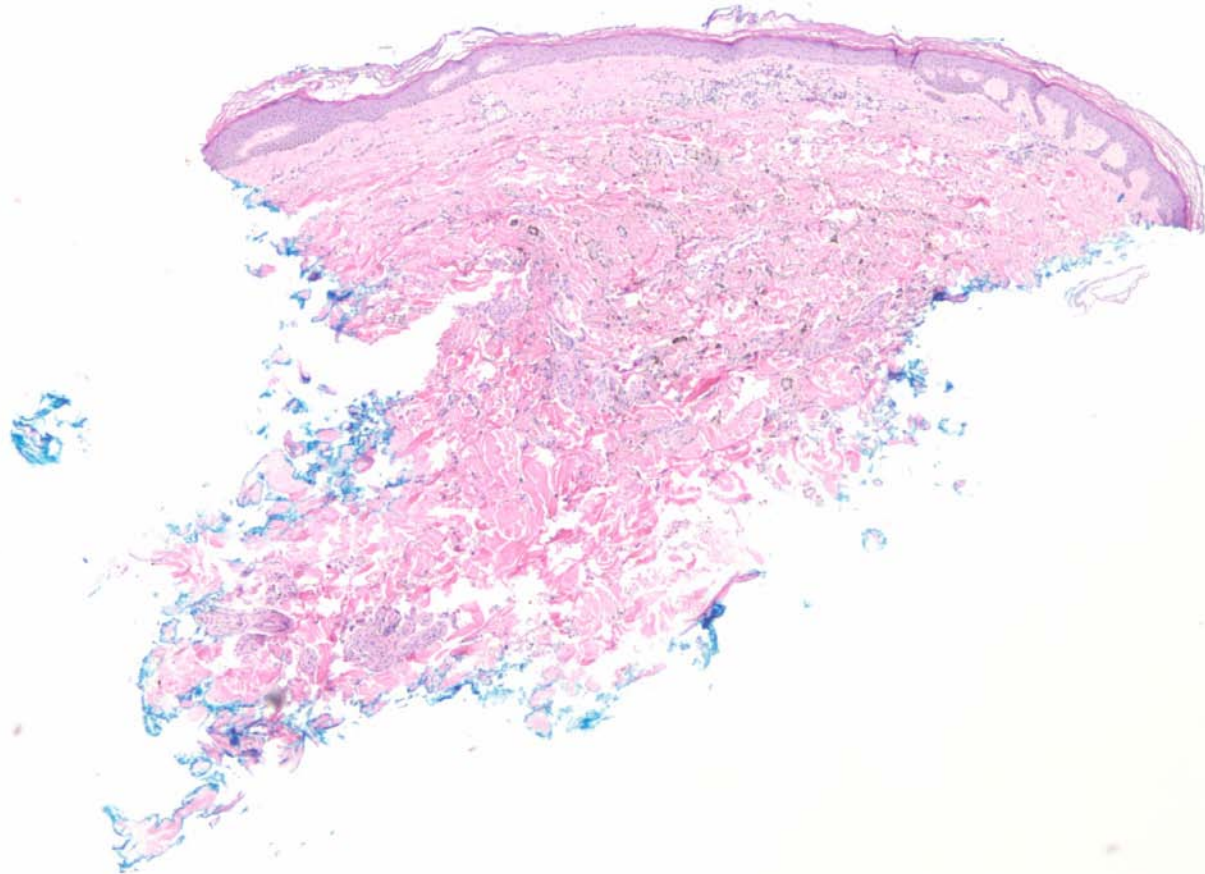
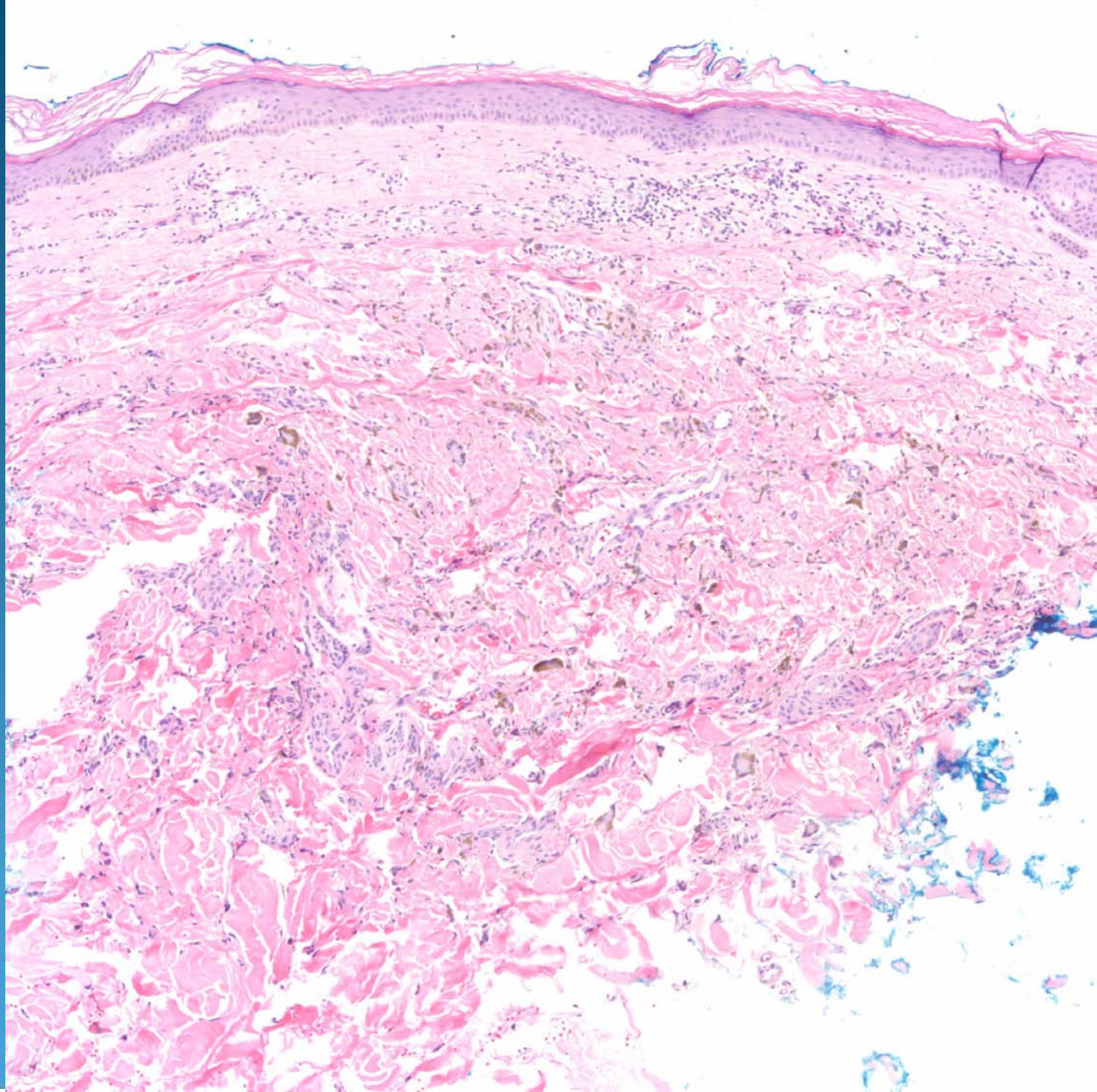
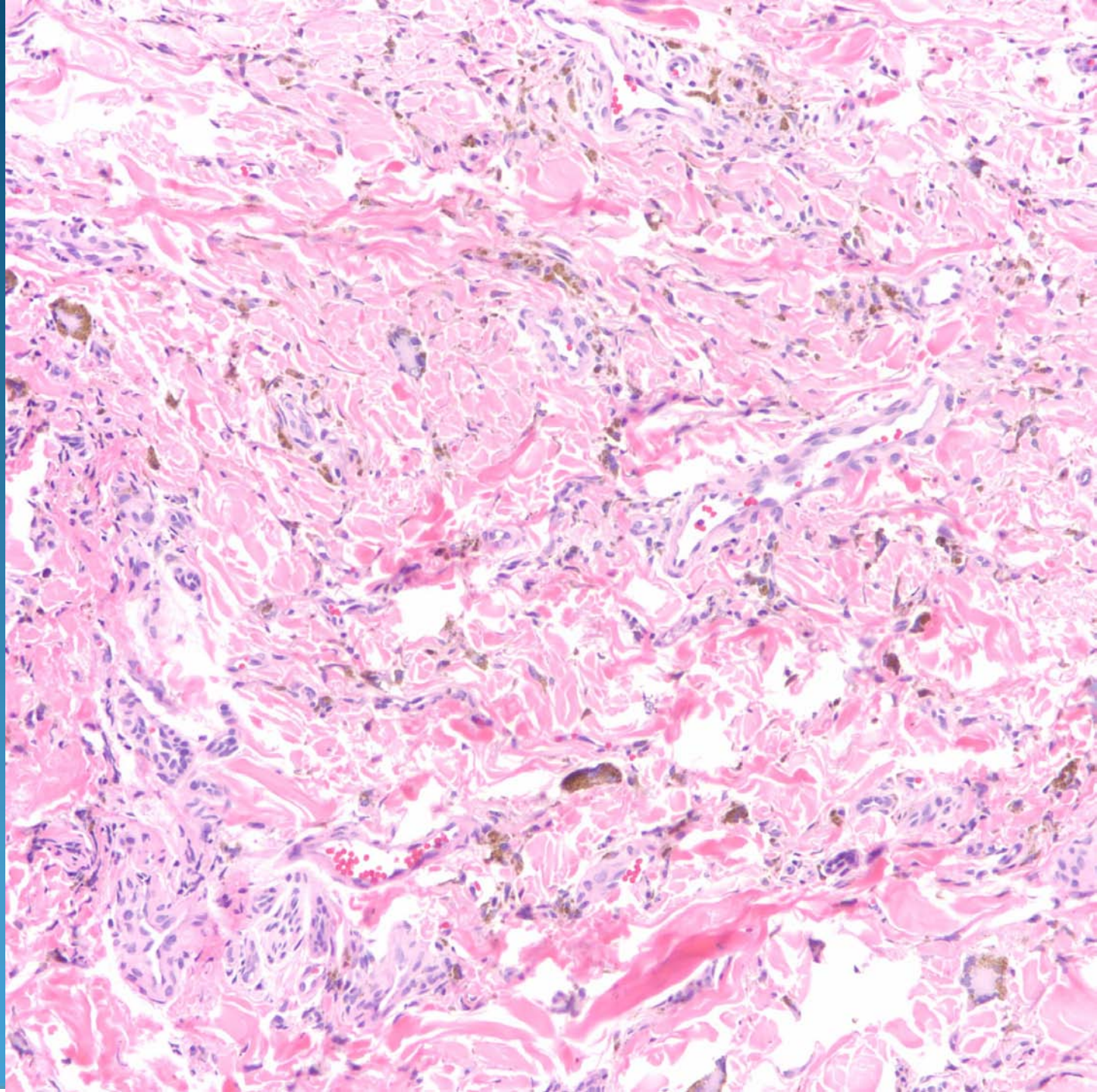


