Pertinent differential diagnostic considerations include all except:

A. Seborrheic keratosis
B. Epidermal nevus
C. Hidroacanthoma simplex
D. Acanthosis nigricans
E. Stucco keratosis
Hidroacanthoma Simple

- This is an example of acanthosis nigricans.
- The histopathological changes are subtly different from a seborrheic keratosis with less of a “stuck-on” flattened rete ridge pattern and slight papillomatosis.
- Ultimately, clinical correlation may be necessary.
Slight papillomatosis

Rete ridge elongation
With increased melanin pigmentation
Relevant differential diagnostic considerations for this lesion include all except:

A. Macular amyloidosis
B. Ochronosis
C. Post-inflammatory pigmentary alteration
D. Ashy dermatosis
E. Resolving contact dermatitis
Ochronosis

- This is an example of a post-inflammatory pigmentary alteration
- Note the dermal papillary melanophages—these histopathological findings may be seen in clinically hyperpigmented and hypopigmented lesions
- Look carefully to exclude hyaline deposits at the DE junction, a hallmark of macular amyloidosis
- Resolving dermatoses including a contact dermatitis may present with similar histopathology
Scattered dermal melanophages
Differential Diagnosis
Hyperplastic Actinic Keratosis or
Squamous Cell Carcinoma in Situ?*

*Each side of the screen is the same lesion photographed at increasing magnifications.
Hyperplastic Actinic Keratosis or Squamous Cell Carcinoma in Situ?
Hyperplastic Actinic Keratosis

Squamous Cell Carcinoma in Situ
Near full thickness epidermal replacement
By atypical keratinocytes
Sparing of the follicular infundibulum

Full thickness replacement of epidermis
By atypical keratinocytes
No sparing of the follicular infundibulum
Loss of polarity of keratinocytes
Atypical mitotic figures
Dyskeratotic keratinocytes
What is the best diagnosis?

A. Sebaceous carcinoma
B. Basal cell carcinoma with sebaceous differentiation
C. Sebaceoma
D. Eccrine Poroma
E. Sebaceous gland hyperplasia
Sebaceous Carcinoma
Basaloid cells lacking peripheral palisading
Or stromal-tumor clefting

Malignant sebocytes with varying stages of maturation

Invasive growth pattern
Pertinent differential diagnostic considerations include all except:

A. Foreign body reaction
B. Sarcoidosis
C. Cat scratch disease
D. Rheumatoid nodule
E. Tularemia
Sarcoidosis
This is a palisading necrobiotic granuloma and is consistent with a rheumatoid nodule

Sarcoidosis classically exhibits non-caseating granulomas with minimal surrounding inflammatory cells

Histologically identical changes may be seen with a pseudo-rheumatoid nodule which is often times a response to a foreign body

Zoonotic infections including Yersinia, Tularemia, and Cat-Scratch disease may also present with palisading necrobiotic granulomas

In all cases, an infectious etiology should be excluded
Palisading epithelioid histiocytes
Surrounding necrobiosis

Chronic inflammatory
Cell infiltrate with
Plasma cells