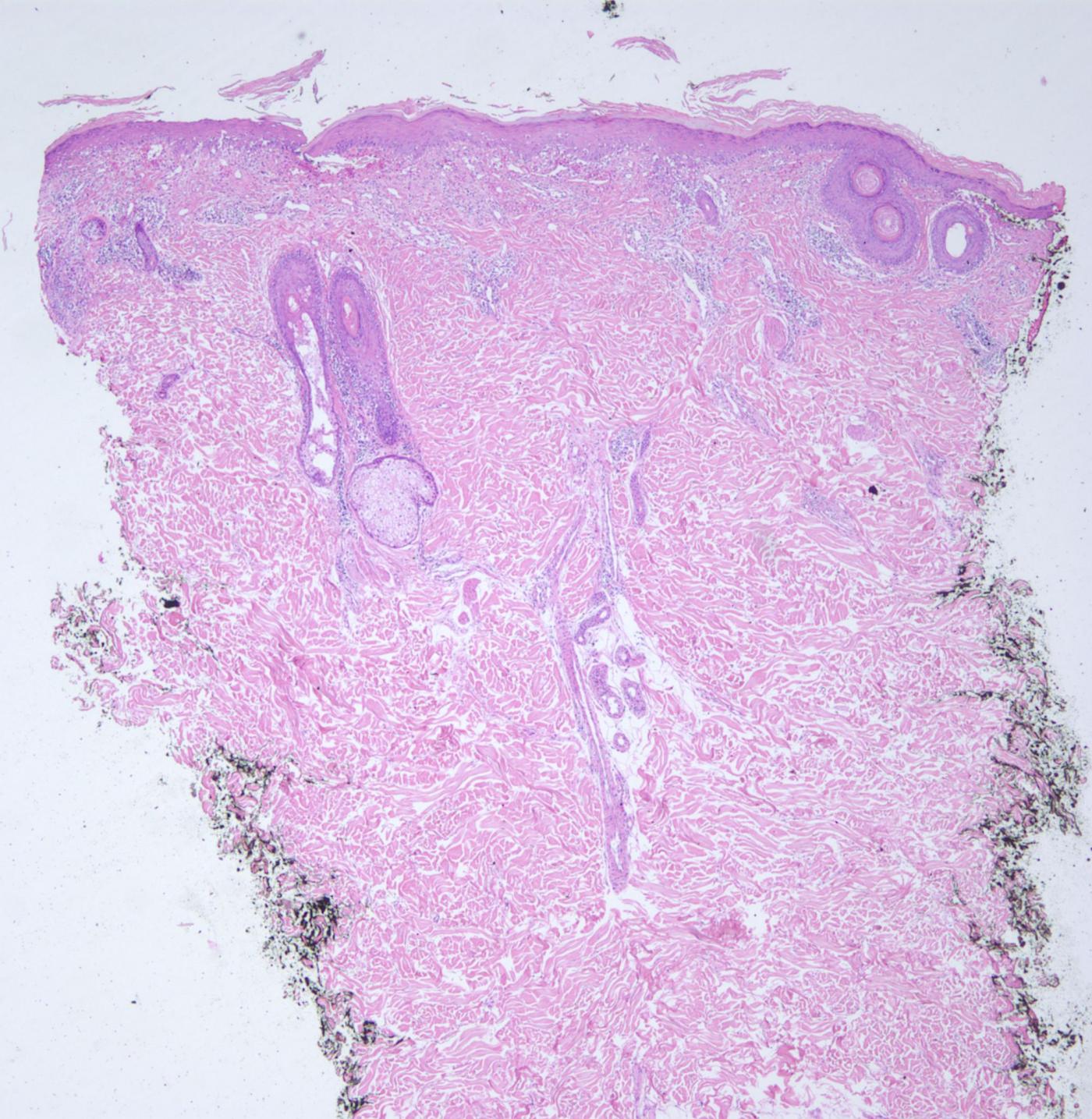
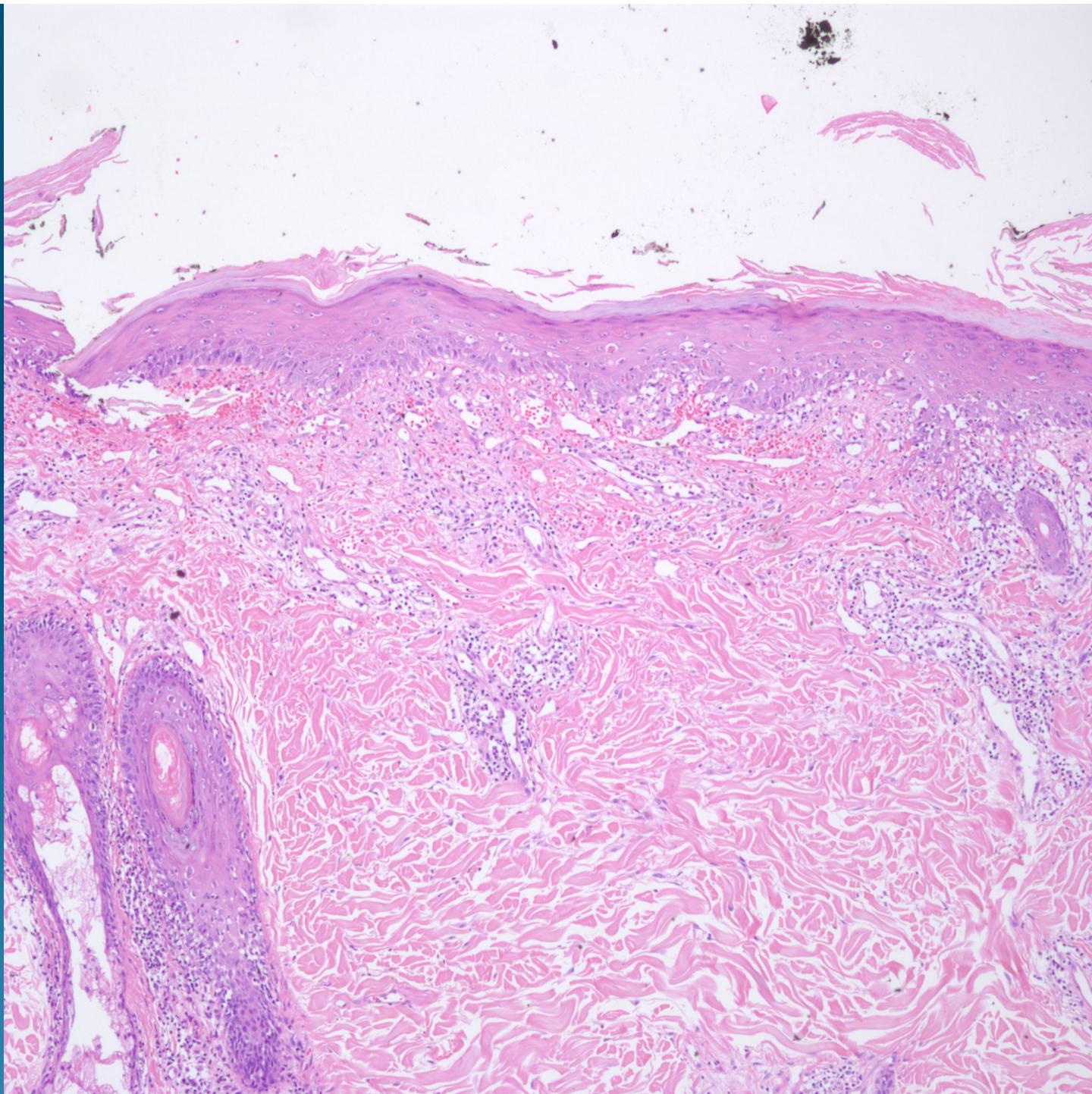
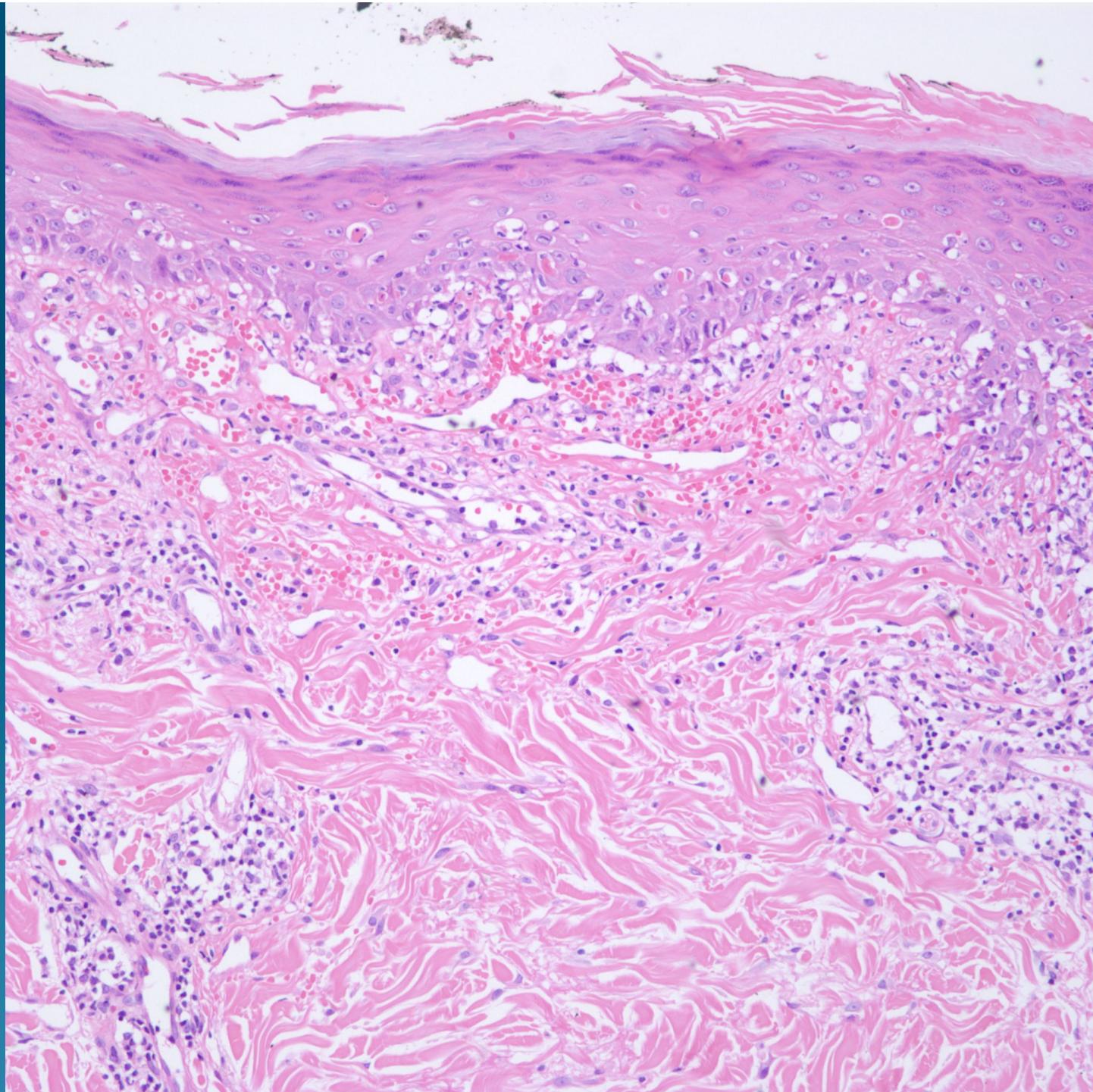


