Dermatopathology Slide Review Part 105

Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA
Muir-Torre Tumor
(Cystic Sebaceous Neoplasm with Adenomatous and Sebaceoma Features)
Pearls

- Any atypical sebaceous neoplasm especially with verruciform epidermal hyperplasia or cystic change should raise the clinical possibility of Muir-Torre Syndrome
- May do further tissue analysis examining for loss of DNA mismatch repair genes
Amalgam Tattoo
Pearls

- Note oral squamous mucosa location
- Collections of dark pigment, usually arranged along fibroblasts or perivascular
- R/o melanocytic proliferation
What is the best diagnosis?

A. Blue nevus
B. Tattoo
C. Malignant melanoma
D. Dermatofibroma
E. Sclerotic fibroma
Dermatofibroma with early sclerosing hemangioma features
Iron Stain
Pearls

• Bland spindle cells with numerous hemosiderin laden macrophages
• Look for collagen entrapment and Touton-type giant cells
• Confirm hemosiderin with Iron stain
What is the best diagnosis?

A. Nipple adenoma
B. Tubular Eccrine Adenoma
C. Nodular and Cystic Hidradenoma
D. Eccrine Poroma
E. Basal cell carcinoma, infiltrative type
Nipple Adenoma
(Erosive adenomatosis, Florid papillomatosis)
Pearls

- Nipple location, clinically mimics Paget’s disease
- Diffuse proliferation of ducts lined by apocrine epithelium merging with varying cytologically bland squamous epithelium
- Desmoplastic stroma
- Minimal to absent mitotic figures
Bowen’s Disease or Seborrheic Keratosis?
Seborrheic Keratosis  

Bowen’s Disease
Pearls

- Seborrheic keratosis has flattened rete ridges
- Horn pseudocysts are invaginations of epidermis with loose keratin with granular layer usually identified
- Minimal atypia of keratinocytes
- Bowen’s disease has increased cellularity giving hyperchromasia to epidermis
- Irregular rete ridge pattern
- Squamous pearls with compact keratin and abrupt keratinization with parakeratosis and absent granular layer
- Increased cytologic atypia of keratinocytes with atypical mitotic figures