



WILL SMITH
IS JAMES WEST

KEVIN KLINE
IS ARTEMUS GORDON



WILD WILD WEST

IT'S A WHOLE NEW WEST. JULY '99

AND **KENNETH BRANACH**

WARNER BROS. PRESENTS

A PETERS ENTERTAINMENT / SONNENFELD-JOSEPHSON PRODUCTION IN ASSOCIATION WITH TOOMAN, SIMON, LEMASTERS PRODUCTIONS A BARRY SONNENFELD FILM: WILL SMITH KEVIN KLINE
KENNETH BRANACH SALMA HAYEK "WILD WILD WEST" ADAPTED BY ELMER BERNSTEIN PRODUCED BY GRAHAM PLACE WRITTEN BY JIM MILLER PRODUCED BY BO WELCH DIRECTED BY MICHAEL BALLHAUS A.S.C. EXECUTIVE PRODUCERS BILL TOOMAN, JR.
JOEL SIMON, KIM LEMASTERS, TRACY GLASER, BARRY JOSEPHSON PRODUCED BY JIM THOMAS & JOHN THOMAS SCREENPLAY BY S.S. WILSON & BRENT MADDOCK AND JEFFREY PRICE & PETER S. SEAMAN
DIRECTED BY BARRY SONNENFELD



www.wildwildwest.com



P/A Original Scan

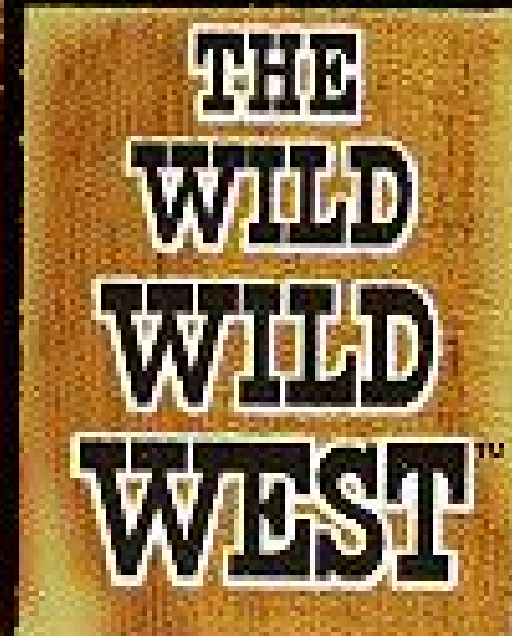
The Wild Wild West!

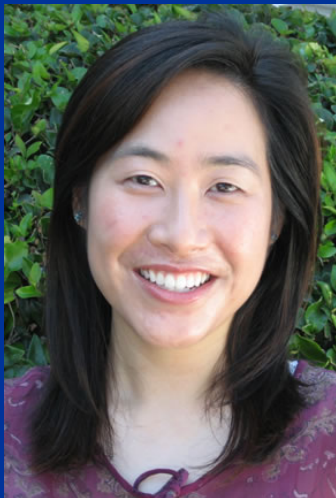
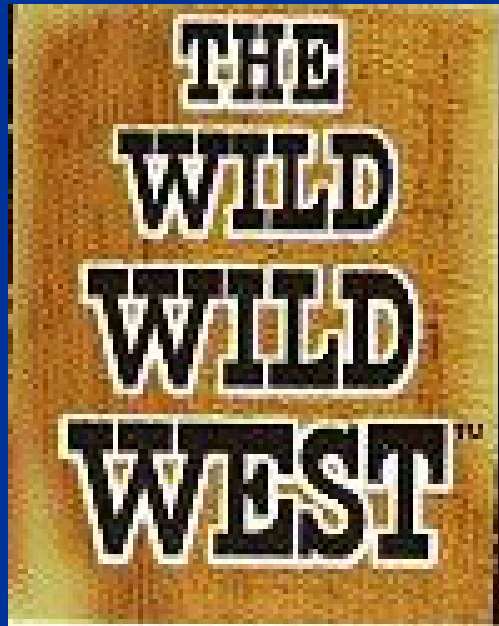
Great Dermatopathology Cases from the West Coast!

Paul K. Shitabata, M.D.

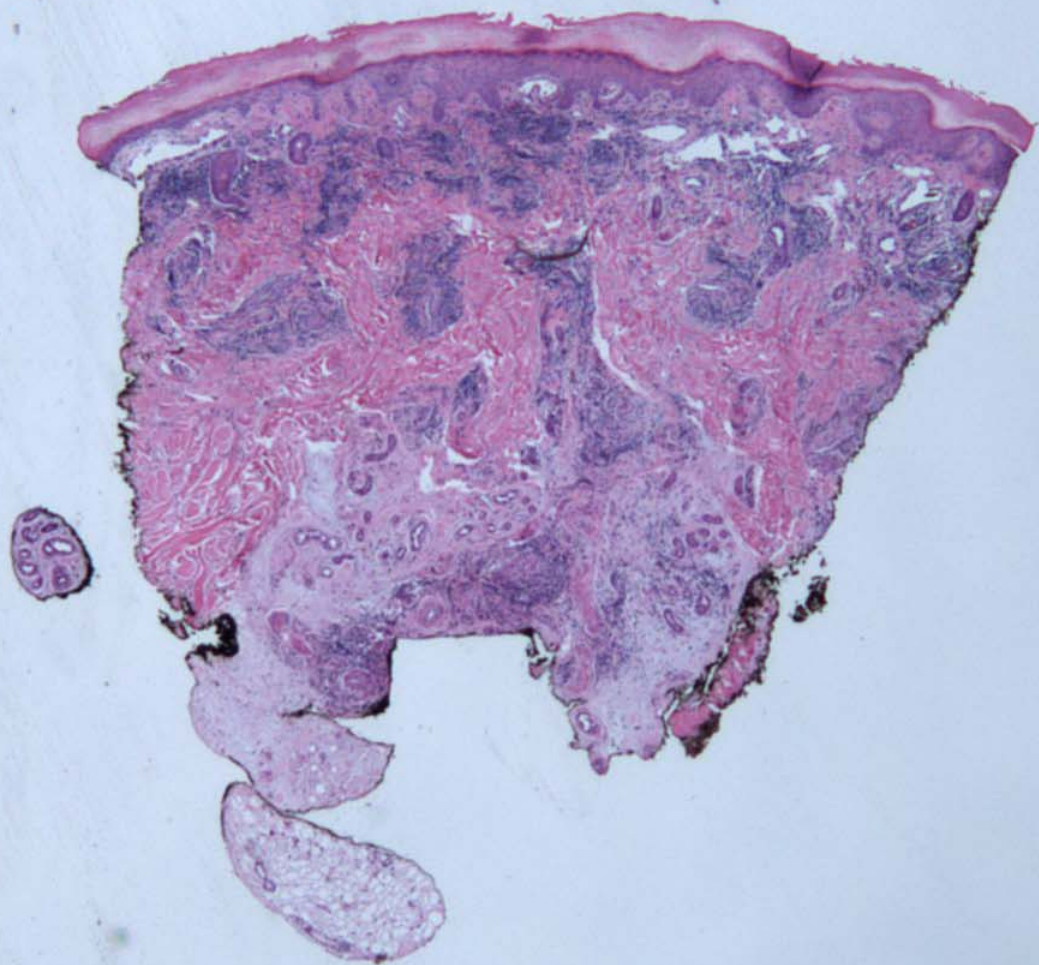
Dermatopathologist

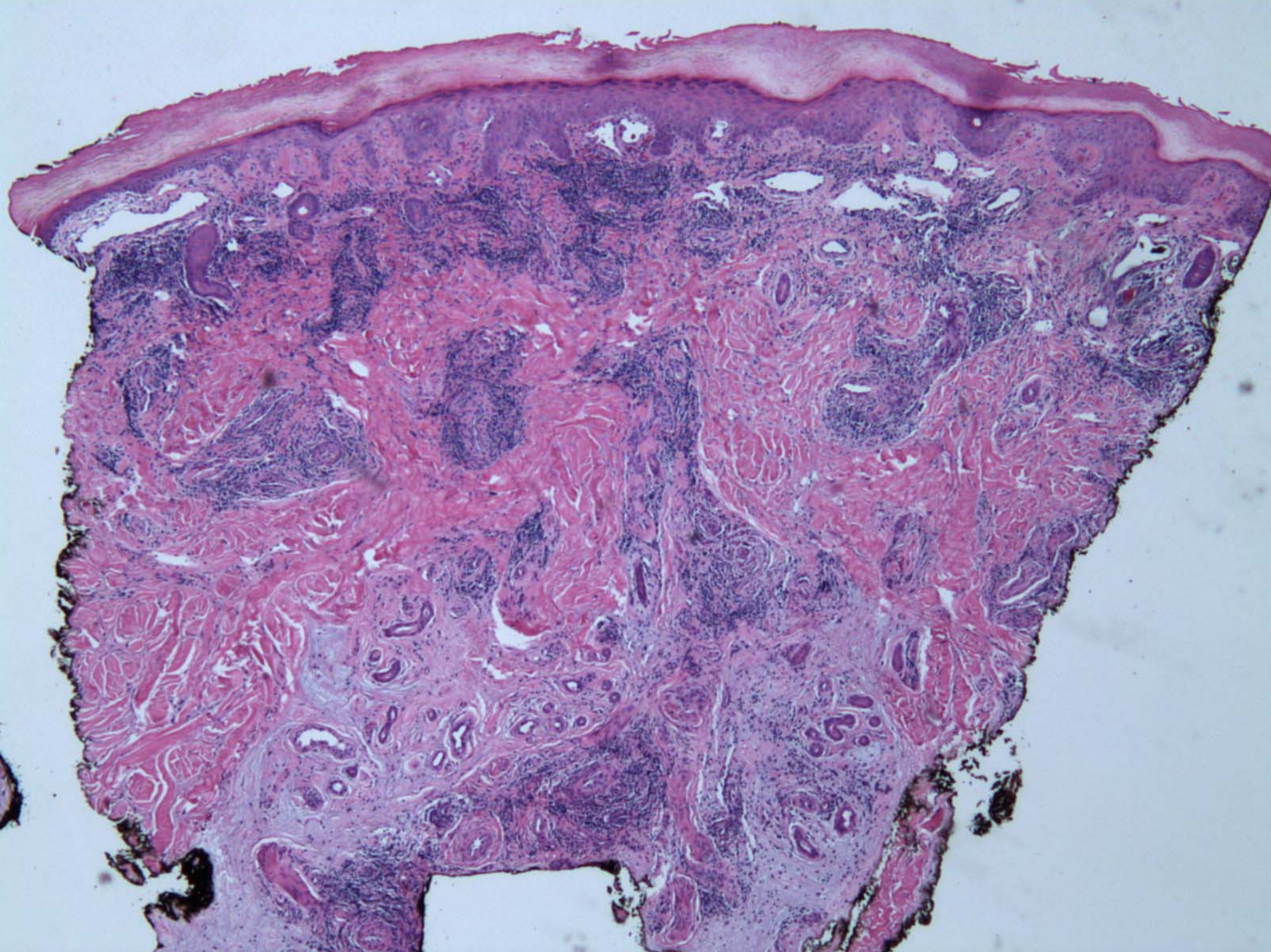
Pathology Inc./Harbor-UCLA

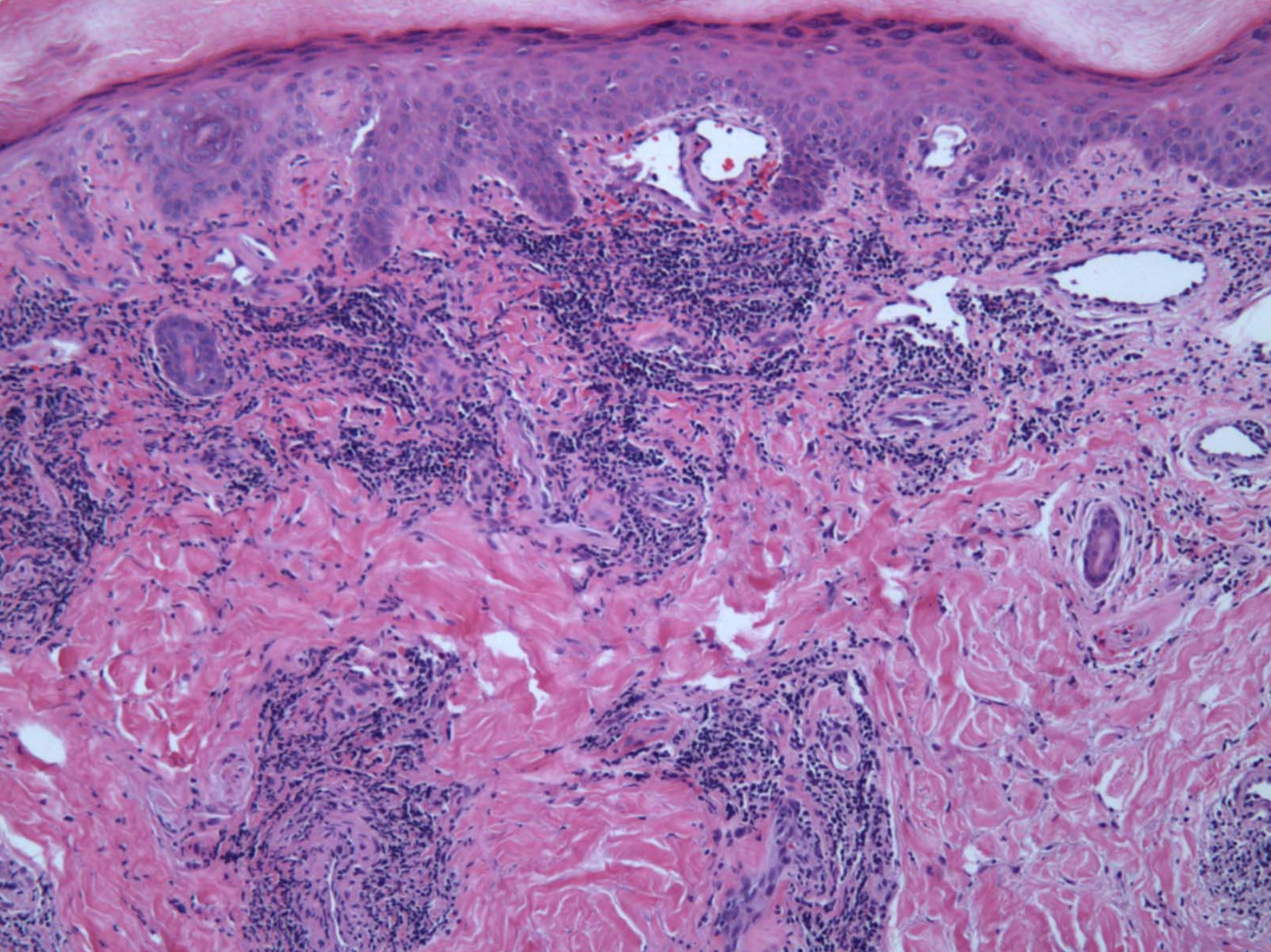


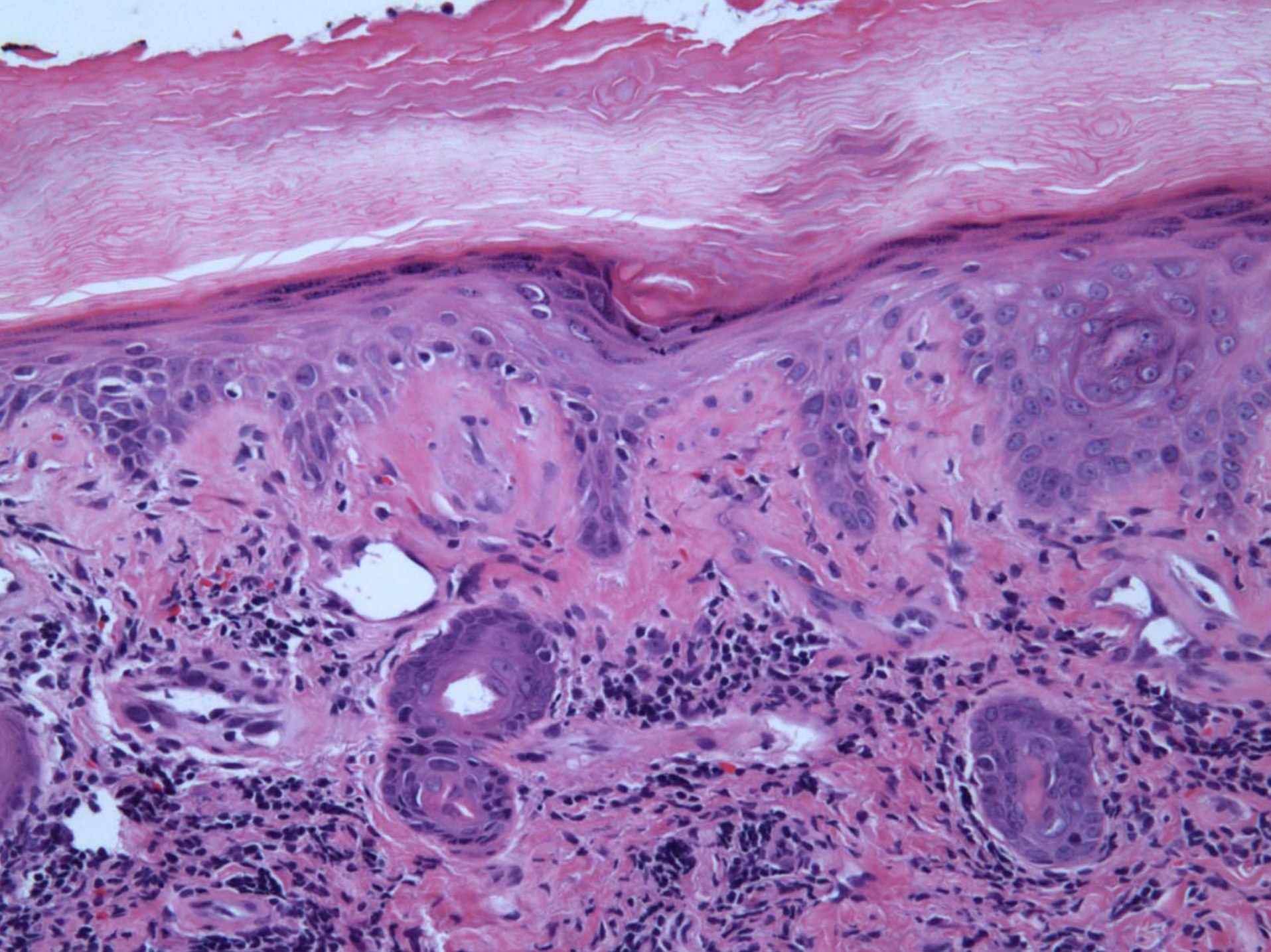


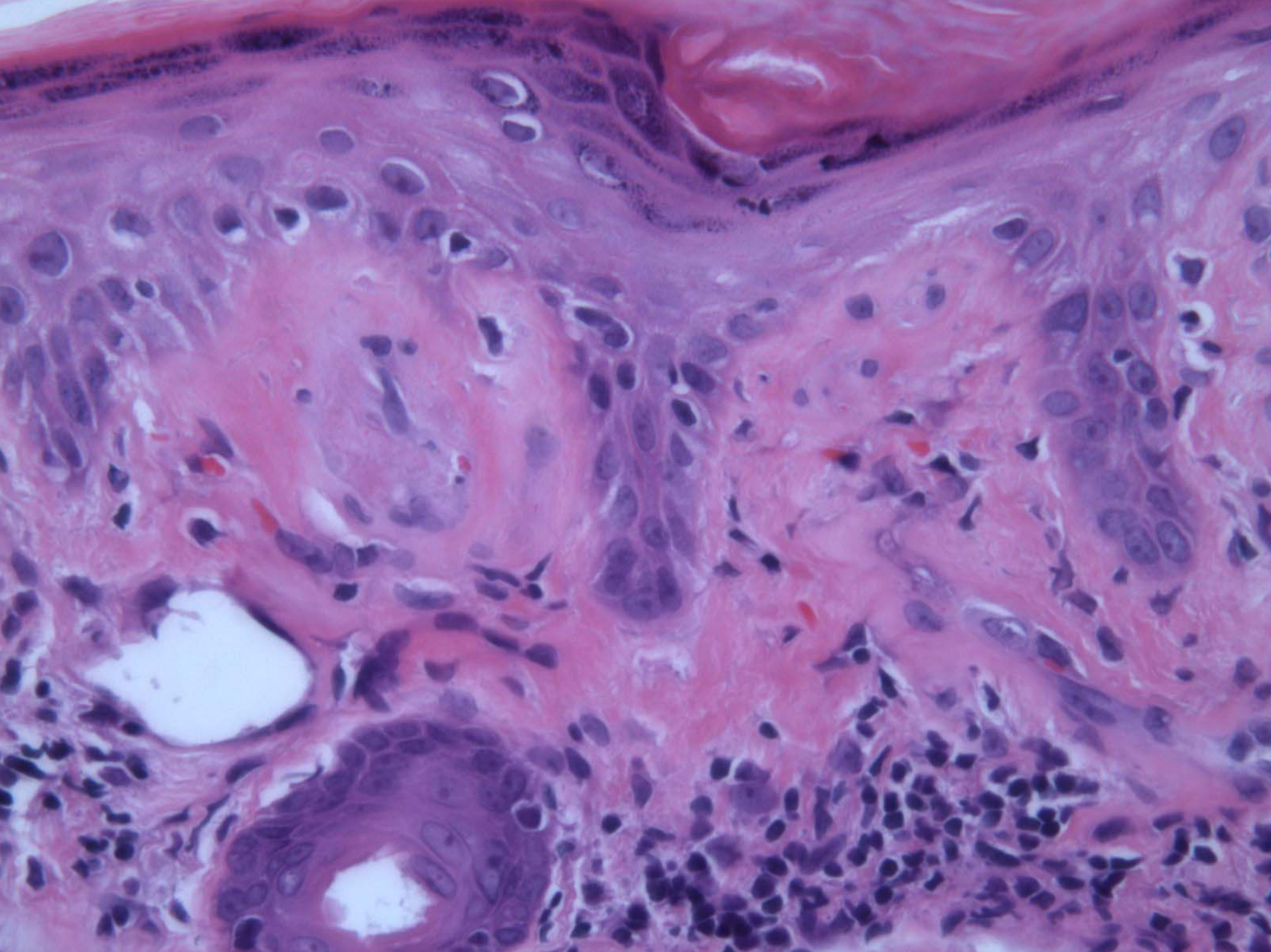
42 year old woman
Painful nodules on feet

