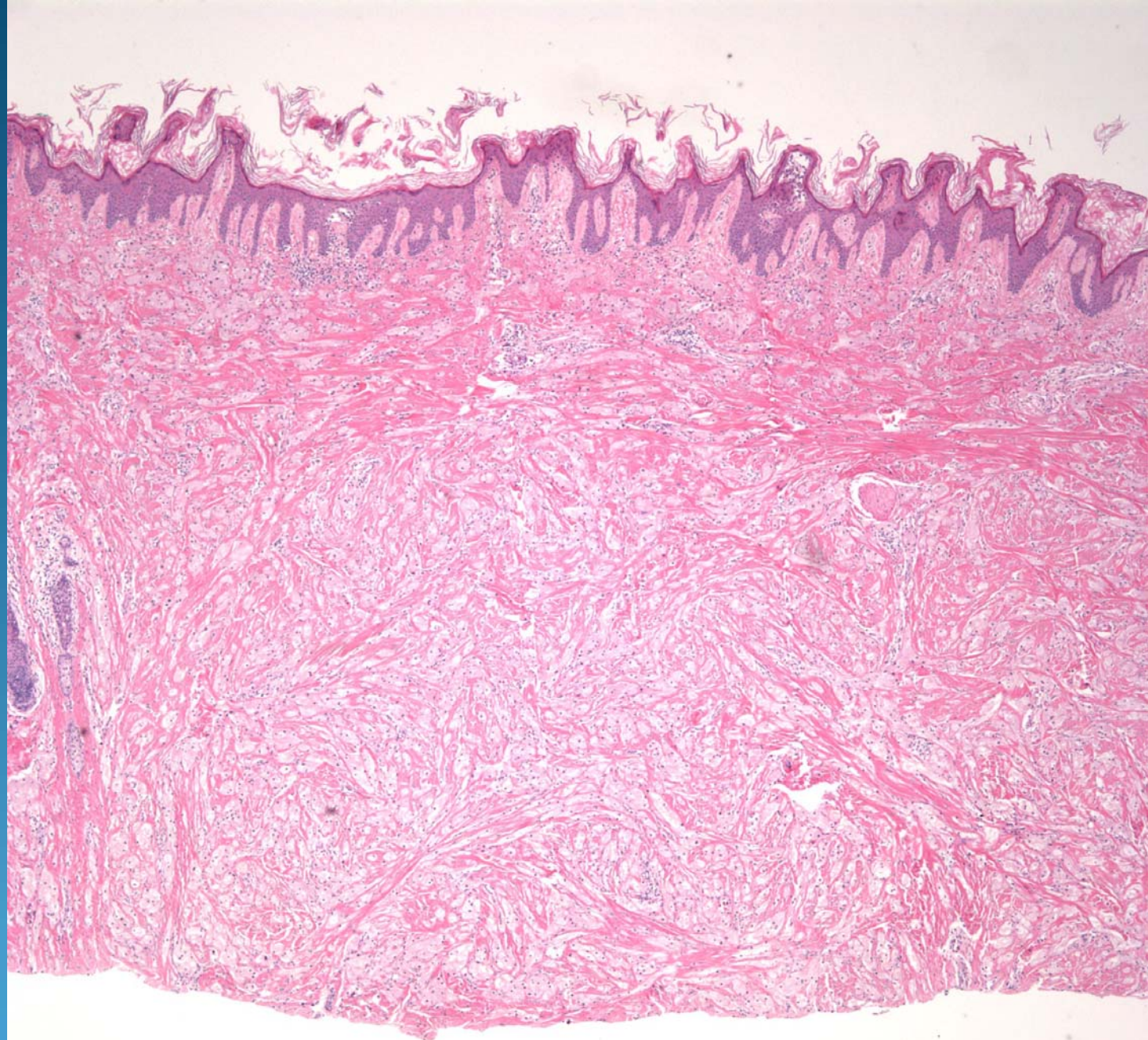
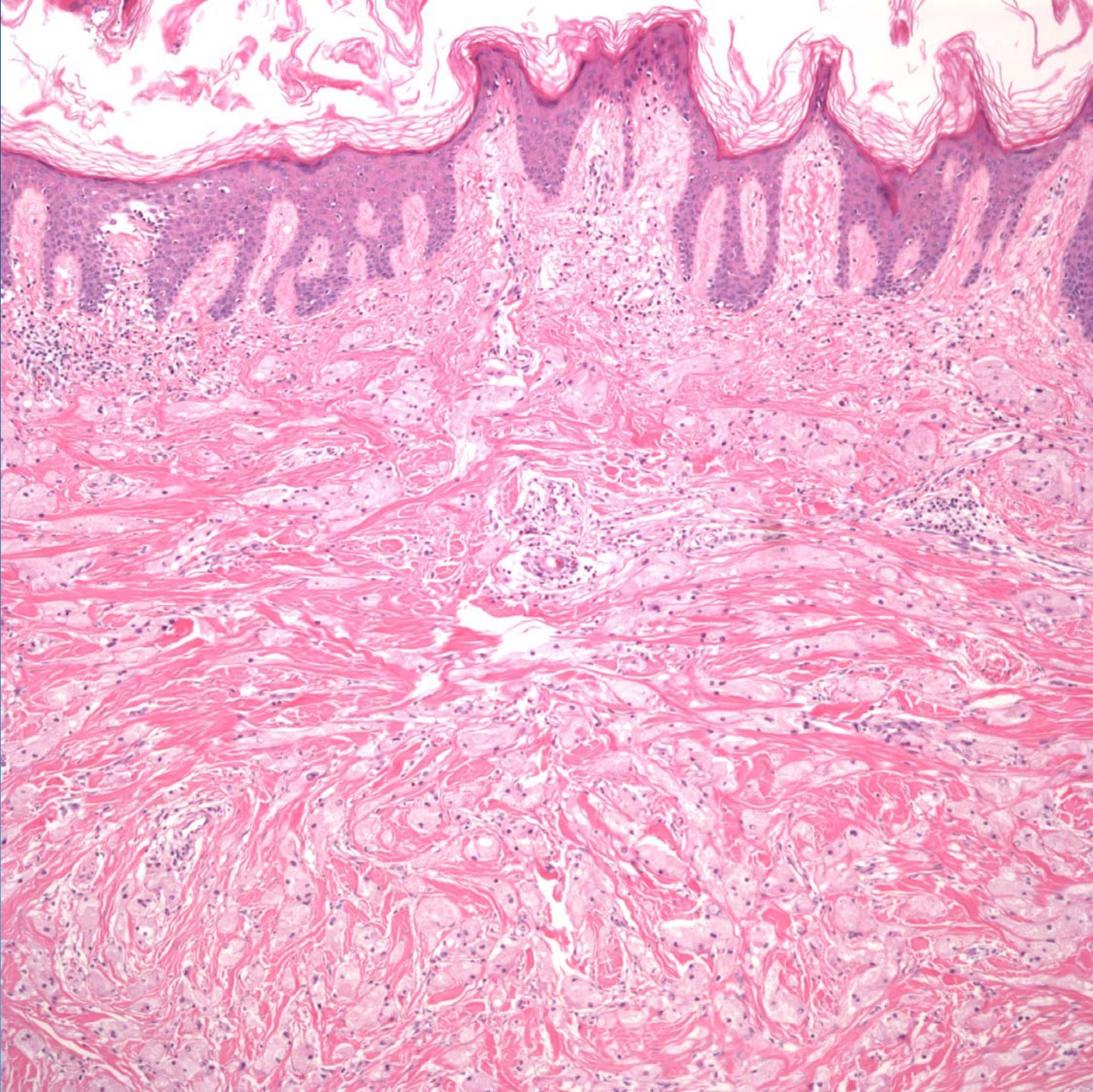
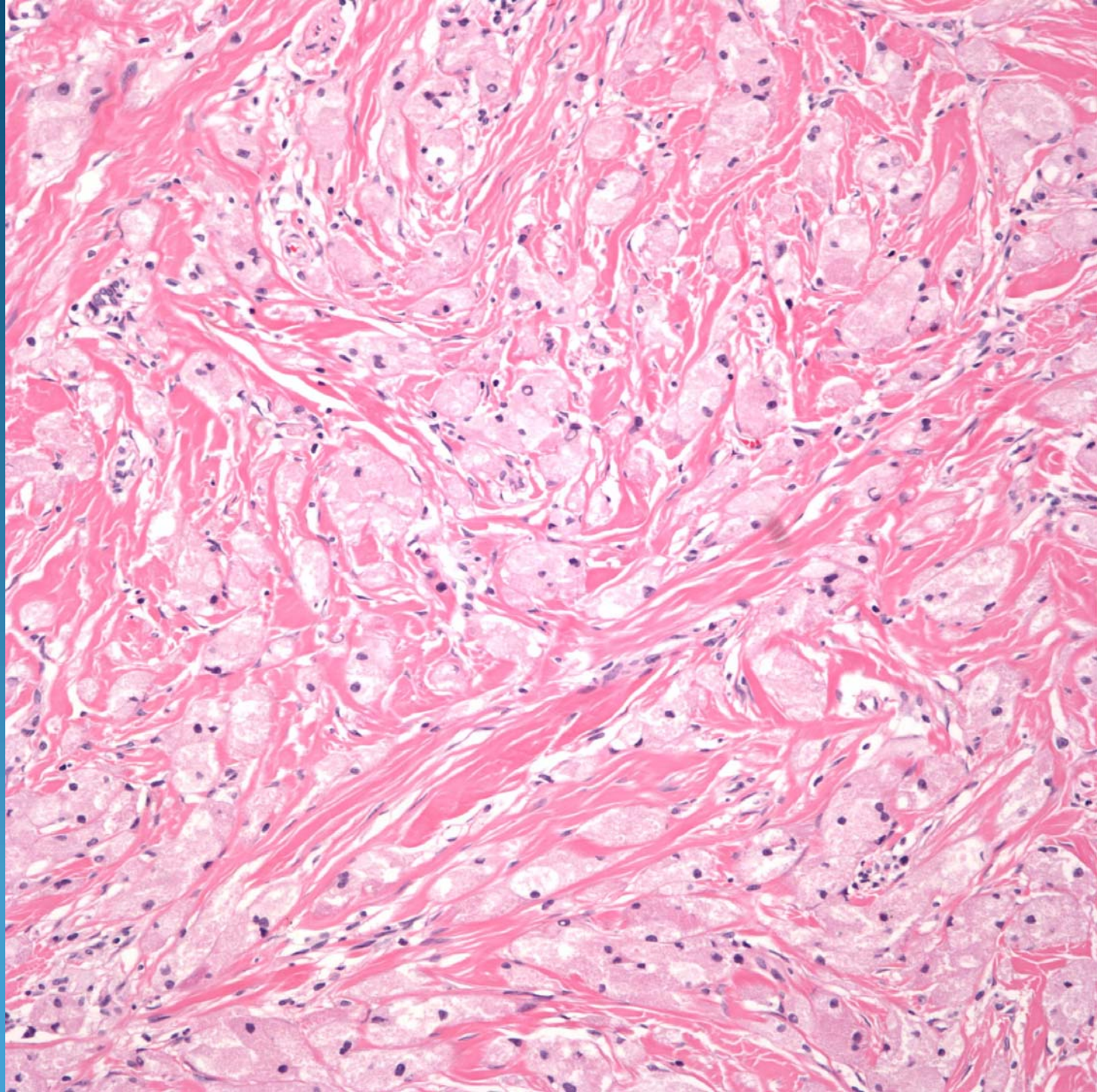


