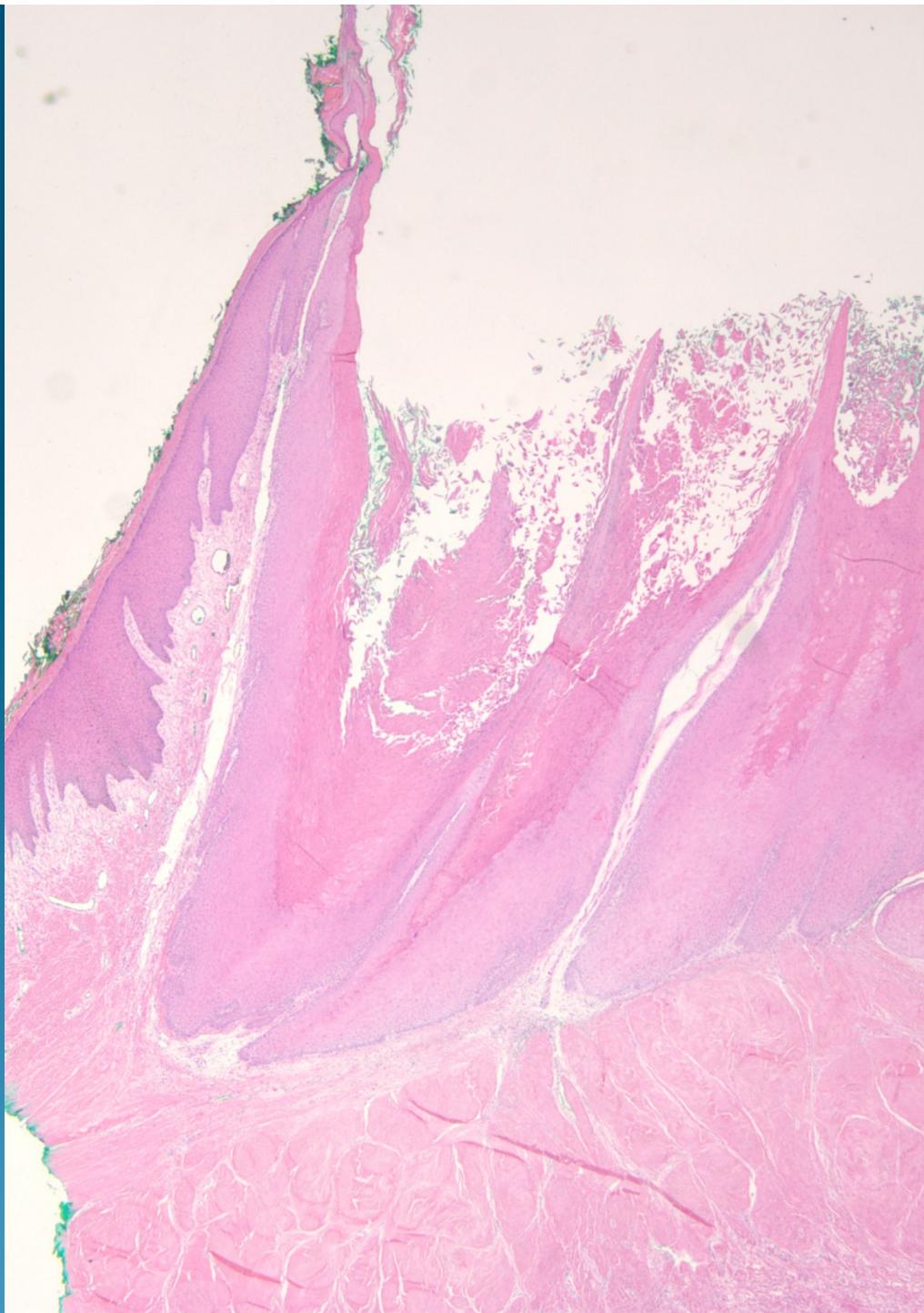
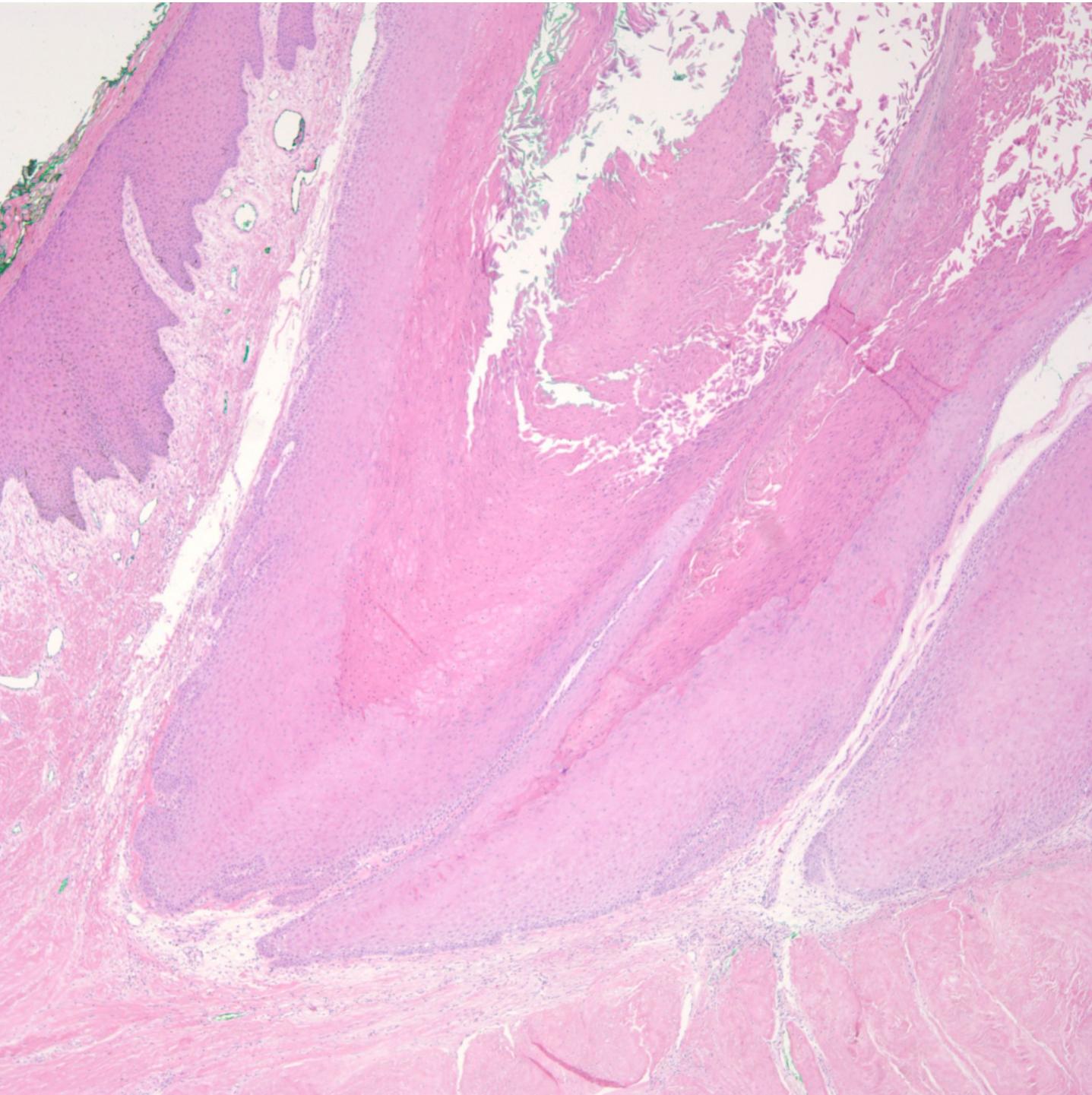
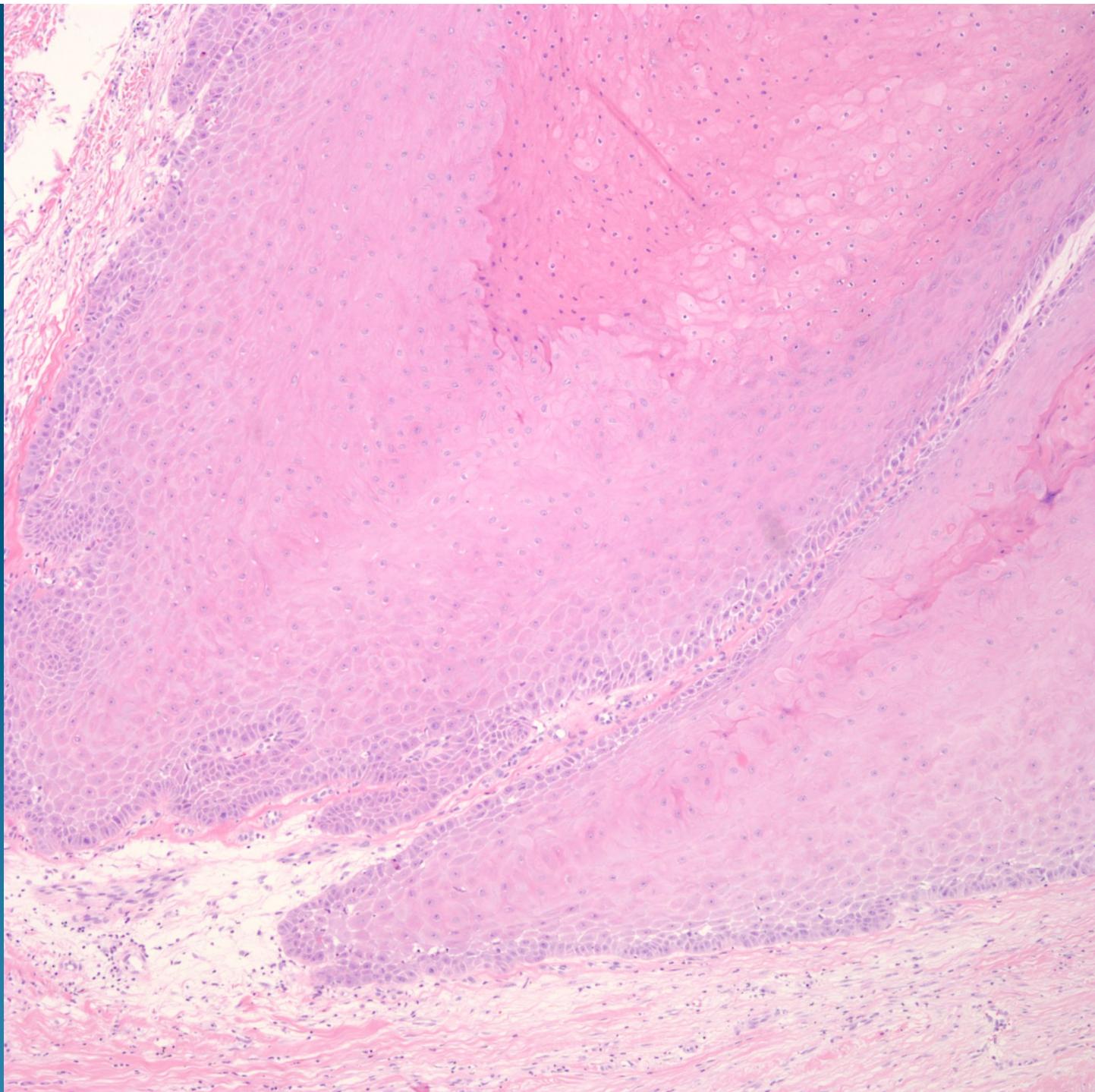


