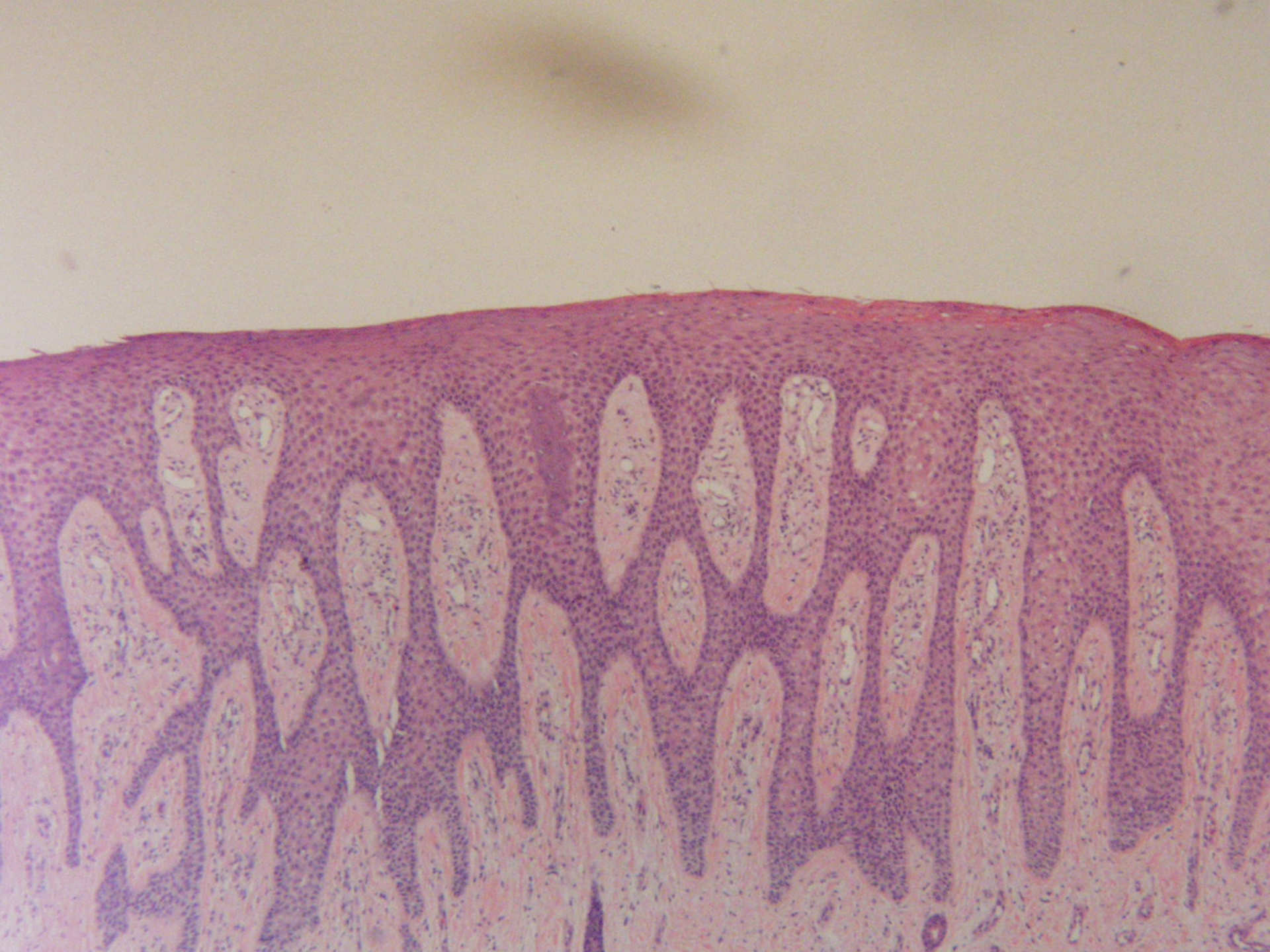


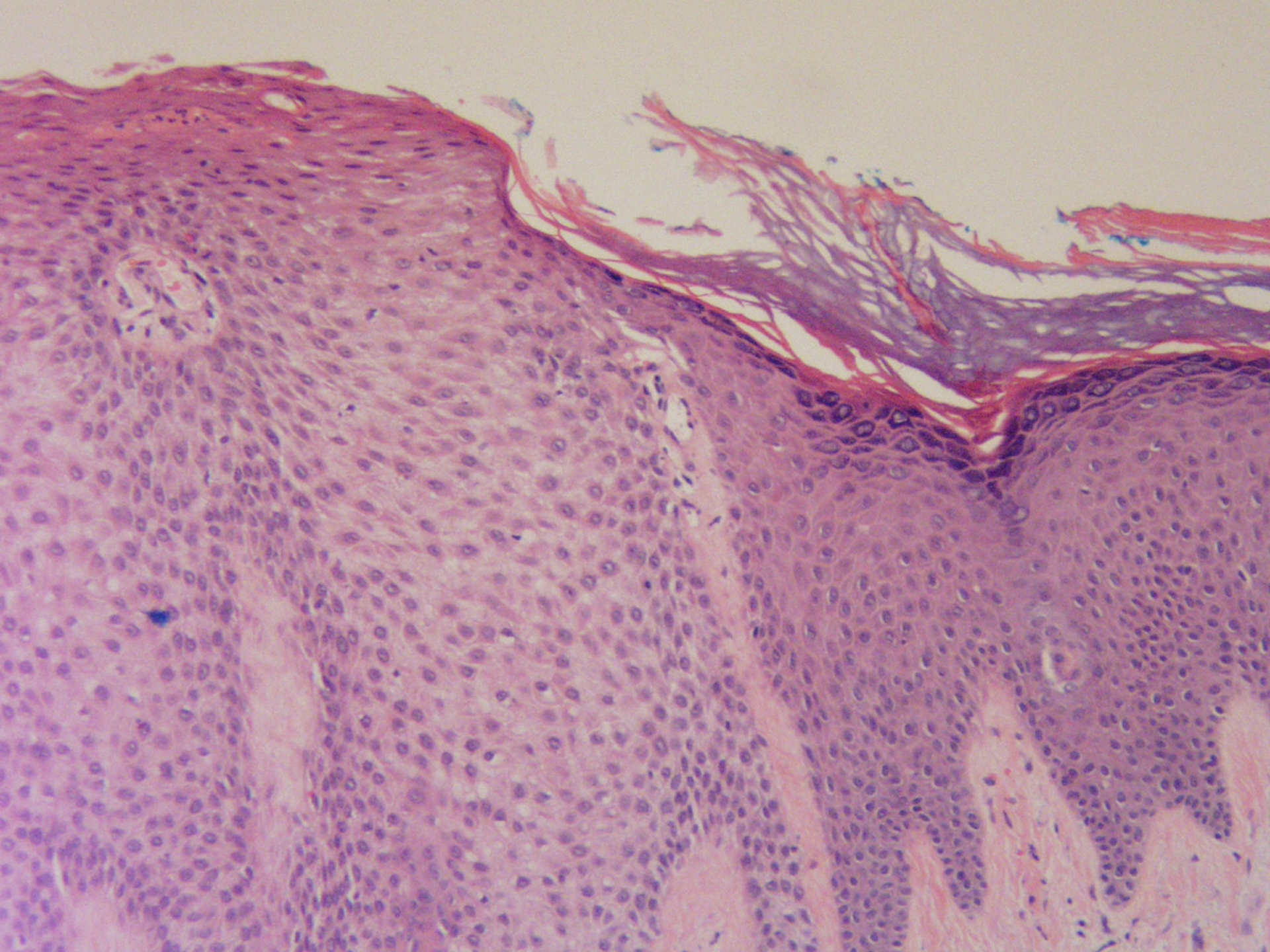
Dermatopathology

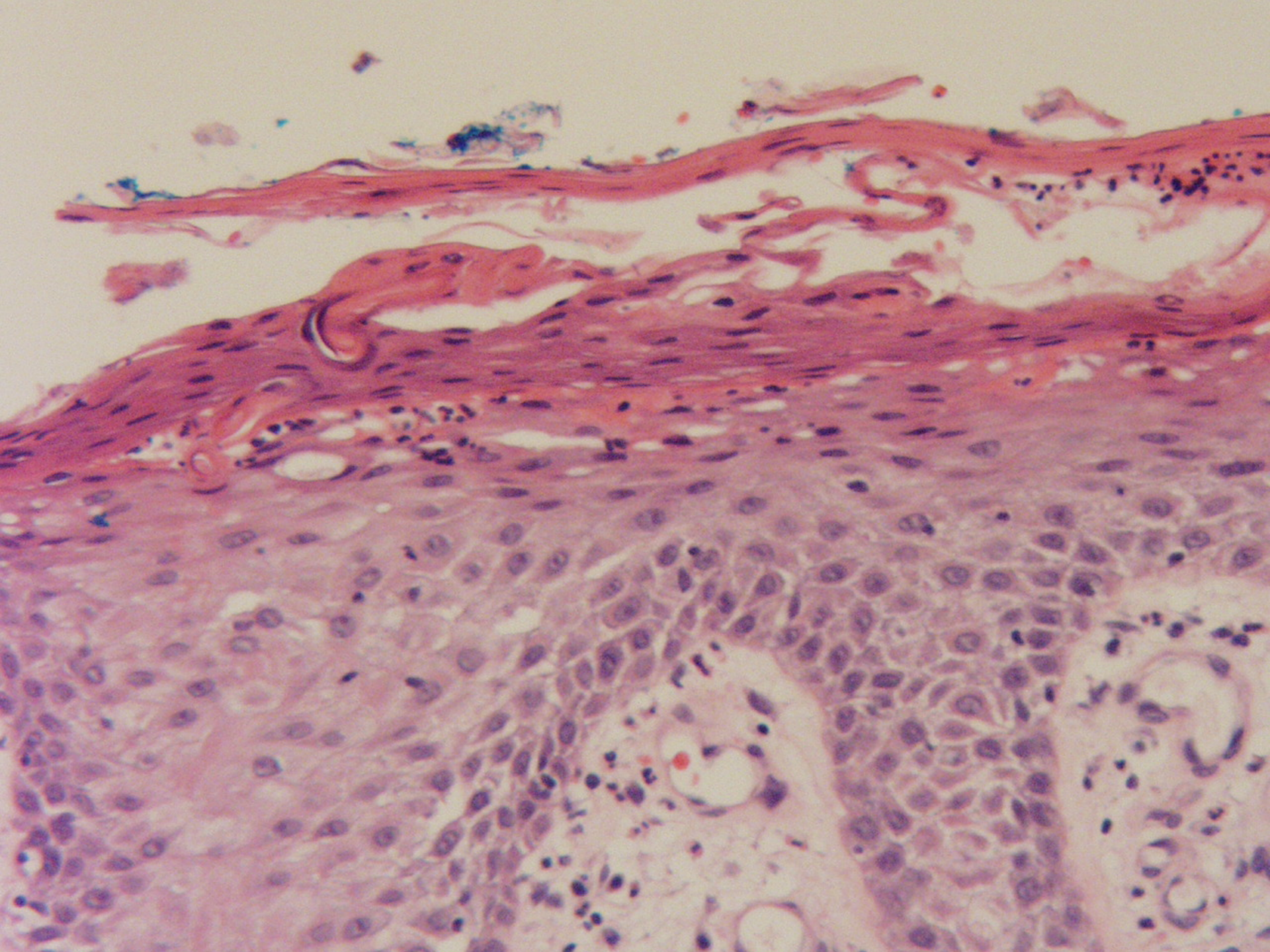
Slide Review Part 10

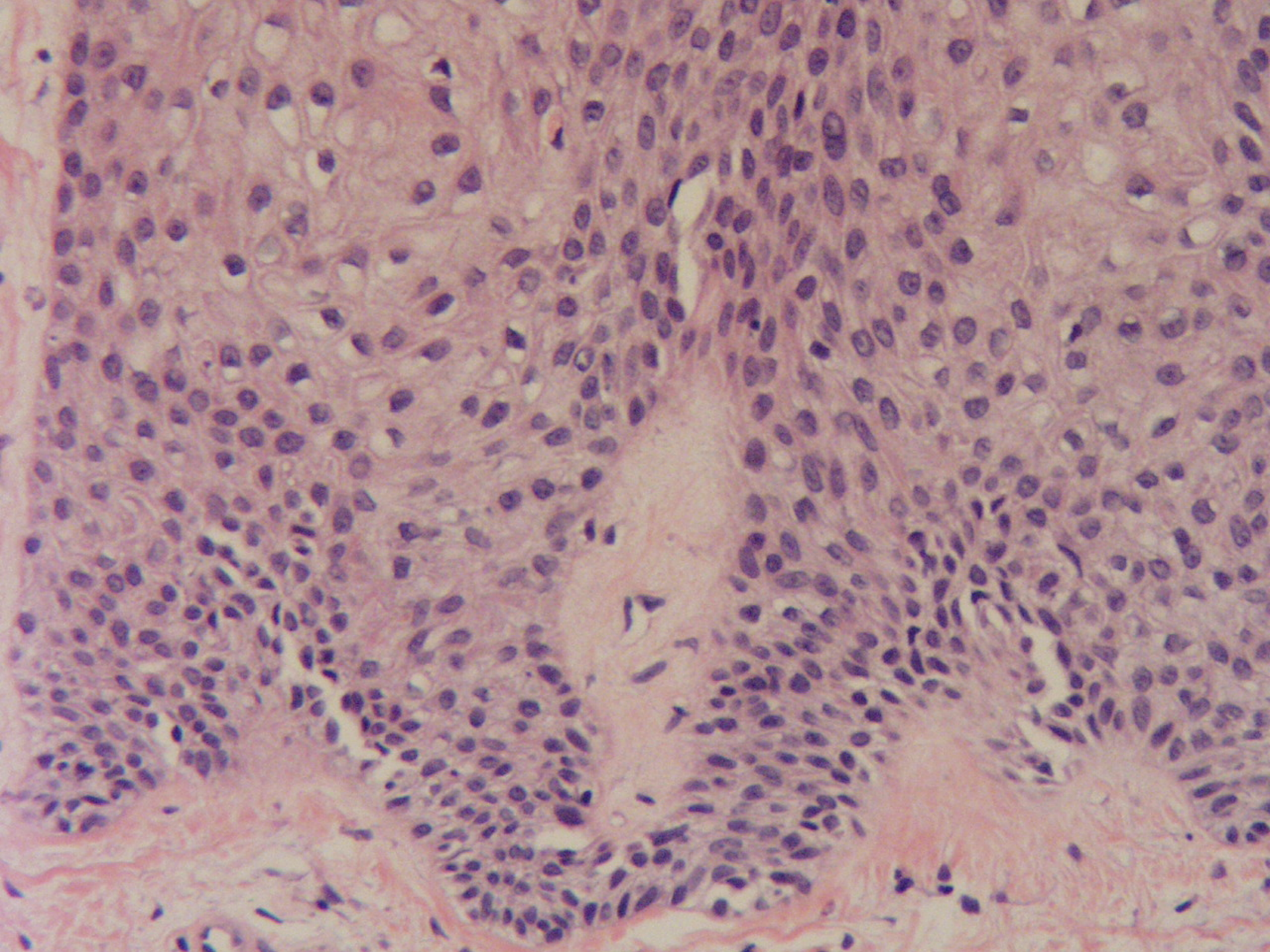
Paul K. Shitabata, M.D.

Dermatopathology Institute



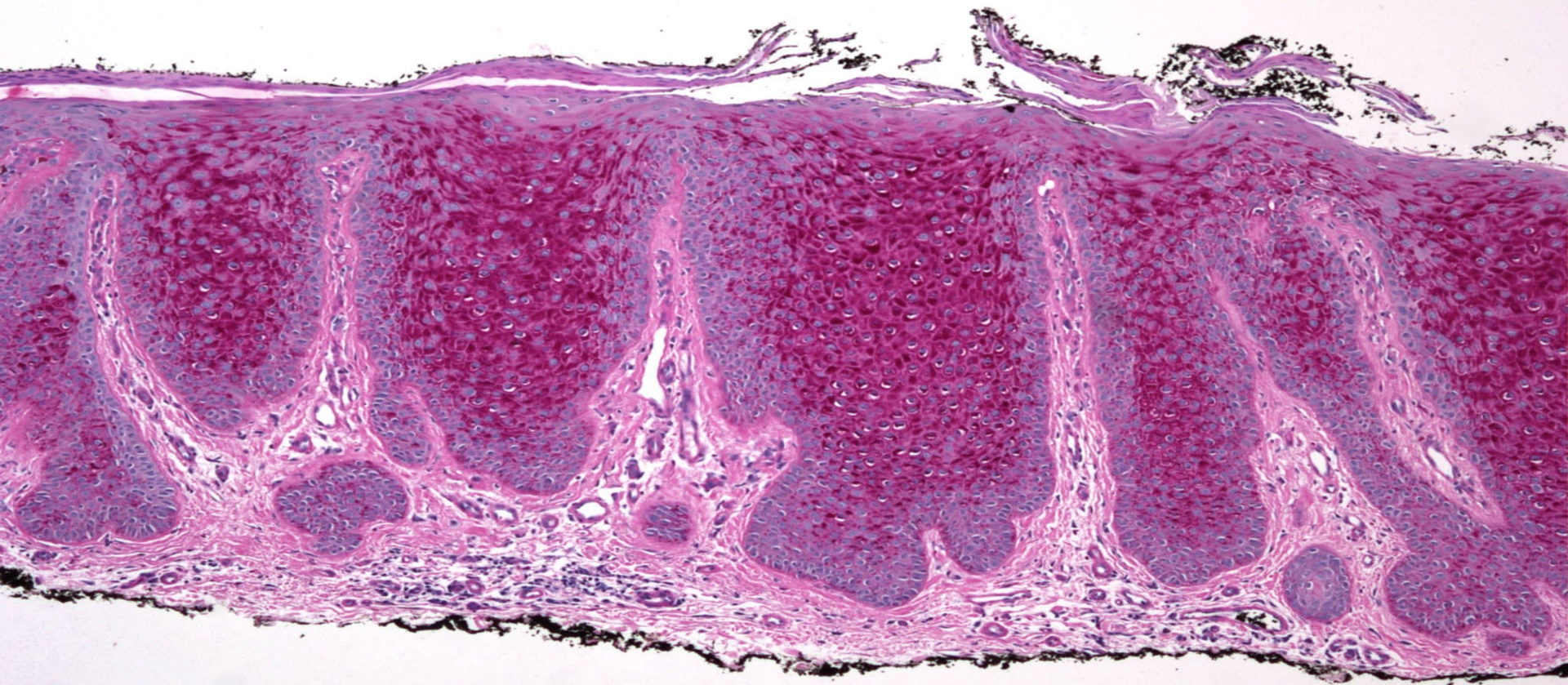




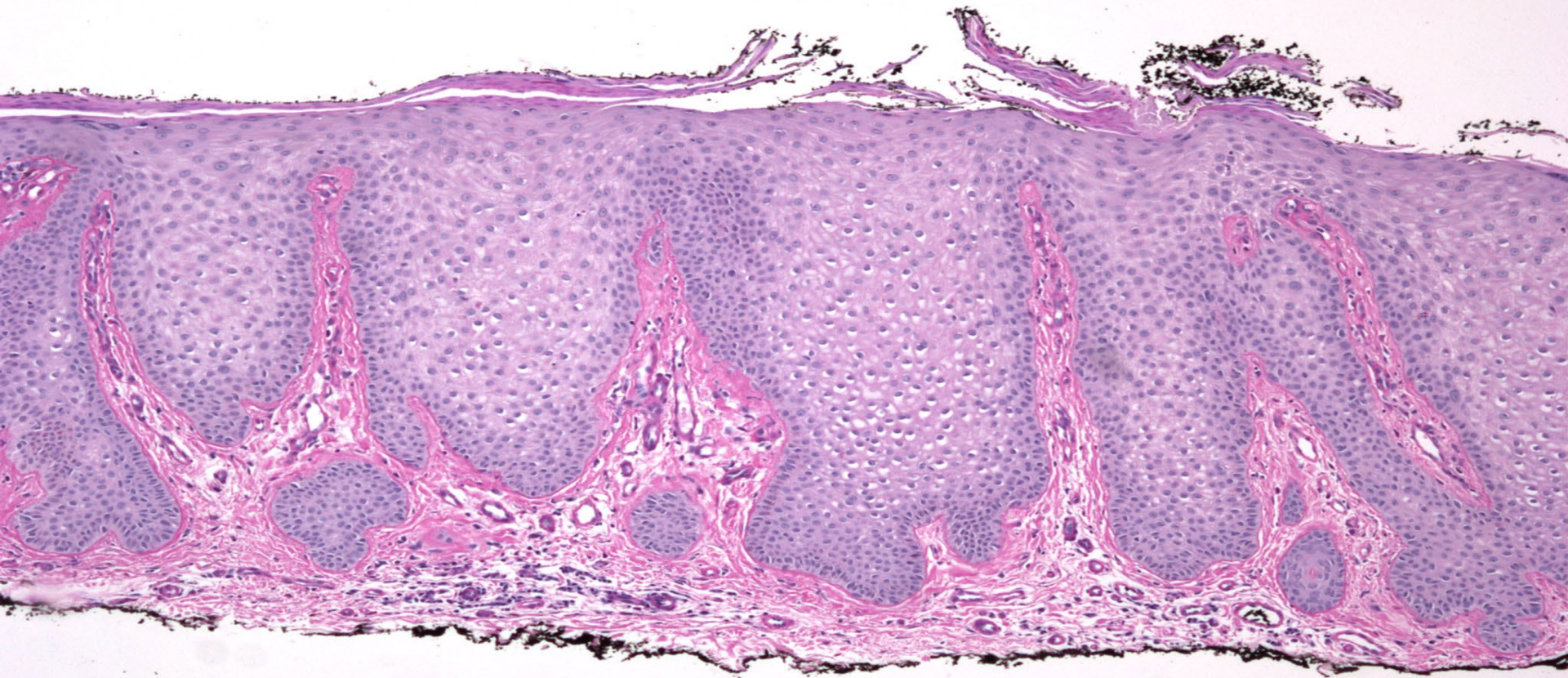


What is your differential diagnosis and what additional studies would you order?

PAS

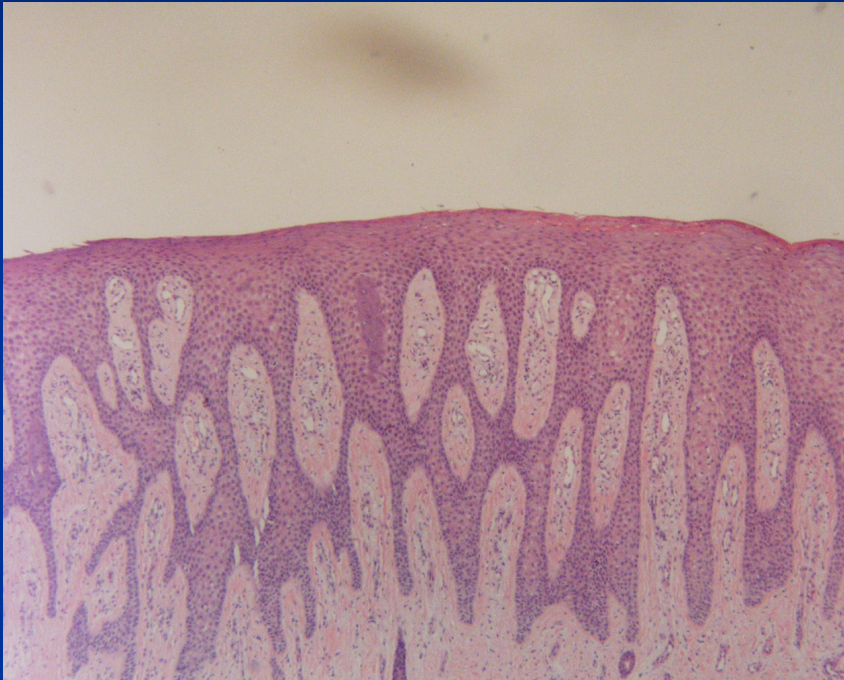


PAS with Diastase



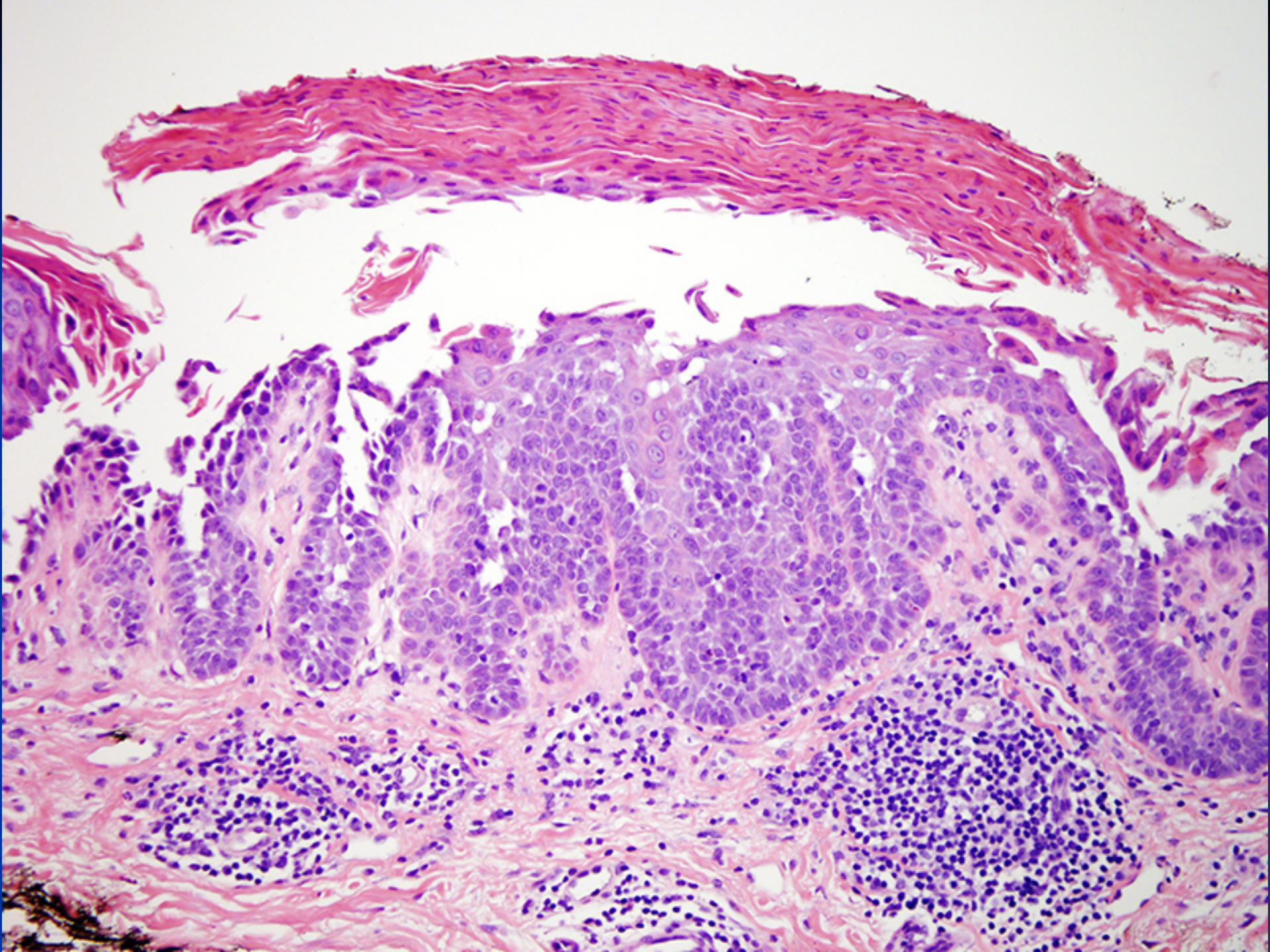
Clear Cell Acanthoma

Histopathology

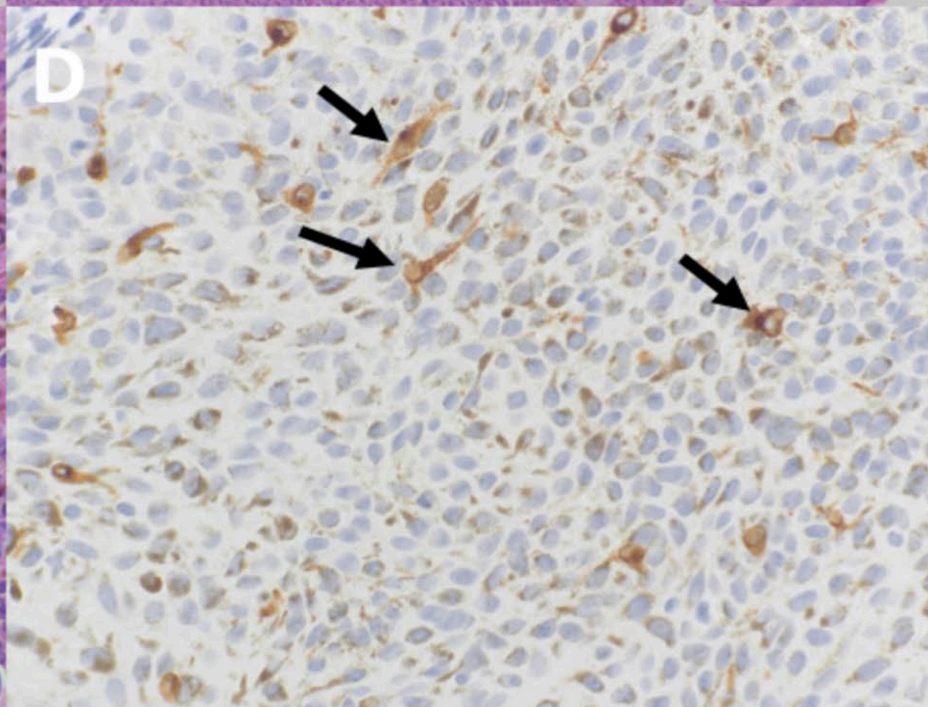
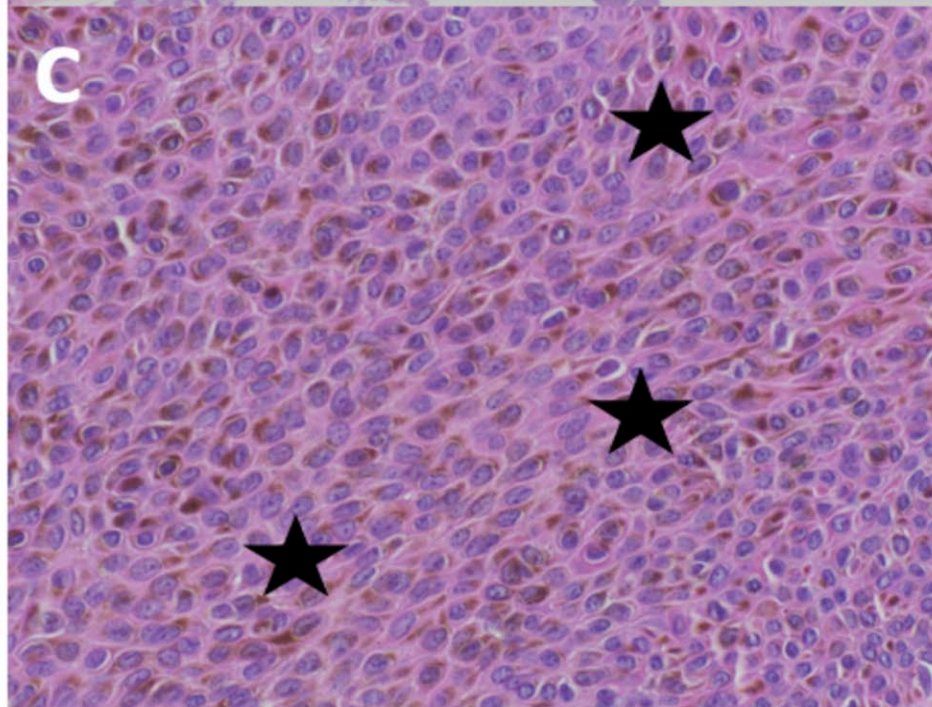
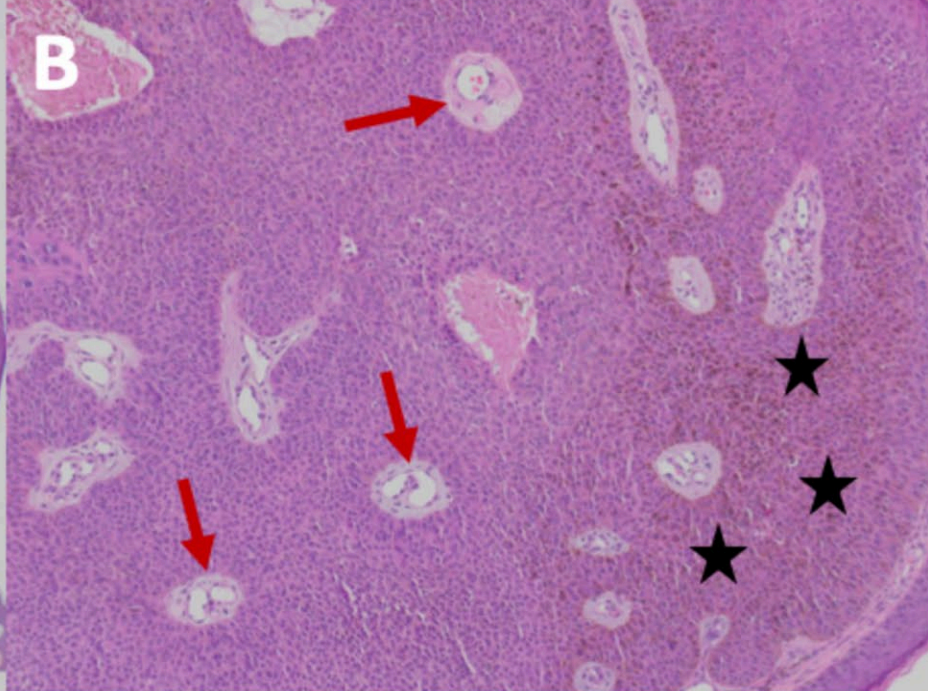
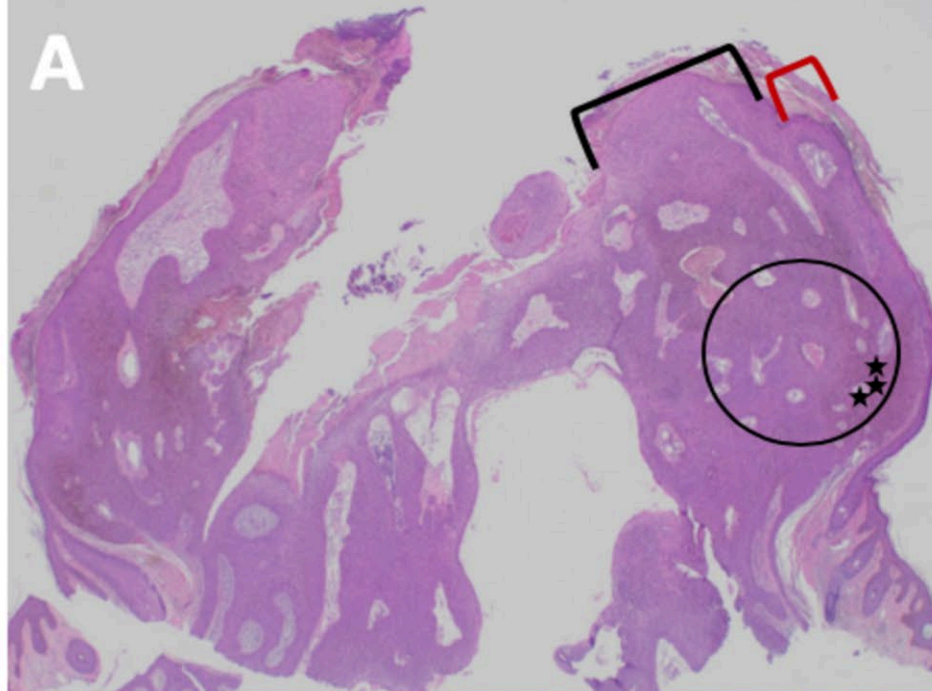


