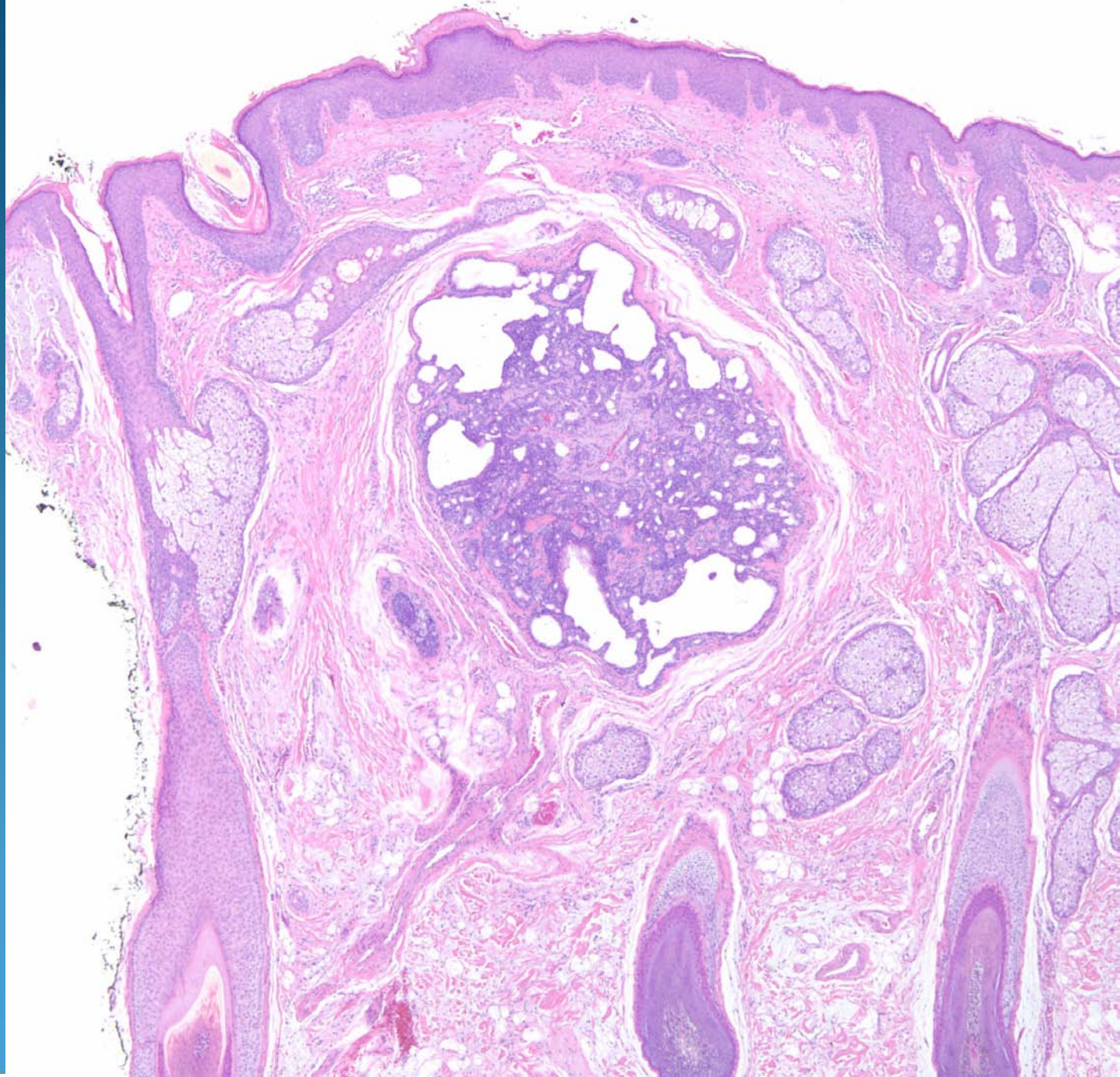
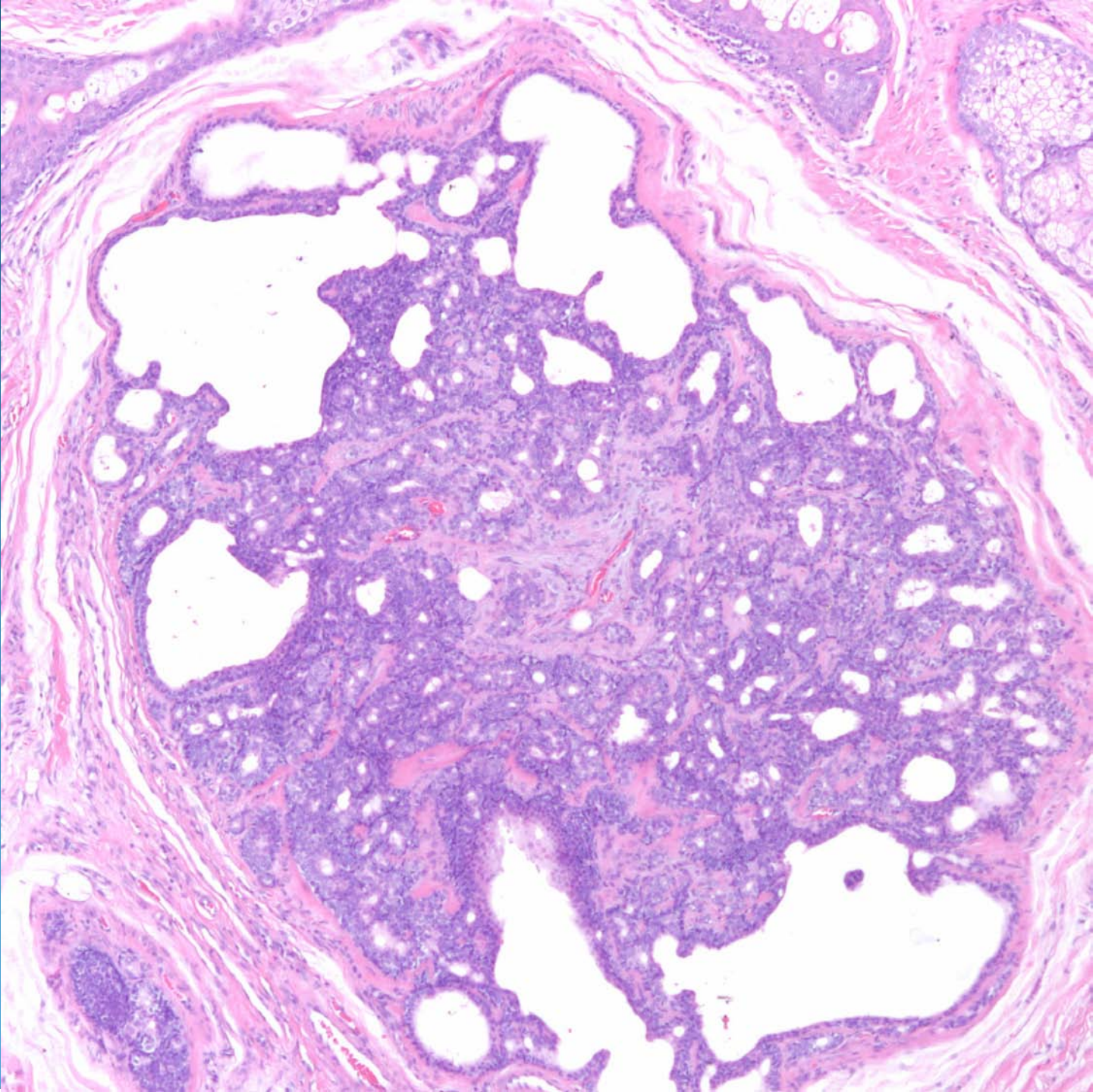
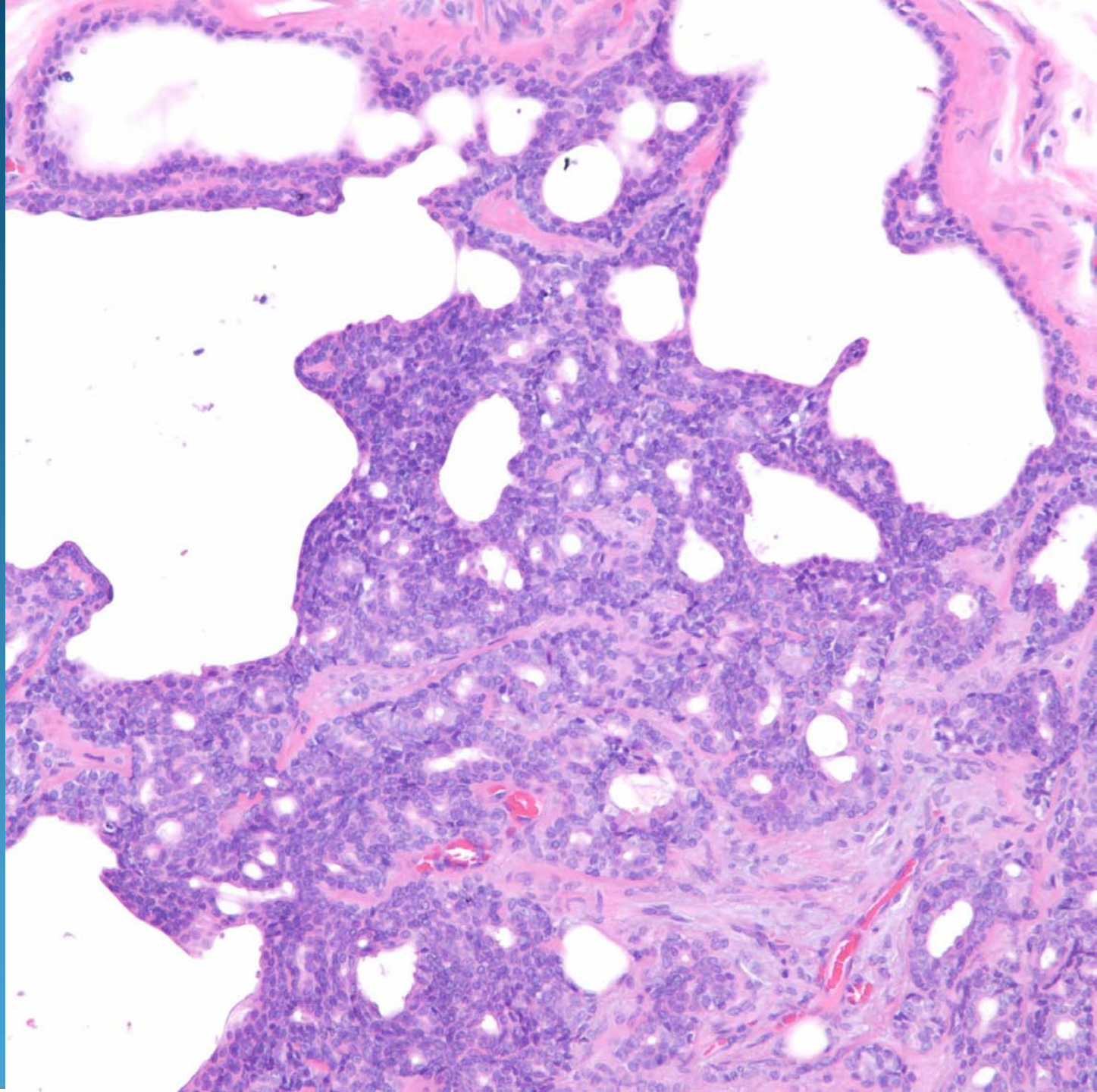


