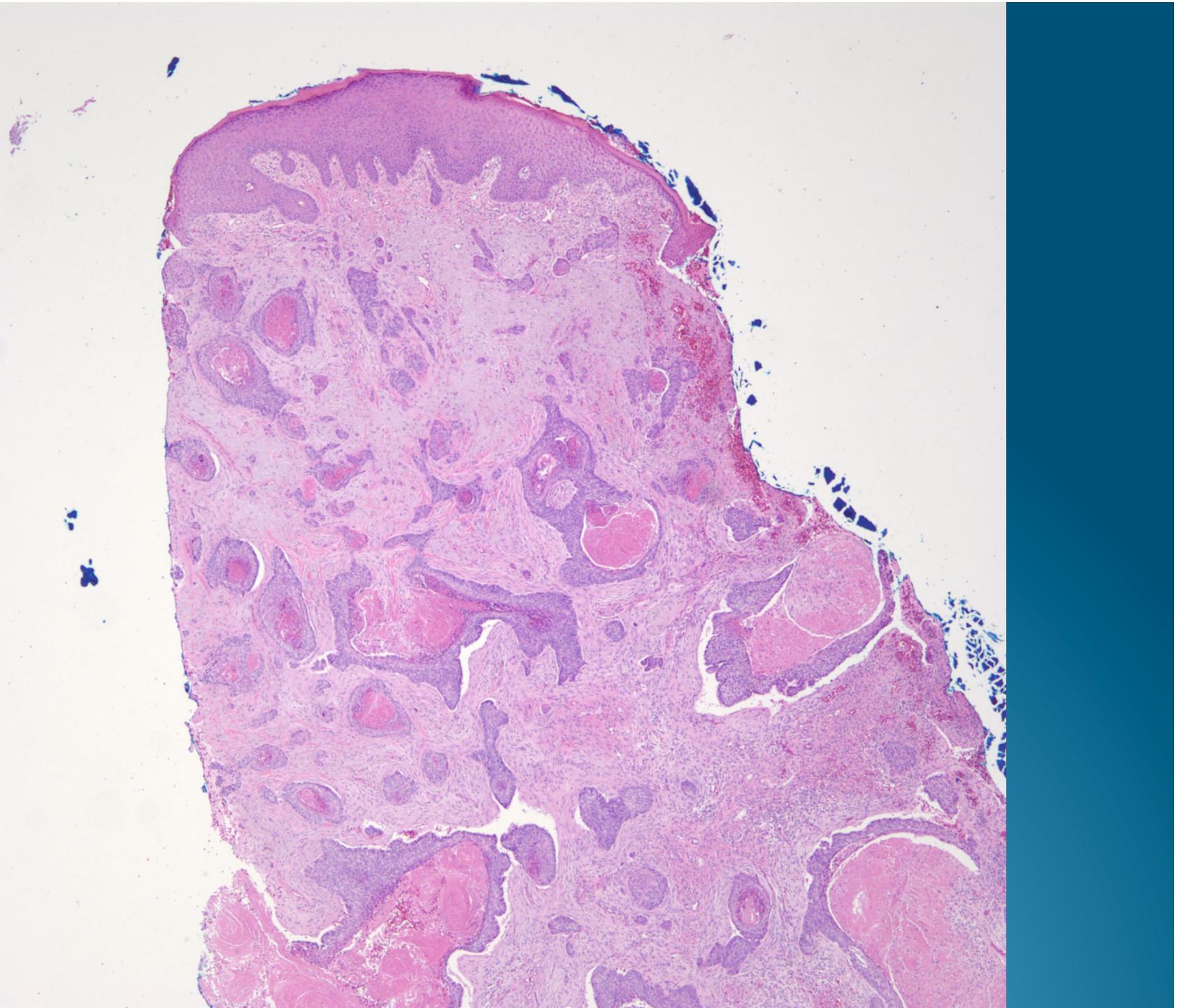
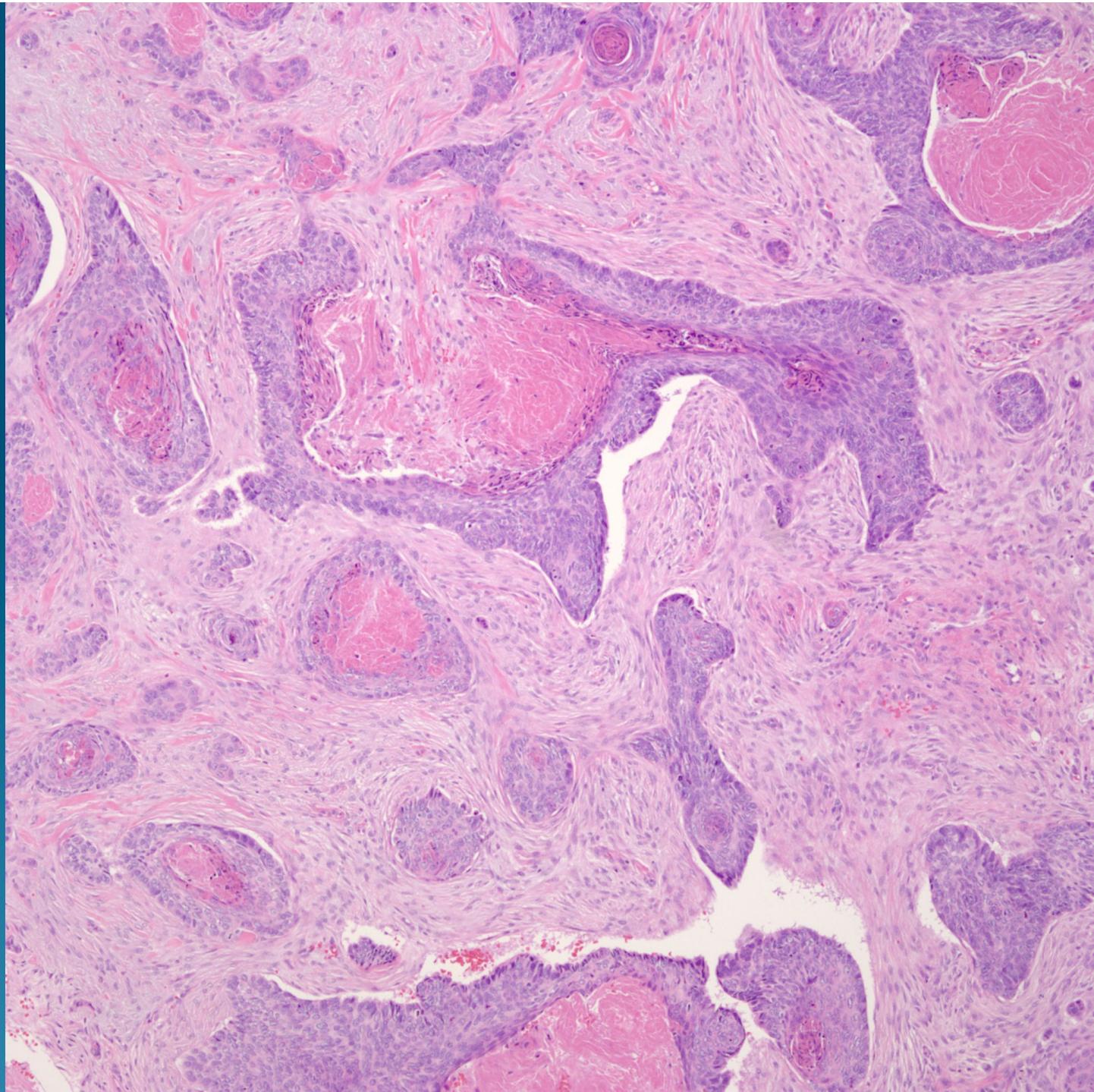
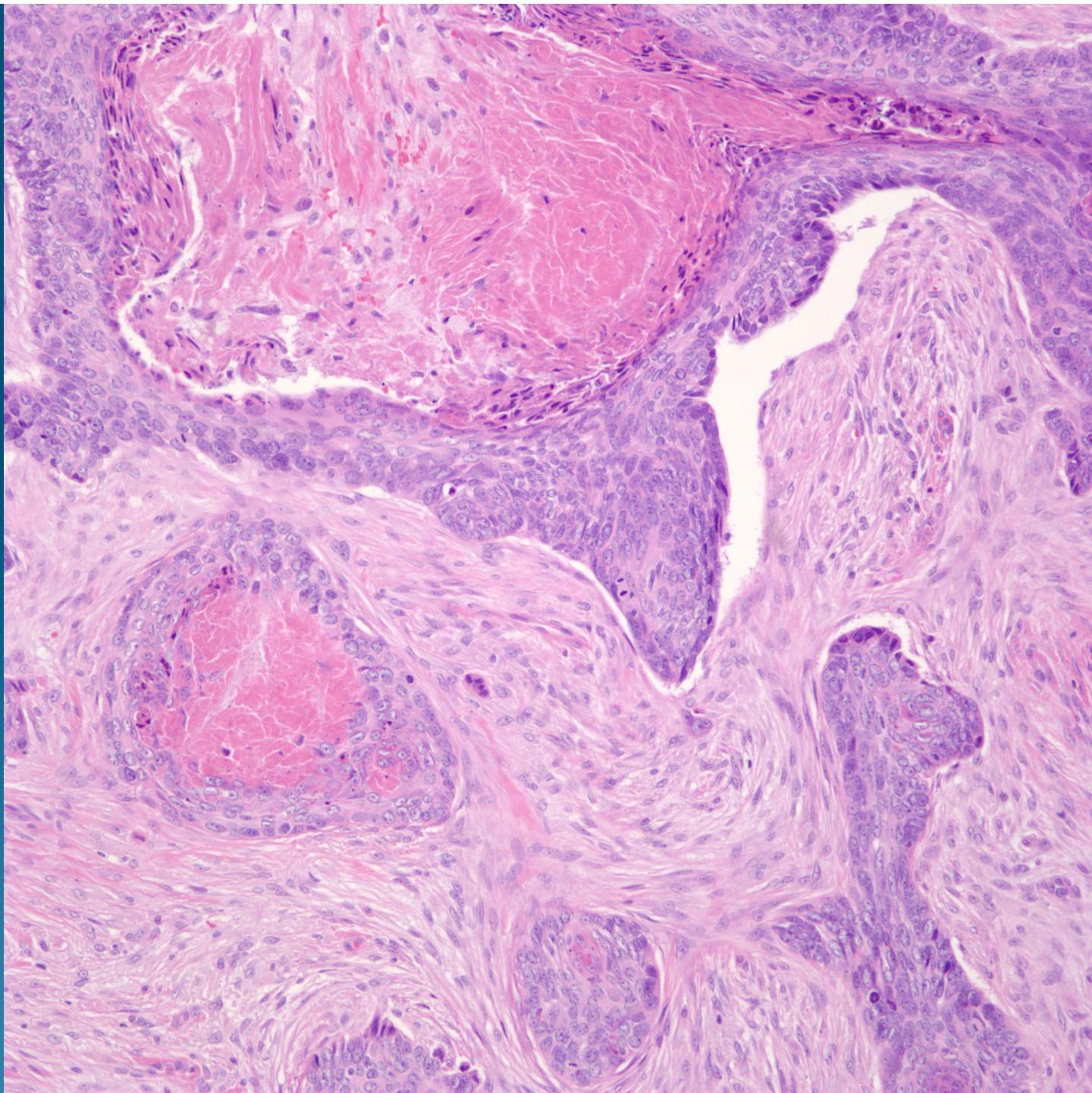