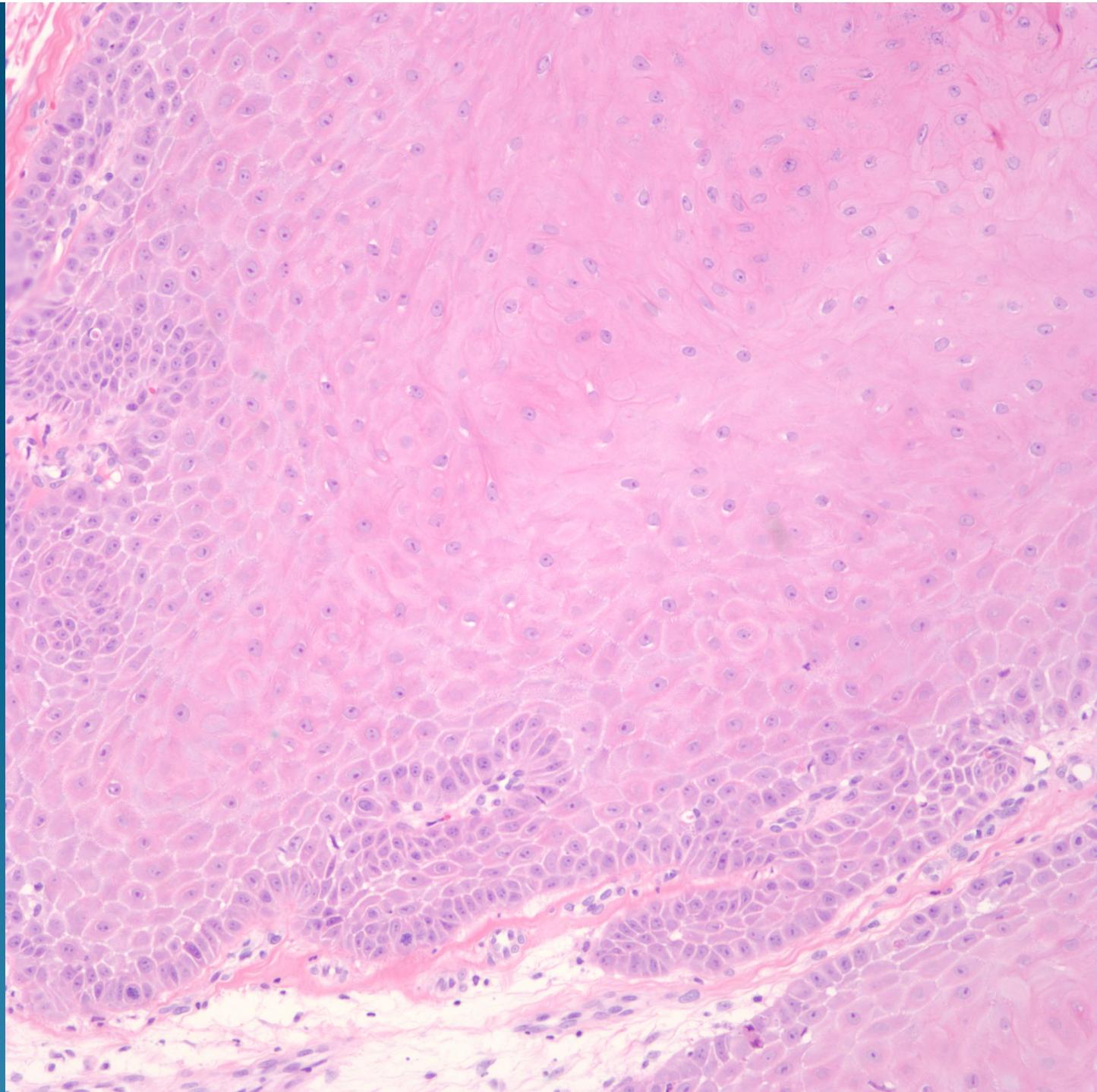
Dermatopathology Slide Review Part 90

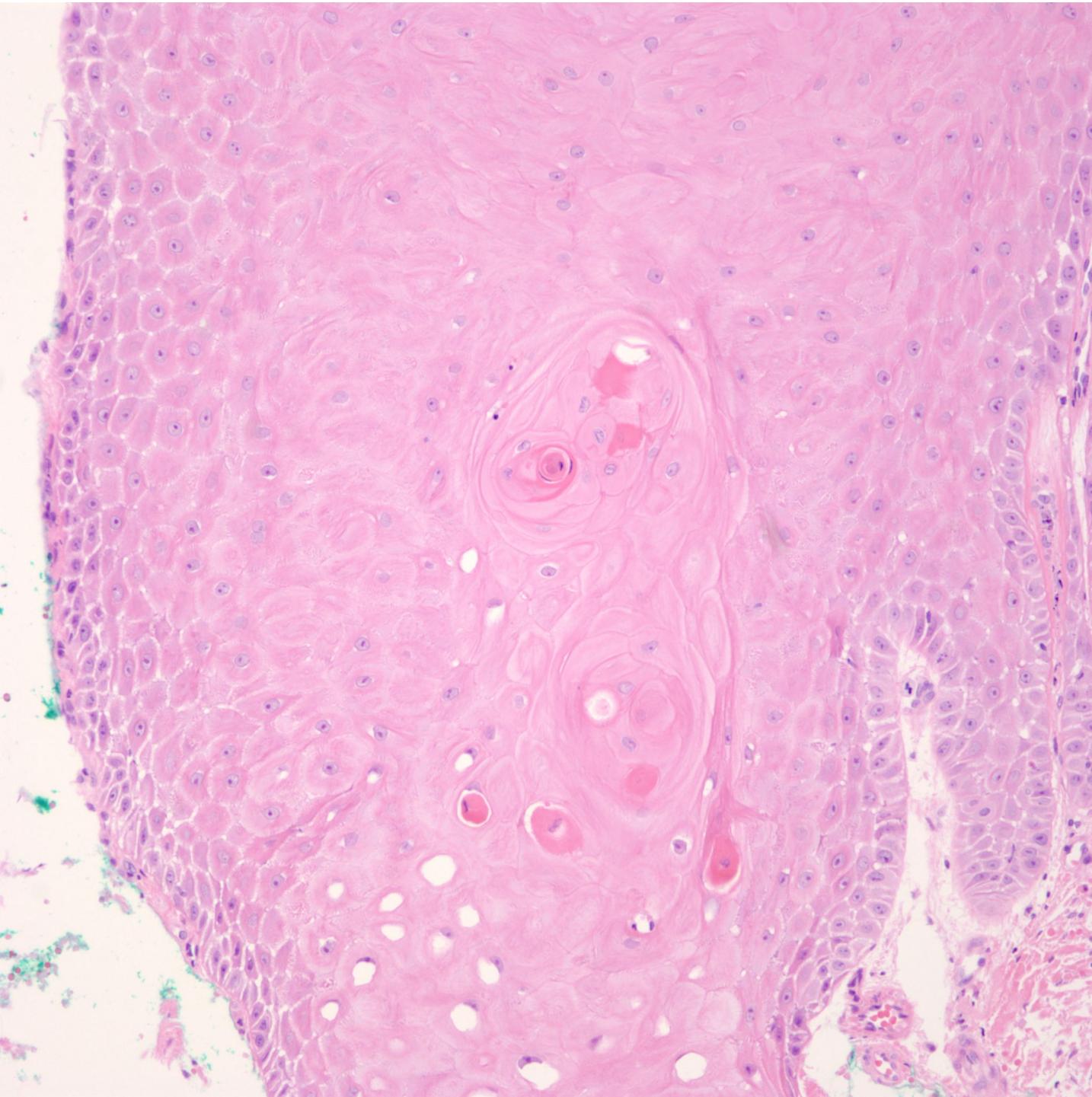
Paul K. Shitabata, M.D.
Dermatopathology Institute

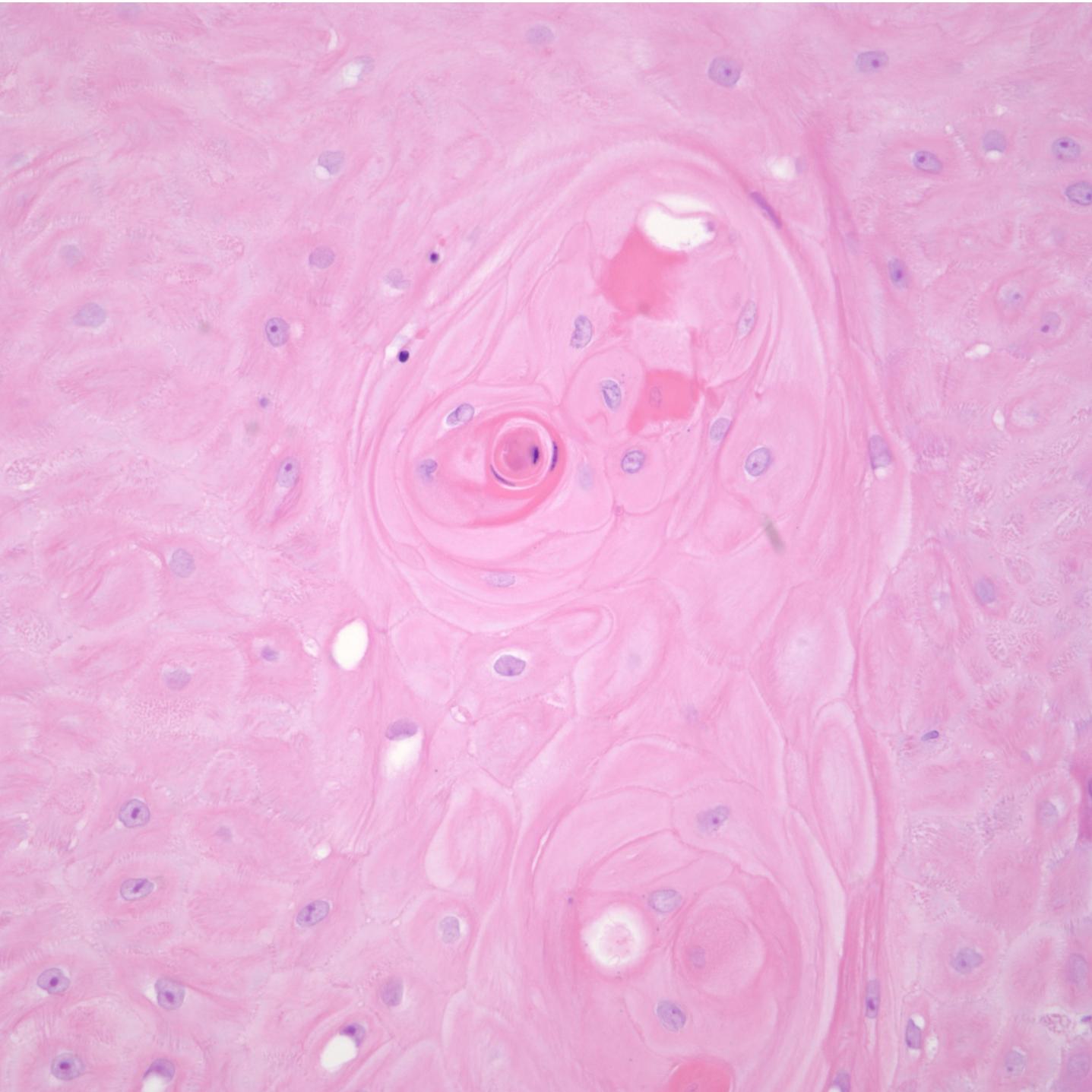










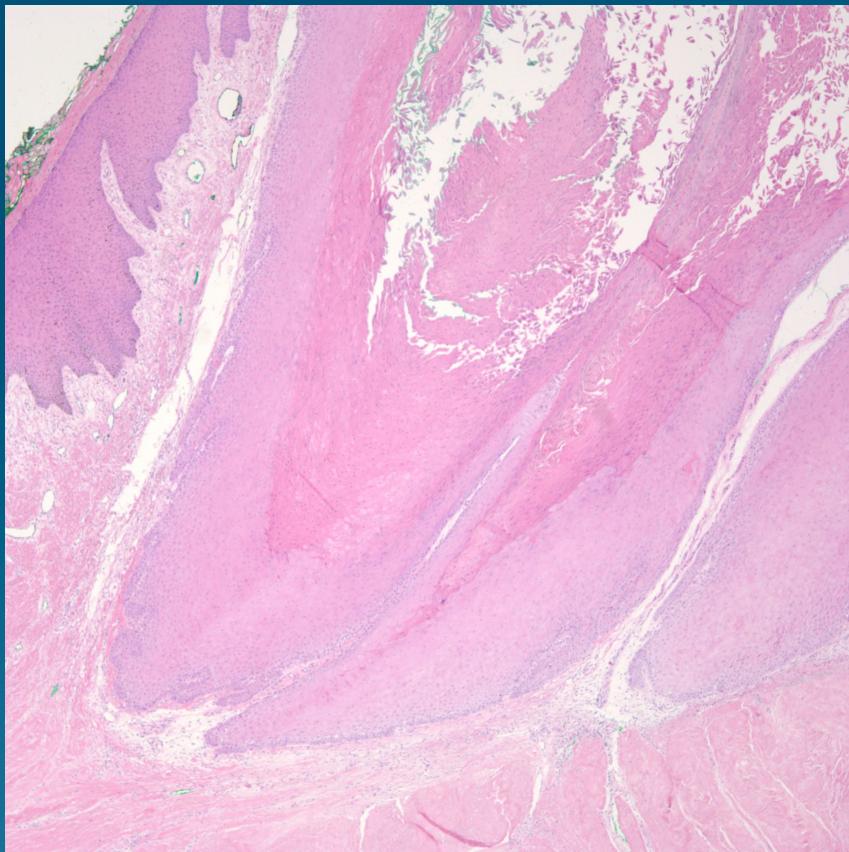


What is the best diagnosis?

