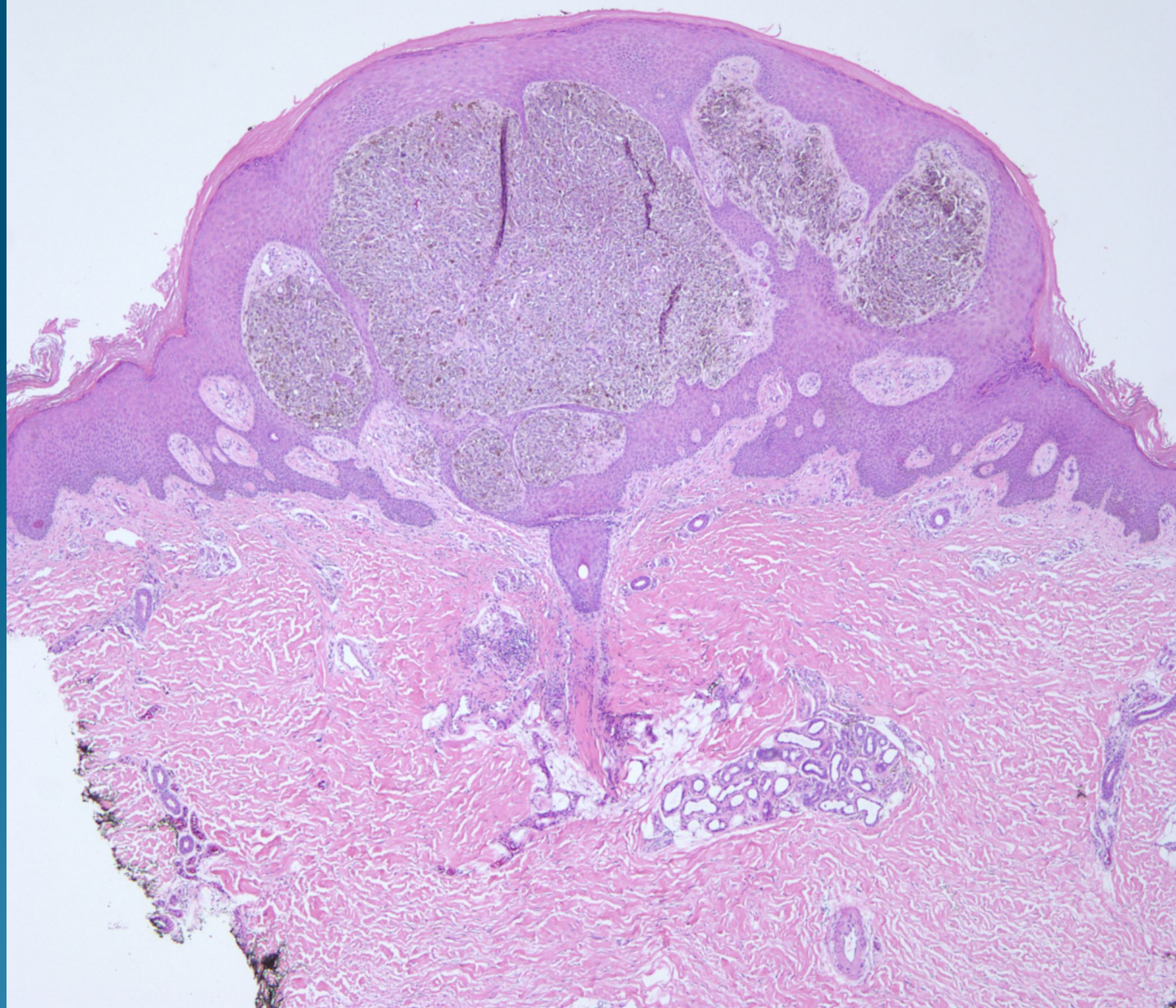
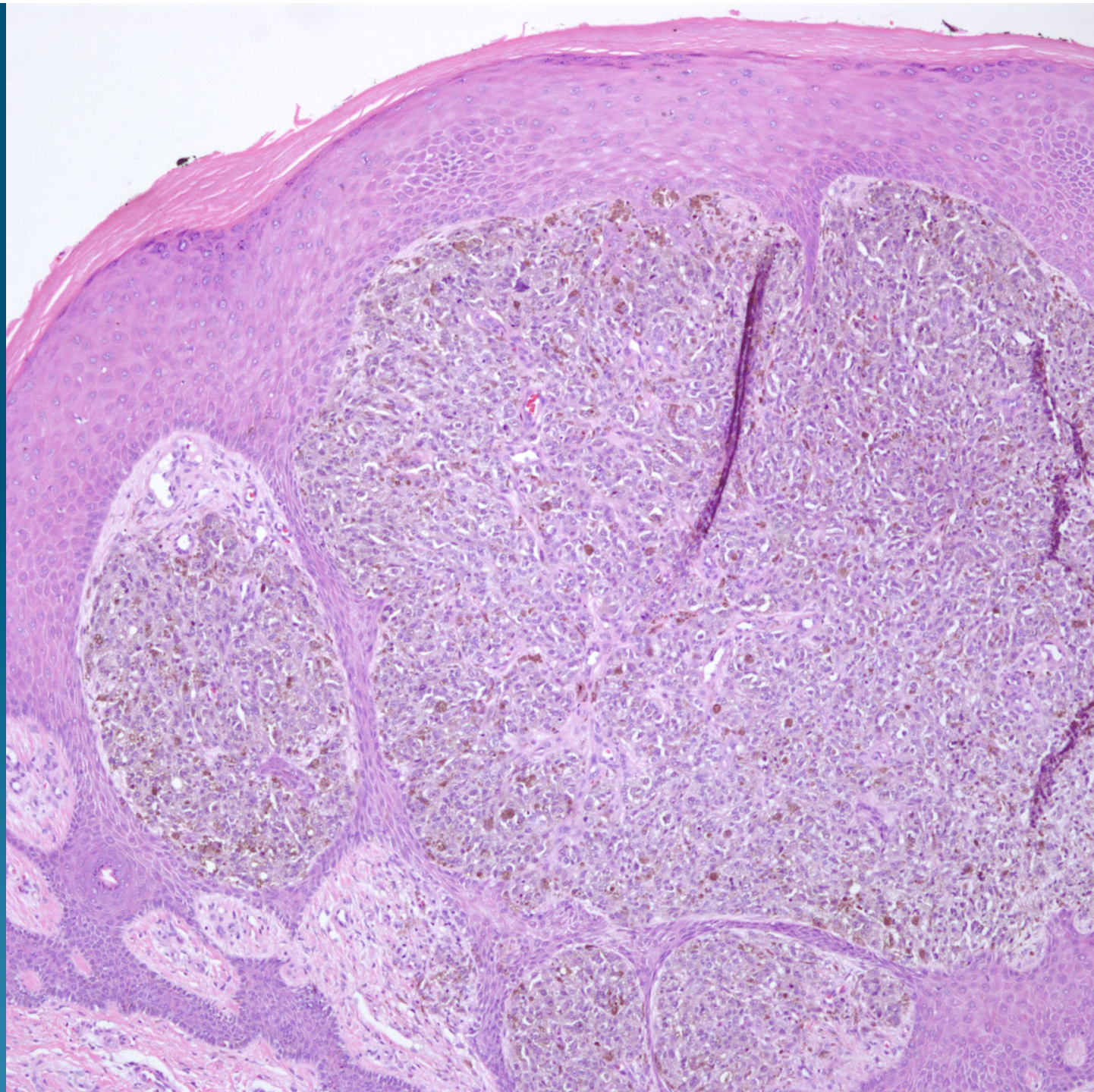


# Dermatopathology Slide Review Part 96

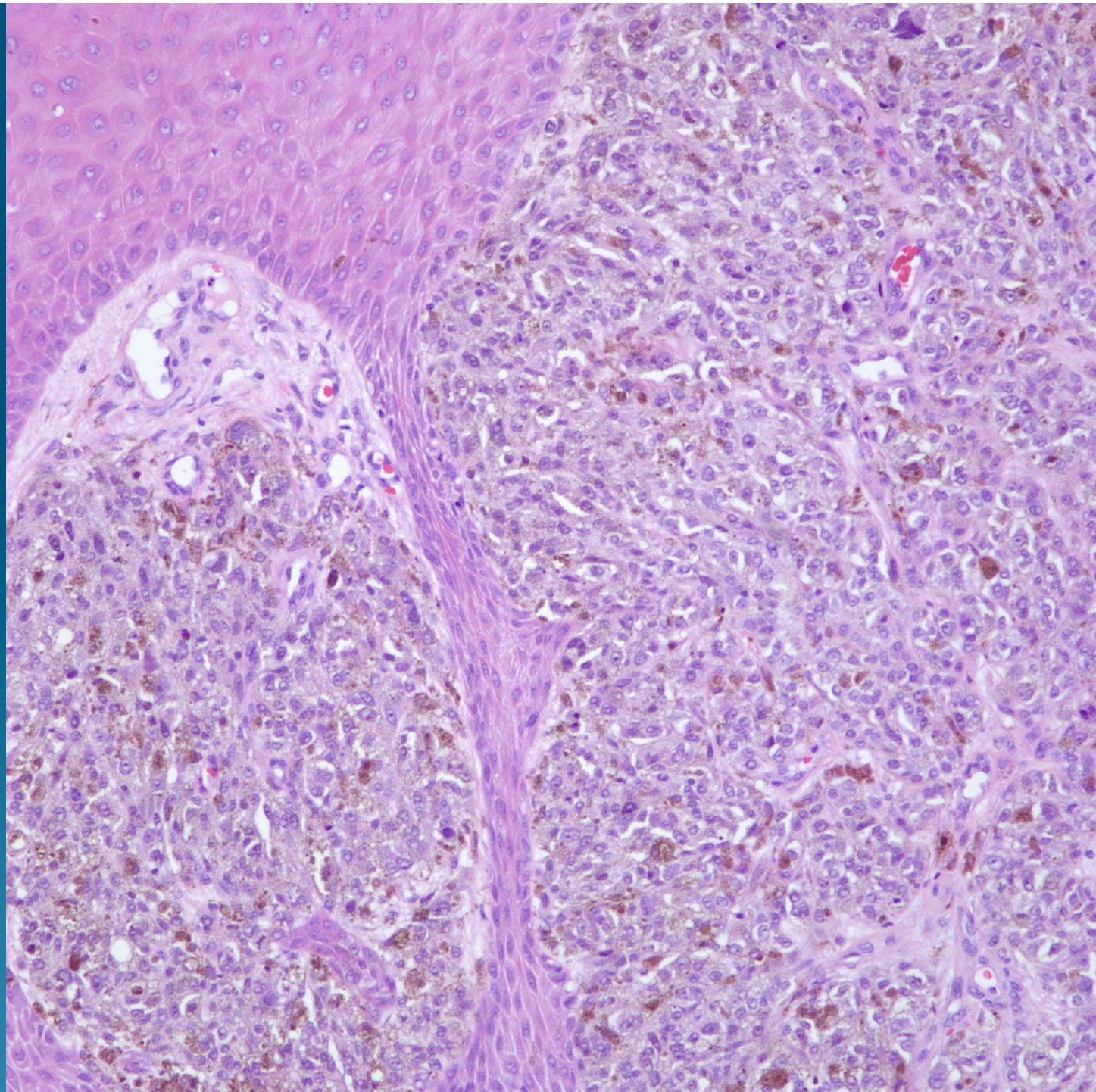
Paul K. Shitabata, M.D.  
Dermatopathology Institute  
Torrance, CA



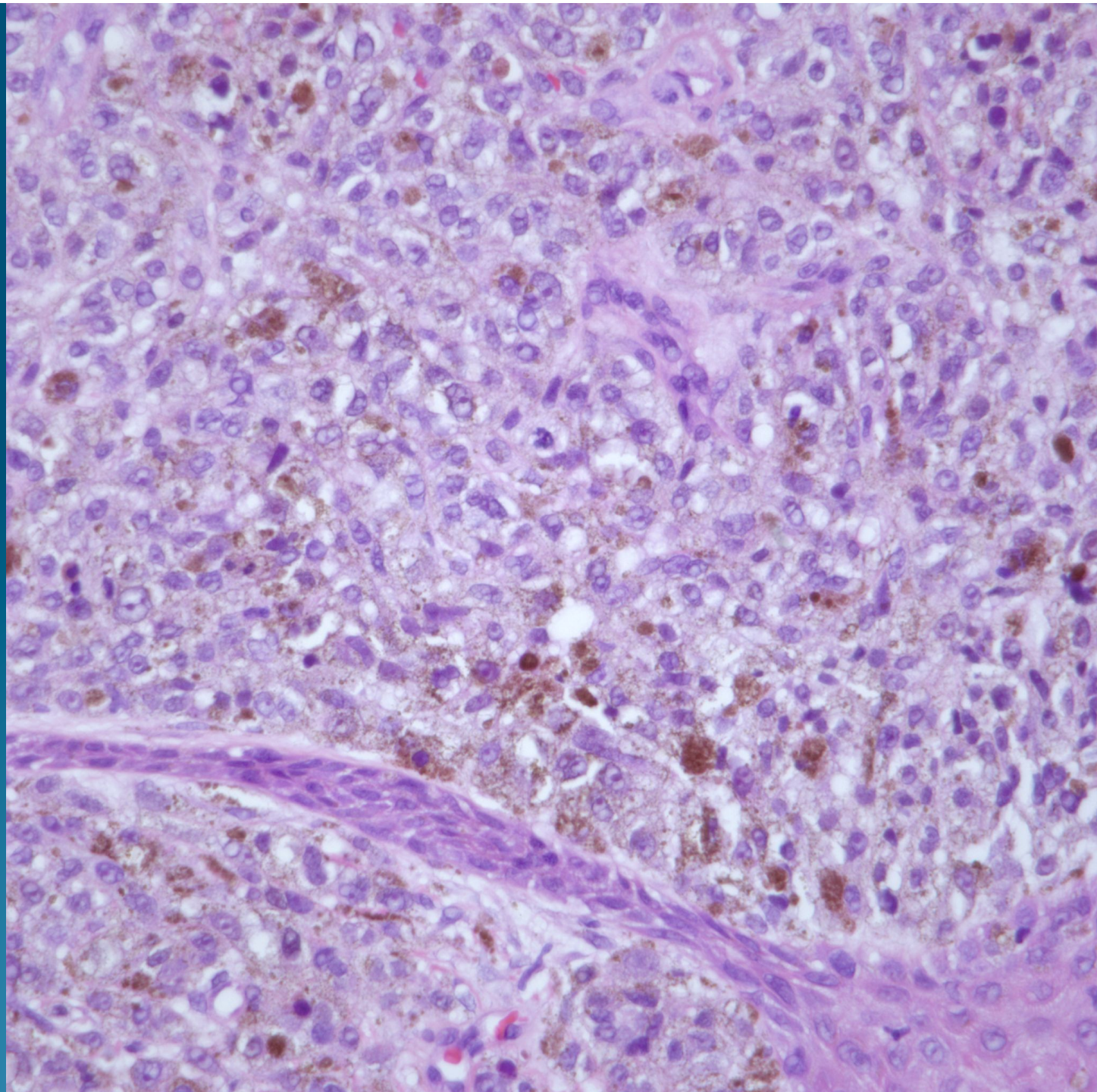














# What is the best diagnosis?

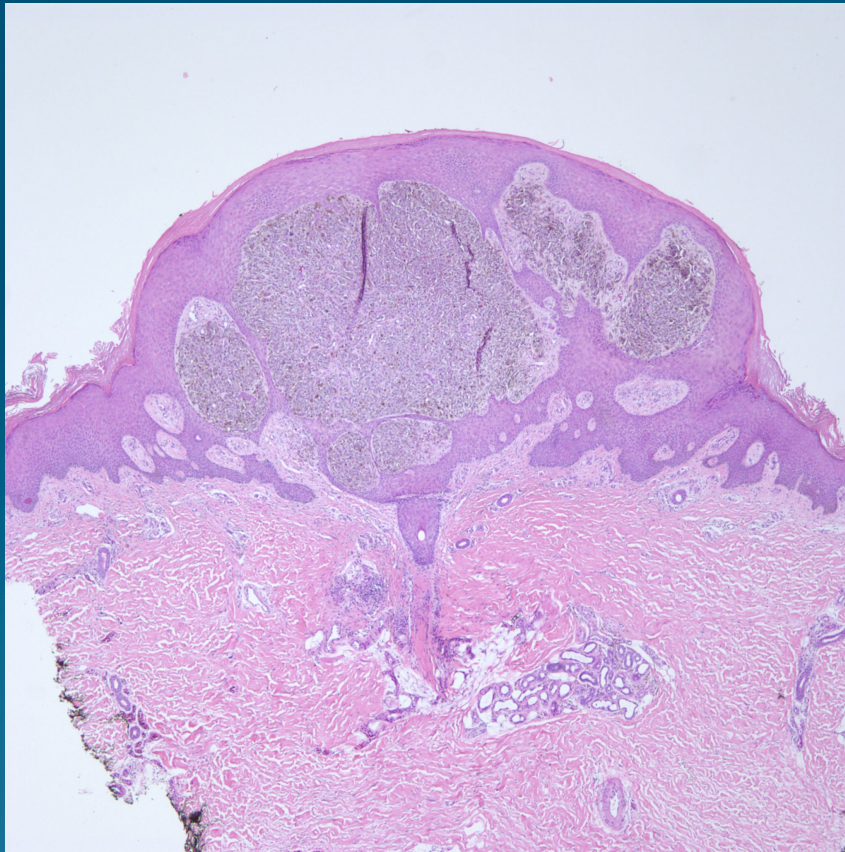
- A. Melanoma metastatic to the skin
- B. Primary nodular melanoma
- C. Cellular blue nevus
- D. Deep penetrating nevus
- E. Pigmented nodular basal cell carcinoma



