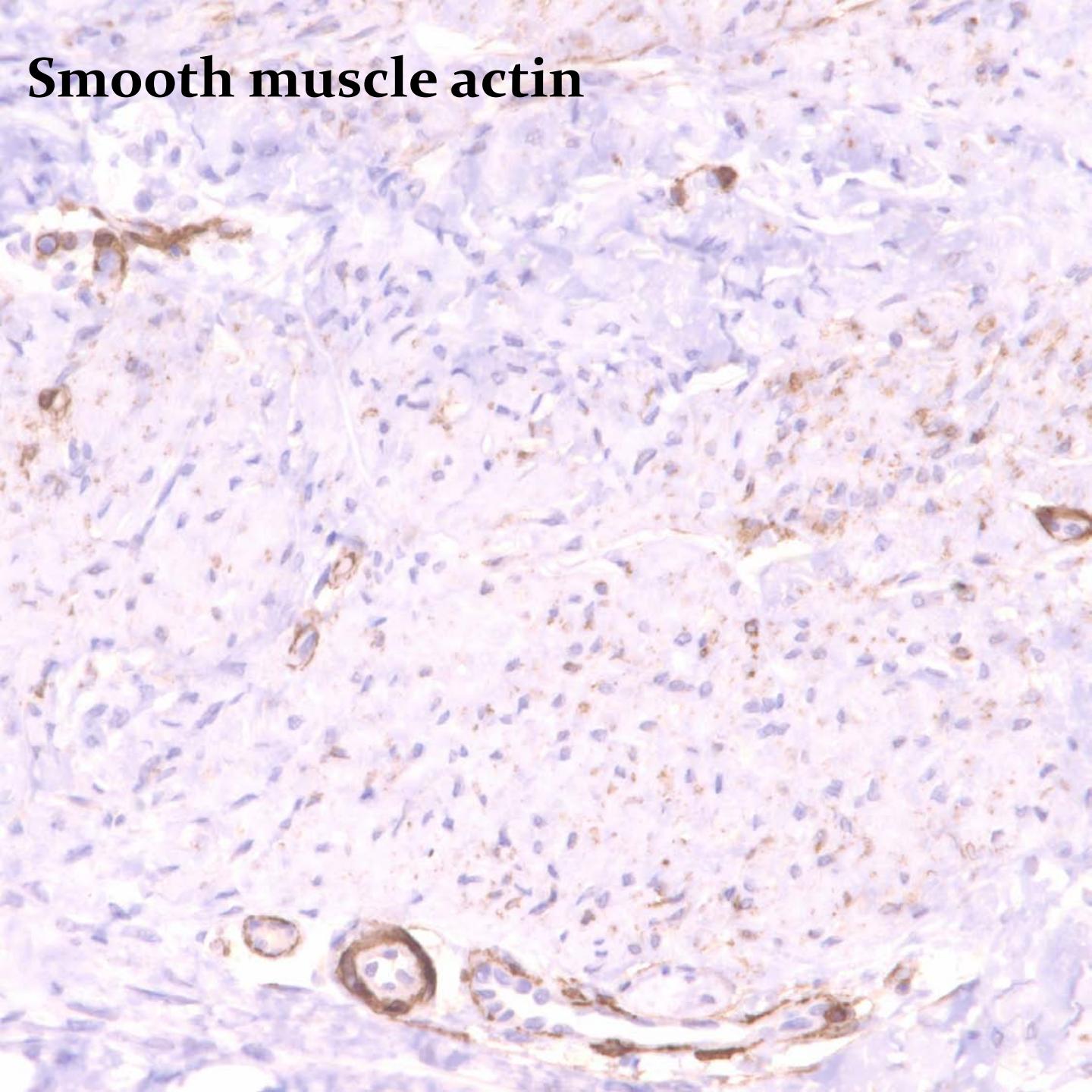




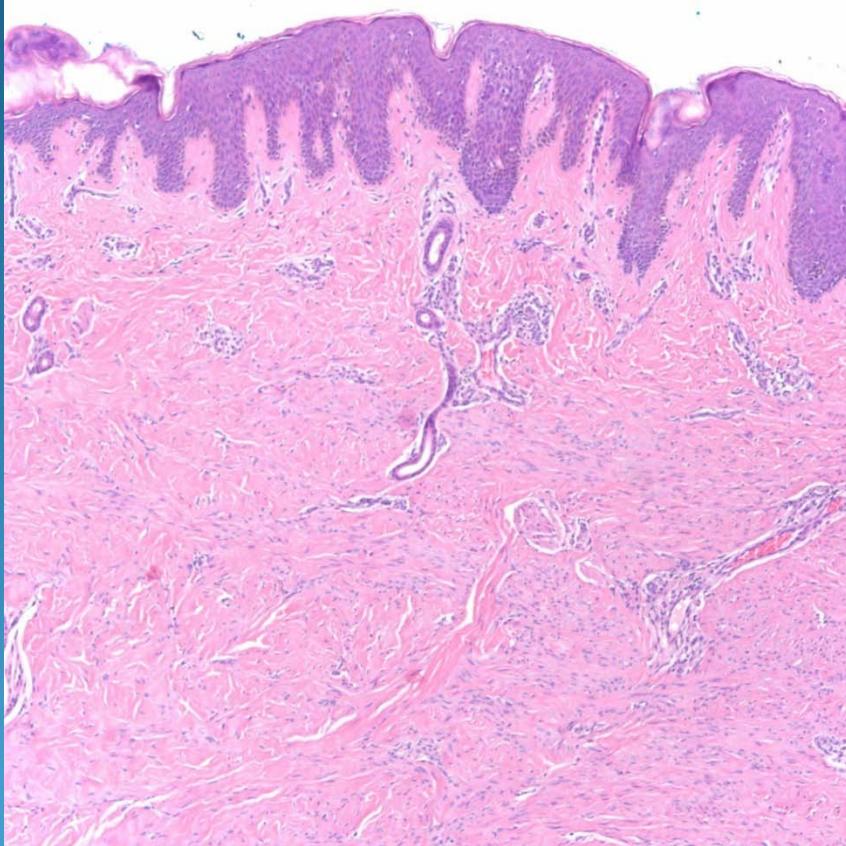


# Dermatomyofibroma

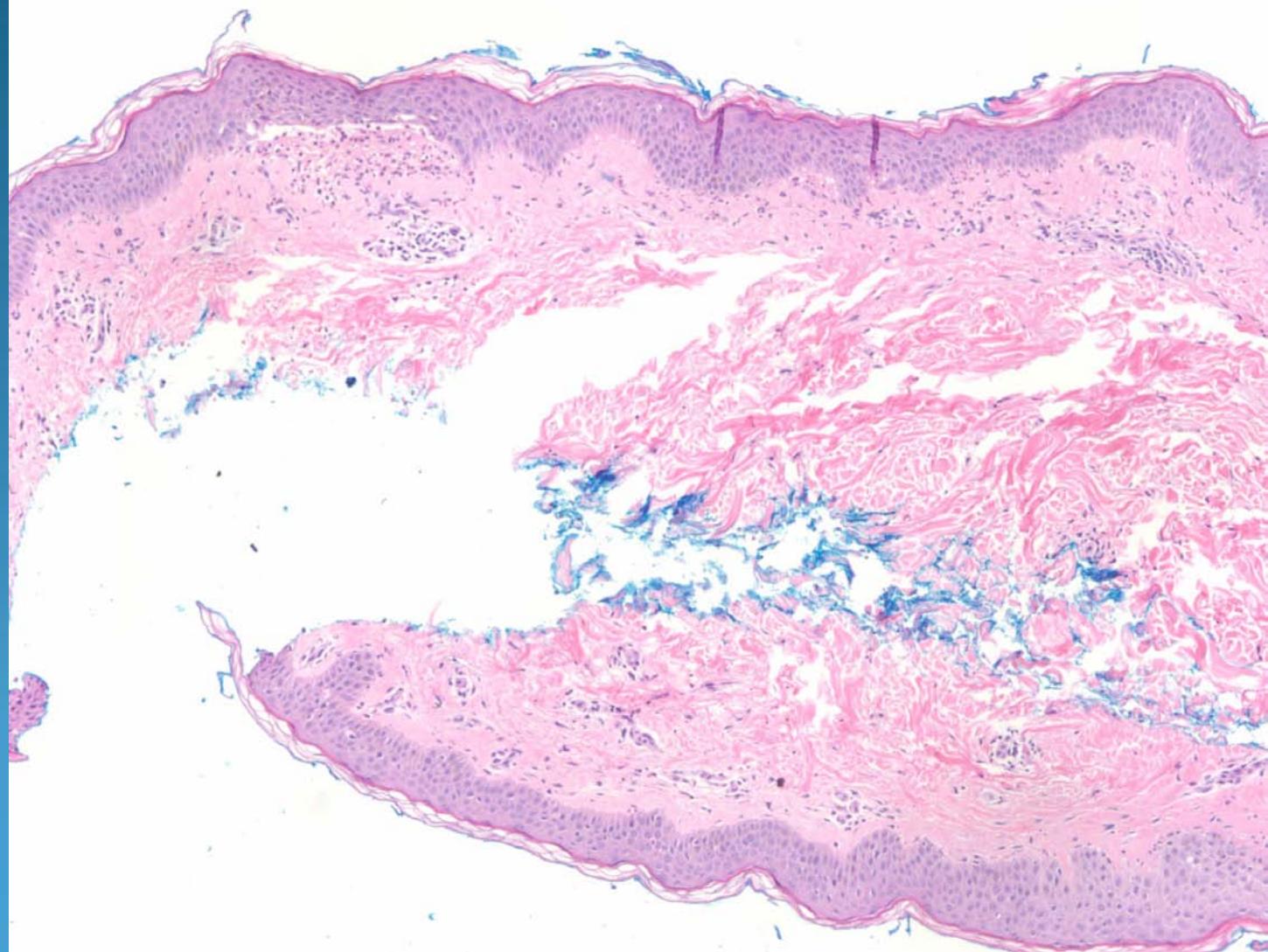
# **Smooth muscle actin**

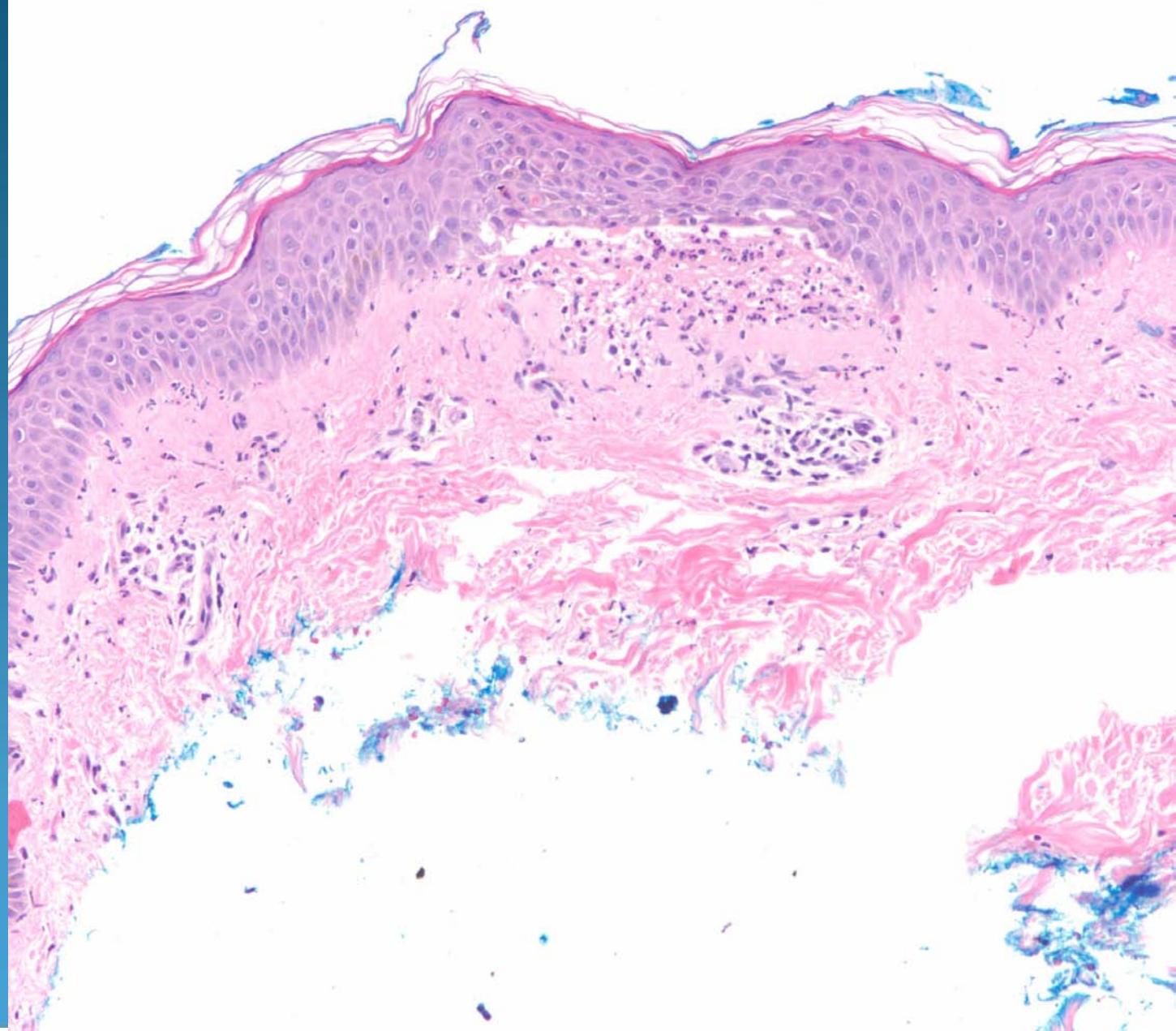


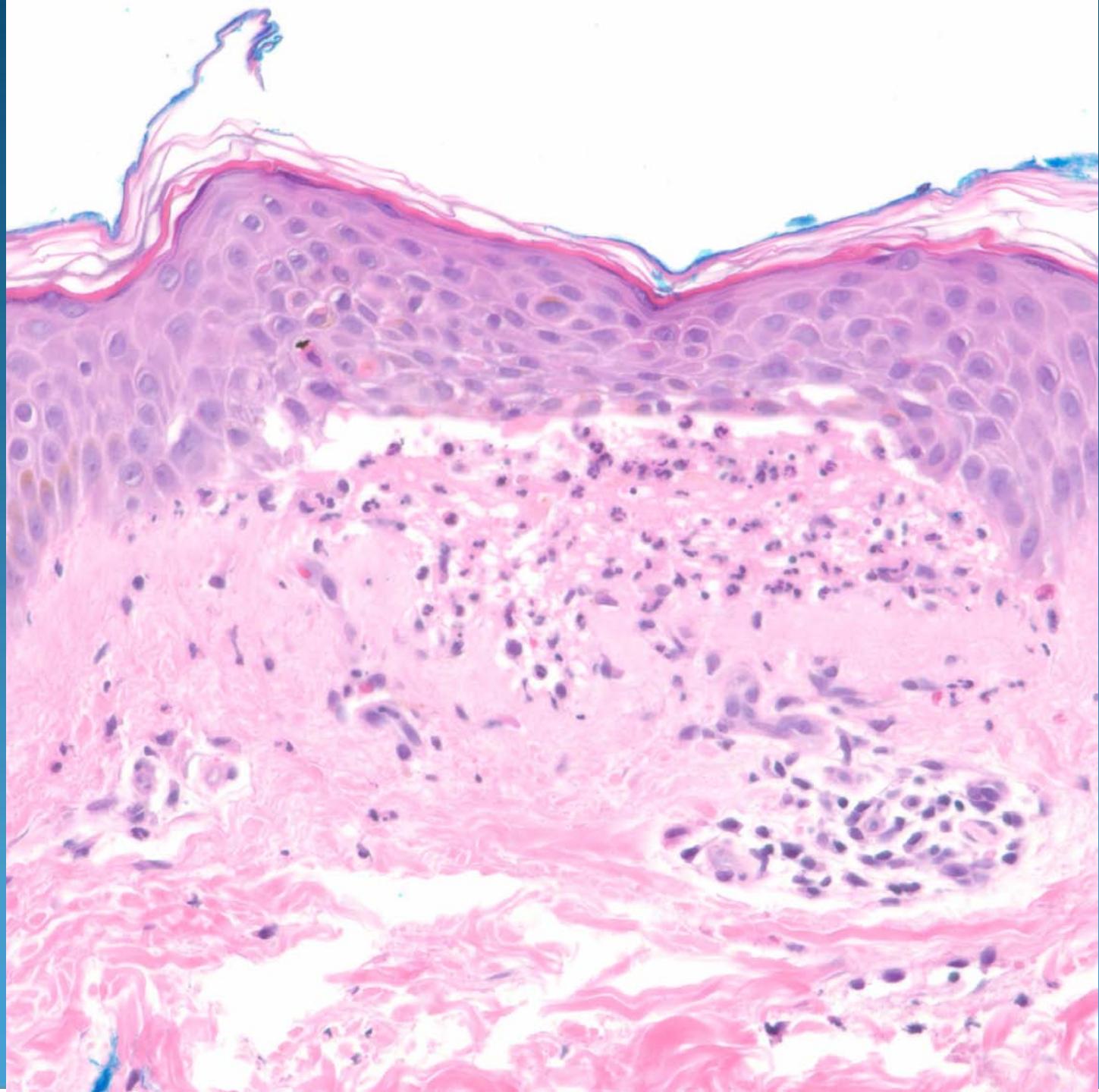
