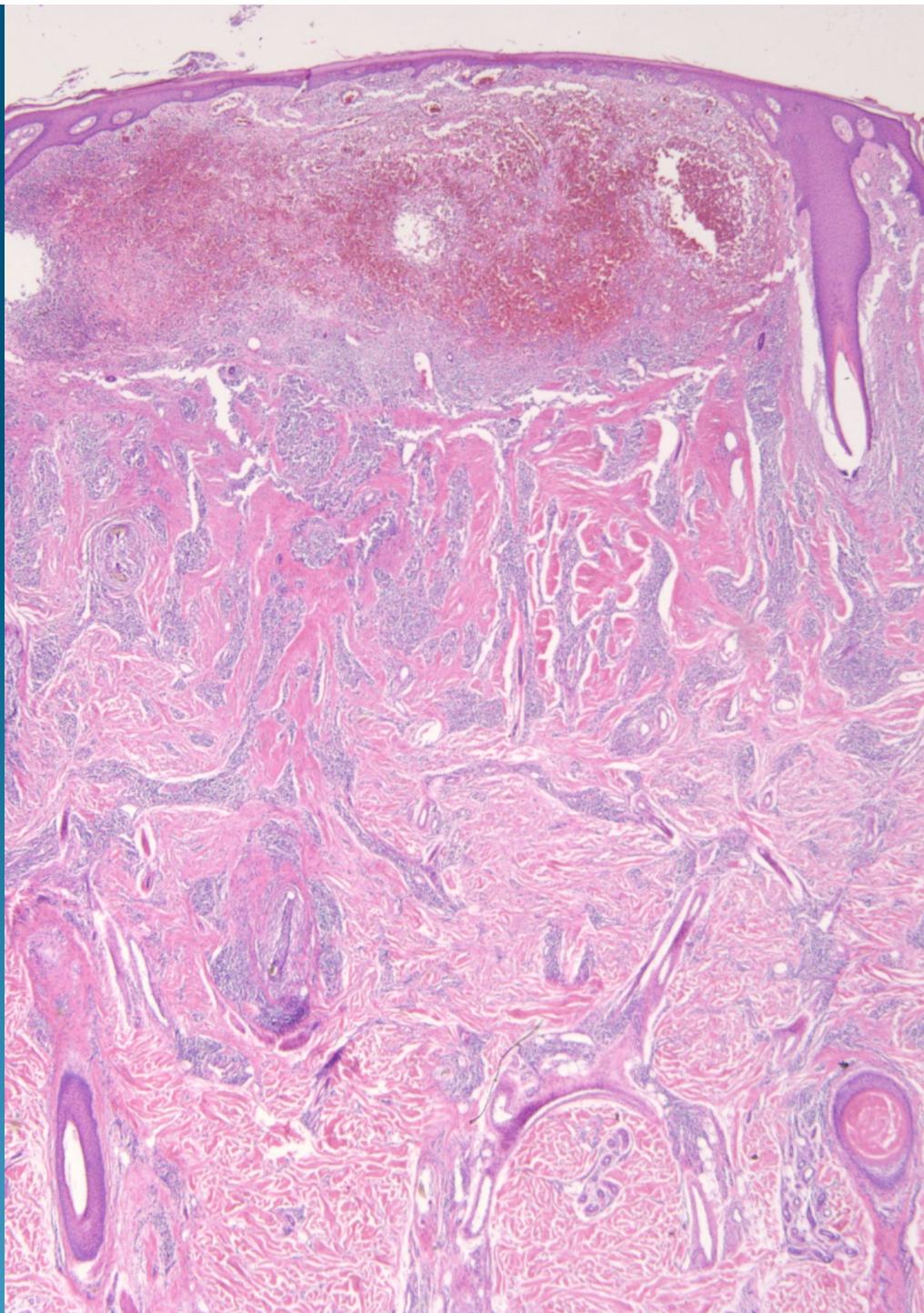
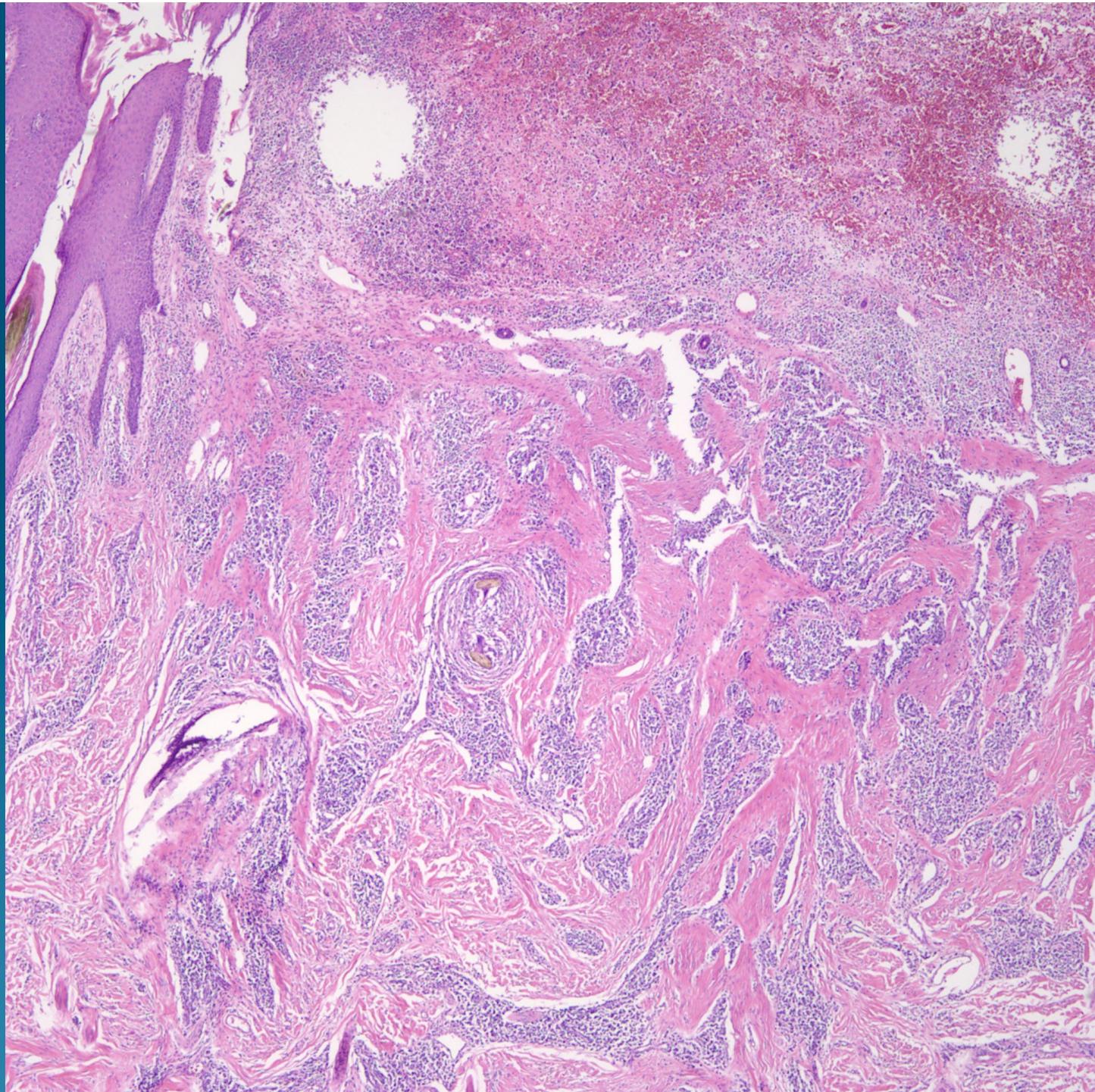
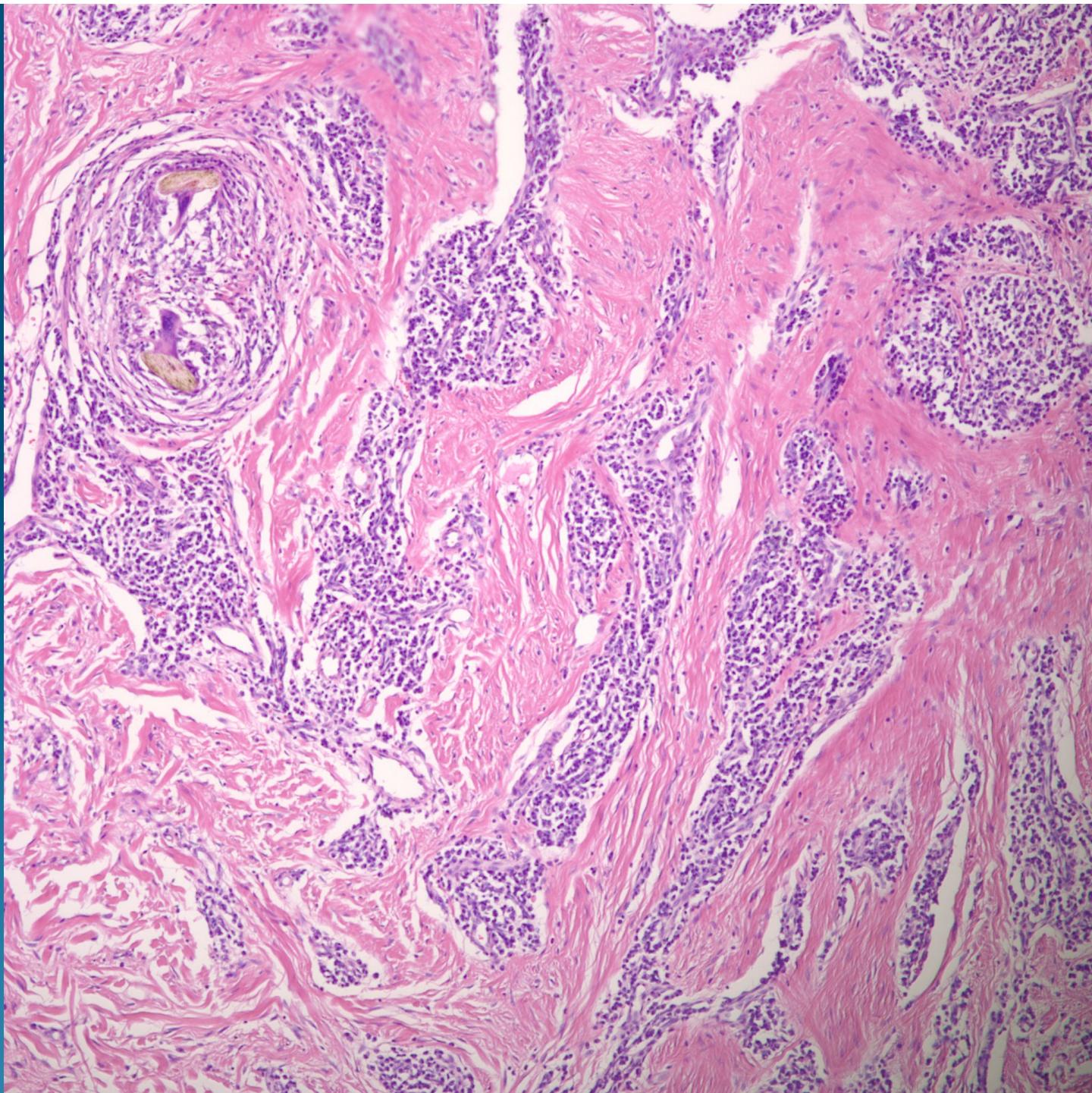


