

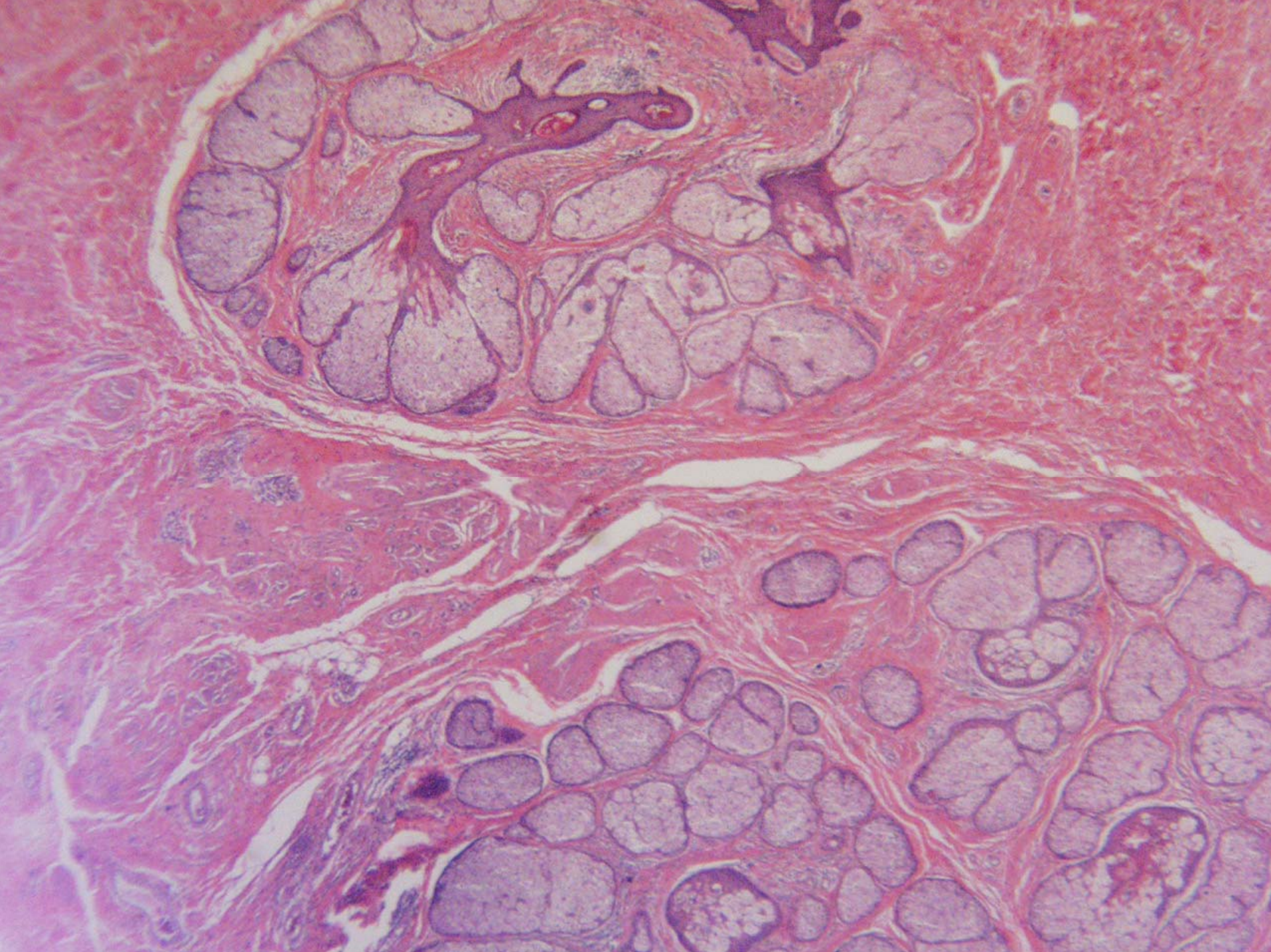
Dermatopathology

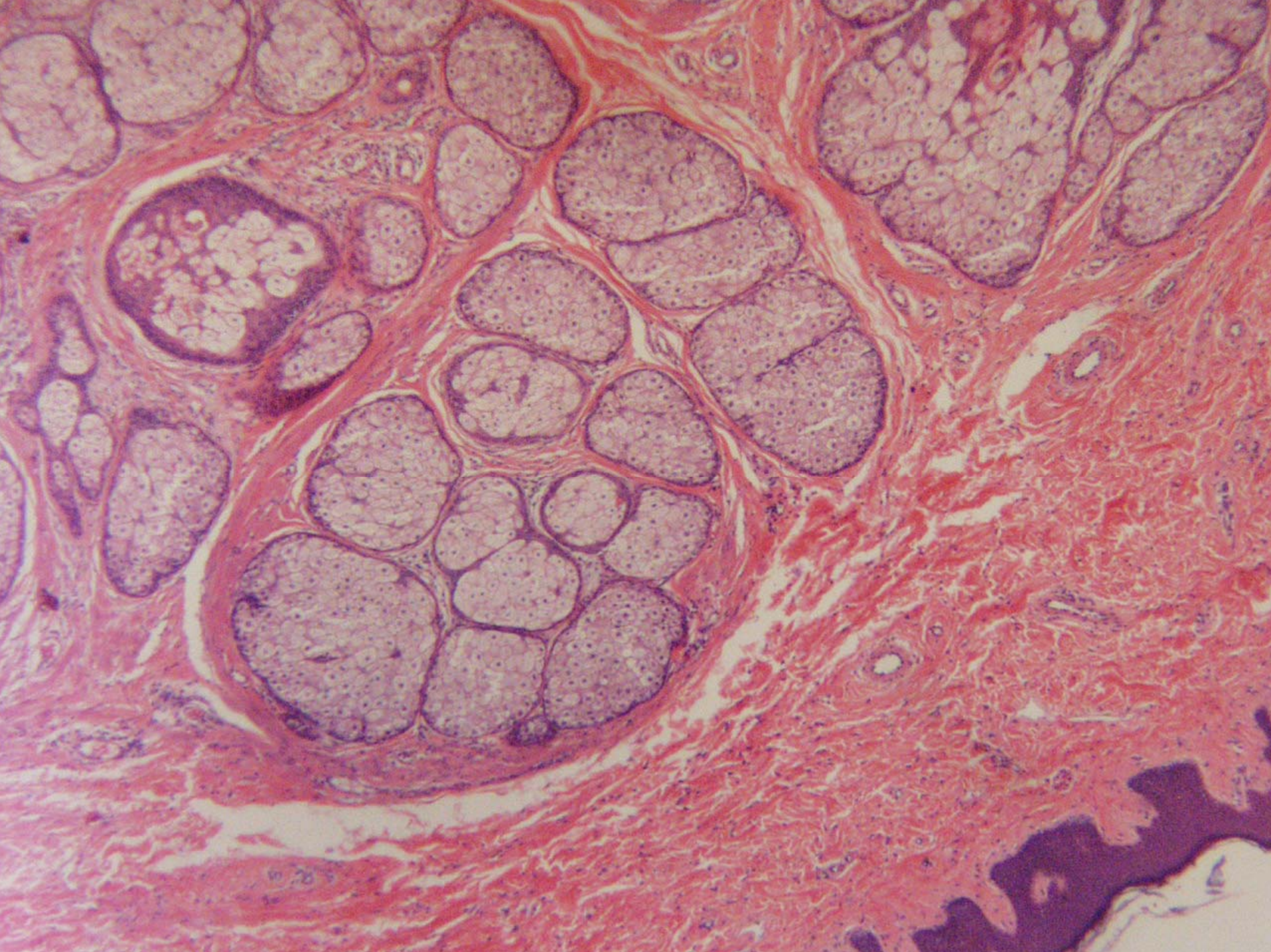
Slide Review Part 13

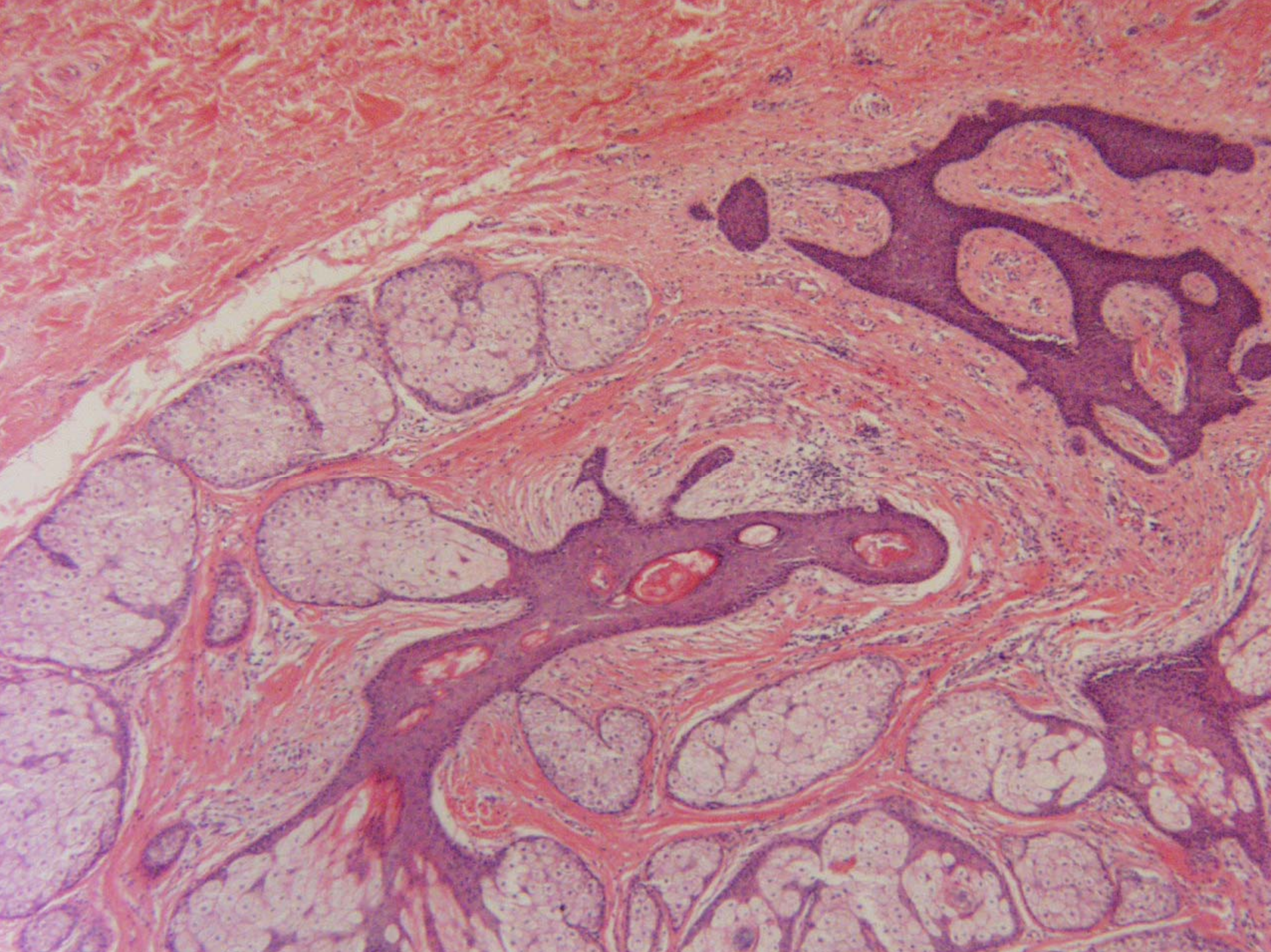
Paul K. Shitabata, M.D.

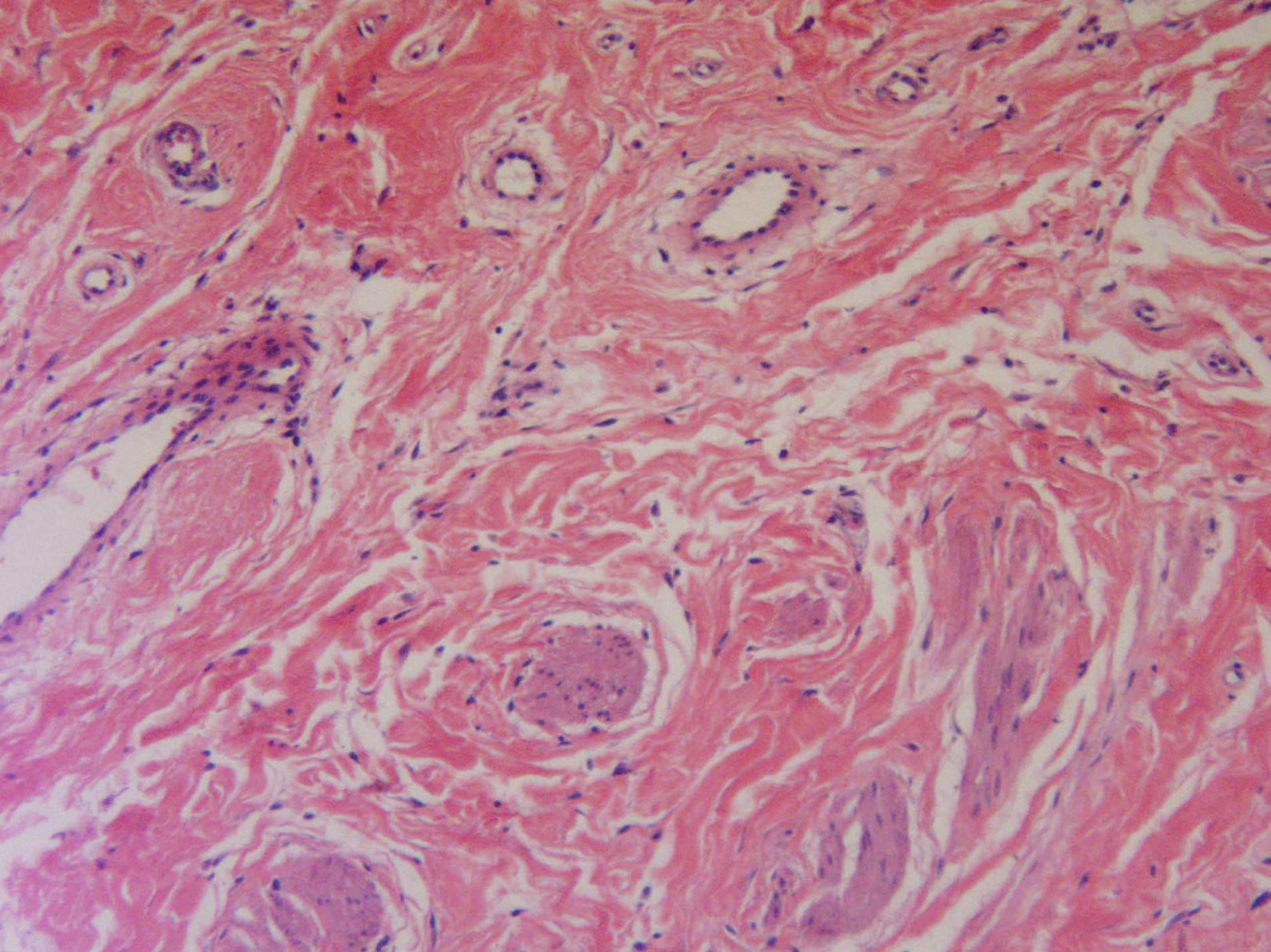
Dermatopathologist

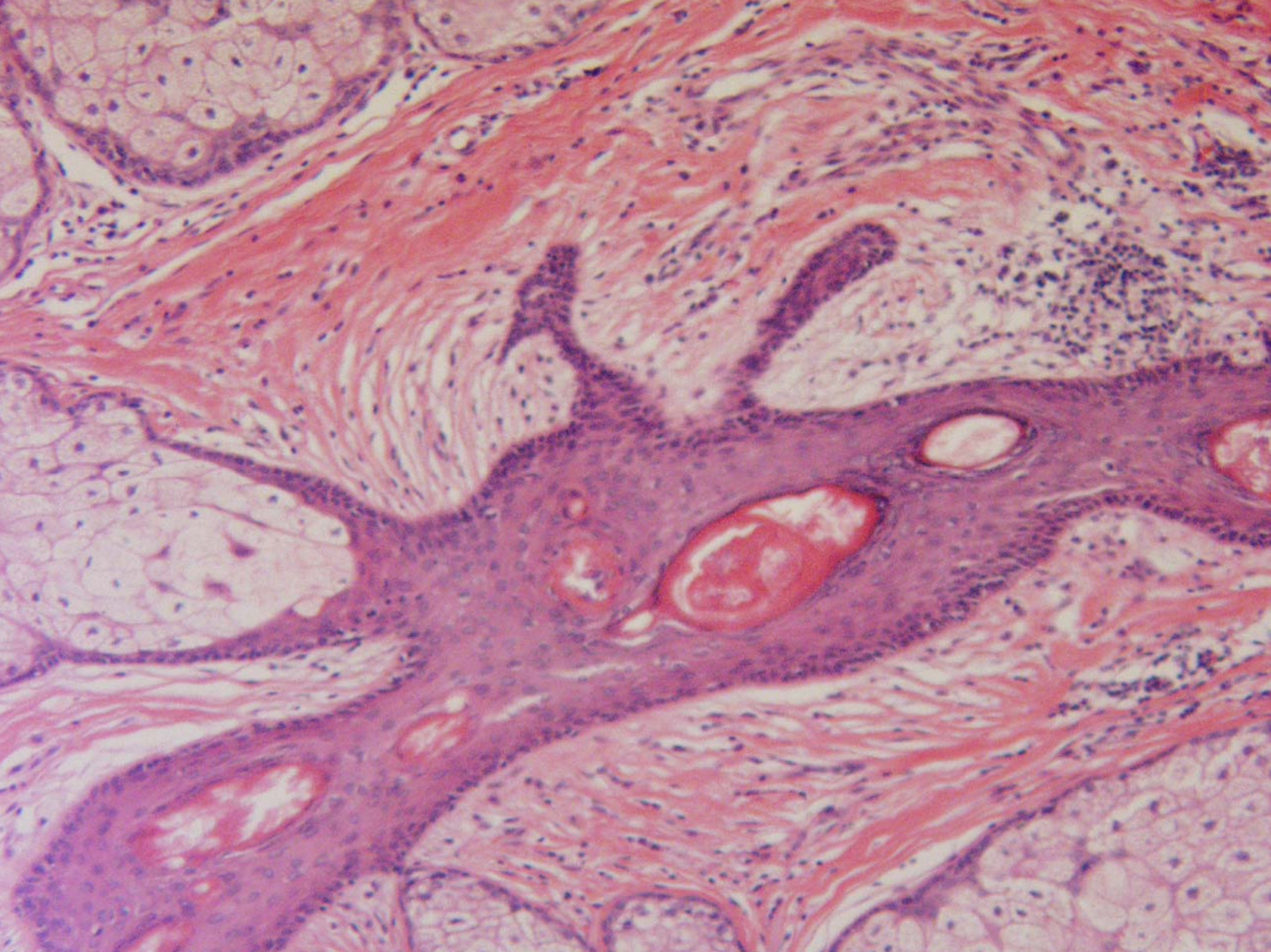
Pathology Inc.