- Epidermal hyperplasia
- Pallor of keratinocytes
- Occasionally pmns
- PAS+DS
- ? Localized variant of psoriasis

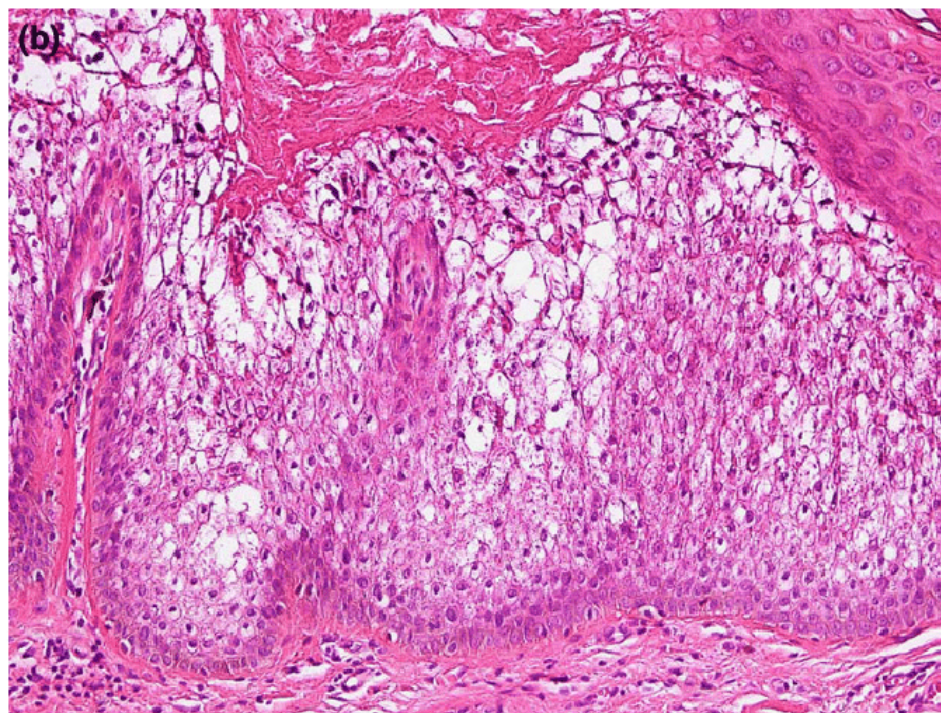
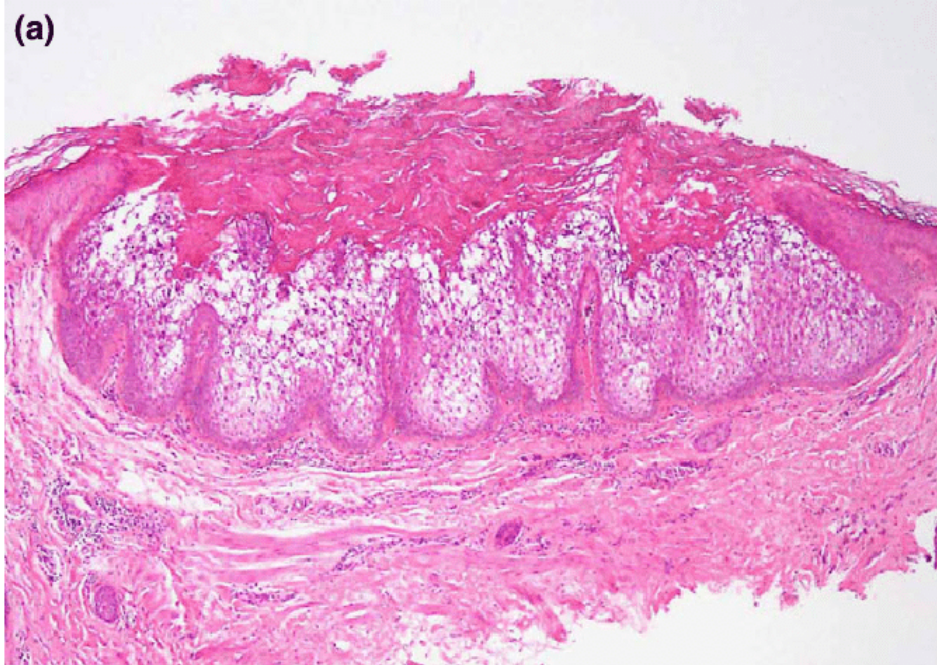
What are the names of the following acanthomas?



Acantholytic Acanthoma

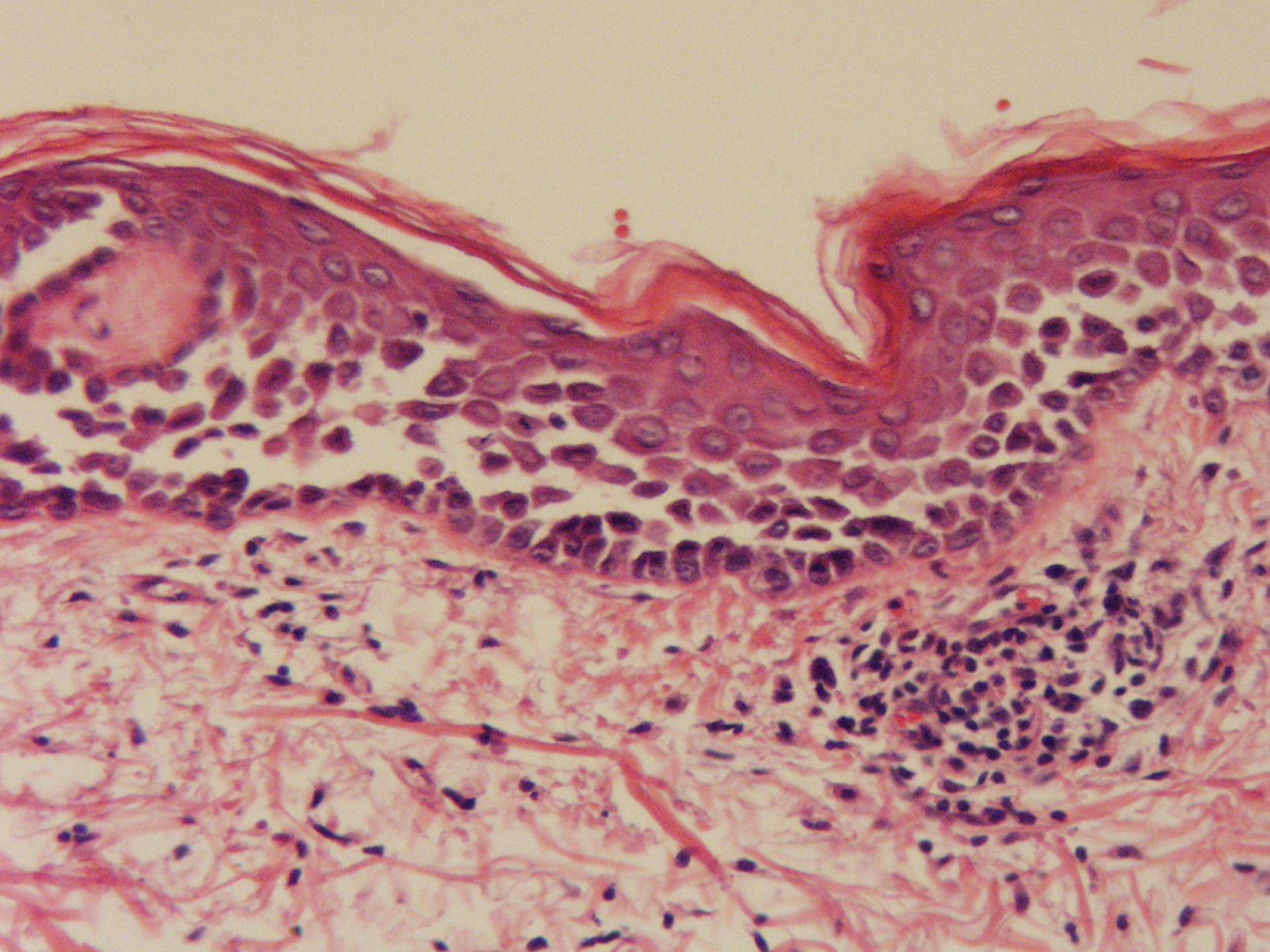


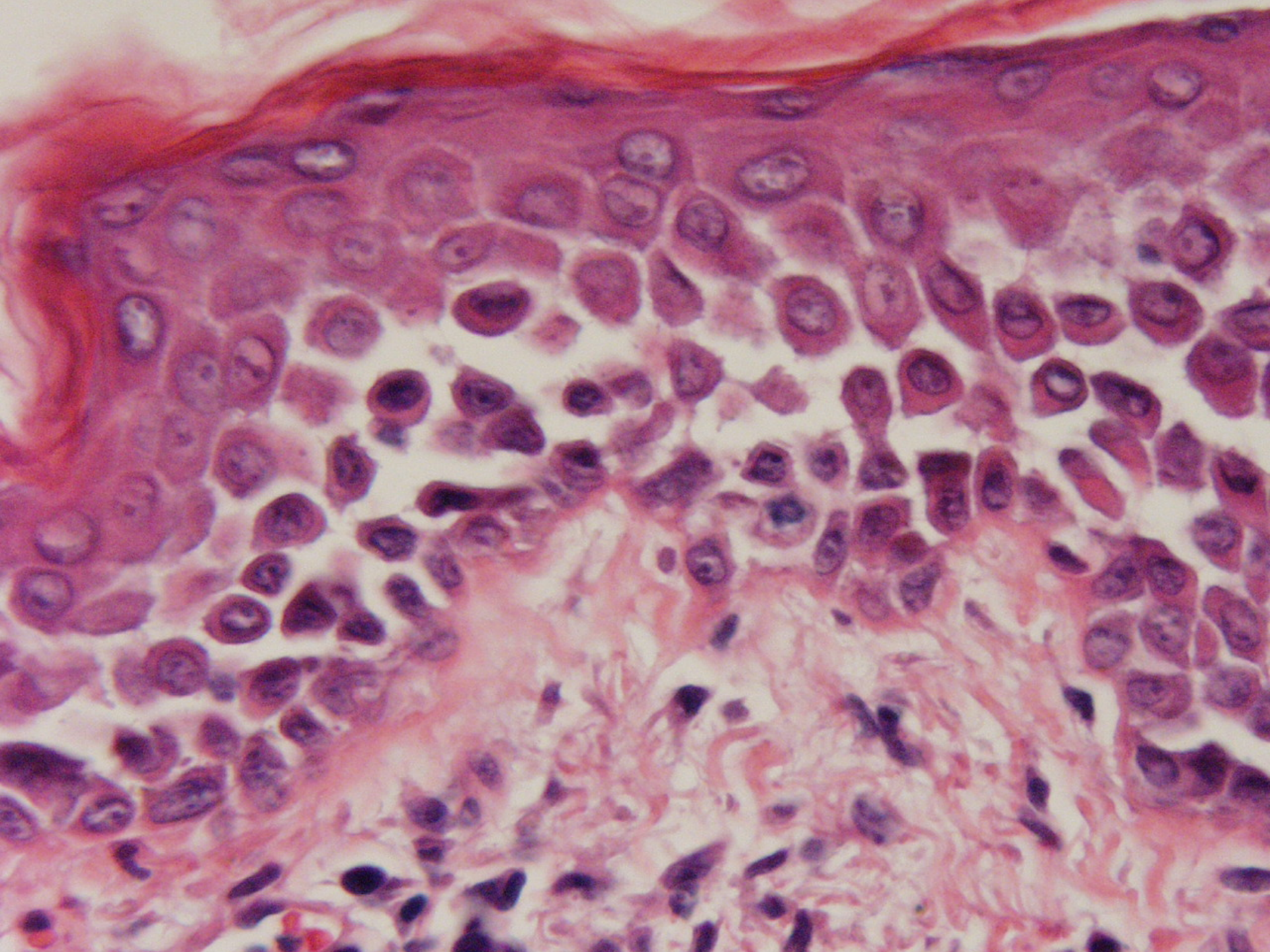
Melanoacanthoma

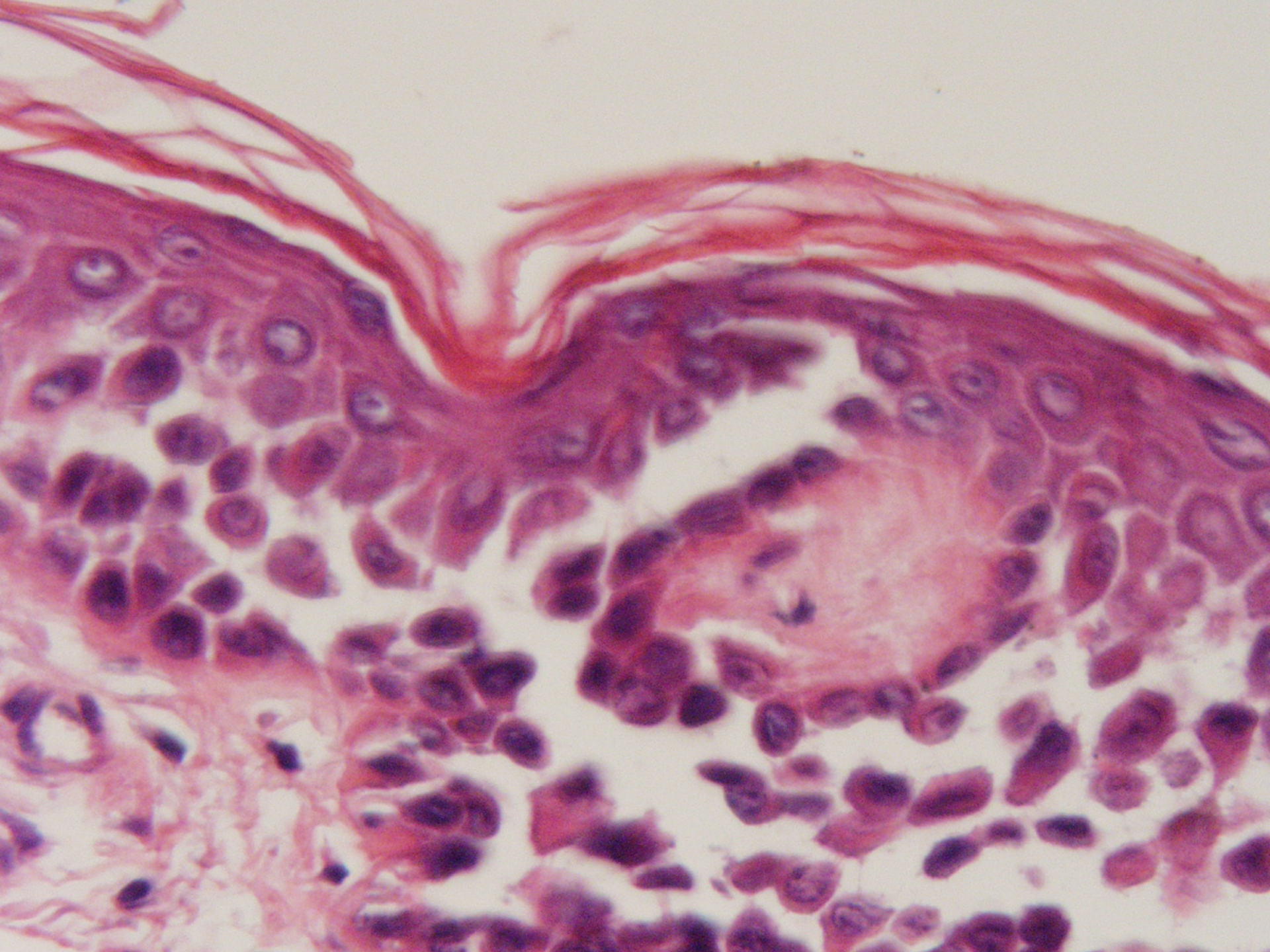


Epidermolytic Acanthoma

27 y.o. M with erosive lesions on
groin



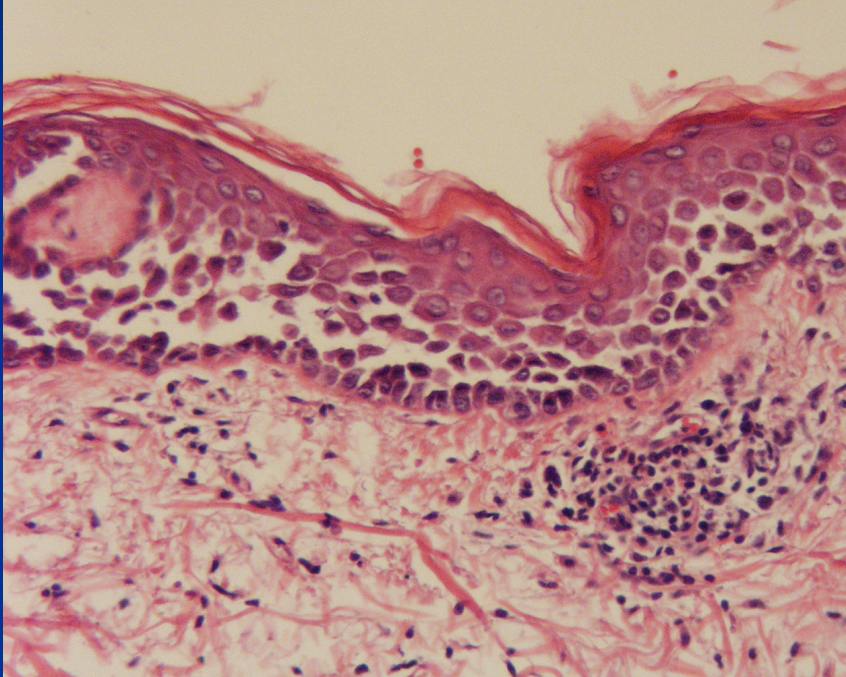




What is your differential diagnosis and what additional studies would you order?

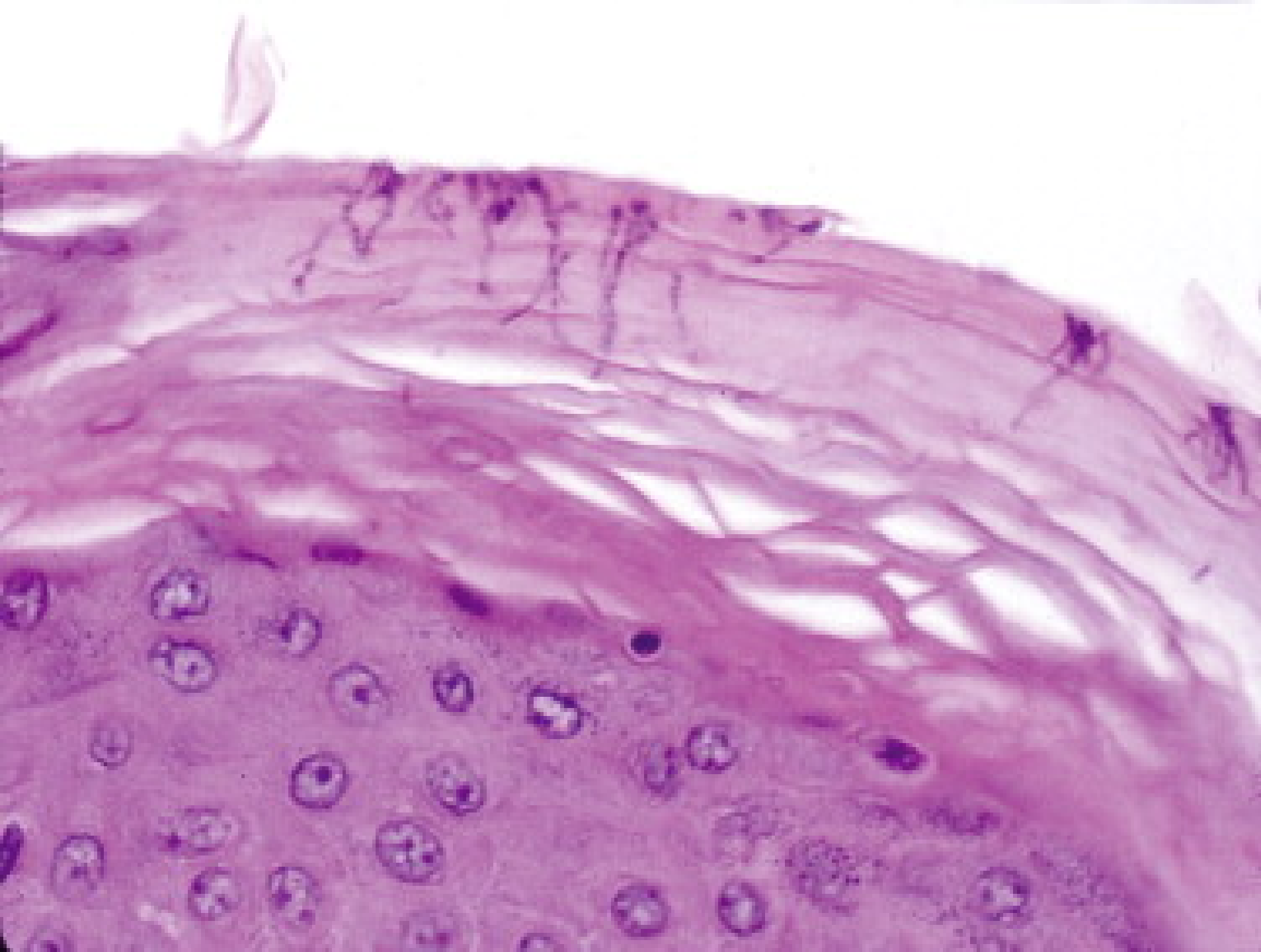
Hailey-Hailey Disease (Benign Familial Pemphigus)

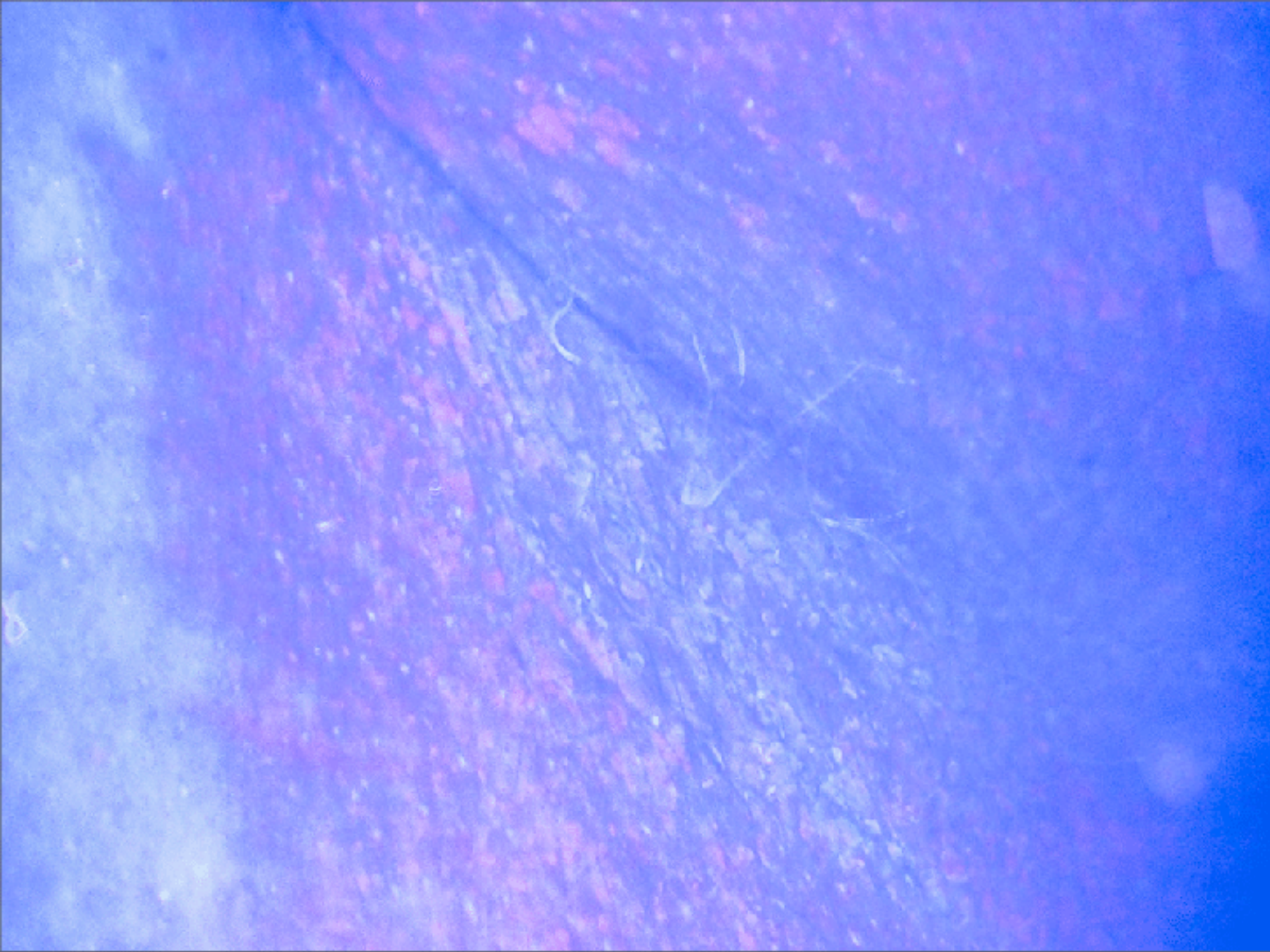
Histopathology



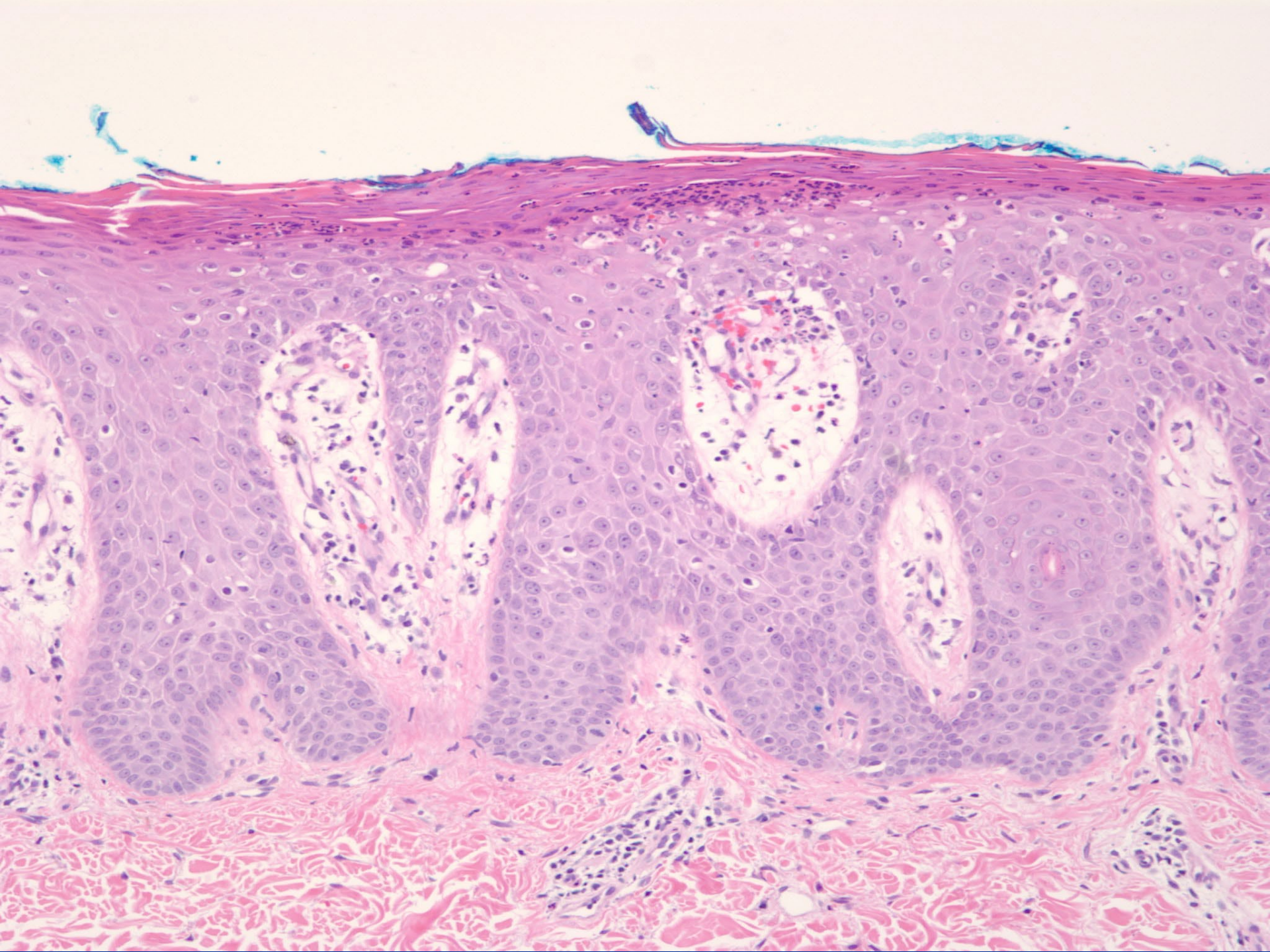
- Crumbling brick pattern of acantholysis
- Full thickness
- Clinical locations
- Family history
- Negative DIF
- DDX: Grover's disease

What are the names of these
other erosive lesions of the groin?