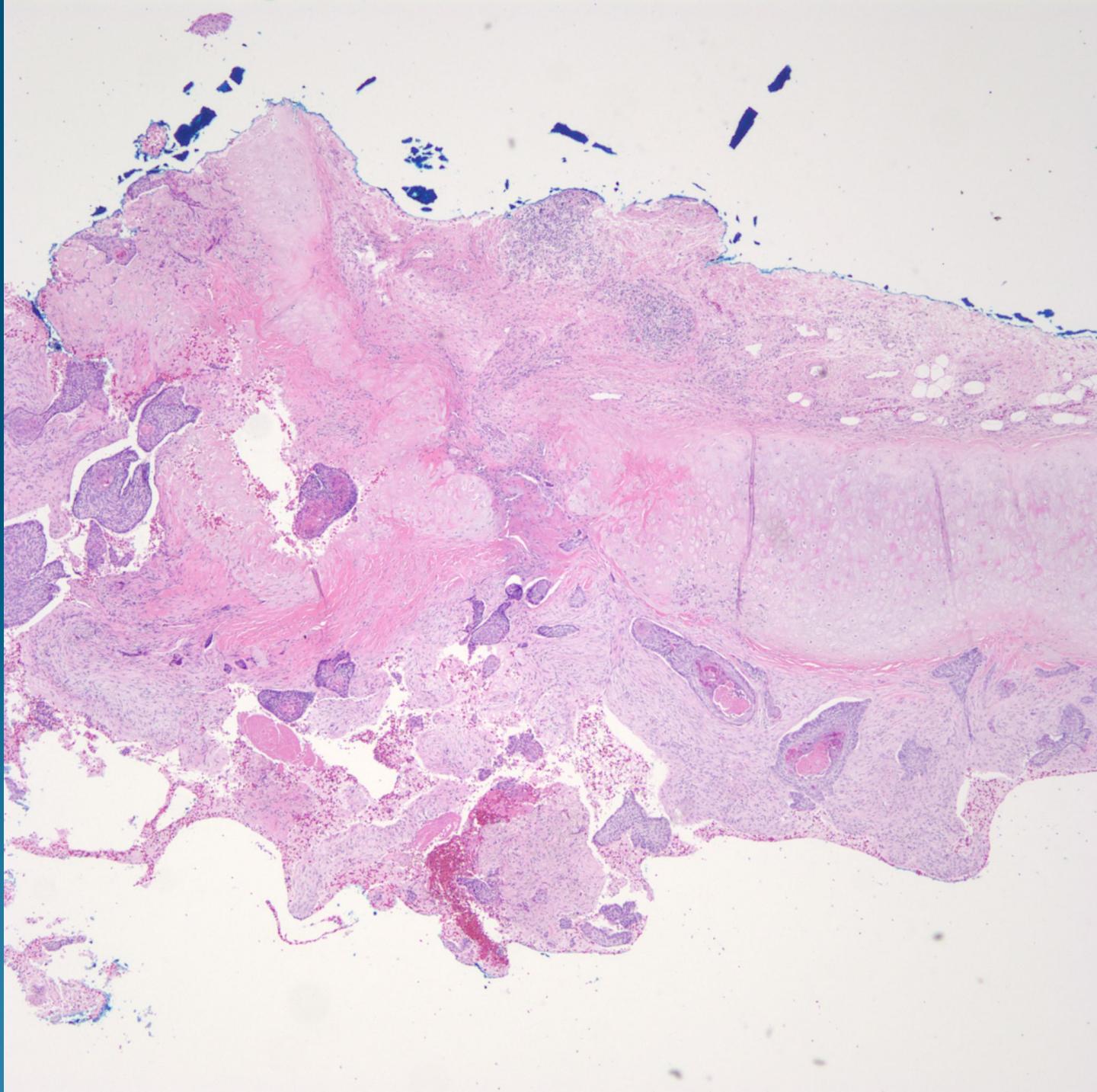
Dermatopathology Slide Review Part 87

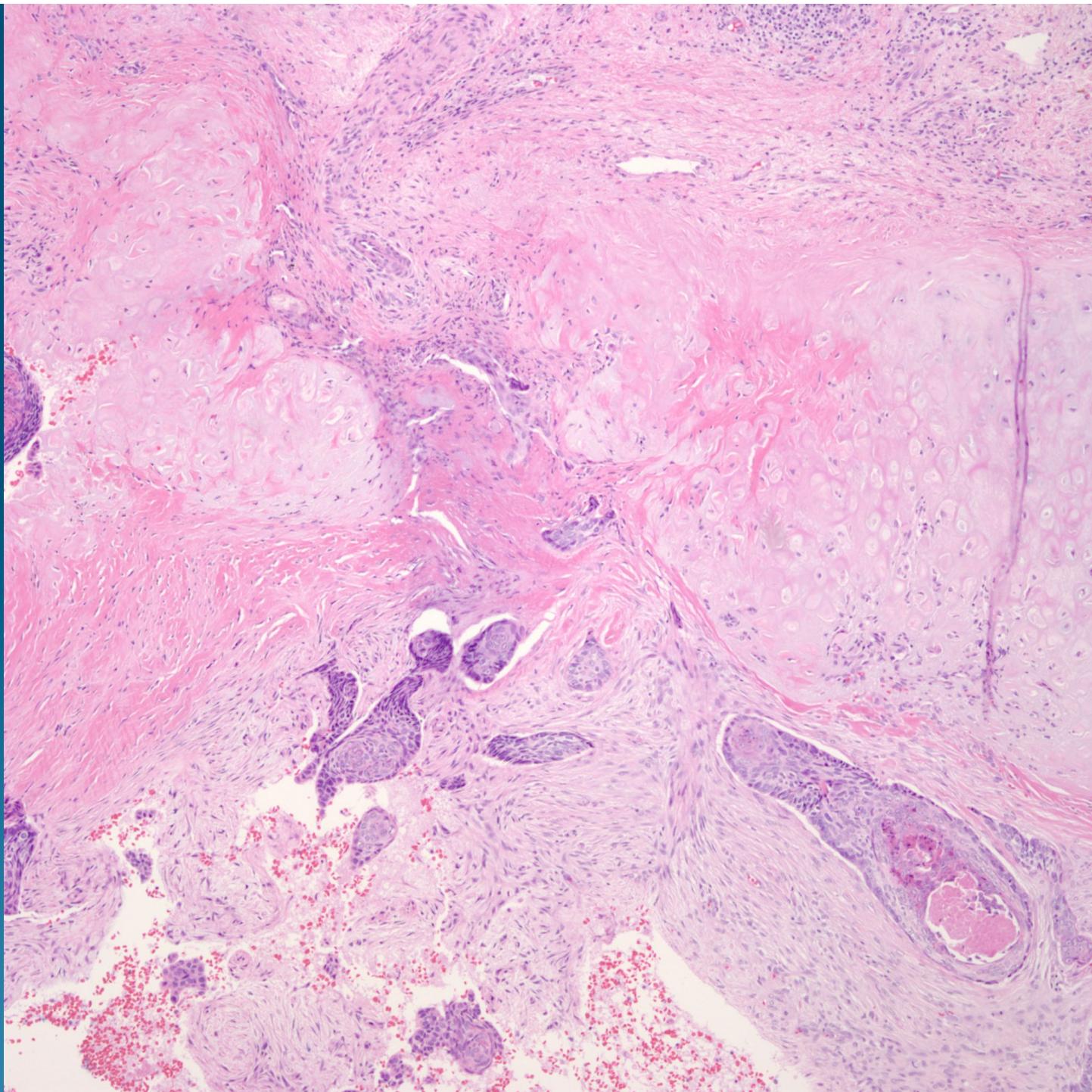
Paul K. Shitabata, M.D.
Dermatopathology Institute

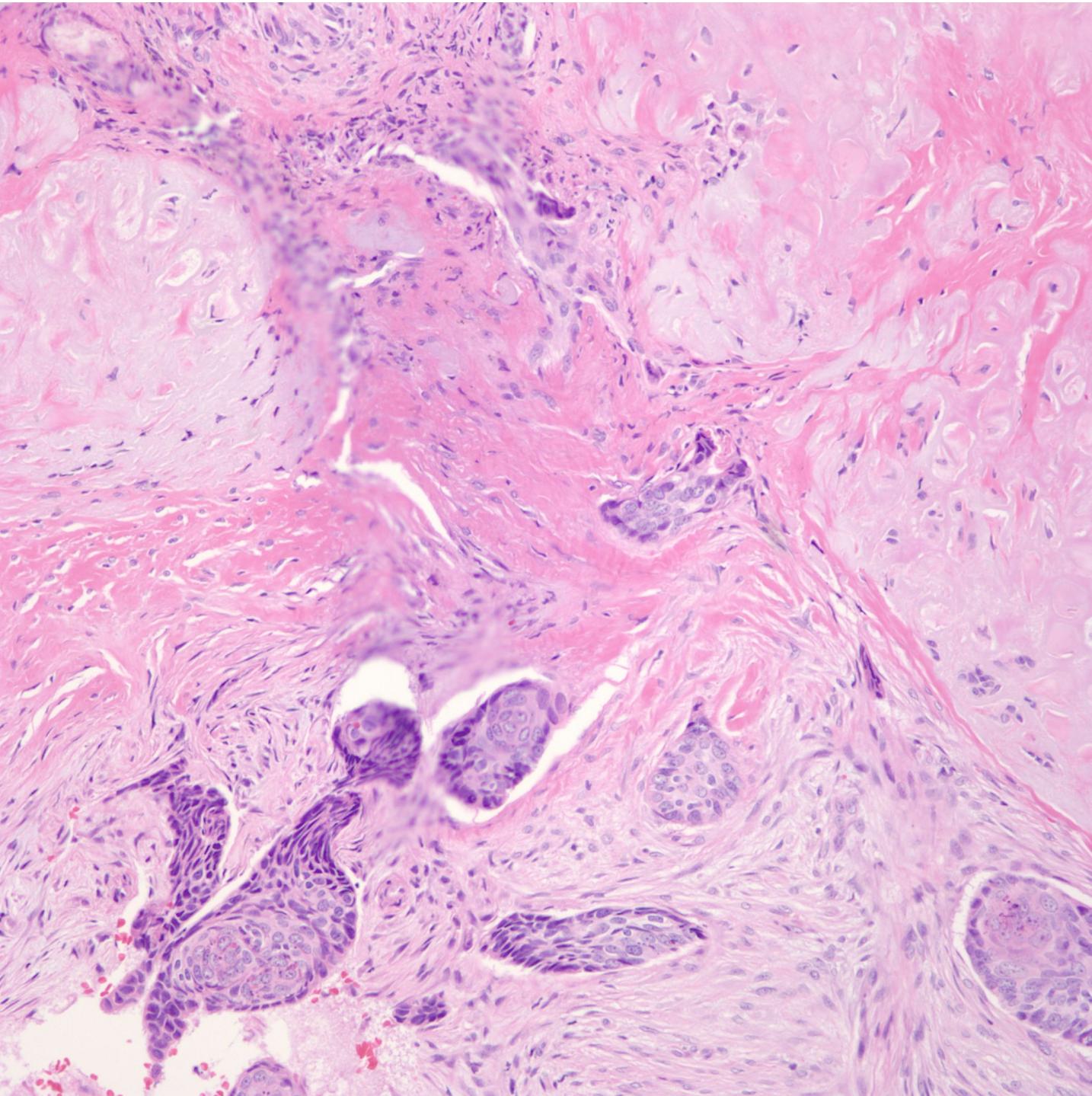










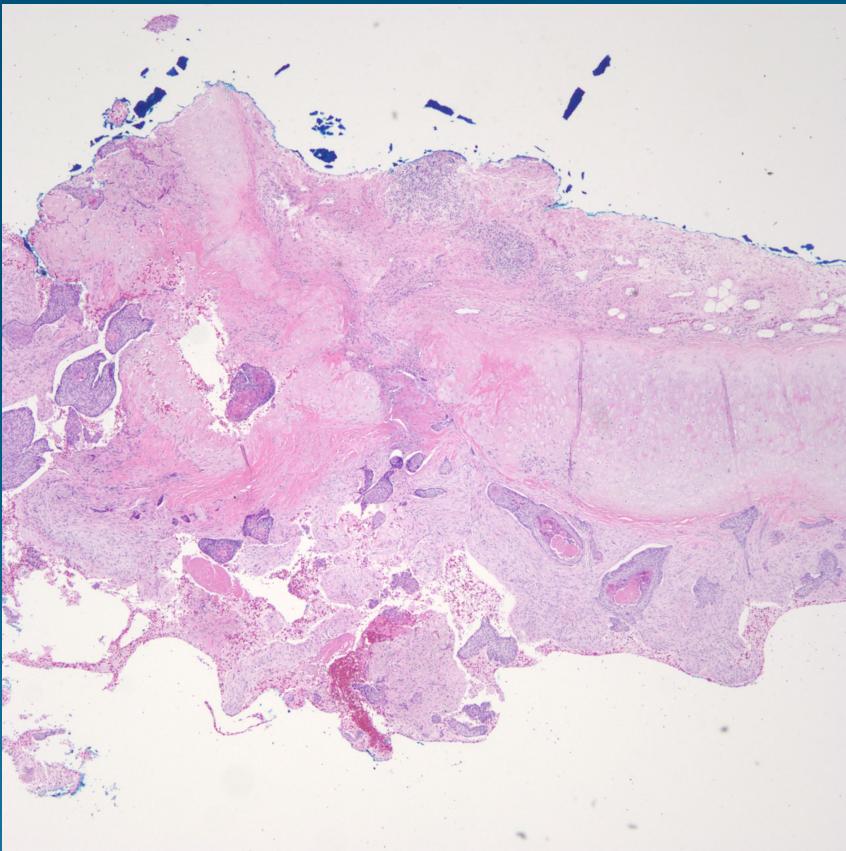


What is the best diagnosis?

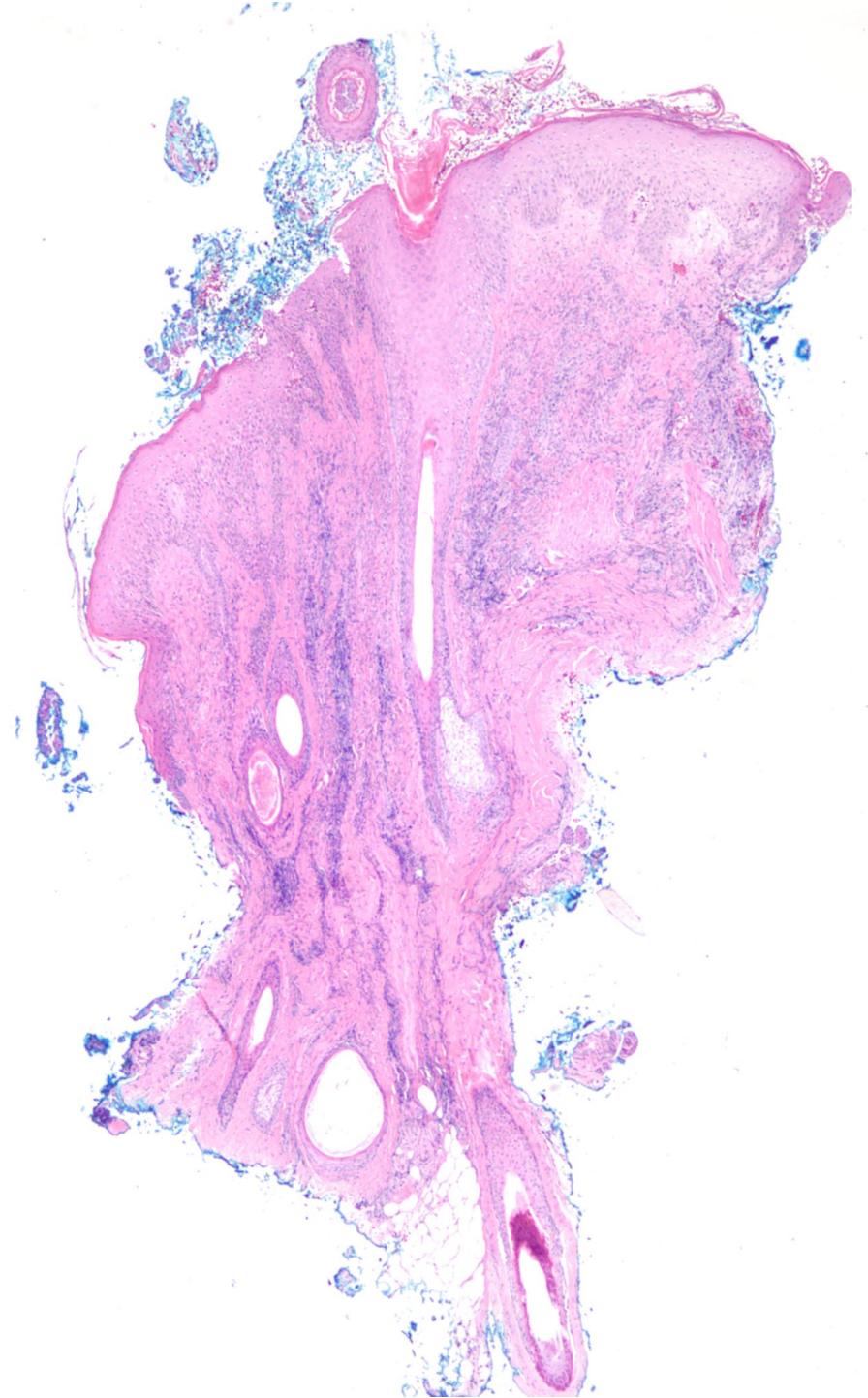
- A. Collision tumor between basal cell carcinoma and chondrosarcoma
- B. Metatypical Basal cell carcinoma with cartilaginous differentiation
- C. Malignant cutaneous mixed tumor
- D. Metatypical basal cell carcinoma with invasion into cartilage
- E. Basaloid carcinoma arising from salivary gland

