Dermatopathology Slide Review Part 85

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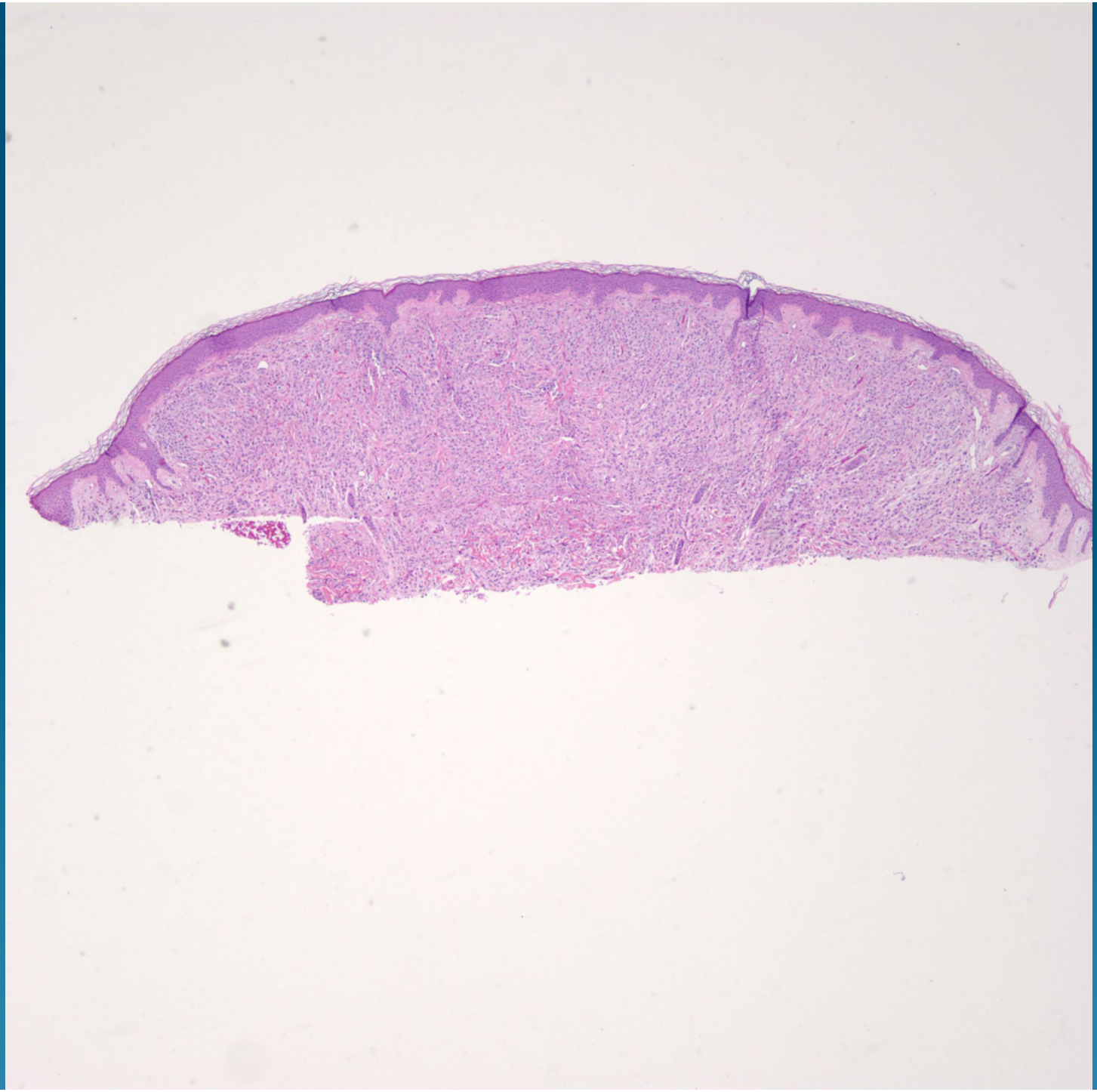
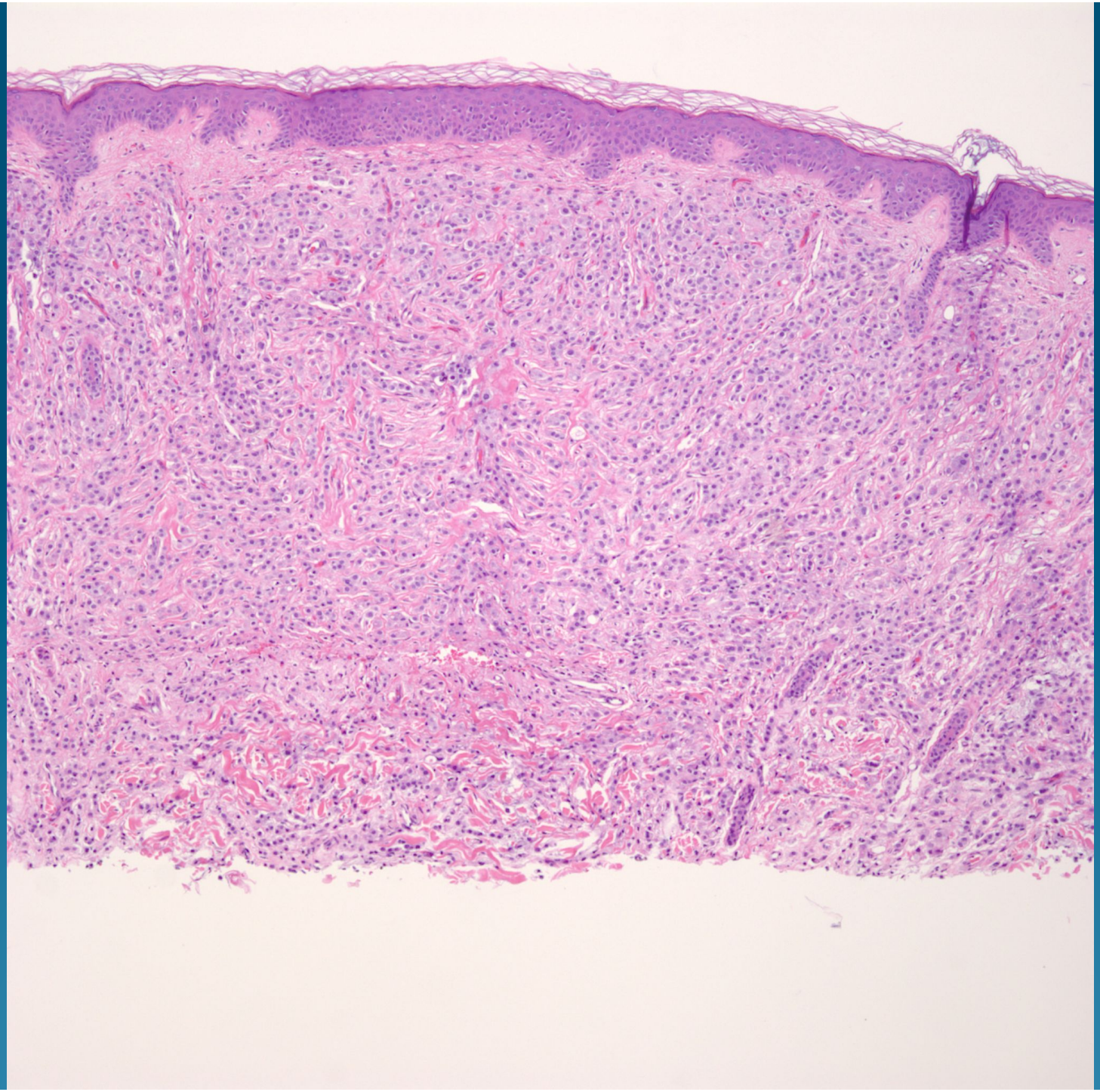
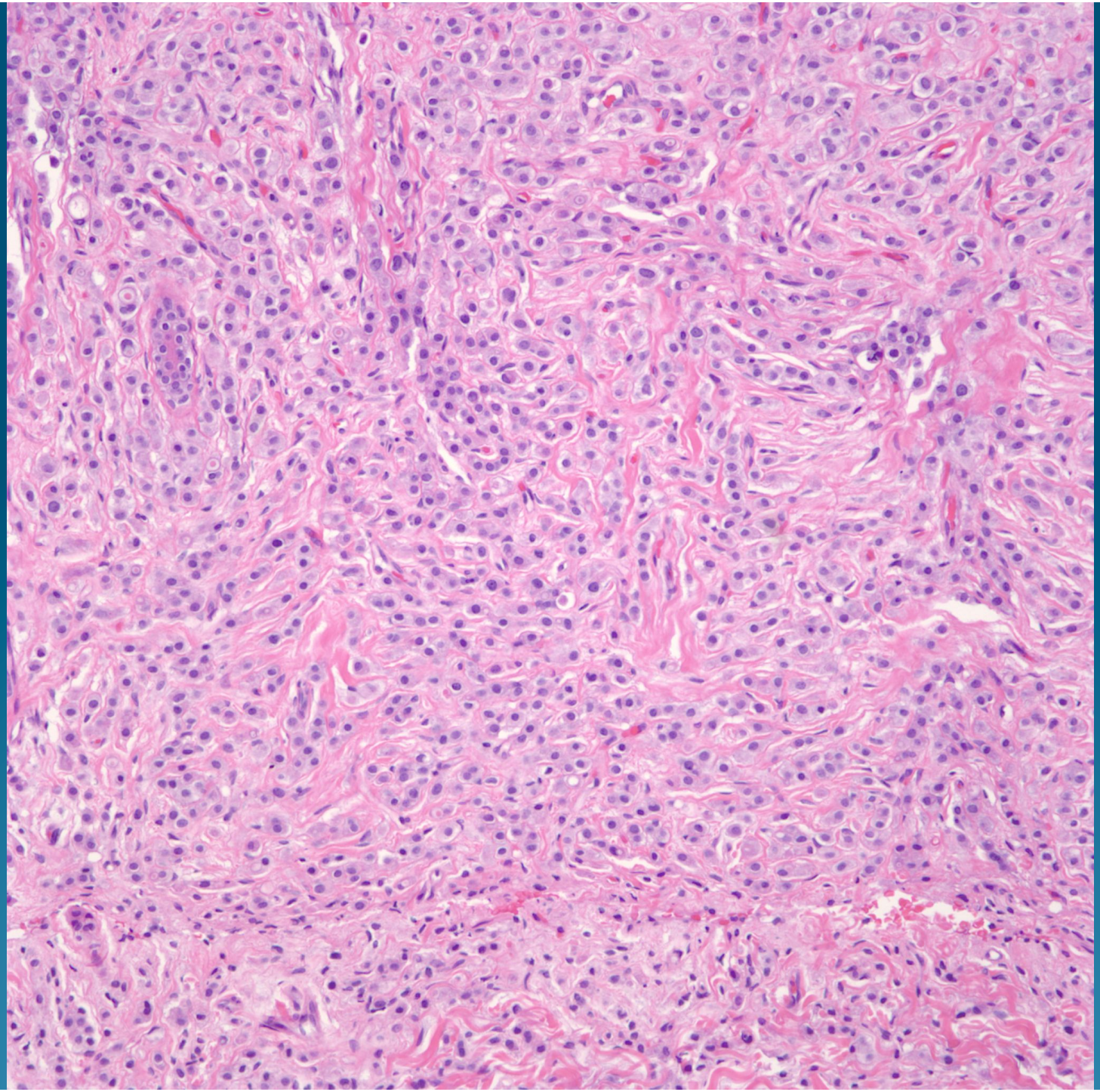
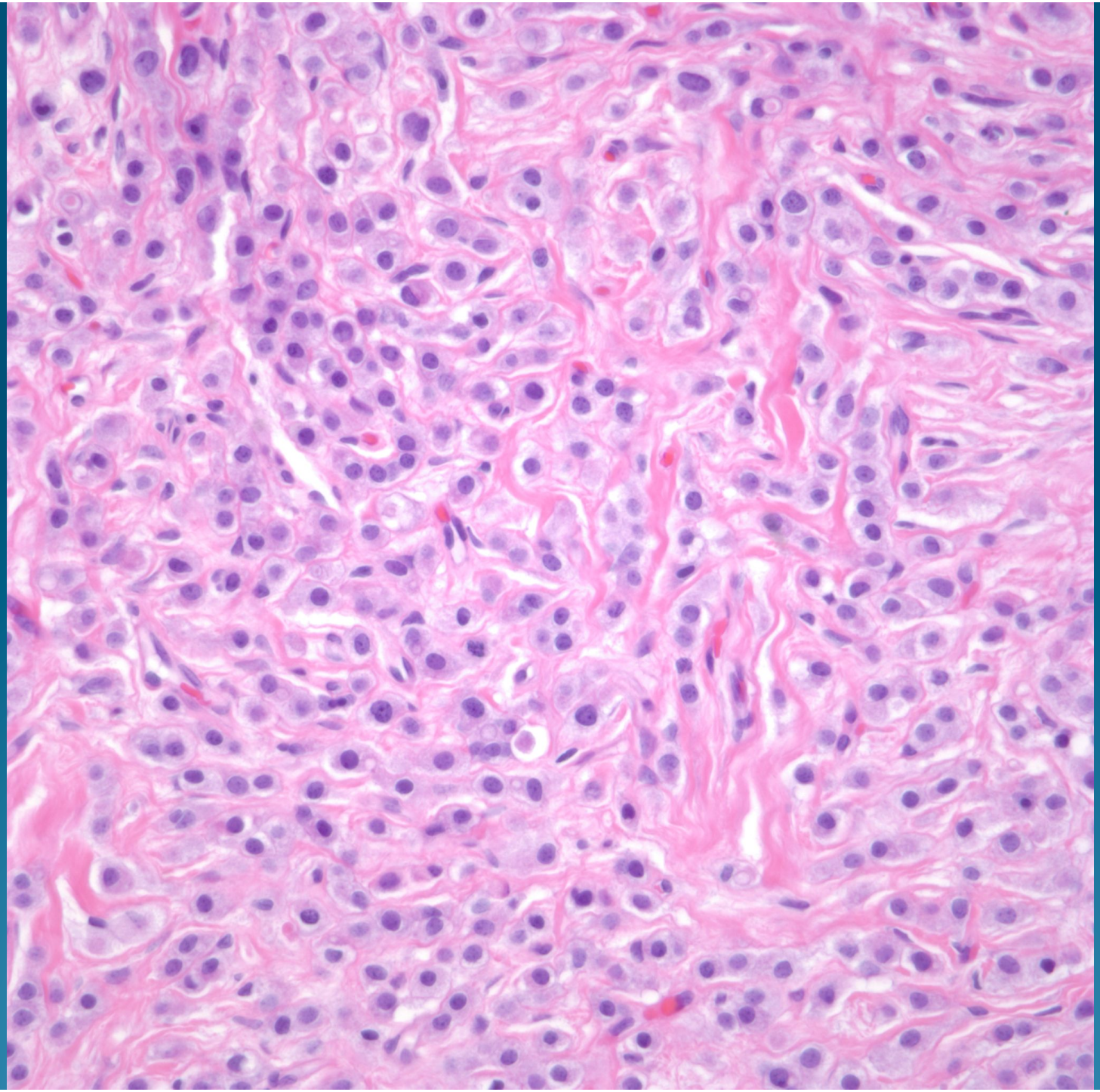
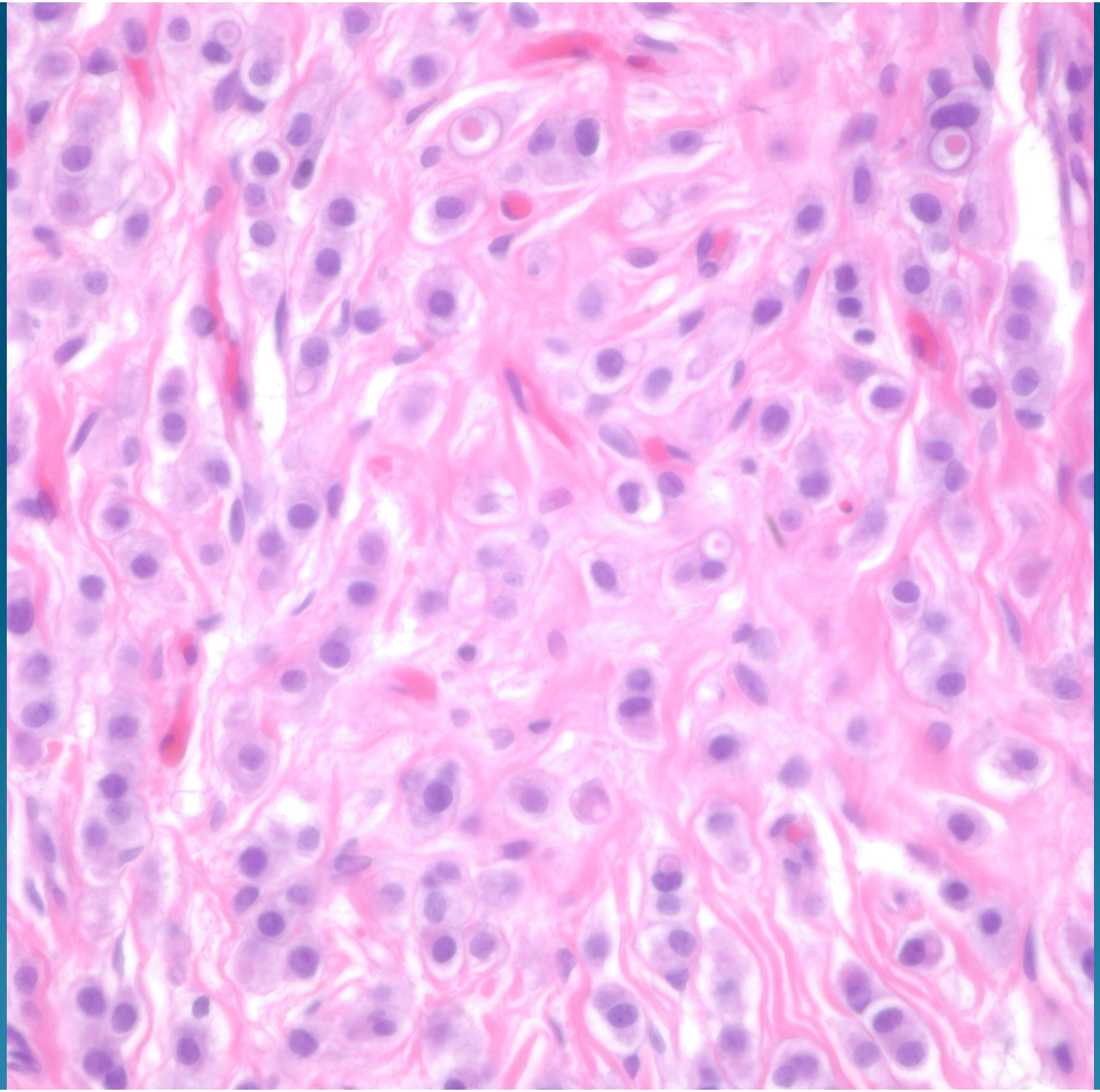








