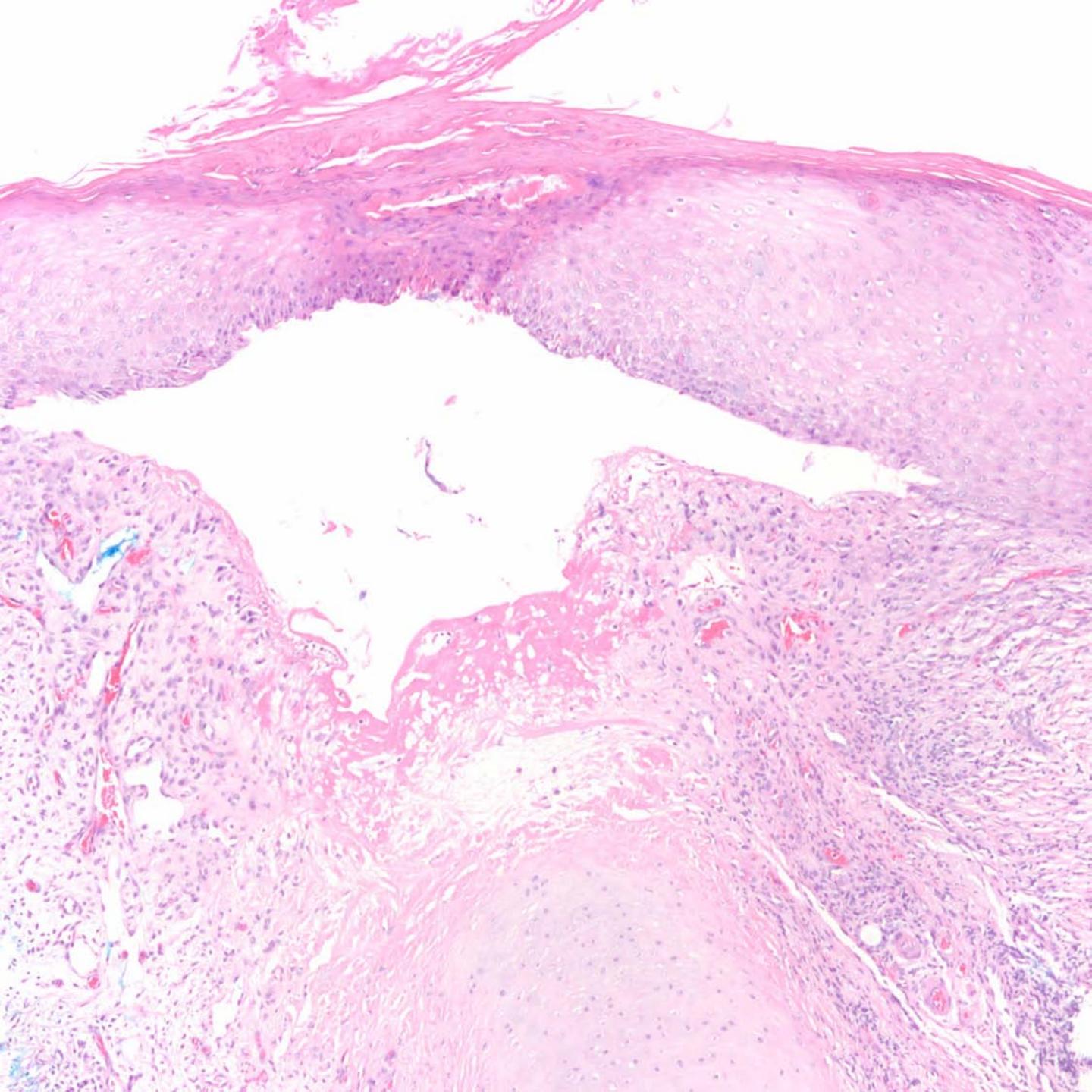
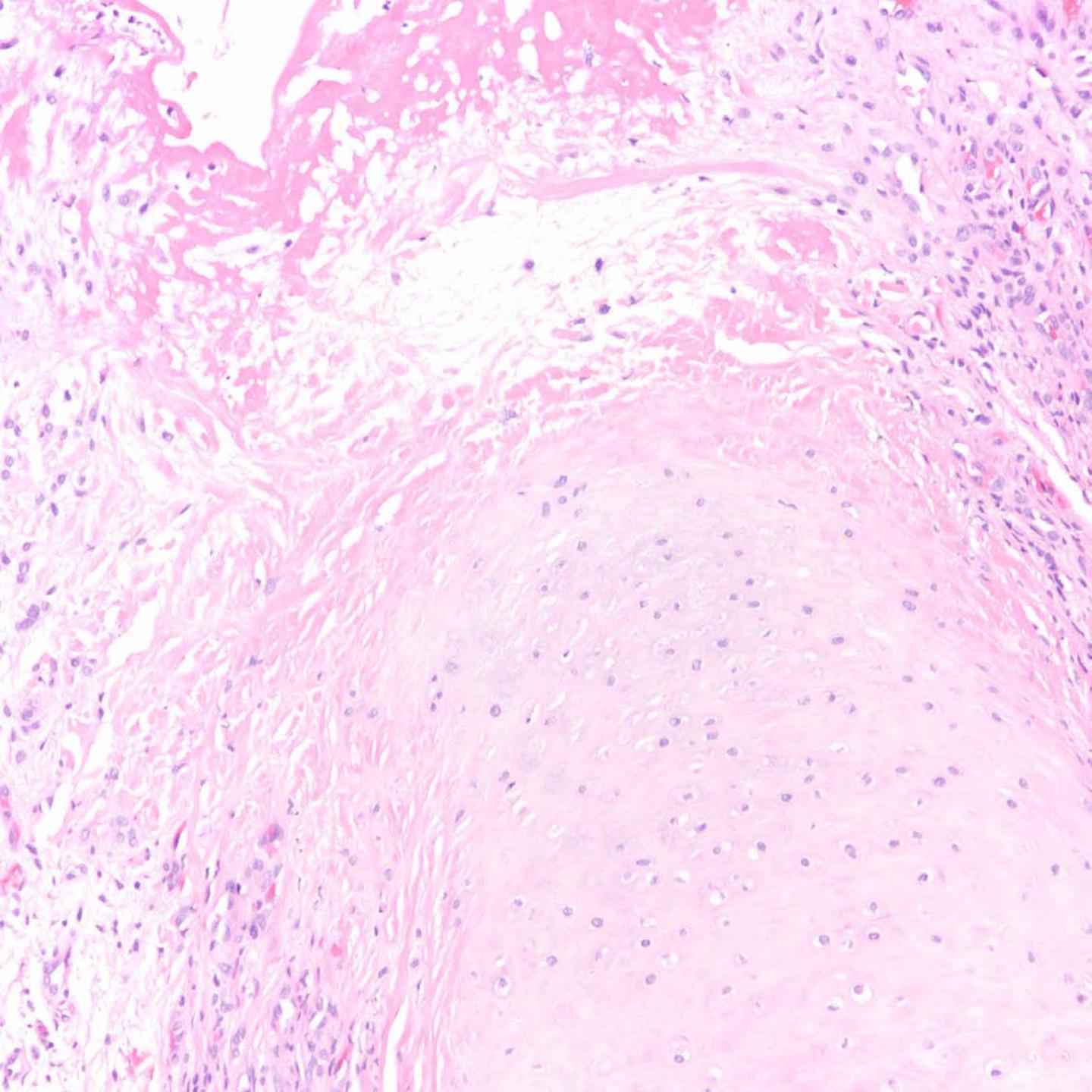


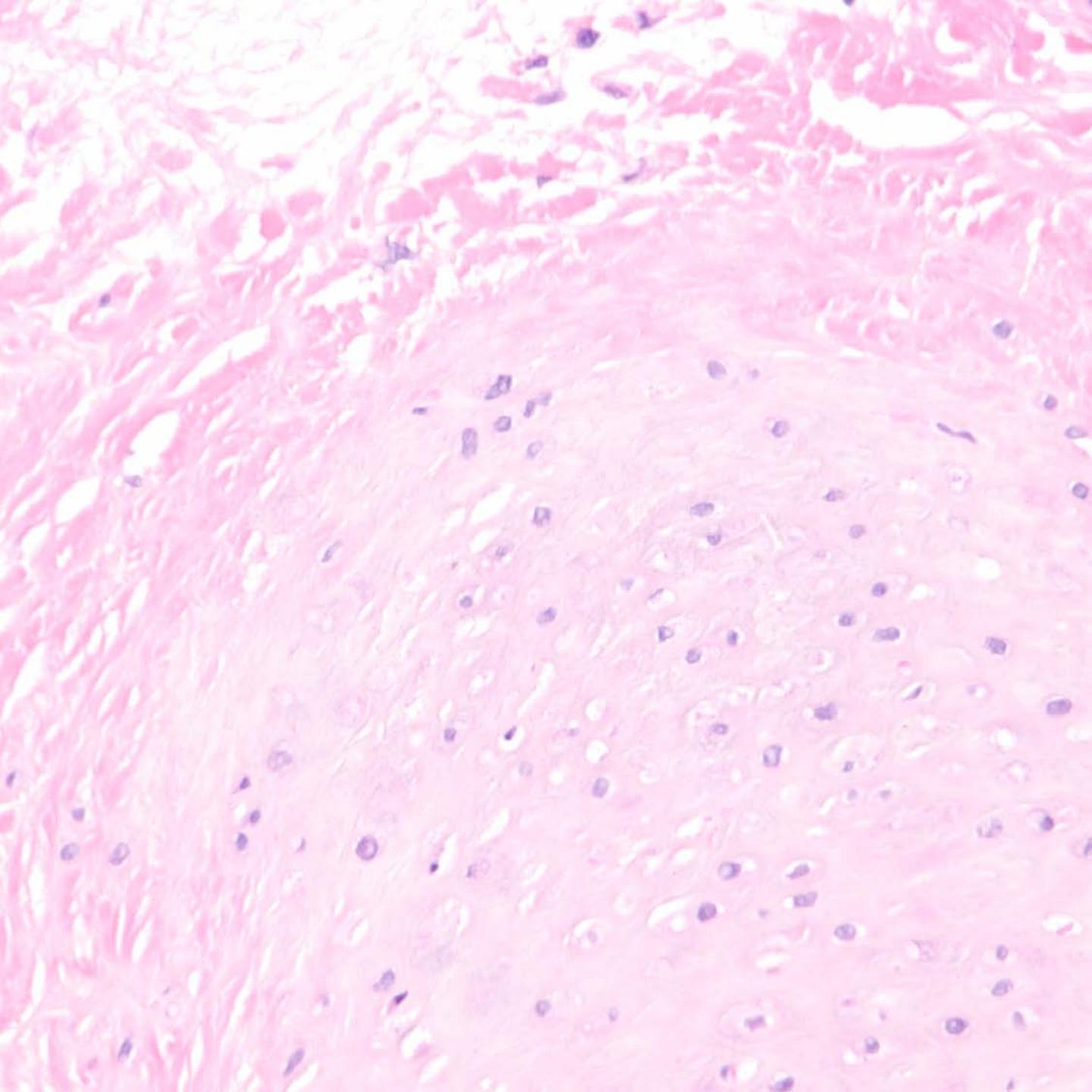
# Dermatopathology Slide Review Part 74

Paul K. Shitabata, M.D.  
Dermatopathology Institute







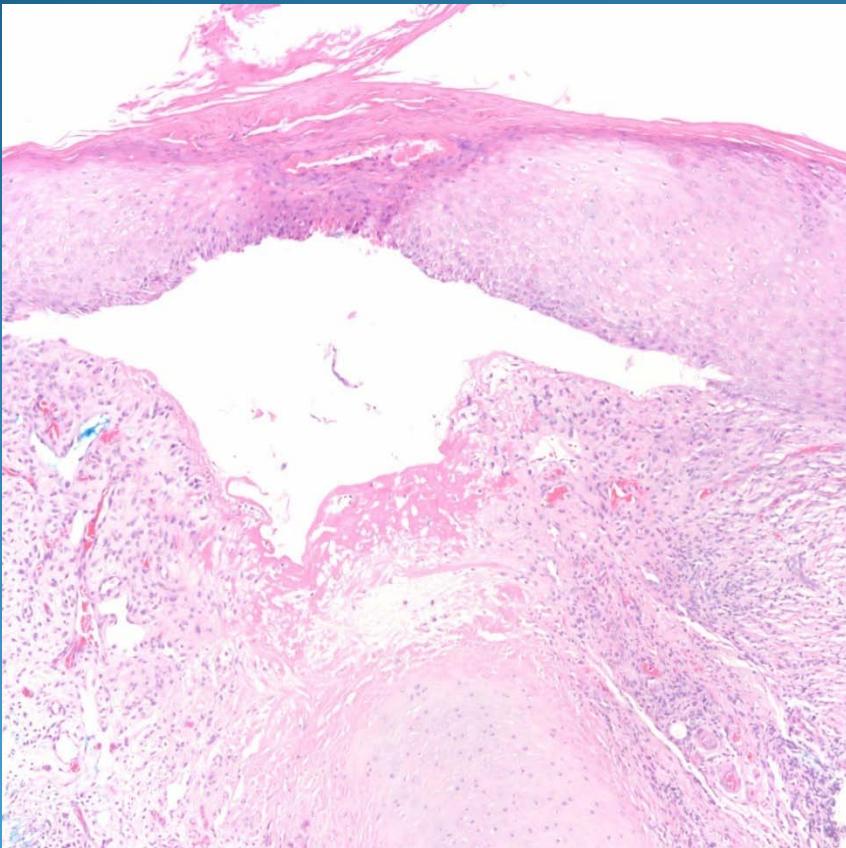


# What is the best diagnosis?

- A. Chondrosarcoma
- B. Osteoma cutis
- C. Chondrodermatitis nodularis helicis
- D. Ganglion cyst
- E. Papillary Endothelial Hyperplasia

