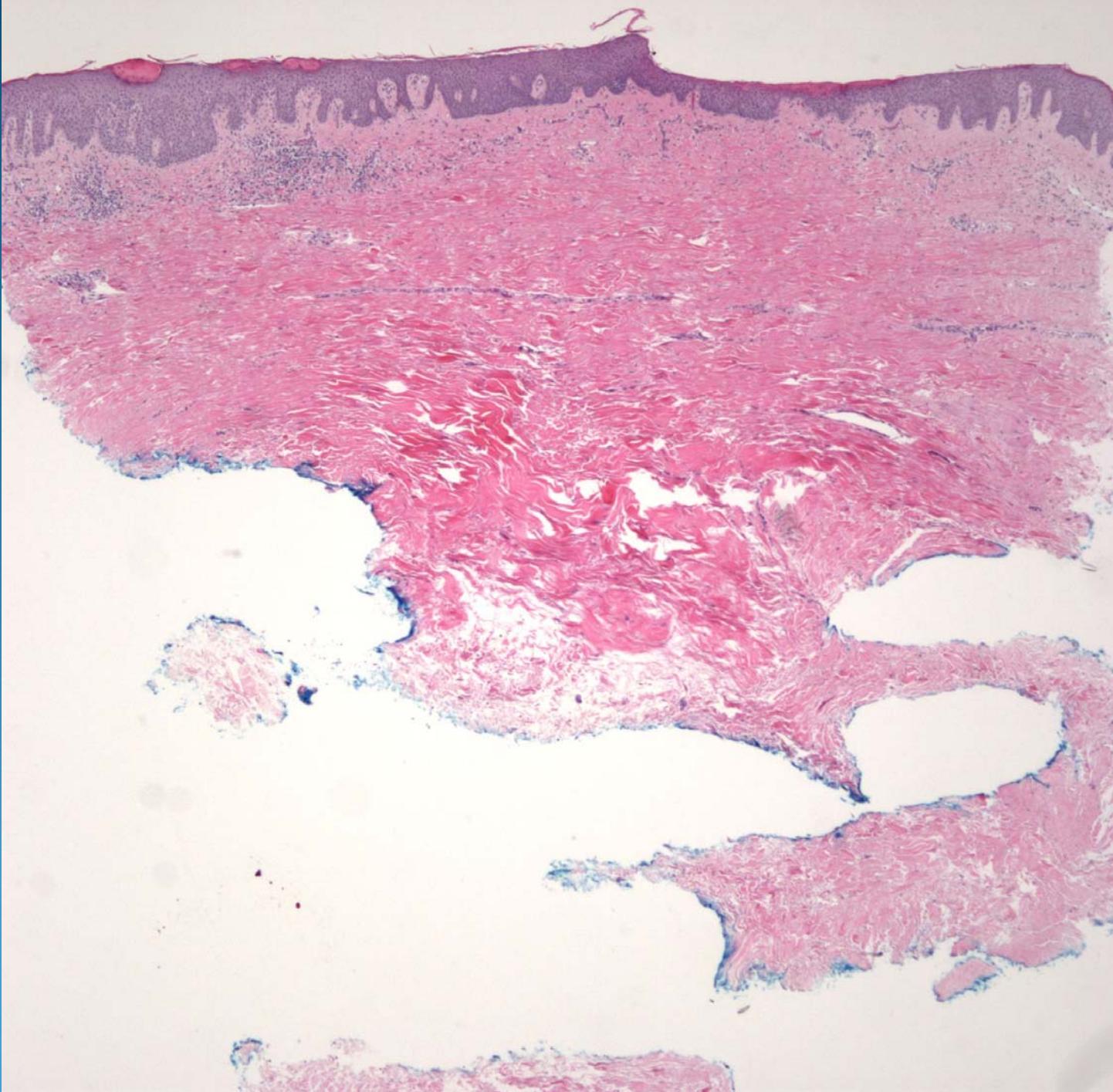
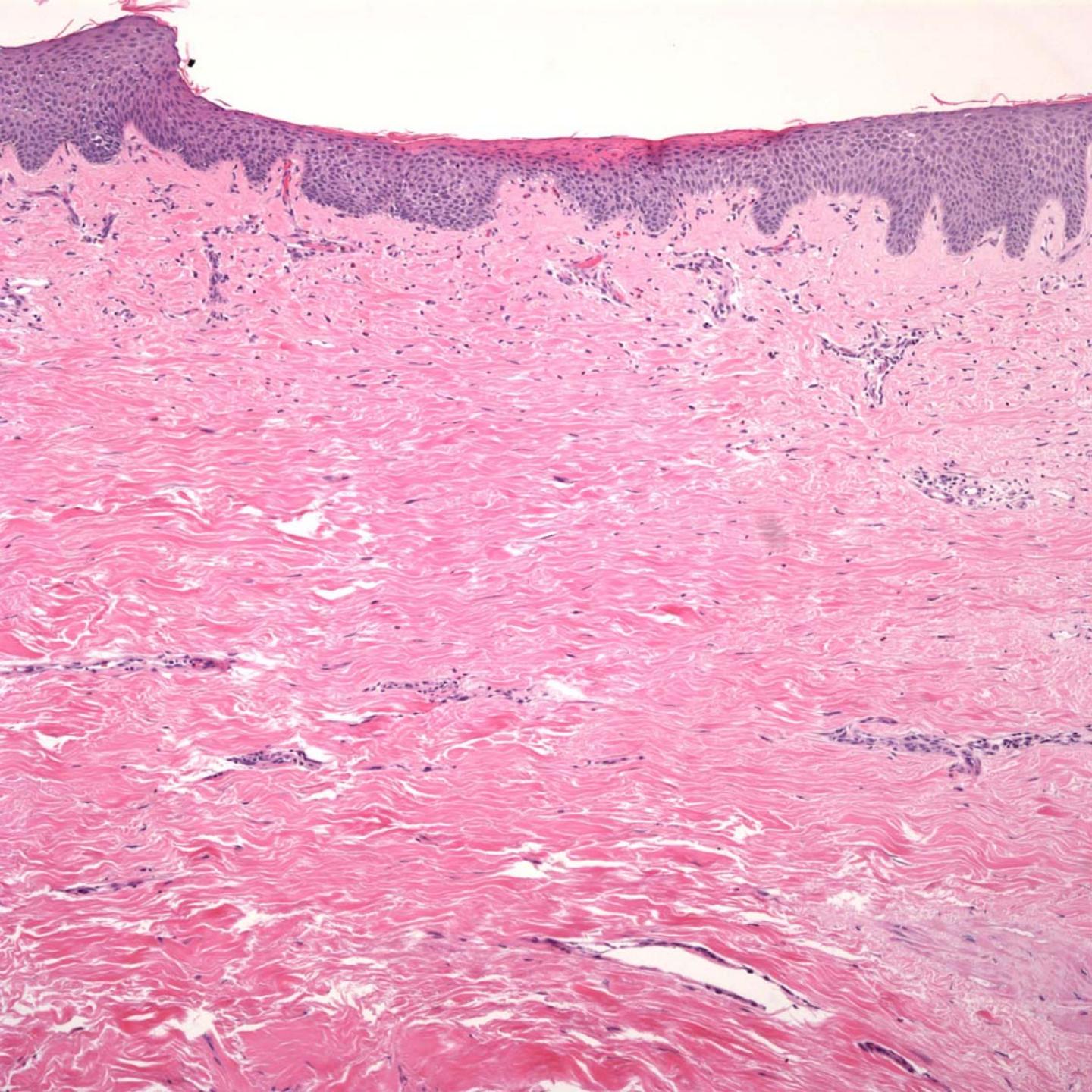


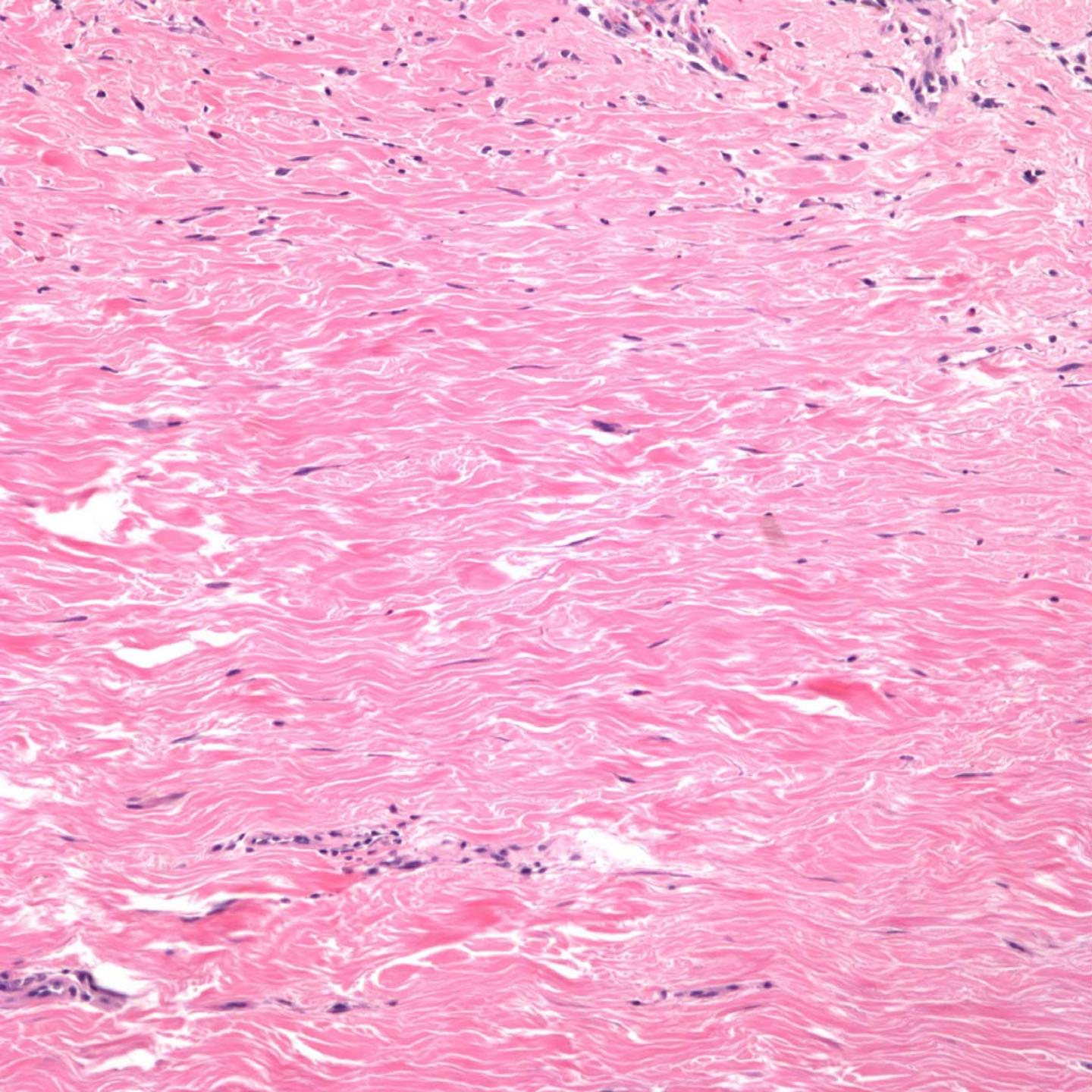
# Dermatopathology Slide Review Part 30

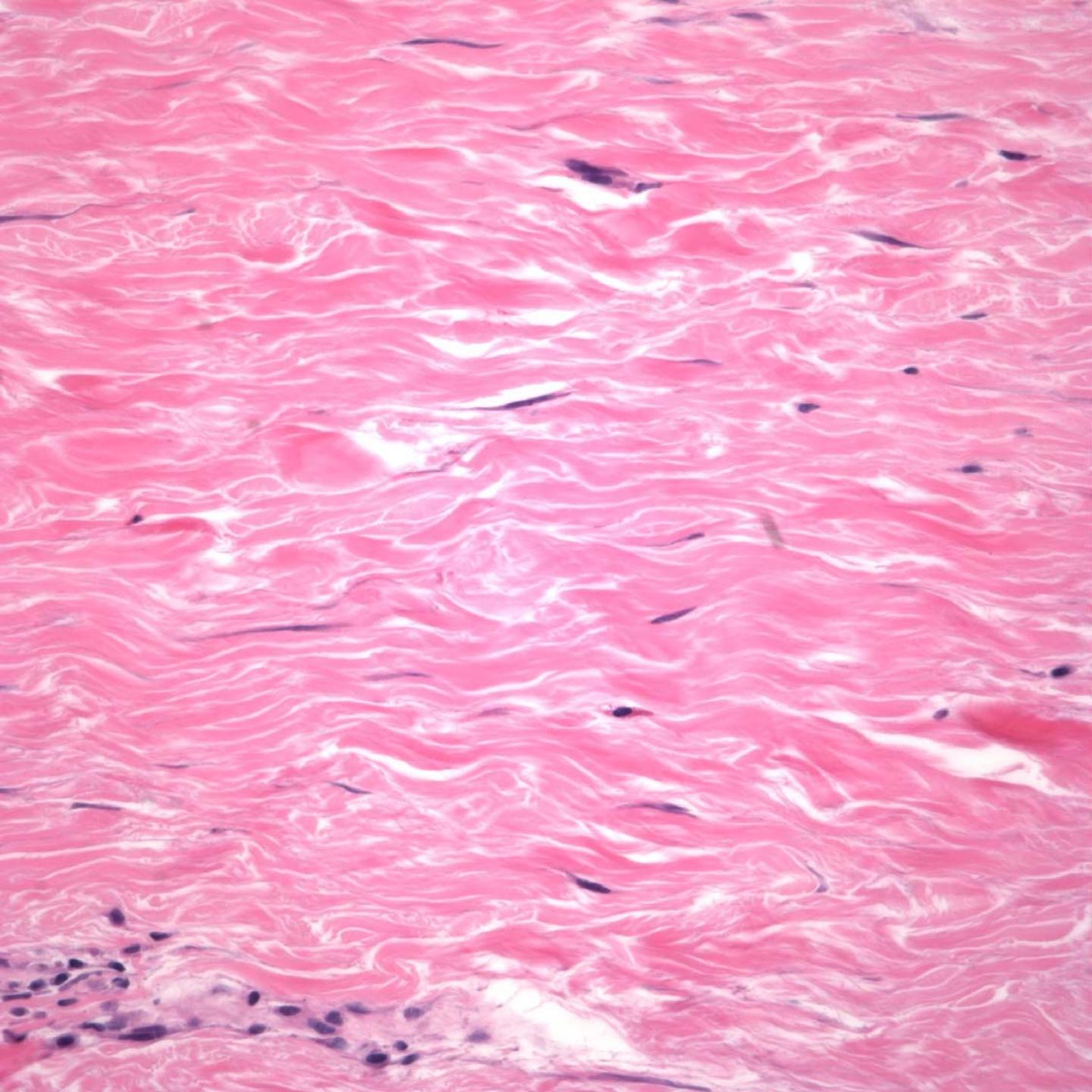
Paul K. Shitabata, M.D.