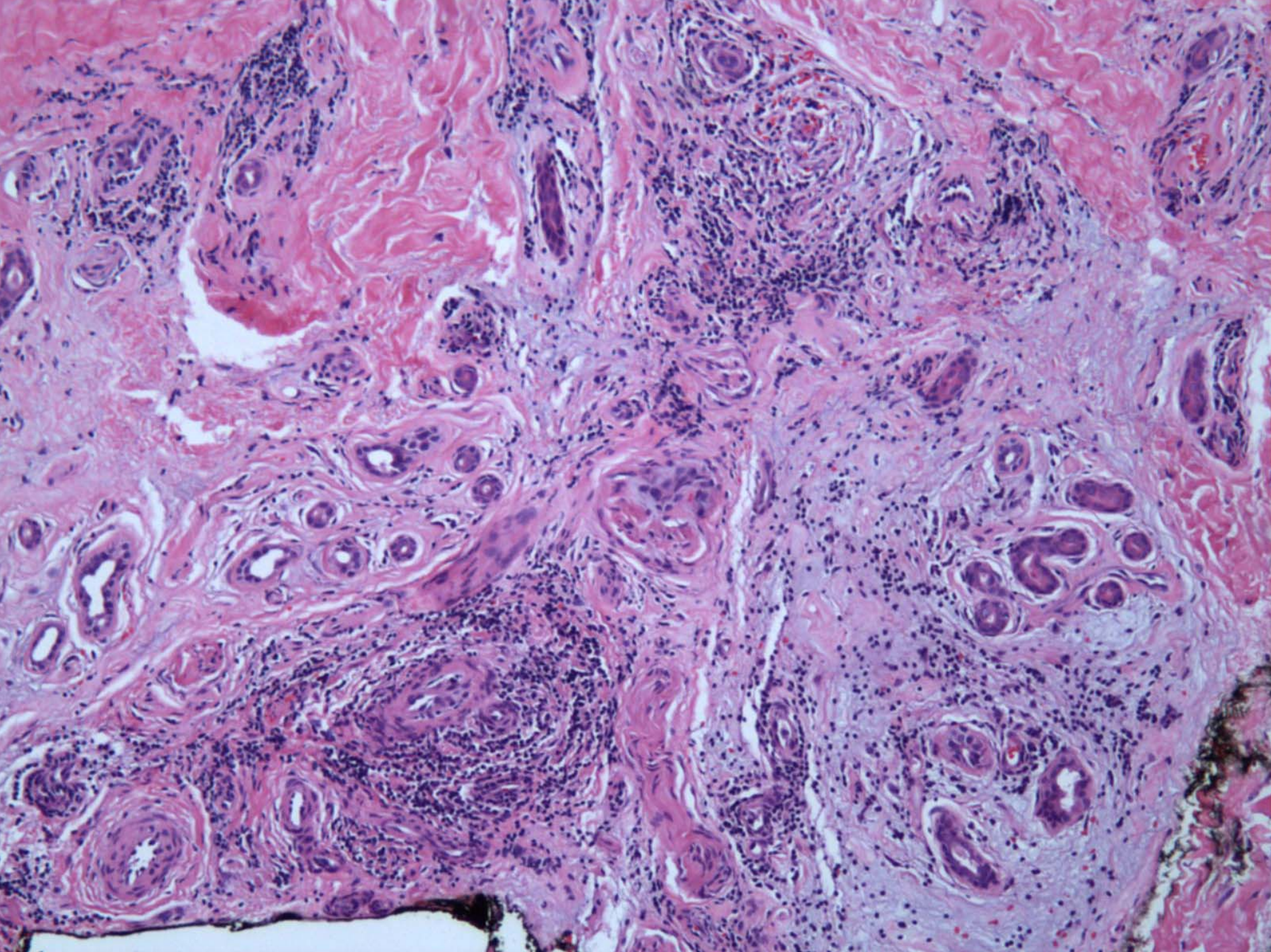


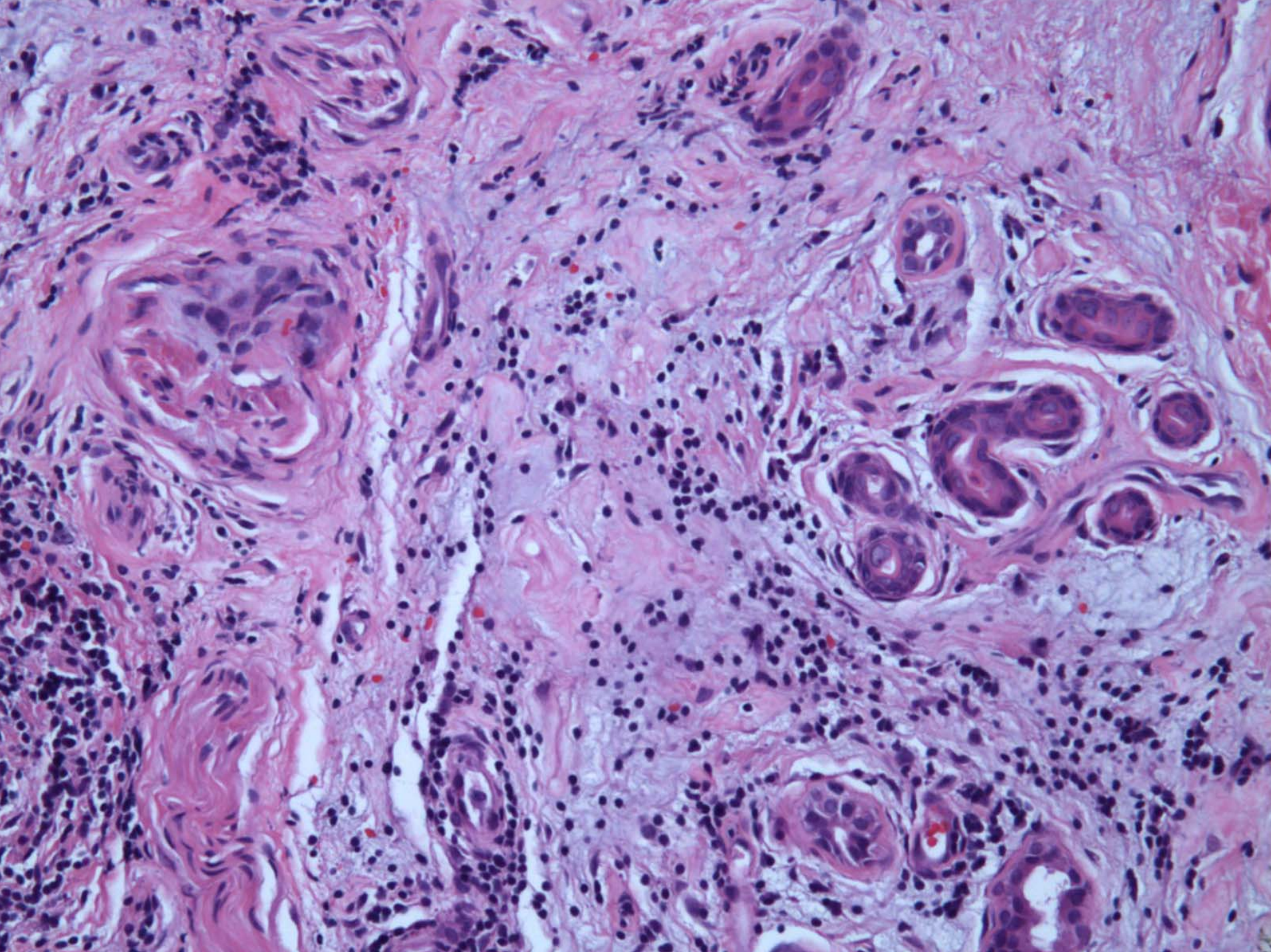


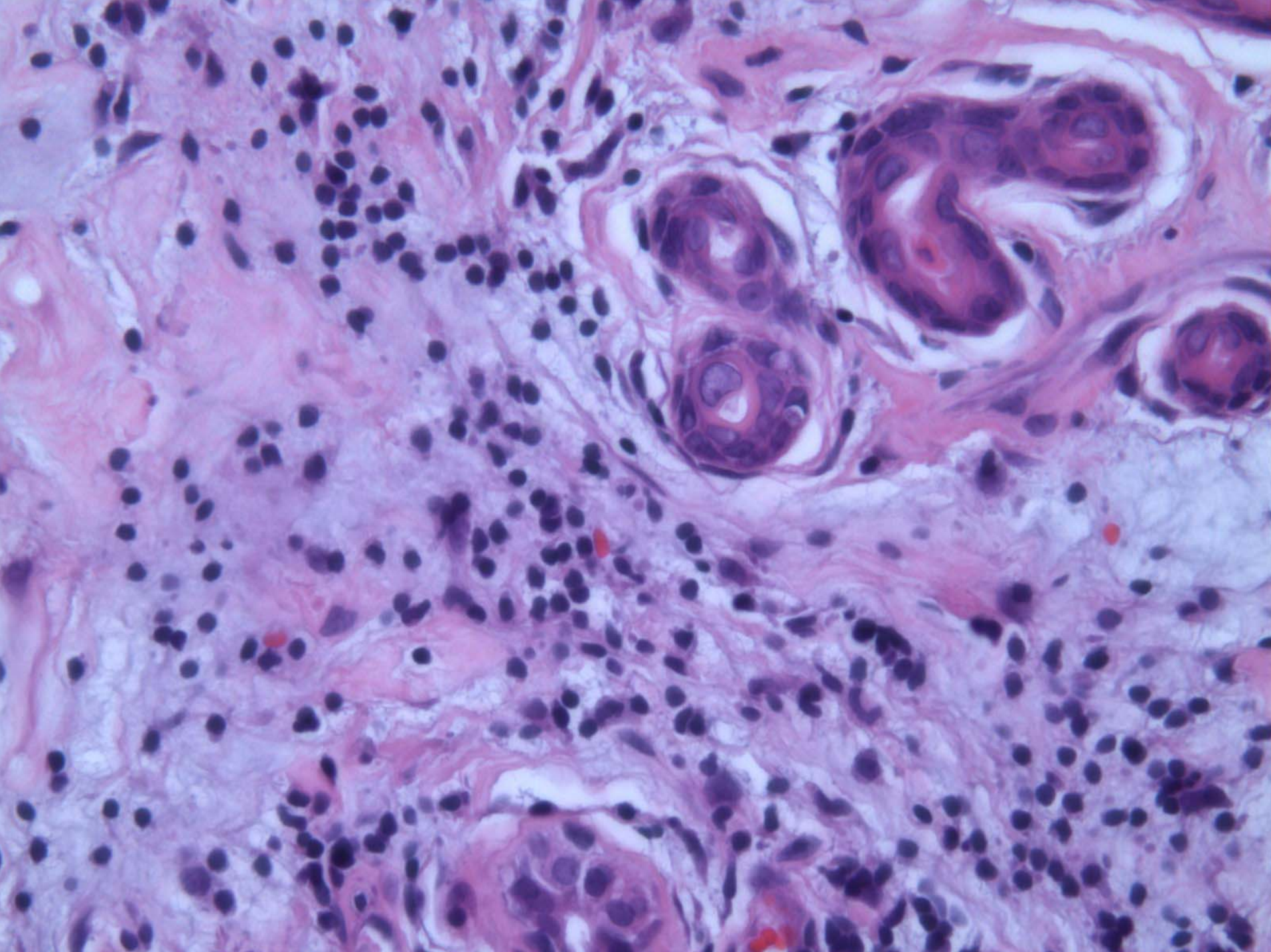


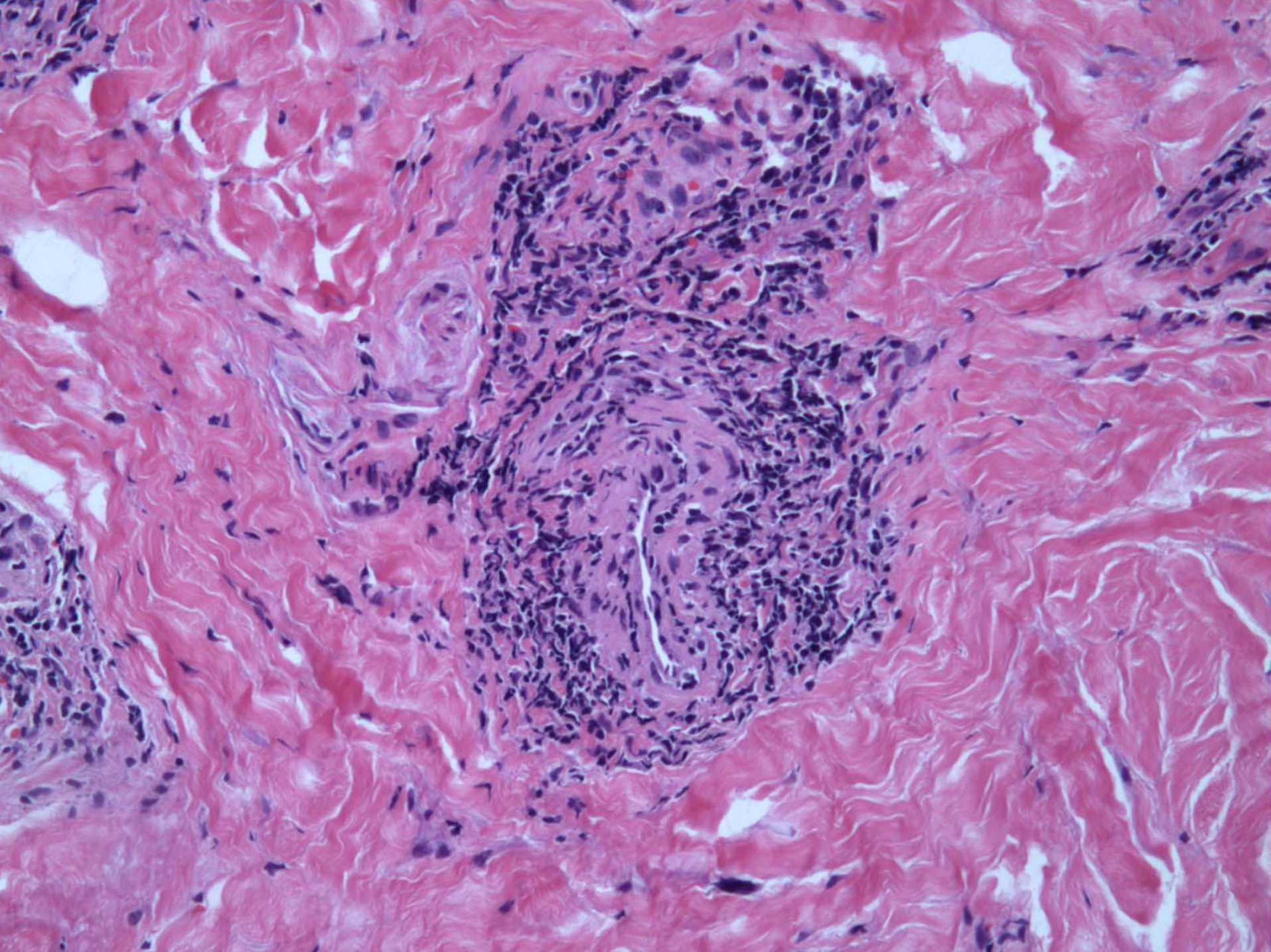


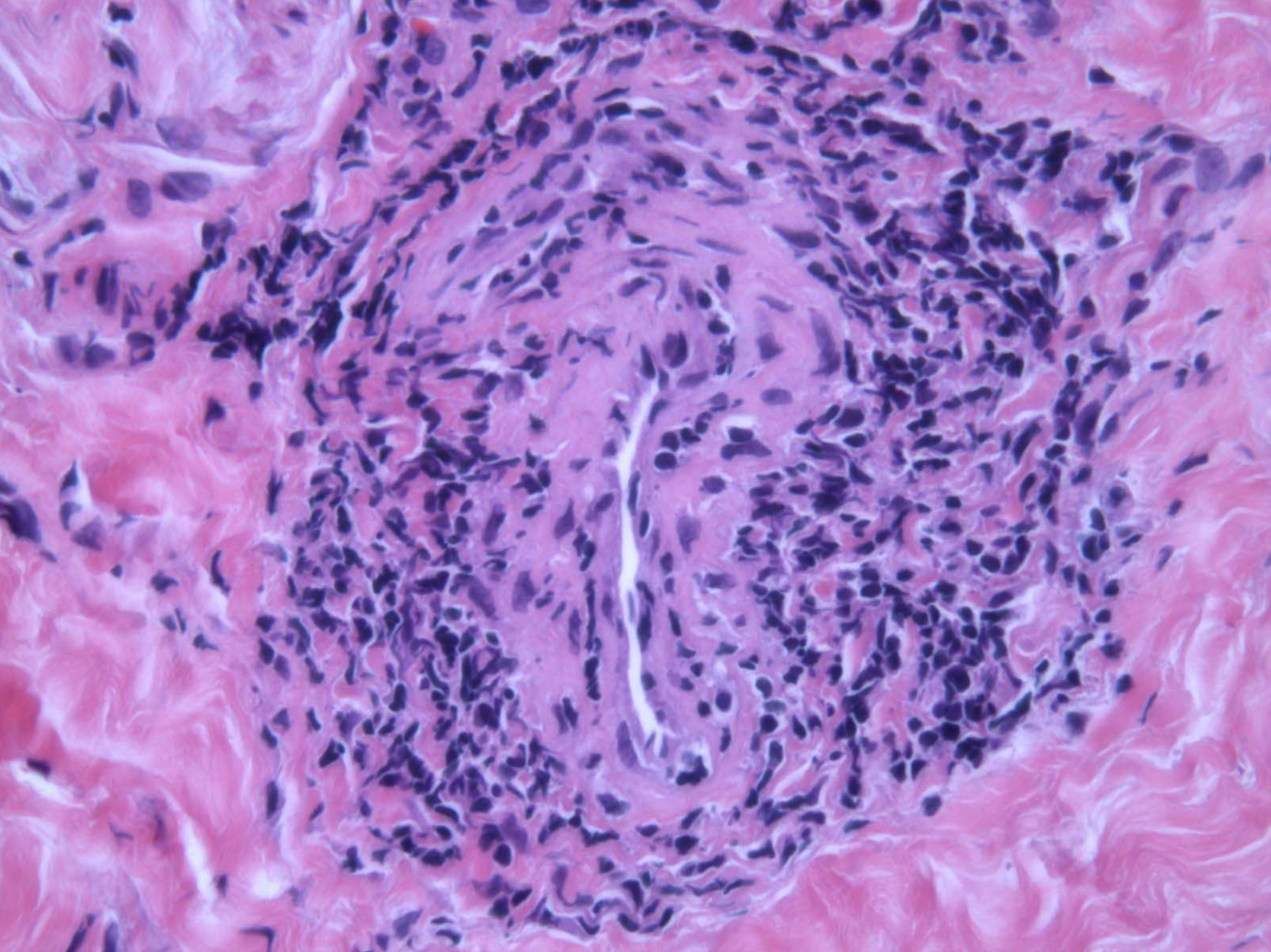












Chilblains (Perniosis)



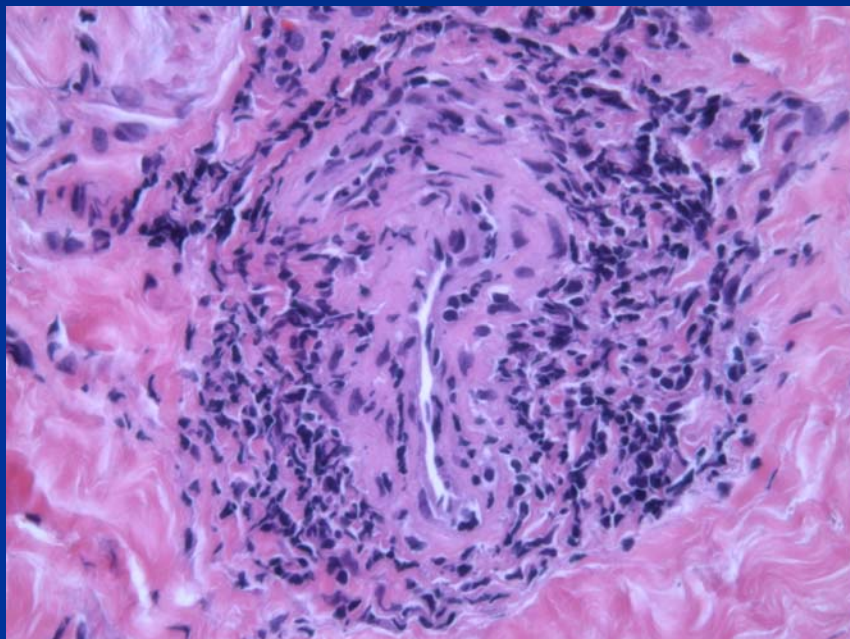


Clinical



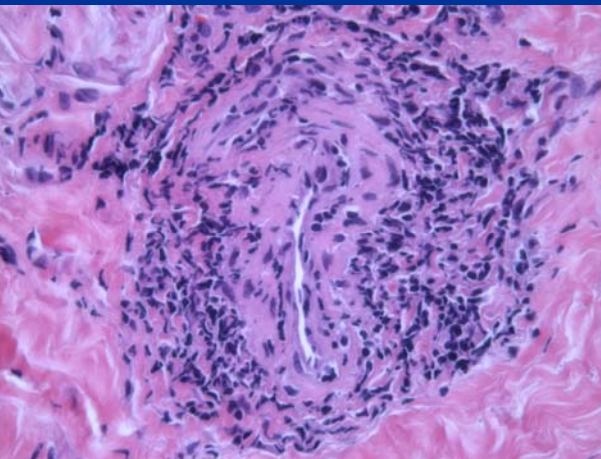
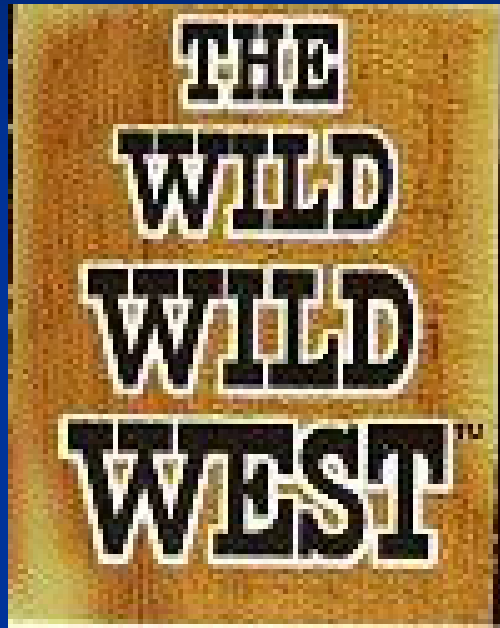
- Painful erythematous nodules on distal extremities
- Rarely ears and thighs
- Exposure to cold
- Rule out lupus and connective tissue diseases
- Rare associations with amphetamine analogues (fenfluramine, phentermine)

Histopathology



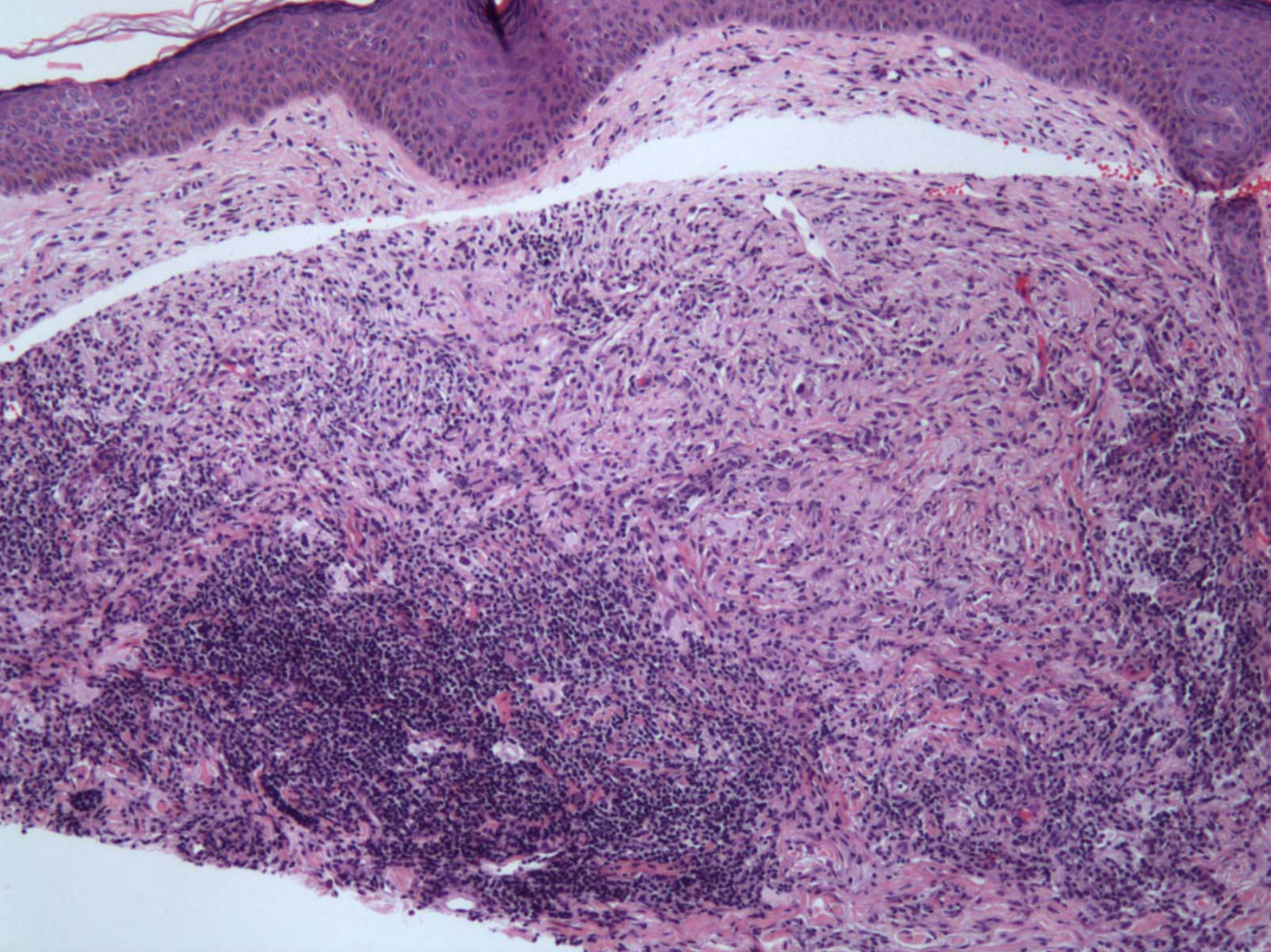
- Variable interface dermatitis
- Variable spongiotic changes
- Intense superficial and deep perivascular and periadnexal lymphocytic infiltrate
- Lymphocytic vasculitis
- Variable dermal mucinosis
- DDX: Lupus, Mixed connective tissue disease

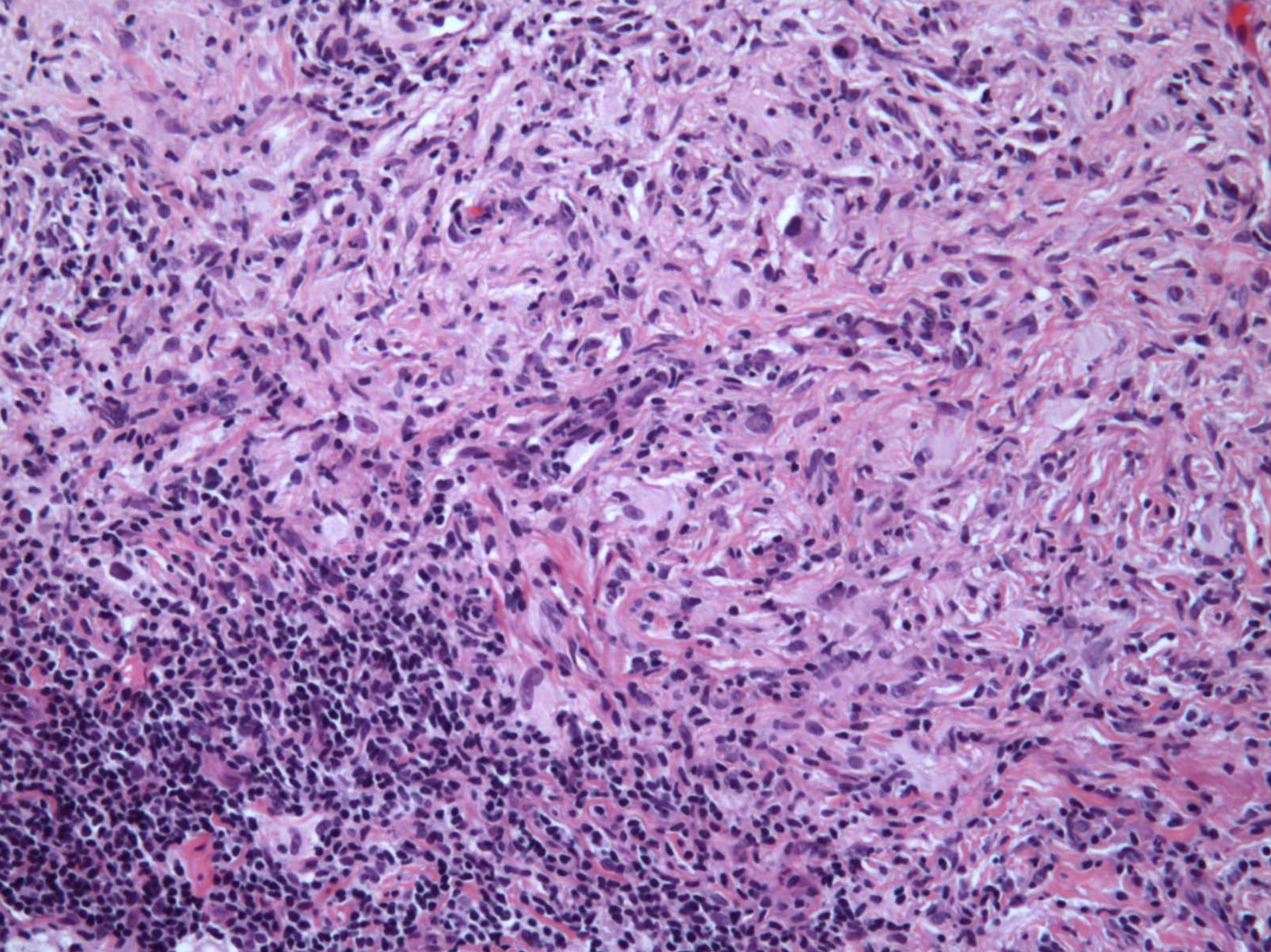
Idiopathic perniosis and its mimics: a clinical and histological study of 38 cases.
Crowson AN, Magro CM. Hum Pathol. 1997 Apr;28(4):478-84.

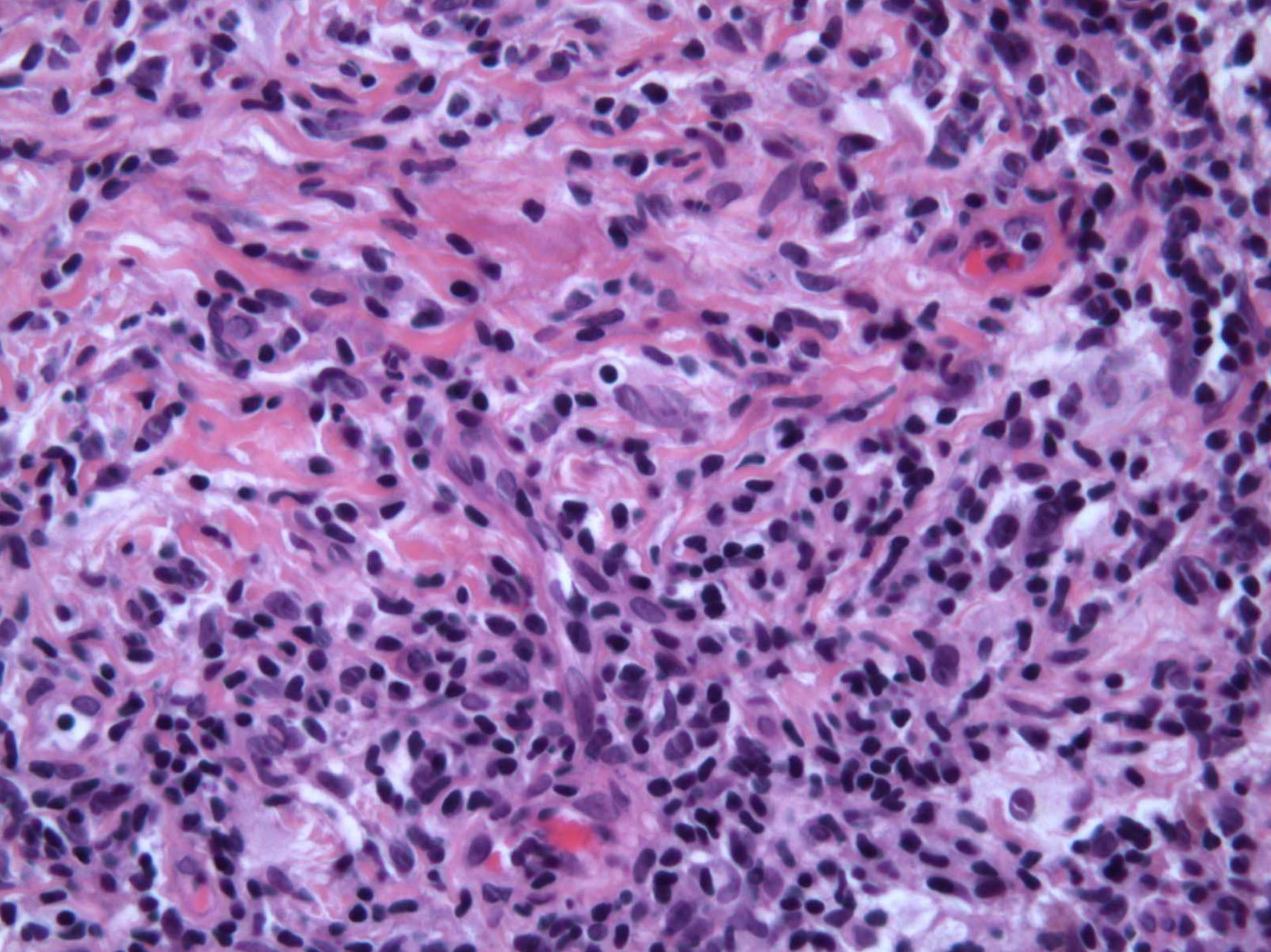


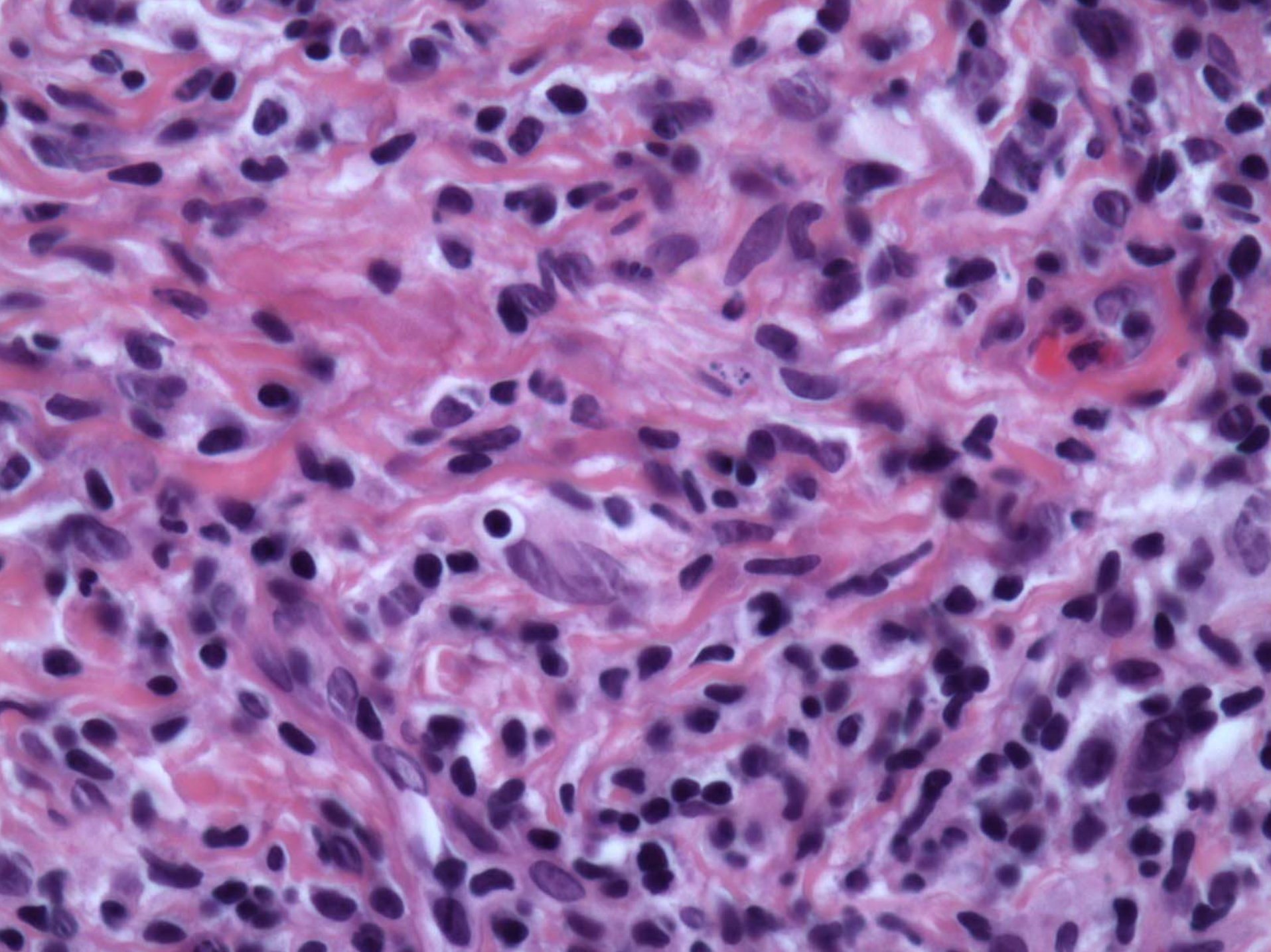
35 year old woman with macular-
papular rash on right breast

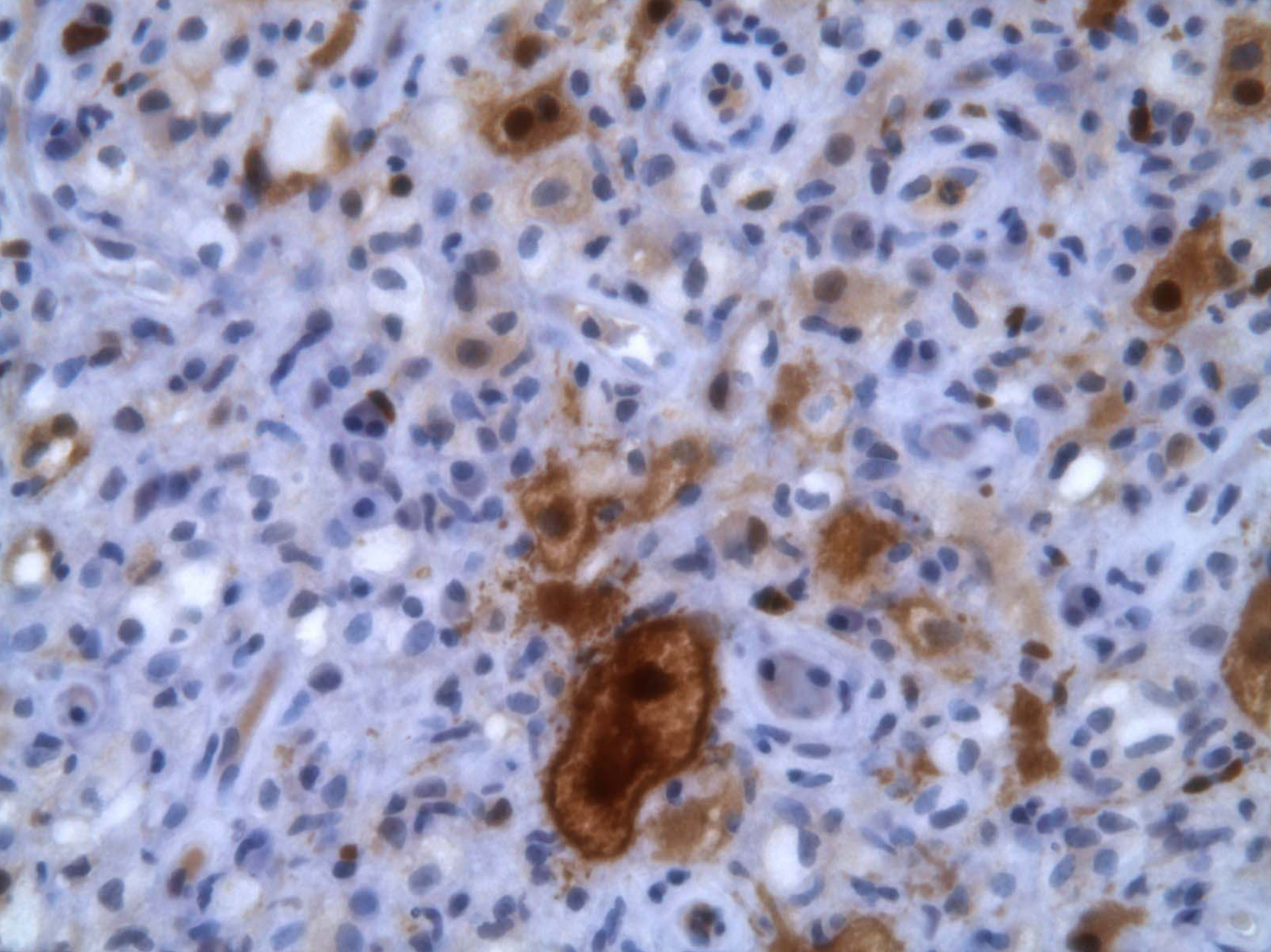






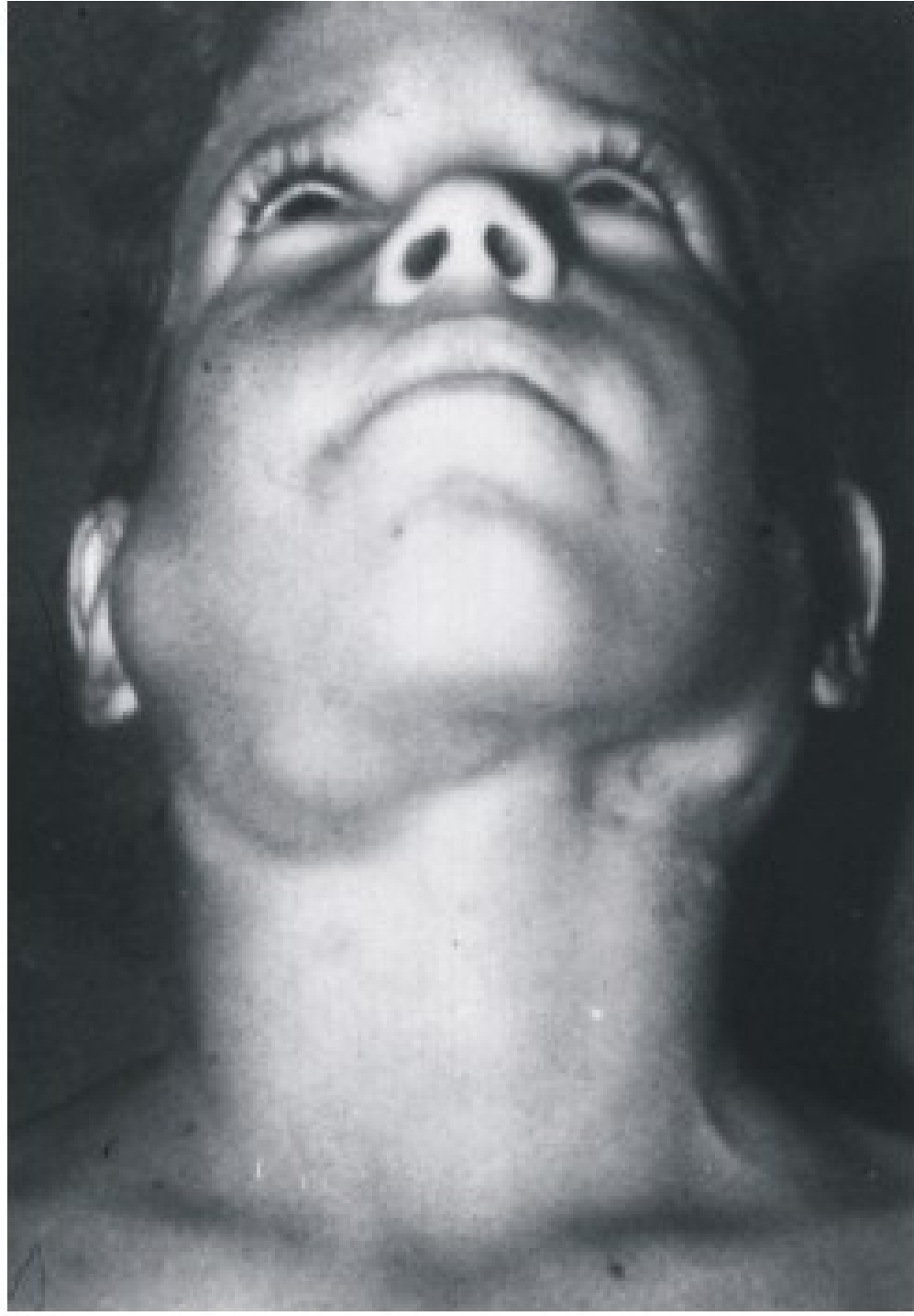




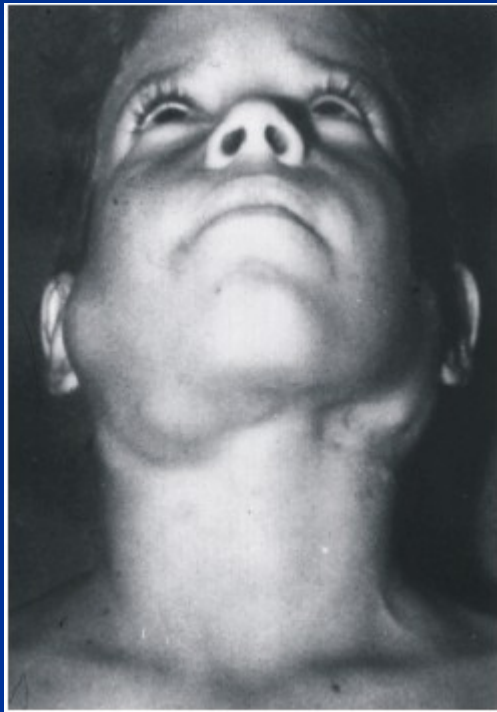


Rosai-Dorfman Disease
(Sinus Histiocytosis
with Massive Lymphadenopathy)



