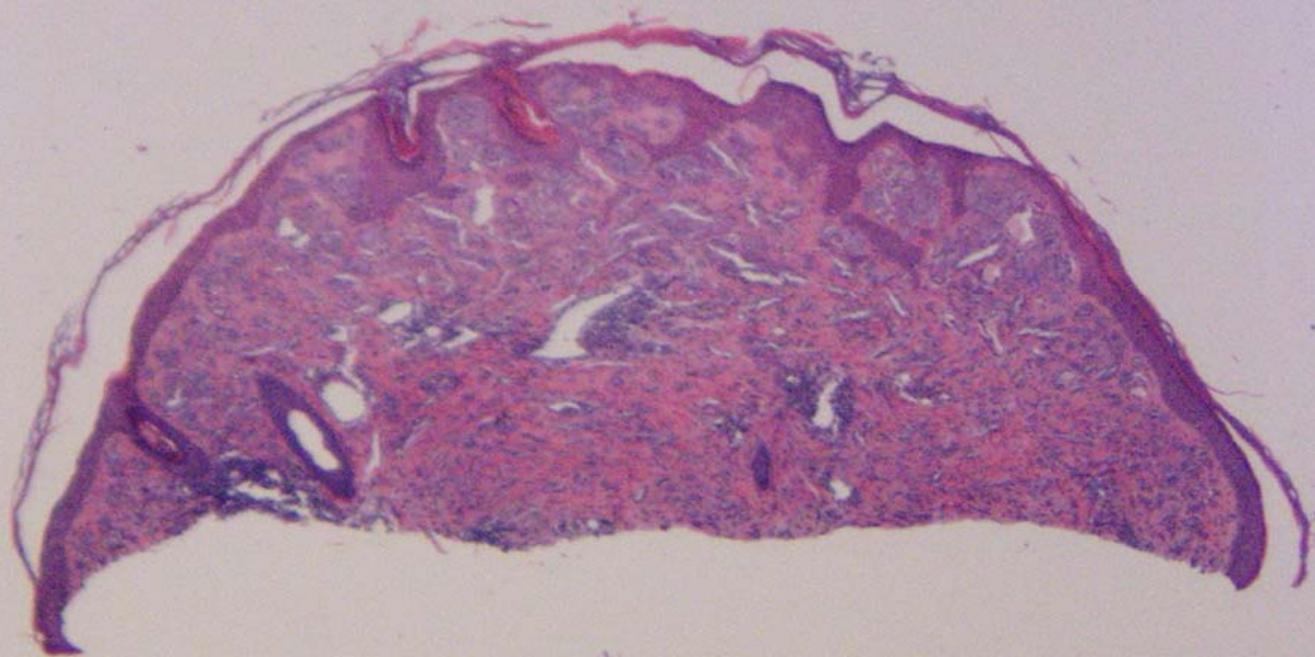
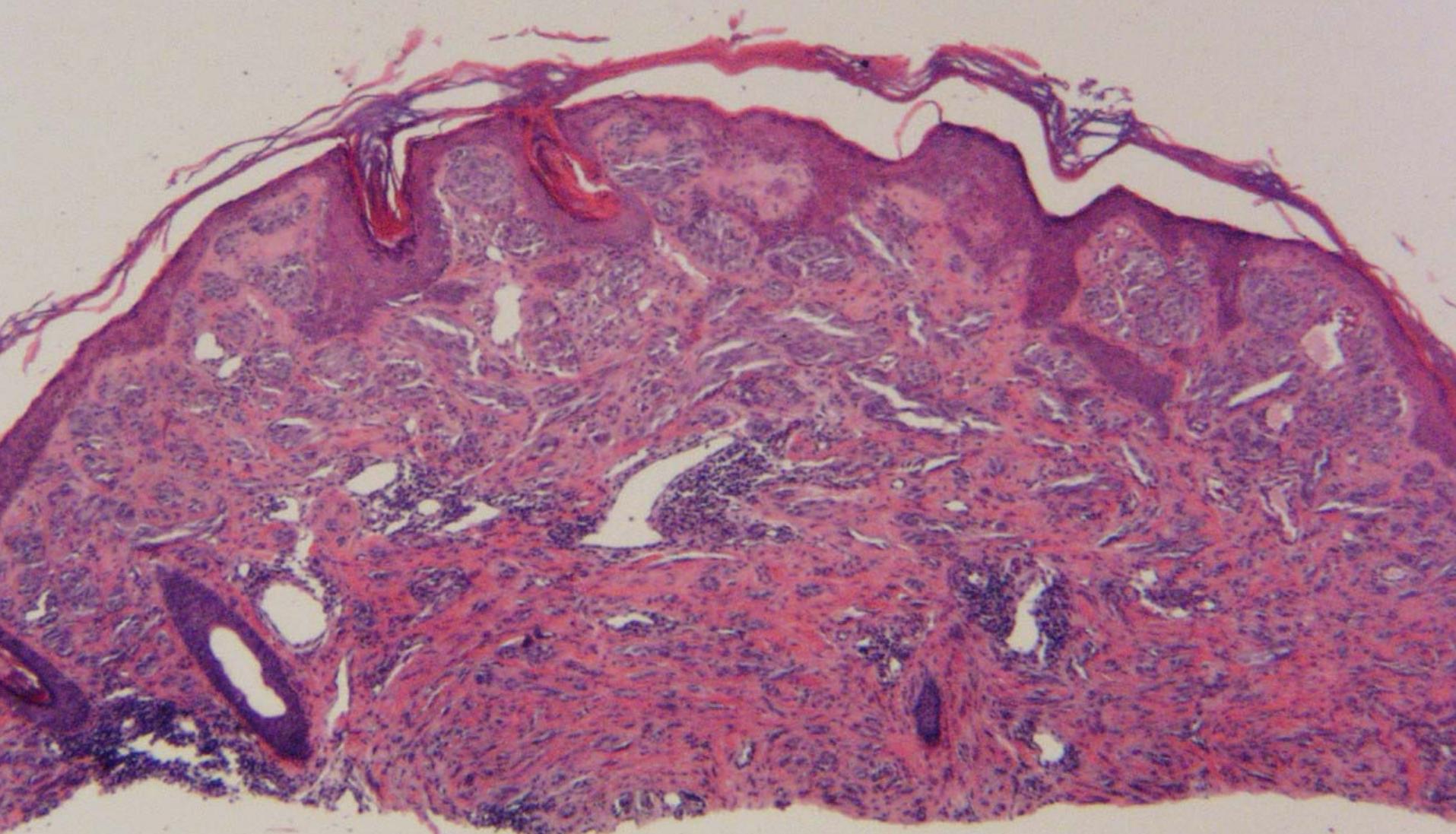


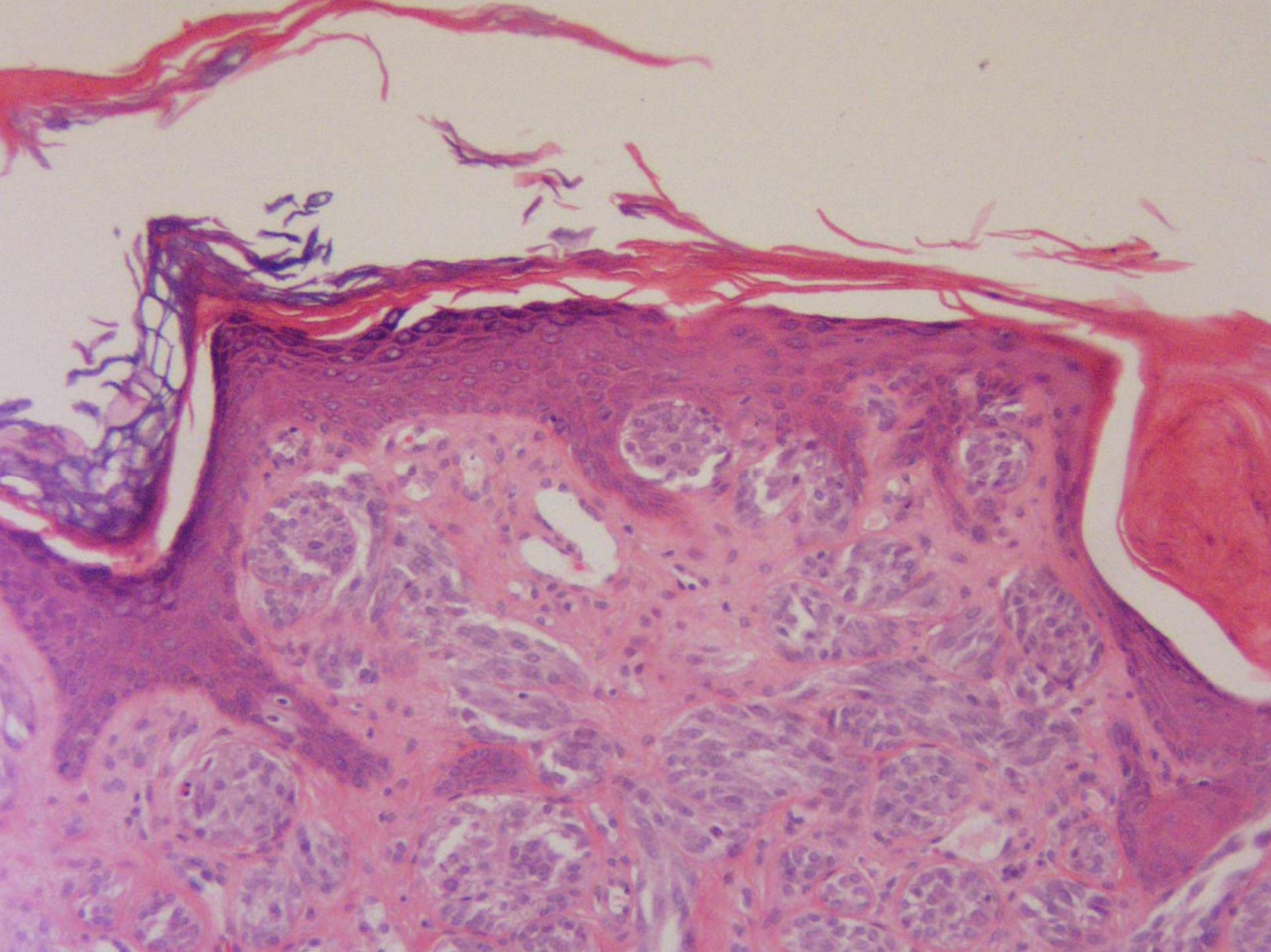
Dermatopathology Review Part 14

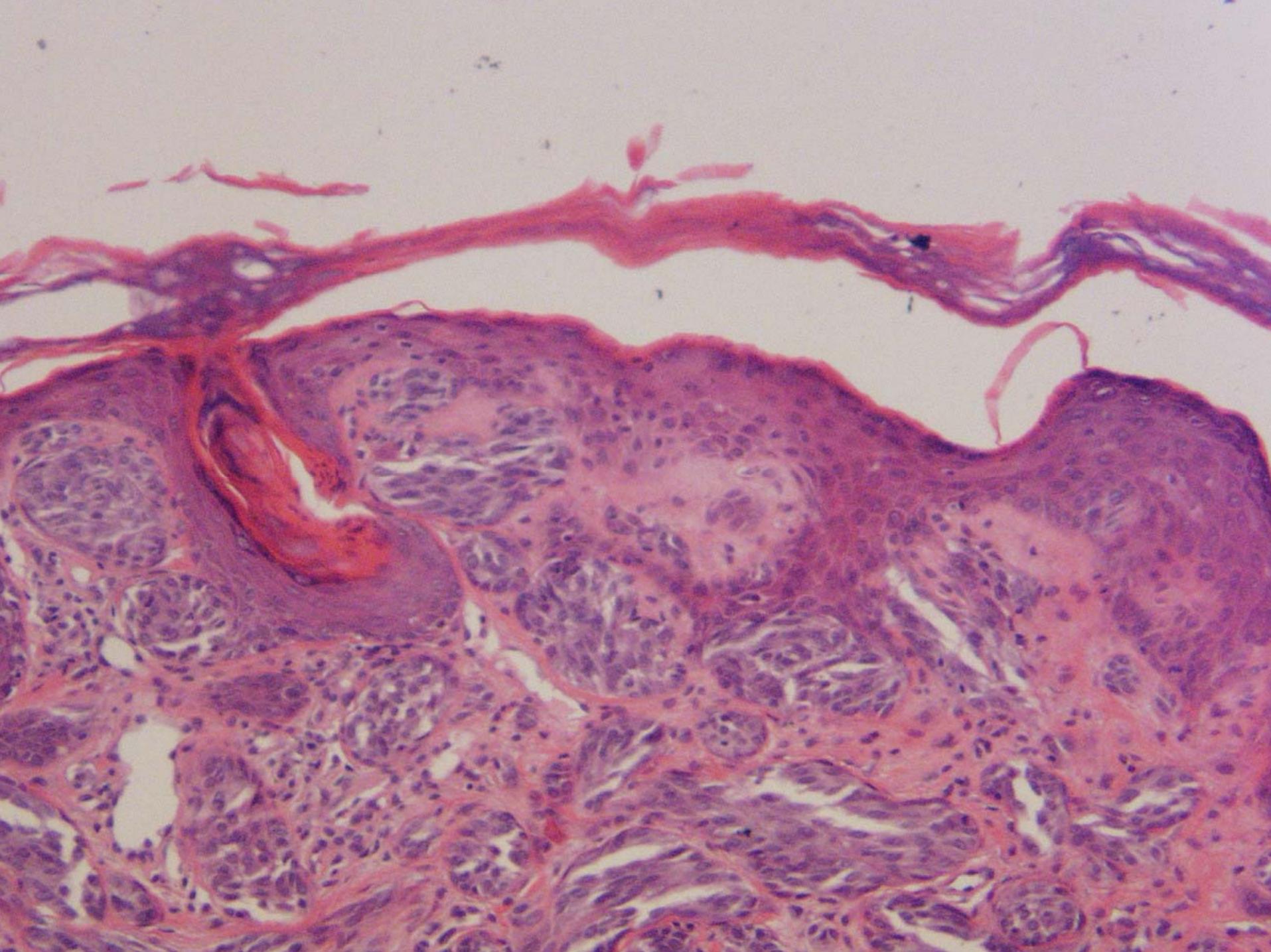
Paul K. Shitabata, M.D.
Dermatopathologist
Pathology Inc.

