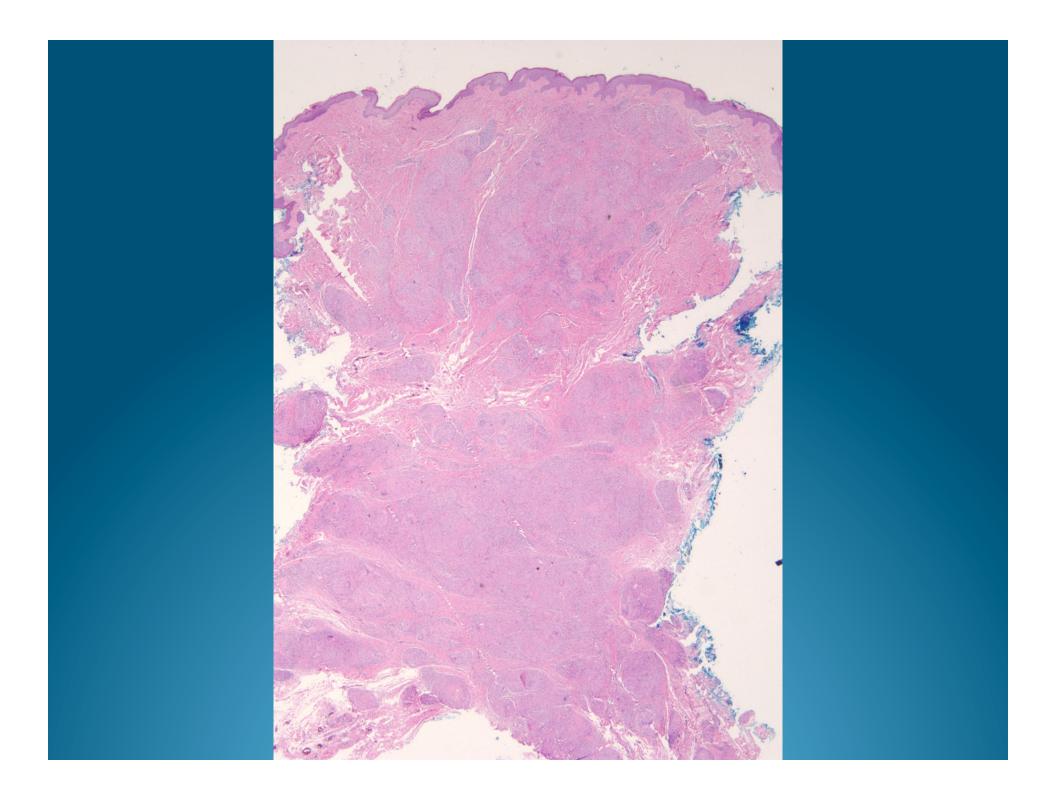
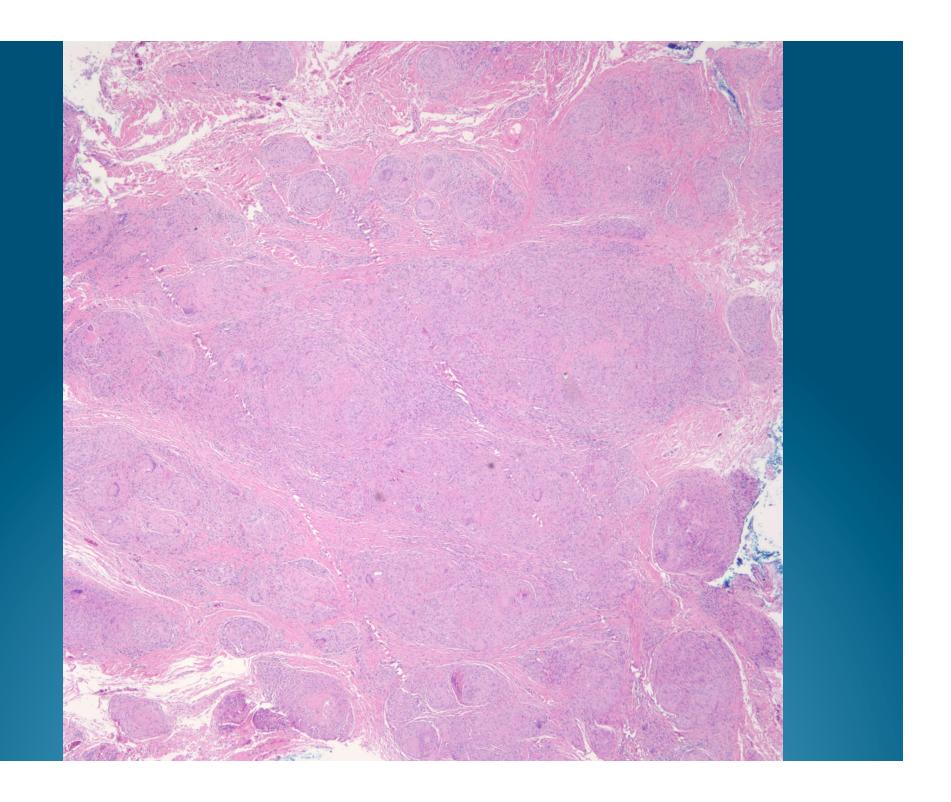
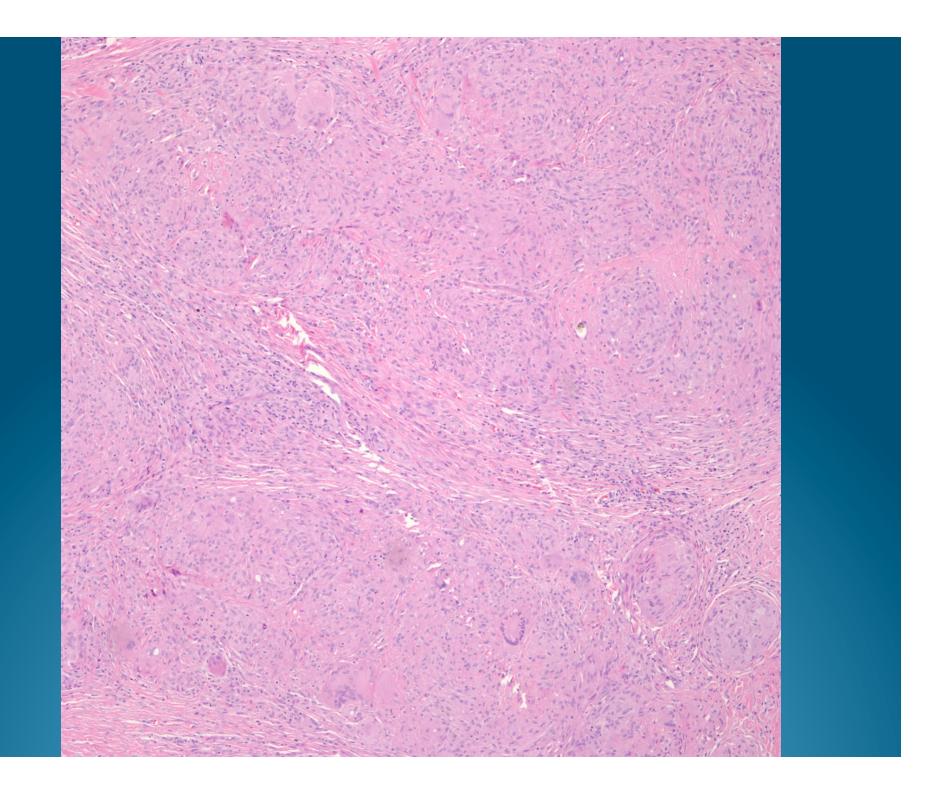
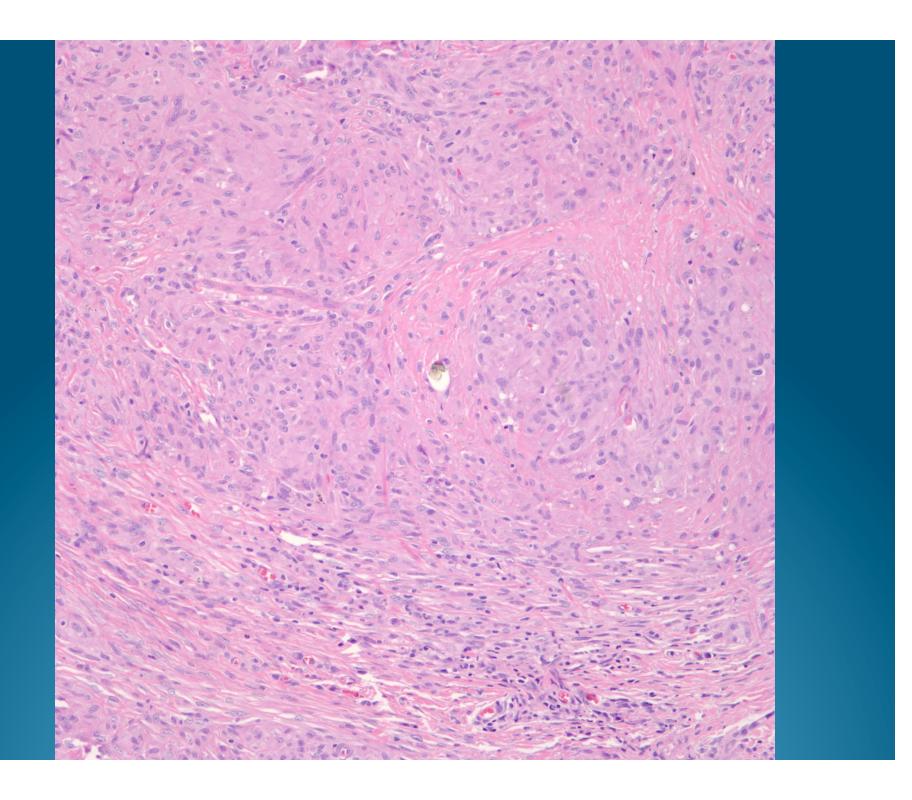
Dermatopathology Slide Review Part 95

