Is It Melanoma?
Should It Be?

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Clear Cell Sarcoma
(Malignant Melanoma of Soft Parts)
Histopathology

- Uniform fascicles of clear cells
- MF rare <2-3/10hpf
- Rarely melanin pigment
- Unique translocation t(12;22) (q13;q12) in >75% of cases
  - Fuses ATF-1 with EWS
- S100+, variable MART1, HMB-45
- Melanomas by EM
Neurothekoeoma
Histopathology

- Usually superficial dermis but may extend to fat or skeletal muscle
- Prominent fibrotic septae
- Lobules of spindle cells in myxoid matrix
- Minimal pleomorphism and rare MF
- S100+, Mart1 and HMB45 -
Cellular Nodule arising within a
Histopathology

- Symmetric
- Small uniform nucleoli and delicate chromatin
- Pigmentation uniform
- Rare and always typical MF
- No necrosis
- Usually no inflammation unless undergoing halo phenomenon
Atypical Spitz Nevus
vs.
Histopathology

- Atypical spindled and epithelioid proliferation
- Scattered Kamino bodies
- Focal upward intraepithelial scatter
- Moderately atypical melanocytes

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Melanocytic Matricoma
Histopathology

- Nodular melanized, pleomorphic, and mitotically active matrical cells
- Shadow cells
- Melanized dendritic melanocytes
- Shadow cells-keratin 13
- S-100 protein-positive dendritic cells
- No recurrence to date
- ? Two malignant cases

Melanocytic matricoma: a report of two cases of a new entity.
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Tumoral Melanosis
Histopathology

- Nodule of melanophages
- No residual melanocytes
- May need to bleach and stain for S100/Mart1/CD68
- DDX: Regressed melanoma, regressed epithelial neoplasm