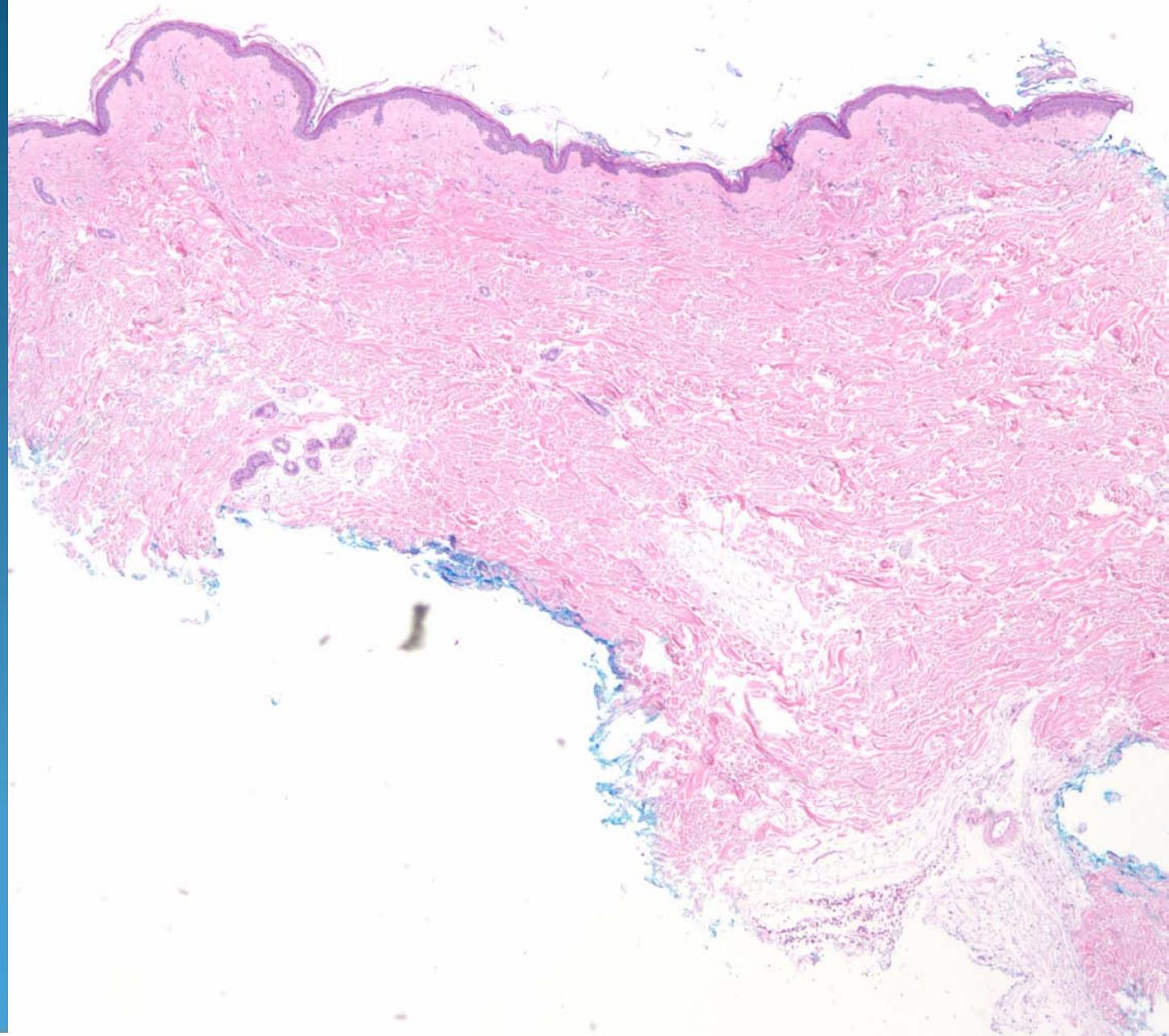
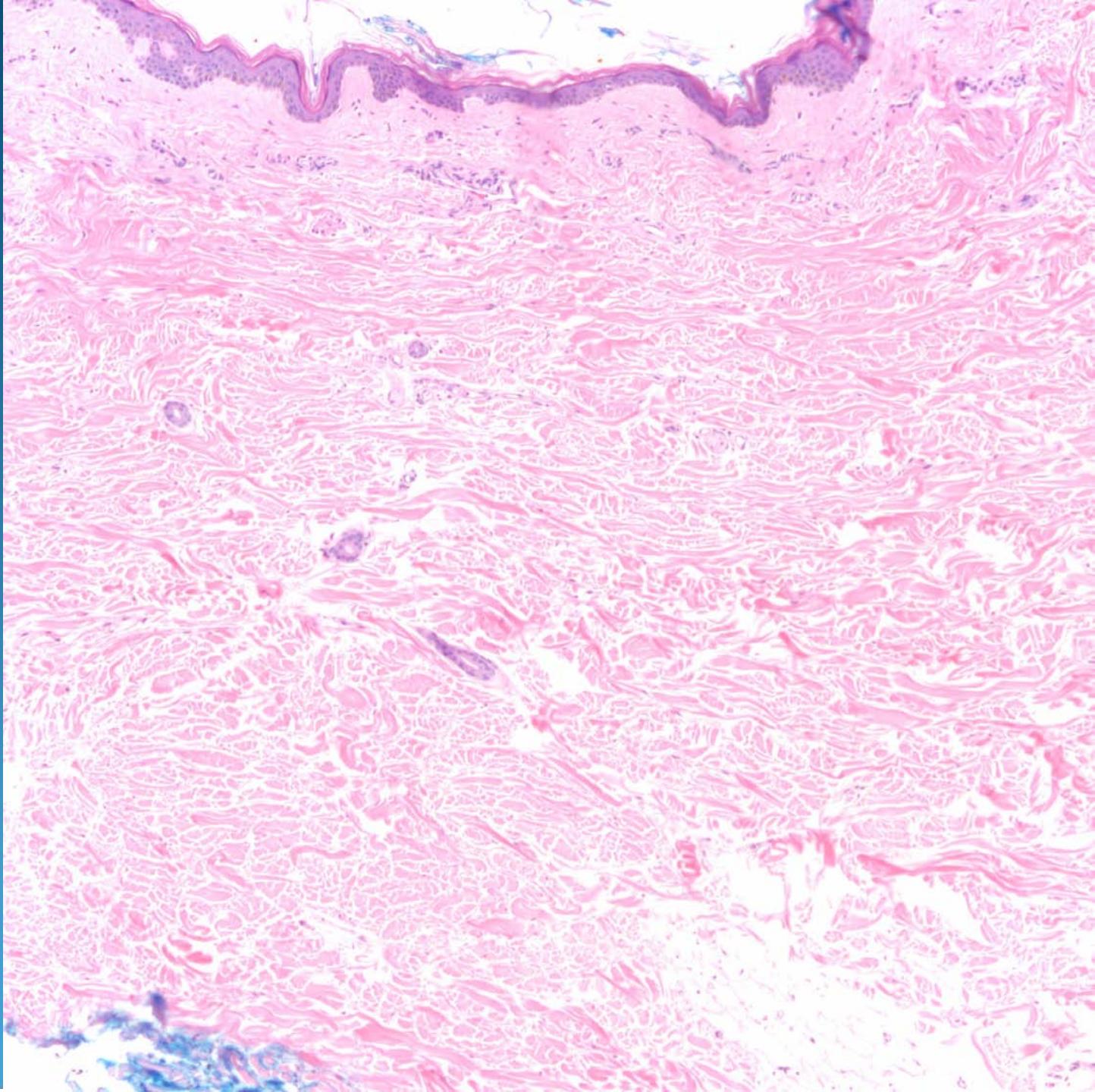


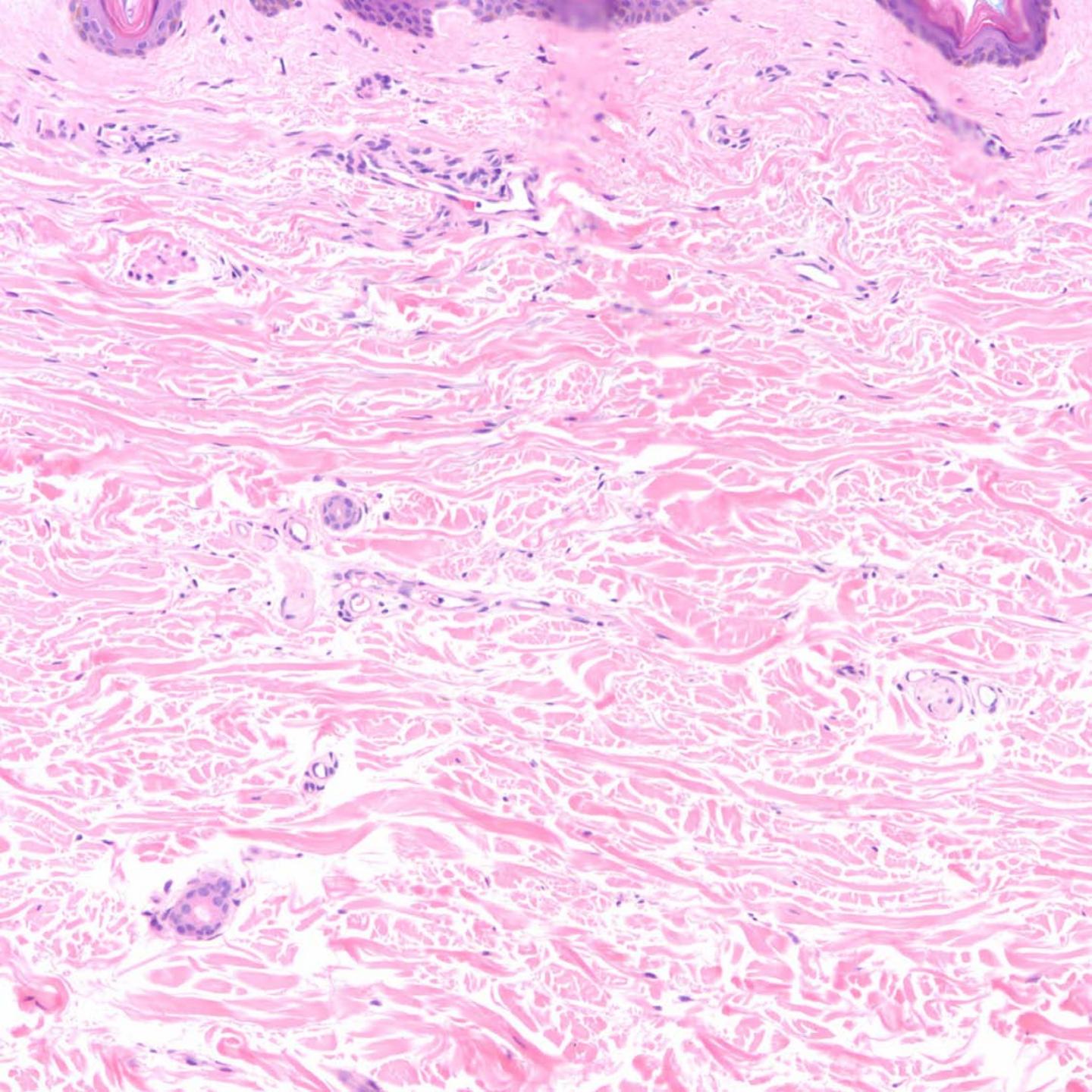
Dermatopathology Slide Review Part 73

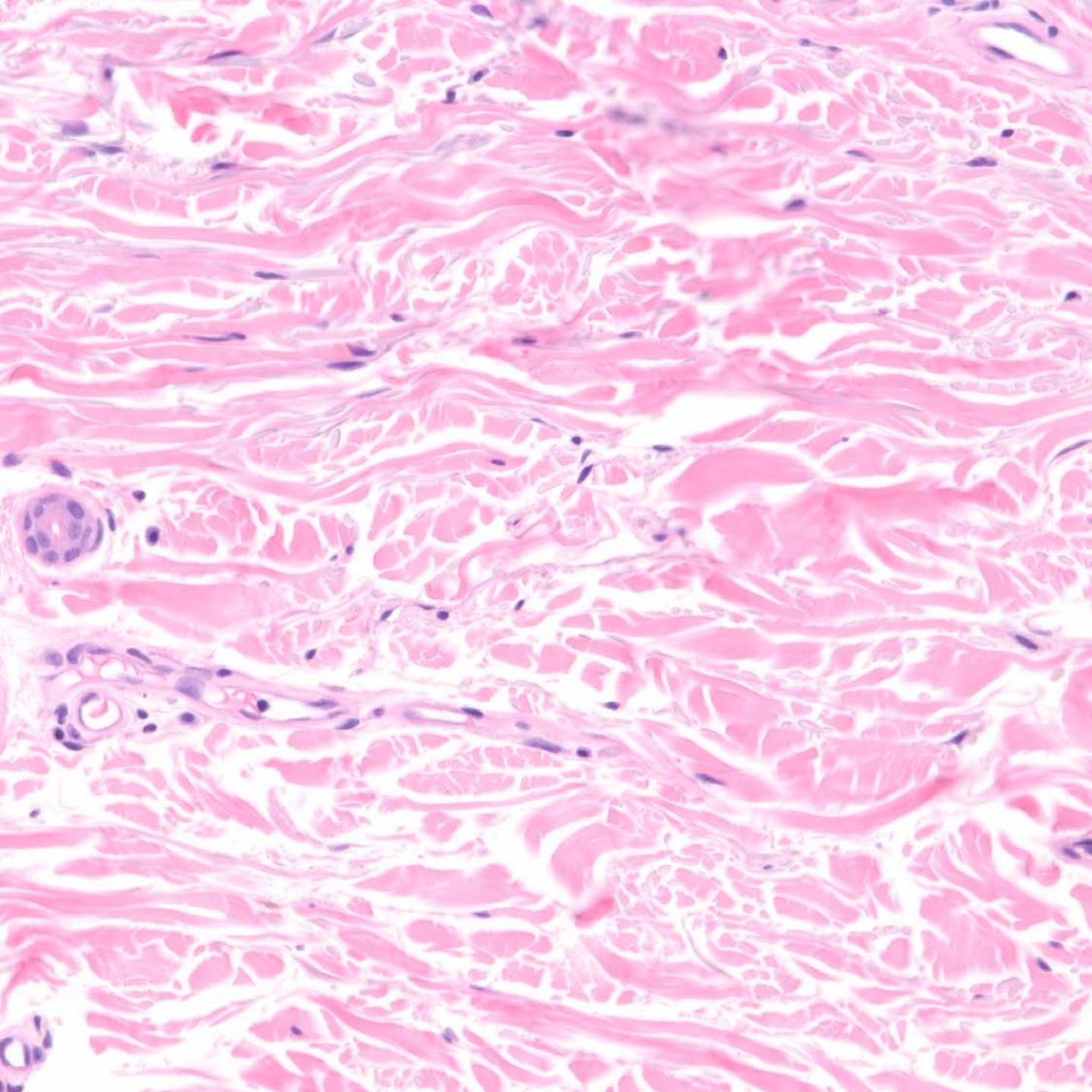
Paul K. Shitabata, M.D.