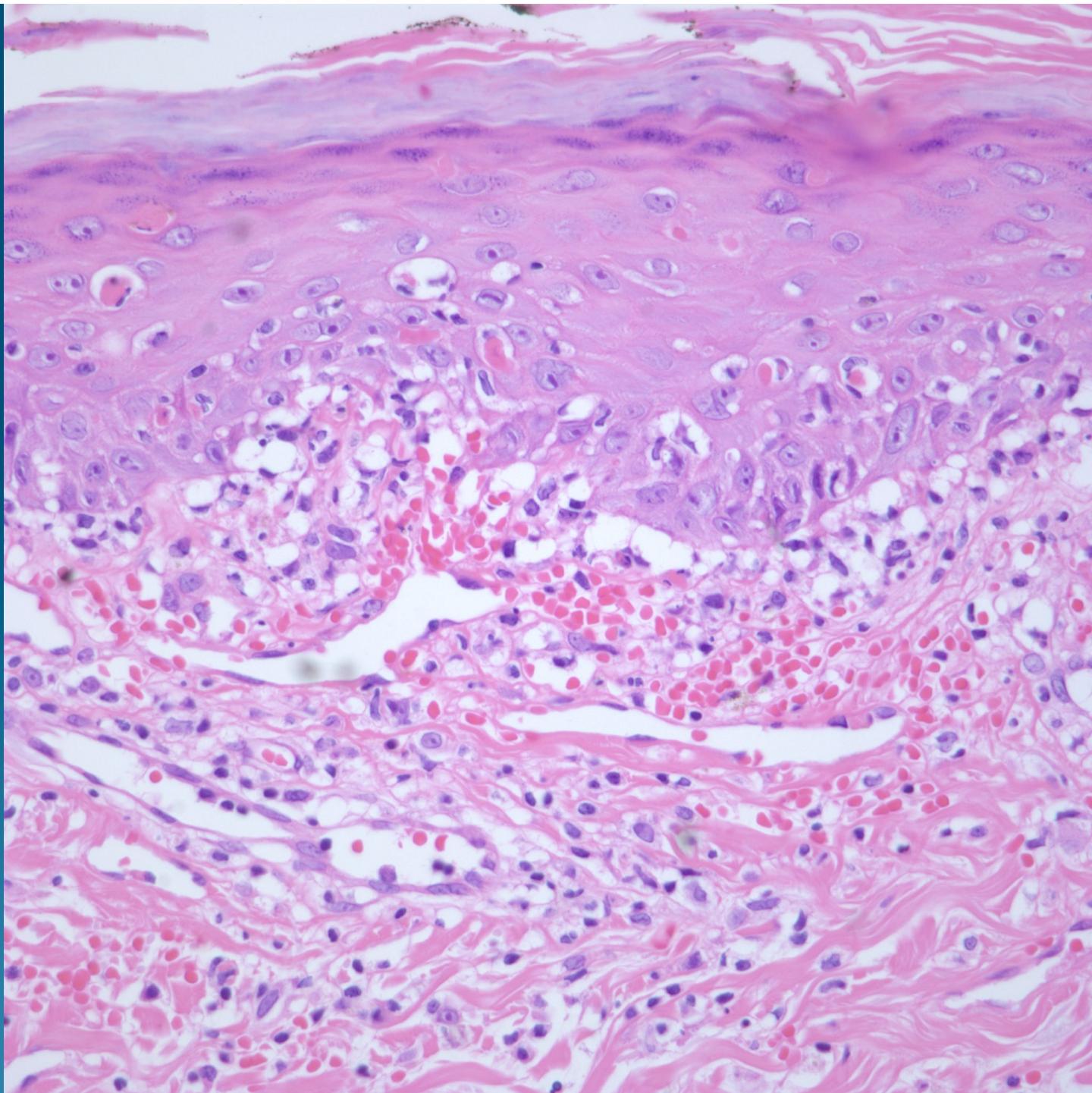
Dermatopathology Slide Review Part 97

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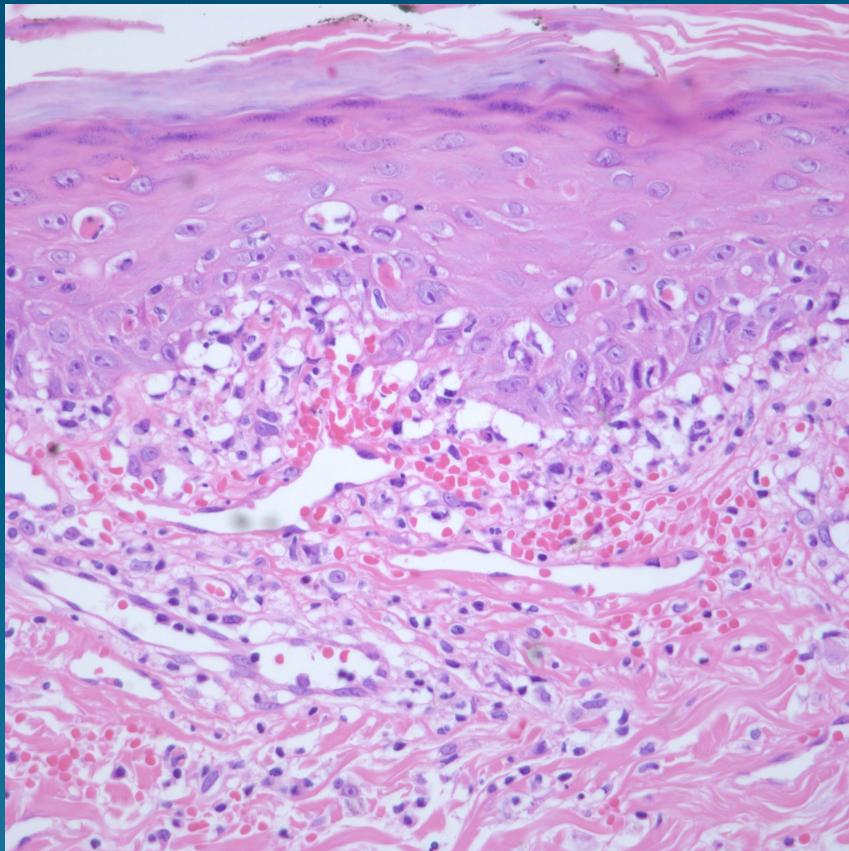




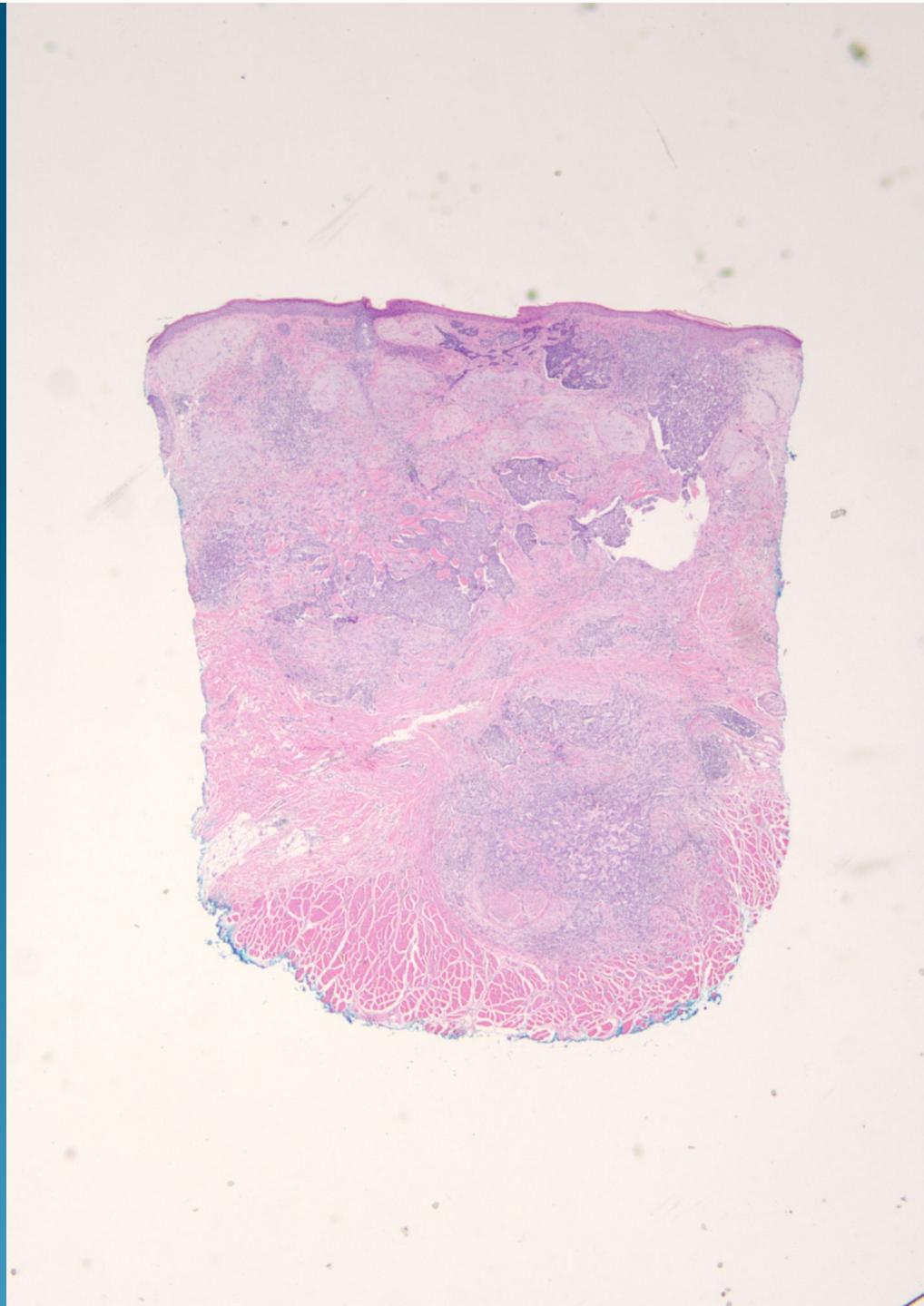


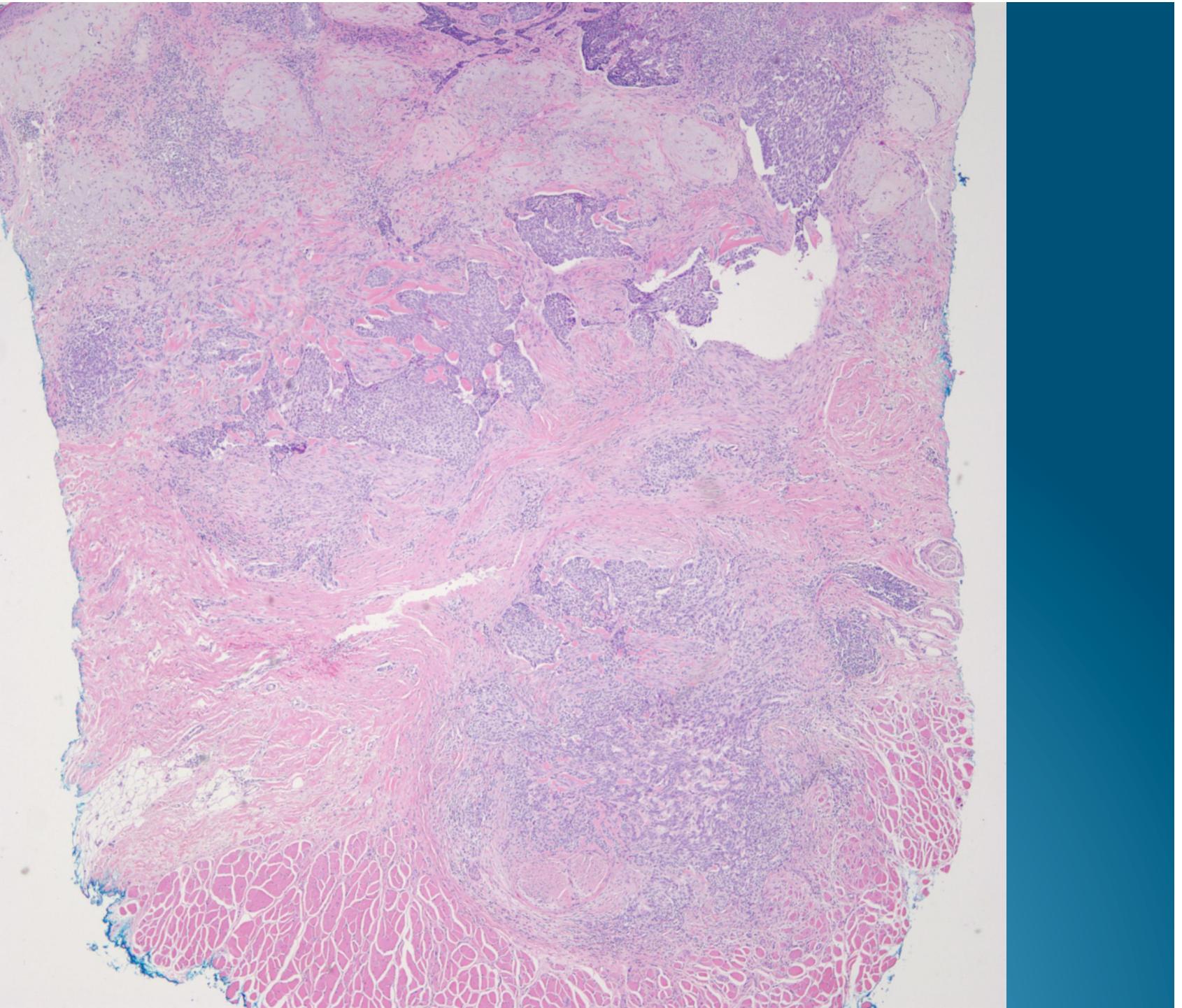
Discoid Lupus Erythematosus with Poikilodermatous Features

