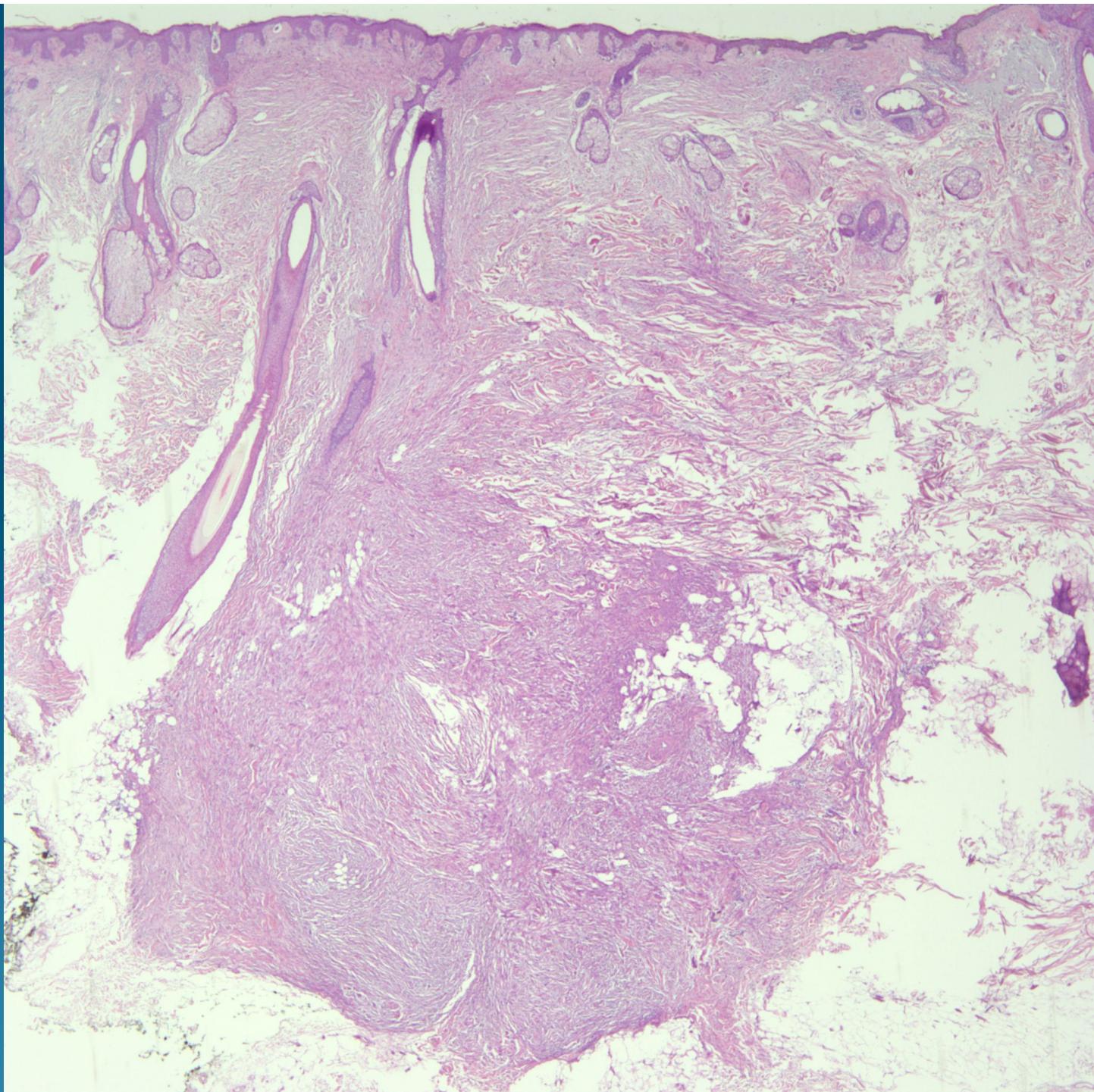
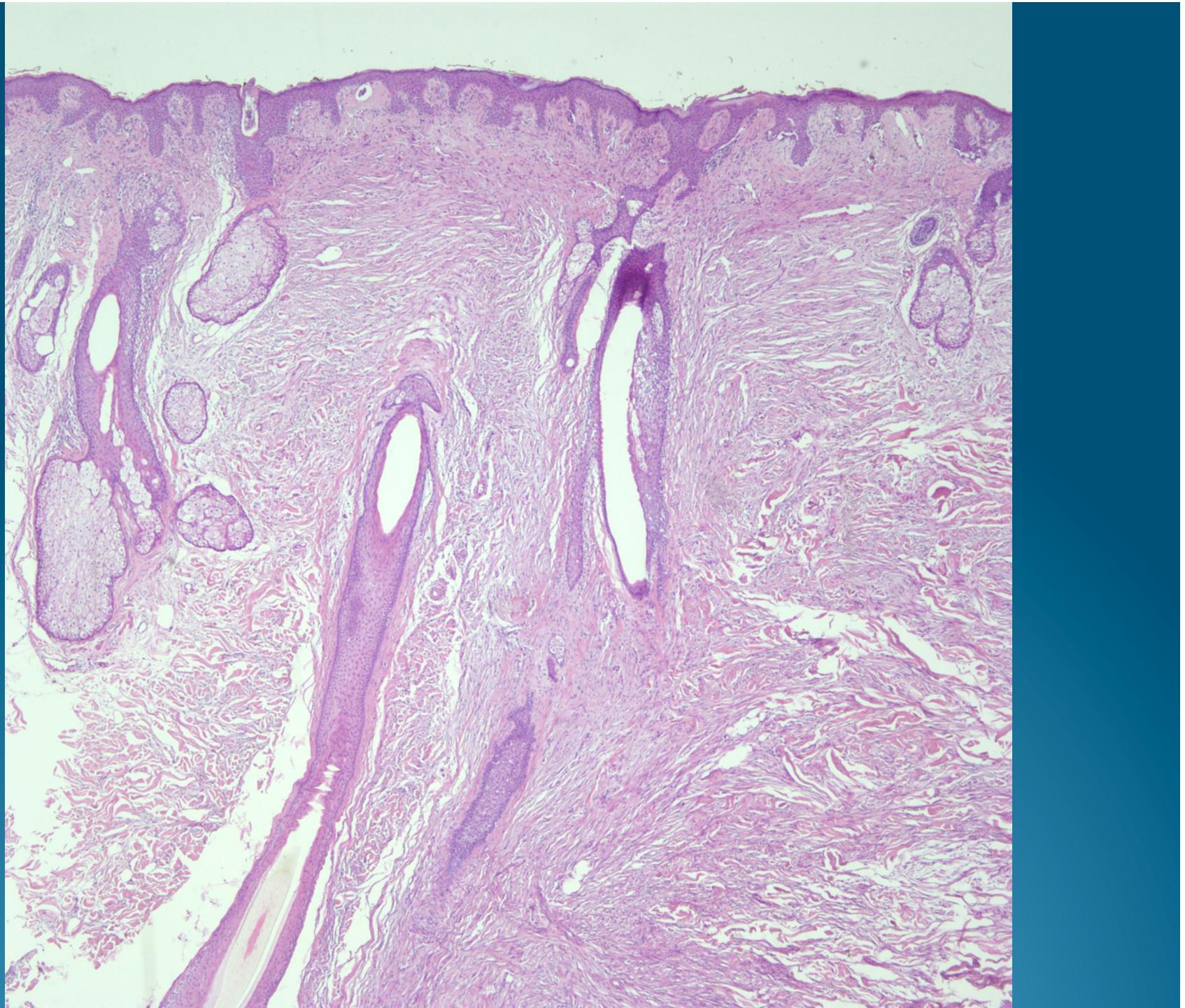
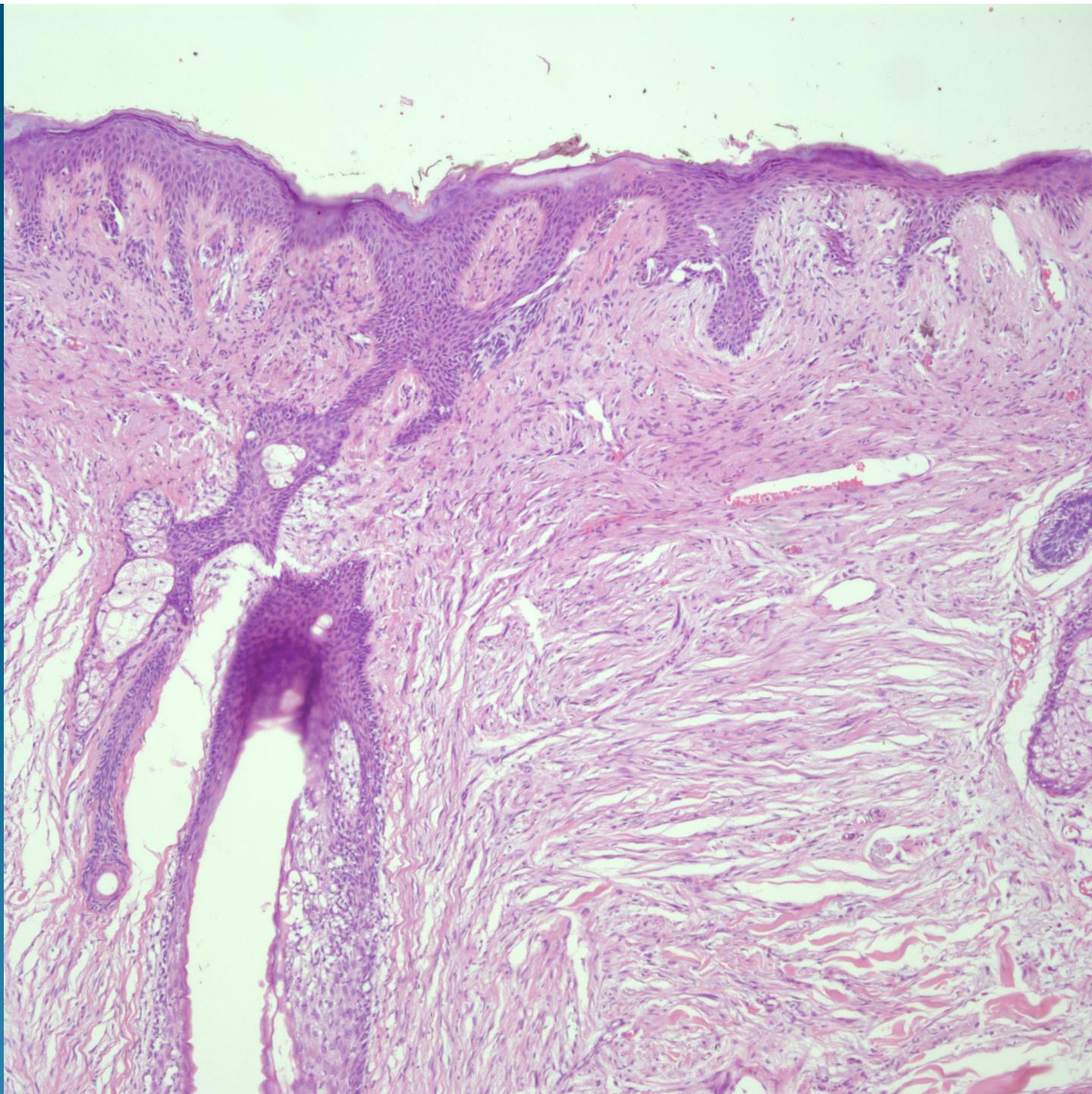


