What is the best diagnosis?

A. Metastatic Adenocarcinoma from the Breast
B. Metastatic Renal Cell Carcinoma
C. Chondroid Syringinoma
D. Nodular and Cystic Hidradenoma
E. Glomus Tumor
Chondroid Syringoma
(Benign Mixed Tumor of the Skin)
Pearls

- Circumscribed dermal tumor with no epidermal attachment
- Variable mix of epithelial and stroma components
- Epithelium in tubules and cords and may show squamous and apocrine/eccrine differentiation
- Stroma is chondroid and myxoid
What is the best diagnosis?

A. Rheumatoid nodule
B. Necrobiosis lipoidica
C. Churg-Strauss granuloma
D. Sarcoidosis
E. Necrobiotic xanthogranuloma
Rheumatoid Nodule
Pearls

- Palisading necrobiotic granuloma
- Usually deep reticular dermis
- Lined by epithelioid histiocytes and plasma cells
- Minimal mucinosis
- Always rule out infection and foreign body granuloma
What is the best diagnosis?

A. Pemphigus vulgaris
B. Pemphigus foliaceus
C. Grover’s disease
D. Dermatitis herpetiformis
E. Bullous pemphigoid
Bullous Pemphigoid
Pearls

- Subepidermal bulla
- Superficial perivascular and interstitial infiltrate of eosinophils predominating over neutrophils
- Later lesions may show re-epithelialization of the blister base, mimicking an intraepidermal bulla
Cytokeratin
Basal Cell Carcinoma Arising with an Intradermal Melanocytic Nevus
Pearls

- Nest of melanocytes may histologically mimic basal cells
- May need IHC to discriminate
What is the best diagnosis?

A. Ossified pilomatricoma
B. Nodular fasciitis
C. Giant cell tumor of tendon sheath
D. Basal cell carcinoma with ossification
E. Osteosarcoma
Ossified Pilomatricoma
Pearls

- Usually circumscribed calcified to ossified dermal nodule
- Look for areas of “shadow cells”, outlines of keratinocytes
- May have increased chronic inflammation with foreign body giant cells