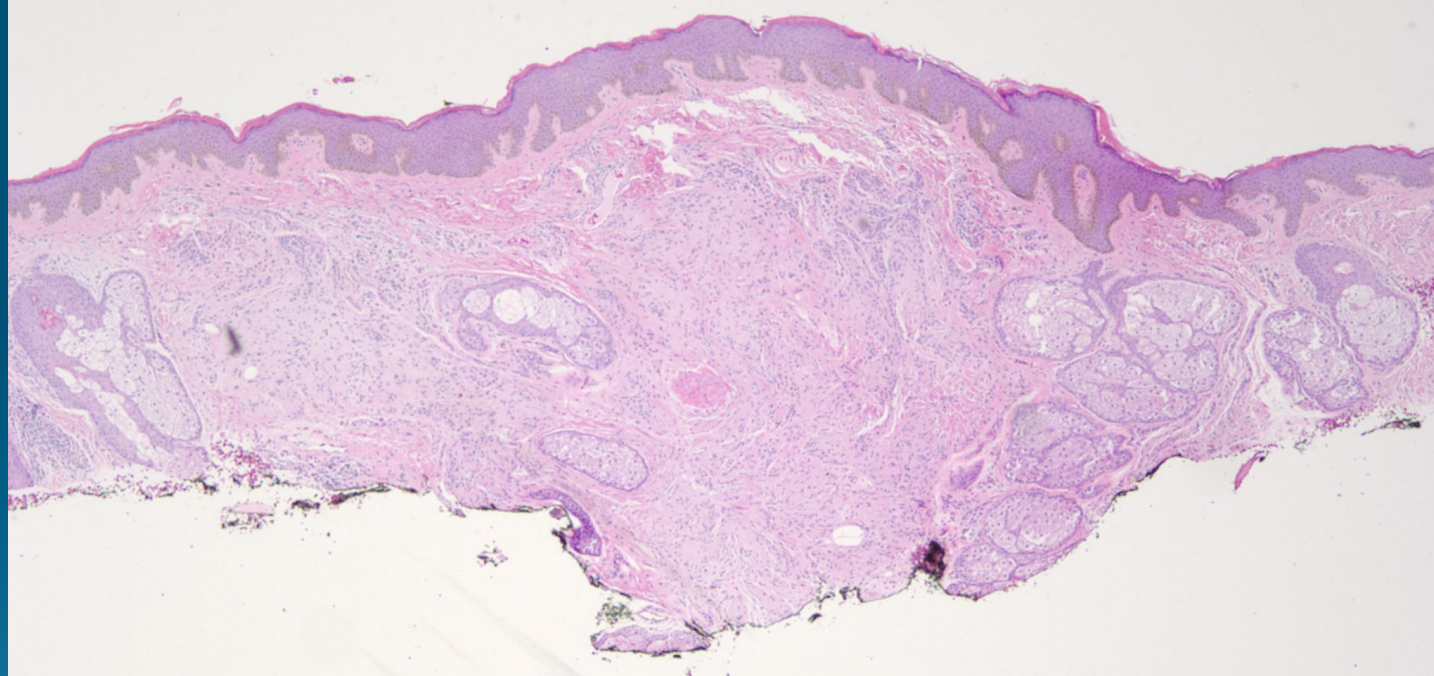
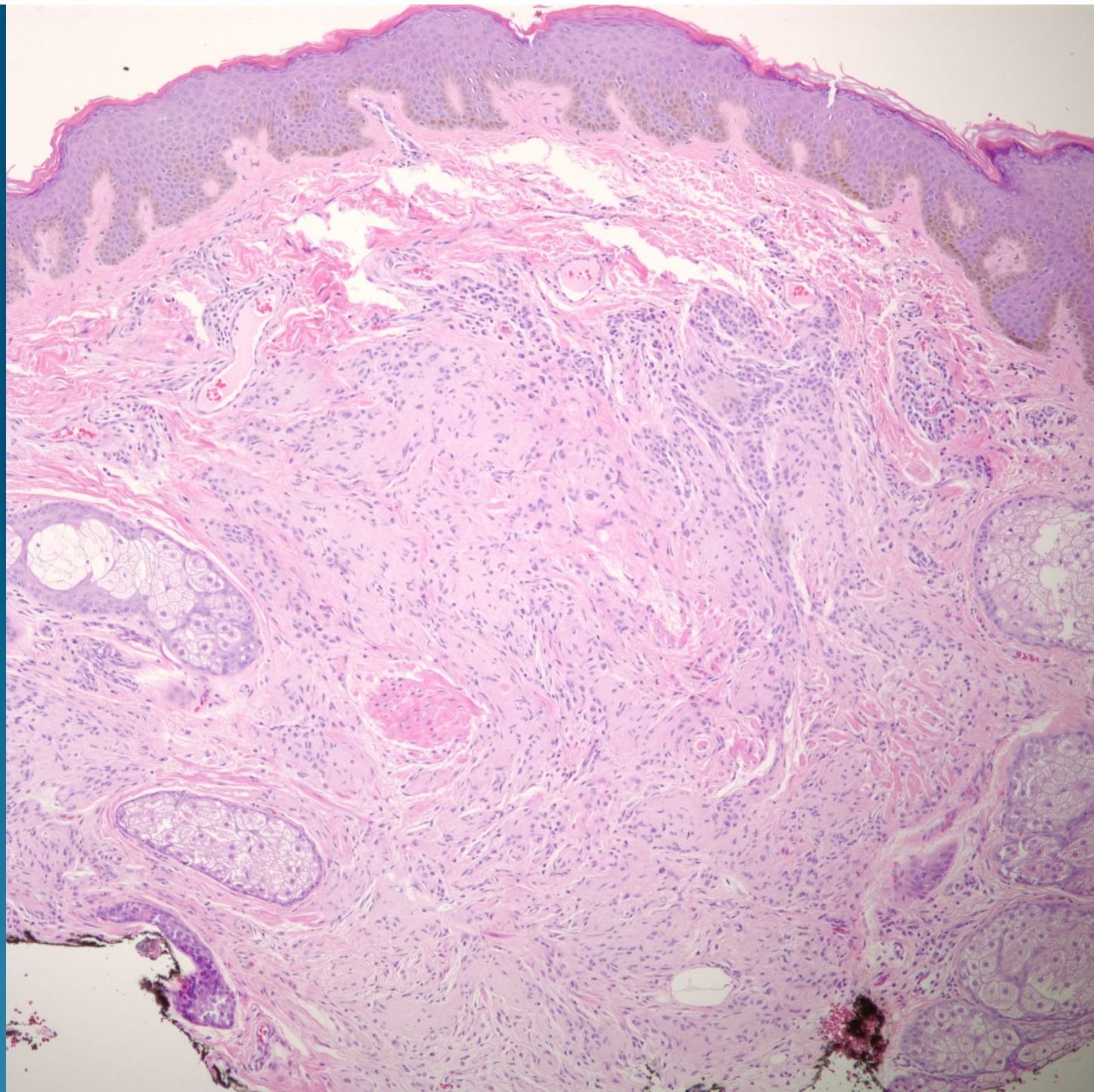
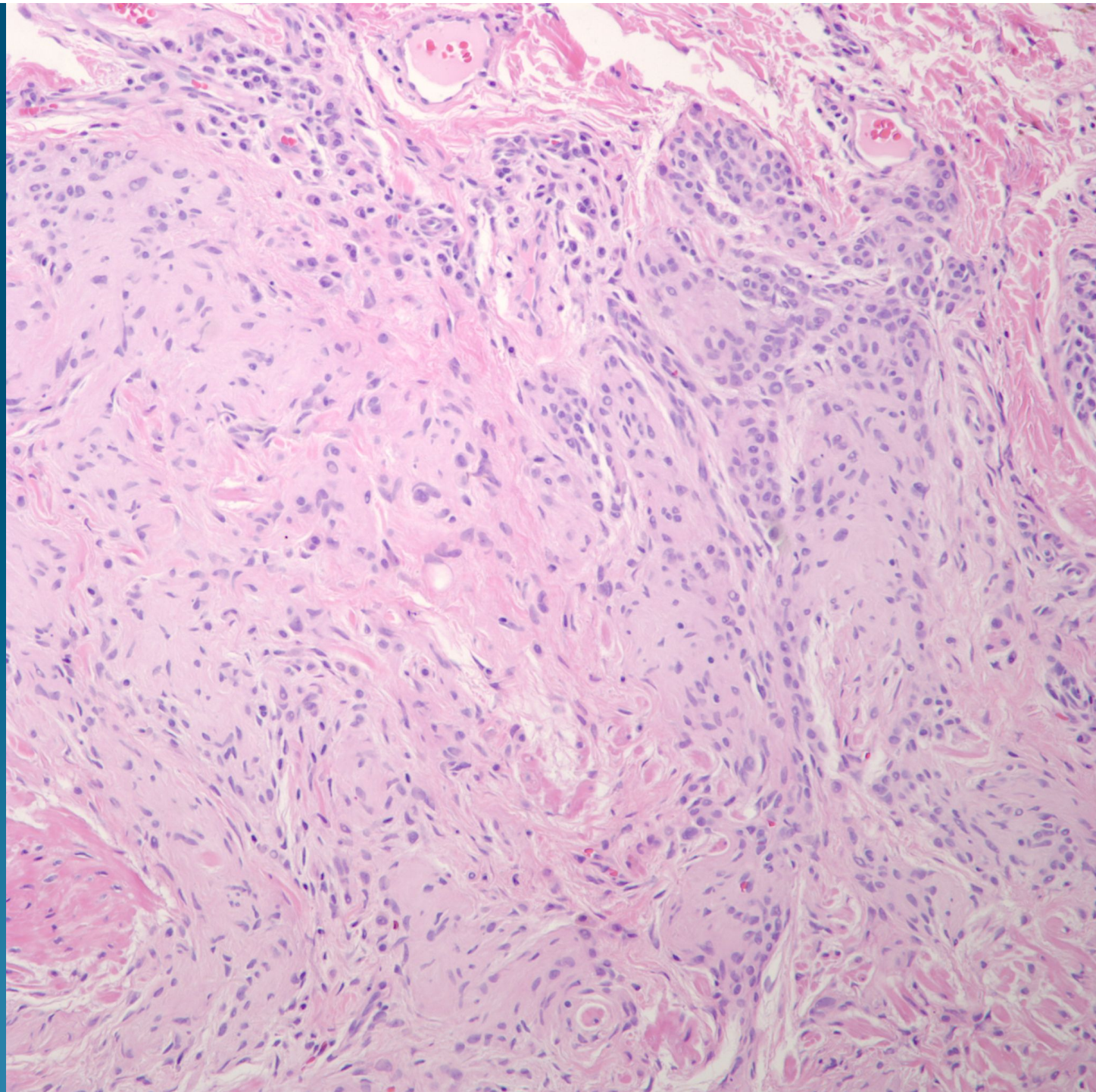


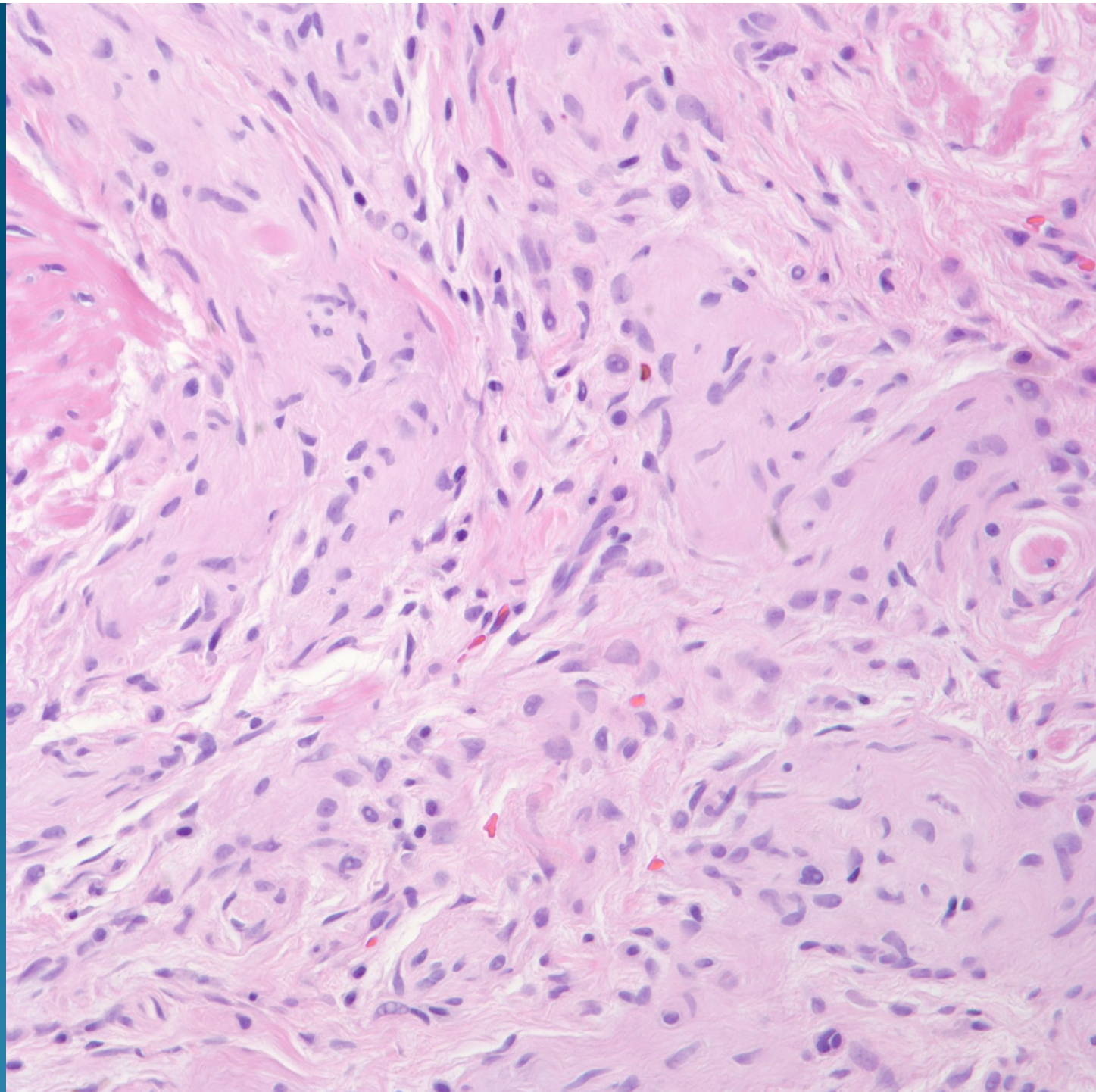
Dermatopathology Slide Review Part 83

Paul K. Shitabata, M.D.
Dermatopathology Institute







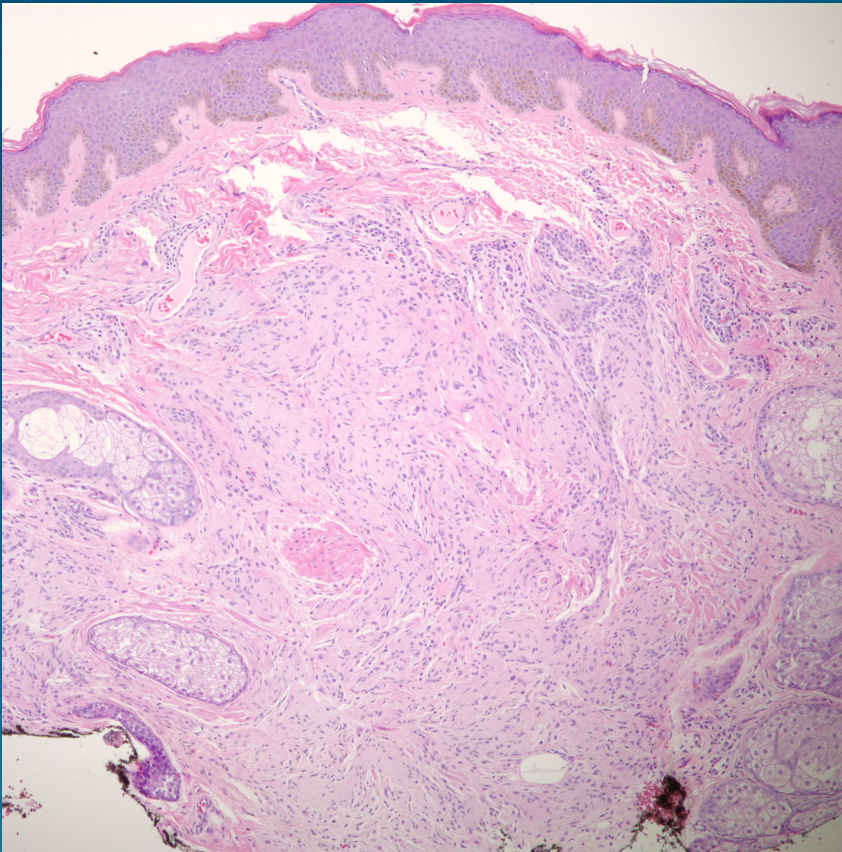


What is the best diagnosis?