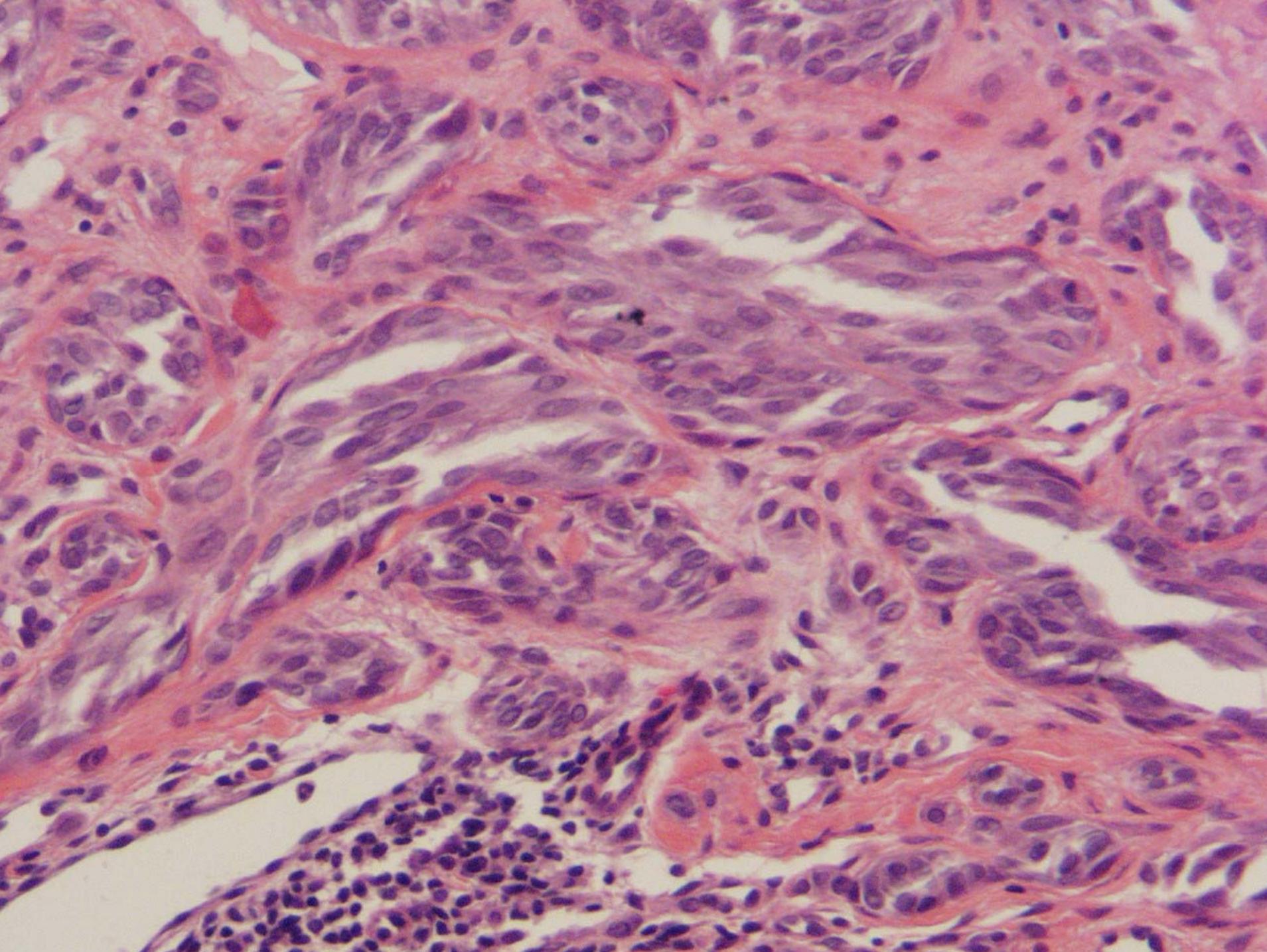


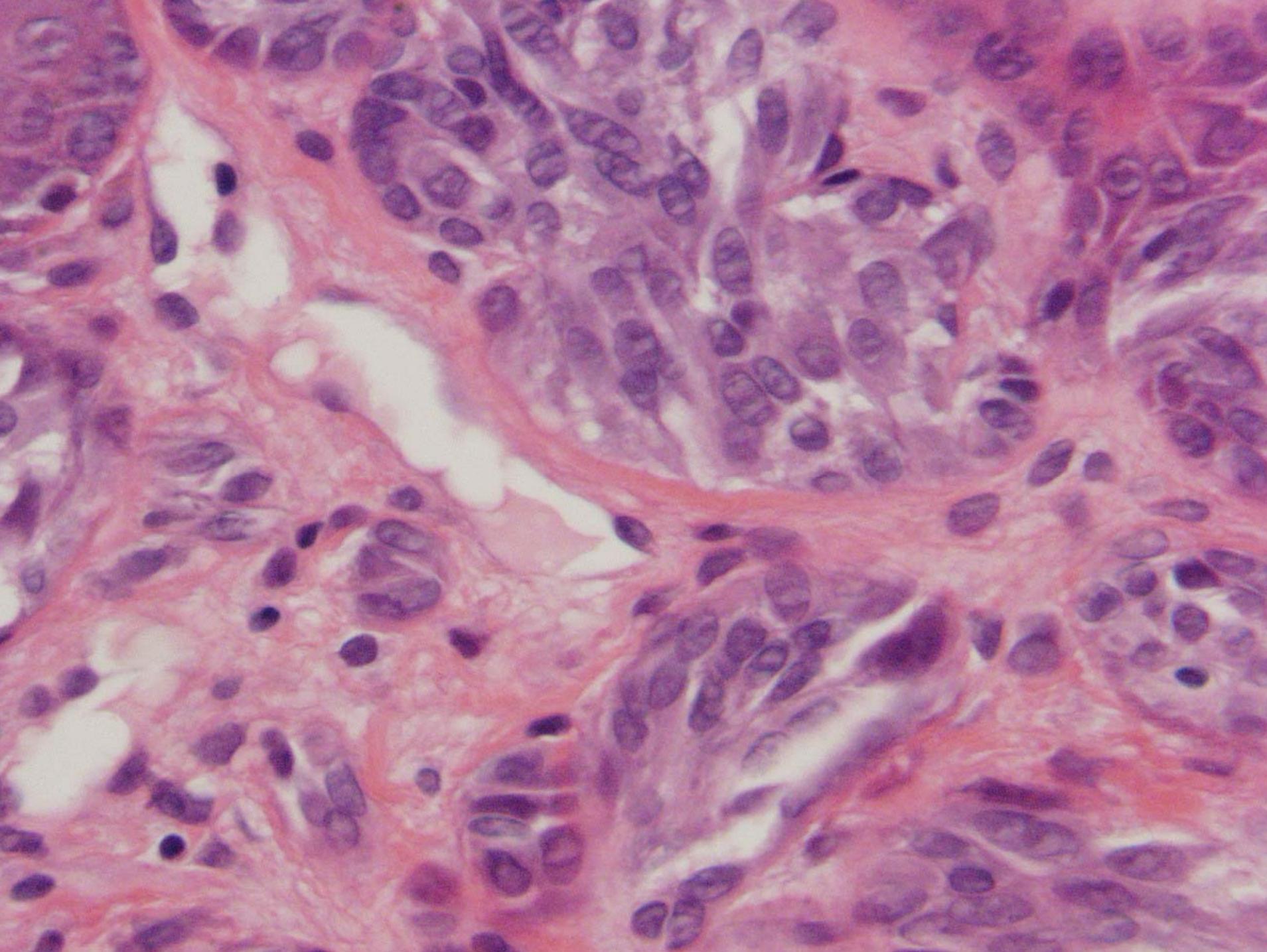
11





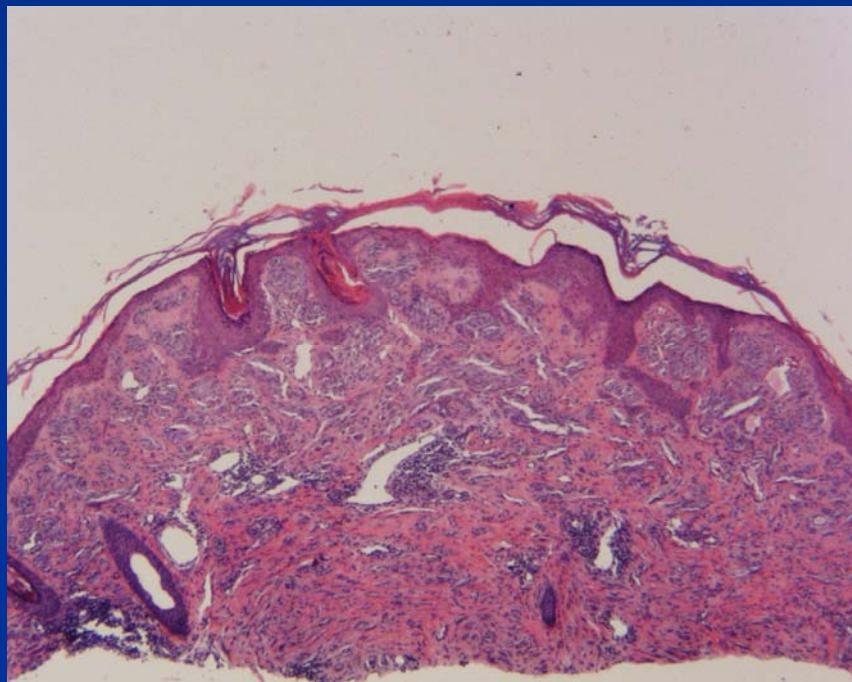




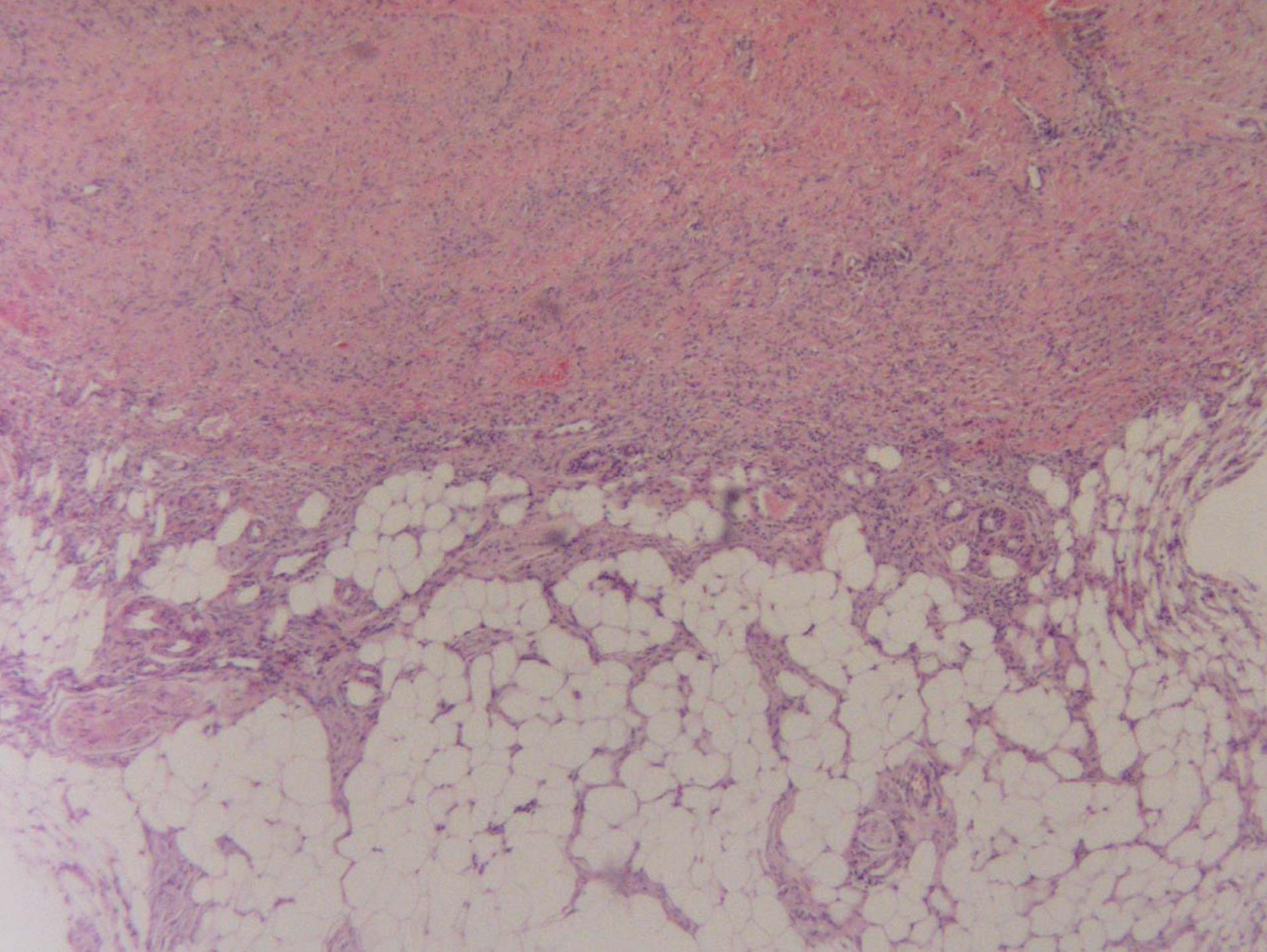


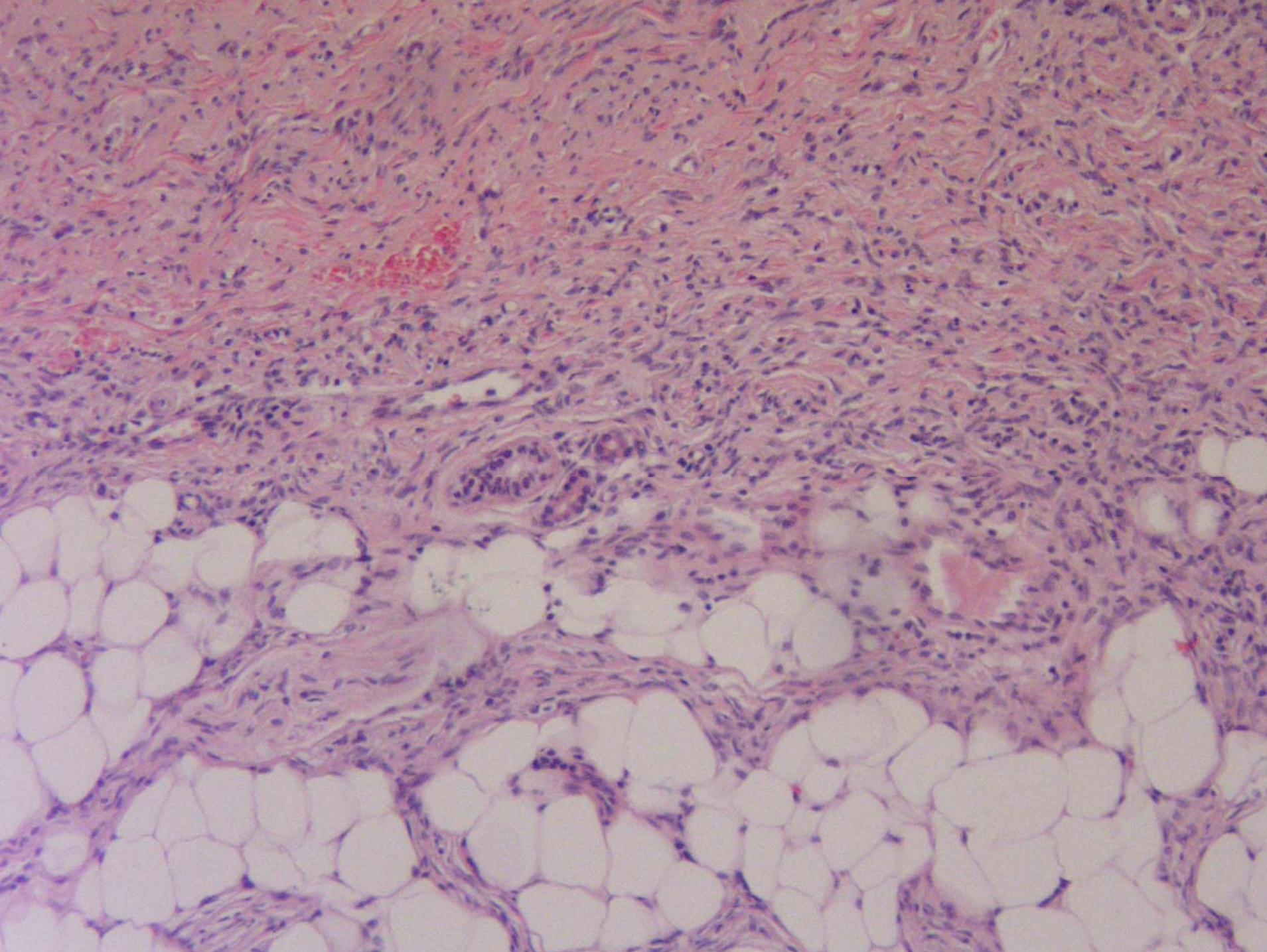
Spitz Nevus

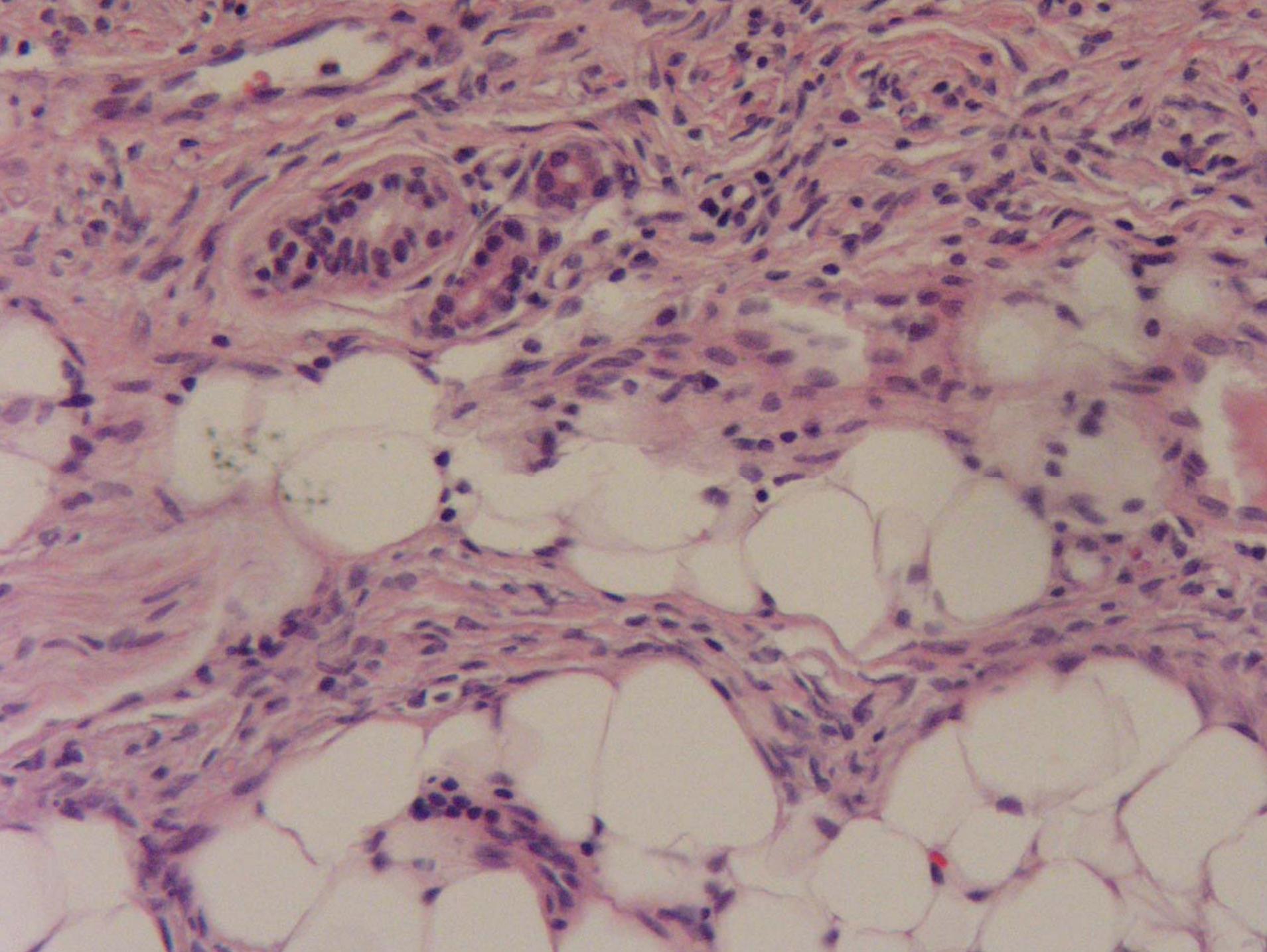
Histopathology

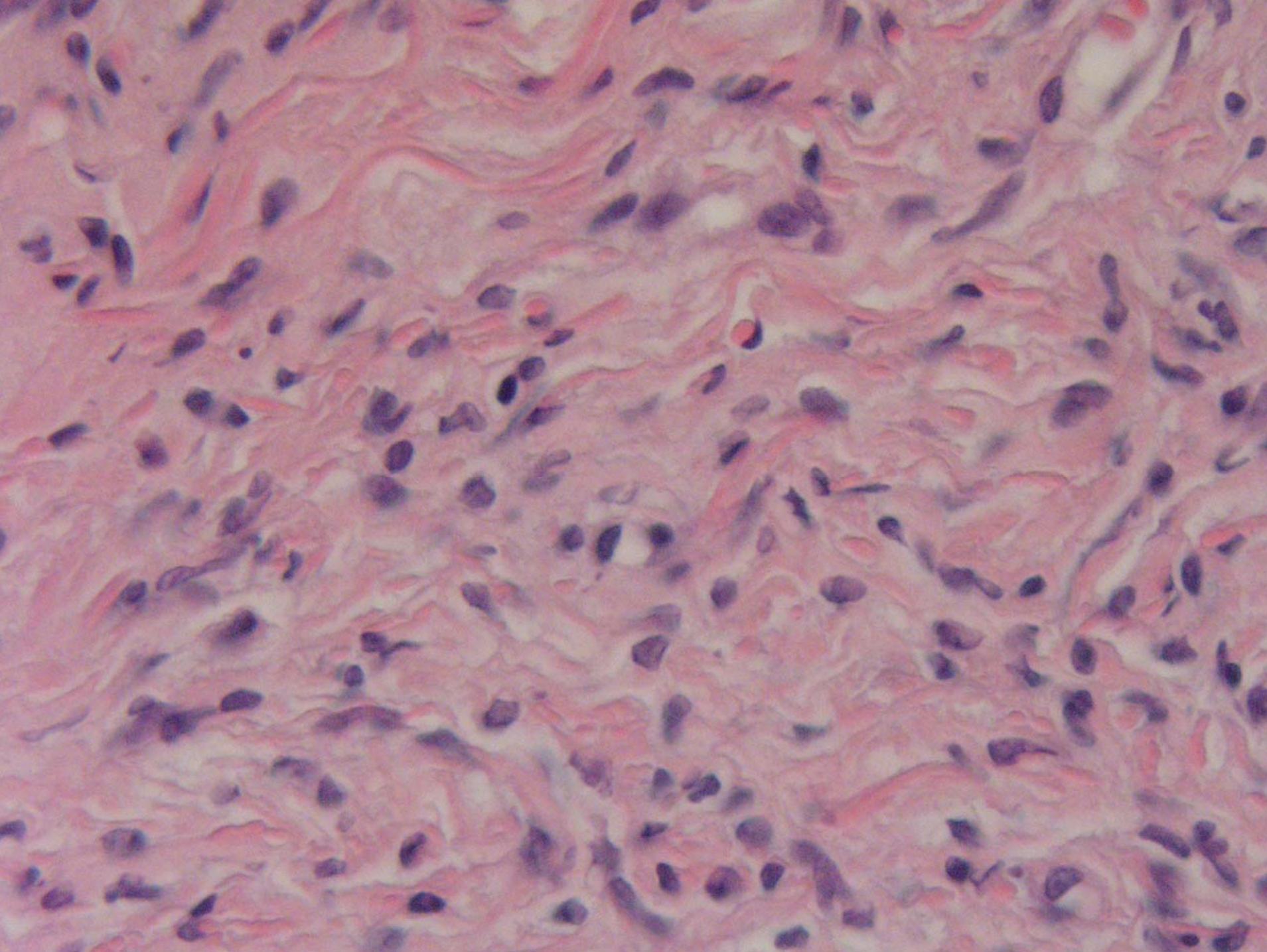


- Dome shaped proliferation of epithelioid and spindled melanocytes
- Usually amelanotic
- Vertically oriented nests at DEJ
- Telangiectasia
- MF
- Kamino bodies



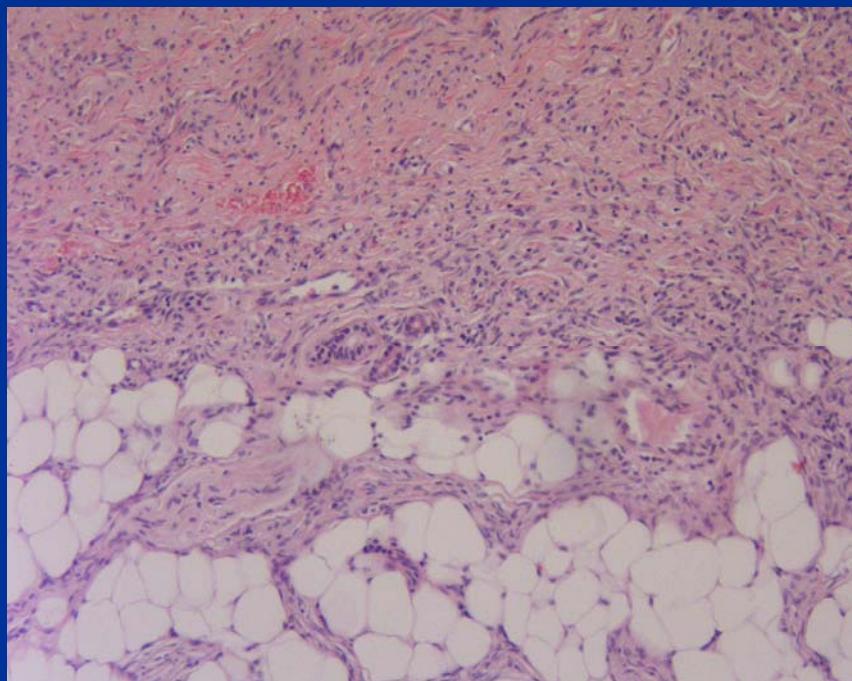




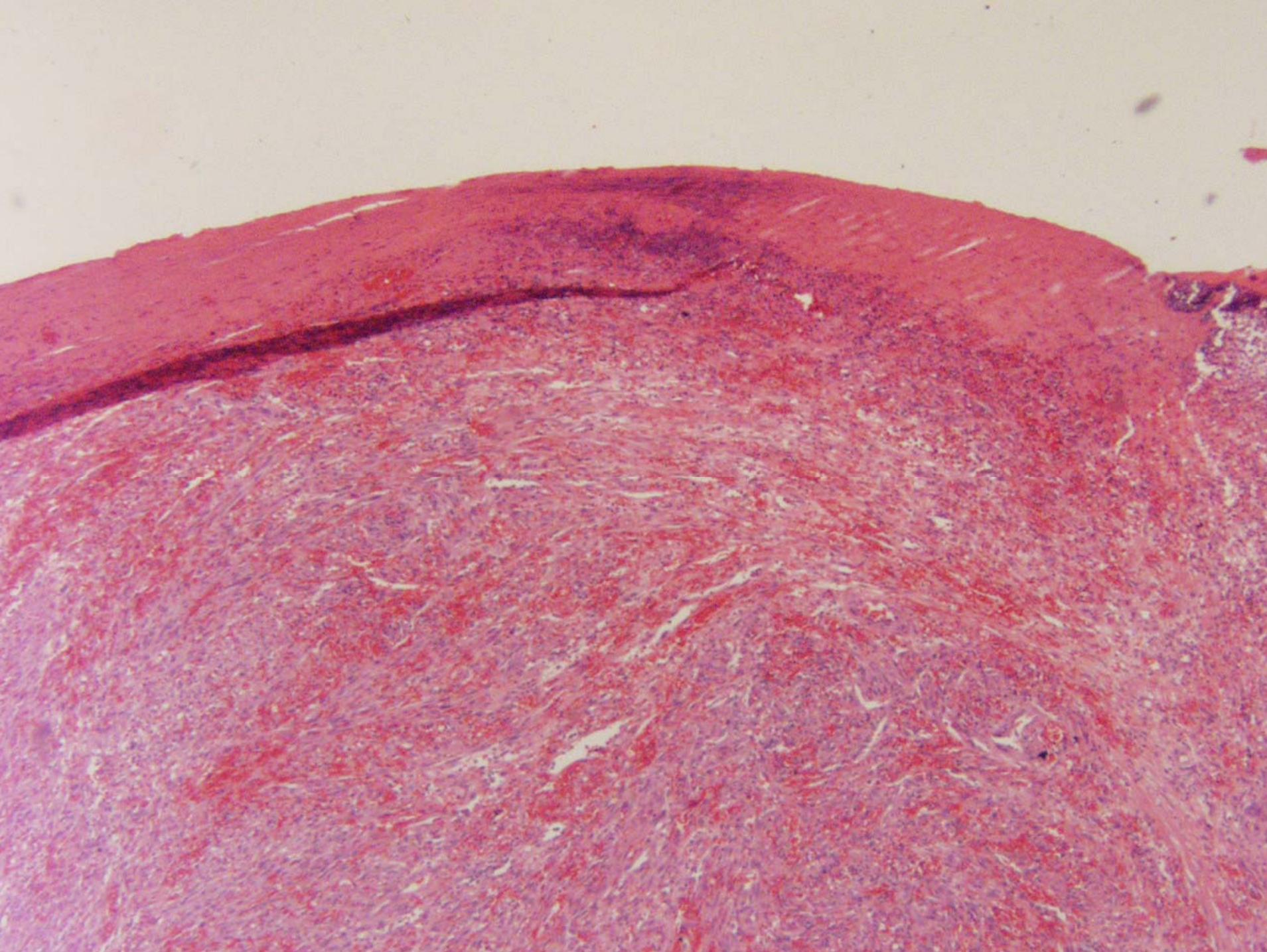


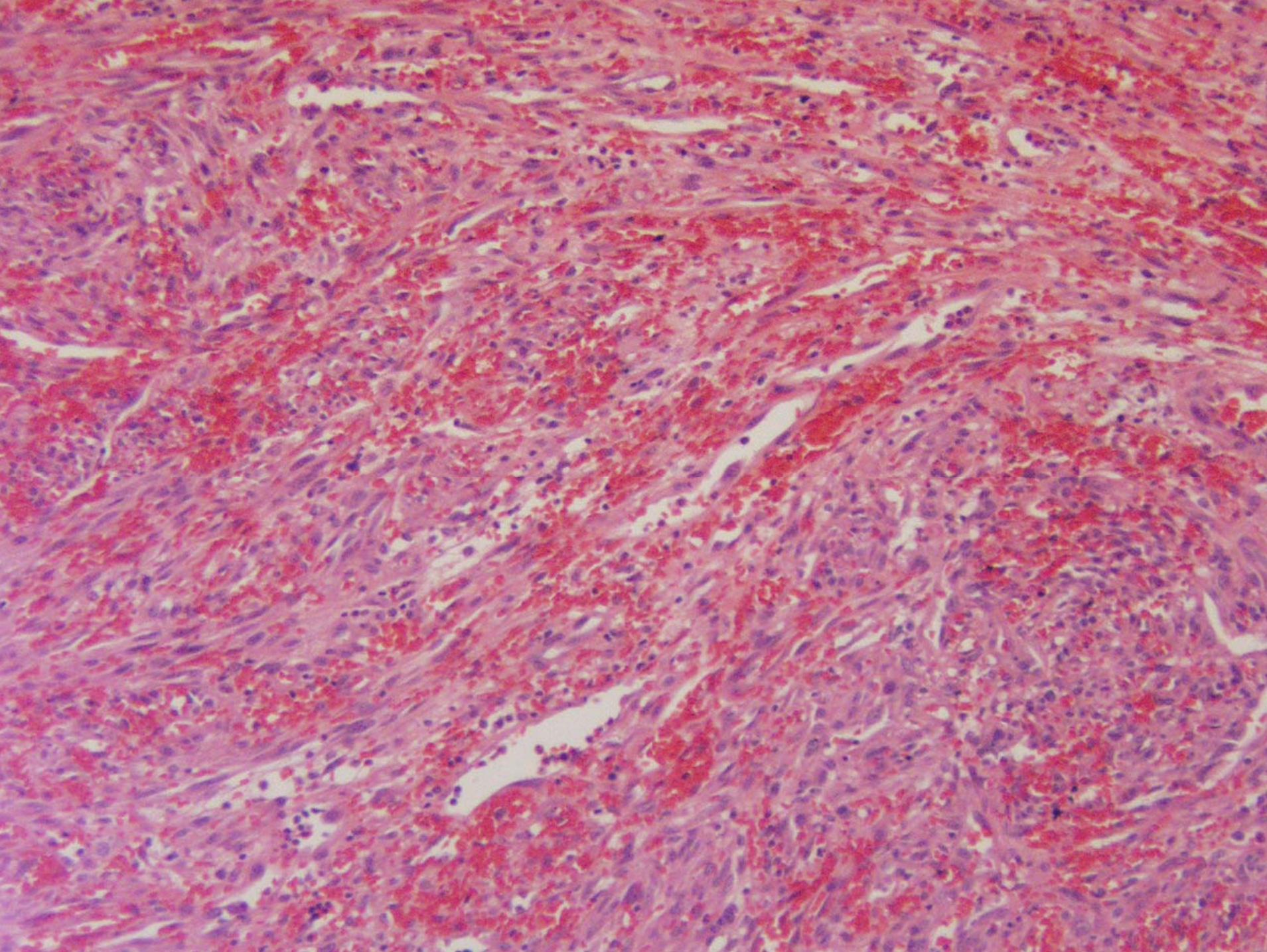
Dermatofibrosarcoma Protuberans (DFSP)