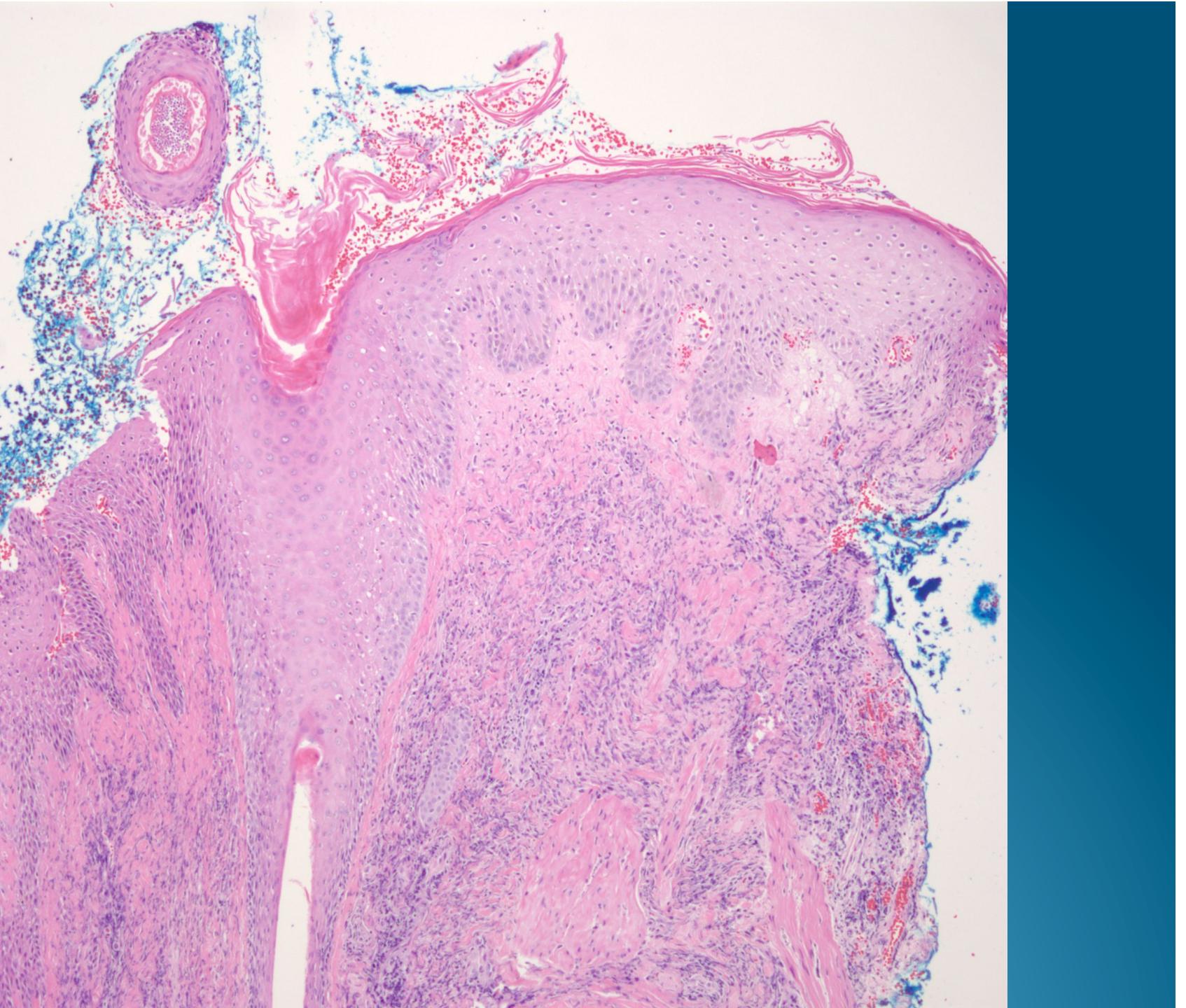
Metatypical basal cell carcinoma with invasion into cartilage

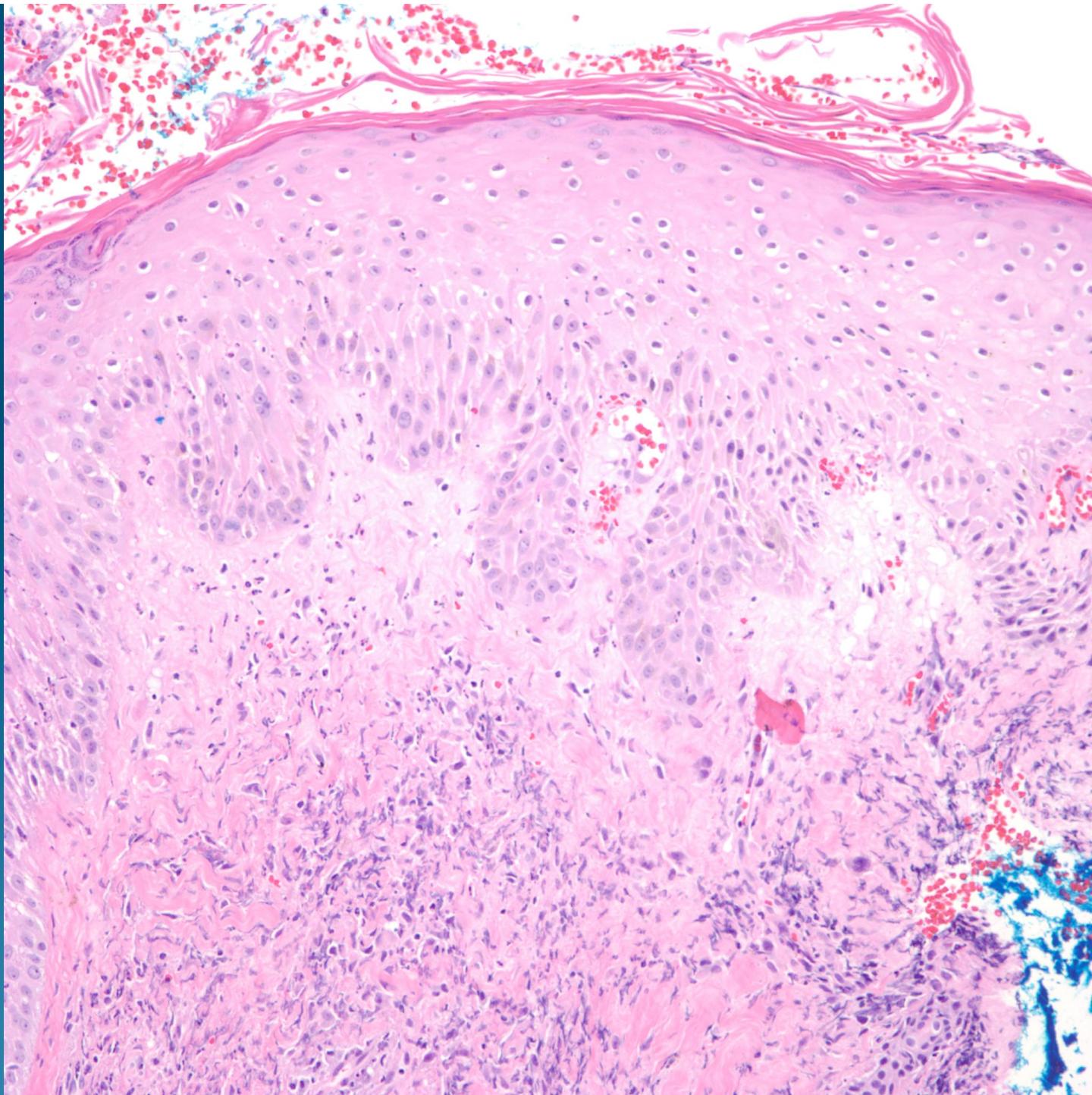
Pearls

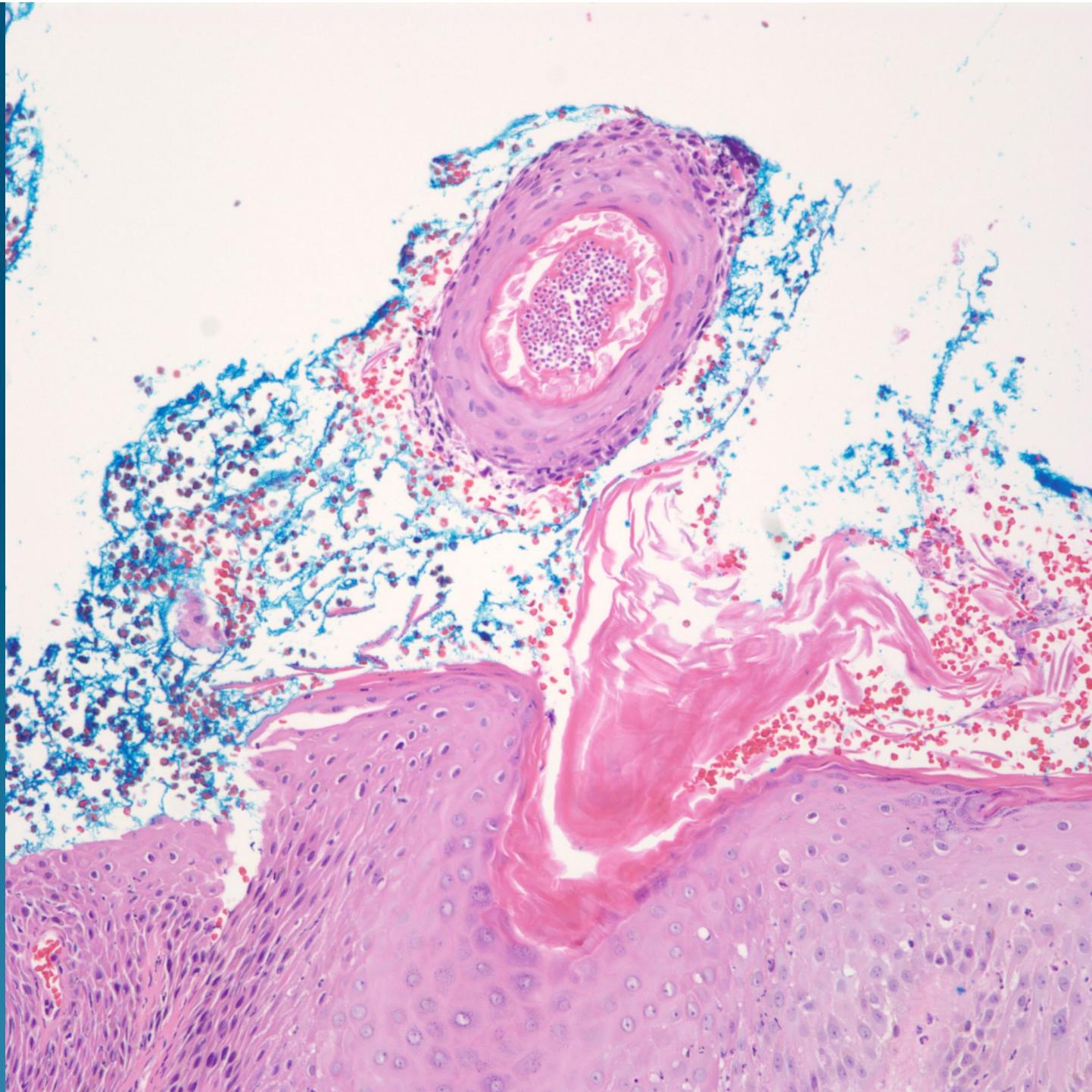


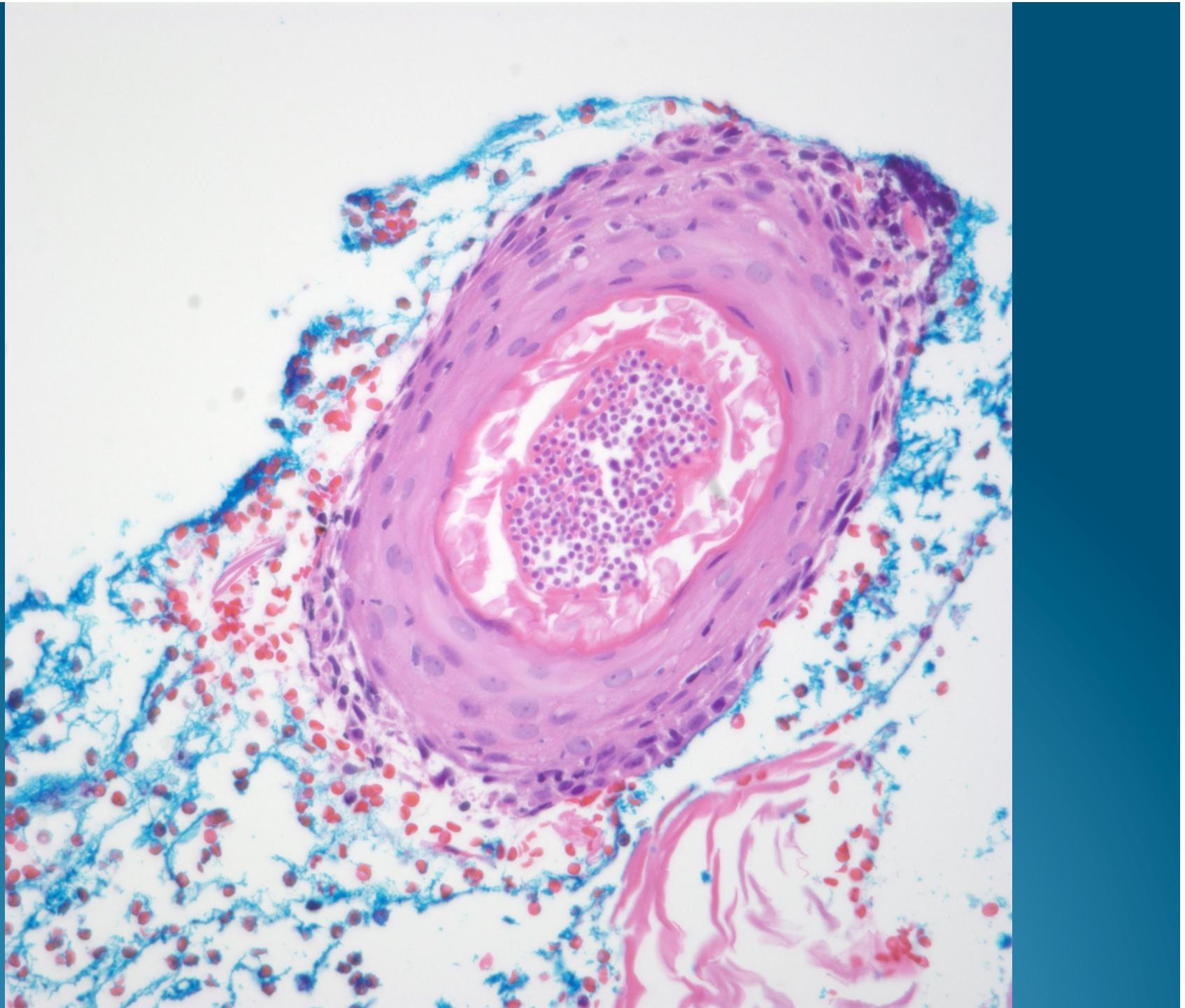
- Basal cell carcinoma with squamous differentiation
- Usually aggressive or infiltrative basal cell carcinoma pattern
- Depending upon location, may see cartilage in the margin