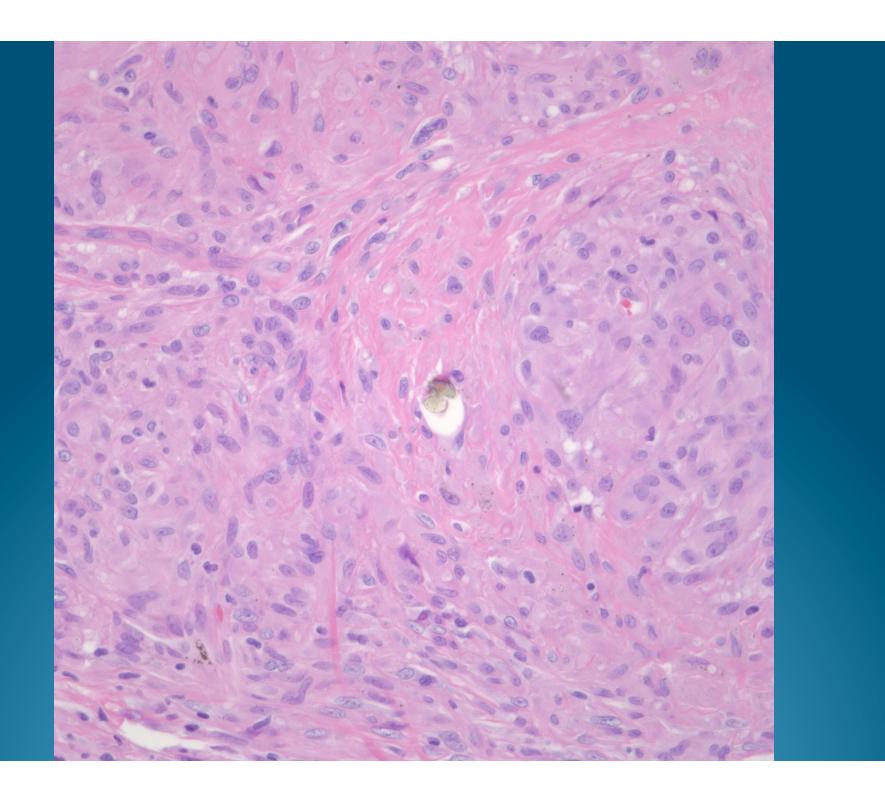
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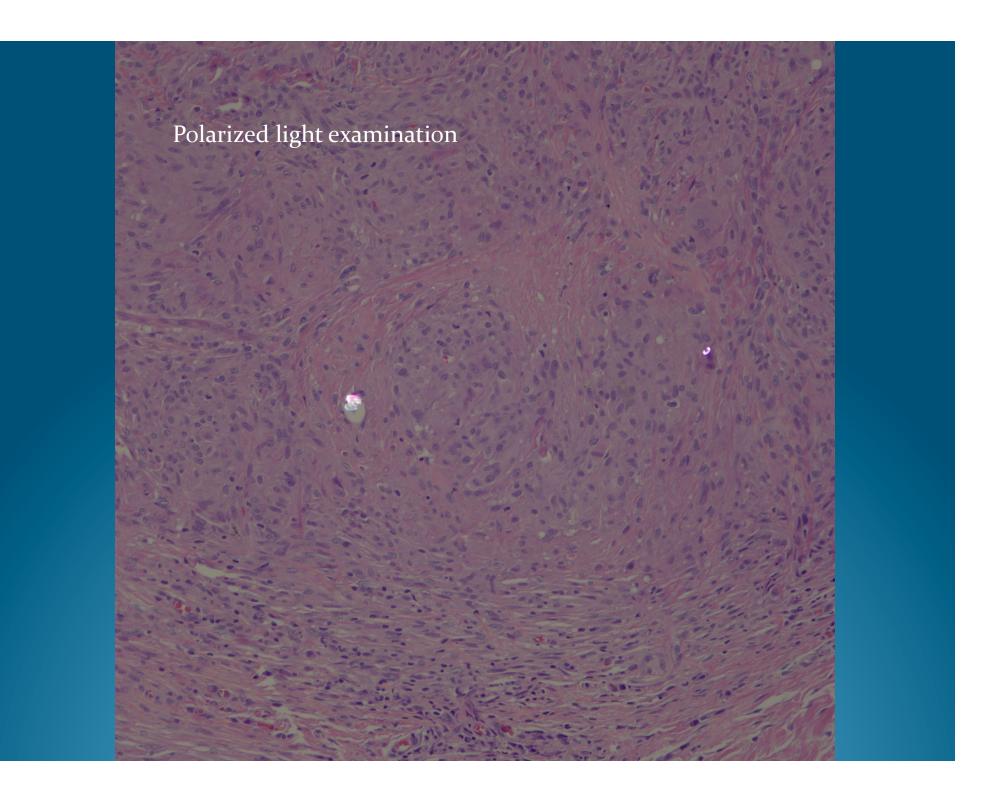