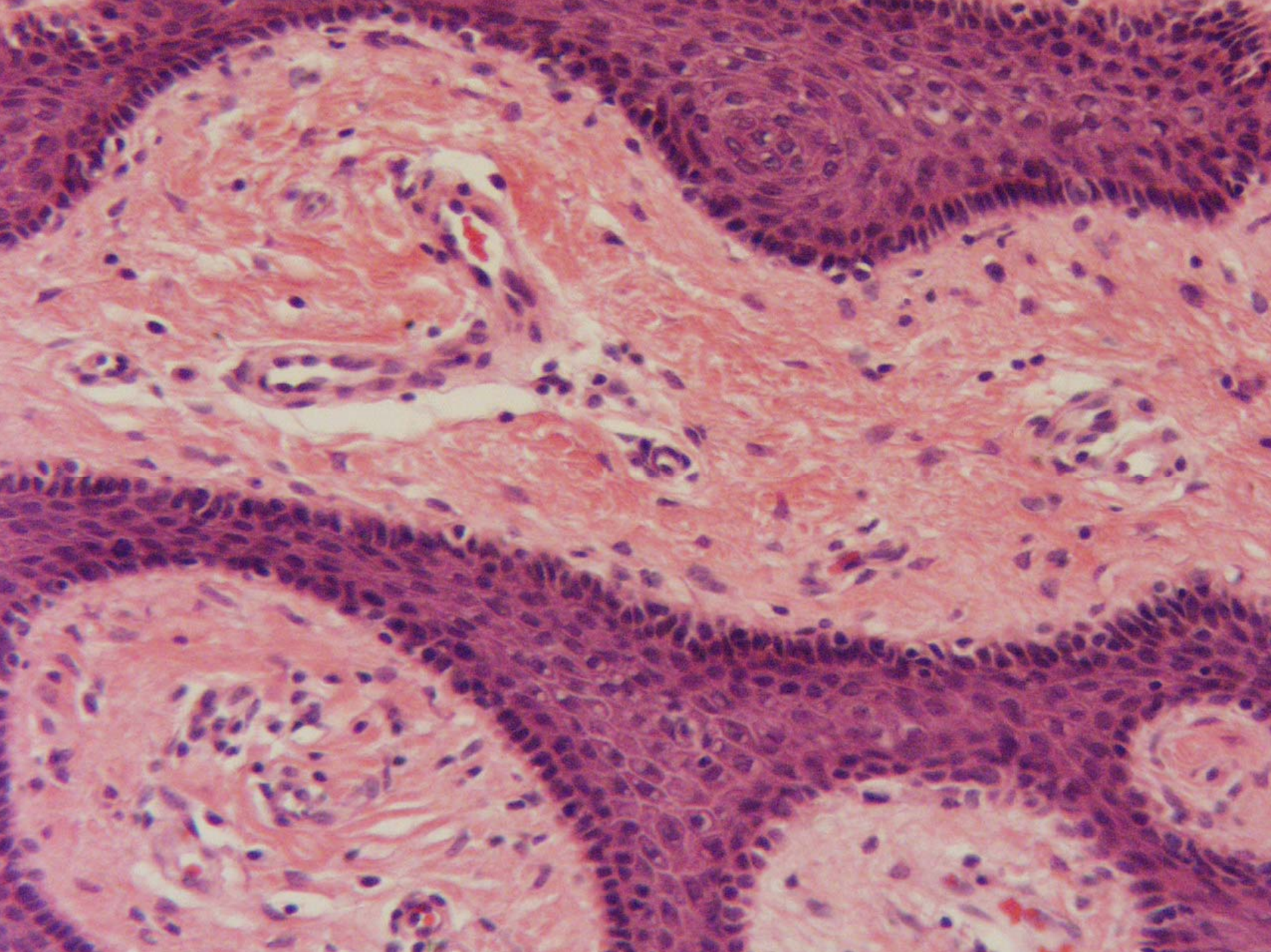






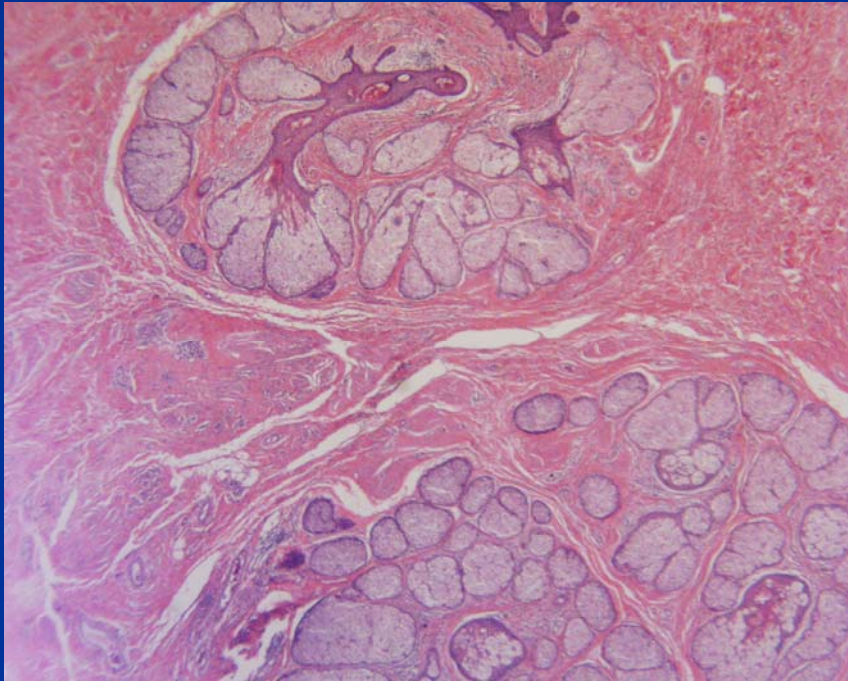




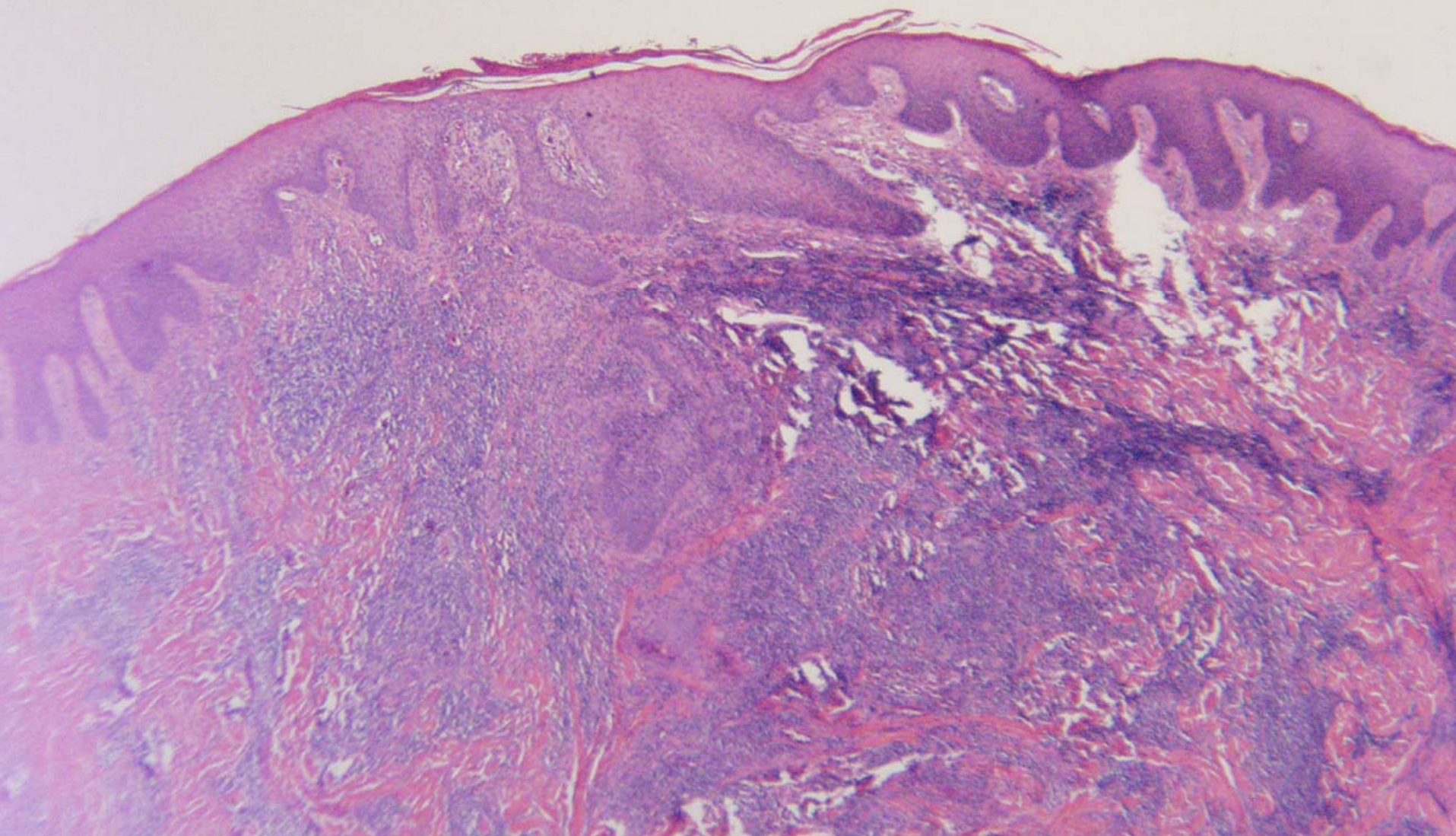


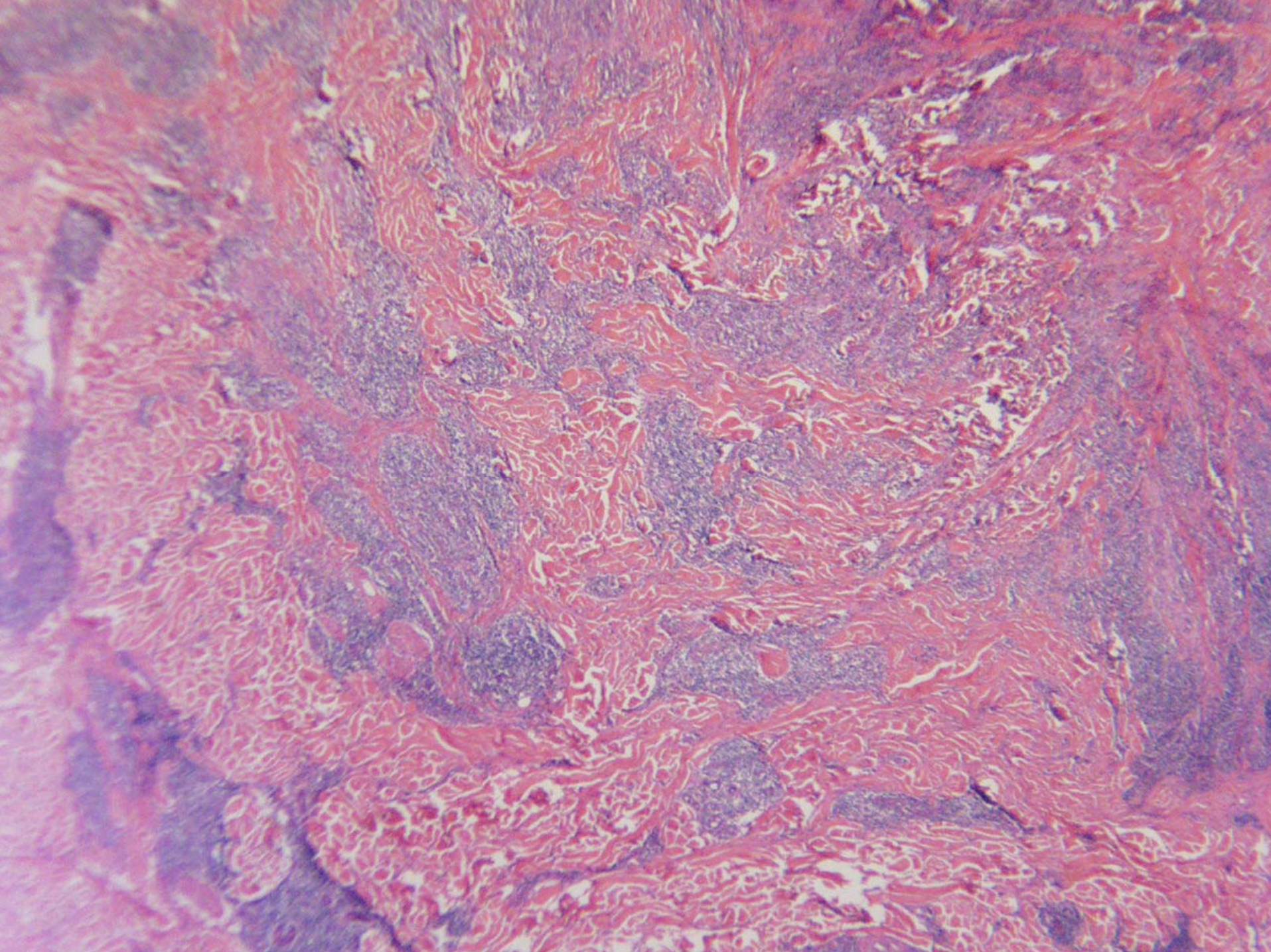
Montgomery Tubercle

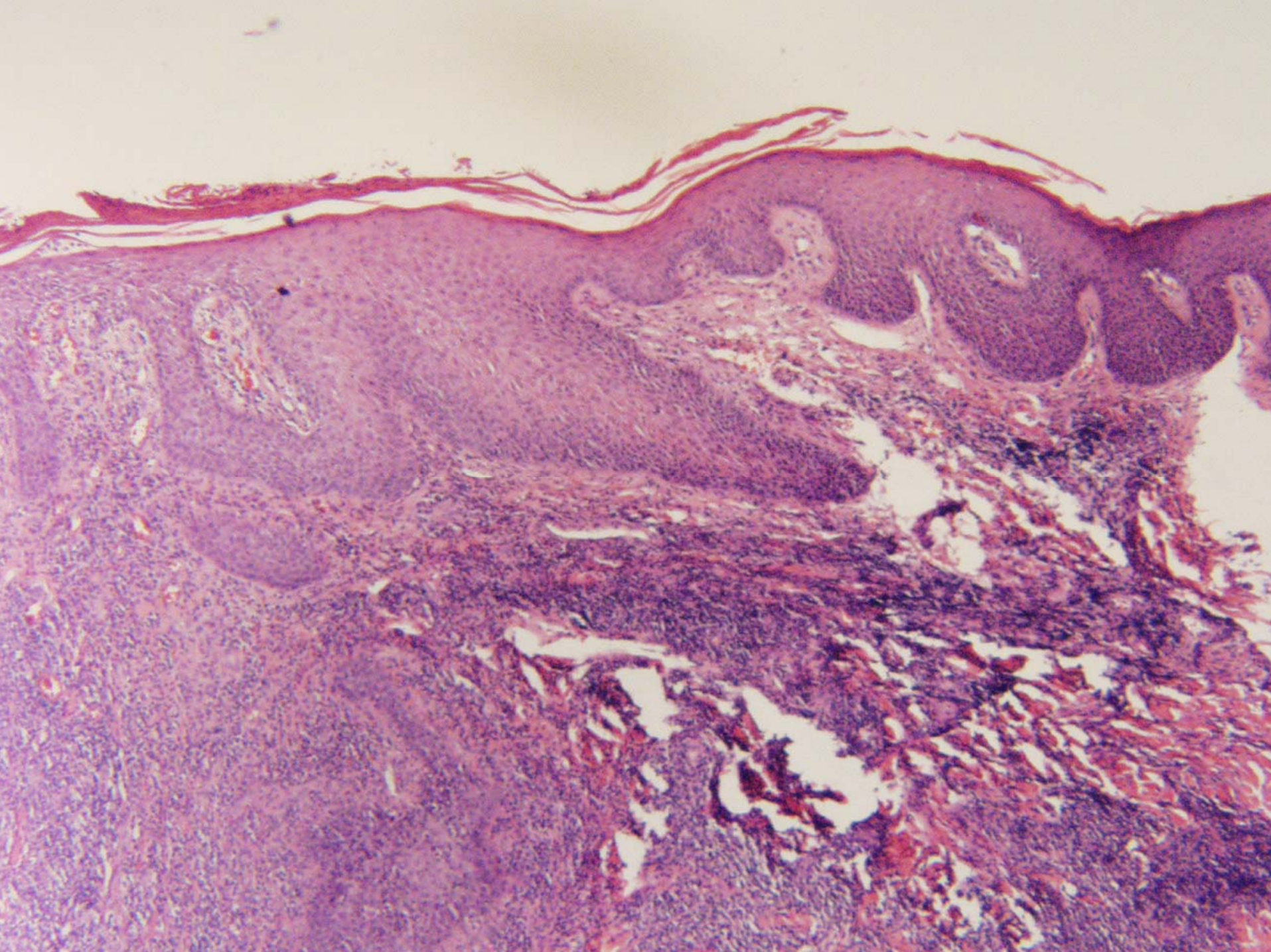
Histopathology

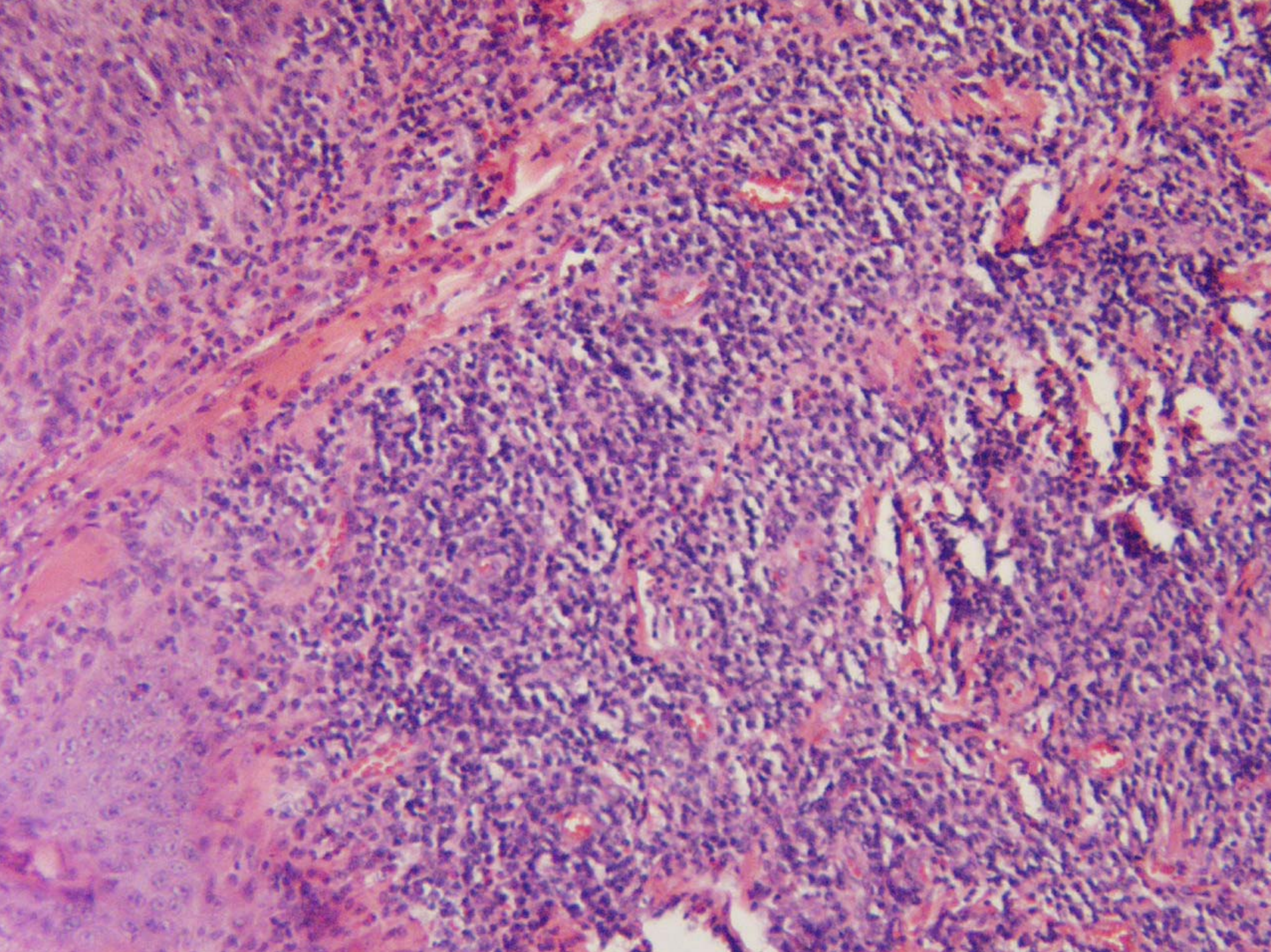


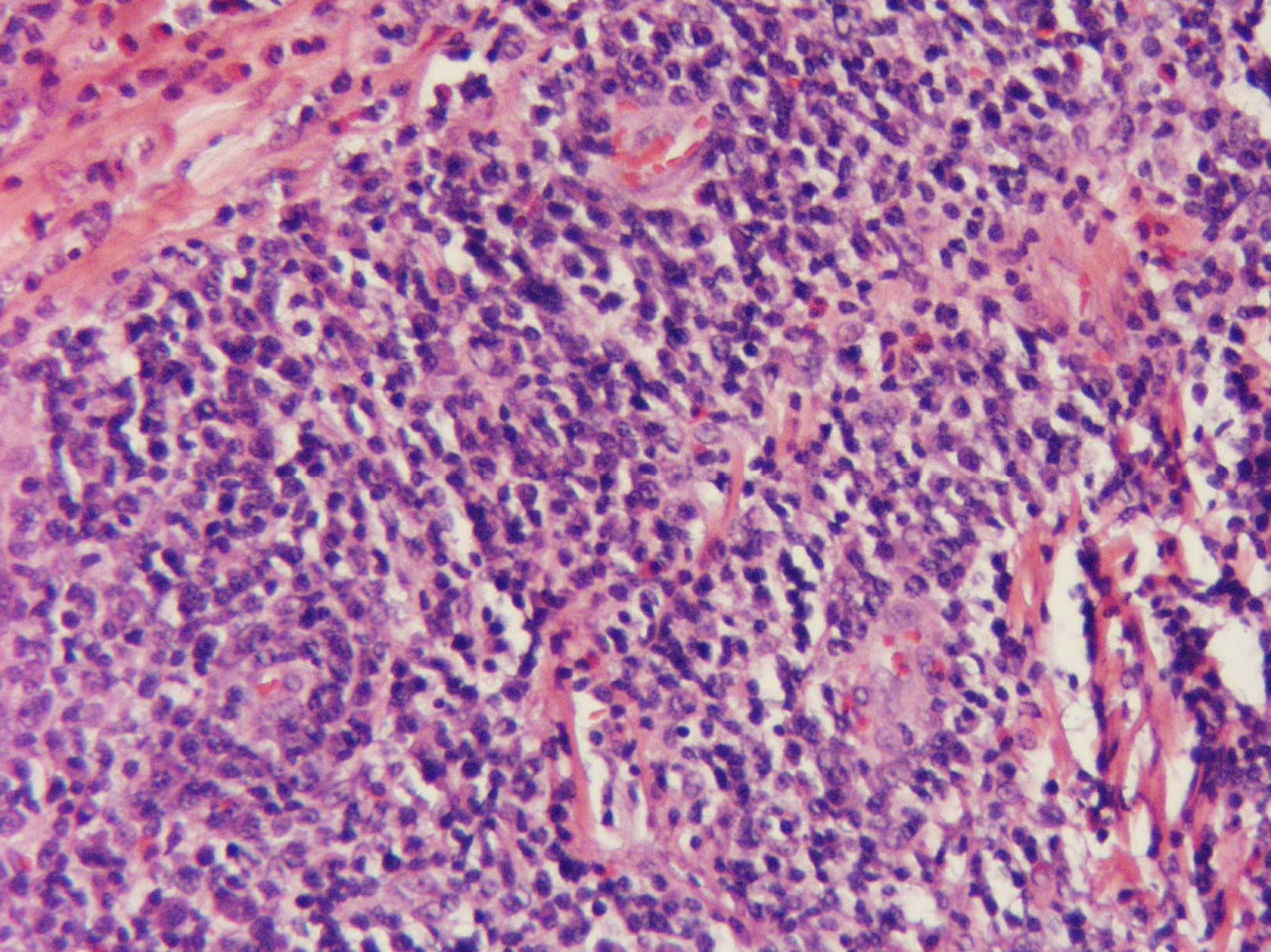
- Mature sebaceous glands
- Clinical correlation
- Analogy to Fordyce's spots