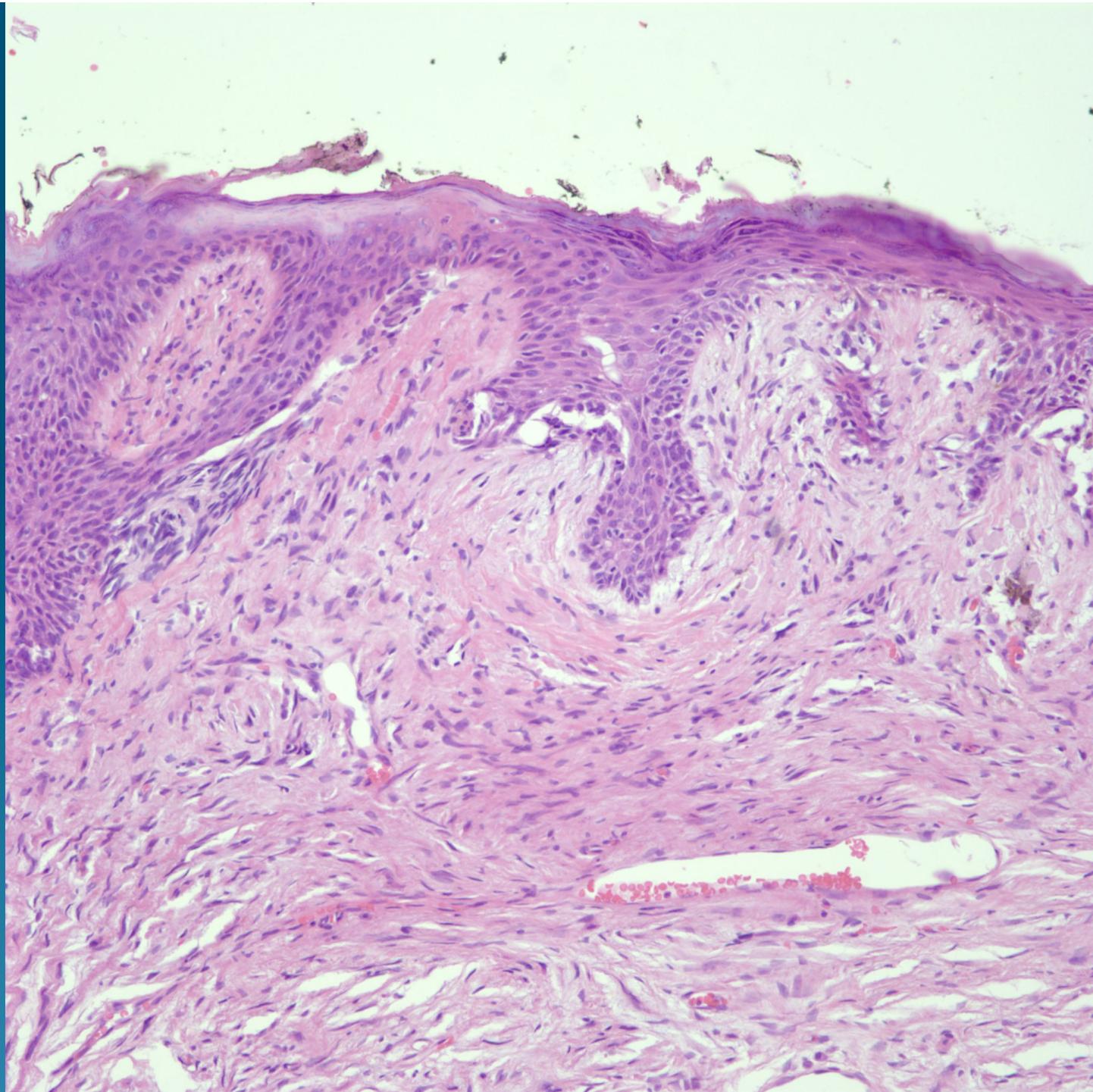
Dermatopathology Slide Review Part 93

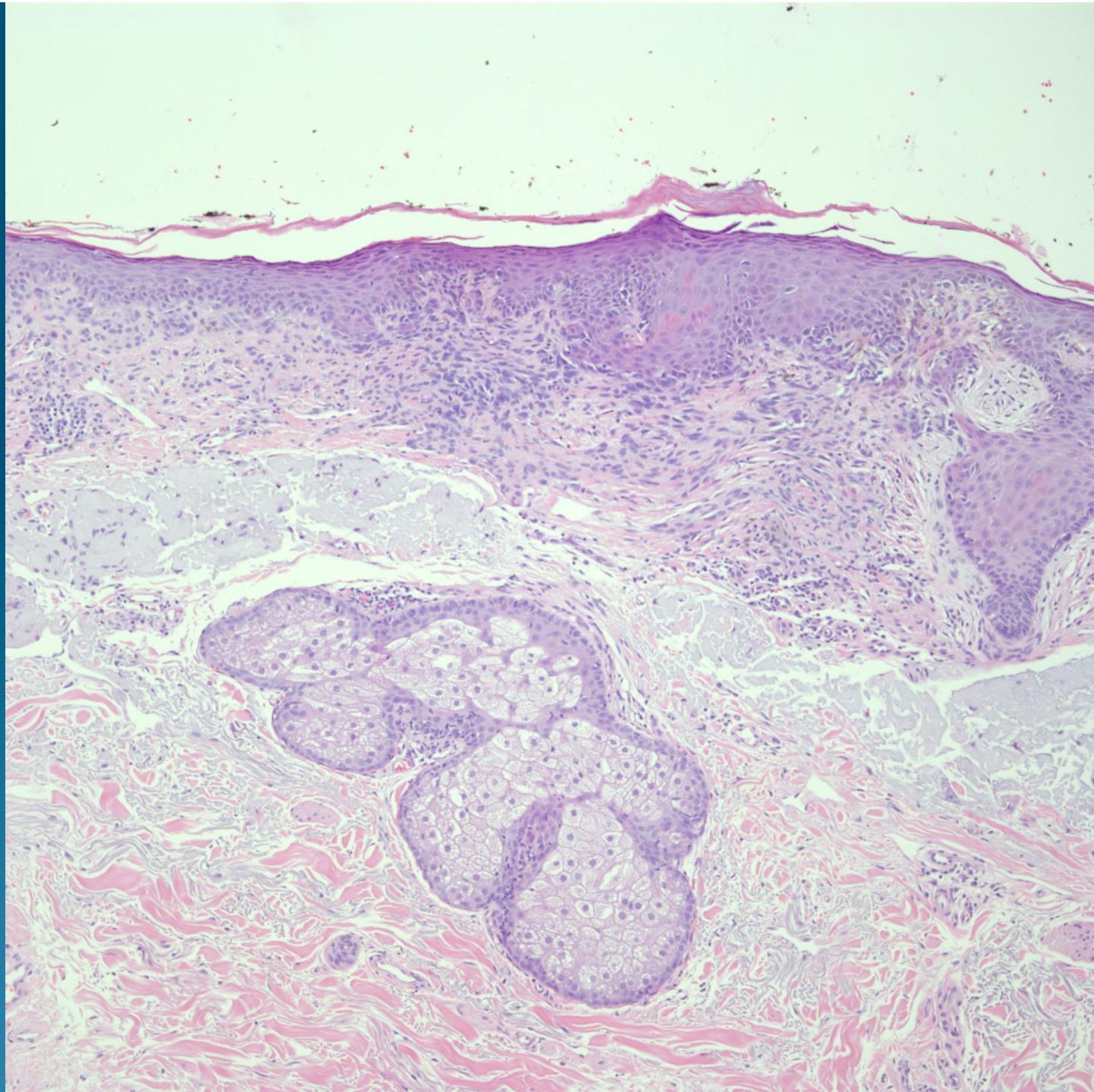
Paul K. Shitabata, M.D.
Dermatopathology Institute

