

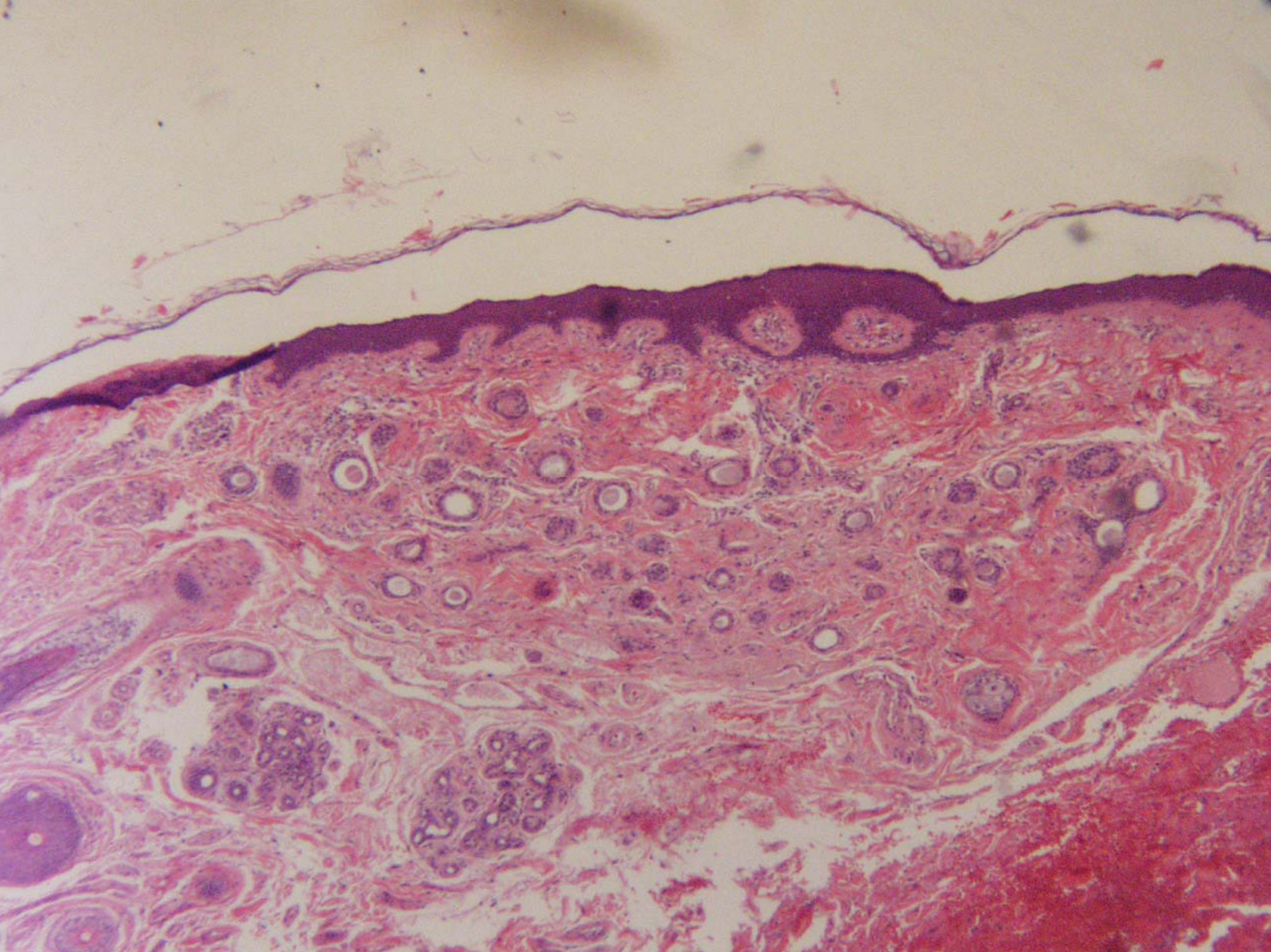
Dermatopathology

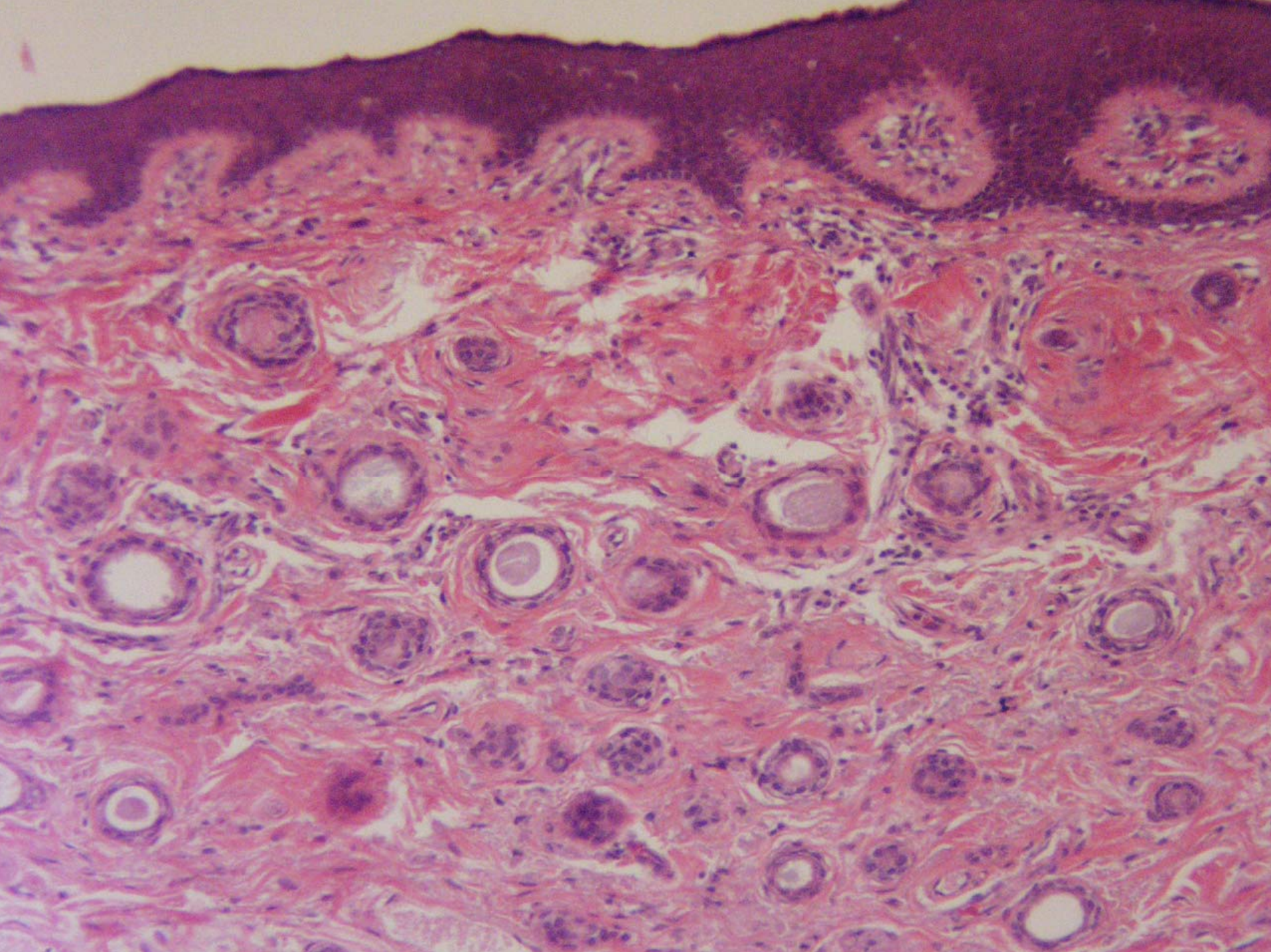
Slide Review Part 11

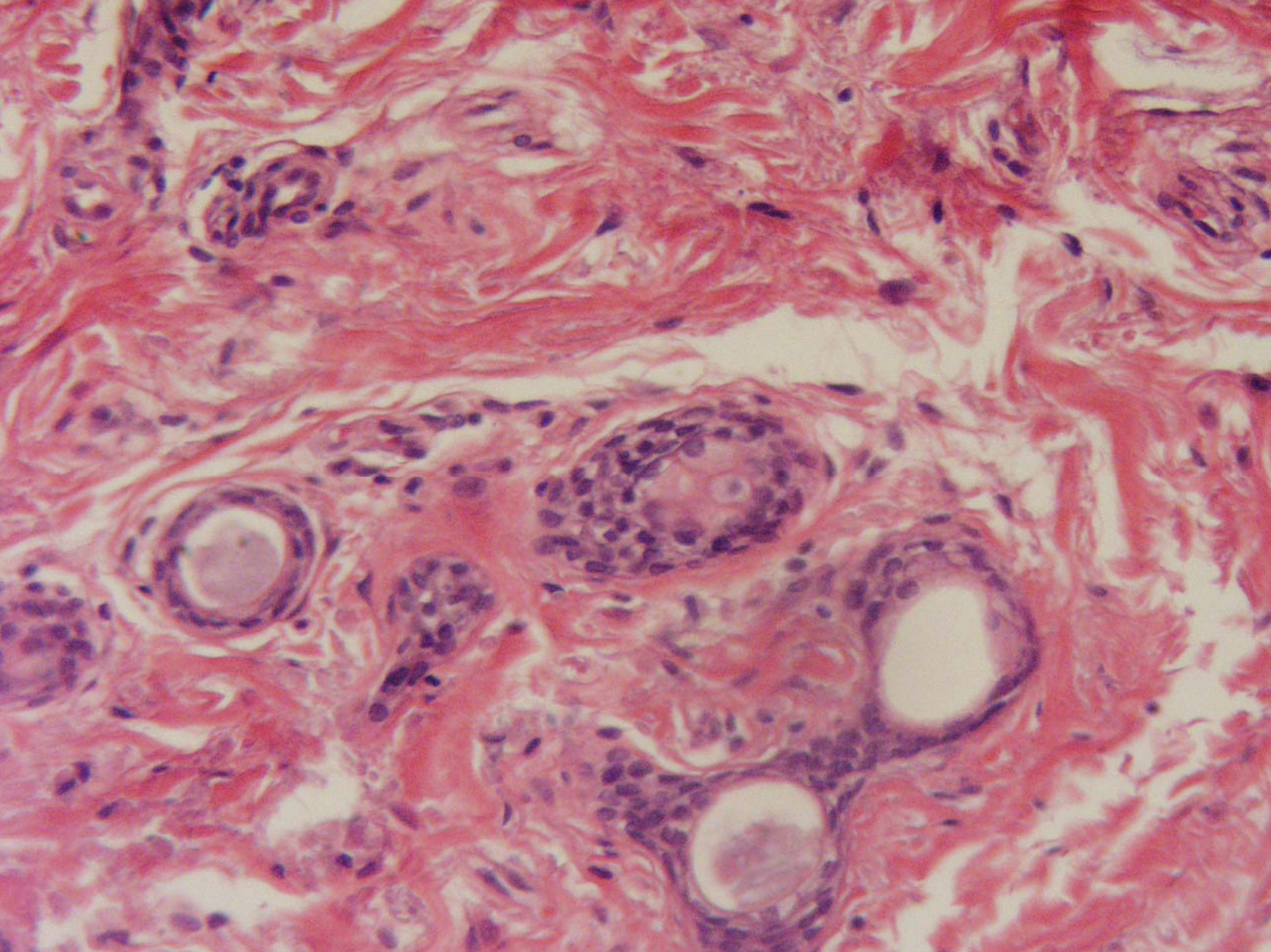
Paul K. Shitabata, M.D.

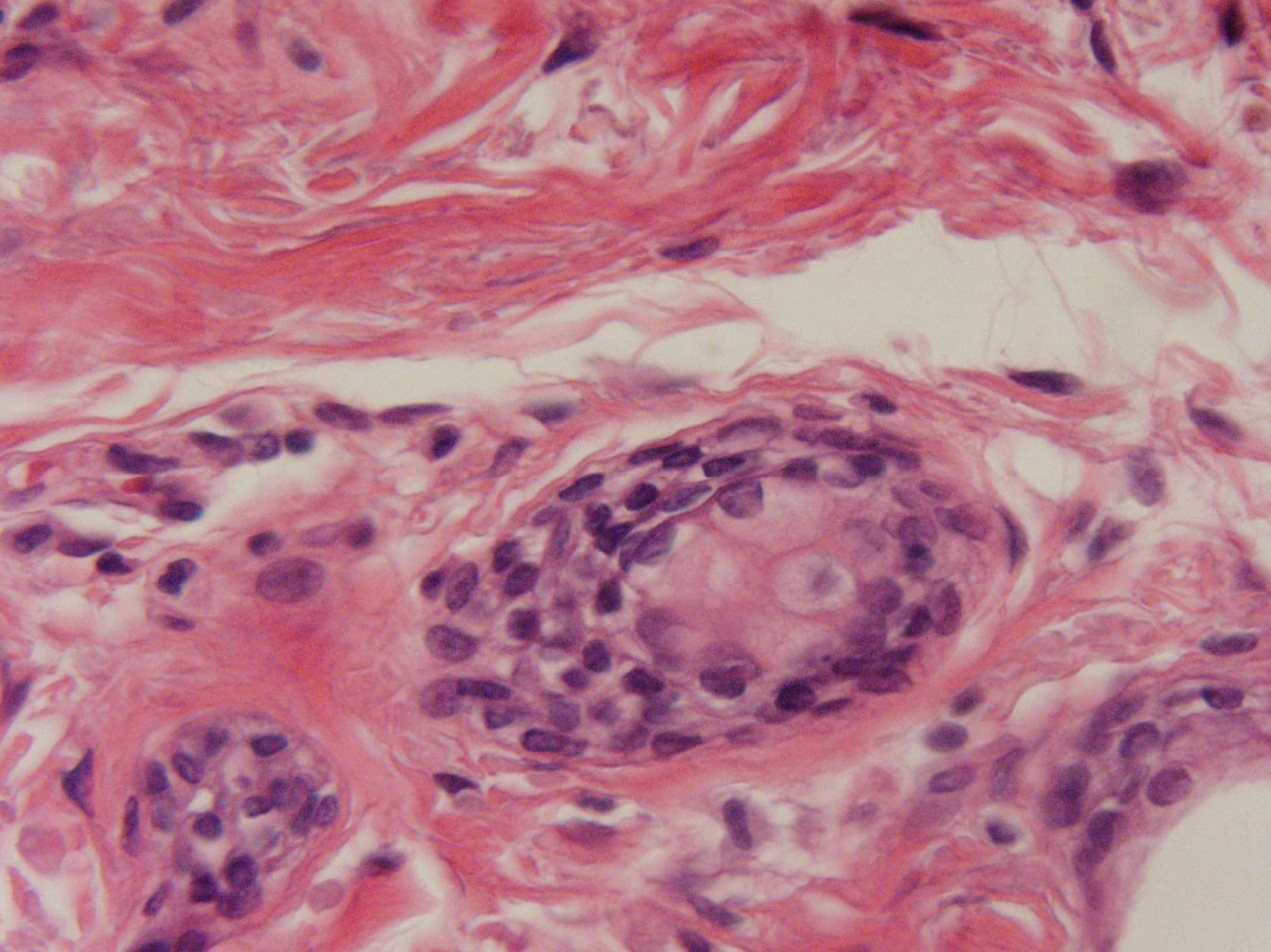
Dermatopathologist

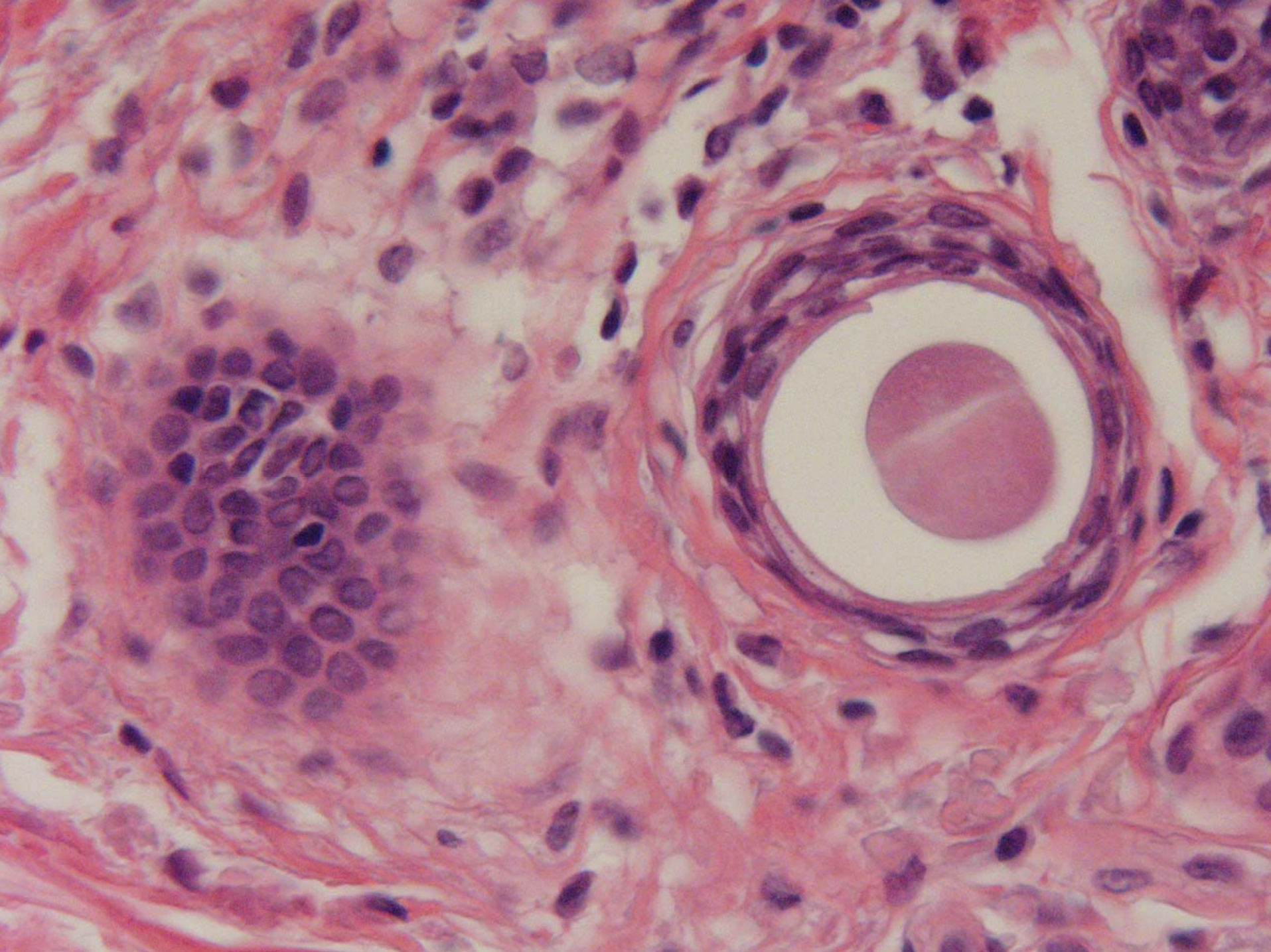
Pathology Inc.