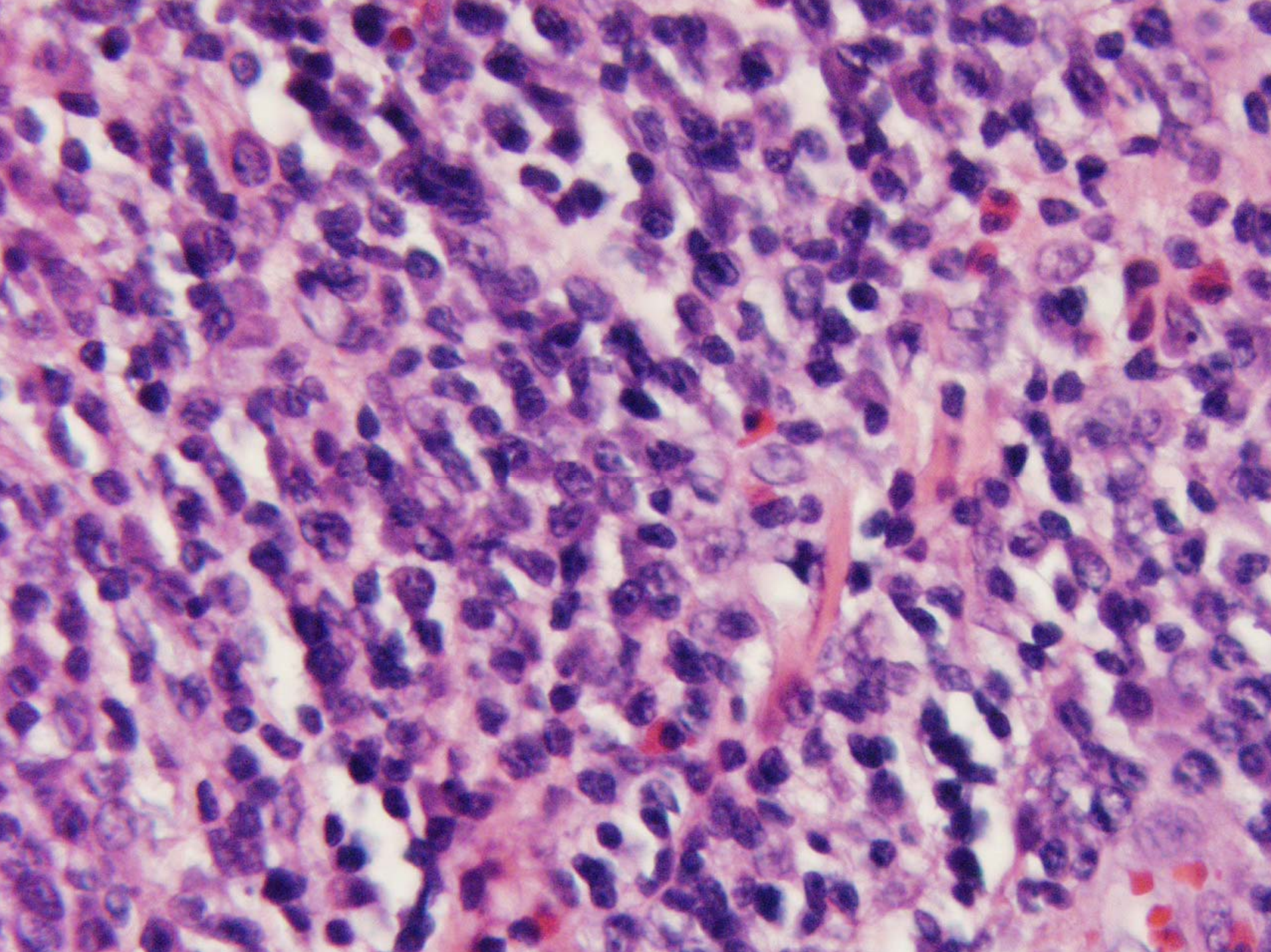






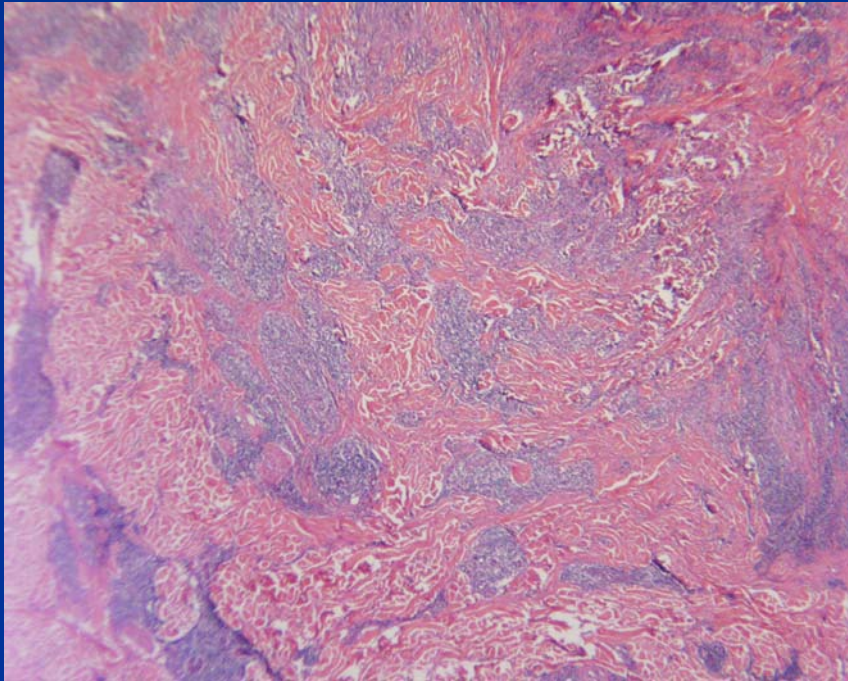






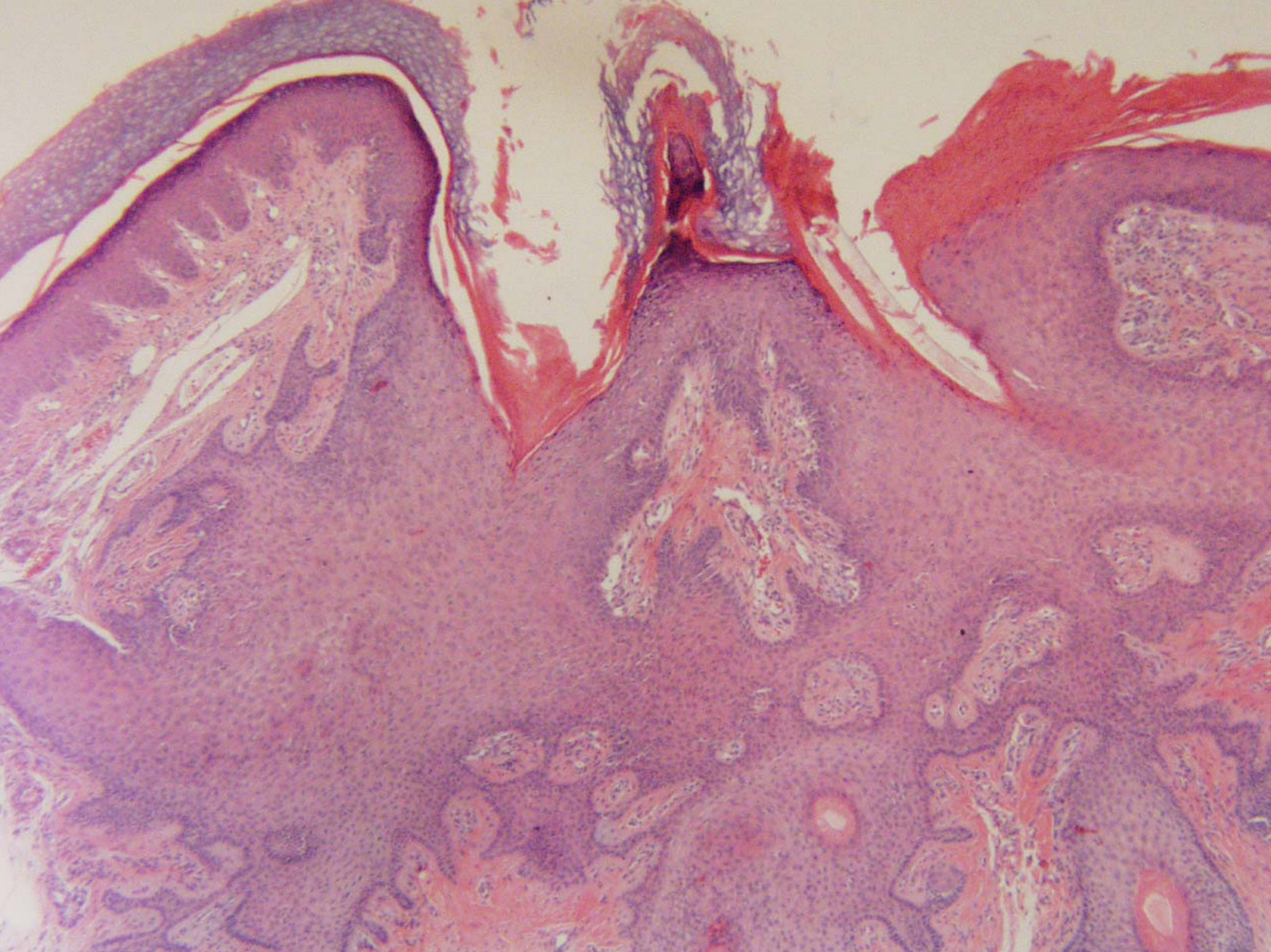
Tick Bite Reaction

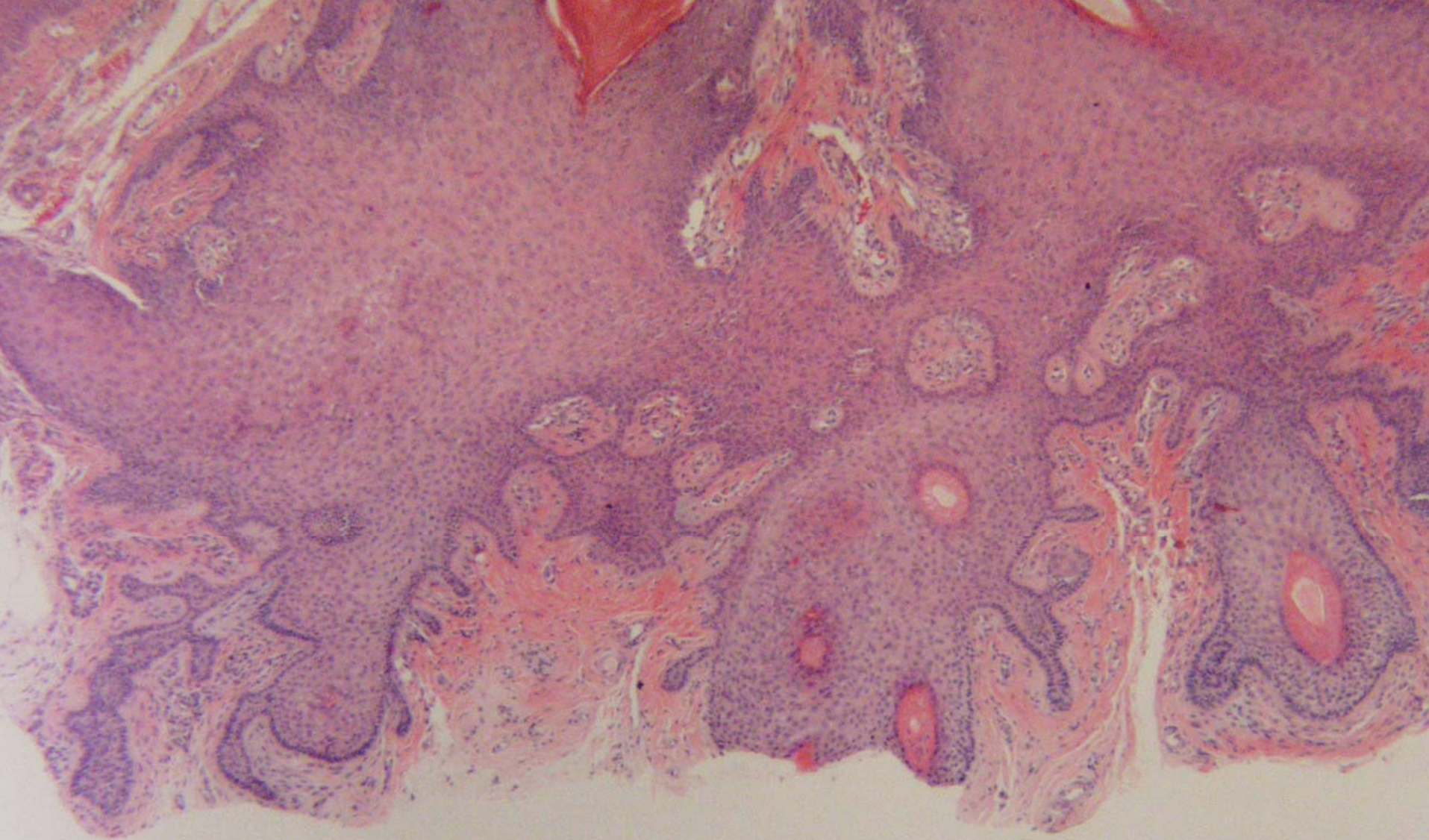
Histopathology

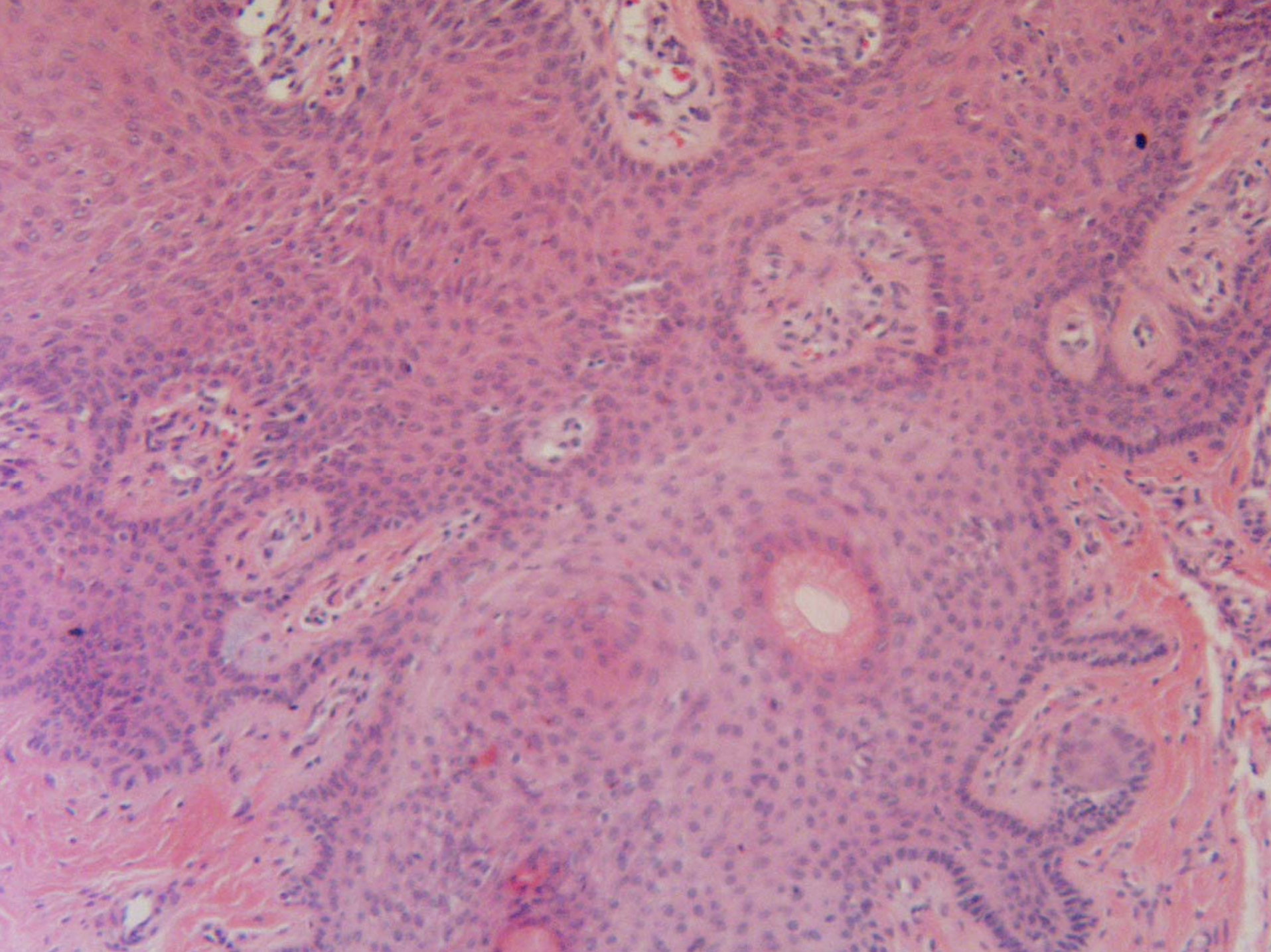


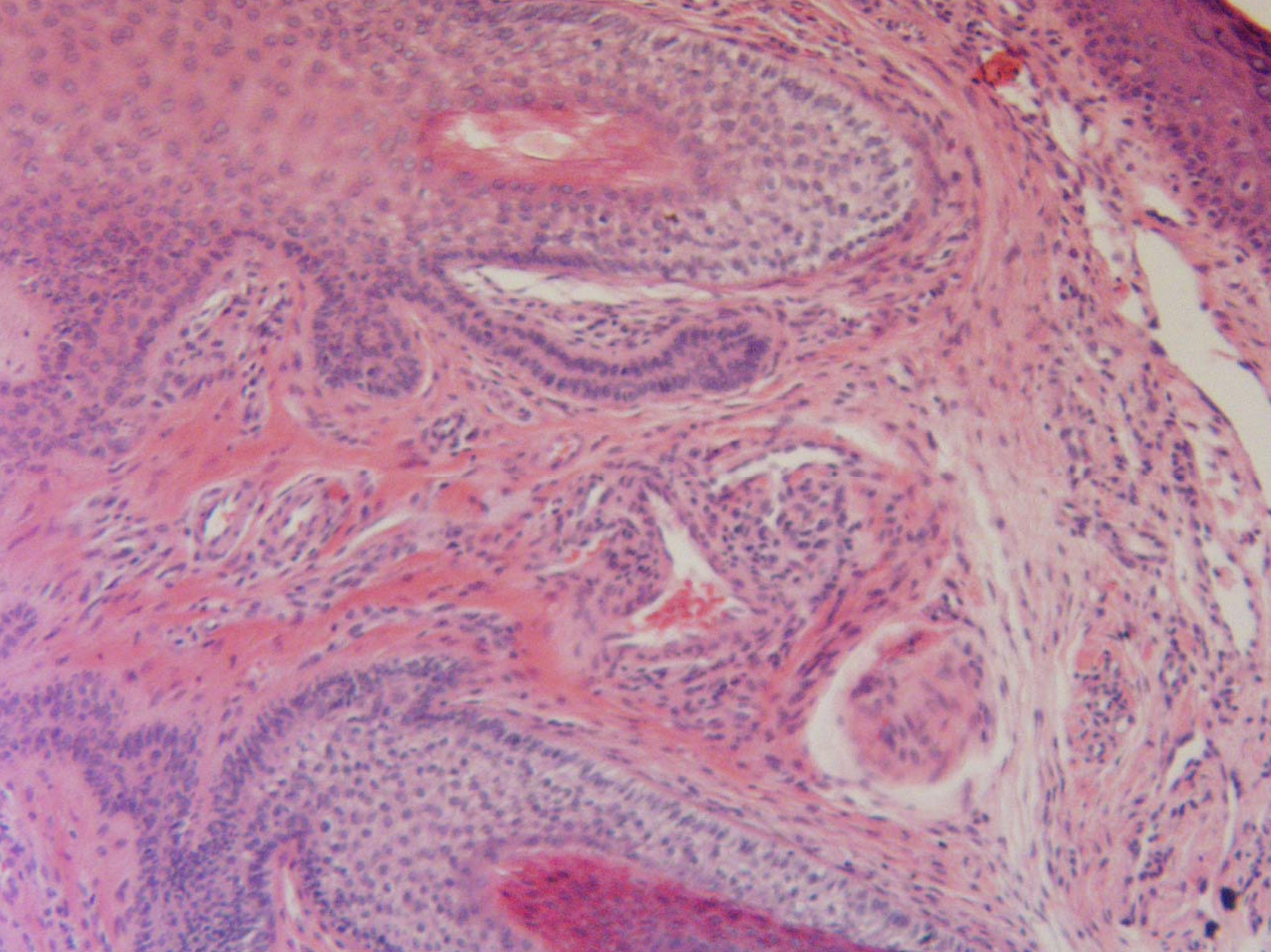
- May be wedge shaped collection of mixed inflammatory cells
- May have numerous plasma cells and eosinophils
- Rarely tick parts are embedded