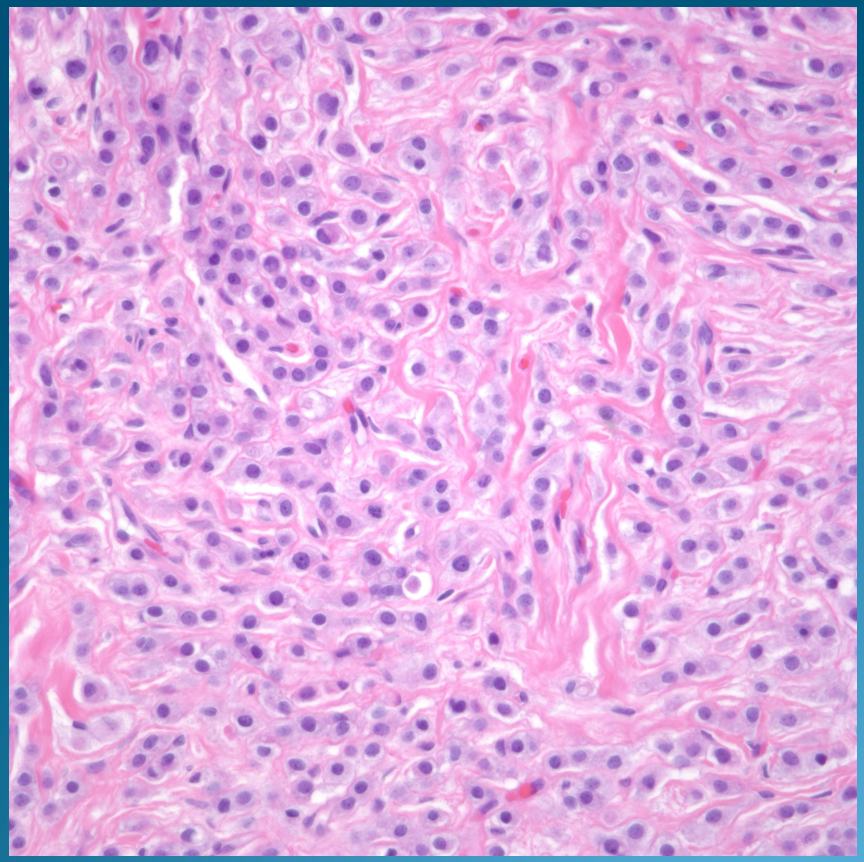


What is the best diagnosis?

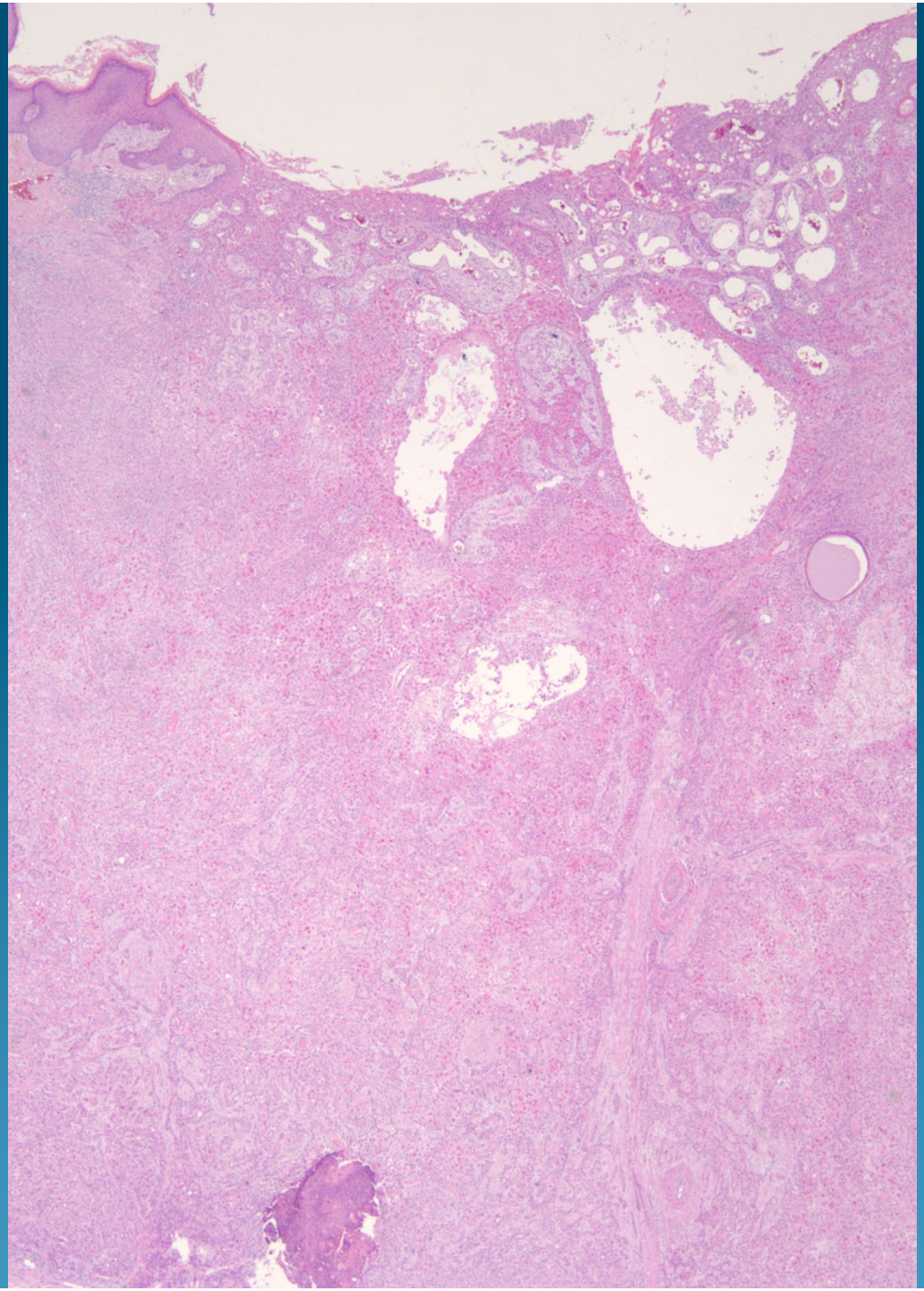
A. Chondroid syringoma
B. Metastatic lobular carcinoma of the breast
C. Malakoplakia
D. Leishmaniasis
E. Histoplasmosis

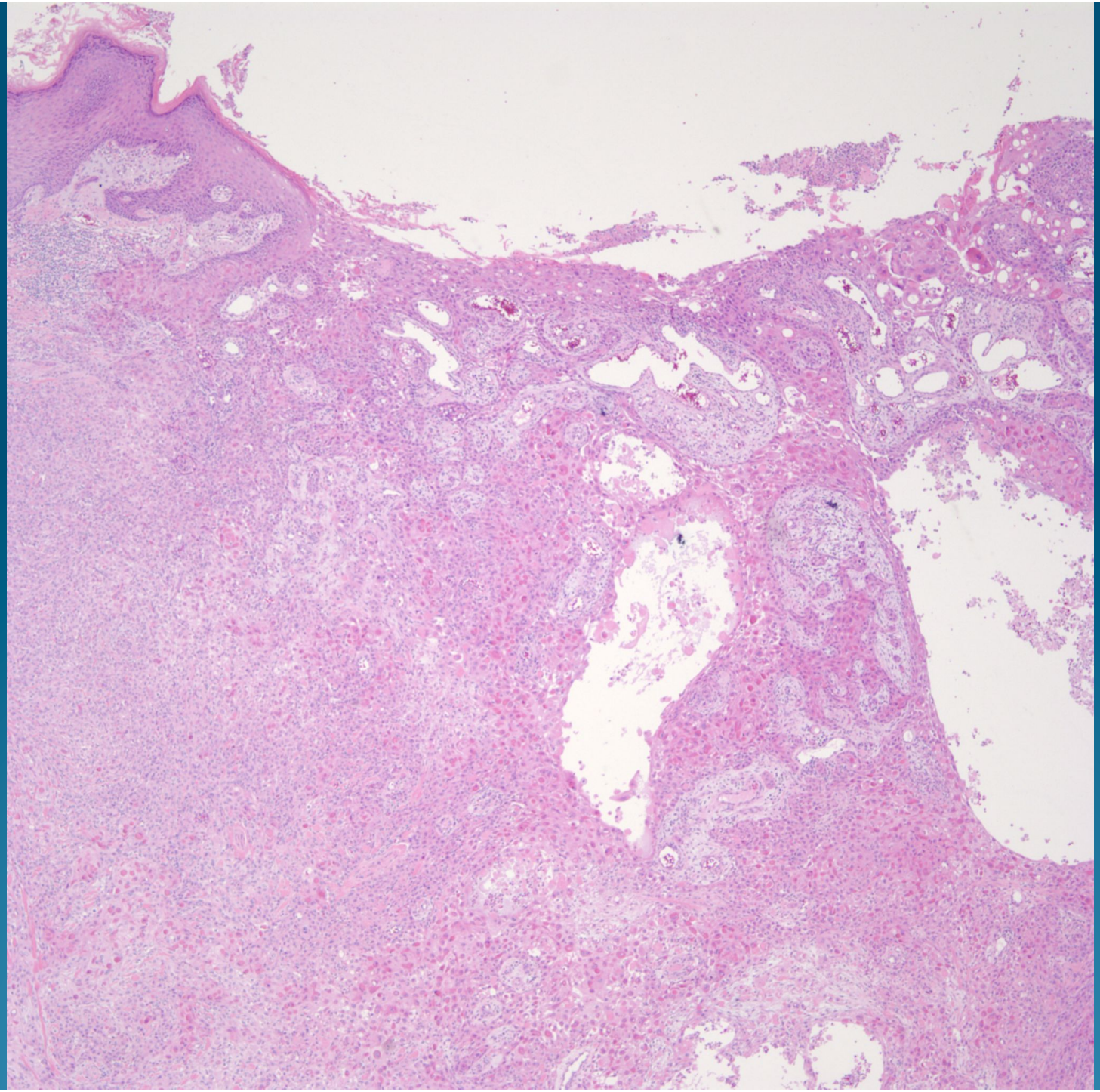
Metastatic Lobular Carcinoma of the breast