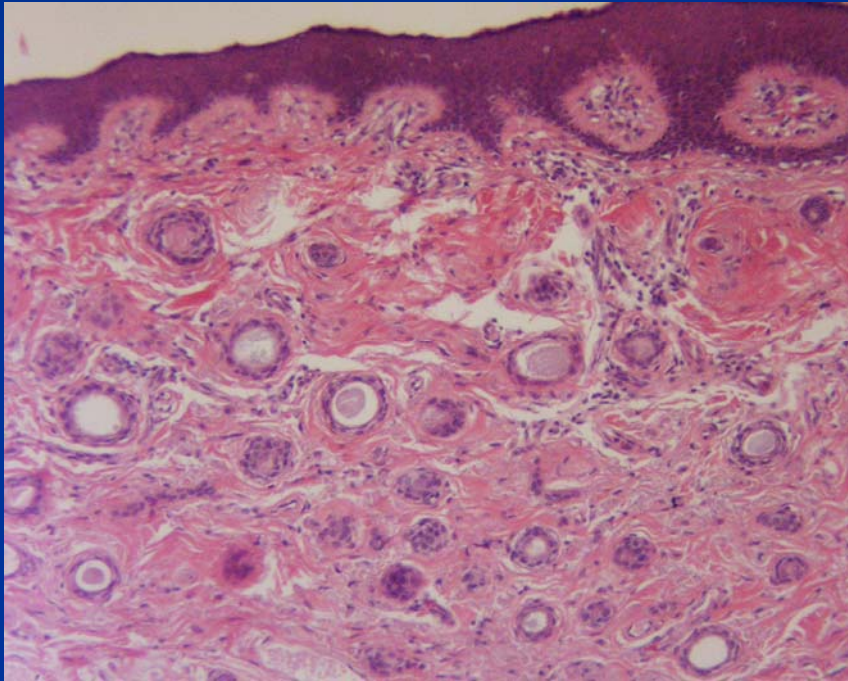




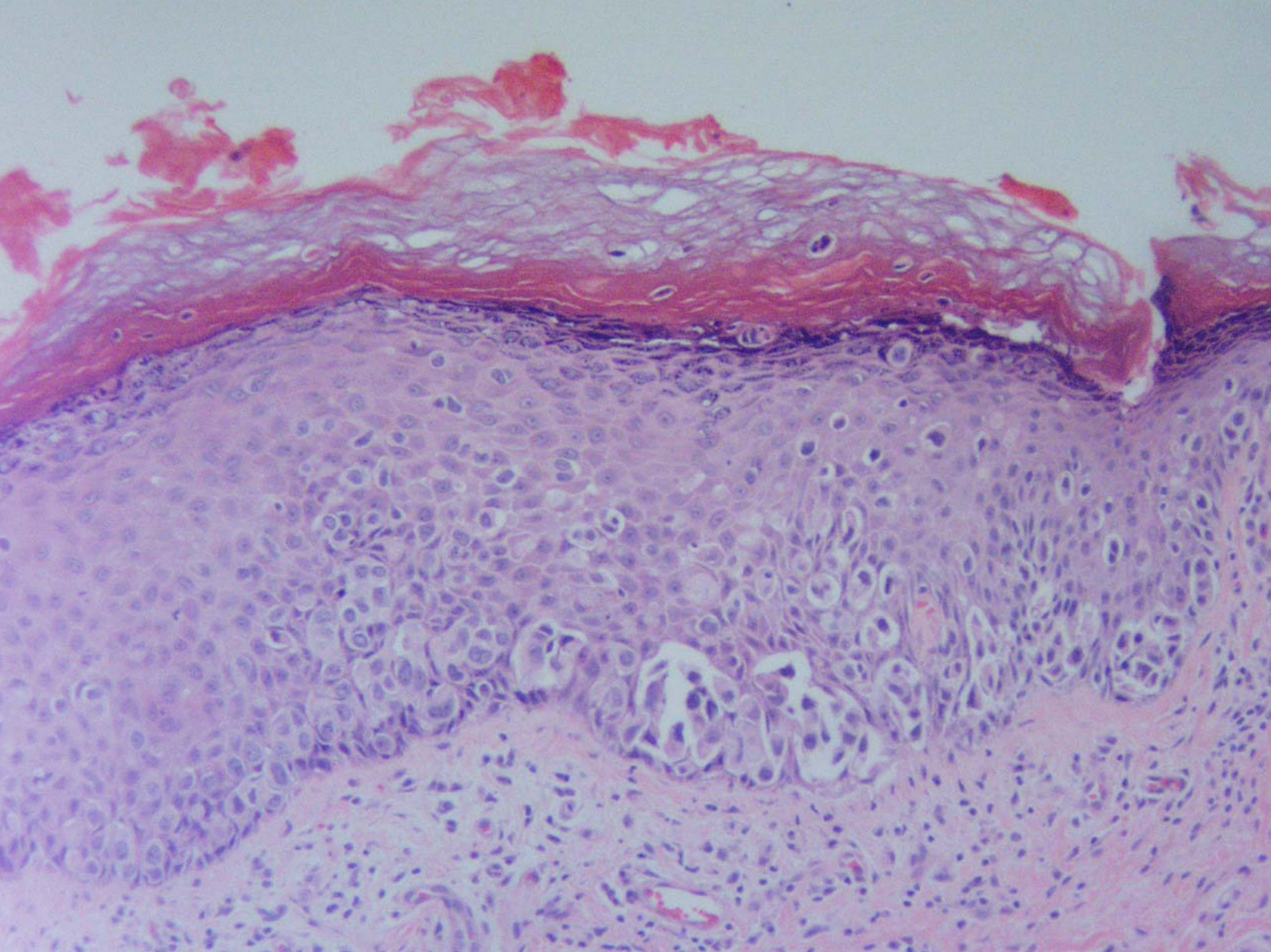


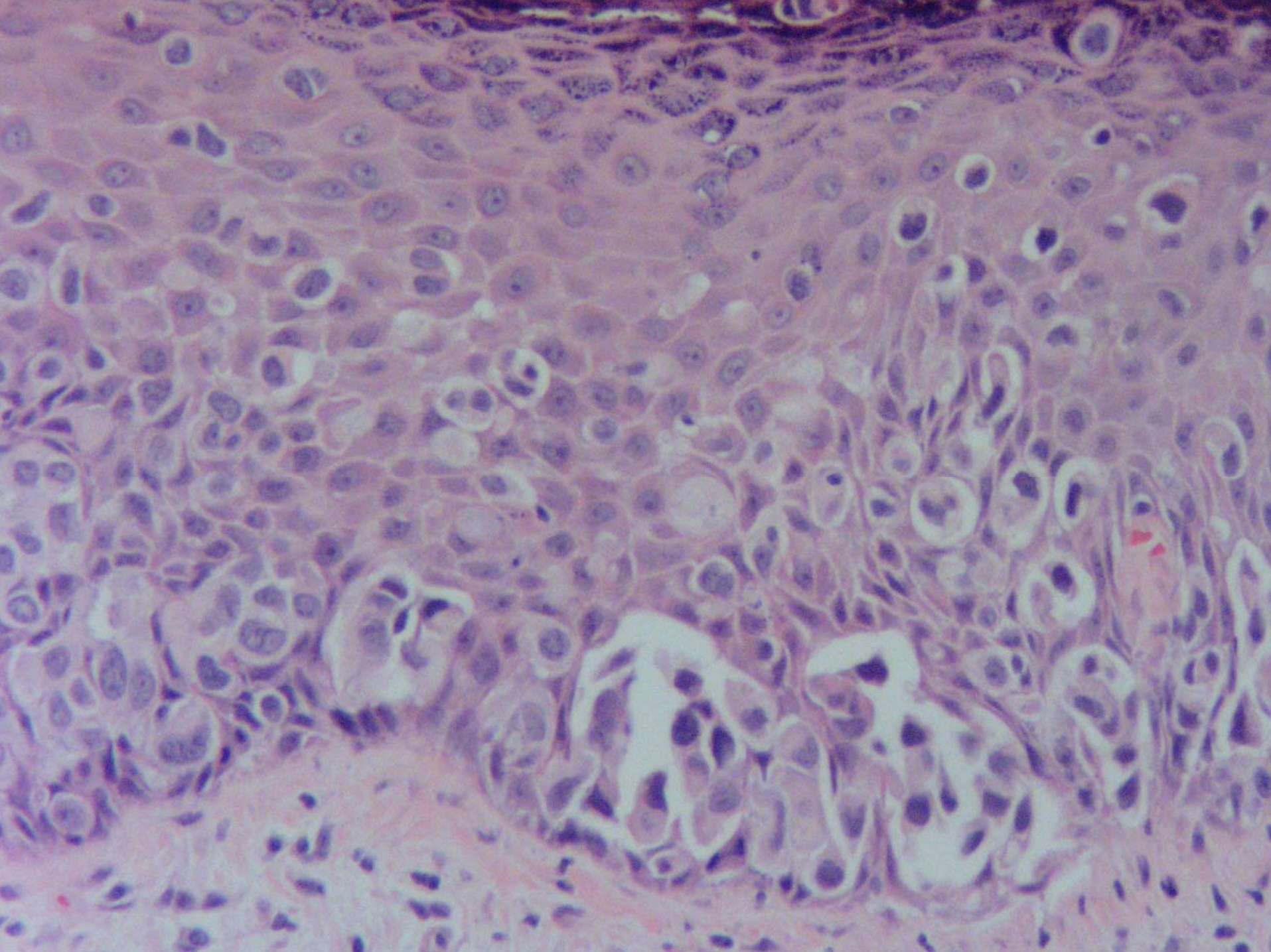
Syringoma

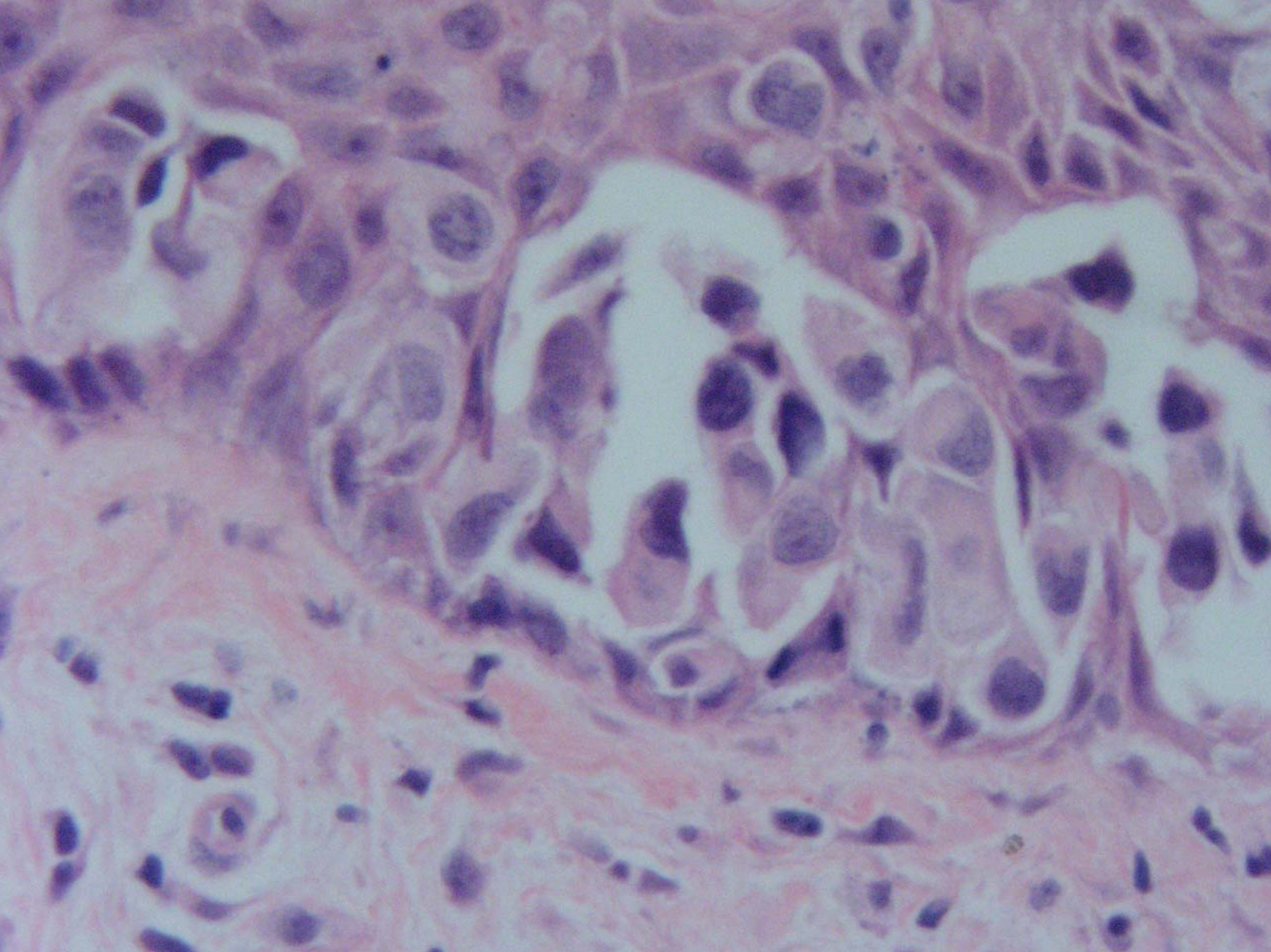
Histopathology

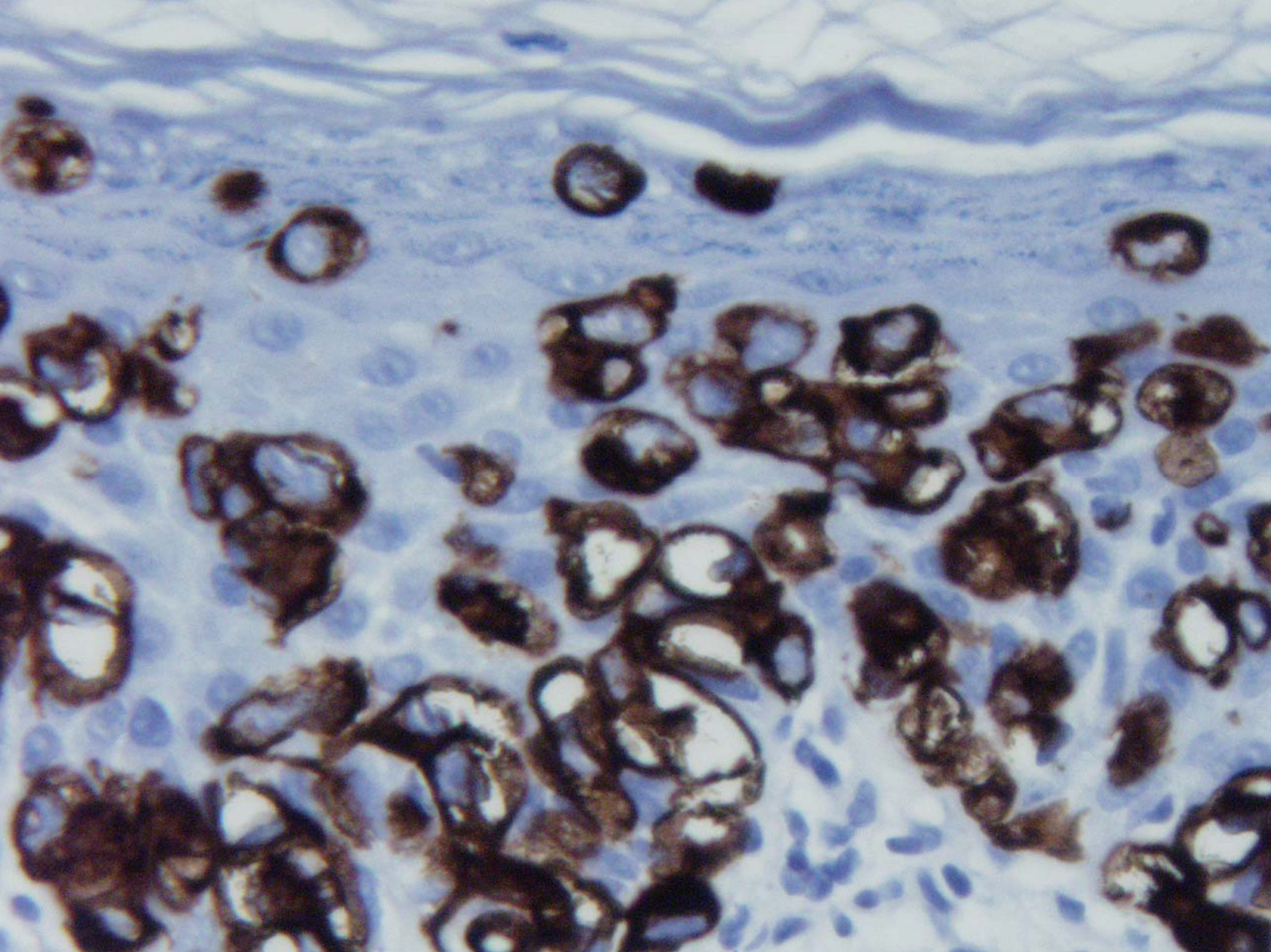


- Partly circumscribed collection of comma-shaped ducts
- Sclerotic stroma
- No epidermal attachment
- Small keratinous cysts



