Dermatopathology Slide Review Part 66

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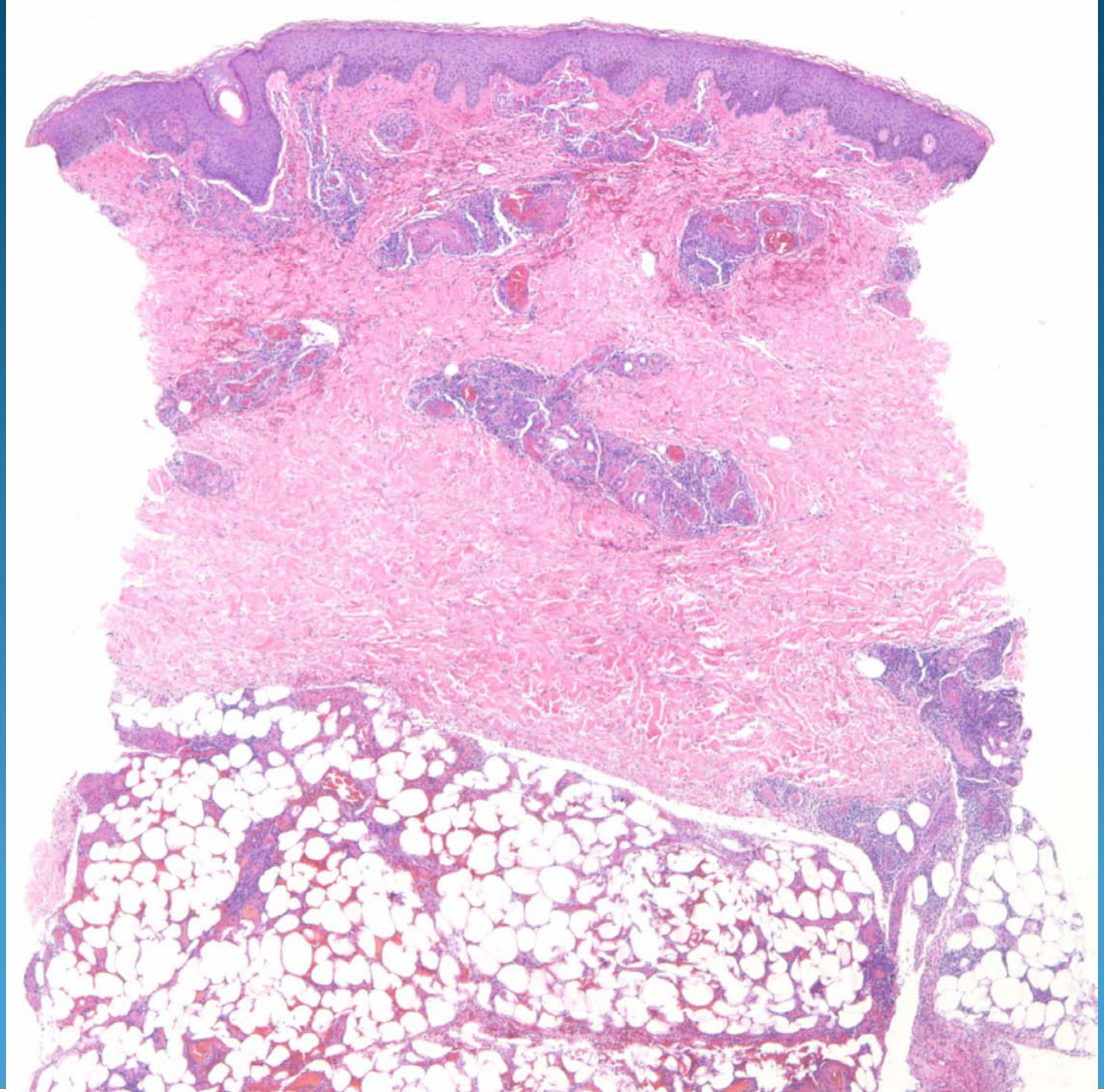
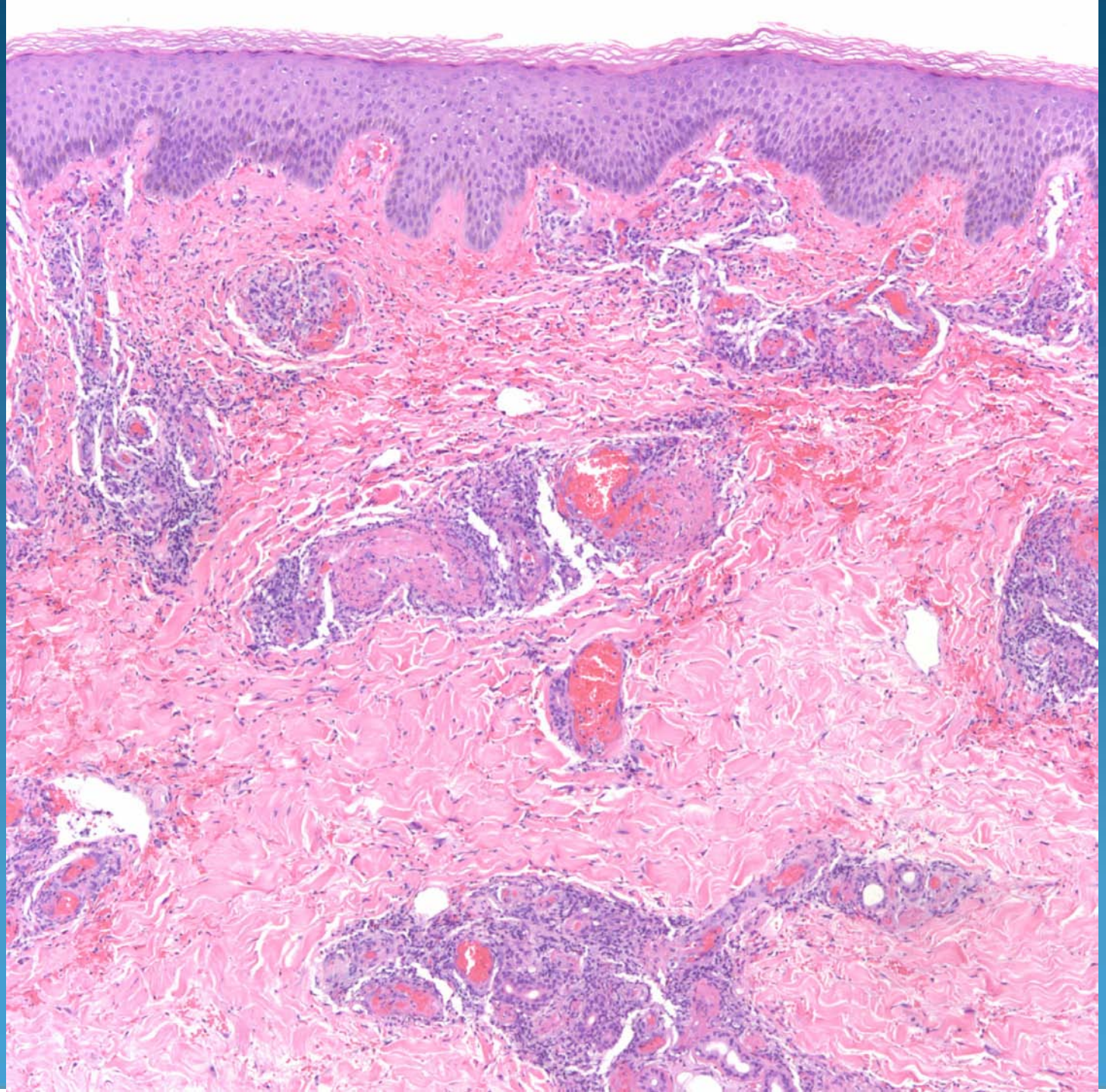
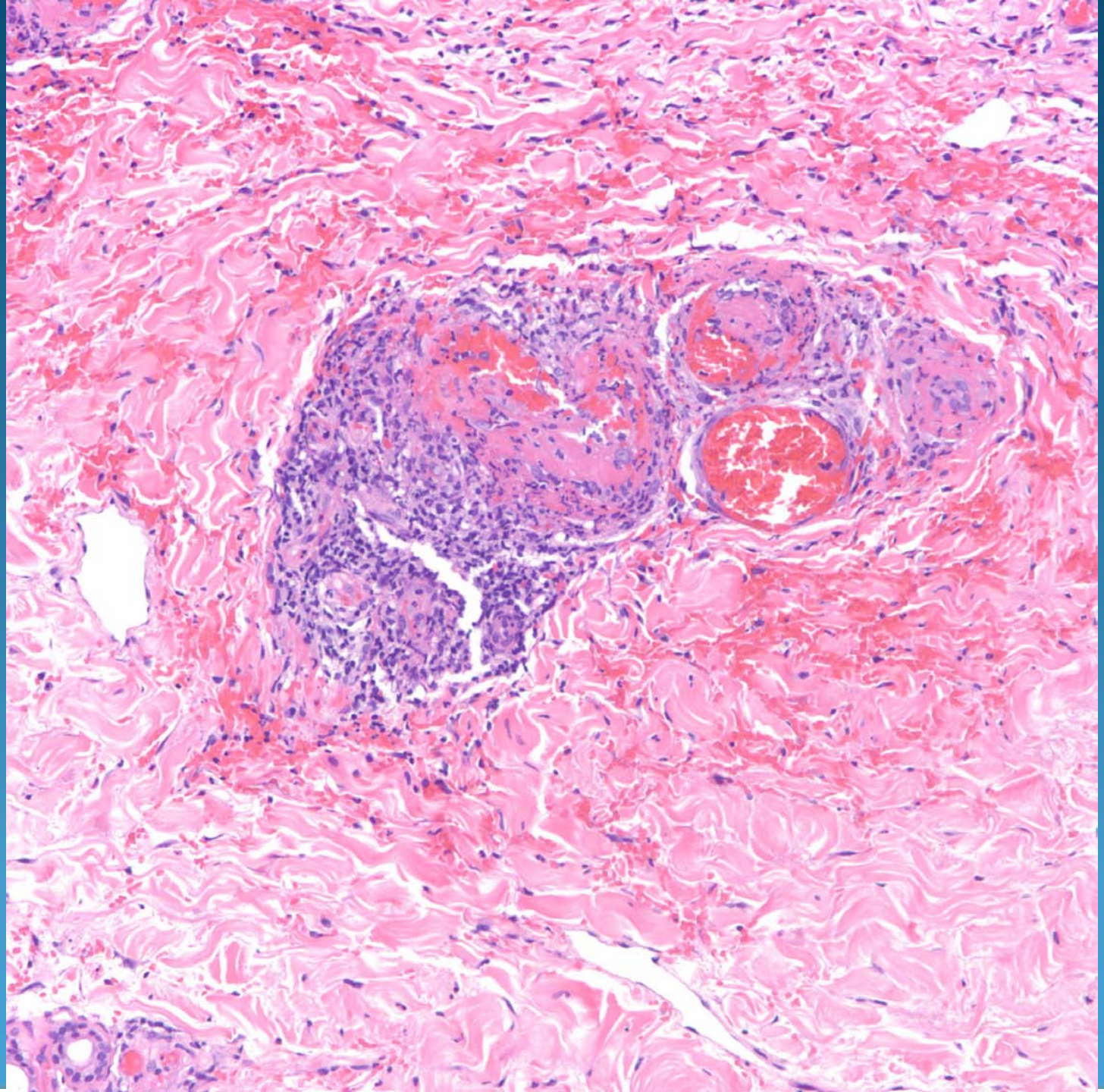
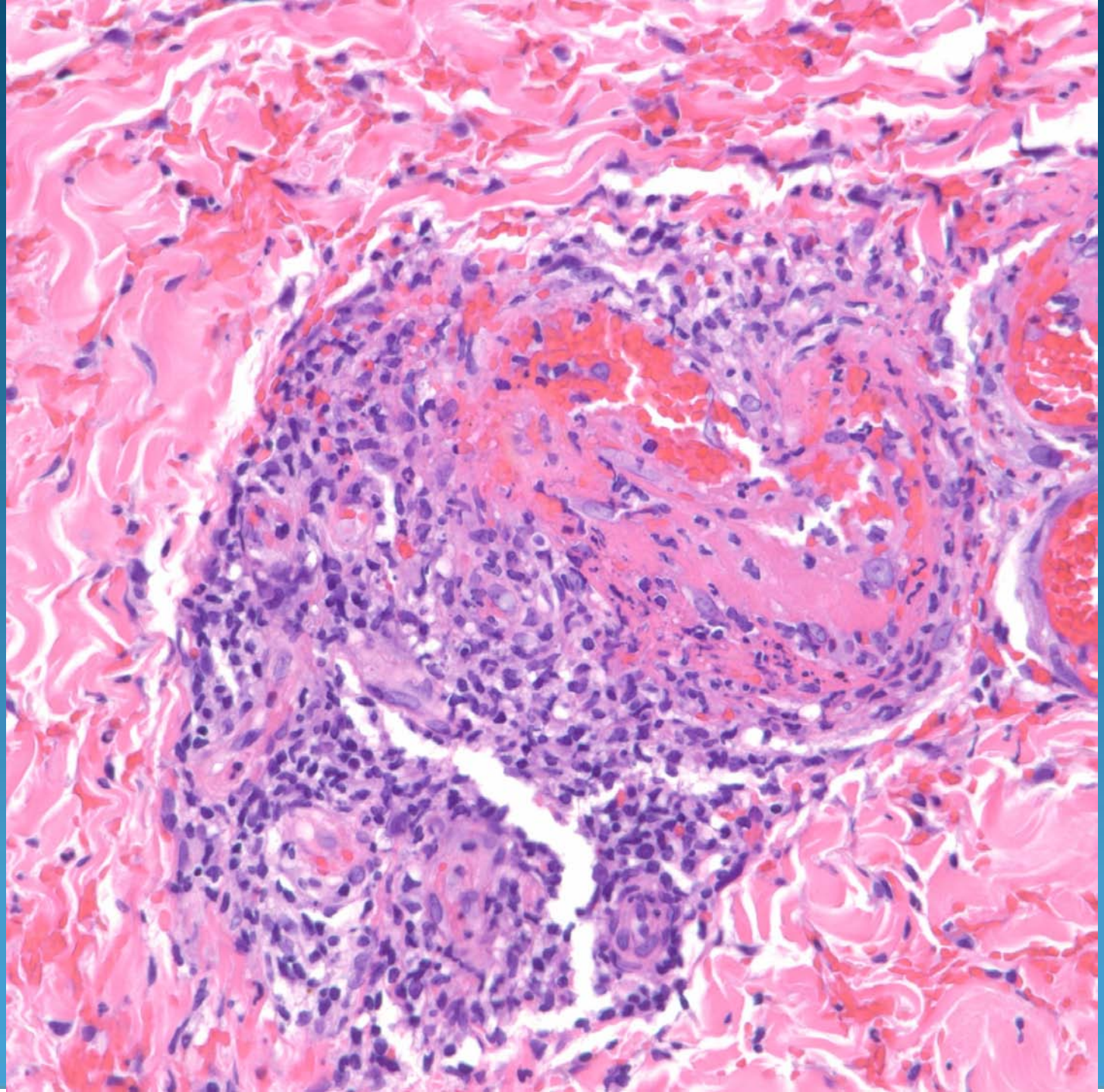
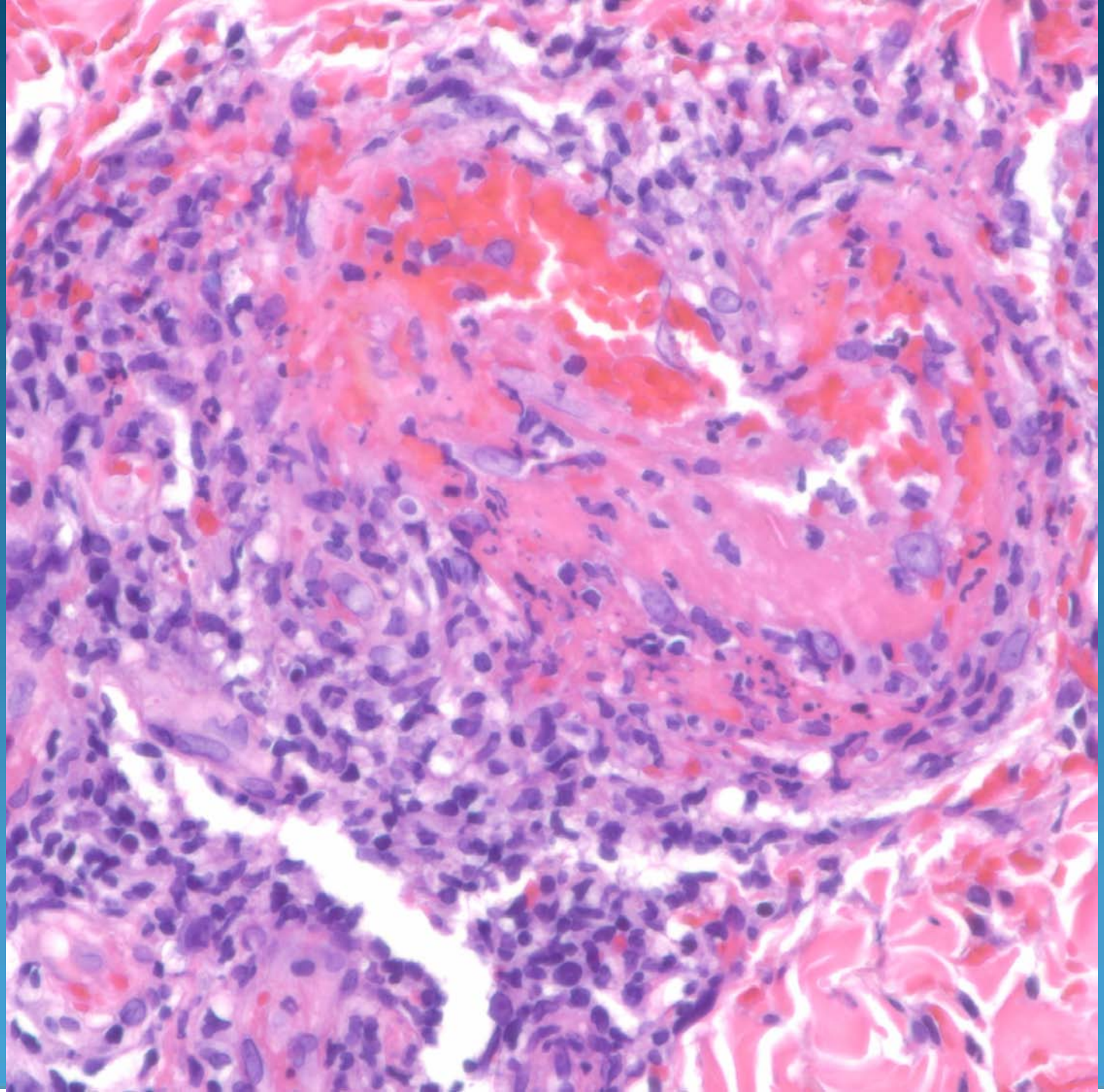