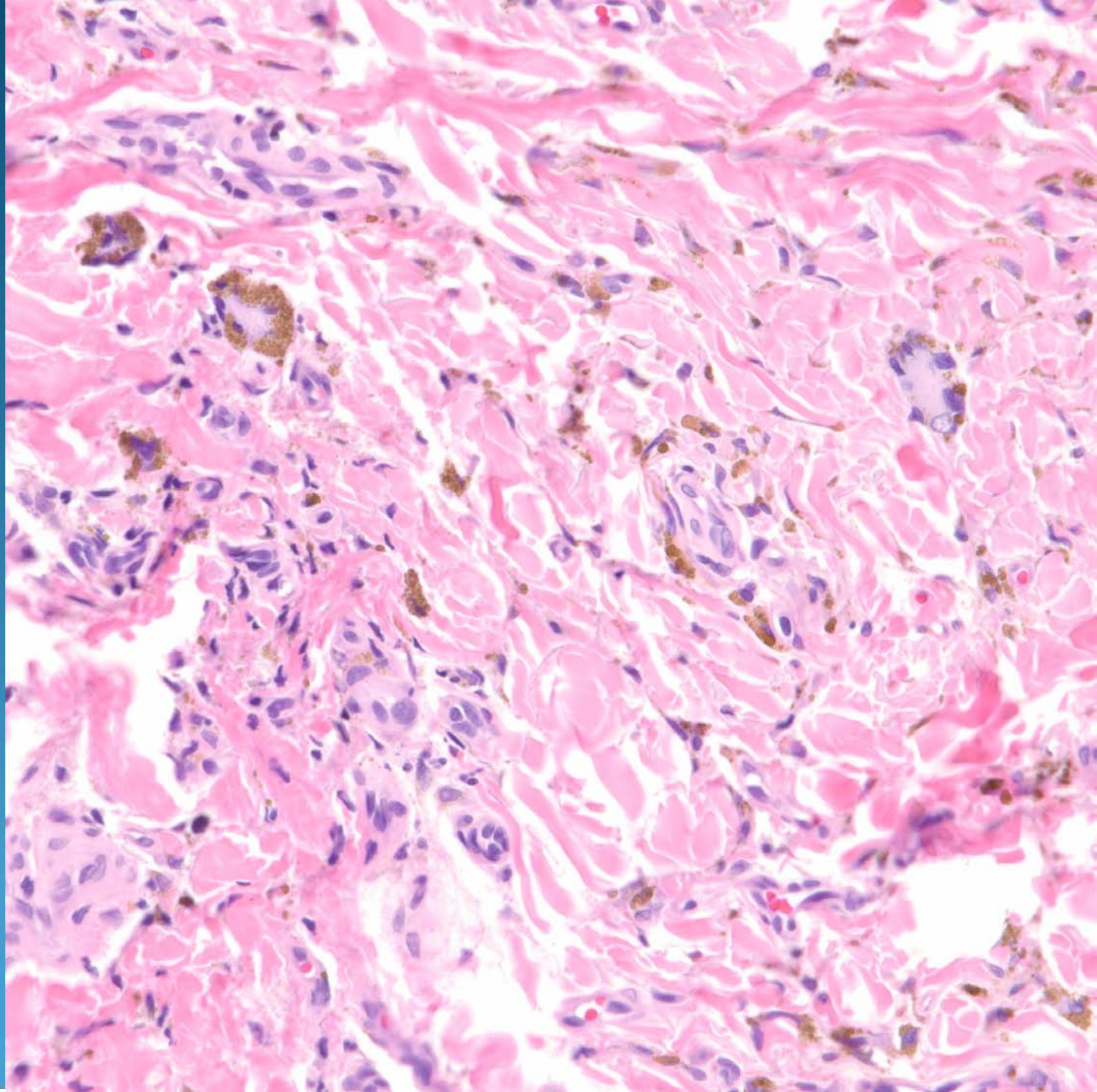
Dermatopathology Slide Review Part 72

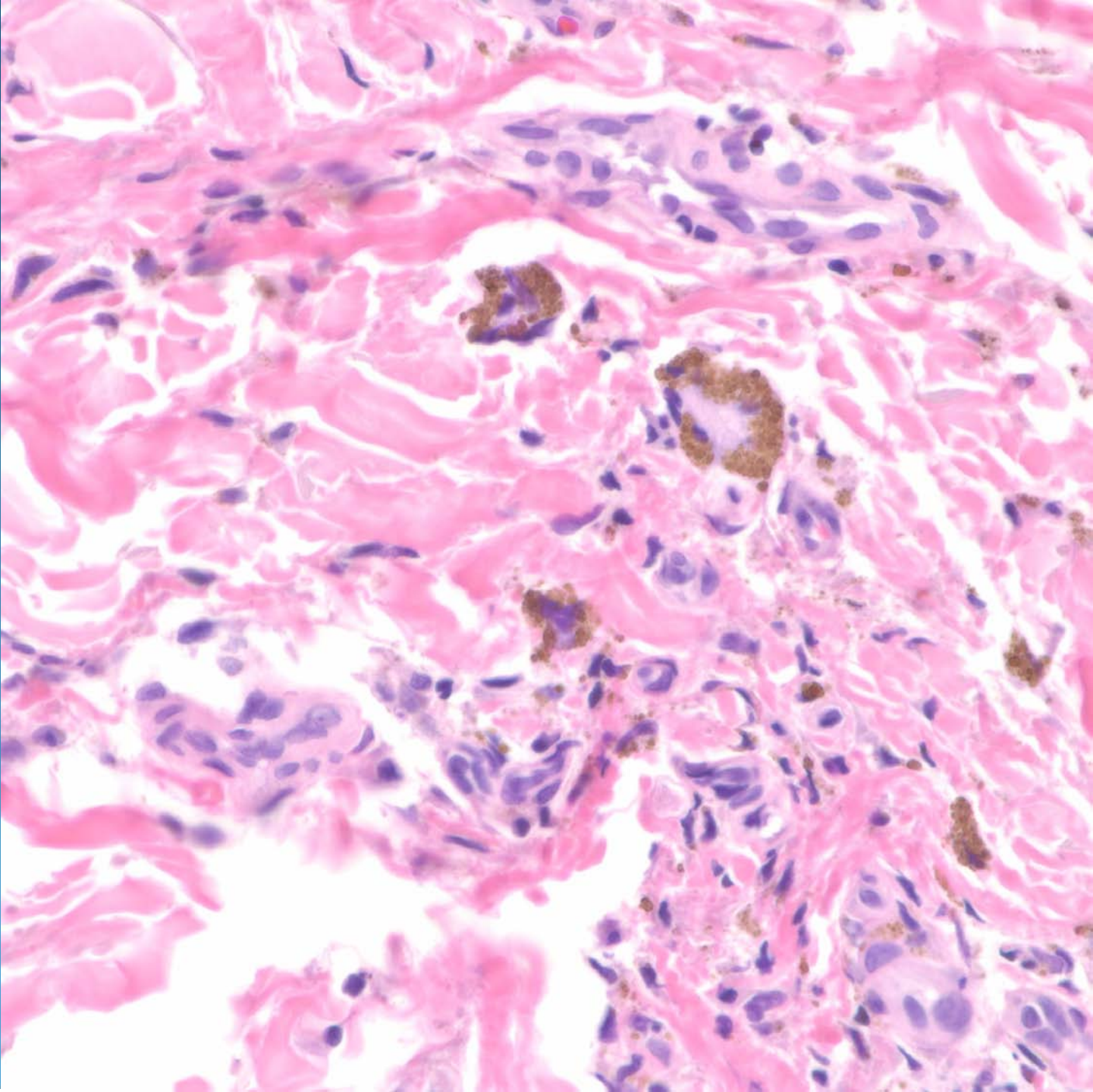
Paul K. Shitabata, M.D.
Dermatopathology Institute





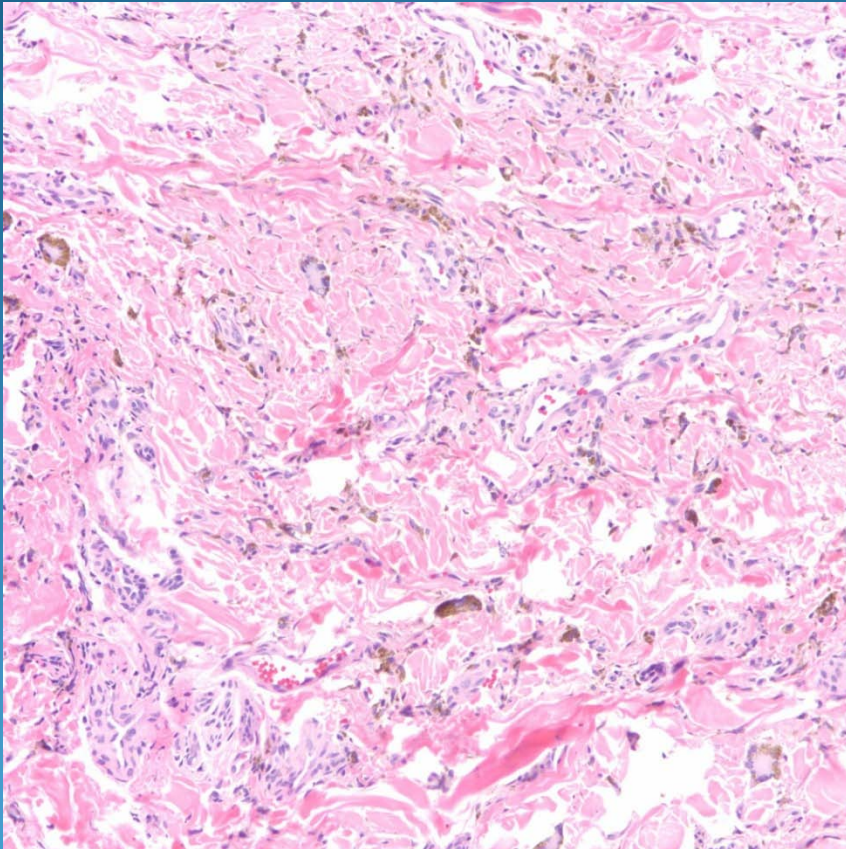




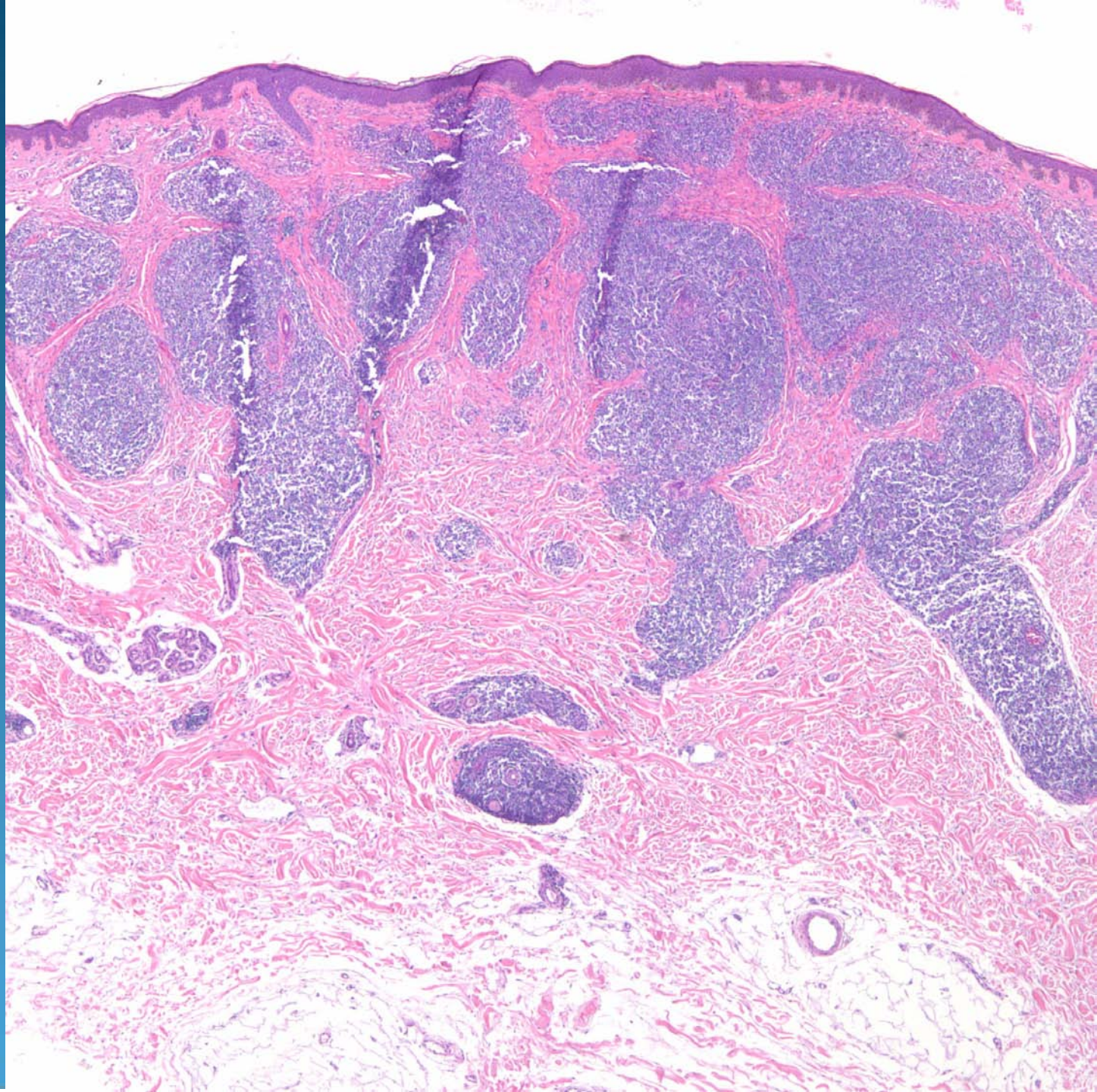


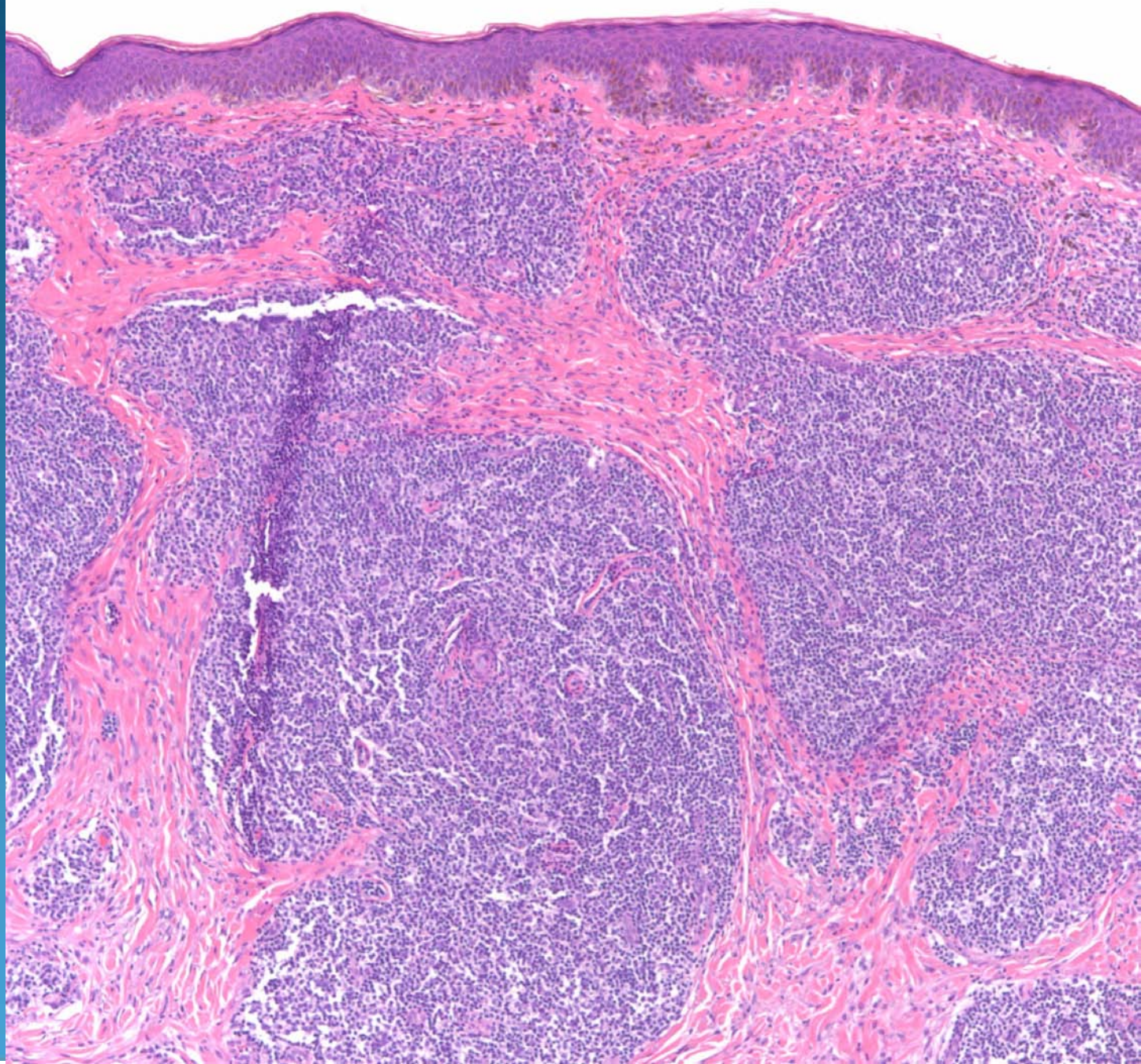
Early Dermatofibroma with Sclerosing Hemangioma features