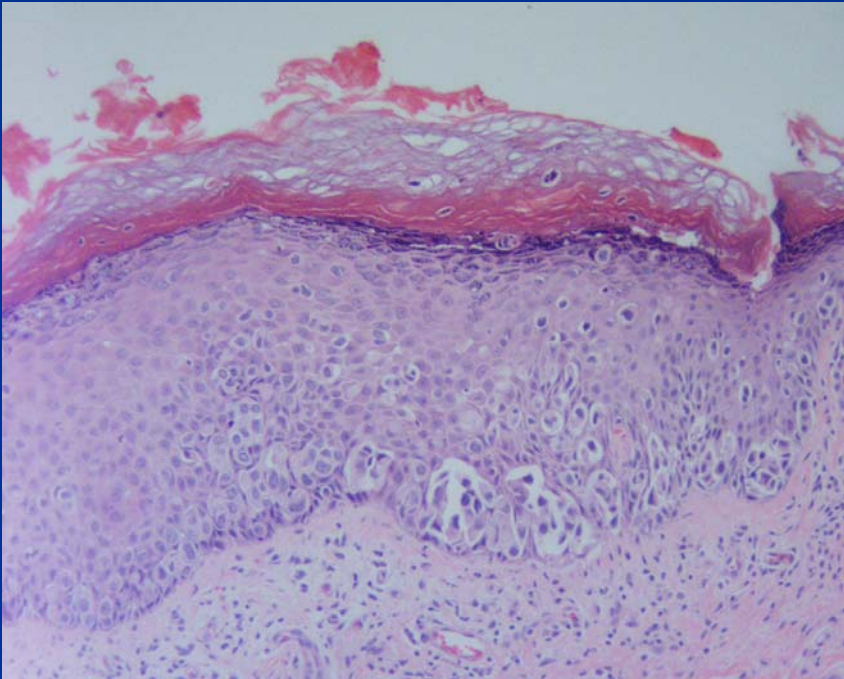




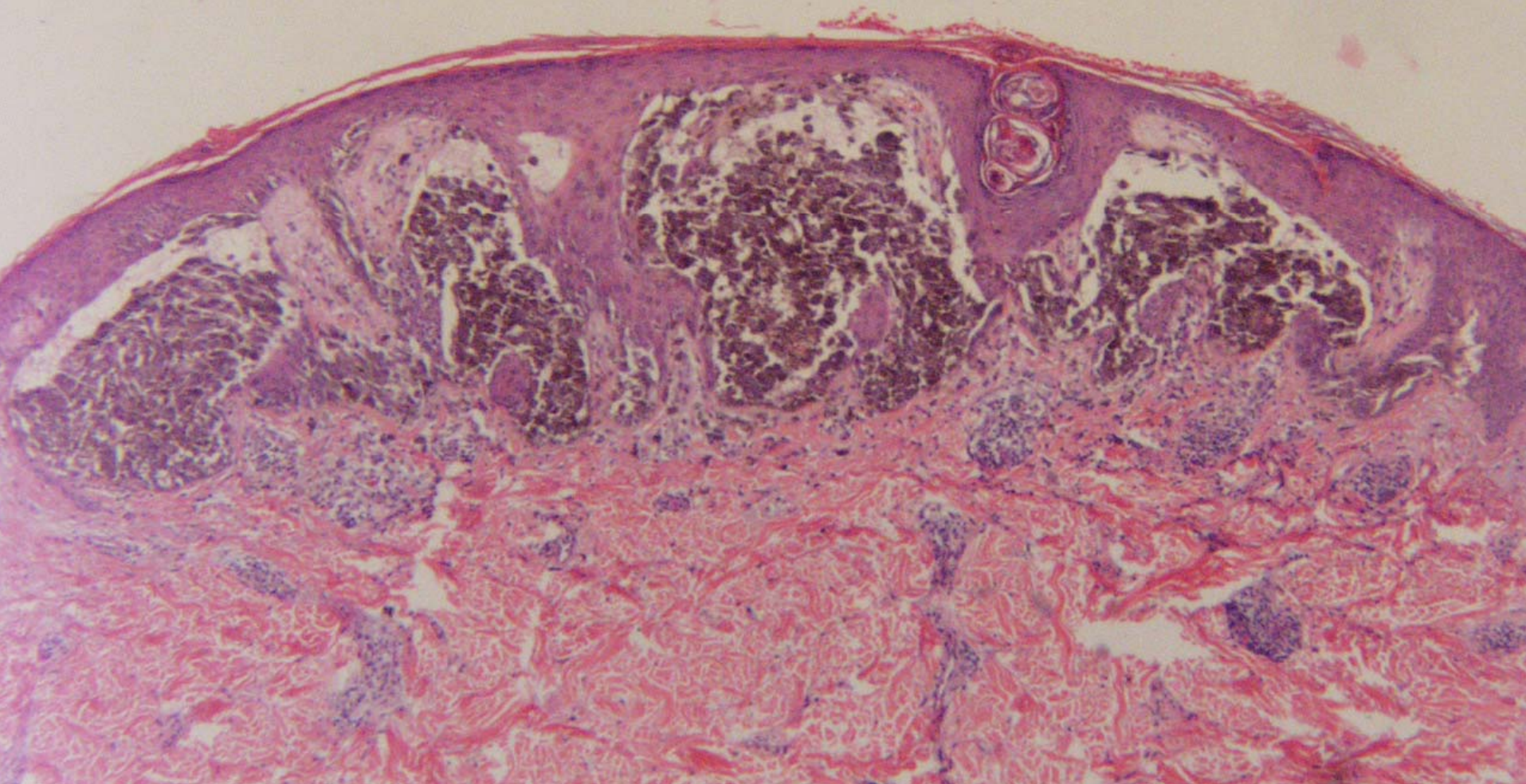


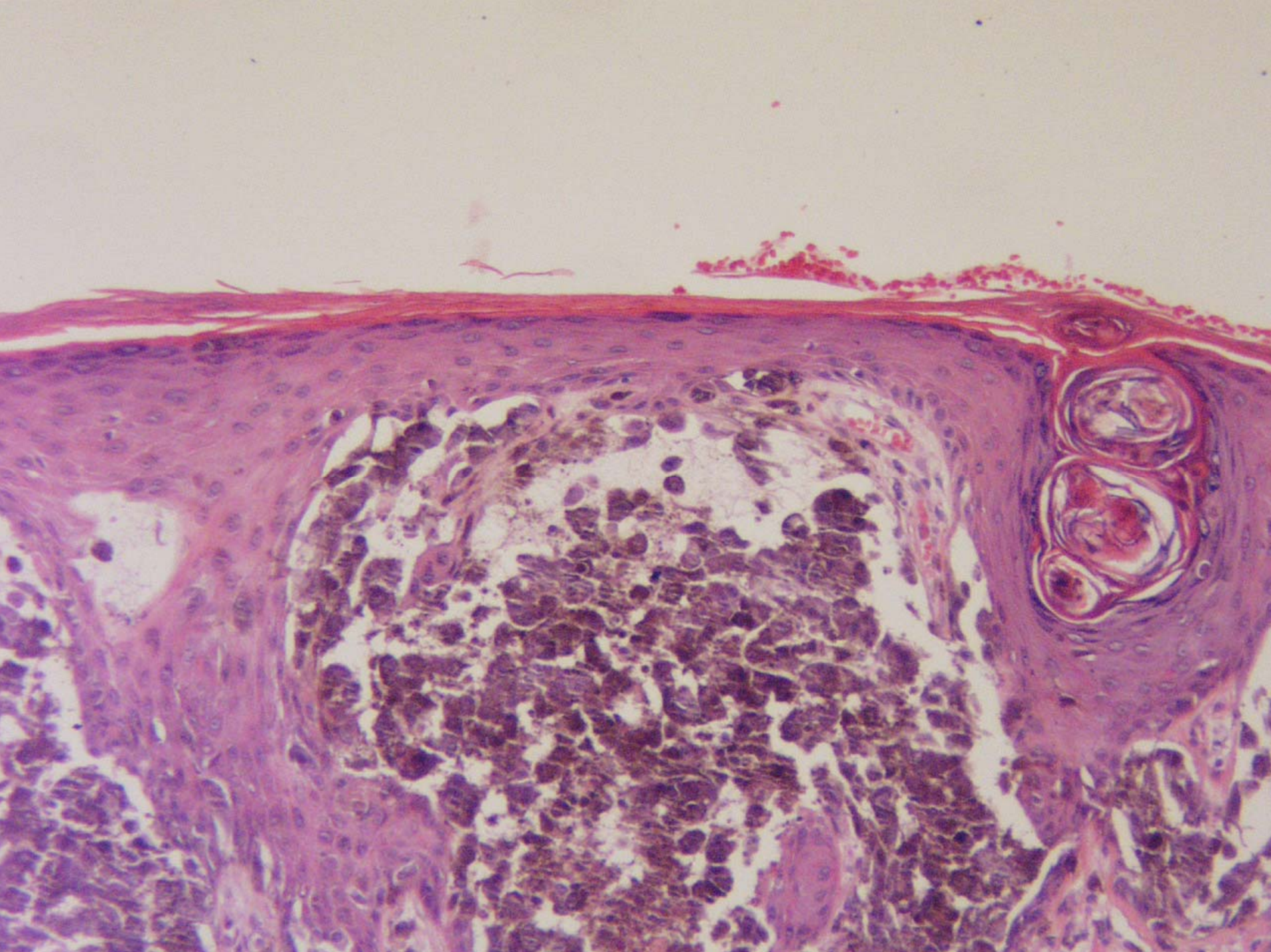
Extramammary Paget's Disease

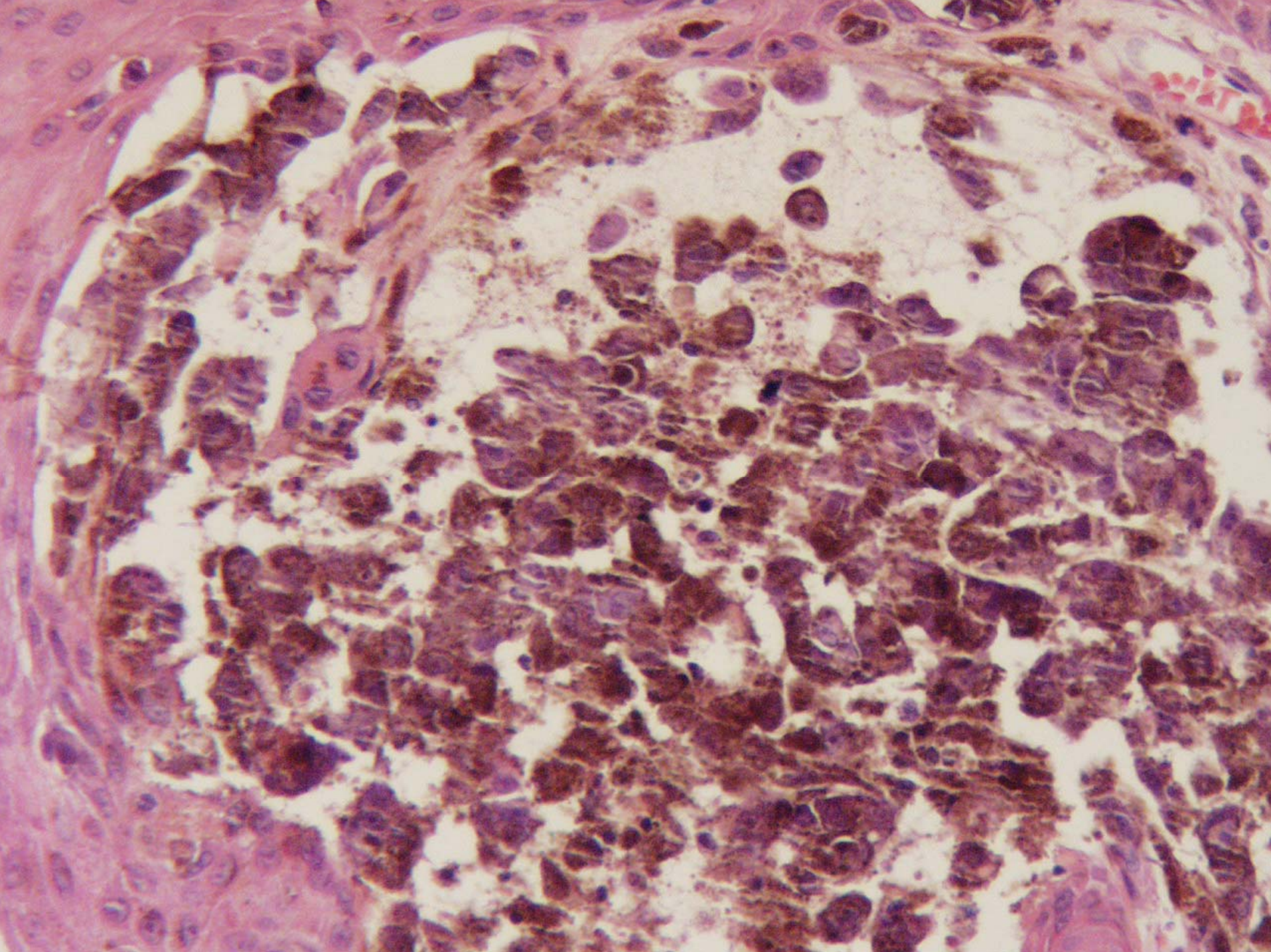
Histopathology

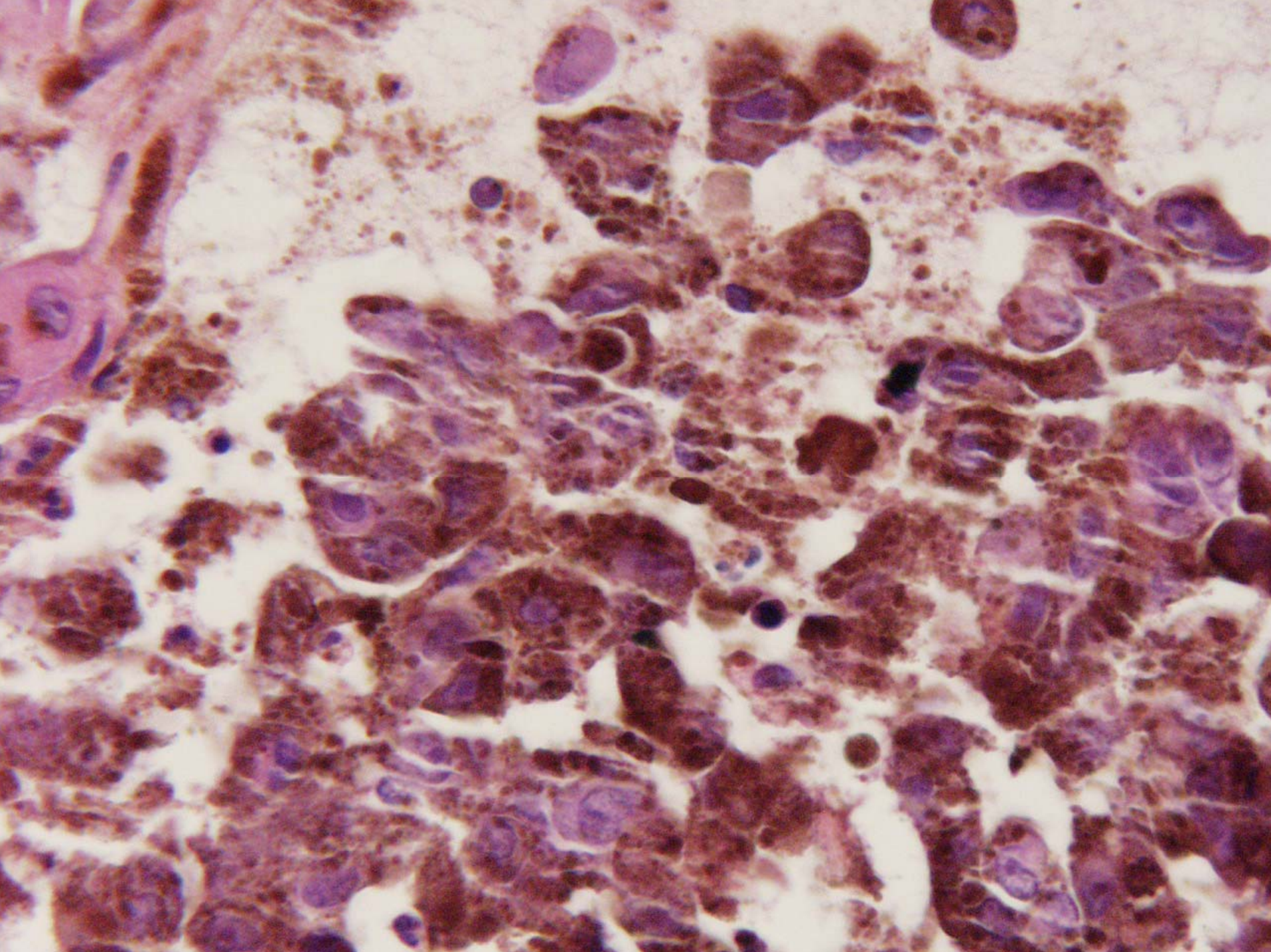


- Intraepidermal apocrine carcinoma
- Large cells with occasional glandular differentiation
- May capture melanin pigment
- DDX: Bowens, Melanoma
- Rule out metastatic disease to skin



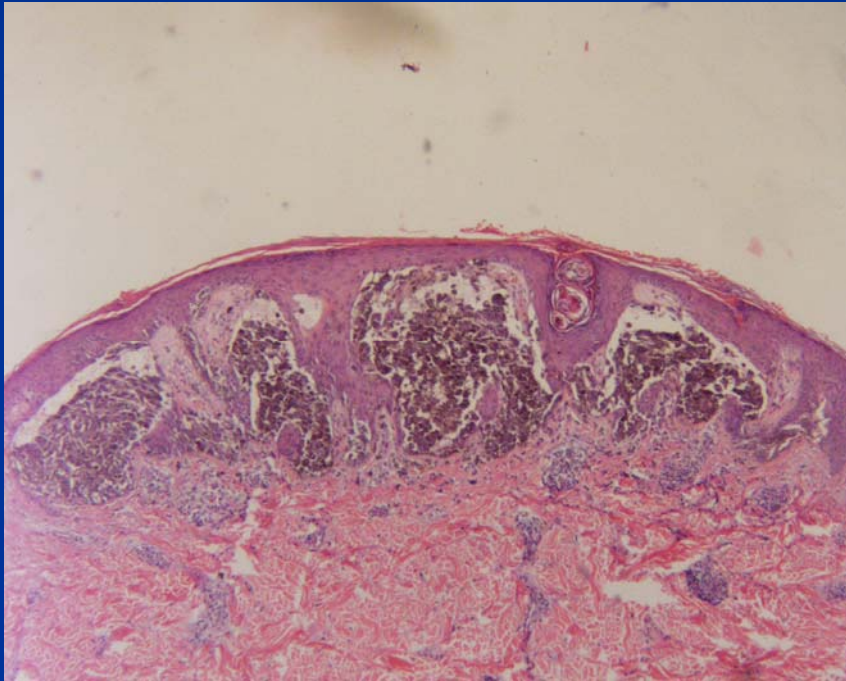




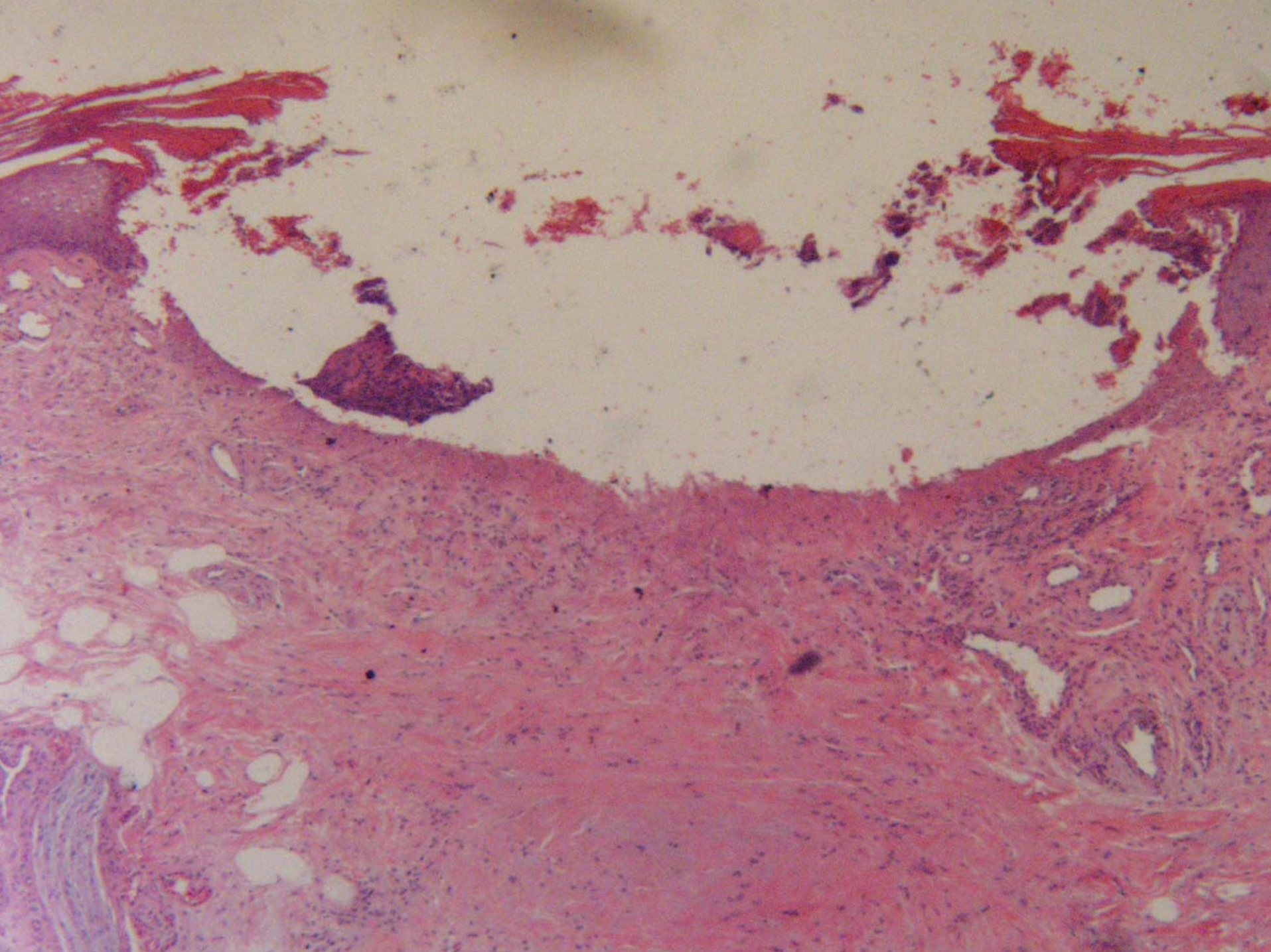


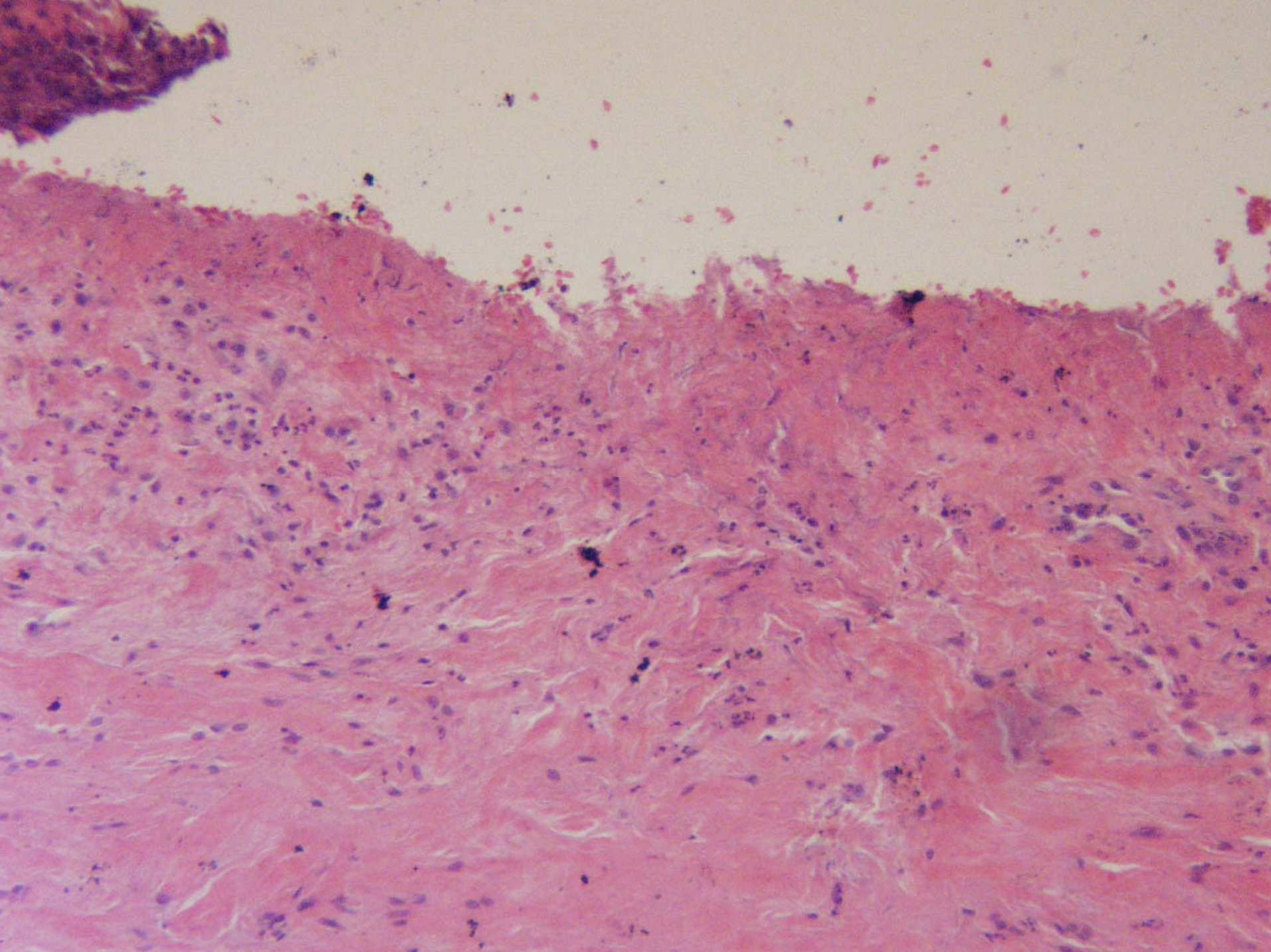
Spitz Nevus

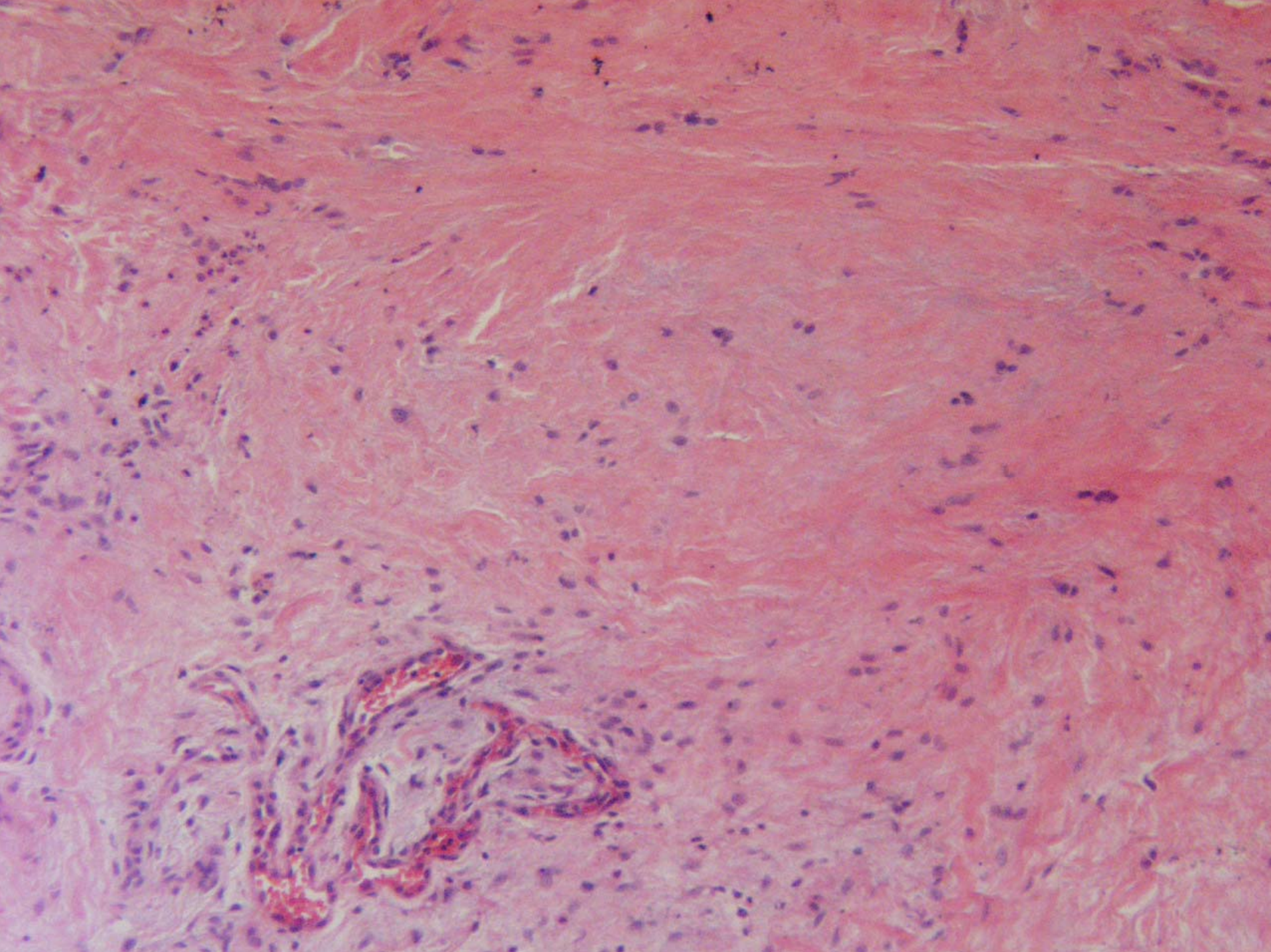
Histopathology

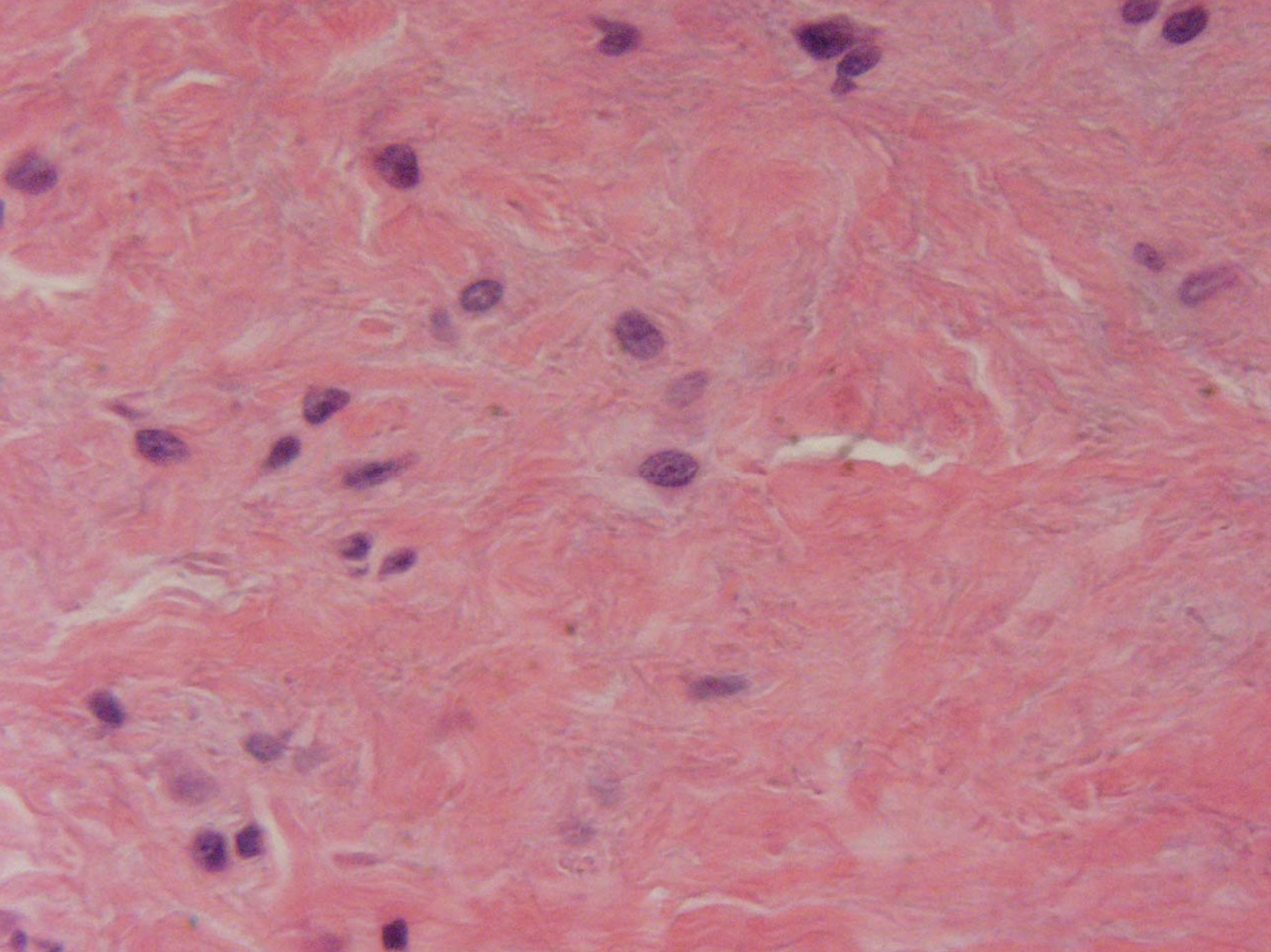


- Pigmented and spindled cell melanocytic nevus
- Vertically oriented nests
- Usually epidermal hyperplasia
- Even melanin pigmentation
- Increased vascularity
- Kamino bodies
- Sharp peripheral circumscription
- Cytologic atypia but uniform throughout
- May have MF