Dermatopathology Institute



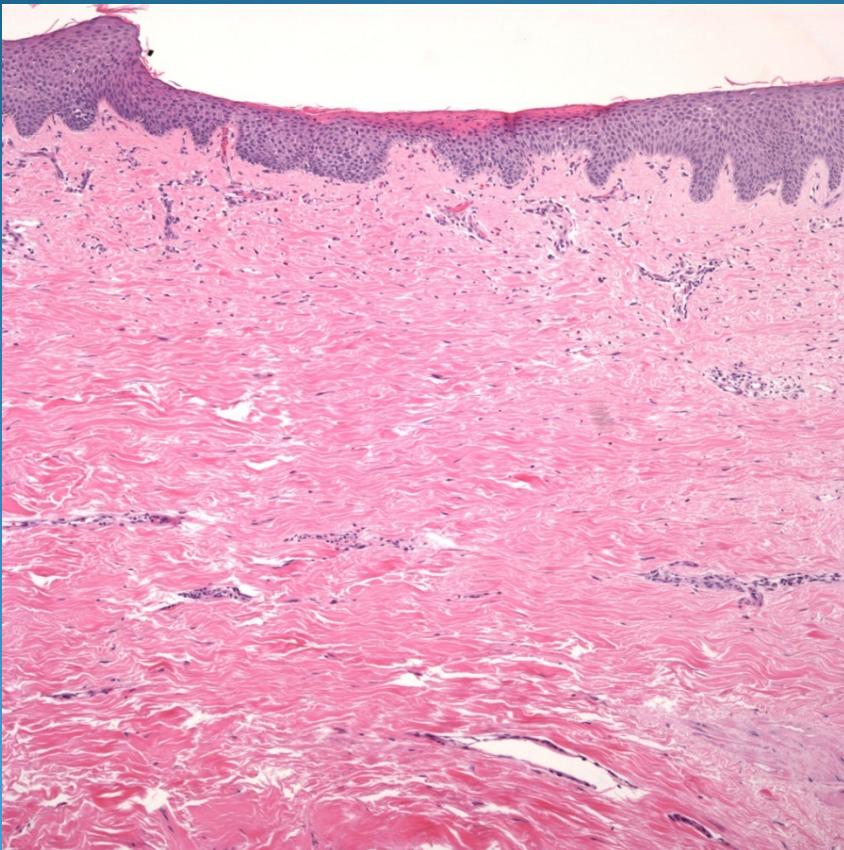




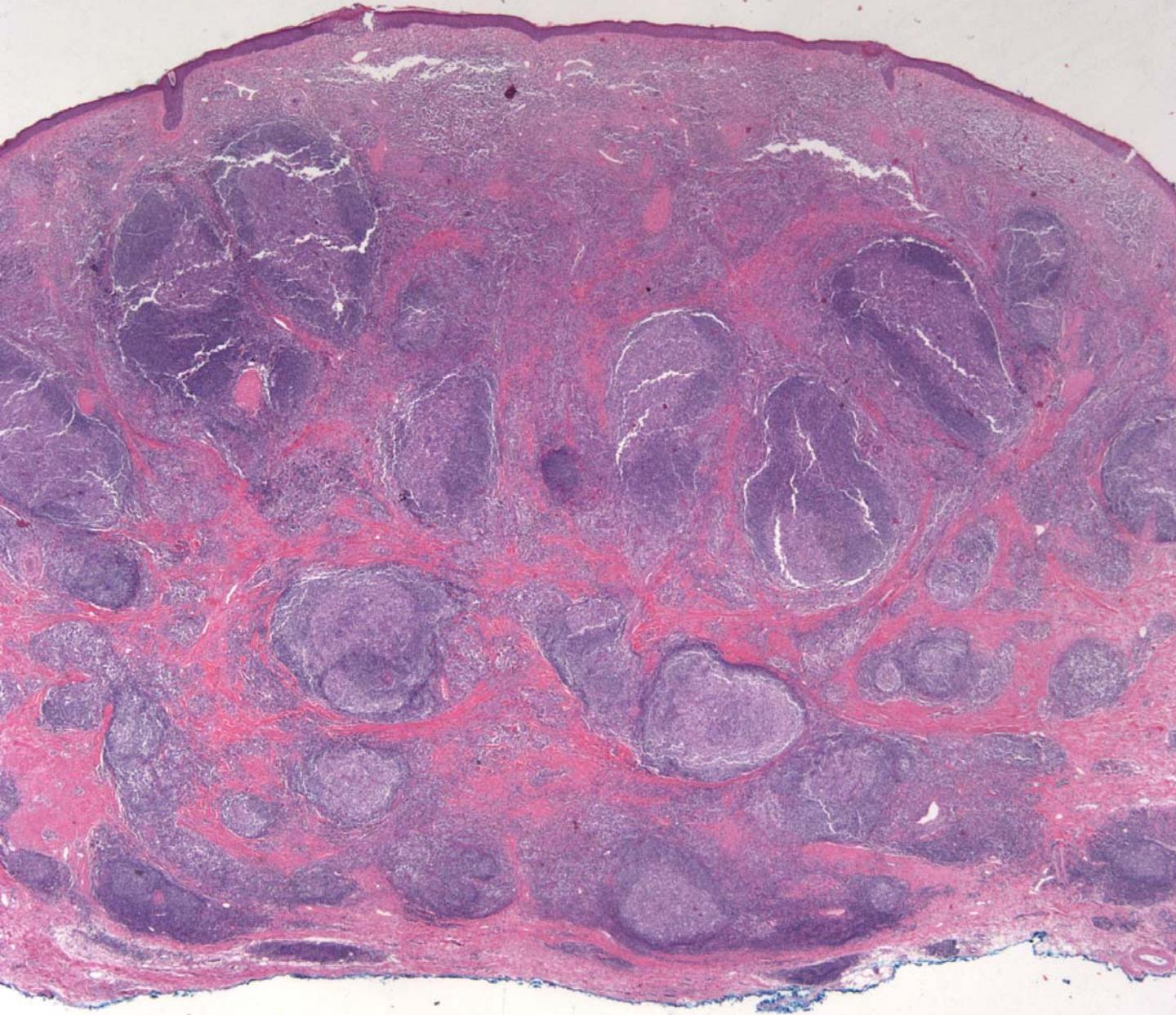


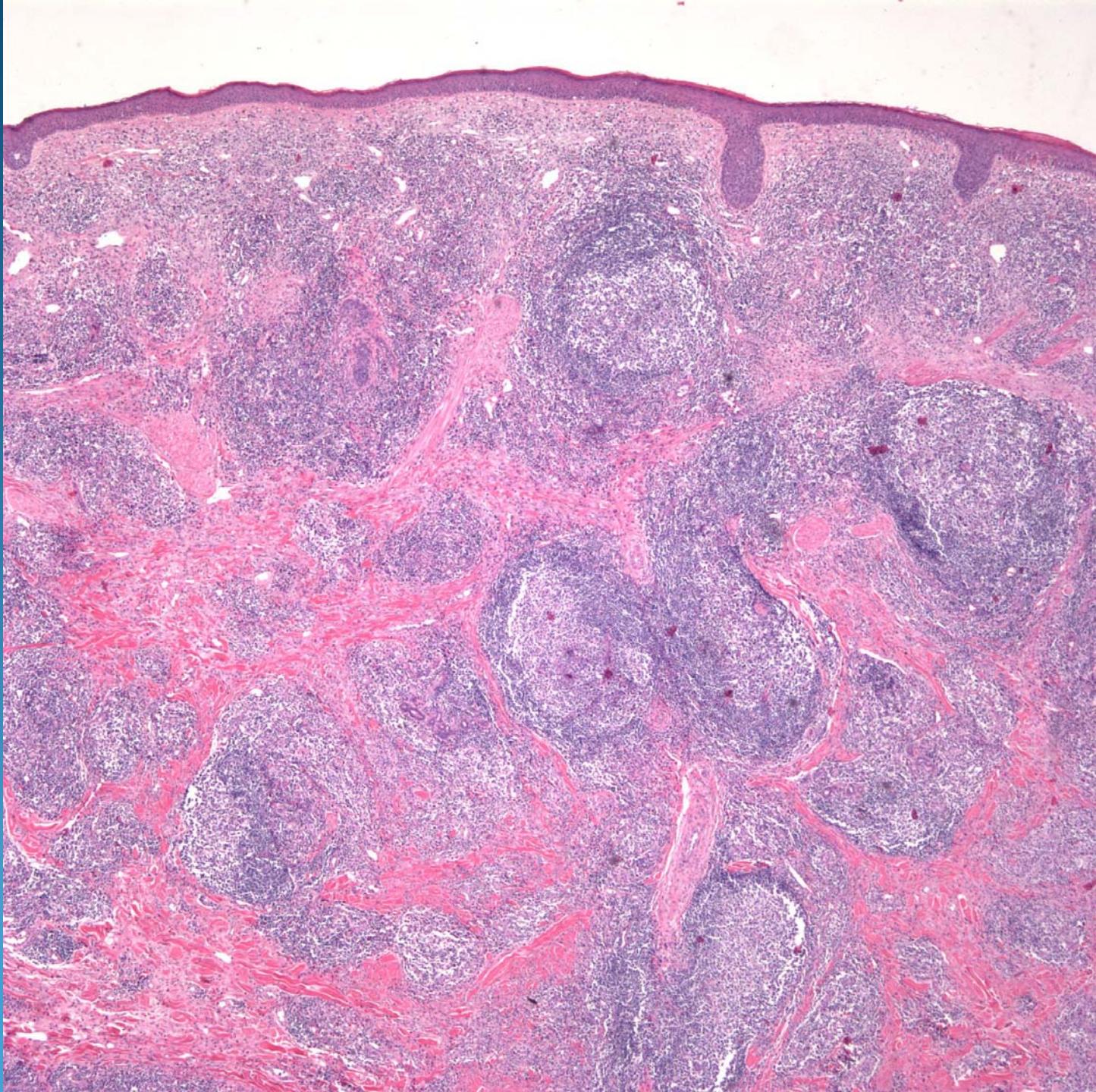
Dermal Sclerosis consistent with  
Chronic Radiation Dermatitis

