Dermatopathology
Slide Review Part 10

Paul K. Shitabata, M.D.
Dermatopathologist
Pathology Inc.
Clear Cell Acanthoma
Histopathology

- Epidermal hyperplasia
- Pallor of keratinocytes
- Occasionally pmns
- PAS+DS
Hailey-Hailey Disease
(Benign Familial Pemphigus)
Histopathology

- Crumbling brick pattern of acantholysis
- Full thickness
- Clinical locations
- Family history
- Negative DIF
Porokeratosis
Histopathology

- Cornoid lamellae
- Center of lesion may have atrophy/lichenoid dermatitis
Leukocytoclastic Vasculitis
Histopathology

- Nuclear dust
- Must have fibrinoid necrosis
- Variable eosinophils depending upon etiology
- May have secondary blister and panniculitis
Steatocystoma Multiplex
Histopathology

- Epidermal cyst with effete sebaceous glands in wall
- Minimal luminal contents
- No atypia
- Polarize to rule out vellus hairs
Histopathology

- Full thickness replacement of epidermis
- Lack of maturation
- Atypical MF
- Dyskeratosis
- No follicular sparing
Histopathology

- Downward proliferation of squamous cells with ductal differentiation
- Bland cytology
- Focal coalescence to form larger cystic spaces
- Necrosis occasionally
- Broad pushing border
Neurofibroma
Histopathology

- Dermal proliferation of bland spindle cells
- Bucket-handle, wavy nuclei
- Myxoid background with mast cells
- Nerve roots
Arthropod Bite Reaction
Histopathology

- Wedge shaped infiltrate
- Superficial and deep
- Variable spongiotic changes
- Increased eosinophils and occ. plasma cells
Nodular Fasciitis
Histopathology

- Clinical history of trauma and rapid growth
- Deep soft tissue, occ. may be superficial
- Tissue culture-like arrangement of bland spindle cells
- Increased MF, but not atypical MF