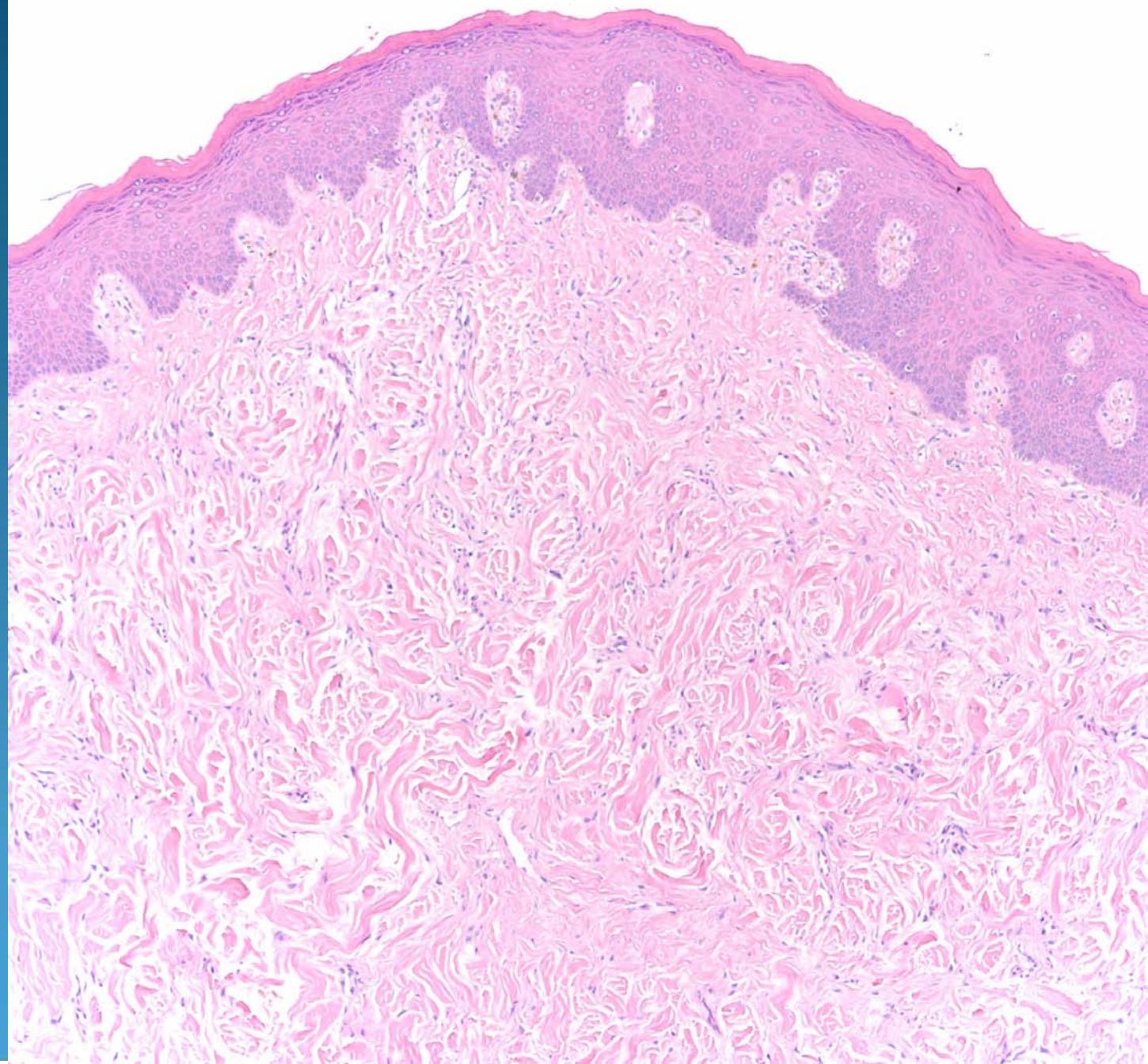
# Chondrodermatitis Nodularis Helicis

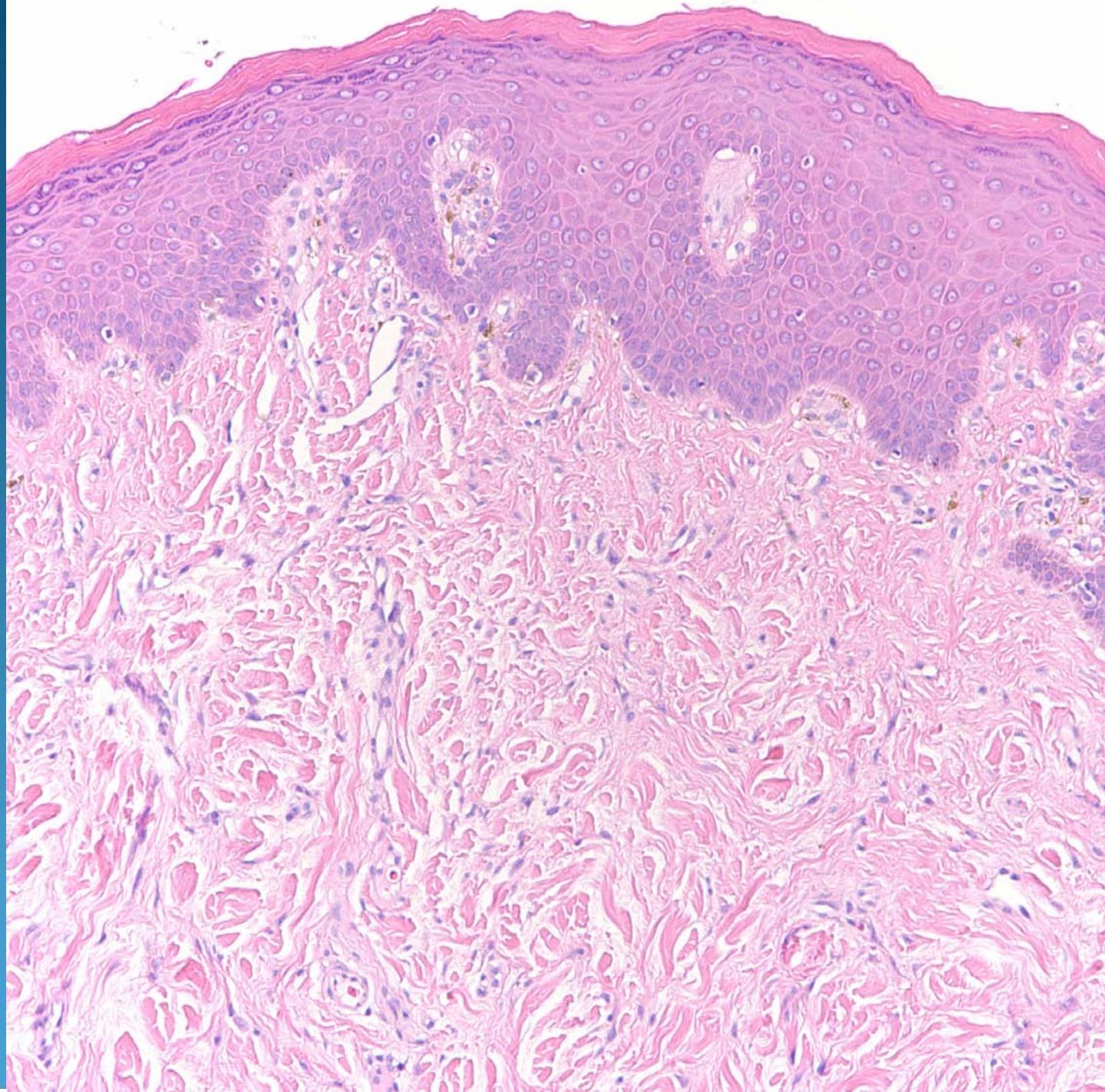
# Pearls

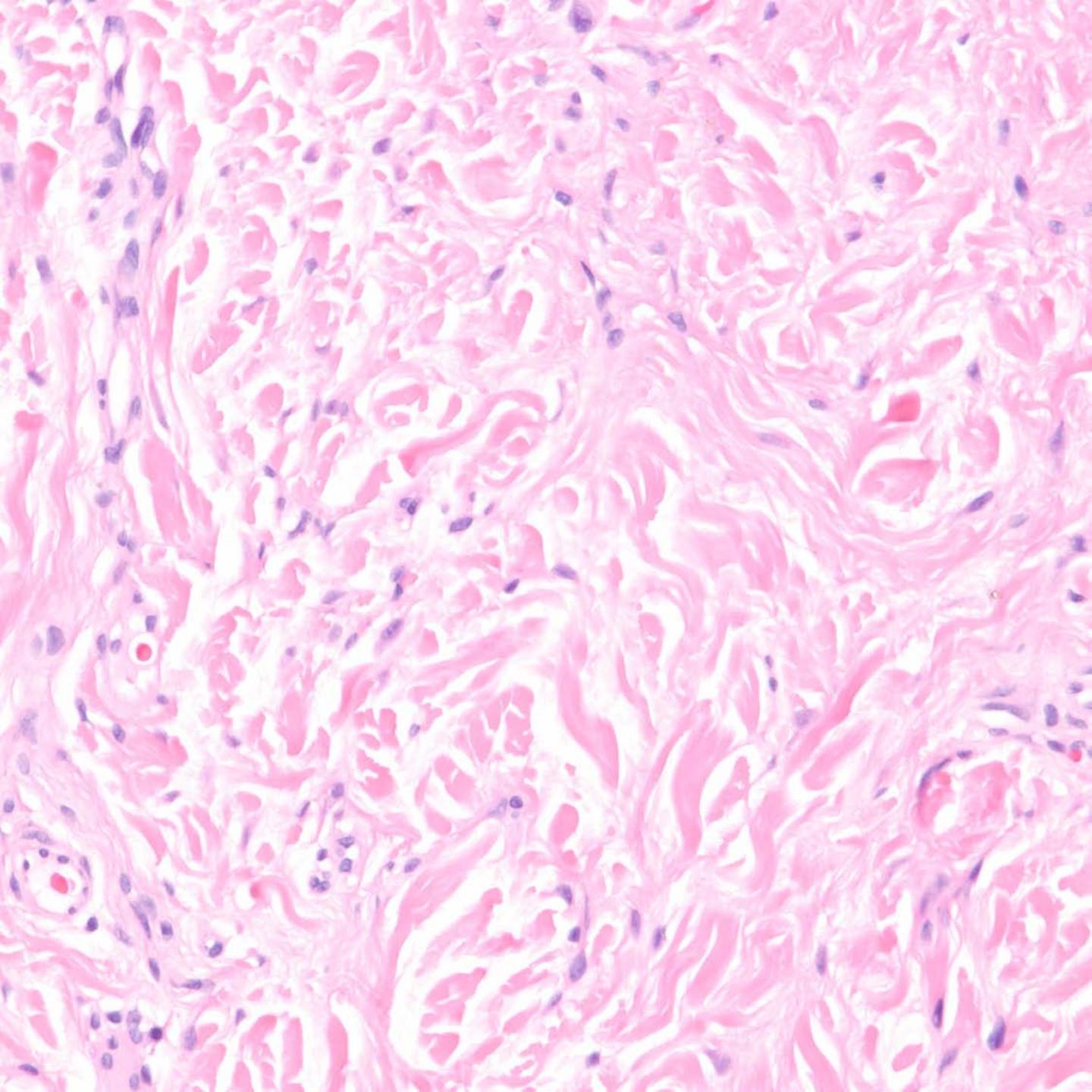


- Recognize ear location with vellus hairs and cartilage
- Variable epidermal changes +/- ulceration
- May have epidermal-dermal separation with fibrin
- May have proliferation of perichondrocytes
- Cartilage with eosinophilic degenerative changes