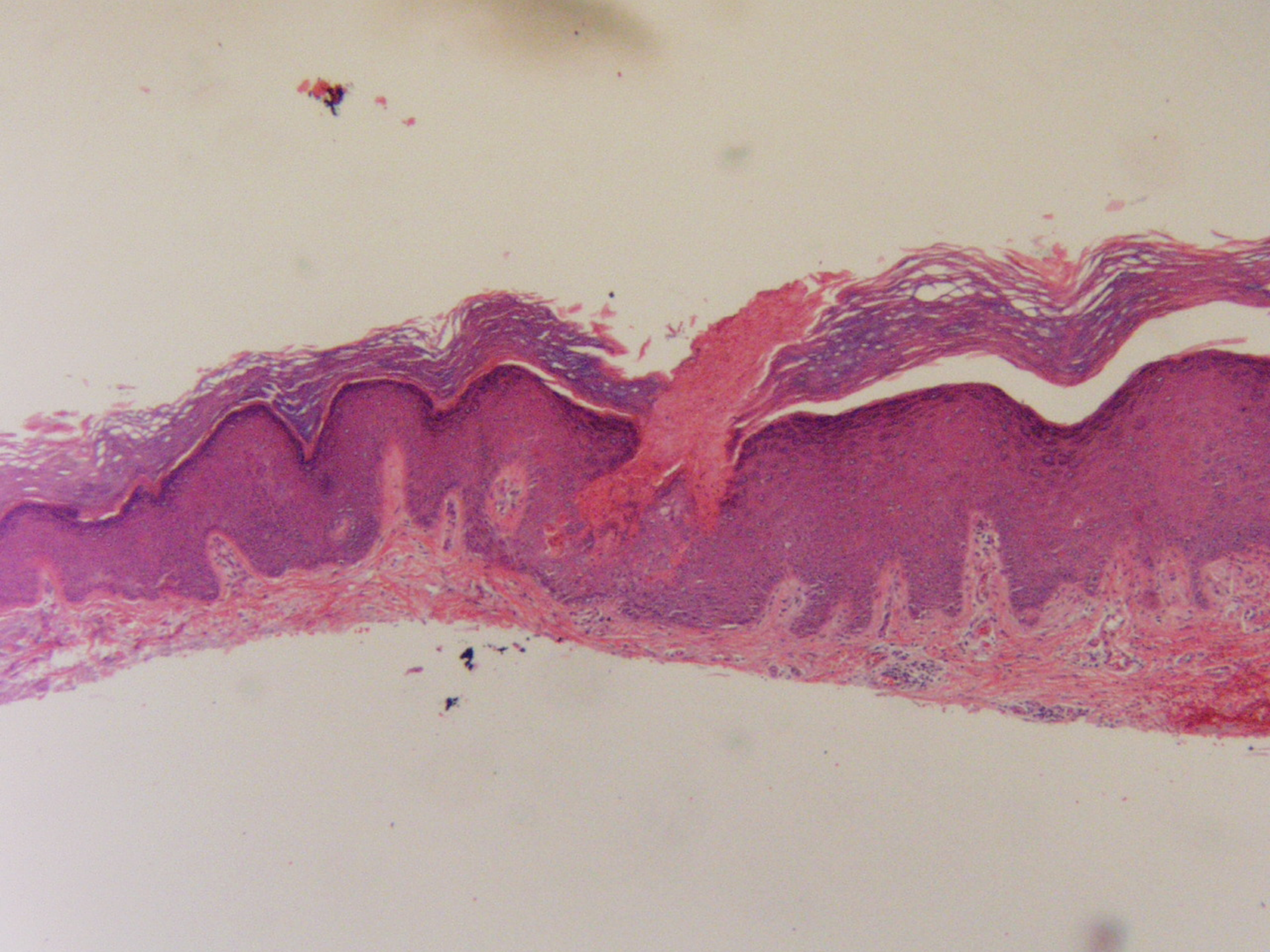


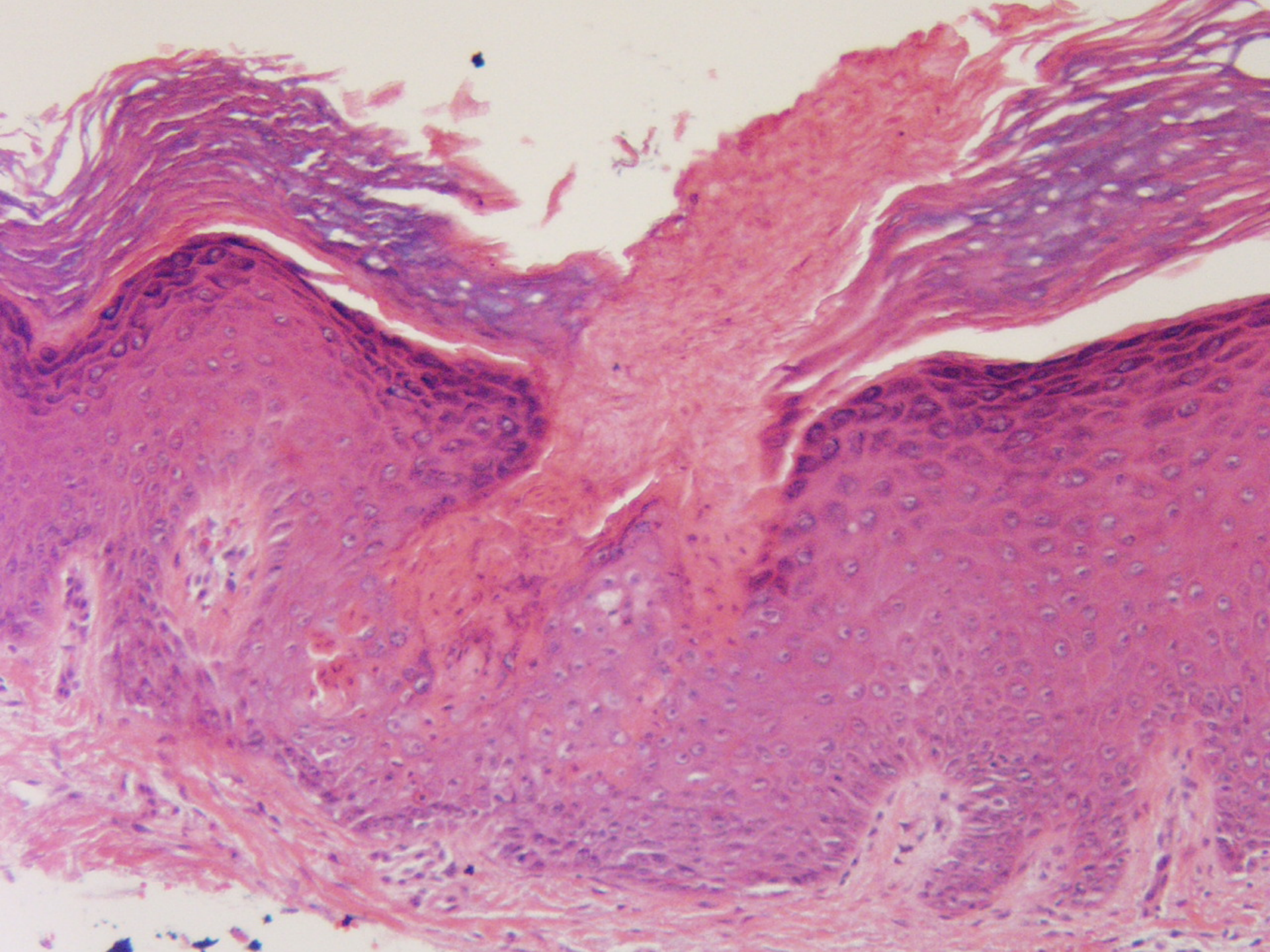


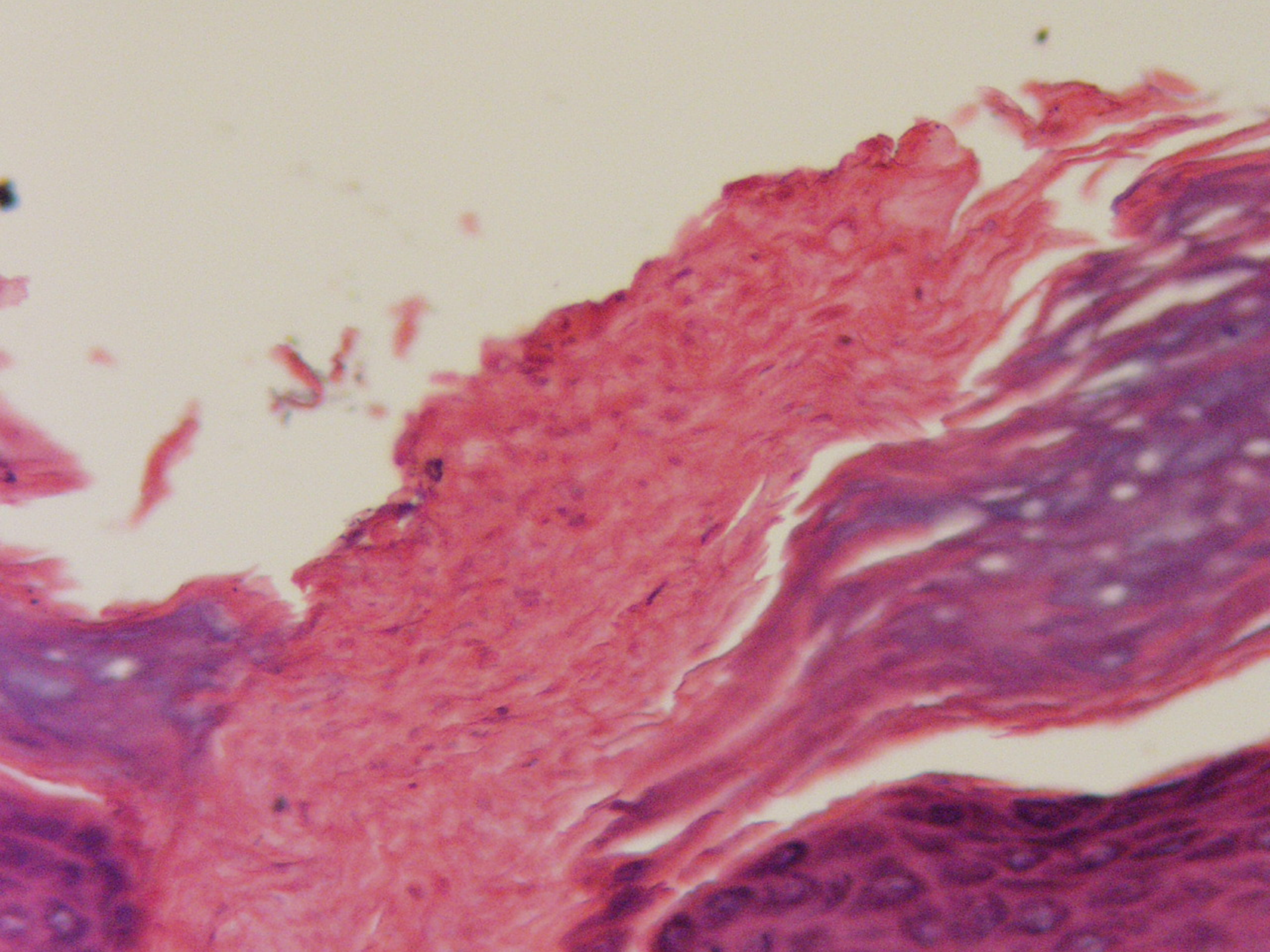
Erythrasma

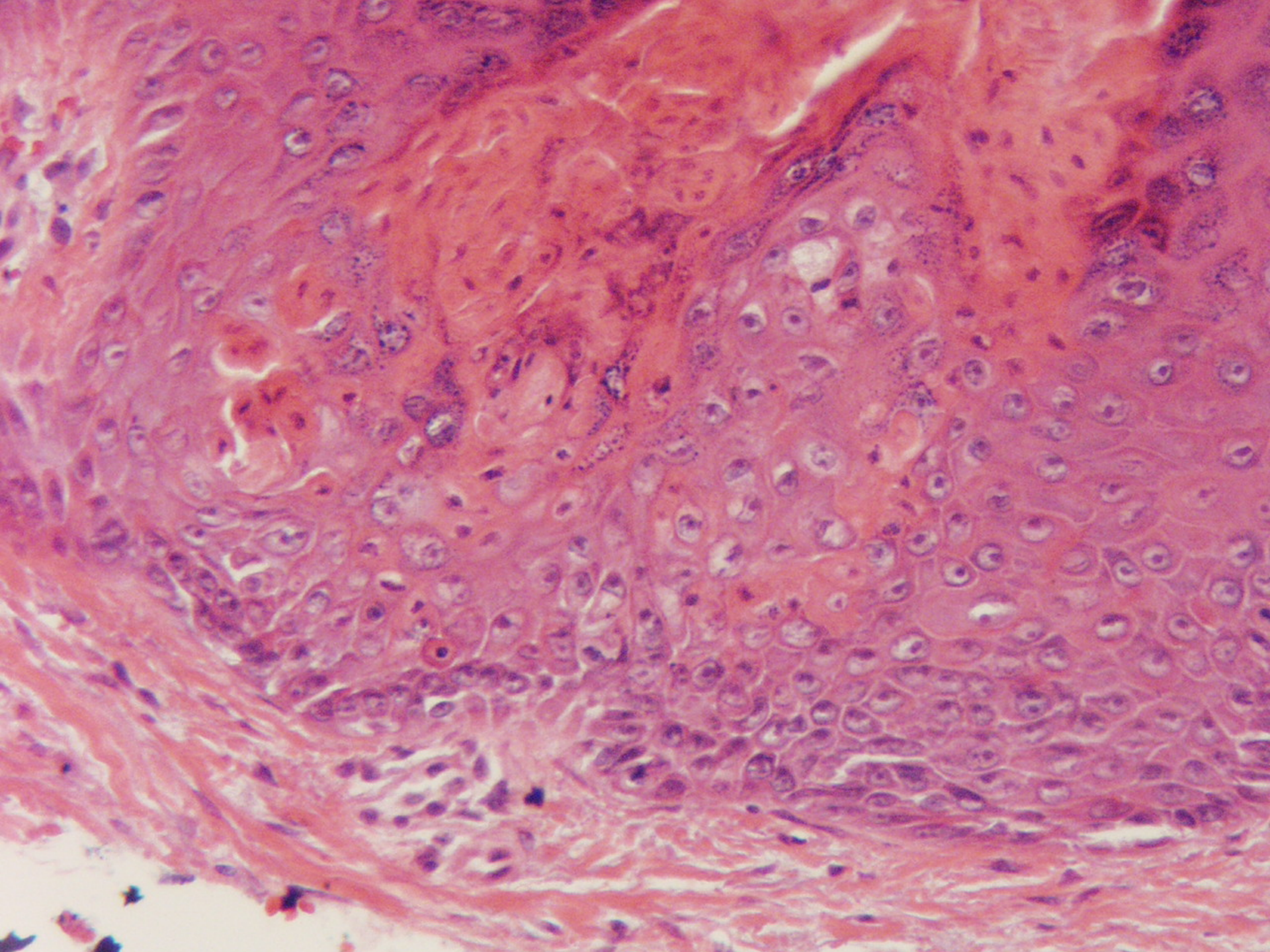


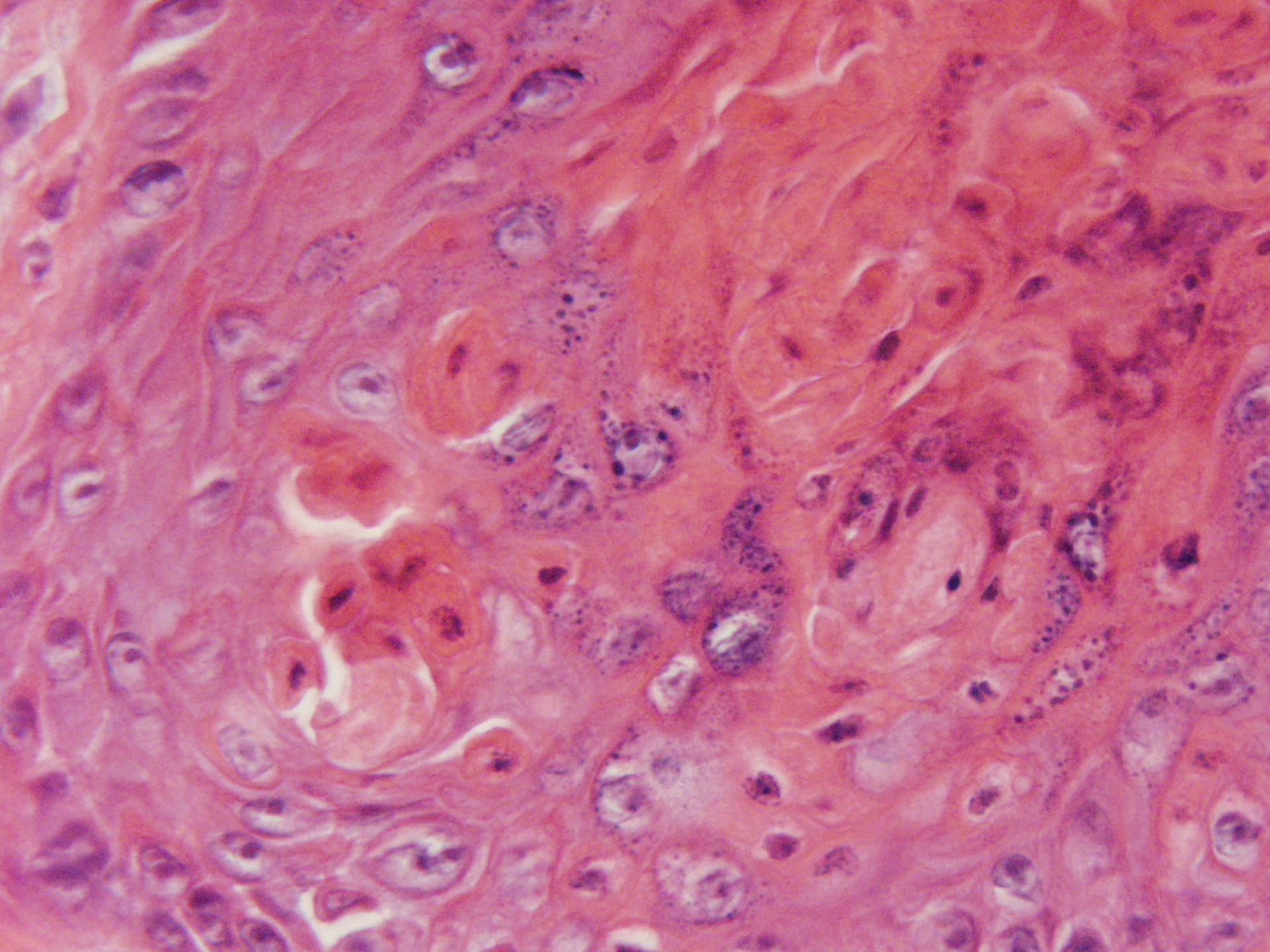
Inverse Psoriasis







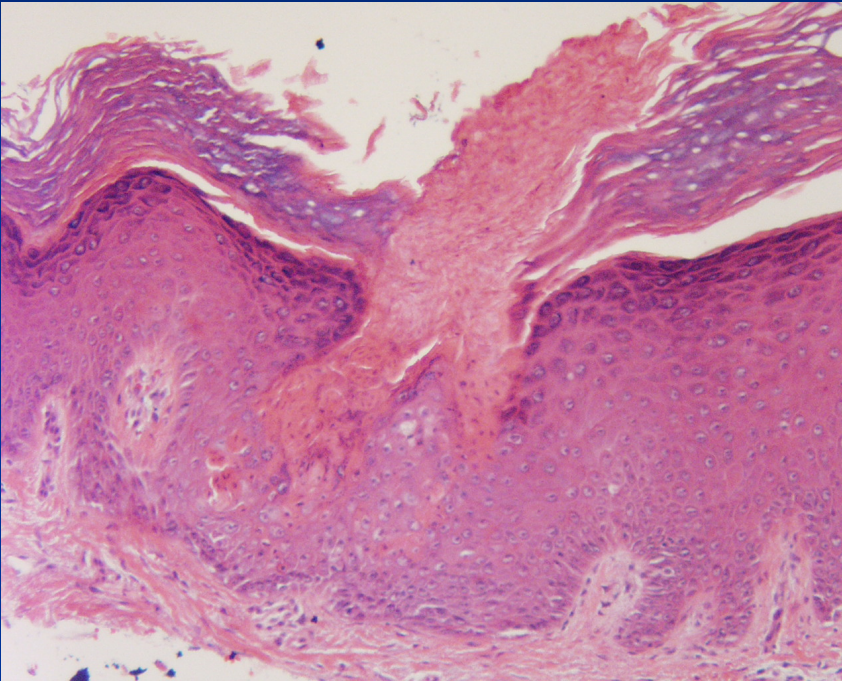




What is your differential diagnosis and what additional studies would you order?

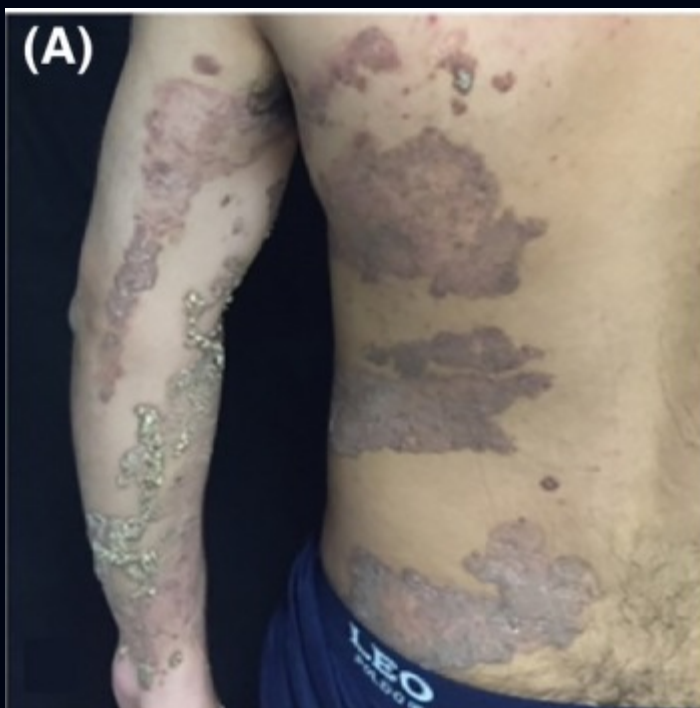
Porokeratosis

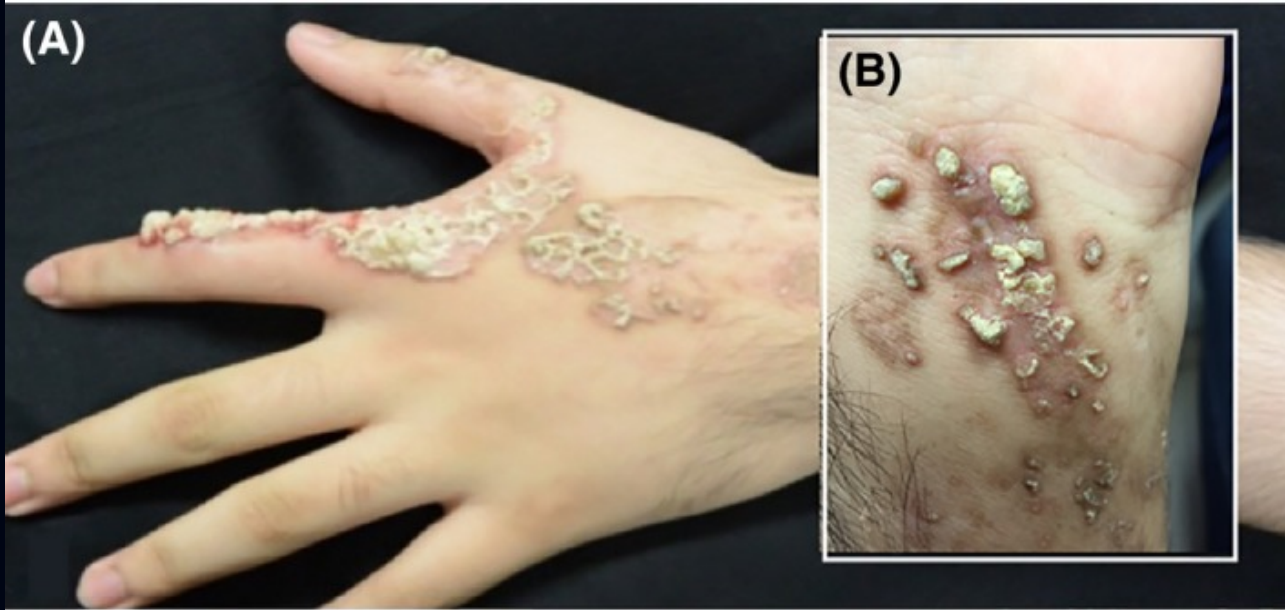
Histopathology

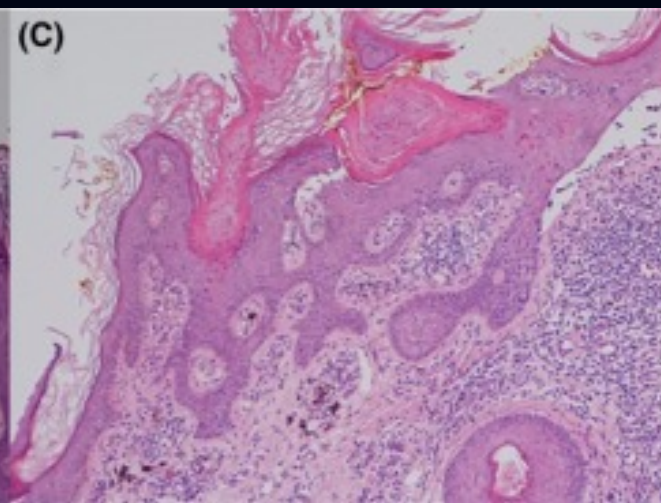
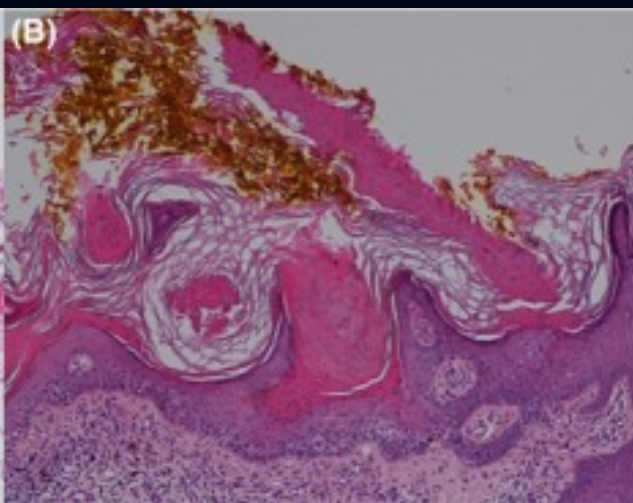
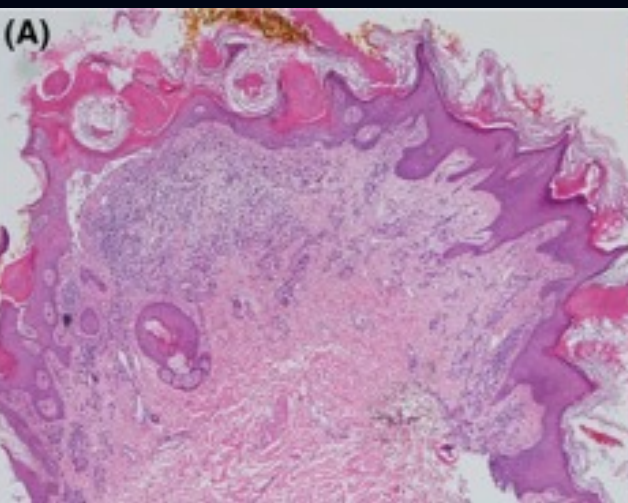


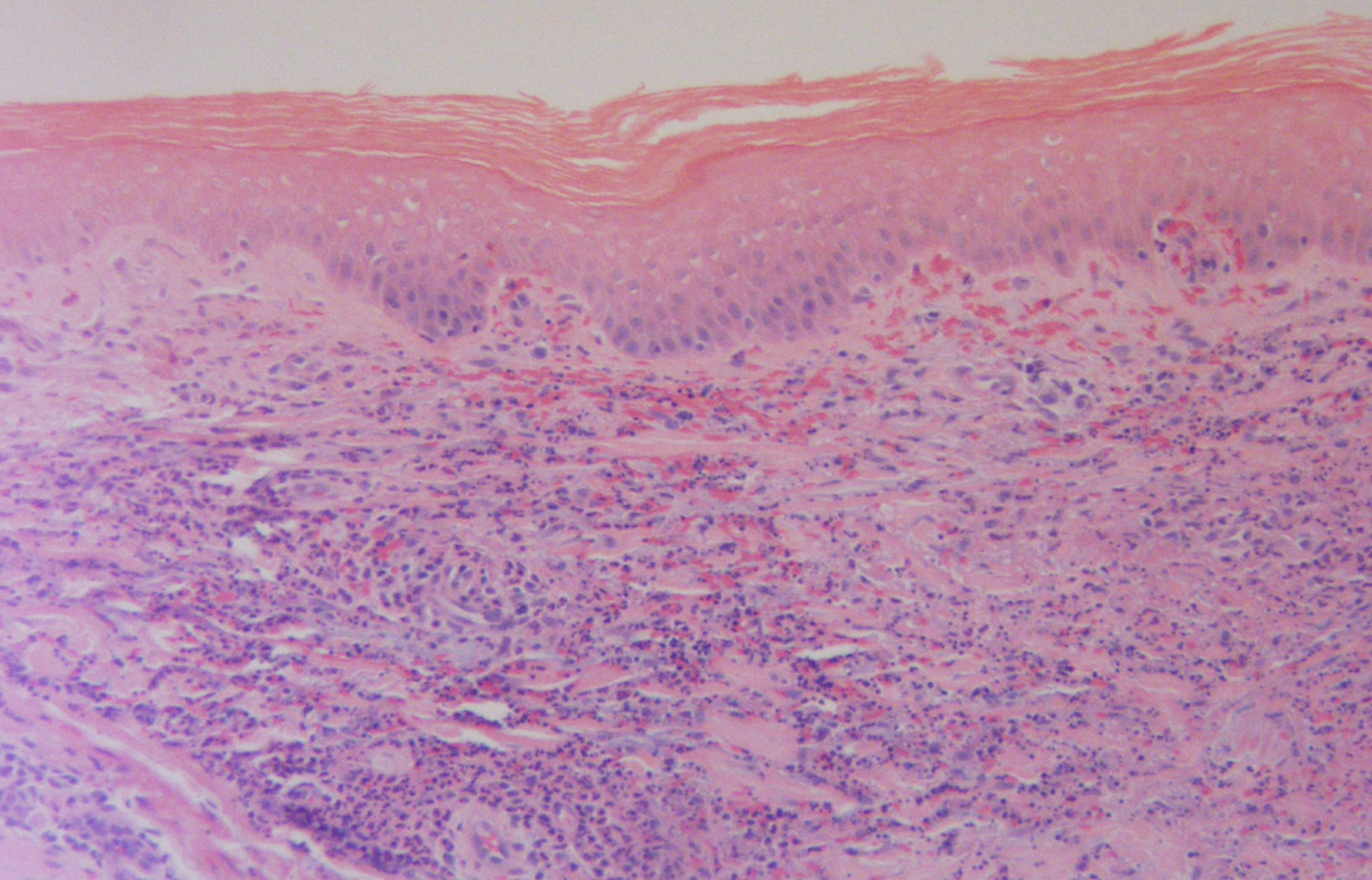
- Cornoid lamellae
- Center of lesion may have atrophy/lichenoid dermatitis
- Important to order deeper sections

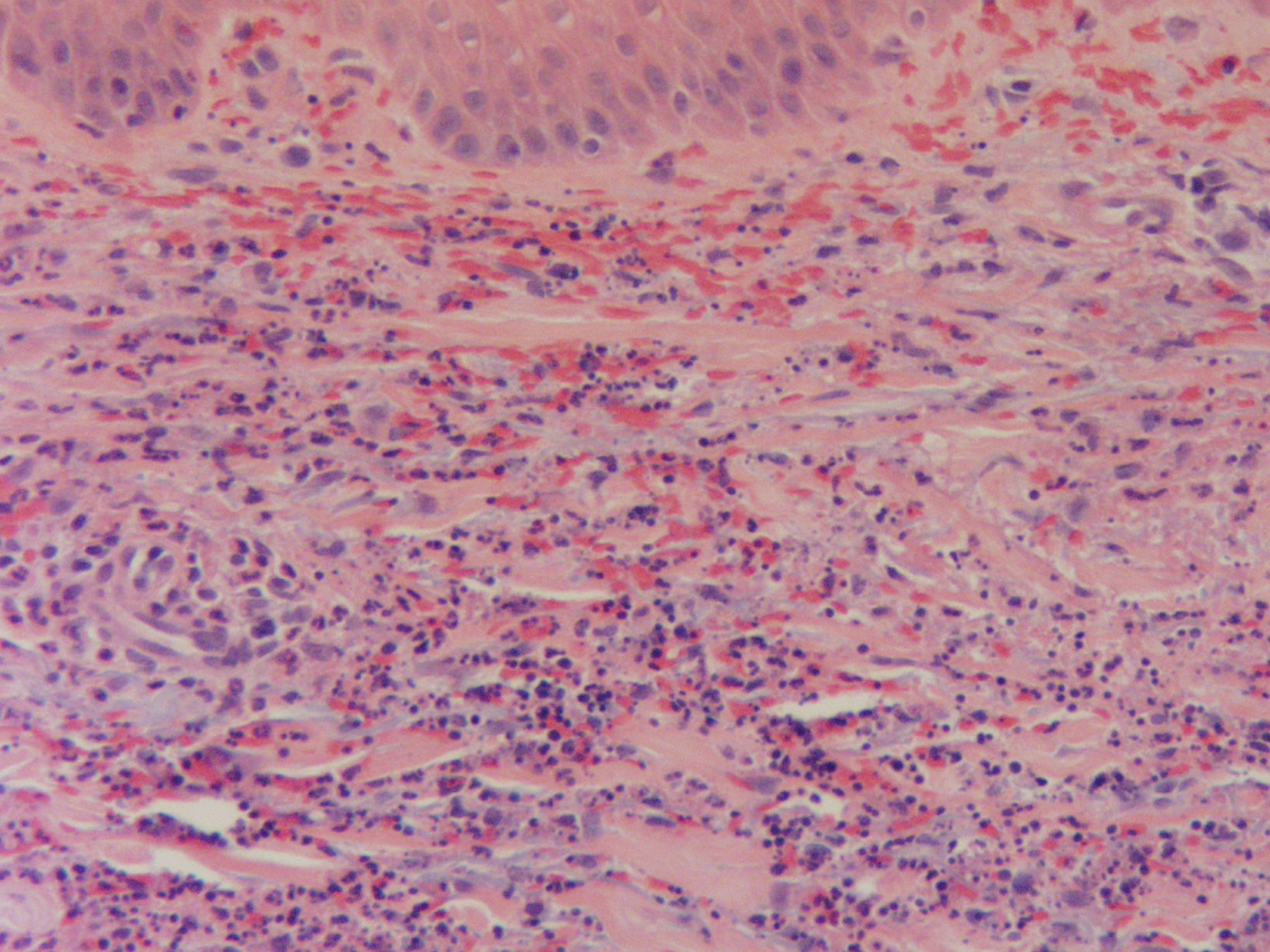
**What is a Porokeratotic Adnexal
Ostial Nevus (PAON)
AKA
Porokeratotic Eccrine Ostial and
Dermal Duct Nevus
(PEODDN)?**