# Pearls

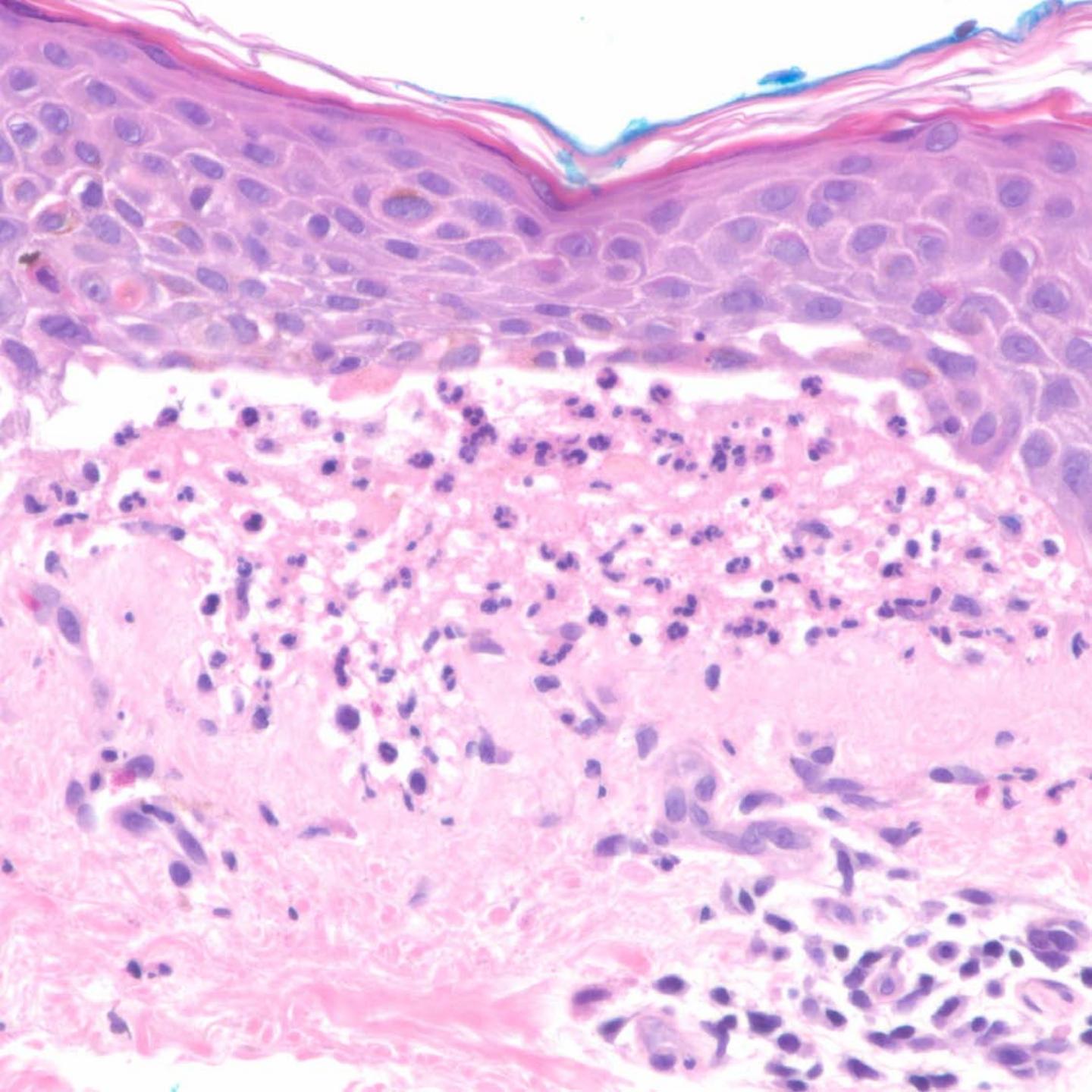


- Resembles dermatofibroma
- Plaque-like configuration of bland spindle cells arranged parallel to the long axis of the epidermis
- May have epidermal hyperplasia
- Focal IHC positivity for smooth muscle actin