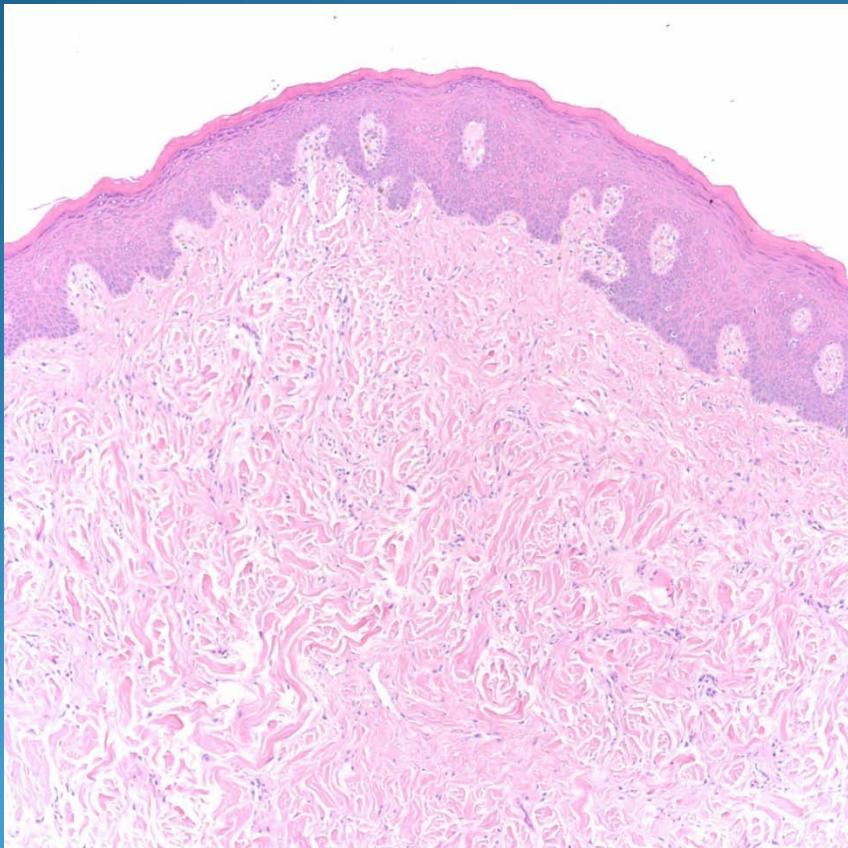


# What is the best diagnosis?

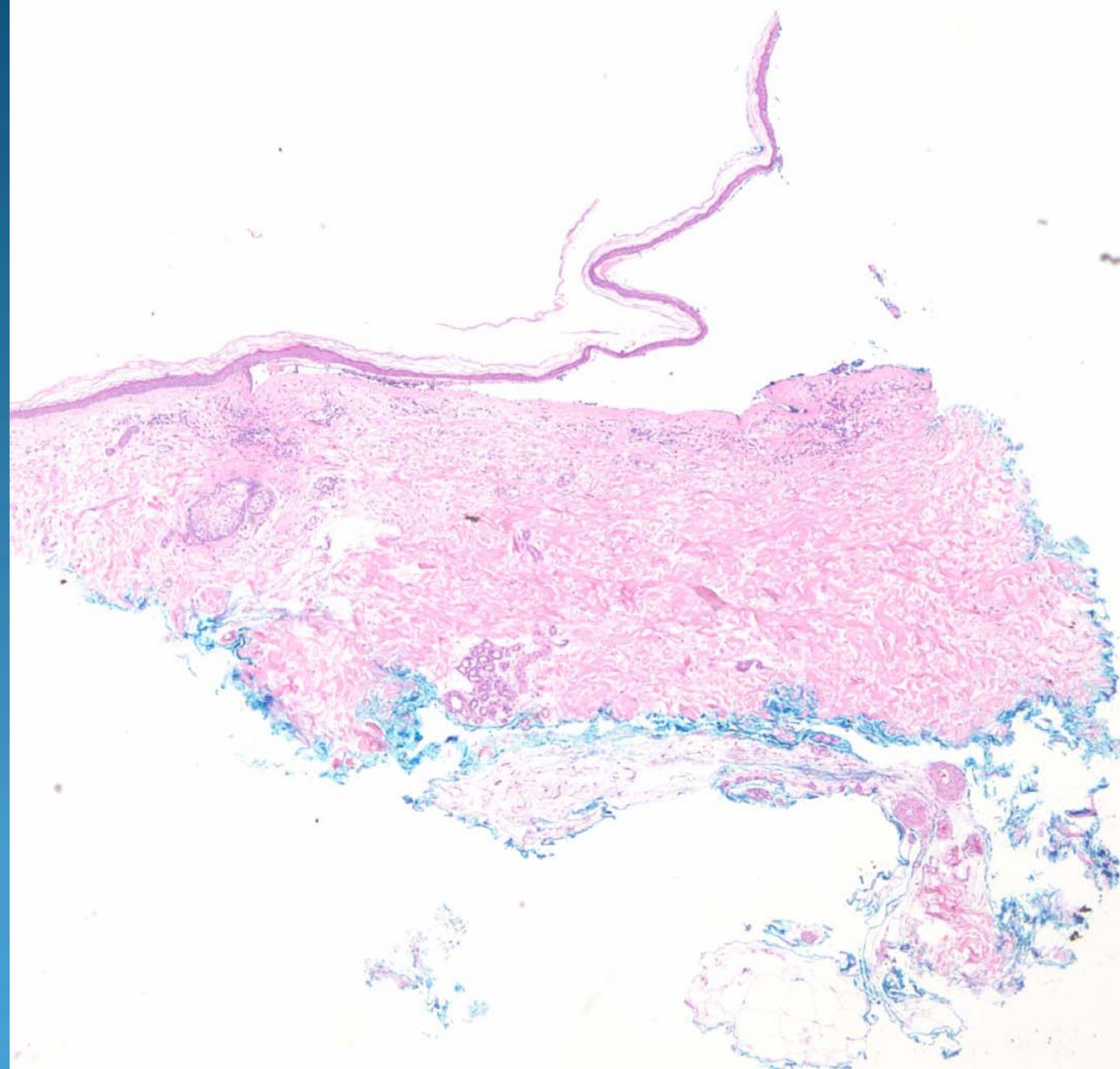
- A. Granular cell tumor
- B. Chondroid syringoma
- C. Mucosal lentigo (Melanotic macule)
- D. Submucosal fibroma
- E. Dermatofibroma

