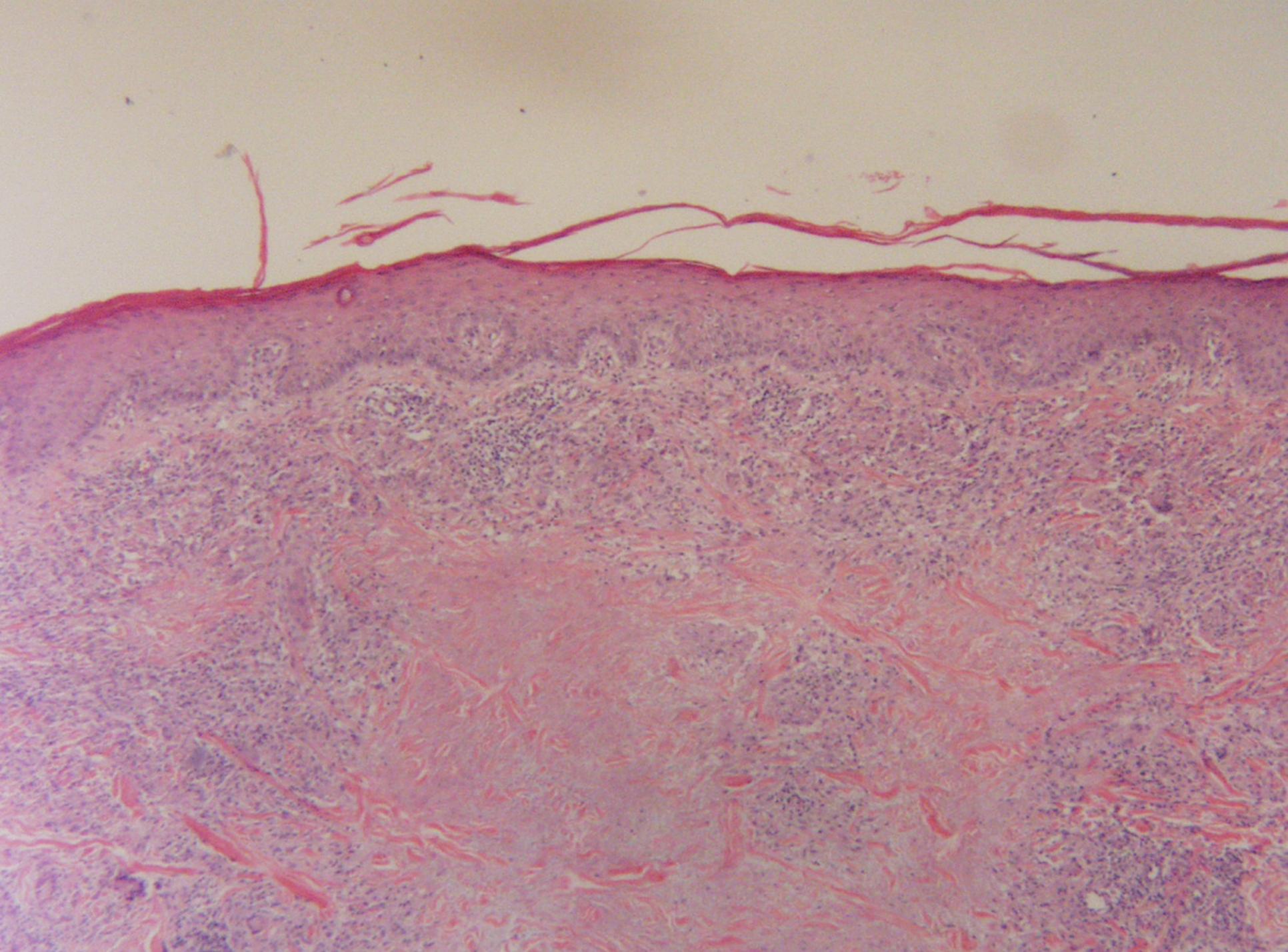
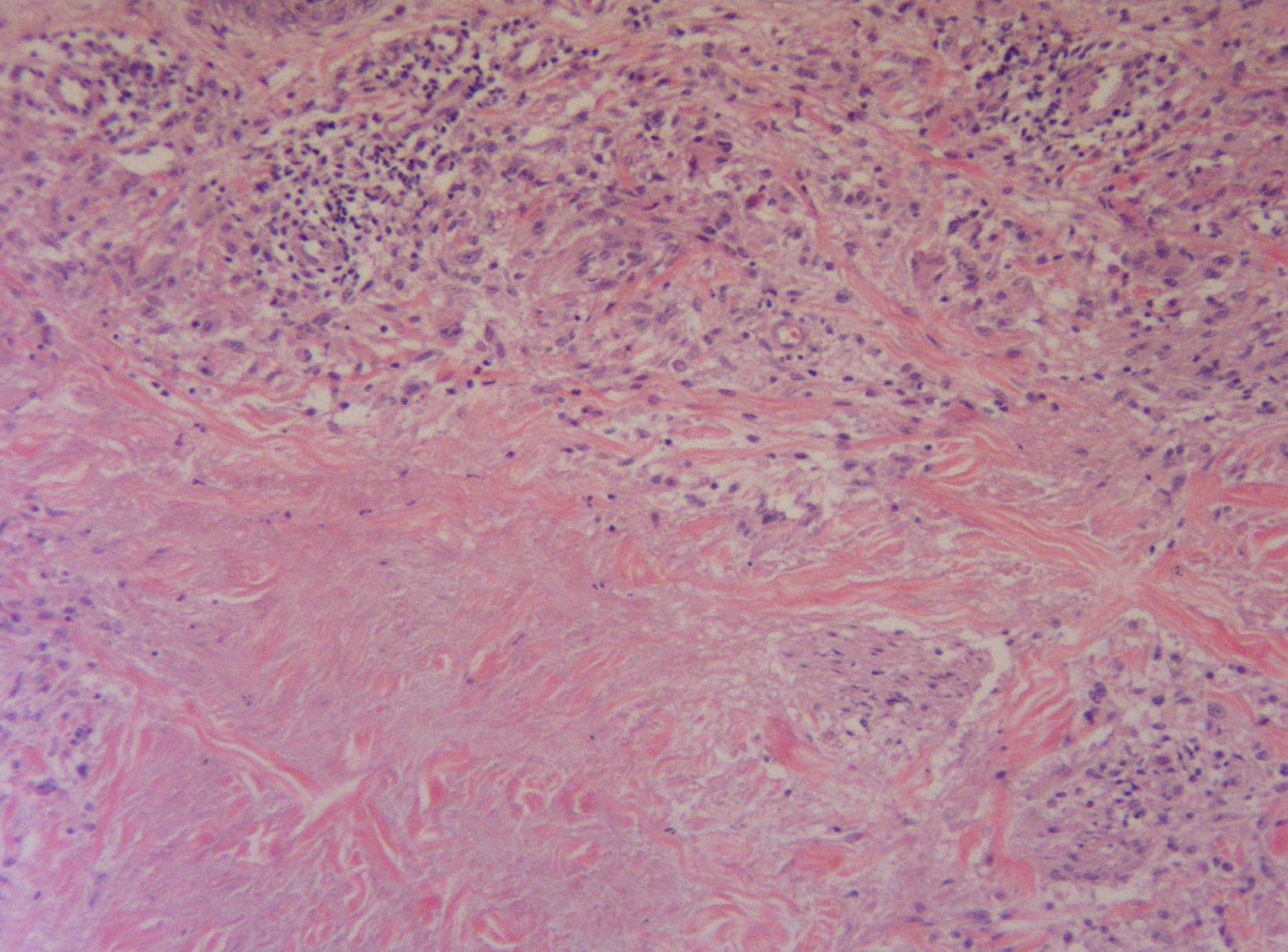


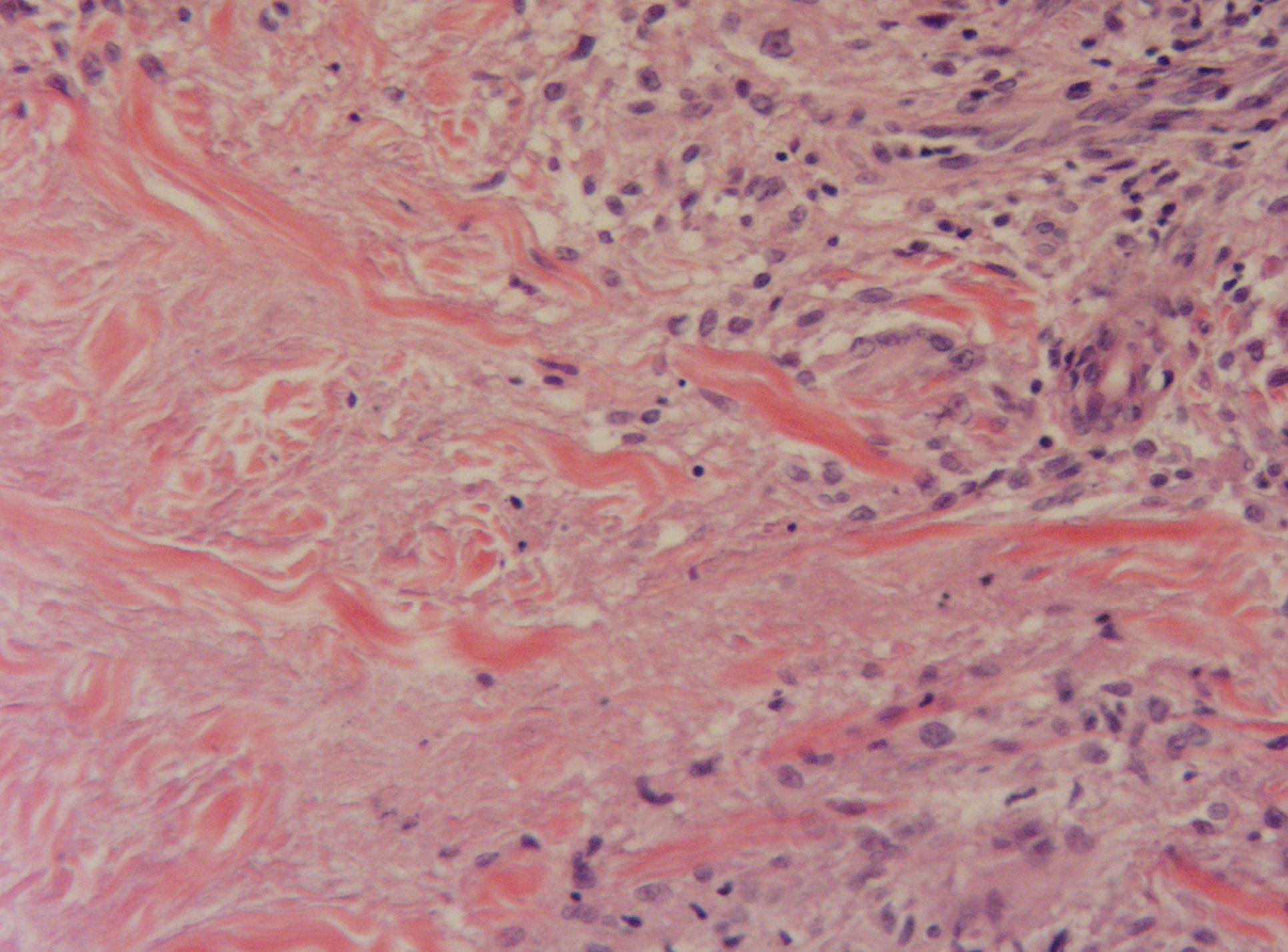
Dermatopathology Slide Review Part 7

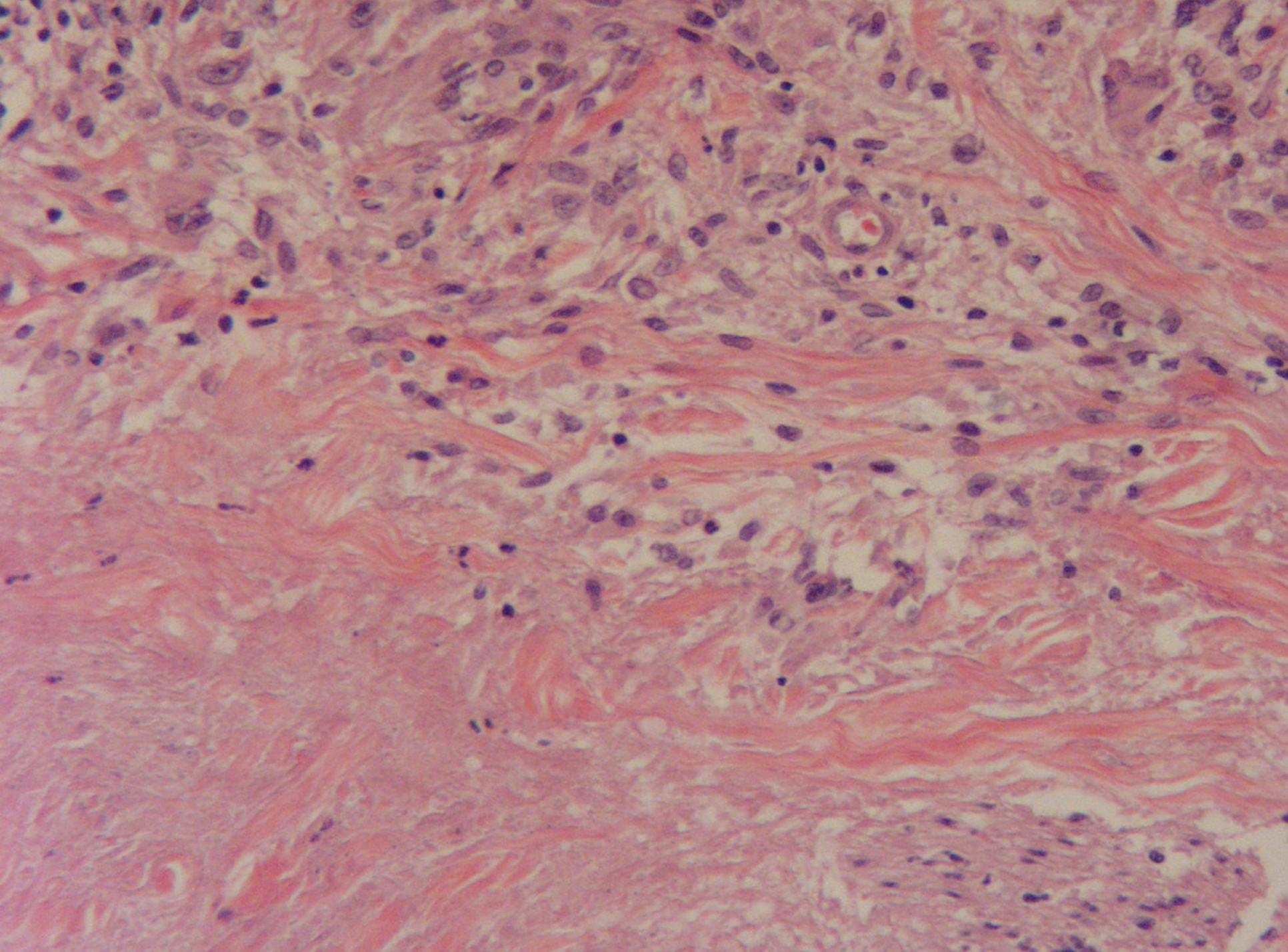
Paul K. Shitabata, M.D.

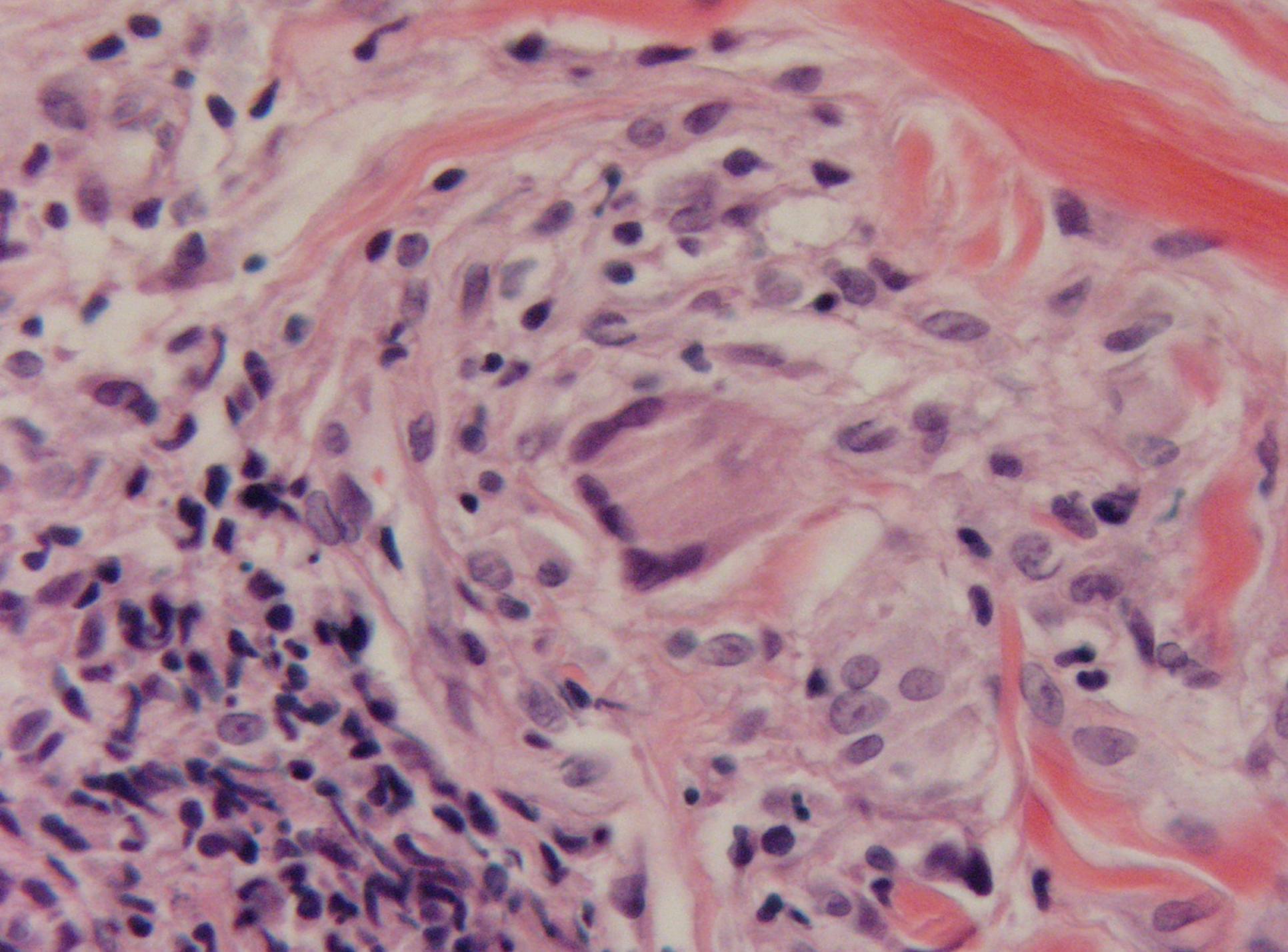
Dermatopathology Institute







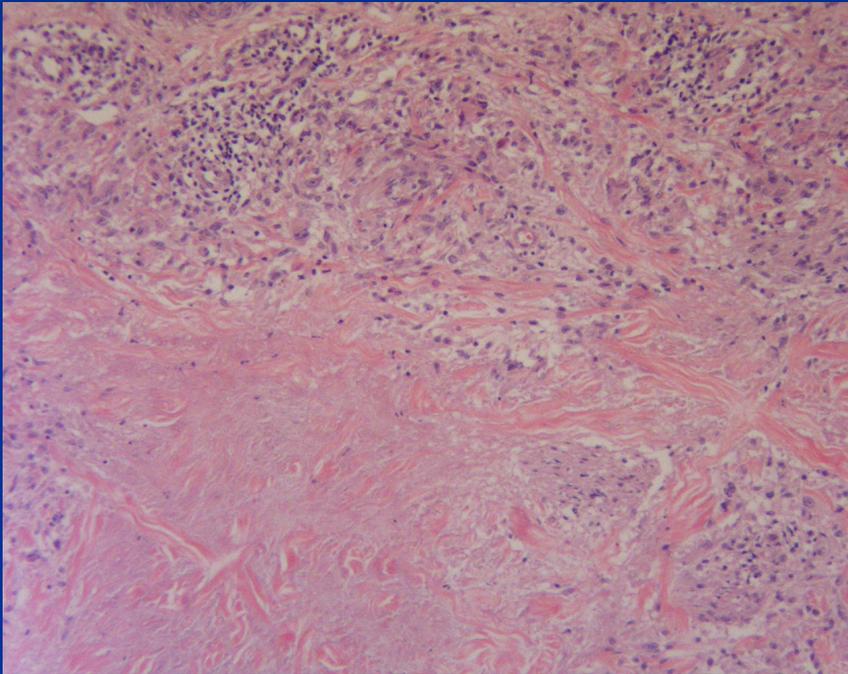




What is your differential diagnosis and what additional special stains/IHC would you order?

