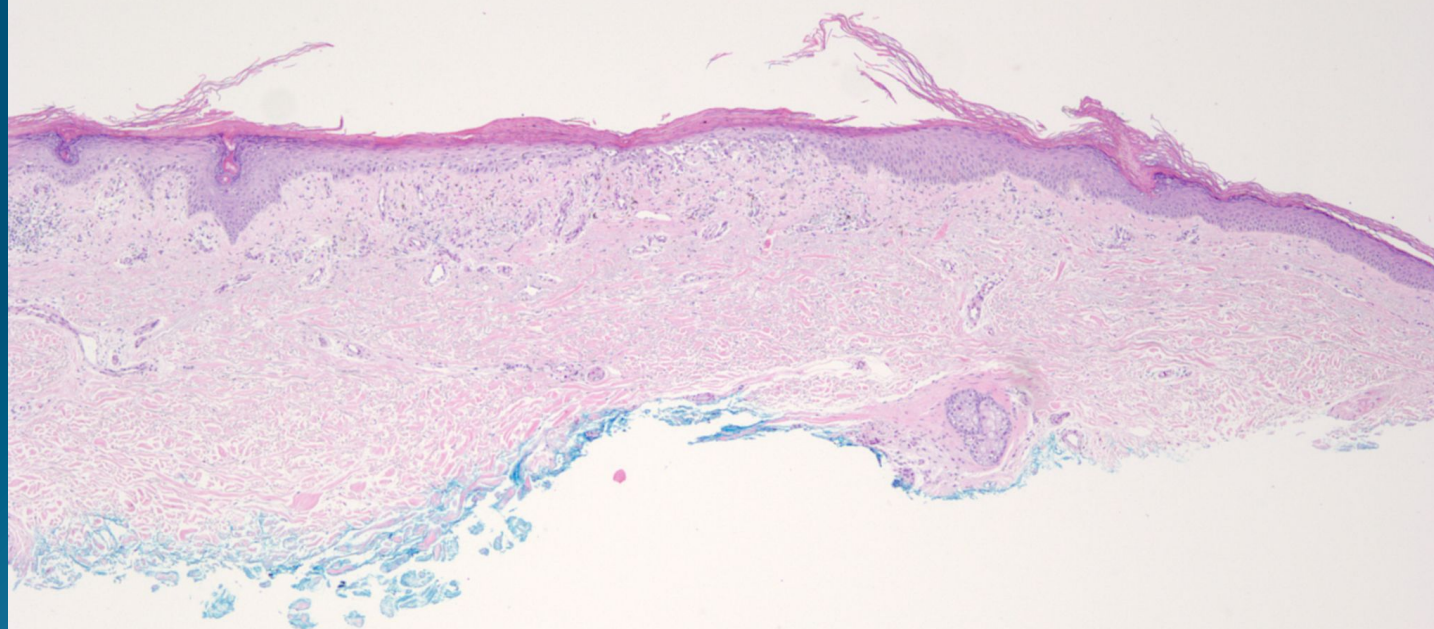
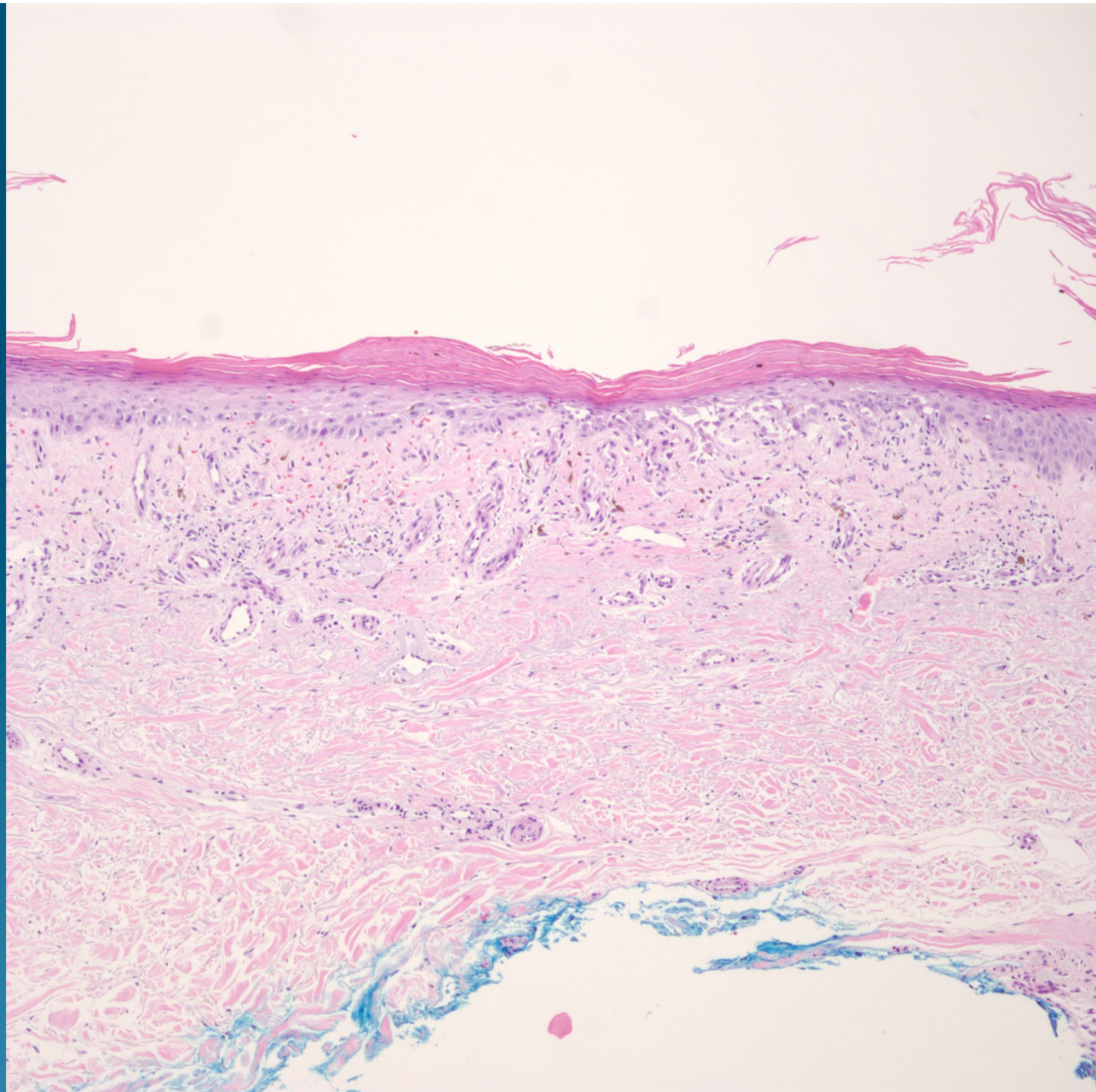
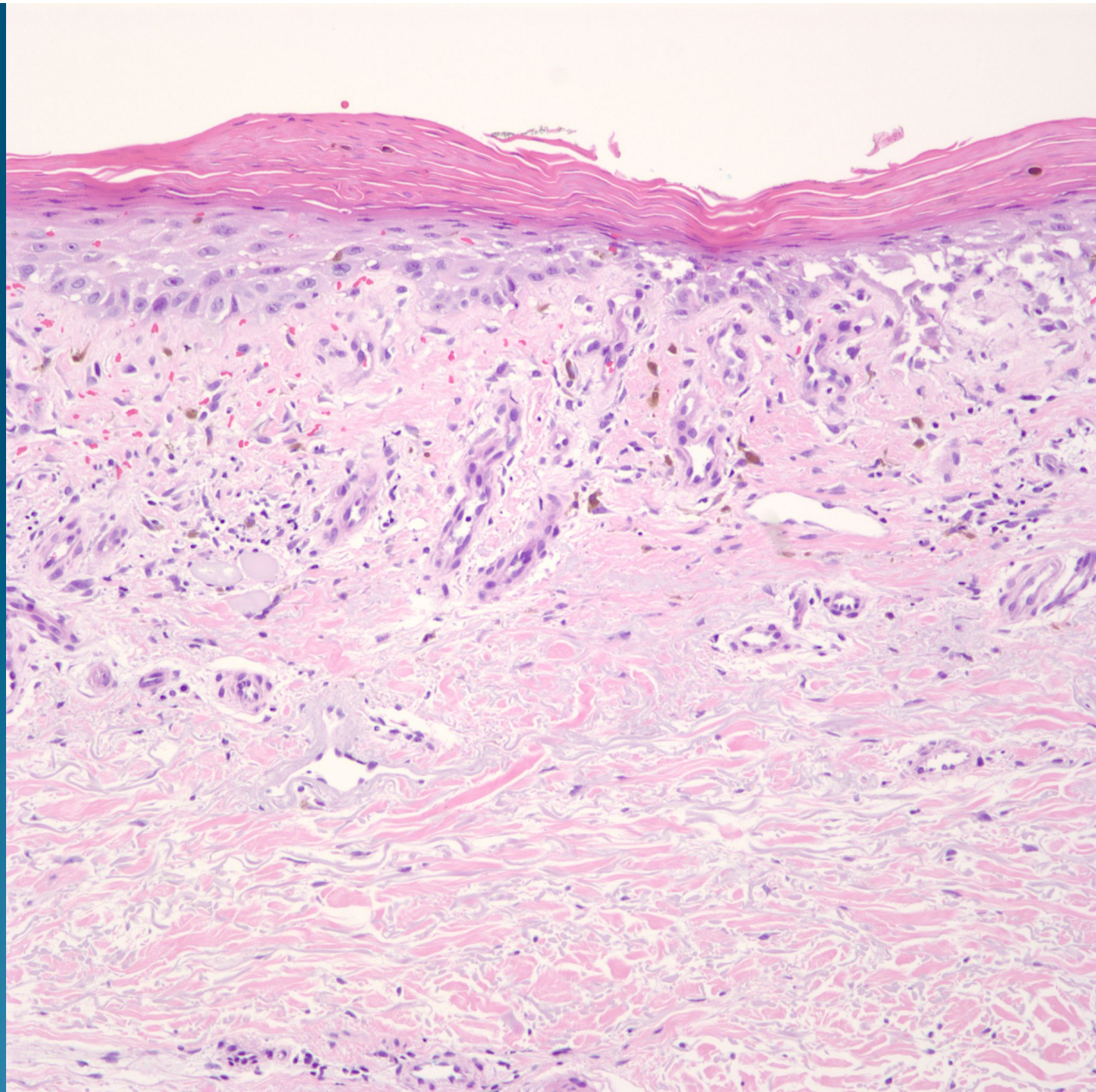