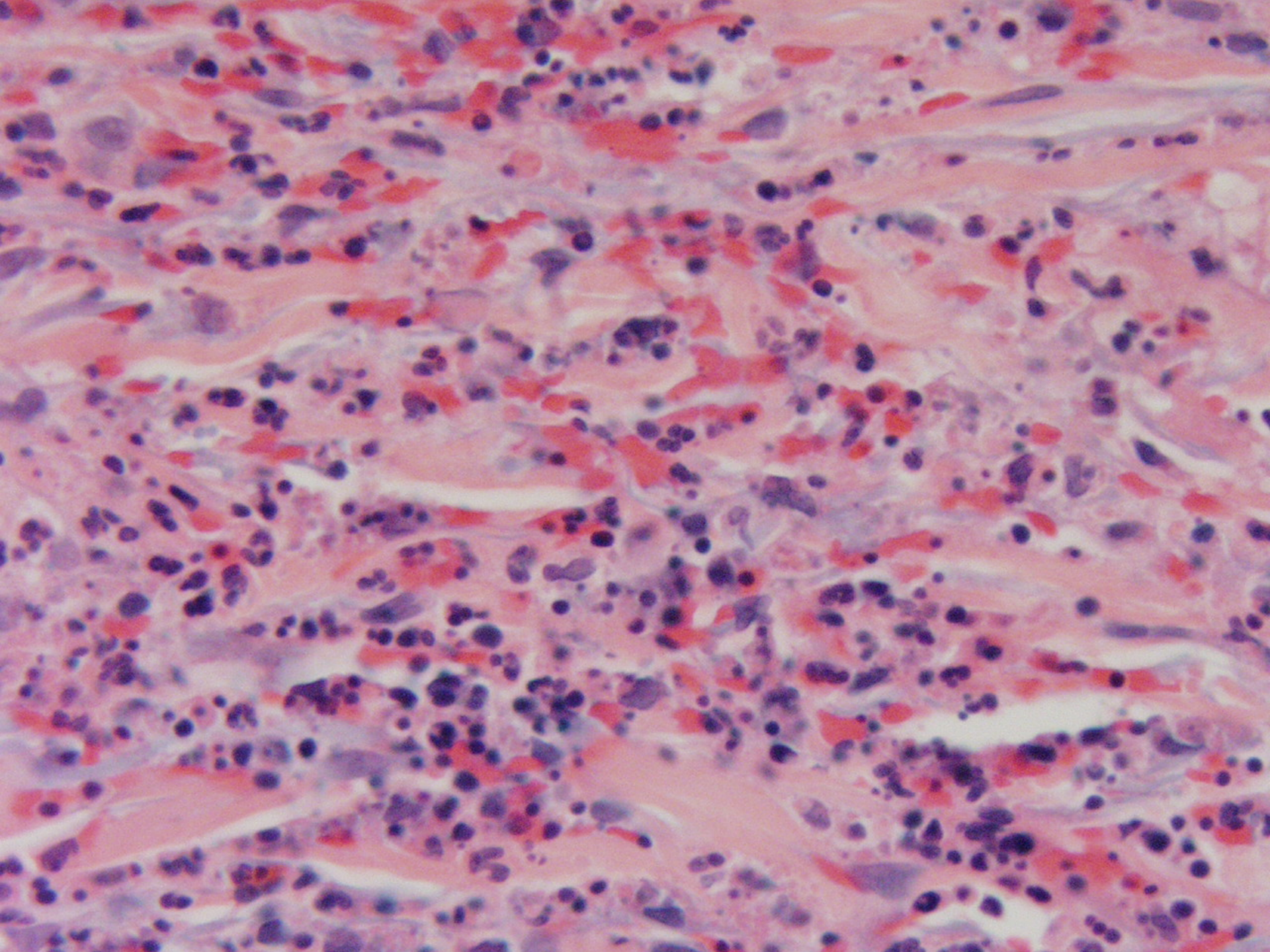


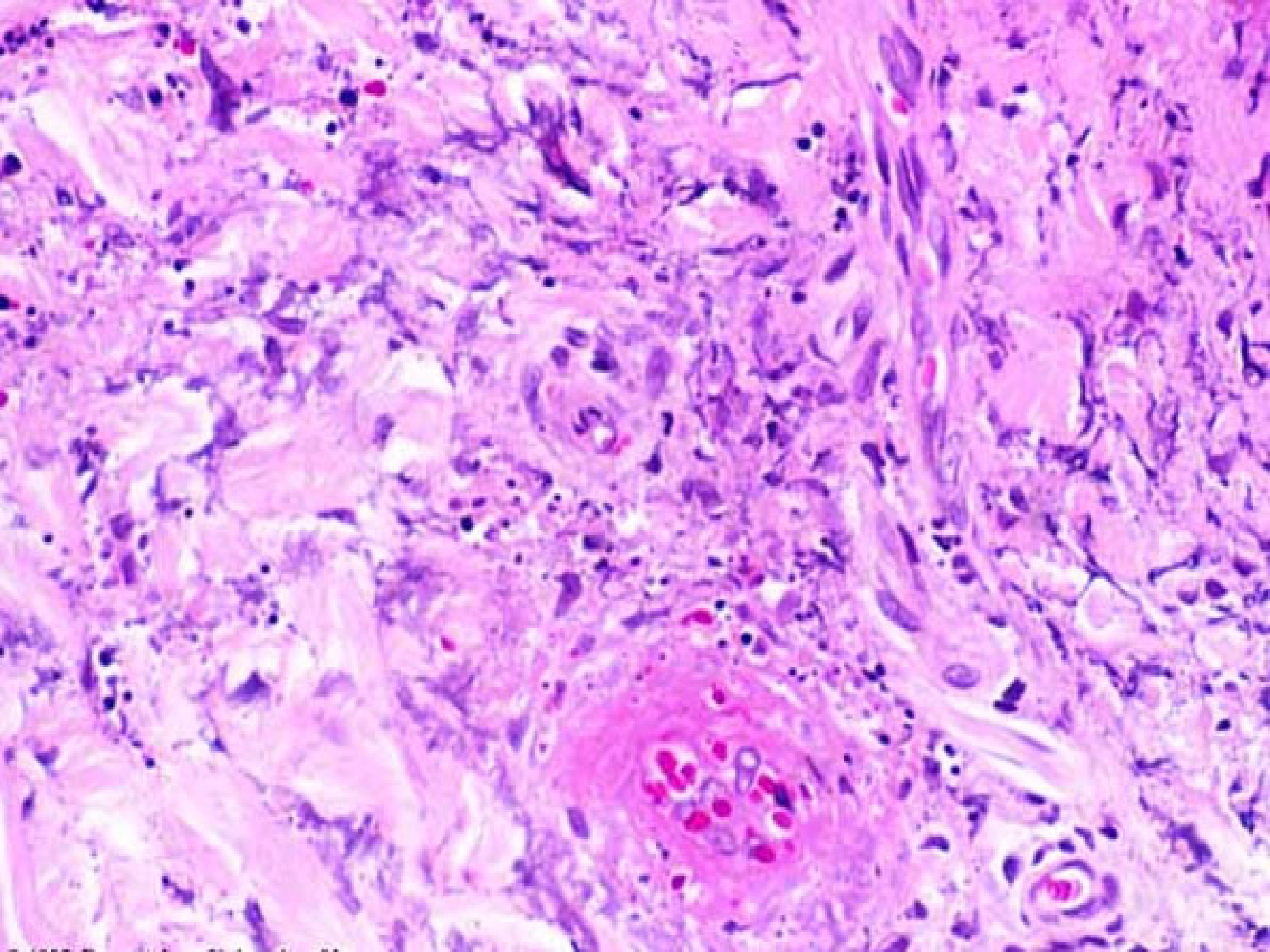








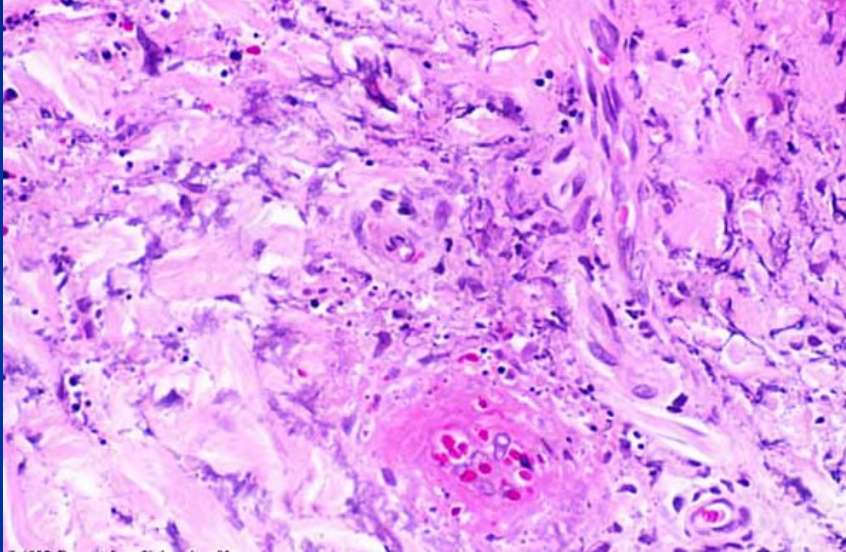




What is your differential diagnosis and what additional studies would you order?

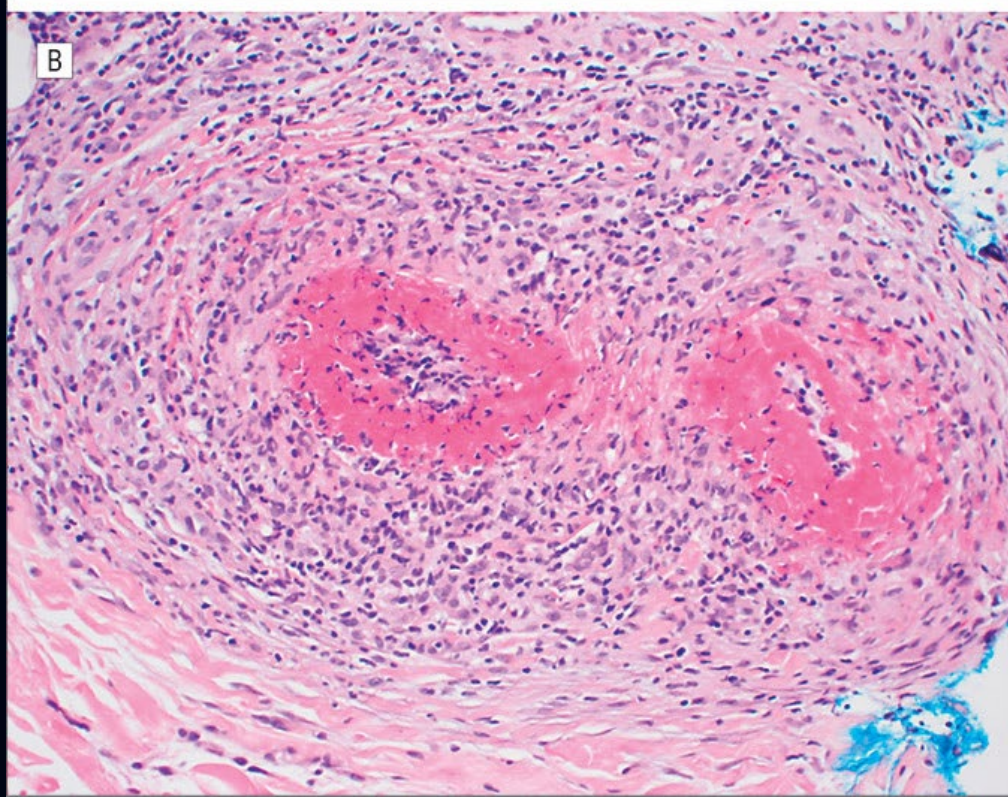
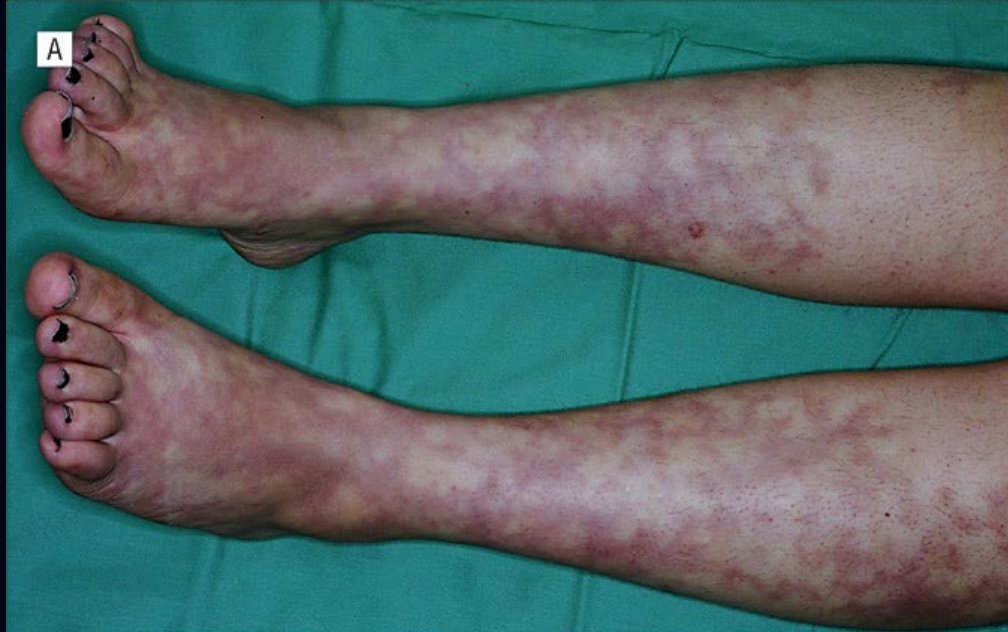
Leukocytoclastic Vasculitis

Histopathology



- Nuclear dust
- Must have fibrinoid necrosis
- Variable eosinophils depending upon etiology
- May have secondary blister and panniculitis

What diseases are the following
vasculitides?



Lymphocytic Thrombophilic Arteritis

Fig 1



Fig 2

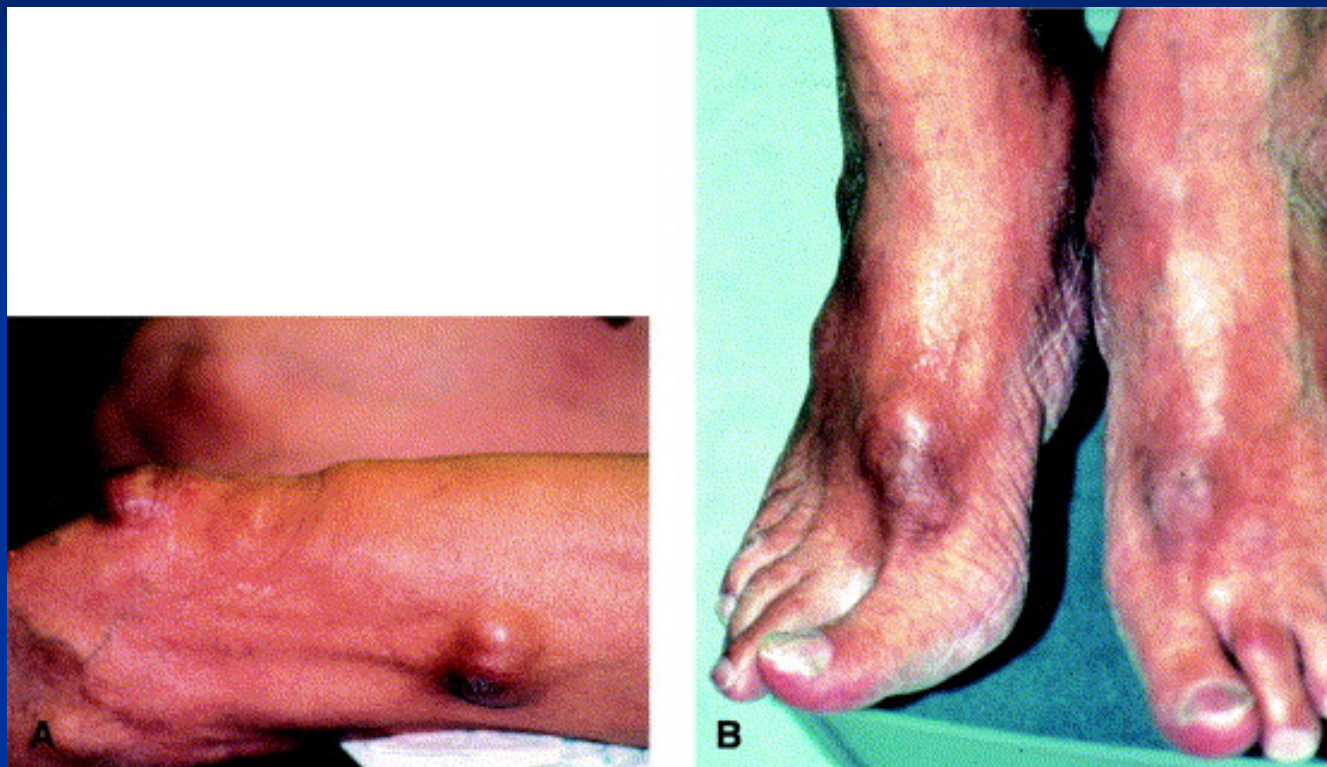


Fig 3

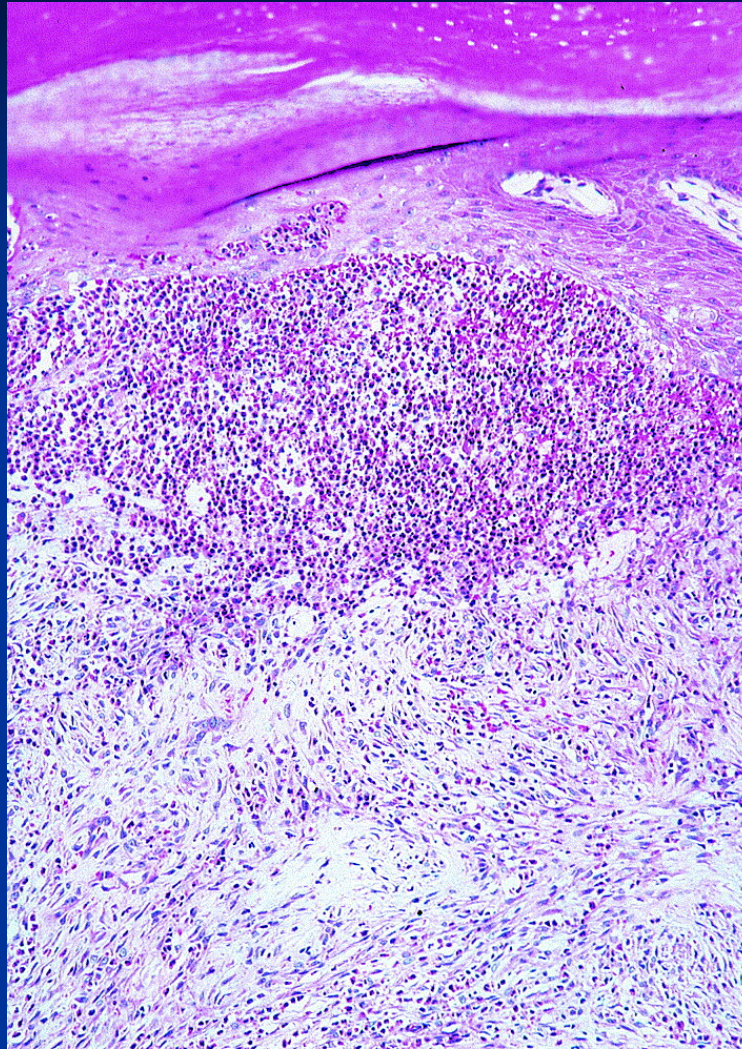


Fig 4

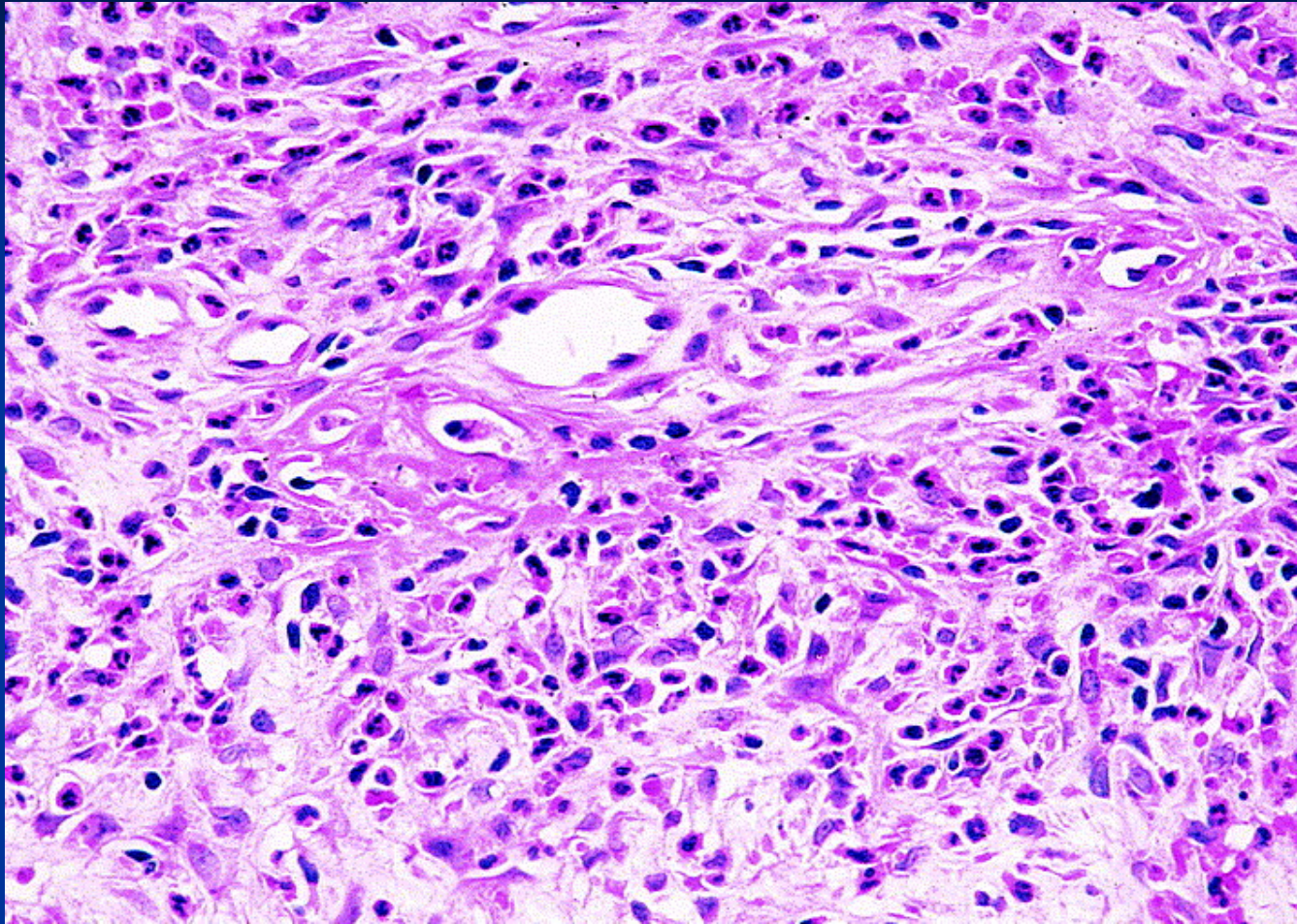
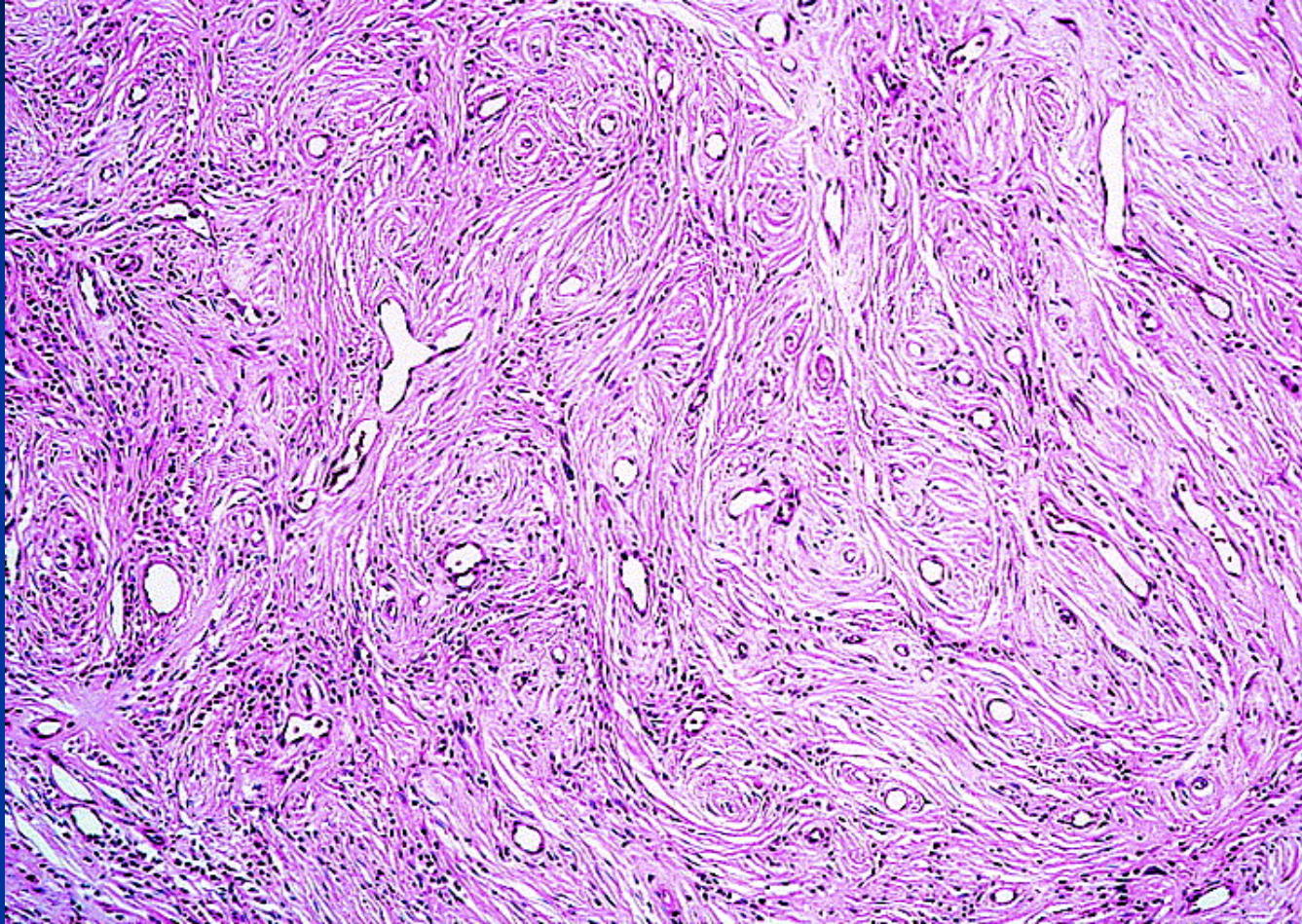
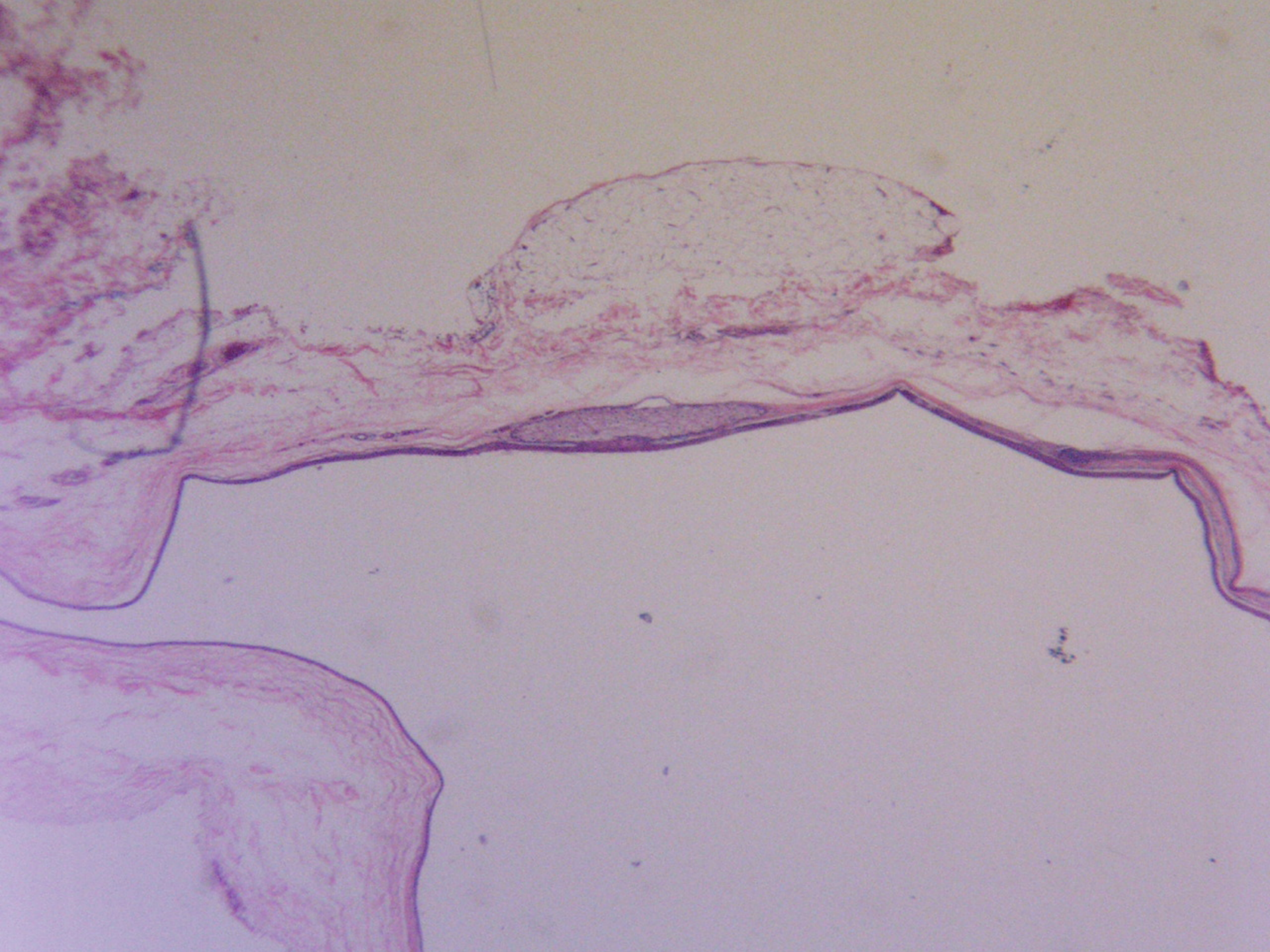
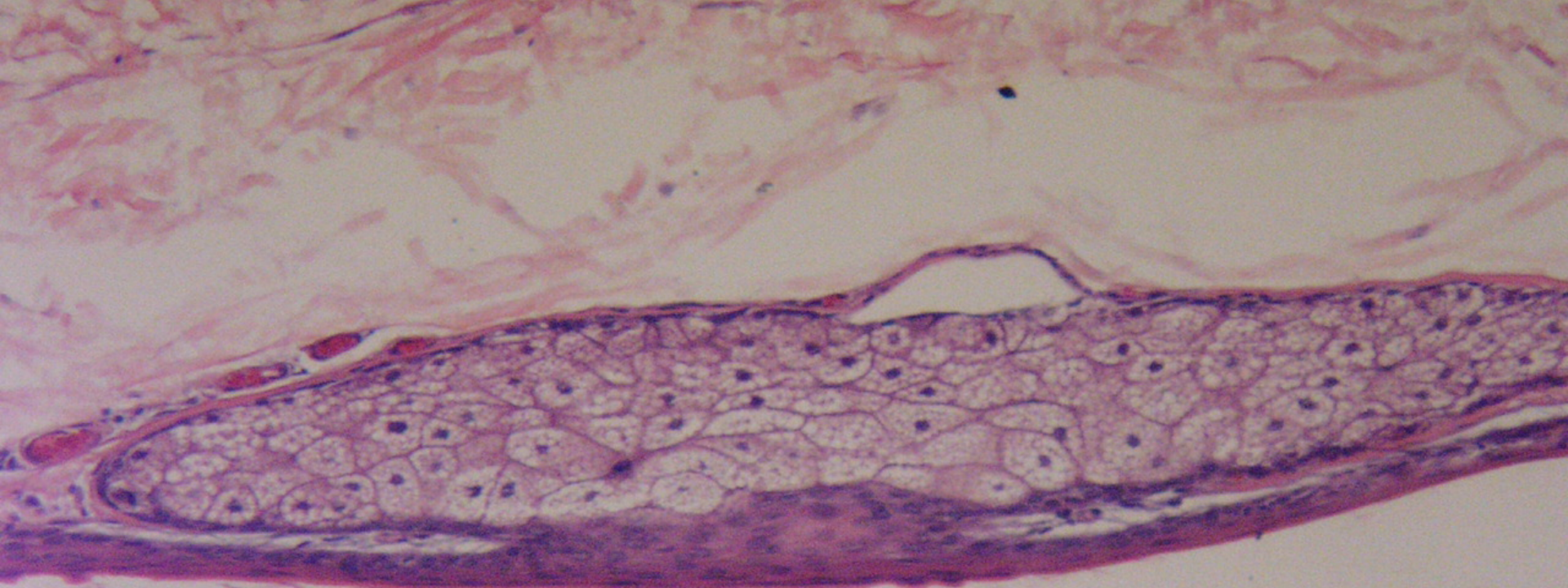


Fig 5



Erythema Elevatum Diutinum- Late Stage

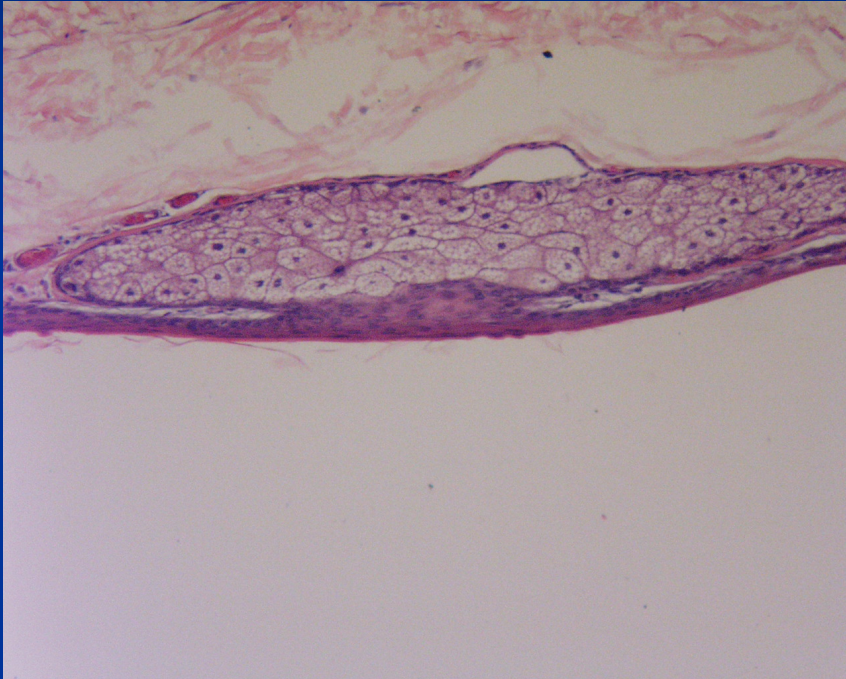




What is your differential diagnosis and what additional studies would you order?