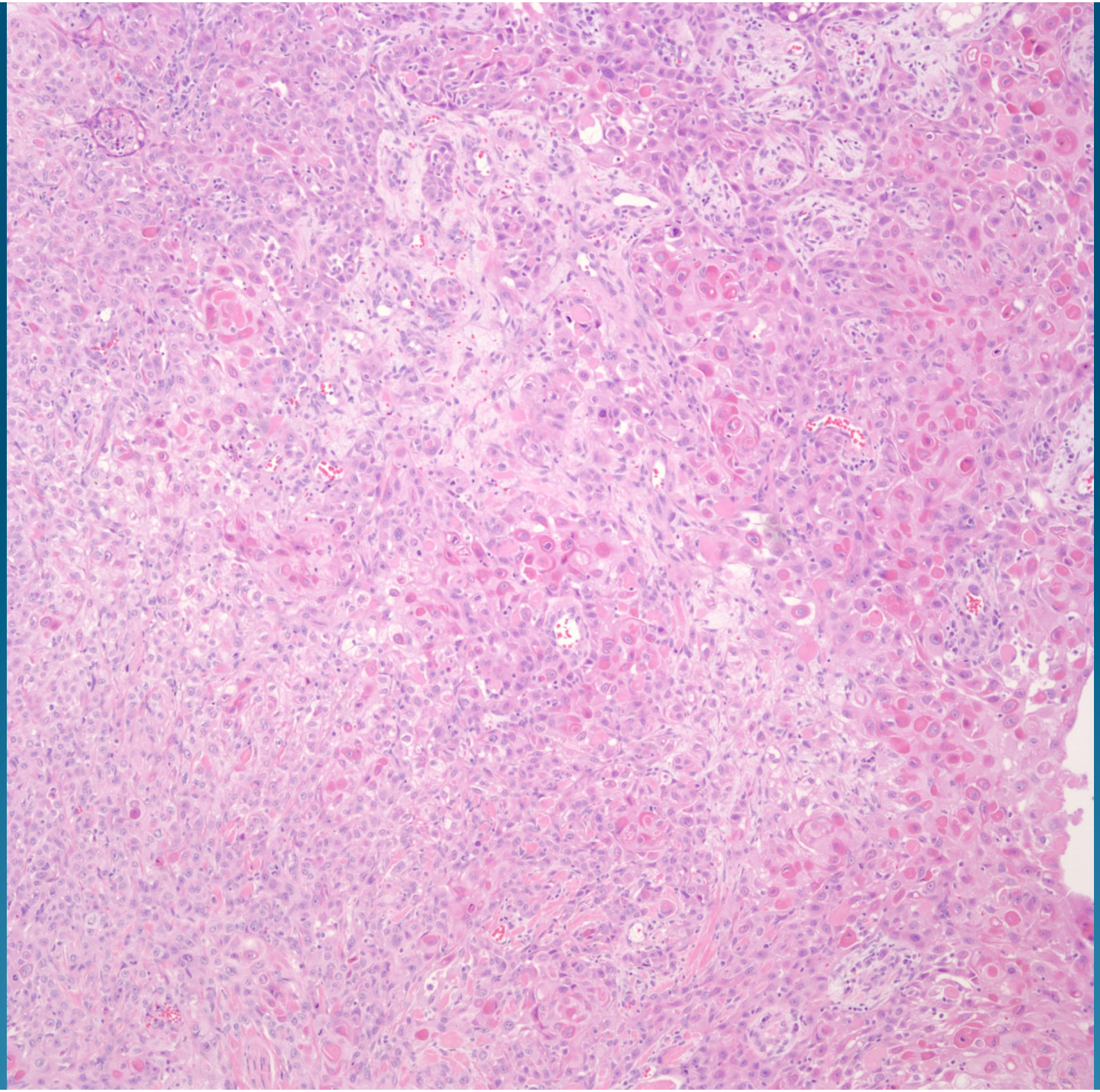
Pearls

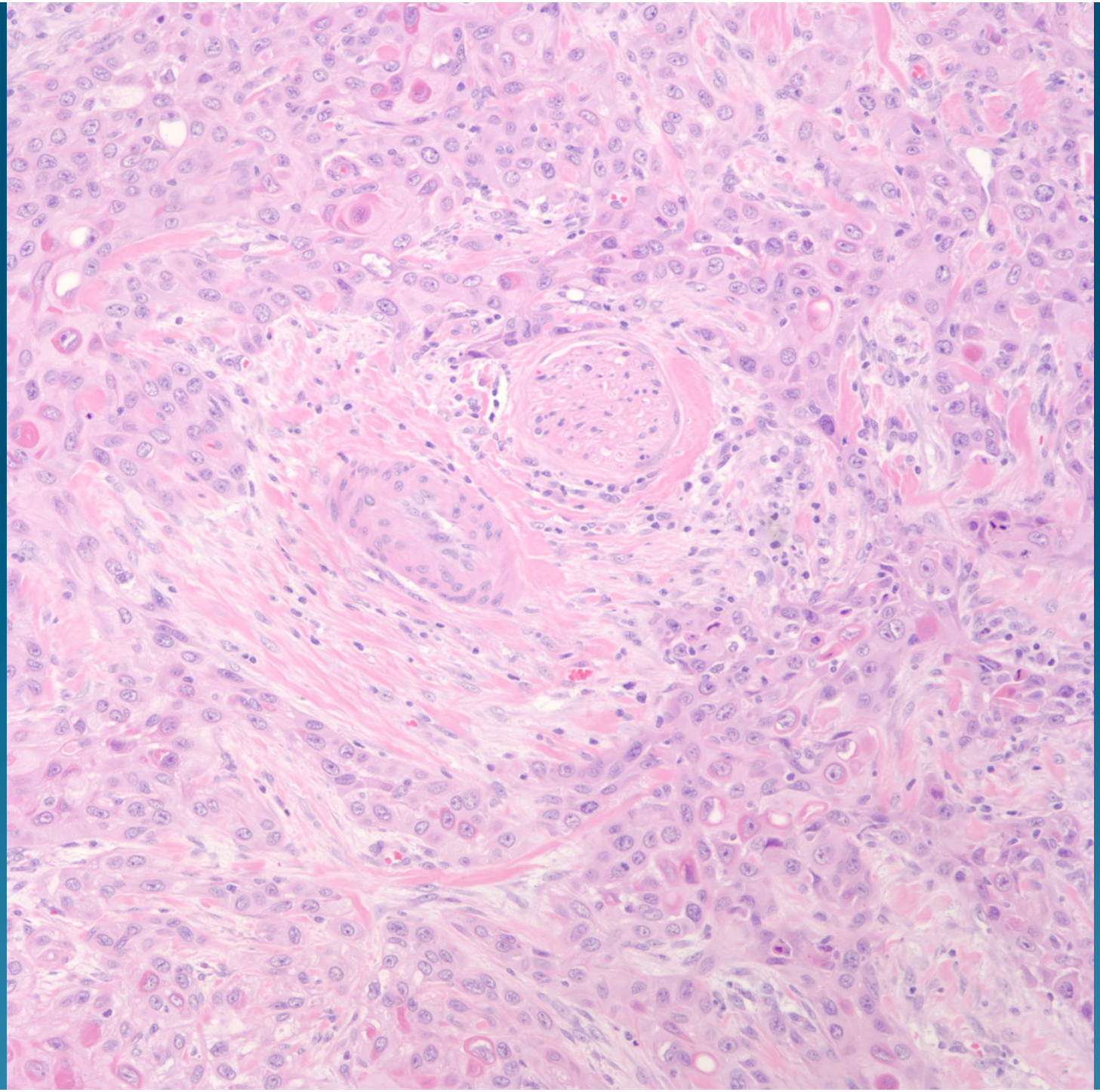


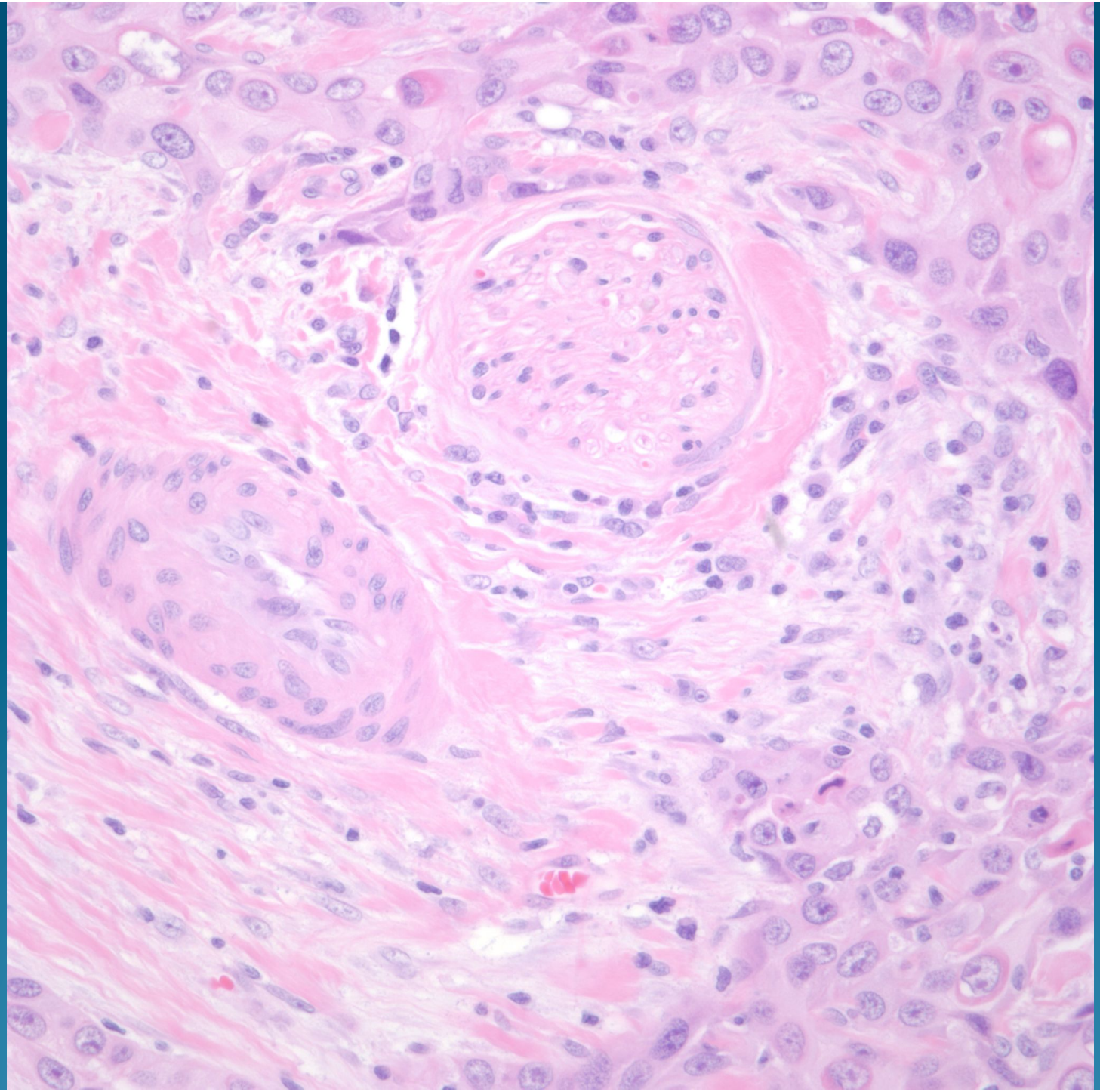
- Sheets and linear infiltrating strands of epithelial cells
- Many cells may show a signet ring configuration
- Usually minimal cytologic atypia and minimal mitotic figures
- May need estrogen and progesterone receptors to distinguish from metastatic signet ring adenocarcinoma
- Always obtain history-there is a rare primary cutaneous signet ring adenocarcinoma of the skin









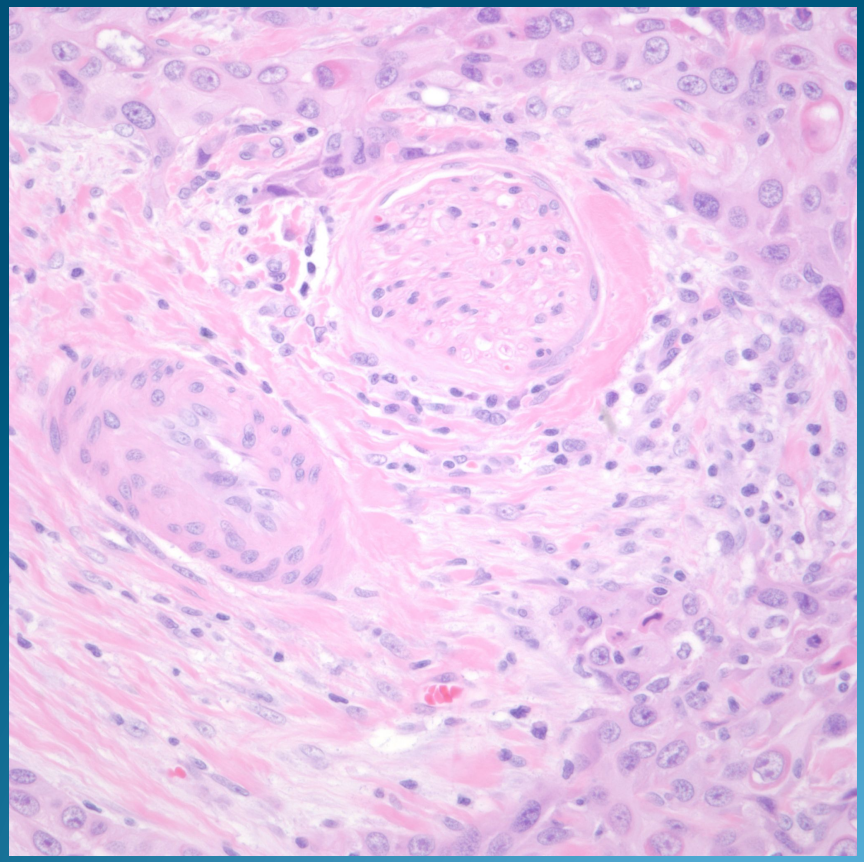


What is the best diagnosis?

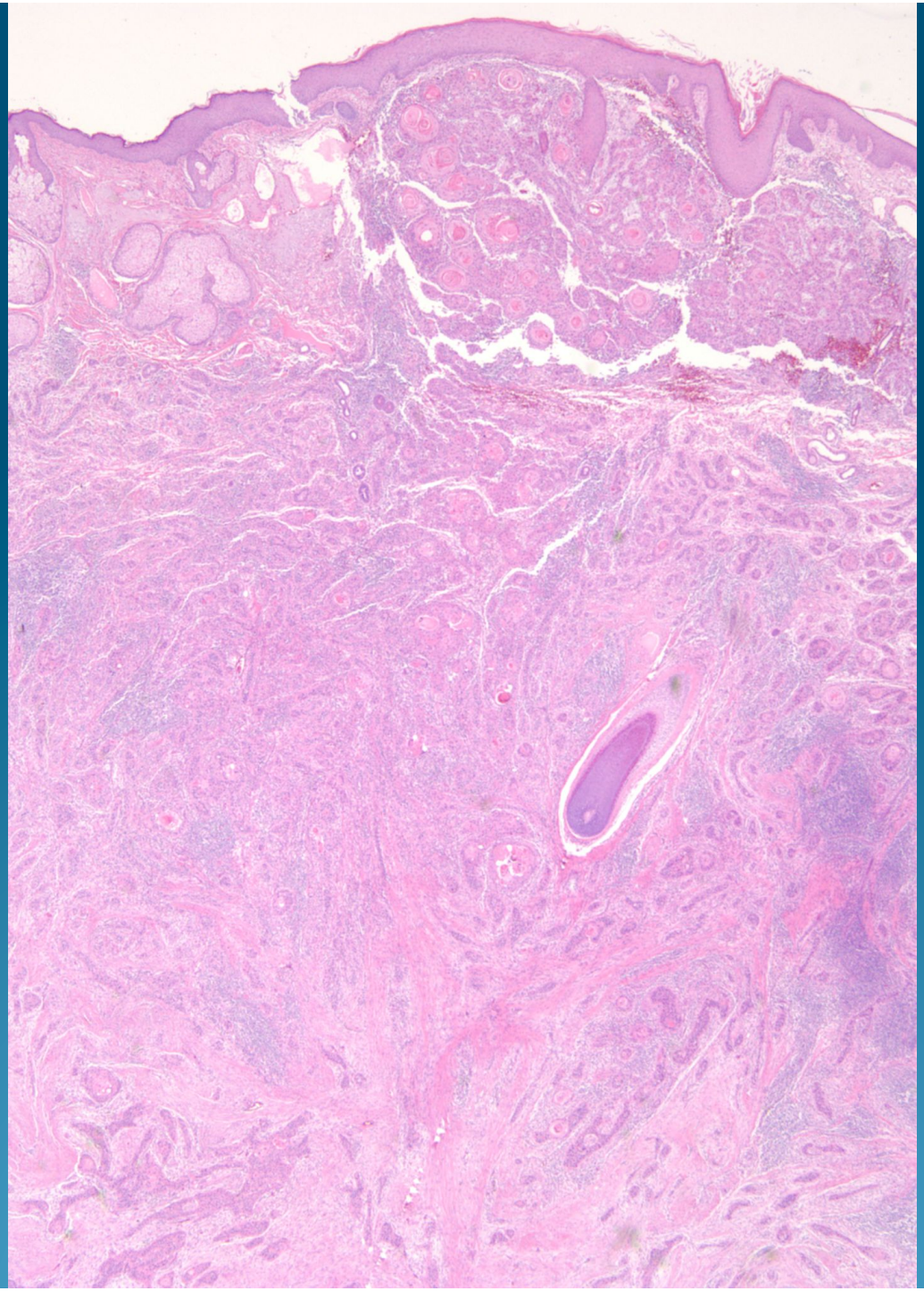
A. Squamous cell carcinoma
B. Basal cell carcinoma-morpheaform type
C. Merkel Cell Carcinoma
D. Microcystic adnexal carcinoma
E. Hidradenocarcinoma