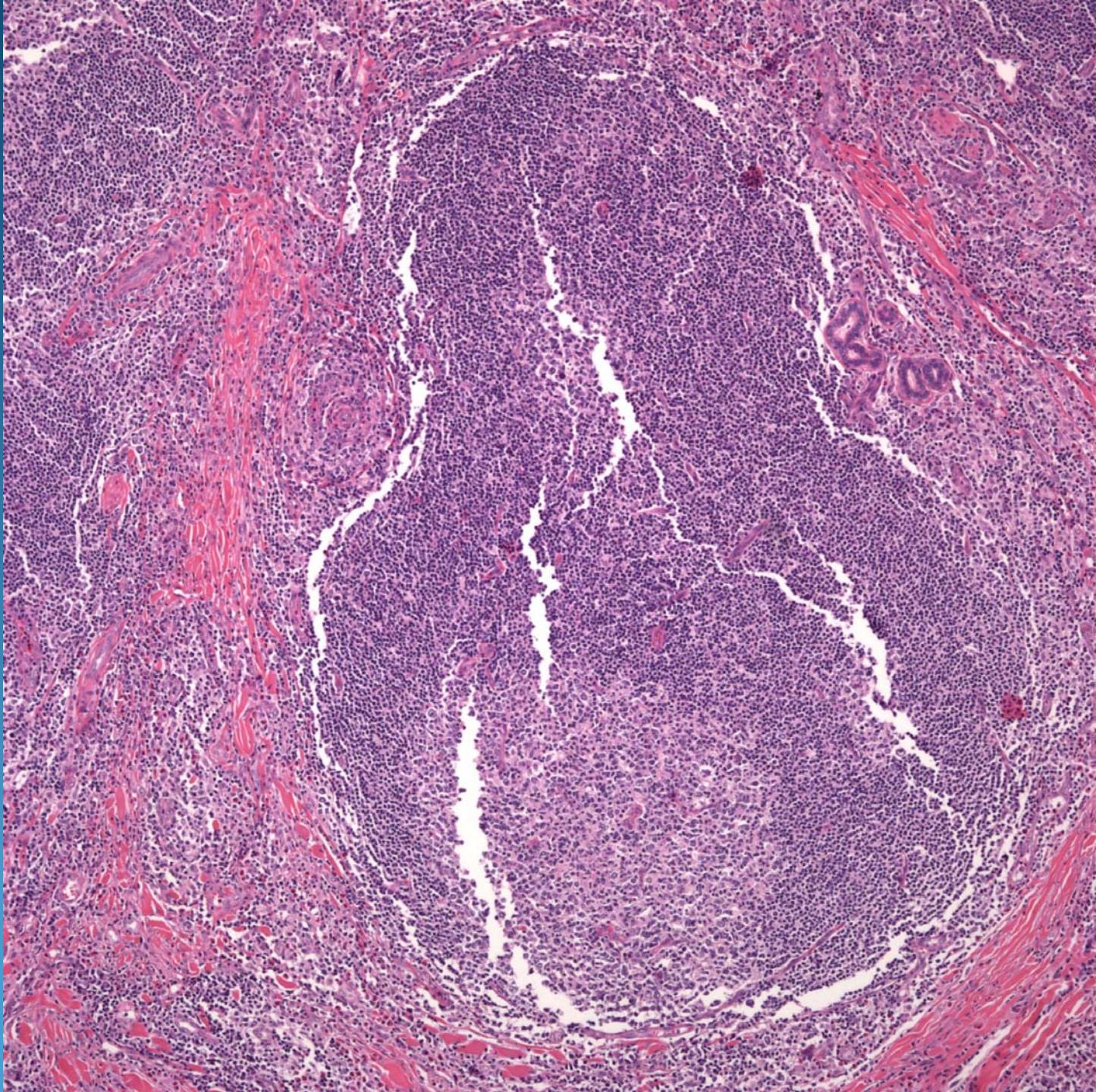
# Pearls

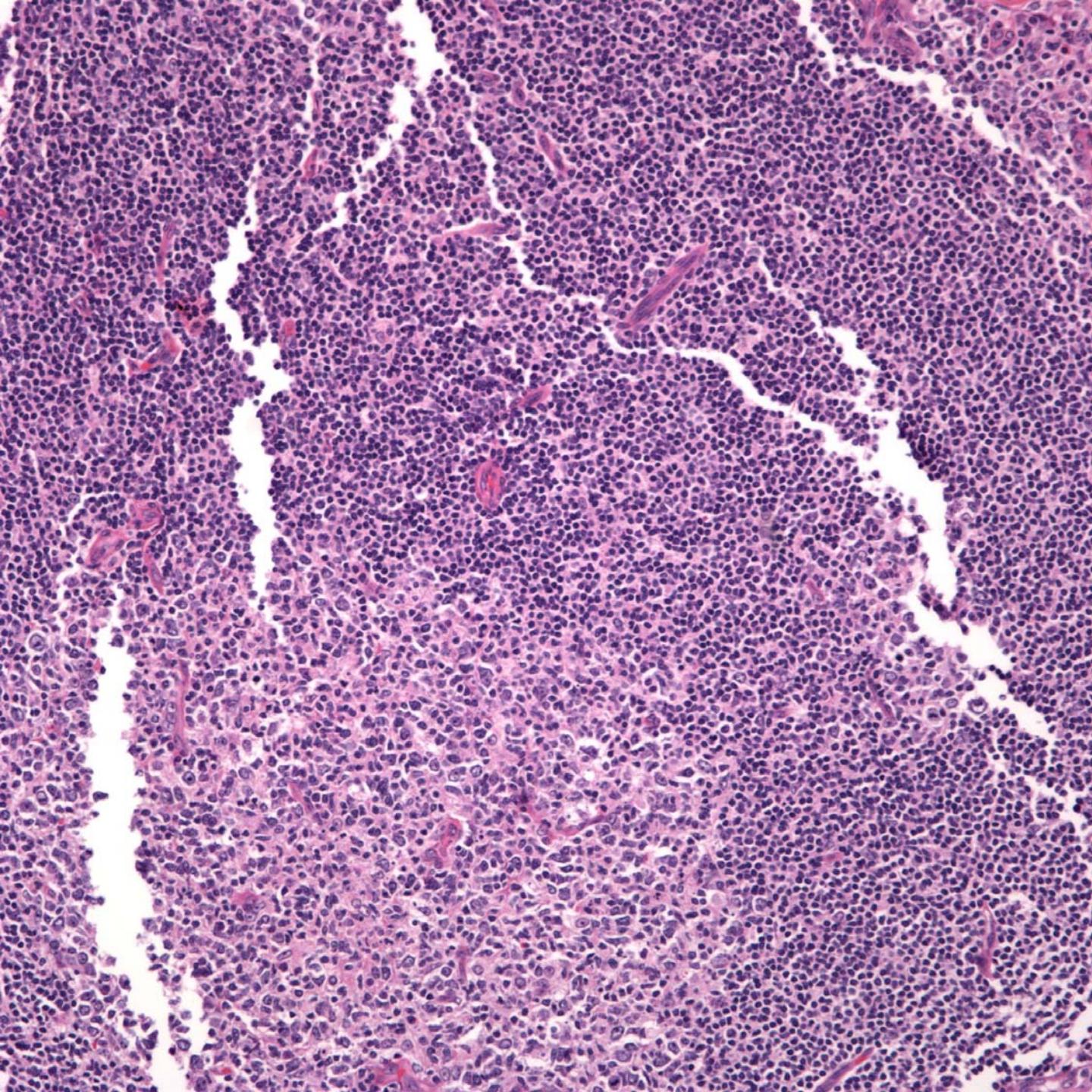


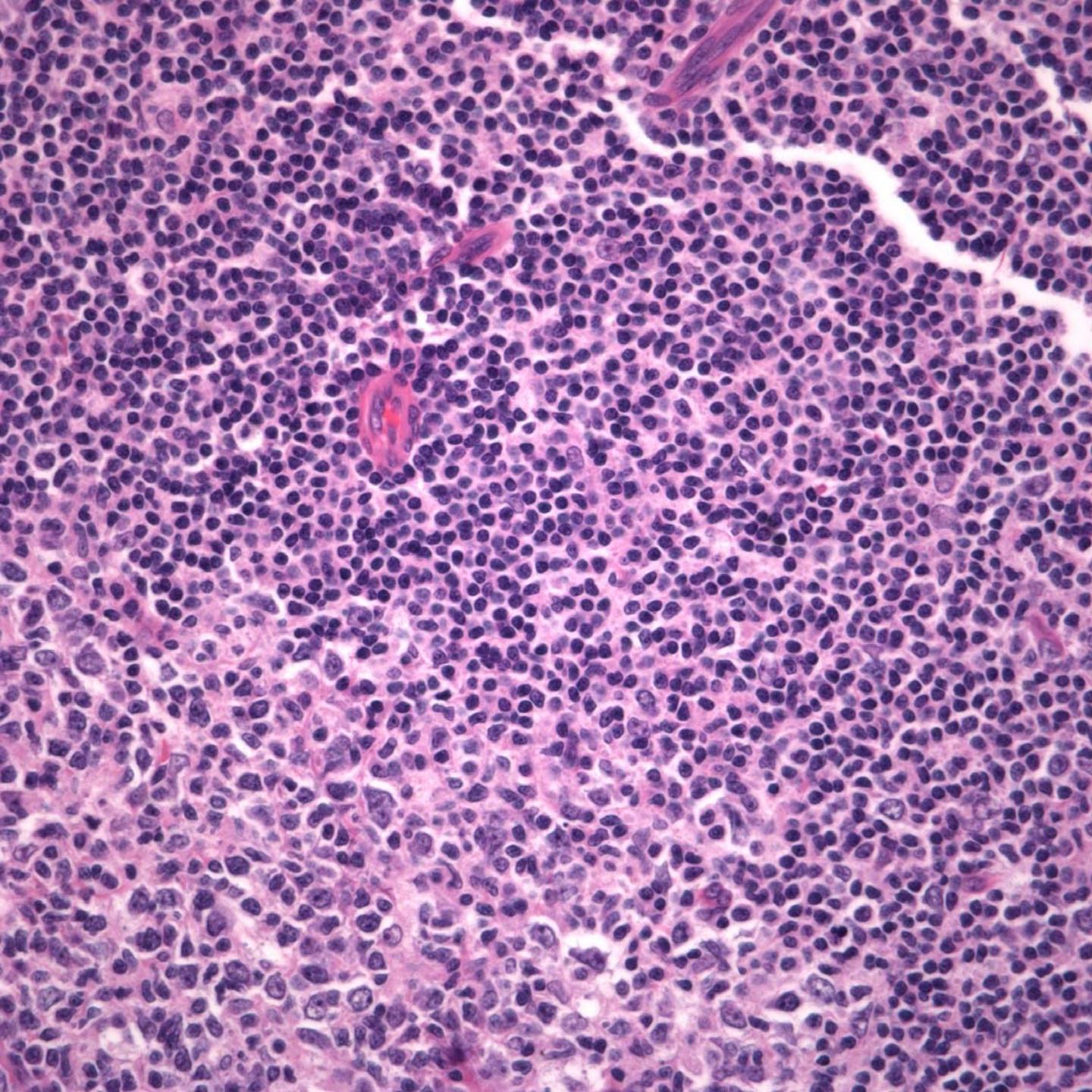
- Chronic lesions may show diffuse dermal sclerosis
- Variable changes of telangiectasia, edema, and vascular hyalinization
- May have atypia of fibroblasts with hyperchromasia
- DDX: Morphea, Chronic GVH , Acrodermatitis dermatitis atrophicans