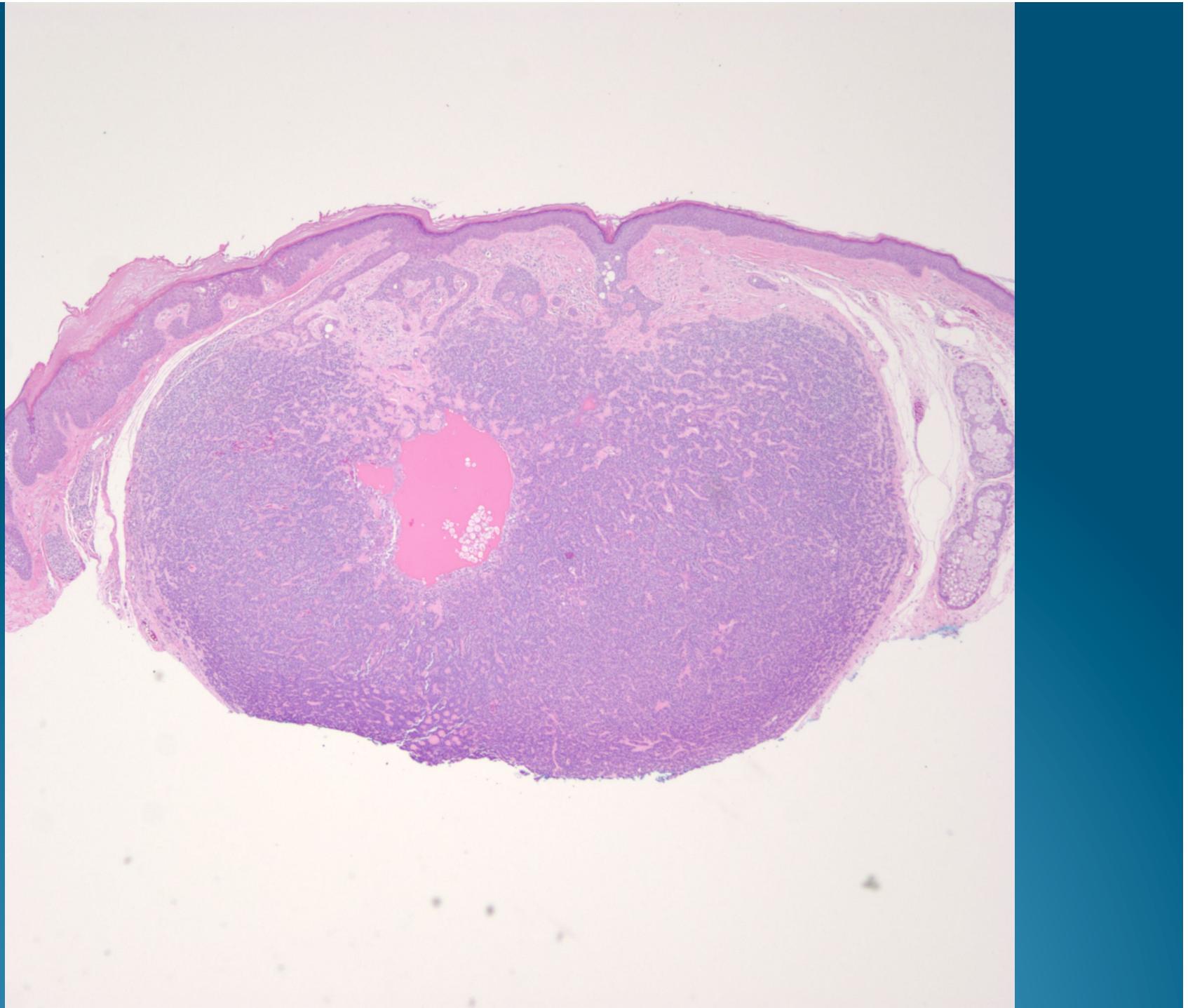
- A. Myrmecia
- B. Keratoacanthoma
- C. Porokeratosis
- D. Verrucous carcinoma
- E. Chromomycosis

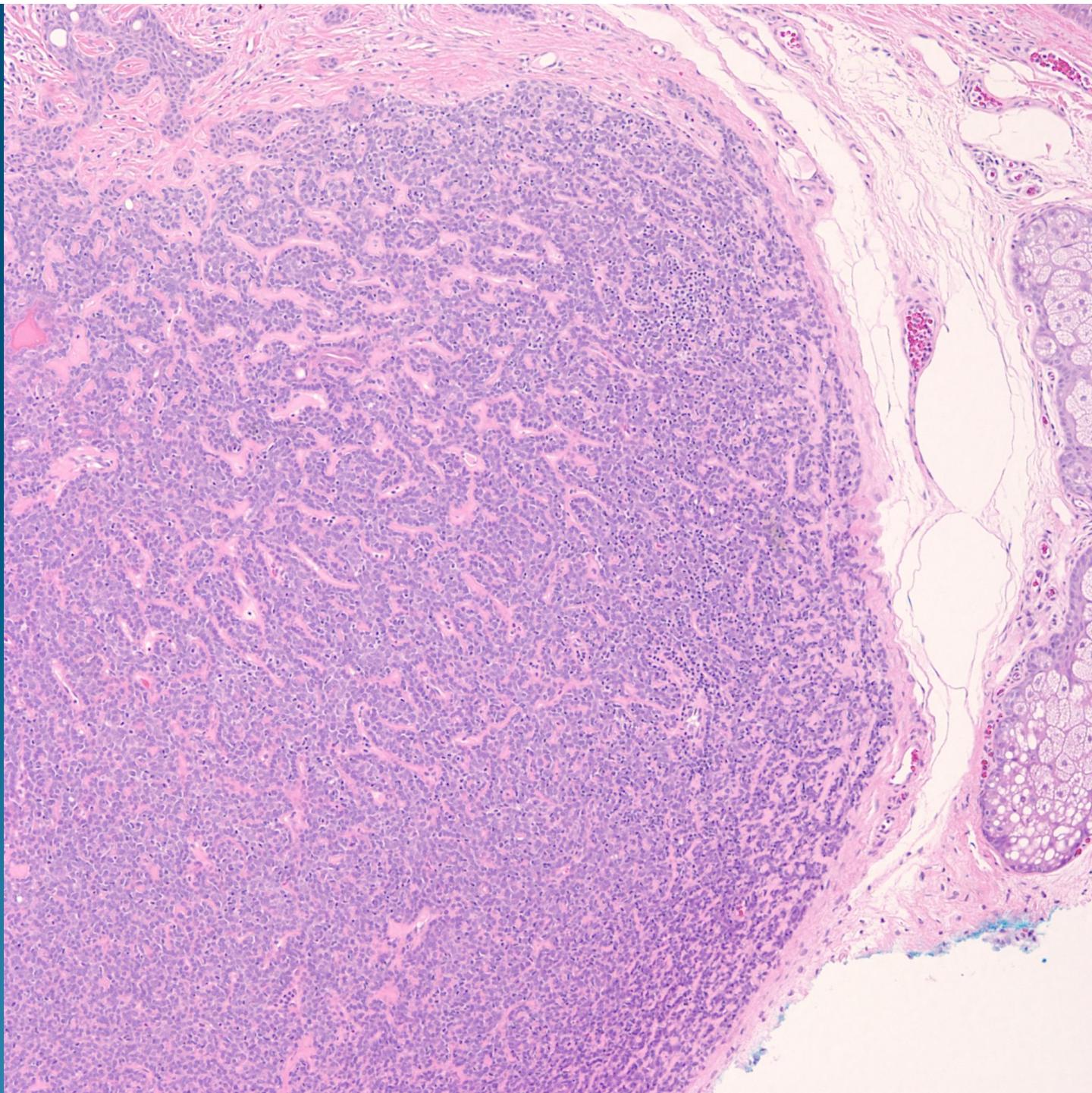
Verrucous Carcinoma

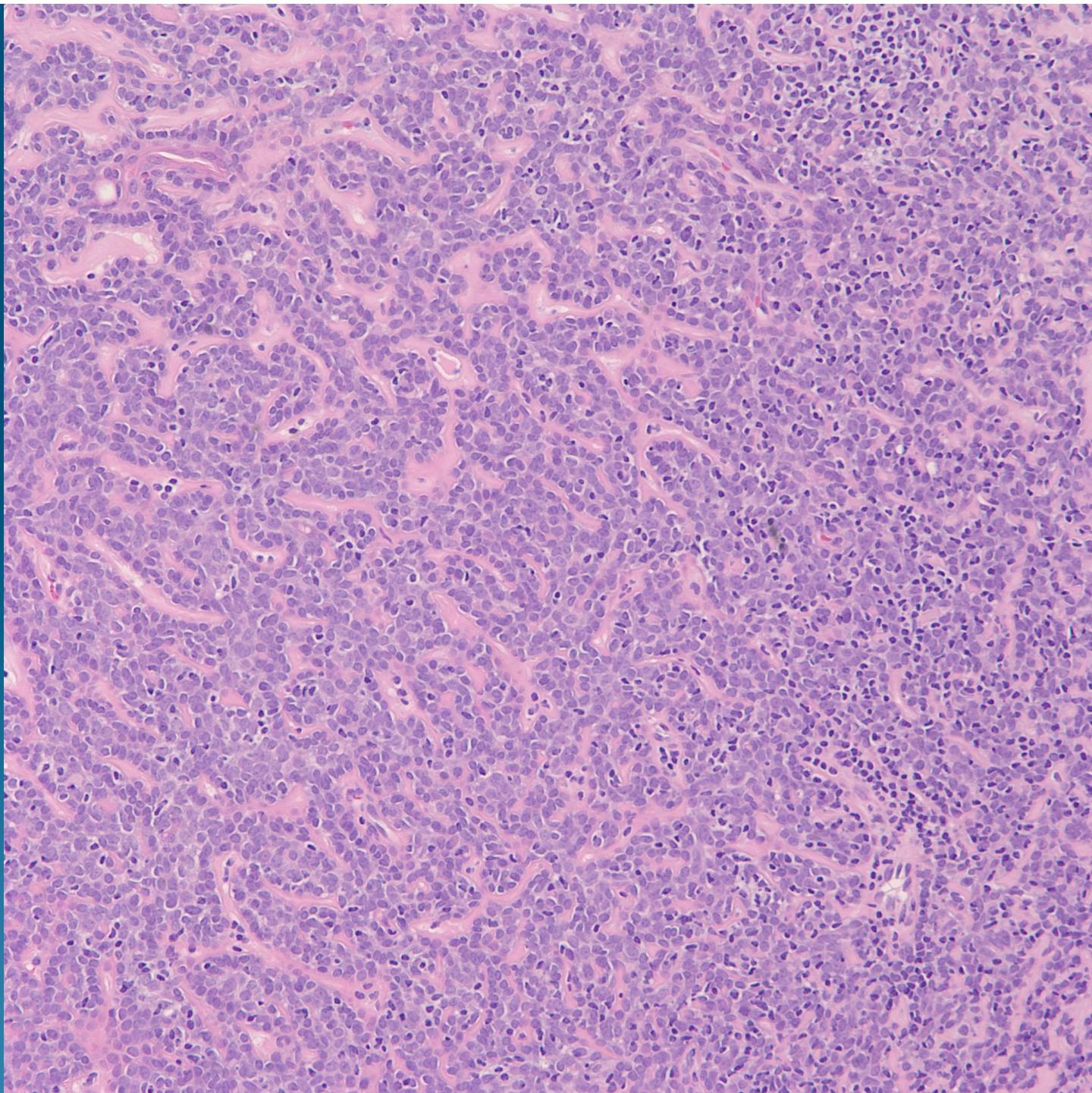
Pearls

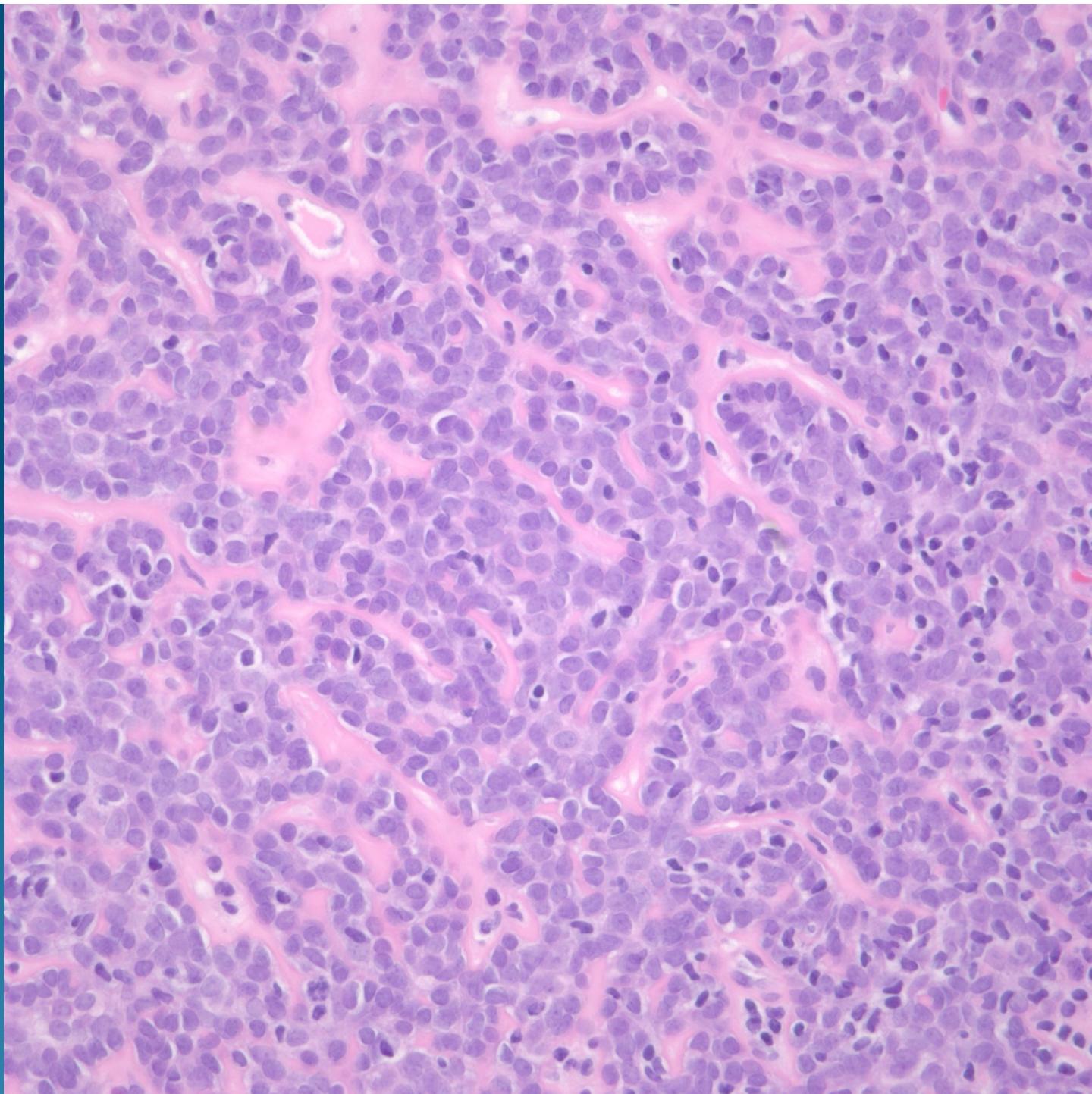


- Verruciform proliferation extending deeply into reticular dermis or submucosa
- Cytologically bland keratinocytes
- May have numerous dyskeratotic keratinocytes







