Dermatopathology Slide Review Part 117

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What is the best diagnosis?

A. Fibroepithelioma of Pinkus
B. Superficial basal cell carcinoma
C. Eccrine poroma
D. Hyperplastic actinic keratosis
E. Syringoma
Basal Cell Carcinoma-Fibroepithelioma of Pinkus
Epidermal Attachment

Fenestra-Ted basa-Loid nests

Myxoid stroma

Ductal structures
Compound nevus with extensive dermal sclerosis
Cytology

Cally Bland

Melanocytes

Extensive sclerosis

Maturation of melanocytes
What is the best diagnosis?

A. Porphyria cutanea tarda
B. Bullous pemphigoid
C. Bullous mastocytosis
D. Pemphigus vulgaris
E. Paraneoplastic pemphigus
Porphyria cutanea tarda
Cell poor subepidermal bullous dermatosis
Must rule out cell poor BP, EBA, bullous LE

Often Acral location
Sun Damaged skin

Vessels with Hyalinized walls
What is the best diagnosis?

A. Melanoma in situ
B. Pigmented actinic keratosis
C. Pigmented Bowen’s disease
D. Pigmented nodular hidradenoma
E. Pigmented basal cell carcinoma
Pigmented Superficial Basal Cell Carcinoma
Basaloid Cells attached To basal layer

Melanin pigment

Wiry Stroma With Chronic Inflammation

Sun damaged skin
All of the following are correct differential diagnostic considerations except:

A. Pemphigus vulgaris
B. Grover’s disease
C. Bullous pemphigoid
D. Hailey-Hailey disease
E. Pemphigus vegetans
Answer-Bullous pemphigoid

- This is an example of Hailey-Hailey disease with characteristic acantholysis
- Bullous pemphigoid does not show acantholysis
Hyperplastic epidermis with variable inflammation

Acantholysis with crumbling brick wall pattern

No cytologic atypia of keratinocytes