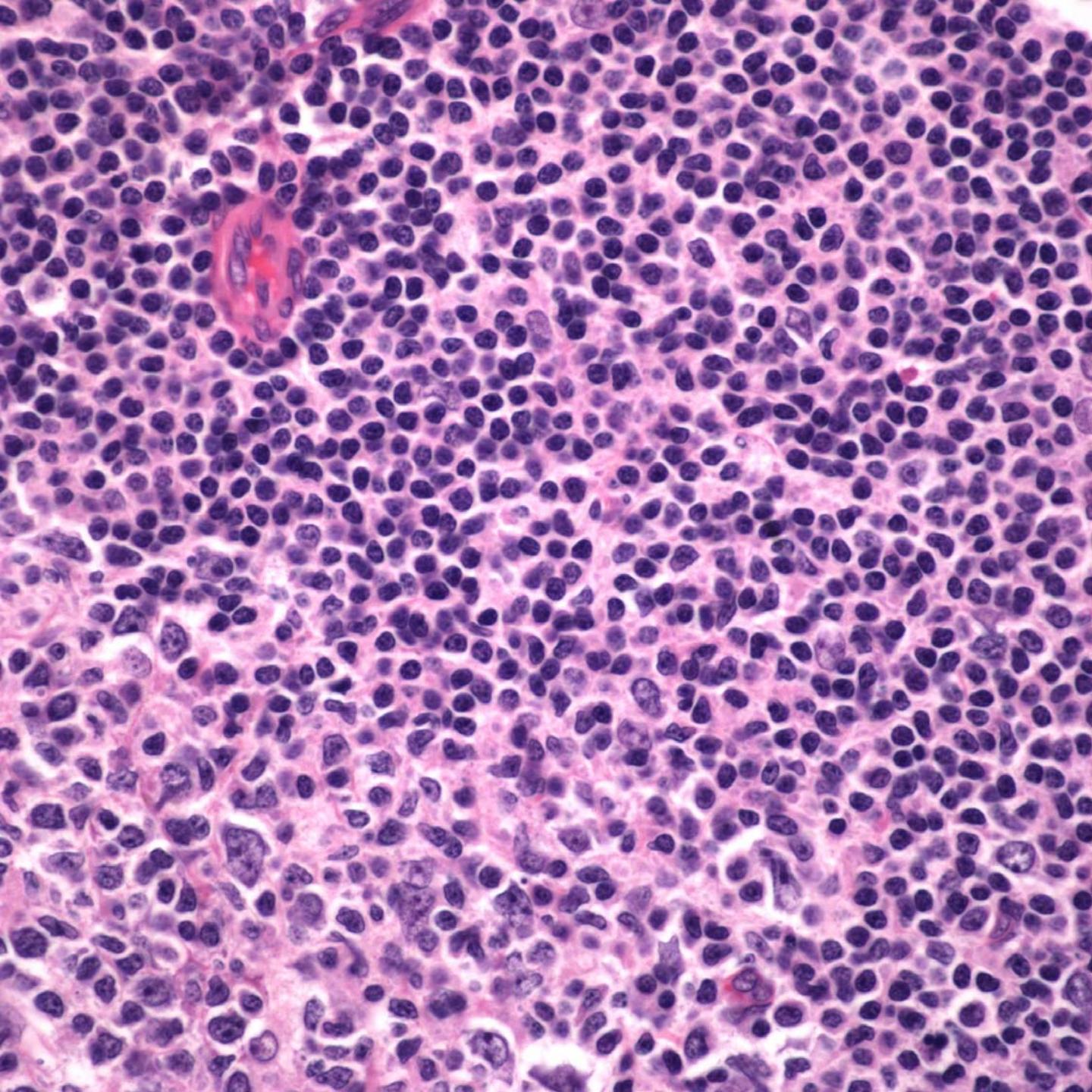


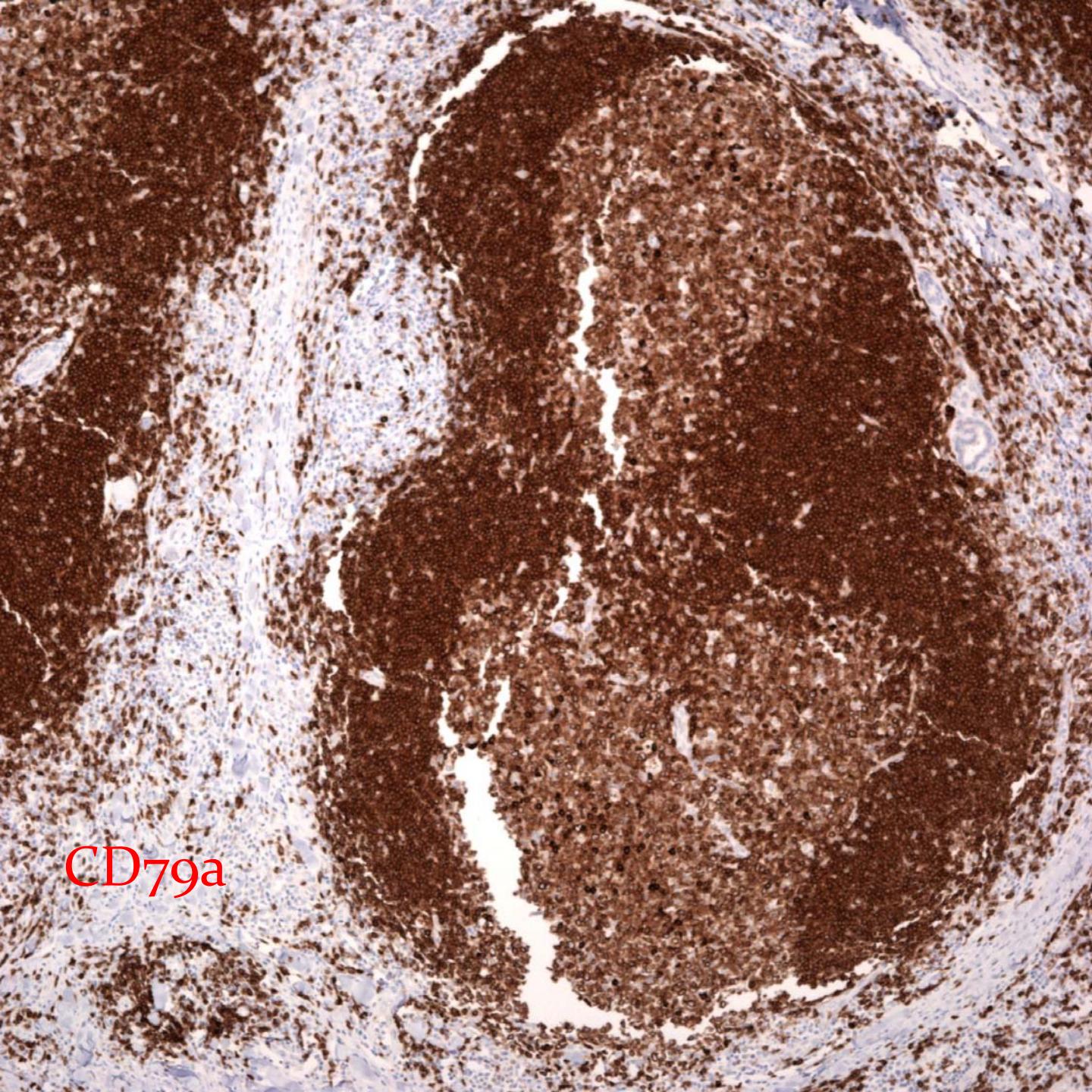








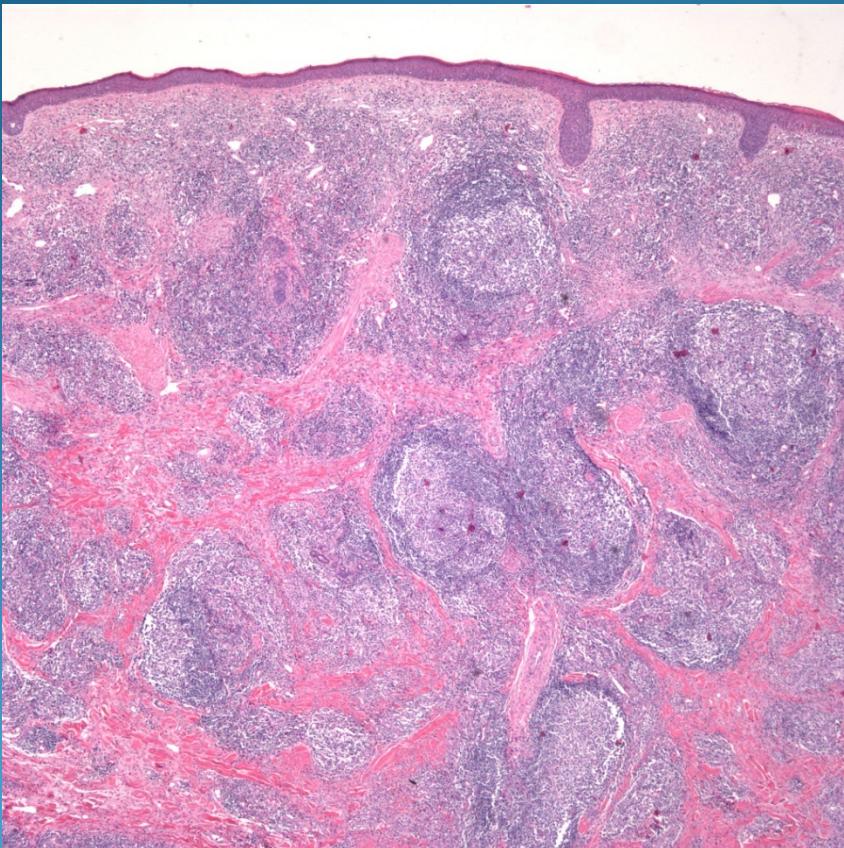




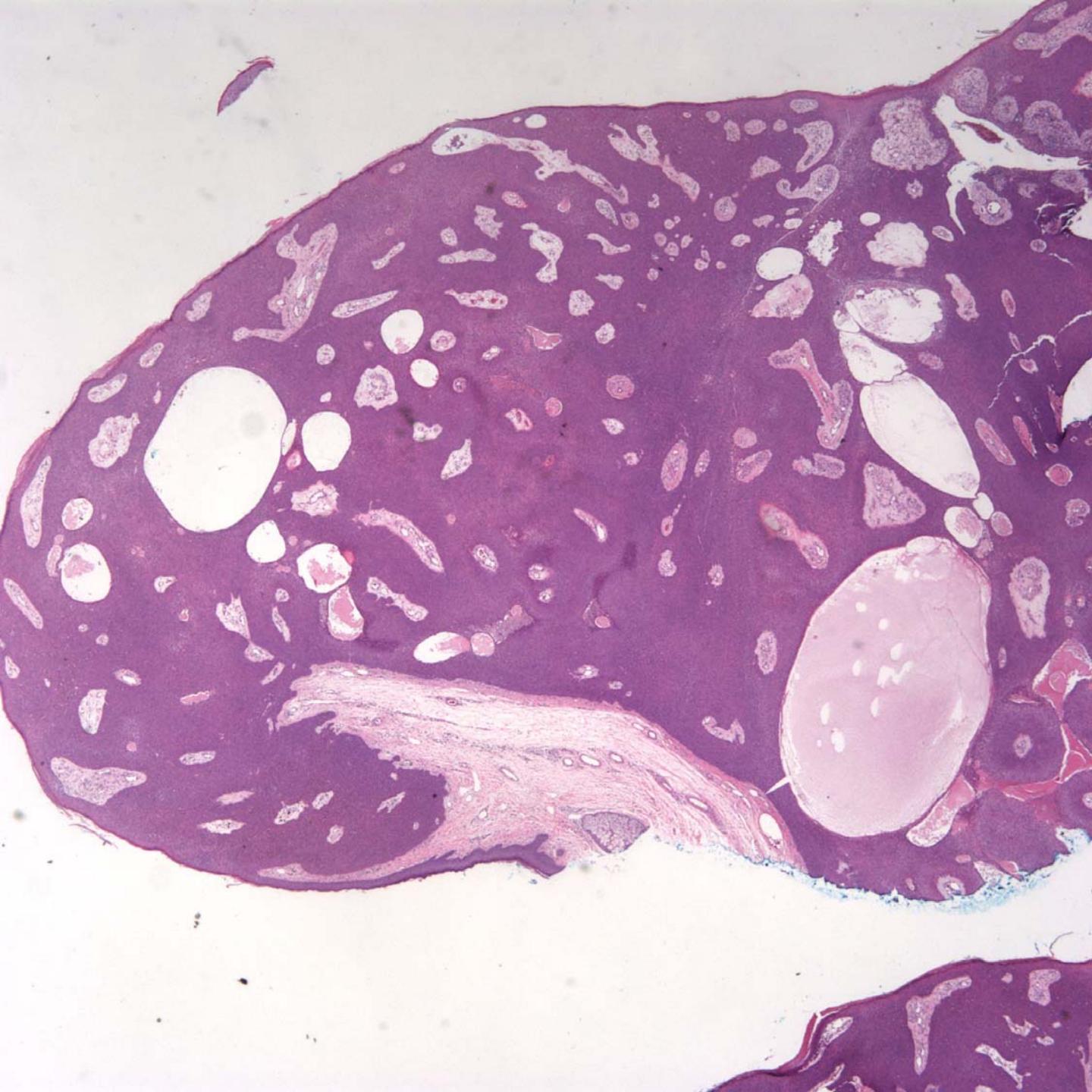
CD79a

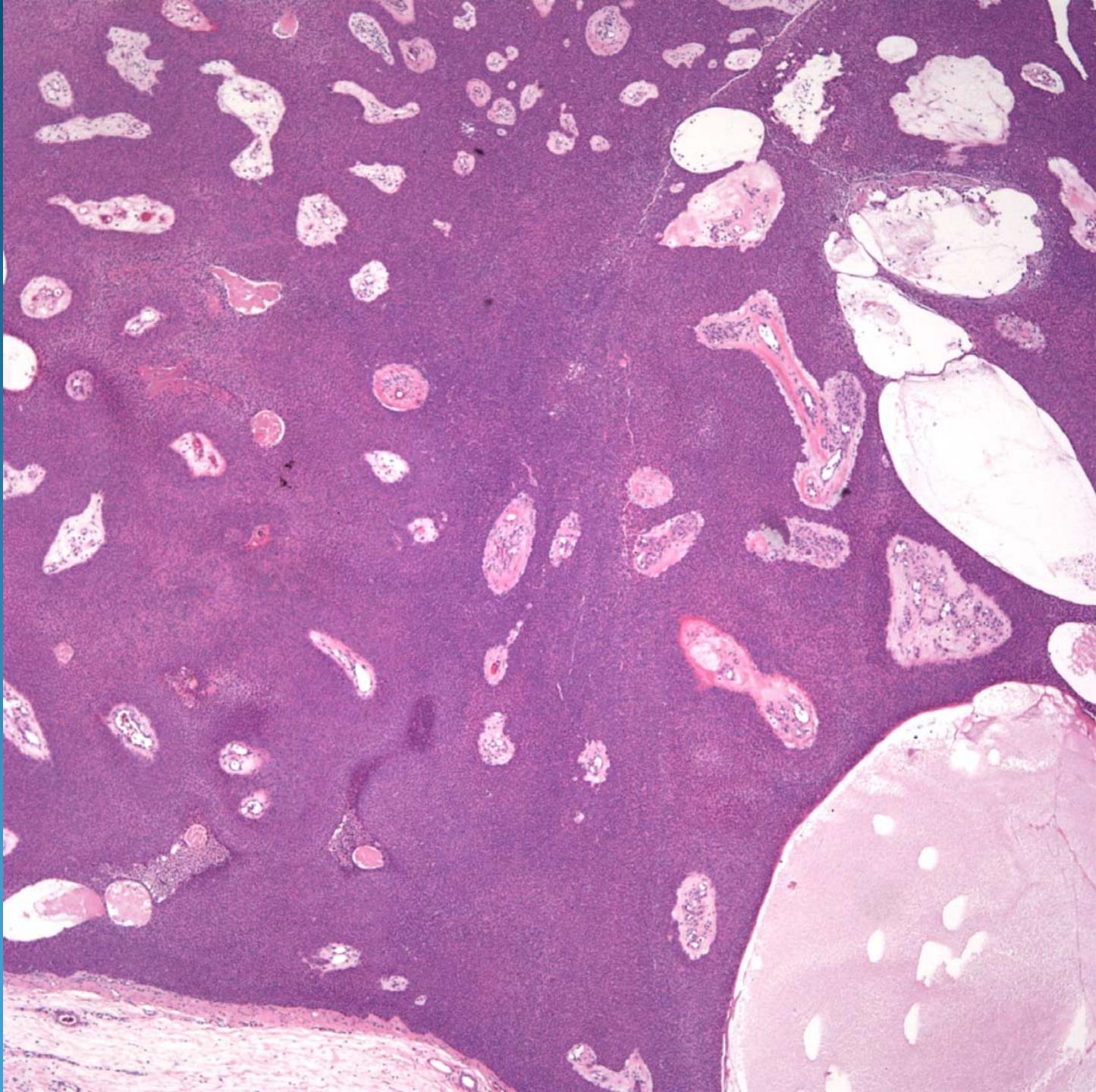
# Cutaneous B-cell Lymphoma

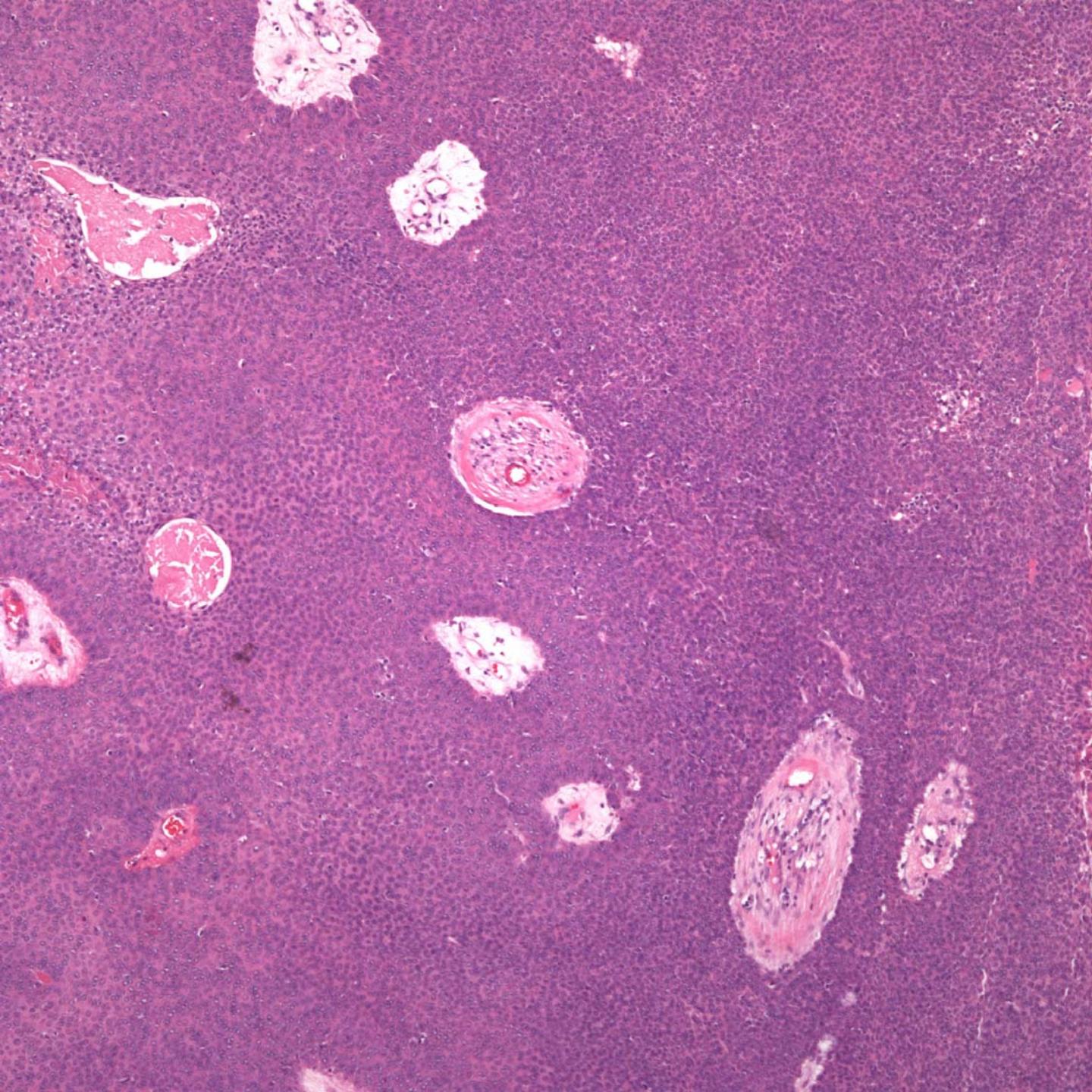