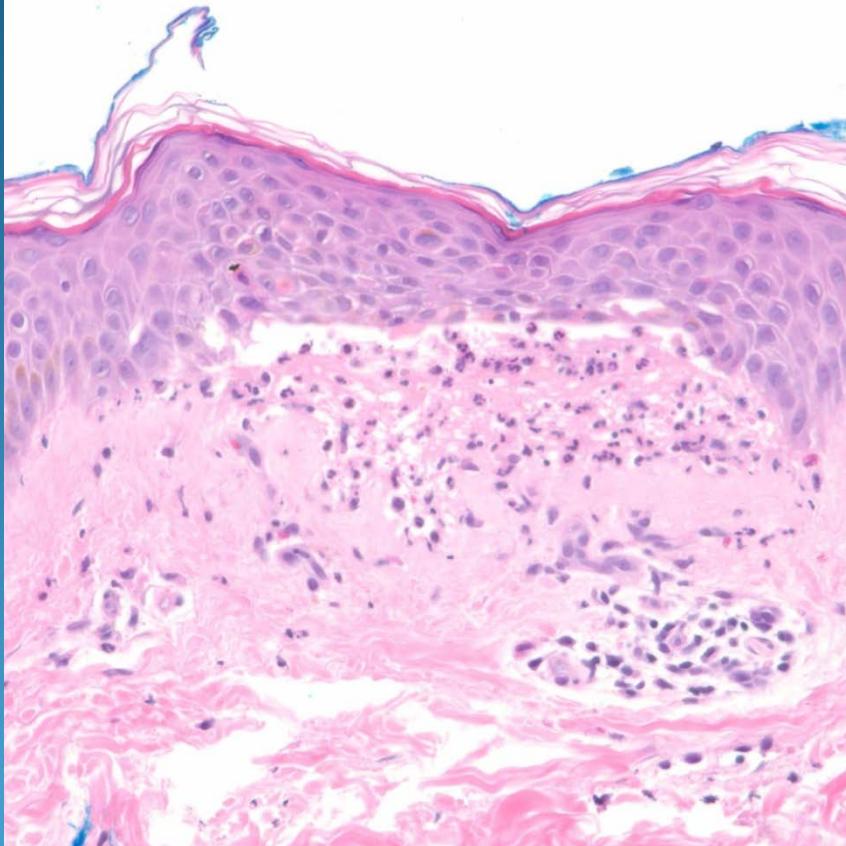




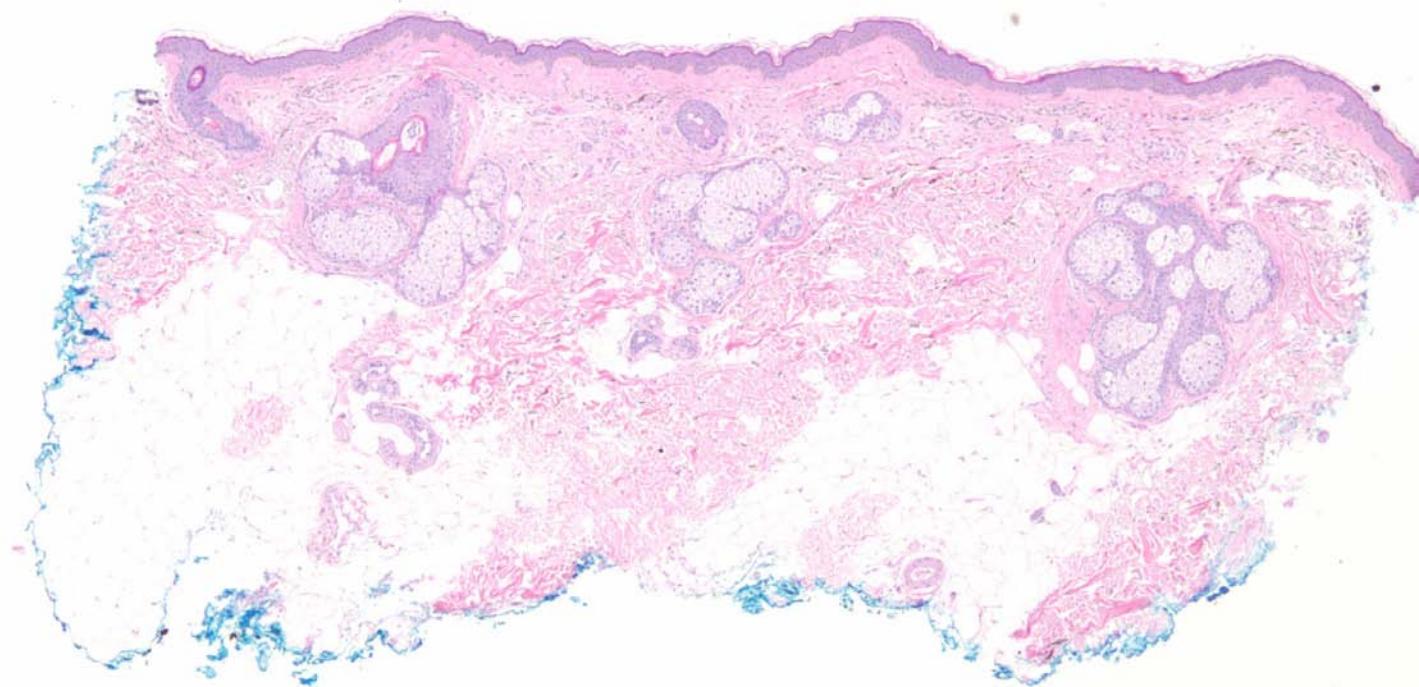


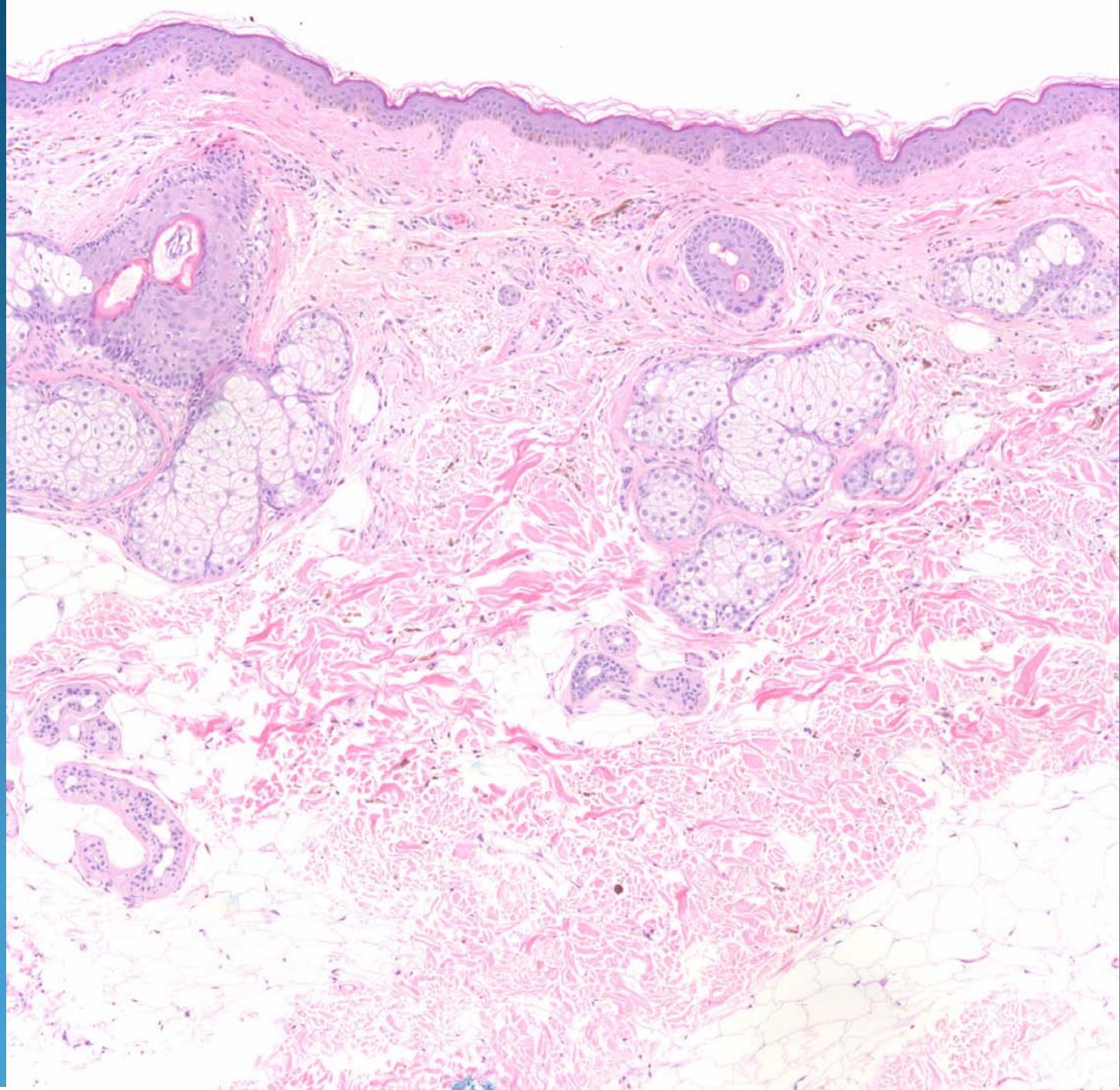
# Dermatitis herpetiformis

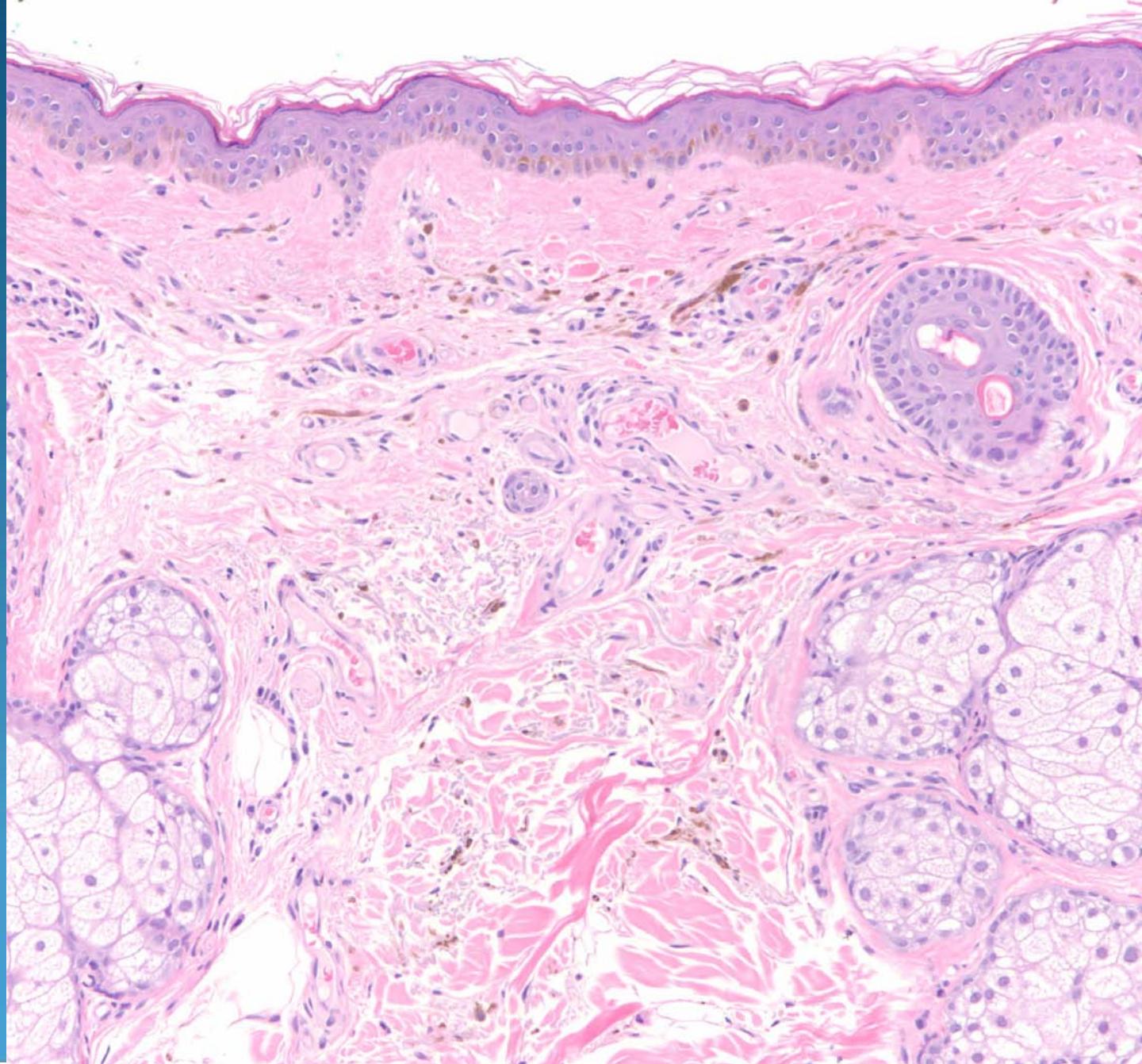
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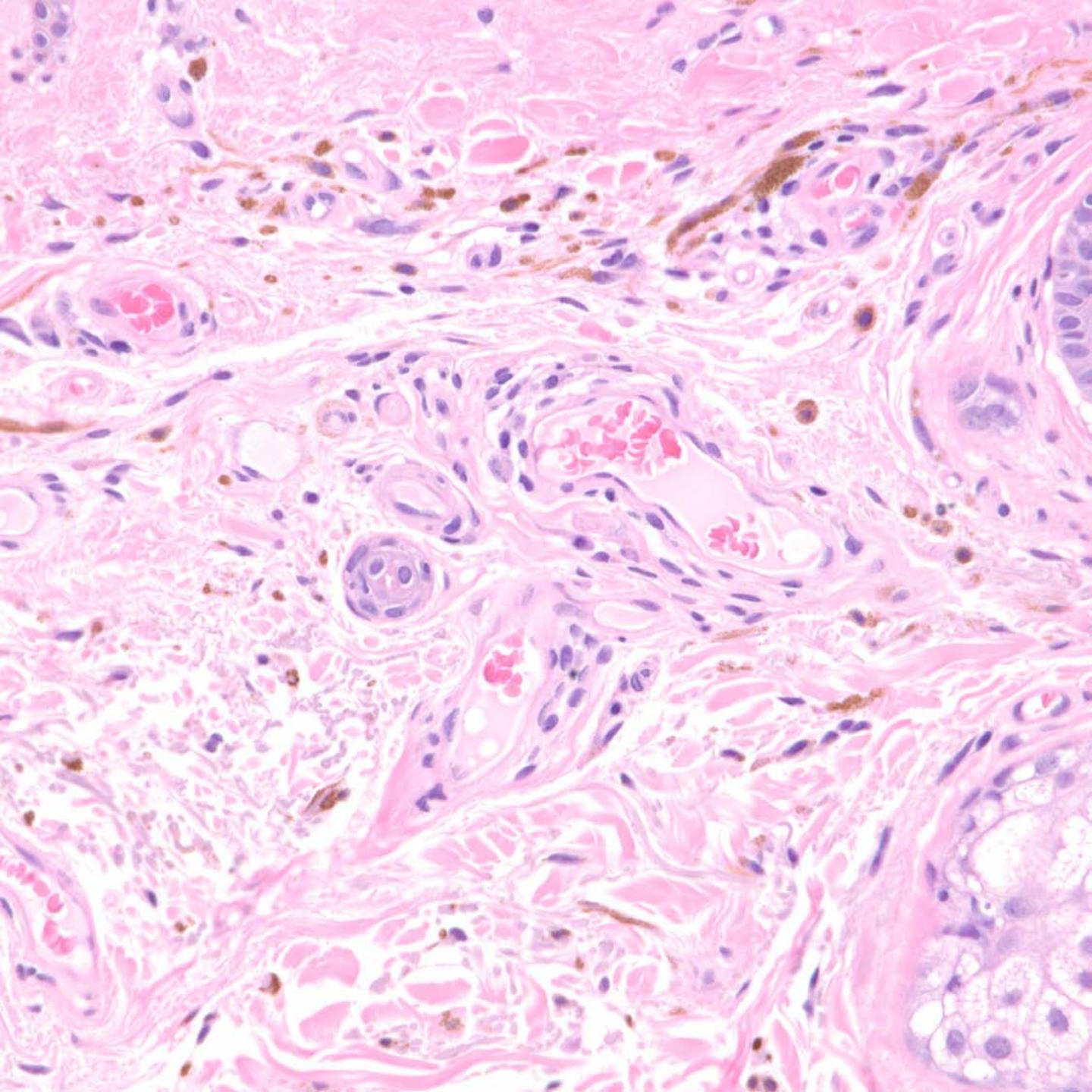


