Dermatopathology Slide Review Part 101

Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA
Gynecomastia
Pearls

- Infrequently biopsied by dermatologist as possible adnexal tumor
- Male breast tissue with ducts but no lobules
- Ducts lined my mildly hyperplastic bland epithelium
- Surrounded by cellular and myxoid/edematous stroma
Basal cell carcinoma or Bowen’s Disease?
BCC

Bowen’s
Pearls

- Basal cell has nodular and cystic basaloid cells with peripheral palisading and stromal-tumor clefting
- Apoptotic cells and mitotic figures

- Bowen’s disease has full thickness replacement of epidermis by atypical keratinocytes
- Loss of polarity, atypical mitotic figures, dyskeratotic cells
Changes consistent with Pigmented Purpuric Dermatosis
Pearls

- Superficial perivascular and interstitial dermatitis with extravasated rbc's
- No cytologic atypia of inflammatory cells
- No vasculitis or interface dermatitis
- Beware cases of MF arising in this clinical and histopathological setting
What is the best diagnosis?

A. Psoriasis vulgaris
B. Pityriasis rubra pilaris
C. Lichen striatus
D. Acrodermatitis enteropathica
E. Seborrheic dermatitis
Psoriasis vulgaris
Pearls

- Regular psoriasiform elongation of the rete ridges
- Thinning of the suprapapillary plates
- Intracorneal and subcorneal pustules
- Hypogranulosis
- Papillary dermal capillary tortuosity
What is the best diagnosis?

A. Trichoepithelioma
B. Trichofolliculoma
C. Fibrous papule
D. Dermatofibroma
E. Angiolipoma
Fibrous Papule
Pearls

- Dome shaped papule with proliferation of bland vessels and stellate fibroblasts
- Occasionally melanocytic hyperplasia at dermal-epidermal junction