# Pearls

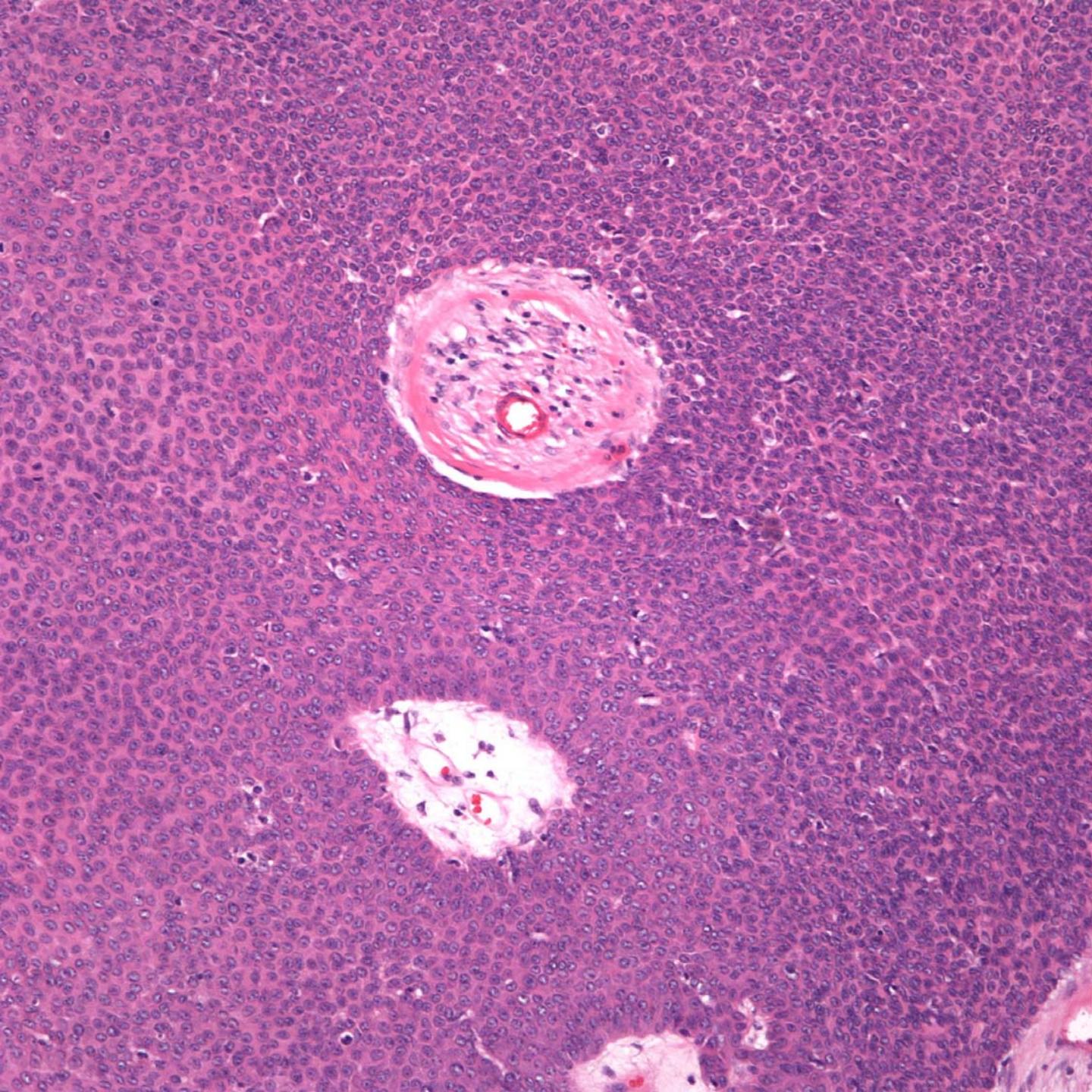


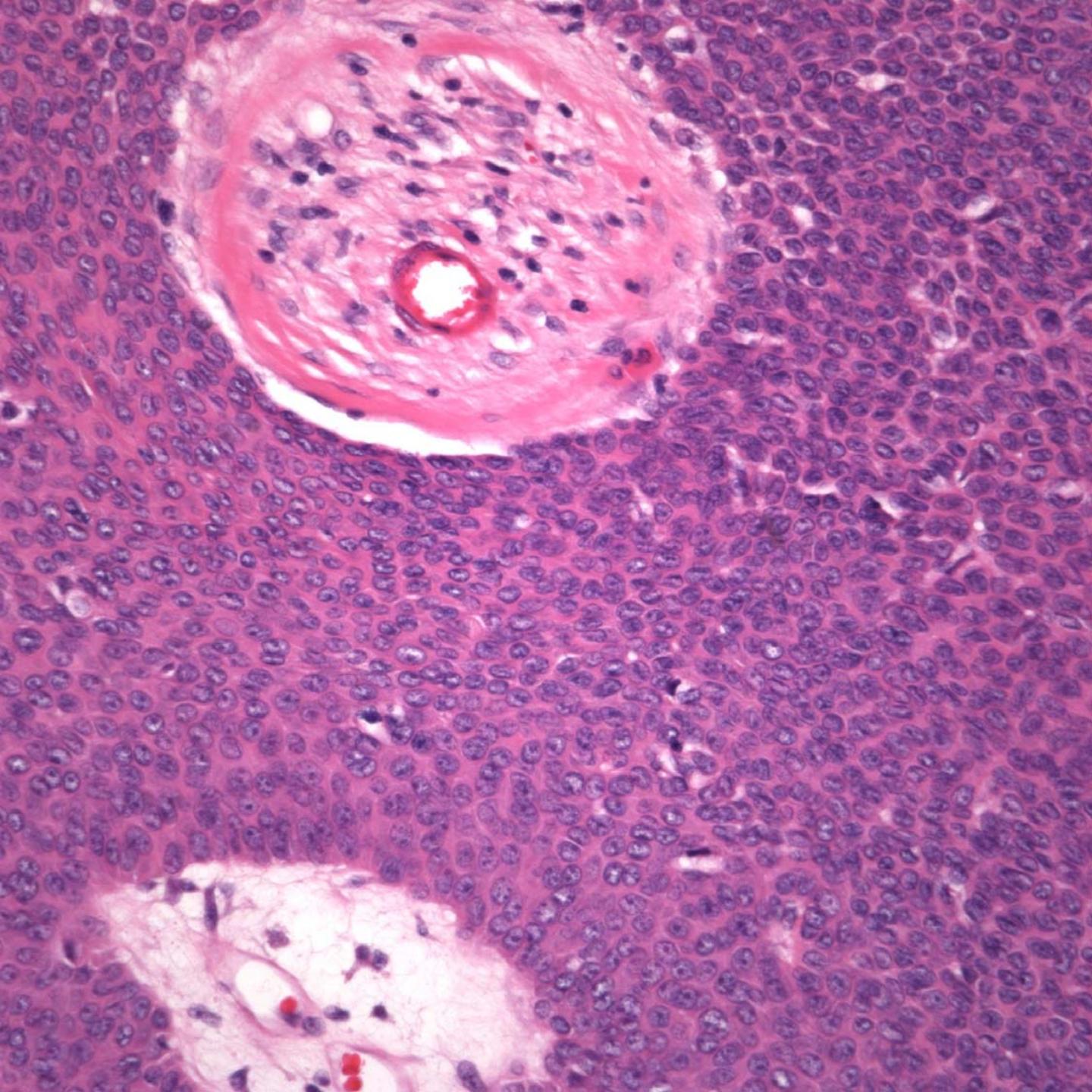
- Bottom heavy lymphoid infiltrate
- Grenz zone separates dermal infiltrate from epidermis
- May have expansile irregular germinal centers
- Confirm with B-cell markers (CD79a, CD20)

