What is the best diagnosis?

A. Eccrine poroma
B. Verruca vulgaris
C. Verrucous carcinoma
D. Hyperplastic actinic deratosis
E. Inverted follicular keratosis
Inverted Follicular Keratosis
Downward invagination of keratinocytes

Smooth rounded borders

Squamous Eddies
What is the best diagnosis?

A. Halo nevus
B. Halo melanoma
C. Lichen planus
D. Post inflammatory pigmentary alteration
E. Lichen amyloidosis
Halo Nevus
Symmetric proliferation of melanocytes

Variably dense lichenoid inflammatory infiltrate
What is the best diagnosis?

A. Lichen planus
B. Lichen nitidus
C. Erythema multiforme
D. Gyrate erythema
E. Granuloma annulare
Erythema multifforme
- Acute interface dermatitis
- Variable epidermal necrosis
- Cell poor lichenoid infiltrate
- Dyskeratosis
Melanocytic Nevus arising on Umbilical Skin
Notes

- There are several anatomic sites on the body where melanocytic nevi display architectural atypia but are benign.
- Sites include acral, genital, mucosal surfaces, elbows, knees, and ears.
- The umbilical area will always show a dermal scar secondary to its origin. This scar may cause distortion of melanocytic nevi arising in this location.
Architecturally disordered melanocytic nests

Dermal Scar
Leiomyoma or Collagenoma?
Leiomyoma or Collagenoma?
Collagenoma (Connective Tissue Nevus)  

Cutaneous Leiomyoma
Abundant eosinophilic staining cytoplasm

Round to oval nuclei with intersecting fascicles

Cytoplasmic clearing around nuclei
Smooth Muscle Actin-Negative in collagenoma, positive in leiomyoma