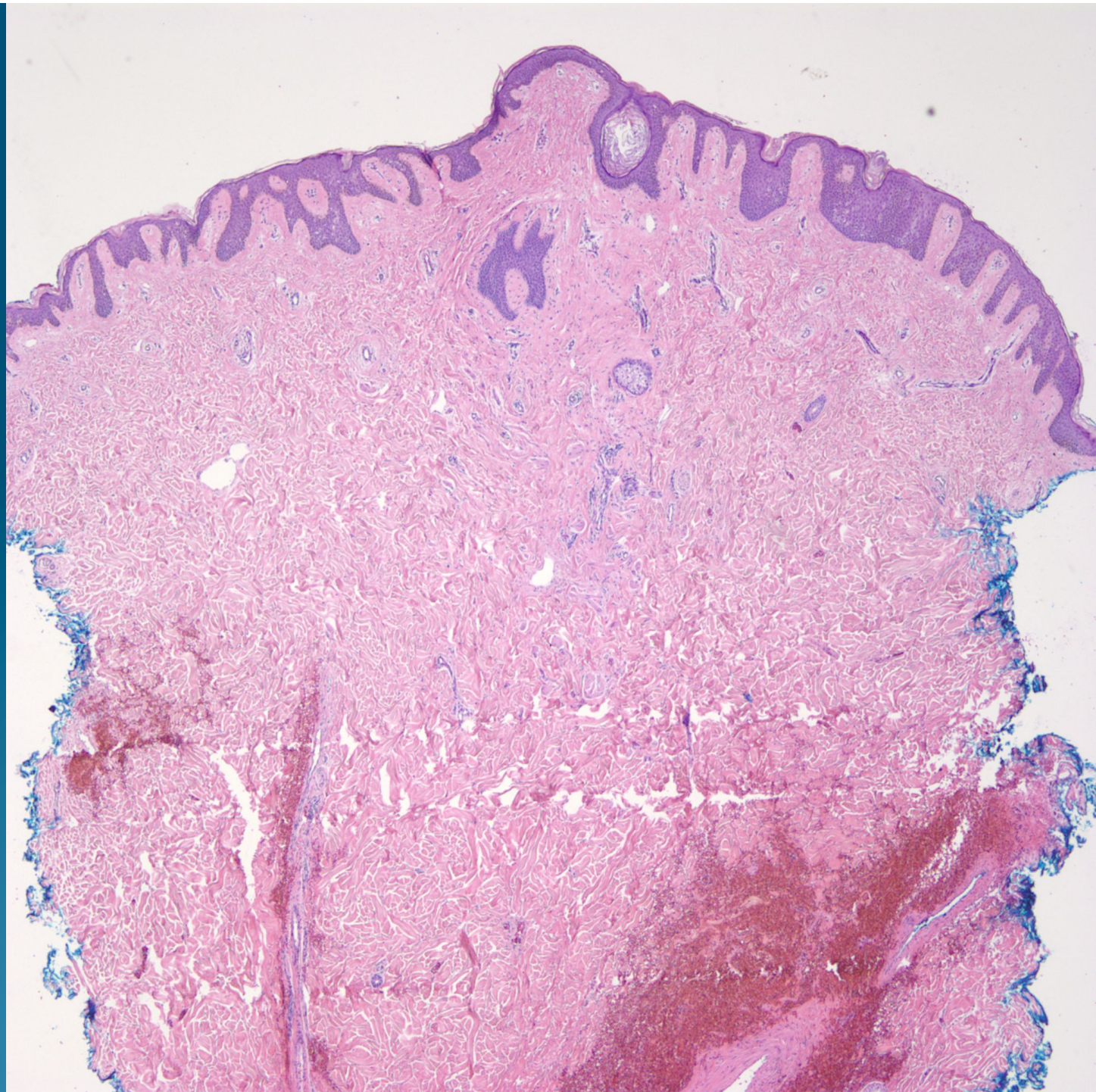
- A. Neurotized nevus
- B. Neurofibroma
- C. Neurilemmoma
- D. Palisaded and encapsulated neuroma
- E. Fibrous papule

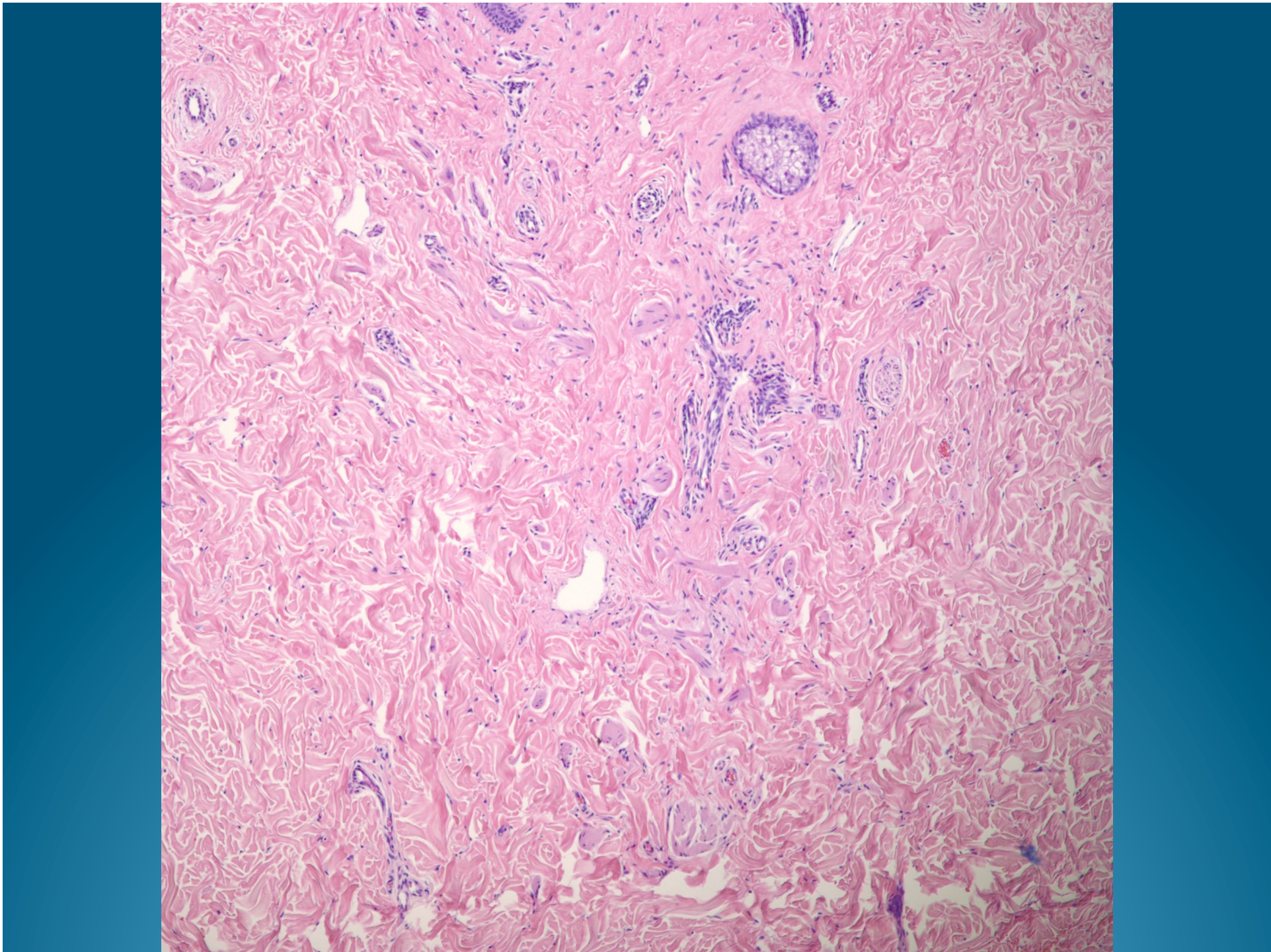
Neurotized Nevus

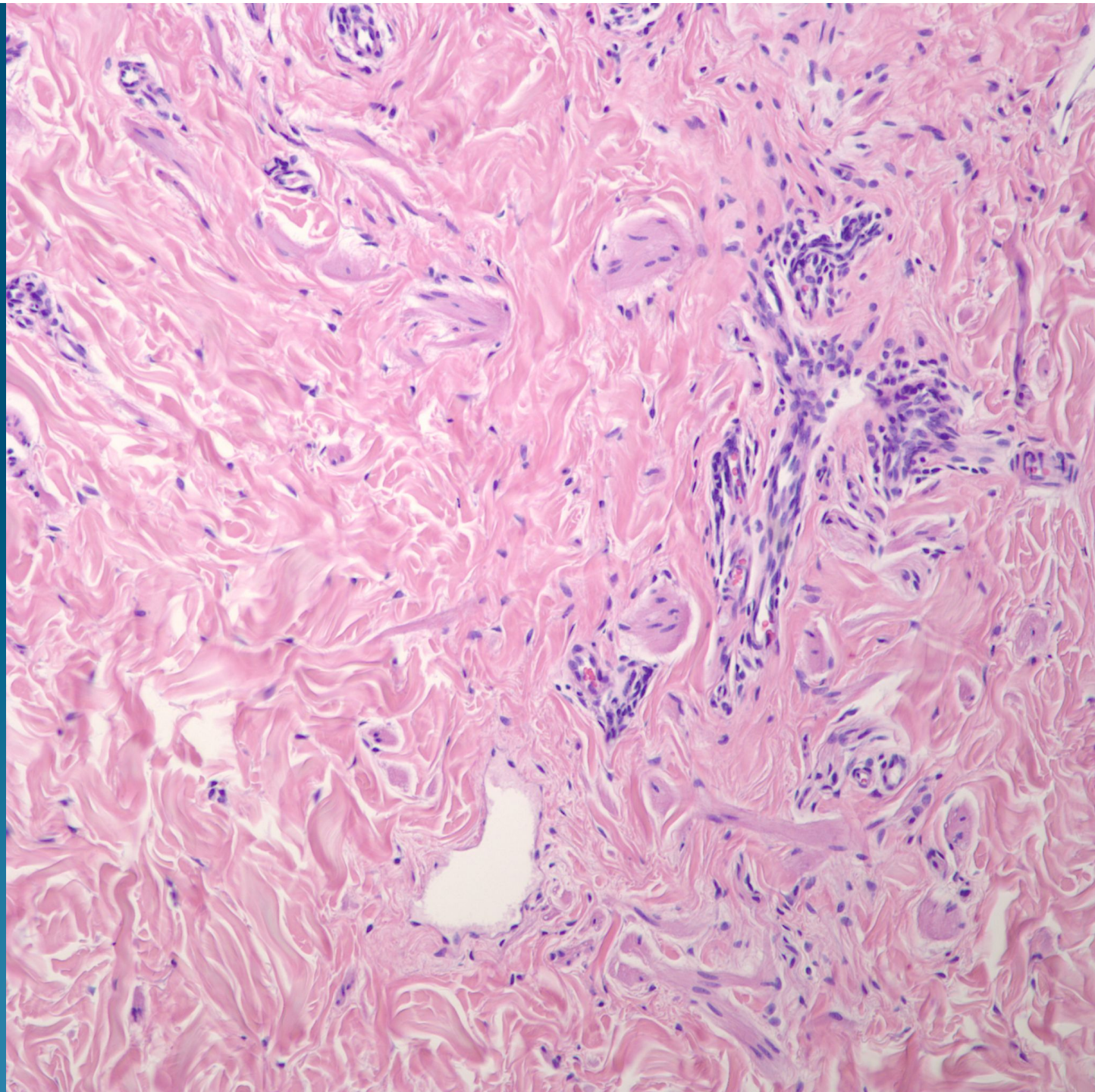
Pearls

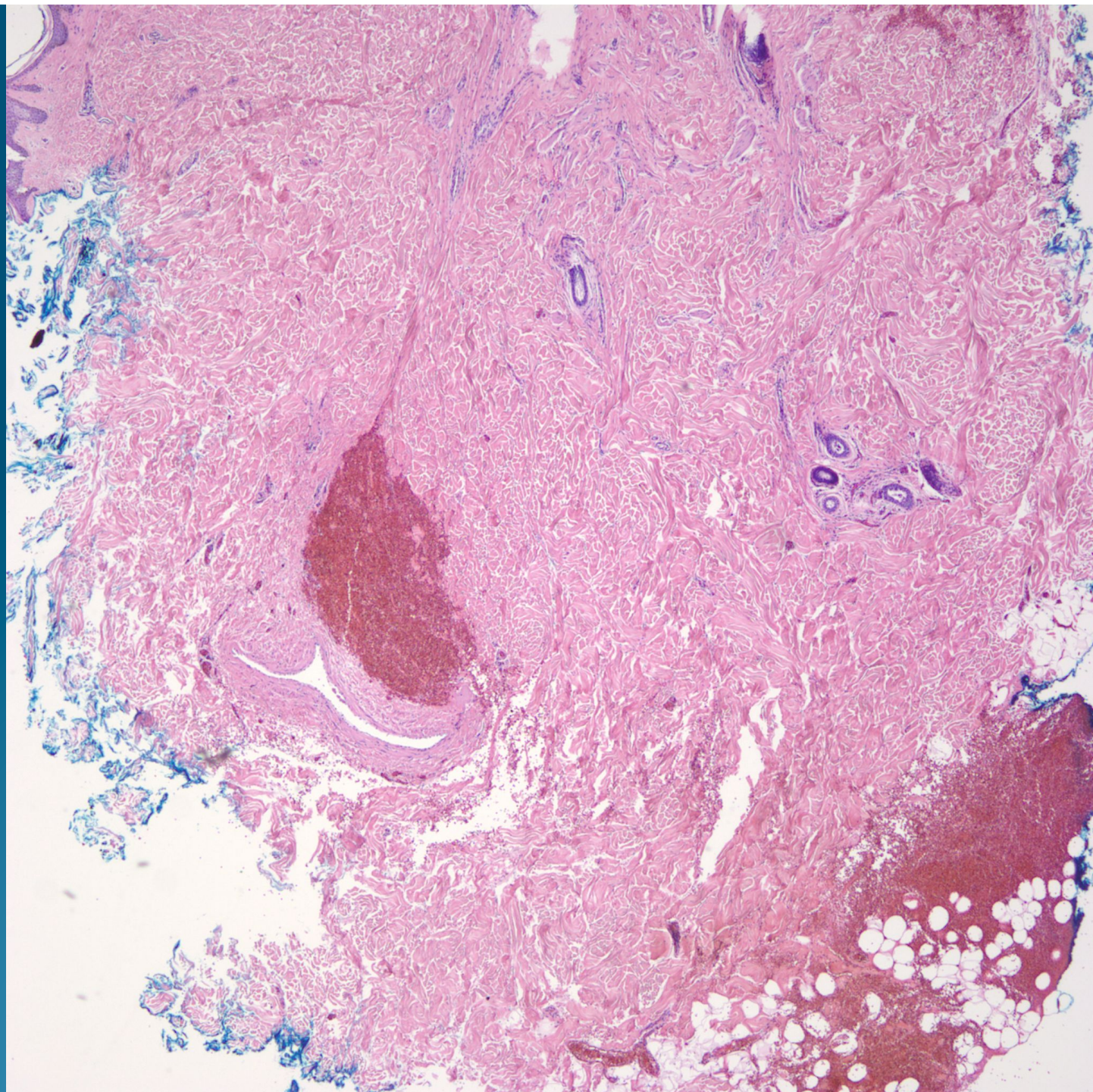


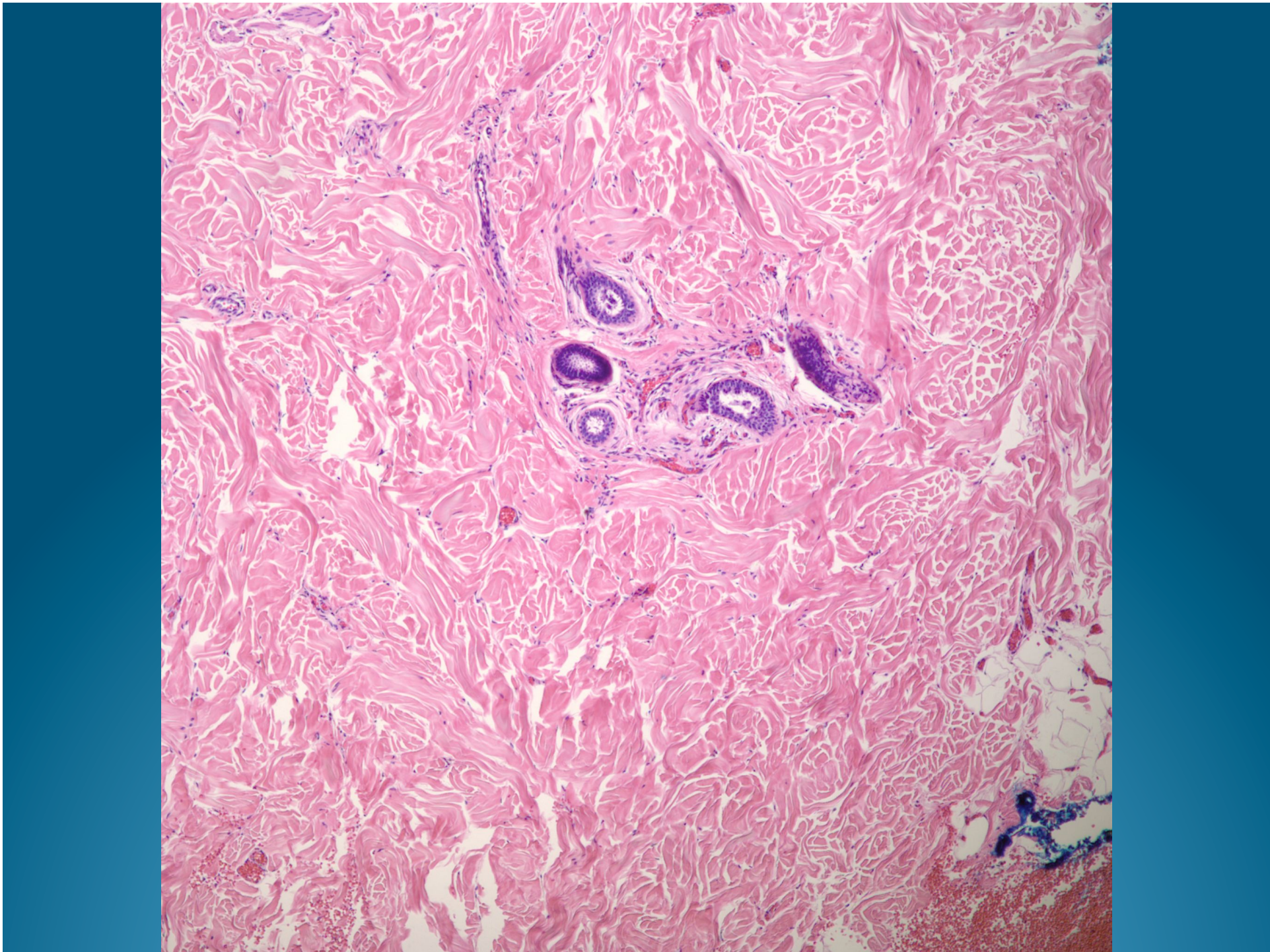
- May have conventional nests of melanocytic nevus with gradual transition to Type C or spindled nevus cells
- May be histologically indistinguishable from neurofibroma but will not have nerve roots.