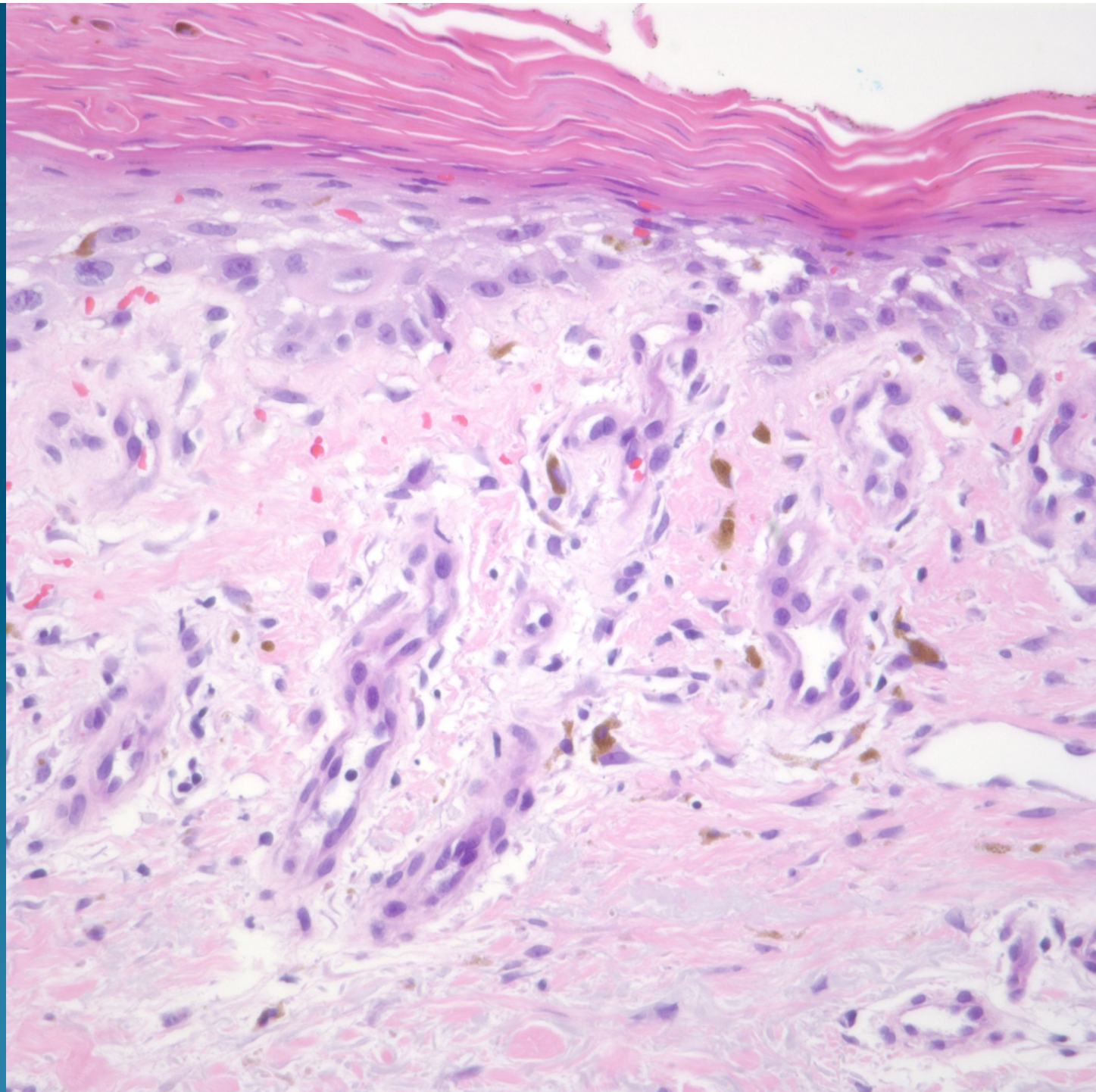
Dermatopathology Slide Review Part 94

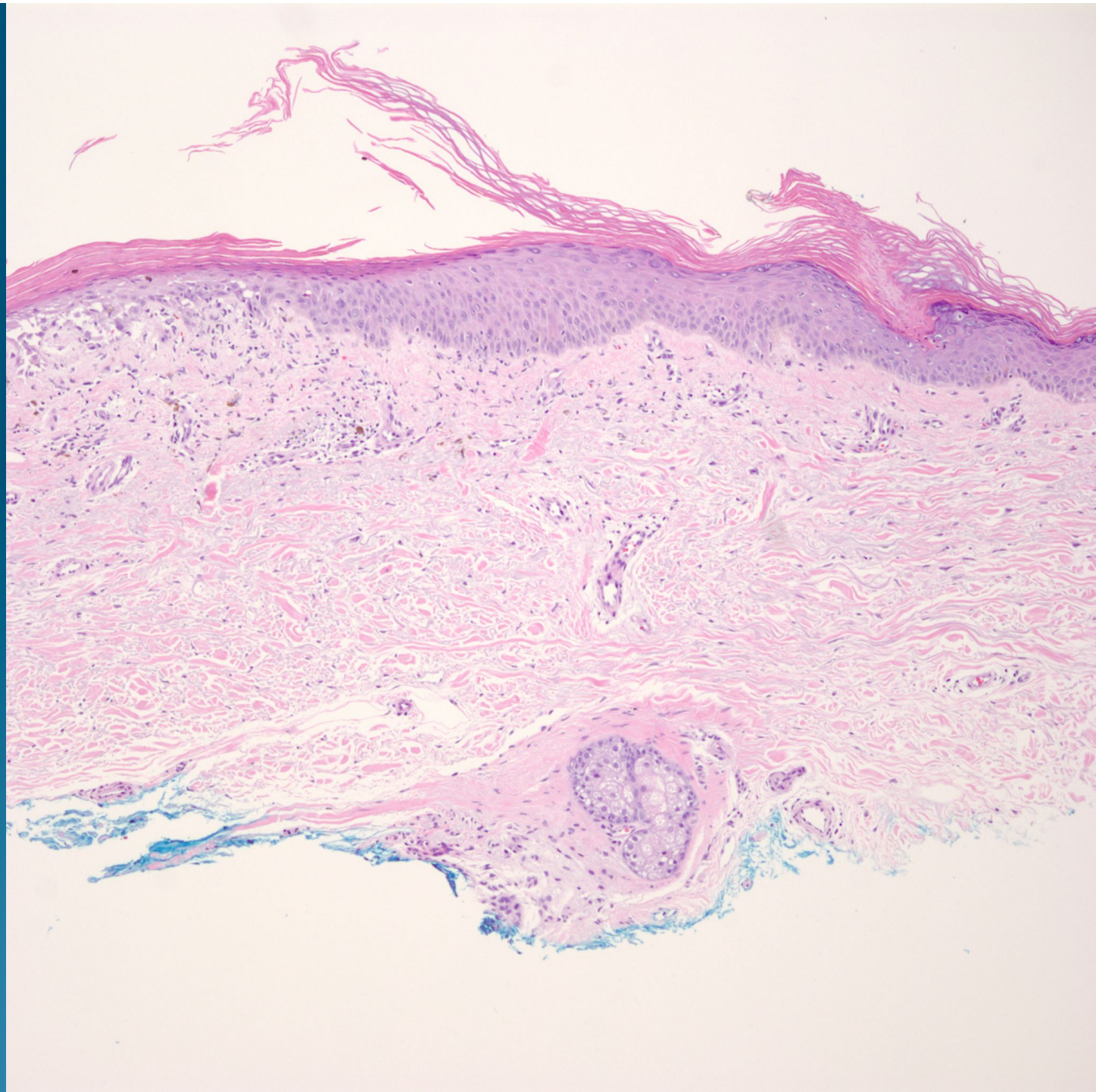
Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA

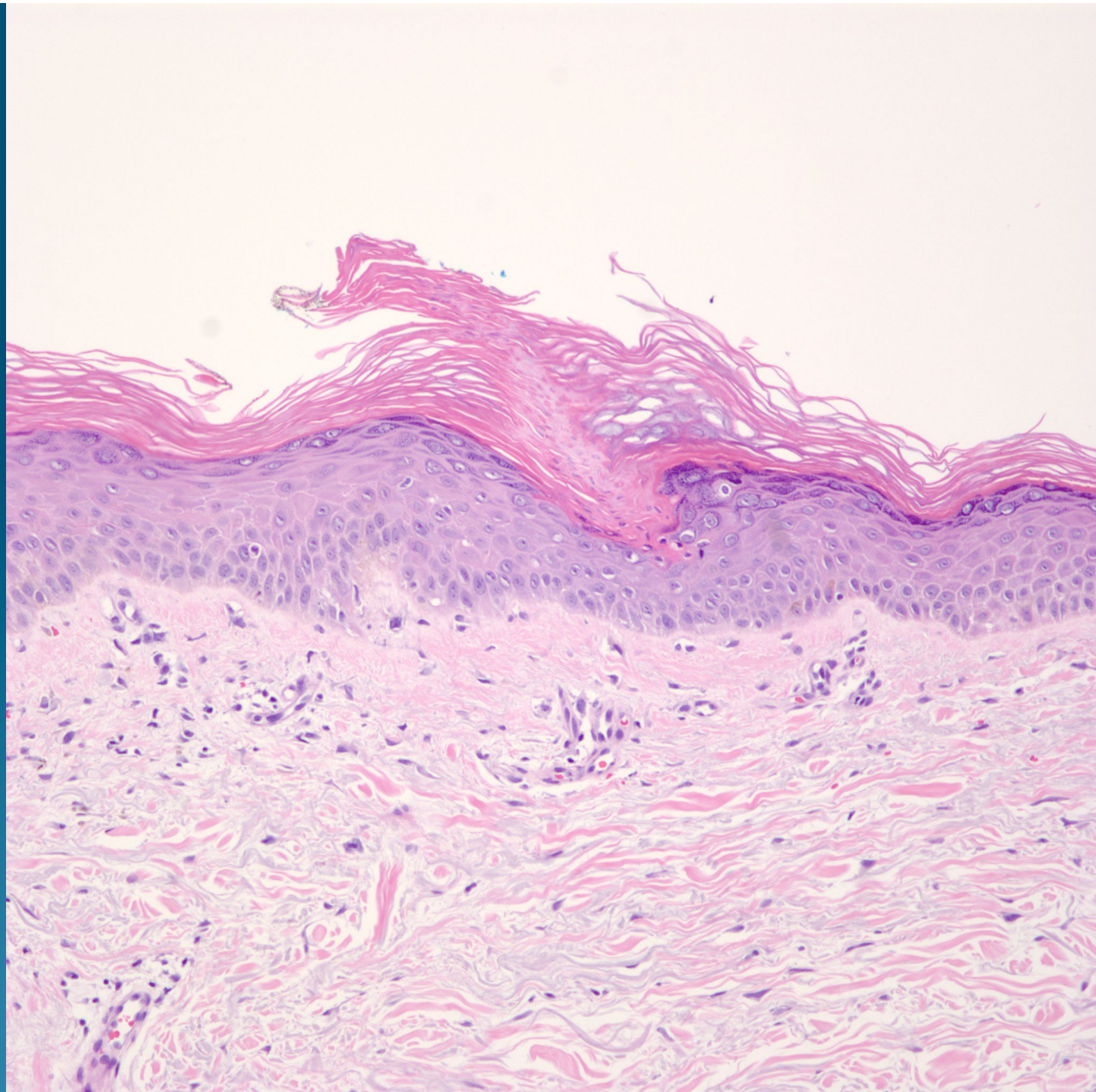










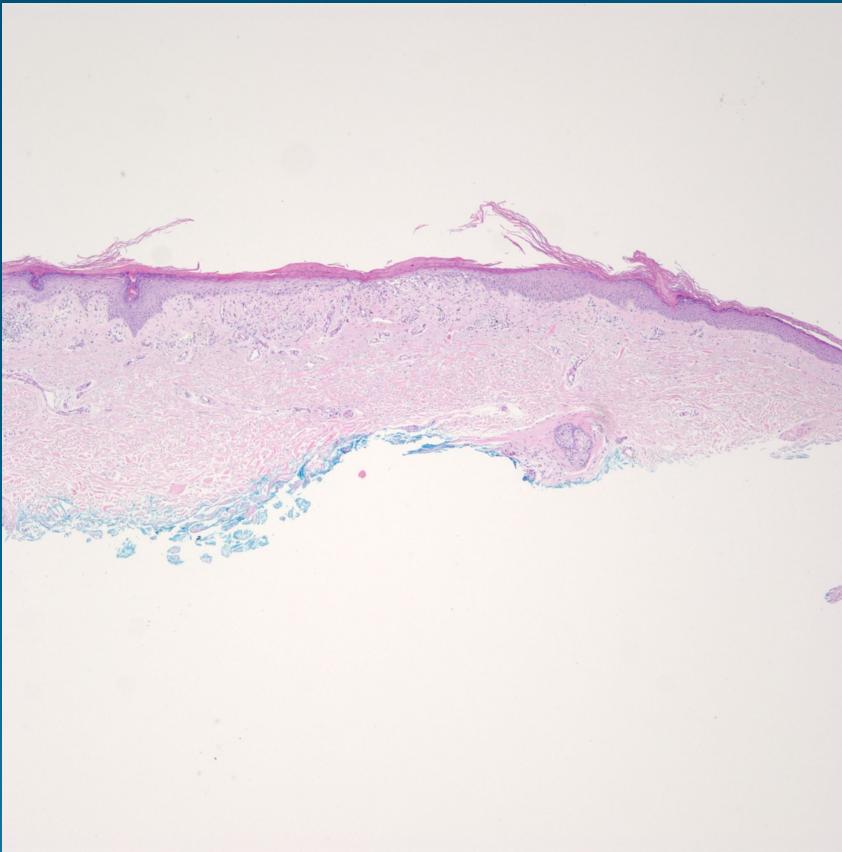


What is the best diagnosis?

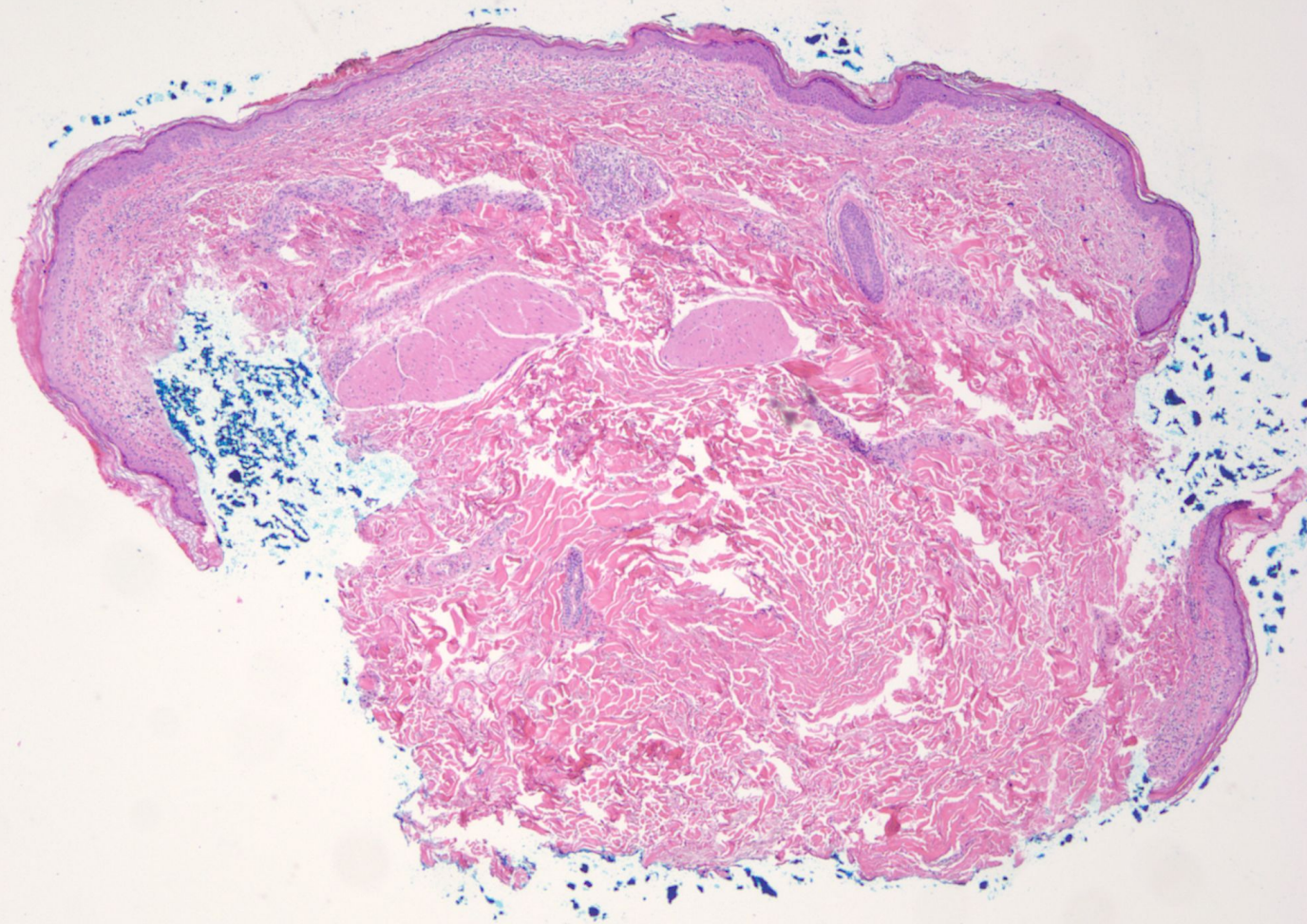
- A. Porokeratosis (DSAP type)
- B. Porokeratosis (Mibelli type)
- C. Atrophic actinic keratosis
- D. Atrophic lichen planus
- E. Lichen sclerosis

