What is the best diagnosis?

A. Eccrine spiradenoma
B. Cutaneous lymph node
C. Nodular basal cell carcinoma
D. Trichoblastoma
E. Glomus tumor
Eccrine spiradenoma
Circumscribed Dermal tumor

Fine capillary network

Bland cytology

Hyalinized Droplets Of basement membrane
What is the best diagnosis?

A. Desmoplastic melanoma
B. Malignant schwannoma
C. Sclerosing basal cell carcinoma
D. Atypical fibroxanthoma
E. Invasive squamous cell carcinoma
Sclerosing Basal Cell Carcinoma with Perineural Invasion
Myelinated Nerve with Tumor infiltration

Epidermal connection

Infiltrating Strands of Basaloid cells
Melan A
Fontana-Masson Stain
Idiopathic Guttate Hypomelanosis
Hyperkeratosis

Decreased Melanin Pigmentation
Confirm with Fontana-Masson stain

Flattened Rete ridge

Rule out Vitiligo with Melan A
D2-40 (Podoplanin)
PAS with Diastase digestion
Mucinous Carcinoma of the Skin
Notes

- Rare tumor, always exclude the remote possibility of a mucinous carcinoma of a visceral organ metastasizing to the skin
- Cytologically bland cells with lakes of mucin
- May deeply infiltrate surrounding tissue
- Mucin is PAS positive-Diastase Resistant, unlike BCC
- Immunohistochemical studies may be helpful to confirm primary tumor
  - Typically D2-40 positive
Diffuse Lakes of mucin with islands of epithelial cells suspended.

Dermal based tumor

Bland cytology for epithelial cells
Penile Intraepithelial Neoplasia (PeIN)-Differentiated
Notes

- This REALLY is the glans penis. It is an amazing biopsy because of all the solar elastosis.
- The patient is a nudist with multiple skin cancers!
- The old term for this lesion is erythroplasia of Queyrat or Bowen’s disease
Irregular squamous hyperplasia

Partial to Full Thickness Atypical Keratinocytes

Solar elastosis!?