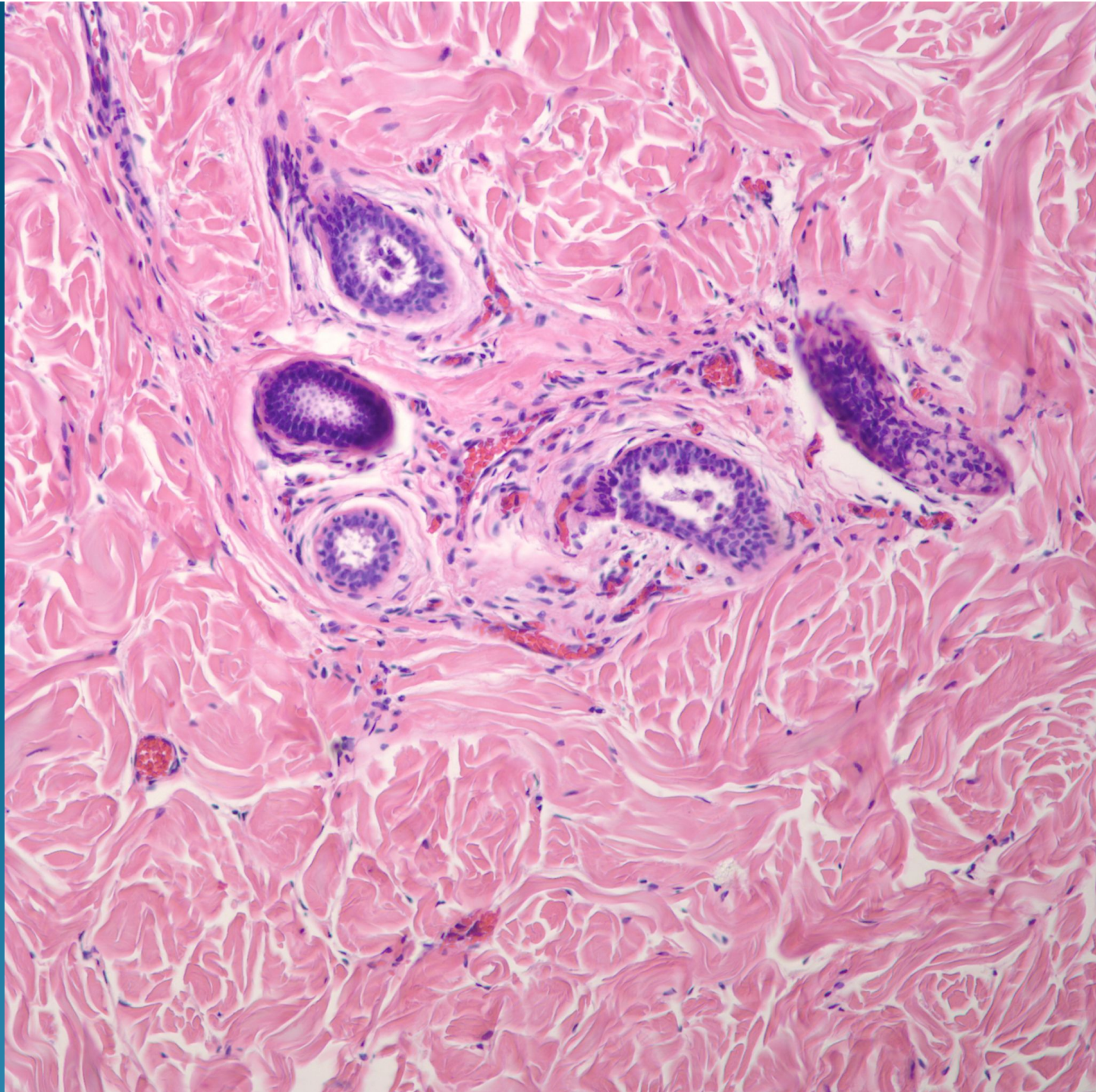


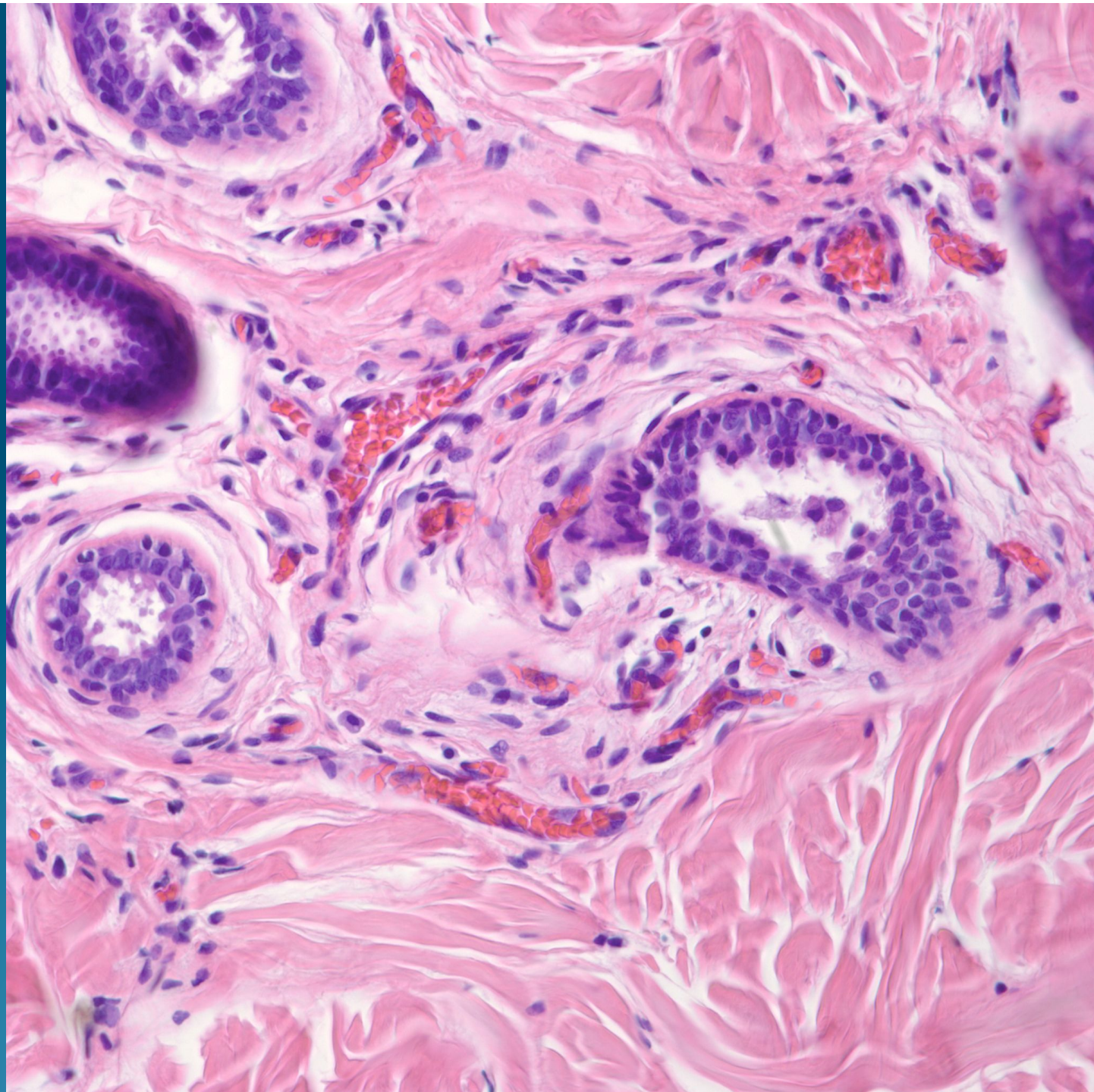










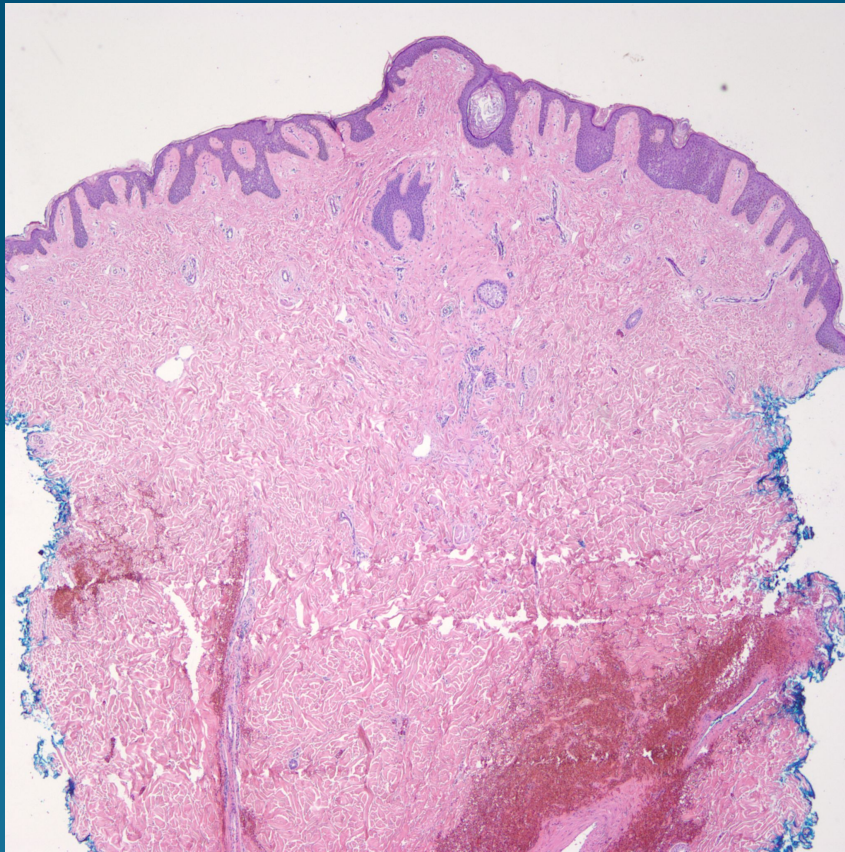


What is the best diagnosis?

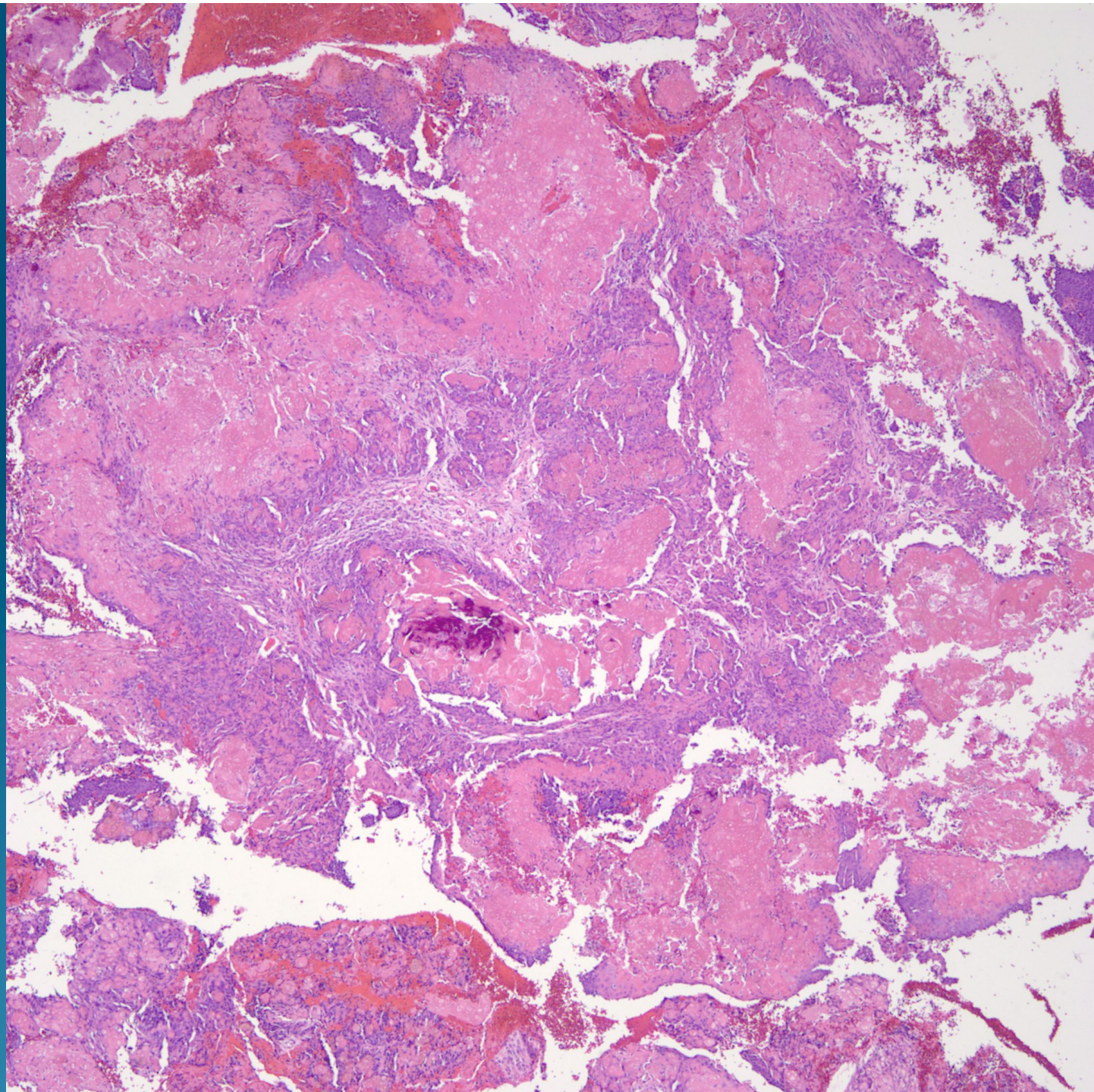
- A. Accessory nipple
- B. Accessory tragus
- C. Accessory digit
- D. Syrginoma
- E. Eccrine sweat duct nevus