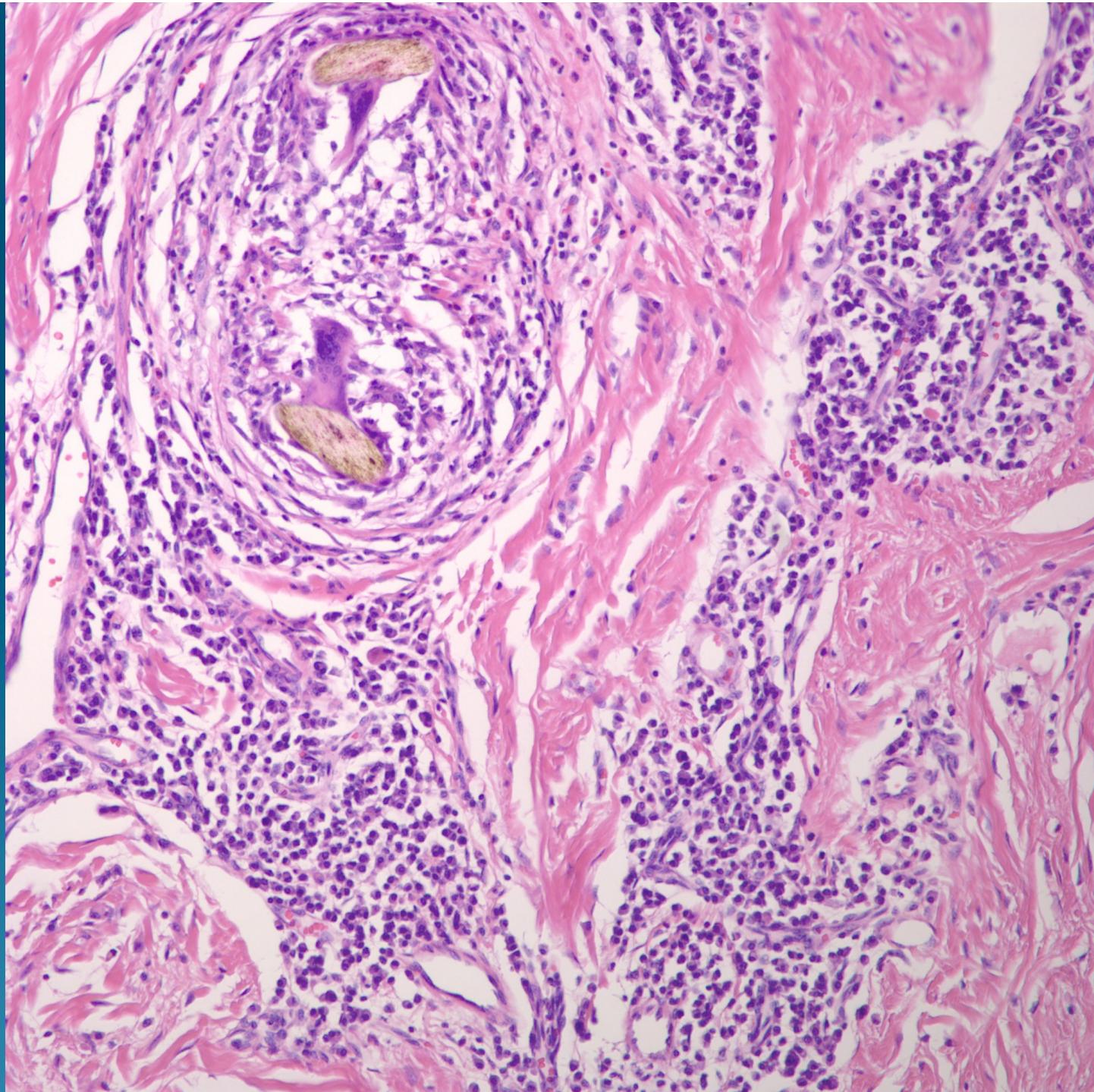
Dermatopathology Slide Review Part 82

Paul K. Shitabata, M.D.
Dermatopathology Institute







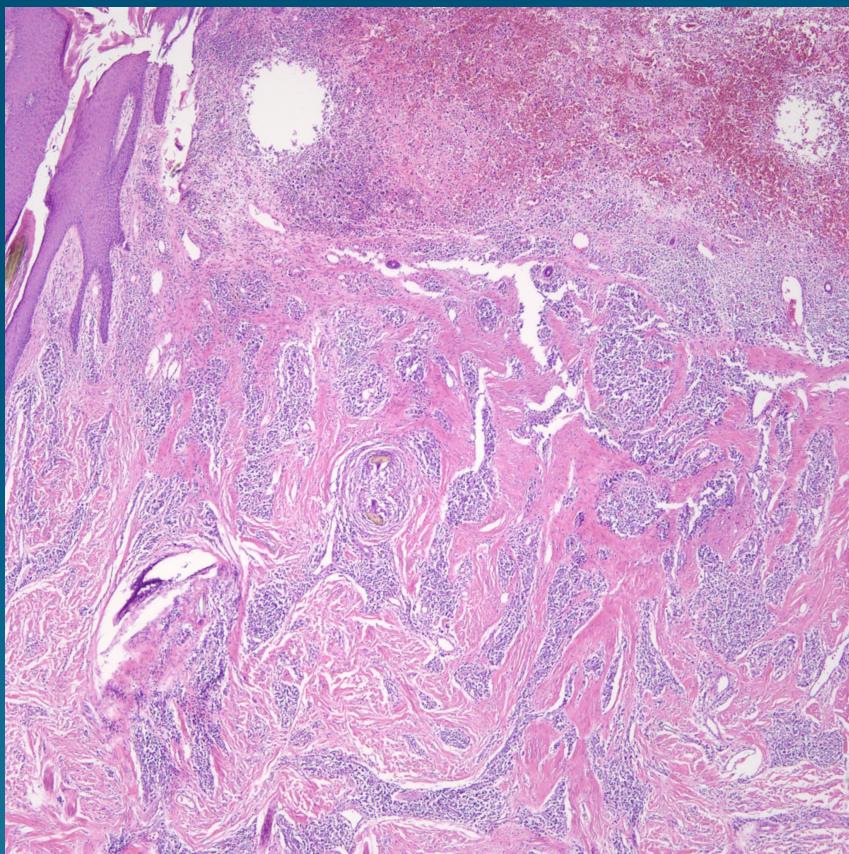


What is the best diagnosis?

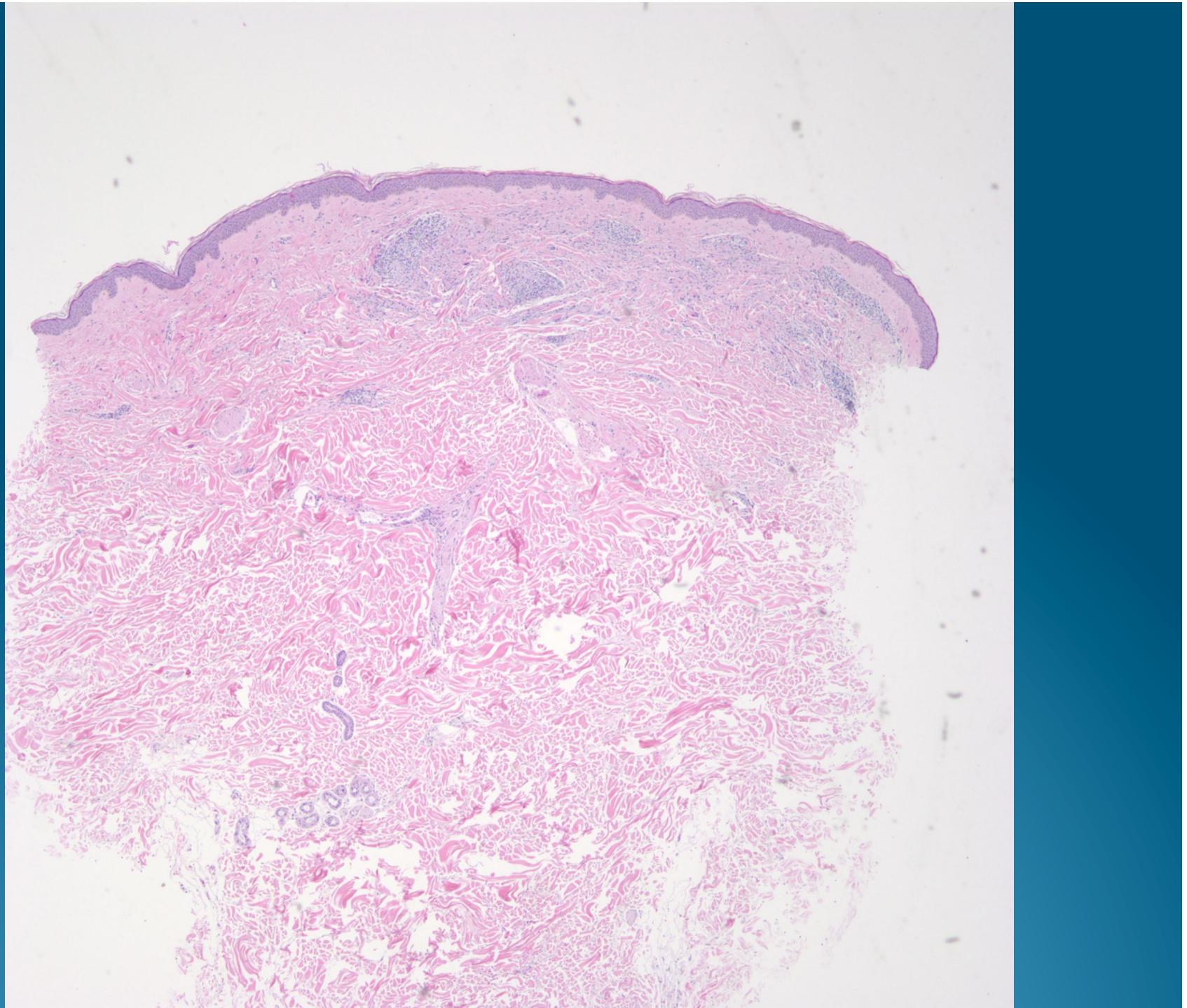
- A. Favre-Racouchot Syndrome
- B. Coccidioidomycosis
- C. Granuloma faciale
- D. Pilomatrixoma with rupture
- E. Acne keloidalis nuchae

