Dermatopathology Slide Review Part 108

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Suppurative Granuloma or Biopsy Site Granuloma?
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Palisading necrobiotic granuloma

Always rule out infection with additional microbiological special stains

Suppurative Granuloma

Necrobiosis
Biopsy Site Scar and Foreign Body Granuloma

Note linear biopsy site scar

Necrobiosis*

Zonation with scar and foreign body giant cells
What is the best diagnosis?

A. Gouty tophus
B. Chondrodermatitis nodularis helicis
C. Osteoma cutis
D. Ochronosis
E. Calcinosis cutis
Calcinosis cutis secondary to hemangioma
Calcinosis cutis may be primary or secondary

Note capillary sized vessels in background

Calcifications
Poorly Differentiated Adenocarcinoma of the Lung, Metastatic to the Skin
Pearls

- Malignant cells in clusters and sheets
- May see focal glandular differentiation or cytoplasmic vacuoles—may confirm with mucin stains
- Consider multiple sources with most common primaries in a woman including breast, GI, and lung
- May need additional IHC if unknown primary
What is the best diagnosis?

A. Polymorphous light eruption
B. Psoriasis vulgaris
C. Lichen planus
D. Lichenoid photoallergic reaction
E. Lichen nitidus
Lichen planus
Epidermal hyperplasia  
Hypergranulosis  
Sawtooth DE junction  
Vacuolar alteration and Civatte bodies  
Lichenoid inflammation
Seborrheic Keratosis or Poroma?
Seborrheic Keratosis

Poroma
Seborrheic Keratosis
- Flat basal epithelial layer
- Horn pseudocysts
- Minimal cytologic atypia
- No hyalinized vessels
- No ductal differentiation

Poroma
- Rounded pushing basal epithelial layer
- Horn pseudocysts
- Minimal cytological atypia
- Hyalinized vessels
- Focal ductal differentiation