What is the best diagnosis?

A. Melanoma metastatic to the skin
B. Primary nodular melanoma
C. Cellular blue nevus
D. Deep penetrating nevus
E. Pigmented nodular basal cell carcinoma
Melanoma Metastatic to the Skin
Pearls

- Predominately dermal based nodule of malignant melanocytes
- Variable epidermal involvement but usually dermal component predominates over epidermal
- Beware low power architecture resembles benign nevus
Malignant Melanoma Arising with Pre-existing melanocytic nevus
Pearls

- Melanocytic nevus may be admixed with melanoma
- Cytology usually distinct between melanoma and nevus cells however, absolute distinction may be difficult in select cases
- FISH may be helpful adjunct with micro-dissection of interface areas
Herpes Simplex Virus infection arising with Squamous Cell Carcinoma
Pearls

- Conventional squamous cell carcinoma may arise with HSV infection
- HSV may be a risk factor for development of skin cancers in hereditarily predisposed patients or immunocompromised patients.
What is the best diagnosis?

A. Hidradenoma papilliferum
B. Cutaneous plasmacytoma
C. Nevus sebeceus
D. Eccrine poroma
E. Syringocystadenoma papilliferum
Syringocystadenoma Papilliferum
Pearls

- Endo- and exophytic papillary epithelial proliferation connected to epidermis
- Admixed glands with apocrine epithelium (apocrine snouting)
- Epithelium envelopes mature plasma cells
- Commonly associated with nevus sebaceus
What is the best diagnosis?

A. Verruca vulgaris with trichilemmal hyperplasia
B. Clear cell acanthoma
C. Clear cell hidradenoma
D. Clear cell basal cell carcinoma
E. Sebaceous adenoma
Verruca vulgaris with trichilemmal hyperplasia
Pearls

- Conventional verruca vulgaris may elicit a trichilemmal hyperplasia
- No cytologic atypia of clear cells which recapitulate outer root hair sheath
- DDX: Trichilemmoma