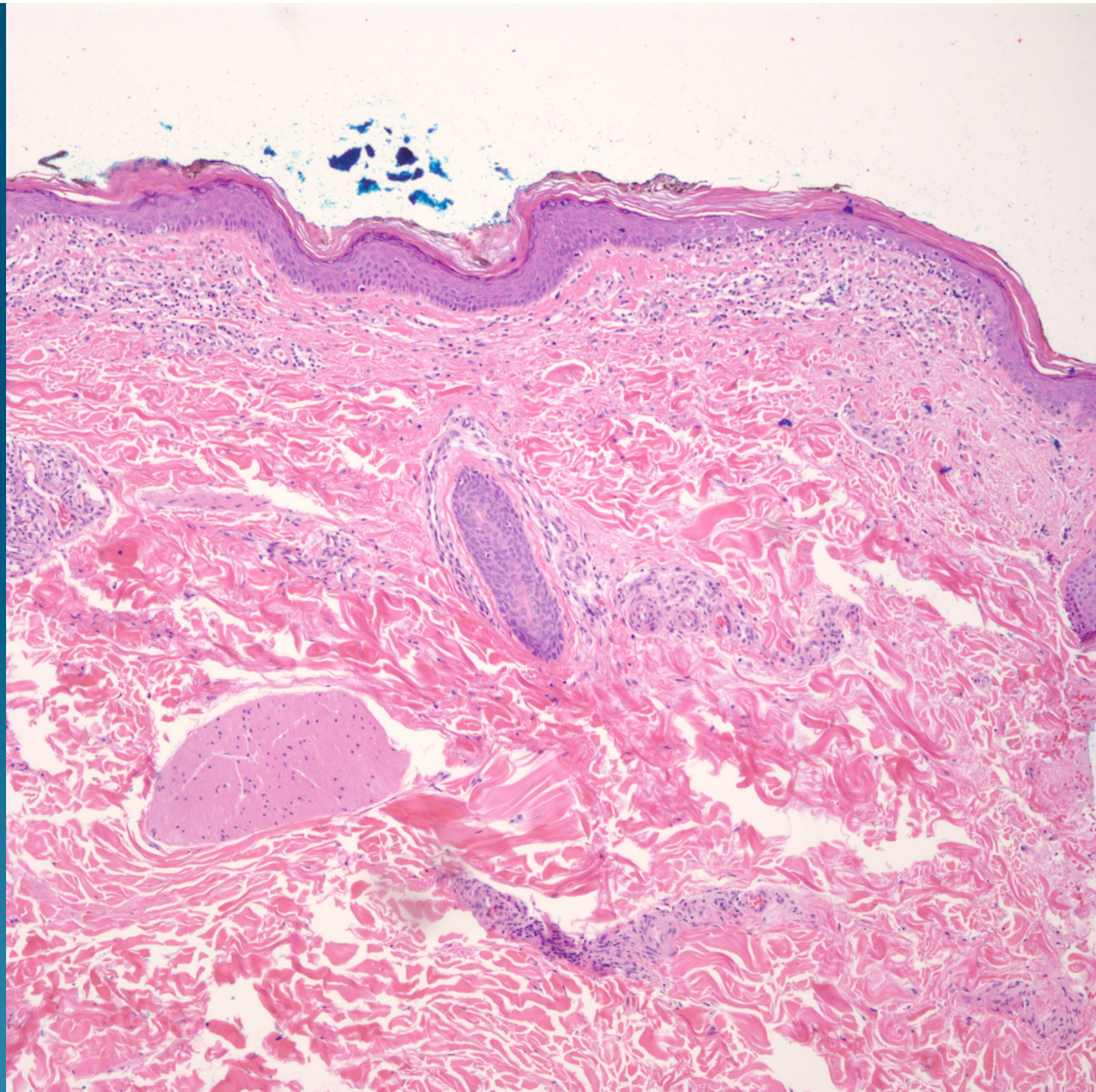
Porokeratosis (Disseminated Superficial Actinic Porokeratosis)

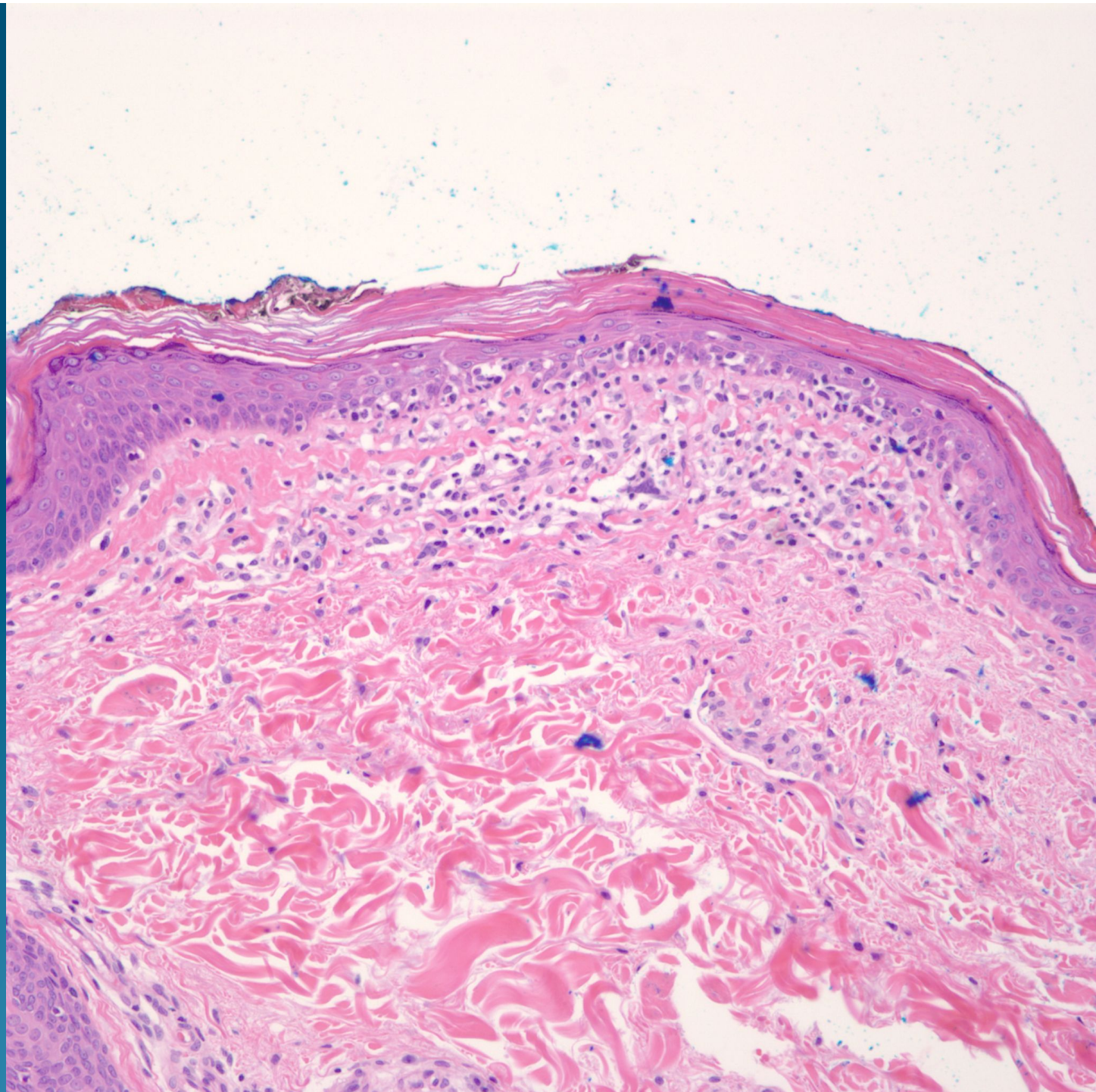
Pearls

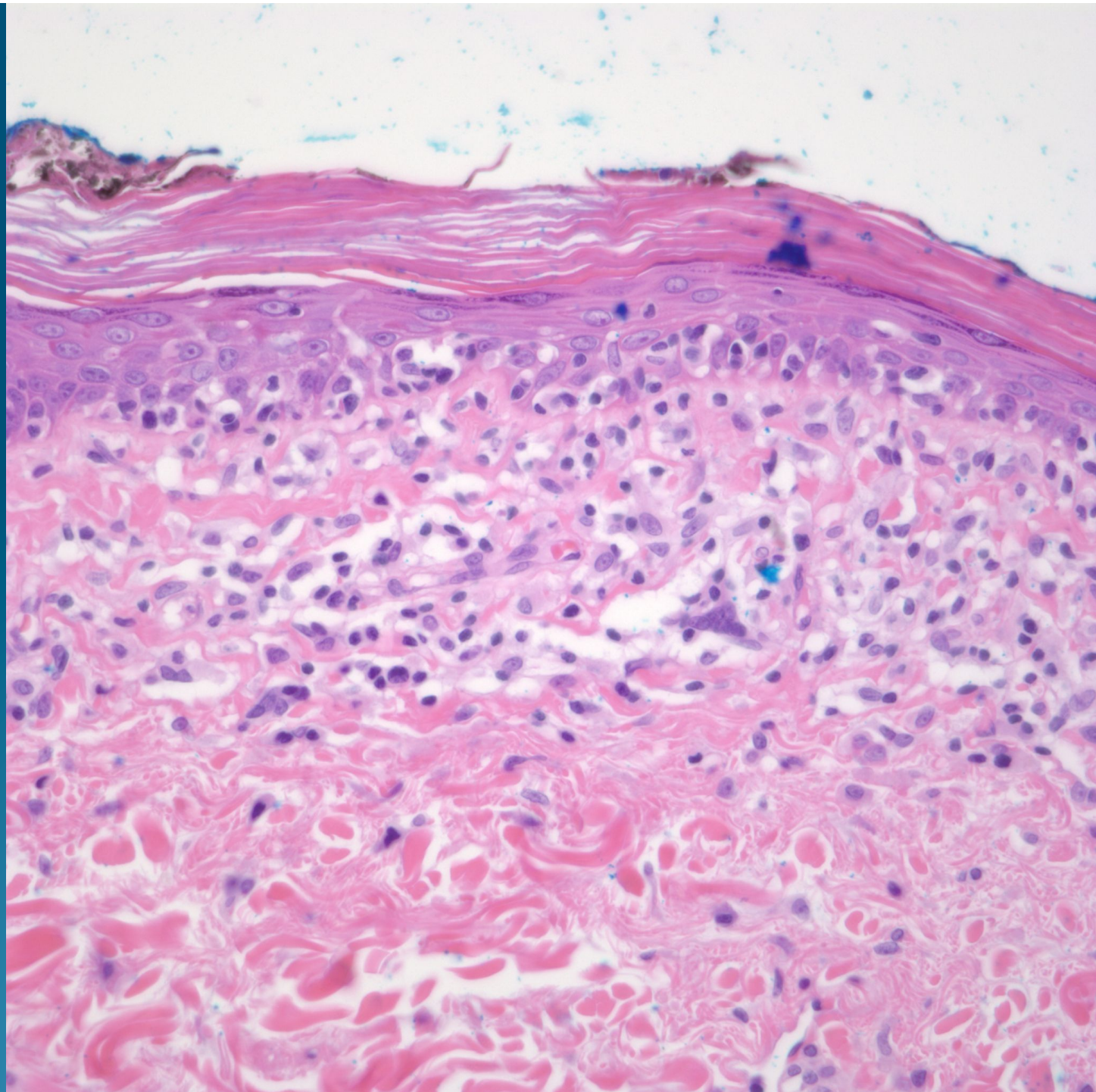


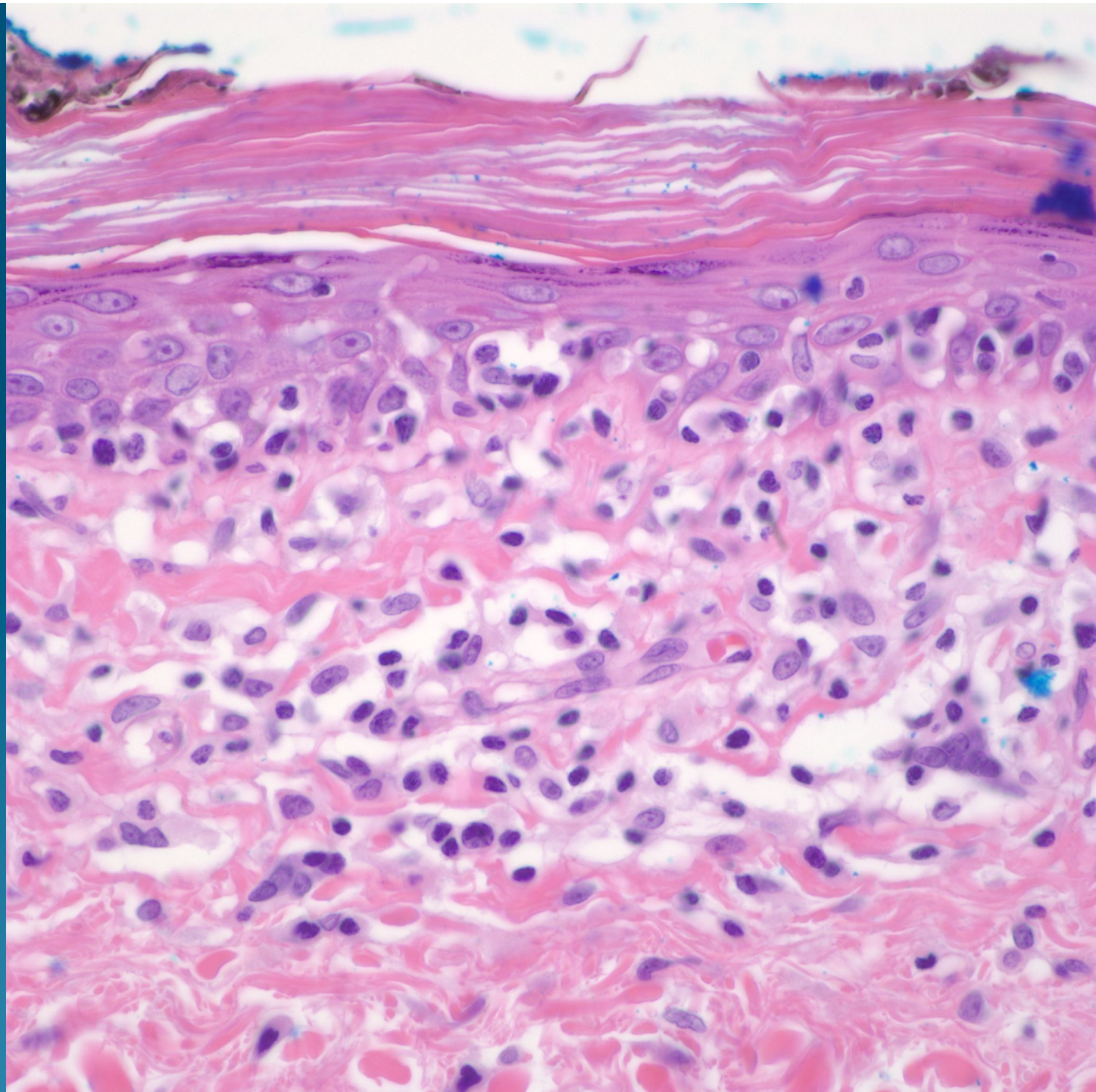
- Look for characteristic cornoid lamella
- Center of lesion may show epidermal atrophy and a lichenoid dermatitis, always cut deeper to see entire lesion









