Dermatopathology Slide Review Part 61

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Neurofibroma
Pearls

- Cellular dermal based nodule
- Wavy spindle cells, no atypia
- May see nerve rootlets
- Occasional entrapment of adipocytes—rule out DFSP
- IHC: S100+ and may be CD34+, beware DDX with DFSP
Cutaneous B-Cell Lymphoma
Pearls

- Bottom heavy nodular and diffuse lymphocytic infiltrate, may extend into subcutaneous fat
- Grenz zone separating infiltrate from epidermis
- Confirm with IHC-CD20 and CD79+
- Subtype by morphology (size, cleaved contours, and IHC)
Rhinophyma
Pearls

- Variable depending upon severity but usually polypoid
- Edema, scarring, and varying sebaceous gland hyperplasia
- Variable evidence of chronic folliculitis and rosacea
Amalgam Tattoo
Pearls

- Note oral squamous mucosa location
- Collections of dark pigment, usually arranged along fibroblasts or perivascular
- R/o melanocytic proliferation
Epidermolytic Hyperkeratosis
Pearls

- Hyper- and parakeratosis
- Dissolution of the granular layer
- No koilocytes or epithelial dysplasia identified