Dermatopathology Slide Review Part 102

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What is the best diagnosis?

A. Invasive squamous cell carcinoma
B. Basal Cell Carcinoma
C. Hypertrophic lupus erythematosus
D. Endophytic verruca vulgaris
E. Chondrodermatitis nodularis helicis
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Pearls

- Variable epidermal hyperplasia overlying cartilage with eosinophilic degenerative changes
- May show ulceration
- Must see cartilage for unequivocal diagnosis
- DDX: Relapsing polychondritis
Thrombotic Vasculopathy
Pearls

- Must recognize vessel architecture, could use elastic stain to confirm
- May be accompanied with vascular malformation
- Rule out primary vasculitis, ie polyarteritis nodosa
Nevus Sebaceus
Pearls

- Note spelling “sebaceus” NOT “sebaceous”
- Variable epidermal hyperplasia with papillomatosis
- Hyperplastic sebaceous glands juxtaposed to epidermis
- Look carefully to exclude a concomitant malignancy.
Atypical Sebaceous Tumor in Muir-Torre Syndrome
Pearls

- Nearly all sebaceous neoplasms have been associated with the Muir-Torre syndrome (MTS)
- Clues for MTS include cystic change or verruciform epidermal hyperplasia
- May also confirm by analysis for DNA mismatch repair genes
Nevoid Malignant Melanoma
Pearls

- Silhouette of a benign melanocytic nevus
- Cytology of melanocytes atypical, particularly within deeper dermal melanocytes
- Hyperchromatic nuclei with prominent nucleoli and scattered deep mitotic figures
- Ki-67 may be helpful, esp. if increased proliferation rate within melanocytes
- Consider FISH or CGH assay for borderline cases