Dermatopathology Slide Review Part 137

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What is the best diagnosis?

A. Angiosarcoma
B. Atypical Fibroxanthoma
C. Xanthogranuloma
D. Koenen’s tumor
E. Sclerotic Fibroma
Koenen’s Tumor
(Subungual Fibroma)
Notes

- This is an angiofibroma that occurs in the peri- or subungual location.
- Think fibrous papule arising on acral skin.
- There is a strong association with tuberous sclerosis.
Note Acral location

Stellate fibroblasts, thin walled Capillary vessels, and fibroplasia
What is the best diagnosis?

A. Neurofibroma
B. Neurilemmoma
C. Palisaded and encapsulated neuroma
D. Traumatic neuroma
E. Neurotized nevus
Intraneural Tumor

Antoni A With Verrocay Bodies

Antoni B Loose Myxoid Stroma

Hyalinized Vessels
What is the best diagnosis?

A. Tophus
B. Amyloidoma
C. Necrobiotic granuloma
D. Colloid Millium
E. Paraffinoma
Gouty Tophus
Notes

- Although Uric acid crystals are water soluble and usually do not survive routine tissue processing, it is still possible to obtain H&E stained sections that preserve the histopathology of gout.
- Polarization is helpful to illustrate the needle-like crystals
Amorphous paucicellular collections of crystals

Variable calcifications

Foreign body Type giant cells
What is the best diagnosis?

A. Granuloma annulare
B. Granuloma faciale
C. Necrobiosis lipoidica
D. Allergic granulomatosis
E. Granulomatous slack skin disease
Necrobiosis lipoidica
What is the best diagnosis?

A. Adenoid Basal Cell Carcinoma
B. Adenoid Cystic Cell Carcinoma
C. Apocrine Carcinoma
D. Tubular Papillary Adenoma
E. Apocrine Cystadenoma
Apocrine Carcinoma with Lymphovascular Invasion
Diffuse proliferation of pleomorphic glands, some with micropapillary projections

No epidermal connection

Apocrine differentiation with Snouting and cytologic atypia

Rule out metastatic adenocarcinoma