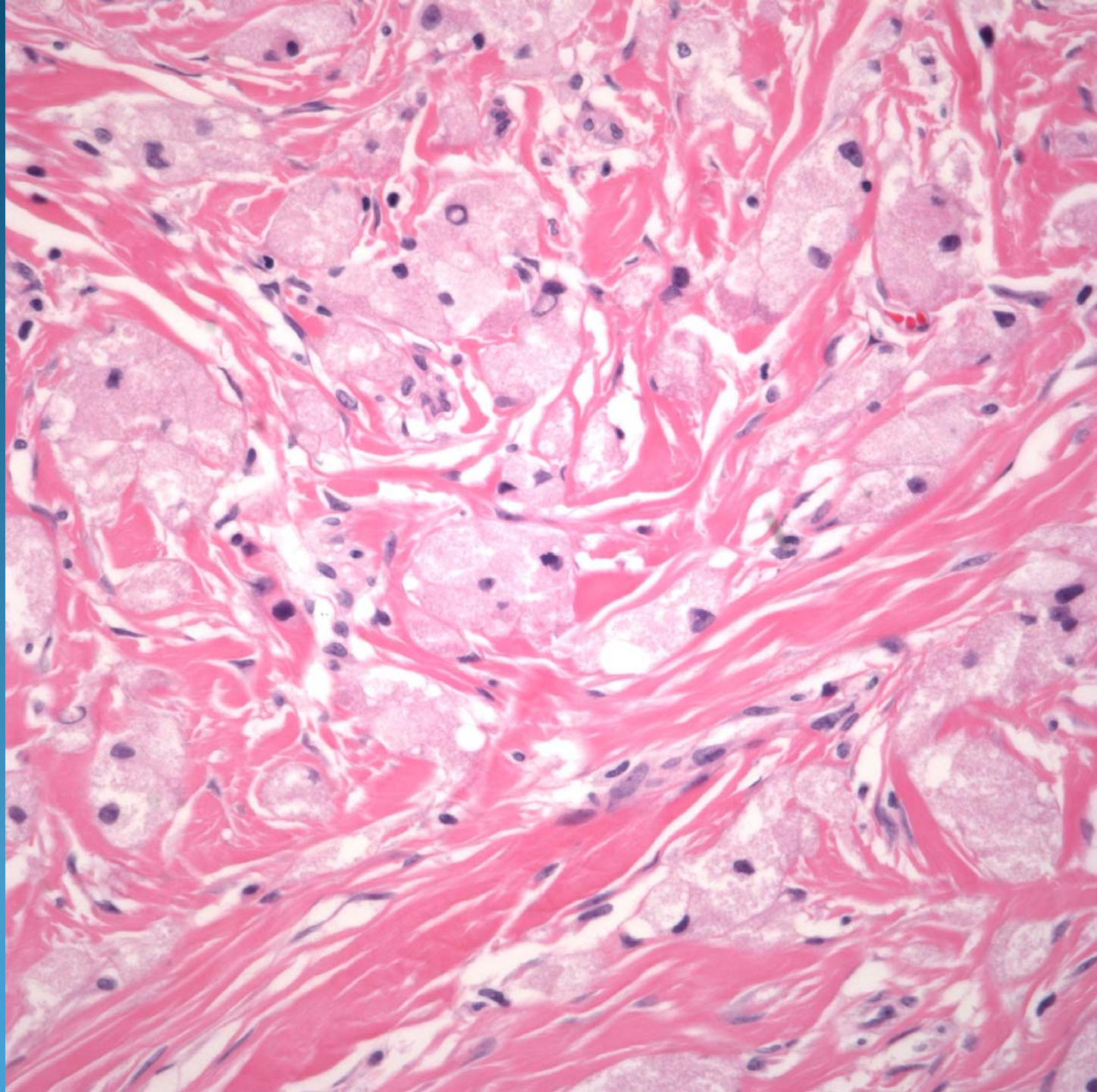
Dermatopathology Slide Review Part 36

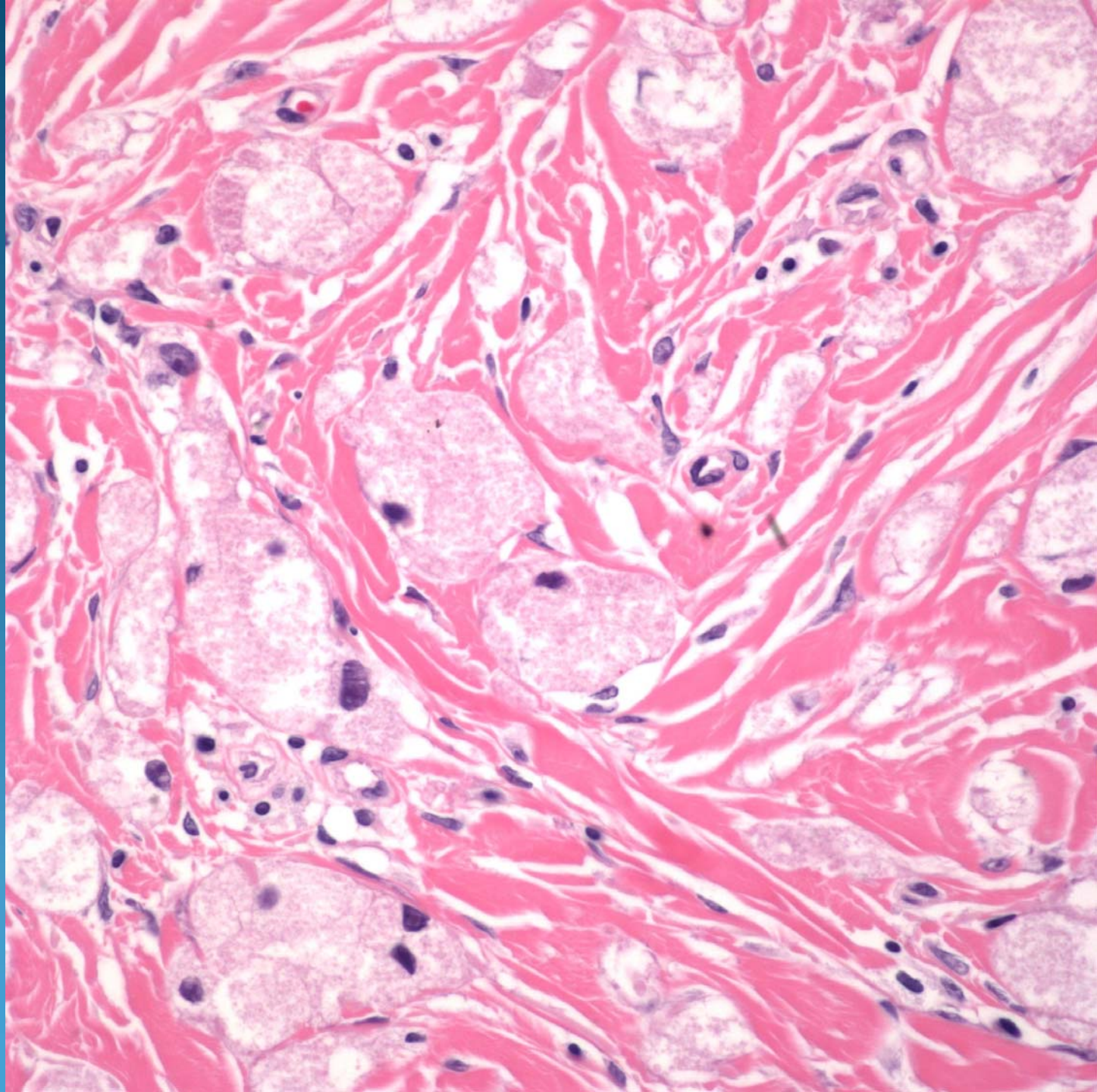
Paul K. Shitabata, M.D.
Dermatopathology Institute