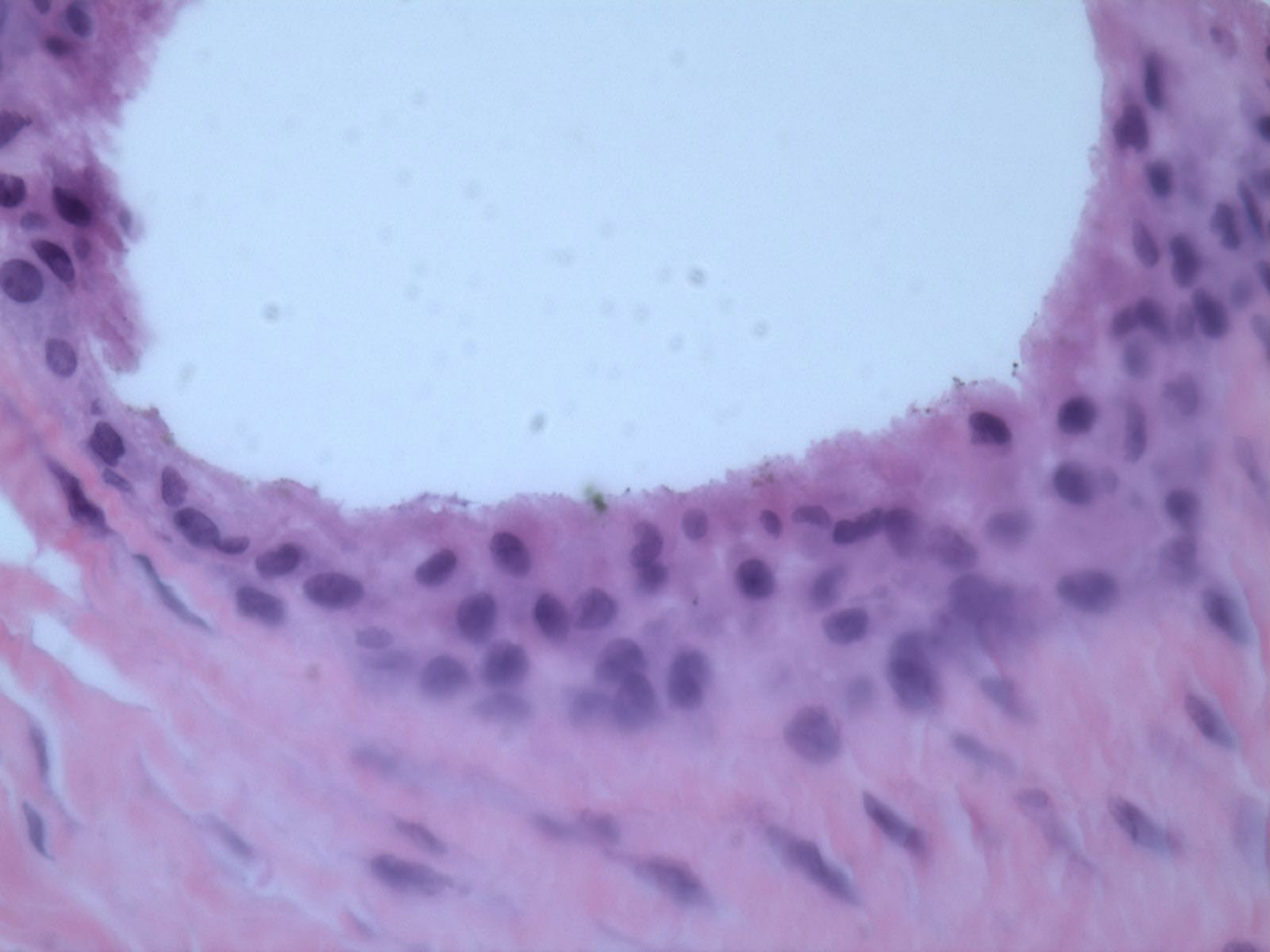
Steatocystoma Multiplex

Histopathology

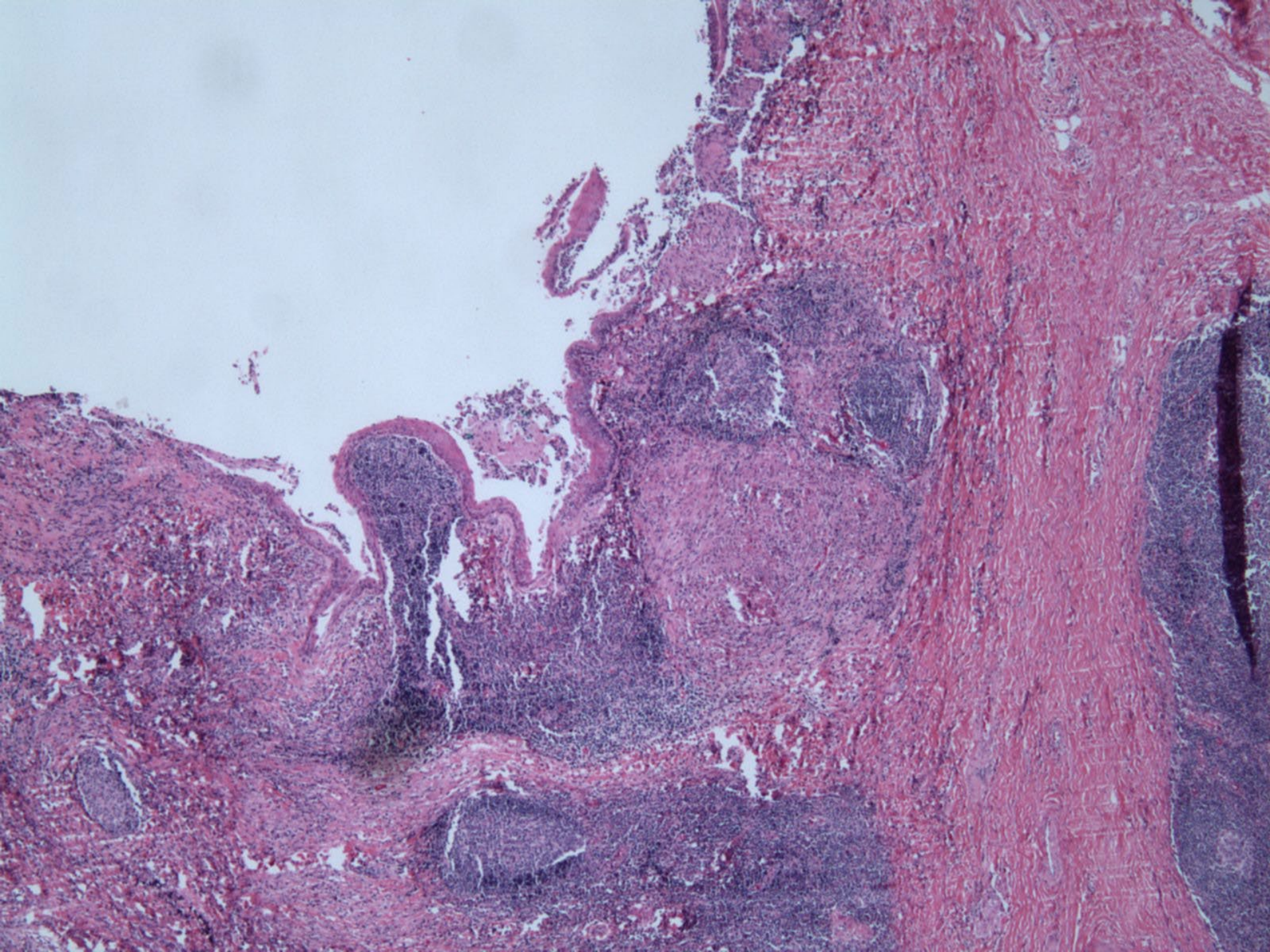


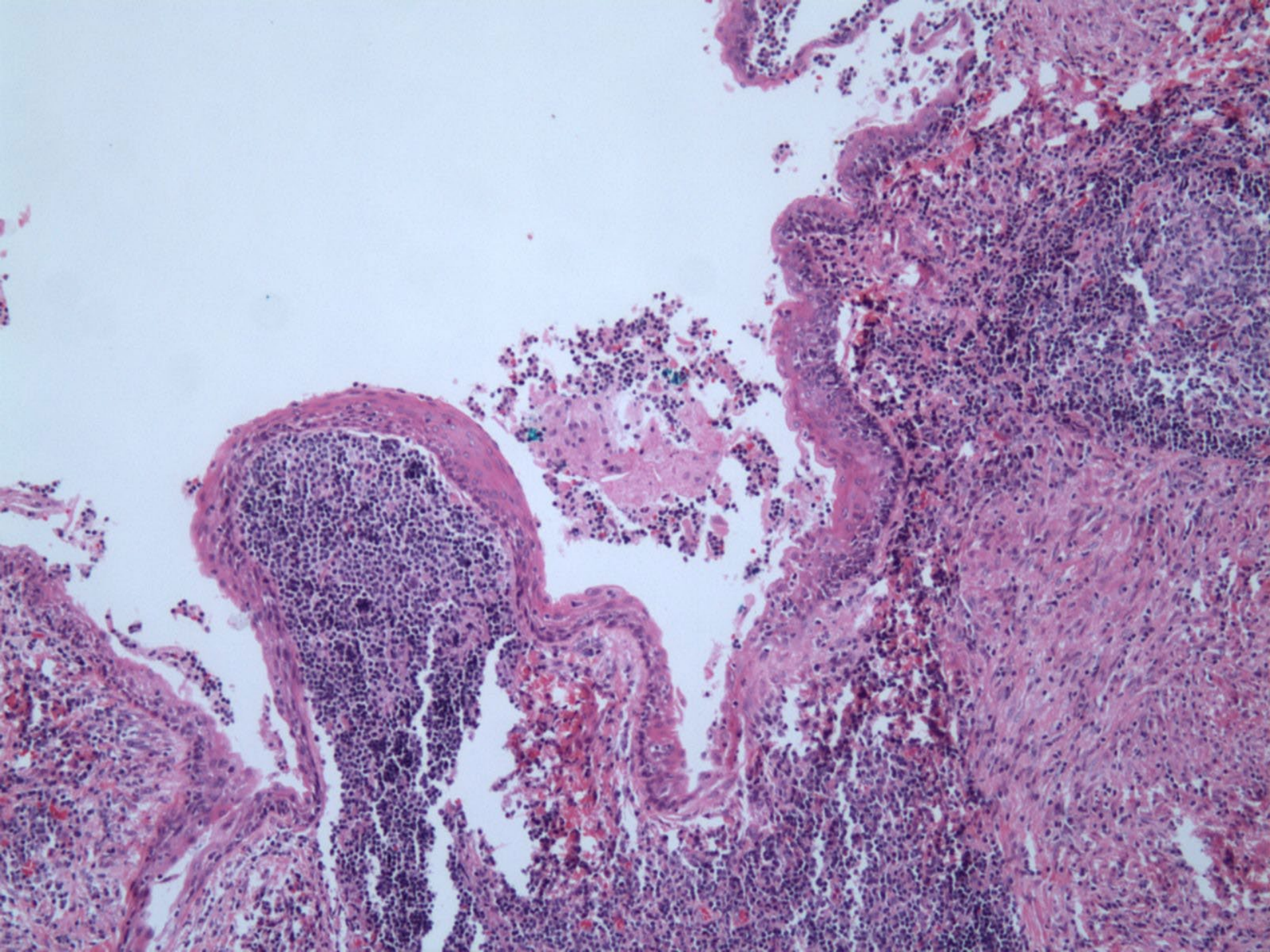
- Epidermal cyst with effete sebaceous glands in wall
- Minimal luminal contents
- No atypia
- Polarize to rule out vellus hairs

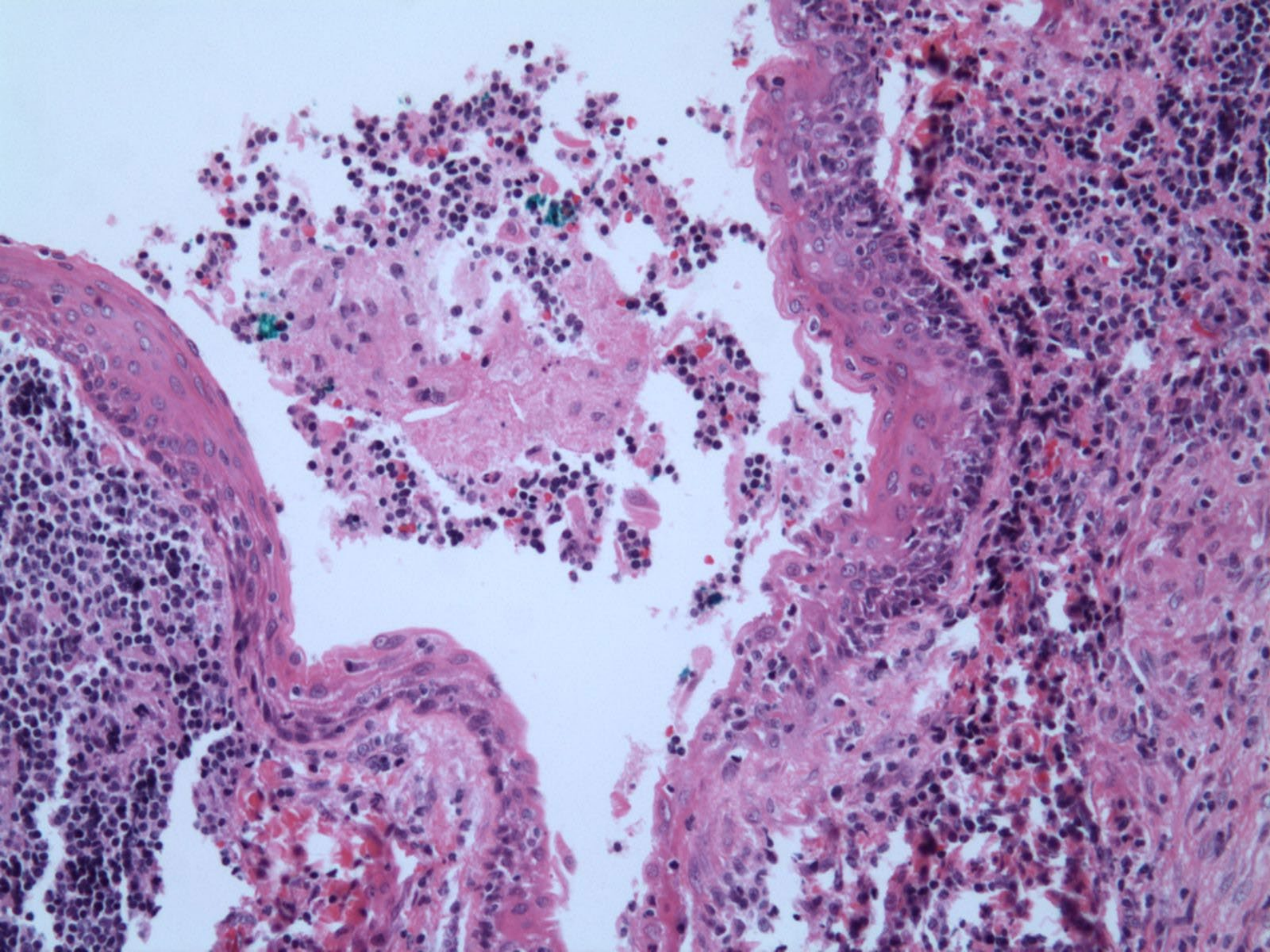
What diseases are
the following cysts?