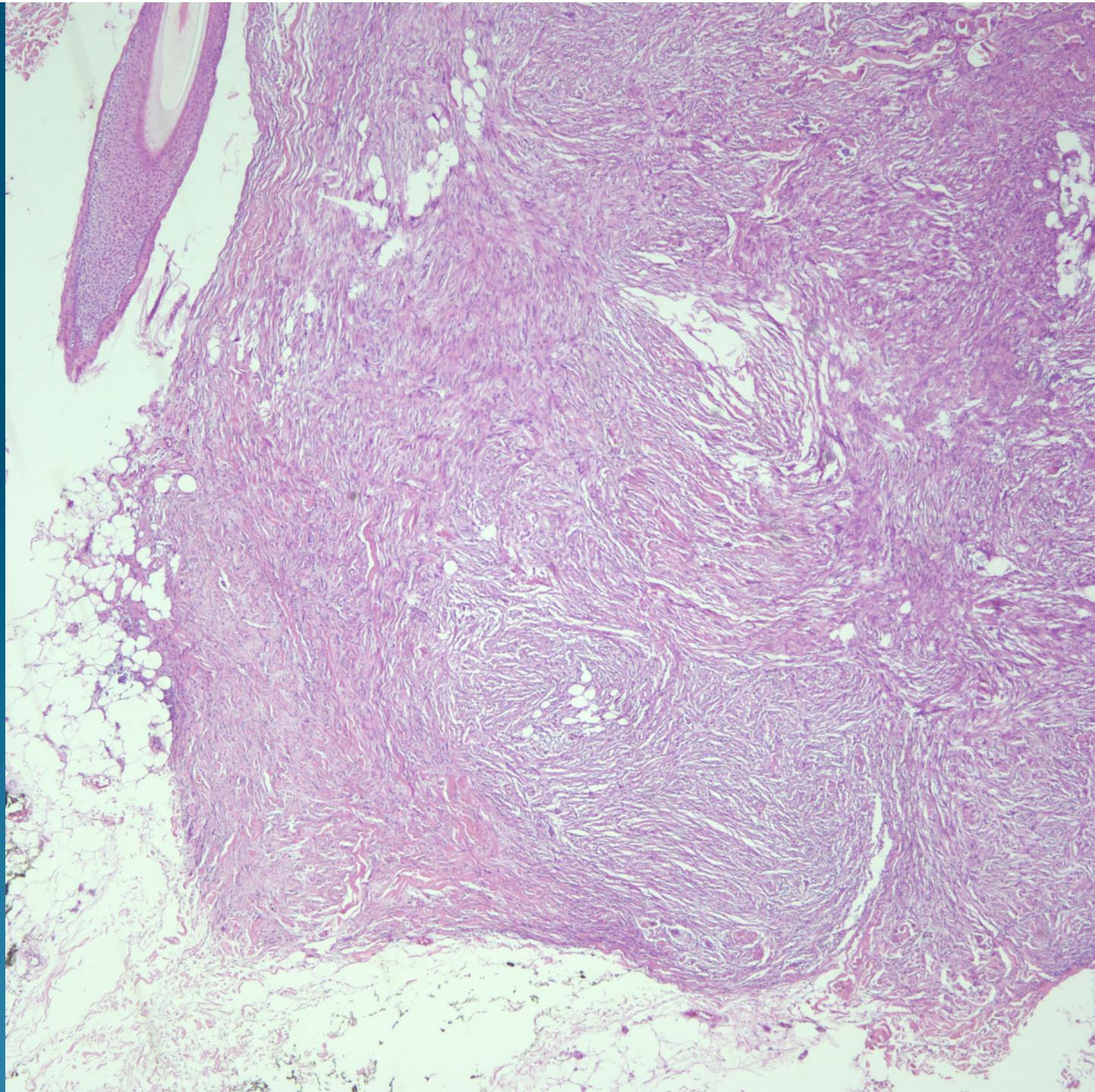


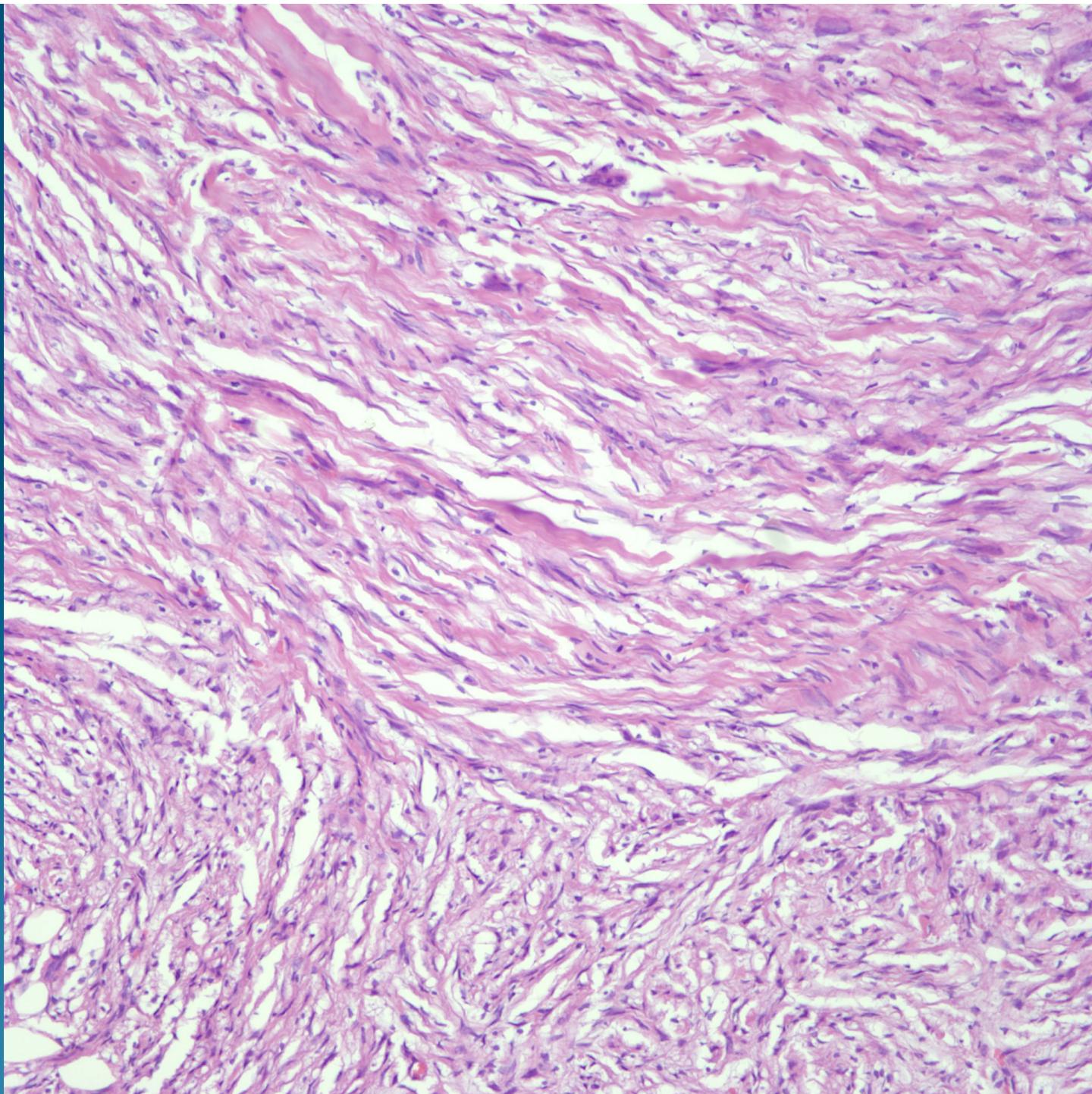


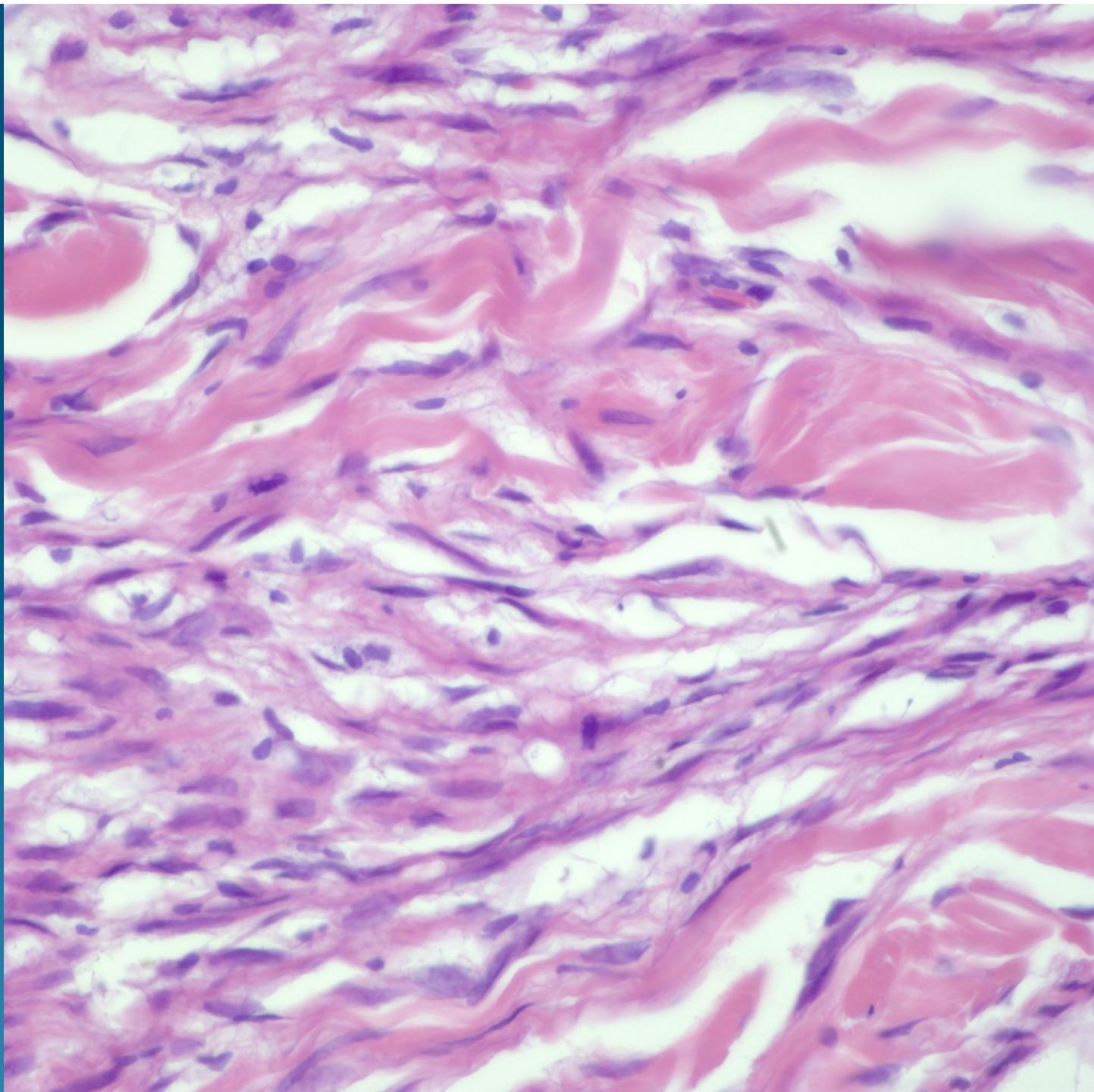










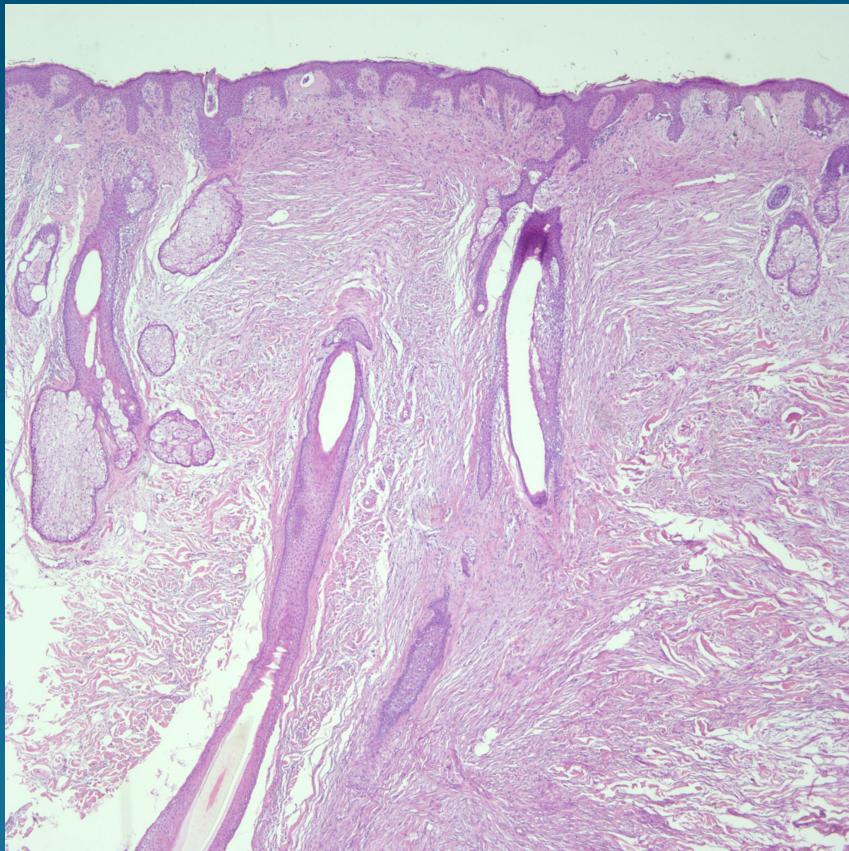


What is the best diagnosis?

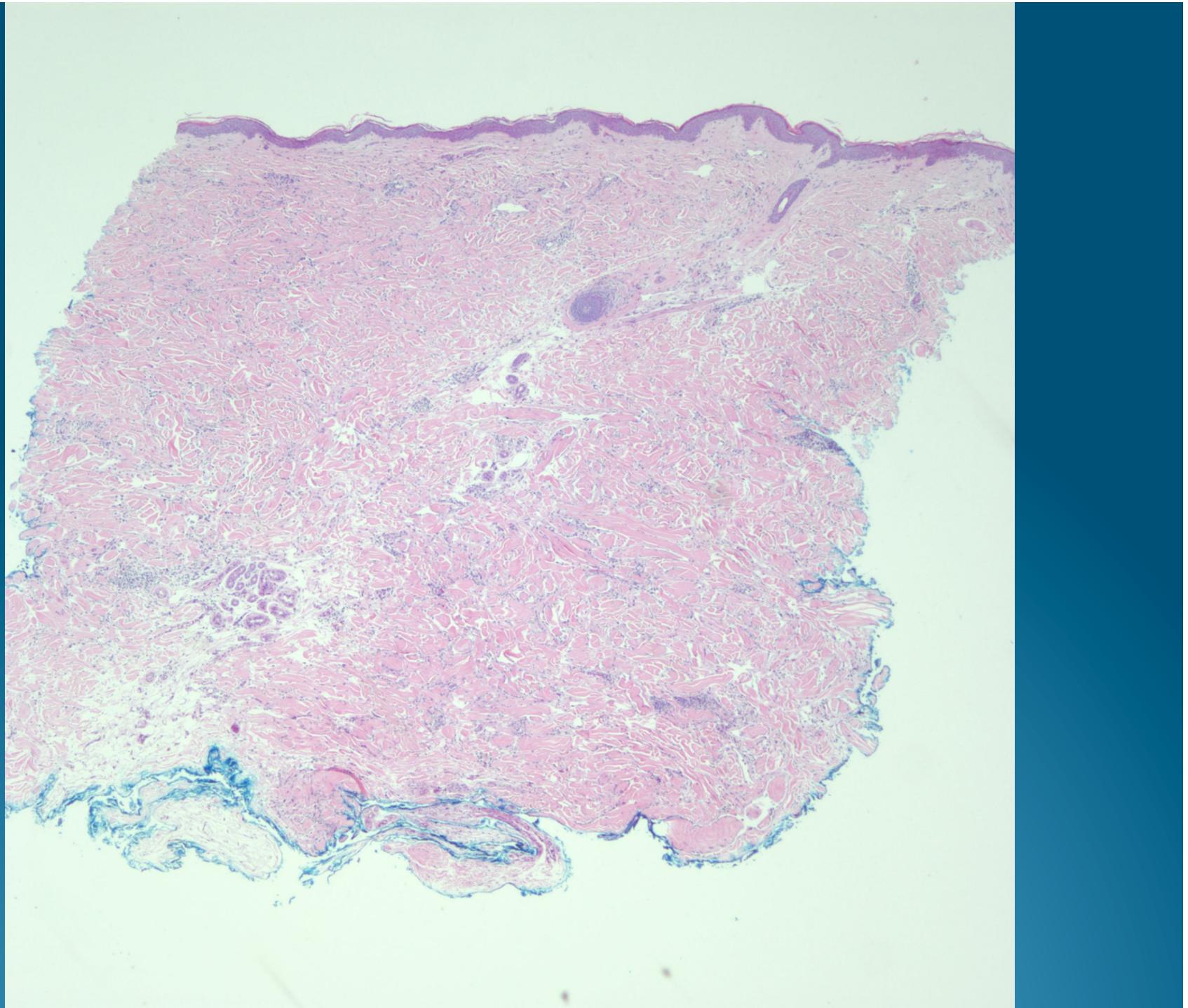
- A. Sclerosing basal cell carcinoma
- B. Scleromyxedema
- C. Cellular blue nevus
- D. Desmoplastic melanoma
- E. Cutaneous schwannoma

