Dermatopathology Slide Review Part 116

Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA
Malignant Melanoma
Nevoid Type with Spitzoid Features
Partly circumscribed Dermal nodule, silhouette of benign lesion

Epithelioid and spindled melanocytes

Cytological pleomorphism

Atypical mitotic figures

Variable melanin Pigmentation, may Need to confirm with MelanA, HMB-45
What is the best diagnosis?

A. Warty Dyskeratoma  
B. Hailey-Hailey disease  
C. Linear IgA disease  
D. Bullous pemphigoid  
E. Porokeratosis
Hailey-Hailey Disease
Hyper-Plastic epidermis

Crumbling “dilapidated” Brick wall

No cyologic Atypia of Keratinocytes

Variable Inflammation
Cytokeratin
Basal Cell Carcinoma with Sarcomatoid Differentiation (including osteosarcoma)
Residual Basal cell CA

May need IHC to Confirm and Rule out Collision tumor

Bone Arising From Malignant stroma

Malignant Spindle Cell Stroma
What is the best diagnosis?

A. Hidradenoma papilliferum
B. Syringocystadenoma papilliferum
C. Glomus tumor
D. Tubular apocrine adenoma
E. Mixed tumor of the skin
Mixed tumor of the skin-
Predominately apocrine type
Circumscribed Dermal tumor

Varying Mesenchymal elements

Ducts and Solid nests

Chondroid matrix

No cytologic atypia
Which tumor is not an appropriate differential diagnostic consideration?

A. Amelanotic melanoma
B. Sarcomatoid carcinoma
C. Leiomyosarcoma
D. Atypical fibroxanthoma
E. Anaplastic Large Cell Lymphoma
All are appropriate differential diagnostic considerations
Melan A
Diagnosis:

Amelanotic Malignant Malignant Melanoma
Atypical Junctional melanocytes

Malignant Spindled And Epithelioid cells

Numerous Atypical MF

Absent Melanin pigment