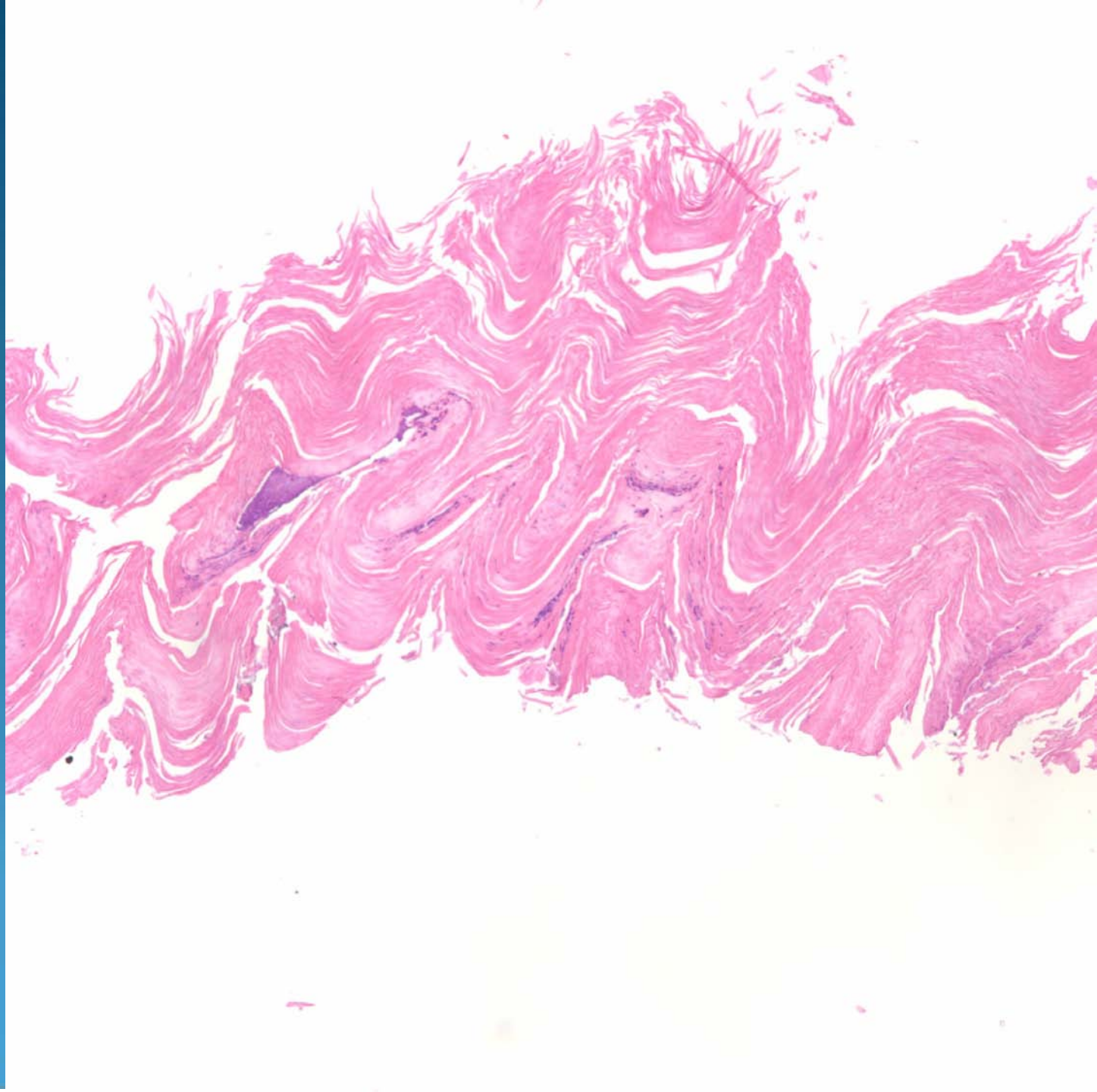
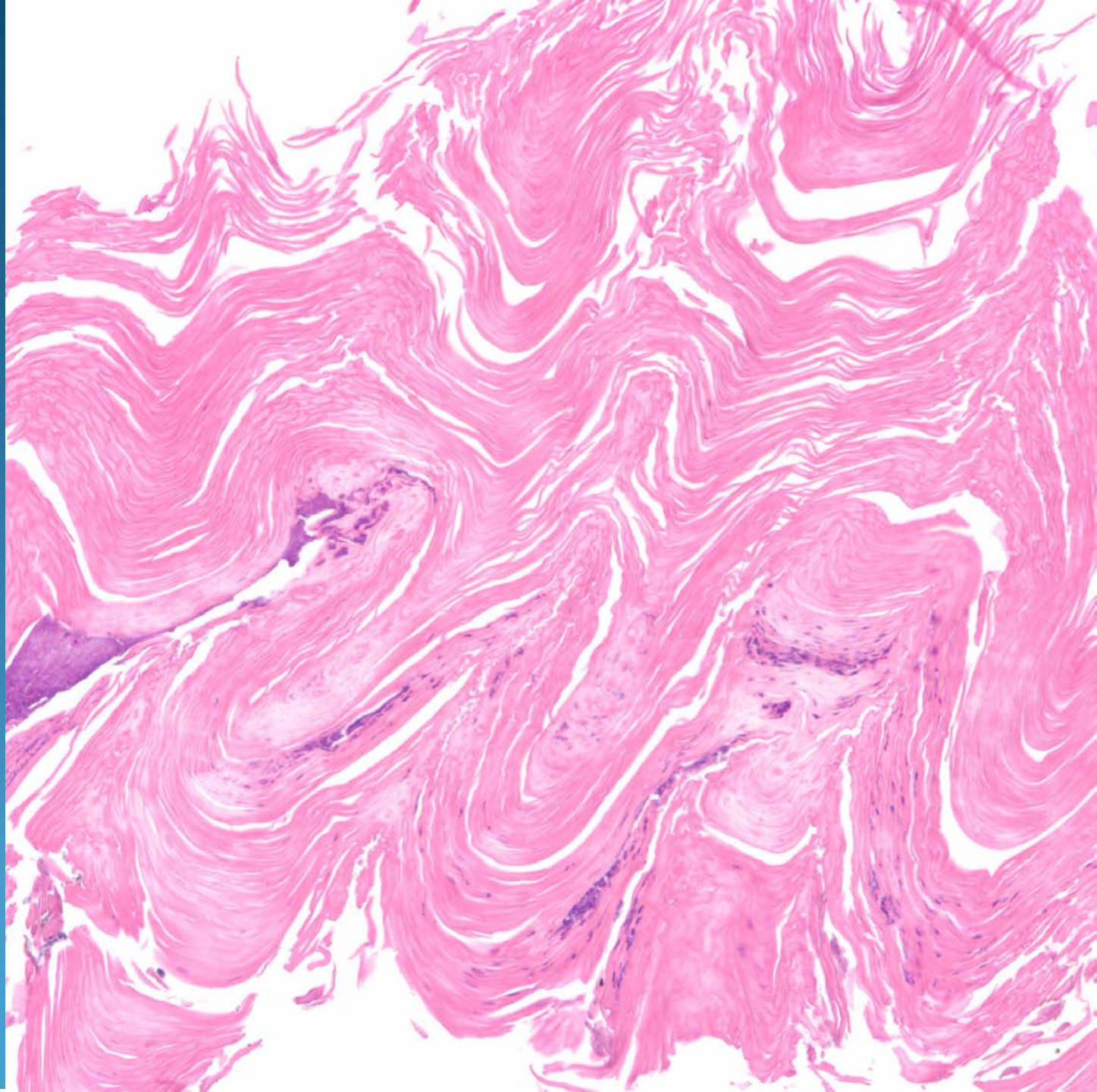
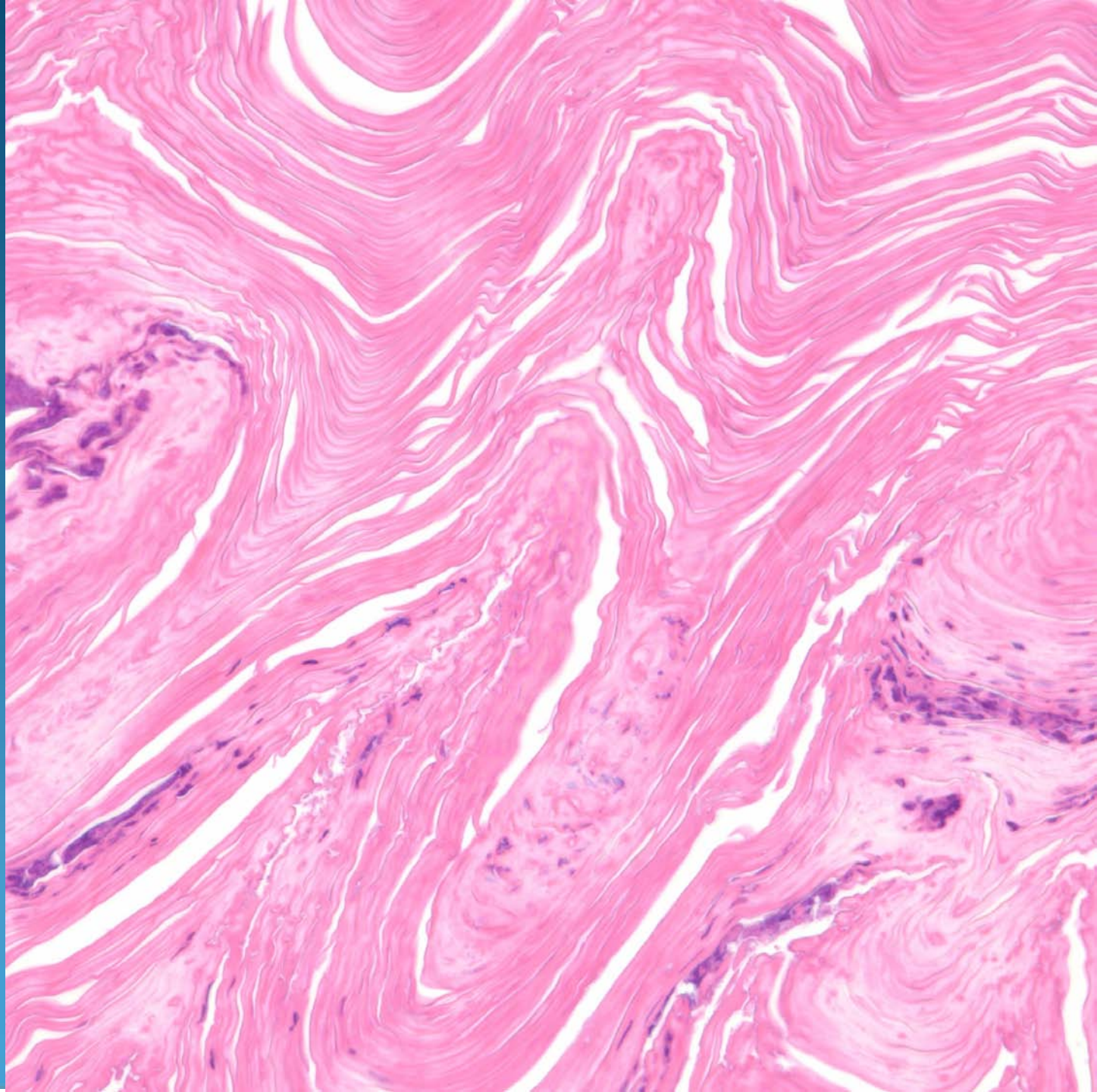


