Dermatopathology Slide Review Part 112

Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA
What is the best diagnosis?

A. Dermatofibroma
B. Dermatofibrosarcoma protuberans
C. Atypical fibroxanthoma
D. Fibrosarcoma
E. Malignant melanoma
Cellular Dermatofibroma
Increased cellularity

Giant cells, some of the Touton type

Mild pleomorphism of spindle cells

Hemosiderin
What is the best diagnosis?

A. Palisaded and encapsulated neuroma
B. Traumatic neuroma
C. Neurofibroma
D. Neurilemmoma
E. Spindle cell lipoma
Palisaded and encapsulated neuroma
Circumscribed dermal tumor

Wavy spindle cells arranged in intersecting fascicles

No Verocay bodies or significant mucinosis
What is the best diagnosis?

A. Lymphomatoid papulosis
B. Halo nevus
C. Cutaneous lymphadenoma
D. Angiolymphoid hyperplasia with eosinophilia
E. Basal cell carcinoma
Halo Nevus
Symmetrical melanocytic architecture

Conventional melanocytic nevus cells

Lymphocytic infiltrate
What is the best diagnosis?

A. Mycosis fungoides-tumor stage
B. Anaplastic large cell lymphoma
C. Lymphomatoid papulosis
D. Kimura’s disease
E. Cutaneous B-cell lymphoma
Cutaneous B-cell Lymphoma
Follicle Center Cell Type
Low Grade
Dense and diffuse dermal lymphoid infiltrate

Follicular pattern with mantle zones

Bottom heavy infiltrate

Small lymphs with Cleaved nuclear contours
Invasive Squamous Cell Carcinoma, Poorly Differentiated with Acantholysis

Invasive into Parotid Gland Lymphovascular and Perineural Invasion+
Parotid Gland

Invasive SCCA