Granuloma Annulare

Histopathology

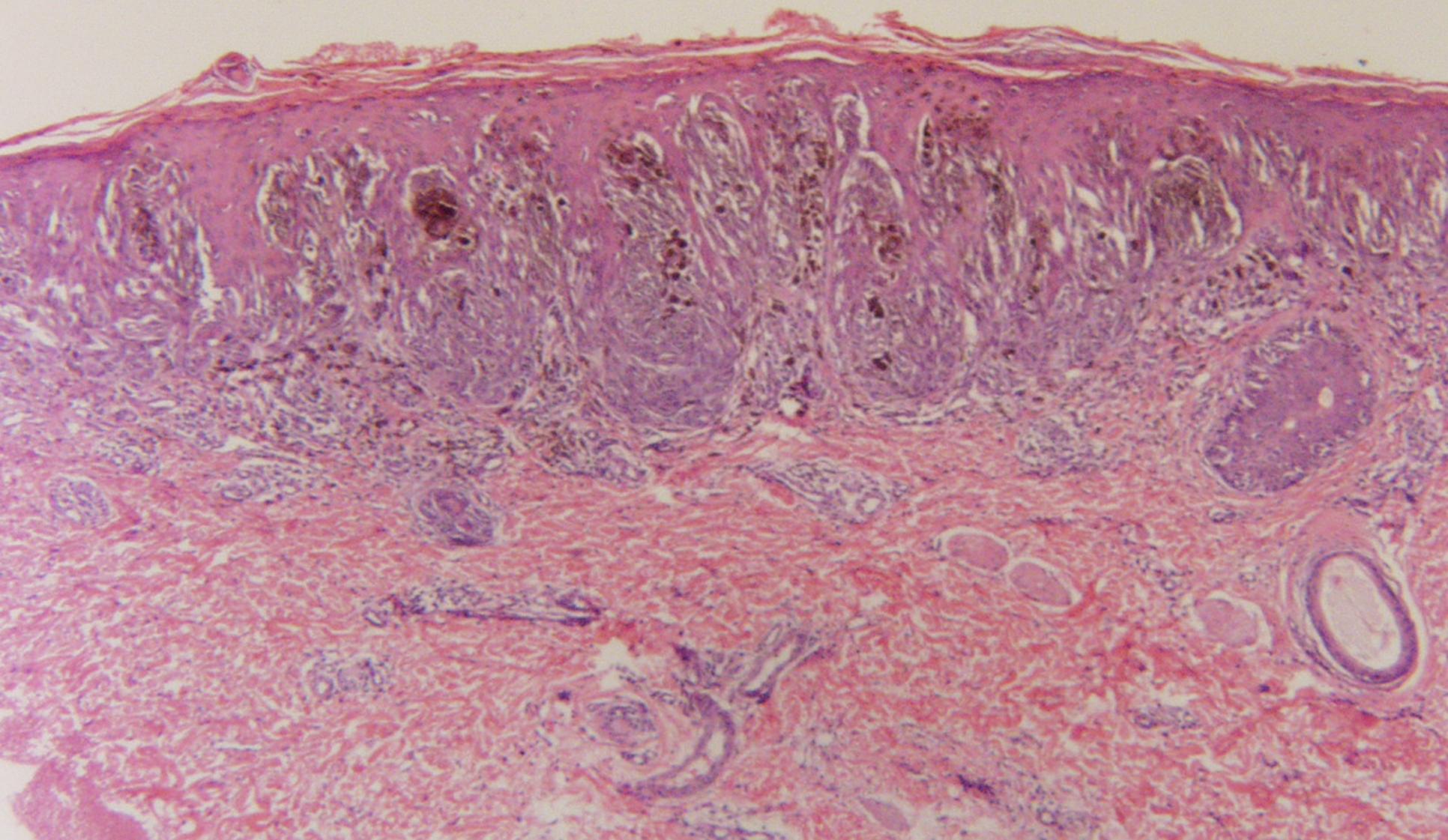


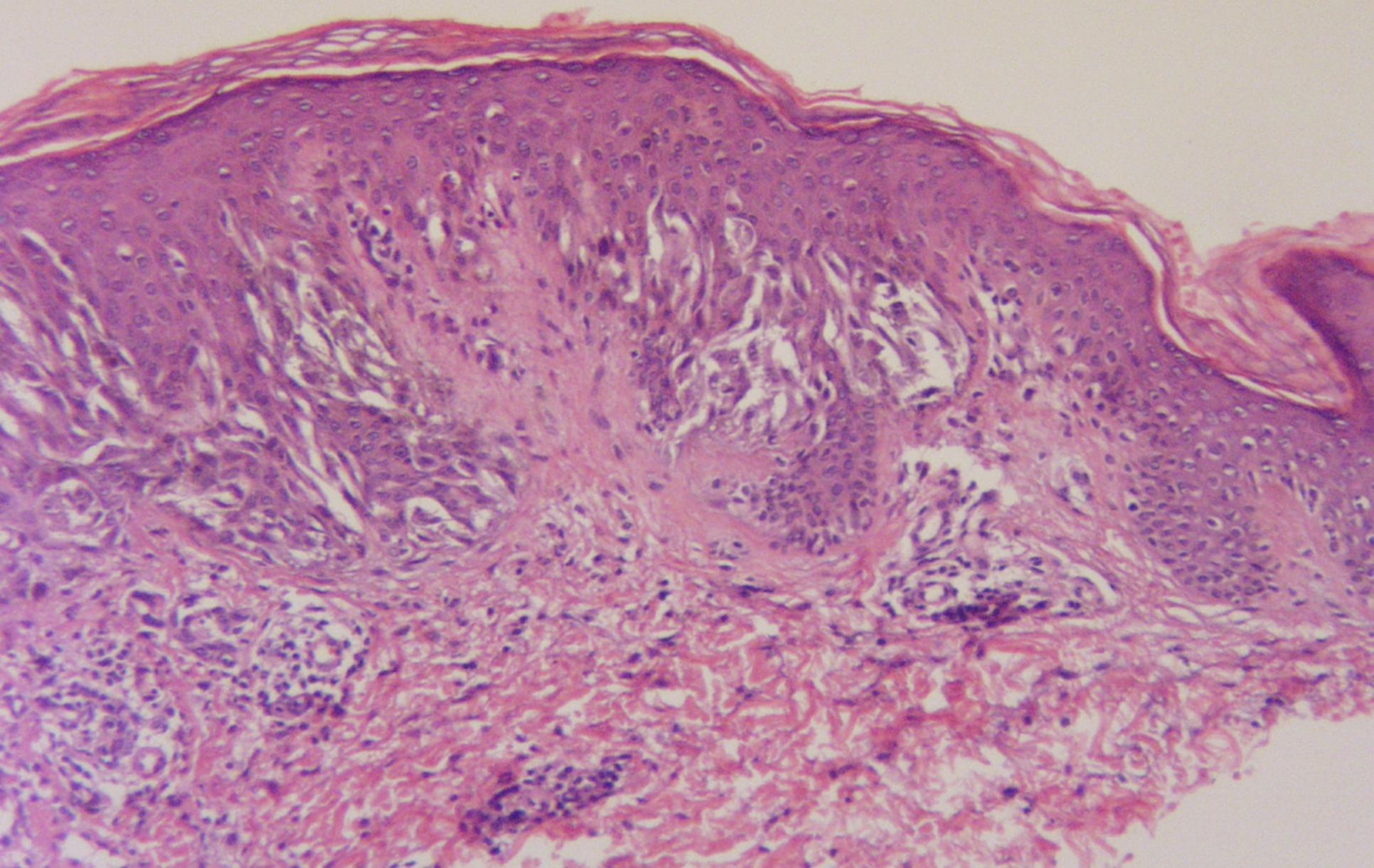
- Interstitial or granulomatous infiltrate
- Necrobiosis or mucin deposits
- Occasional giant cells
- Usually minimal epidermal changes
- r/o perforation

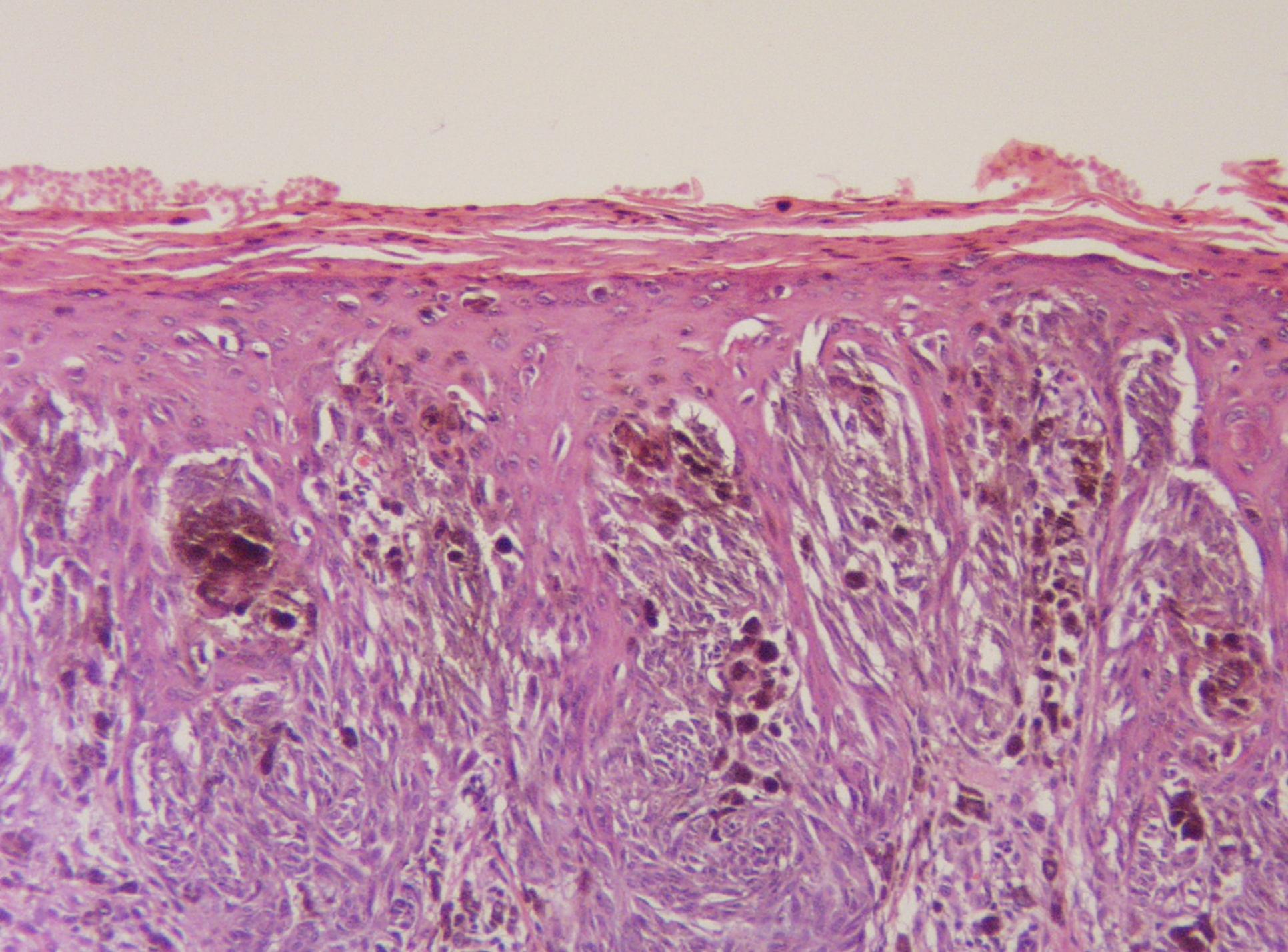
**What diseases are associated with
generalized granuloma annulare?**

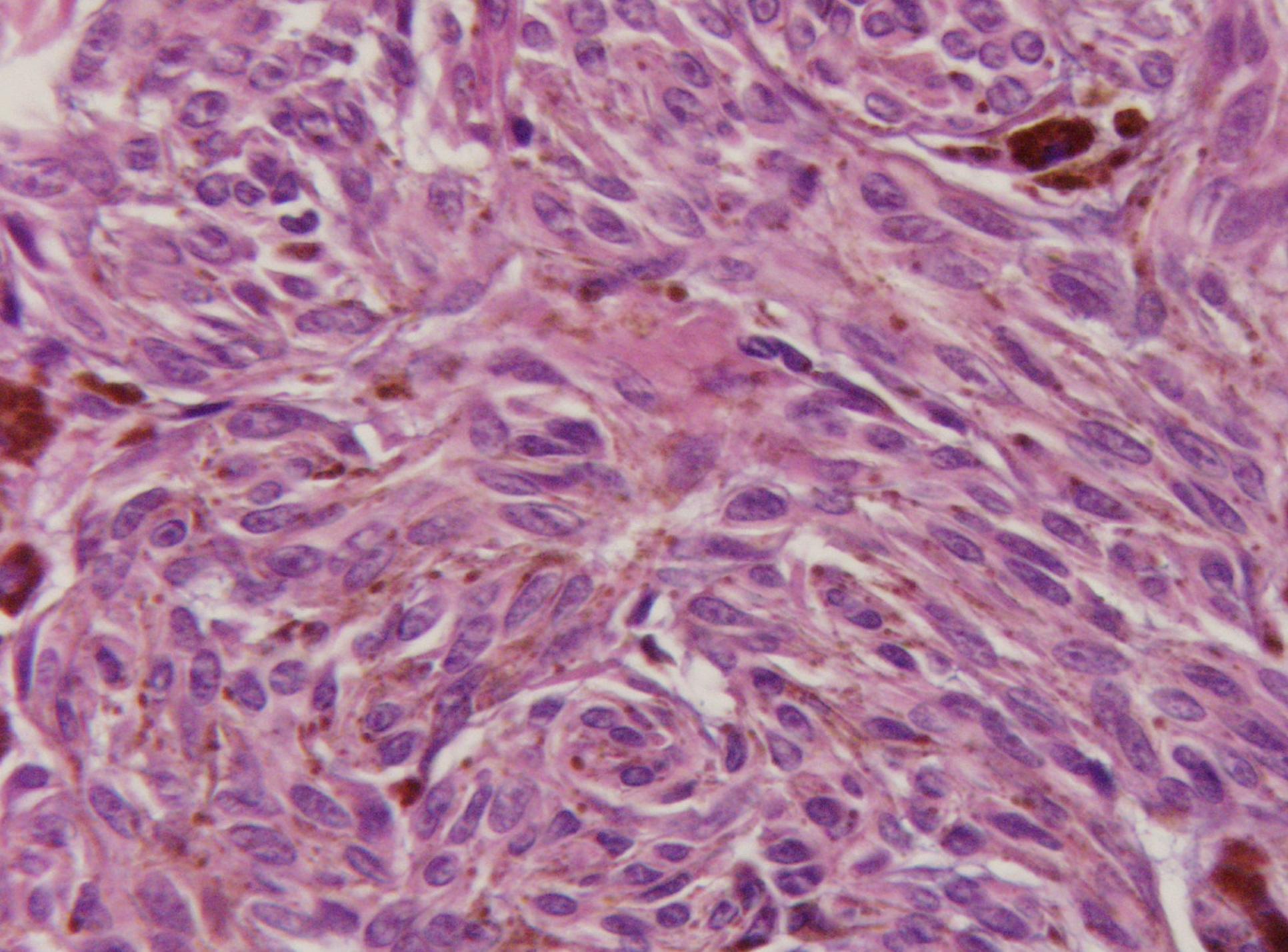
Generalized Granuloma Annulare

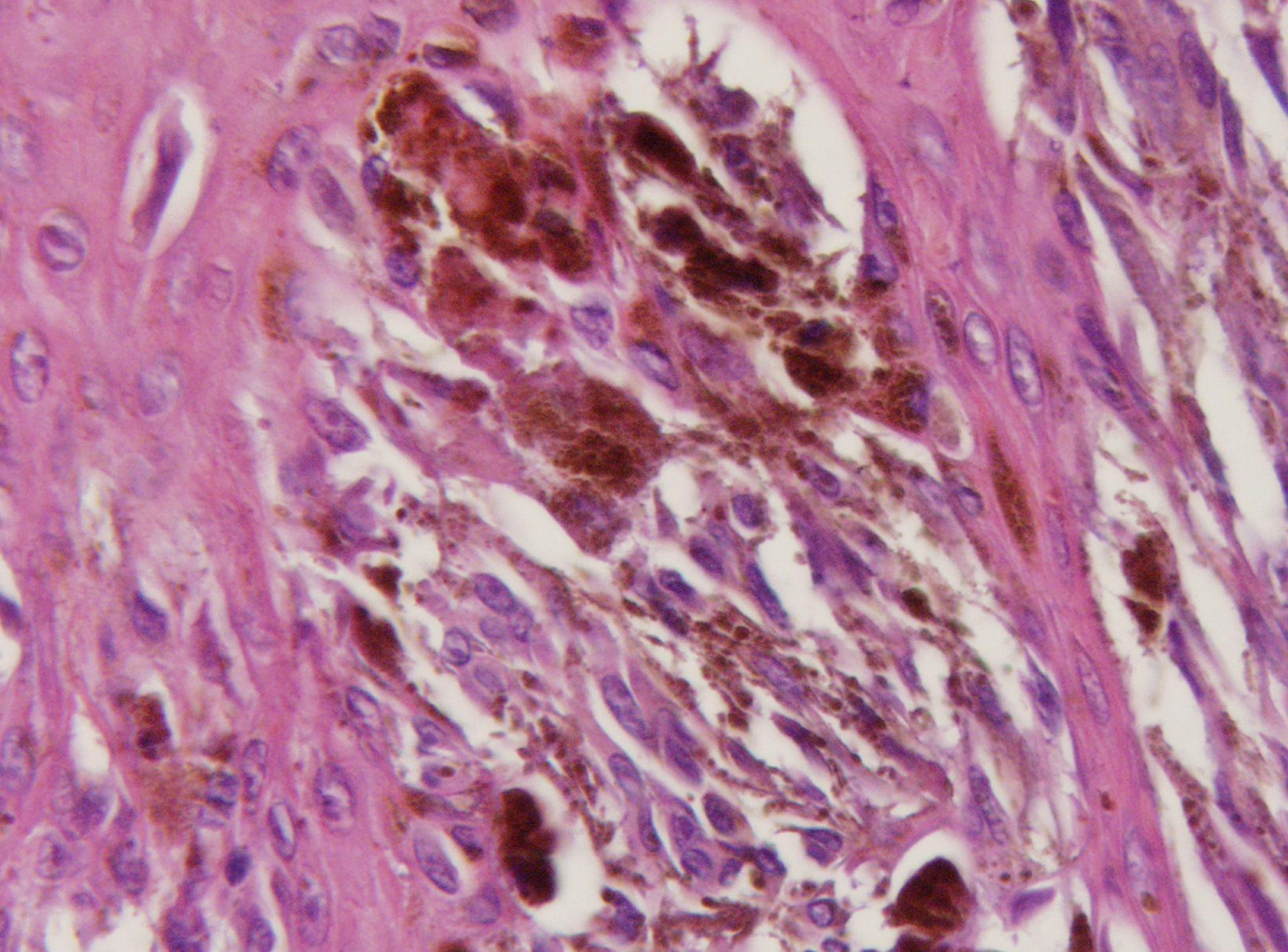
- Diabetes mellitus ~23%
- Serum lipid abnormalities more common than localized
- No convincing association with malignancy
 - Distinction from paraneoplastic GA, usually solitary, refractory to treatment, and responsive to treatment of underlying malignancy (lung most common)

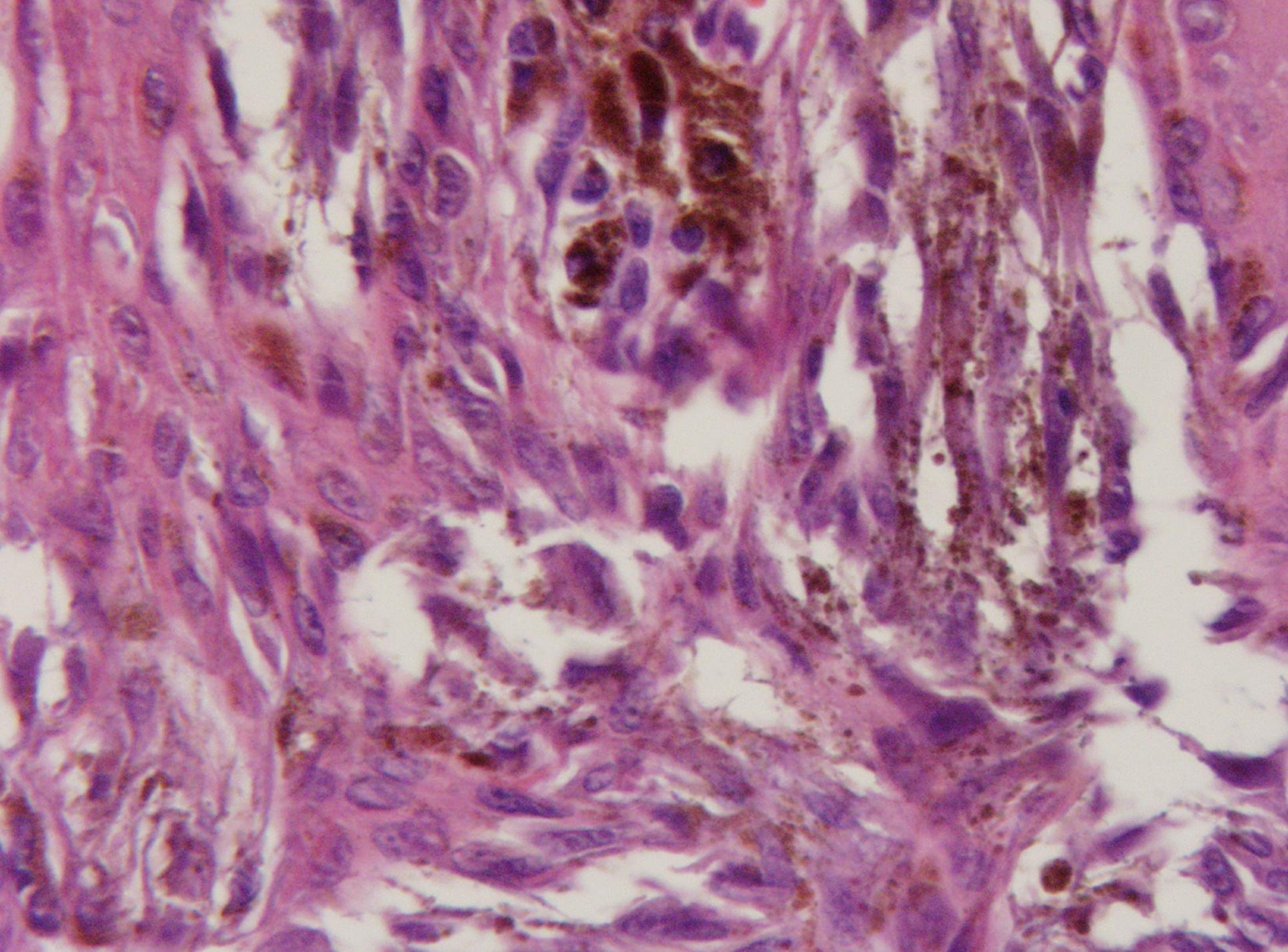








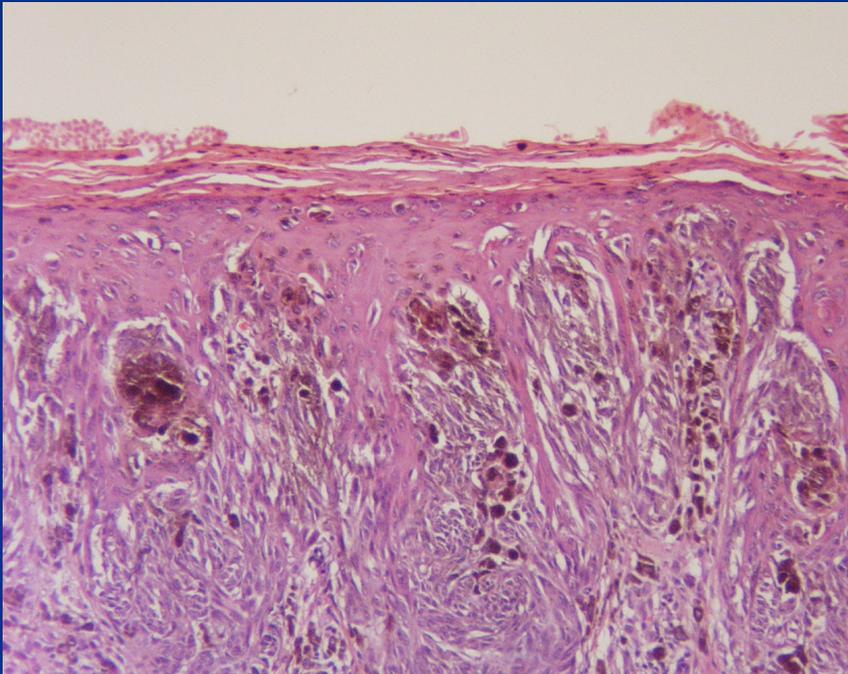




What is your differential diagnosis and what additional special stains/IHC would you order?