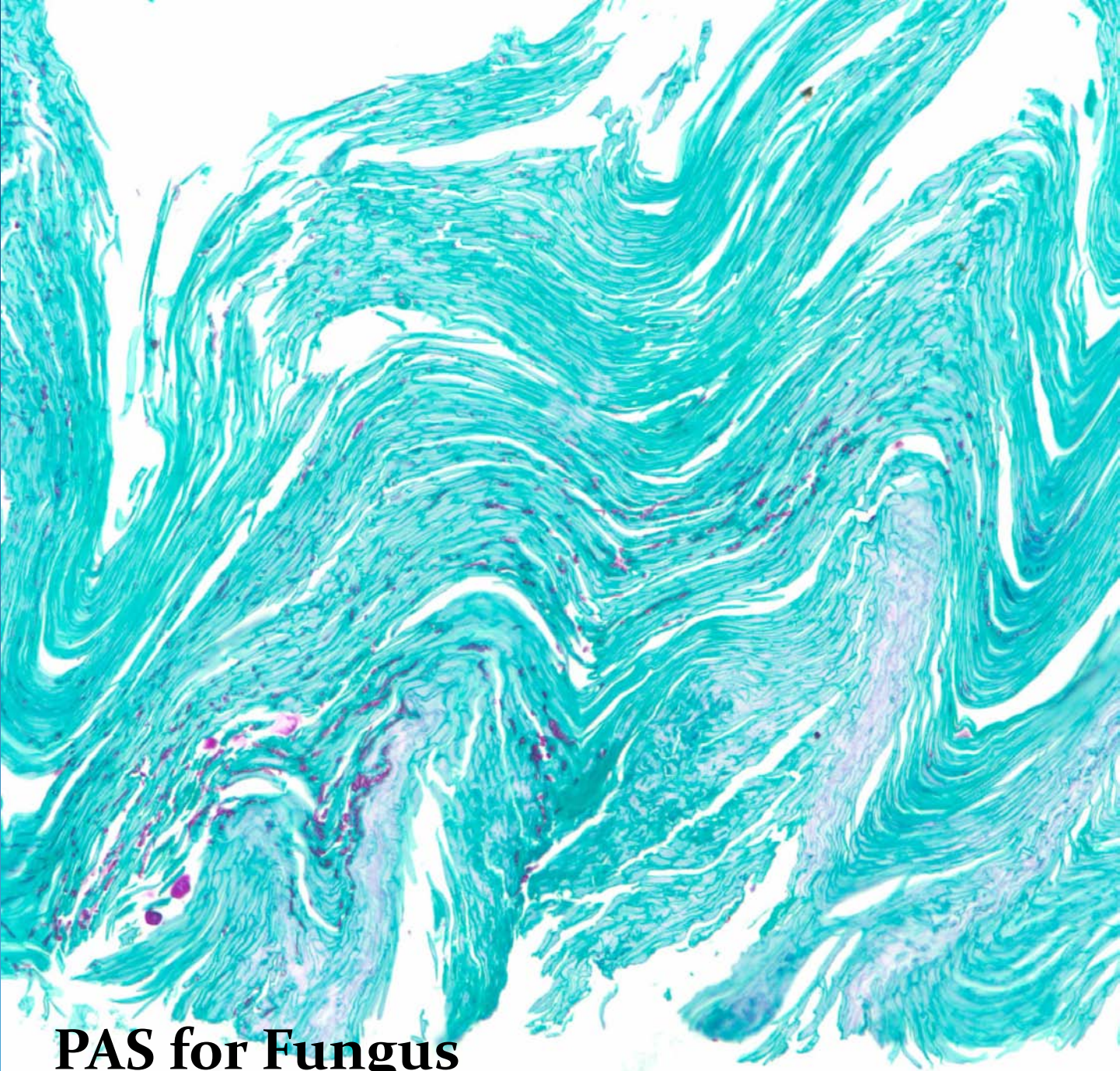
Dermatopathology Slide Review Part 62

Paul K. Shitabata, M.D.
Dermatopathology Institute

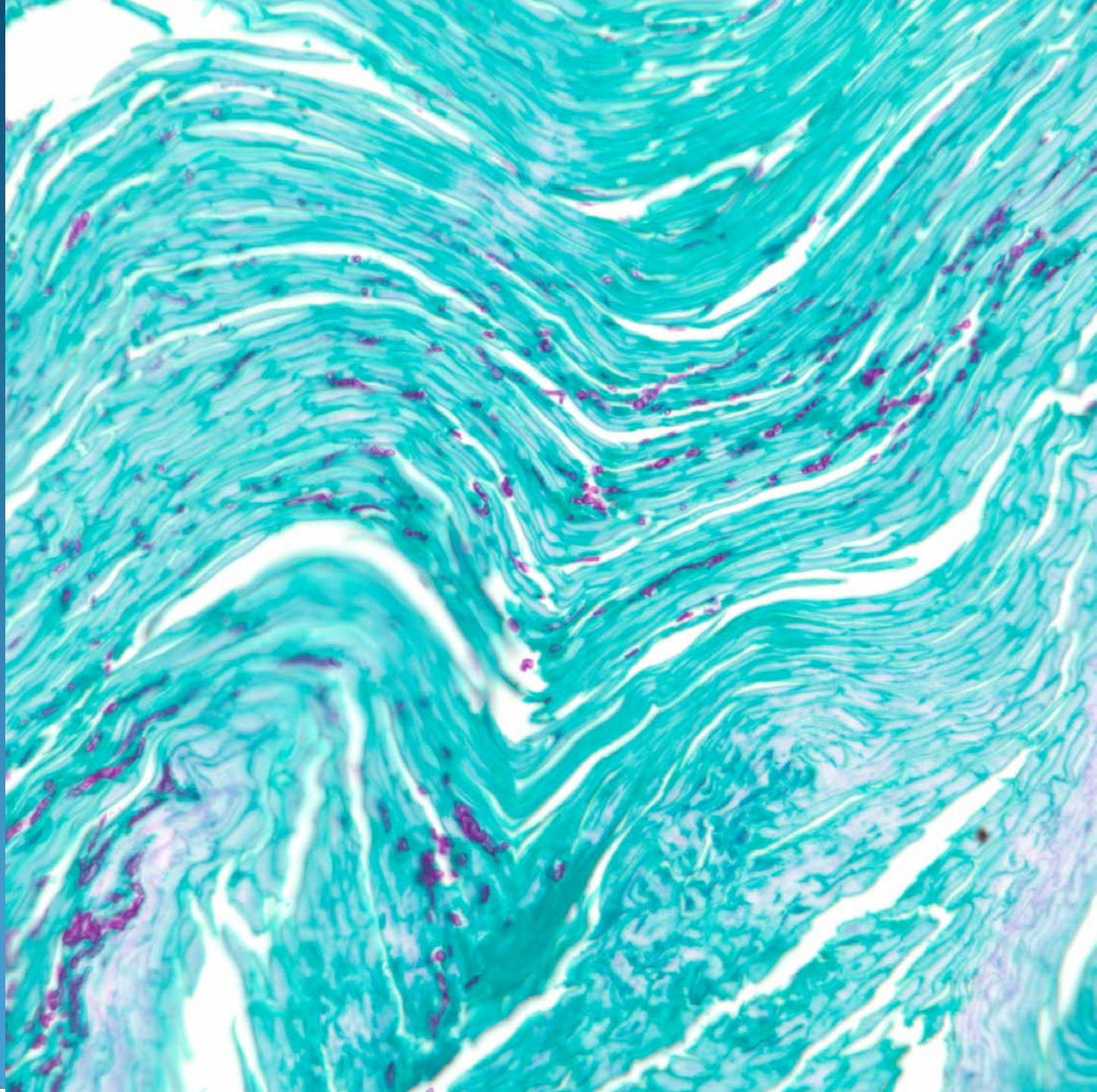


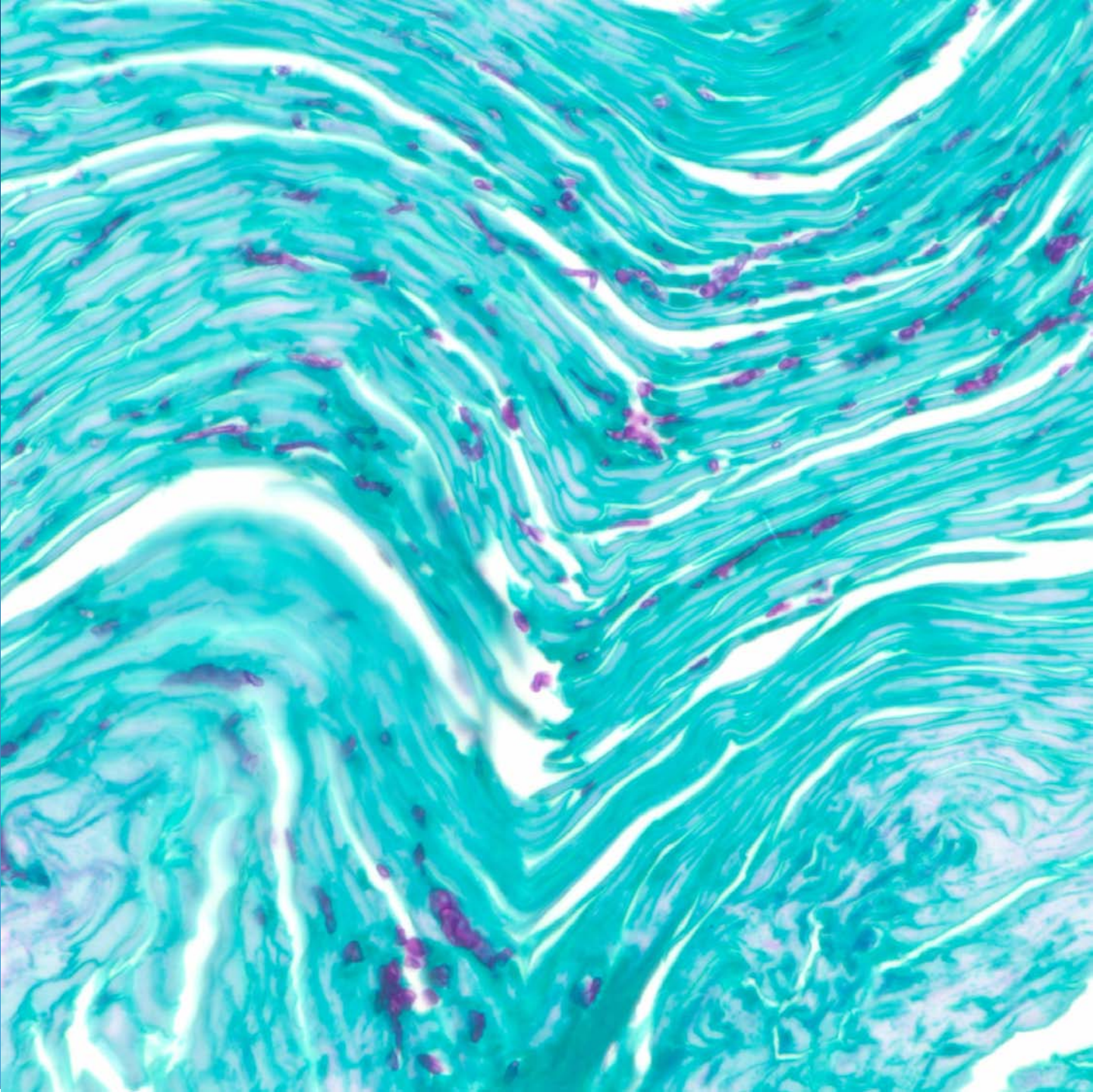






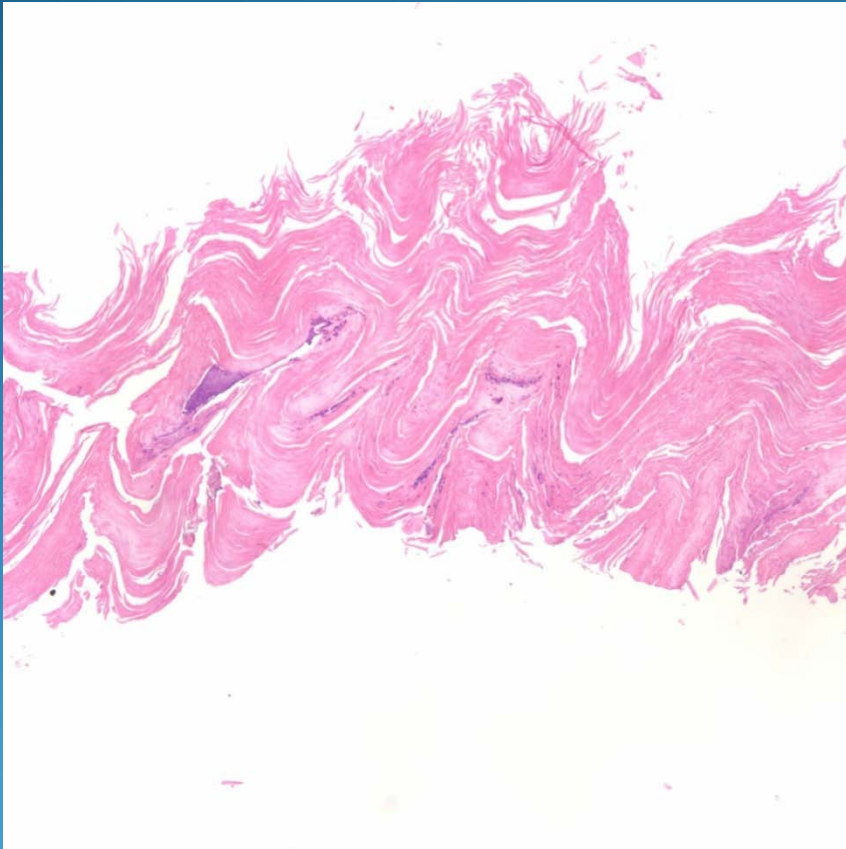
PAS for Fungus



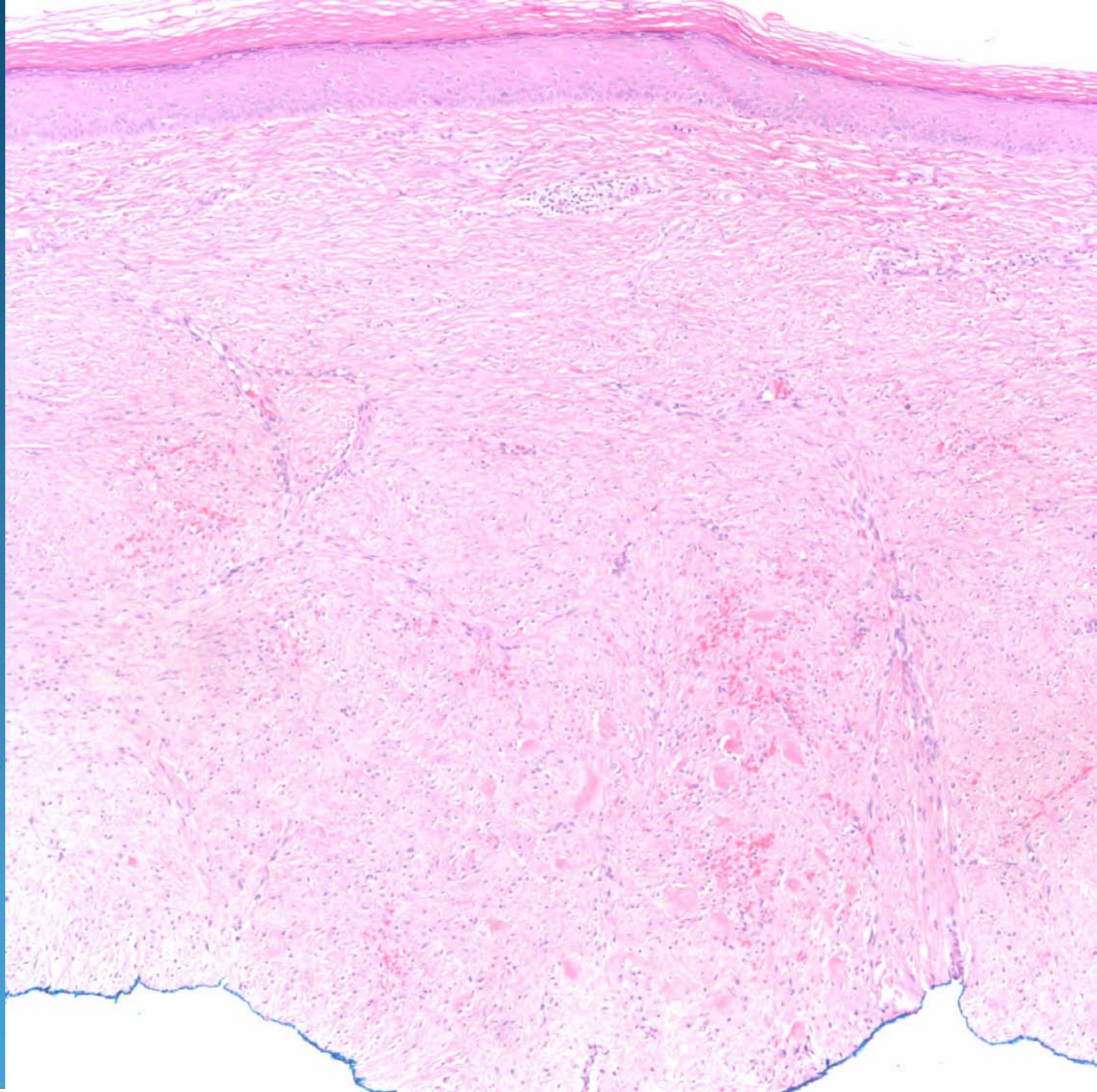