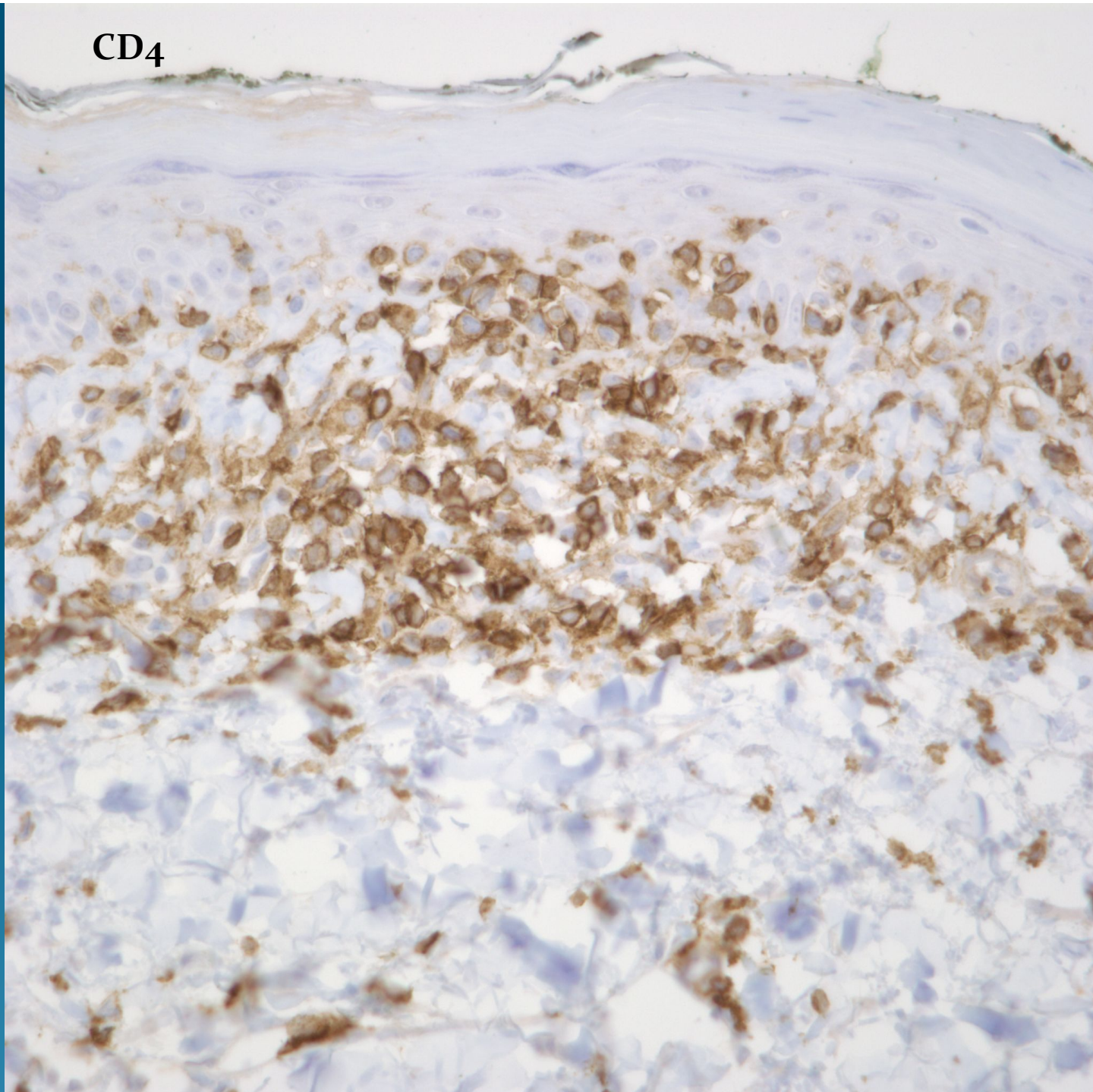


What is the best diagnosis?

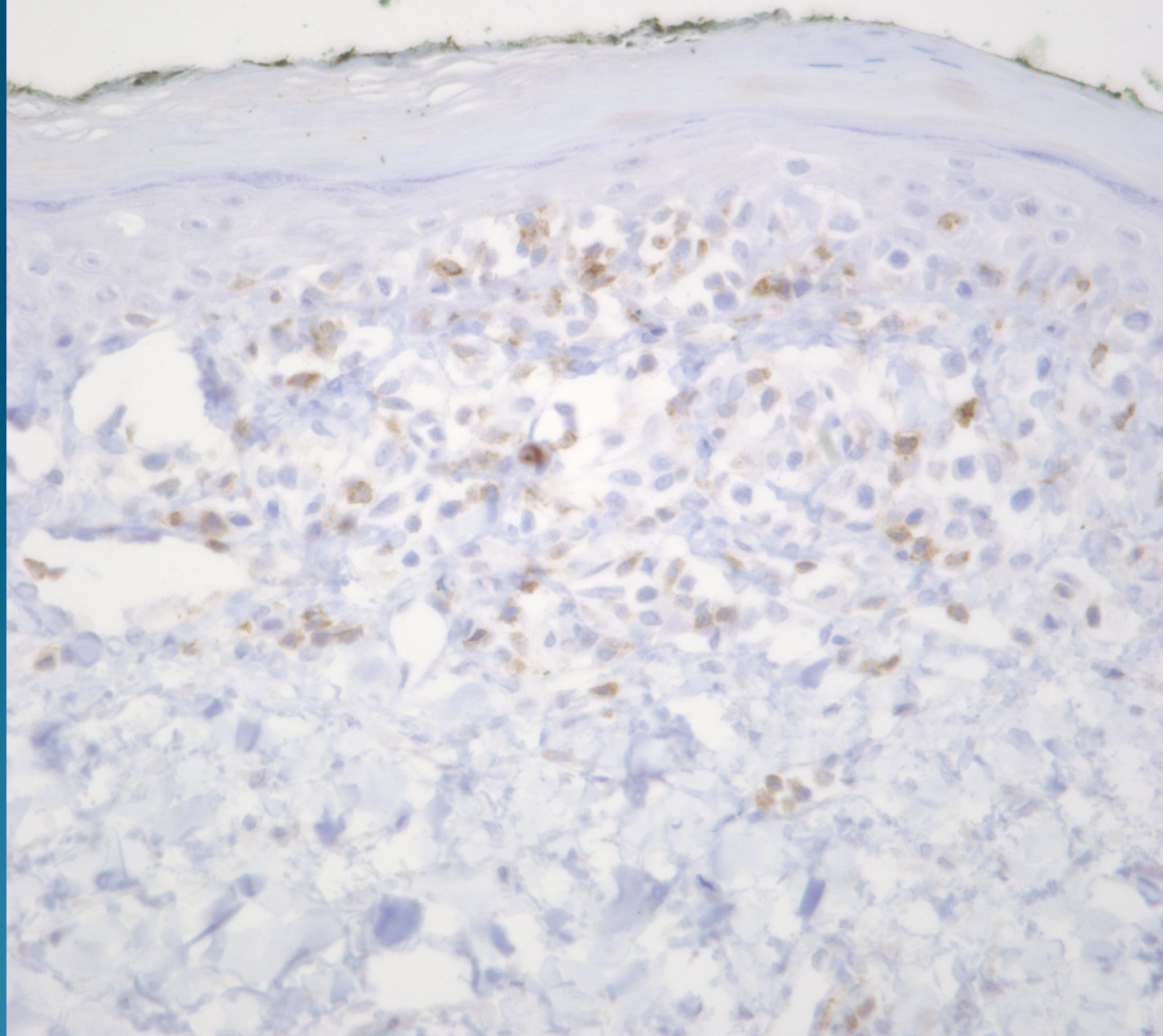
- A. Erythema multiforme
- B. Lymphomatoid papulosis
- C. Graft versus host disease
- D. Mycosis fungoides
- E. Anaplastic large cell lymphoma

