Dermatopathology Slide Review Part 83

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What is the best diagnosis?

A. Neurotized nevus
B. Neurofibroma
C. Neurilemmoma
D. Palisaded and encapsulated neuroma
E. Fibrous papule
Neurotized Nevus
Pearls

- May have conventional nests of melanocytic nevus with gradual transition to Type C or spindled nevus cells
- May be histologically indistinguishable from neurofibroma but will not have nerve roots.
What is the best diagnosis?

A. Accessory nipple
B. Accessory tragus
C. Accessory digit
D. Syrginoma
E. Eccrine sweat duct nevus
Accessory Nipple
Pearls

- Slightly polypoid dermal nodule with mixed collection of smooth muscle and variable apocrine ducts
- Look for apocrine snouting to distinguish from eccrine ducts
- Clinical correlation usually within the milk line
What is the best diagnosis?

A. Sebaceous Carcinoma  
B. Squamous cell Carcinoma  
C. Pilomatrical carcinoma  
D. Basal Cell Carcinoma  
E. Hidradenocarcinoma
Pilomatrical Carcinoma
Pearls

- Cytologically malignant high grade nuclei of basaloid cells admixed with shadow cells
- Dermal or subQ based
- DDX: Basal cell carcinoma with matrical differentiation
What is the best diagnosis?

A. Jessner’s lymphocytic infiltrate
B. Erythema gyratum centrifugum
C. Acne rosacea
D. Favre-Racouchot disease
E. Discoid lupus erythematosus
Discoid lupus erythematosus
Pearls

- Epidermal thinning with follicular plugging
- Interface dermatitis
- Superficial and deep perivascular and periajnexal lymphocytic infiltrate
- Dermal mucinosis
Which is the Tattoo or Blue Nevus?
Tattoo

Blue Nevus
# Pearls

<table>
<thead>
<tr>
<th>Tattoo</th>
<th>Blue Nevus</th>
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<tbody>
<tr>
<td>Dark pigment, varying shades, usually non-refractile, usually finer size than melanin</td>
<td>Dark pigment with brownish hue</td>
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<td>May have foreign body reaction or scar from procedure</td>
<td>May be admixed with epithelioid cells</td>
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<td>Difficult cases may need IHC stains or Fontana-Masson</td>
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