Dermatopathology Slide Review Part 100

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Malignant Melanoma in Situ (Lentigo Maligna)
Pearls

- Cytologically atypical junctional melanocytes arising on sun damaged skin with extension along adnexal epithelium
- May see “starburst giant cells” which are multinucleated melanocytes, helpful for confirmation
- JAAD 1996;35:962-968
Consistent with Arsenical Keratosis
Pearls

- Variable histopathology, clinical-pathology correlation with arsenic exposure
- Vary from seborrheic keratosis-like lesions to hyperplastic actinic keratosis to Bowen’s disease
Condyloma acuminatum
Pearls

- Gently mammillated architecture with rounded rete ridges
- Superficial koilocytes
- Minimal atypia
- Clinical-pathological correlation
What is the best diagnosis?

A. Cylindroma
B. Basal cell carcinoma, nodular type
C. Trichoepithelioma
D. Glomus tumor
E. Merkel cell carcinoma
Cylindroma
Pearls

- Circumscribed dermal nodules with no epidermal attachment
- Basaloid cells divided by hyalinized basement membrane imparting a “jigsaw puzzle-like” appearance
Colloidal Iron
Tumid Lupus Erythematosus
Pearls

- Variable histopathology ranging from superficial and deep perivascular and periadnexal inflammatory infiltrate to variable interface changes
- Consistent increase in mucin as identified by mucin/colloidal iron stains