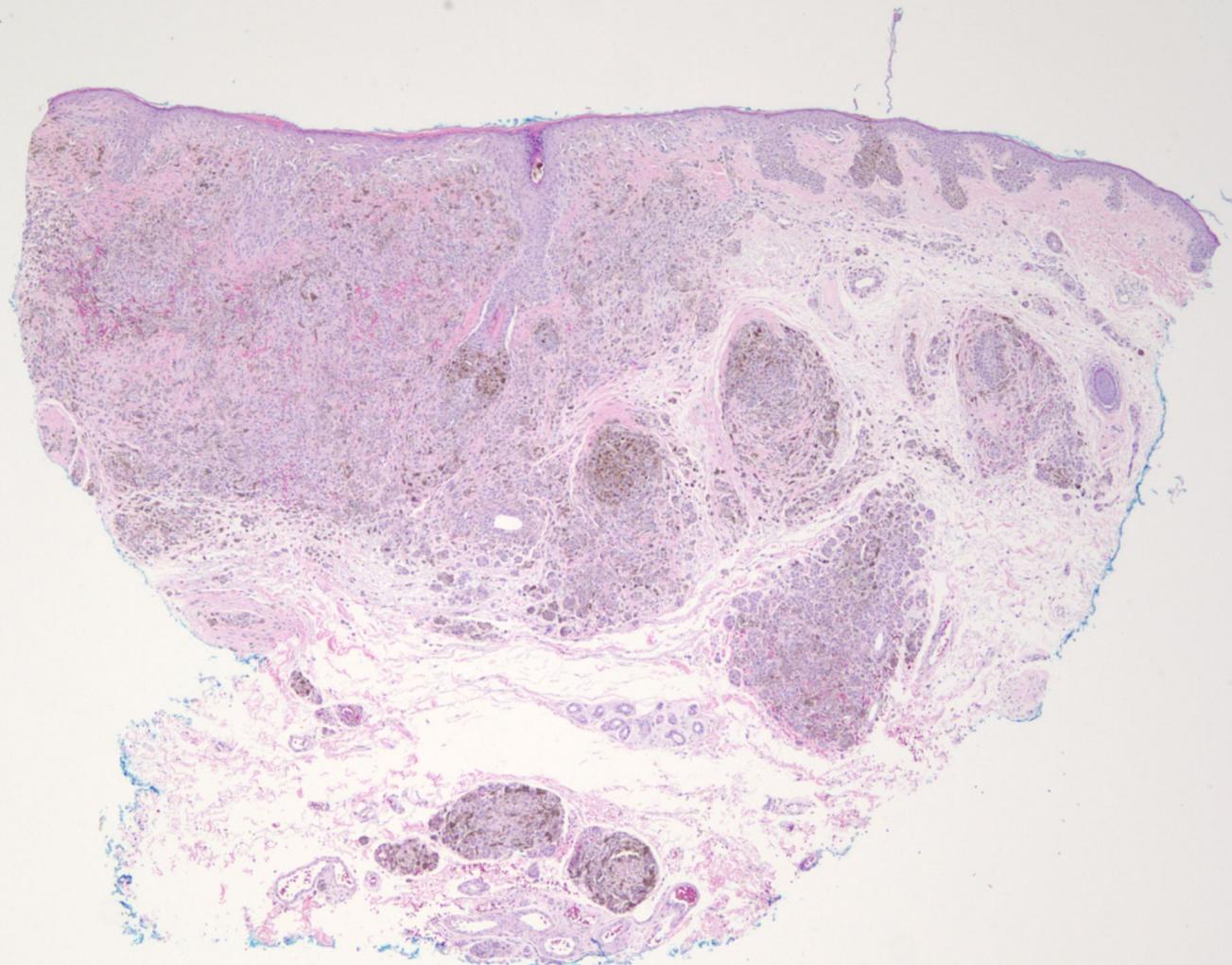
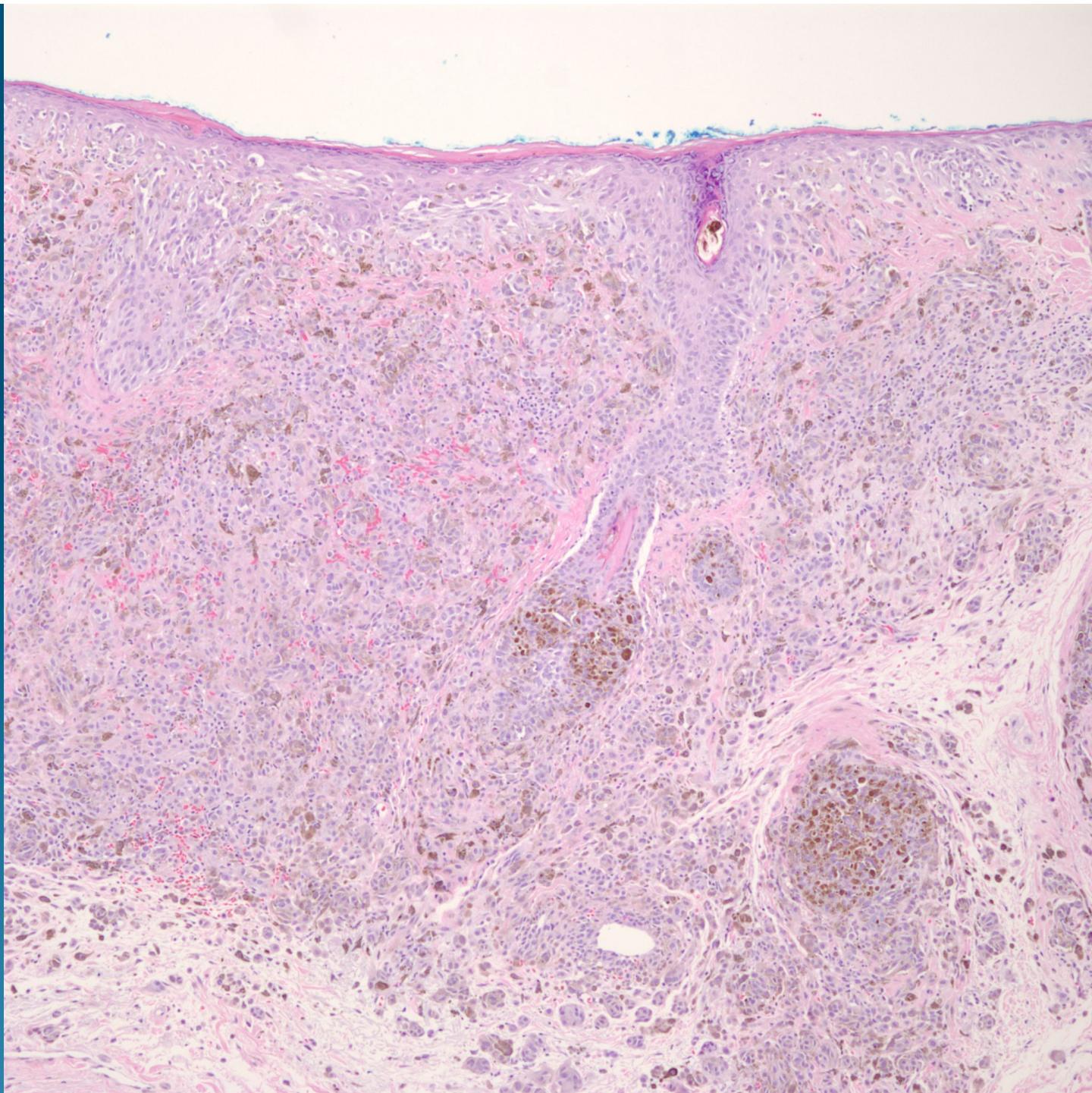
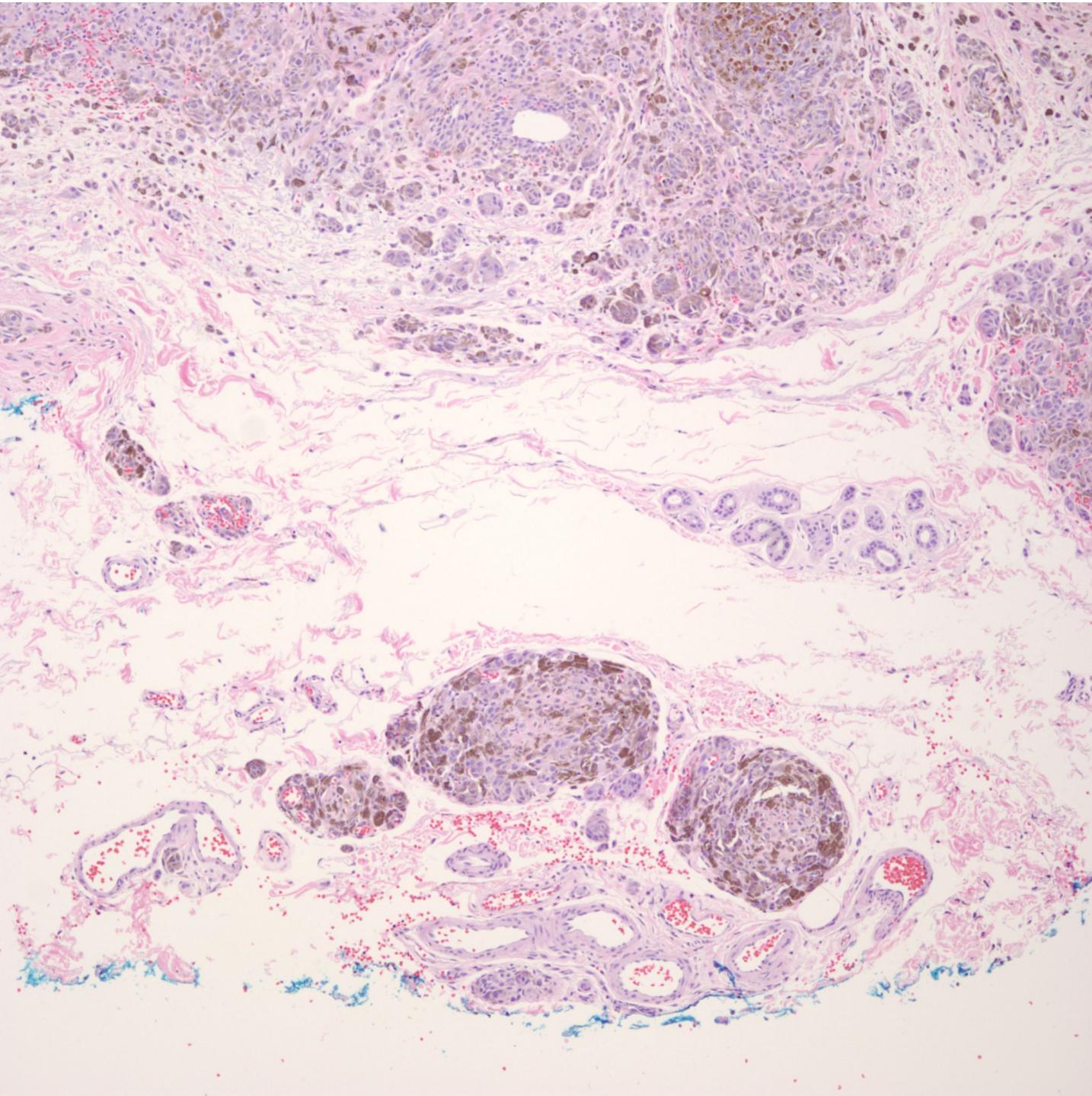