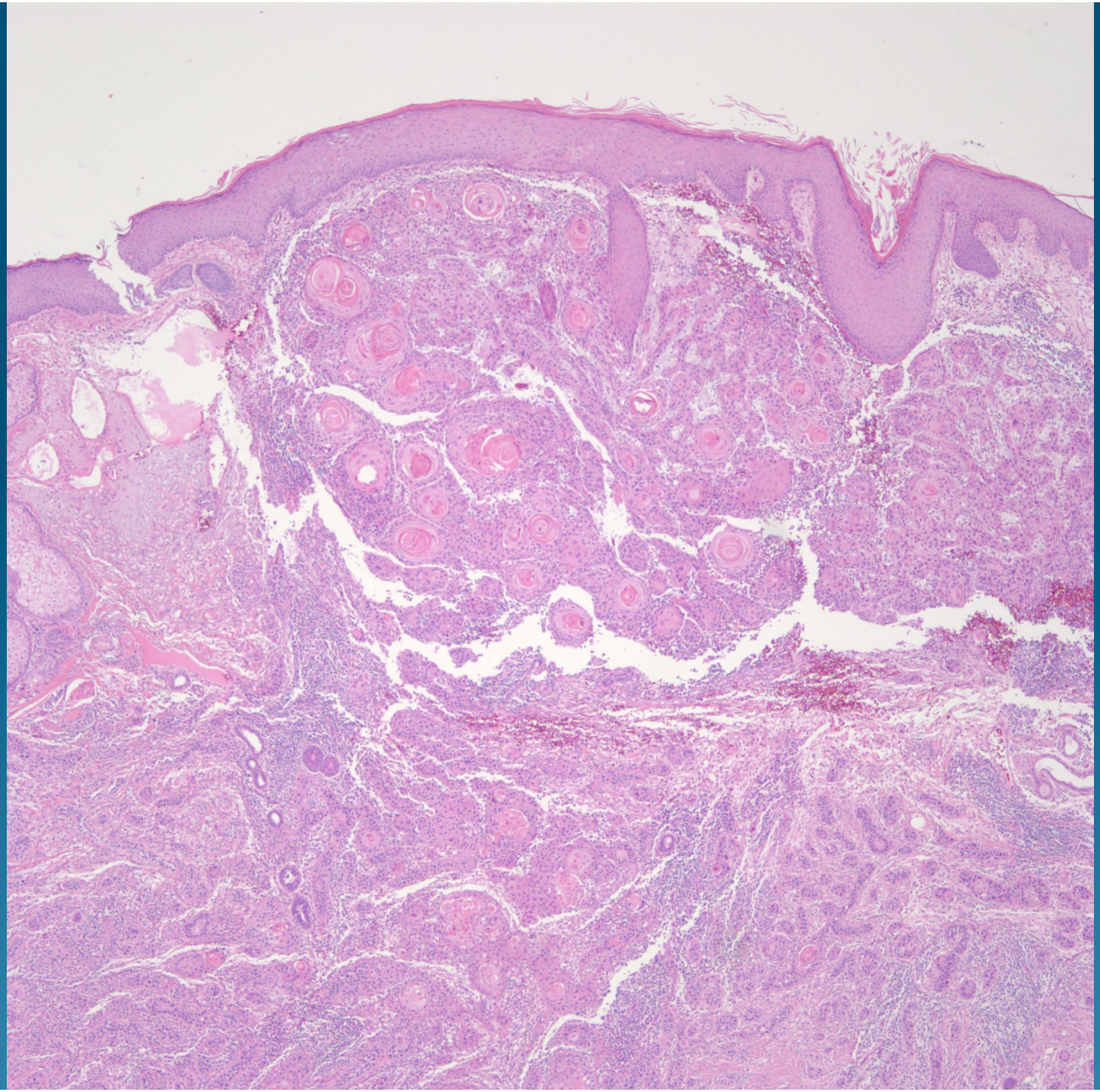
Squamous cell carcinoma,
Poorly Differentiated.
With perineural Invasion

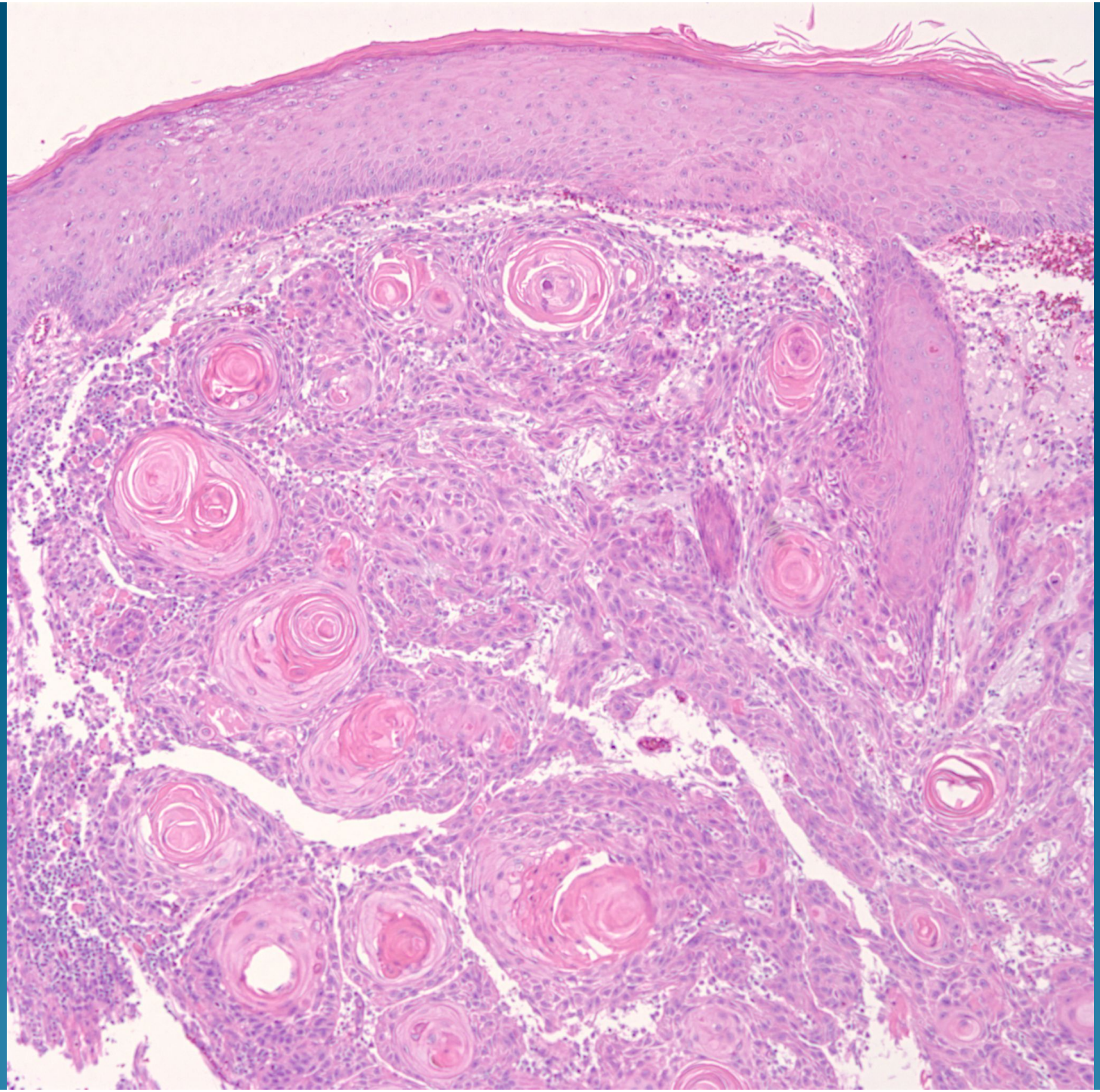
Pearls

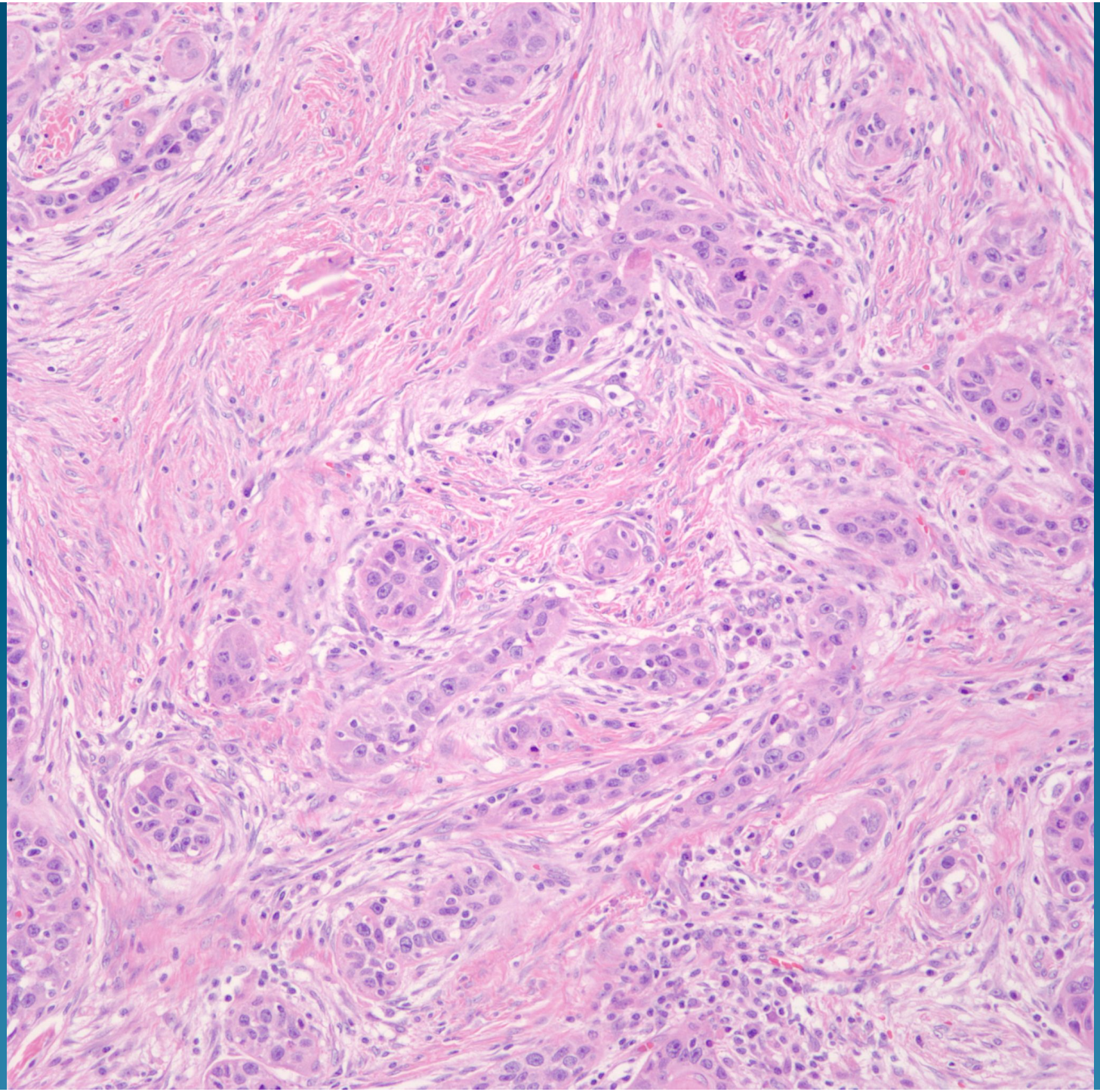


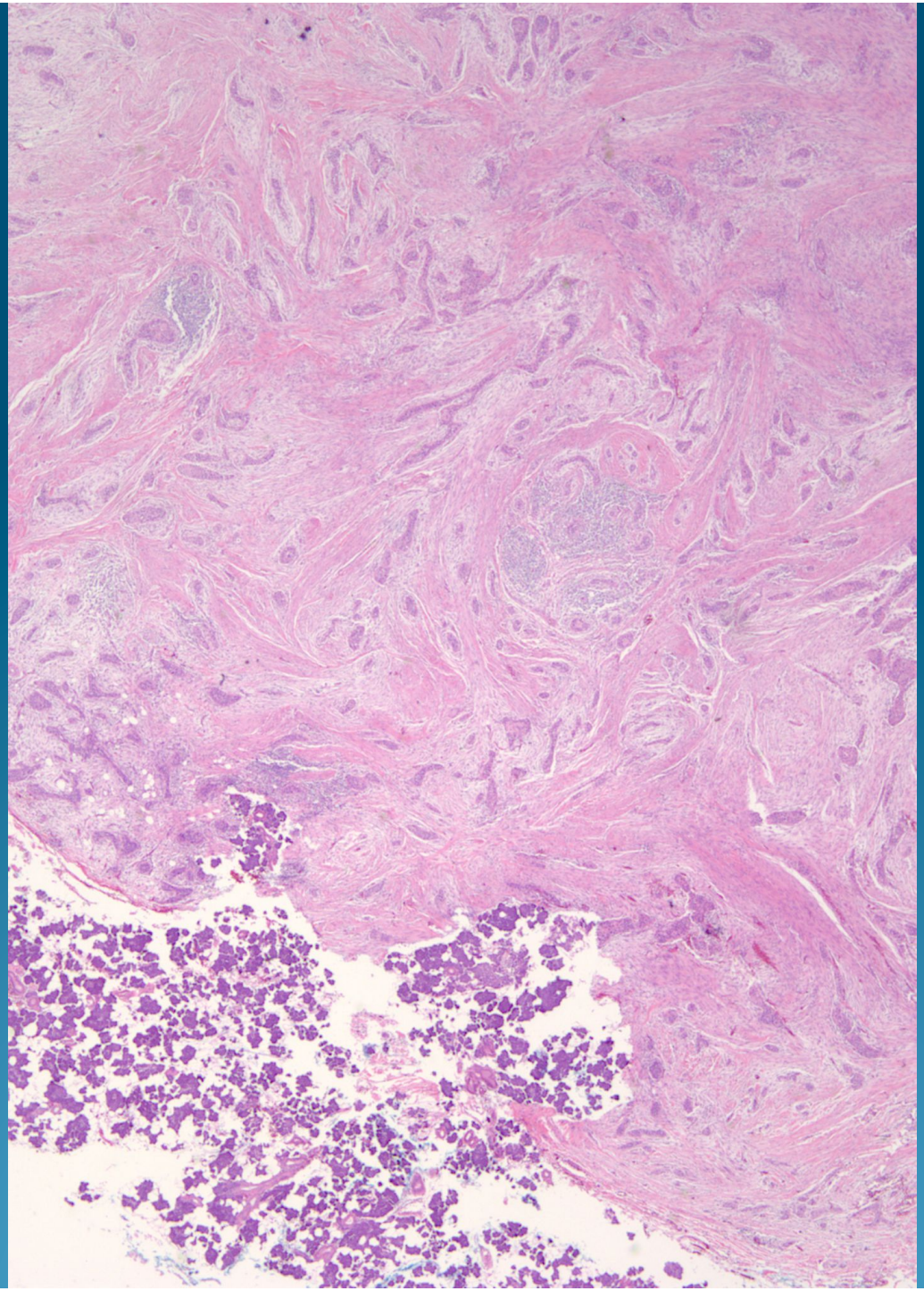
- Always grade your squamous cell carcinomas
- If possible, histologically subtype
- Look for perineural and lymphovascular invasion
- May use S100 and D2-40 (podoplanin) to assist