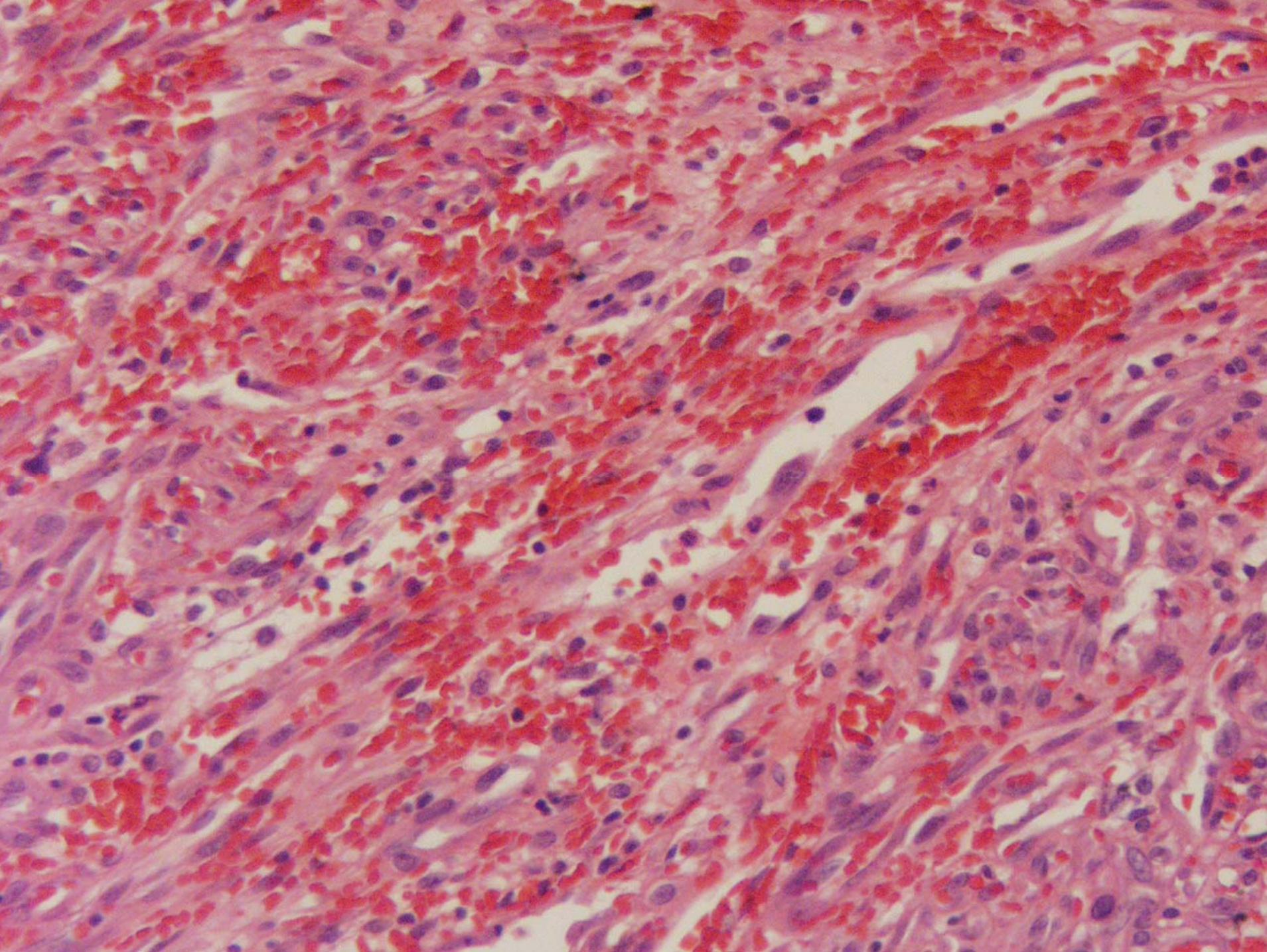
Histopathology

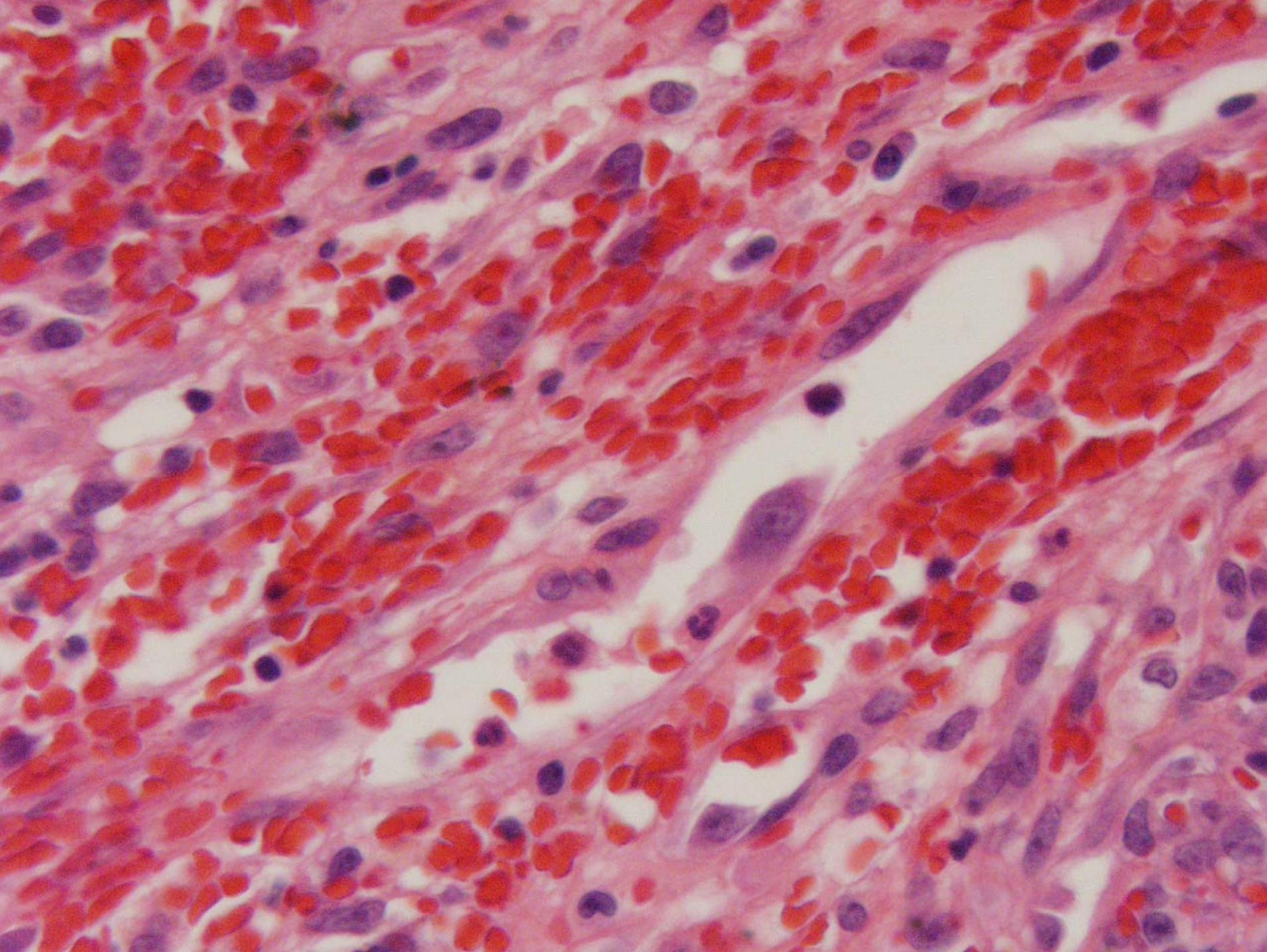


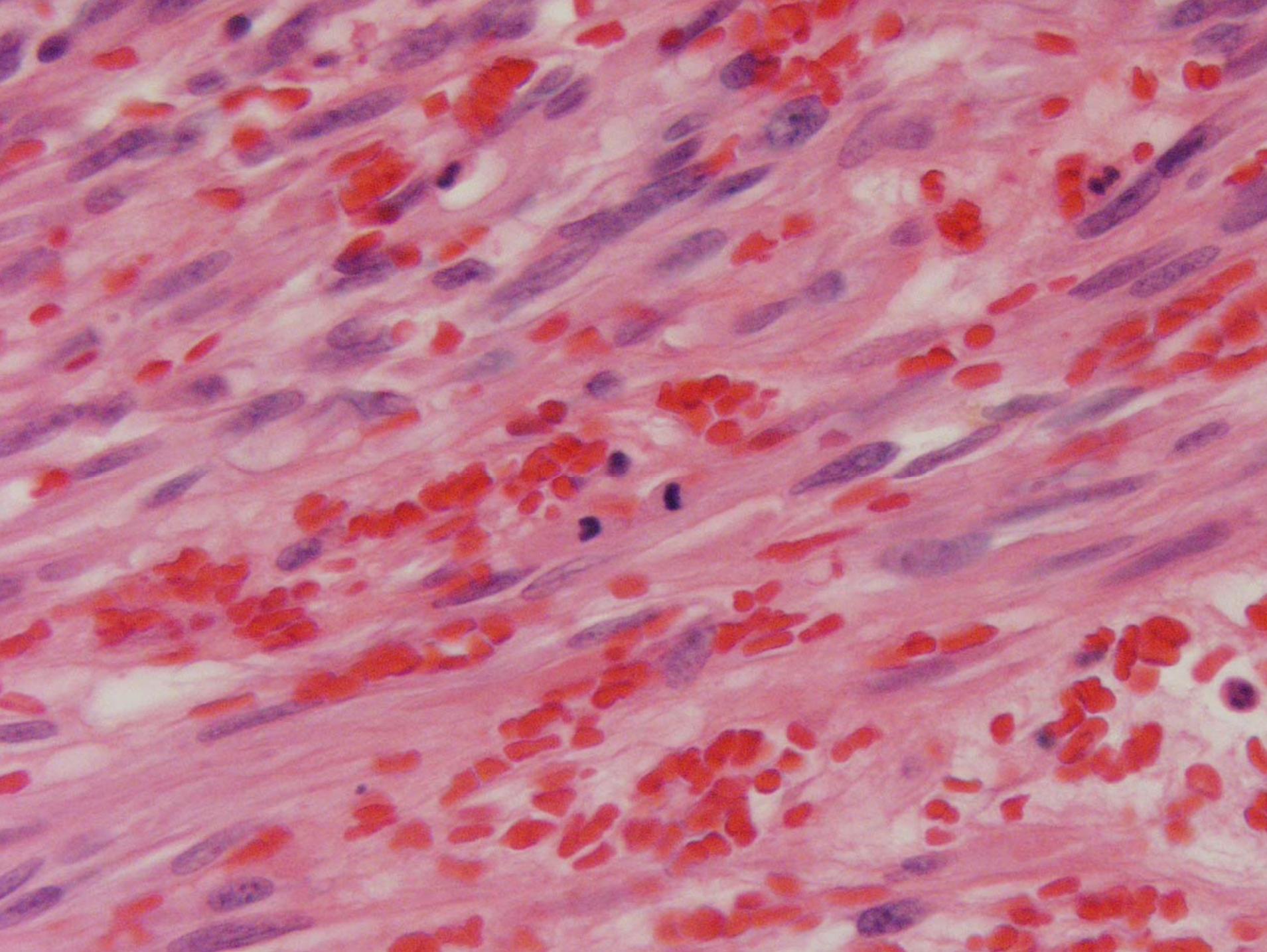
- Spindle cell proliferation arranged in storiform configuration
- Usually bland cytology
- May be mitotically active
- Sieve-like intercalation with fat
- CD34 and bcl2+
- Rule out fibrosarcomatous transformation