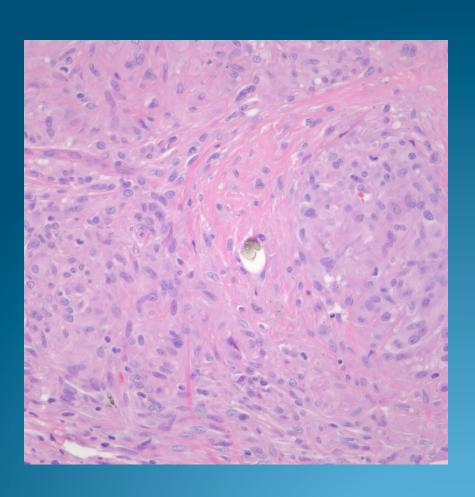




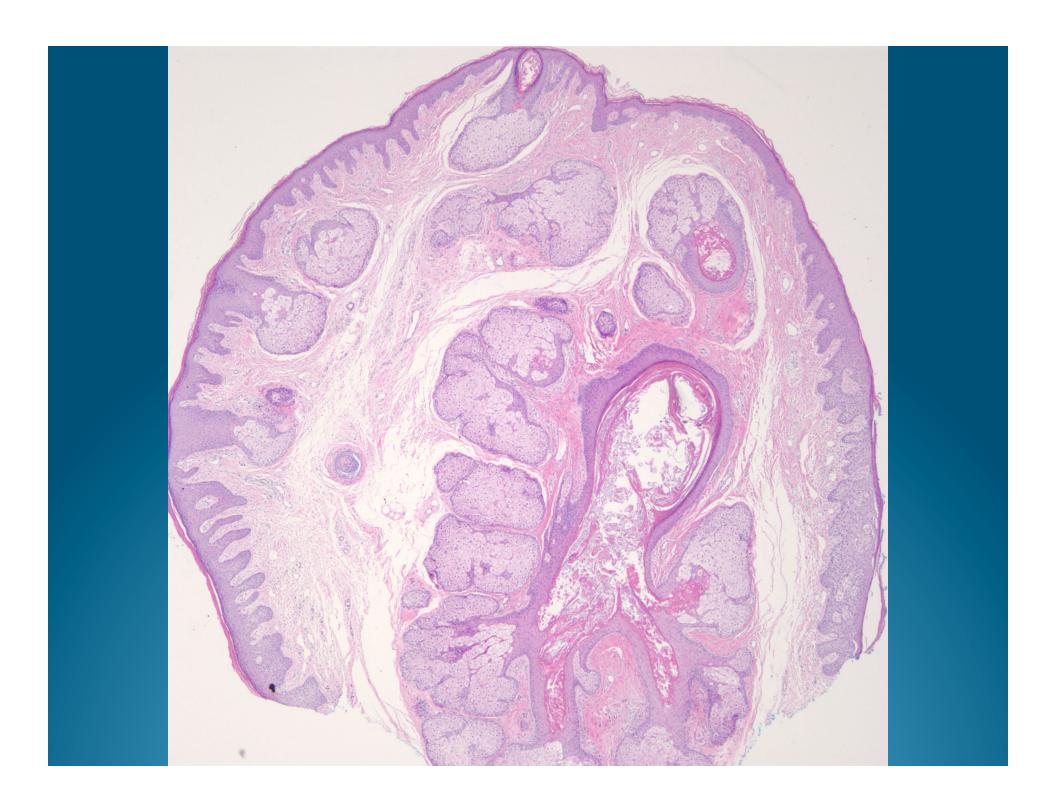


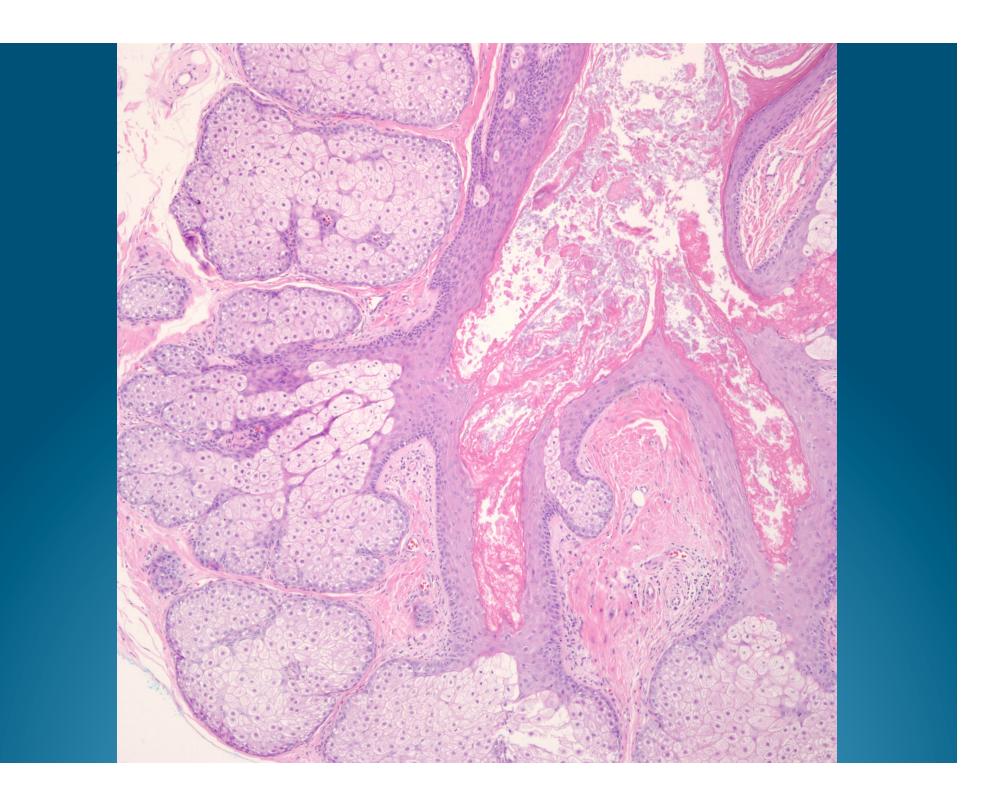


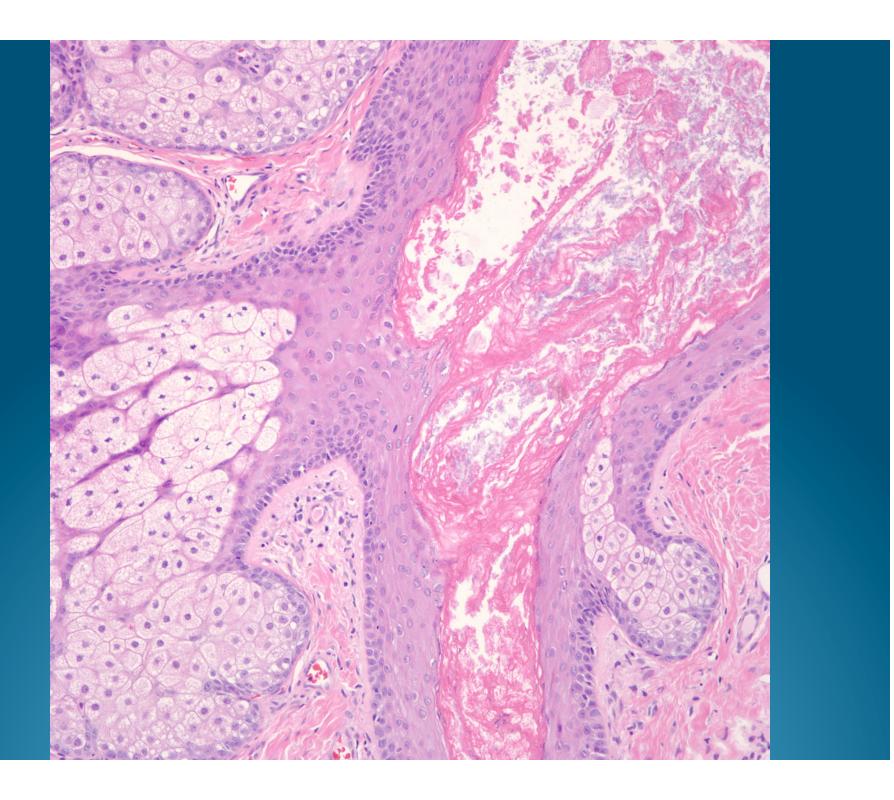


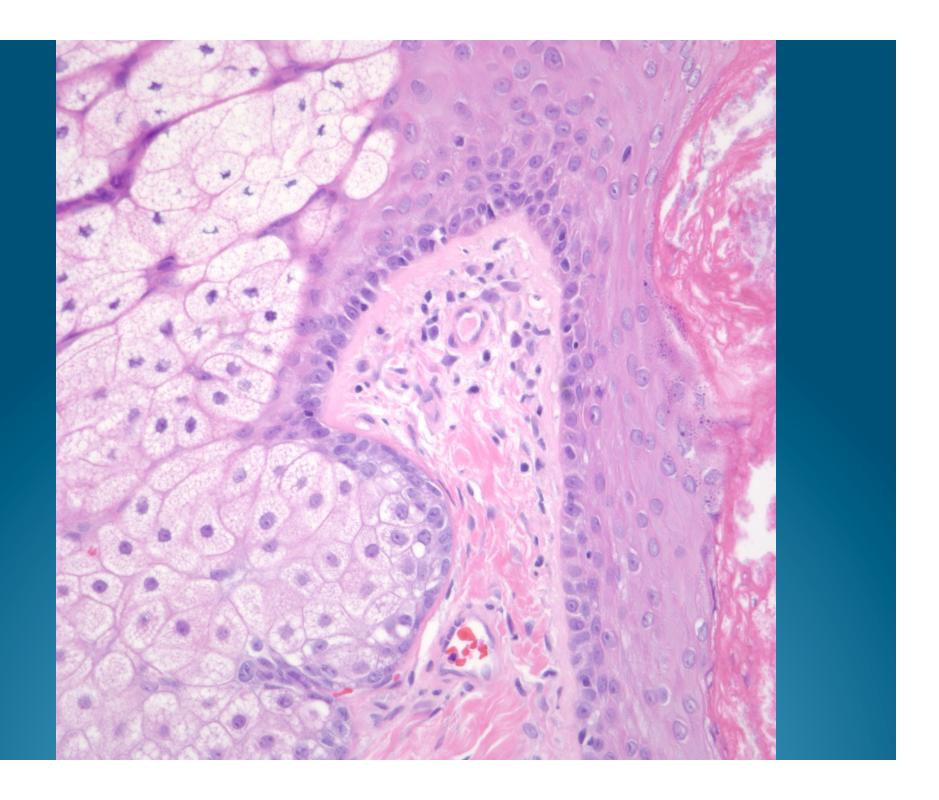


- May histologically mimic sarcoidosis with numerous non-caseating granulomas
- Polarize and obtain microbiological special stains (AFB, Fite, PAS/ GMS)
- Even if foreign body is identified, still need to consider systemic sarcoidosis