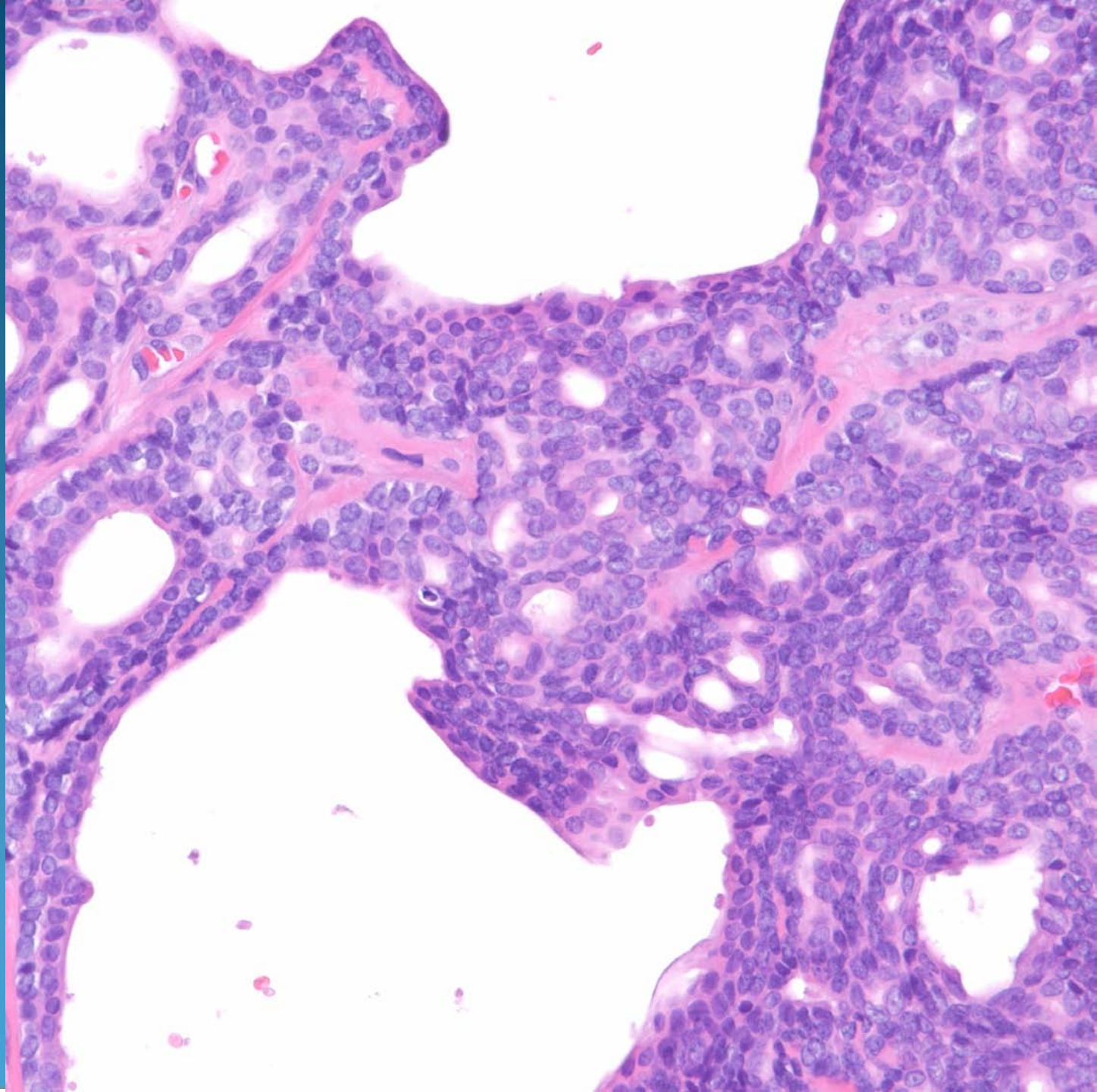
Dermatopathology Slide Review Part 45

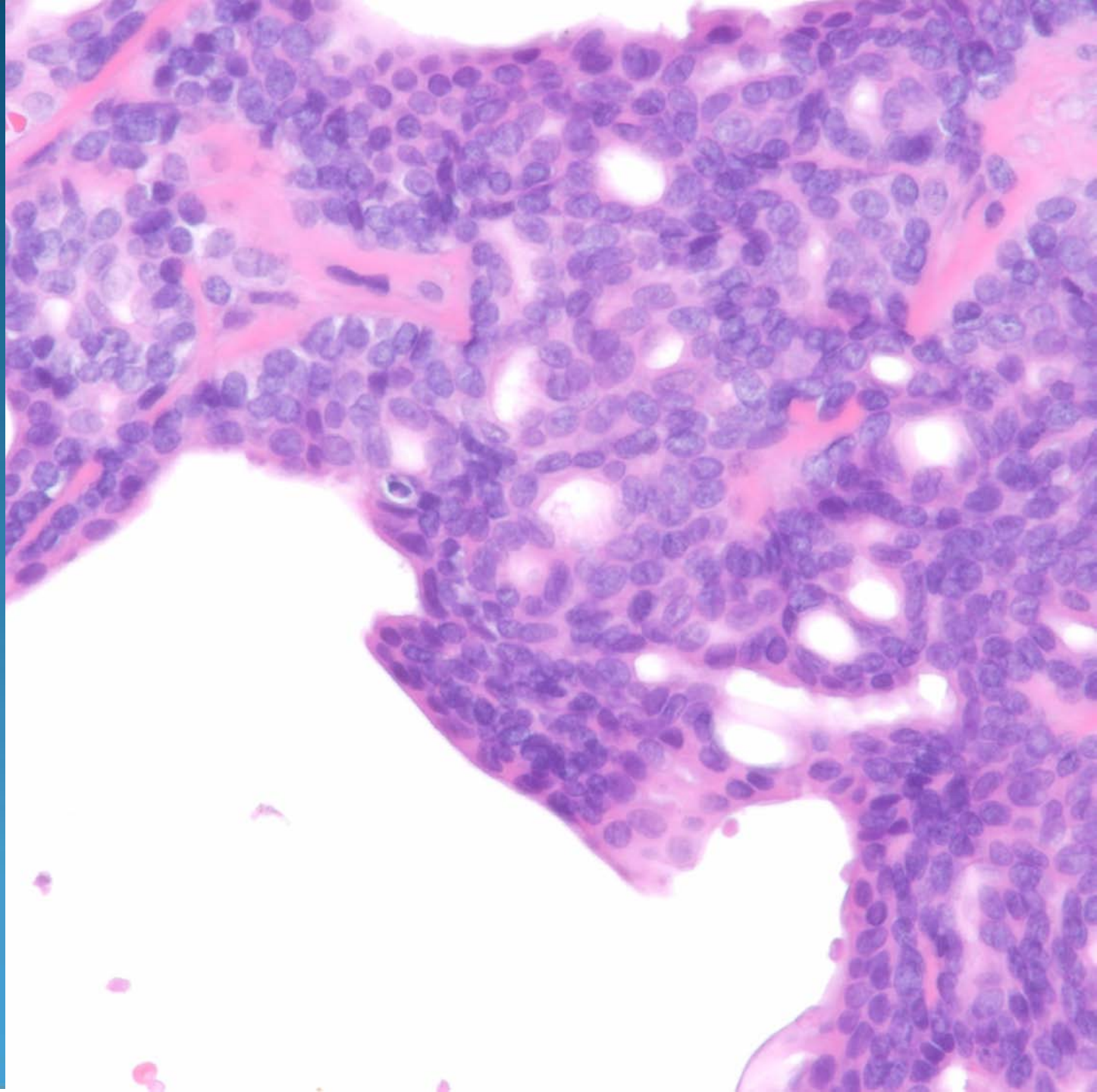
Paul K. Shitabata, M.D.
Dermatopathology Institute





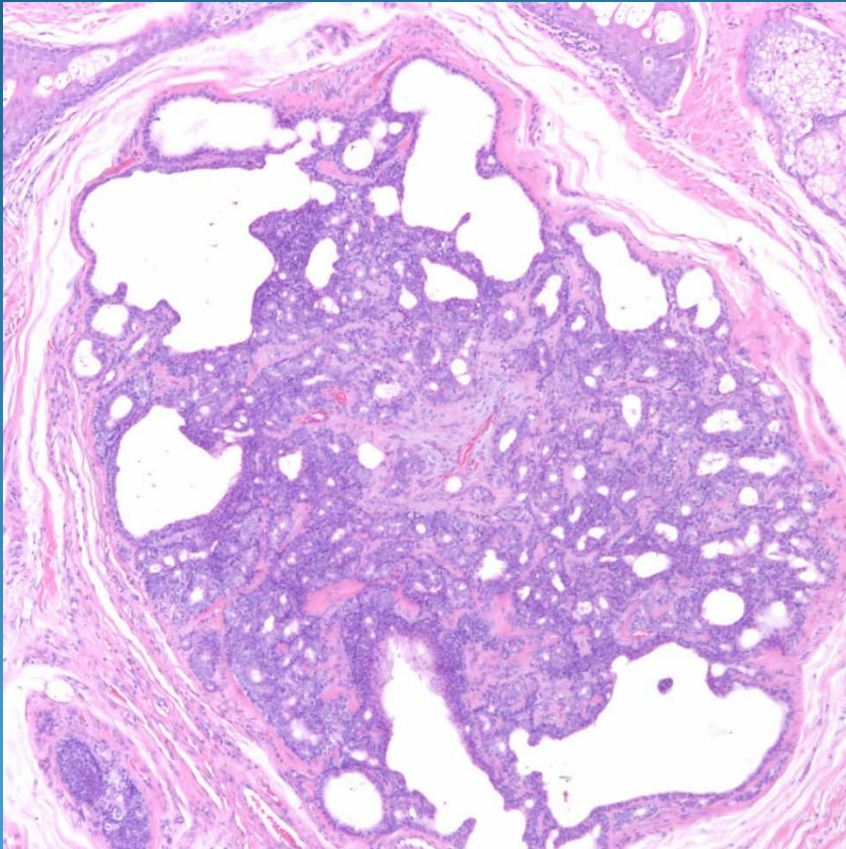




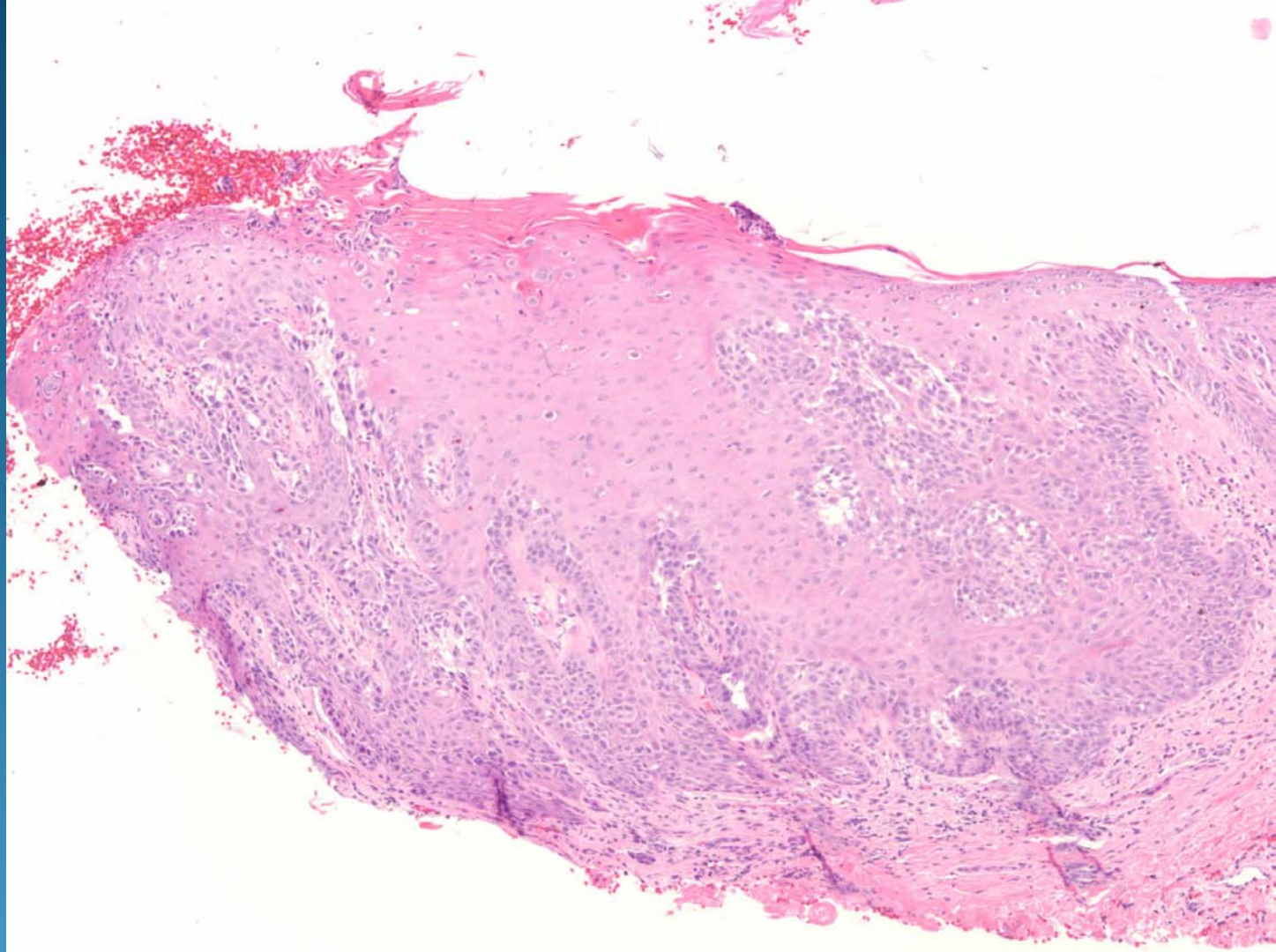


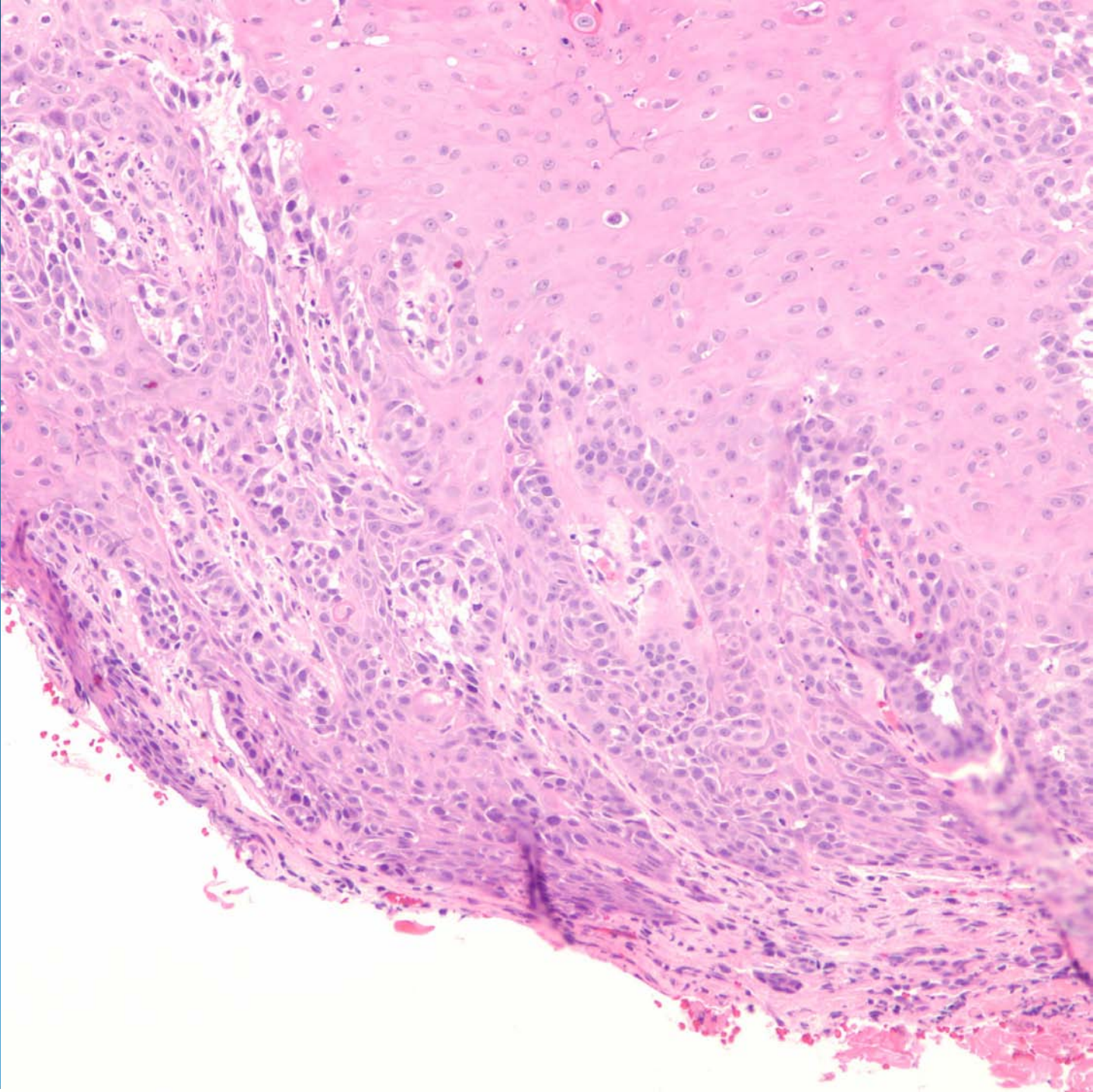
Cutaneous Mixed Tumor (Chondroid Syringoma)