Mycosis fungoides

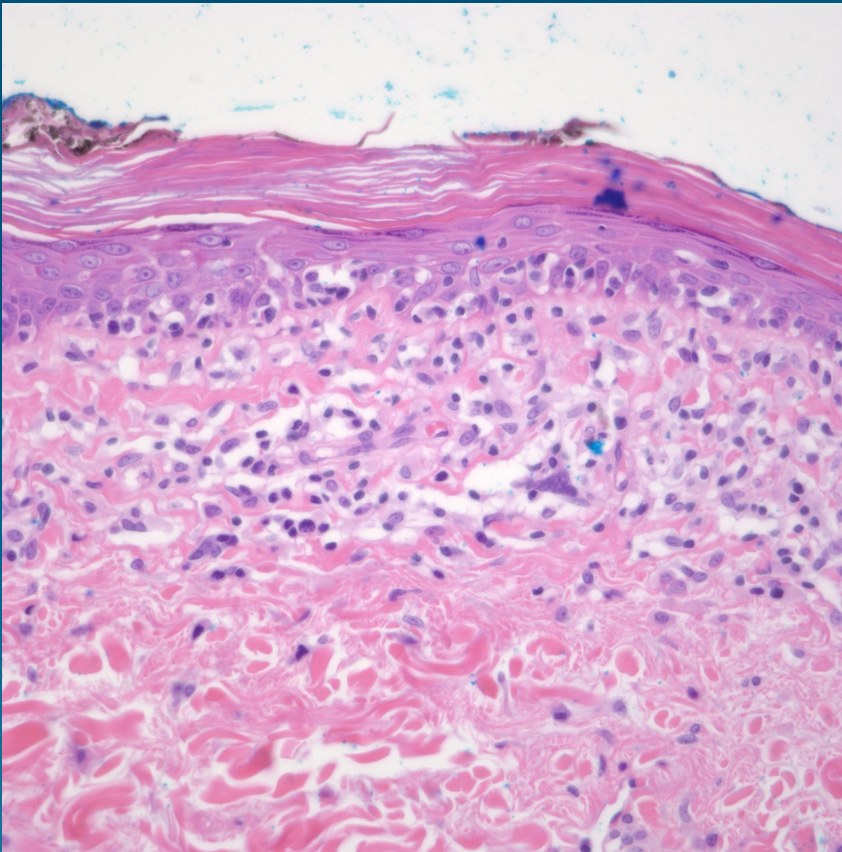
CD4



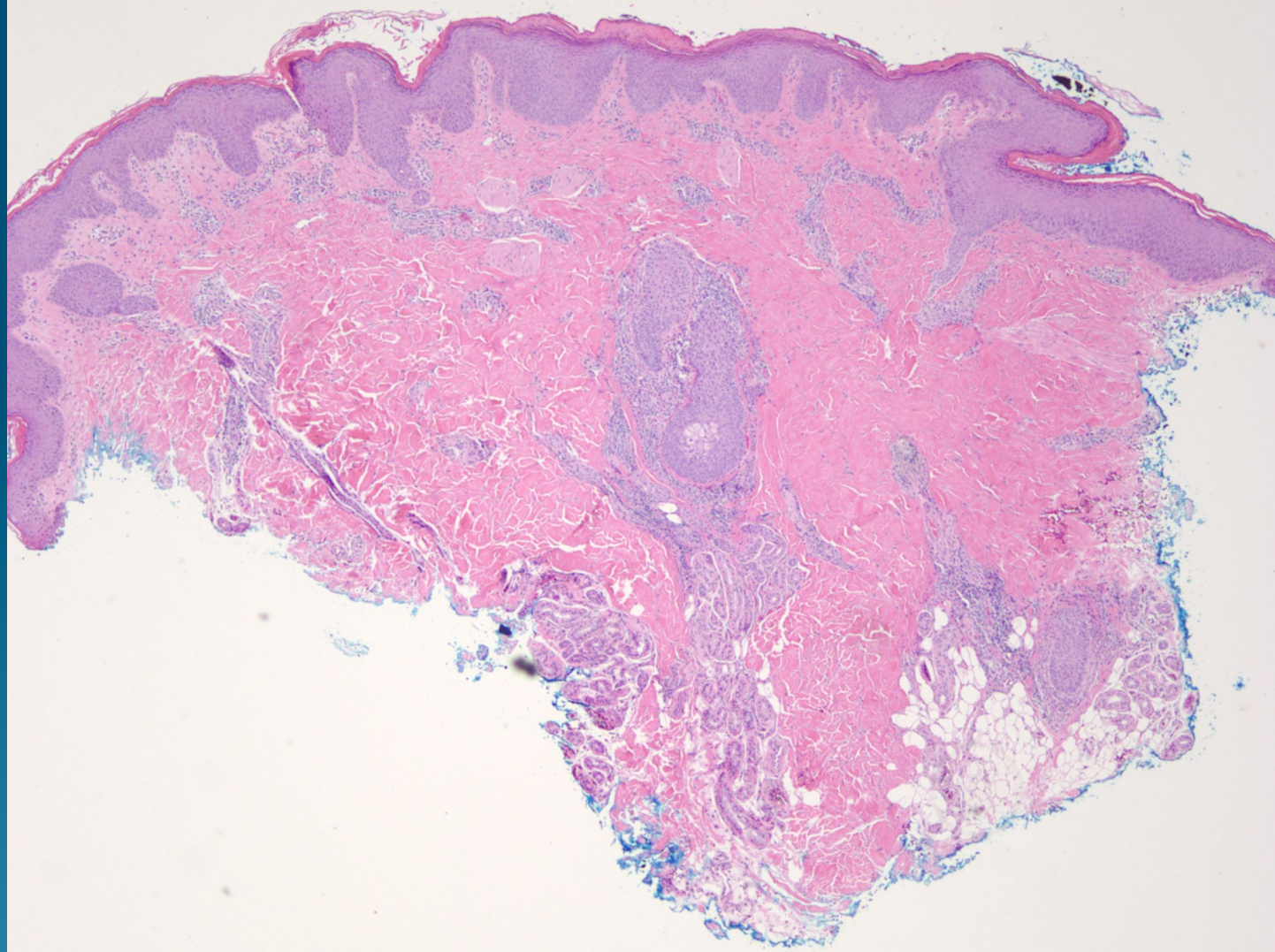
CD7

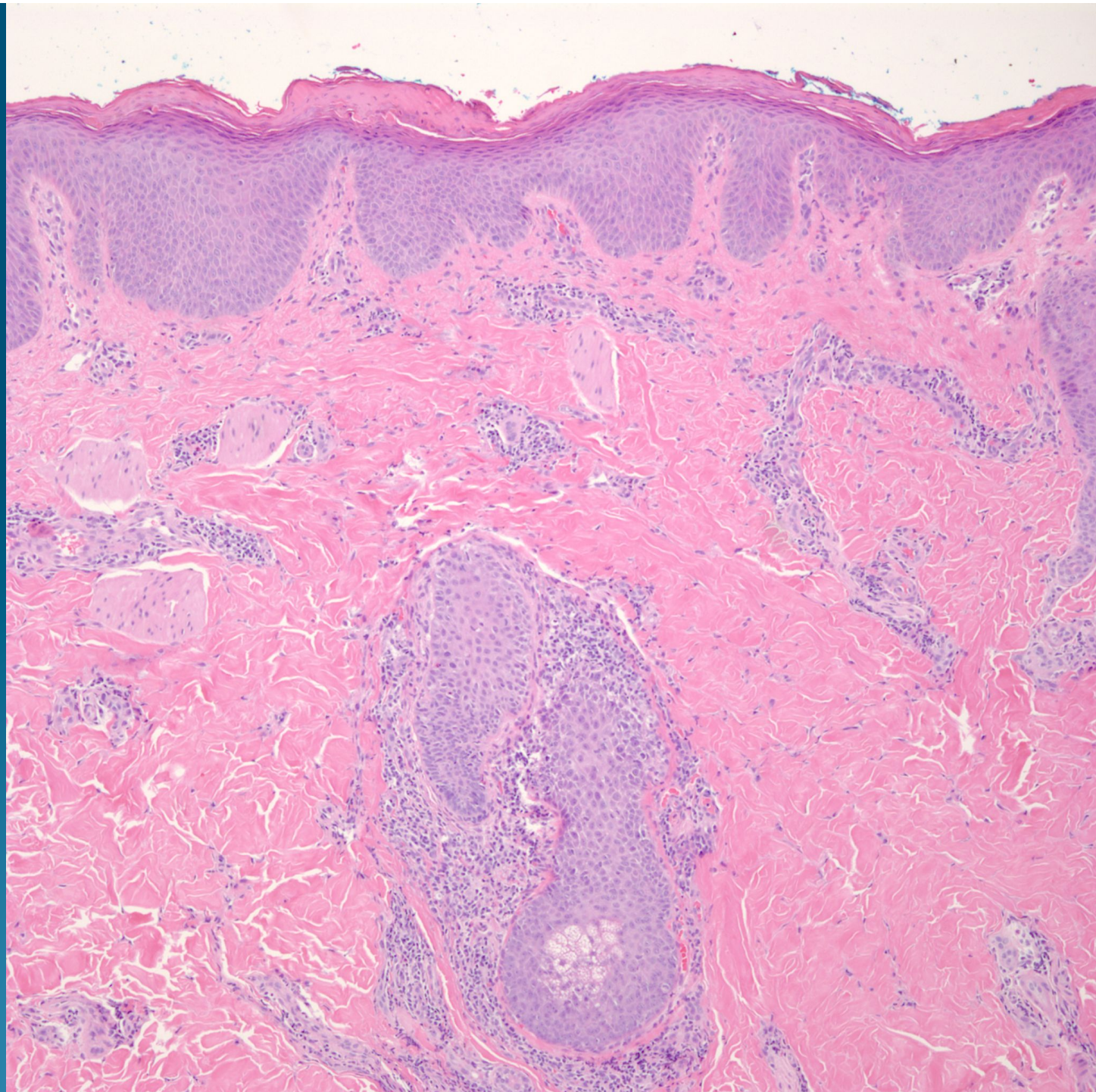


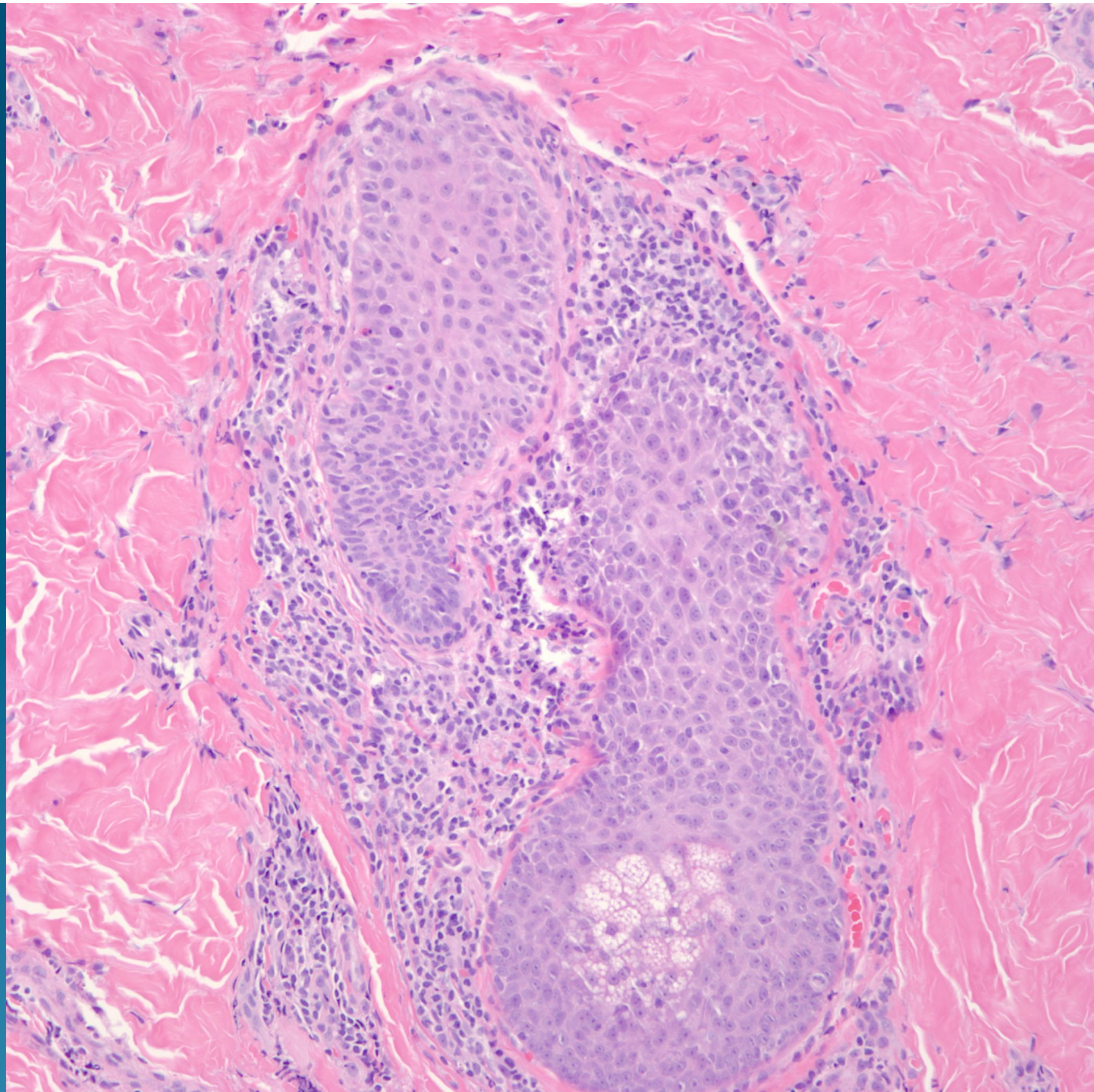
Pearls

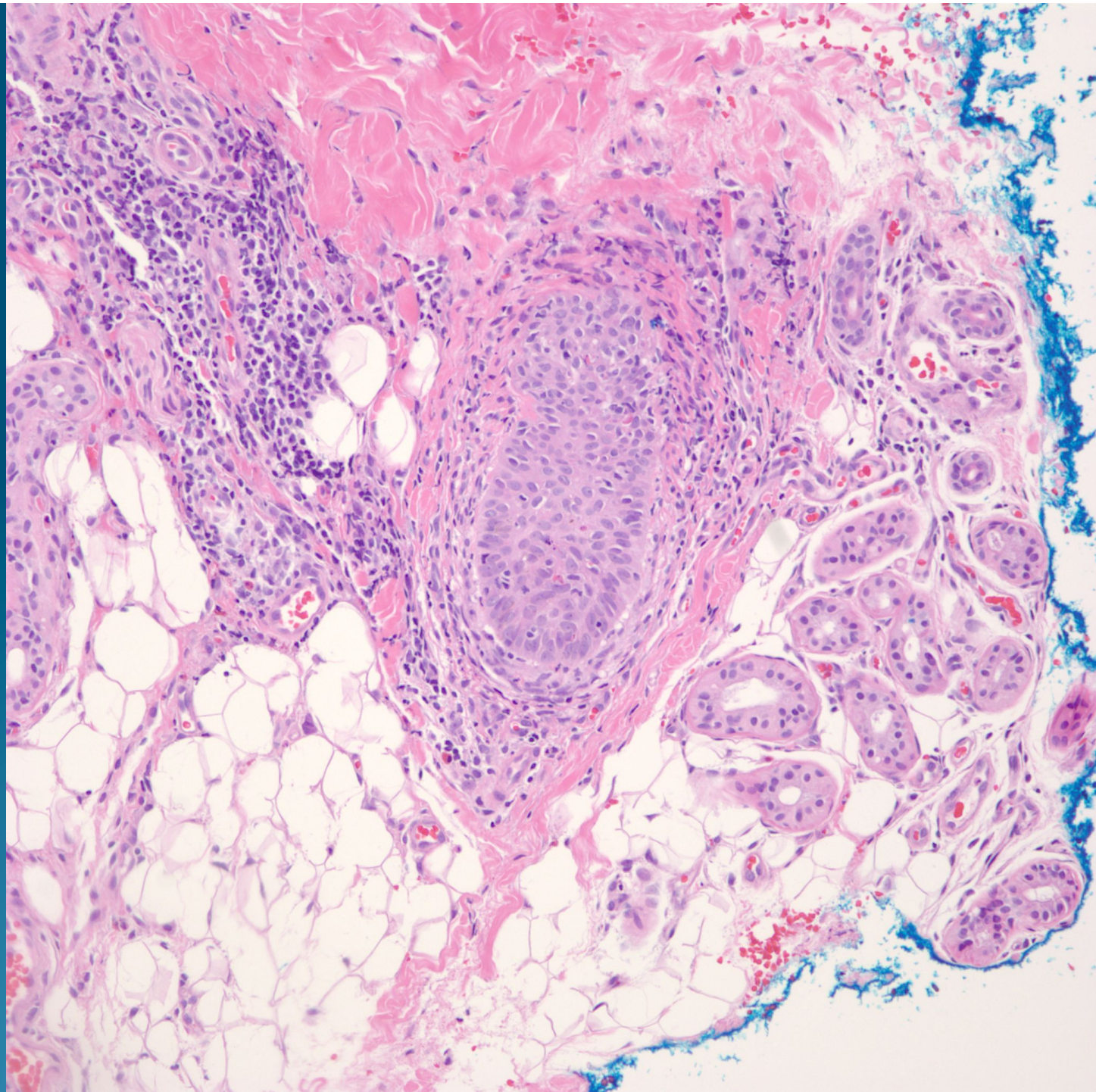


- Intraepidermal proliferation of atypical lymphocytes with hyperchromatic and hyperconvoluted nuclear contours
- Intercalation with basal keratinocytes
- Pautrier microabscesses with minimal spongiosis
- Most common immunophenotype CD4+/CD7-
- Rule out lymphomatoid drug eruptions