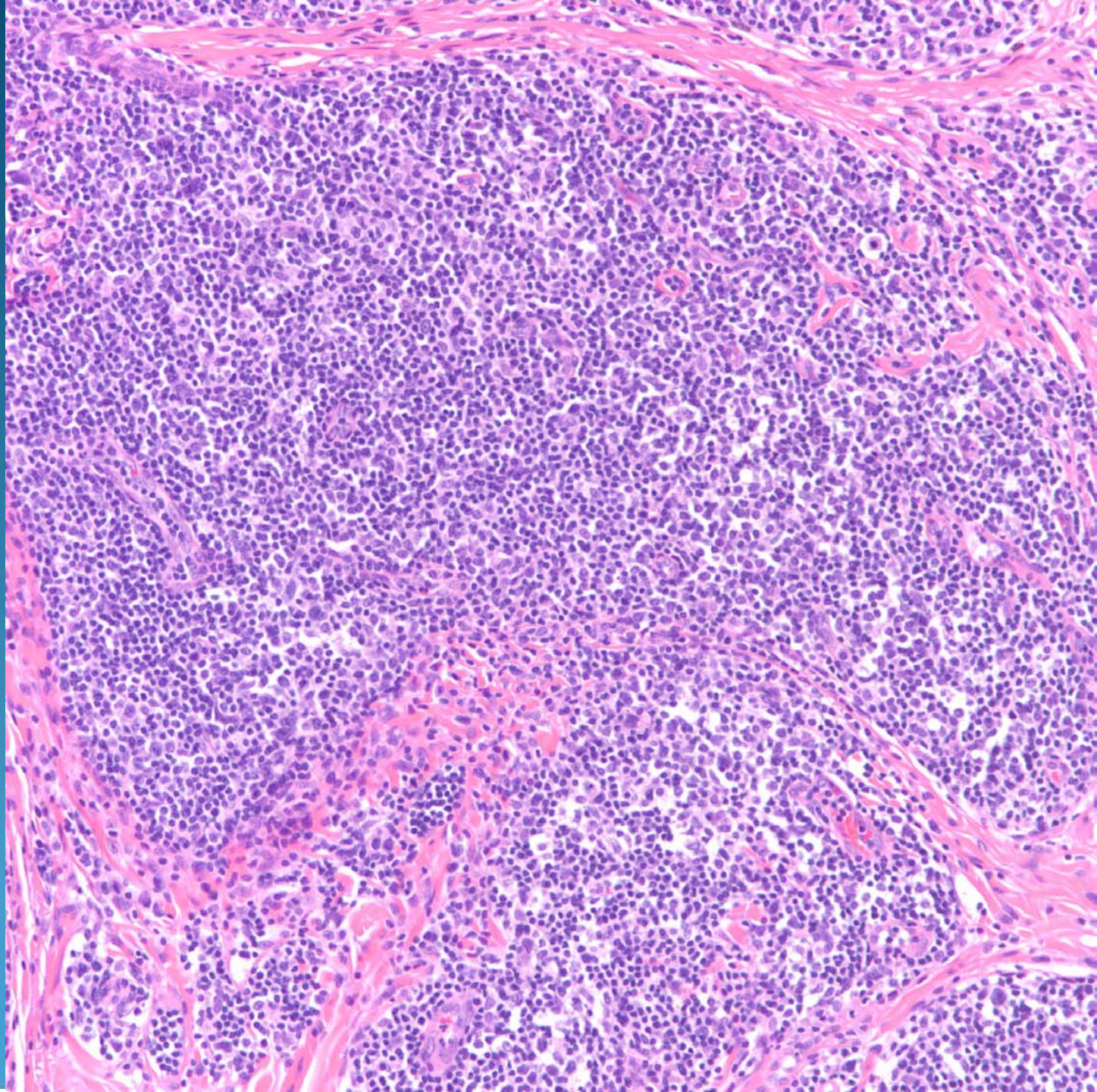
Pearls

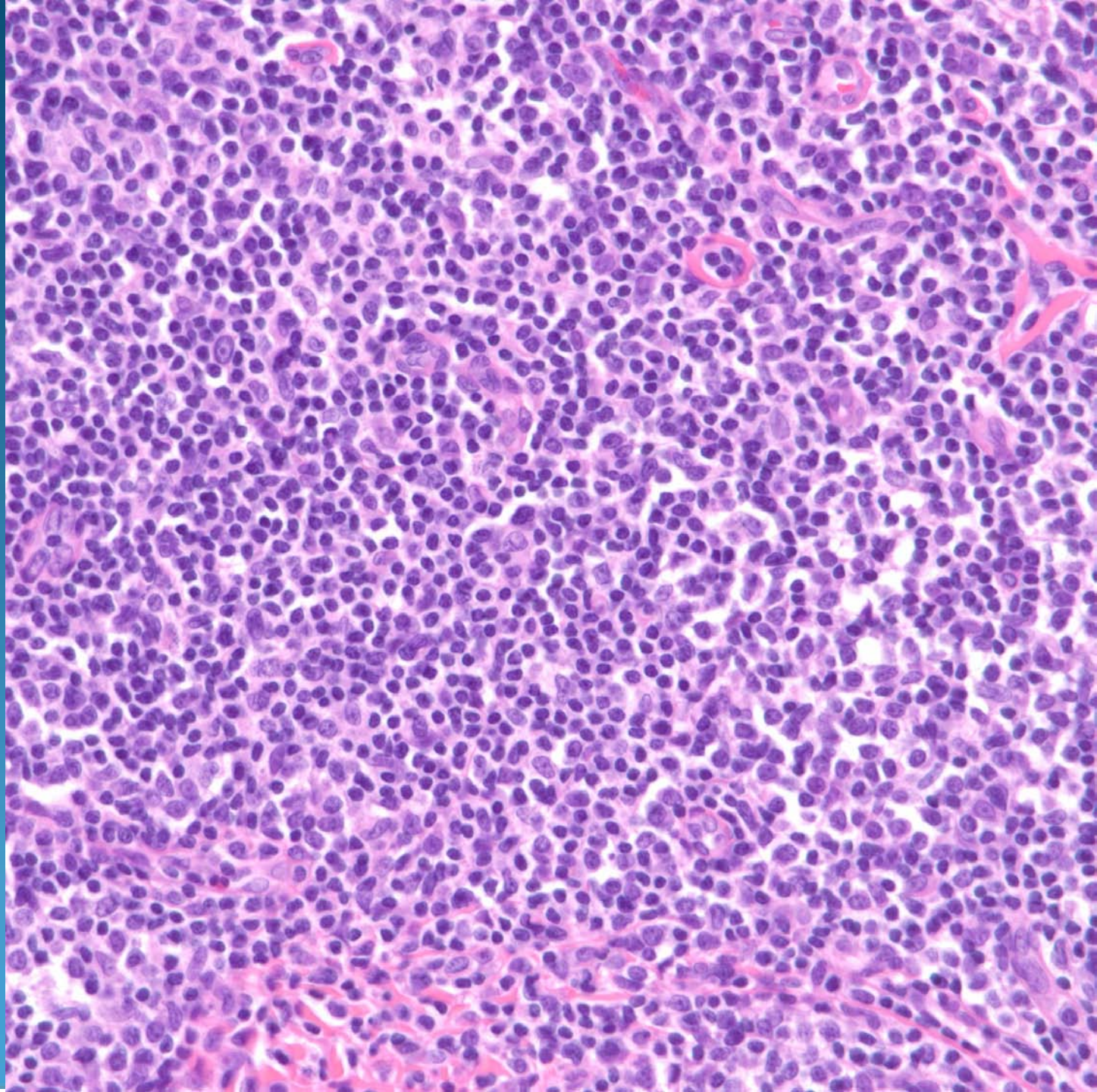


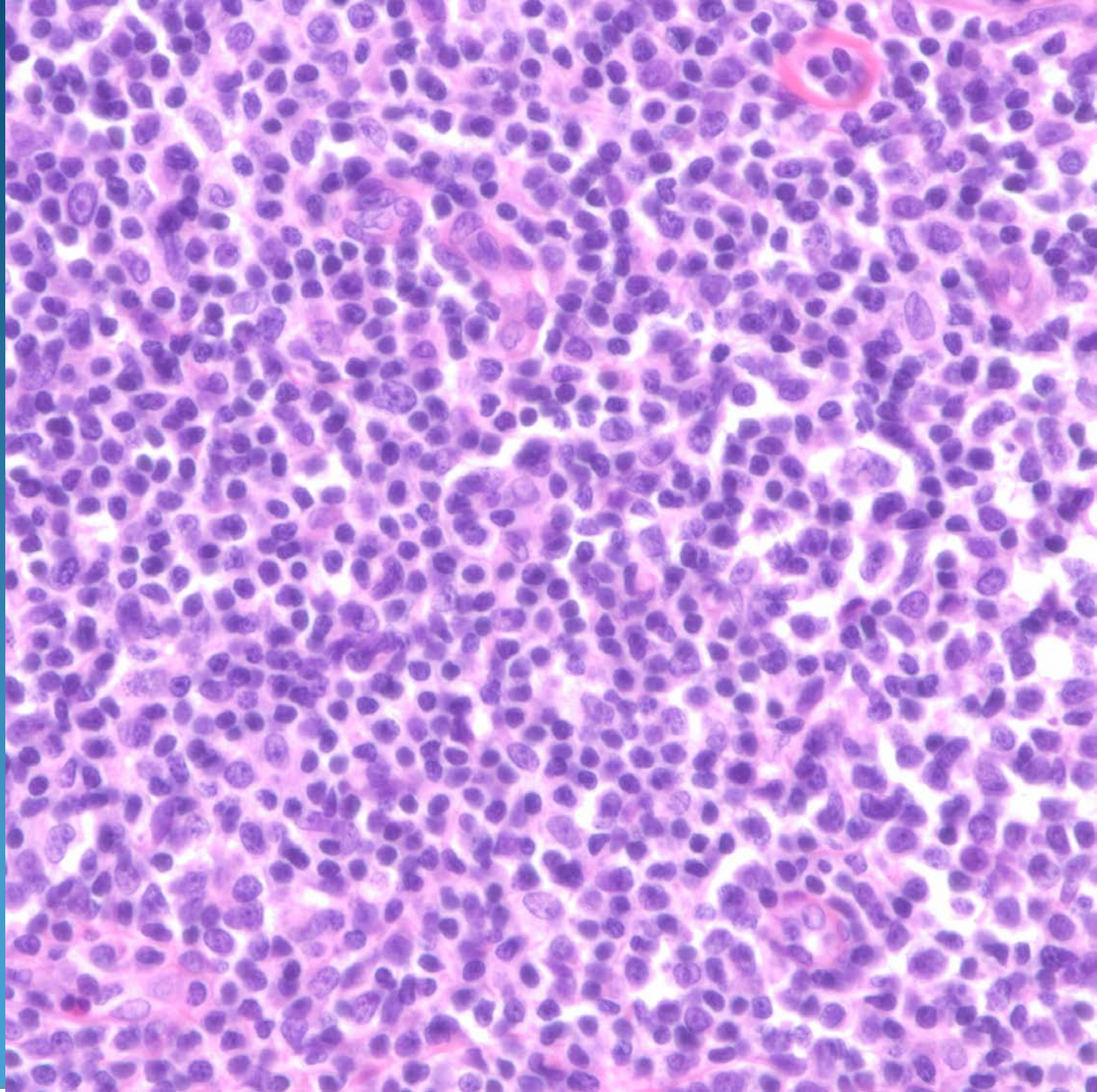
- Variably cellular spindled cell tumor
- Usually lacks epidermal hyperplasia and collagen entrapment of mature dermatofibromas
- Increased hemosiderin laden macrophages
- Scattered Touton type giant cells with hemosiderin