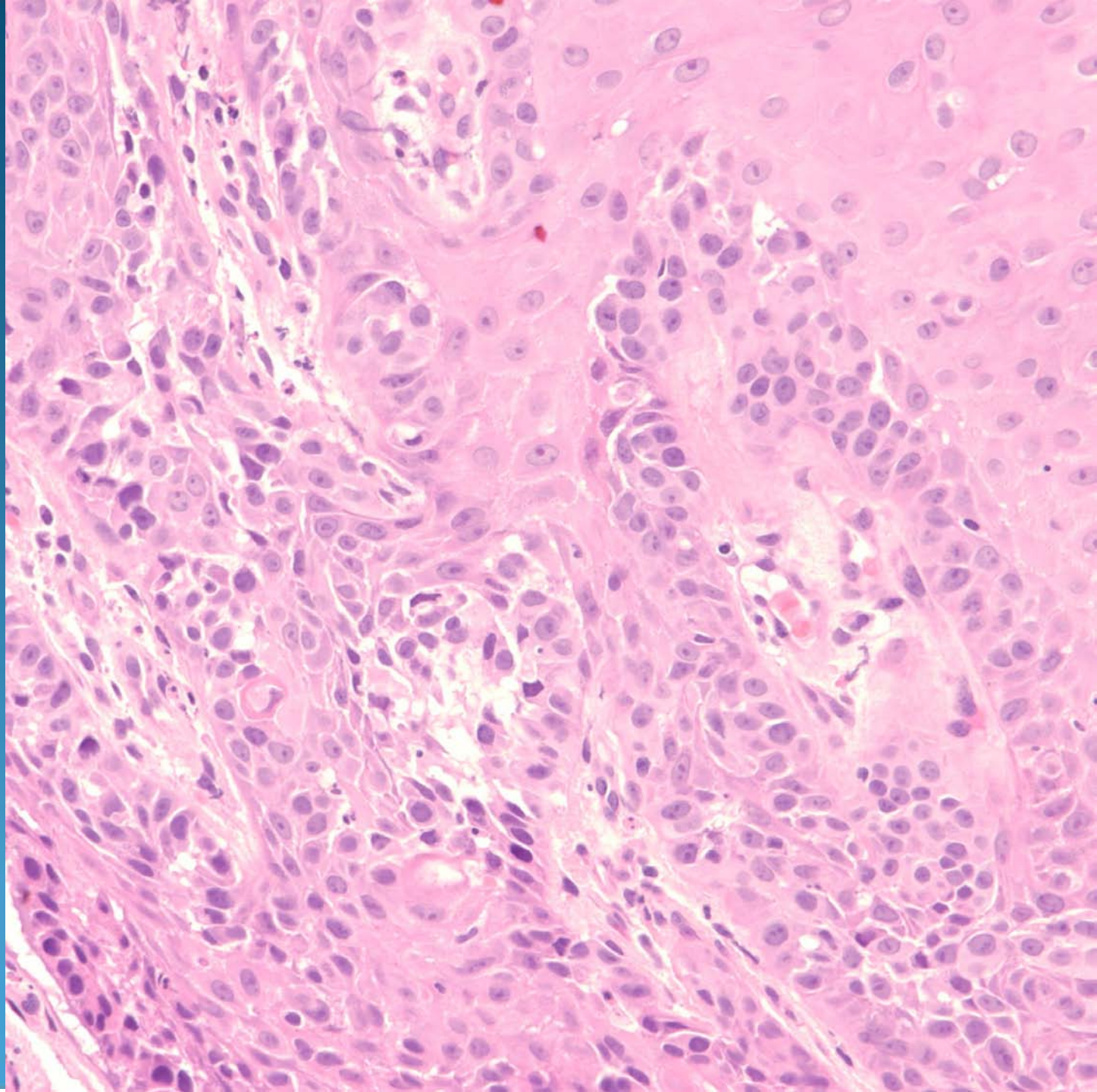
Pearls



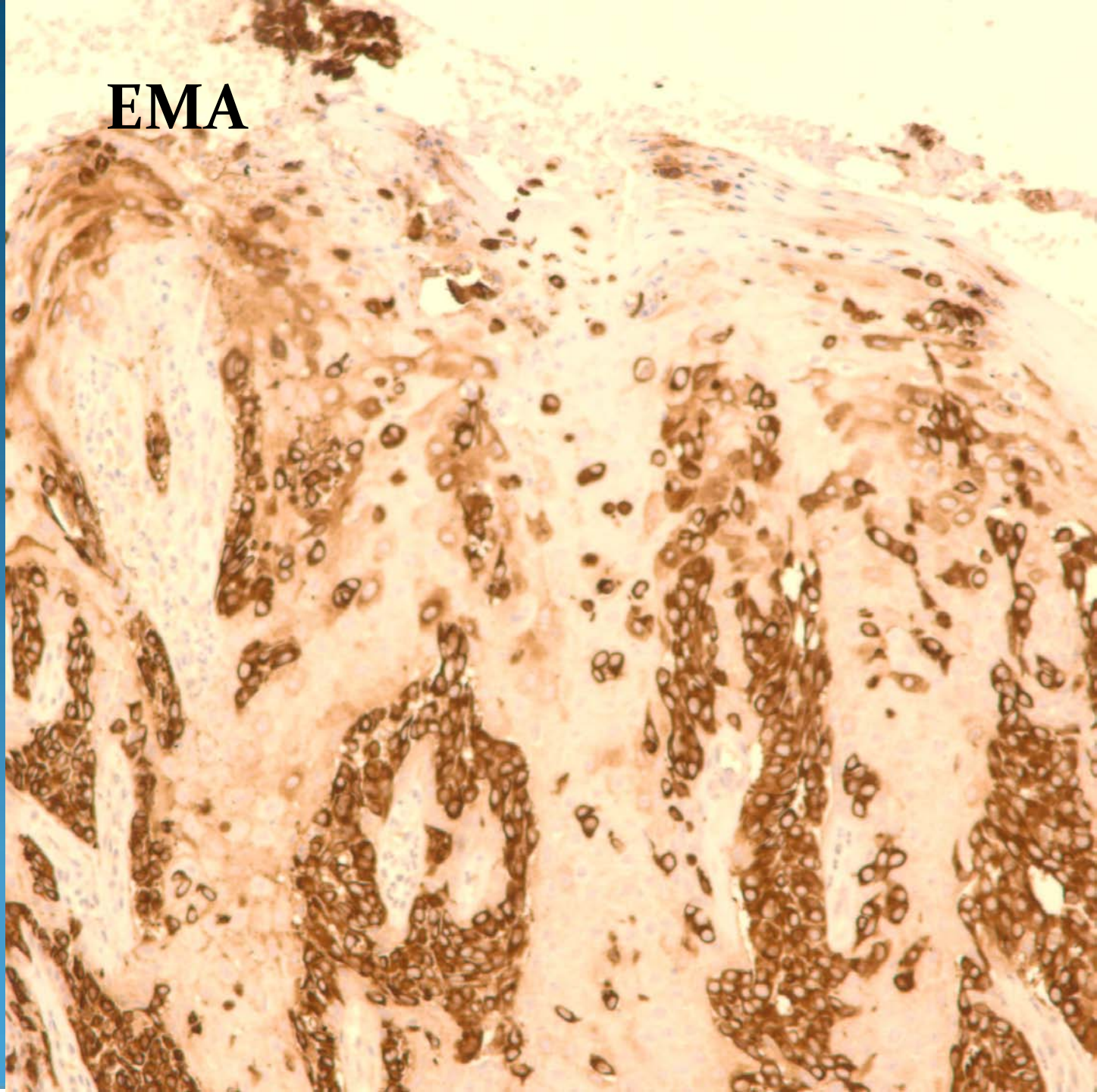
- Circumscribed dermal neoplasm with multiple cysts and glandular lumina
- Mixed eccrine and apocrine differentiation
- Some tumors may show myxoid and chondroid stroma