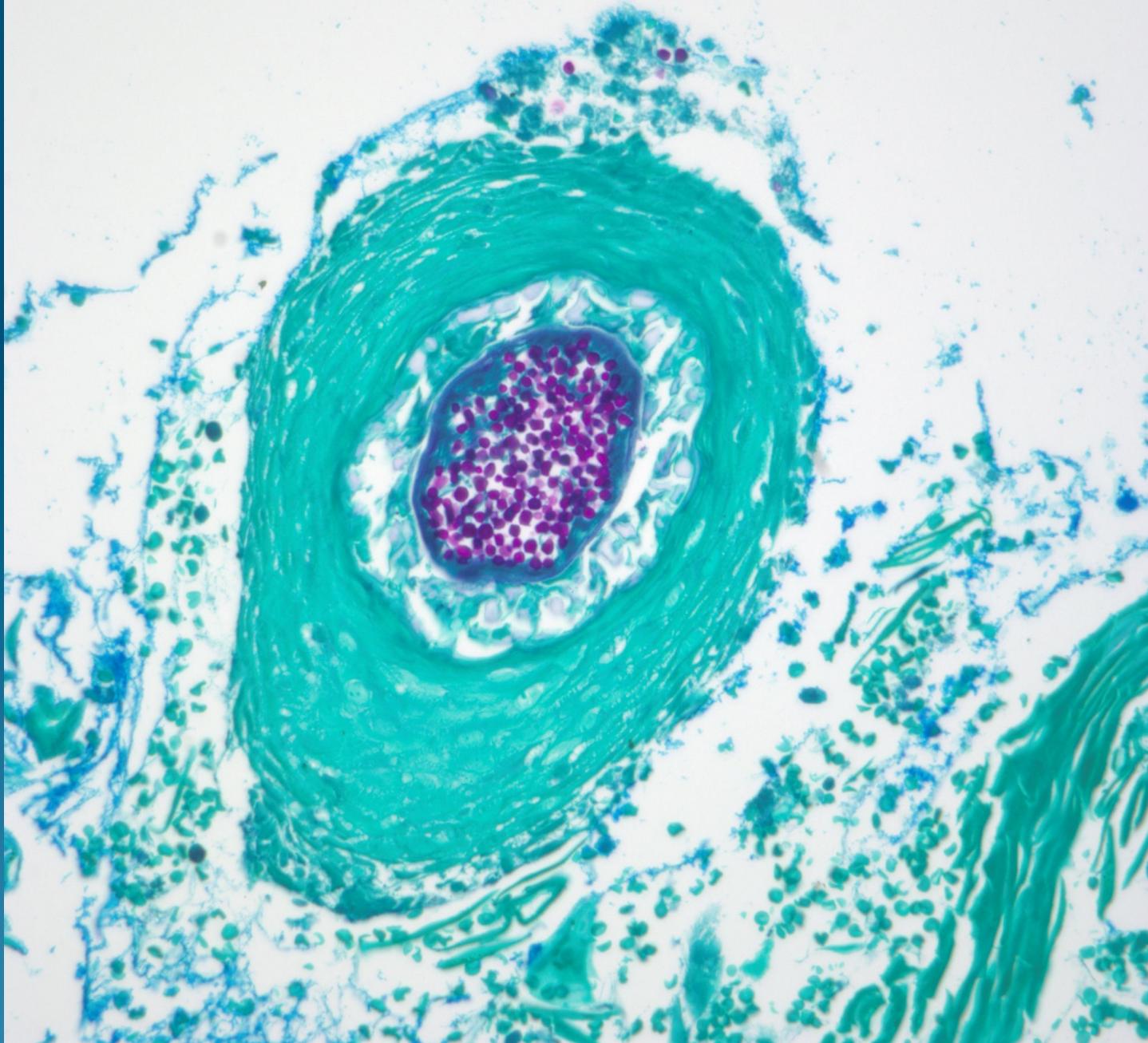


What is the best diagnosis?

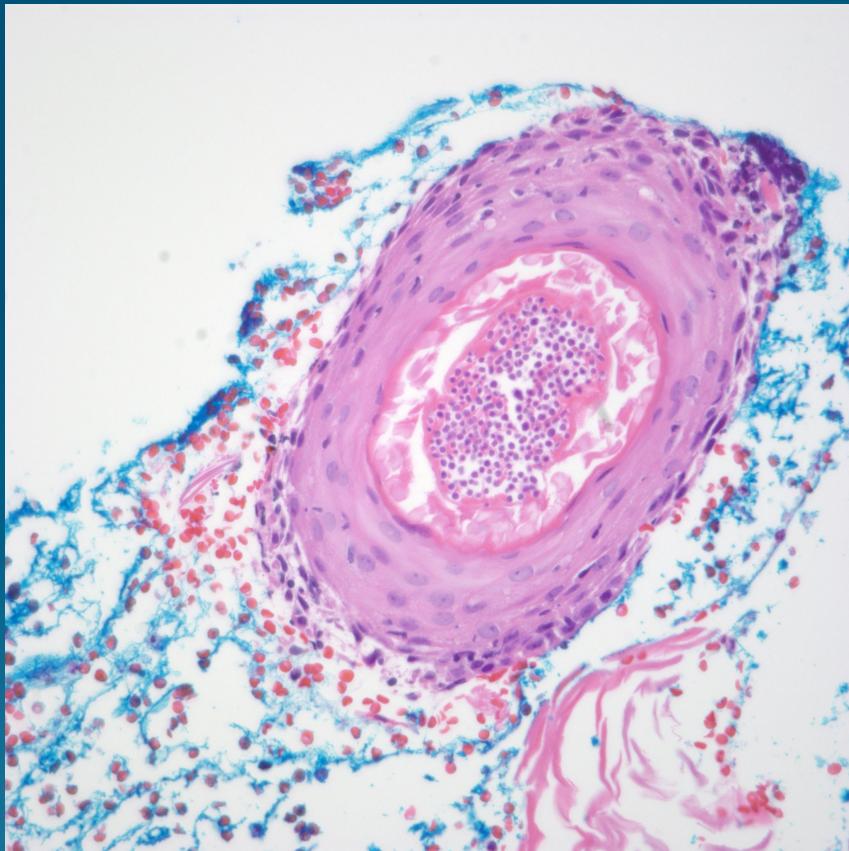
- A. Scabies
- B. Leishmaniasis
- C. Histoplasmosis
- D. Candida
- E. Dermatophyte

Dermatophyte (*Tinea capitis* with endothrix infection)