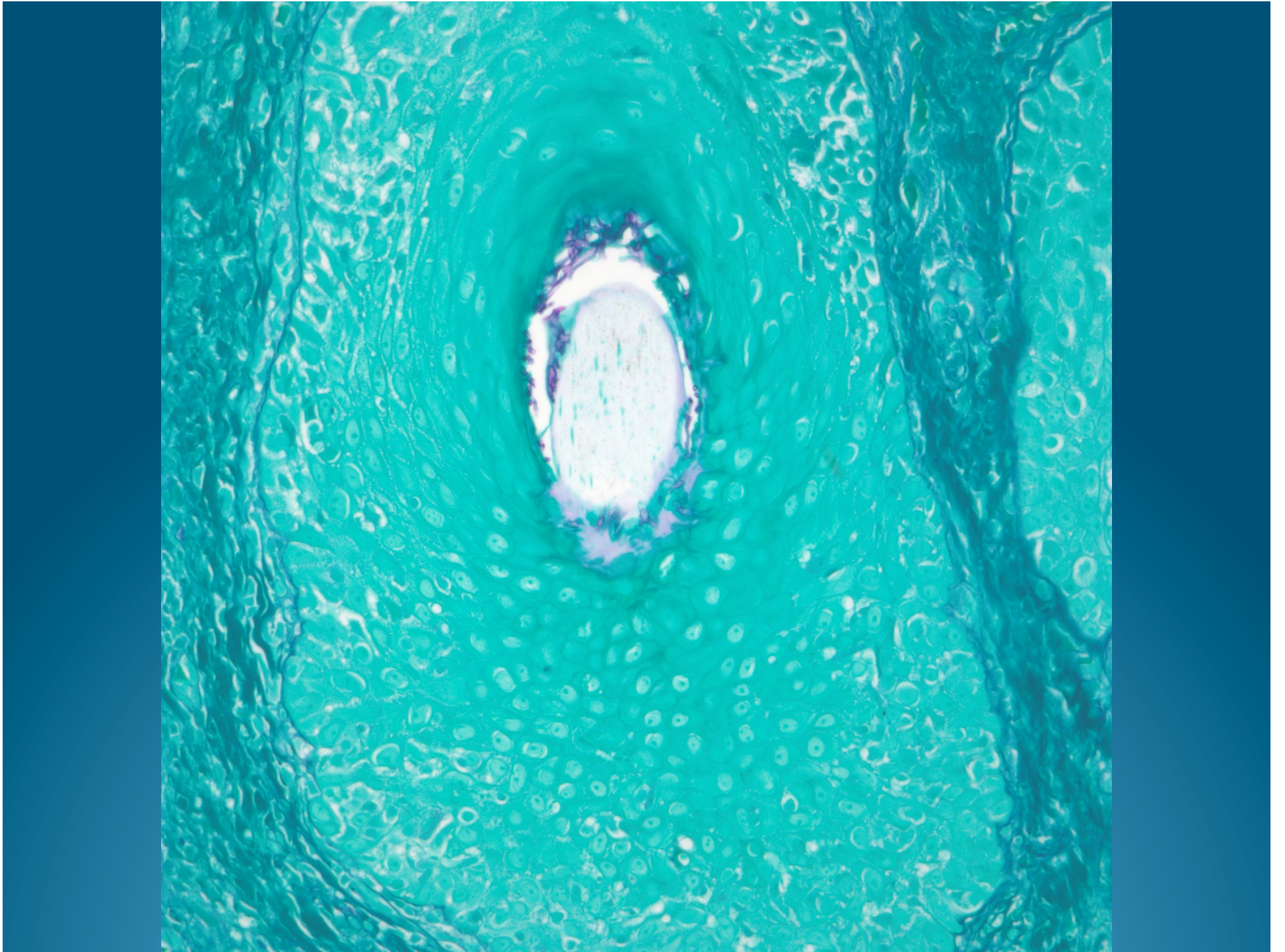






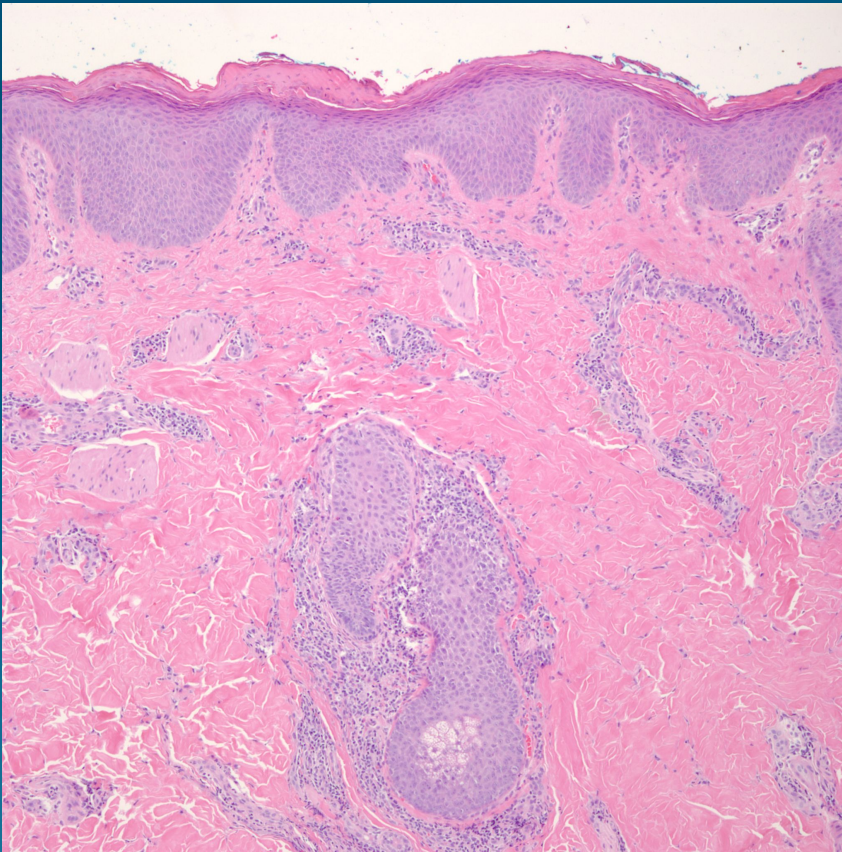




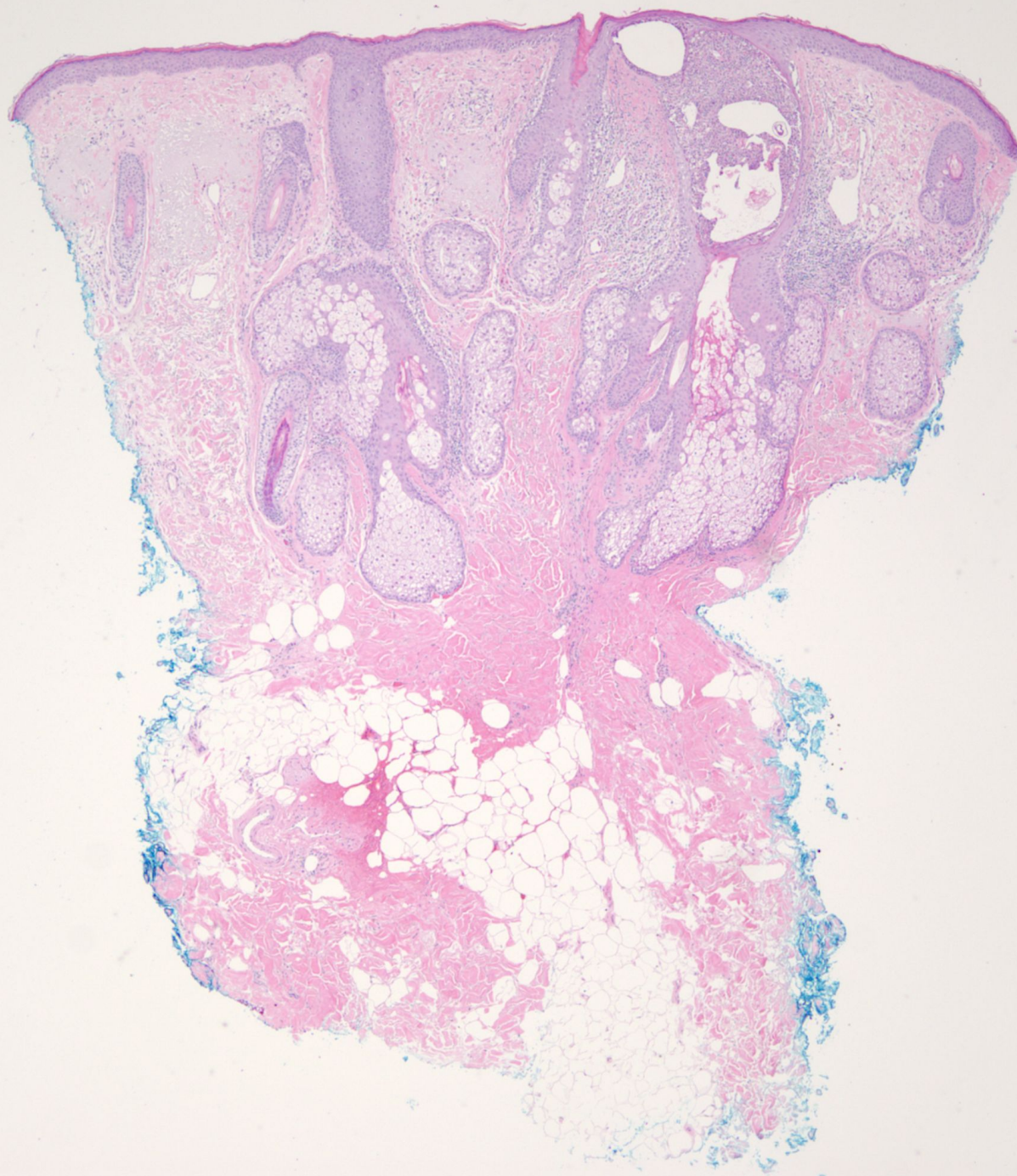


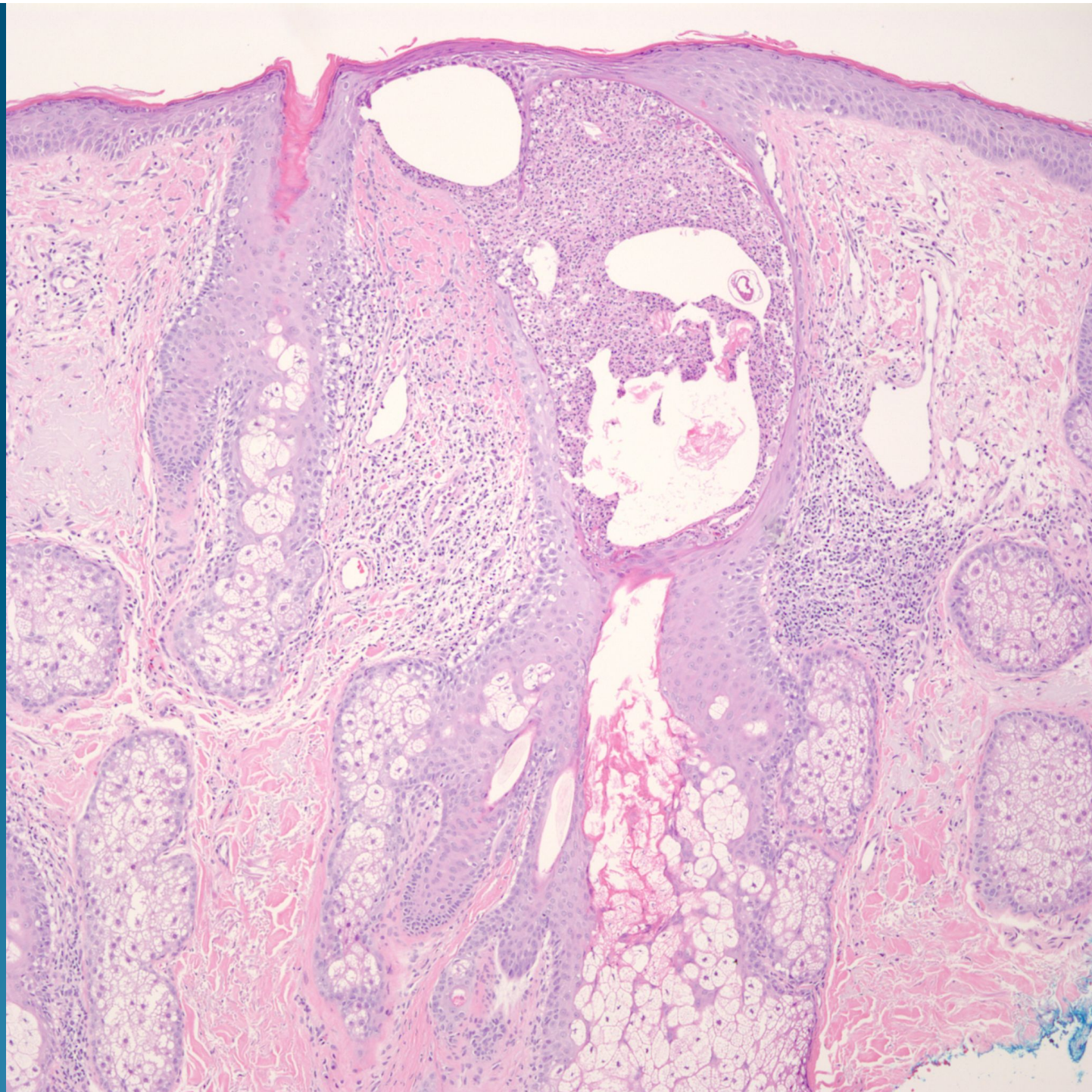
Dermatophyte with Endothrix Infection

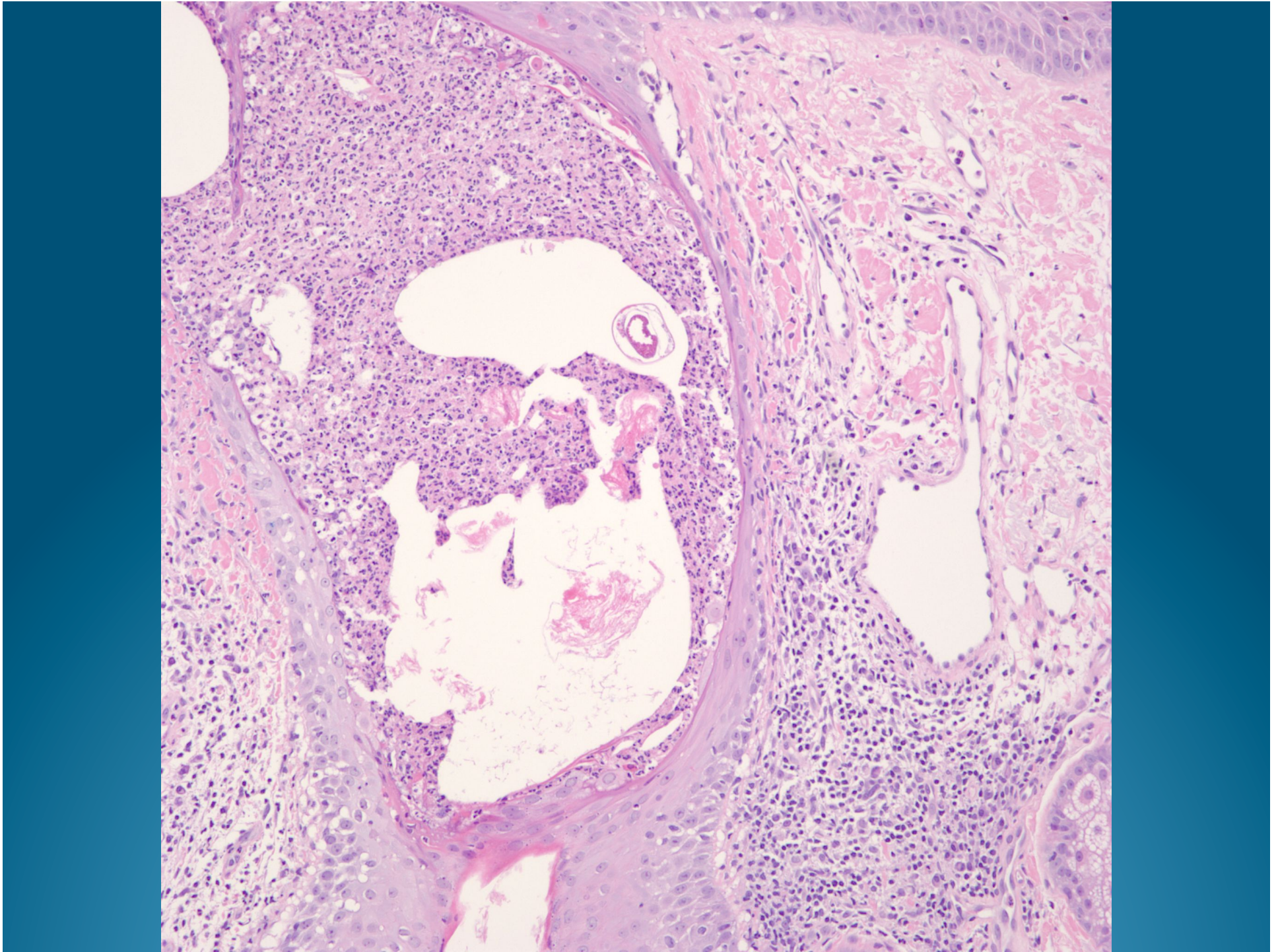
Pearls