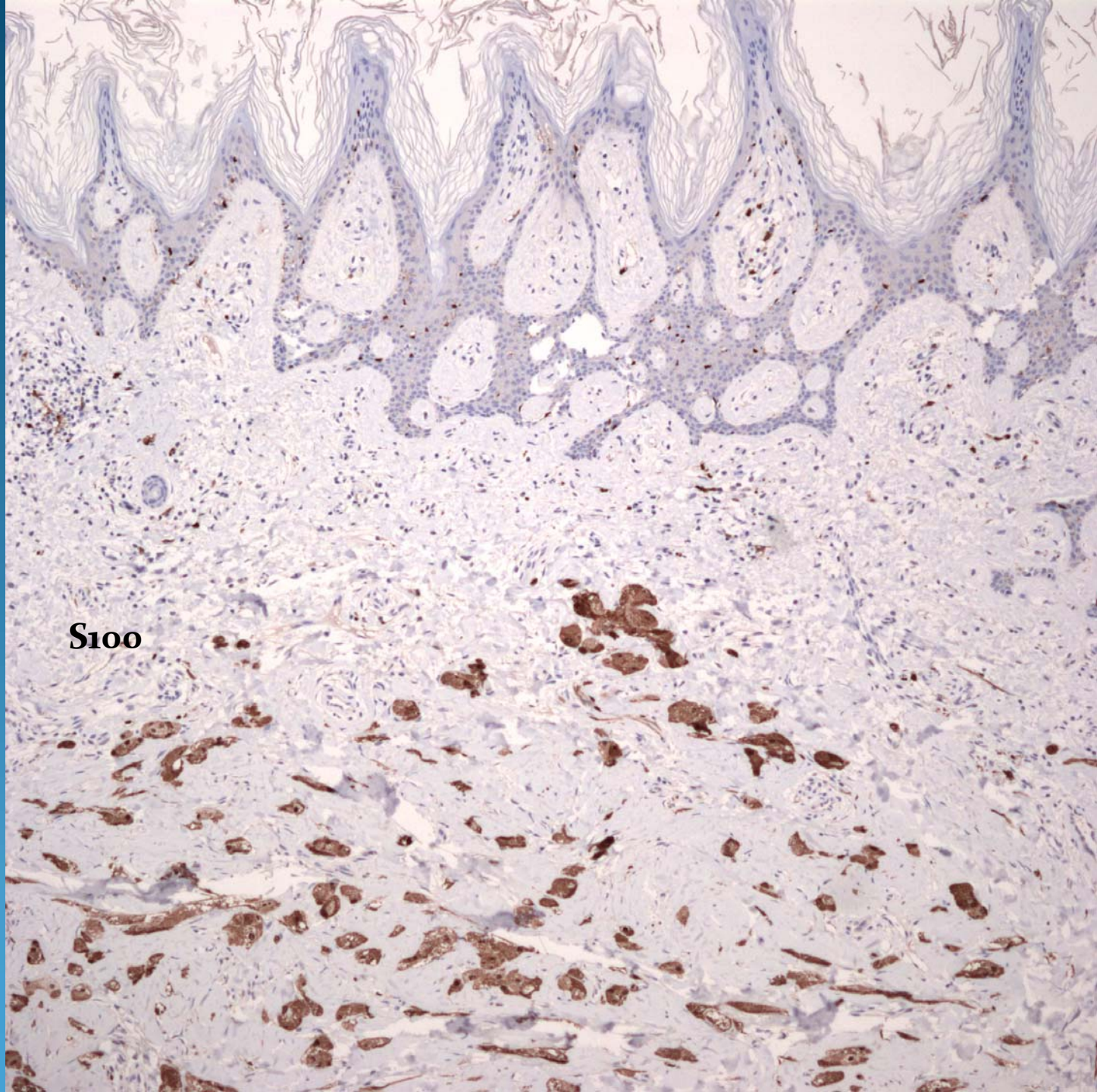






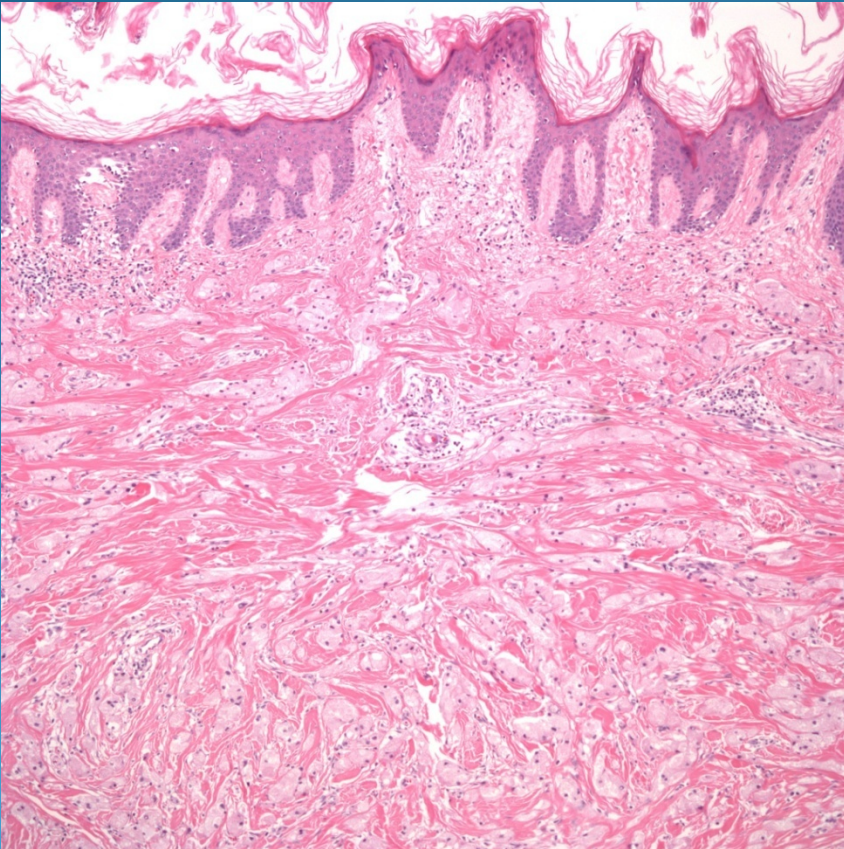


S100

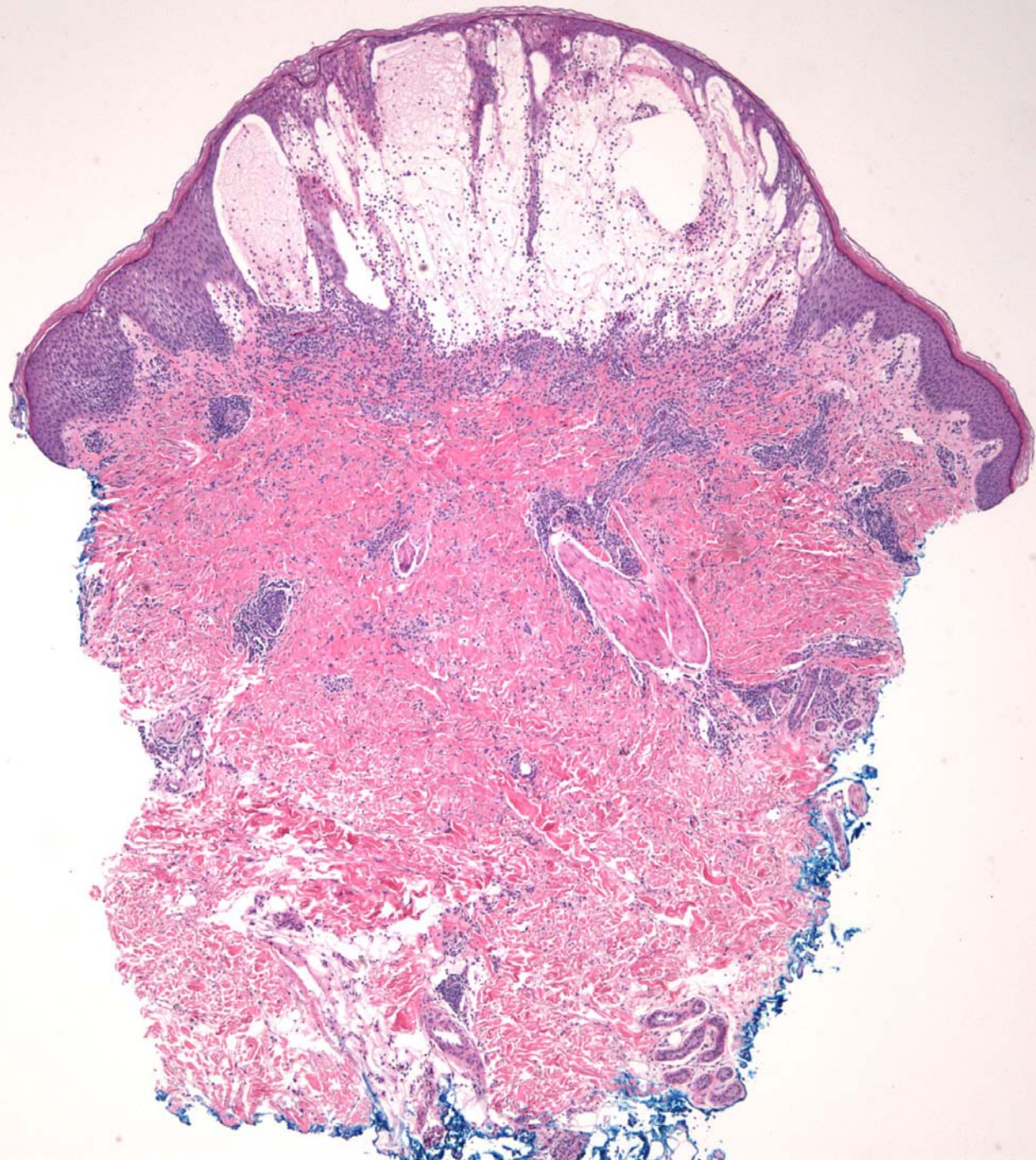


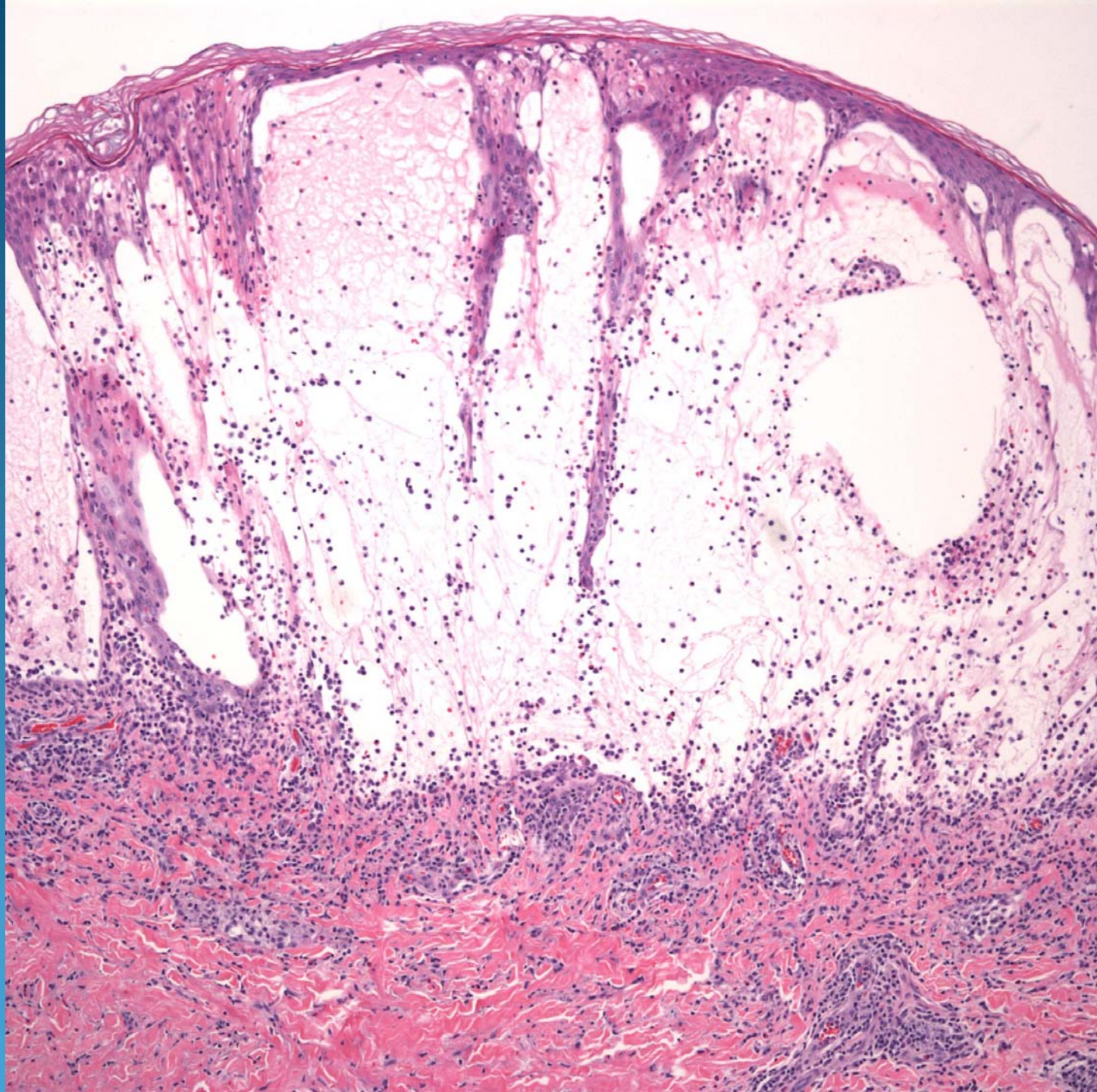
Granular Cell Tumor

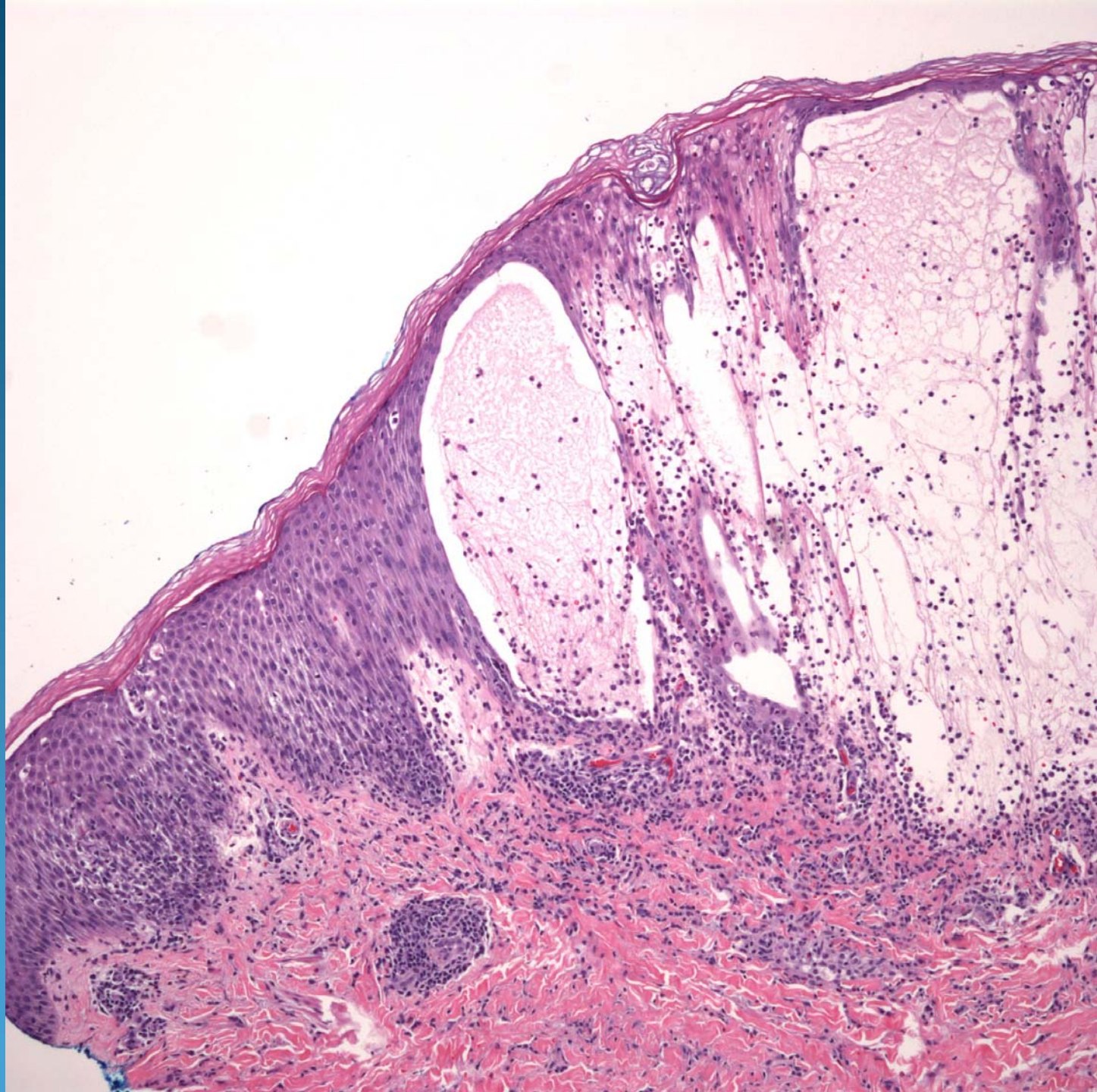
Pearls