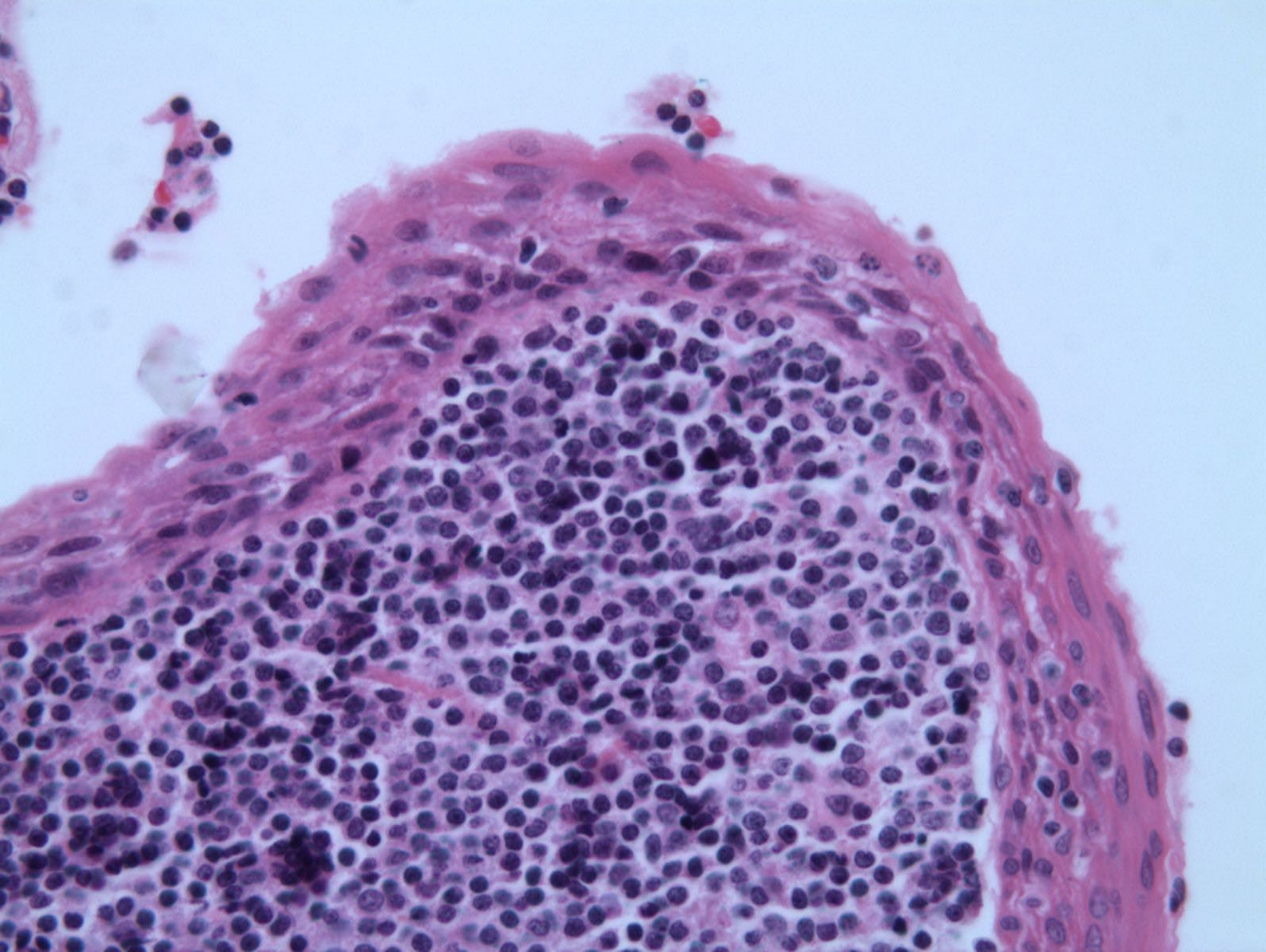


Cutaneous Ciliated Cyst



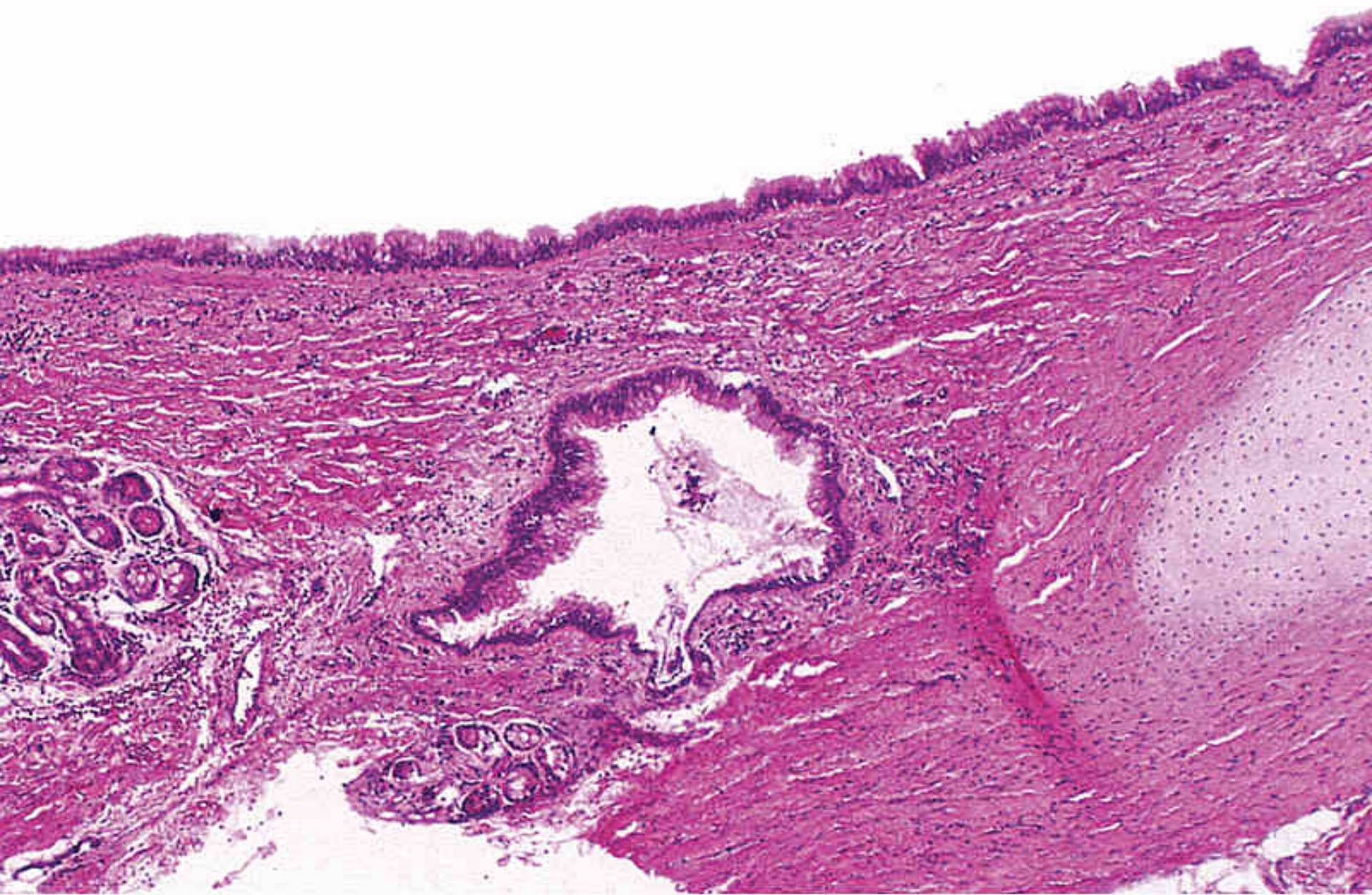


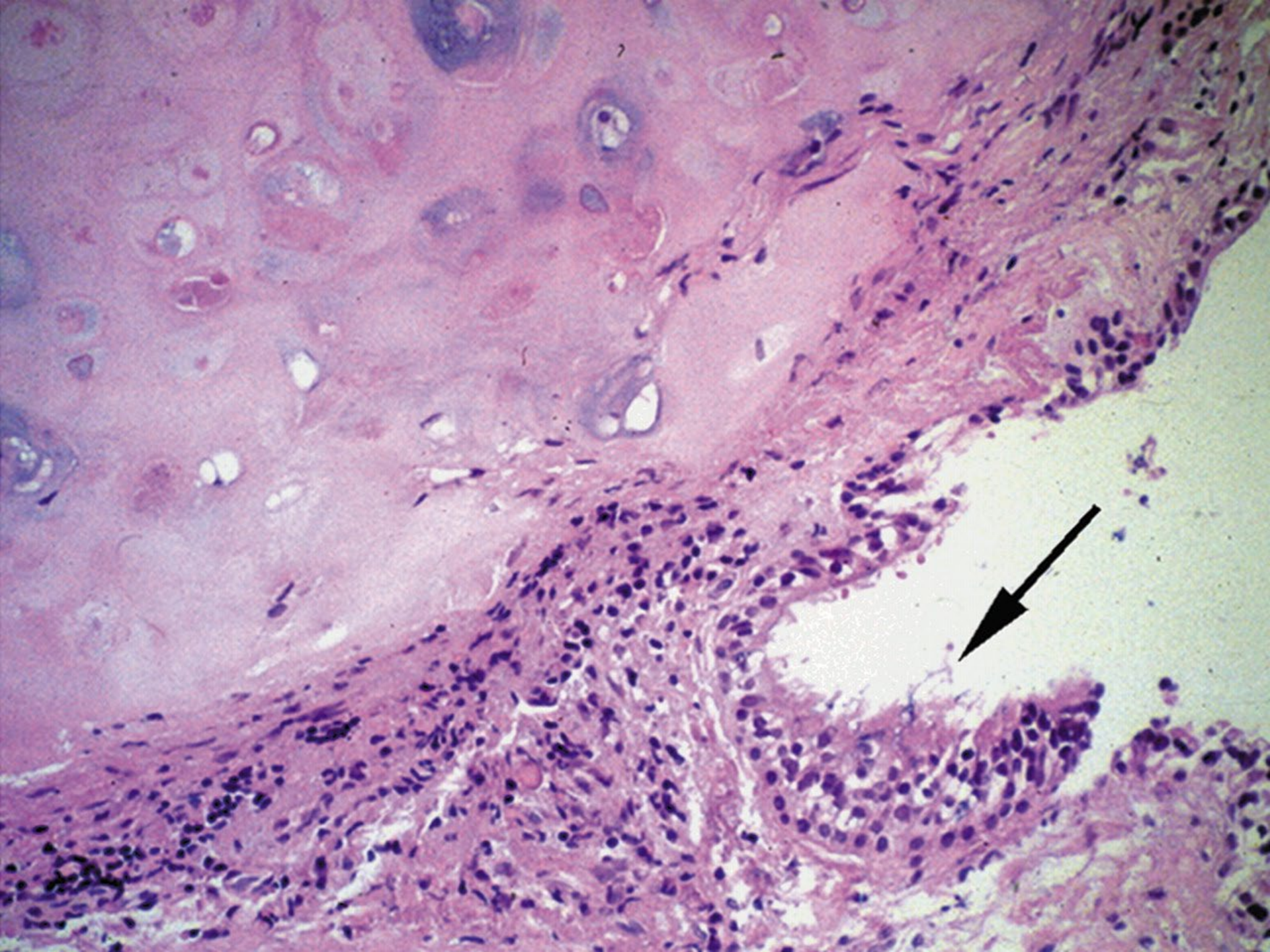




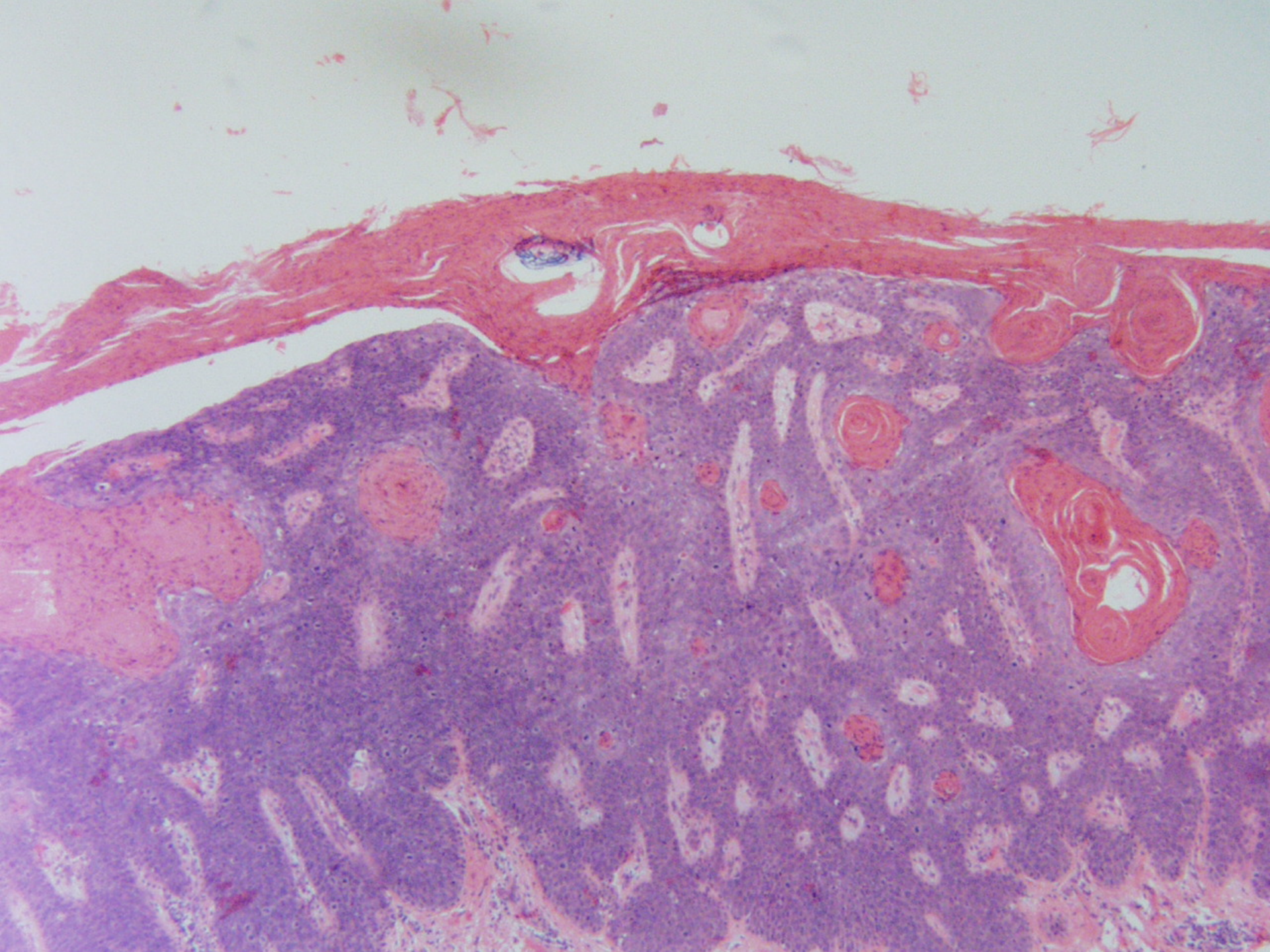
Branchial Cleft Cyst

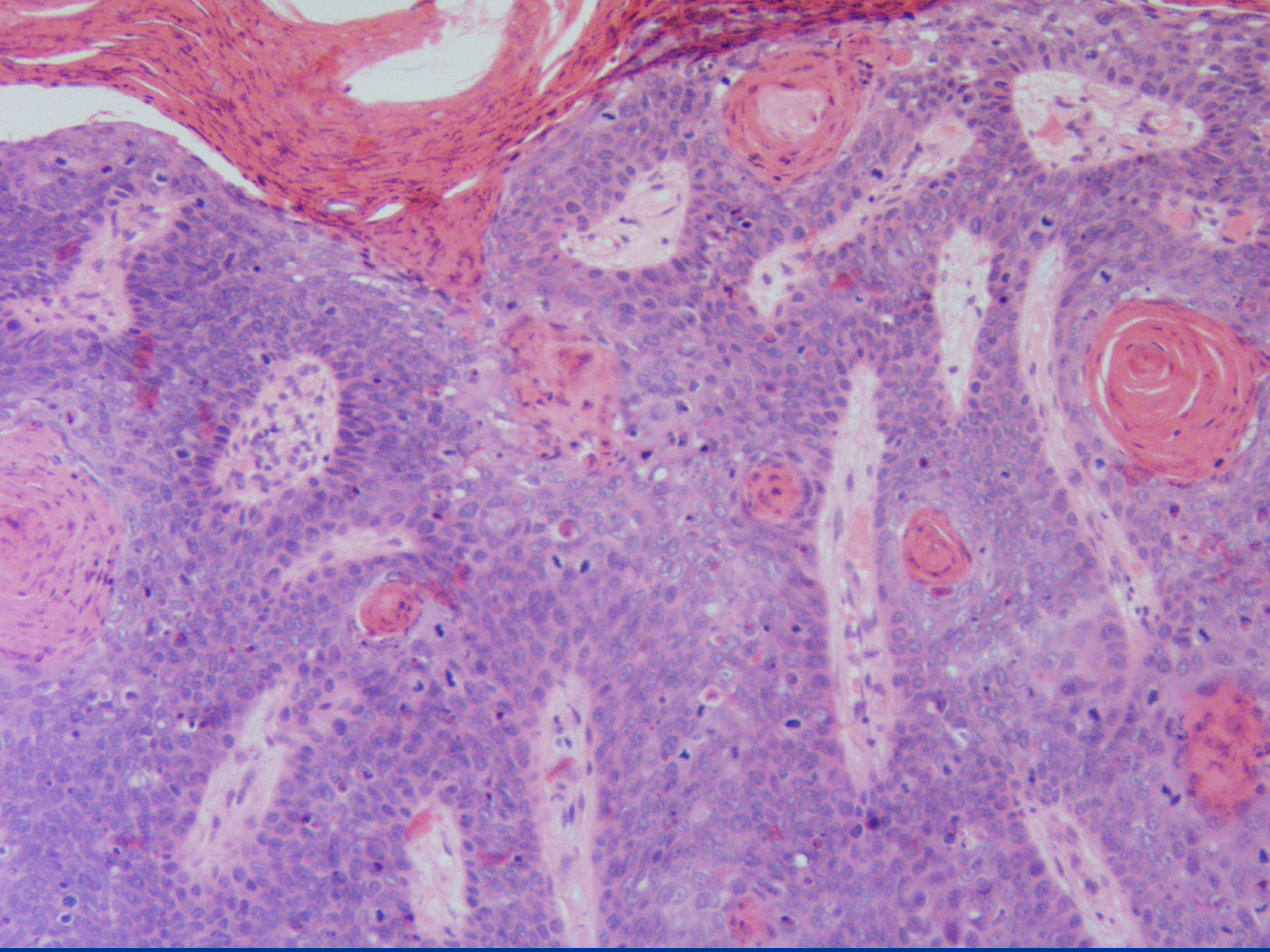


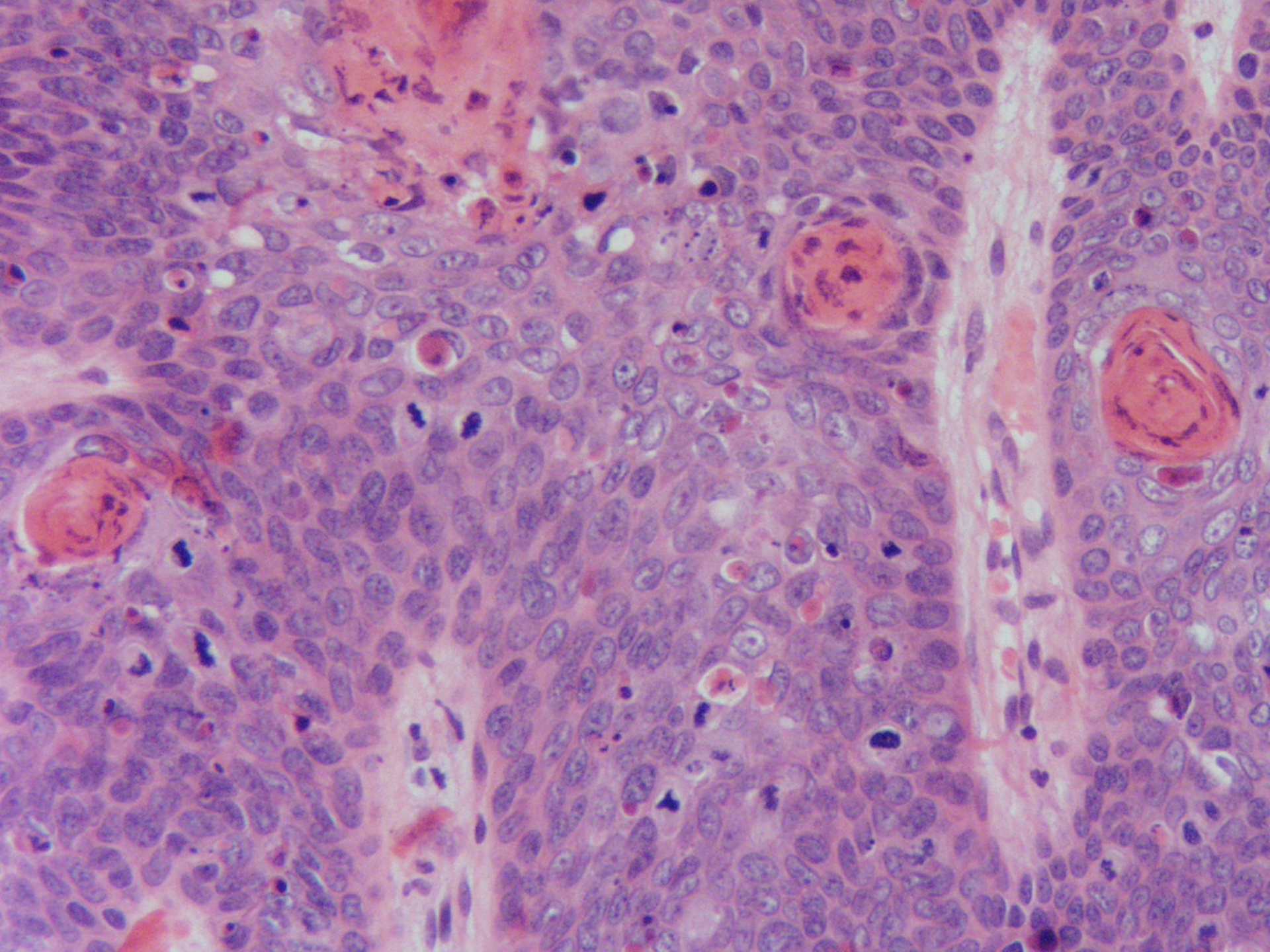


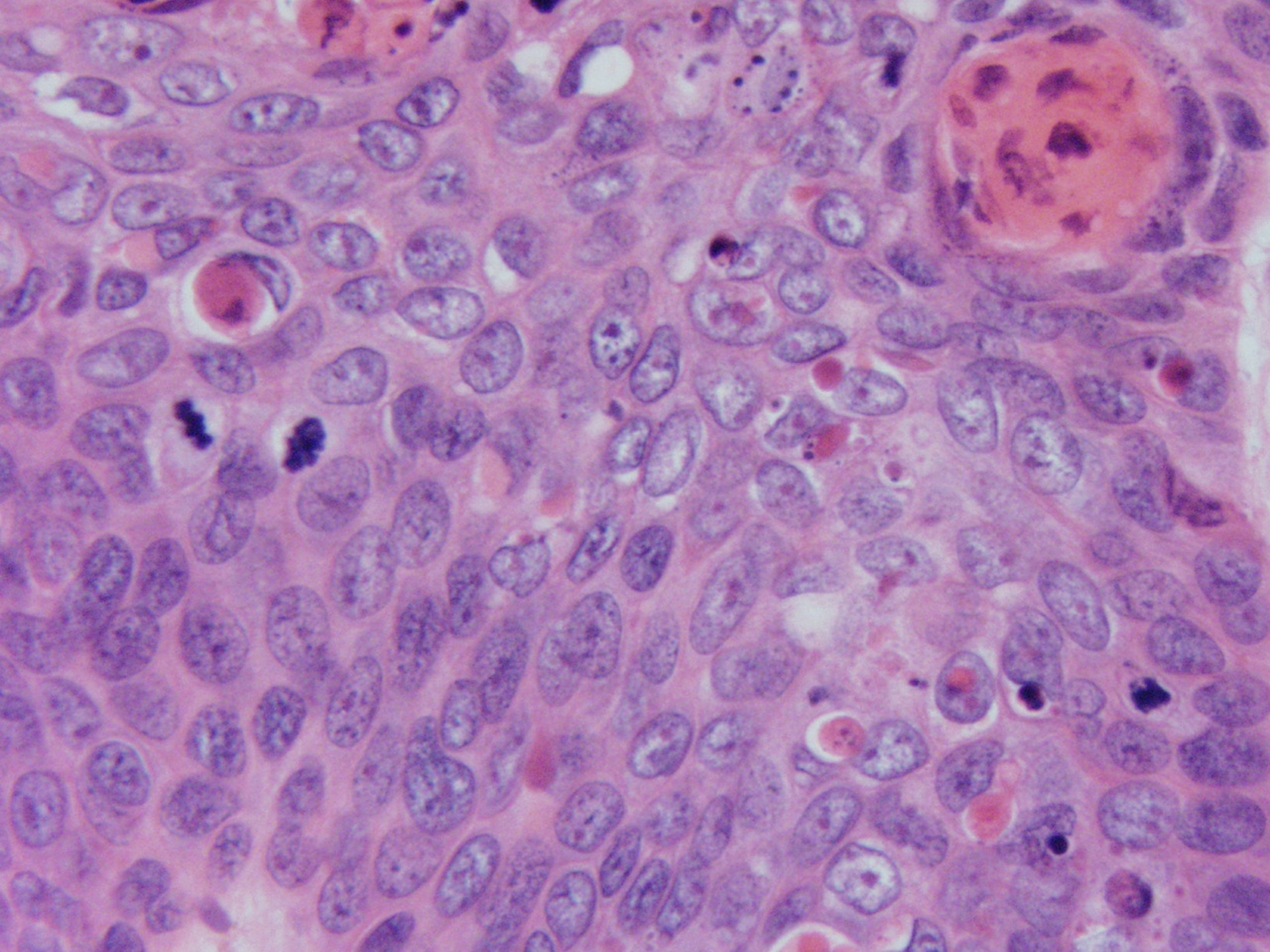


Bronchogenic Cyst





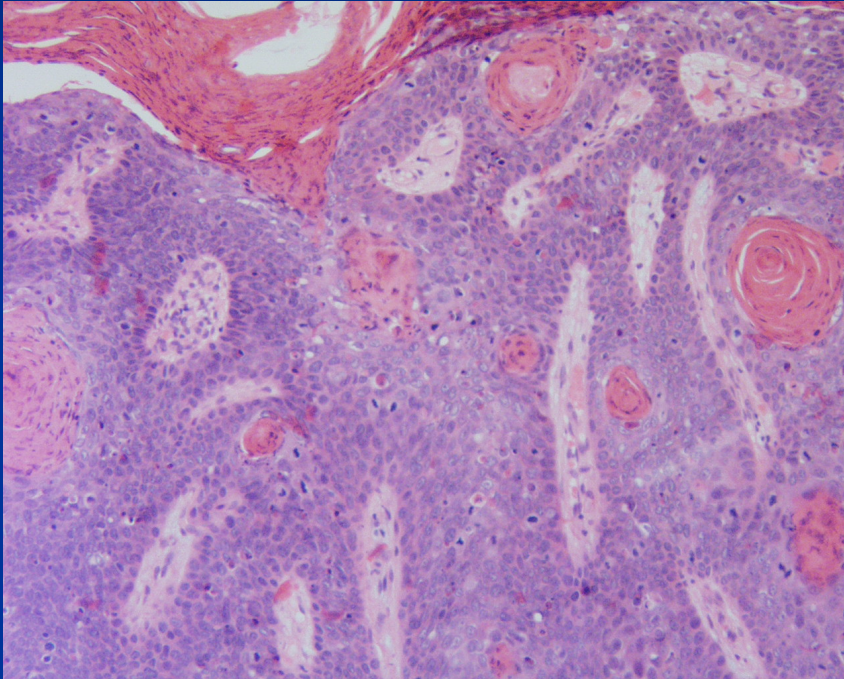




What is your differential diagnosis and what additional studies would you order?

Bowen's Disease

Histopathology



- Full thickness replacement of epidermis
- Lack of maturation
- Atypical MF
- Dyskeratosis
- No follicular sparing

Which IHC Stains help to Differentiate SCCA from BCC?

- Ber EP4
- bcl-2
- EMA
- CD10
- CEA

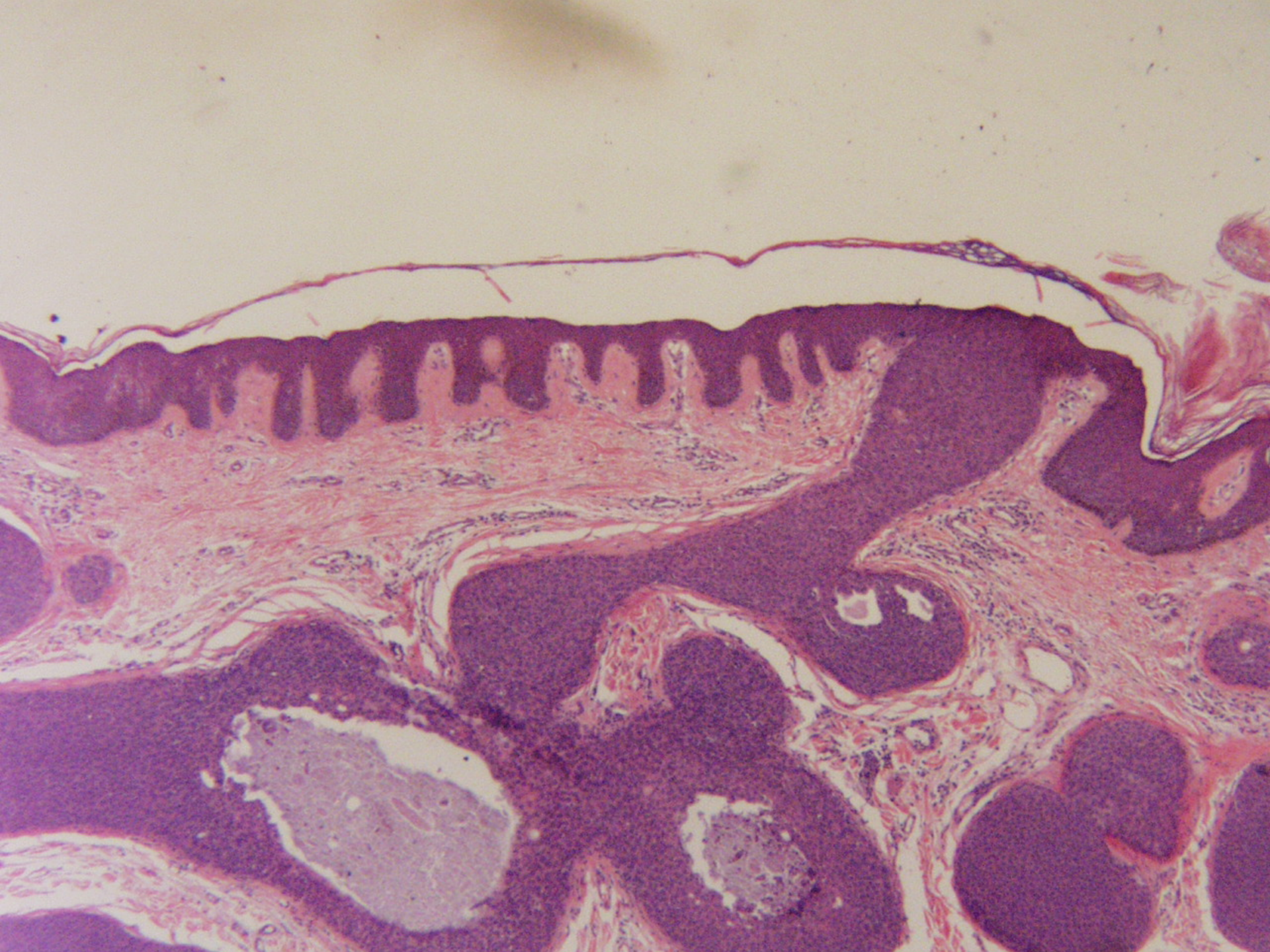
IHC Stains to Differentiate SCCA from BCC

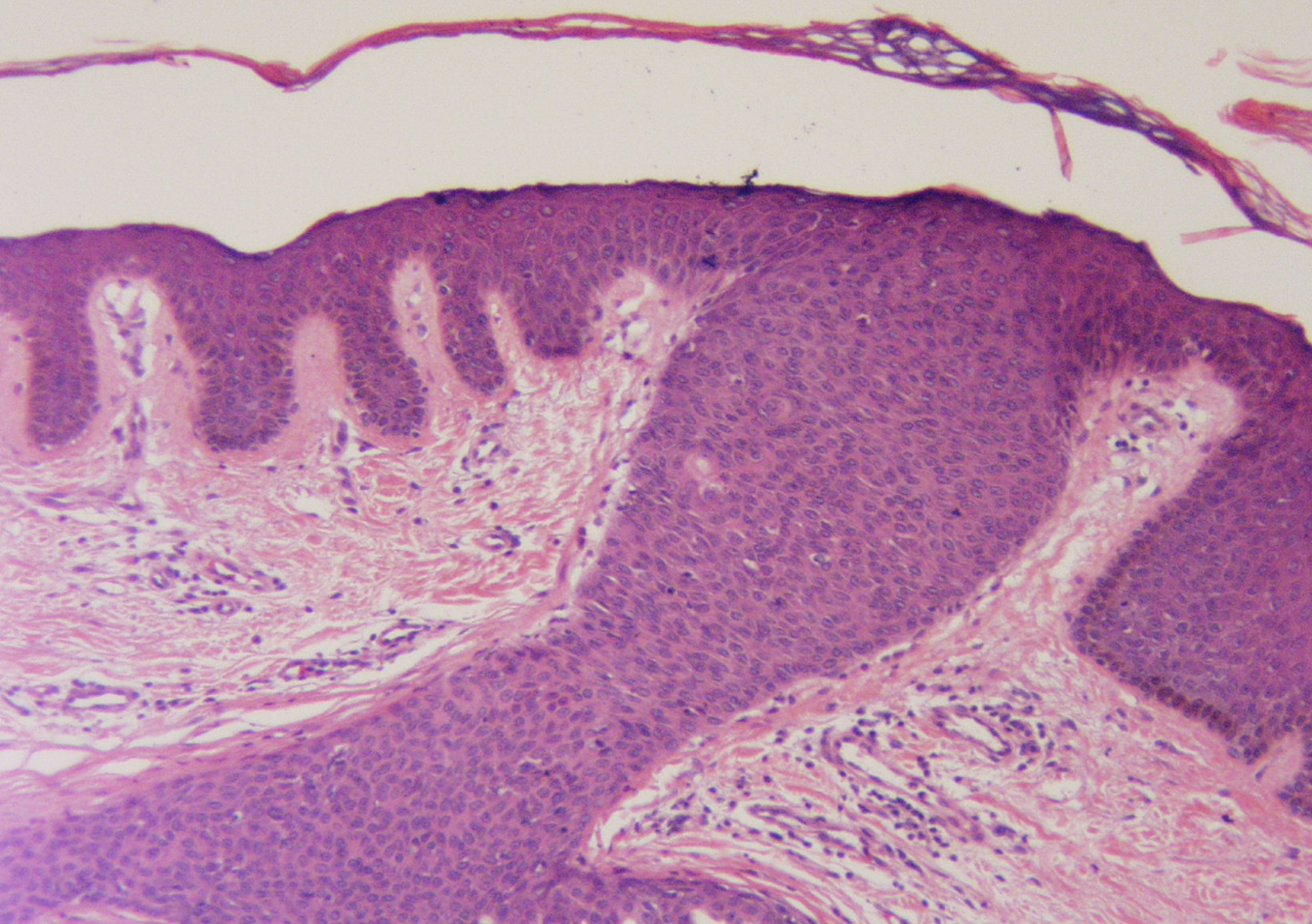
BCC

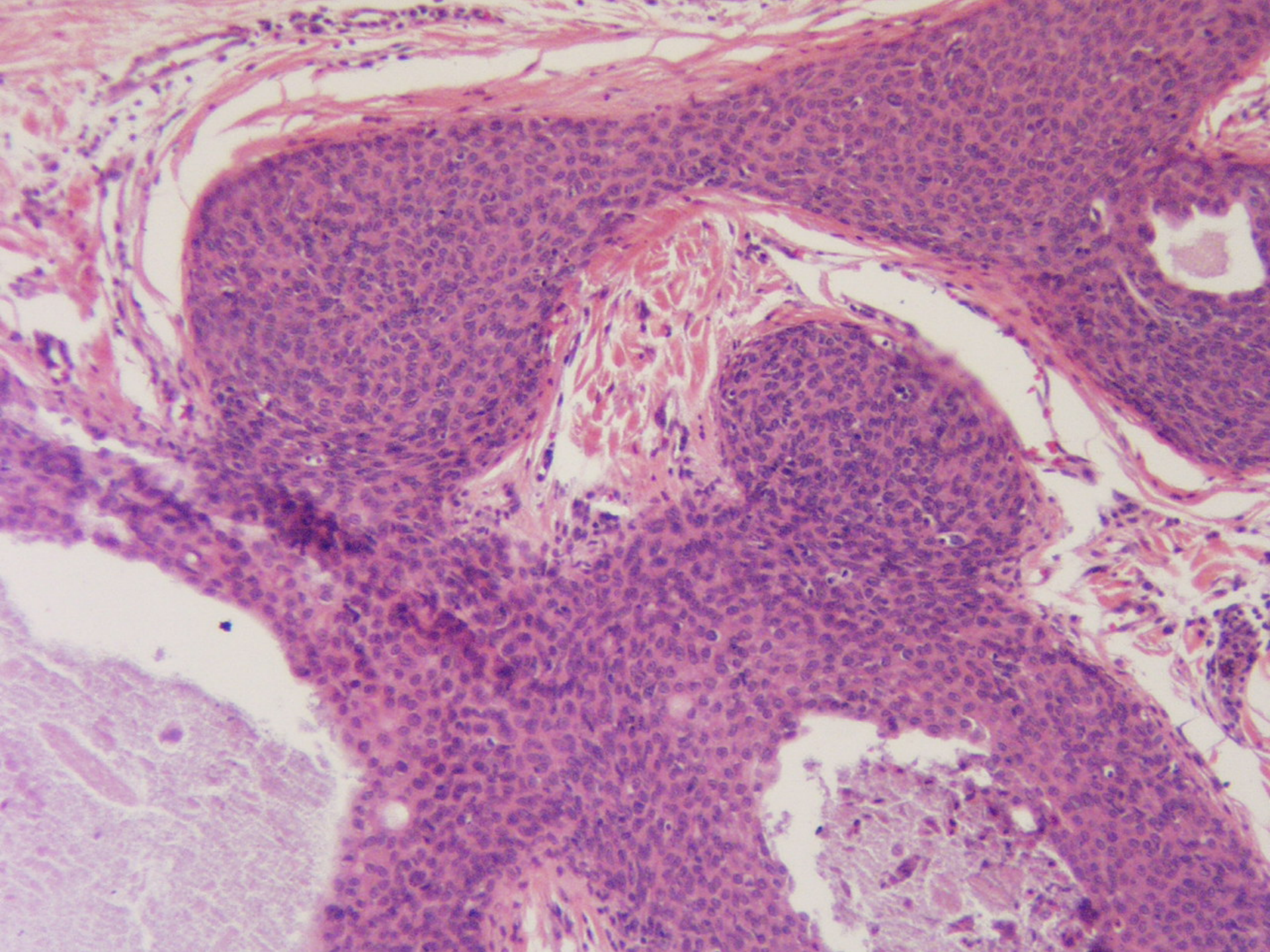
- Ber EP4
- bcl-2
- CD10

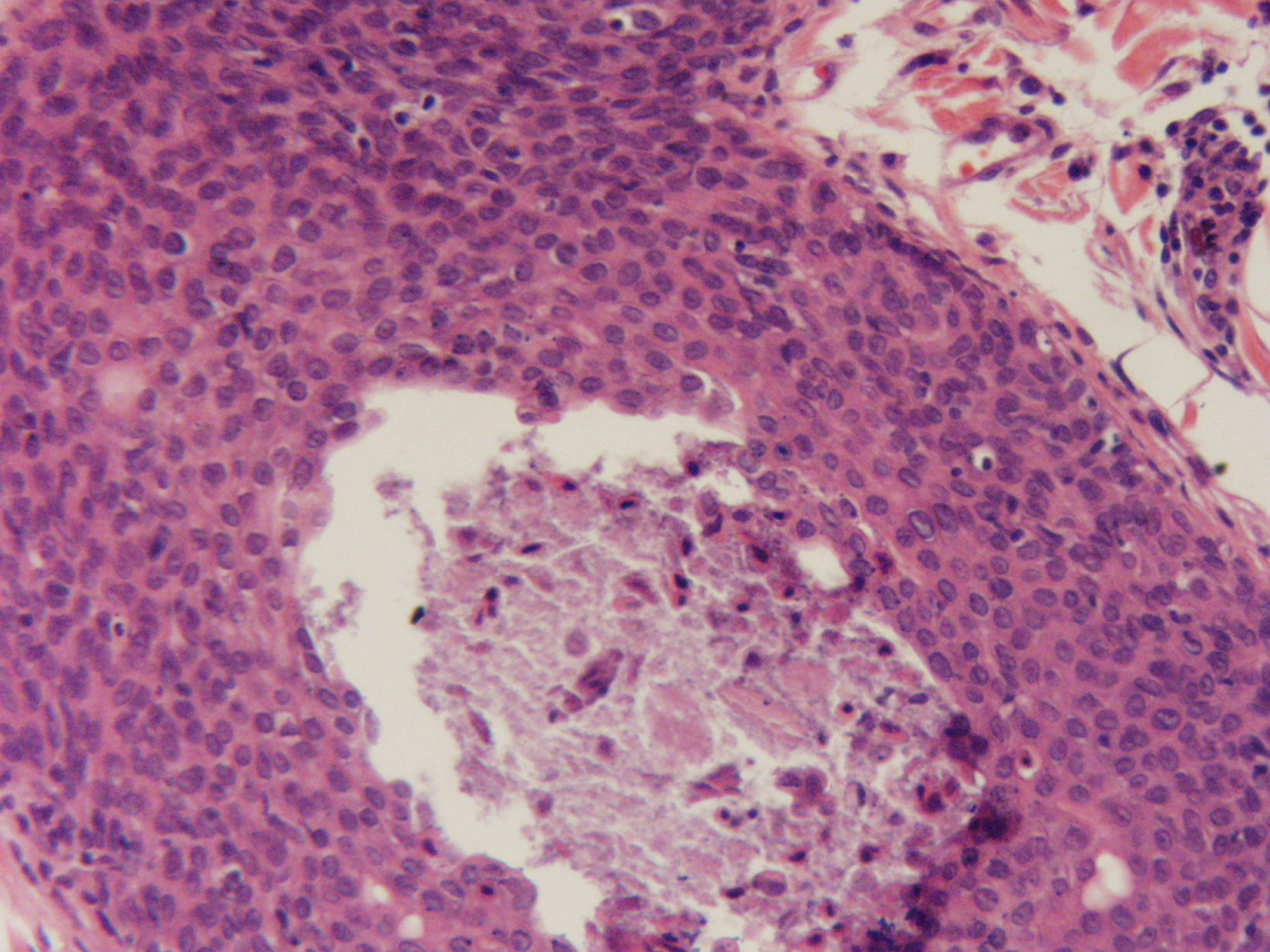
SCCA

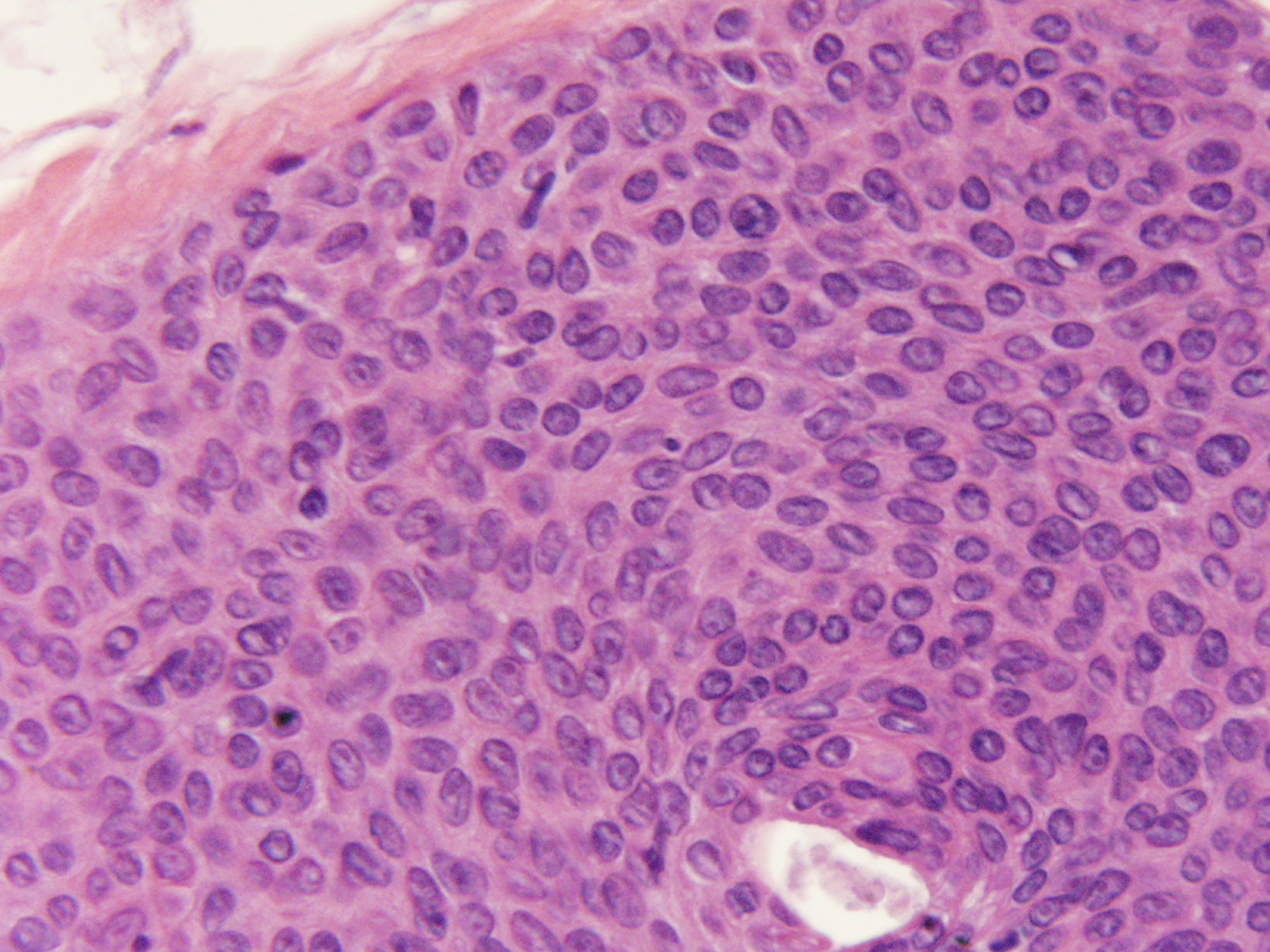
- EMA
- CEA







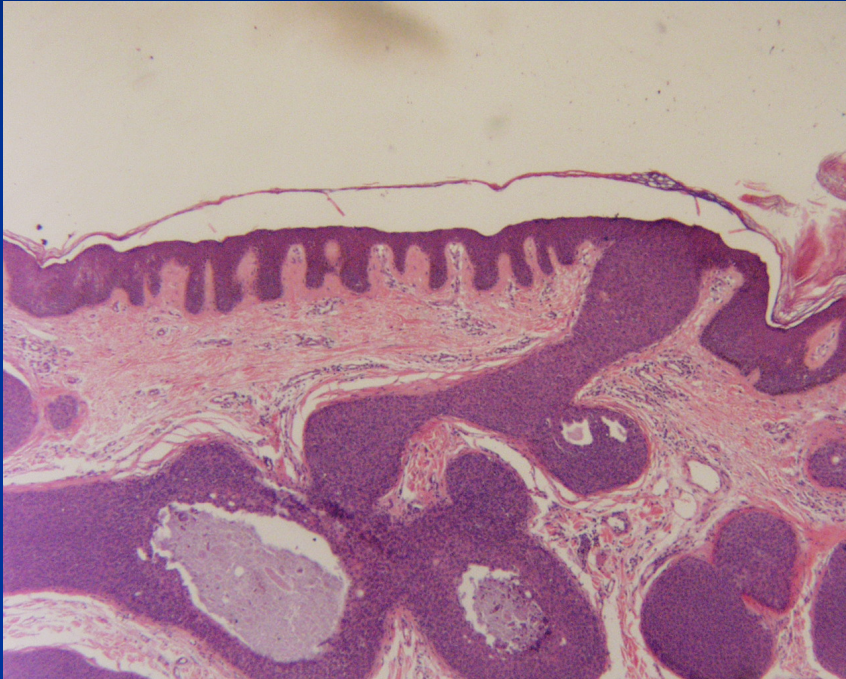




What is your differential diagnosis and what additional studies would you order?