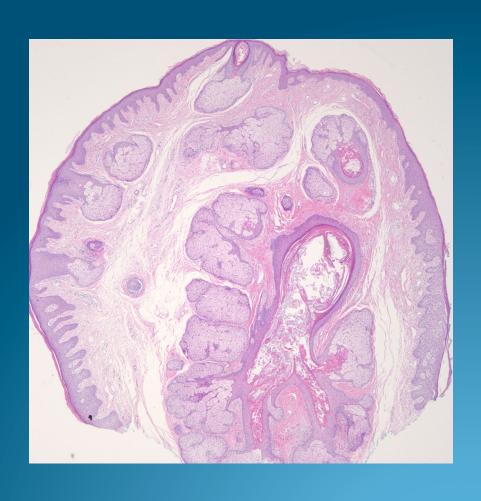




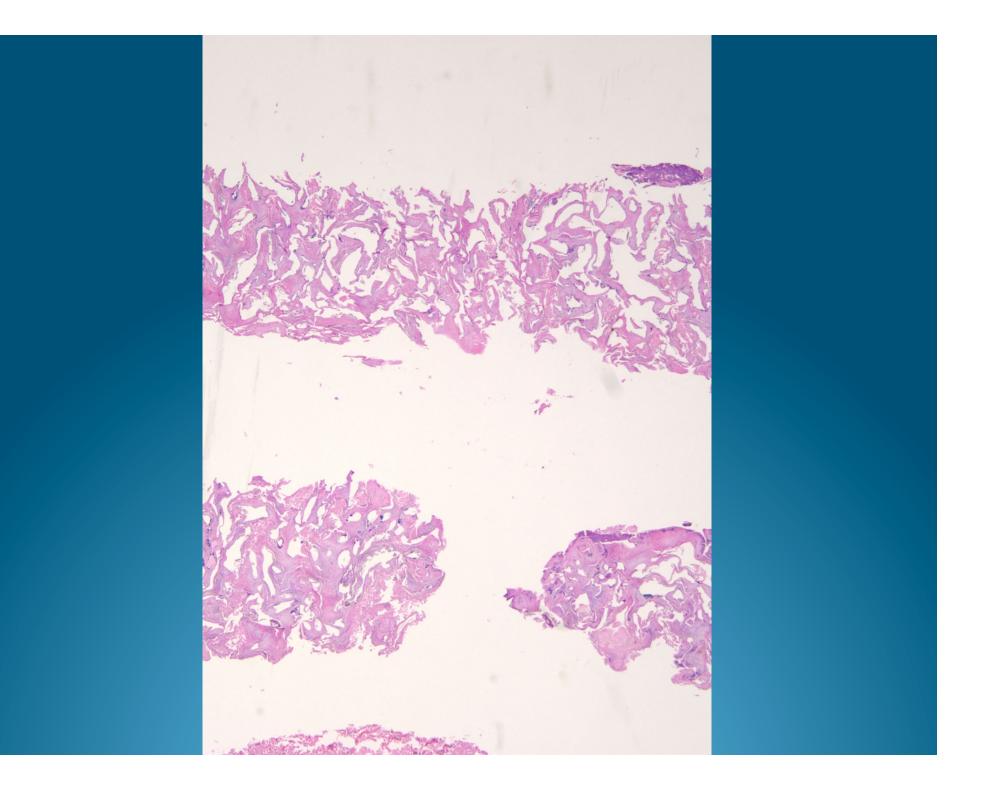
What is the best diagnosis?

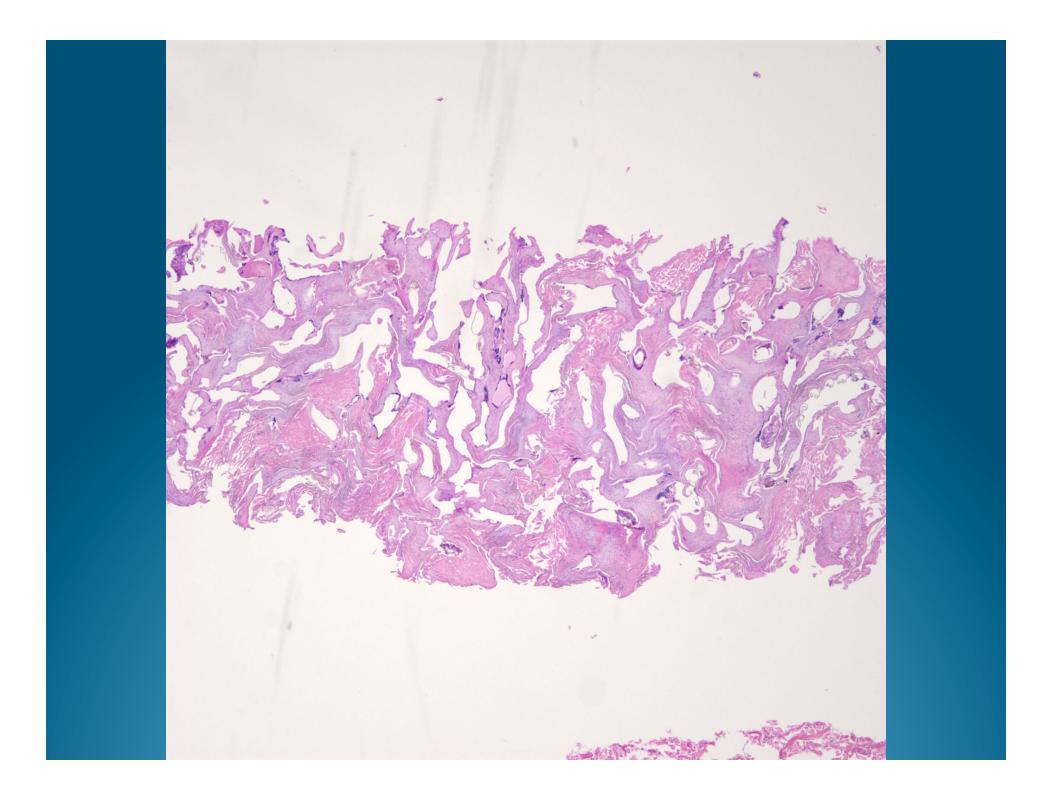
- A. Muir-Torre tumor
- B. Sebaceous adenoma
- C. Trichofolliculoma
- D. Trichoepithelioma
- E. Infundibulocystic basal cell carcinoma