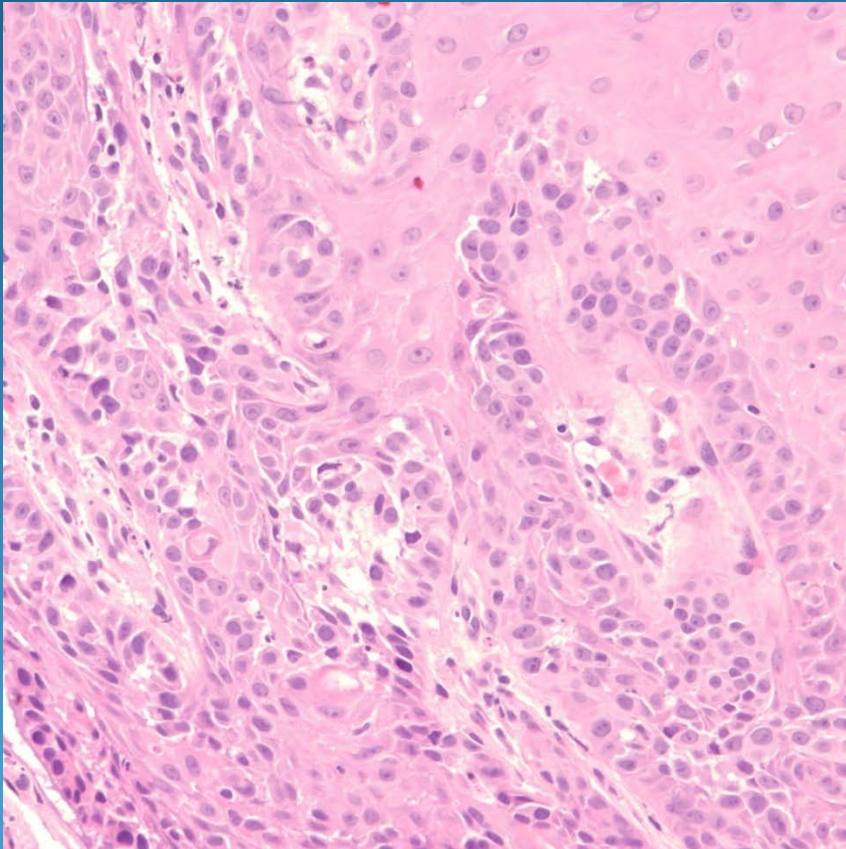


EMA

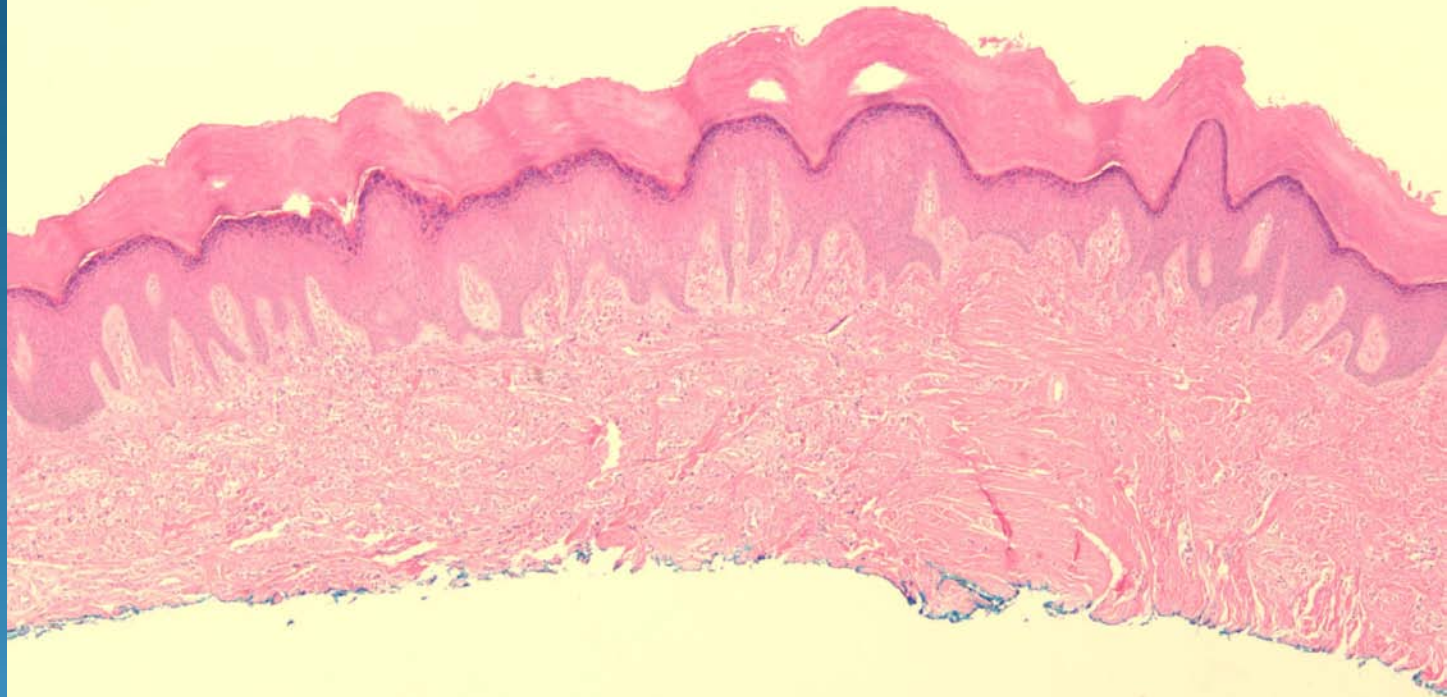


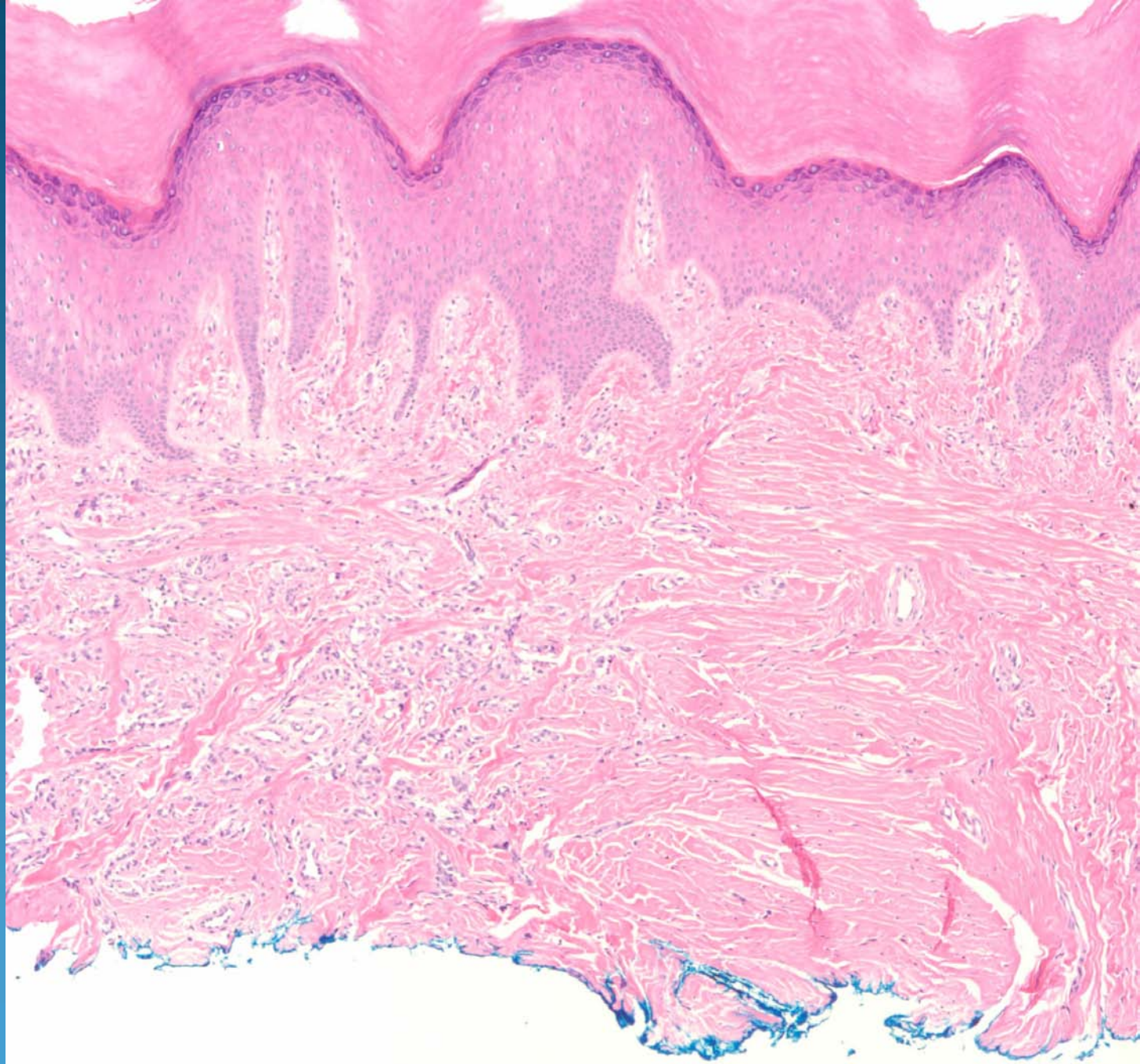
Extra-mammary Paget's Disease

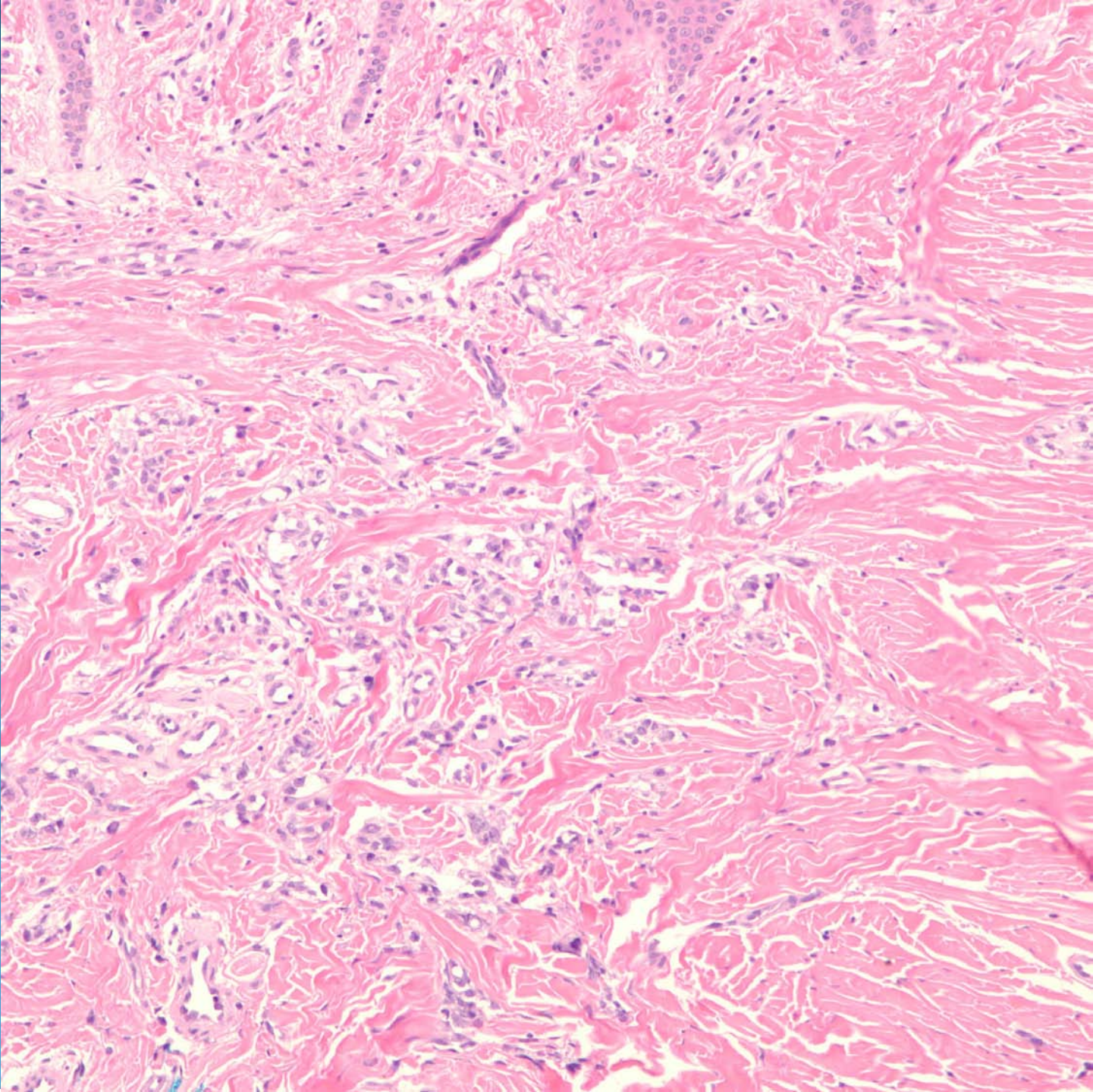
Pearls

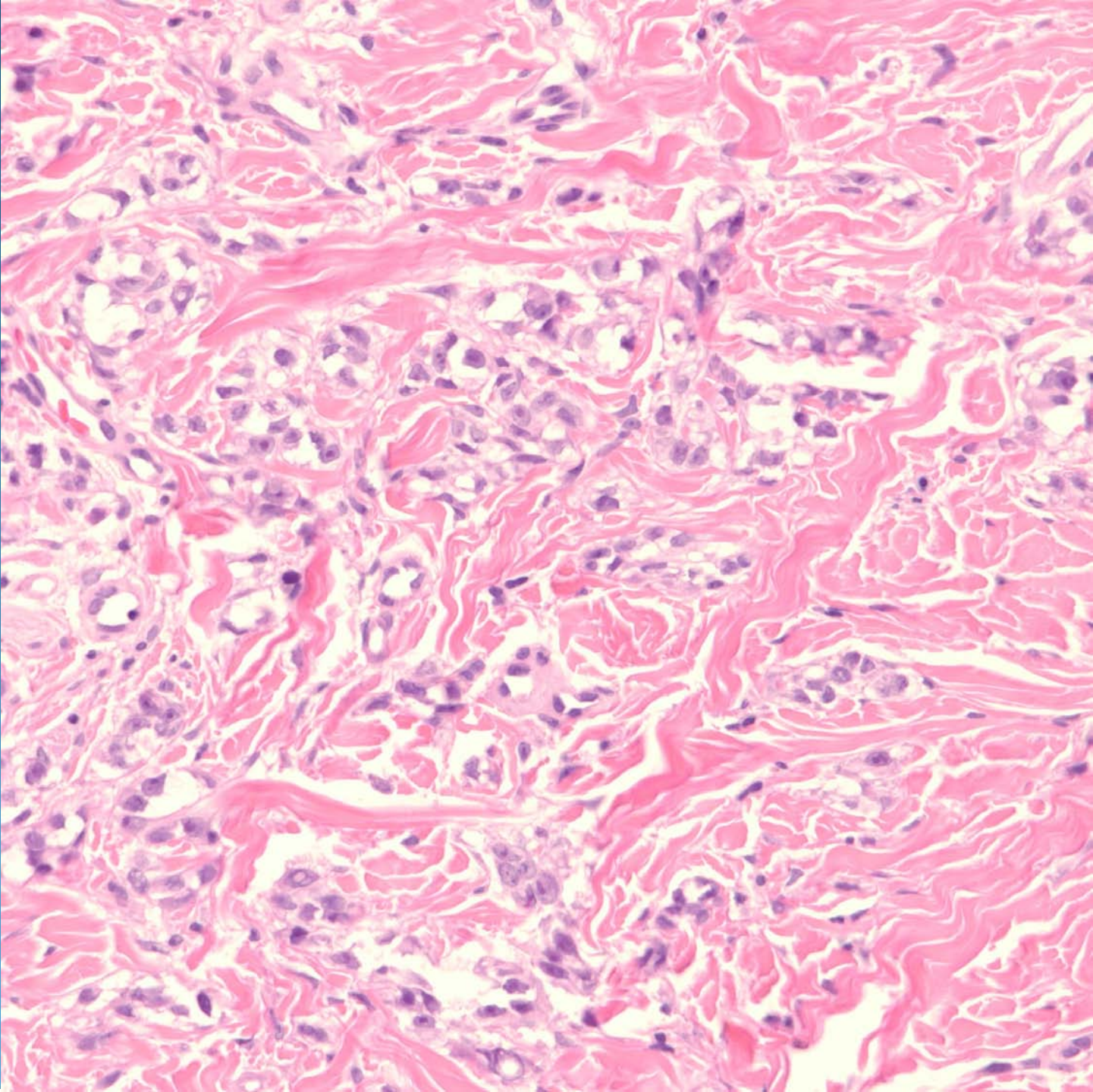


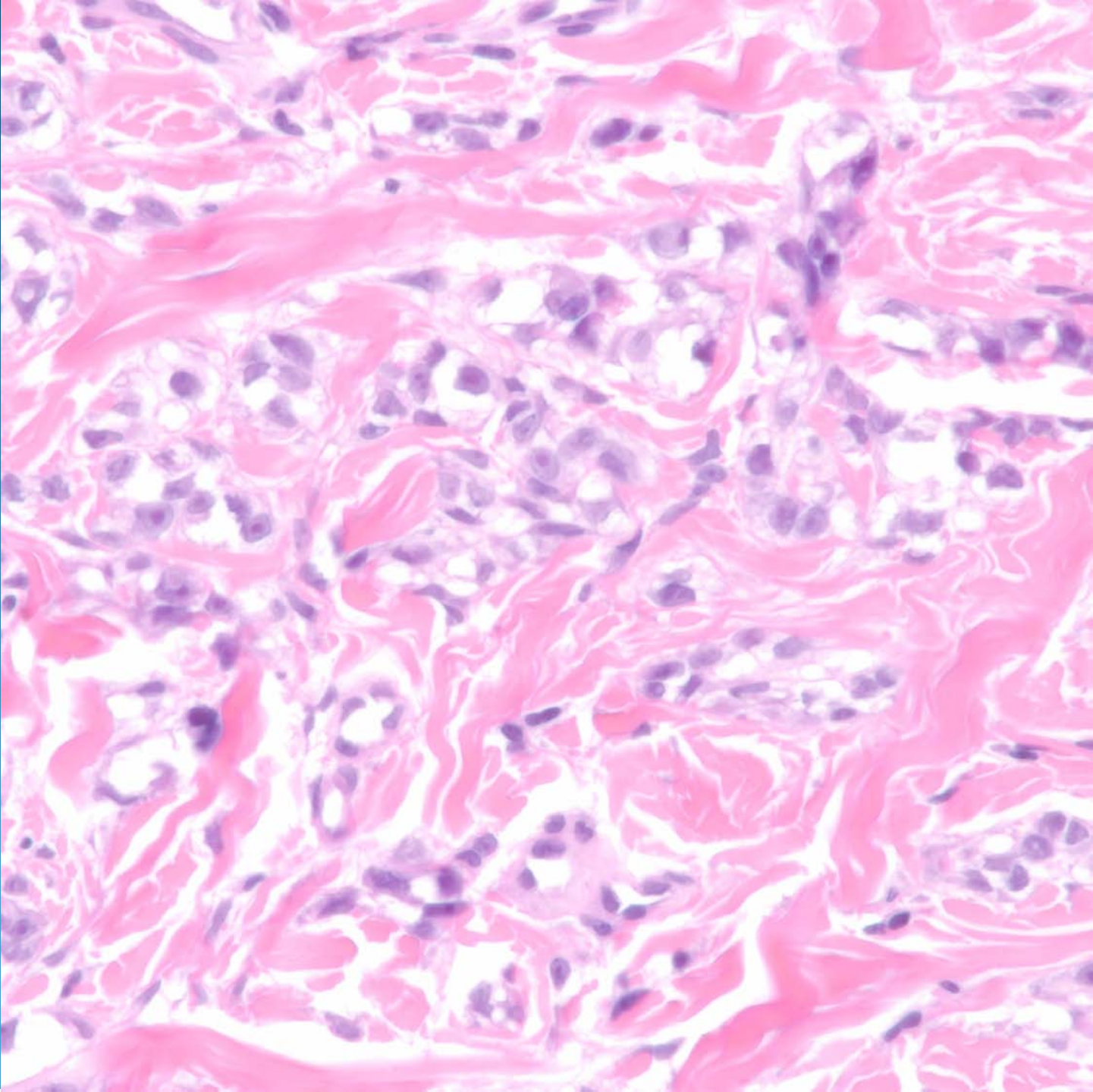
- Low power appearance of “buck-shot” pattern of large atypical epithelial cells
- Rarely glandular lumina
- Must exclude metastatic adenocarcinoma, melanoma, and Bowen’s disease
- Classic IHC positive for: CK7 and EMA