# Melanoma Metastatic to the Skin

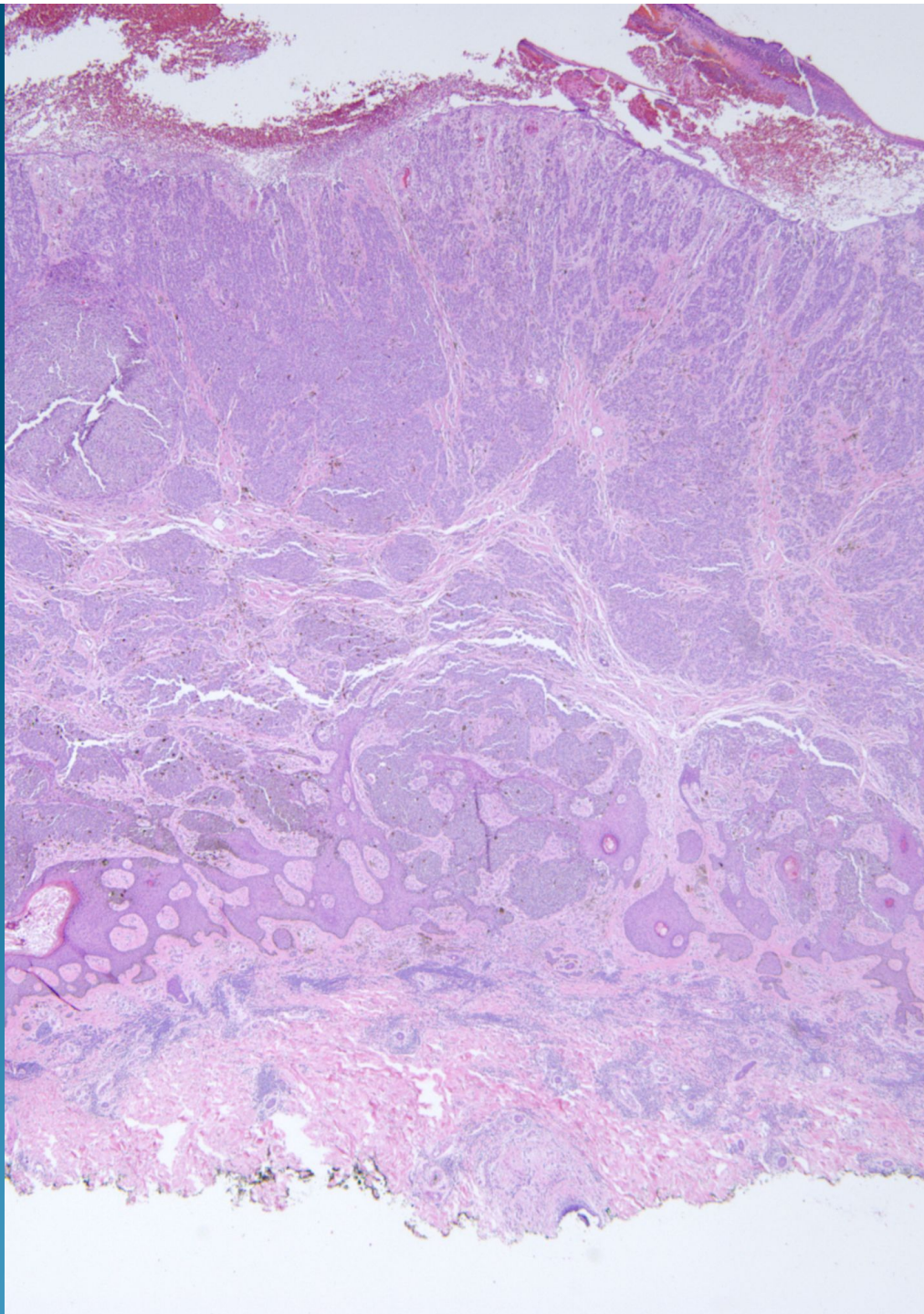


# Pearls

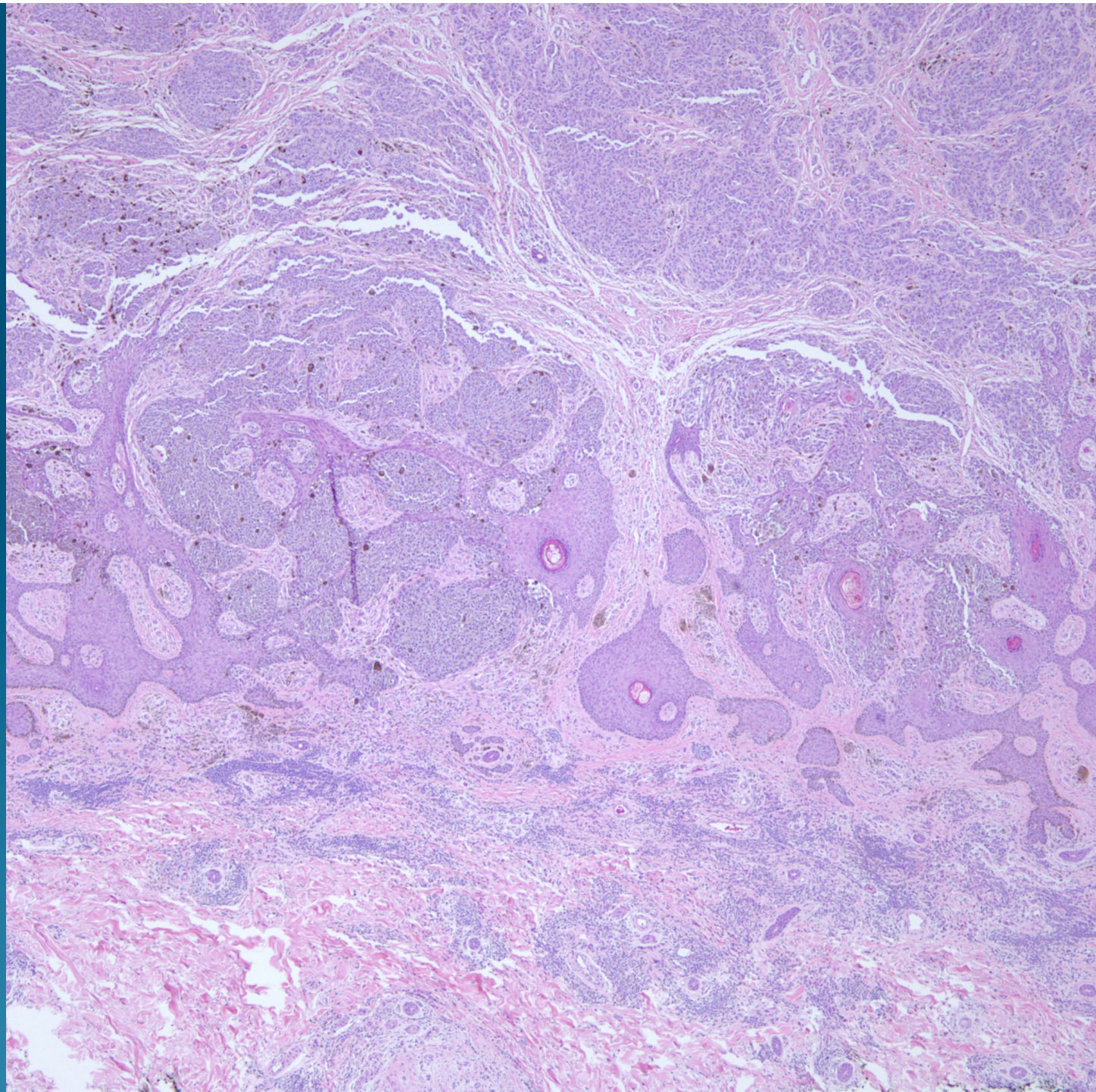


- Predominately dermal based nodule of malignant melanocytes
- Variable epidermal involvement but usually dermal component predominates over epidermal
- Beware low power architecture resembles benign nevus