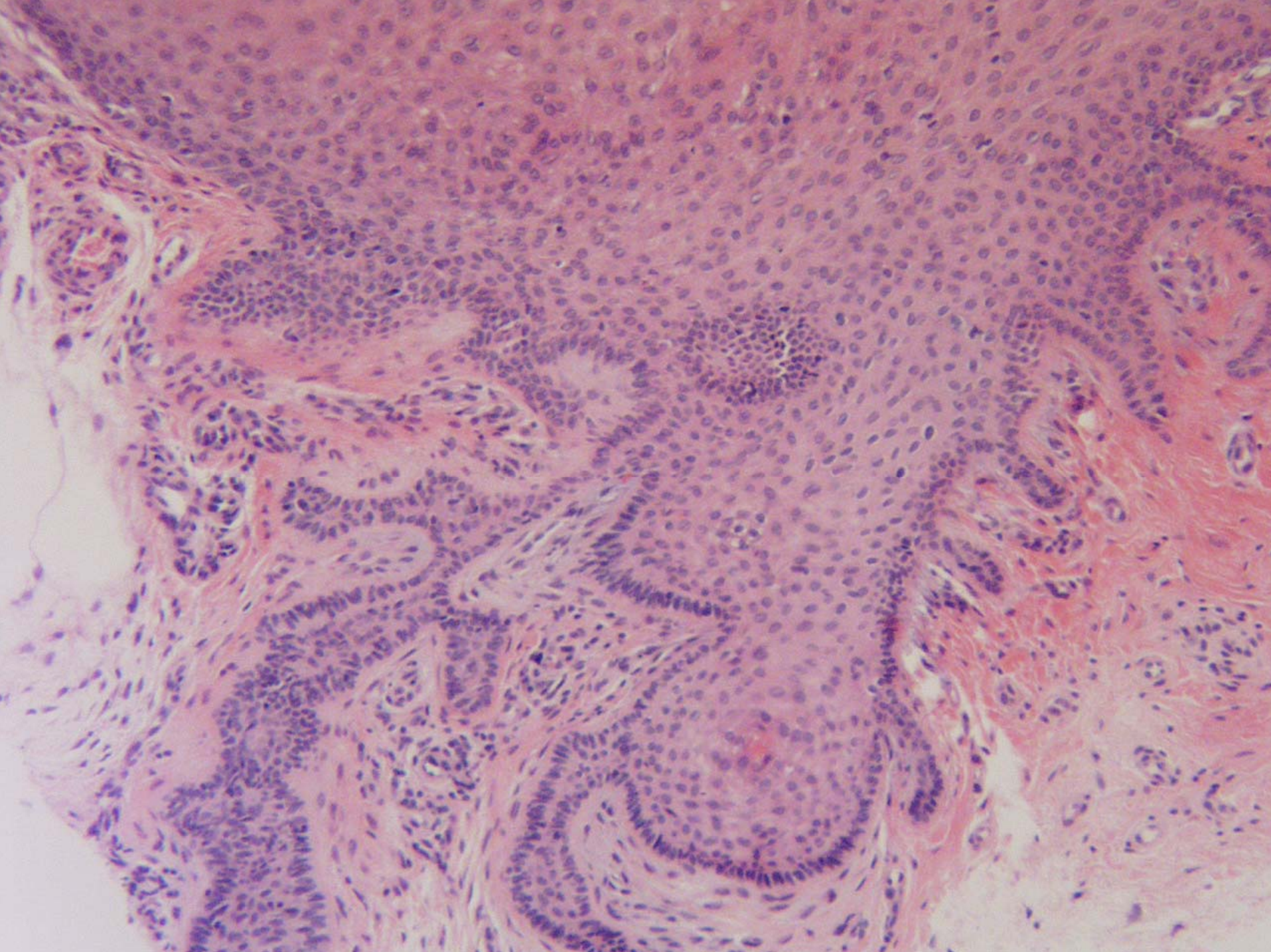


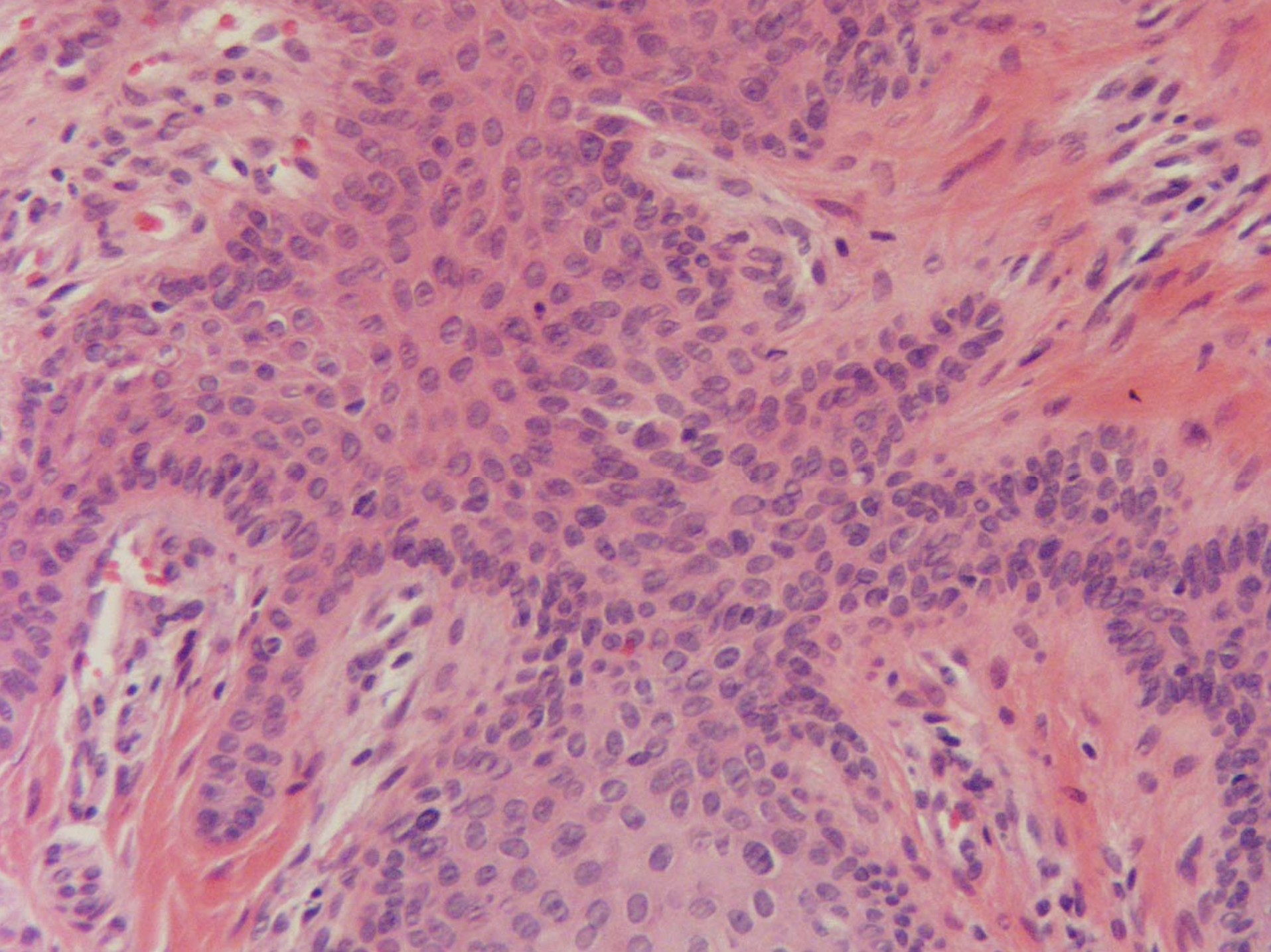






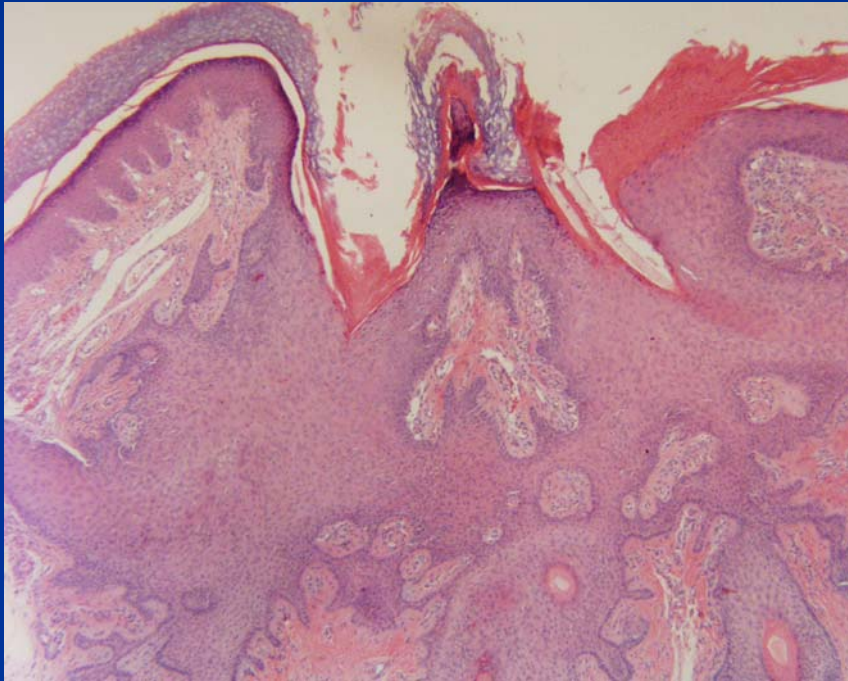




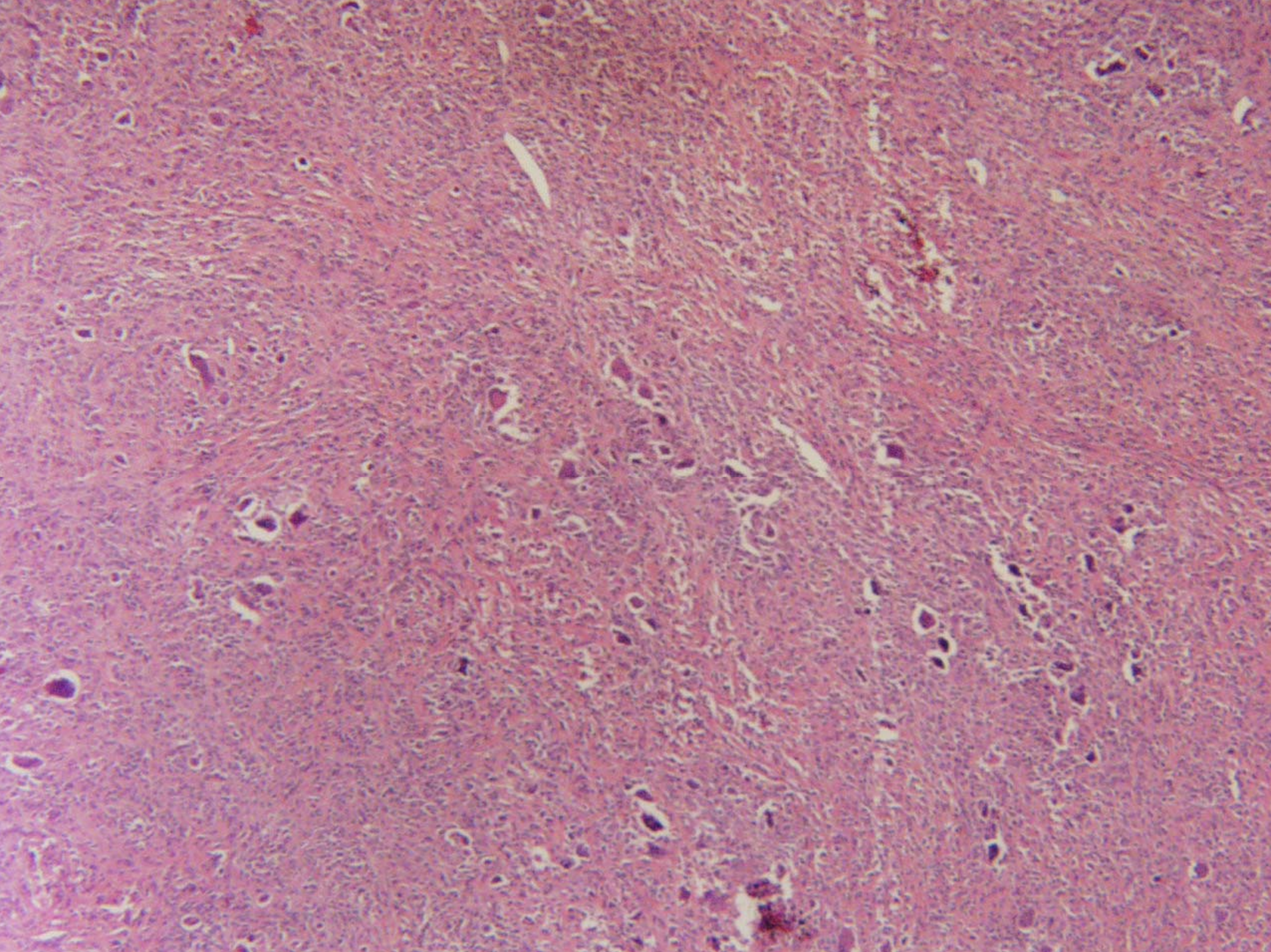


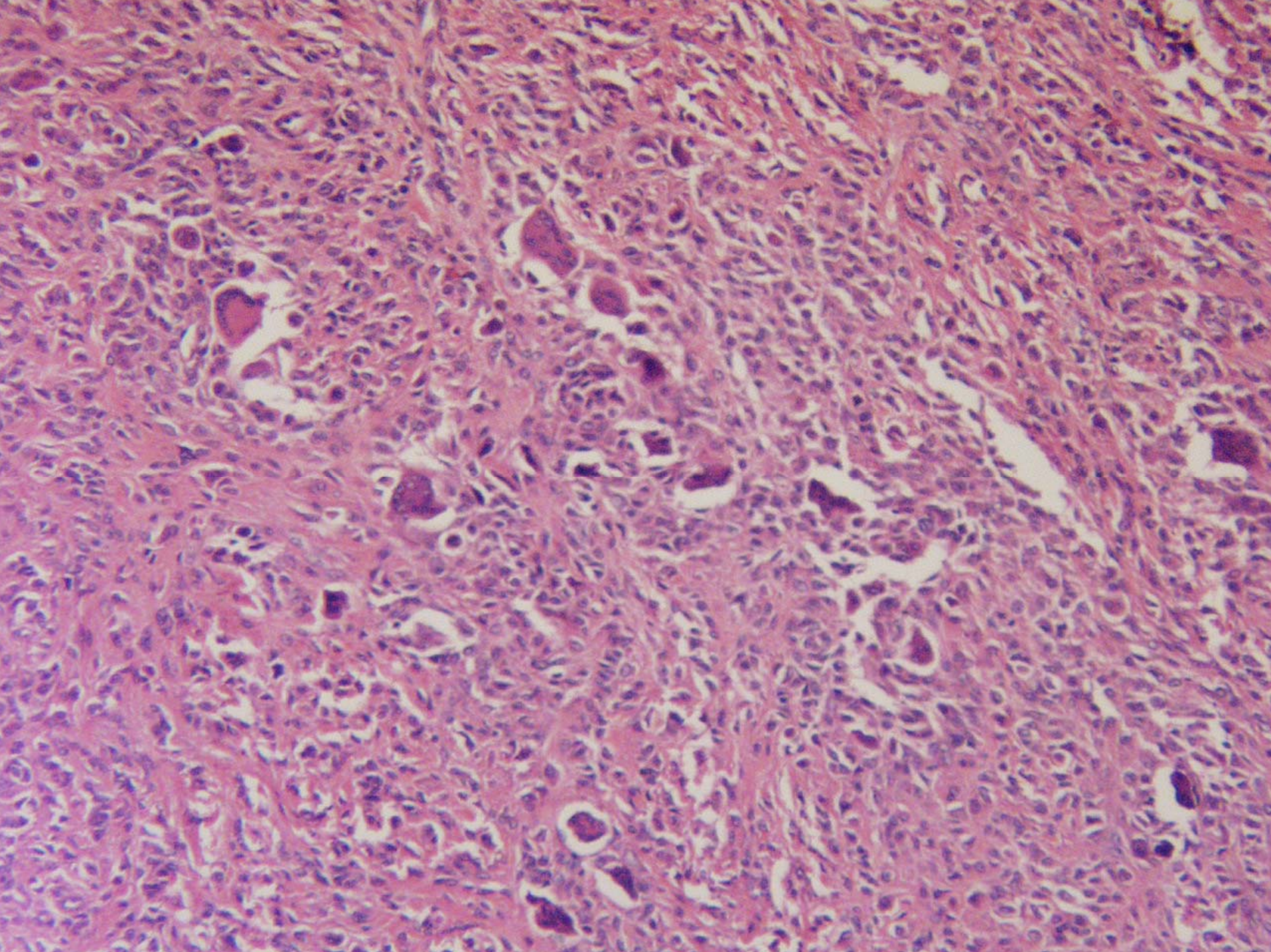
Trichofolliculoma

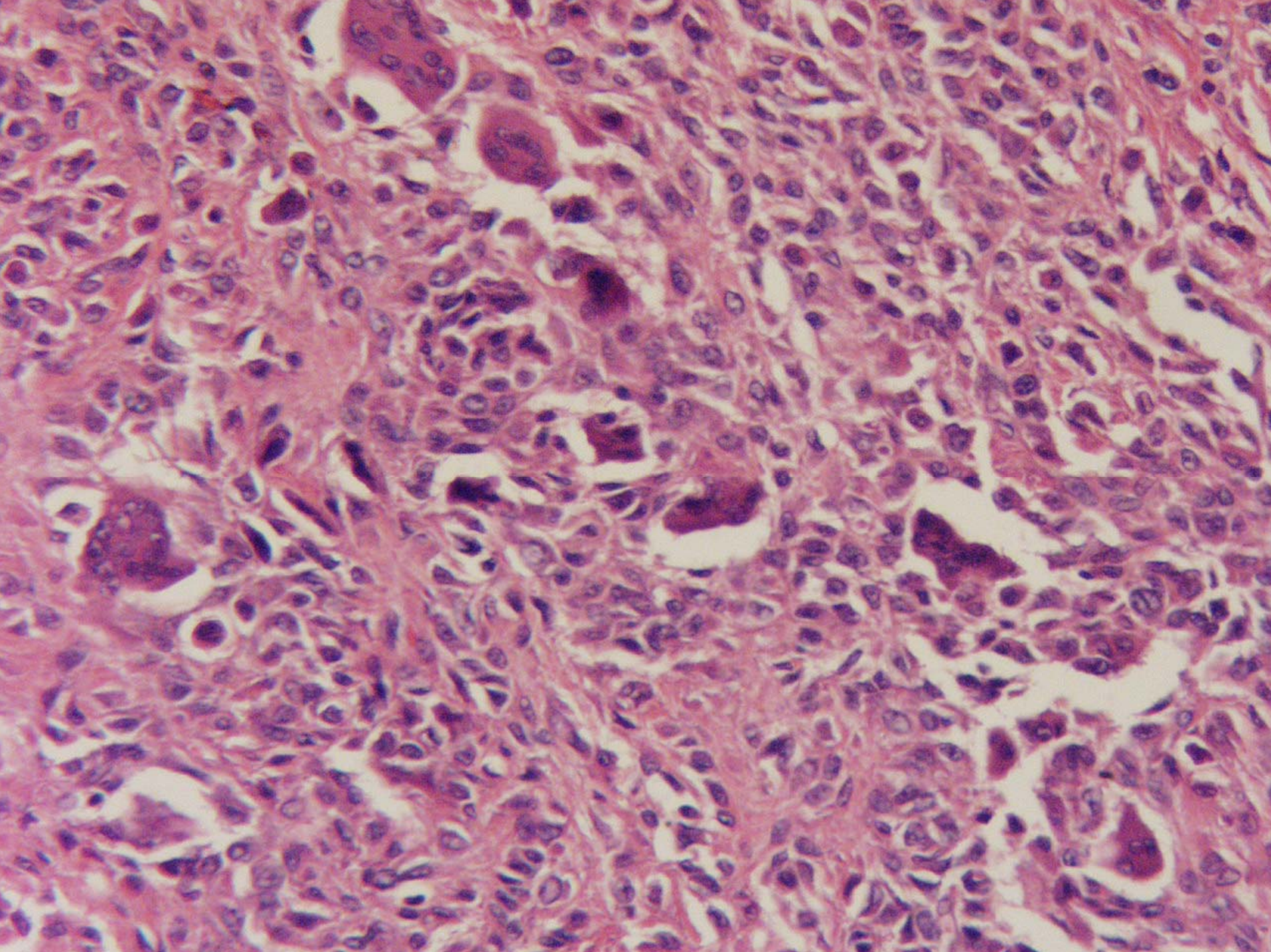
Histopathology

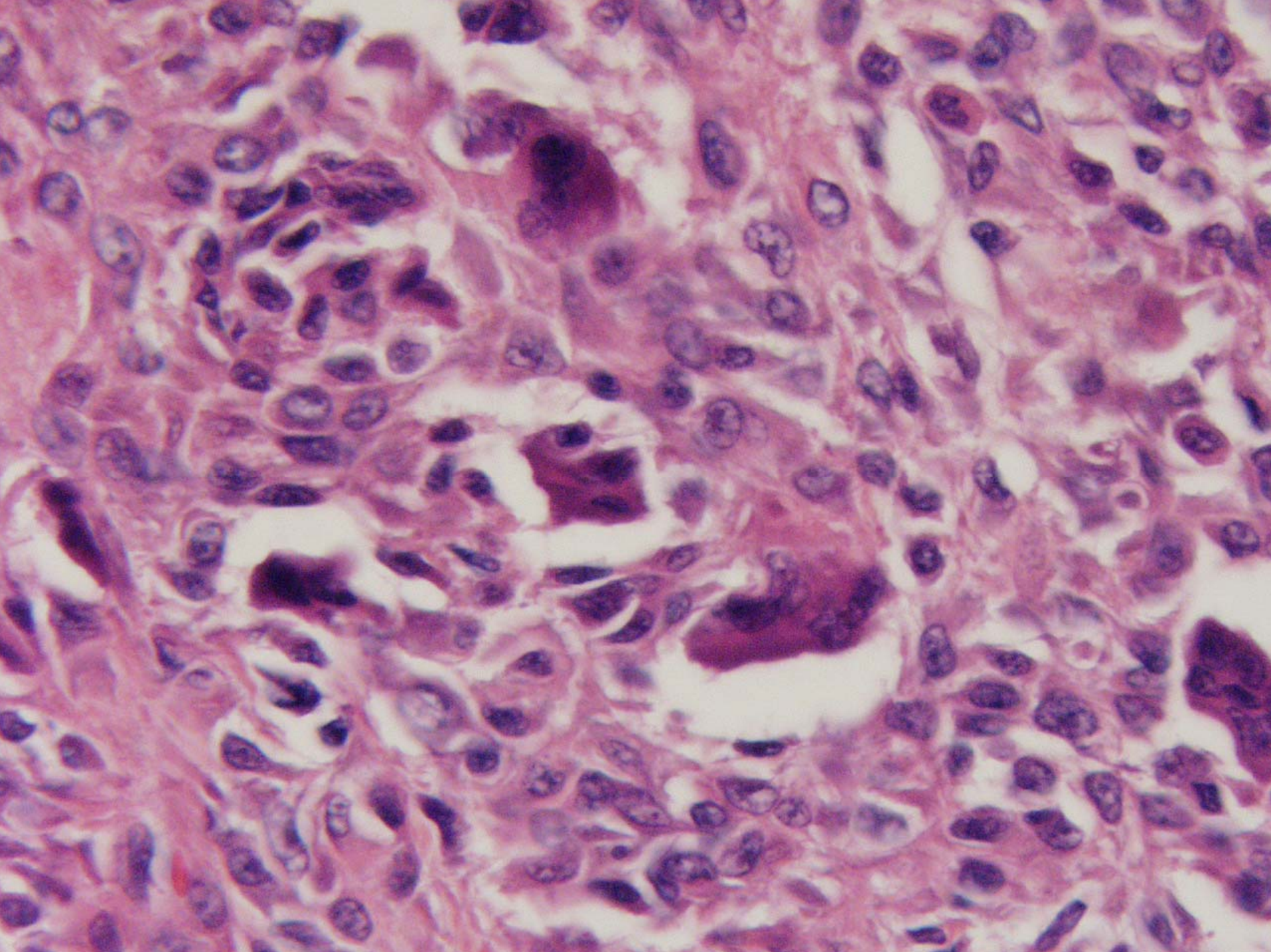


- Clinical appearance
- Multiple hair follicles emptying into single dilated follicle
- Mature pilosebaceous units