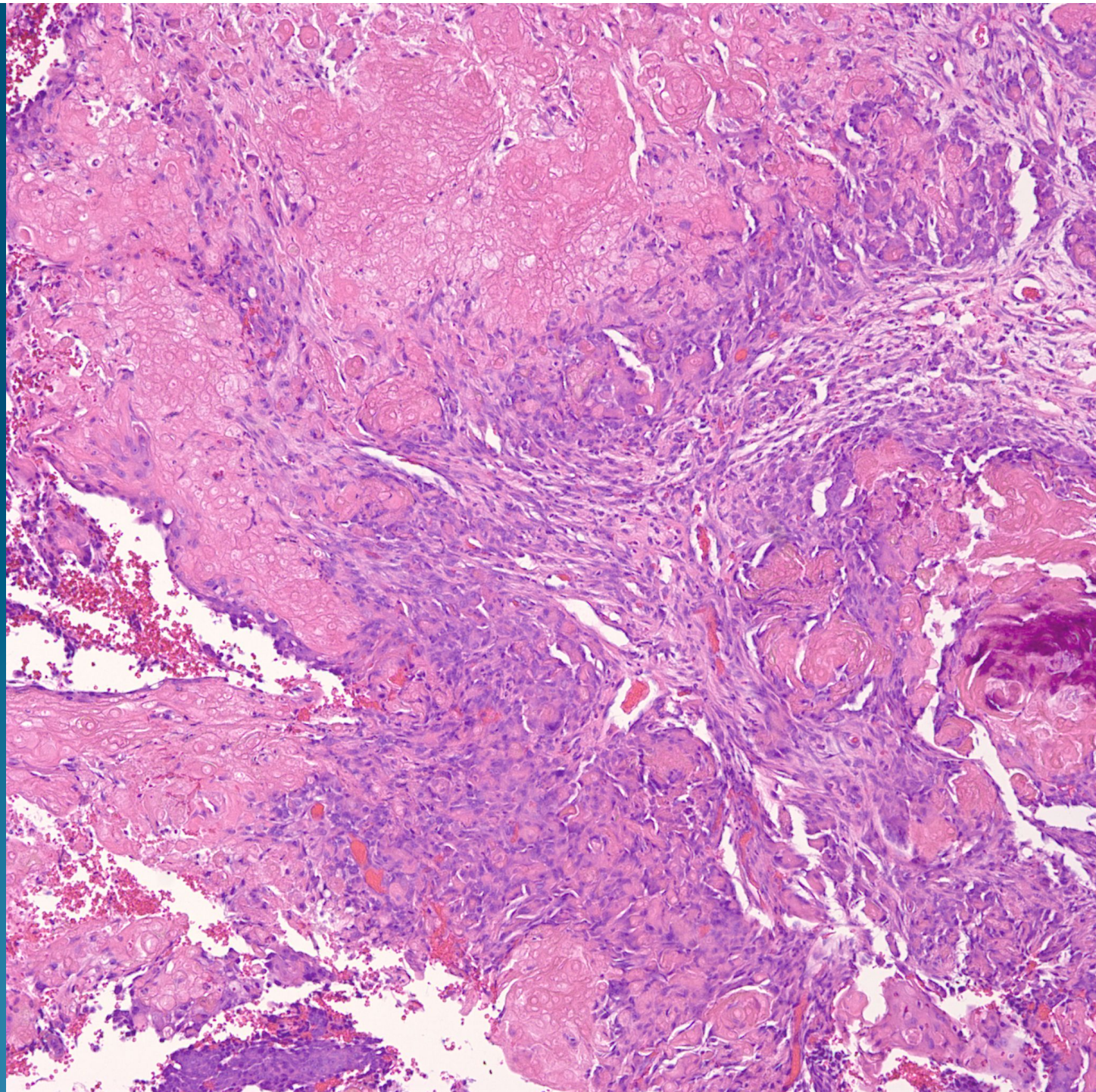
Accessory Nipple

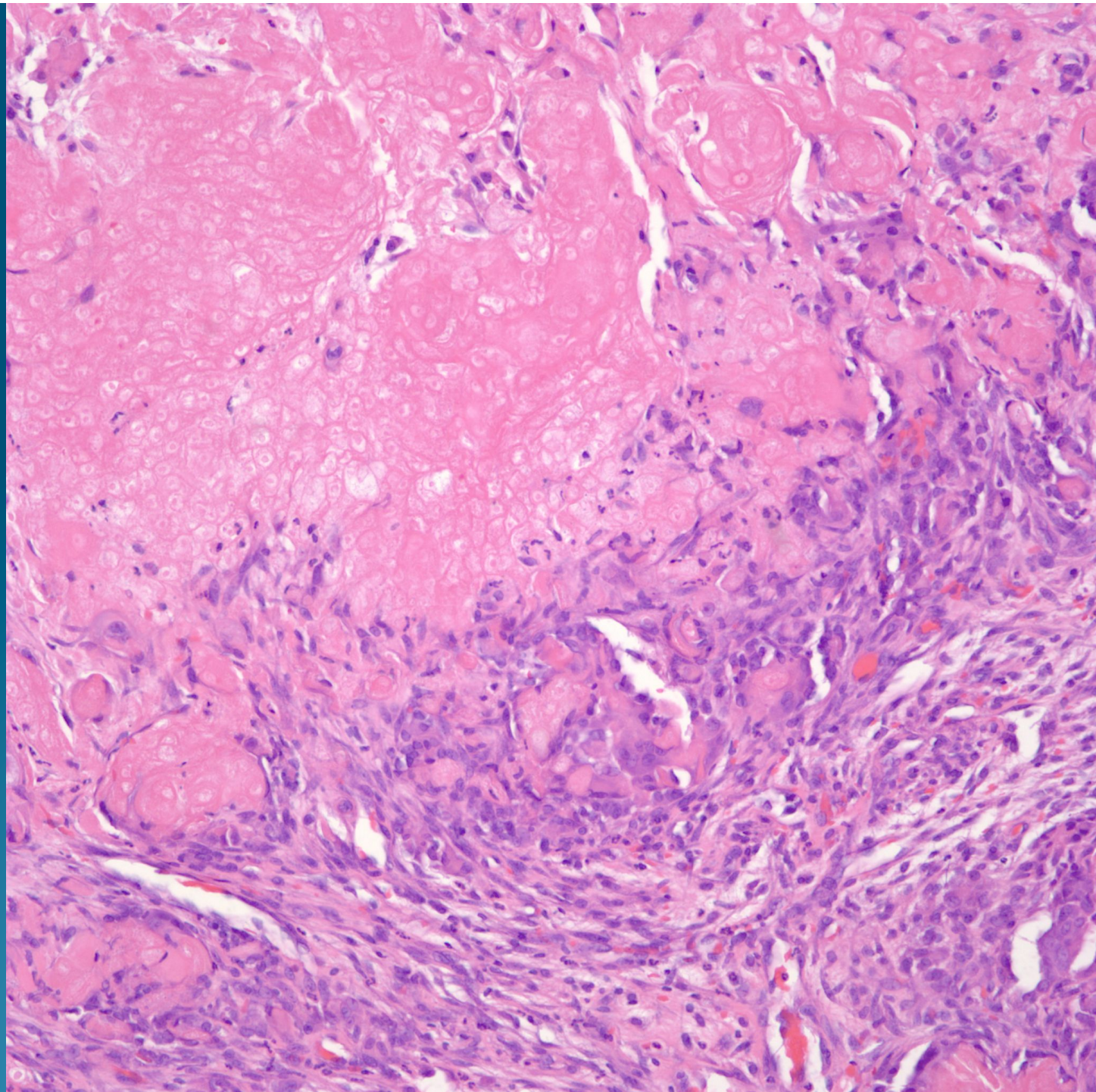
Pearls

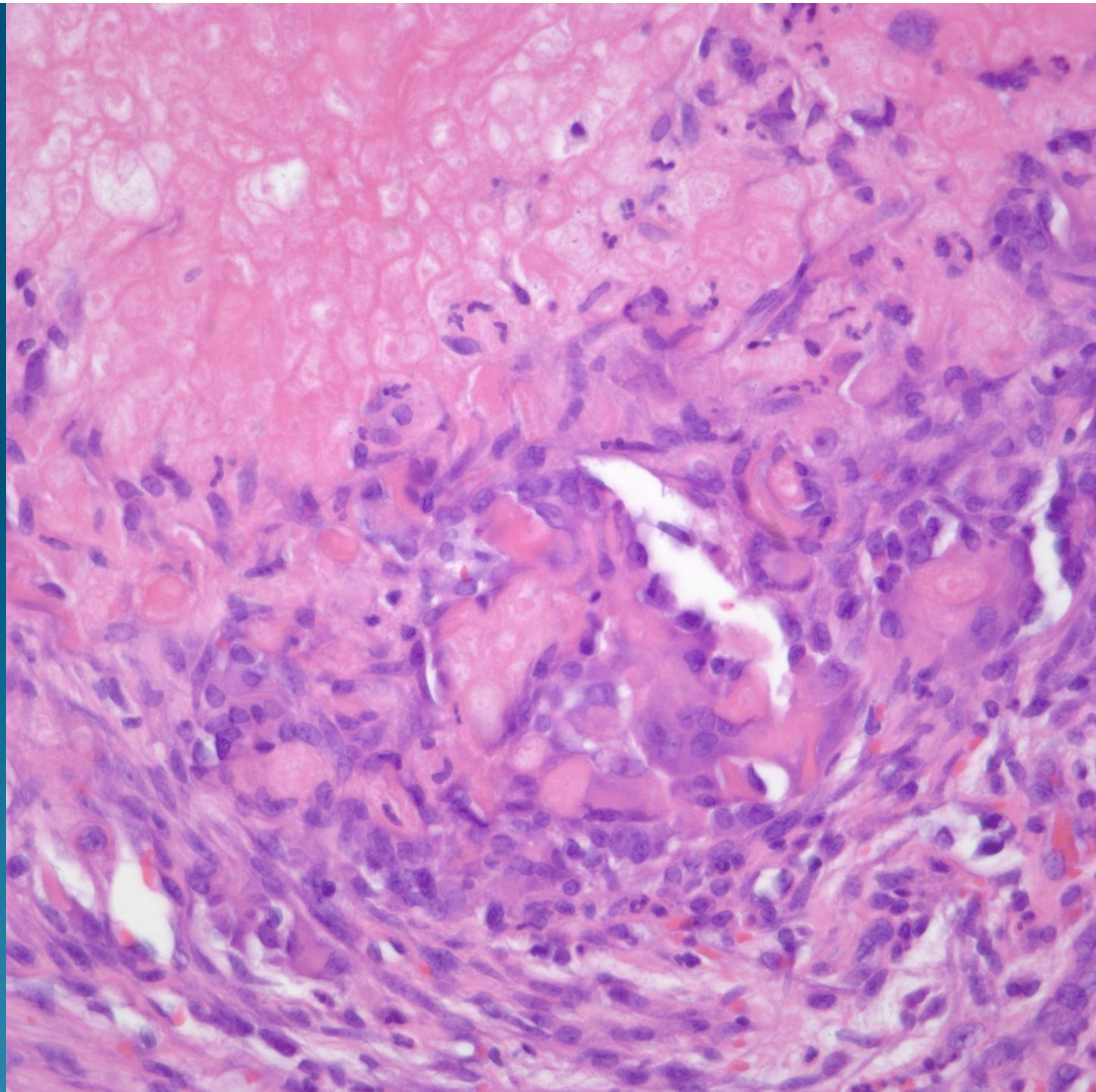


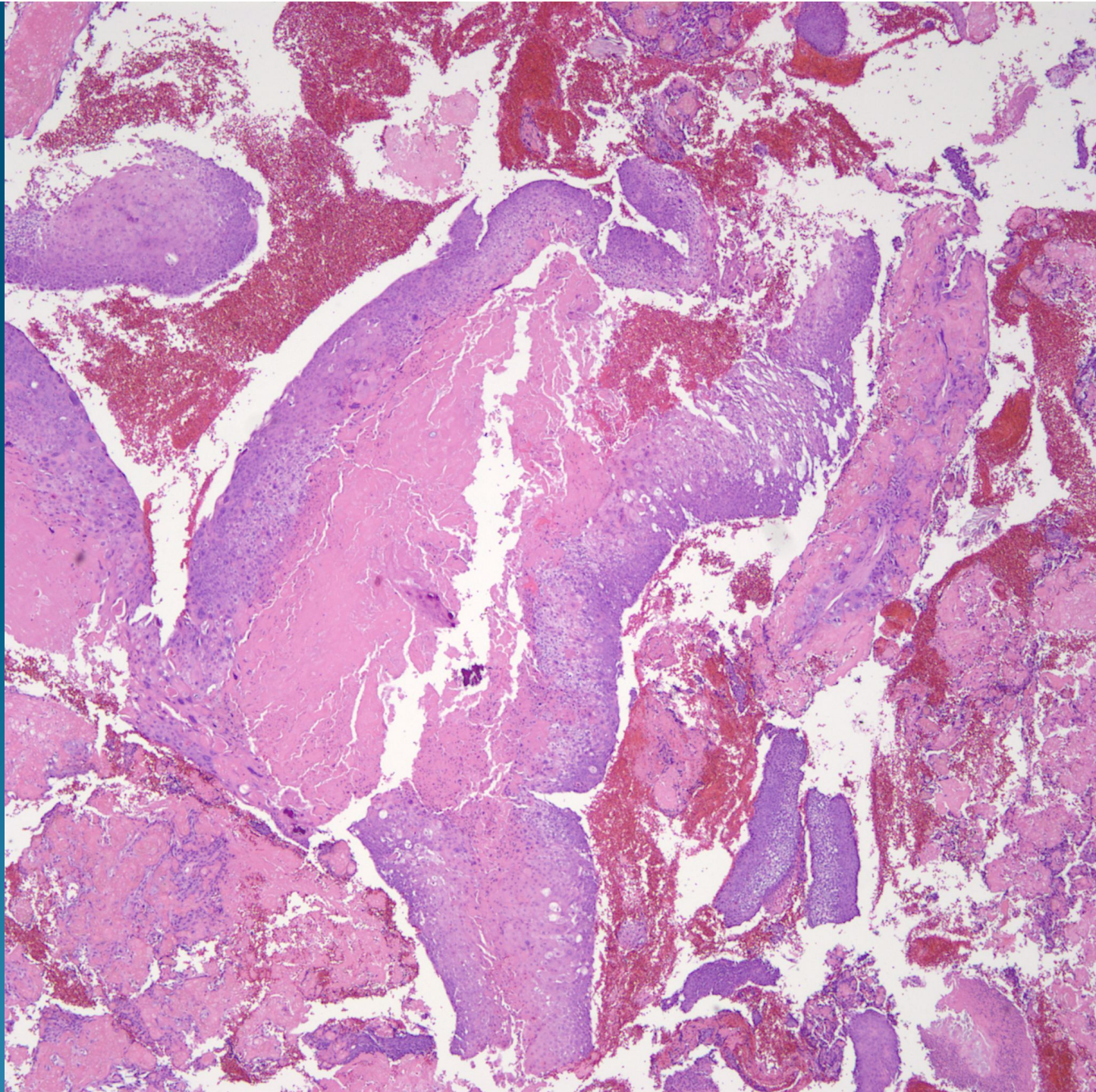
- Slightly polypoid dermal nodule with mixed collection of smooth muscle and variable apocrine ducts
- Look for apocrine snouting to distinguish from eccrine ducts
- Clinical correlation usually within the milk line