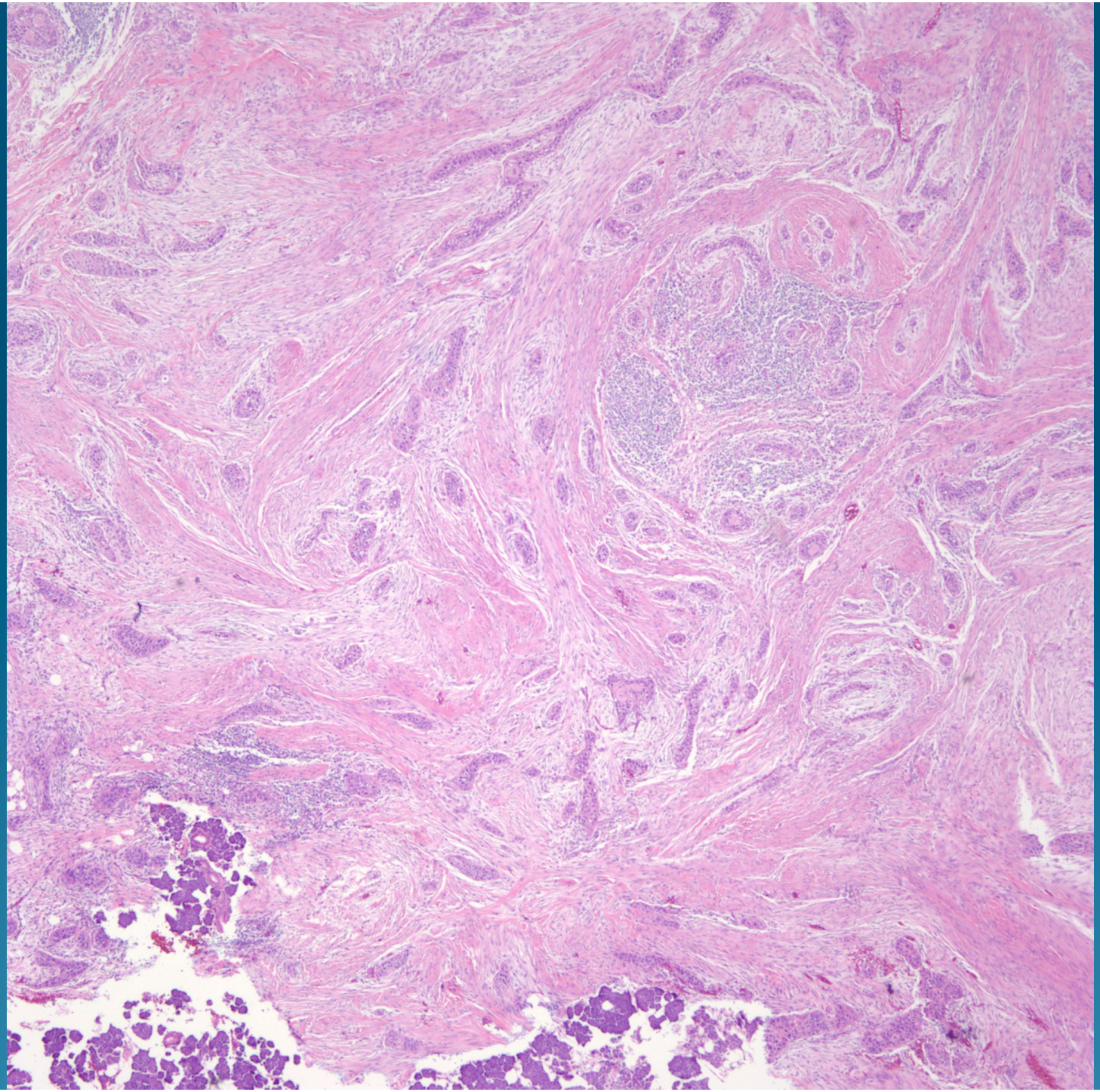


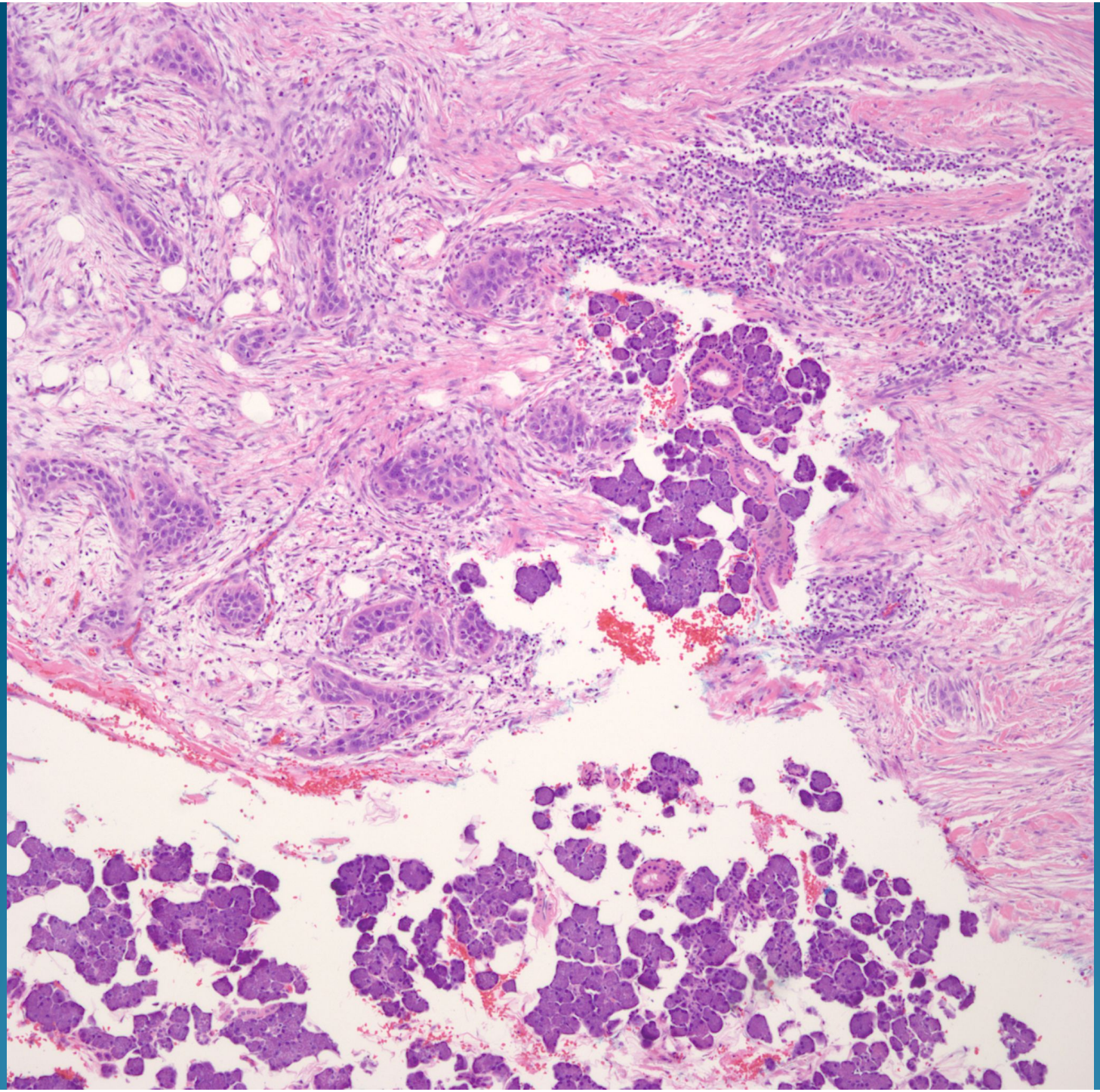


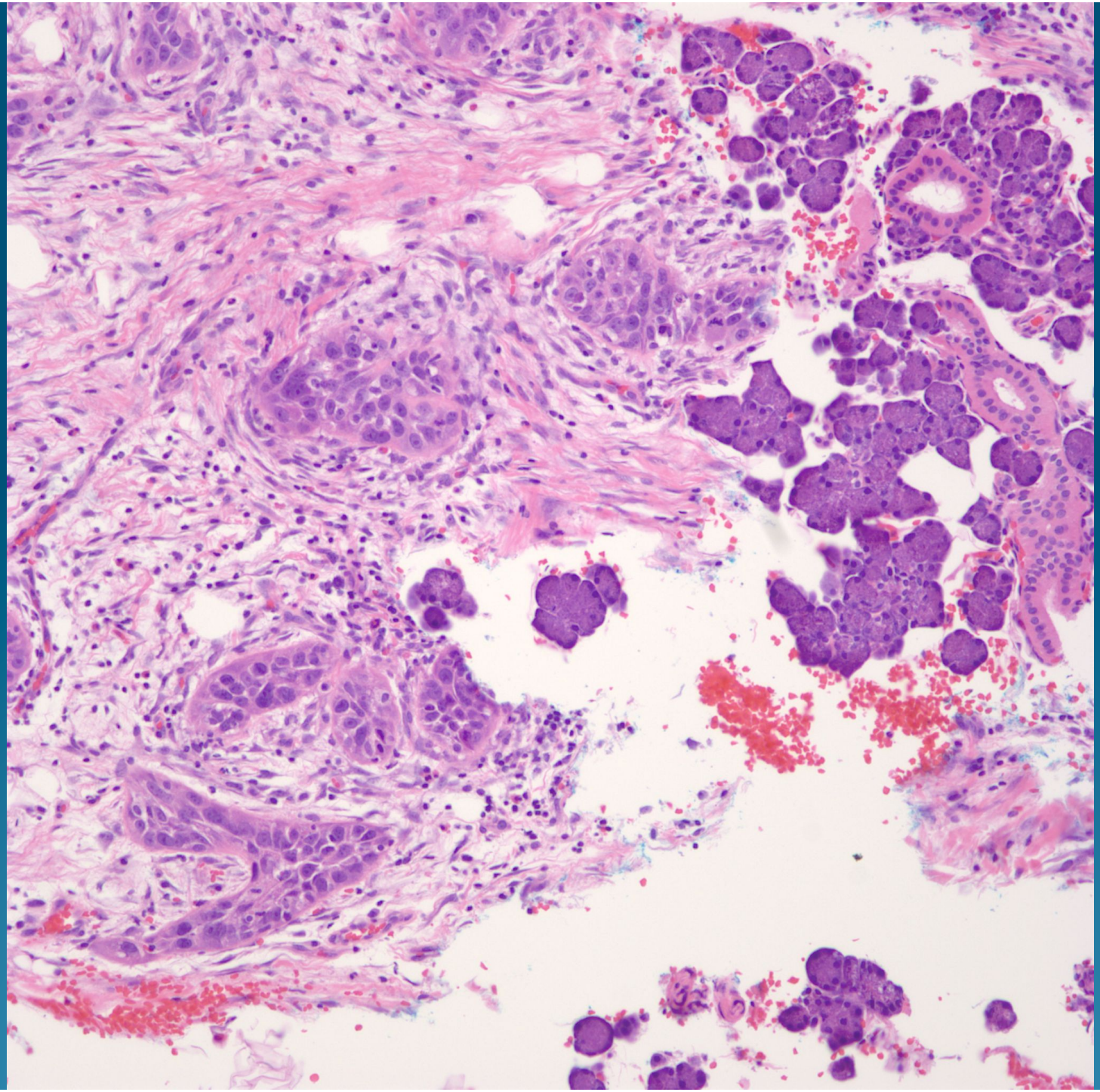










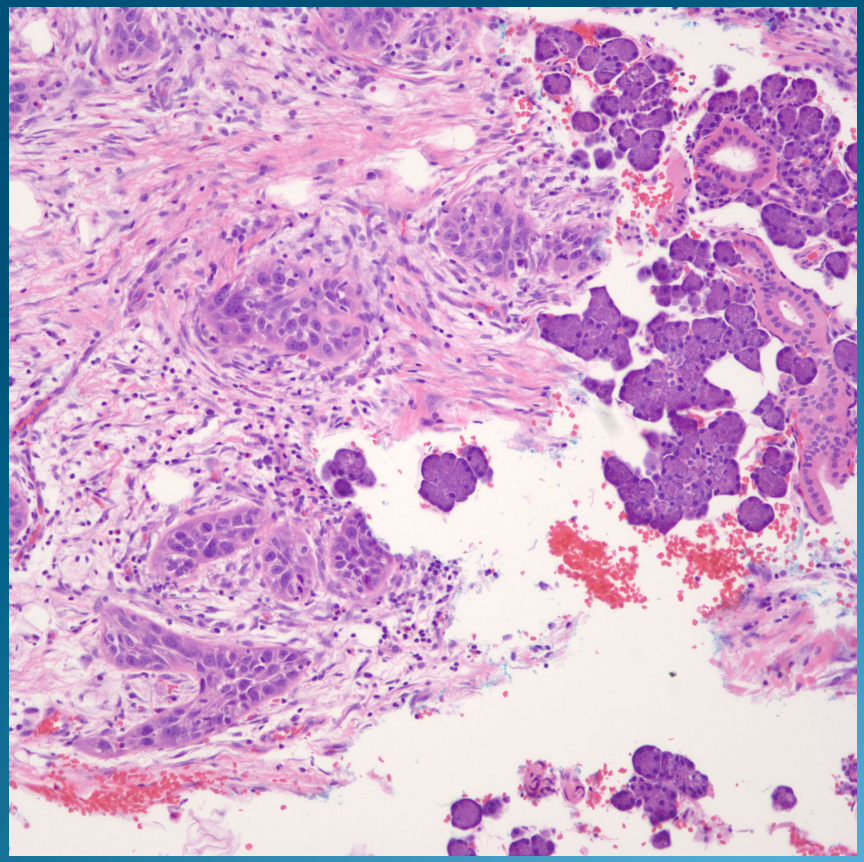


What is the best diagnosis?