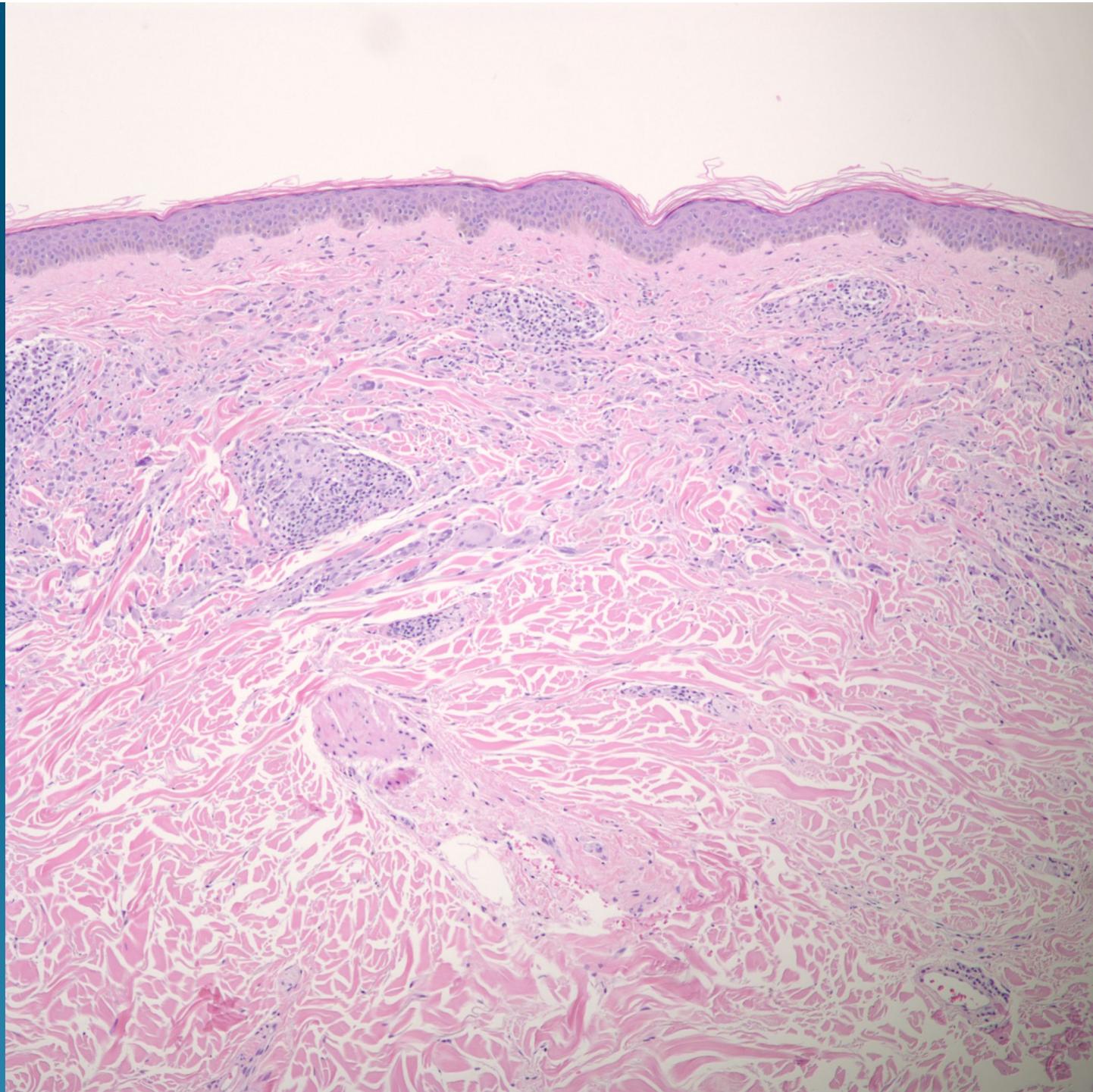
Acne Keloidalis Nuchae

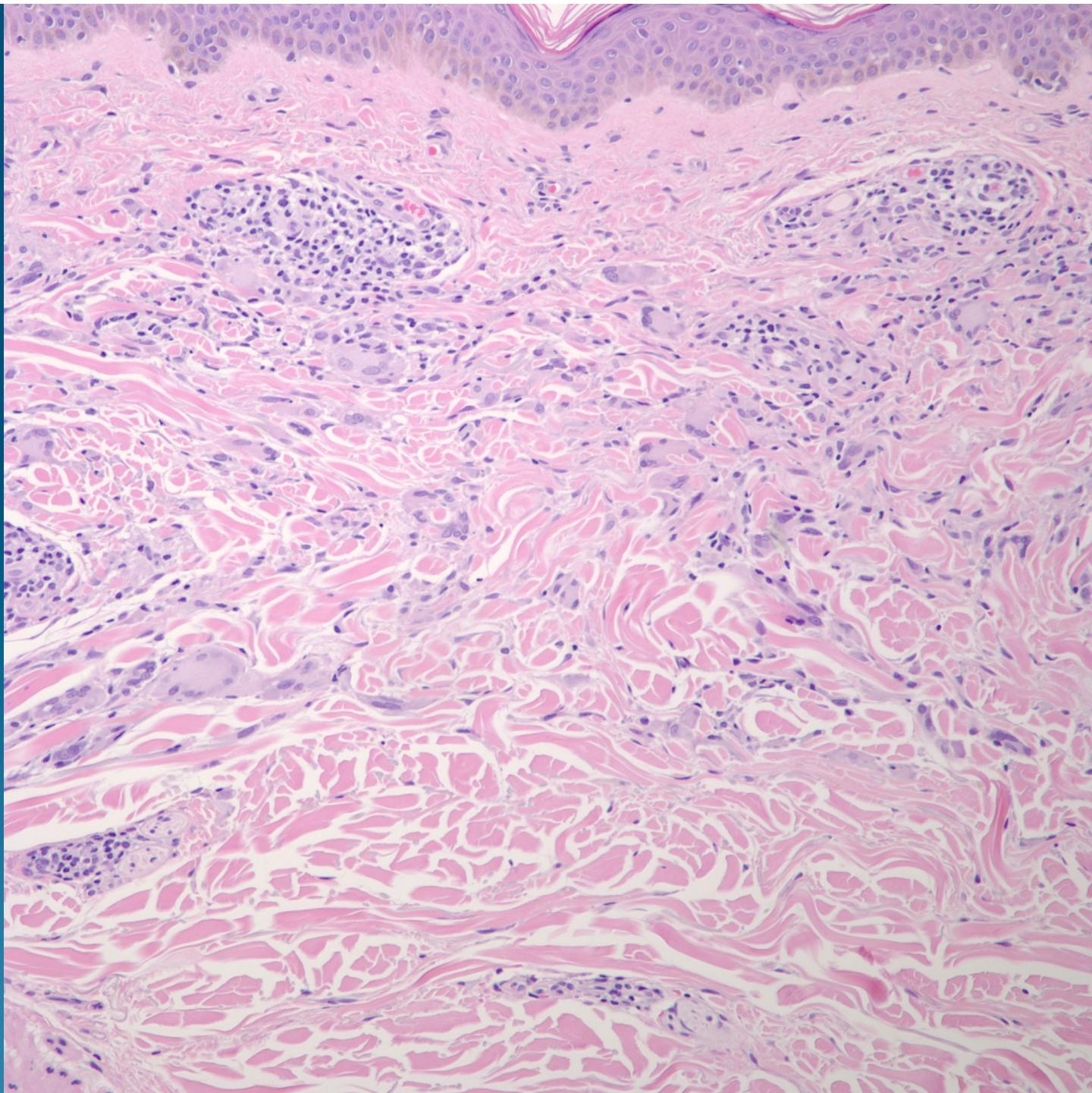
Pearls

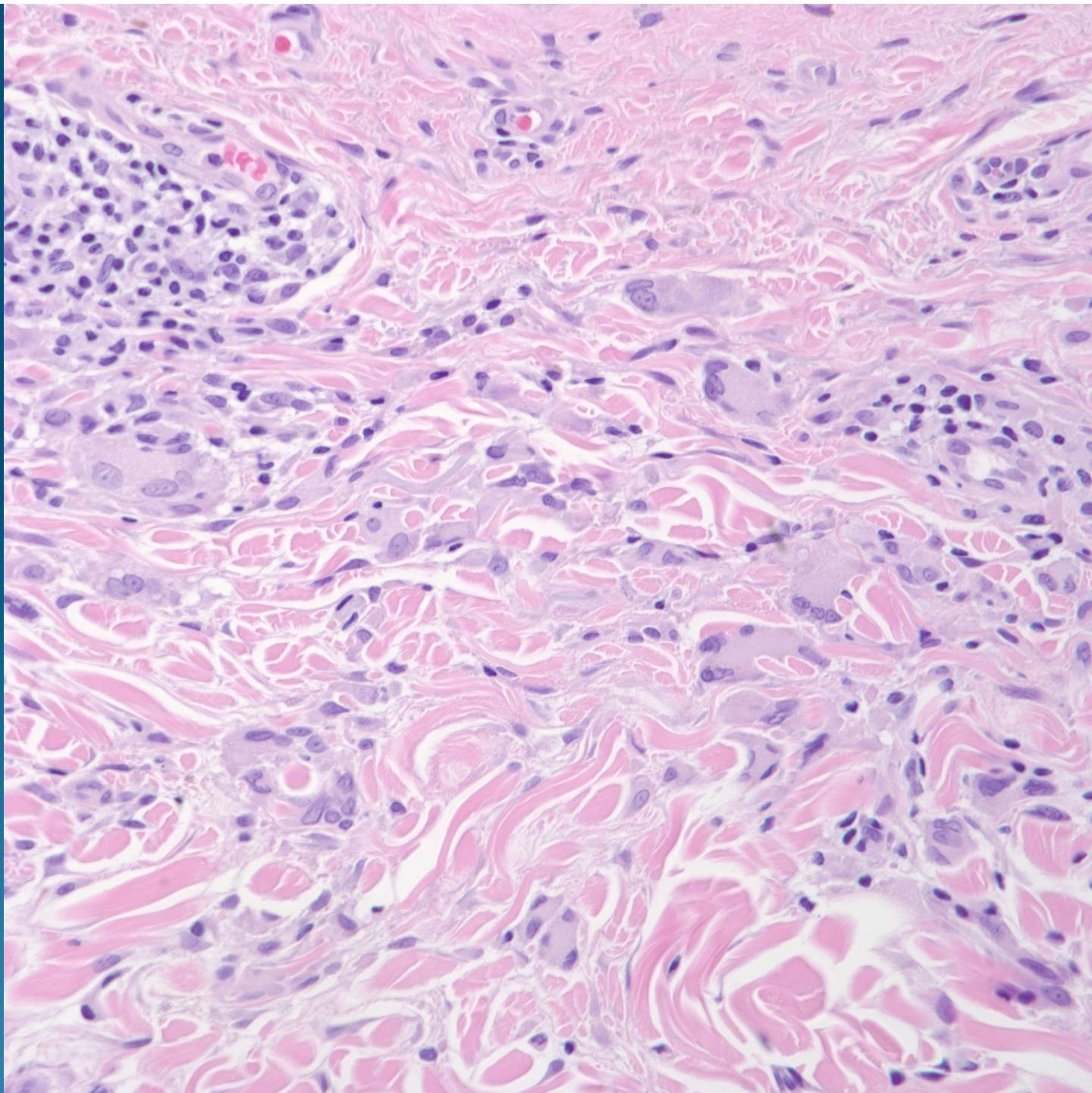


- Extensive scarring with foreign body giant cell reaction with chronic and ruptured folliculitis
- Variable epidermal changes







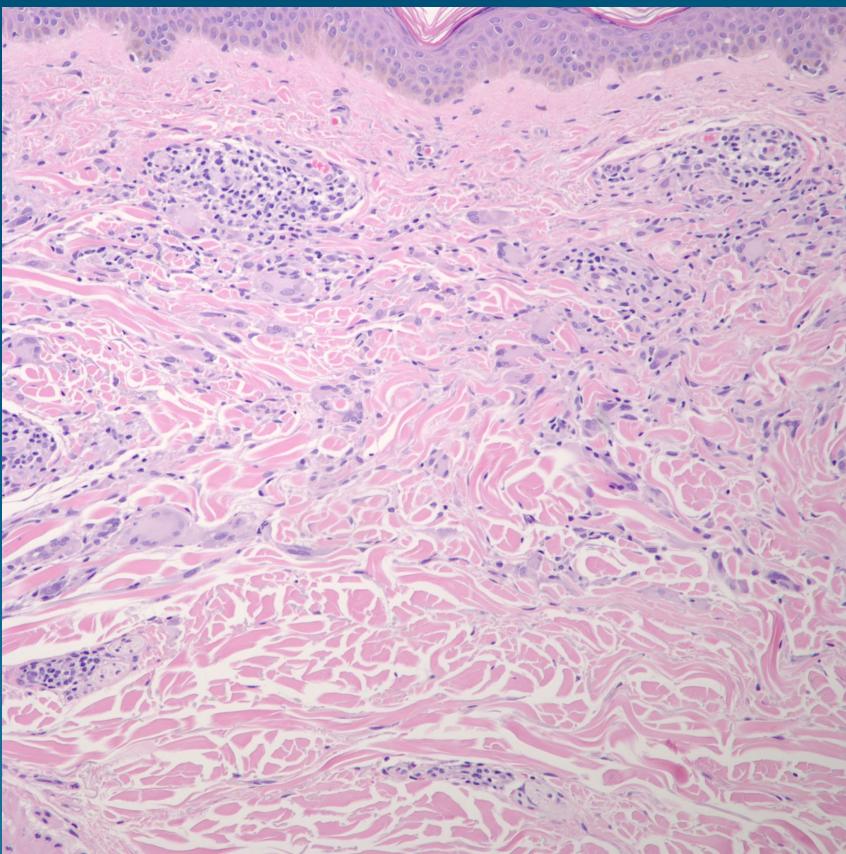


What is the best diagnosis?

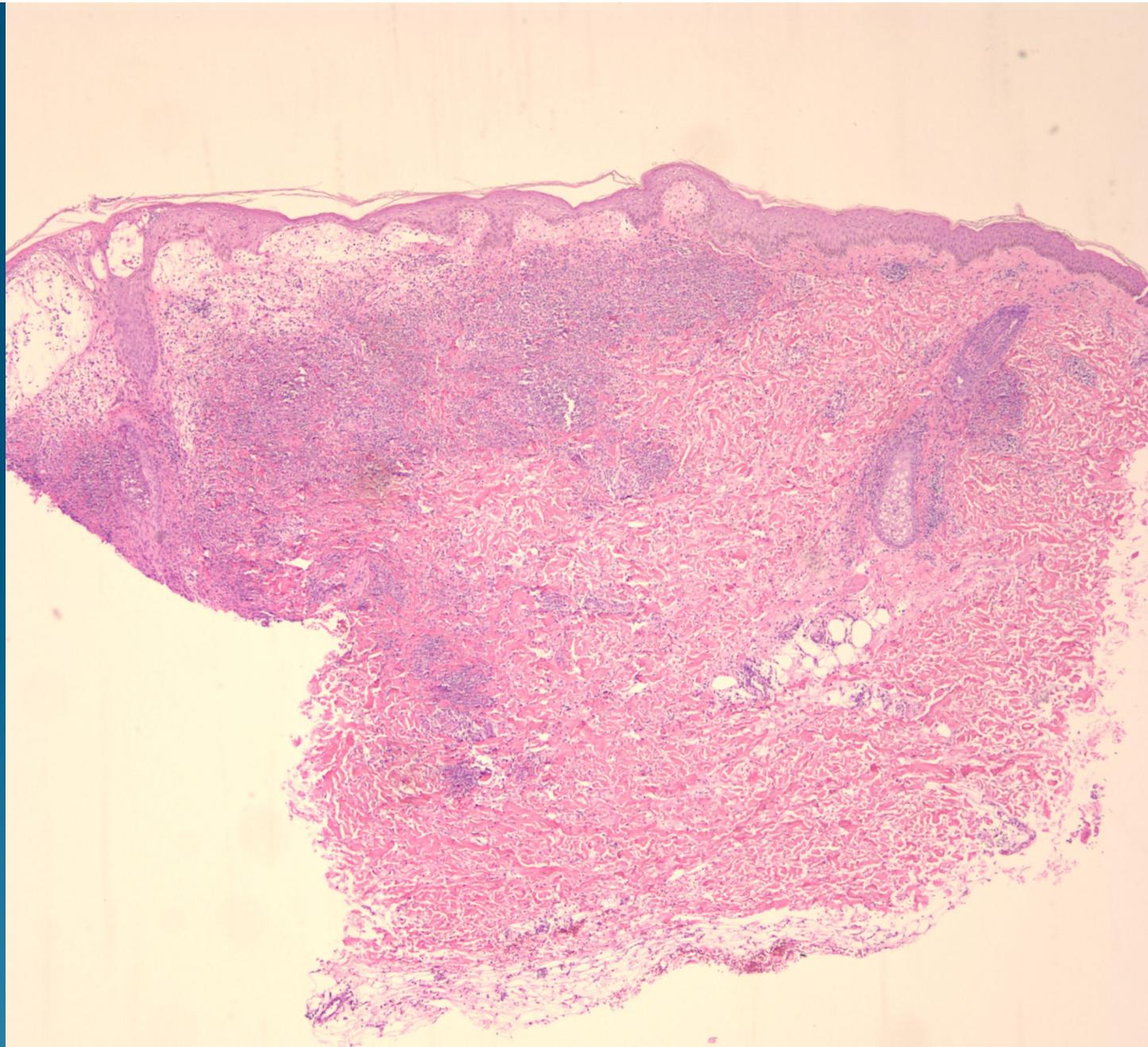
- A. Granuloma faciale
- B. Granulomatous rosacea
- C. Annular elastotic granuloma
- D. Sarcoidosis
- E. Churg-Strauss syndrome
- F. Granulomatous slack skin