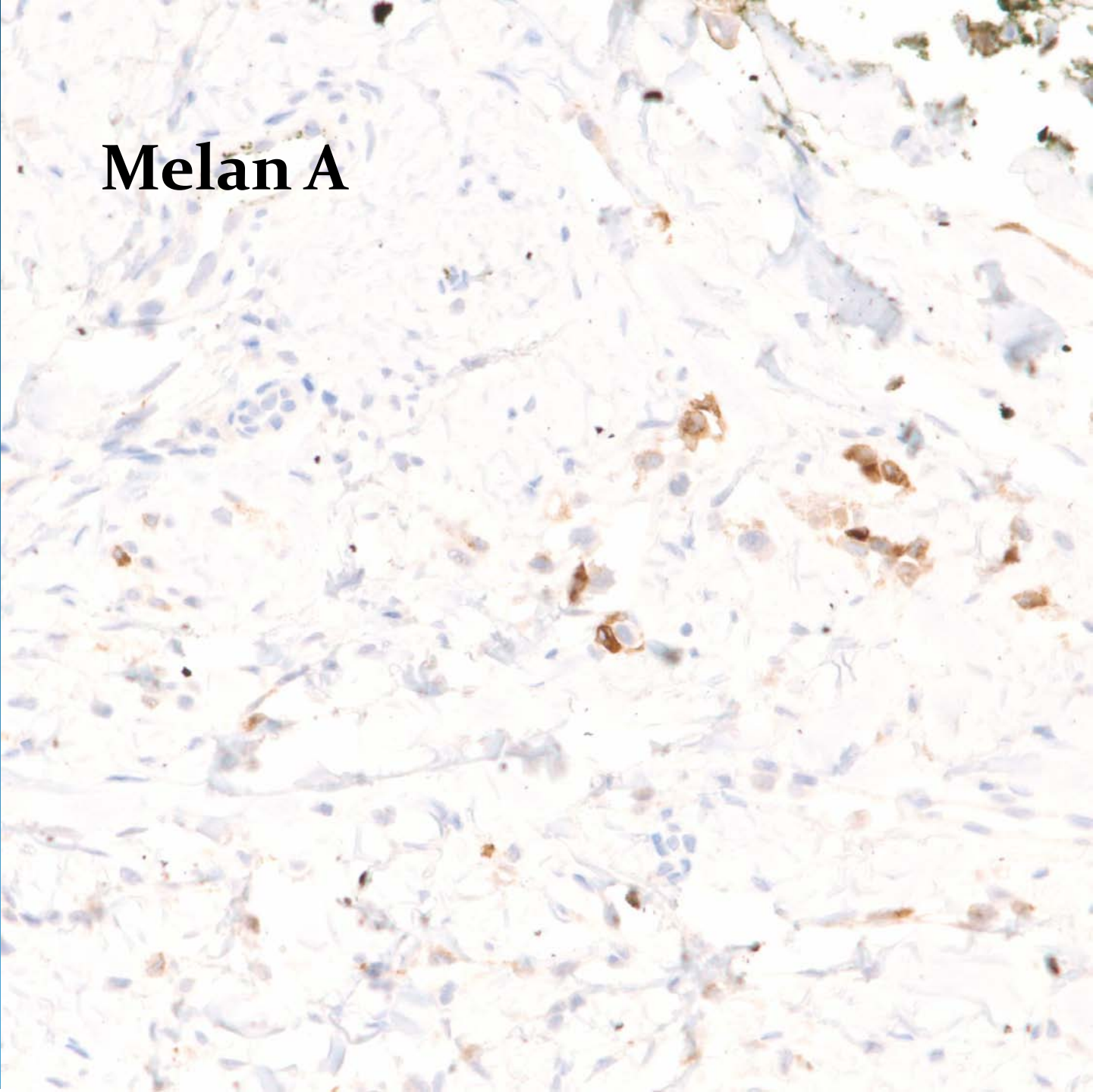






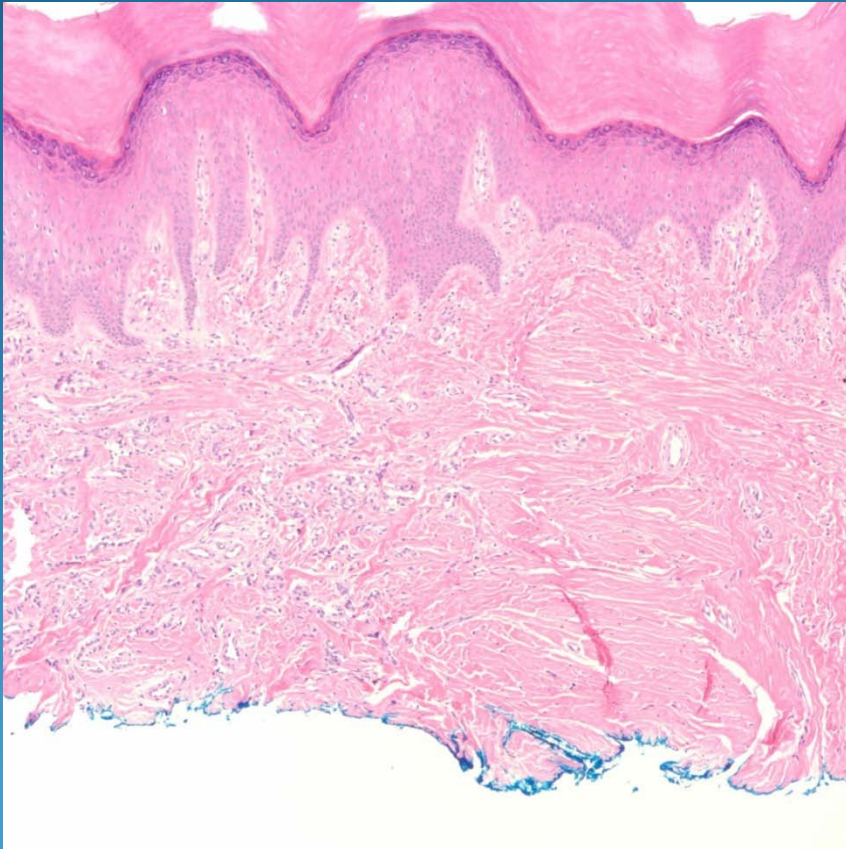


Melan A

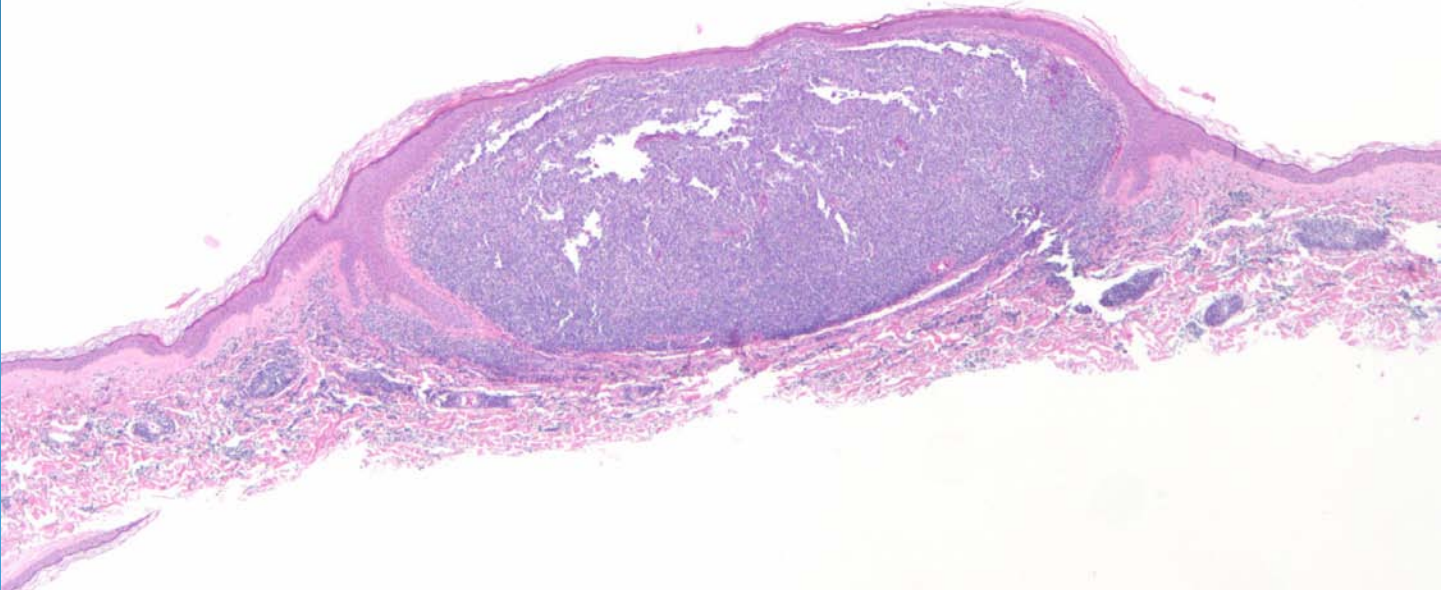
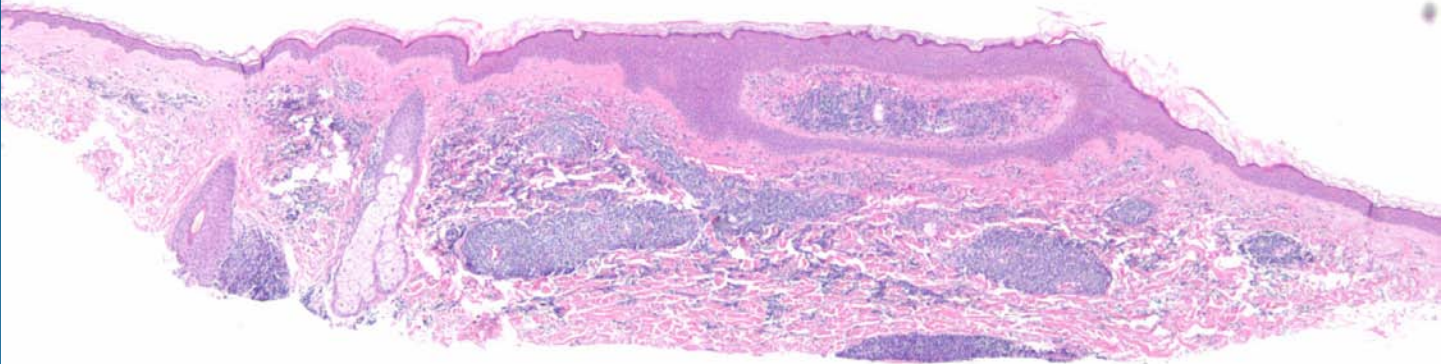