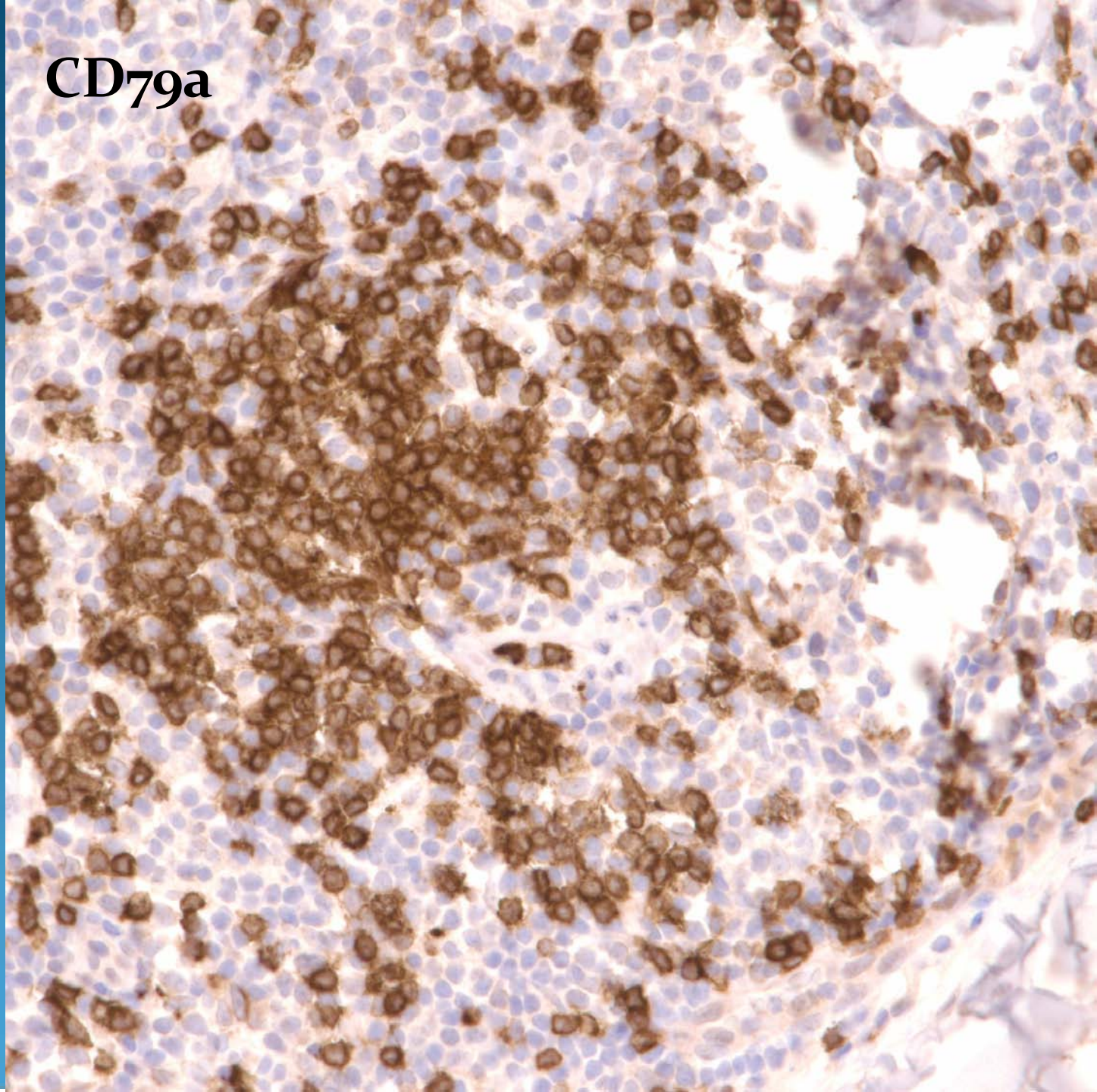




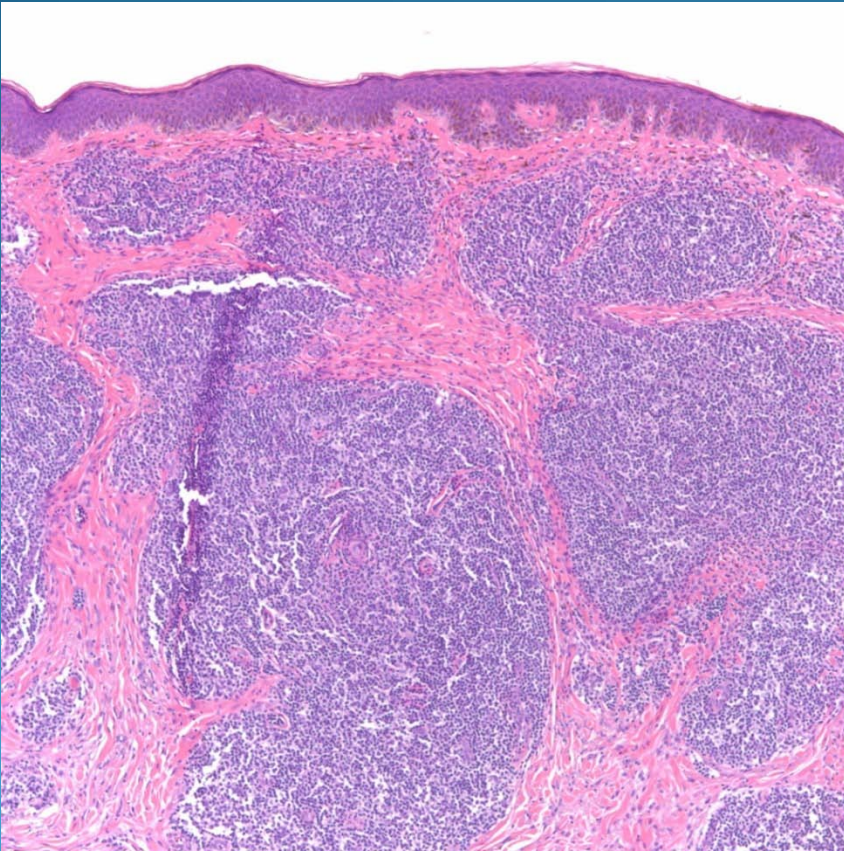


Cutaneous Marginal Zone Lymphoma-B cell immunophenotype

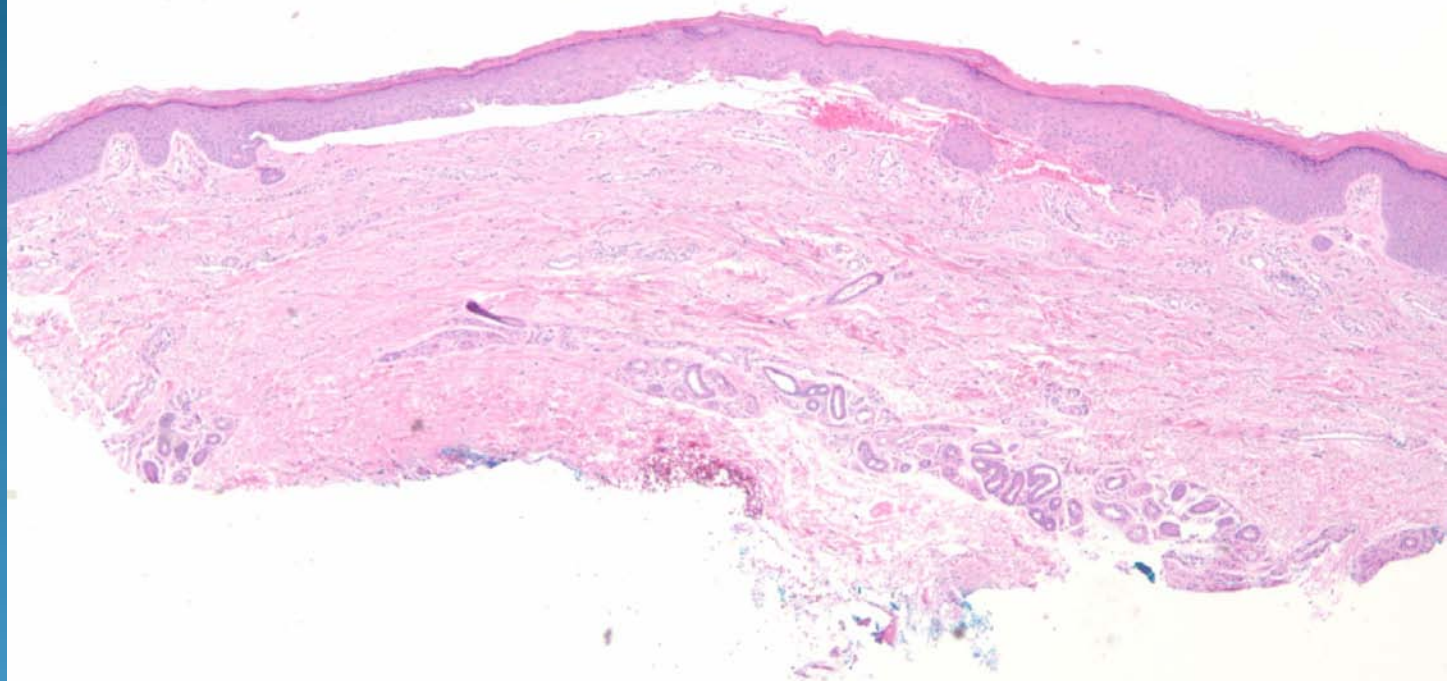
CD79a

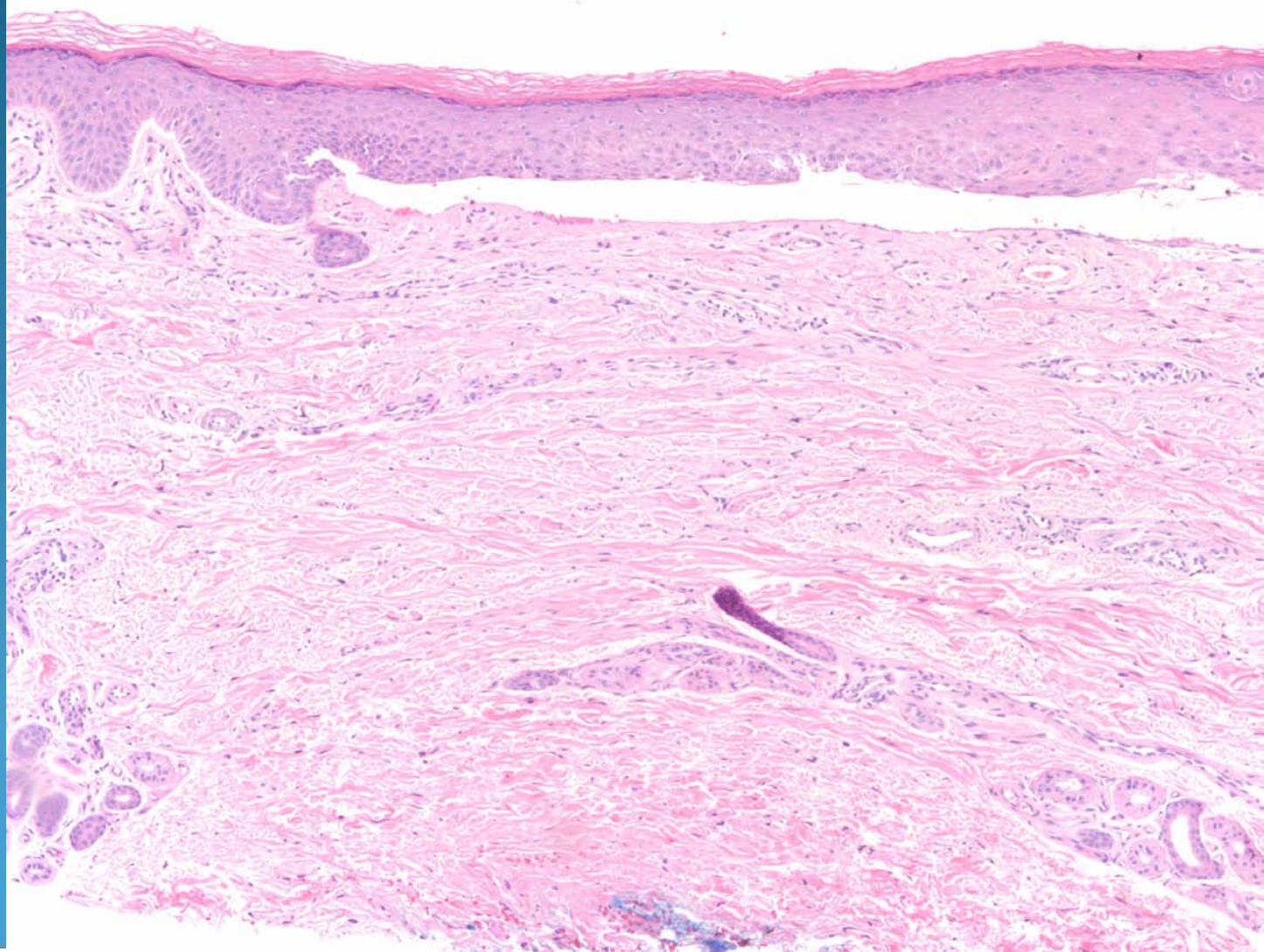


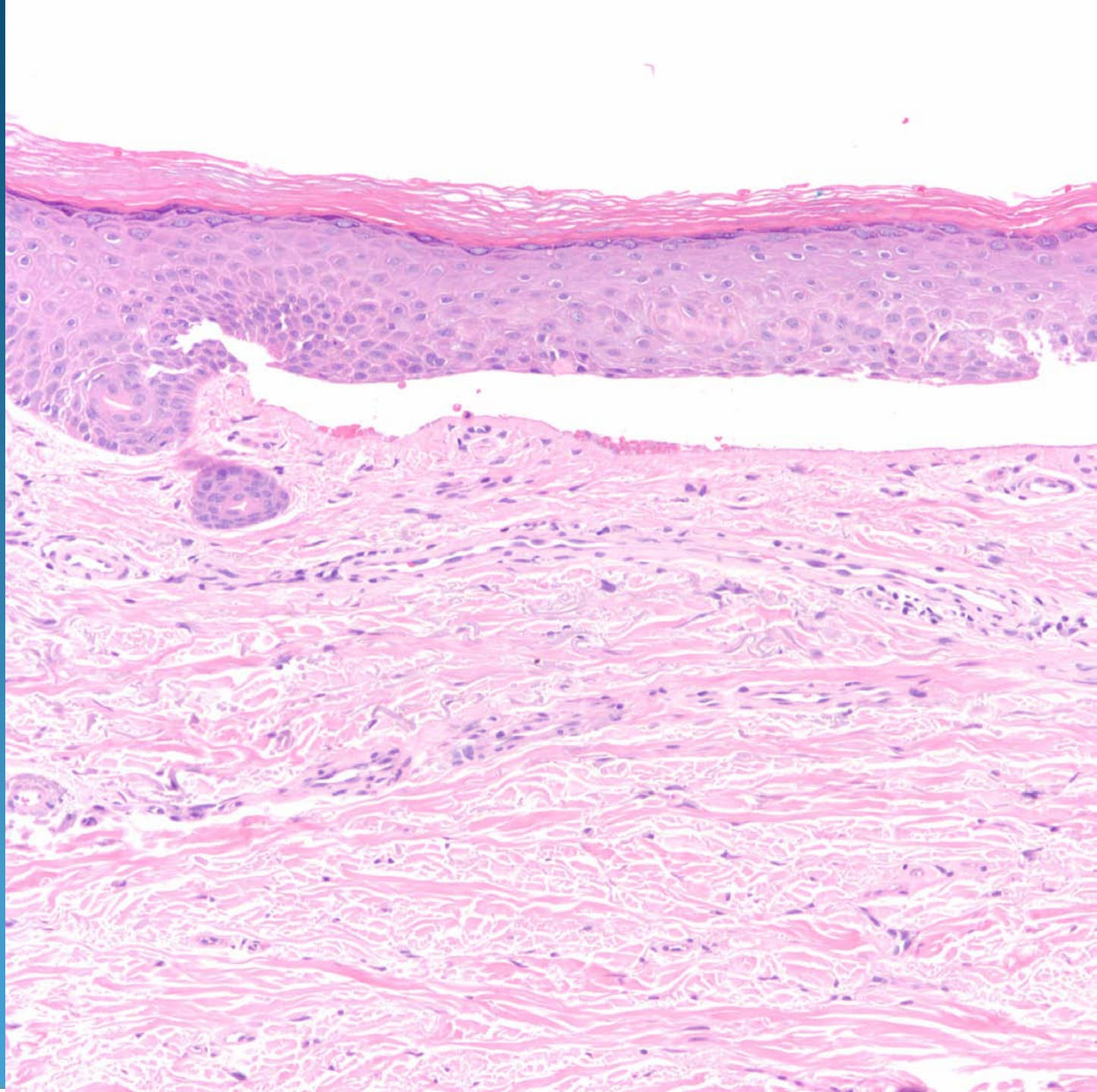
Pearls