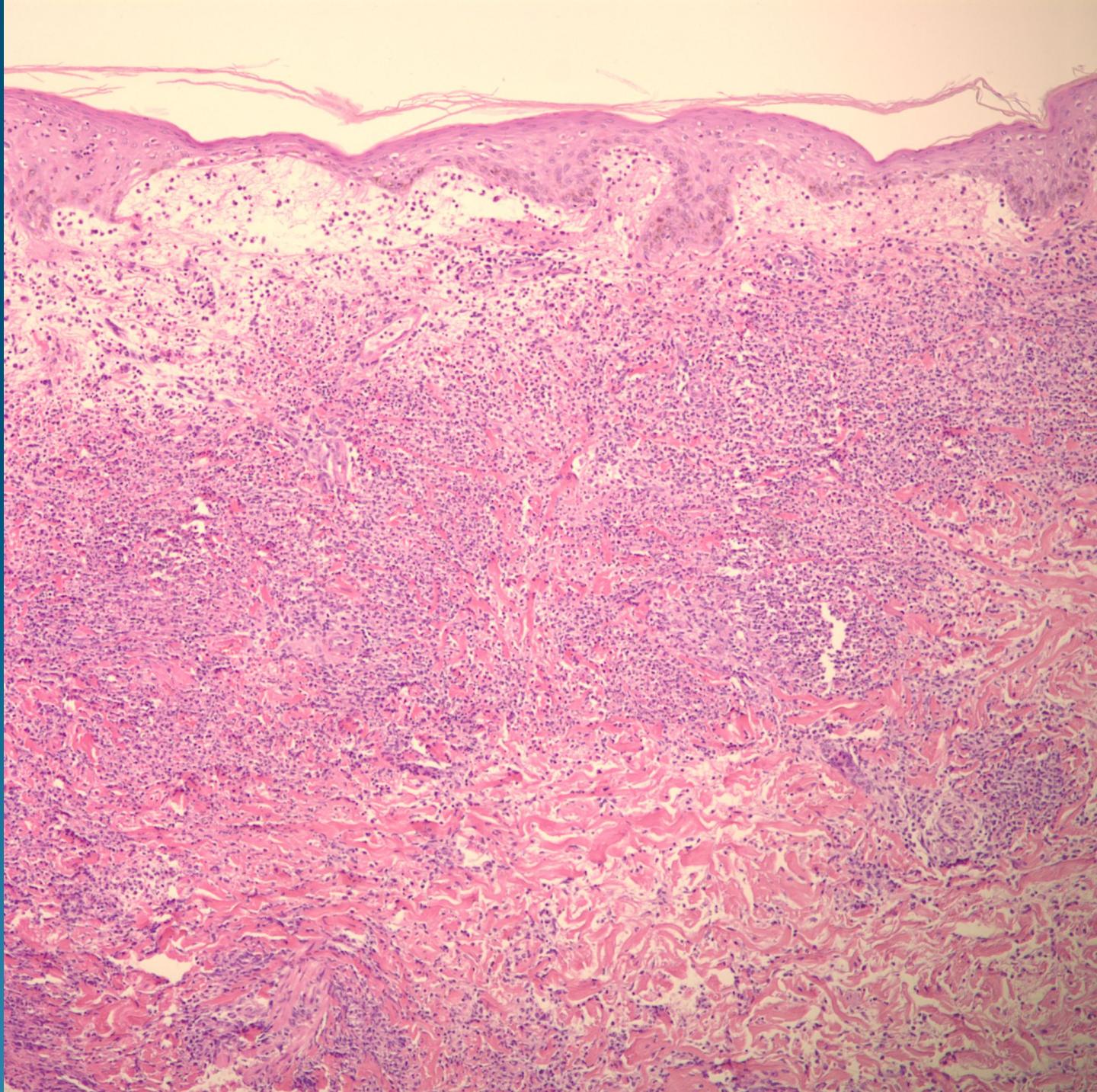
Annular Elastotic Actinic Granuloma (O'brien)

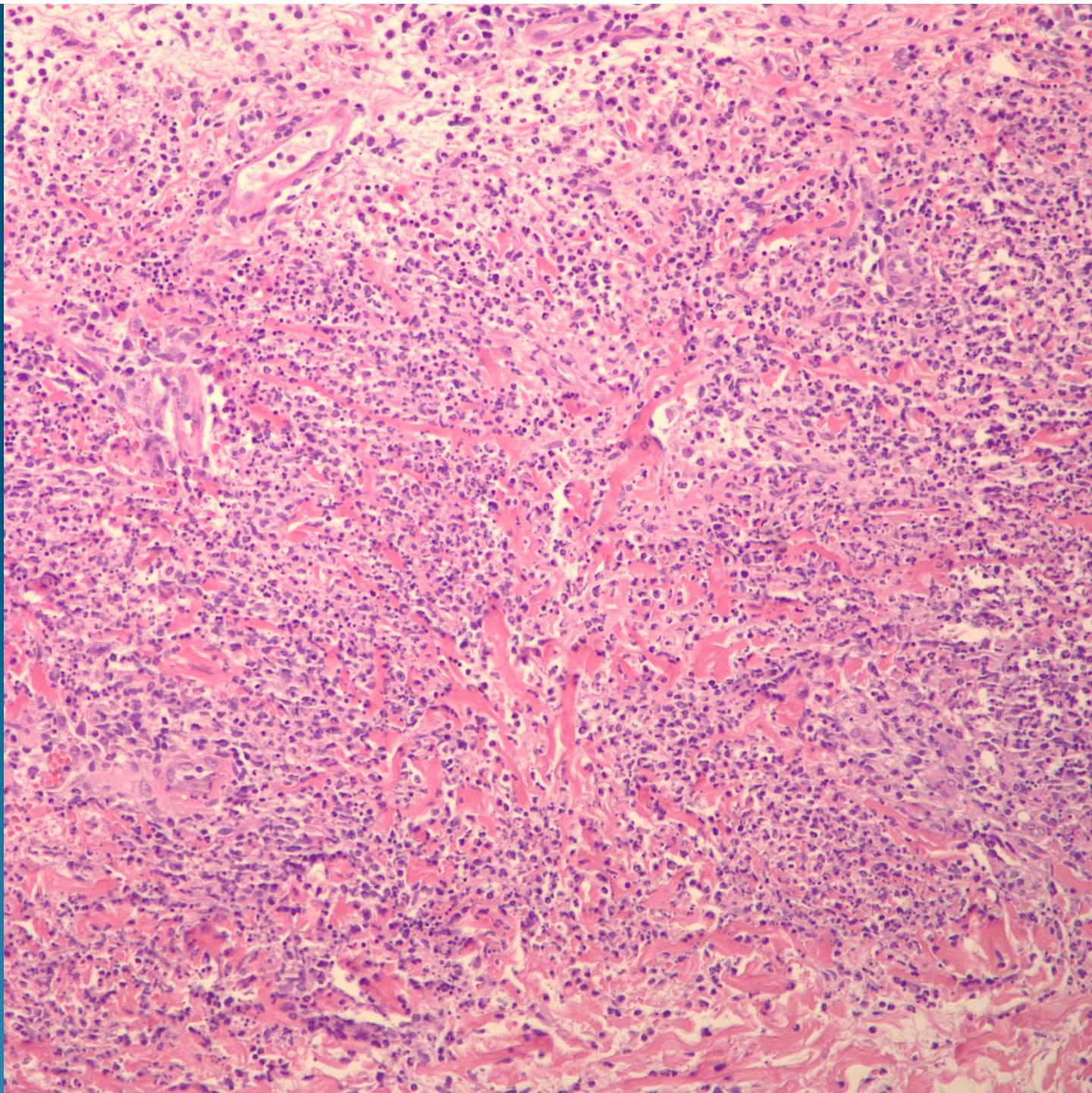
Pearls

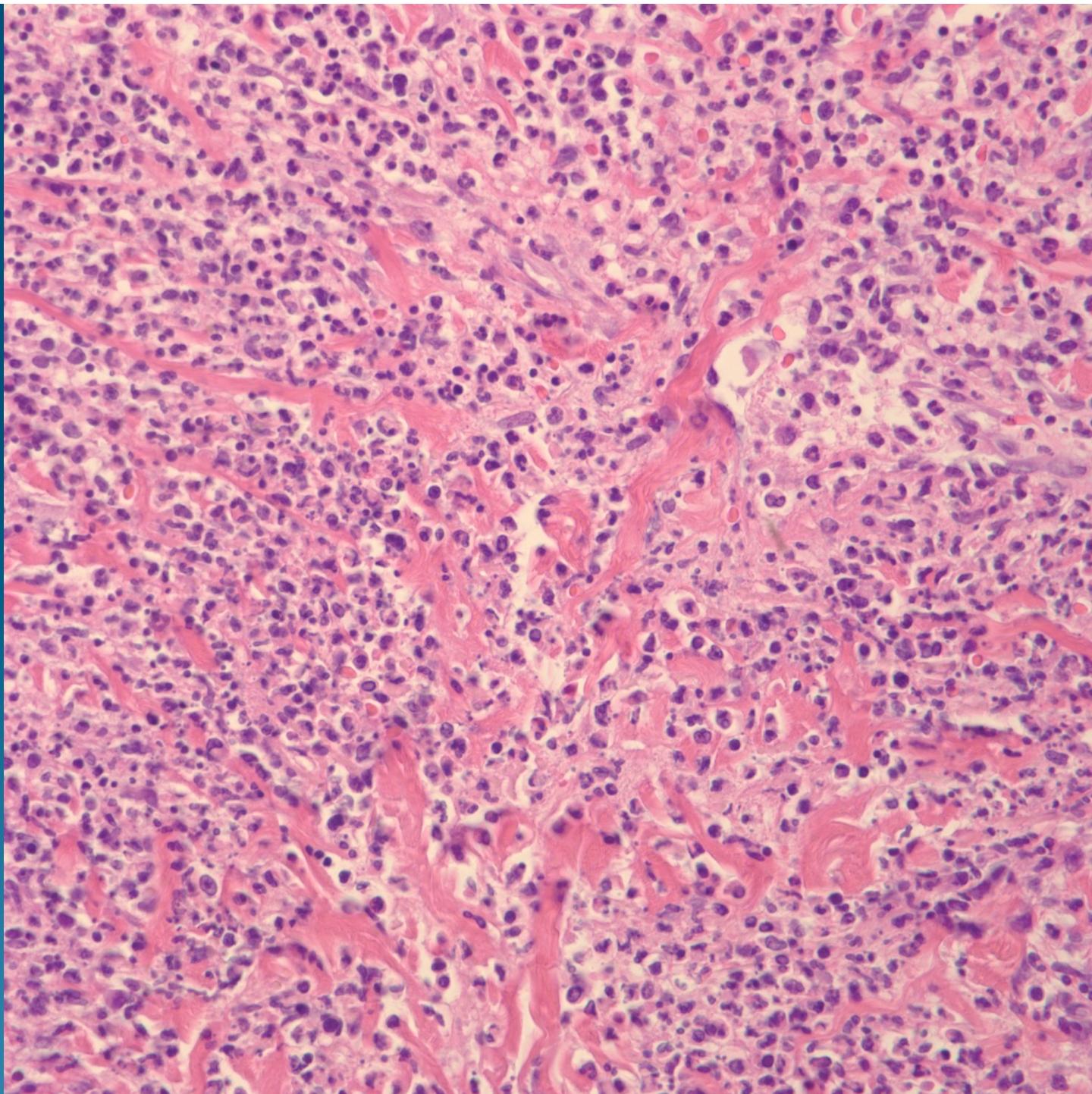


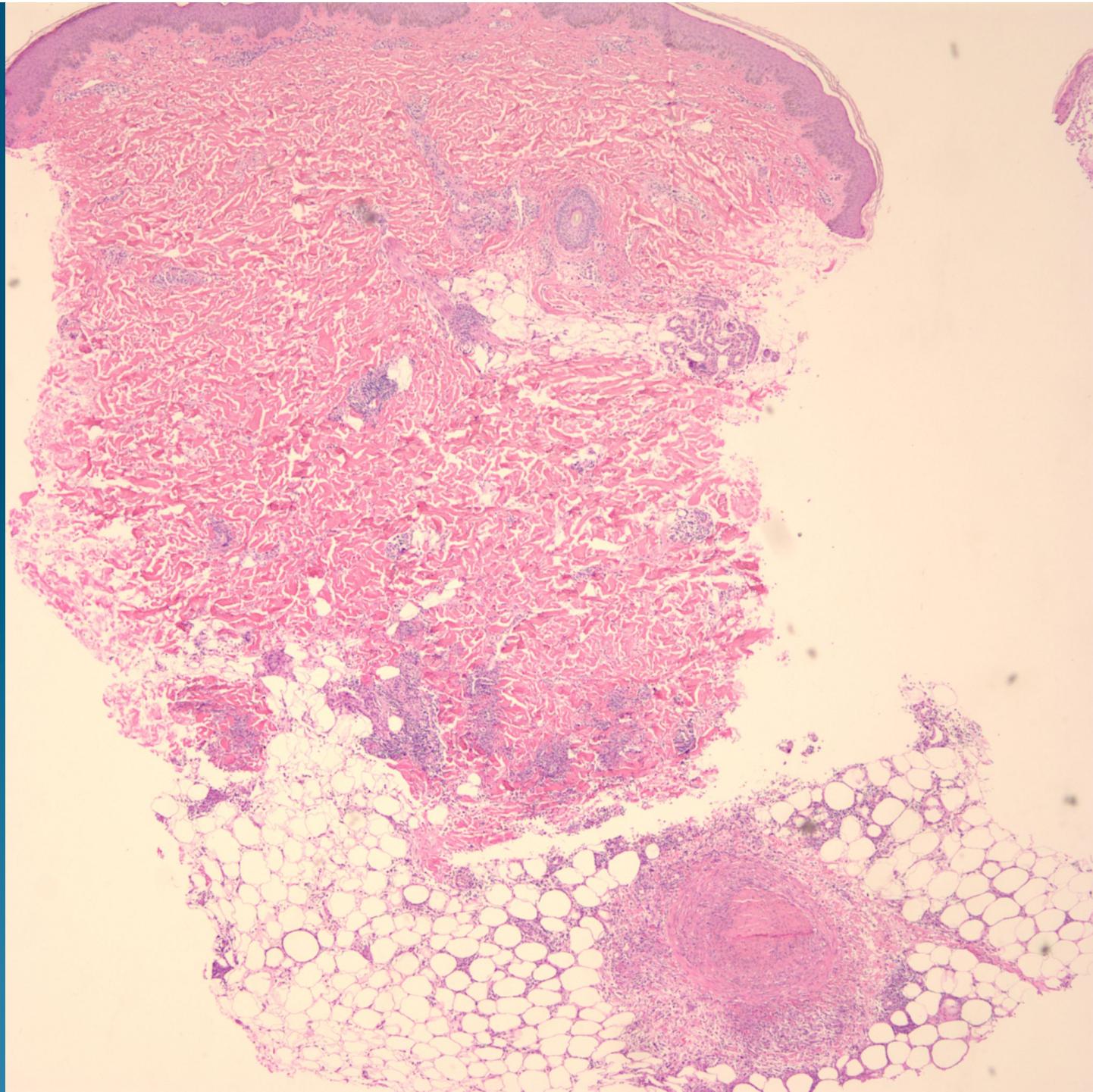
- Collection of giant cells with phagocytosis of elastic fibers
- Extensive solar elastosis
- Variable chronic inflammation