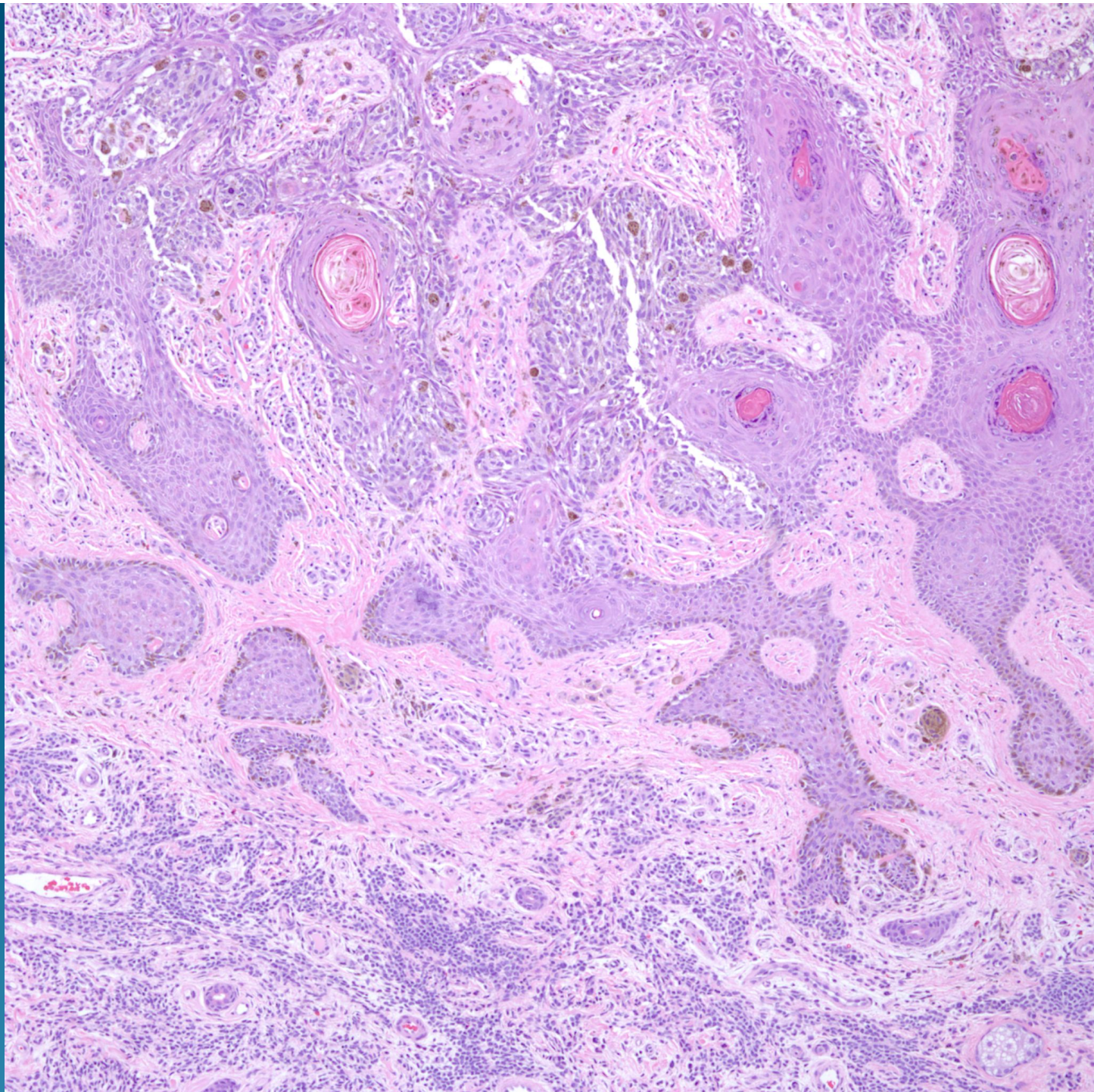




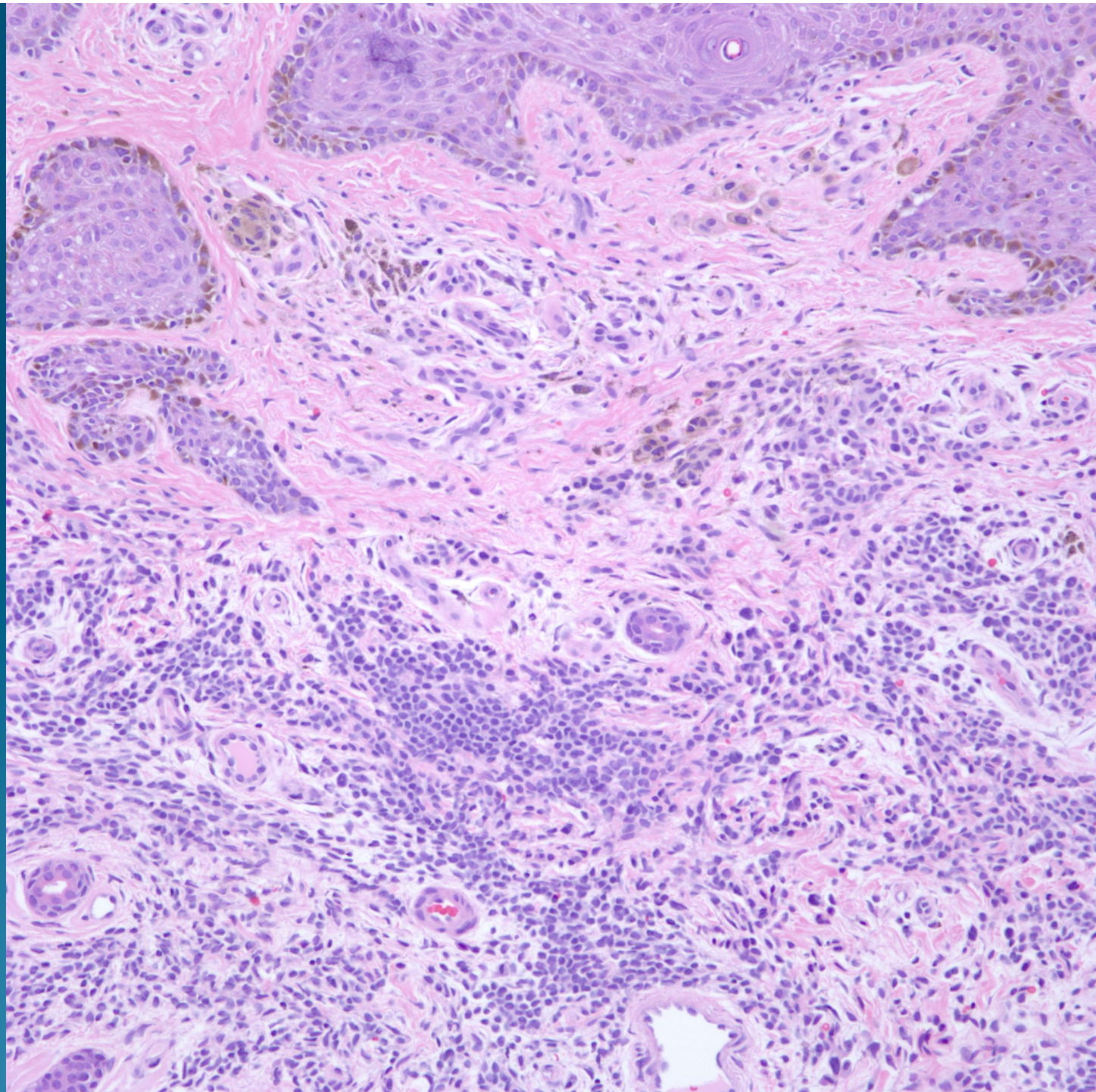




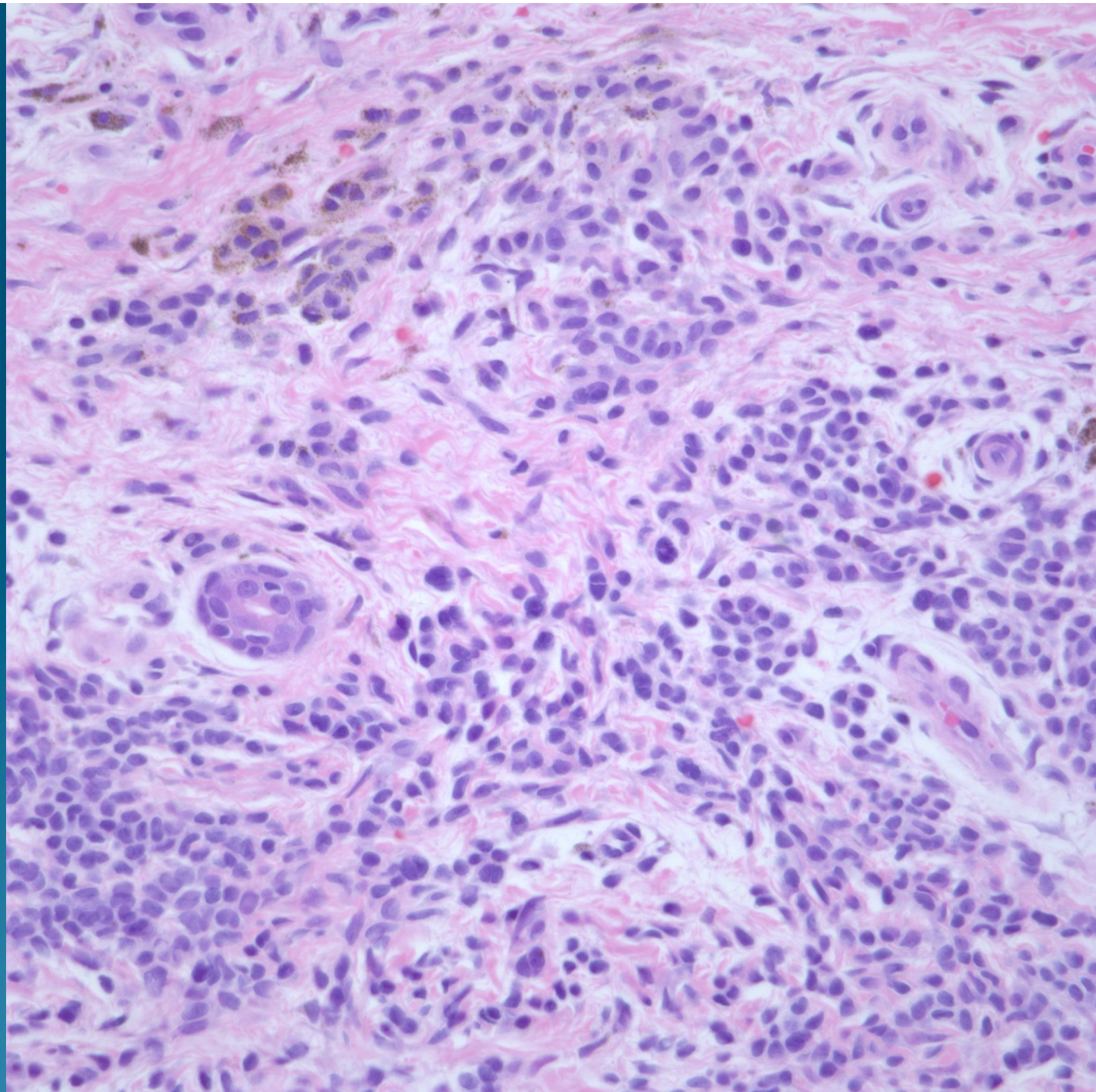




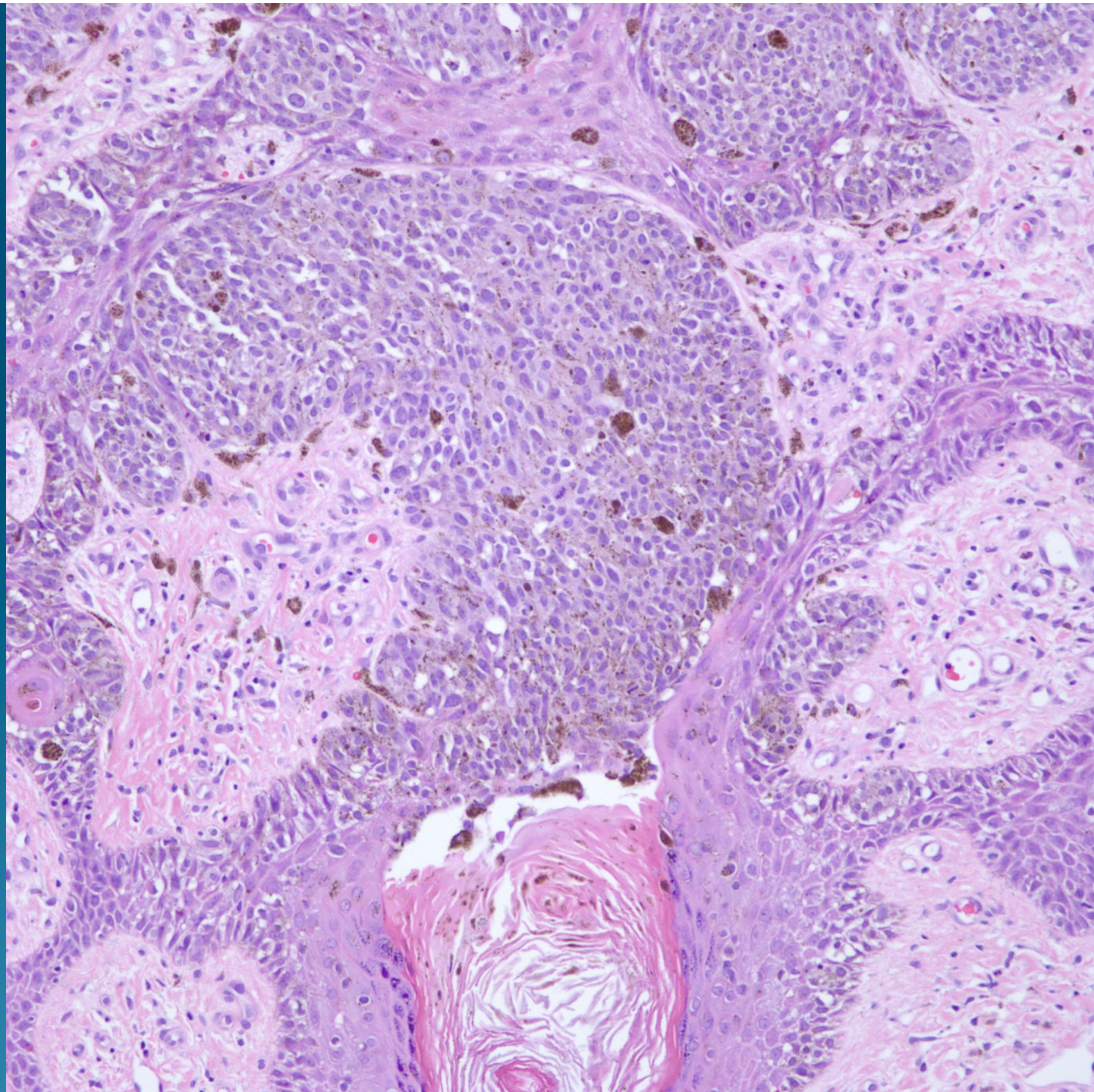




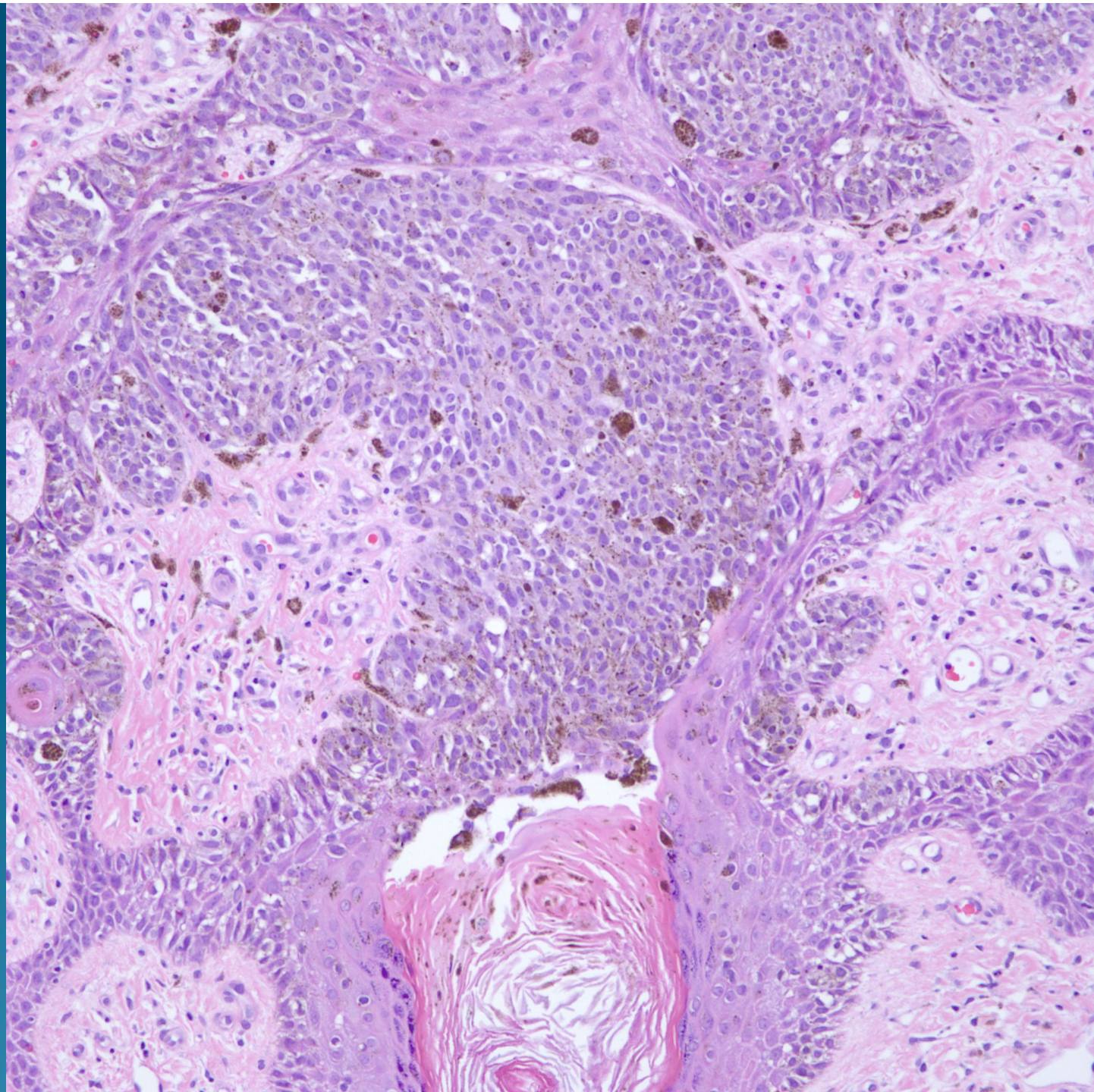




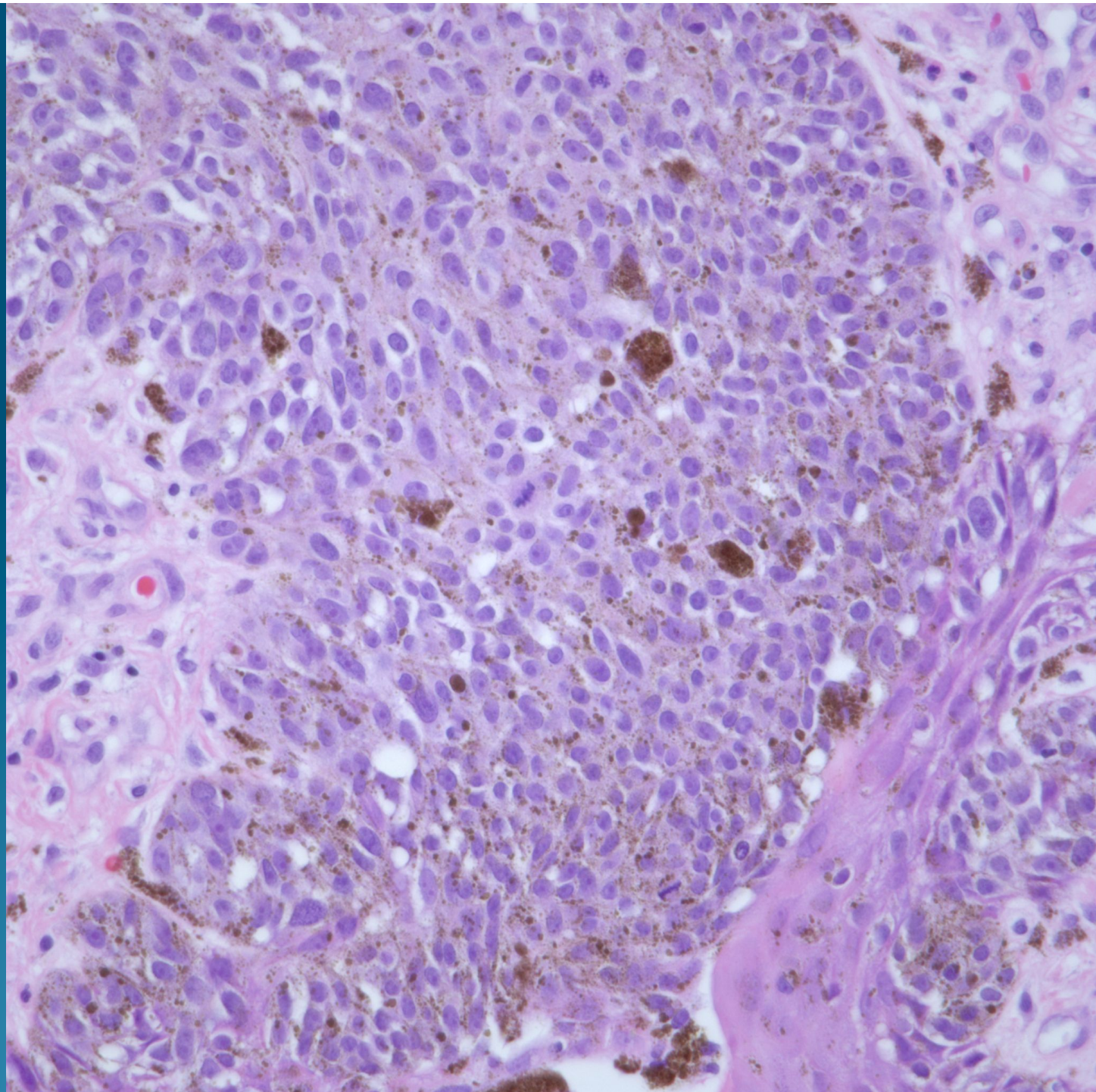










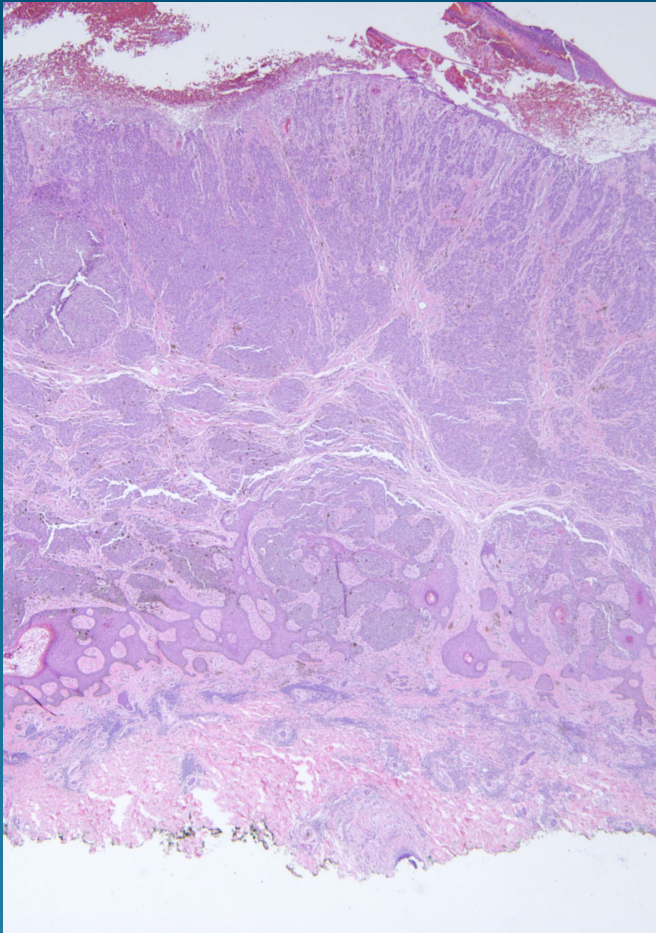