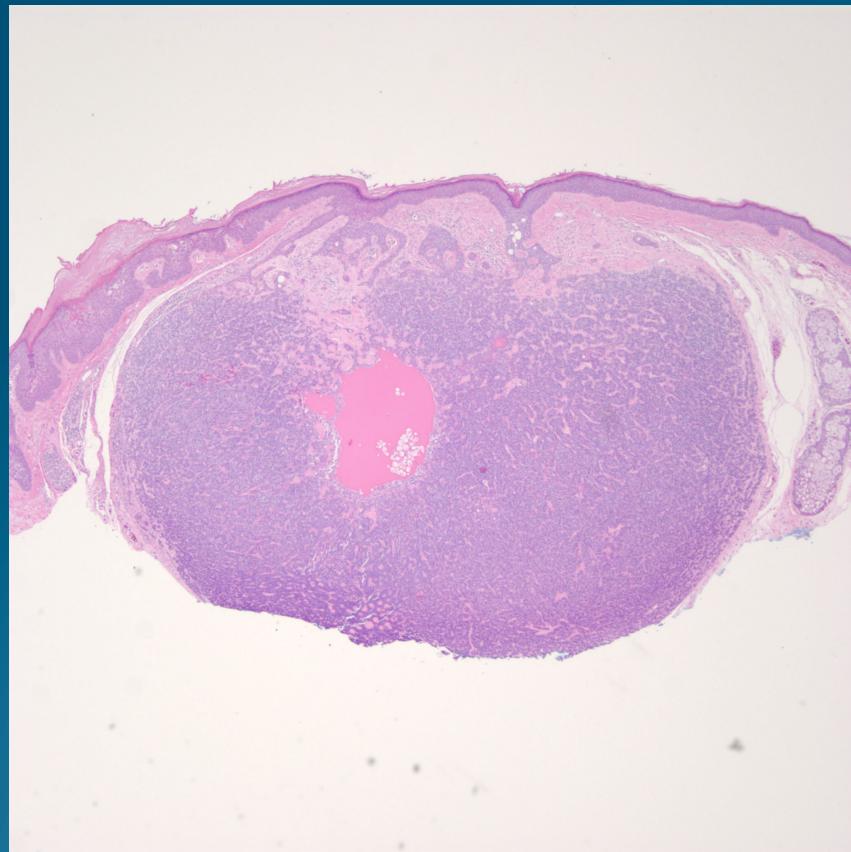


What is the best diagnosis?

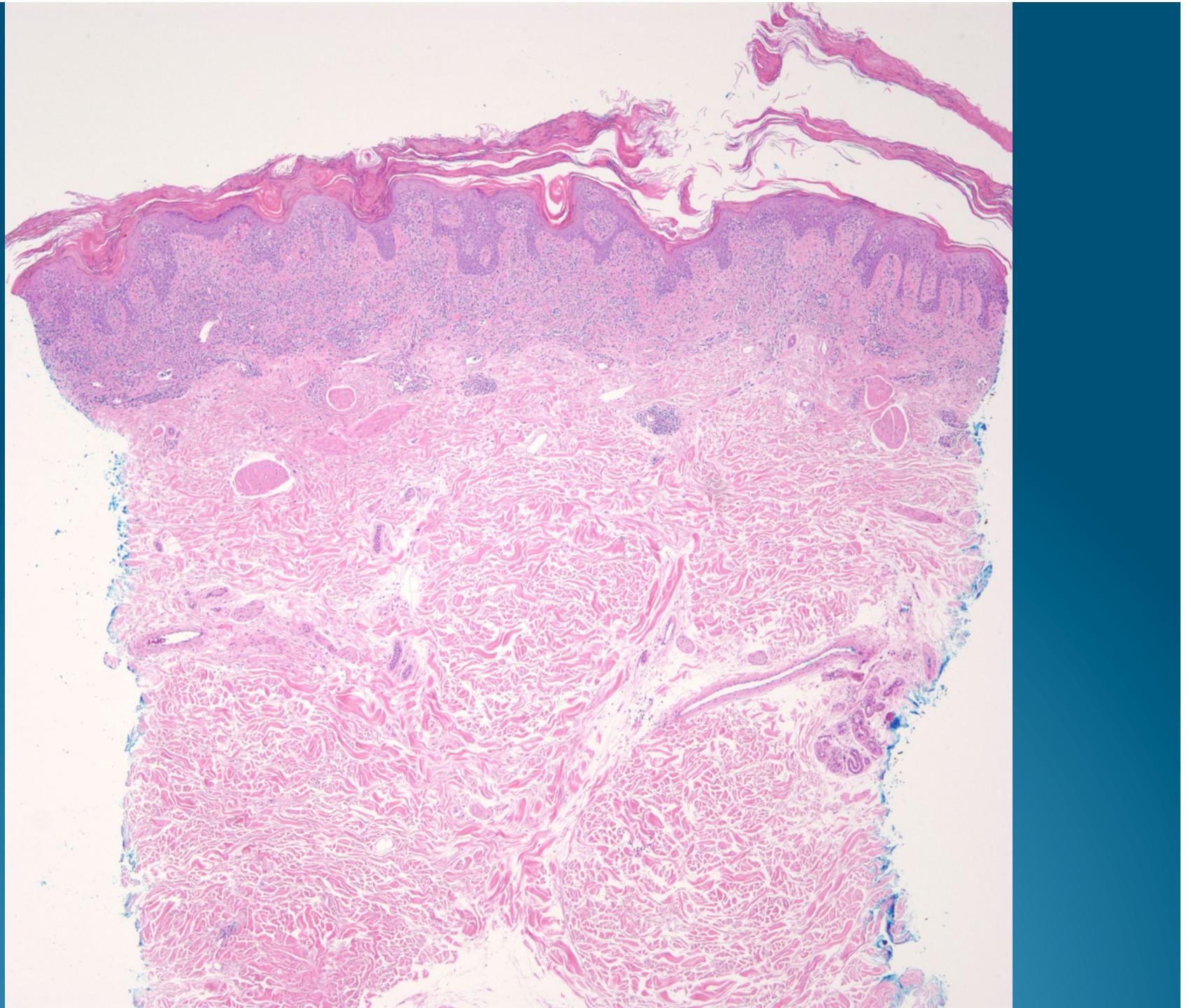
- A. Glomus tumor
- B. Angioleiomyoma
- C. Spiradenoma
- D. Trichoblastoma
- E. Palisaded and encapsulated neuroma