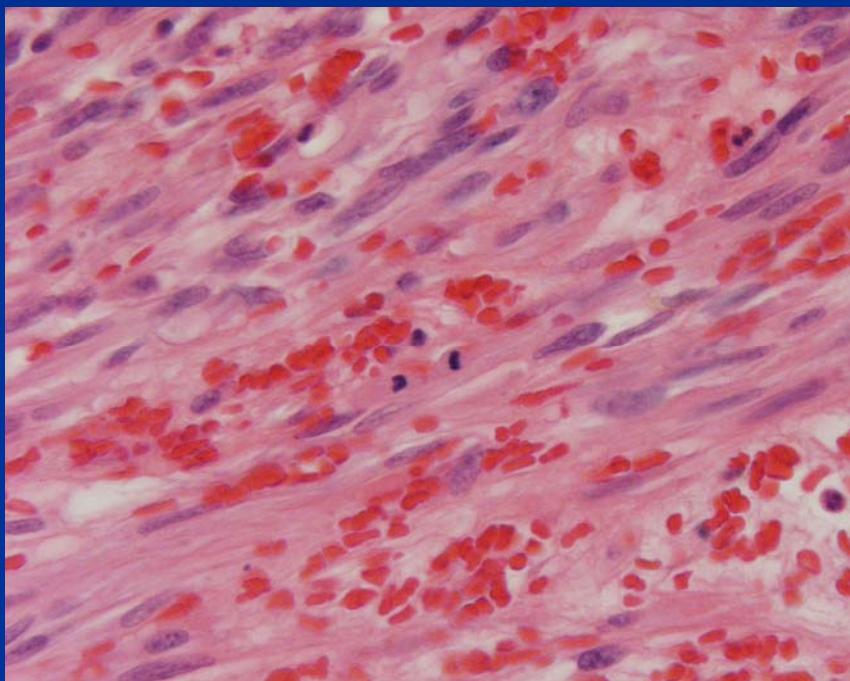




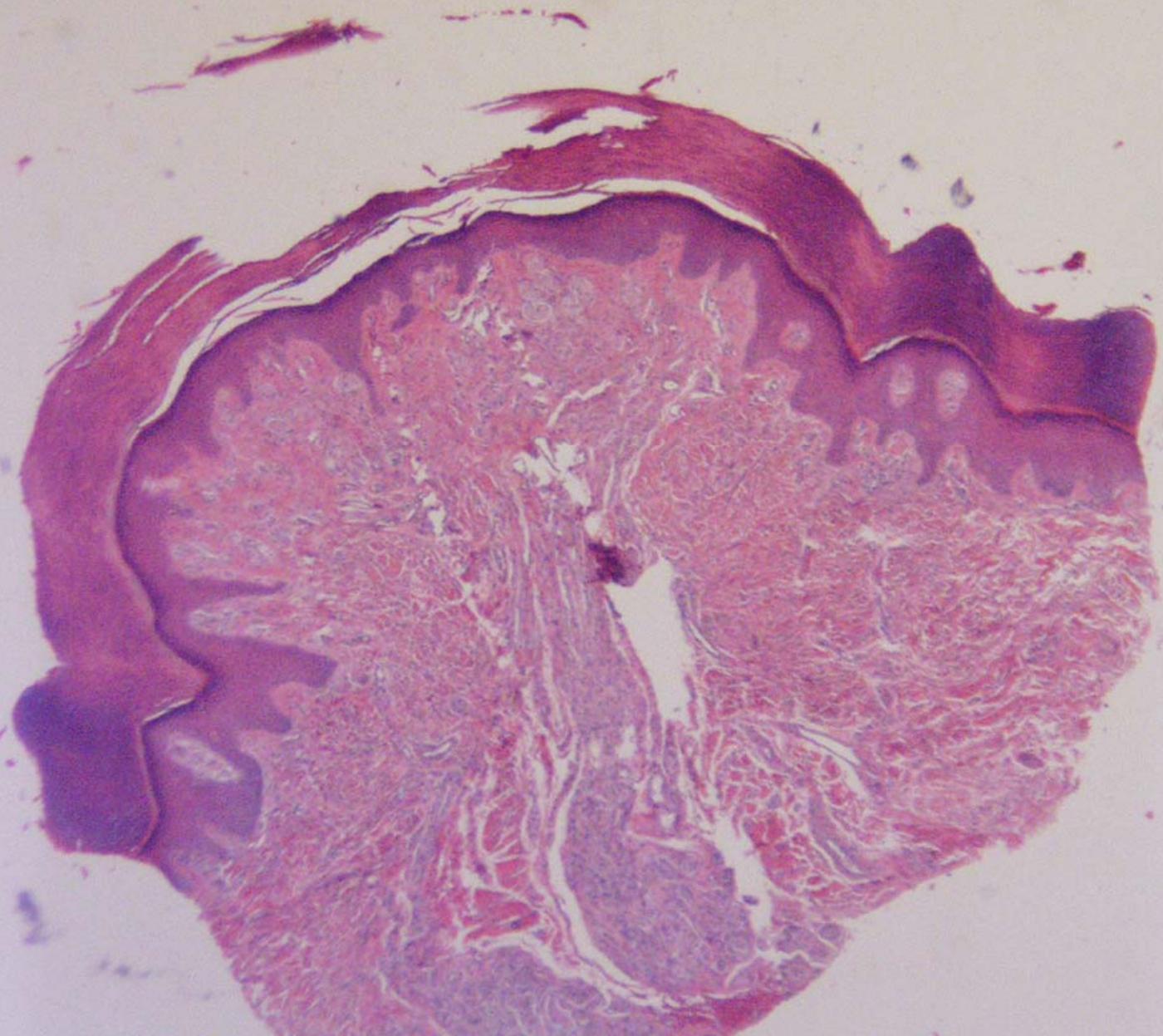


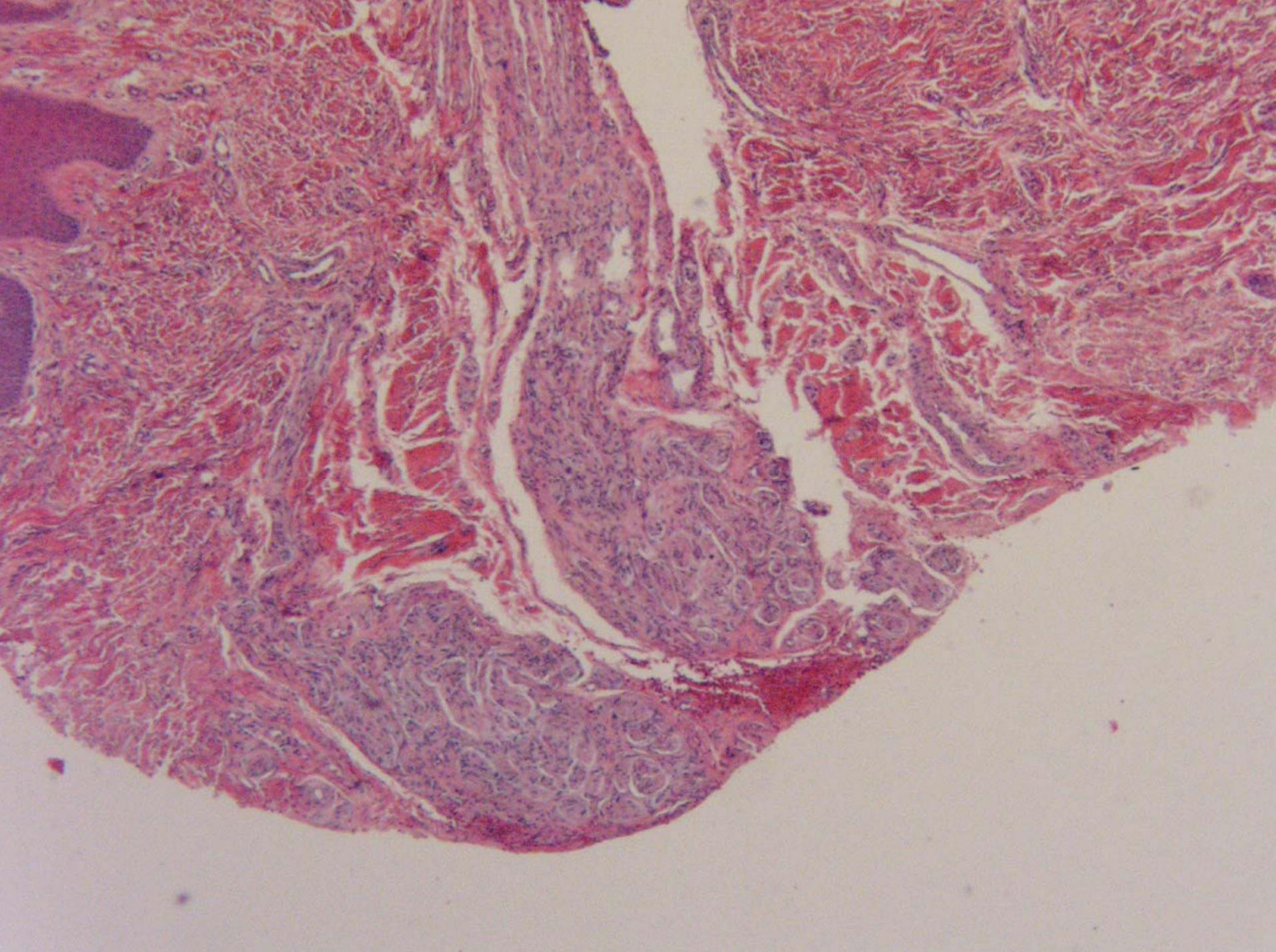
Kaposi's Sarcoma

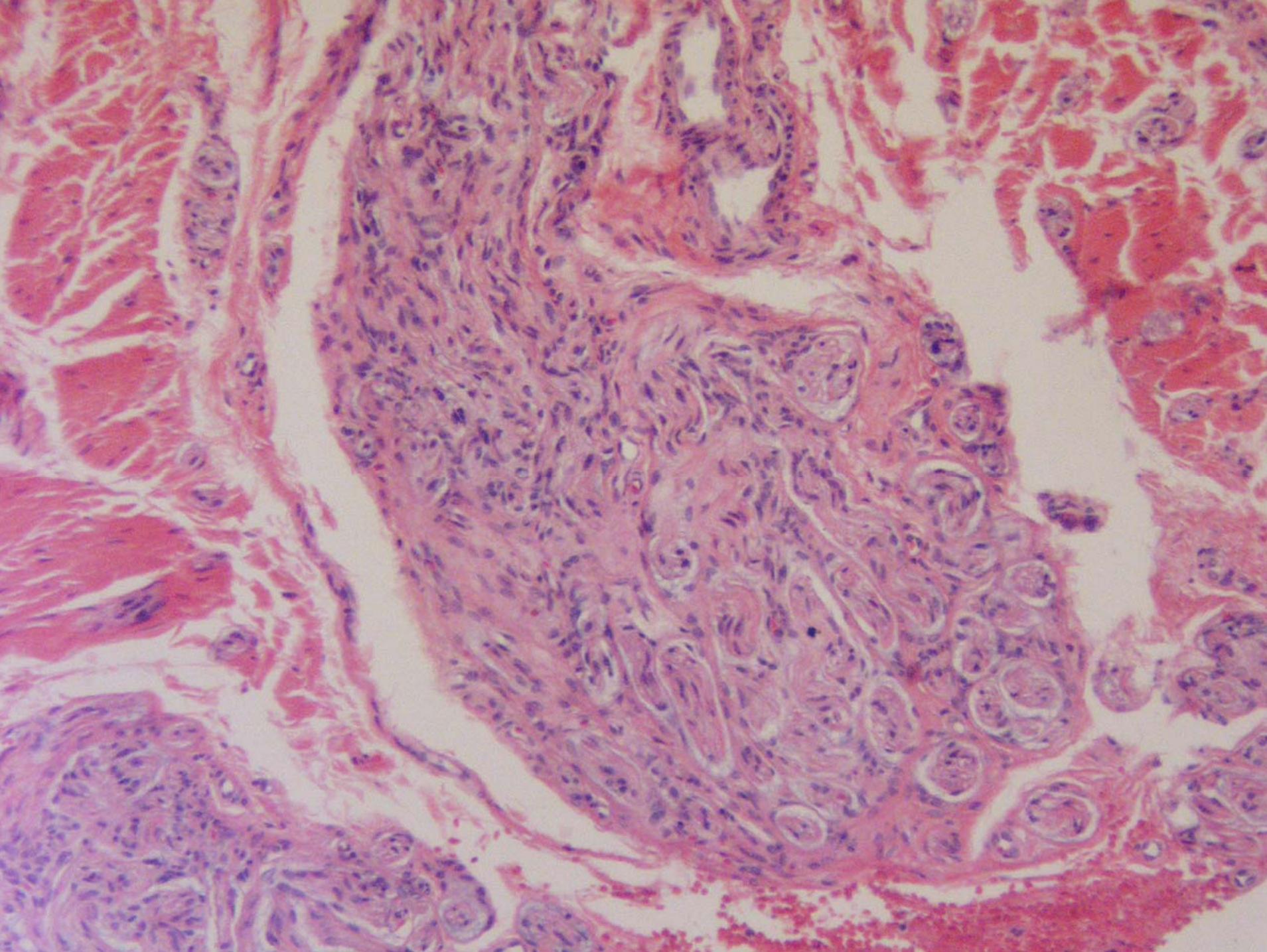
Histopathology

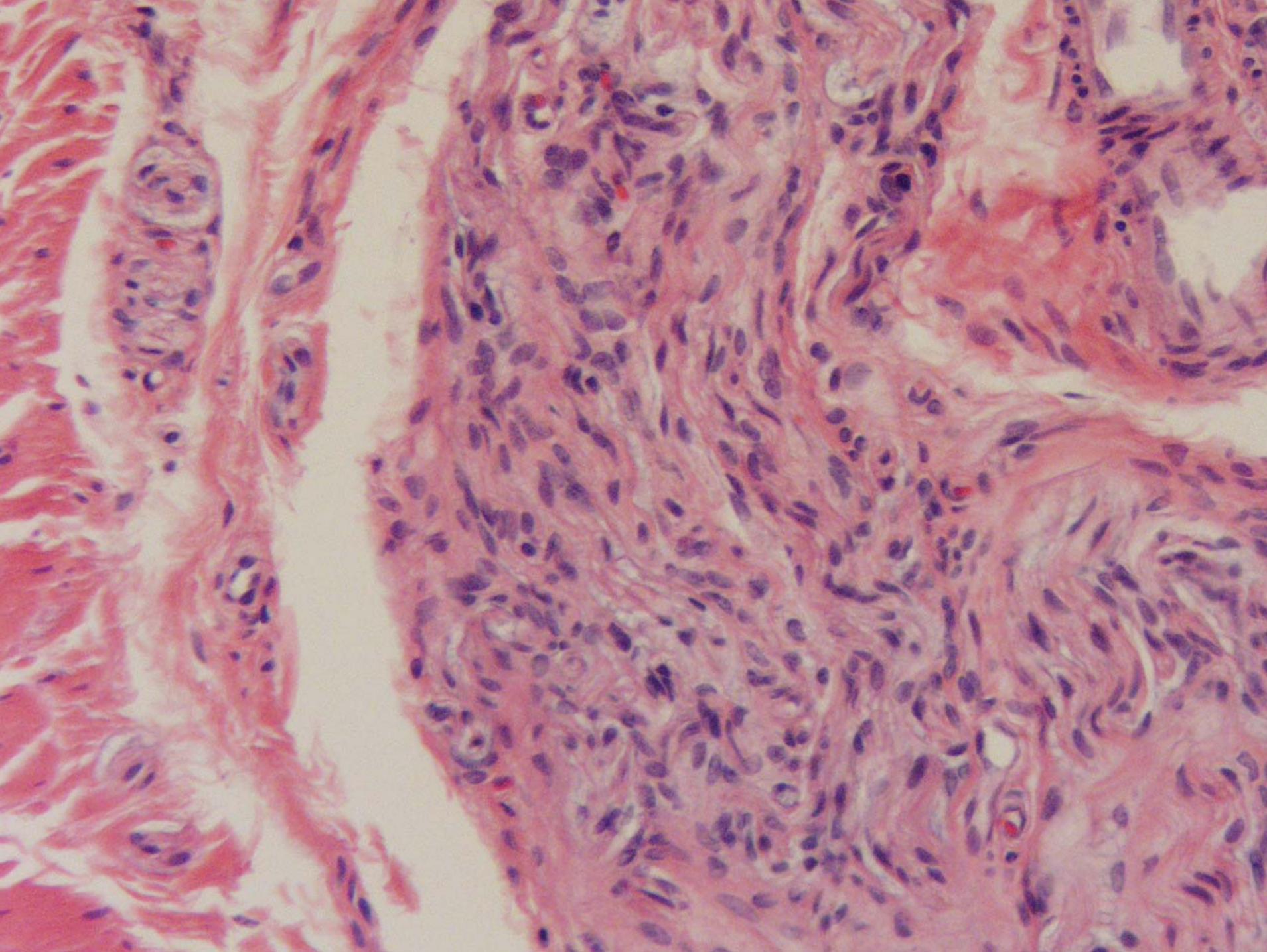


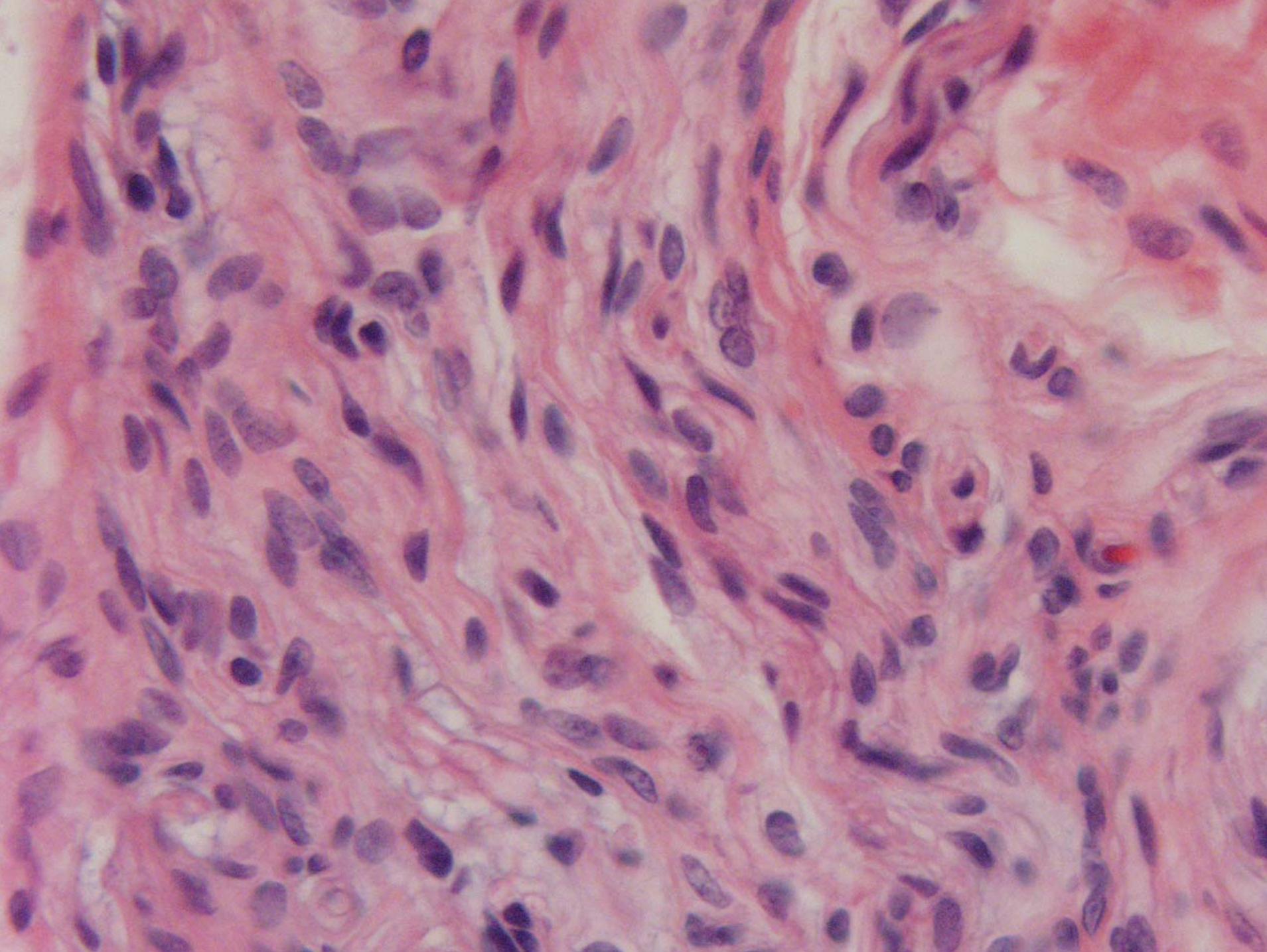
- Spindle cell proliferation with vascular slits
- Extravasated rbcs
- Occ. MF
- Hyaline globules
- Patch, plaque, or tumor
- Rule out congenital conditions









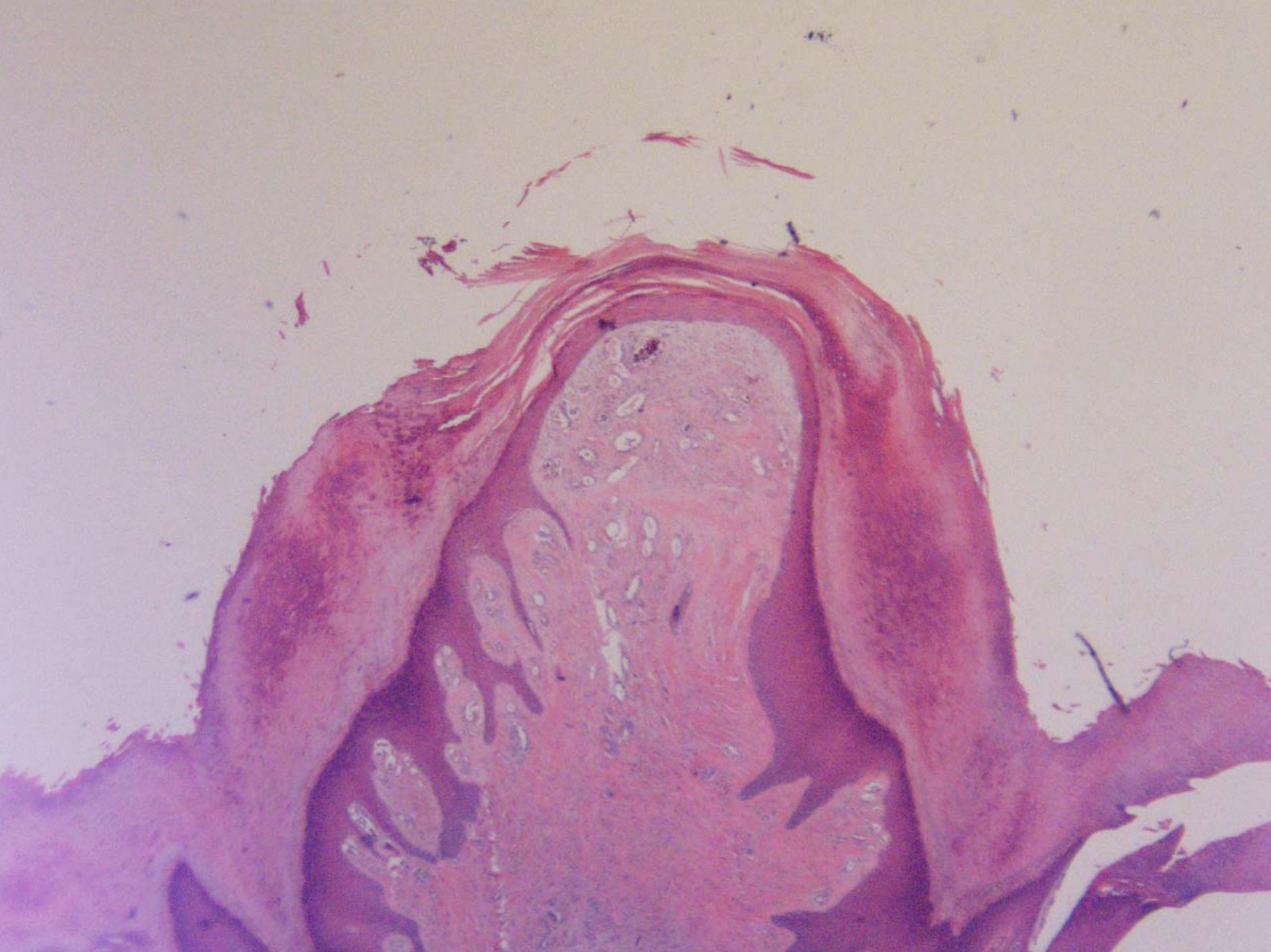


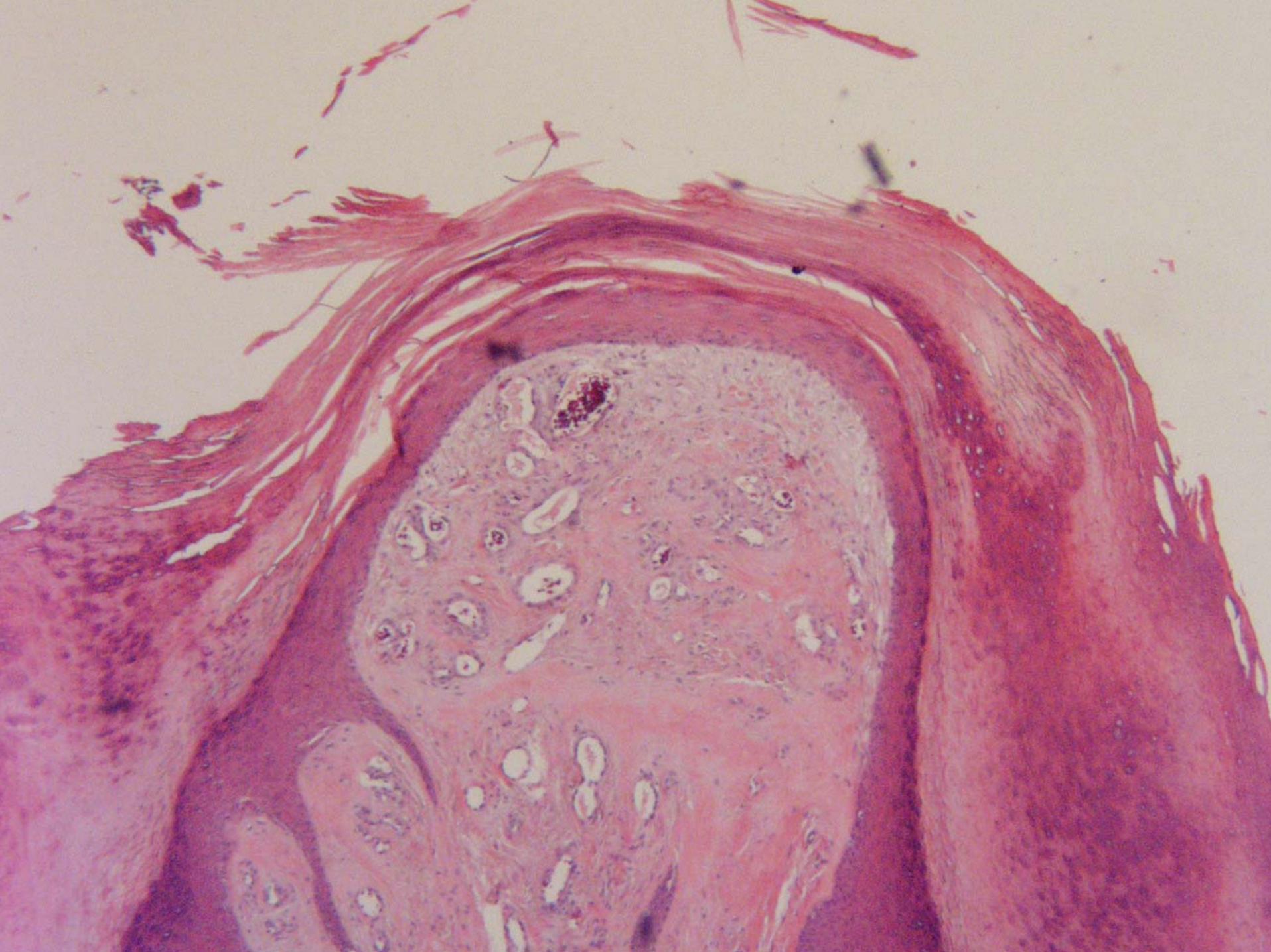
Acral Neuroma

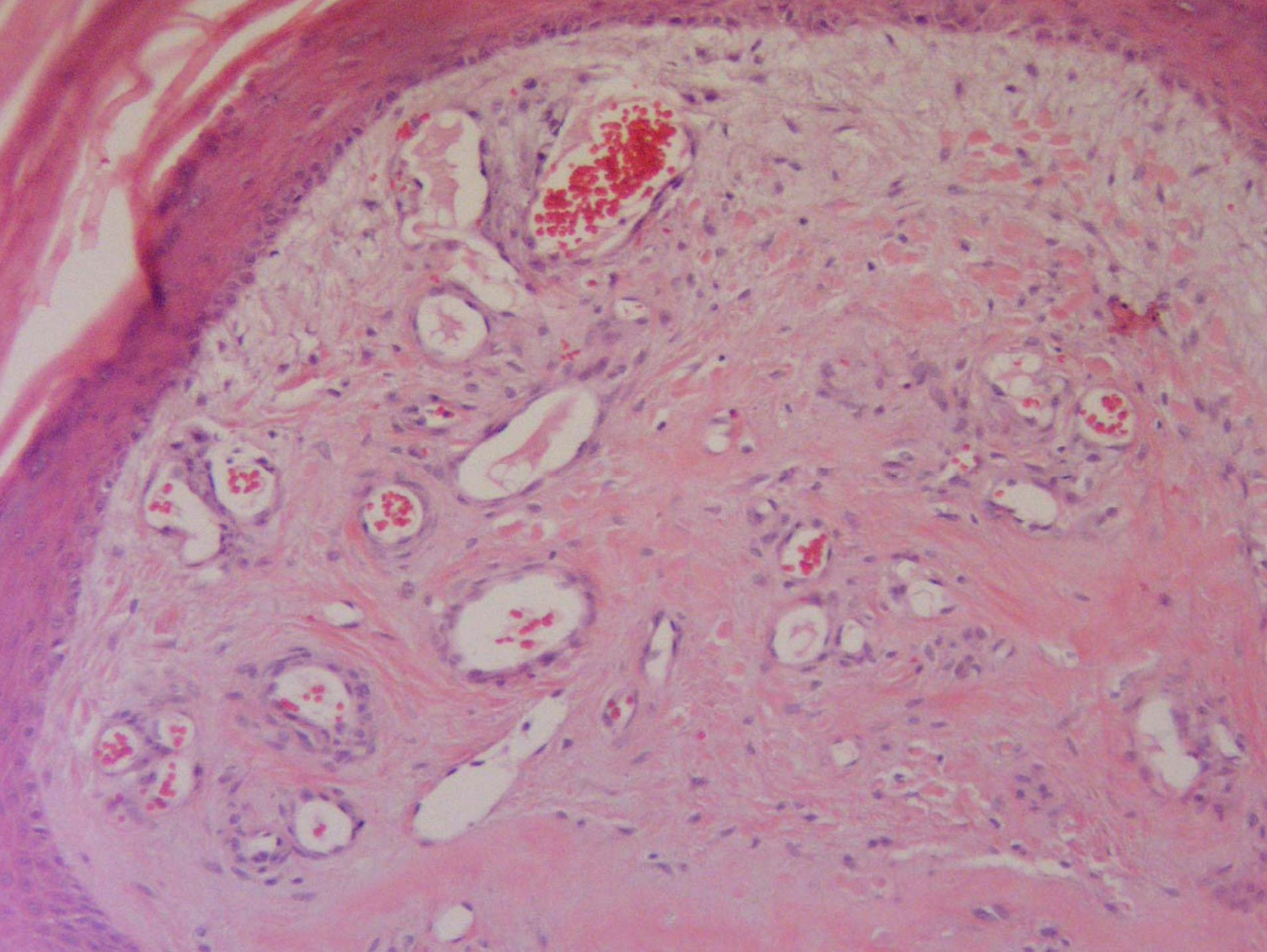
Histopathology

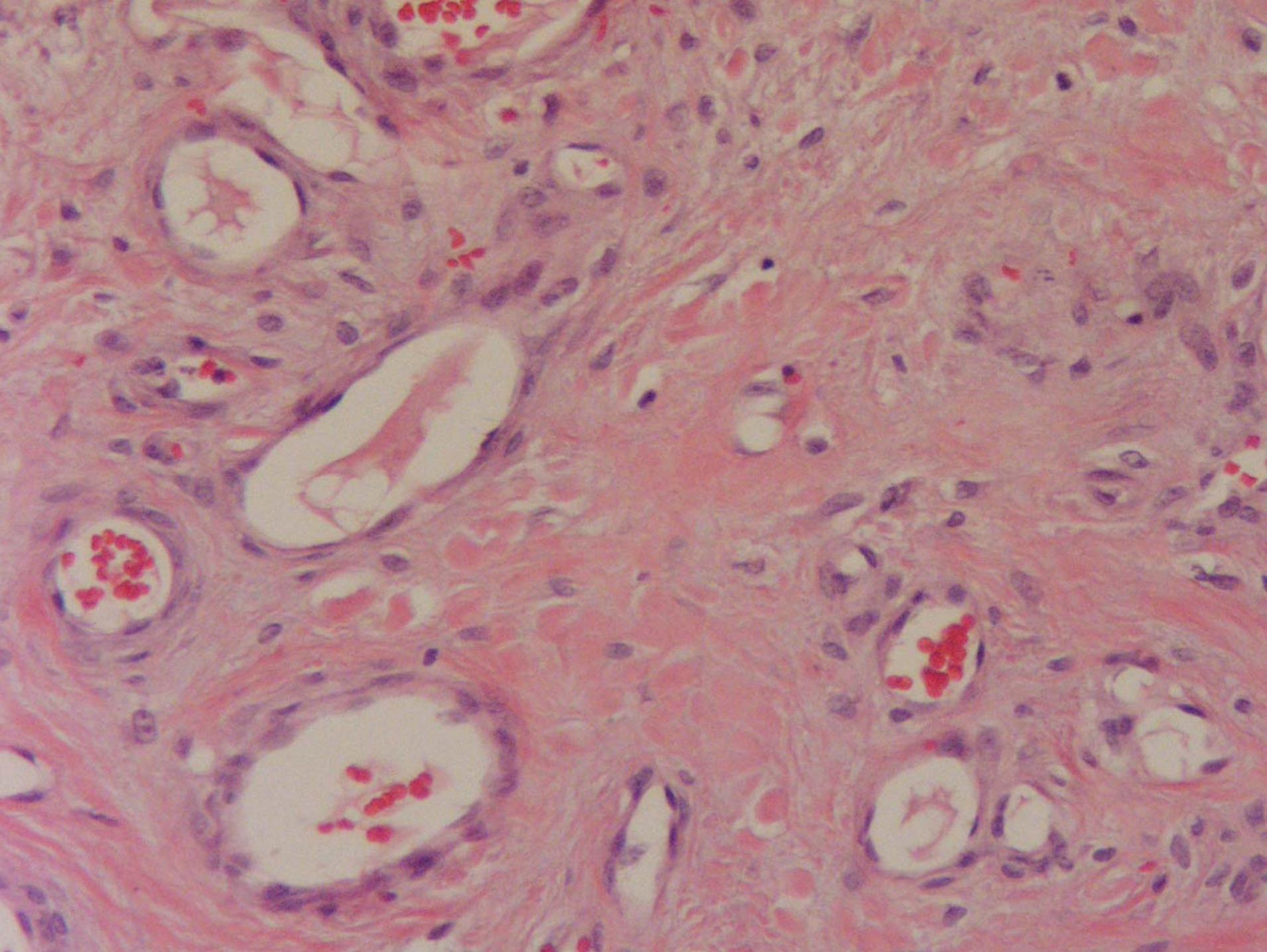


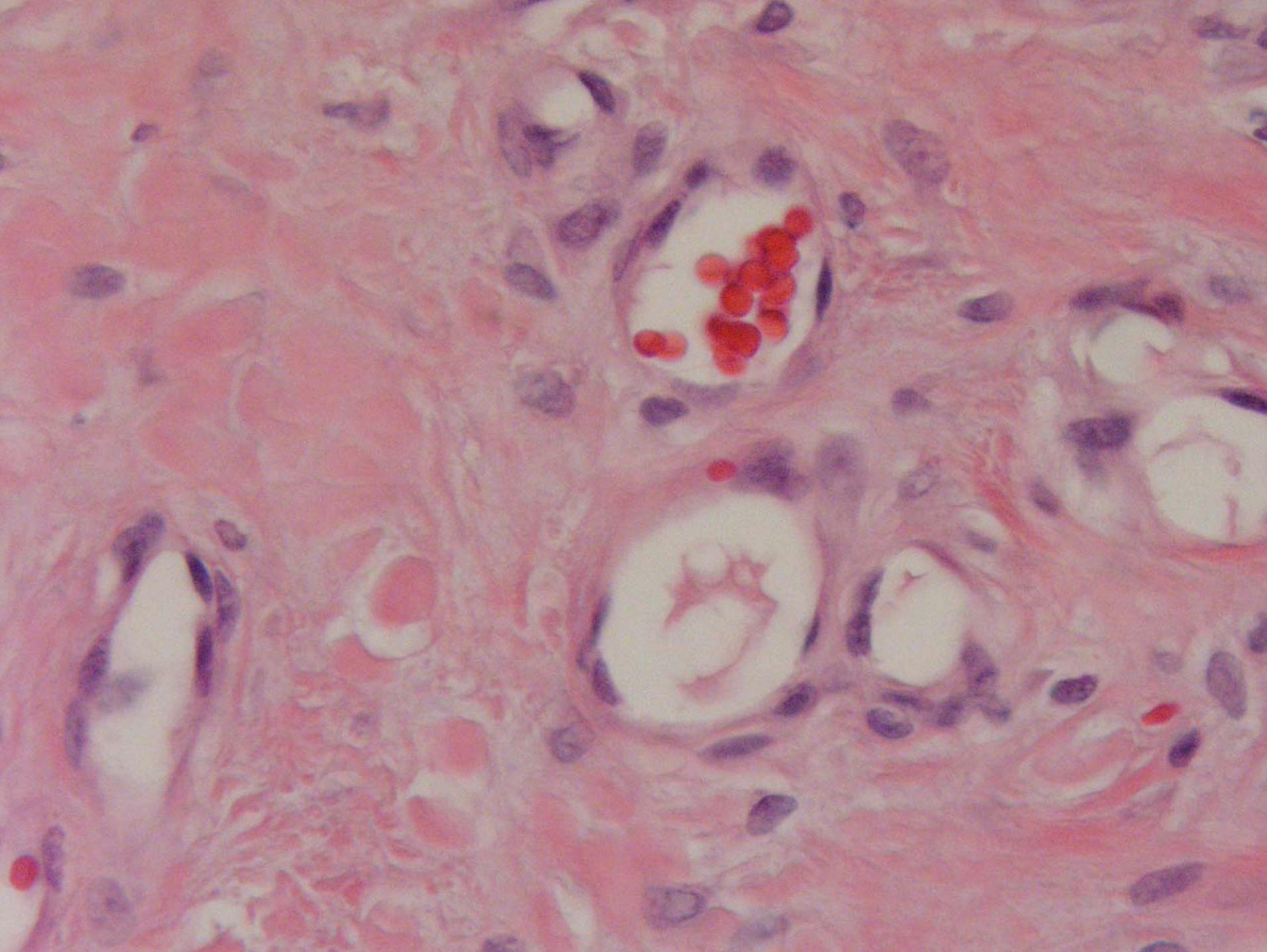
- Acral location
- Proliferation of benign nerve bundles
- Numerous nerve twigs
- Lack significant palisading or atypia