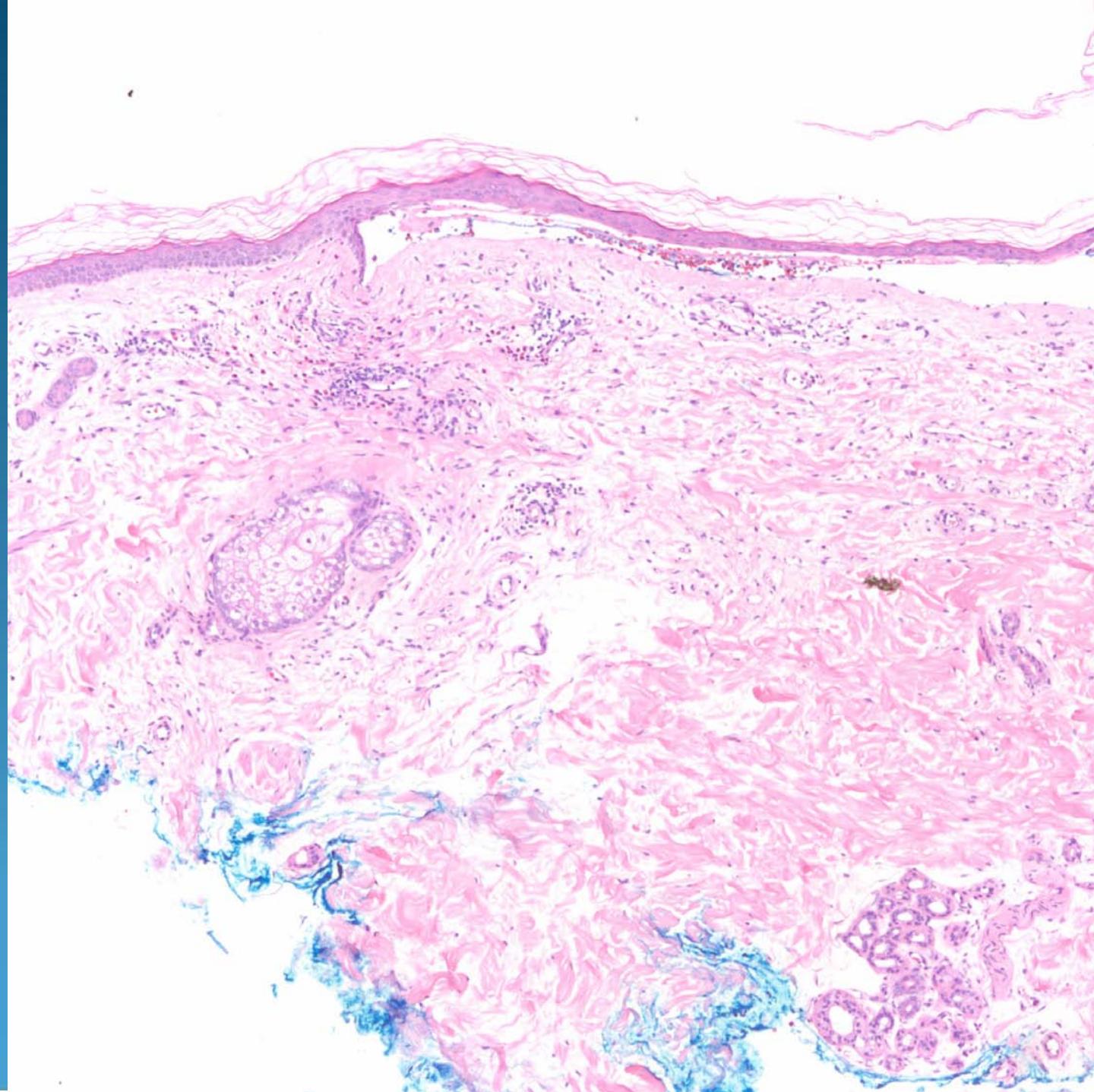
# Submucosal Fibroma of the Oral Cavity

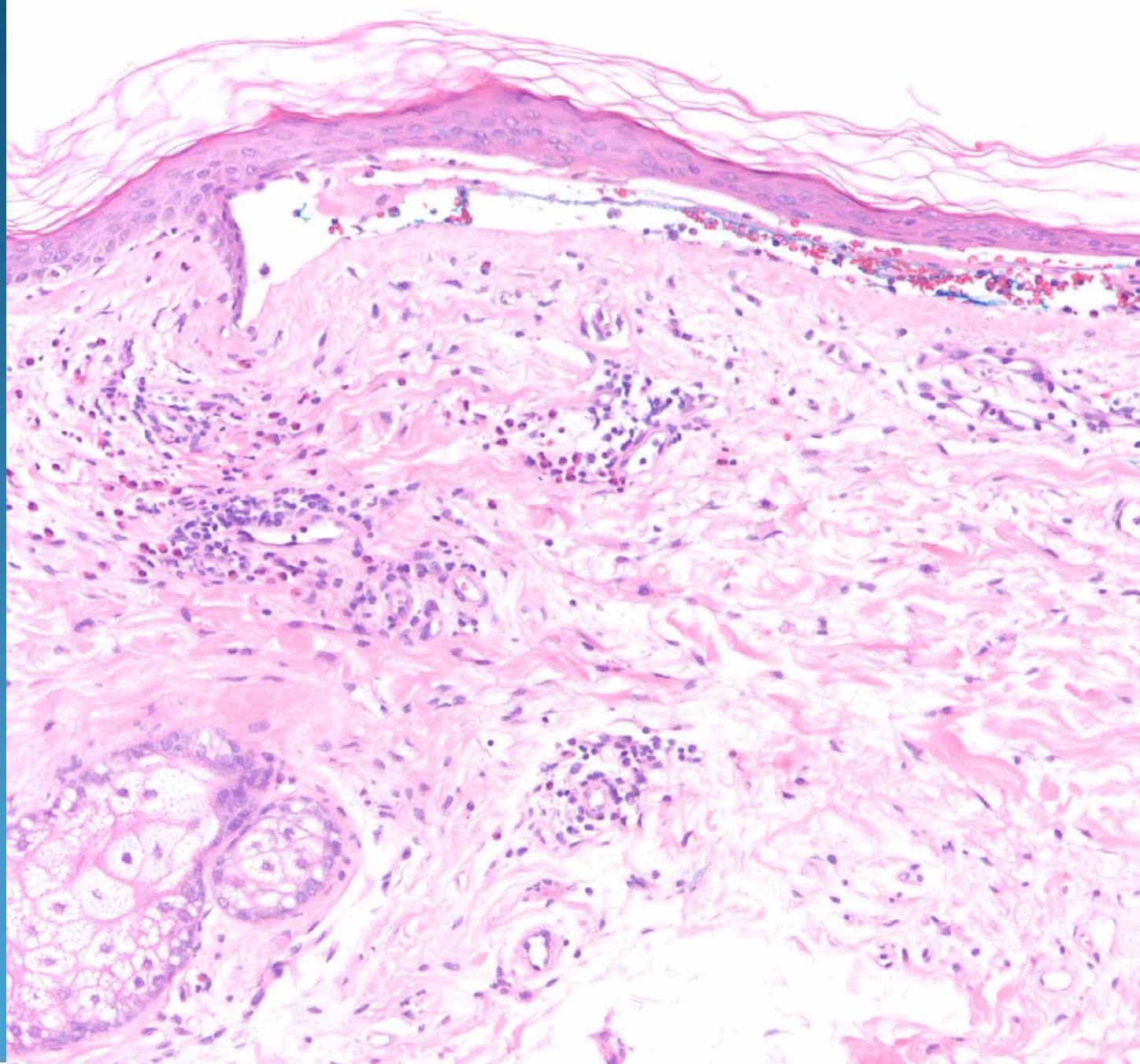
# Pearls

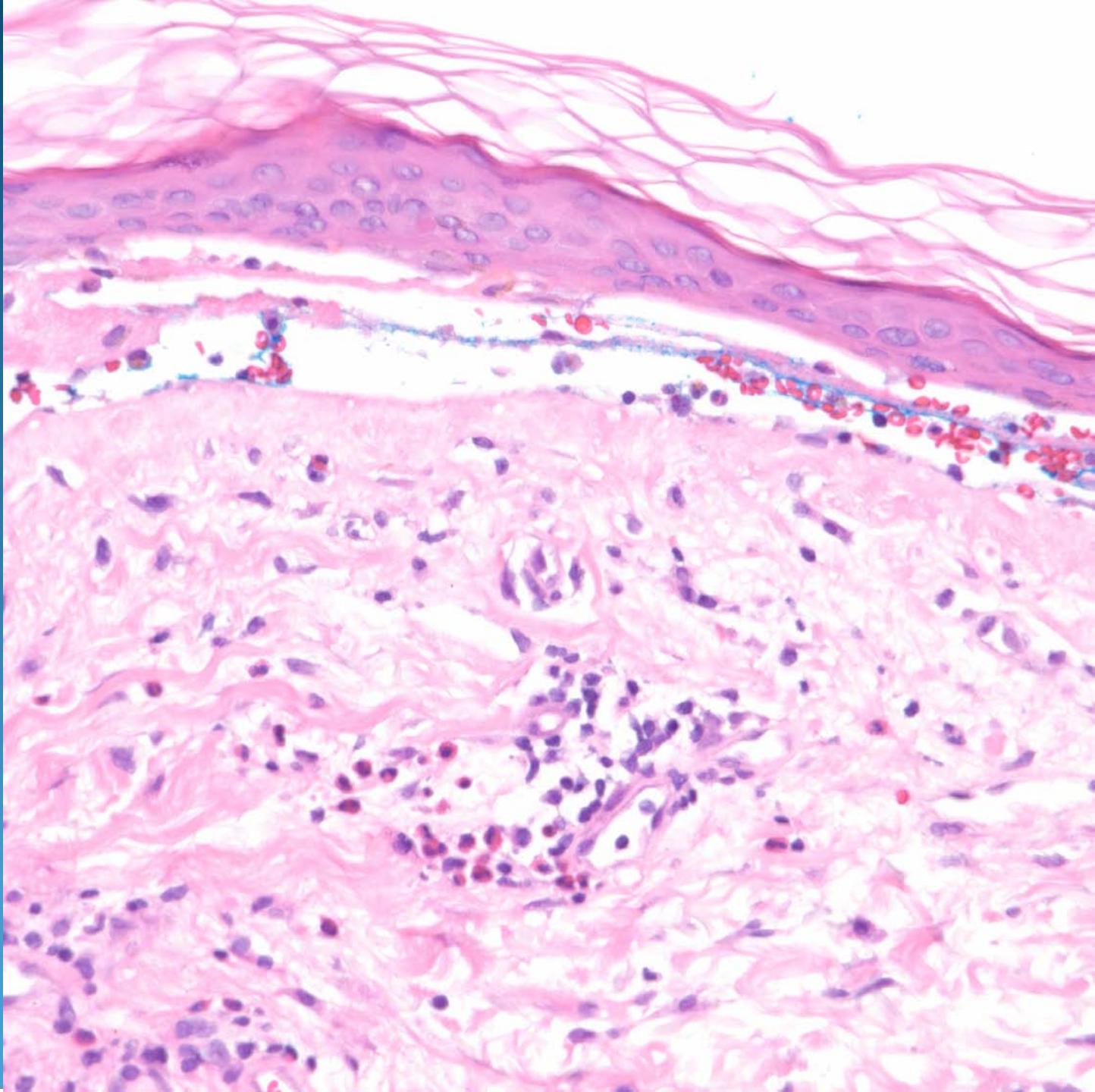


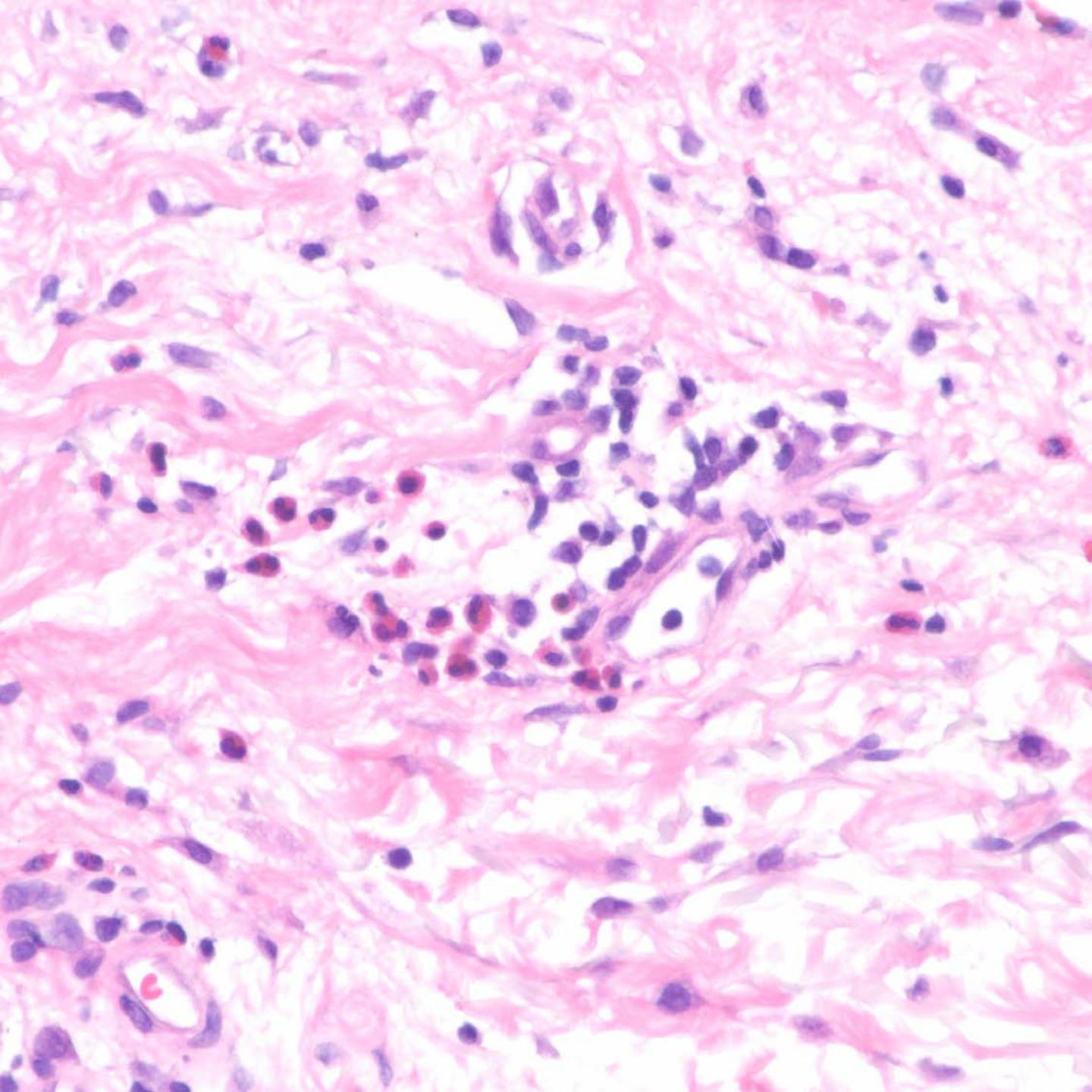
- Recognize non-keratinizing oral mucosa
- Dome shaped nodule
- Variable mucosal thickness
- Proliferation of bland fibroblasts within submucosa
- DDX: Hypopigmented blue nevus