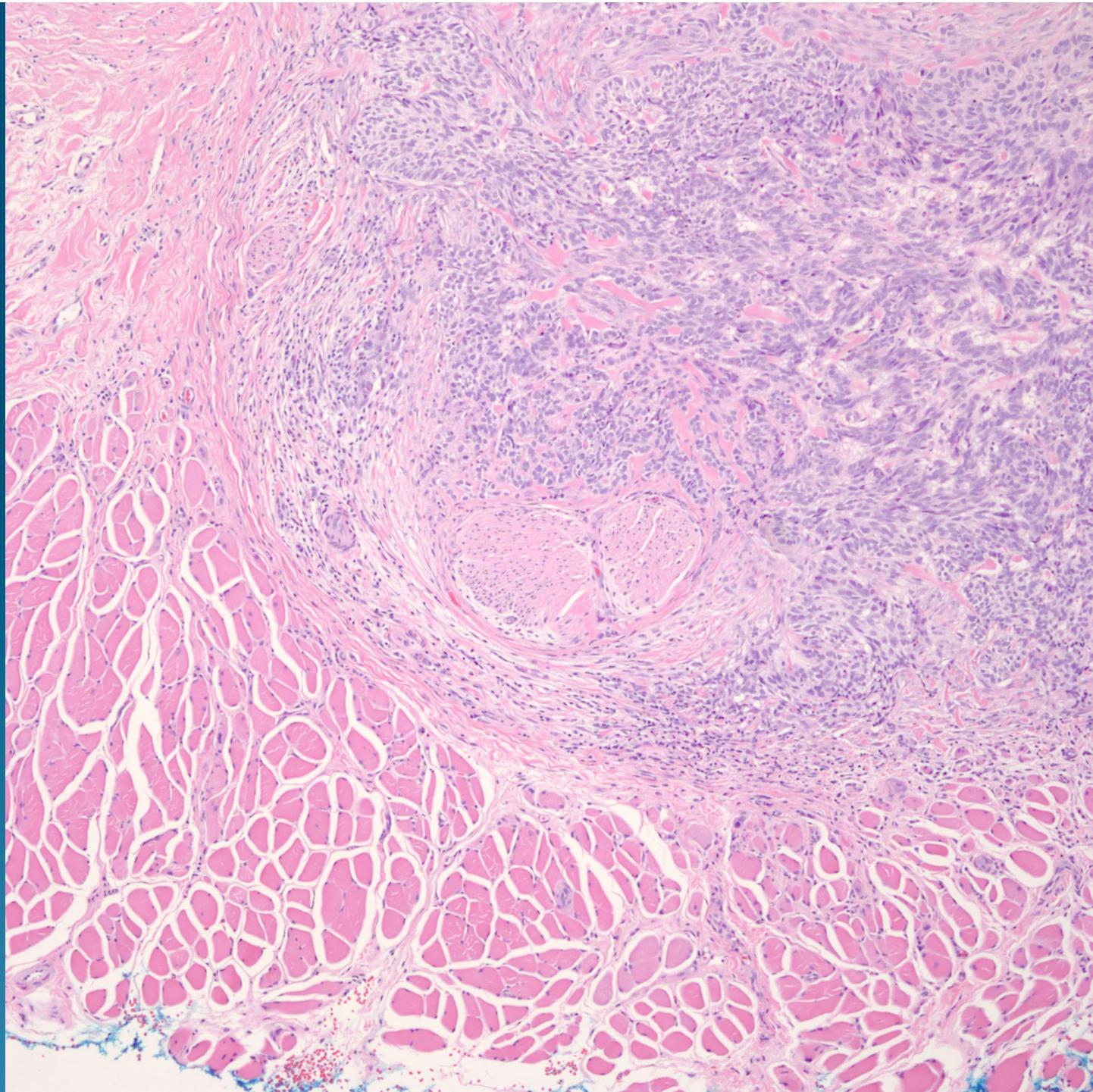
Pearls

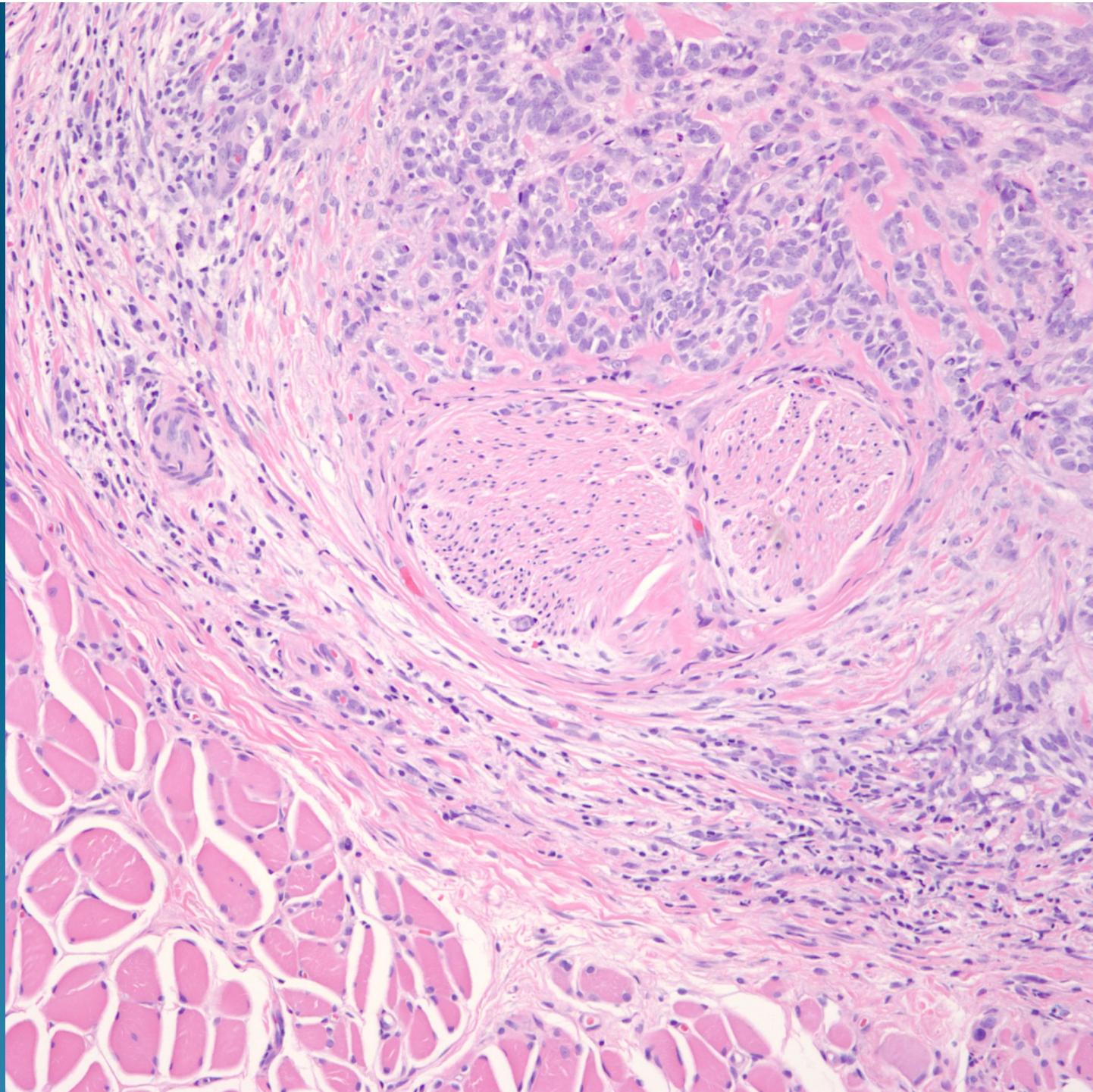


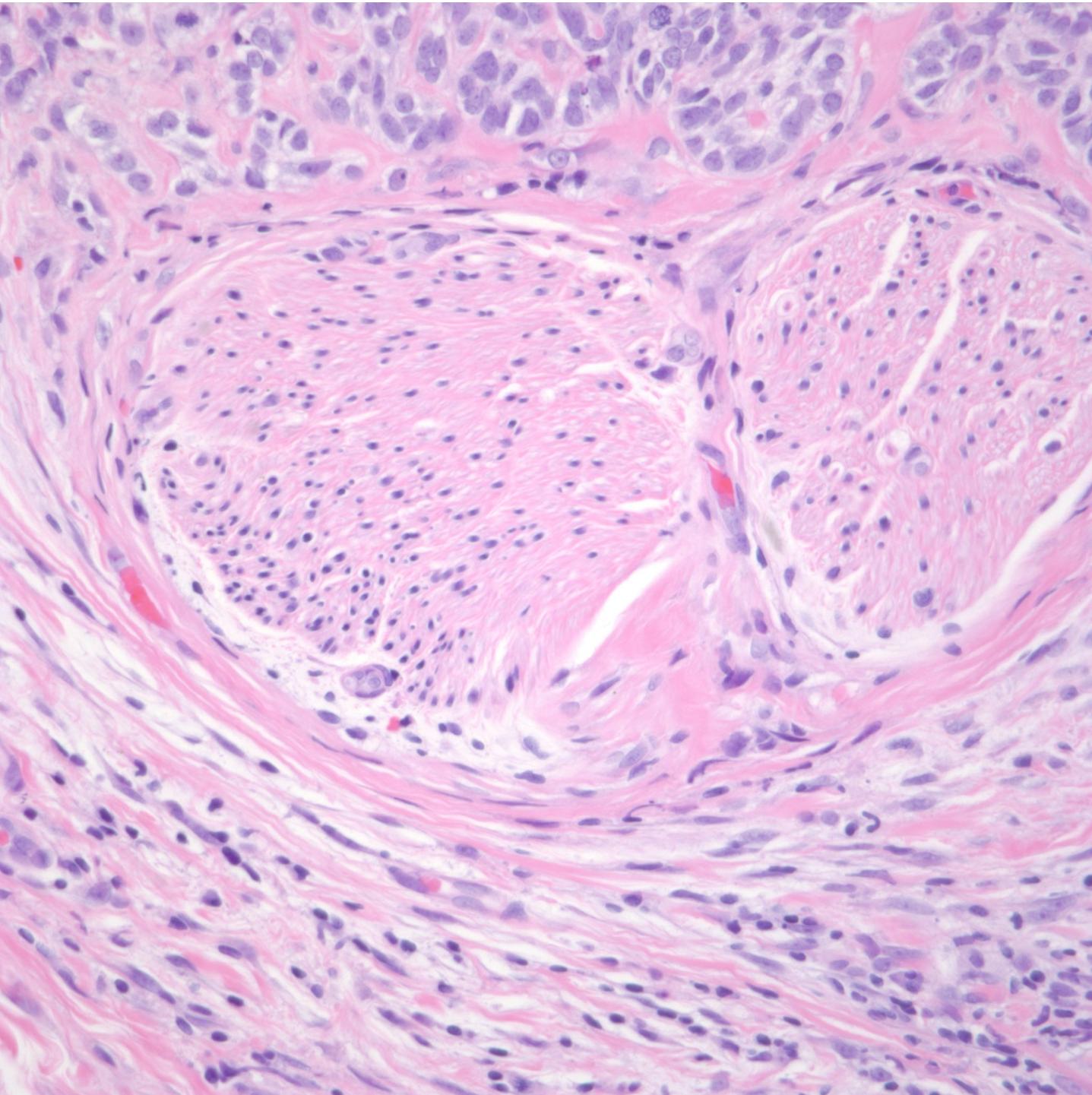
- Uncommon variant of lupus with distinctive clinical presentation
- Interface dermatitis with variable epidermal atrophy overlying telangiectasia
- Variable mucinosis