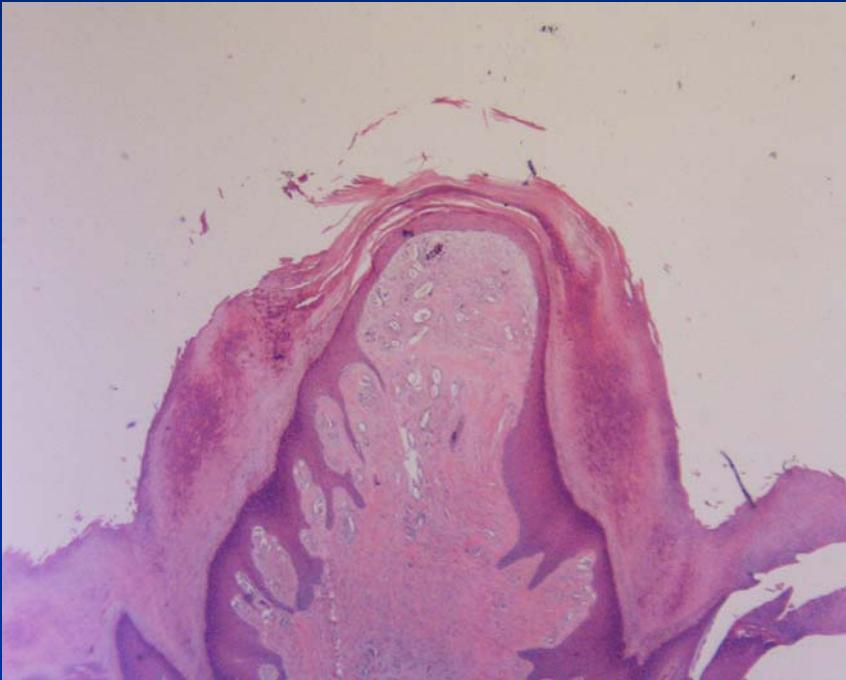




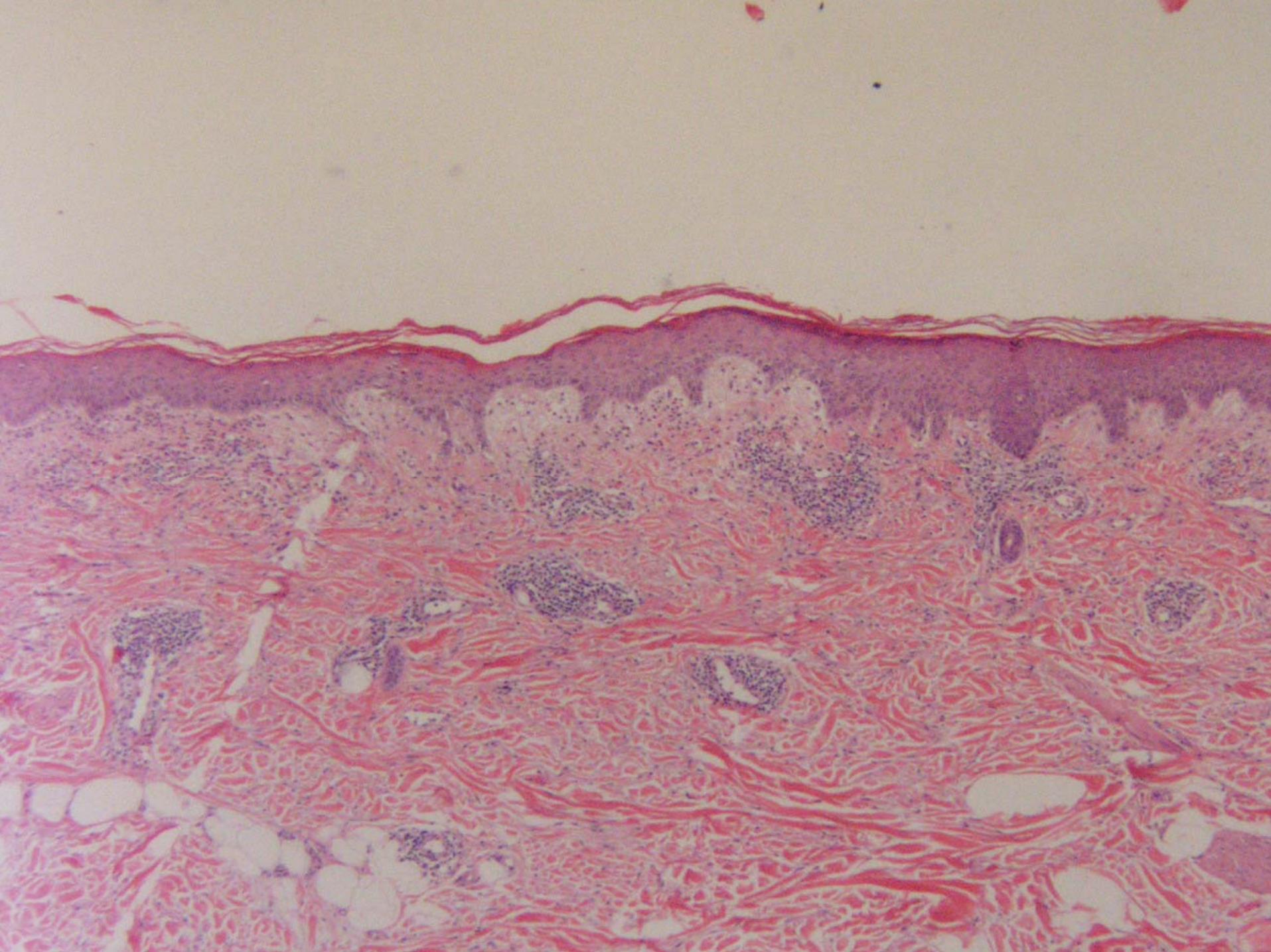


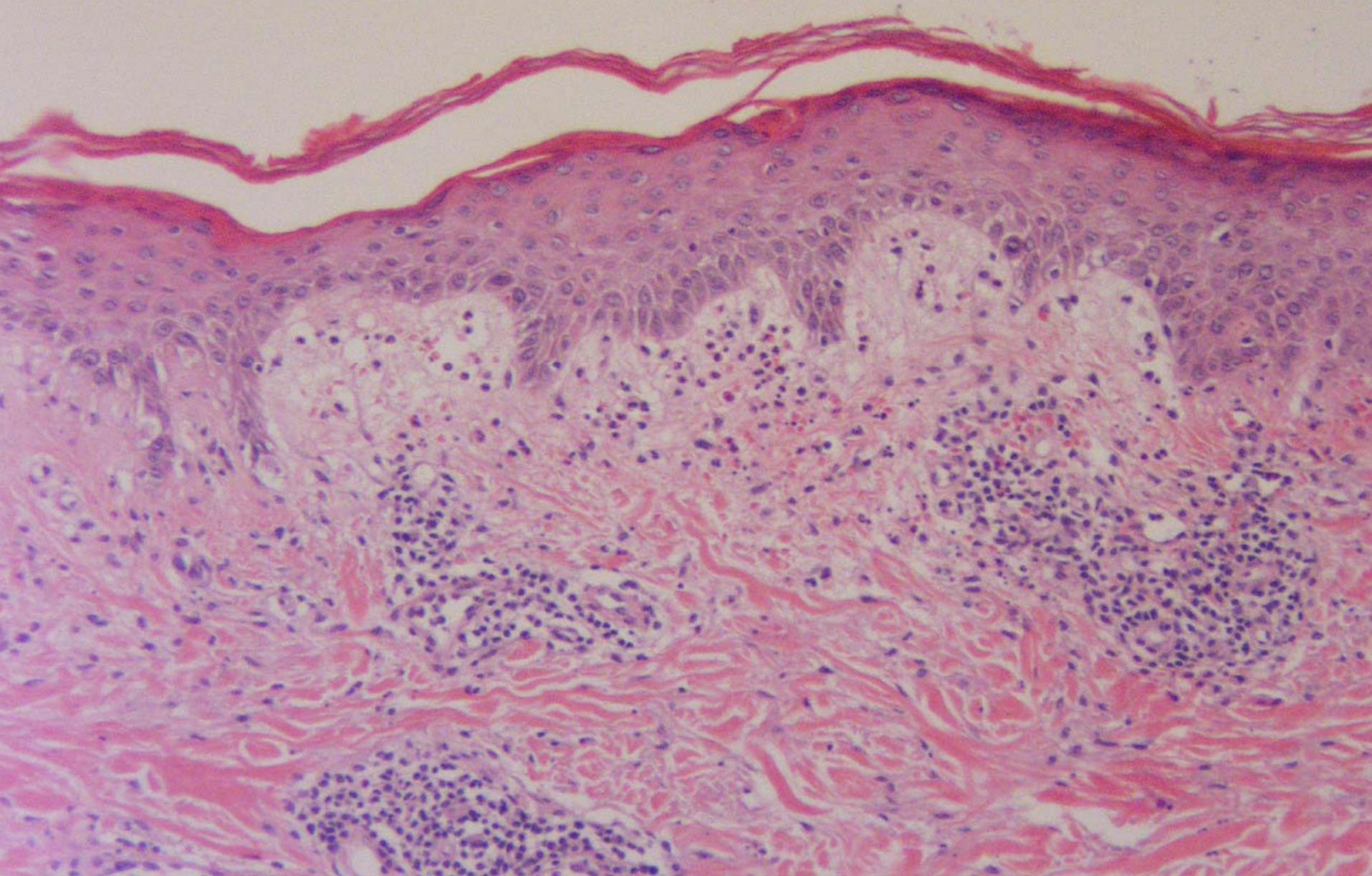
Digital Fibrokeratoma

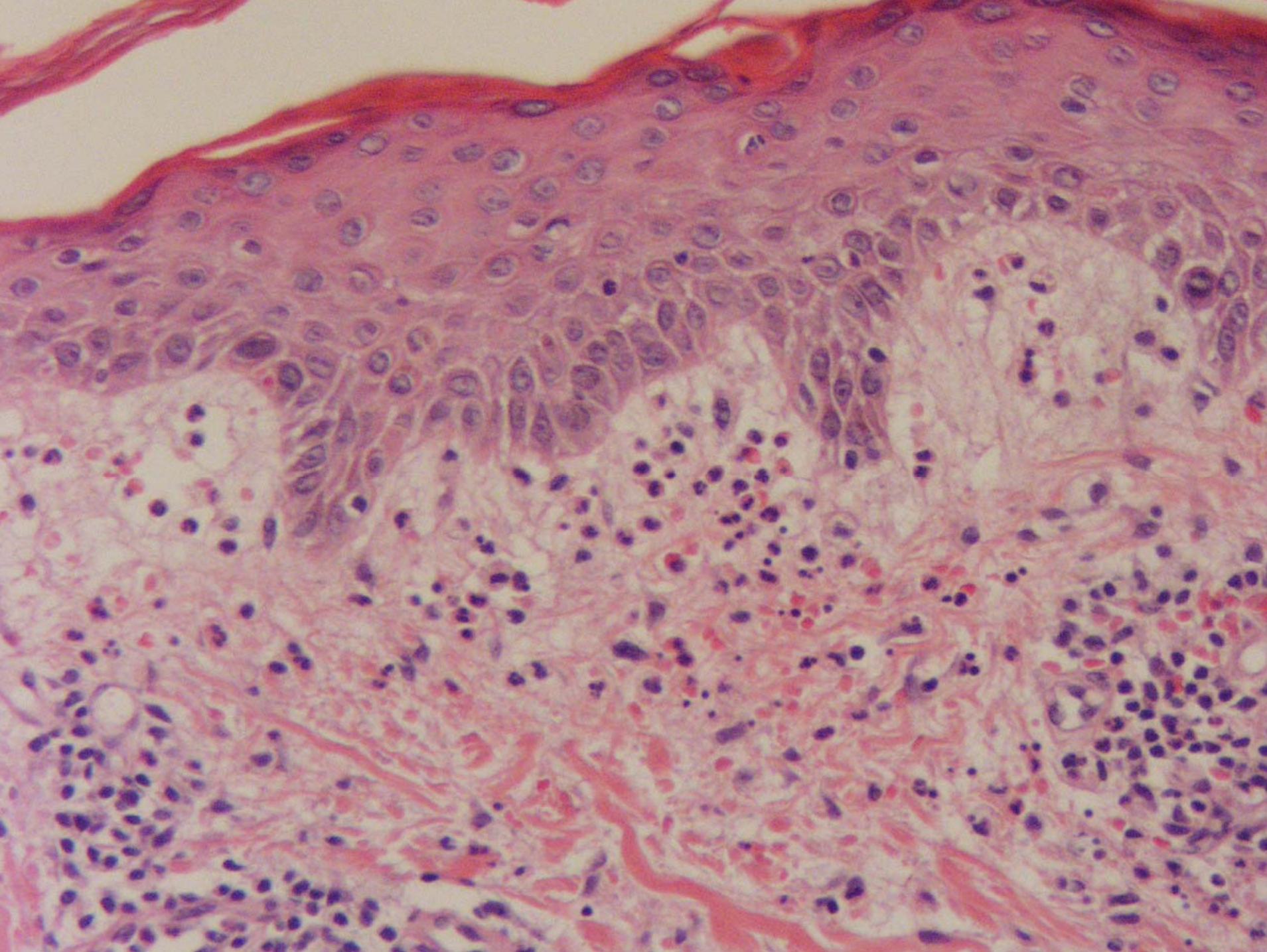
Histopathology

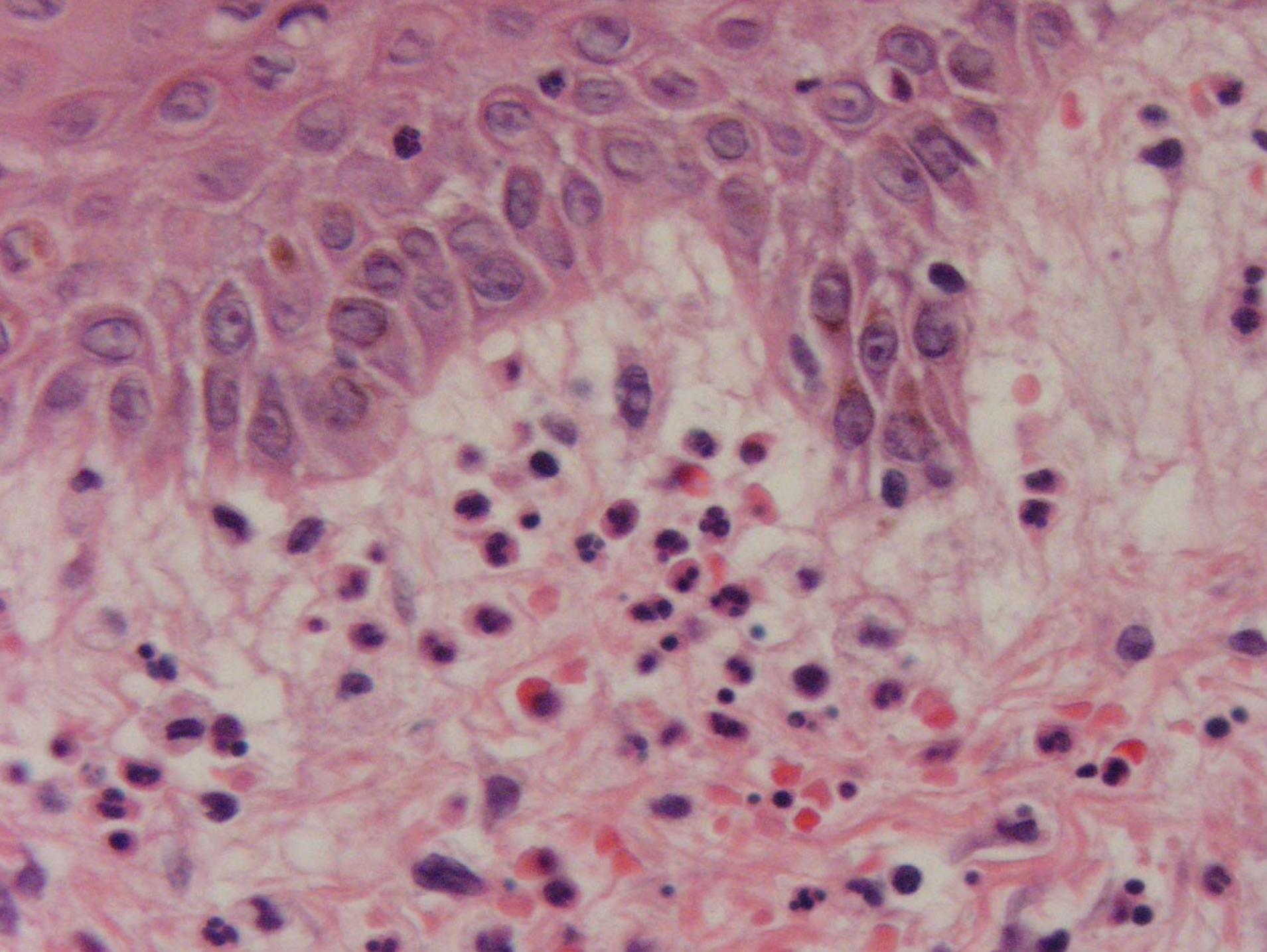


- Digital projection on acral skin
- Hyperkeratosis
- Fibrovascular core
- No cytologic atypia

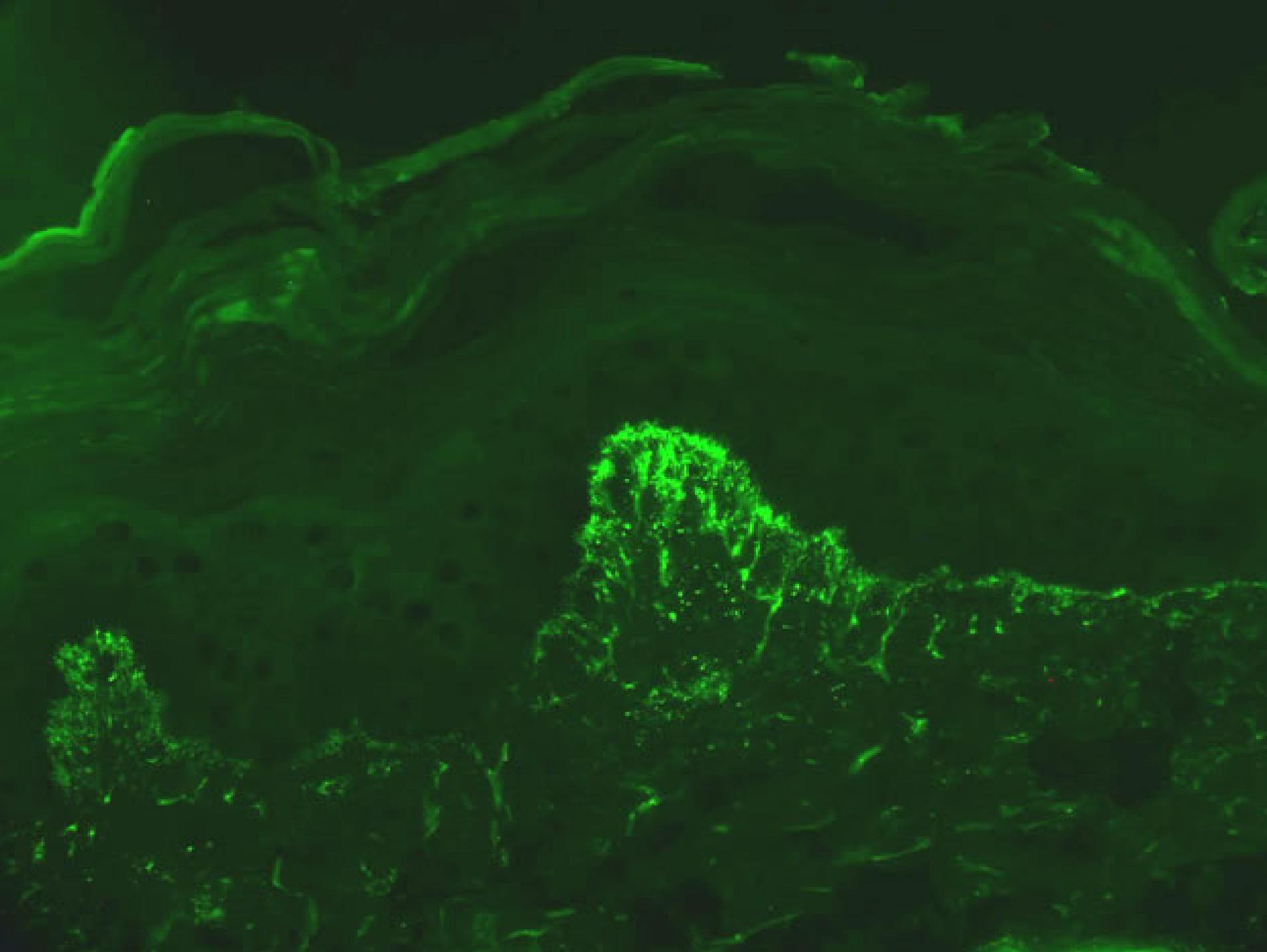




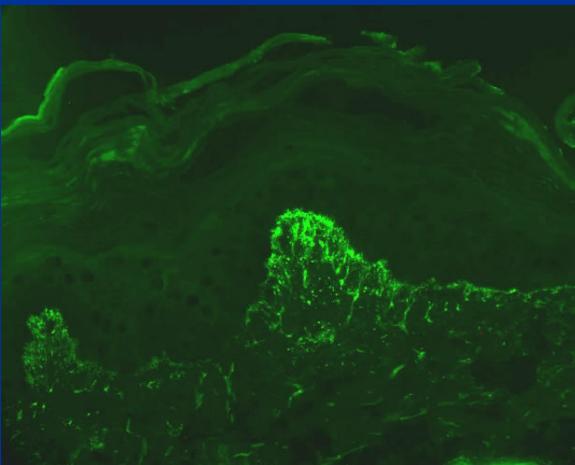
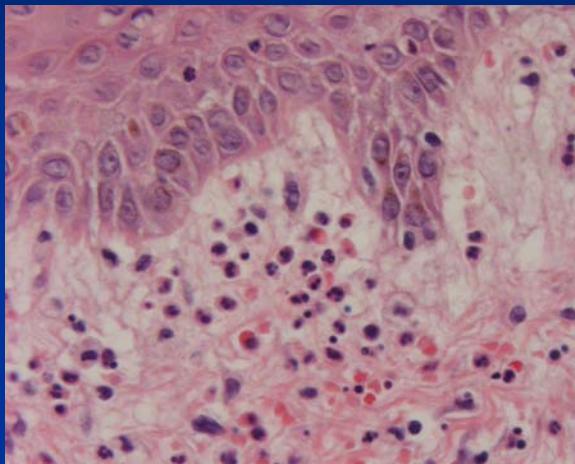