Dermatopathology Institute

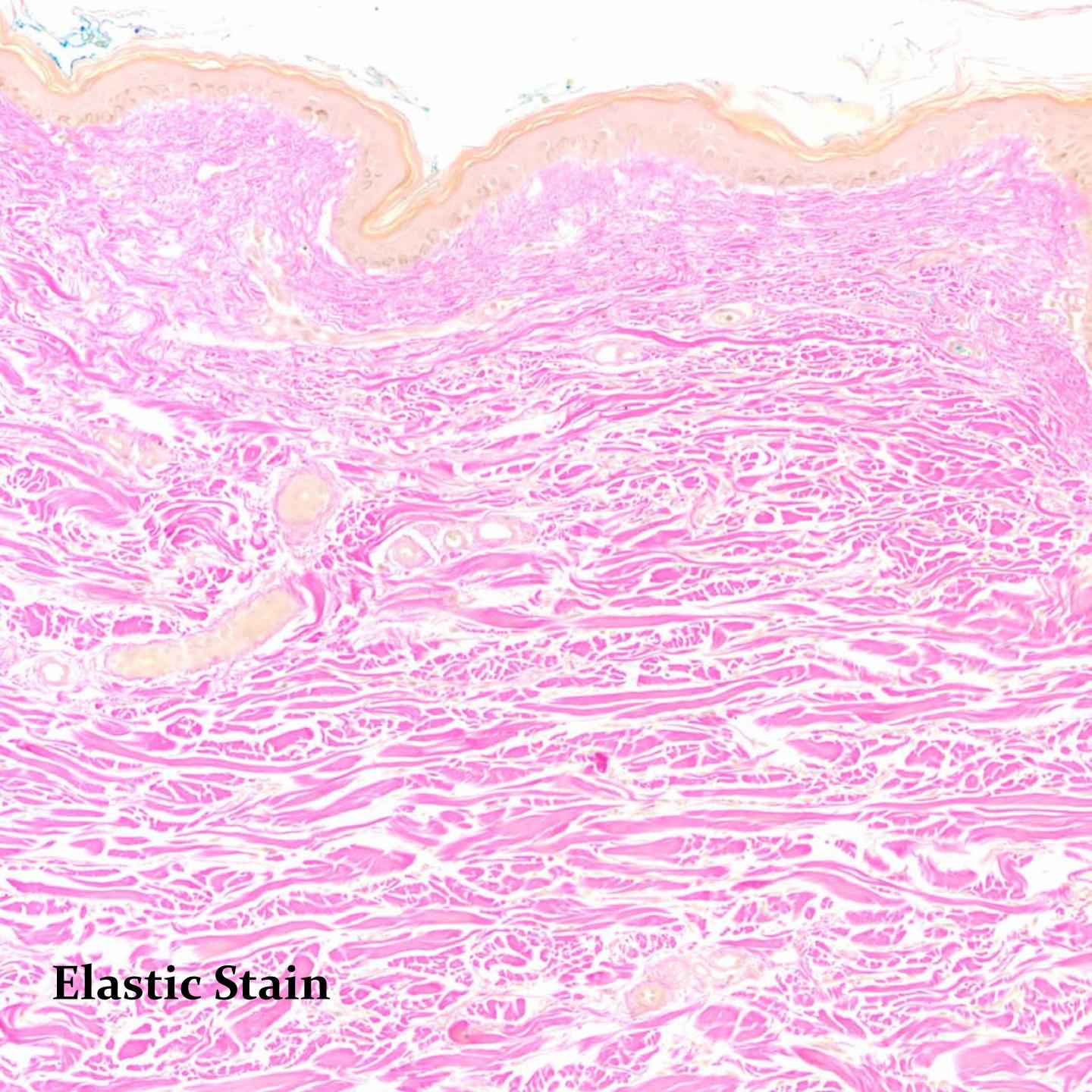




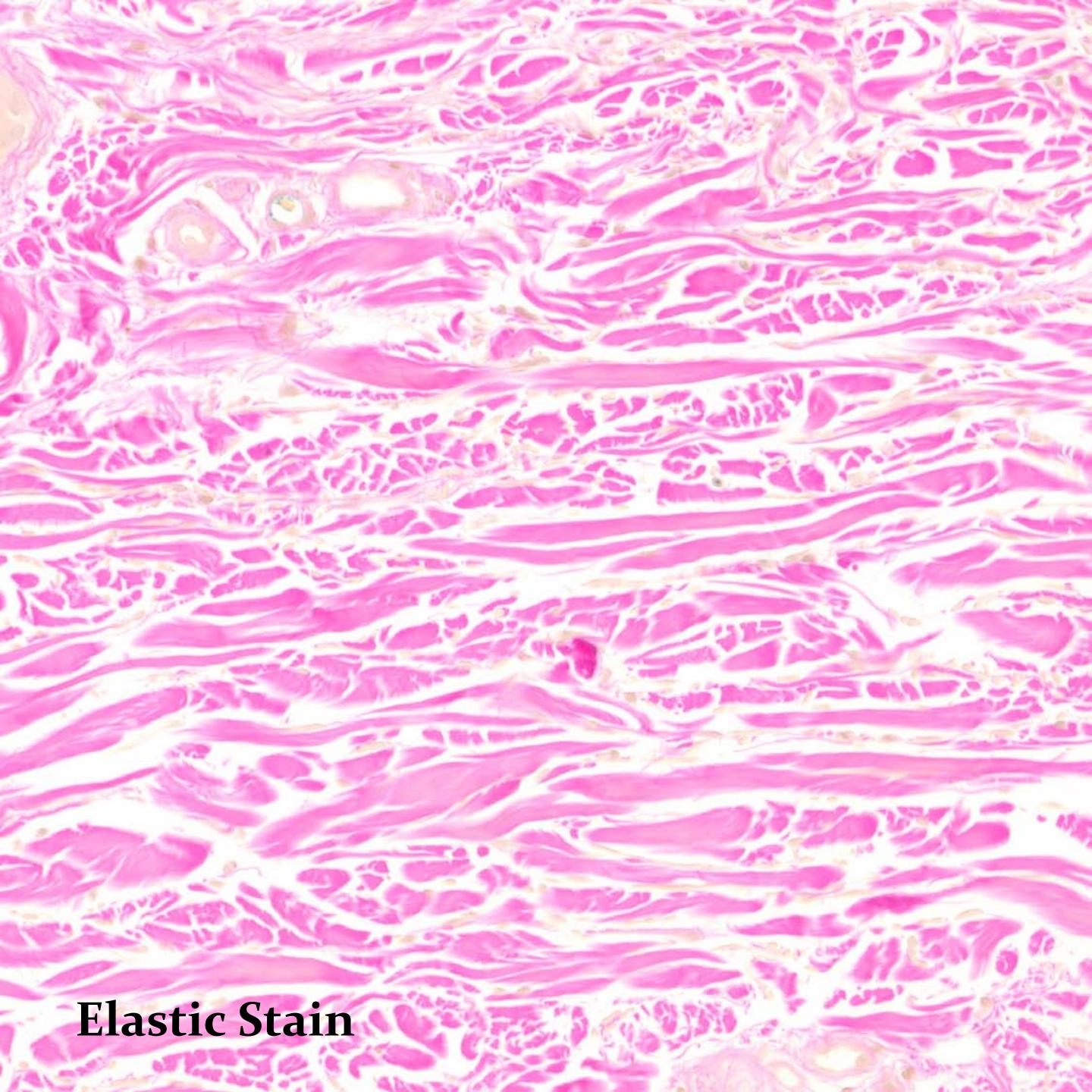




Cutis Laxa

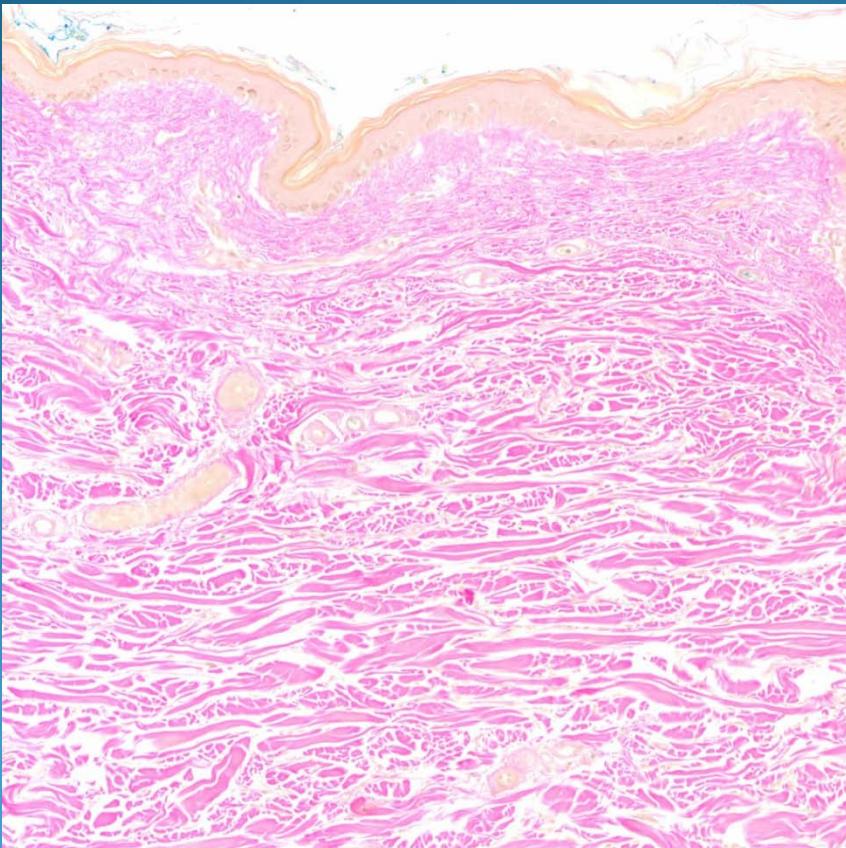


Elastic Stain

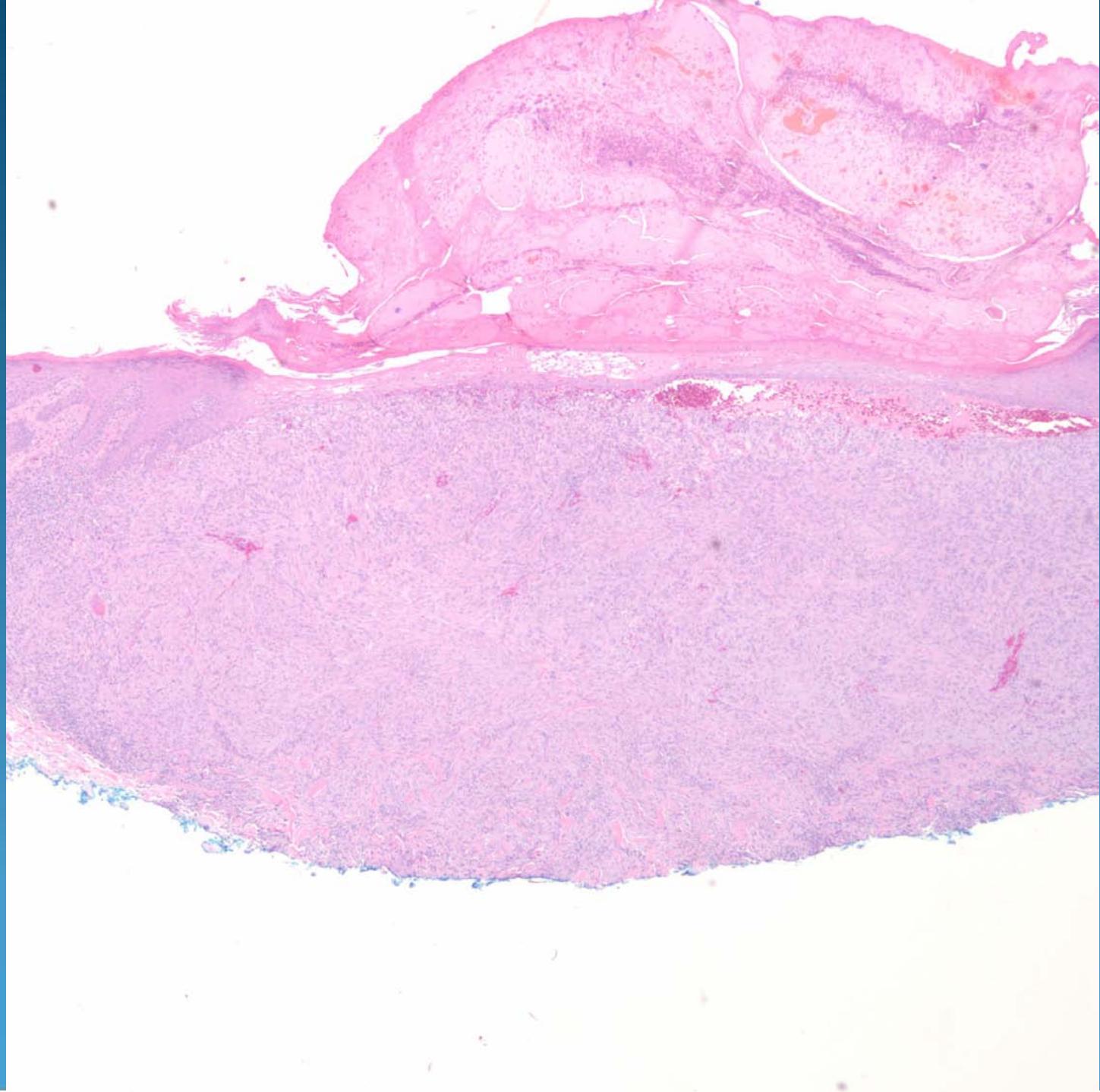


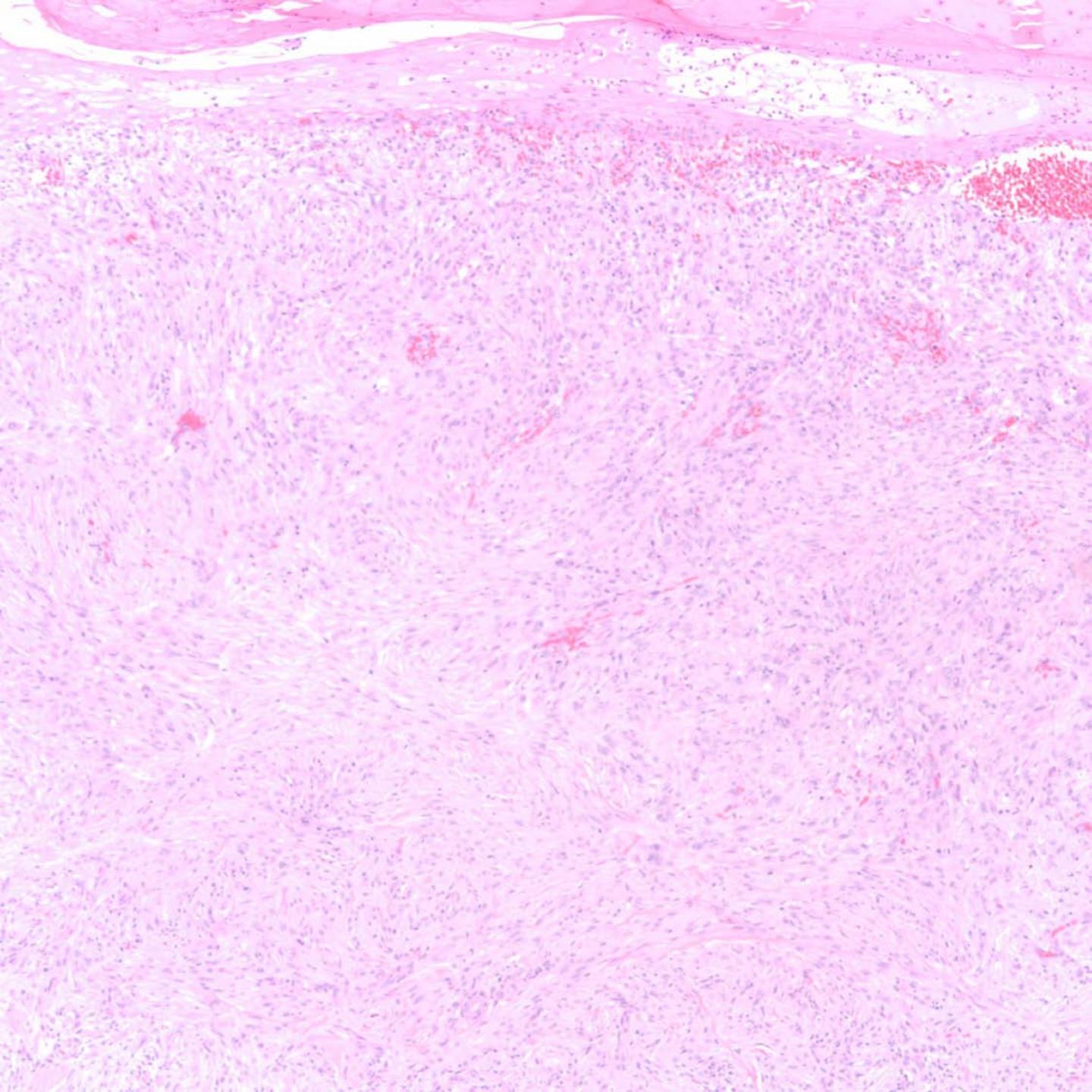
Elastic Stain

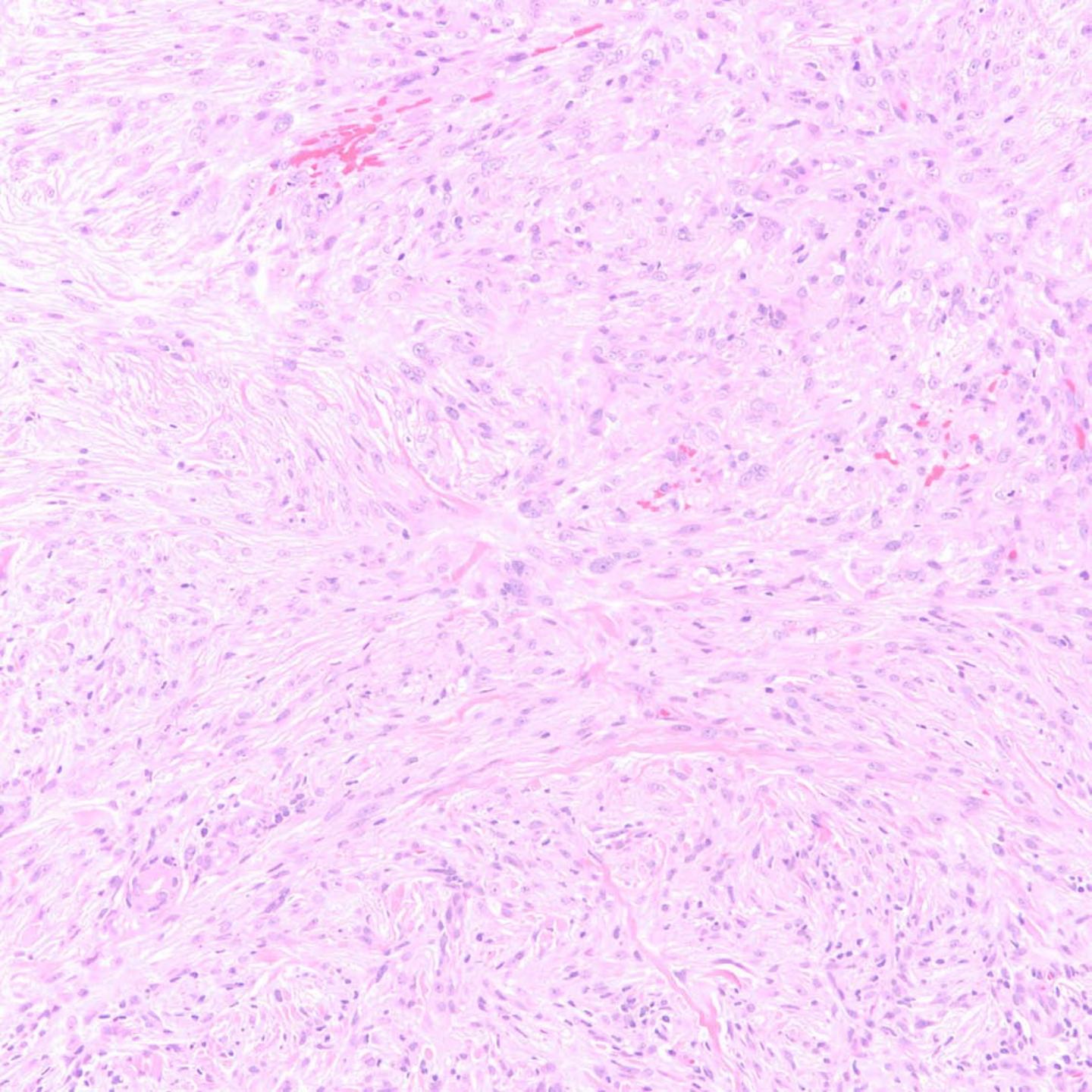