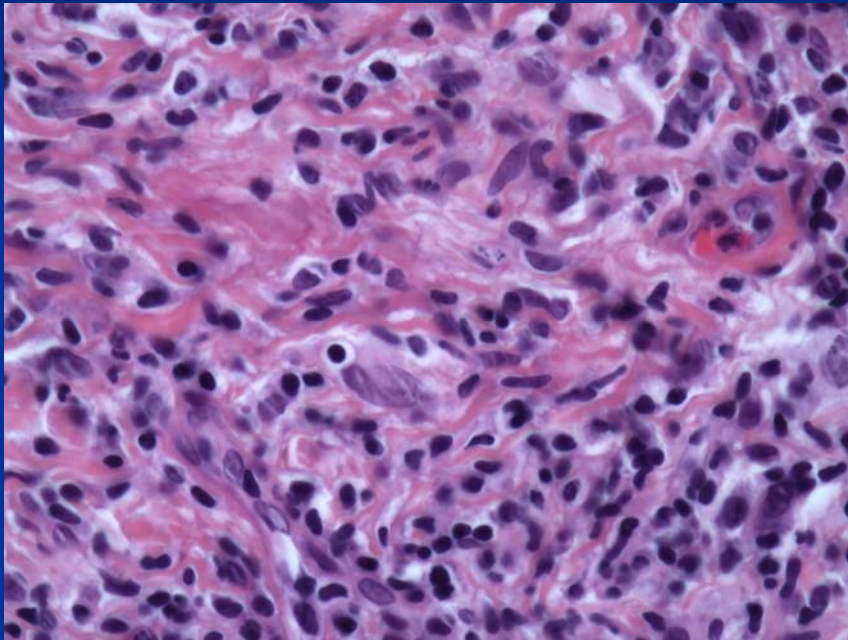


Clinical



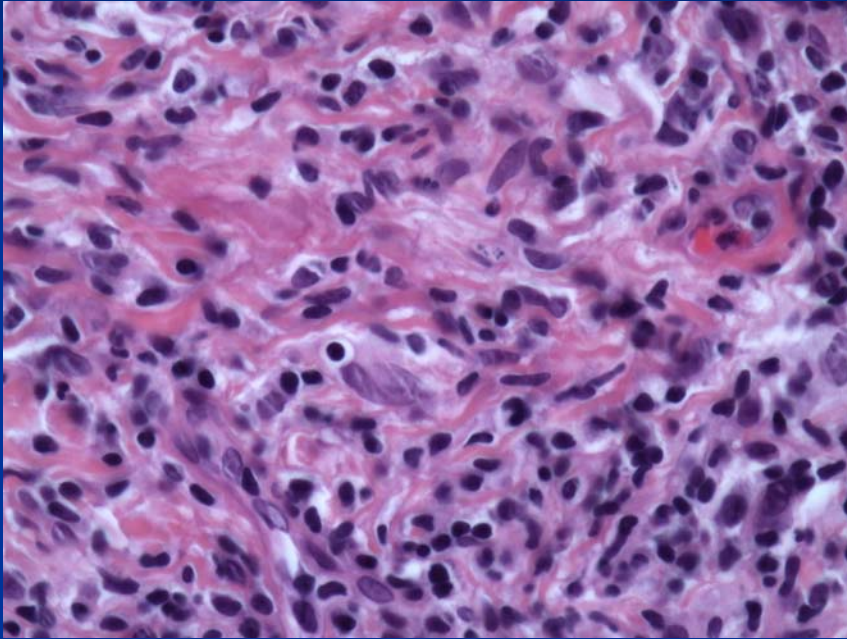
- Painless cervical lymphadenopathy
- Fever, anemia, elevated ESR, polyclonal IgG
- First 2 decades-80%
- Extranodal in 40%
 - Skin, most common
- Indolent course
- Morbidity/death from organ infiltration

Histopathology



- Dense dermal infiltrate of mixed chronic inflammatory cells
- Large histiocytes with abundant, eosinophilic cytoplasm
- S100+, CD1a-
- CD68+
- No Birbeck granules

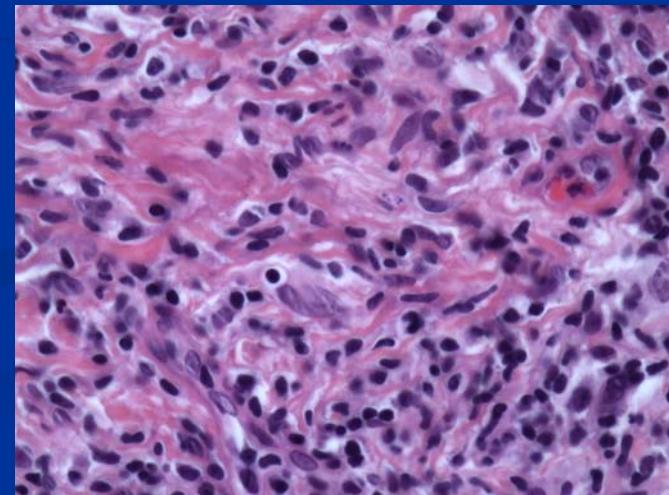
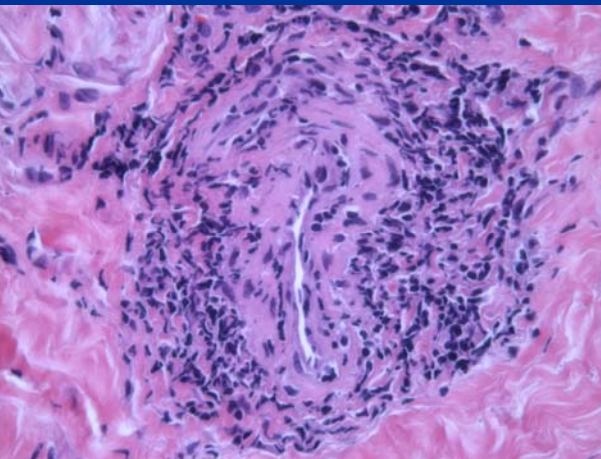
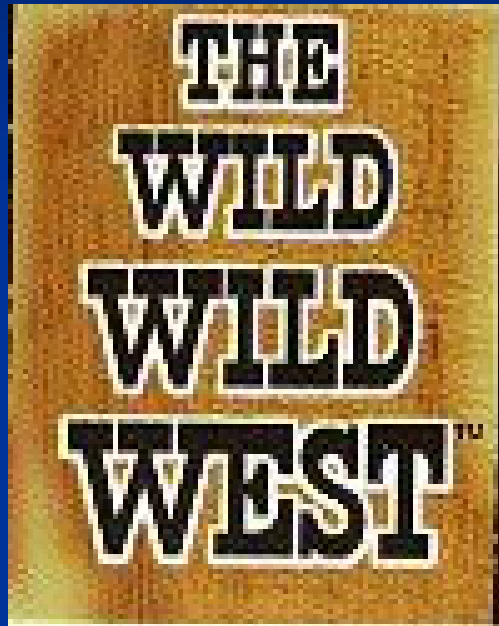
DDX



- Langerhans cell histiocytosis
- Hodgkin's disease
- Xanthogranuloma
- Lymphoma

Follow Up

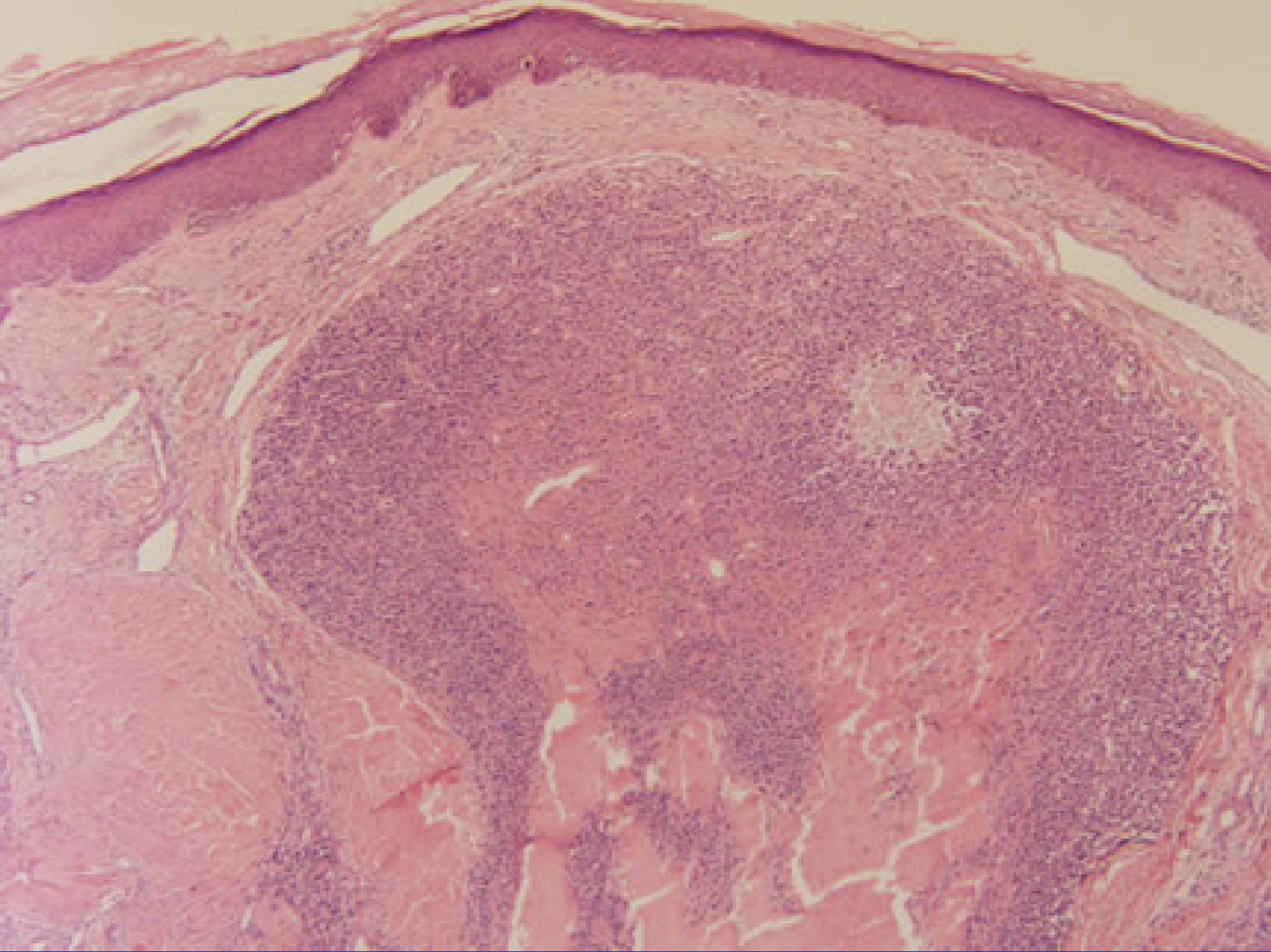
- City of Hope for further evaluation
- Dural mass
- Biopsy confirmed Rosai-Dorfman disease
- Negative T-cell receptor gene rearrangement
- Lost to follow up

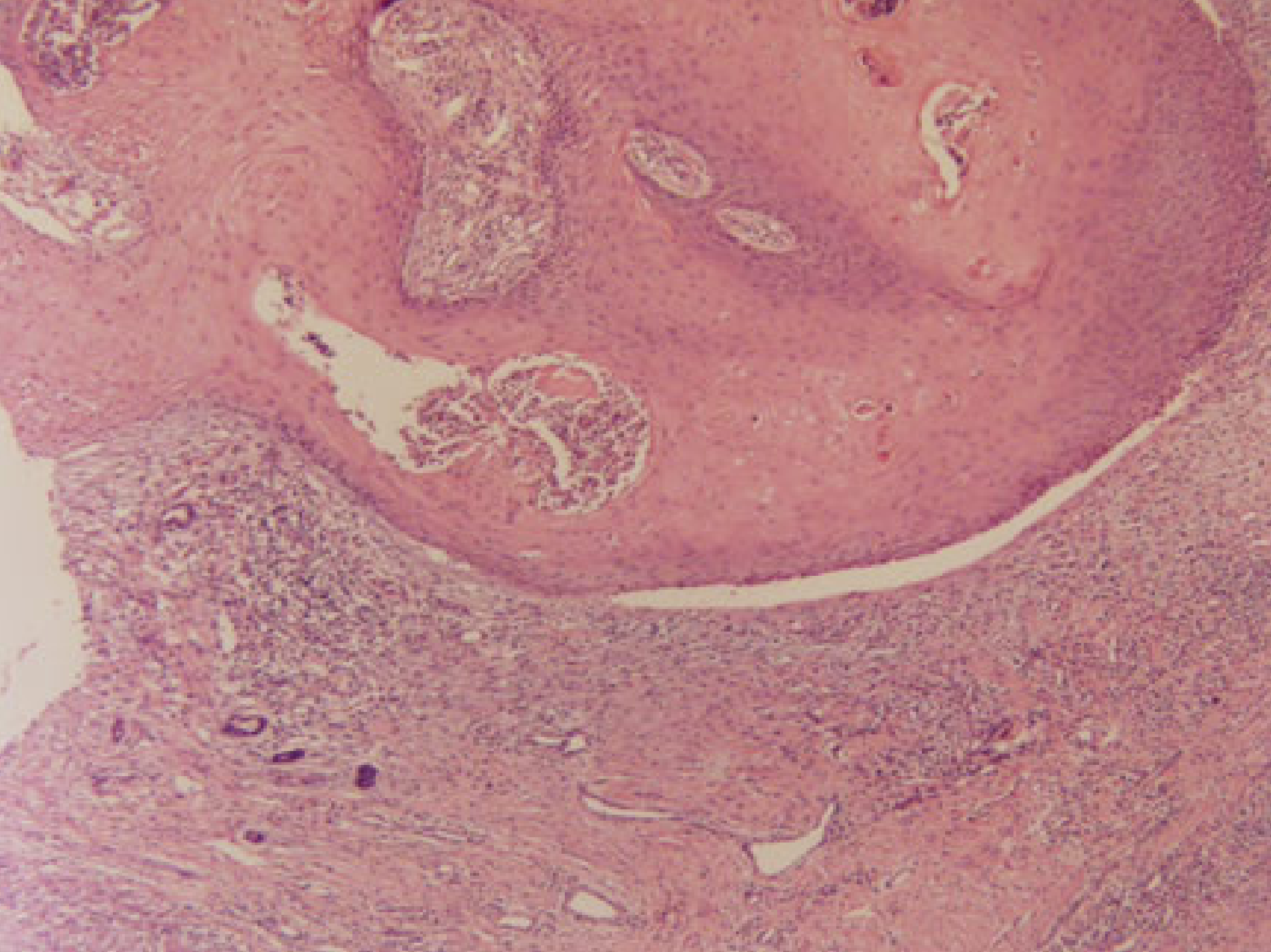


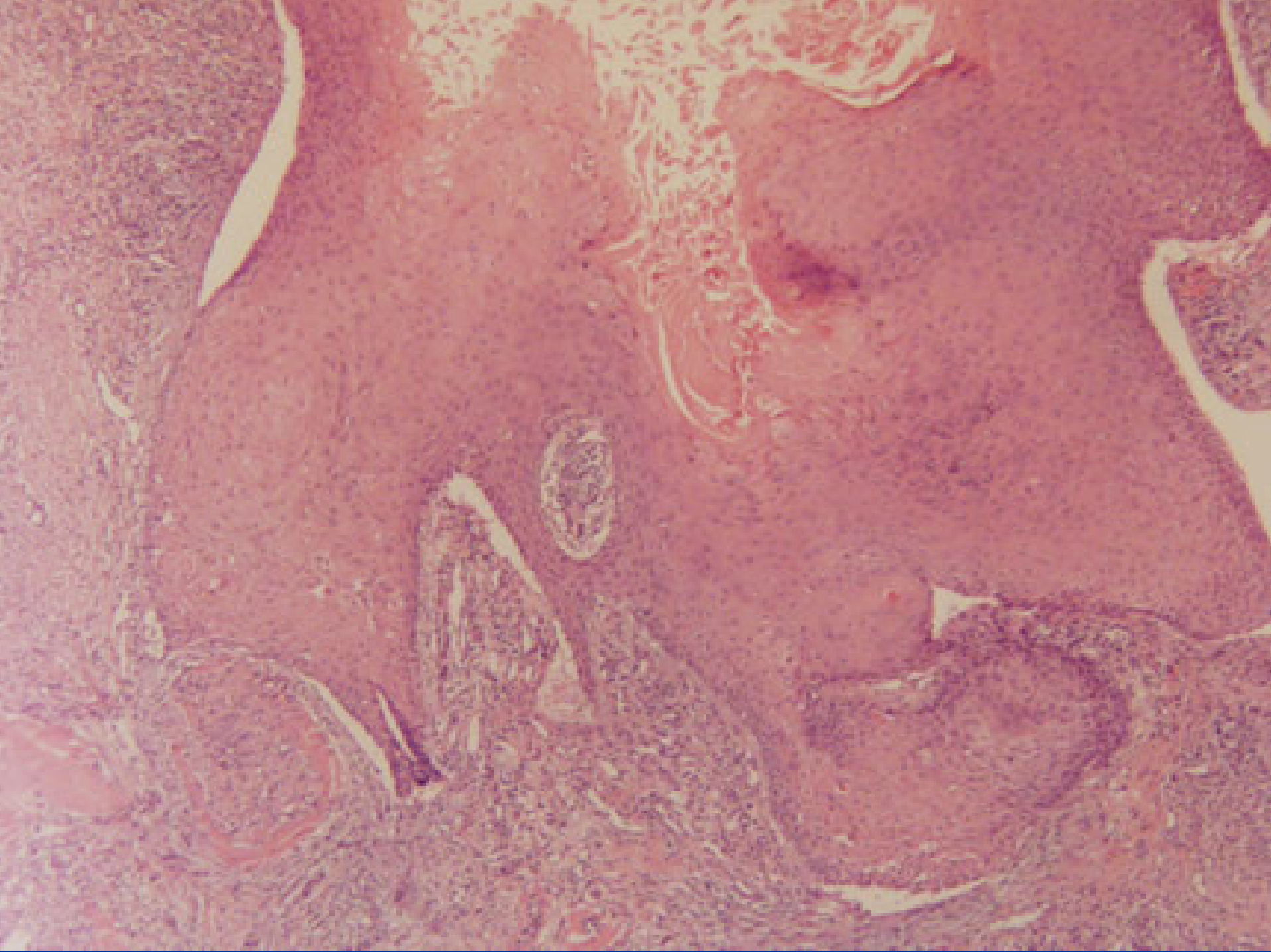
55 year old Korean man in otherwise good health presents with a slightly painful nodule on the right cheek for approximately 1 month duration

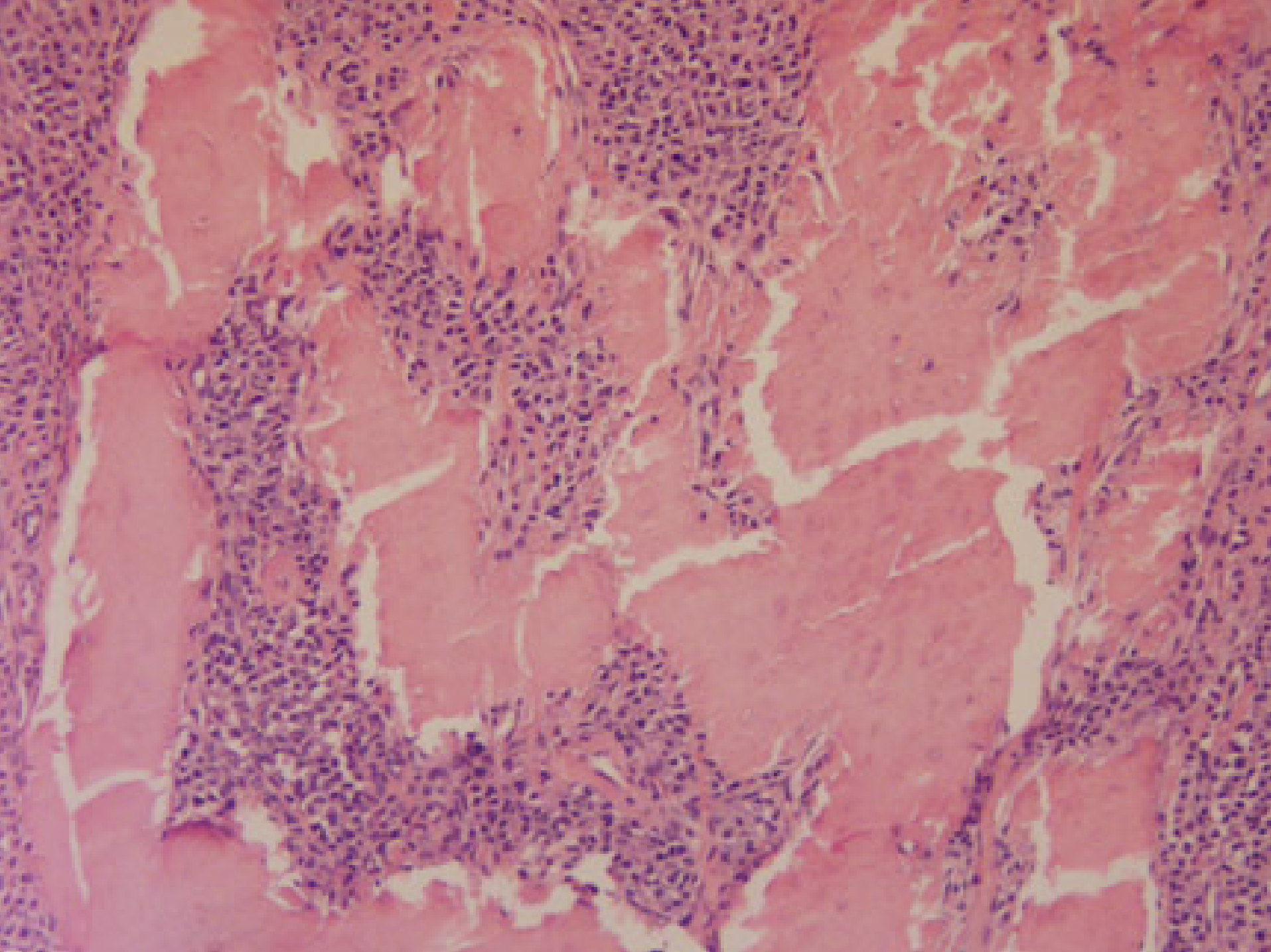
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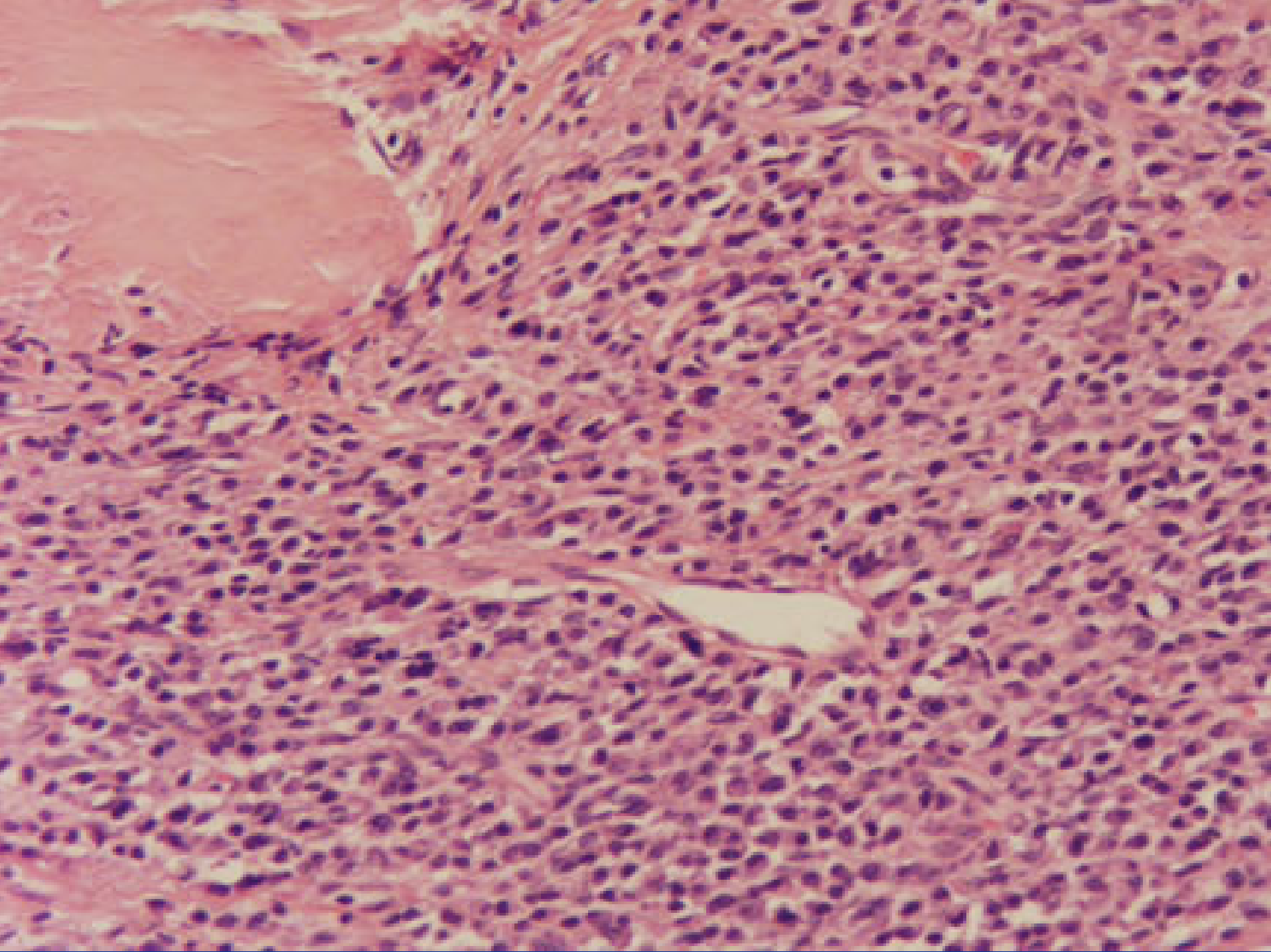