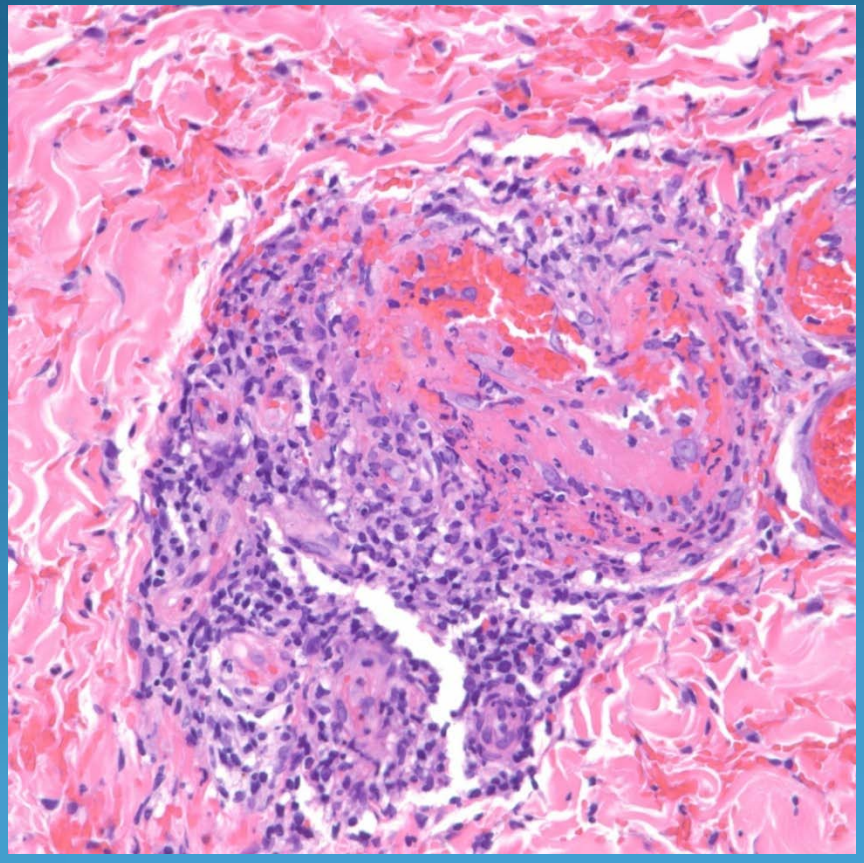




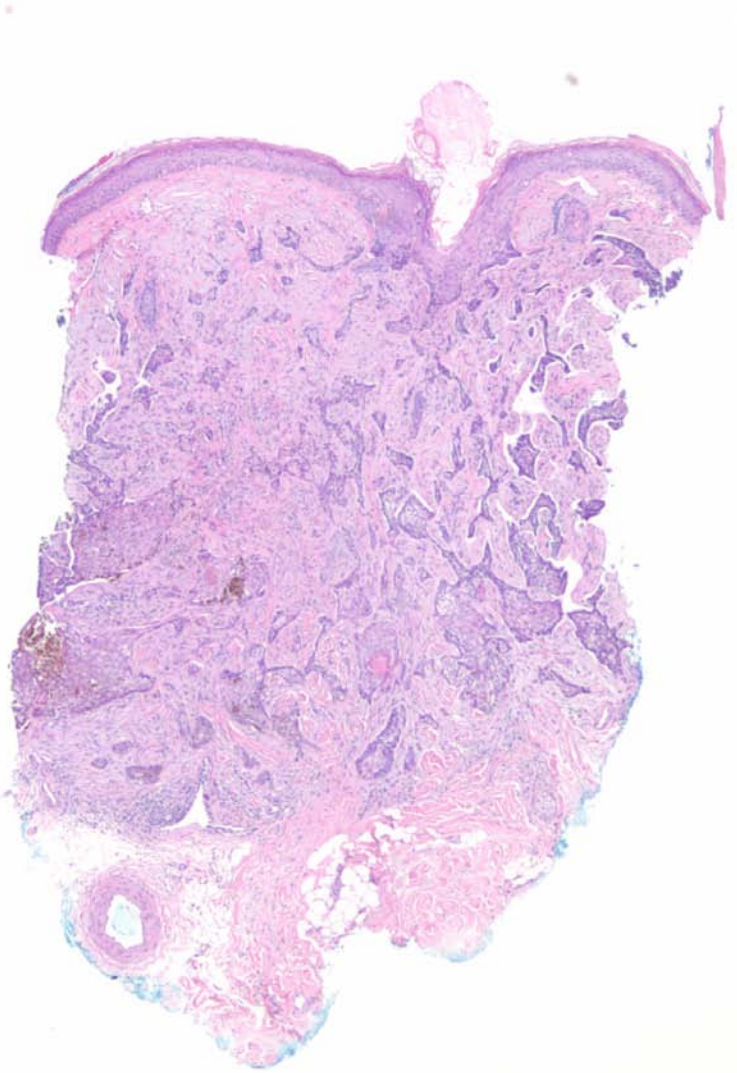


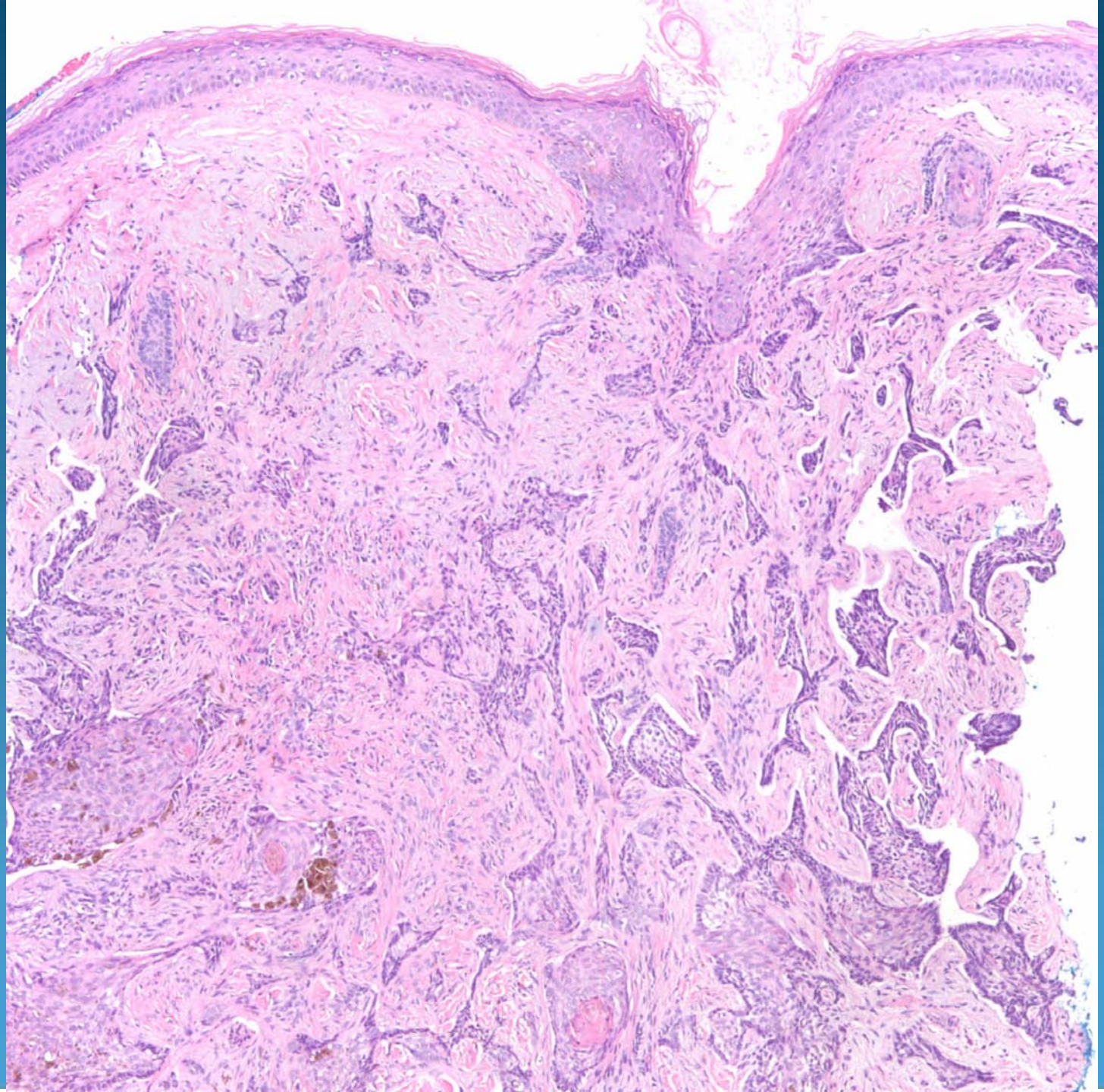
Thrombotic Vasculopathy

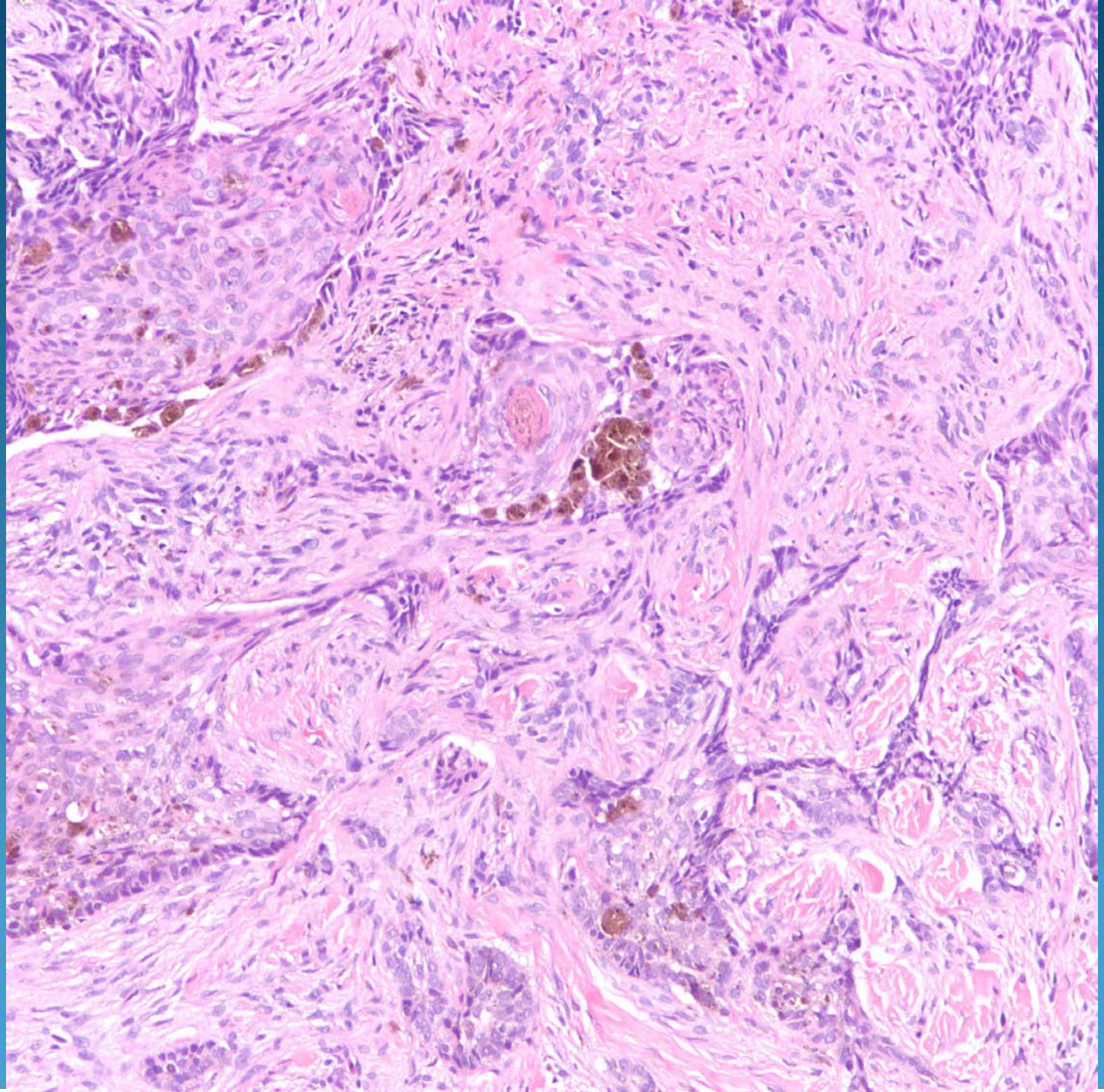
Pearls

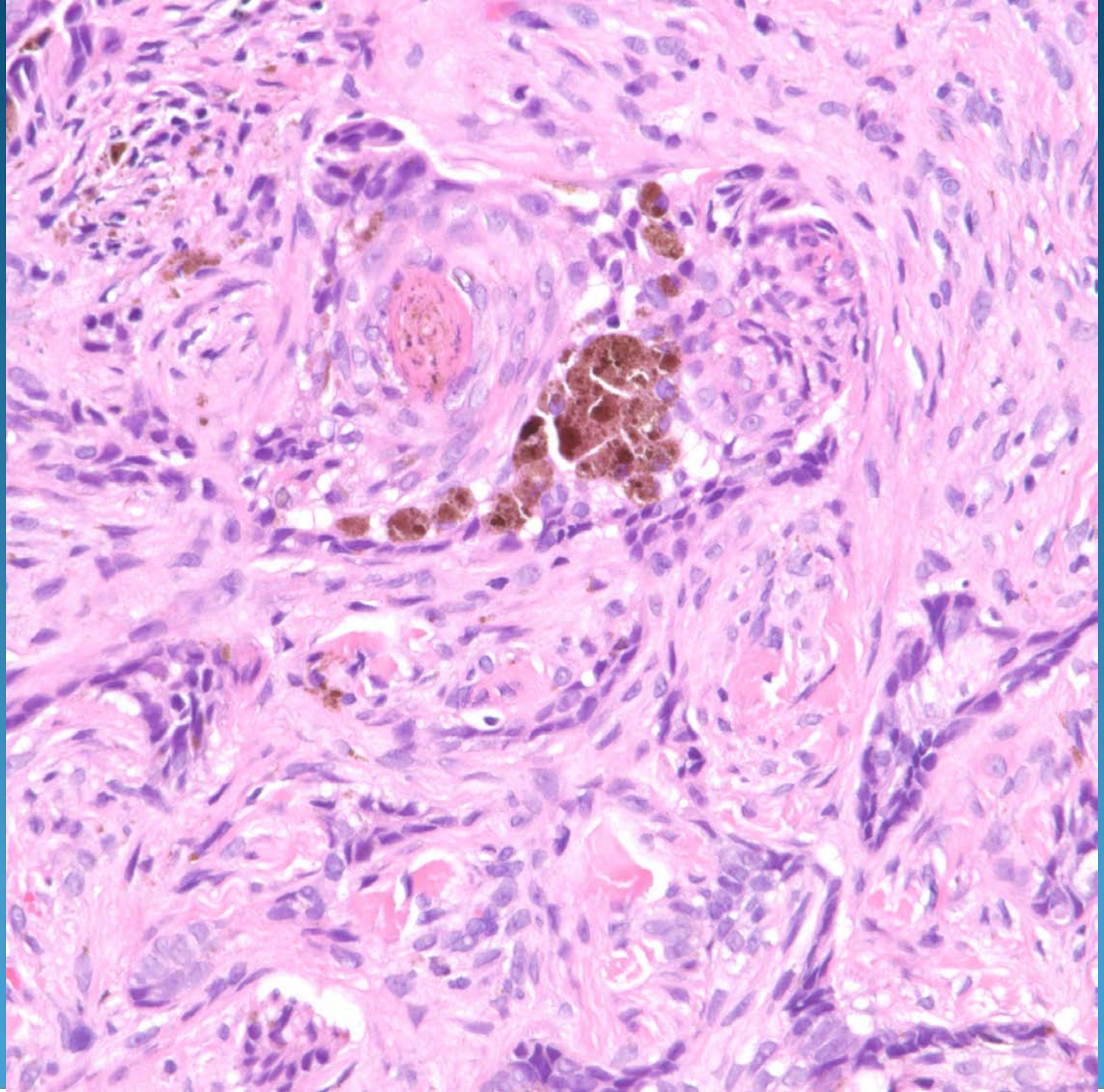


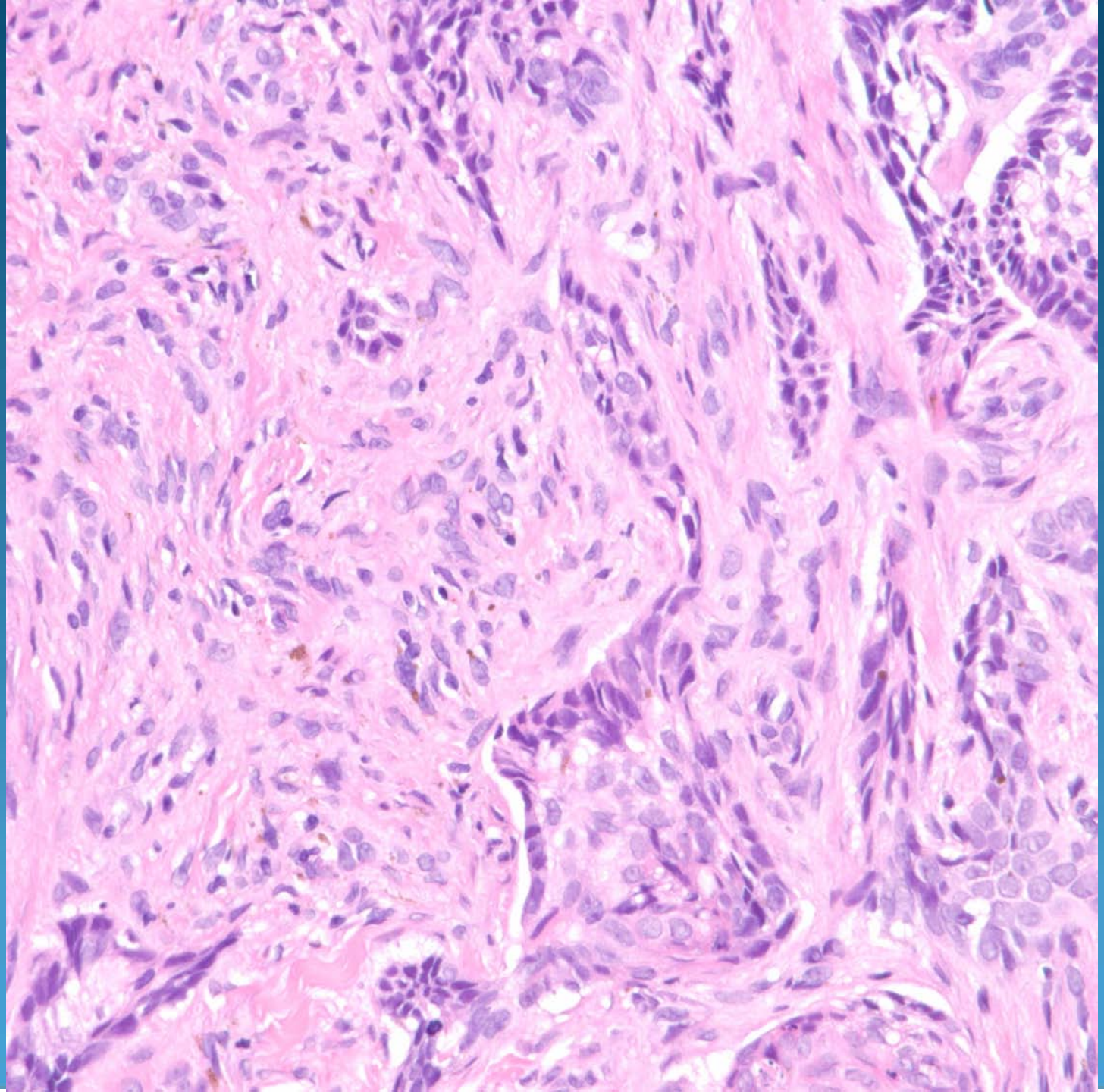
- Look for eosinophilic material occluding vessels, distinguish from red blood cells
- Vessels may show hyalinization and fibrin with scattered neutrophils
- Investigate coagulation deficiencies (Anti-thrombin III, Factor V Leiden, Protein C&S, etc)