Pearls

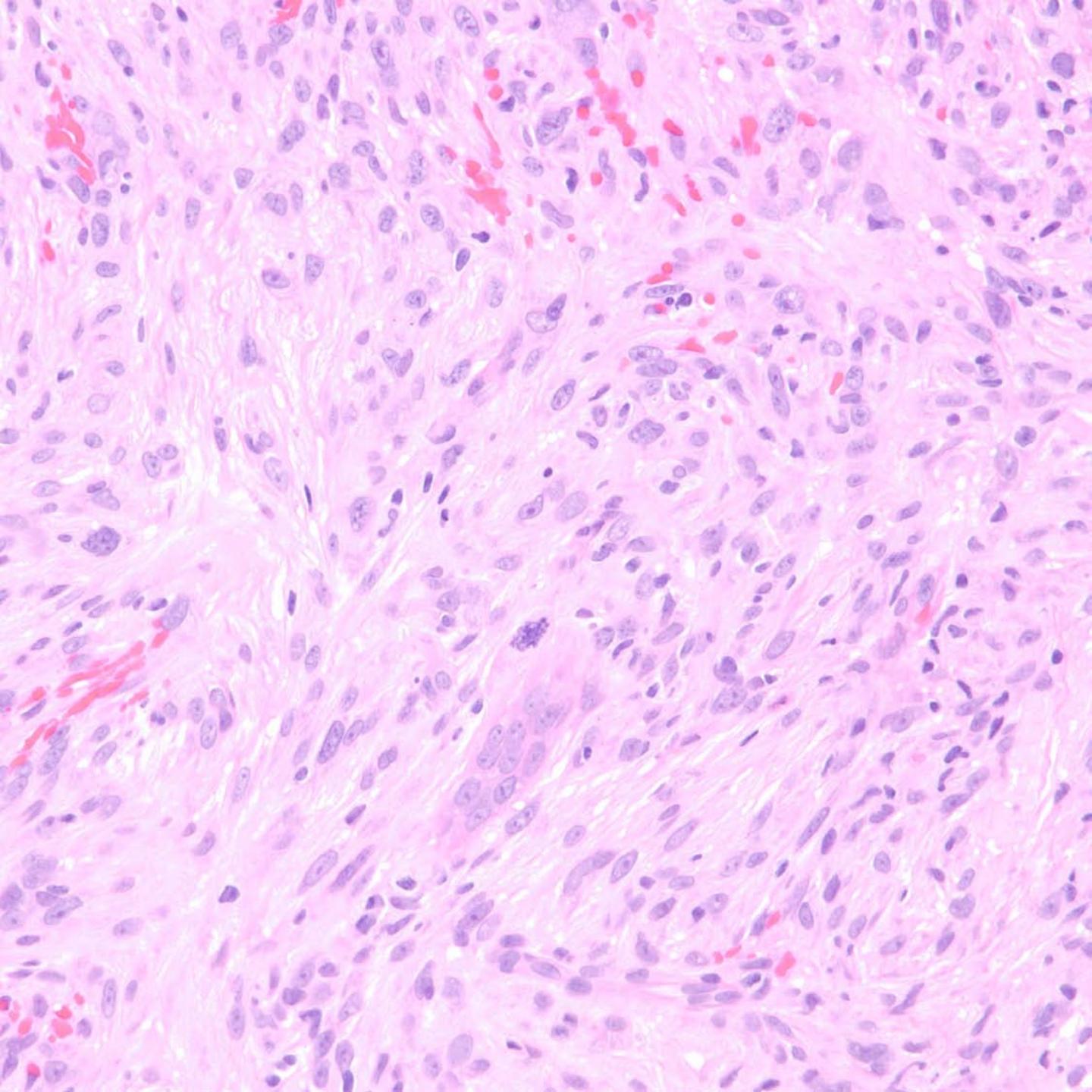


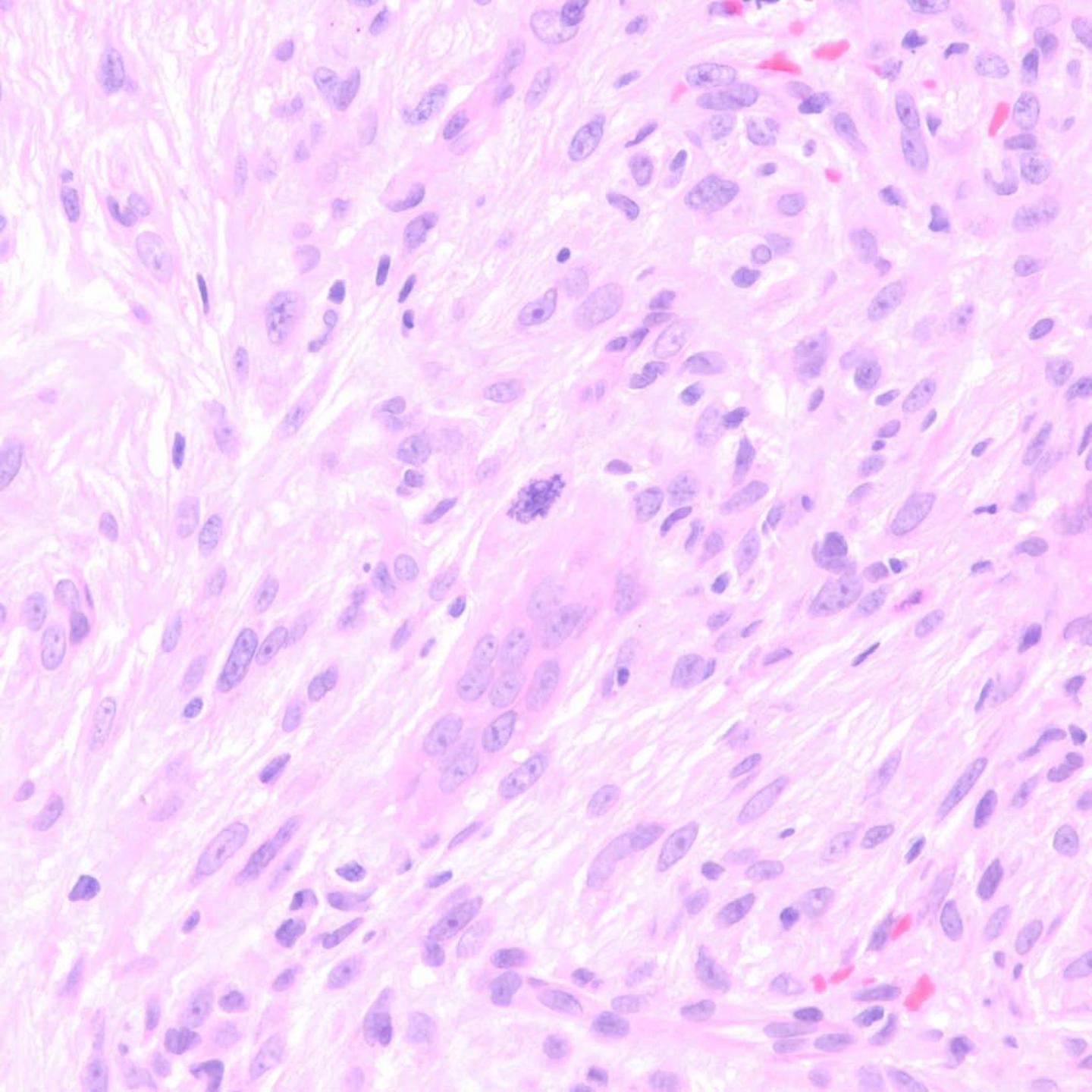
- Invisible dermatosis- clinical pathological correlation
- May have slight decrease in dermal thickness
- Need elastic stain (VVG) to show near complete absence of elastic fibers
- DDX: Primary vs. secondary