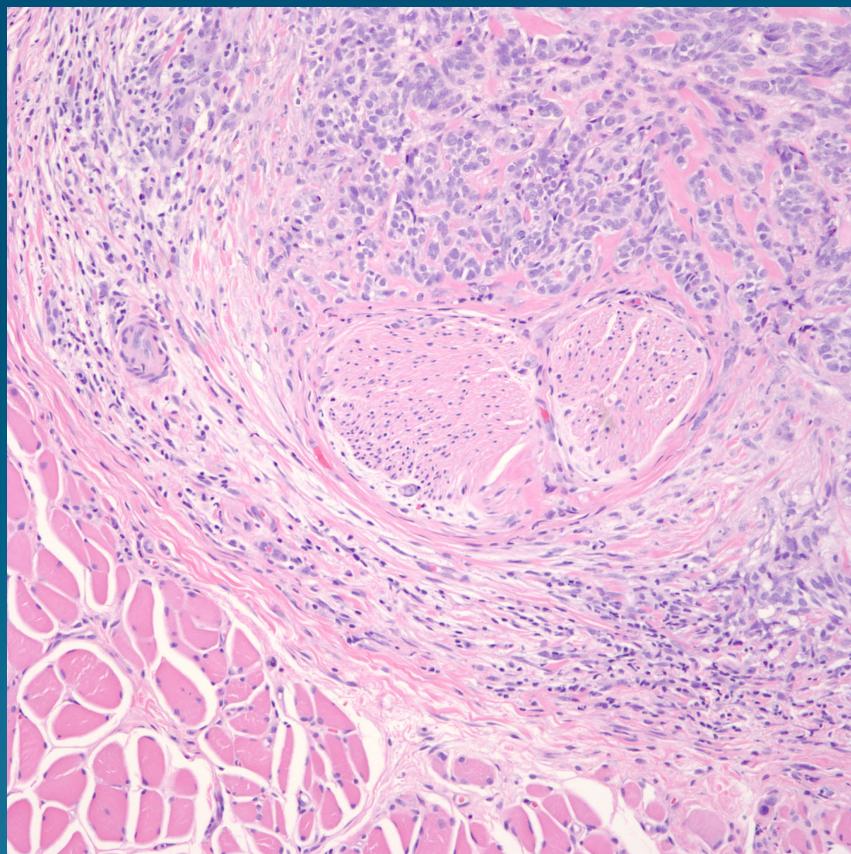




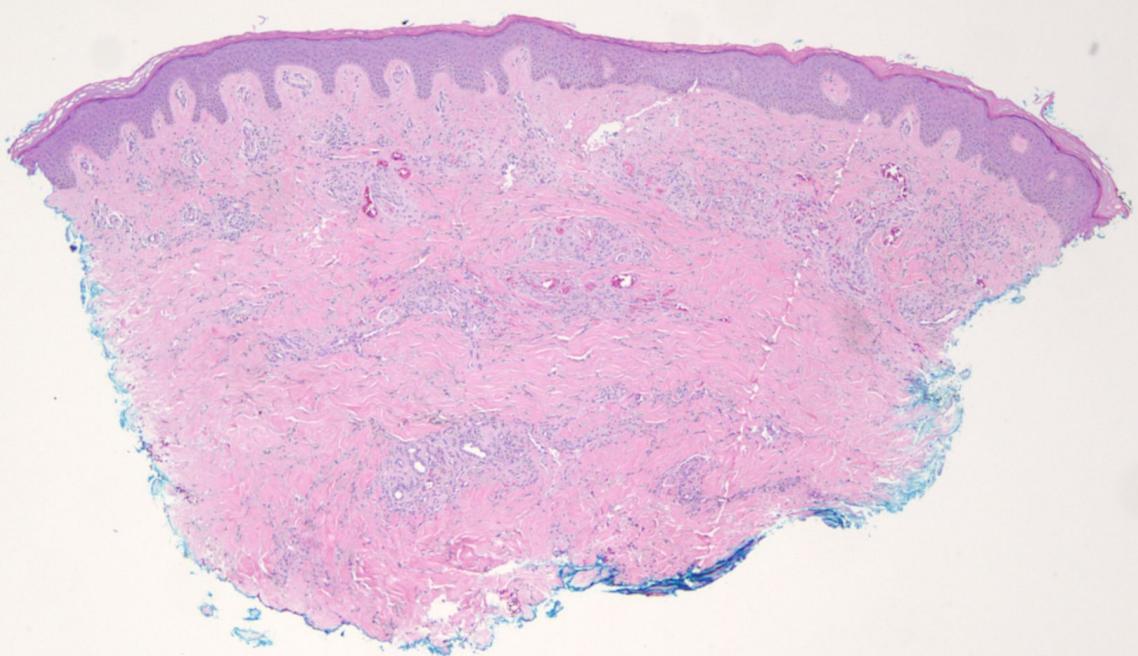


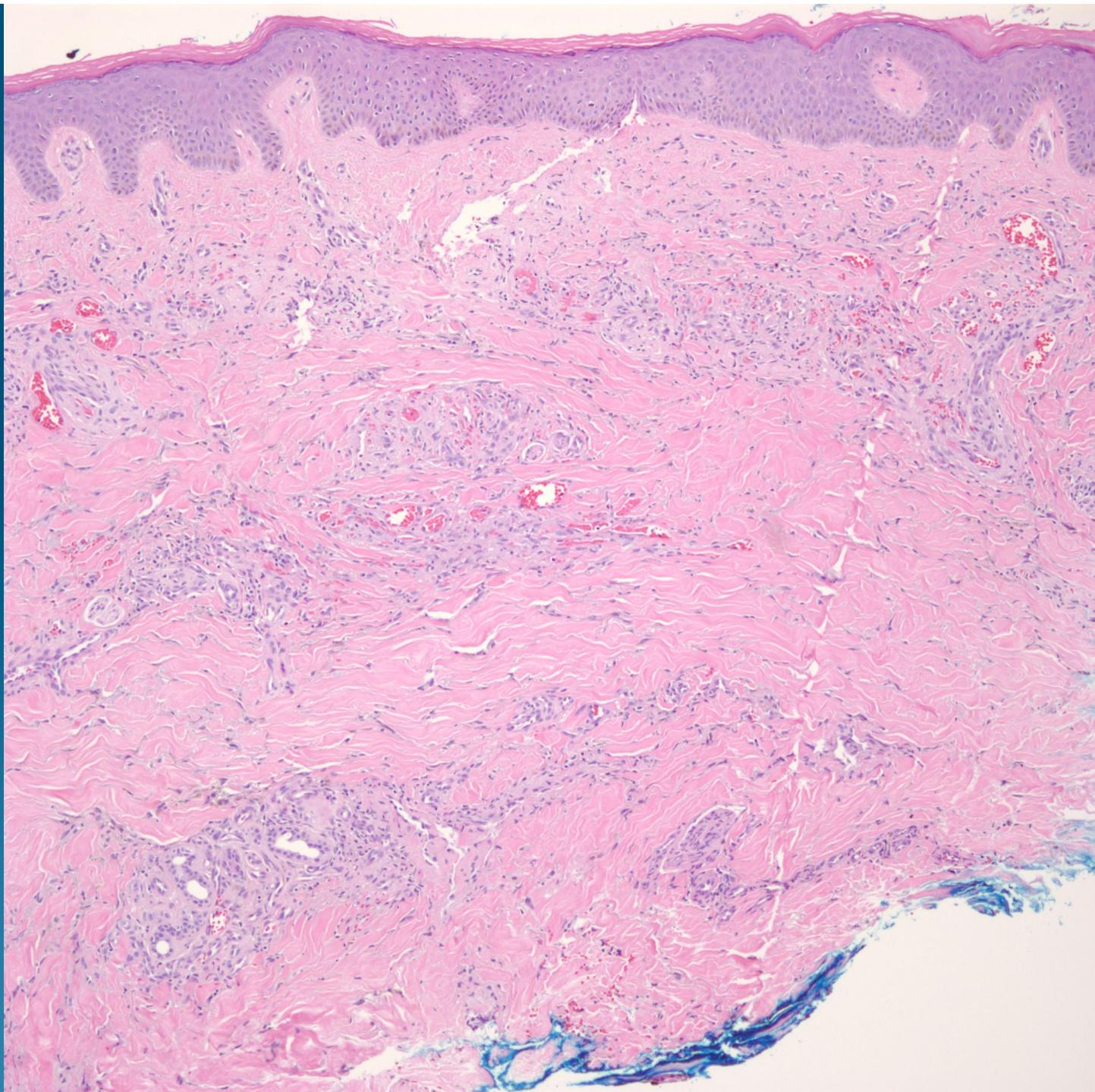
Basal Cell Carcinoma with Perineural Invasion