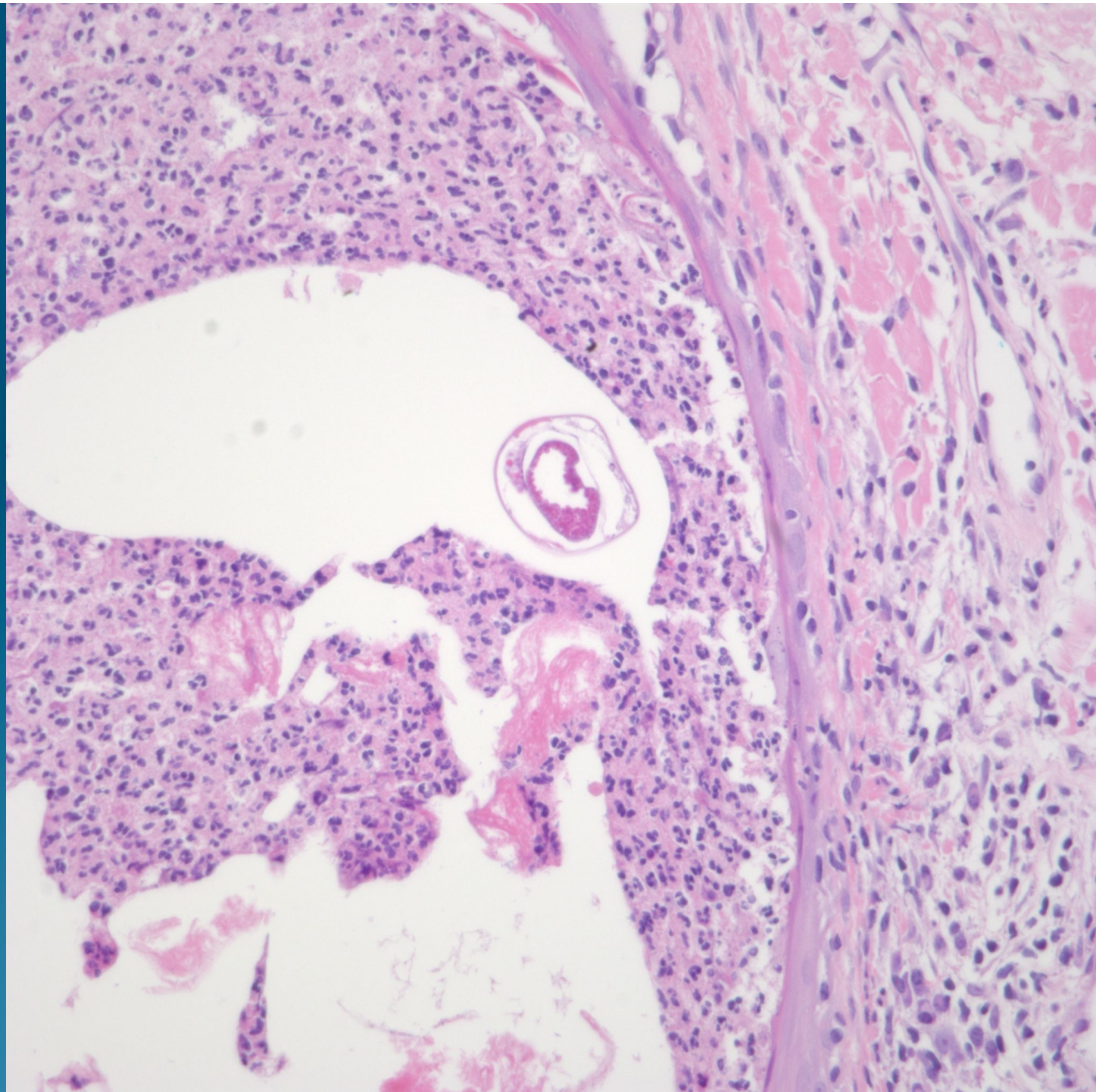


- Dermatophyte infection may mimic nearly every non-infectious dermatitis-must have high level of suspicion
- Consider when intracorneal neutrophils or suppurative folliculitis
- Confirm with PAS/GMS for fungus



