Dermatopathology Slide Review Part 82

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What is the best diagnosis?

A. Favre-Racouchot Syndrome
B. Coccidioidomycosis
C. Granuloma faciale
D. Pilomatricoma with rupture
E. Acne keloidalis nuchae
Acne Keloidalis Nuchae
Pearls

- Extensive scarring with foreign body giant cell reaction with chronic and ruptured folliculitis
- Variable epidermal changes
What is the best diagnosis?

A. Granuloma faciale  
B. Granulomatous rosacea
C. Annular elastotic granuloma  
D. Sarcoidosis  
E. Churg-Strauss syndrome  
F. Granulomatous slack skin
Annular Elastotic Actinic Granuloma (O’brien)
Pearls

- Collection of giant cells with phagocytosis of elastic fibers
- Extensive solar elastosis
- Variable chronic inflammation
What is the best diagnosis?

A. Erythema nodosum
B. Lymphomatoid papulosis
C. Lipomembranous panniculitis
D. Behcet’s syndrome
E. Nodular vasculitis
Neutrophilic dermatosis and vasculitis/panniculitis consistent with Behcet’s syndrome
Pearls

- Neutrophilic dermatosis with accompanying panniculitis and subcutaneous vasculitis
- Clinical-pathological correlation
- Rule out nodular vasculitis, polyarteritis nodosa, other neutrophilic dermatoses
What is the best diagnosis?

A. Eccrine spiradenoma
B. Apocrine carcinoma
C. Sebaceous carcinoma
D. Pilomatricoma
E. Metastatic renal cell carcinoma
Sebaceous Carcinoma,
Poorly Differentiated
Pearls

- Poorly differentiated basophilic cells with vacuolated cytoplasm representing sebaceous changes
- Lack true peripheral palisading
- May have focal squamous differentiation
- Numerous atypical mitotic figures
What is the best diagnosis?

A. Pilomatrixcoma
B. Proliferating pilar tumor
C. Epidermal inclusion cyst
D. Osteoma cutis
E. Tumoral calcinosi
Tumoral Calcinosiøs
Pearls

- Large collections of amorphous debris with calcifications
- Numerous foreign body type giant cells
- May have precursor hemangioma or epithelial cyst