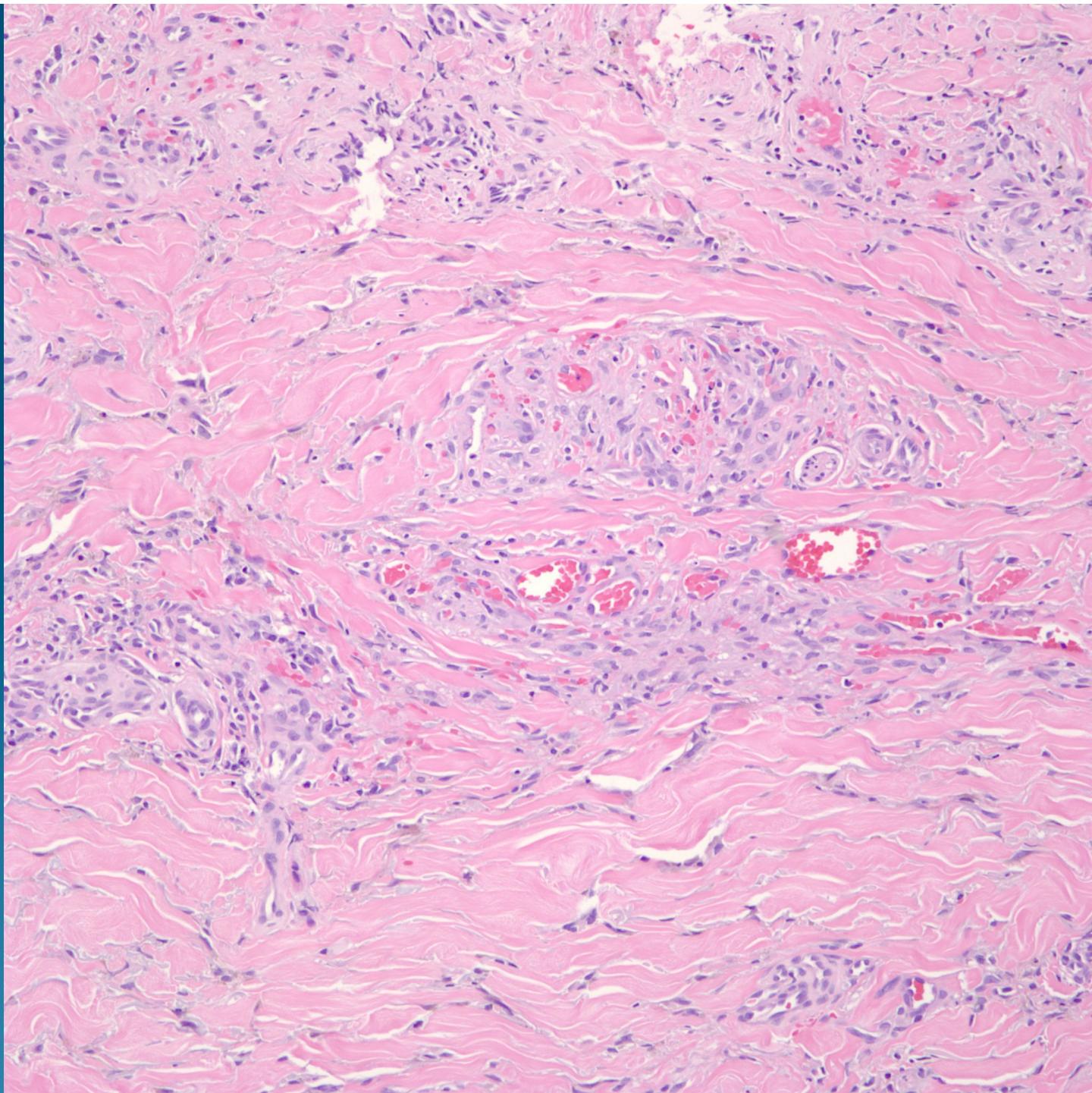
Pearls

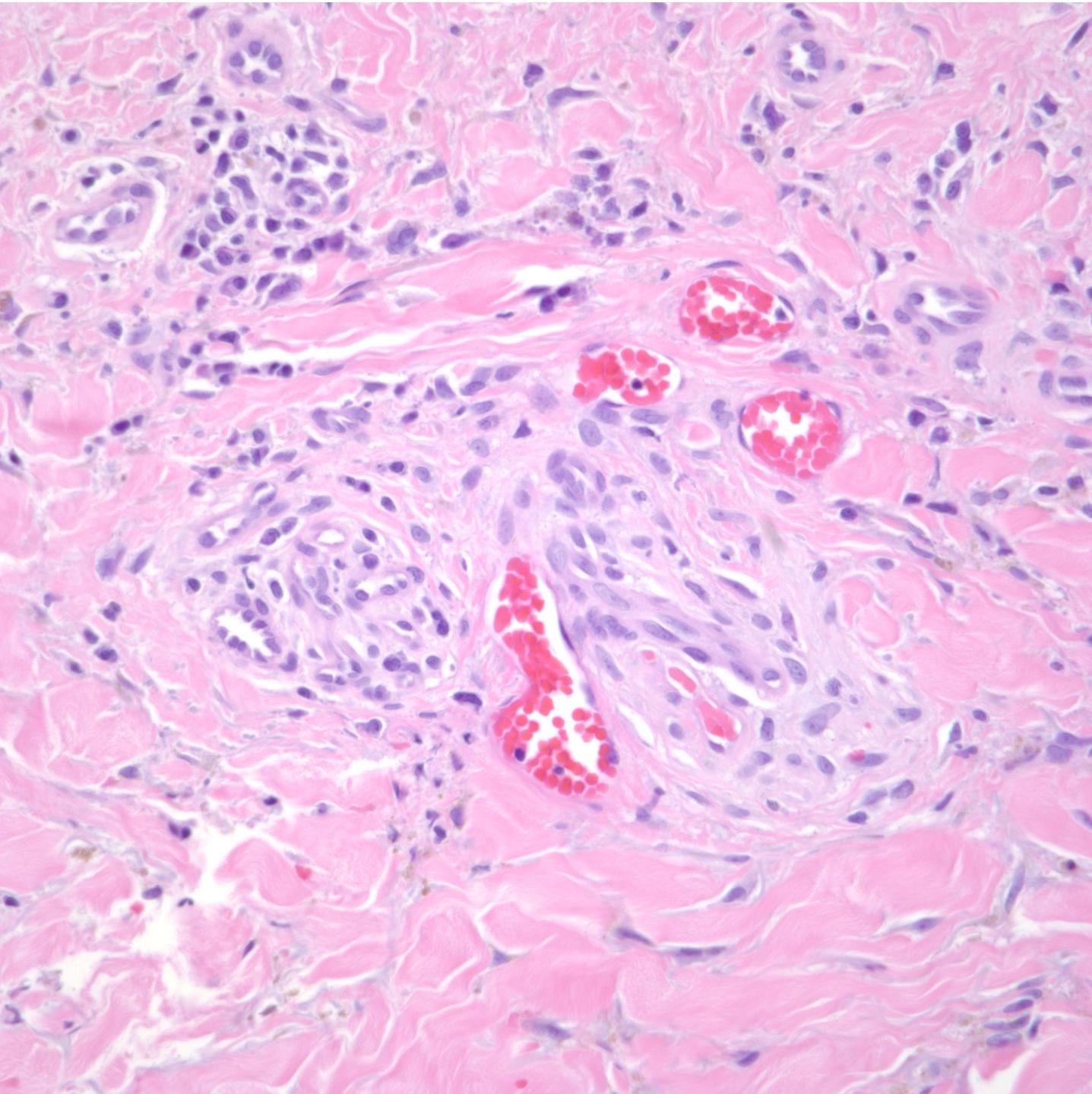


- Presence may be associated with locally aggressive behavior
- May need S100 stain to highlight nerve fibers