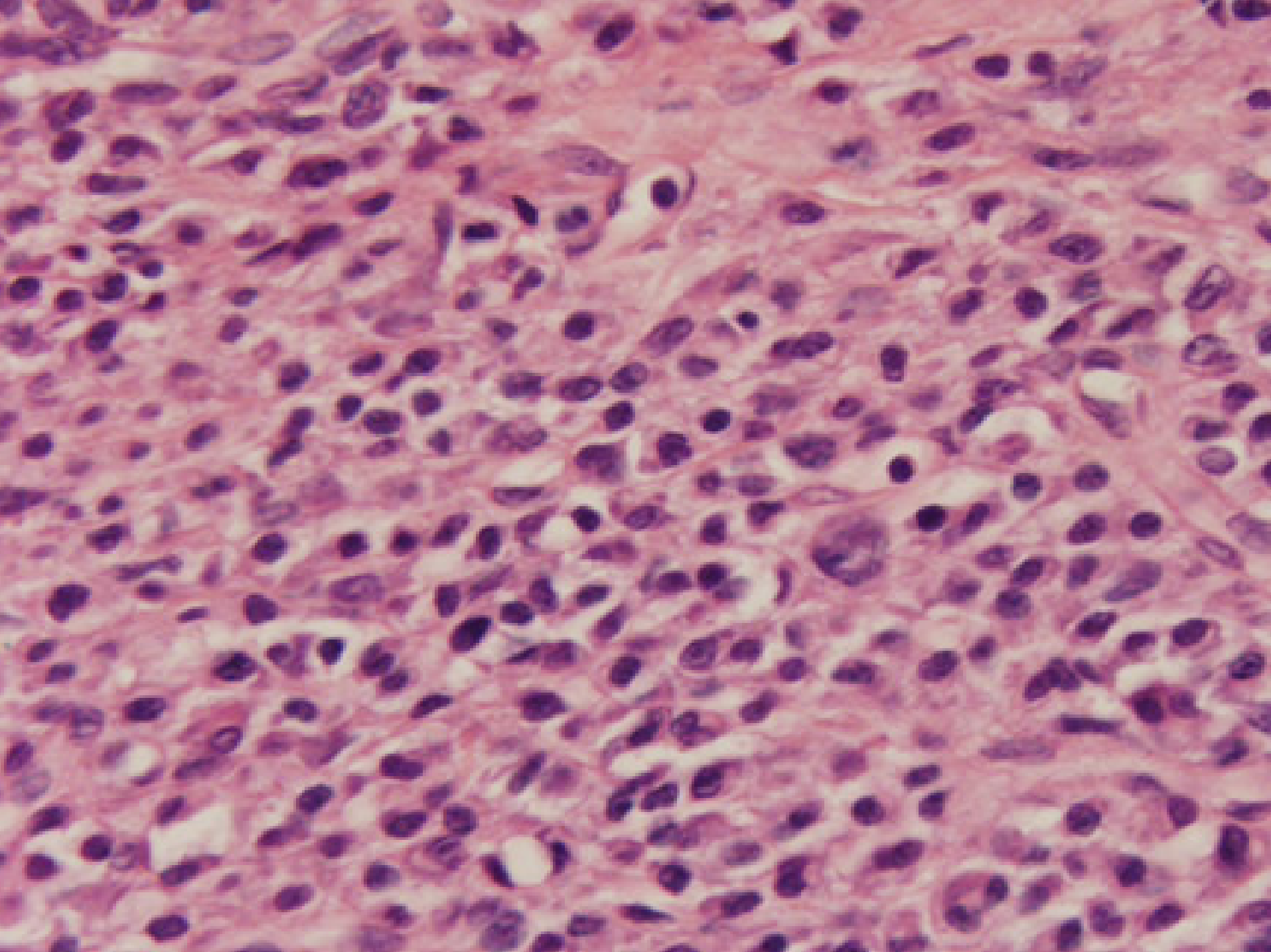


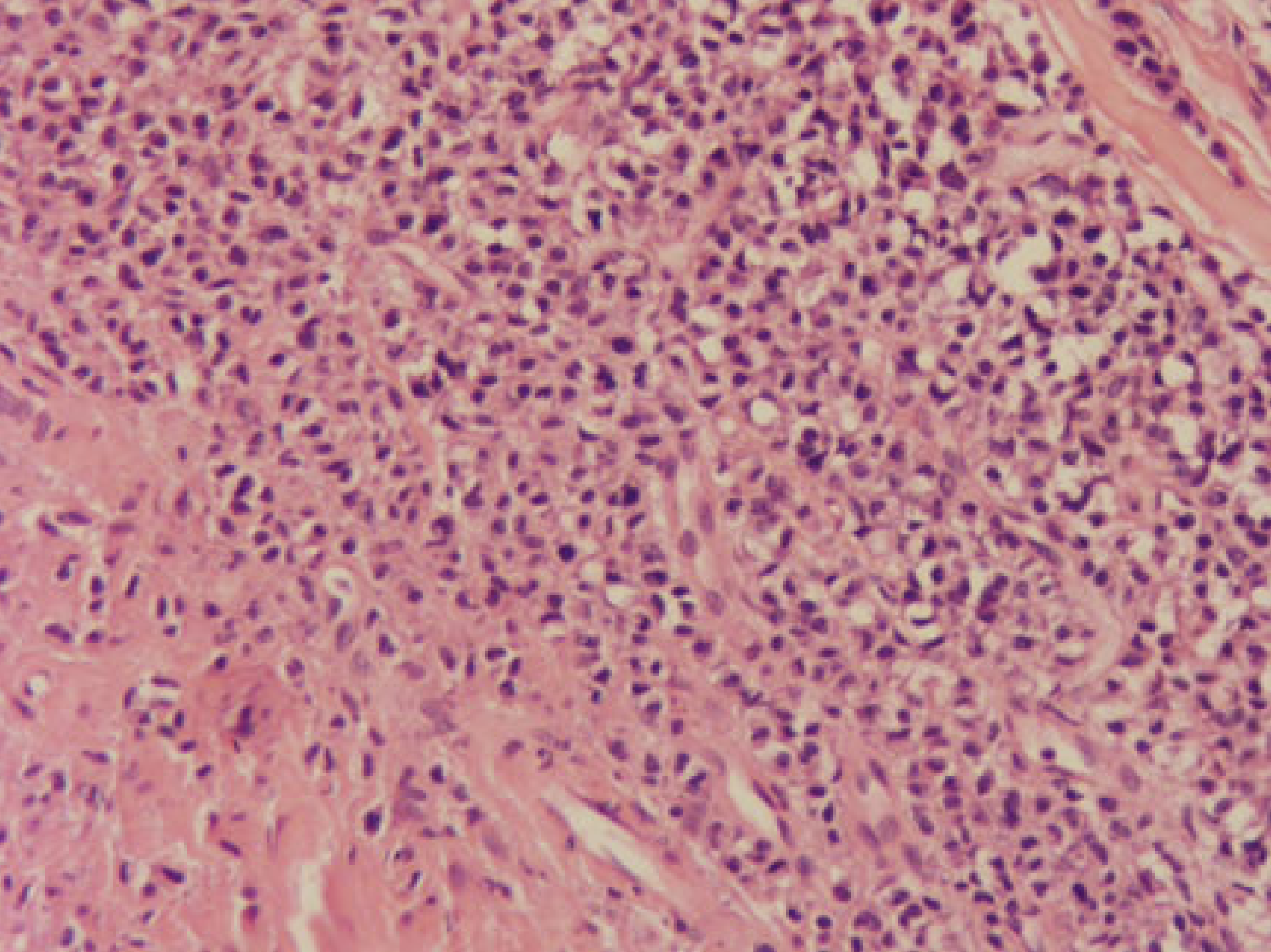


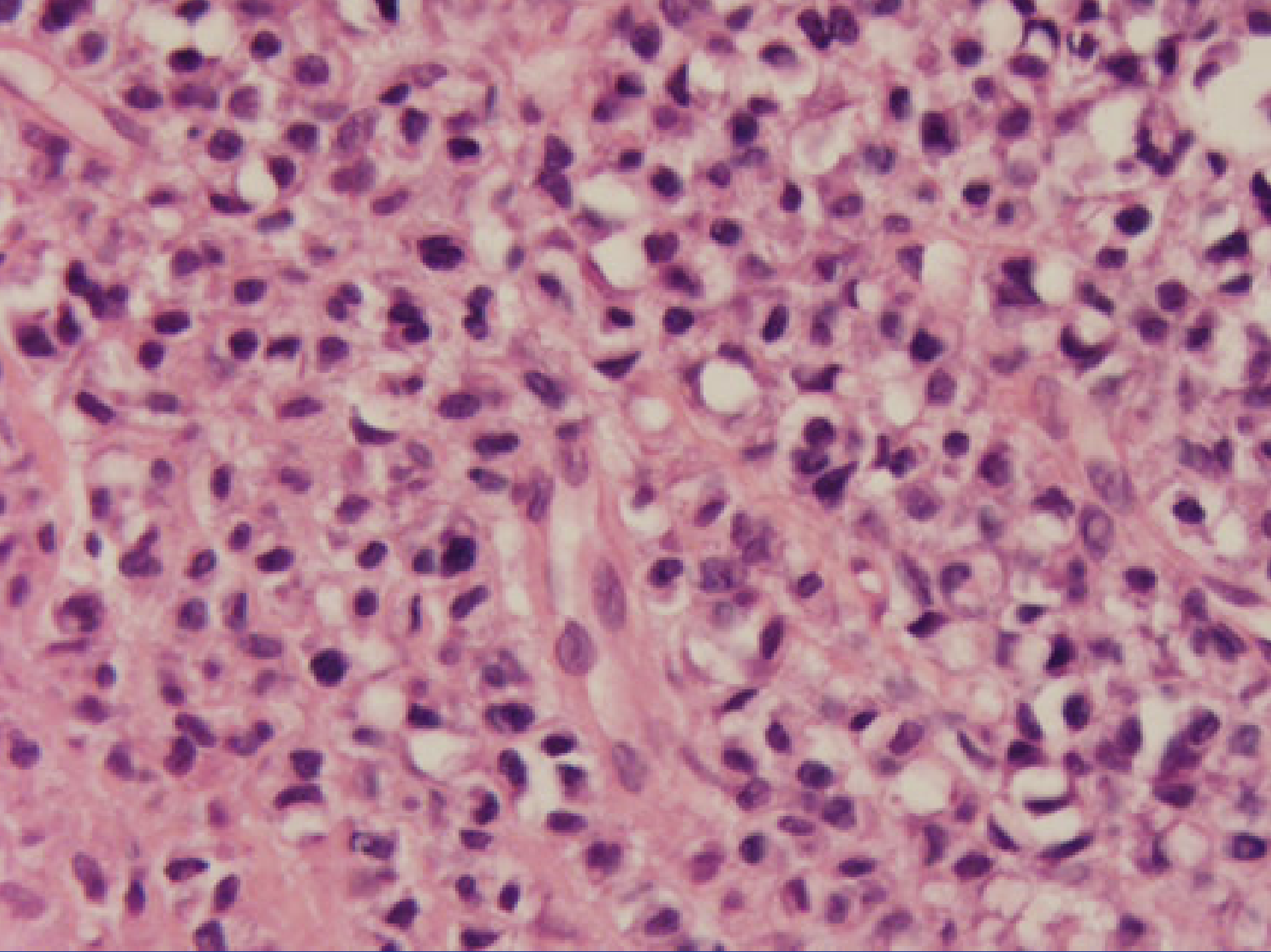






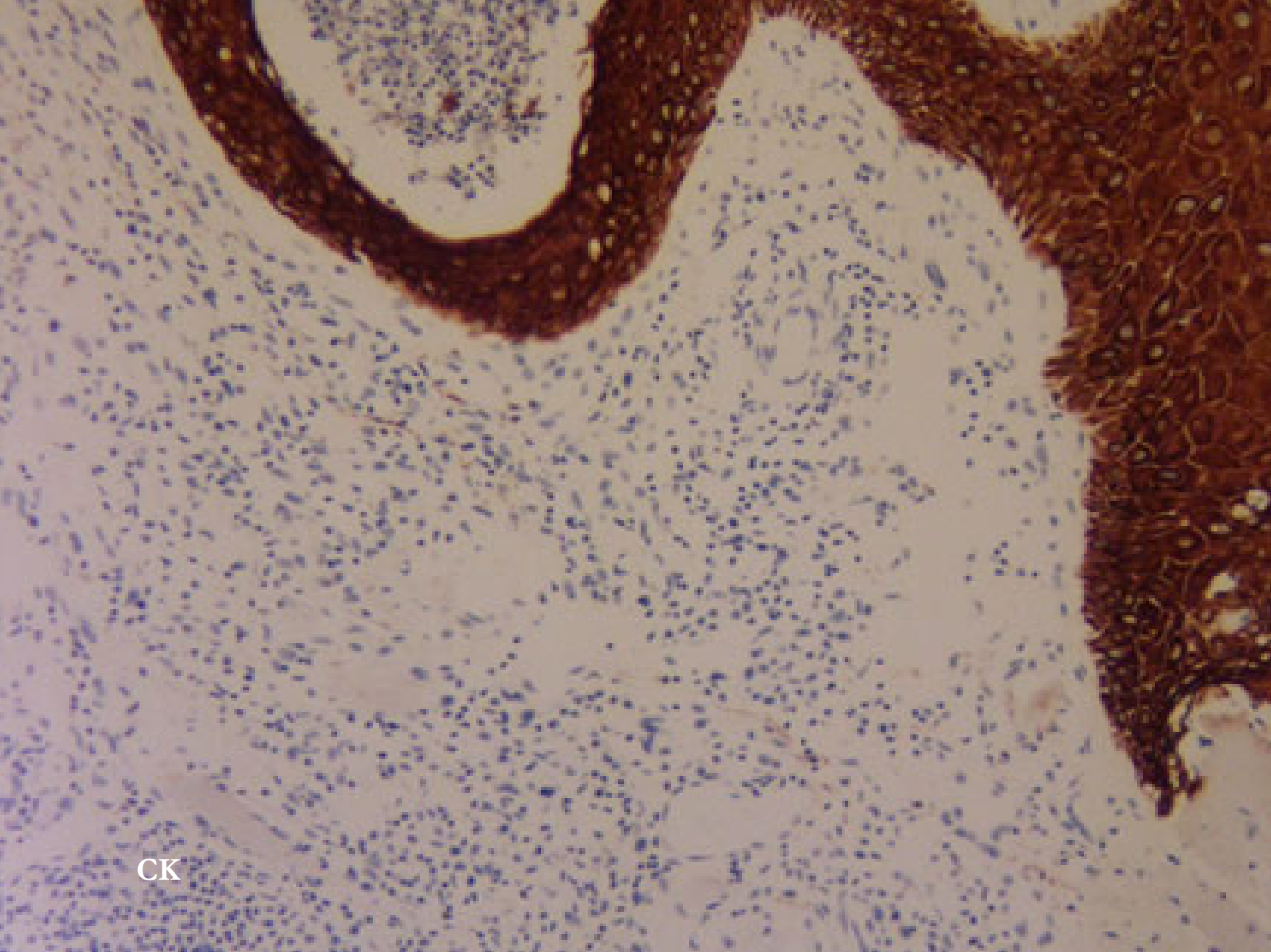




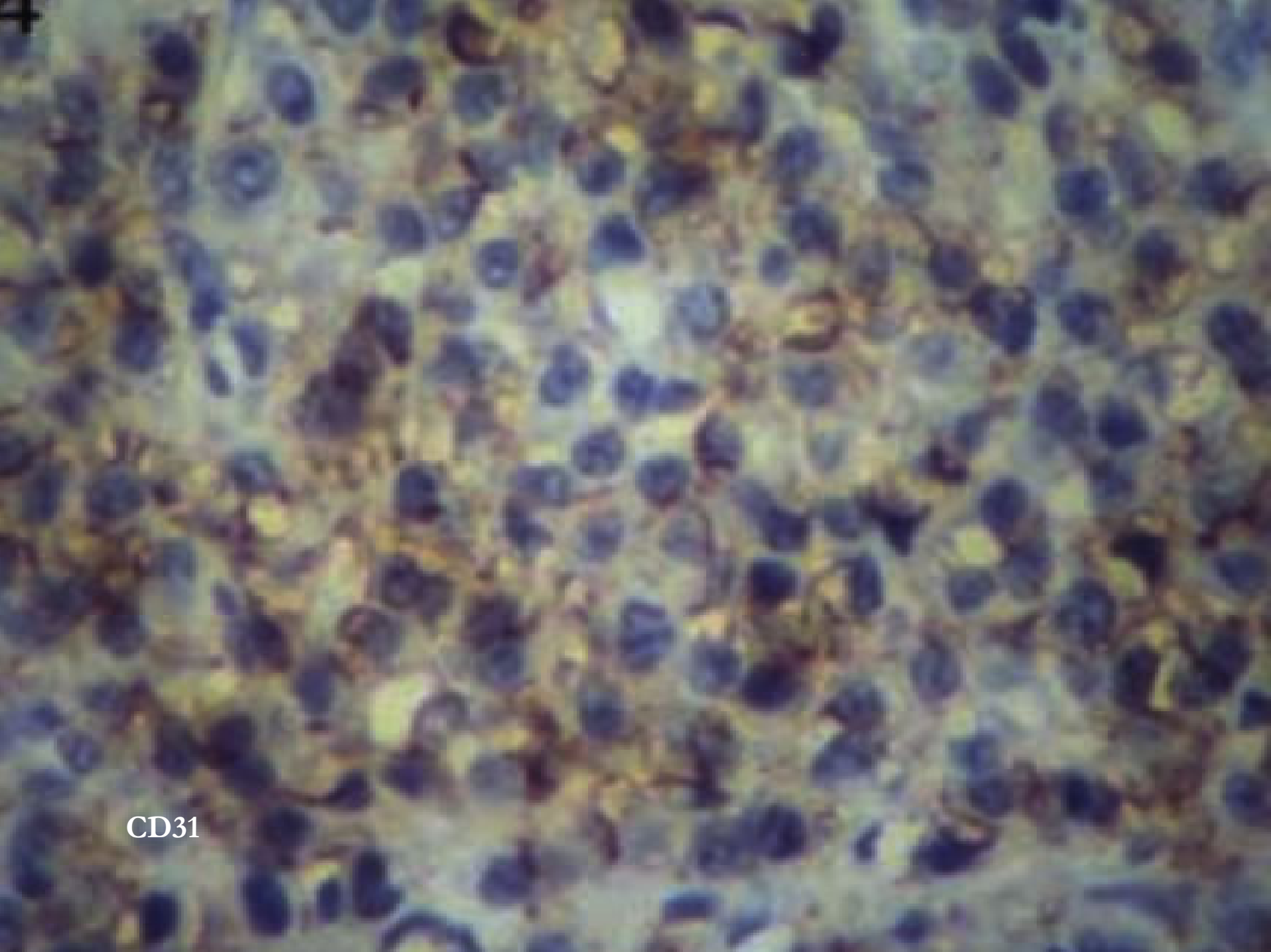


Initial Studies

- Negative for:
 - AFB, Fite, PAS, GMS, Gram, Giemsa
- Negative for:
 - SMA, Desmin, S100, Mart1, HMB45, CK



СК



CD31

**Atypical Cellular Infiltrate with
Signet Ring Features-
Suspicious for Malignancy**

Consultant 1: Atypical cellular infiltrate, CD31 positive-
Pseudoepitheliomatous hyperplasia with atypical mononuclear cells probably representing a malignant neoplasm. Doubt angiosarcoma.

Consultant 2: Pseudocarcinomatous hyperplasia with suppuration. Differential diagnosis is between an infectious process such as a deep fungus or atypical mycobacterium, collagenoderma, or even squamous cell carcinoma. He suggested the hyalinized material could represent bovine collagen (Zyderm) and queried whether the patient received any injections (he didn't).

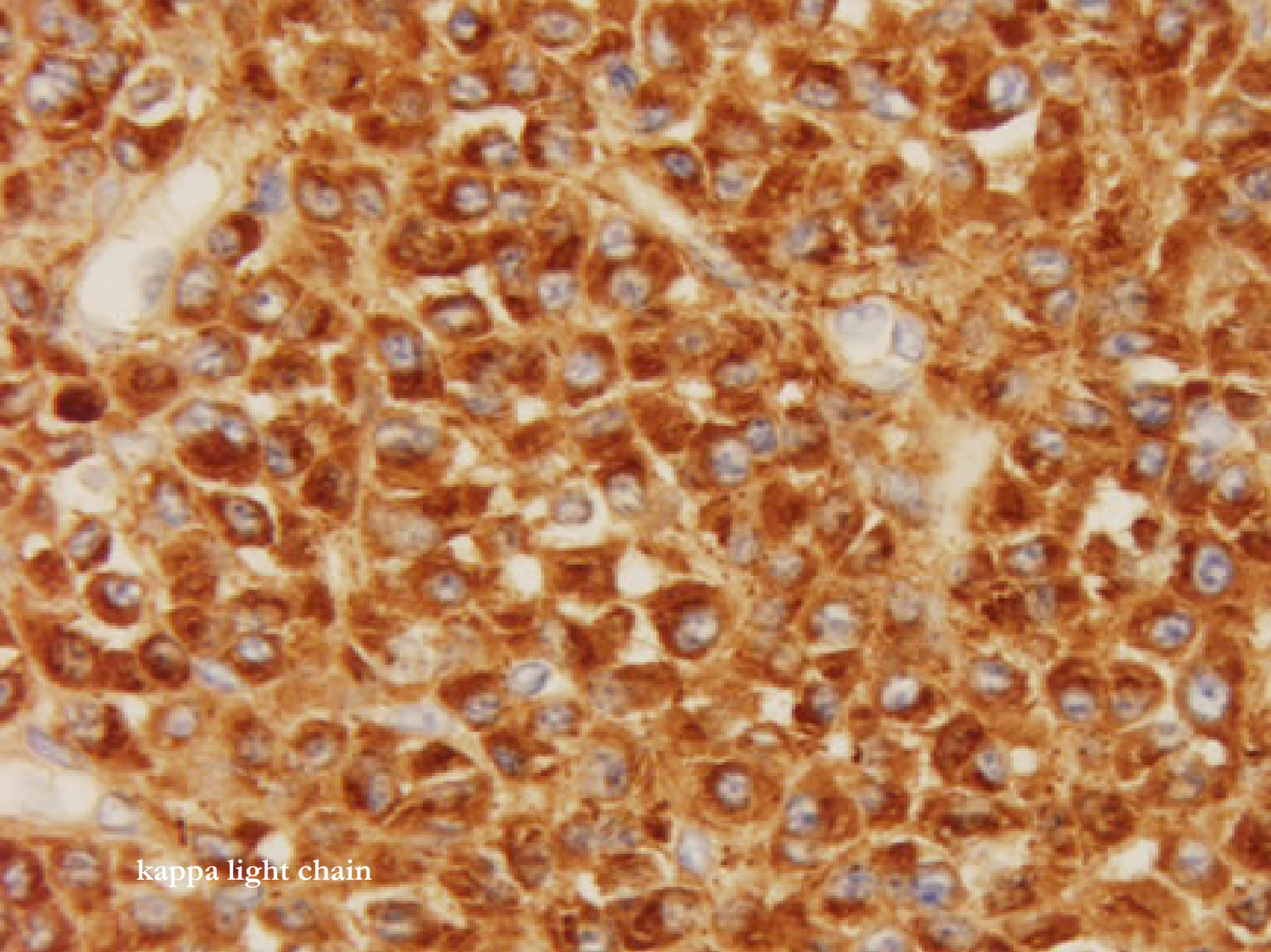
Consultant 3: Atypical cells probably of vascular-endothelial origin with florid pseudo-epitheliomatous hyperplasia and peculiar eosinophilic material interpreted as keratin. (This consultant, in turn, had the case reviewed by *two* additional dermatopathologists who were equally stymied by the case! He frankly admitted that neither he nor his other colleagues had any idea what this case might represent. He was not even sure if it was benign or malignant.)



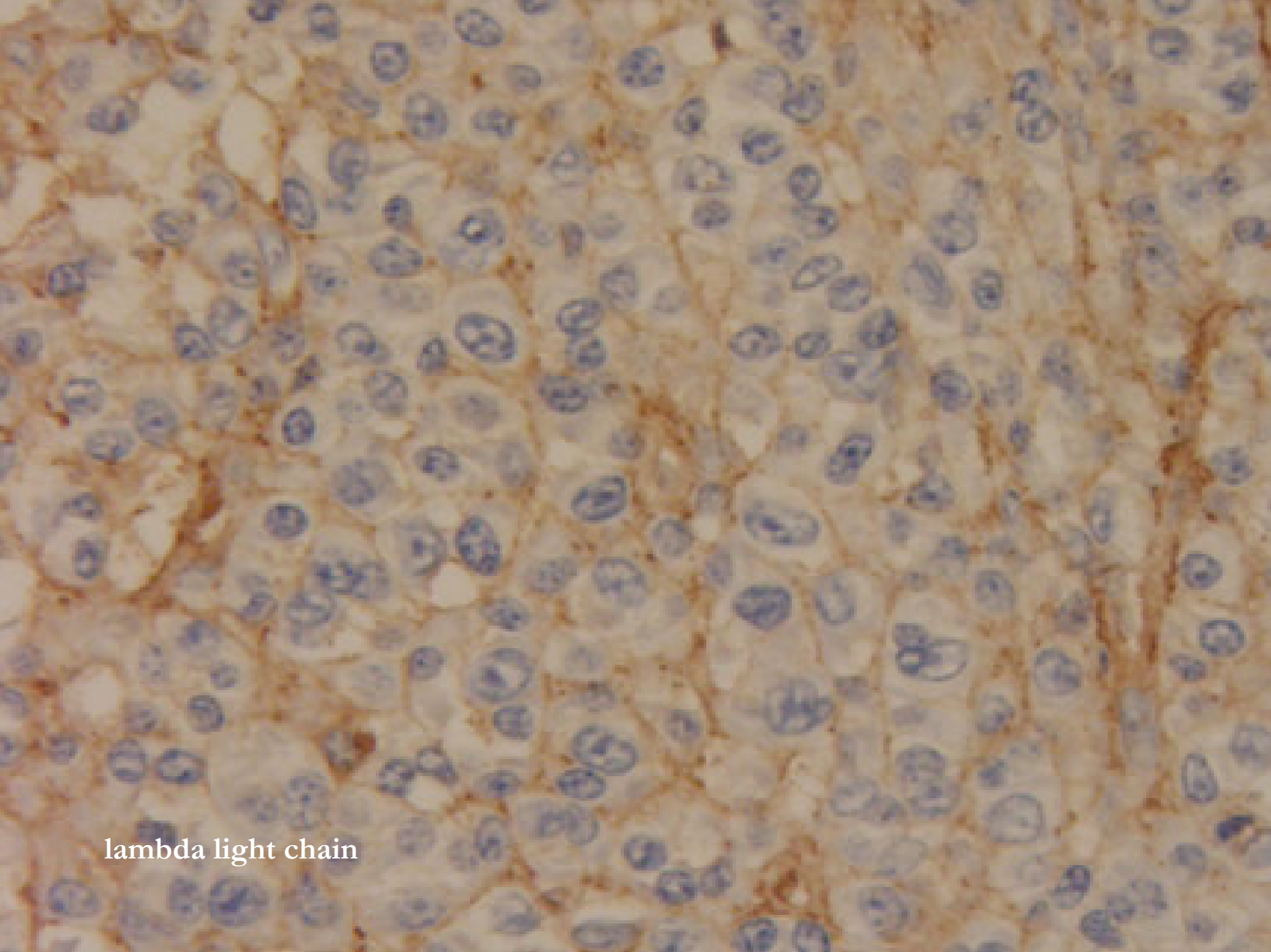
LA Metro Derm Society

February 1998

confloption n-flurry, confusion;
State of confusion; mishap, misfortune.



kappa light chain



lambda light chain

Cutaneous Plasmacytoma with kappa light chain restriction

Follow Up

- Bone marrow negative
- Serum chemistries negative
- SPEP/UPEP negative
- Bone survey negative



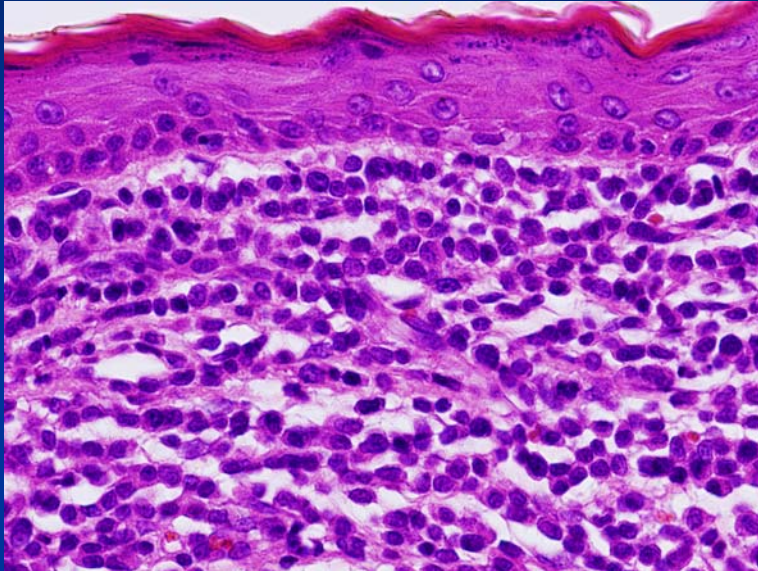


Clinical



- Rare
- Erythematous nodules or papules
- Monoclonal proliferation of plasma cells
- Frequent association with multiple myeloma
- Primary cases indolent course
- MM cases with secondary skin involvement-poor prognosis

Histopathology

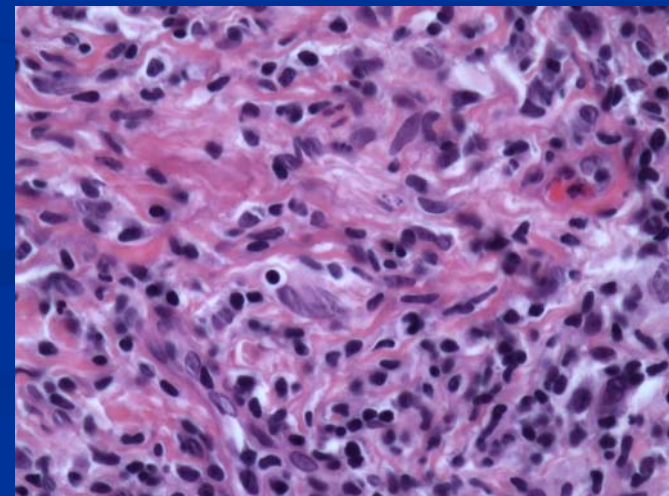
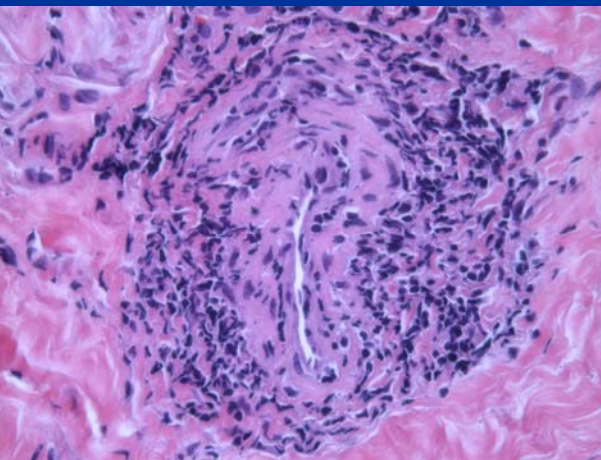
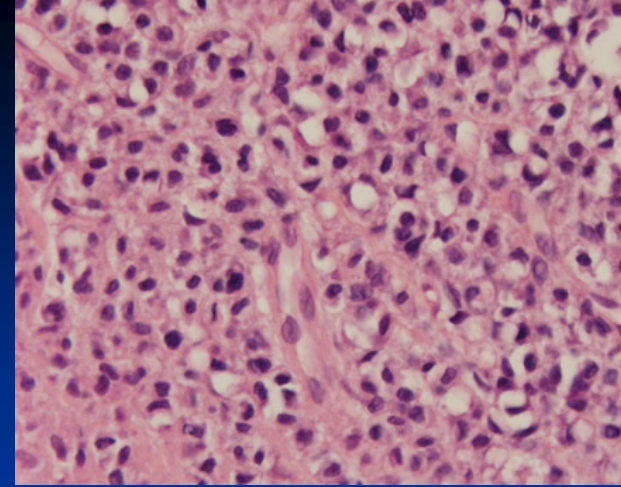
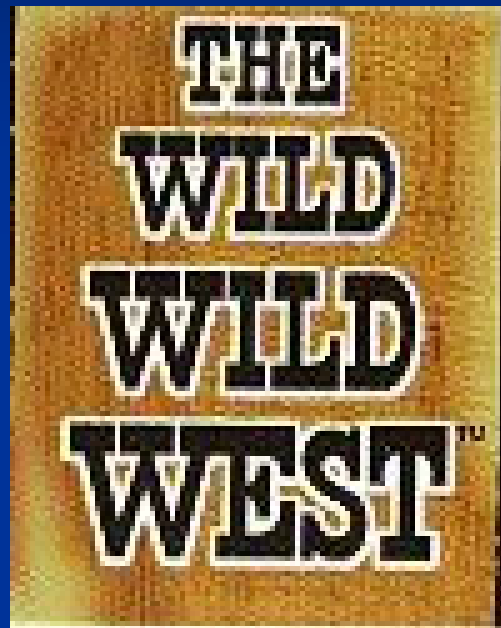


- Dense infiltrate of plasma cells
- Maturity variable
- Light chain restriction
- DDX:
 - Infection
 - Reactive to trauma

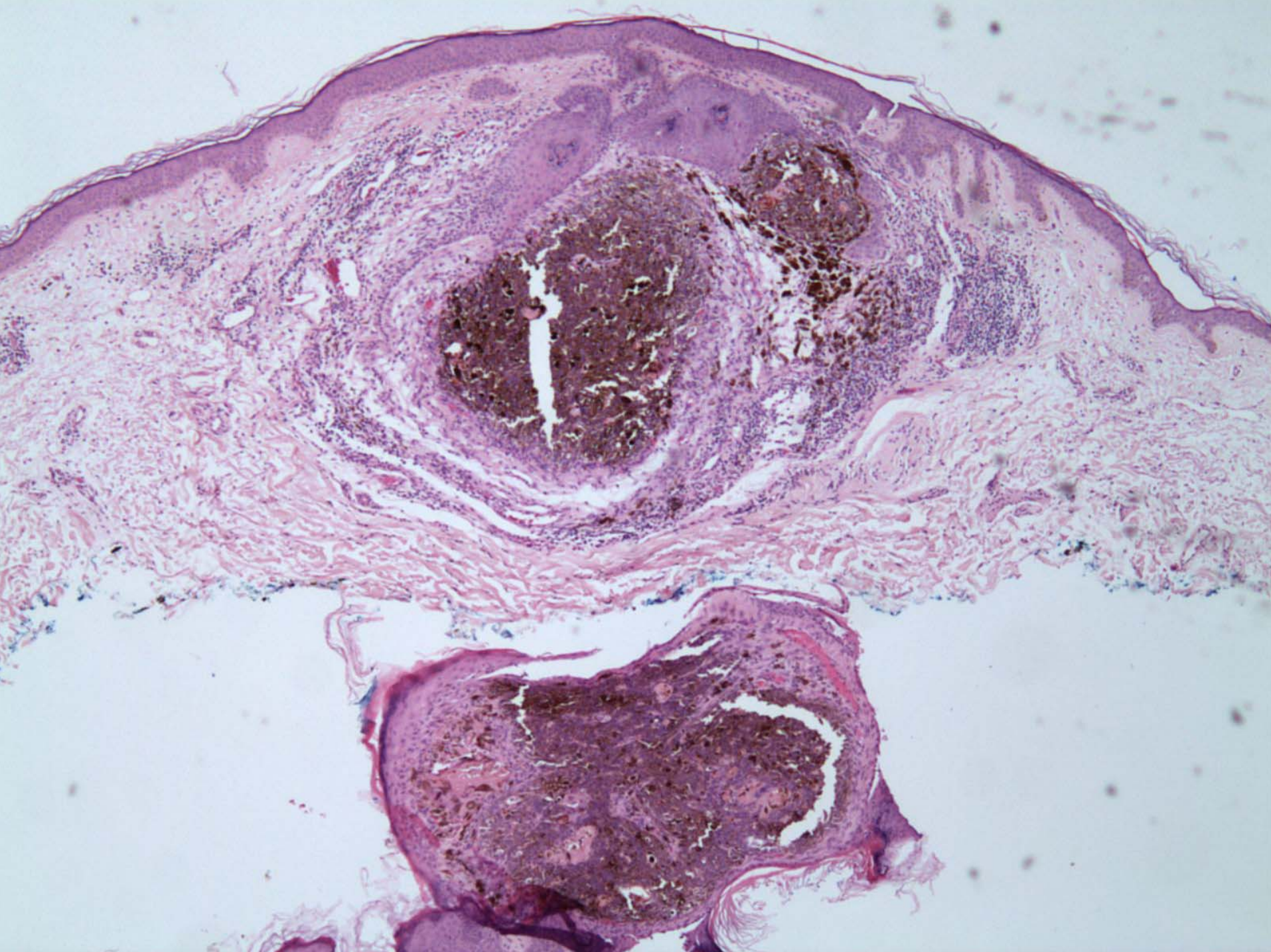
CD31 (JC70) expression in plasma cells: an immunohistochemical analysis of reactive and neoplastic plasma cells

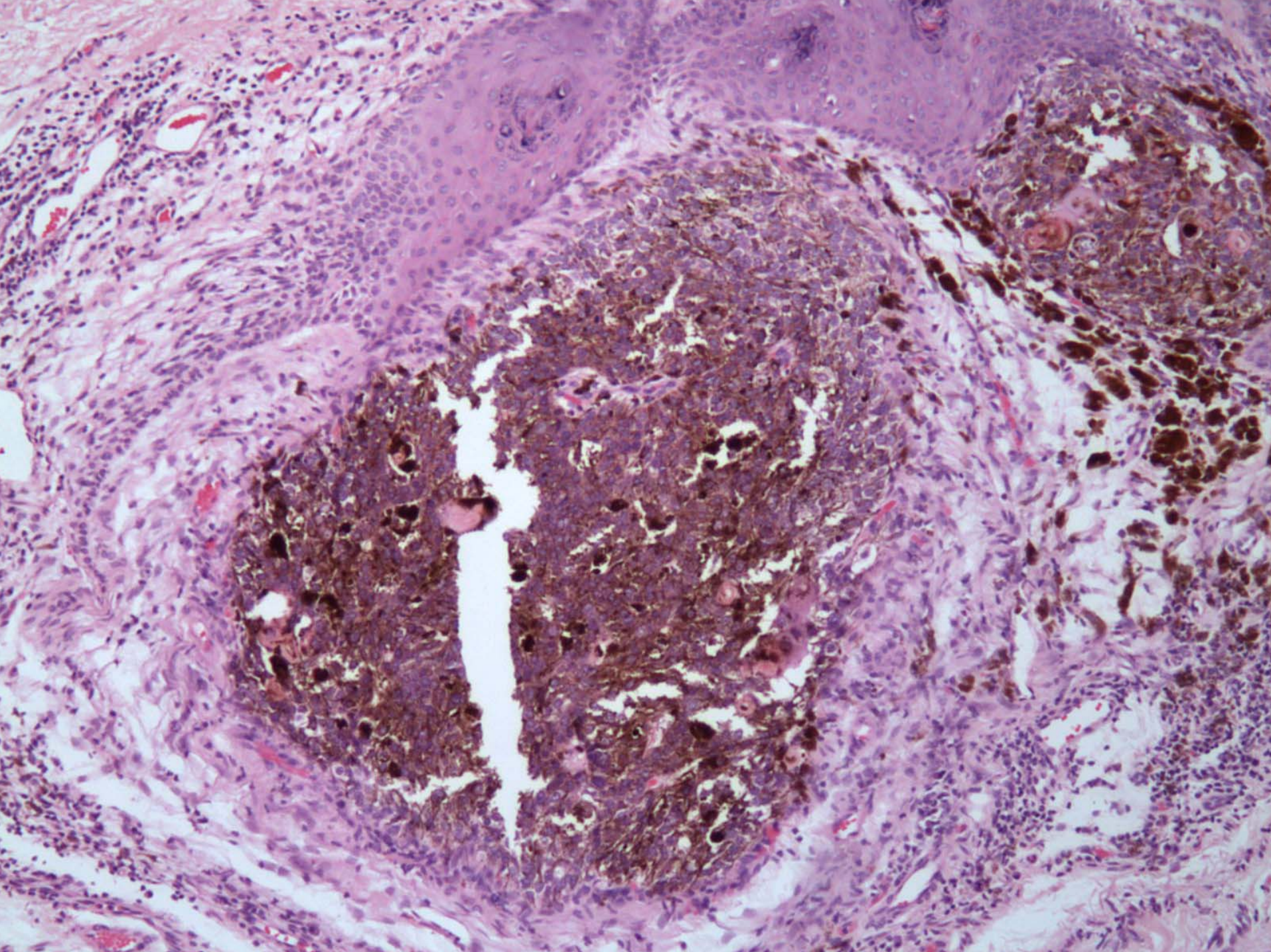
Govender D, Harilal P, Dada M, Chetty R.
J Clin Pathol. 1997 Jun;50(6):490-3.

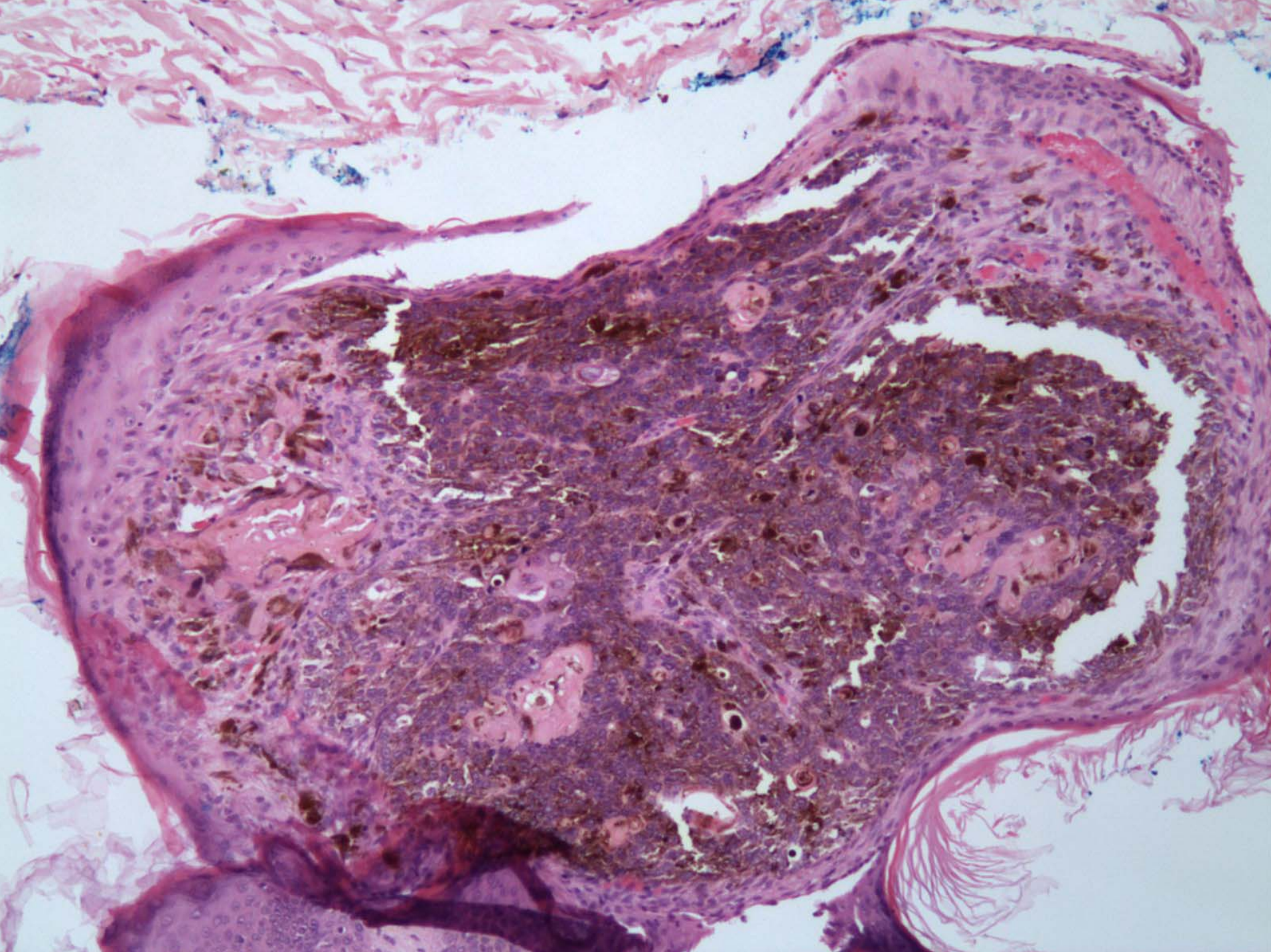
Chose Your Consultants Wisely!