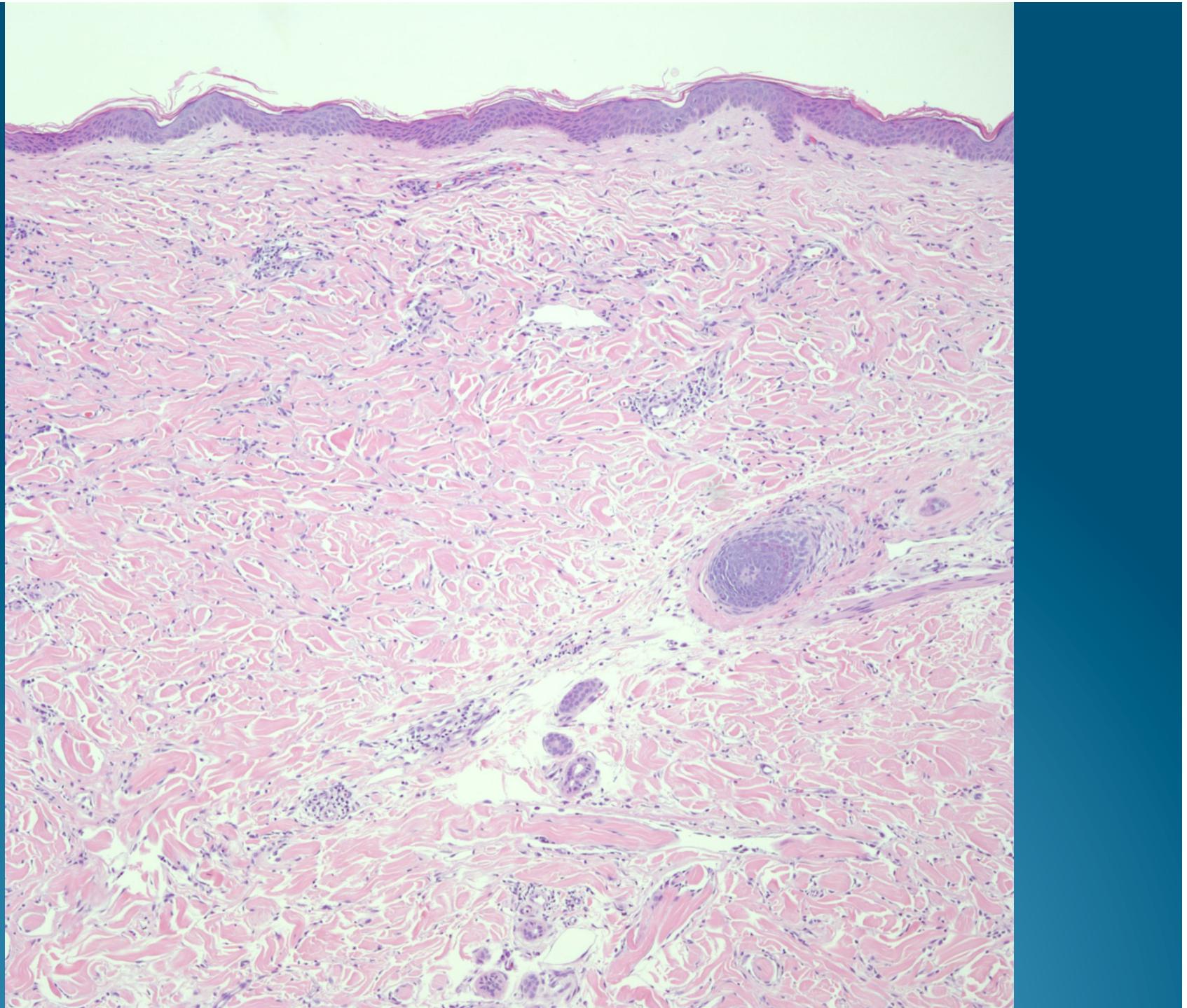
Desmoplastic Malignant Melanoma

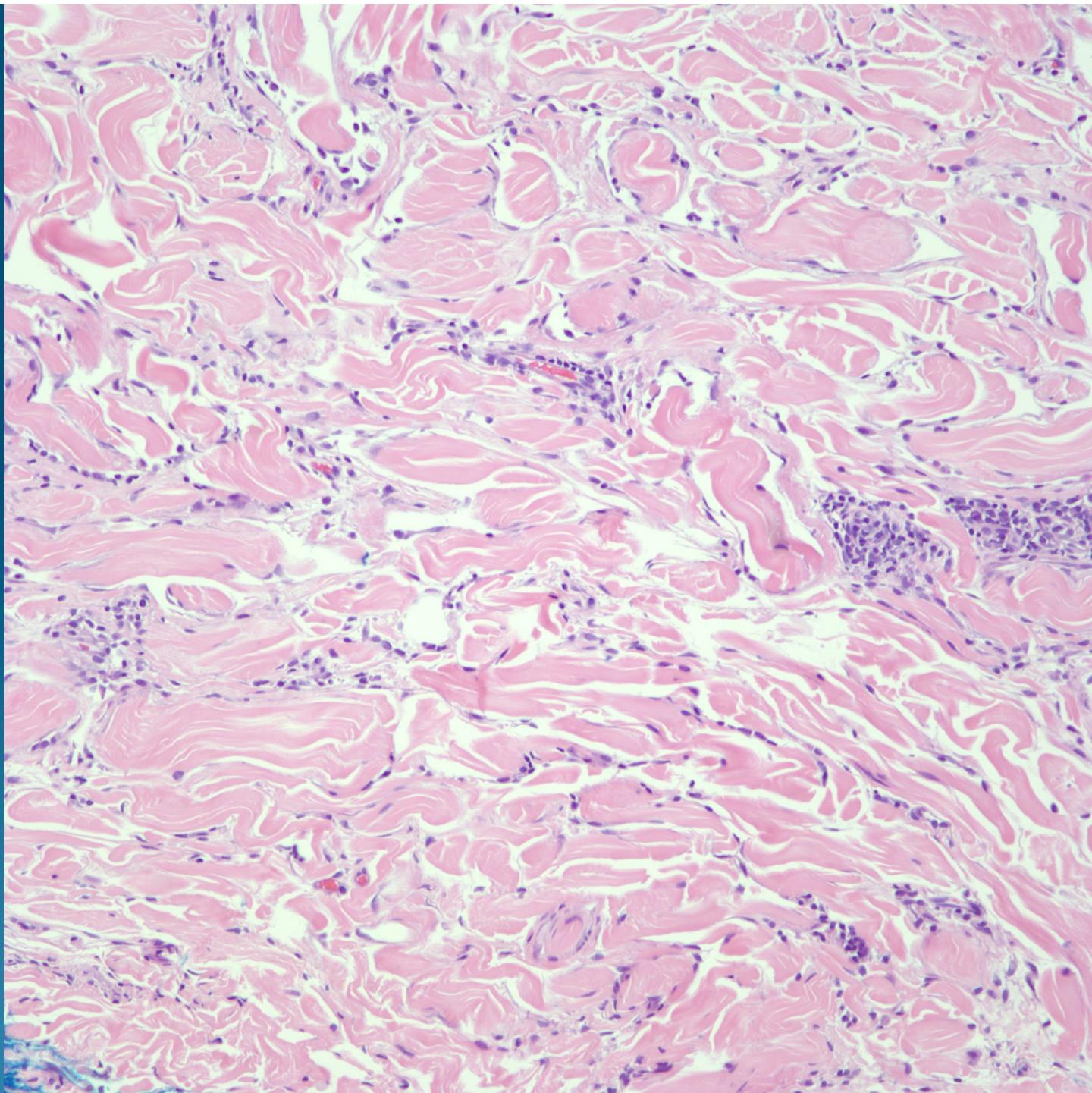
Pearls

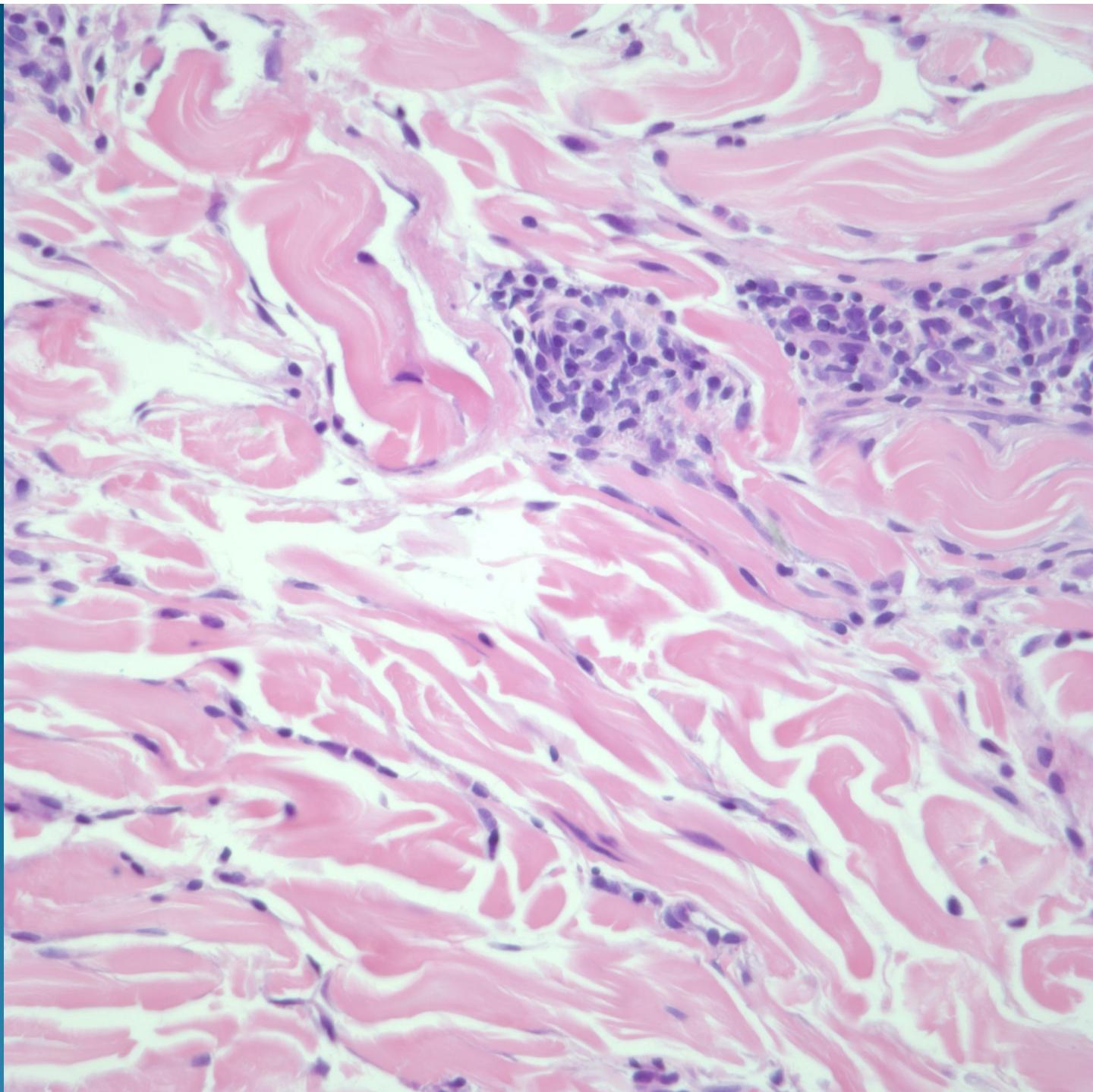


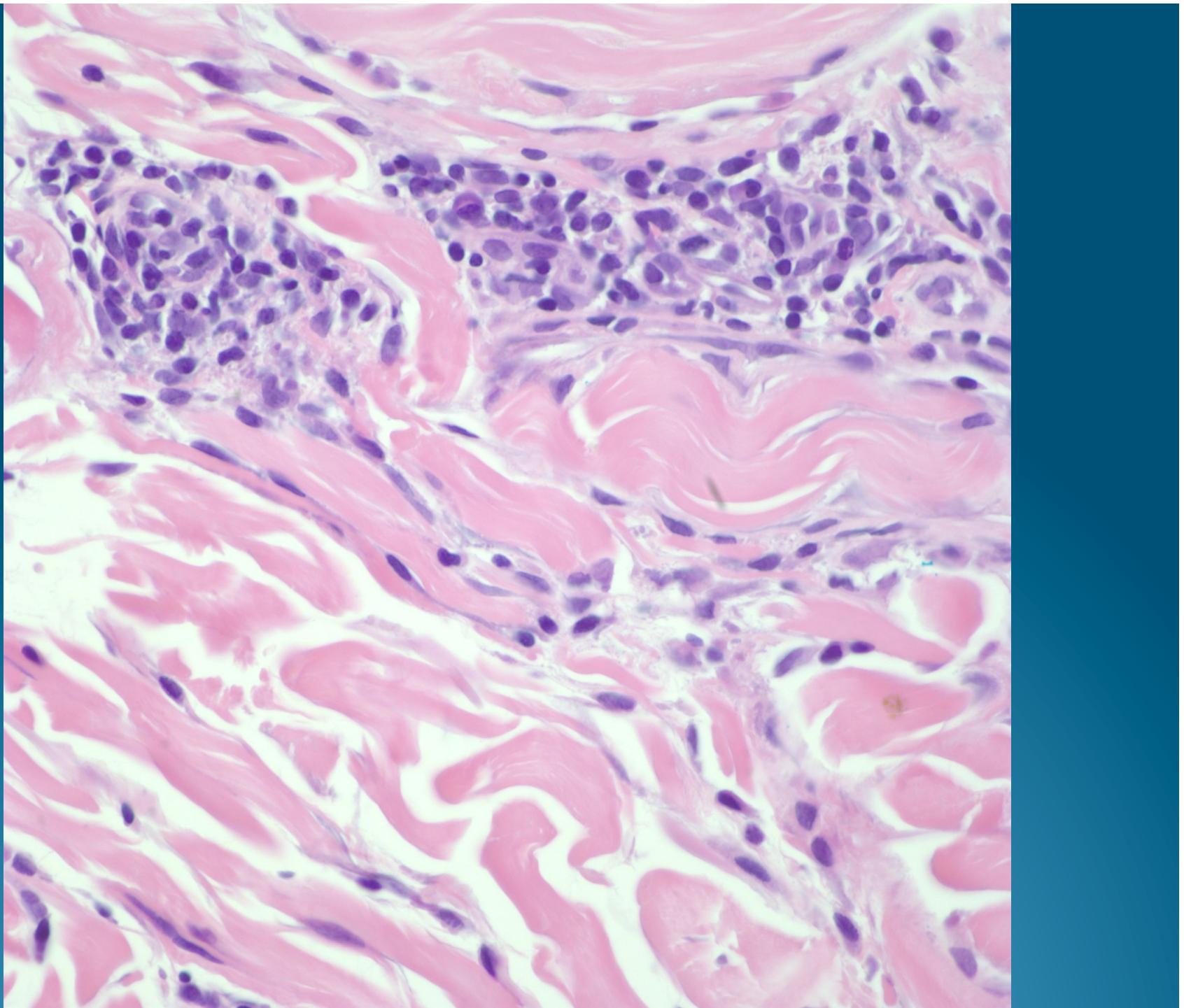
- Spindle cell neoplasm with variable cellularity in slightly myxoid background and solar elastosis
- Epidermis variable with atrophy to areas of atypical junctional melanocytes
- Patchy nodular lymphocytic infiltrates
- Melanin pigmentation scant to absent
- Mitotic figures usually low
- Perineural invasion common
- Spindle cells usually bland or with minimal to focally moderate atypia
- Difficult cases may need IHC confirmation. Beware, tumors are S100 positive but usually MelanA/HMB45 negative









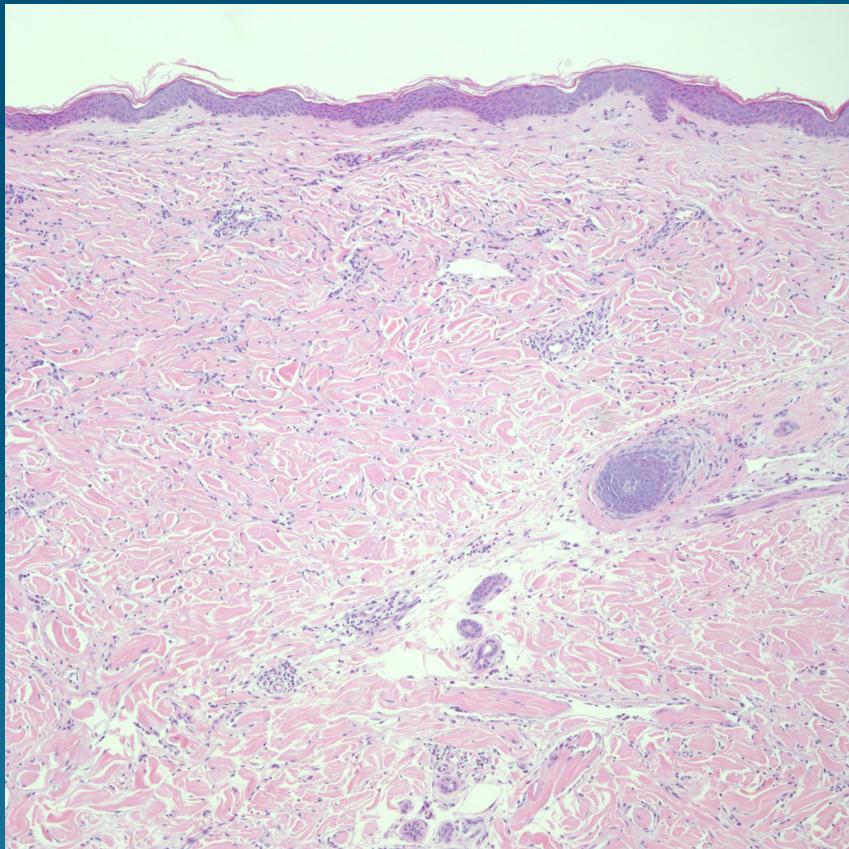


What is the best diagnosis?

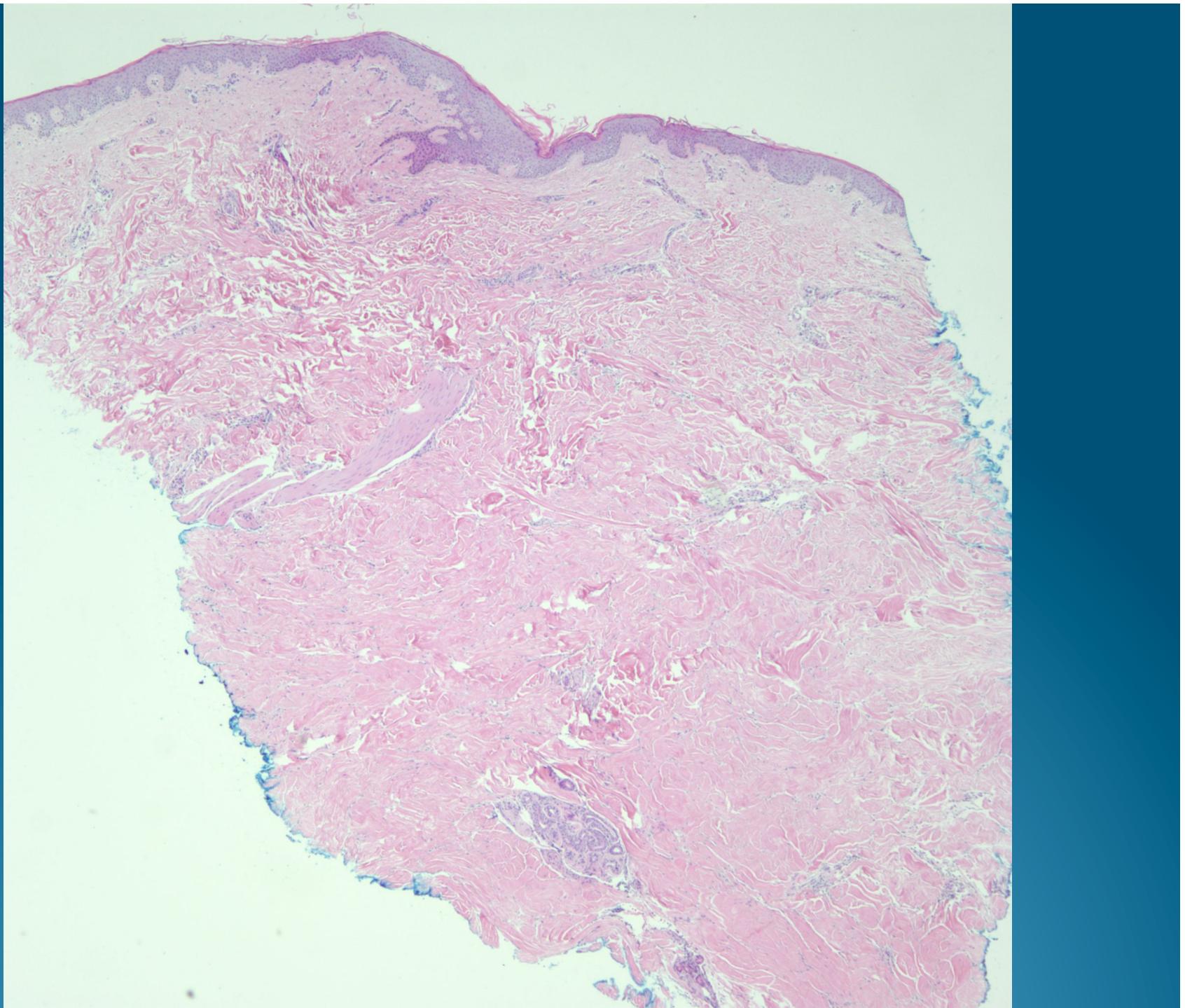
- A. Granuloma annulare
- B. Inflammatory morphea
- C. Scleromyxedema
- D. Scleredema
- E. Necrobiosis lipoidica