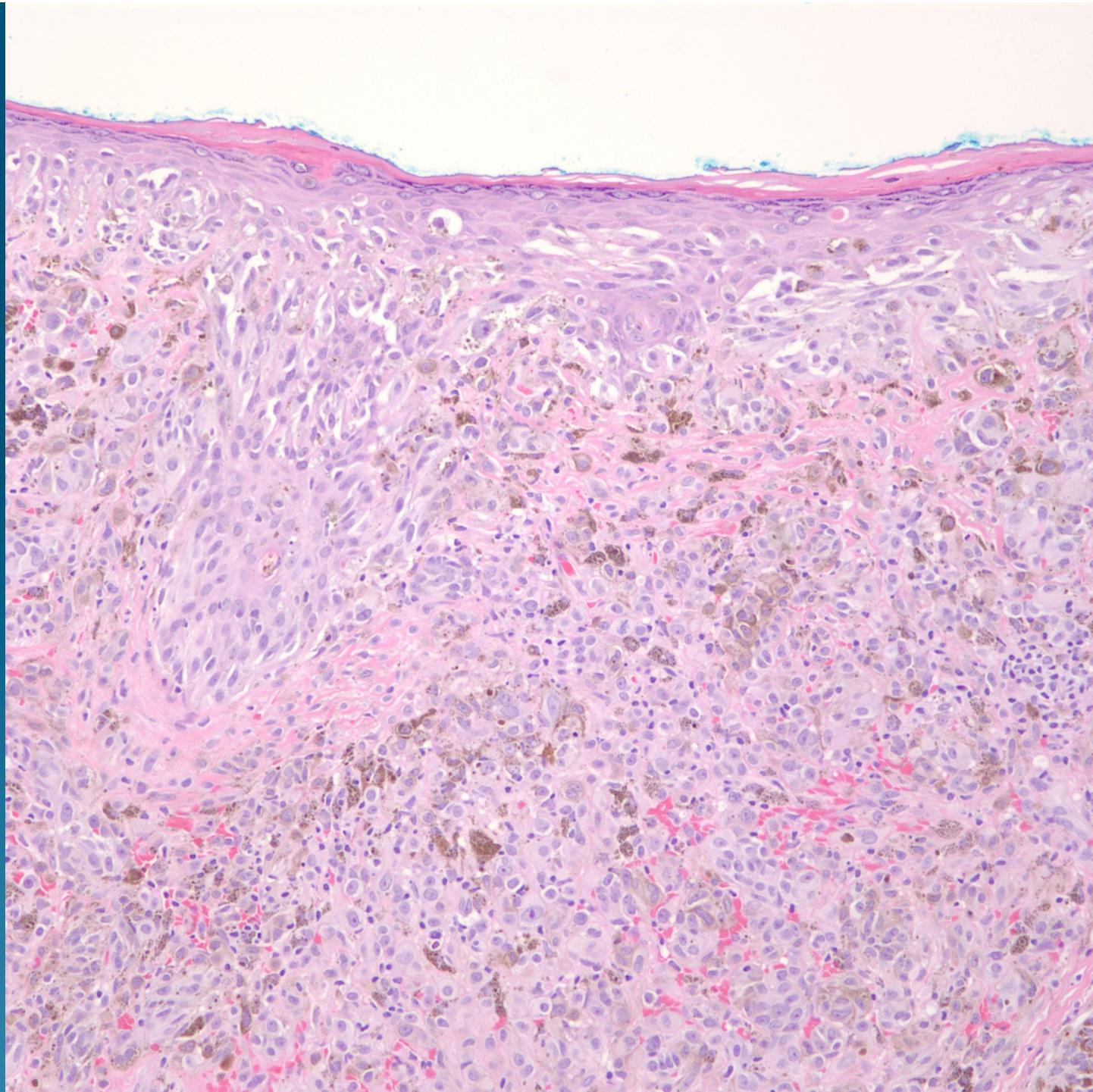
Dermatopathology Slide Review Part 91

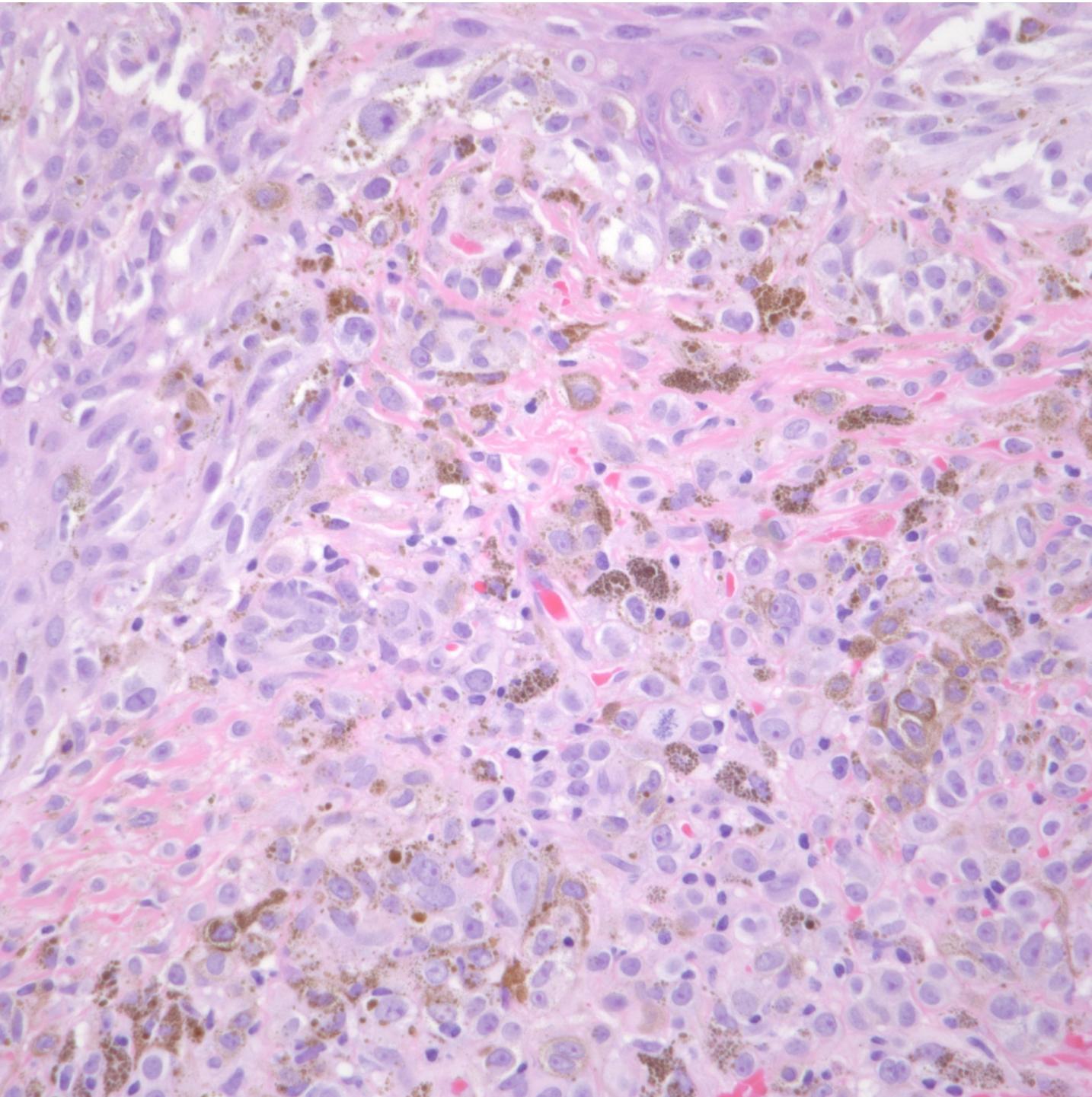
Paul K. Shitabata, M.D.
Dermatopathology Institute

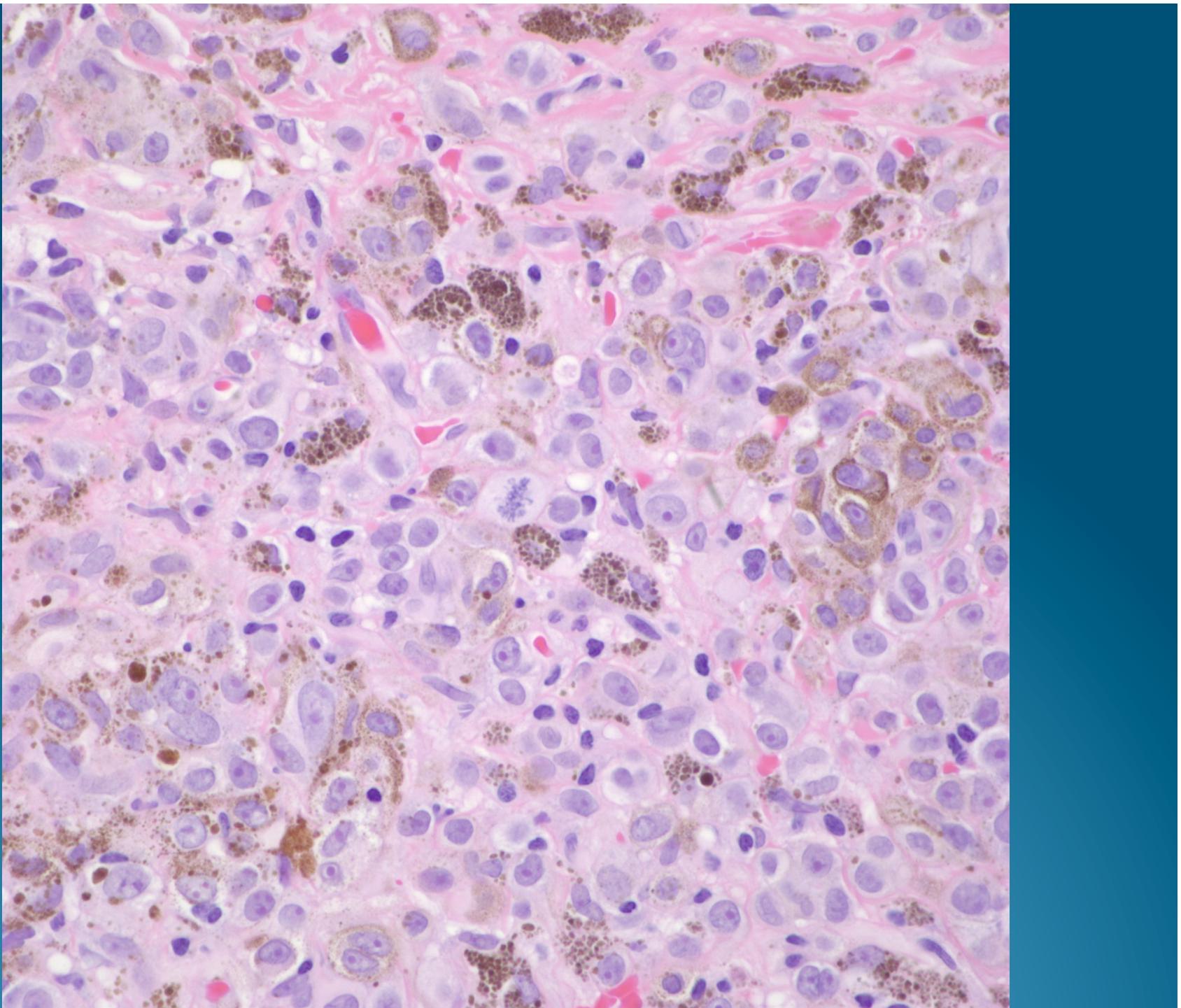










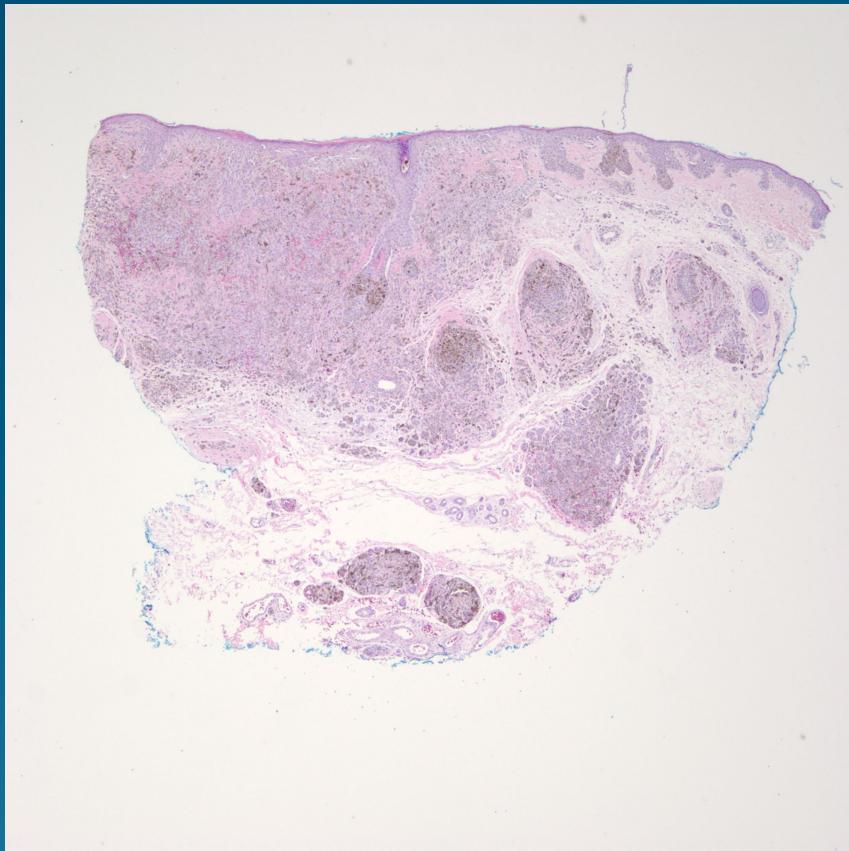


What is the best diagnosis?

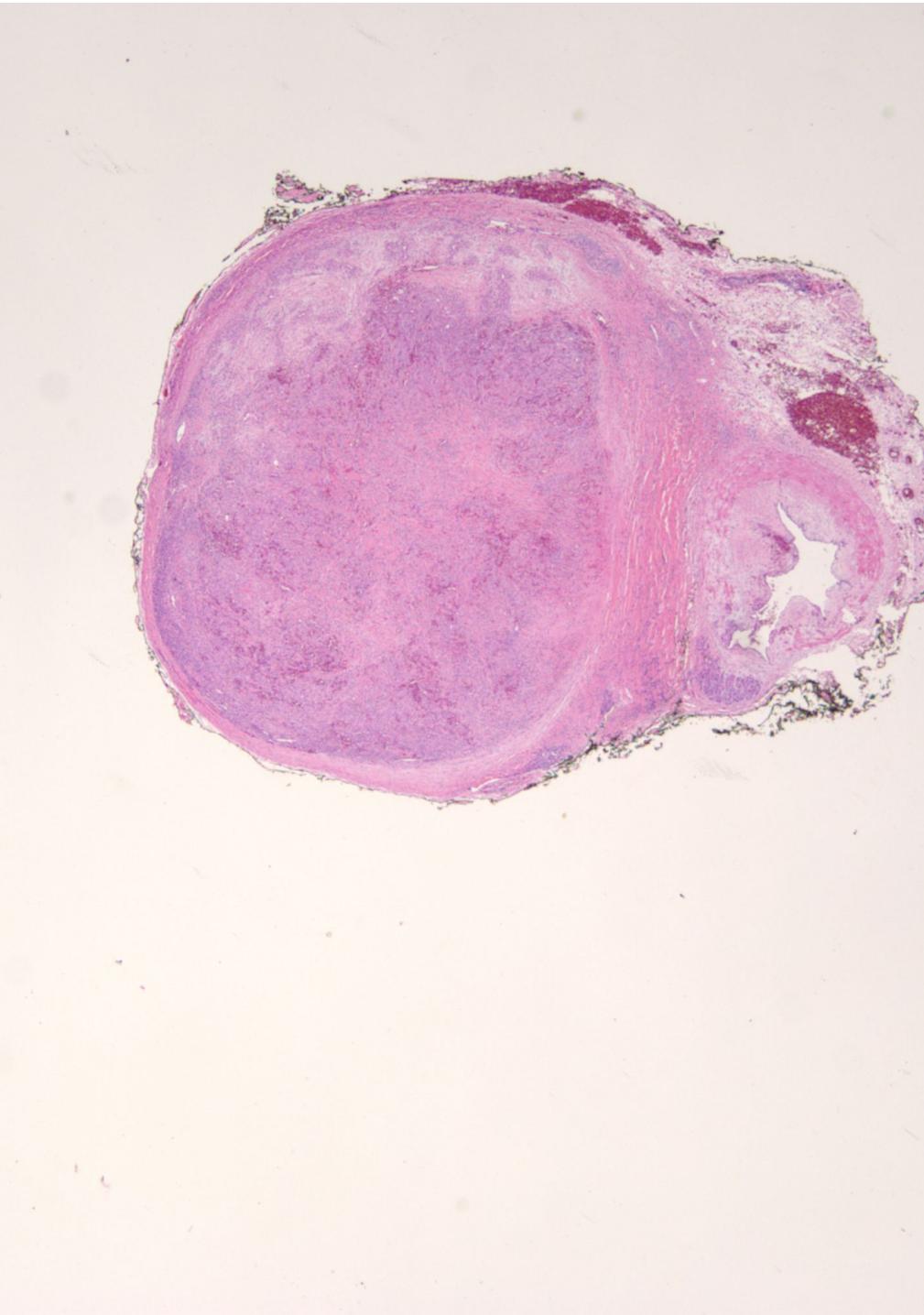
- A. Pigmented basal cell carcinoma
- B. Blue nevus
- C. Desmoplastic nevus
- D. Malignant melanoma, superficial spreading type
- E. Malignant melanoma, lentigo maligna type

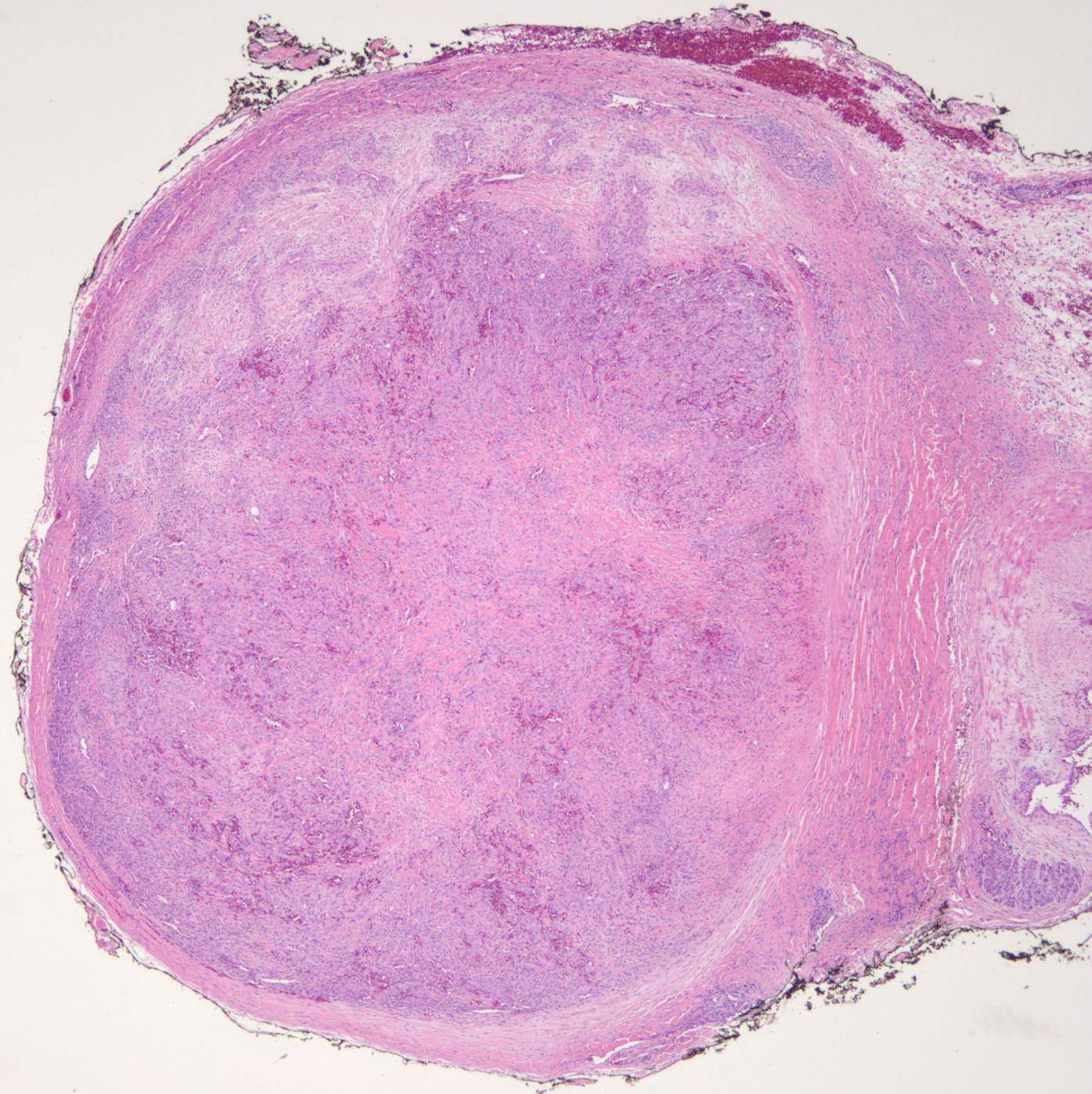
Malignant melanoma,
Lentigo Maligna Type