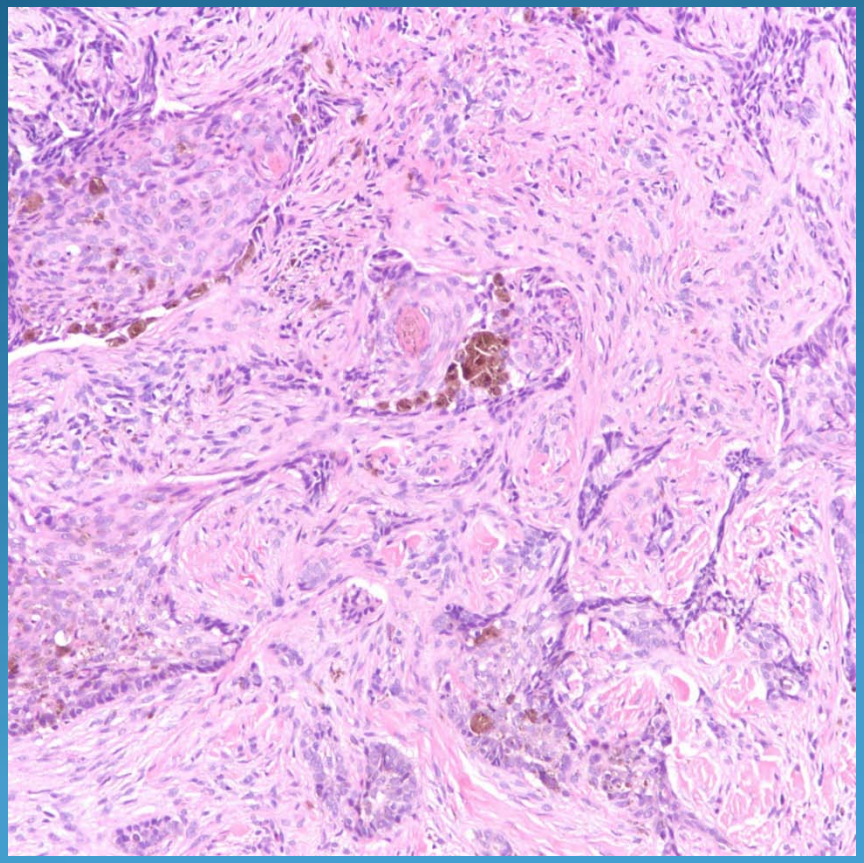




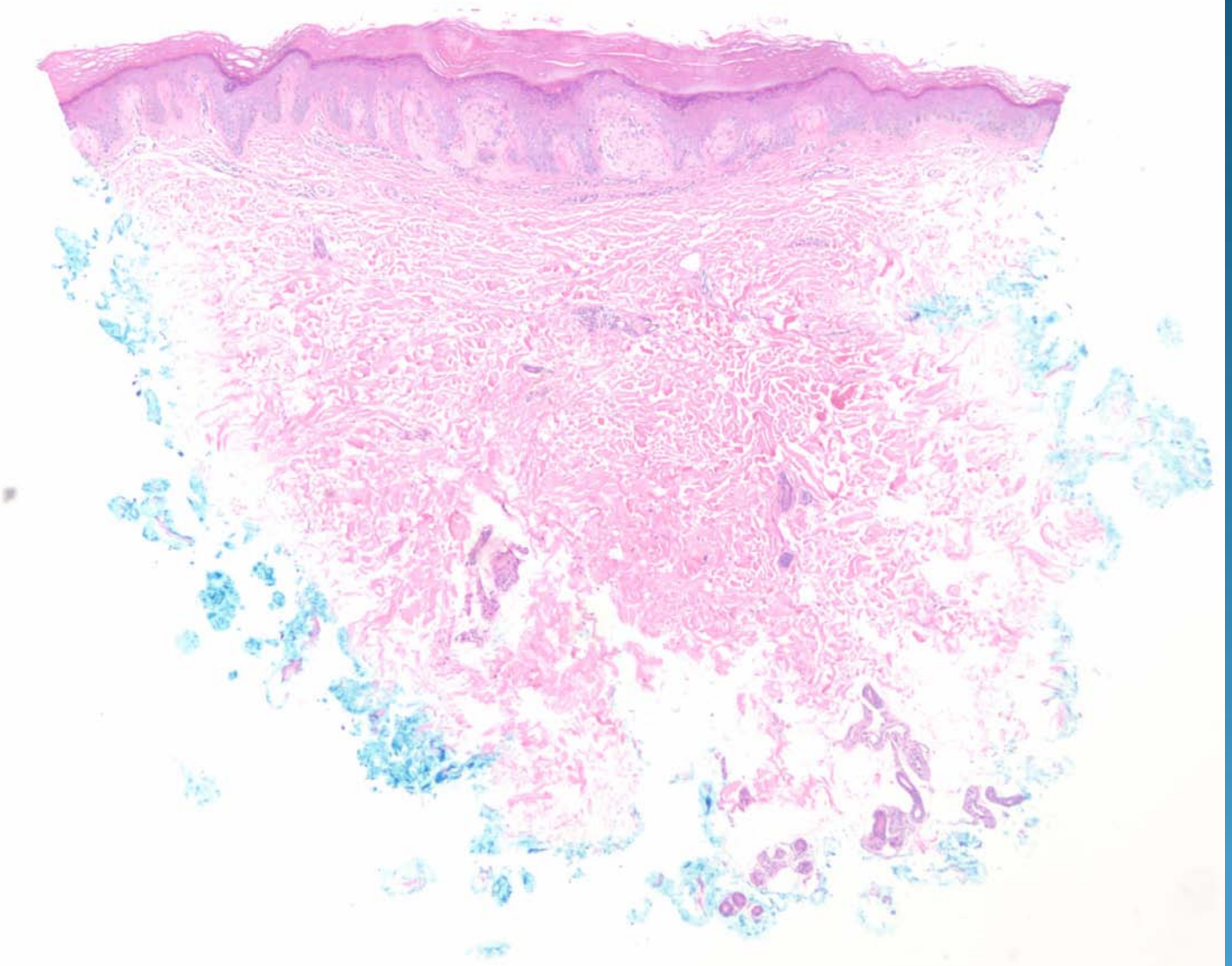


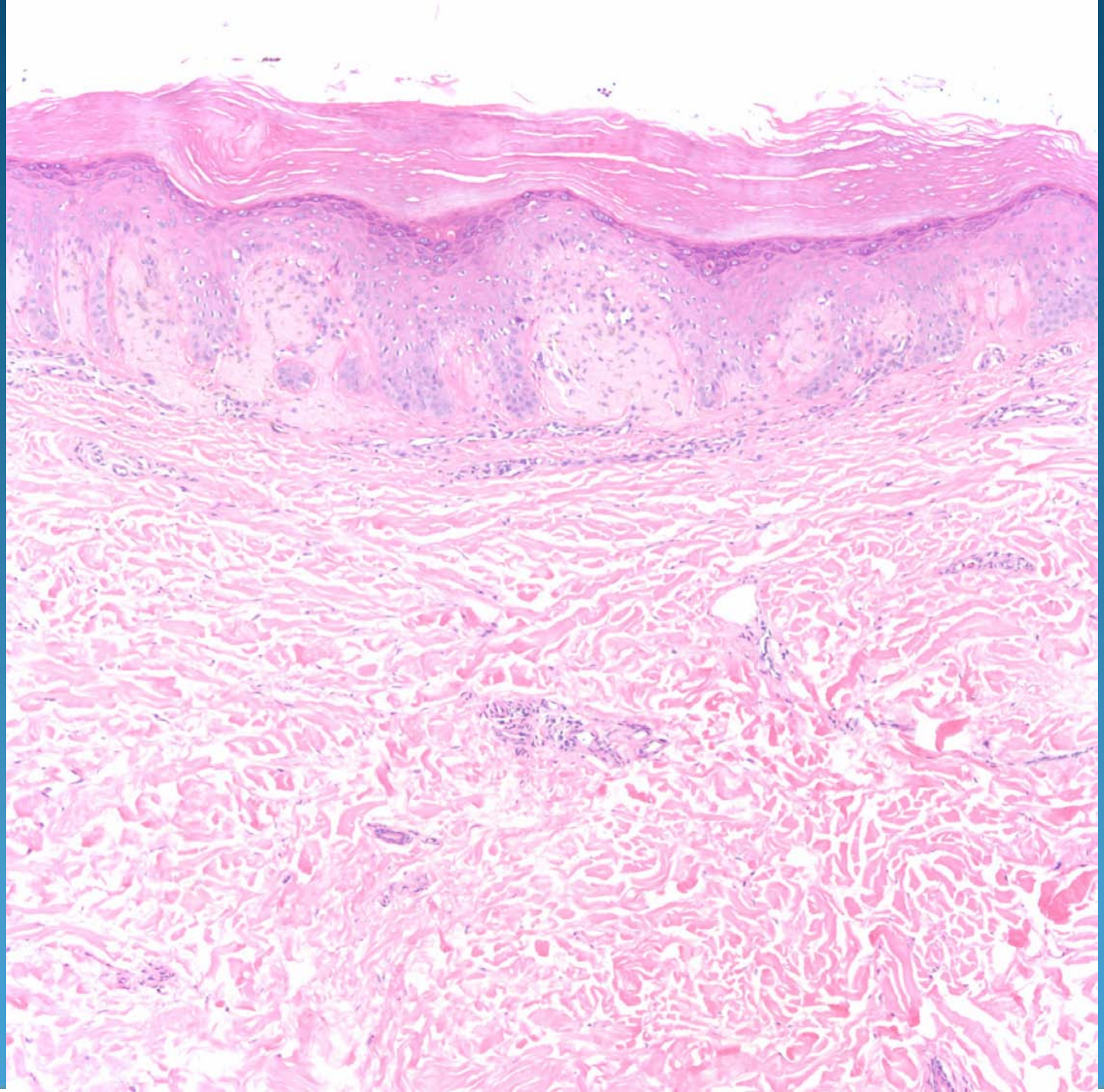
Sclerosing Basal Cell Carcinoma, Pigmented Type