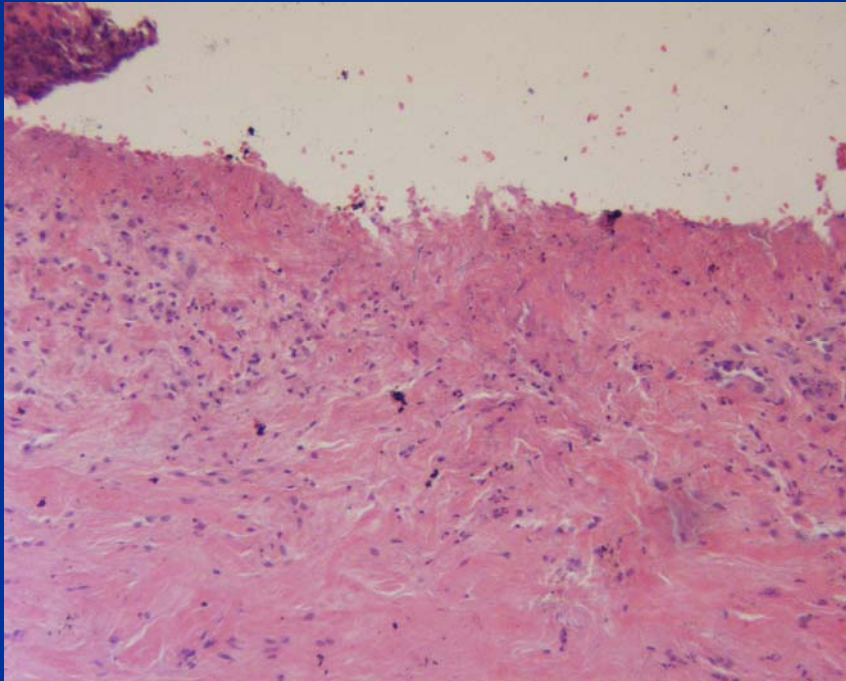




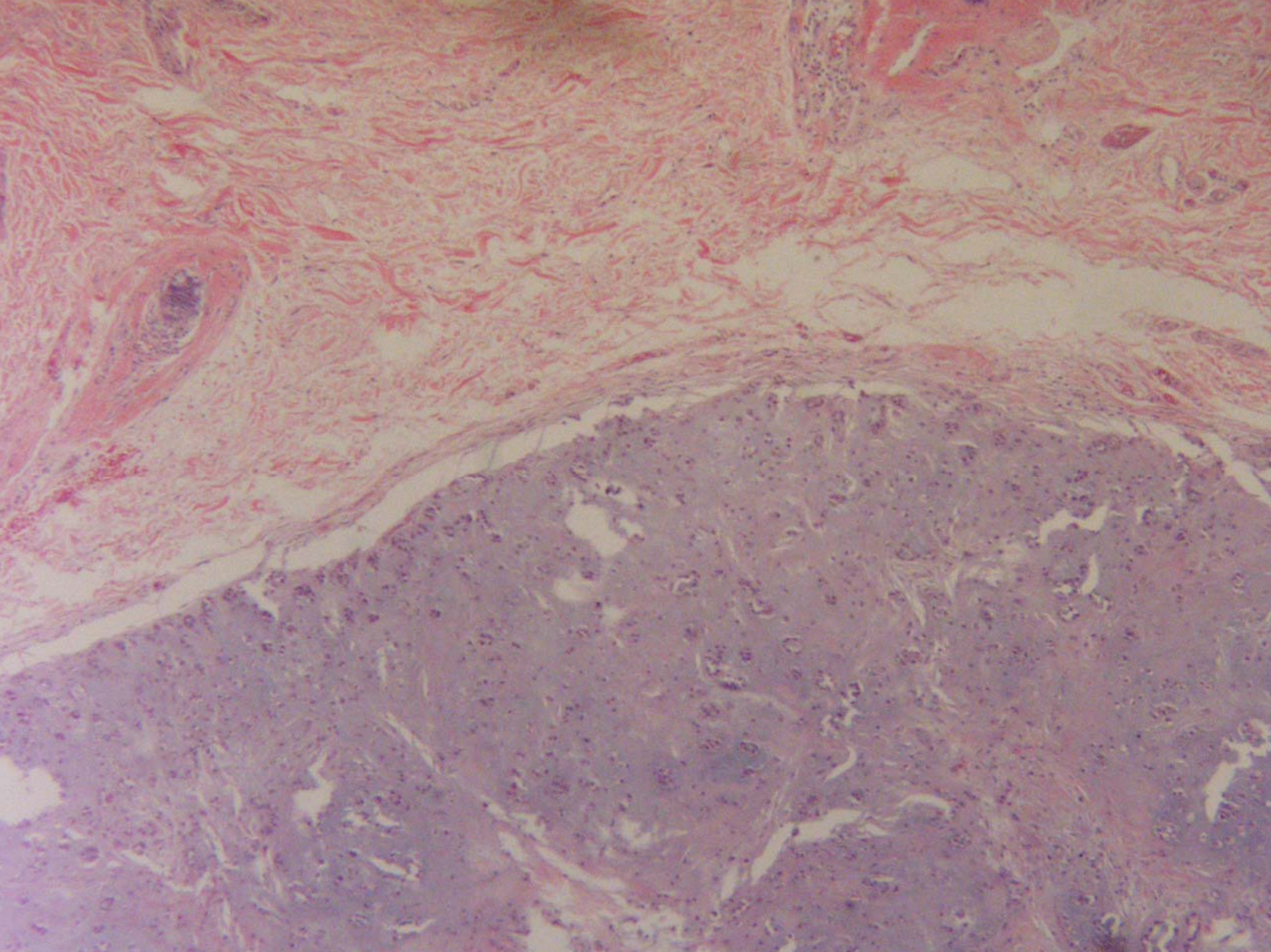


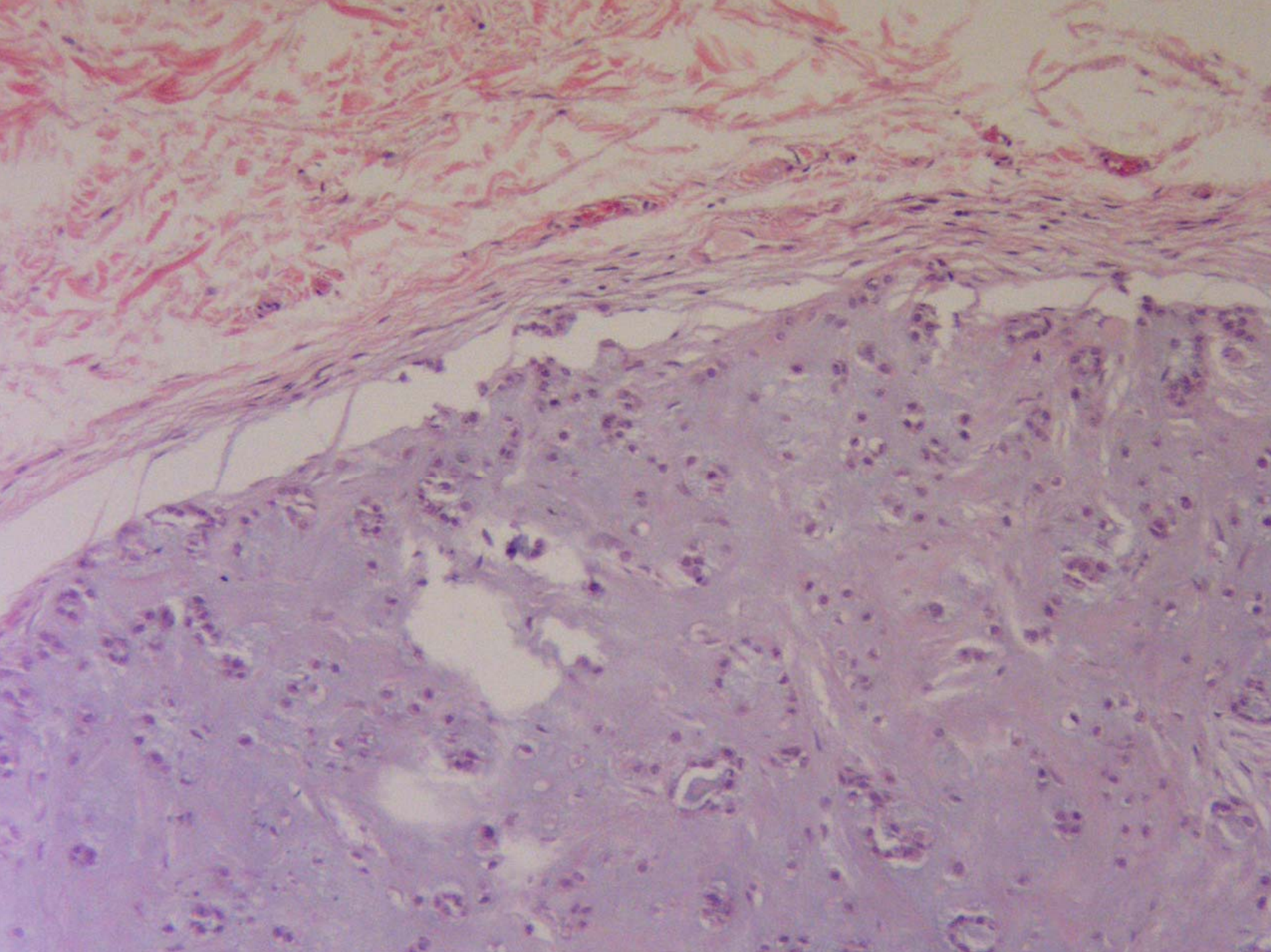
Chondrodermatitis Nodularis Helicis

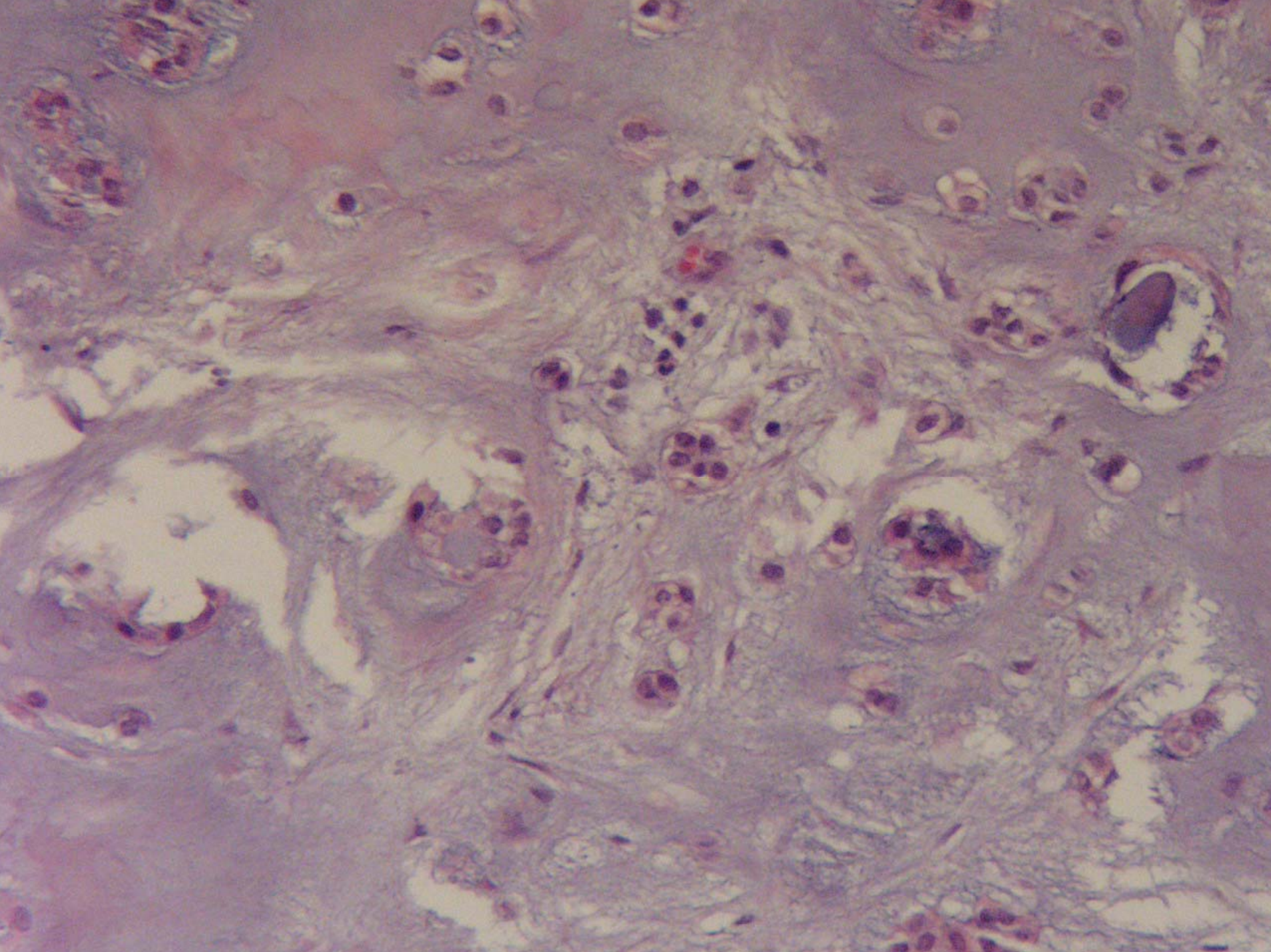
Histopathology

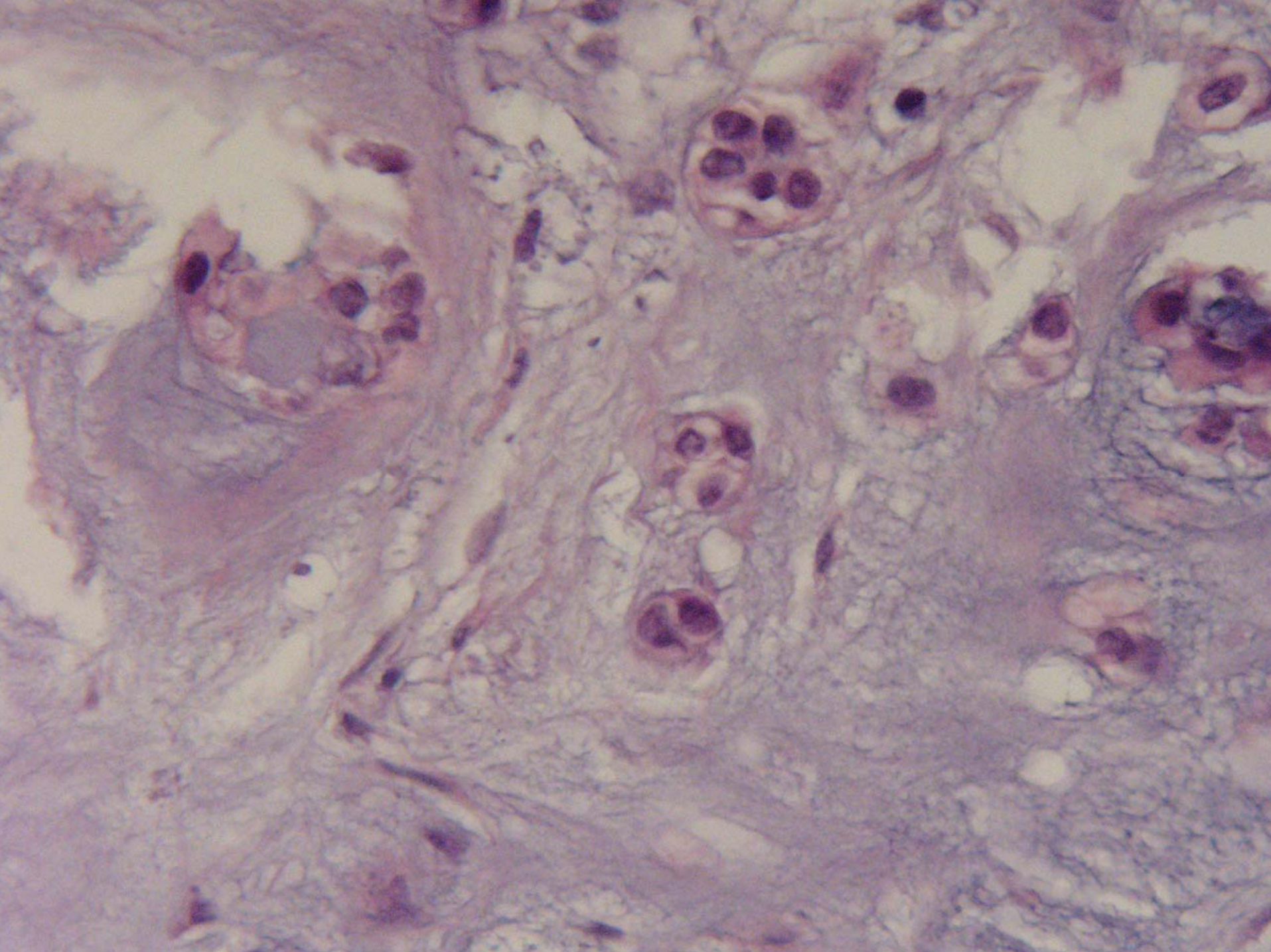


- Ulceration with epidermal hyperplasia
- Perichondrocyte proliferation
- Degenerative collagen changes
- DDX: Relapsing polychondritis