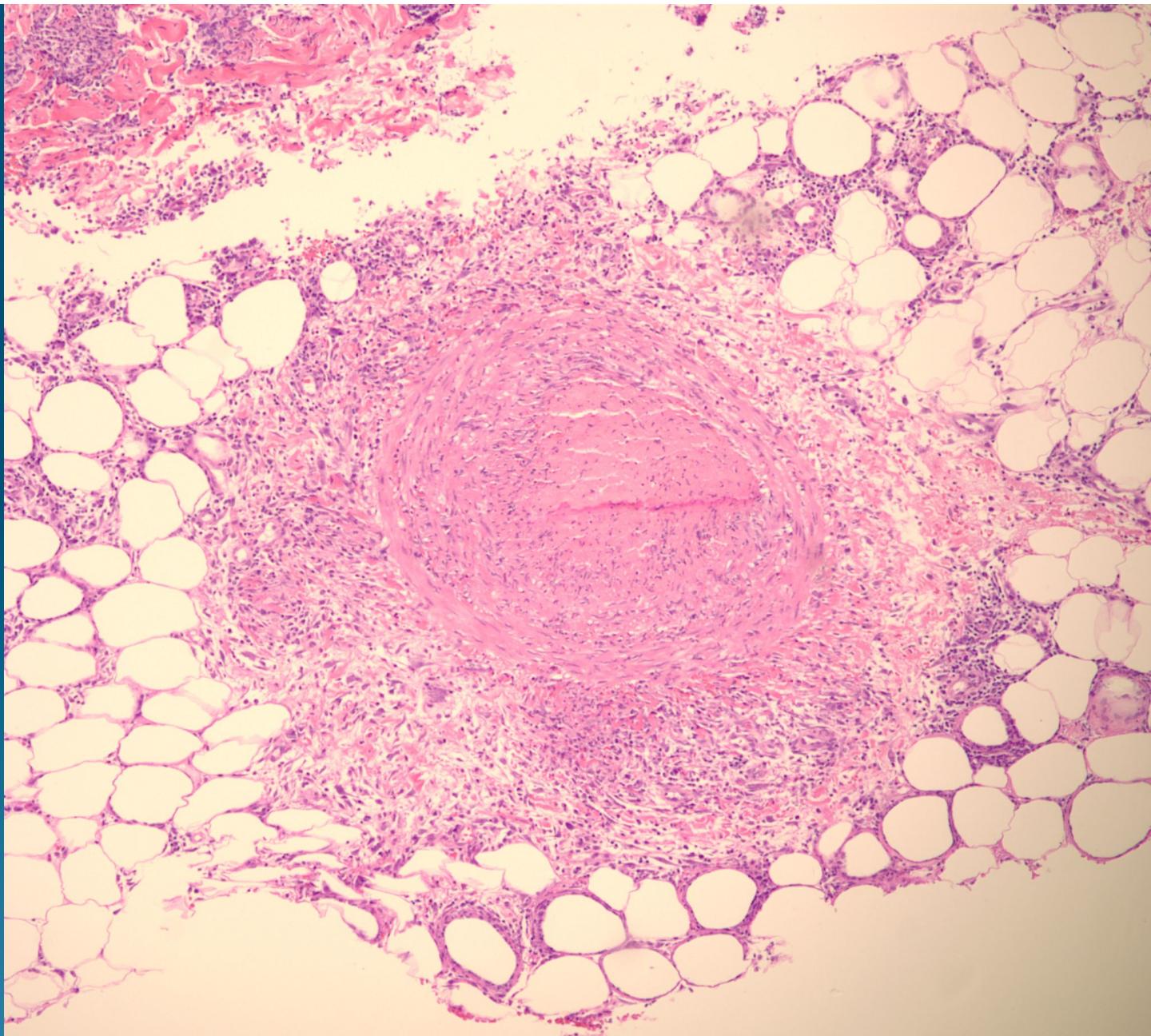


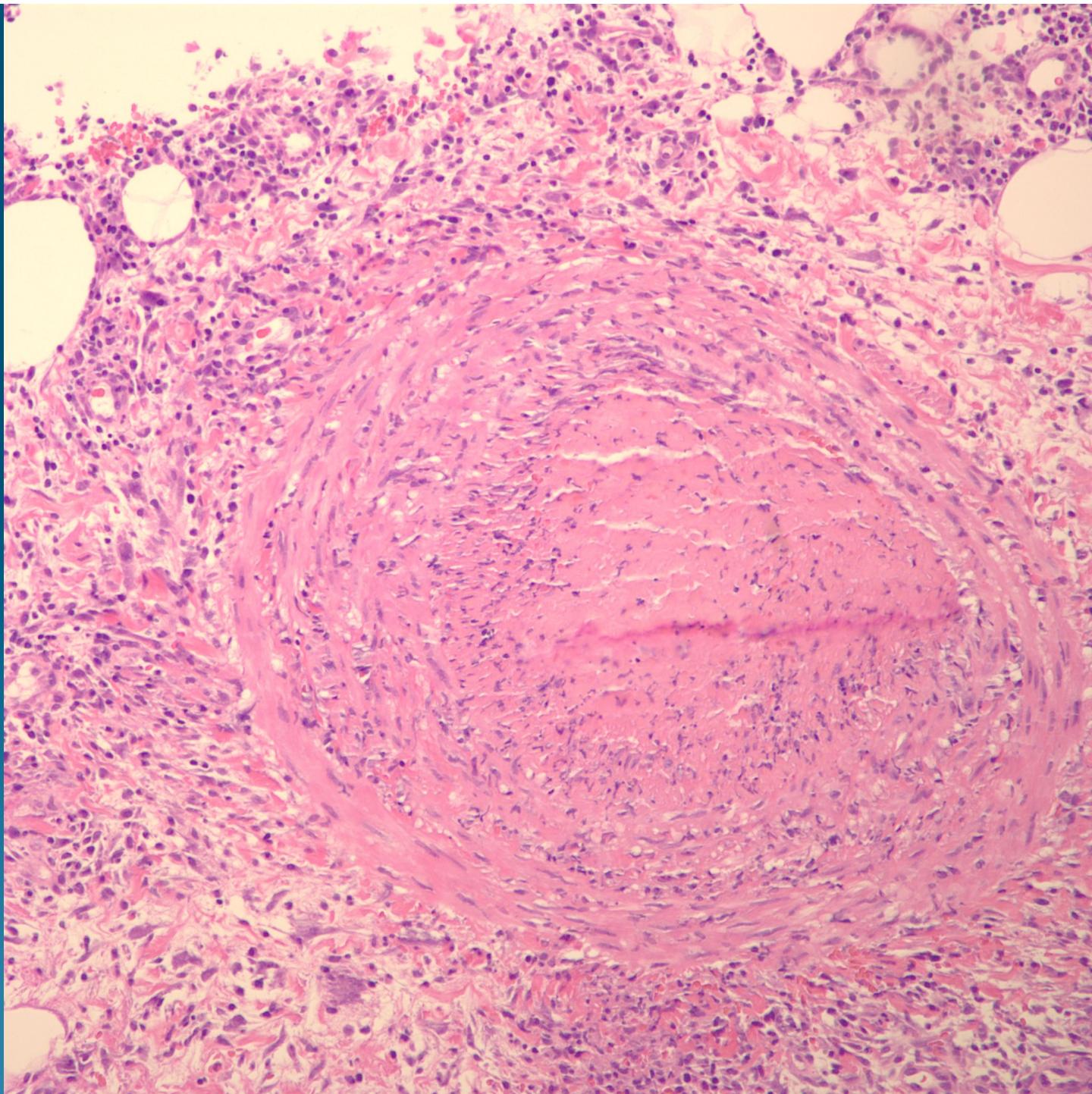


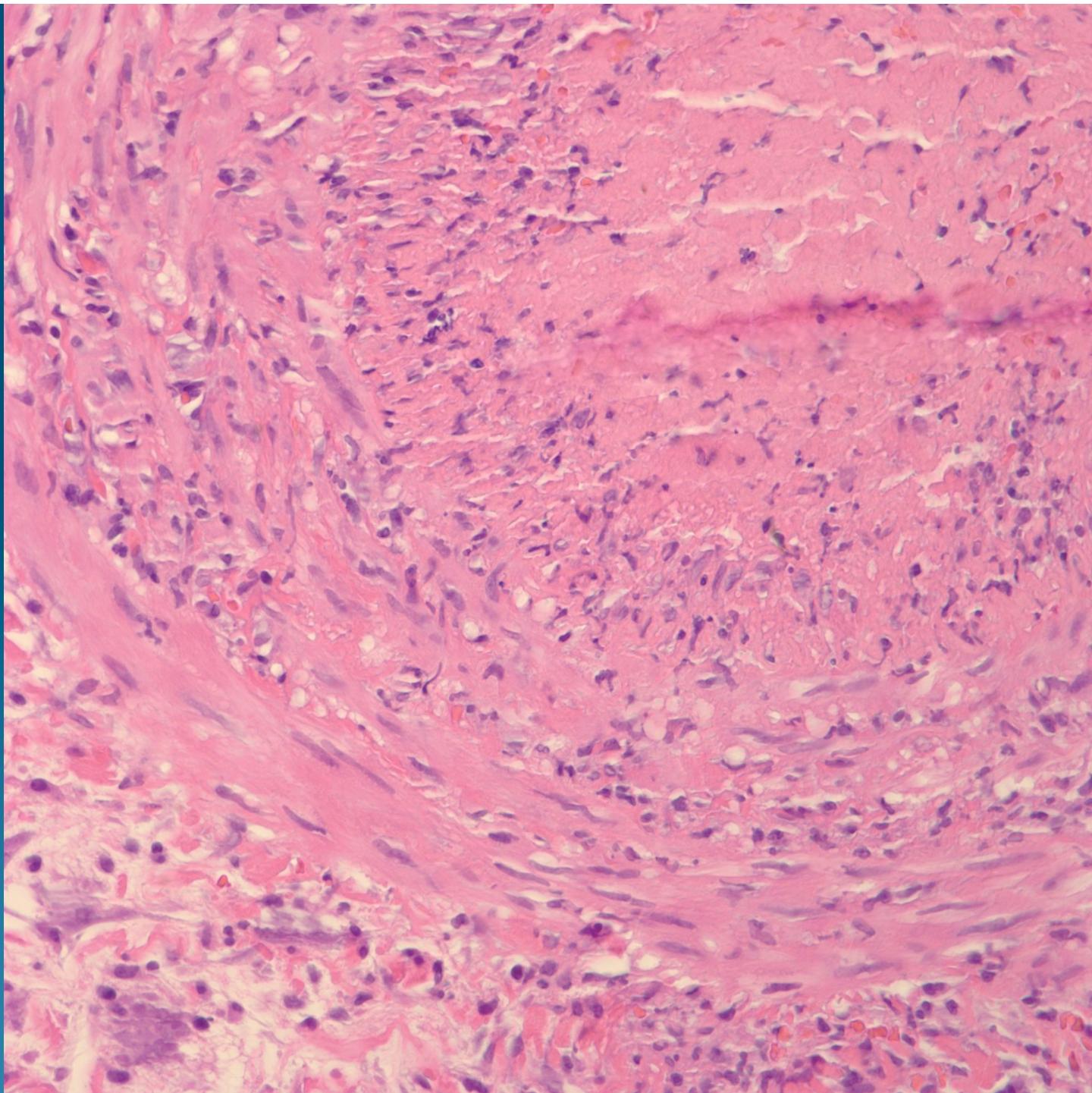










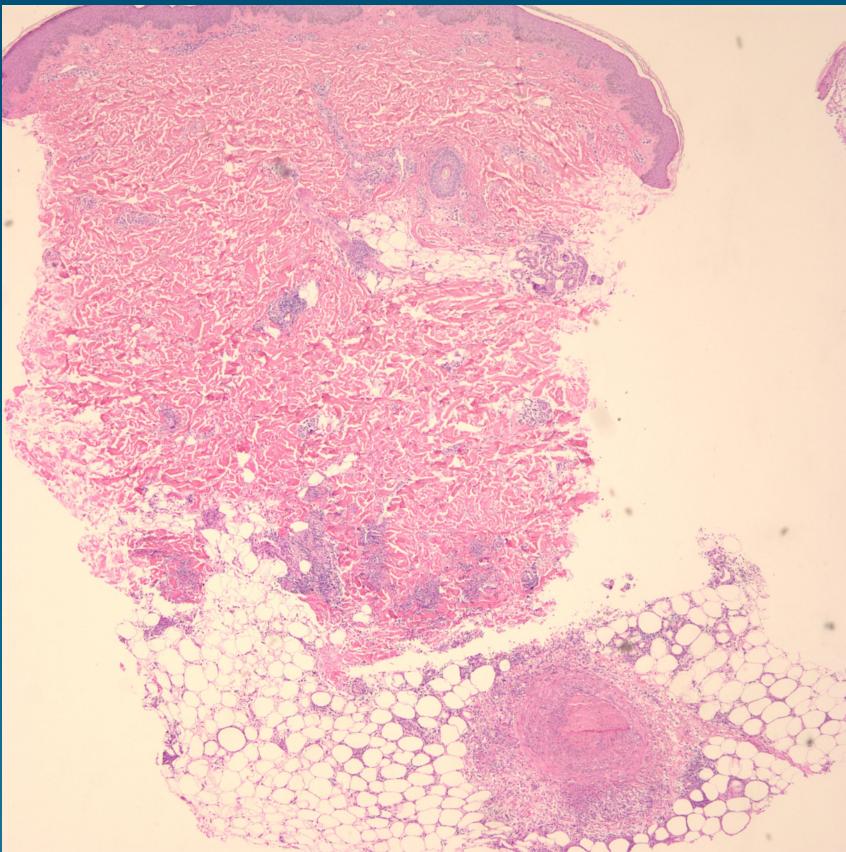


What is the best diagnosis?