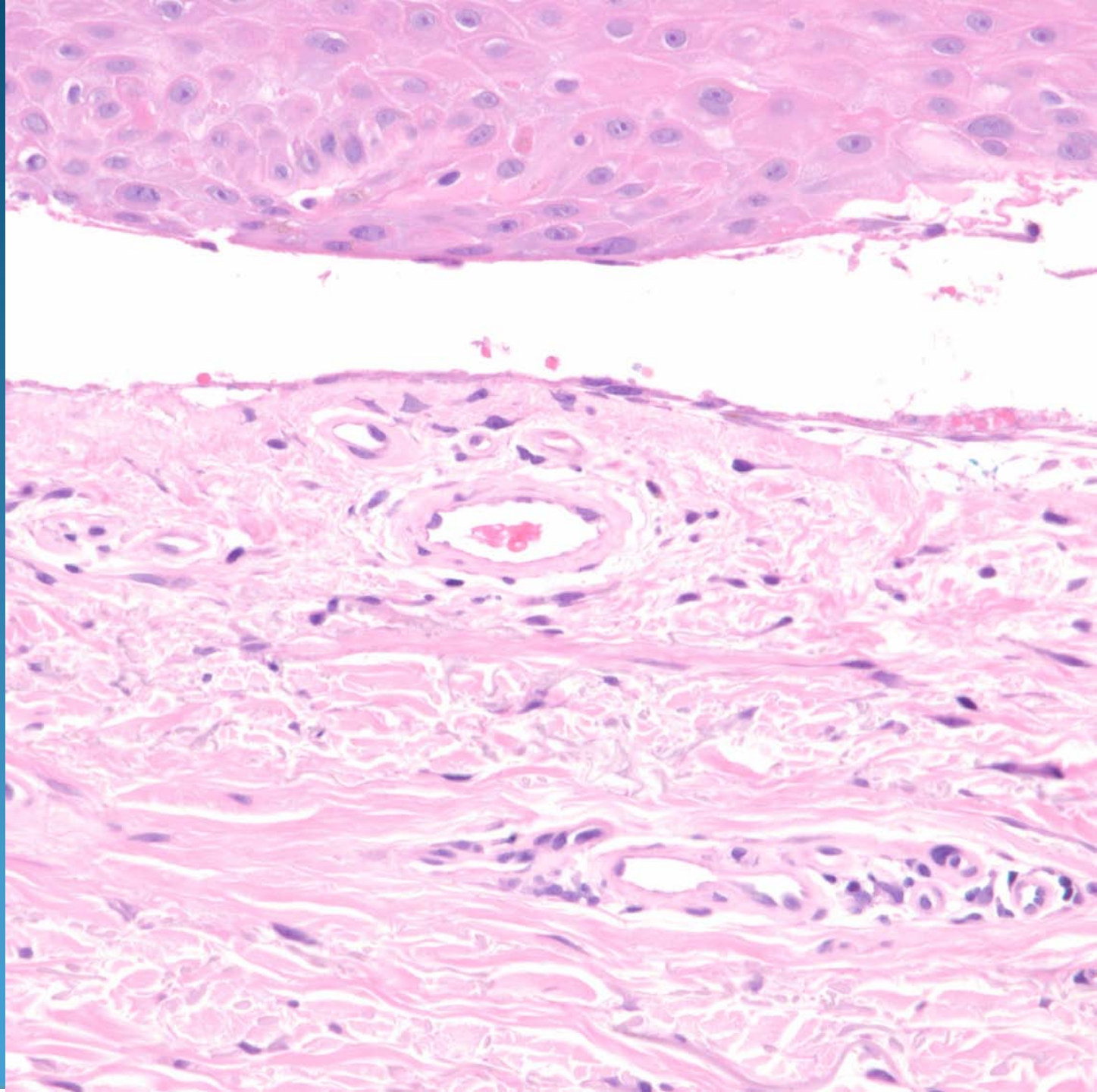


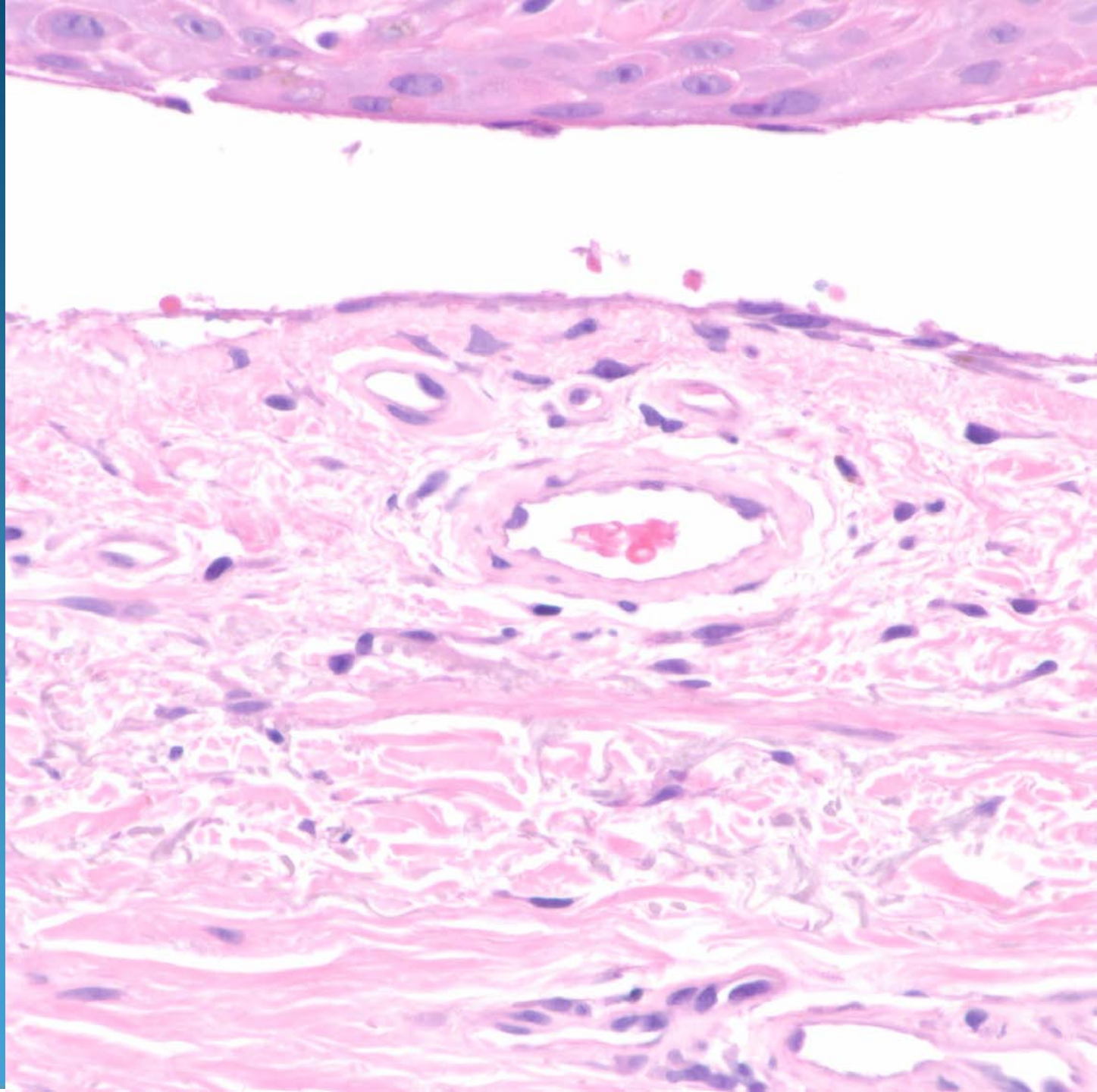
- Bottom heavy lymphoid infiltrate
- Grenz zone separates infiltrate from epidermis
- May have germinal centers
- Look for infiltration around eccrine ducts
- Confirm with IHC: B cells positive for CD20/CD79a





