Cystic Sebaceous Adenoma 
Suggestive of Muir-Torre Syndrome
Notes

- All sebaceous neoplasms are potential markers for Muir-Torre syndrome
- Sebaceous tumors with cystic change and verruciform features are more frequently associated
- May confirm with DNA Mismatch repair genes (look for loss of staining)
  - MSH-6
  - PMS-2
  - MLH-1
  - MSH-2
Circumscribed Dermal Tumor Of mature sebocytes

Cystic change
Relevant differential diagnostic considerations include all except:

A. Neurofibroma
B. Atypical fibroxanthoma
C. Sarcomatoid carcinoma
D. Leiomyosarcoma
E. Spindle cell melanoma
A-Neurofibroma

- This is an atypical fibroxanthoma (AFX) with cytologically malignant cells, a feature not found in neurofibroma but found in the other tumor choices.
- Pertinent immunohistochemical stains included focal positivity for CD68 and negative stains for CK, S100, CD34, CD31, SMA, and p63
Malignant Spindle cells

Multinu-Cleated Tumor cells

Atypical MF
What is the best diagnosis?

A. Fibrous papule
B. Dermatofibroma
C. Reticulohistiocytoma
D. Neurofibroma
E. Palisaded and encapsulated neuroma
Fibrous Papule
Dome shaped nodule

Capillary Sized vessels

Dermal fibroplasia

Stellate fibroblasts
What is the best diagnosis?

A. Eccrine carcinoma
B. Verruca vulgaris
C. Sclerosing basal cell carcinoma
D. Merkel cell carcinoma
E. Keratoacanthoma
Keratoacanthoma
Epidermal buttress

Glassy Keratinization

Mild to Moderate Cytologic atypia
What is the best diagnosis?

A. Sclerosing basal cell carcinoma  
B. Eccrine porocarcinoma  
C. Sebaceous carcinoma  
D. Pilomatrical carcinoma  
E. Merkel cell carcinoma
Eccrine Porocarcinoma
Infiltrative Nests showing Squamous Differentiation

Ductal Differentiation

Cytologic Pleomorphism with Atypical MF