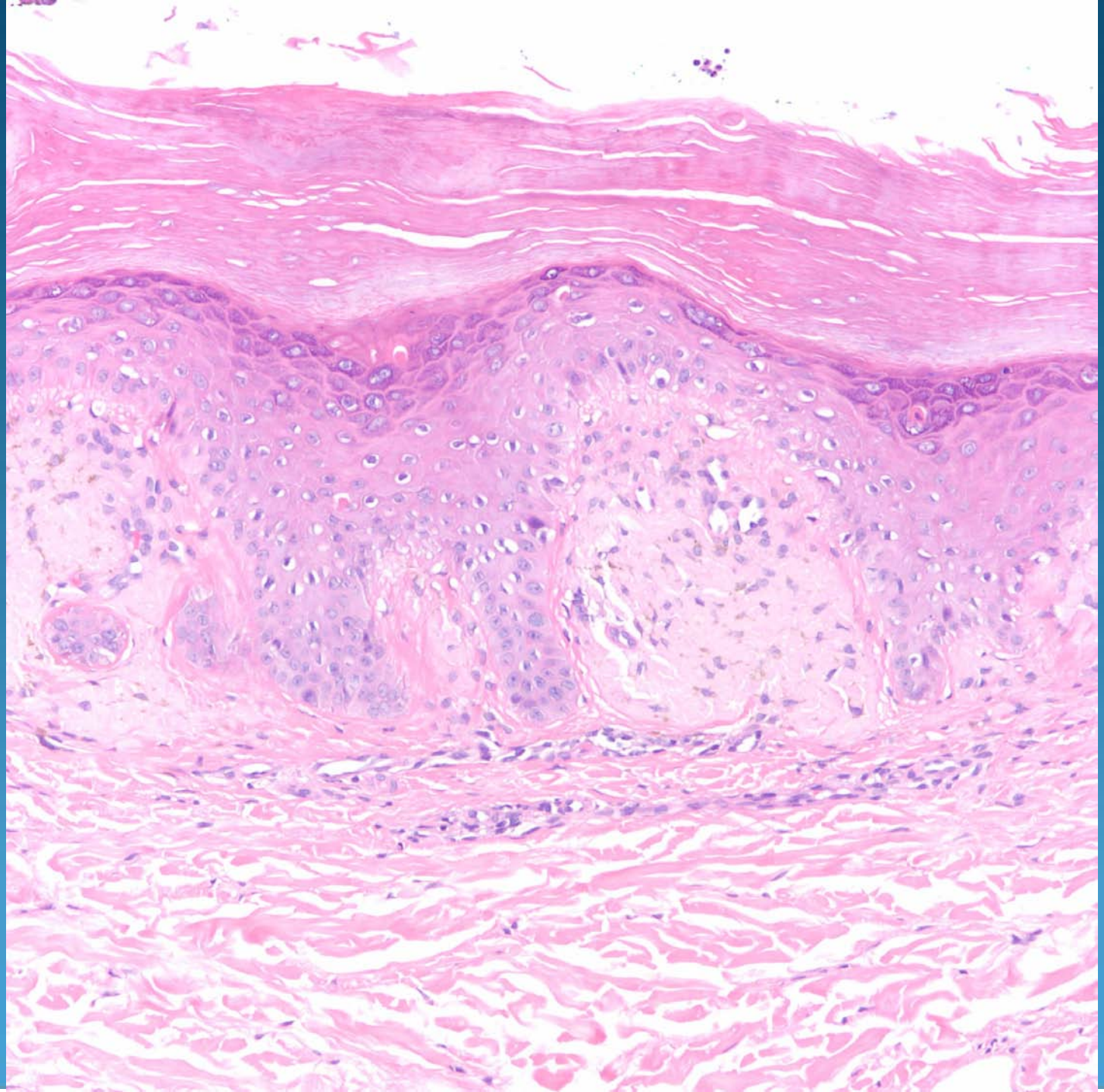
Pearls

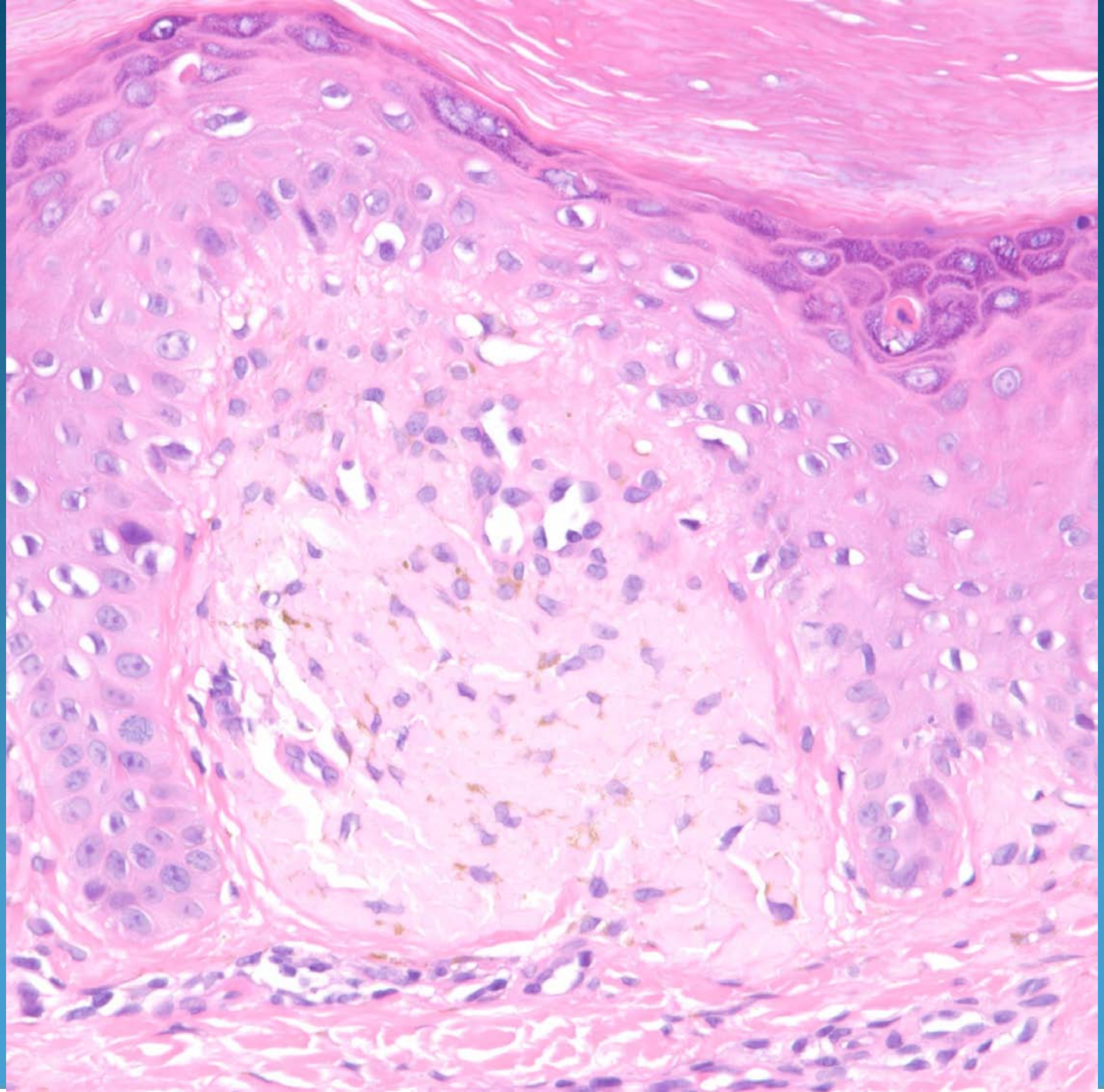


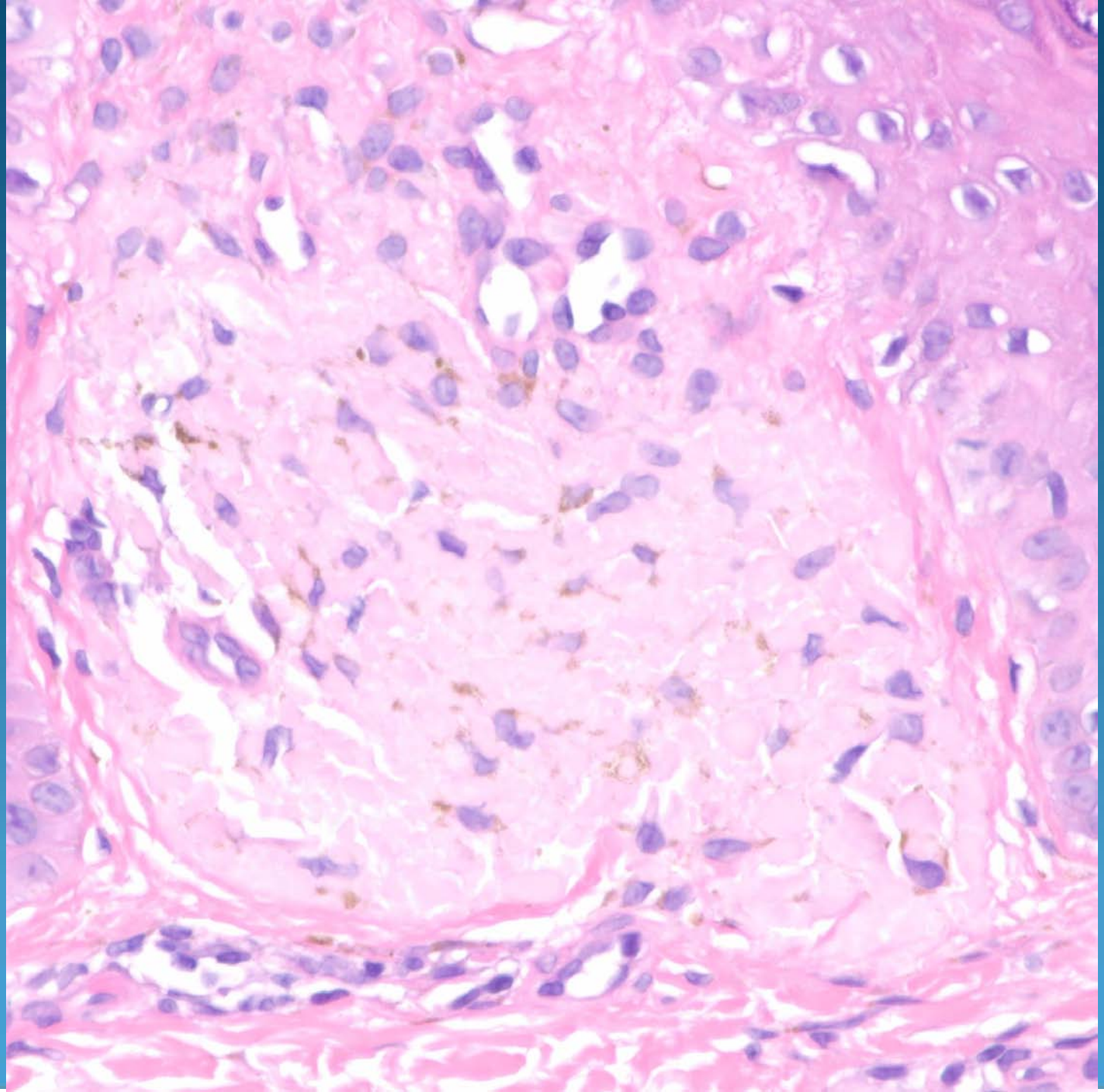
- Angular spiky nests of basaloid cells with desmoplastic stroma
- Look for melanin pigment within and adjacent to epithelial nests
- Relatively uncommon variant of basal cell carcinoma to be pigmented, most common is nodular BCC.