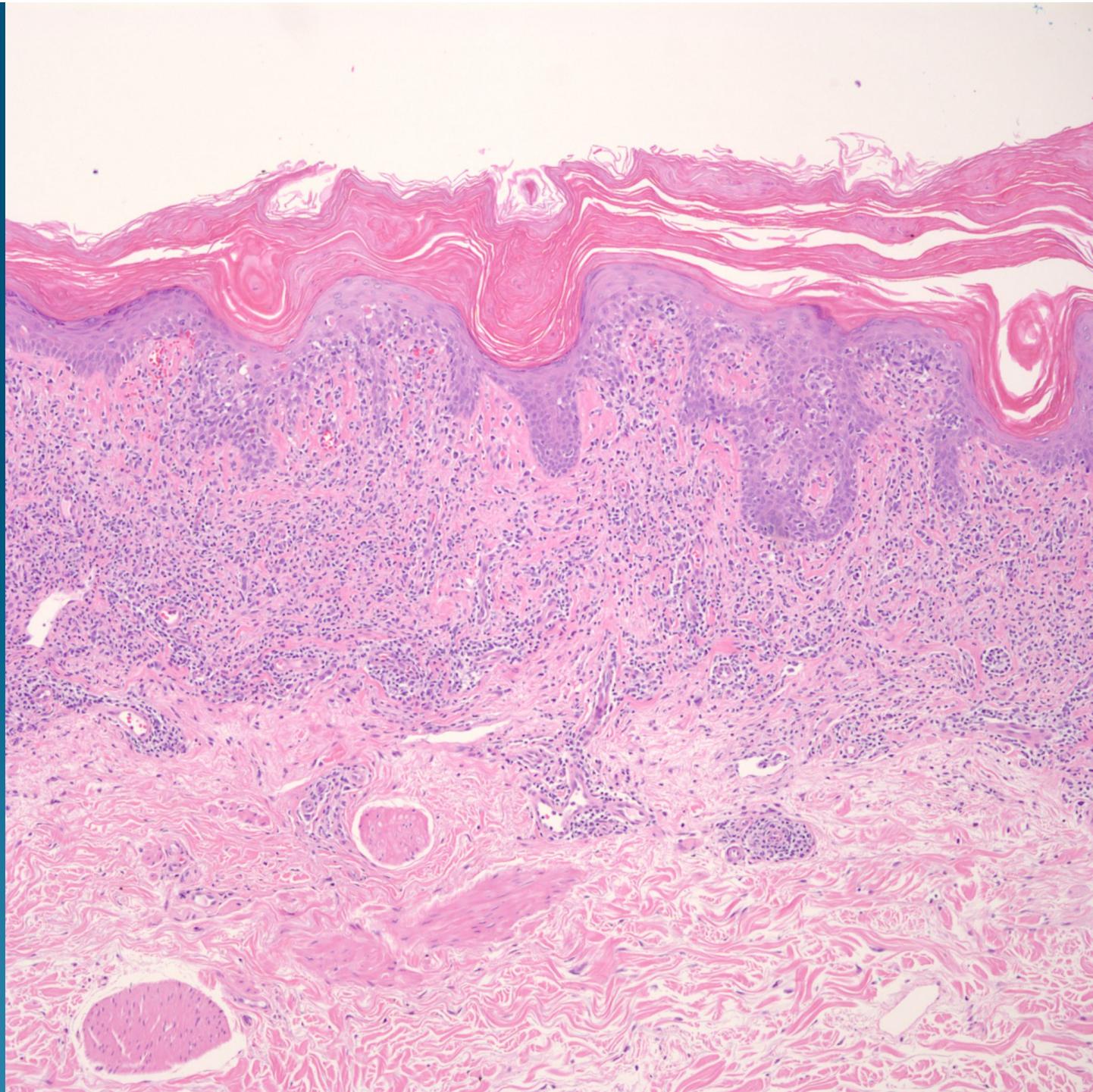
Spiradenoma

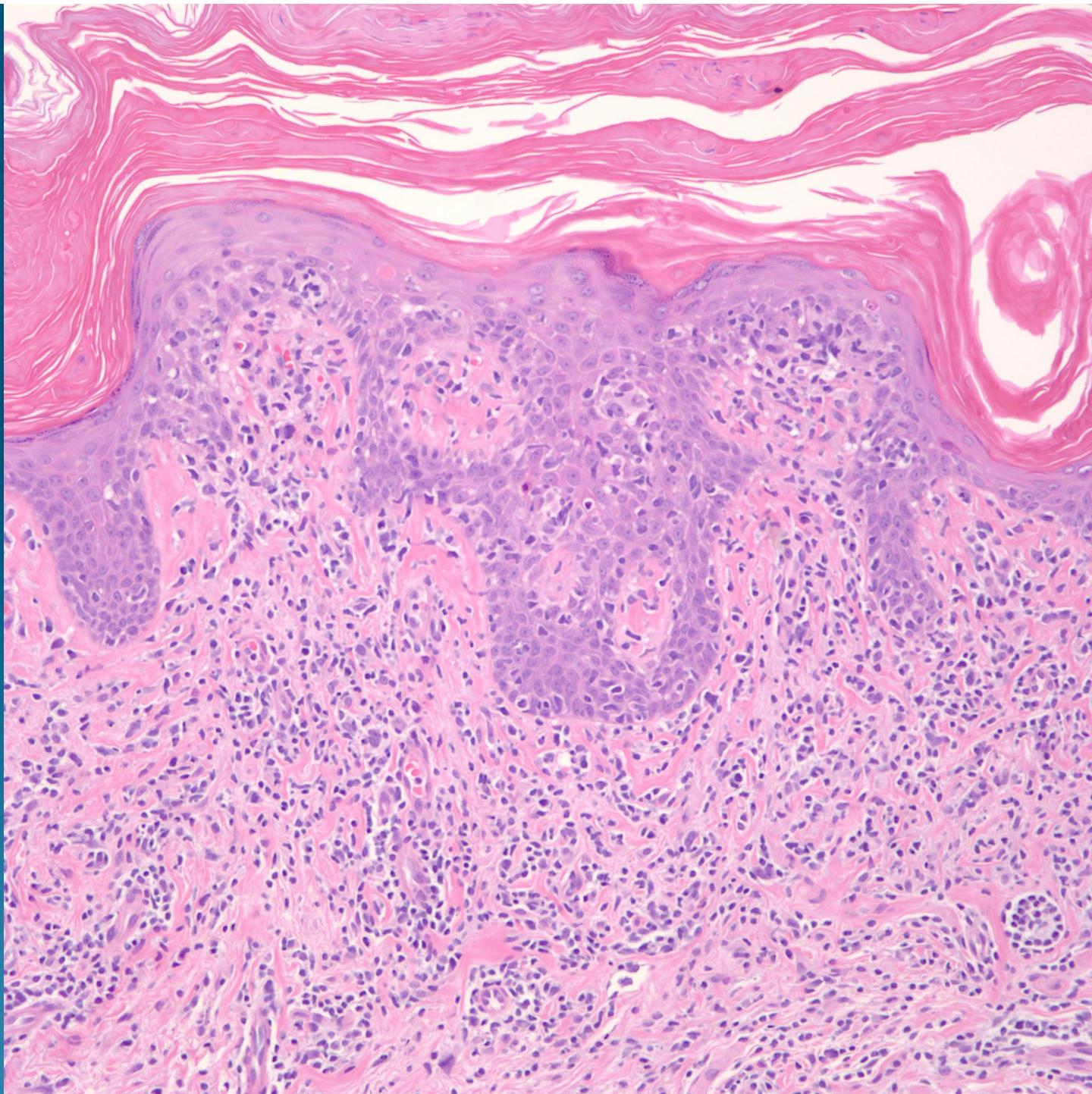
Pearls

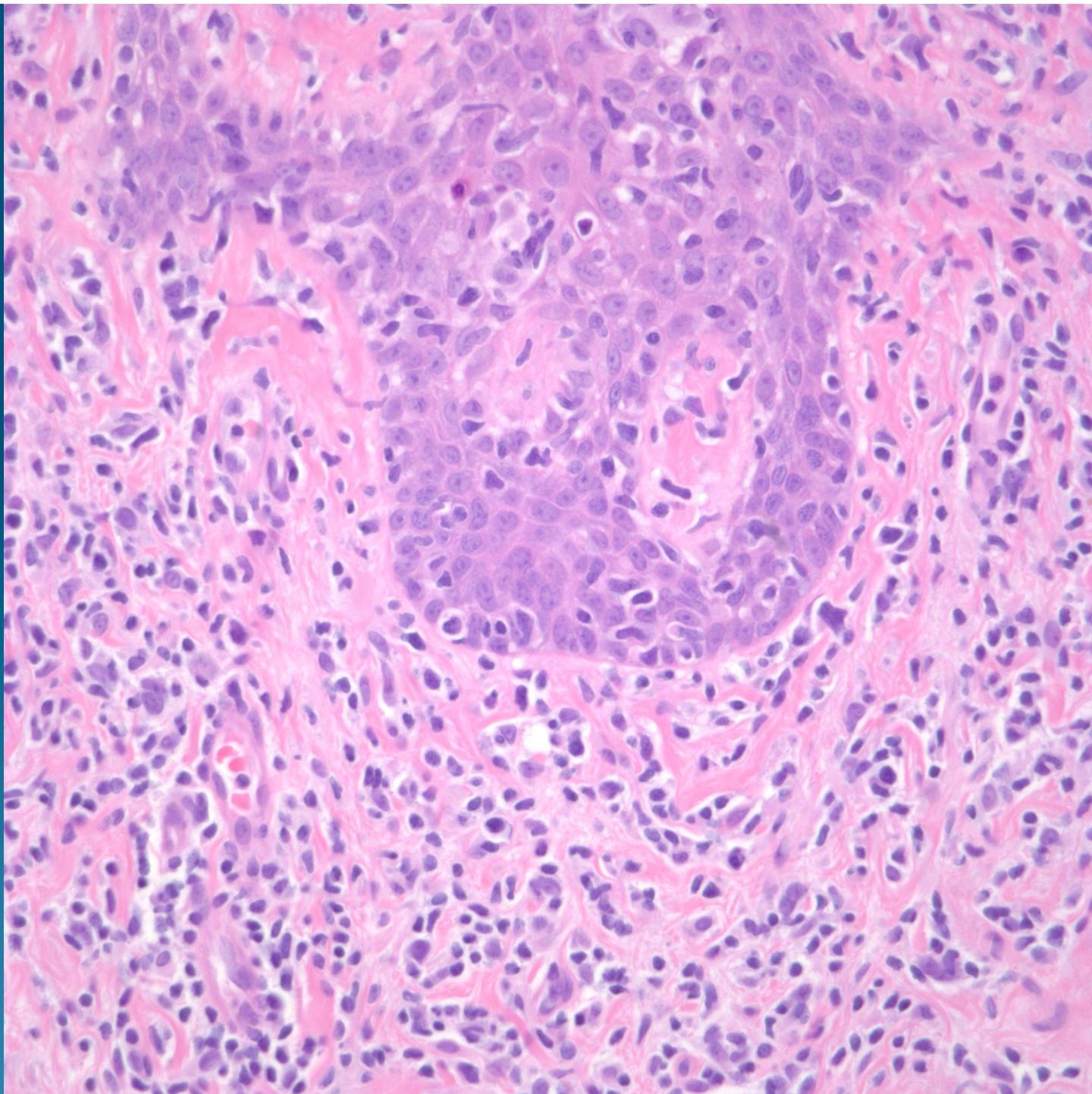


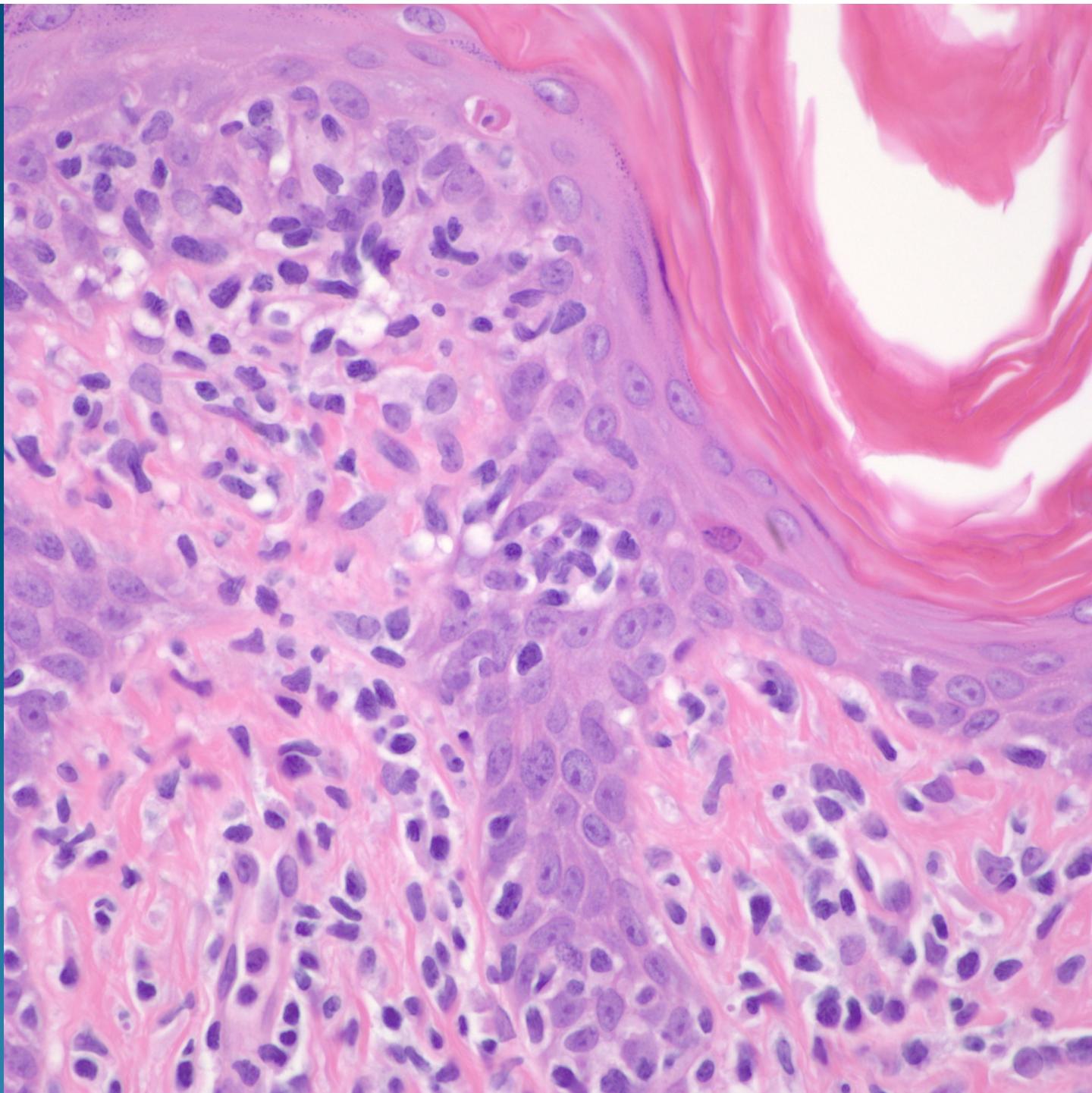
- Circumscribed dermal neoplasm composed of basaloid cells admixed with increased capillary sized vessels
- Scattered lymphocytes present with basaloid cells
- Cytologically bland









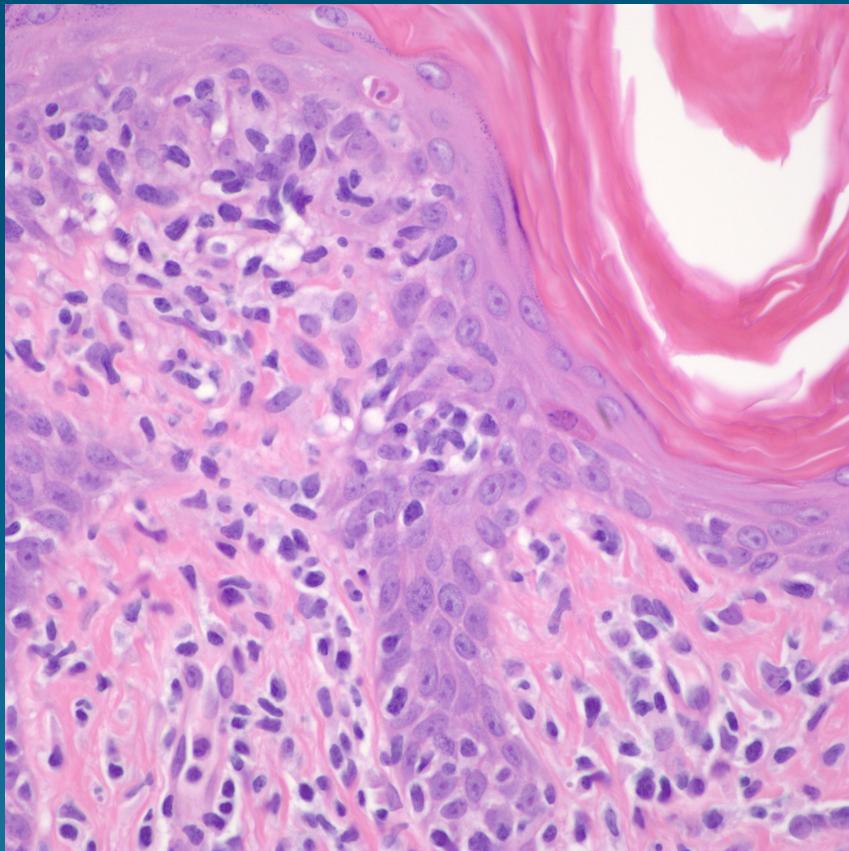


What is the best diagnosis?