# Malignant Melanoma Arising with Pre-existing melanocytic nevus

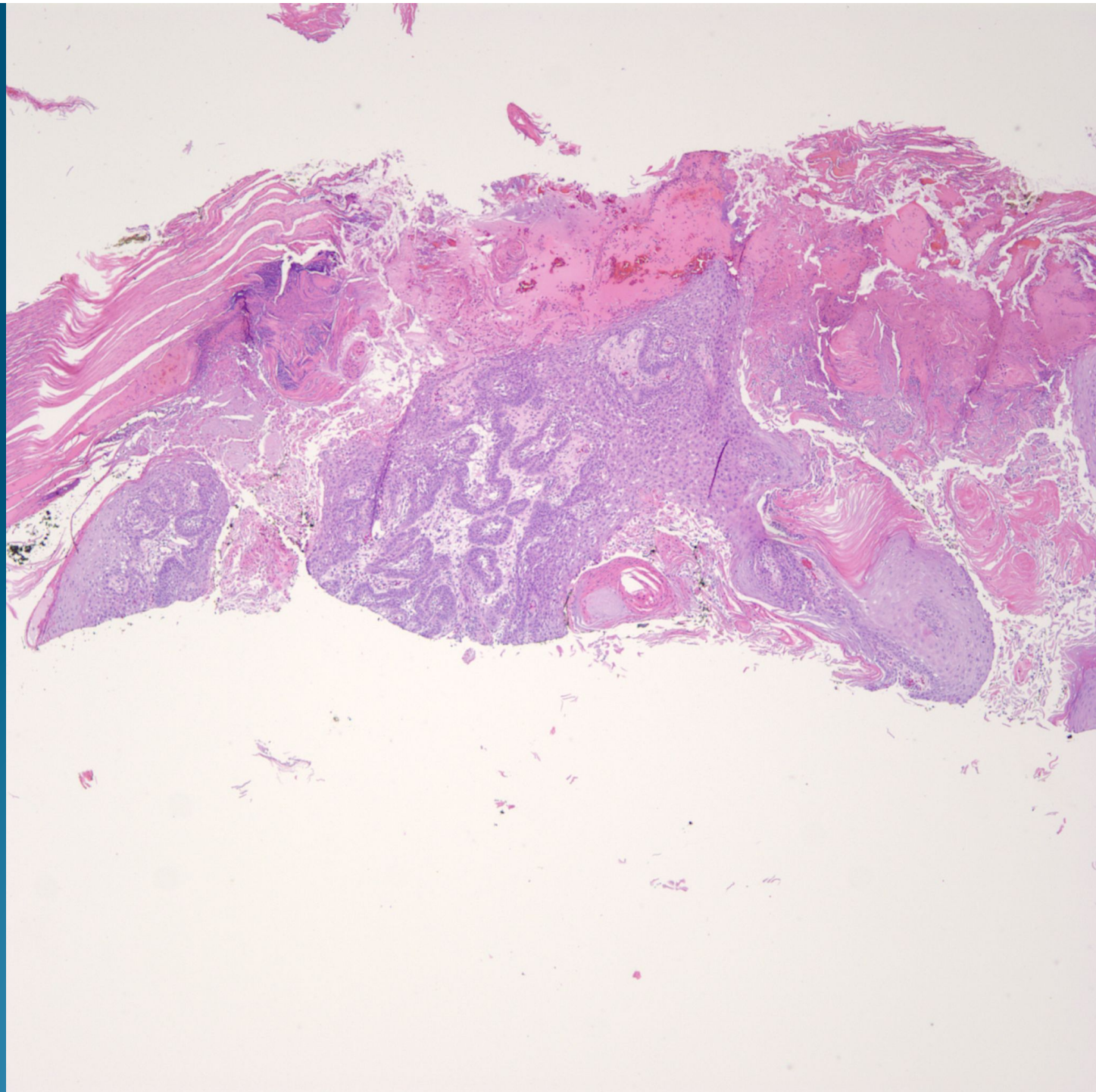


# Pearls

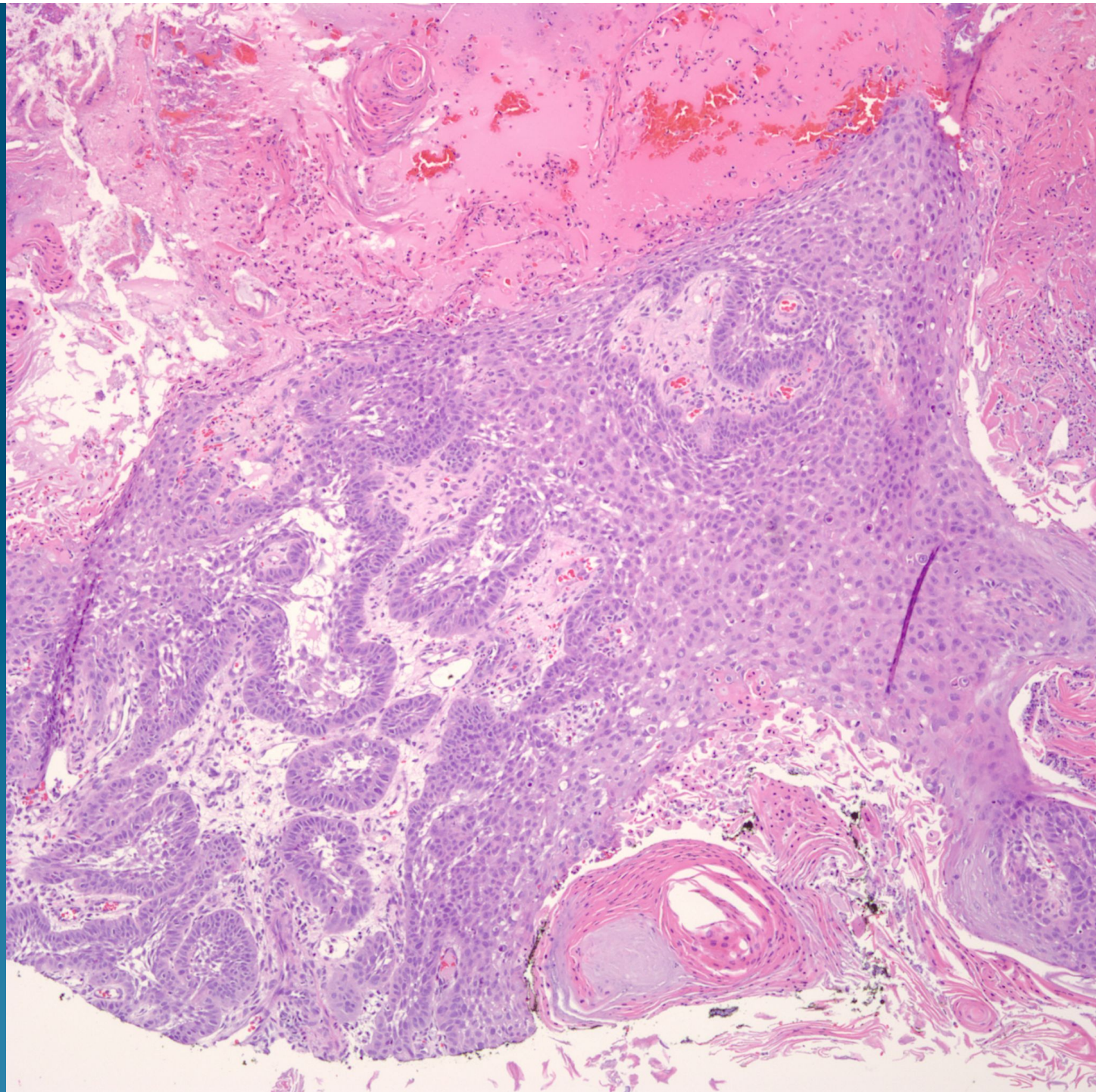


- Melanocytic nevus may be admixed with melanoma
- Cytology usually distinct between melanoma and nevus cells however, absolute distinction may be difficult in select cases
- FISH may be helpful adjunct with micro-dissection of interface areas

