Dermatopathology Slide Review Part 93

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What is the best diagnosis?

A. Sclerosing basal cell carcinoma
B. Scleromyxedema
C. Cellular blue nevus
D. Desmoplastic melanoma
E. Cutaneous schwannoma
Desmoplastic Malignant Melanoma
Pearls

- Spindle cell neoplasm with variable cellularity in slightly myxoid background and solar elastosis
- Epidermis variable with atrophy to areas of atypical junctional melanocytes
- Patchy nodular lymphocytic infiltrates
- Melanin pigmentation scant to absent
- Mitotic figures usually low
- Perineural invasion common
- Spindle cells usually bland or with minimal to focally moderate atypia
- Difficult cases may need IHC confirmation. Beware, tumors are S100 positive but usually MelanA/HMB45 negative
What is the best diagnosis?

A. Granuloma annulare
B. Inflammatory morphea
C. Scleromyxedema
D. Scleredema
E. Necrobiosis lipoidica
Inflammatory Morphea
Pearls

- Superficial and deep perivascular and interstitial mixed cell dermatitis with lymphocytes and plasma cells
- Variable degree of dermal sclerosis depending upon stage of disease
- May show “square biopsy” sign
- Inflammation may extend into subQ fat.
What is the best diagnosis?

A. Scleredema
B. Sclerosing dermatofibroma
C. Sclerotic fibroma
D. Keloid
E. Morphea
Morphea-Sclerotic phase
Pearls

• Square biopsy sign with dermal sclerosis
• May show knife “chatter”, histology artifact with sclerotic tissue
• Minimal inflammatory infiltrate of plasma cells and lymphocytes
• Epidermis is variable but may be atrophic
What is the best diagnosis?

A. Seborrheic keratosis
B. Poroma
C. Bowen’s disease
D. Nodular basal cell carcinoma
E. Cylindroma
Poroma
Pearls

- Circumscribed tumor connected to the epidermis
- Resembles seborrheic keratosis but usually rounded pushing border
- Hyalinization around increased vessels
What is the best diagnosis?

A. Erythema induratum
B. Erythema elevatum diutinum
C. Erythema multiforme
D. Erythema gyratum repens
E. Erythema nodosum
Erythema nodosum
Pearls

- Predominately septal panniculitis
- No vasculitis
- Scattered giant cells
- Acute cases may mimic infectious process, requiring special stains to rule out infection
- Overlap with some cases of Behcet’s syndrome