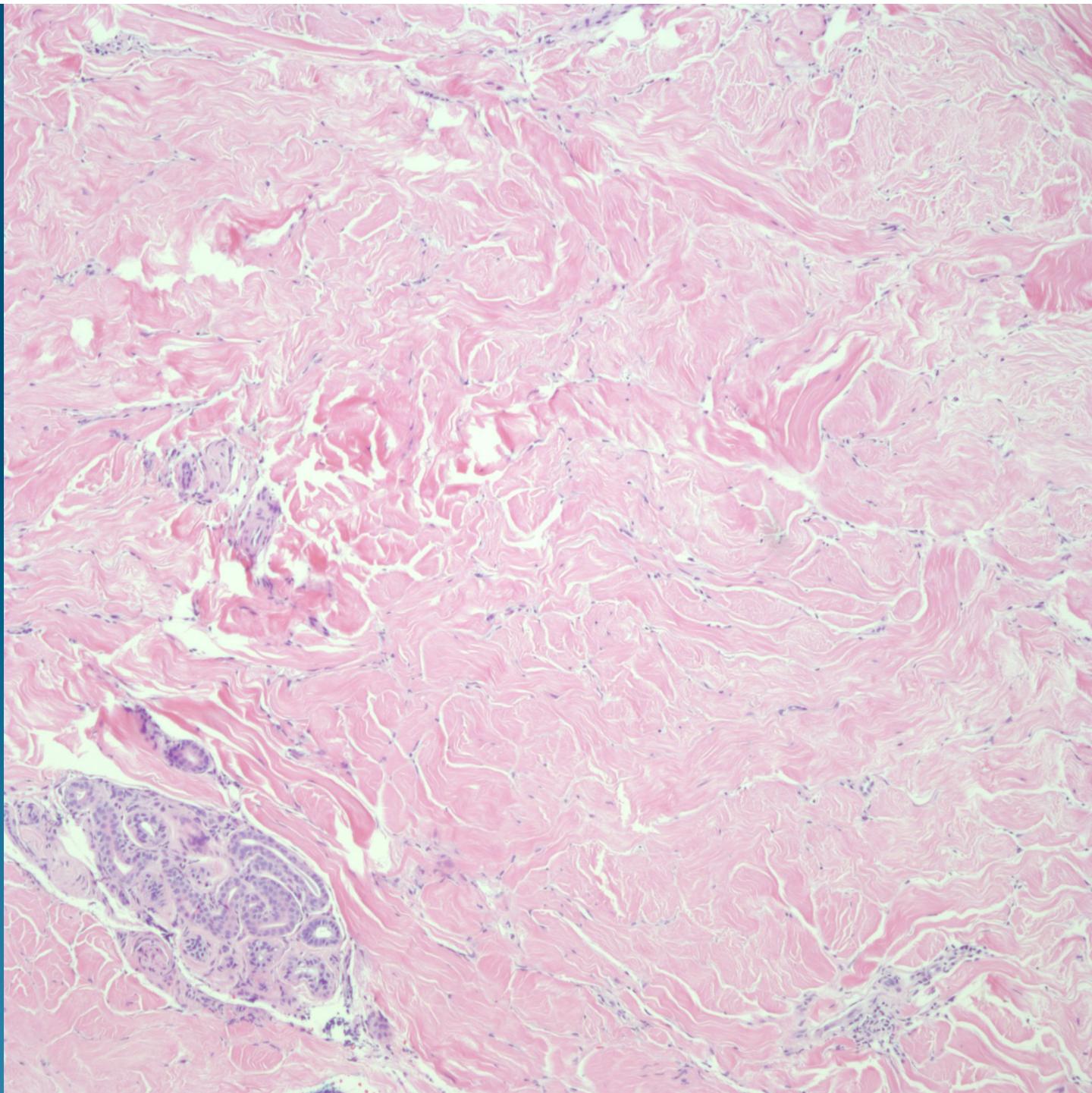
Inflammatory Morphea

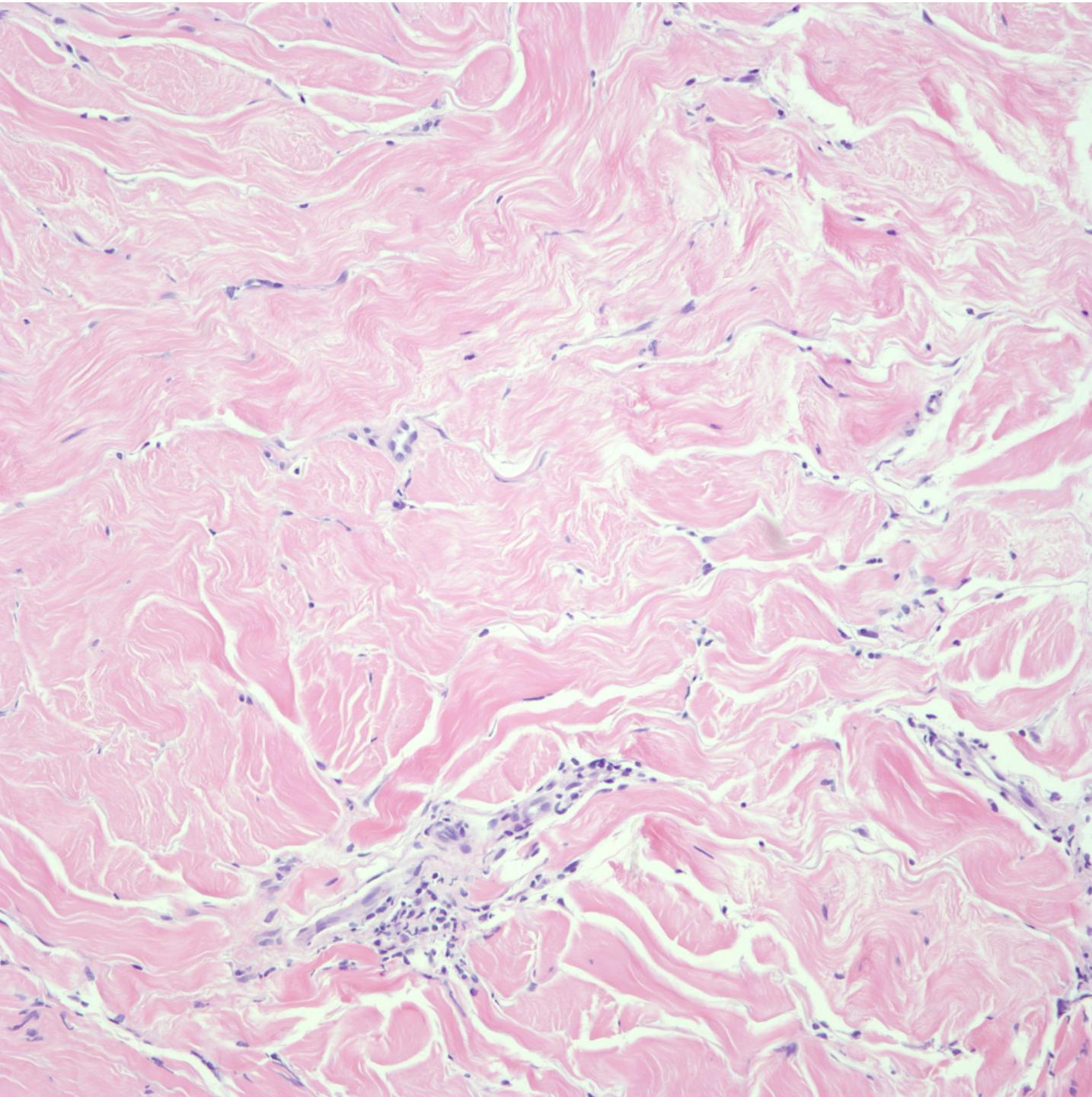
Pearls

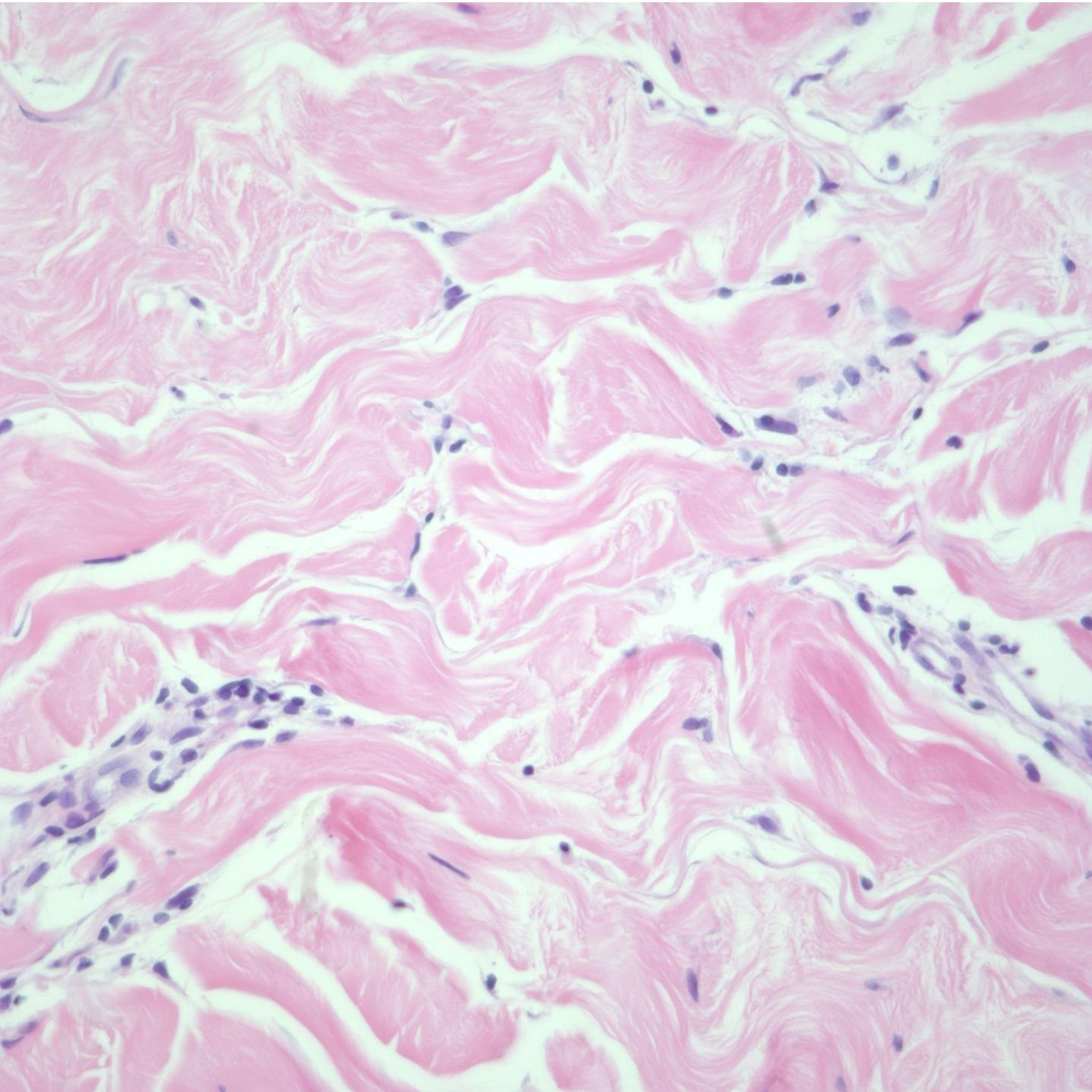


- Superficial and deep perivascular and interstitial mixed cell dermatitis with lymphocytes and plasma cells
- Variable degree of dermal sclerosis depending upon stage of disease
- May show “square biopsy” sign
- Inflammation may extend into subQ fat.







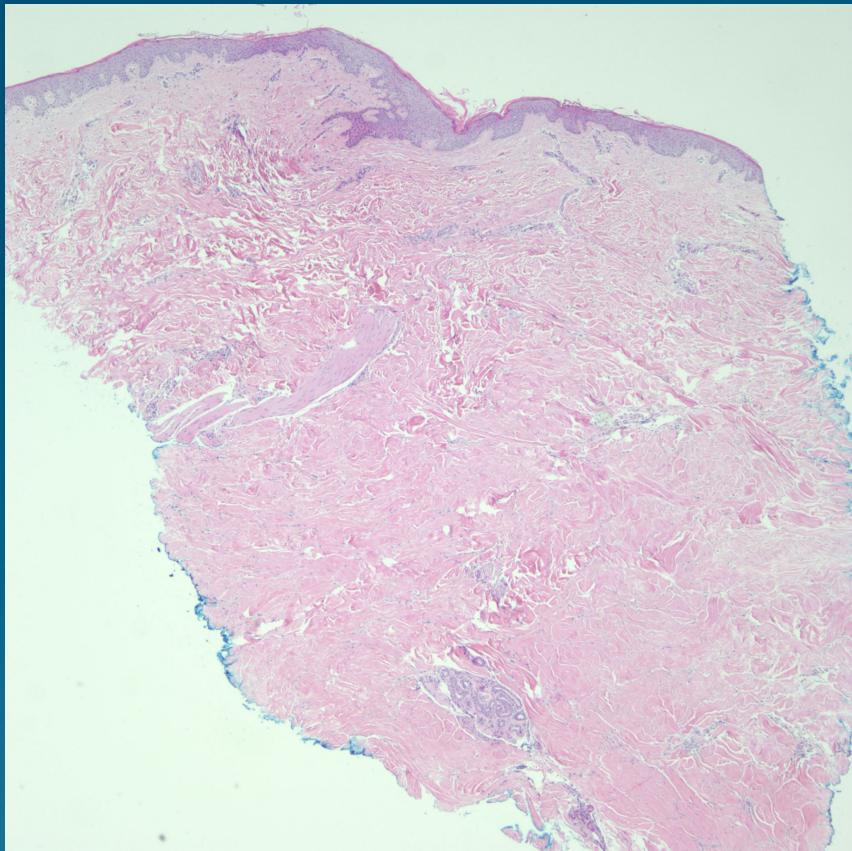


What is the best diagnosis?