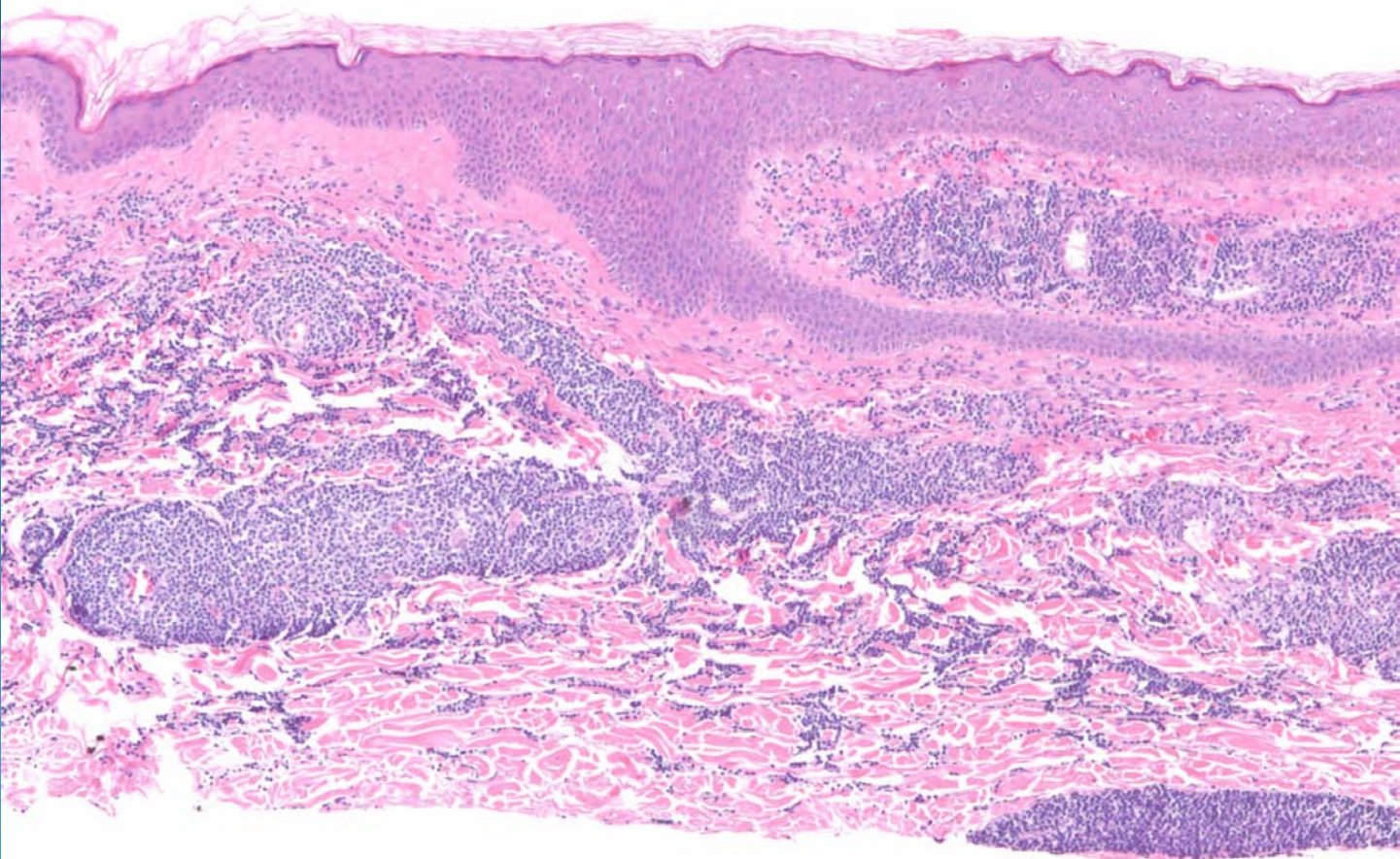
Recurrent Malignant Melanoma

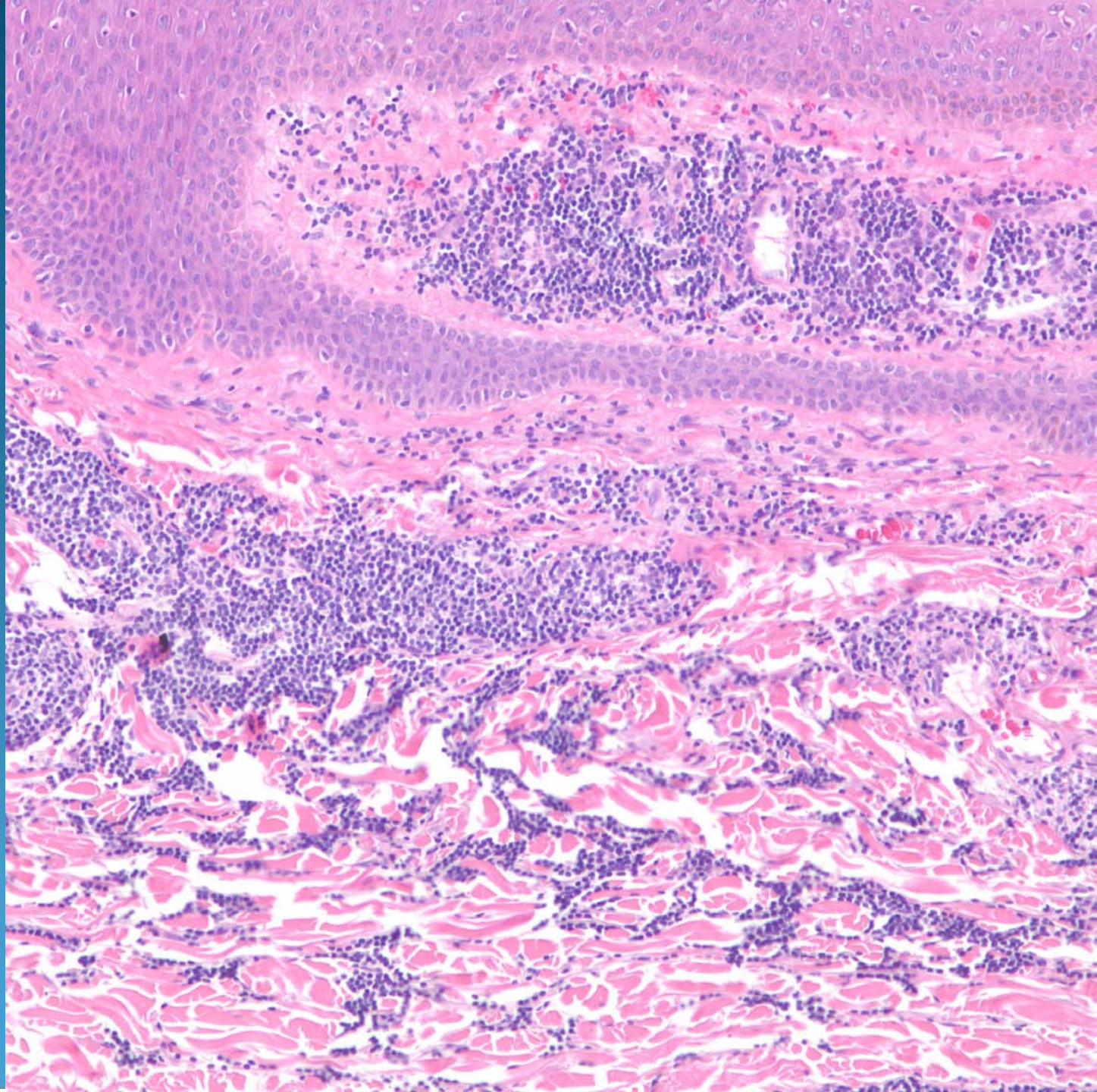
Pearls

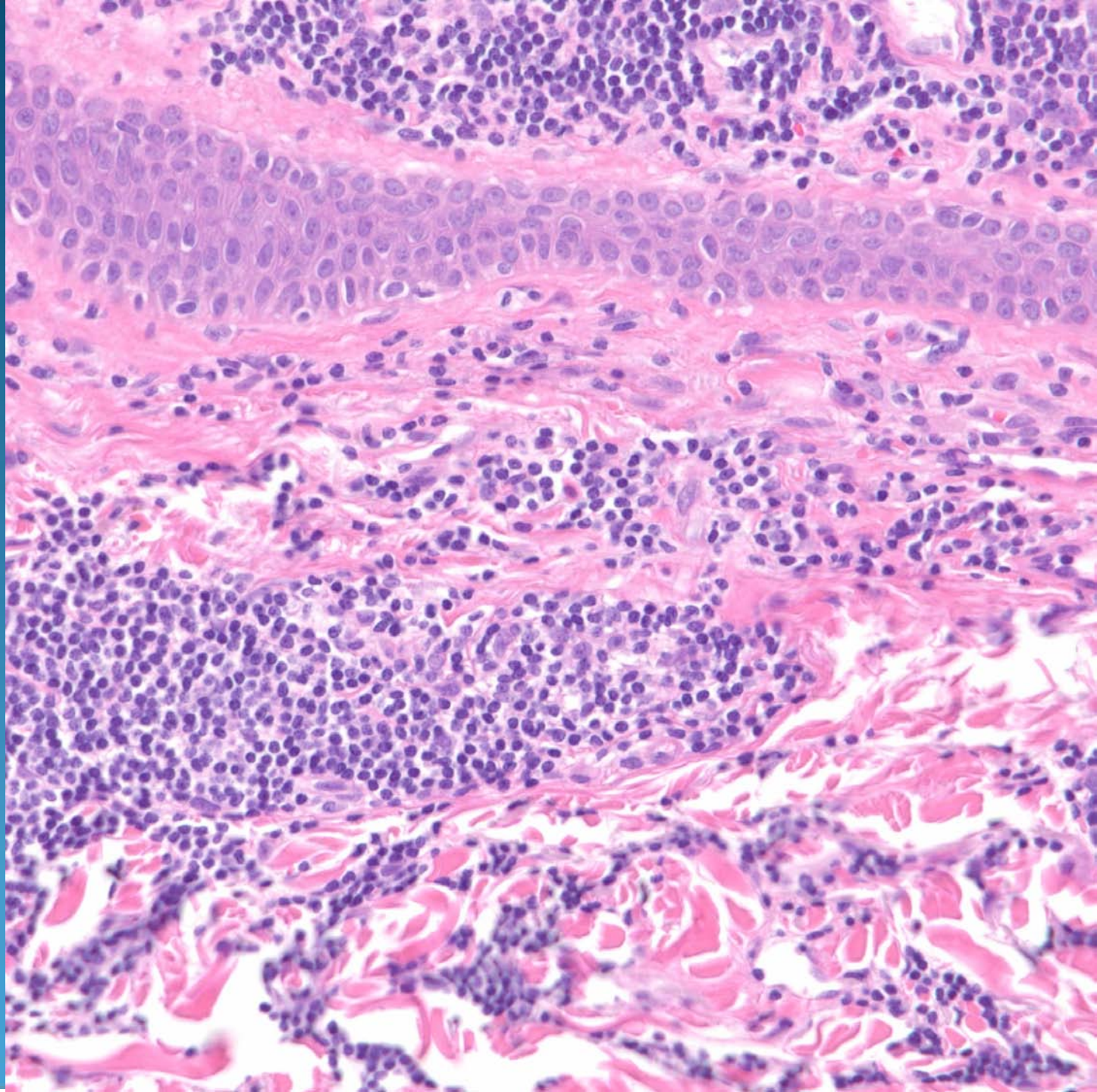


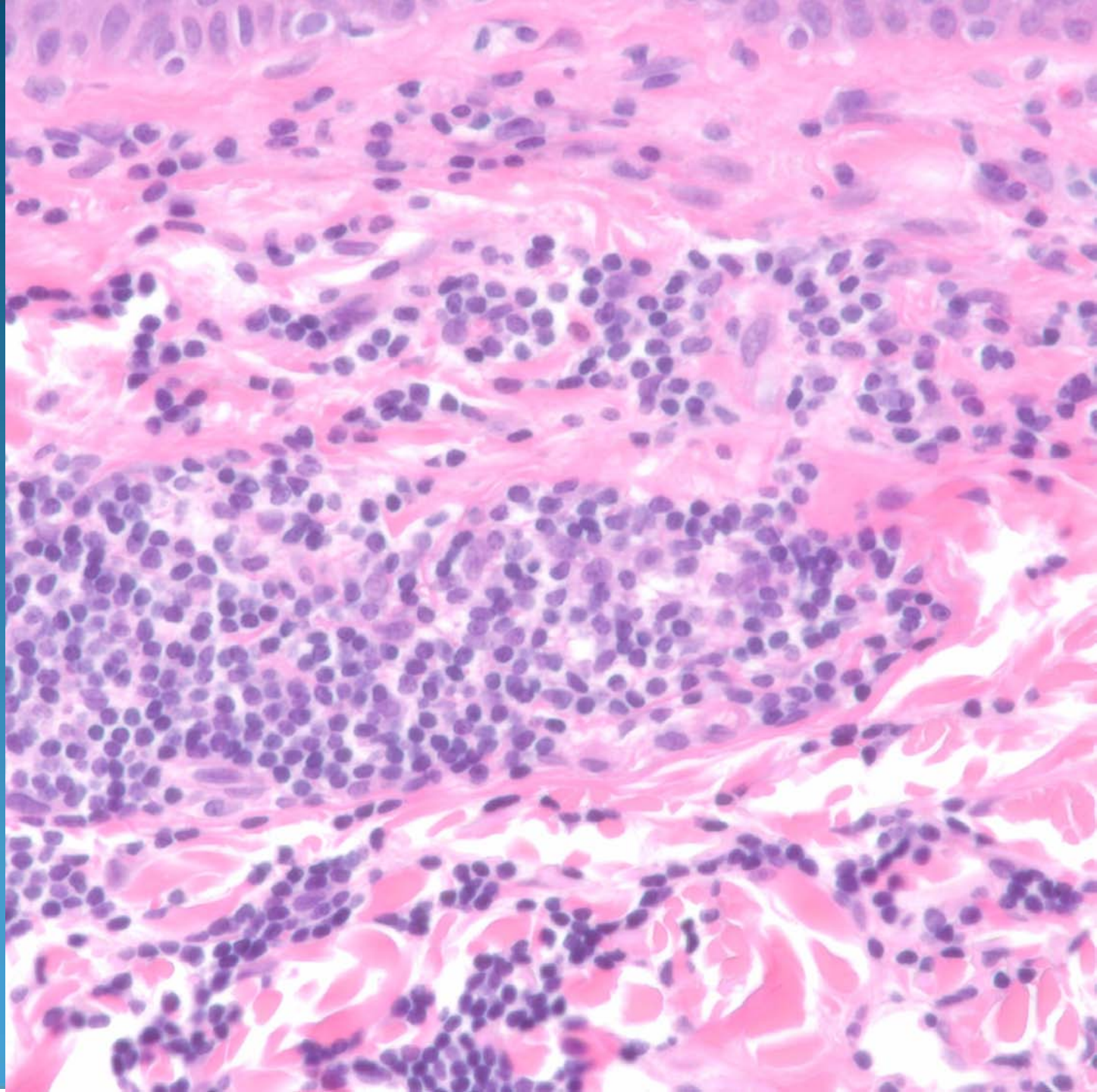
- Low power of scar with adjacent pleomorphic cells
- Usually lacks junctional connection
- Melanoma cells may lack pigment
- May need to confirm with IHC