Pigmented Spindle Cell Nevus of Reed

Histopathology



- Sharply circumscribed proliferation of spindled melanocytes
- Heavily but evenly pigmented
- Mild-moderate variation in nuclear detail
- Rare Kamino bodies

What is a BAPoma?



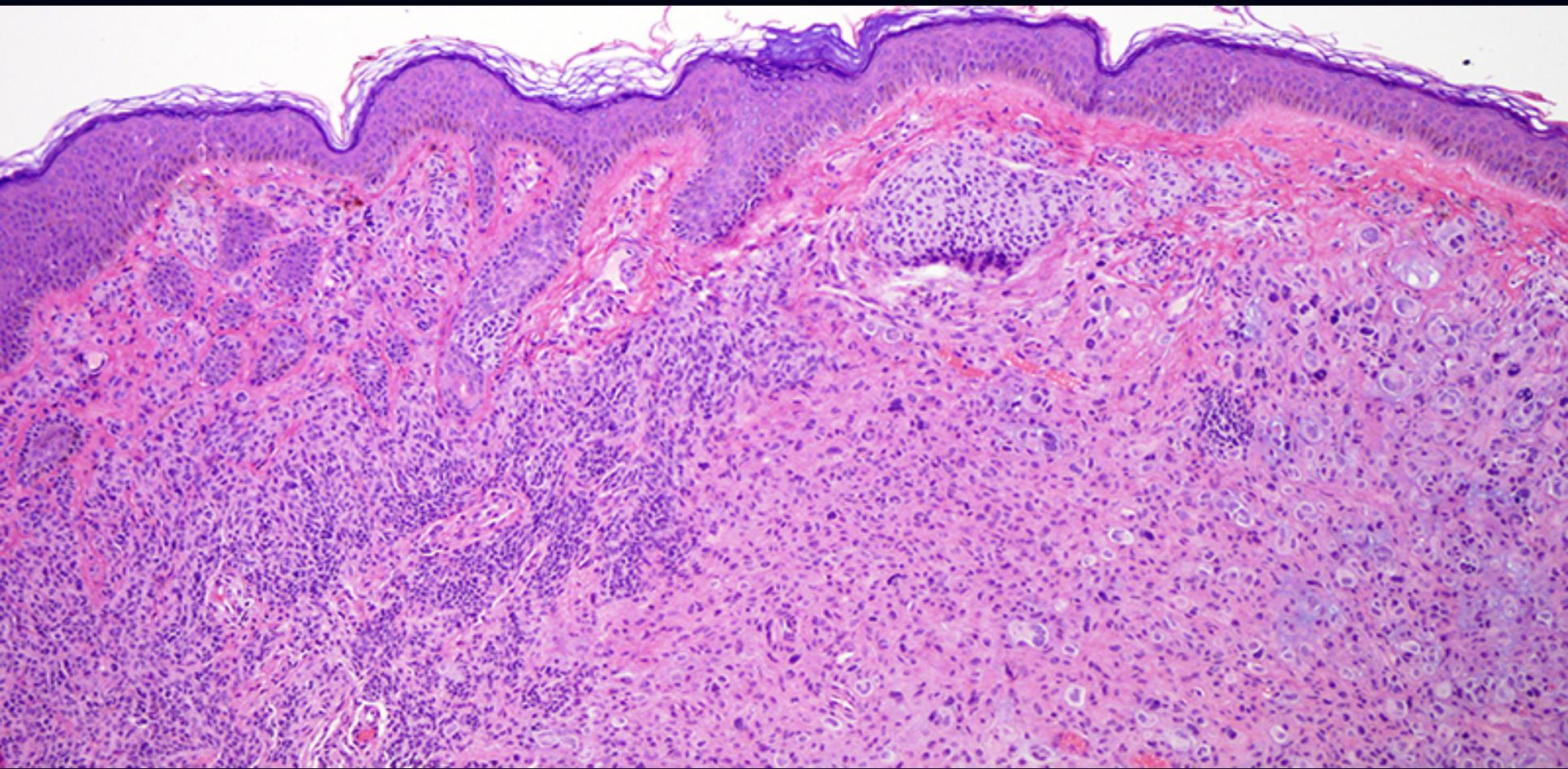


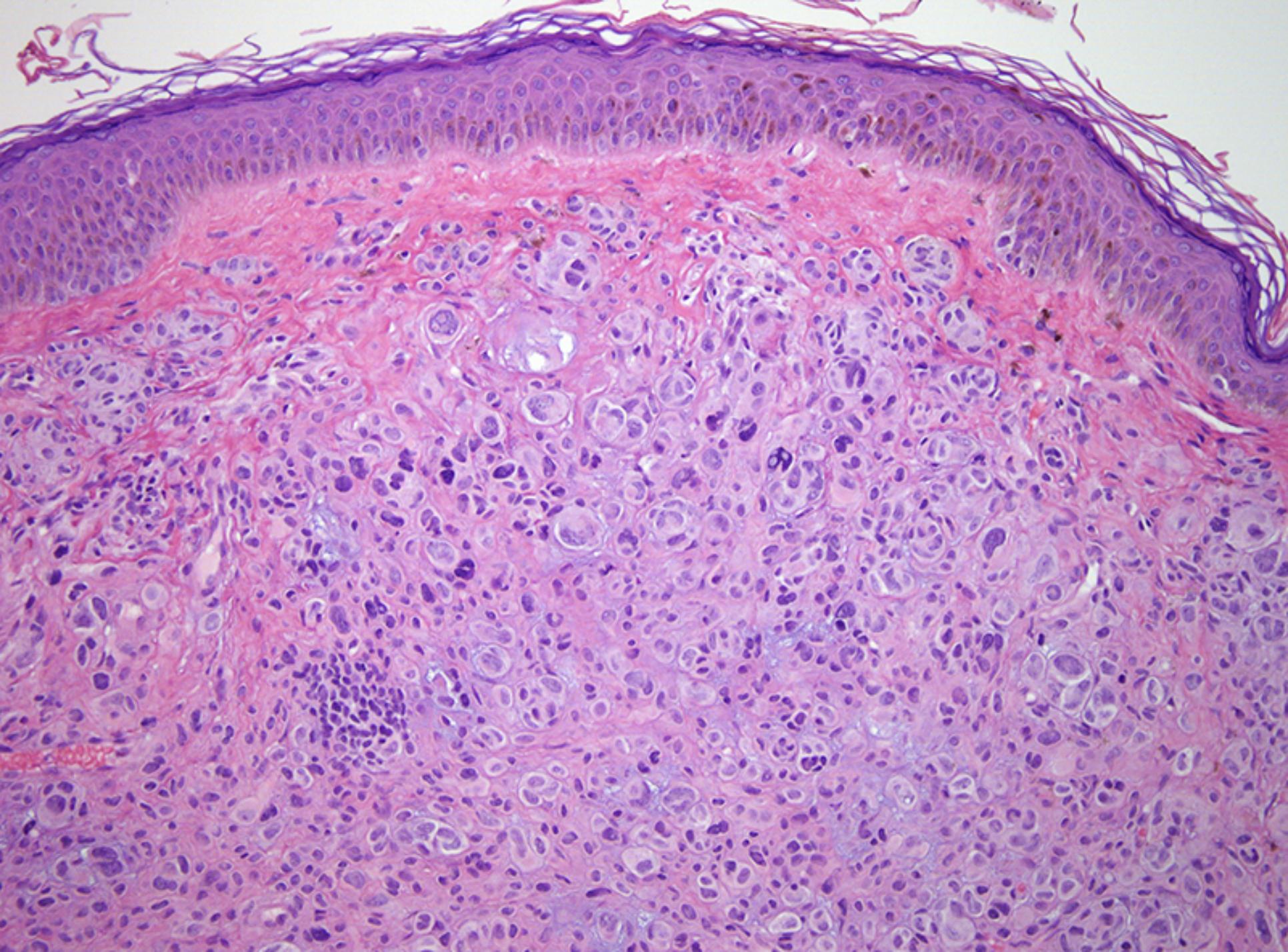
BAPoma AKA...

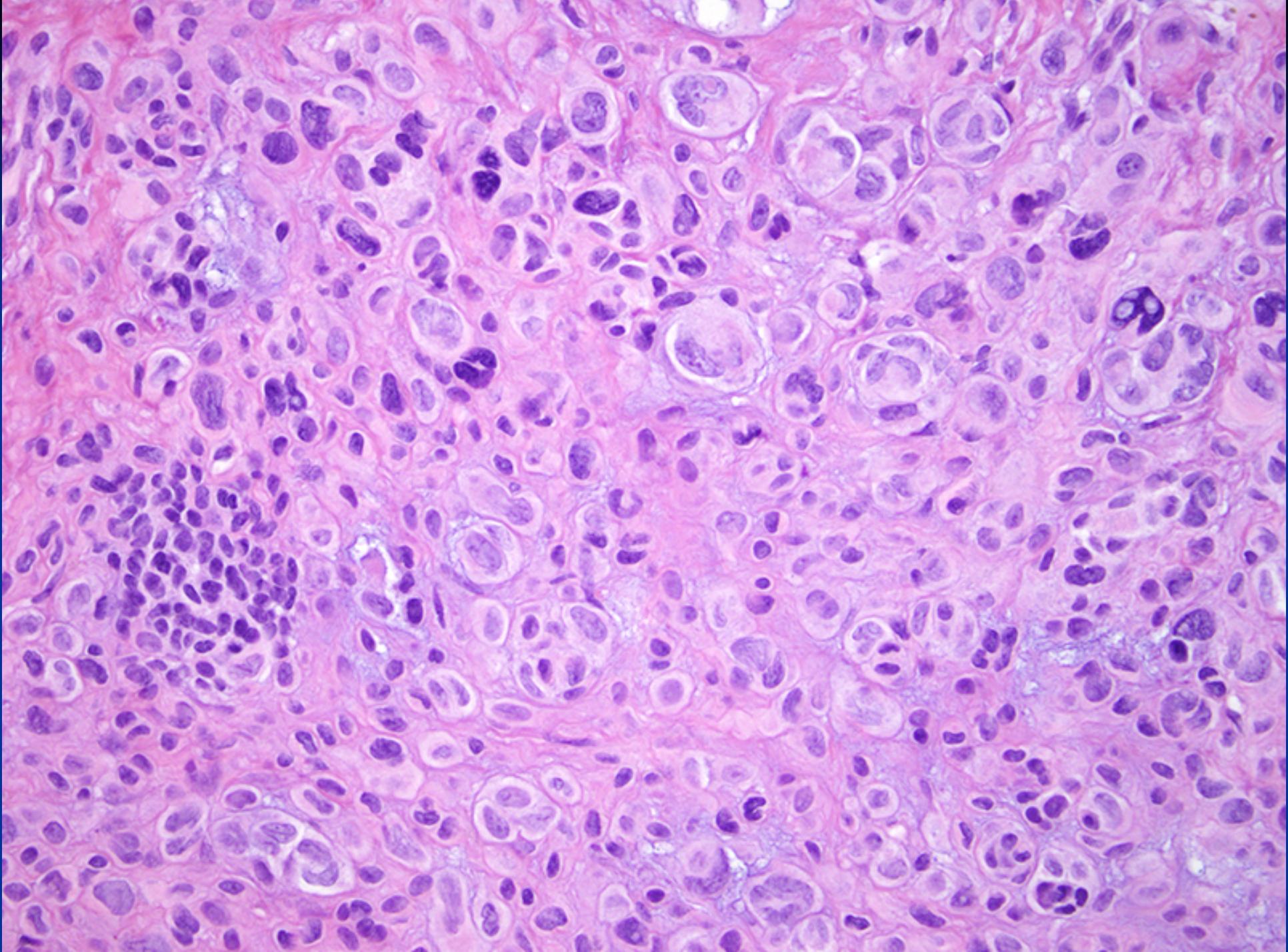
- Wiesner nevus
- Nevoid melanoma-like melanocytic proliferation (NEMMP)
- BAP1 mutant Spitz nevus
- BAP1 mutant nevoid melanoma
- Cutaneous BIMT

BAPoma

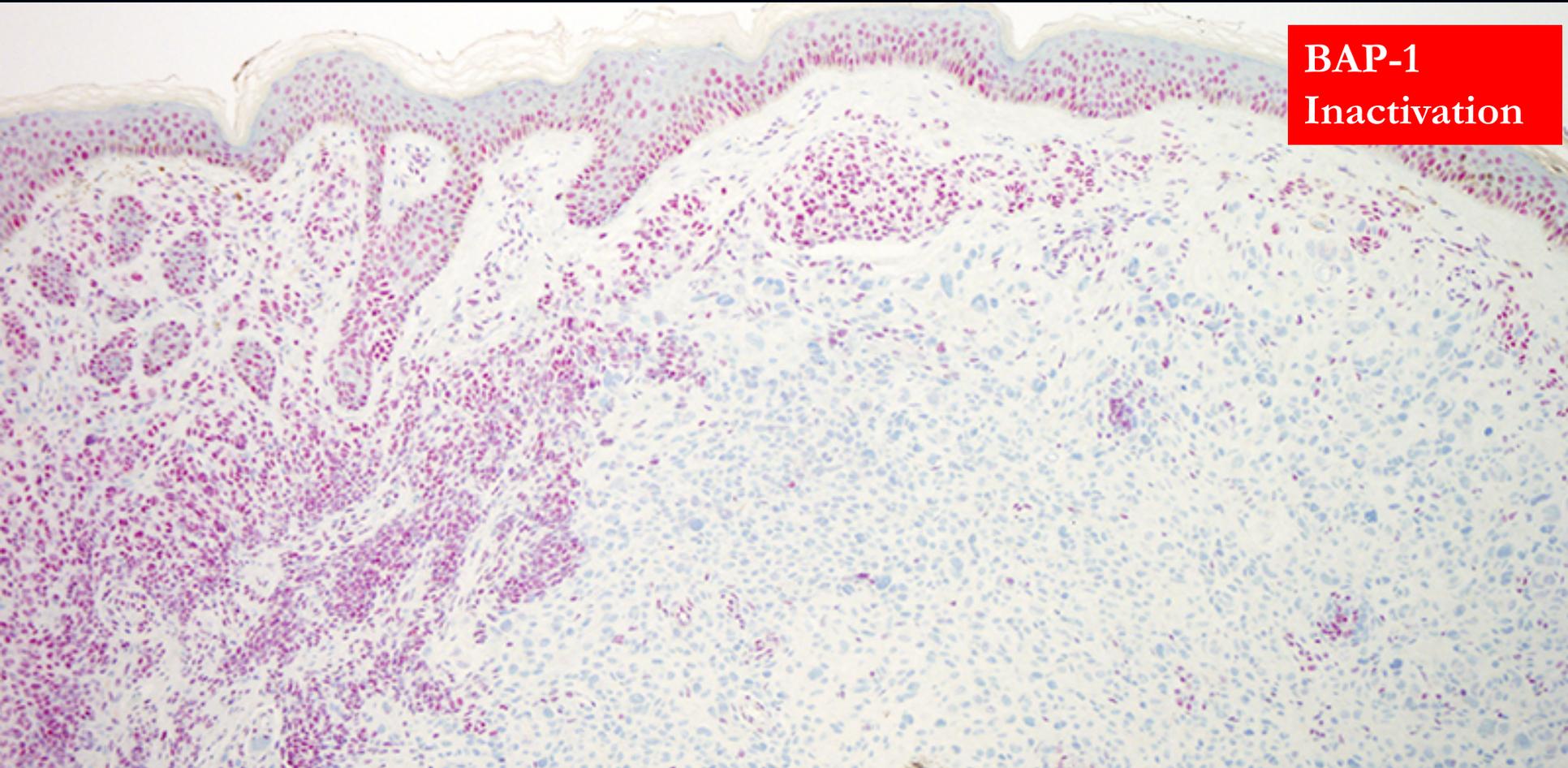
- BRCA1-associated protein (BAP1)-inactivated melanocytic tumors
- Epithelioid, predominantly dermal, and melanocytic tumors present as erythematous nodules may overlap with Spitz nevi and nevoid melanoma
- Familial cases with multiple cutaneous tumors
 - Second or third decade of life; ocular melanoma
 - Kindreds with germline BAP1 mutation
 - Breast cancer, malignant mesothelioma, uveal melanomas