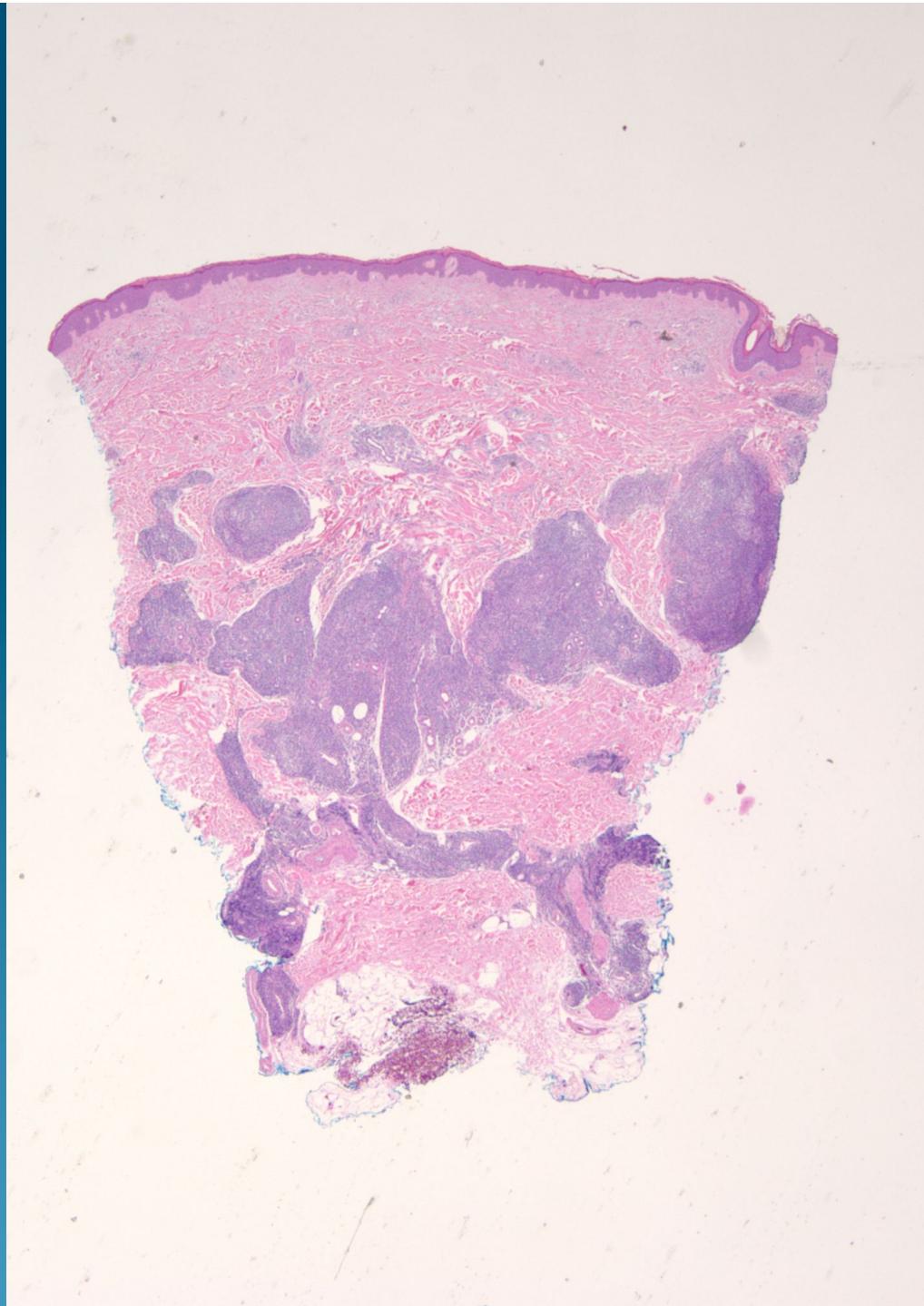
PAS stain

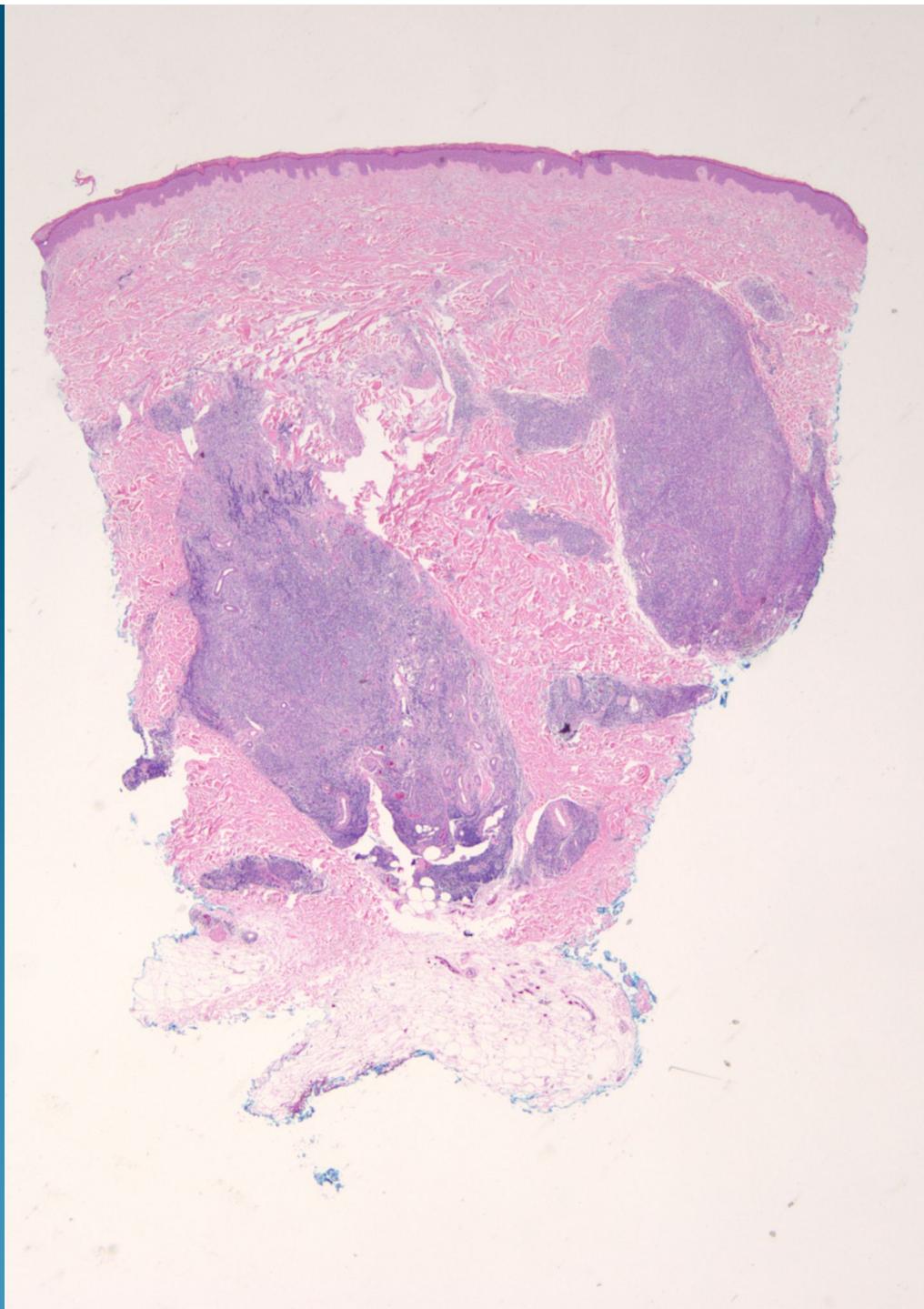


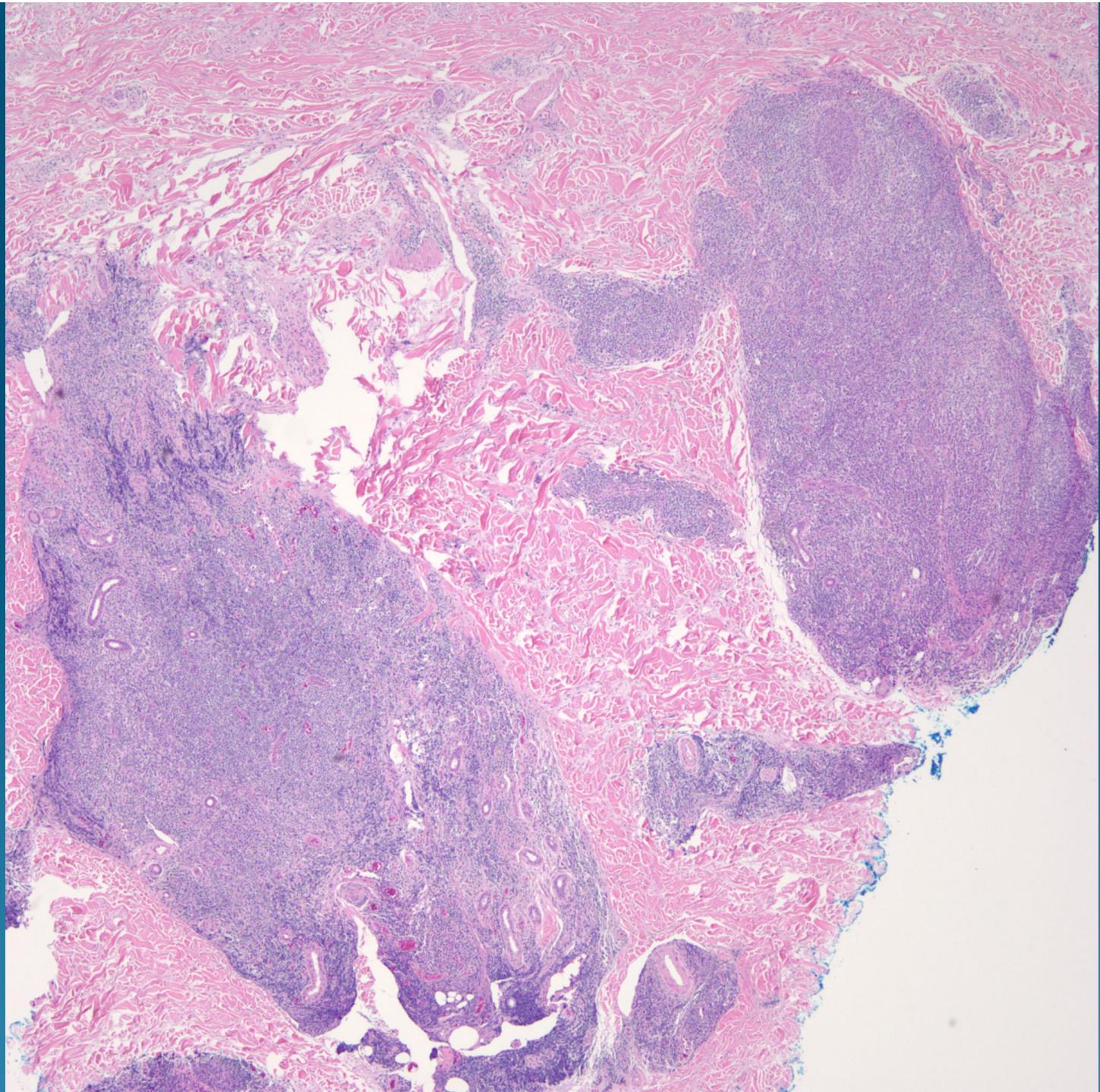
Pearls

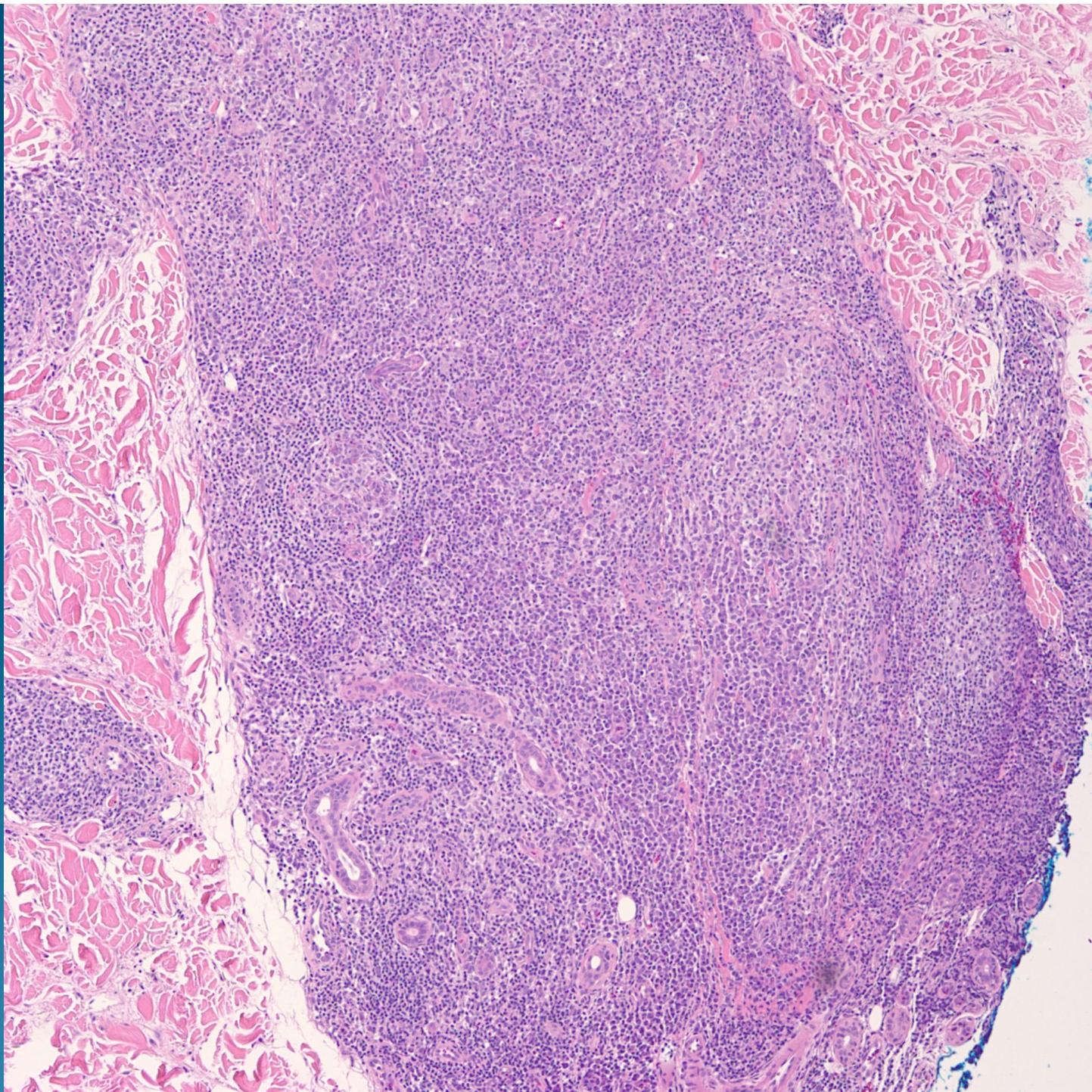


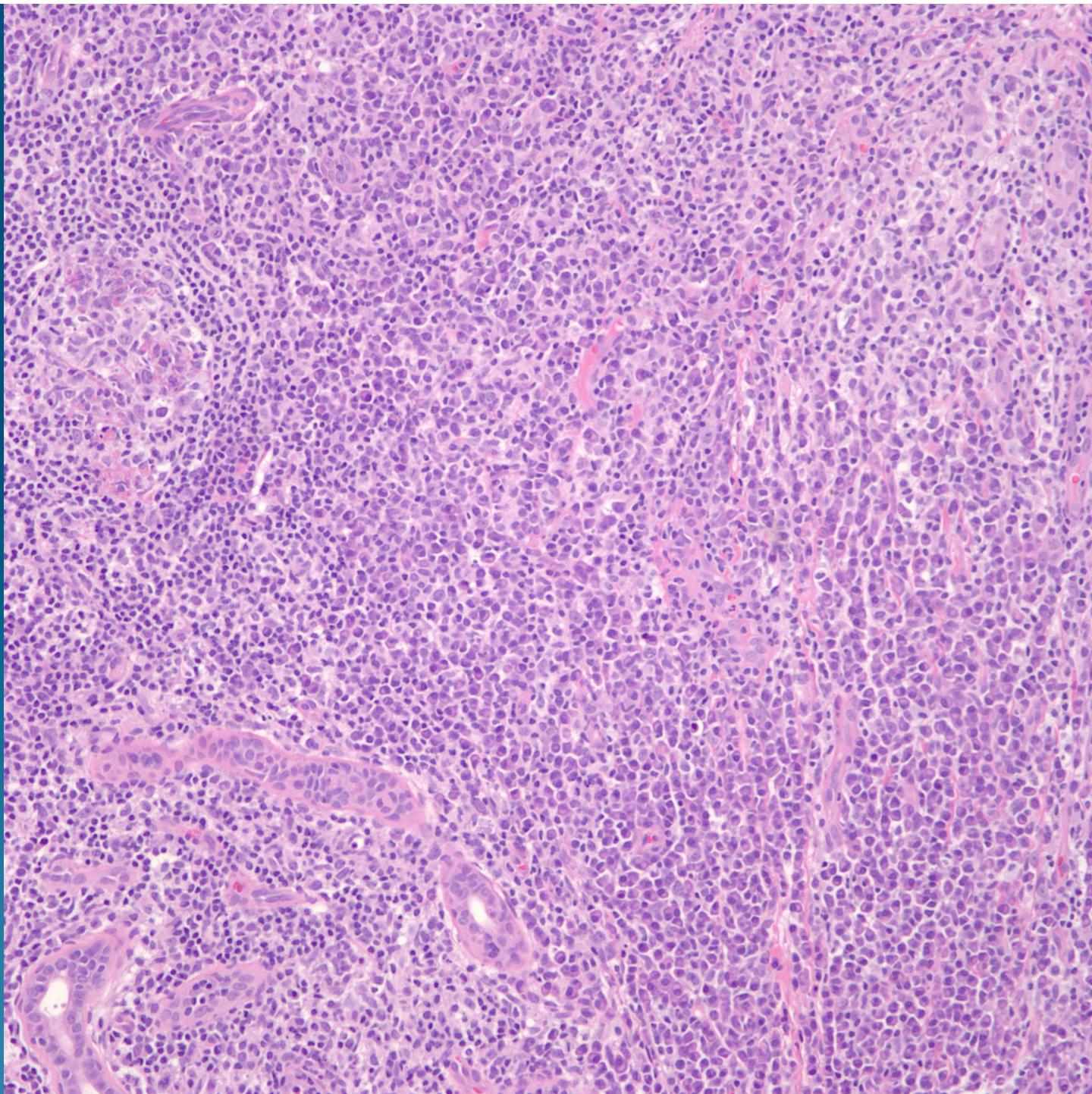
- Dermatophyte infections may mimic nearly all dermatitis patterns-must have high degree of suspicion in absence of clinical history
- Look in stratum corneum, hair follicle and hair shaft for fungal organisms
- Confirm with PAS or GMS stains