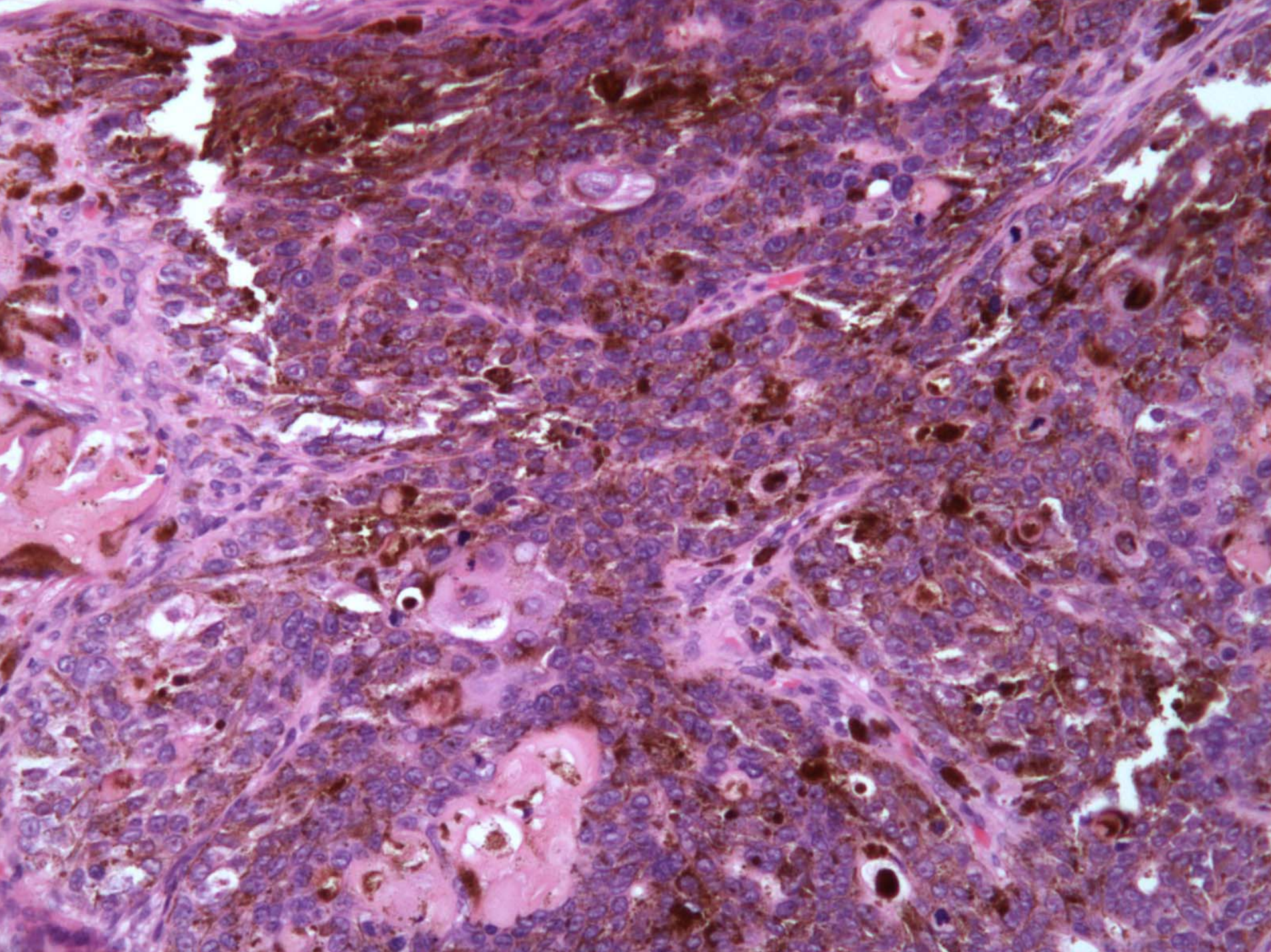


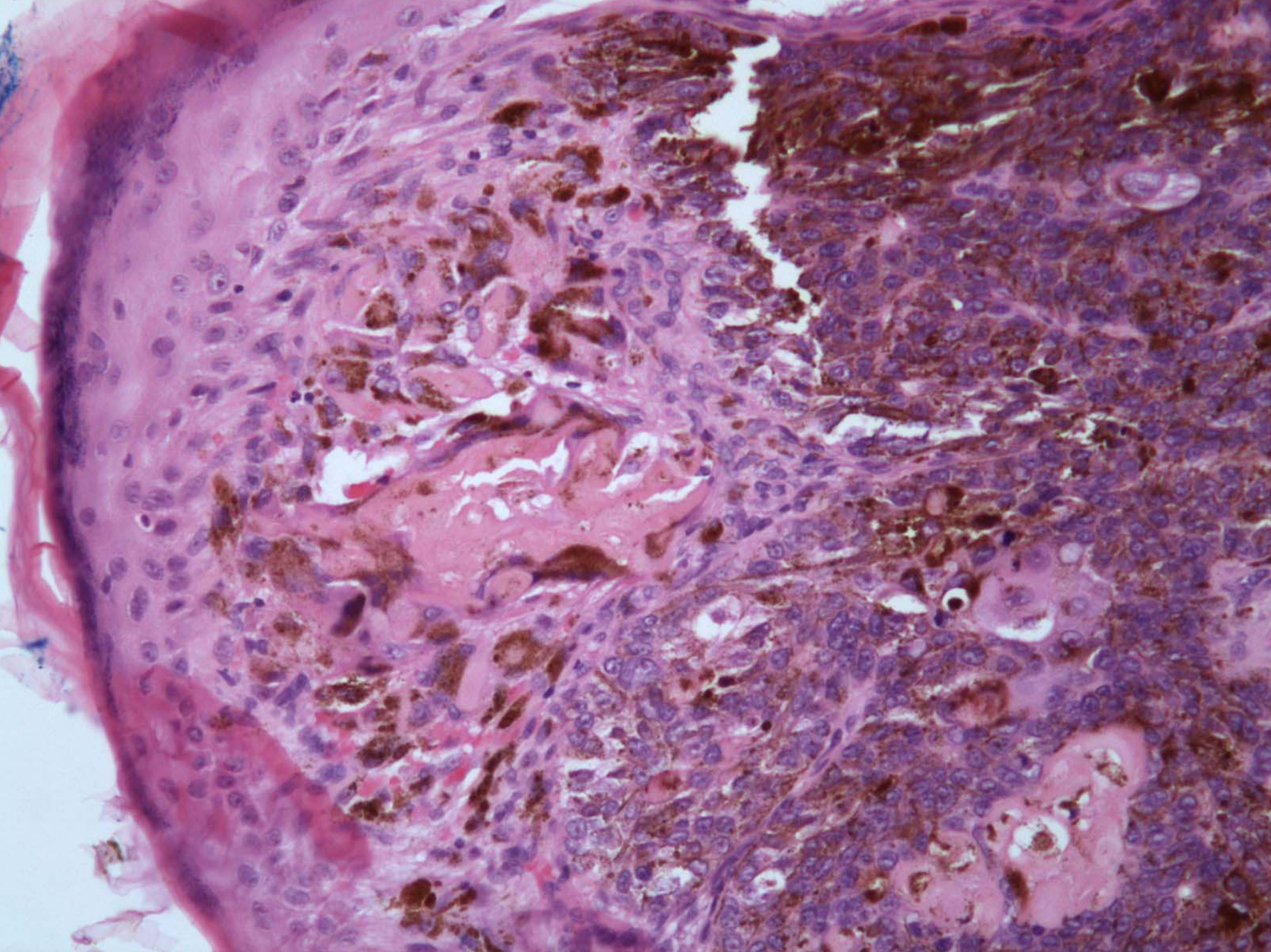
58 year old man with pigmented
lesion on forehead,
rule out melanoma

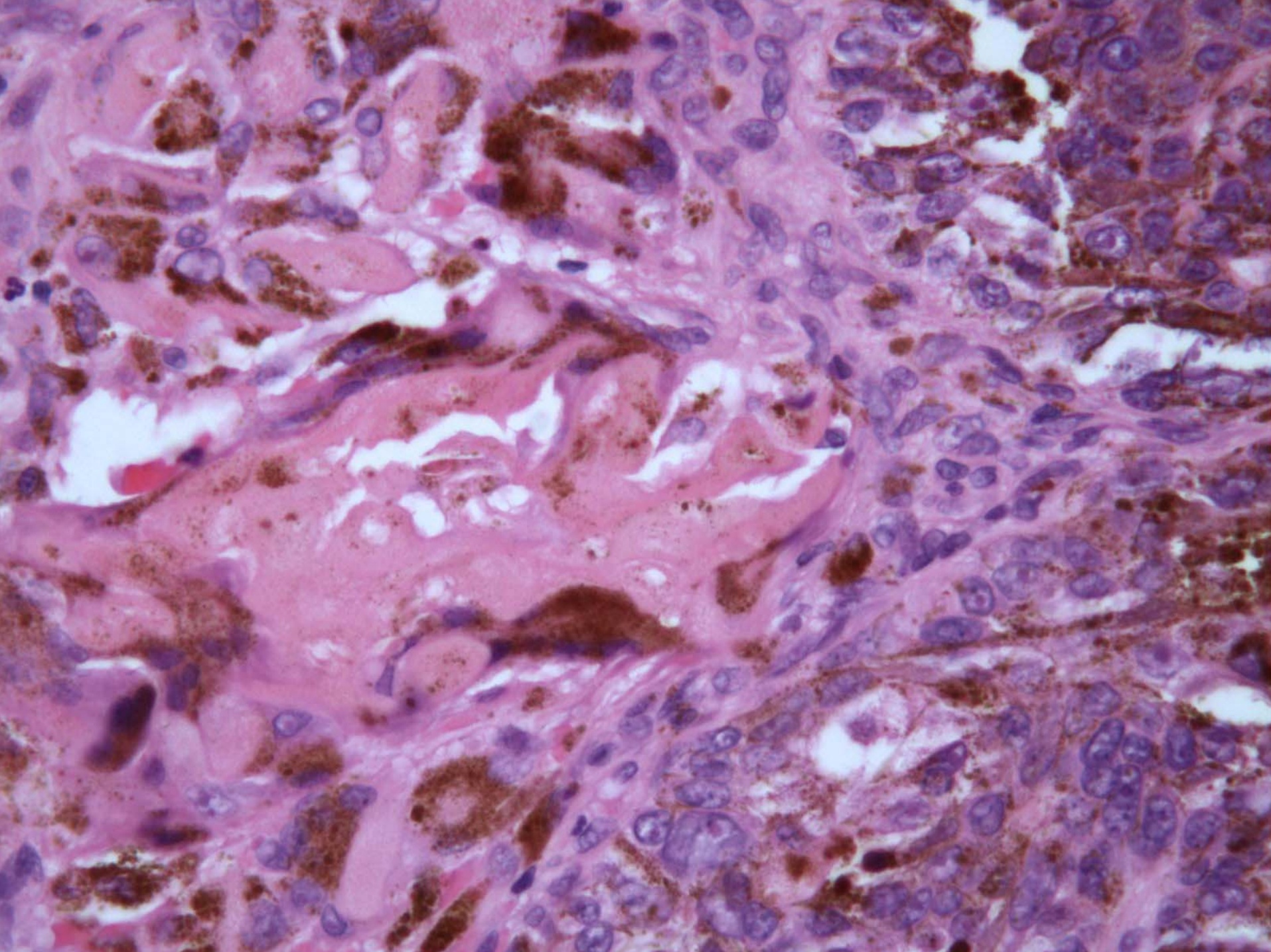


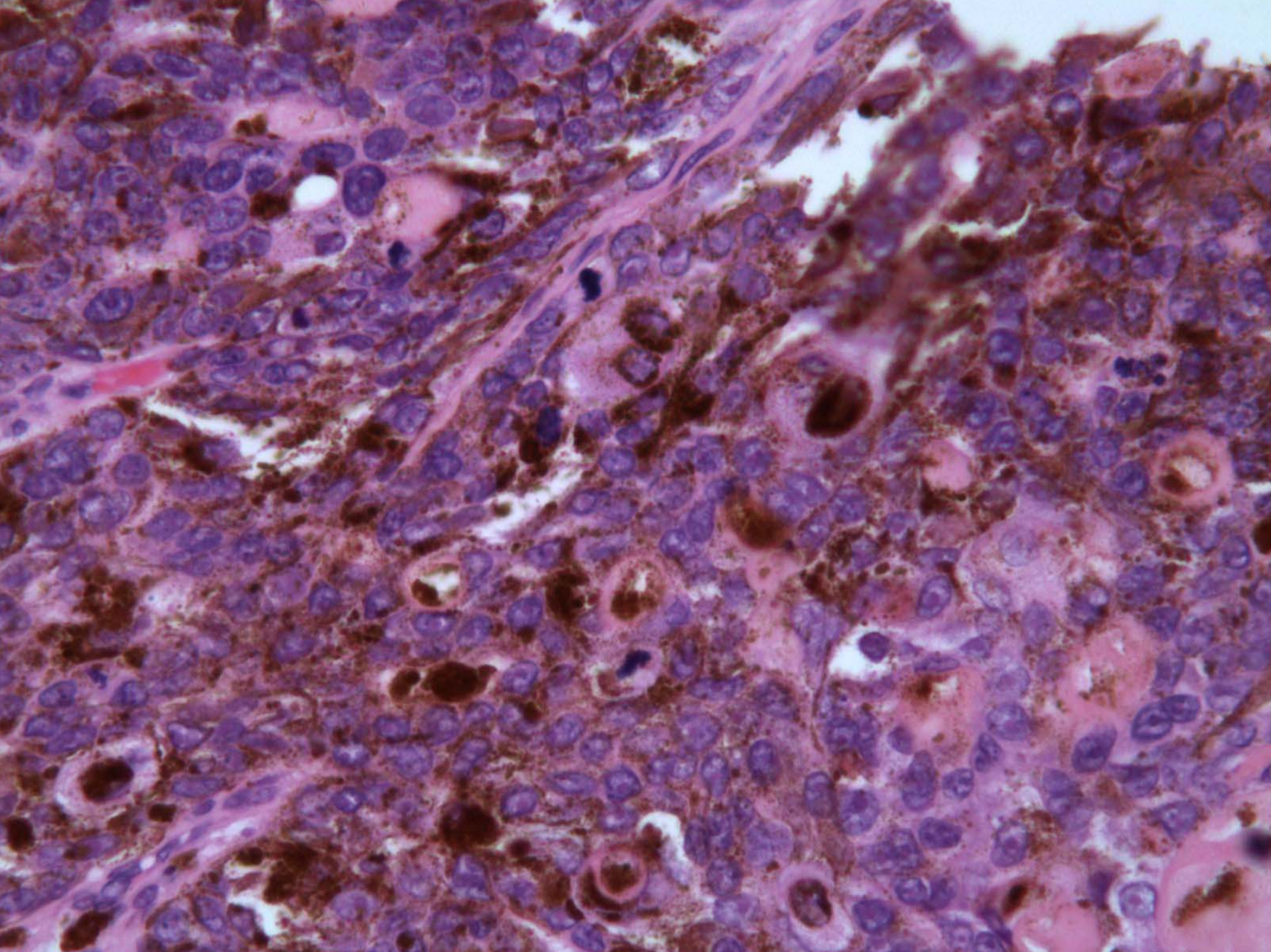


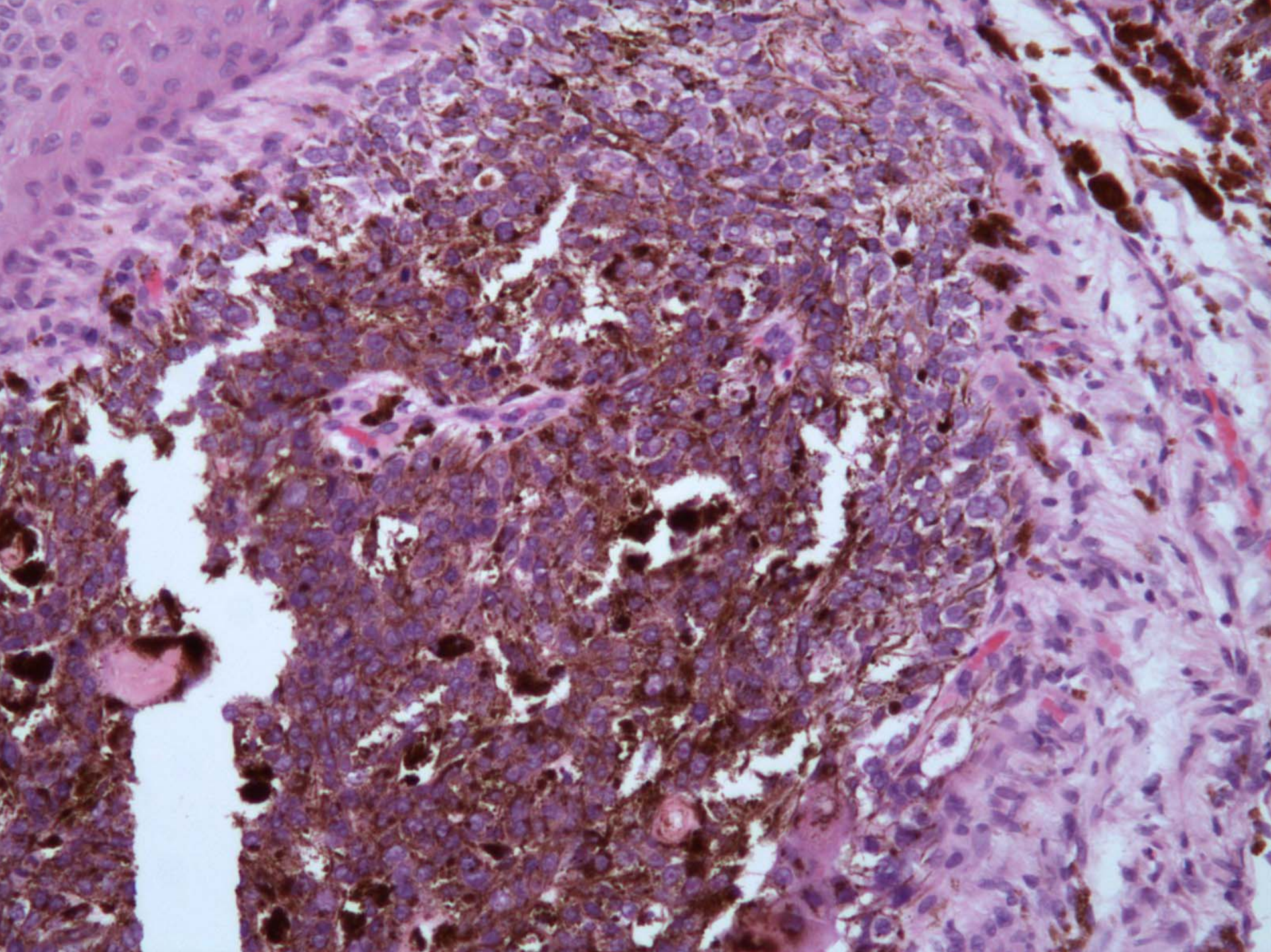


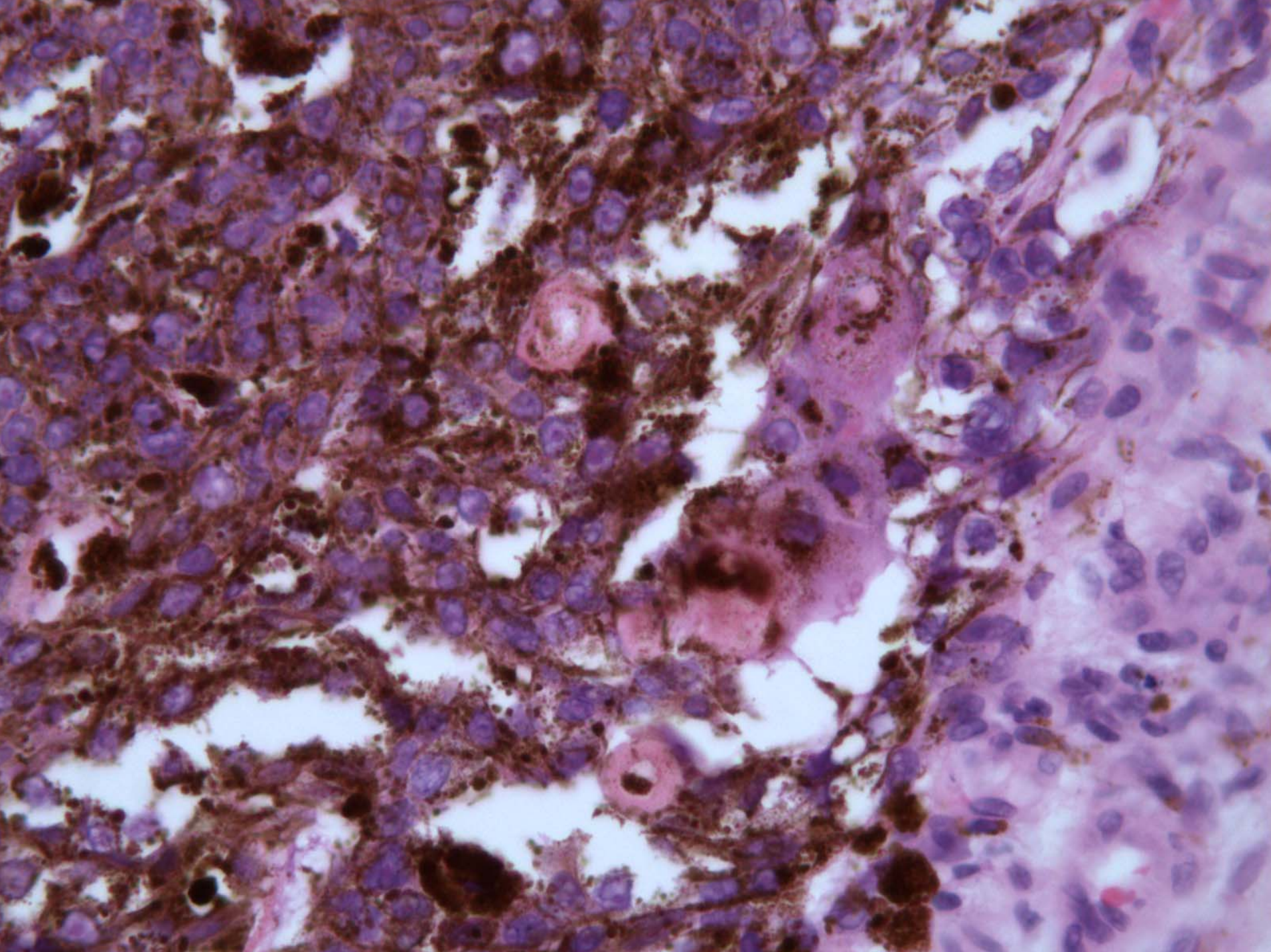


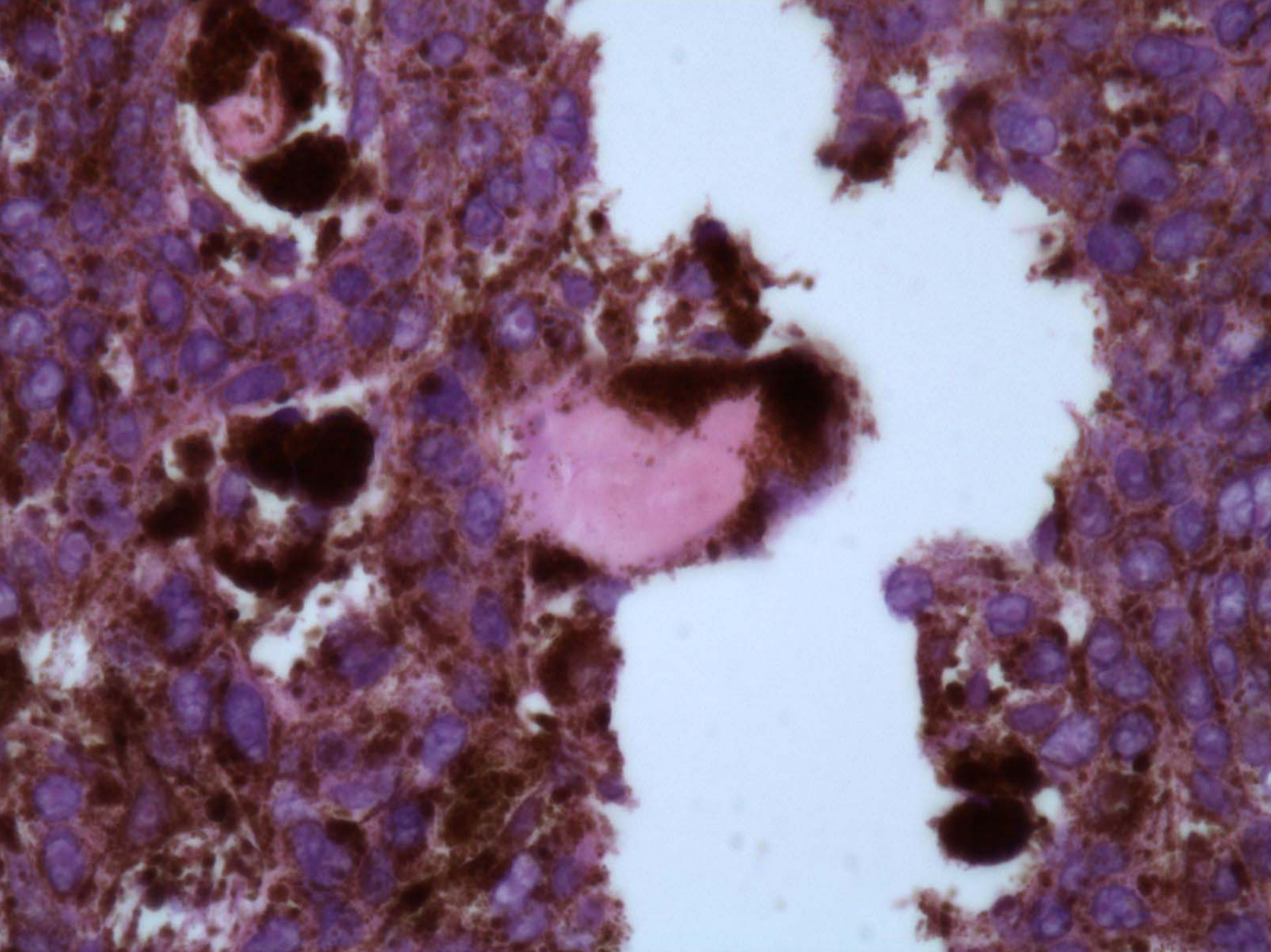


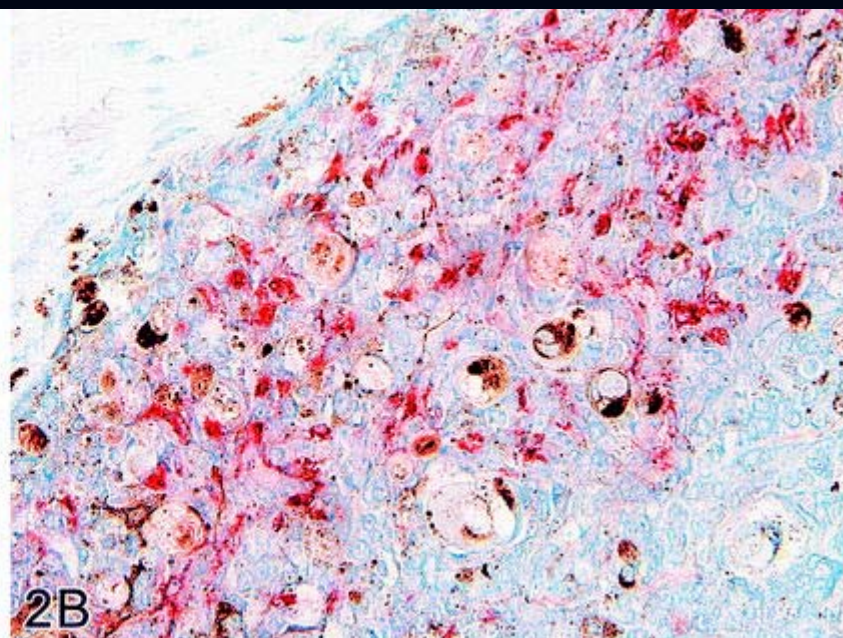
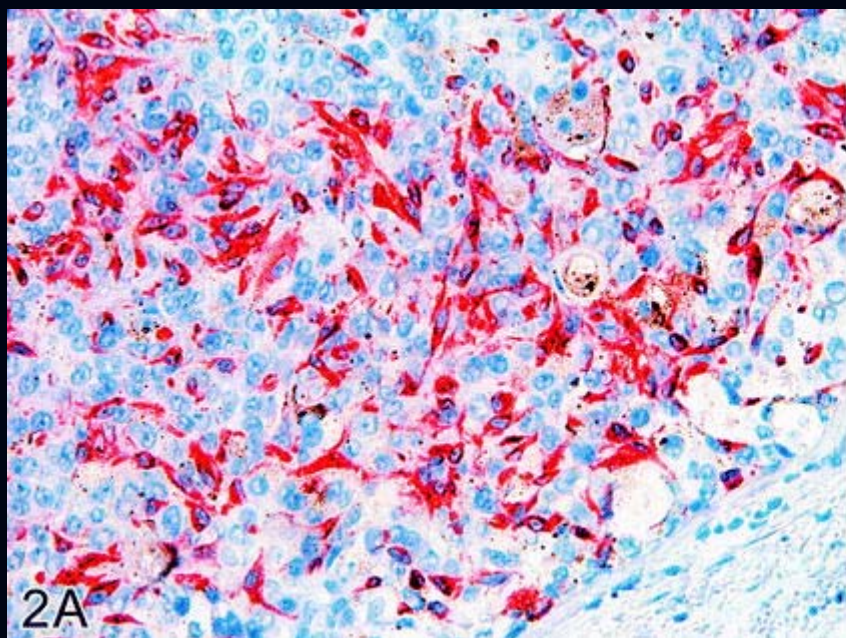












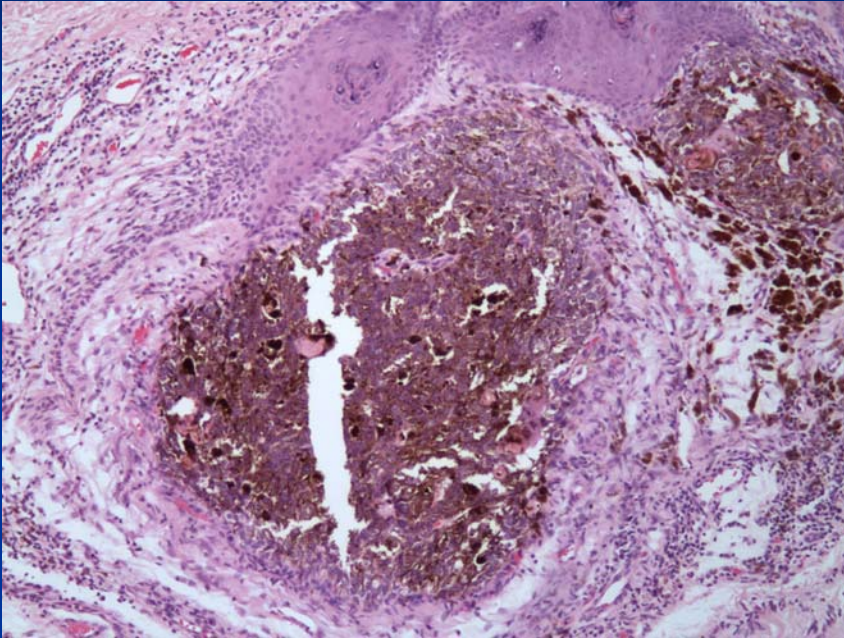
Melanocytic Matricoma

Clinical



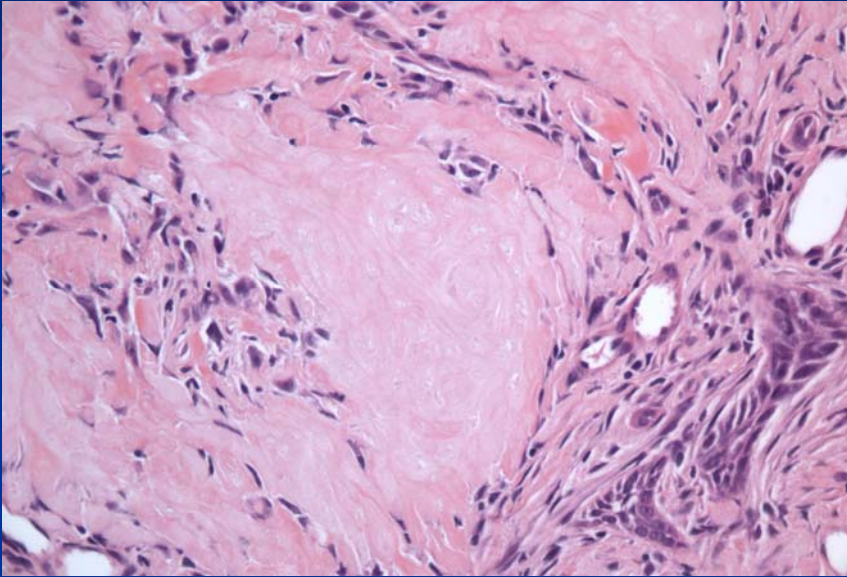
- Rare
- Small circumscribed darkly pigmented nodule
- 5-8th decades
- DDX: Melanoma, pigmented BCC, pigmented SK

Histopathology



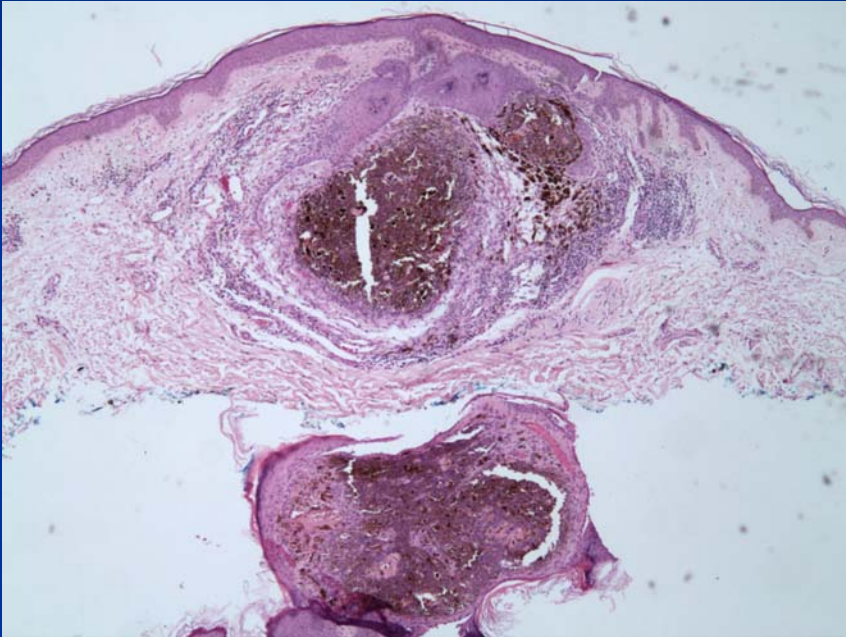
- Circumscribed dermal nodule of variable melanized cells
- Mitotically active matrical cells
- Shadow cells
- S100/Mart1 + in dendritic melanocytes
- CK positive in keratinocytes
- May need to bleach sections

DDX



- BBC with matrical differentiation
- Pilomatricoma with melanin pigment incontinence
- Melanoma