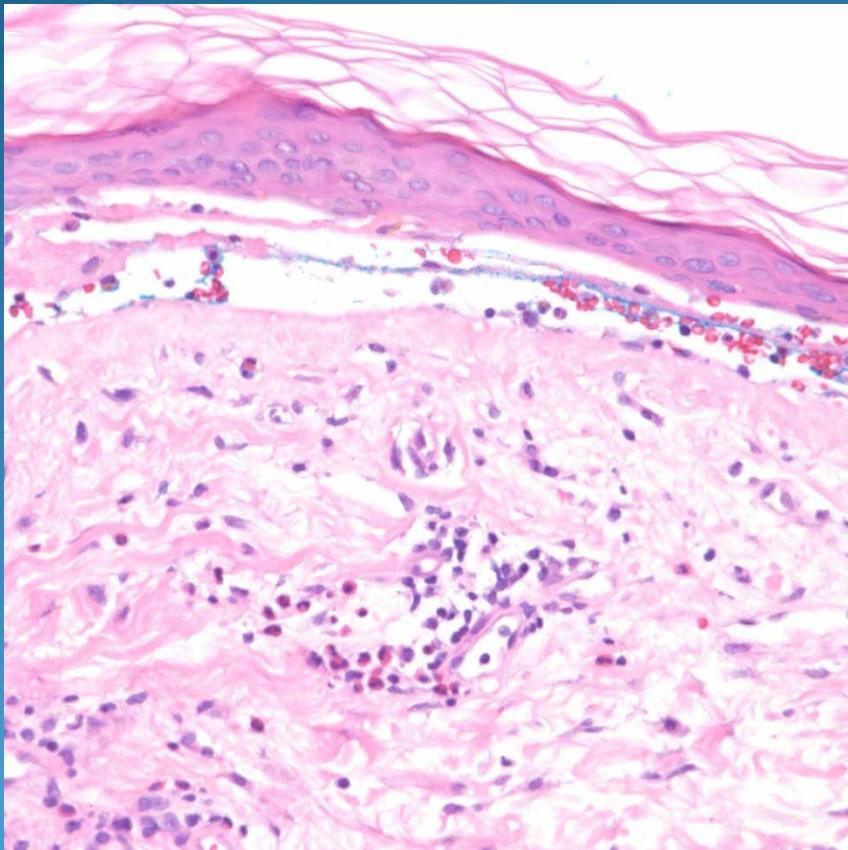


# What is the best diagnosis?

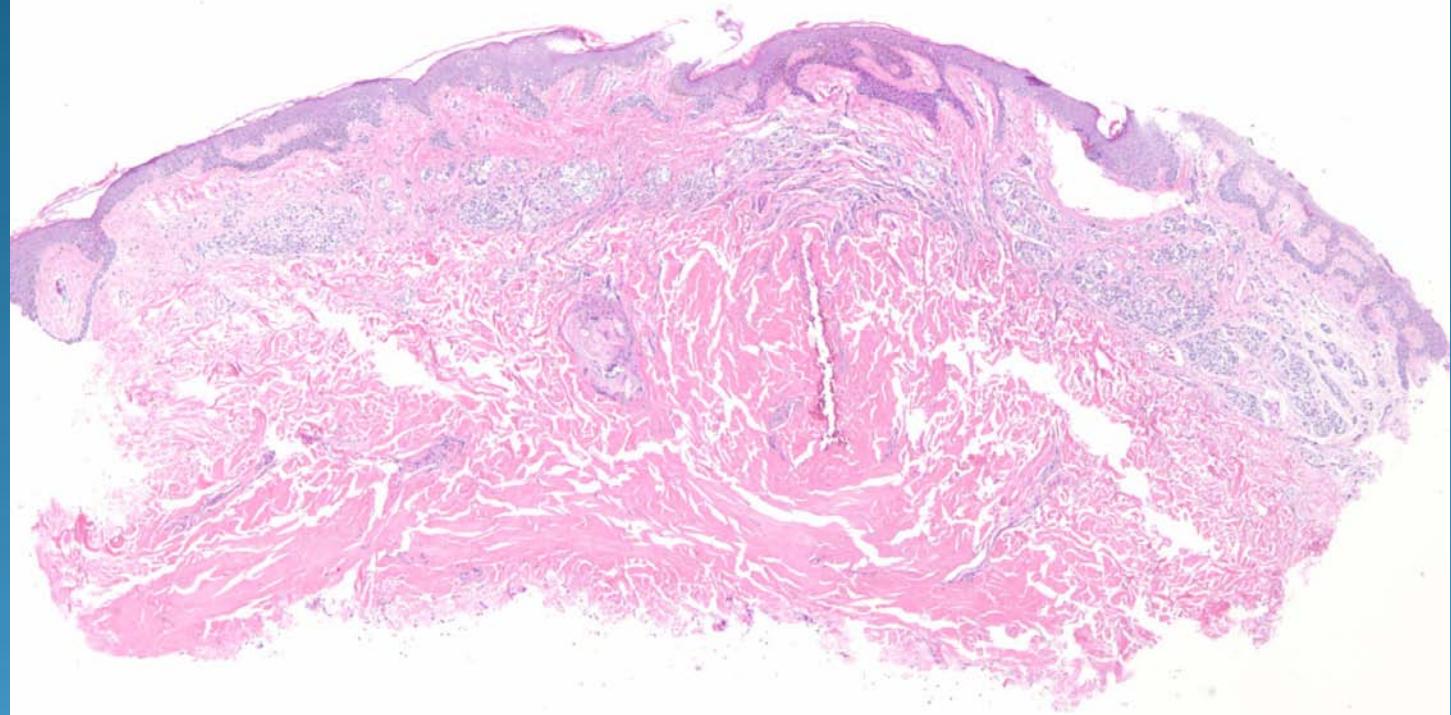
- A. Dermatitis herpetiformis
- B. Epidermolysis bullosa
- C. Bullous pemphigoid
- D. Pemphigus vulgaris
- E. Bullous lupus erythematosus

