What is the best diagnosis?

A. Dermal Spitz Nevus
B. Rhabdomyosarcoma
C. Rhabdomyoma
D. Granular Cell Tumor
E. Hibernoma
Granular Cell Tumor
Notes

- Additional stains including Cytokeratin, Smooth muscle actin, CD68 and MelanA were negative.
- Granular cell changes may be seen in many neoplasms including carcinomas, smooth muscle neoplasms, and melanomas. Thus a complete immunohistochemistry panel is desirable to exclude these latter diagnostic possibilities.
Diffuse replacement of dermis by nests and individual granular cells

Bland nuclear features of Granular cells

Variable Epidermal Hyperplasia
What is the best diagnosis?

A. Squamous Cell Carcinoma
B. Endophytic Verruca Vulgaris
C. Proliferating Pilar Tumor
D. Pilomatricoma
E. Nodular Hidradenoma
Proliferating Pilar Tumor
Circumscribed Dermal Tumor

Pilar Differentiation

Minimal Cytologic Atypia
What is the best diagnosis?

A. Verruca vulgaris
B. Verruca plana
C. Verrucous carcinoma
D. Myrmecia
E. Epidermodysplasia verruciformis
Epidermodysplasia verruciformis
Slight epidermal hyperplasia

Viral cytopathic changes with Blue-gray cytoplasm
What is the best diagnosis?

A. Bullous pemphigoid
B. Pemphigus vulgaris
C. Dermatitis herpetiformis
D. Bullous Lupus Erythematosus
E. Bullous mastocytosis
Bullous pemphigoid
Subepidermal bulla with numerous eosinophils

Eosinophils predominate over neutrophils
What is the best diagnosis?

A. Erythema multiforme
B. Leukocytoclastic vasculitis
C. Bullous pemphigoid
D. Granuloma faciale
E. Discoid lupus erythematosus
Leukocytoclastic vasculitis
Nuclear dust

Fibrinoid necrosis

Extravasated rbc's