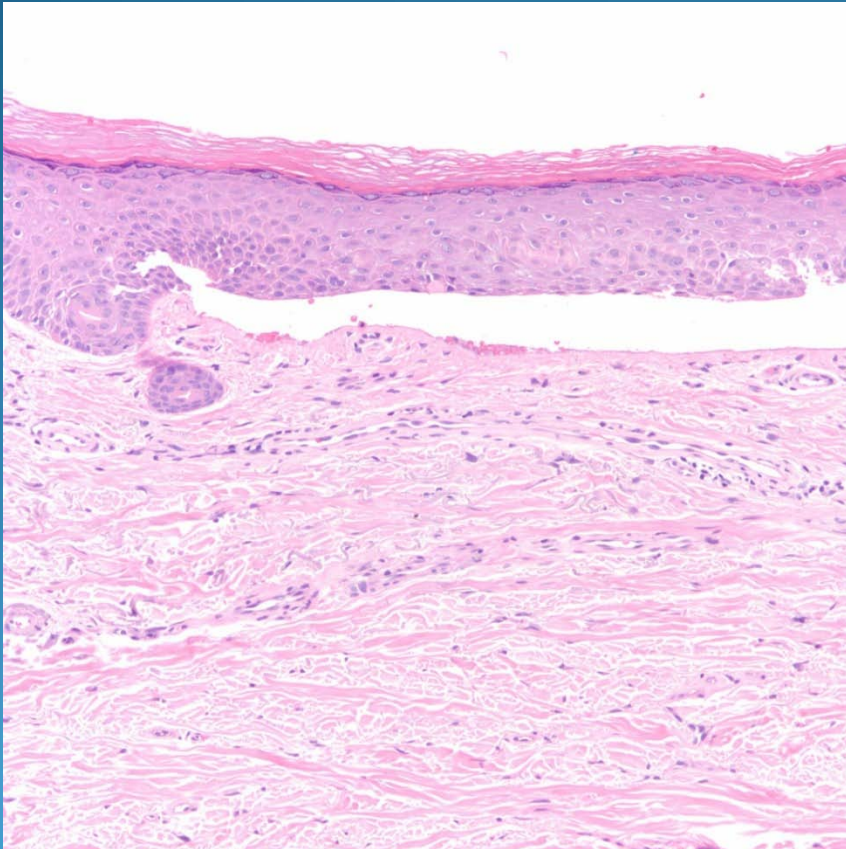




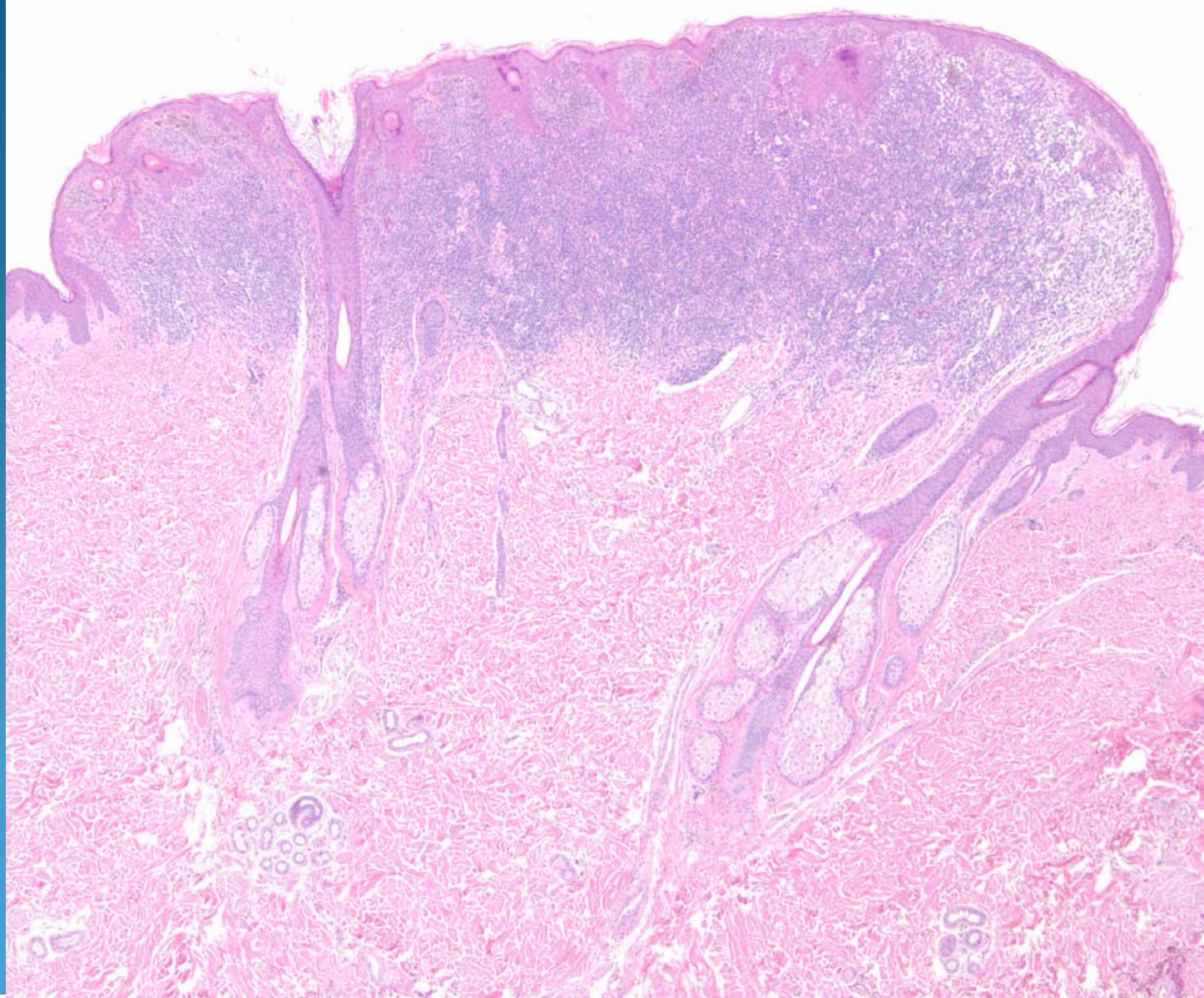


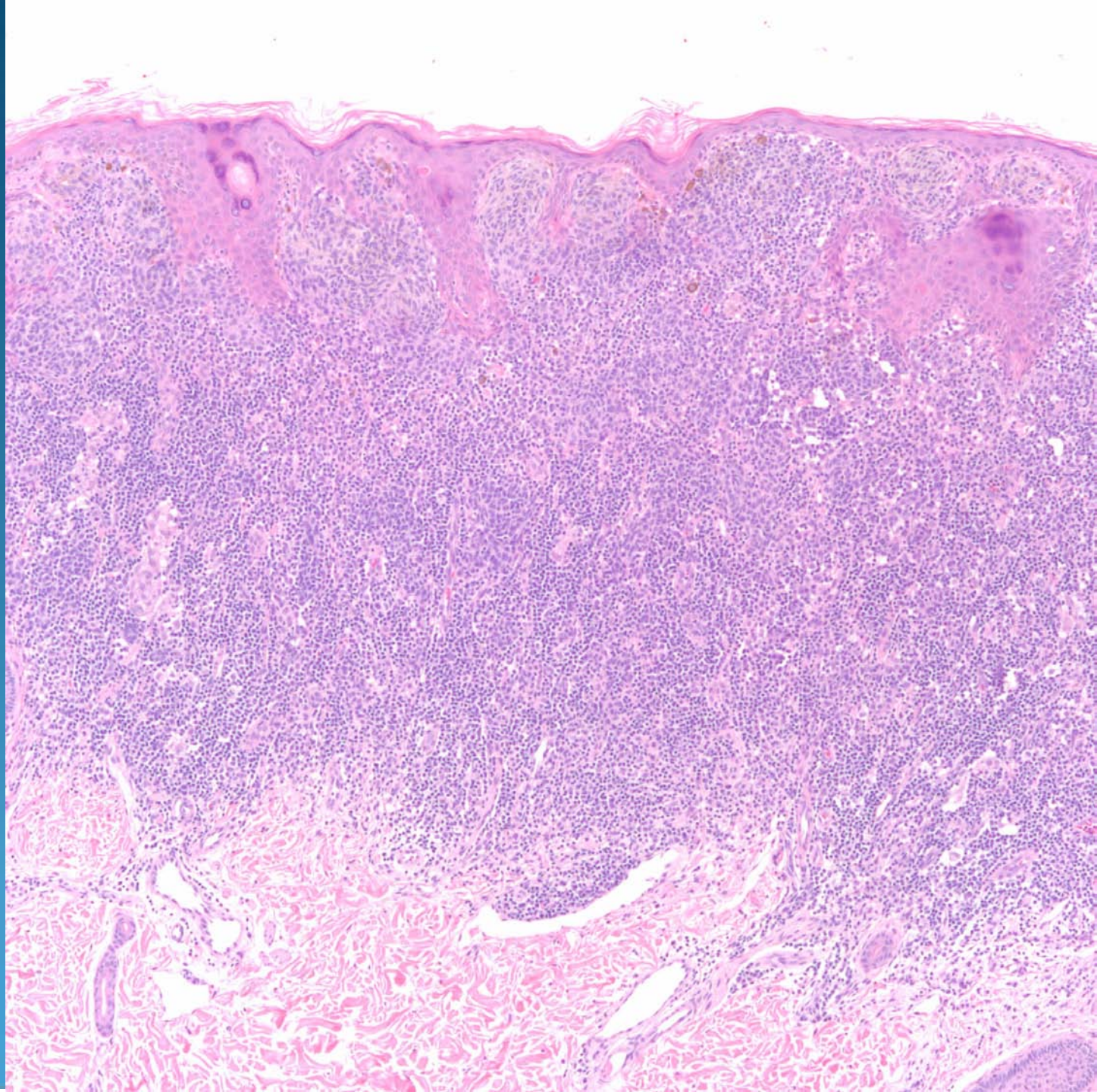
Porphyria Cutanea Tarda

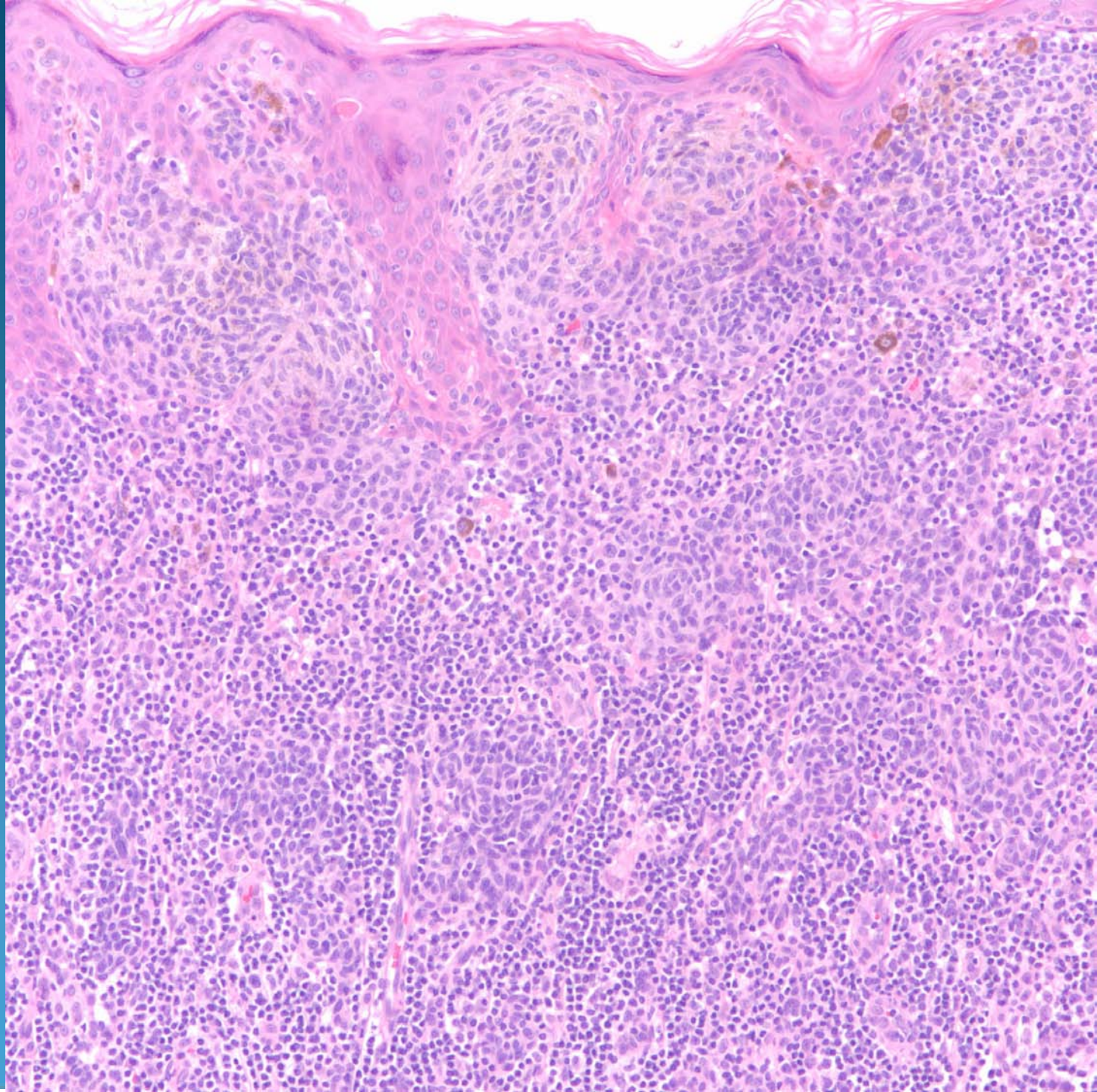
Pearls

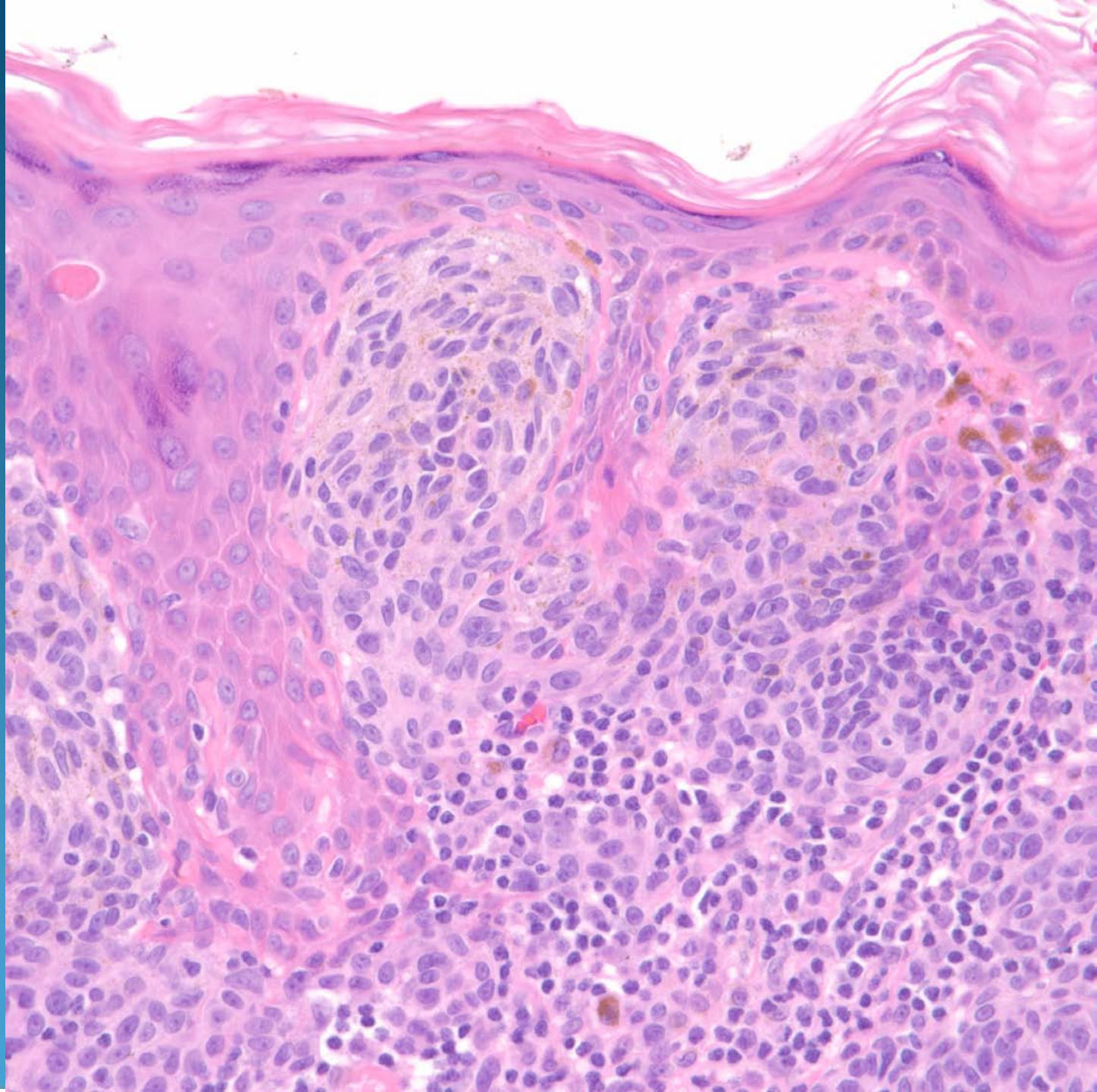


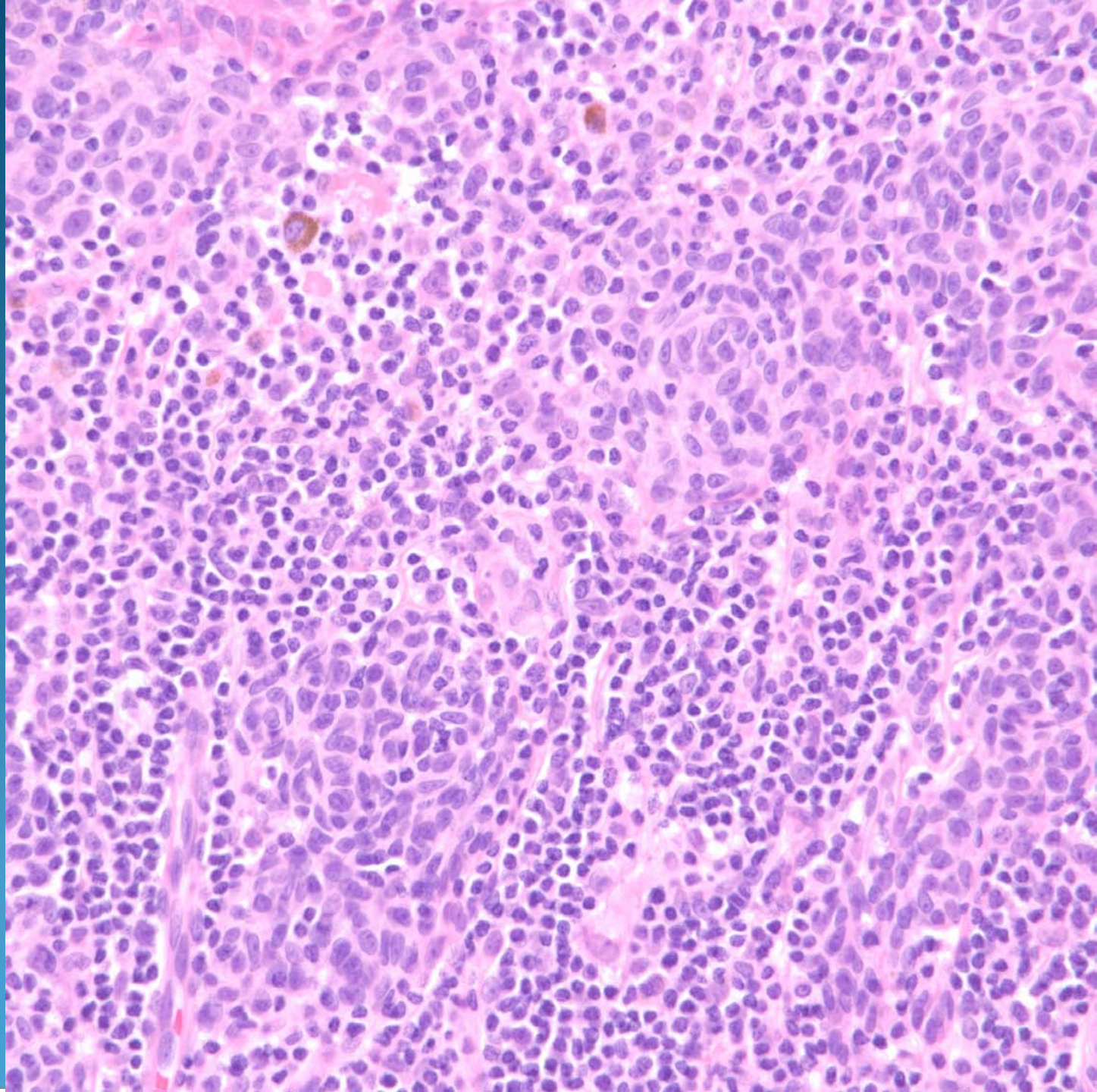
- Inflammatory cell poor subepidermal blister on sun damaged skin
- Festooning of dermal papillae
- Hyalinization around superficial vessels
- DIF: Negative
- DDX: EBA, BP, bullous LE