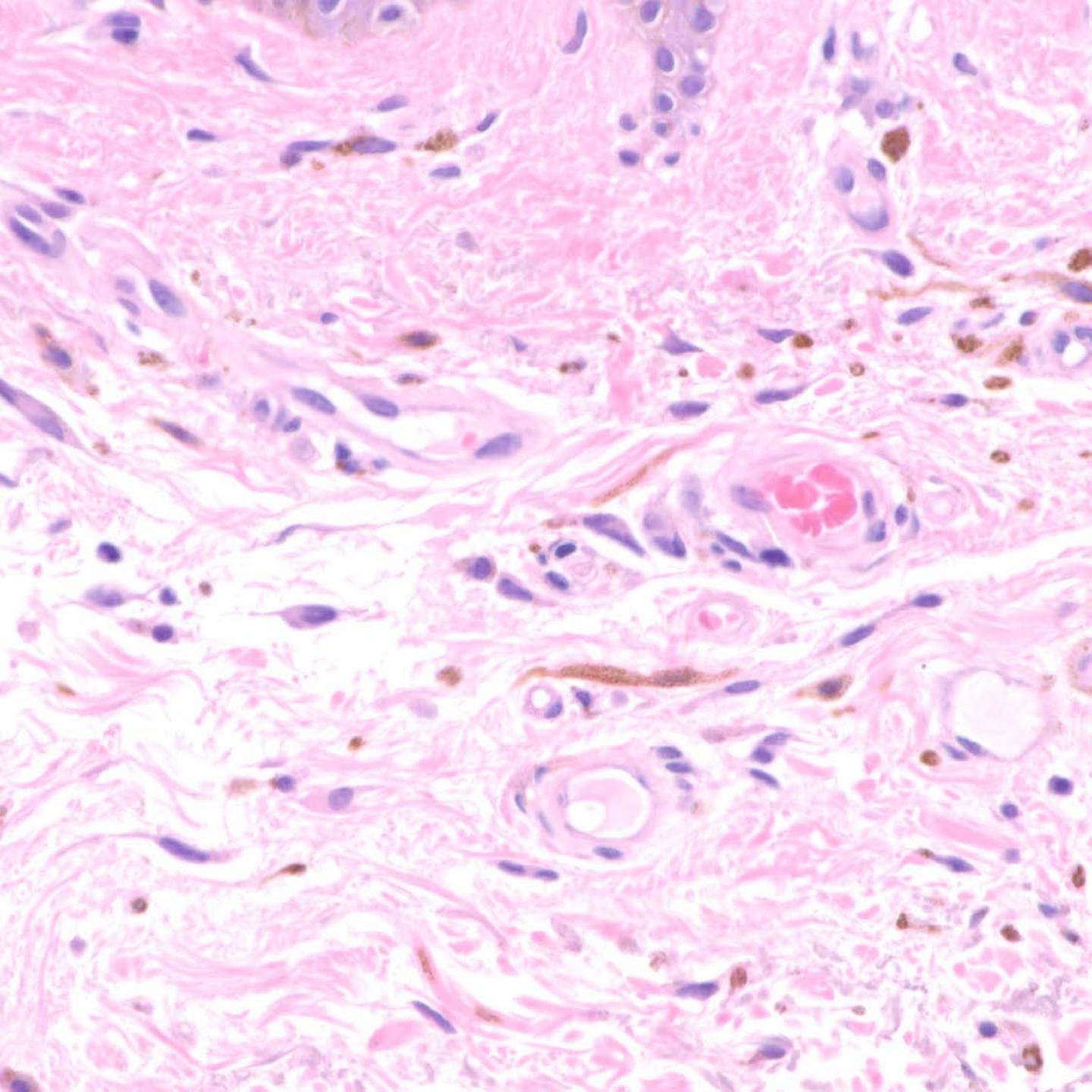
- Subepithelial collections of neutrophils forming papillary dermal microabscesses
- Minimal eosinophils
- Histologically identical to Linear IgA disease- distinguish by DIF
- DDX: Bullous pemphigoid, EBA, bullous LE