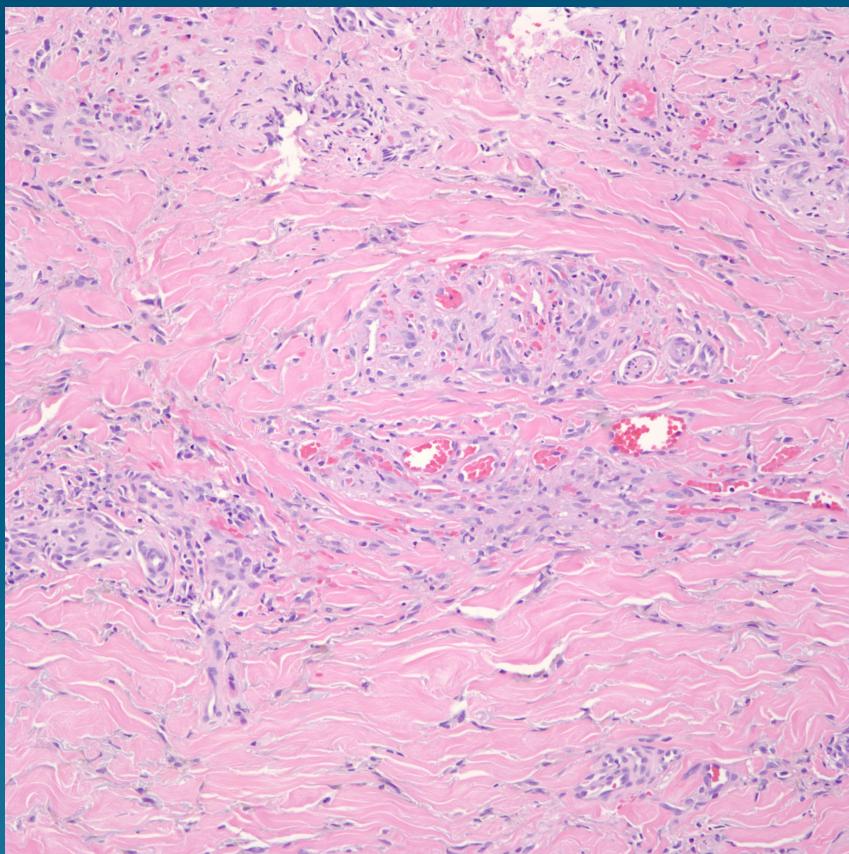




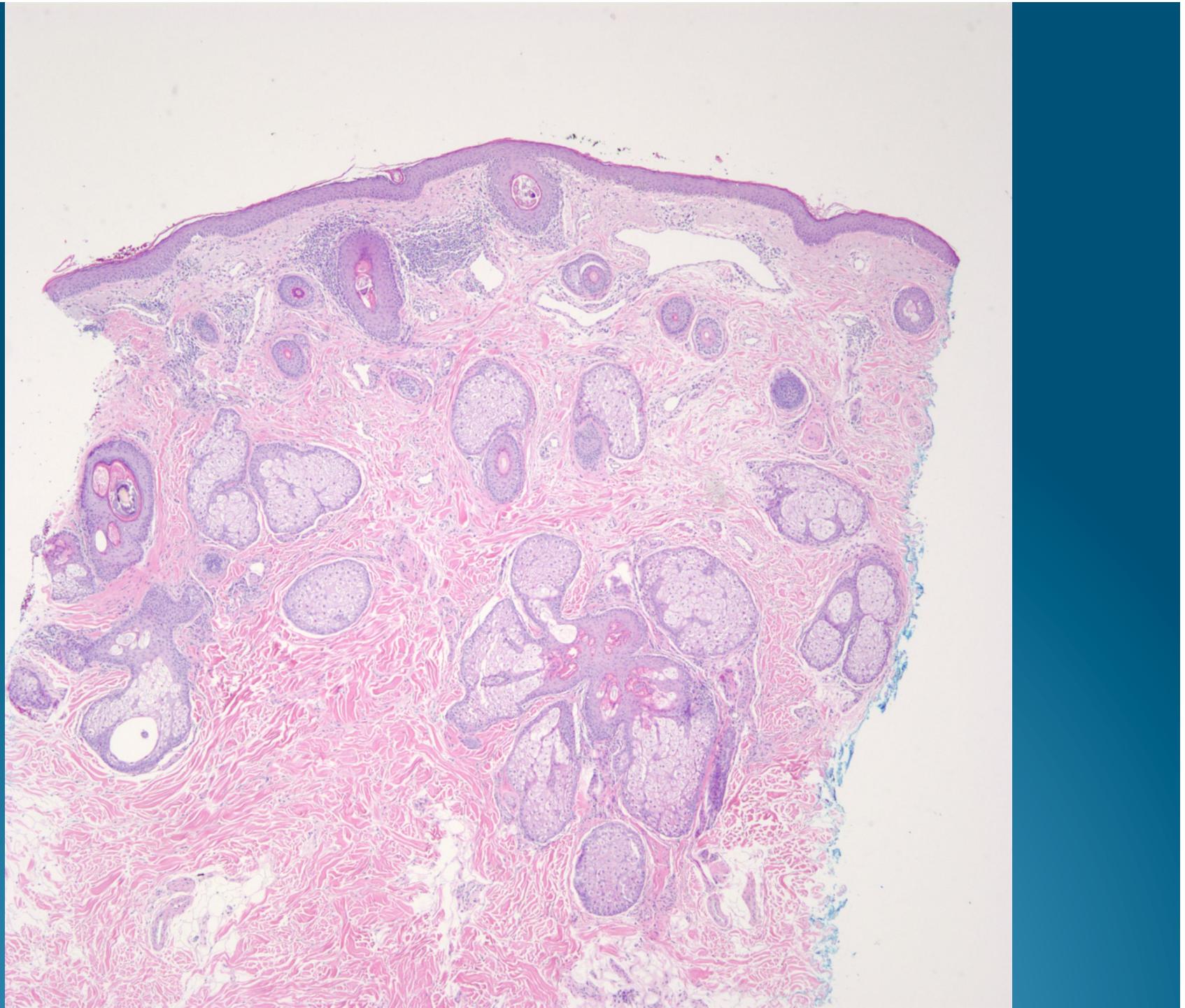


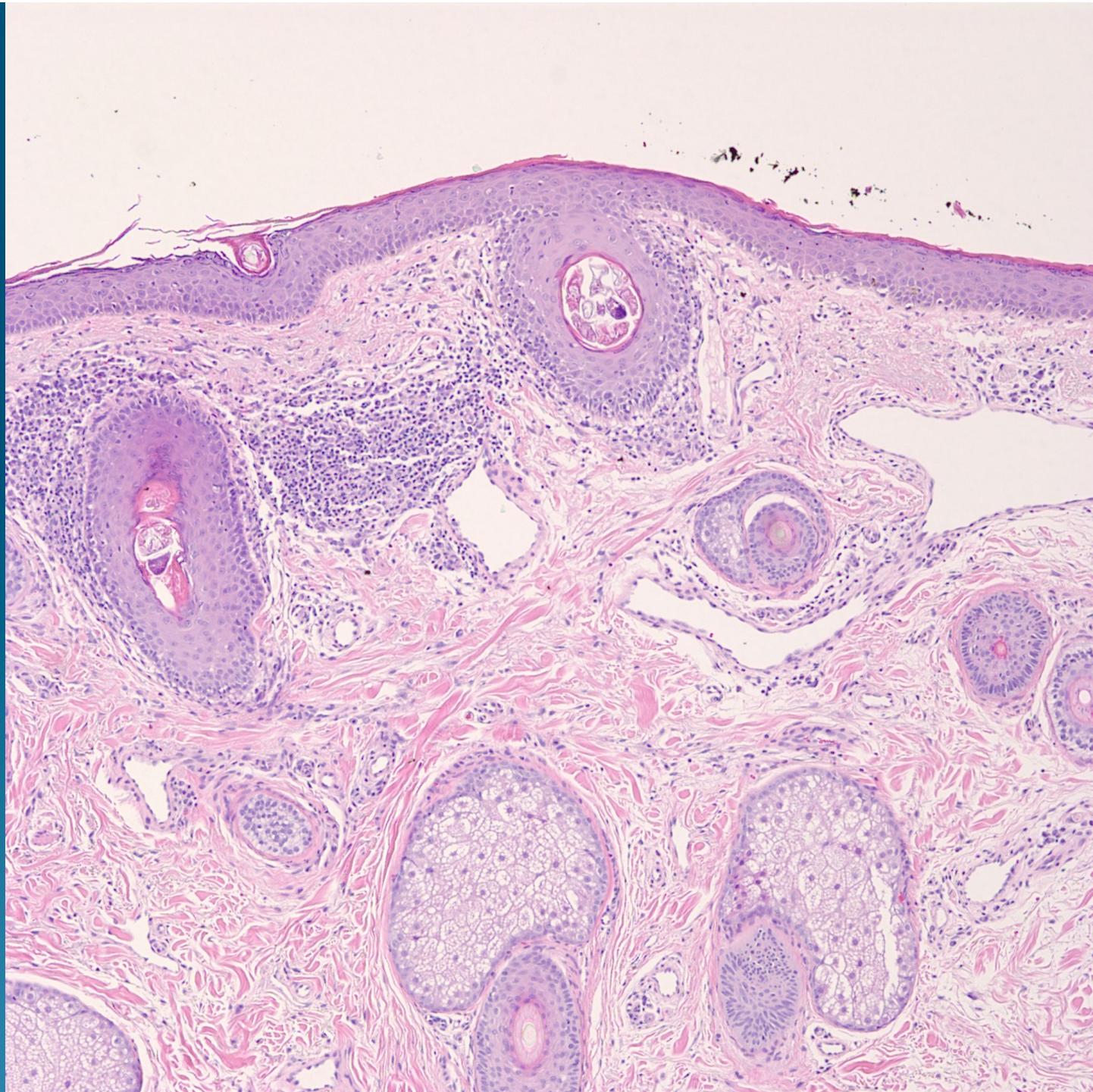
Kaposi's Sarcoma, Plaque Stage

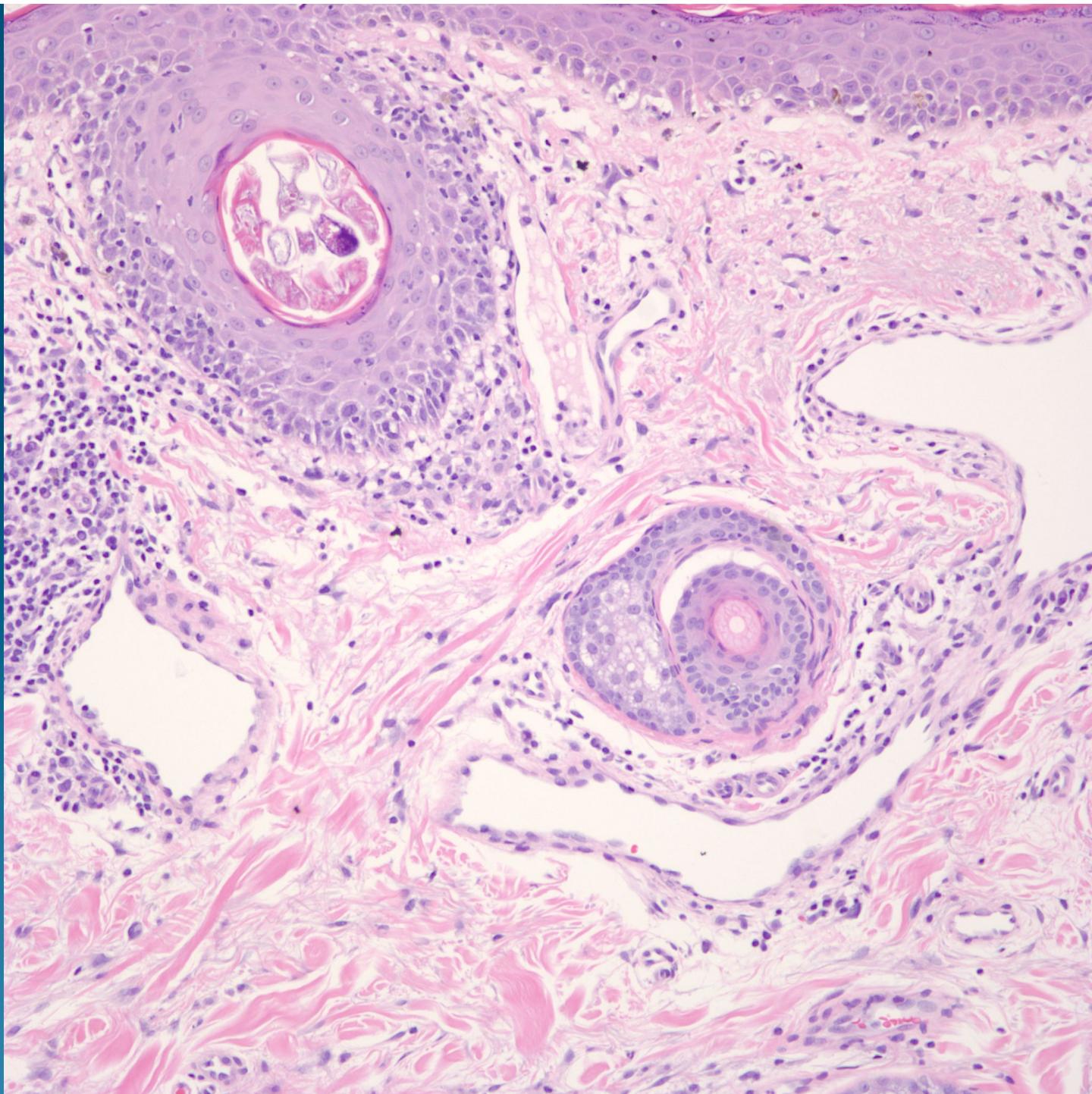
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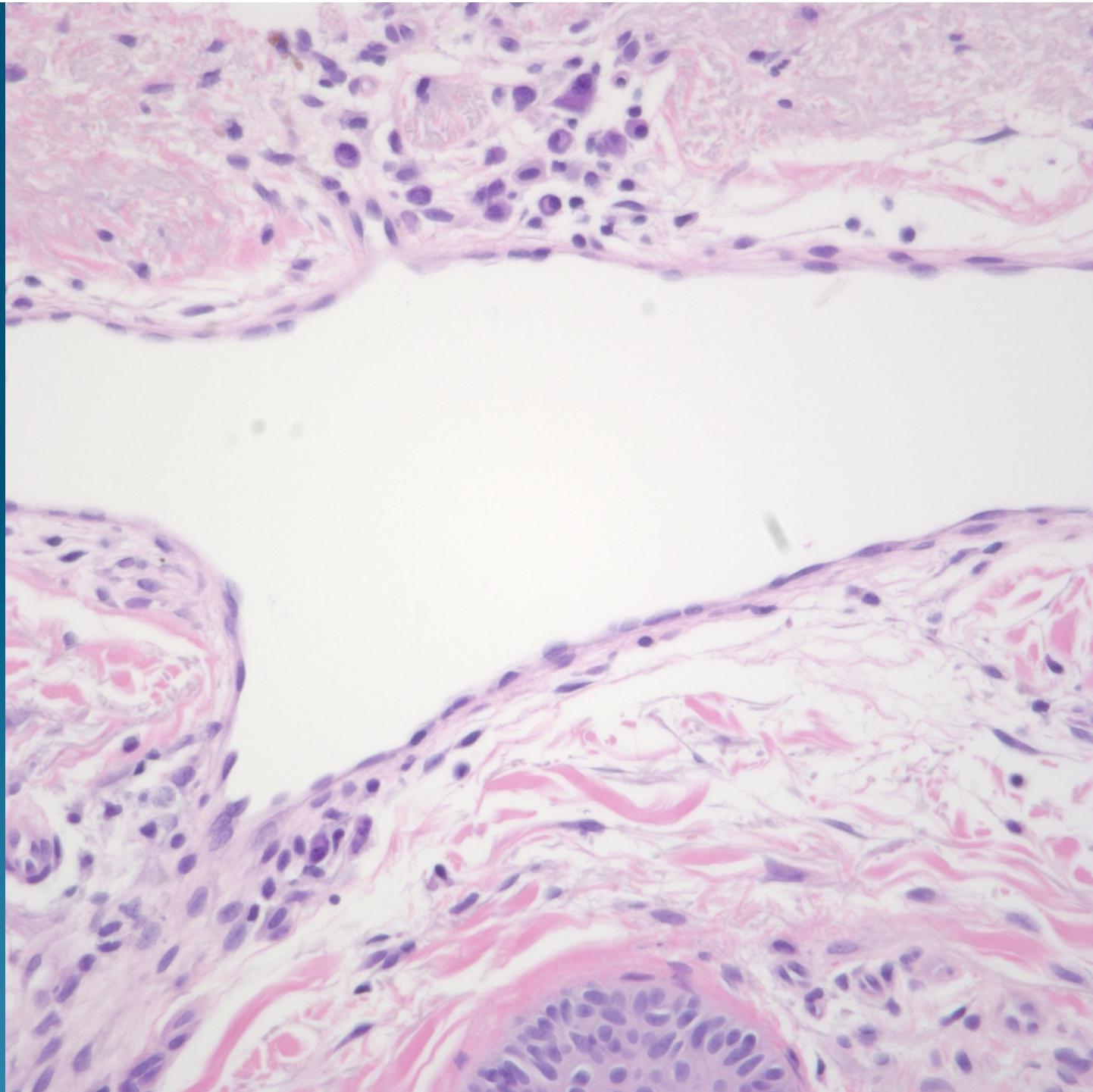


- Diffuse proliferation of vascular slit spaces with extravasated rbc's
- Scattered plasma cells and hemosiderin laden macrophages
- Hyalinized eosinophilic globules within some spindle cell cytoplasm
- Promontory sign with neoplastic vessels surrounding pre-existing vessels or adnexal structures