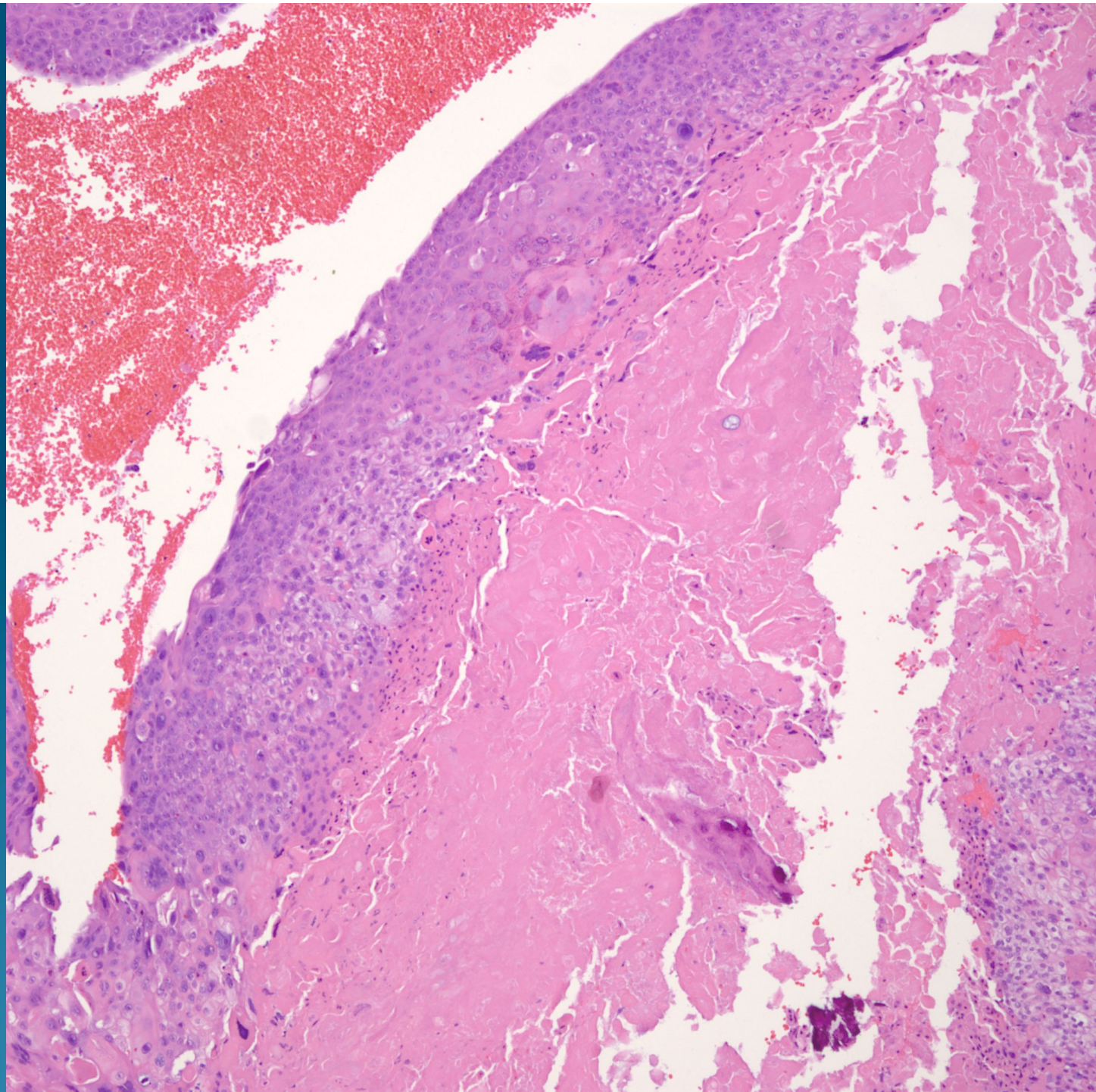


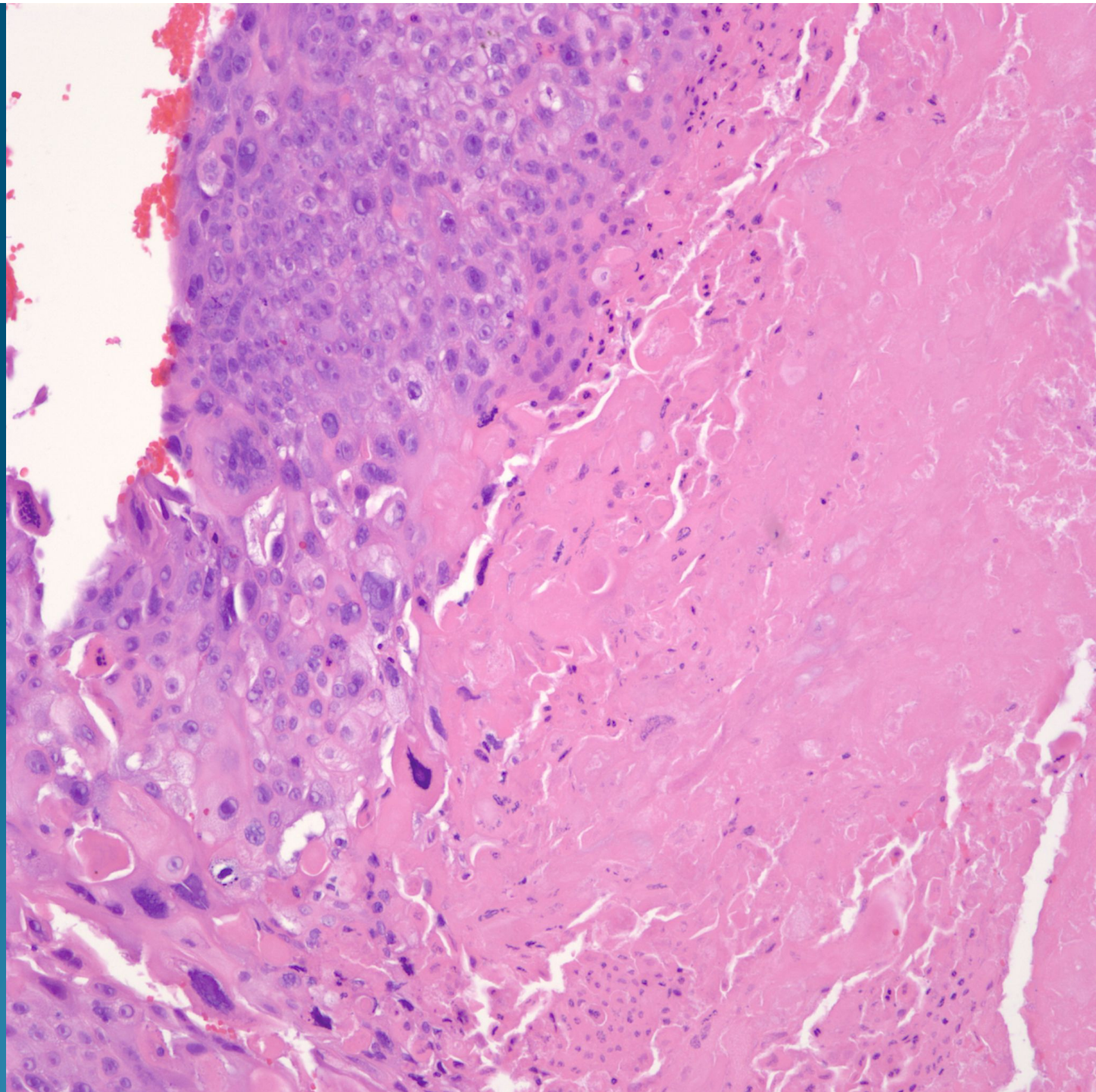


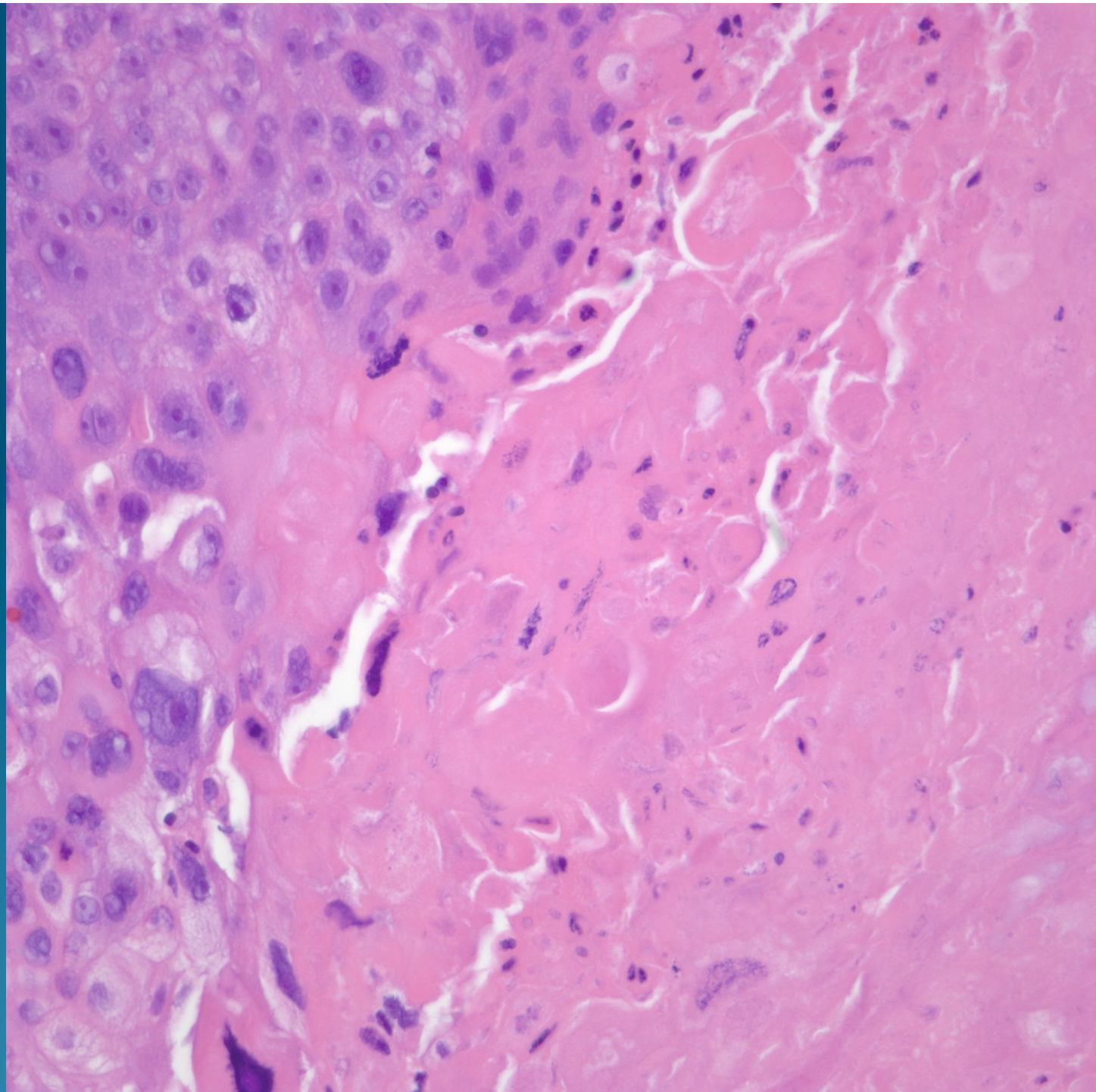


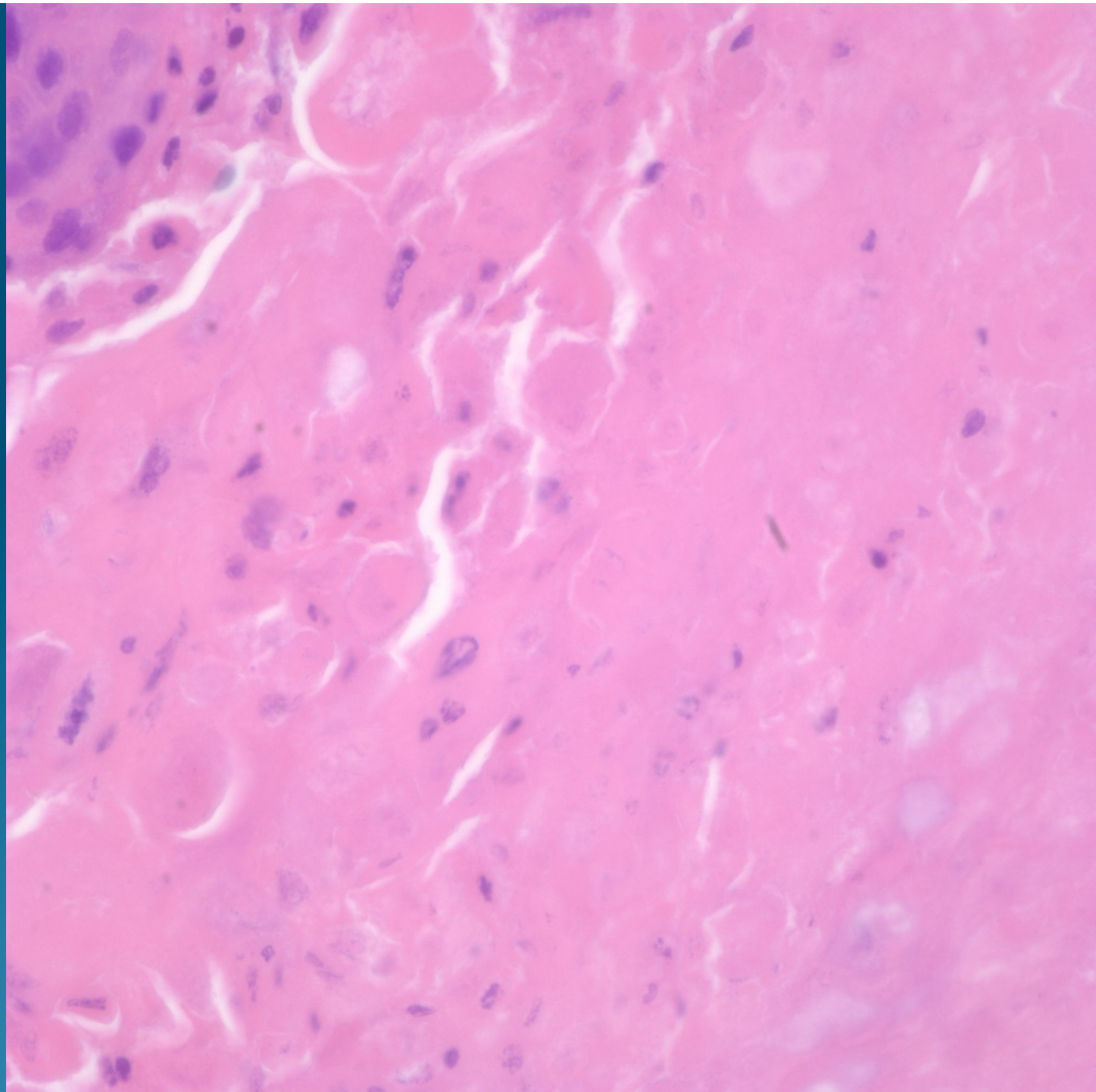










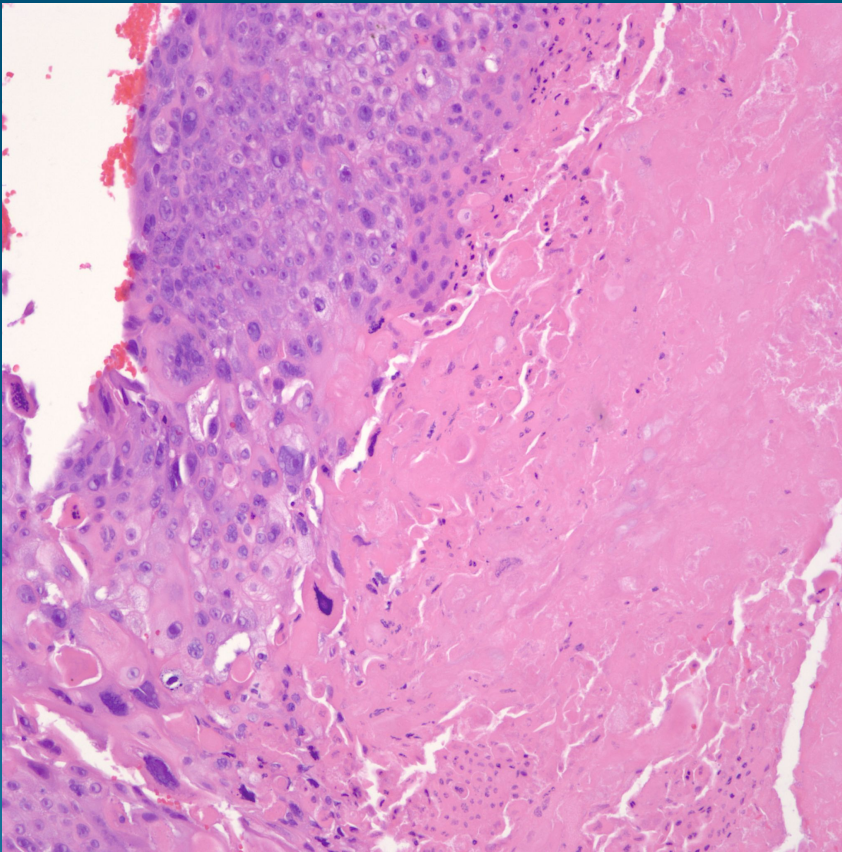


What is the best diagnosis?

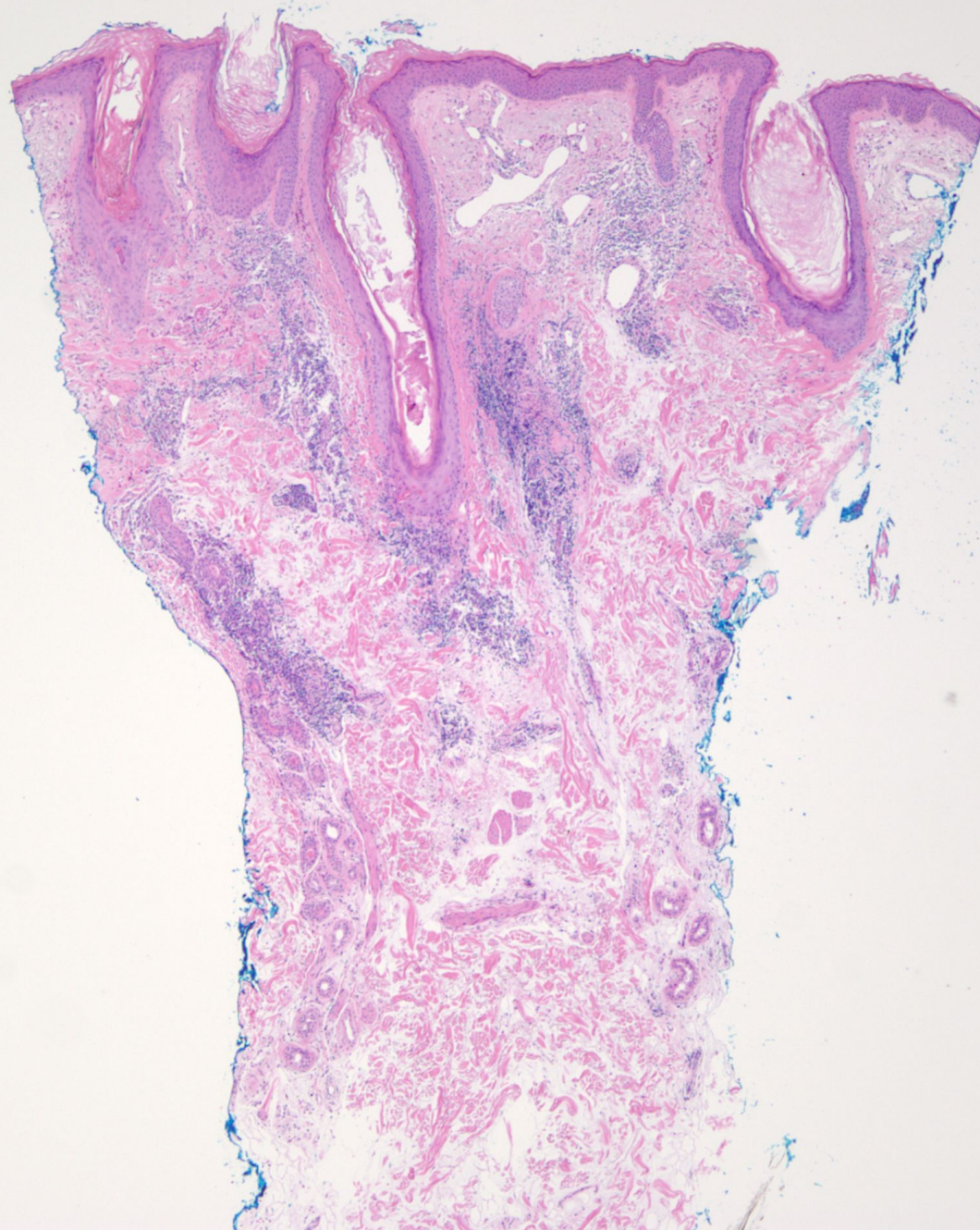
- A. Sebaceous Carcinoma
- B. Squamous cell Carcinoma
- C. Pilomatrical carcinoma
- D. Basal Cell Carcinoma
- E. Hidradenocarcinoma