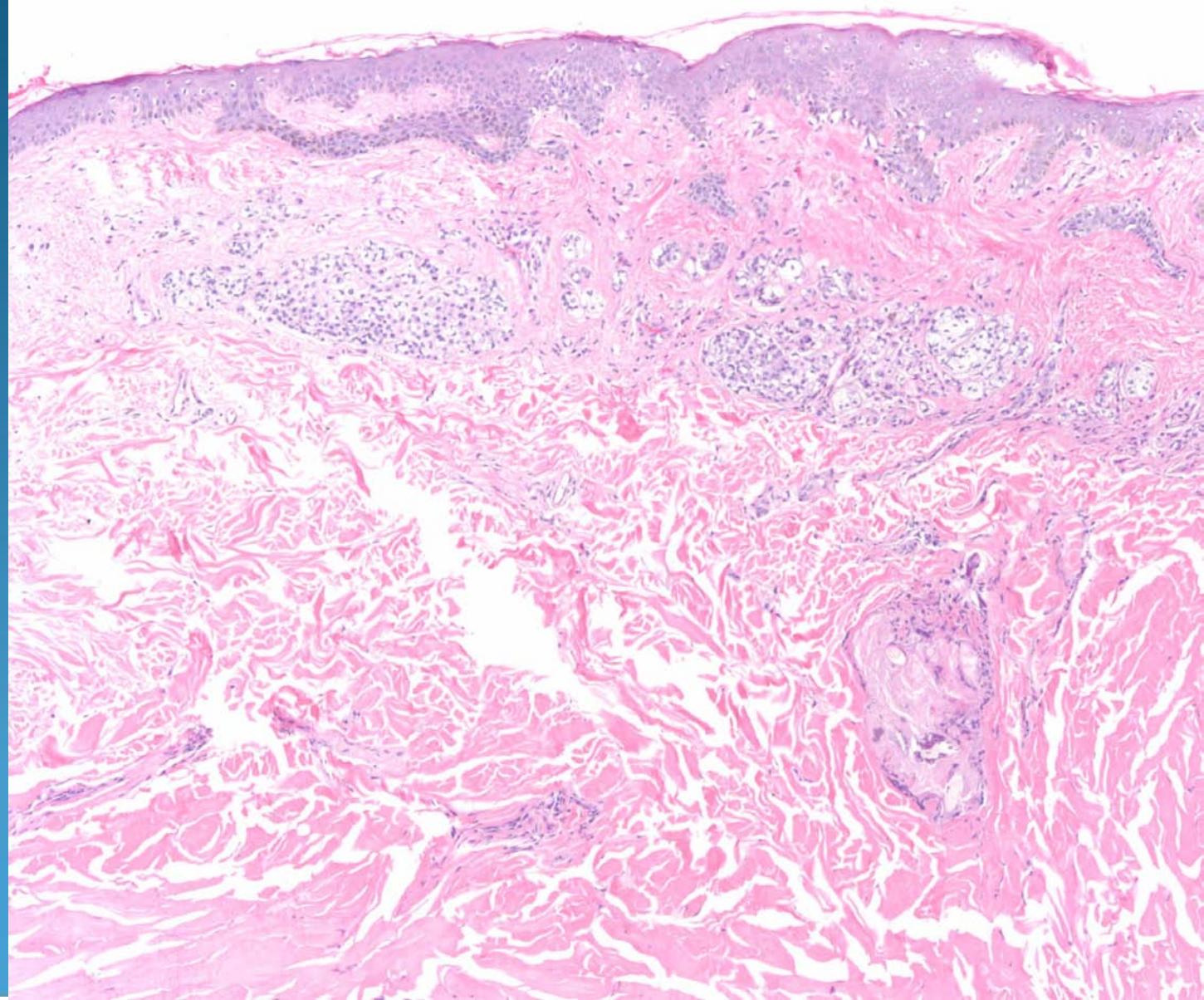
# Bullous Pemphigoid

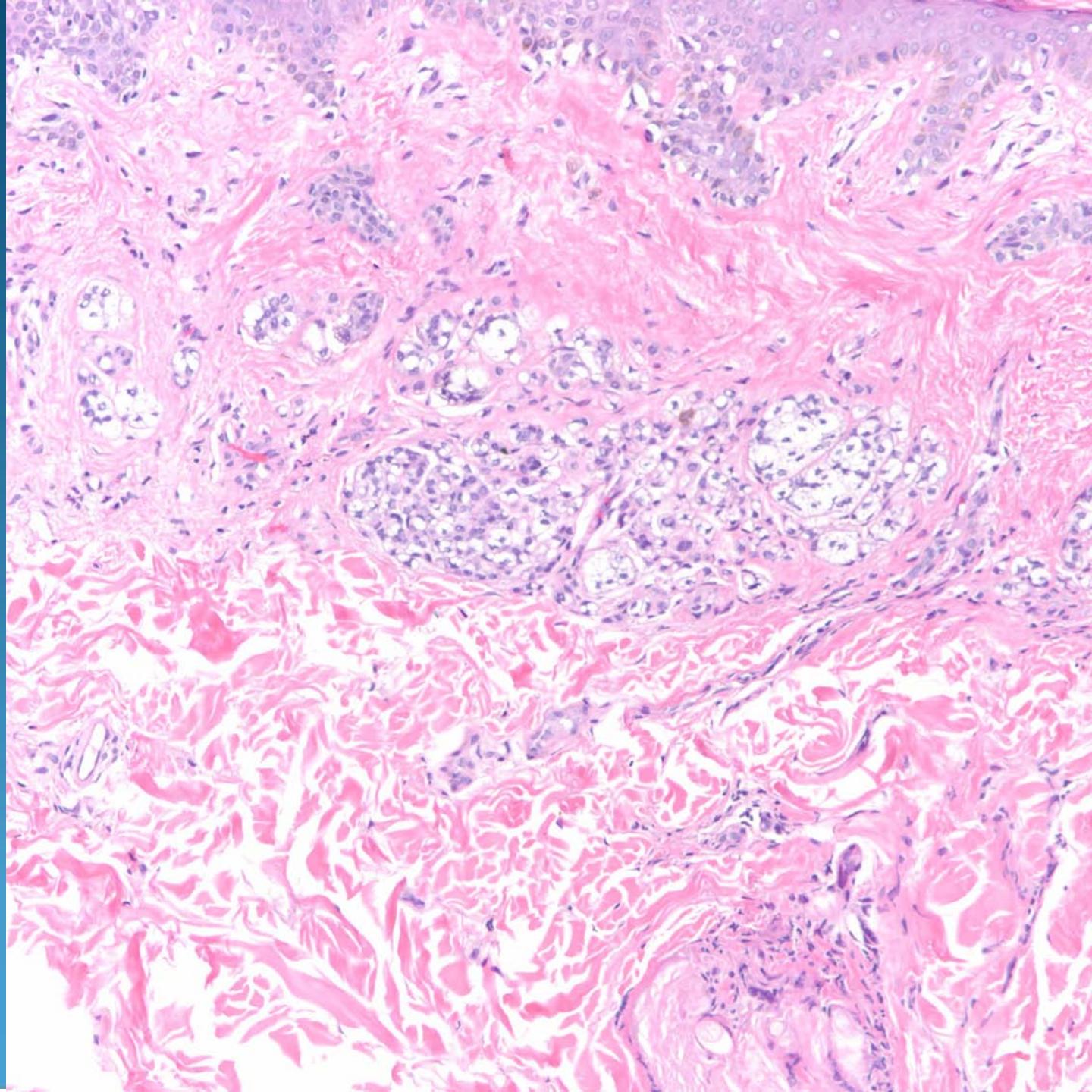
# Pearls

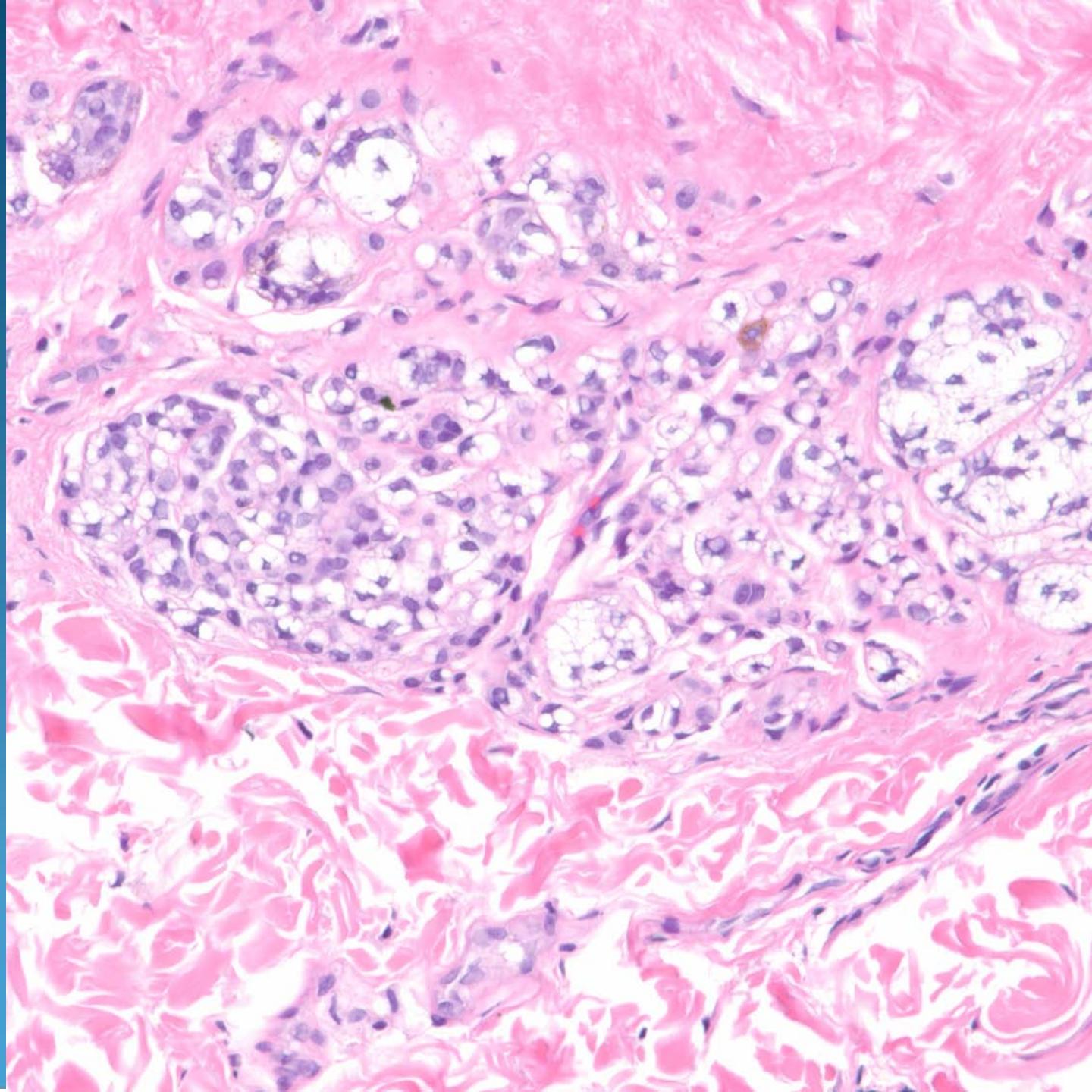


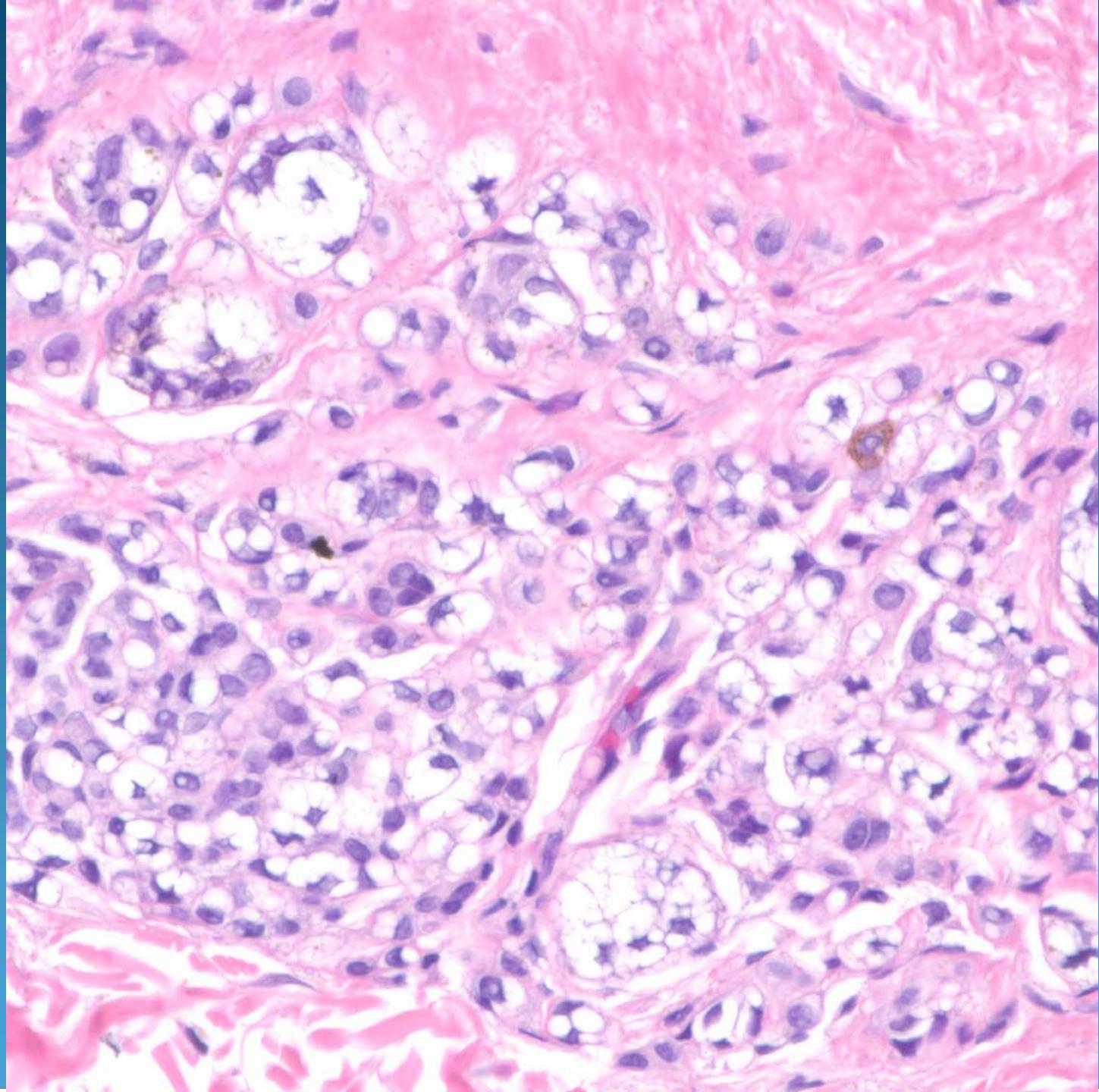
- Subepidermal bullae without acantholysis
- Variable eosinophilic infiltrate>neutrophils
- May have re-epithelialization of dermis mimicking an intraepidermal bullae
- May need to confirm with DIF
- DDX: Bullous hypersensitivity rxn









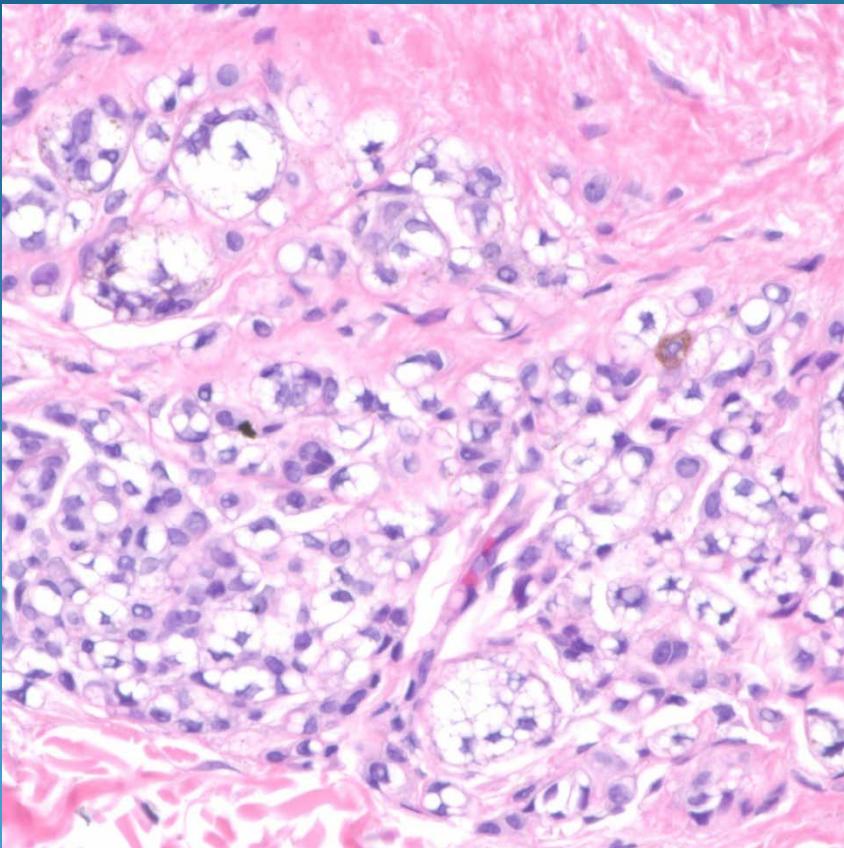


# What is the best diagnosis?

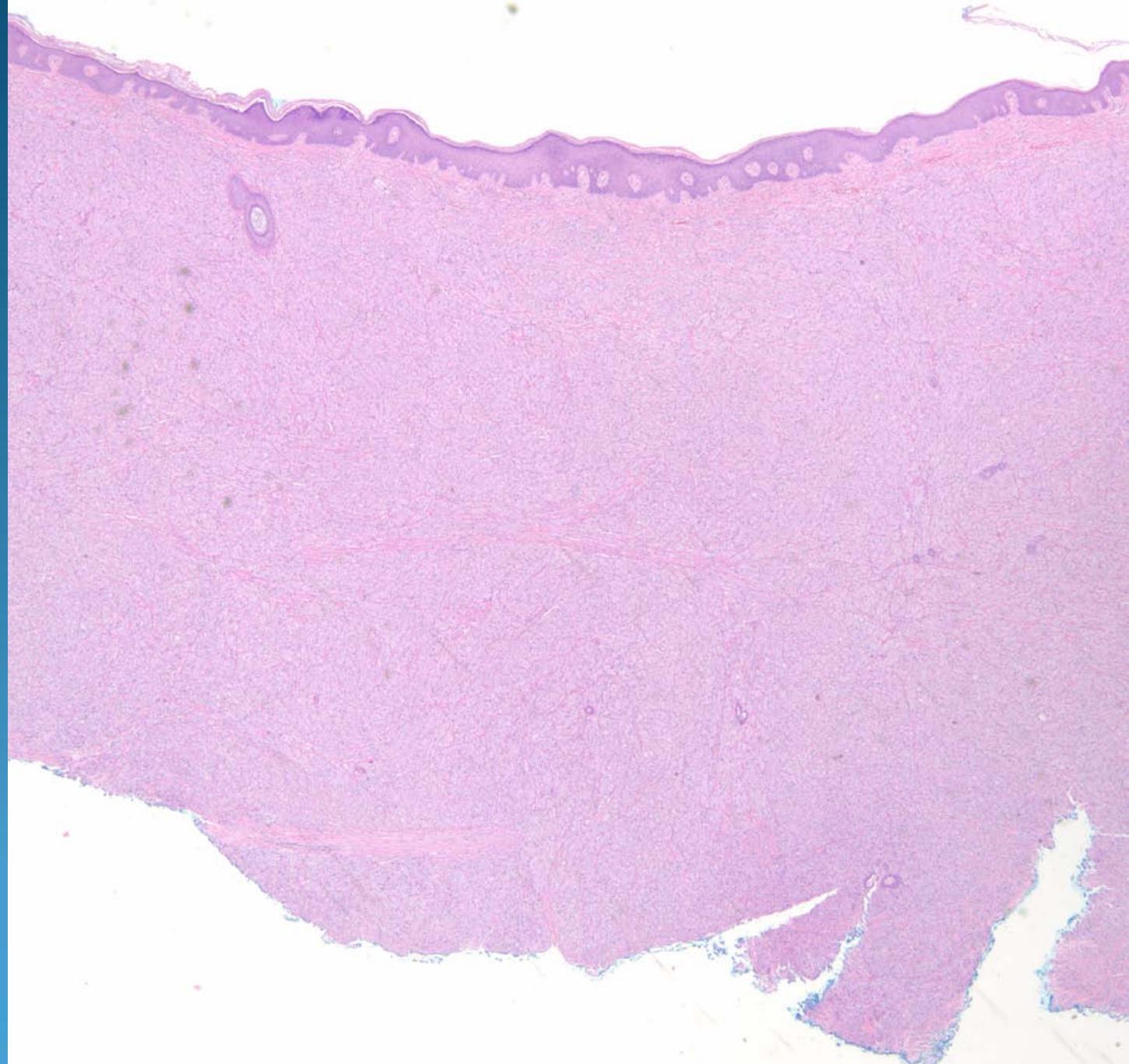
- A. Sebaceous adenoma
- B. Granular cell tumor
- C. Glomus tumor
- D. Halo nevus
- E. Eccrine spiradenoma