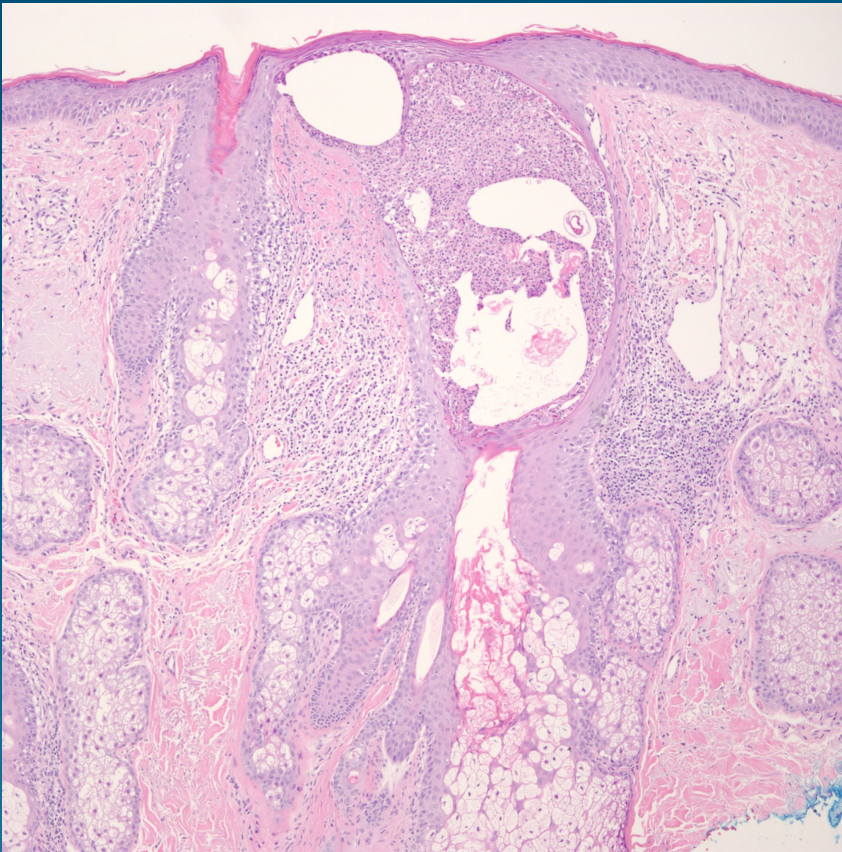




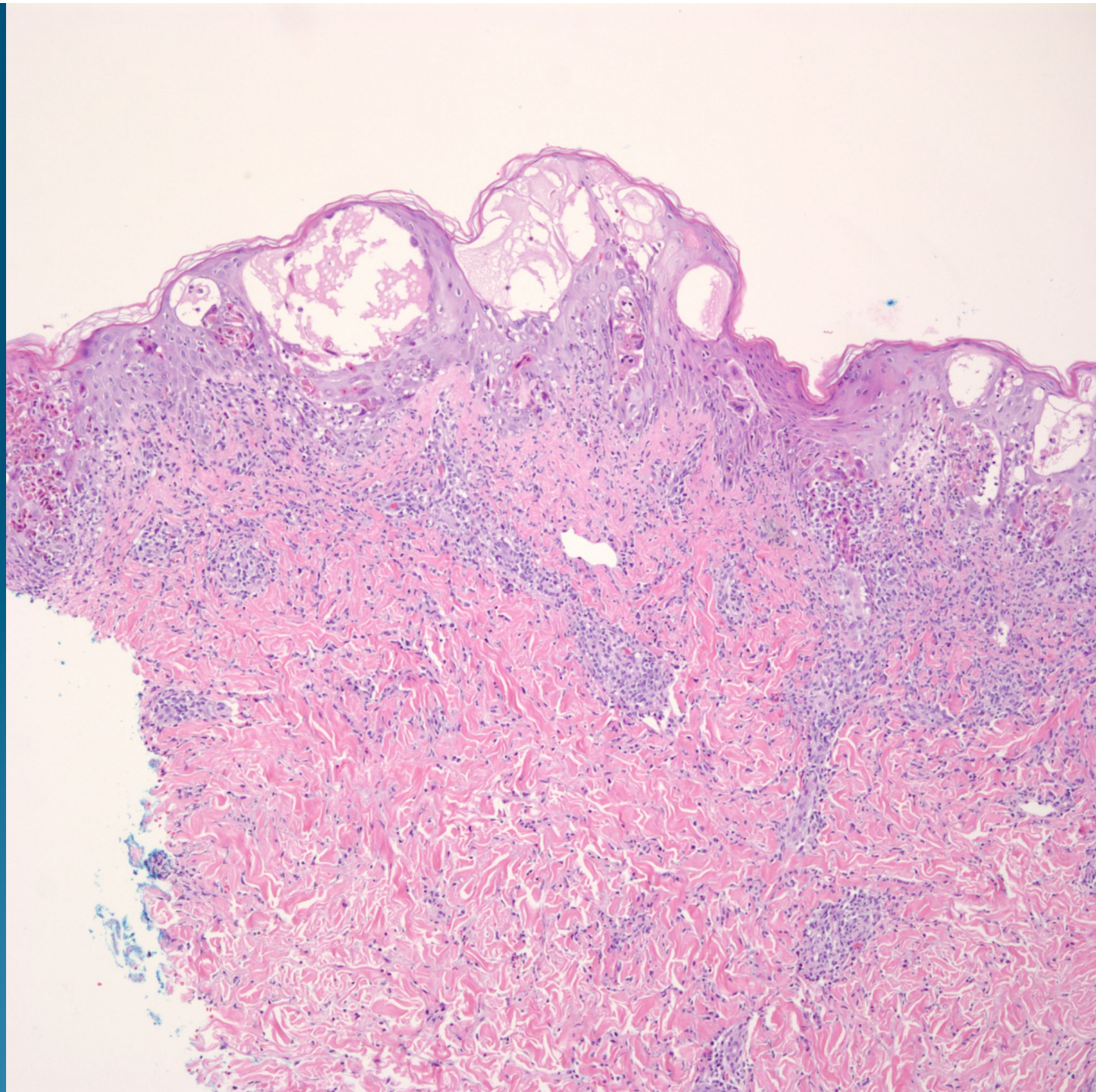


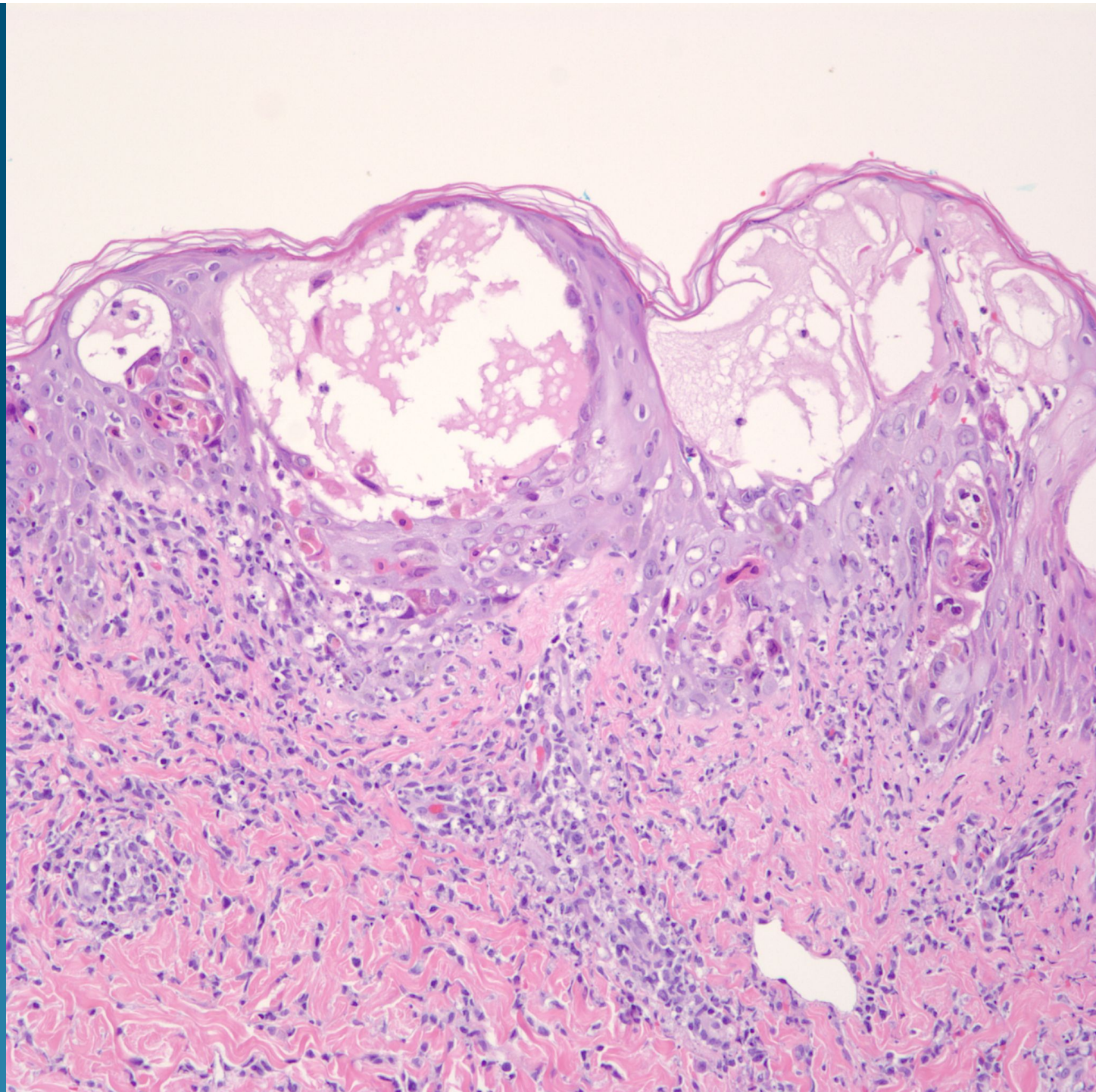
Consistent with Acne rosacea

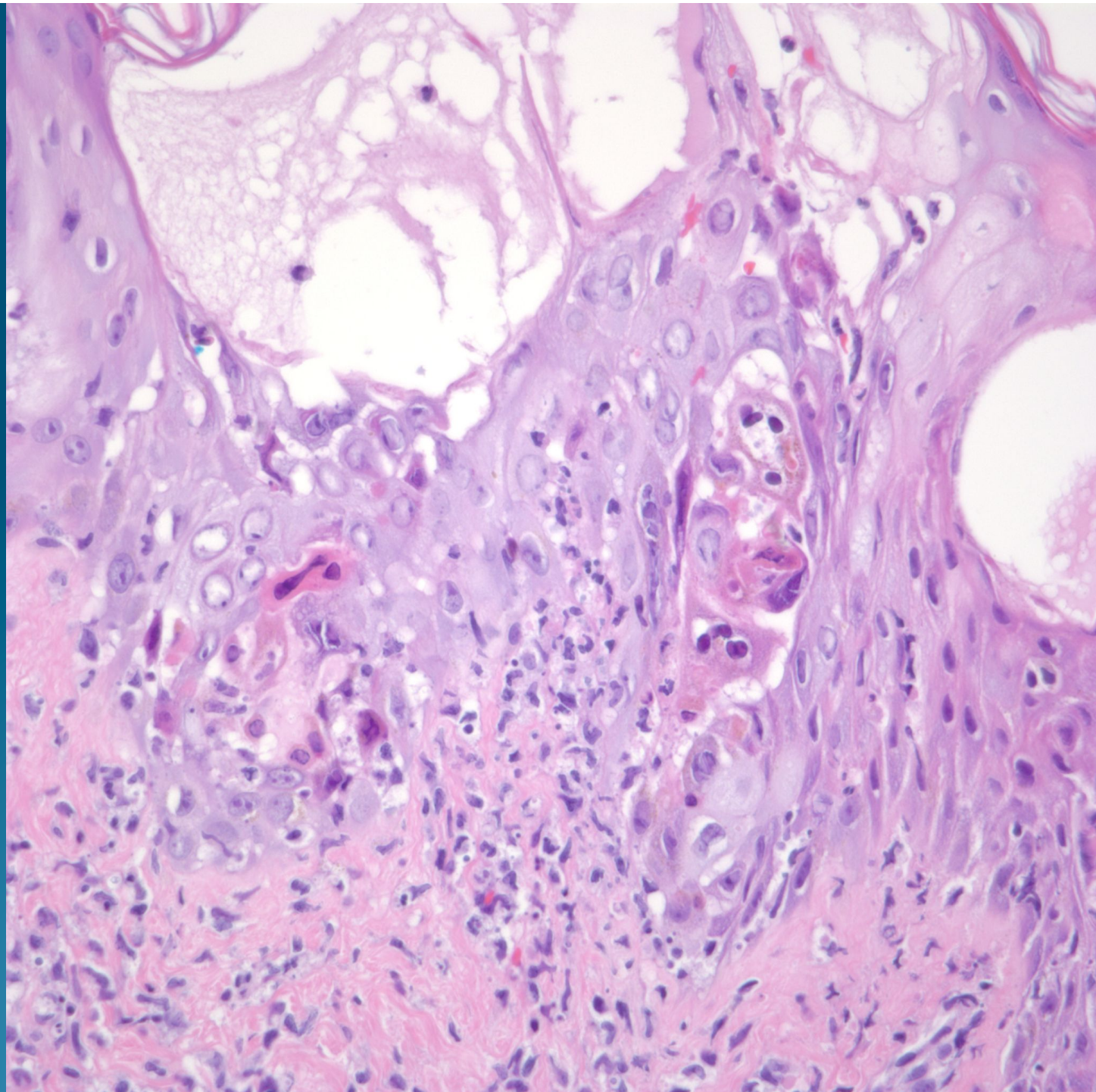
Pearls

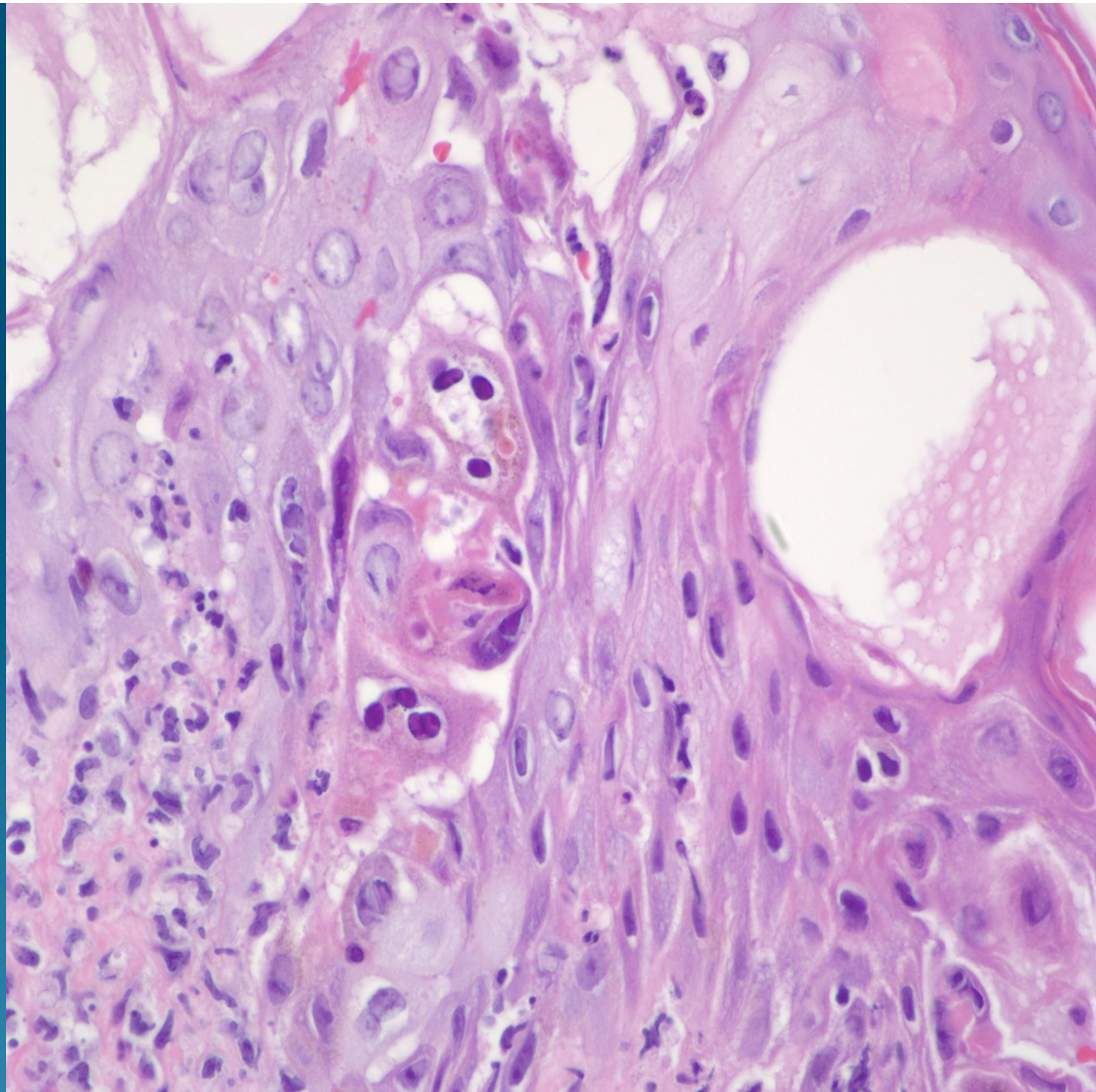


- Variable histopathology depending upon clinical stage of disease
- Folliculitis, telangiectasia, spongiosis, and late granulomatous/edematous phases
- Demodex possible causal association but not necessary for diagnosis







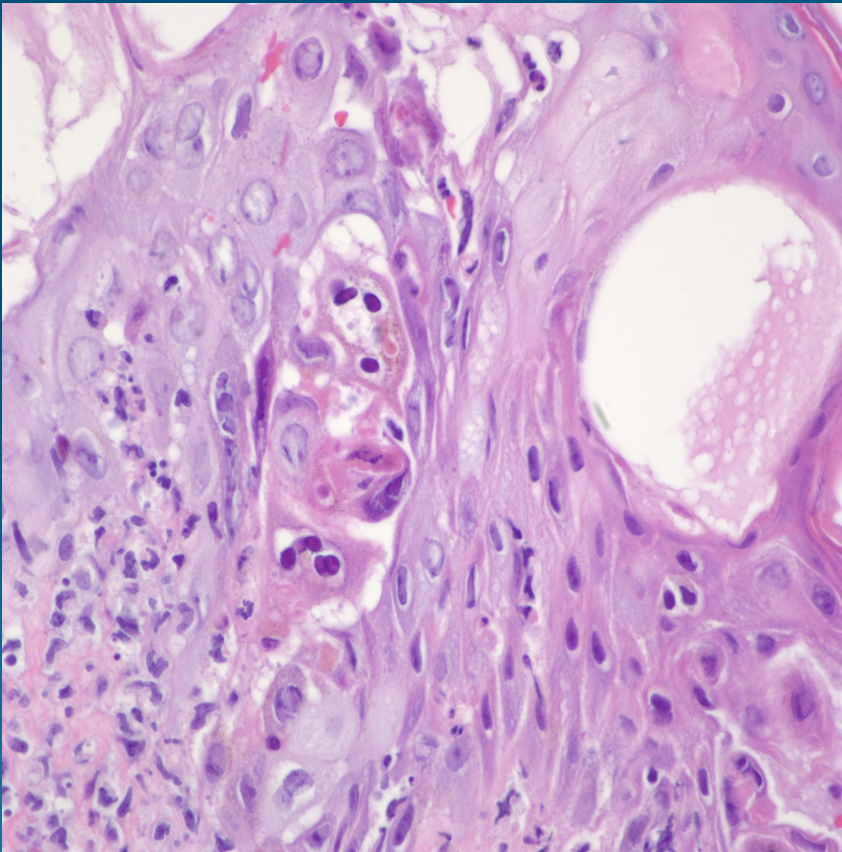


What is the best diagnosis?

- A. Orf
- B. Hand-Foot-Mouth Disease
- C. Molluscum contagiosum
- D. Myrmecia
- E. Varicella Zoster

Varicella Zoster

Pearls



- Intraepidermal vesicular dermatitis with acantholytic cells
- Nuclear chromatin margination with multinucleation
- Variable inflammation
- Histologically identical changes with Herpes Simplex virus infection, obtain IHC or cultures to rule out