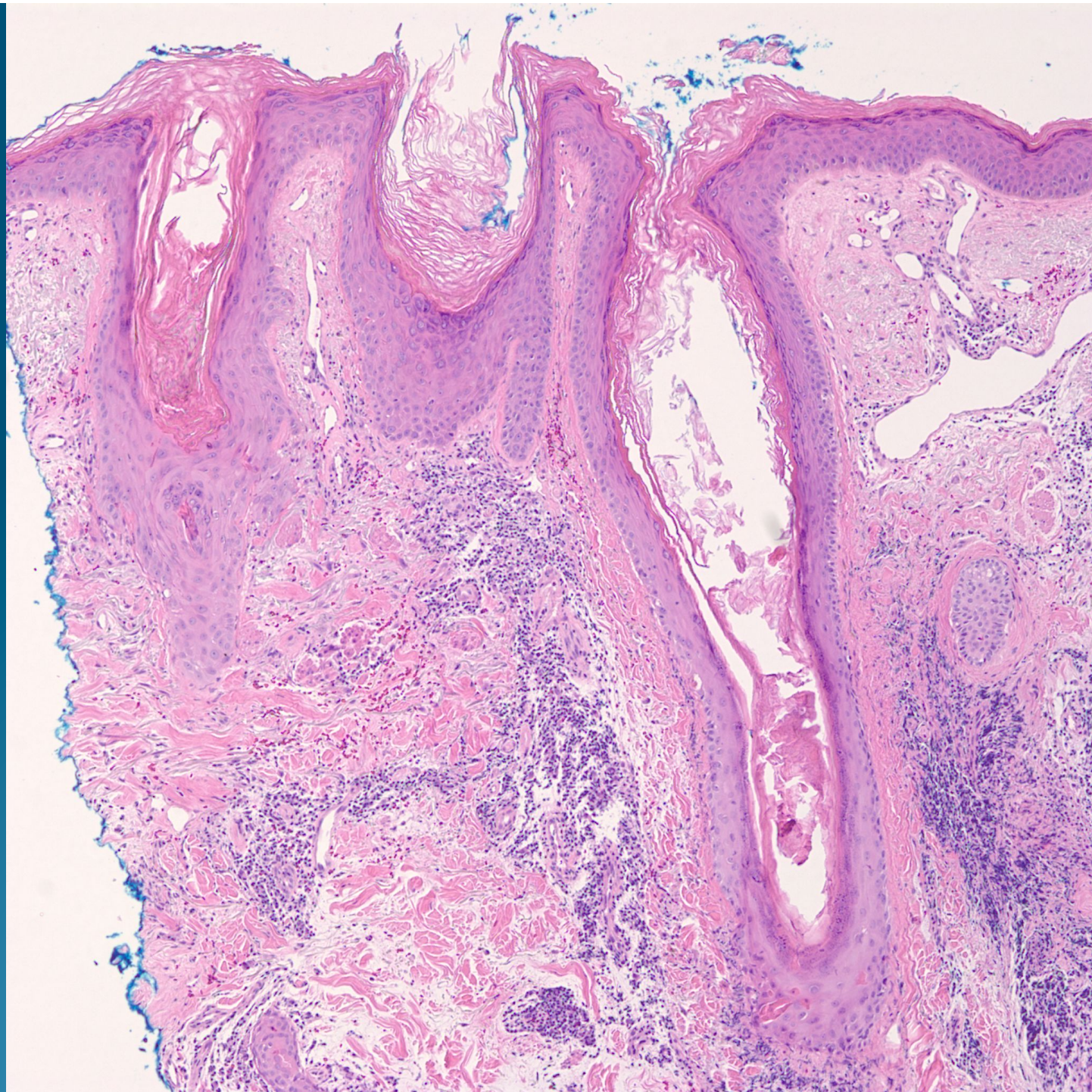
Pilomatrical Carcinoma

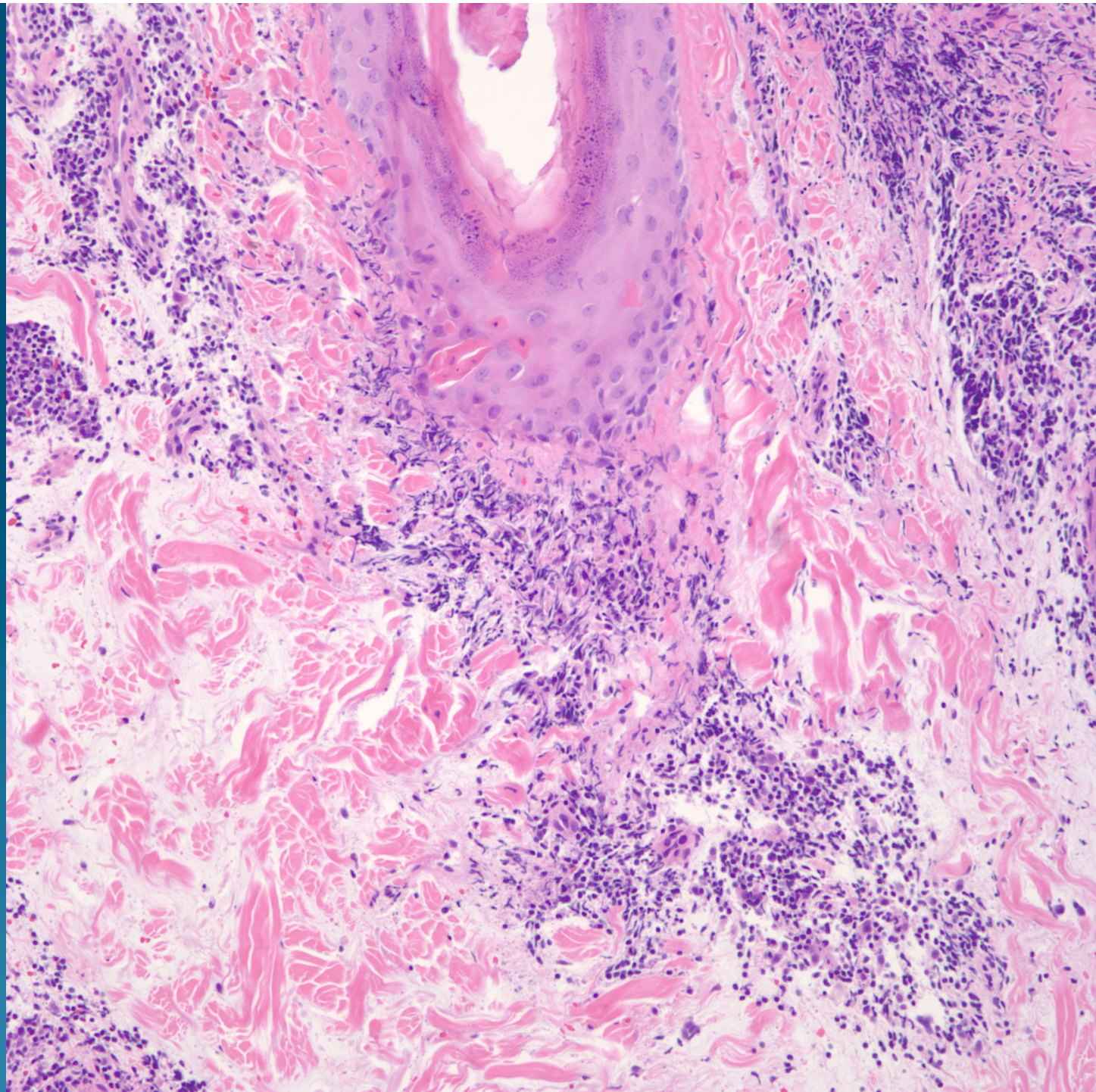
Pearls

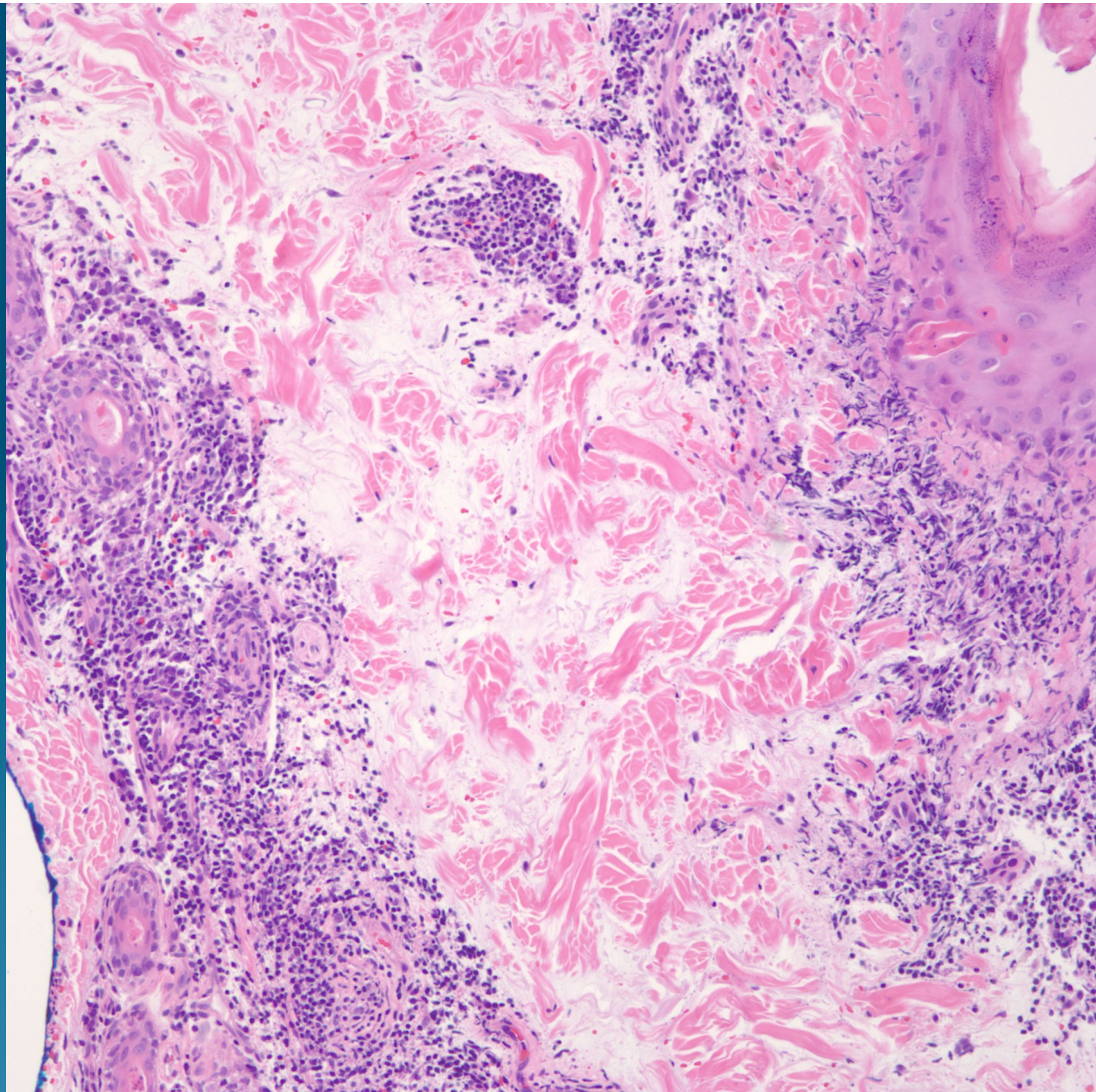


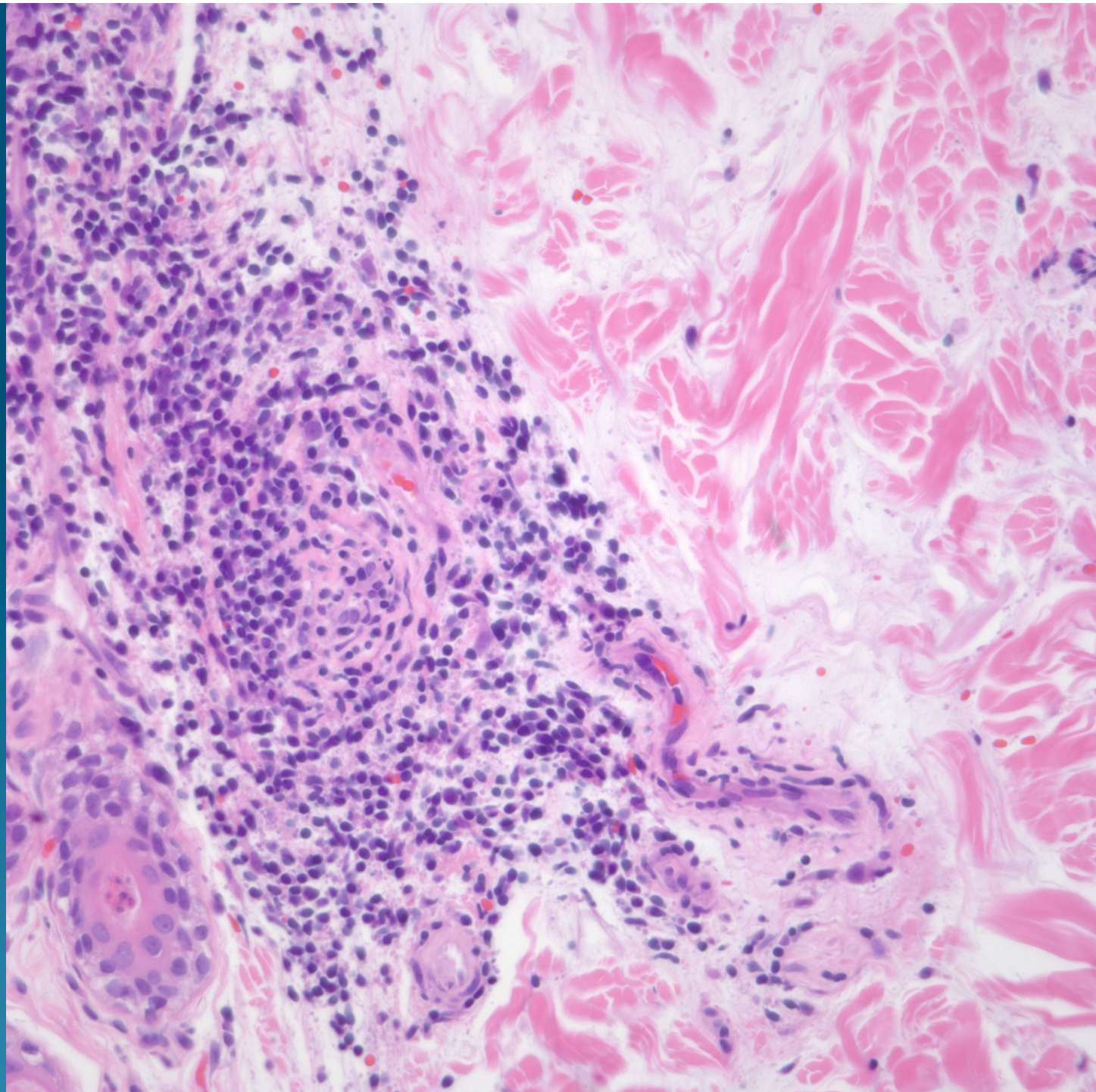
- Cytologically malignant high grade nuclei of basaloid cells admixed with shadow cells
- Dermal or subQ based
- DDX: Basal cell carcinoma with matrical differentiation



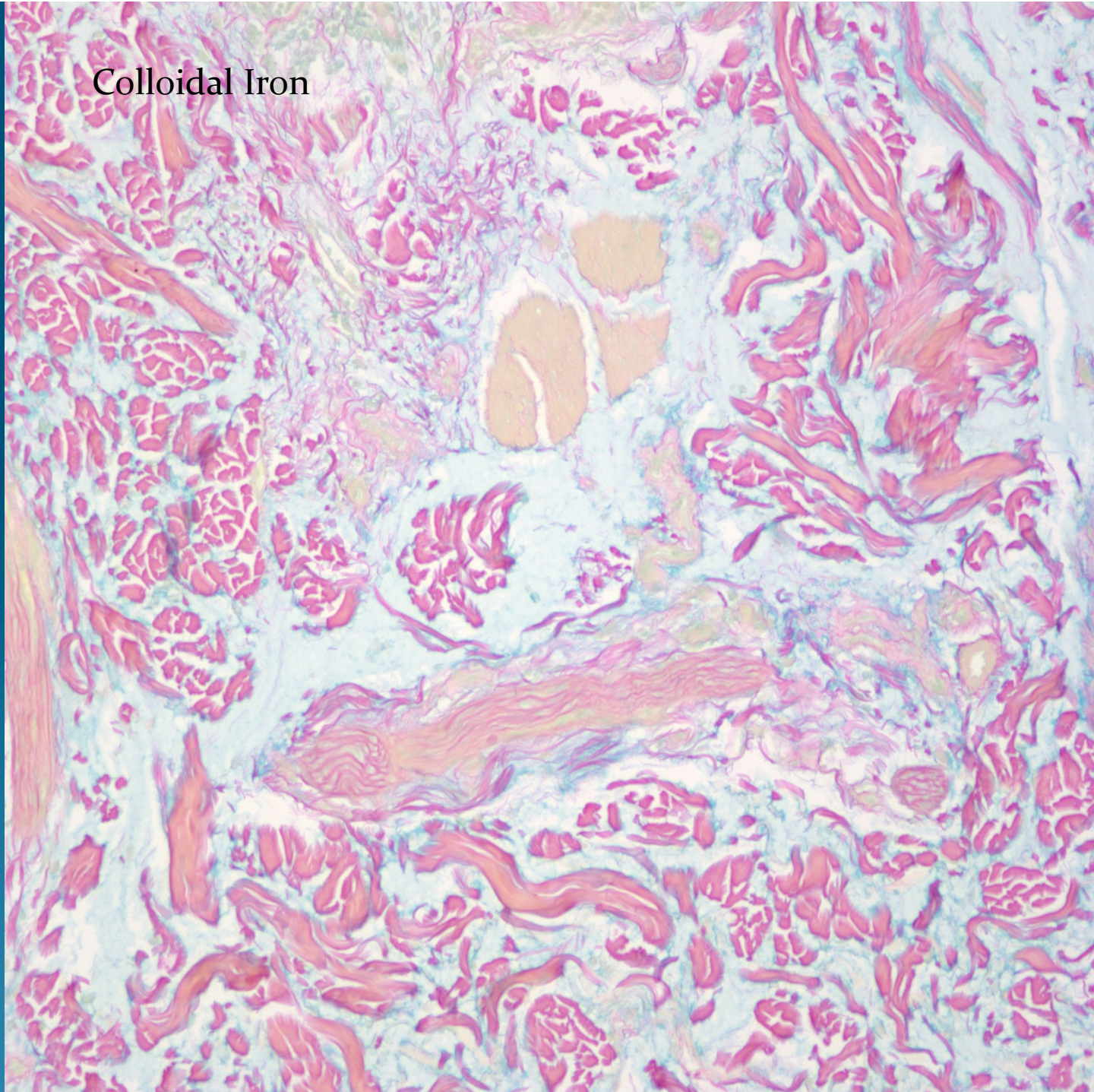








Colloidal Iron

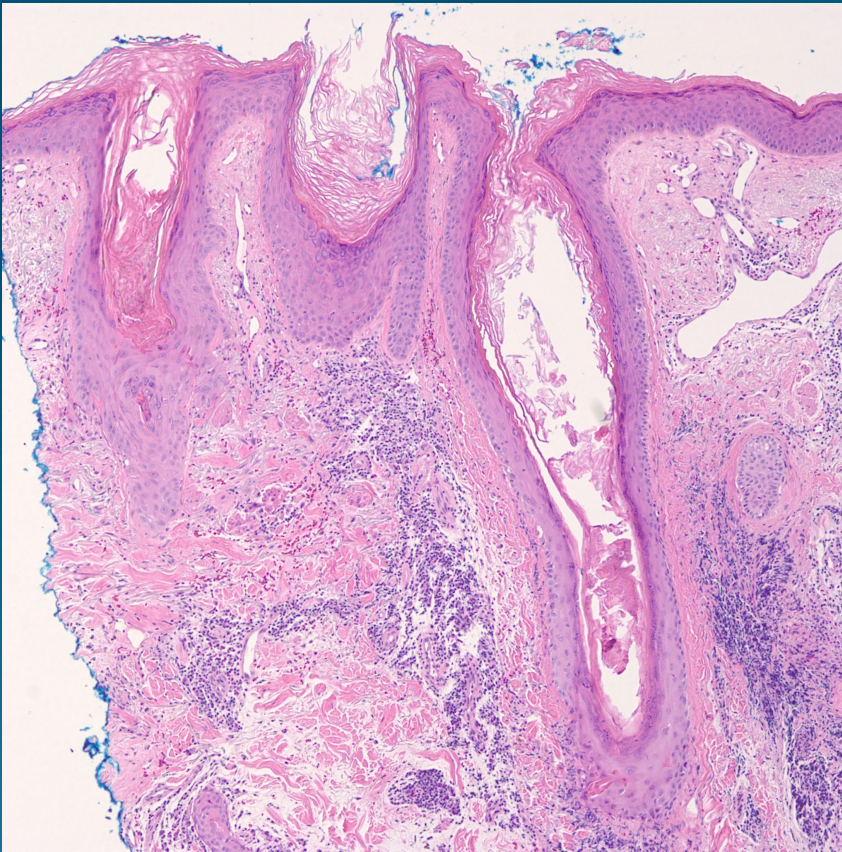


What is the best diagnosis?