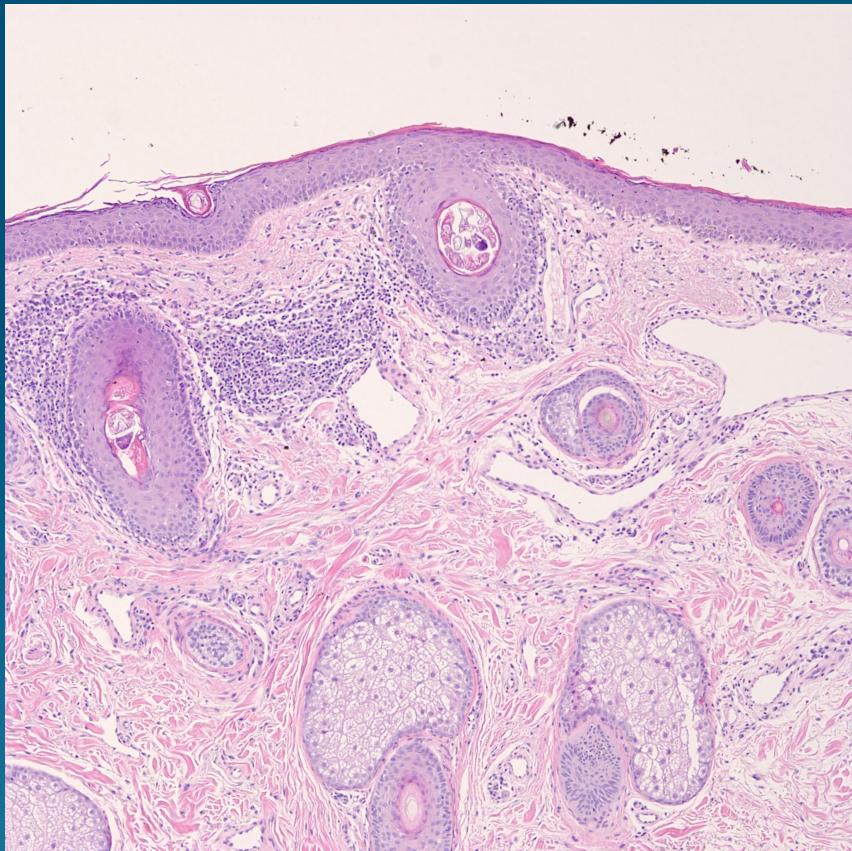




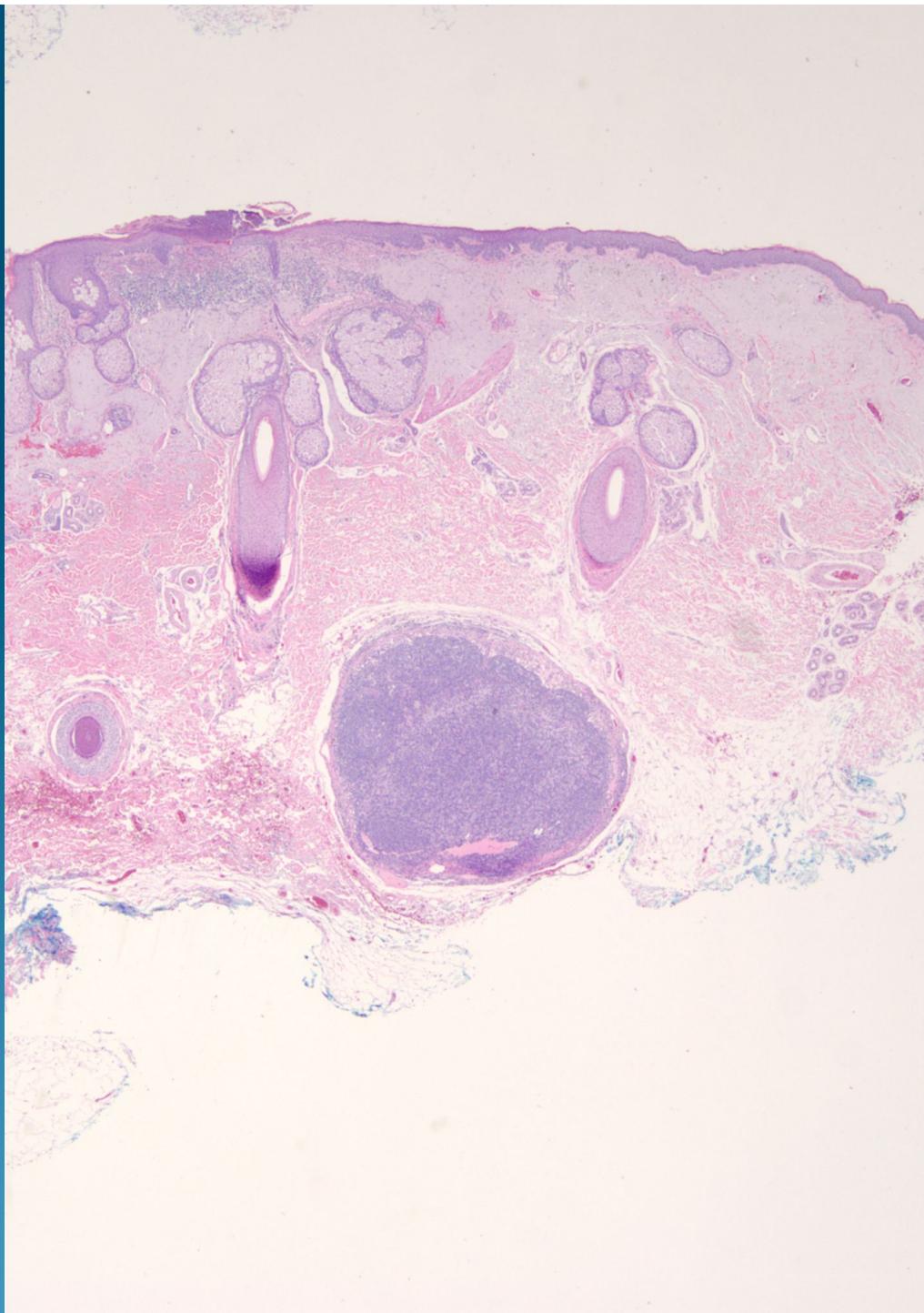


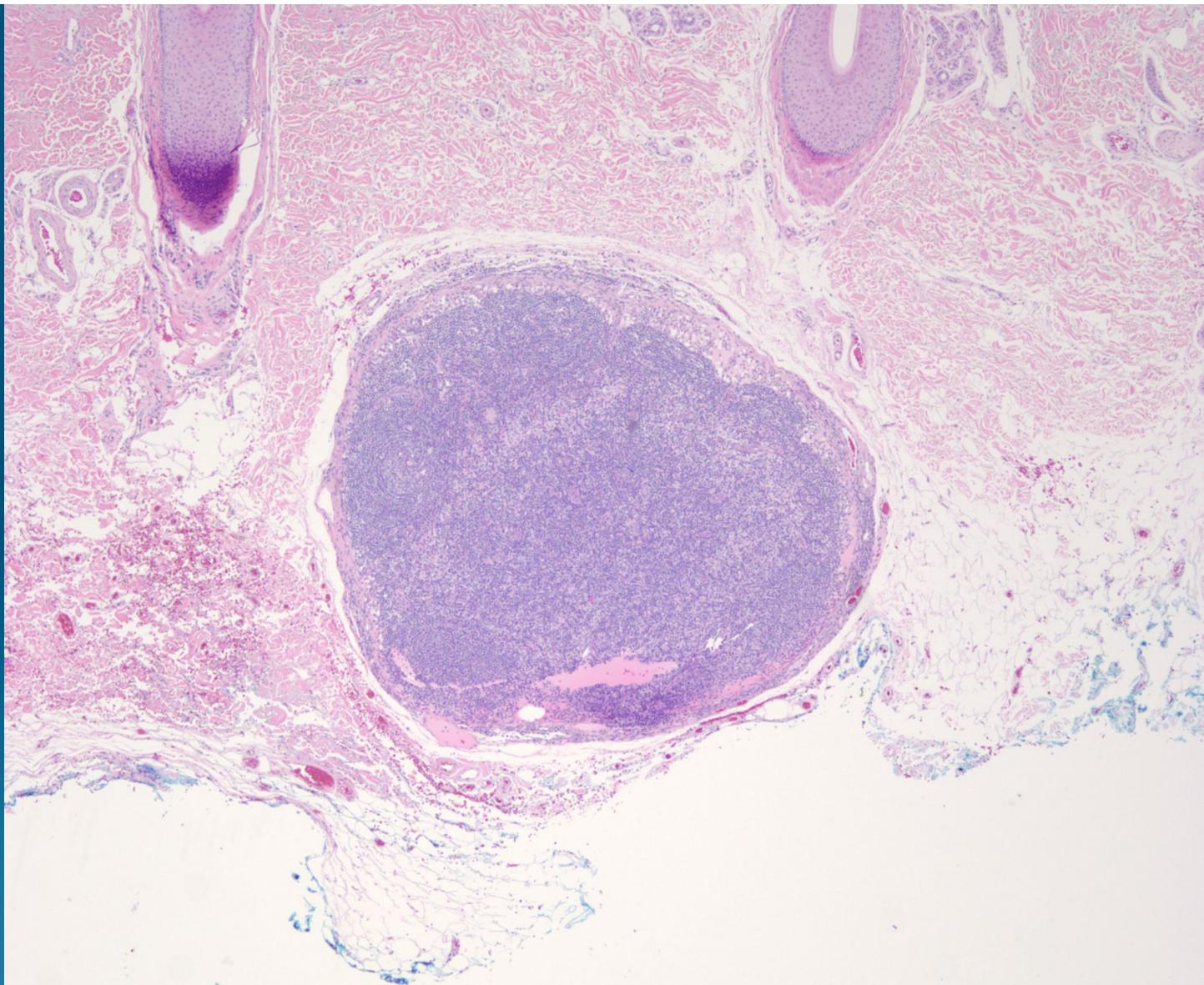
Acne Rosacea

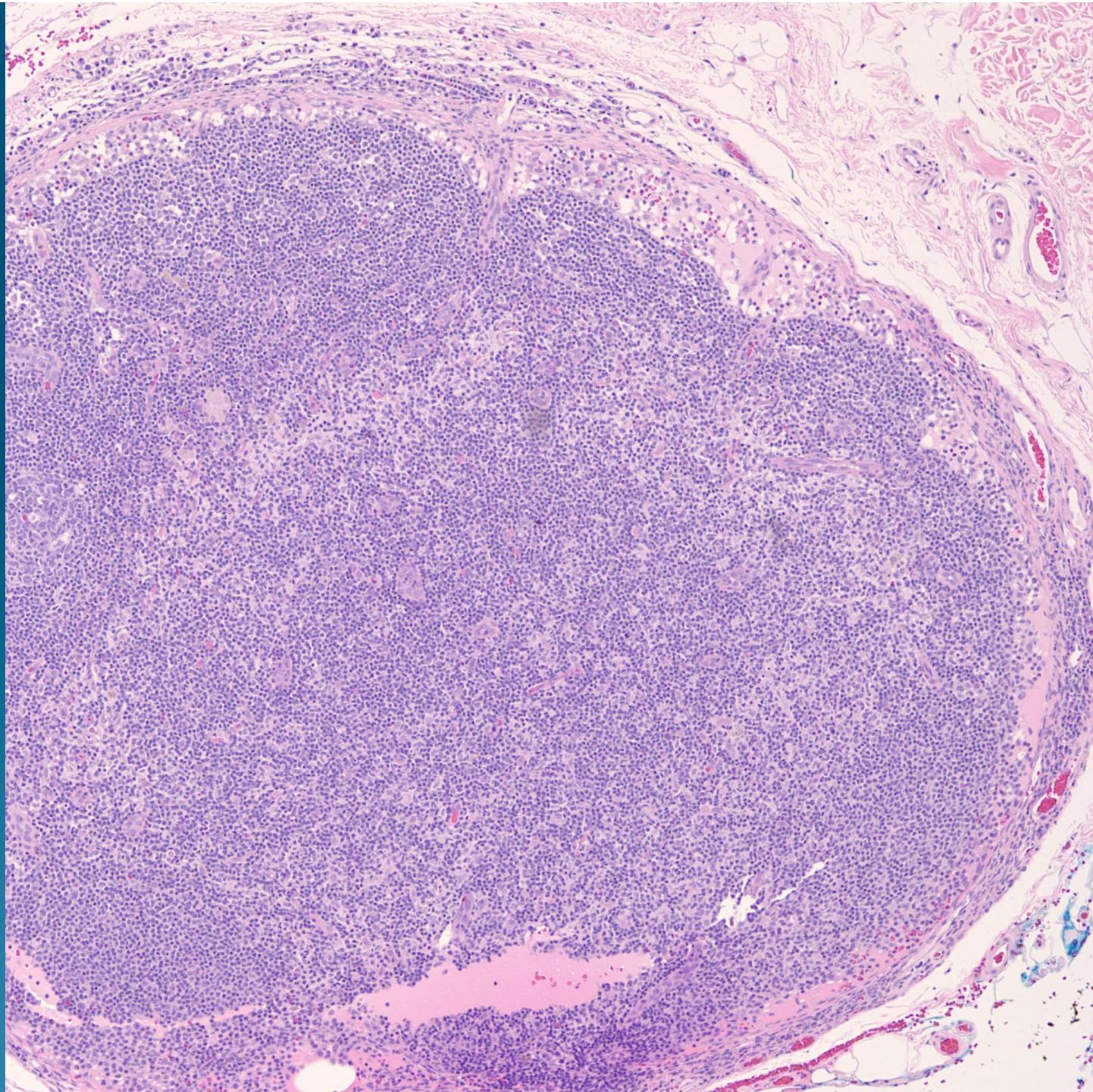
Pearls

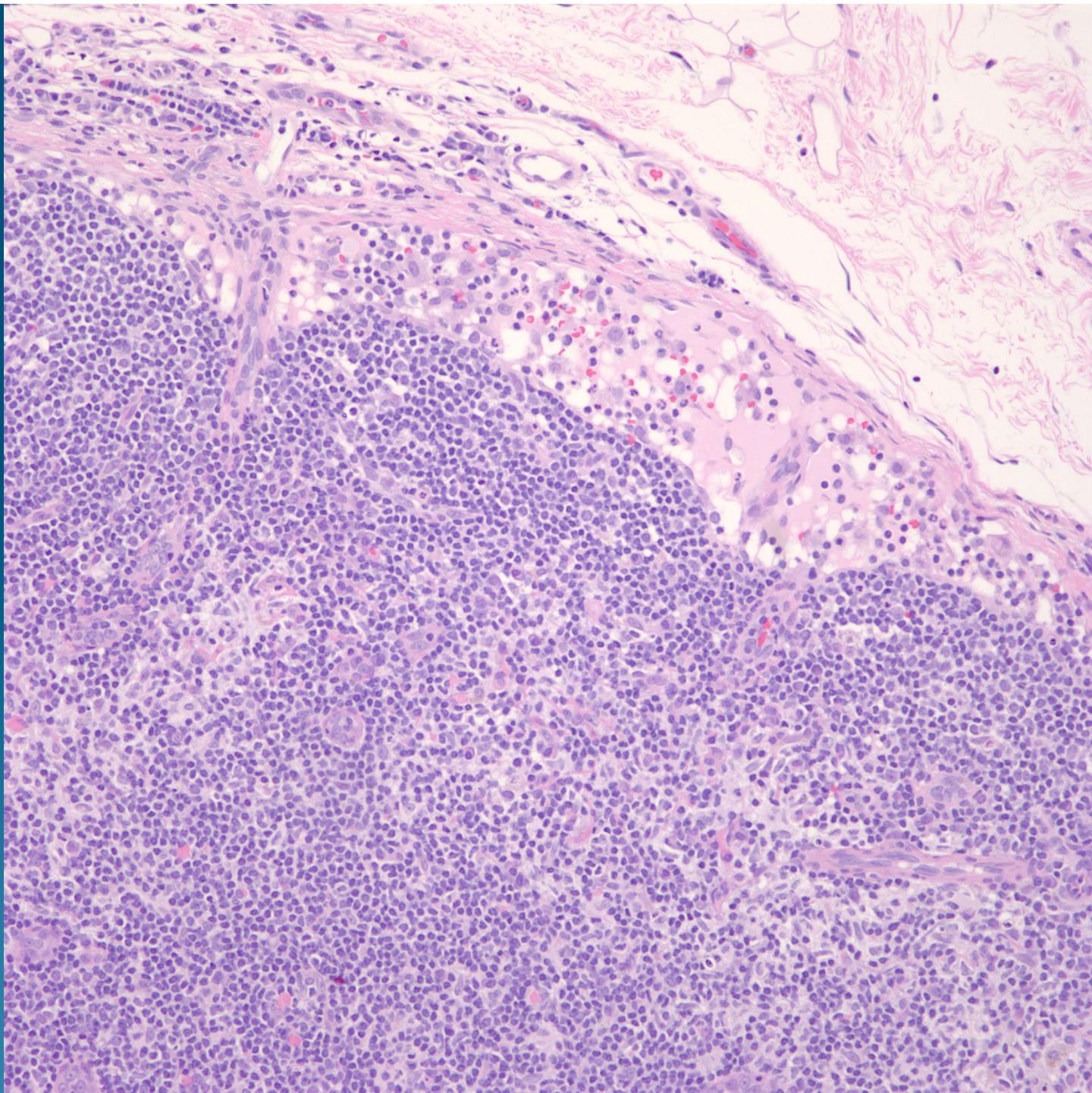


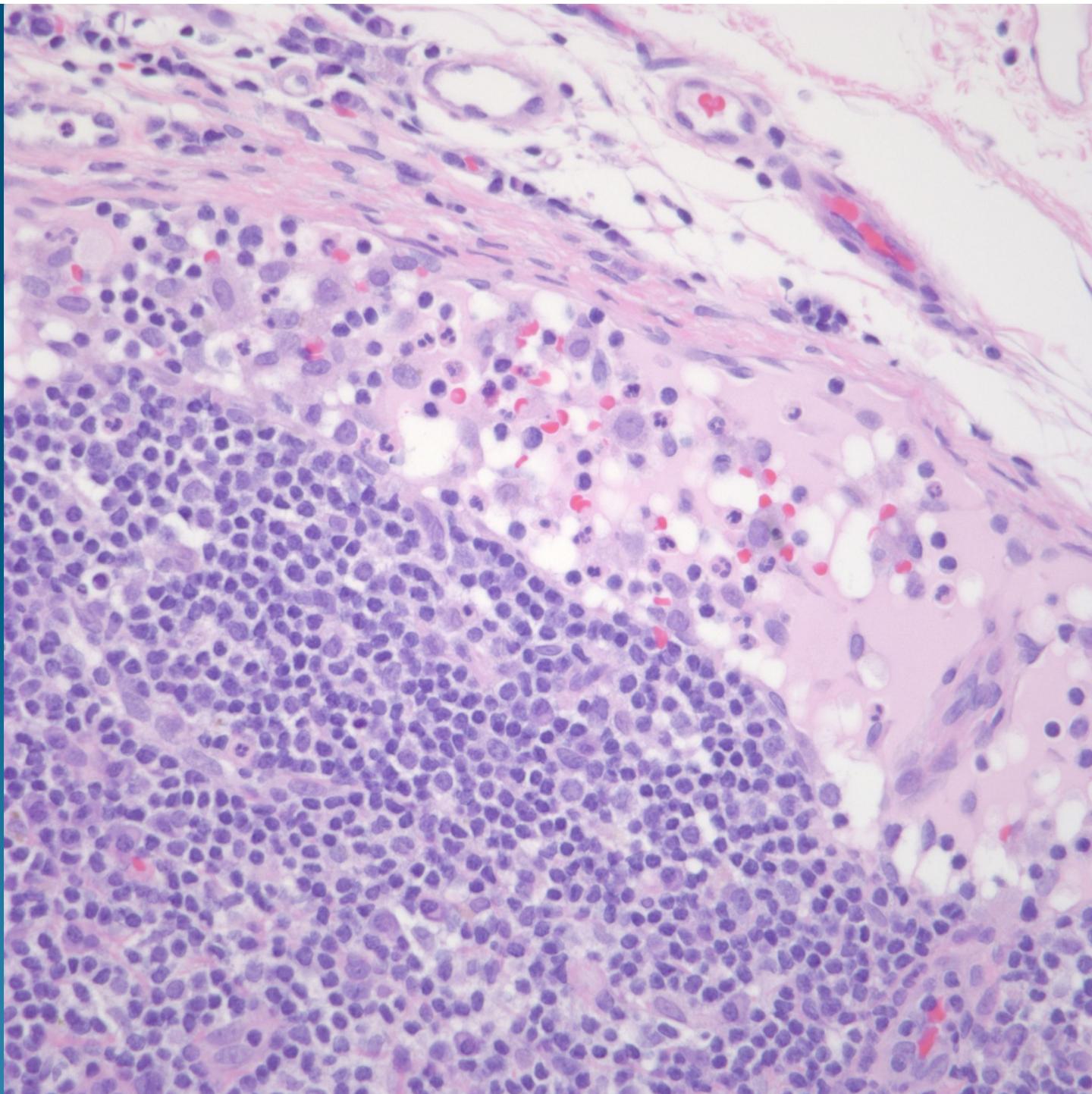
- Variable histopathology correlating with clinical stage of acne rosacea
- Current biopsy shows mixture of chronic folliculitis (with Demodex-not necessary for dx), telangiectasia, and papillary dermal edema