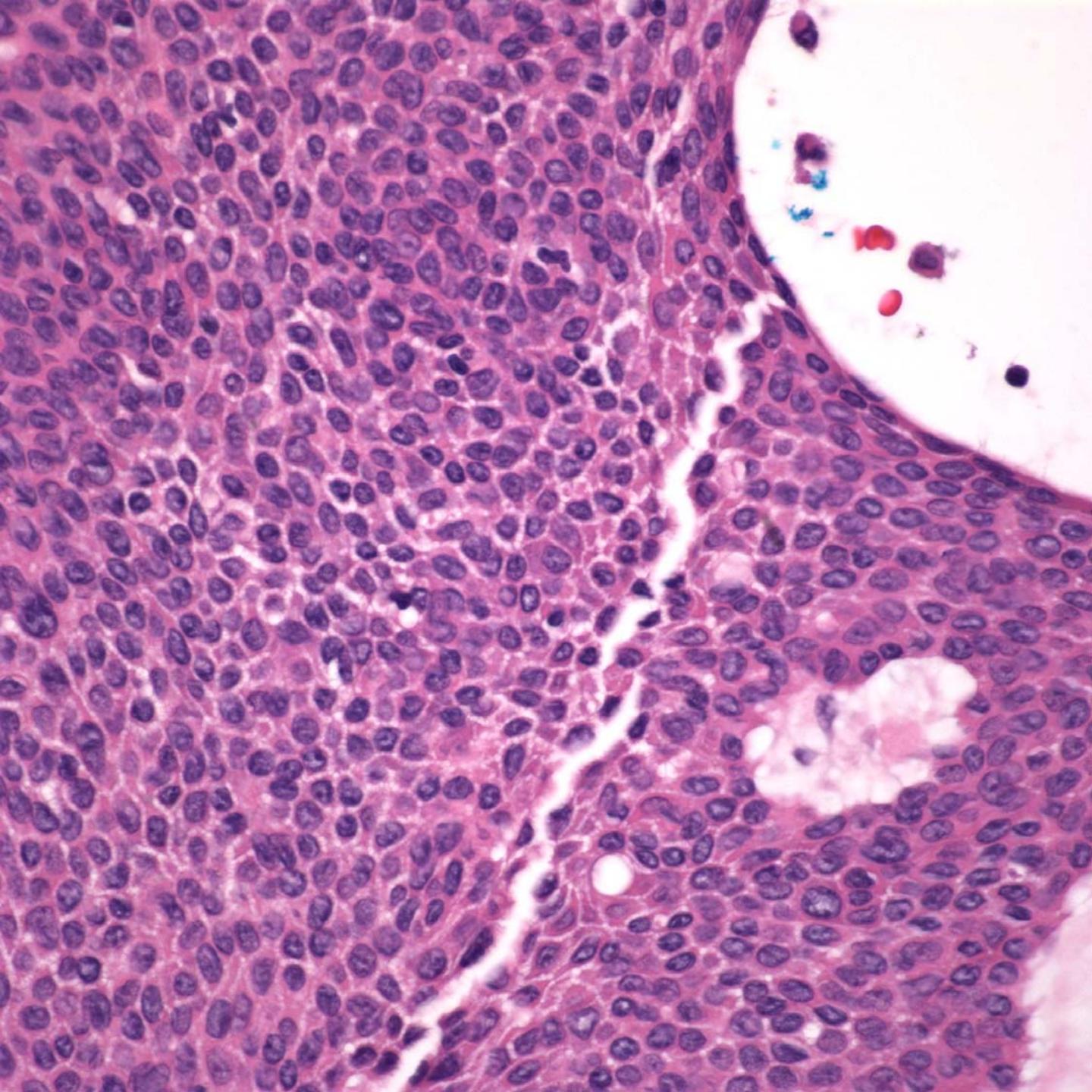






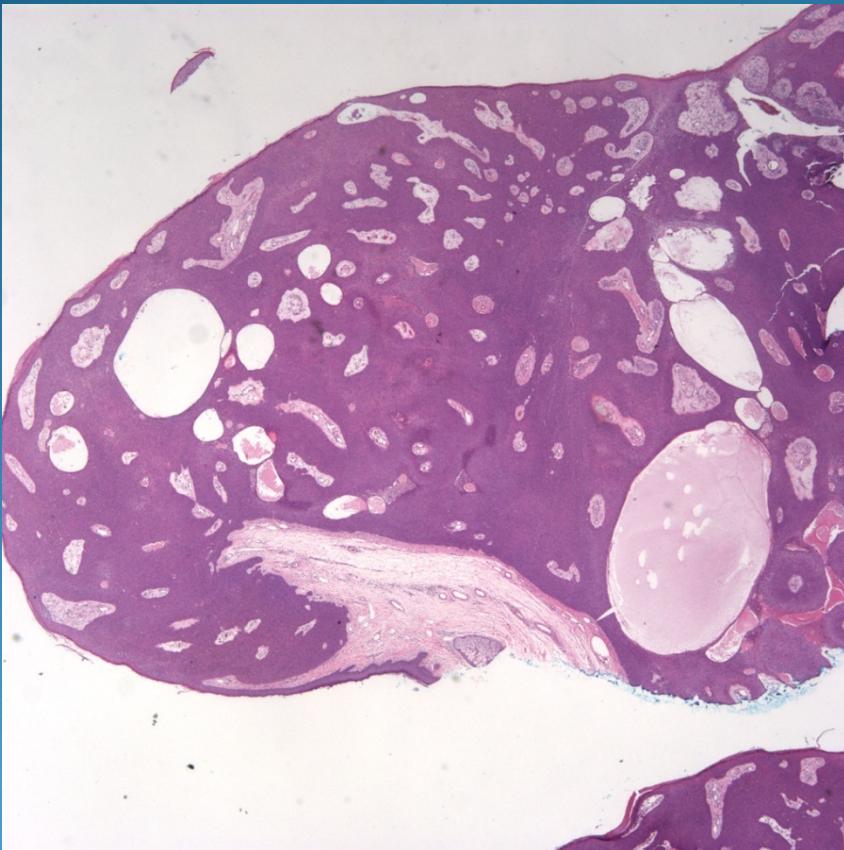




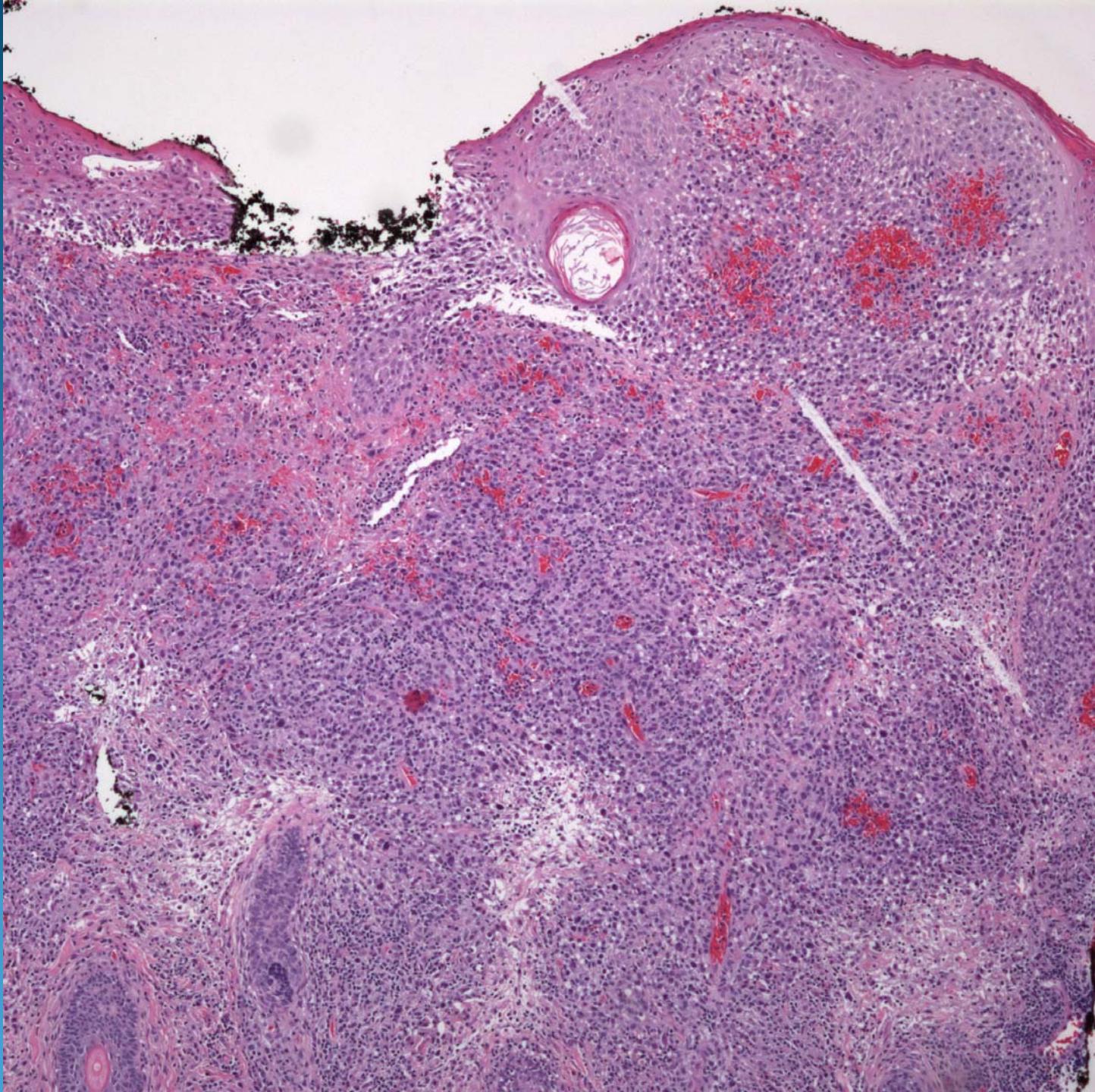


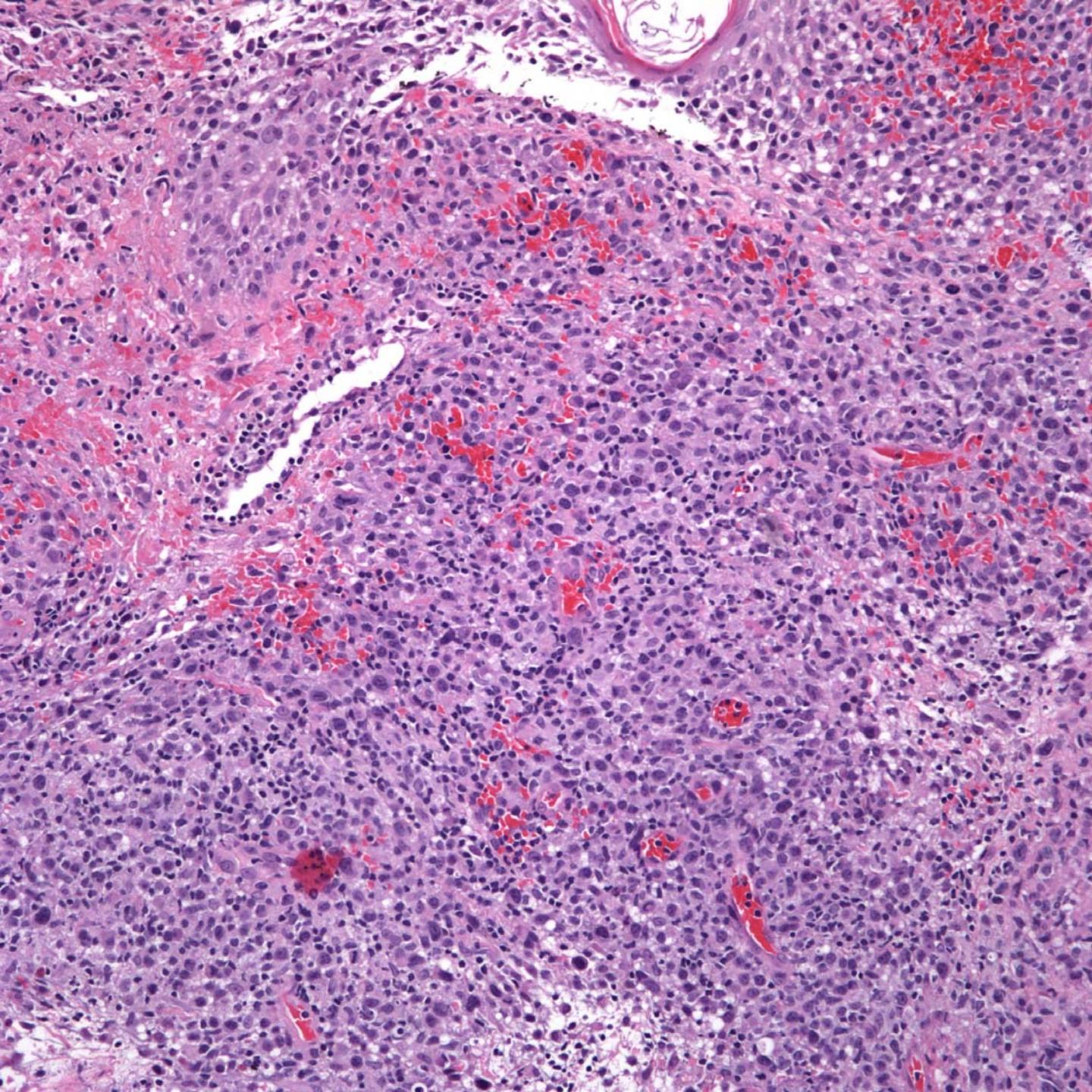
# Eccrine Poroma

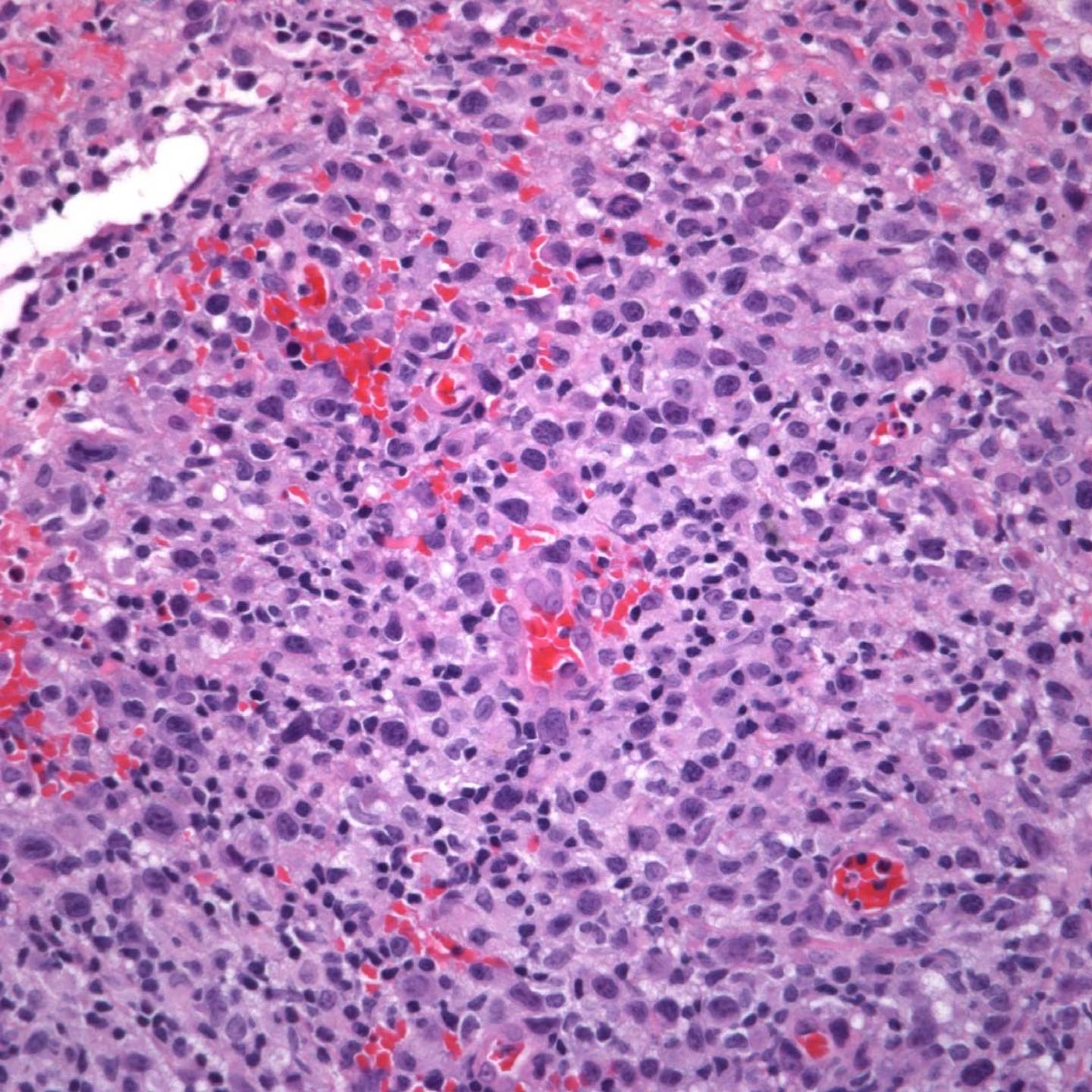
# Pearls

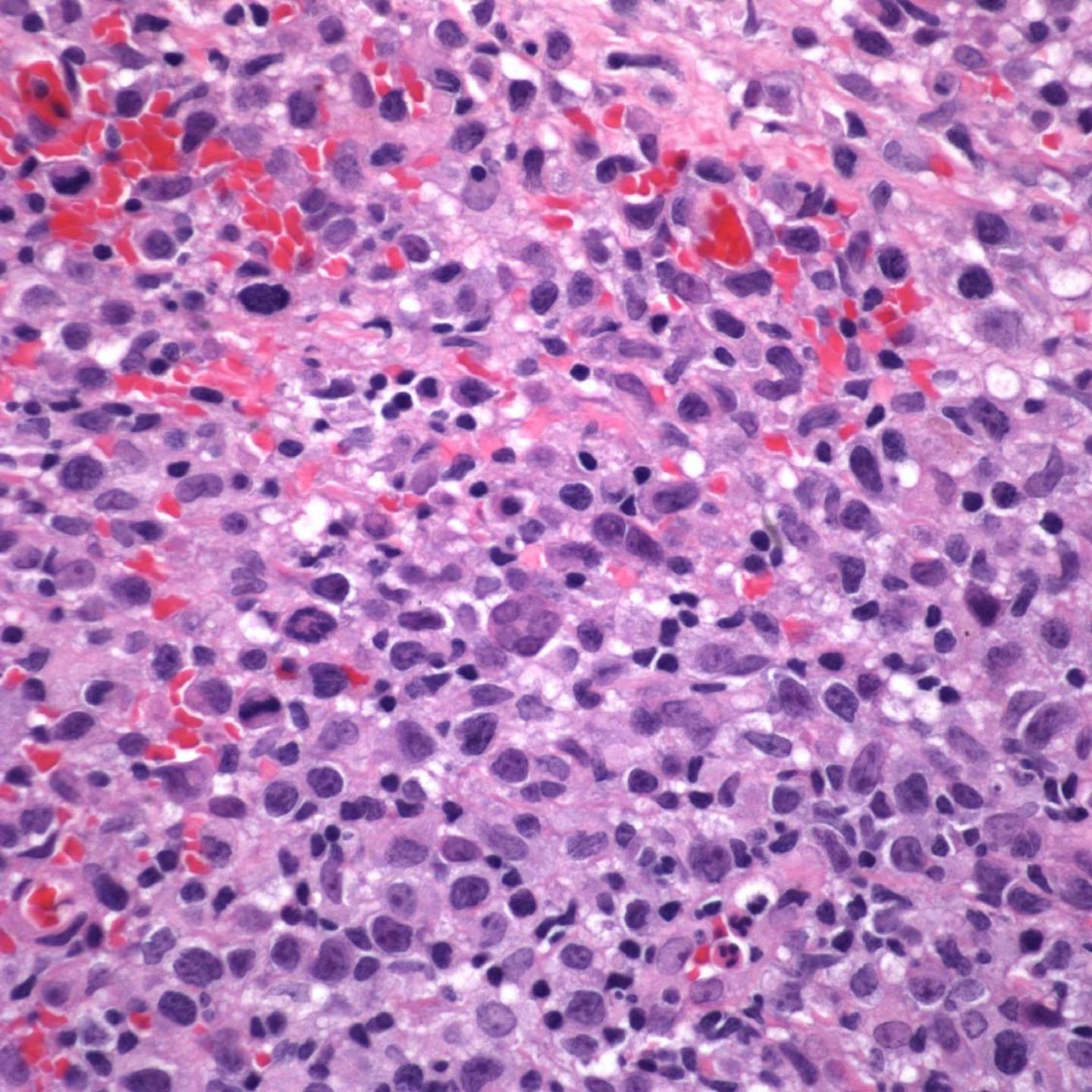


- Low power expansile tumor arising from epidermis
- Plate-like squamous epithelial cells
- May have multiple cystic spaces
- Hyalinization around perivascular spaces