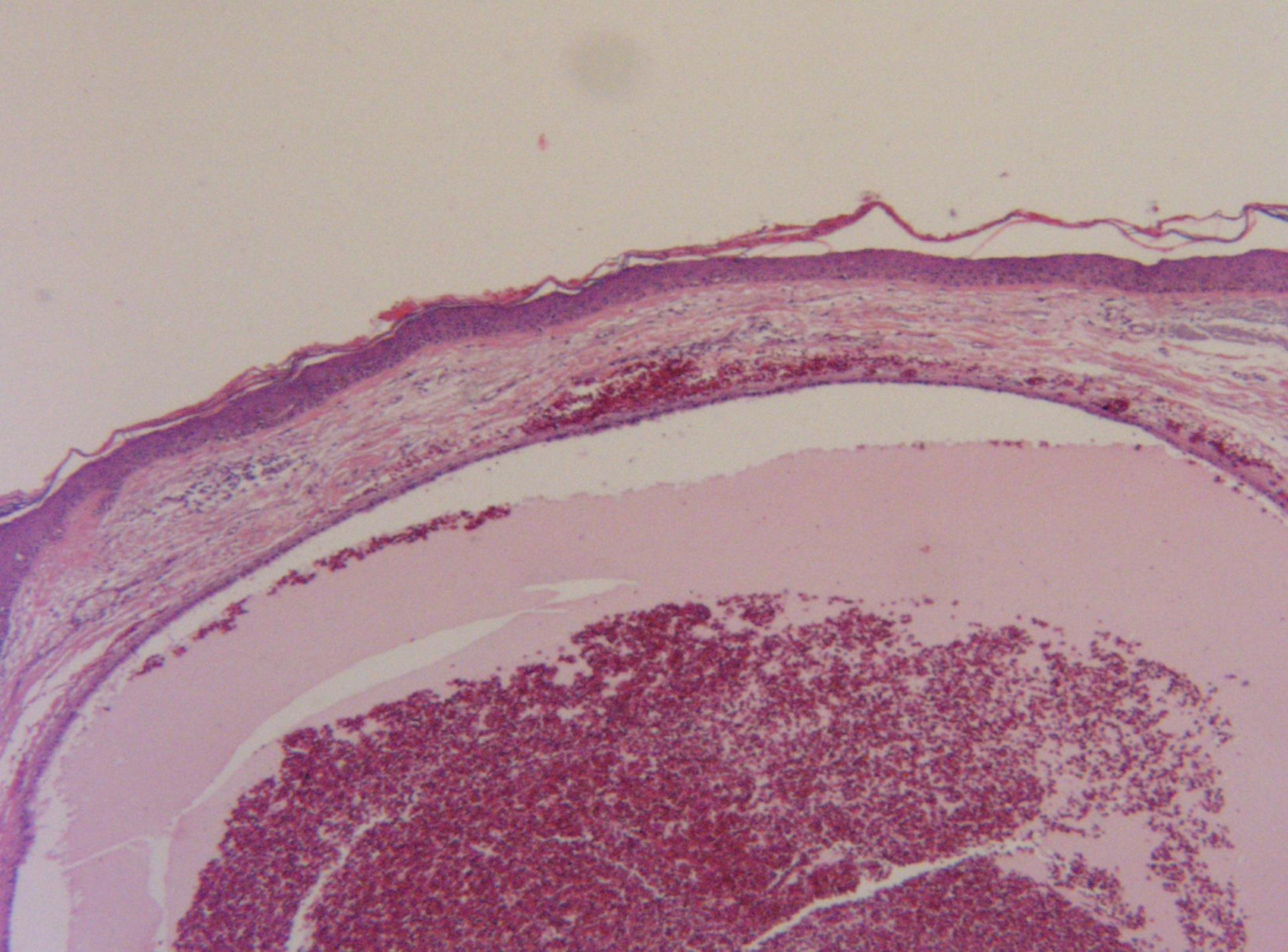


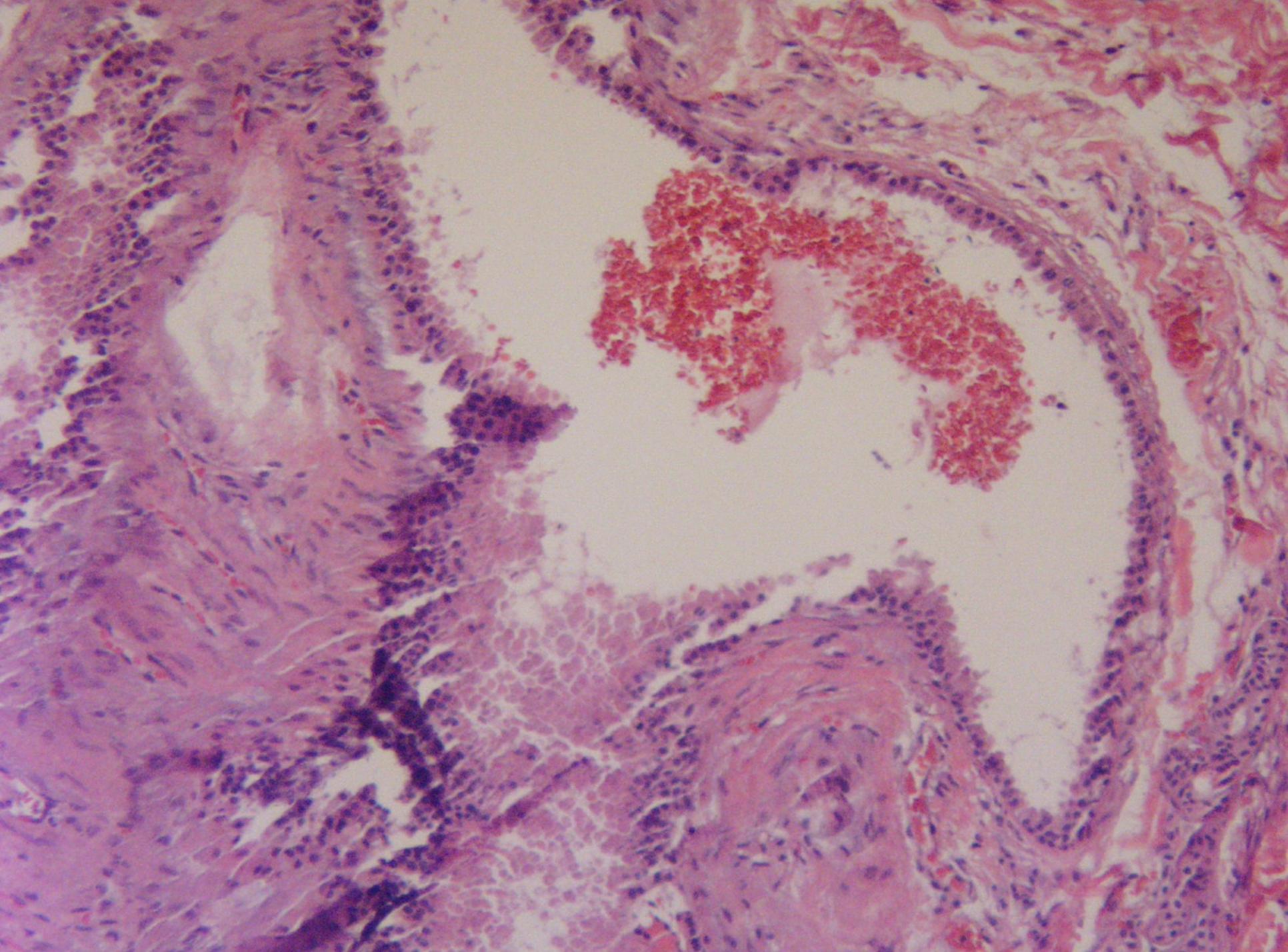


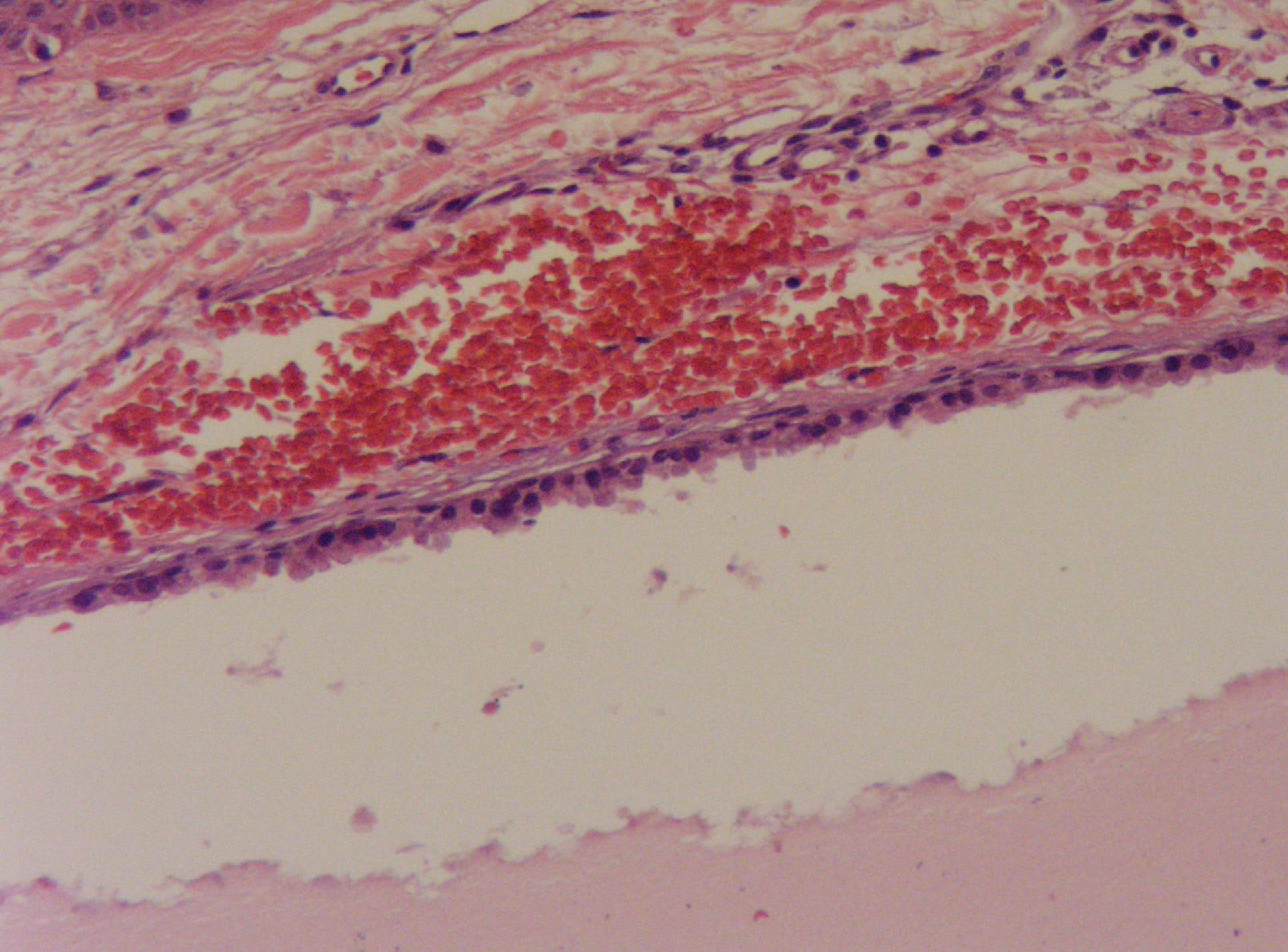


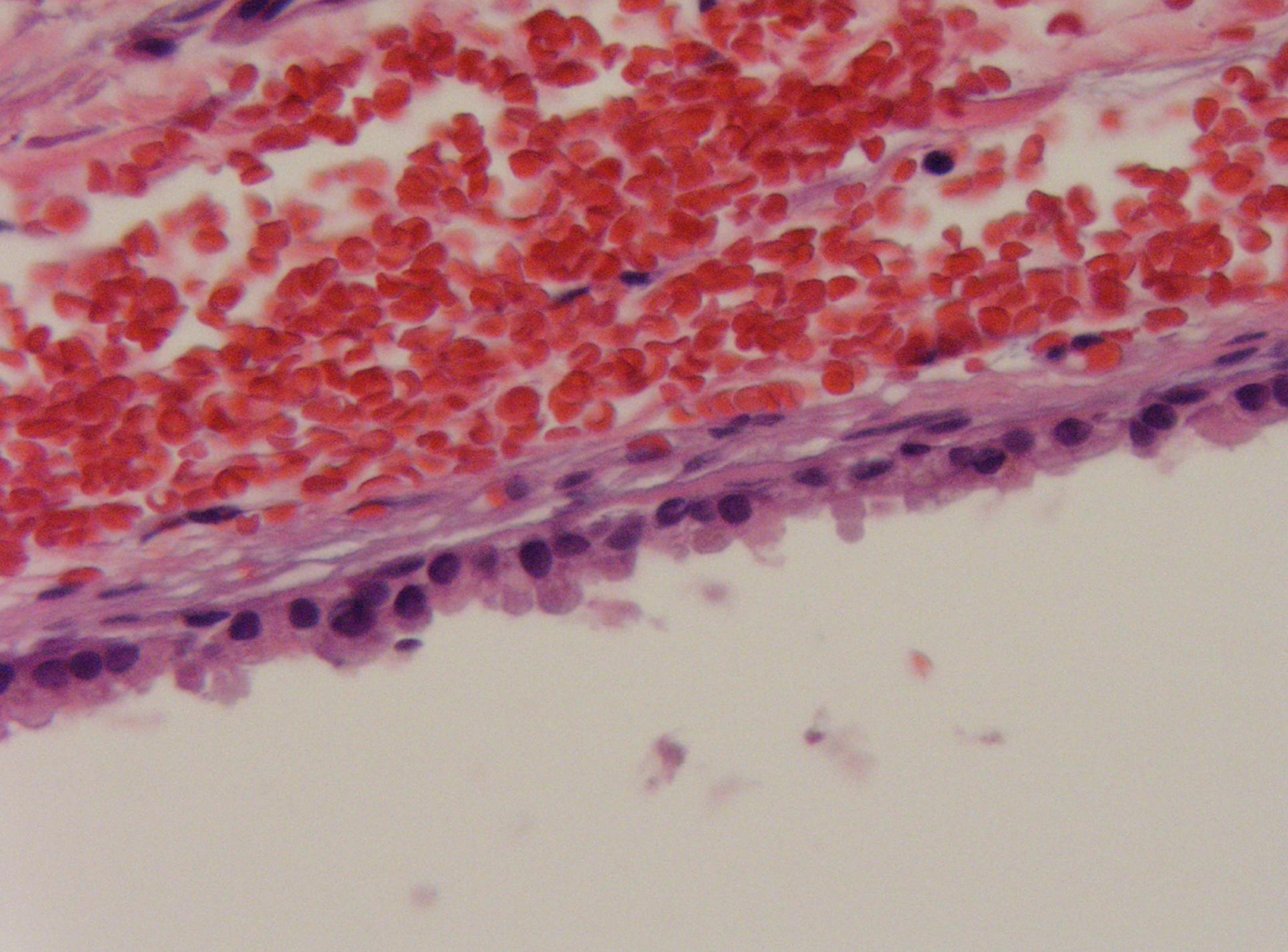
BAP-1
Inactivation







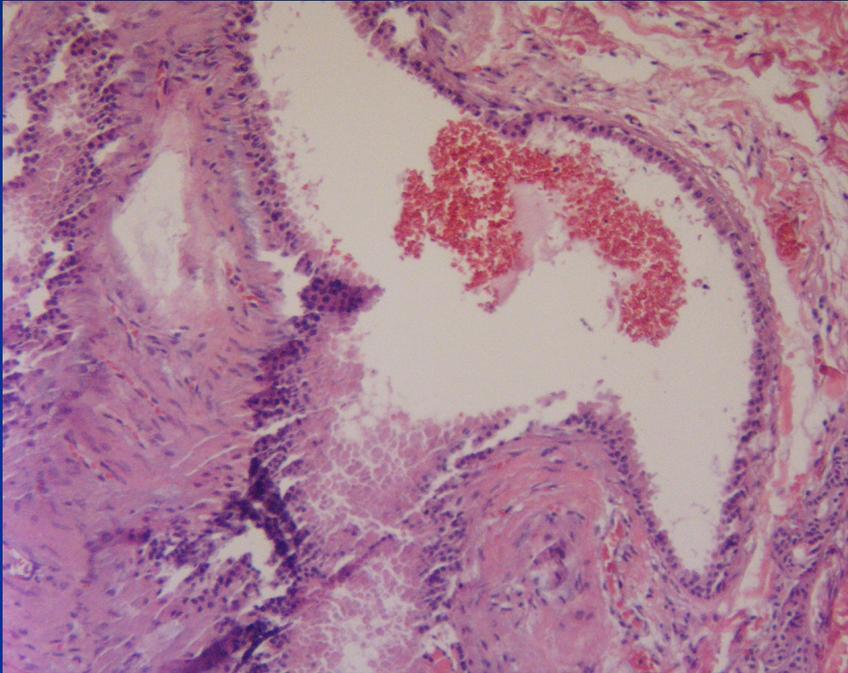




What is your differential diagnosis and what additional special stains/IHC would you order?

Apocrine Hidrocystoma

Histopathology

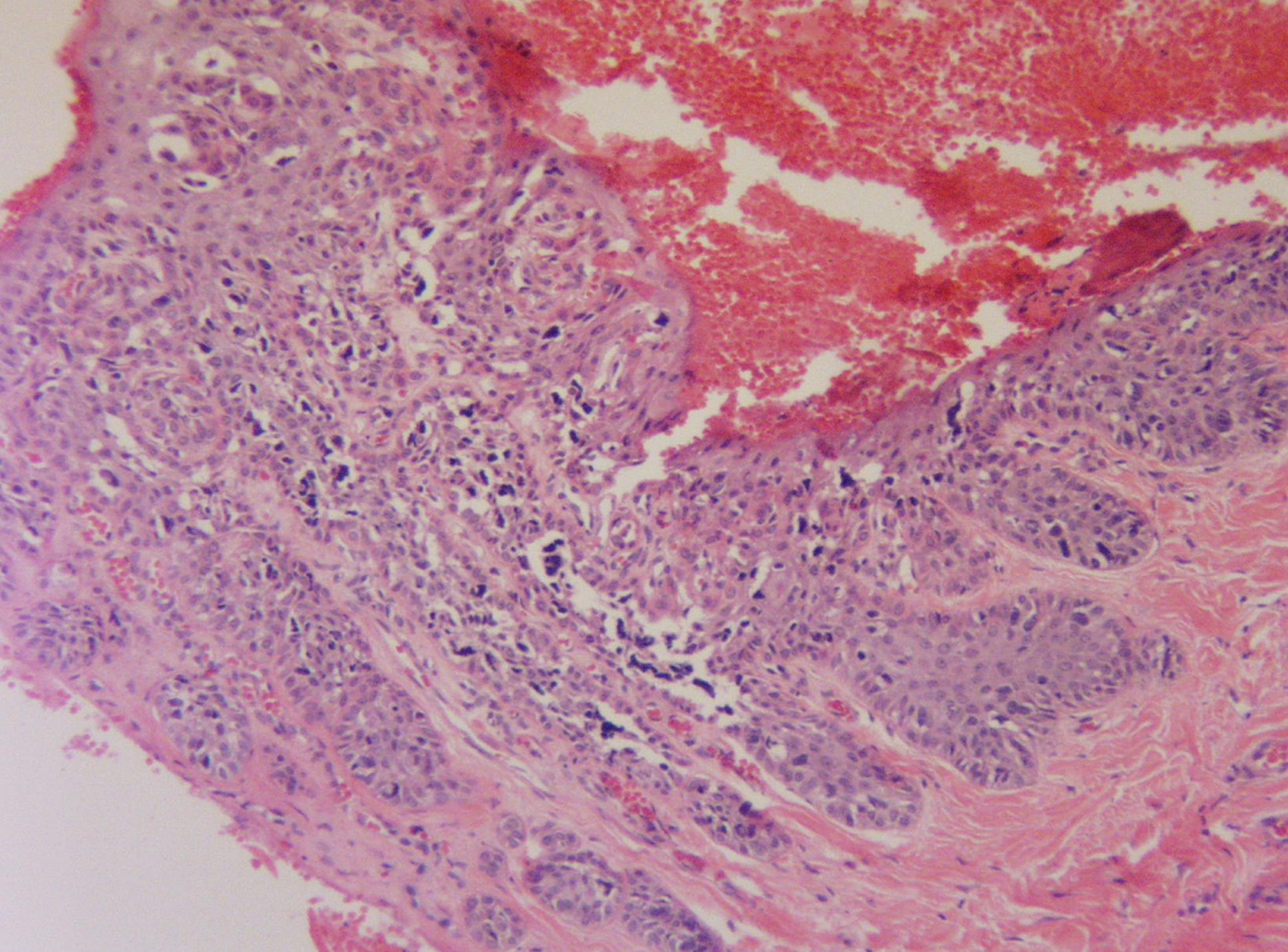


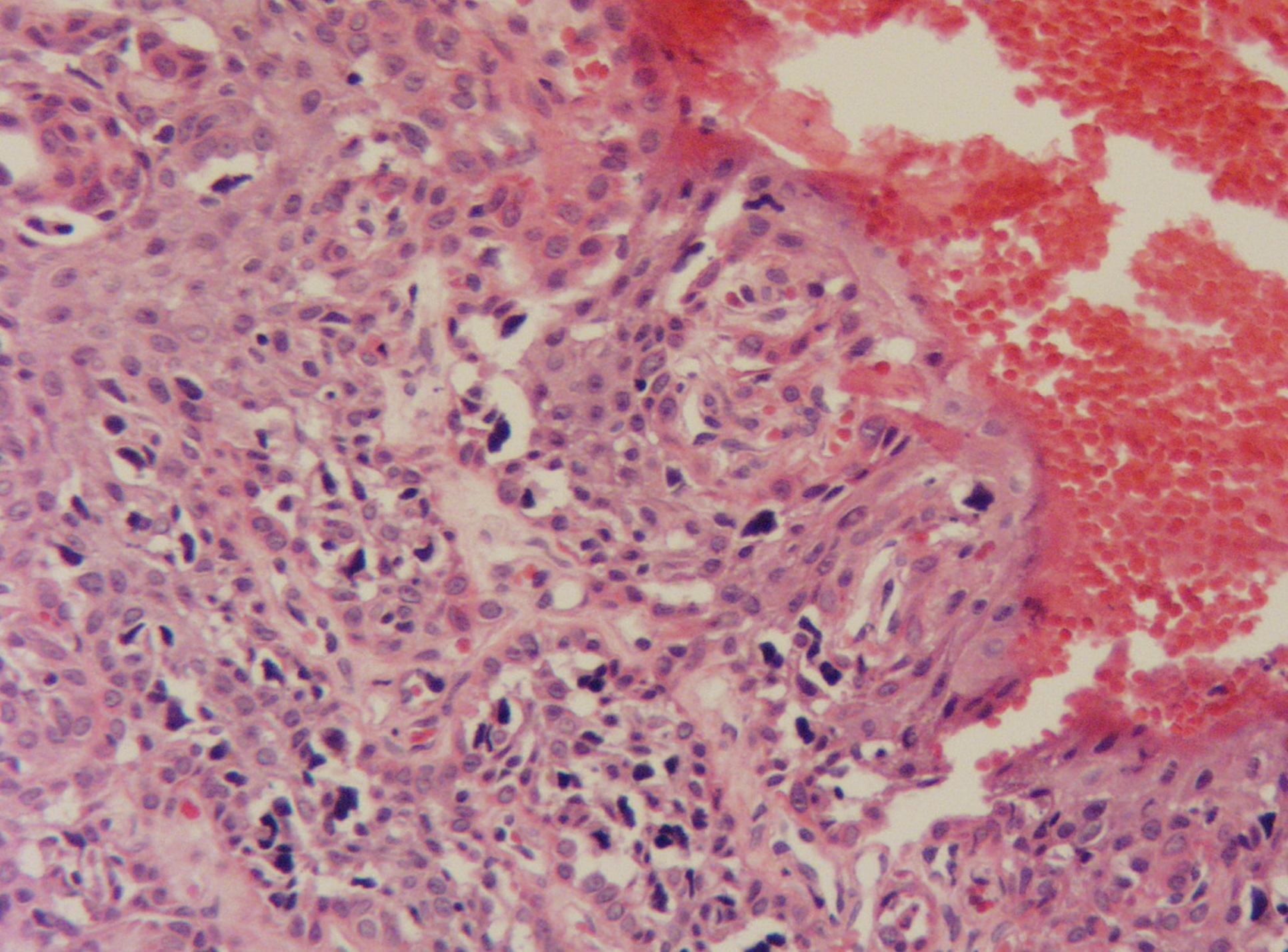
- Usually unilocular dermal cyst
- Apocrine epithelial lining
- r/o cystic hidradenoma
- DDX: Eccrine hidrocystoma

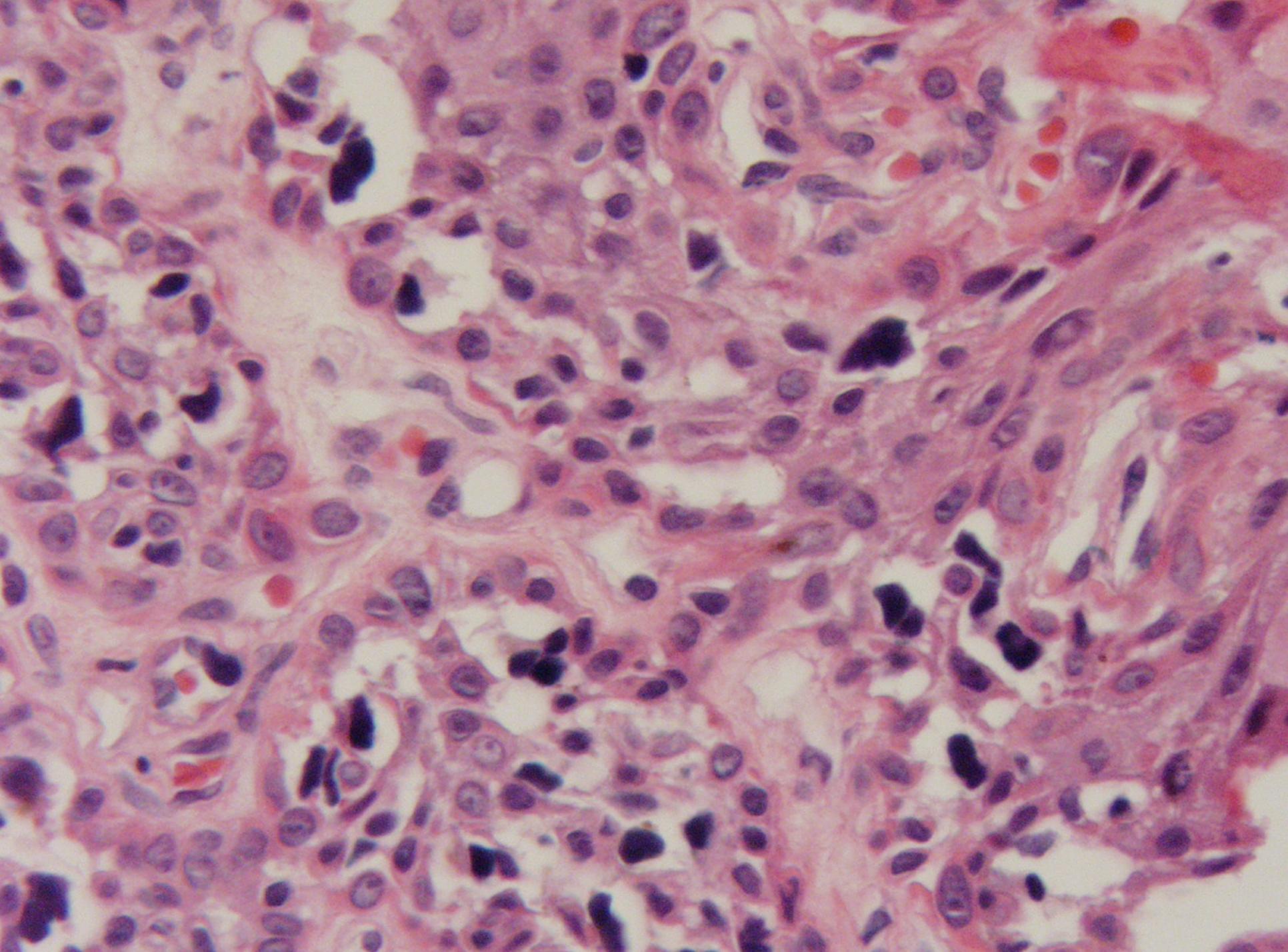
**What syndromes are associated
with multiple eccrine/apocrine
hidrocystomas?**