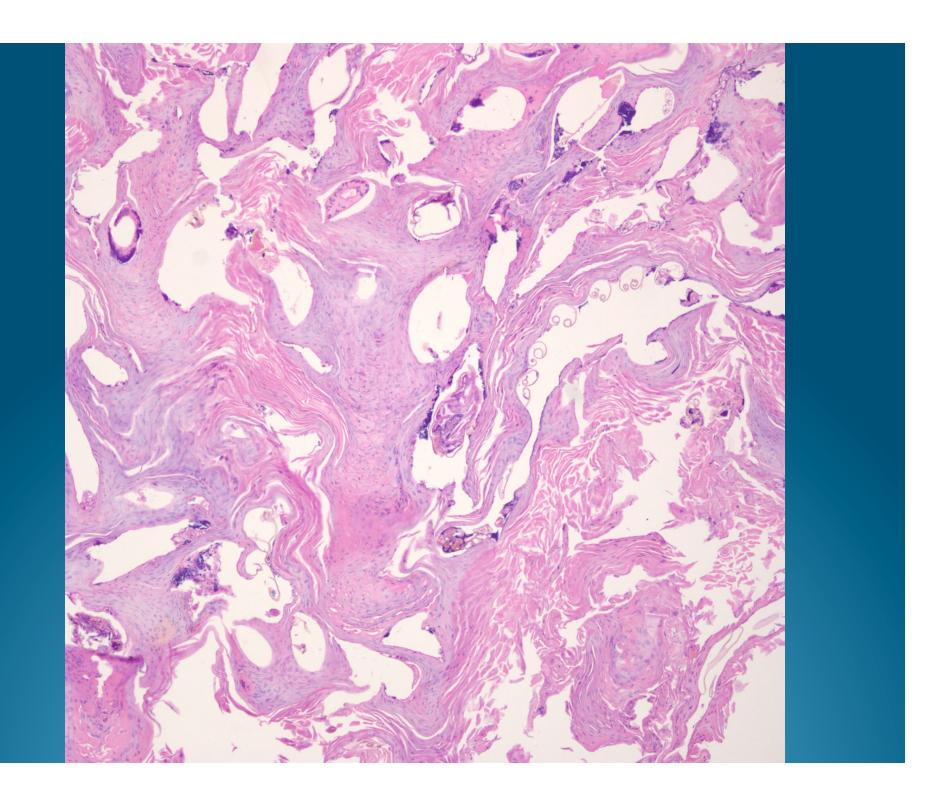
Trichofolliculoma

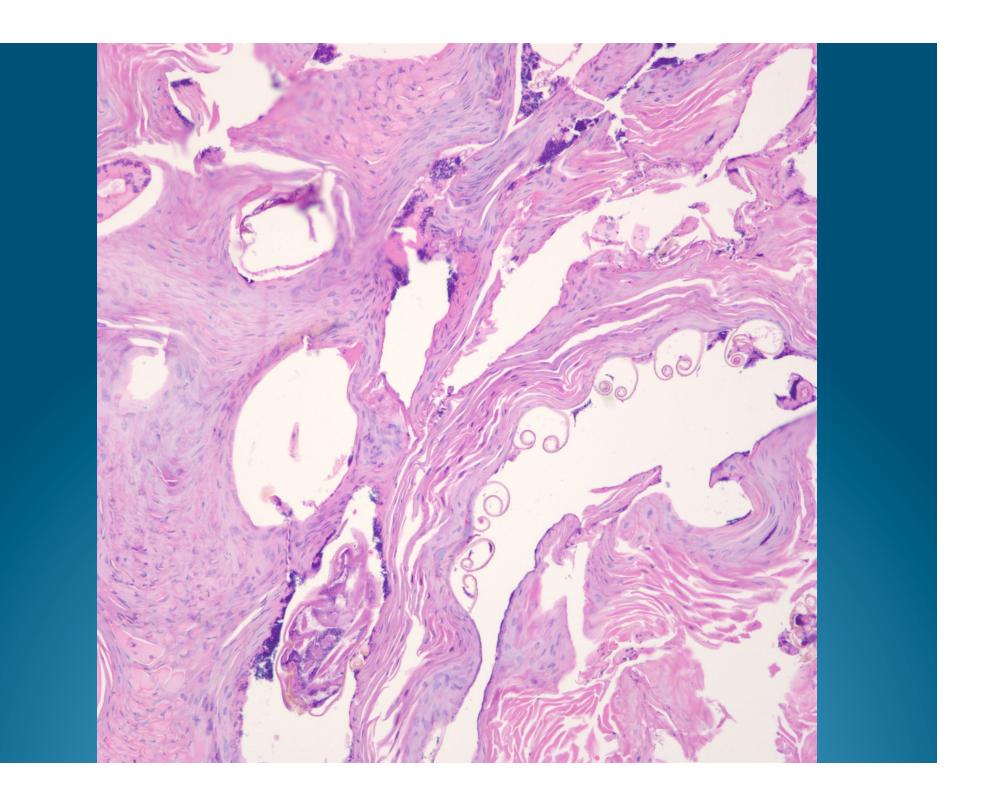


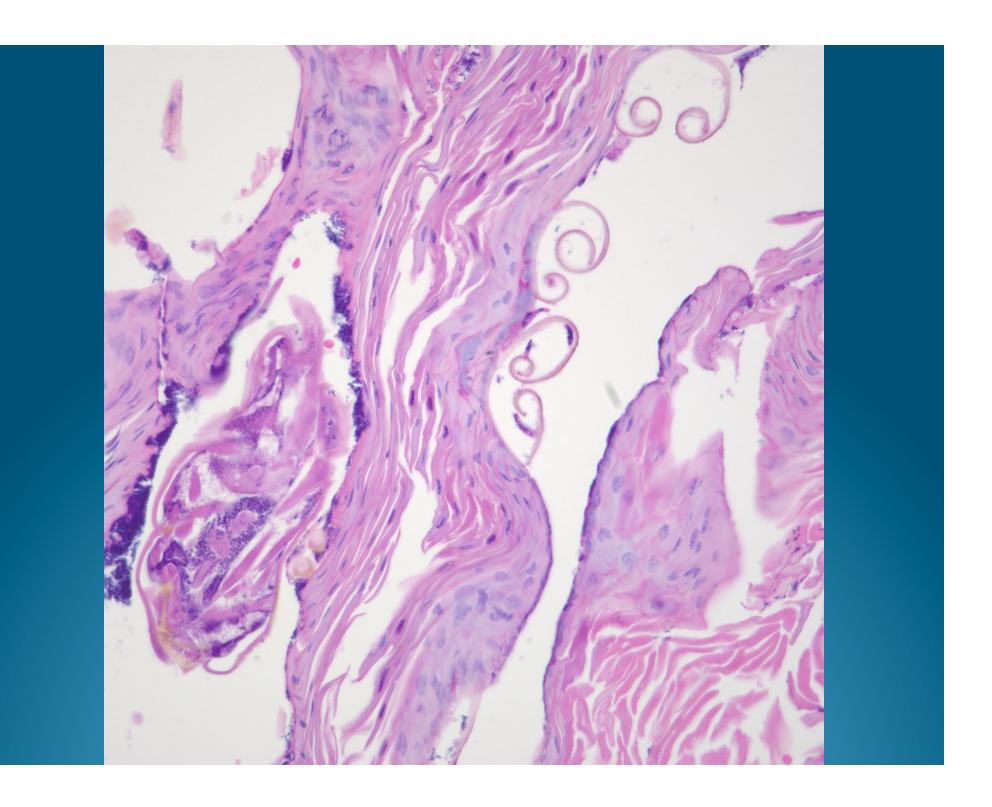
- Dermal epidermal cyst with multiple pilosebaceous units surrounding cyst
- No cytologic atypia
- May have stroma-stroma clefting







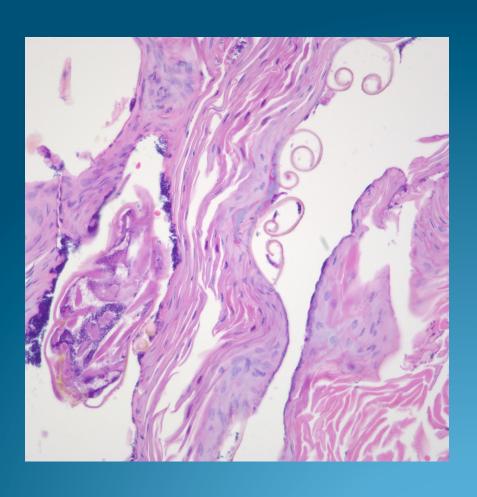




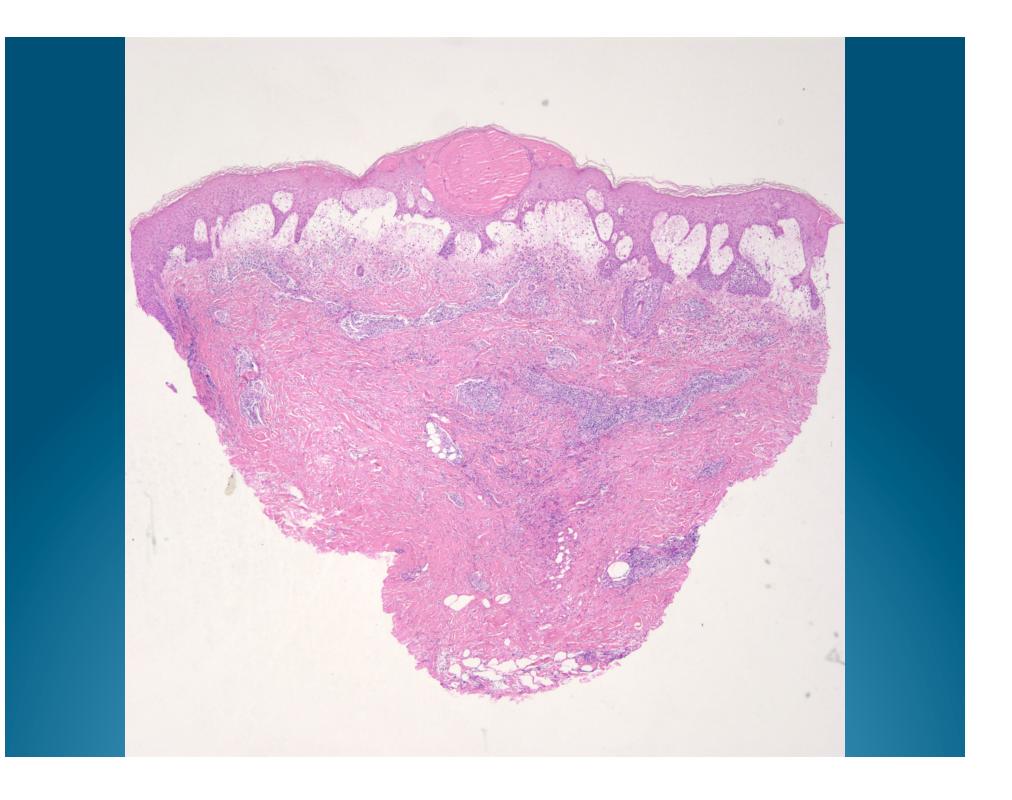
"Footballs and Moustaches"