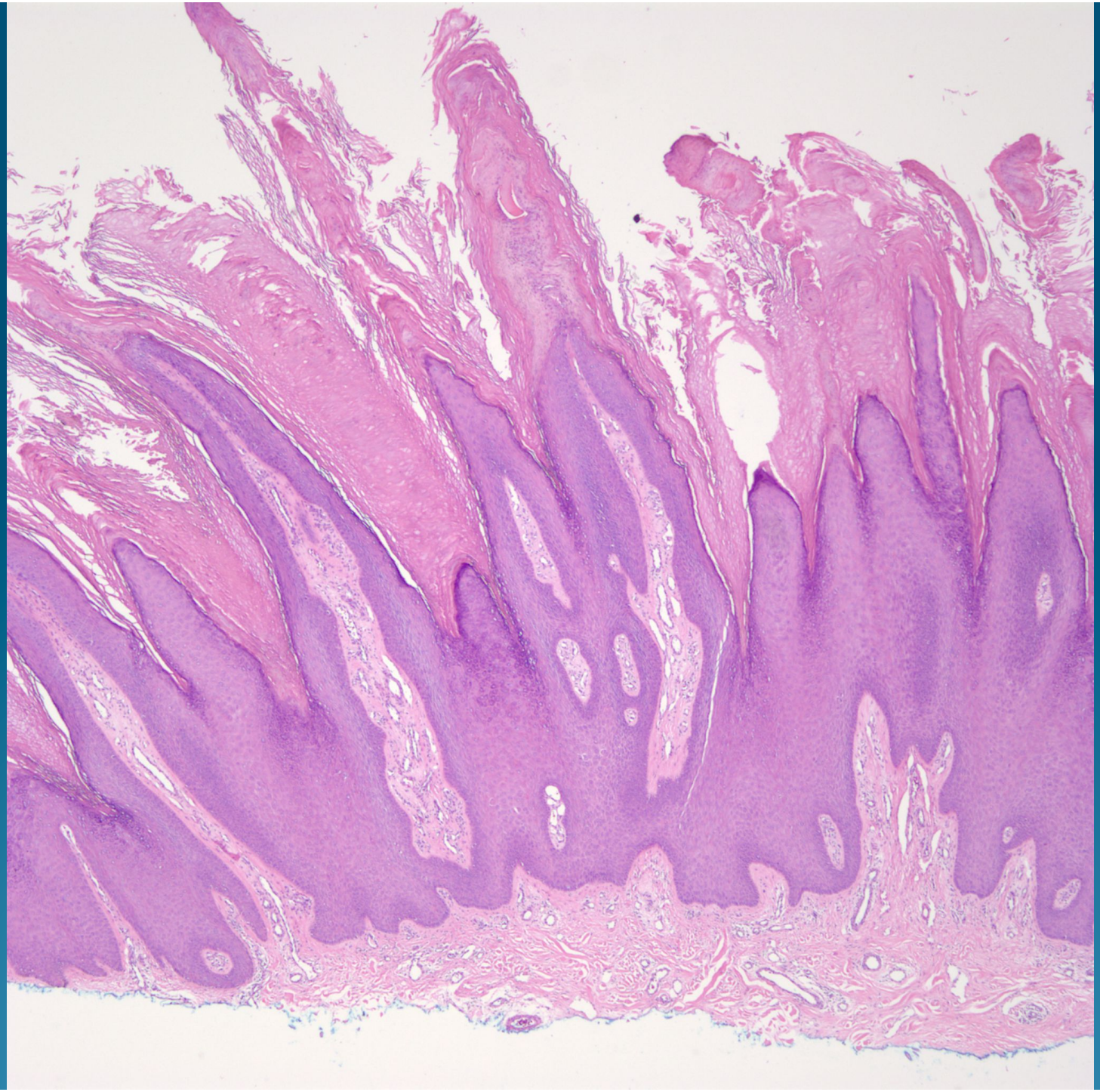
A. Micronodular basal cell carcinoma
B. Collision tumor basal cell carcinoma and squamous cell carcinoma
C. Squamous cell carcinoma with salivary gland invasion
D. Hidradenocarcinoma
E. Merkel cell carcinoma

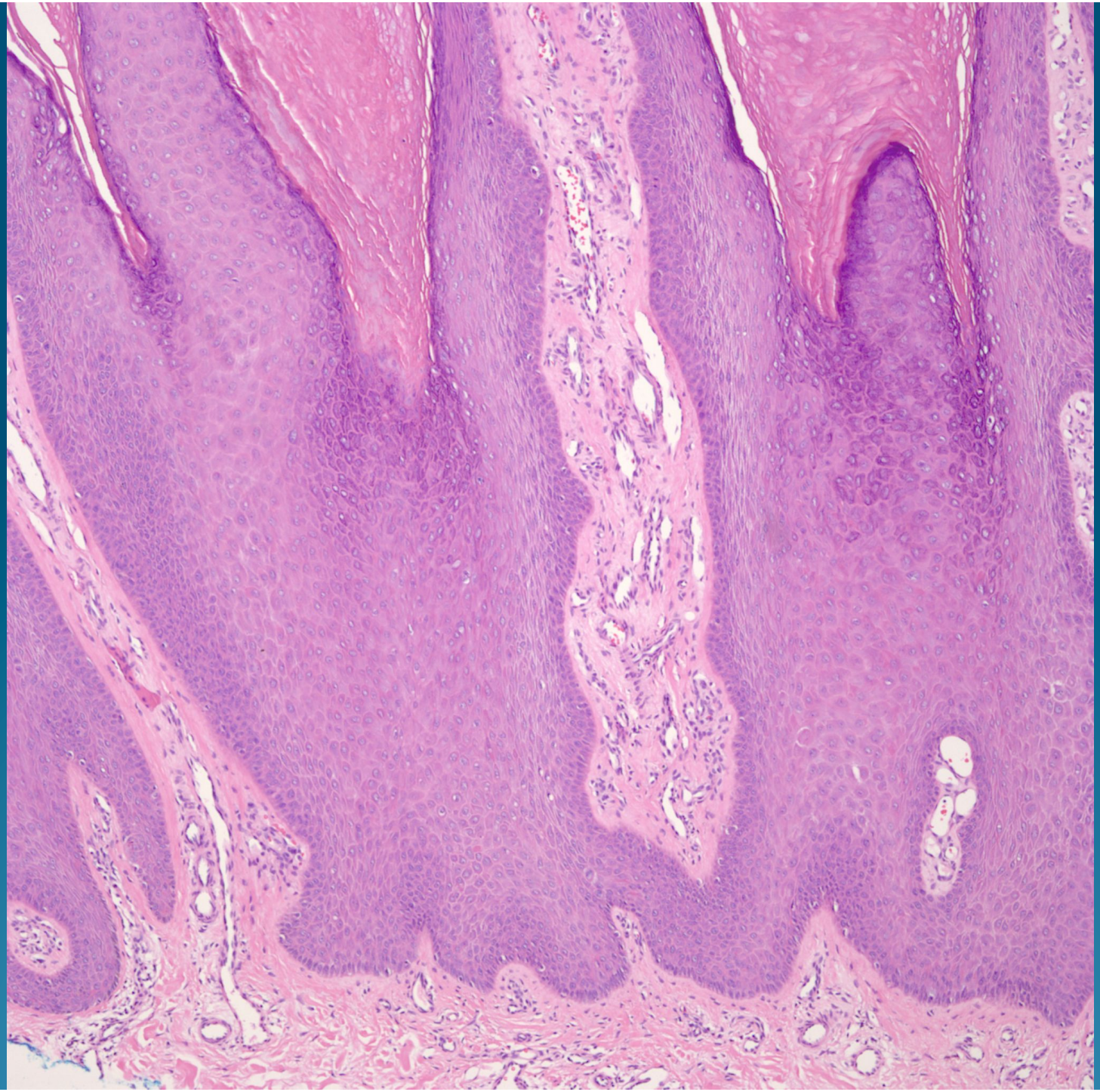
Squamous cell carcinoma with salivary gland invasion

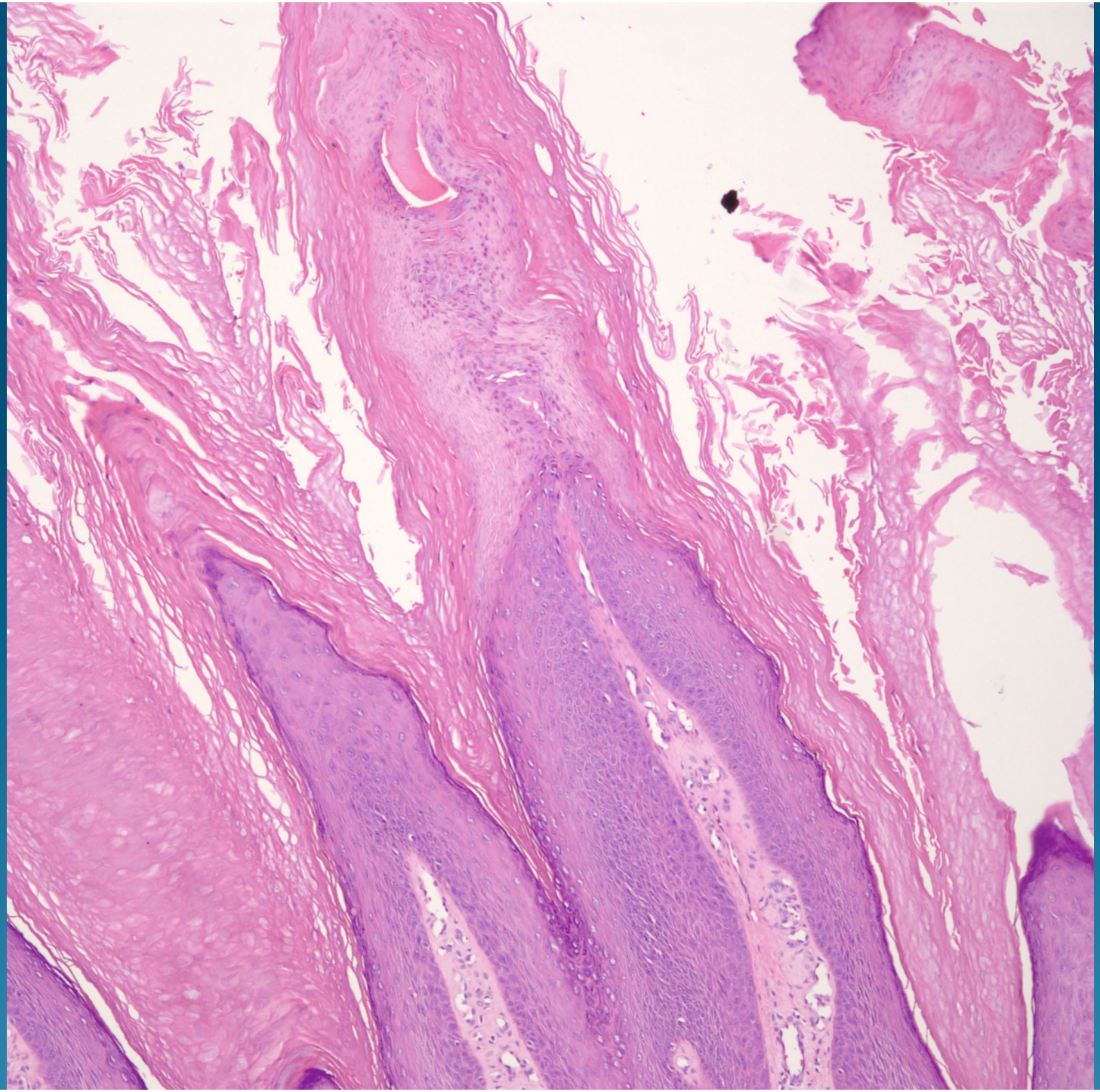
Pearls

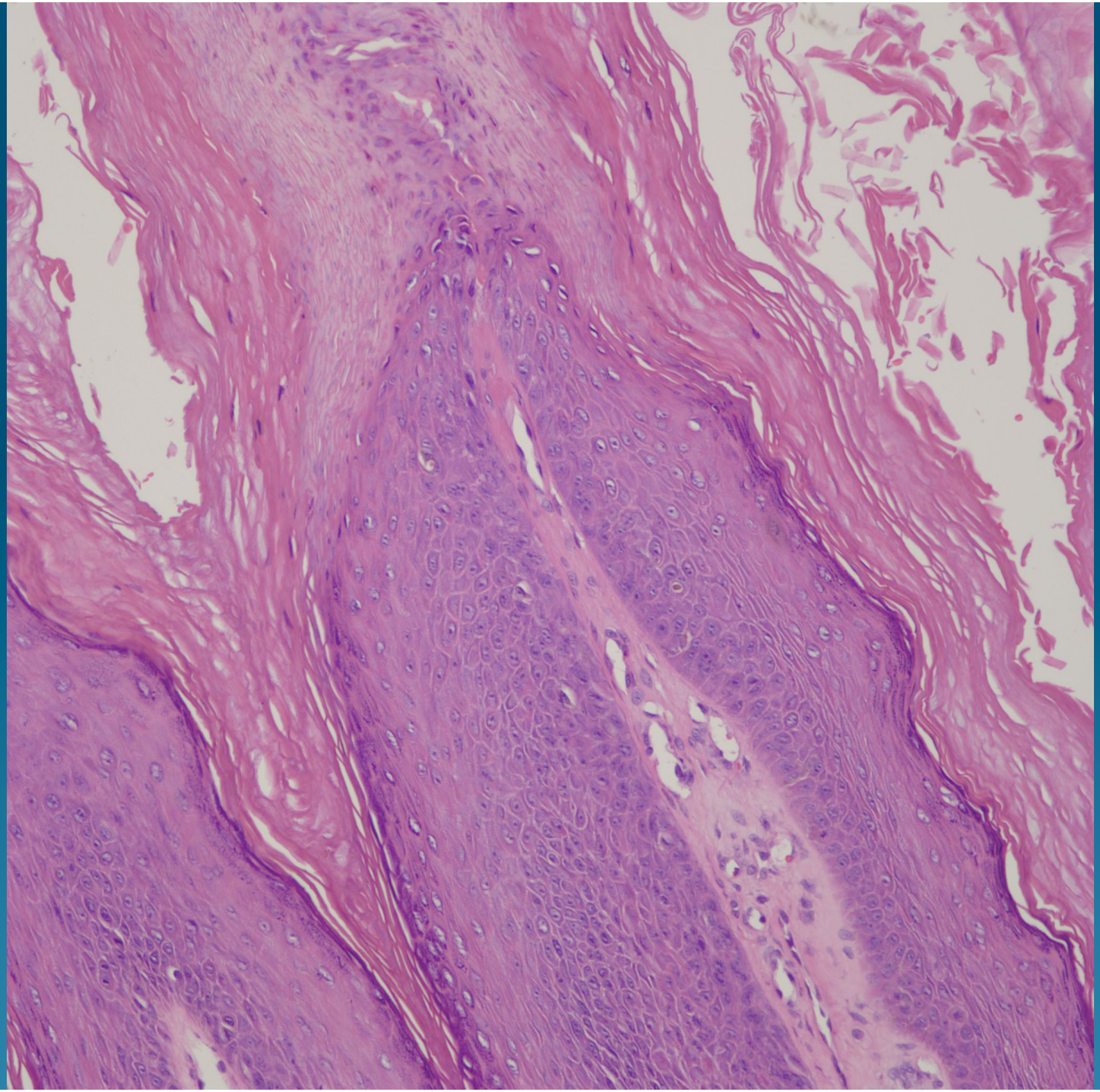


- Conventional squamous cell carcinoma may invade into salivary gland tissue, depending upon location
- Note bland cytology and organoid arrangement of salivary gland tissue
- Rule out rare case of primary salivary gland squamous cell carcinoma







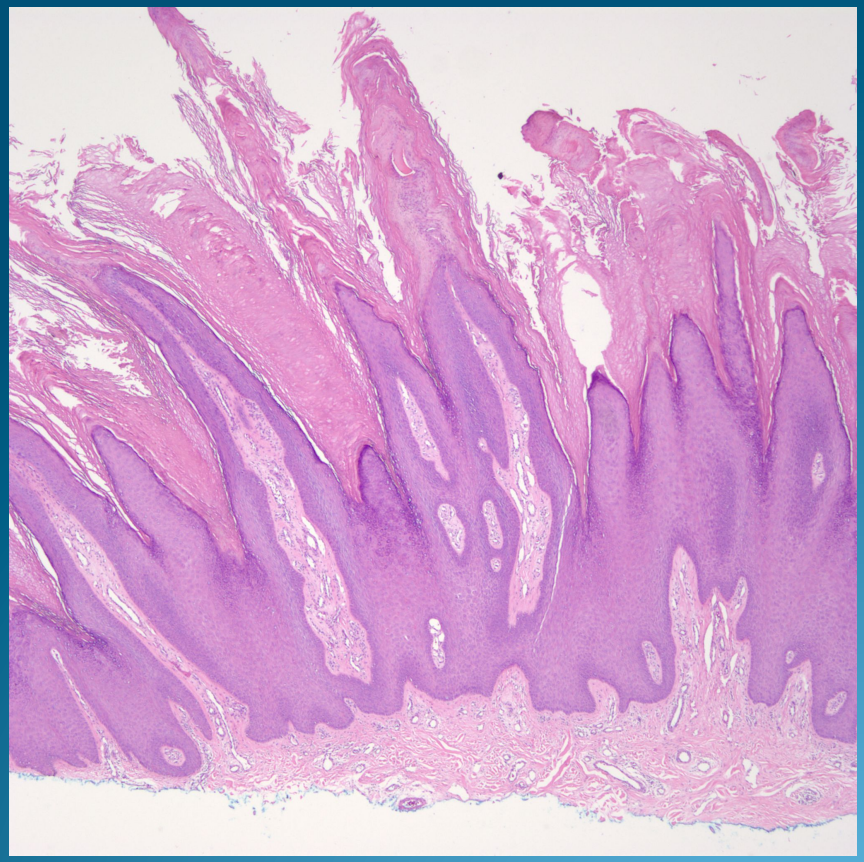


What is the best diagnosis?