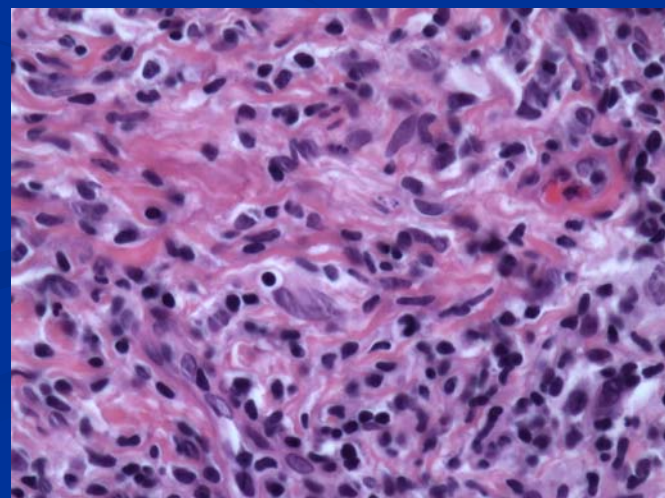
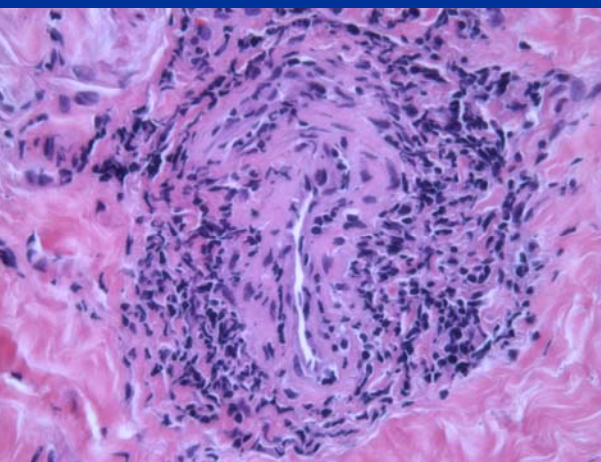
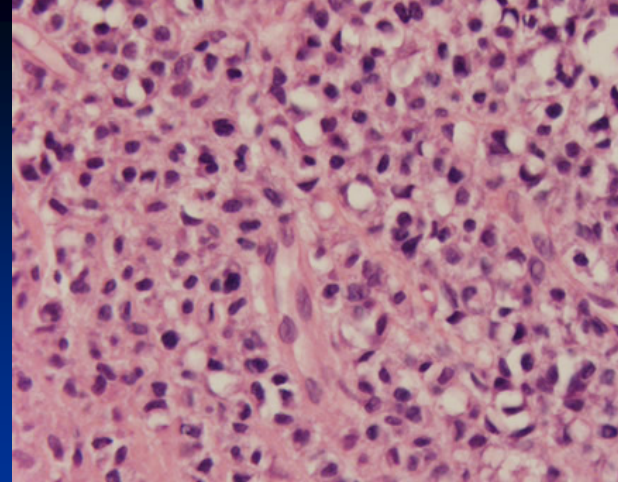
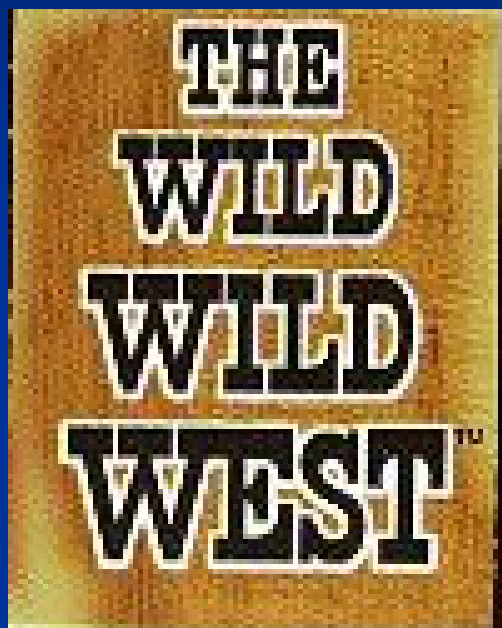
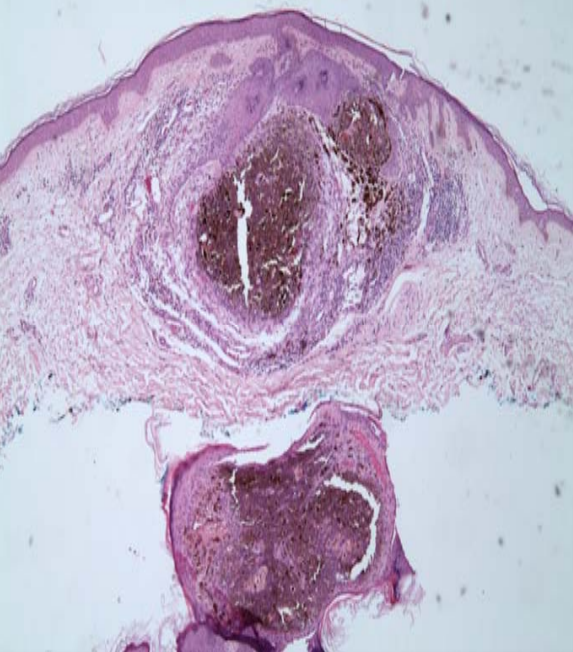
Prognosis and Treatment



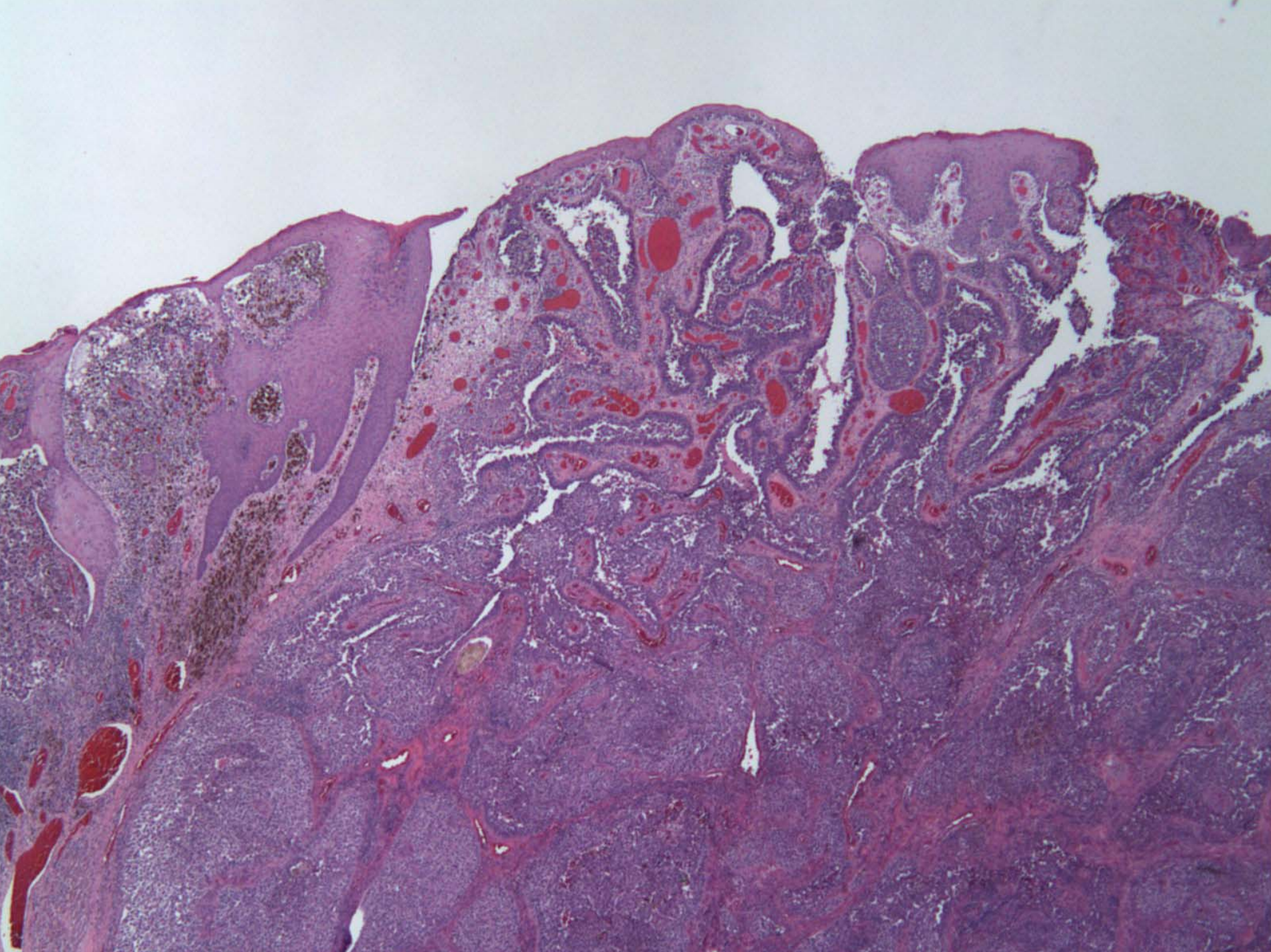
- No metastasis to date
- Simple excision

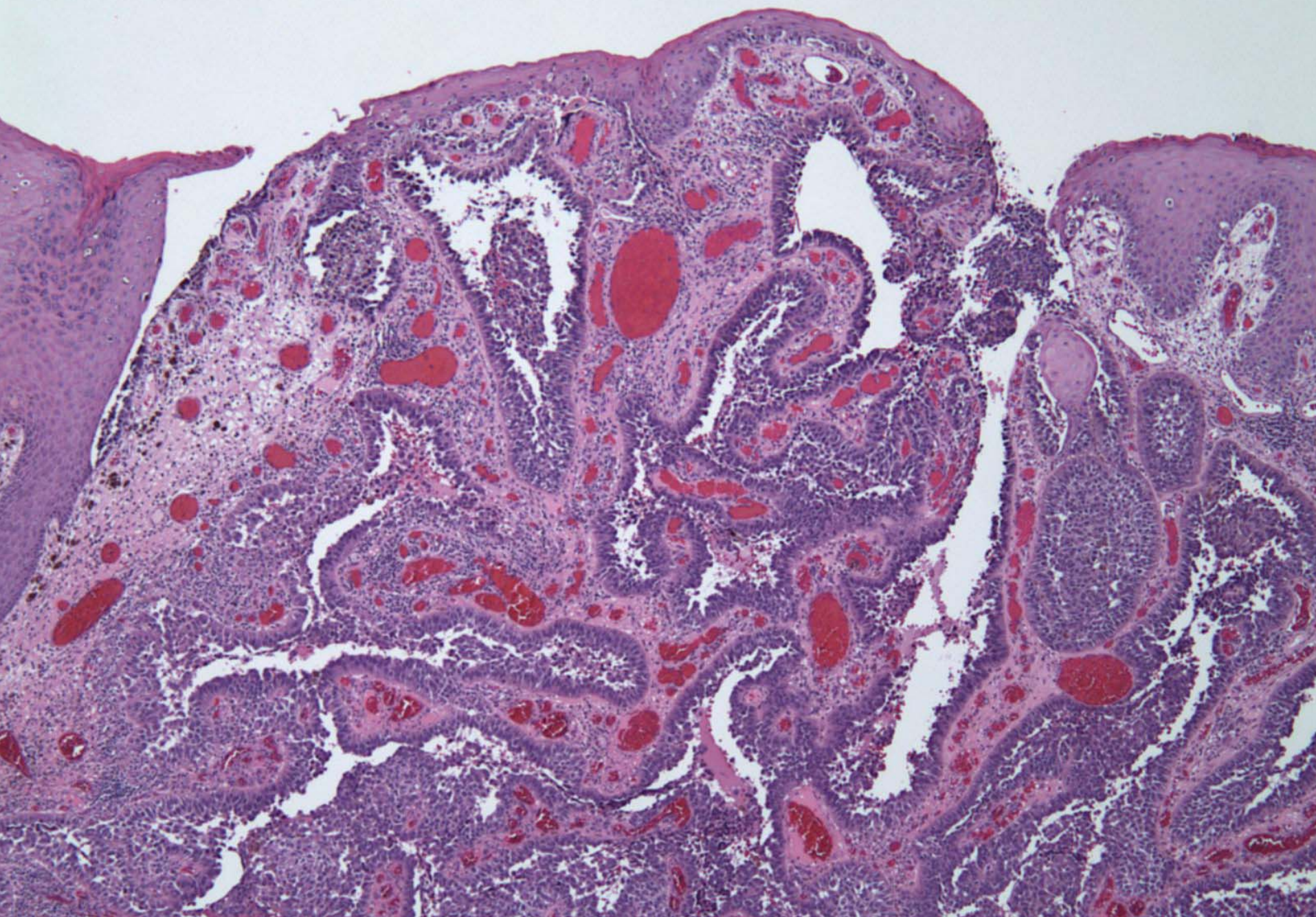
Am J Dermatopathol. 2003 Dec;25(6):485-9.

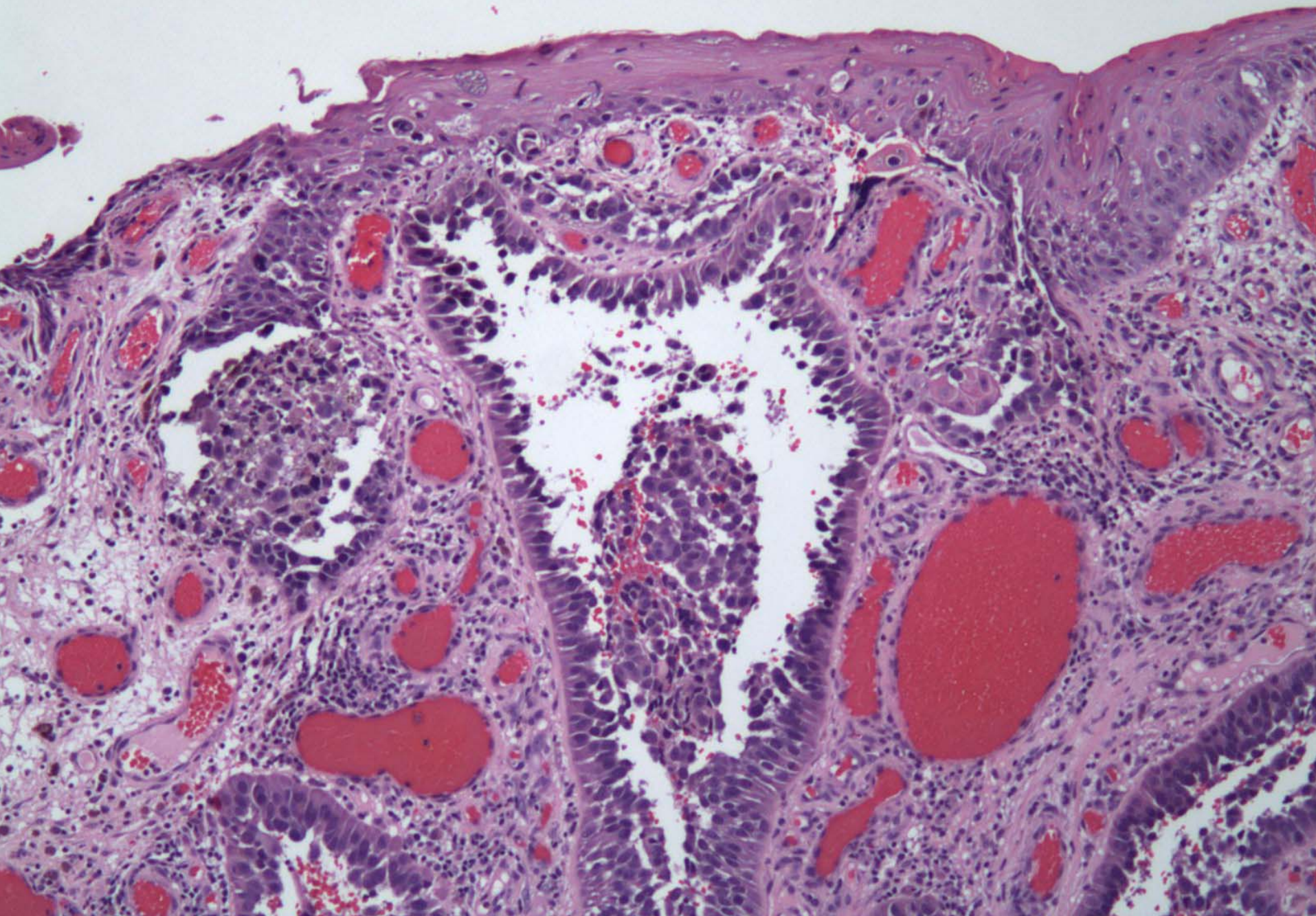
Matrical carcinoma with prominent melanocytic hyperplasia
(malignant melanocytic matricoma?) A report of two cases.

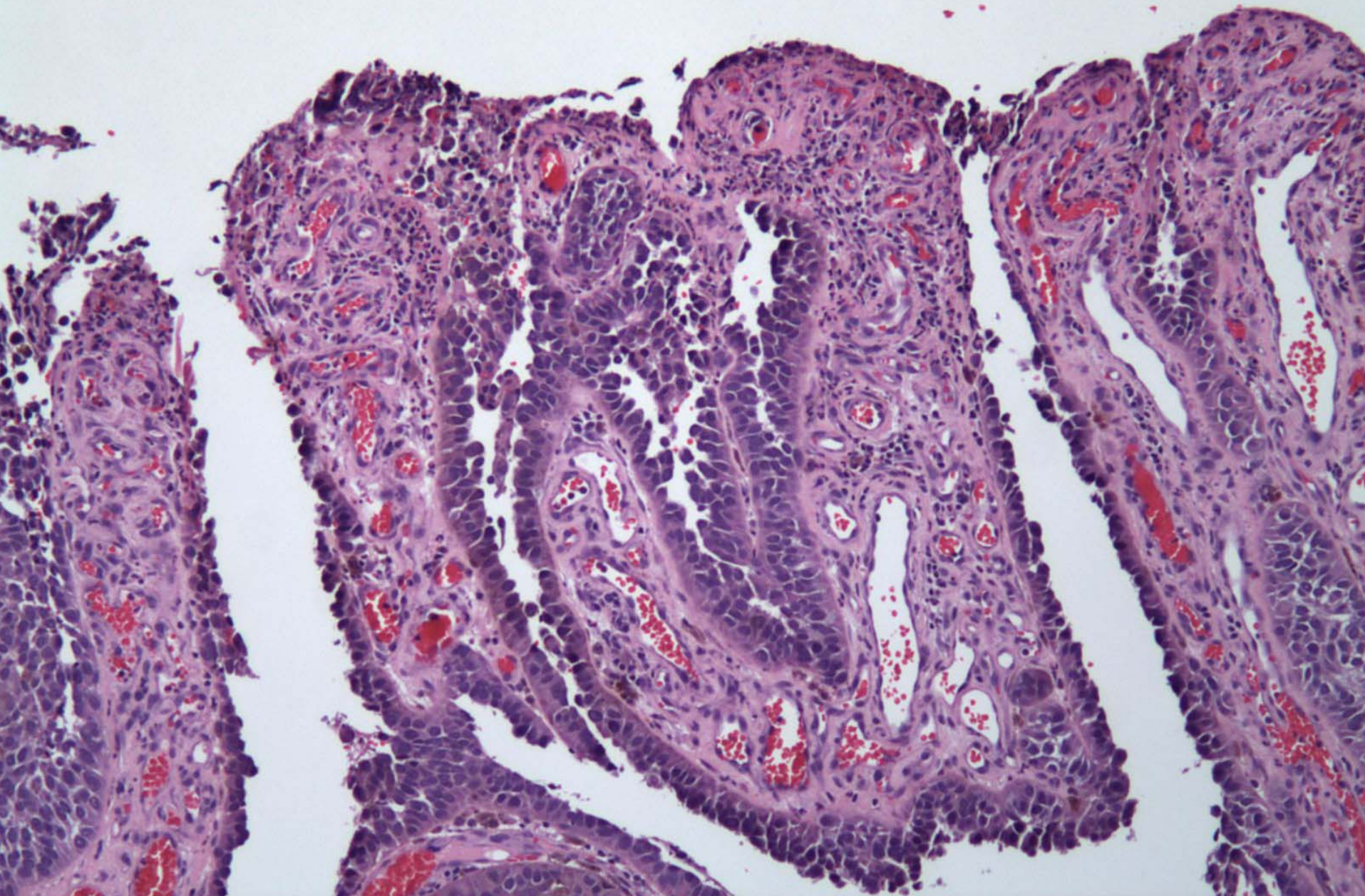


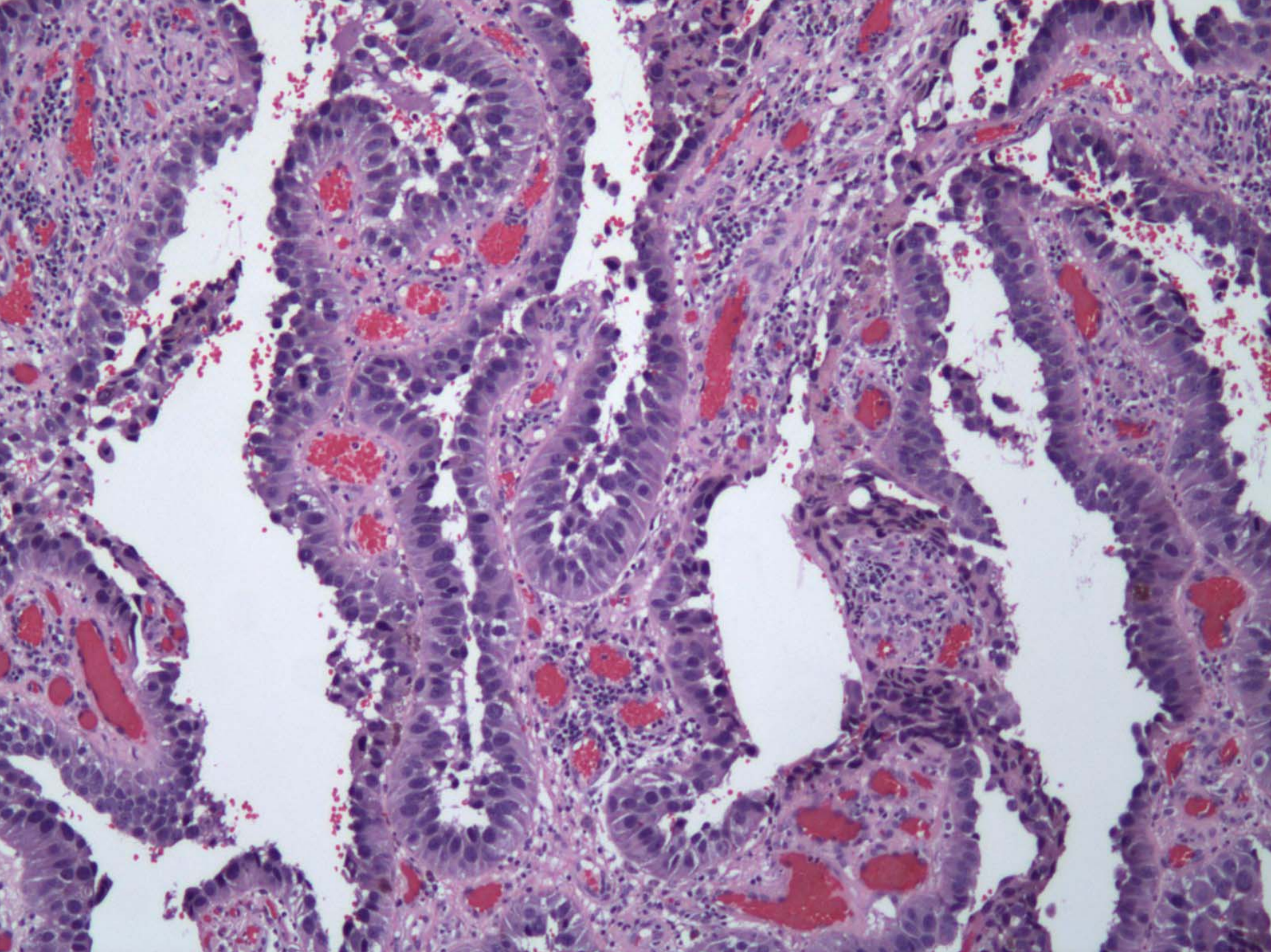
52 year old man
Pigmented lesion on sternum