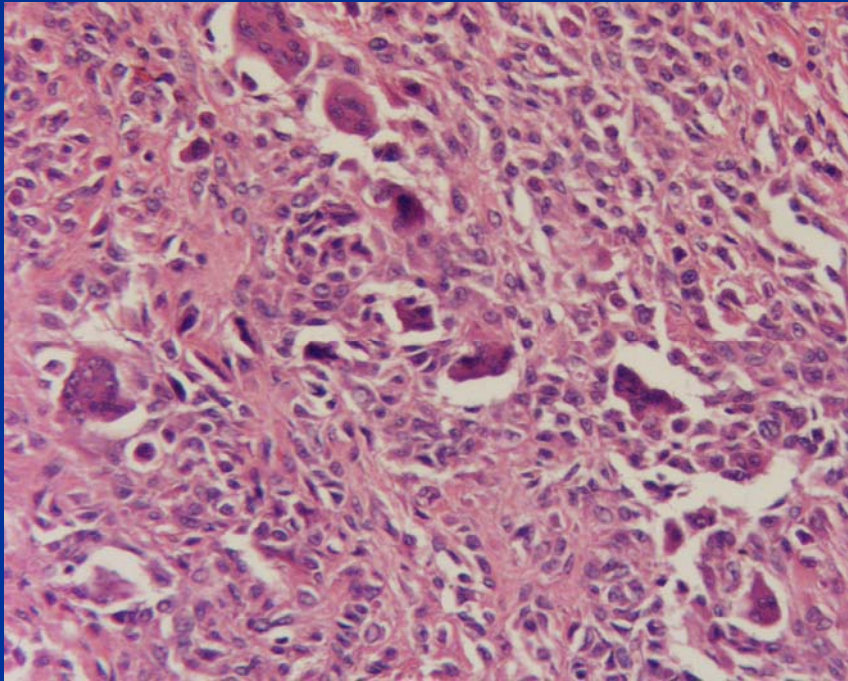




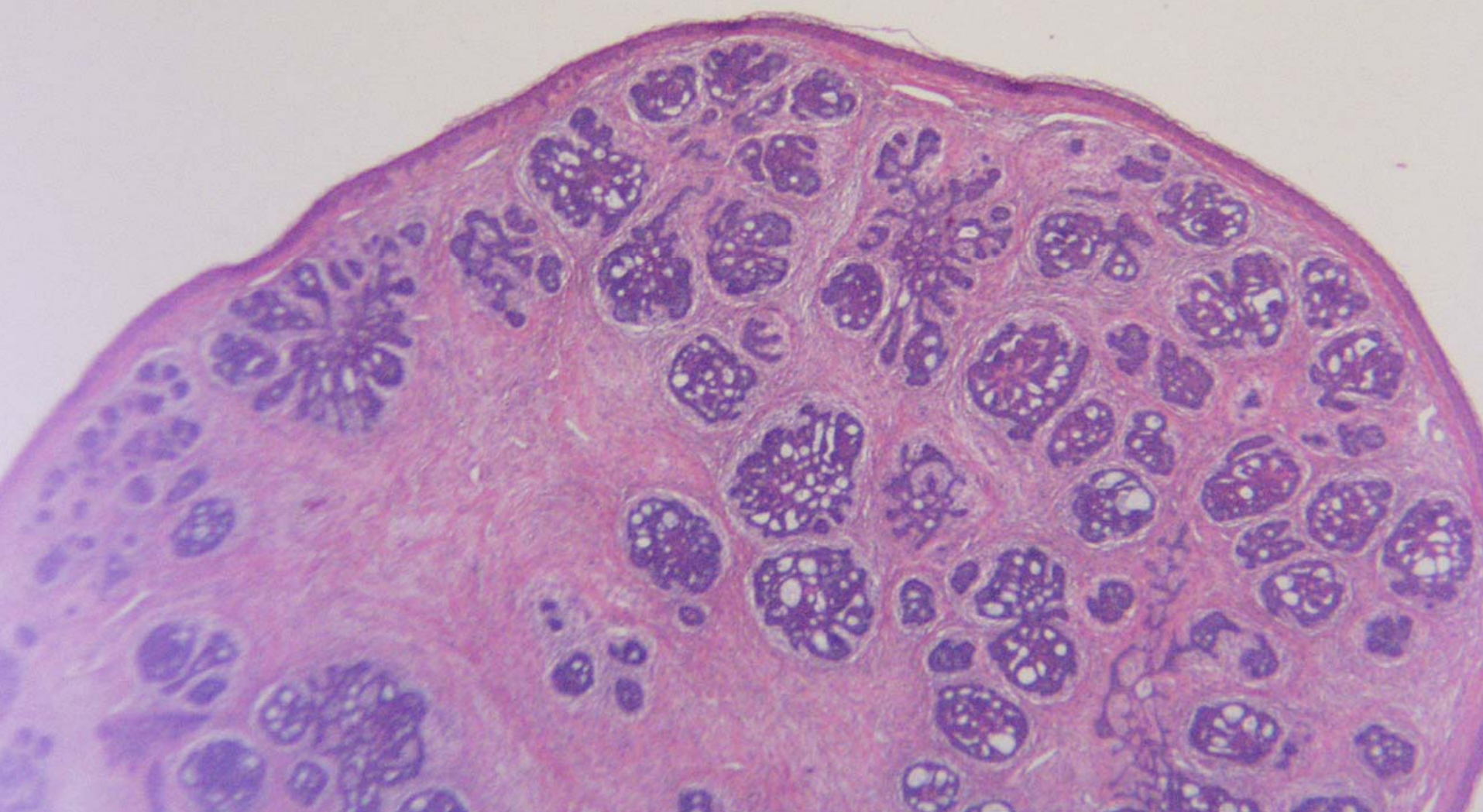


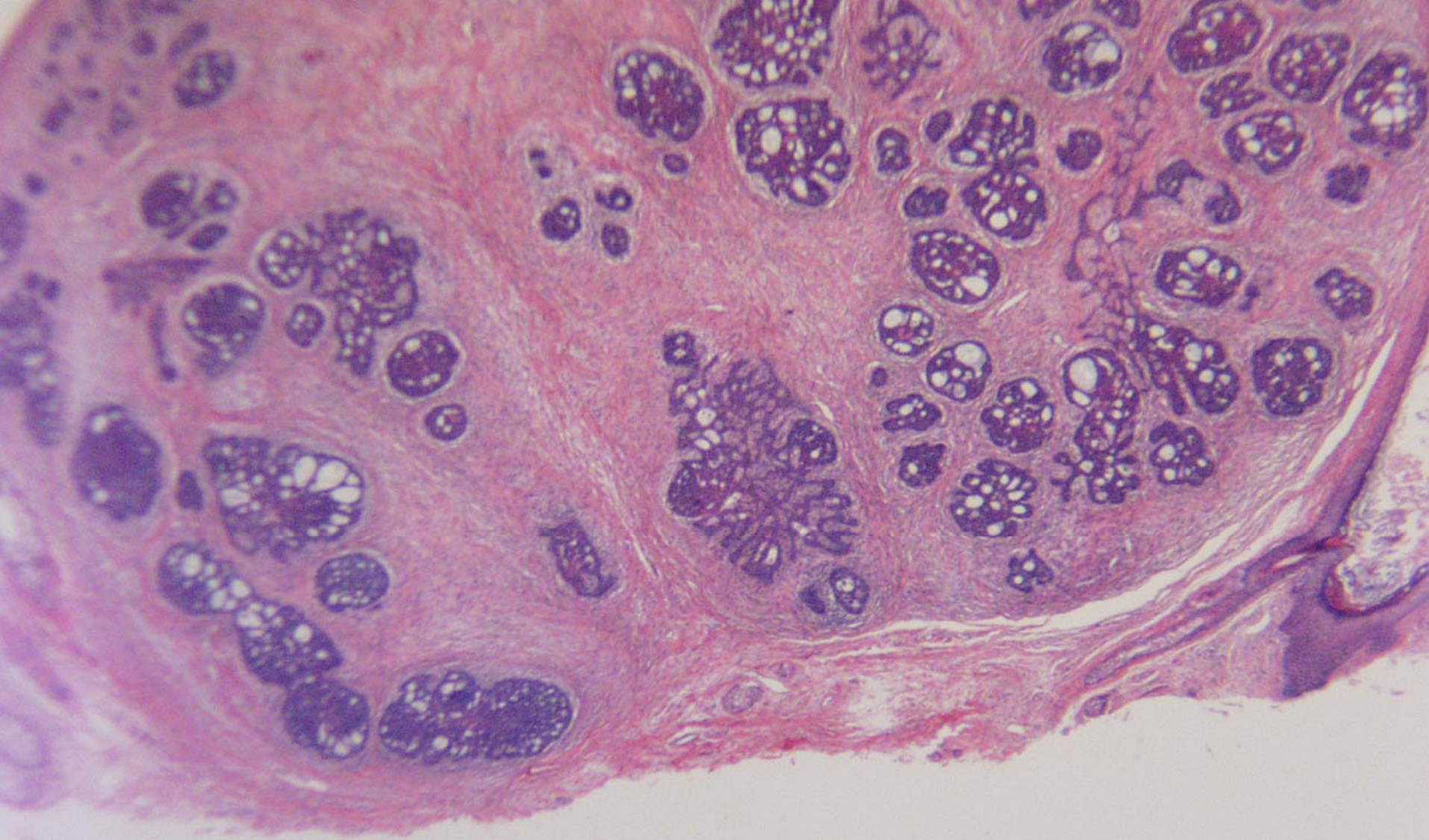
Giant Cell Tumor of Tendon Sheath

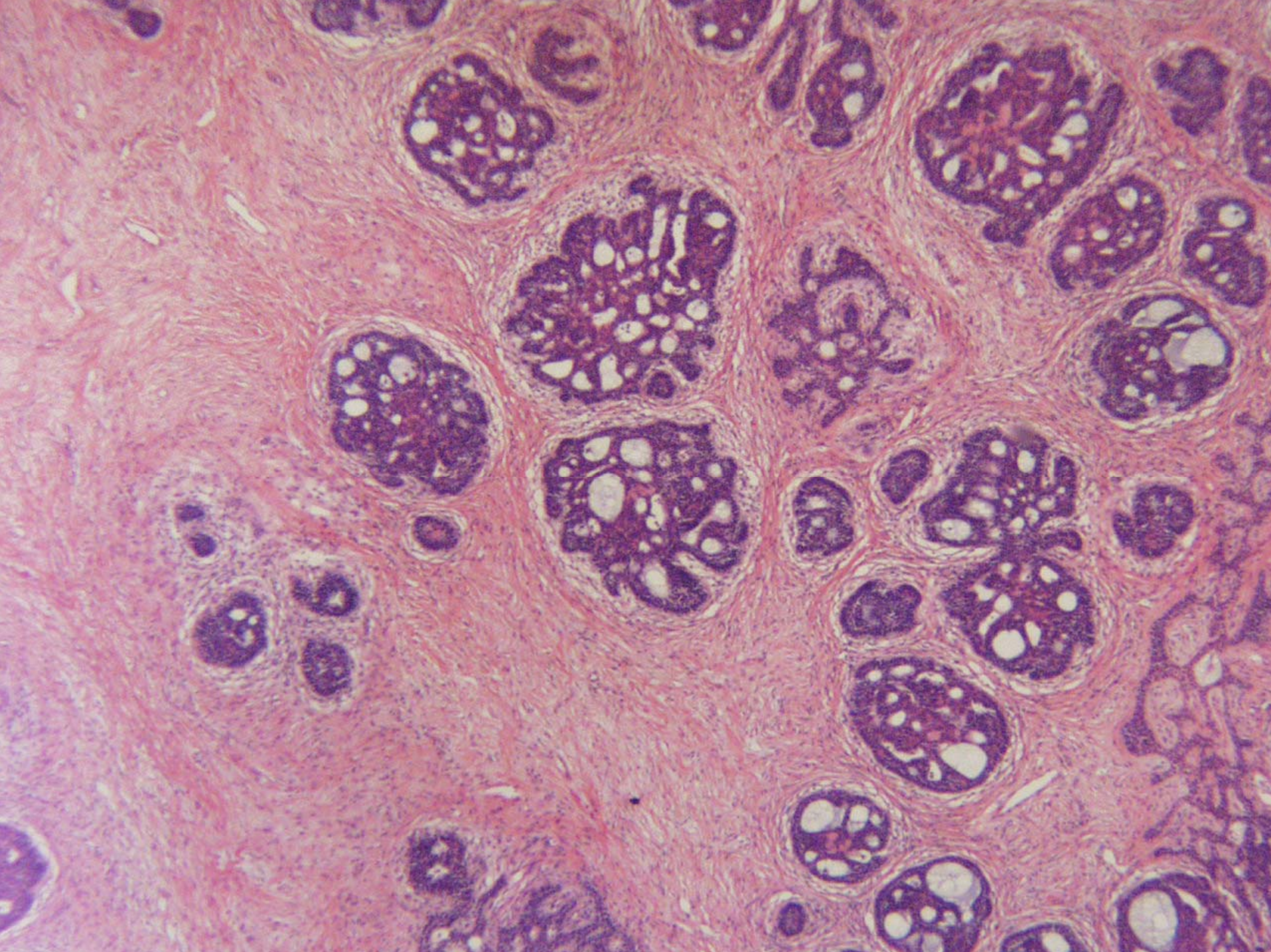
Histopathology

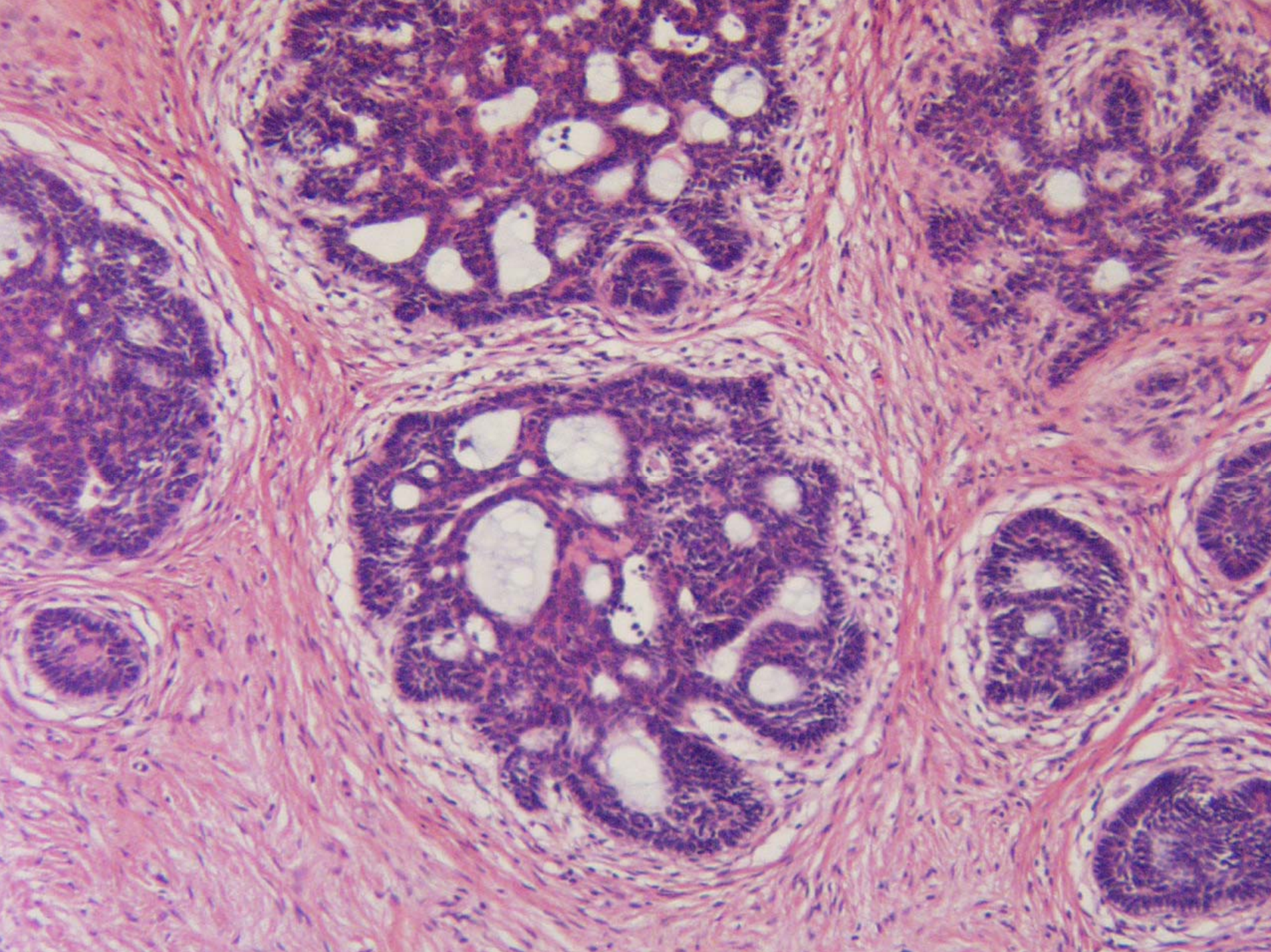


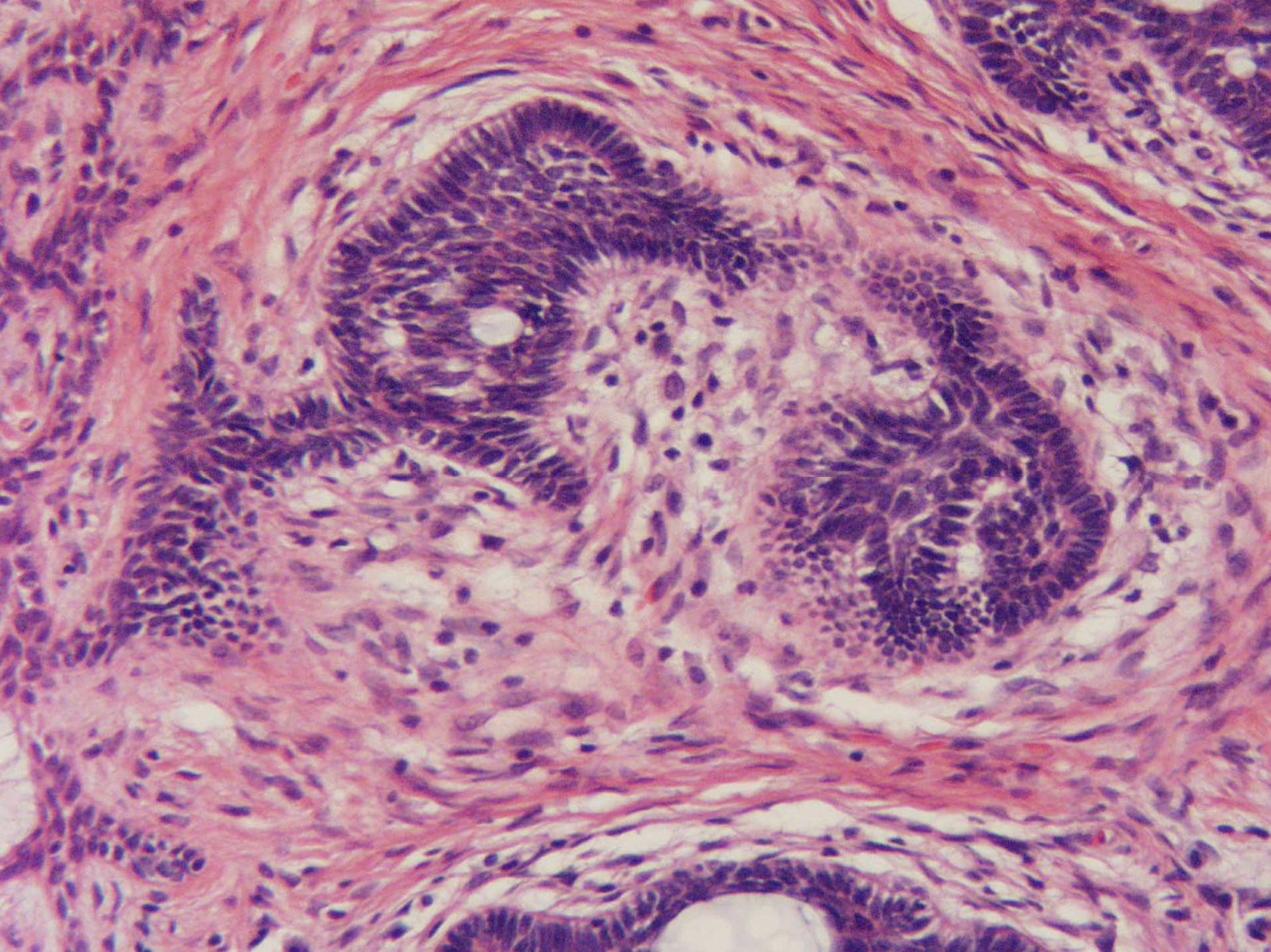
- Tendon attachment
- Circumscribed nodule of epithelioid and spindled cells
- Scattered giant cells
- Hemosiderin and hemorrhage
- Rarely atypia and MF

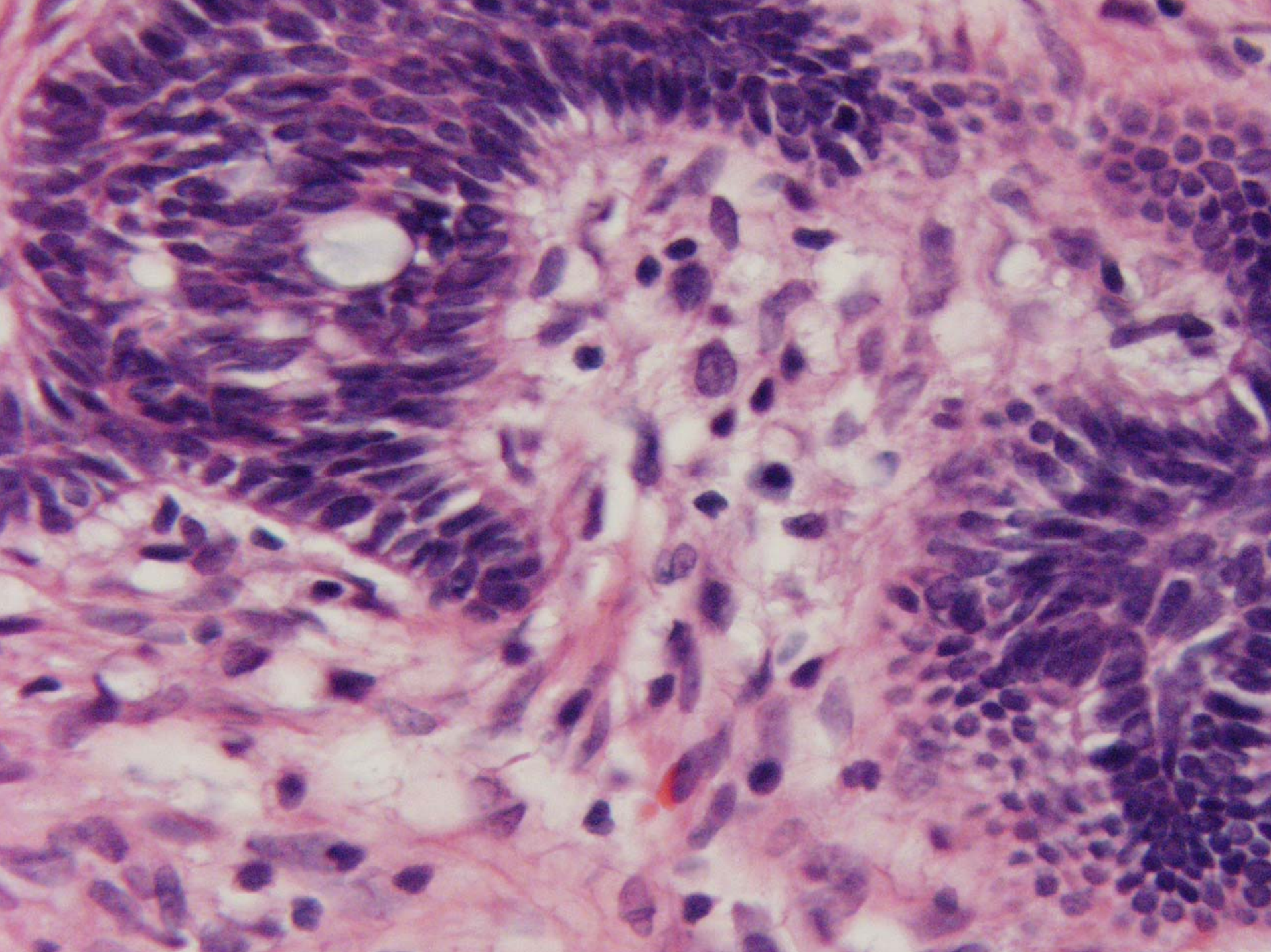






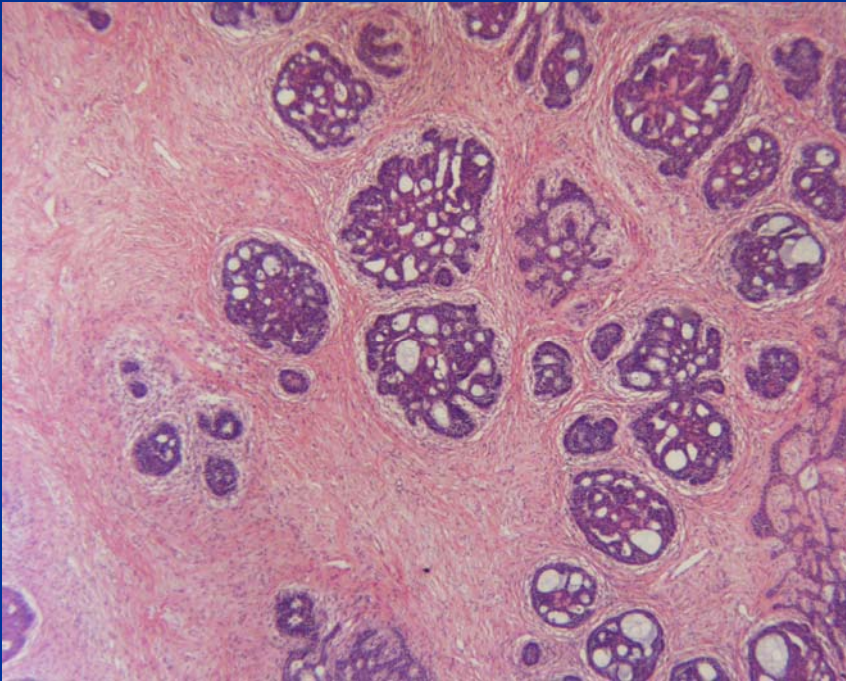




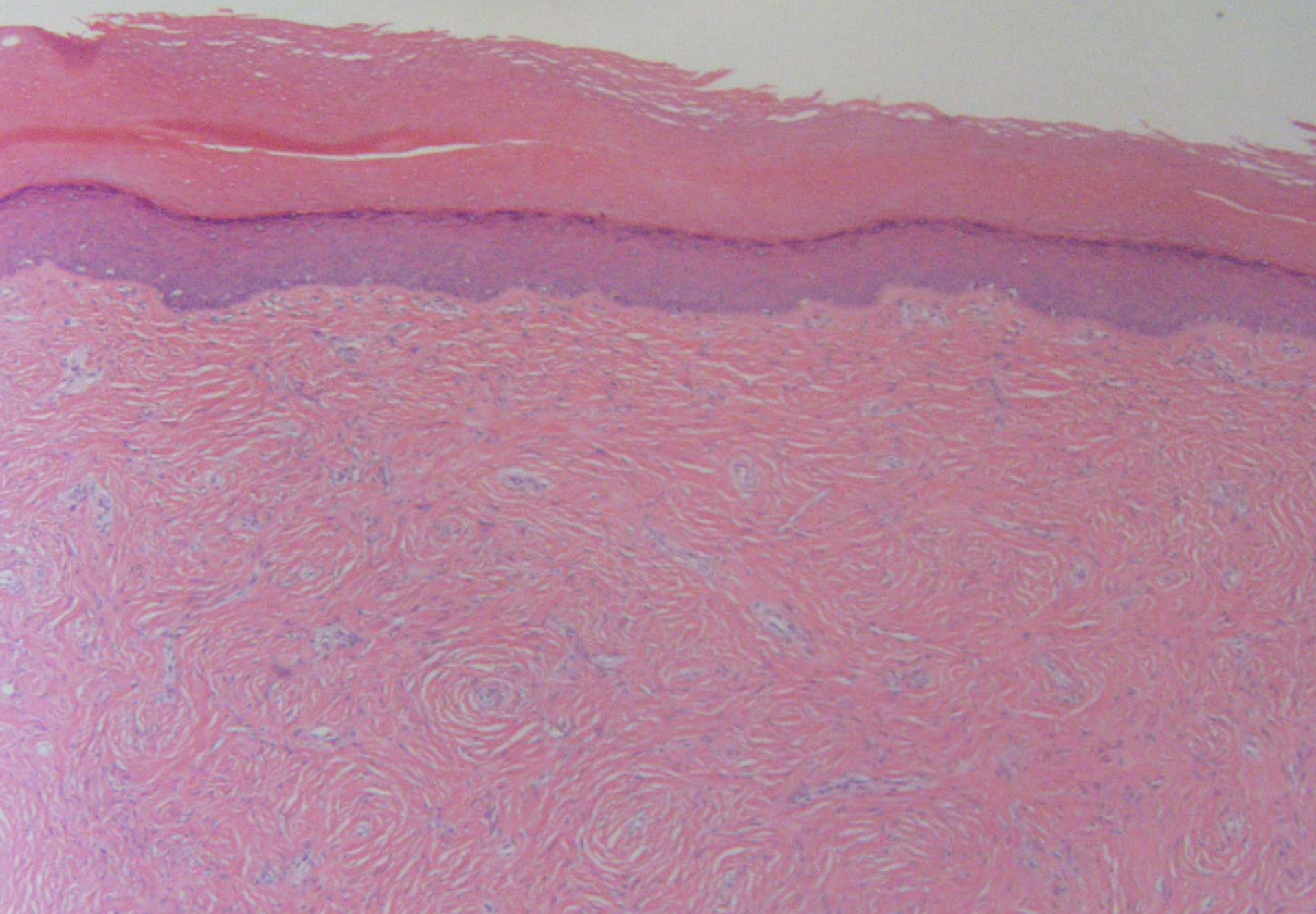


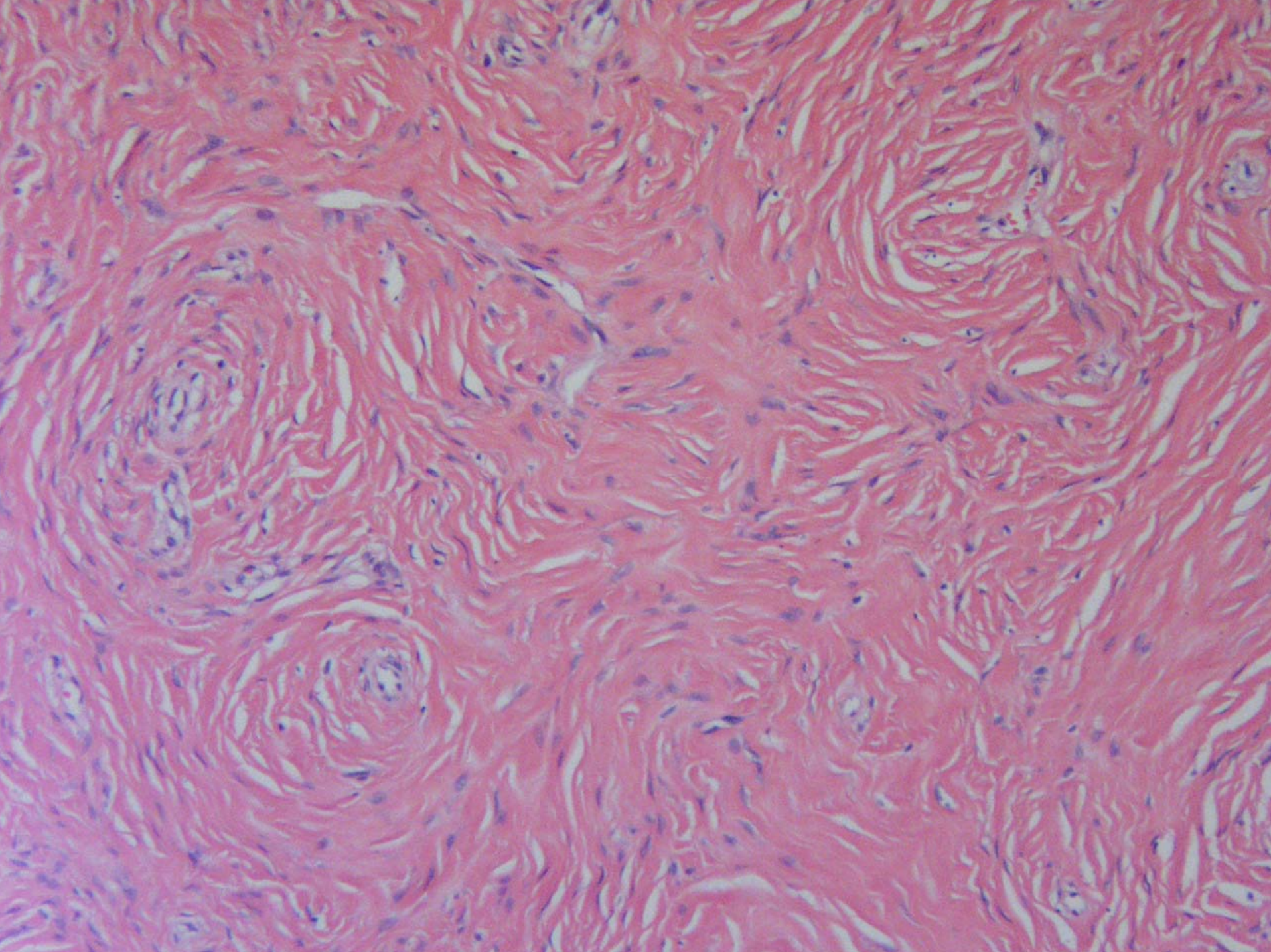
Trichoblastoma

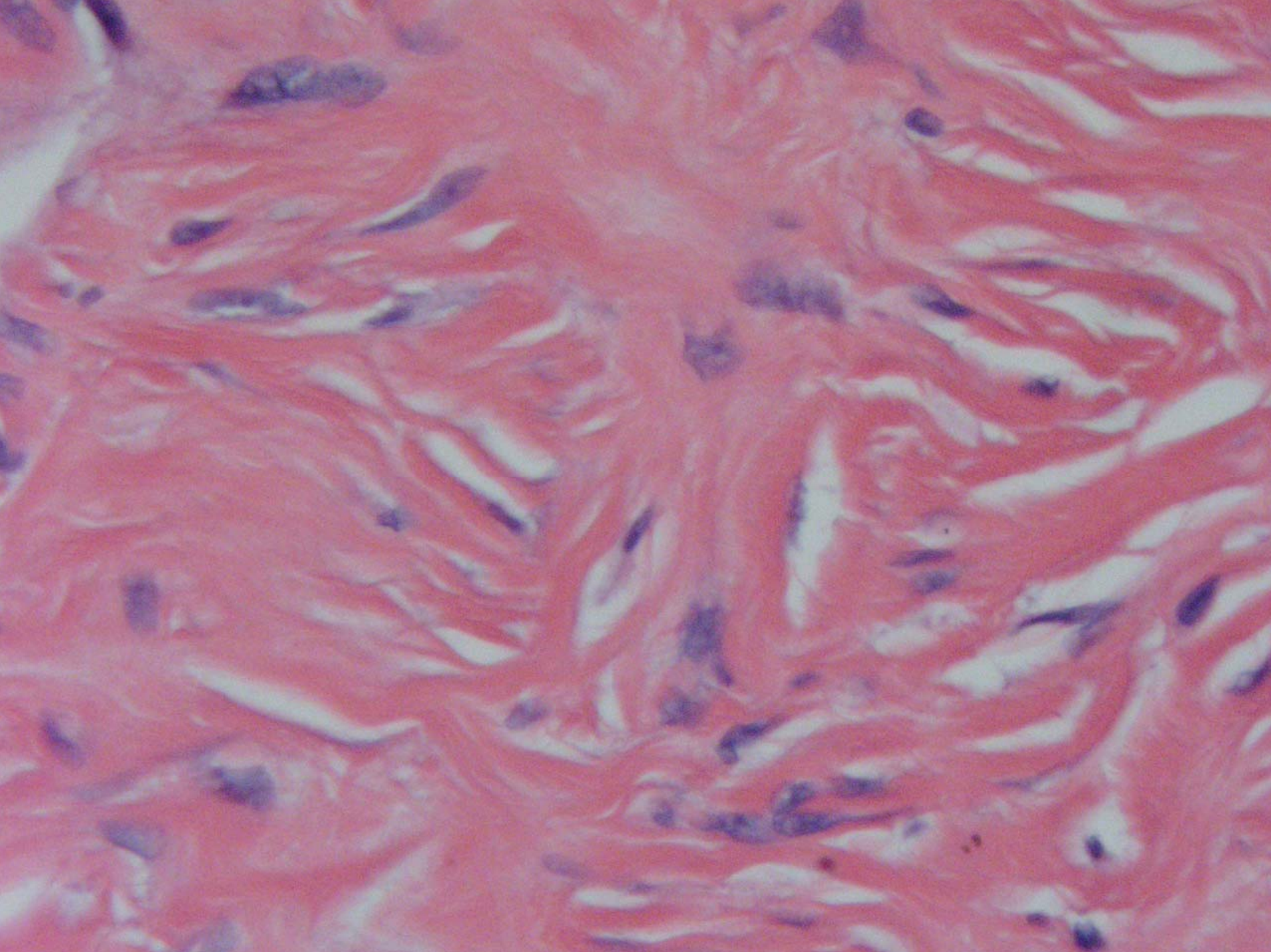
Histopathology

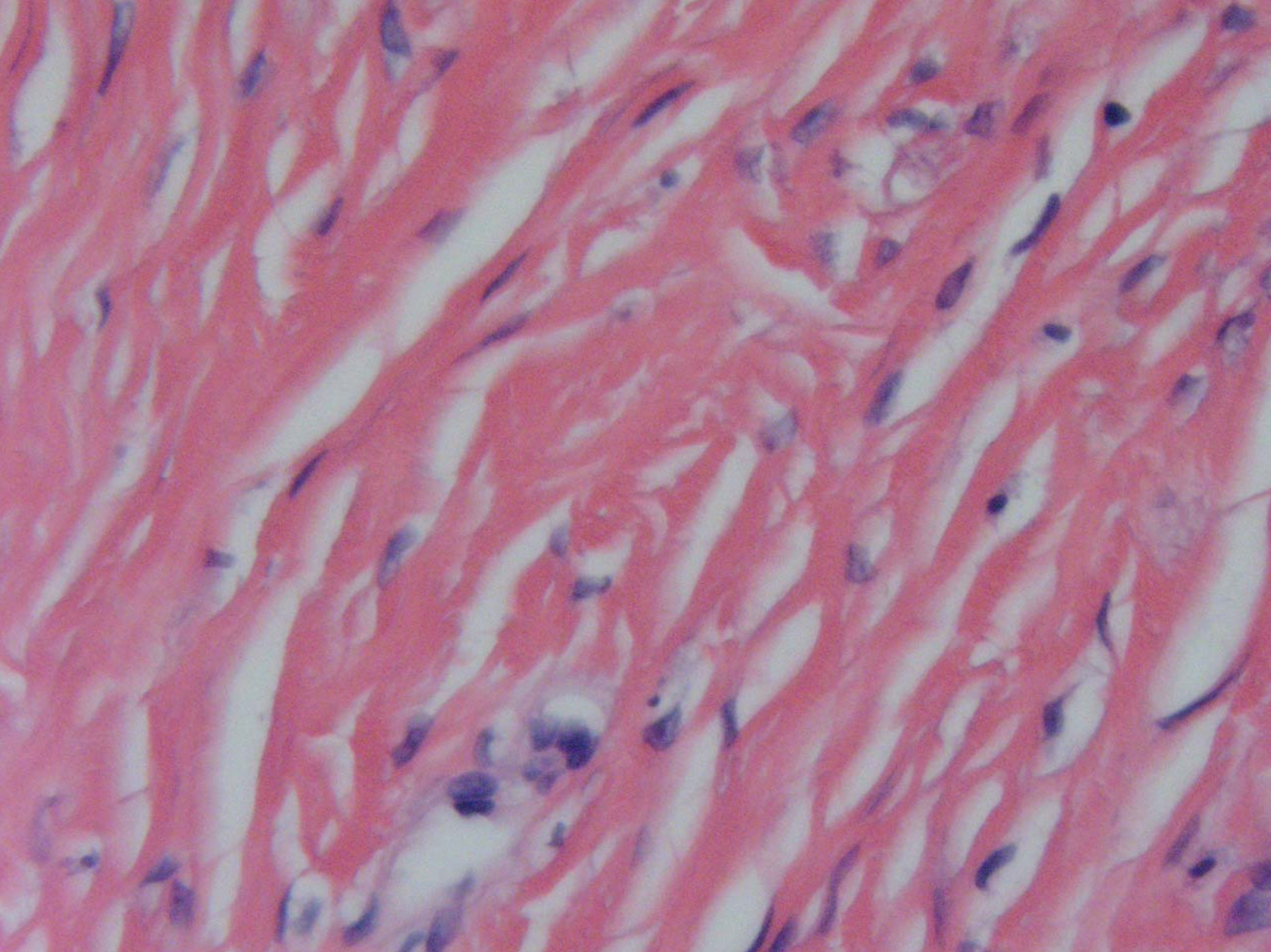


- Circumscribed collection of epithelial nodules and stroma
- Usually no epidermal attachment
- Minimal stromal-epithelial clefting
- Usually stromal-stromal clefting
- Papillary-mesenchymal bodies