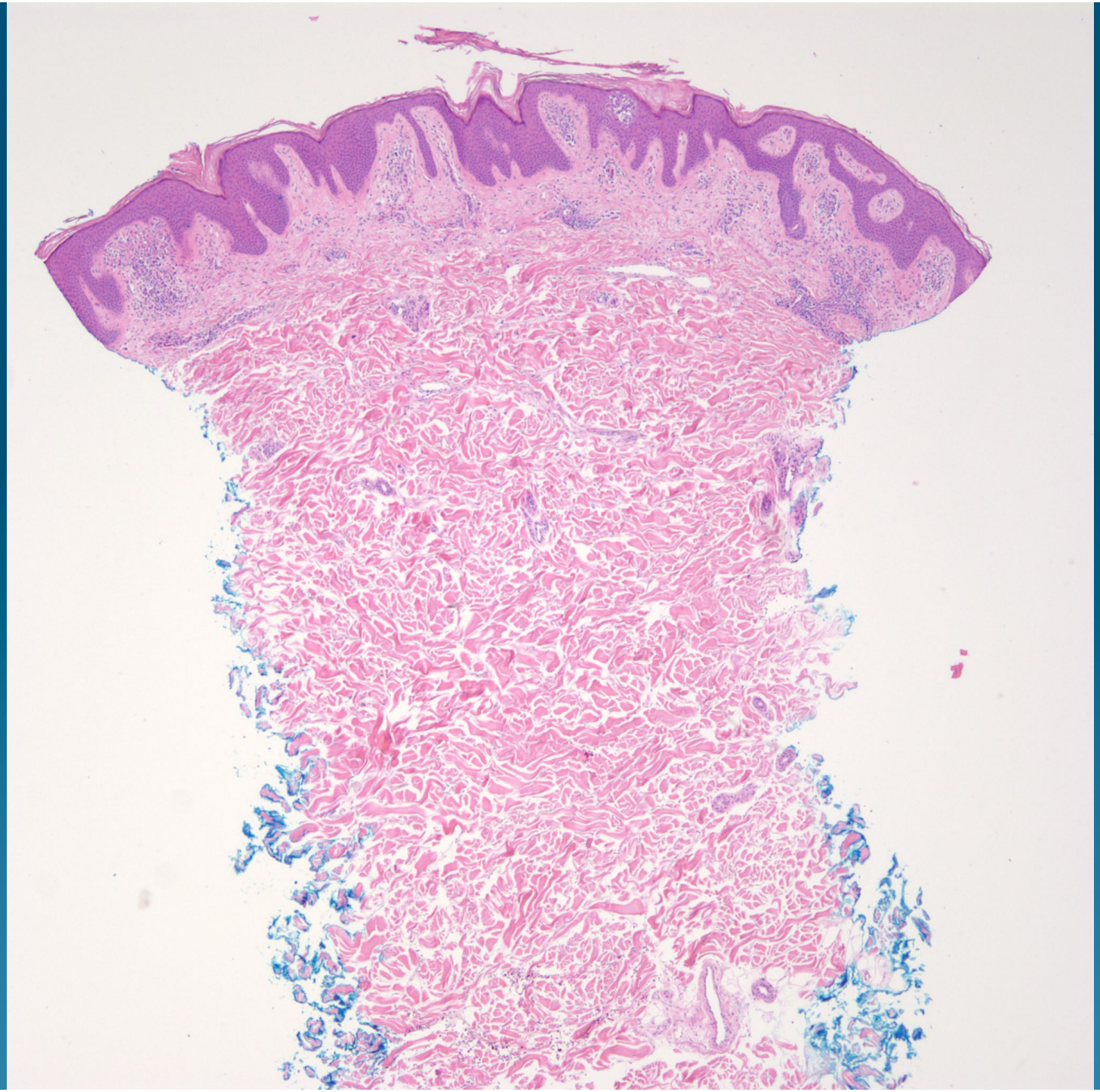
A. Squamous Cell Carcinoma
B. Verrucous Carcinoma
C. Verruca Vulgaris
D. Epidermodysplasia verruciformis
E. Keratoacanthoma