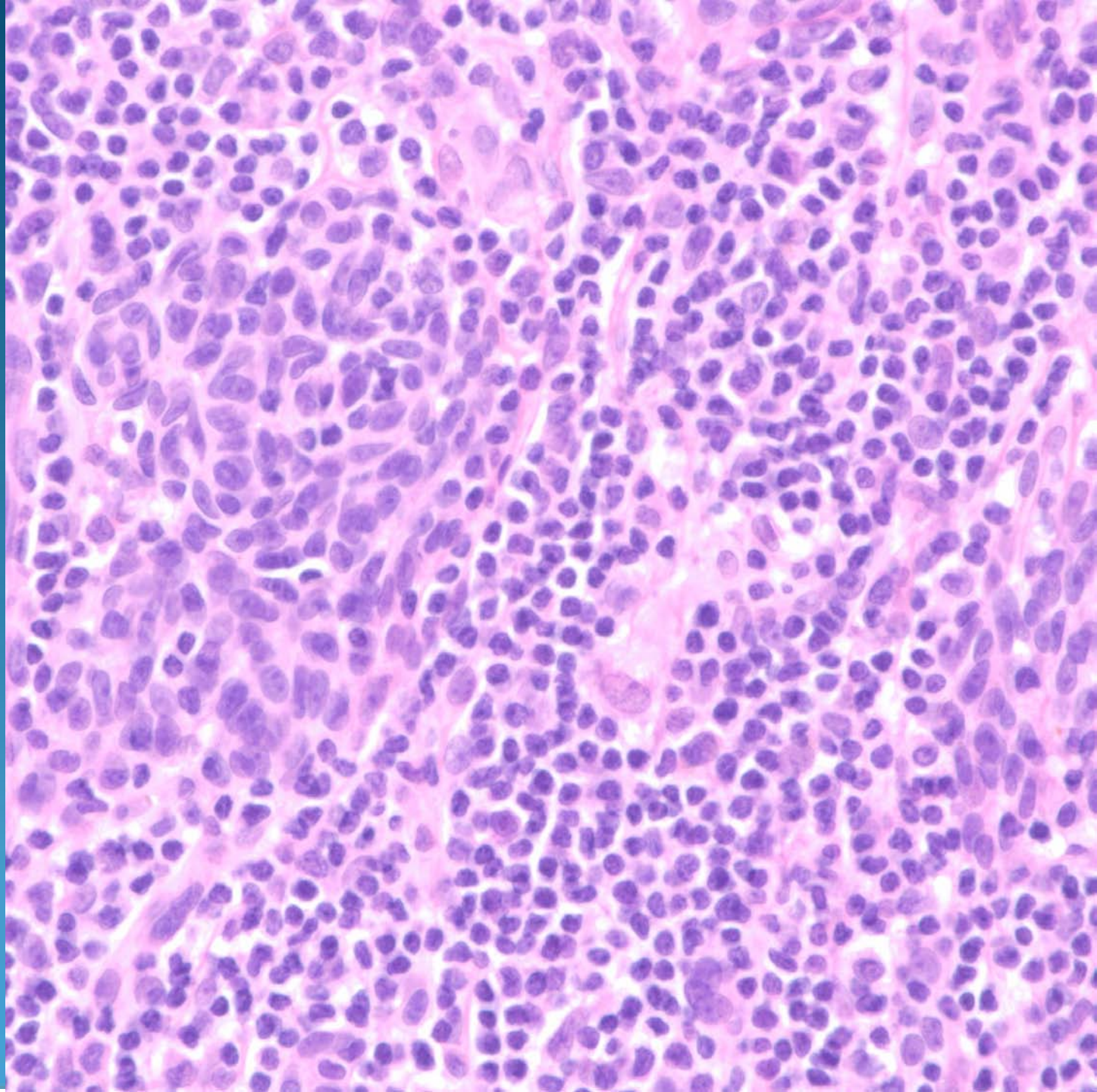






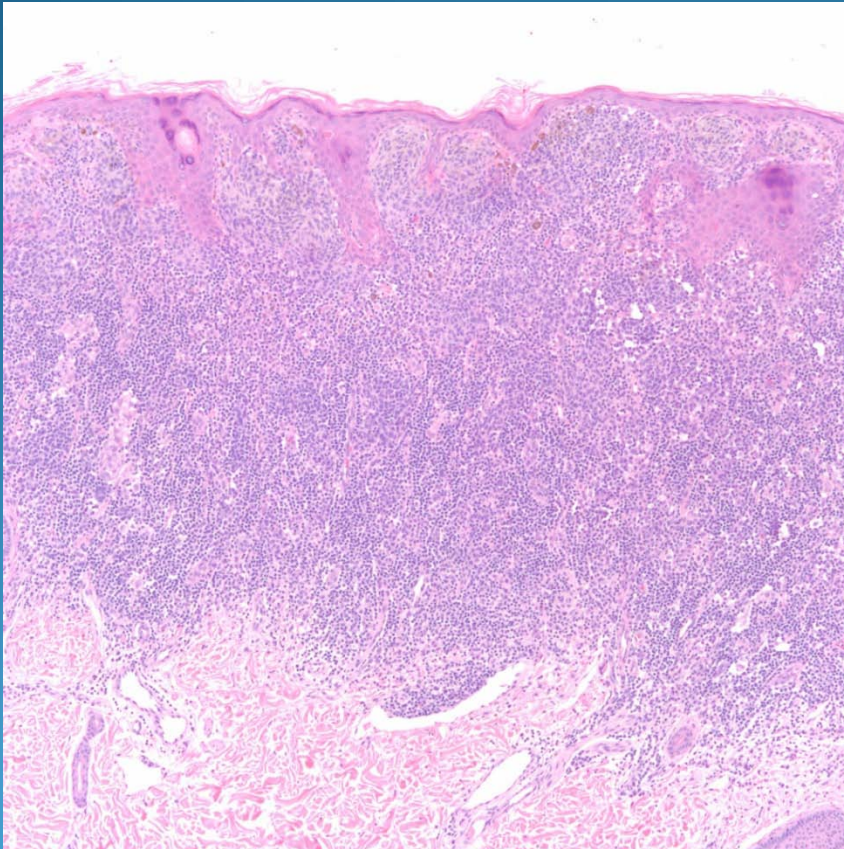




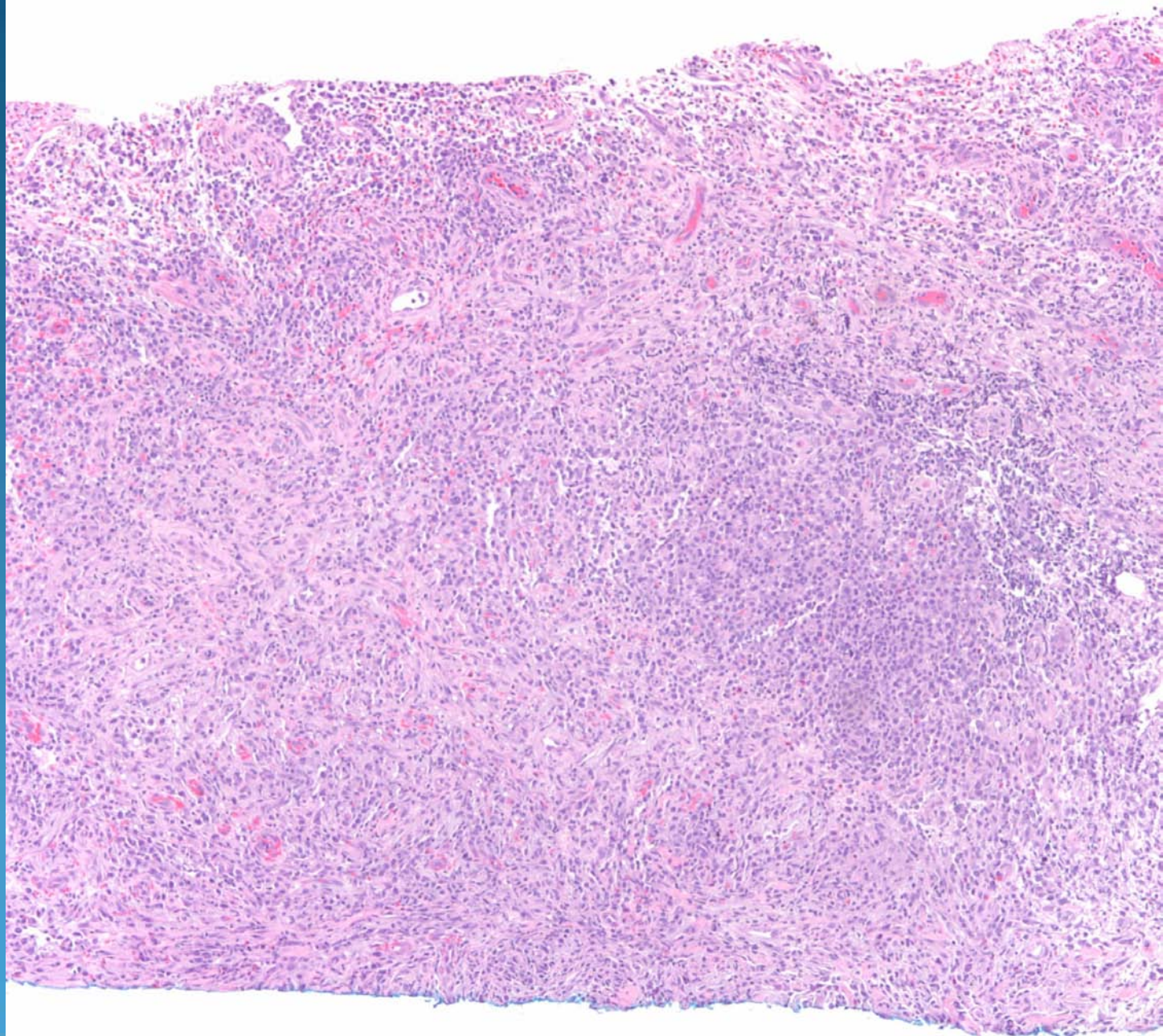


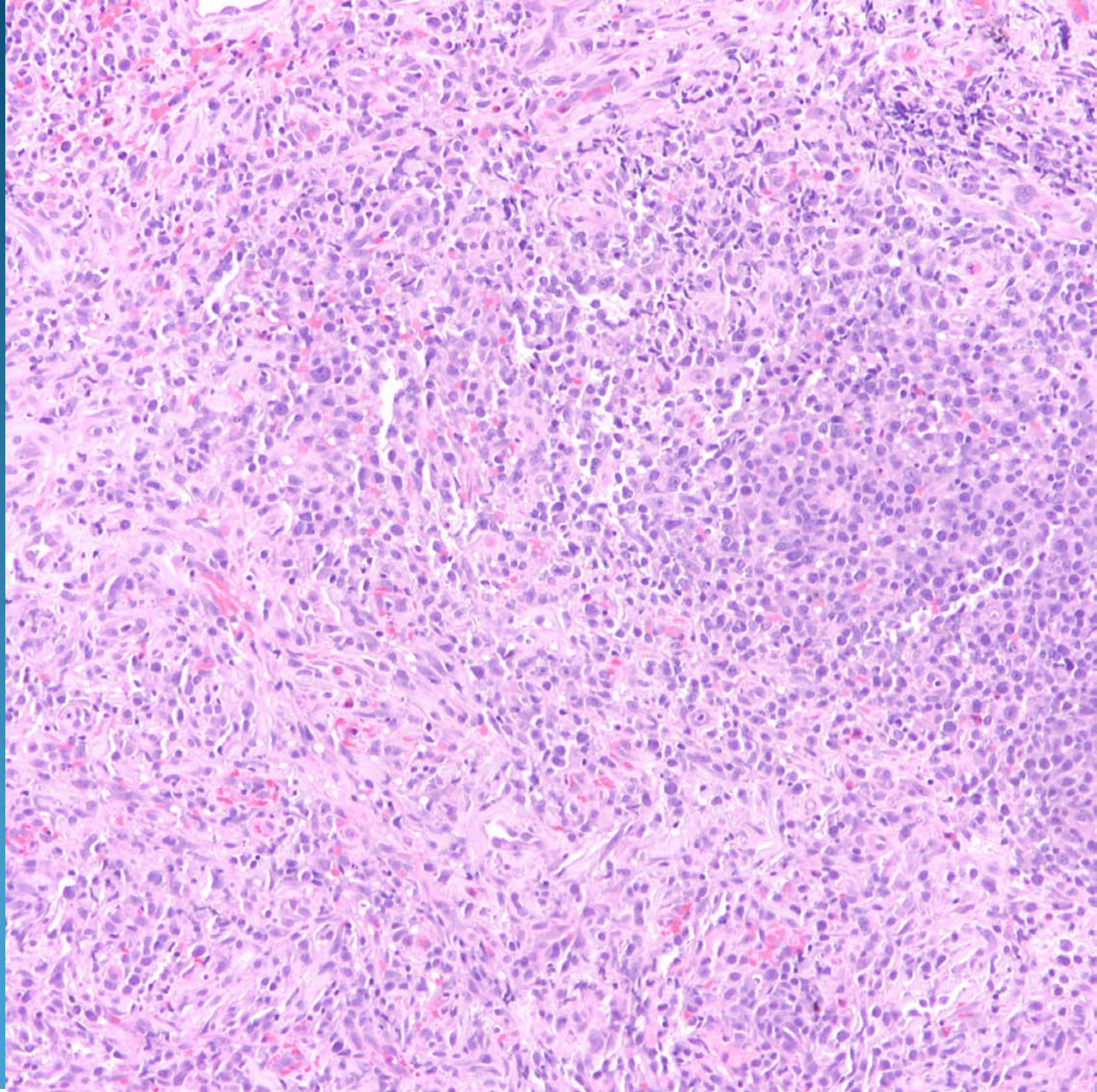
Halo Nevus

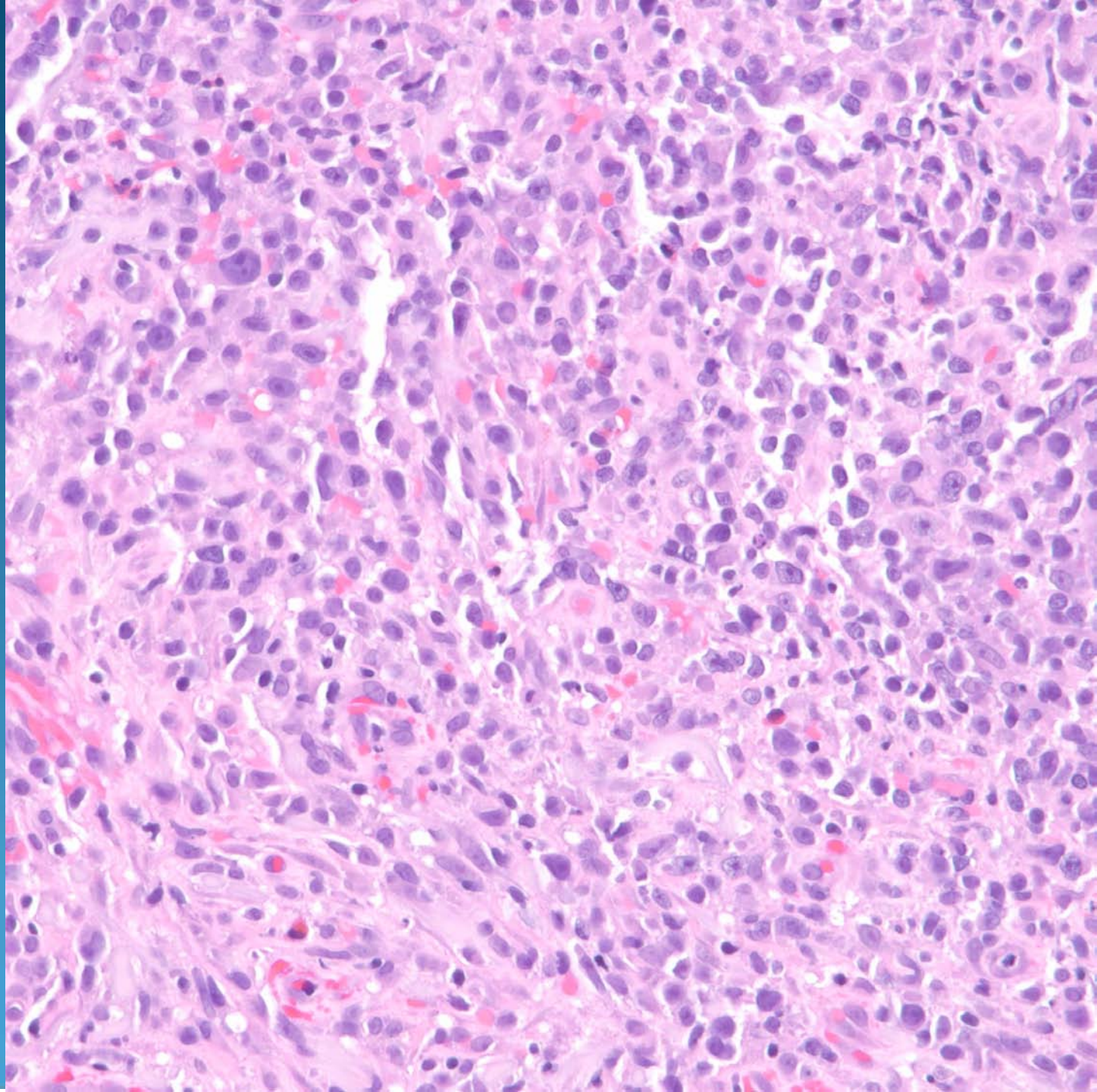
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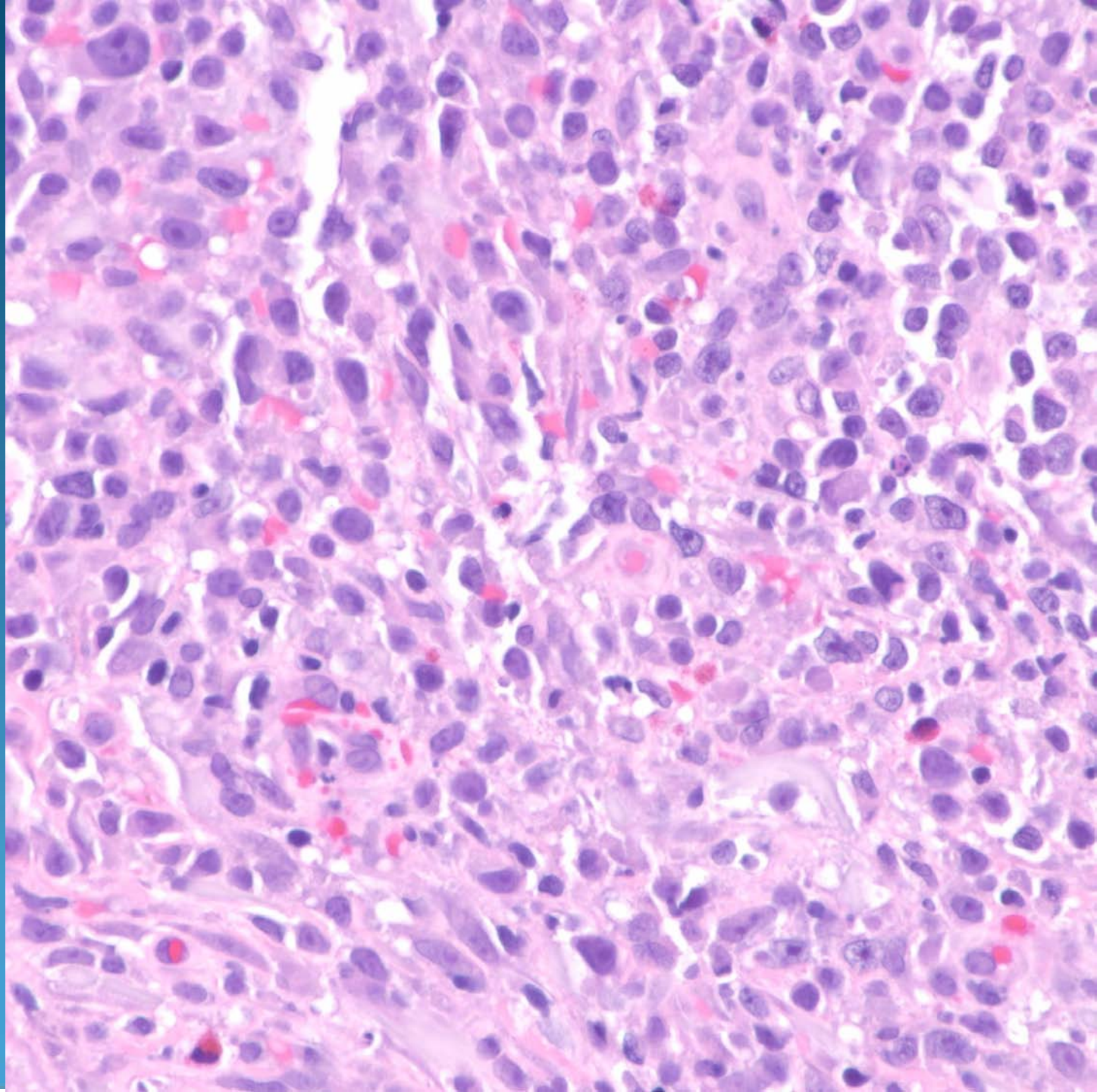


- Dense lichenoid inflammatory cell infiltrate of mature lymphocytes and histiocytes with melanophages
- Must mentally subtract out lymphocytes and examine the melanocytic proliferation applying same principles of grading all melanocytic nevi