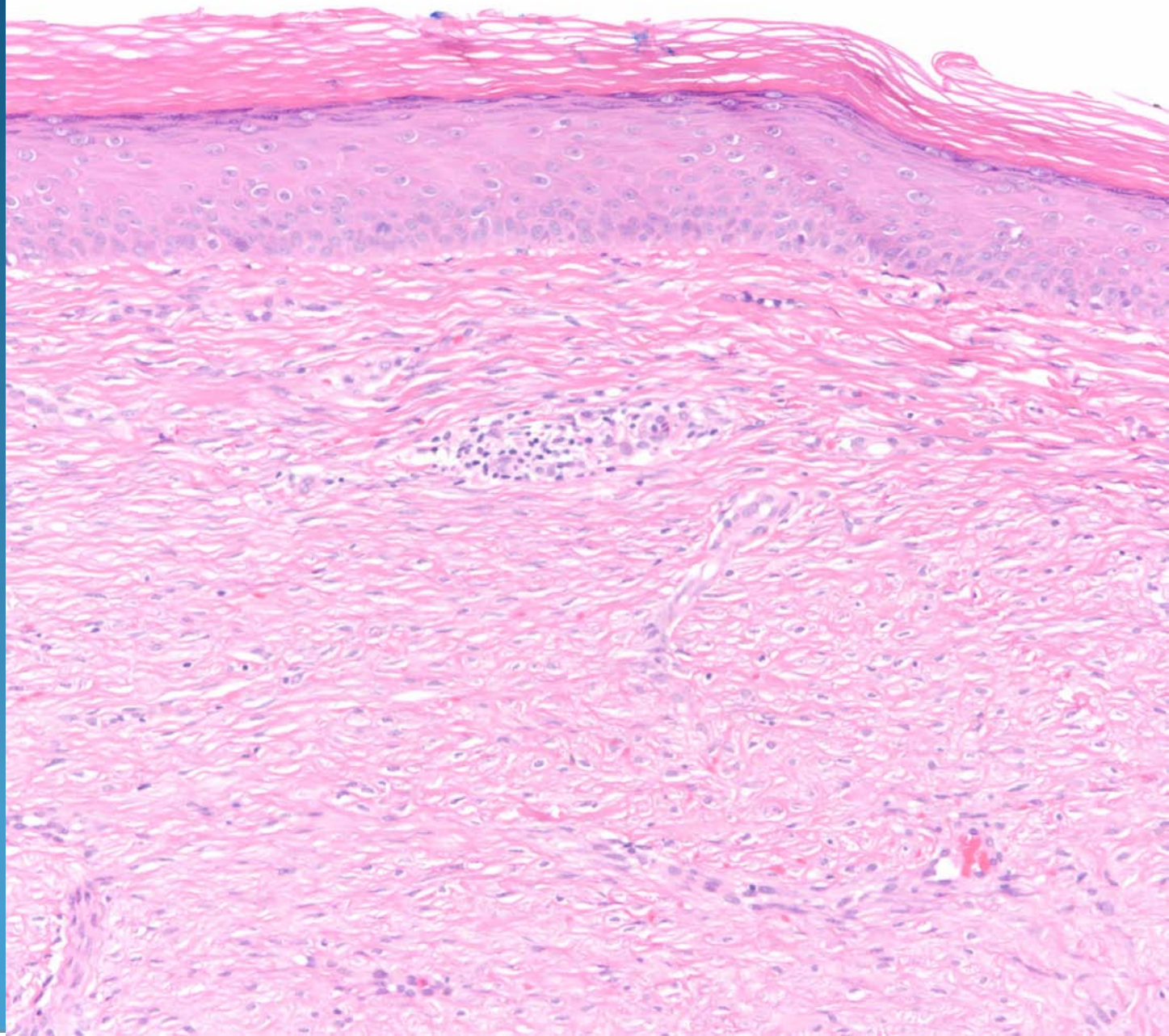
Onychomycosis

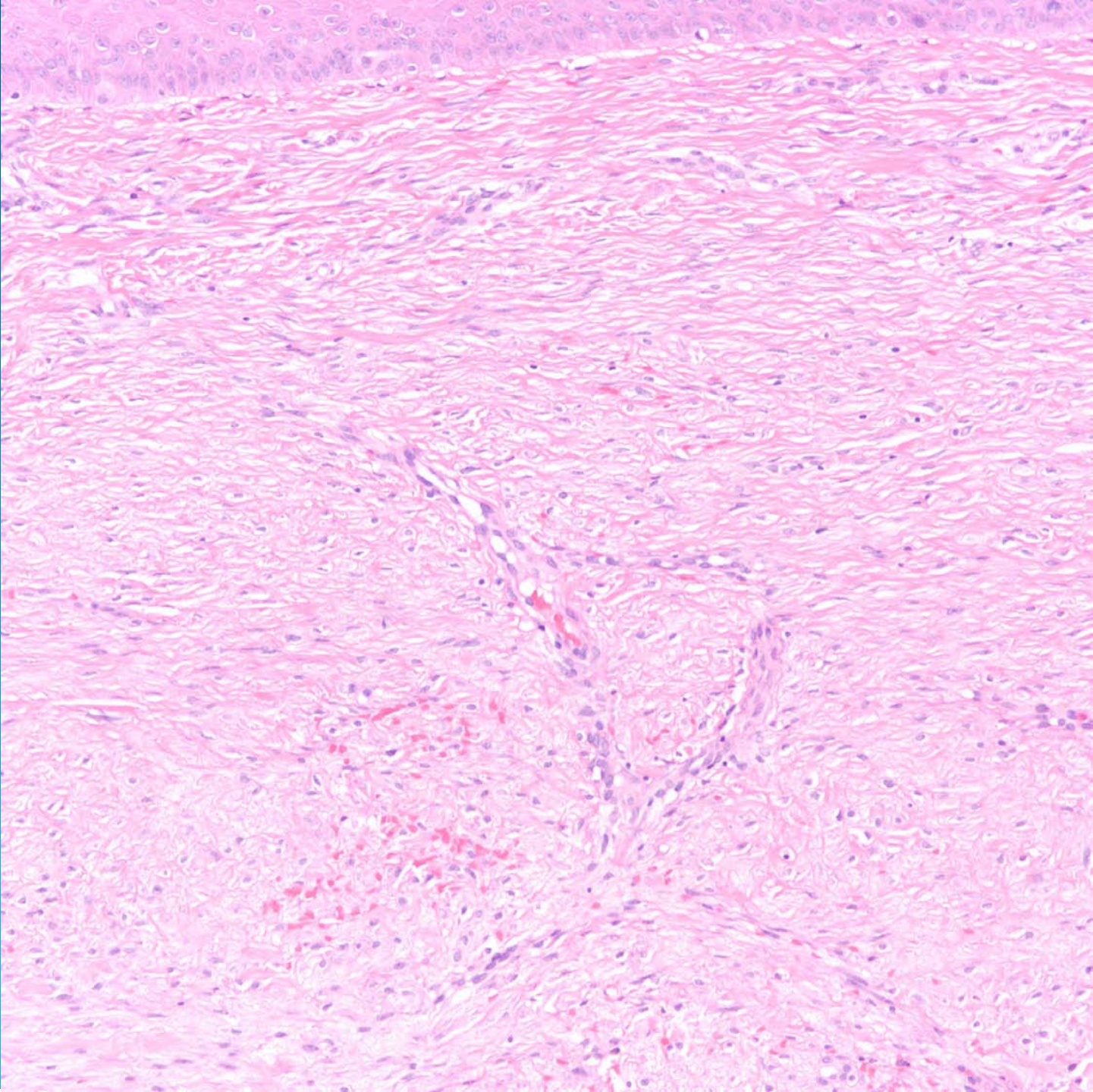
Pearls

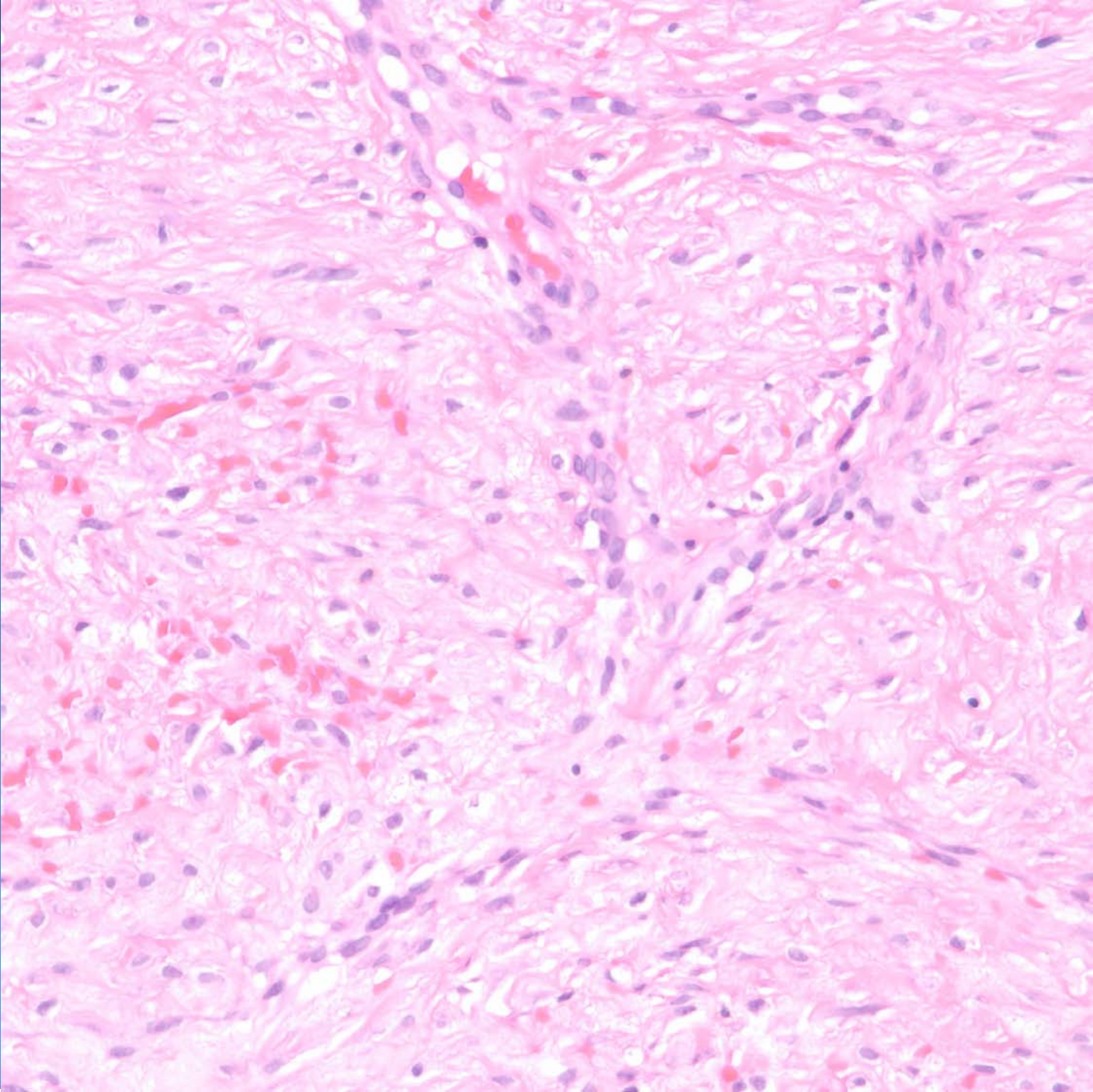


- Recognize nail shavings or curetting
- May see intracorneal neutrophils
- PAS for fungus or GMS stain may be used to confirm
- If negative, always consider psoriasis of the nails or sampling