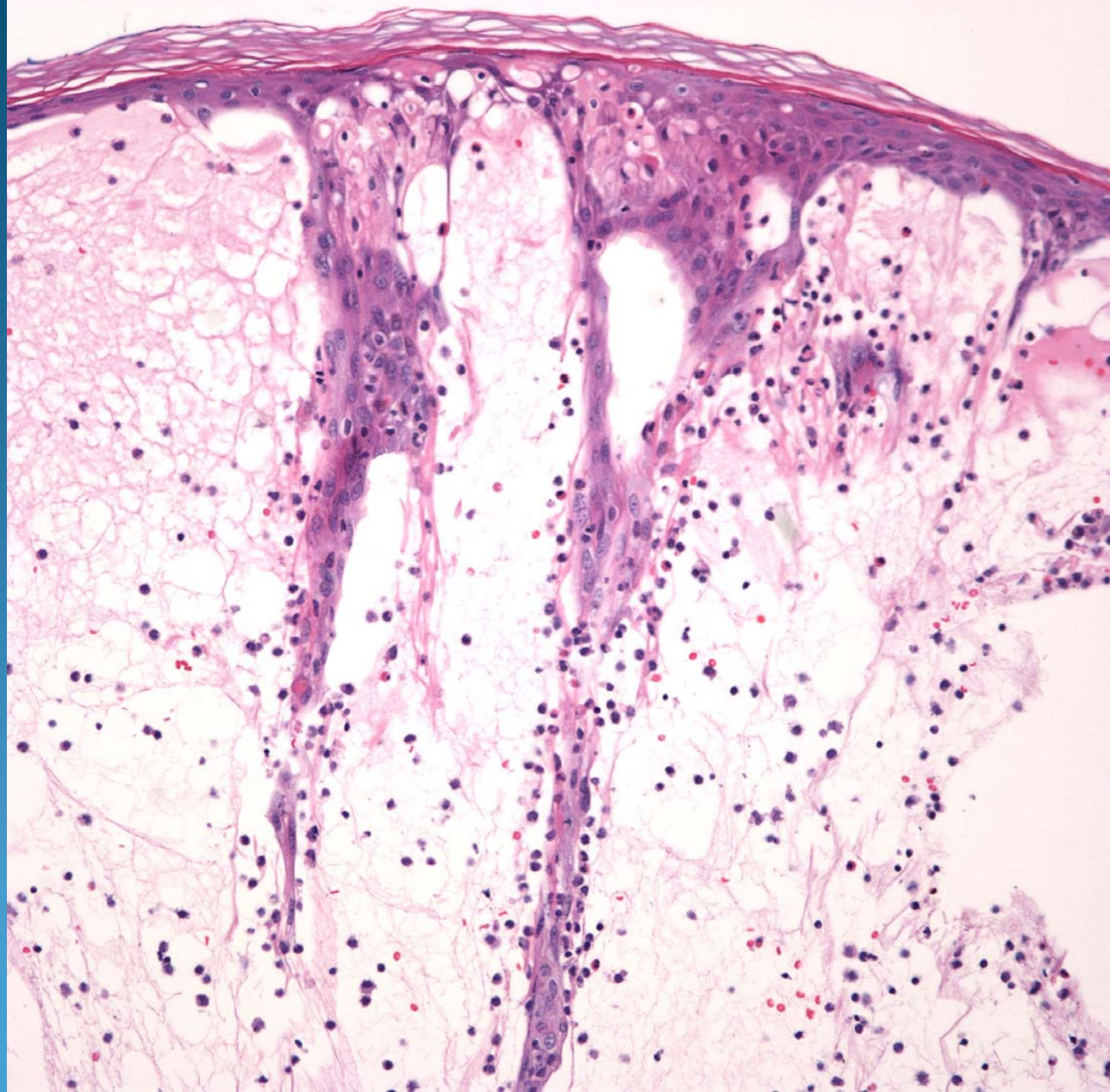


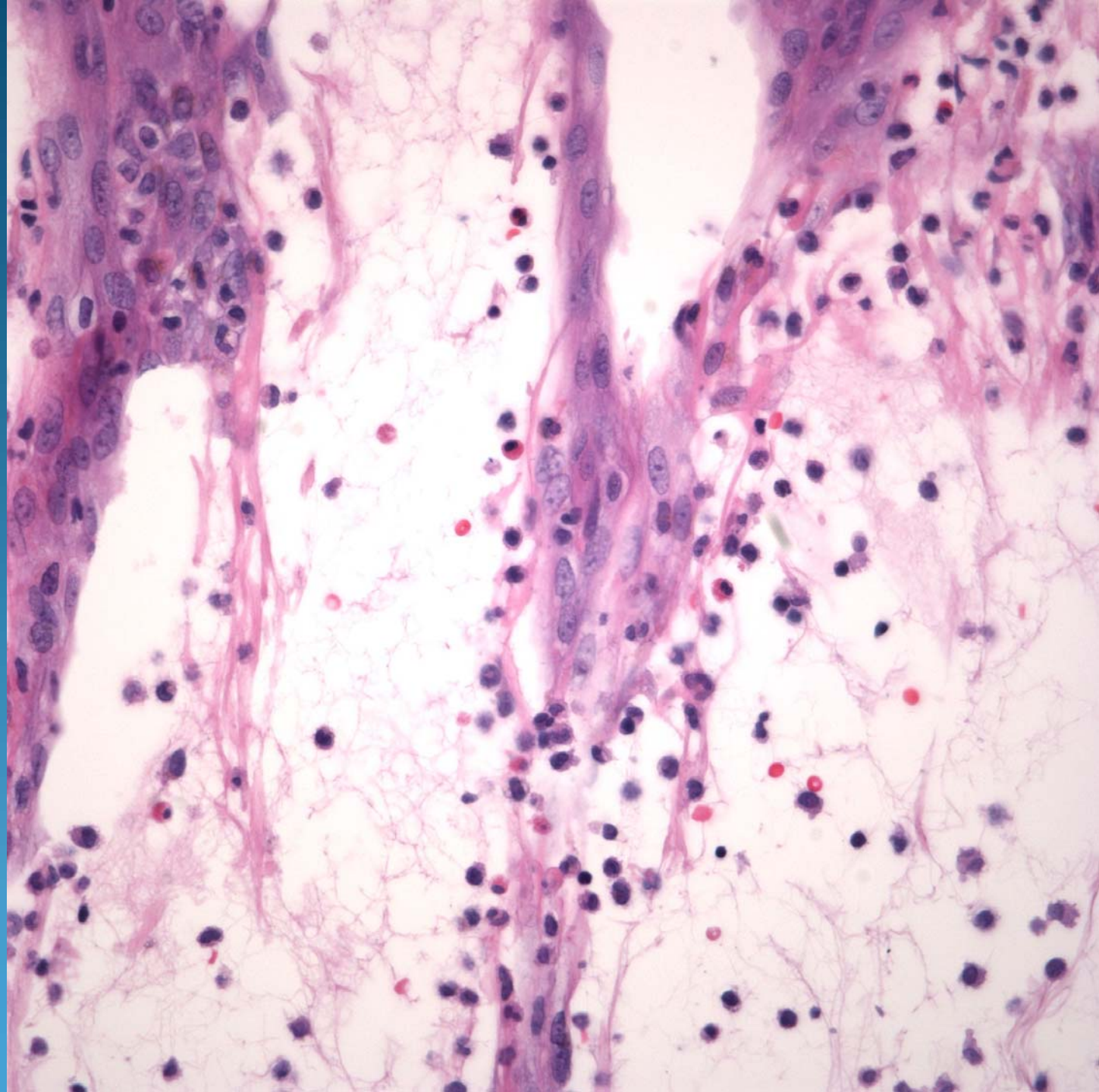
- Epidermal hyperplasia, may simulate a carcinoma
- Diffuse sheets of granular cells
- If cytologic atypia, beware granular cell variants of melanoma, carcinoma, and sarcoma
- May need IHC to confirm: S100+