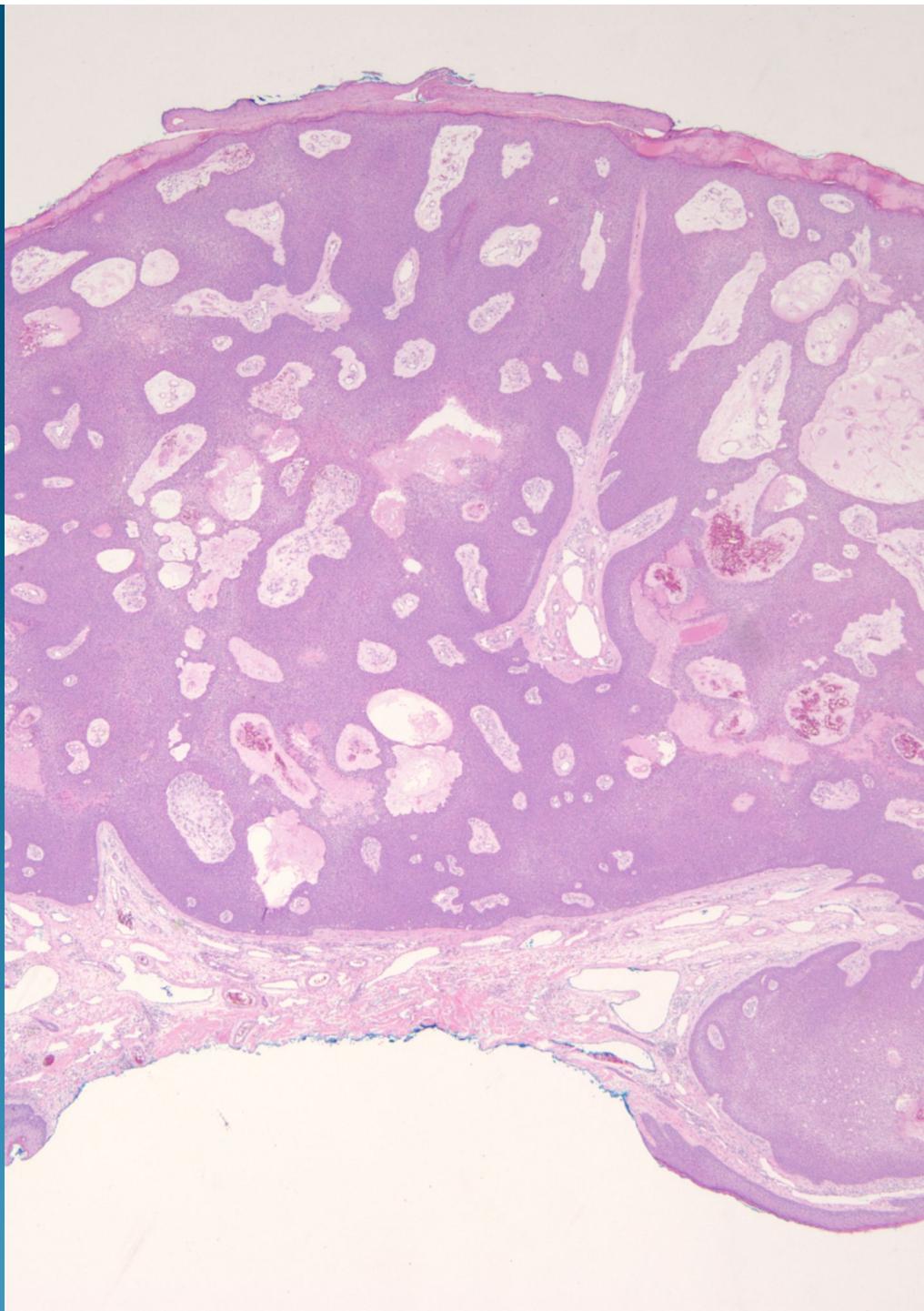
- A. Scleredema
- B. Sclerosing dermatofibroma
- C. Sclerotic fibroma
- D. Keloid
- E. Morphea