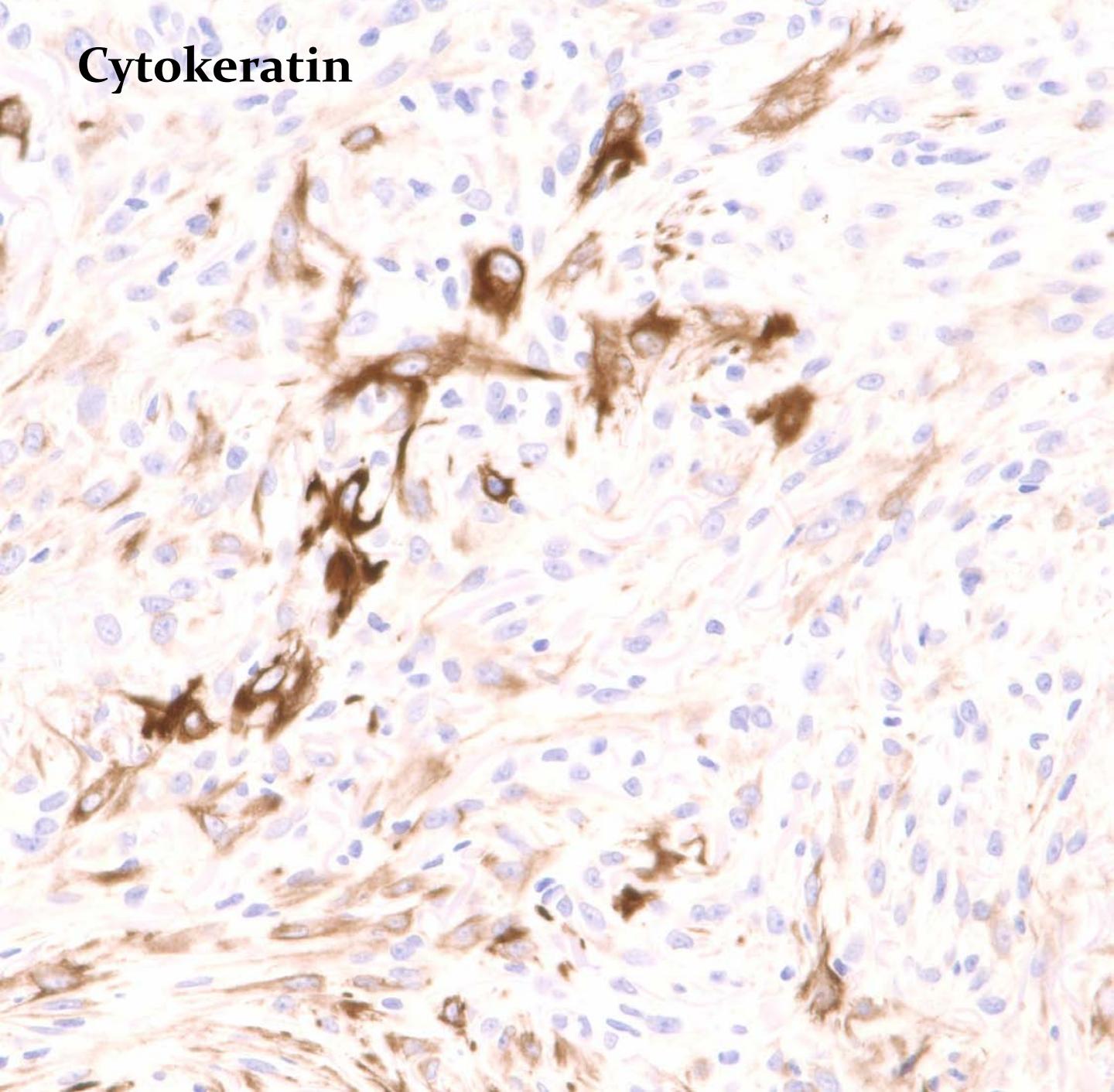




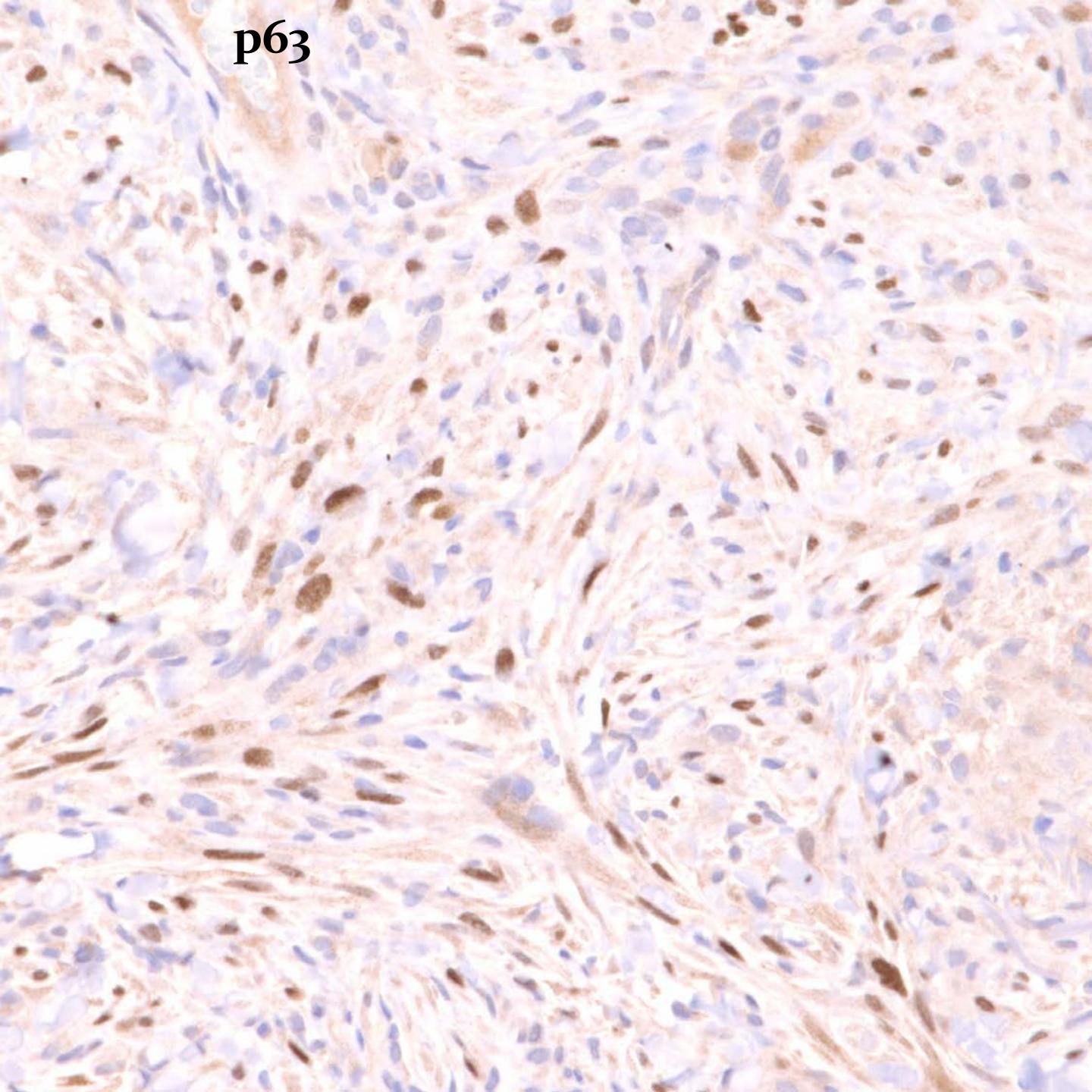


Sarcomatoid Squamous Cell Carcinoma

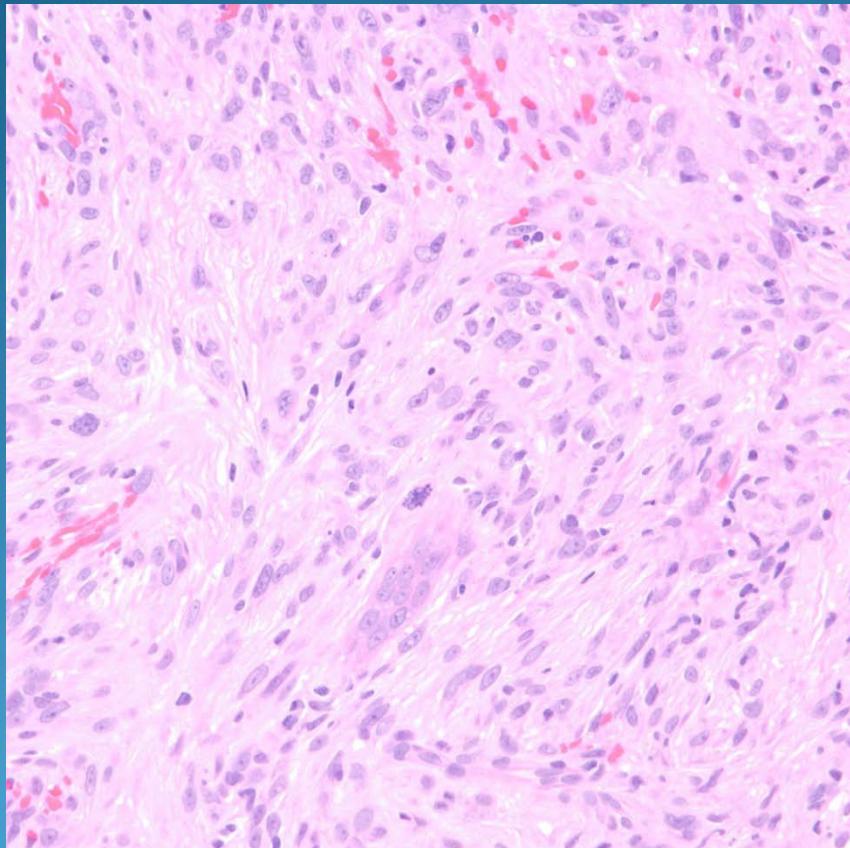
Cytokeratin



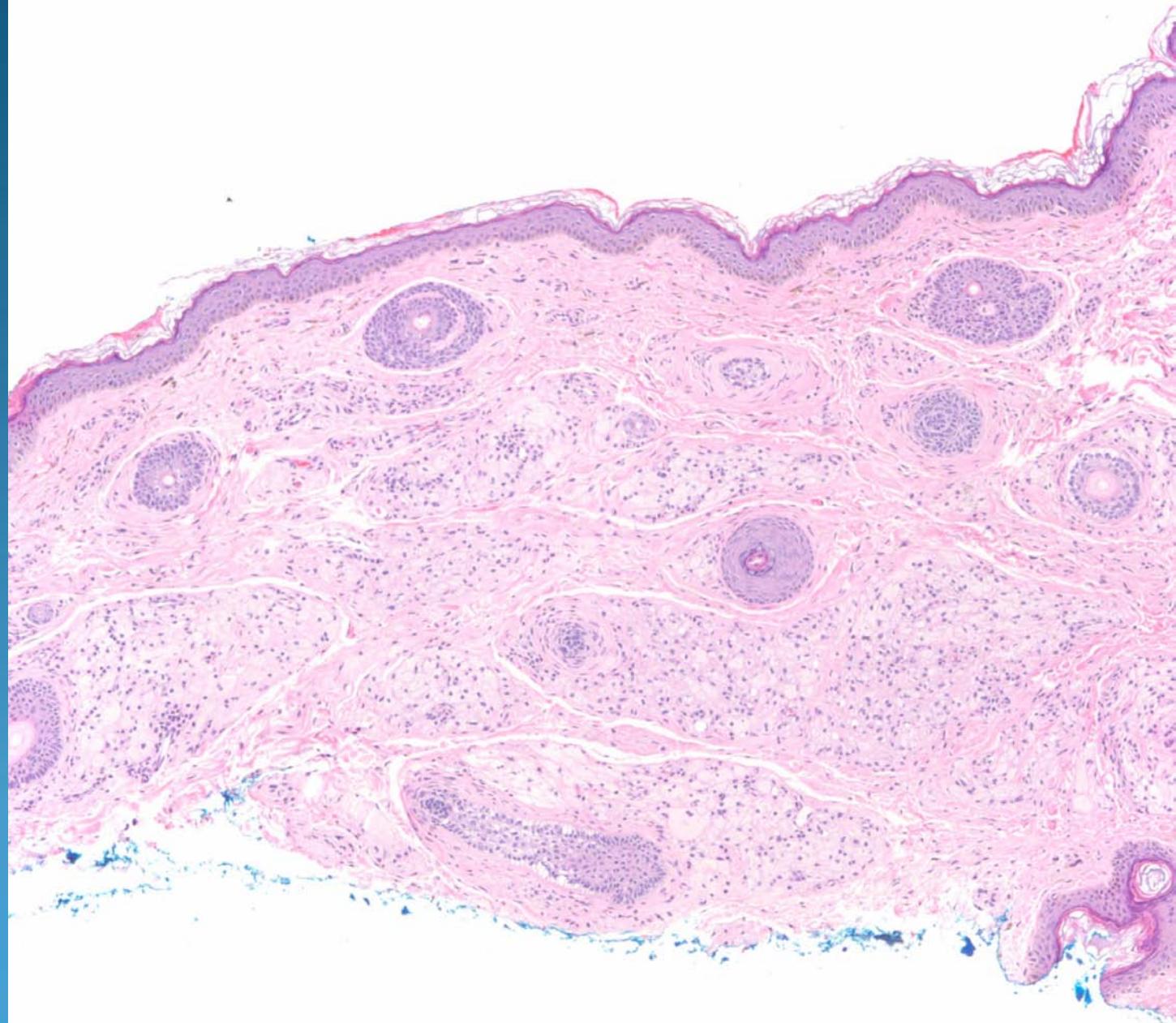
p63

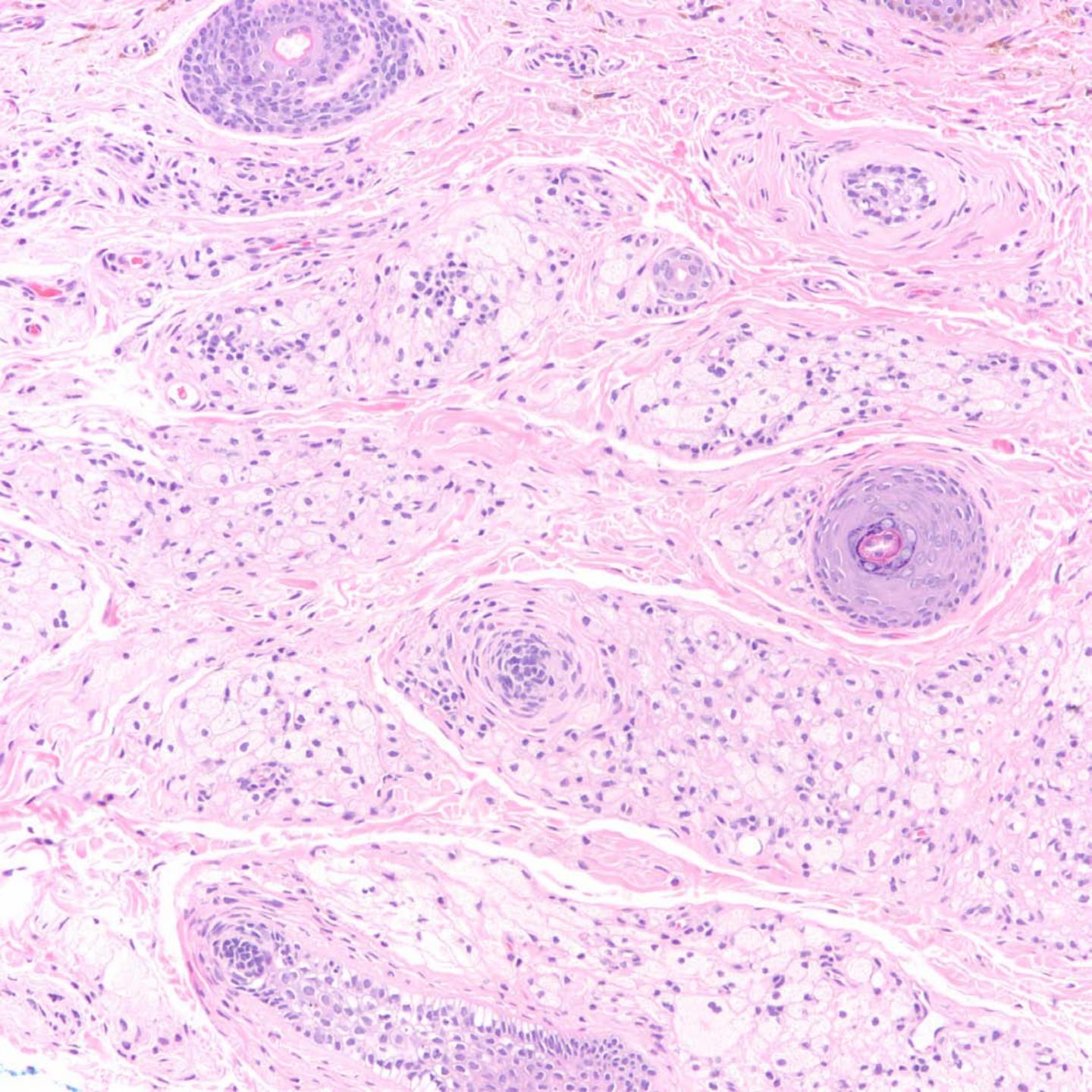