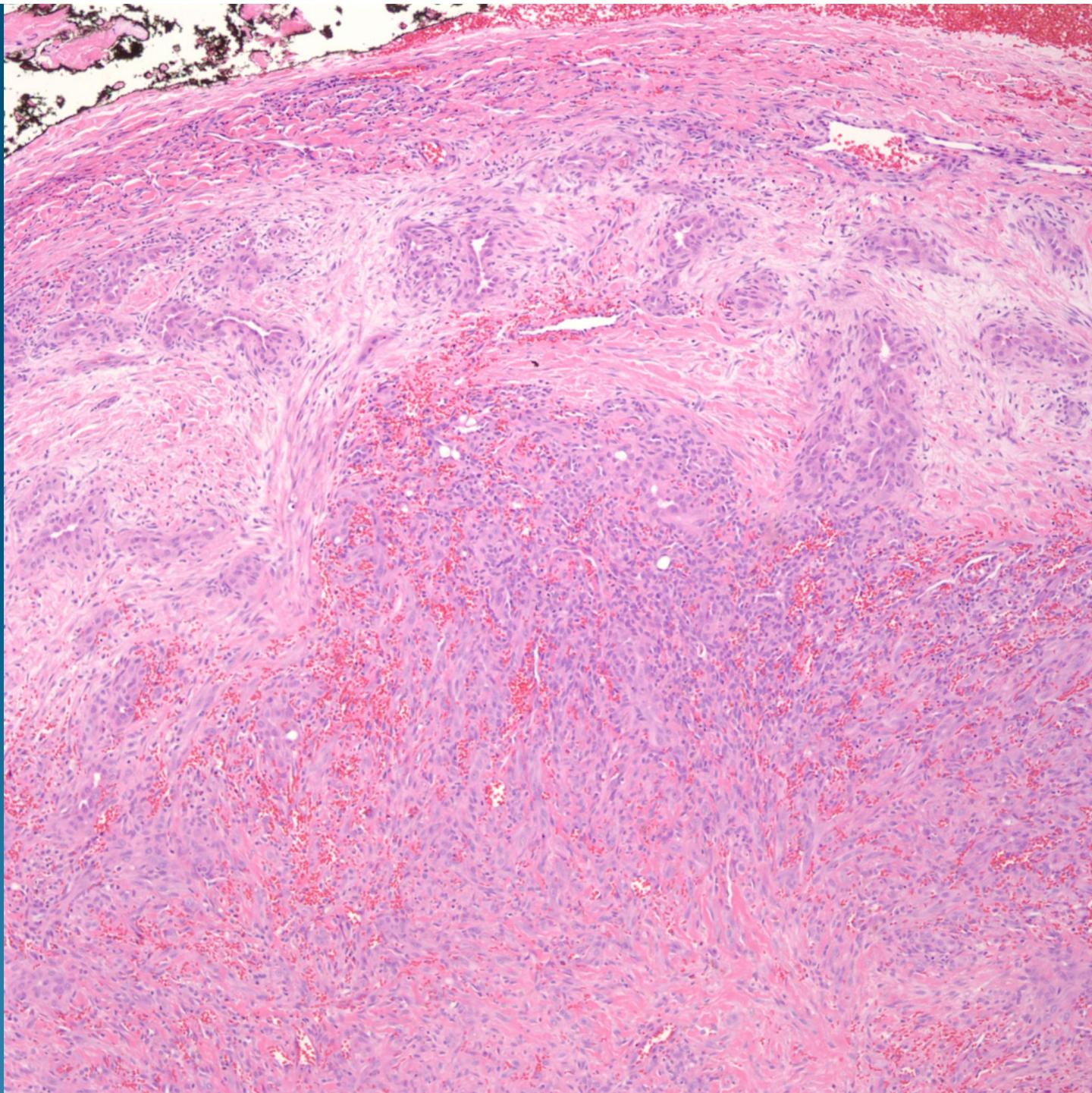
Pearls

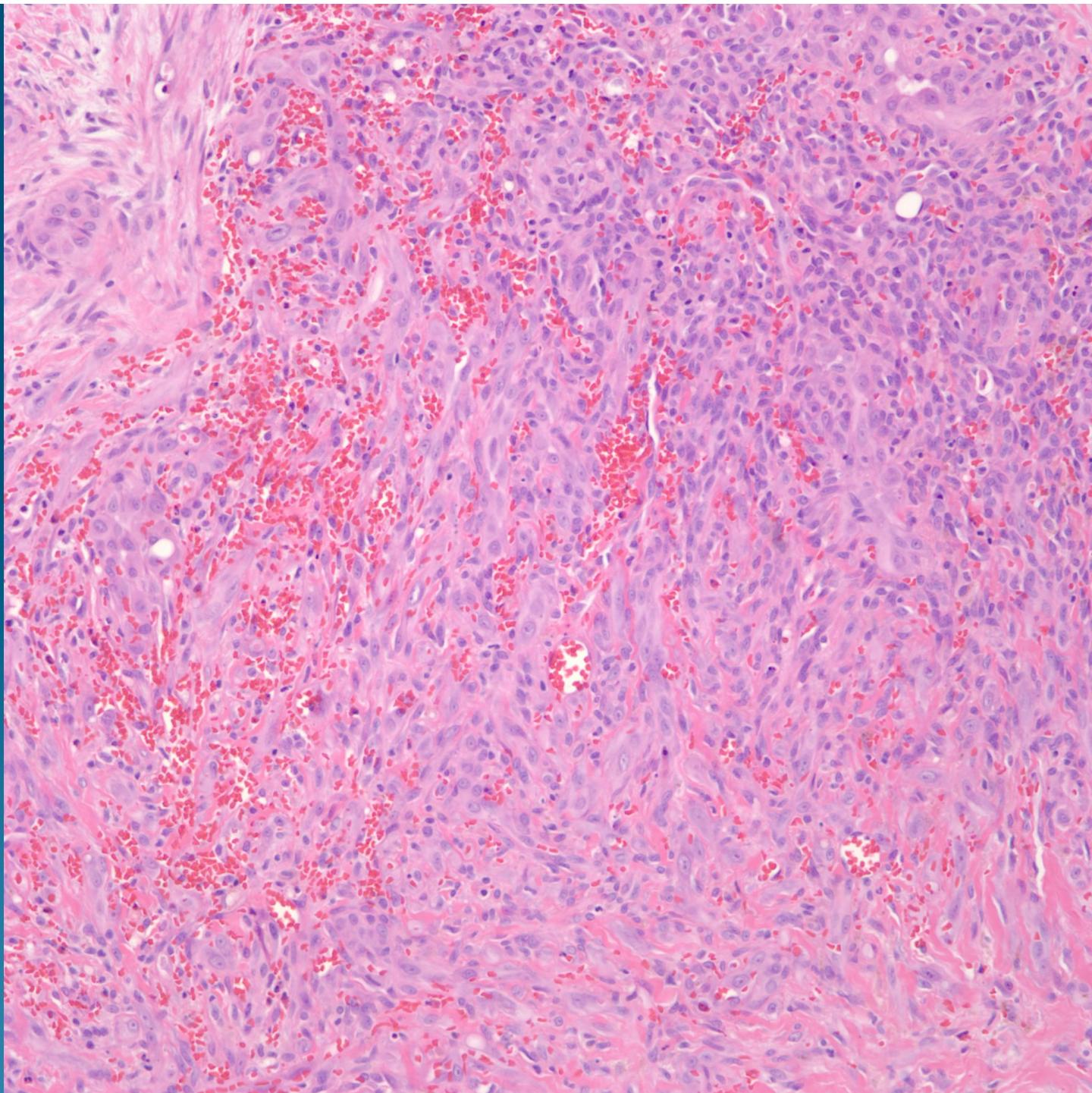


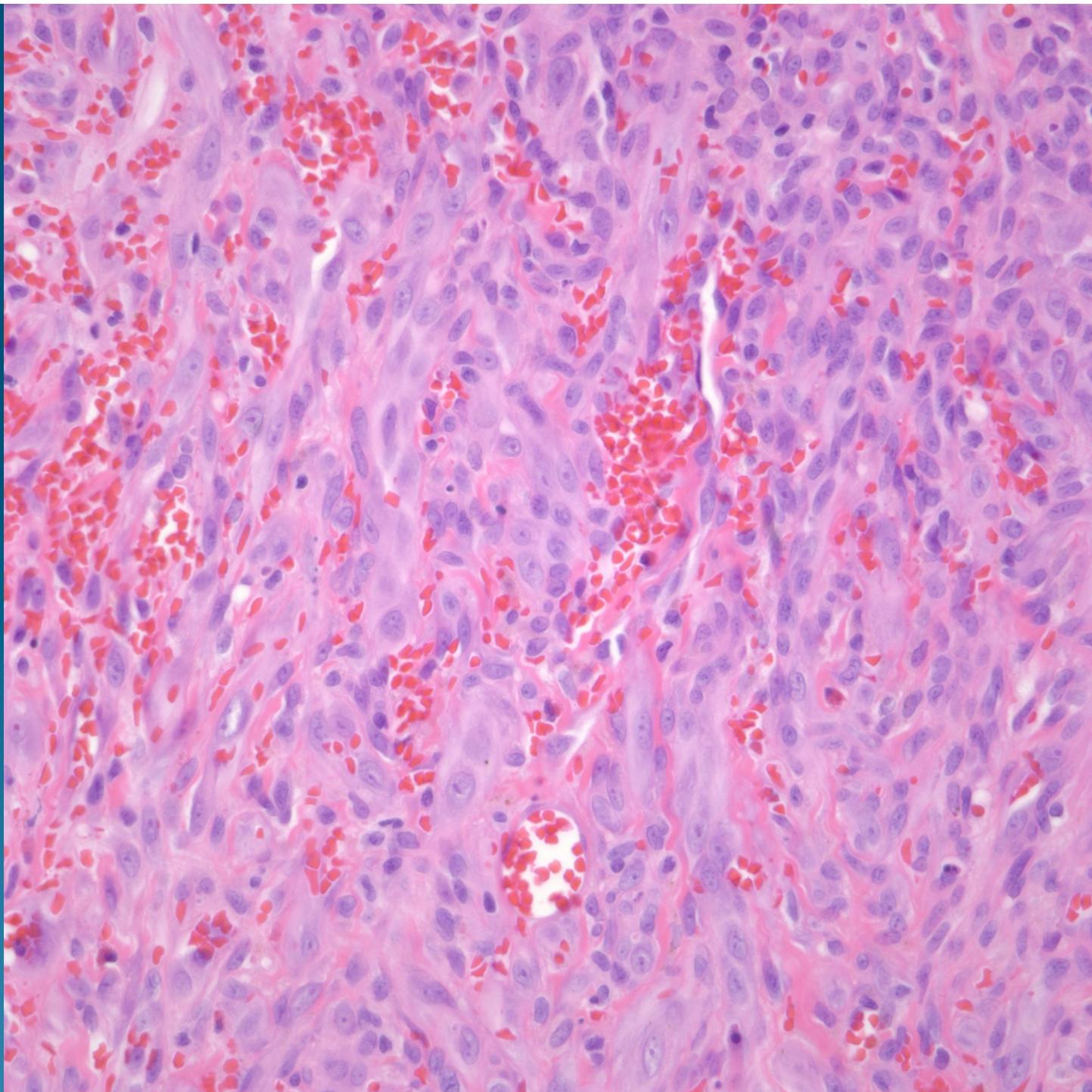
- Broad replacement of dermal-epidermal junction by atypical melanocytes arranged in expansile nests extending along adnexal epithelium
- Usually minimal upward intraepithelial spread
- Invasive melanocytes with varied morphology- epithelioid to spindled









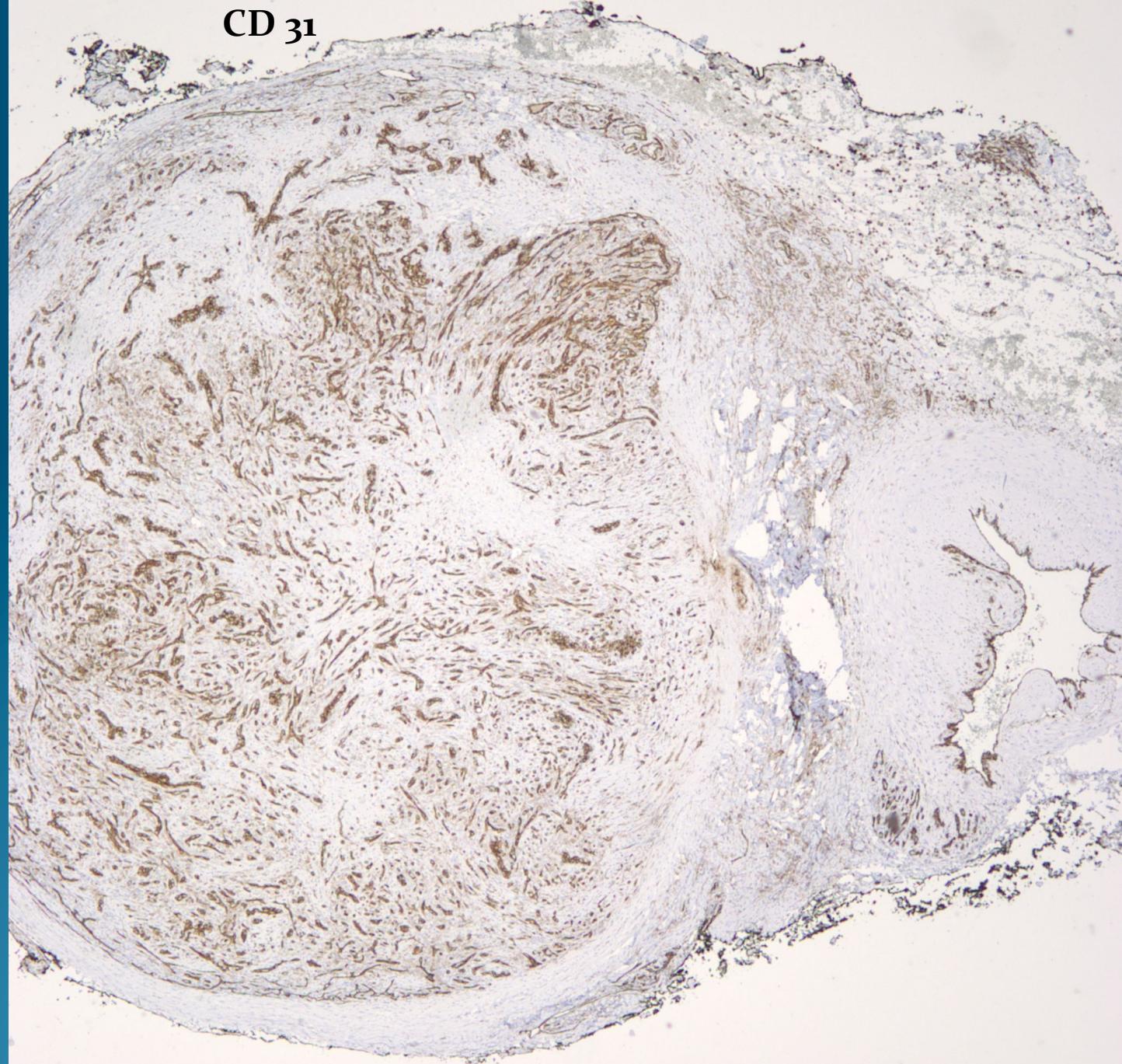


What is the best diagnosis?