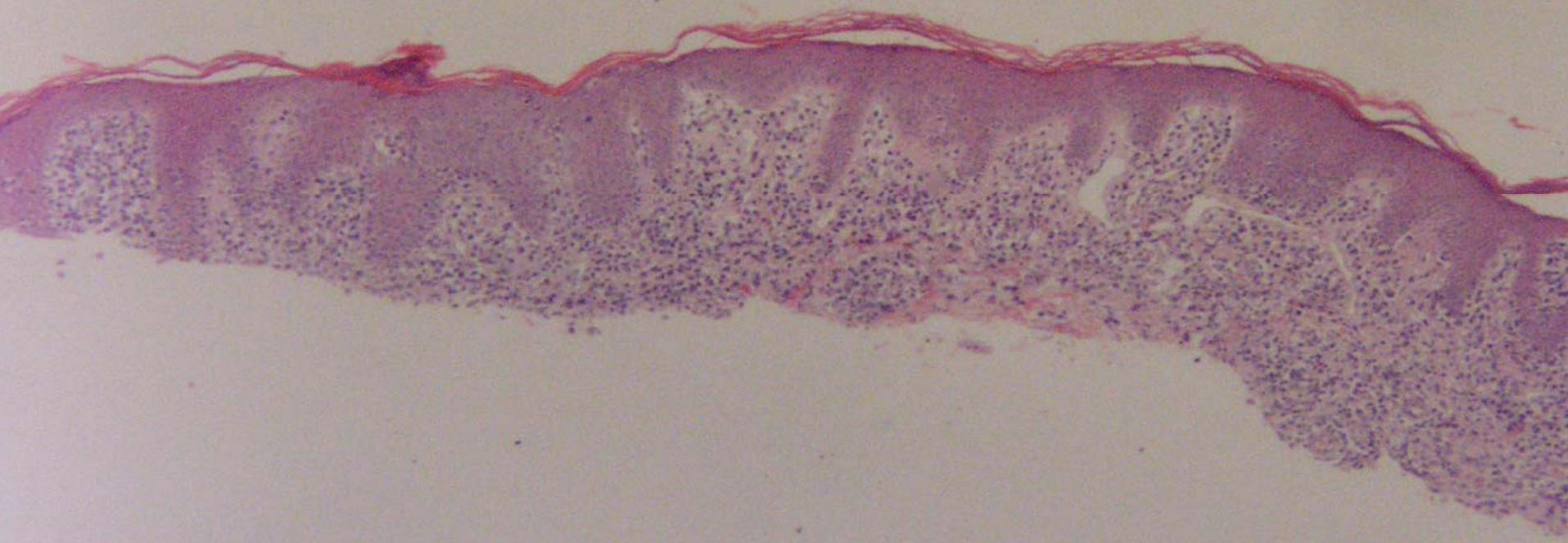
Dermatitis Herpetiformis

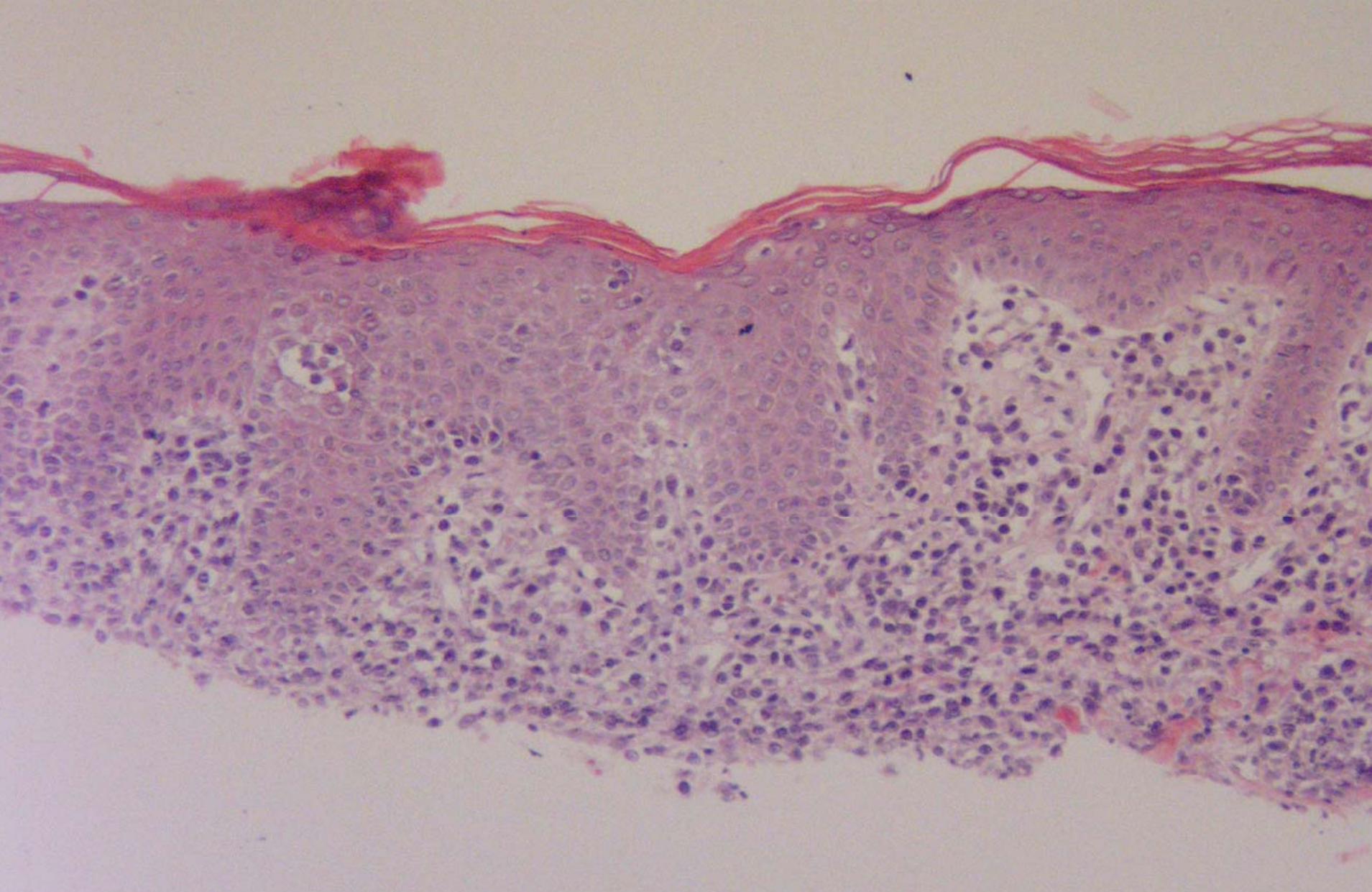


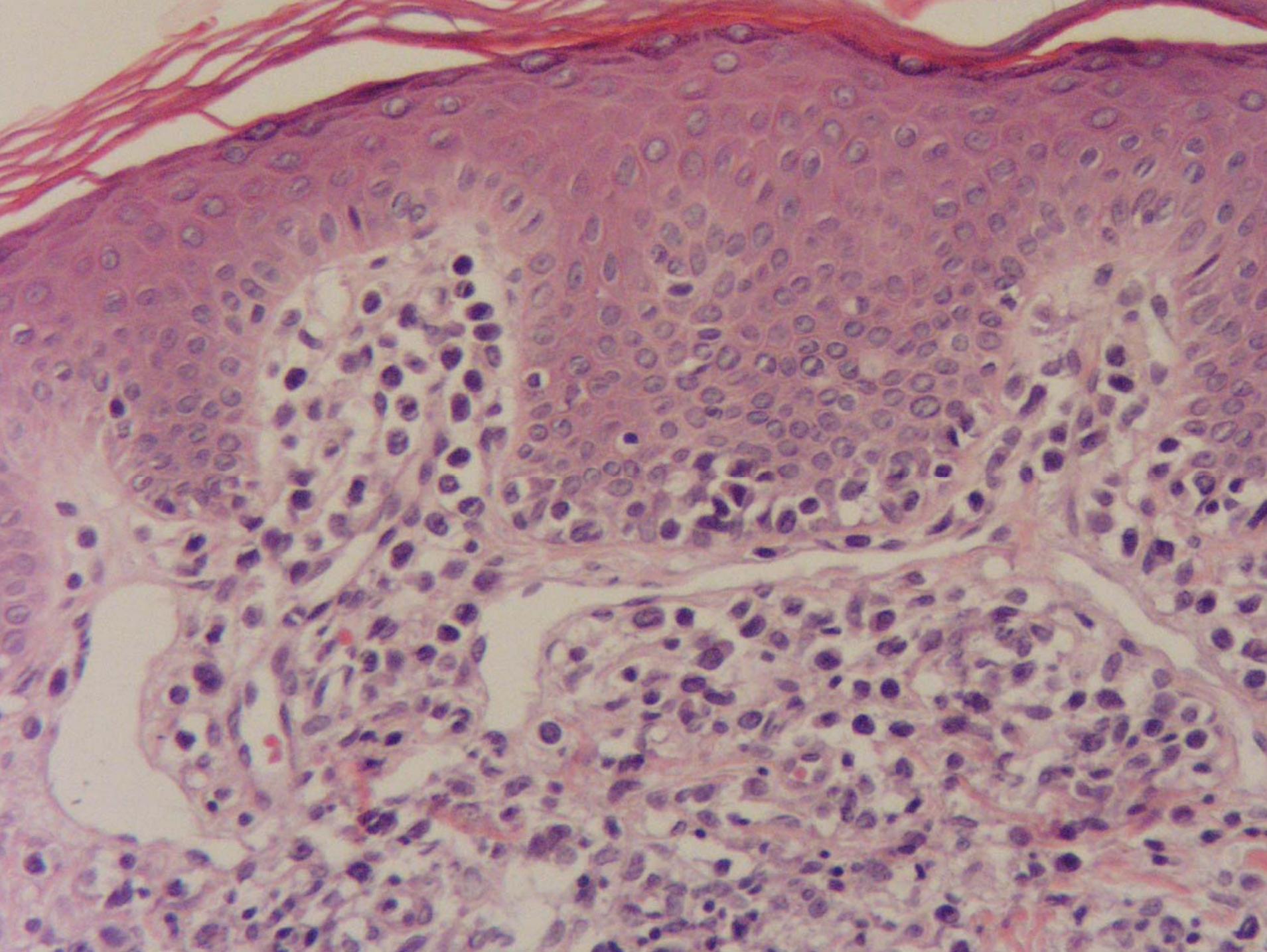
Histopathology

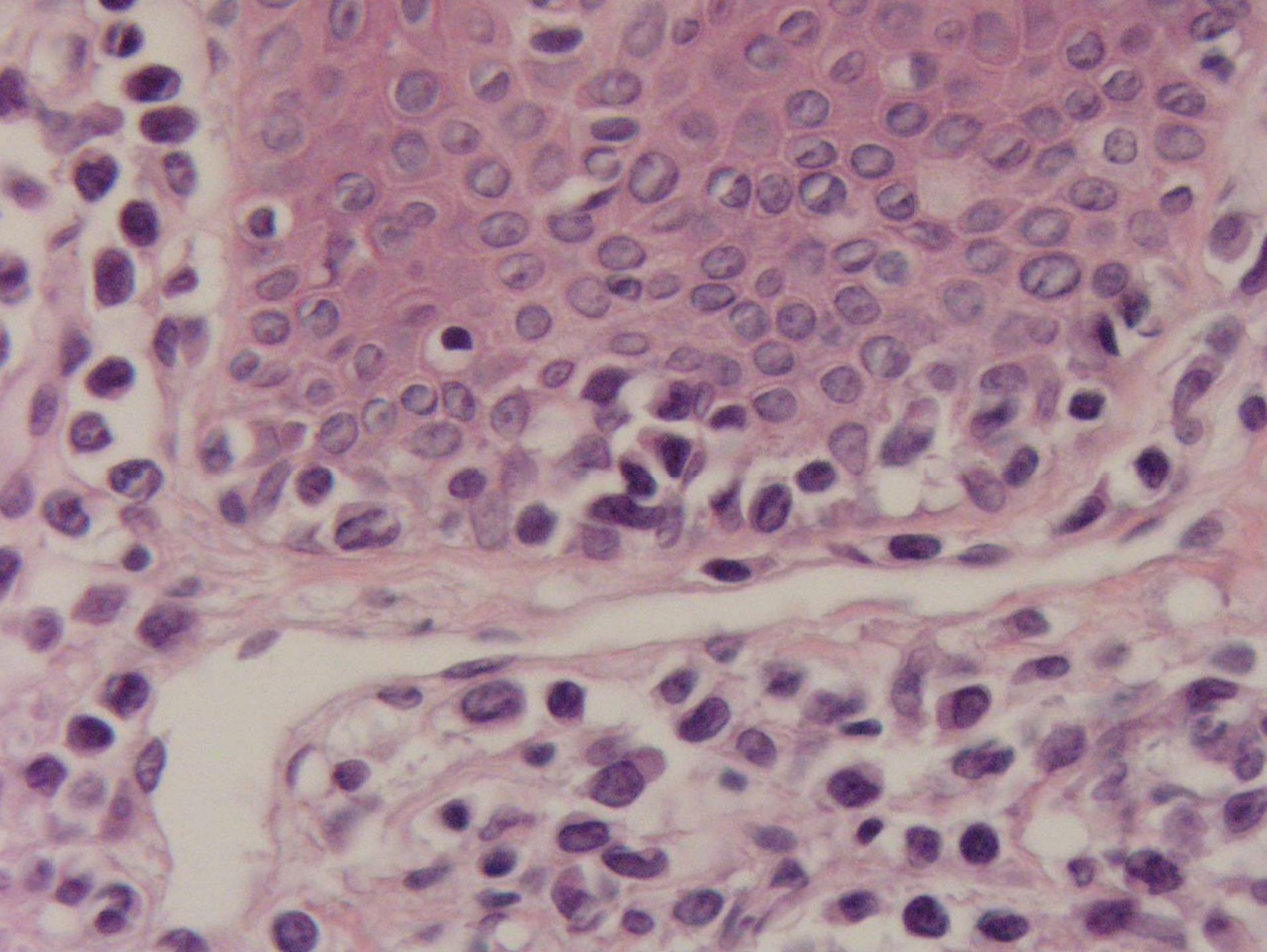


- Subepidermal vesicular dermatitis-tips of papillae
- Neutrophils>eosinophils
- No vasculitis
- Distinguish from Linear IgA disease with DIF



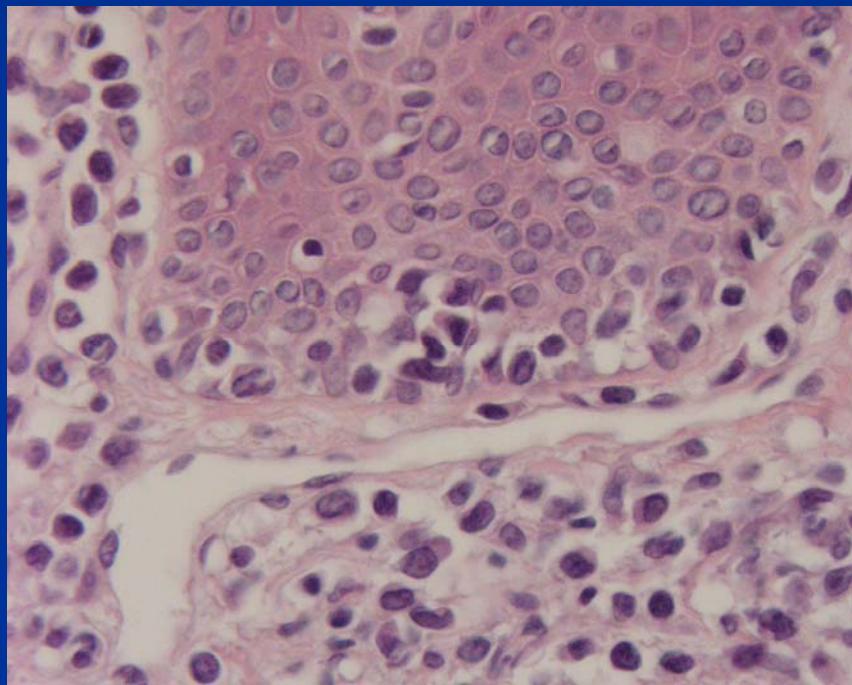




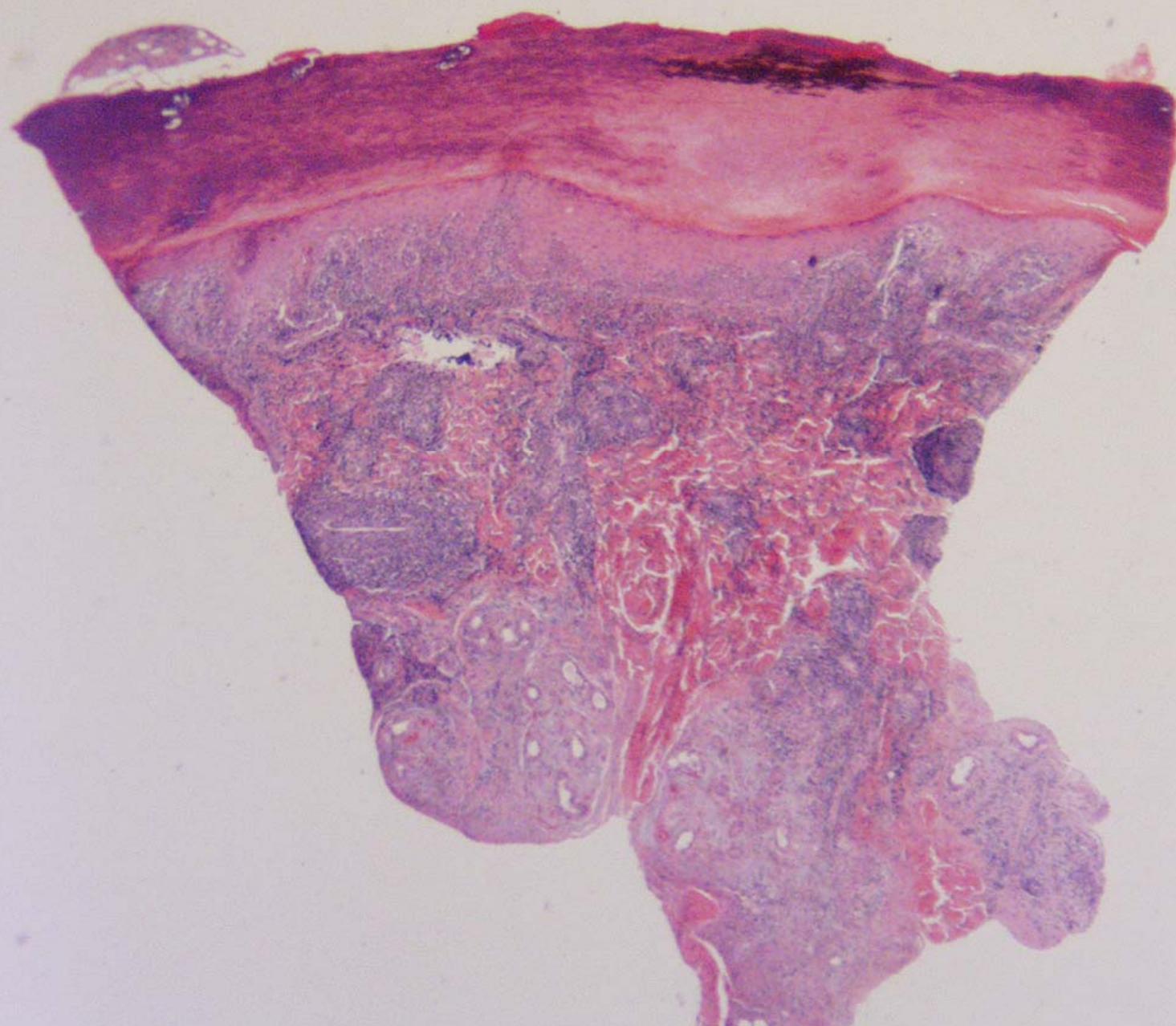


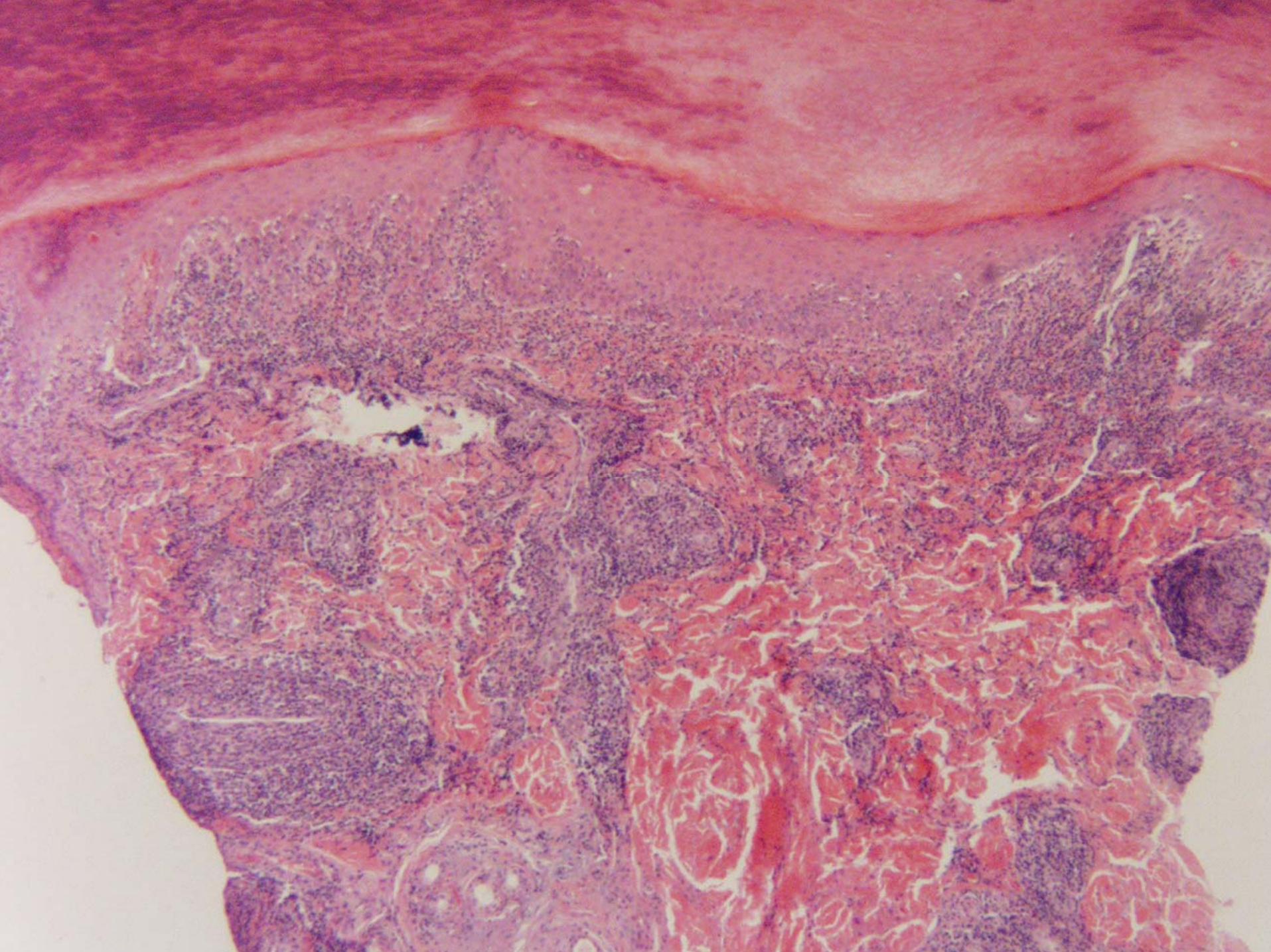
Mycosis Fungoides

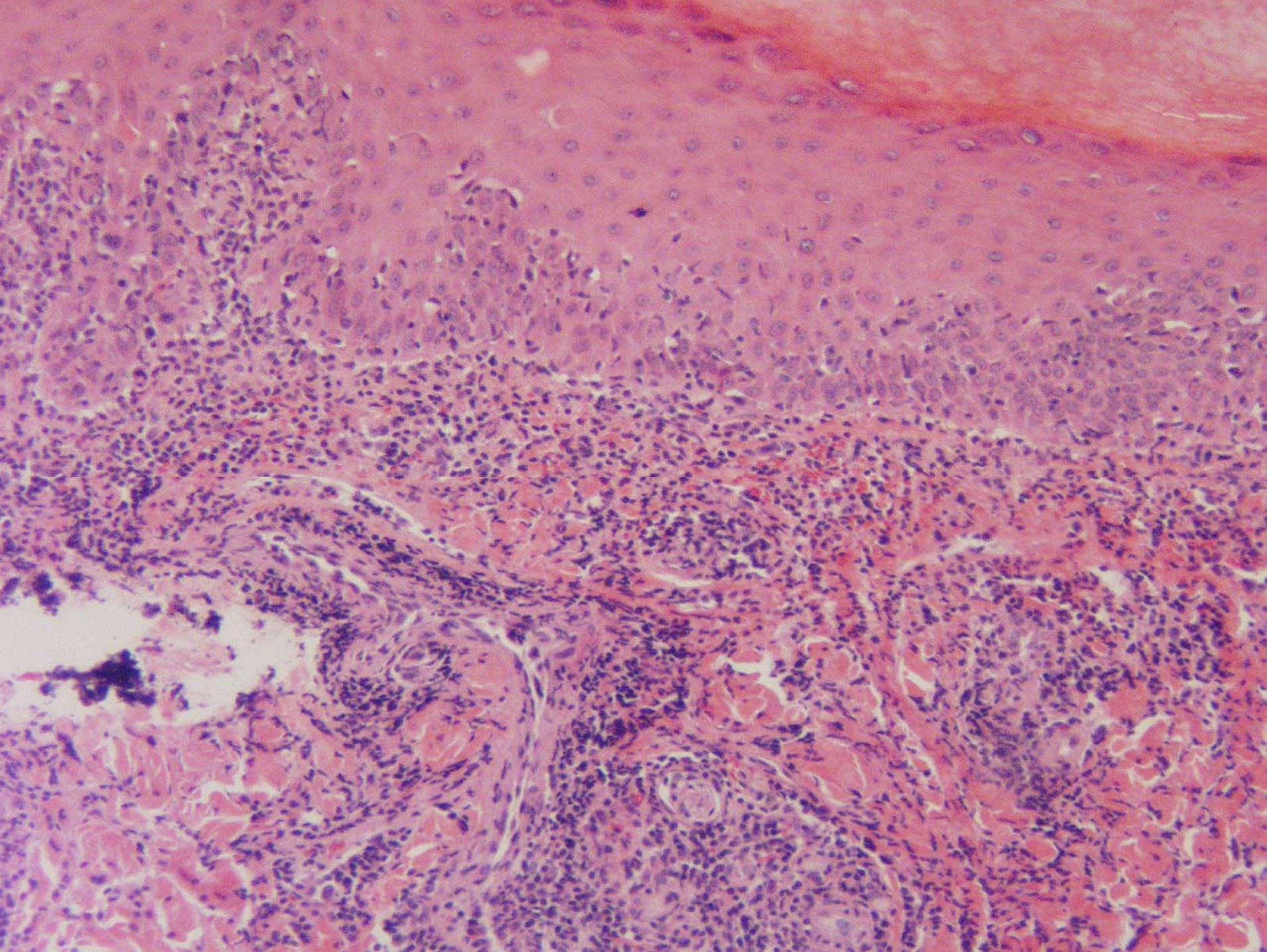
Histopathology

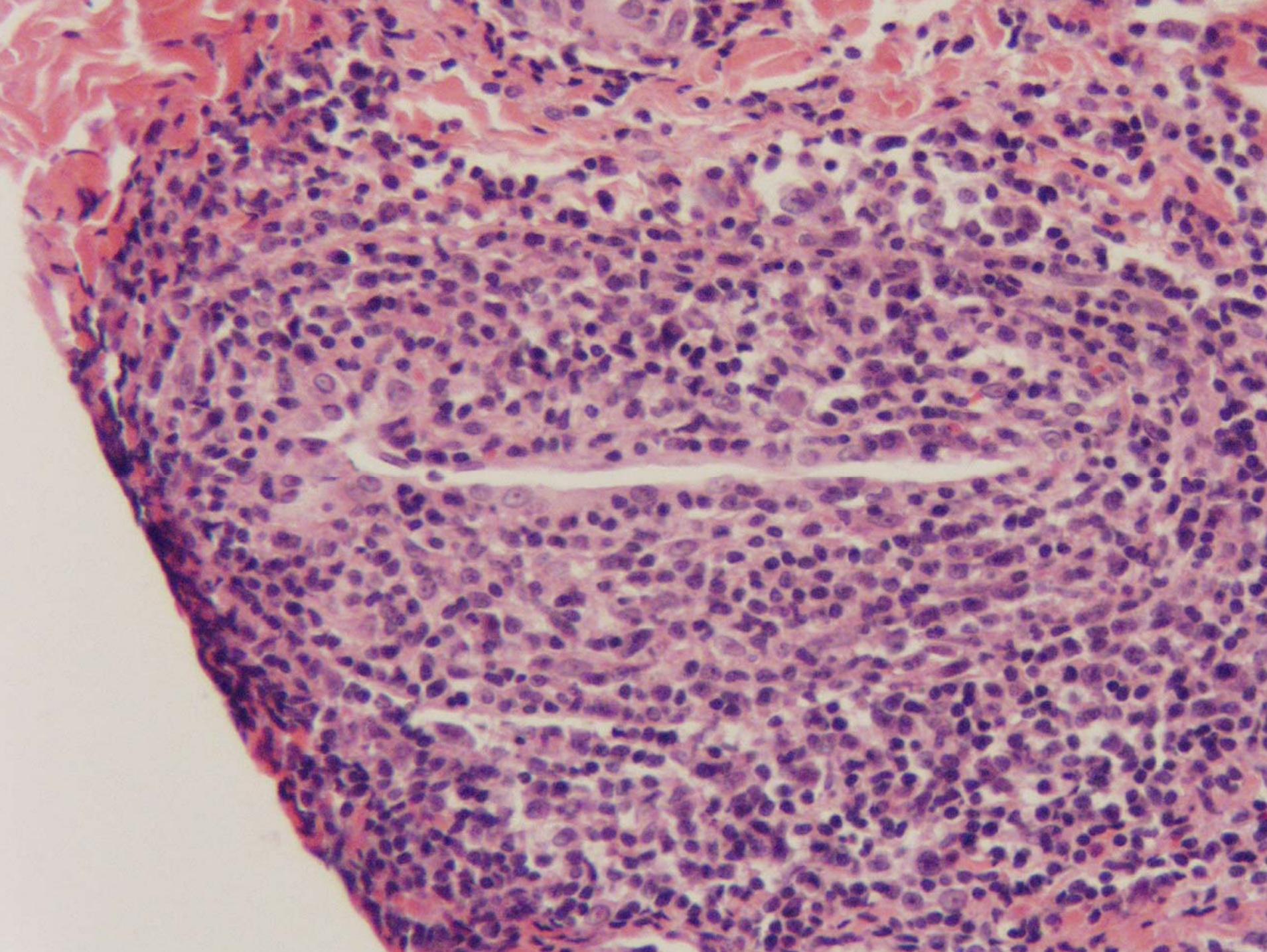


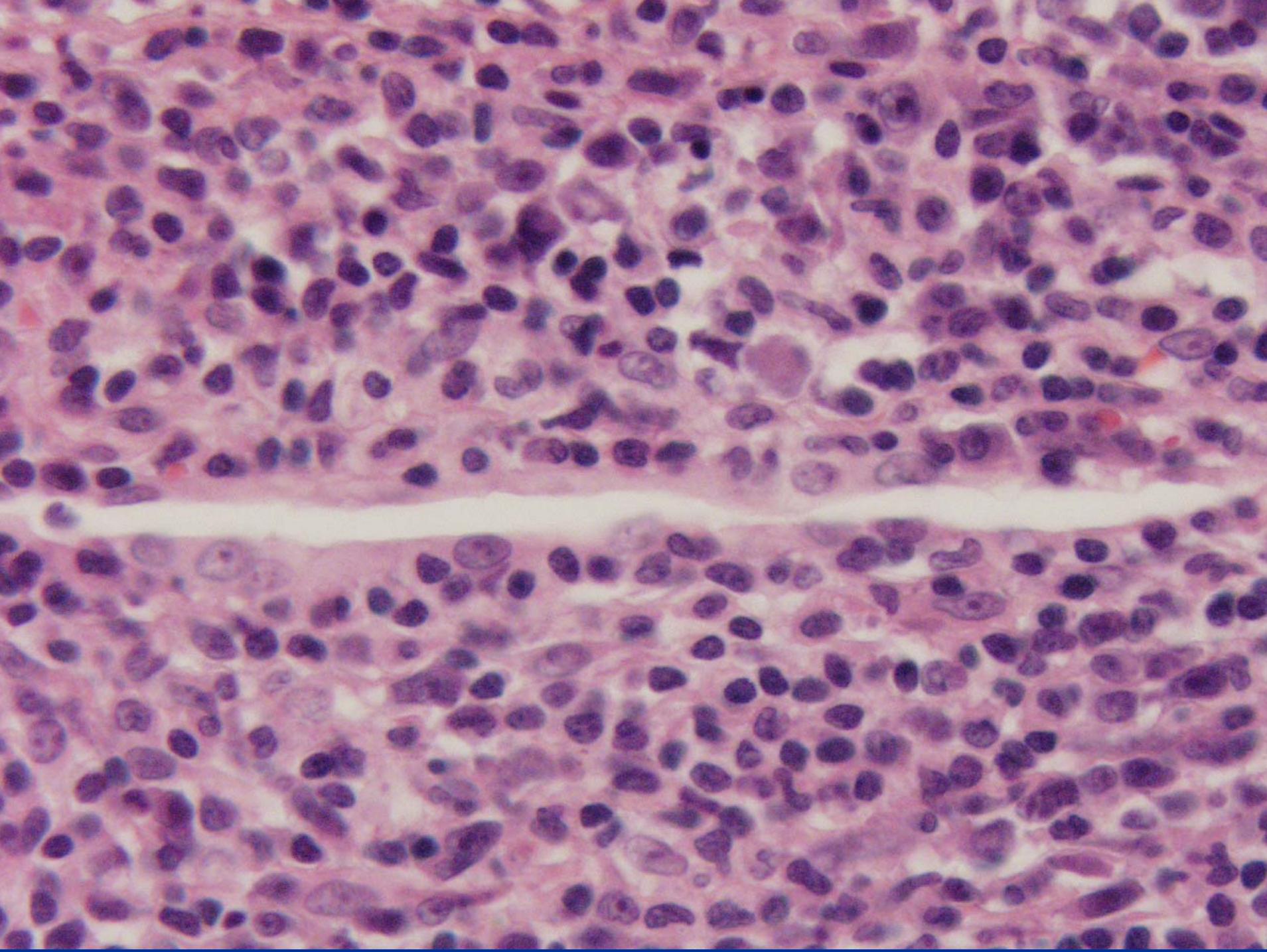
- Band-like infiltrate of atypical lymphocytes
- Basal intercalation with keratinocytes
- Pautrier microabscesses
- Halo around intraepidermal lymphocytes
- Intraepidermal lymphocytes larger than dermal