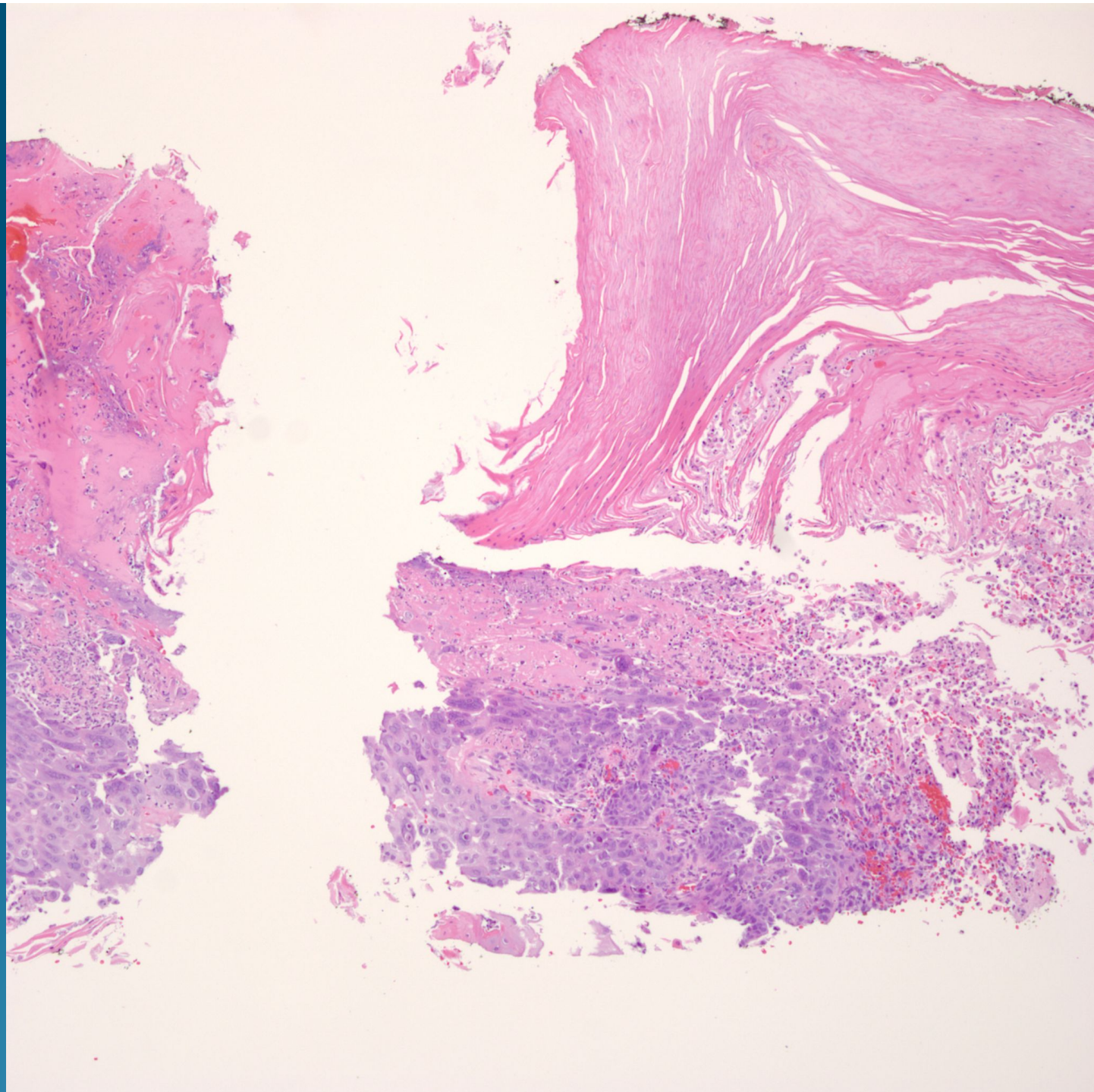




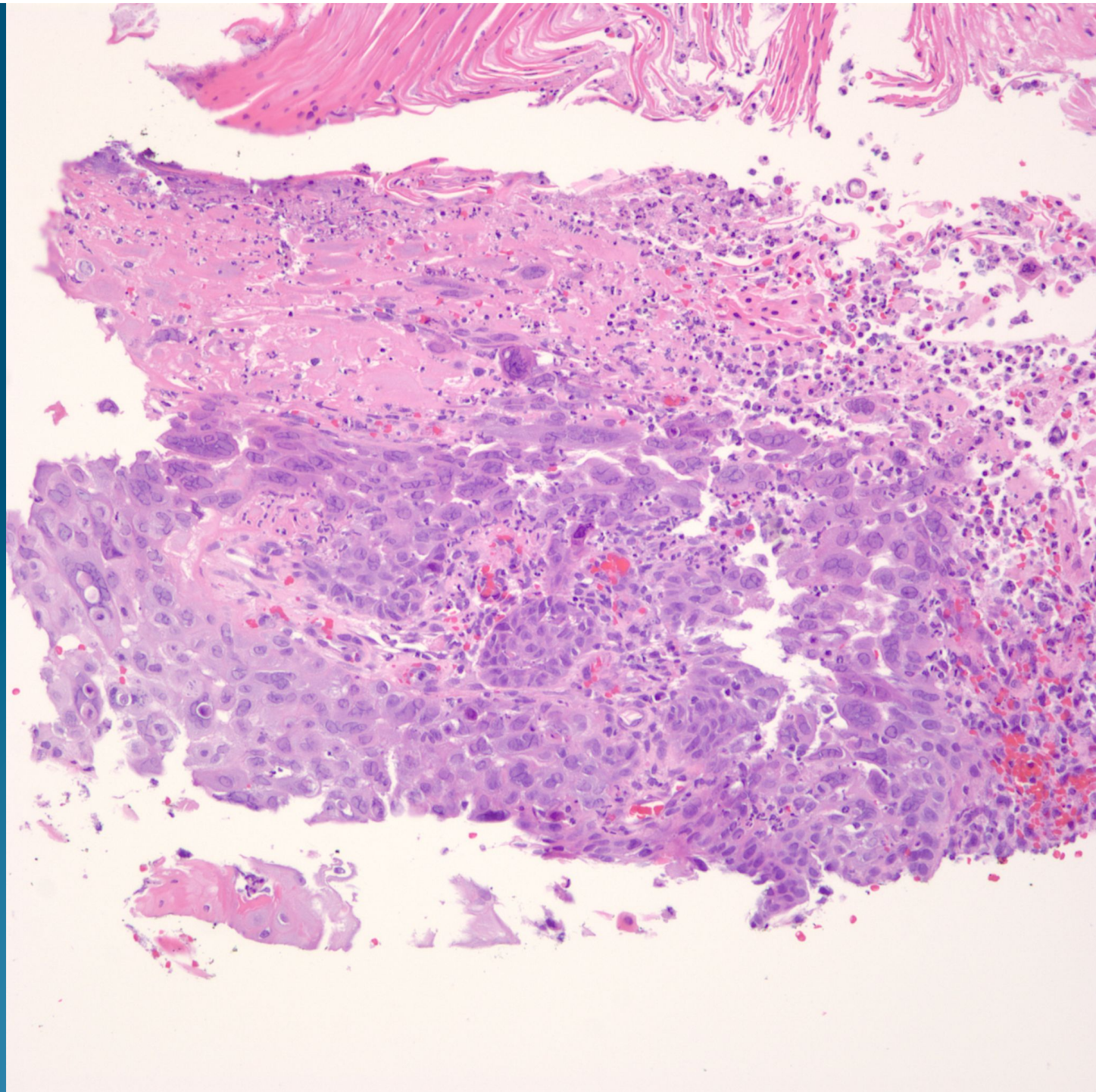




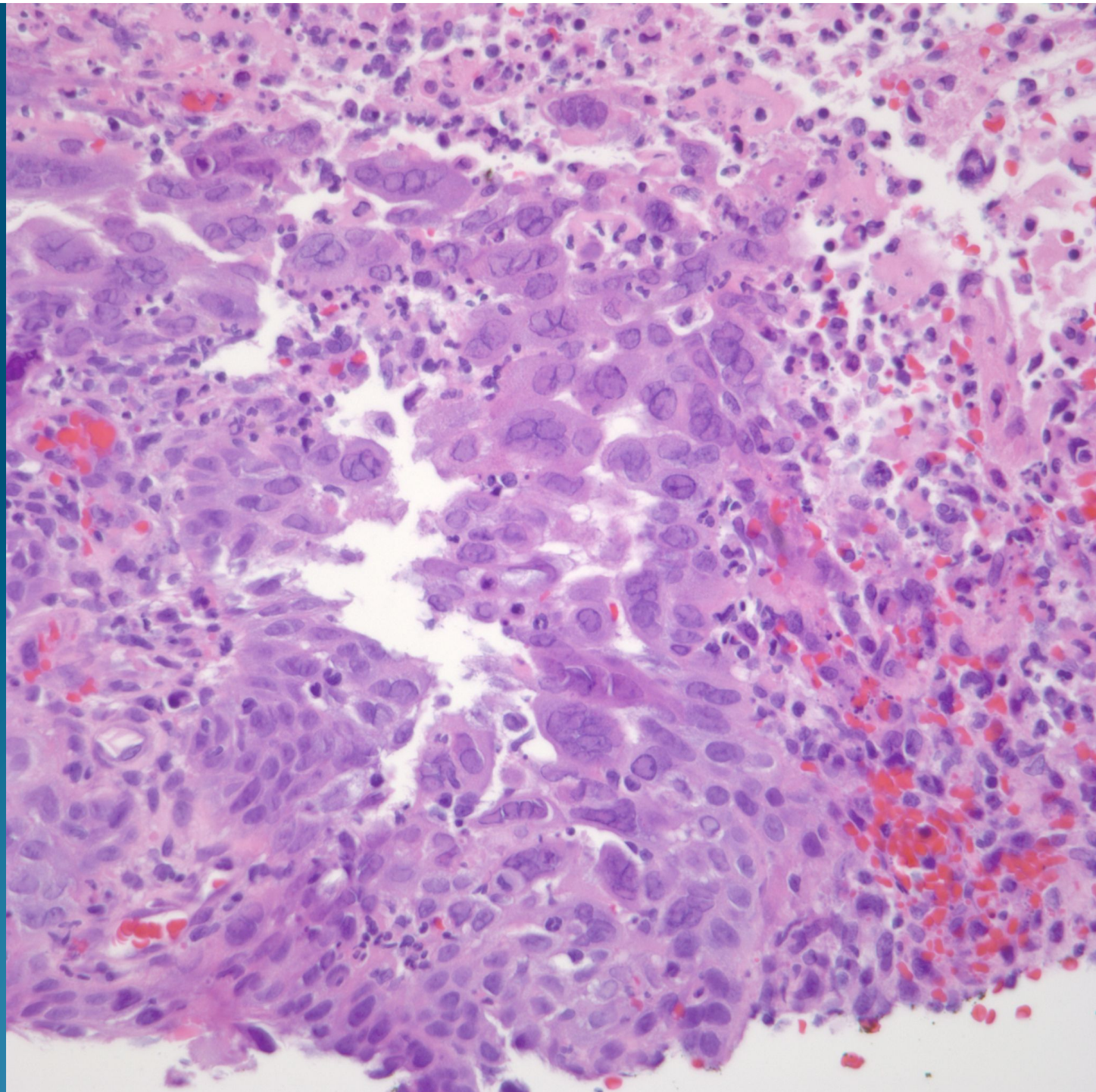






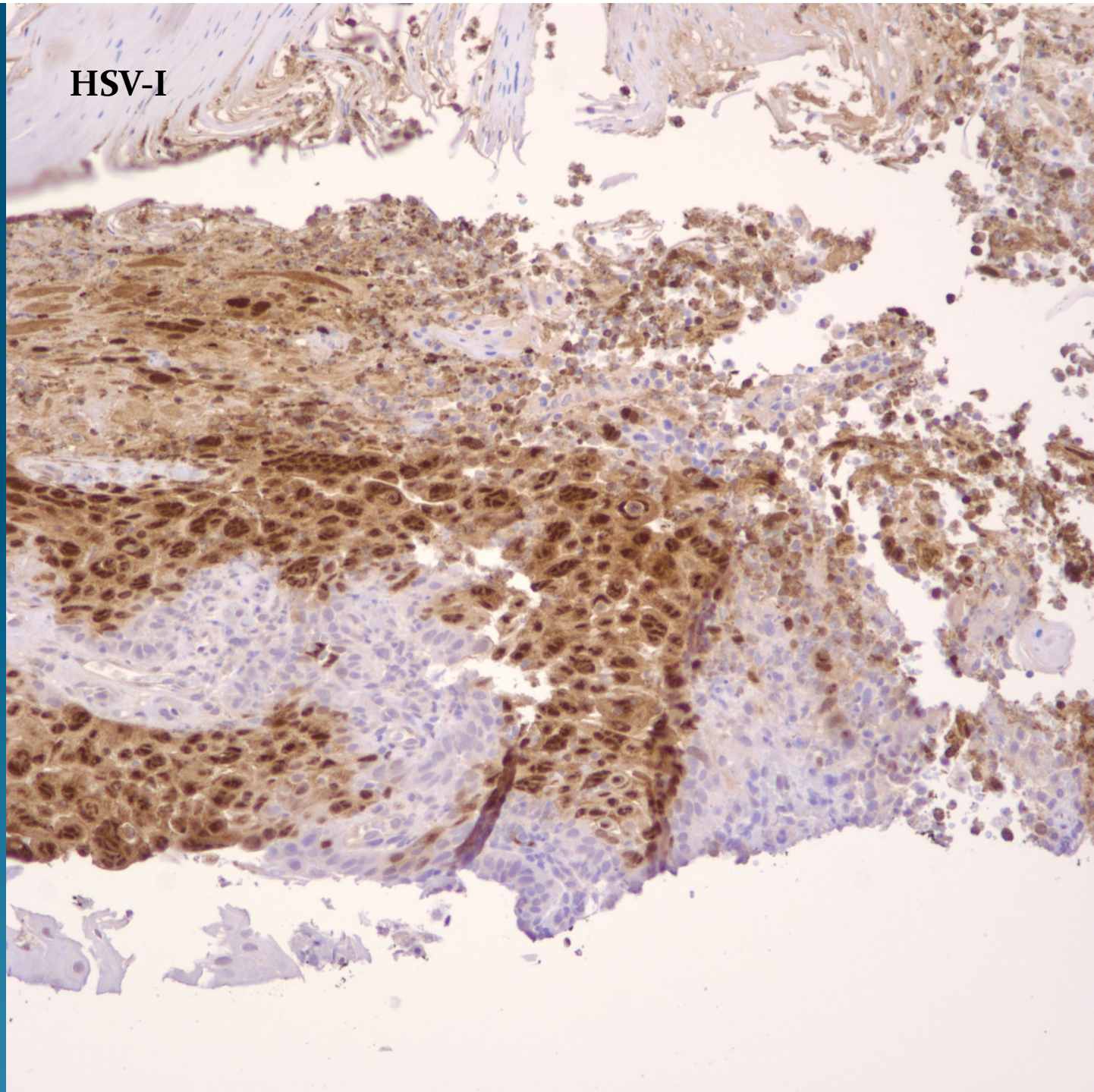








**HSV-I**

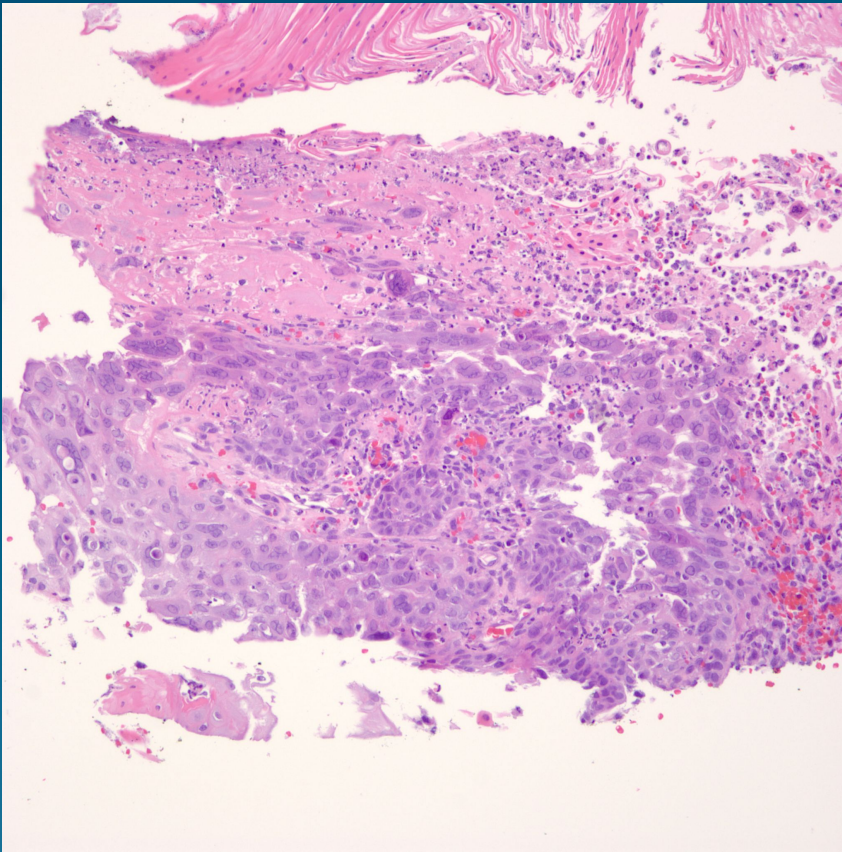




# Herpes Simplex Virus infection arising with Squamous Cell Carcinoma

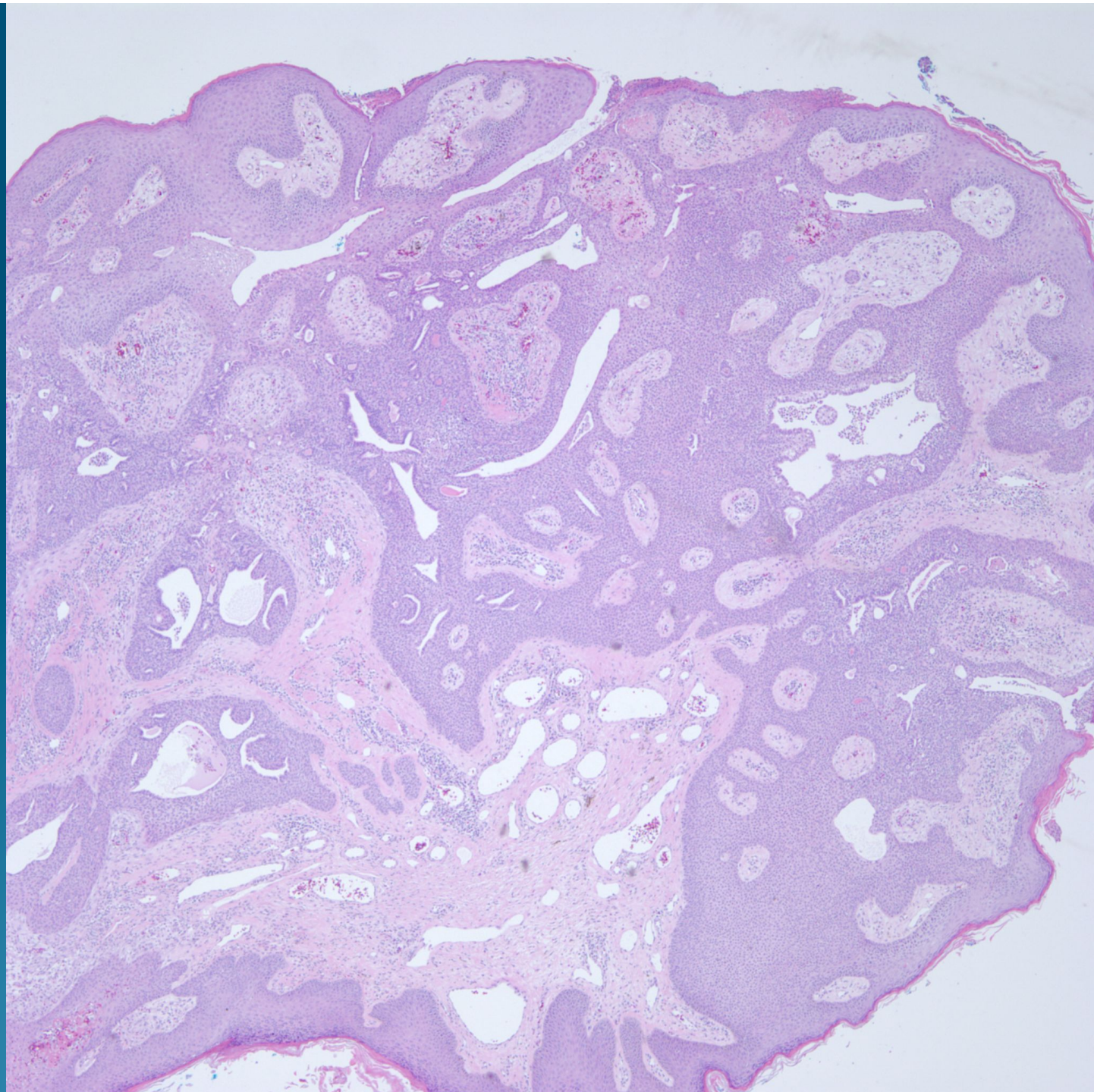


# Pearls

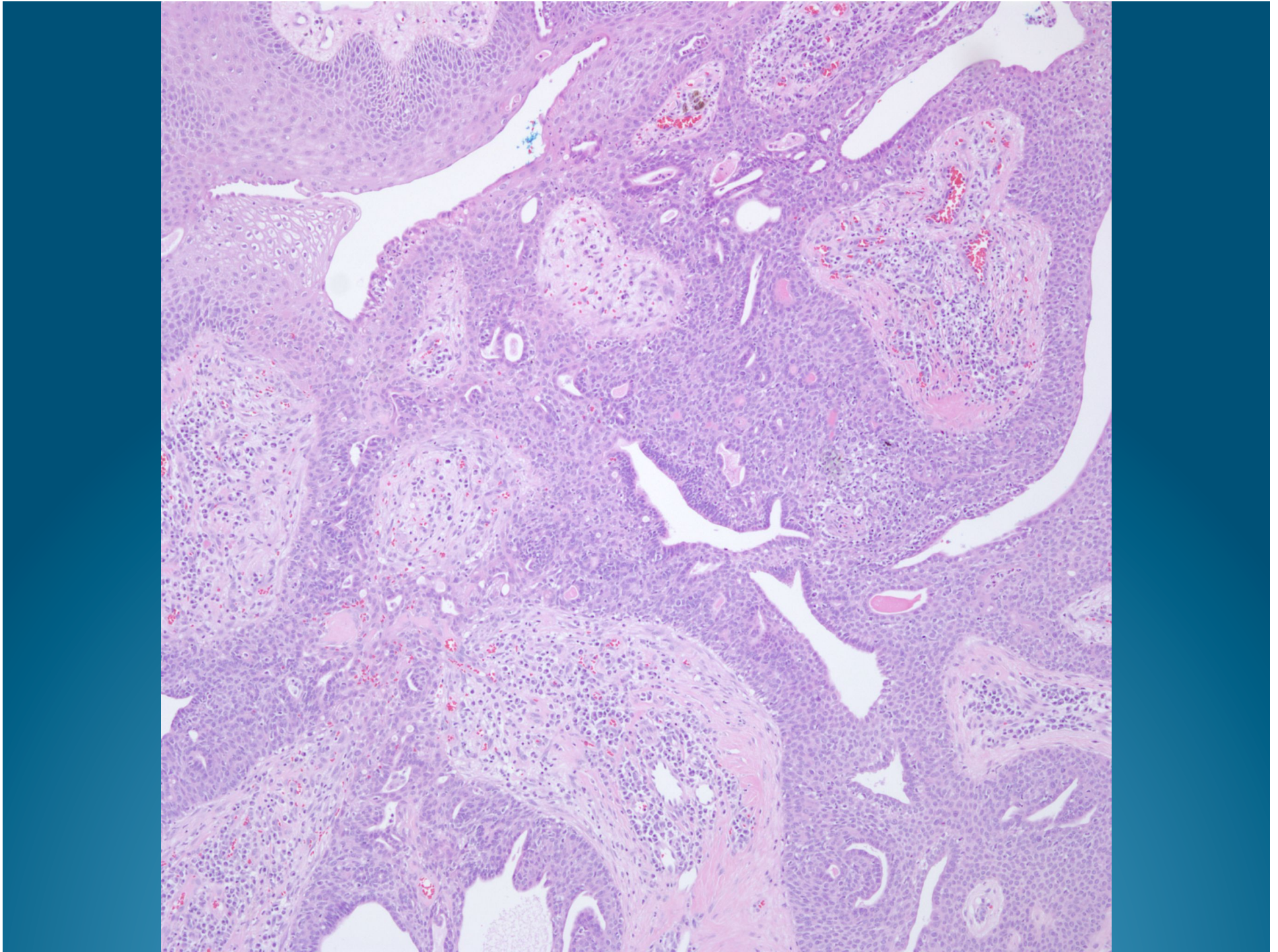


- Conventional squamous cell carcinoma may arise with HSV infection
- HSV may be a risk factor for development of skin cancers in hereditarily predisposed patients or immunocompromised patients.