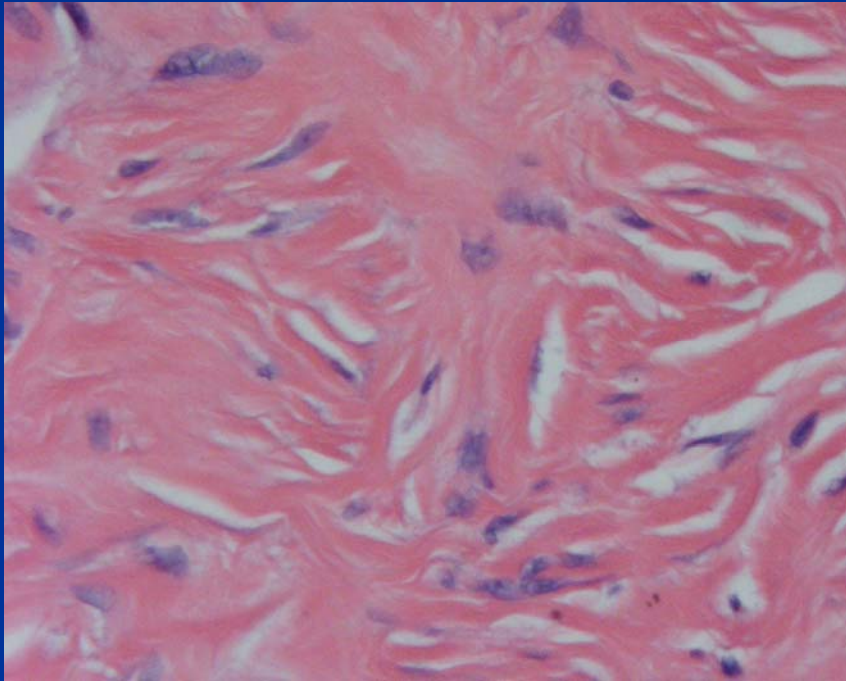




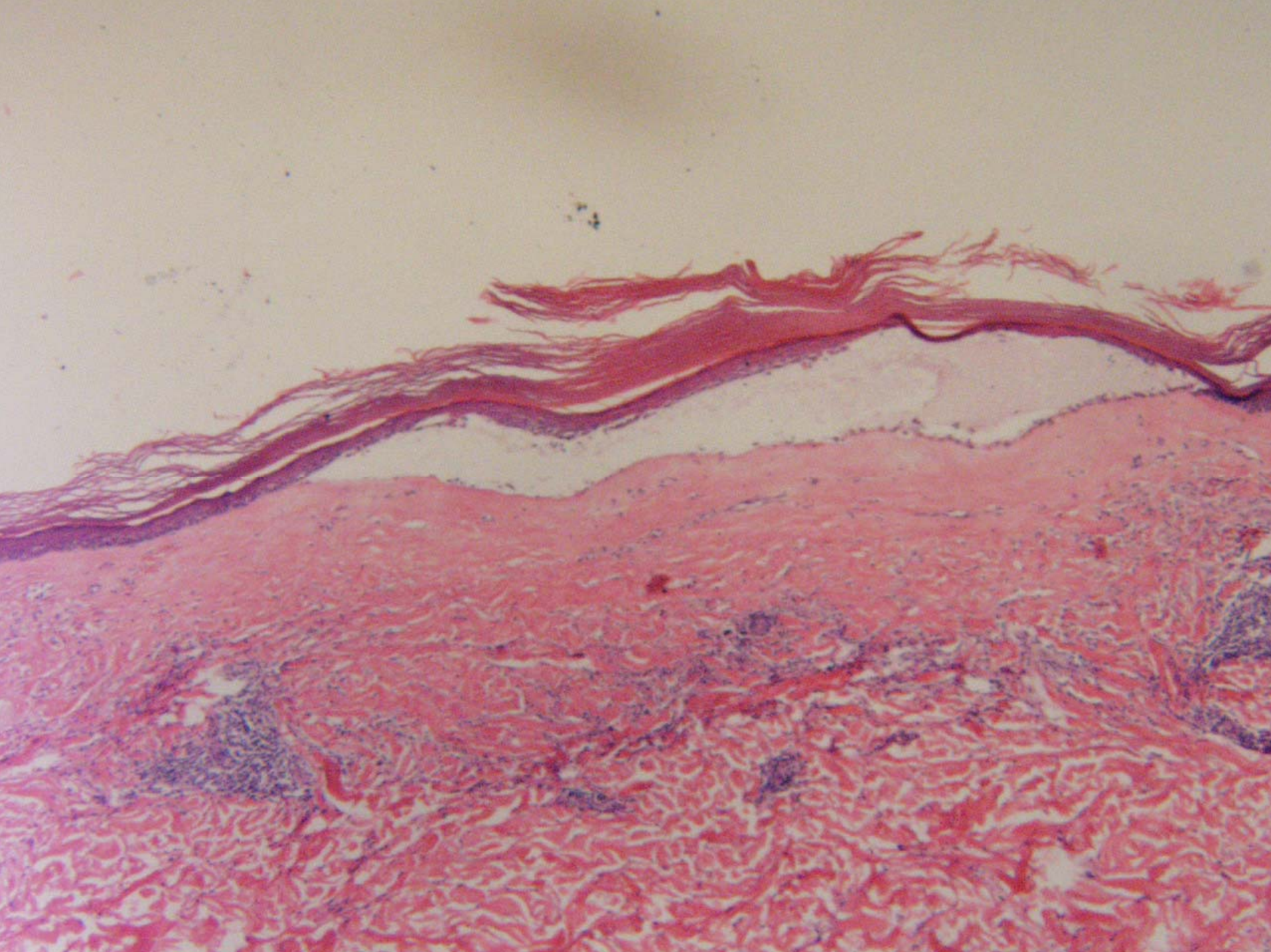


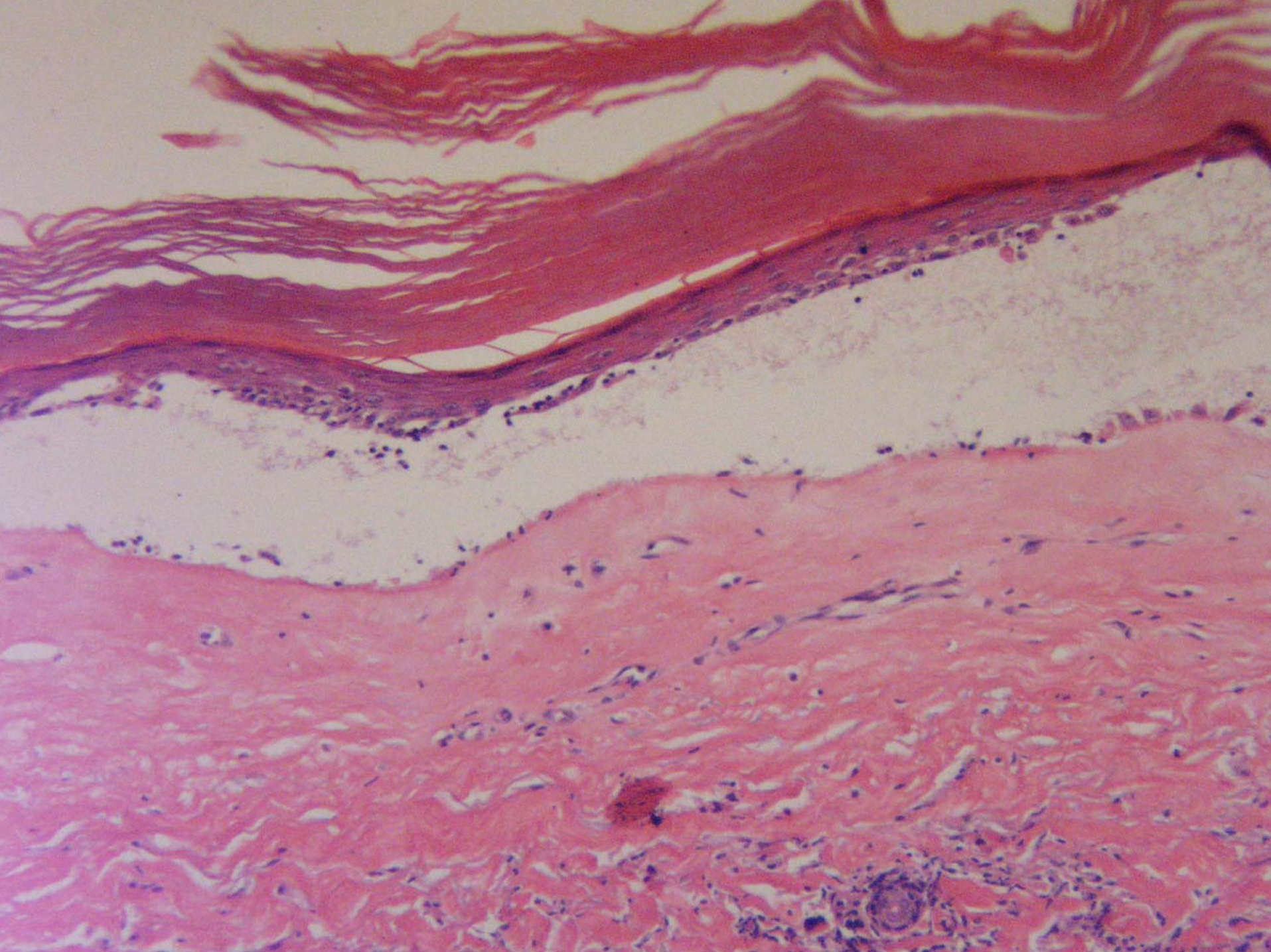
Sclerotic Fibroma

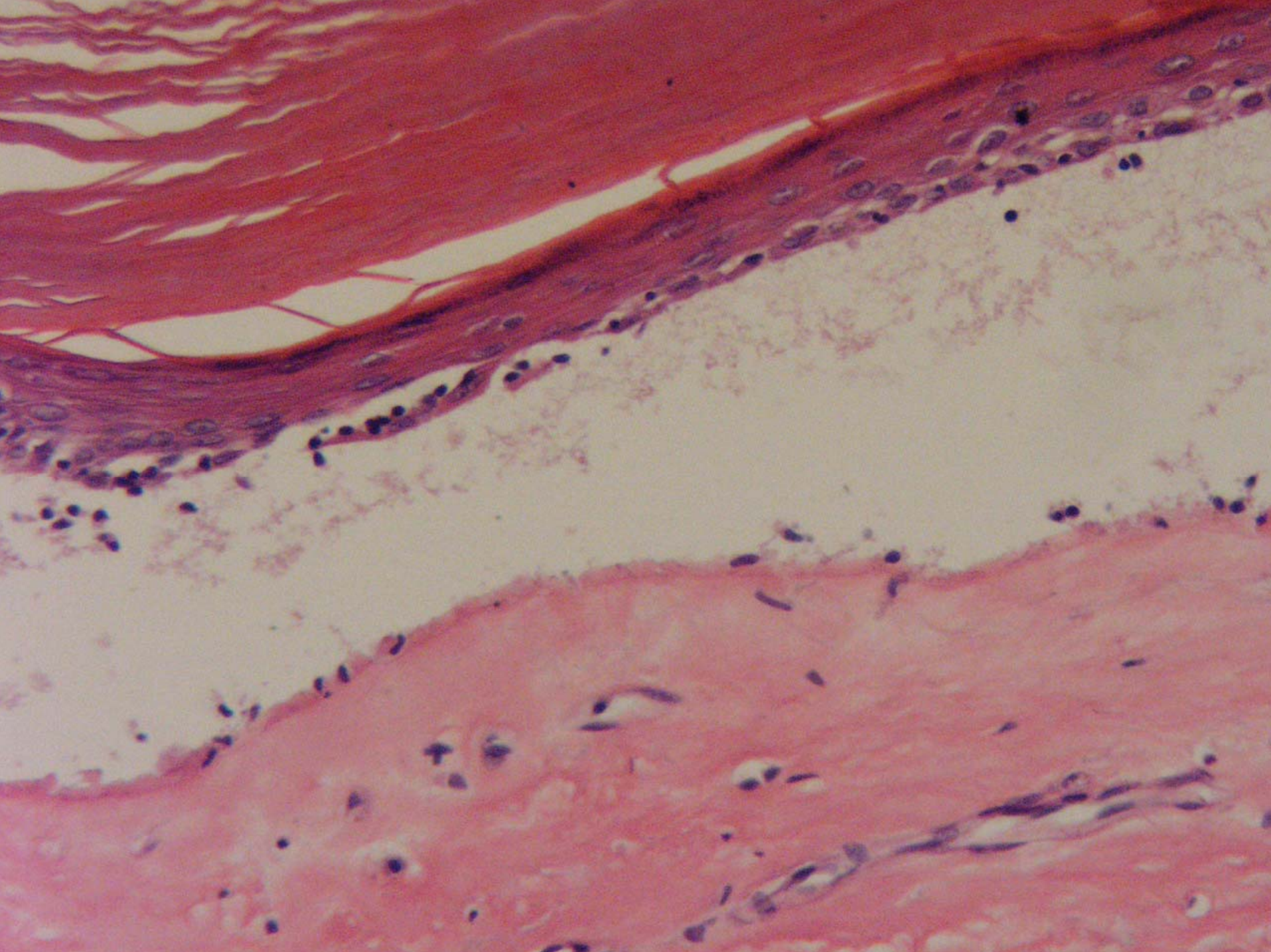
Histopathology

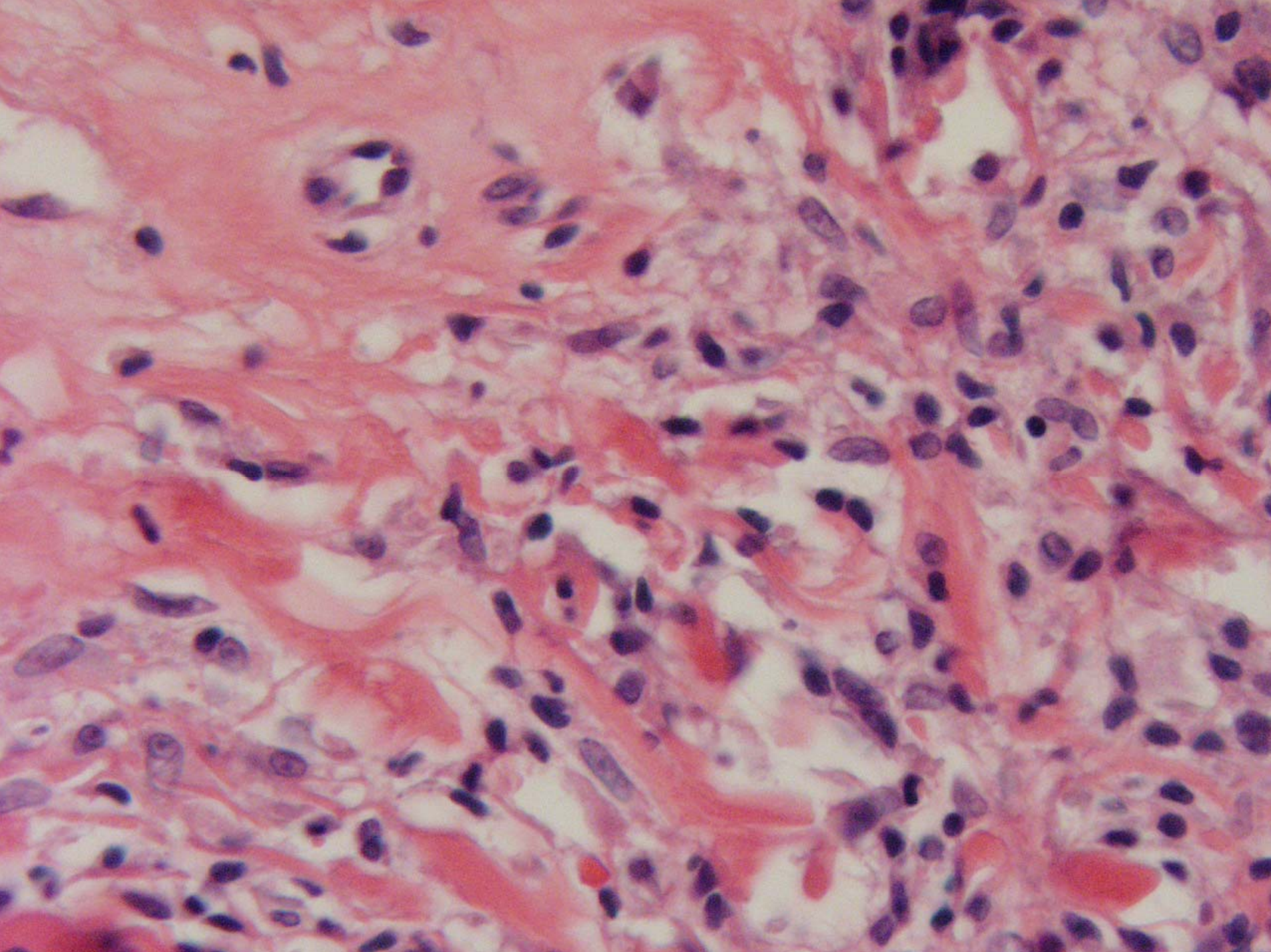


- Circumscribed nodule of bland fibroblasts
- Fenestration of hyalinized collagen
- Minimal atypia
- Occasional transition forms with DF
- Not senescent changes