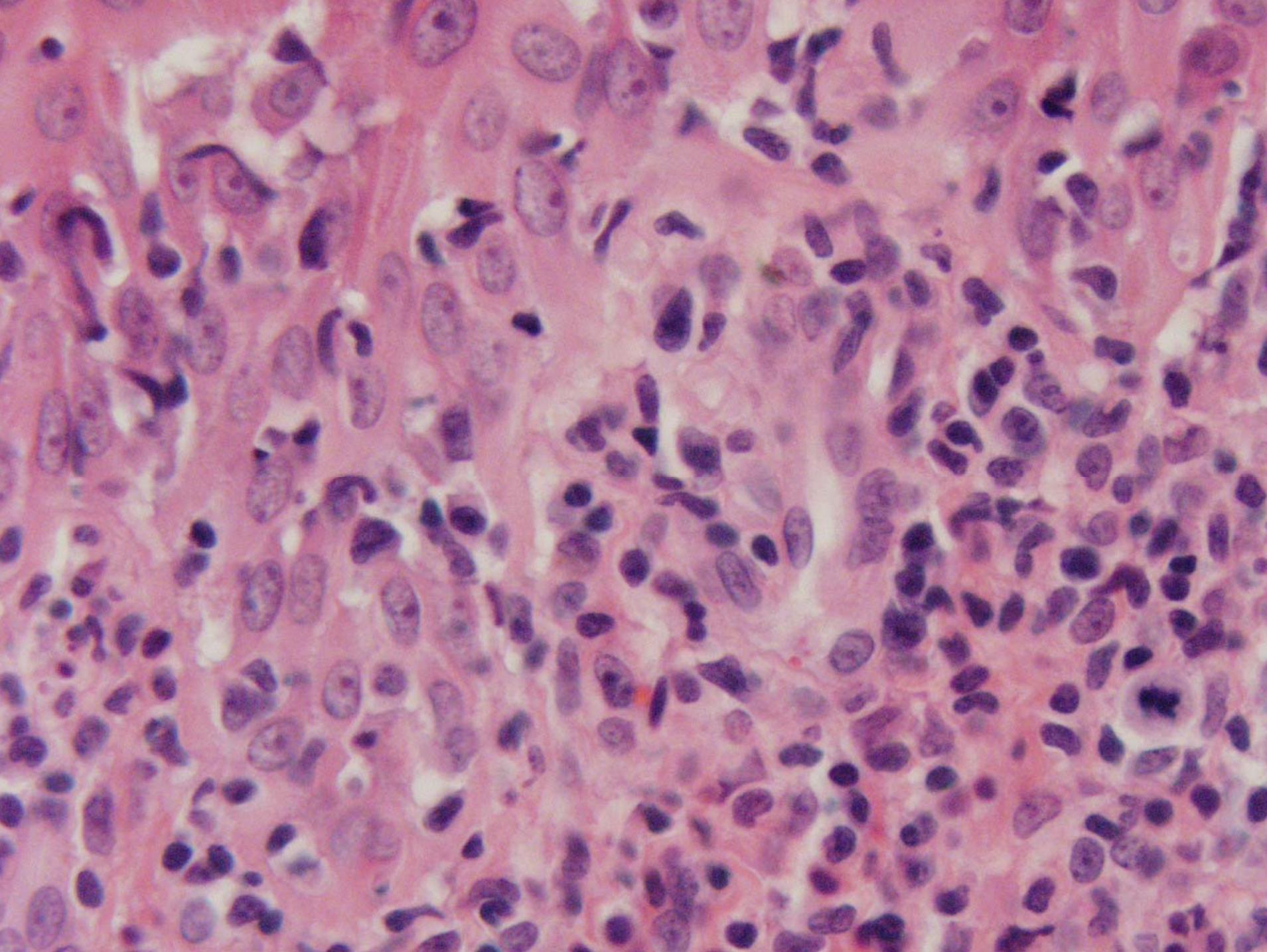






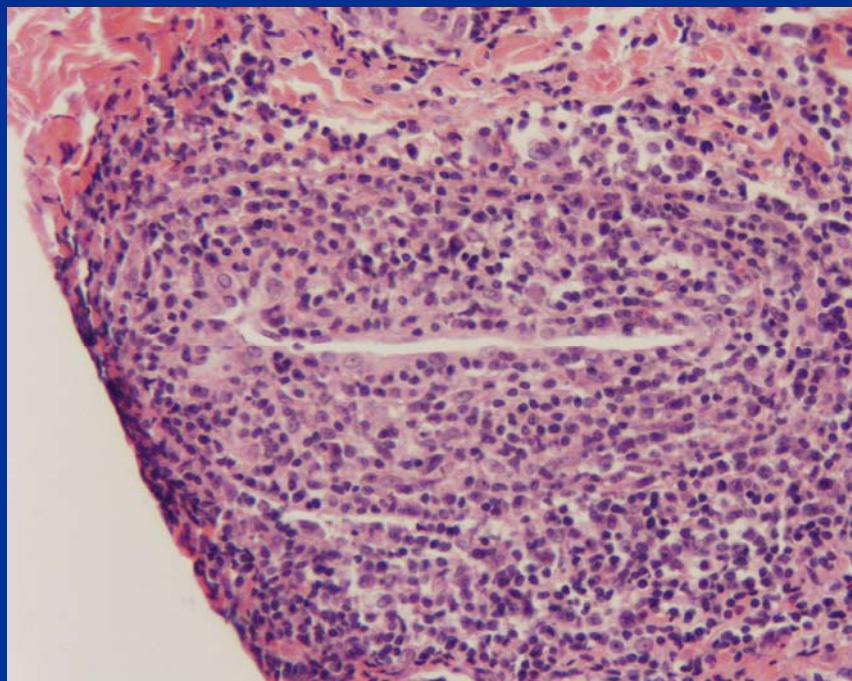




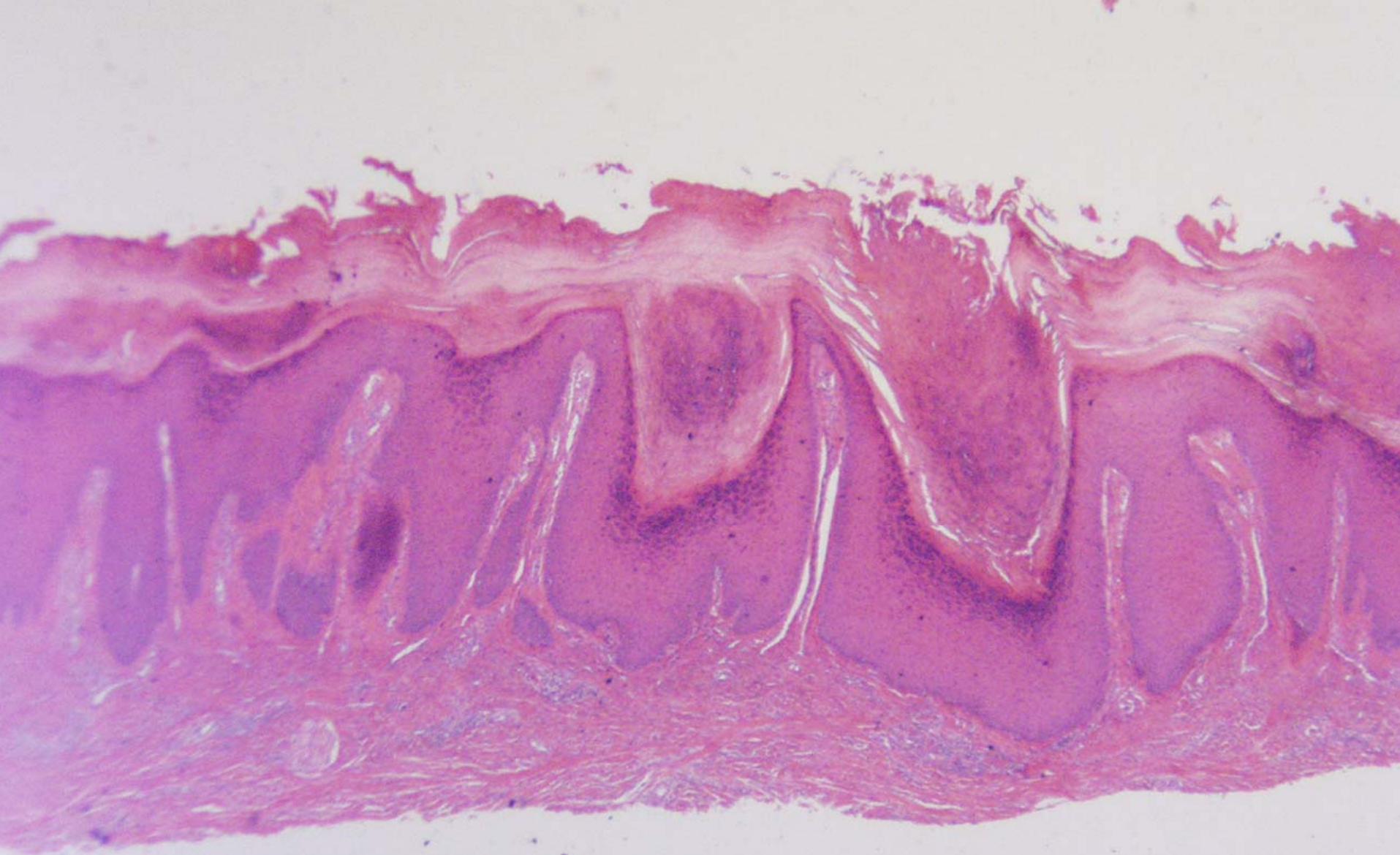


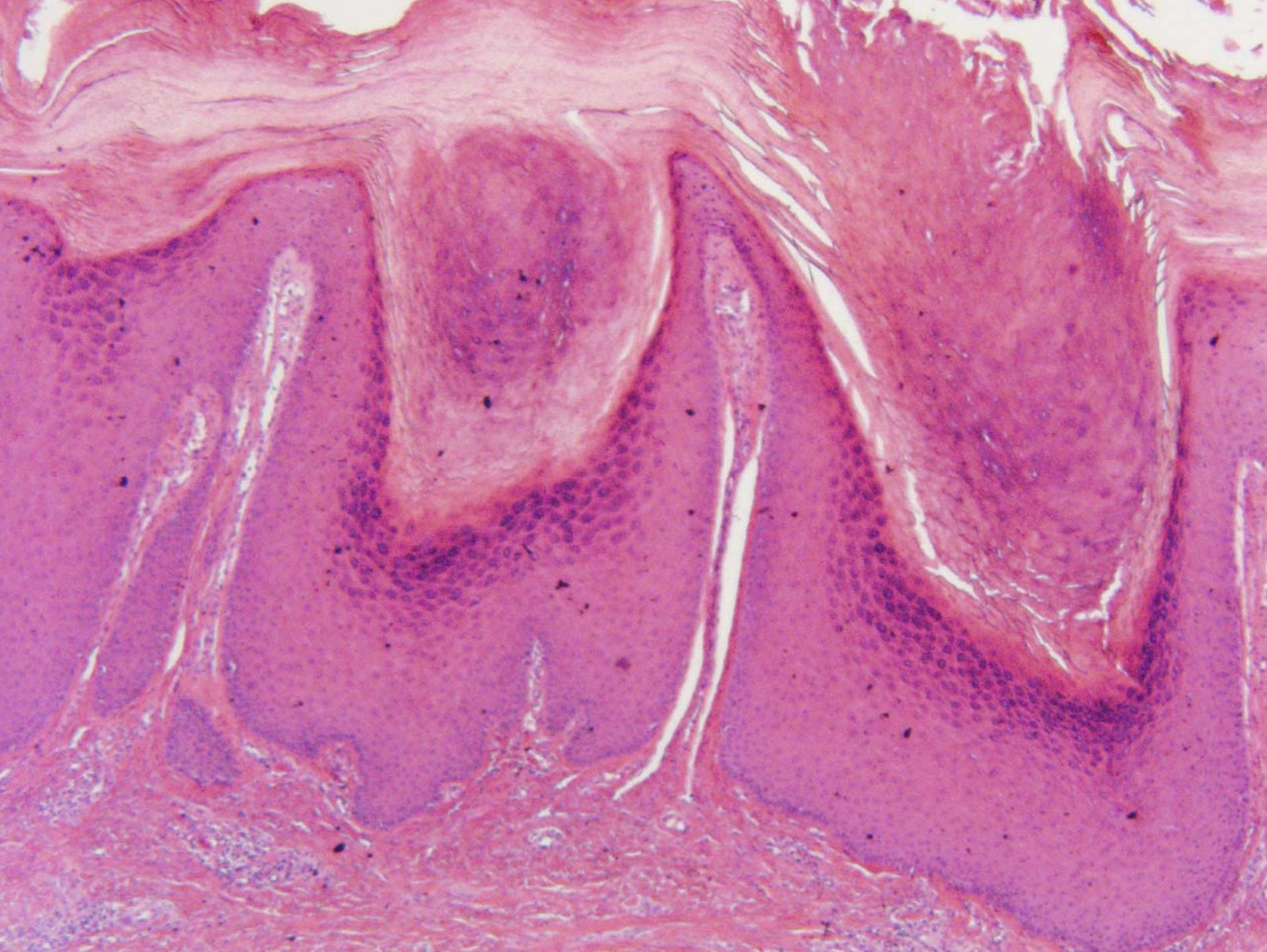
Chilblains Pernio Variant

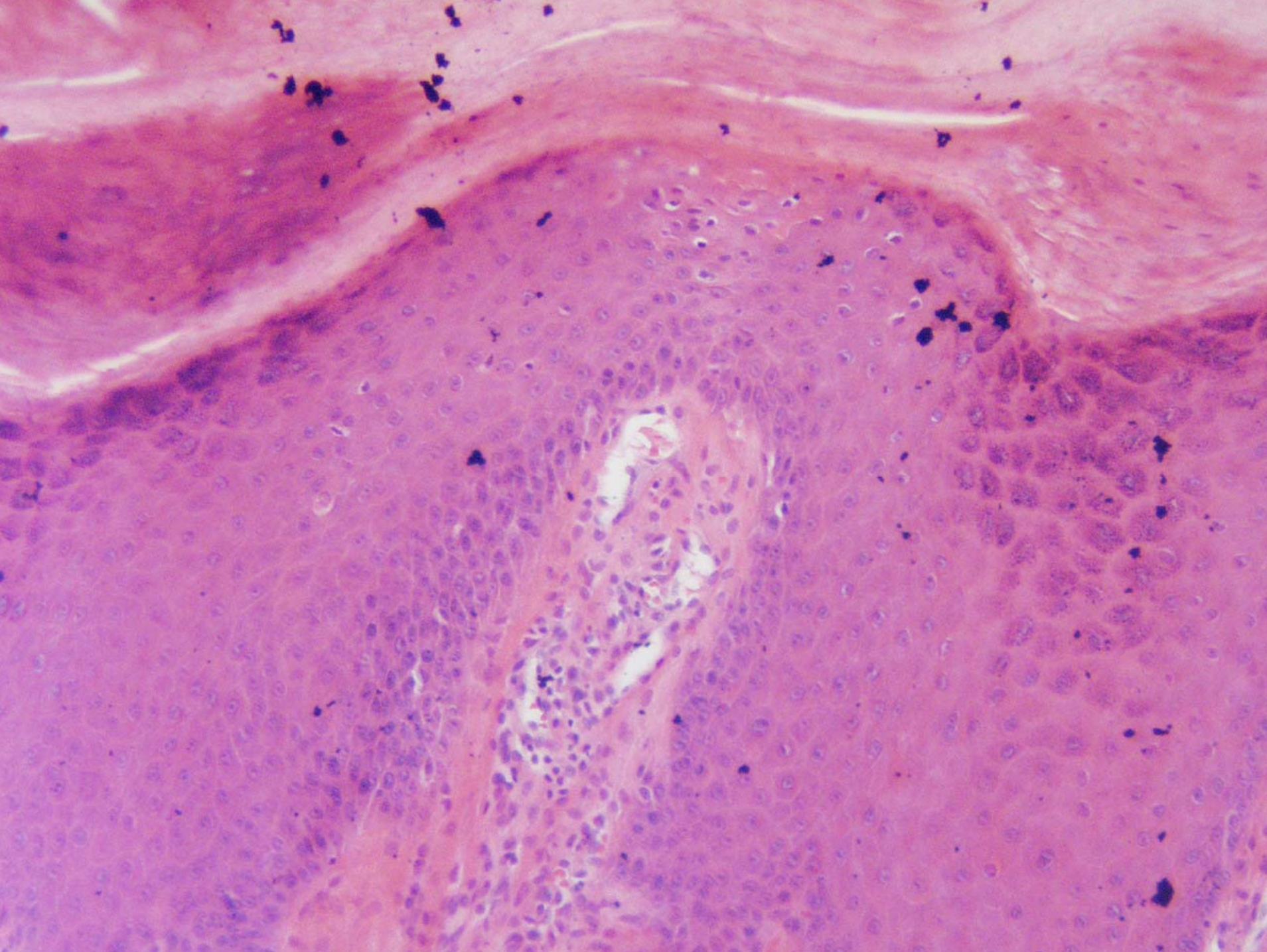
Histopathology

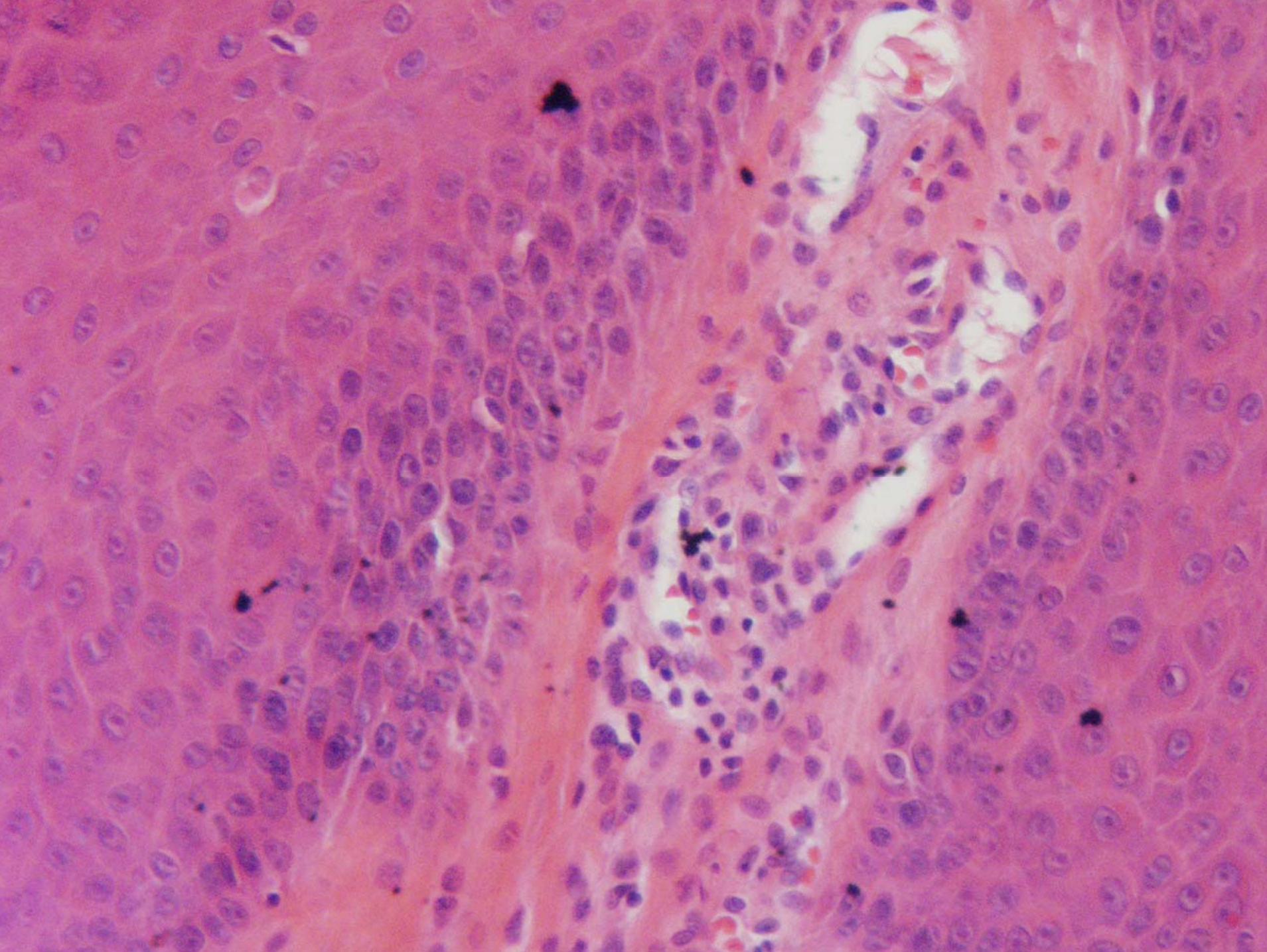


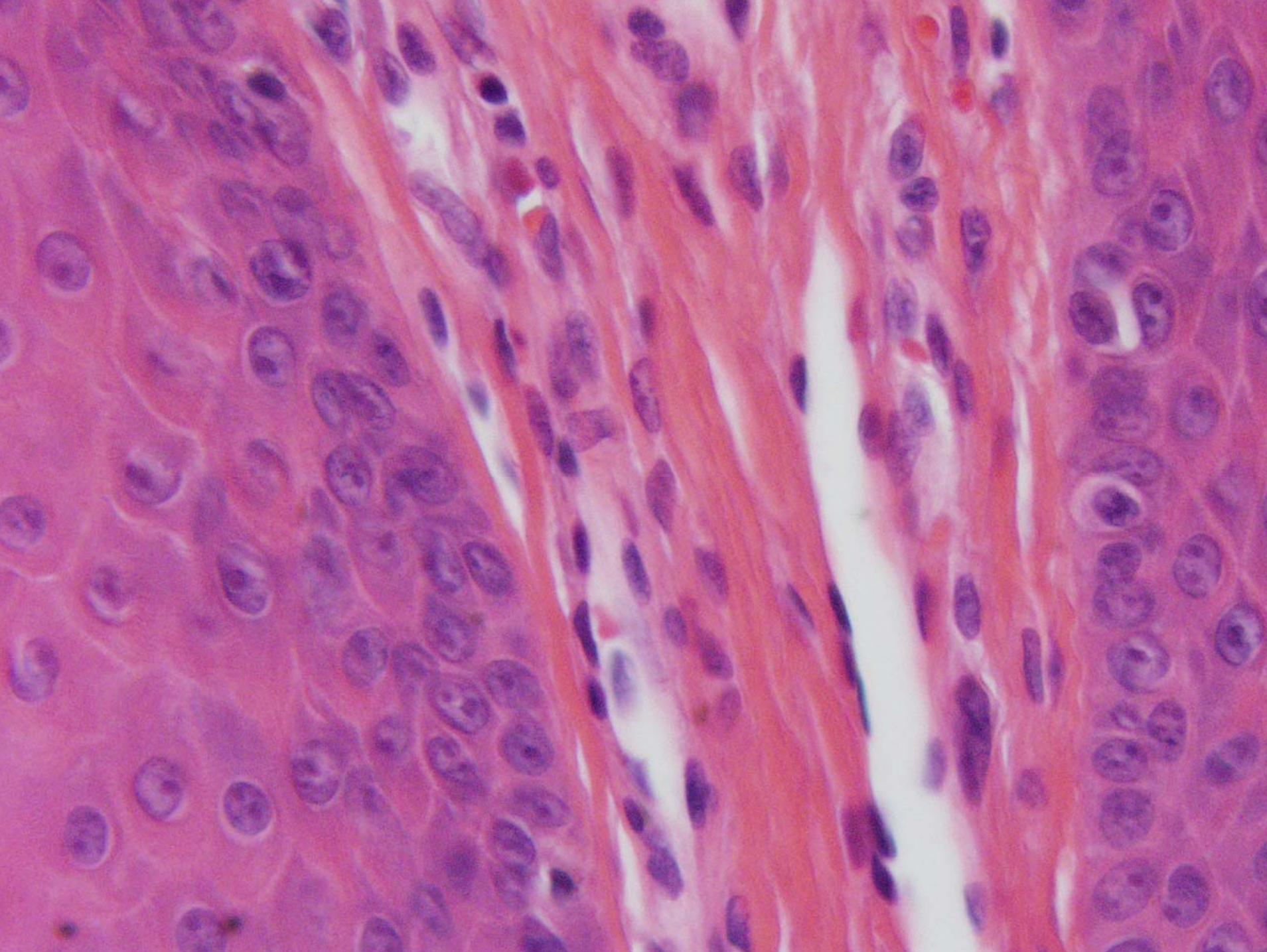
- Superficial and deep PV and periadnexal infiltrate
- Intense angiocentric lymphocytes
- Dermal mucin
- Clinical correlation
- Rule out connective tissue disease