- Halo infiltrate does not necessarily equate to clinical halo
- Halo may be seen in all types of melanocytic proliferation including melanoma



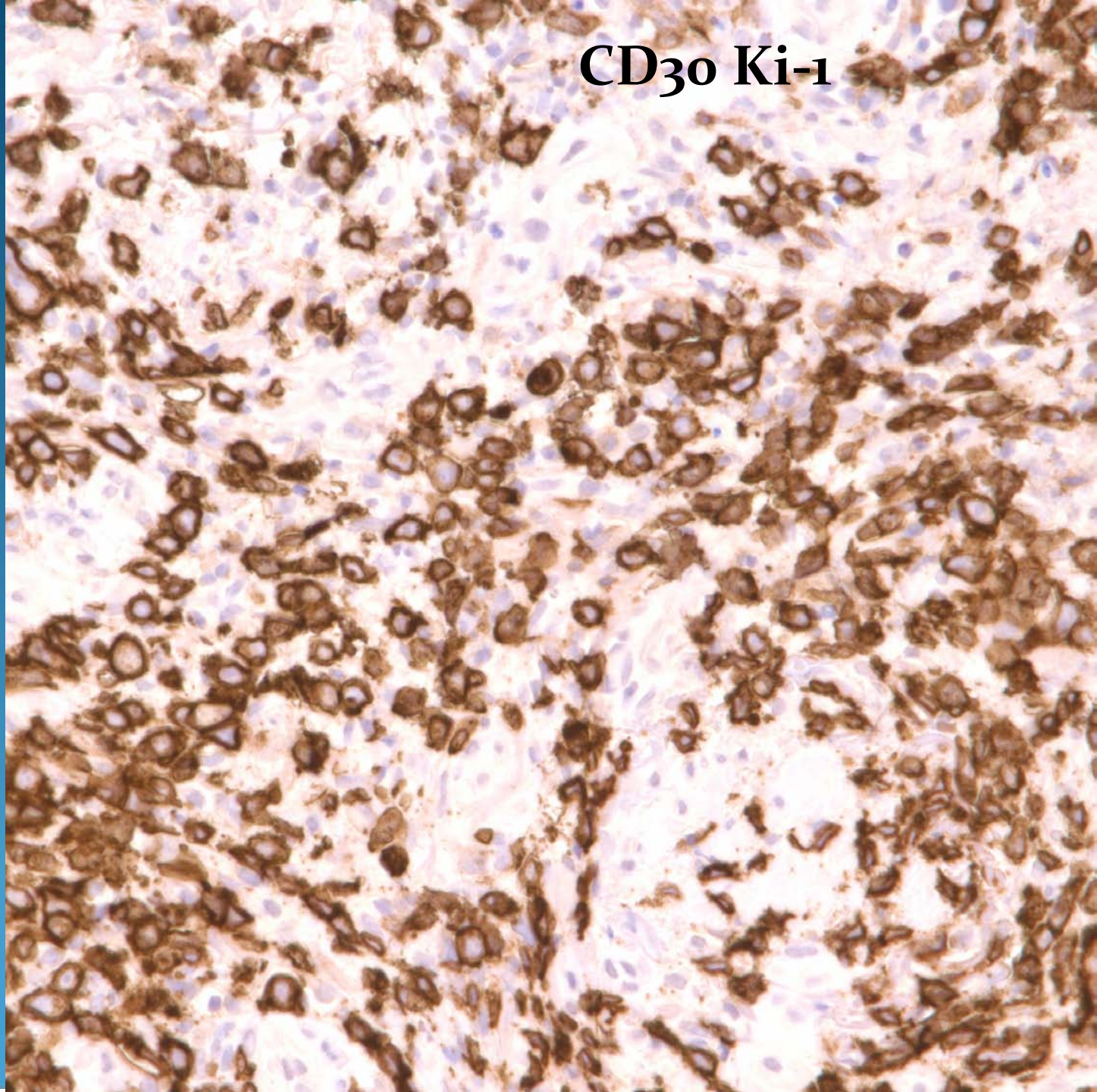




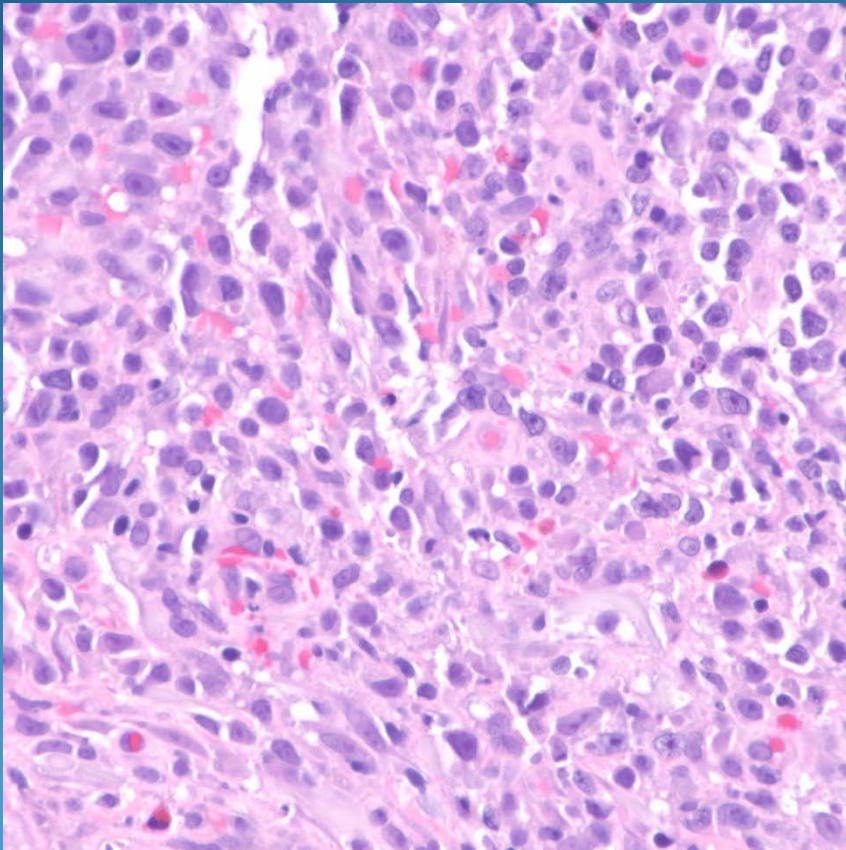


Anaplastic Large Cell Lymphoma- CD30+

CD30 Ki-1



Pearls



- Pleomorphic mononuclear cell infiltrate with enlarged and hyperchromatic nuclei with prominent nucleoli and numerous MF
- May have mixed inflammatory cell infiltrate
- Confirm with IHC-CD30+
- Rule out systemic anaplastic lymphoma metastatic to the skin