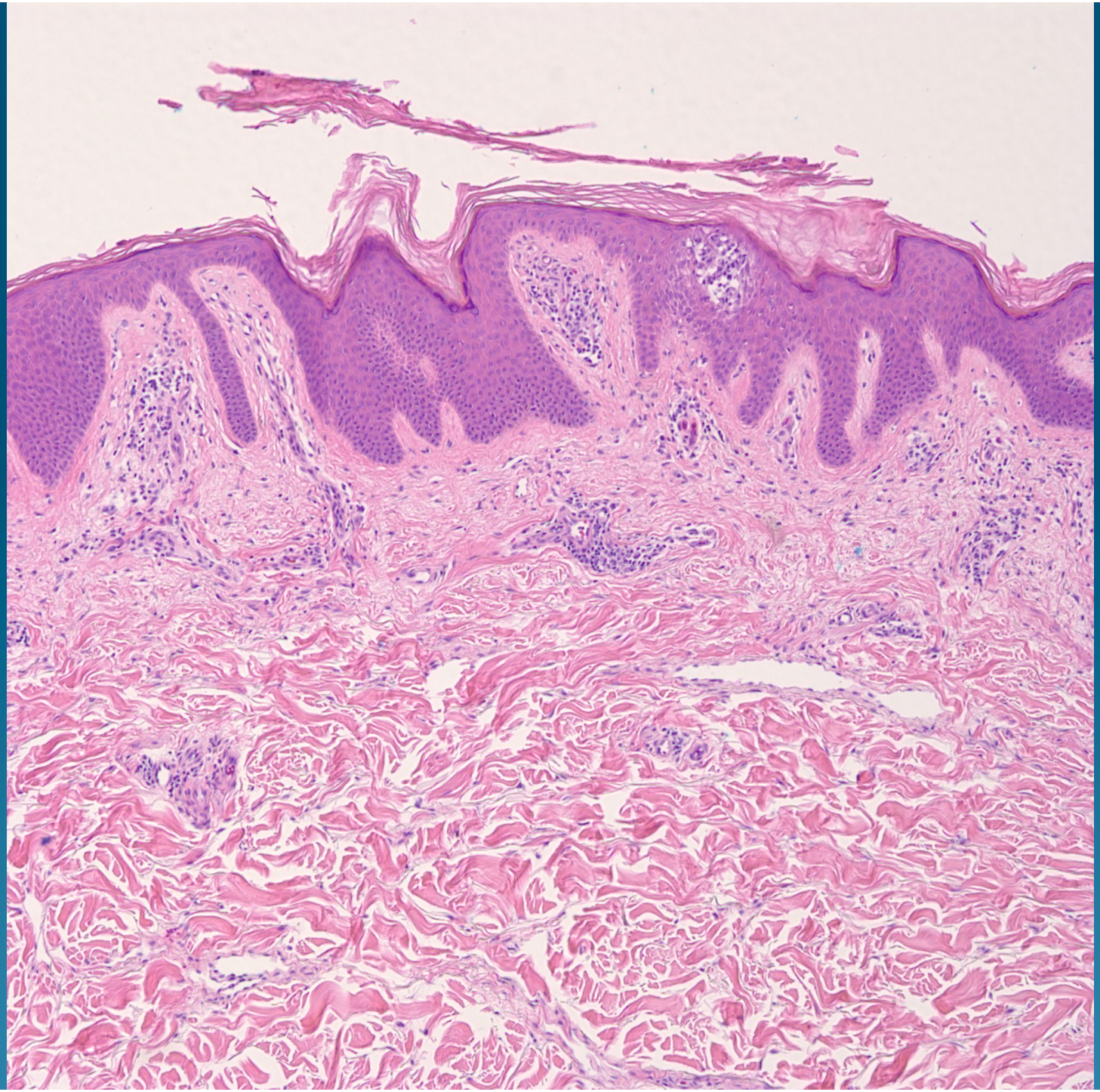
Verruca Vulgaris

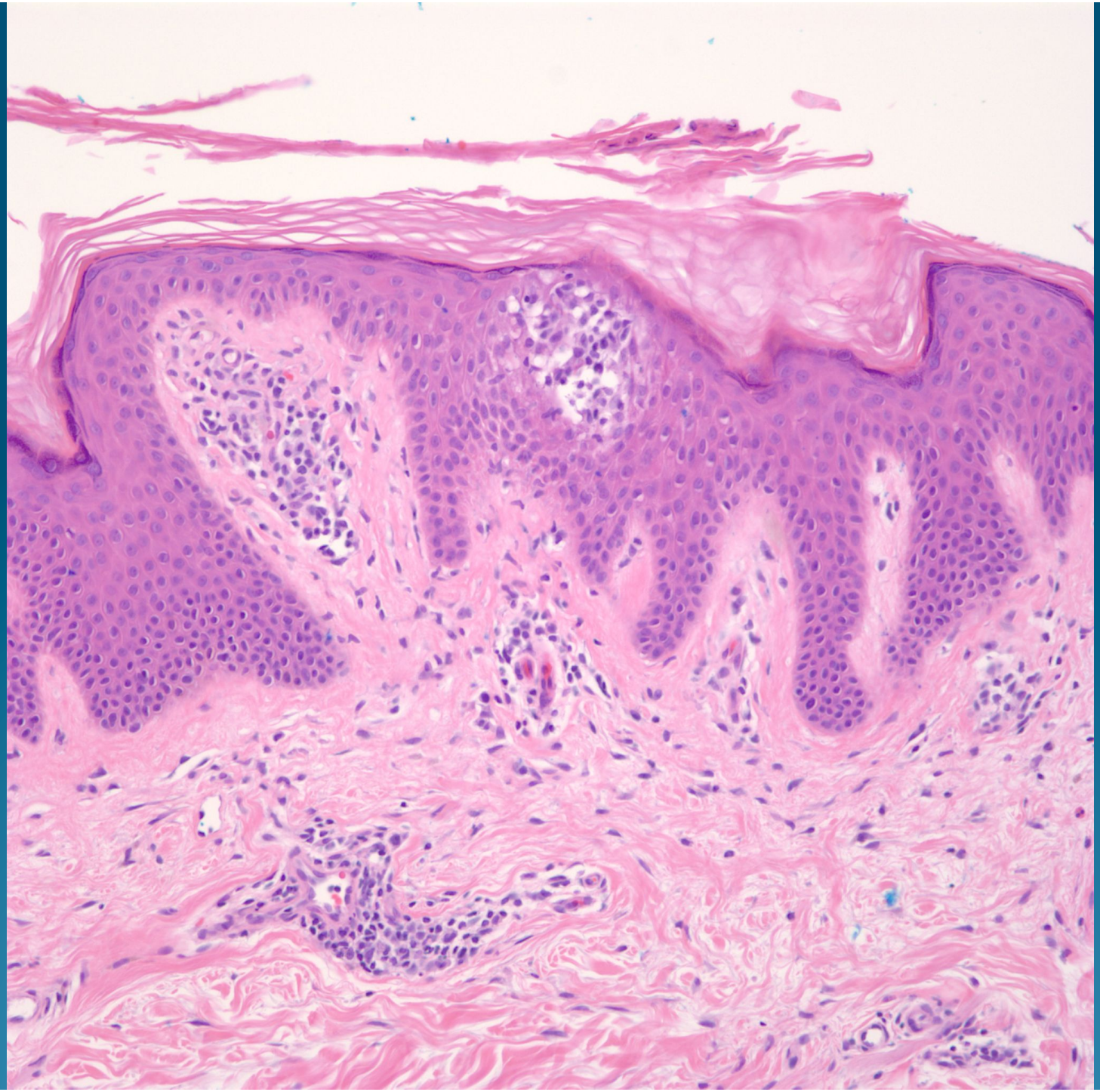
Pearls

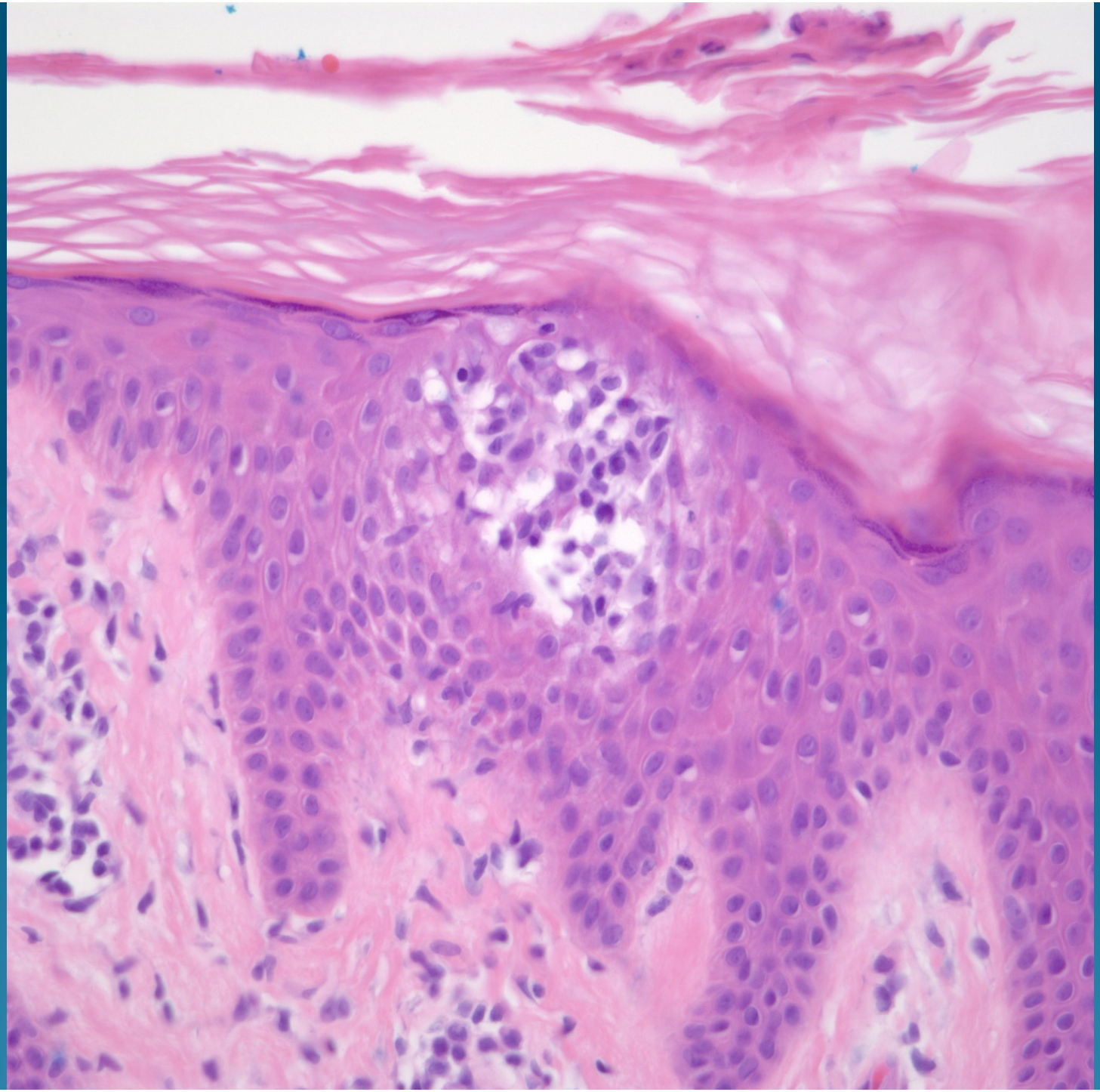


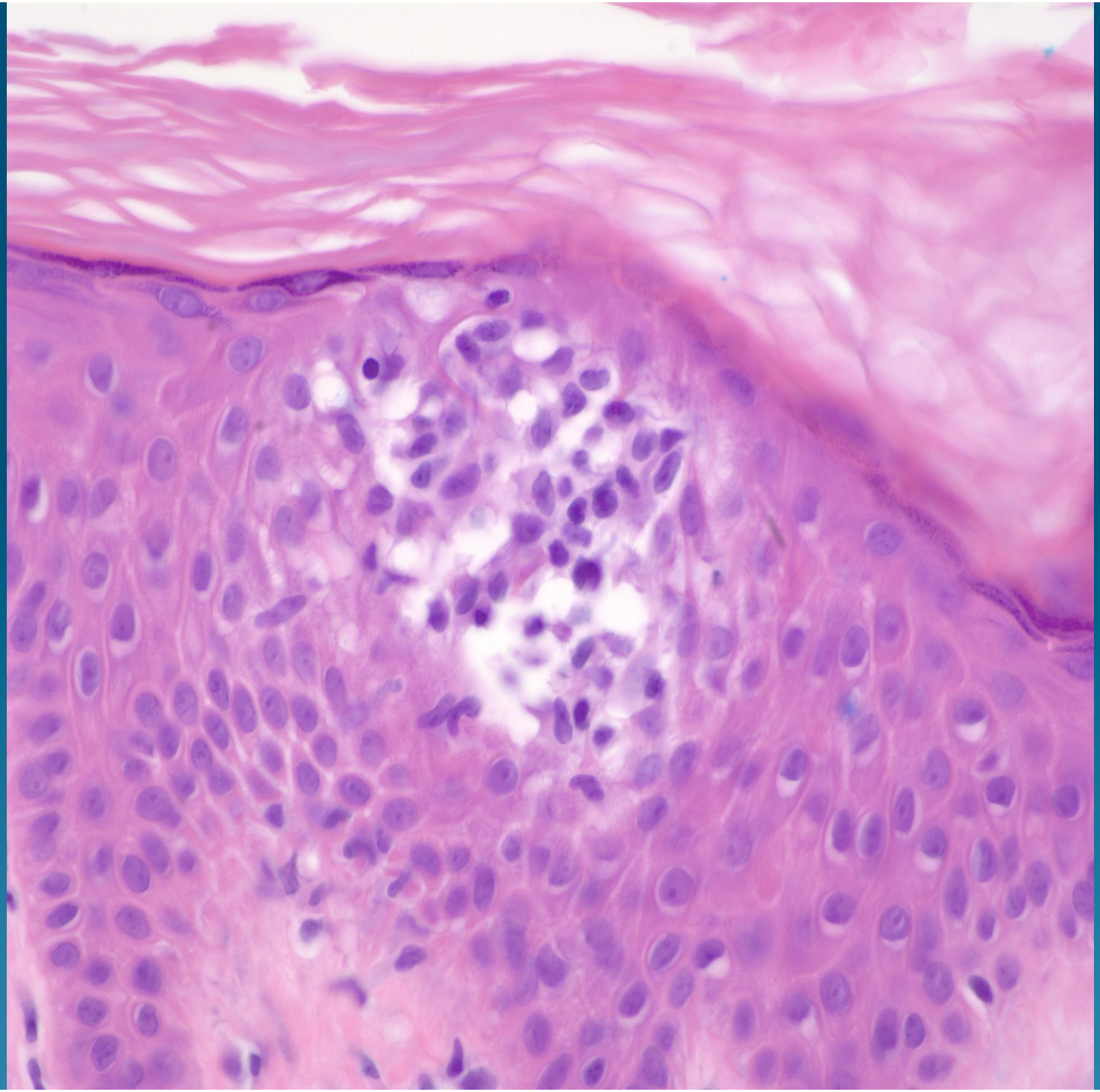
- Papillary projections with inward bending of rete ridges
- Columns of parakeratosis
- Scattered koilocytes and variable hypergranular zone
- Capillary tortuosity in papillary dermis
- Flattened base-no invasive pushing border

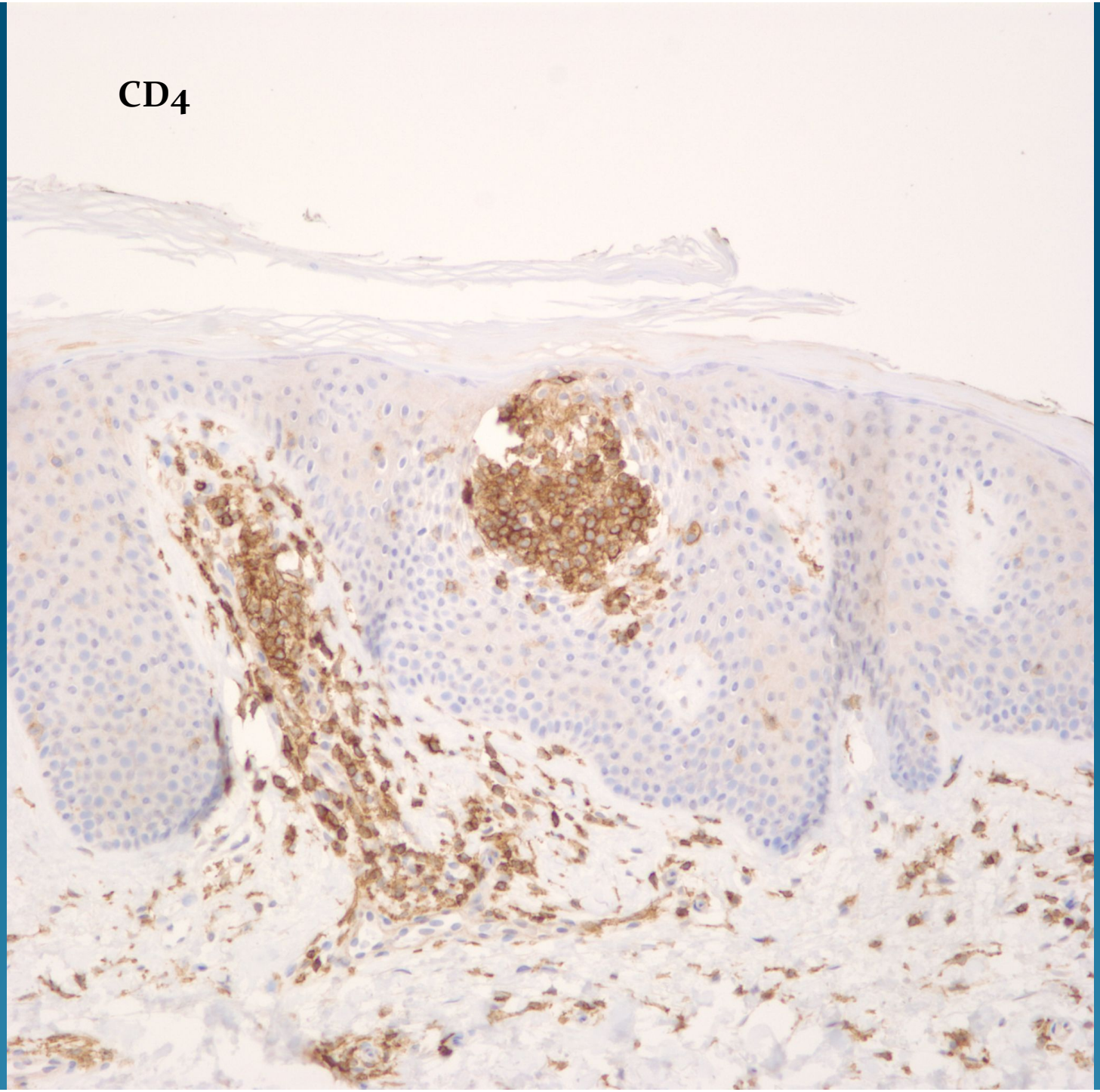


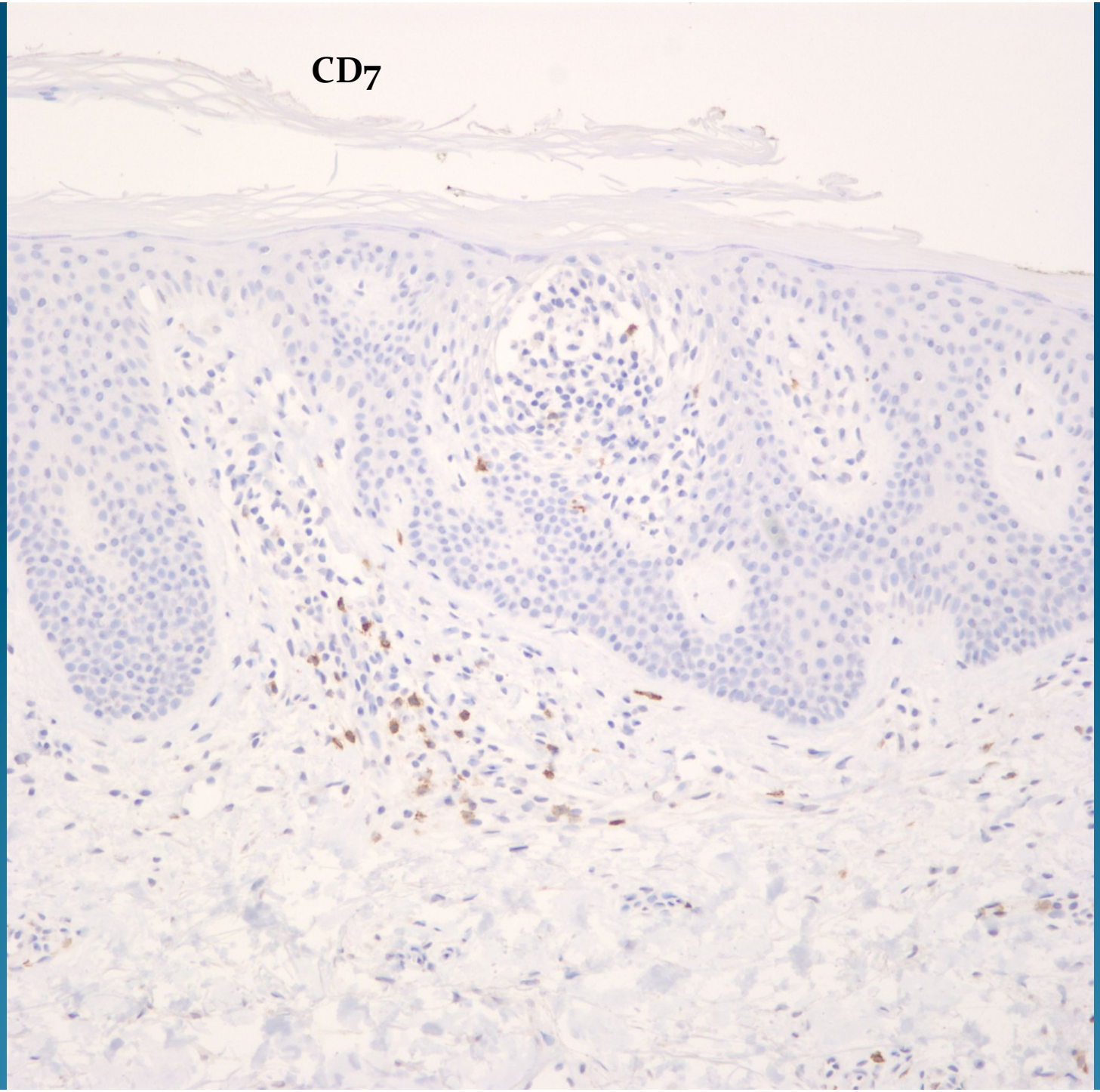









CD4

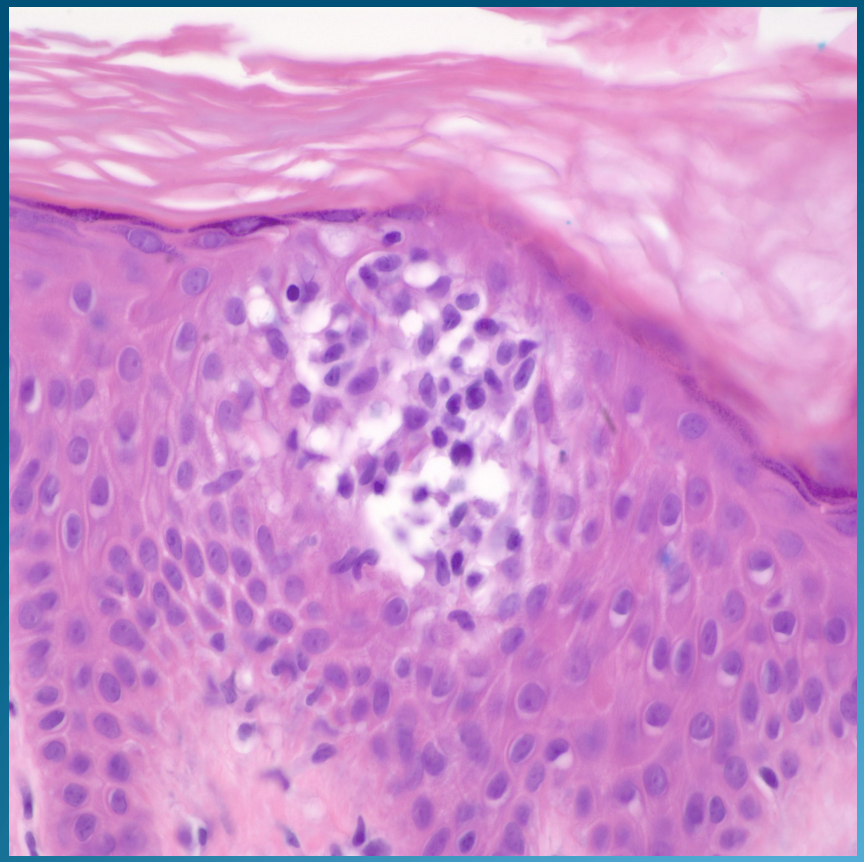

CD7

What is the best diagnosis?

A. Langerhans cell histiocytosis
B. Cutaneous Mastocytosis
C. Anaplastic large cell lymphoma
D. Chronic lymphocytic leukemia
E. Mycosis fungoides

Mycosis fungoides

Pearls



- Atypical lymphocytes with hyperconvoluted nuclear contours and nuclear enlargement
- Pautrier microabscesses- intraepidermal collections of atypical lymphocytes with minimal spongiosis
- Confirm by CD4+ and usually CD5 and CD7 negative