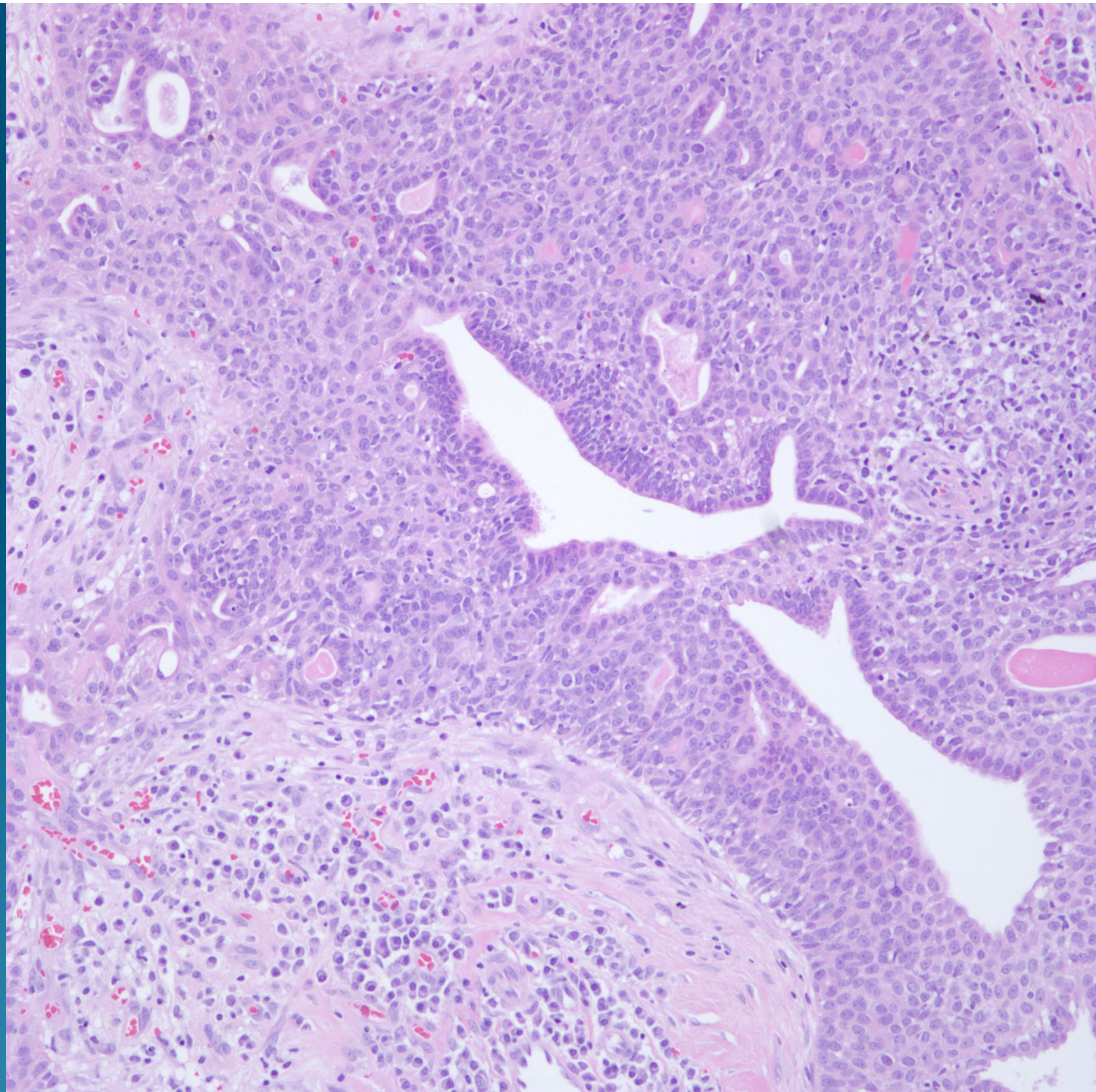




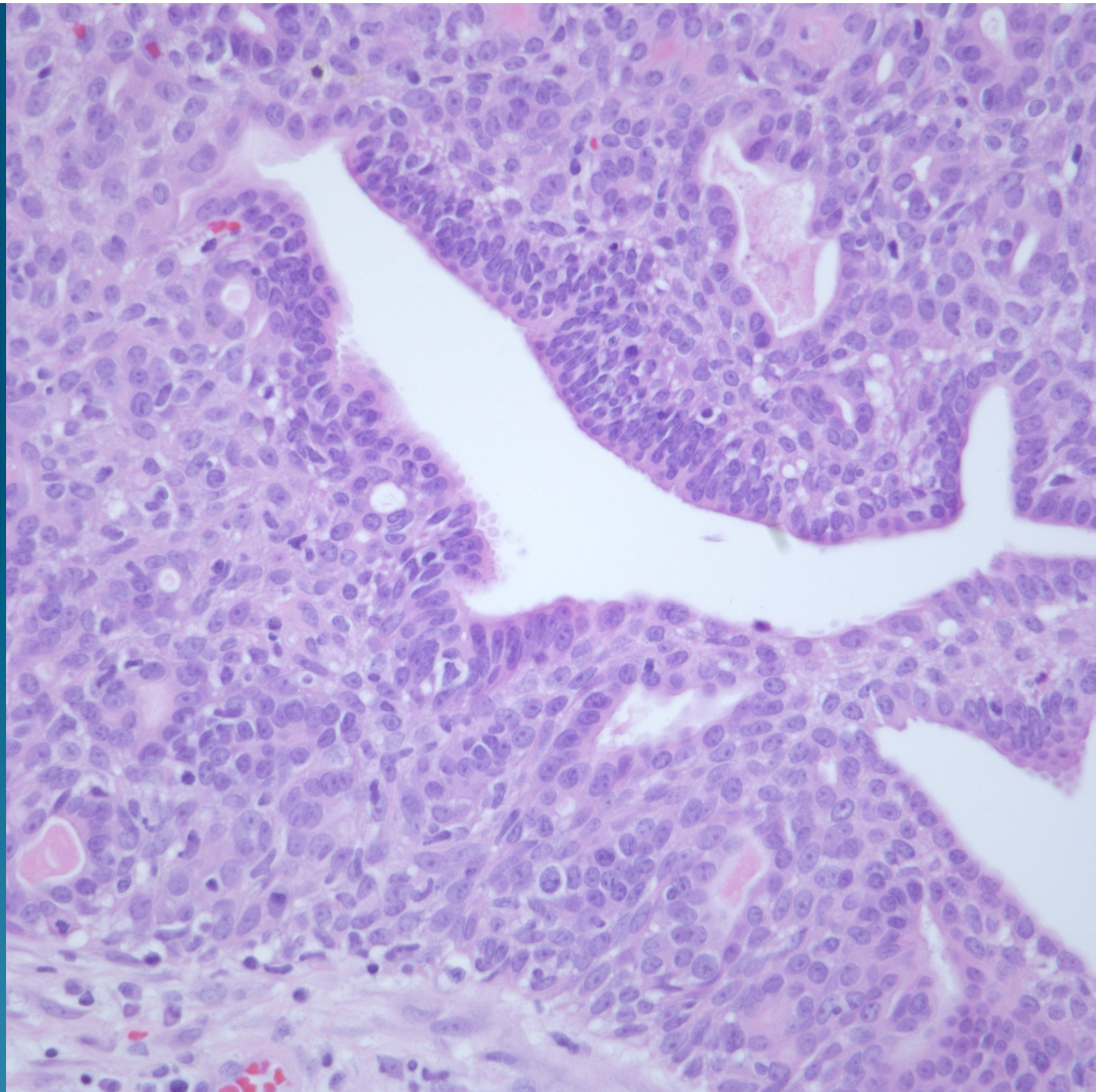




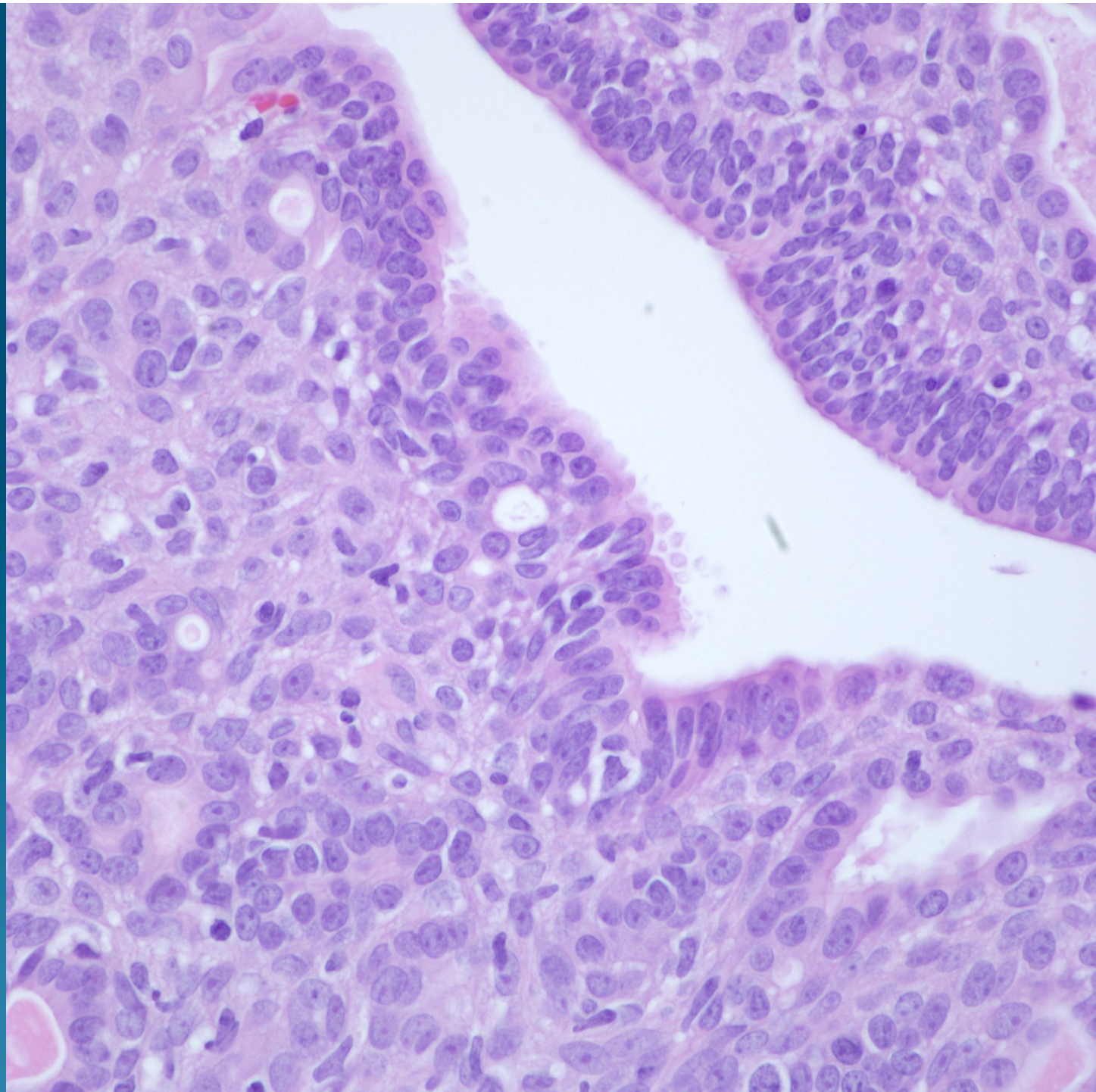




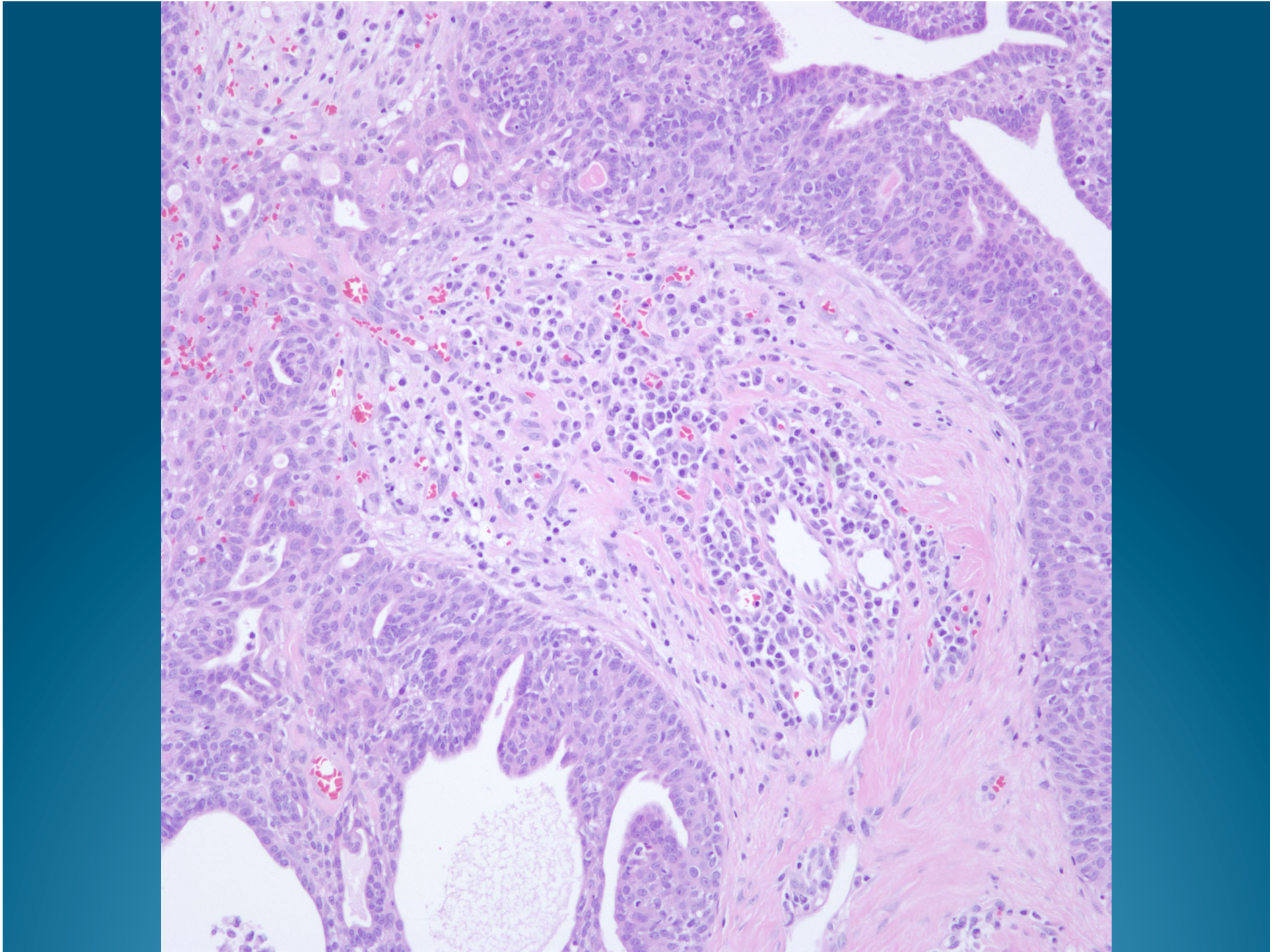




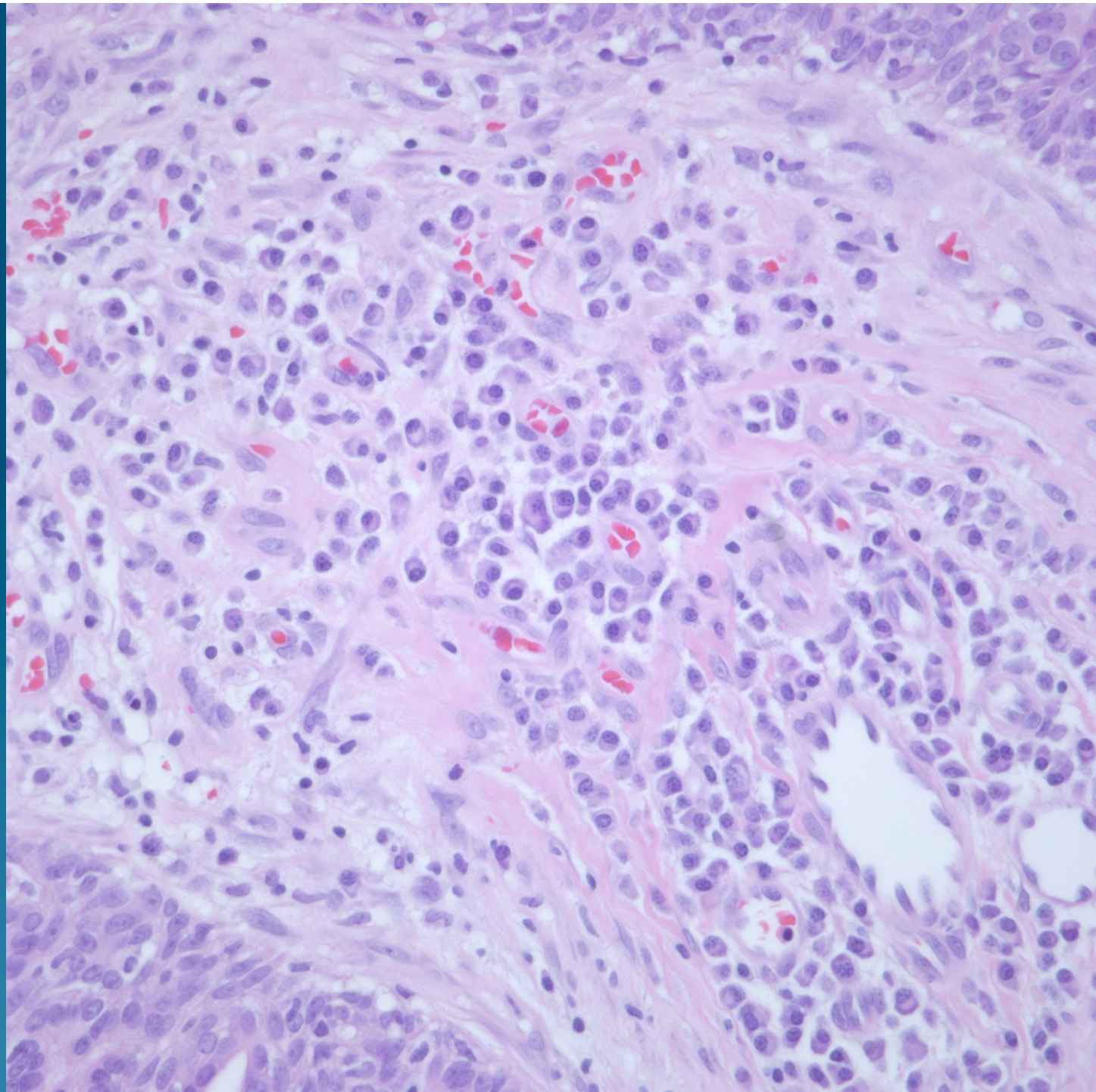














# What is the best diagnosis?

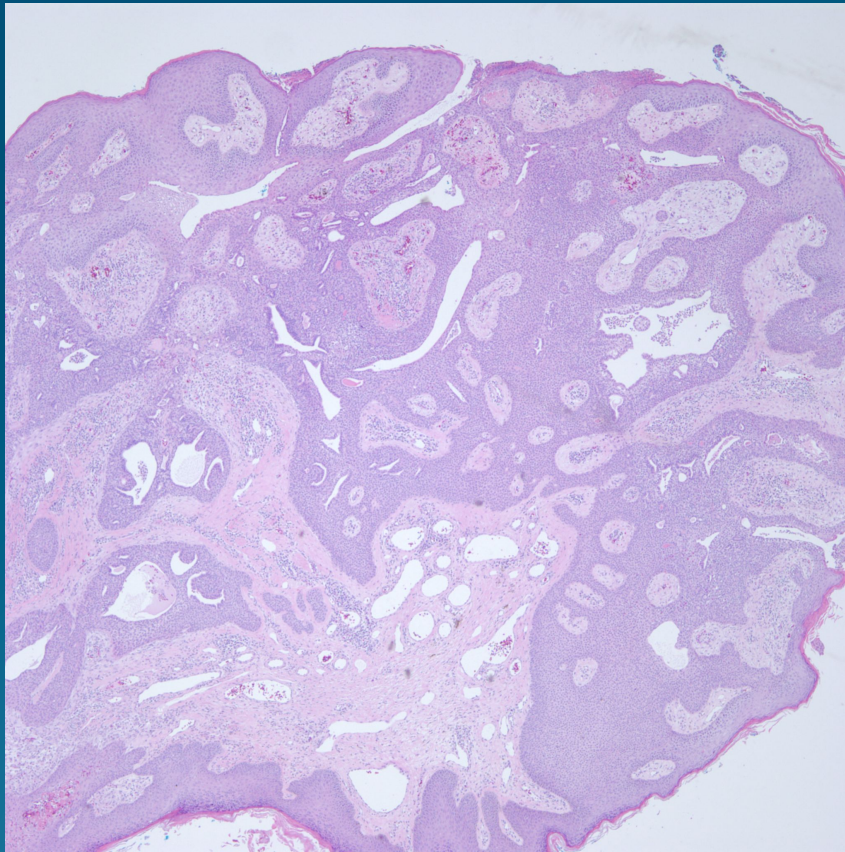
- A. Hidradenoma papilliferum
- B. Cutaneous plasmacytoma
- C. Nevus sebaceus
- D. Eccrine poroma