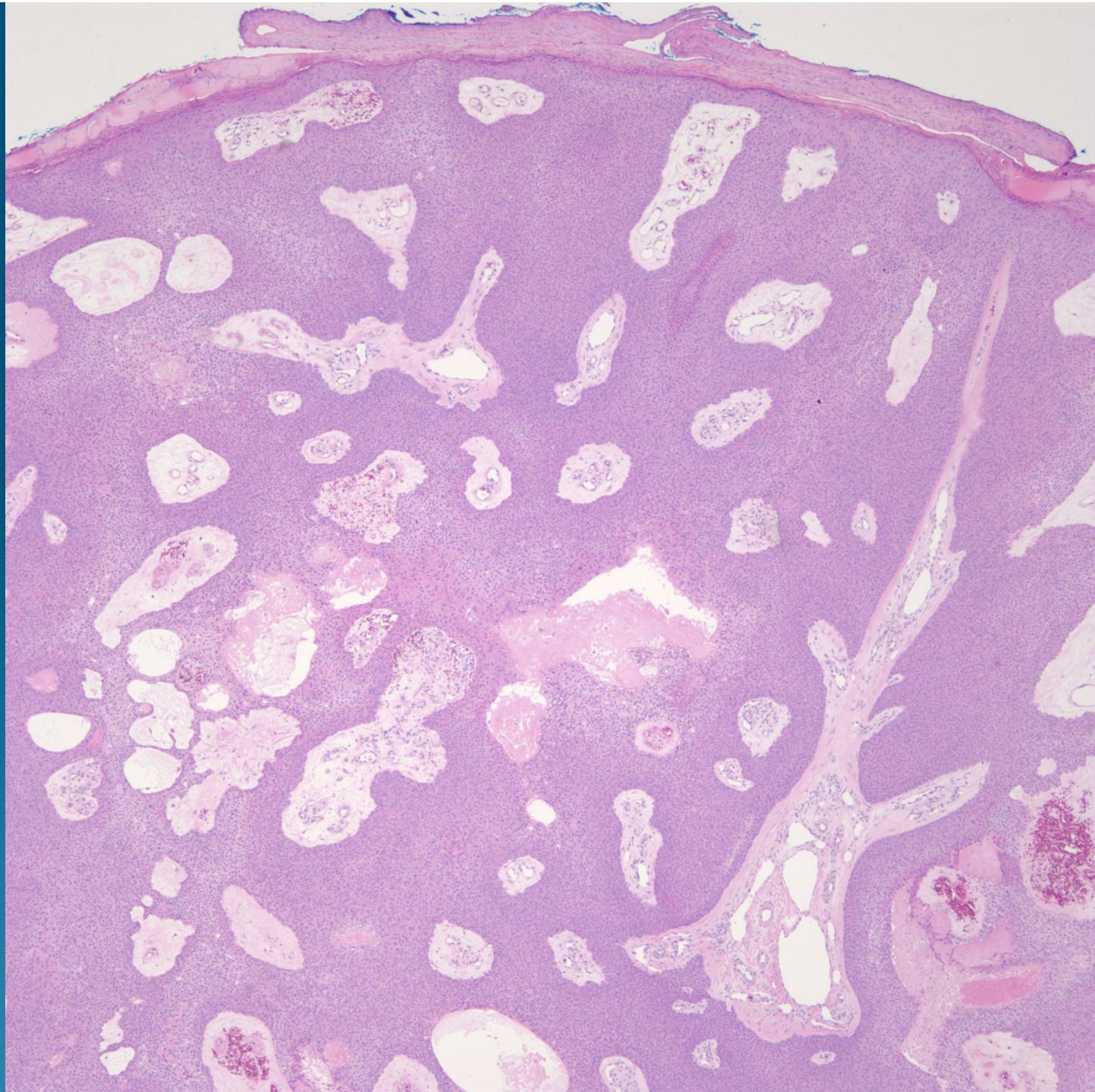
Morphea-Sclerotic phase

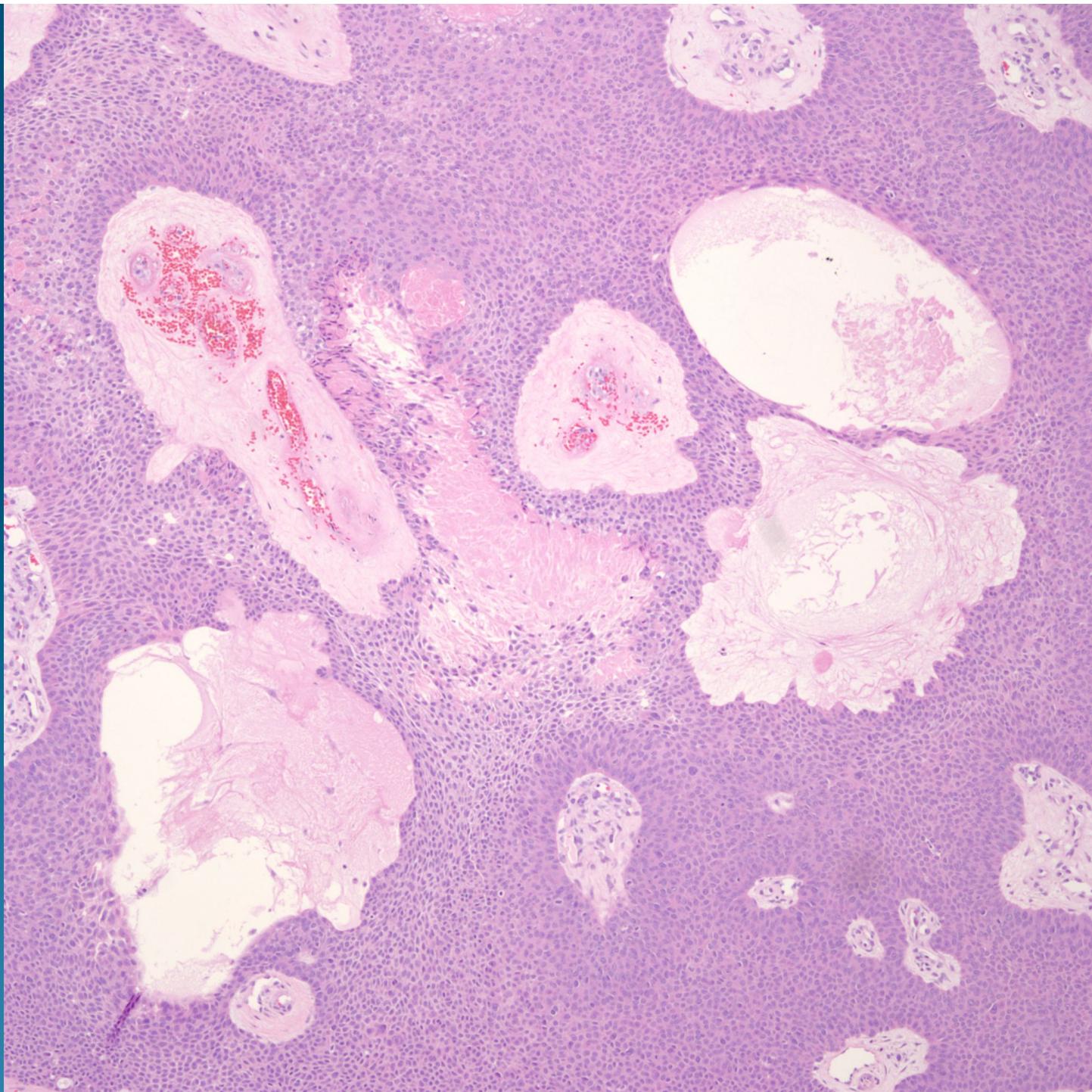
Pearls

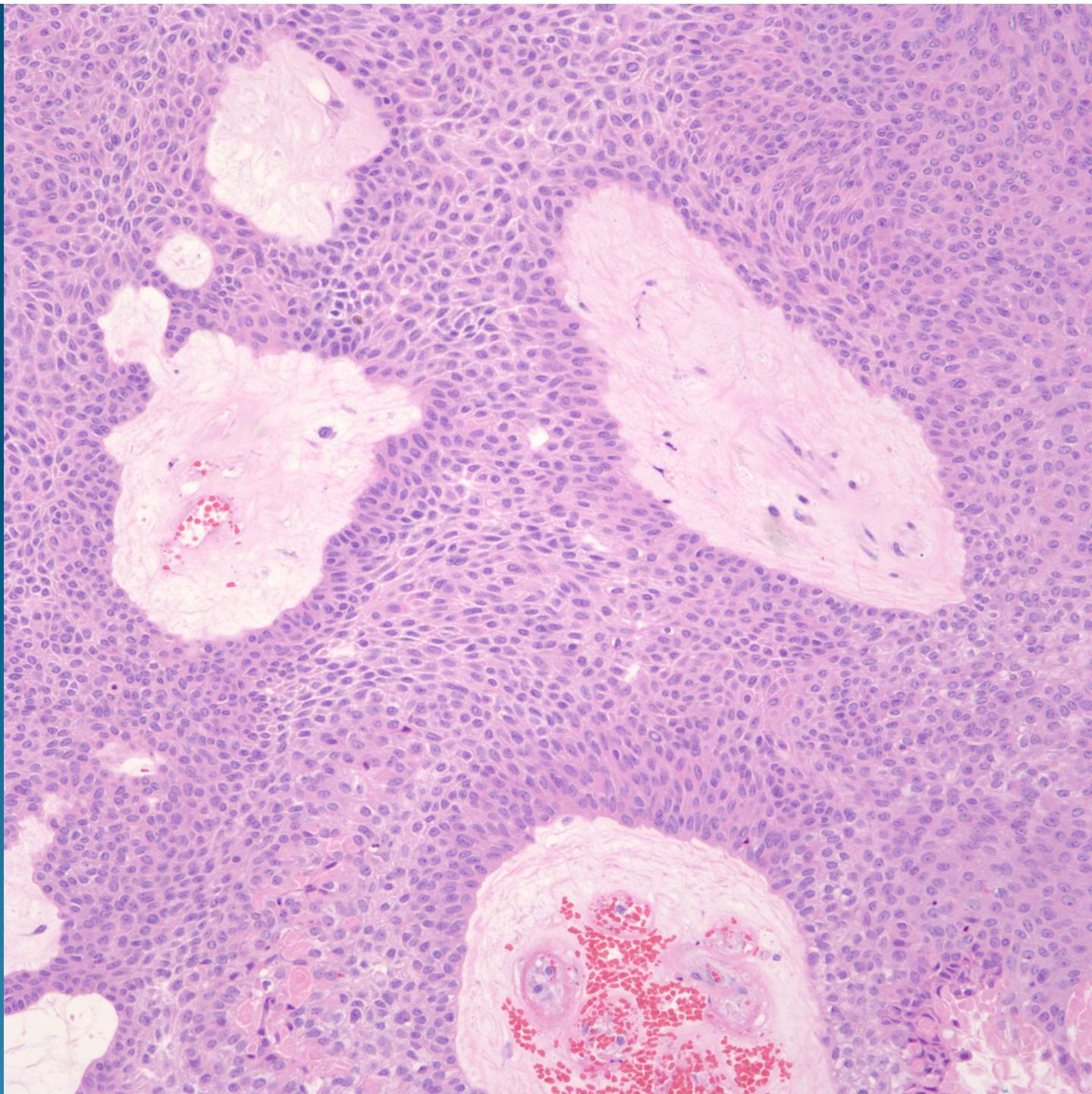


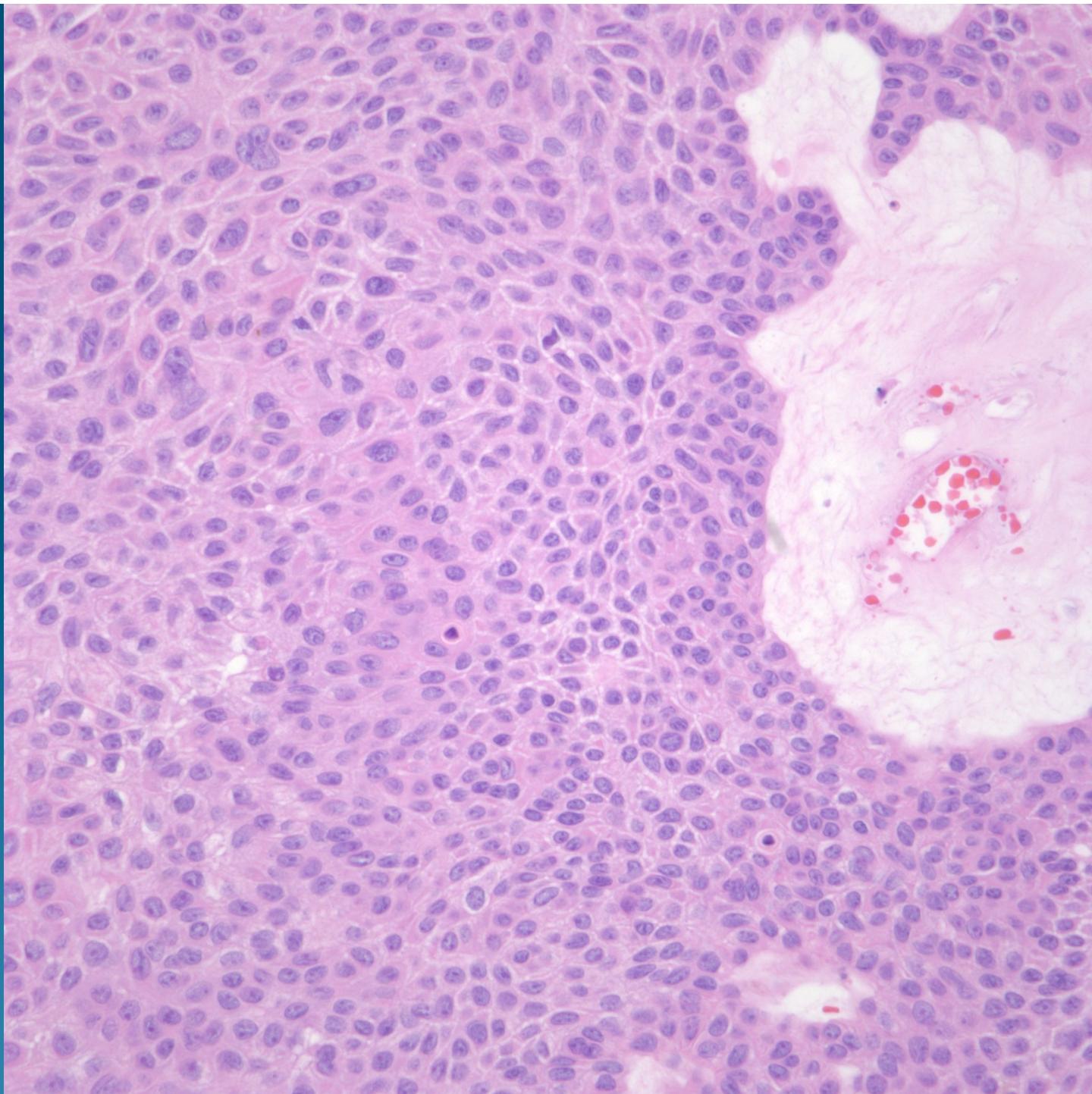
- Square biopsy sign with dermal sclerosis
- May show knife “chatter”, histology artifact with sclerotic tissue
- Minimal inflammatory infiltrate of plasma cells and lymphocytes
- Epidermis is variable but may be atrophic









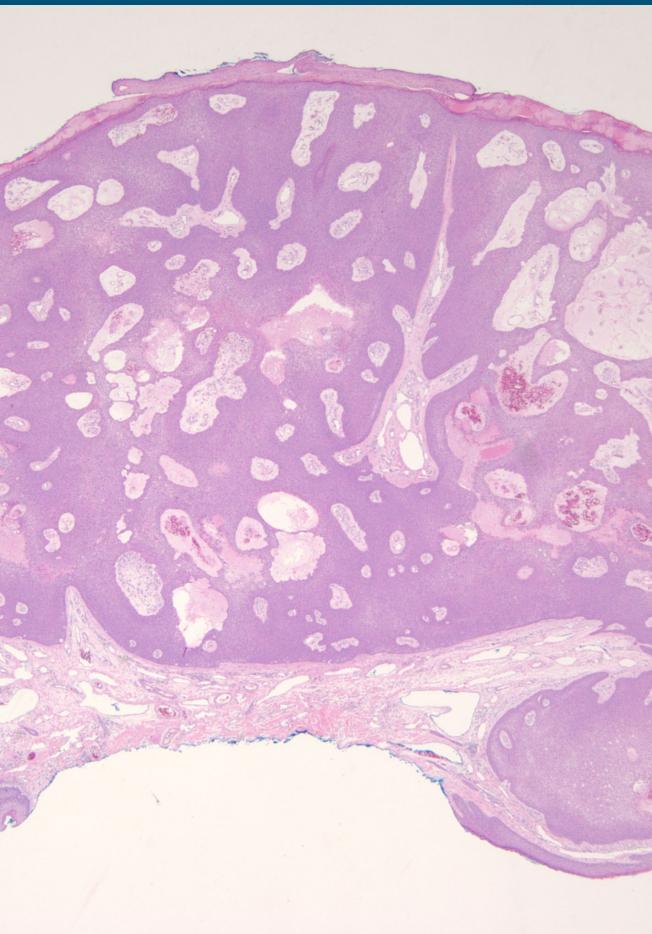


What is the best diagnosis?

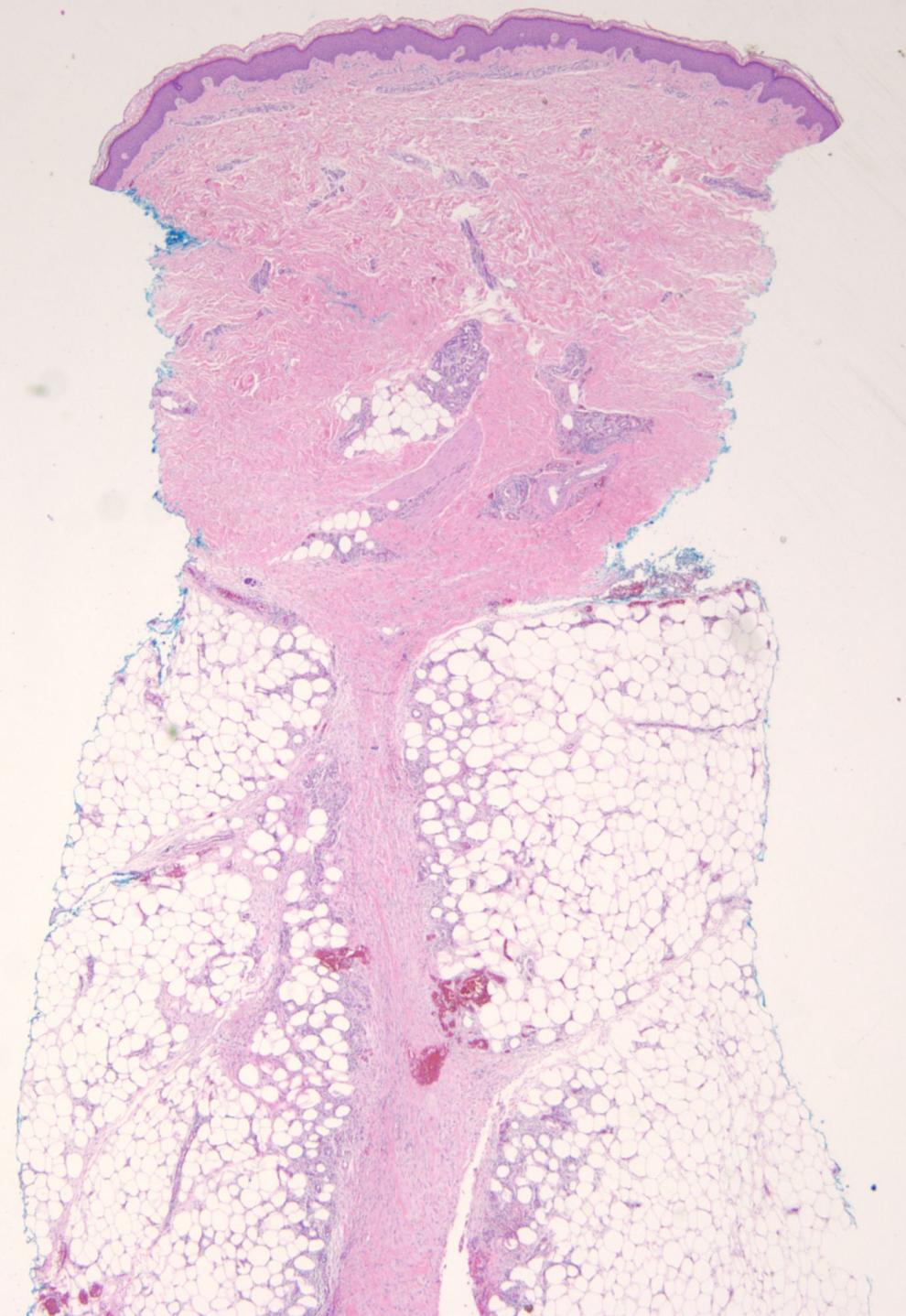
- A. Seborrheic keratosis
- B. Poroma
- C. Bowen's disease
- D. Nodular basal cell carcinoma
- E. Cylindroma

