What is the best diagnosis?

A. Pigmented basal cell carcinoma
B. Blue nevus
C. Desmoplastic nevus
D. Malignant melanoma, superficial spreading type
E. Malignant melanoma, lentigo maligna type
Malignant melanoma, Lentigo Maligna Type
Pearls

- Broad replacement of dermal-epidermal junction by atypical melanocytes arranged in expansile nests extending along adnexal epithelium
- Usually minimal upward intraepithelial spread
- Invasive melanocytes with varied morphology—epithelioid to spindled
What is the best diagnosis?

A. Dermatofibroma with sclerosing hemangioma features
B. Pyogenic granuloma
C. Angiolymphoid hyperplasia with eosinophilia
D. Nodular basal cell carcinoma
E. Angiosarcoma
Pyogenic Granuloma, Intravascular Variant
Pearls

- Circumscribed proliferation of capillary sized vessels arranged in a lobular configuration
- Look for thick vessel wall surrounding entire proliferation.
- May need elastic stain or CD31 to confirm
What is the best diagnosis?

A. Cystic basal cell carcinoma
B. Neurofibroma
C. Myxofibrosarcoma
D. Myxoid liposarcoma
E. Digital Mucous Cyst
Digital Mucous Cyst
(Ganglion Cyst)
Pearls

- Note acral location of biopsy
- Pseudocyst in superficial dermis surrounding acellular mucin
- Mucin extravasation in dermis with muciphages
What is the best diagnosis?

A. Malignant Lymphoma with Intravascular Features
B. Nodular basal cell carcinoma
C. Malignant melanoma
D. Nodular hidradenocarcinoma
E. Malignant Glomus Tumor
Malignant Melanoma with Lymphovascular Invasion
Pearls

- Lymphovascular invasion may be seen with any melanoma variant
- Look for melanoma cells within lymphovascular spaces
- CD31 and D2-40 (podoplanin) helpful to outline vessels
D2-40 (Podoplanin)
What is the best diagnosis?

A. Porocarcinoma  
B. Metastatic adenocarcinoma  
C. Basal Cell Carcinoma  
D. Pilomatrical Carcinoma  
E. Epithelioid Angiosarcoma
Metastatic Adenocarcinoma-Unknown Primary, favor Breast
Pearls

- Metastatic adenocarcinoma may mimic primary adnexal carcinomas
- Ultimate diagnosis may rest upon clinical-pathologic correlation
- IHC may be helpful
- D2-40 and p63 recently found to be positive in large series of primary skin adnexal carcinomas and negative in metastatic adenocarcinomas to the skin