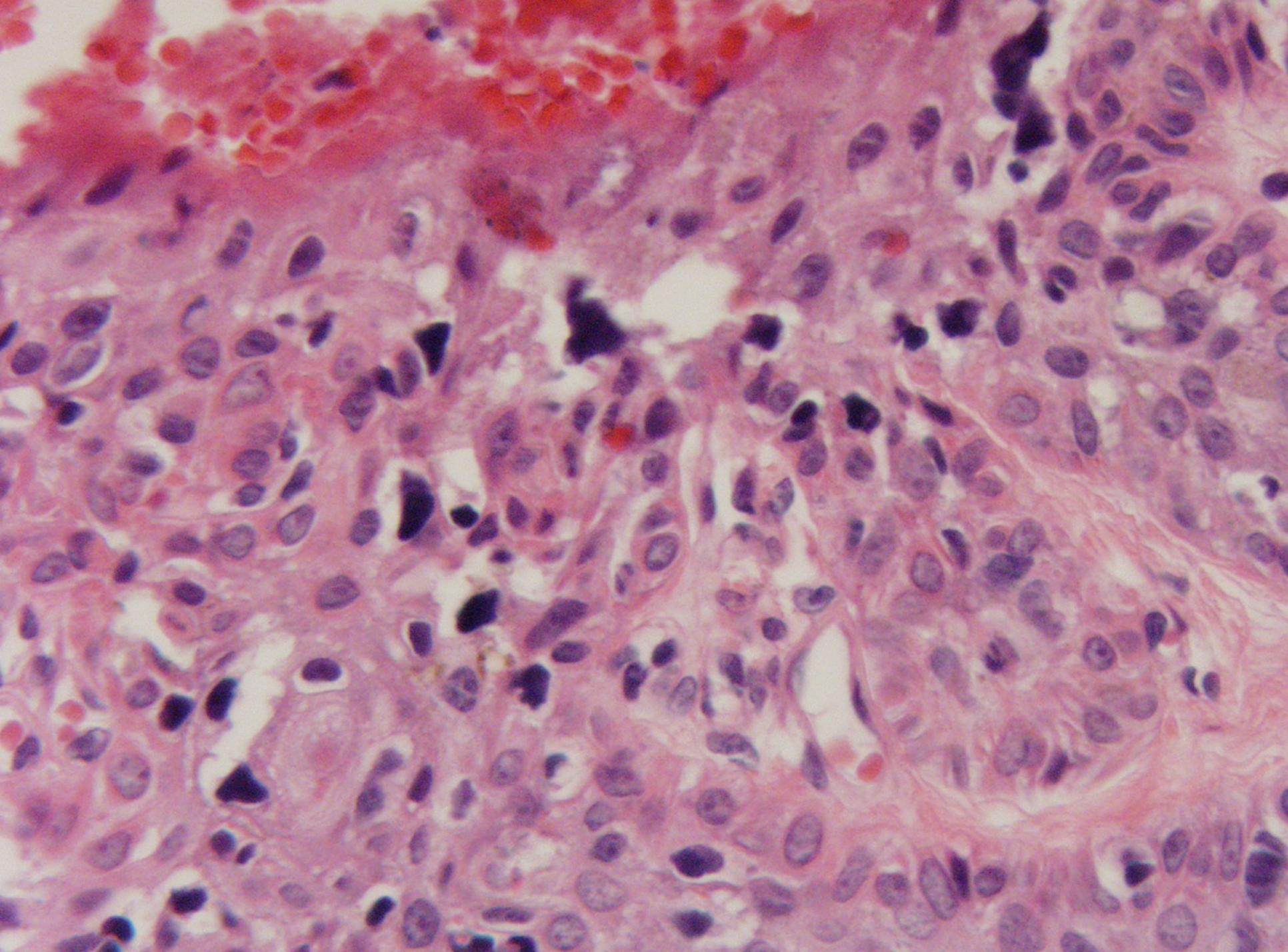
Syndromes Associated With Multiple Hidrocytomas

- Gorlin-Goltz syndrome
- Schopf-Schulz-Passarge syndrome
 - AR with palmoplantar hyperkeratosis, hypodontia, and hypotrichosis
- Grave's disease





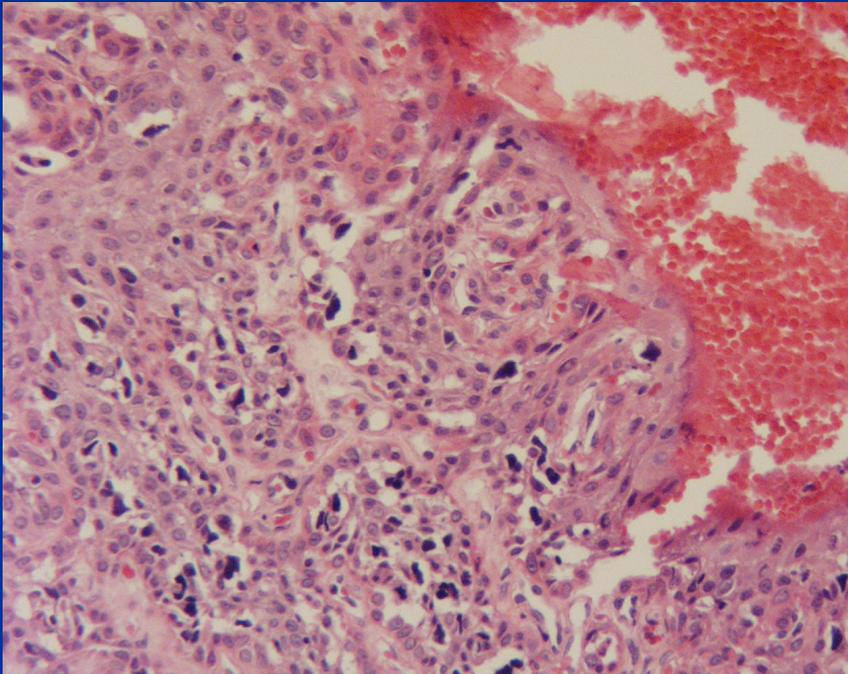




What is your differential diagnosis and what additional special stains/IHC would you order?

Malignant Melanoma in Situ

Histopathology

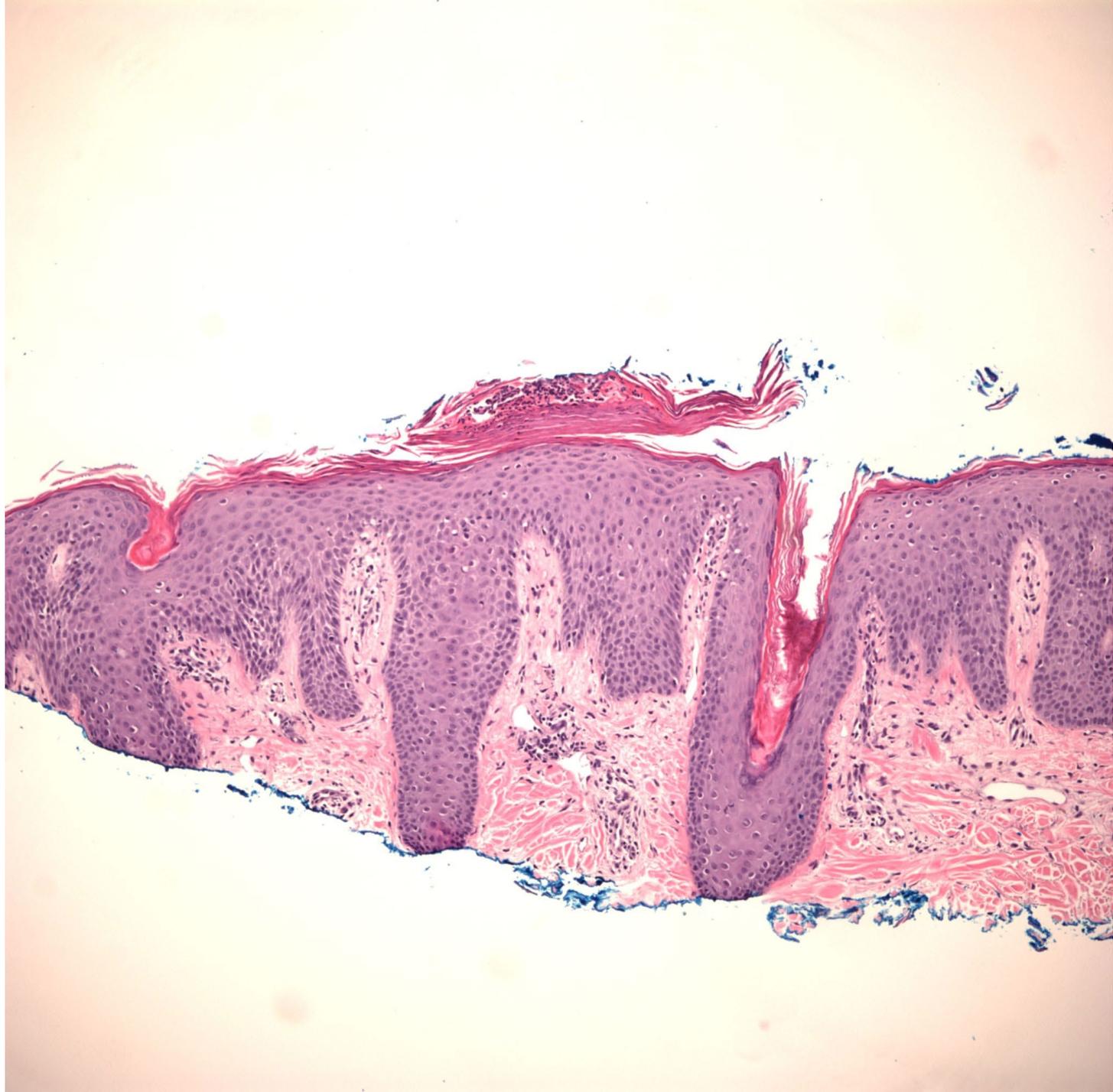


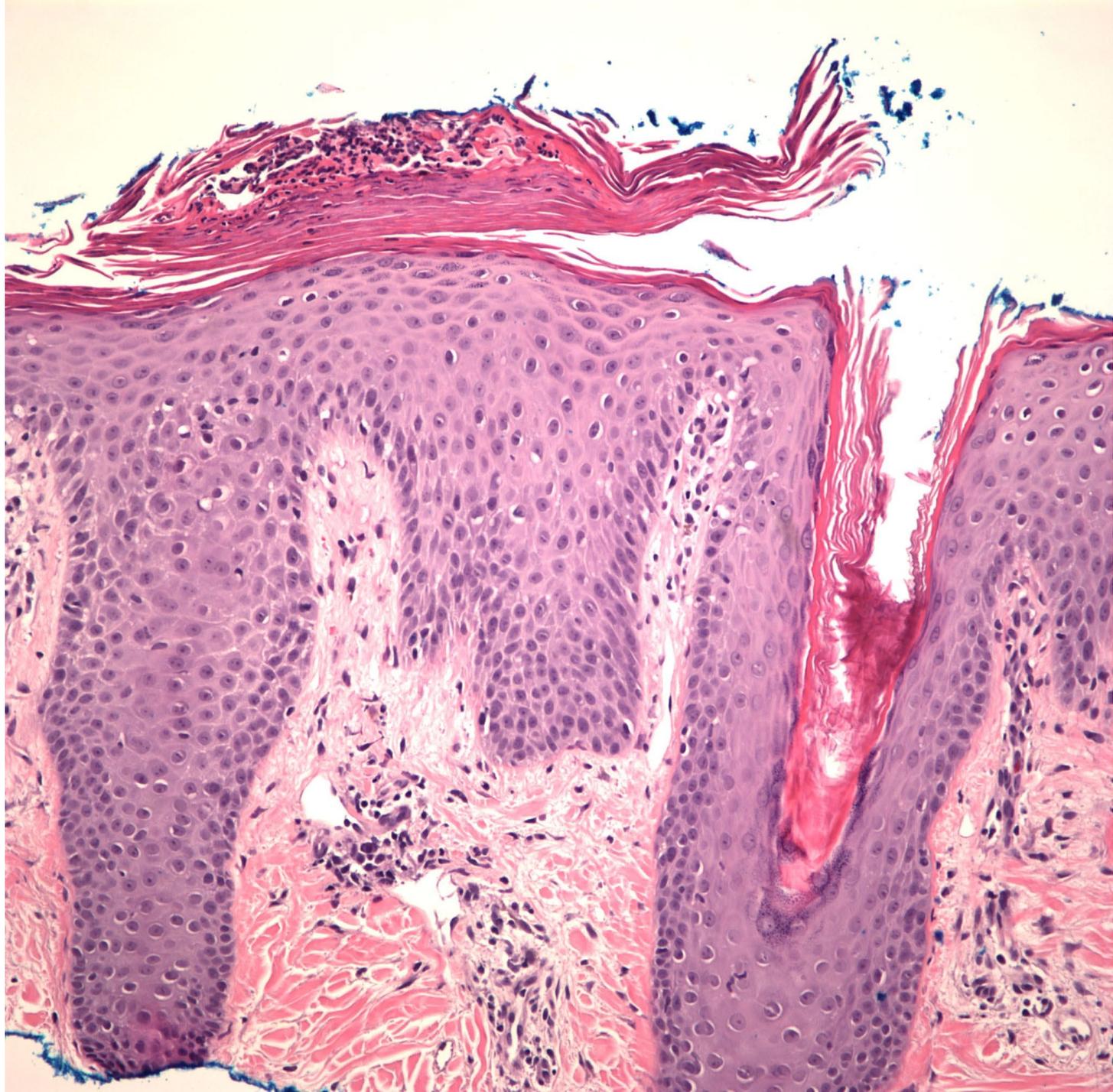
- Intraepidermal proliferation of pleomorphic melanocytes
- No dermal invasion
- Expansile discohesive nests vs. upward intraepithelial spread
- ?Starburst cells

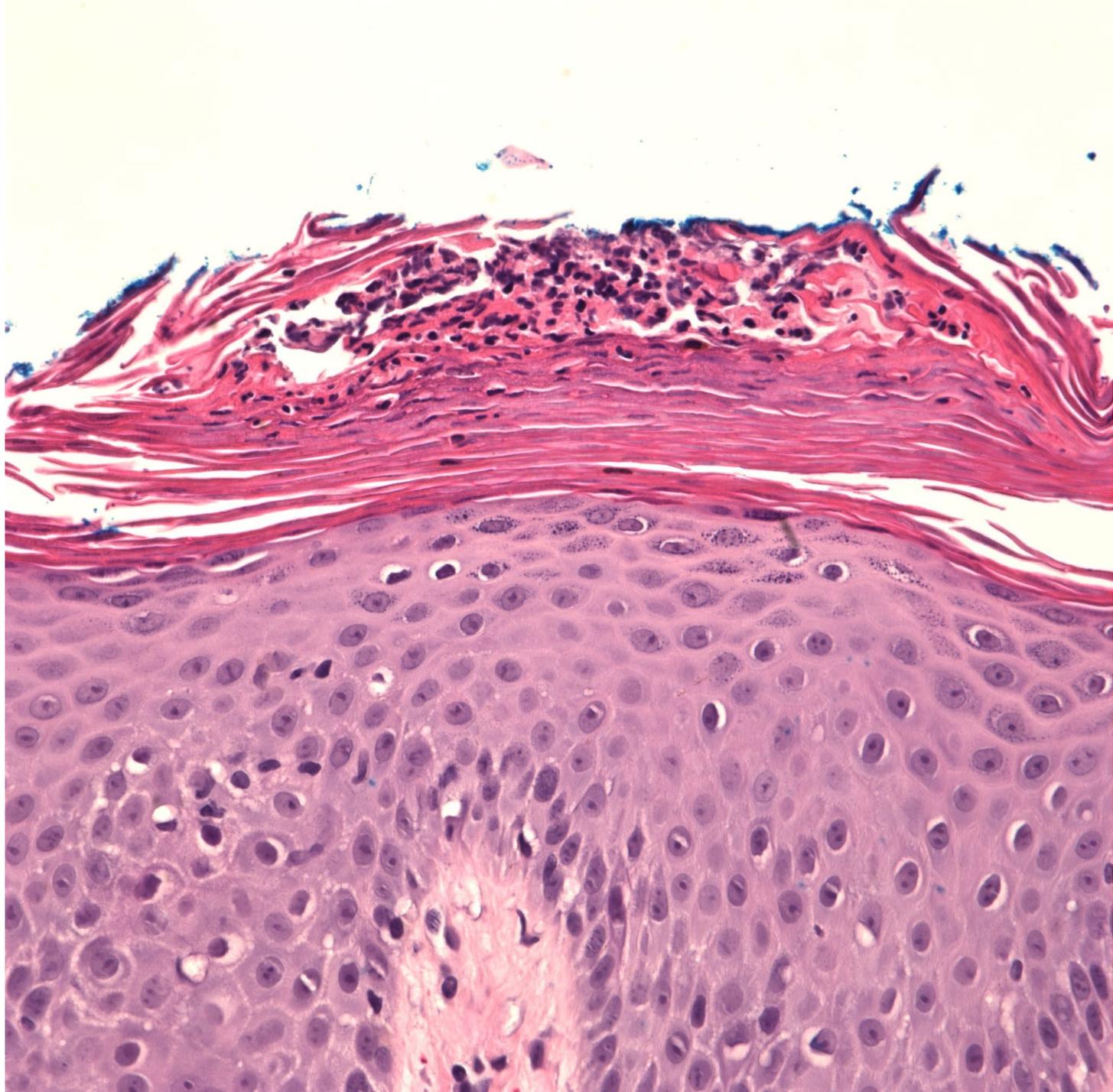
How does an amelanotic
melanoma in situ clinically
present?

Amelanotic Melanoma In Situ

- Inconspicuous reddish macules or erythematous plaques
- High level of clinical suspicion
- Dermatoscopy may assist



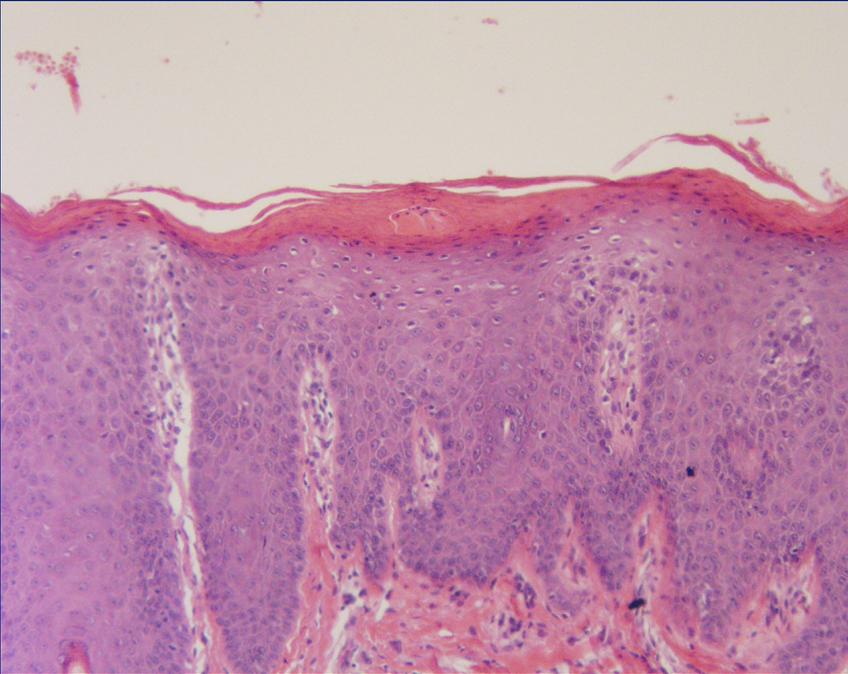




What is your differential diagnosis and what additional special stains/IHC would you order?