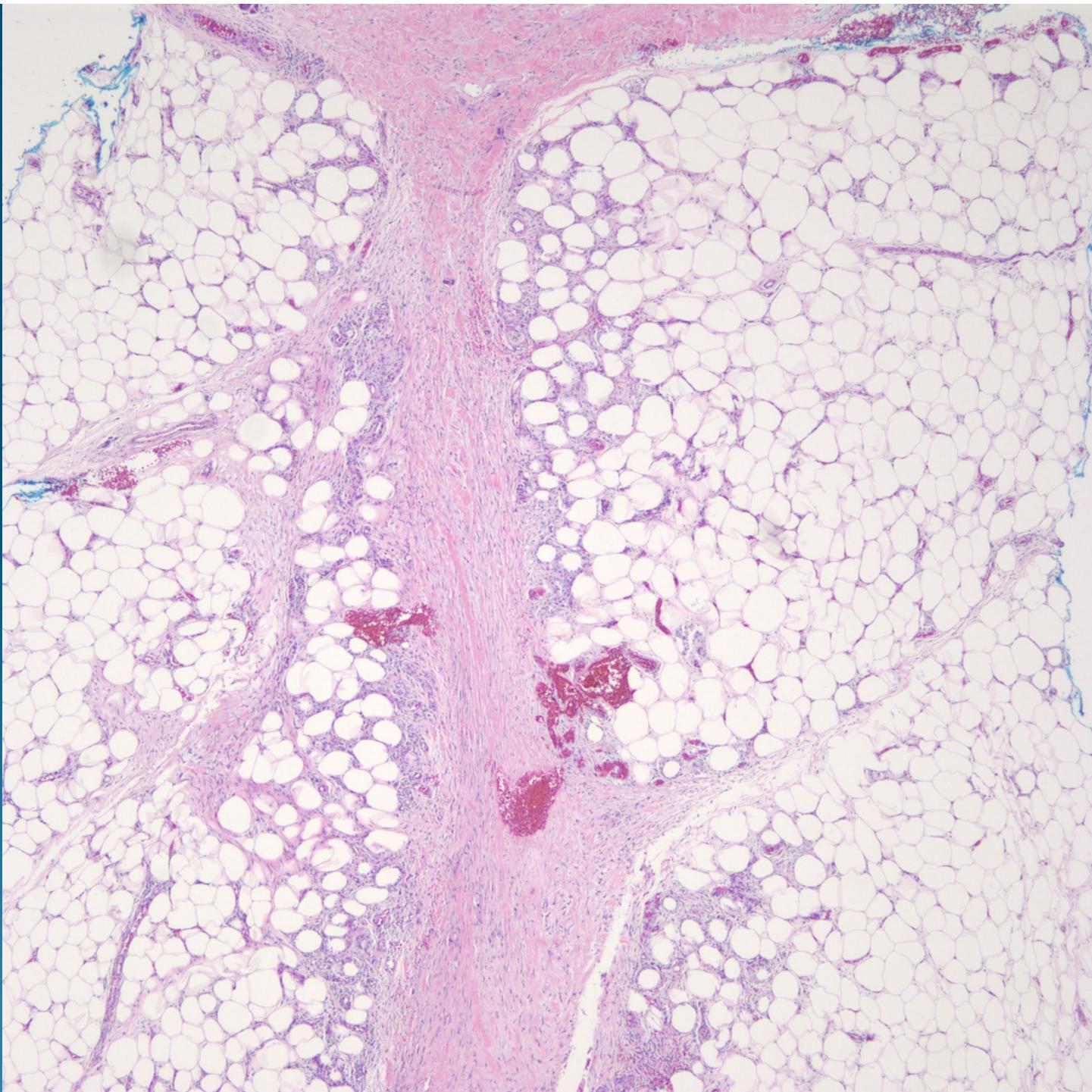
Poroma

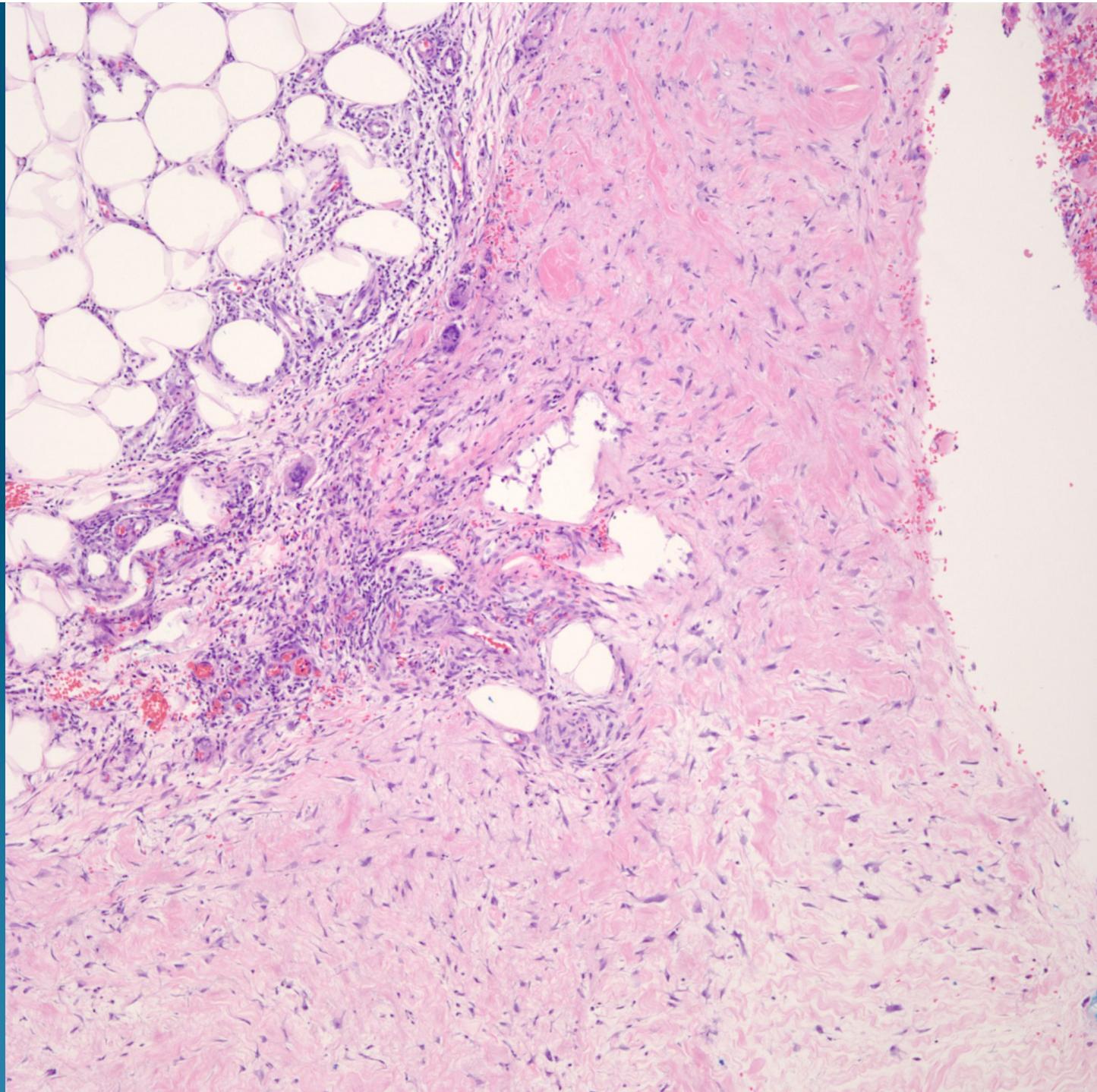
Pearls

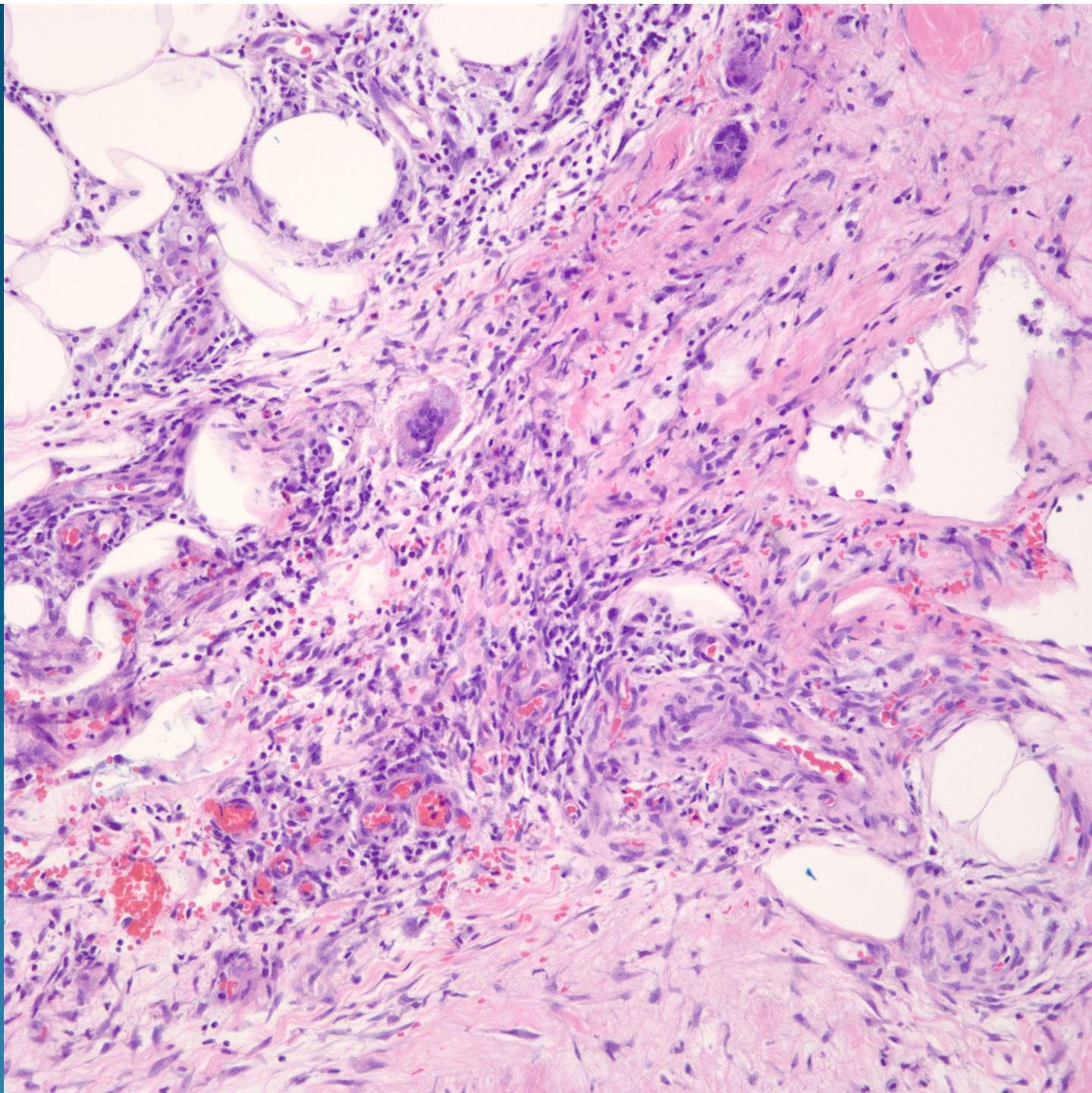


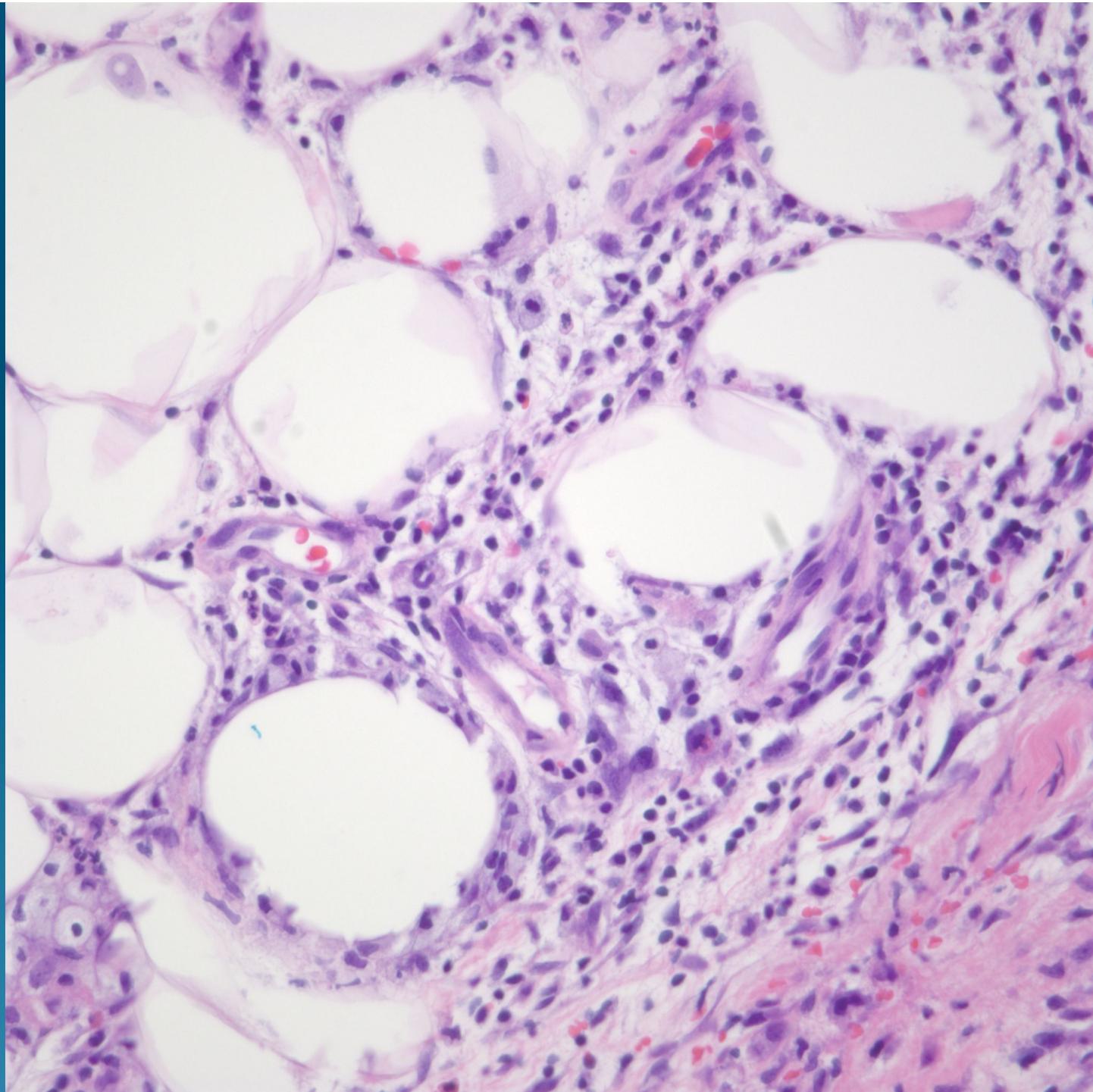
- Circumscribed tumor connected to the epidermis
- Resembles seborrheic keratosis but usually rounded pushing border
- Hyalinization around increased vessels









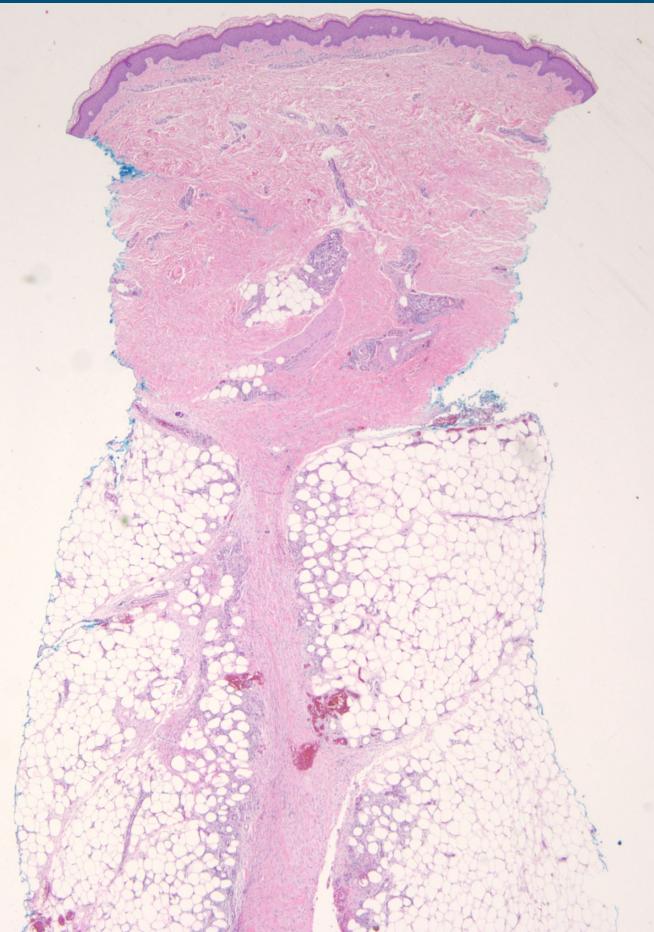


What is the best diagnosis?

- A. Erythema induratum
- B. Erythema elevatum diutinum
- C. Erythema multiforme
- D. Erythema gyratum repens
- E. Erythema nodosum

Erythema nodosum

Pearls



- Predominately septal panniculitis
- No vasculitis
- Scattered giant cells
- Acute cases may mimic infectious process, requiring special stains to rule out infection
- Overlap with some cases of Behcet's syndrome