Dermatopathology Slide Review
Part 12
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Pathology Inc.
Eccrine Spiradenoma
Histopathology

- Low power appearance of lymph node
- High power appearance of thymoma
- Well-circumscribed
- Increased vascularity
Seborrheic Dermatitis
Histopathology

- Psoriasiform hyperplasia
- Intracorneal collections of neutrophils at infundibular lip
- Rule out dermatophyte infection
Leukocytoclastic Vasculitis
Histopathology

- Must have fibrinoid necrosis
- Nuclear dust
- Extravasated rbcs
- May have secondary vesicle/bullae formation
- May extend to panniculitis
Xanthogranuloma
Histopathology

- Histology dependent upon age of lesion
- Younger lesions with pronounced xanthomatous infiltrate
- Older lesions with more fibroplasia
- Touton-type giant cells
Accessory Tragus
Histopathology

- Polypoid skin tag appearance
- Usually normal distribution of skin elements
- Clinical-pathologic correlation
Granuloma Annulare
Histopathology

- Palisading areas of histiocytes and lymphocytes surrounding necrobiosis and/or mucinous degeneration
- Scattered giant cells
- Rule out mycosis fungoides
Basal Cell Carcinoma, Nodular type
Histopathology

- Varying sized nodules of basaloid cells
- Epidermal attachment
- Stromal-tumor clefting
- Increased apoptosis
- Increased MF
North American Blastomycosis
Histopathology

- Pronounced epidermal hyperplasia
- Intraepidermal abscess
- Scattered giant cells
- Special stains for fungus and mycobacteria
Suprabasal Acantholytic Dermatitis
Histopathology

- Prominent acantholytic changes
- Rule out corp ronds and corp grains
- Non-specific-rule out Grover’s disease, autoimmune acantholytic disorders, warty dyserkatoma, incidental finding
Vascular Thrombus
Histopathology

- Circumscribed nodule, intravascular
- Organization
- Exuberant cases-papillary endothelial hyperplasia