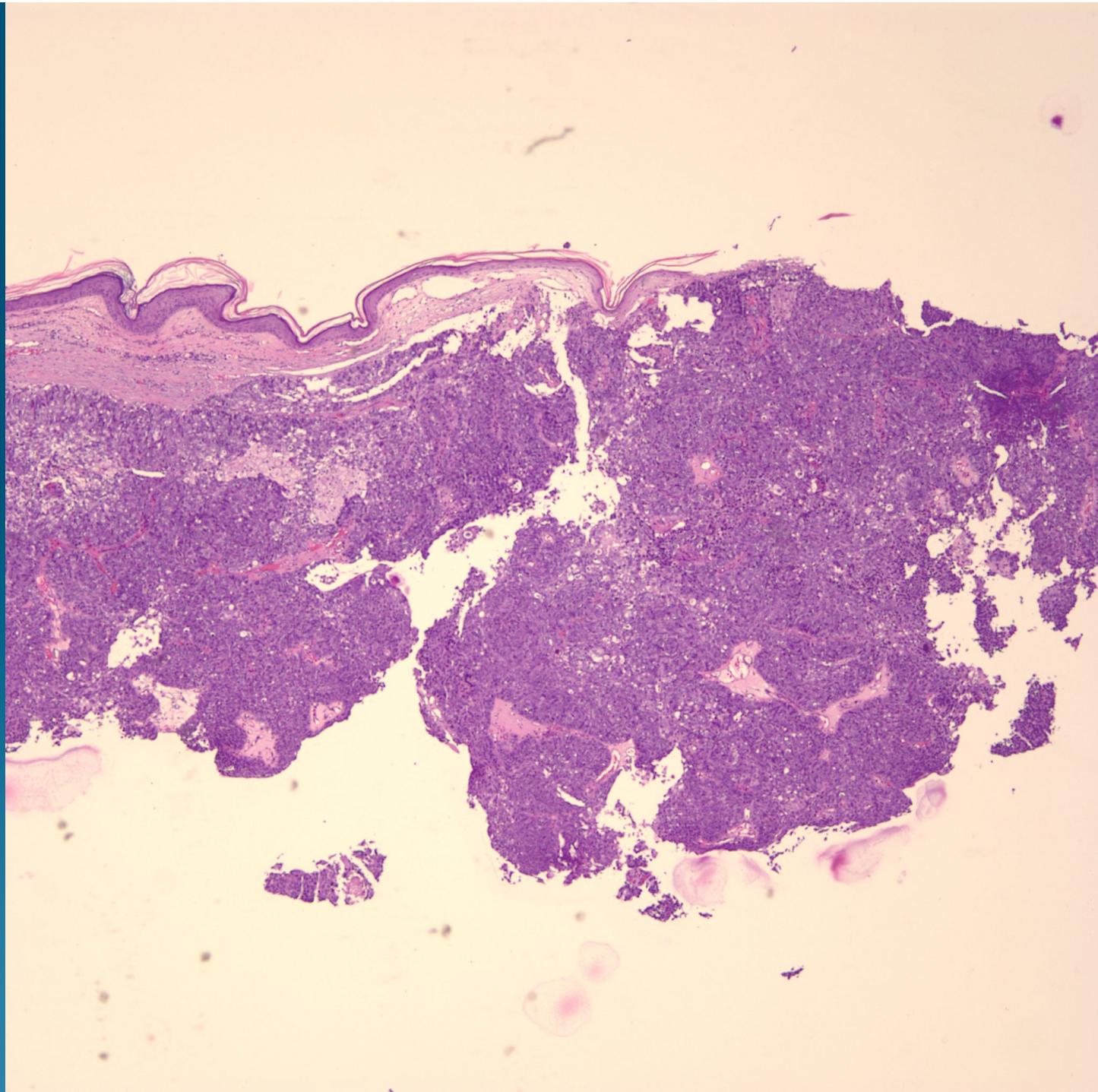
- A. Erythema nodosum
- B. Lymphomatoid papulosis
- C. Lipomembranous panniculitis
- D. Behcet's syndrome
- E. Nodular vasculitis

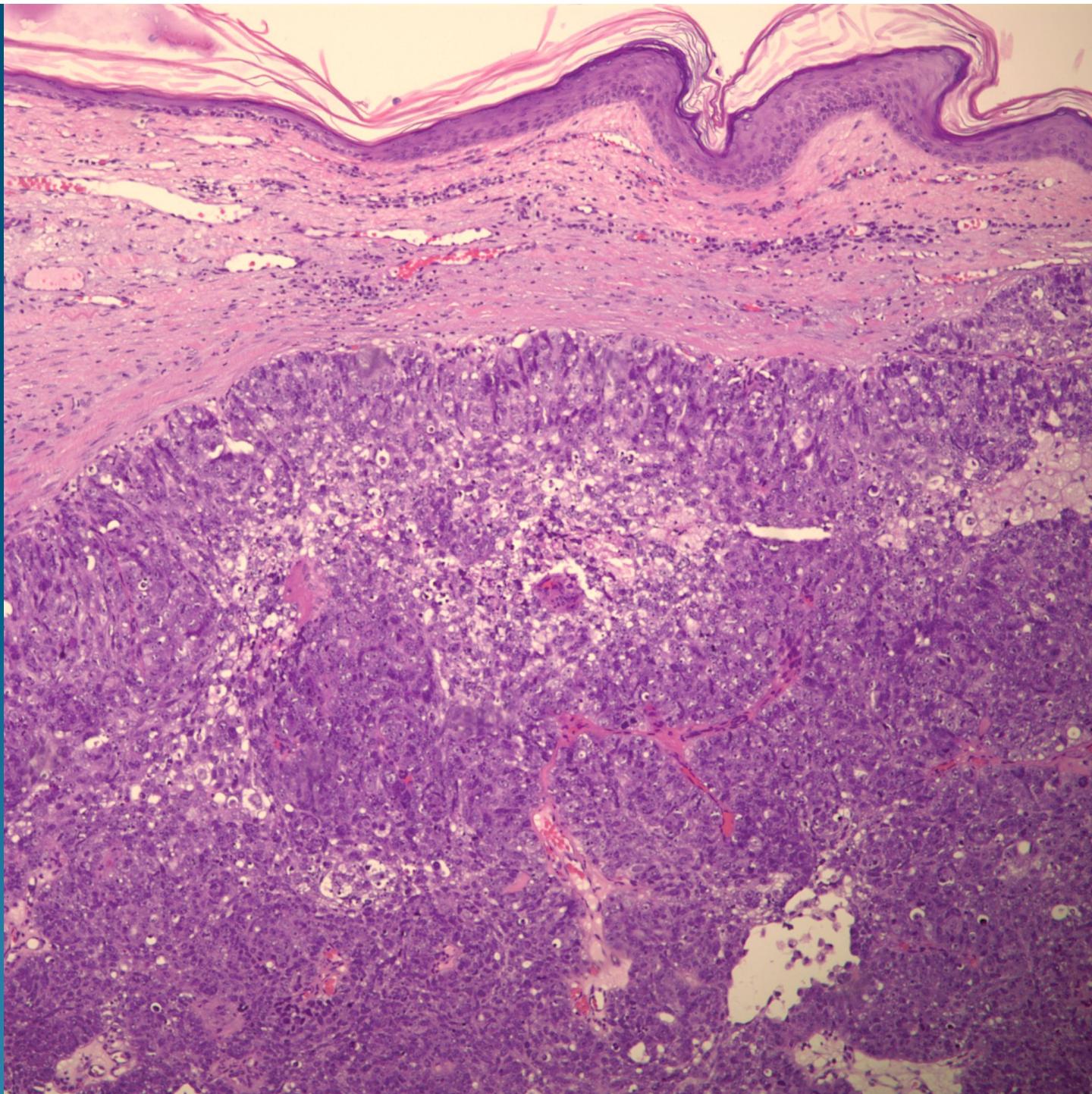
Neutrophilic dermatosis and
vasculitis/panniculitis consistent
with Behcet's syndrome