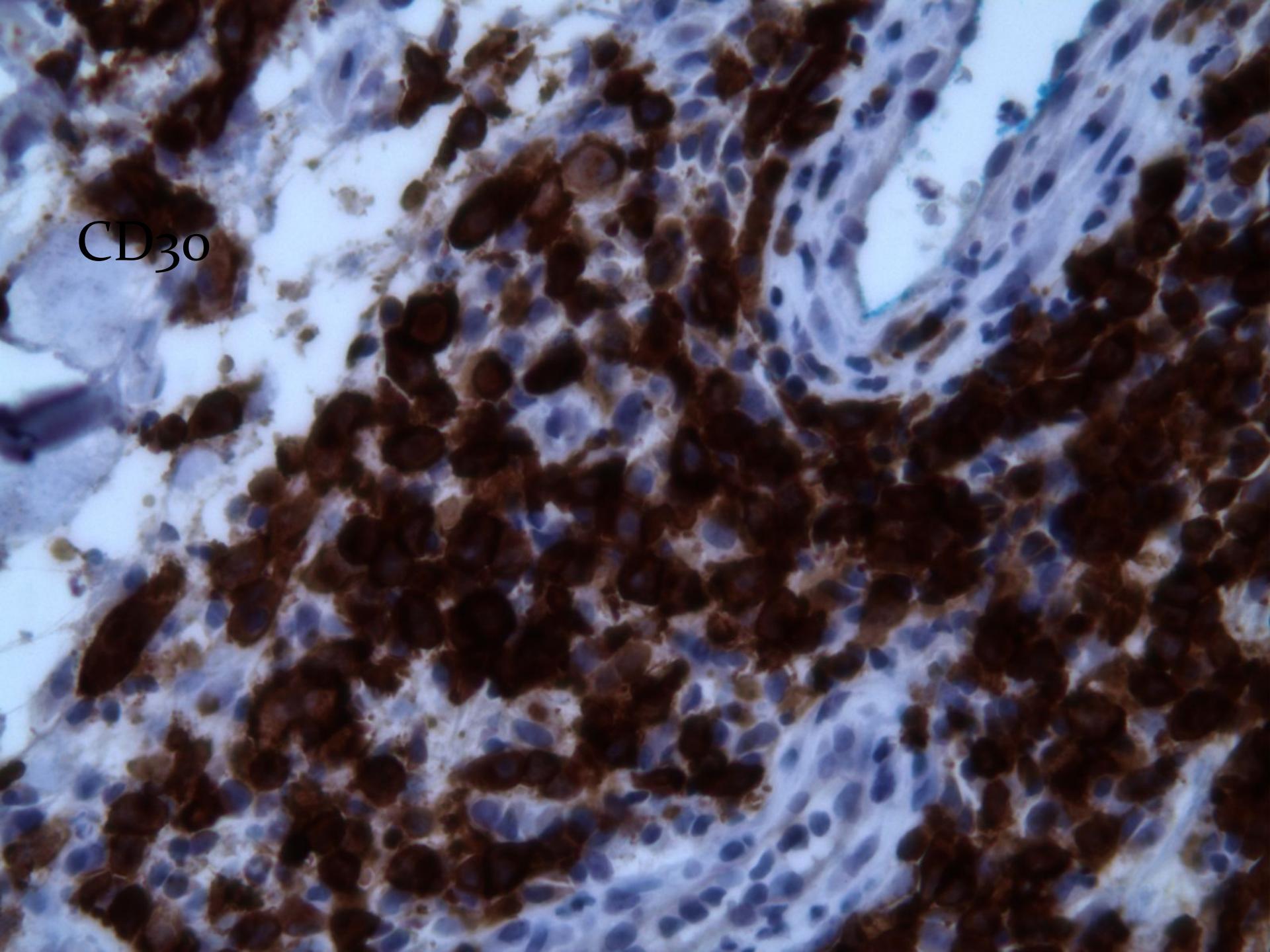






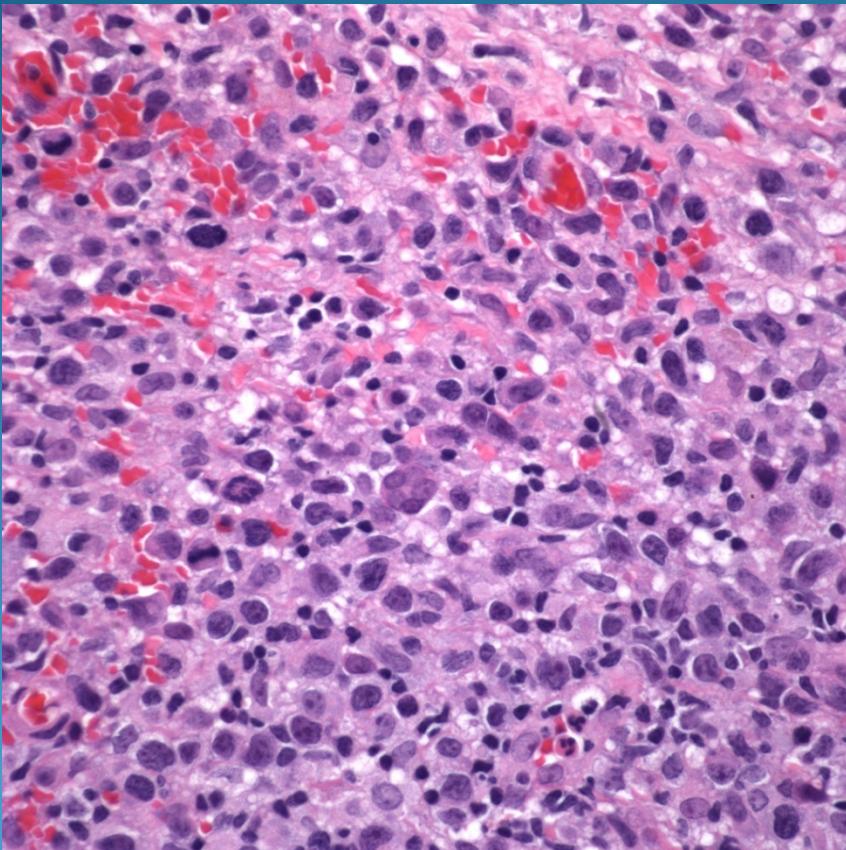


CD30

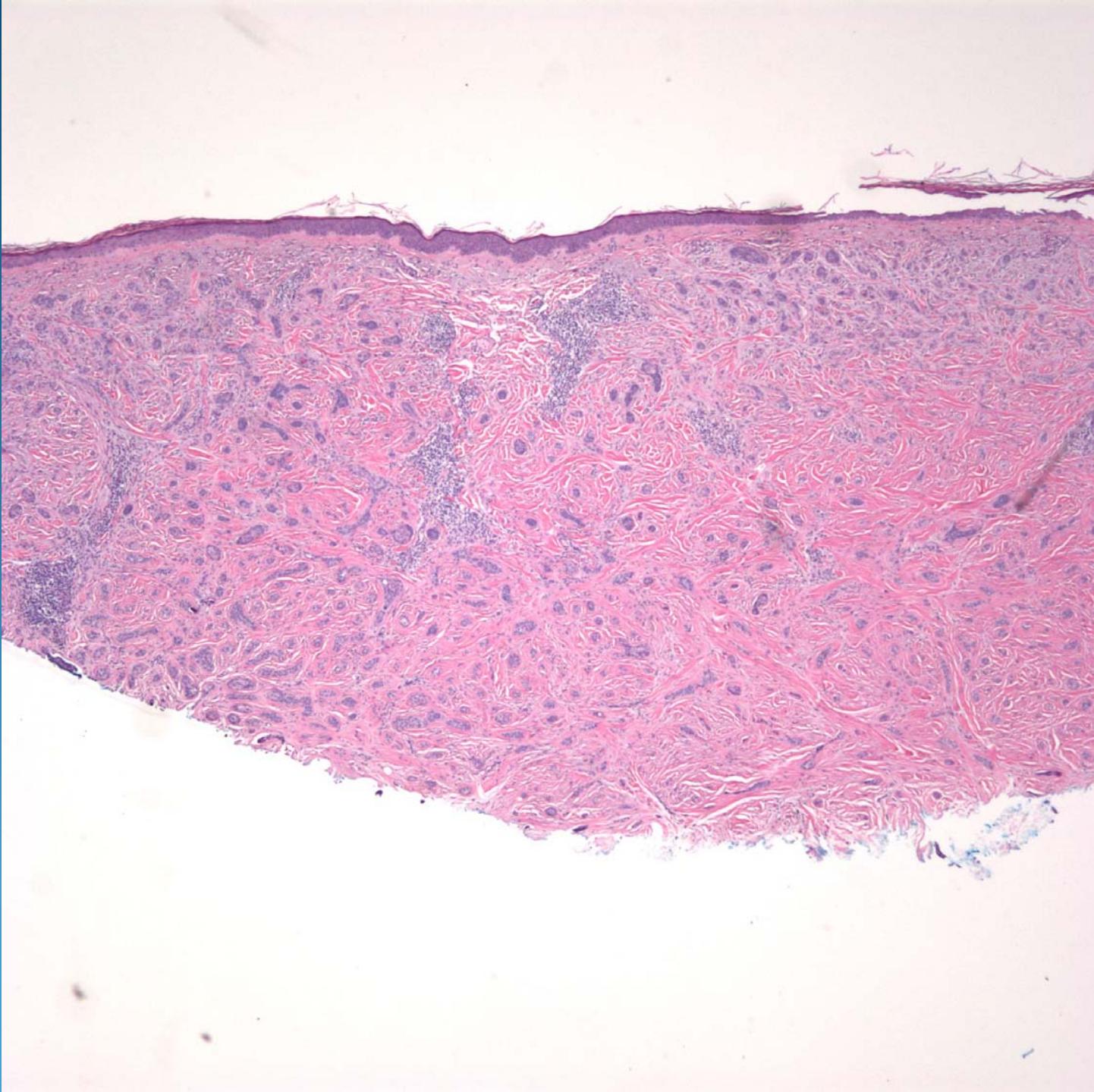


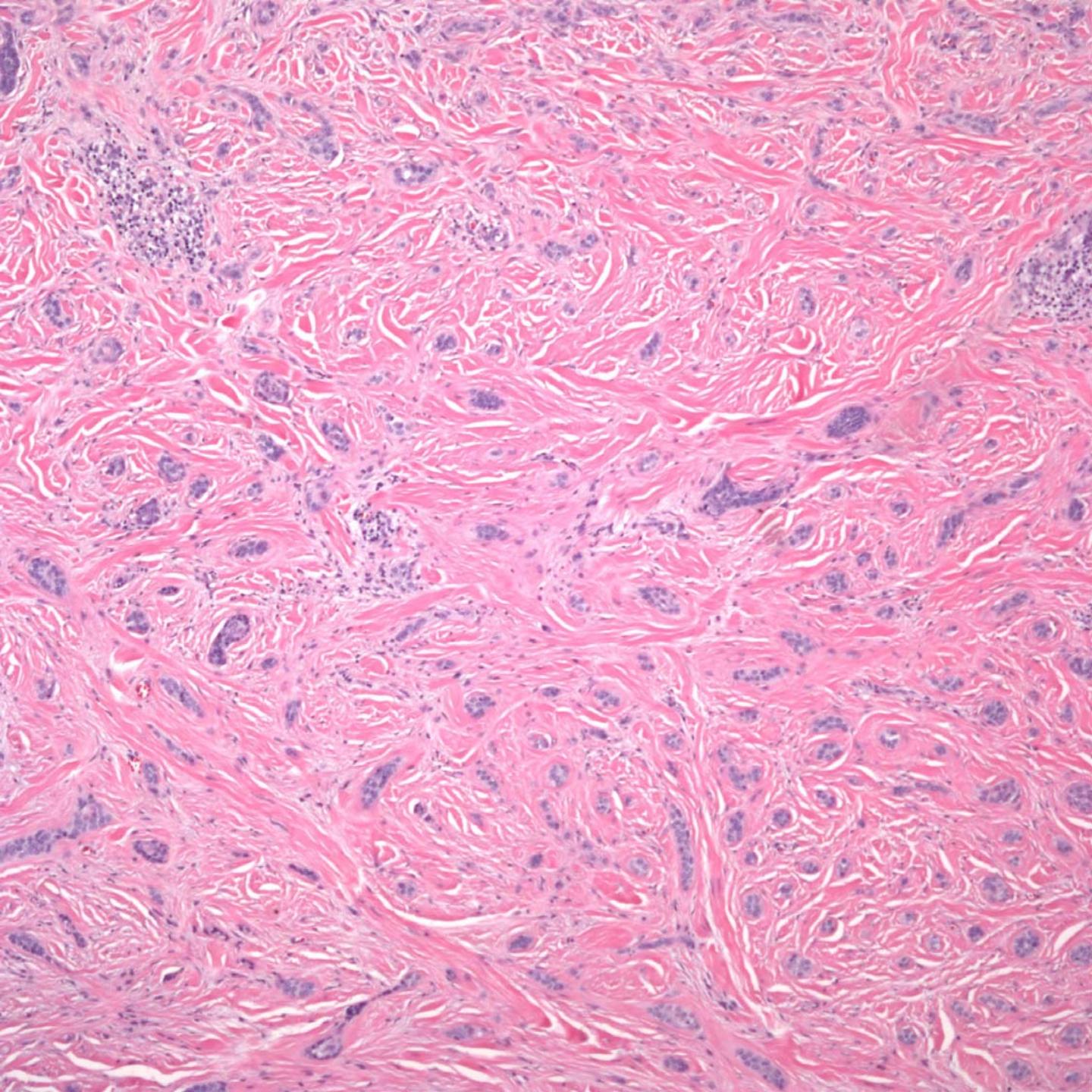
Anaplastic Large Cell Lymphoma  
CD30+, Ki-1+