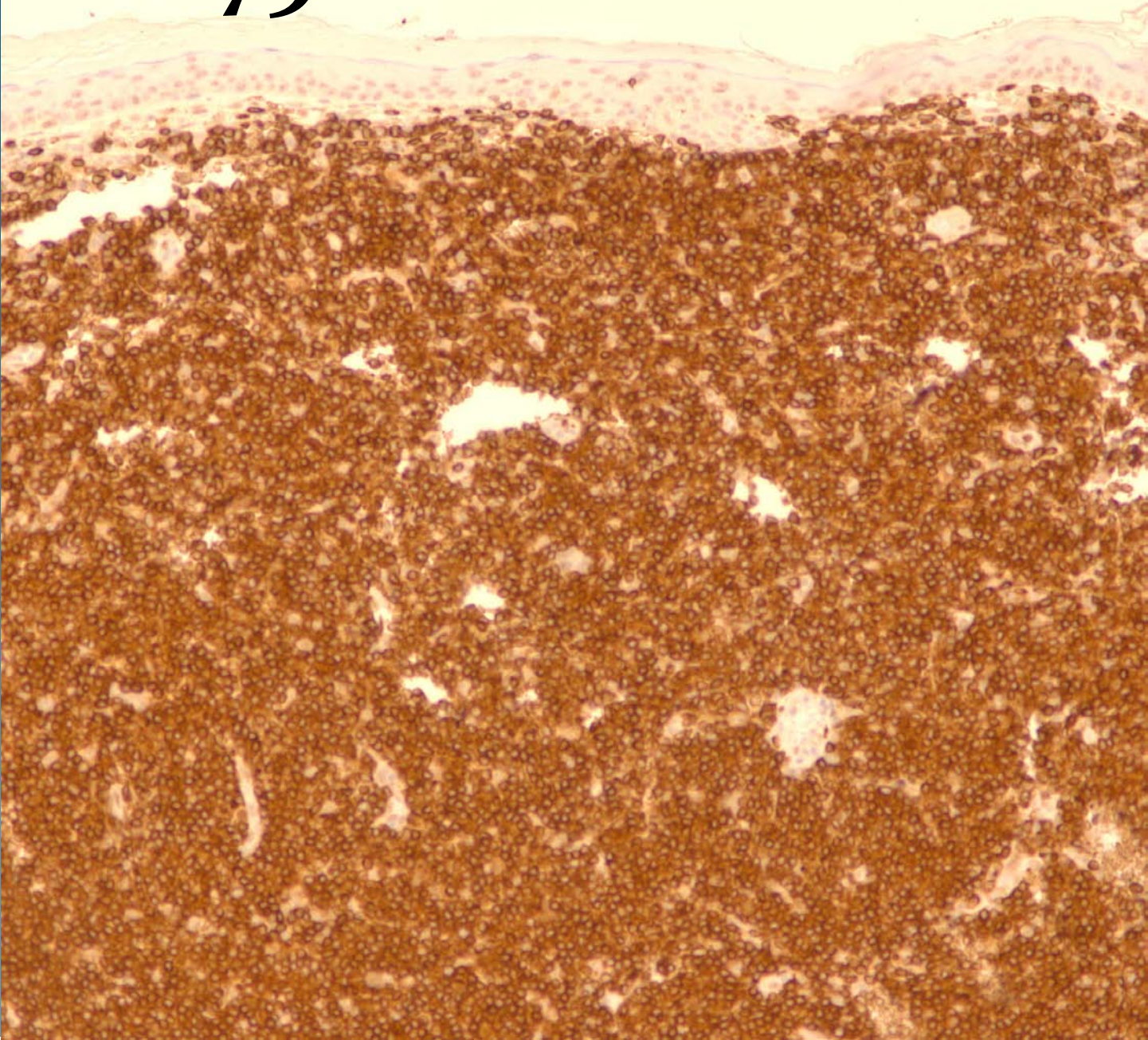




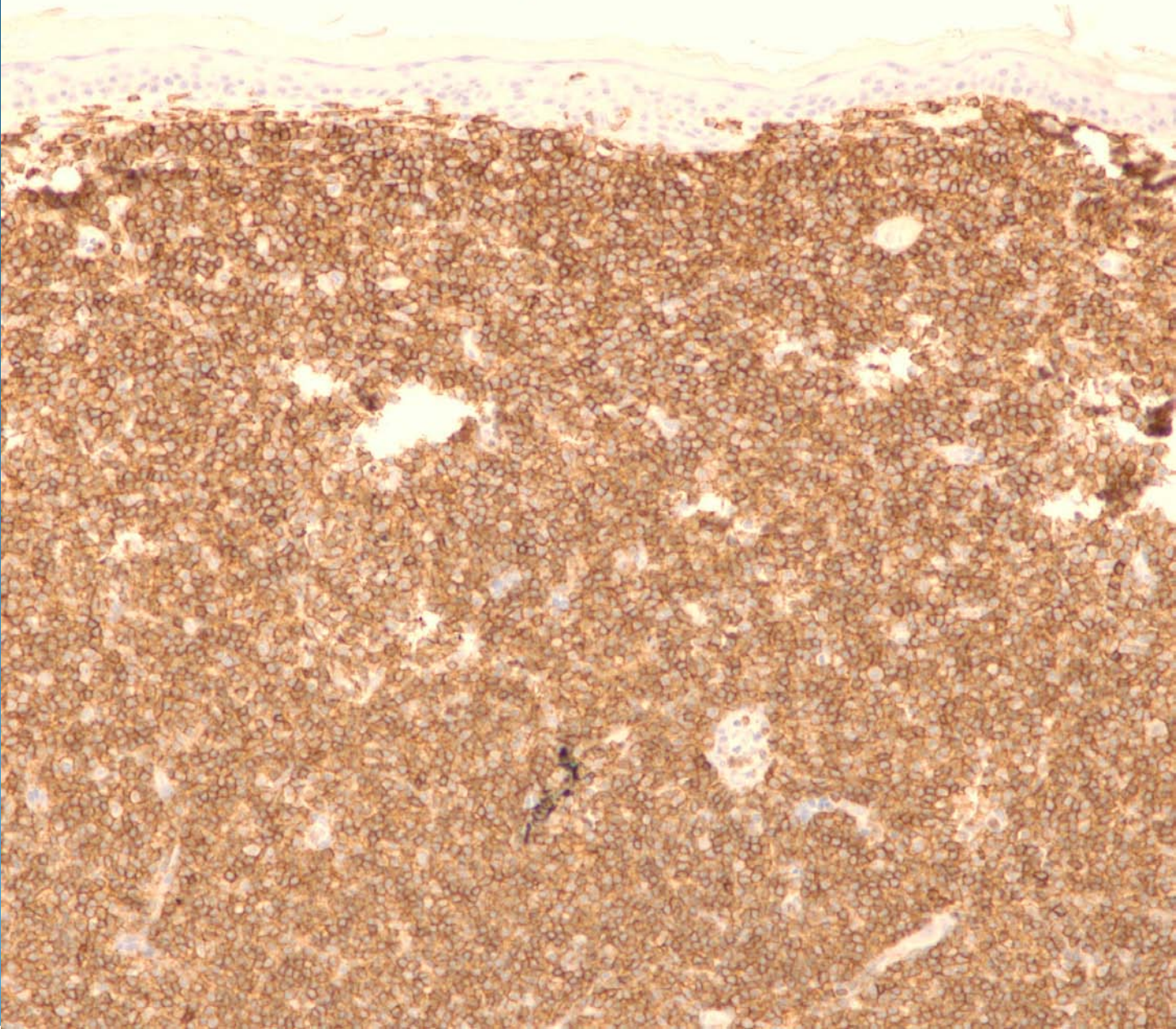




CD79

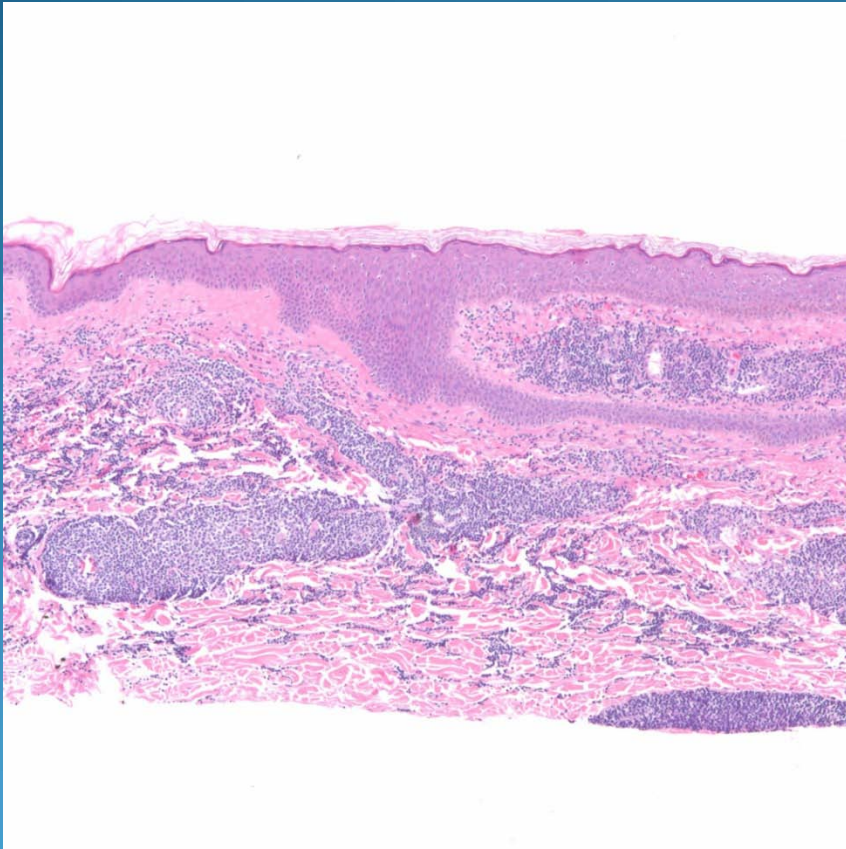


CD5

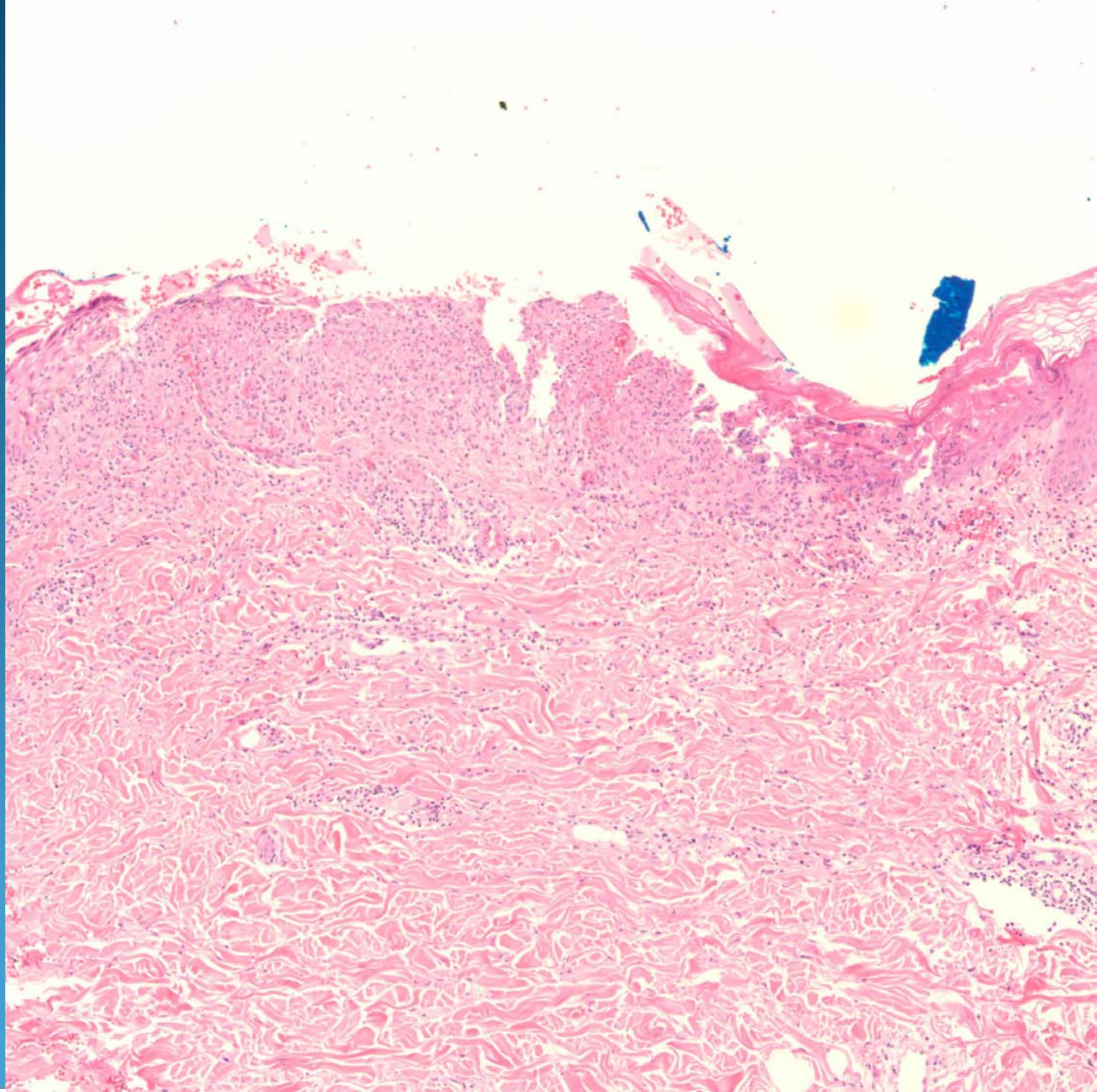


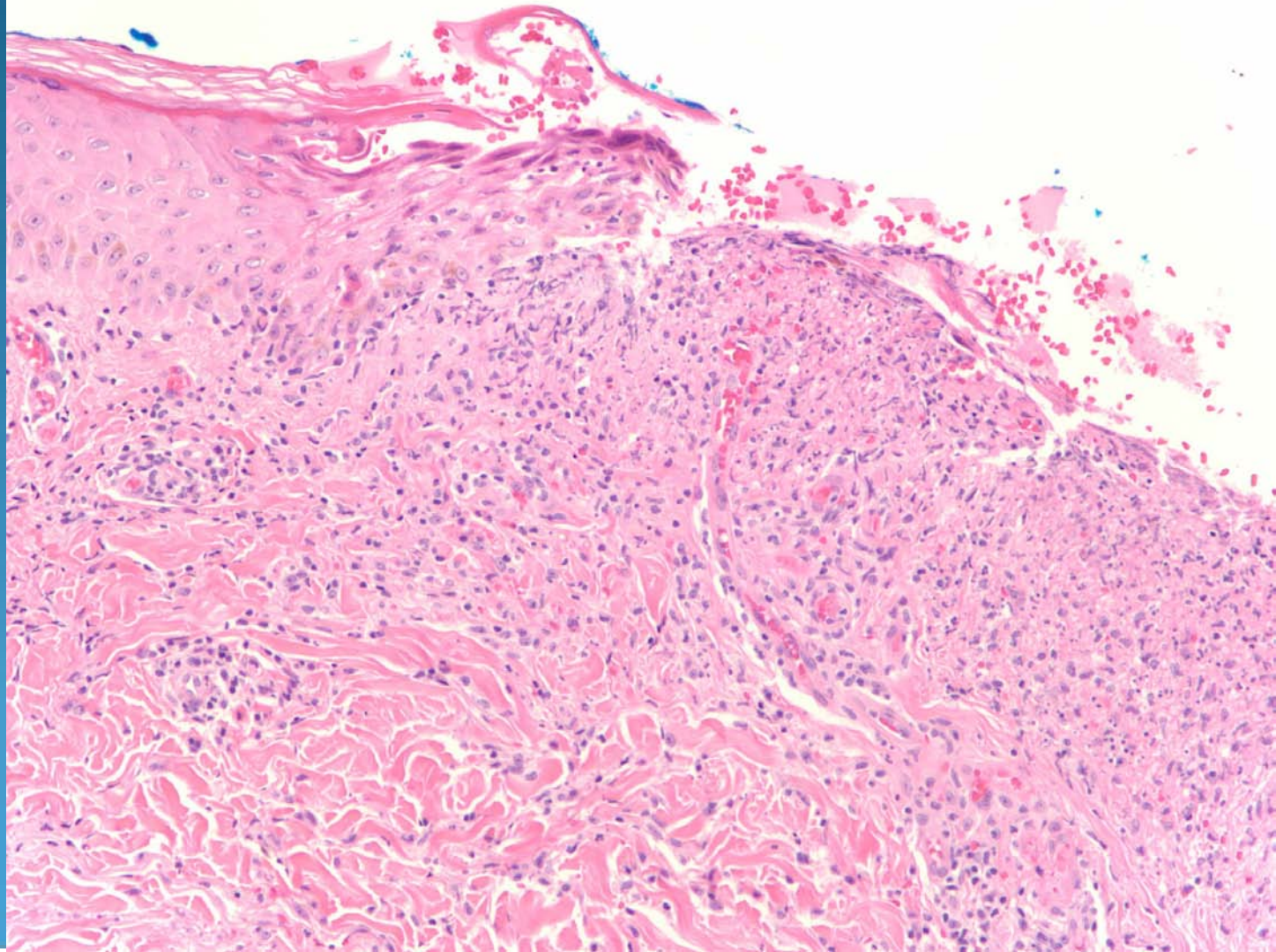
Leukemia Cutis Secondary to Chronic Lymphocytic Leukemia