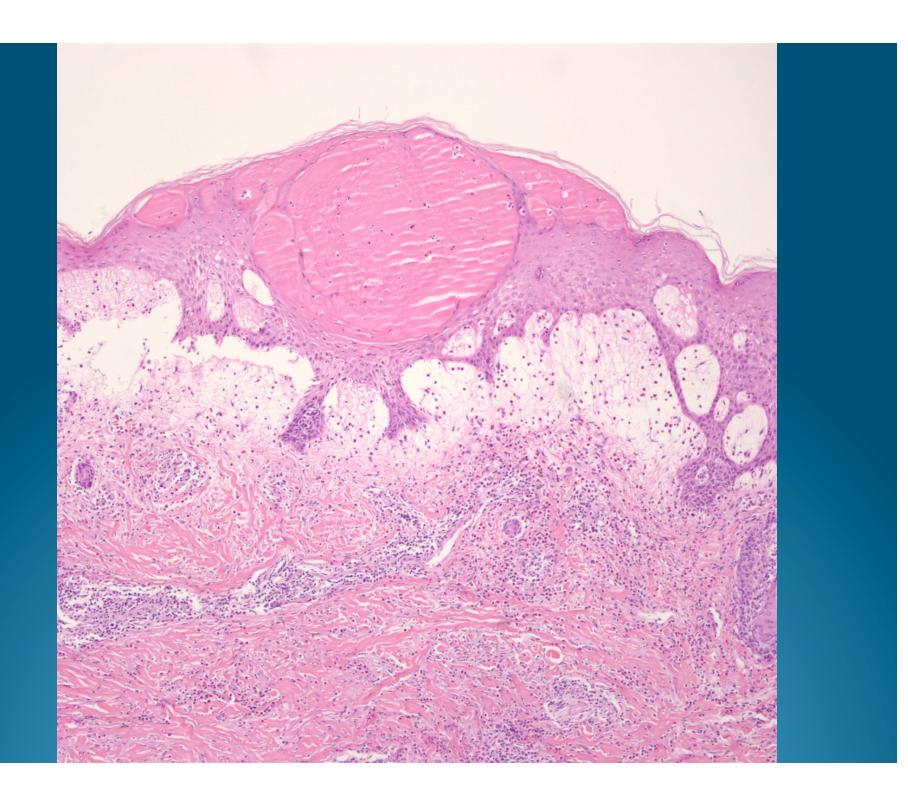
What is the diagnosis?

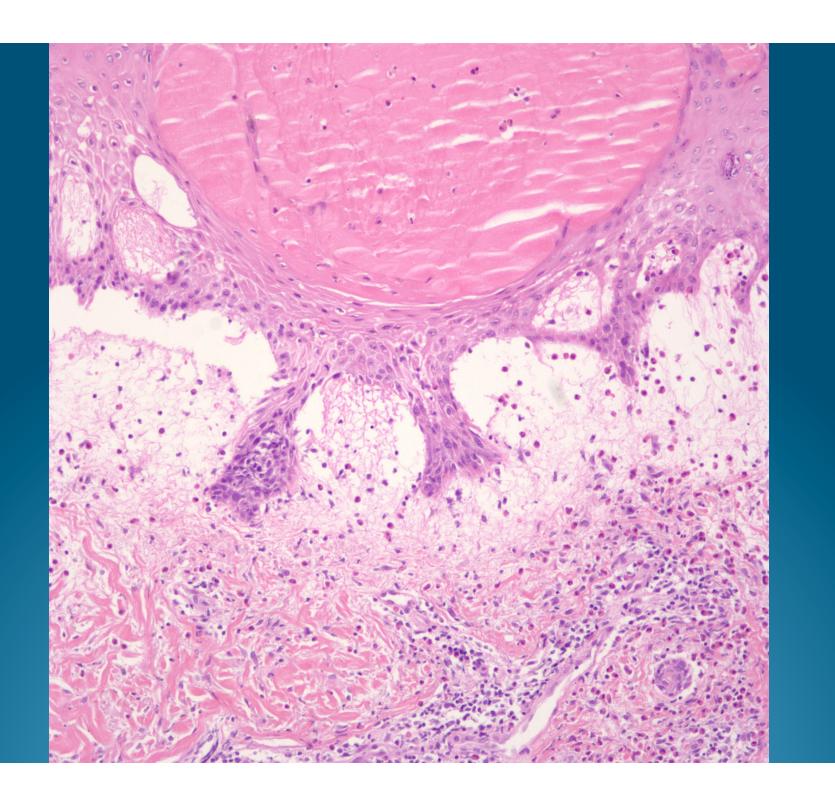
Norwegian Scabies

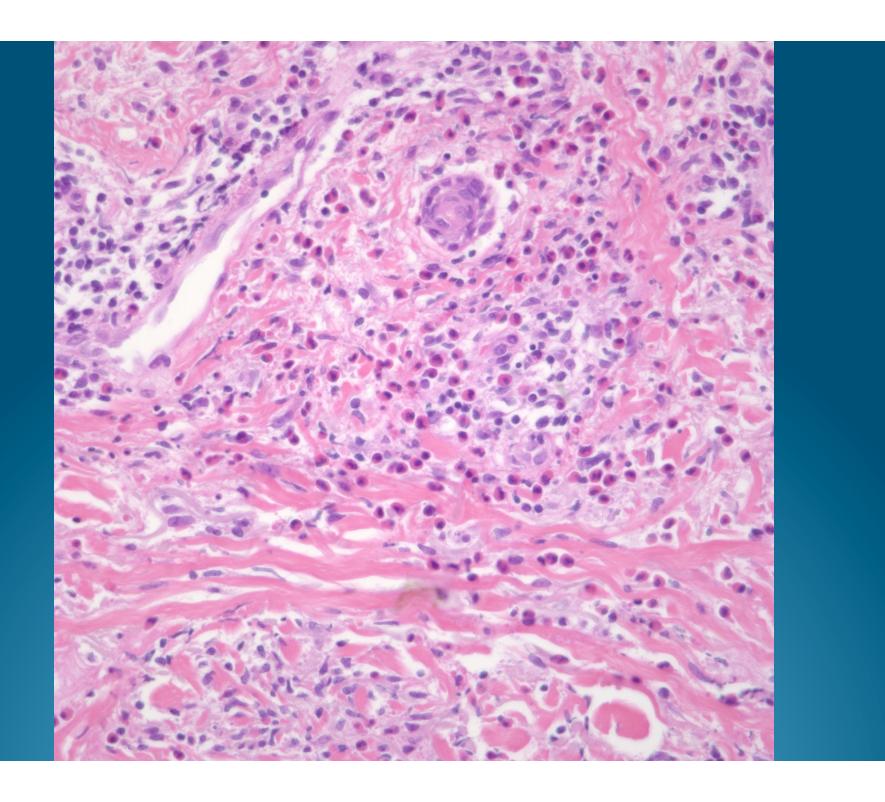


- Extensive infiltration of mites in stratum corneum
- May see scybula (footballs) and moustaches (cuticle of mite)