- E. Syringocystadenoma papilliferum



# Syringocystadenoma Papilliferum

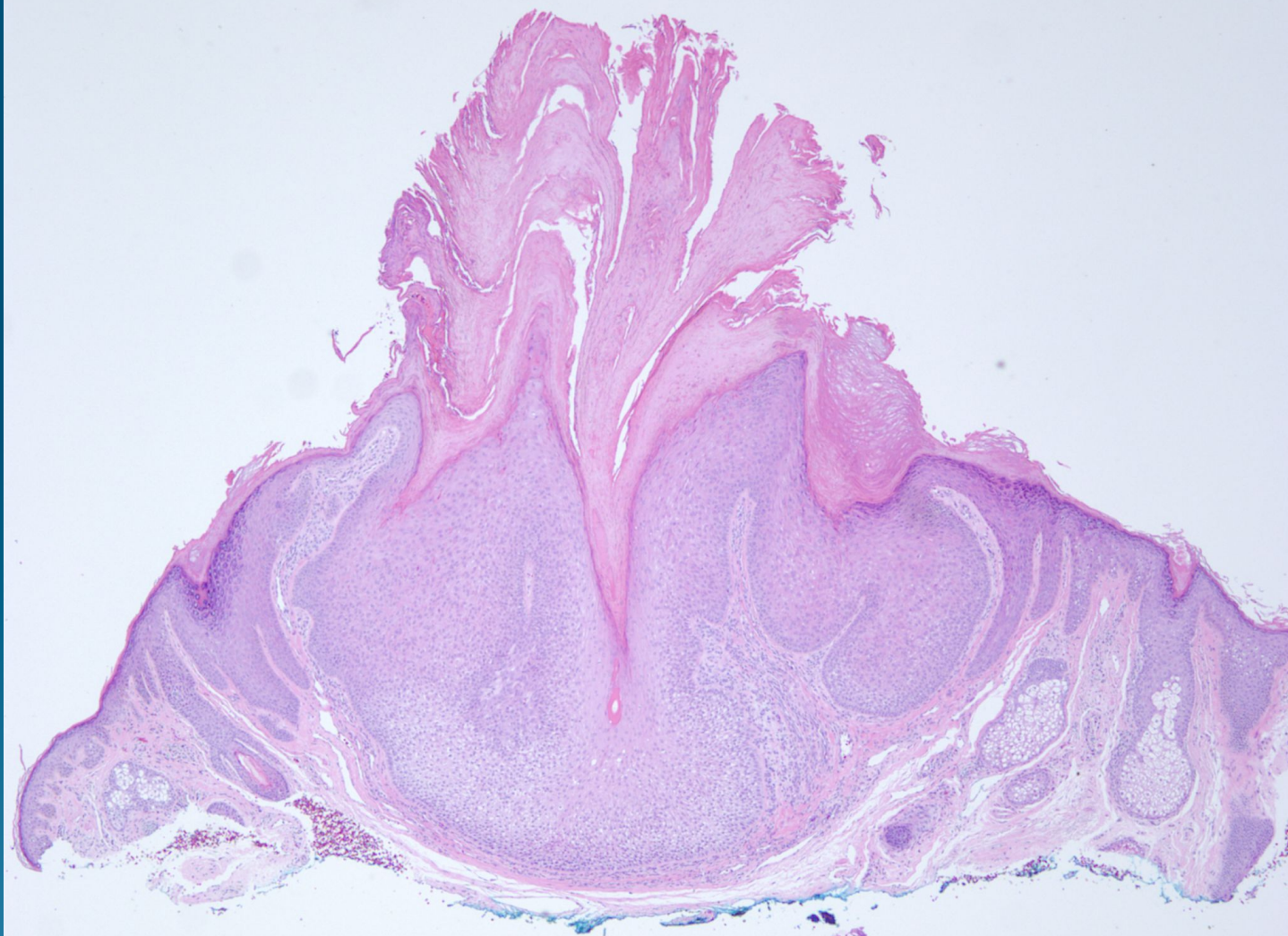


# Pearls

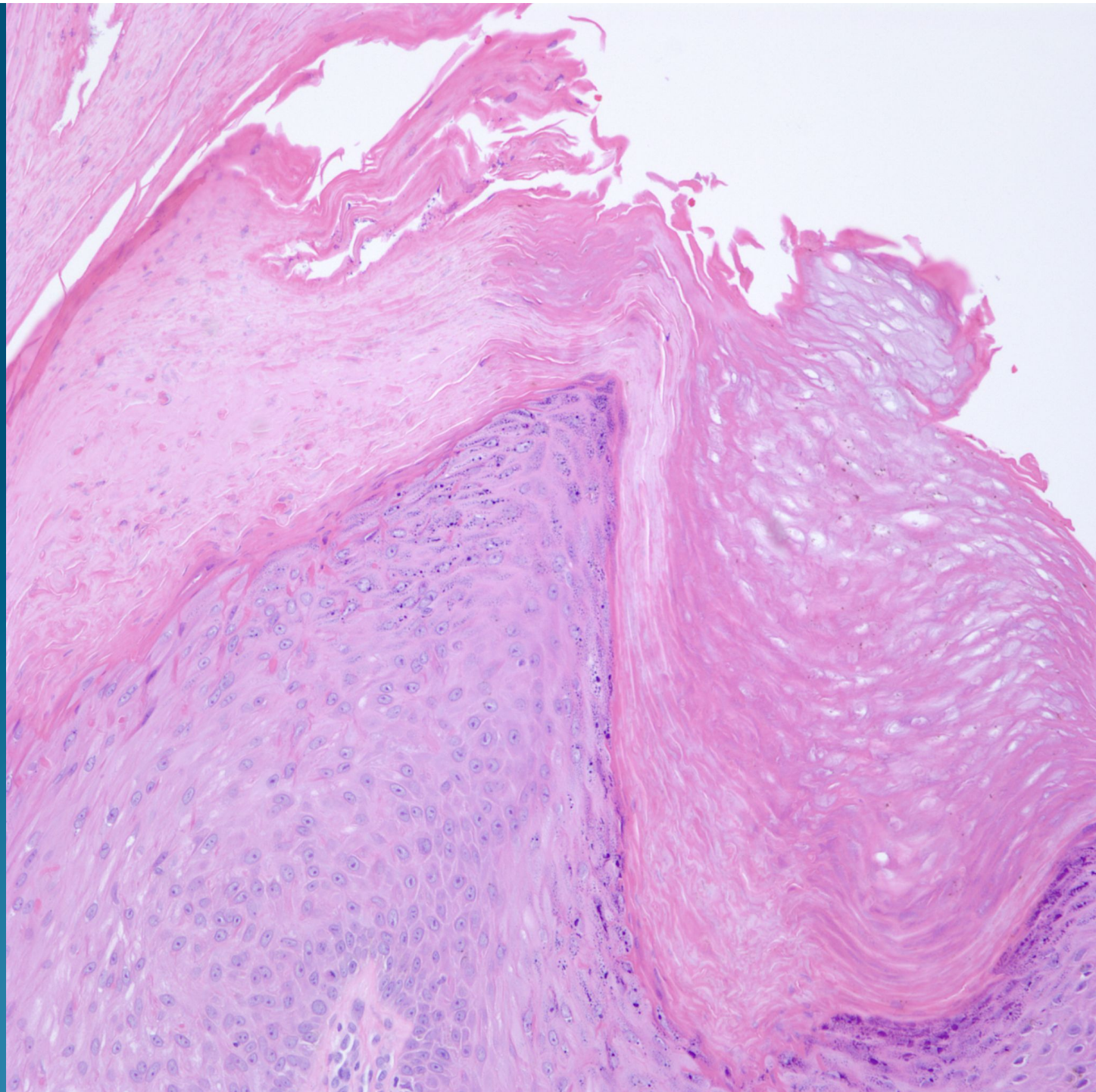


- Endo- and exophytic papillary epithelial proliferation connected to epidermis
- Admixed glands with apocrine epithelium (apocrine snouting)
- Epithelium envelopes mature plasma cells
- Commonly associated with nevus sebaceus