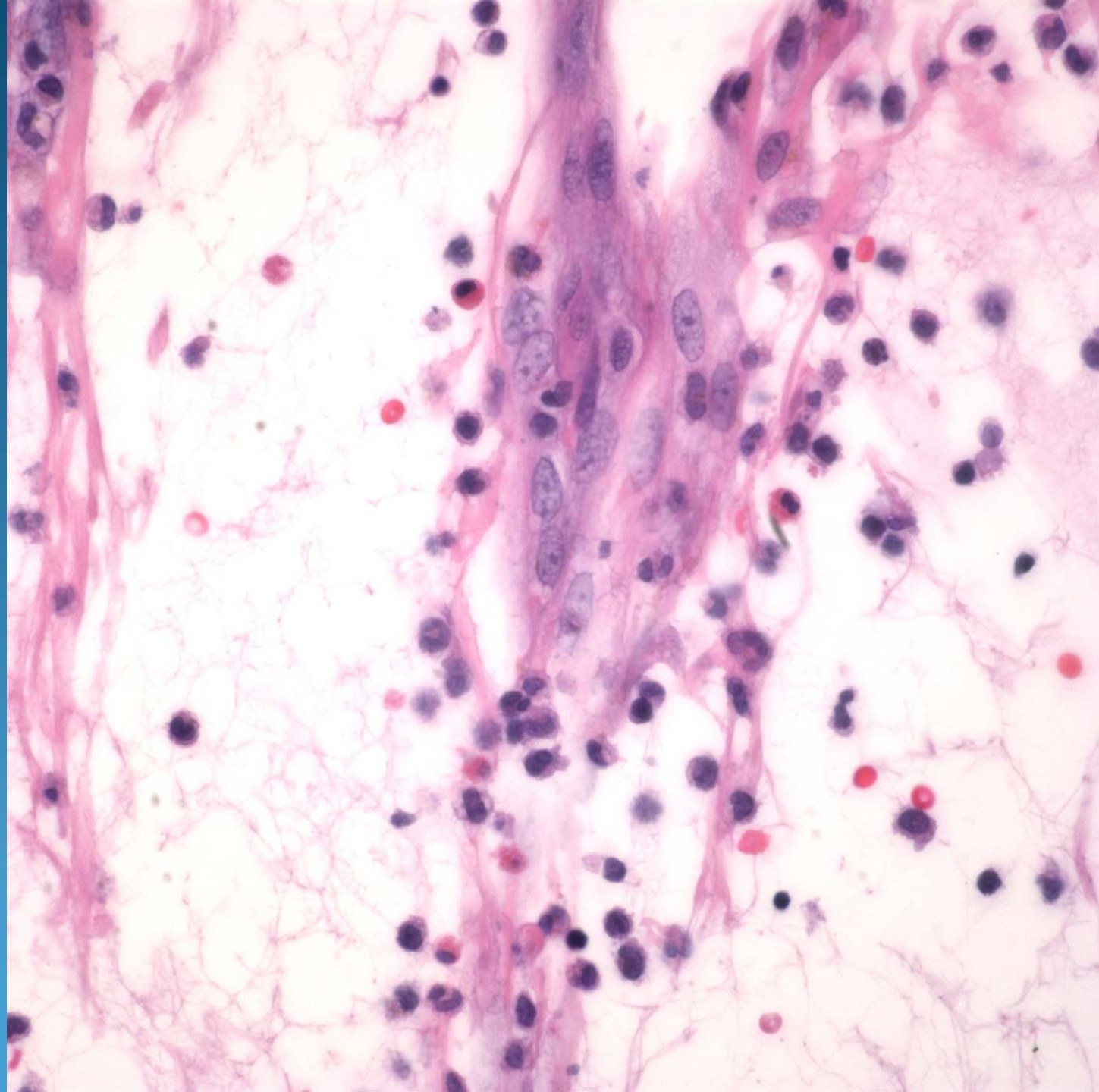






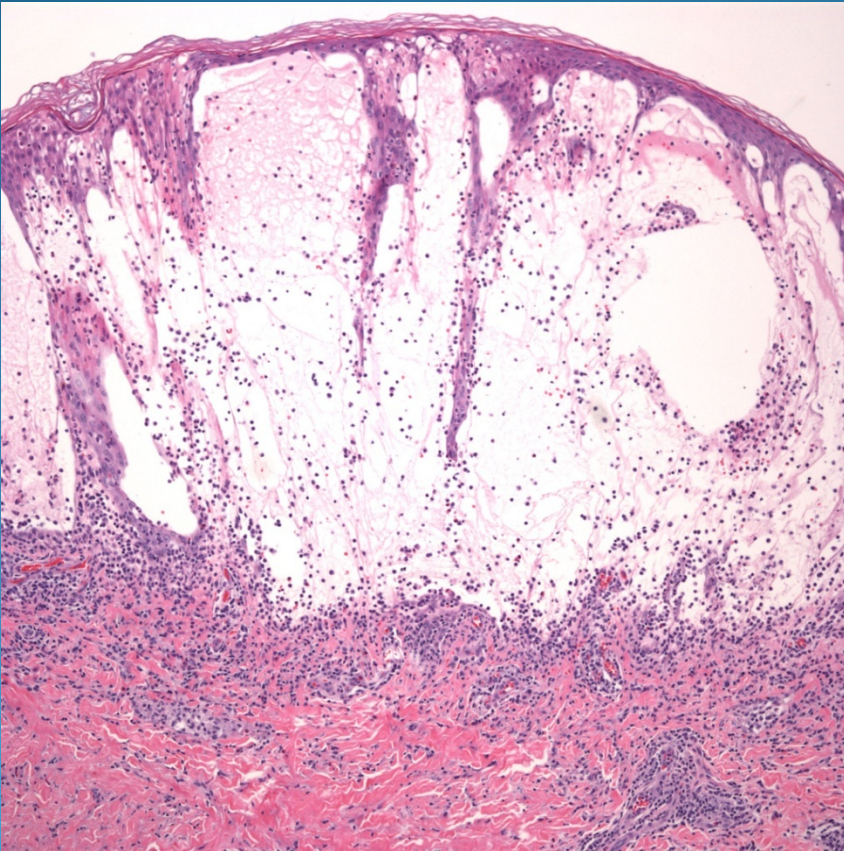






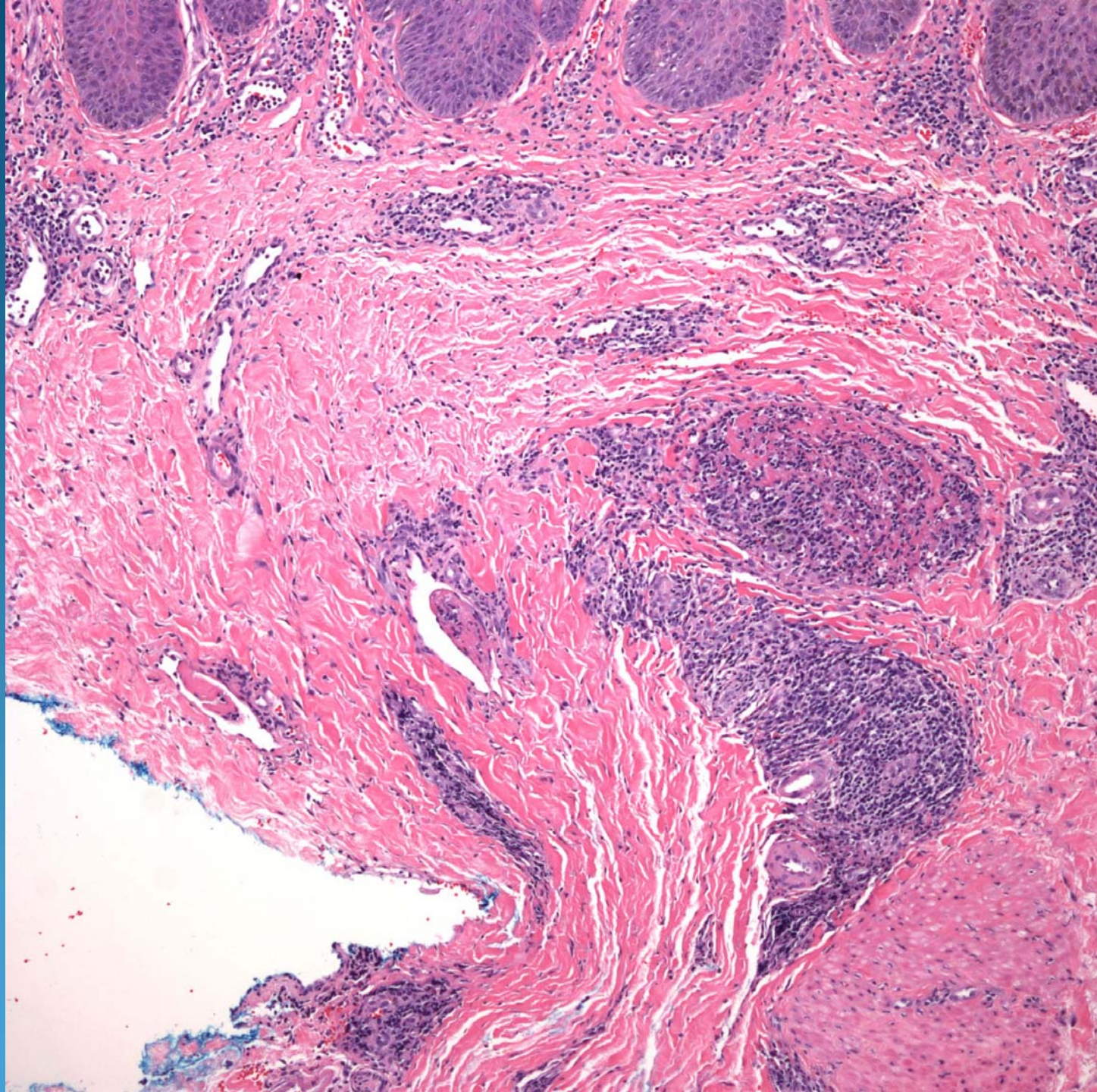
Gianotti-Crosti Syndrome

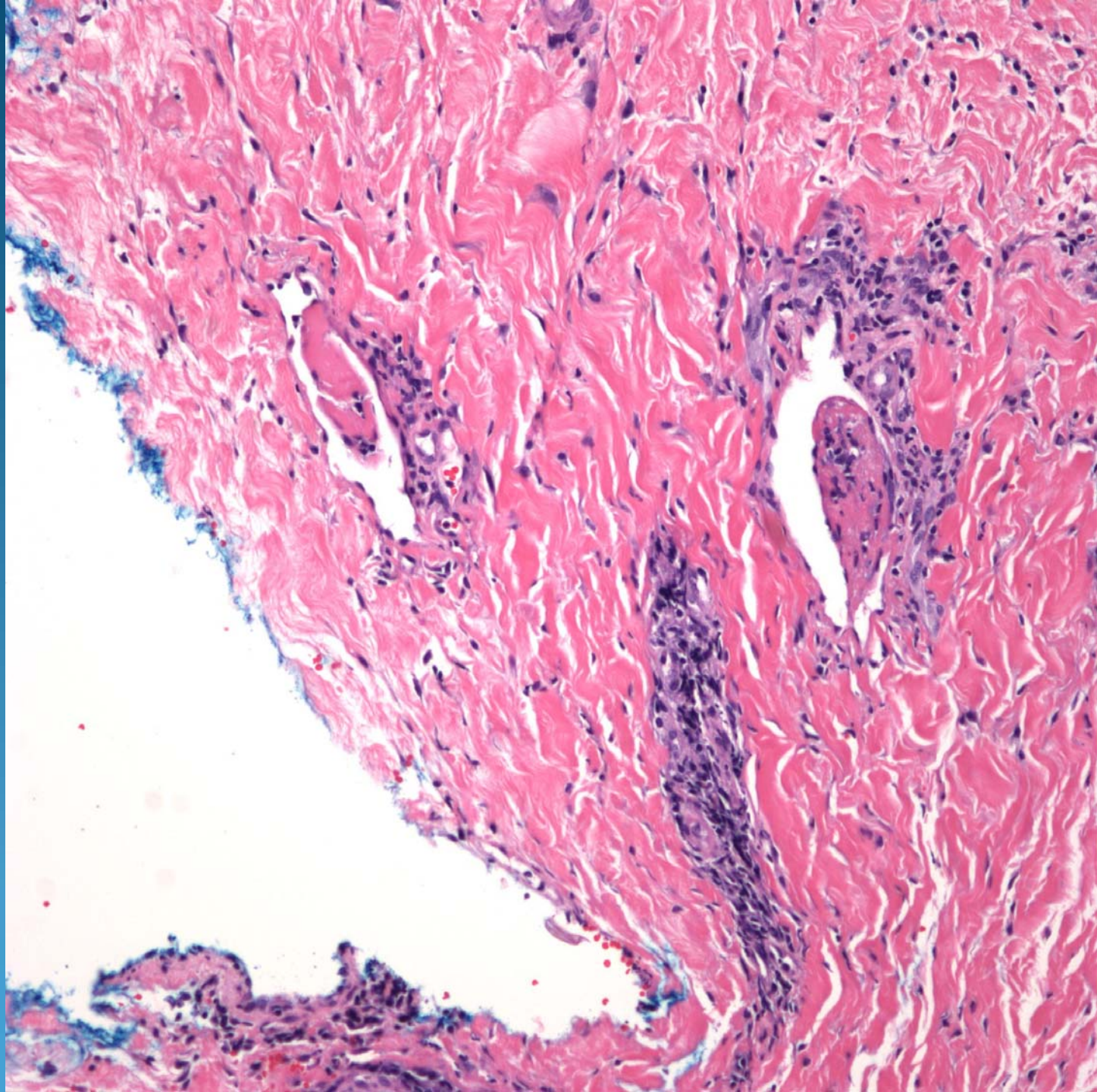
Pearls

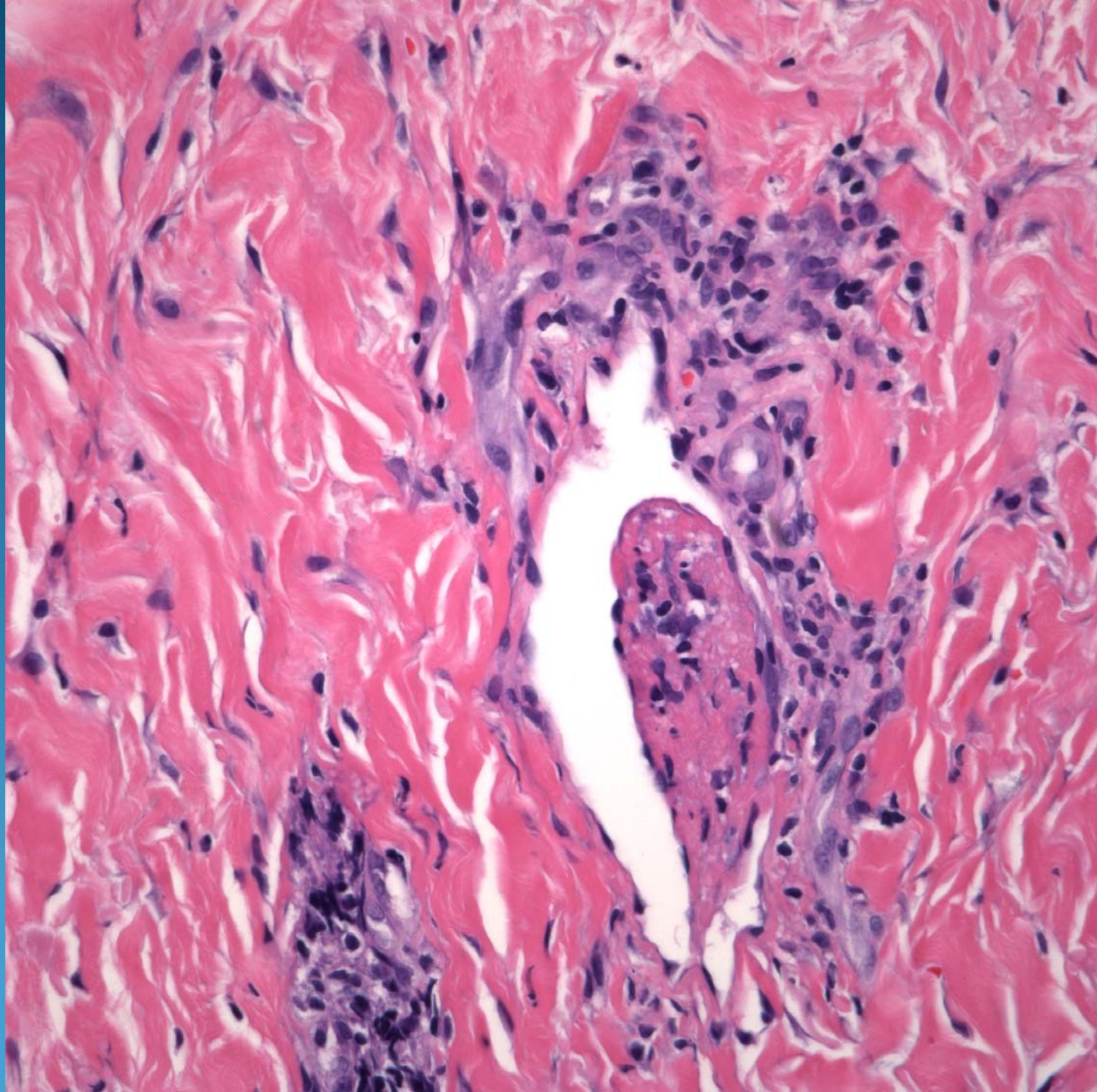


- Usually non-specific spongiotic changes
- Rarely cases with prominent vesicles and hemorrhage
- Correlation with clinical appearance and serological studies
- Rule out hypersensitivity reactions