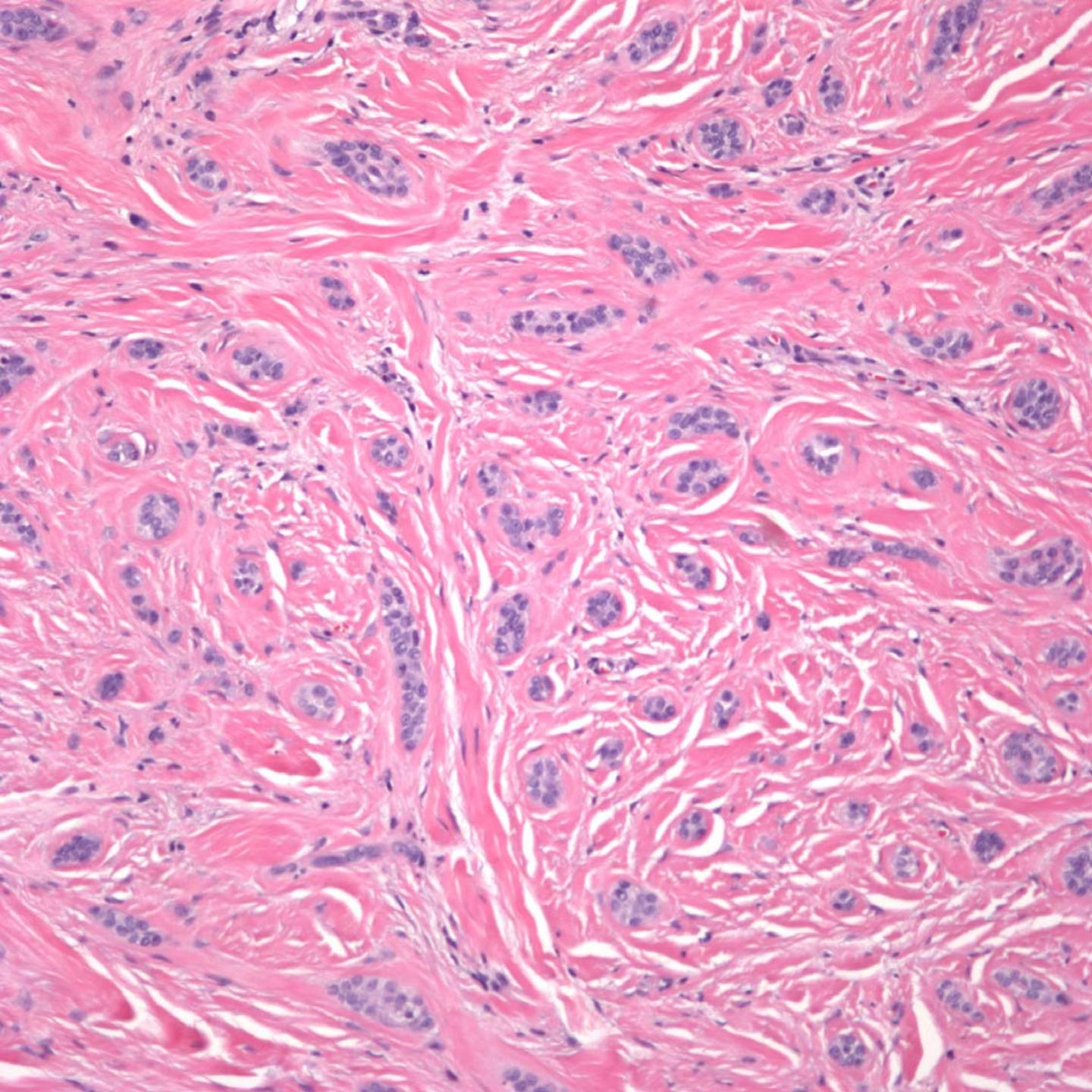
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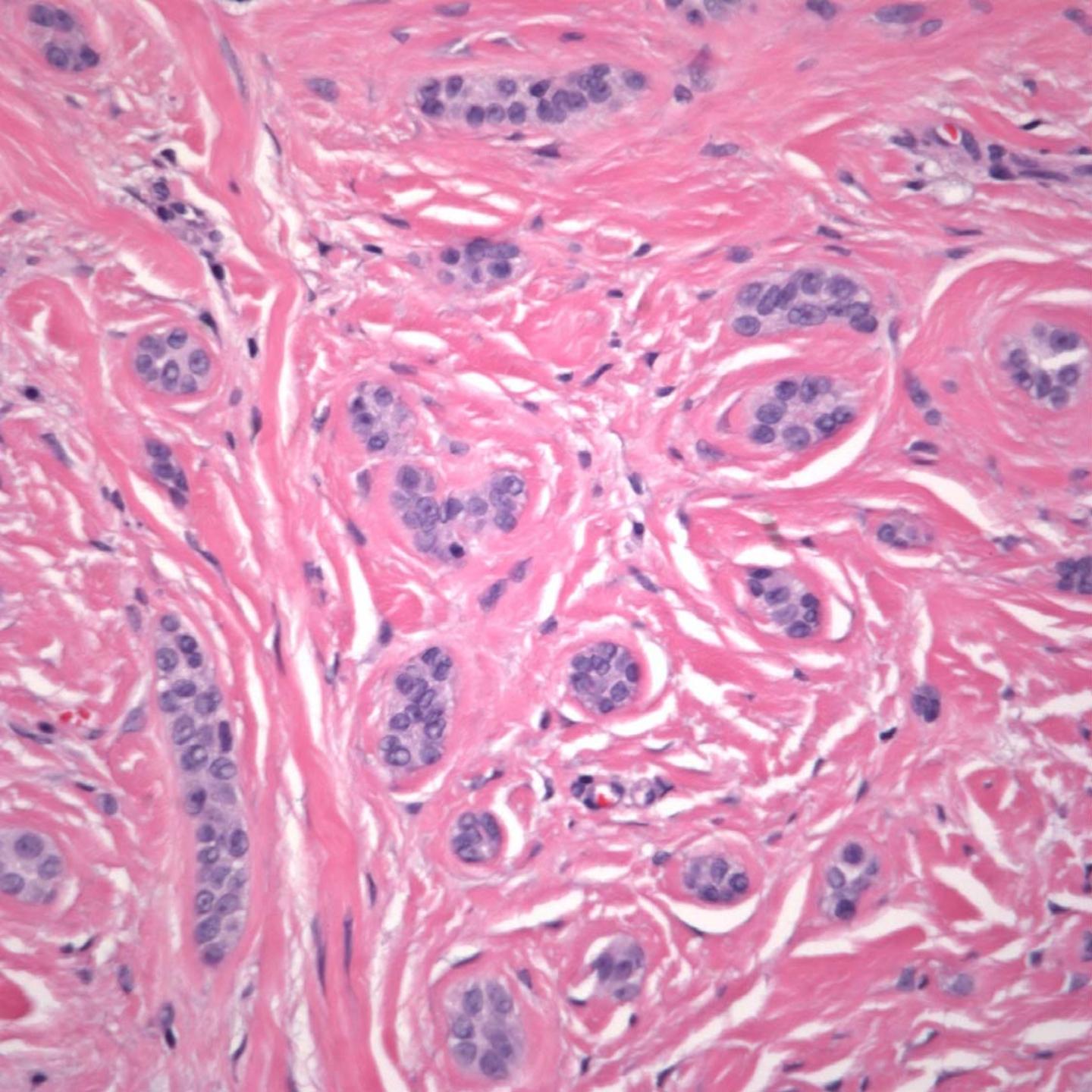


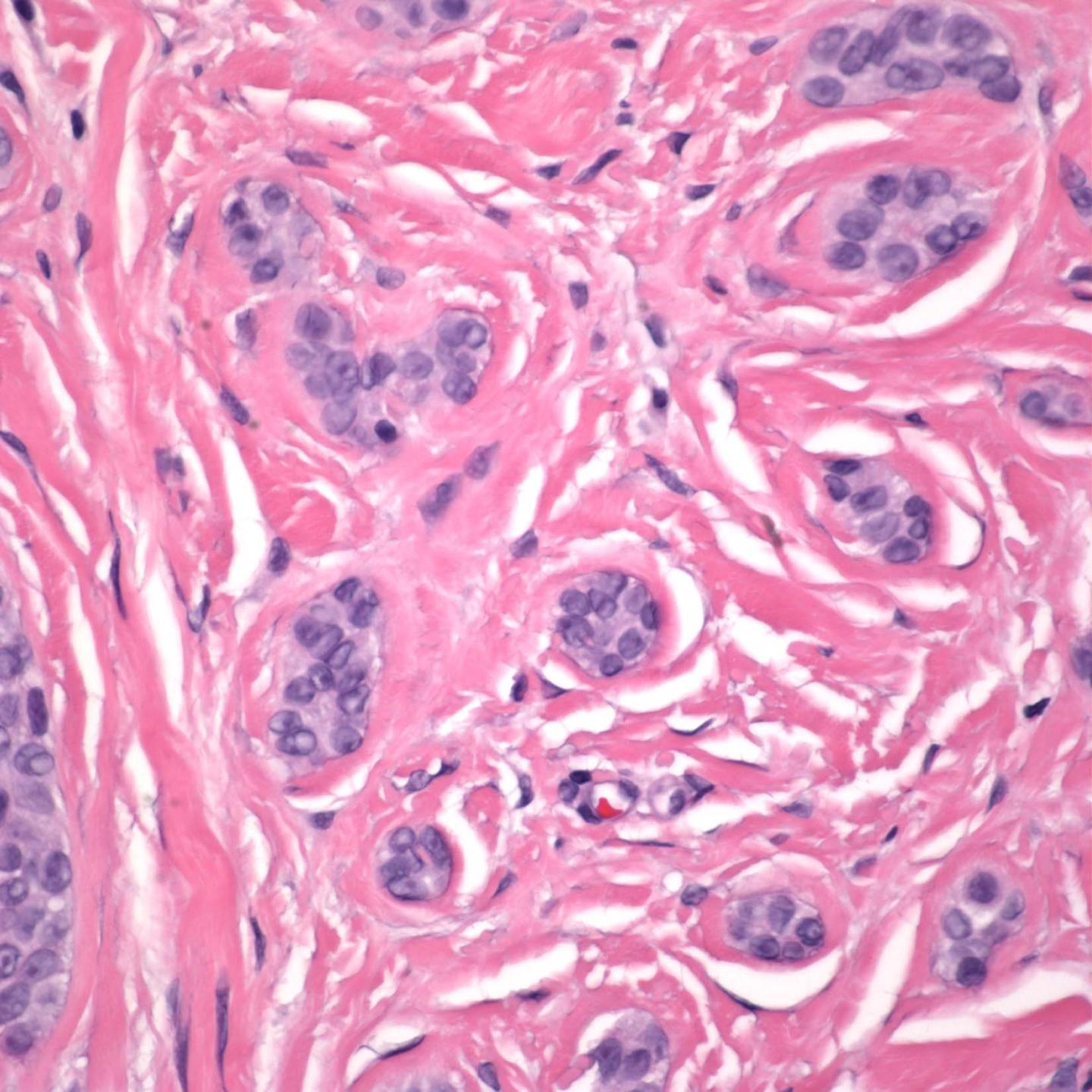
- Diffuse replacement of dermis with cytologically malignant lymphoid cells
- Increased mitotic rate
- Epidermotropism not prominent
- Confirm with CD30
- DDX: Peripheral T-cell lymphoma, metastatic lymphoma, Hodgkins disease, poorly differentiated carcinoma, melanoma





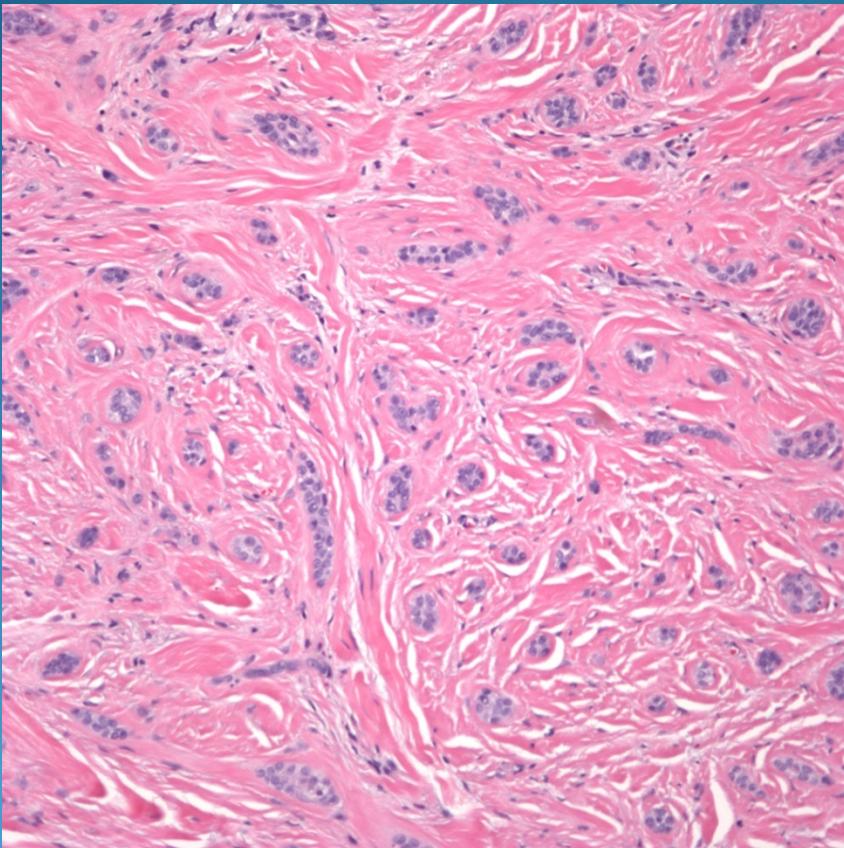






# Basal Cell Carcinoma- Morpheaform type

# Pearls



- Linear infiltrating strands of cytologically bland epithelial cells
- Generally lacks peripheral palisading and stromal-tumor clefting
- May have desmoplastic stromal host response