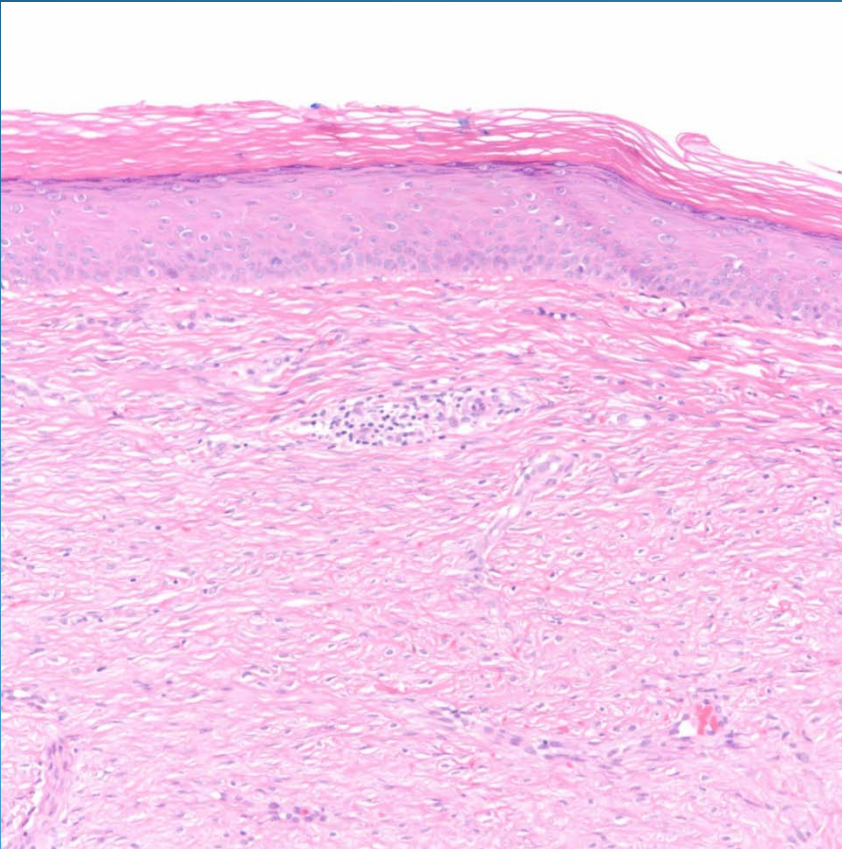




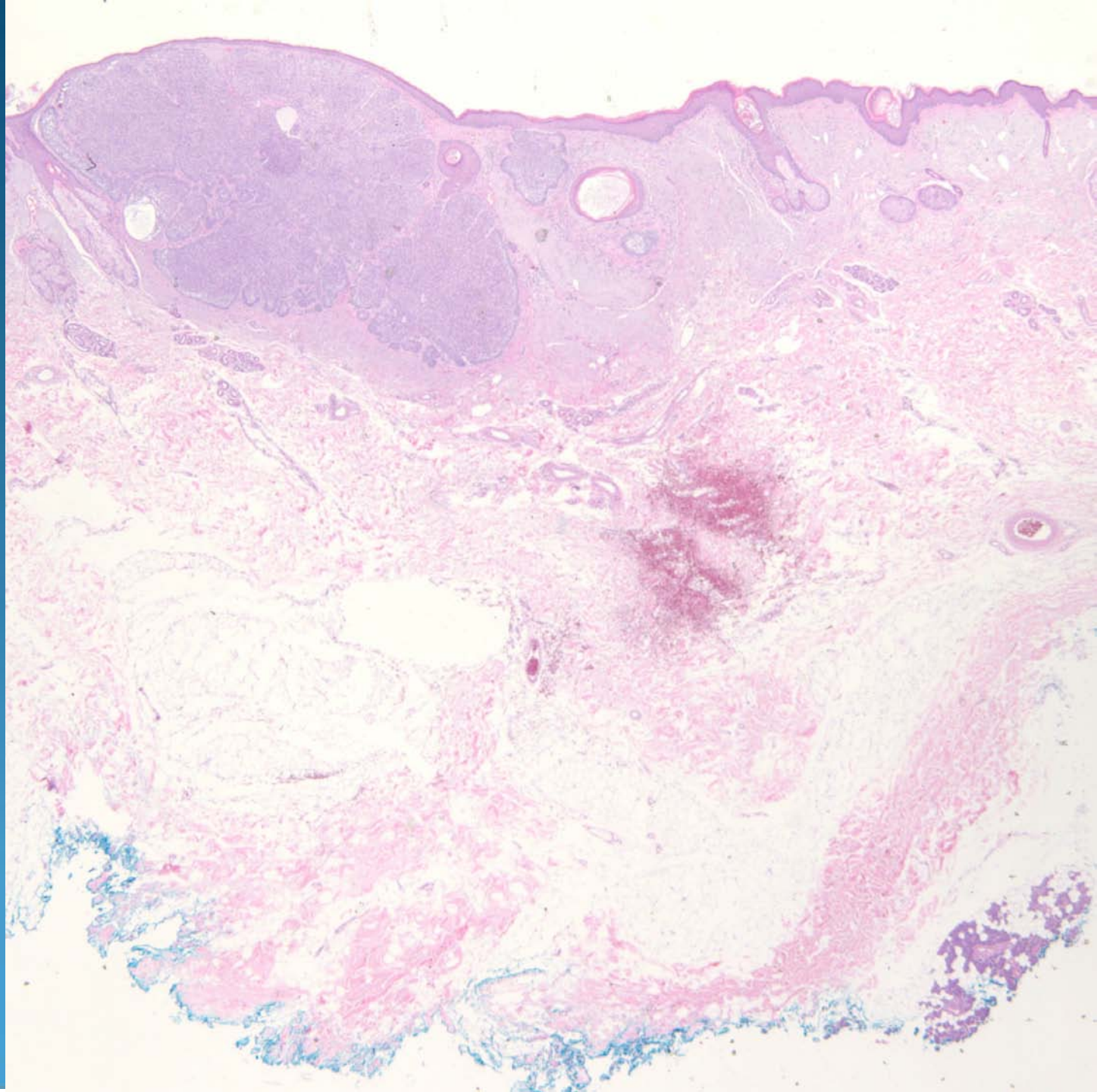


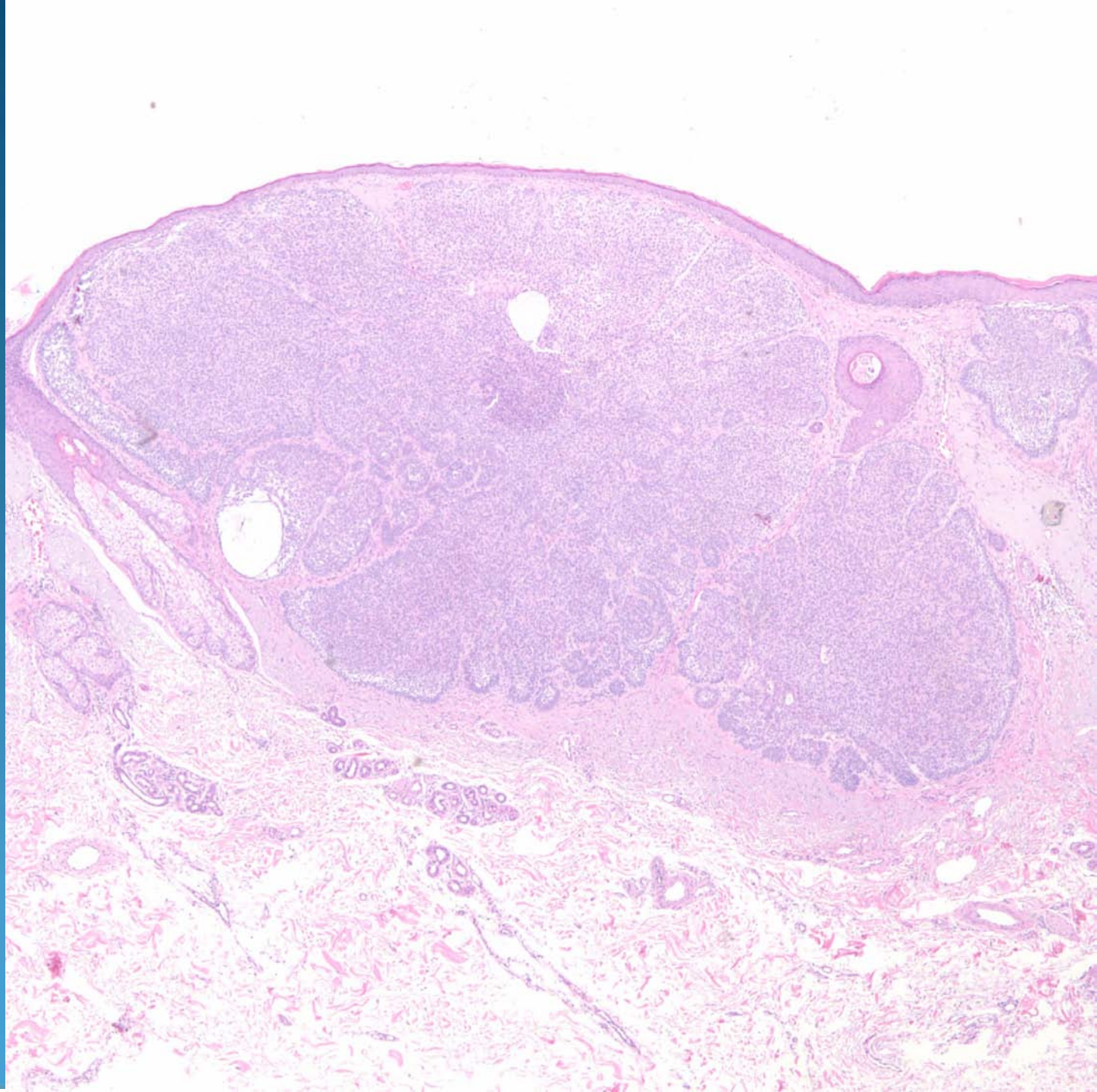
Hypertrophic Scar

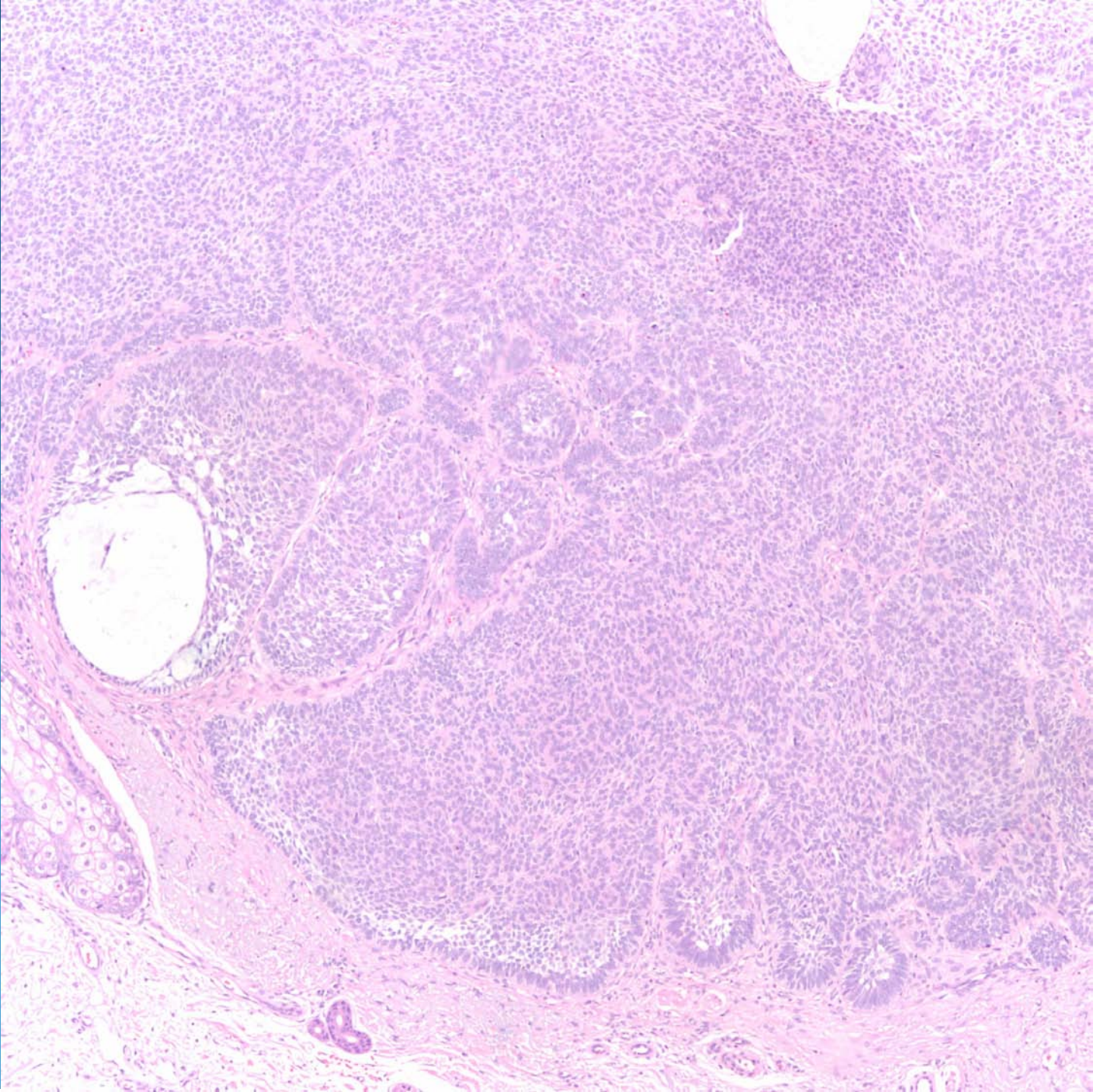
Pearls

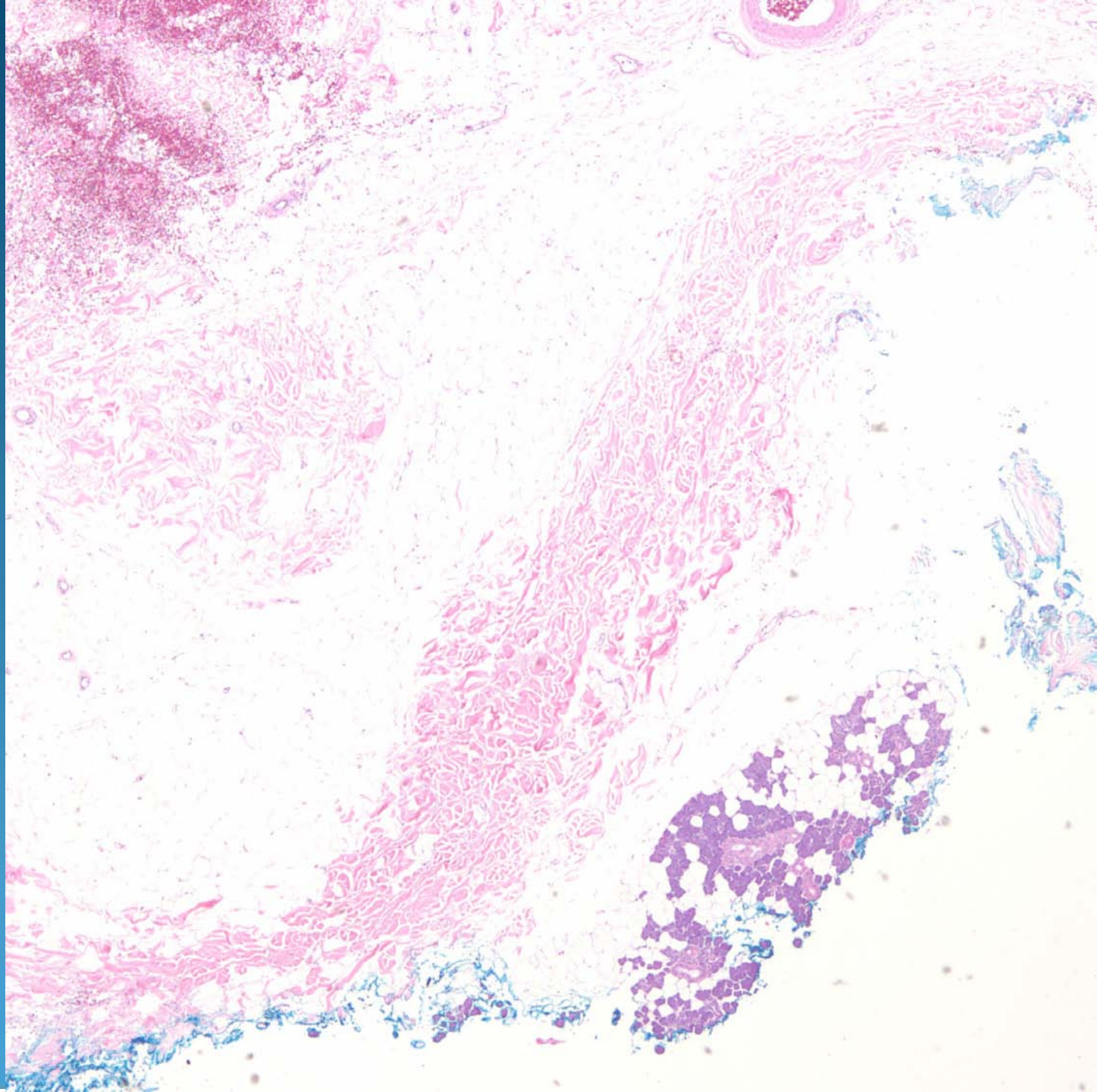