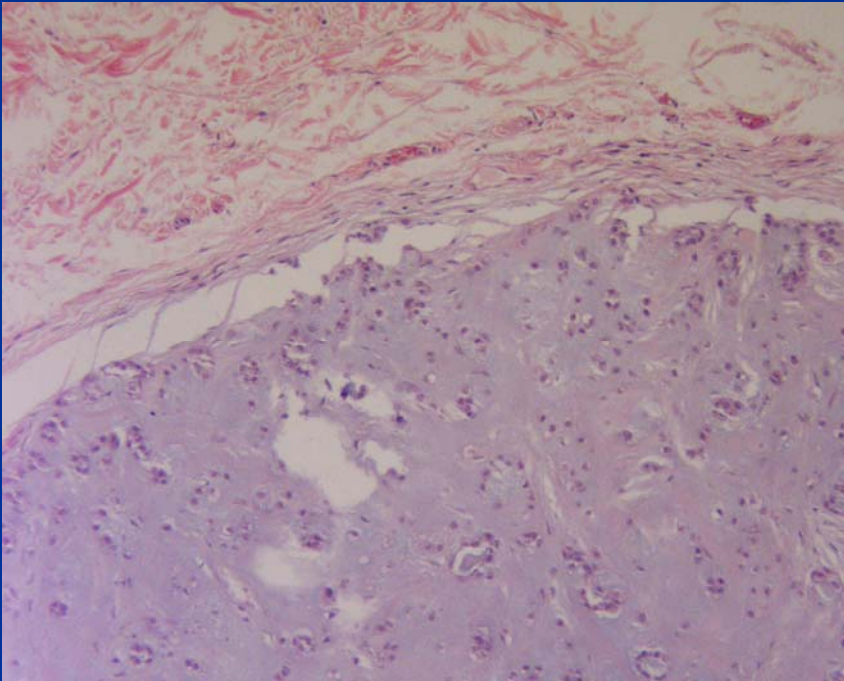




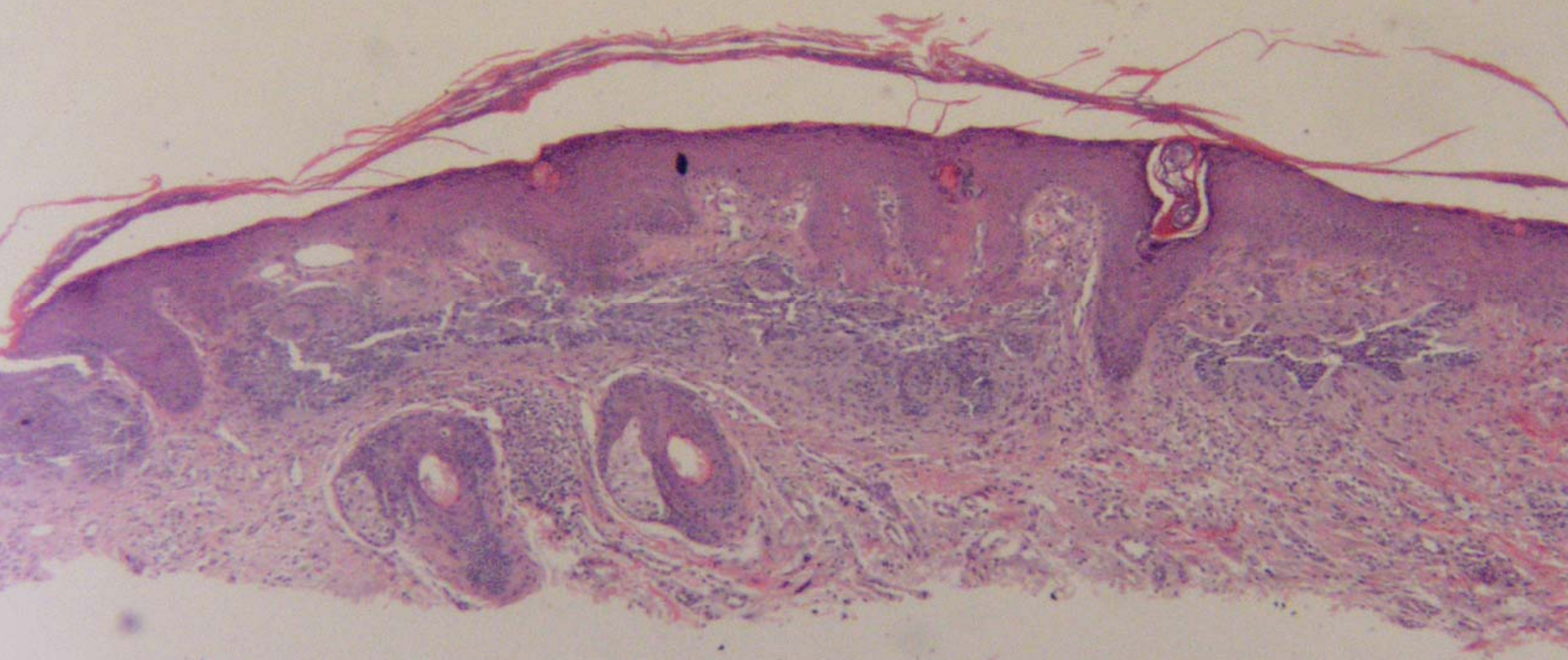


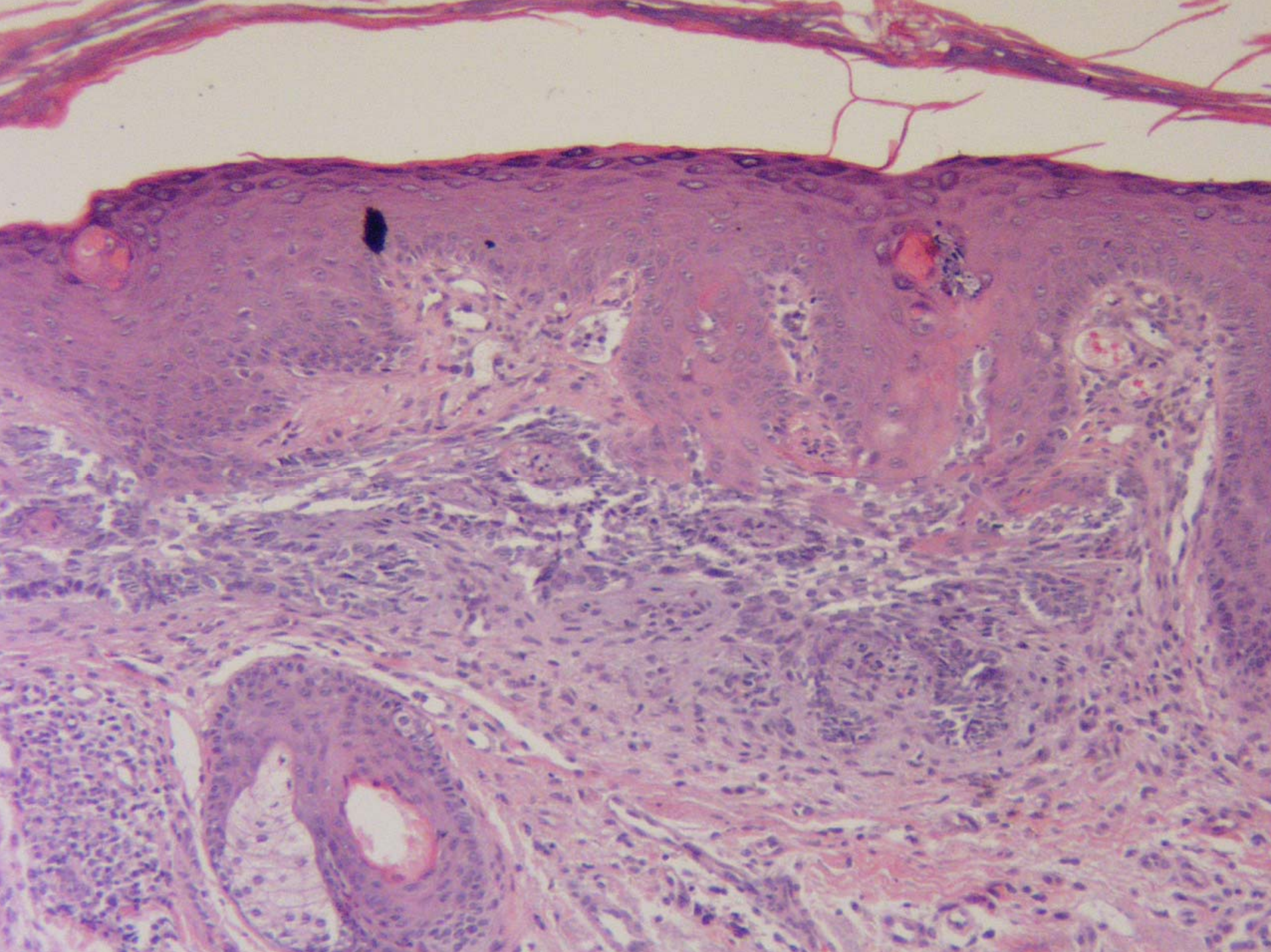
Chondroid Syringoma

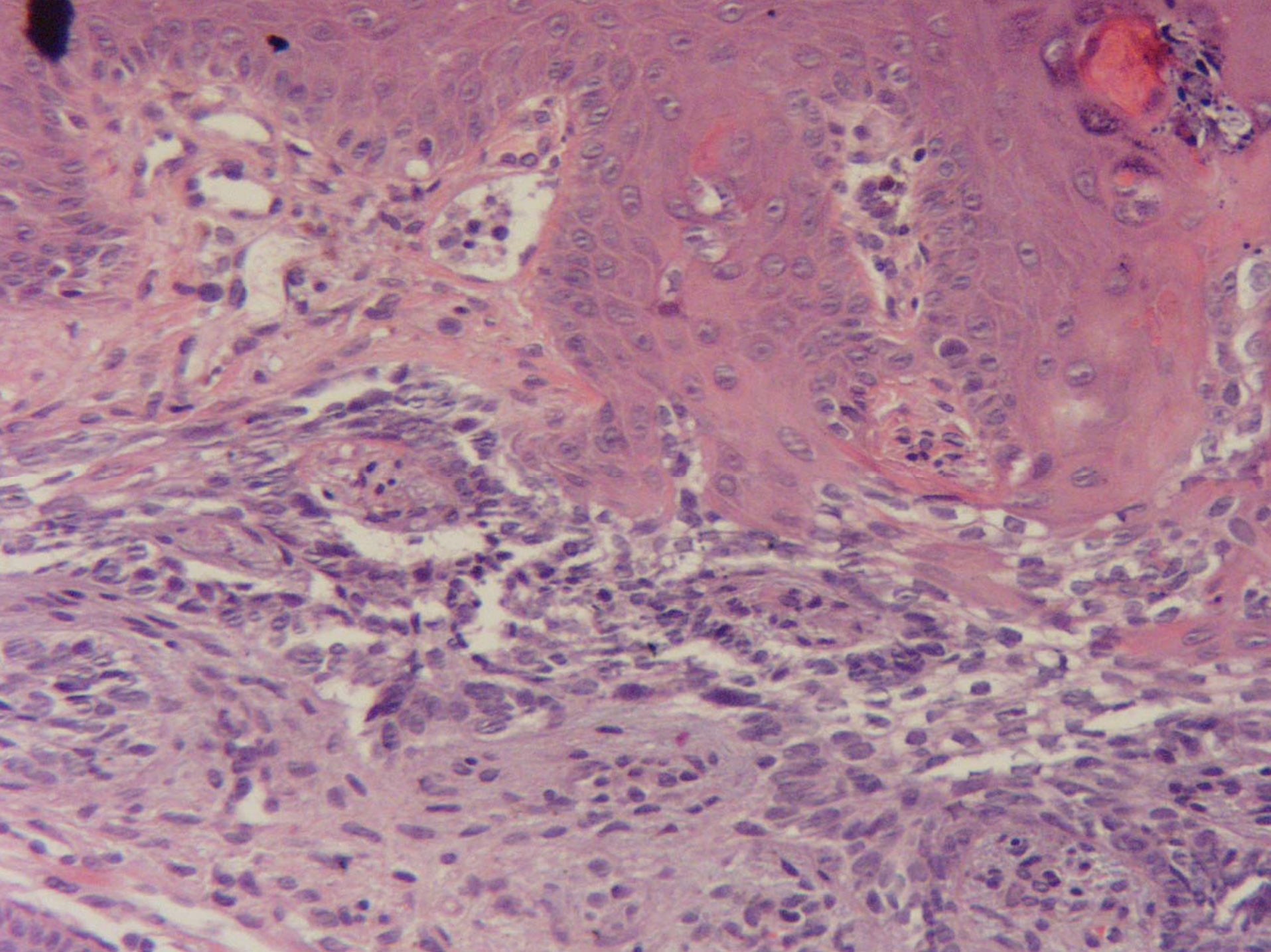
Histopathology

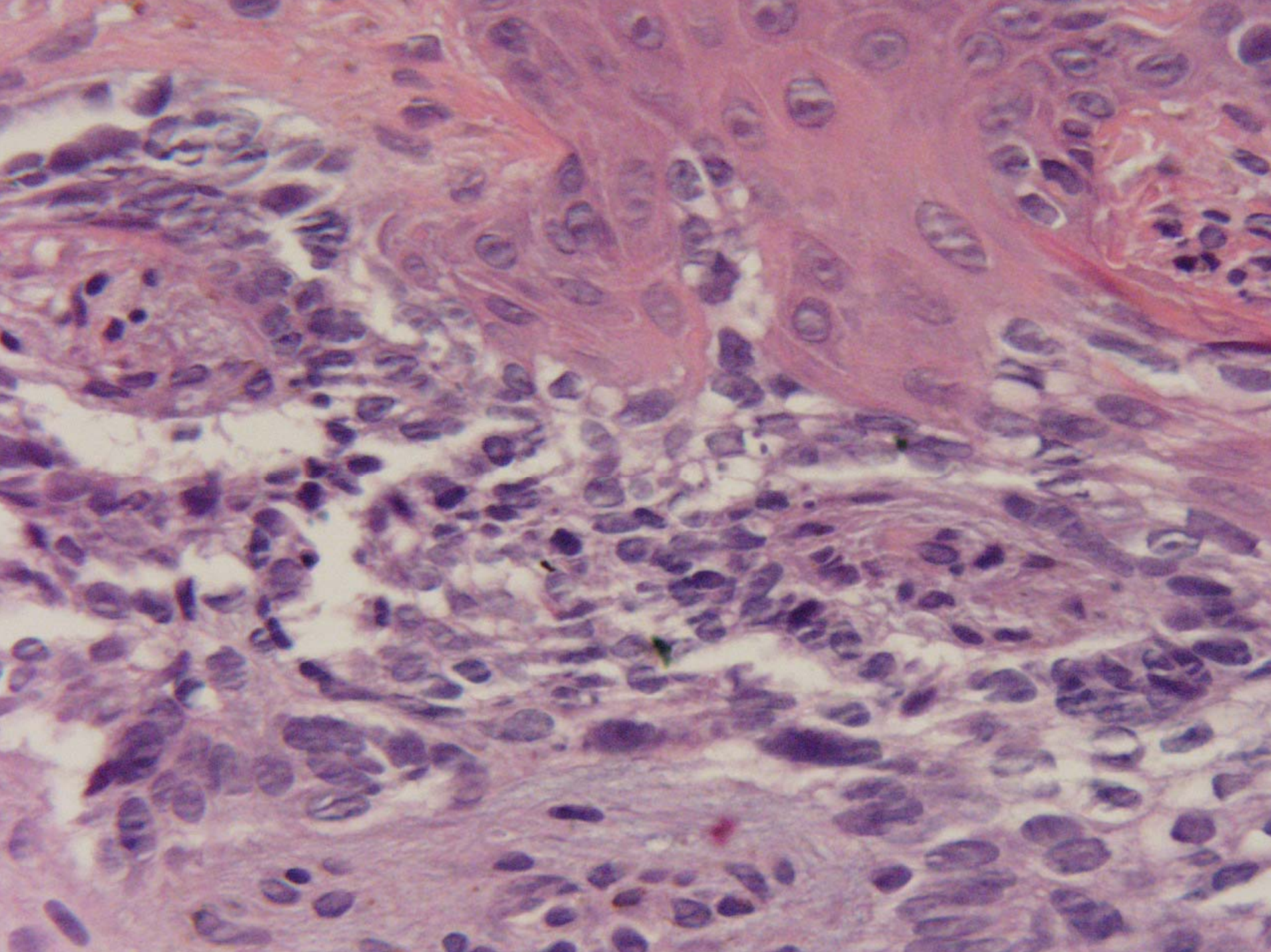


- Circumscribed dermal collection of bland ducts, cartilage, and myoepithelial cells
- Stromal predominant versus epithelial predominant
- Rule out underlying parotid tumor



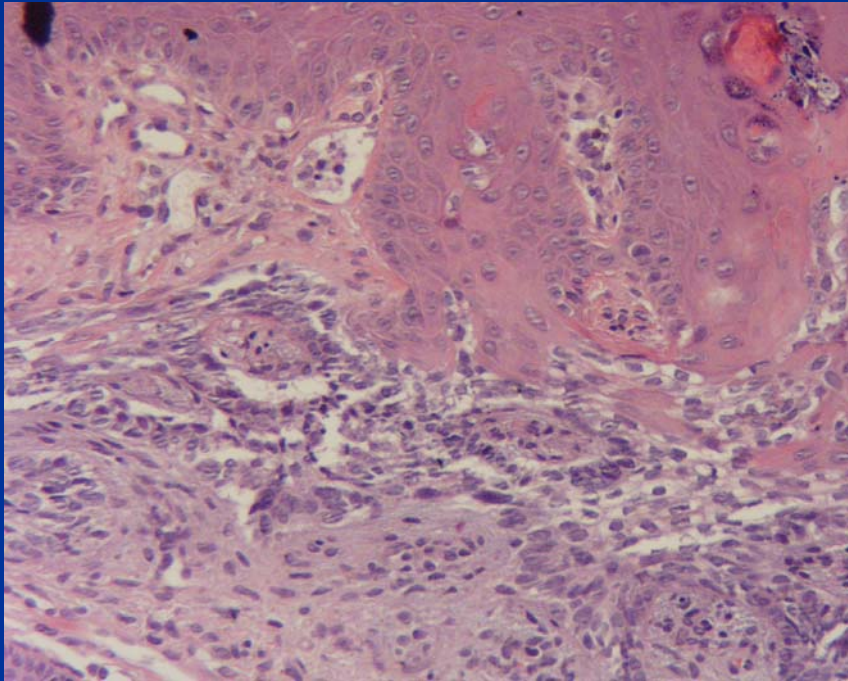




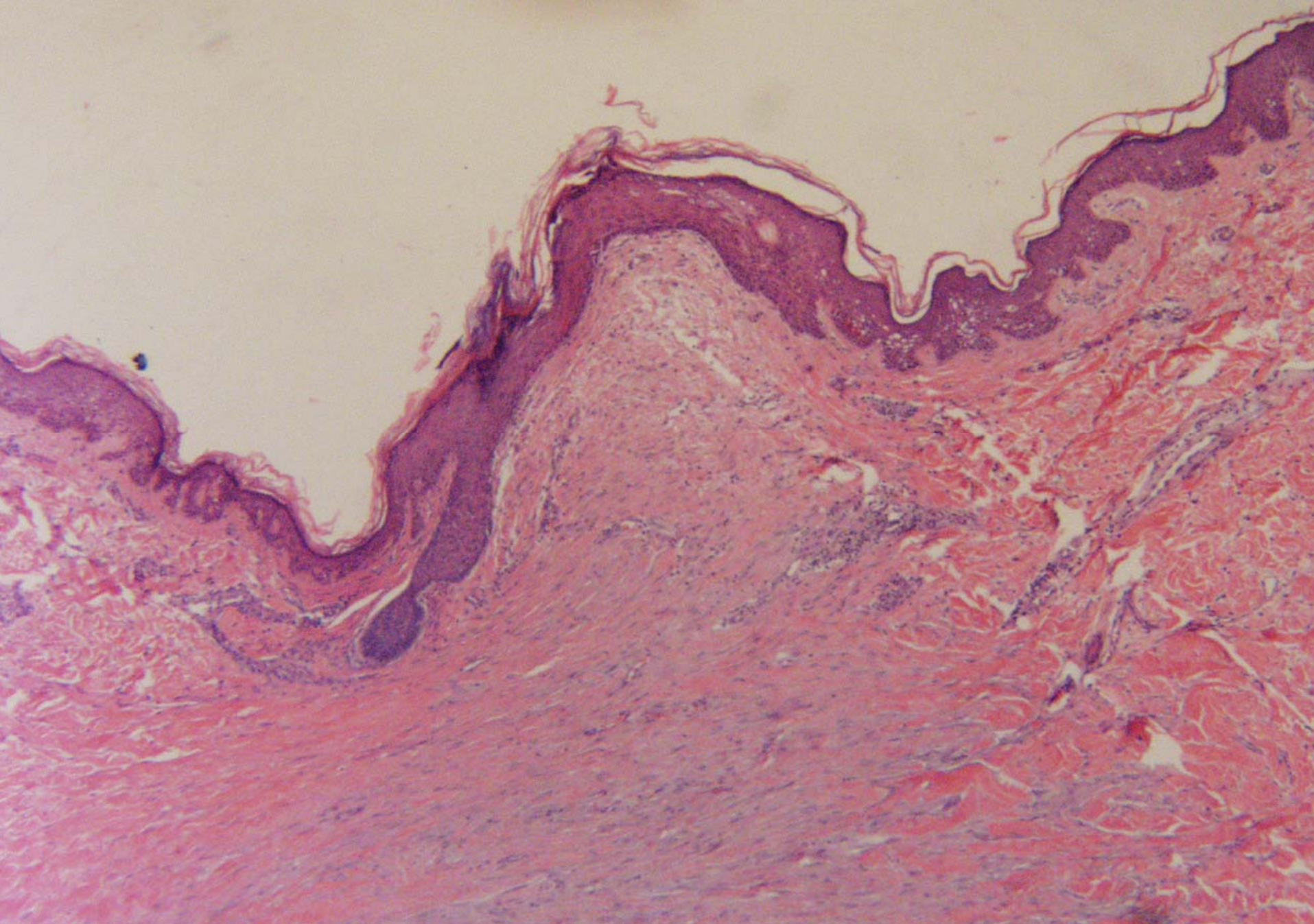


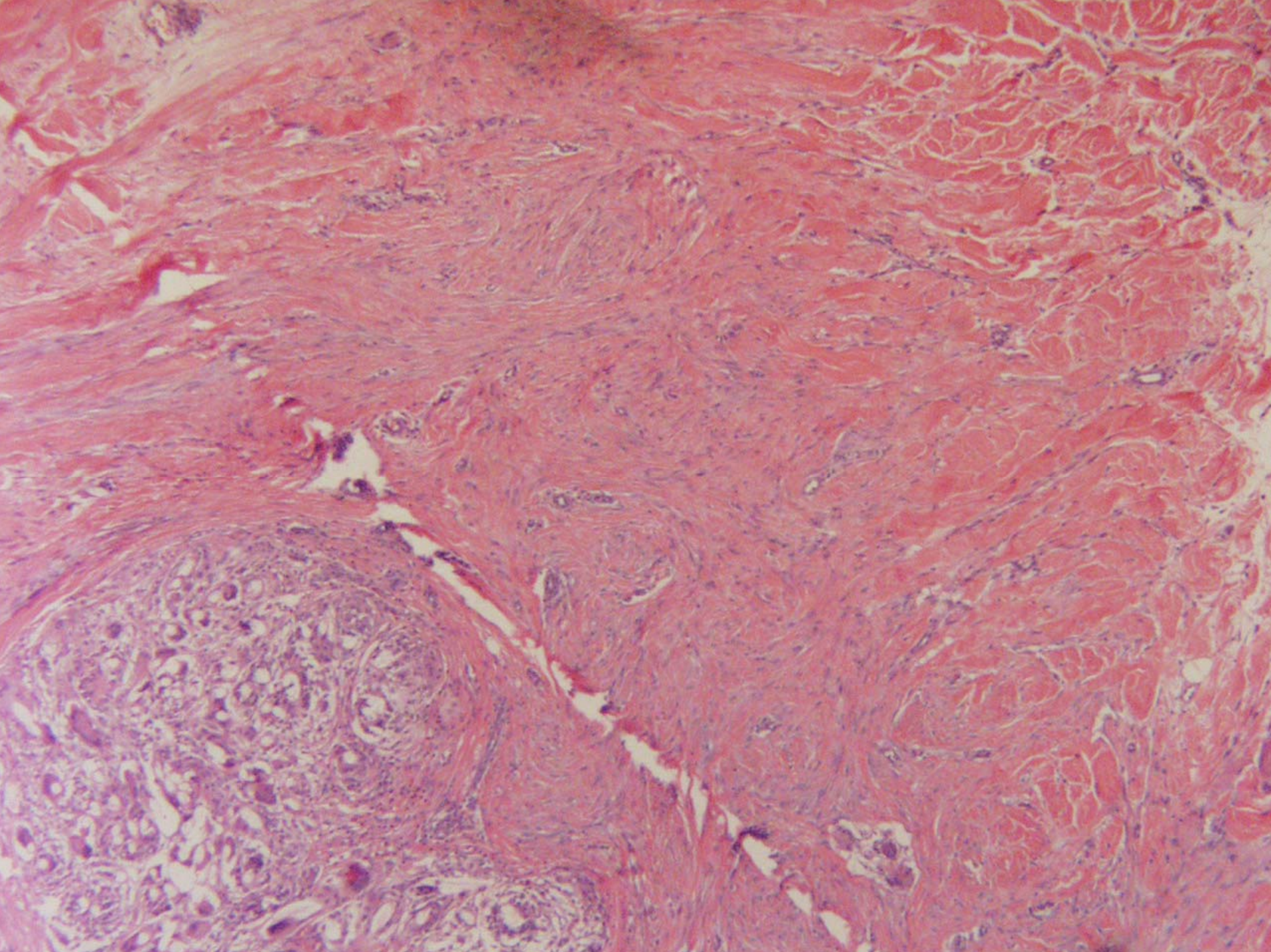
Basal Cell Carcinoma, Multicentric variant