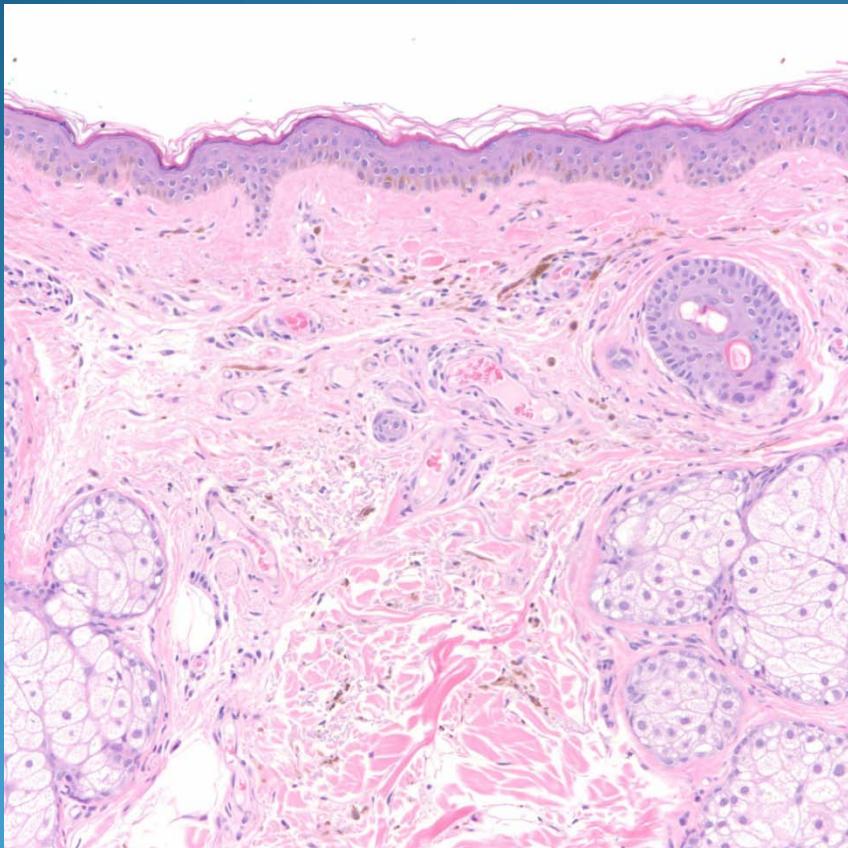




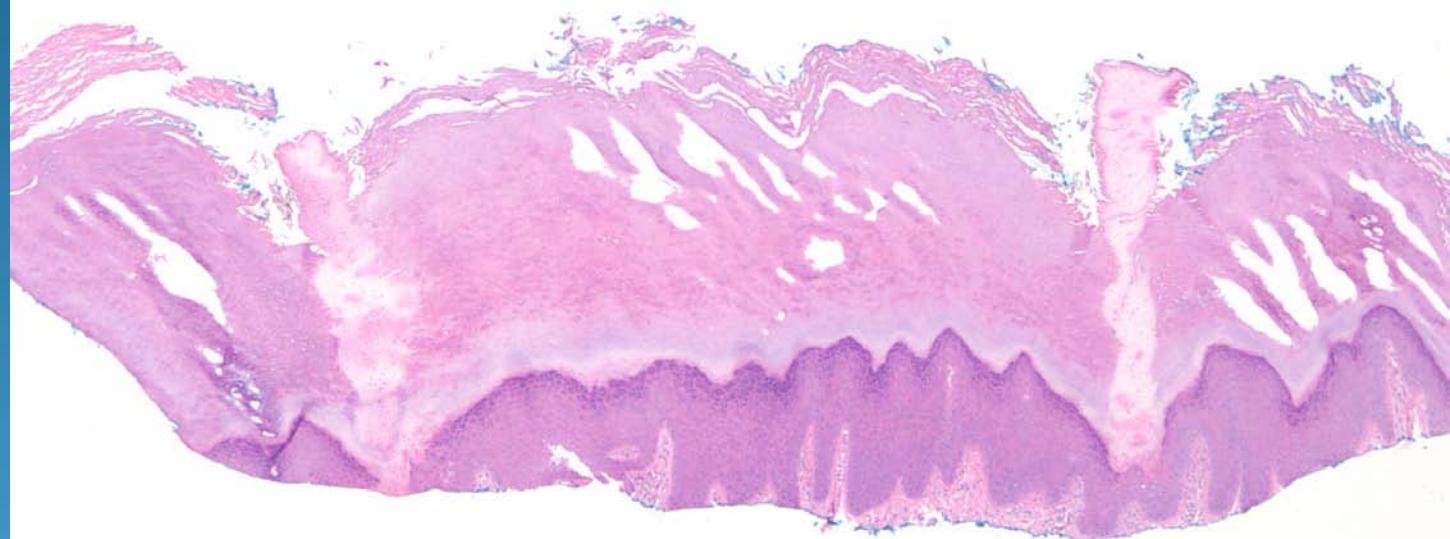


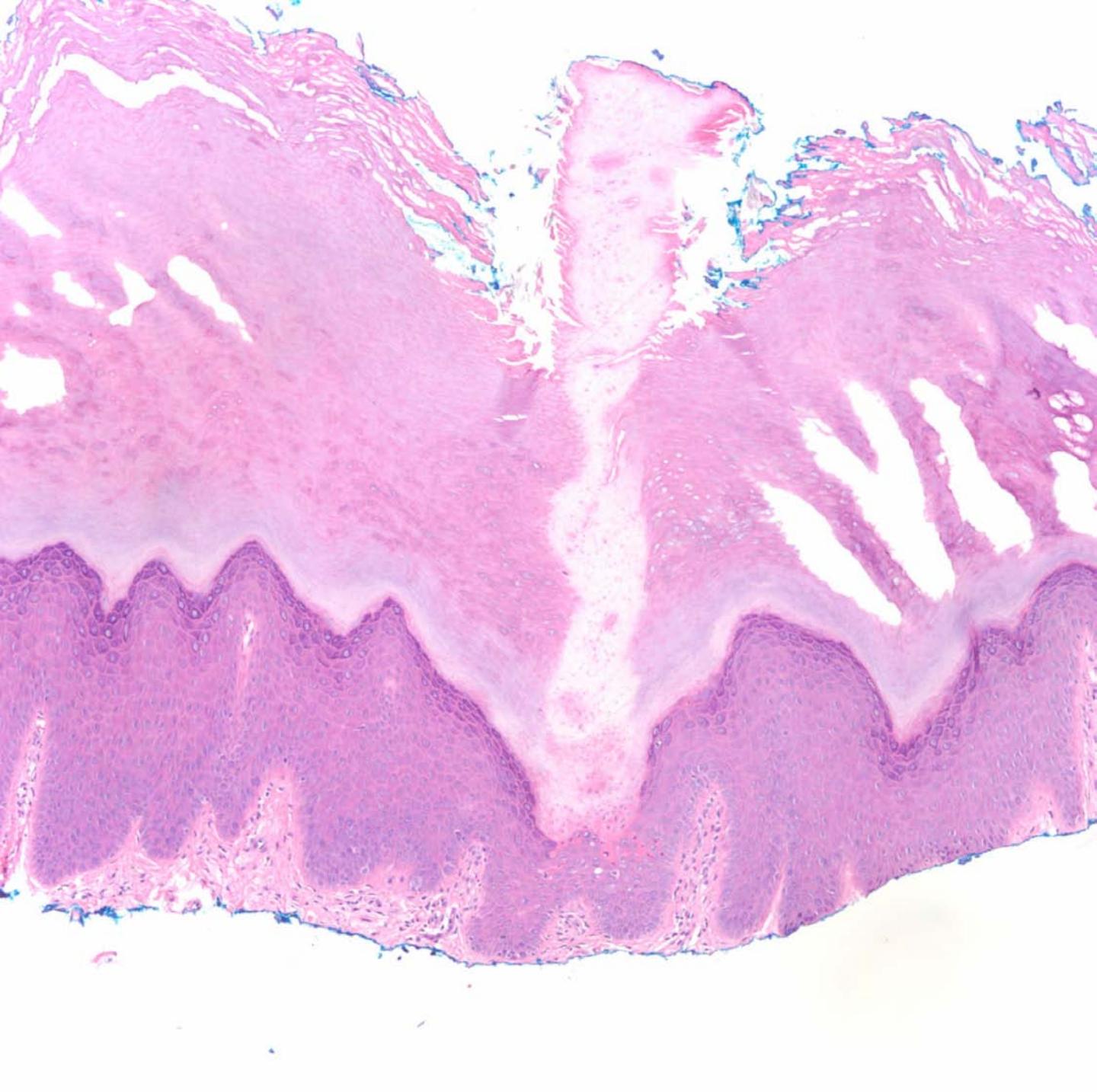
# Nevus of Ota

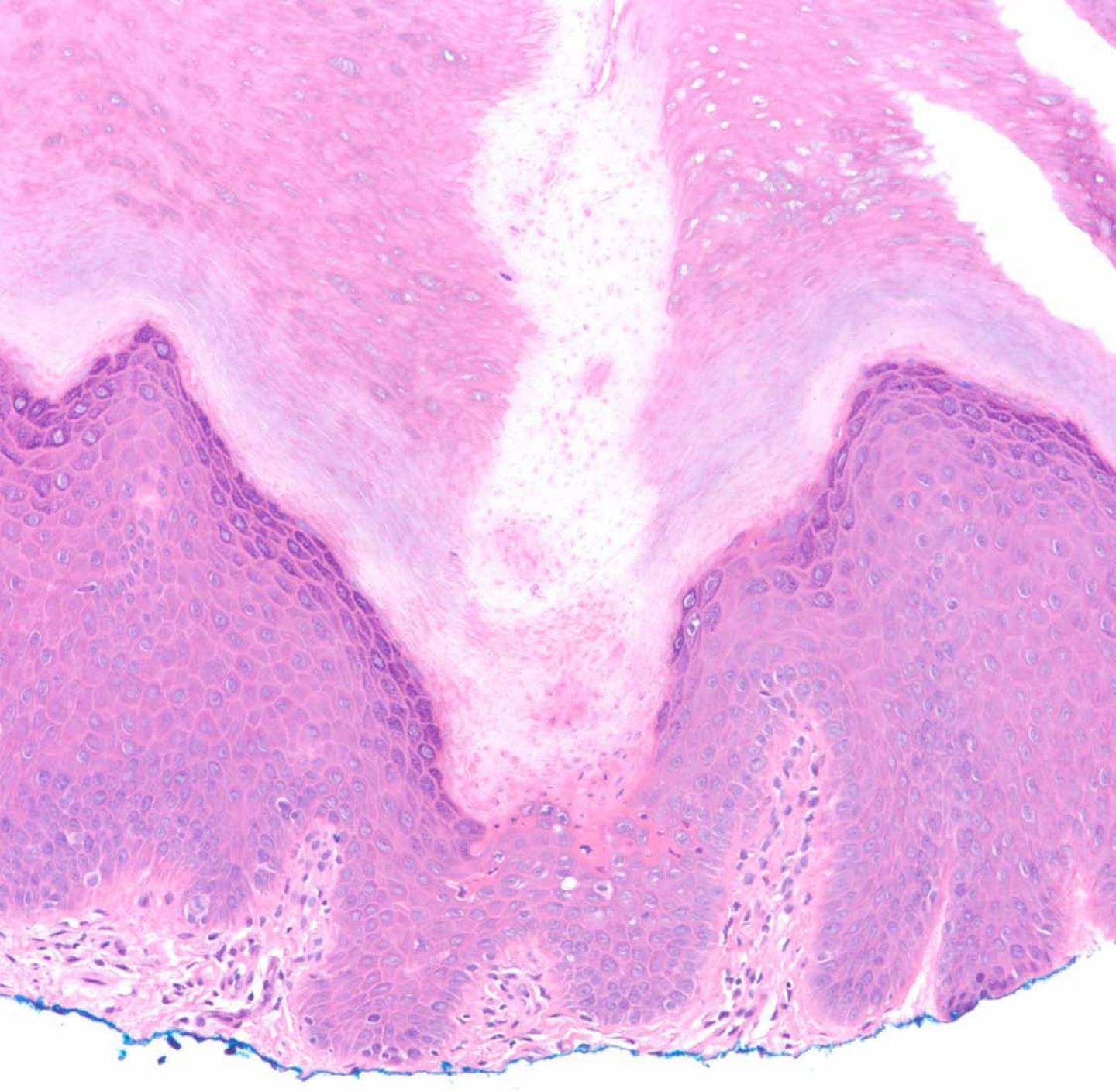
# Pearls

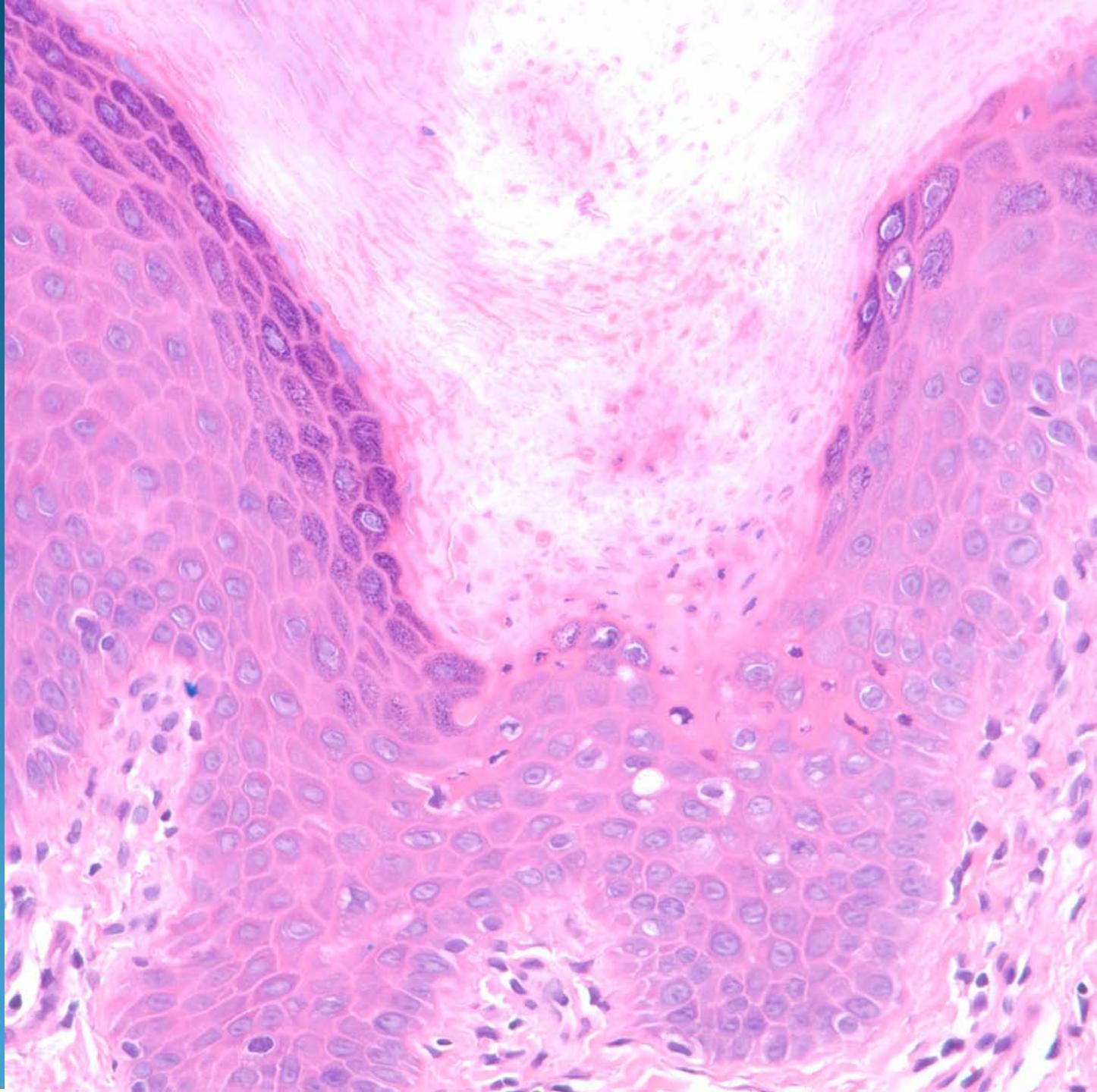


- Note location of biopsy both clinical and histopathology
- Pigmented dendritic melanocytes, usually sparser than blue nevus
- DDX: Blue nevus, Mongolian spot, Nevus of Ito, tattoo