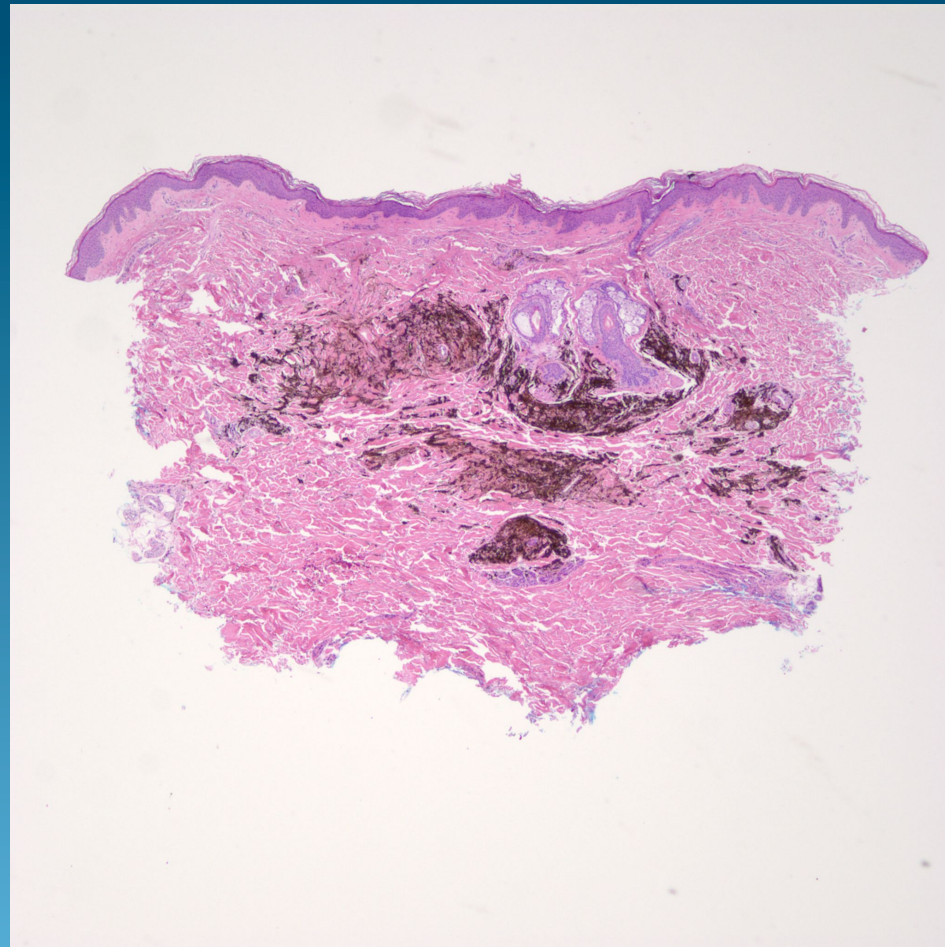
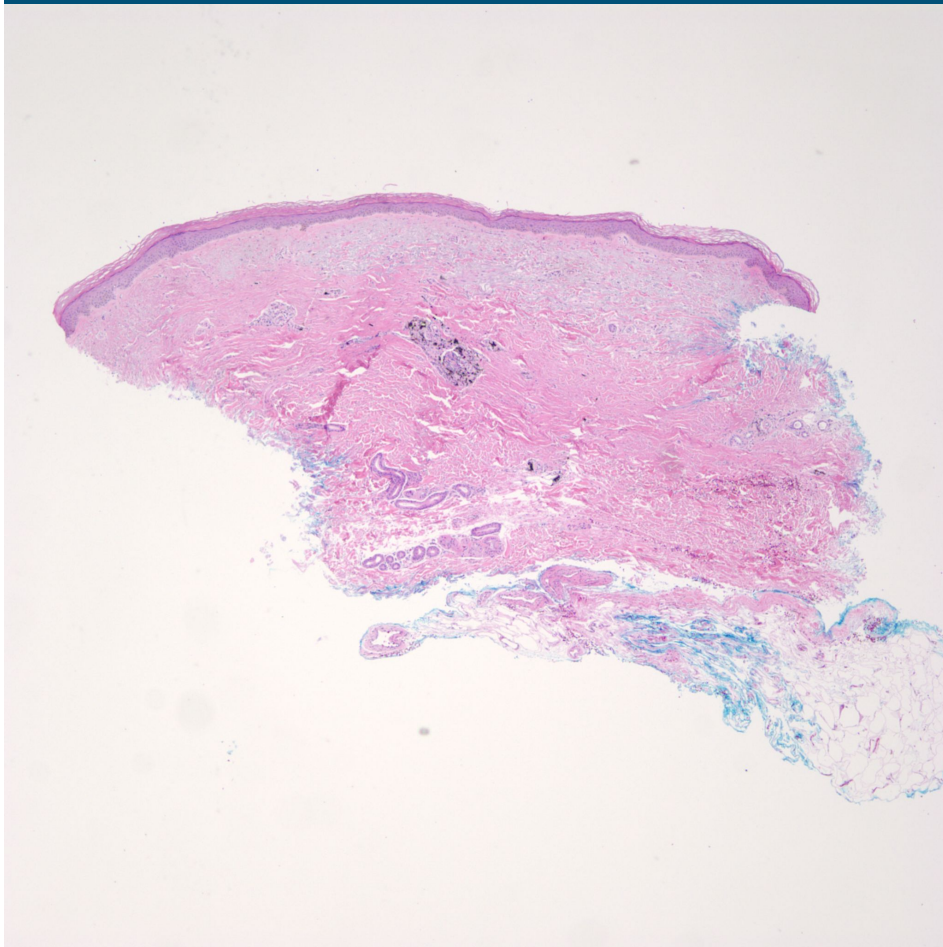
- A. Jessner's lymphocytic infiltrate
- B. Erythema gyratum centrifugum
- C. Acne rosacea
- D. Favre-Racouchot disease
- E. Discoid lupus erythematosus

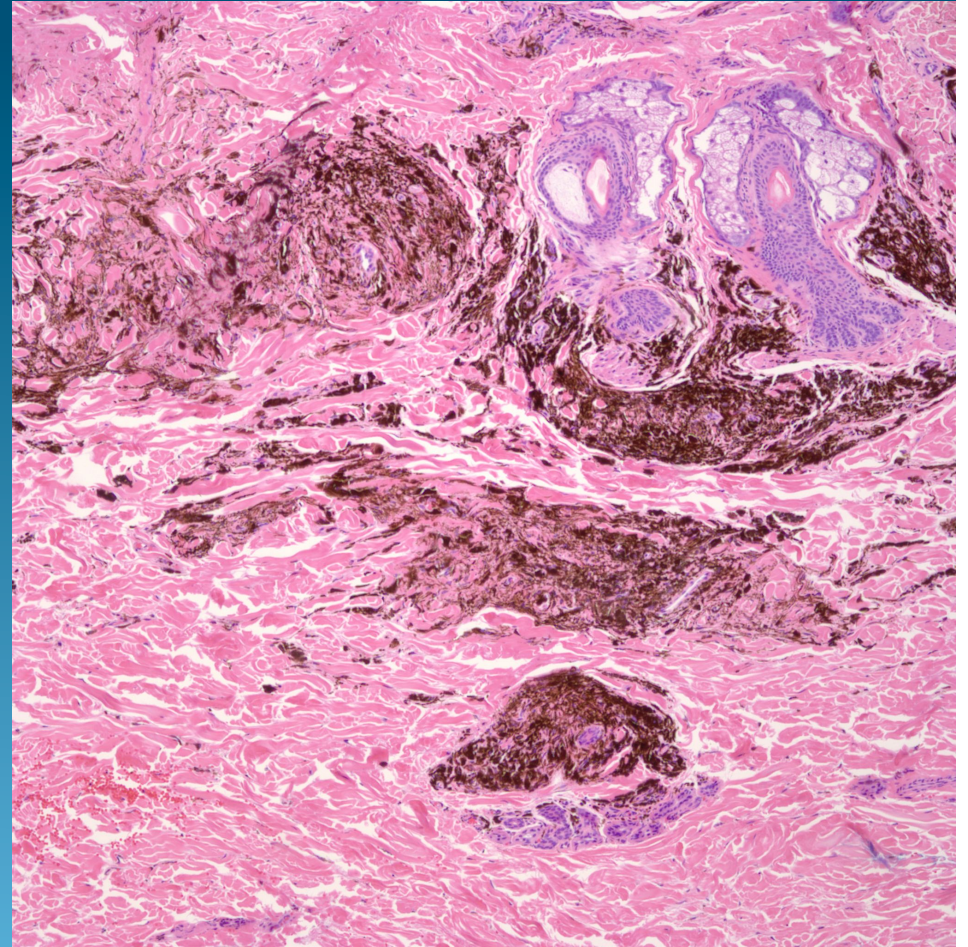
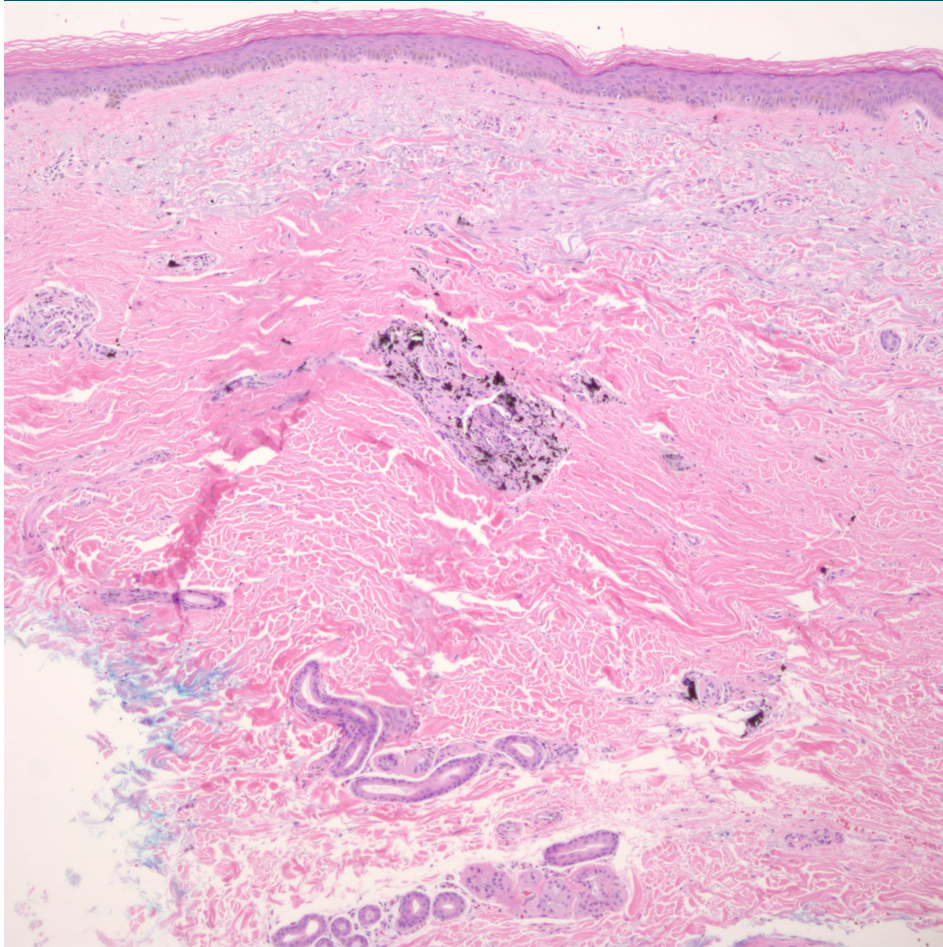
Discoid lupus erythematosus

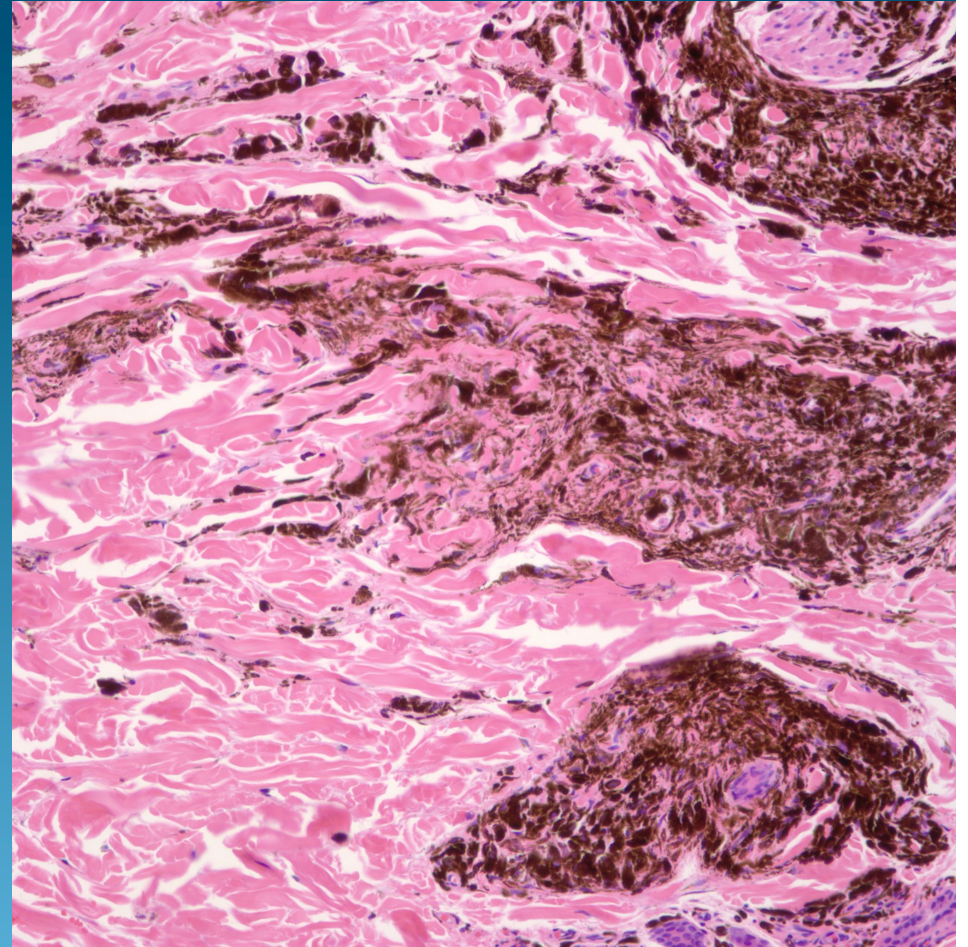
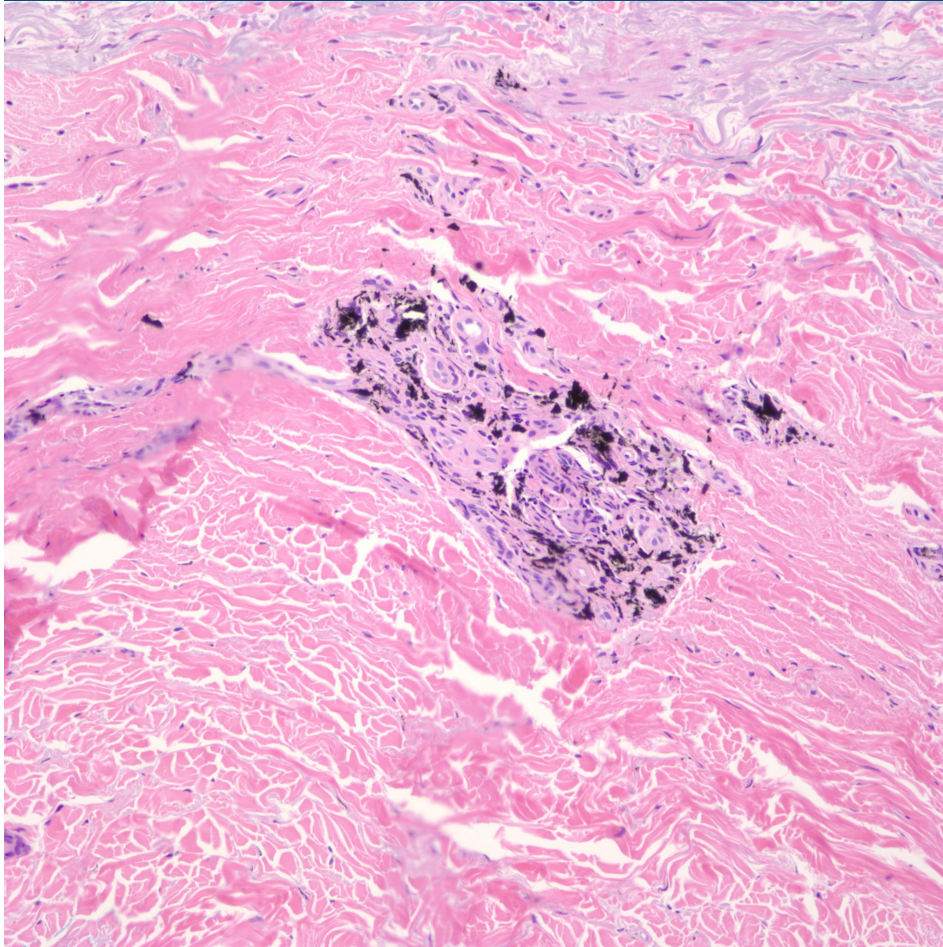
Pearls