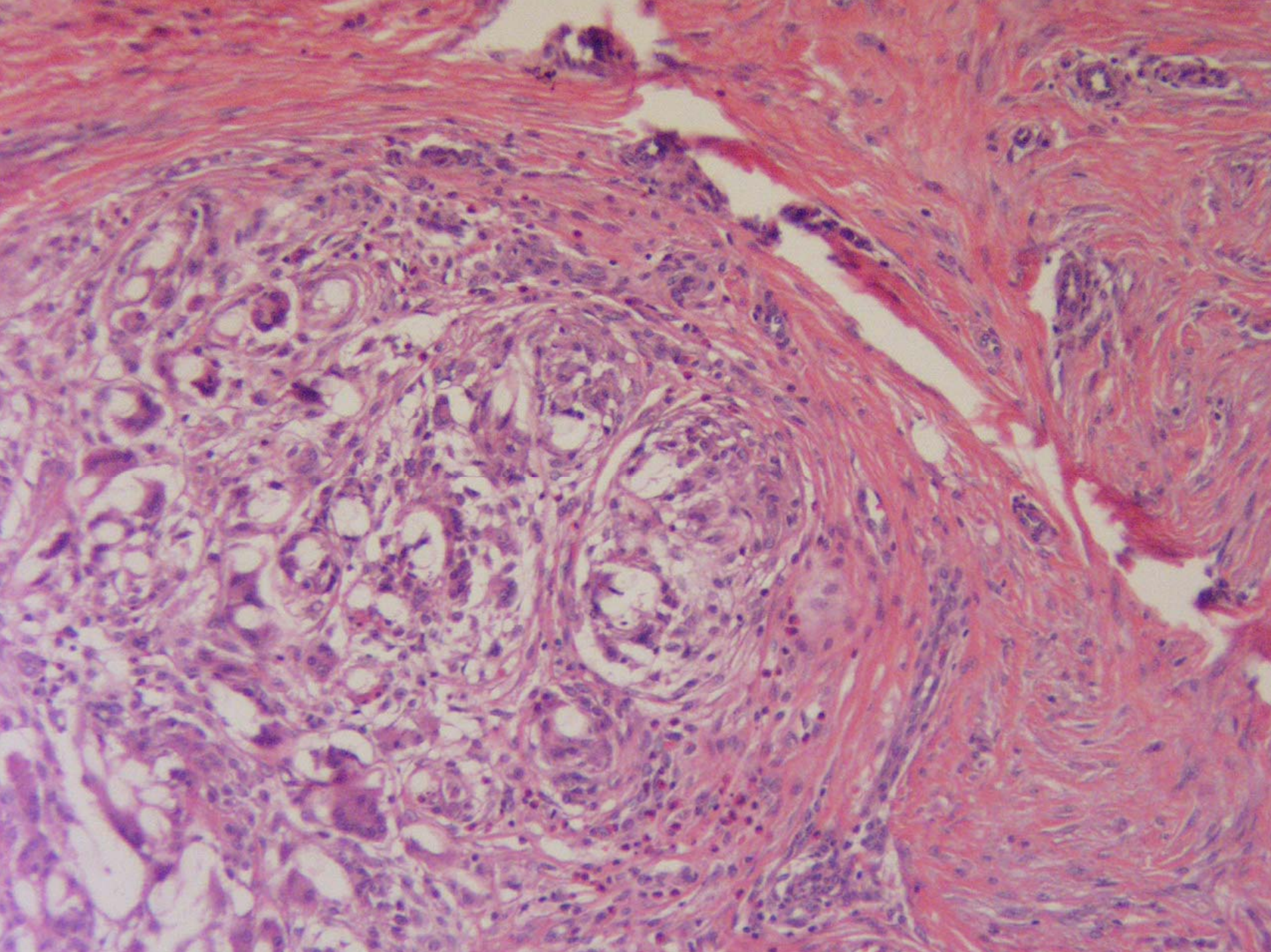
Histopathology

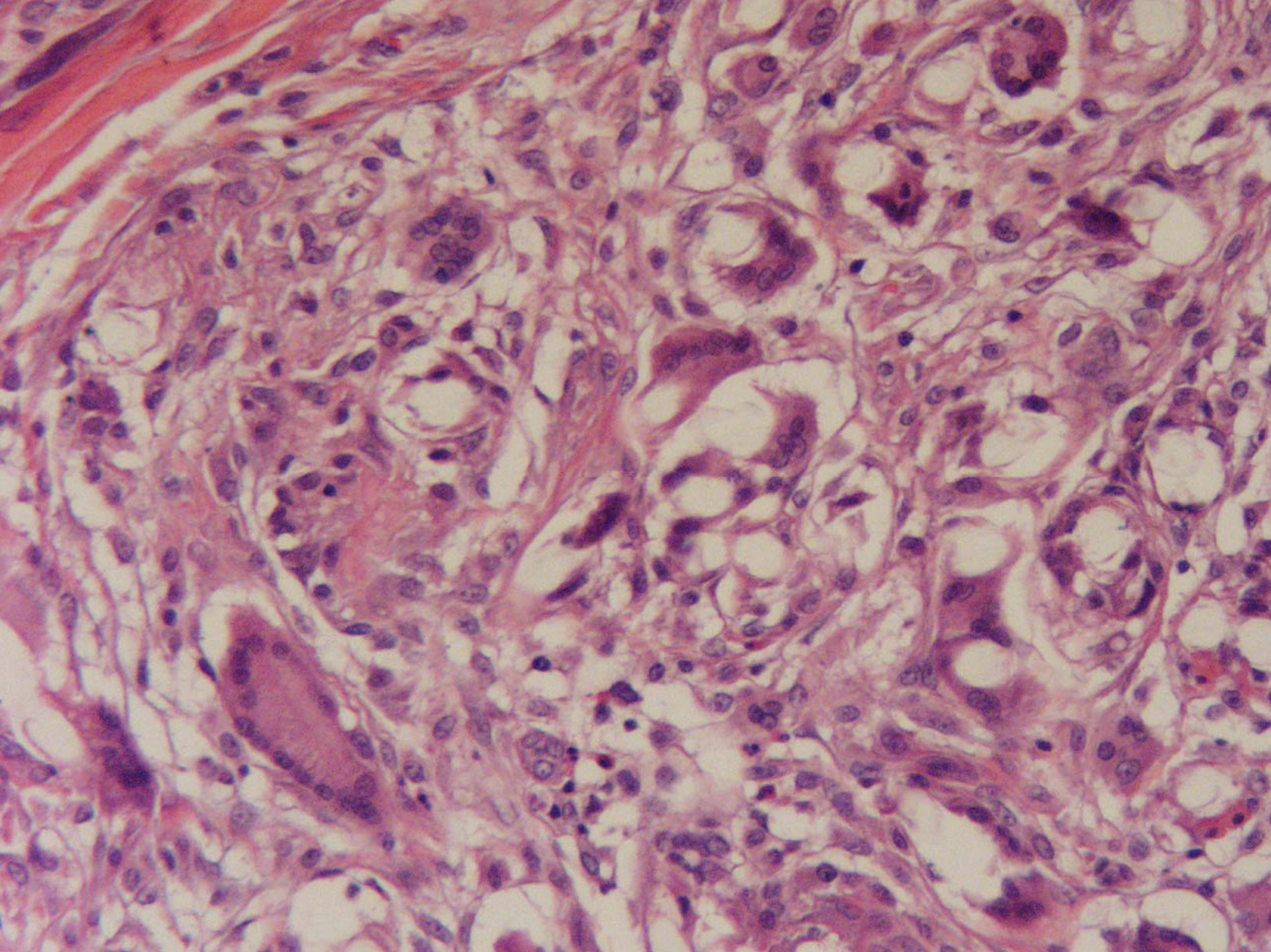


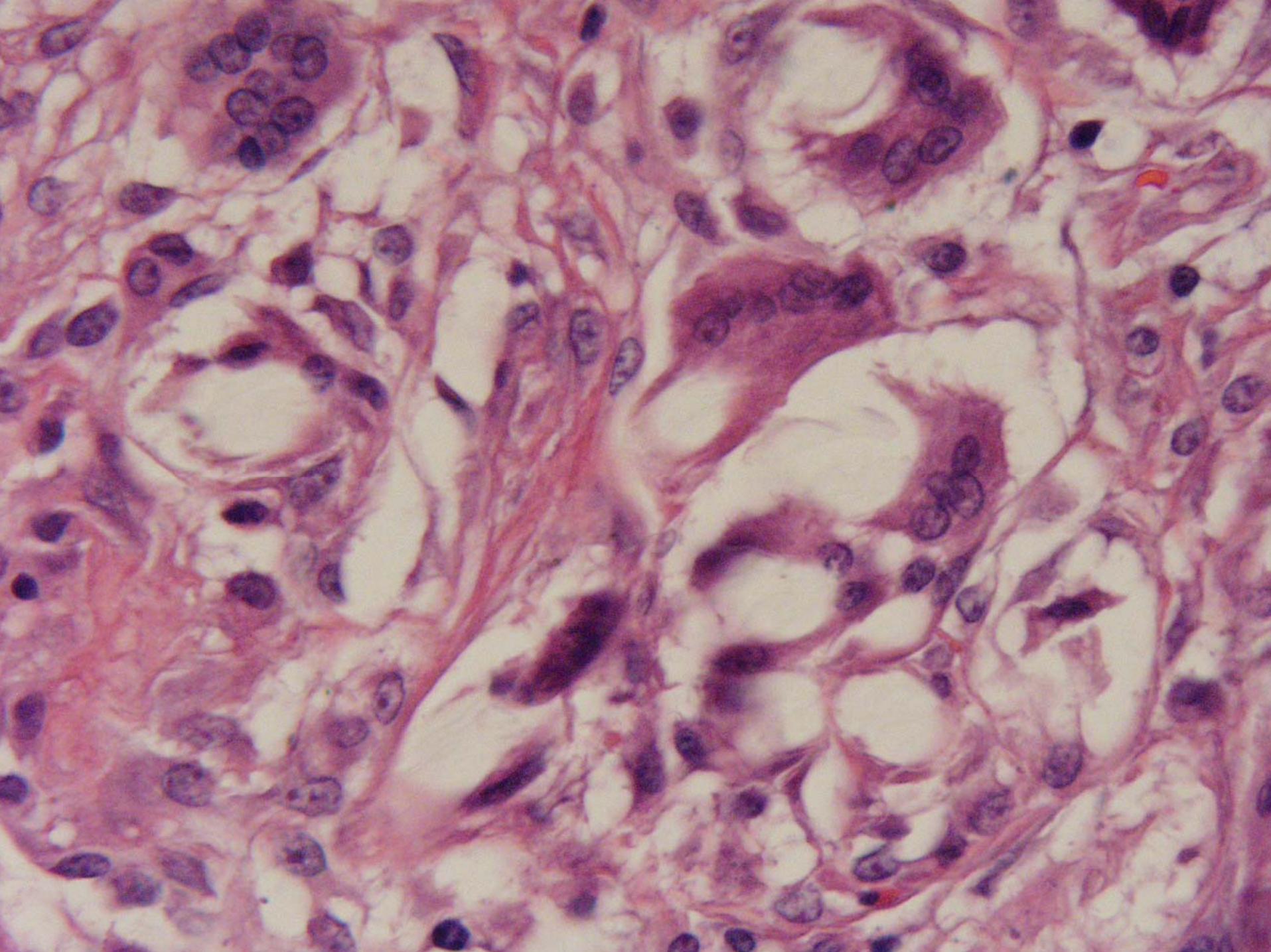
- Basaloid cells attached to DE junction
- Peripheral palisading
- Stromal clefting
- Myxoid or inflamed stroma





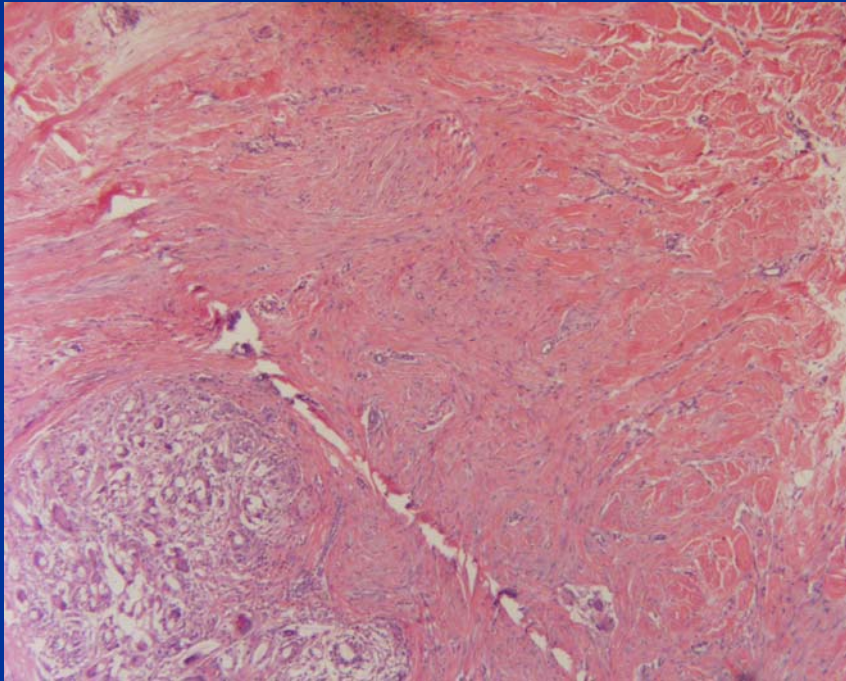




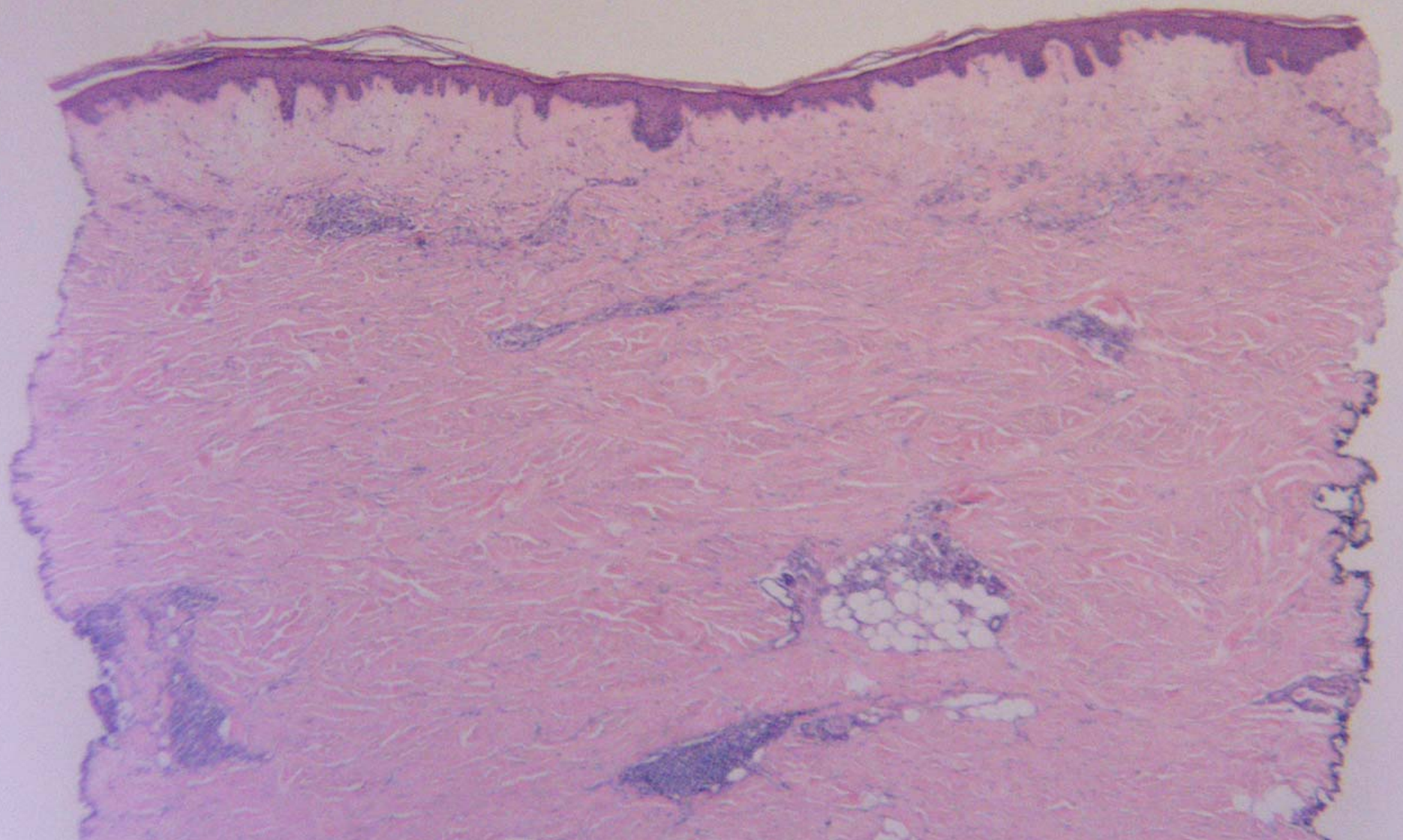


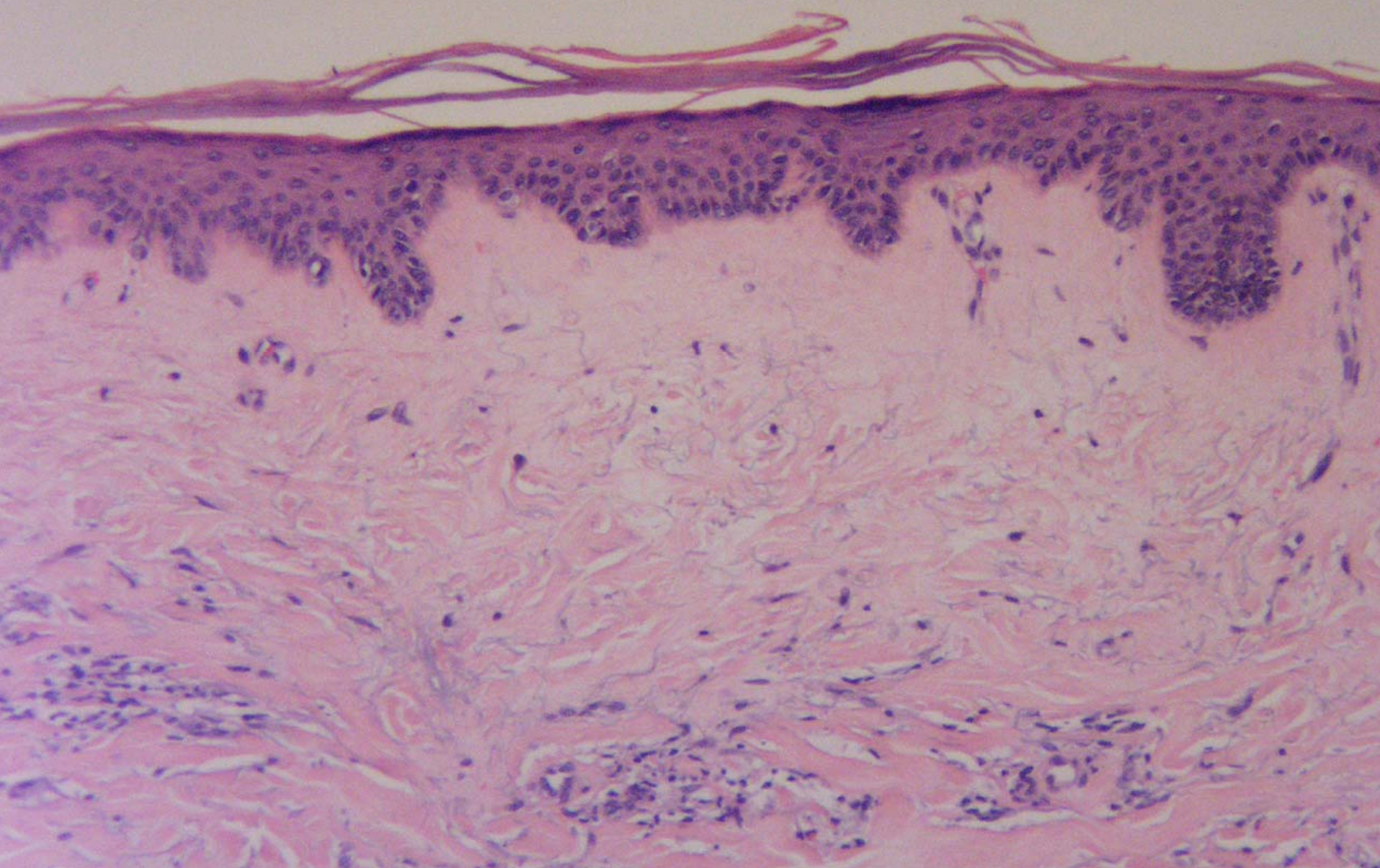
Suture Granuloma

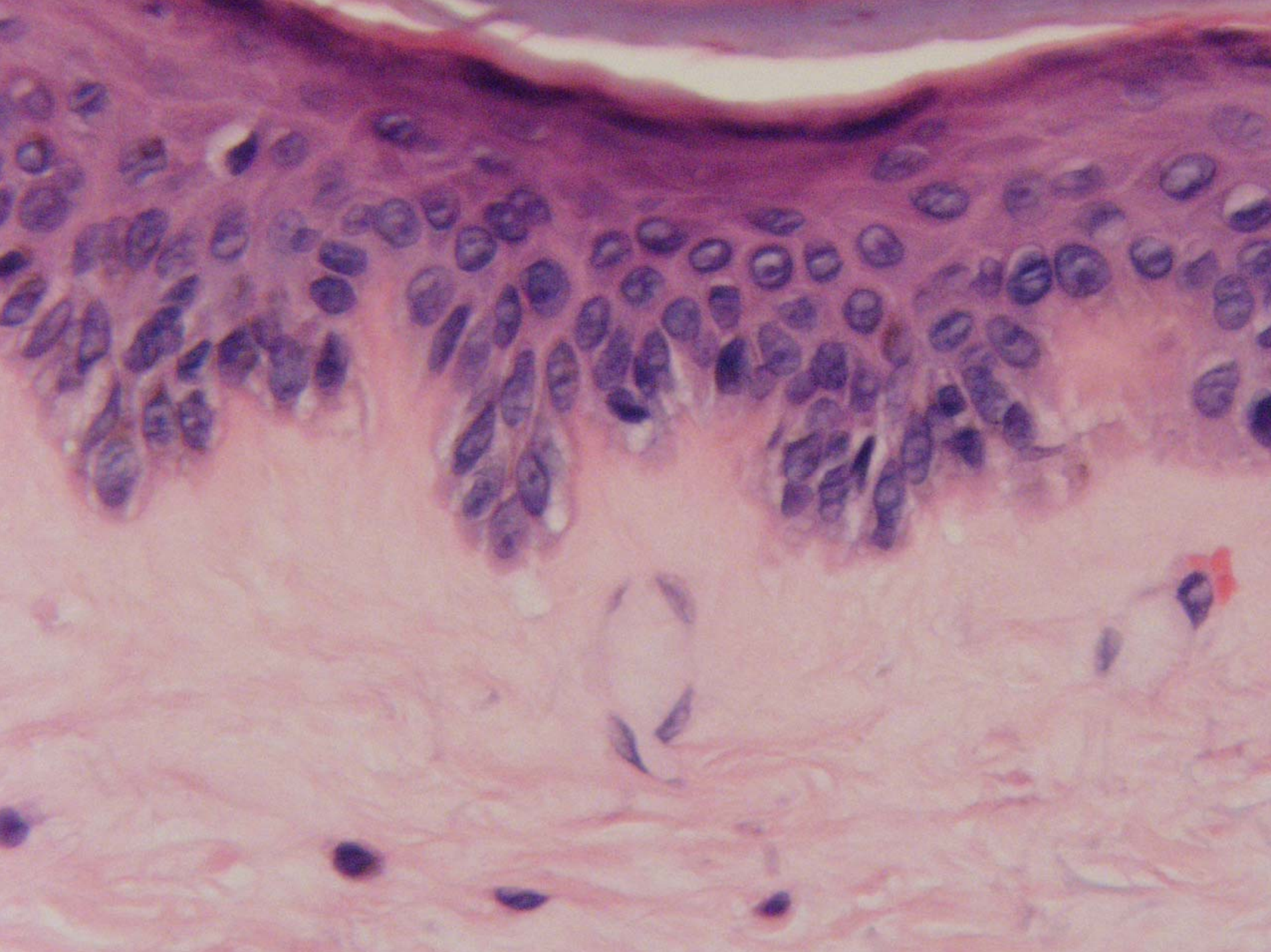
Histopathology

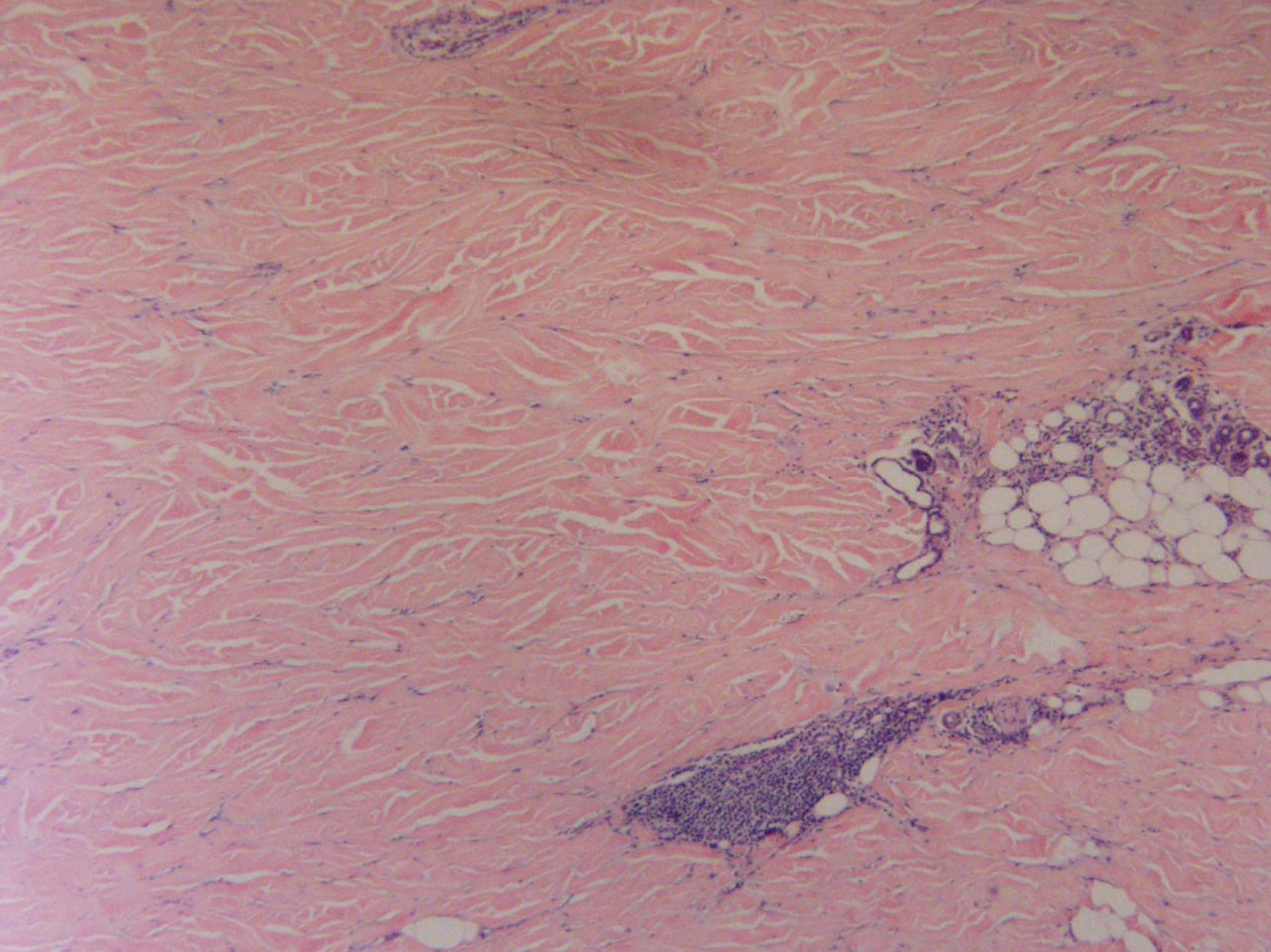


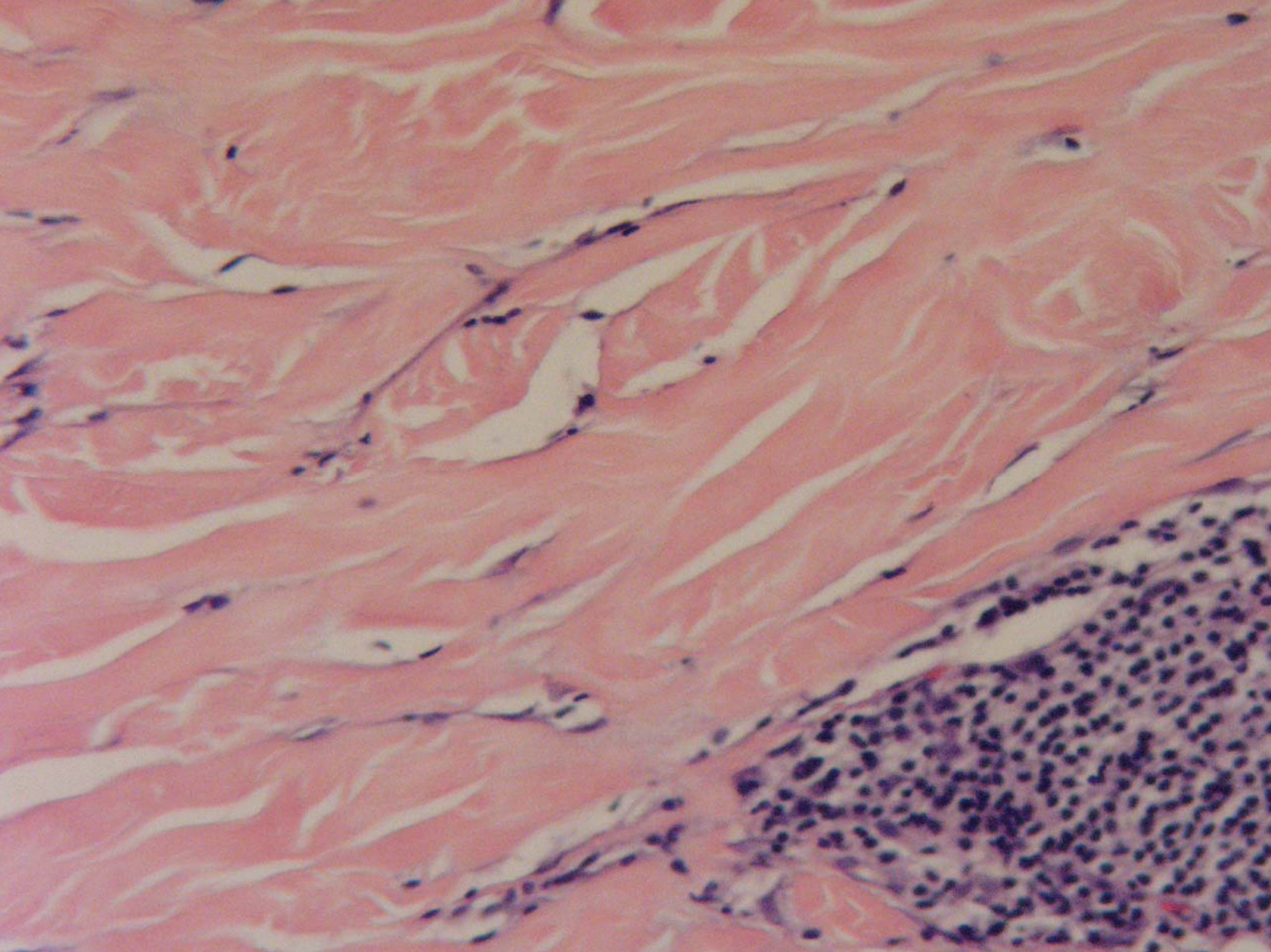
- Artifacts including knife chatter
- Foreign body giant cell reaction
- Polarize
- Linear scar