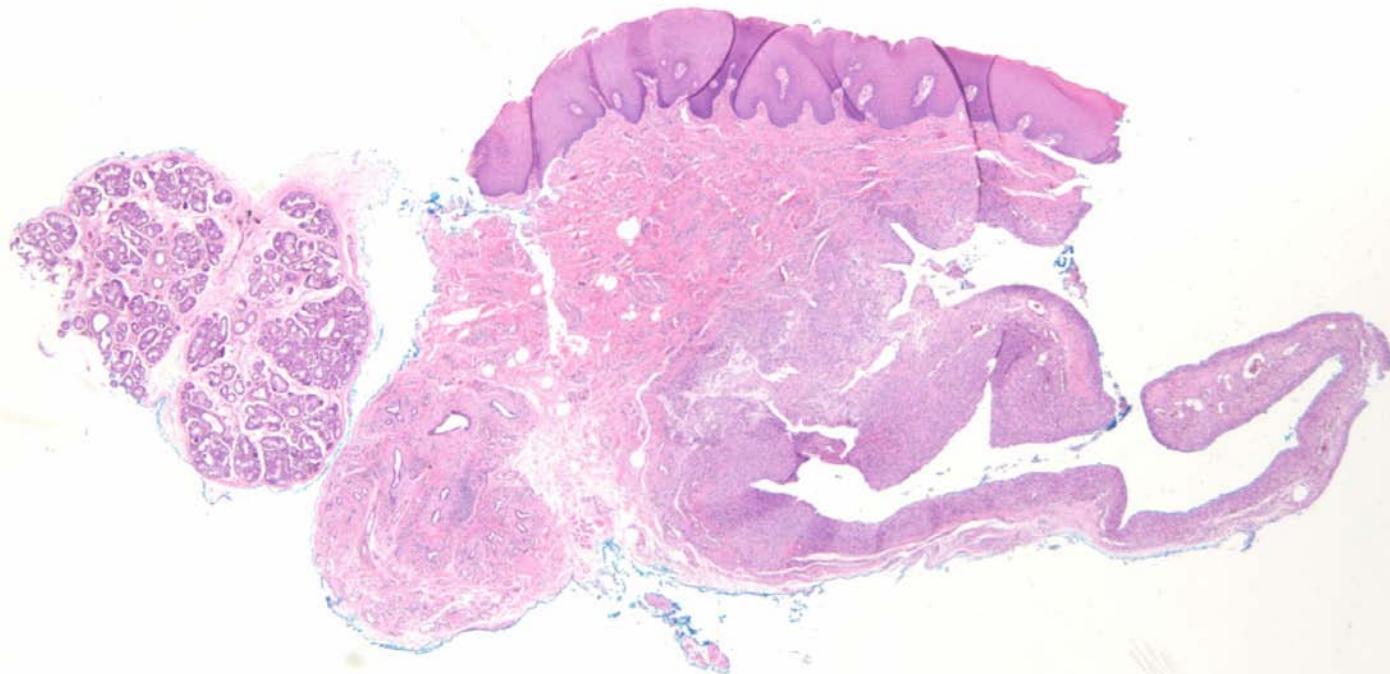


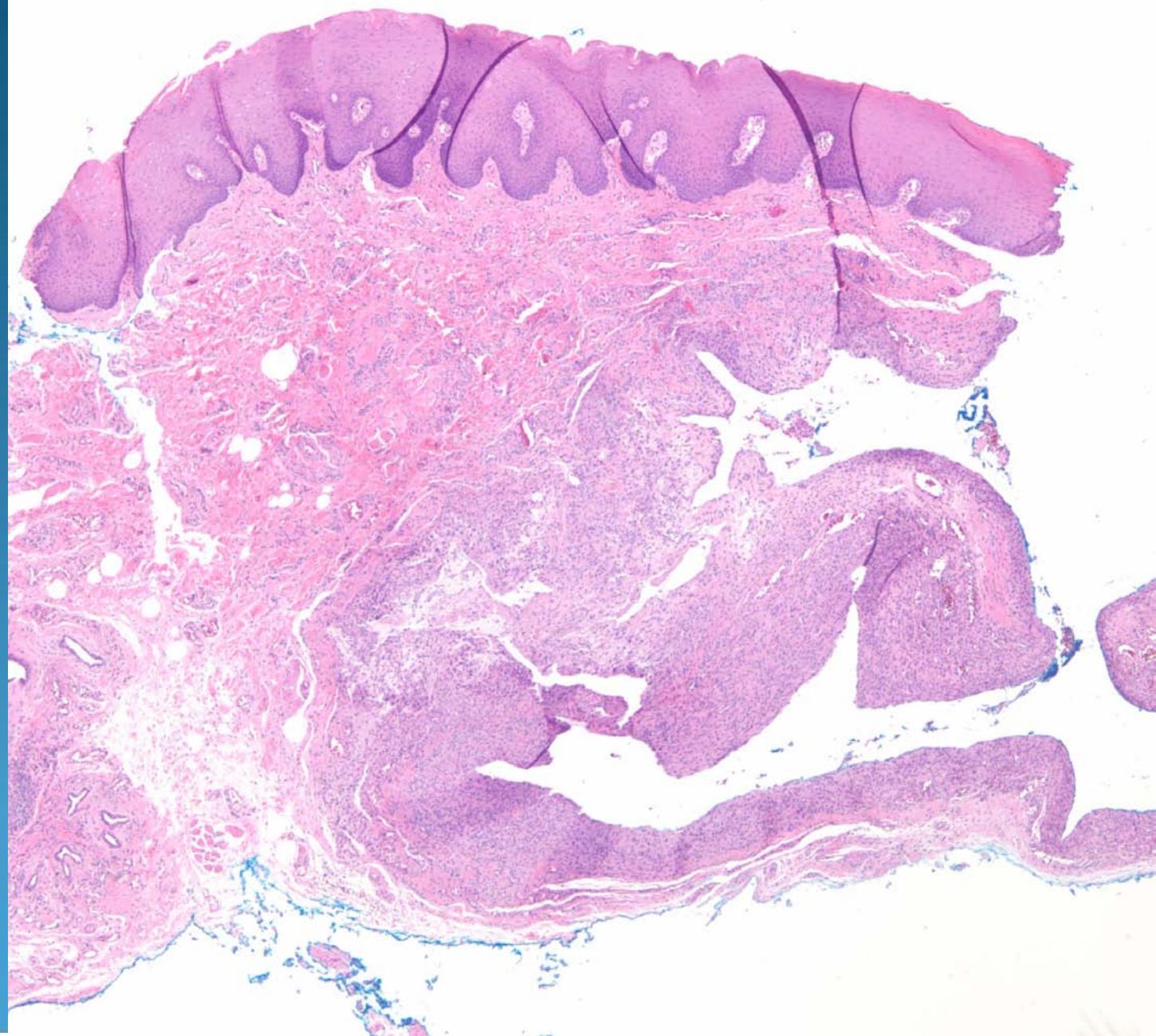
# Porokeratosis of Mibelli

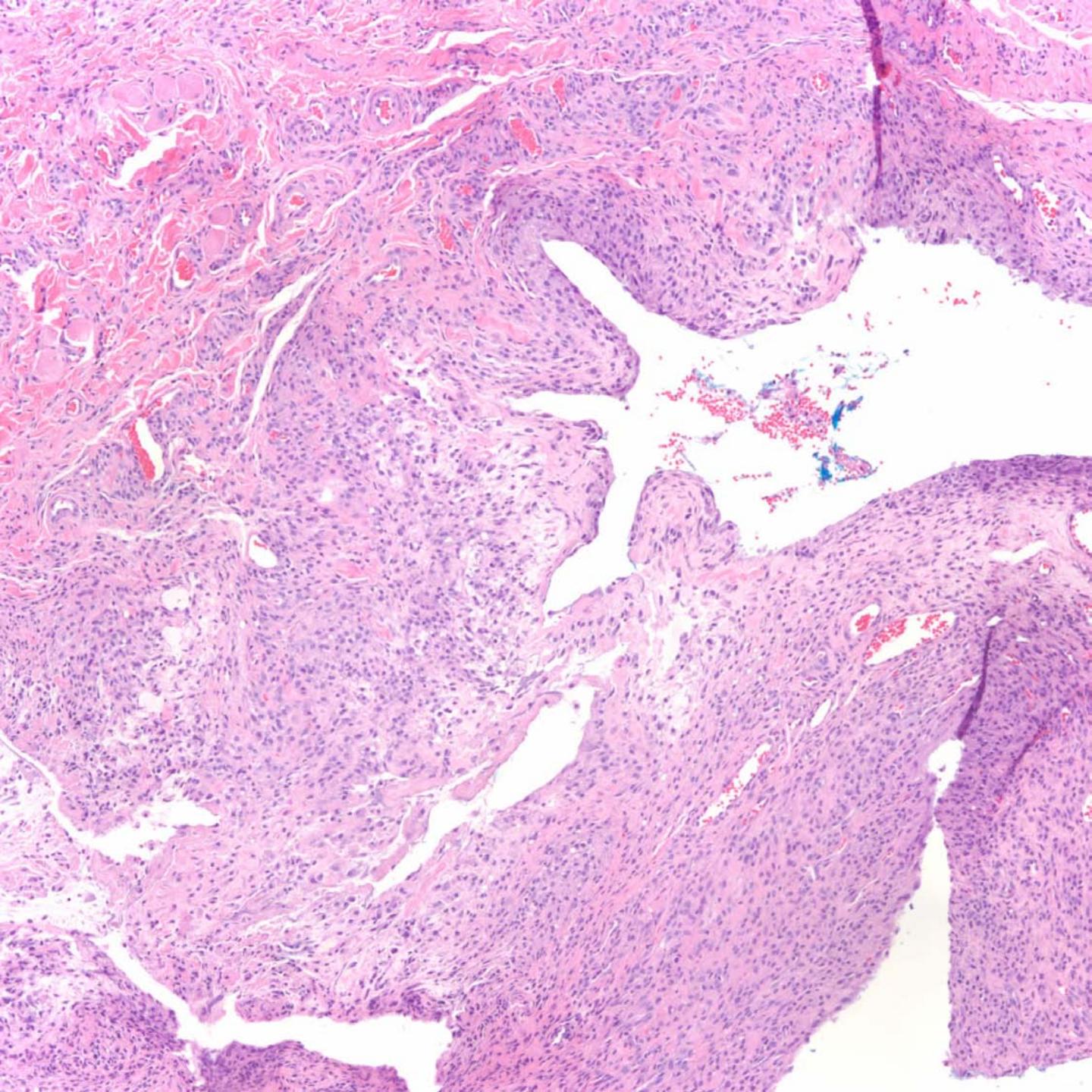
# Pearls

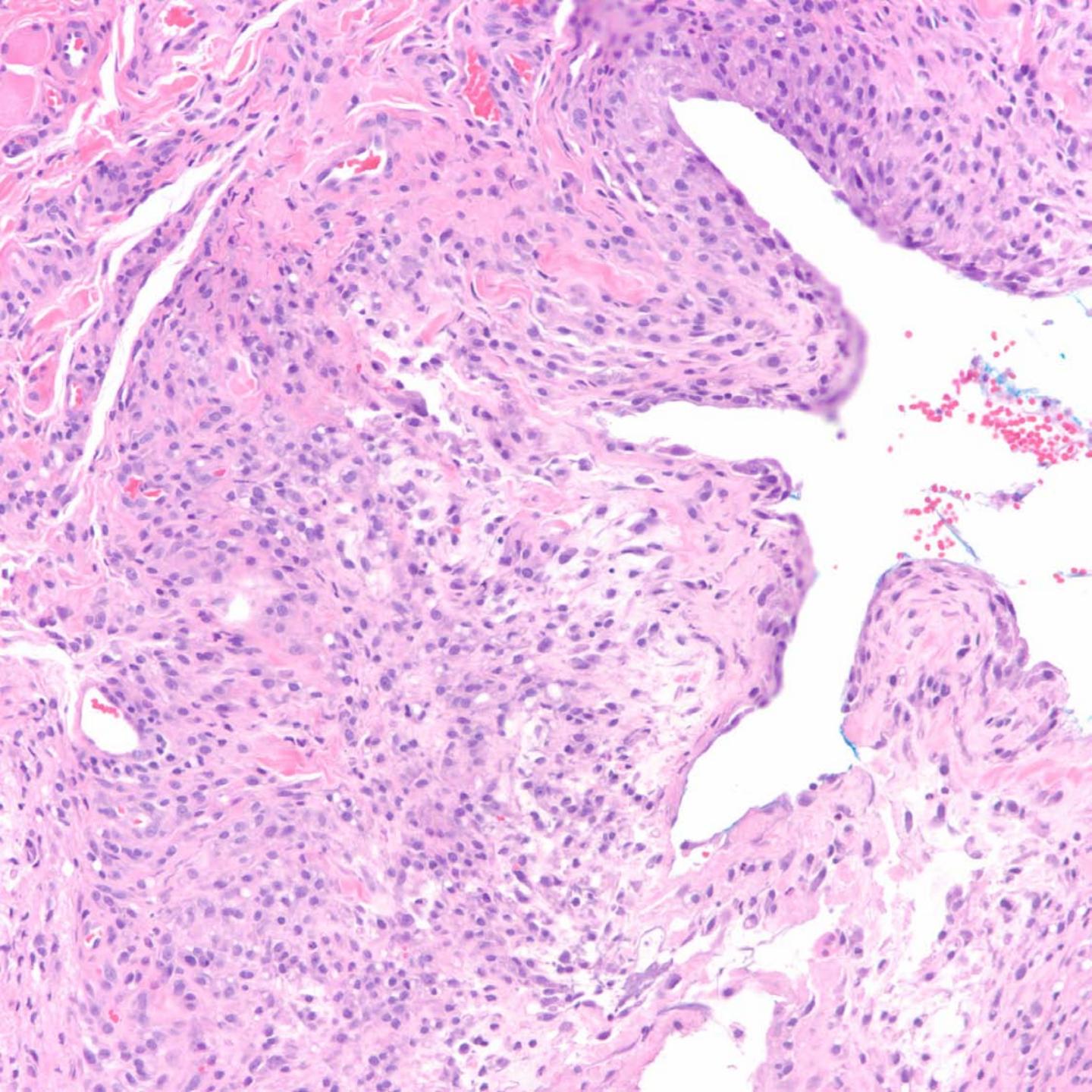


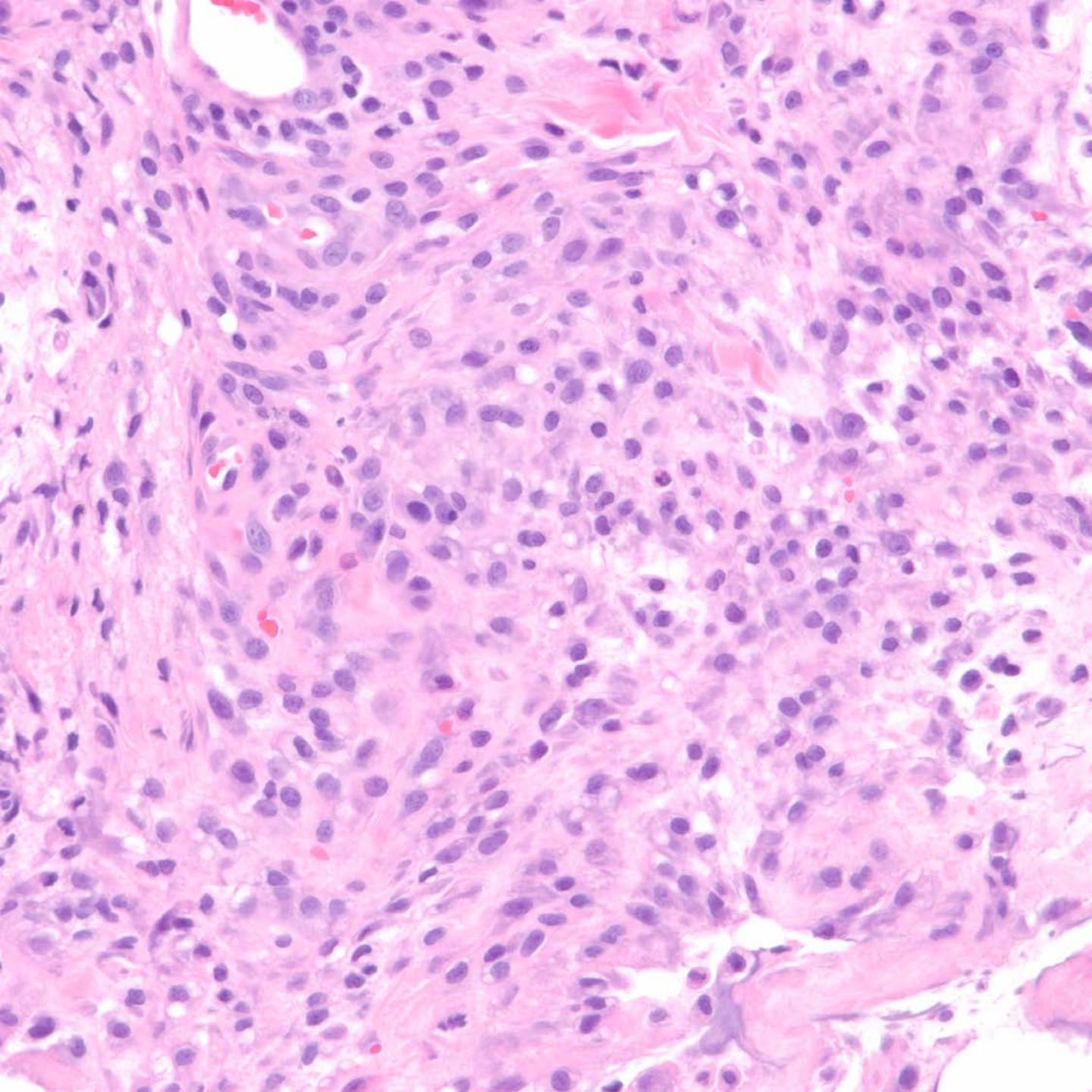
- Hyperplastic epidermis with the outline of a *verruca vulgaris* or *seborrheic keratosis*