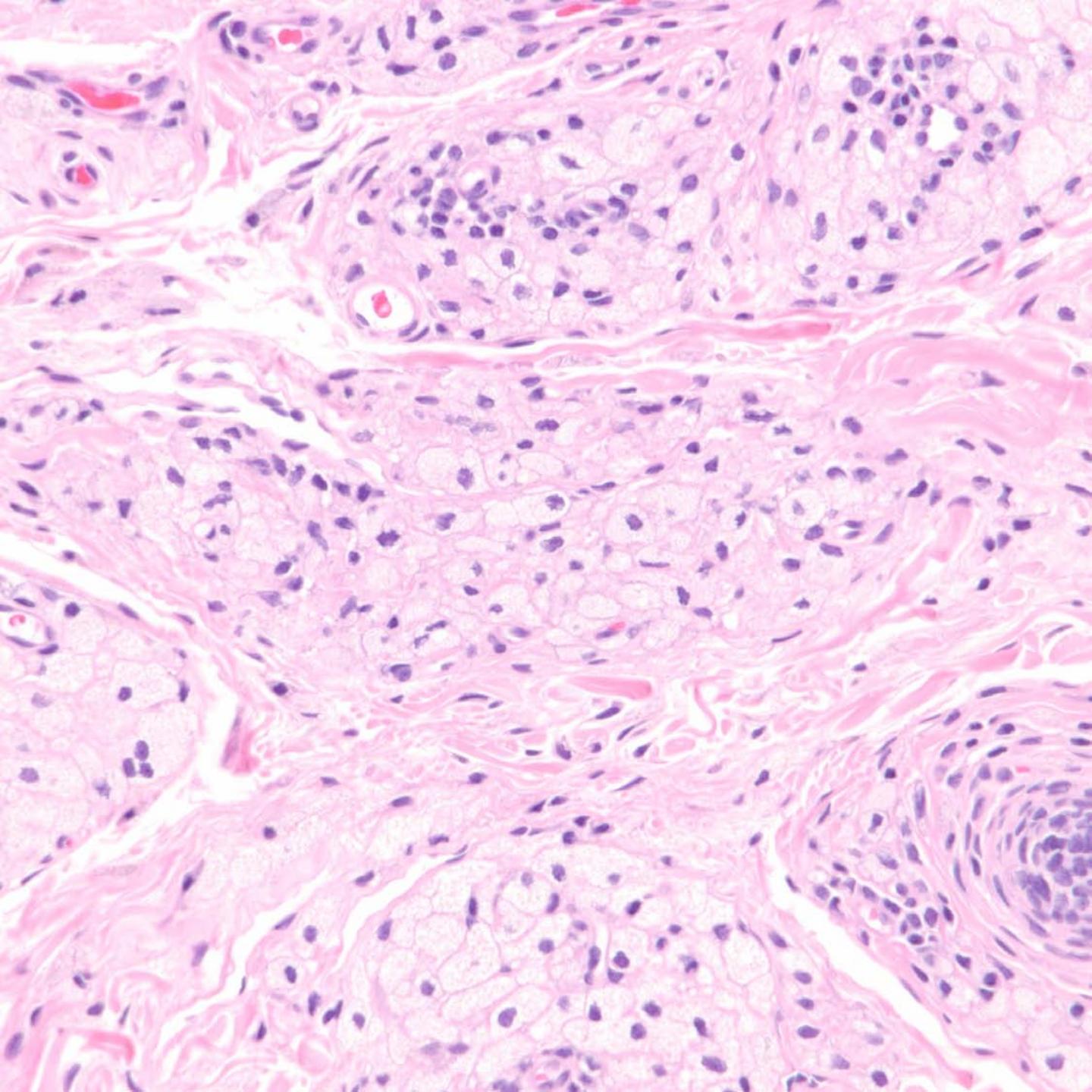
Pearls

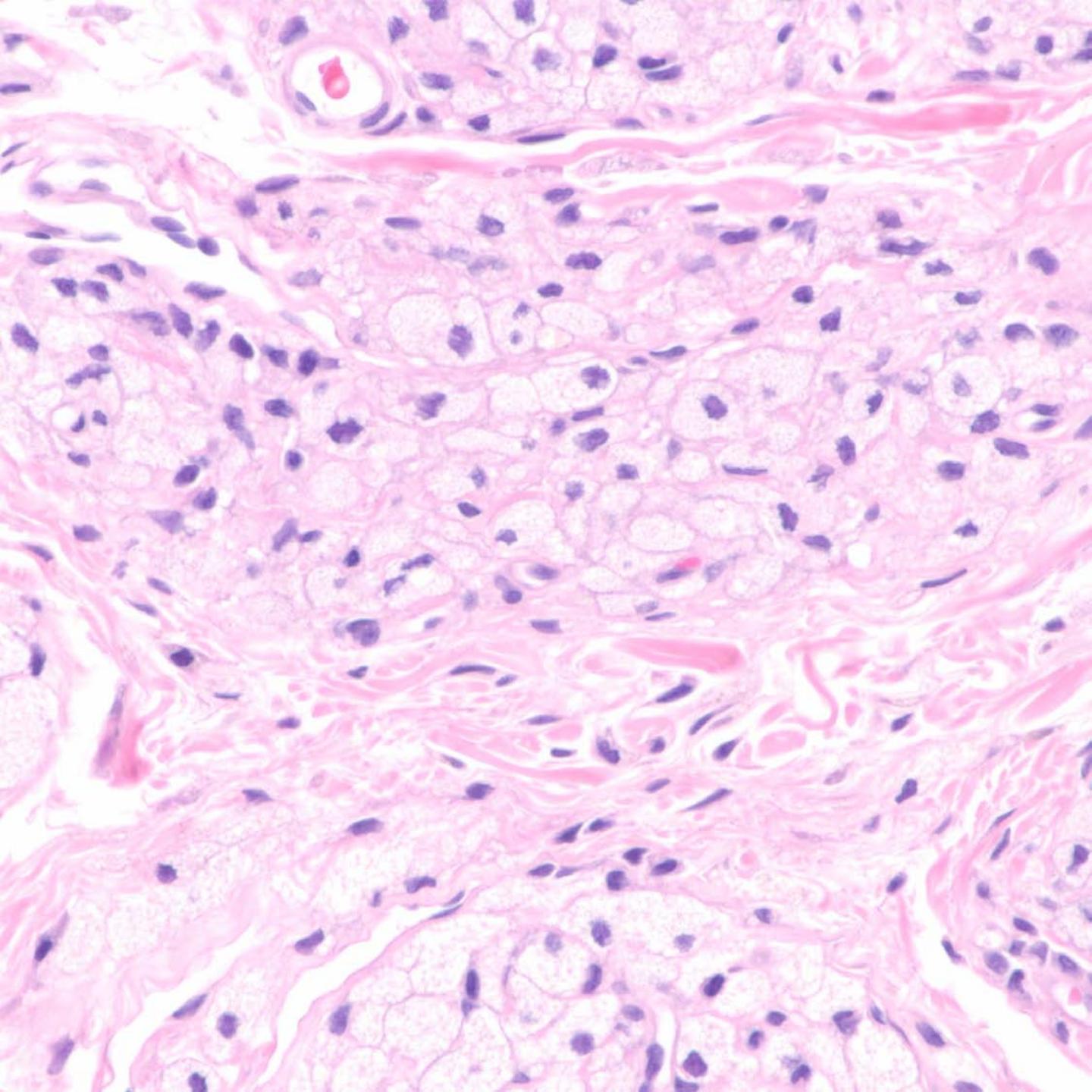


- Cytologically malignant spindle cell proliferation
- Look for areas of malignant squamous pearls or dyskeratosis
- DDX: AFX,
Leiomyosarcoma,
Desmoplastic melanoma
- Confirm with IHC: CK
and p63+