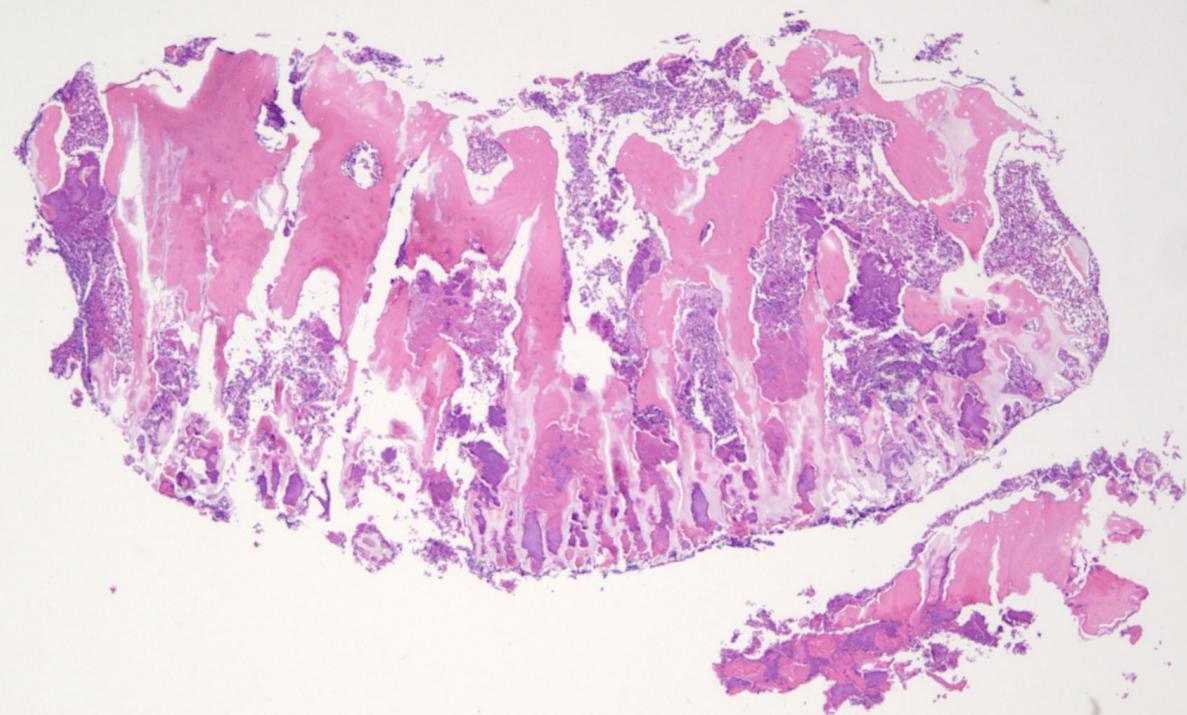
- A. Mycosis fungoides
- B. Langerhans cell histiocytosis
- C. Urticaria pigmentosa
- D. Diffuse large B-cell lymphoma
- E. Lymphomatoid papulosis

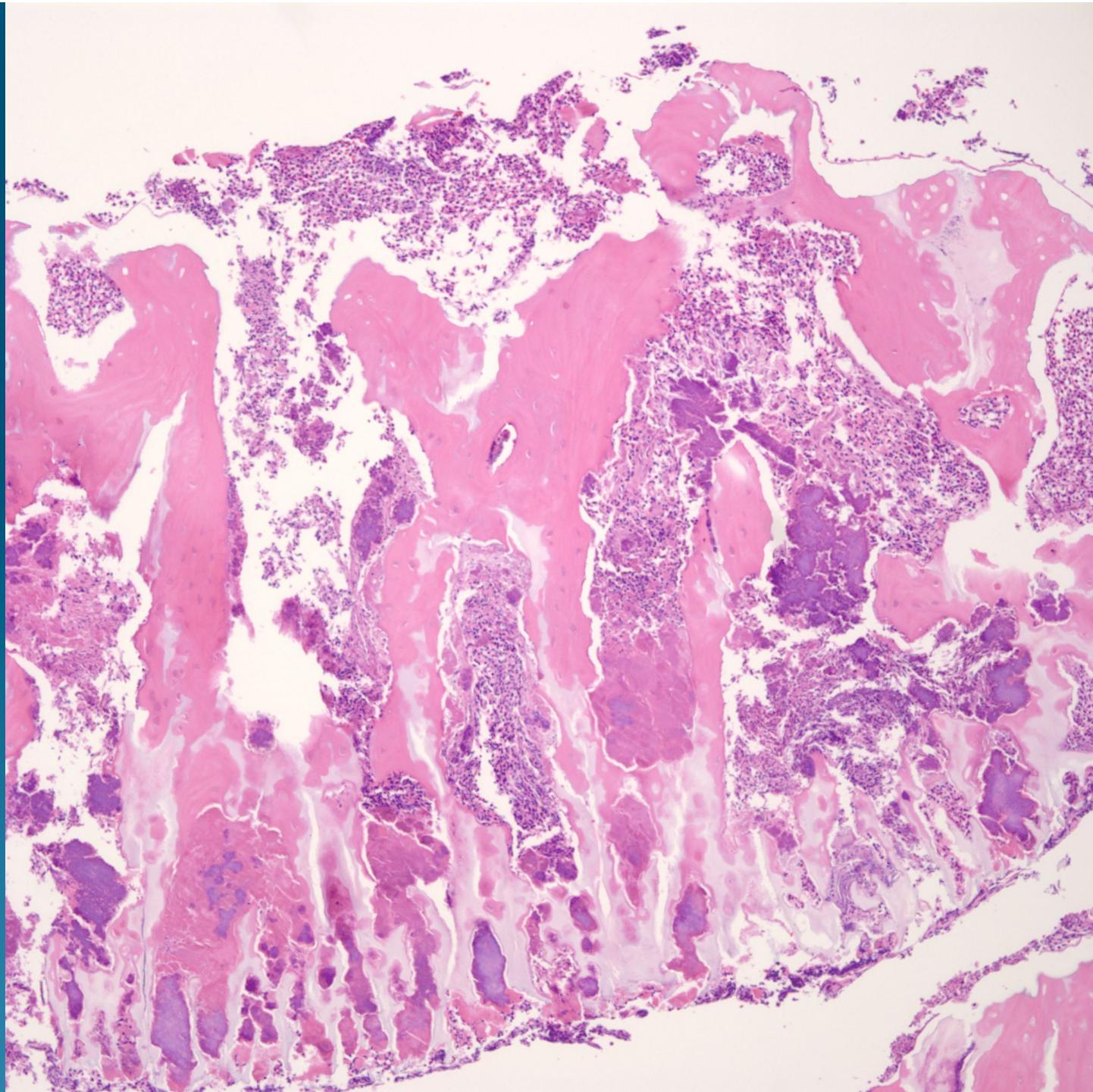
Mycosis fungoides

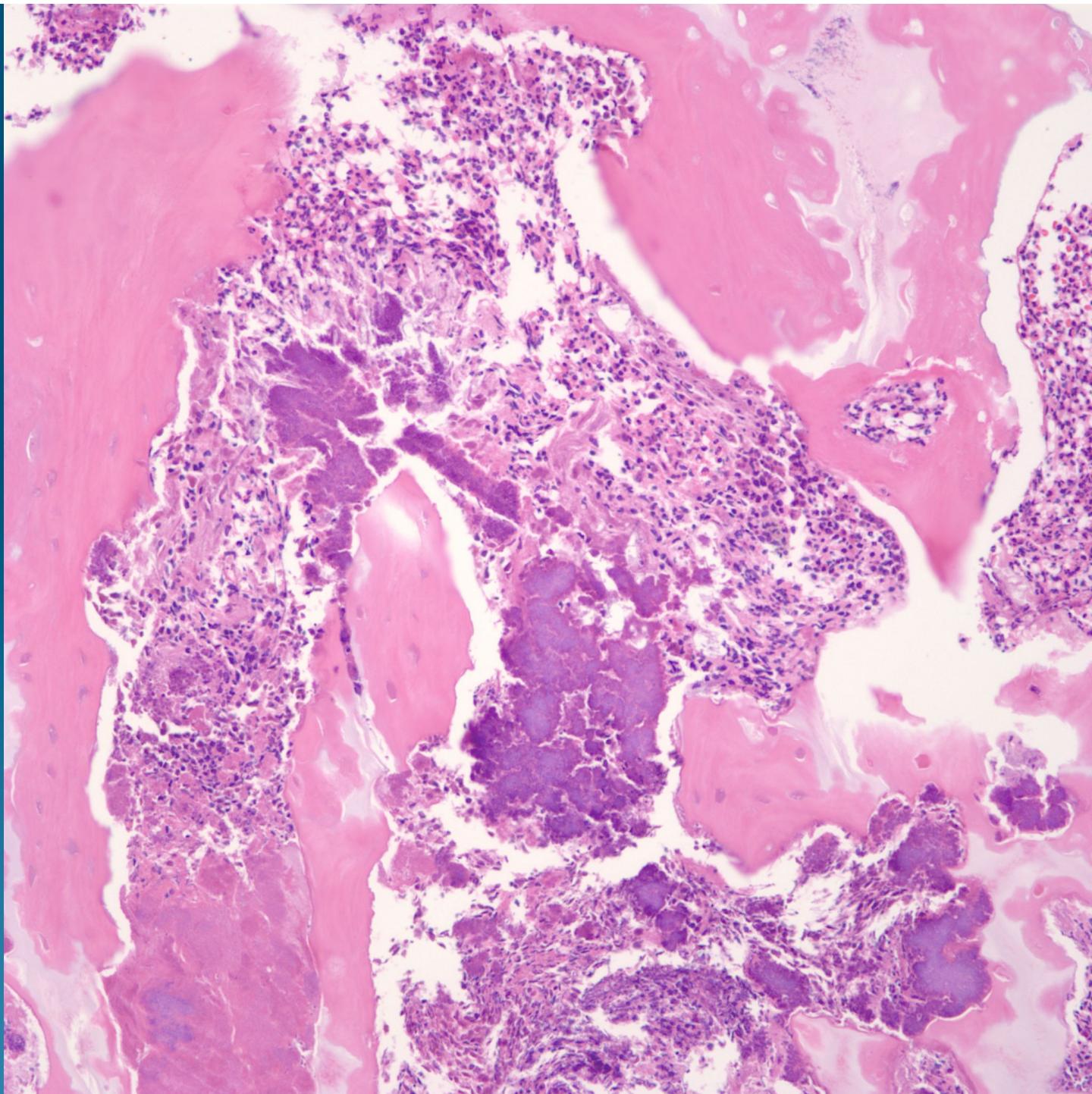
Pearls

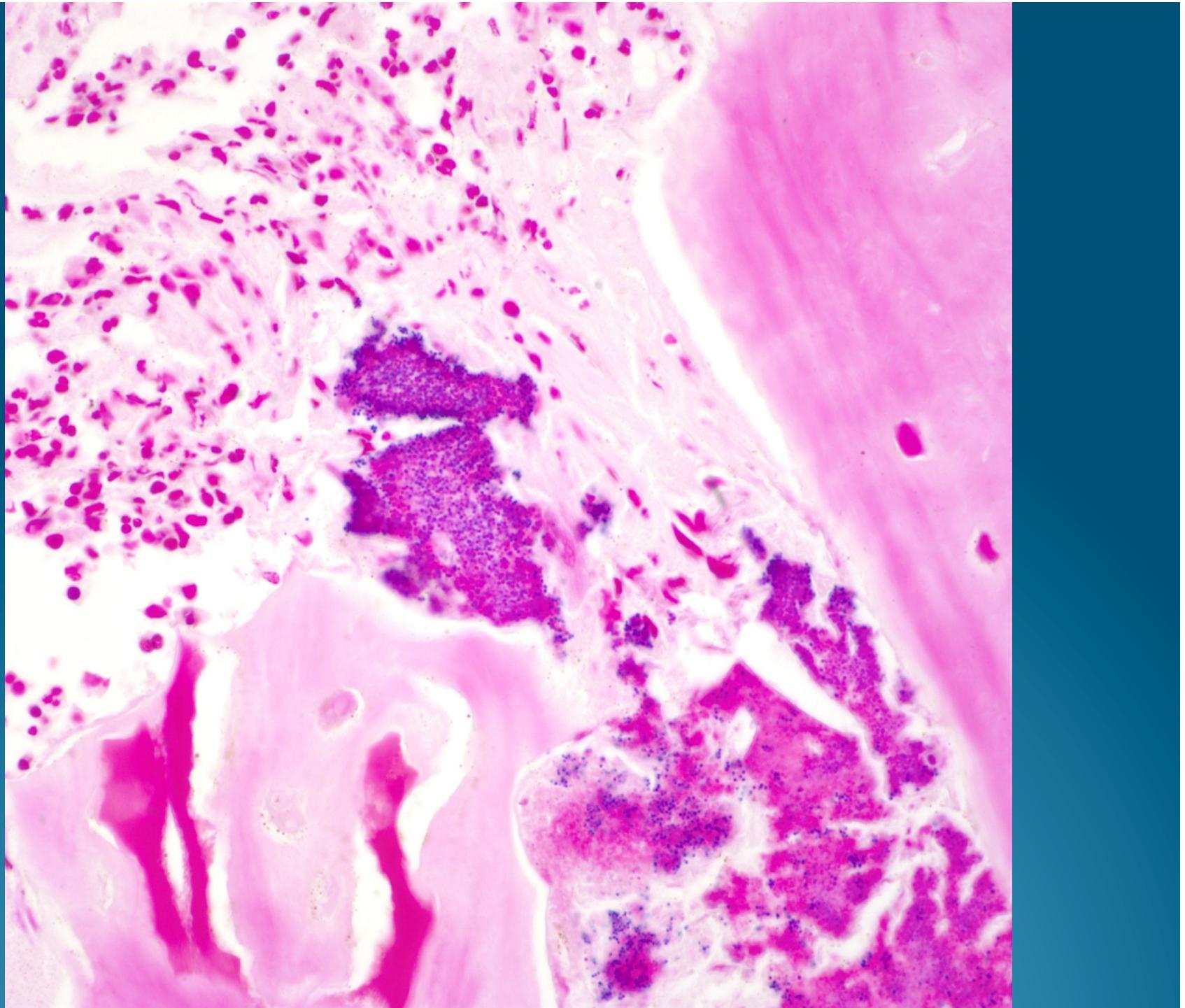


- Atypical intraepidermal lymphocytes with hyperchromatic and hyperconvoluted nuclear contours
- May have perinuclear halos
- Pautrier microabscesses with intercalation of basal keratinocytes with atypical lymphocytes
- Confirm with IHC
- Confirm with clinical presentation







