Dermatopathology Slide Review Part 80

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What is the best diagnosis?

A. Focal cutaneous mucinosis
B. Cutaneous myxoma
C. Cellulitis
D. Scleromyxedema
E. Myxoid liposarcoma
Colloidal iron
Pearls

- Poorly circumscribed collection of paucicellular mucin in dermis
- No increase in fibroblasts, vascularity, or inflammatory cells
- Confirm with stains for mucin (colloidal iron, mucicarmine)
What is the best diagnosis?

A. Pigmented seborrheic keratosis
B. Eccrine Poroma
C. Irritated seborrheic keratosis
D. Bowen’s disease
E. Tumor of the follicular infundibulum
Irritated Seborrheic Keratosis
Pearls

- Typical silhouette of seborrheic keratosis with flattened rete ridge pattern and horn pseudocysts
- Squamous eddies with whorled keratinocytes lacking cytologic atypia
What is the best diagnosis?

A. Spitz nevus
B. Blue nevus
C. Pigmented eccrine poroma
D. Bednar tumor
E. Malignant melanoma
Acral Malignant Melanoma
Pearls

- Look for acral location
- Spindled desmoplastic changes common
- Perineural invasion common
- Mitotic figures easily identified
What is the best diagnosis?

A. Spitz nevus
B. Blue nevus
C. Congenital nevus
D. Pigmented basal cell carcinoma
E. Pigmented seborrheic keratosis
Spitz nevus
Pearls

- Symmetric proliferation of epithelioid and spindled melanocytes
- Sharp peripheral circumscription of melanocytes
- Vertically oriented melanocytic nests often with clefting above the nests
- Kamino bodies variable
What is the best diagnosis?

A. Erythema chronicum migrans
B. Lepromatous leprosy
C. Eruptive xanthoma
D. Scleromyxedema
E. Herpes Zoster virus infection
Lepromatous Leprosy
Fite Stain
Pearls

- Look for perineural lymphocytic infiltrate
- Variable inflammatory response depending upon immune status of patient
- Scattered histiocytes and neutrophils
- Always get Fite stain to confirm.