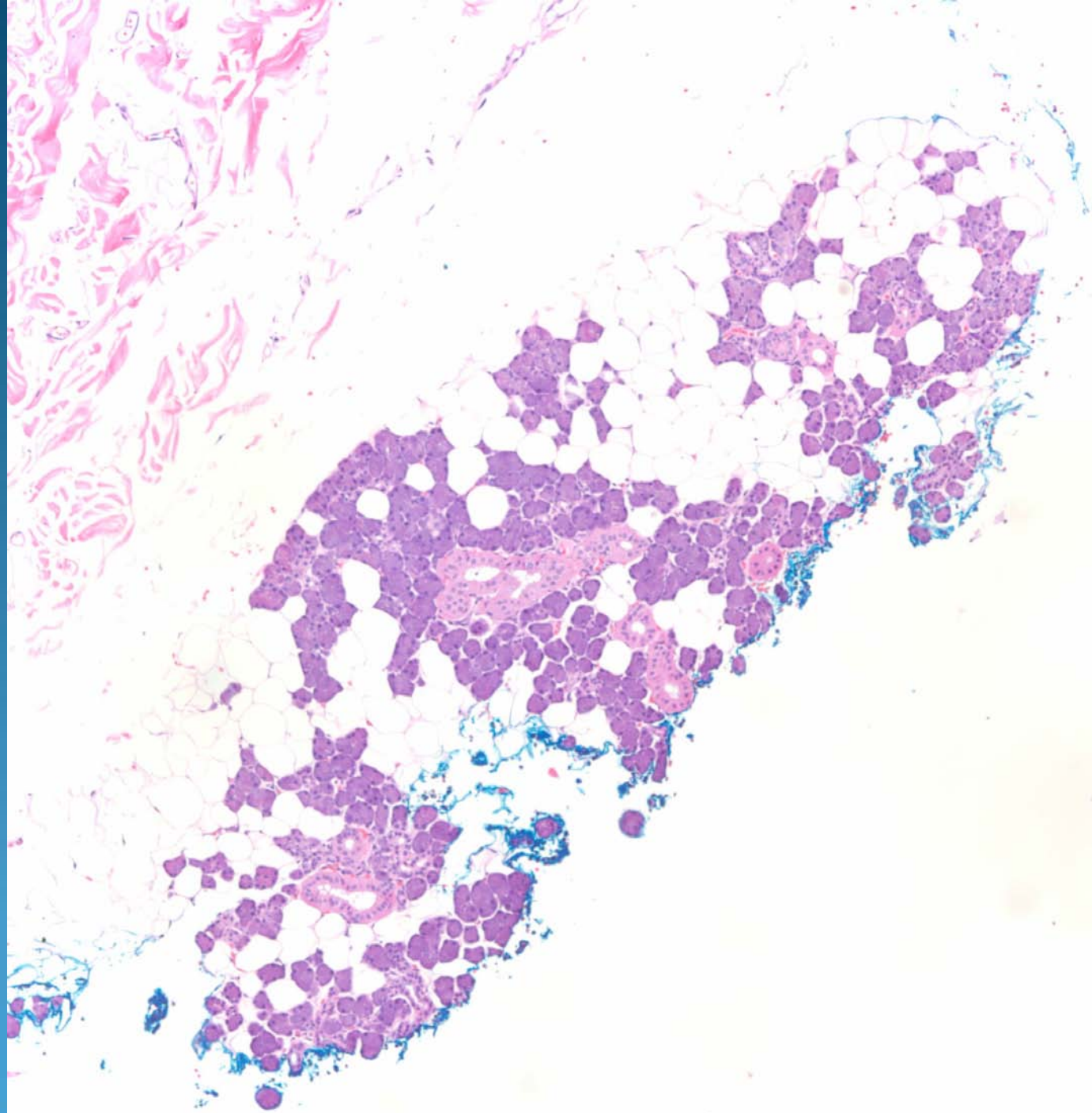
- Rete ridges usually effaced
- Diffuse dermal fibrosis with blood vessels arranged in perpendicular orientation with respect to horizontal axis of epidermis
- May have dermal hemorrhage