- Look for cornoid lamella

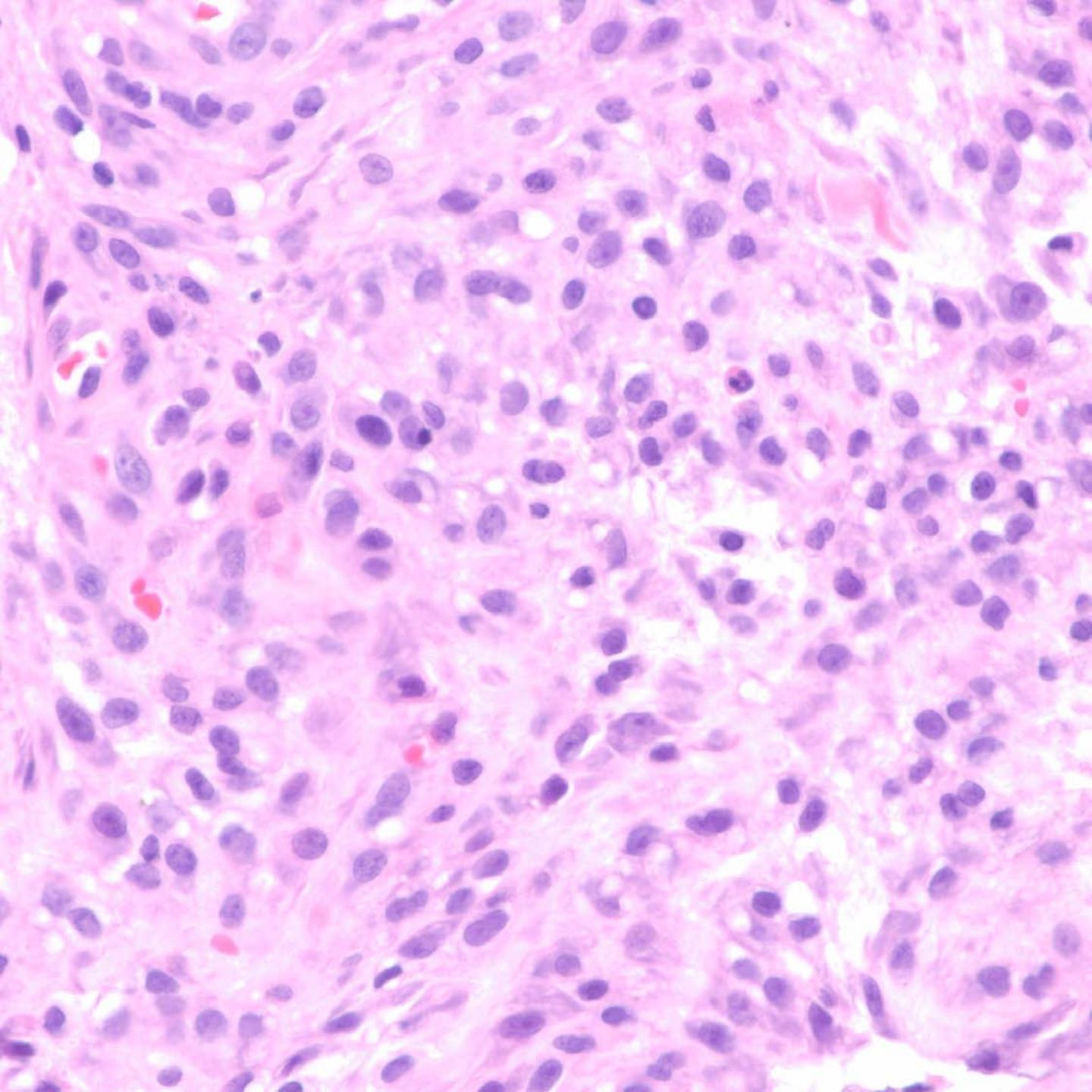






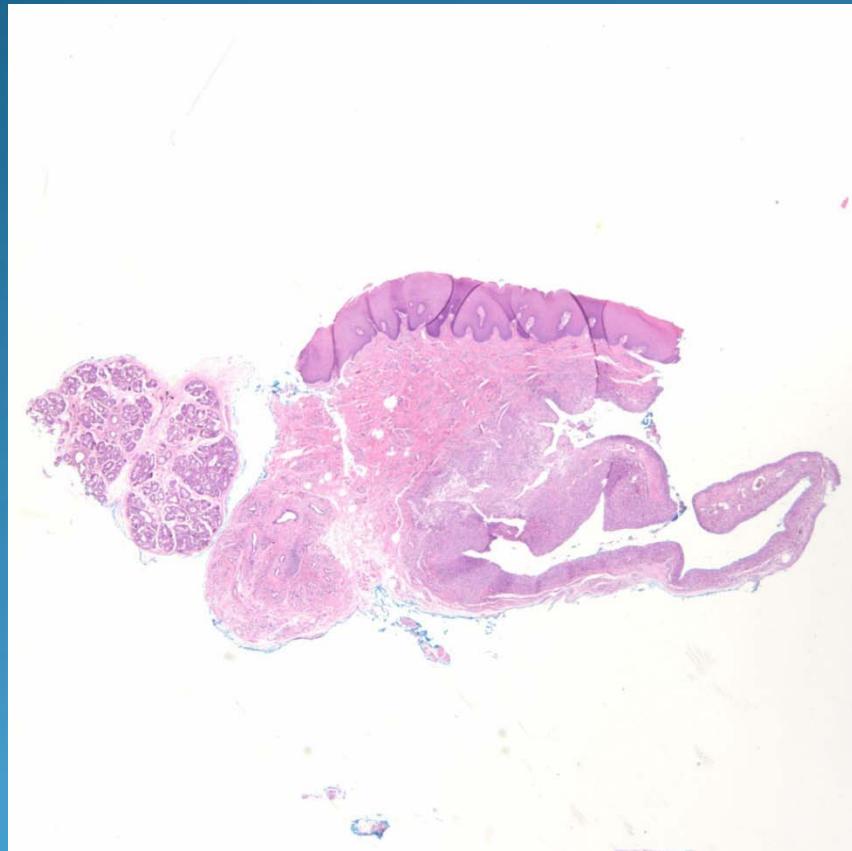






# Mucocele

# Pearls



- Look for oral mucosa and minor salivary gland tissue
- Pseudocyst with no true epithelial lining
- Cystic space with granulation tissue and numerous muciphages