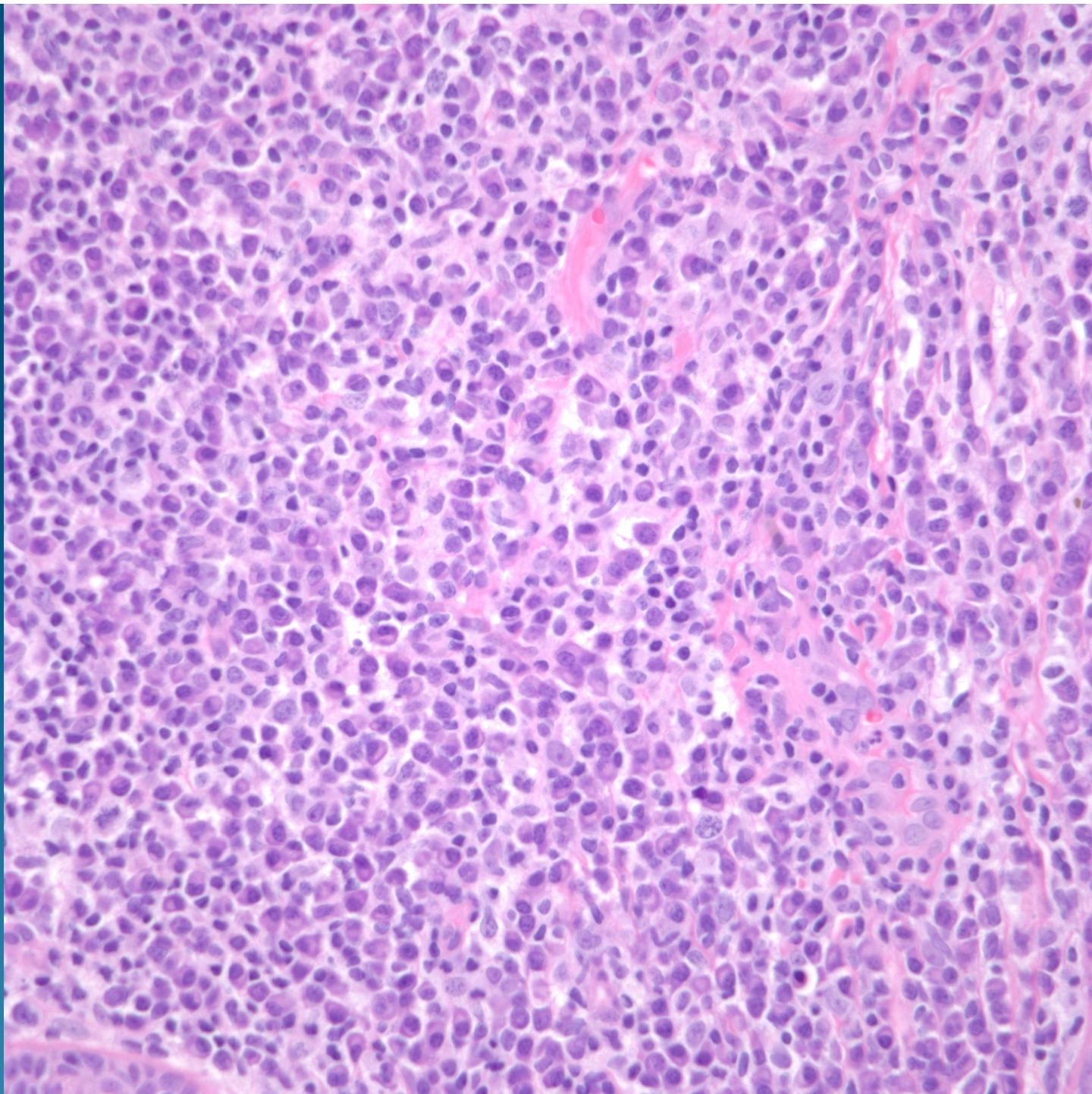








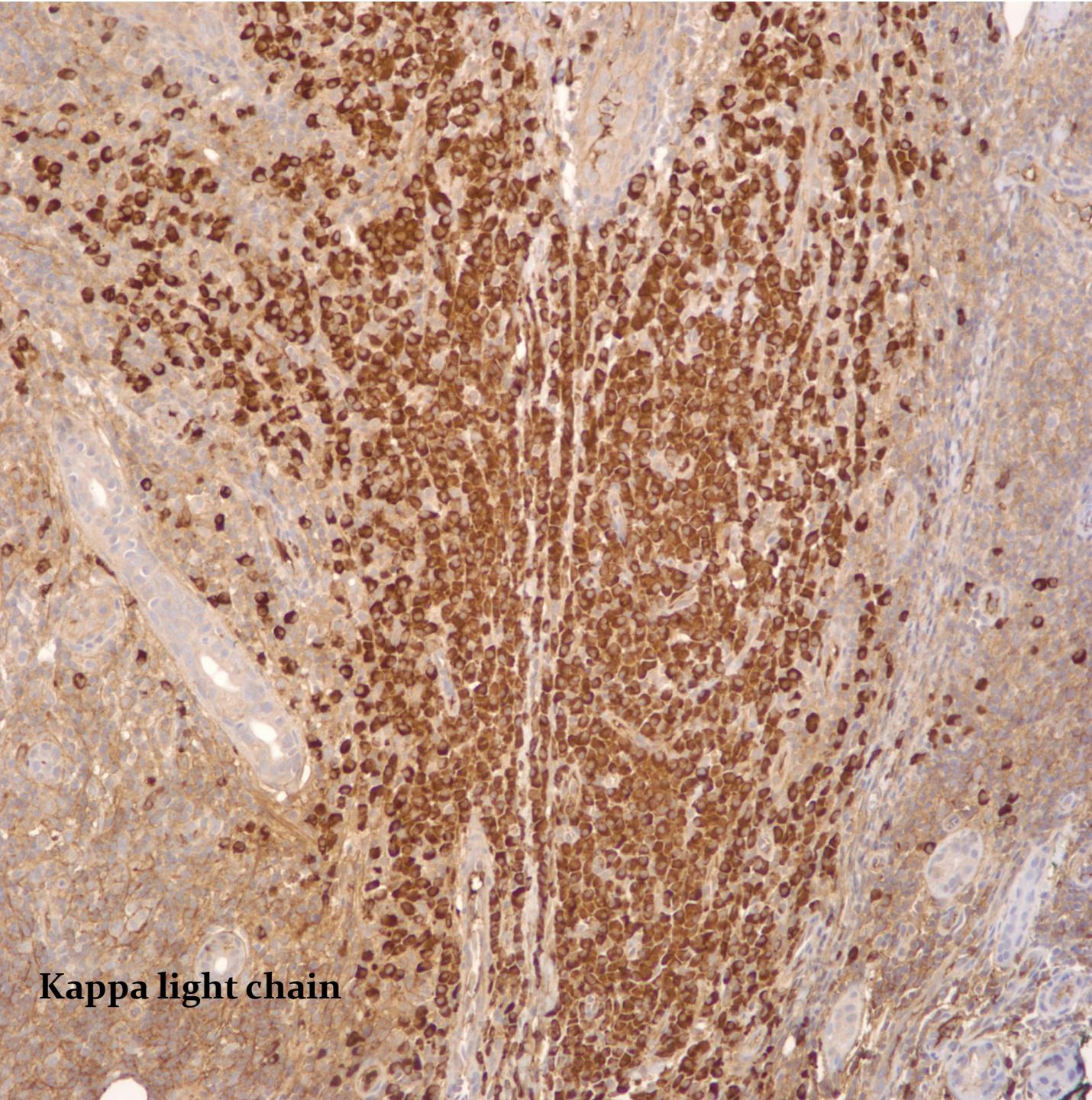




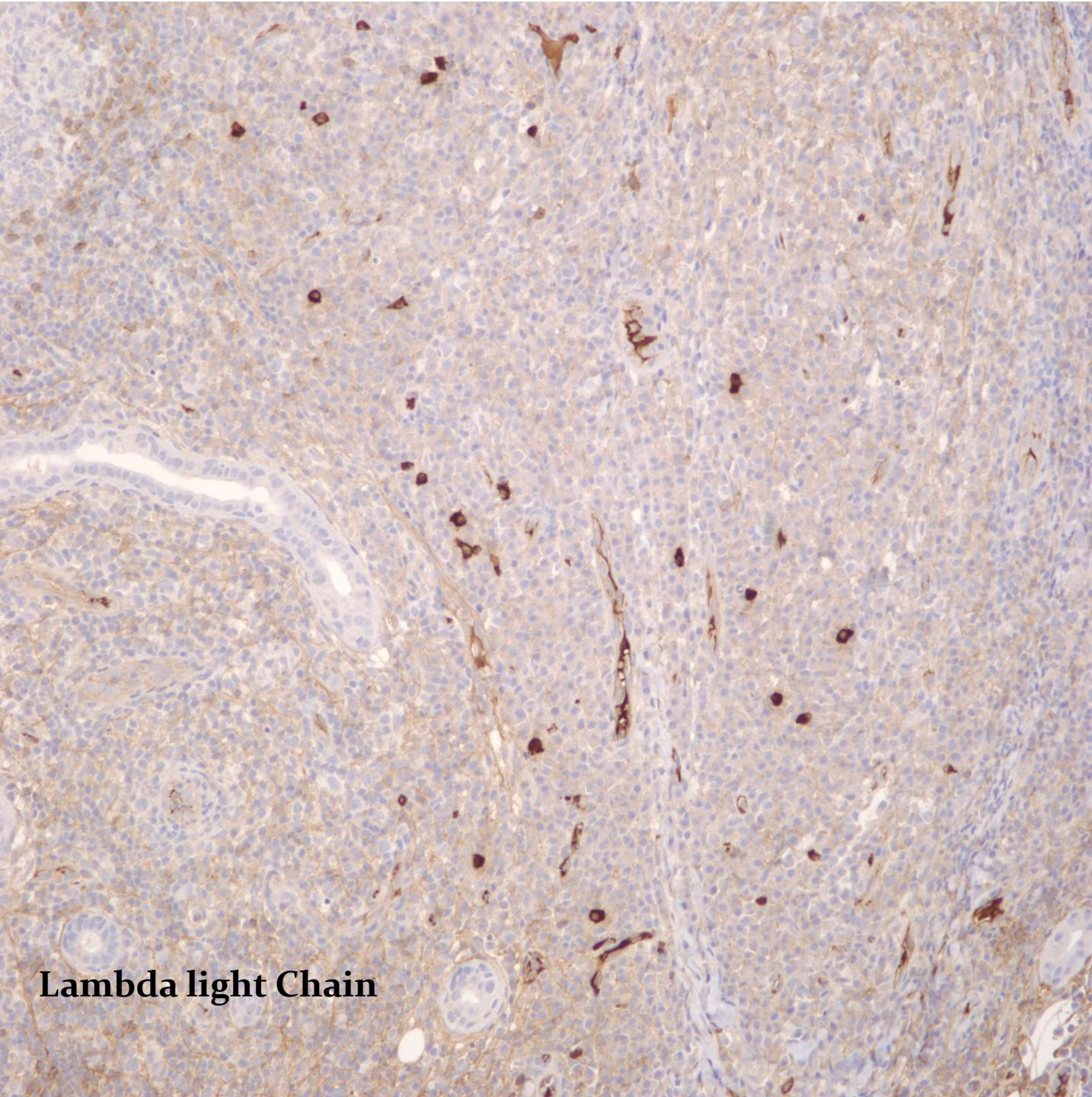
What is the best diagnosis?

- A. Secondary syphilis
- B. Leishmaniasis
- C. Mycosis fungoides
- D. Diffuse large B-cell lymphoma
- E. Plasmacytoma

Plasmacytoma (Cutaneous Marginal Zone Lymphoma)