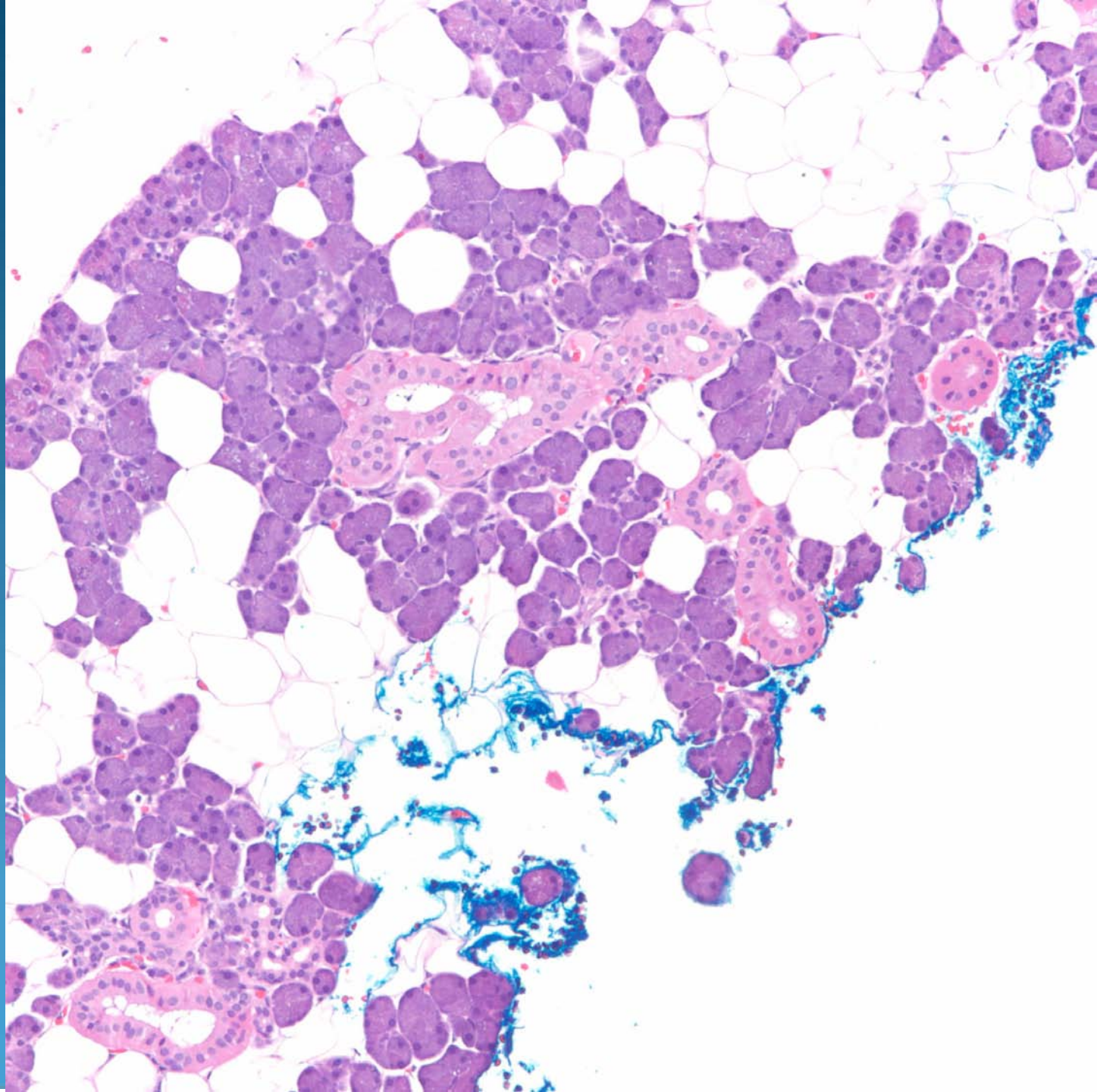


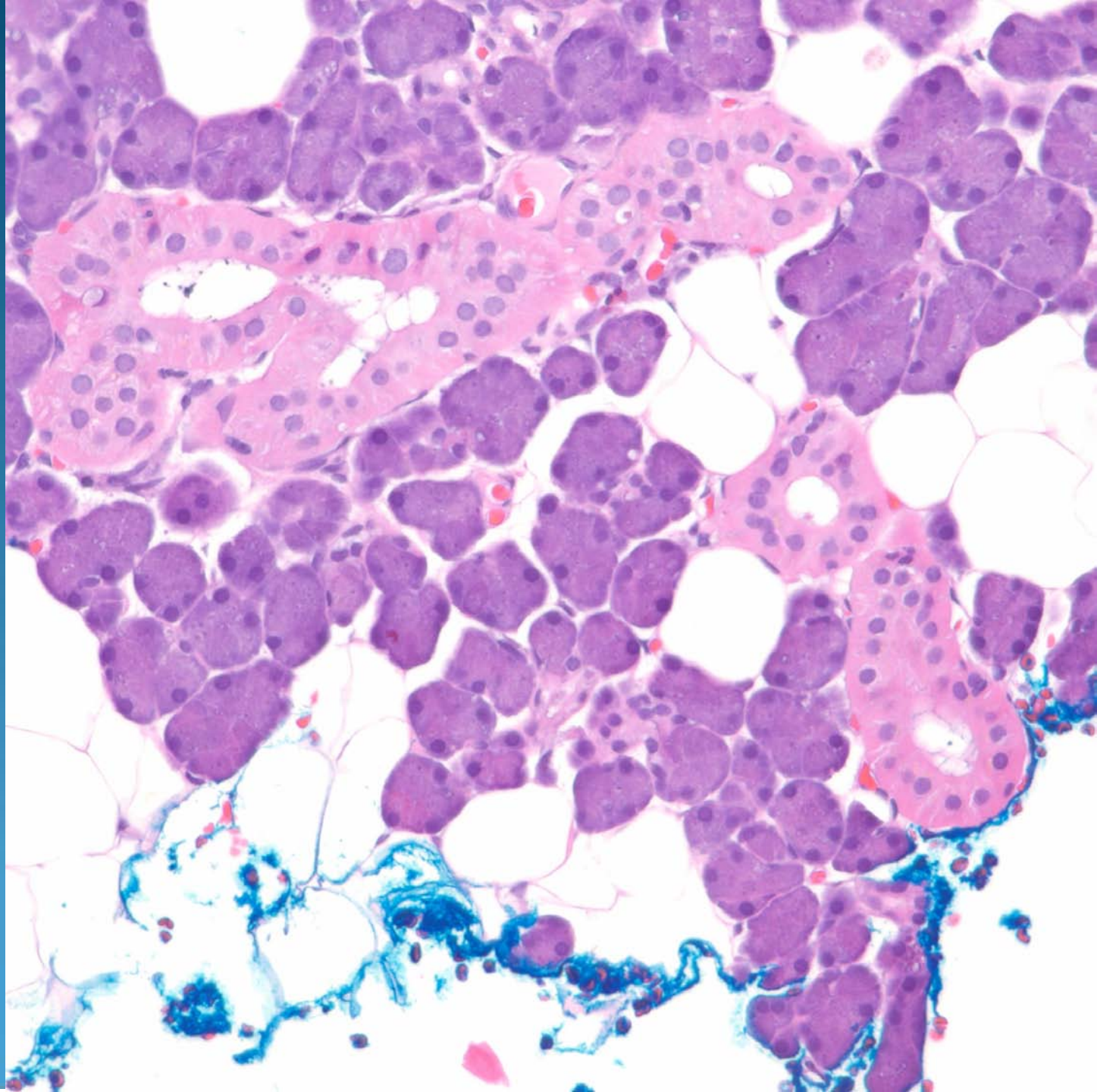






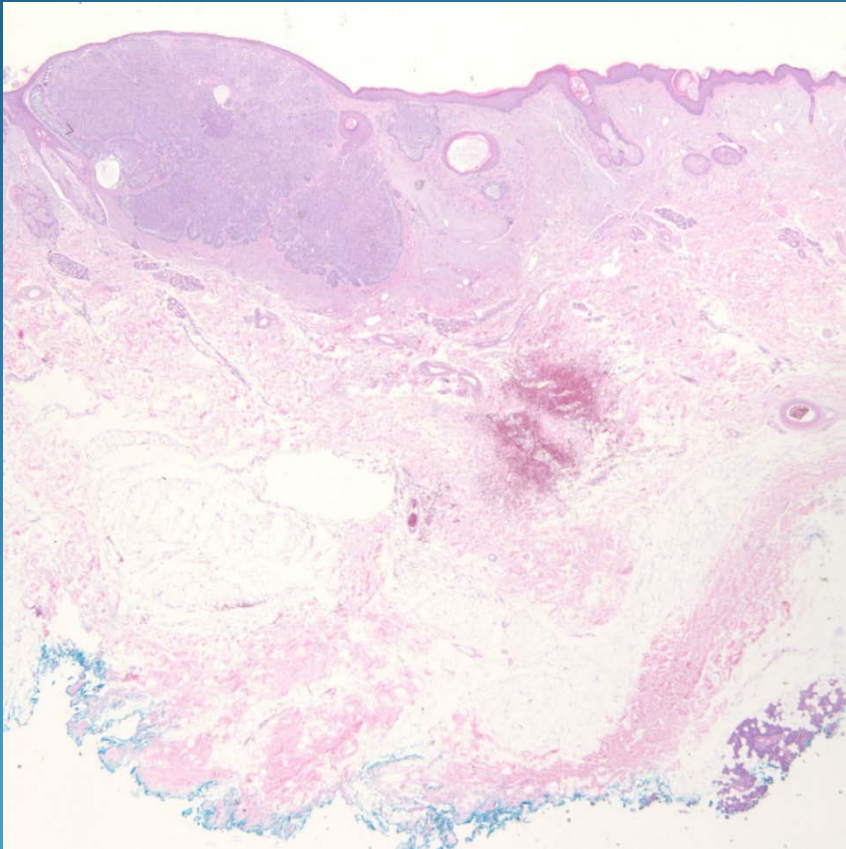




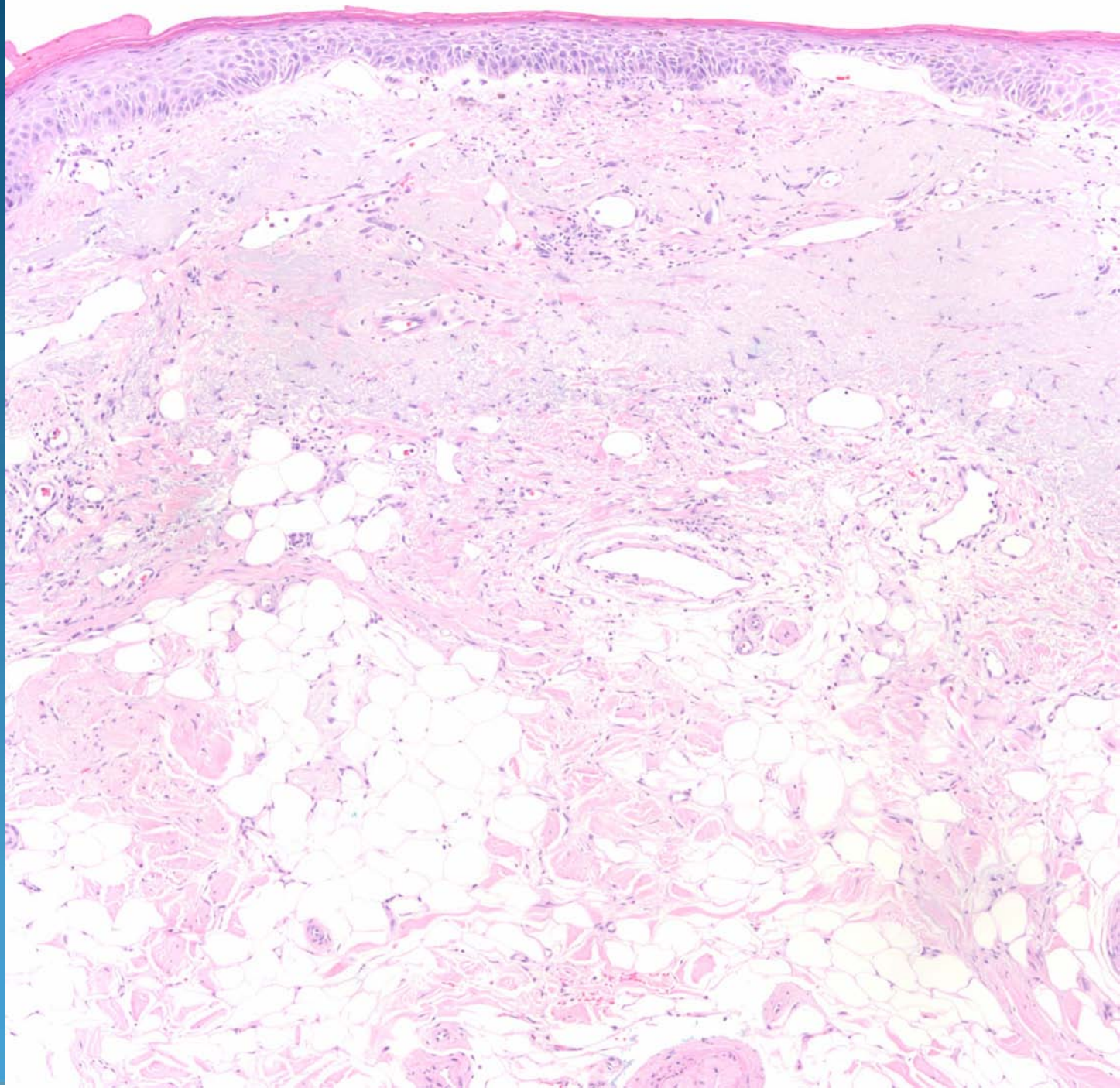


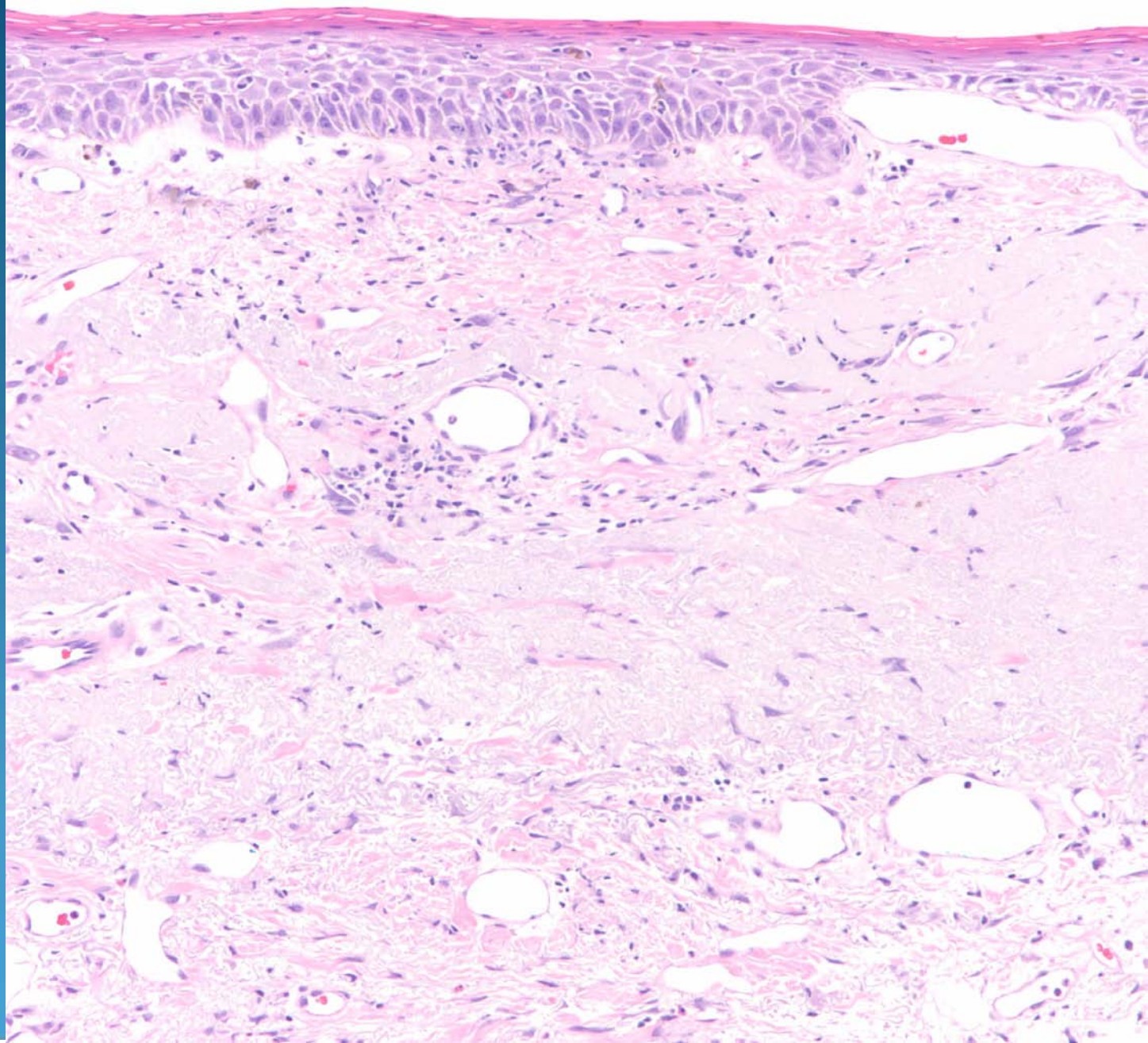
Nodular Basal Cell Carcinoma with Deep Margin Containing Benign Parotid Salivary Gland Tissue