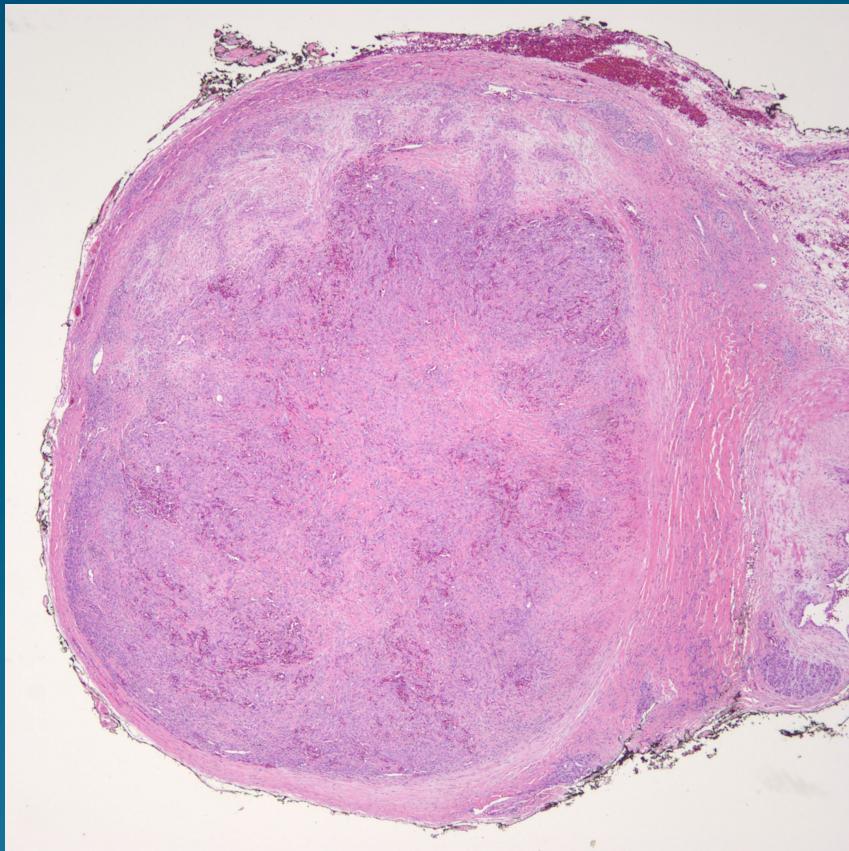
- A. Dermatofibroma with sclerosing hemangioma features
- B. Pyogenic granuloma
- C. Angiolymphoid hyperplasia with eosinophilia
- D. Nodular basal cell carcinoma
- E. Angiosarcoma

