What is the best diagnosis?

A. Invasive squamous cell carcinoma with regression
B. Basosquamous cell carcinoma
C. Malignant blue nevus
D. Malignant melanoma with pseudoepitheliomatous hyperplasia
E. Pigmented nodular basal cell carcinoma
Malignant melanoma with pseudoepitheliomatous hyperplasia
Pearls

- Melanoma may occasionally elicit a pseudoepitheliomatosus hyperplasia, mimicking a squamous cell carcinoma
- May be an important differential diagnosis in superficial biopsies
- Difficult cases may need IHC to differentiate
What is the best diagnosis?

A. Eccrine poroma
B. Nodular basal cell carcinoma
C. Malignant melanoma in situ
D. Inflamed seborrheic keratosis
E. Inverted follicular keratosis
Inflamed and Irritated Seborrheic Keratosis
Pearls

- Silhouette of flat epidermal proliferation with horn pseudocysts
- Squamous eddies with scattered spongiotic foci
- Minimal cytologic atypia
What is the best diagnosis?

A. Lichen amyloidosis
B. Macular amyloidosis
C. Acral fibrokeratoma
D. Glomus tumor
E. Nevus sebaceous
Lichen amyloidosis
Pearls

- Irregular epidermal hyperplasia with hyper- and parakeratotic scale
- Dermal papillary fibroplasia with hyaline deposits
- May have scattered melanophages
- Amyloid stains (e.g., Congo red) may not be positive in cutaneous keratin-derived amyloid
What is the best diagnosis?

A. Leukocytoclastic vasculitis
B. DIC
C. Polyarteritis nodosa
D. Lymphocytic vasculitis
E. Cutaneous macroglobulinemia
Lymphocytic Vasculitis
Pearls

- True lymphocytic vasculitis is very rare
- Must see either fibrinoid necrosis associated with lymphocytes or medium sized vessels infiltrated by lymphocytes
- DDX: Collagen vascular disease, drugs, bacterial infections eg. Rickettsia, PLEVA
Polarized Light Examination
What is the best diagnosis?

A. Sarcoidal foreign body reaction
B. Gouty tophus
C. Giant cell tumor of tendon sheath
D. Rheumatoid nodule
E. Calcinosis cutis
Sarcoidal foreign body reaction
Pearls

- Sarcoidal granulomas with minimal associated chronic inflammation (naked granuloma)
- May be indistinguishable from sarcoidosis
- Get AFB, Fite, PAS to rule out Mycobacterial/fungal infection
- Always polarize to rule out foreign body
- NOTE: Finding a foreign body or tattoo does not exclude underlying sarcoidosis