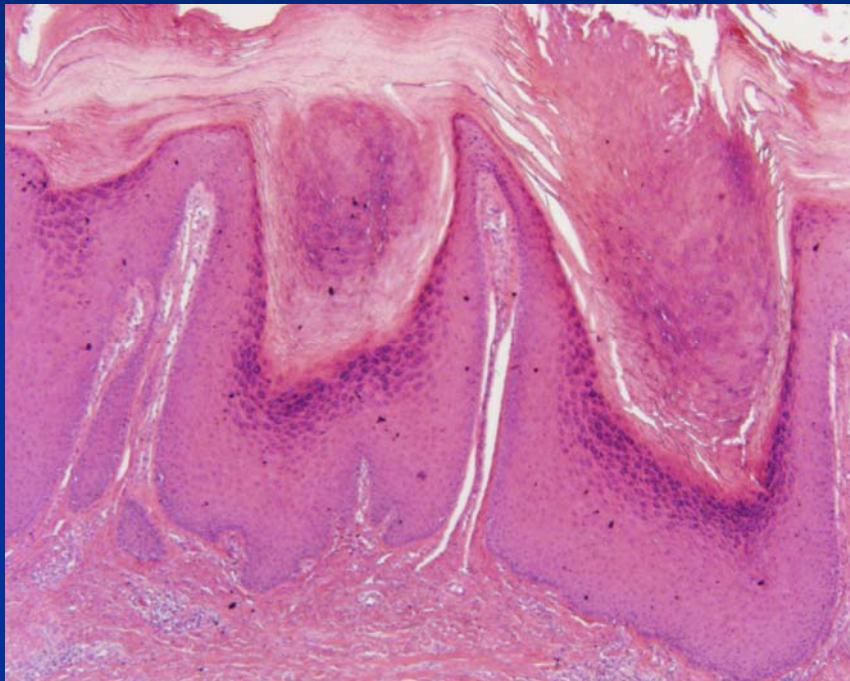




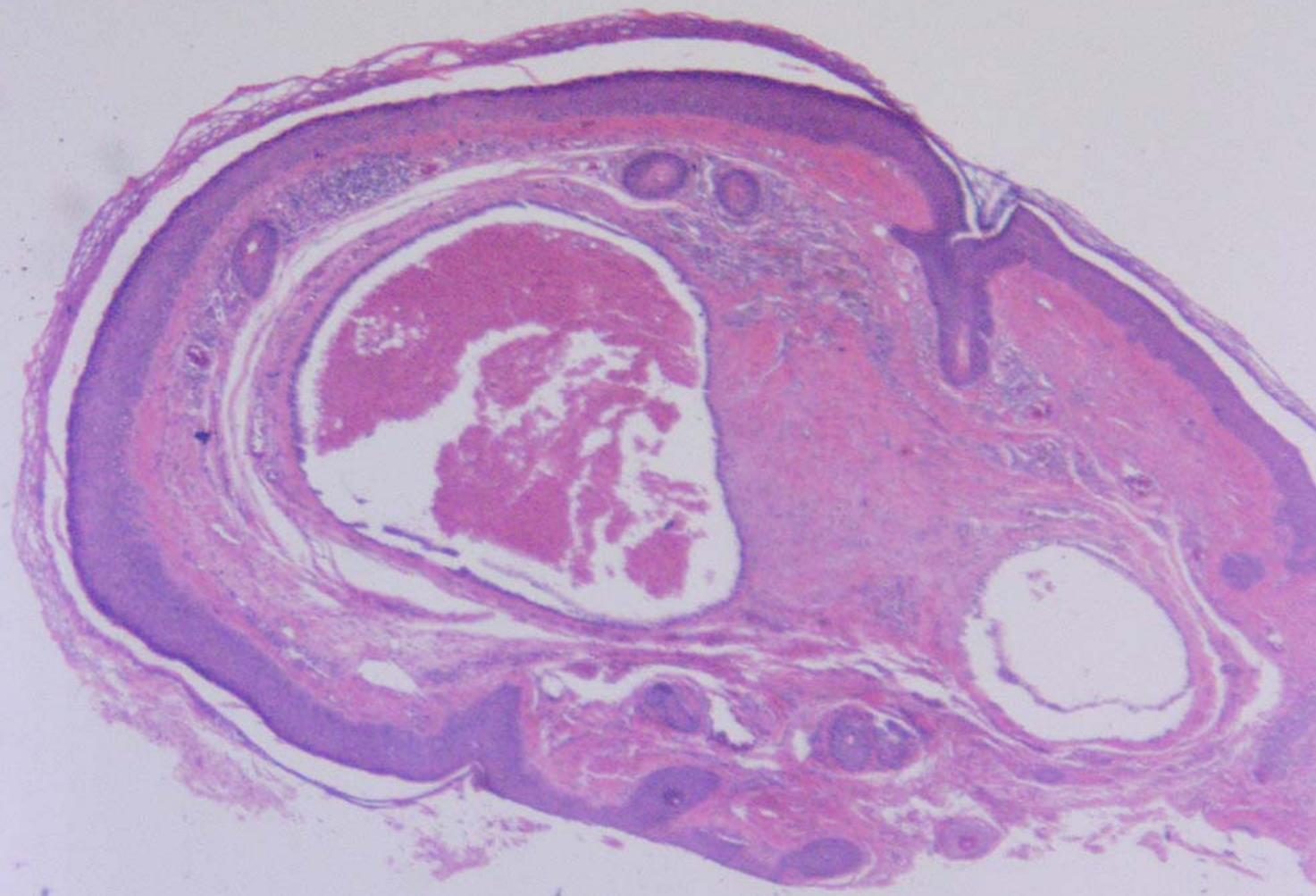


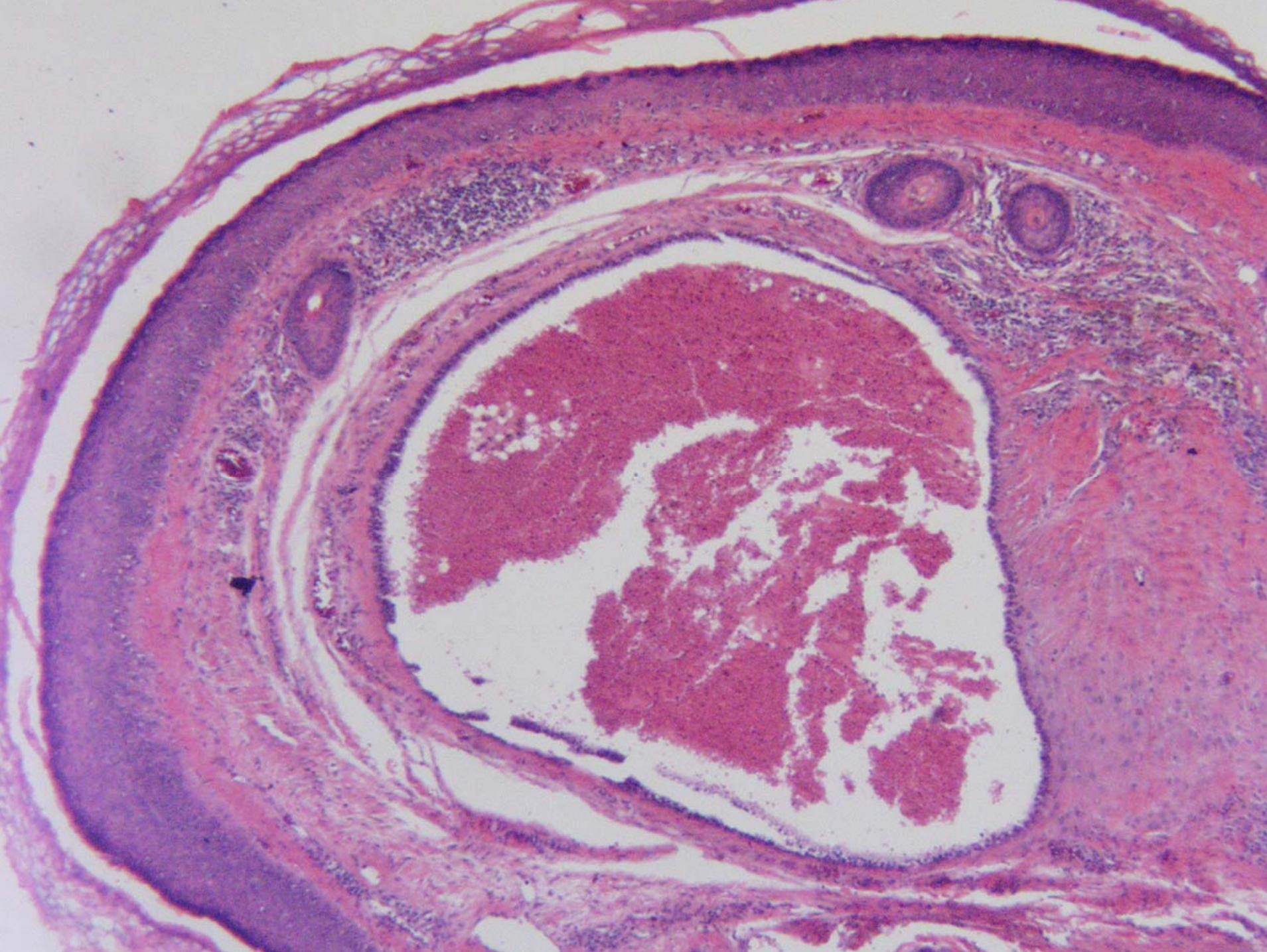
Prurigo Nodularis

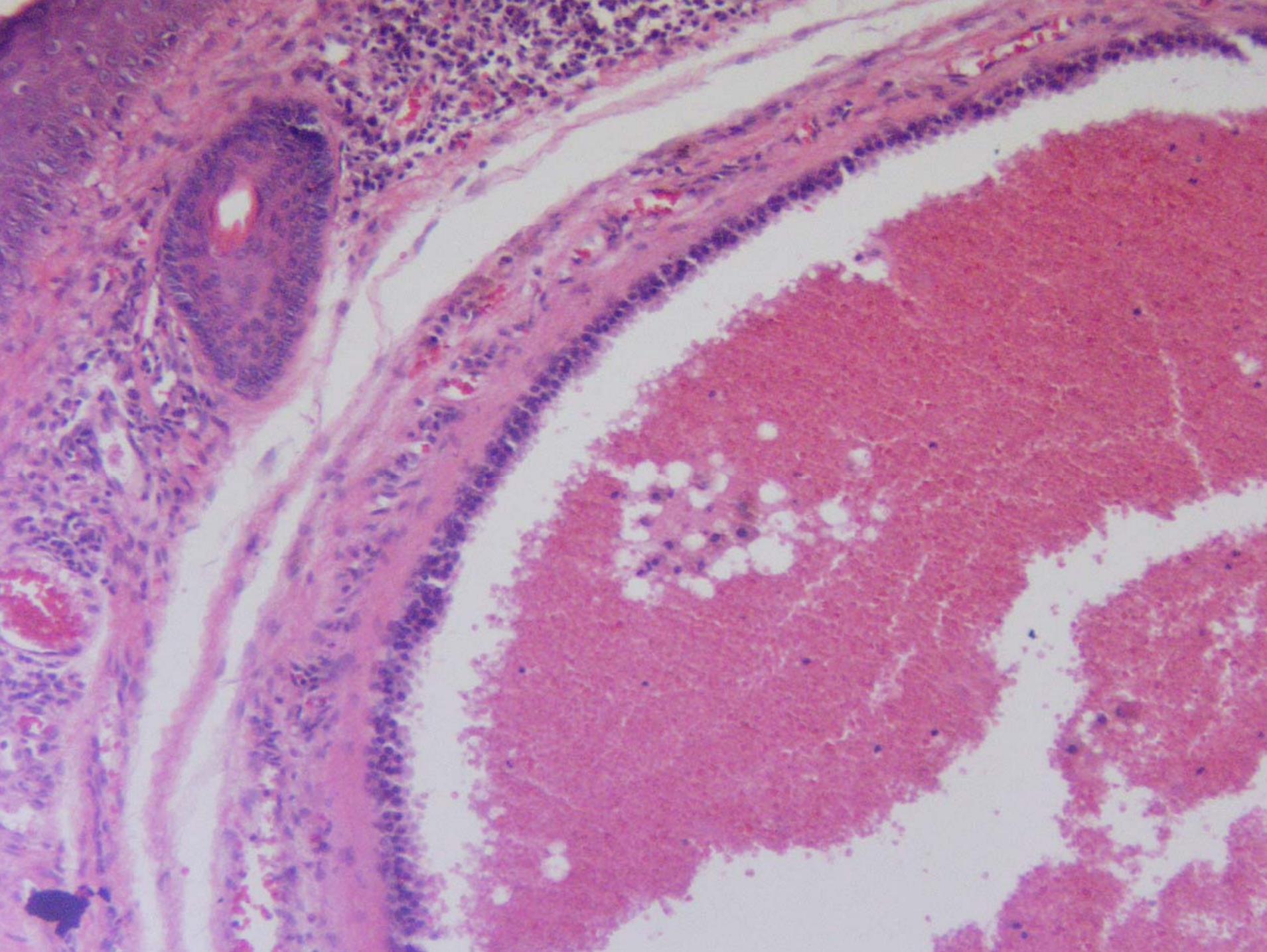
Histopathology

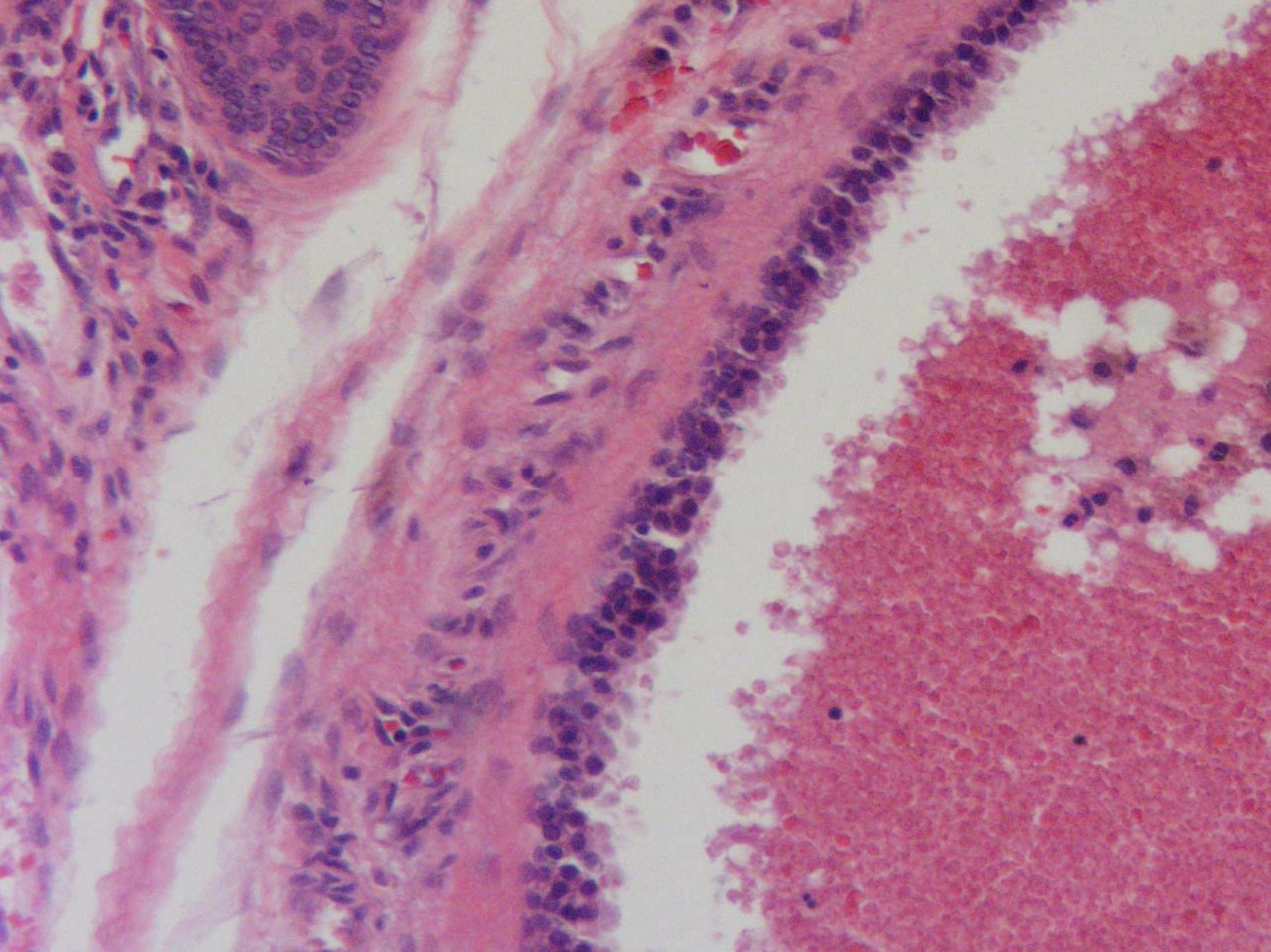


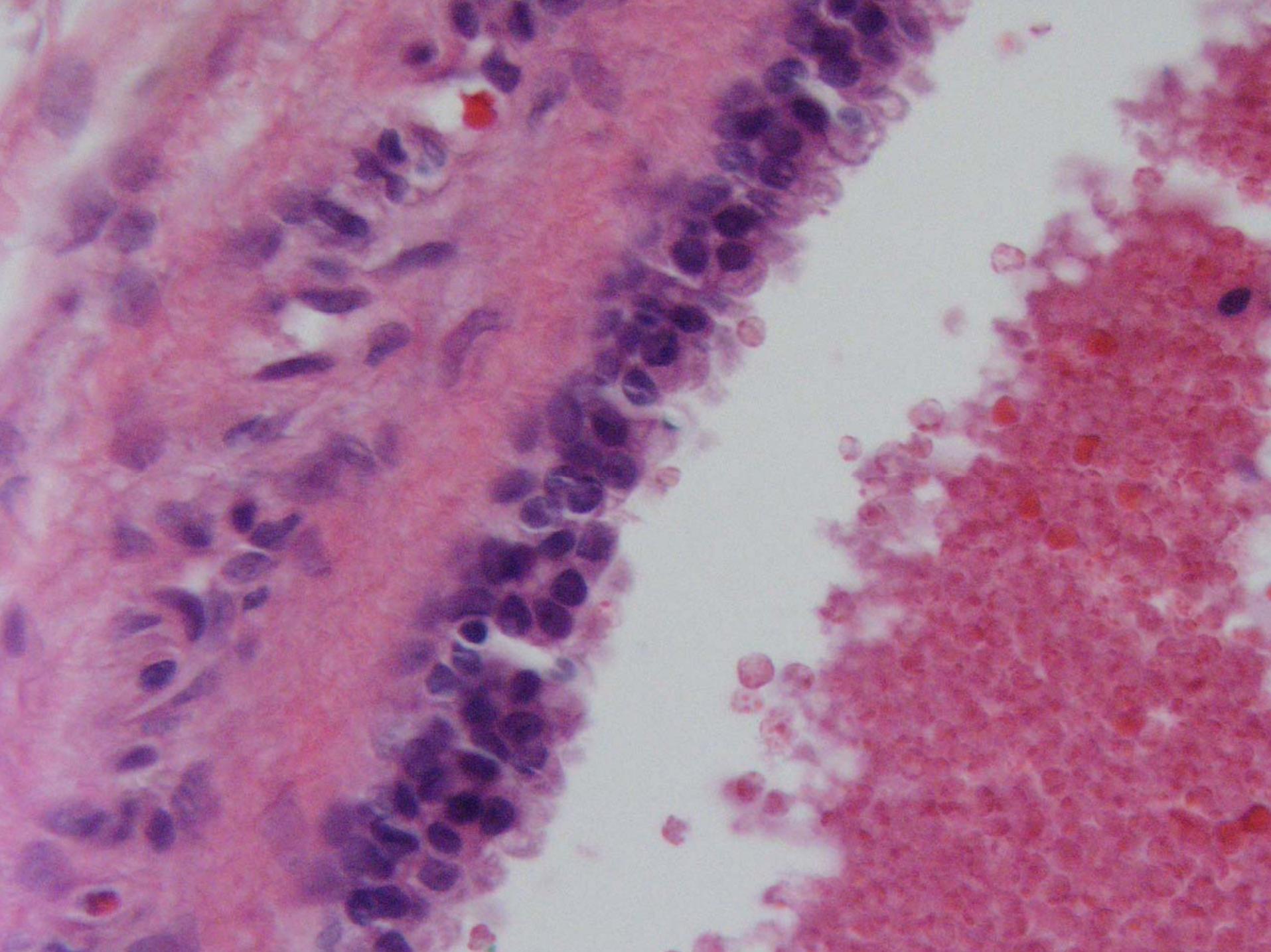
- Irregular epidermal hyperplasia with verruciform changes
- Dermal papillary fibrosis
- ?Neural hyperplasia
- Continuum with LSC





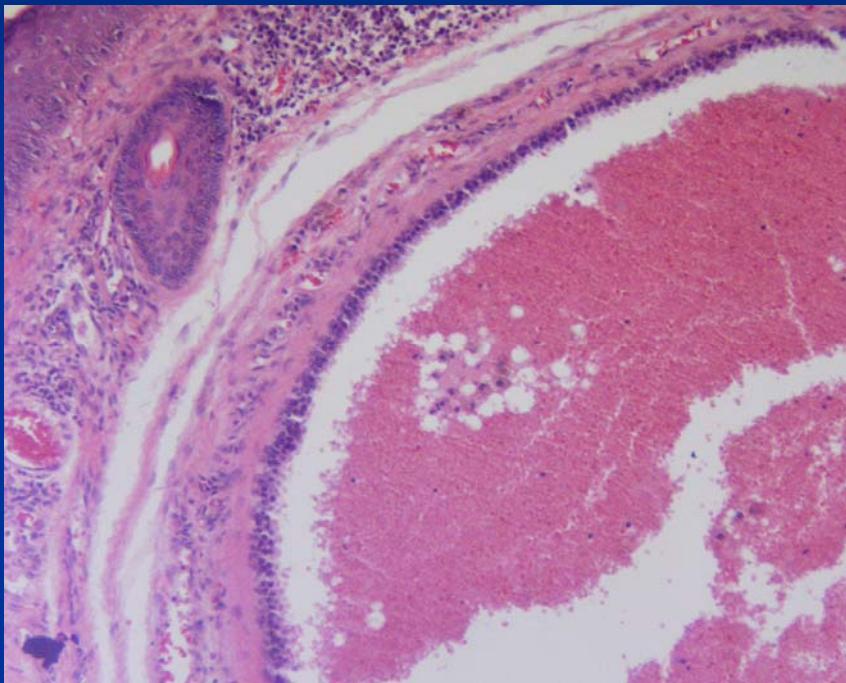






Apocrine Hydrocystoma

Histopathology



- True cyst with apocrine lining
- Clinical location
- Rule out cystic hidradenoma