Dermatopathology
Slide Review Part 11

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Pathology Inc.
Syringoma
Histopathology

- Partly circumscribed collection of comma-shaped ducts
- Sclerotic stroma
- No epidermal attachment
- Small keratinous cysts
Extramammary Paget’s Disease
Histopathology

- Intraepidermal apocrine carcinoma
- Large cells with occasional glandular differentiation
- May capture melanin pigment
- DDX: Bowens, Melanoma
- Rule out metastatic disease to skin
Spitz Nevus
Histopathology

- Pigmented and spindled cell melanocytic nevus
- Vertically oriented nests
- Usually epidermal hyperplasia
- Even melanin pigmentation
- Increased vascularity
- Kamino bodies
- Sharp peripheral circumscription
- Cytologic atypia but uniform throughout
- May have MF
Chondrodermatitis Nodularis Helicis
Histopathology

- Ulceration with epidermal hypeplasia
- Perichondrocyte proliferation
- Degenerative collagen changes
- DDX: Relapsing polychondritis
Chondroid Syringoma
Histopathology

- Circumscribed dermal collection of bland ducts, cartilage, and myoepithelial cells
- Stromal predominant versus epithelial predominant
- Rule out underlying parotid tumor
Basal Cell Carcinoma, Multicentric variant
Histopathology

- Basaloid cells attached to DE junction
- Peripheral palisading
- Stromal clefting
- Myxoid or inflamed stroma
Suture Granuloma
Histopathology

- Artifacts including knife chatter
- Foreign body giant cell reaction
- Polarize
- Linear scar
Morphea with LSEA
Histopathology

- LSEA epidermal changes with morphea dermal changes
- Rule out Borreliosis
Malignant Melanoma
Histopathology

- Asymmetrical proliferation of malignant melanocytes
- Identify radial and vertical growth phases
- Caution in measuring around hair follicles, ulceration
- Include regression, satellite lesions, MF
Epidermal Nevus
Histopathology

- Epidermal papillomatosis and horn pseudocysts
- Superficial biopsies may have skin tag appearance
- Caution in SK diagnosis in children
- Complete excision