Dermatopathology Slide Review Part 75

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What is the best diagnosis?

A. Eccrine poroma
B. Seborrheic keratosis
C. Glomus tumor
D. Dermal duct tumor
E. Tumor of the follicular infundibulum
Eccrine Poroma
Pearls

- Plate-like proliferation of cytologically bland keratinocytes
- Rounded pushing borders unlike seborrheic keratosis
- Hyalinized changes around vessels
- May have horn pseudocysts
What is the best diagnosis?

A. Basal cell carcinoma
B. Tricholemmoma
C. Tricholemmal carcinoma
D. Keratoacanthoma
E. Verruca vulgaris
Keratoacanthoma
Pearls

- Crateriform invagination of squamous cells with epidermal buttress
- Glassy keratinocytes with minimal pleomorphism
- May have intraepidermal neutrophils
What is the best diagnosis?

A. Macular amyloidosis
B. Lipoid proteinosis
C. Keloid
D. Colloid milium
E. Gouty tophus
Colloid milium
Pearls

• Nodular collections of hyalinized material, may show cracking
• Localized to papillary dermis
• Congo red negative, May be PAS positive
• Elastic stain may show decreased elastic fibers
What is the best diagnosis?

A. Osteosarcoma
B. Chondroid metaplasia
C. Chondrodermatitis nodularis helicis
D. Osteoma cutis
E. Gouty tophus
Osteoma cutis arising with an epidermal inclusion cyst
Pearls

- Benign bone with variable calcification
- May show “chatter” artifact and tissue drop out around bone
- If secondary osteoma cutis, may see precursor lesion ie, epidermal cyst, granuloma, hemangioma, etc.
What is the best diagnosis?

A. Angiolipoma
B. Spindle cell lipoma
C. Liposarcoma
D. Lipoblastoma
E. Angiosarcoma
Angiolipoma
Pearls

- Proliferation of bland vessels some of which contain intraluminal thrombi
- Admixed with mature adipose tissue
- This case illustrates the principle that angiolipomas are fundamentally hemangiomas with fat recruitment rather than lipomas with a vascular proliferation