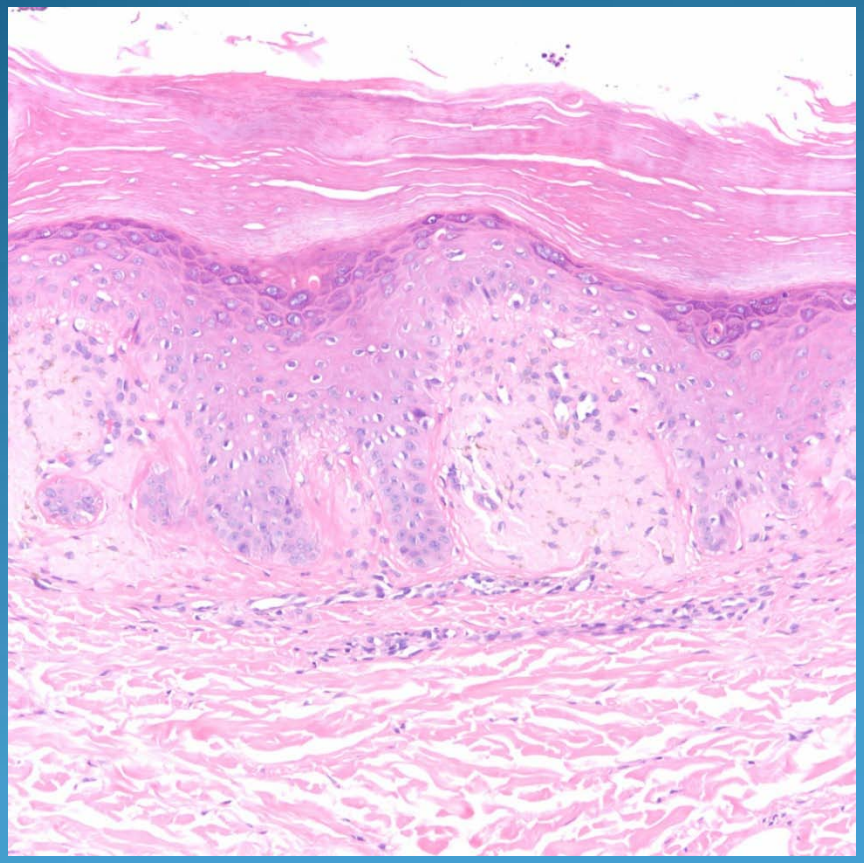




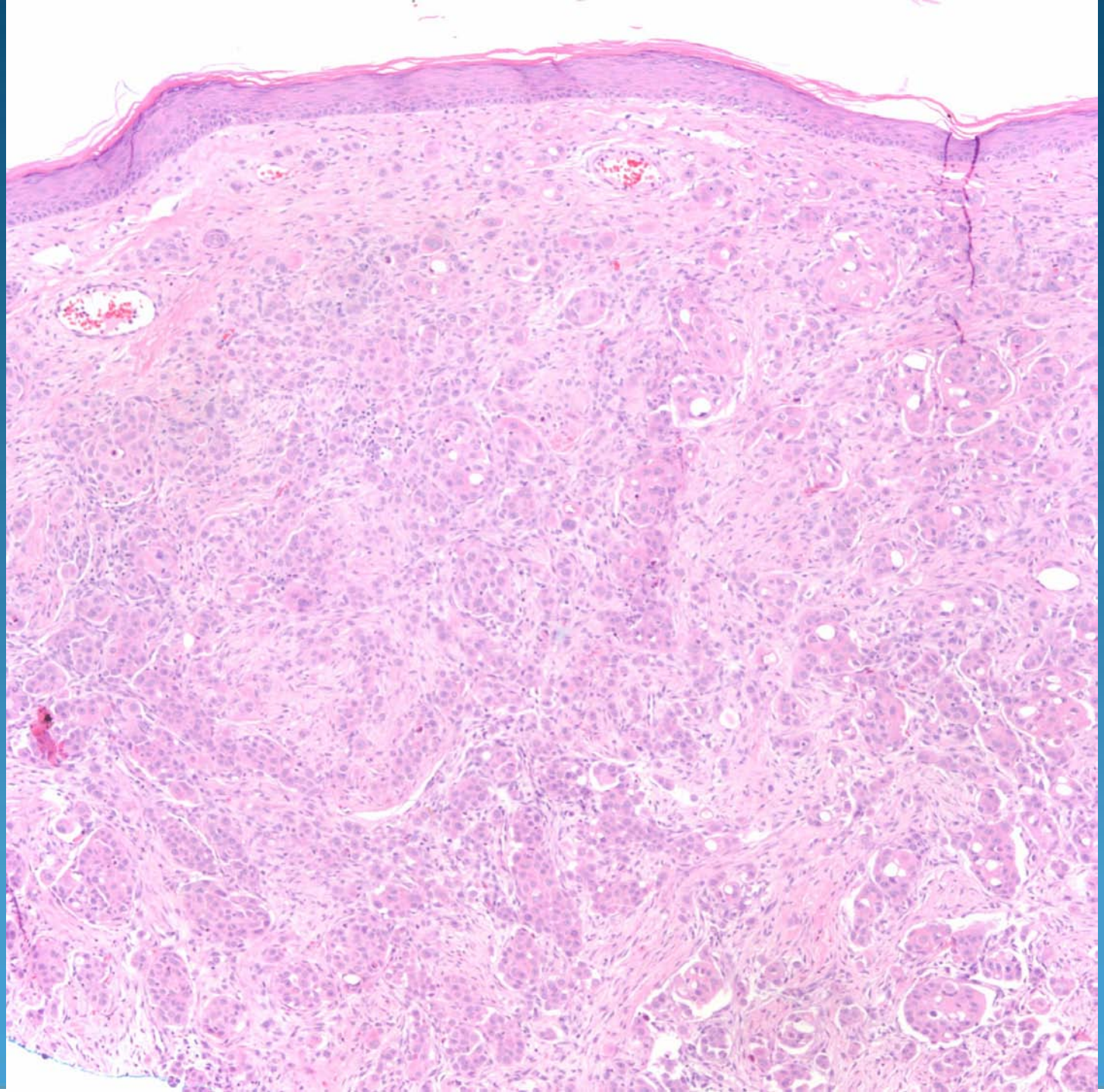


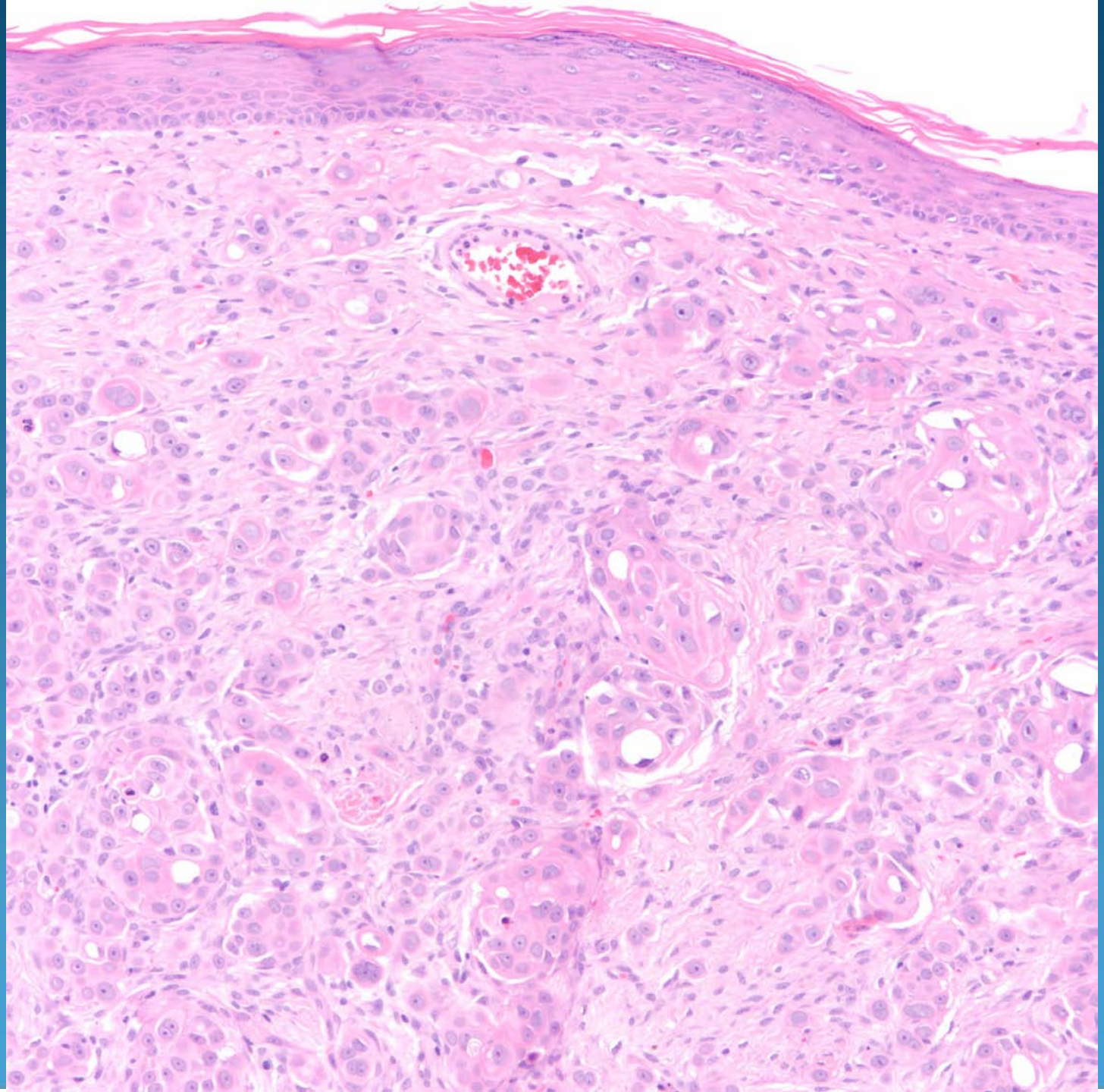
Lichen Amyloidosis

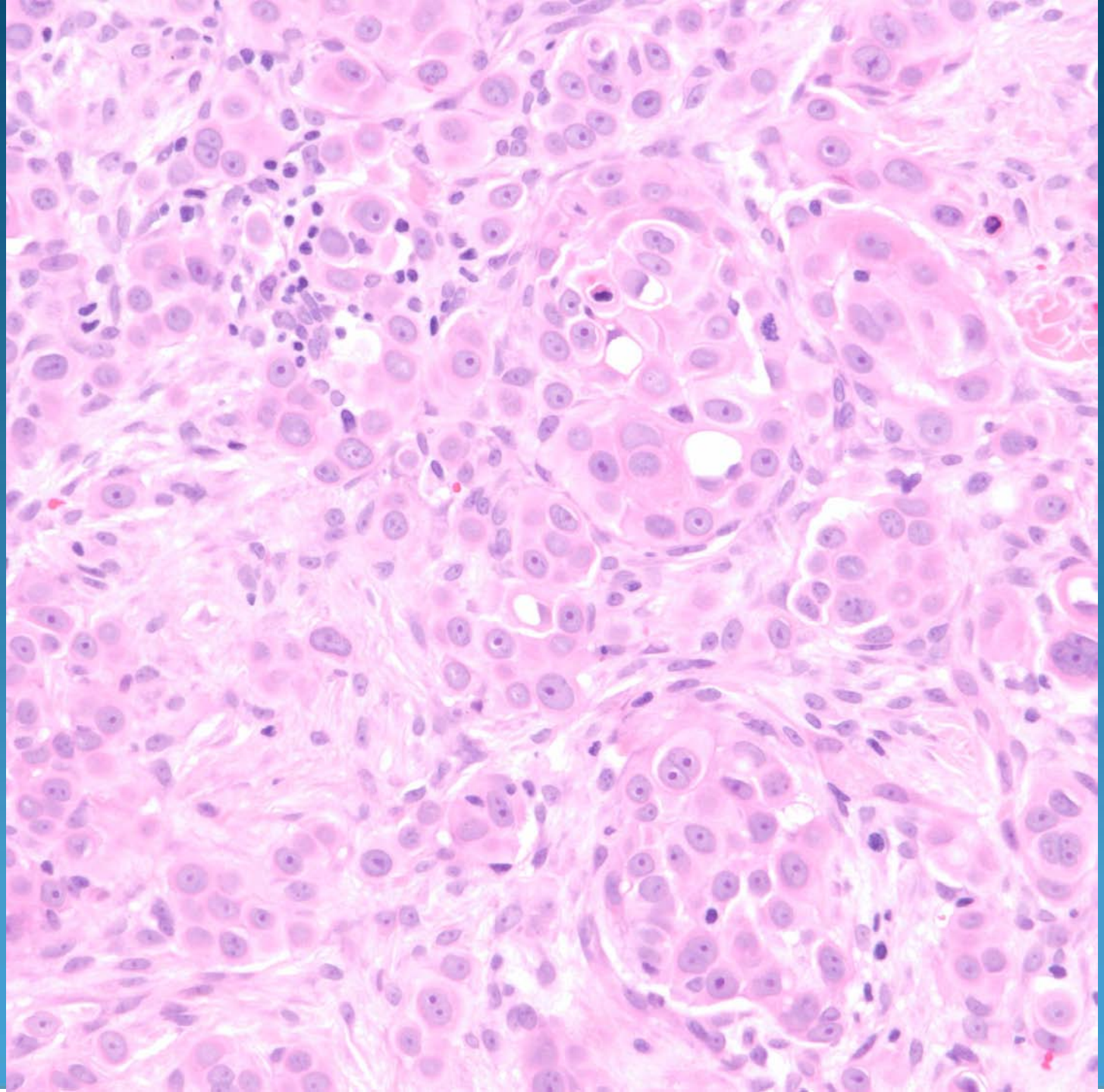
Pearls

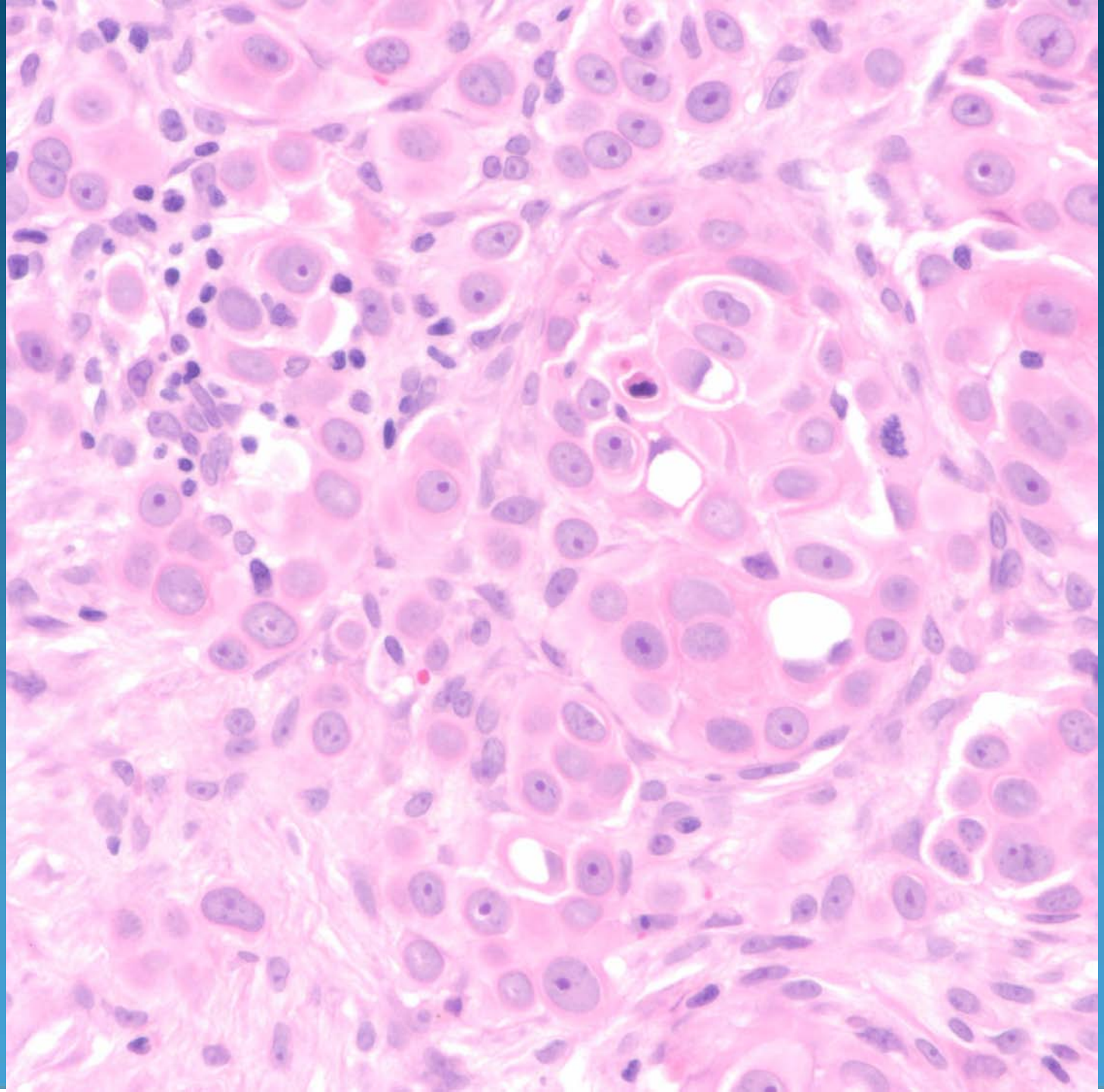


- Hyperplastic epidermis overlying dermal papillary collections of hyalinized material
- Associated with melanophages
- Usually Congo red negative, typical for pre-keratin derived amyloid
- DDX: Macular amyloidosis less epidermal hyperplasia