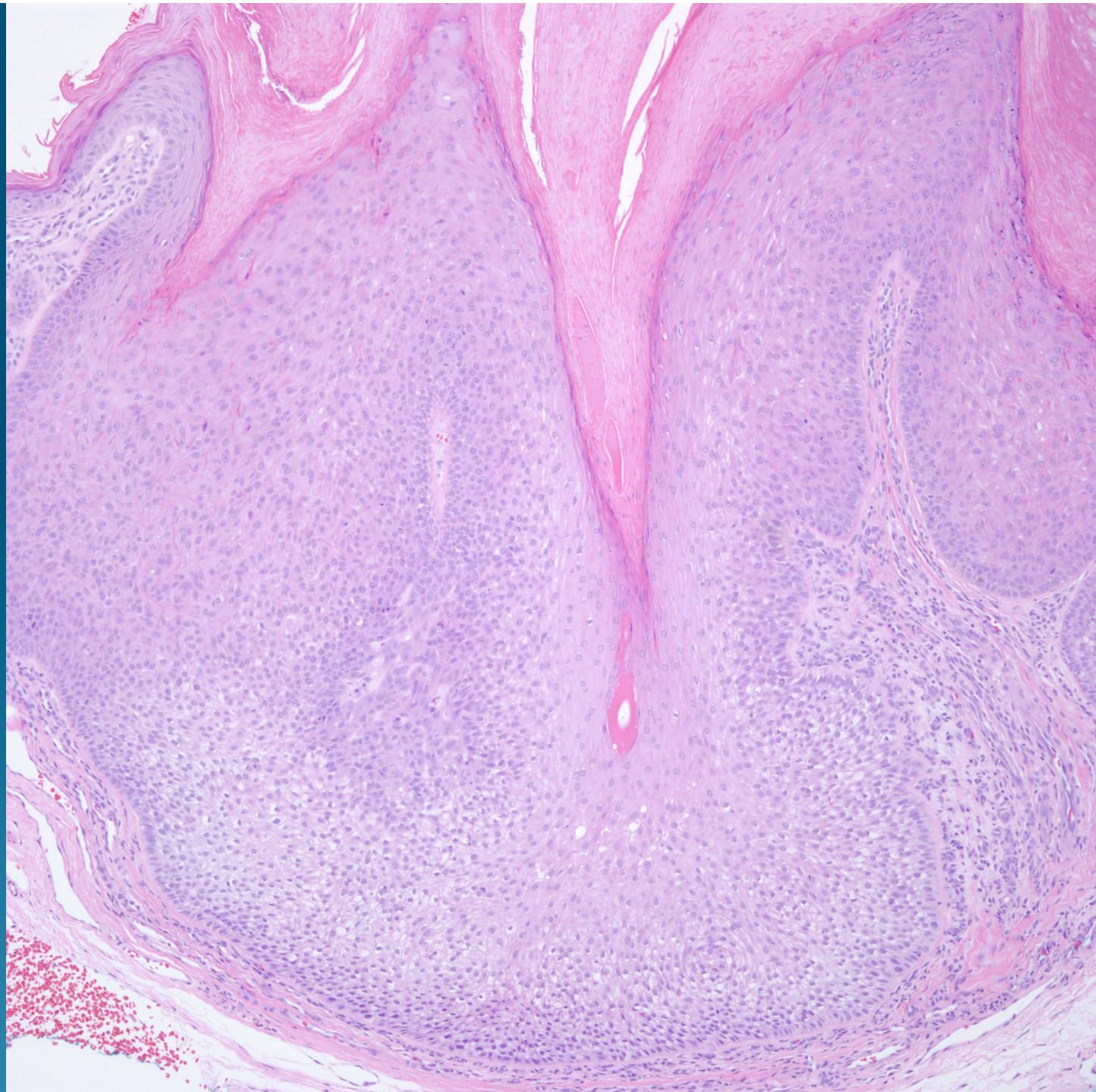




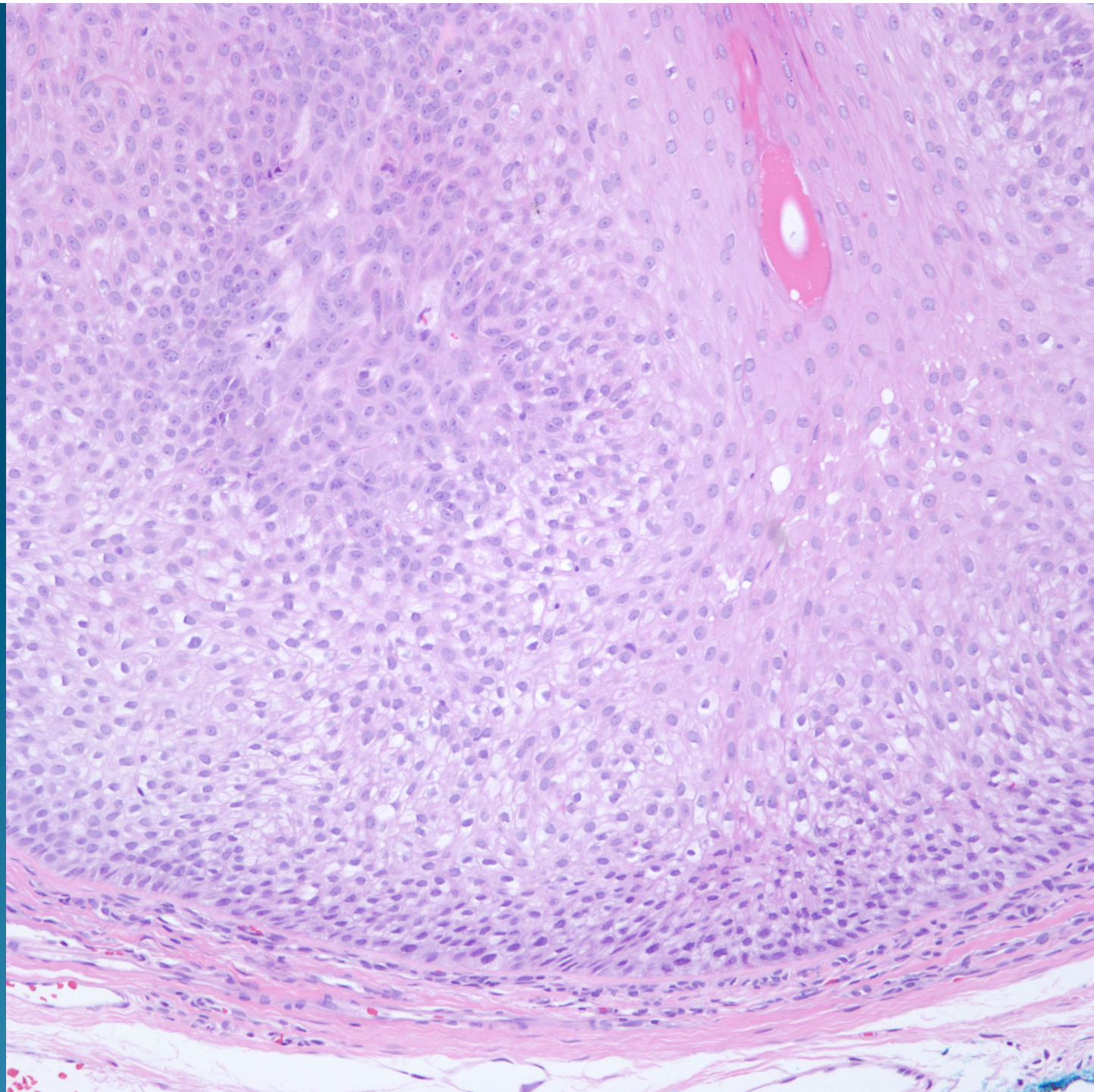




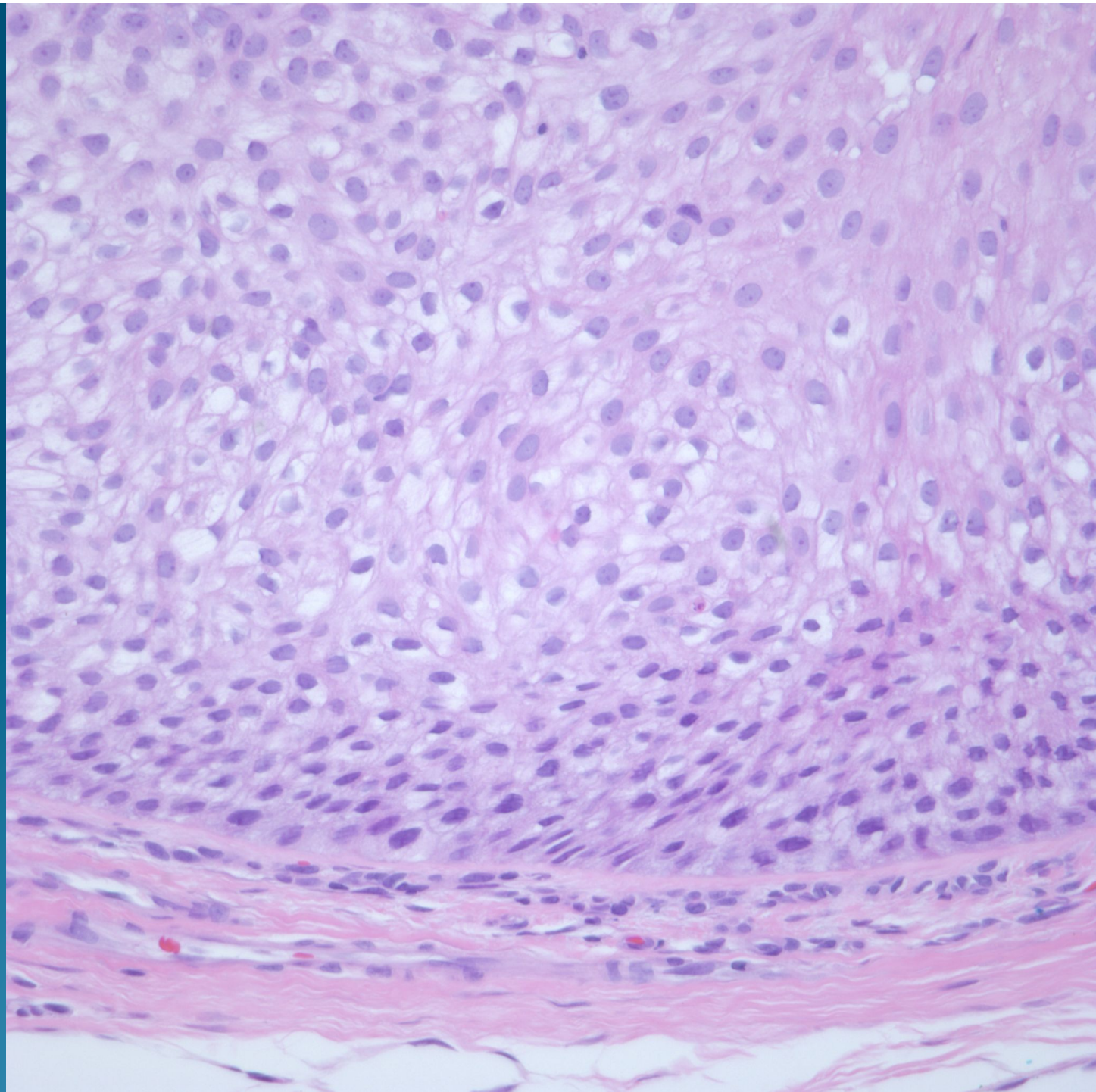














# What is the best diagnosis?

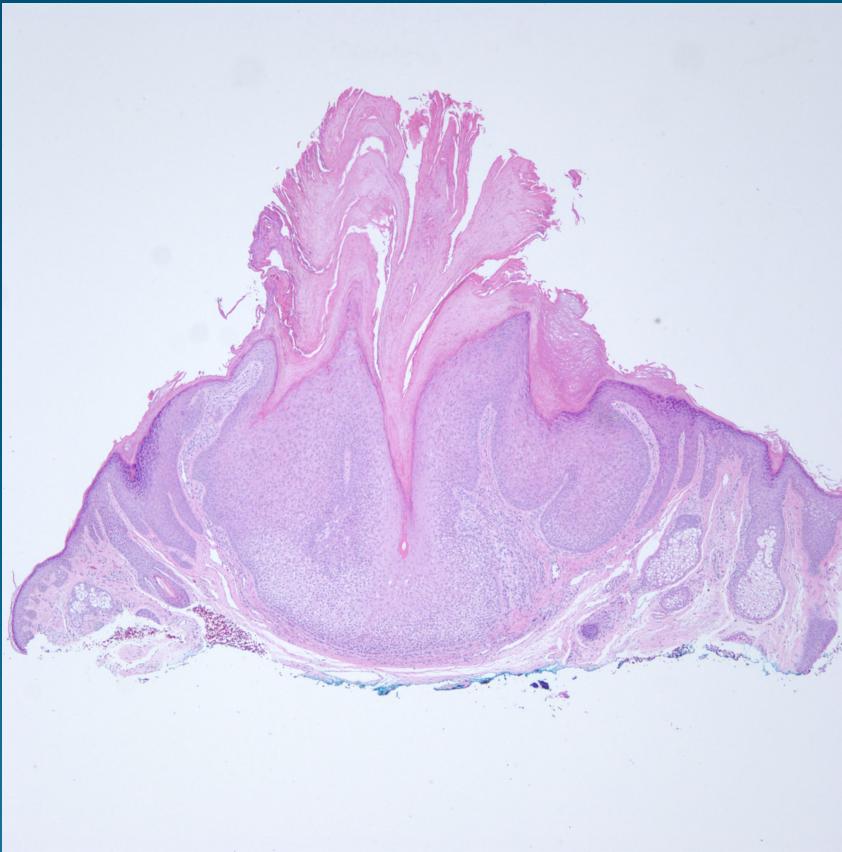
- A. Verruca vulgaris with trichilemmal hyperplasia
- B. Clear cell acanthoma
- C. Clear cell hidradenoma
- D. Clear cell basal cell carcinoma
- E. Sebaceous adenoma



Verruca vulgaris  
with trichilemmal hyperplasia



# Pearls



- Conventional verruca vulgaris may elicit a trichilemmal hyperplasia
- No cytologic atypia of clear cells which recapitulate outer root hair sheath
- DDX: Trichilemmoma