Seborrheic Dermatitis

Histopathology

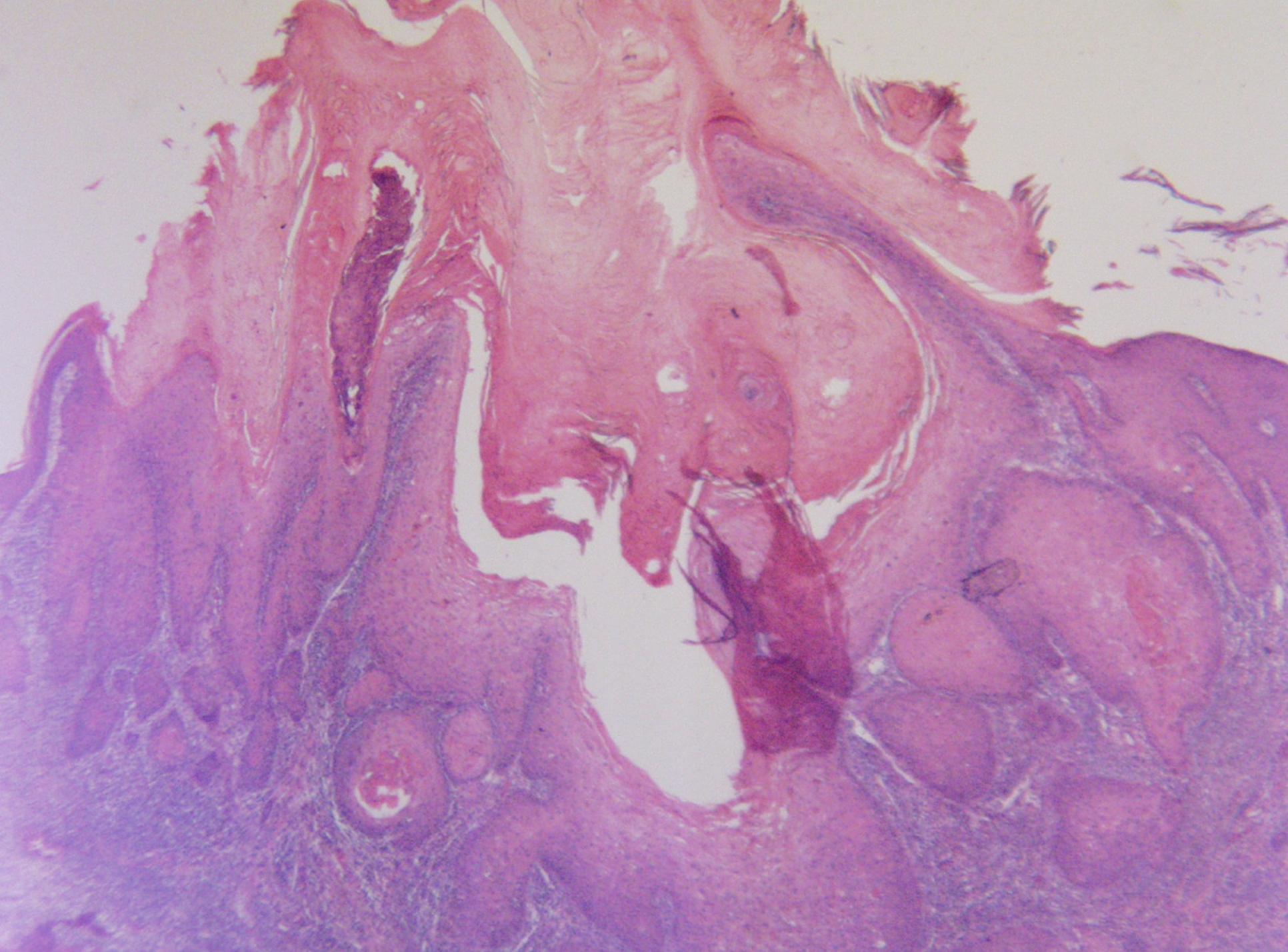


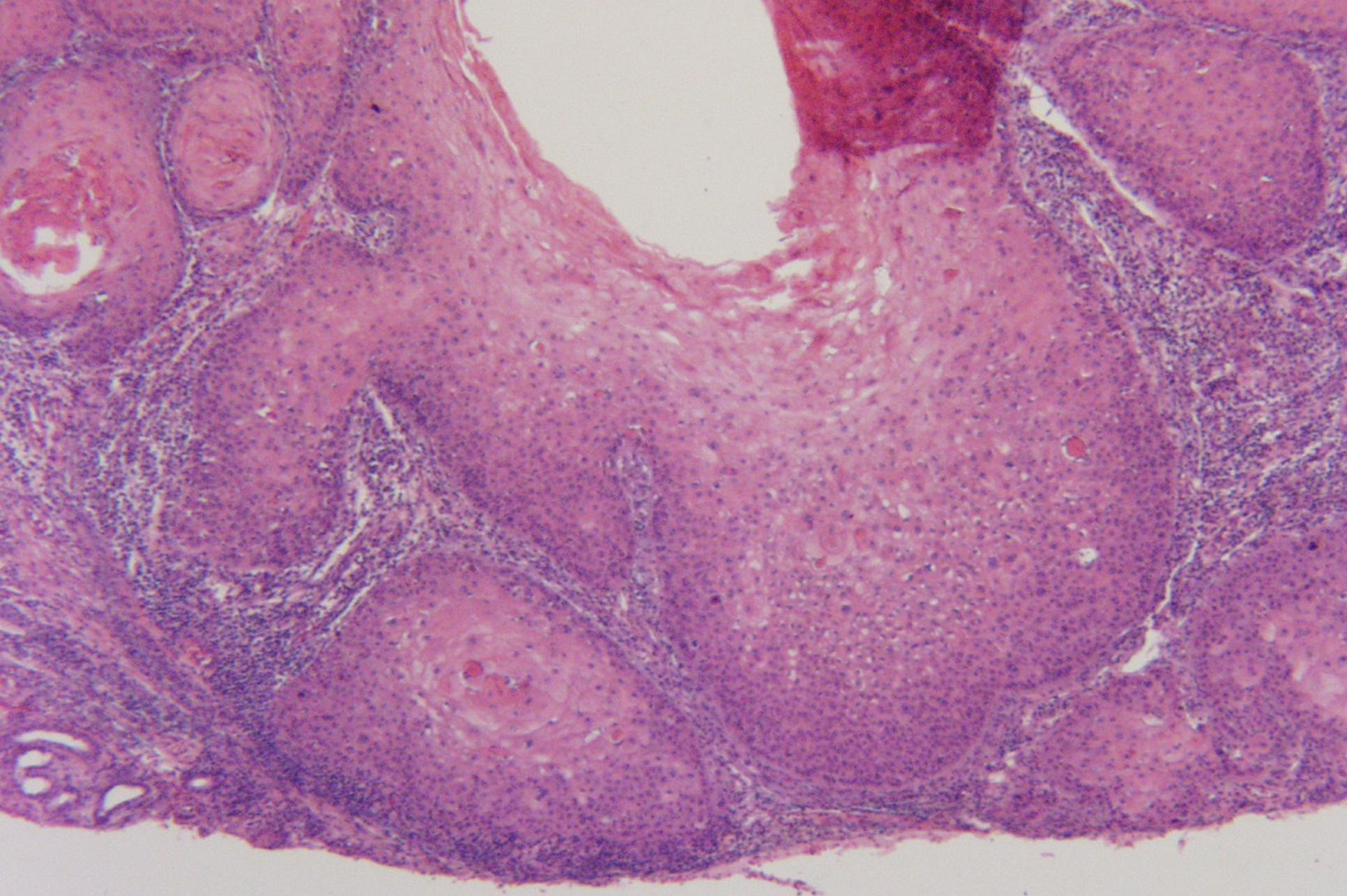
- Psoriasiform dermatitis
- Intracorneal neutrophils at infundibular lip
- DDX: Psoriasis, Atopic dermatitis, T. faciale

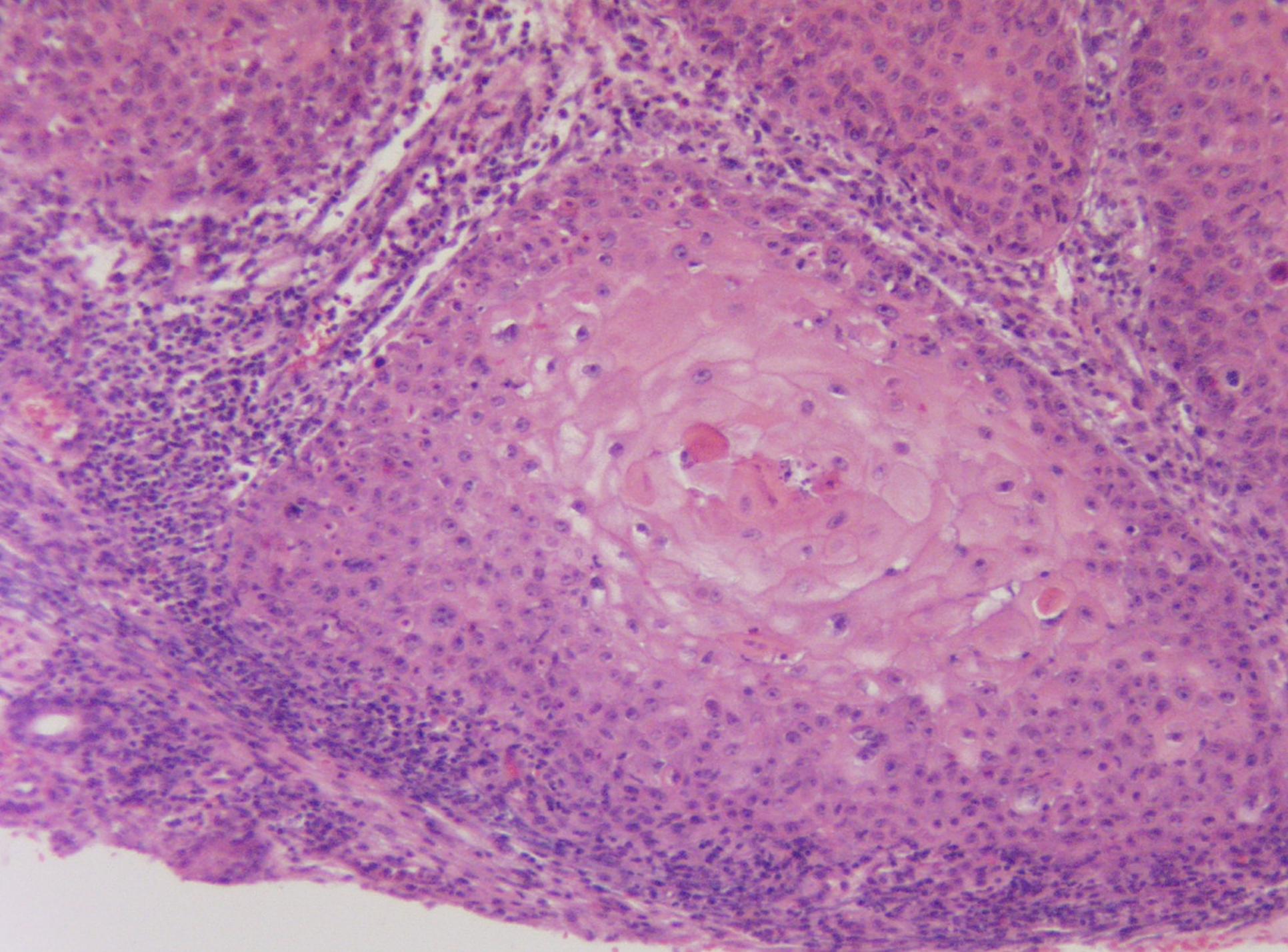
What diseases are associated with
generalized seborrheic
dermatitis?

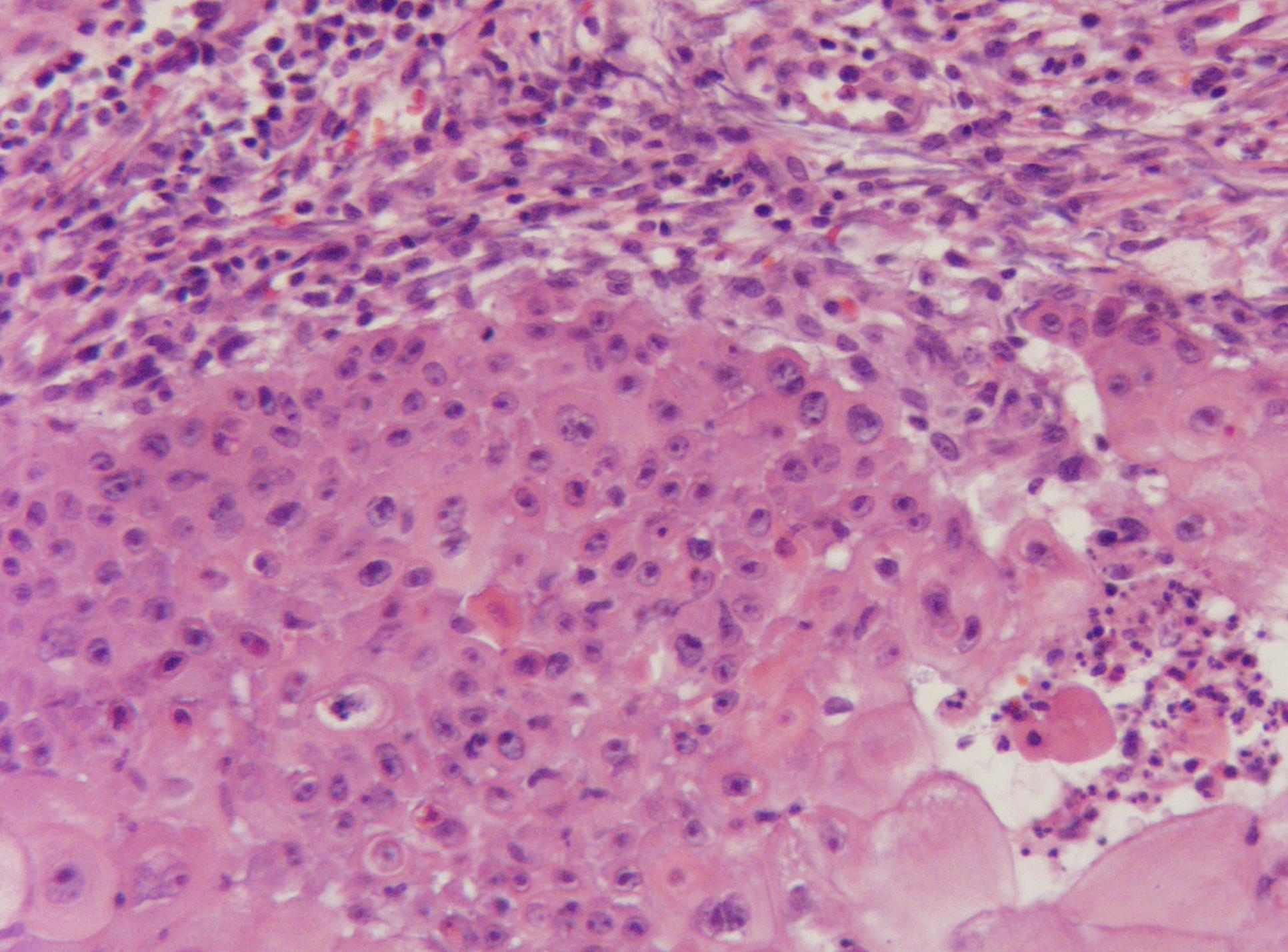
Diseases Associated with Generalized Seborrheic Dermatitis

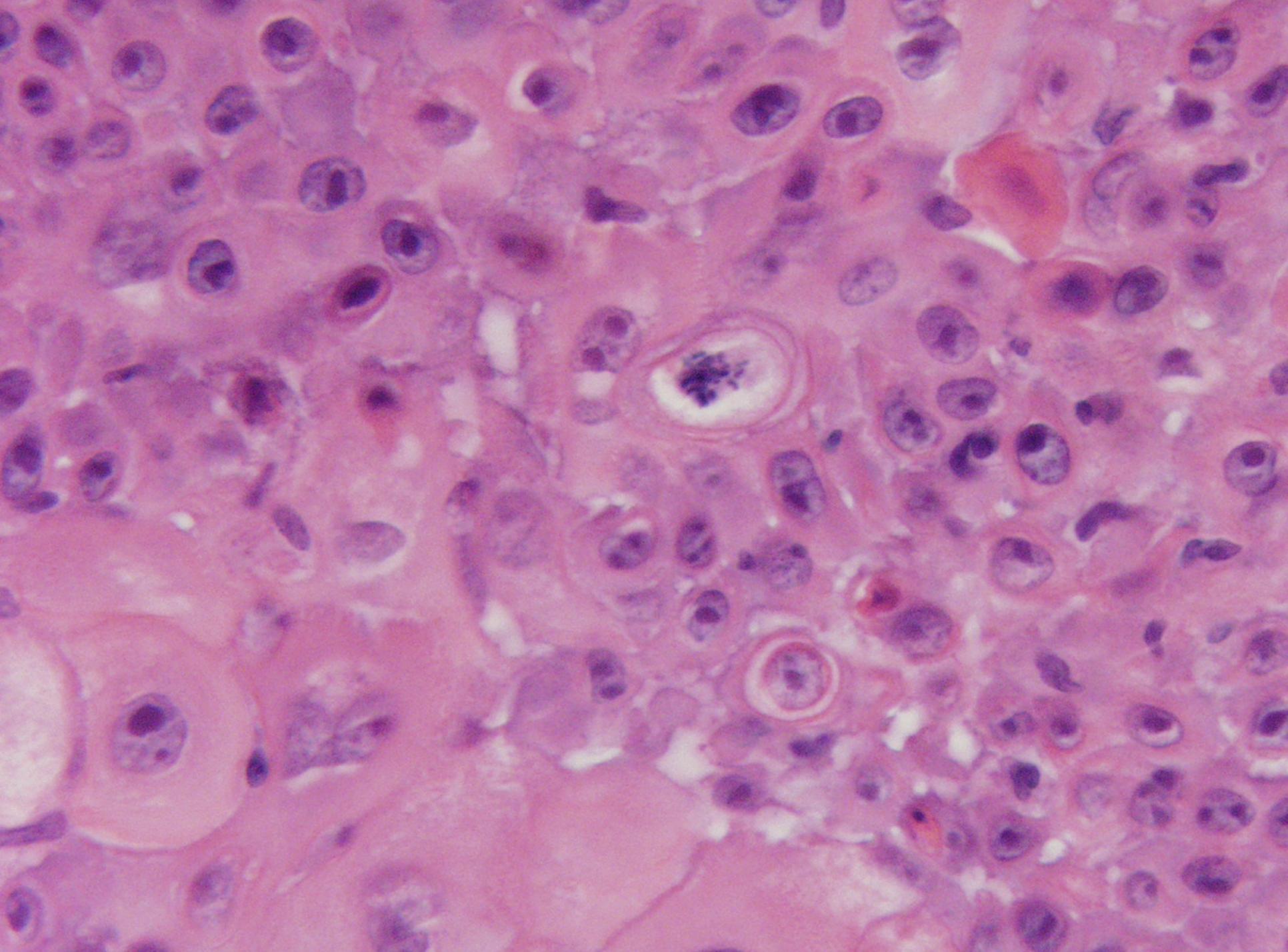
- Parkinson's disease
- AIDS
- Congestive heart failure
- Immunosuppression, esp. in premature infants







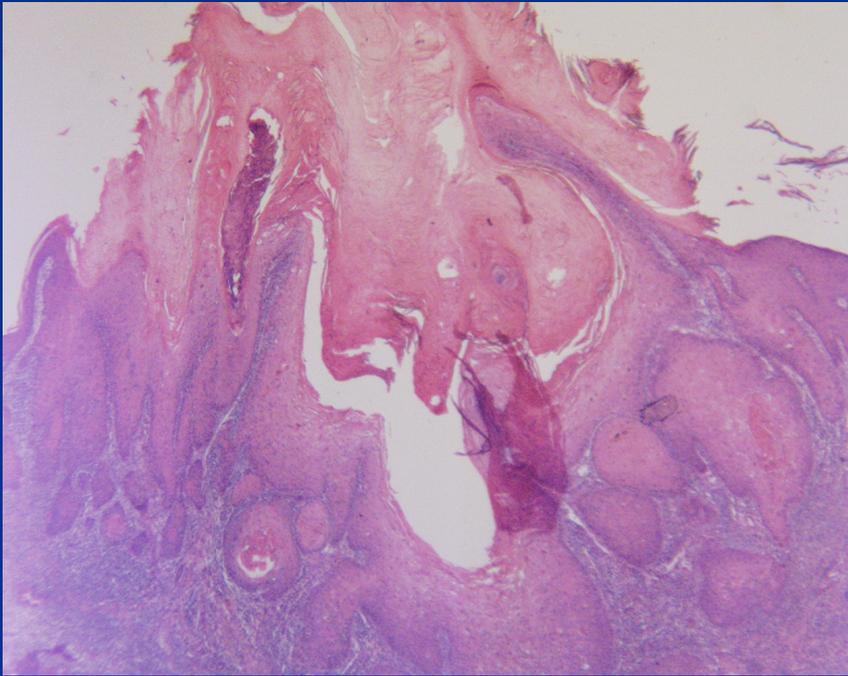




What is your differential diagnosis and what additional special stains/IHC would you order?