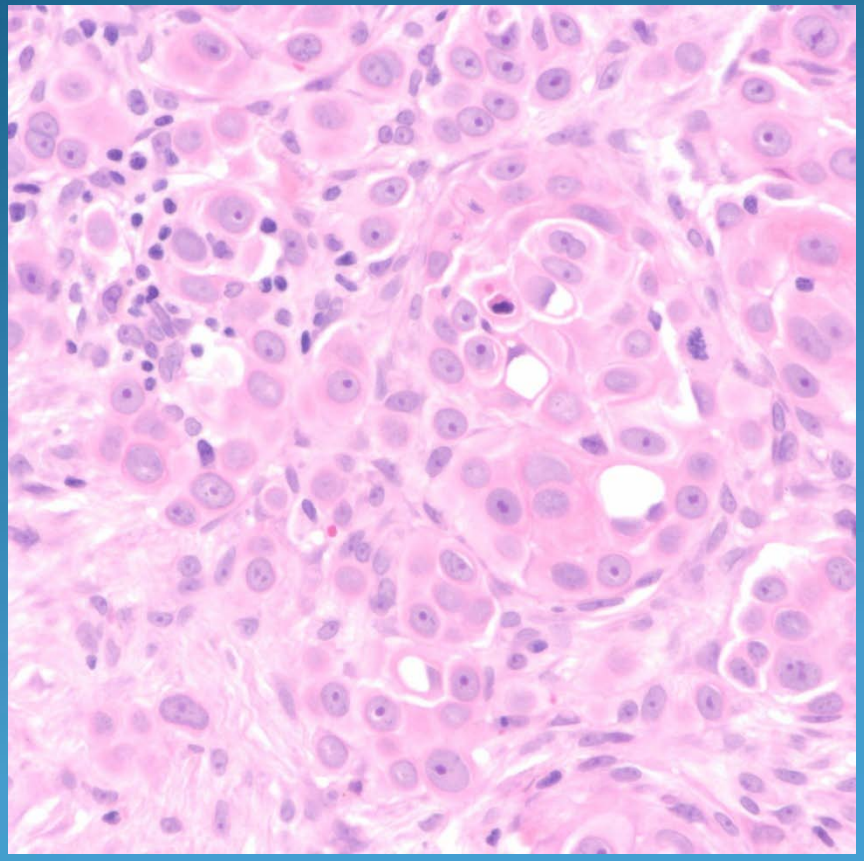




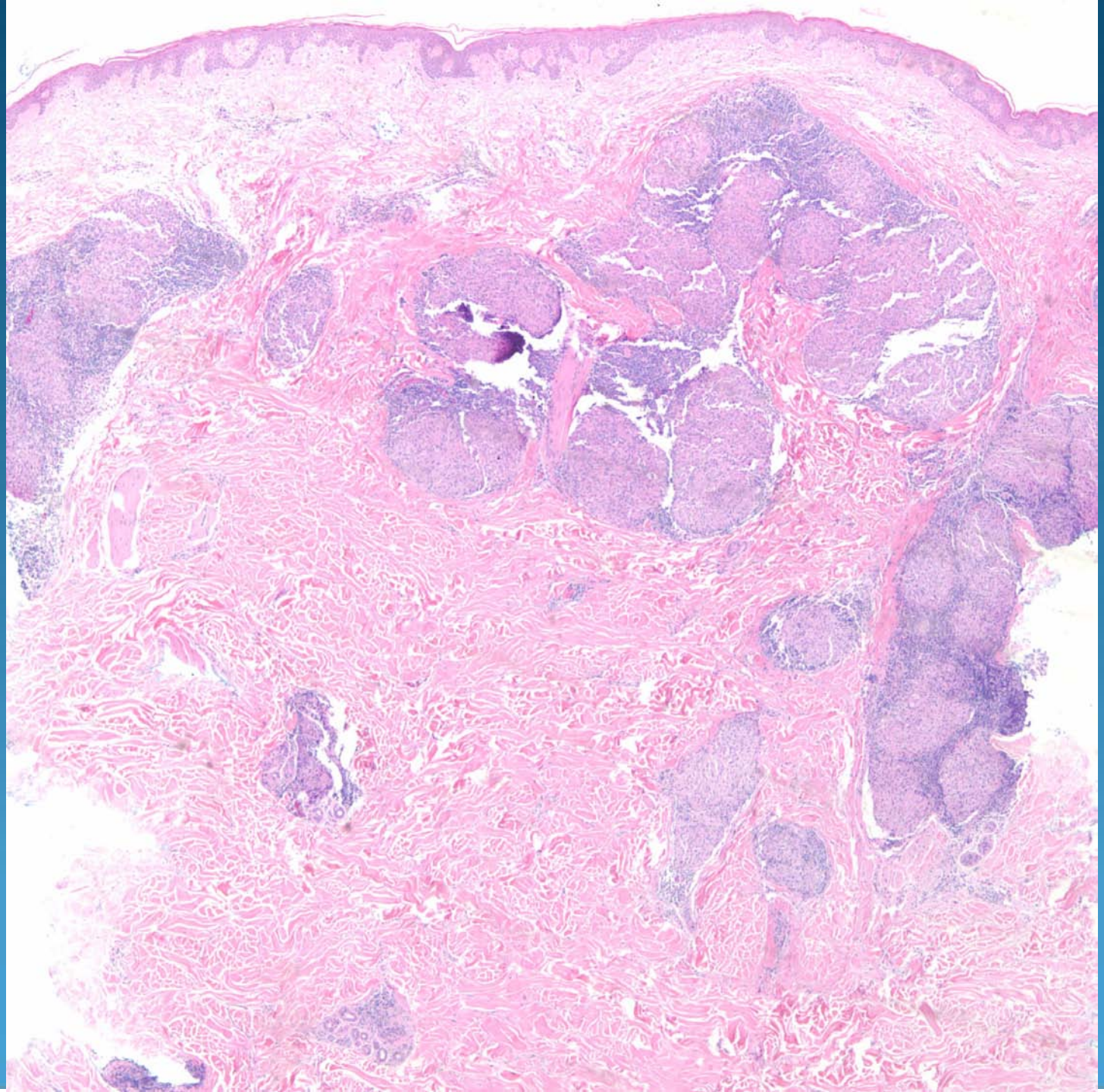


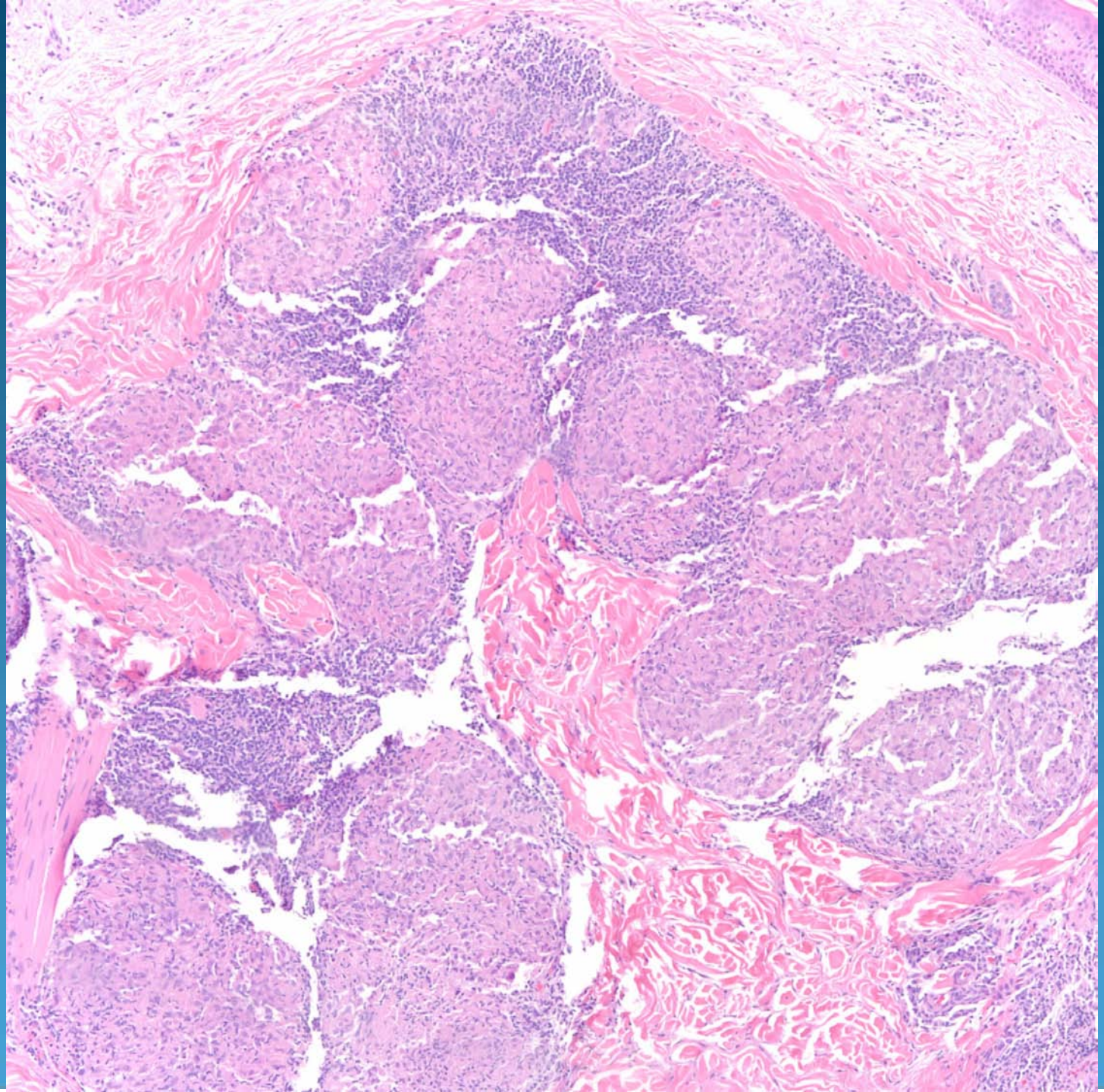
Adenosquamous Carcinoma

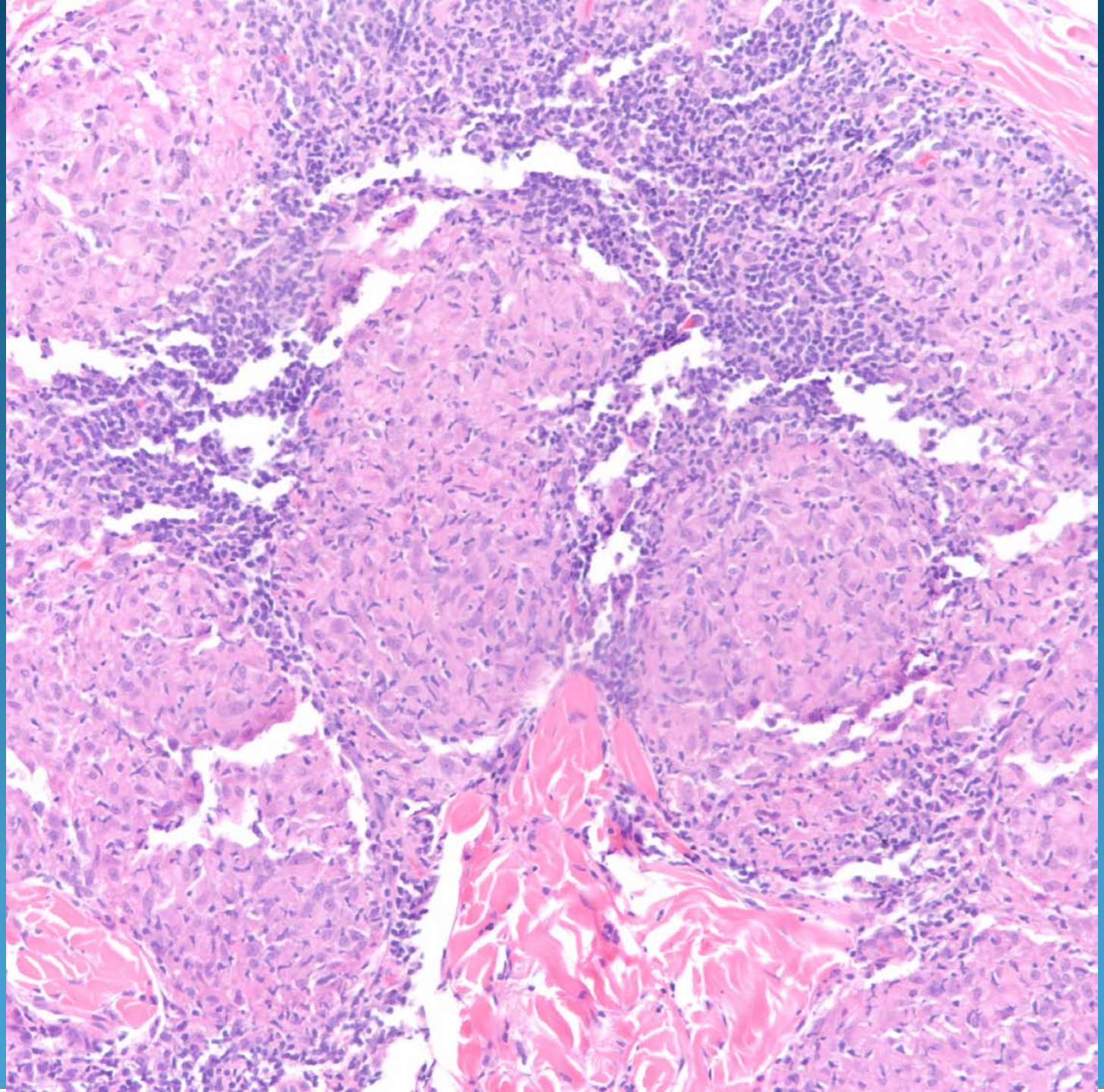
Pearls

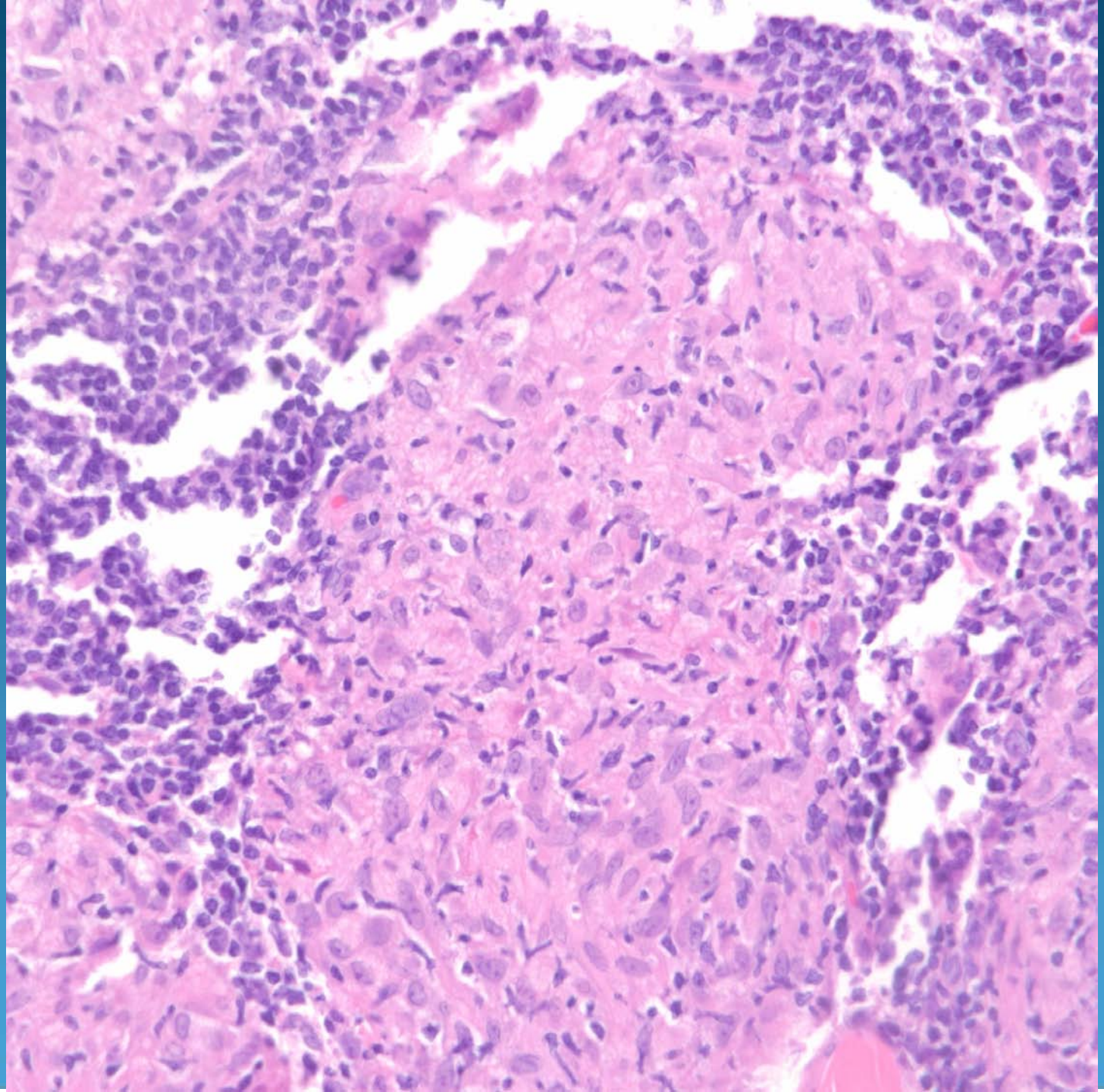


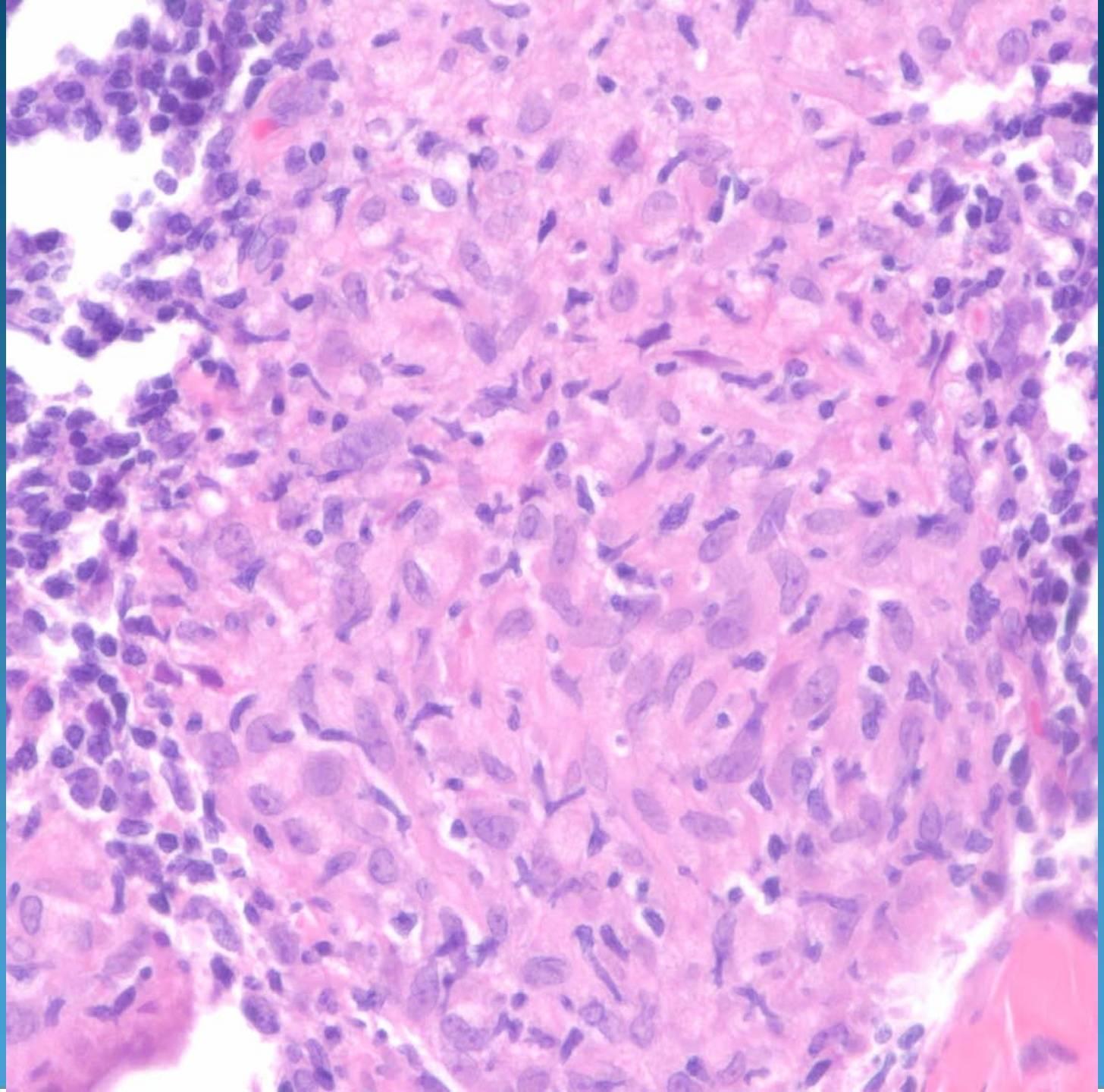
- Malignant squamous epithelial cells with intercellular bridges
- Ductal differentiation with intracytoplasmic vacuoles