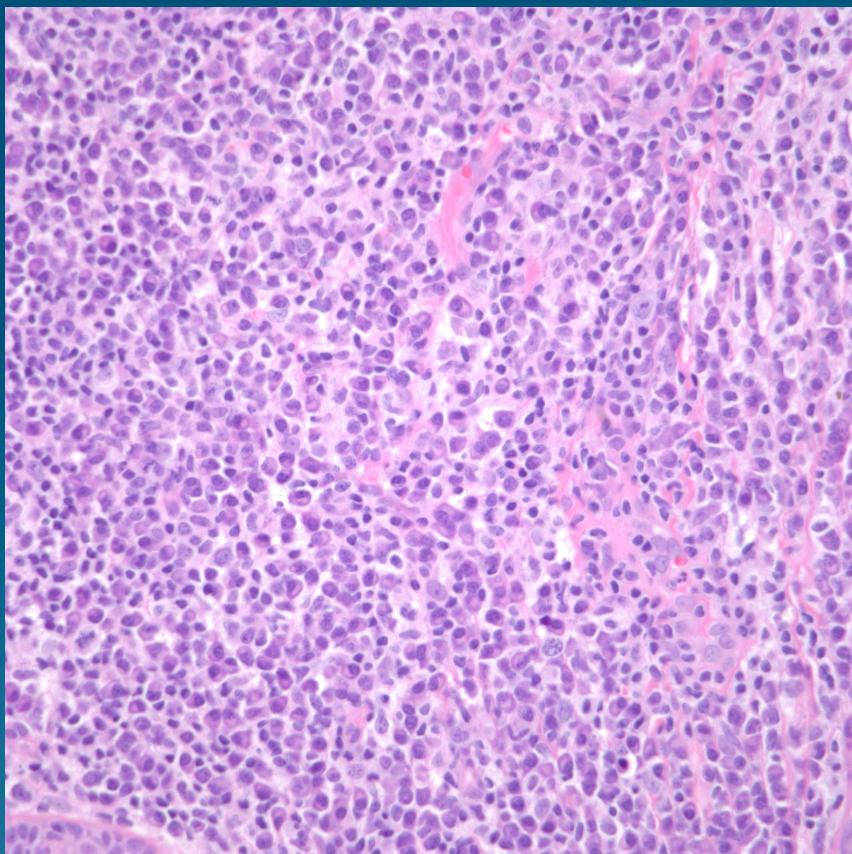


Kappa light chain

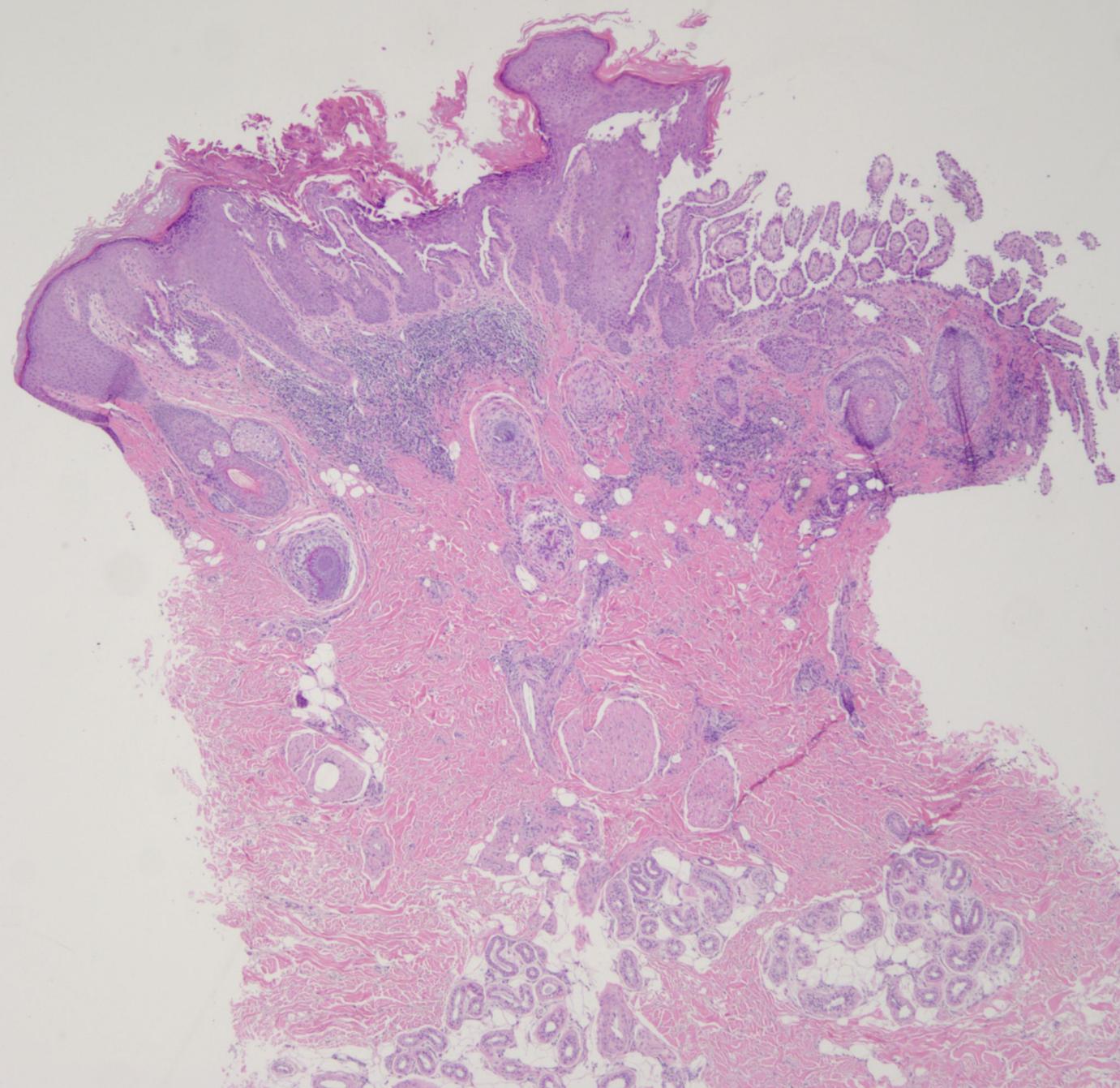


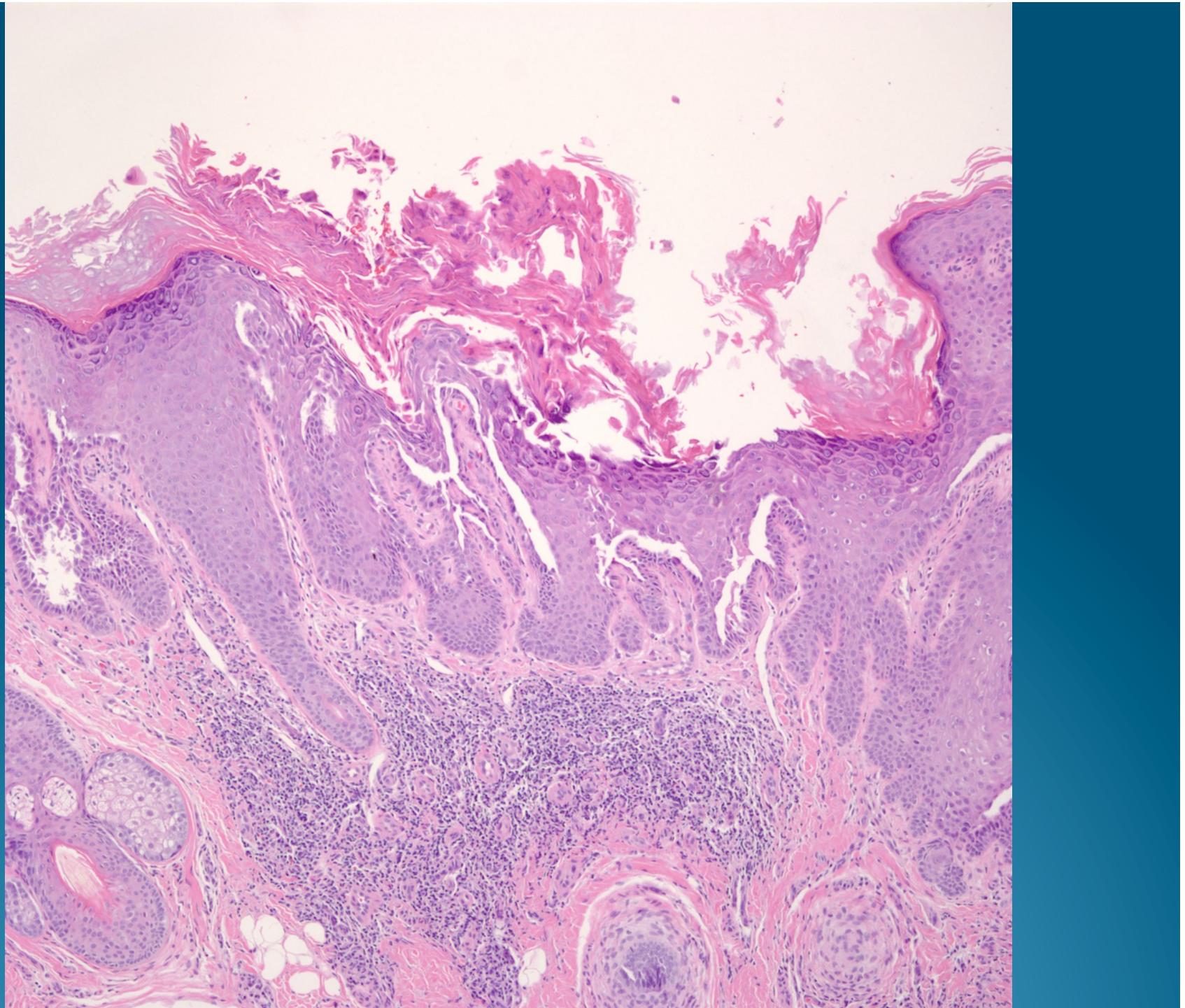
Lambda light Chain

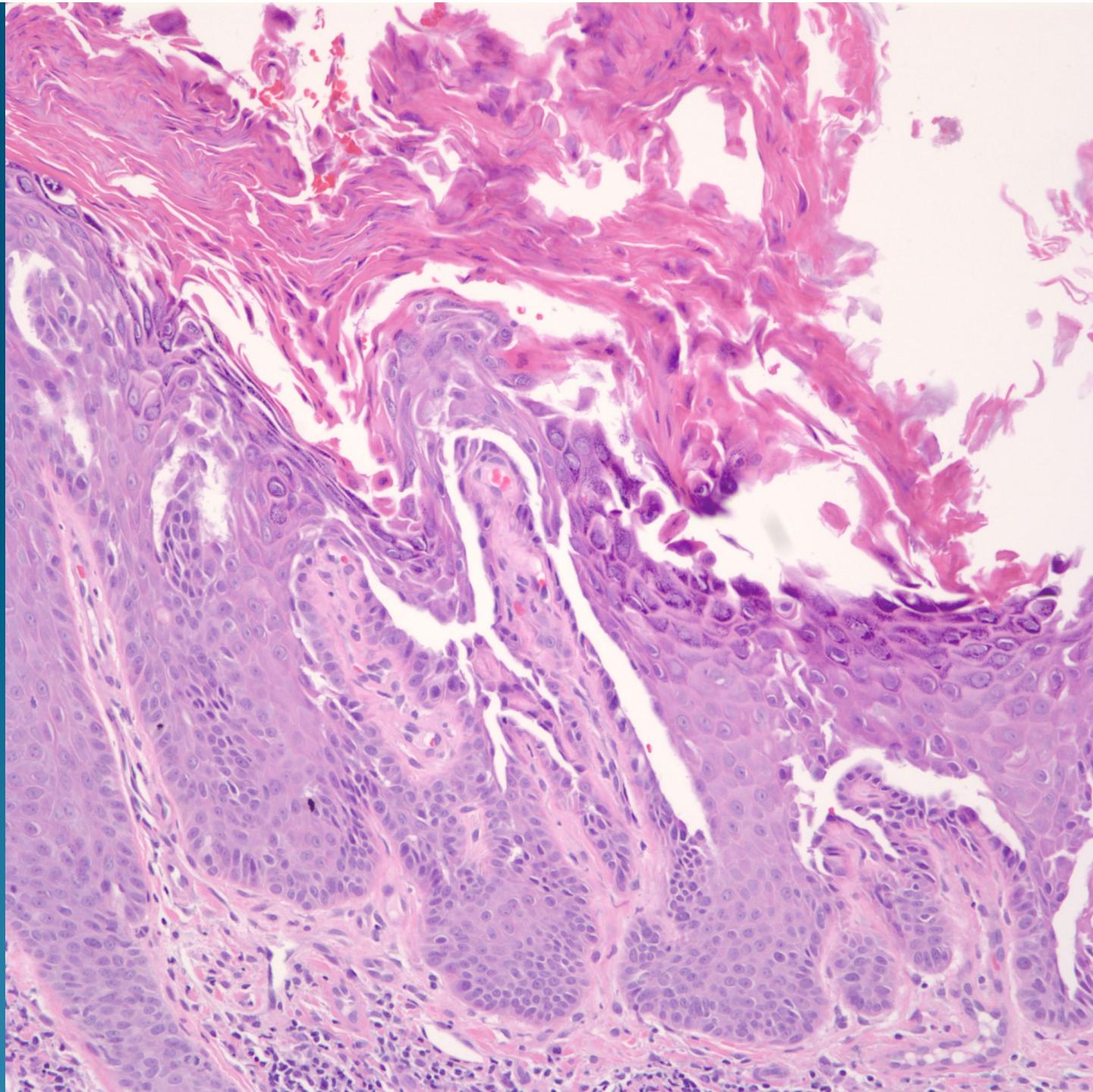
Pearls

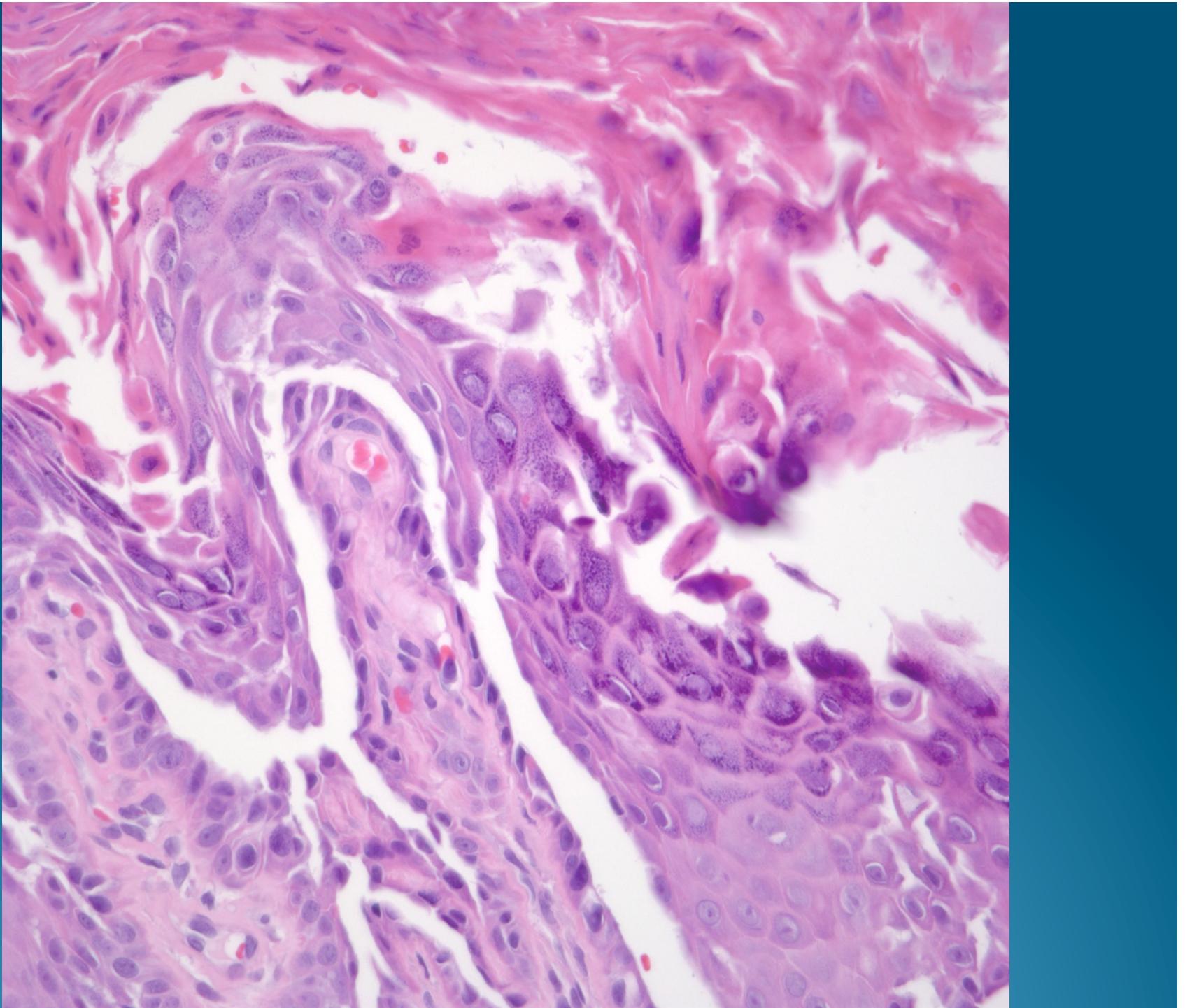


- Diffuse and nodular collection of plasma cells
- May be in varying stages of maturation
- Always rule out inflammatory condition which may mimic neoplastic process
- Confirm with light chain and Ig gene rearrangement
- Clinical-pathological correlation, rule out systemic plasma cell dyscrasia with secondary involvement of skin







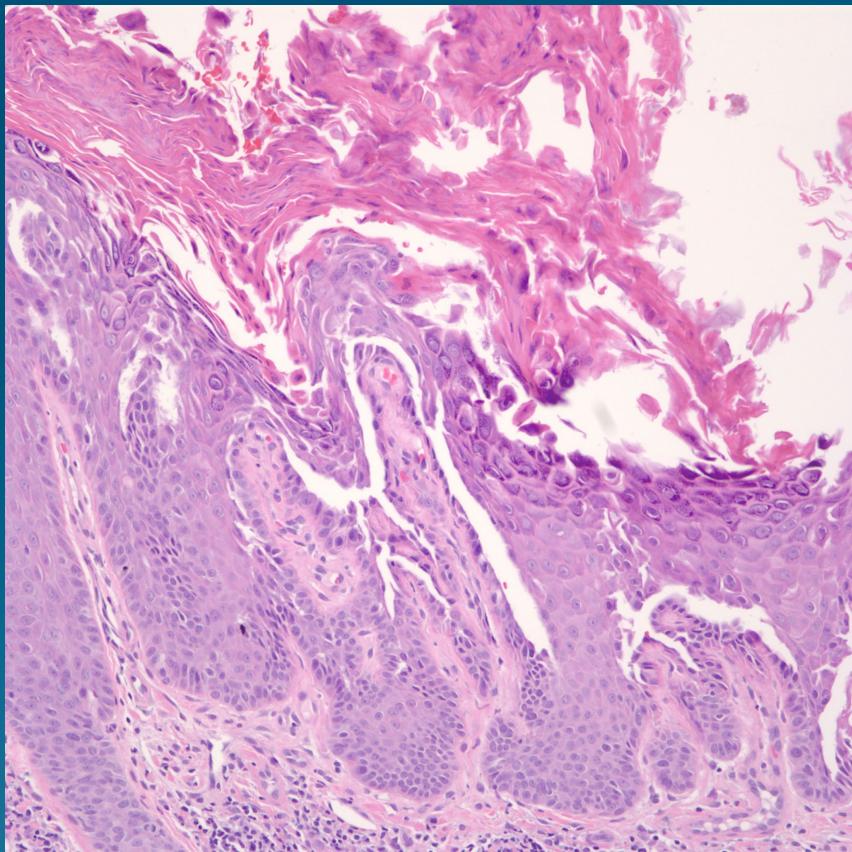


What is the best diagnosis?

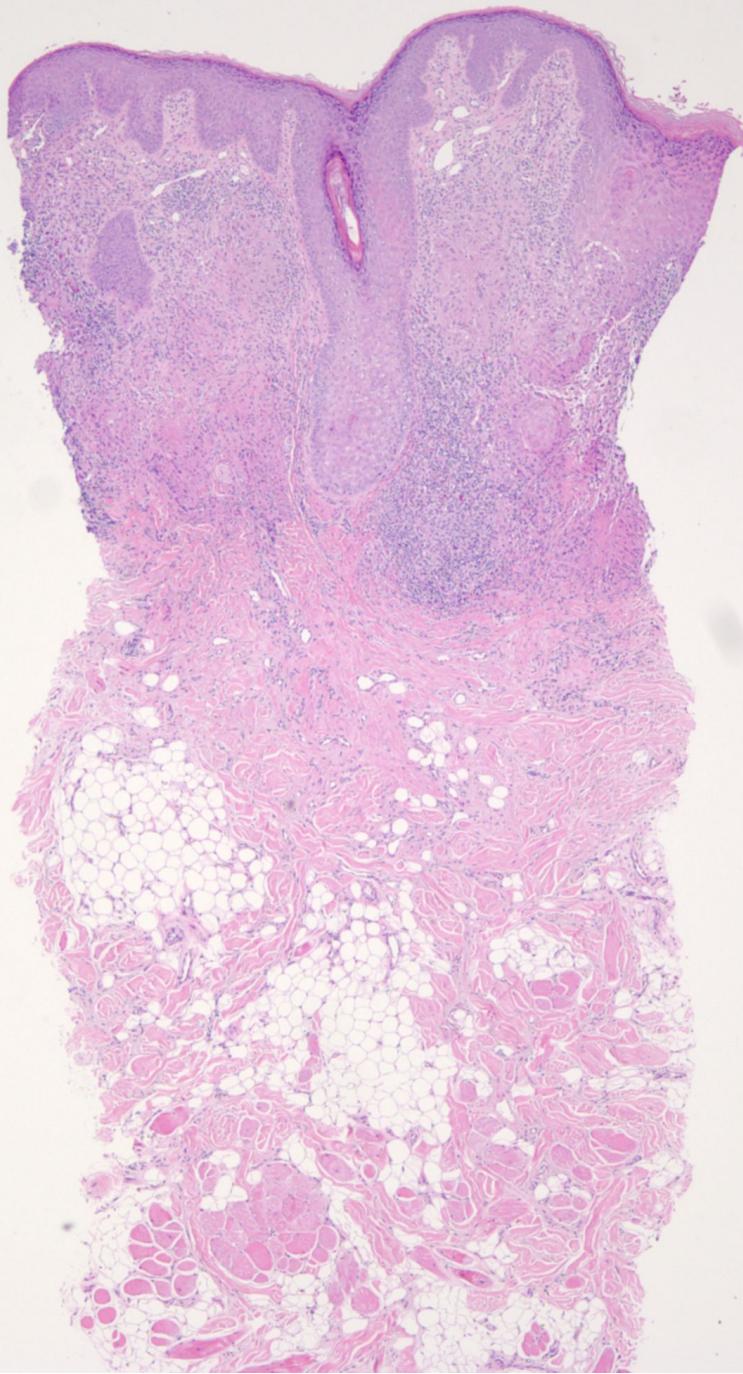
- A. Darier's disease
- B. Hailey-Hailey disease
- C. Pemphigus vulgaris
- D. Pemphigus foliaceus
- E. Paraneoplastic pemphigus