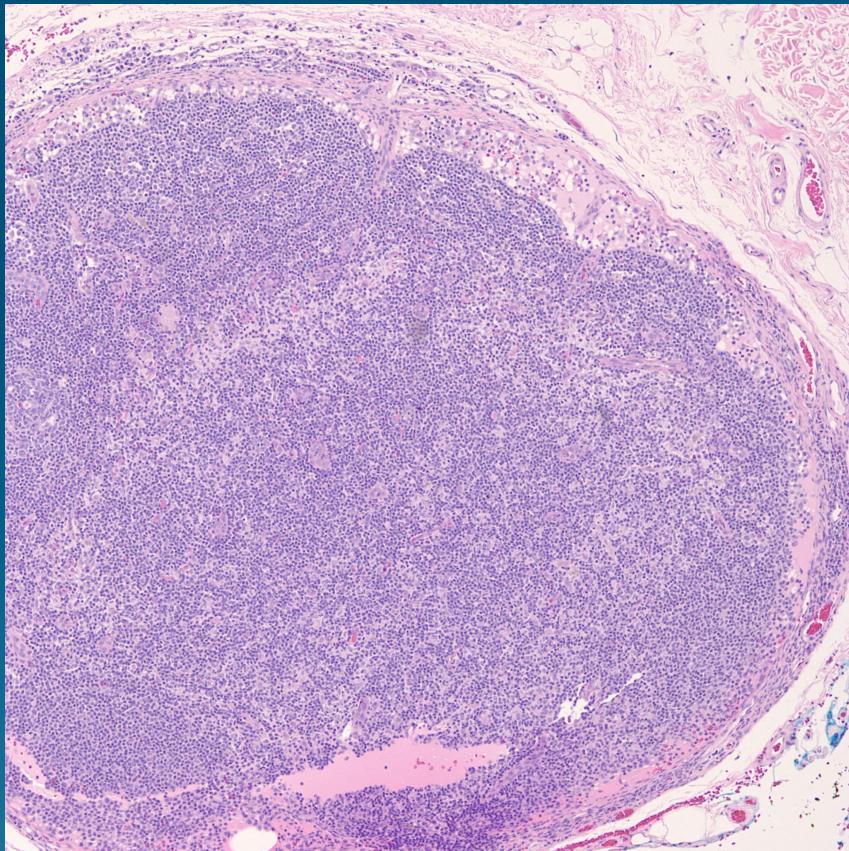


What is the best diagnosis?

- A. Eccrine spiradenoma
- B. Extra-thoracic thymoma
- C. Cutaneous lymph node
- D. Cutaneous pseudolymphoma
- E. Follicle Center B-cell lymphoma

Cutaneous Lymph Node

Pearls



- May be incidental finding
- Circumscribed collection of lymphoid cells with variable germinal centers and sinus histiocytosis
- Must see sub-capsular sinus to establish a true lymph node and not a reactive lymphoid hyperplasia