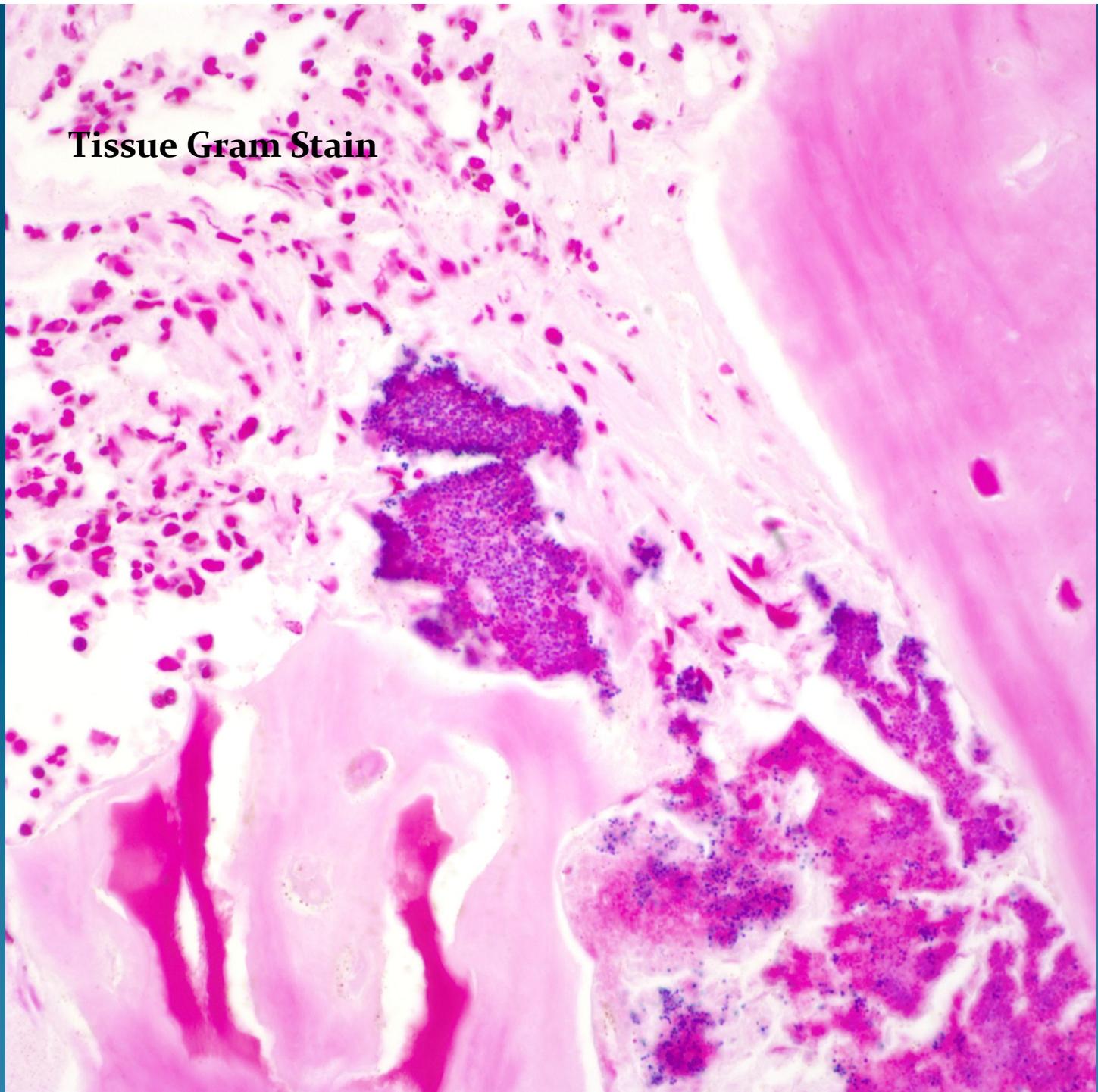


What is the best diagnosis?

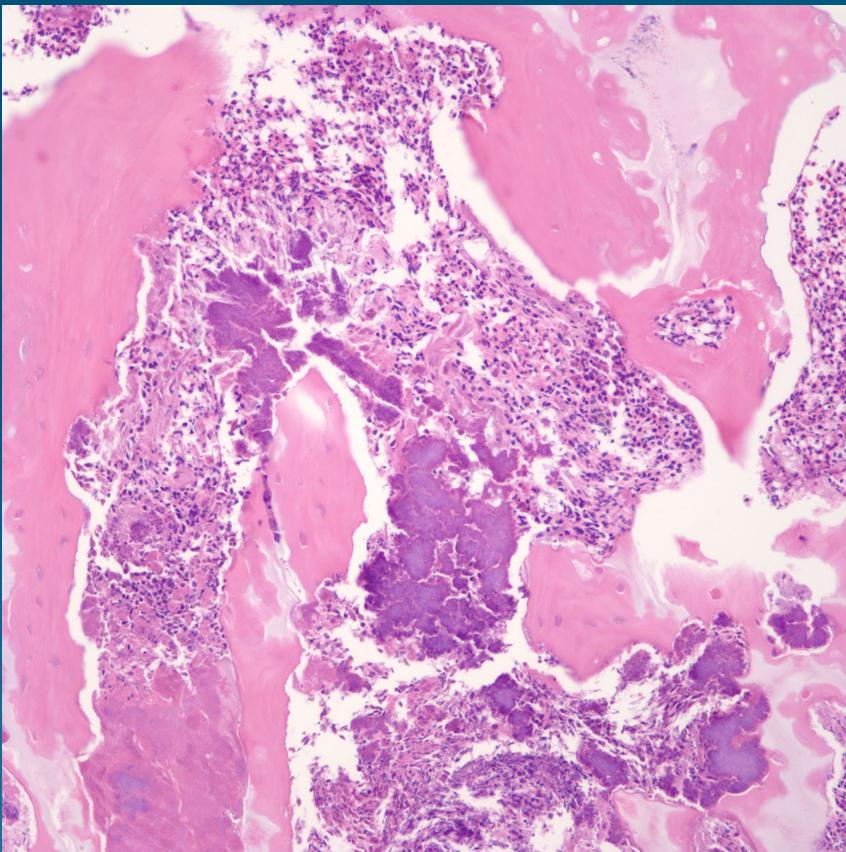
- A. Chondrodermatitis nodularis helicis
- B. Hidradenitis suppurativa
- C. Chromomycosis
- D. Gouty tophus
- E. Osteomyelitis

Acute Osteomyelitis

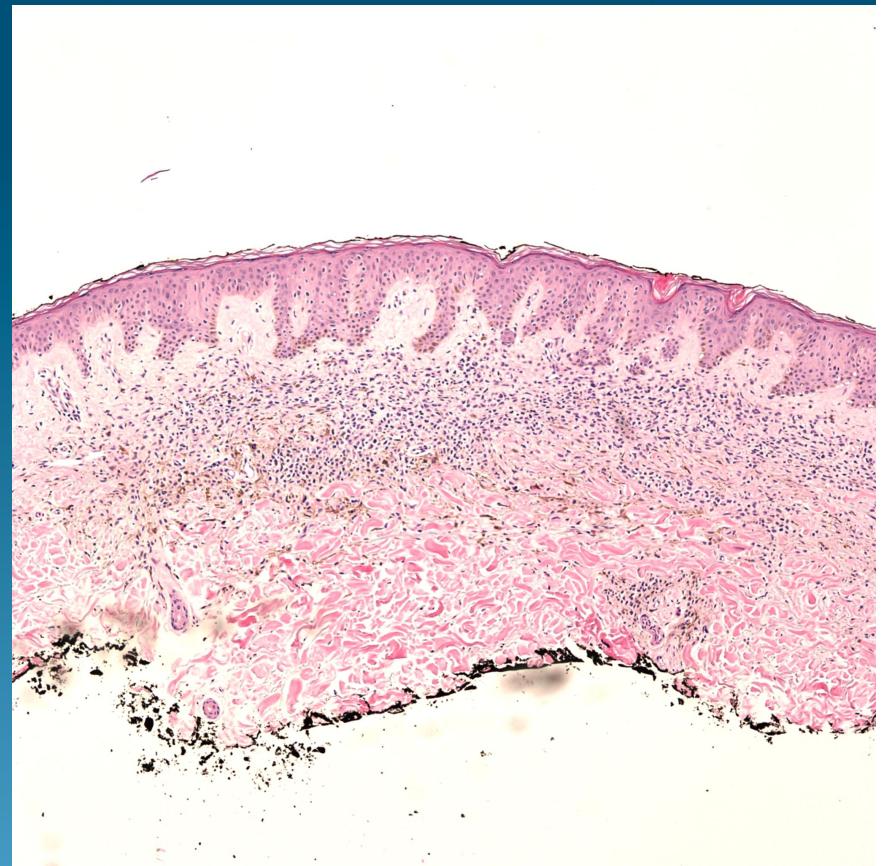
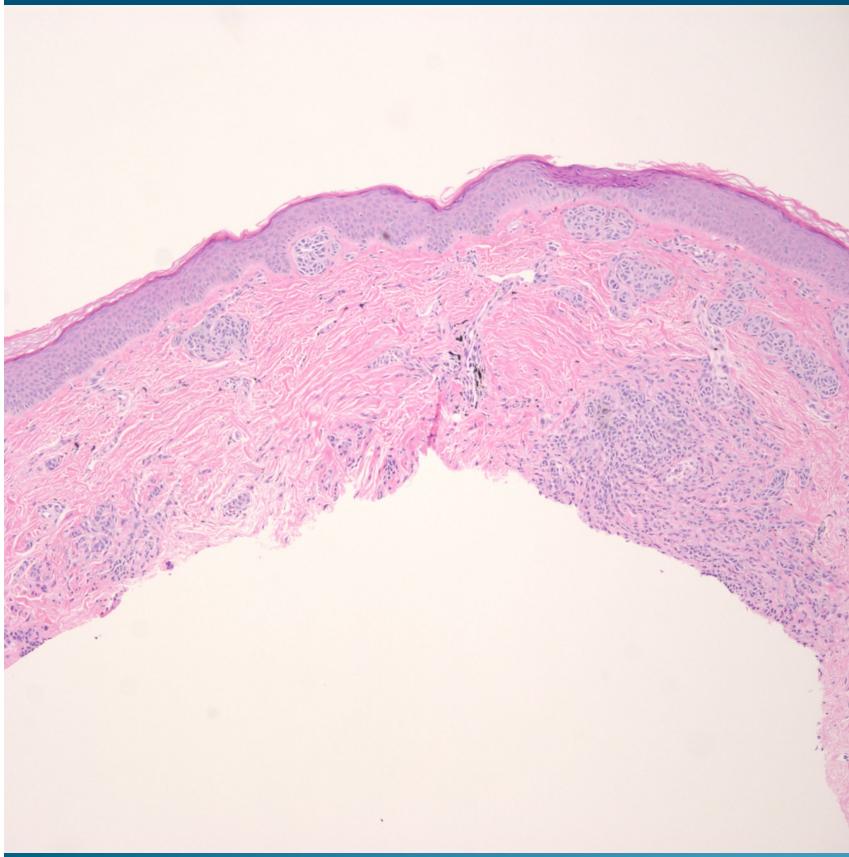
Tissue Gram Stain