Dermal Duct Tumor

Histopathology

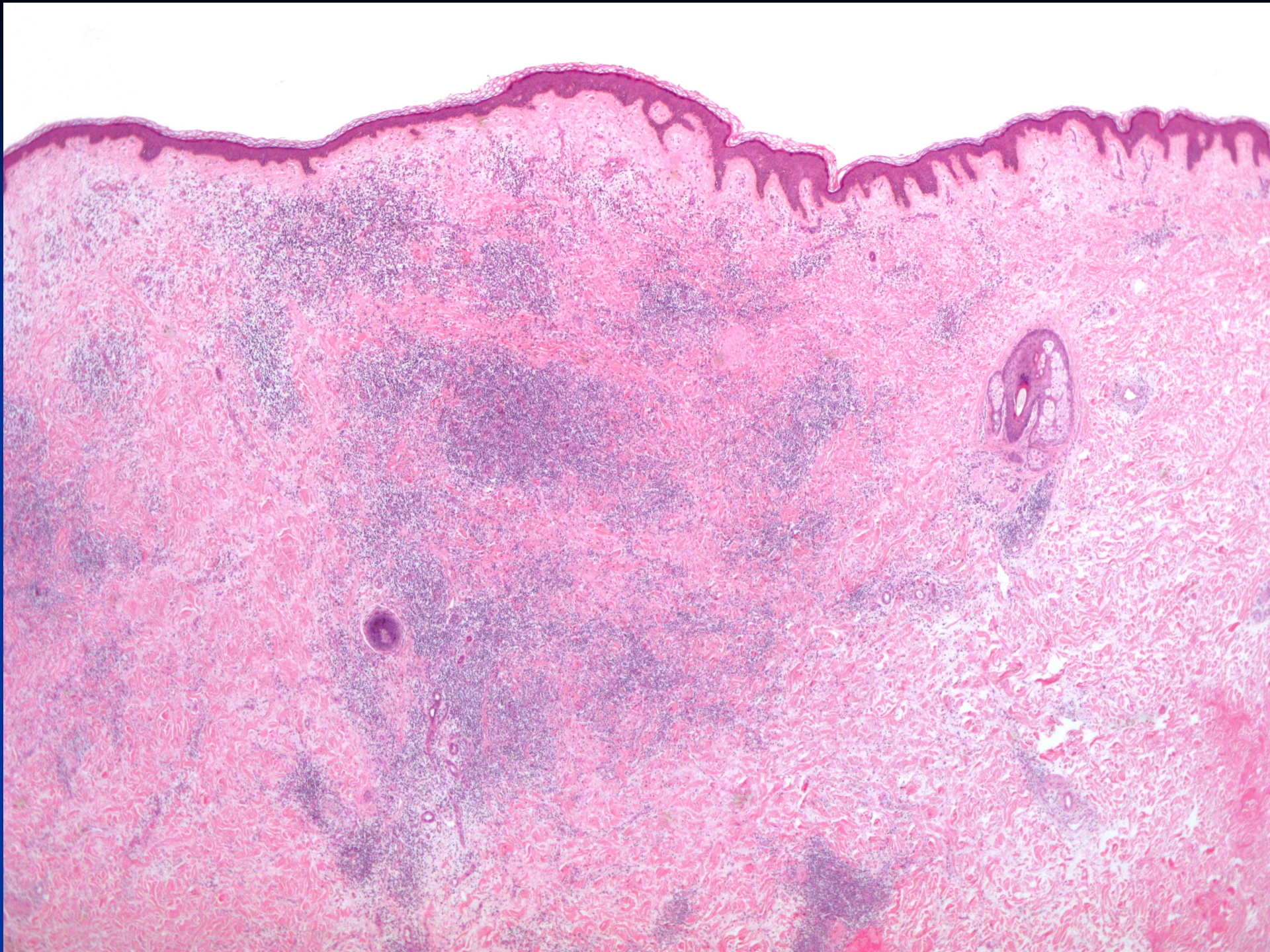


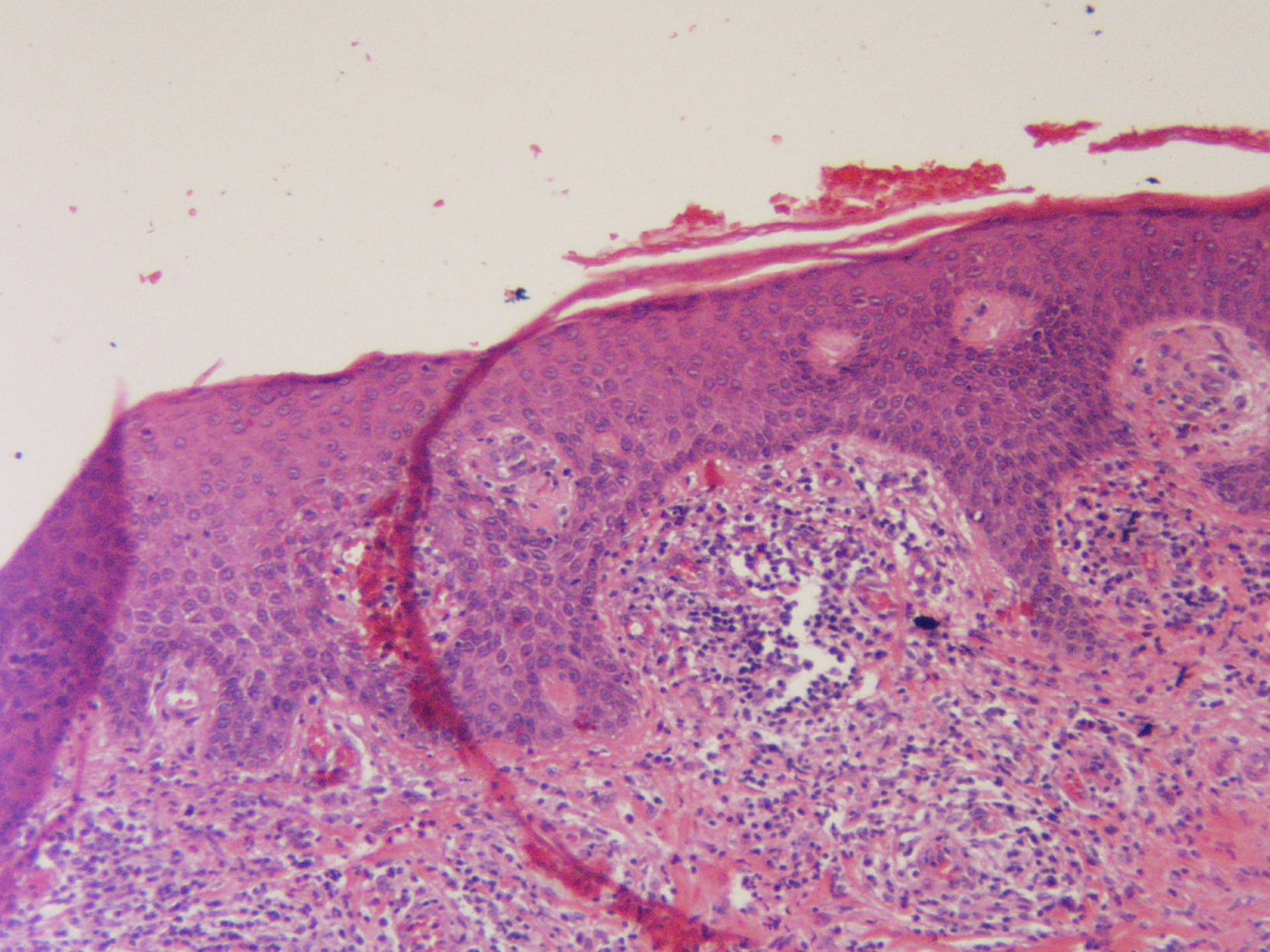
- Downward proliferation of squamous cells with ductal differentiation
- Bland cytology
- Focal coalescence to form larger cystic spaces
- Necrosis occasionally
- Broad pushing border

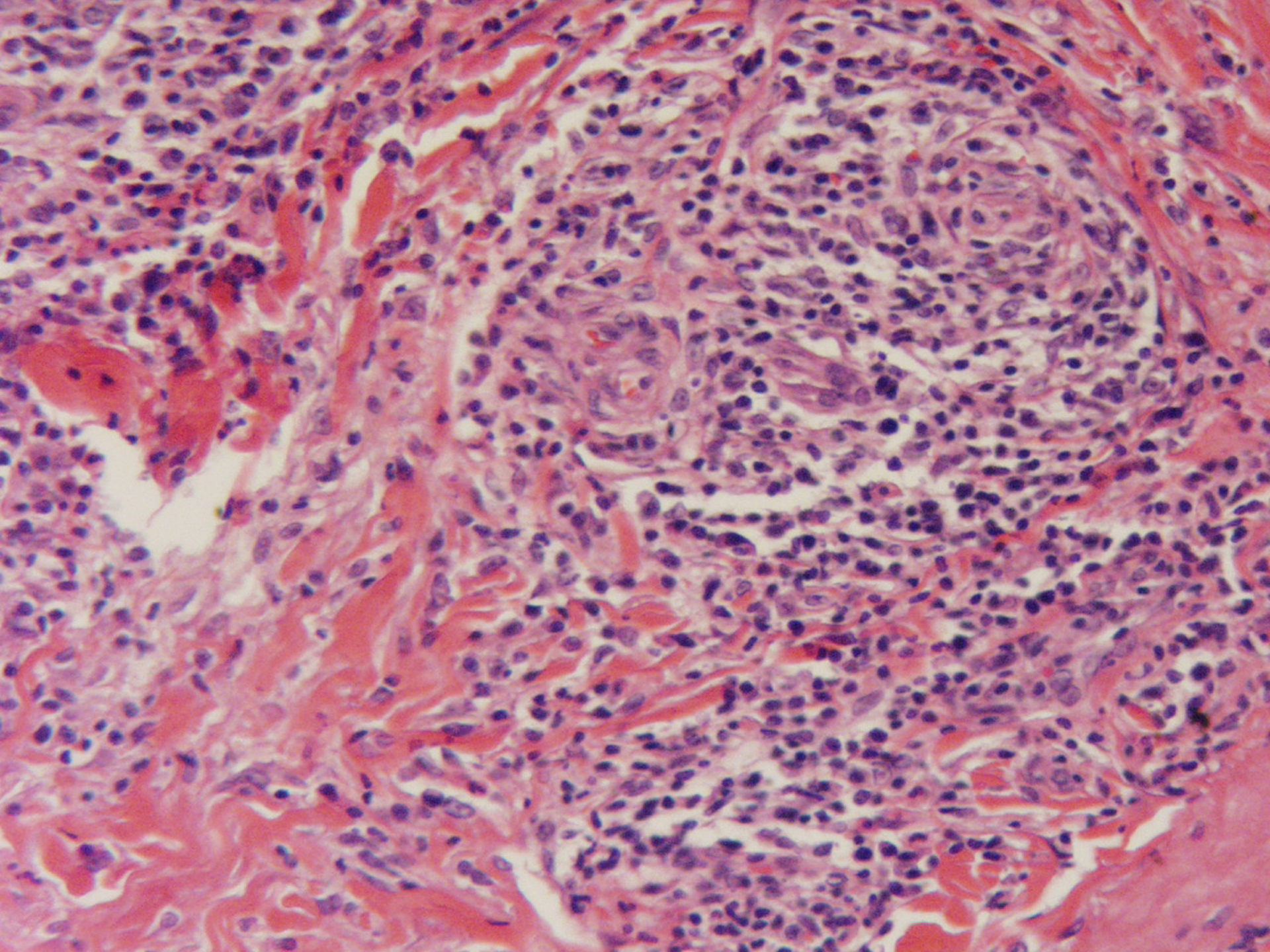
**What immunohistochemical
stains are positive for eccrine
glands?**

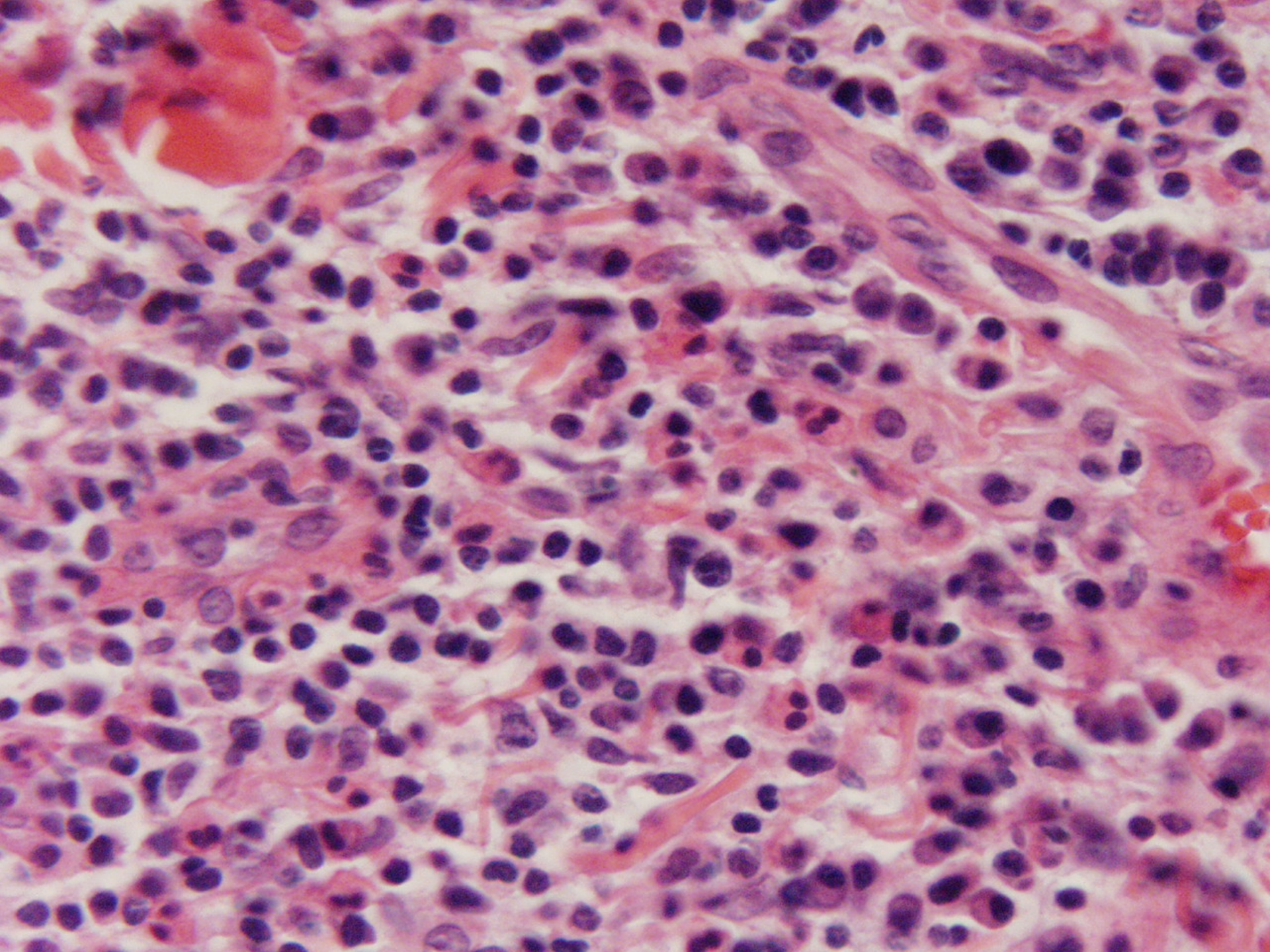
Eccrine Glands IHC Profile

- S100
- EMA
- CK 7
- GCDFP-15





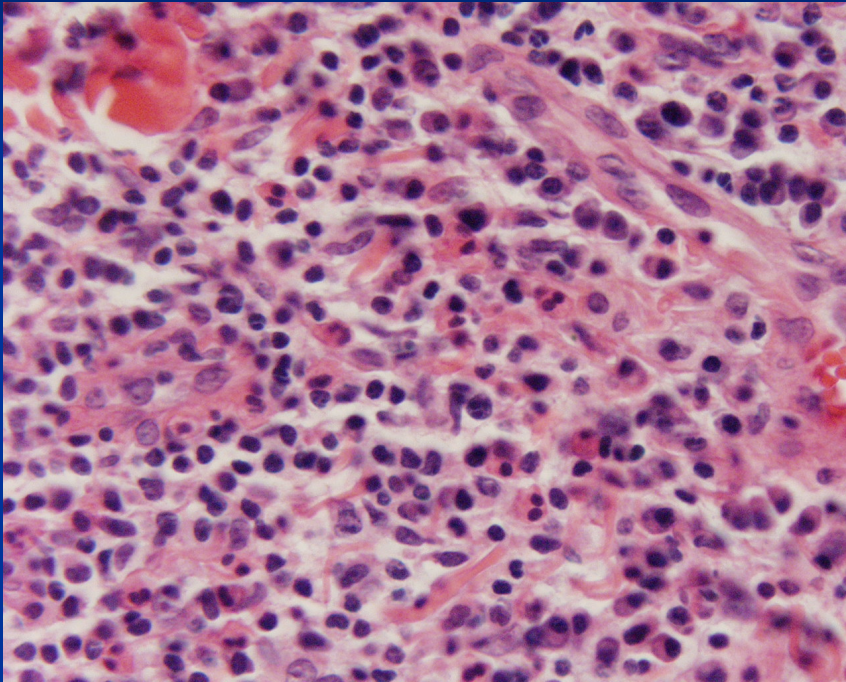




What is your differential diagnosis and what additional studies would you order?

Arthropod Bite Reaction

Histopathology



- Wedge shaped infiltrate
- Superficial and deep
- Variable spongiotic changes
- Increased eosinophils and occ. plasma cells

**What are the names of the
following arthropods?**



4

3

2

1

Bed Bug
(*Cimex lectularius*)



DermNetNZ.org

Ixodes dammini (Lyme Disease)



DermNetNZ.org

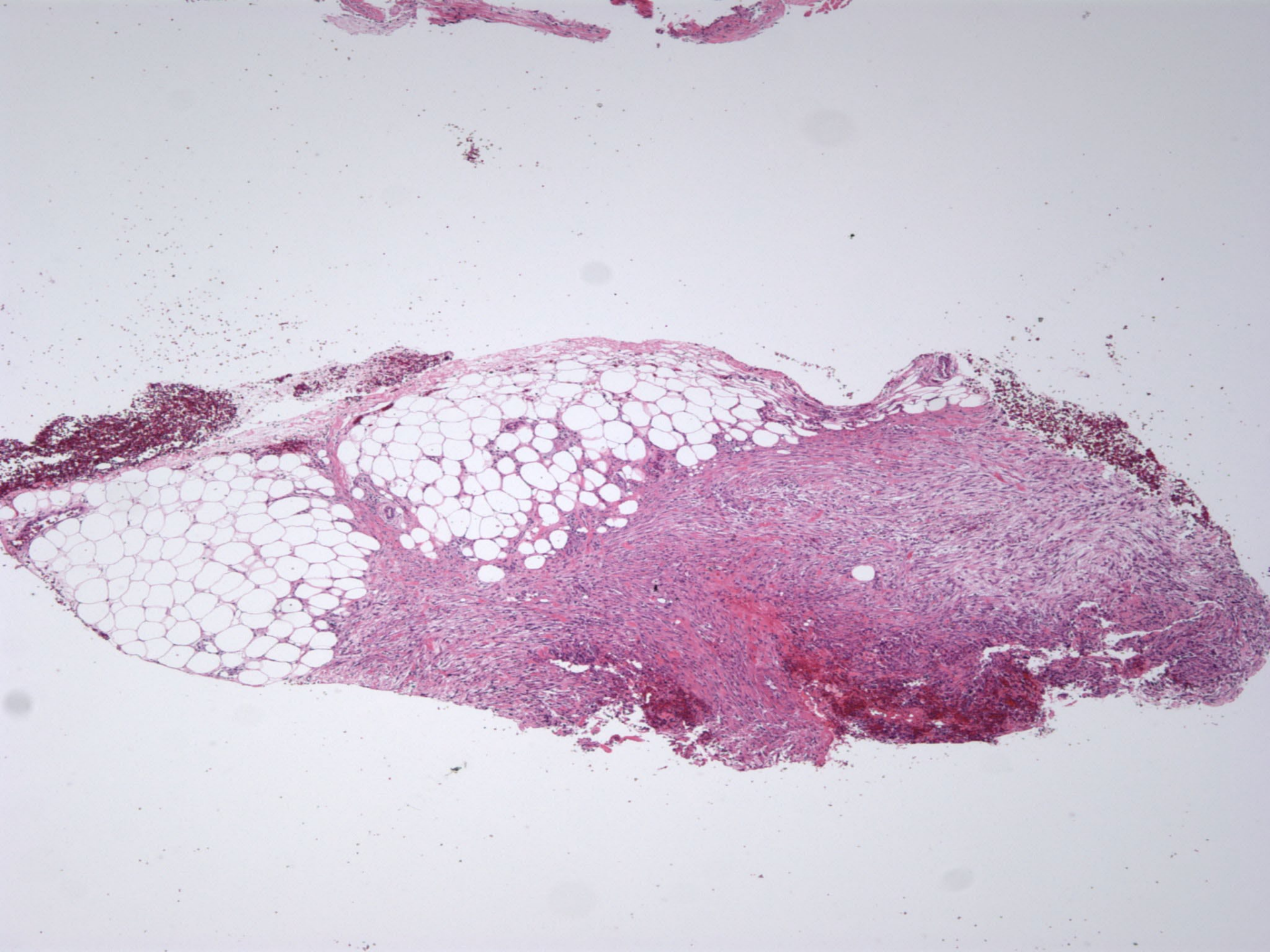


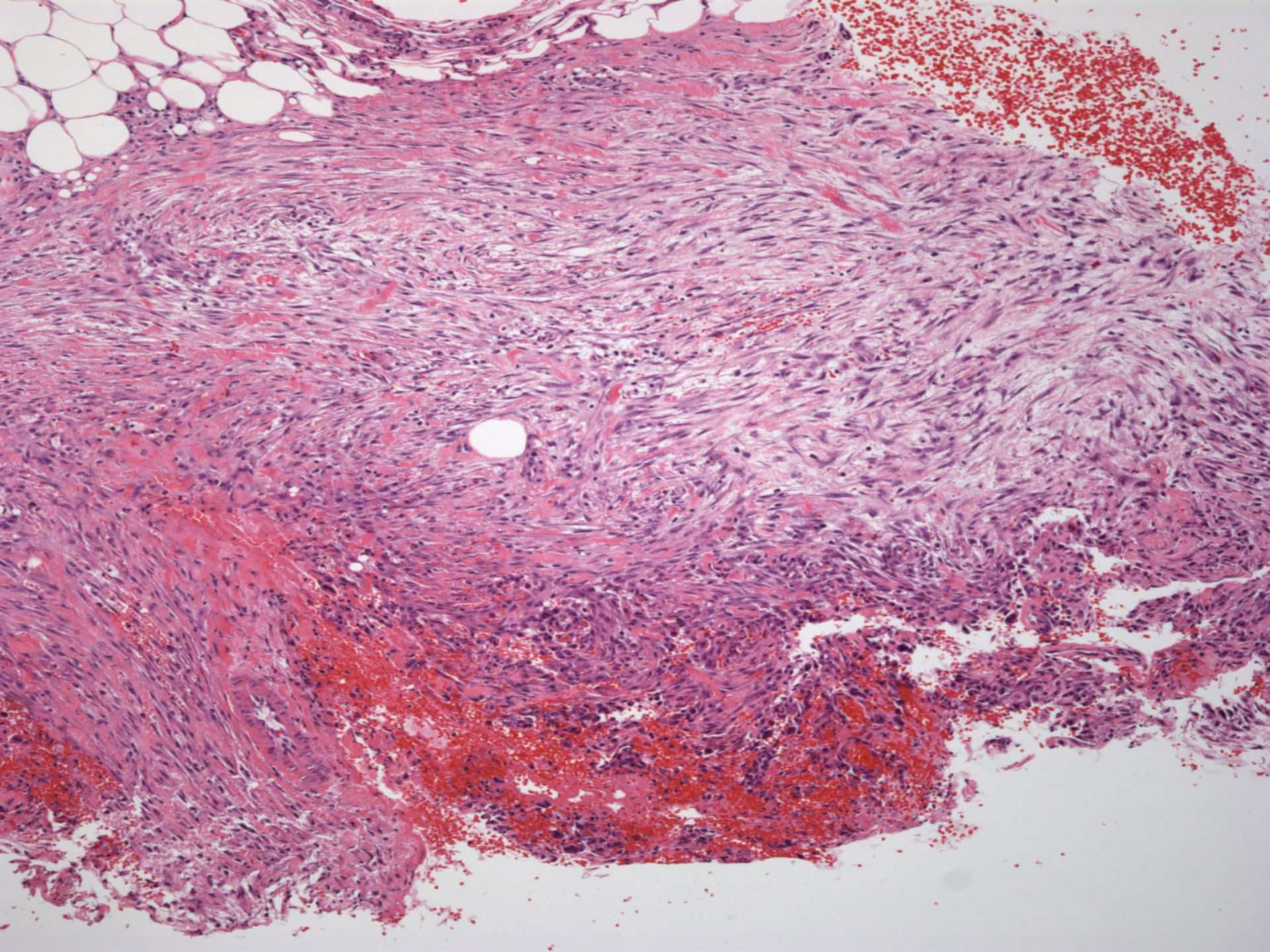
© Waikato District Health Board

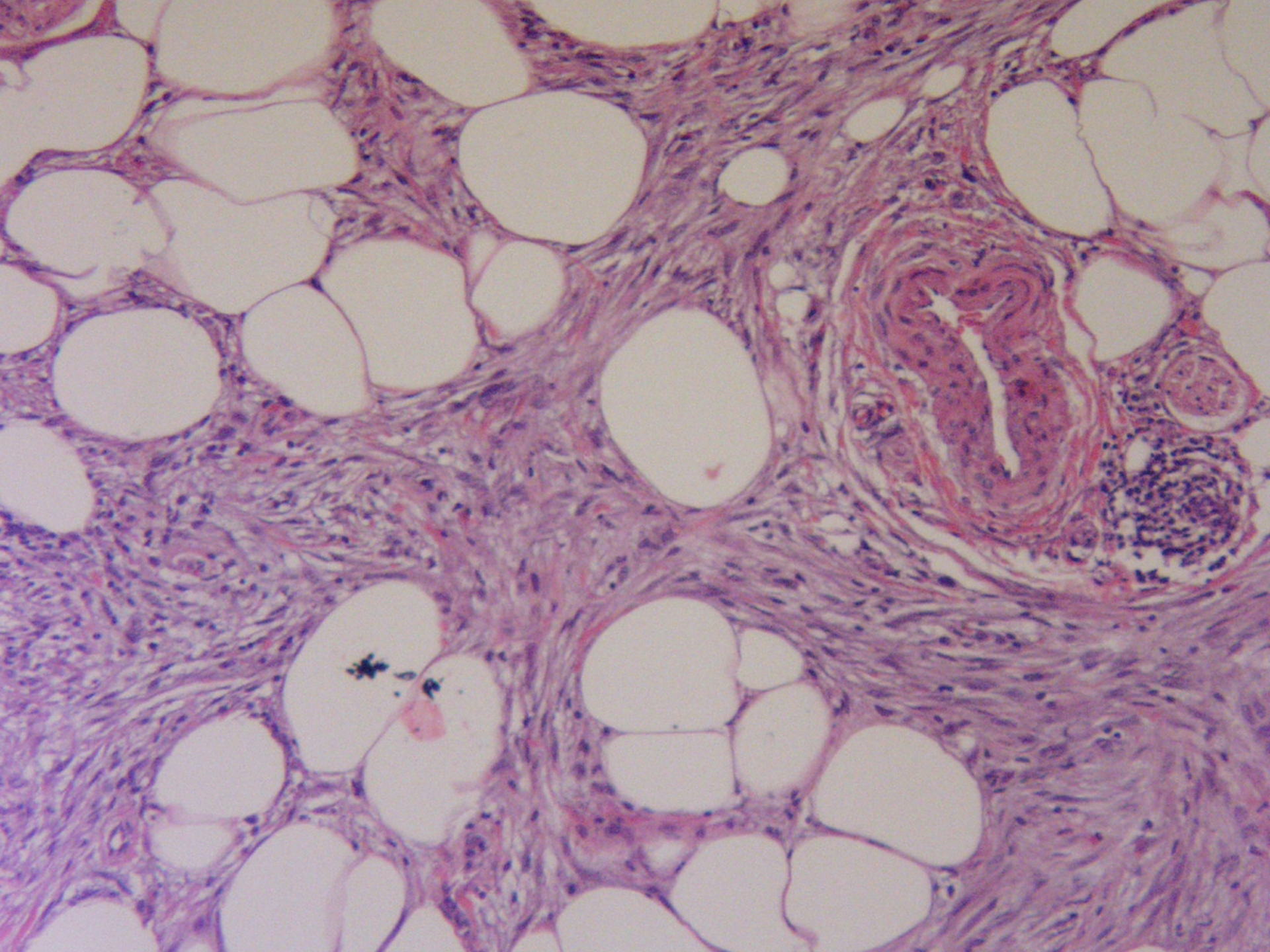
Pubic Louse

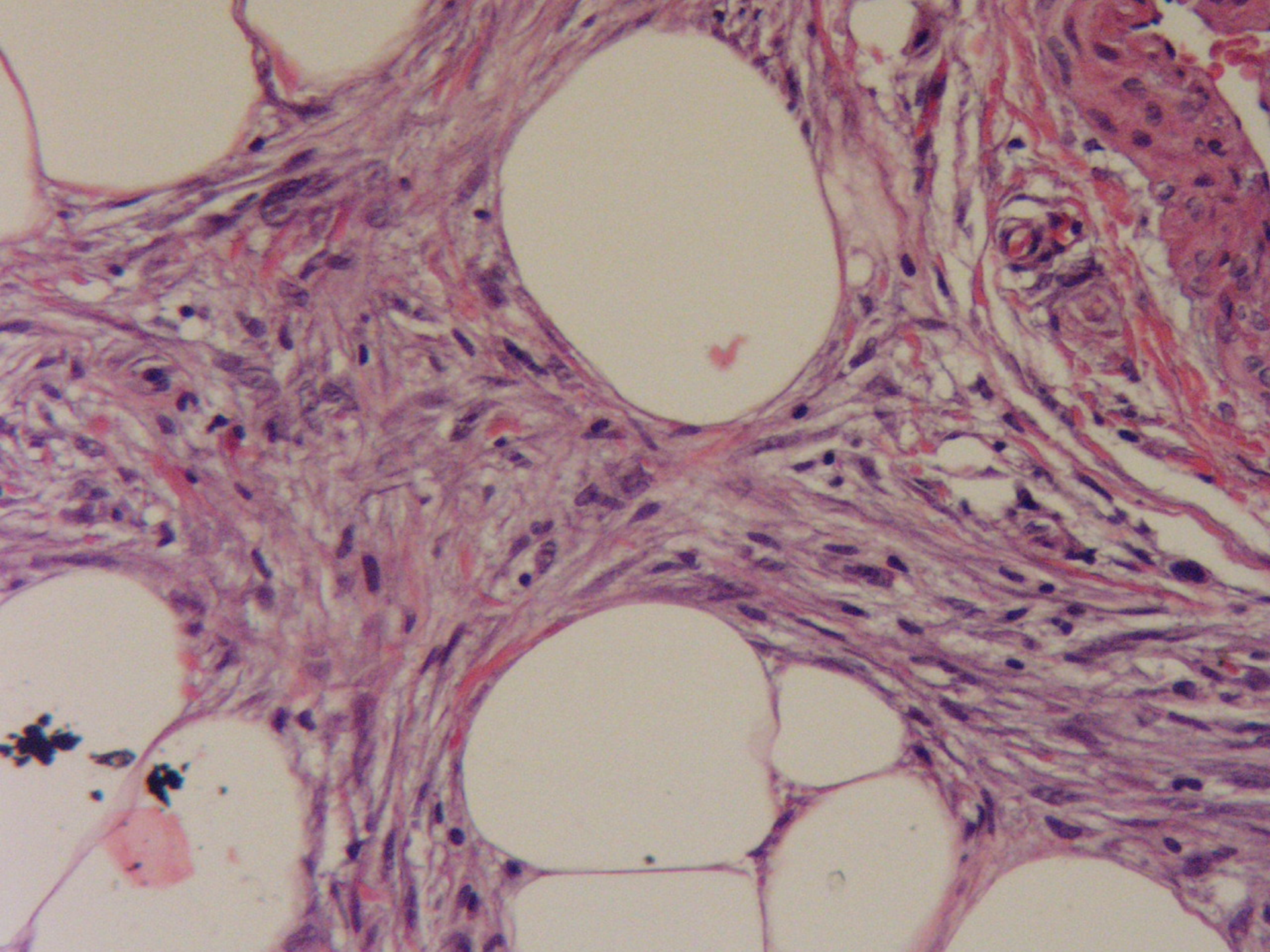
(*Phthirus pubis*)