Pyogenic Granuloma, Intravascular Variant

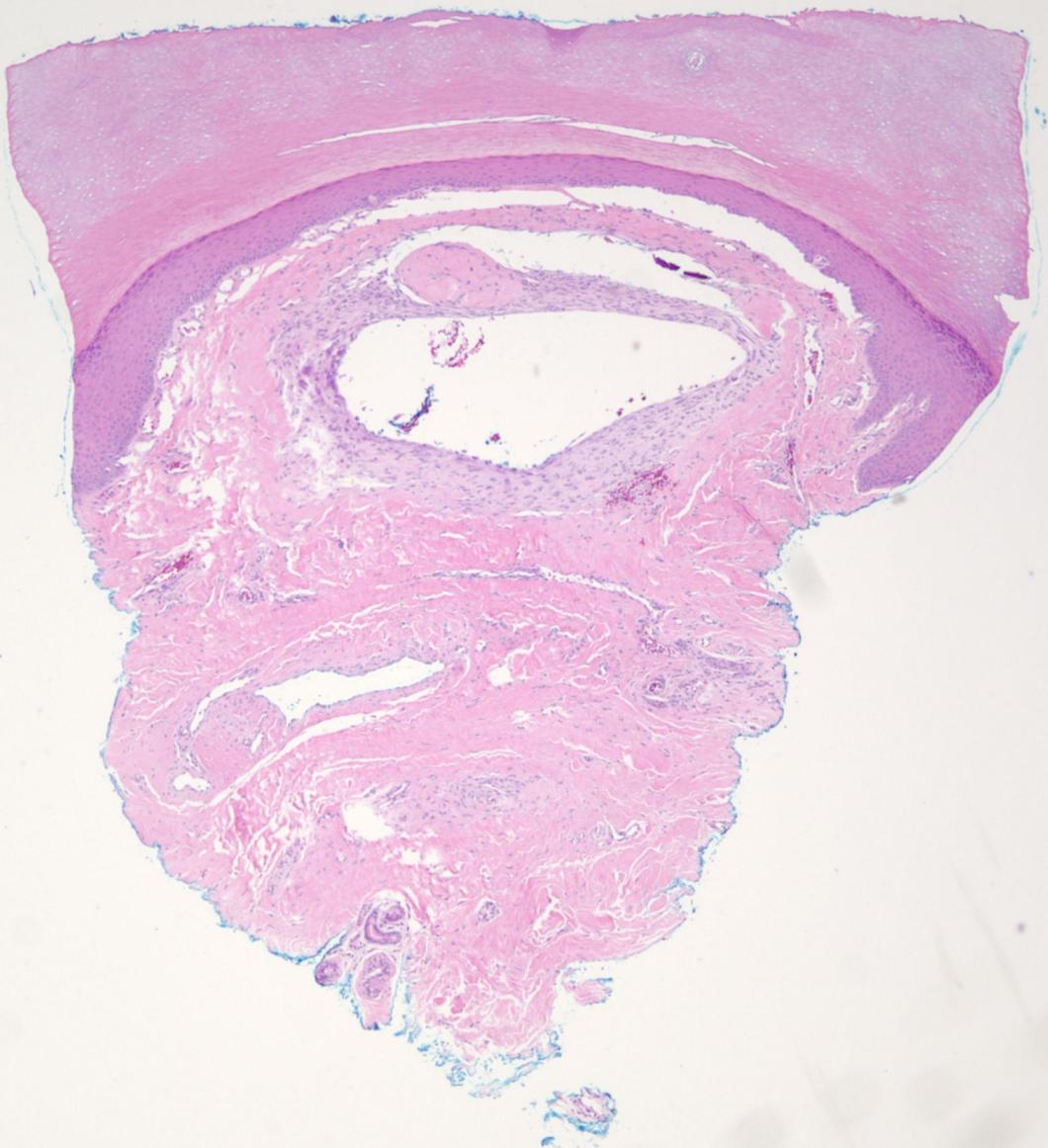
CD 31

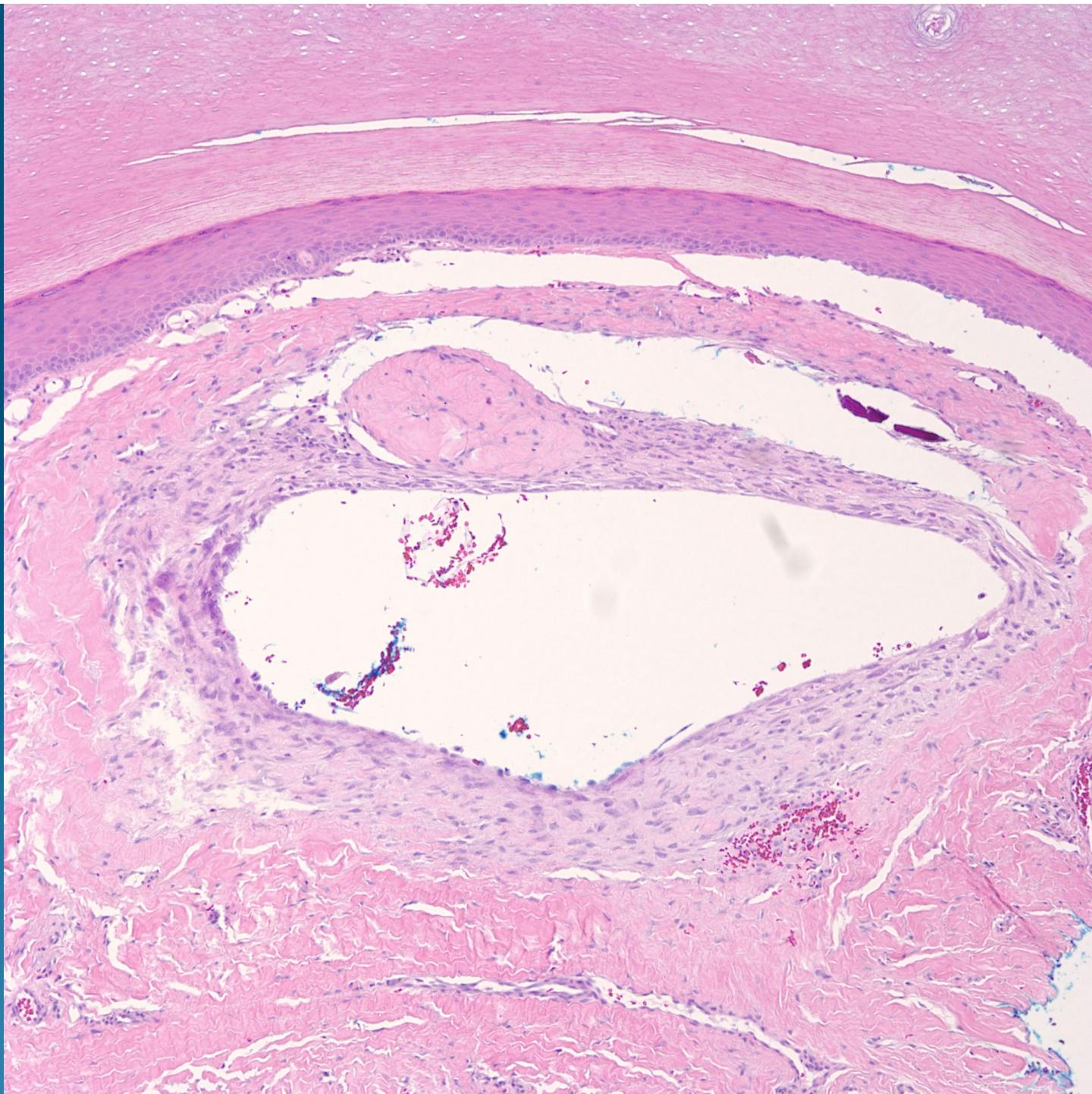


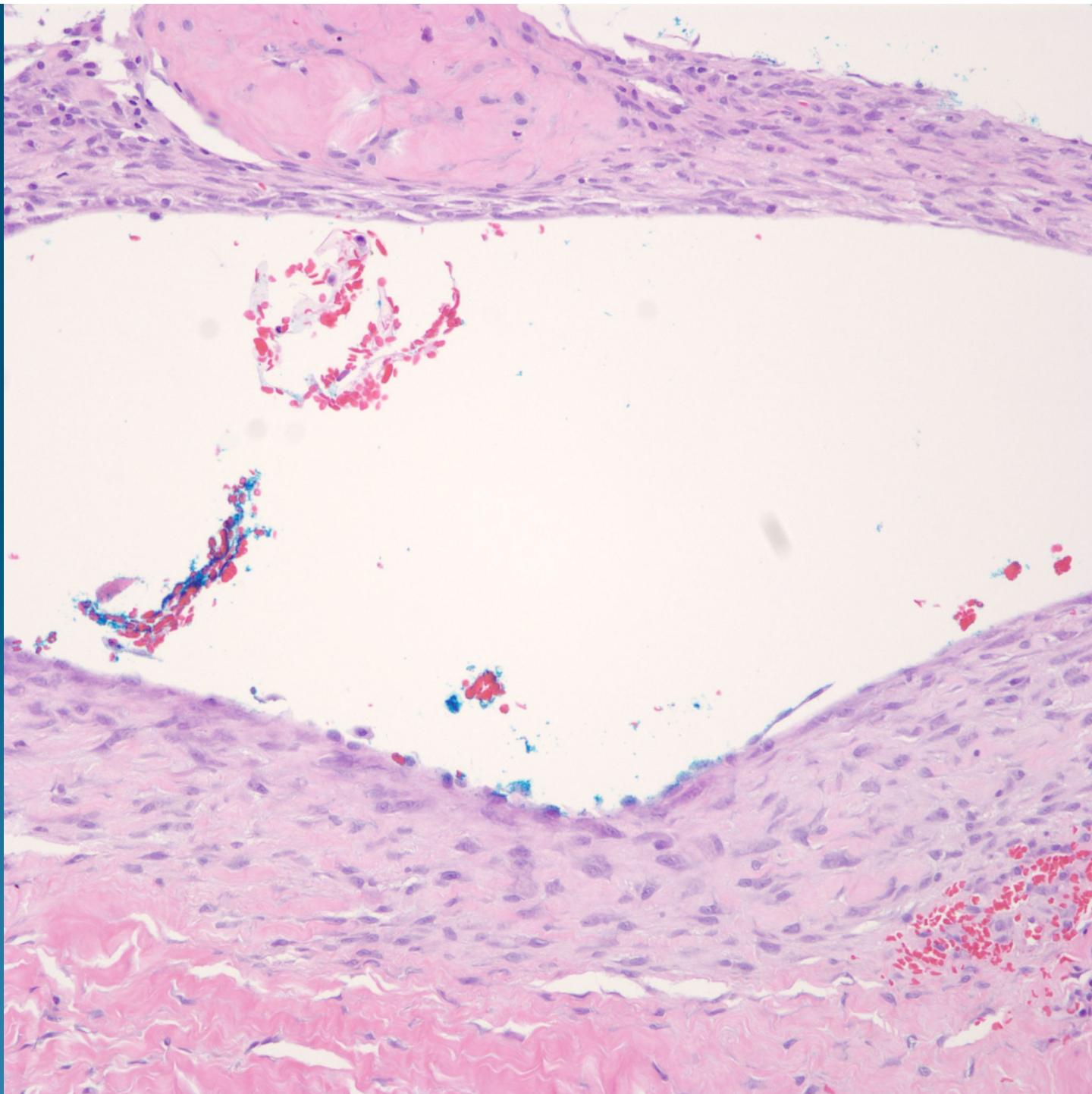
Pearls

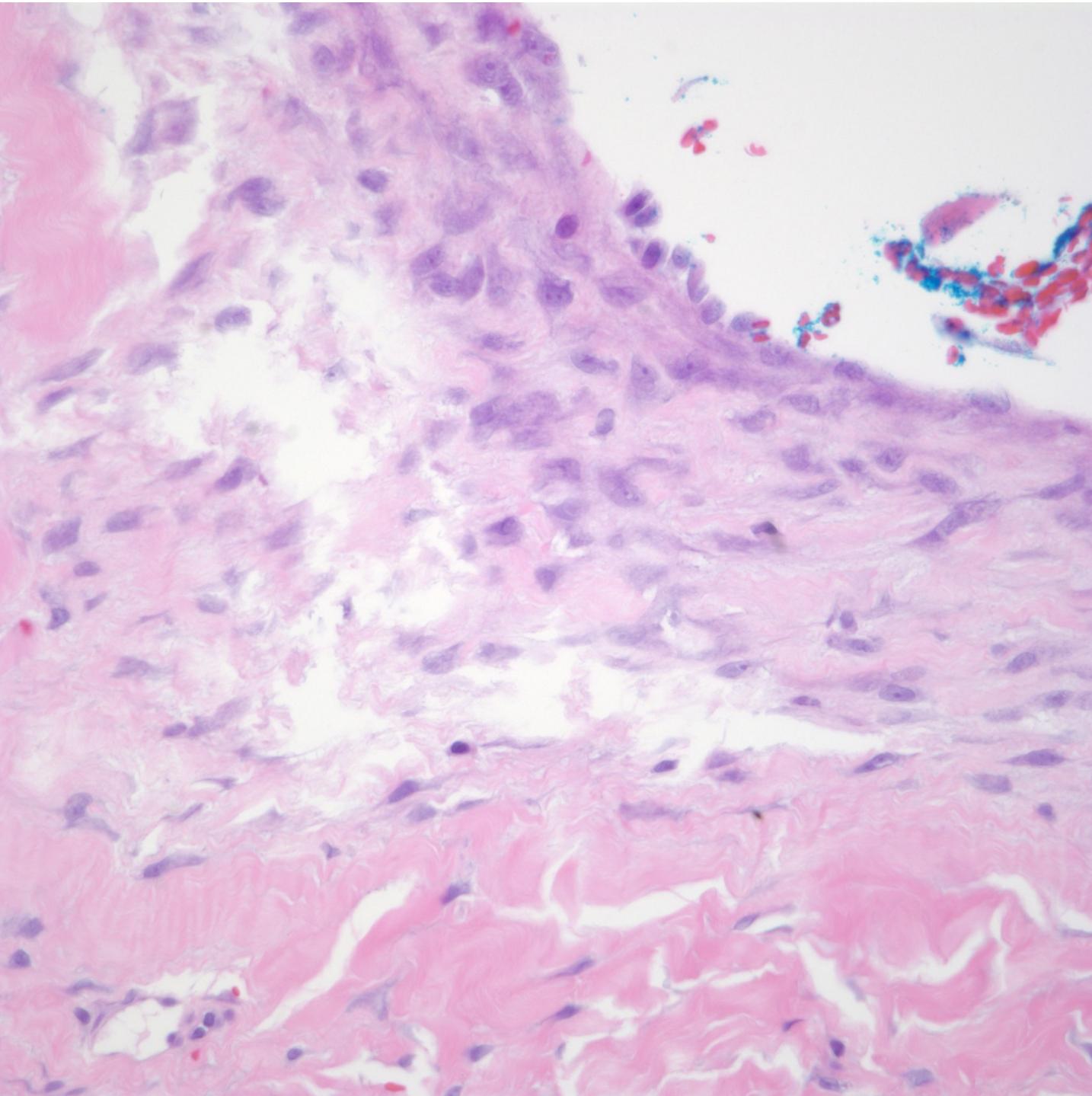


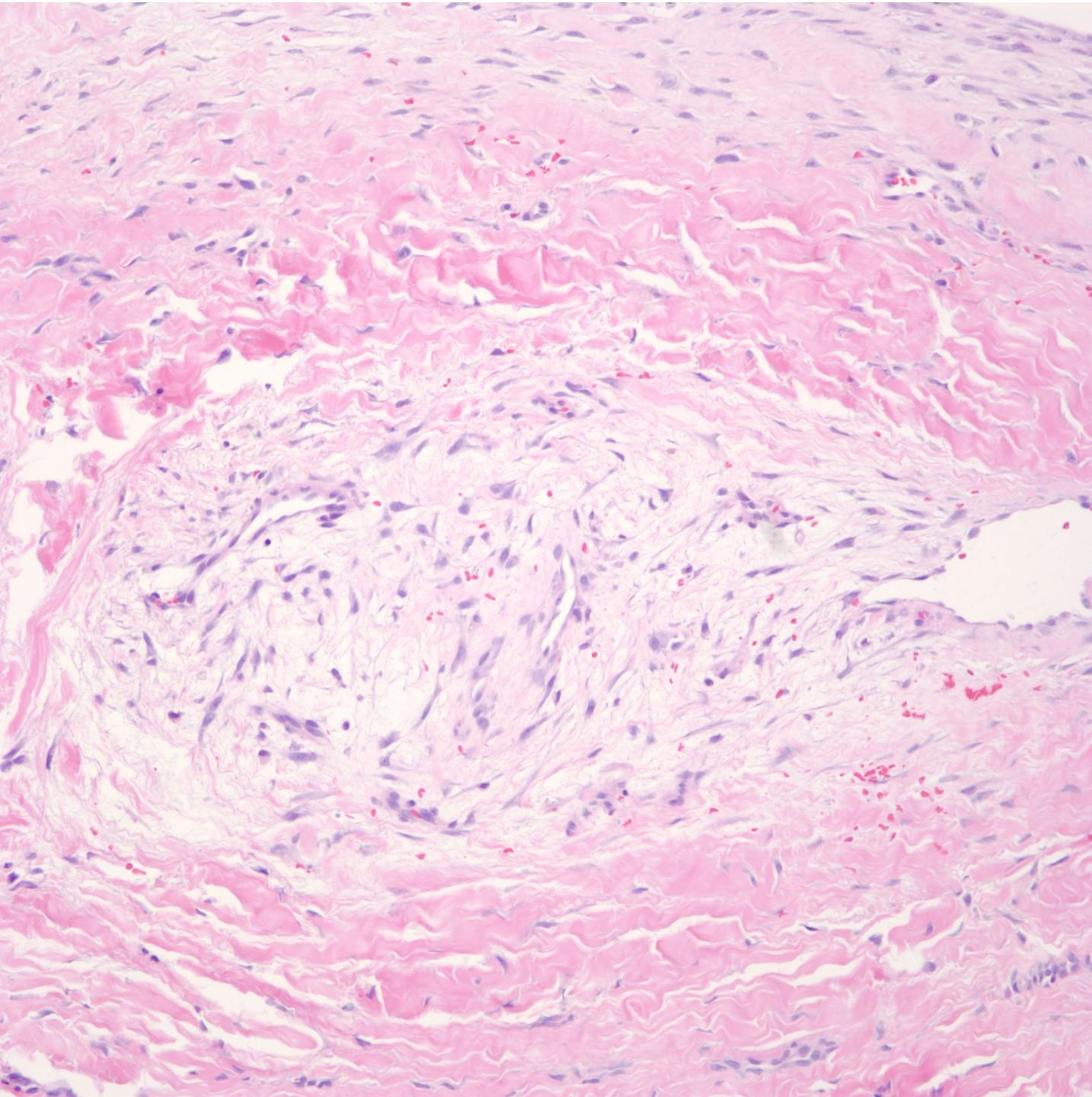
- Circumscribed proliferation of capillary sized vessels arranged in a lobular configuration
- Look for thick vessel wall surrounding entire proliferation.
- May need elastic stain or CD31 to confirm

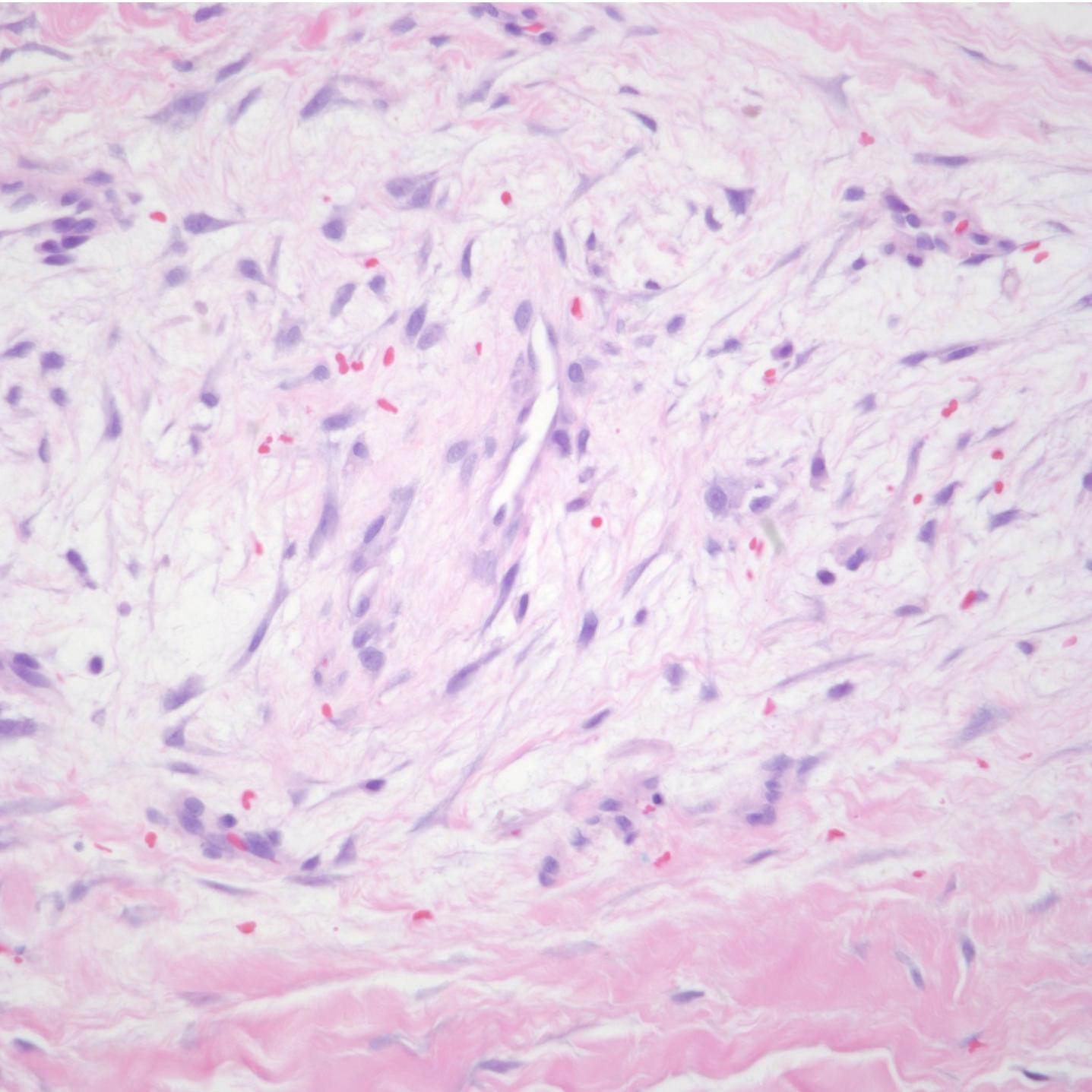










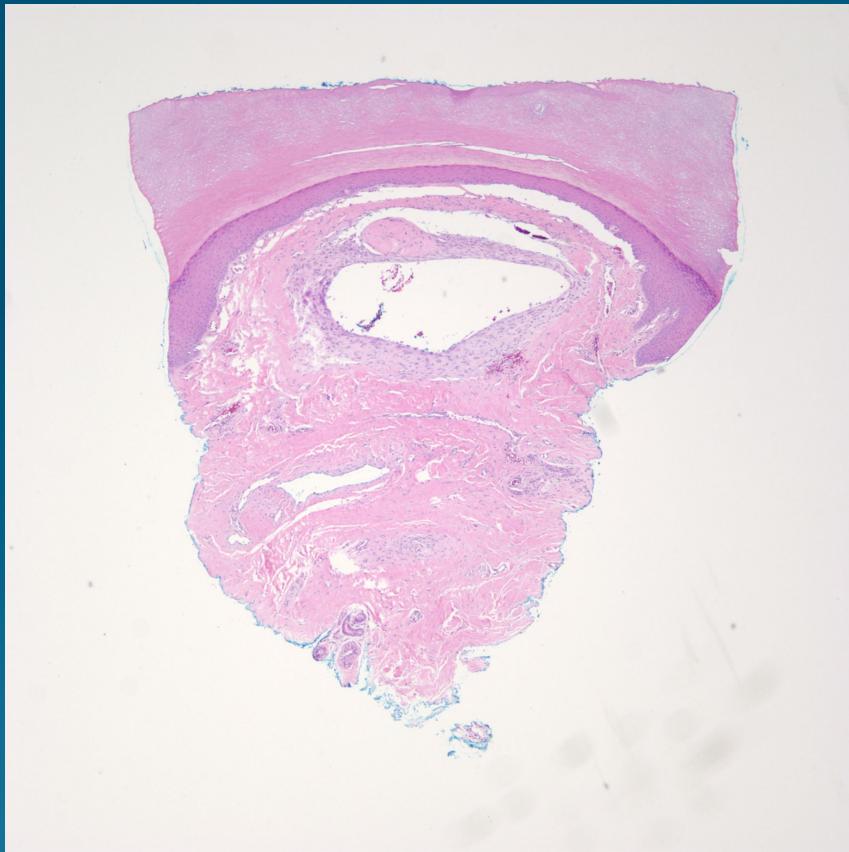


What is the best diagnosis?

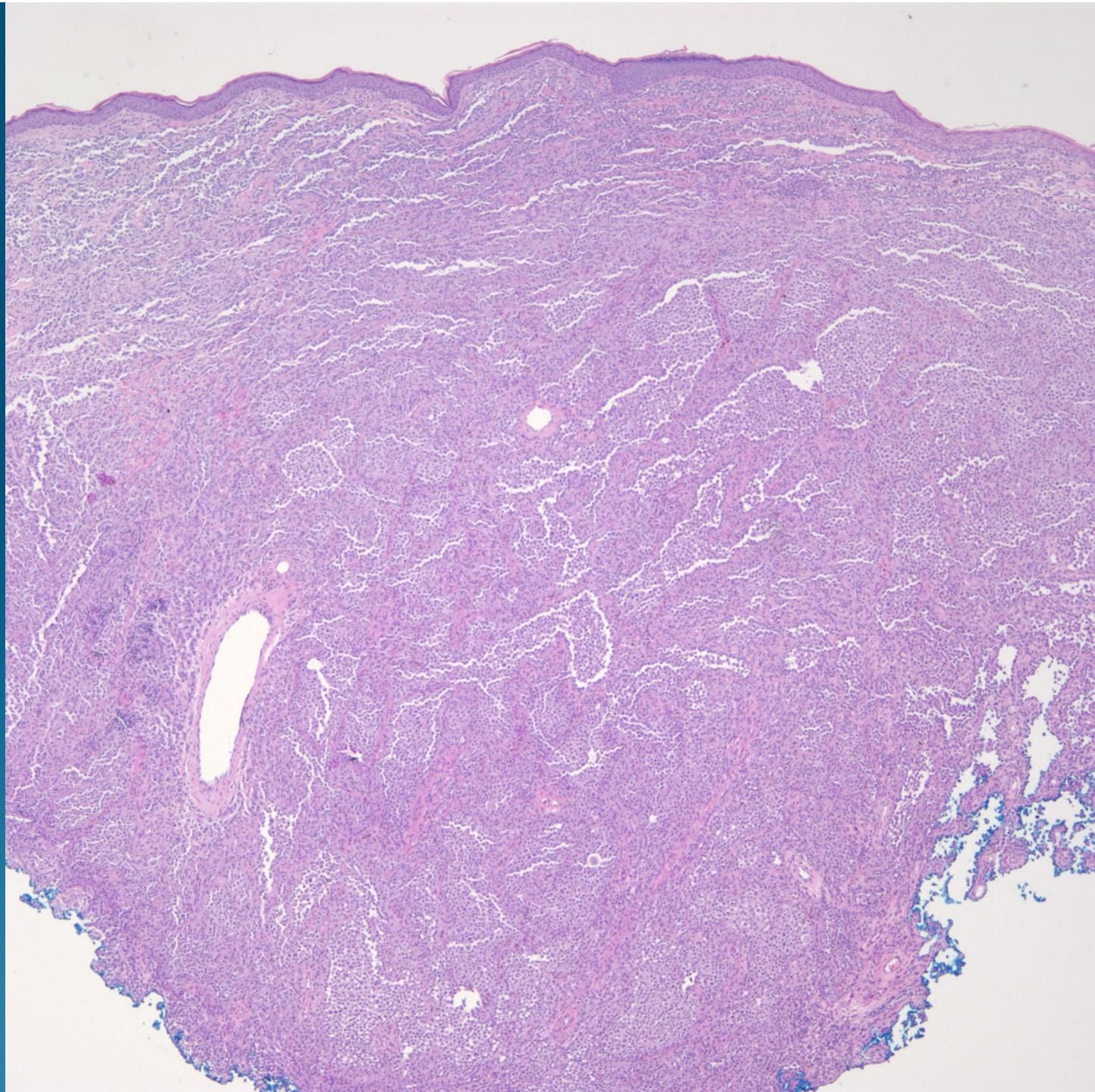
- A. Cystic basal cell carcinoma
- B. Neurofibroma
- C. Myxofibrosarcoma
- D. Myxoid liposarcoma
- E. Digital Mucous Cyst

