Dermatopathology Slide Review Part 110

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Nodular BCC or Spiradenoma?
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Nodular BCC  Spiradenoma
Basal Cell Carcinoma

- Irregularly shaped nodules
- Epidermal Connection
- Stromal retraction
- Cystic necrosis

Irregularly shaped nodules
Spiradenoma

Hyalinized basement membrane

No peripheral palisading

Circumscribed dermal nodule
Dermatofibroma with basaloid follicular induction (Hyperplasia)
Basaloid follicular induction, note resemblance to immature hair follicles.

Spindle cells with entrapment of collagen and root-like extension into fat.
Malignant Melanoma in Situ (Lentigo Maligna)
Atypical melanocytes extending along adnexal epithelium

Expansile dyscohesive nests of atypical melanocytes

Starburst melanocytes

Sun damaged skin
What is the best diagnosis?

A. Nodular malignant melanoma
B. Nodular basal cell carcinoma
C. Merkel cell carcinoma
D. Nodular hidradenocarcinoma
E. Sebaceous carcinoma
Nodular Malignant Melanoma
Junctional component usually limited to no more than 3 rete ridges beyond invasive vertical component.

Cytologically malignant melanocytes.

Always at least Clark’s level III.

Asymmetric dermal nodule.
What is the best diagnosis?

A. Hidrocystoma
B. Pilar cyst
C. Cystic basal cell carcinoma
D. Cystic hidradenoma
E. Syringocystadenoma papilliferum
Apocrine hidrocystoma
Cyst lined by apocrine epithelium

No epidermal attachment