Dermatopathology Slide Review Part 78

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What is the best diagnosis?

A. Basal cell carcinoma
B. Pilomatricoma
C. Trichofolliculoma
D. Inverted follicular keratosis
E. Trichoepithelioma
Trichoepithelioma
Pearls

- Dermal circumscribed tumor with minimal epidermal attachment
- May have multiple follicular cysts with calcifications
- Stromal-stromal clefting but usually lacks stromal-epithelial clefting
- Look for papillary-mesenchymal bodies (primitive hair follicles)
What is the best diagnosis?

A. Granuloma annulare
B. Sarcoidosis
C. Juvenile Xanthogranuloma
D. Langherhans cell histiocytosis
E. Giant cell tumor of tendon sheath
Juvenile Xanthogranuloma
Pearls

- Diffuse nodular infiltrate of foamy histiocytes
- Grenz zone separates infiltrate from epidermis
- Bland cytology admixed with giant cells, many of the Touton type
- DDX: Dermatofibroma with xanthomatous change
What is the best diagnosis?

A. Inflamed seborrheic keratosis
B. Inflamed verruca vulgaris
C. Invasive squamous cell carcinoma
D. Bowen’s disease
E. Porokeratosis of Mibelli
Porokeratosis of Mibelli
Pearls

- Variable hyperplasia, may resemble verruca or seborrheic keratosis
- Minimal cytologic atypia
- Look for cornoid lamella
What is the best diagnosis?

A. Chondroid syriginoma
B. Basal cell carcinoma with follicular differentiation
C. Nodular hidradenoma
D. Basal cell carcinoma with syringoma
E. Microcystic adnexal carcinoma
Basal cell carcinoma with syringoma
Pearls

- Not an uncommon occurrence, especially on or around eyelids
- Distinctly different morphology of glands lined by bland squamous cells juxtaposed with basal cell carcinoma
What is the best diagnosis?

A. Condyloma
B. Bowenoid papulosis
C. Extramammary Paget’s disease
D. Basal cell carcinoma
E. Hidrakanthoma simplex
Bowenoid papulosis
Pearls

- Gently mammillated outline of epidermis with hyperchromatic crowded intraepithelial nuclei
- No koilocytes
- High grade nuclei through full epidermal thickness, scattered atypical mitotic figures