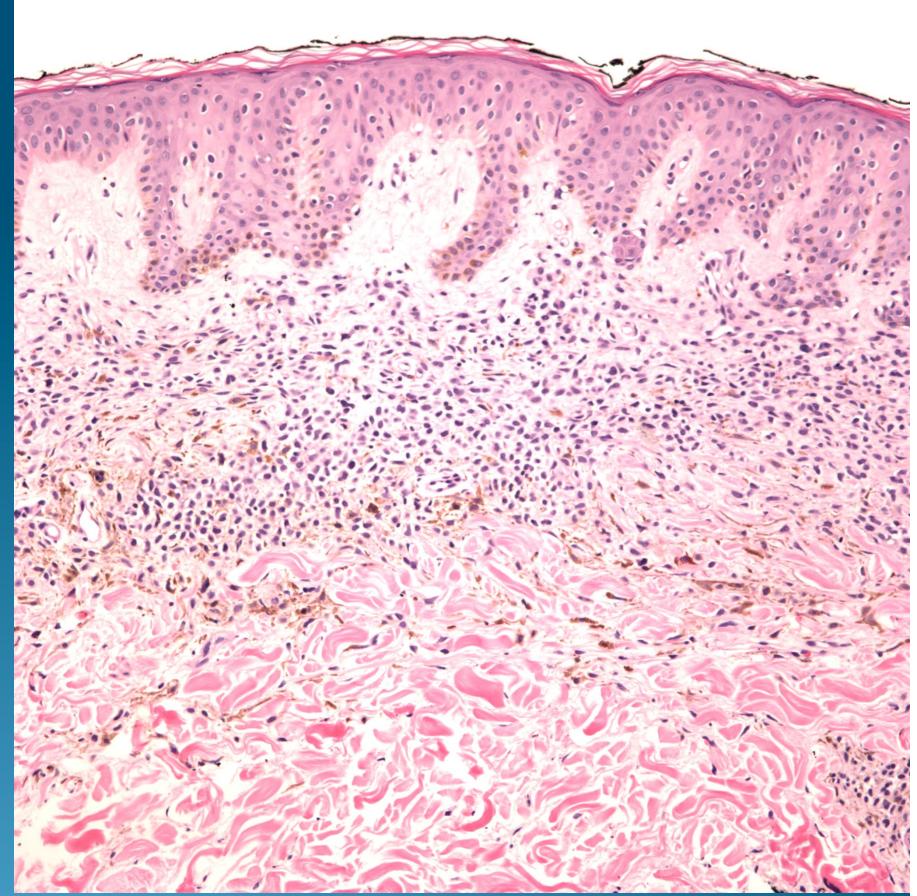
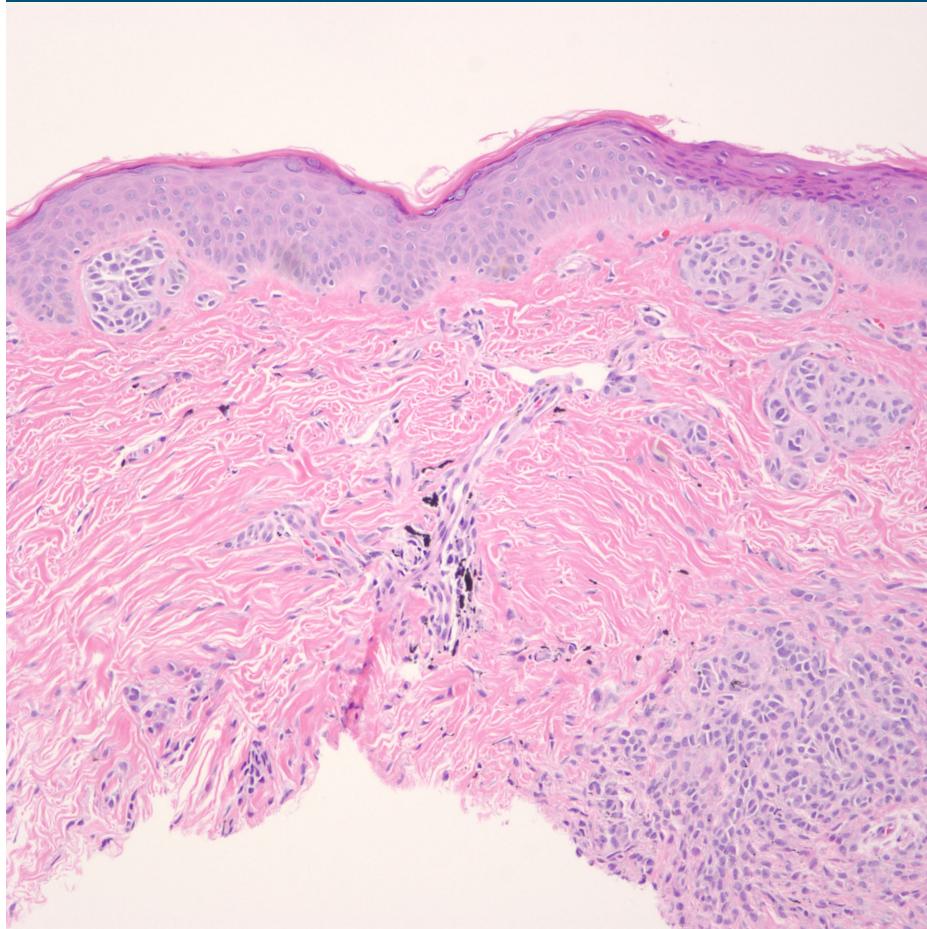


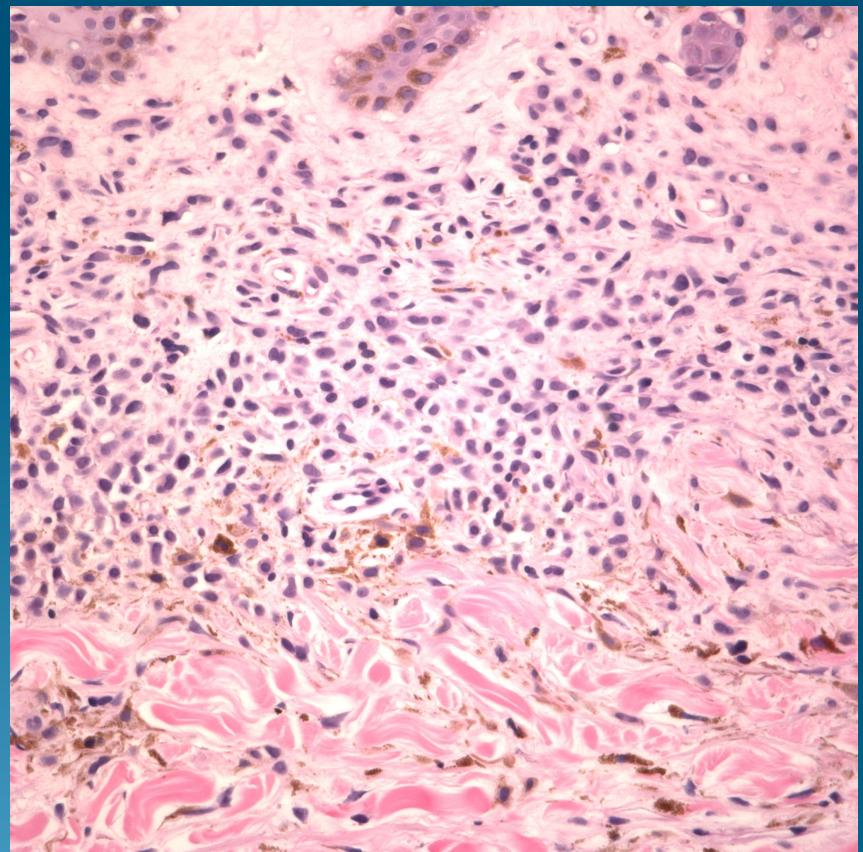
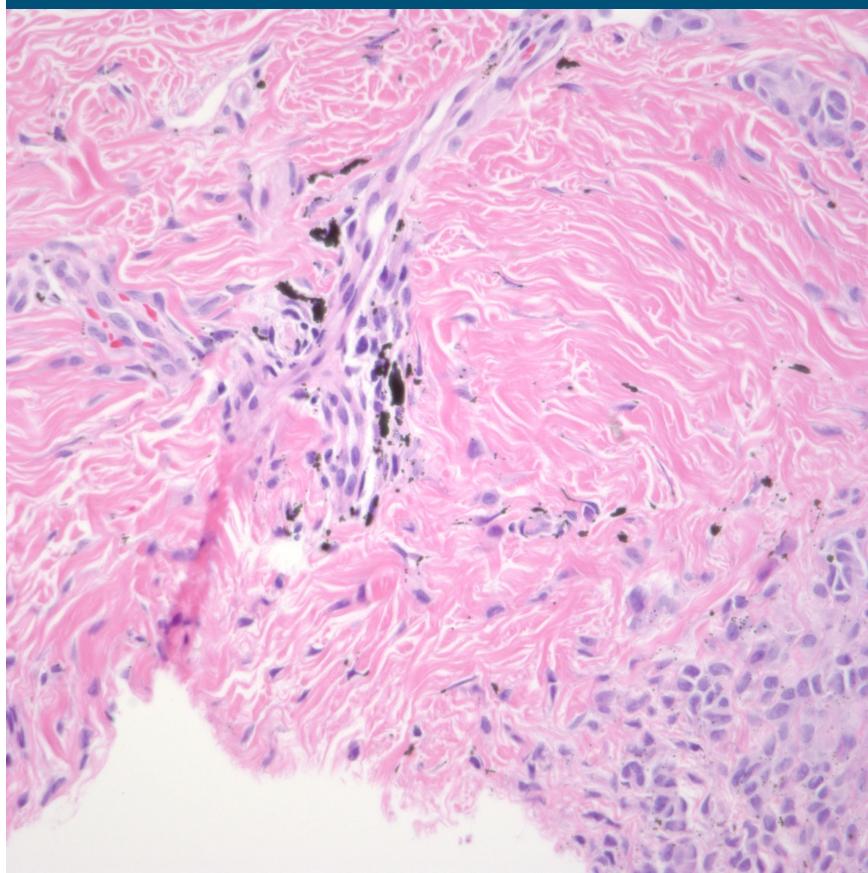
Pearls



- Devitalized bone surrounded by acute inflammation
- Clinical correlation to rule out abscess, draining sinus, gouty tophus
- Obtain special stains to rule out infectious etiology

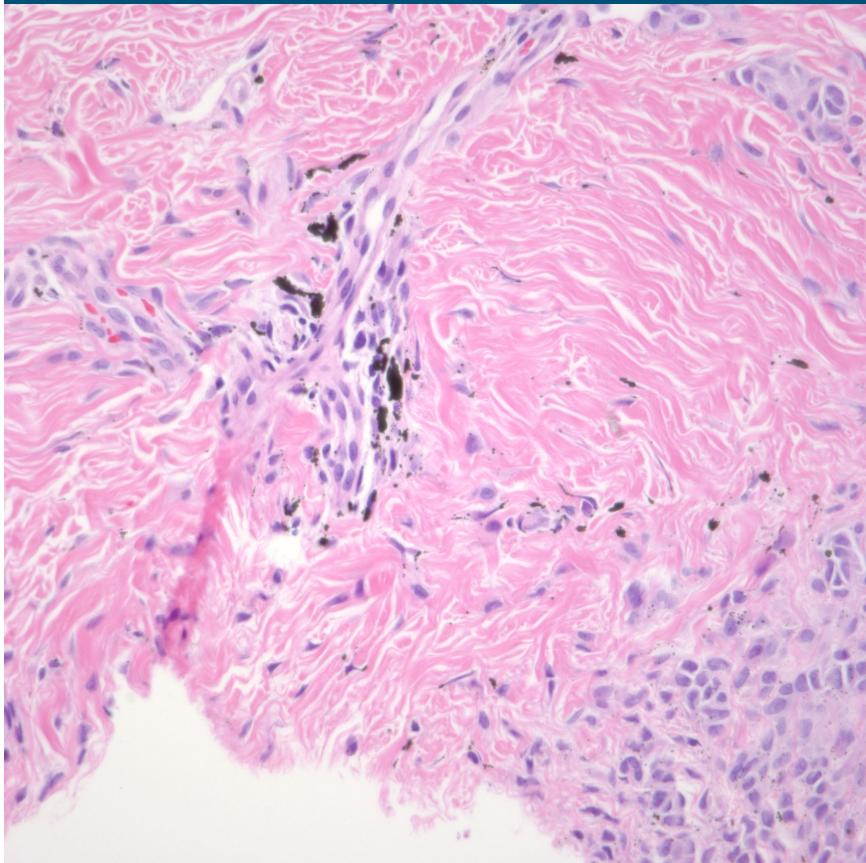




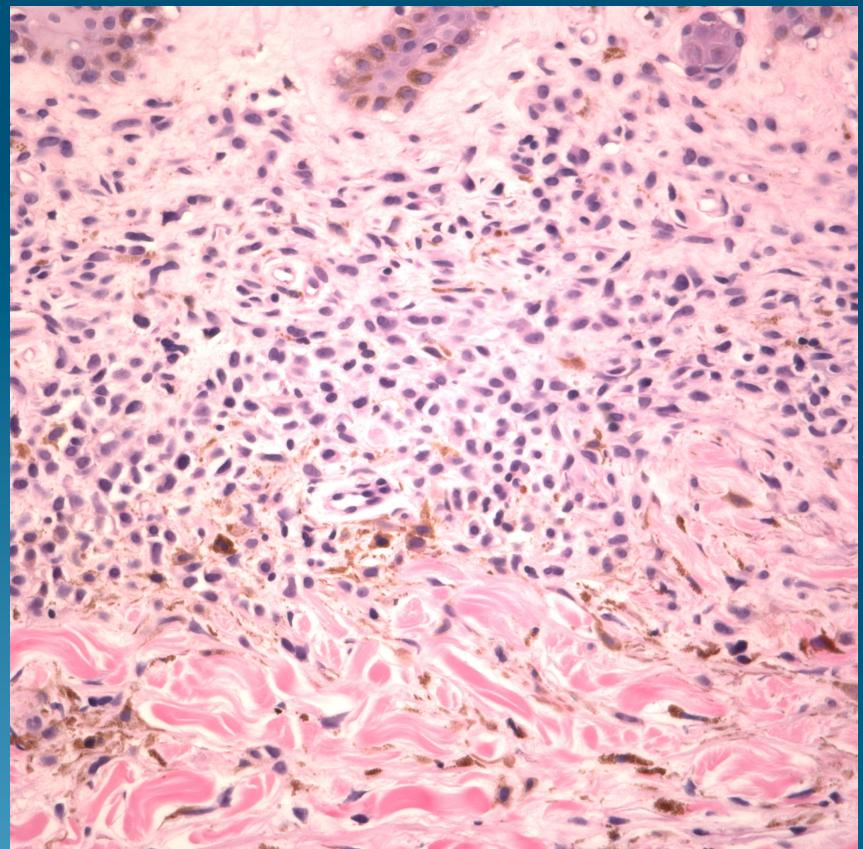


Which is the tattoo with melanocytic nevus and which is the combined nevus (intradermal nevus with blue nevus)?

Tattoo with Nevus



Combined nevus



Pearls

Tattoo and nevus

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

May have foreign body reaction or scar from procedure

Combined Nevus

Dark pigment with brownish hue

May be admixed with epithelioid cells (type A and B nevus cells)

Difficult cases may need IHC stains or Fontana-Masson