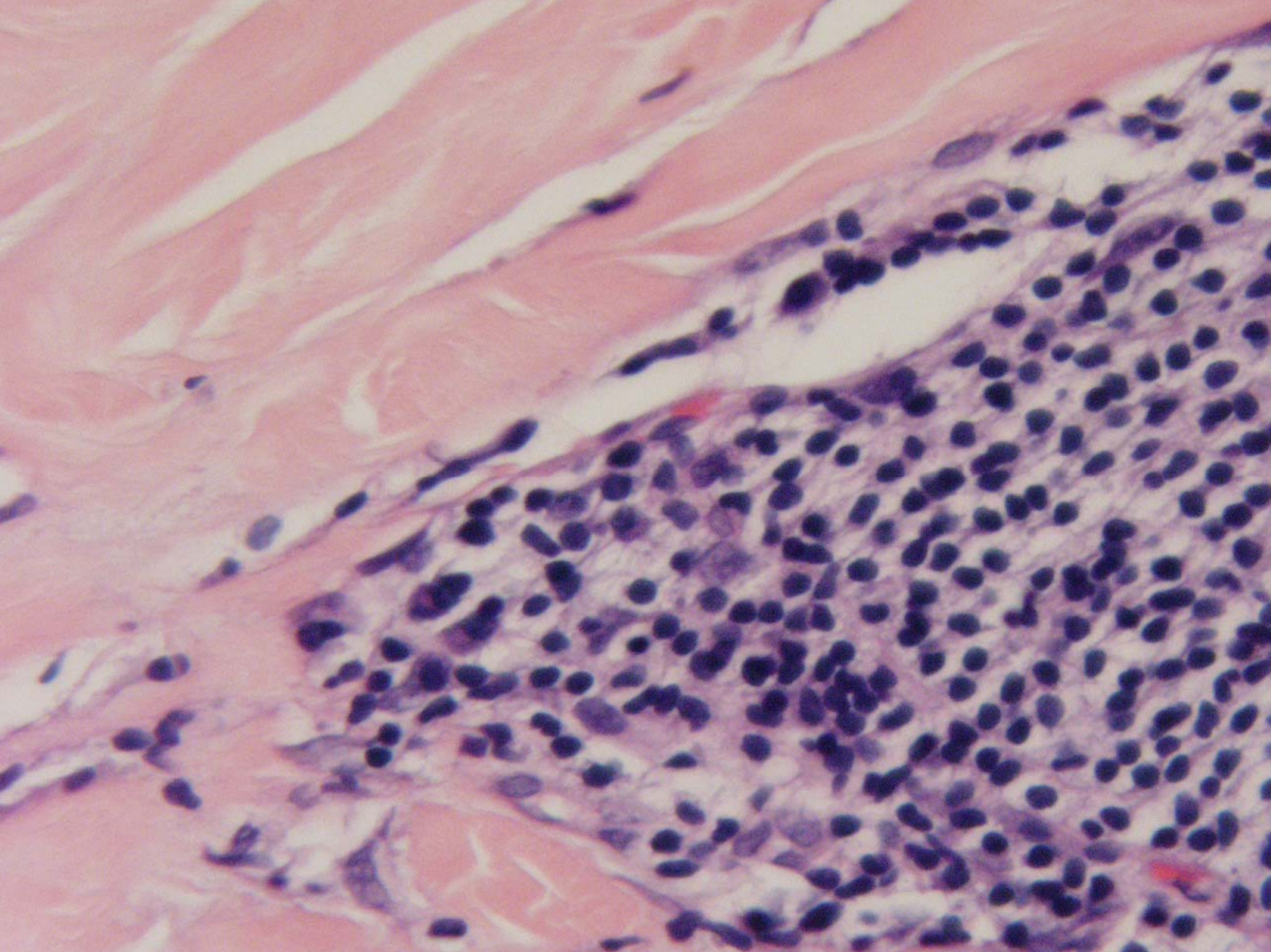






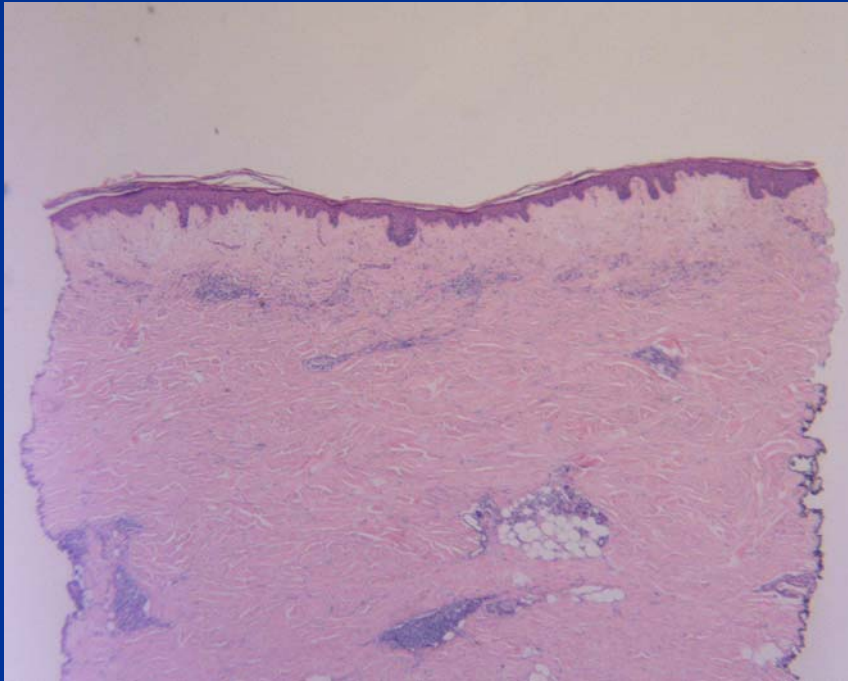




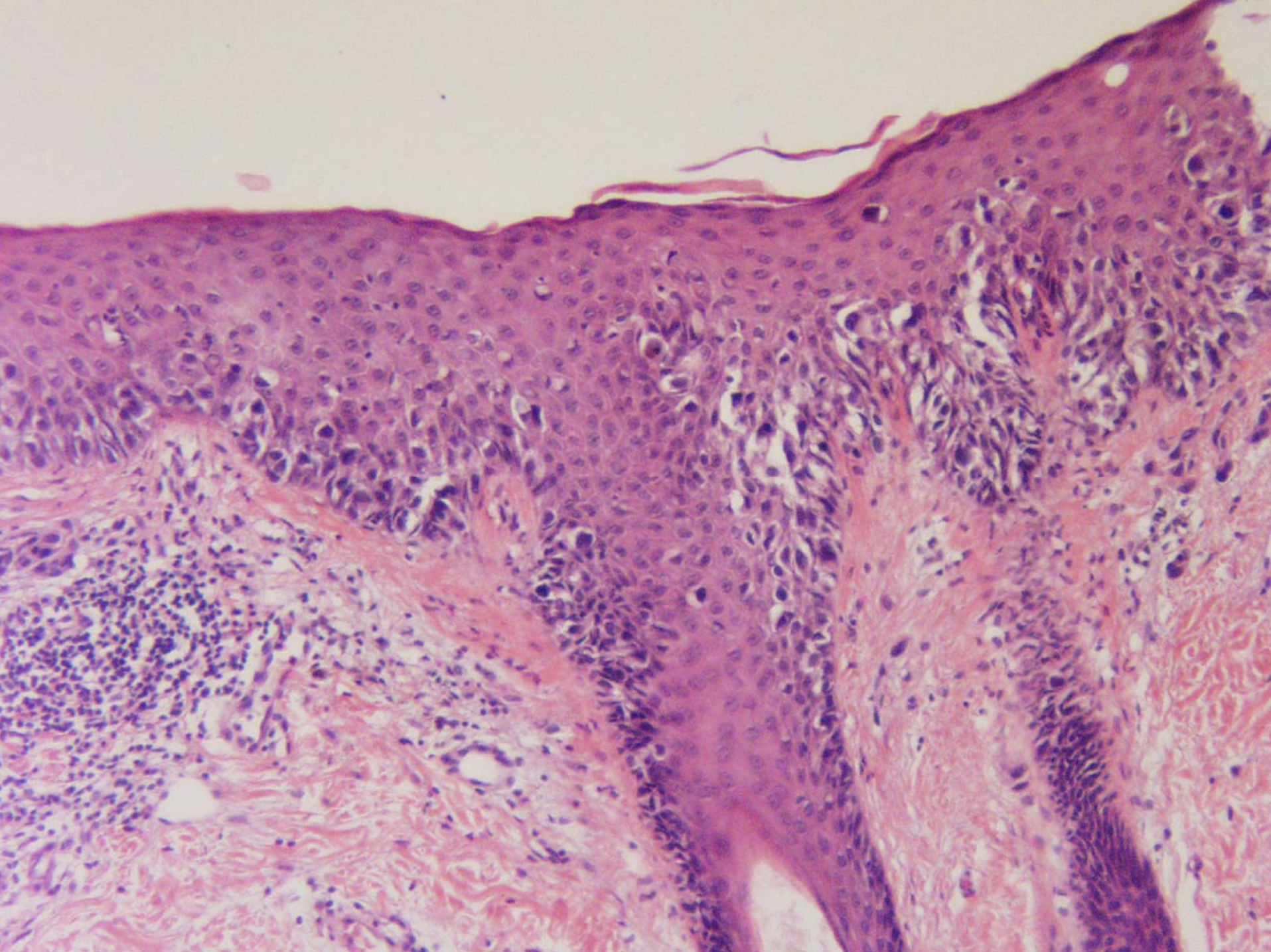


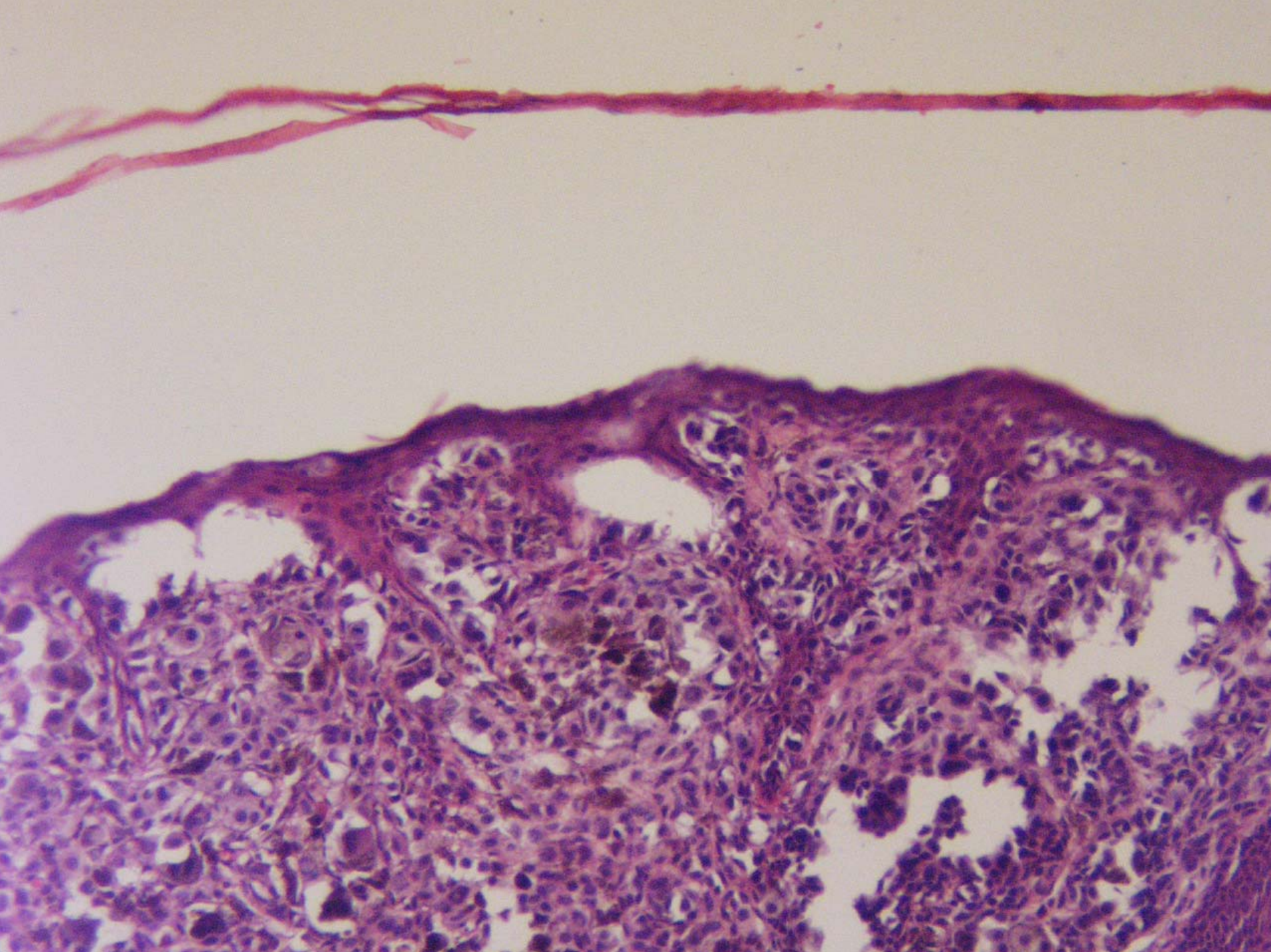
Morphea with LSEA

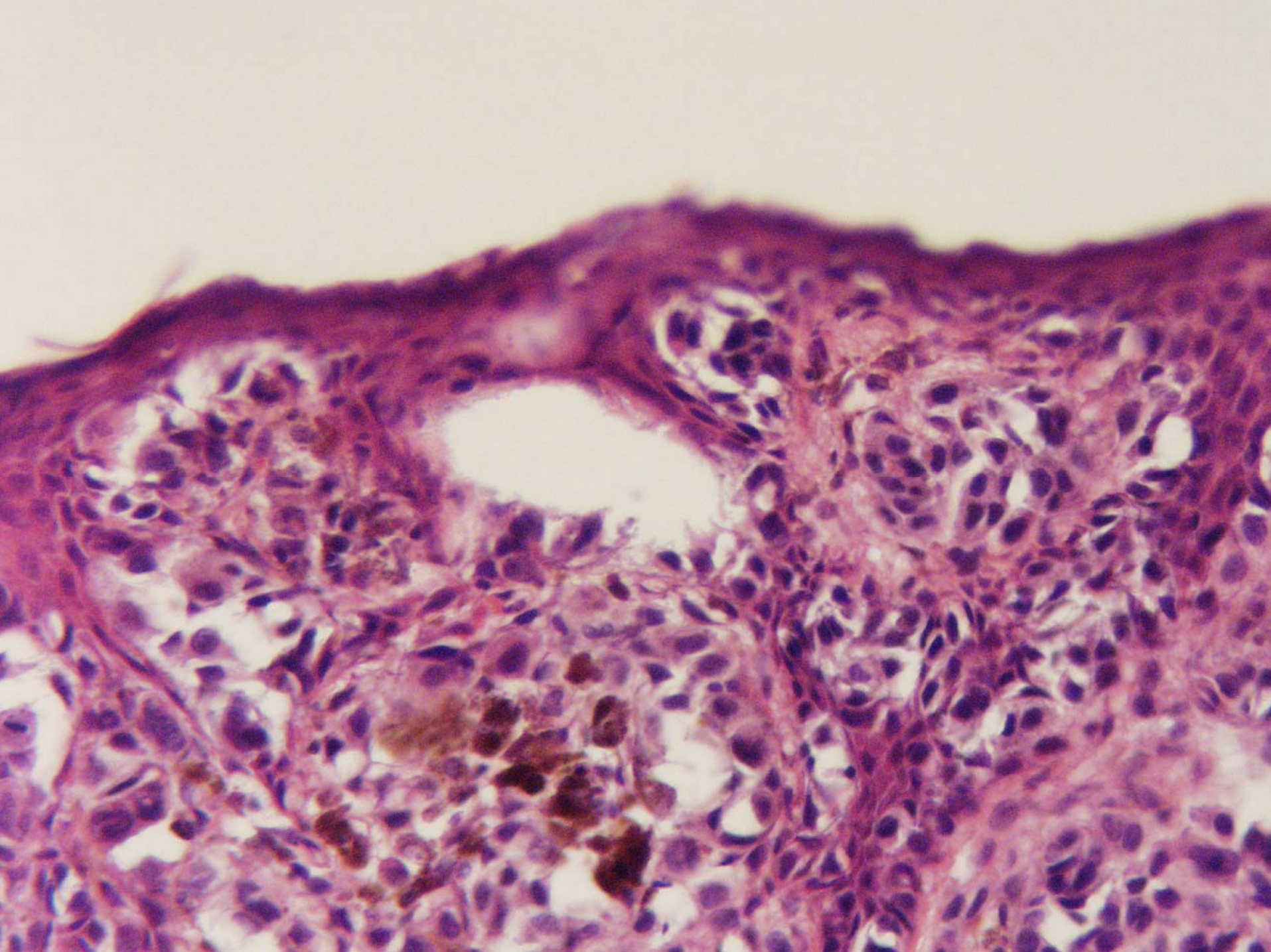
Histopathology

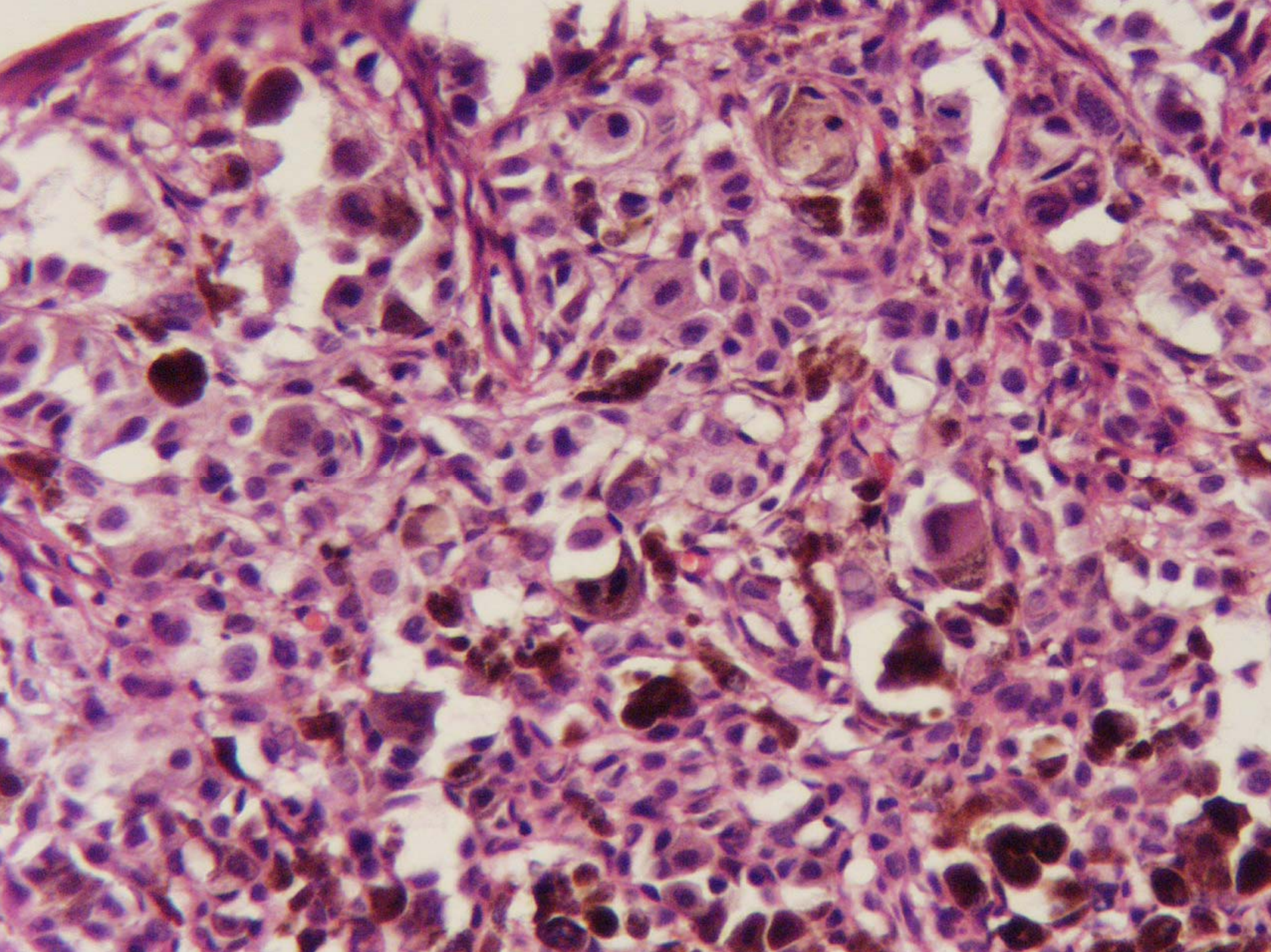


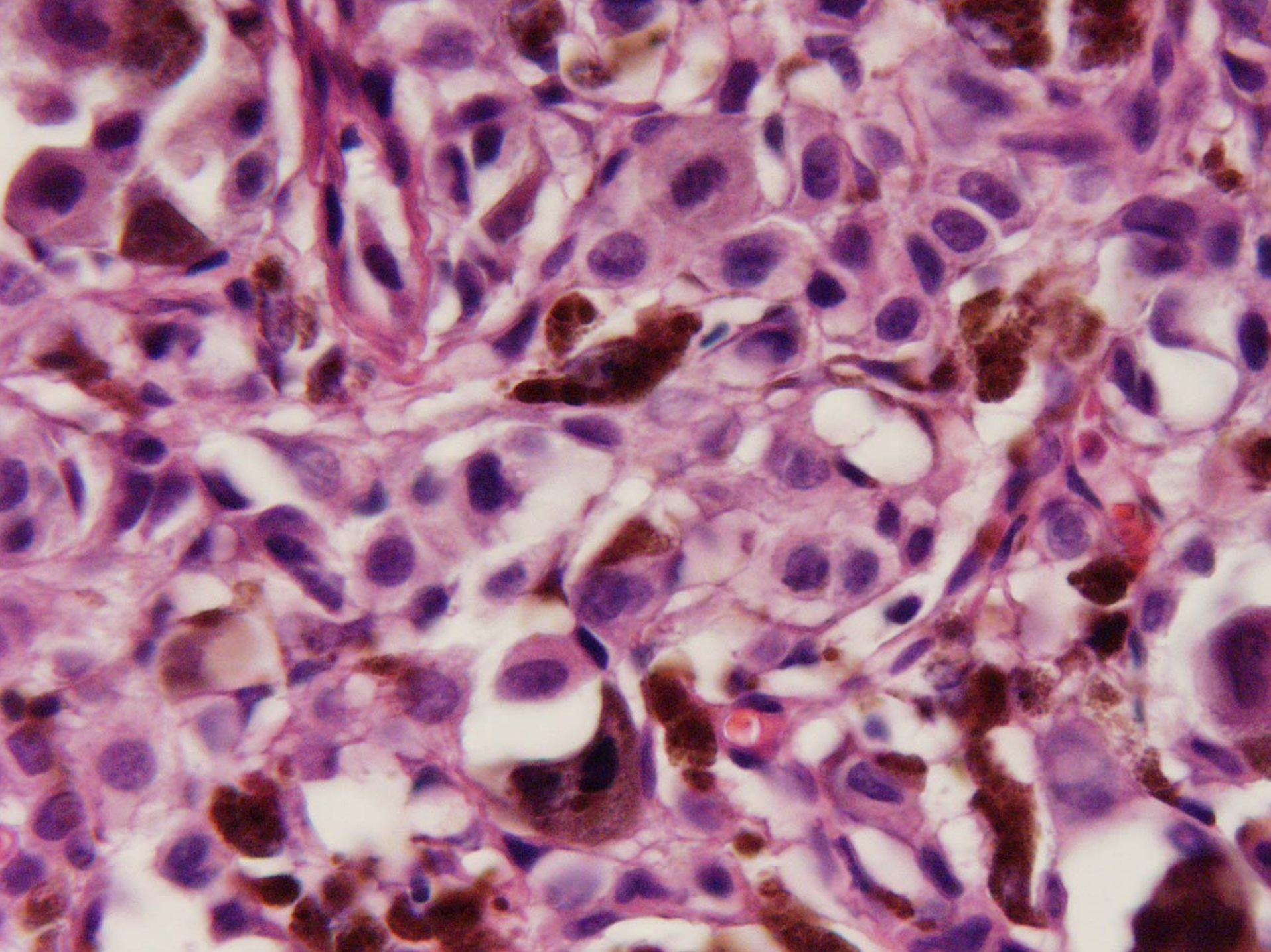
- LSEA epidermal changes with morphea dermal changes
- Rule out Borreliosis