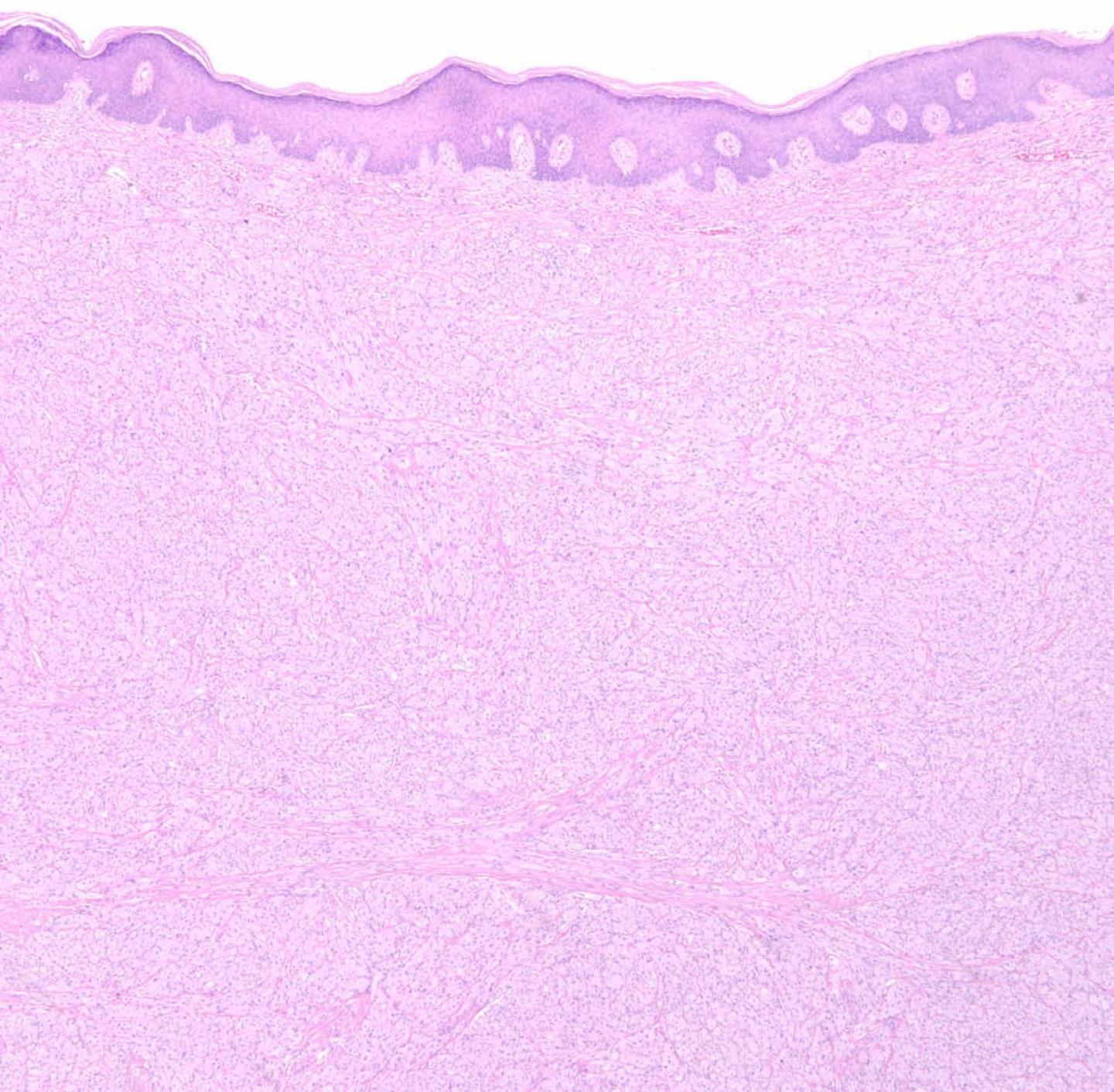
# Halo Nevus

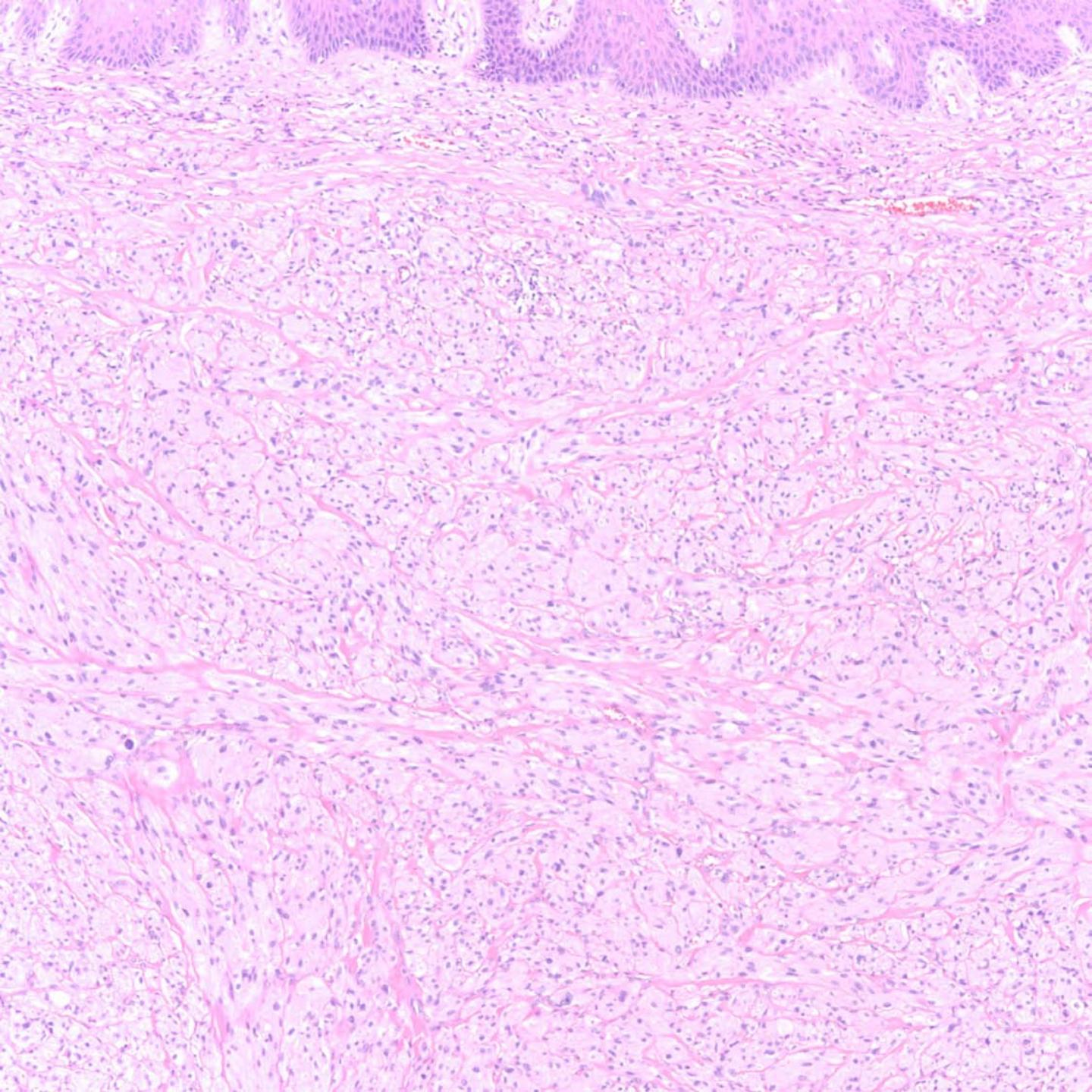
# Pearls

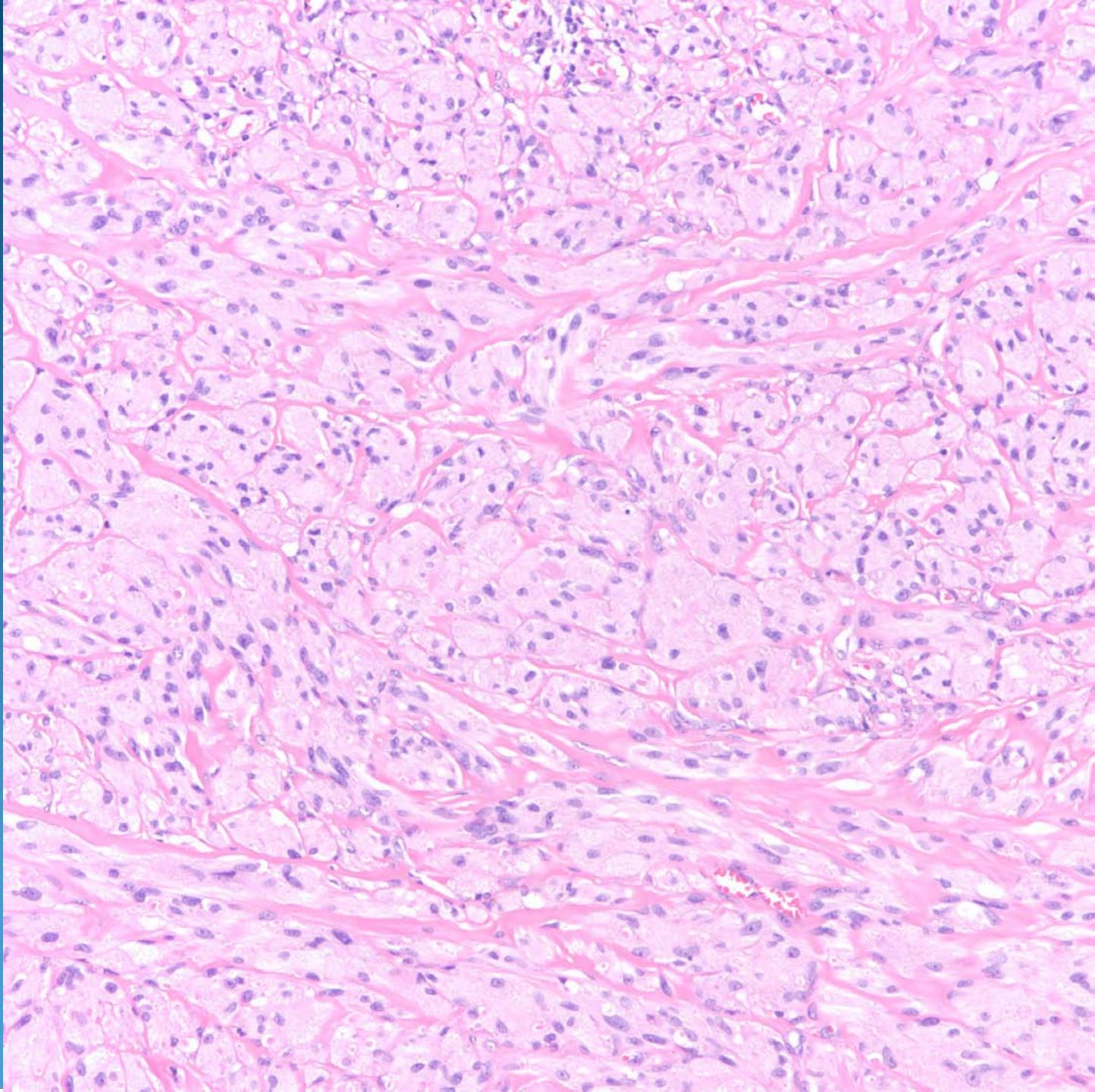


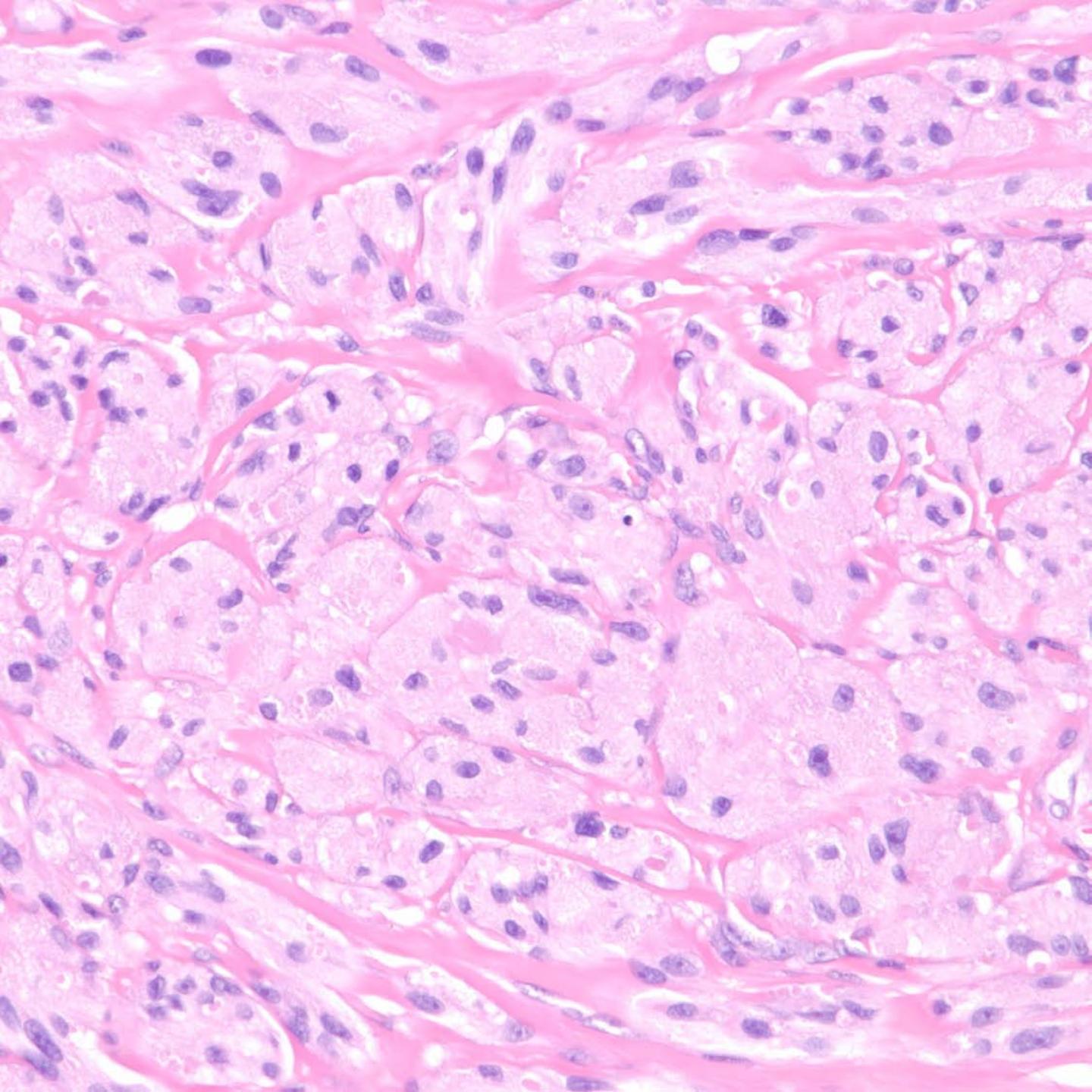
- Melanocytic nevus with clear cytoplasmic features in most of the melanocytes
- May show focal melanin pigmentation
- Use same criteria to differentiate benign melanocytic nevi from melanoma
- NOTE: Balloon cell changes may occur in benign to malignant melanocytic proliferations

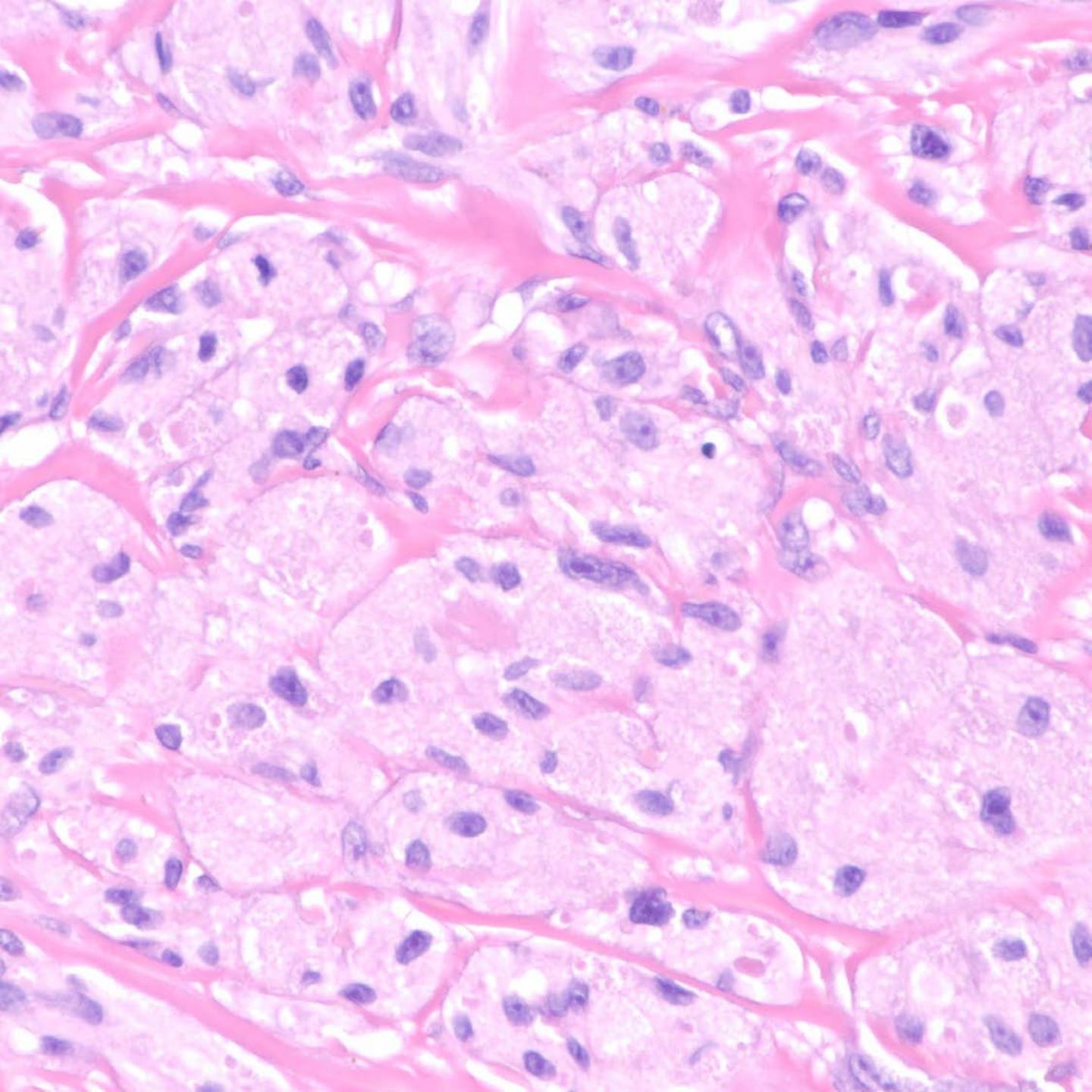










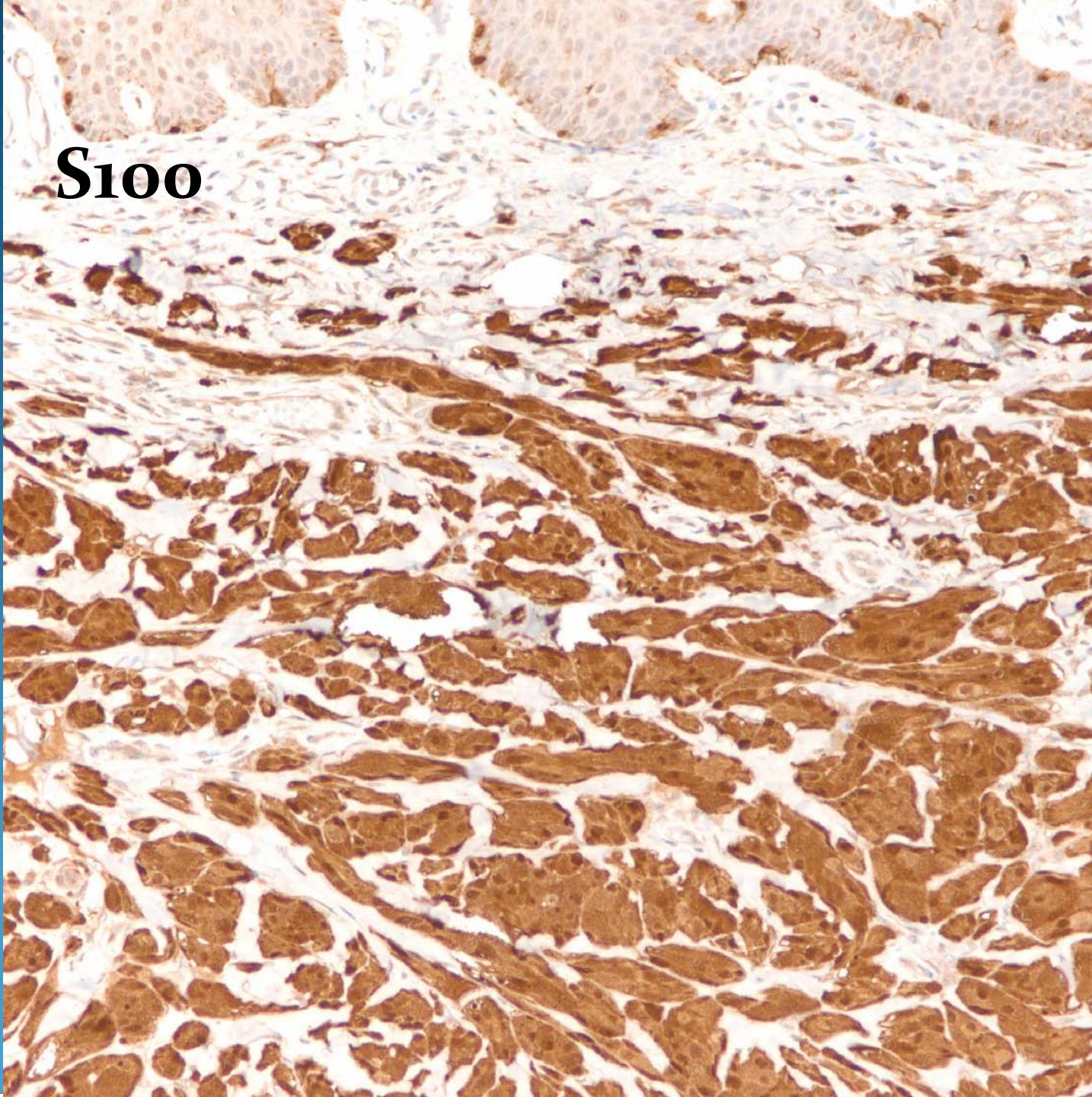


# What is the best diagnosis?

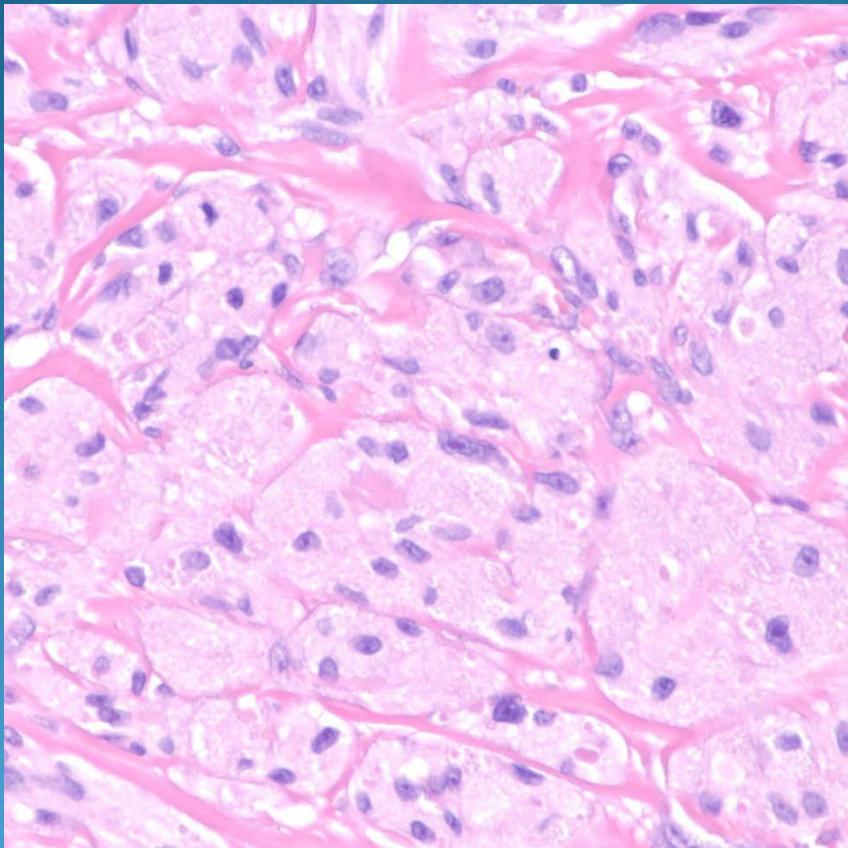
- A. Glomus tumor
- B. Granular cell tumor
- C. Alveolar soft part sarcoma
- D. Tuberculoid leprosy
- E. Sarcoidosis

# Granular cell tumor

**S100**



# Pearls



- Epidermis may show extensive hyperplasia, mimicking a squamous cell carcinoma
- Grenz zone separating tumor cells from epidermis
- Diffuse proliferation of epithelioid and spindled cells with abundant eosinophilic granules
- Minimal atypia and rare mitotic figures
- If significant atypia, rule out malignant granular cell tumor, carcinoma with granular cell features, melanoma, sarcoma
- Granular cells may be seen in benign to malignant proliferations- modified Schwann cells-S100+