Appropriate Differential Diagnostic considerations include ALL except:

A. Seborrheic keratosis
B. Epidermal nevus
C. Verruca vulgaris
D. Epidermodysplasia verruciformis
E. Nevus sebaceous
Epidermal Nevus
Notes

- This is an epidermal nevus arising on the neck of a 9 year old boy
- The histopathology is nearly indistinguishable from a seborrheic keratosis and it is the clinical setting that leads to the correct diagnosis
- Note, that multiple skin tag appearing lesions that are present on the low power shots are also consistent with the diagnosis
Skin tag appearing lesions

Seborrheic keratosis-like lesions
What immunohistochemical stains would assist in the differential diagnosis?

A. Poorly differentiated squamous cell carcinoma
B. Amelanotic melanoma
C. Epithelioid angiosarcoma
D. Leiomyosarcoma
Answers

A. Poorly differentiated squamous cell carcinoma- Cytokeratin
B. Amelanotic melanoma-S100 and HMB45/MelanA
C. Epithelioid angiosarcoma-CD31 and Cytokeratin
D. Leiomyosarcoma-Smooth muscle actin
Poorly differentiated squamous cell carcinoma with acantholysis
Diffuse Sheets Of cells With Eosino-Philic cytoplasm

Numerous Atypical MF

Need IHC stains To confirm
What is the best diagnosis?

A. Molluscum contagiosum
B. Myrmecia
C. Orf
D. Herpes simplex virus
E. Cytomegalovirus
Molluscum contagiosum, inflamed
In some cases of molluscum contagiosum, there is an intense inflammatory response which may obscure the characteristic viral cytopathic changes.

The inflammation may vary from acute and chronic inflammation to granulomas.

Multiple deeper levels may be needed to identify the characteristic viral cytopathic changes.
Increased Acute And Chronic Inflammation

Viral Cytopathic changes
What is the significance of the collection of melanophages adjacent to the invasive malignant melanoma?
Malignant Melanoma with Tumoral Melanoma

- Tumor melanosis is a form of regression with melanomas
- It is characterized by a nodular collection of heavily pigmented melanophages
- May need to bleach the sections and apply immunohistochemical studies to confirm the cells are macrophages and not invasive melanoma cells
Broad collection of melanophages

No melanoma cells
What is the best diagnosis?

A. Epstein-Barr Virus
B. Cytomegalovirus
C. Varicella zoster virus
D. Orf
E. Molluscum Contagiosum
Varicella-Zoster Virus (Shingles)
Varicella-Zoster Antibody
Multinucleated viral cytopathic changes
Nuclear chromatin margination