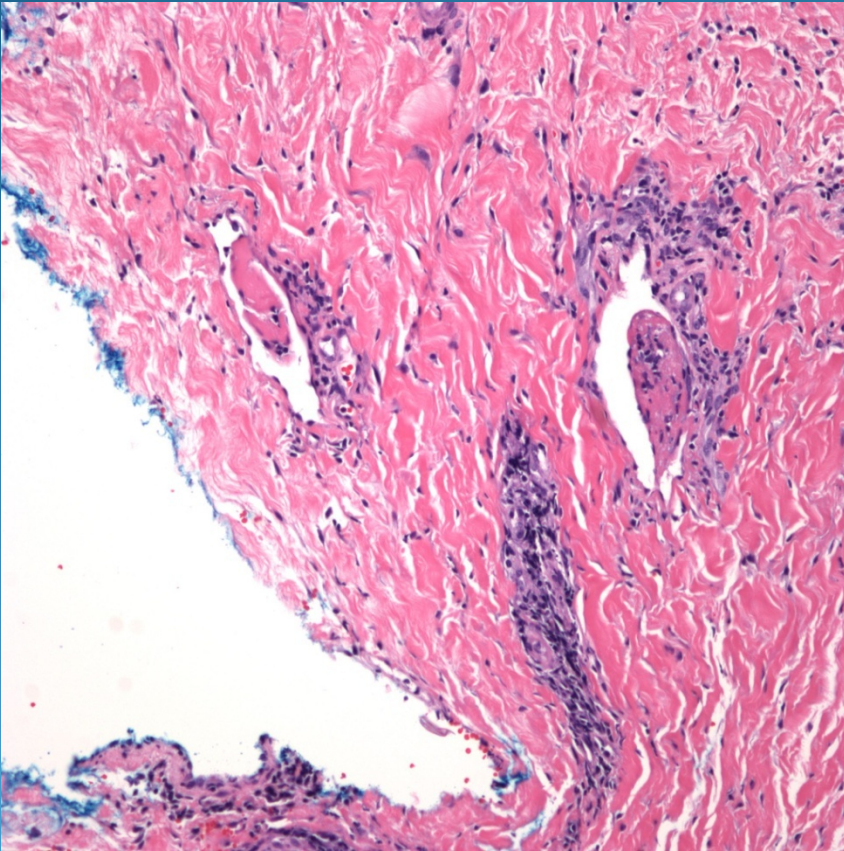




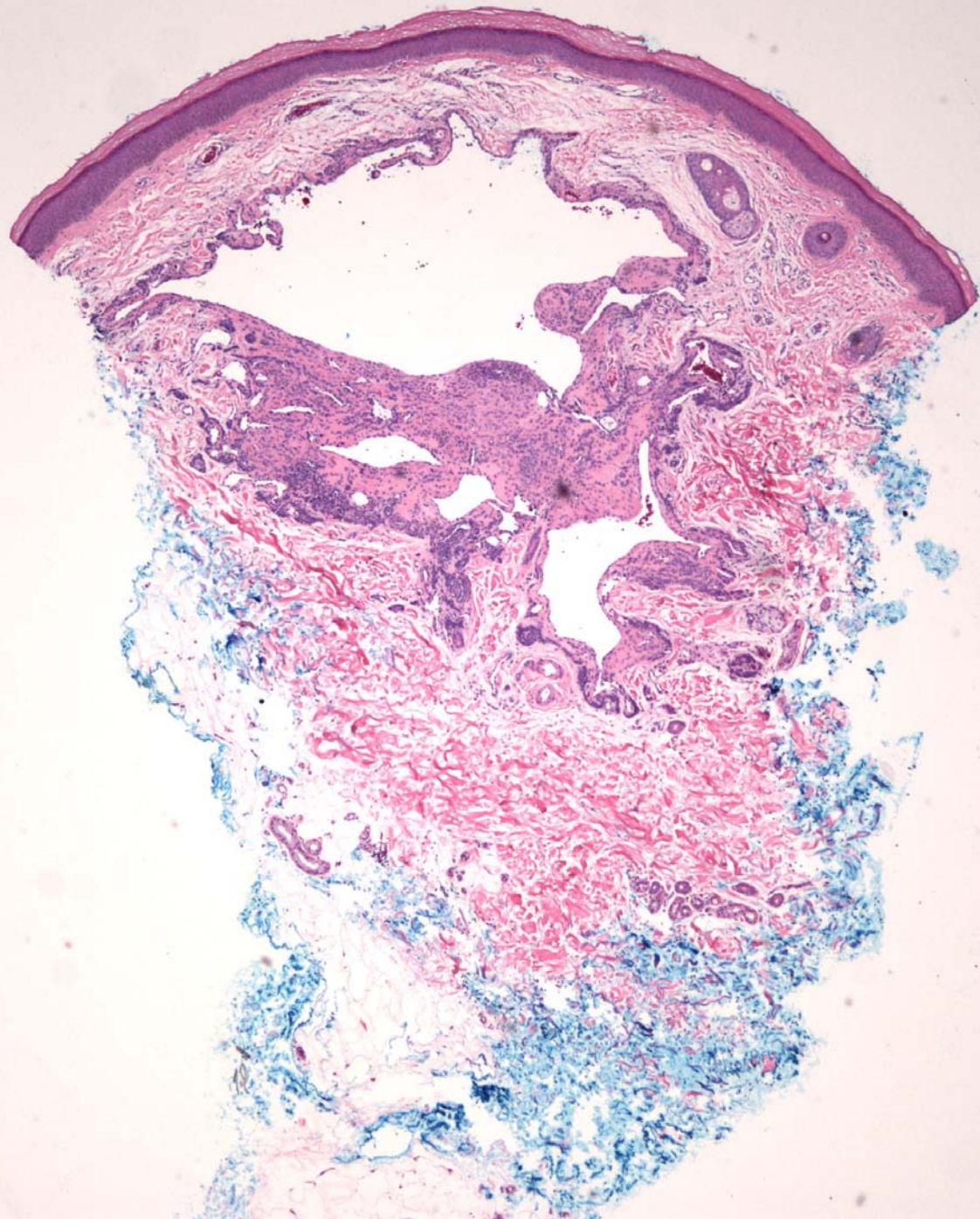


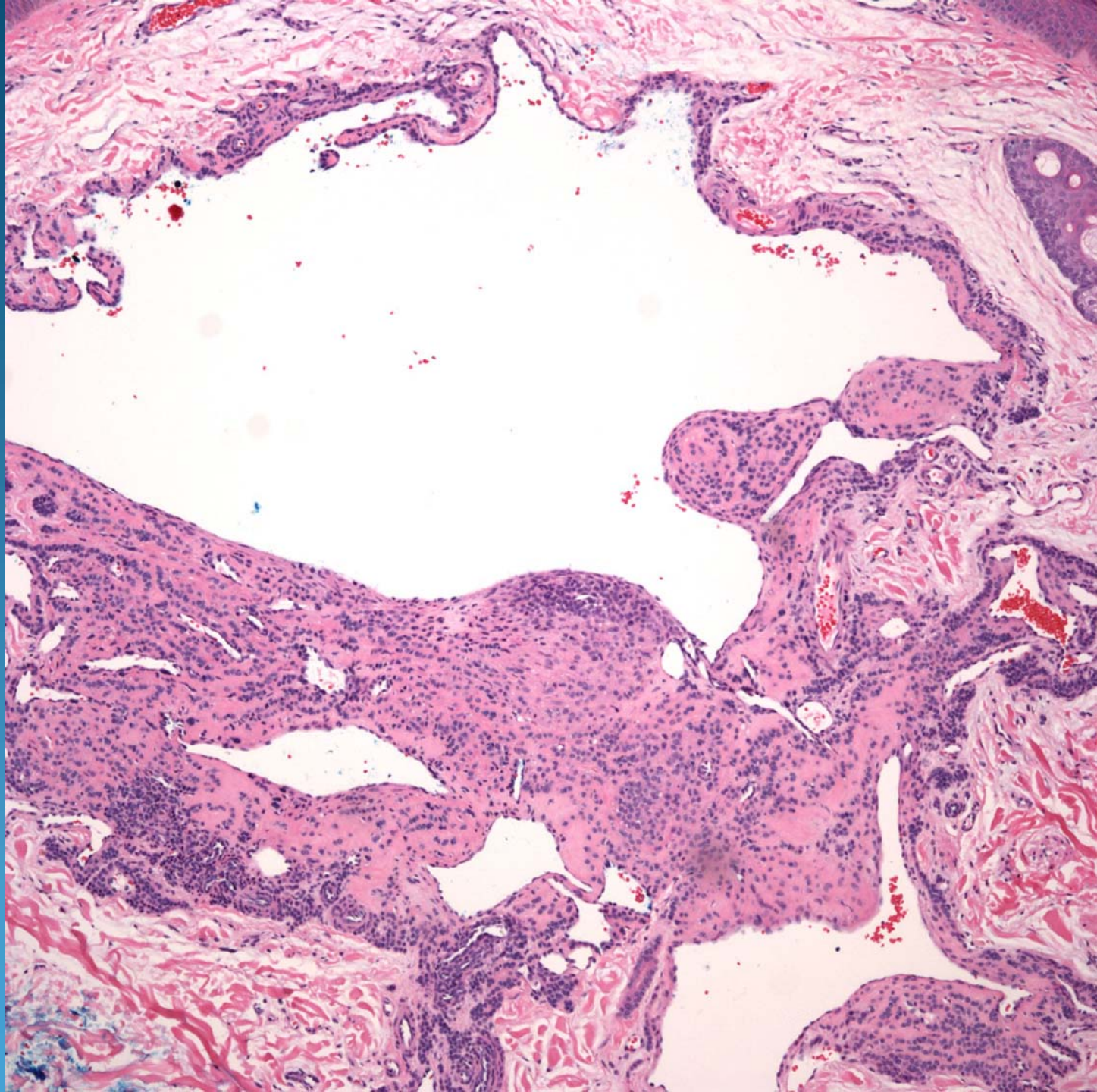
Thrombotic Vasculopathy Arising in Association with Antiphospholipid Antibody Syndrome