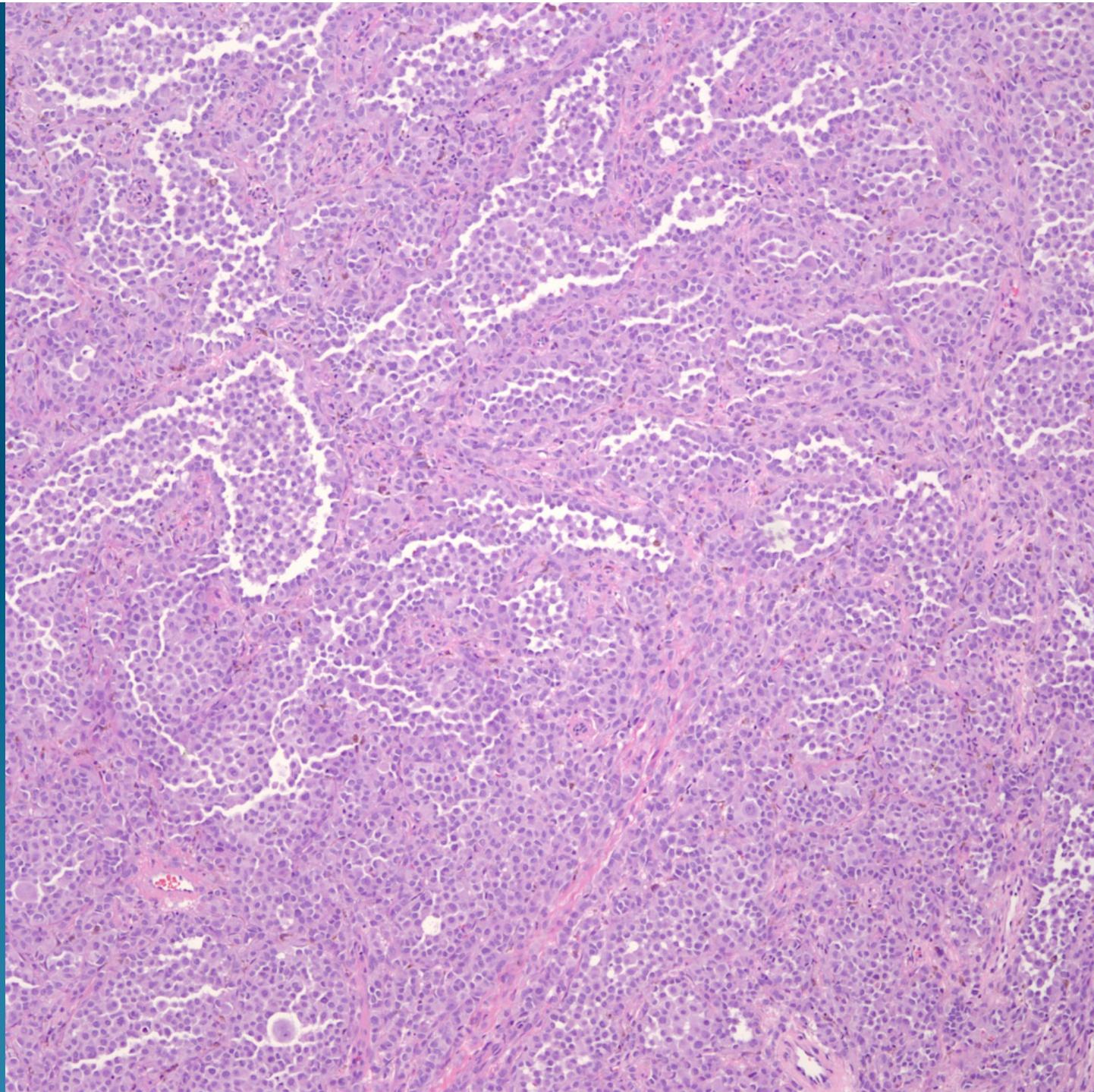
Digital Mucous Cyst (Ganglion Cyst)

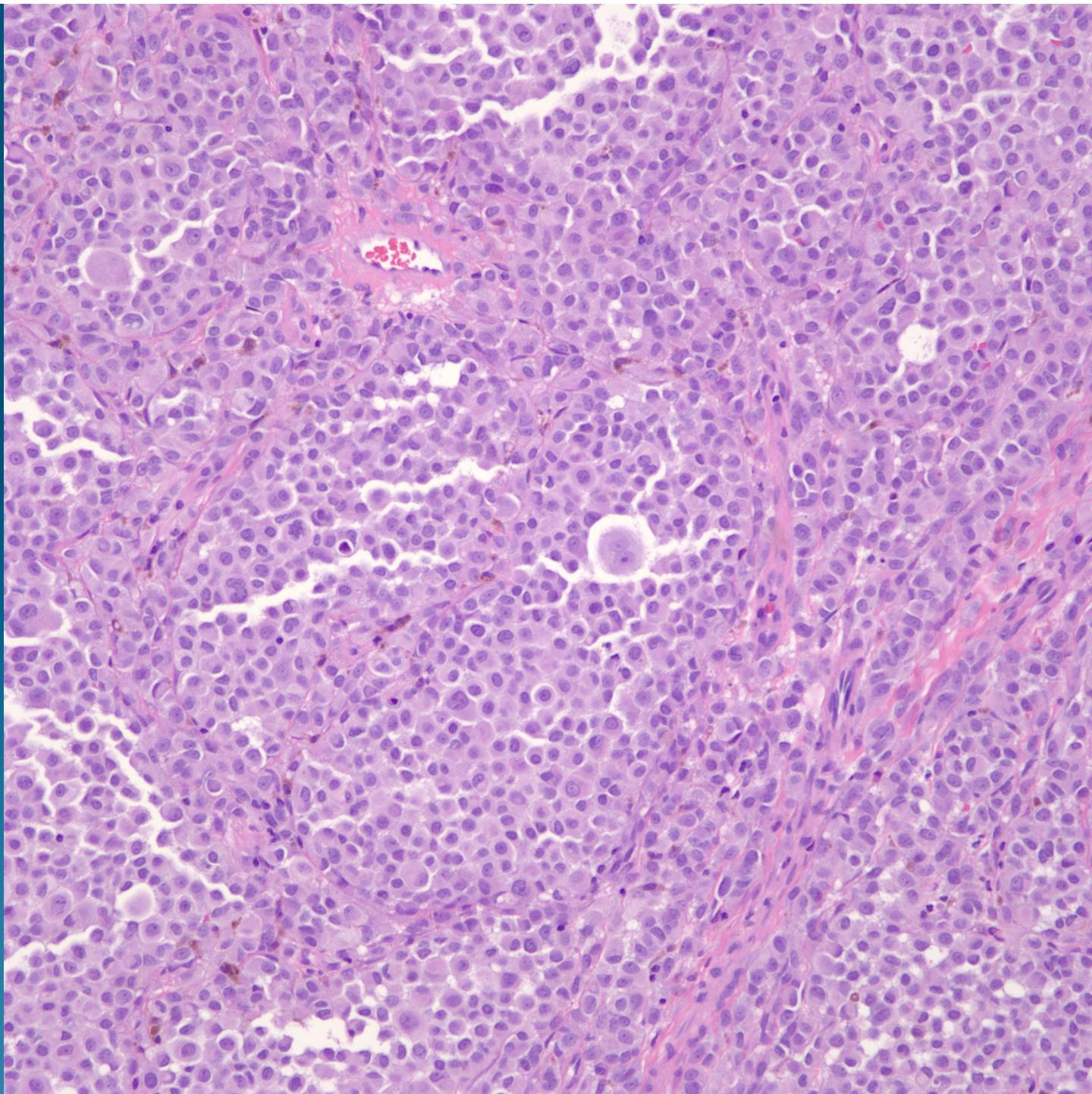
Pearls

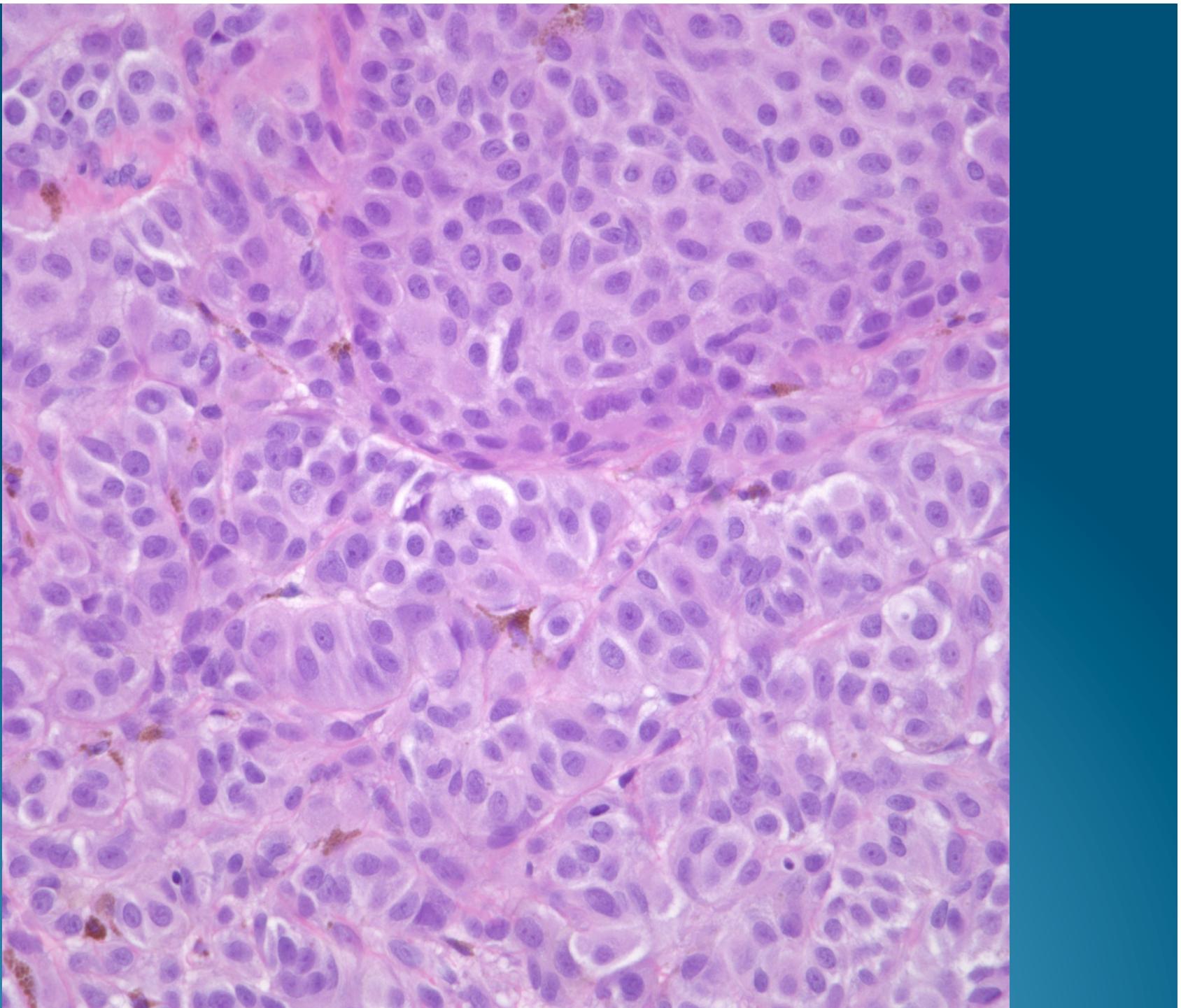


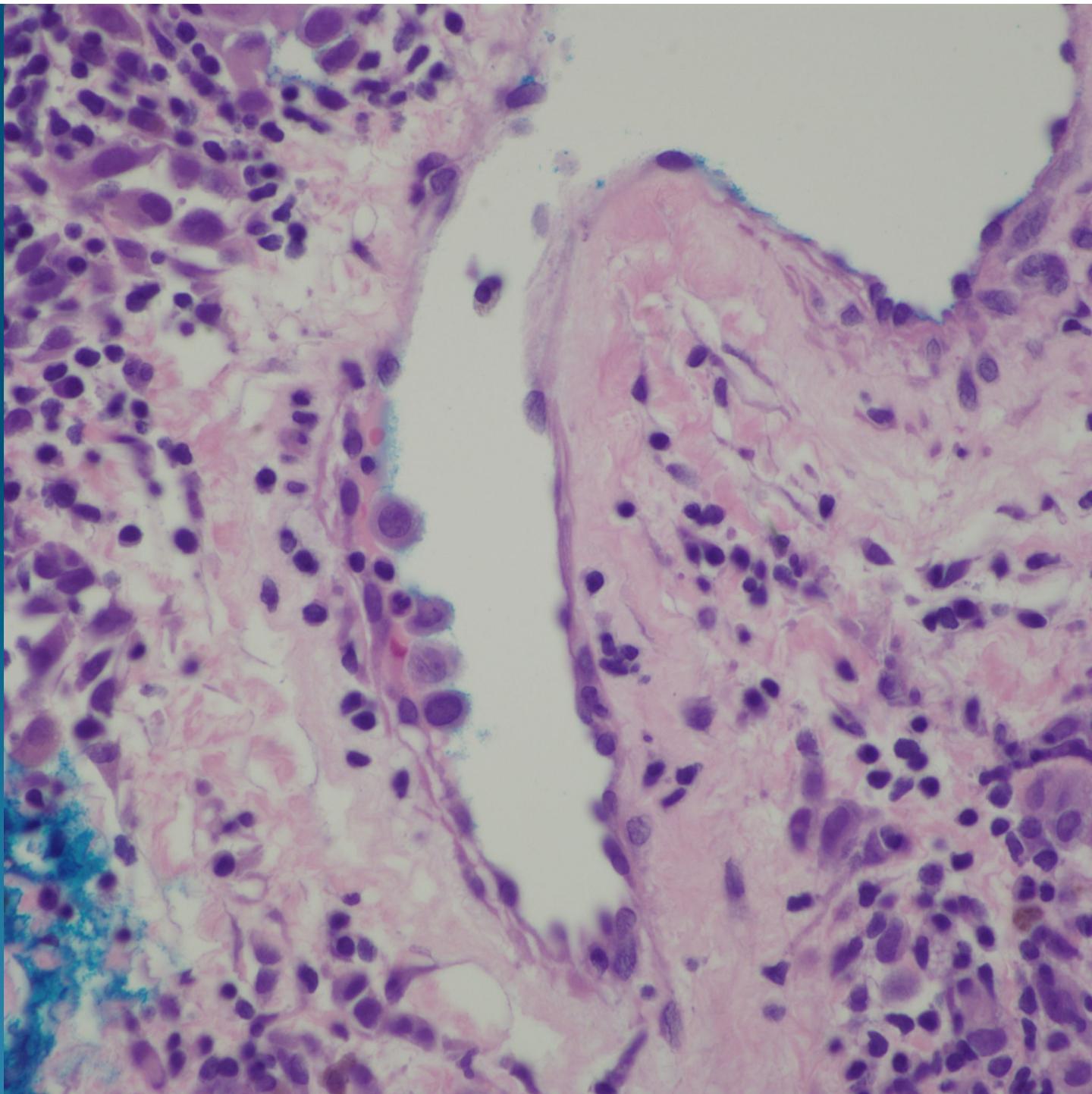
- Note acral location of biopsy
- Pseudocyst in superficial dermis surrounding acellular mucin
- Mucin extravasation in dermis with muciphages









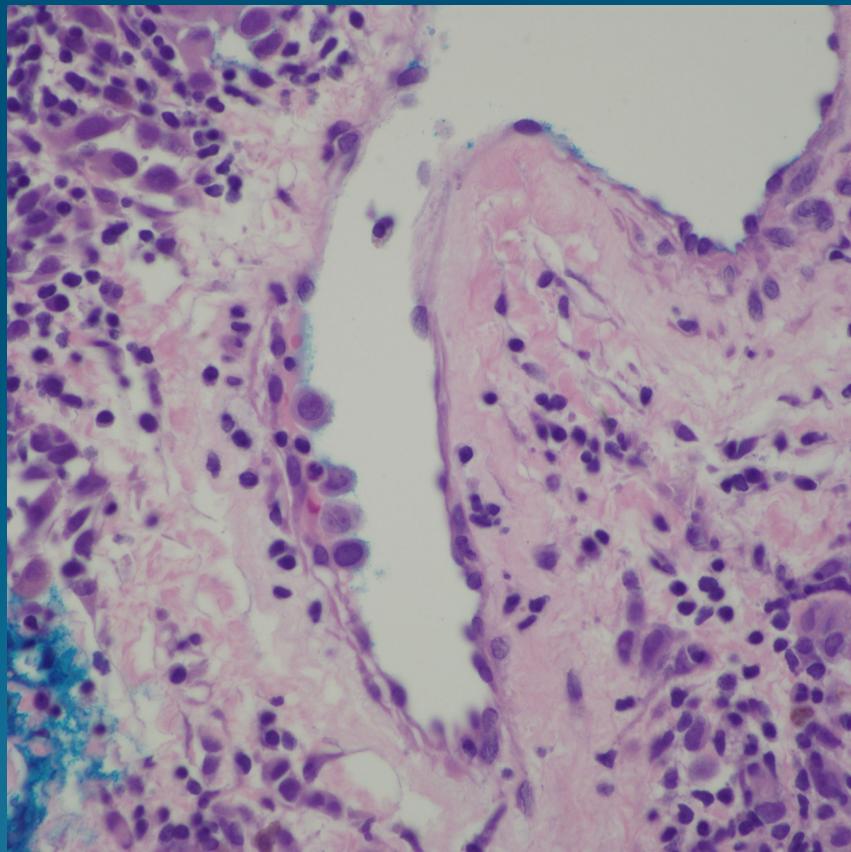


What is the best diagnosis?

