Dermatopathology Slide Review Part 94

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What is the best diagnosis?

A. Porokeratosis (DSAP type)
B. Porokeratosis (Mibelli type)
C. Atrophic actinic keratosis
D. Atrophic lichen planus
E. Lichen sclerosus
Porokeratosis (Disseminated Superficial Actinic Porokeratosis)
Pearls

- Look for characteristic cornoid lamella
- Center of lesion may show epidermal atrophy and a lichenoid dermatitis, always cut deeper to see entire lesion
What is the best diagnosis?

A. Erythema multiforme
B. Lymphomatoid papulosis
C. Graft versus host disease
D. Mycosis fungoides
E. Anaplastic large cell lymphoma
Mycosis fungoides
CD7
Pearls

- Intraepidermal proliferation of atypical lymphocytes with hyperchromatic and hyperconvoluted nuclear contours
- Intercalation with basal keratinocytes
- Pautrier microabscesses with minimal spongiosis
- Most common immunophenotype CD4+/CD7-
- Rule out lymphomatoid drug eruptions
Dermatophyte with Endothrix Infection
Pearls

- Dermatophyte infection may mimic nearly every non-infectious dermatitis - must have high level of suspicion
- Consider when intracorneal neutrophils or suppurative folliculitis
- Confirm with PAS/GMS for fungus
Consistent with Acne rosacea
Pearls

- Variable histopathology depending upon clinical stage of disease
- Folliculitis, telangiectasia, spongiosis, and late granulomatous/edematous phases
- Demodex possible causal association but not necessary for diagnosis
What is the best diagnosis?

A. Orf
B. Hand-Foot-Mouth Disease
C. Molluscum contagiosum
D. Myrmecia
E. Varicella Zoster
Varicella Zoster
Pearls

- Intraepidermal vesicular dermatitis with acantholytic cells
- Nuclear chromatin margination with multinucleation
- Variable inflammation
- Histologically identical changes with Herpes Simplex virus infection, obtain IHC or cultures to rule out