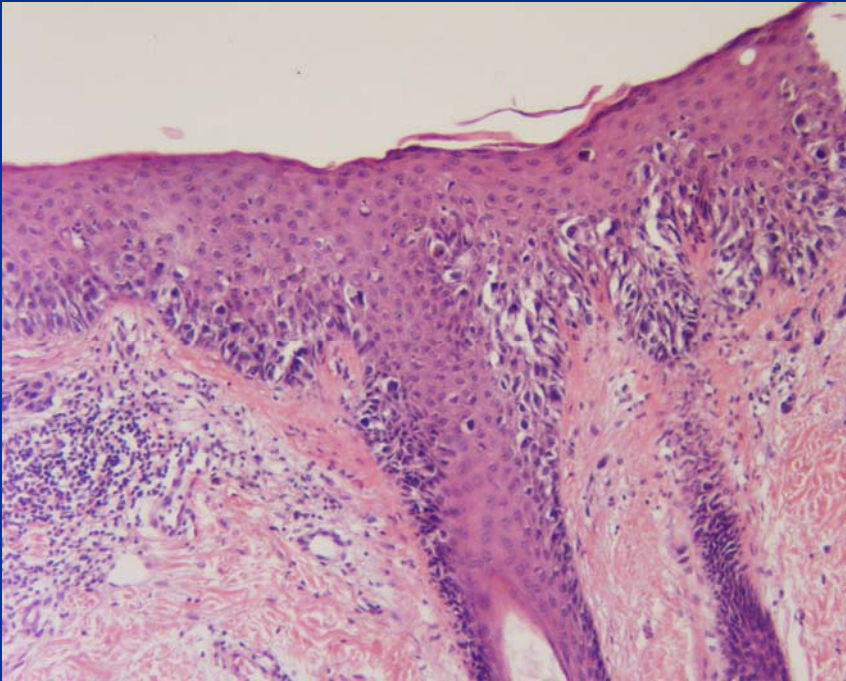




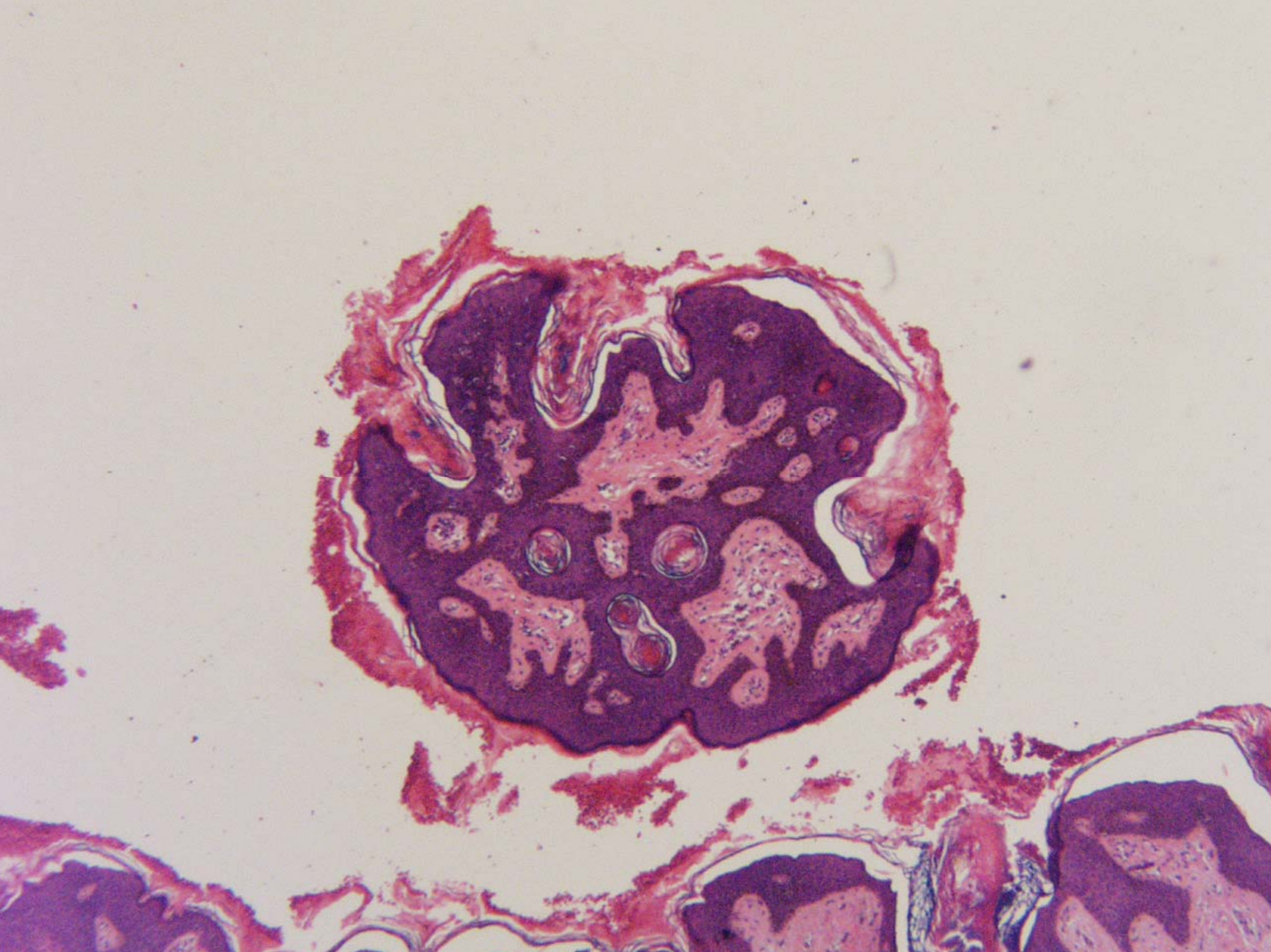


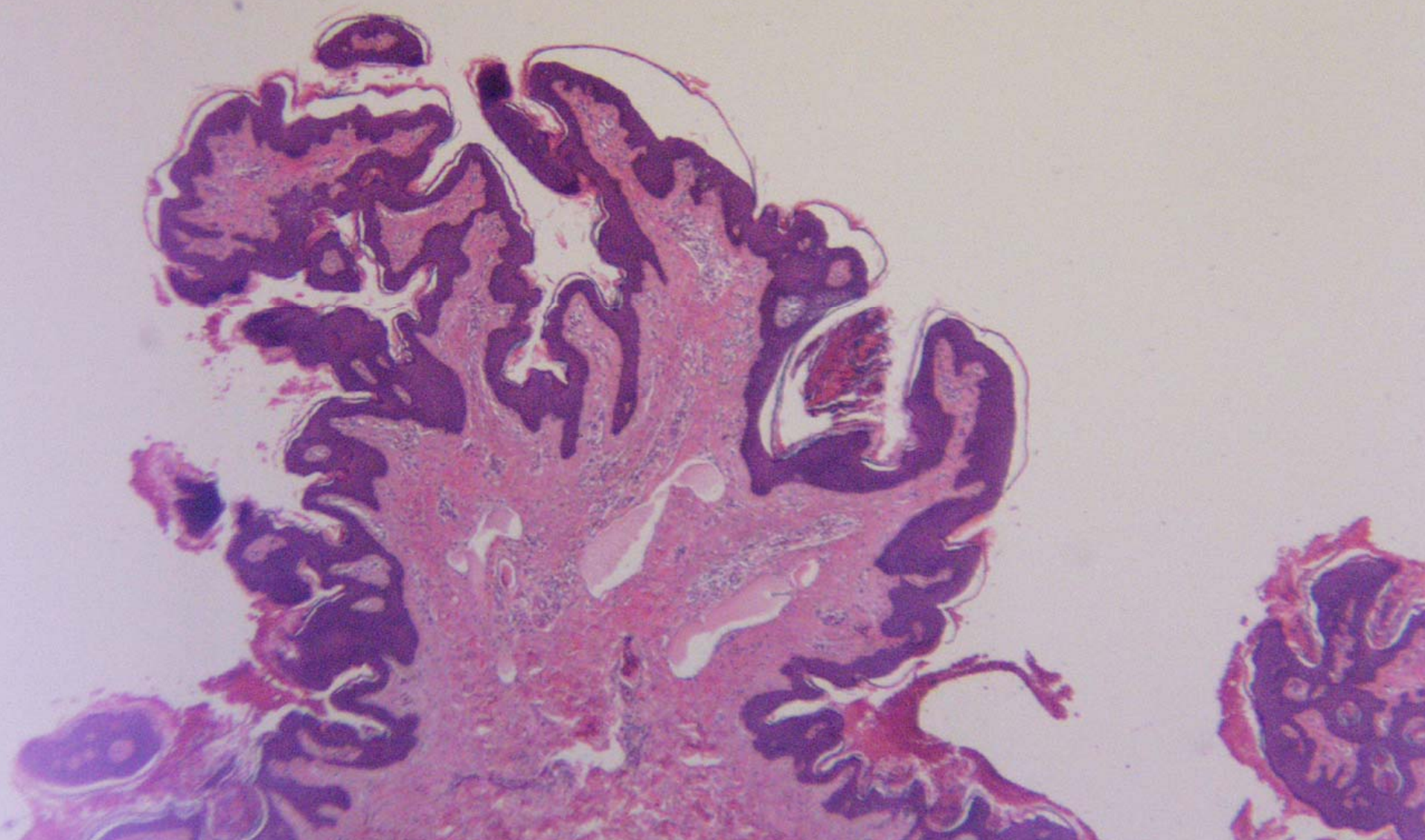
Malignant Melanoma

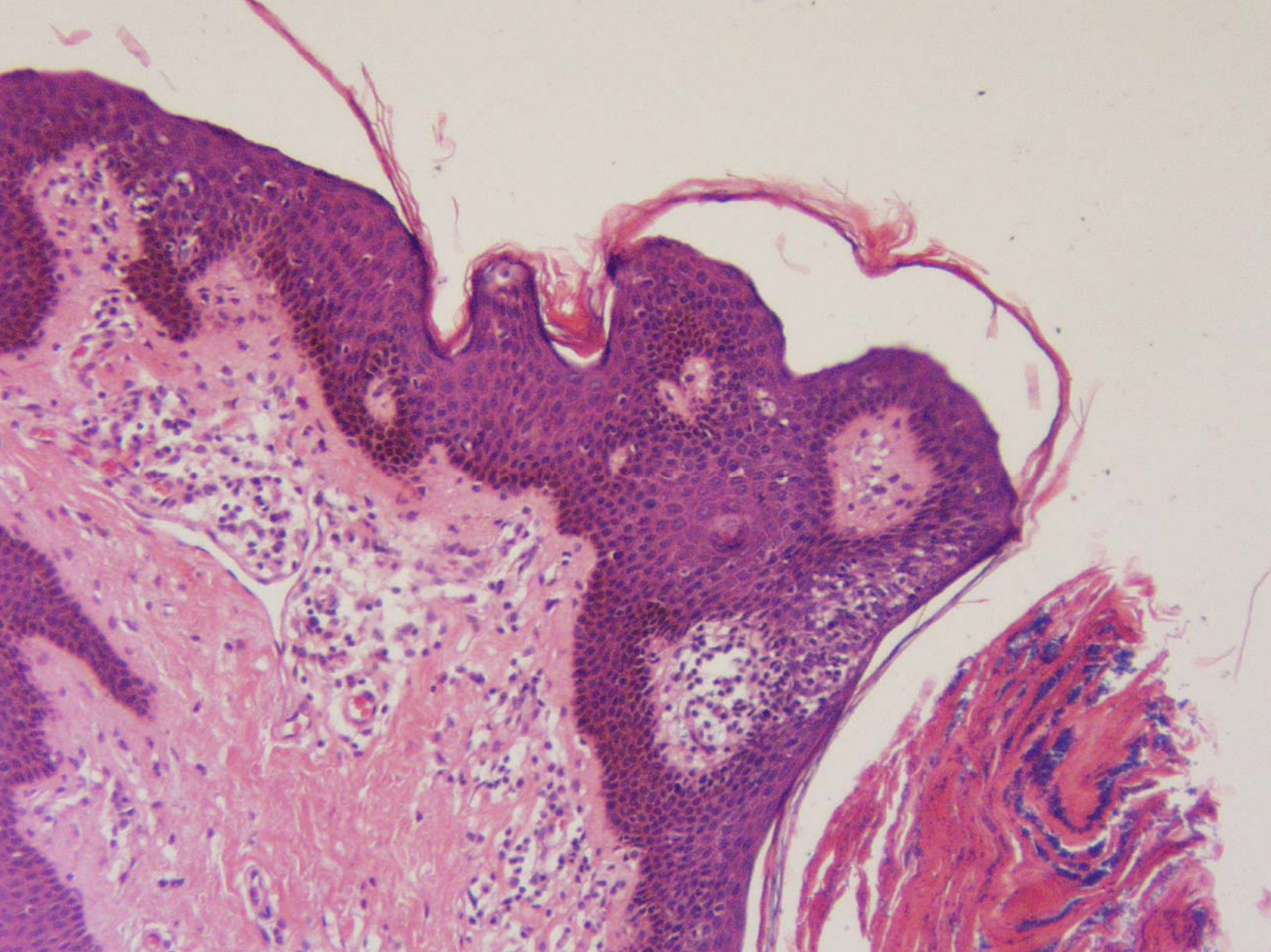
Histopathology

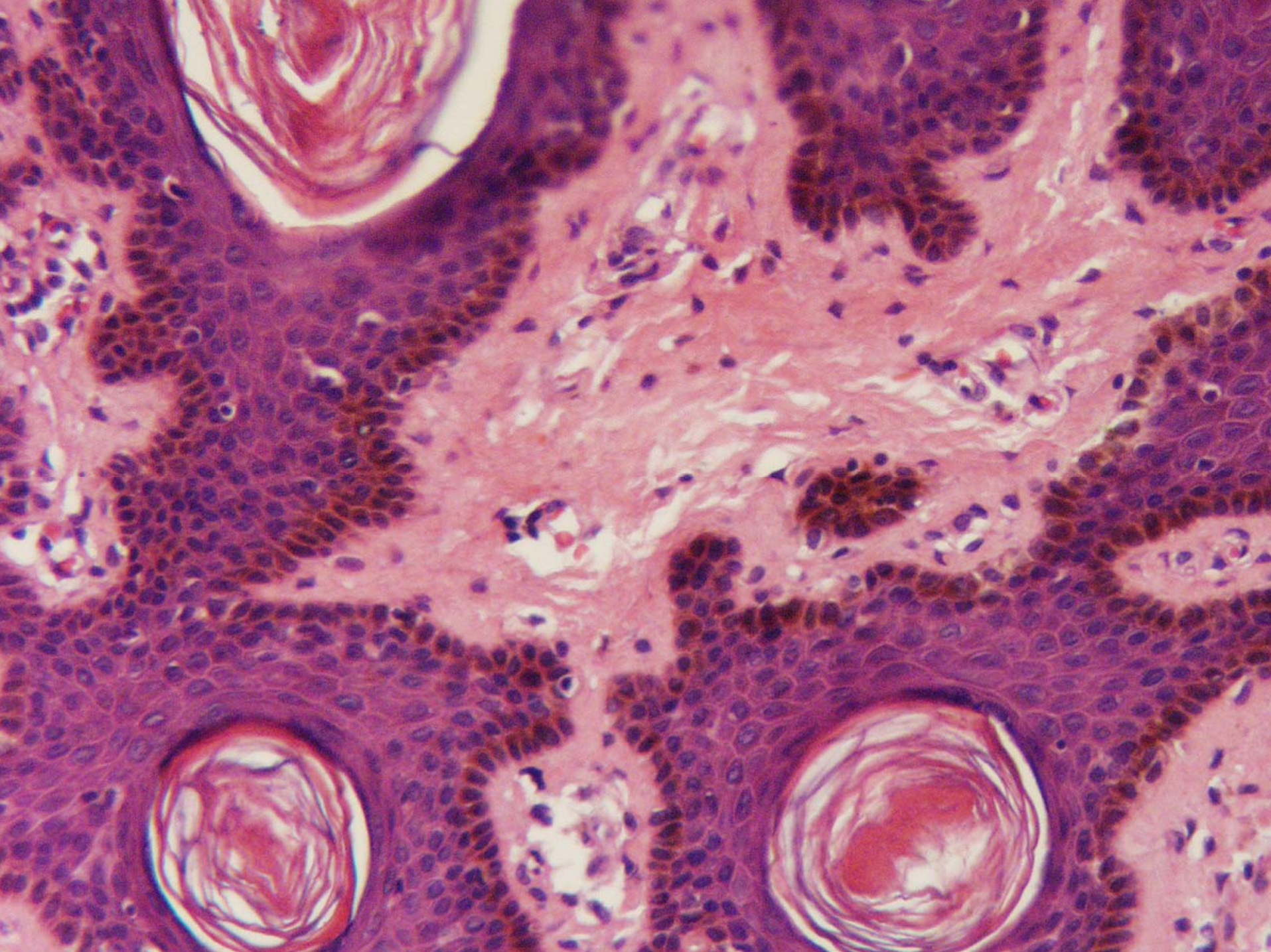


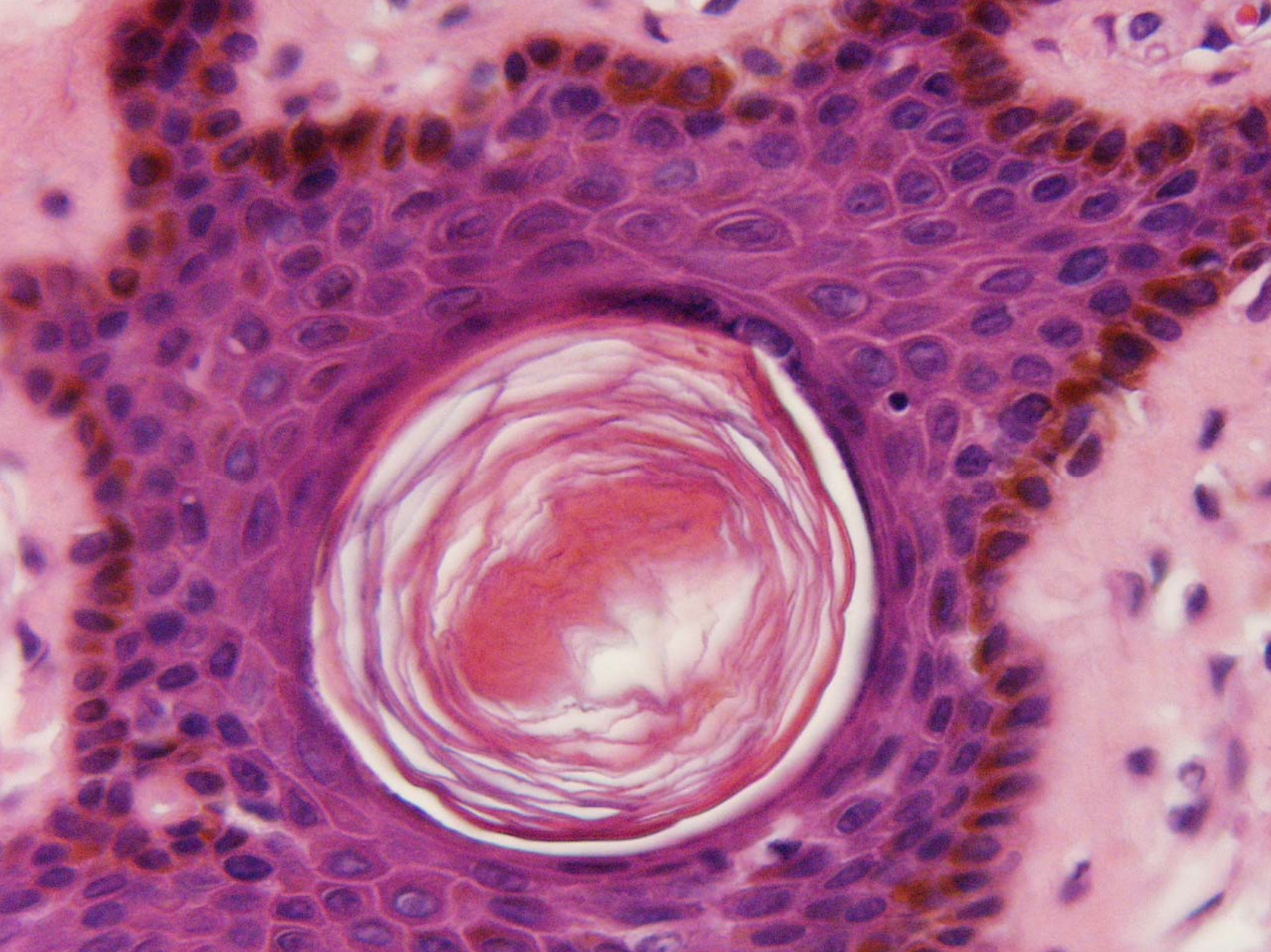
- Asymmetrical proliferation of malignant melanocytes
- Identify radial and vertical growth phases
- Caution in measuring around hair follicles, ulceration
- Include regression, satellite lesions, MF





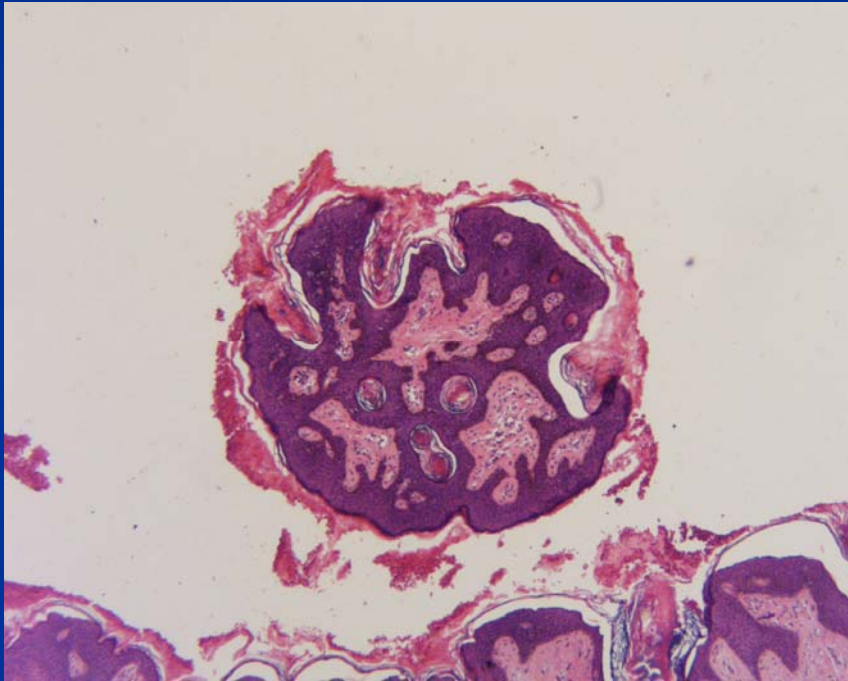






Epidermal Nevus

Histopathology



- Epidermal papillomatosis and horn pseudocysts
- Superficial biopsies may have skin tag appearance
- Caution in SK diagnosis in children
- Complete excision