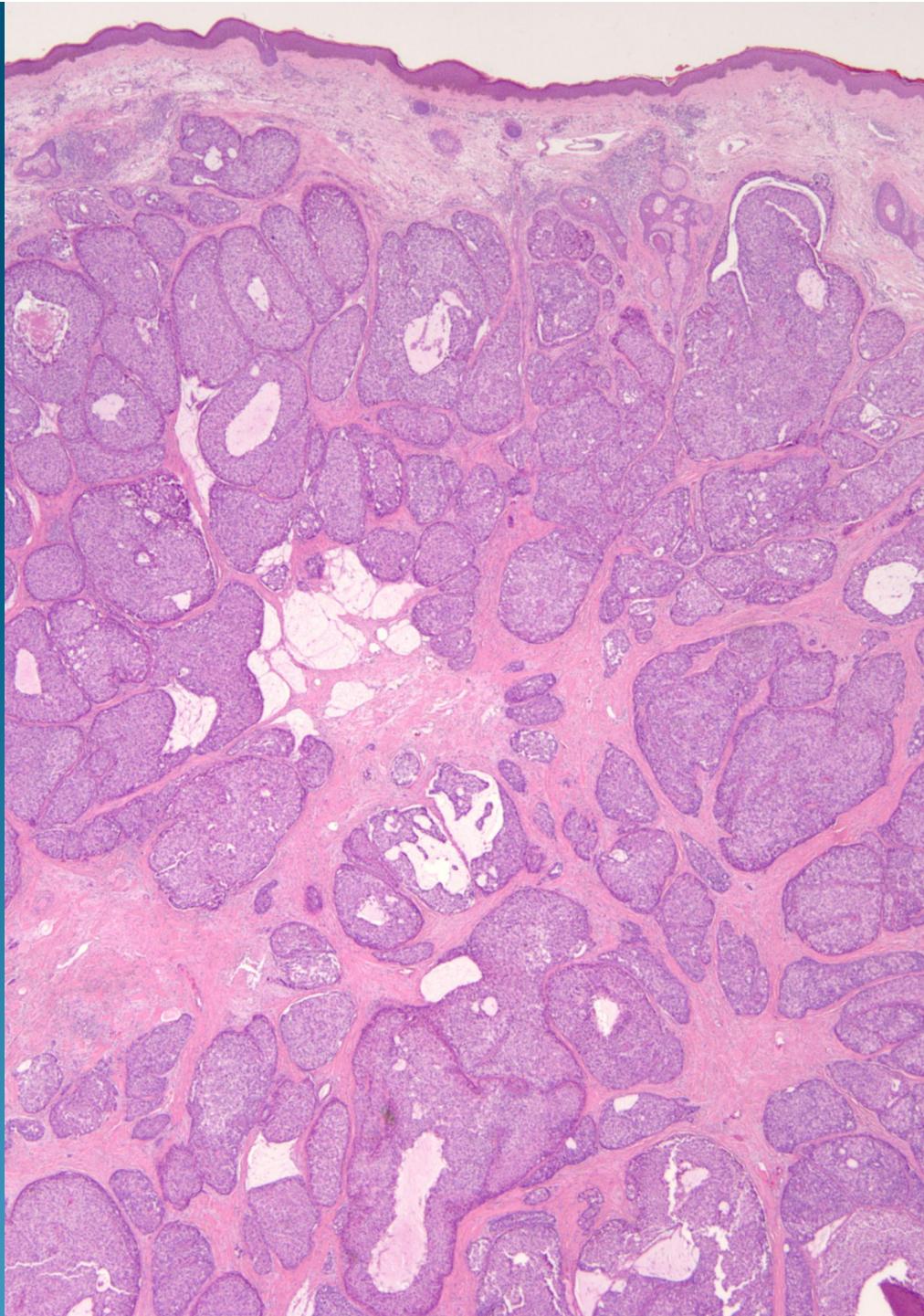
- A. Malignant Lymphoma with Intravascular Features
- B. Nodular basal cell carcinoma
- C. Malignant melanoma
- D. Nodular hidradenocarcinoma
- E. Malignant Glomus Tumor

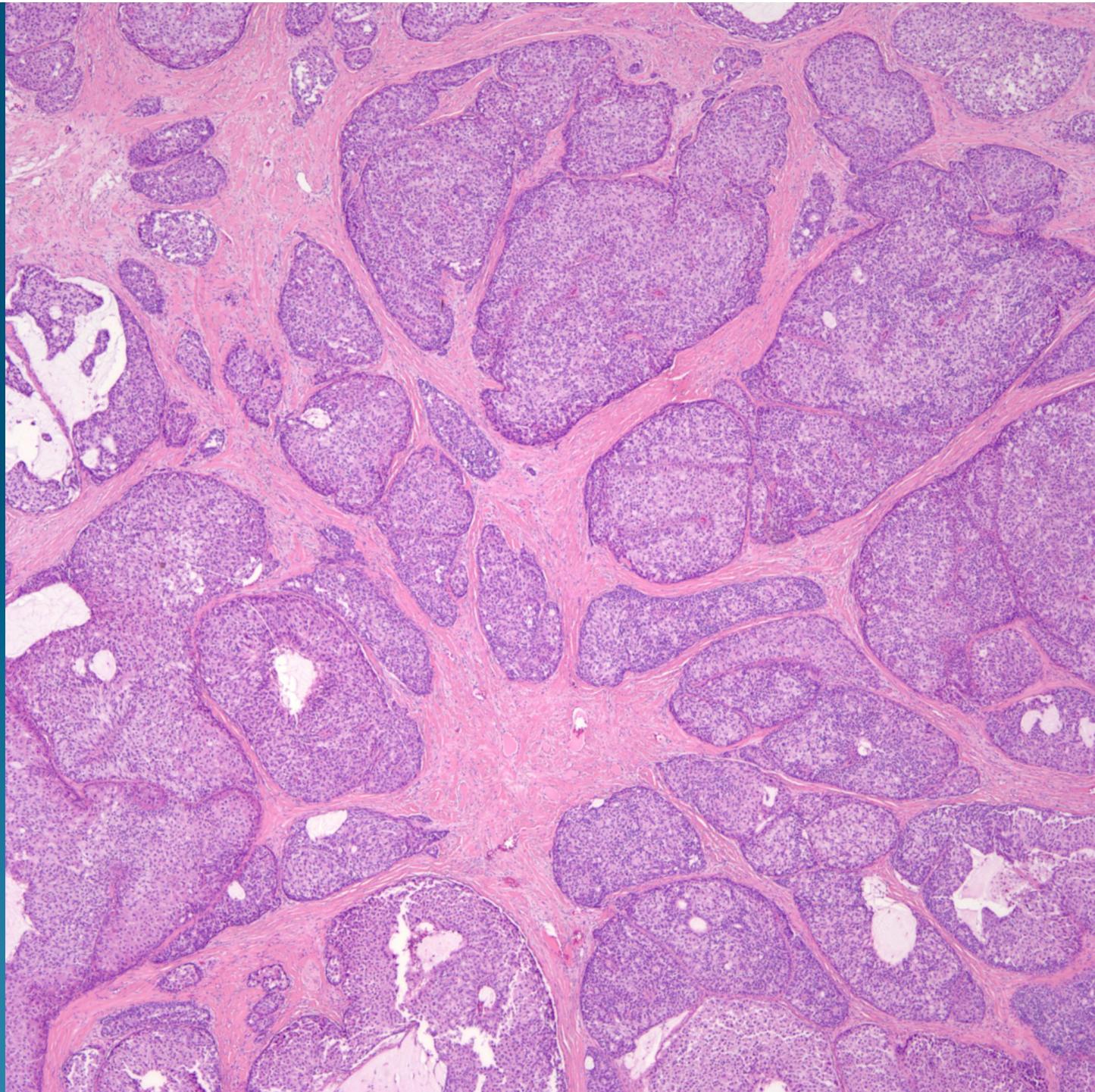
Malignant Melanoma with Lymphovascular Invasion