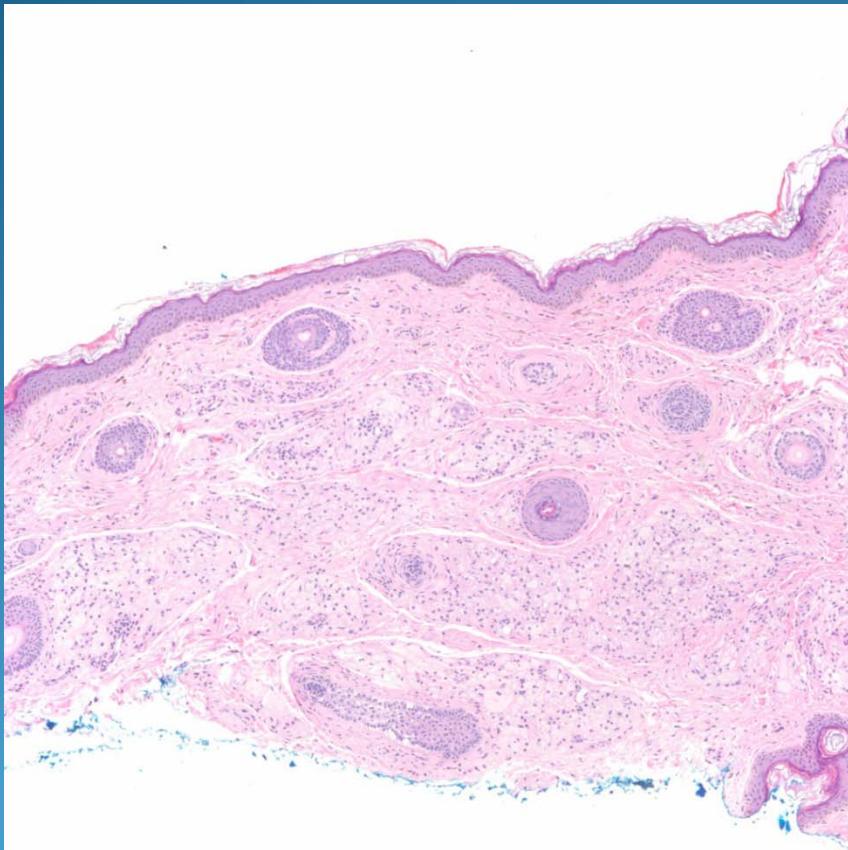




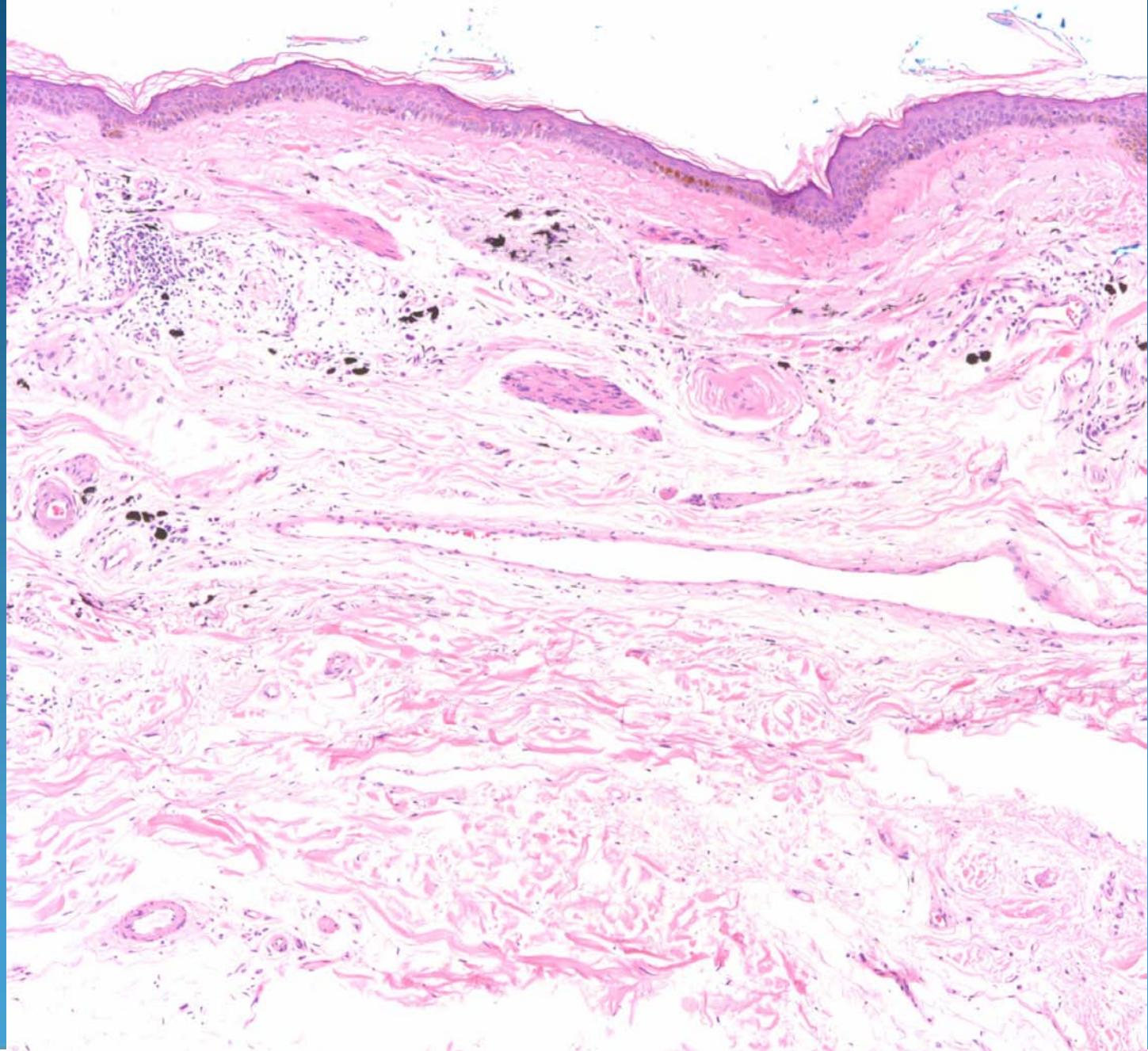


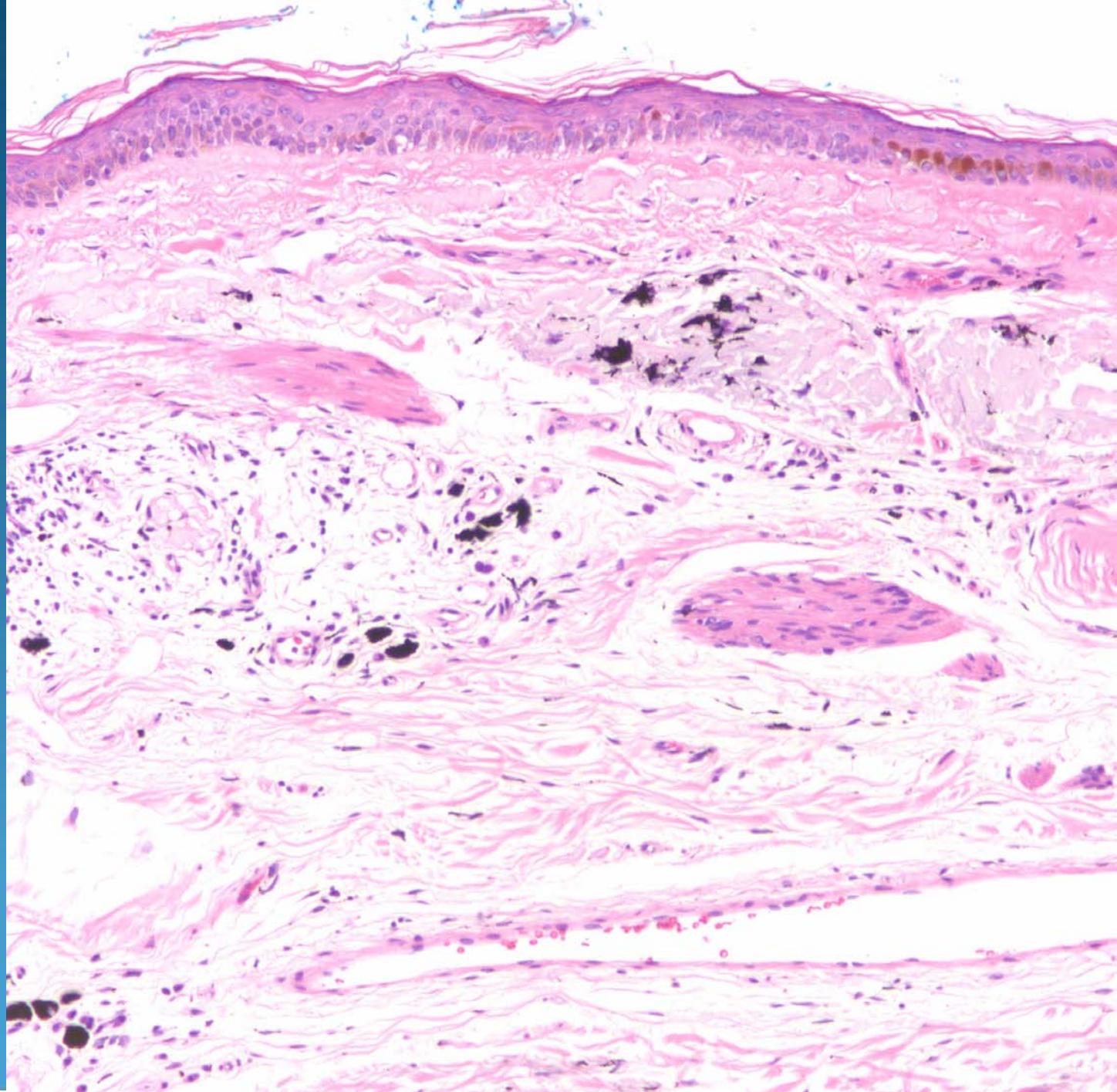
Xanthoma (Xanthelasma)