- Confirm with mucin stains
- DDX: Microcystic adnexal carcinoma, acantholytic SCC





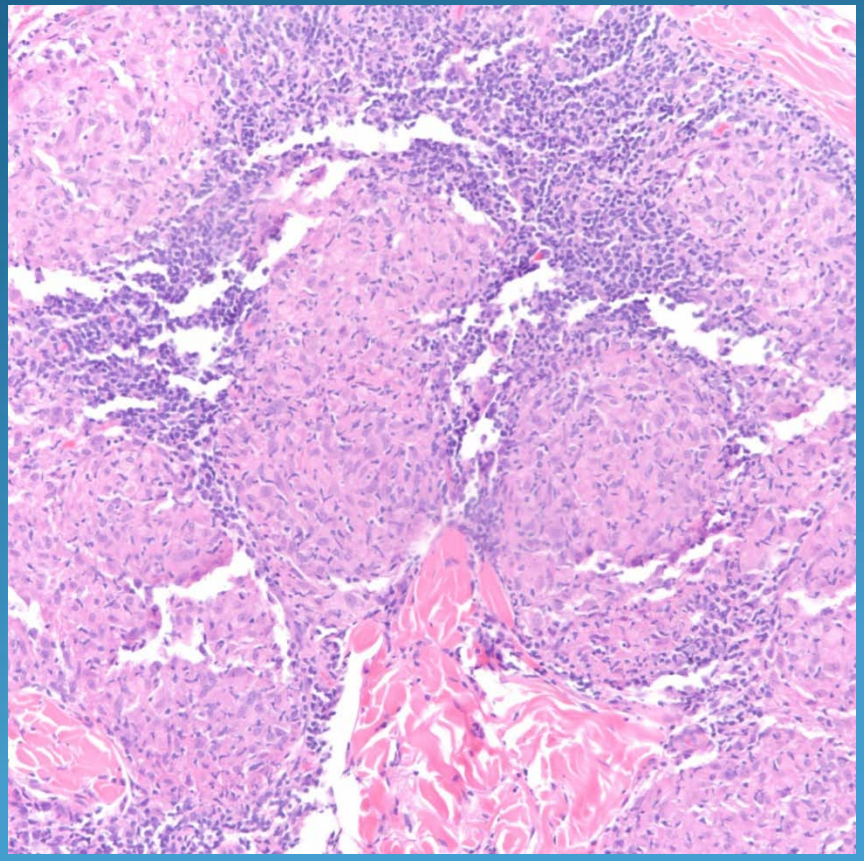






Sarcoidosis

Pearls



- Non-caseating granulomas with minimal surrounding chronic inflammation
- Beware perineural involvement, rule out tuberculoid leprosy
- Always polarize and perform AFB/FITE and PAS/GMS to rule out infection