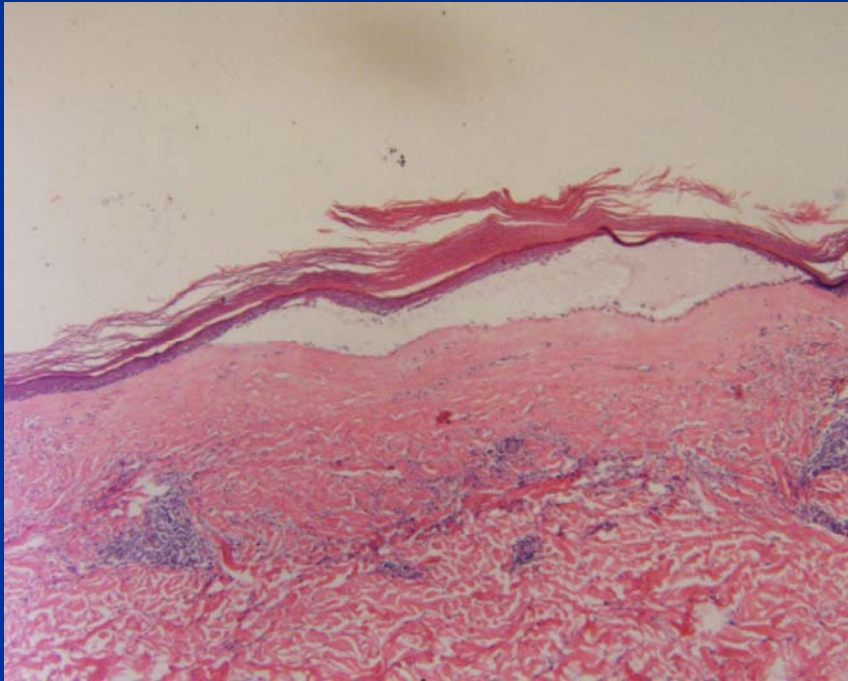




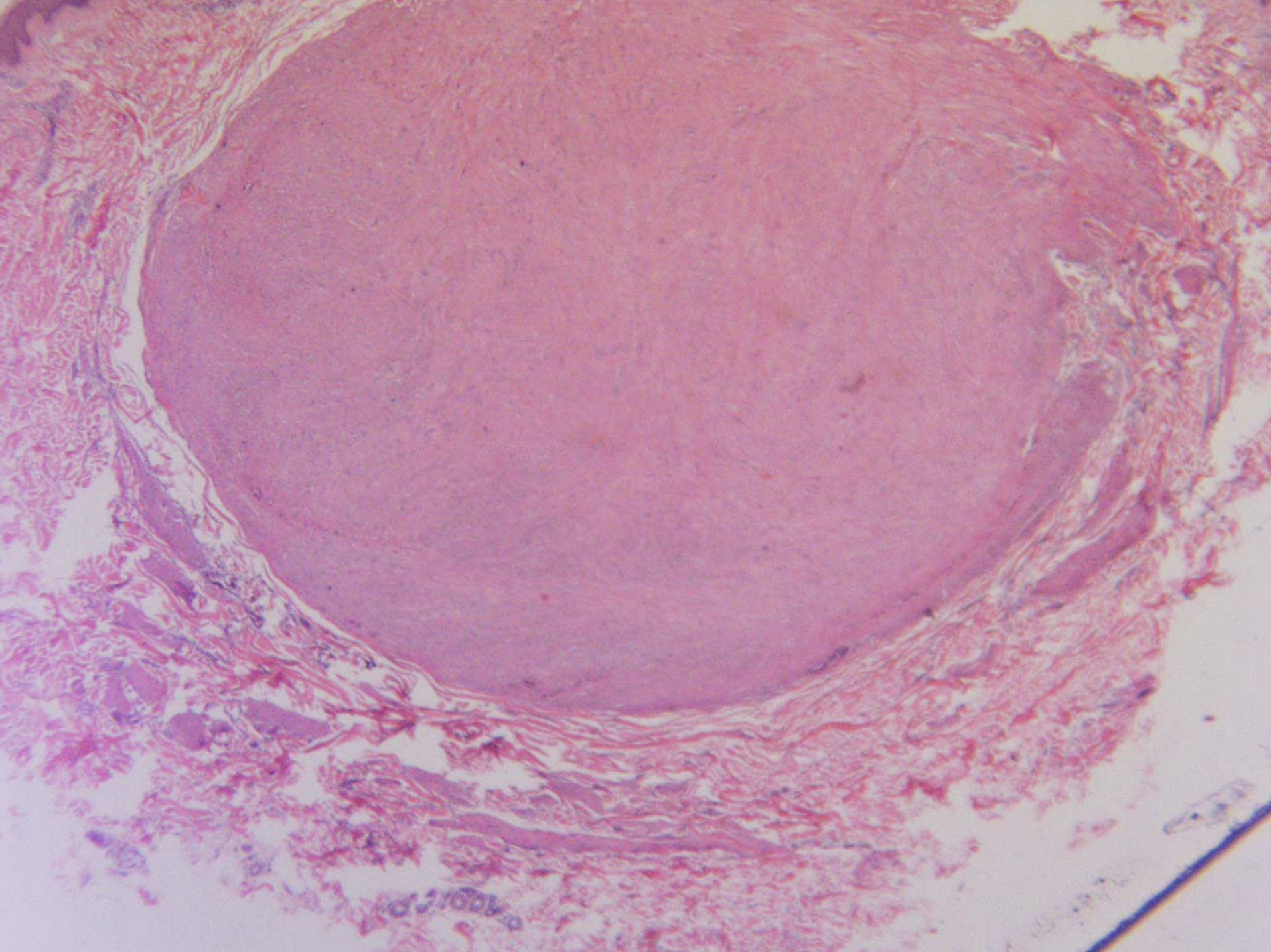


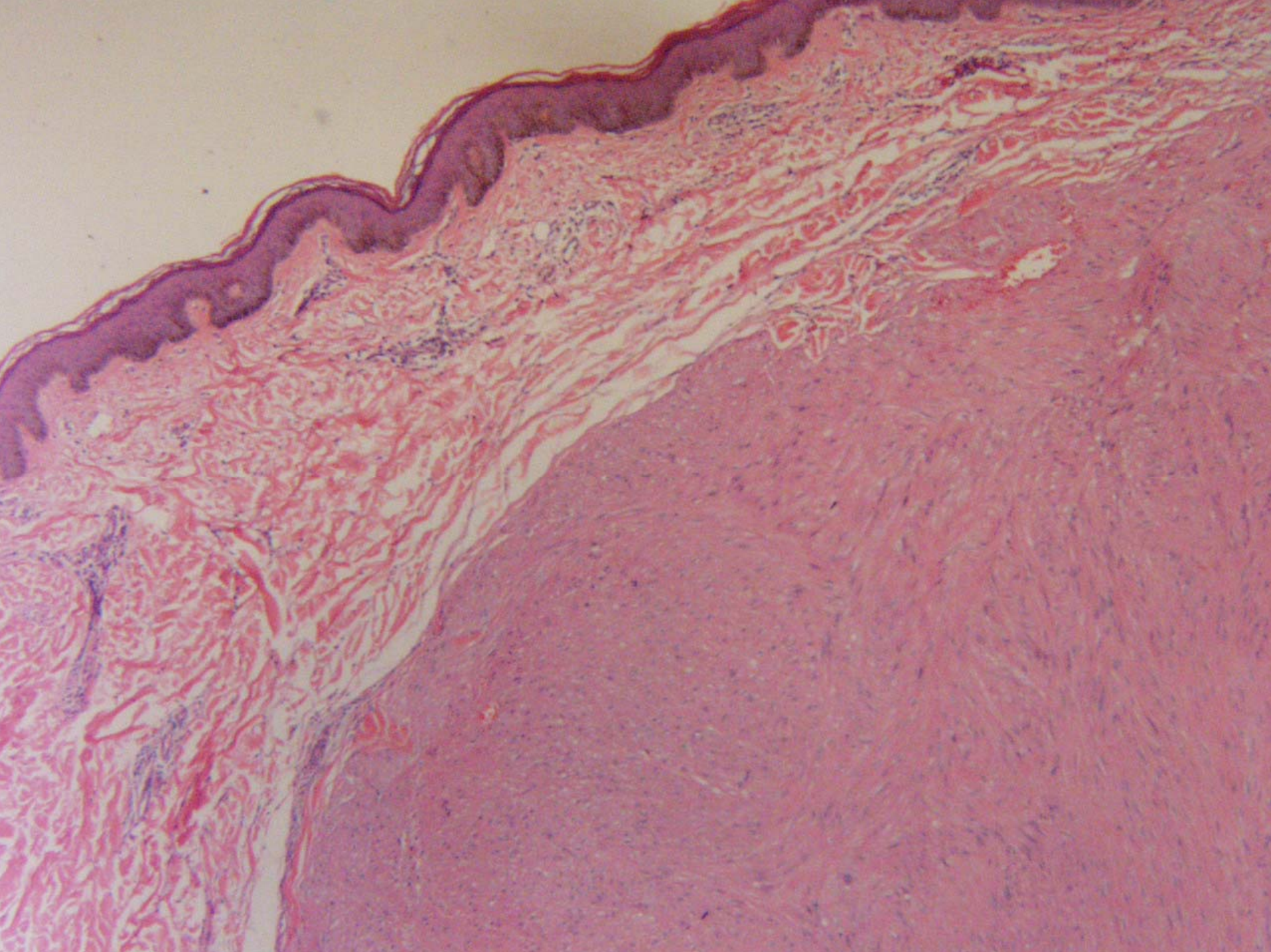
Lichen Sclerosis Et Atrophicus

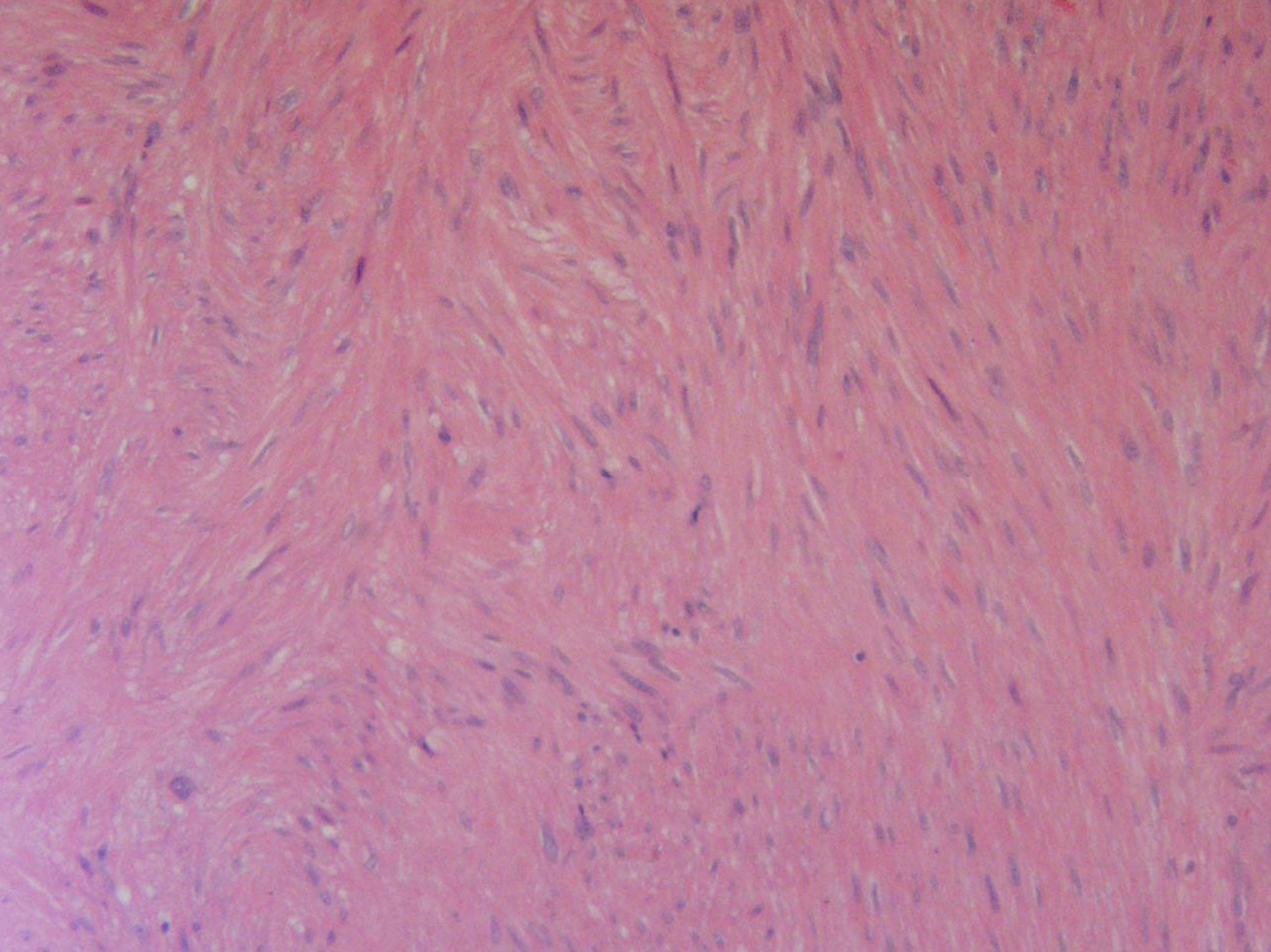
Histopathology

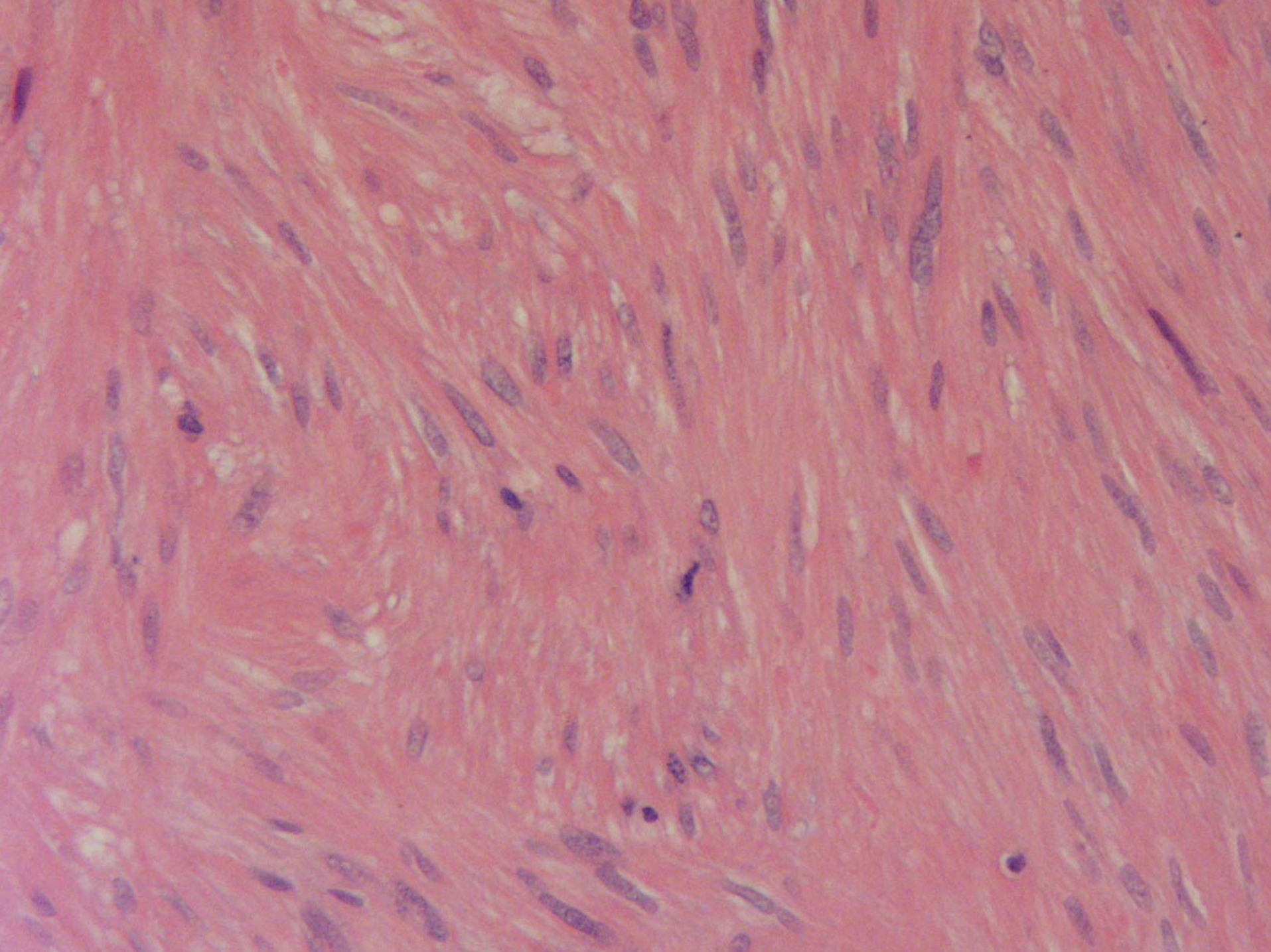


- Usually epidermal thinning
- Lichenoid interface changes in early lesions
- Later lesions with dermal papillary edema and hyalinization
- Plasma cell and lymphocytes



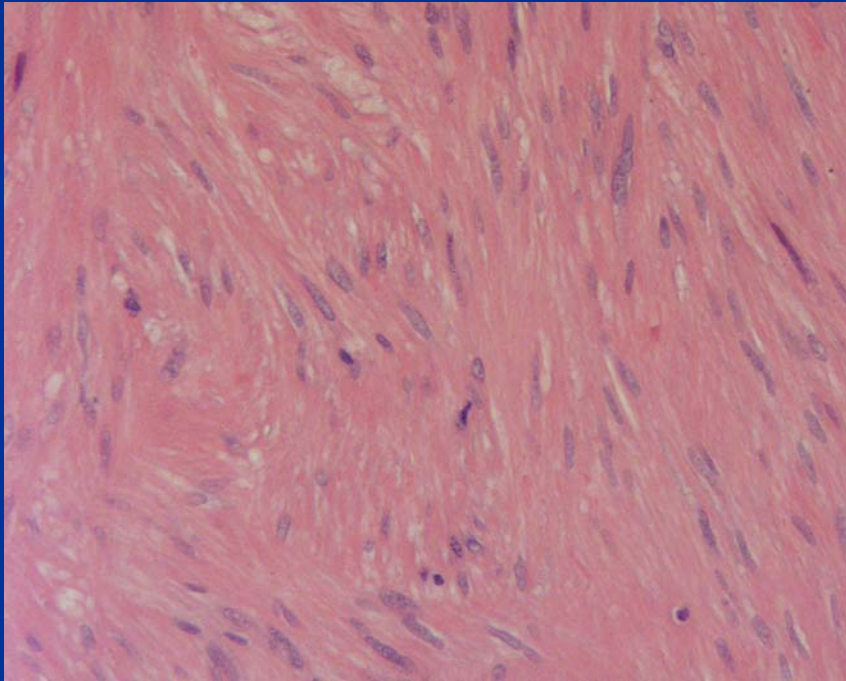




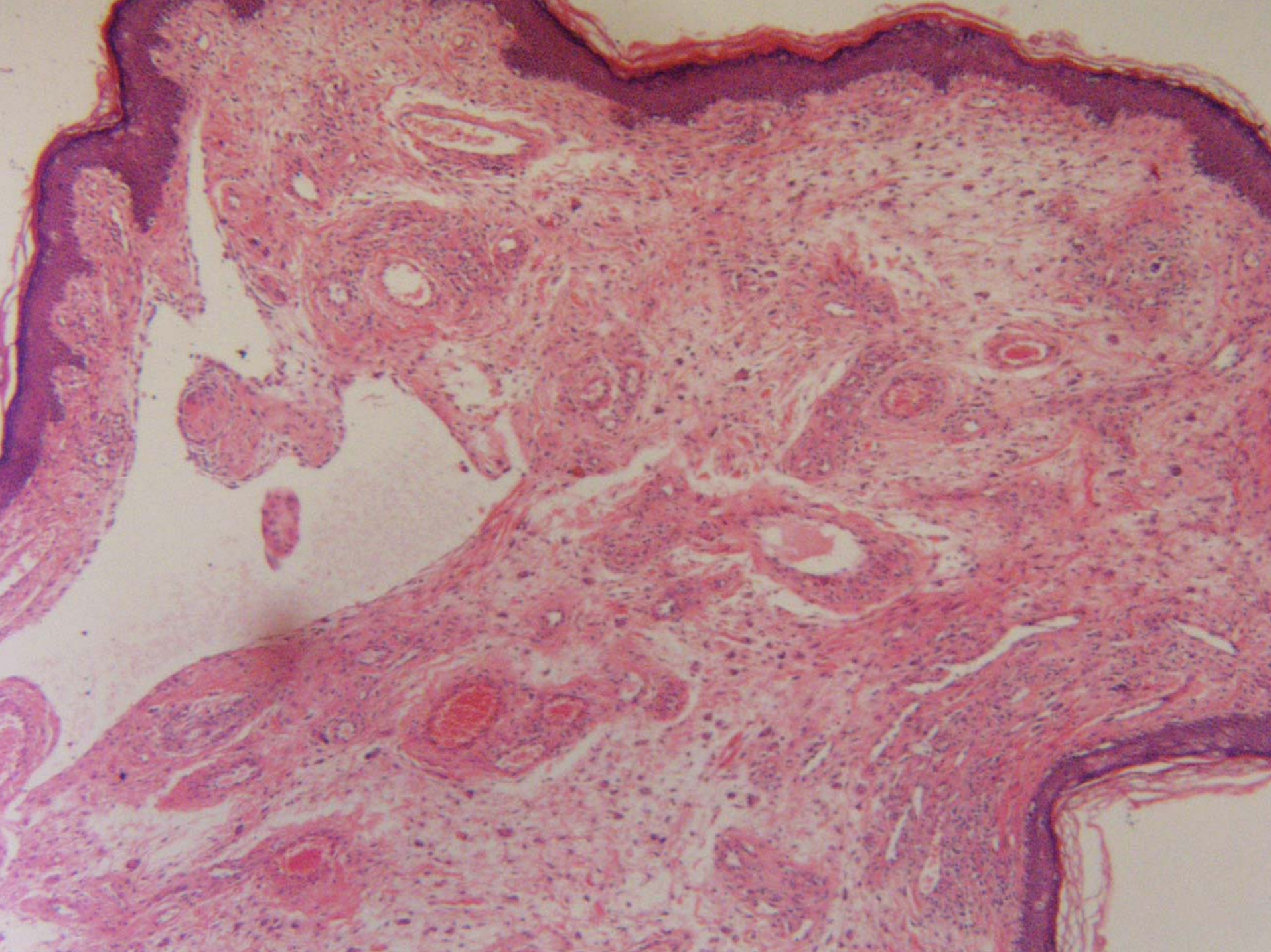


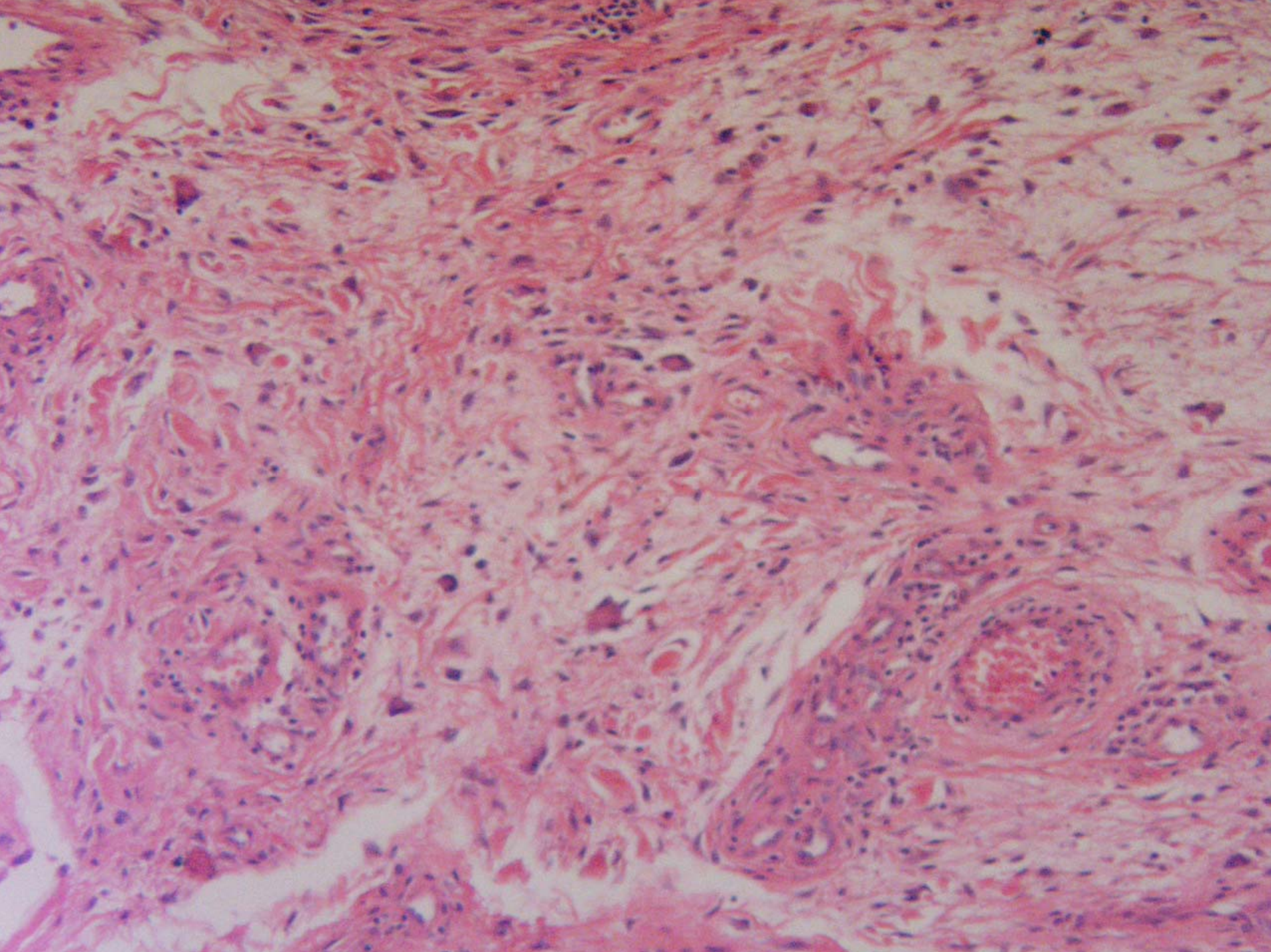
Leiomyoma

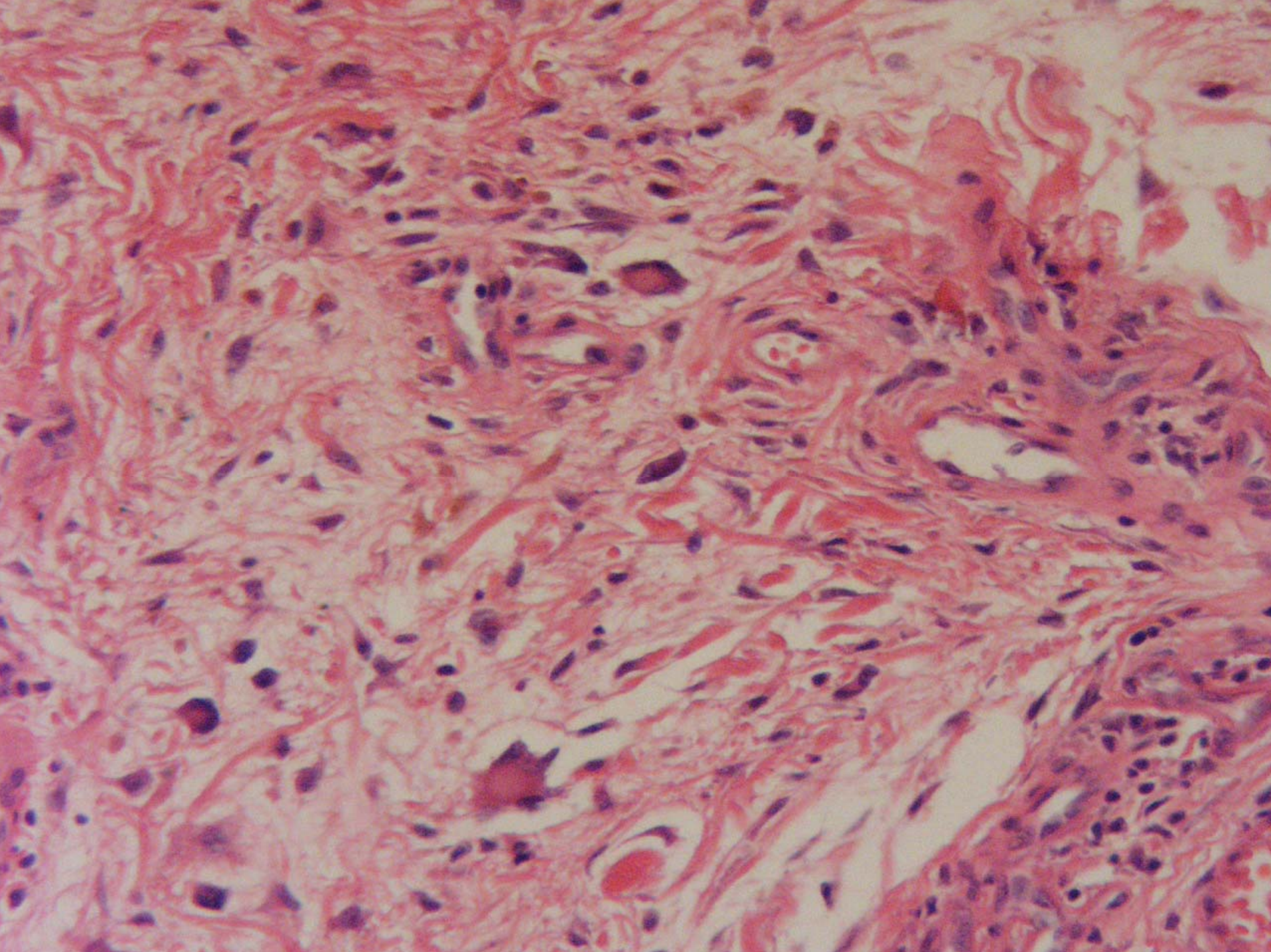
Histopathology

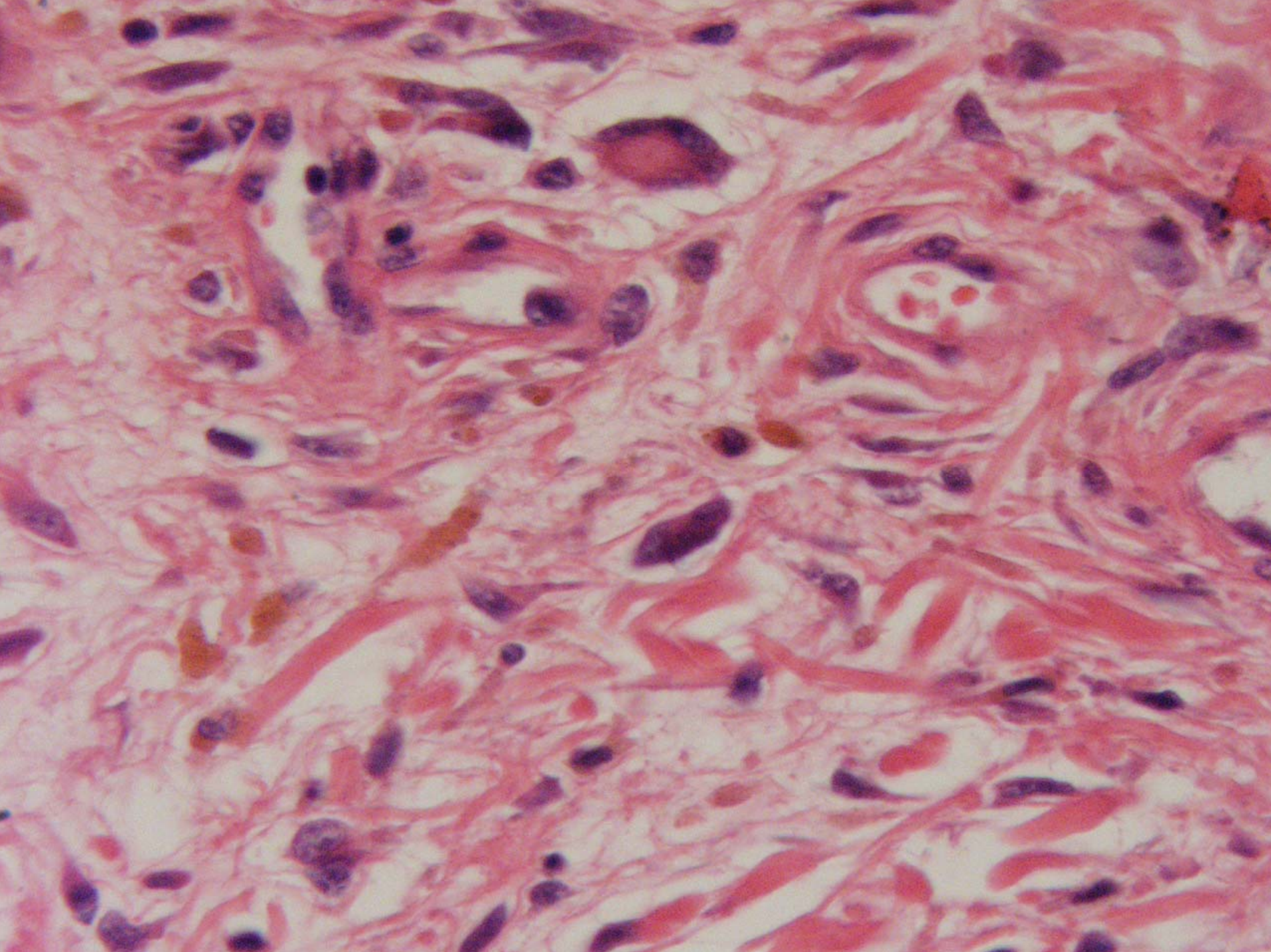


- Circumscribed nodule
- Superficial tumors from arrector pilae, deeper tumors from blood vessel walls
- No atypia or MF
- Clinical correlation



