What is the best diagnosis?

A. Trichilemmal carcinoma
B. Trichoblastoma
C. Keratoacanthoma
D. Pilomatricoma
E. Sebaceous carcinoma
Sebaceous Carcinoma
Invasive nests of squamous epithelial cells with sebocytes in varying stages of maturation

Cytologically malignant sebocytes and keratinocytes
Appropriate differential diagnostic considerations include all except:

- Keratoderma
- Callus
- Epidermolytic hyperkeratosis
- Dyshidrotic eczema
- Lichen simplex chronicus
Epidermolytic hyperkeratosis
Notes

- This is an example of an acquired keratoderma
- The histopathology can be similar in many conditions including a callus but not in an epidermolytic hyperkeratosis which would show the classic dissolution of the granular layer
Pronounced hyper and parakeratosis

Epidermal hyperplasia

No viral cytopathic changes
What is the best diagnosis?

A. Epithelioid angiosarcoma
B. Atypical fibroxanthoma
C. Basal Cell Carcinoma
D. Warty Dyskeratoma
E. Squamous cell carcinoma
Squamous Cell Carcinoma, Well differentiated With Acantholytic Features
Invasive carcinoma with attachment to epidermis

Acantholytic squamous cells
Malignant Melanoma
Metastatic to the Skin
Lack of junctional melanocytic nests

May need to Confirm with IHC

Dermal Based Neoplasm

Cytologically Malignant Cells
CD 68
Atypical Fibroxanthoma with Keloidal Collagen Changes
This is a recently described variant of an atypical fibroxanthoma, which, in the absence of prior trauma or biopsy, shows this peculiar keloidal collagen bundles.

Similar changes have been described in desmoplastic melanomas, basal cell carcinomas, and squamous cell carcinomas necessitating additional immunohistochemical stains to confirm the diagnosis.

There does not appear to be a difference in prognosis or behavior of this rare variant.