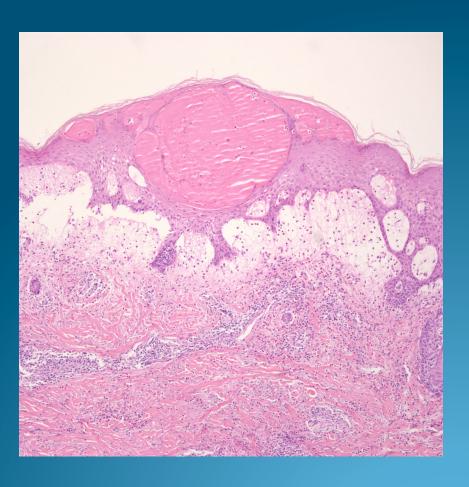




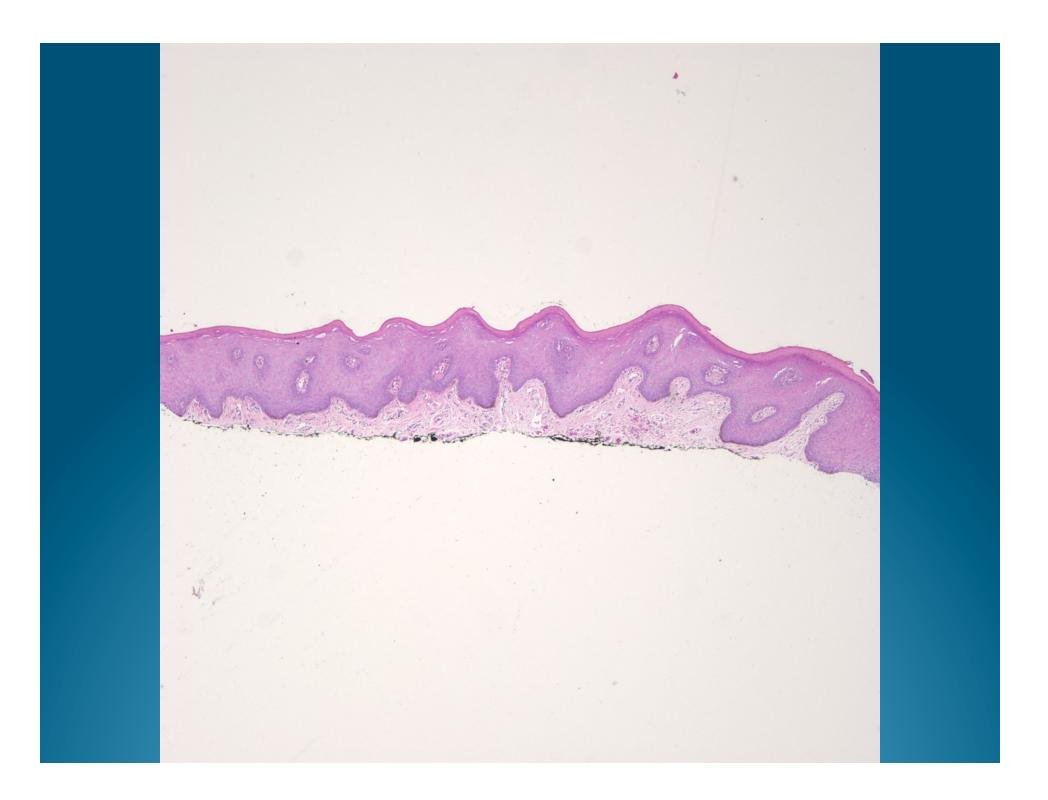


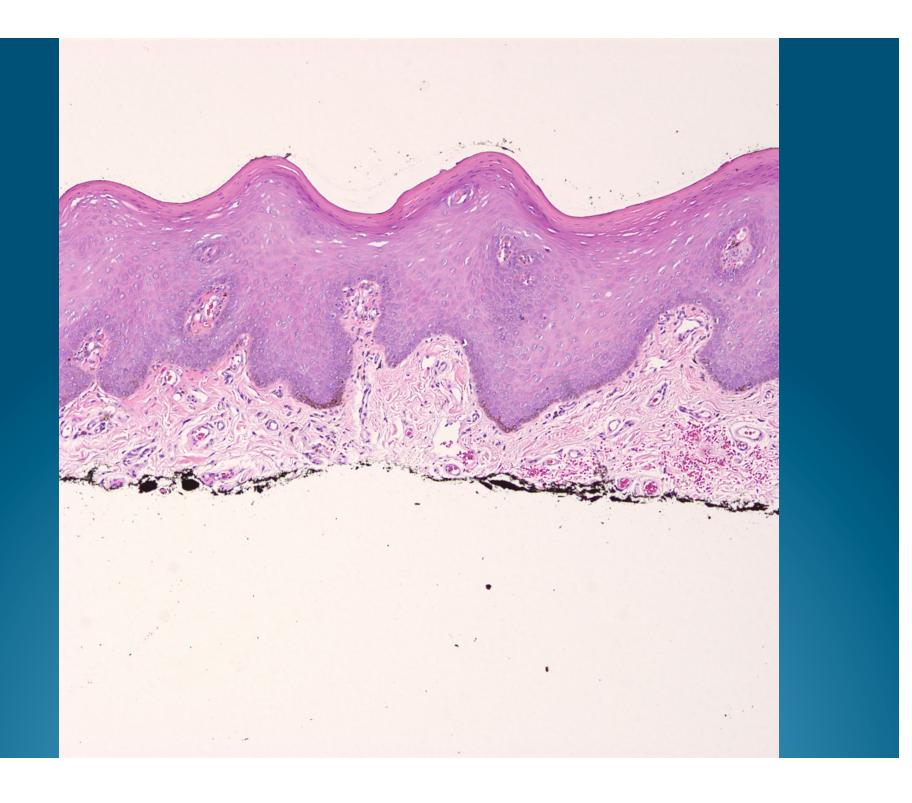


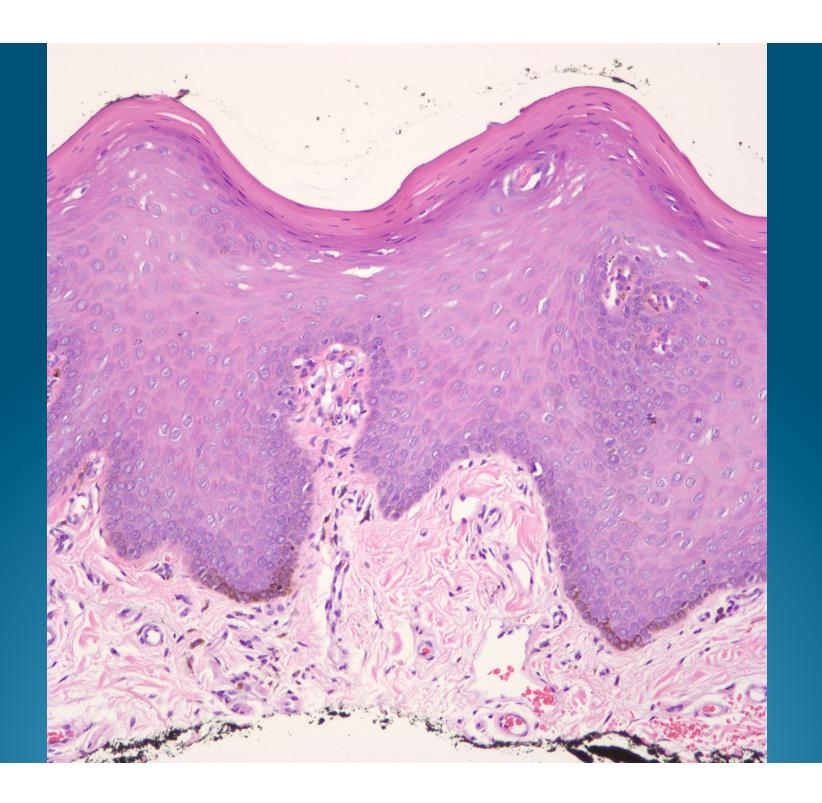
Changes Consistent with Arthropod Bite

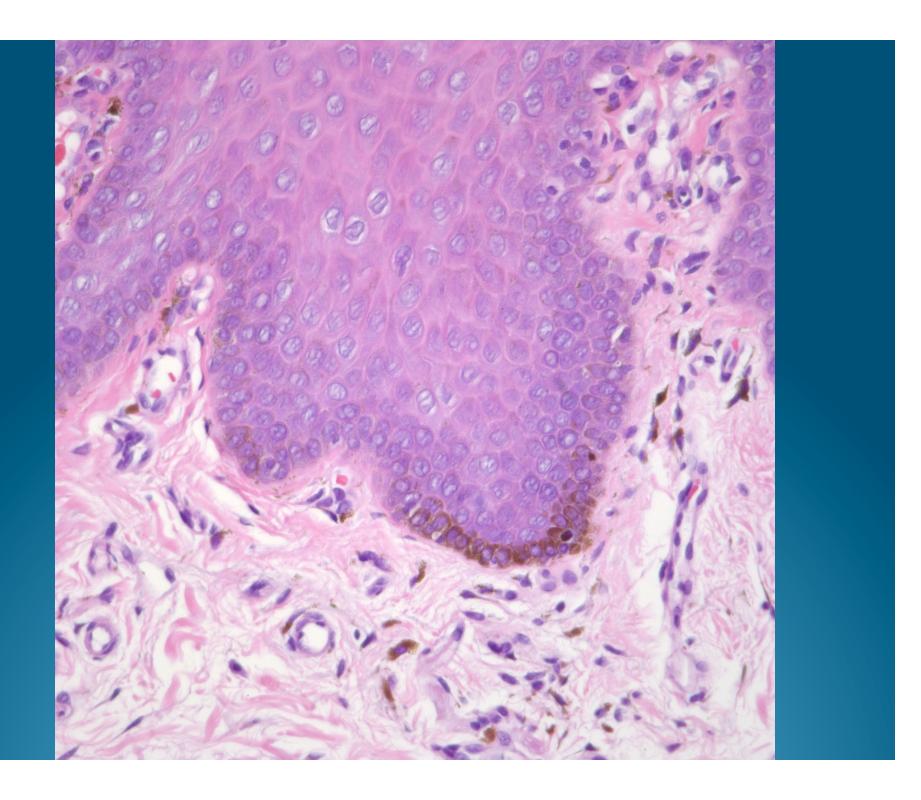


- Acute spongiotic dermatitis with eosinophils
- May be folliculocentric or wedge-shaped with apex in deeper dermis
- Variable edema and vesiculo-bullous changes