Squamous Cell Carcinoma

Histopathology

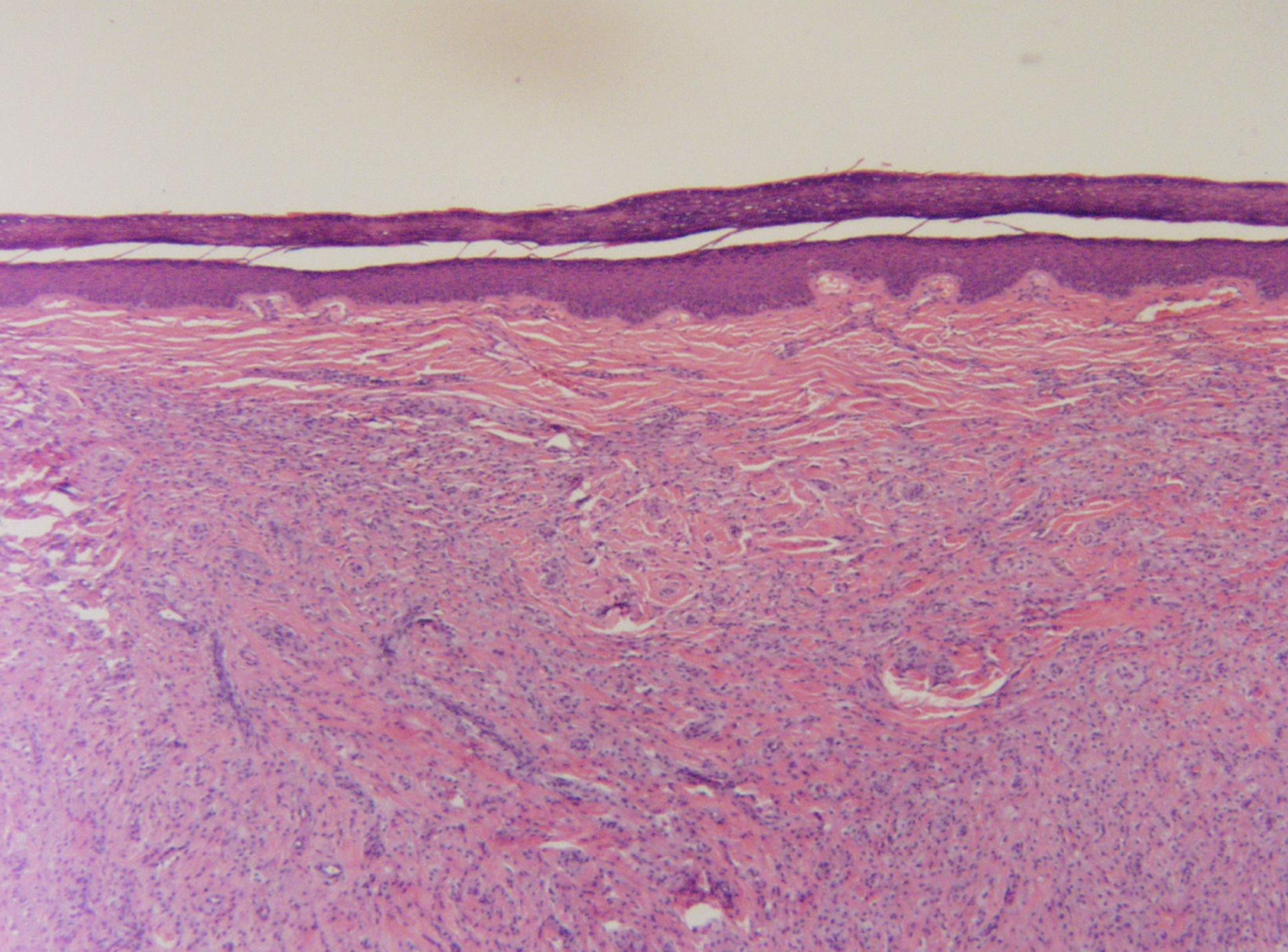


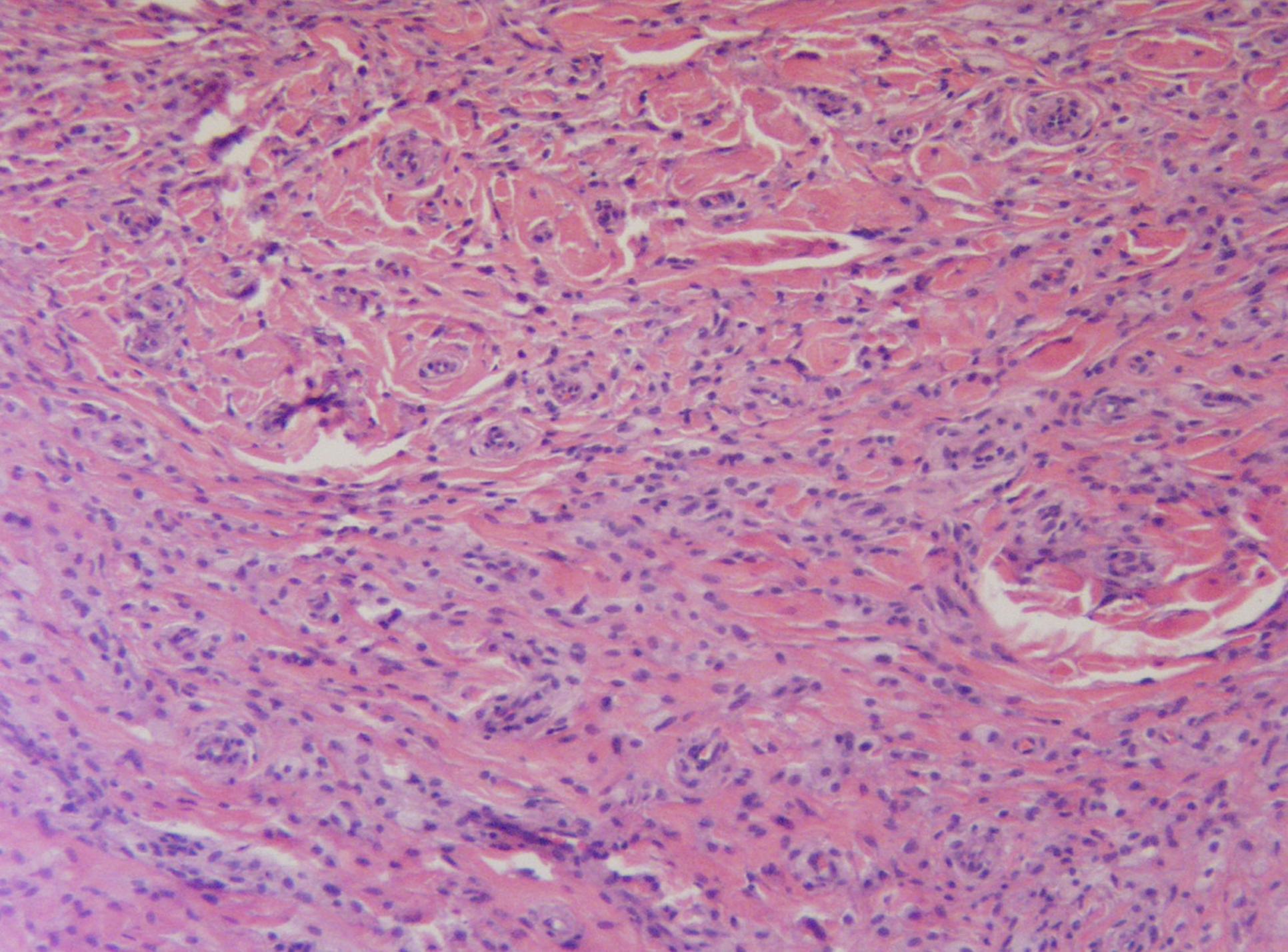
- Invasive nests of squamous cells
- Cytological variation
- Degree of squamous pearl formation dependent upon differentiation
- Rule out perineural/lymphovascular invasion

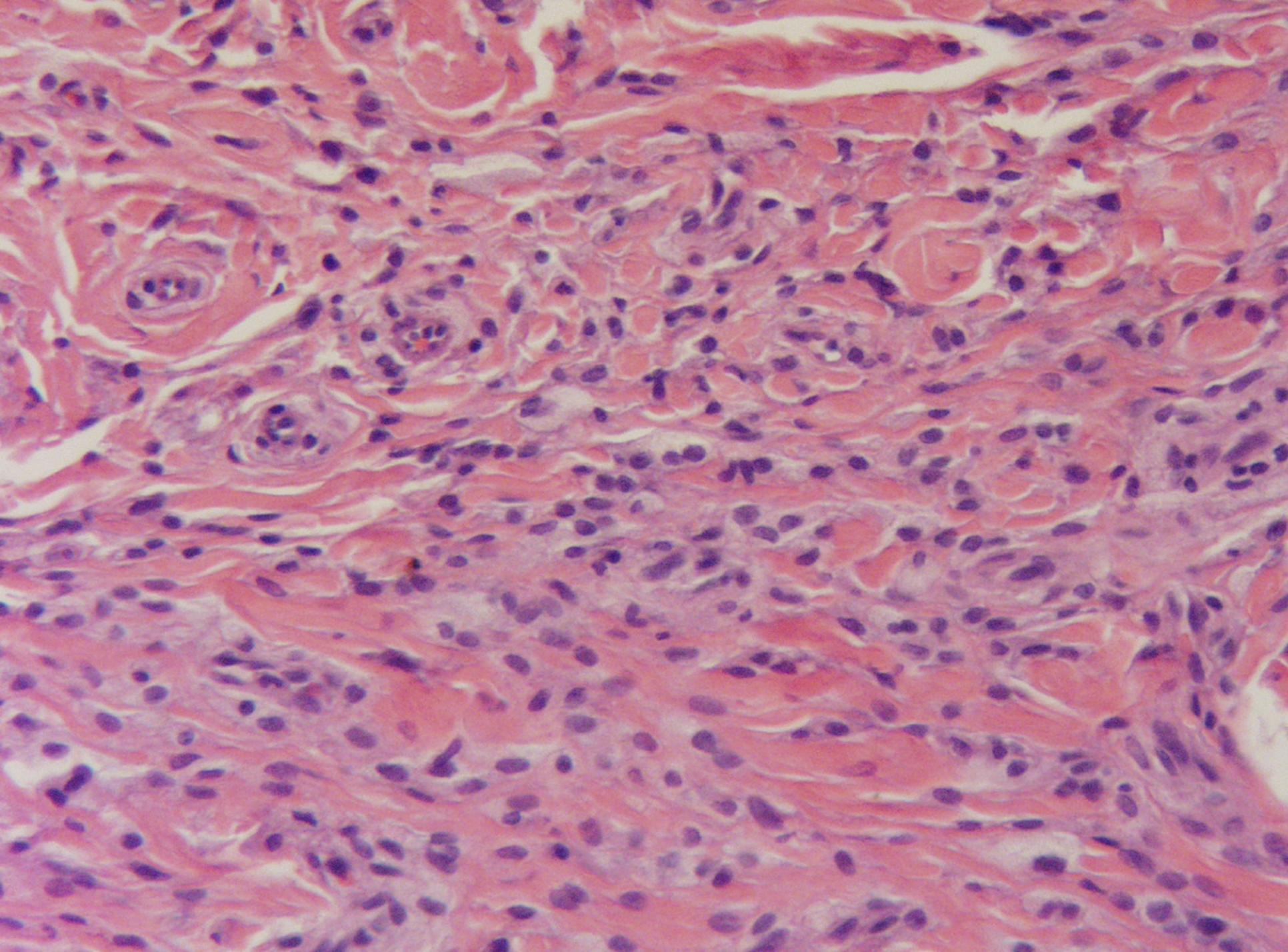
What diameter of perineural involvement is a risk factor for metastases?

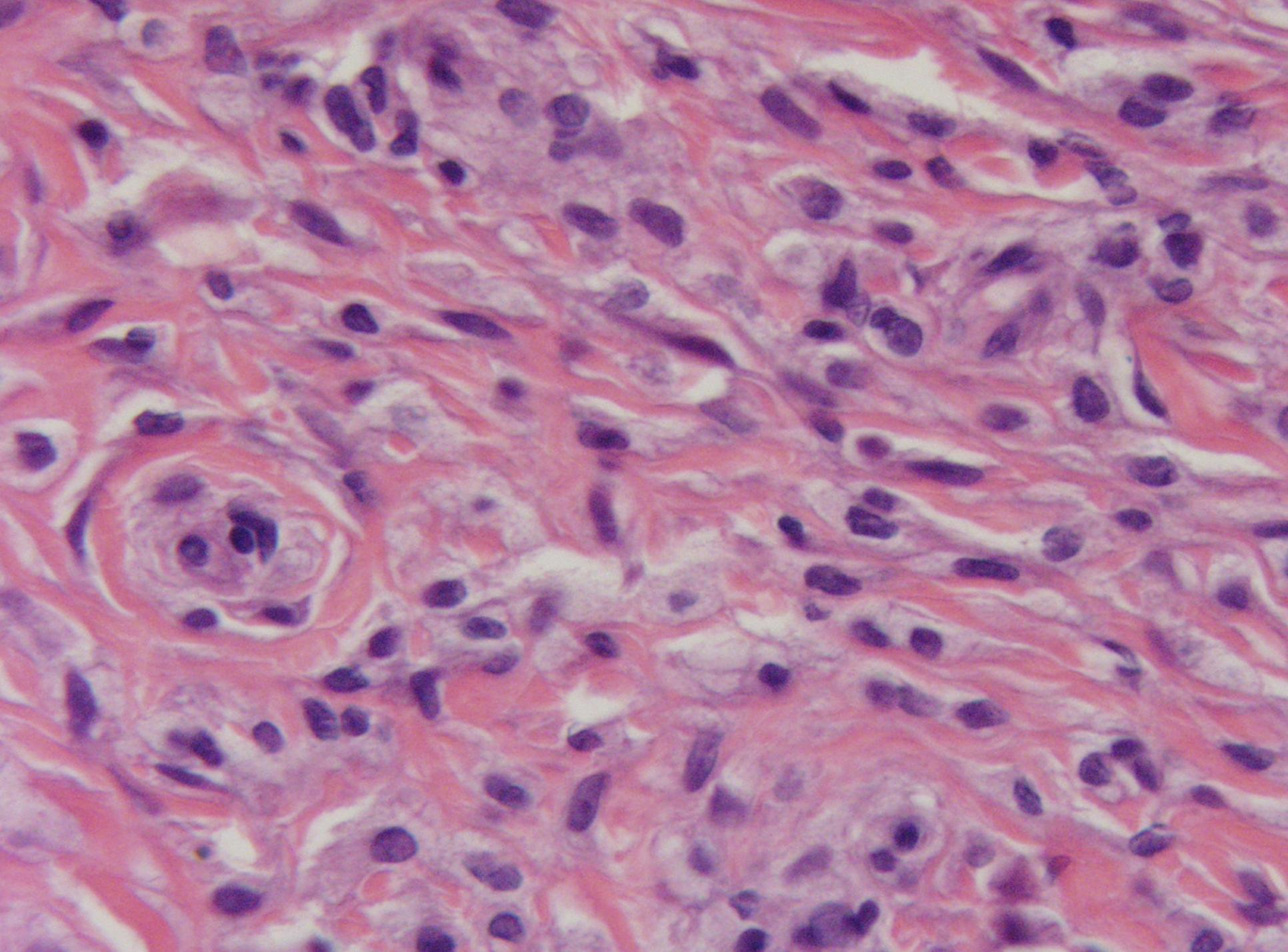
Perineural Involvement Diameter

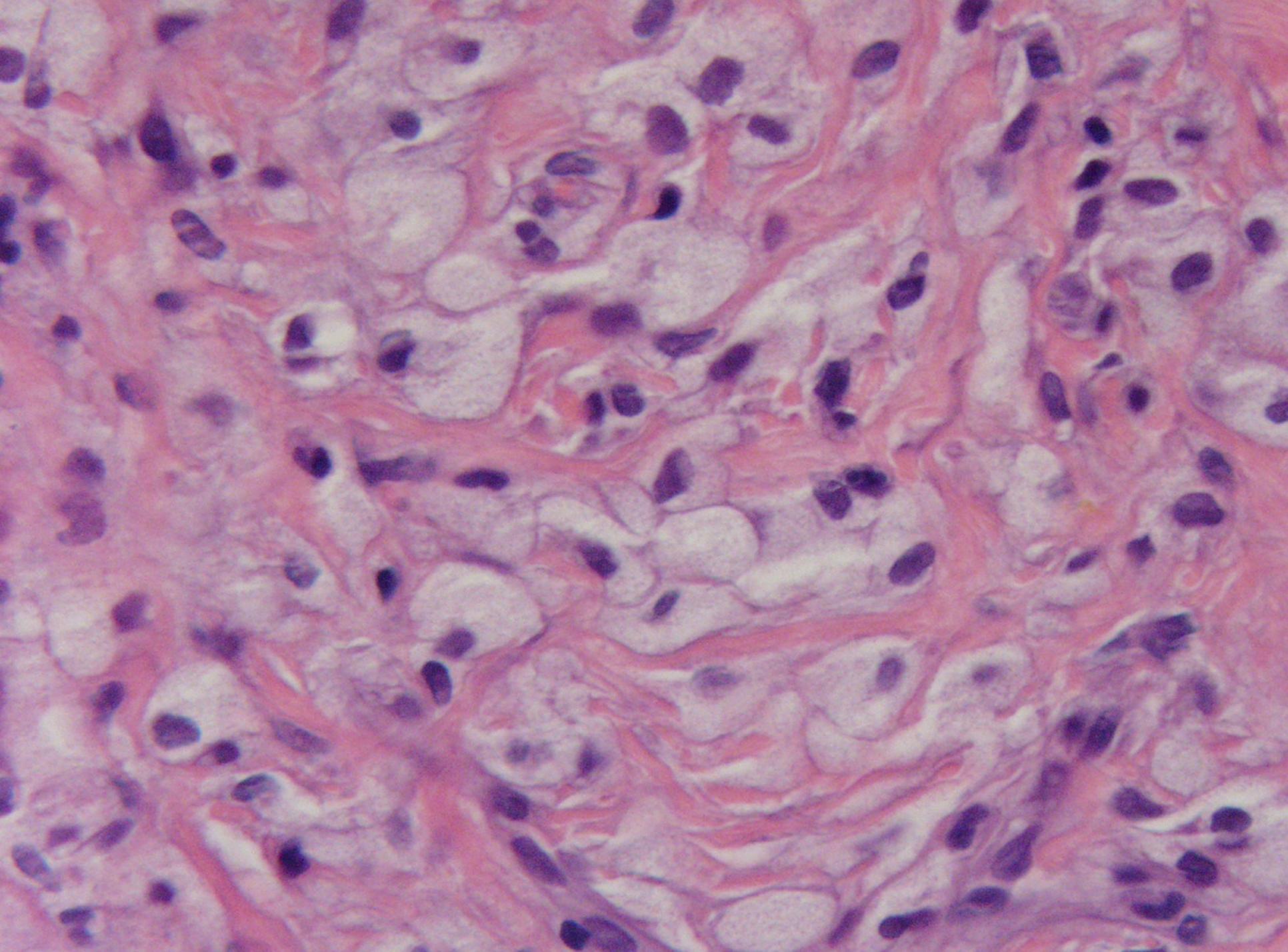
- Involved nerves ≥ 0.1 mm associated with increased nodal metastases (Dermatol Surg 2009;35:1859)
- Depth of perineural involvement (Dermatol Surg. 2018 Sep;44(9):1170)
 - Perineural invasion depth correlated with clinical tumor diameter
 - Largest percentage of specimens with PNI were of clinical diameter of at least 2 cm







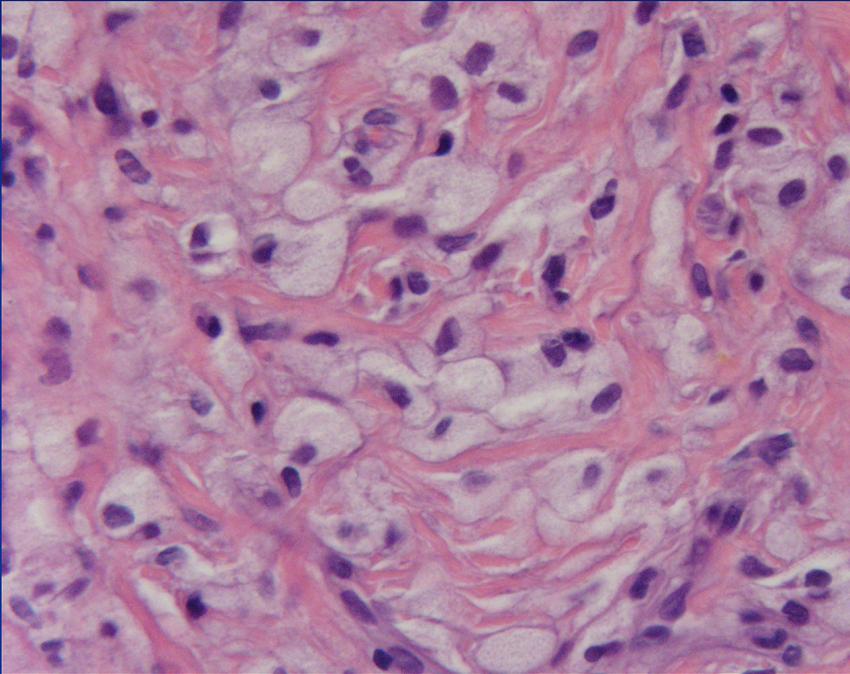




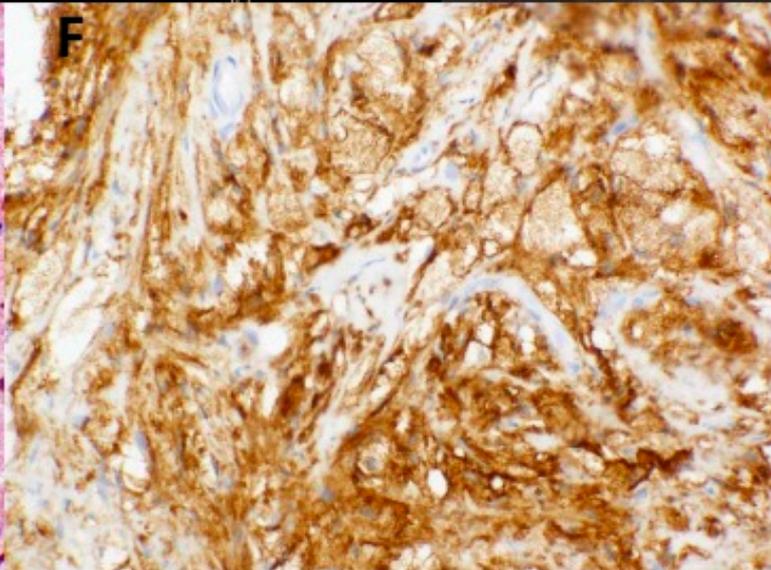
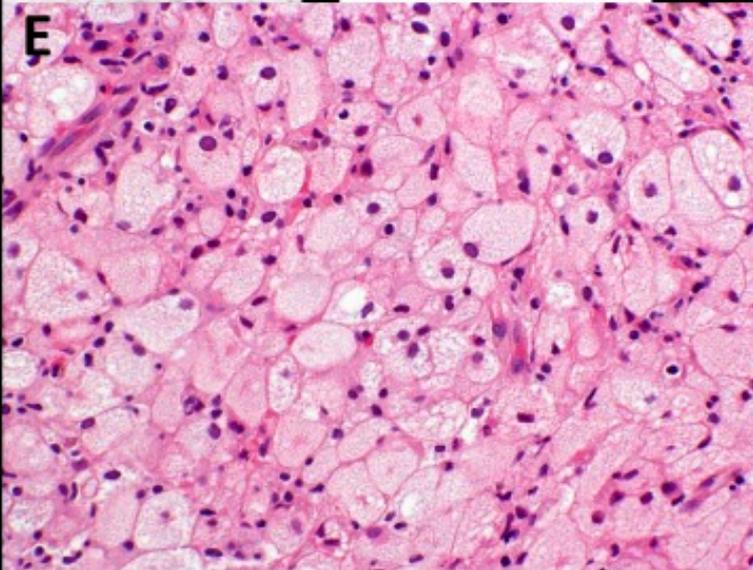
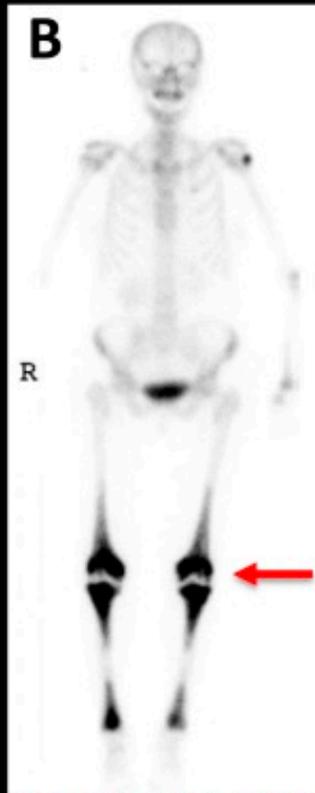
What is your differential diagnosis and what additional special stains/IHC would you order?