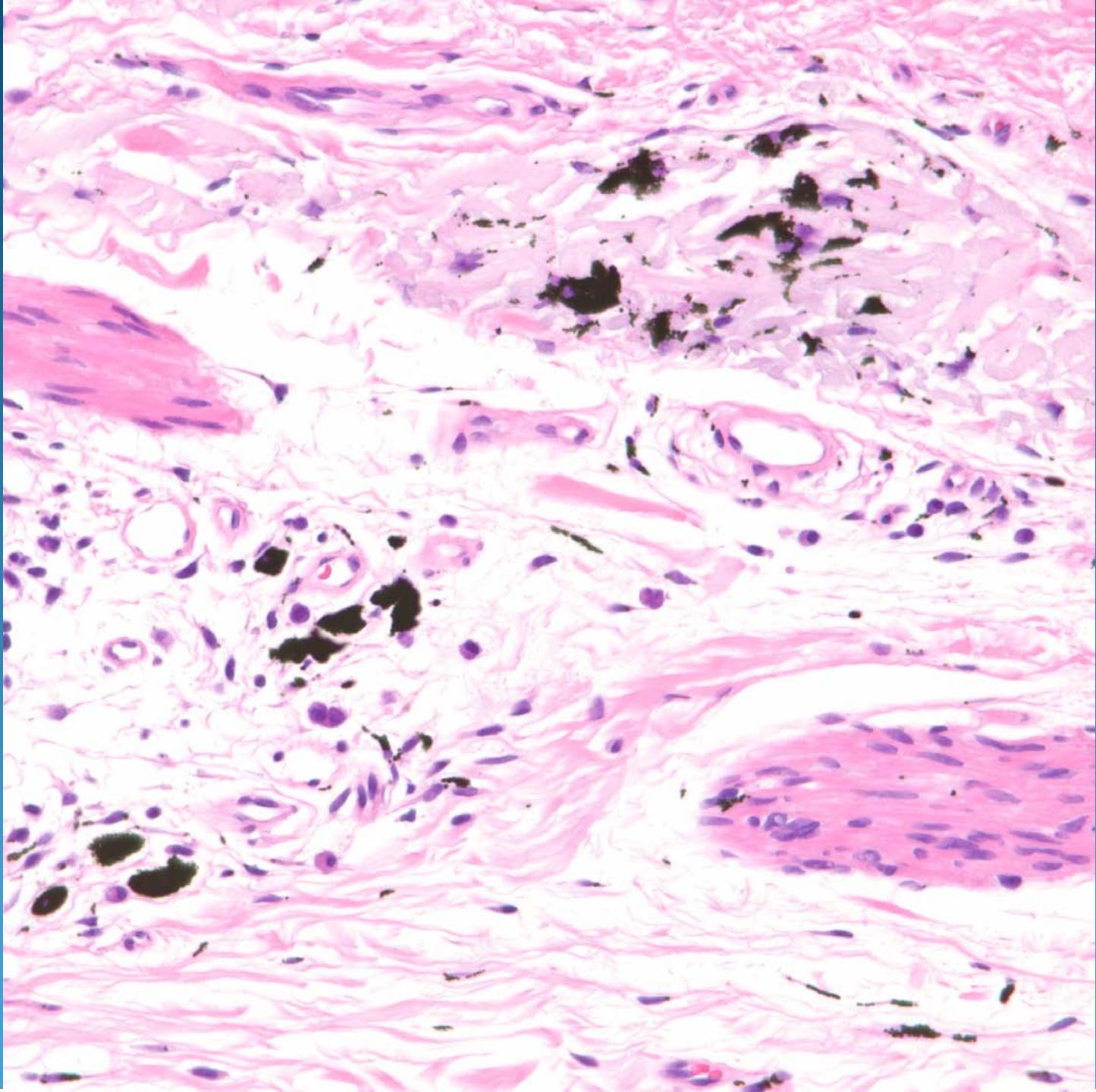
Pearls

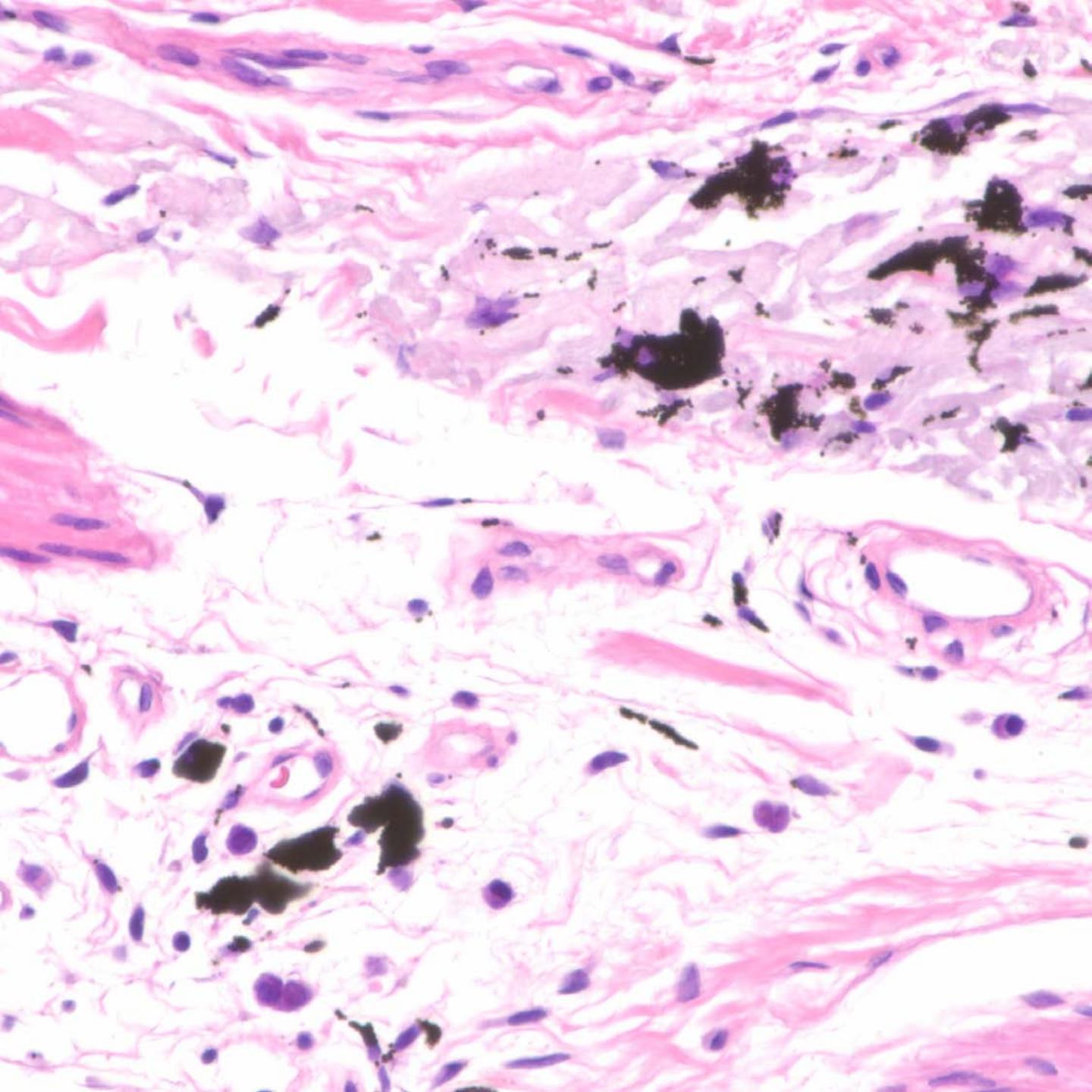


- Recognize eyelid skin (thin with vellus hairs)
- Diffuse replacement of dermis with foamy histiocytes
- Minimal chronic inflammation