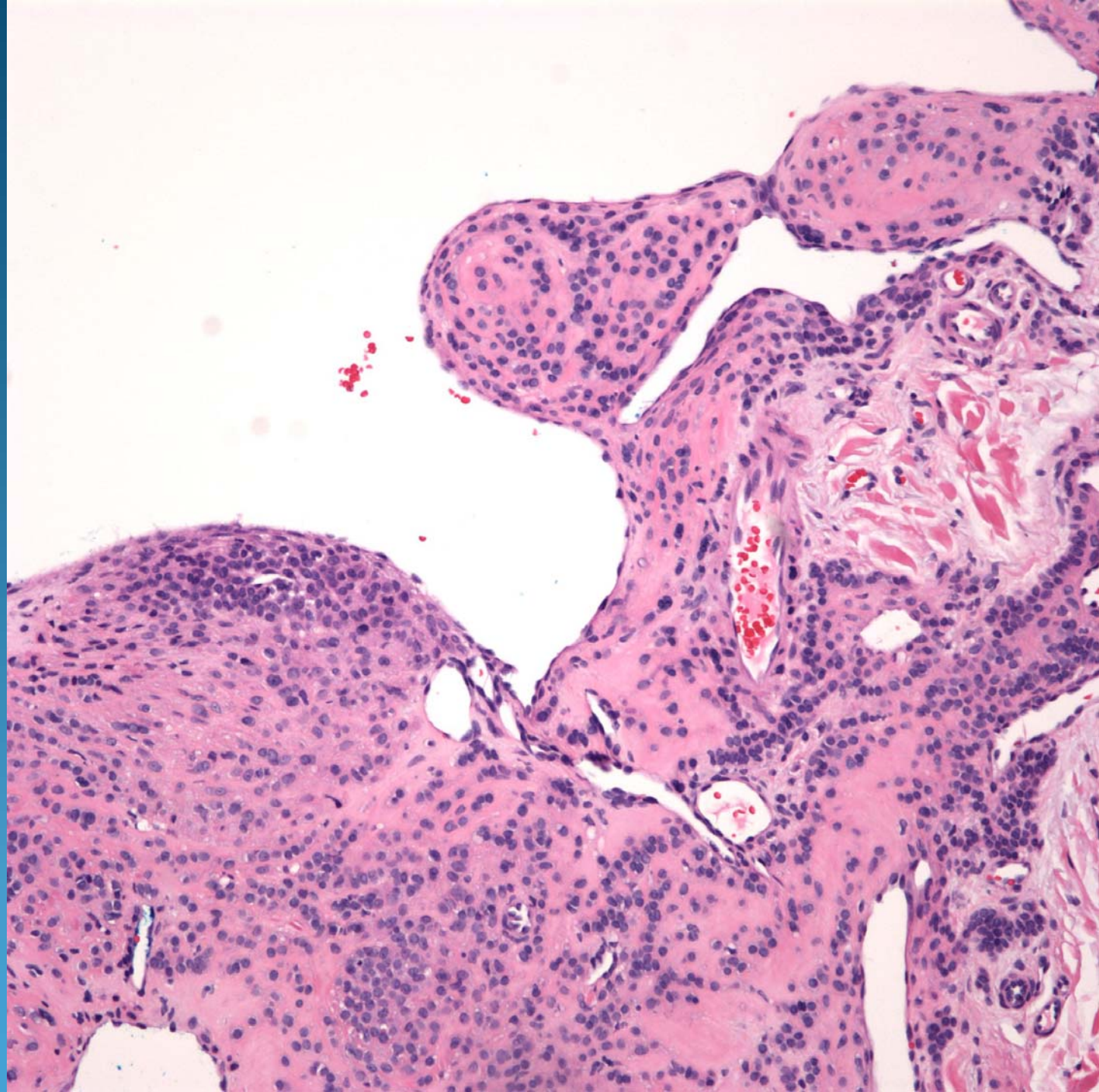
Pearls

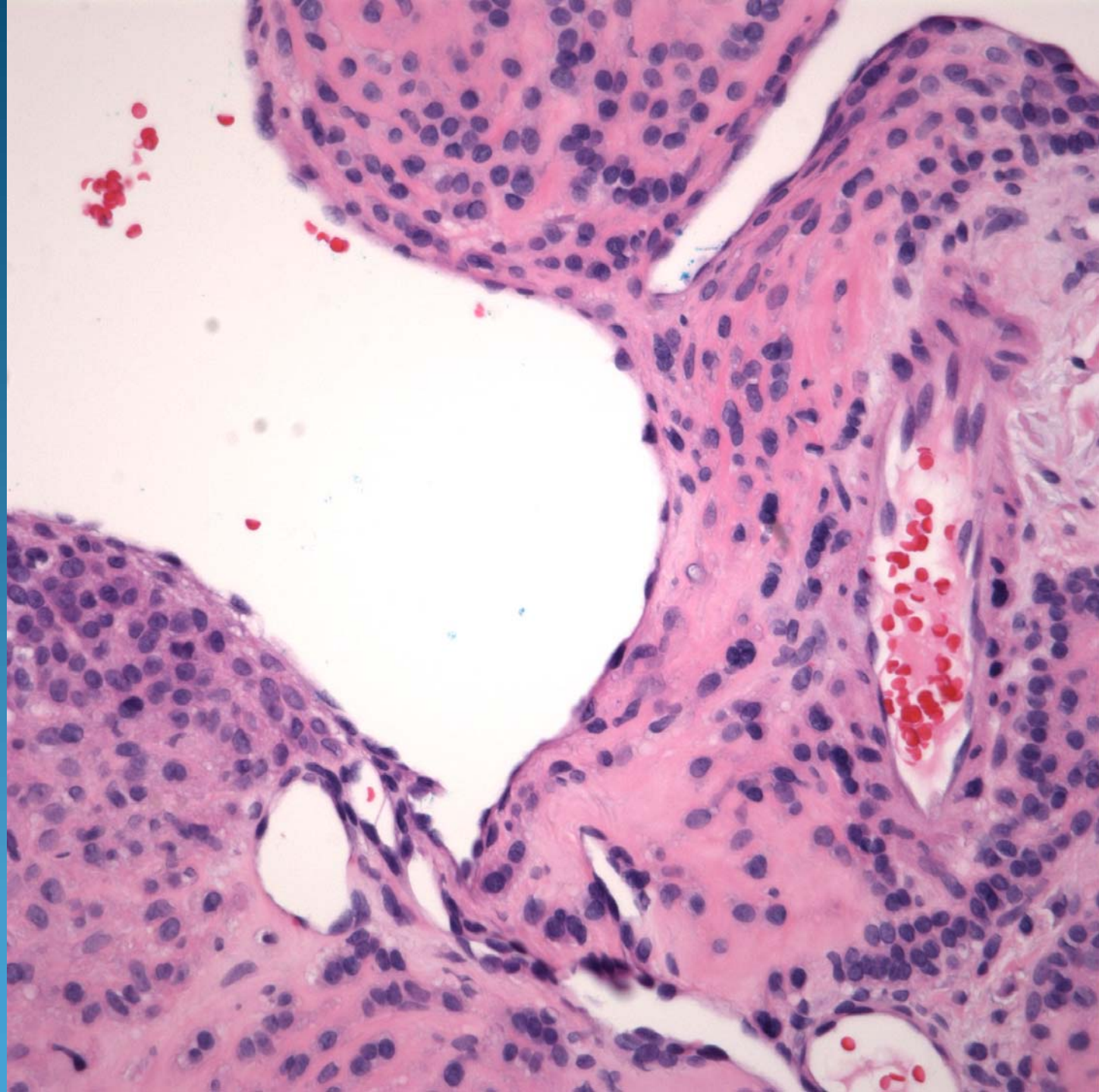


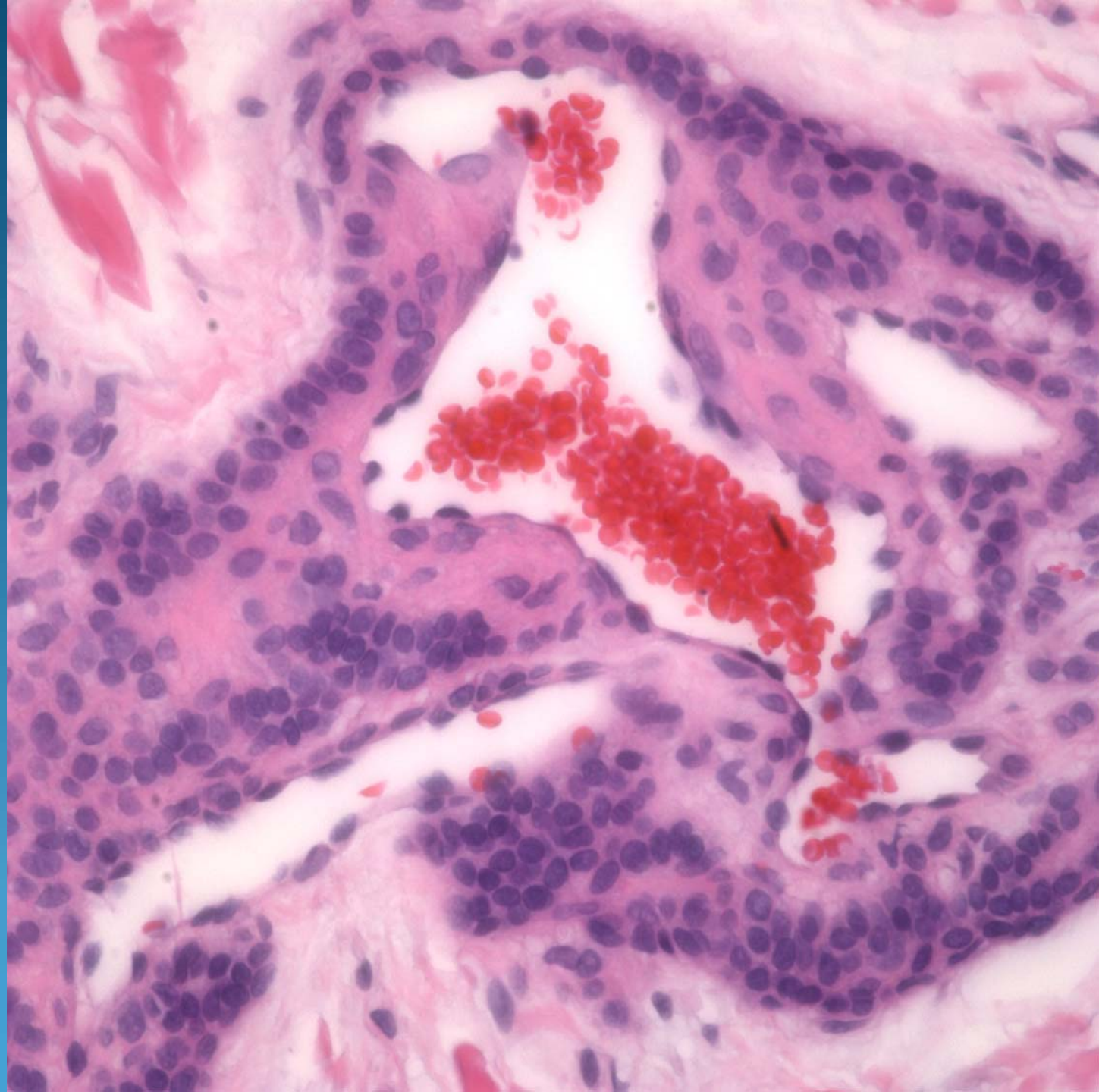
- Fibrin thrombi, unassociated with vasculitis
- Clinical setting
- Be wary of making the diagnosis in areas of ulceration
- Coagulation workup needed to confirm