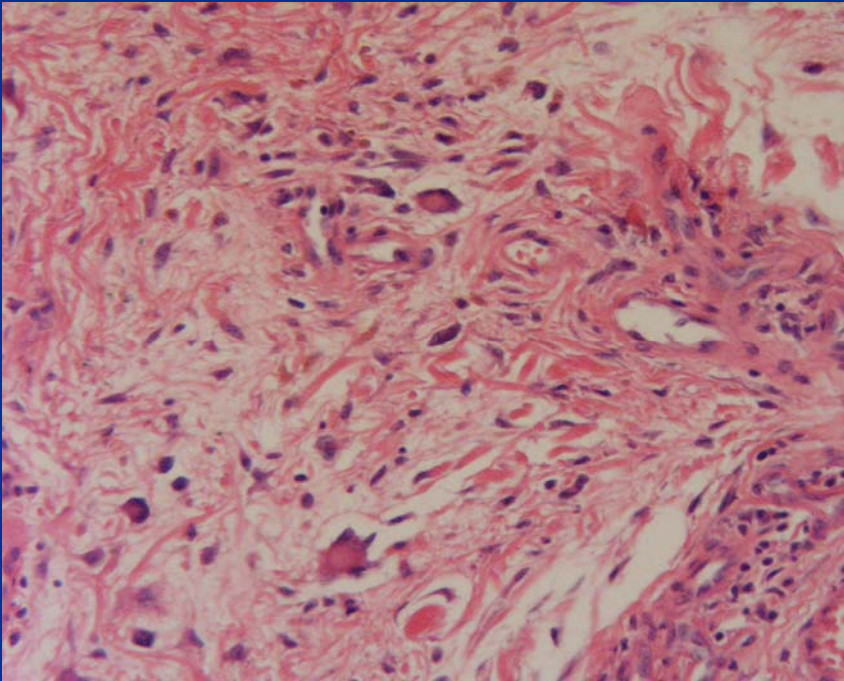




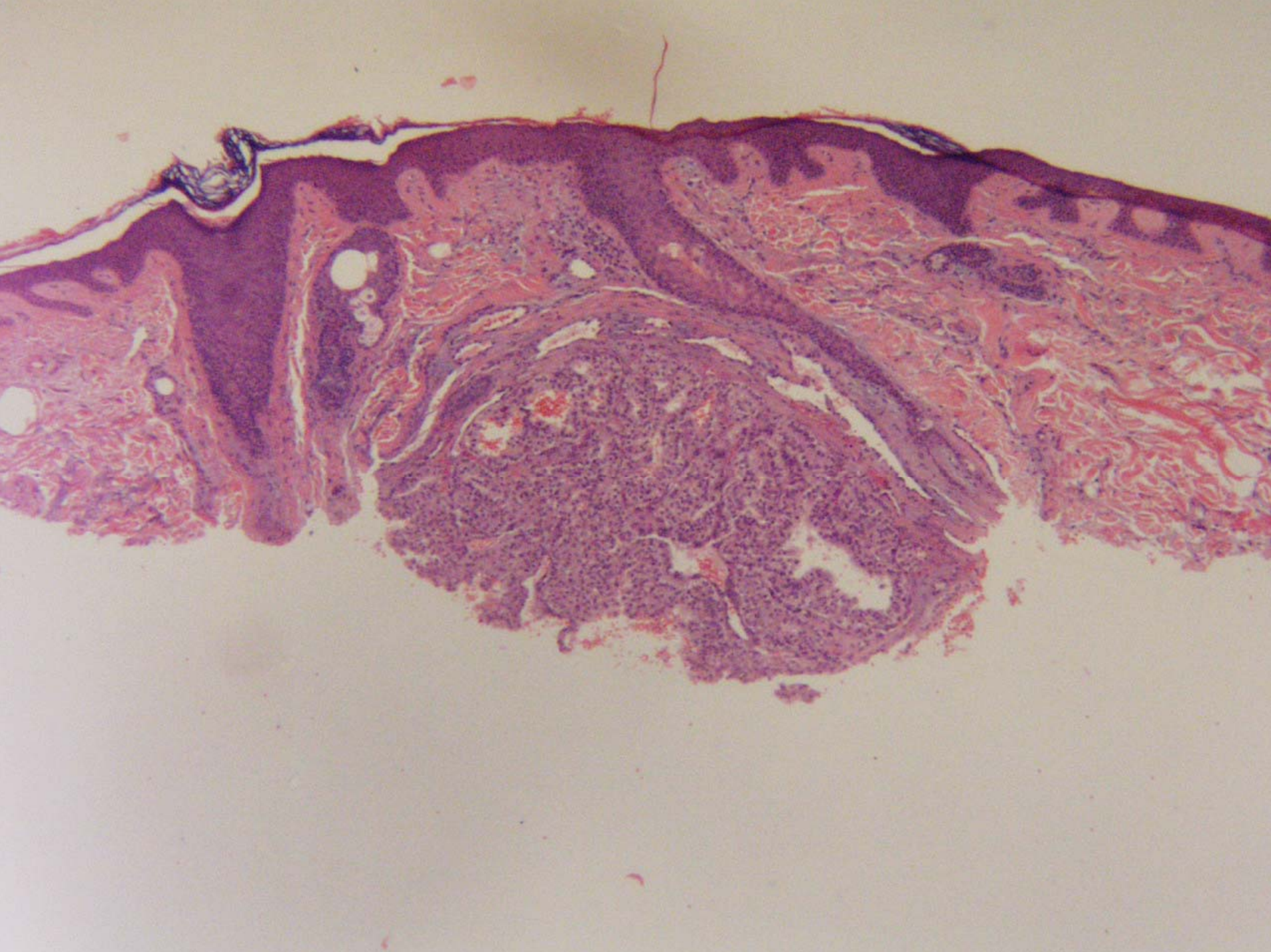


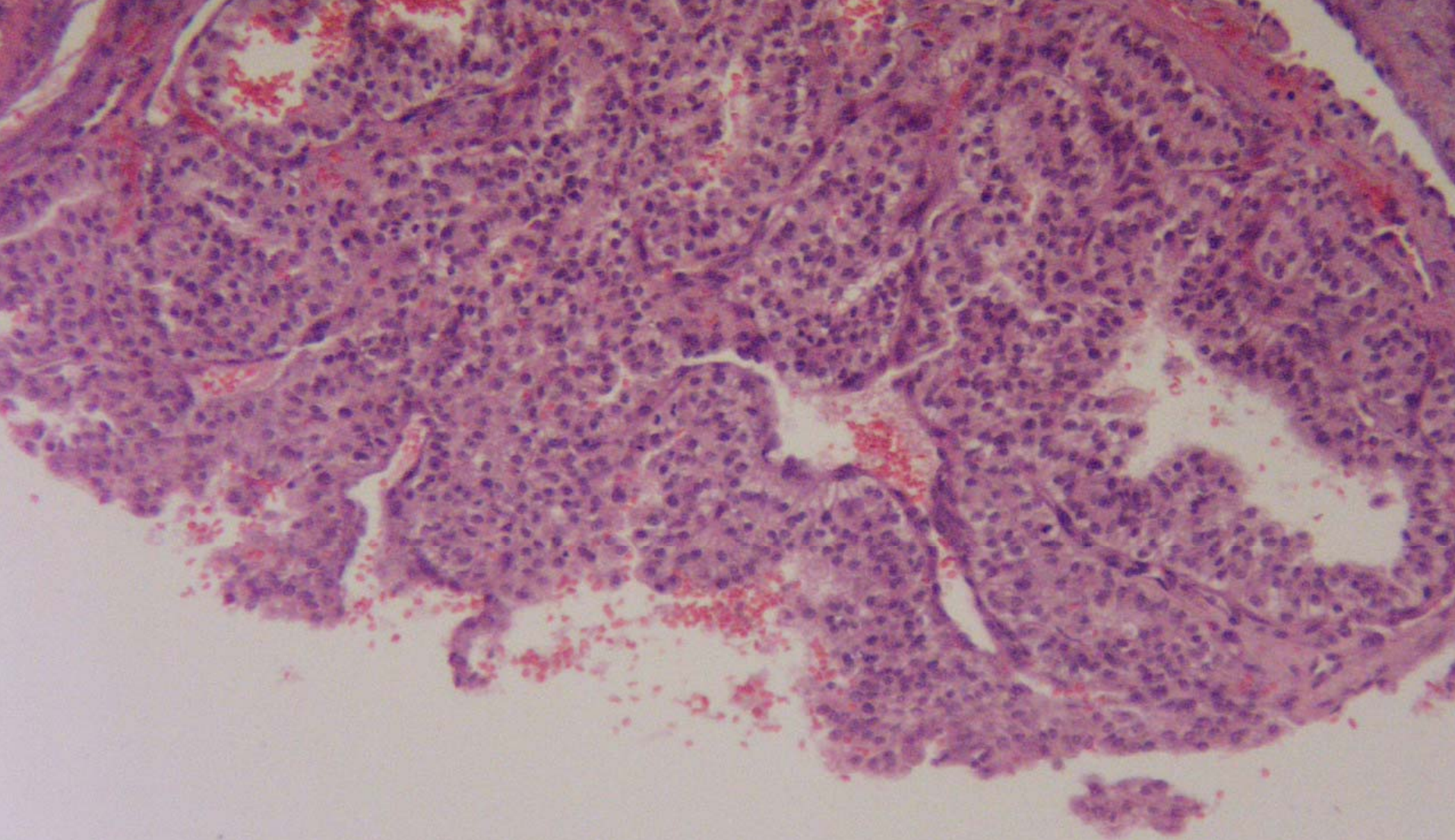
Angiofibroma

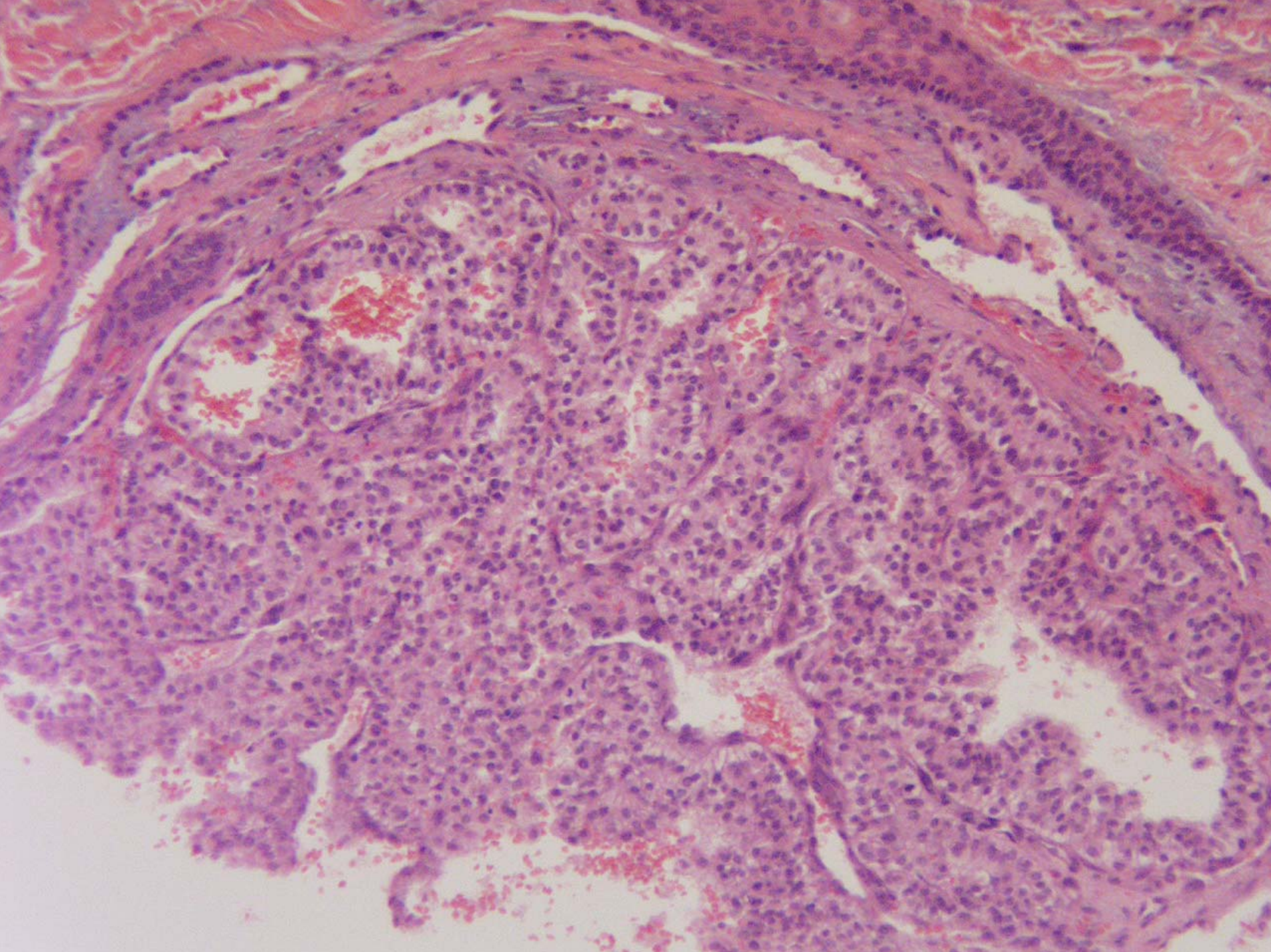
Histopathology

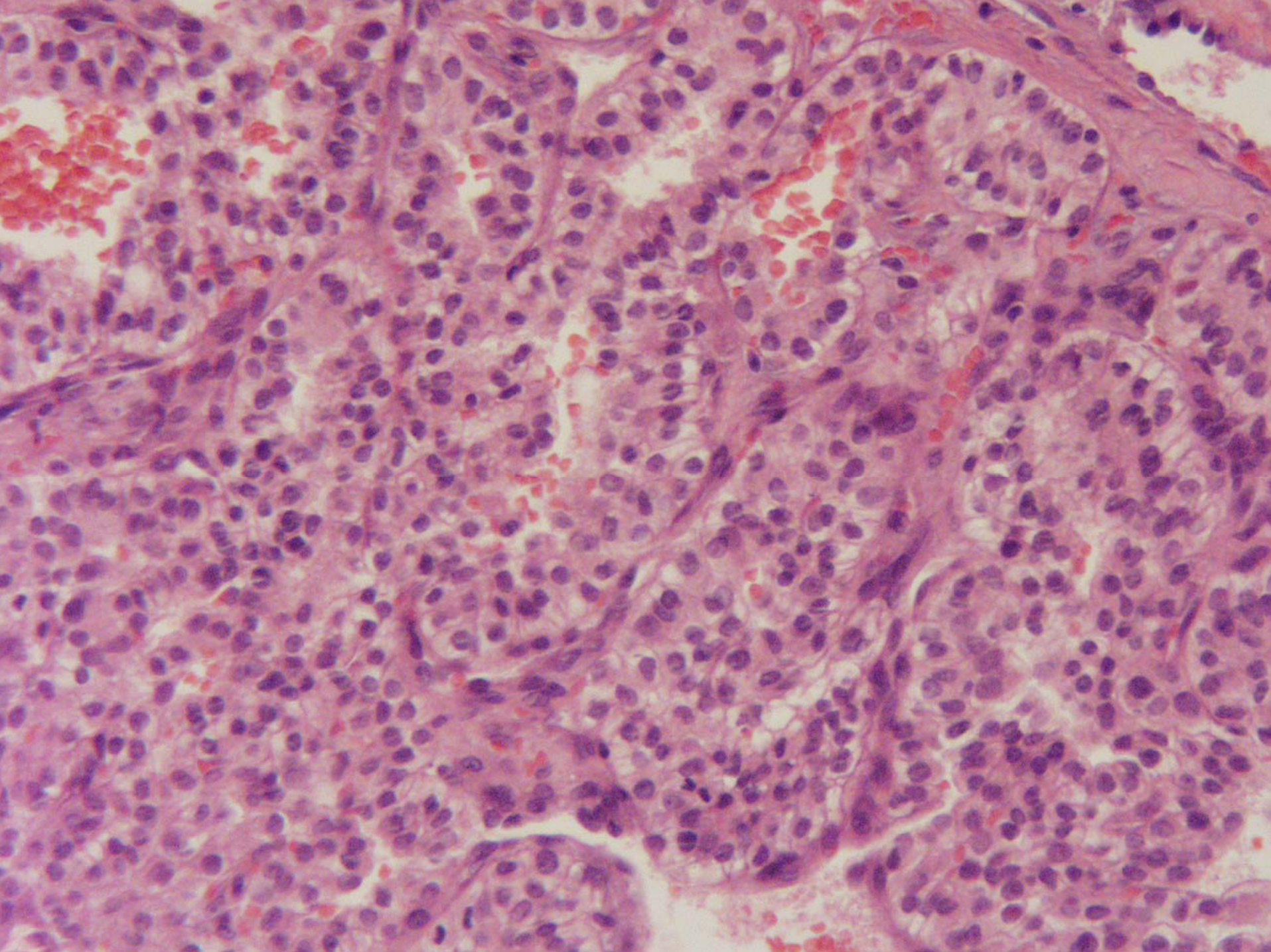


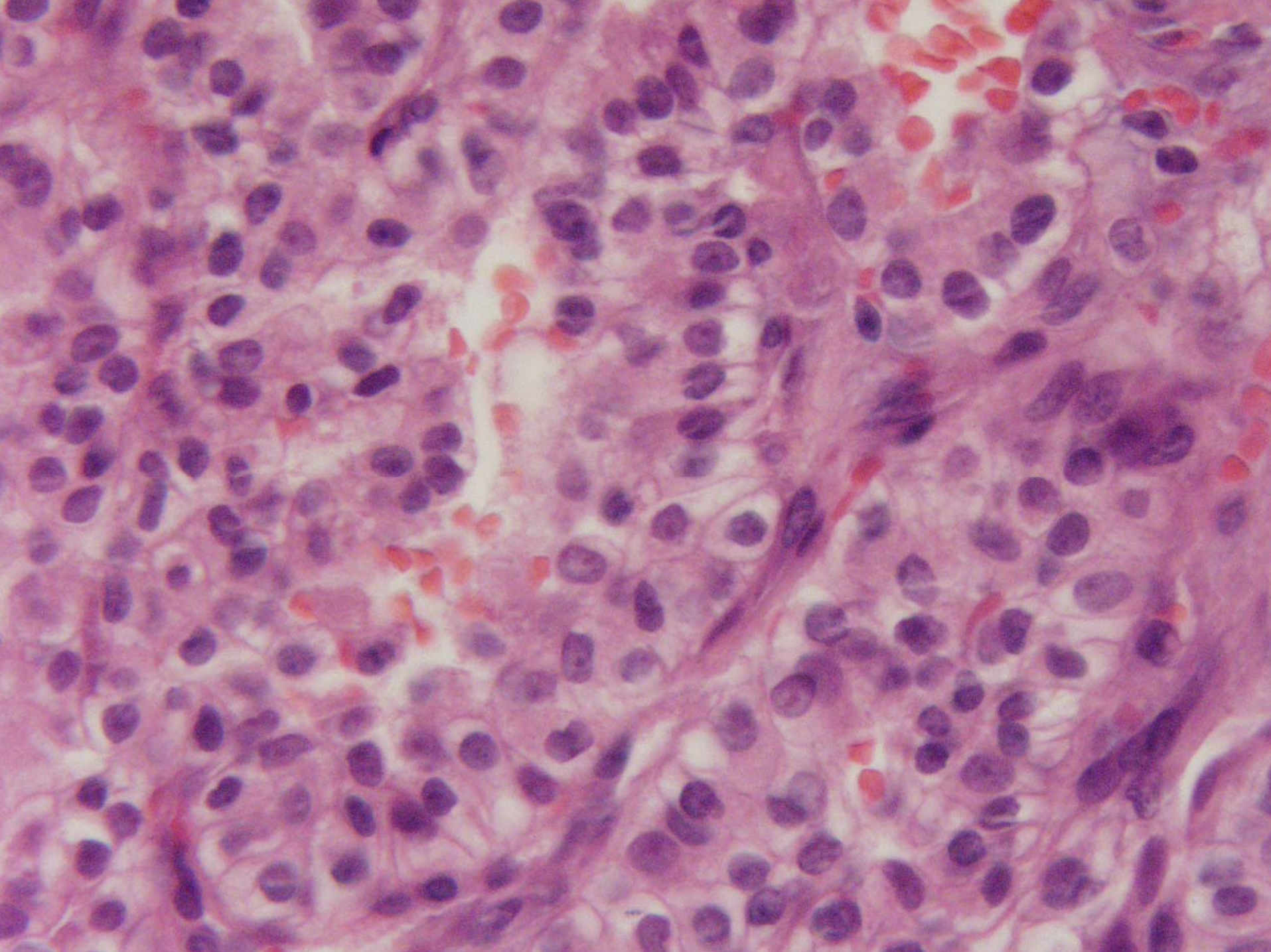
- May be pedunculated or slightly raised
- Spindle cells with stellate forms and giant cells
- Varying vascularity with occasional thick-walled vessels
- Rarely clear cell changes
- Occasional melanocytic atypia at DEJ

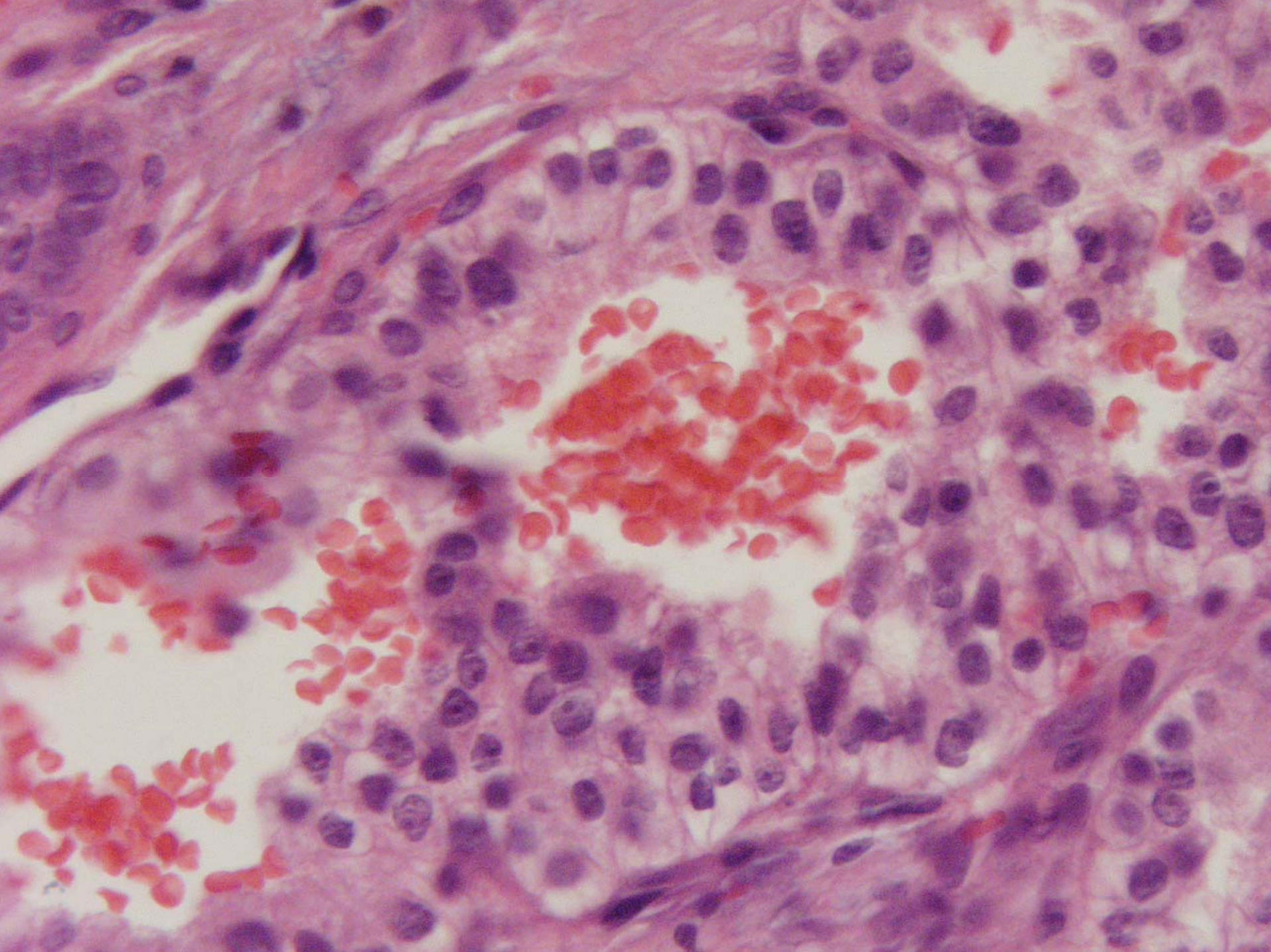






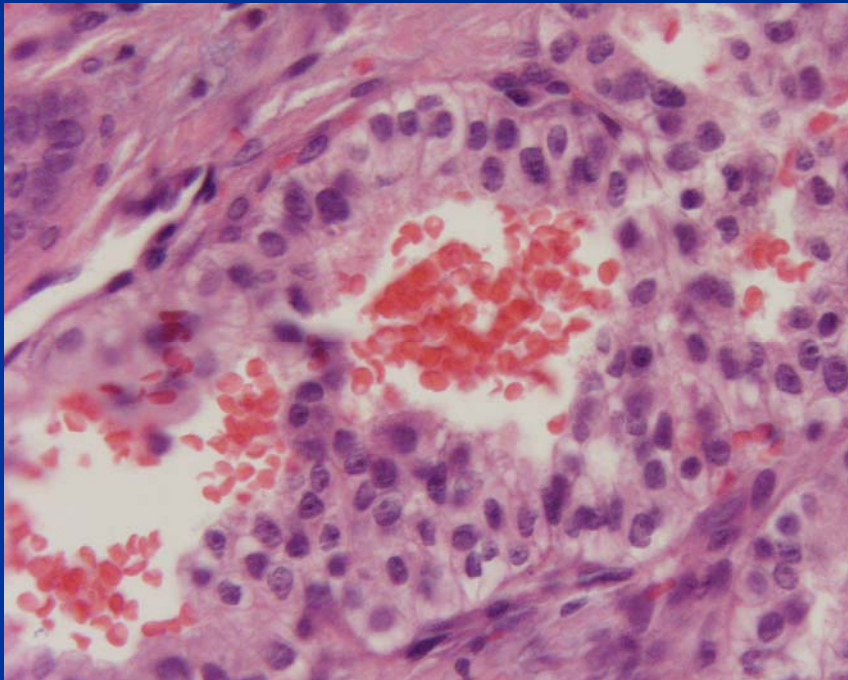






Clear Cell Carcinoma Consistent with Metastatic Renal Cell Carcinoma

Histopathology



- Clear cell tumor with increased vascularity
- May have bland cytology
- Intra-tumoral hemorrhage
- Clinical bruit