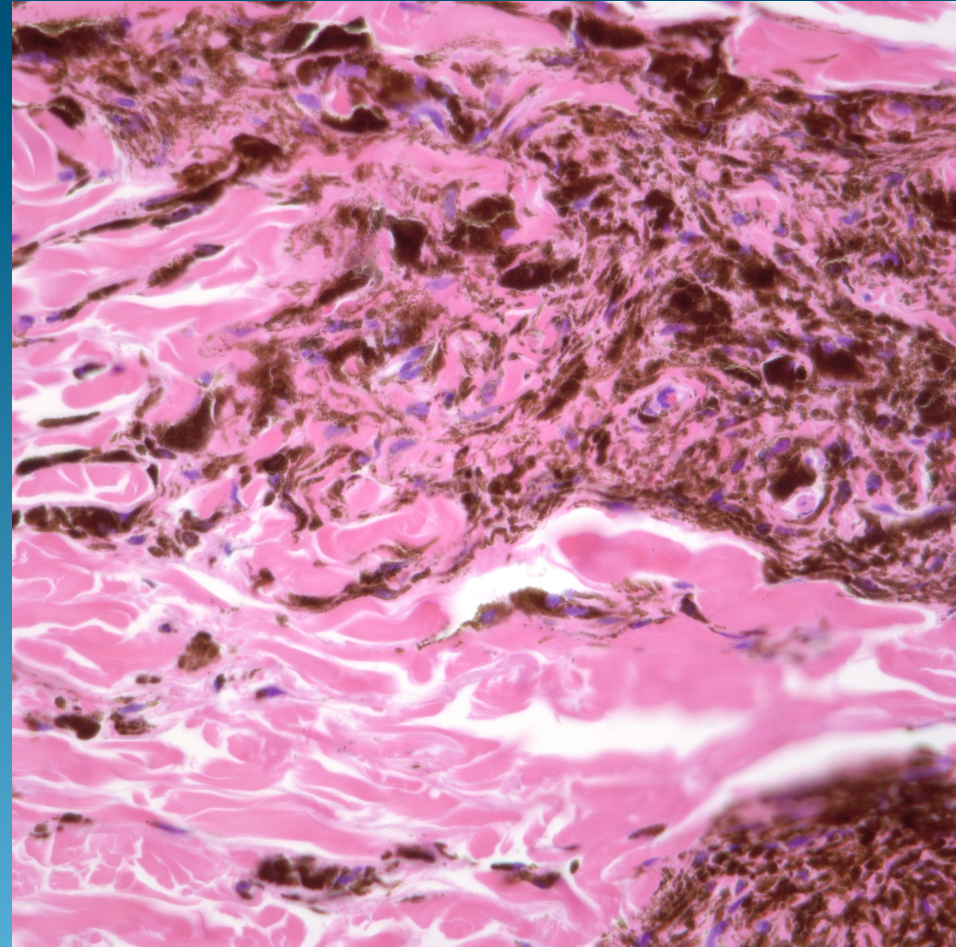
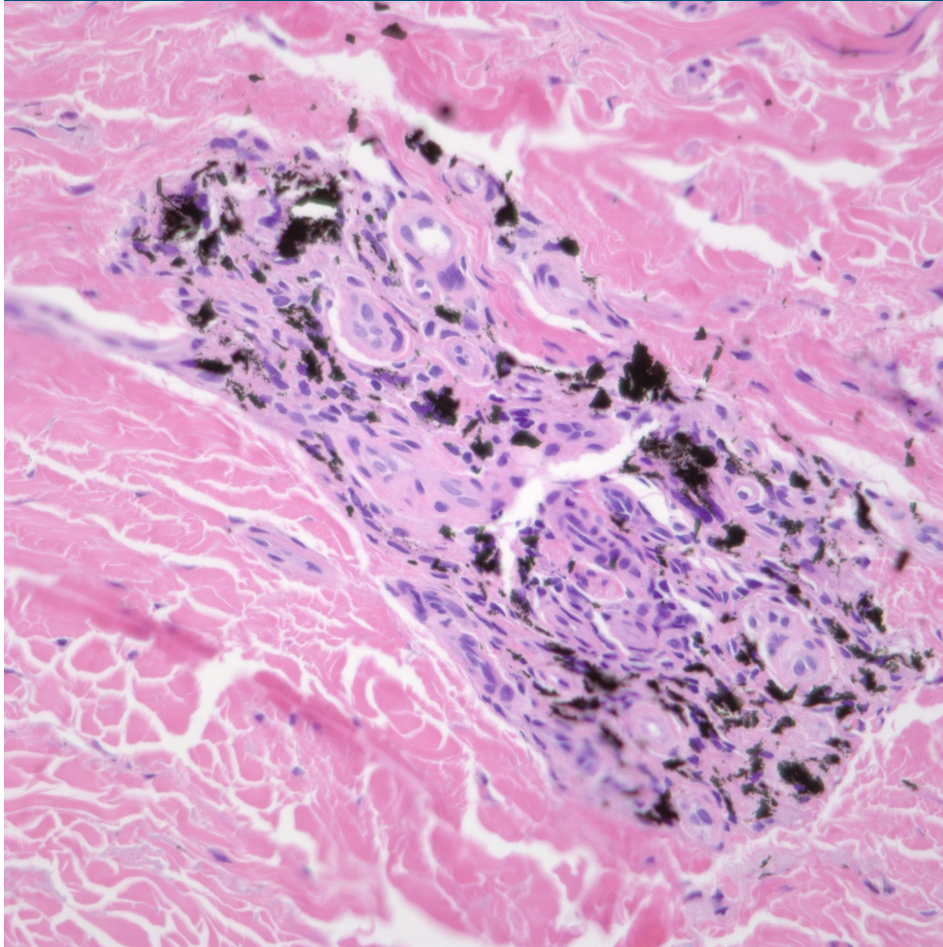


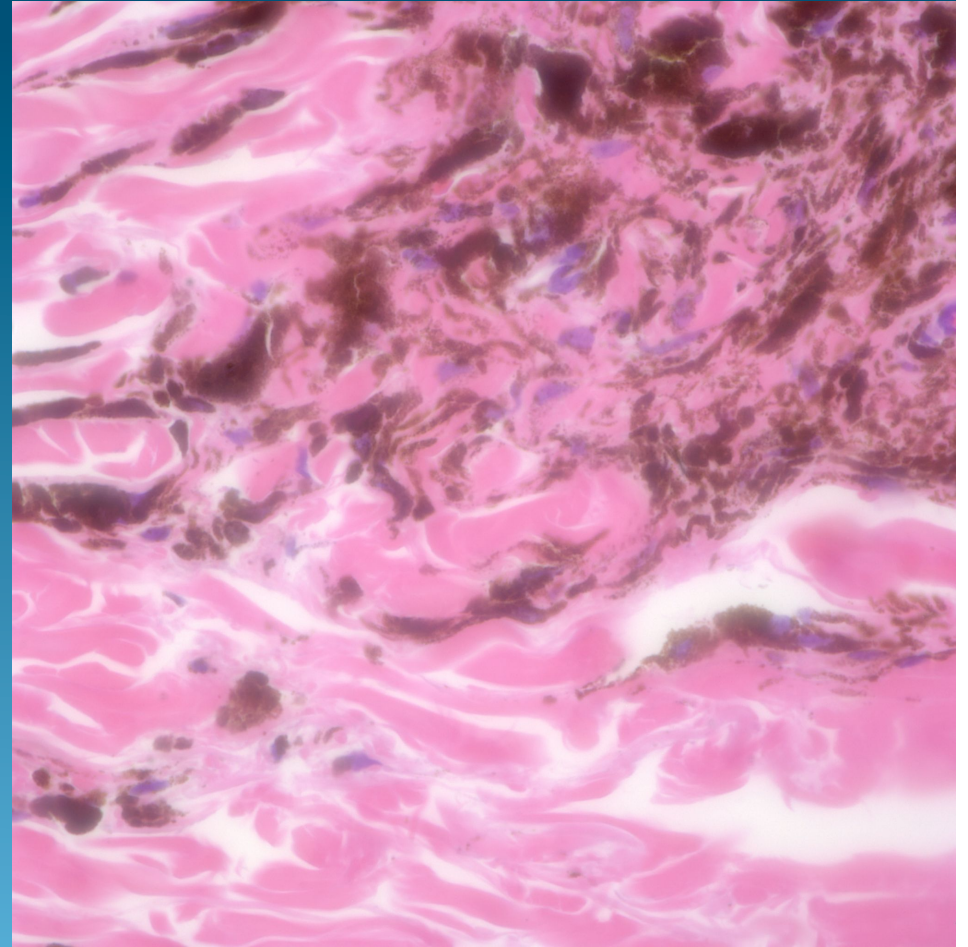
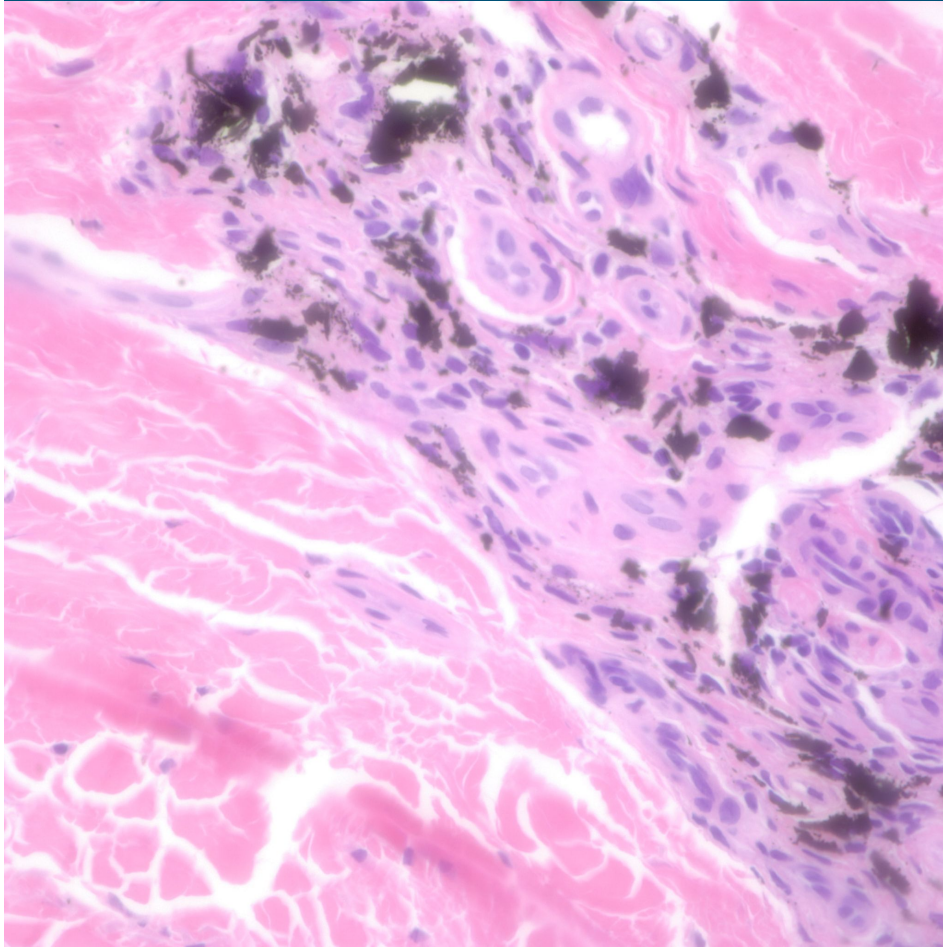
- Epidermal thinning with follicular plugging
- Interface dermatitis
- Superficial and deep perivascular and periadnexal lymphocytic infiltrate
- Dermal mucinosis





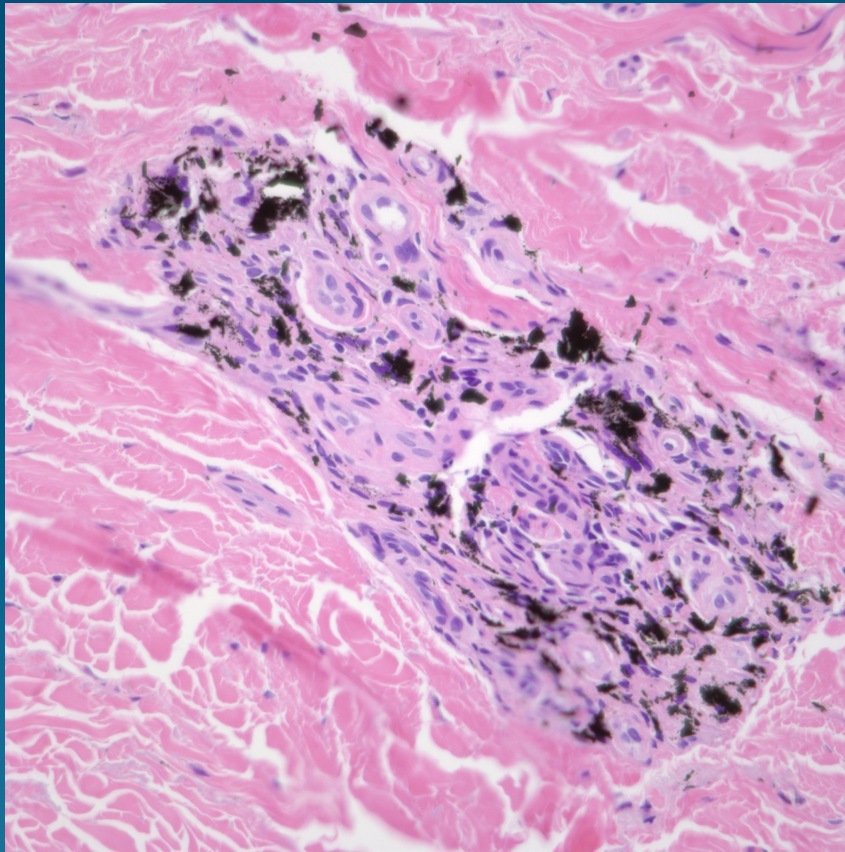




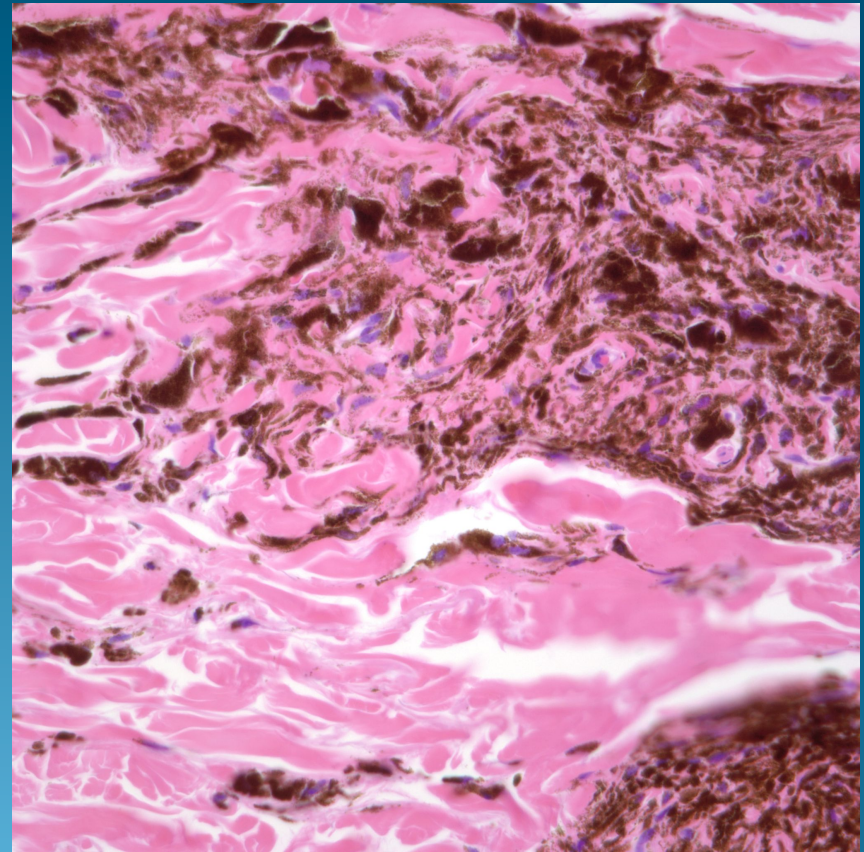


Which is the Tattoo or Blue Nevus?

Tattoo



Blue Nevus



Pearls

Tattoo

Dark pigment, varying shades, usually non-refractile, usually finer size than melanin

May have foreign body reaction or scar from procedure

Blue Nevus

Dark pigment with brownish hue

May be admixed with epithelioid cells

Difficult cases may need IHC stains or Fontana-Masson