Dermatopathology Slide Review Part 87

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What is the best diagnosis?

A. Collision tumor between basal cell carcinoma and chondrosarcoma
B. Metatypical Basal cell carcinoma with cartilaginous differentiation
C. Malignant cutaneous mixed tumor
D. Metatypical basal cell carcinoma with invasion into cartilage
E. Basaloid carcinoma arising from salivary gland
Metatypical basal cell carcinoma with invasion into cartilage
Pearls

- Basal cell carcinoma with squamous differentiation
- Usually aggressive or infiltrative basal cell carcinoma pattern
- Depending upon location, may see cartilage in the margin
What is the best diagnosis?

A. Scabies
B. Leishmaniasis
C. Histoplasmosis
D. Candida
E. Dermatophyte
Dermatophyte
(Tinea capitis with endothrix infection)
Pearls

- Dermatophyte infections may mimic nearly all dermatitis patterns—must have high degree of suspicion in absence of clinical history.
- Look in stratum corneum, hair follicle and hair shaft for fungal organisms.
- Confirm with PAS or GMS stains.
What is the best diagnosis?

A. Secondary syphilis
B. Leishmaniasis
C. Mycosis fungoides
D. Diffuse large B-cell lymphoma
E. Plasmacytoma
Plasmacytoma
(Cutaneous Marginal Zone Lymphoma)
Kappa light chain
Lambda light Chain
Pearls

- Diffuse and nodular collection of plasma cells
- May be in varying stages of maturation
- Always rule out inflammatory condition which may mimic neoplastic process
- Confirm with light chain and Ig gene rearrangement
- Clinical-pathological correlation, rule out systemic plasma cell dyscrasia with secondary involvement of skin
What is the best diagnosis?

A. Darier’s disease
B. Hailey-Hailey disease
C. Pemphigus vulgaris
D. Pemphigus foliaceus
E. Paraneoplastic pemphigus
Darier’s disease
Pearls

- Intraepidermal acantholysis with corpora onds and cord grains
- Variable epidermal hyperplasia
- Minimal inflammatory cell infiltrate
- Clinical-pathological correlation
- DDX: Warty dyskeratoma, Grover’s disease
What is the best diagnosis?

A. Sarcoidosis
B. Lupus vulgaris
C. Granulomatous slack skin disease
D. Actinic granuloma
E. Blastomycosis
Lupus vulgaris
Pearls

- Clinical-pathological correlation
- Caseating granulomas
- Special stains (AFB, PAS, GMS) negative
- History of TB exposure or disease, considered a tuberculid reaction
- DDX: Granulomatous rosacea, perioral dermatitis