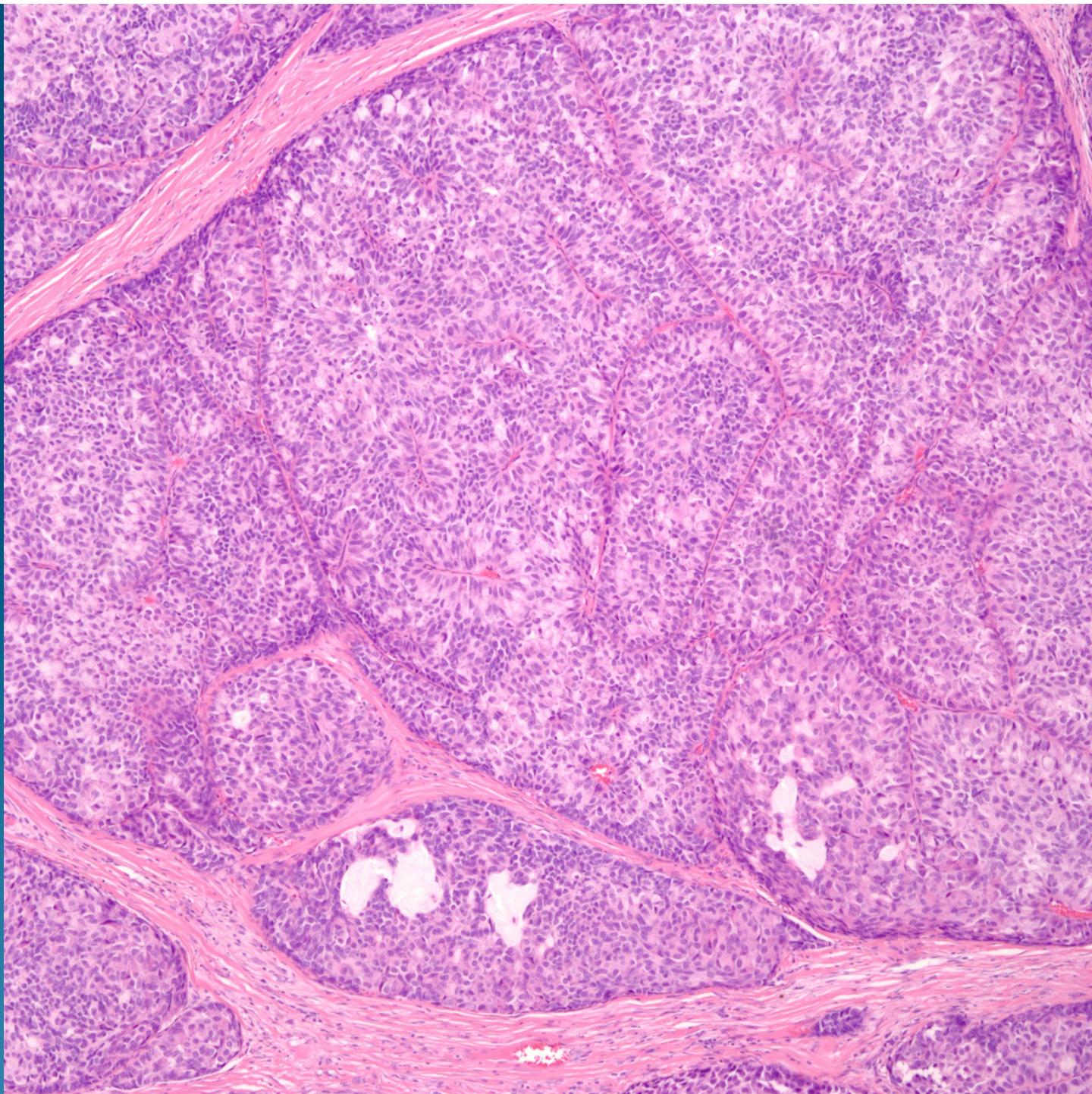
Pearls

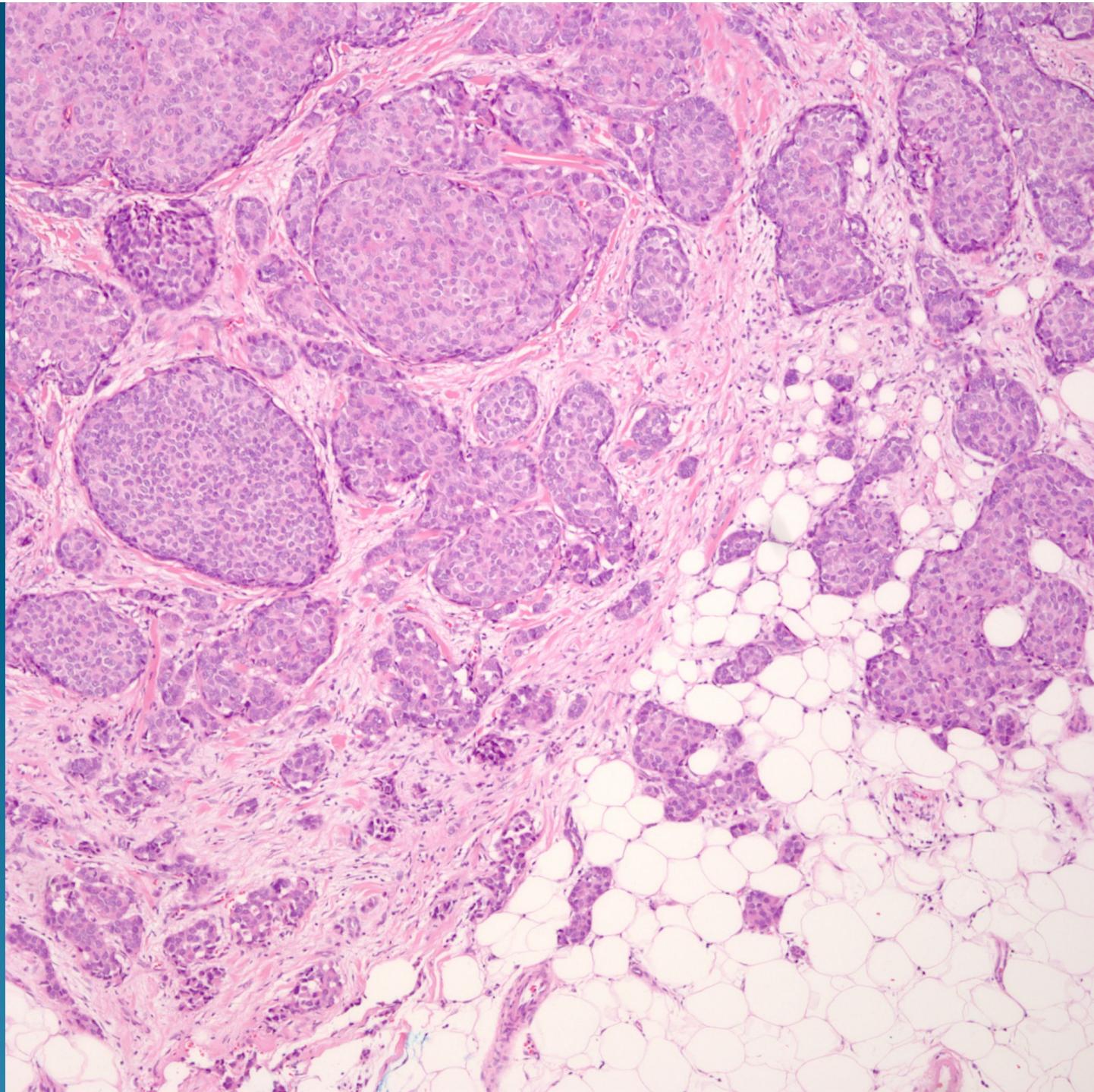


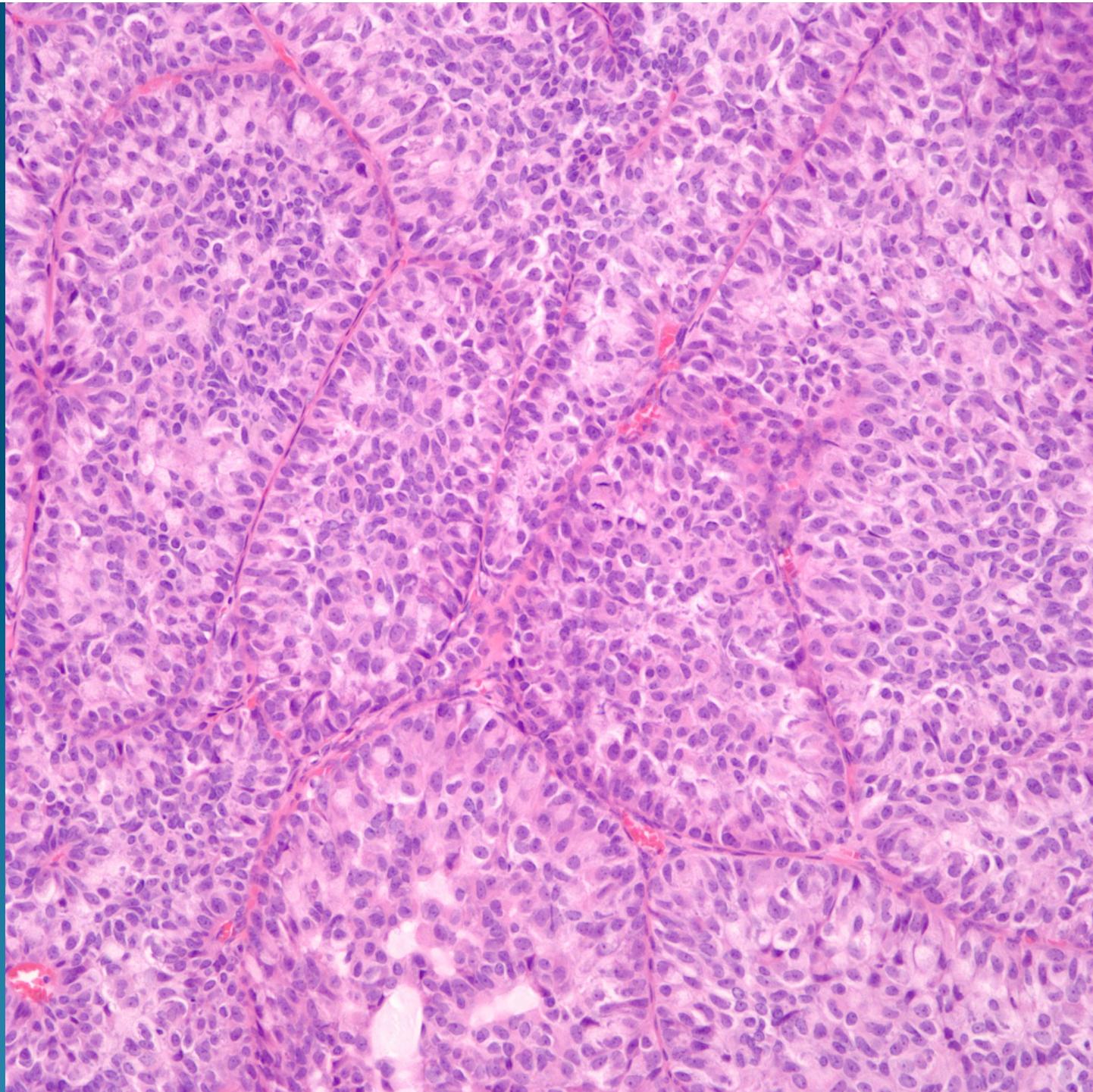
- Lymphovascular invasion may be seen with any melanoma variant
- Look for melanoma cells within lymphovascular spaces
- CD31 and D2-40 (podoplanin) helpful to outline vessels

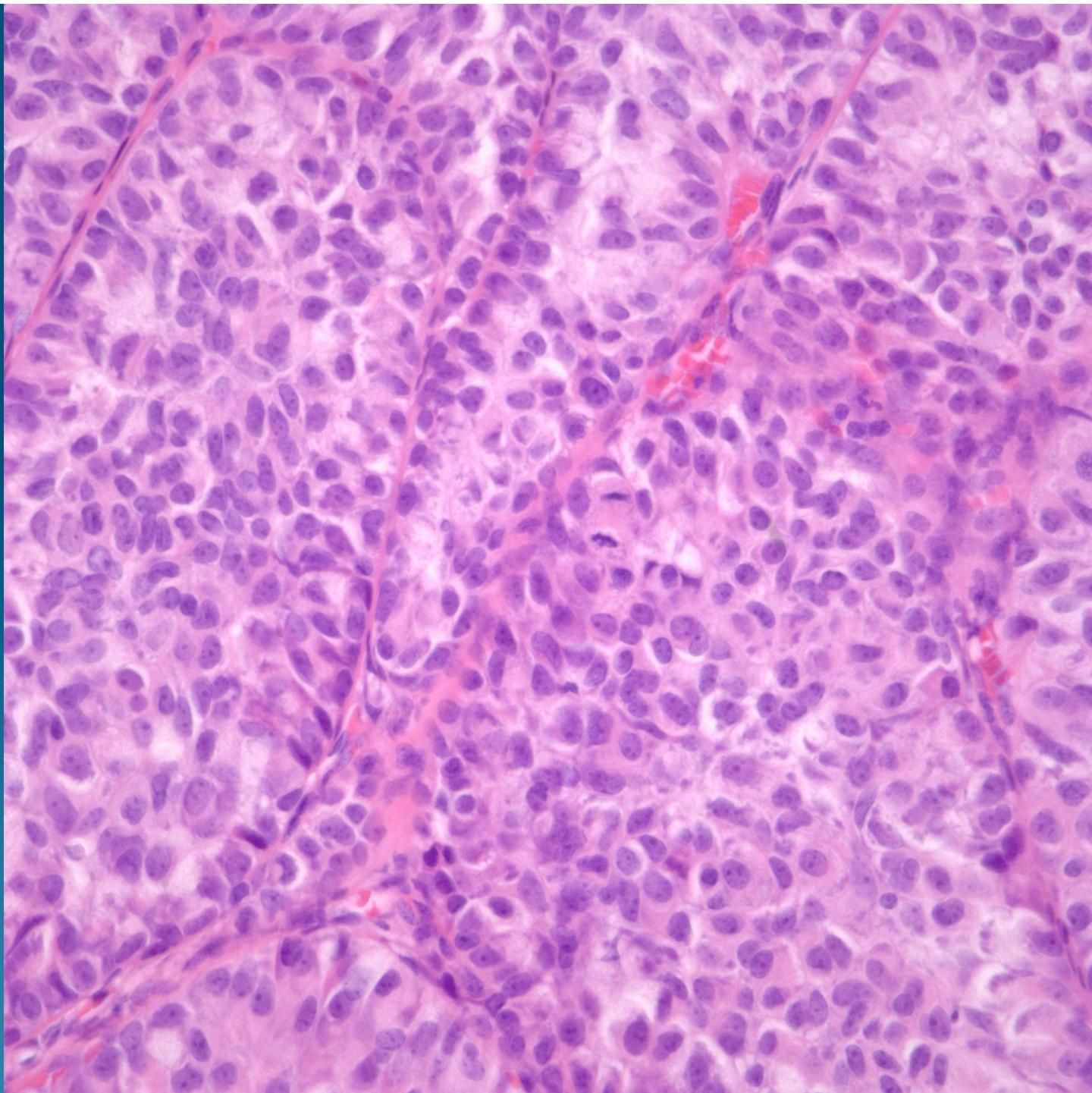




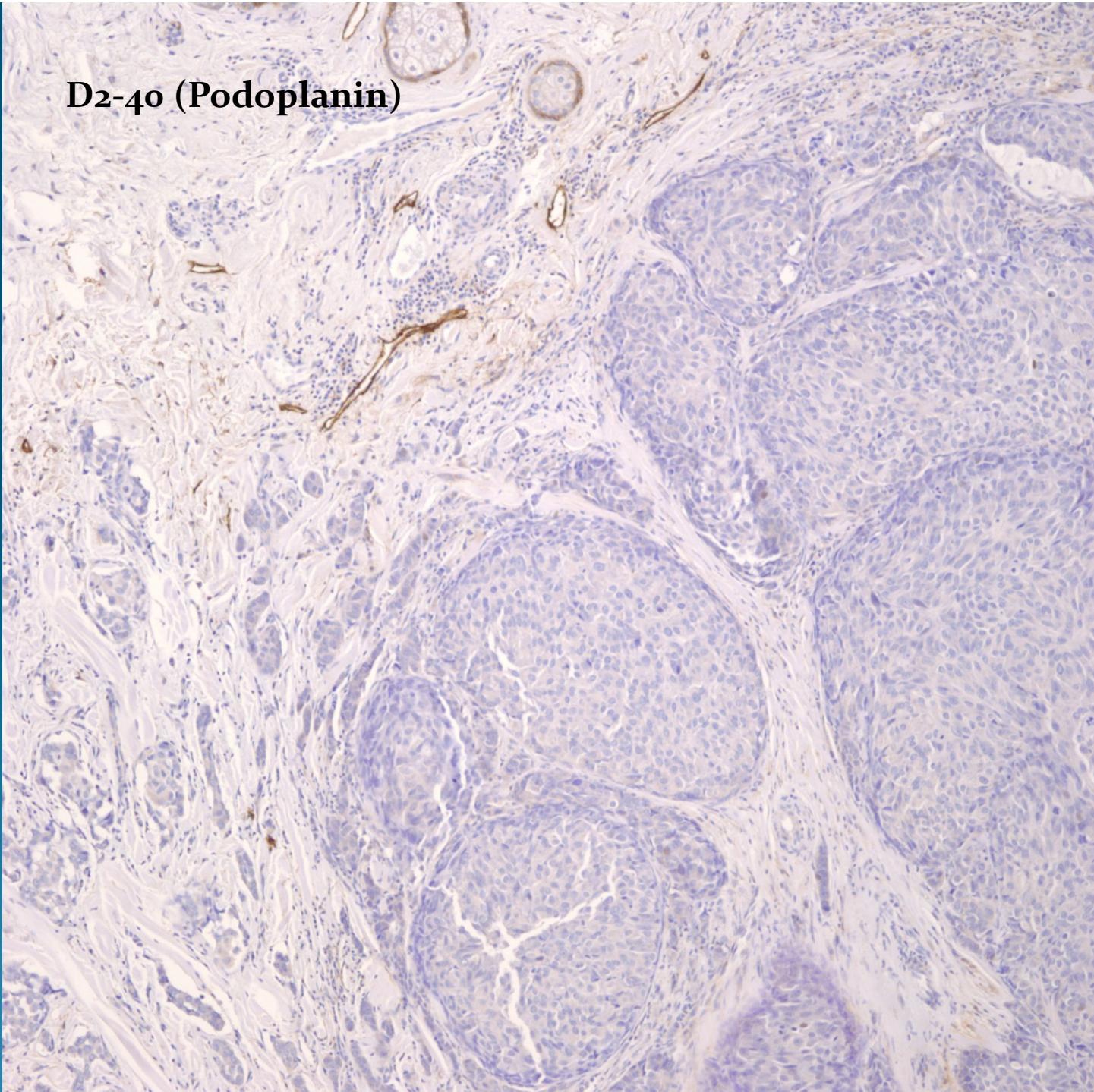








D2-40 (Podoplanin)

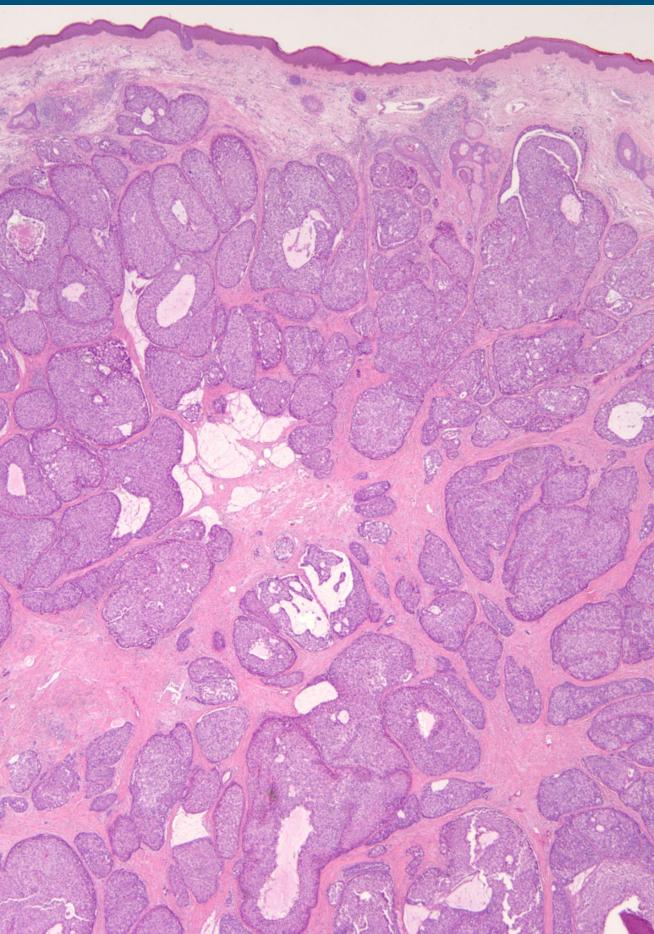


What is the best diagnosis?

- A. Porocarcinoma
- B. Metastatic adenocarcinoma
- C. Basal Cell Carcinoma
- D. Pilomatrical Carcinoma
- E. Epithelioid Angiosarcoma

Metastatic Adenocarcinoma-
Unknown Primary, favor Breast

Pearls



- Metastatic adenocarcinoma may mimic primary adnexal carcinomas
- Ultimate diagnosis may rest upon clinical-pathologic correlation
- IHC may be helpful
- D₂₋₄₀ and p63 recently found to be positive in large series of primary skin adnexal carcinomas and negative in metastatic adenocarcinomas to the skin