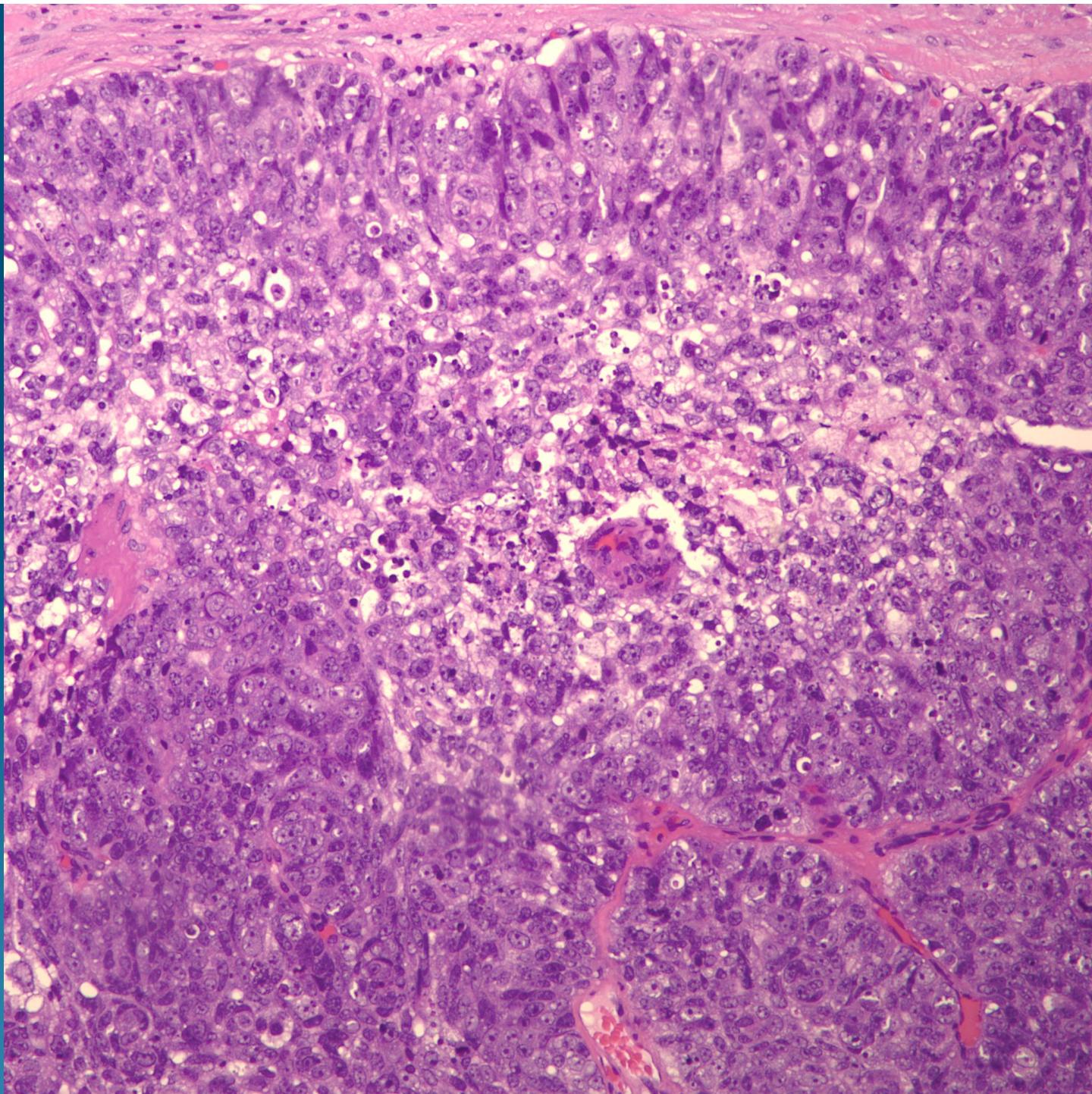
Pearls

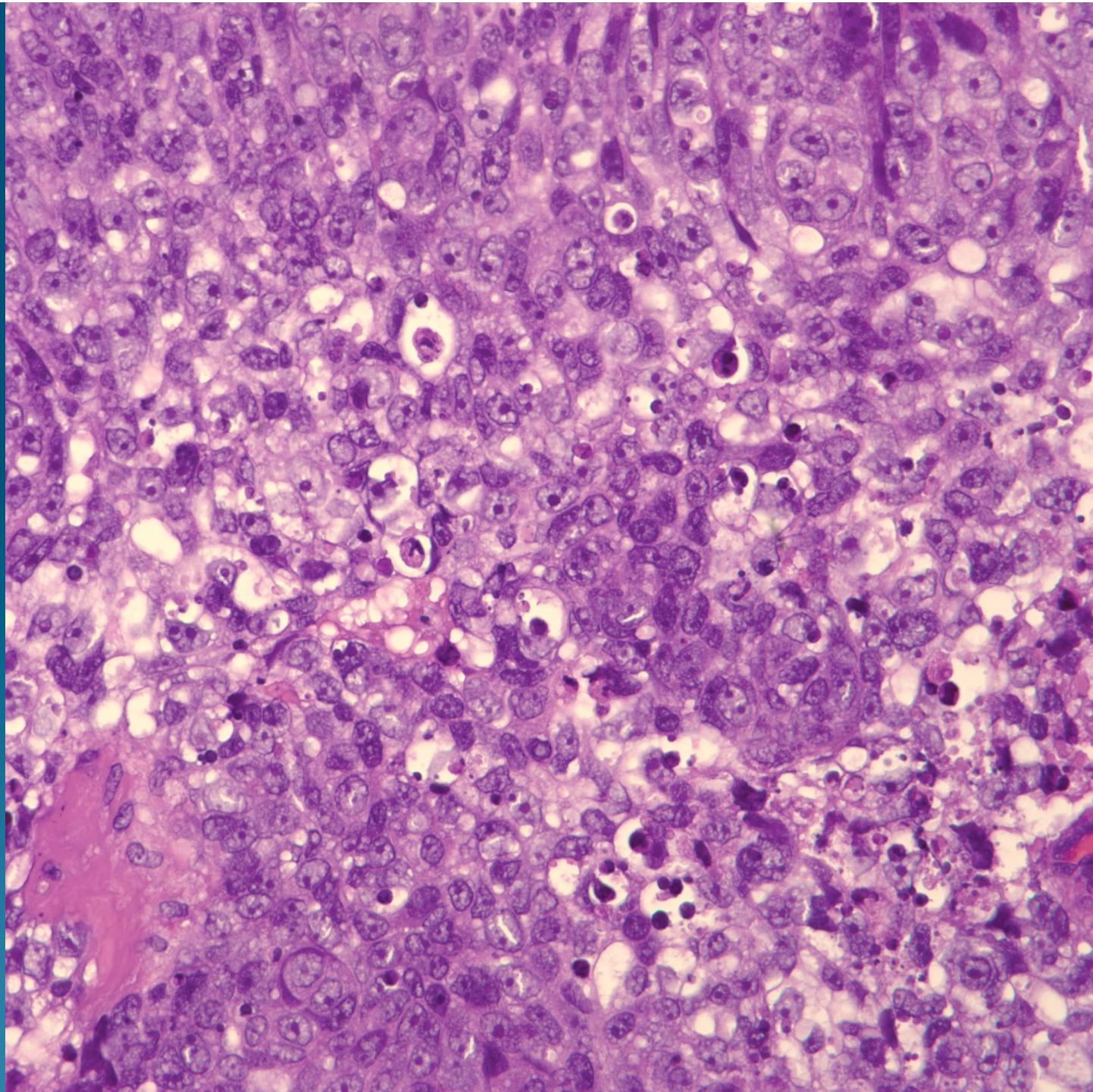


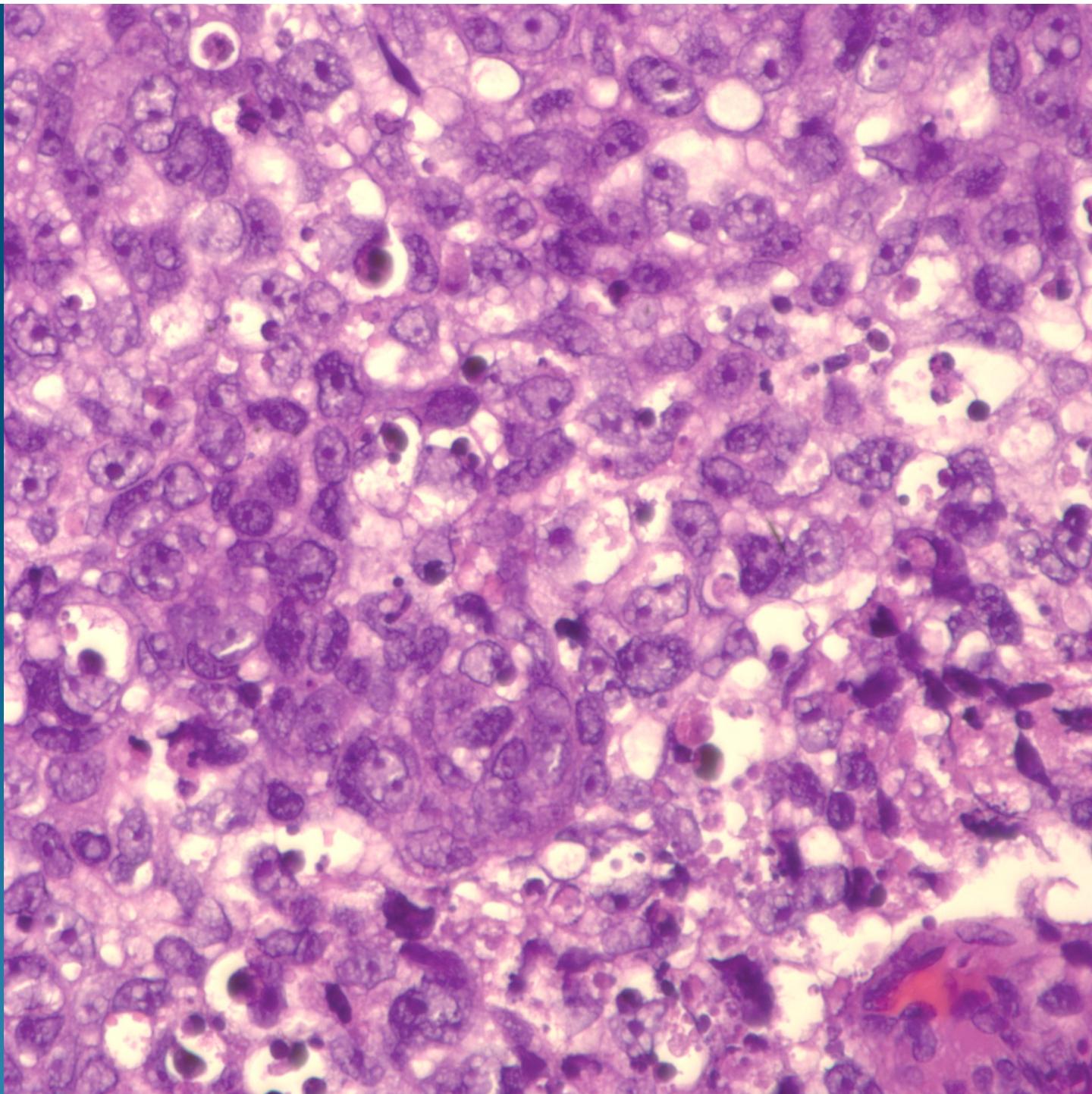
- Neutrophilic dermatosis with accompanying panniculitis and subcutaneous vasculitis
- Clinical-pathological correlation
- Rule out nodular vasculitis, polyarteritis nodosa, other neutrophilic dermatoses









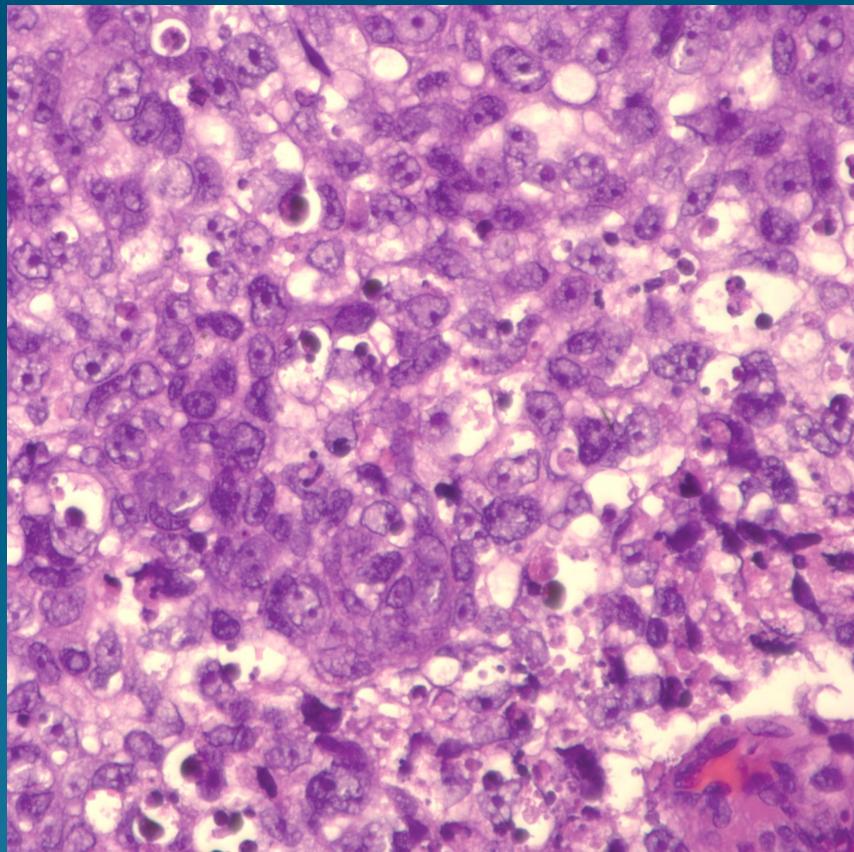


What is the best diagnosis?

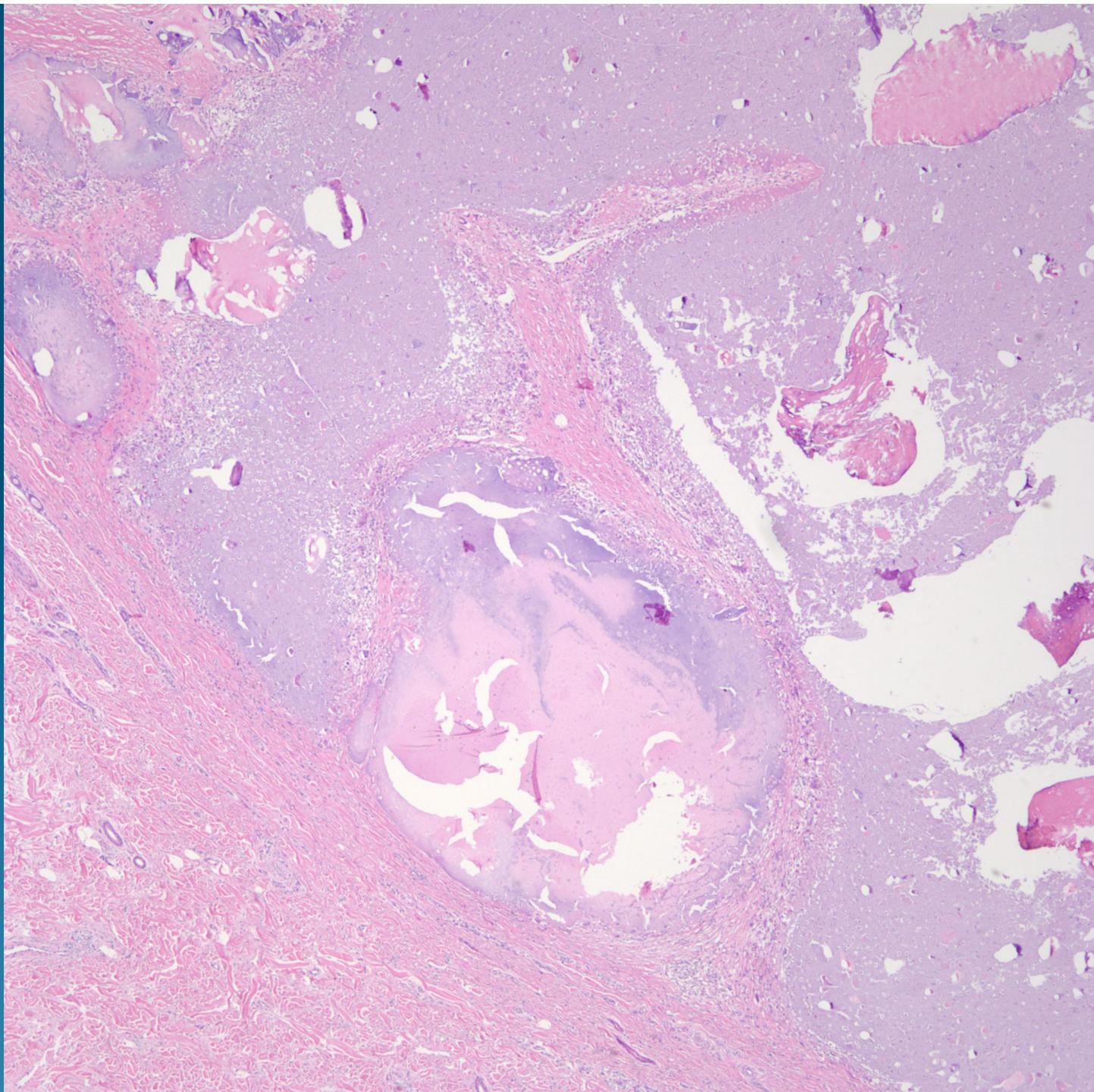
- A. Eccrine spiradenoma
- B. Apocrine carcinoma
- C. Sebaceous carcinoma
- D. Pilomatrixoma
- E. Metastatic renal cell carcinoma