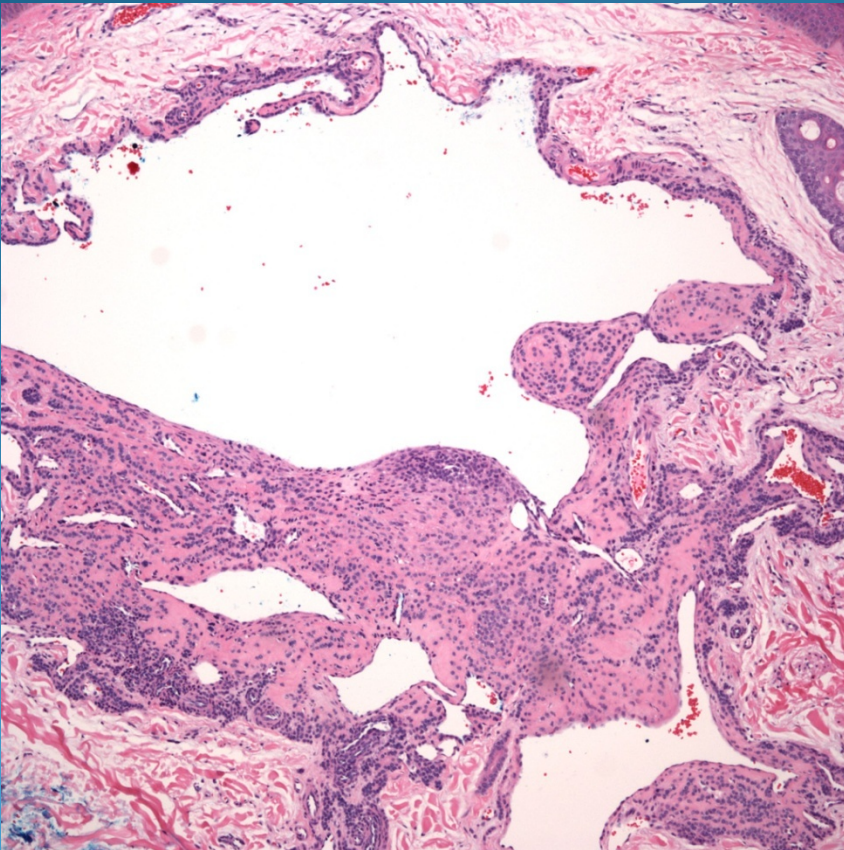




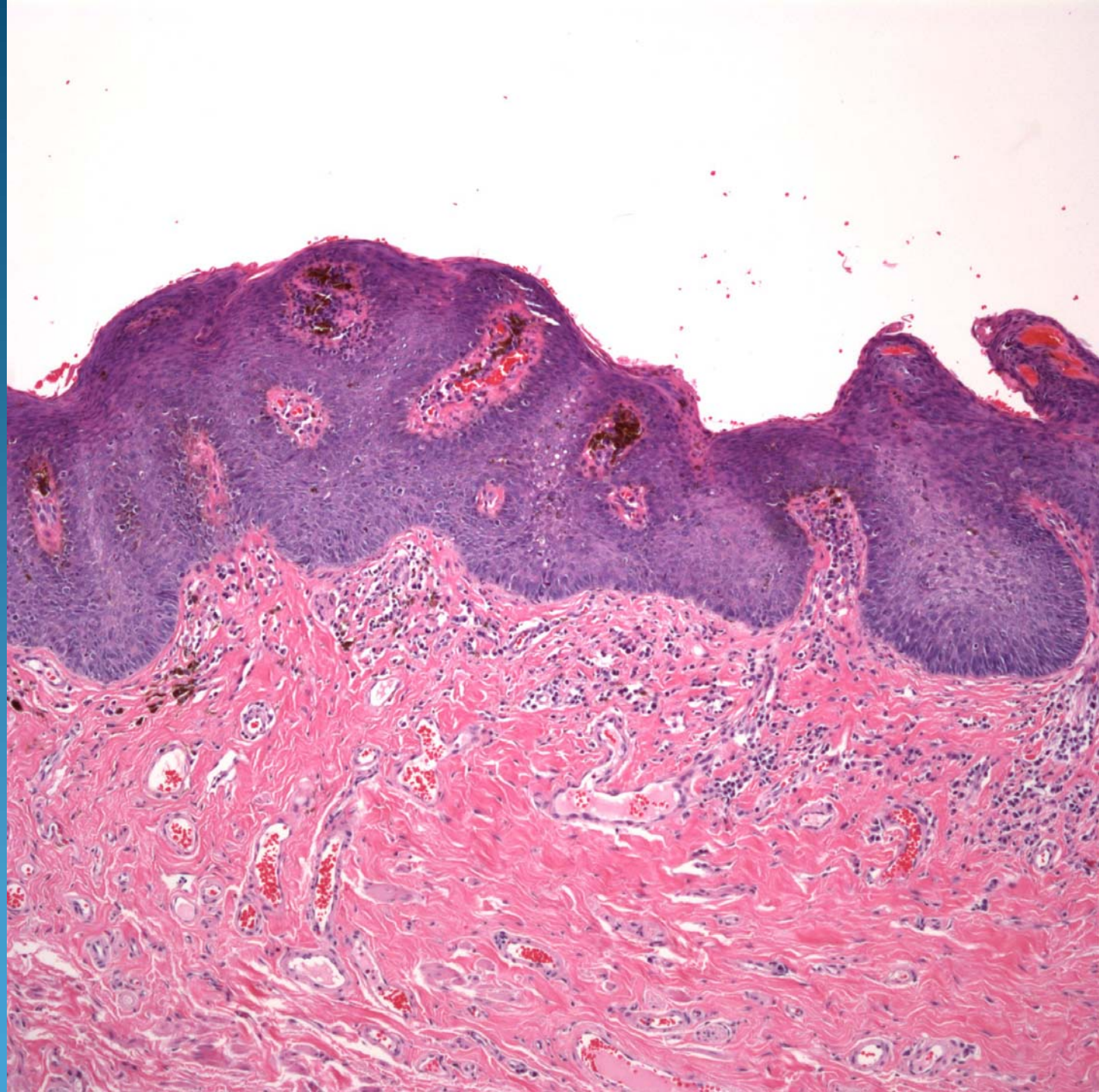


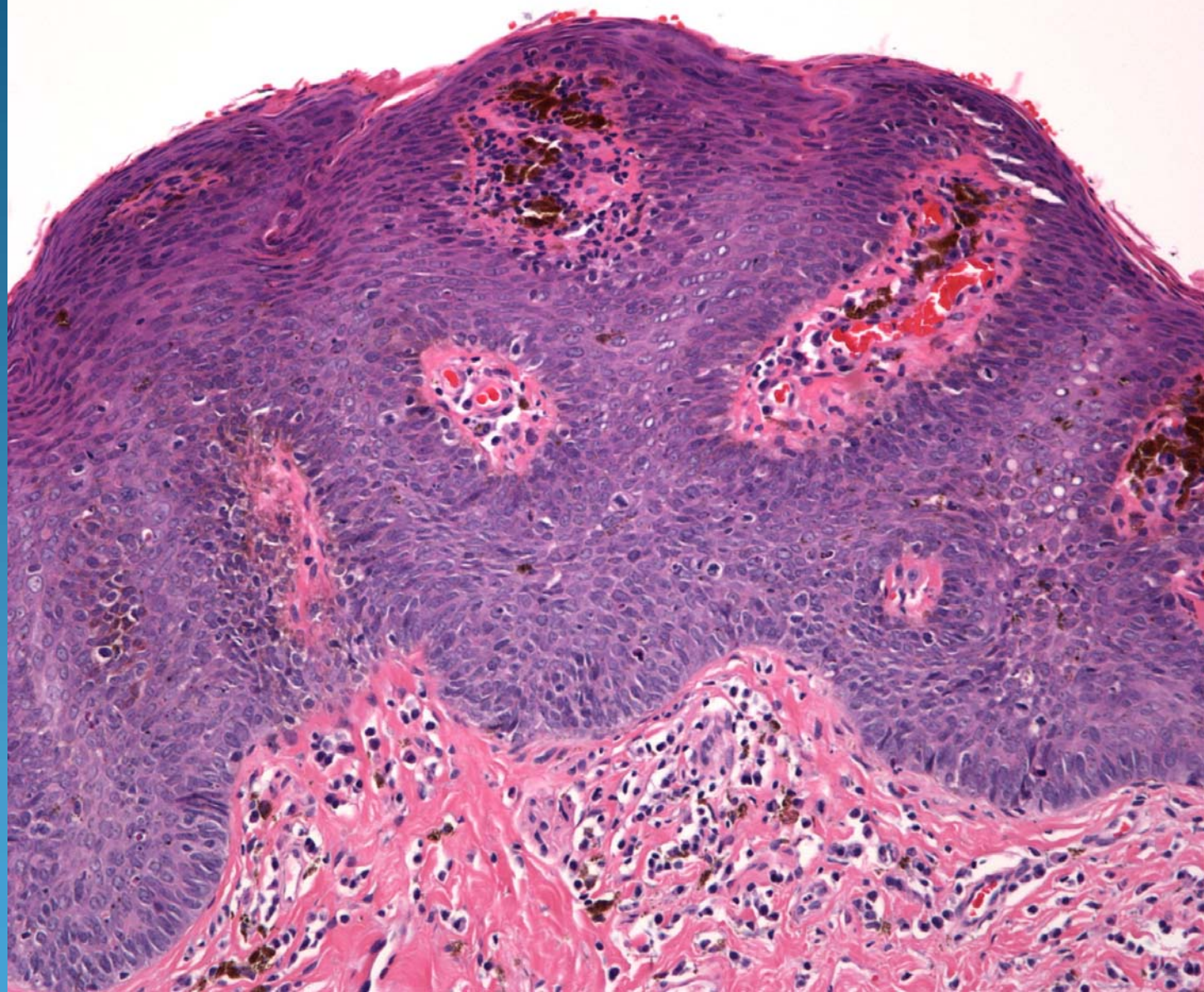
Glomangioma

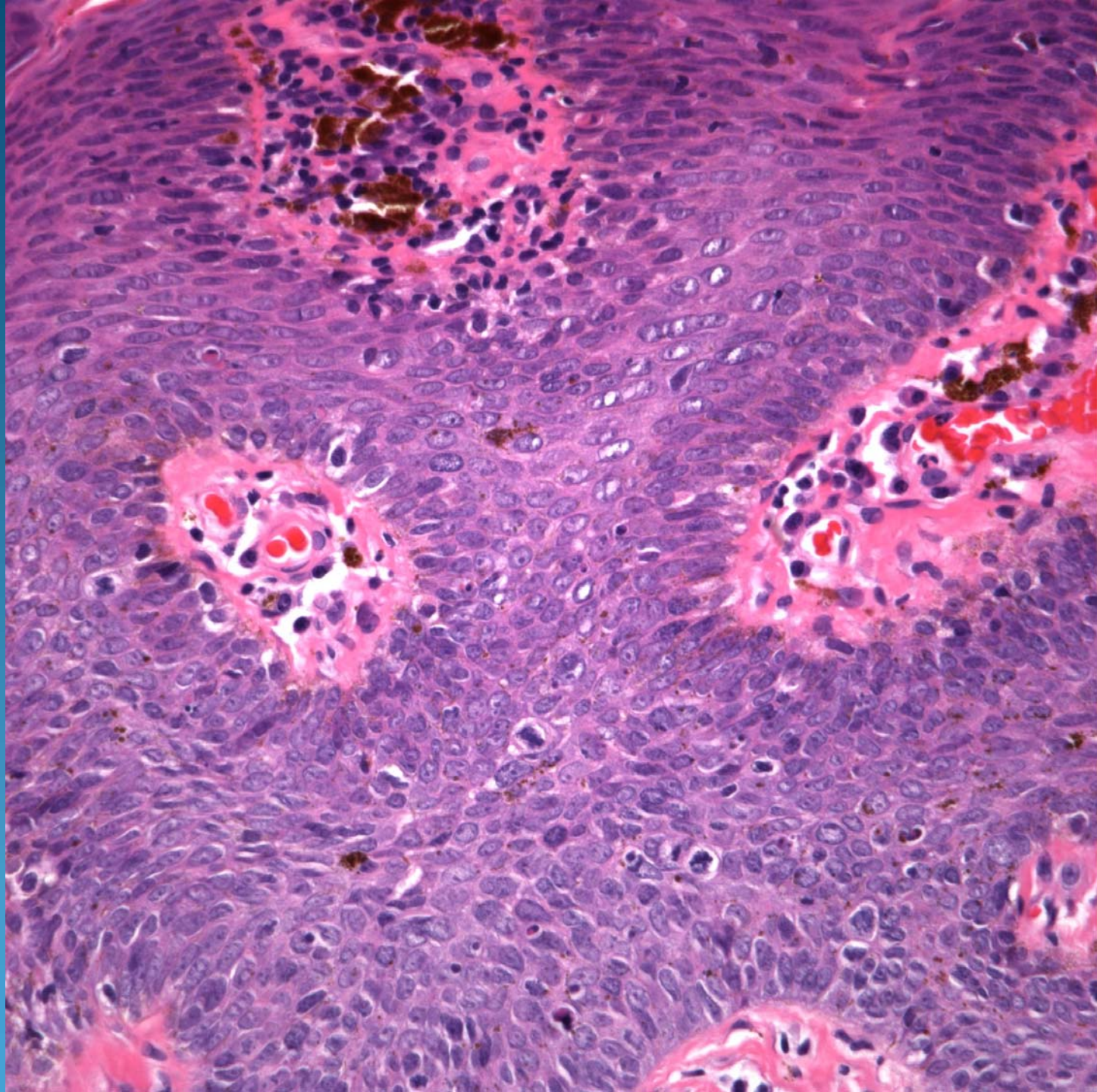
Pearls

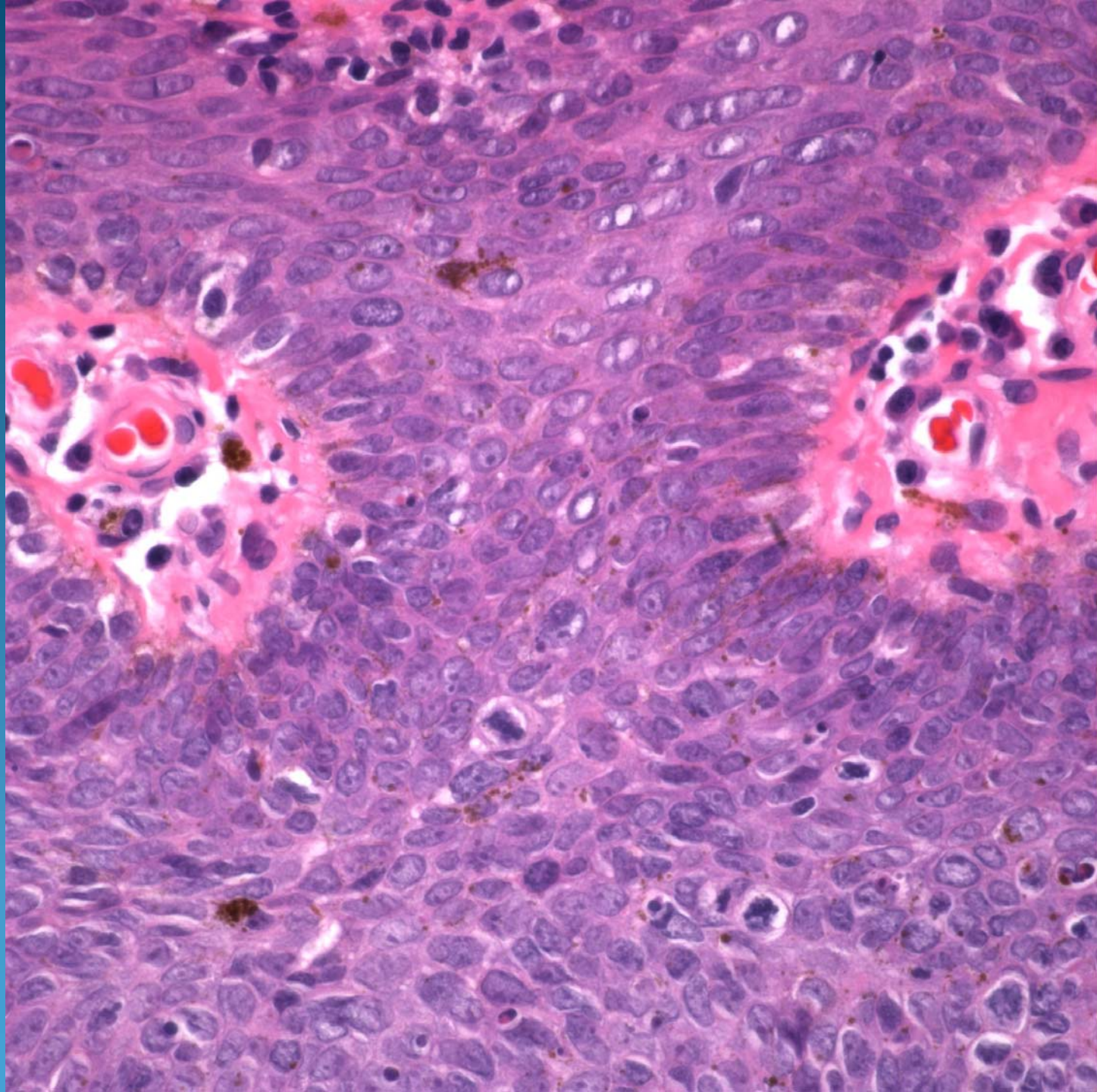


- Ectatic vascular spaces surrounded by glomus cells
- In more cellular lesions, must differentiate from nodular and cystic hidradenoma
- May need IHC-Glomus cells are SMA+, CK-

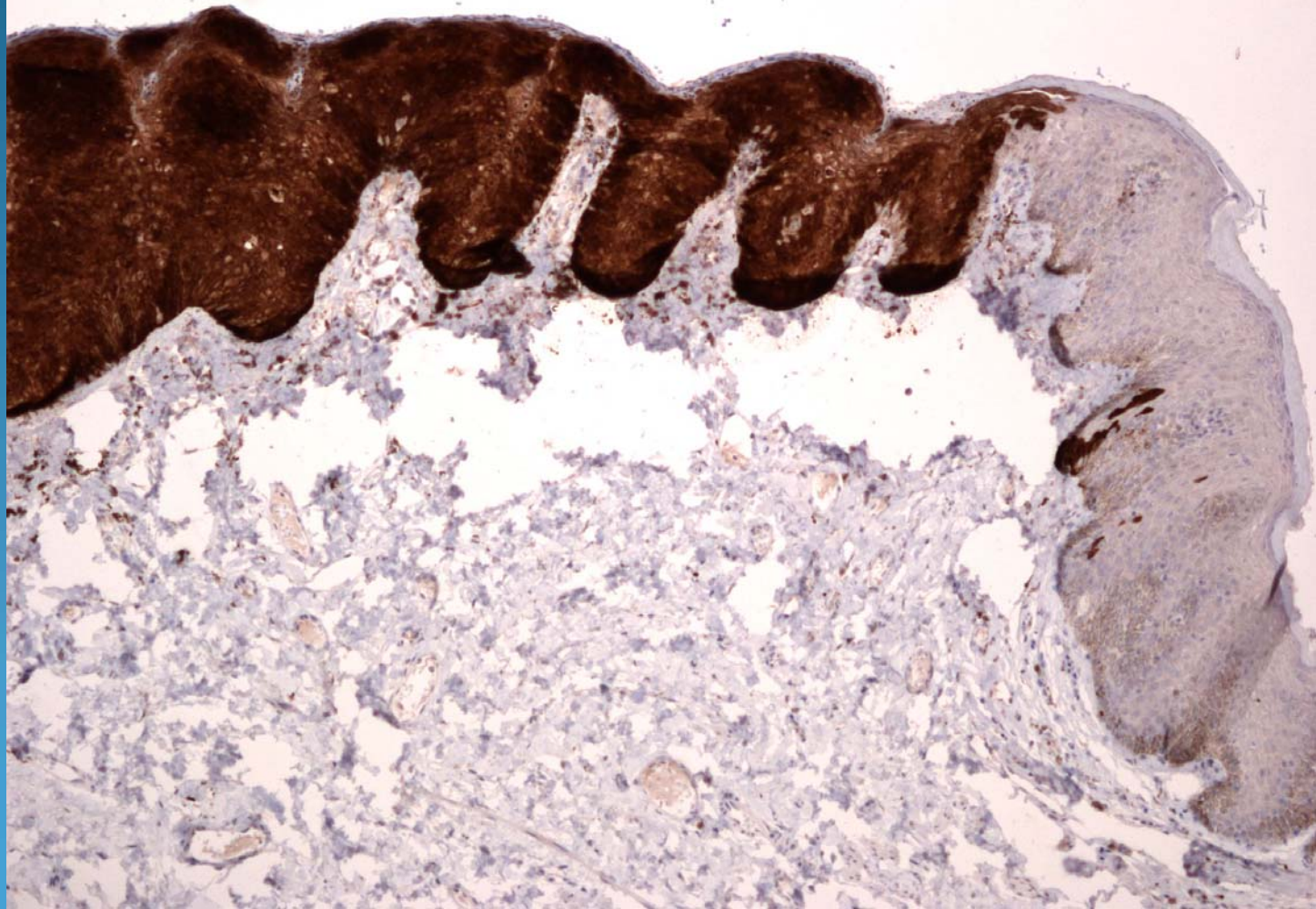






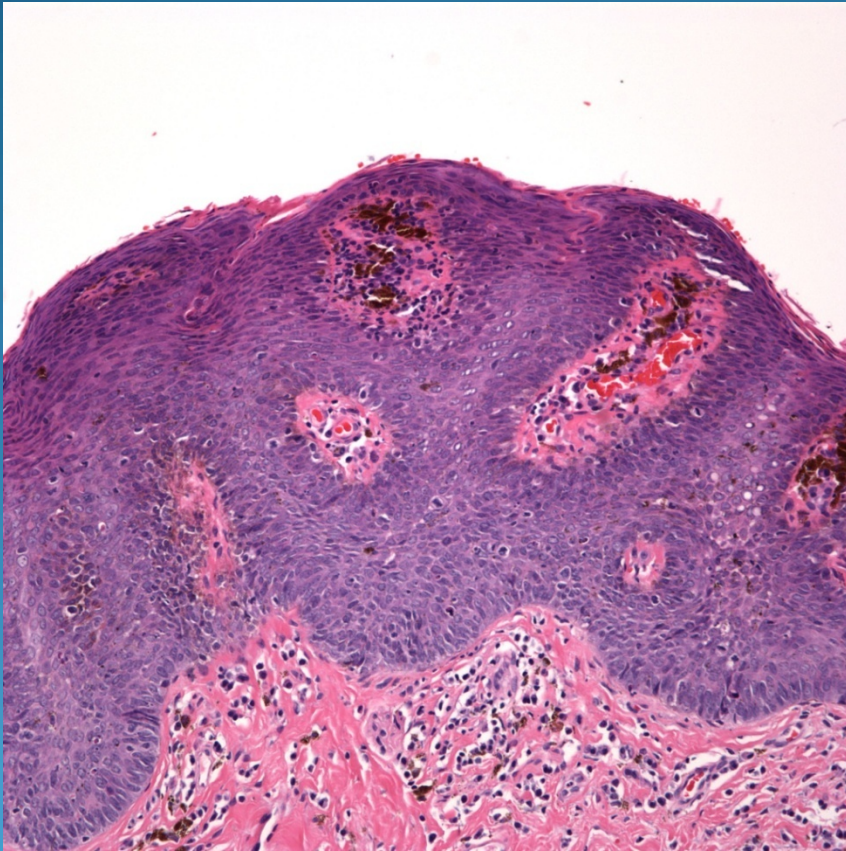


p16



Erythroplasia of Queyrat (Bowen's disease of the glans penis)

Pearls



- Characteristic location
- Full thickness replacement of squamous mucosa by cytologically atypical squamous epithelial cells
- Loss of polarity, atypical mitotic figures, dyskeratosis
- Many cases p16+ indicative of high risk HPV infection