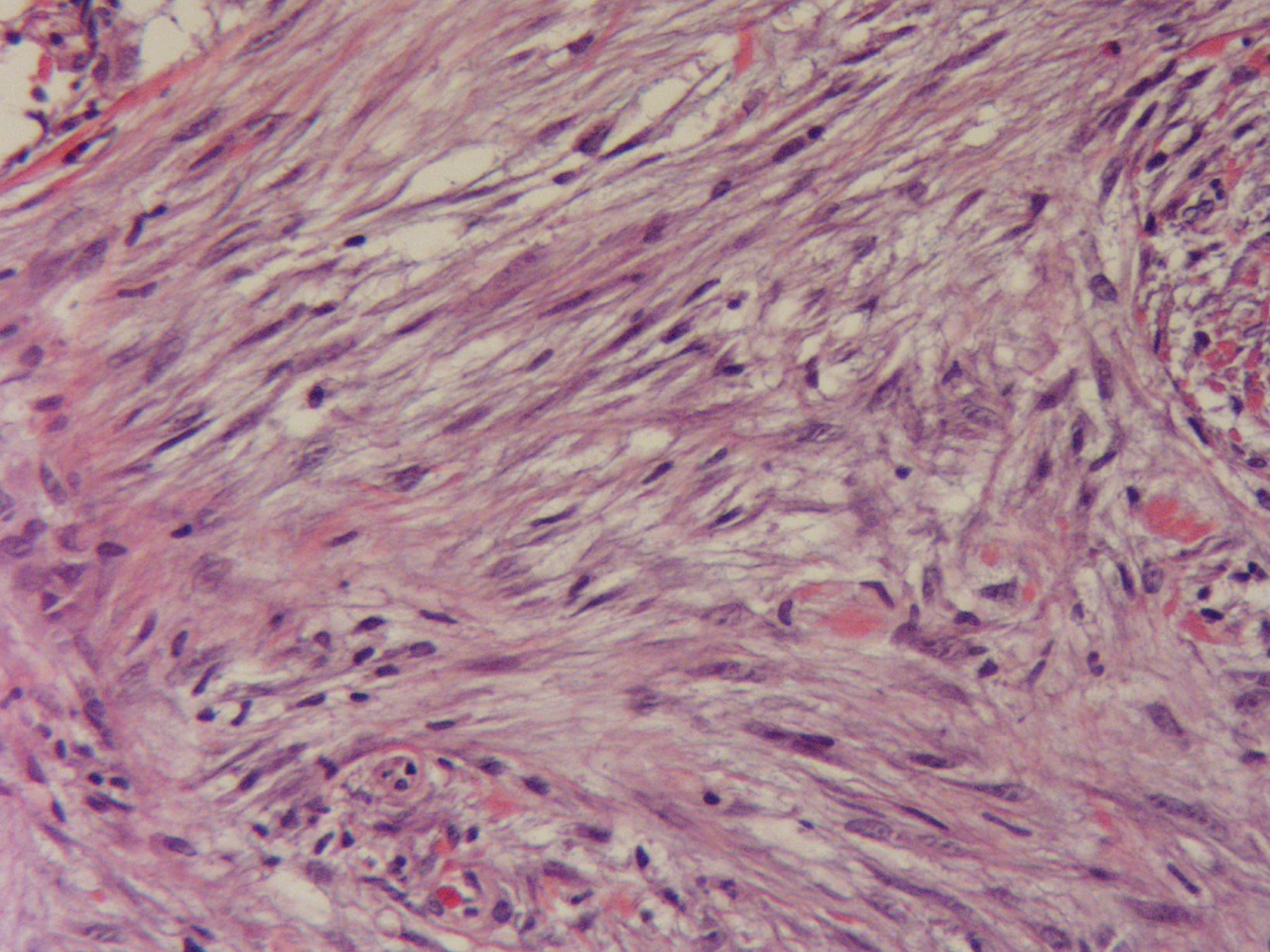
34 y.o. M with recent onset of
painful subcutaneous mass in left
thigh

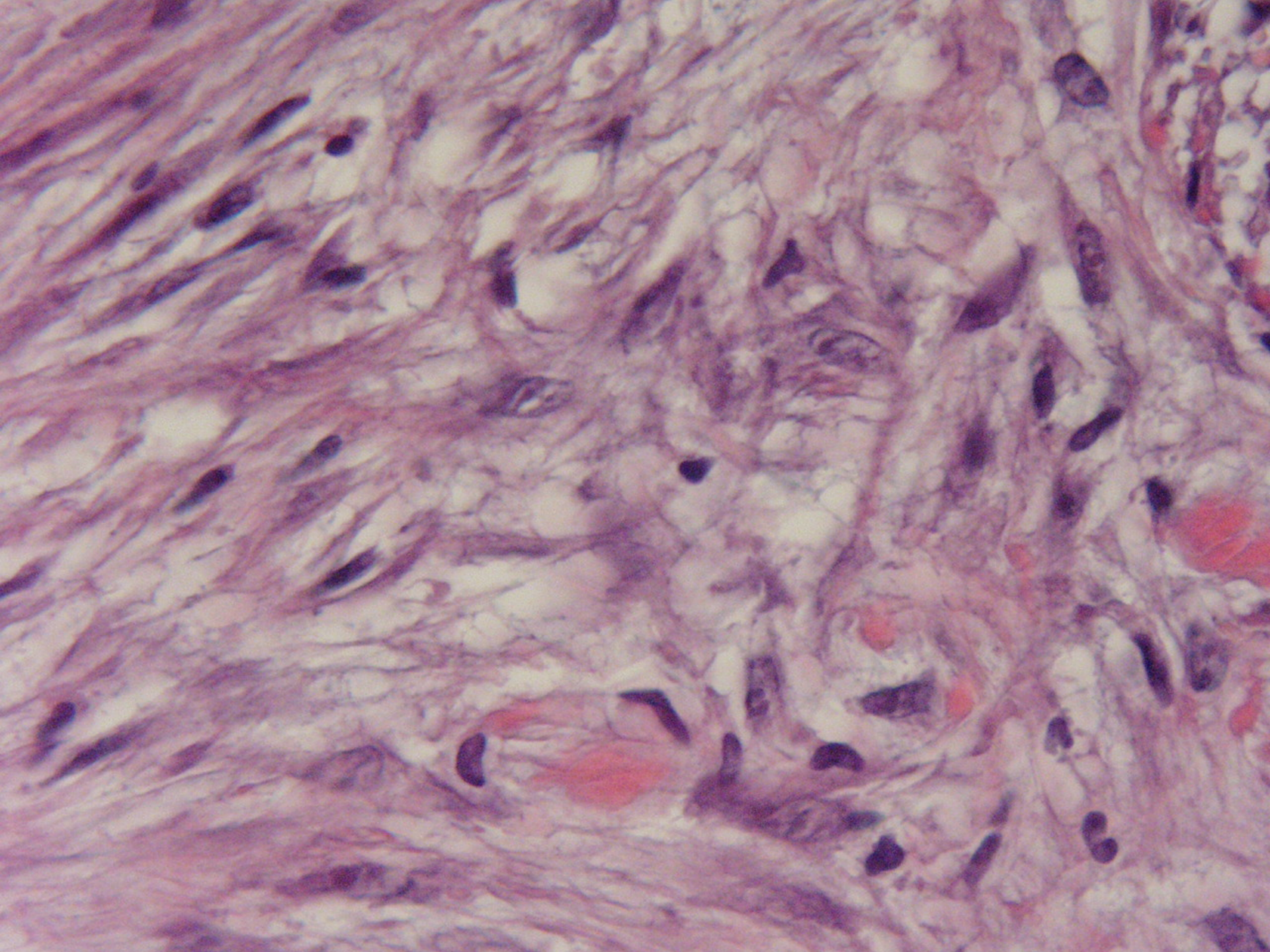








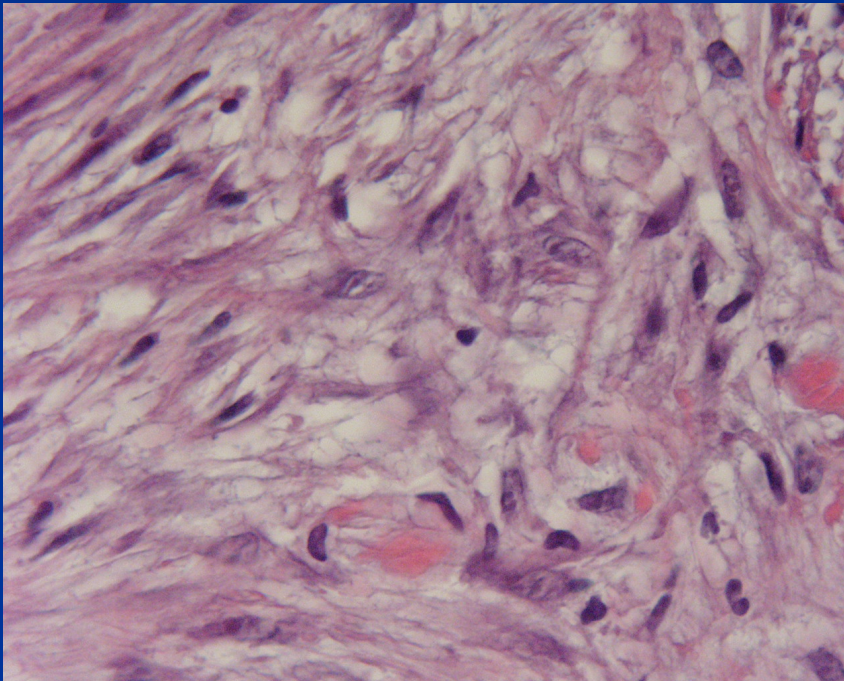




What is your differential diagnosis and what additional studies would you order?

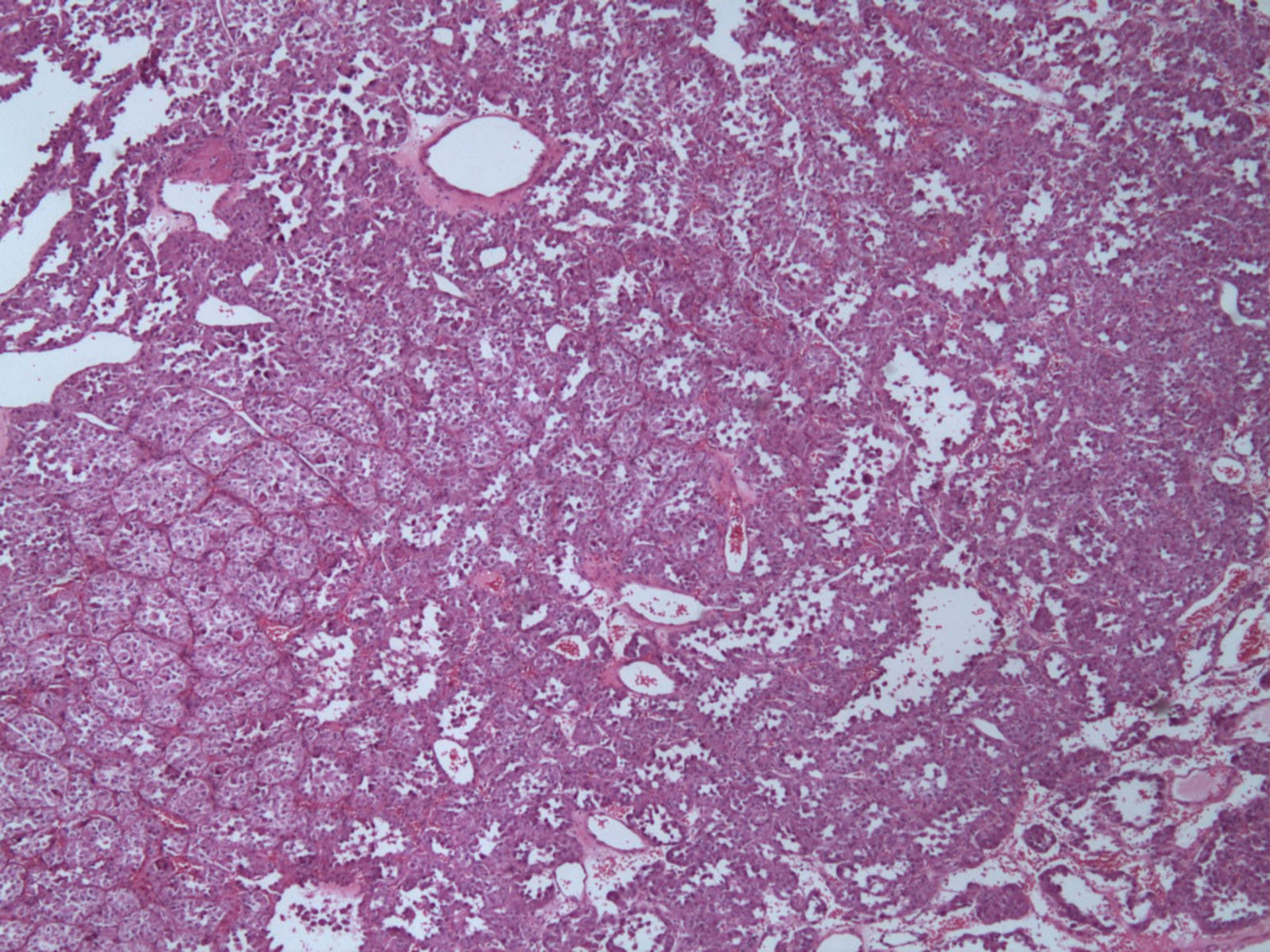
Nodular Fasciitis

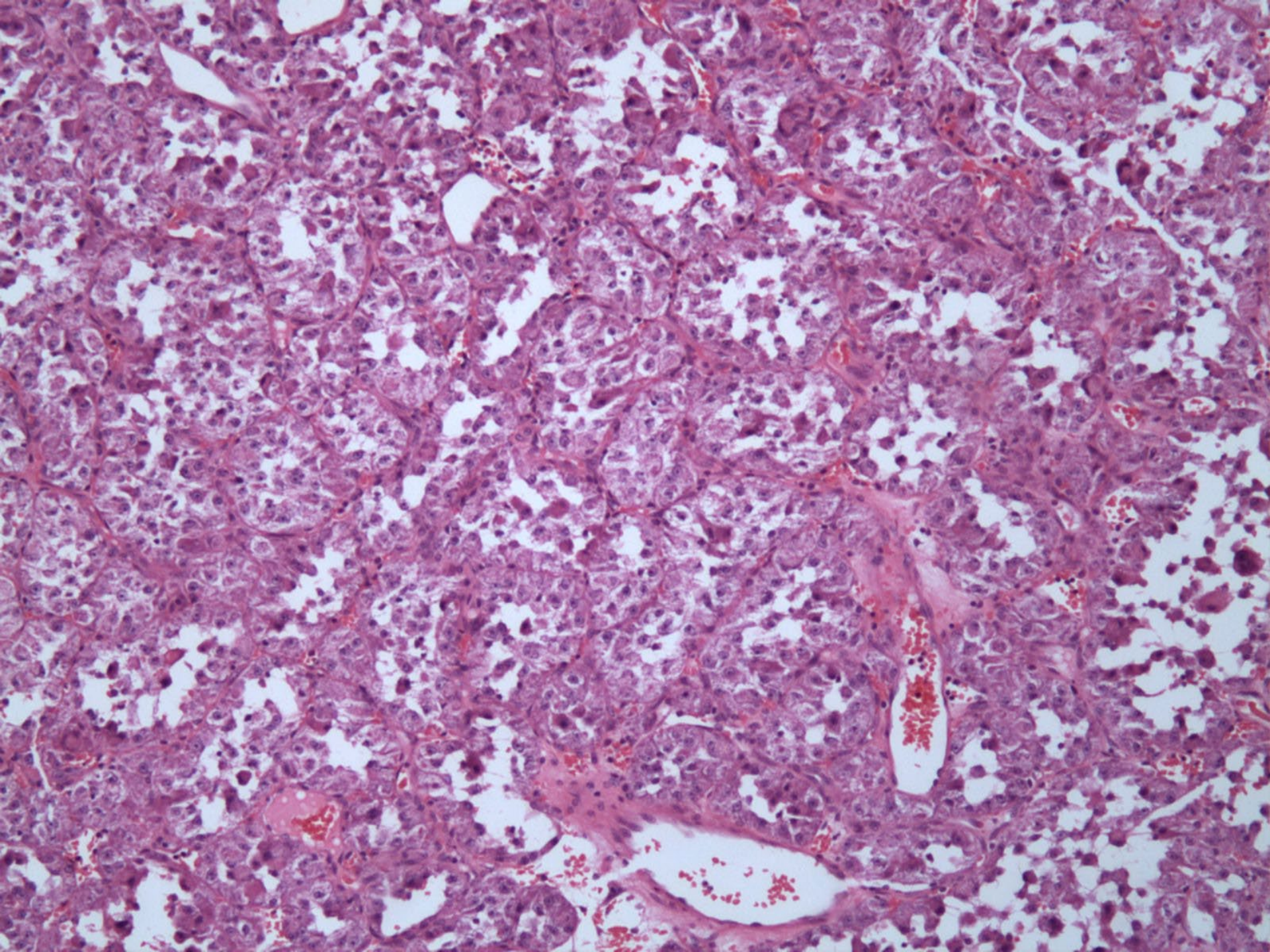
Histopathology

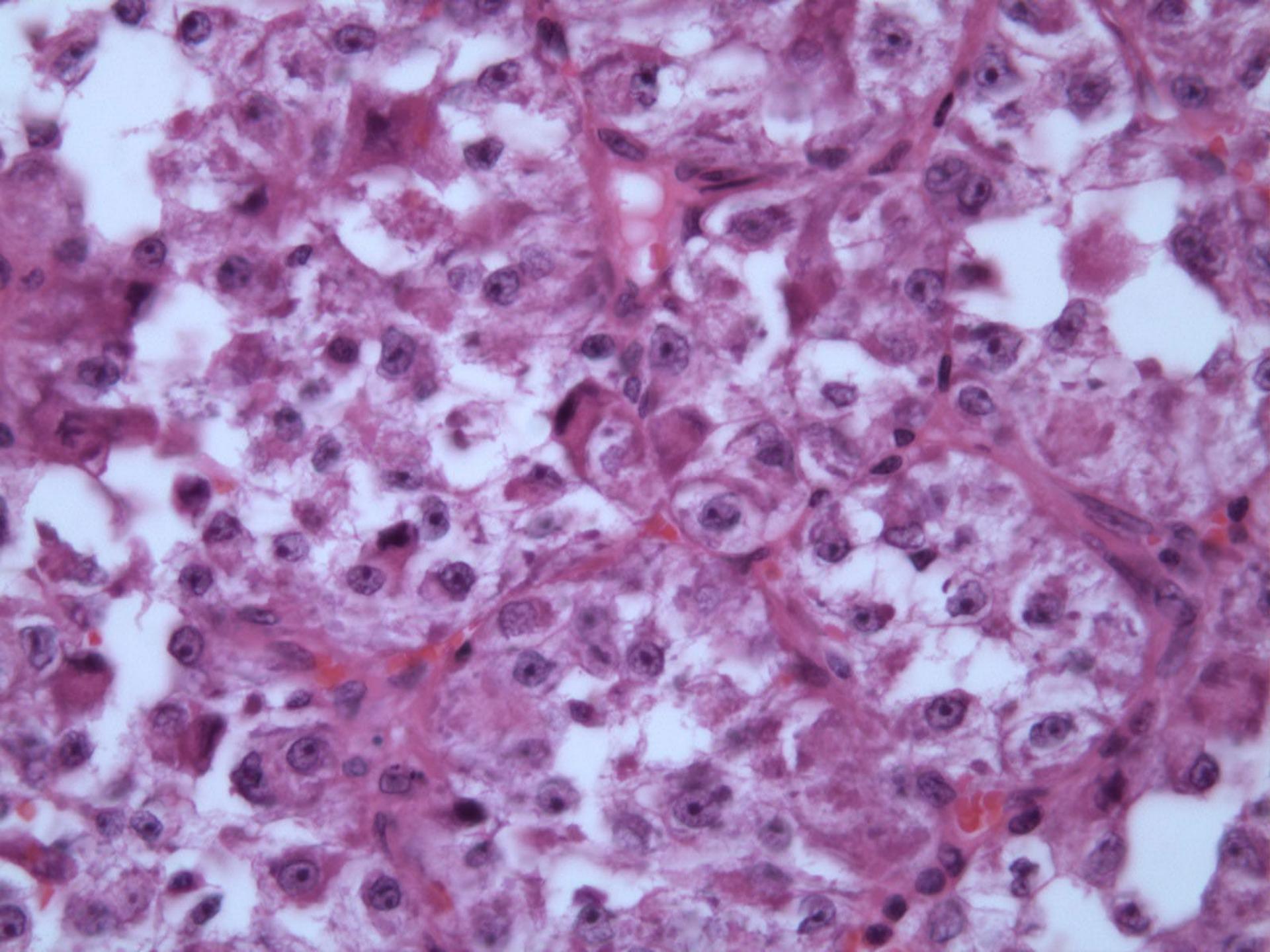


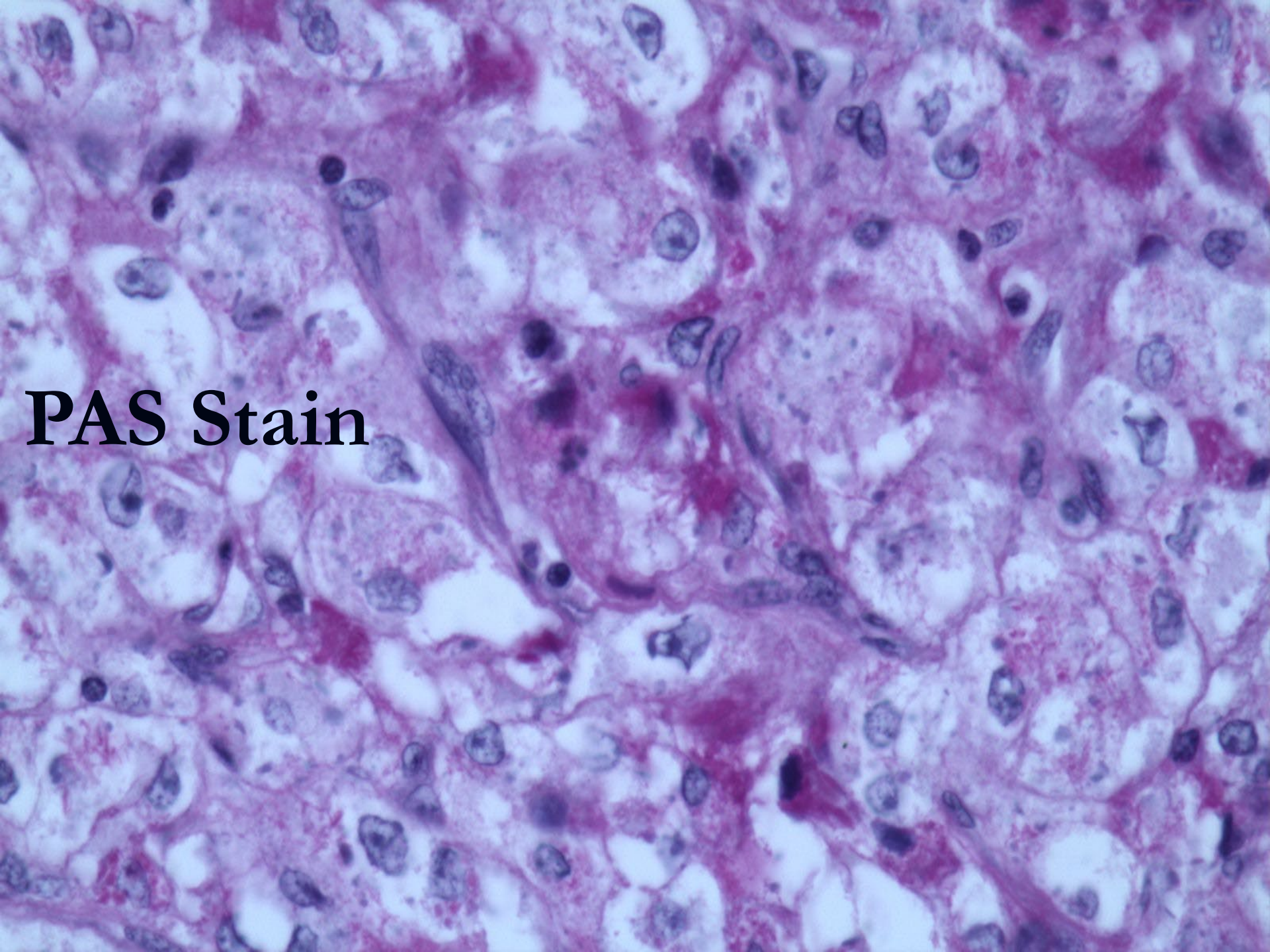
- Clinical history of trauma and rapid growth, history of antecedent trauma
- Usually 2-3rd decades
- Deep soft tissue, occ. may be superficial
- Tissue culture-like arrangement of bland spindle cells
- Increased MF, but not atypical MF
- SMA positive
- DDX: Sarcoma

What are these soft tissue
sarcomas that occurs in the 2-3rd
decade?





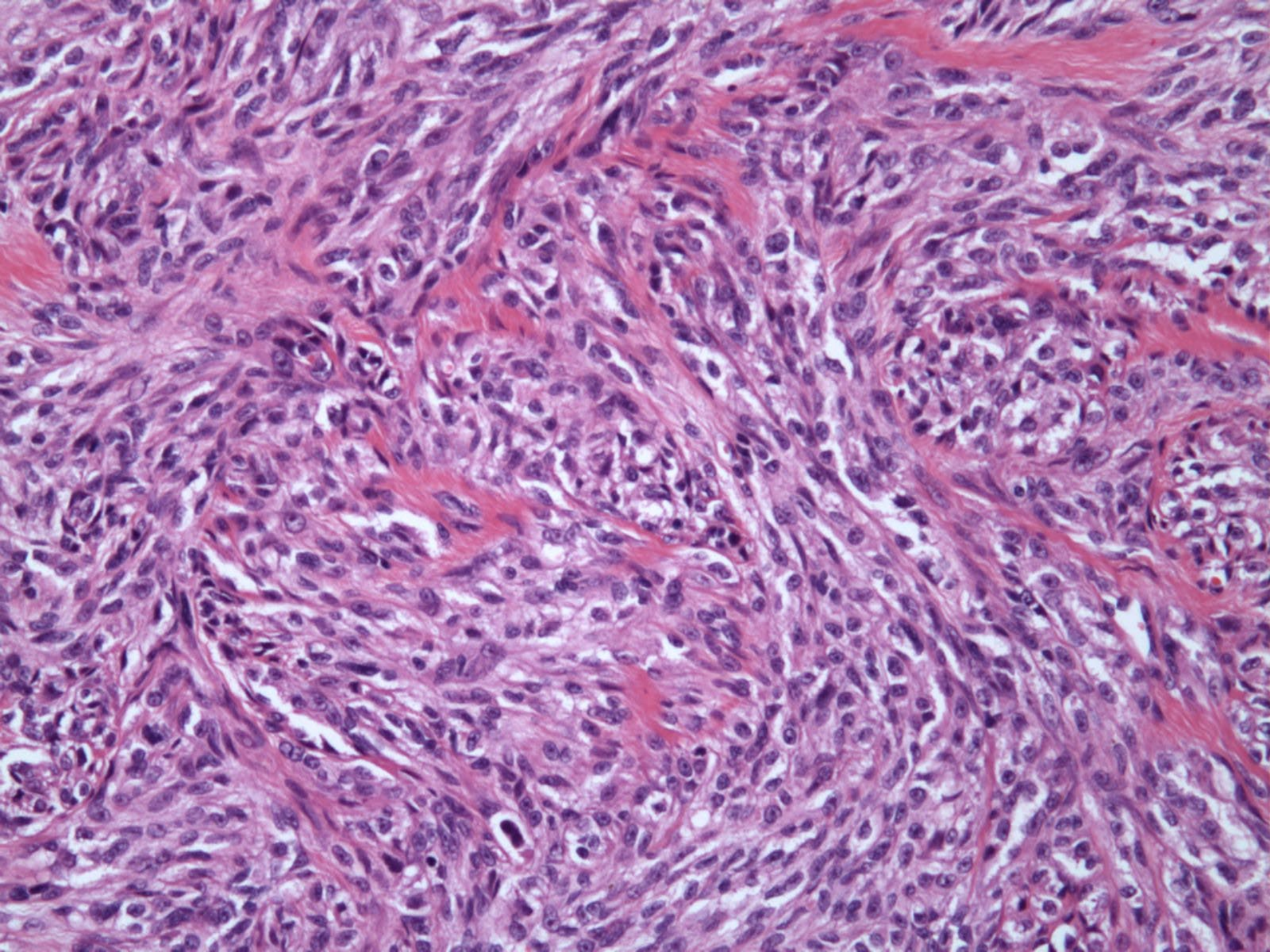


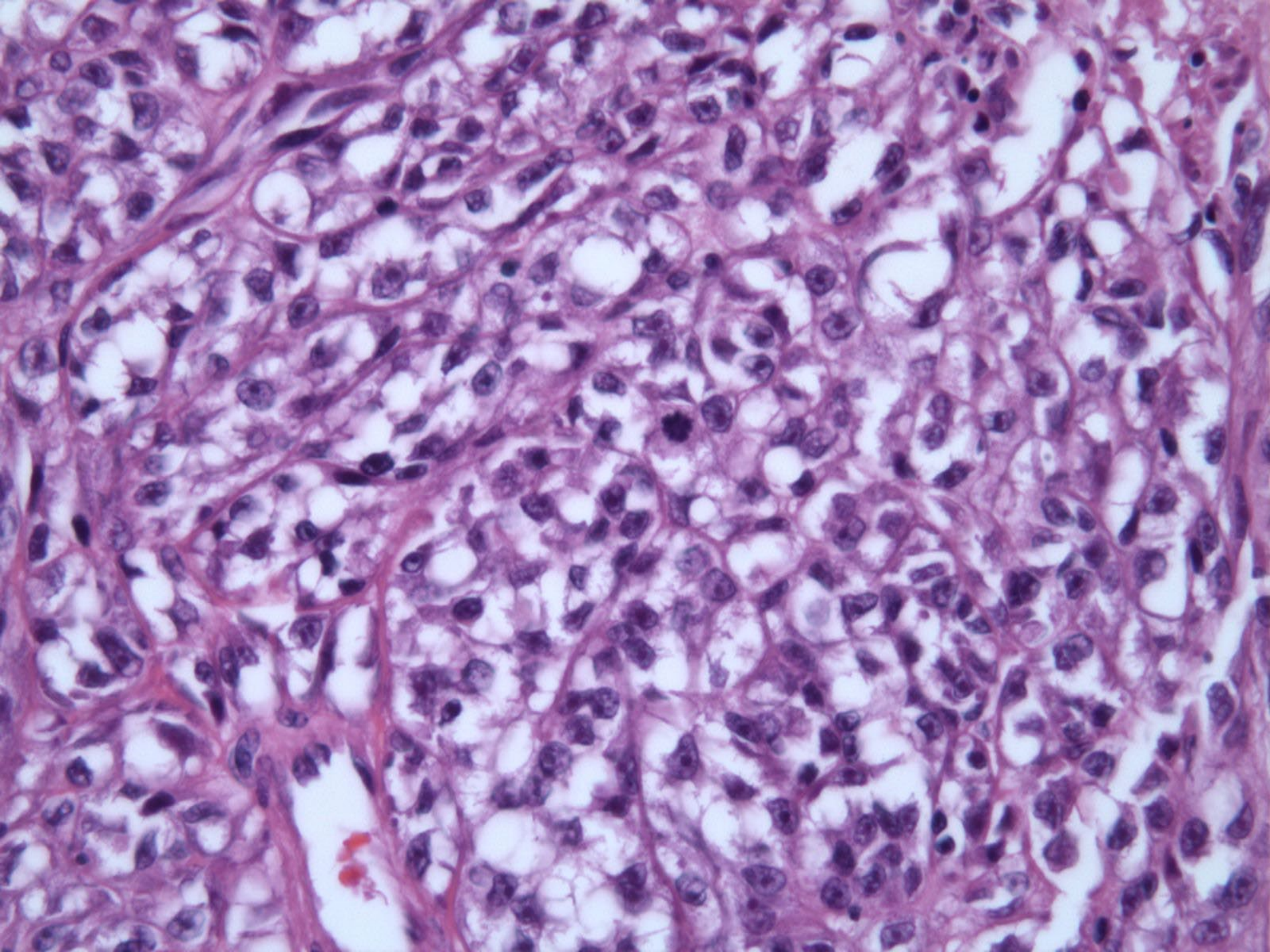


PAS Stain

Alveolar Soft Part Sarcoma

25 y.o. M with Subcutaneous
tumor of right ankle

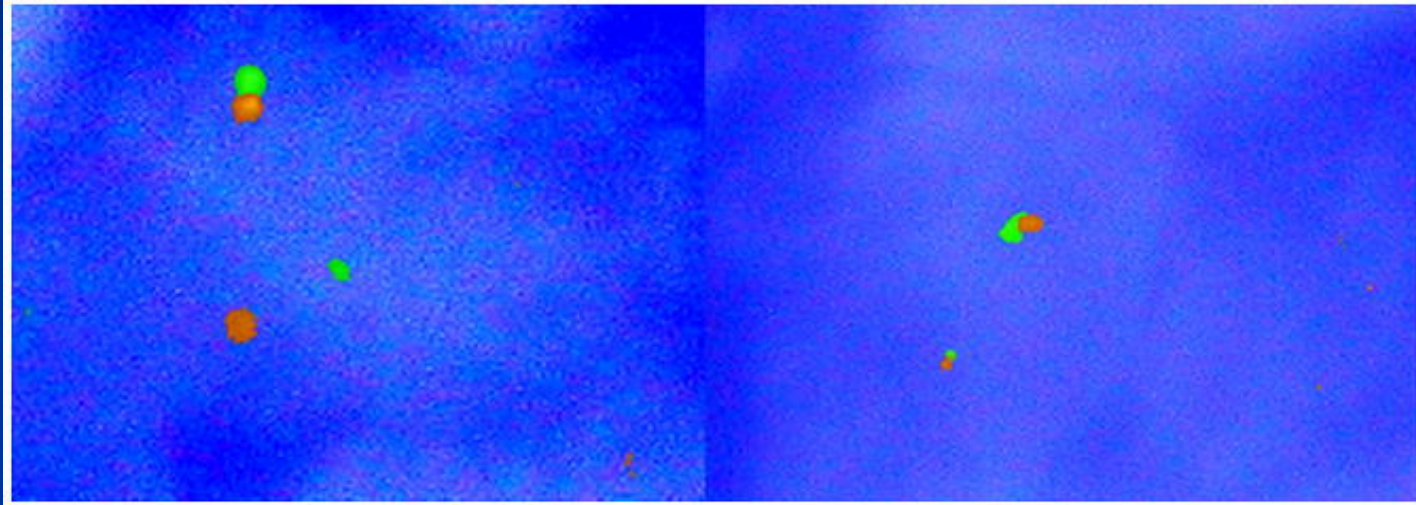




IHC Stains

- S100 positive
- HMB-45 positive
- Melan-A positive

FISH Assay



$t(12;22)(q13;q12)$ fusion of the *EWS* and *ATF1* genes

Clear Cell Sarcoma

Dermatopathology Slide Review Part 10

Paul K. Shitabata, M.D.

Dermatopathology Institute