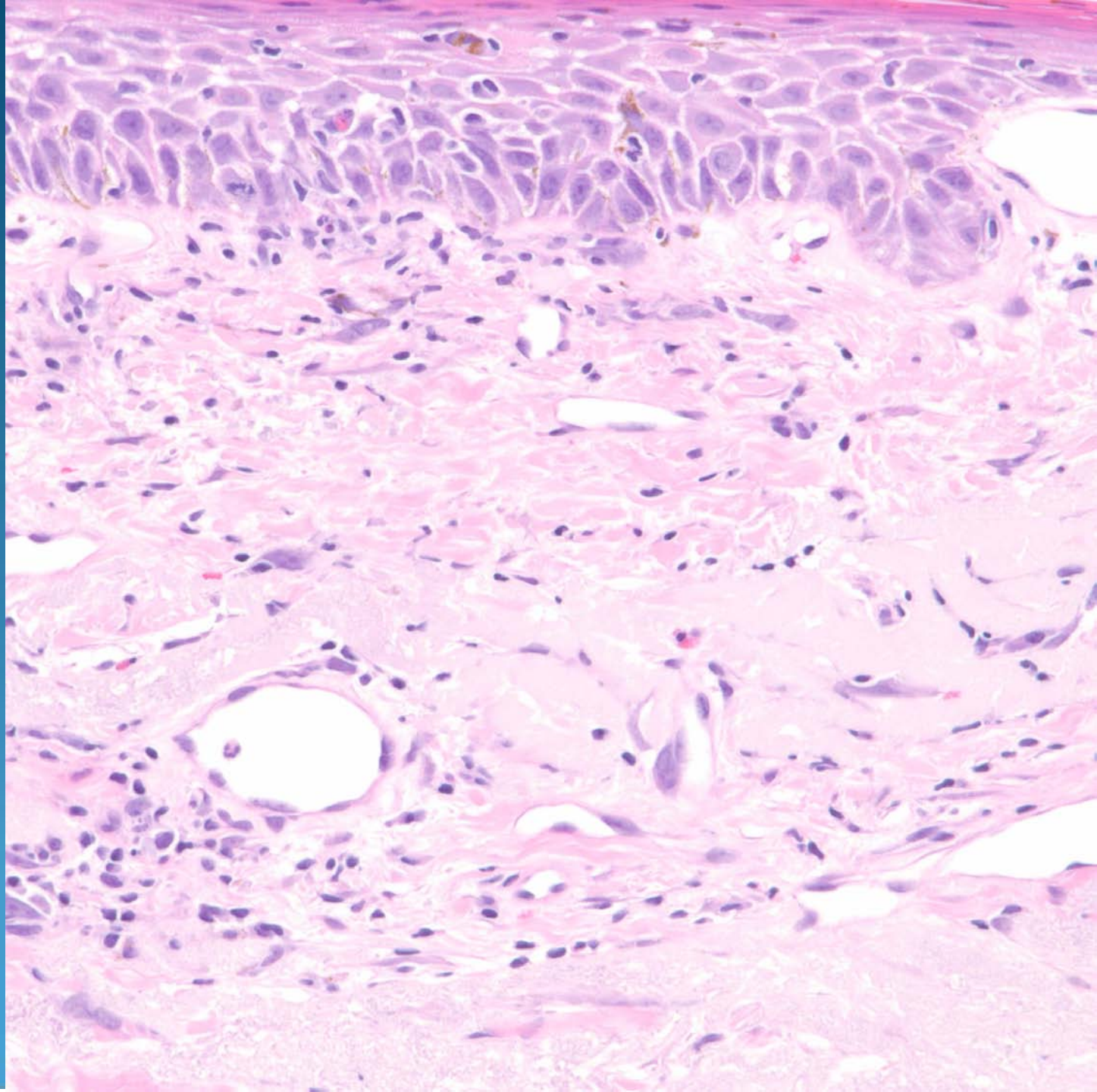
Pearls

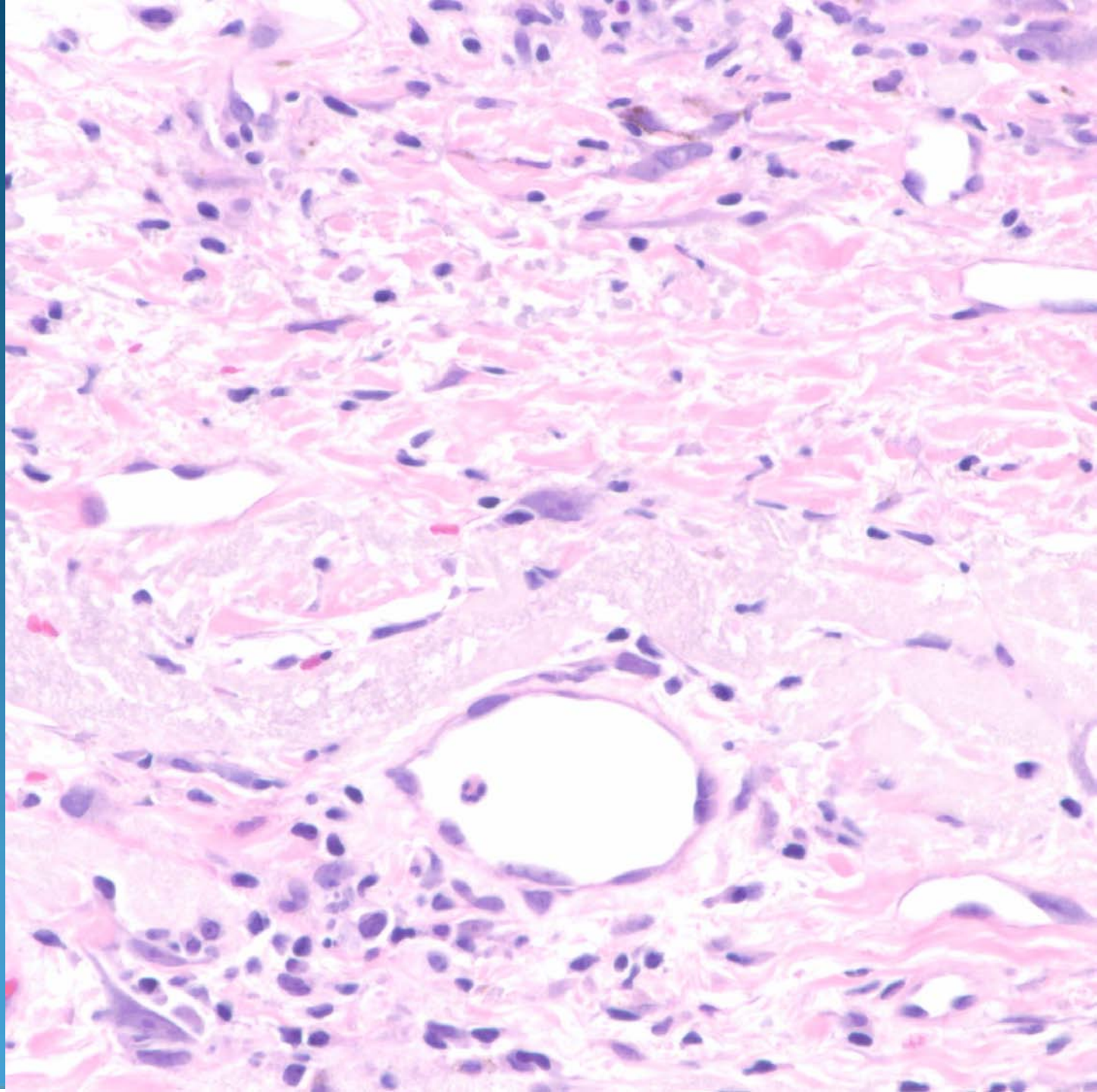


- Head and Neck excisions may occasionally contain salivary gland tissue
- Need to be aware of the histology of normal salivary gland tissue to avoid over diagnosis of a glandular malignancy