Xanthoma

Histopathology



- Diffuse dermal collection of foamy xanthoma cells
- No cytologic atypia

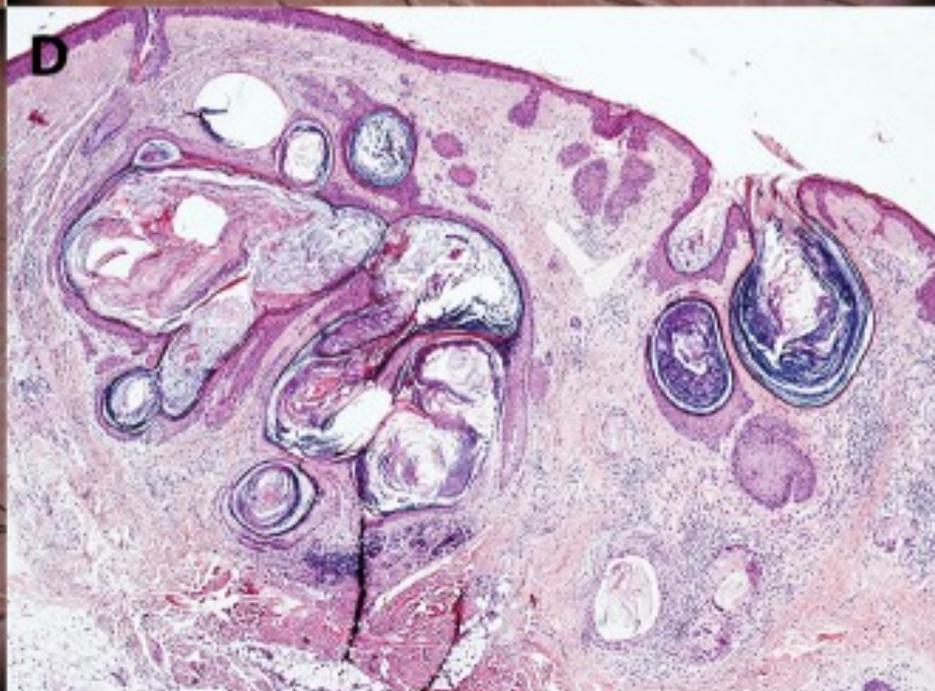


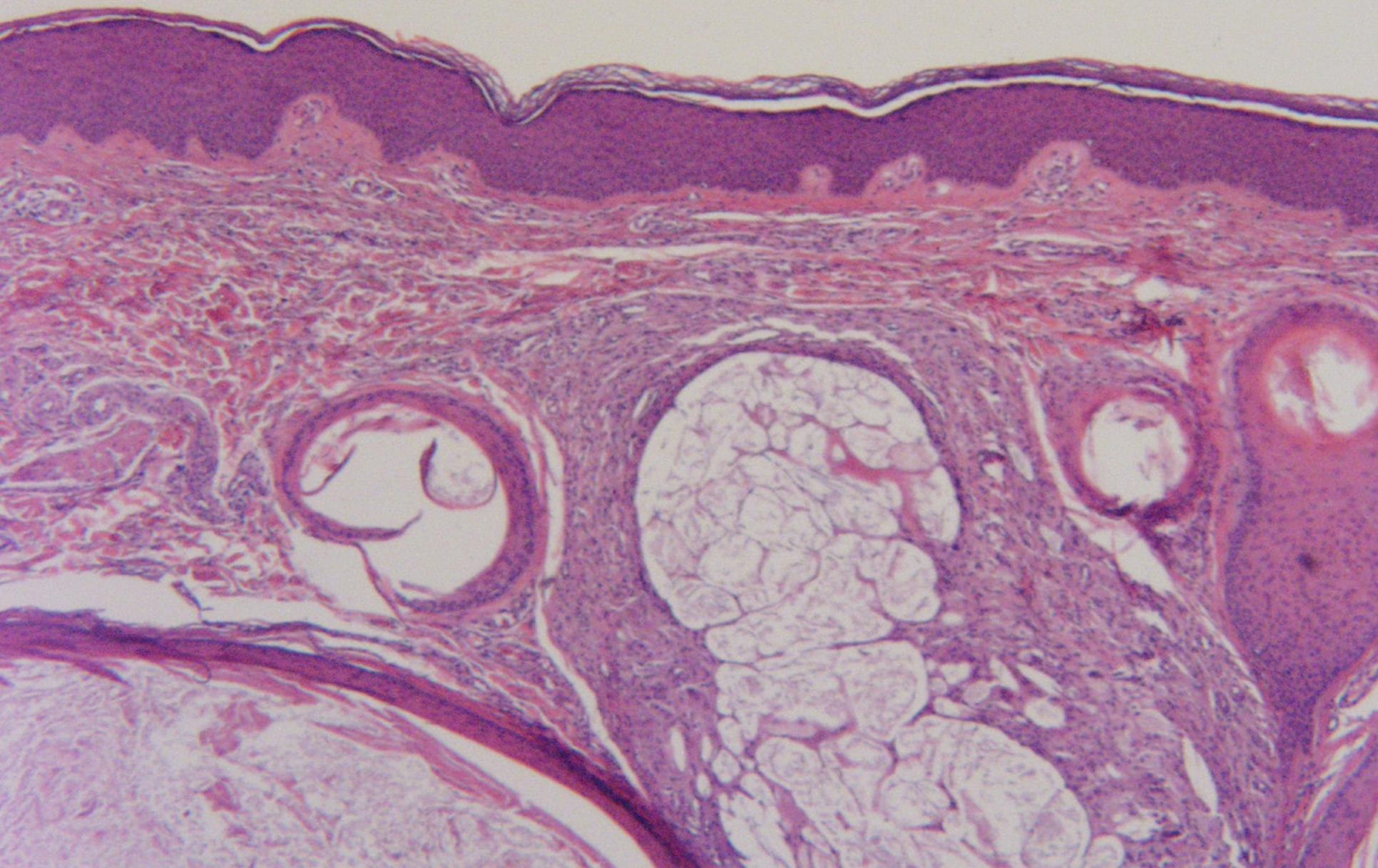
Laboratory Findings

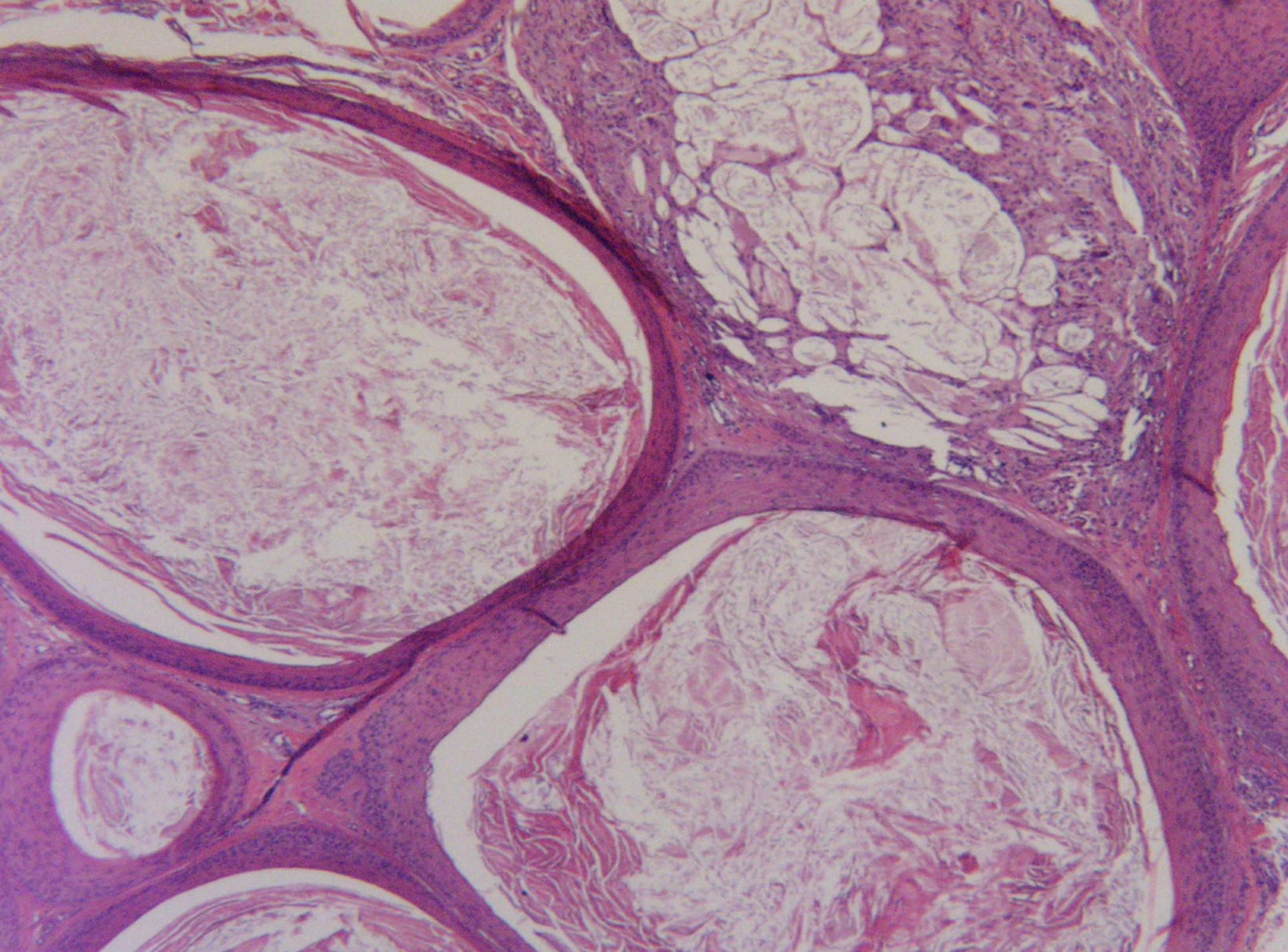
- Xanthelasma and scattered cutaneous xanthomas
- Foamy histiocytes positive for CD68
 - Negative for S100, CD1a
- Positive for BRAFV600E mutation

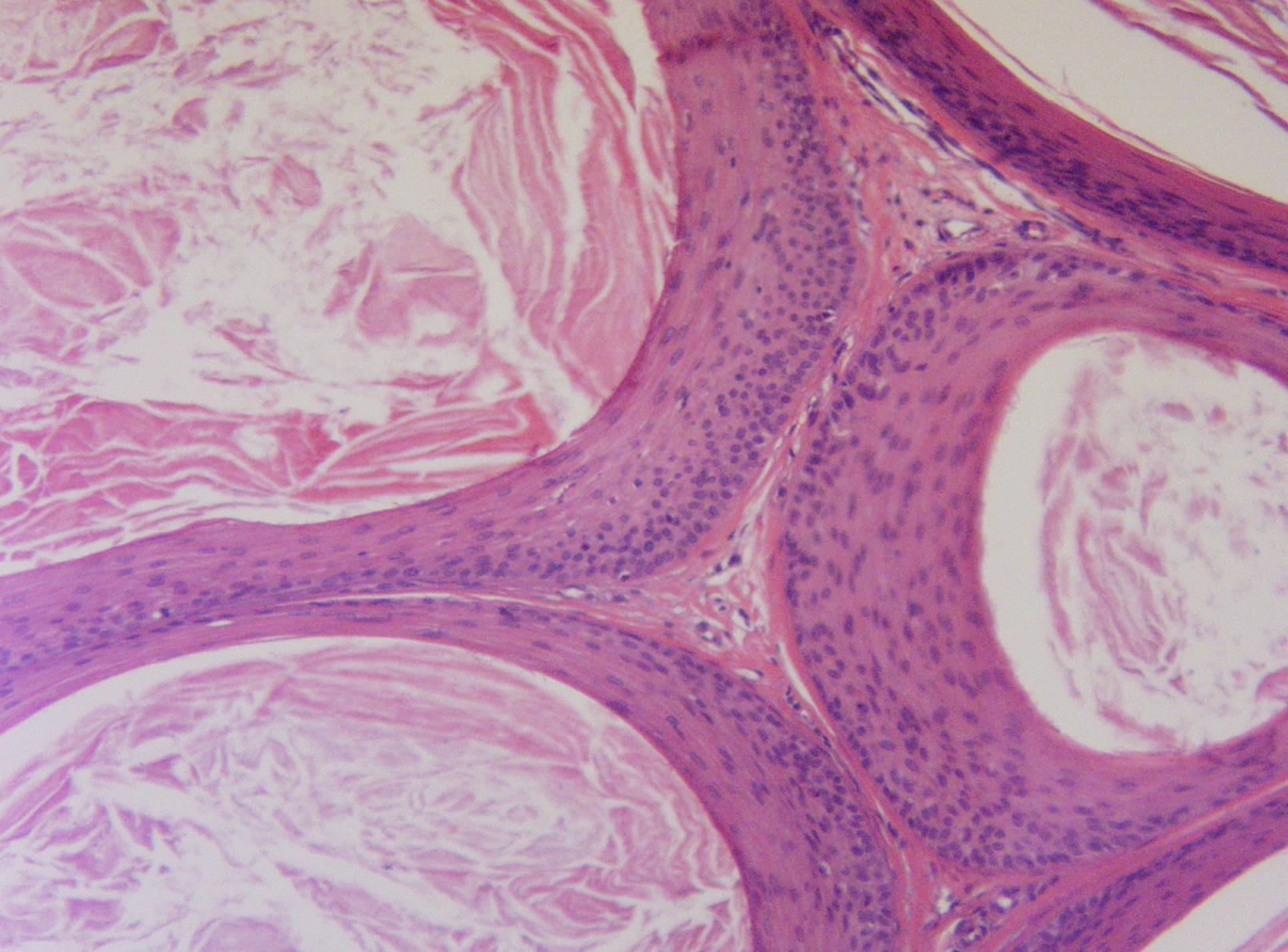
What is your diagnosis?

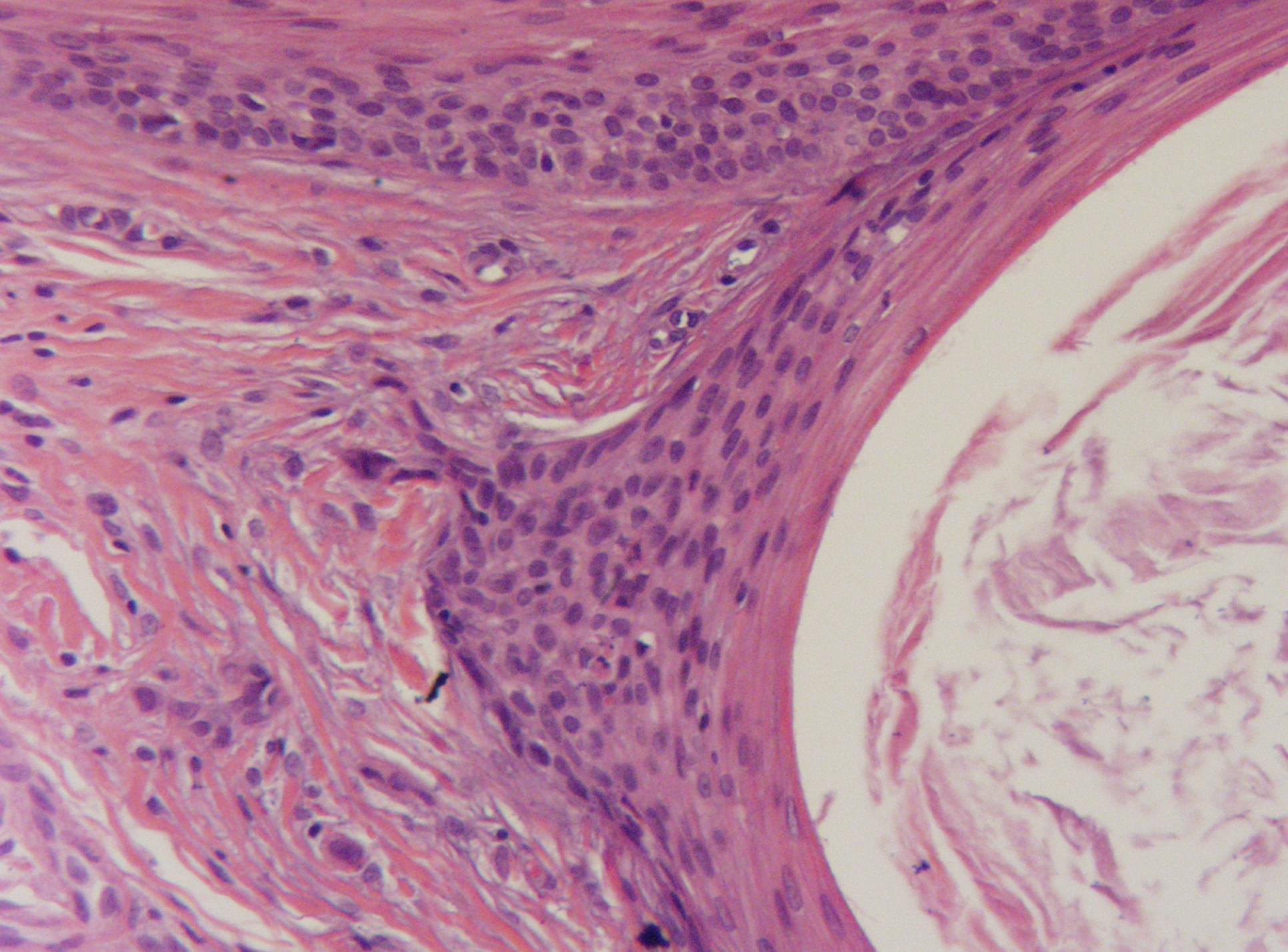
Erdheim-Chester Disease

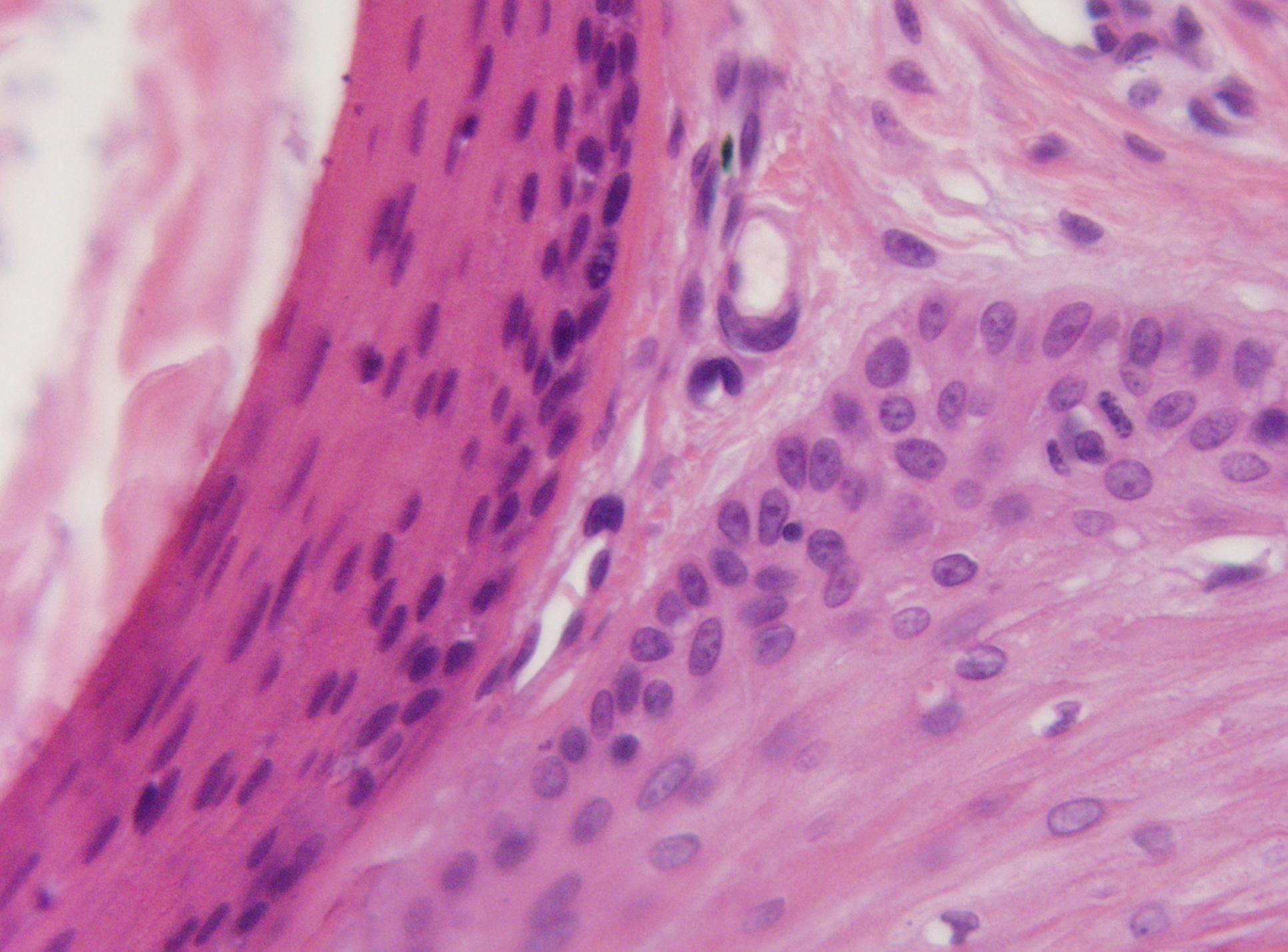








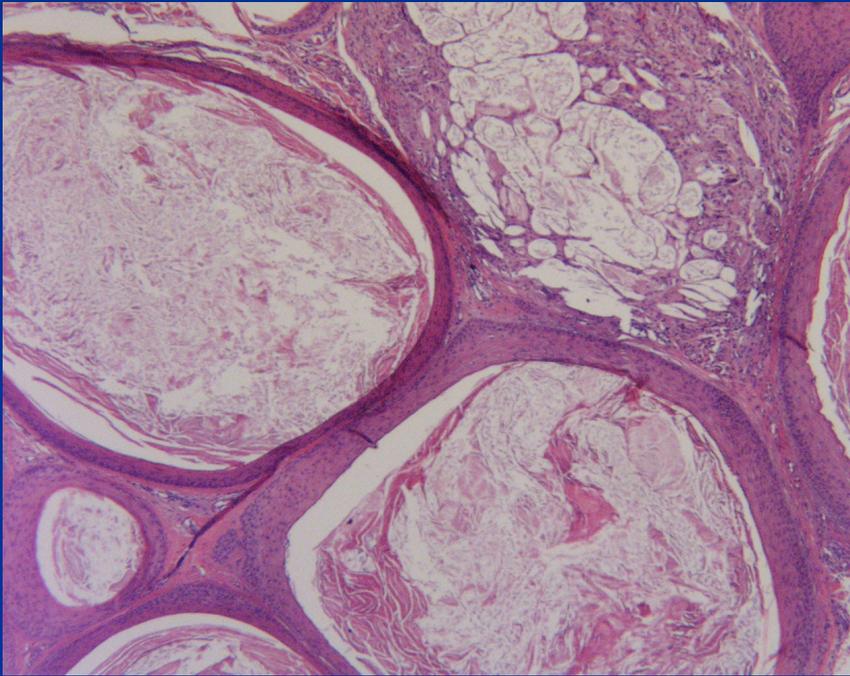




What is your differential diagnosis and what additional special stains/IHC would you order?

Trichoadenoma of Nikolowski

Histopathology



- Diffuse dermal proliferation of well-defined squamous cysts
- Connection by thin strands of bland keratinocytes
- Minimal cytologic atypia

Dermatopathology Slide Review Part 7

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