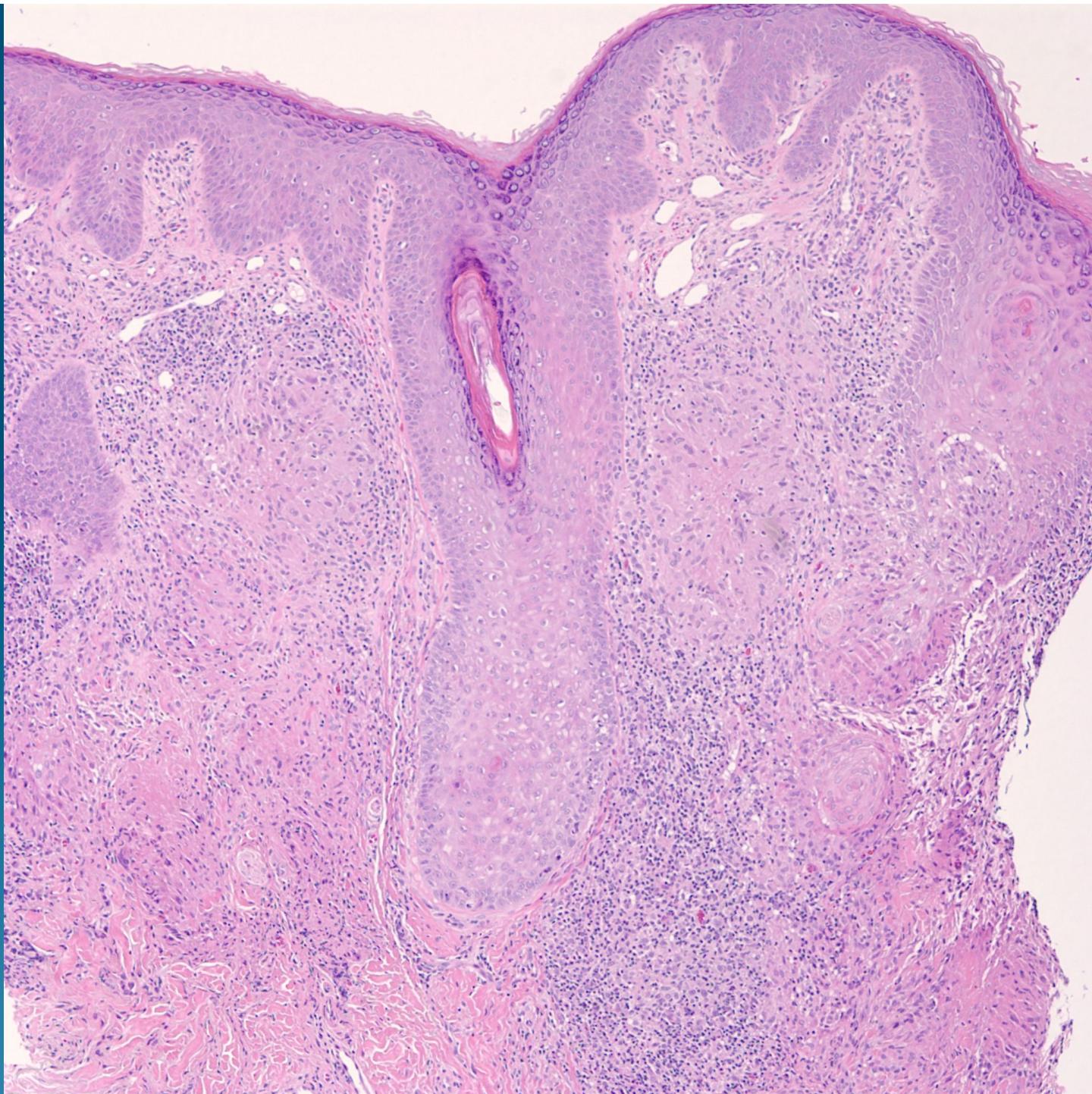
Darier's disease

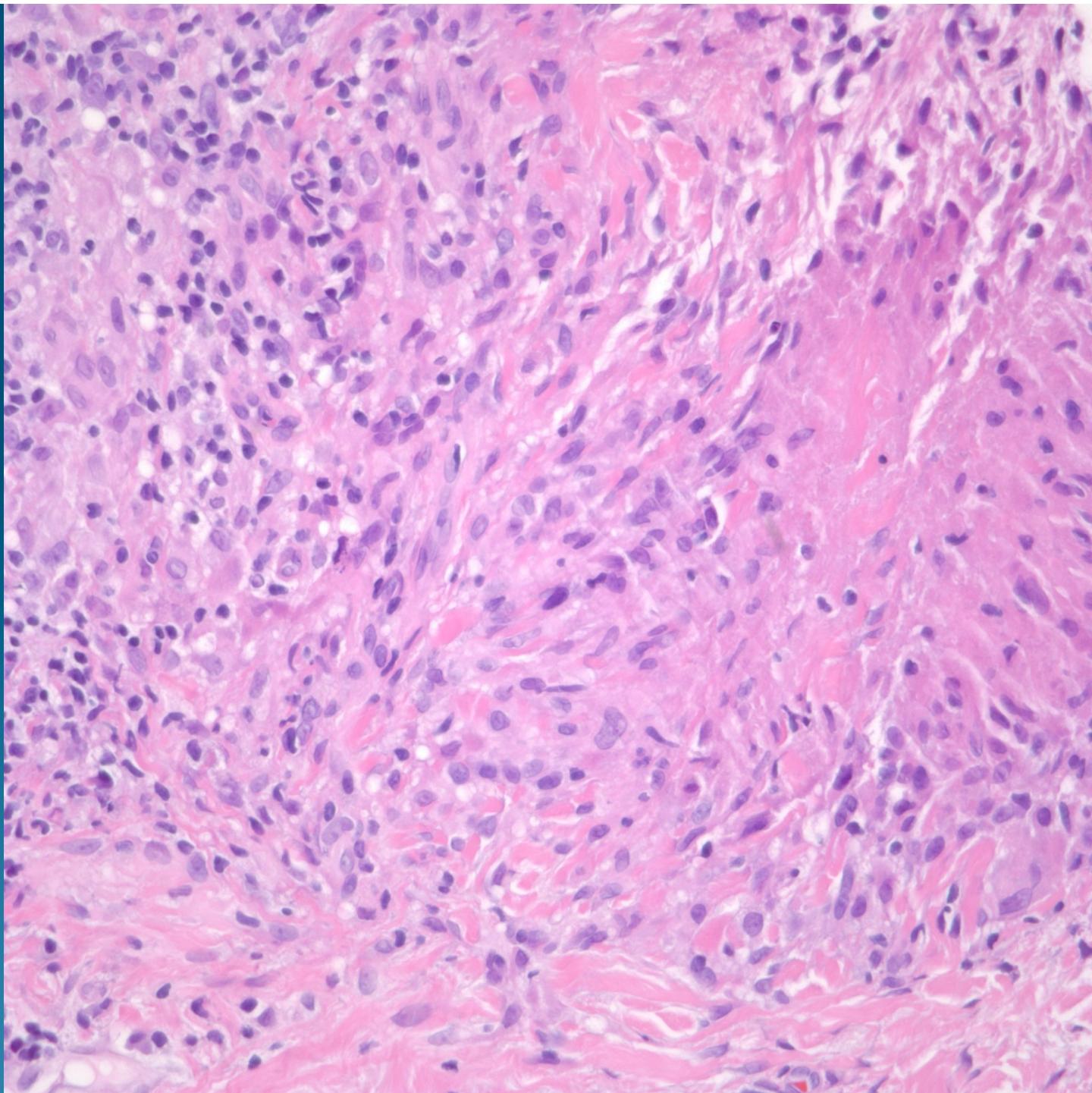
Pearls

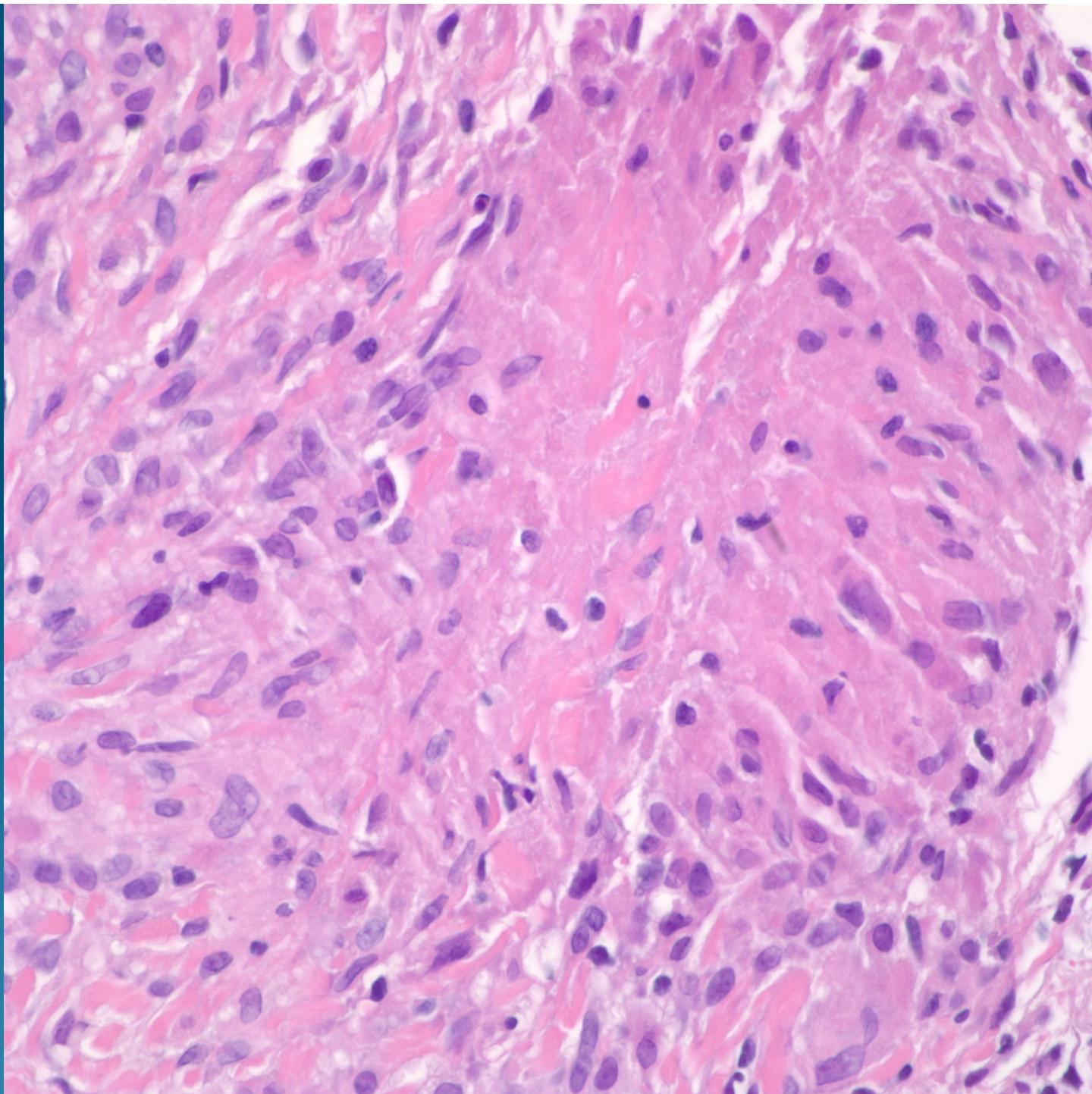


- Intraepidermal acantholysis with corps ronds and cord grains
- Variable epidermal hyperplasia
- Minimal inflammatory cell infiltrate
- Clinical-pathological correlation
- DDX: Warty dyskeratoma, Grover's disease







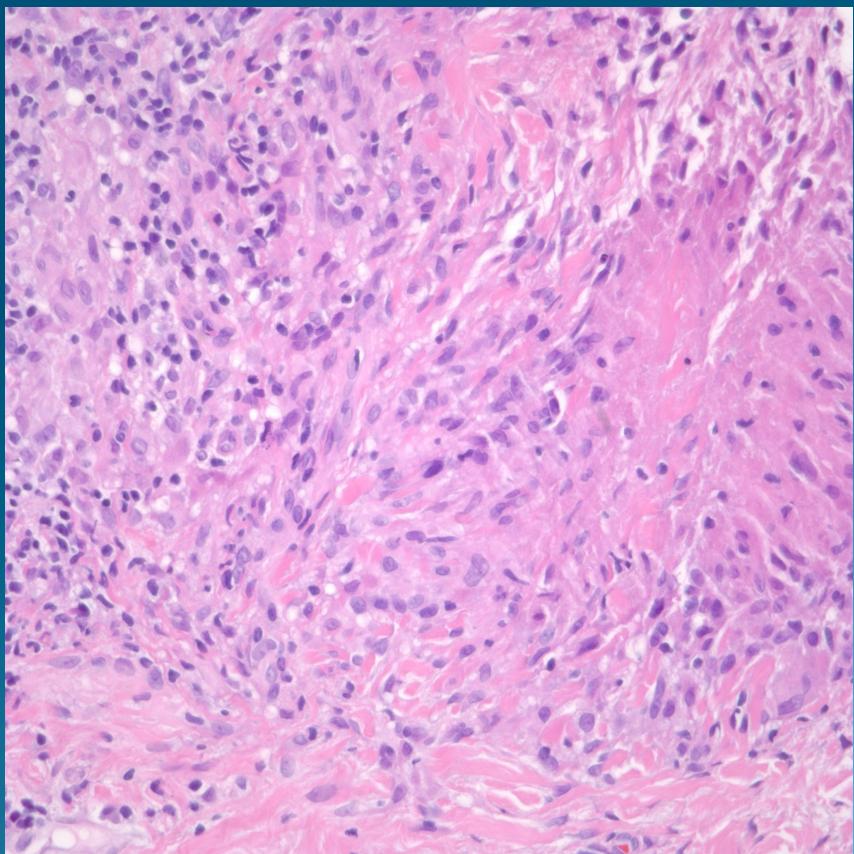


What is the best diagnosis?

- A. Sarcoidosis
- B. Lupus vulgaris
- C. Granulomatous slack skin disease
- D. Actinic granuloma
- E. Blastomycosis

Lupus vulgaris

Pearls



- Clinical-pathological correlation
- Caseating granulomas
- Special stains (AFB, PAS, GMS) negative
- History of TB exposure or disease, considered a tuberculid reaction
- DDX: Granulomatous rosacea, perioral dermatitis