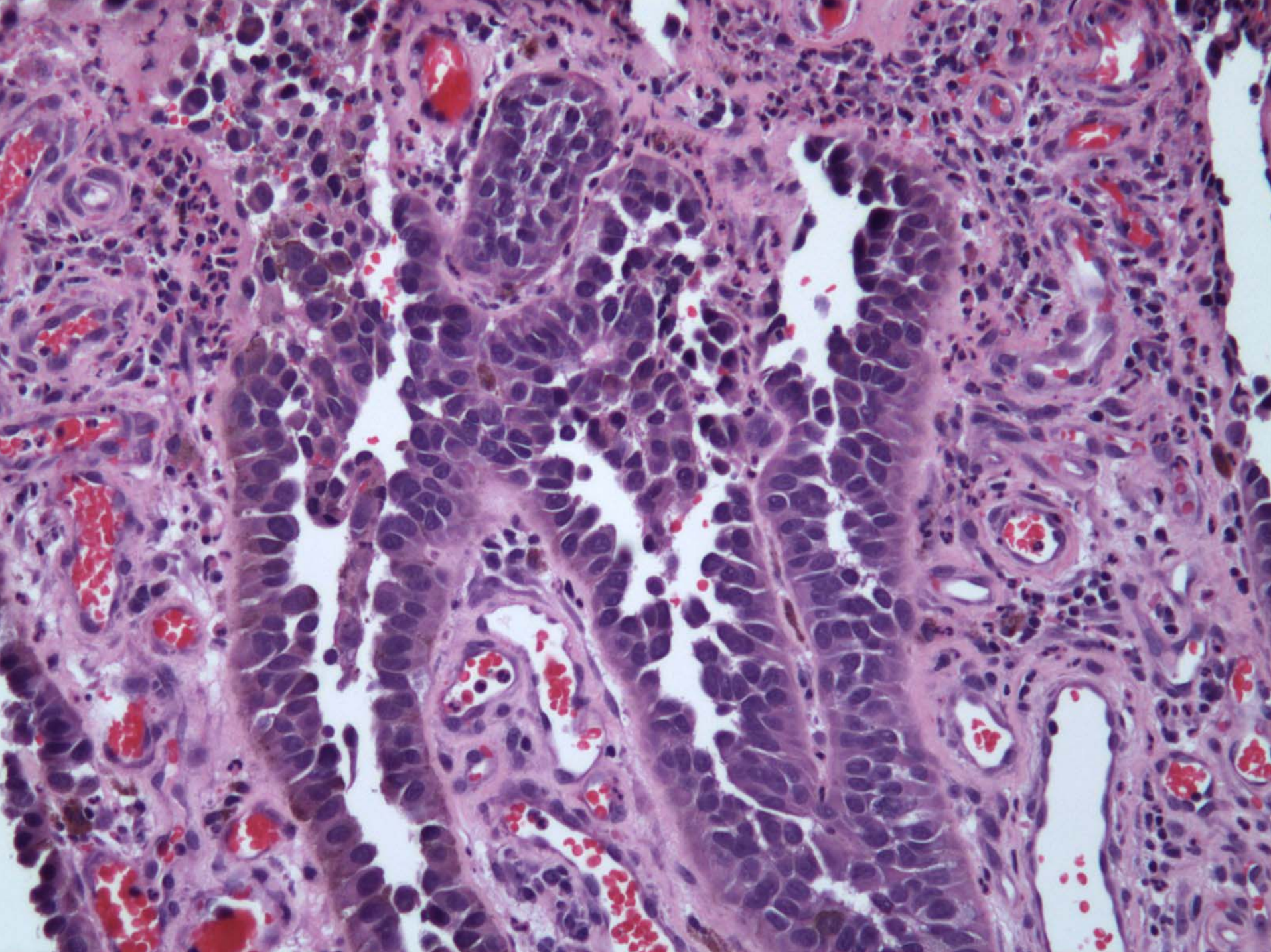


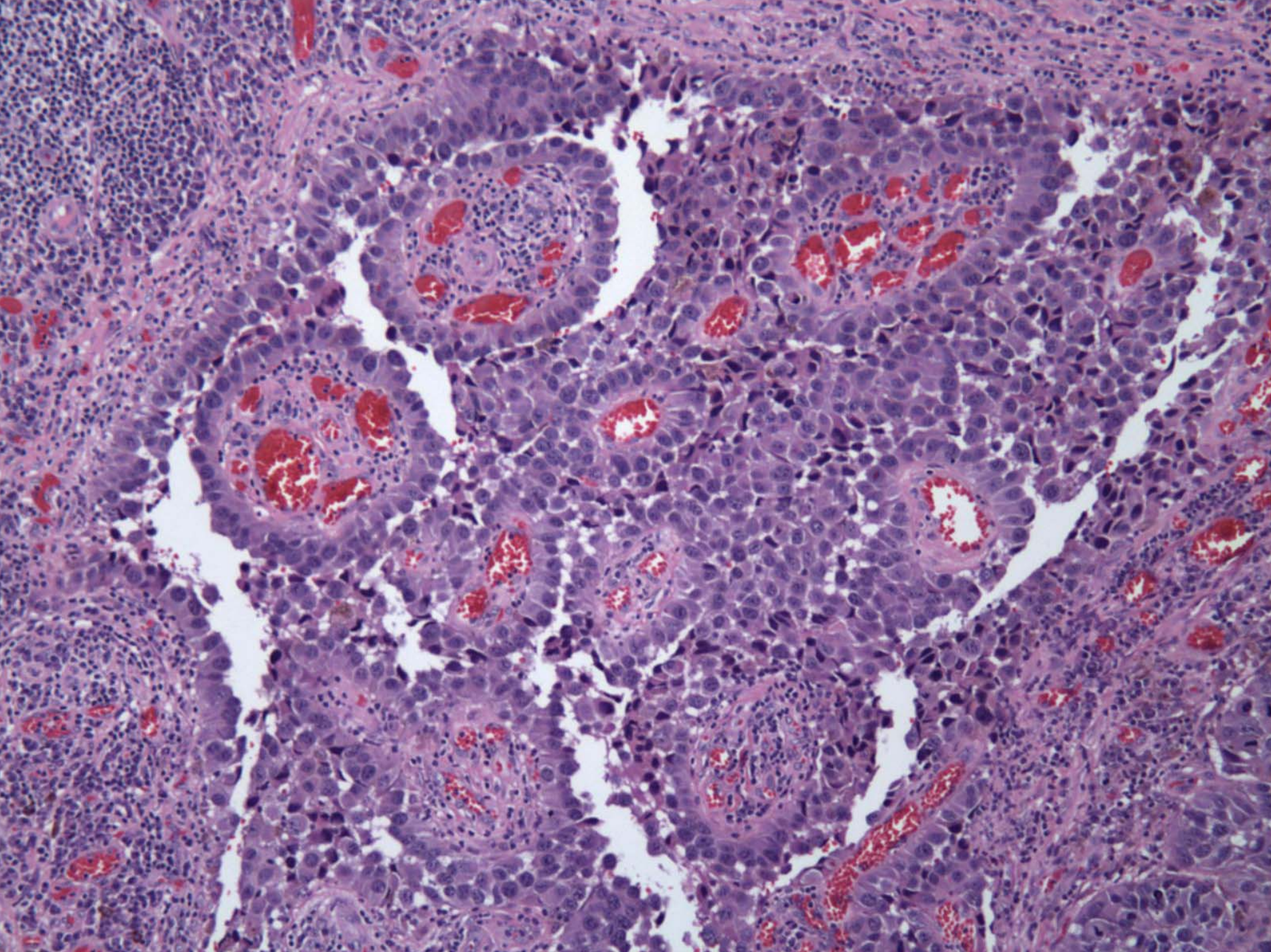


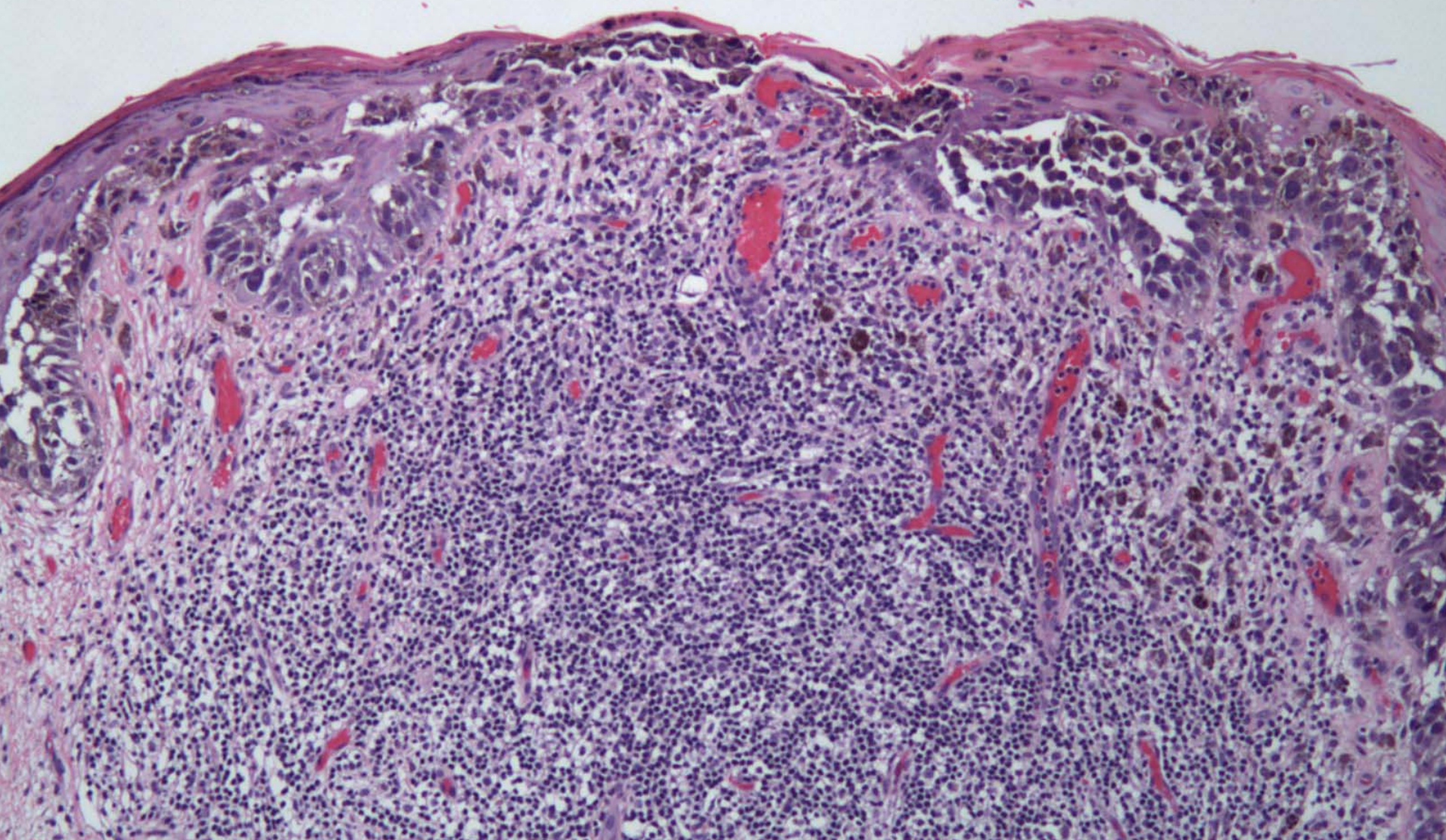


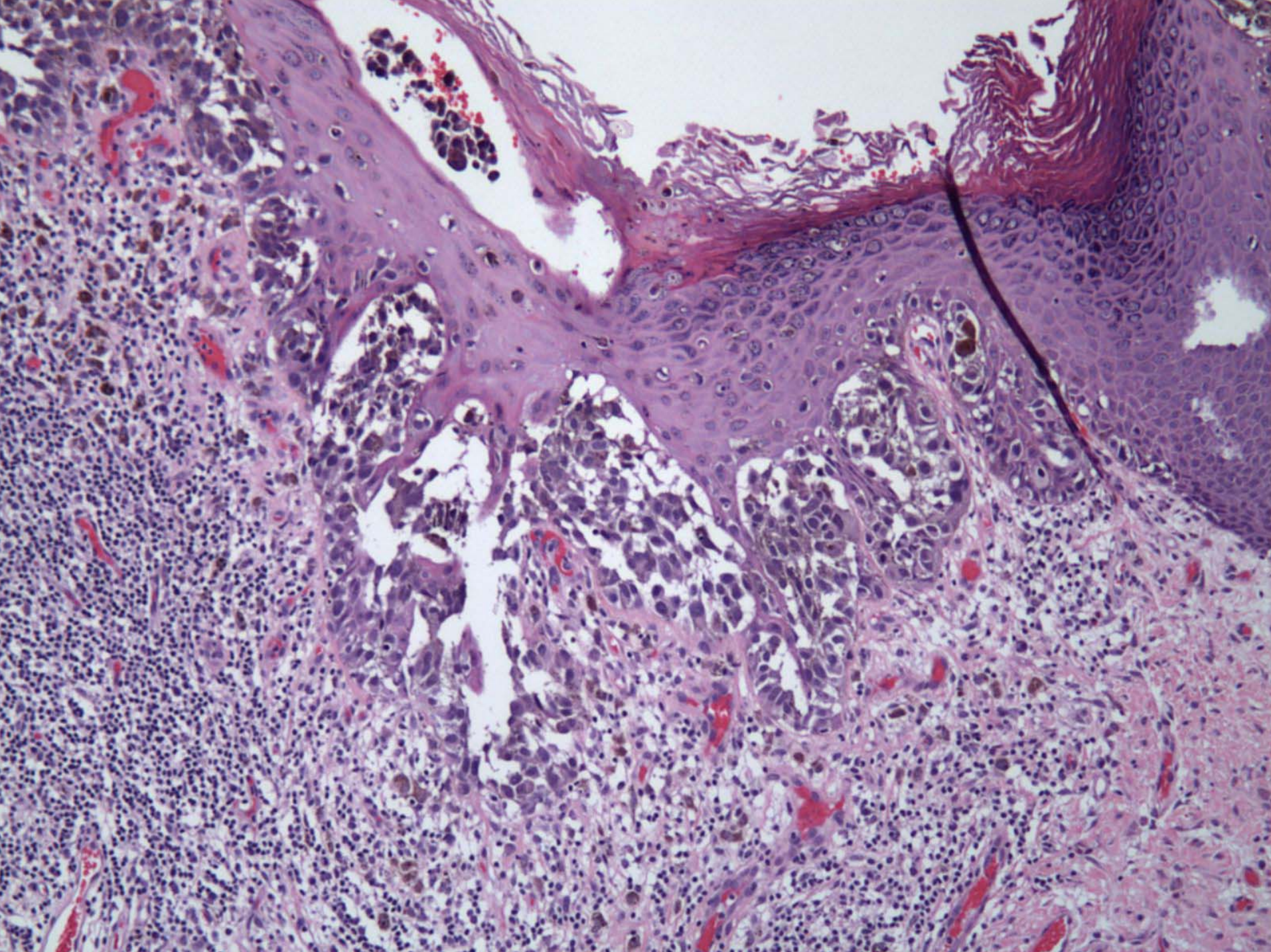


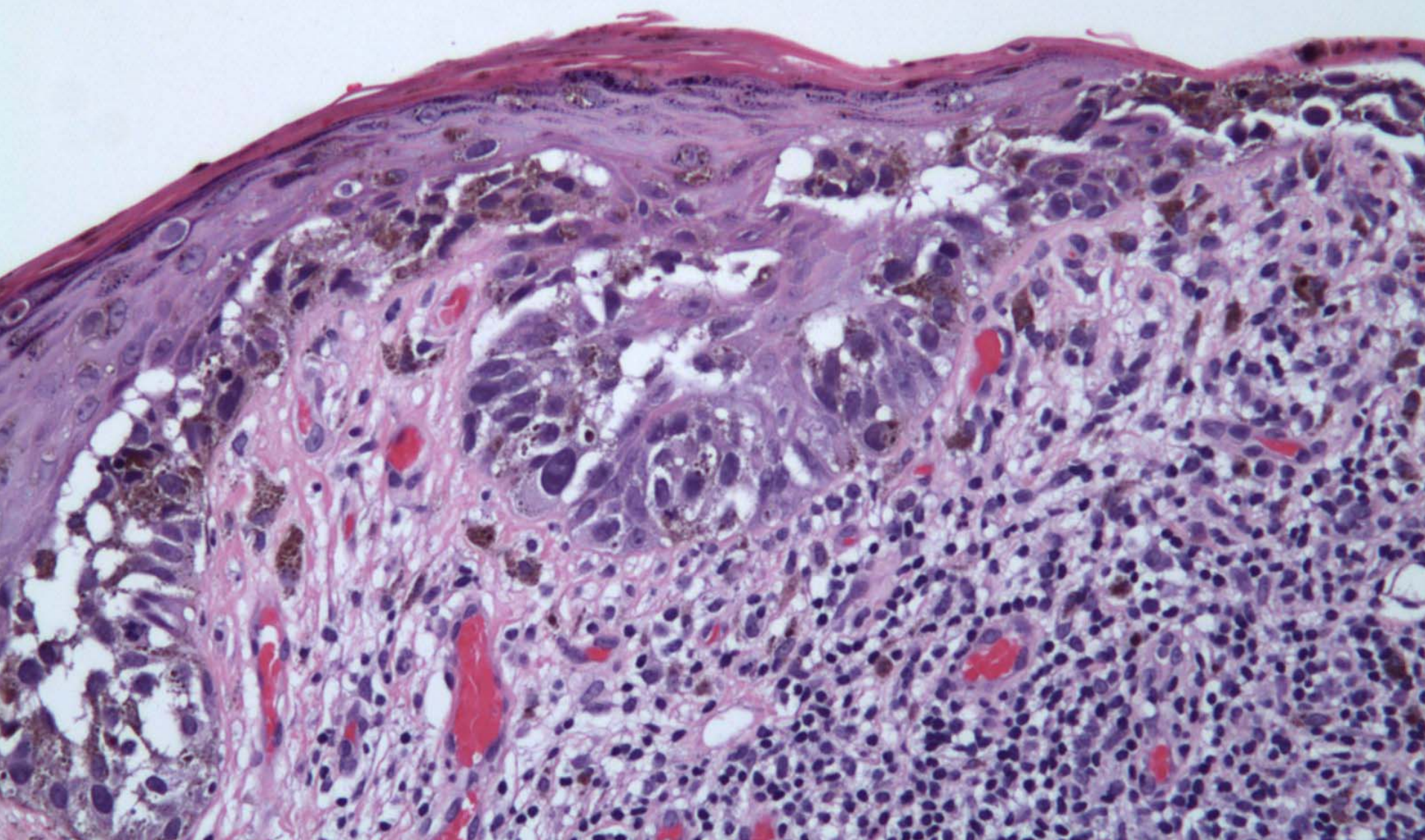


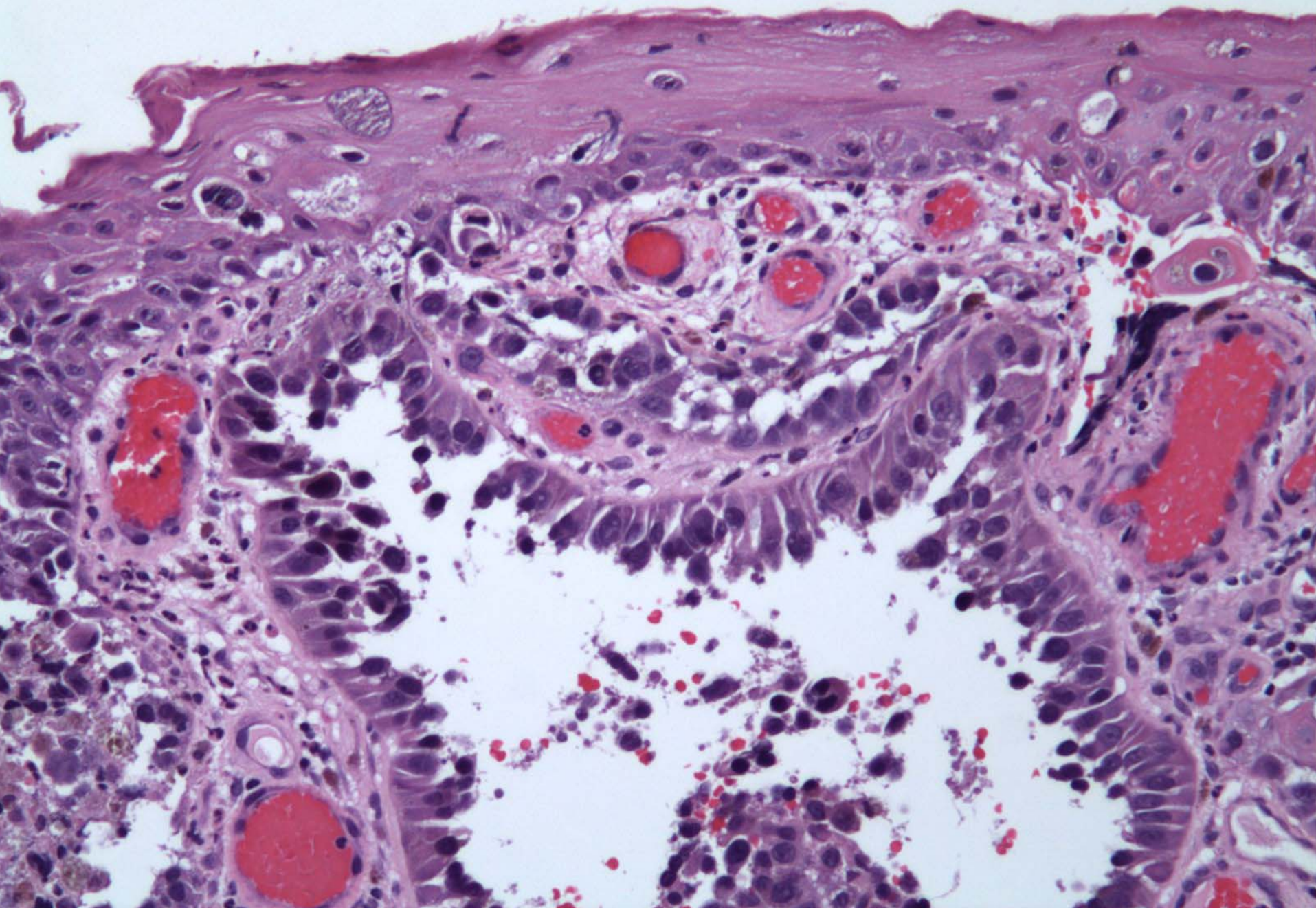


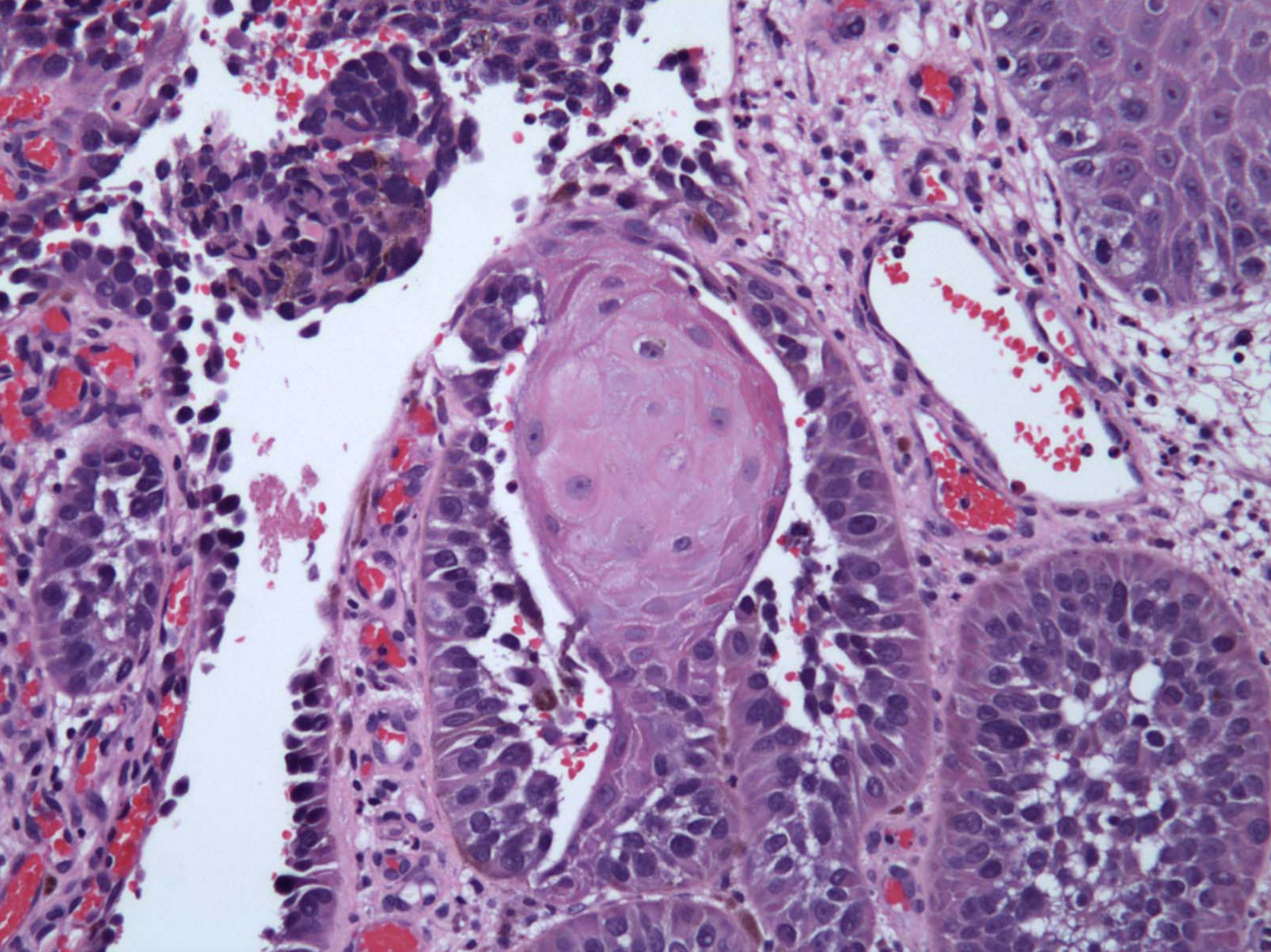


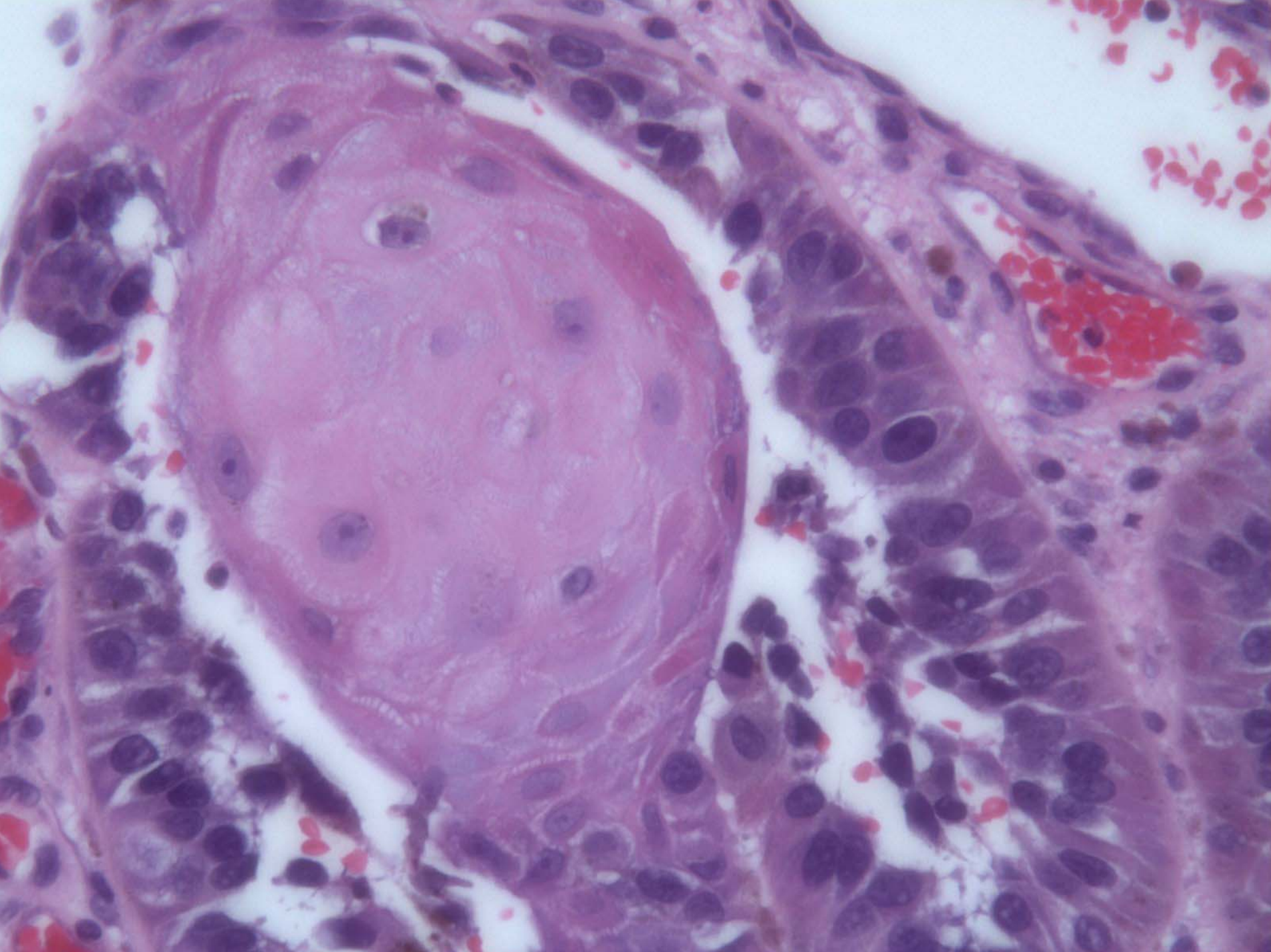


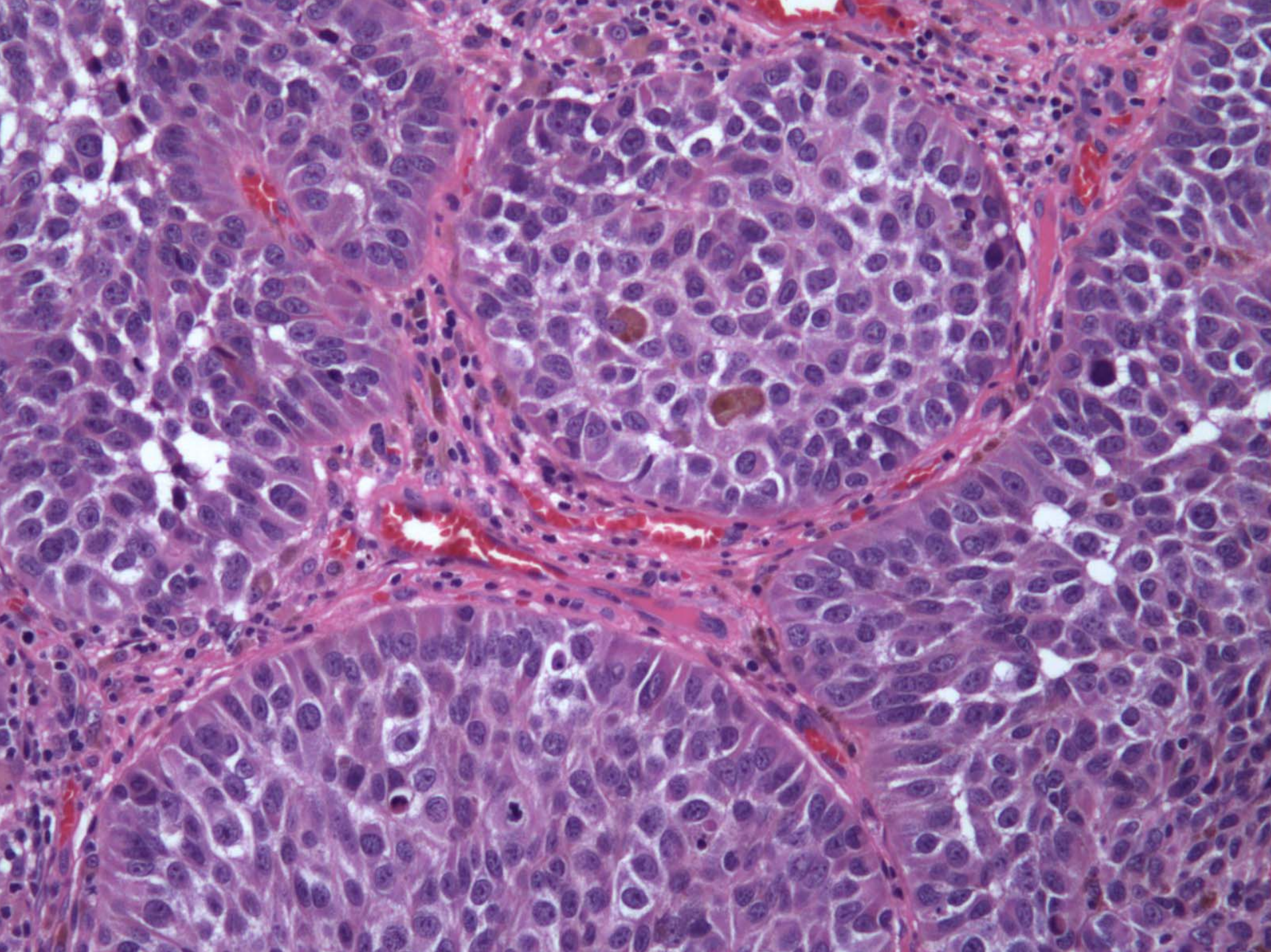


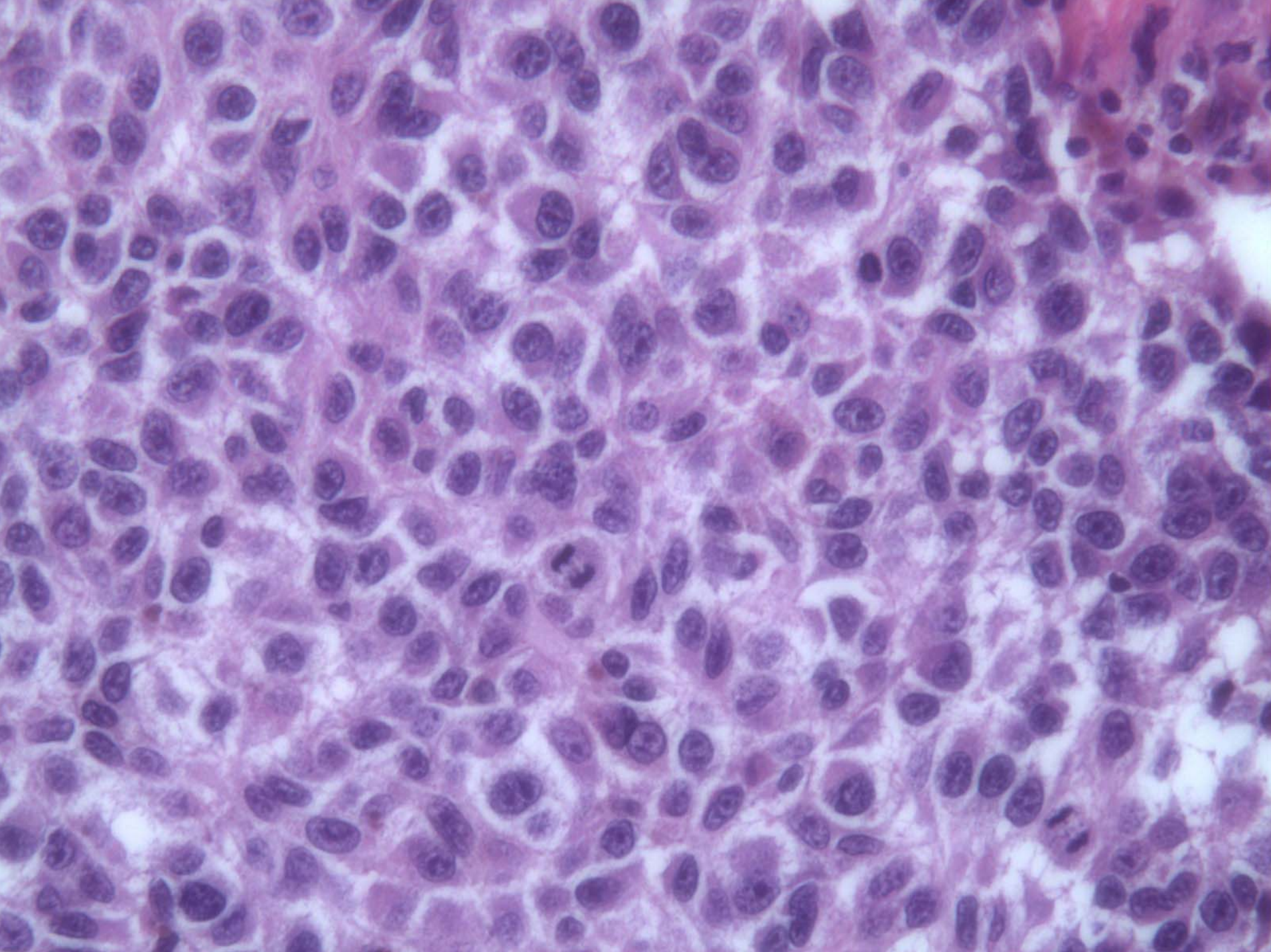




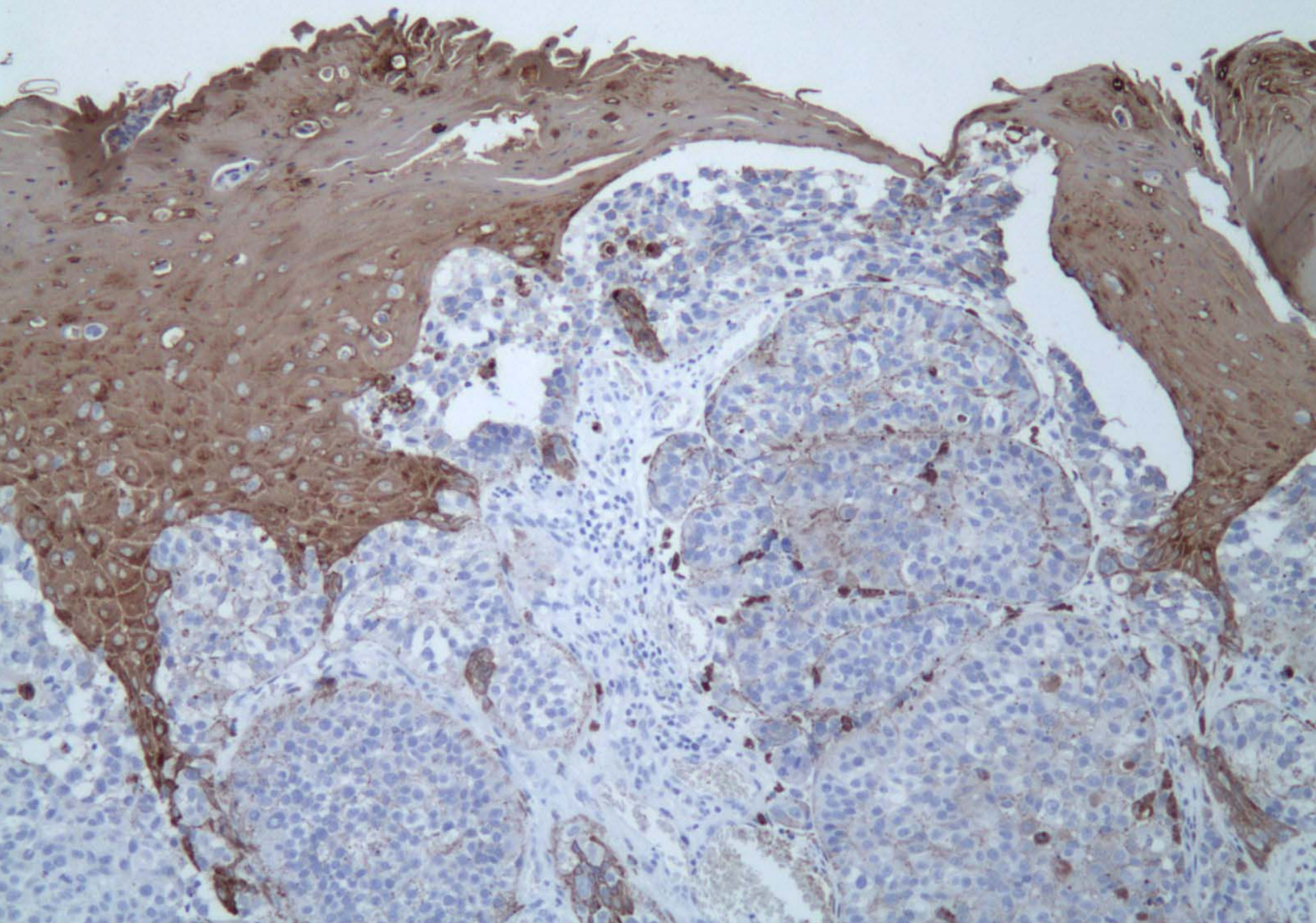


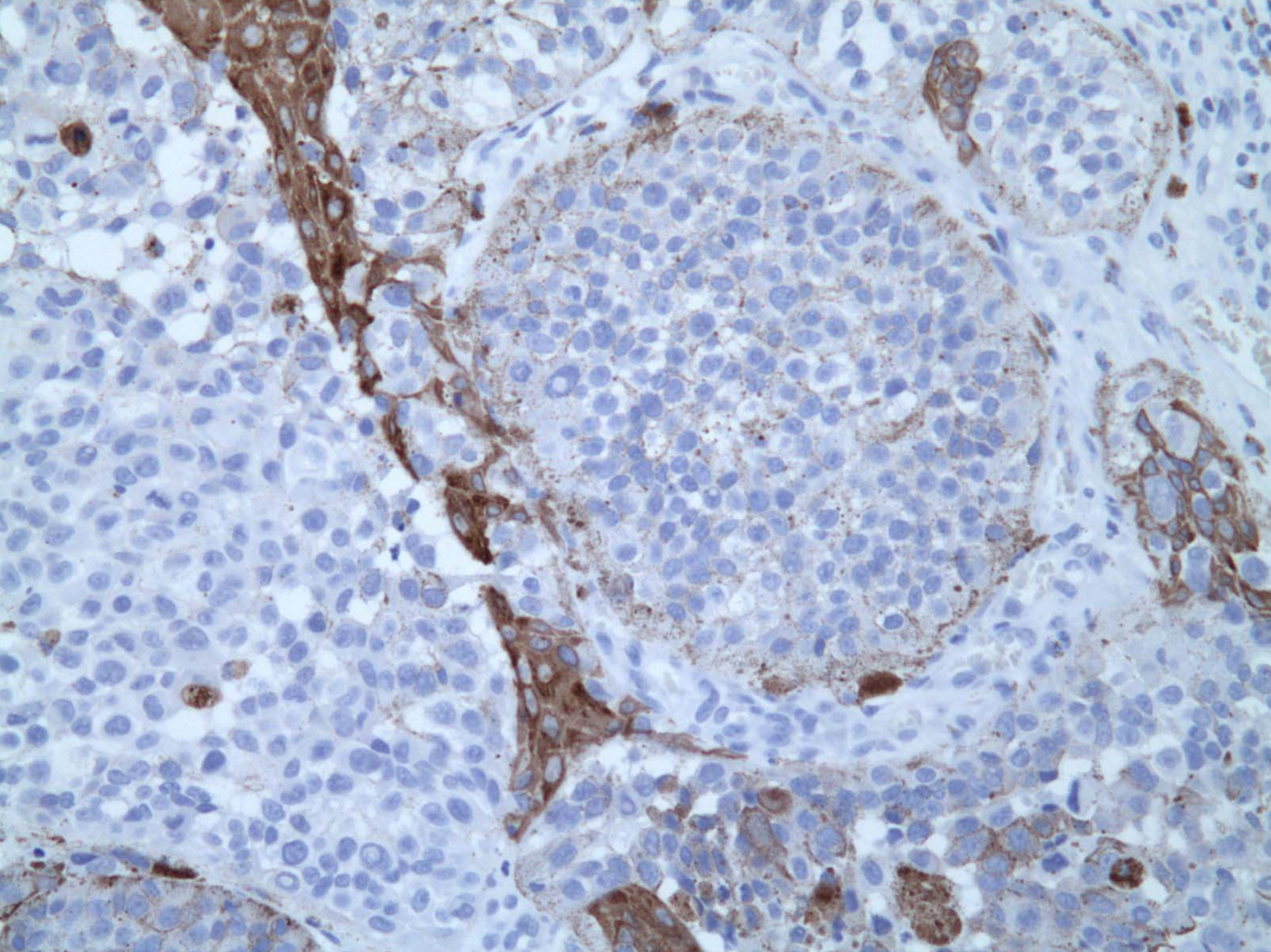


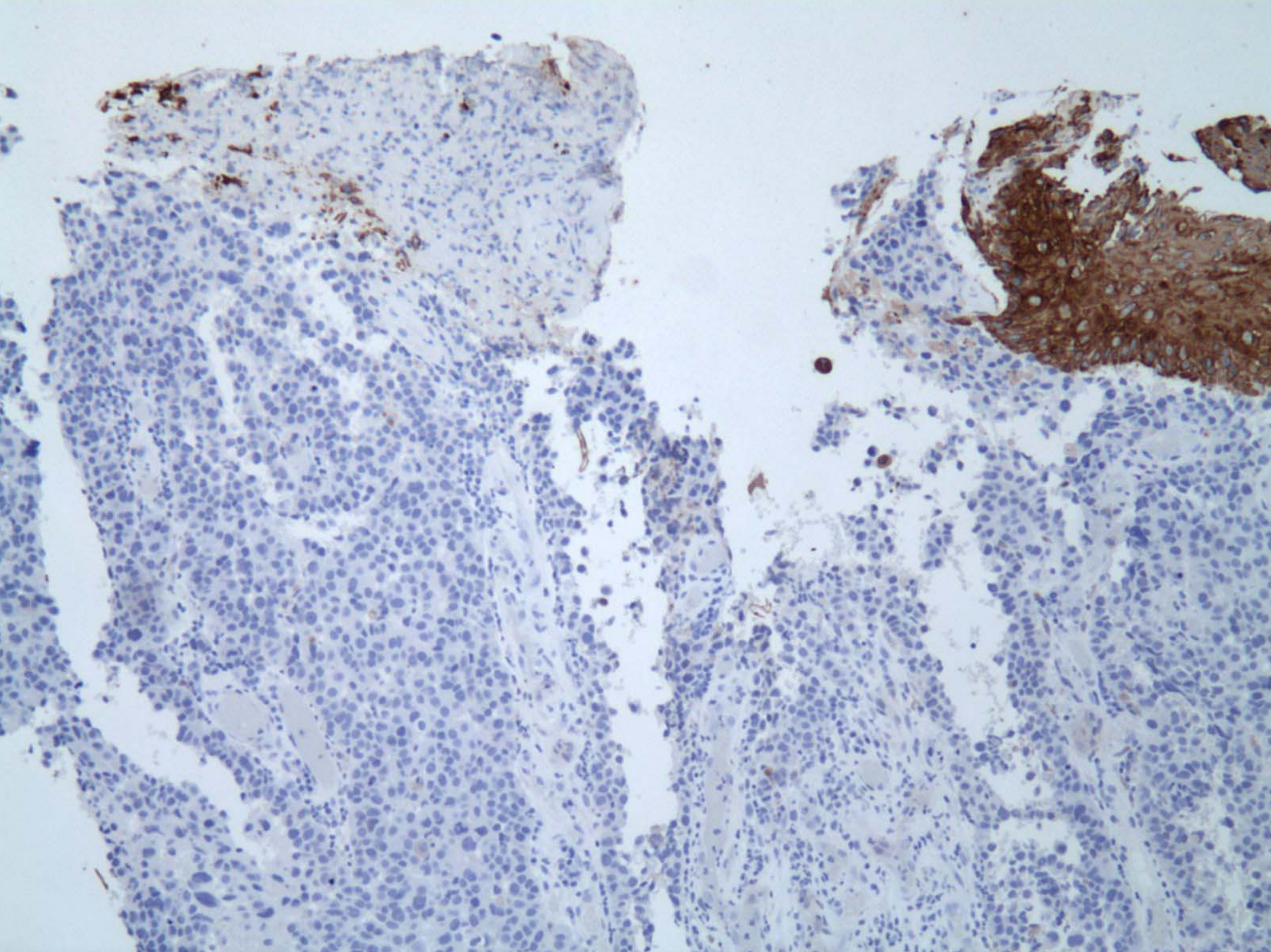


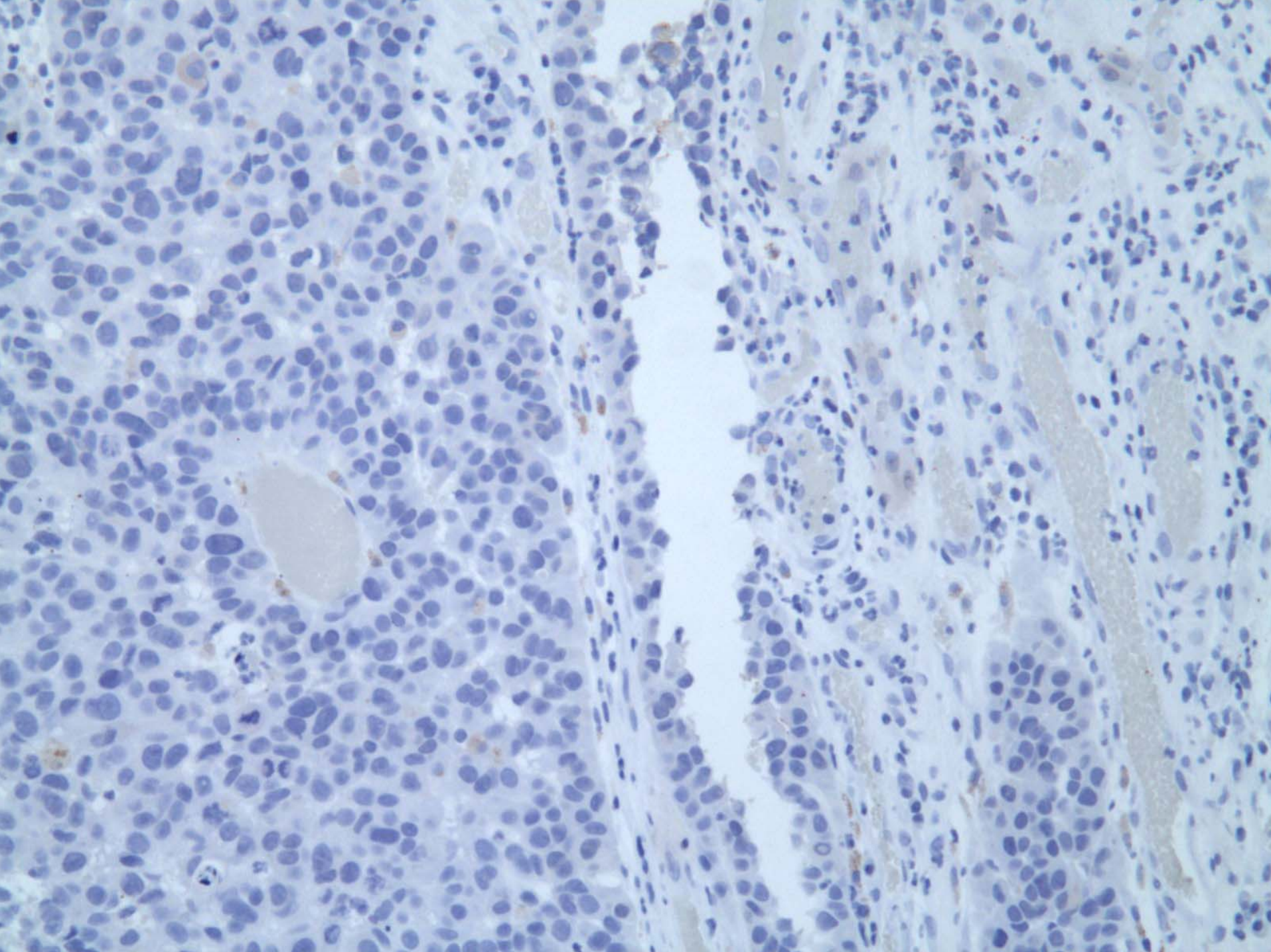


CK

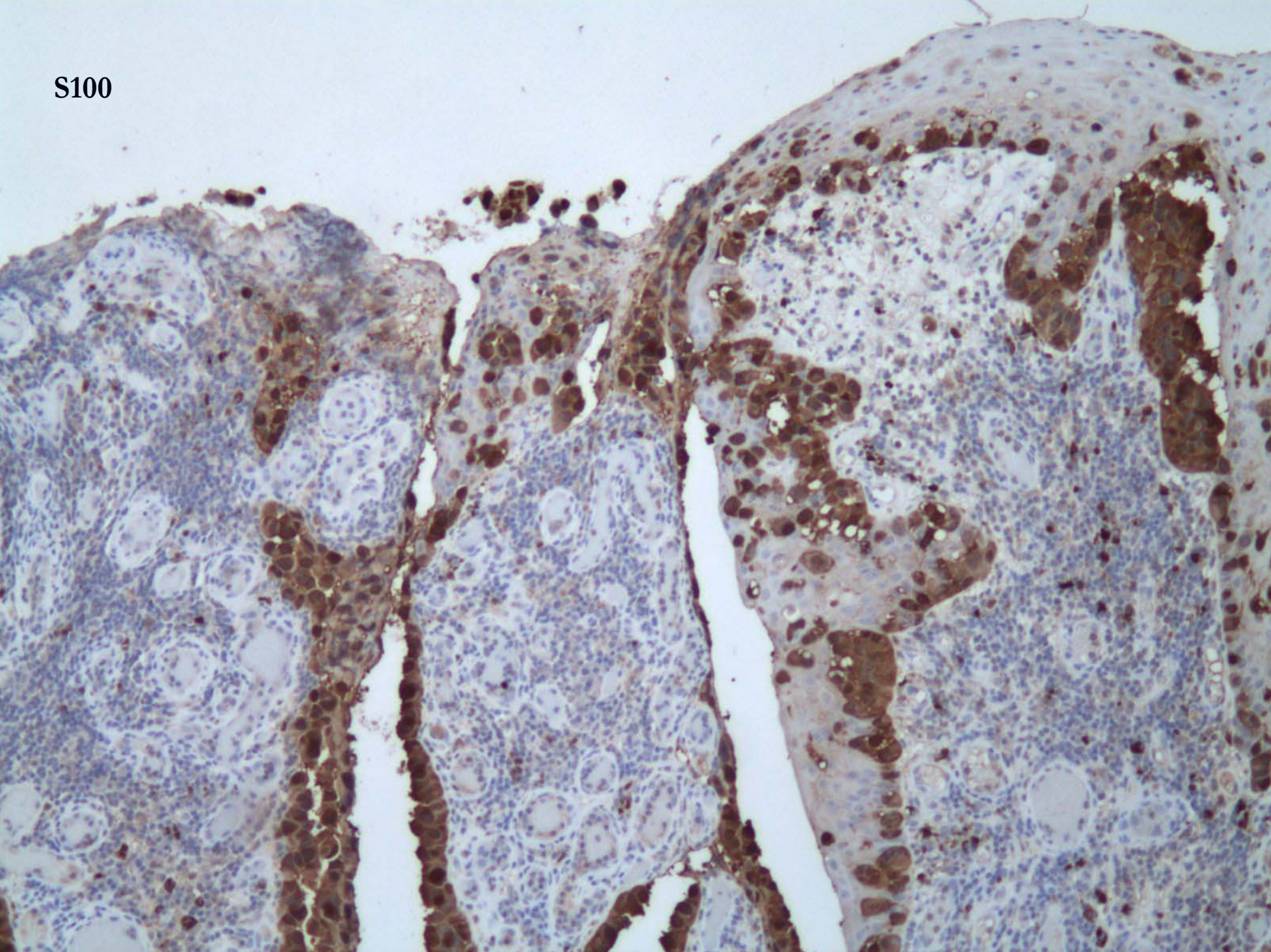


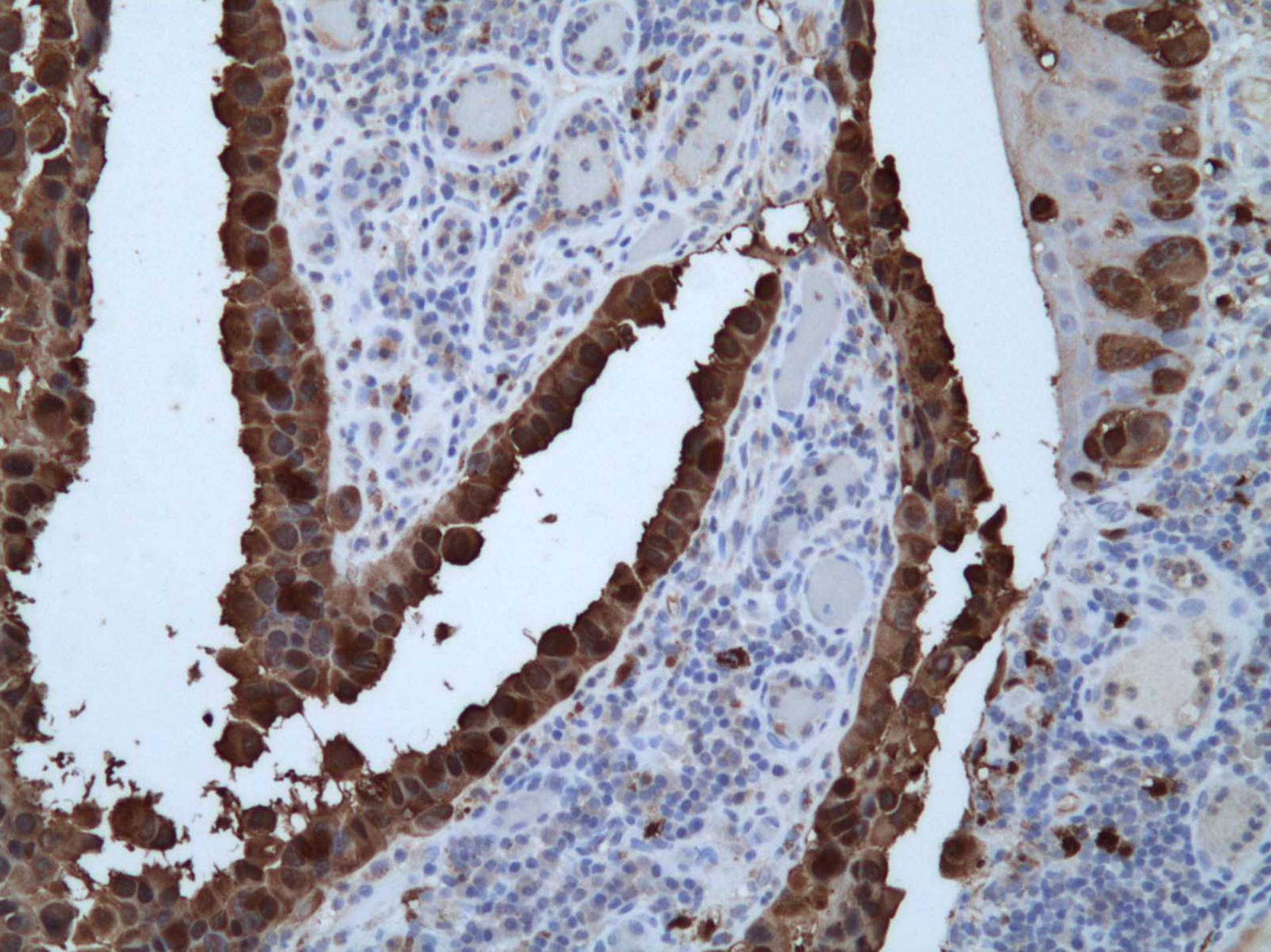


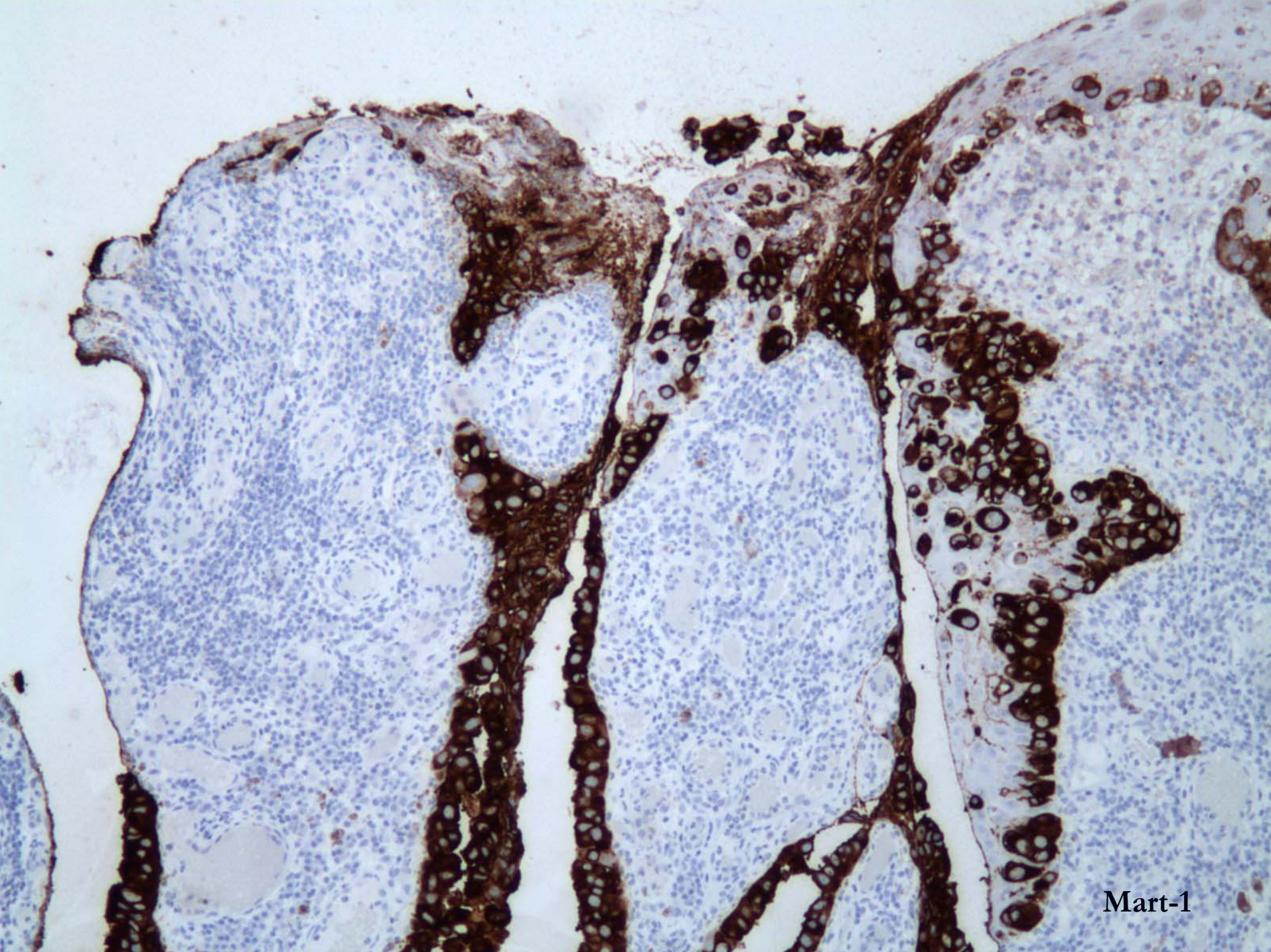




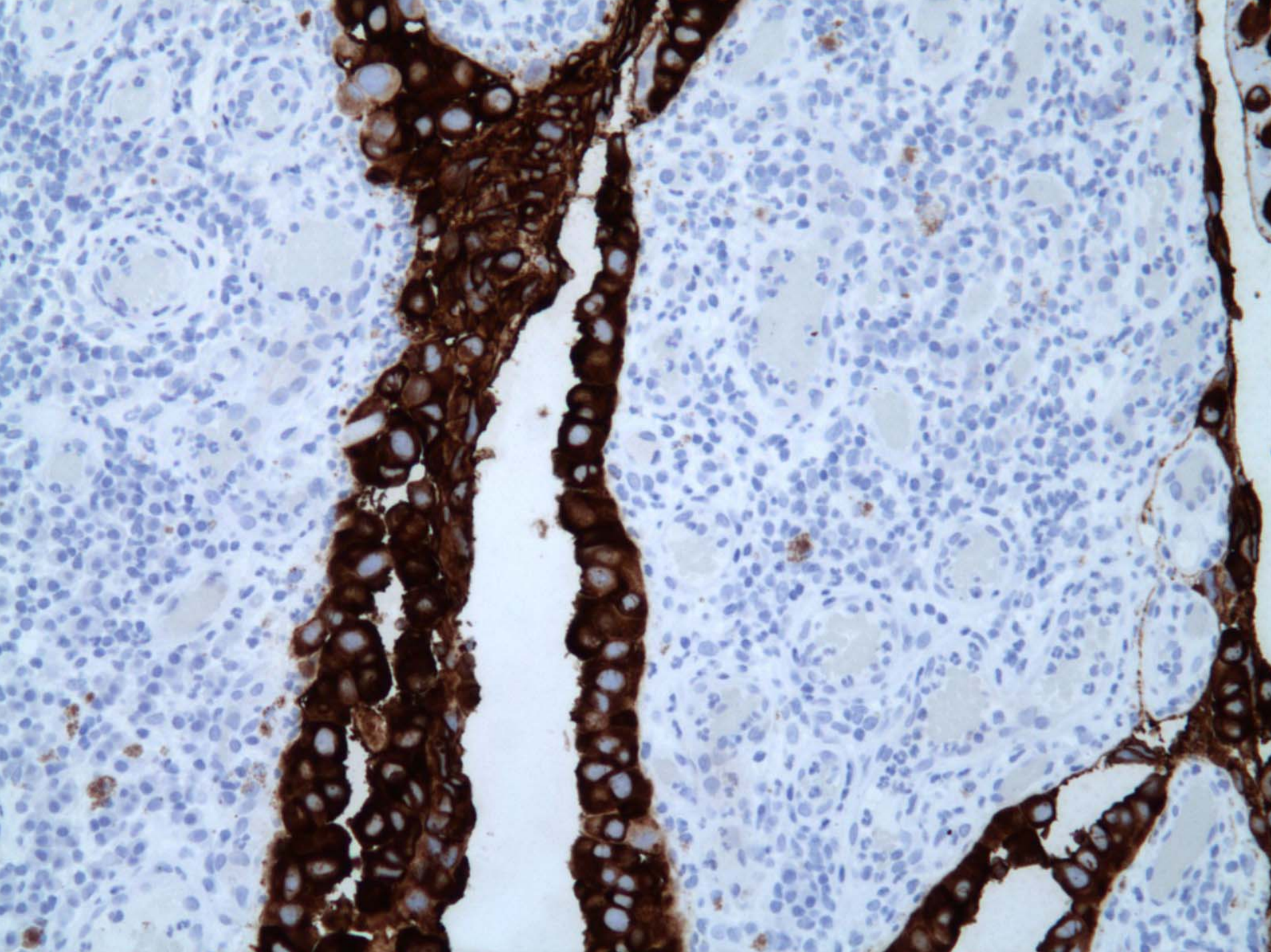
S100





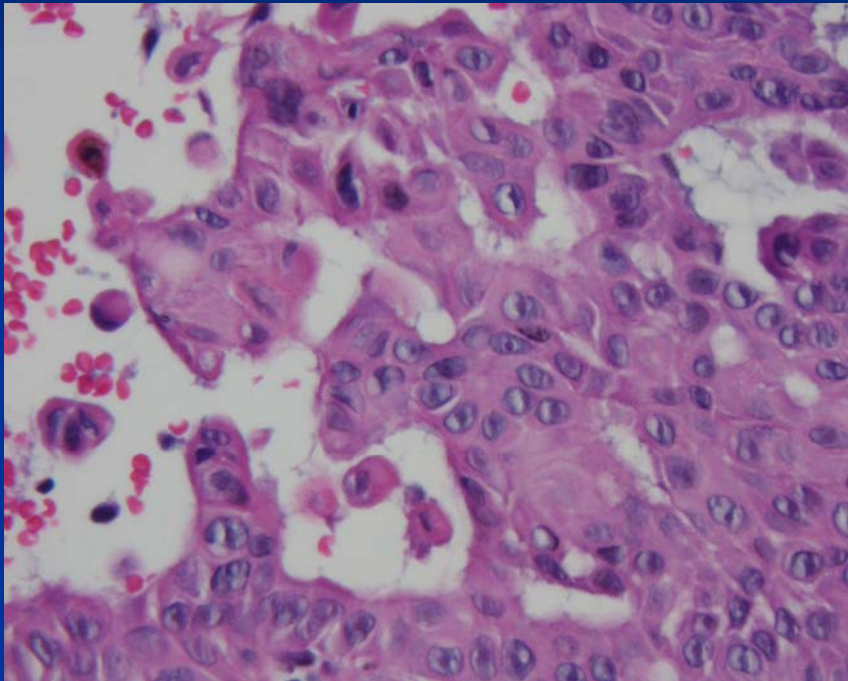


Mart-1



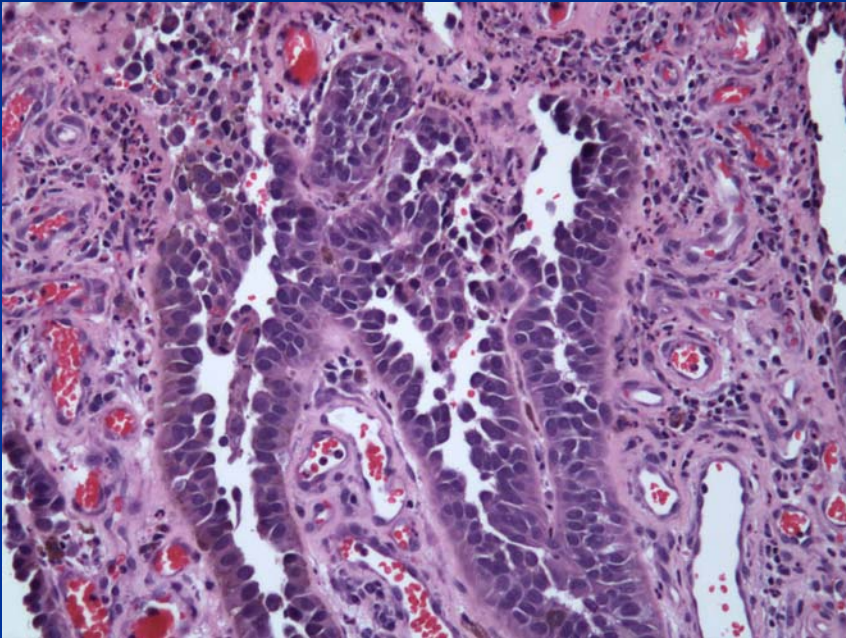
Melanoma with Pemphigus-like Changes

Acantholysis



- Dissolution between keratinocytes
- Autoimmune
- Genodermatoses

Histopathology



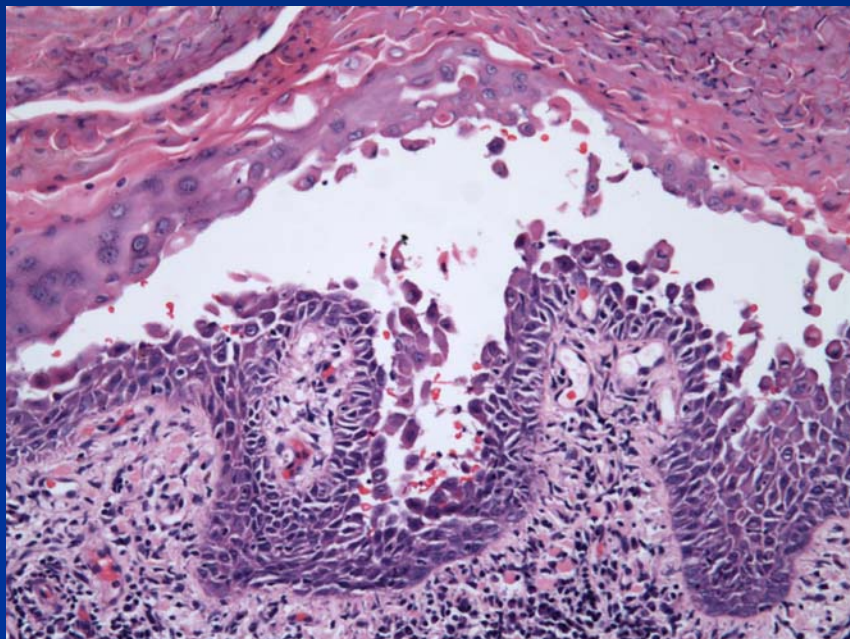