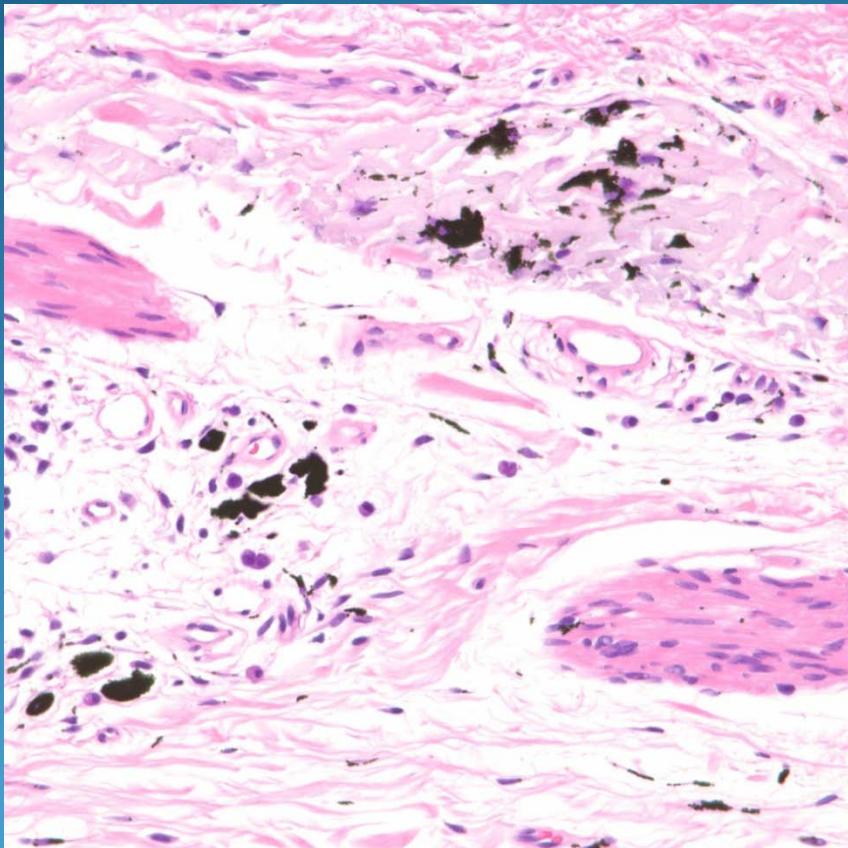




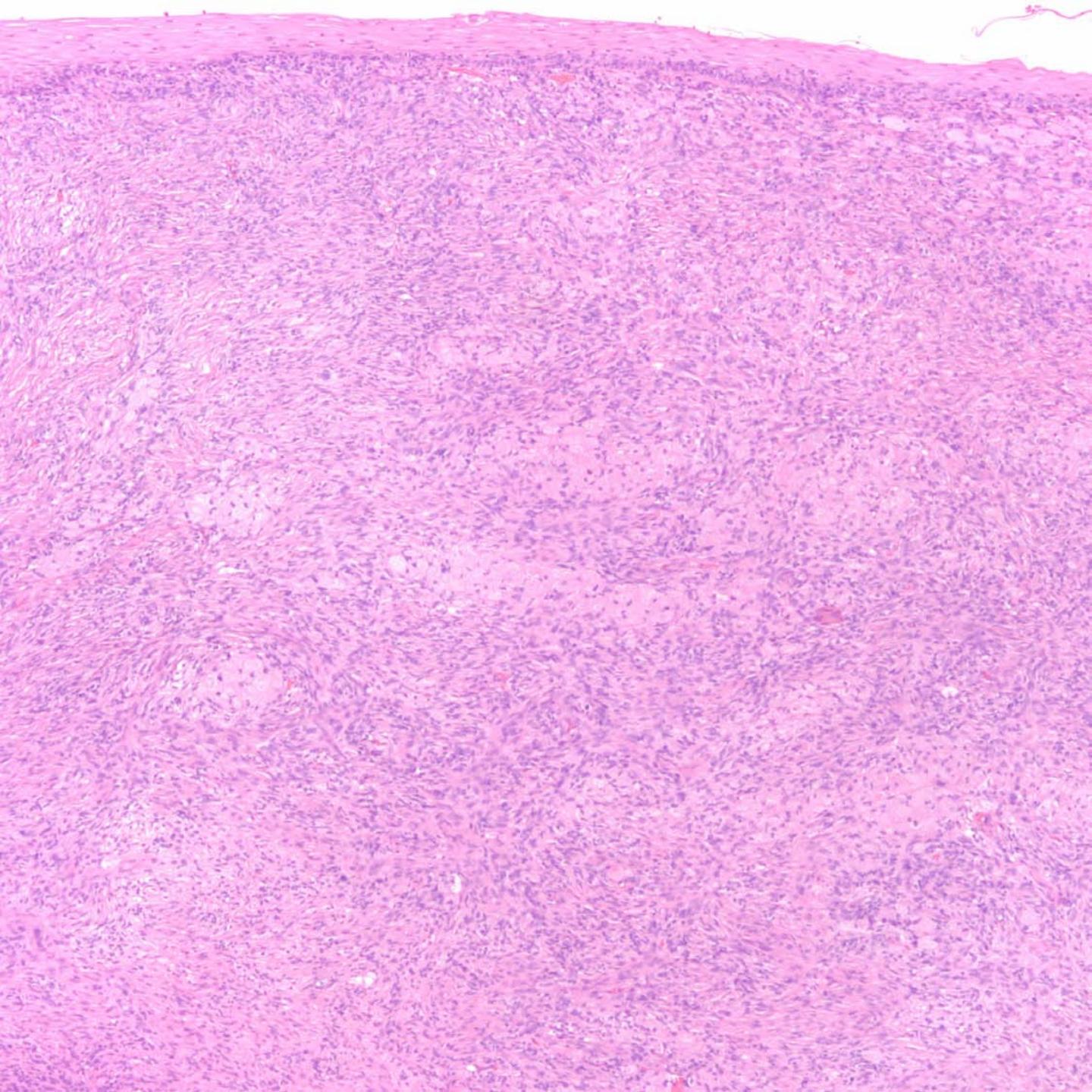


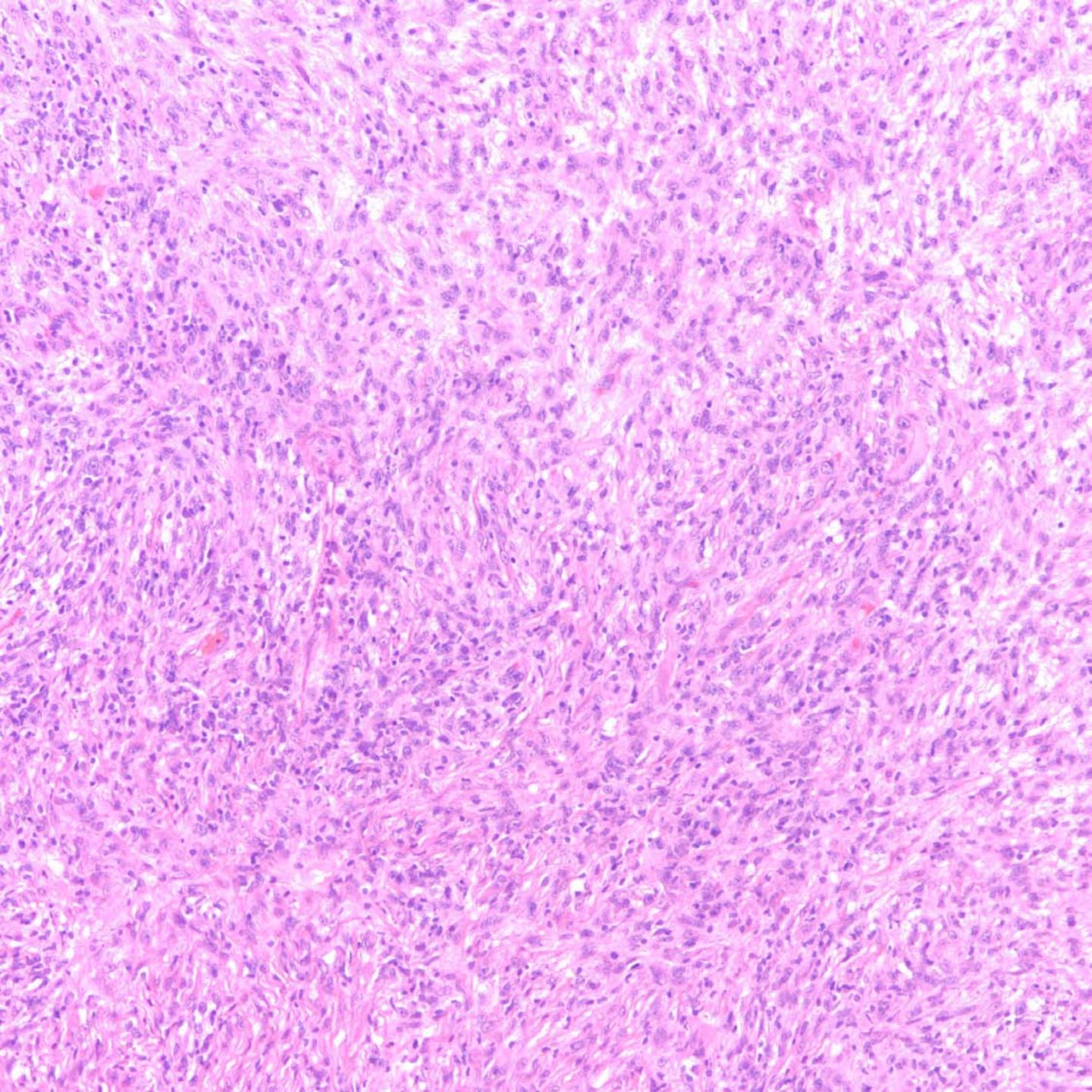
Tattoo

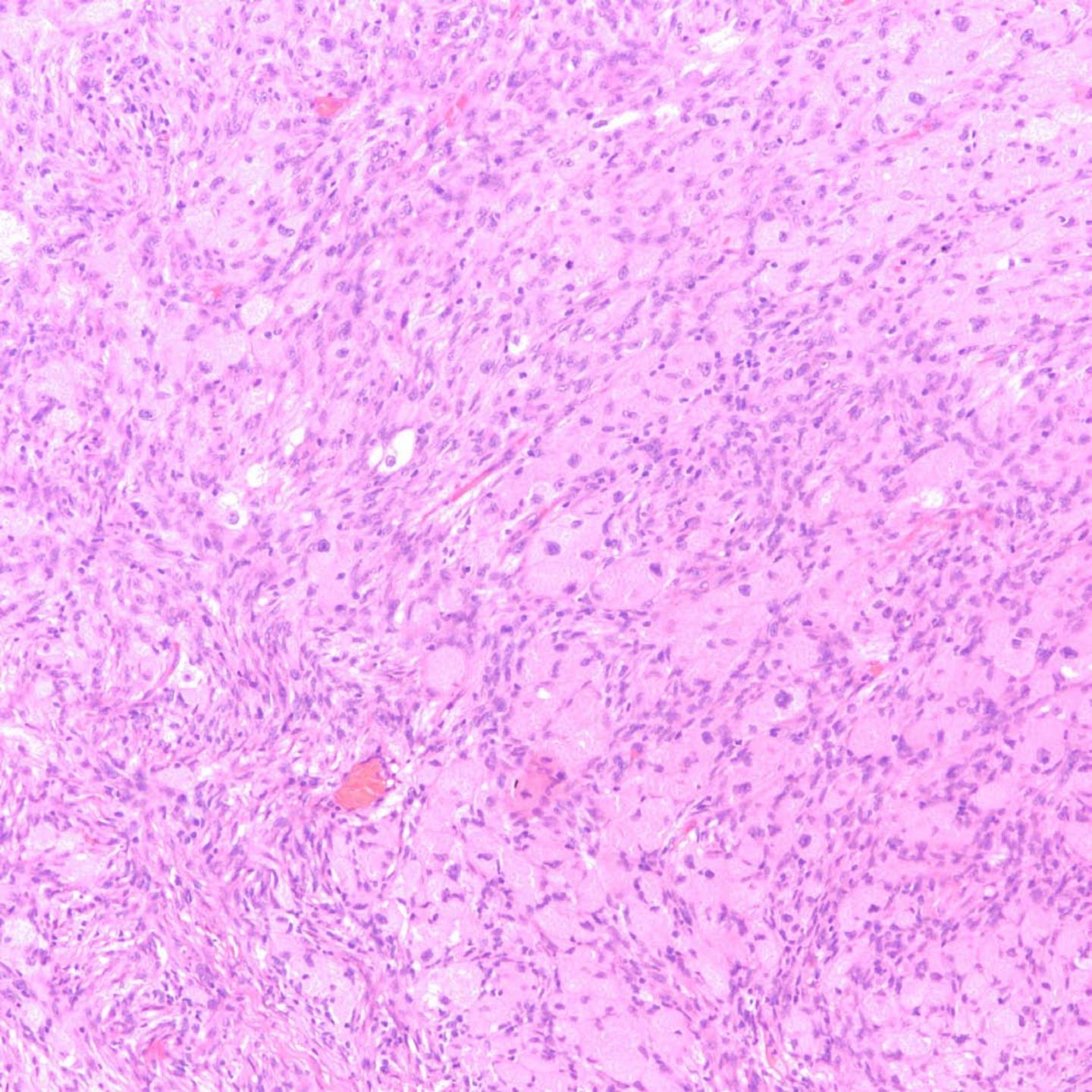
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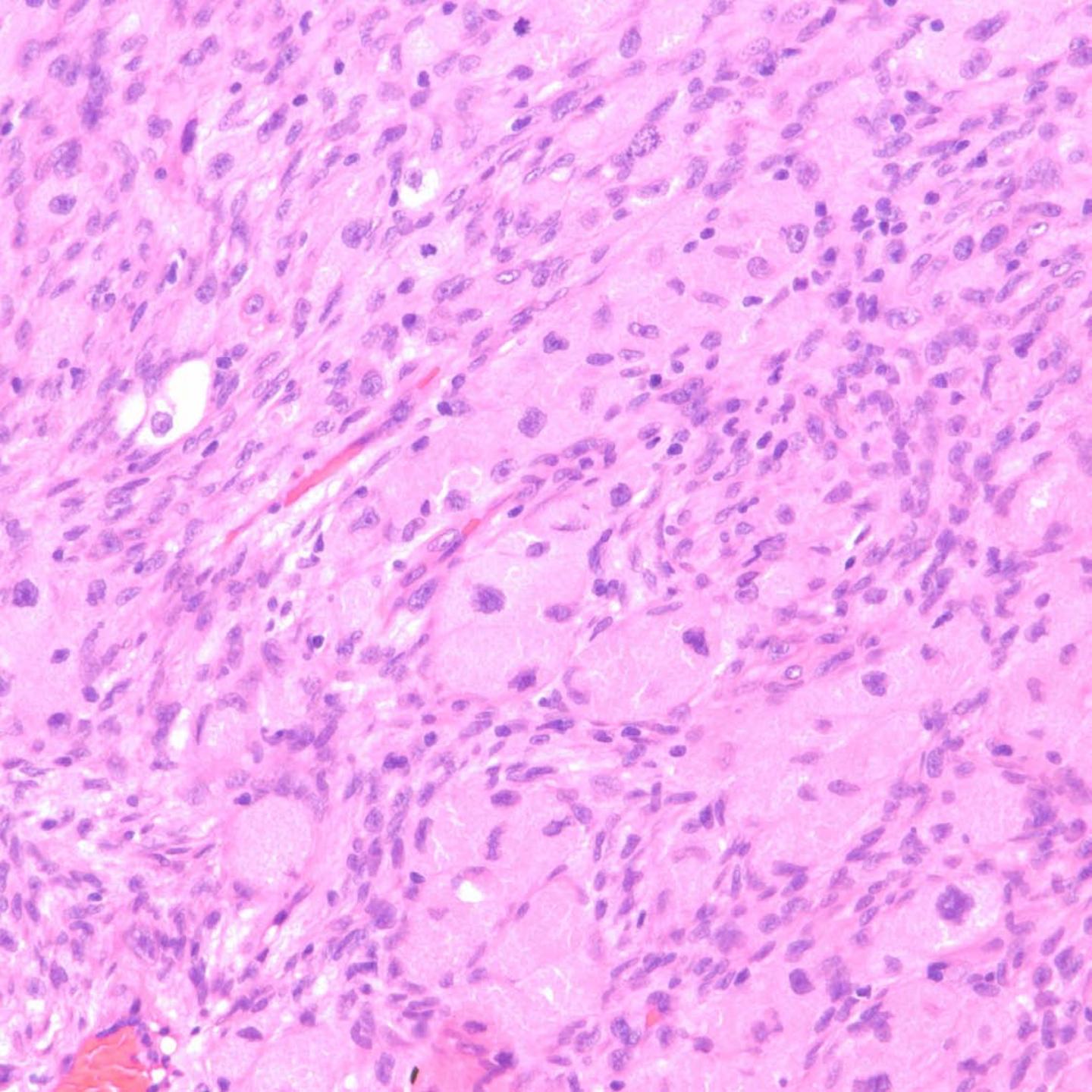


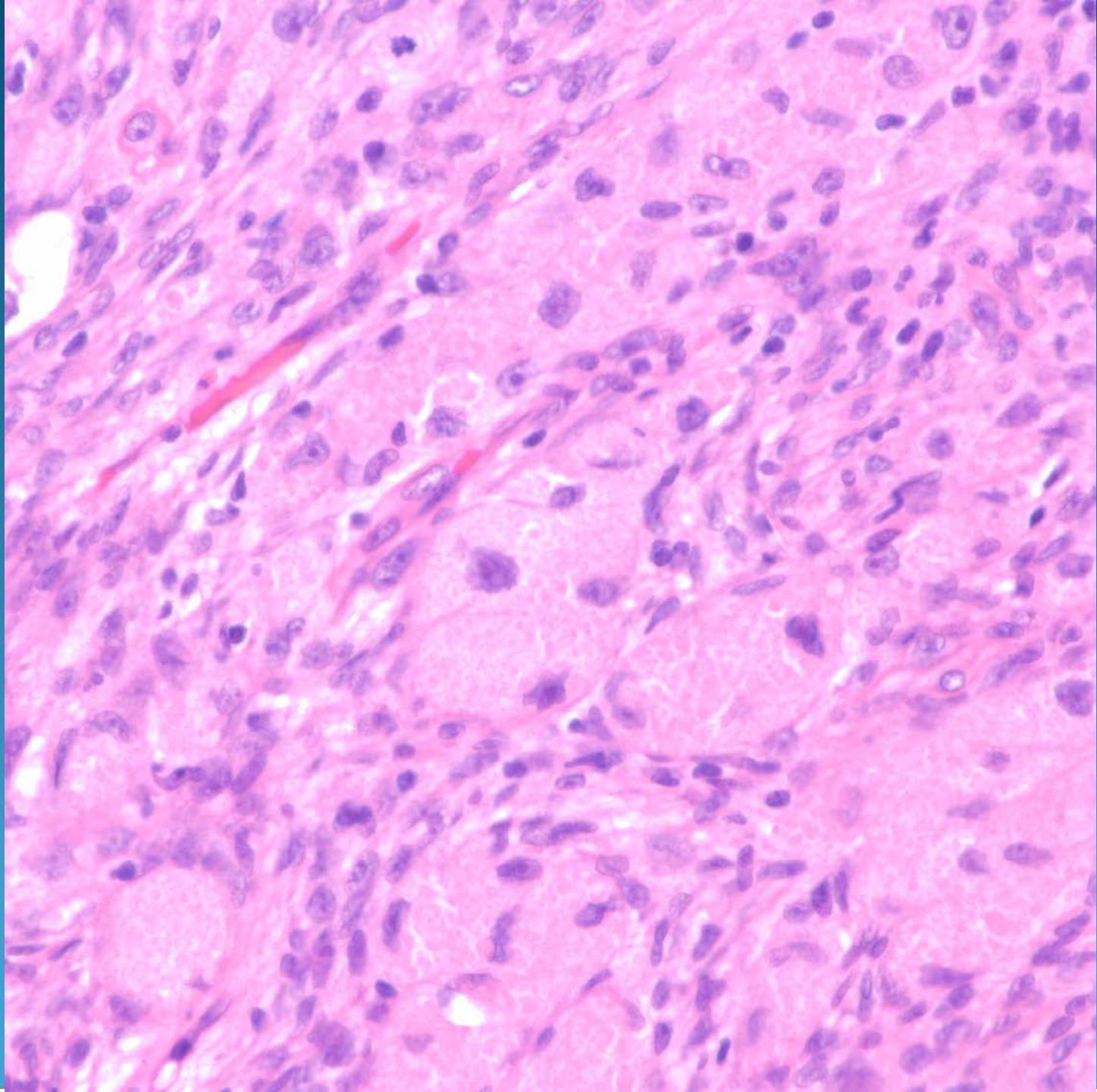
- Pigment in histiocytes and dermis
- Color dependent upon pigment utilized
- May have granulomatous reaction, including sarcoidal granulomas
- DDX: Nevus of Ota/Ito, Mongolian Spot, Blue nevus





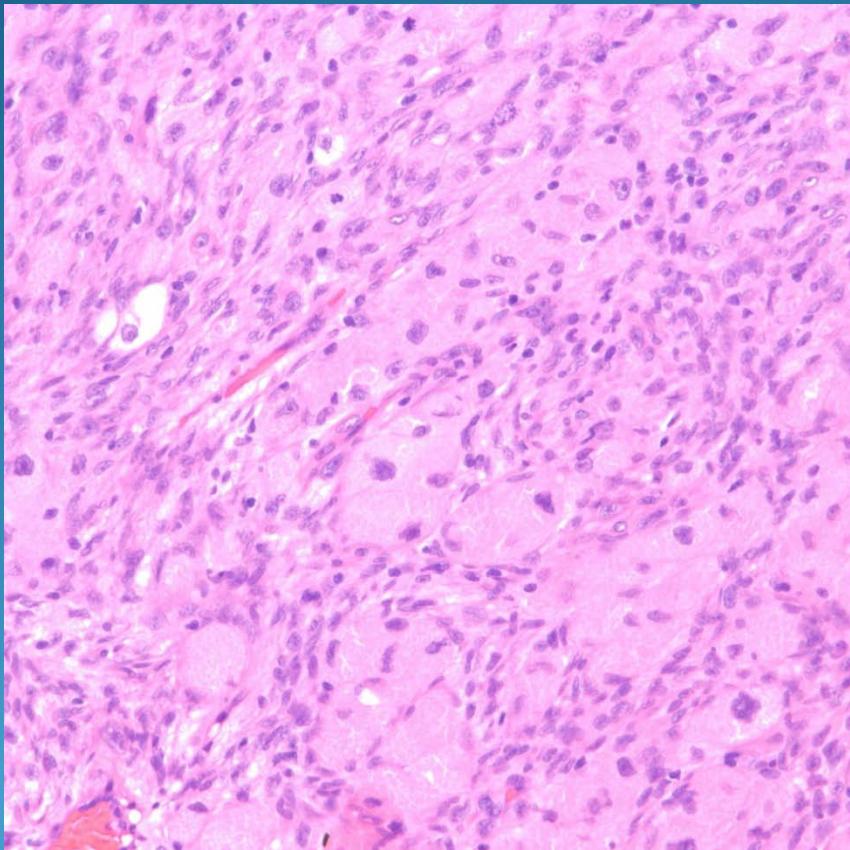






Atypical Fibroxanthoma with Granular Cell features

Pearls



- Cytologically malignant spindle cells admixed with granular cells
- Rule out granular cell changes in carcinoma, sarcoma, and melanoma
- Need IHC: p63, CK, SMA, S100, HMB45, and MelanA