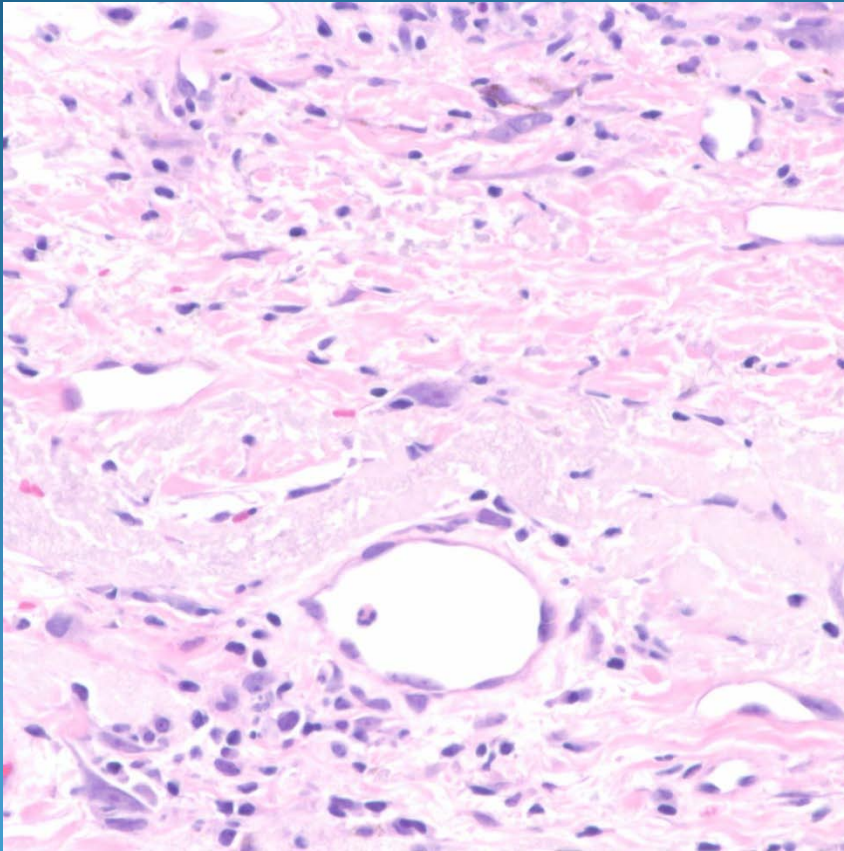




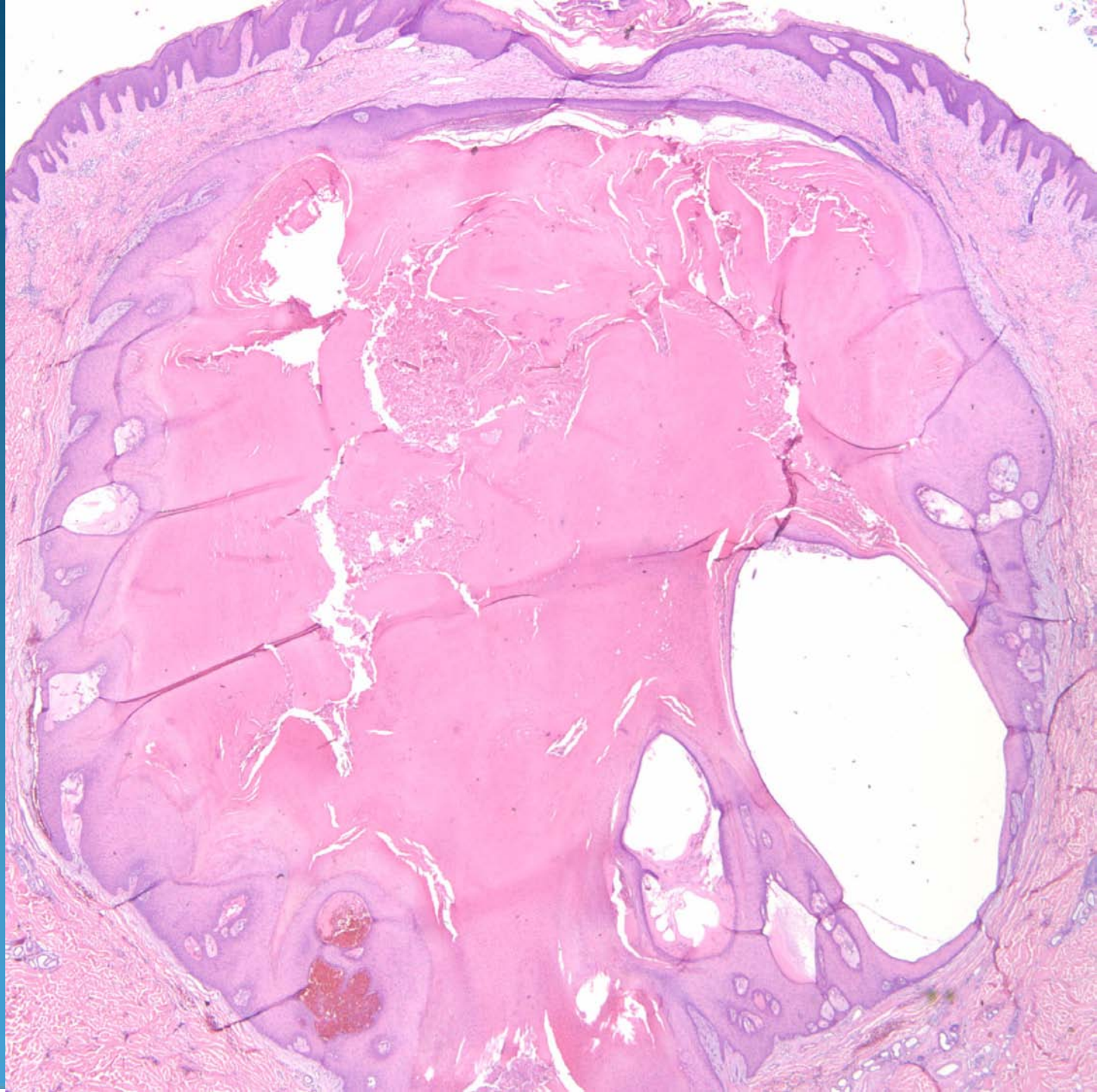


Radiation Dermatitis, Subacute

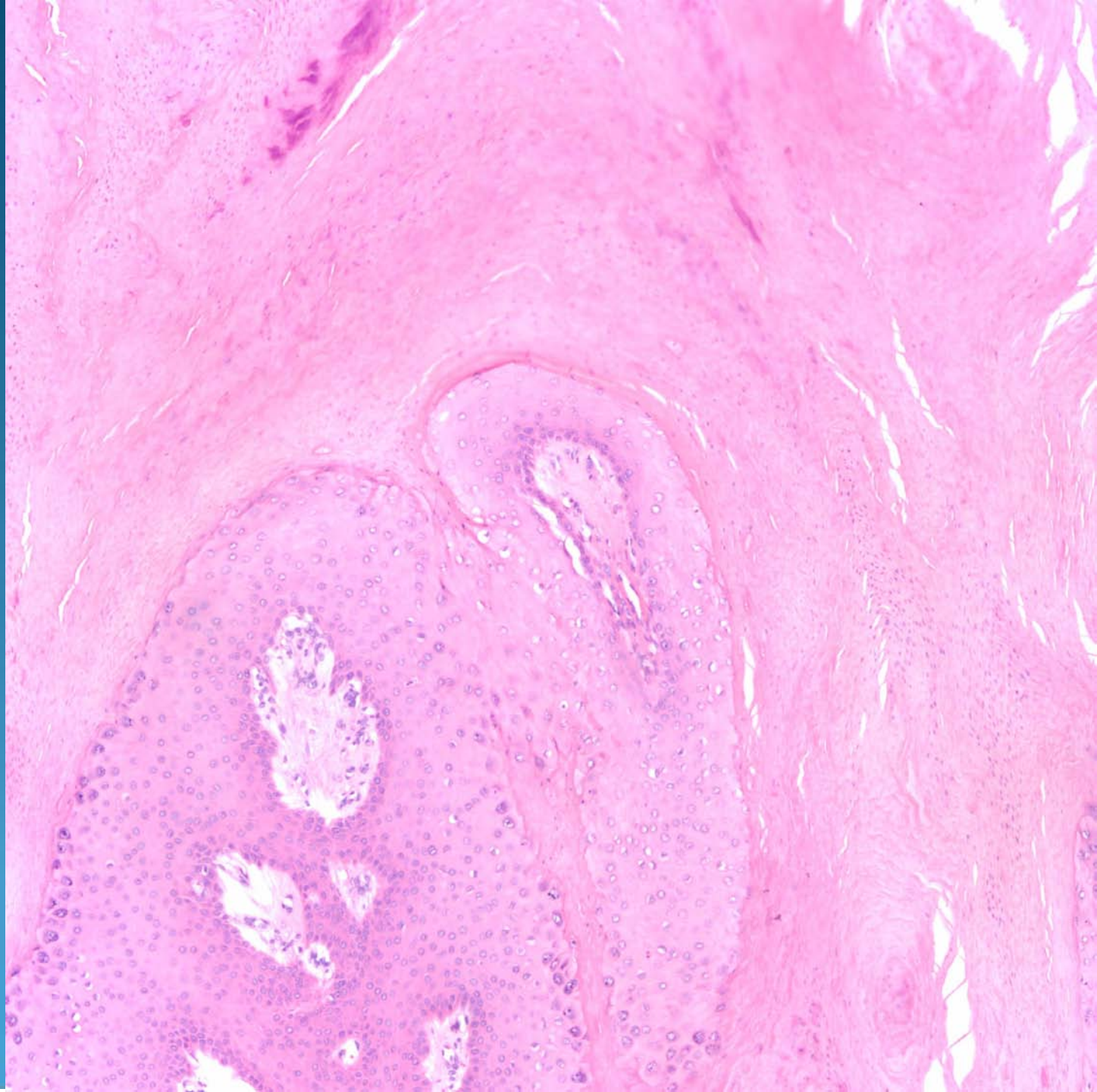
Pearls

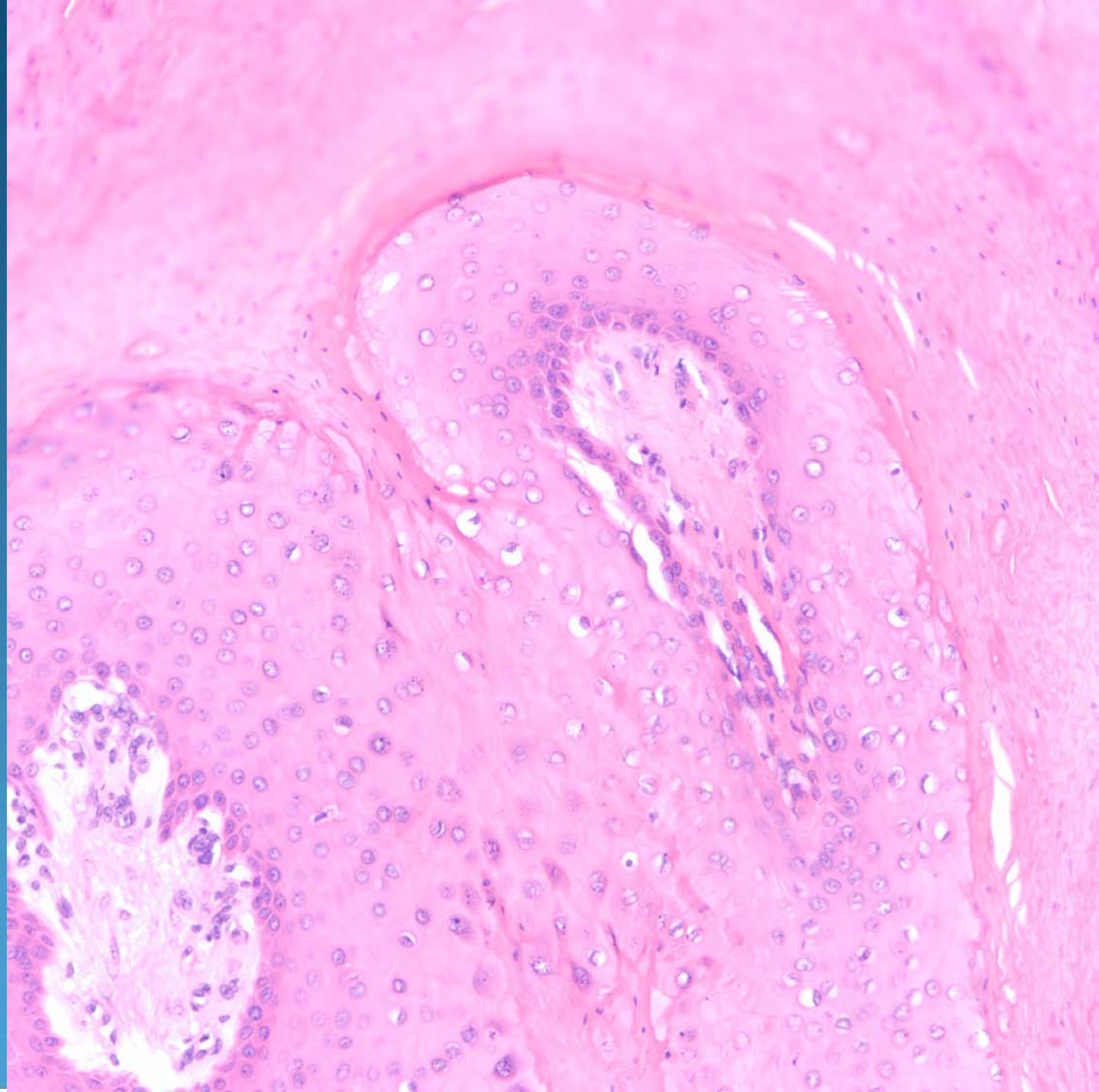


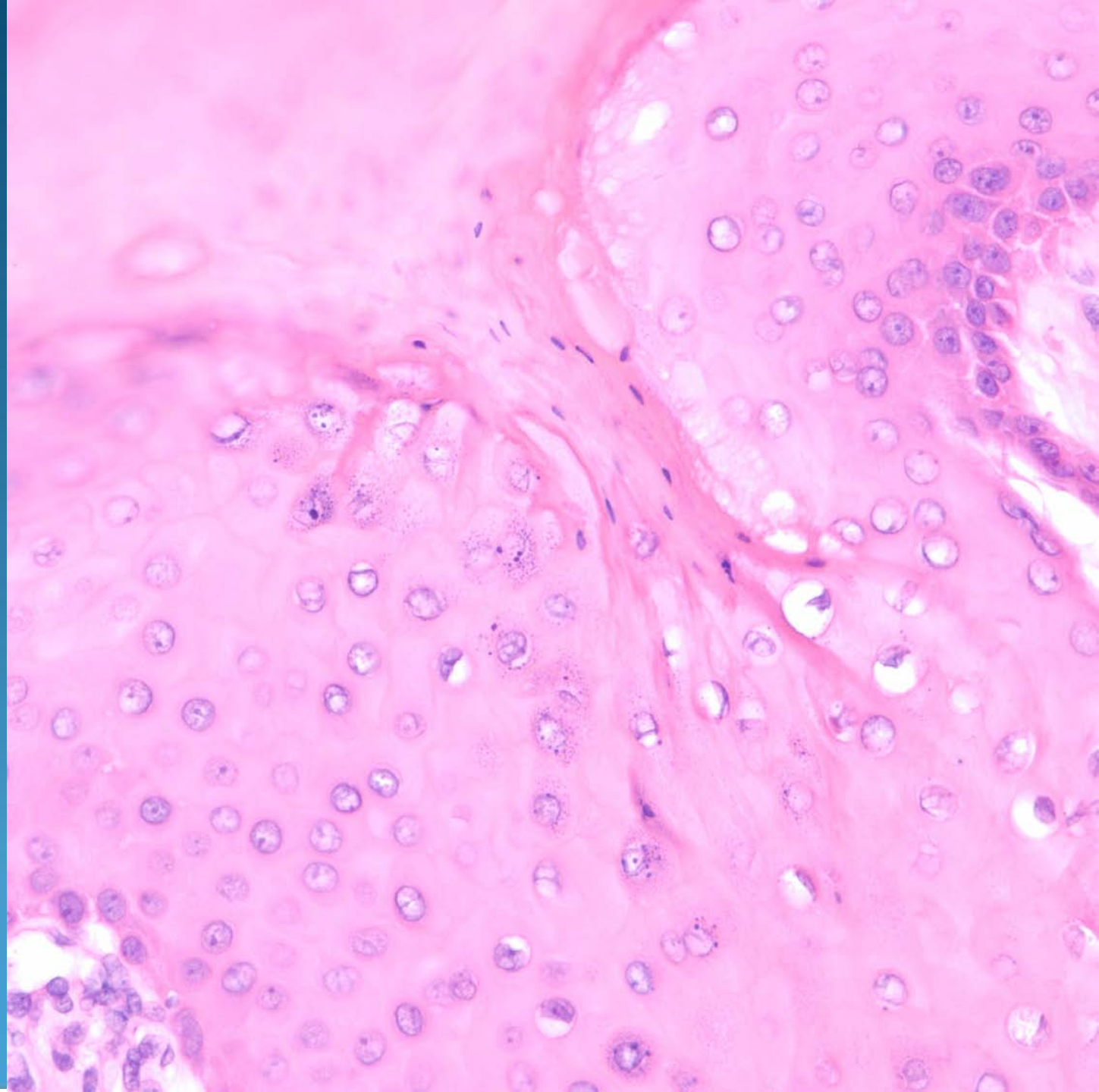
- Variable histopathology but usually edema with focal hemorrhage
- Dilated capillary sized vessels
- Scattered atypical fibroblasts with hyperchromatic nuclei with “smudged” nuclear chromatin





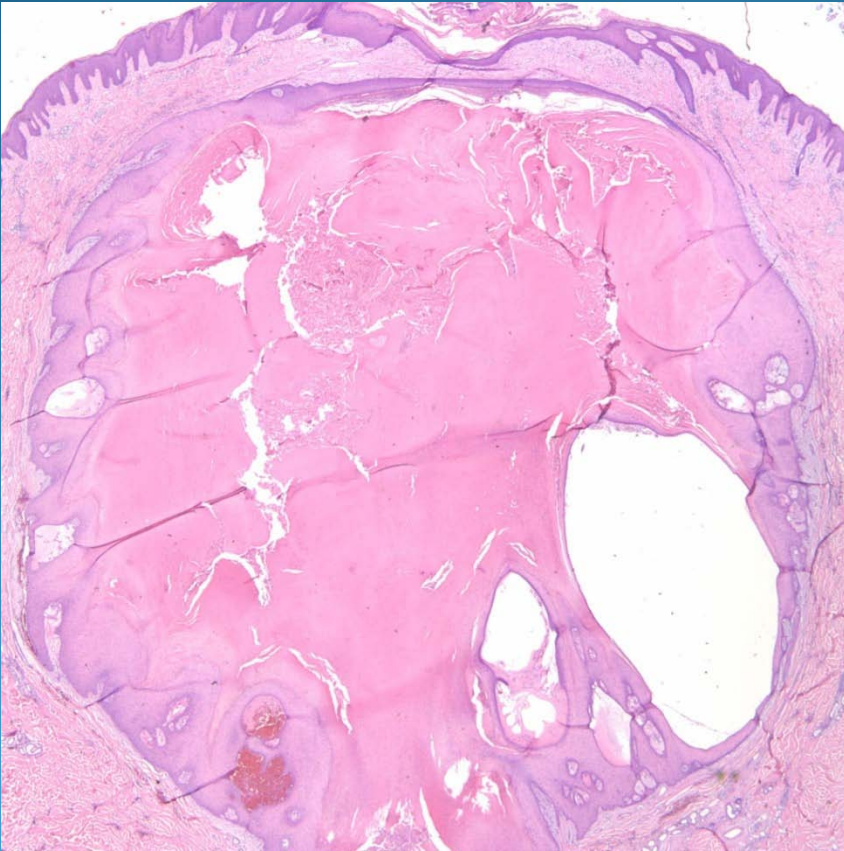






Verrucous Epidermal Cyst

Pearls



- Circumscribed epithelial cyst
- Verruciform epidermal projections into cyst lumen
- Look for viral cytopathic changes of koilocytes and hypergranulosis