- Diffuse replacement of epidermis by melanoma cells
- Extensive radial superficial growth phase
- Numerous entrapped benign keratinocytes
- S100/Mart1+
CK-

Issues



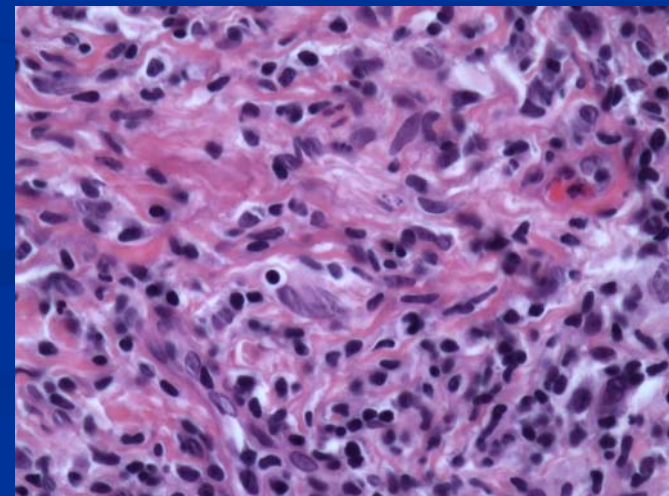
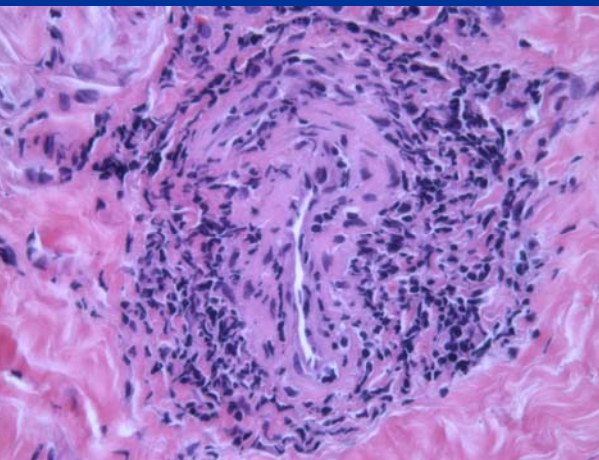
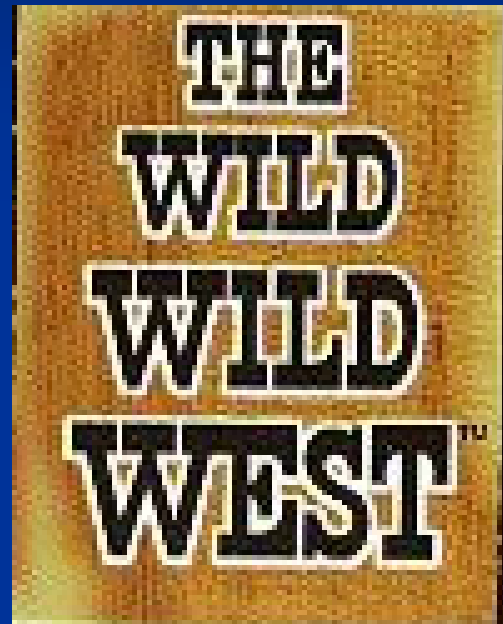
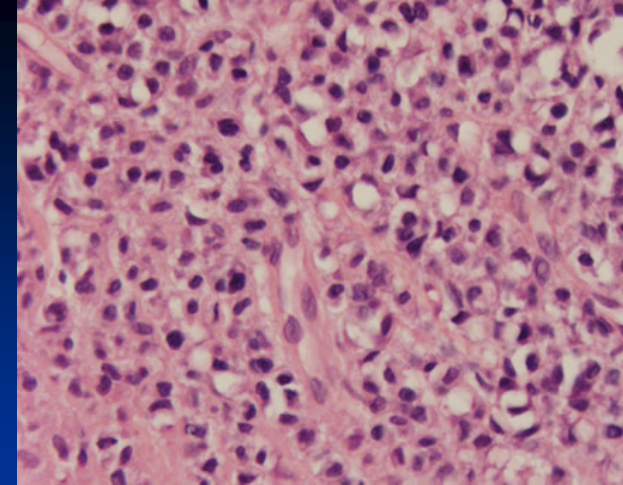
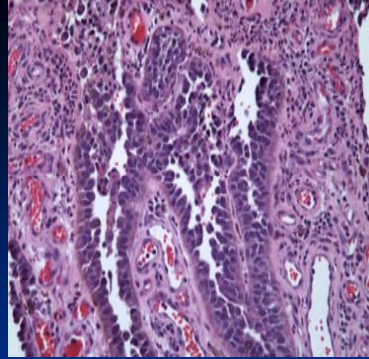
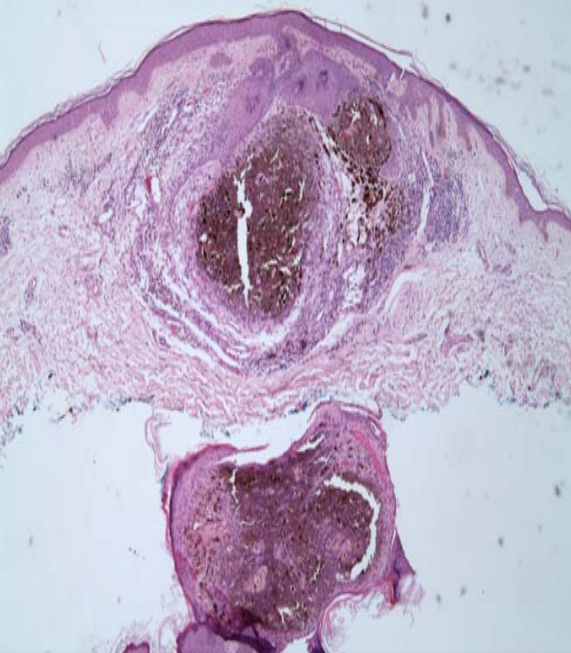
- Melanoma occurring in pt. with underlying pemphigus vulgaris/vegetans
- Melanoma superimposed on lesion of pemphigus
- DIF negative
- Serum IIF positive for Dsg1 and Dsg3

DDX



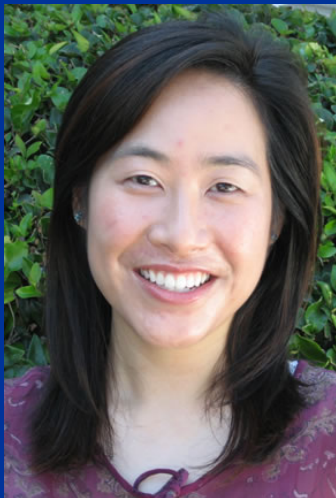
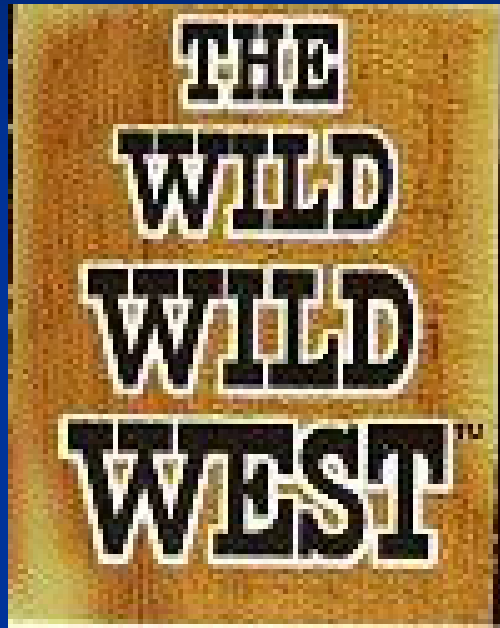
- Pemphigus vulgaris/vegetans with melanin pigment incontinence
- Melanoma superimposed on pemphigus
- Acantholytic SCCA with pigment incontinence (pigmented SCC)
- Other?

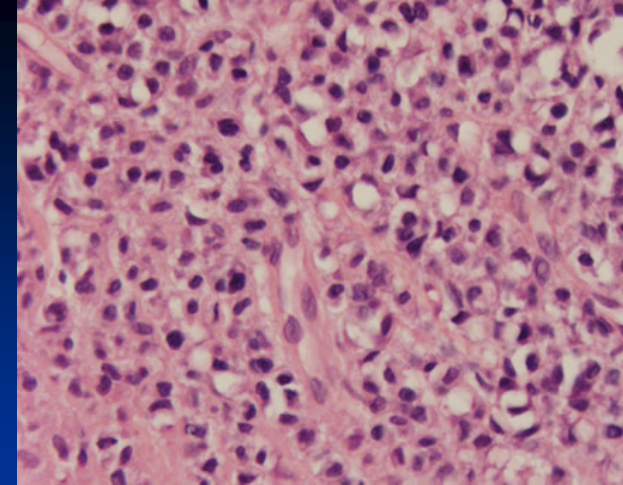
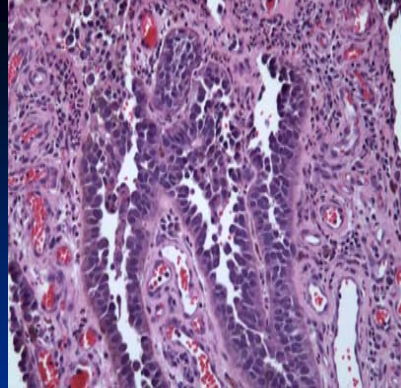
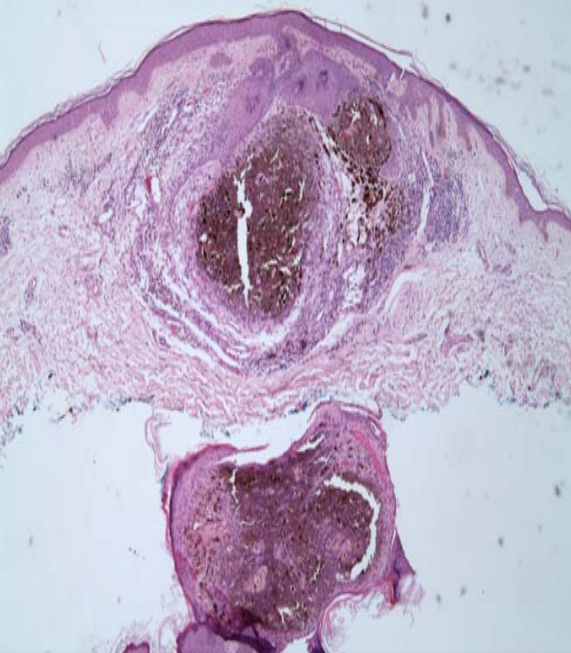
Second case reviewed-
submitted for publication











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