What is the best diagnosis?

A. Verruca plana
B. Epidermodyplasia verruciformis
C. Myrmecia
D. Bowen’s disease
E. Epidermolytic hyperkeratosis
Verruca plana
Pearls

- Mildly hyperplastic epidermis with slight papillomatosis
- Look for koilocytes in granular layer
- No basal layer atypia
What is the best diagnosis?

A. Pilar cyst
B. Epidermal inclusion cyst
C. Nodular and Cystic Hidradenoma
D. Pilomatricoma
E. Cystic Warty Dyskeratoma
Epidermal Inclusion Cyst with Rupture
Pearls

- Squamous epithelial cyst which may show connection to overlying epidermis
- Squamous layer with keratoxyaline granular layer
- Keratin in delicate layers
- Ruptured area with foreign body giant cells surrounding “cornflakes” of keratin
What is the best diagnosis?

A. Jessner’s Lymphocytic Infiltrate
B. Dermatomyositis
C. Discoid Lupus Erythematosus
D. Erythema chronicum migrans
E. Dermatitis herpetiformis
Dermatomyositis
Colloidal Iron
Pearls

- Cell poor interface dermatitis
- Scant perivascular lymphocytic infiltrate
- Dermal mucinosis, confirm with mucin stains (colloidal iron, Alcian Blue/PAS)
- May need to confirm with DIF, look for deposits of membrane attack complex (C5b-9) at DE junction and endothelial cells
What is the best diagnosis?

A. Steatocystoma
B. Epidermal inclusion cyst
C. Verrucous epidermal cyst
D. Pilar cyst
E. Vellus hair cyst
Vellus Hair Cyst
Pearls

- Epidermal cyst with focal corrugated hyalinized lining
- May show immature sebaceous lobules attached to cyst wall
- Laminated keratin within cyst lumen
- Look for vellus hairs, may visualize with polarized light examination
- DDX: Steatocystoma
Granuloma Annulare
or Necrobiosis Lipoidica?
Granuloma Annulare or Necrobiosis Lipoidica?
Necrobiosis Lipoidica

Granuloma Annulare
<table>
<thead>
<tr>
<th>Necrobiosis Lipoidica</th>
<th>Granuloma Annulare</th>
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<tbody>
<tr>
<td>• Staircase layered necrobiosis extending to subcutaneous fat</td>
<td>• Necrobiosis in expansile nodule, usually superficial dermis but may extend to reticular dermis</td>
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<tr>
<td>• Necrobiosis rimmed by chronic inflammatory infiltrate with numerous plasma cells, histiocytes, giant cells, and lymphocytes</td>
<td>• Necrobiosis rimmed by lymphocytes, histiocytes, and giant cells-plasma cells uncommon</td>
</tr>
<tr>
<td>• Mucinosis present but not abundant</td>
<td>• Mucinosis consistently present and may be abundant</td>
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