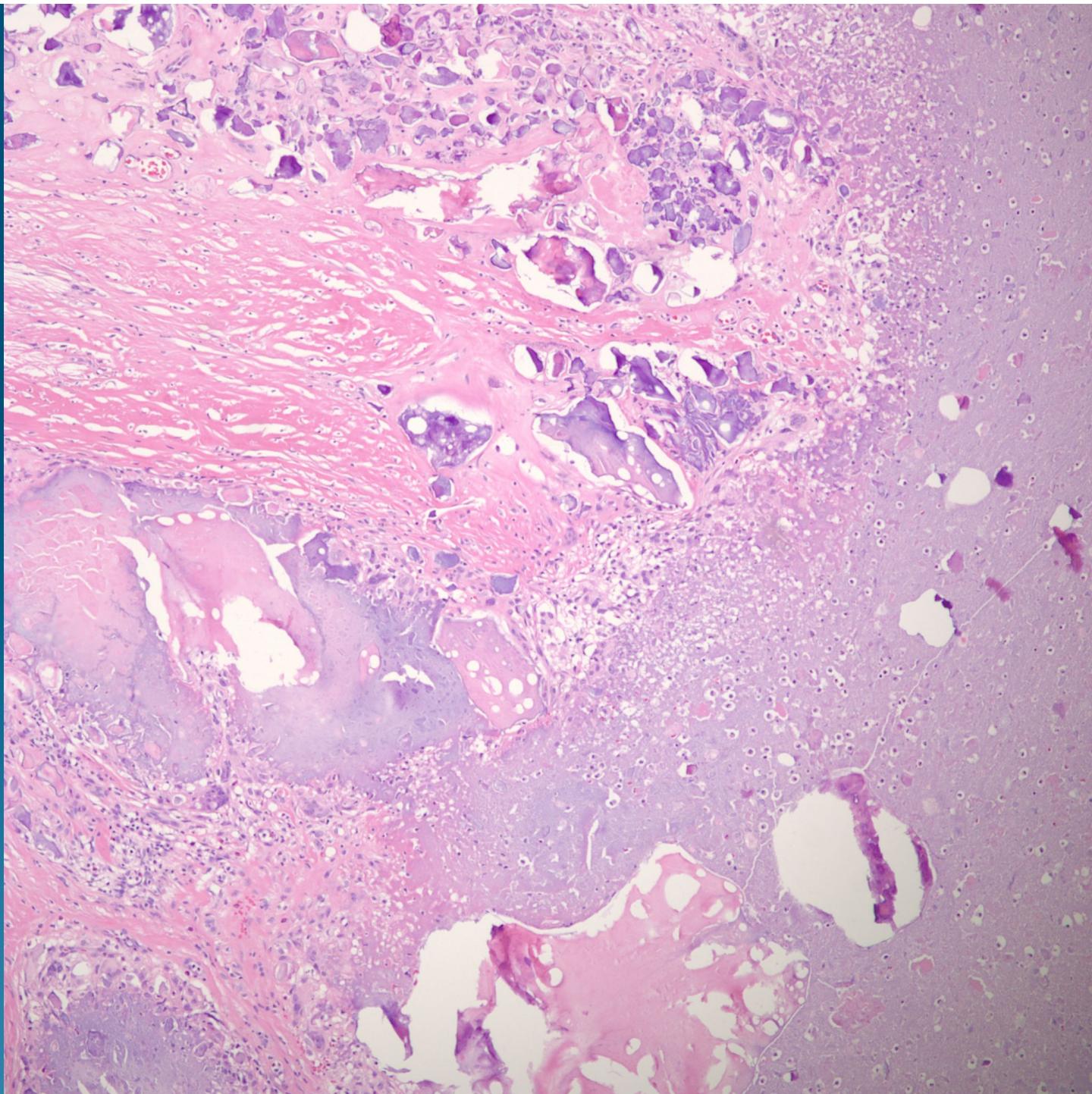
Sebaceous Carcinoma, Poorly Differentiated

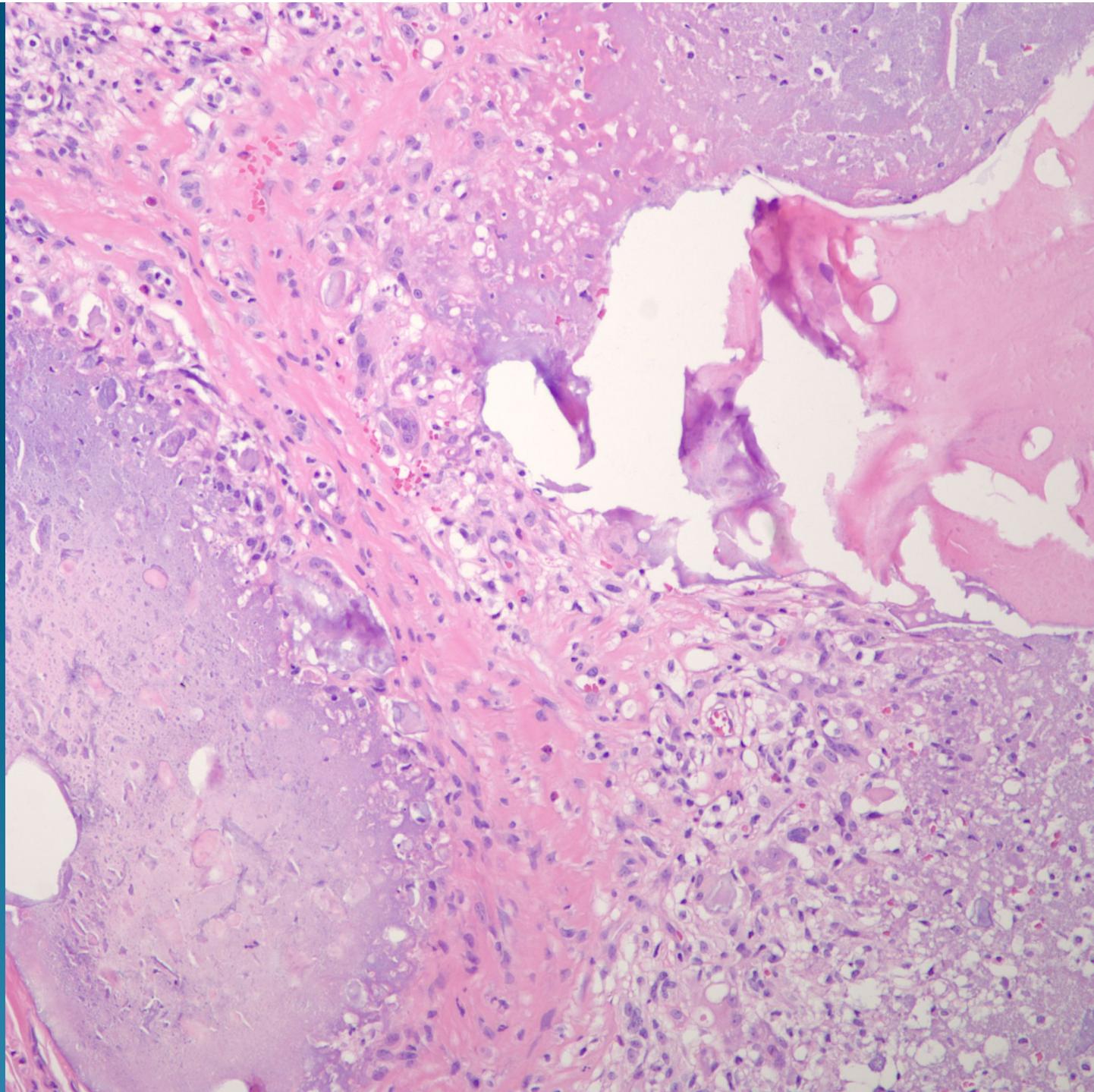
Pearls

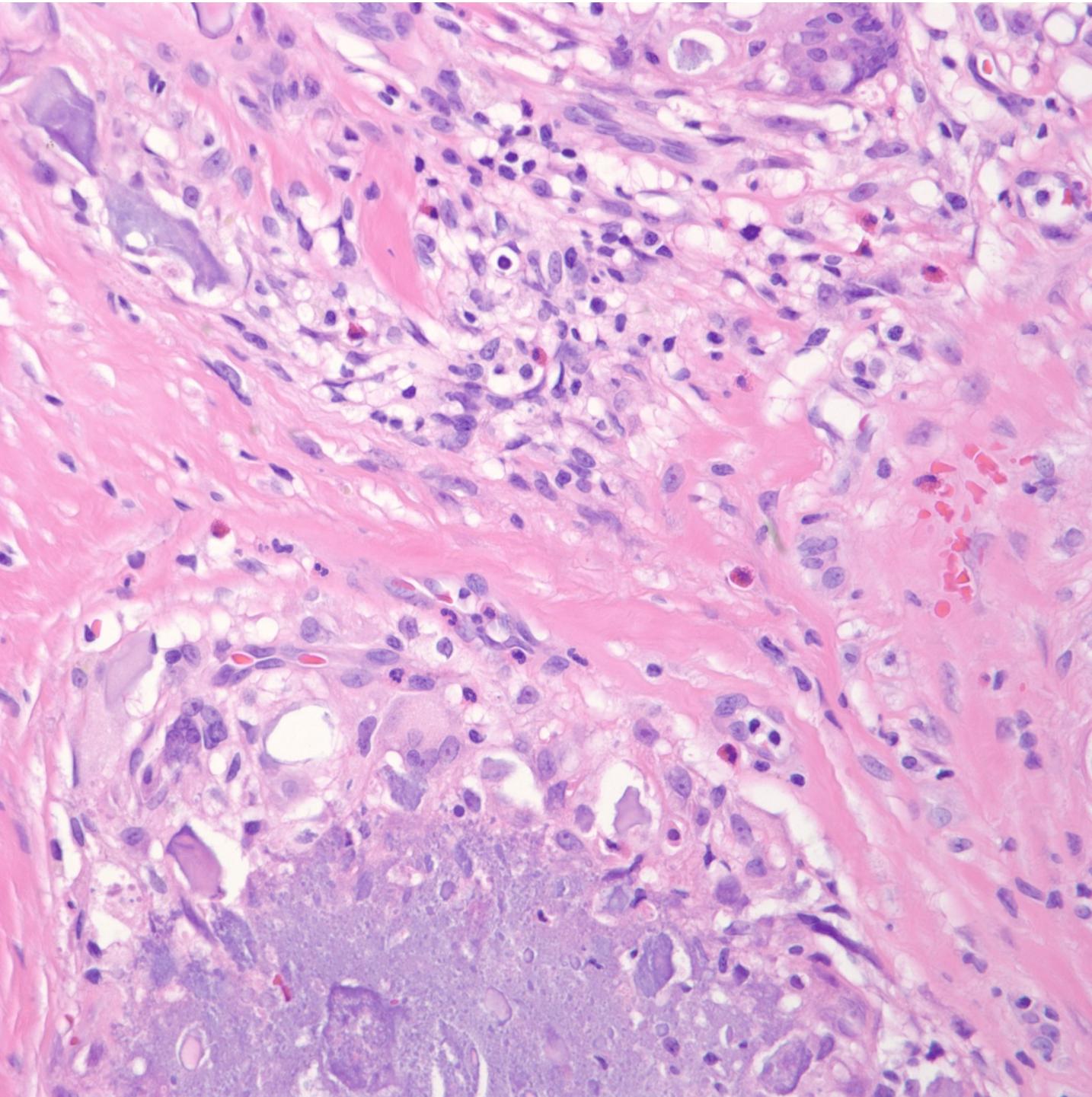


- Poorly differentiated basophilic cells with vacuolated cytoplasm representing sebaceous changes
- Lack true peripheral palisading
- May have focal squamous differentiation
- Numerous atypical mitotic figures







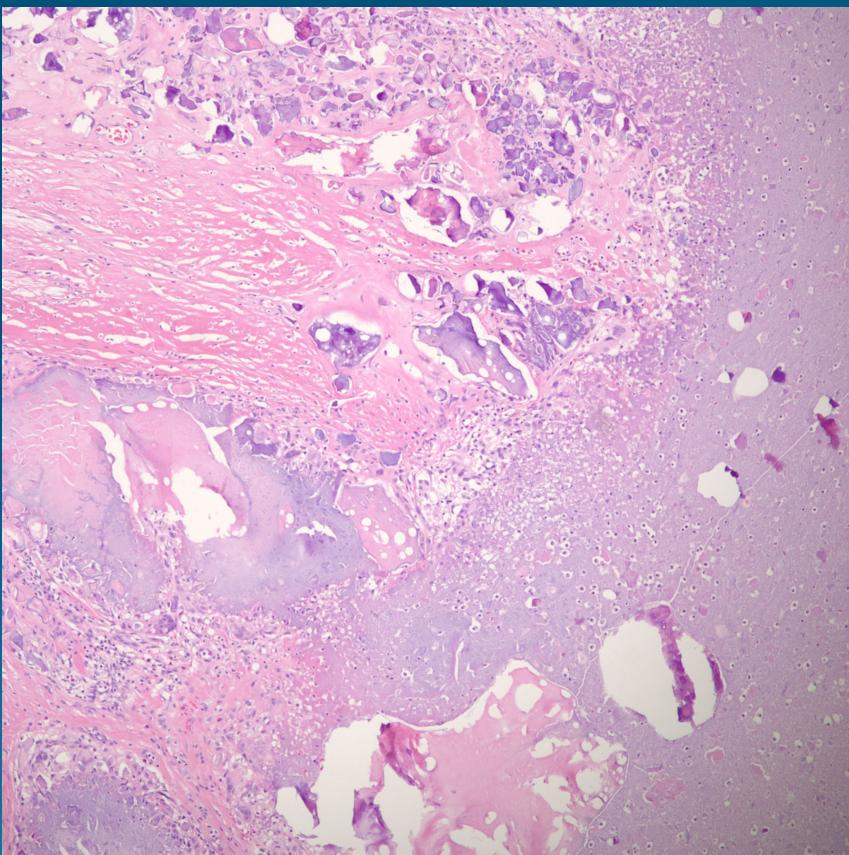


What is the best diagnosis?

- A. Pilomatrixoma
- B. Proliferating pilar tumor
- C. Epidermal inclusion cyst
- D. Osteoma cutis
- E. Tumoral calcinosis

Tumoral Calcinosis

Pearls



- Large collections of amorphous debris with calcifications
- Numerous foreign body type giant cells
- May have precursor hemangioma or epithelial cyst