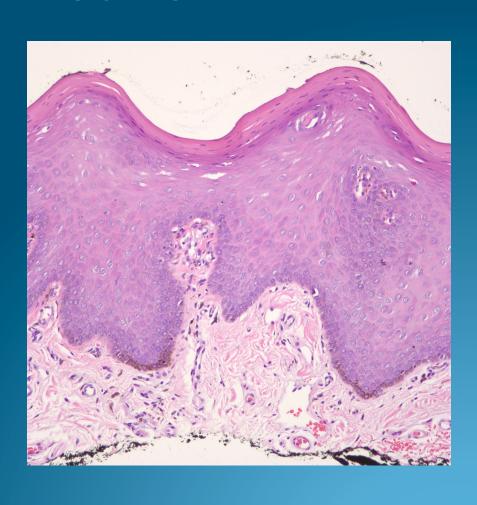




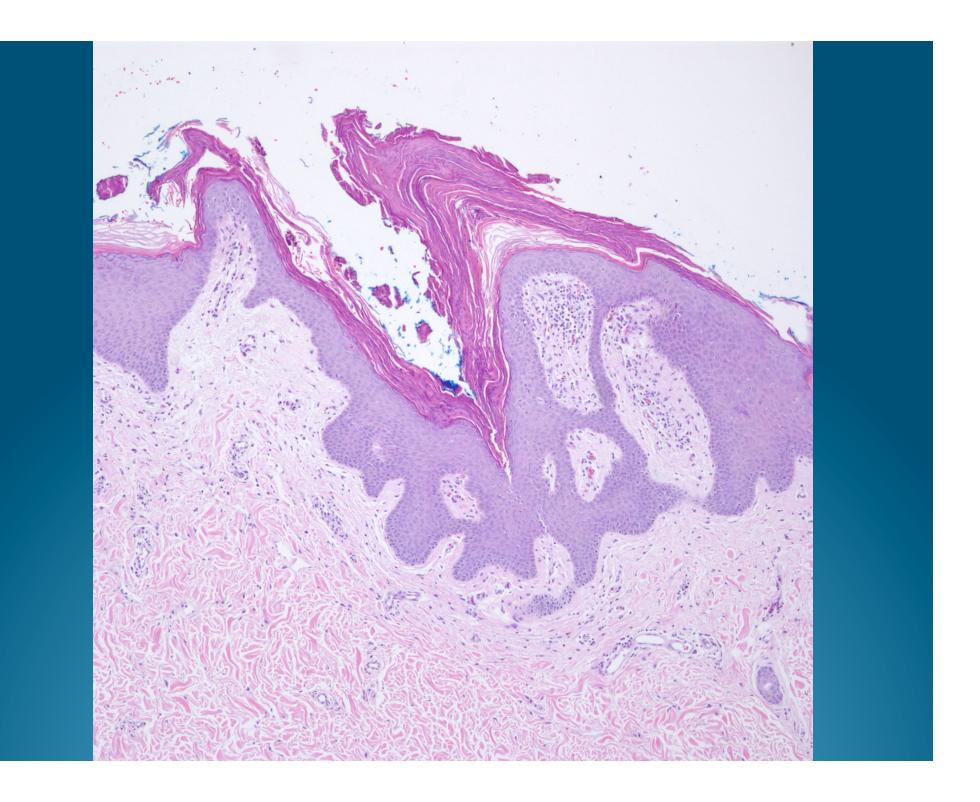


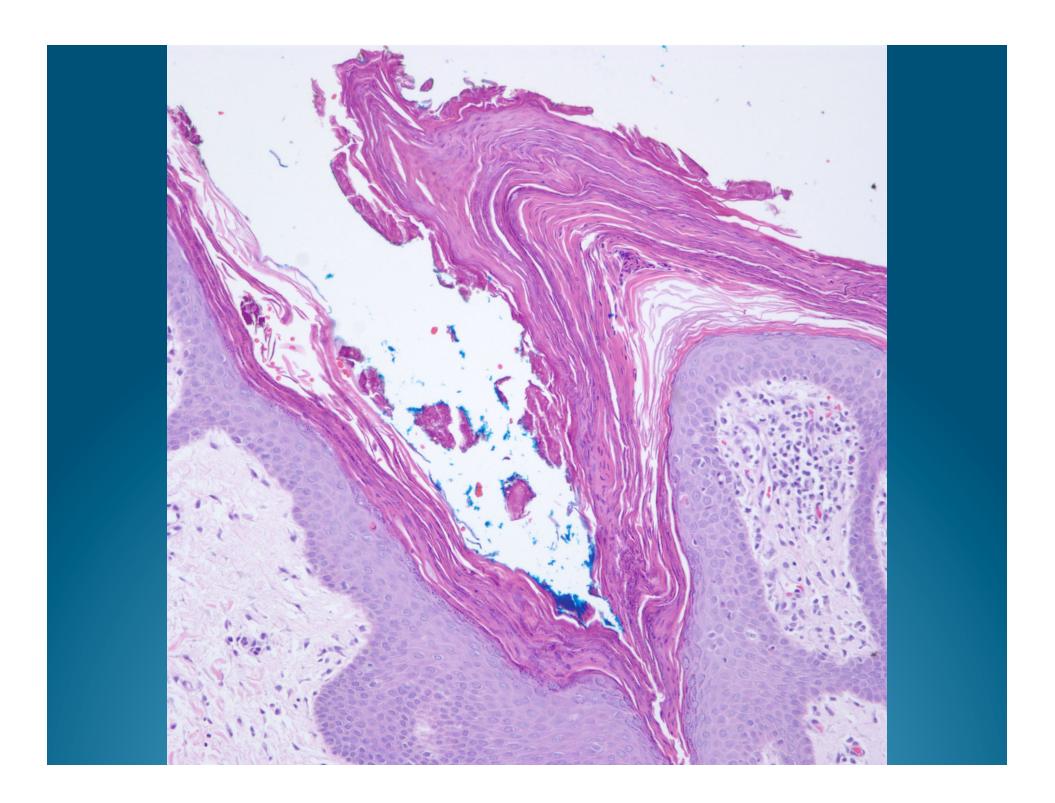


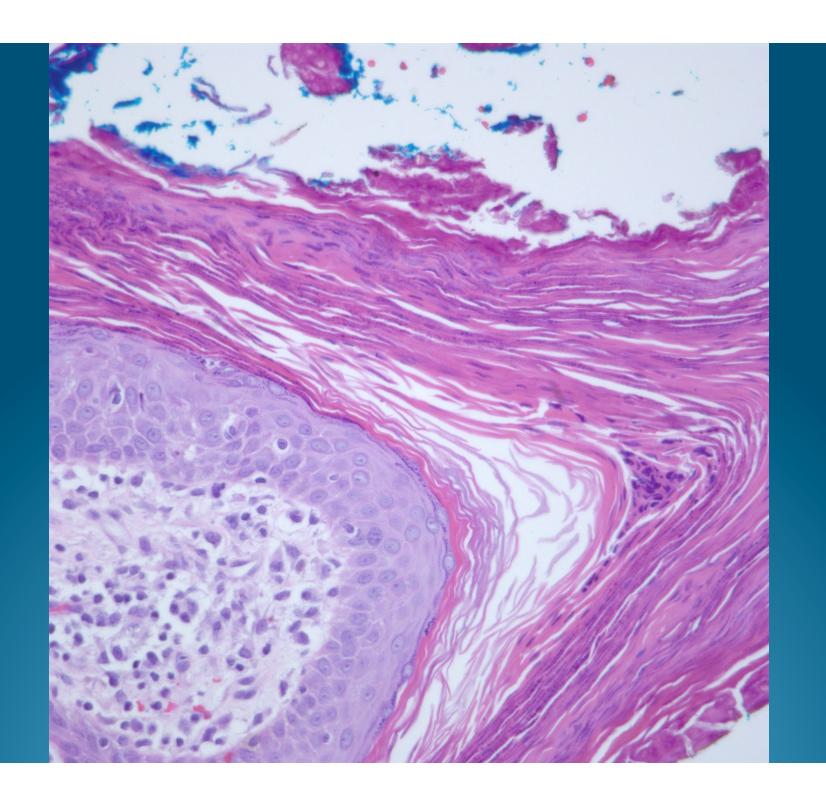
Mucosal Lentigo (Labial Melanotic Macule)



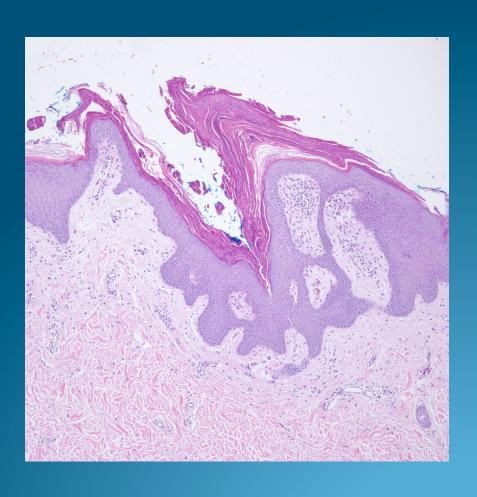
- Recognize mucosal squamous epithelium
- Continuous increase in melanin pigment at the mucosal-submucosal junction
- No cytologic atypia of the melanocytes







Axillary Granular Parakeratosis



- Most cases located in axilla
- Confluent parakeratotic scale with accentuated granular layer
- No viral cytopathic changes, dysplasia, or acantholysis