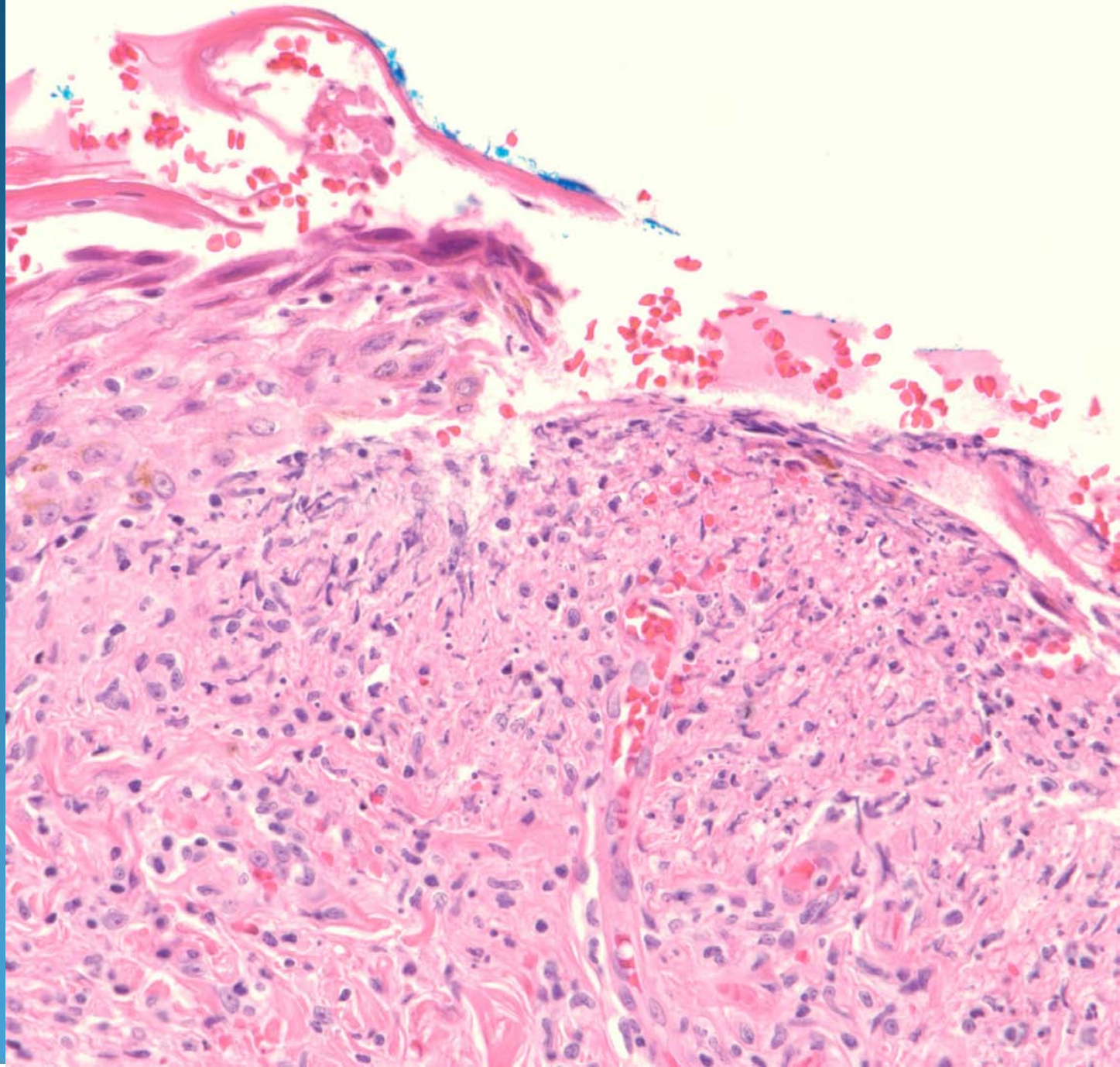
Pearls

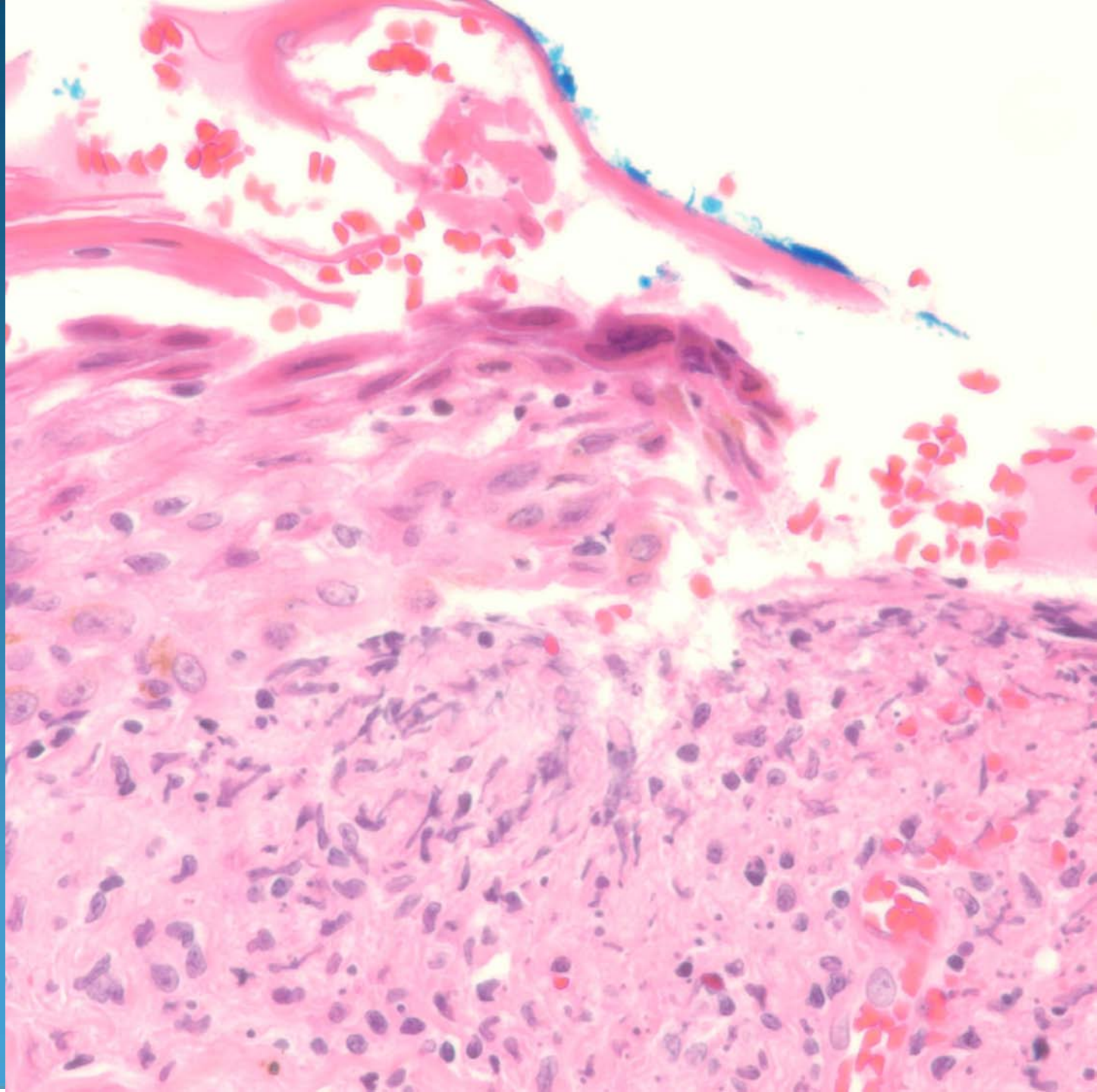


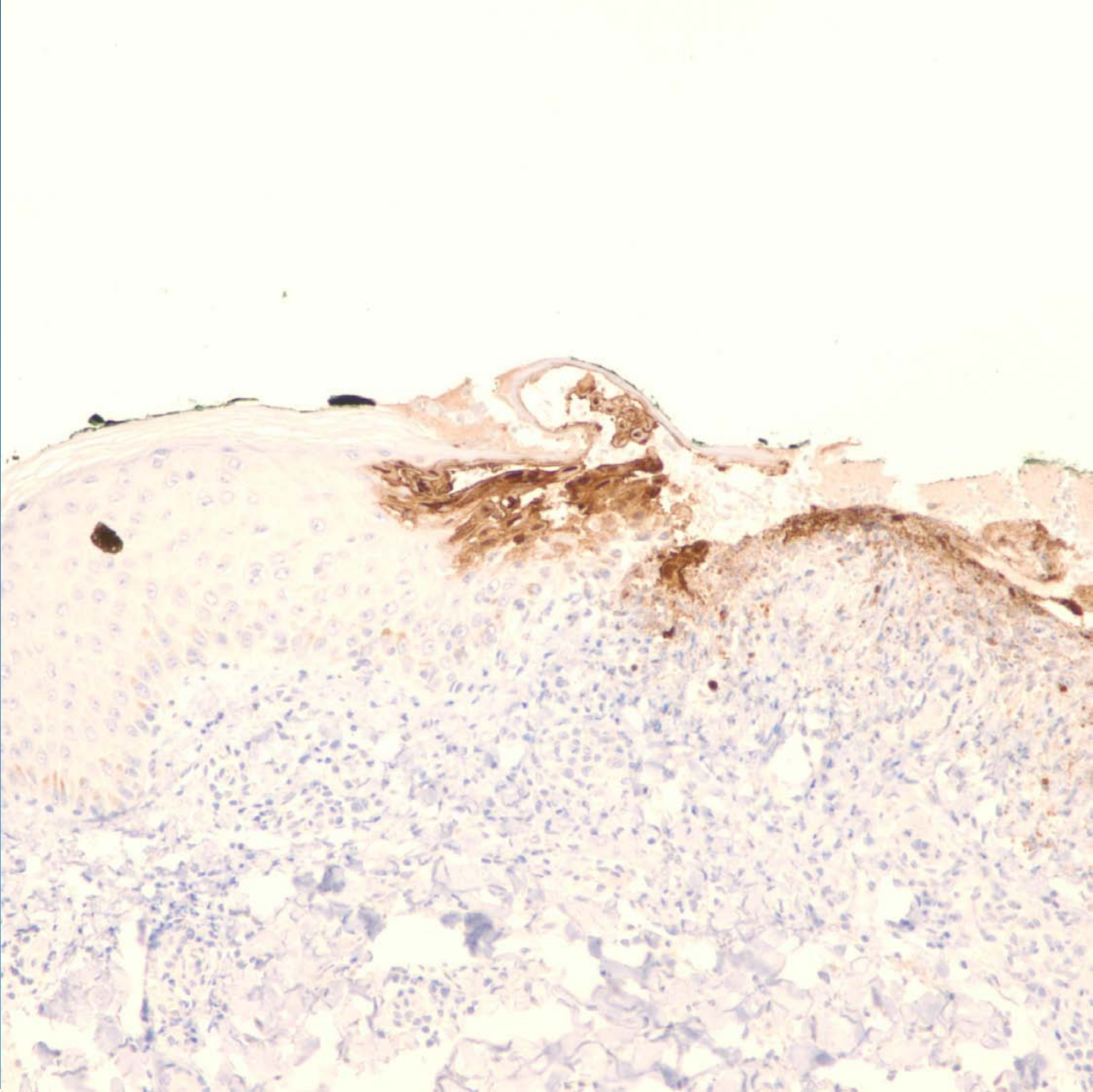
- Dense lymphocytic infiltrate, usually extending into deep dermis
- Monomorphic cells
- Clinical-pathologic correlation
- Confirm with IHC-CD5 often co-expressed in CLL cases





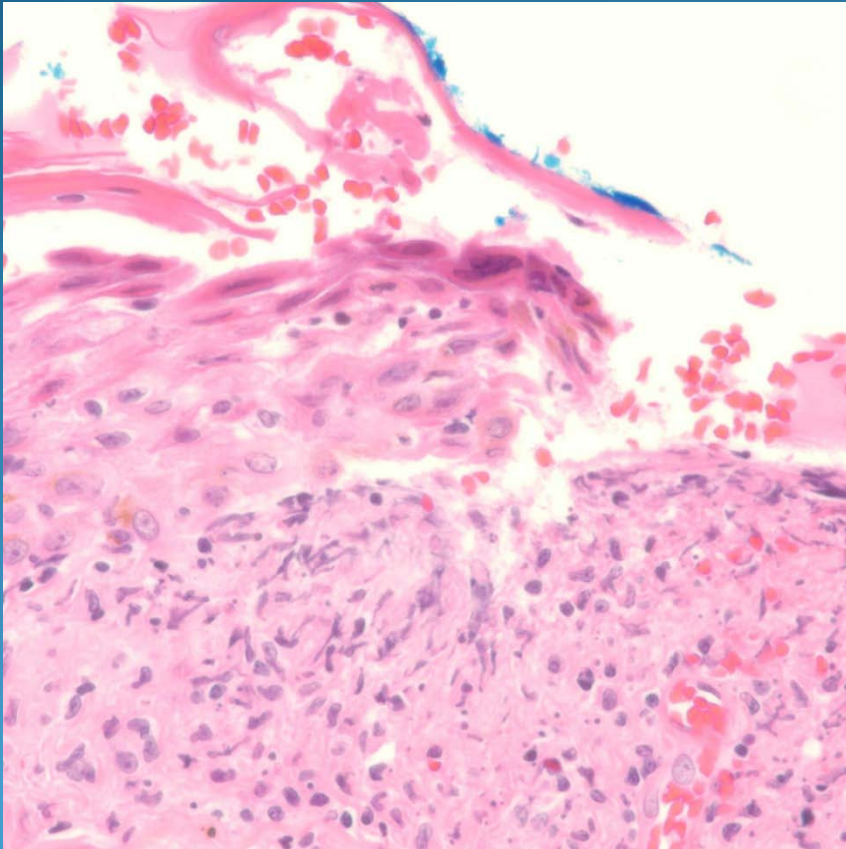






Herpes Simplex Virus Infection

Pearls



- Intraepidermal blister with acantholytic cells
- Viral cytopathic changes with multinucleation and chromatin margination
- May confirm with Ab to HSV 1/2