Dermatopathology Slide Review Part 99

Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA
Palisaded and encapsulated neuroma
Pearls

- Circumscribed lobules of bland spindle cells with wavy nuclear contours unattached to the epidermis
- Minimal mucin
- No Verrocay bodies
- NOTE: In site of the name and morphology, these cells are S100 negative but EMA positive and derived from perineural sheath
What is the best diagnosis?

A. Porphyria cutanea tarda
B. Bullous pemphigoid
C. Pemphigus vulgaris
D. Pemphigus foliaceus
E. Bullous mastocytosis
Bullous pemphigoid
Pearls

- Subepidermal bulla with eosinophils>pmns
- No acantholysis
- May see secondary re-epithelialization of the base
- DIF to confirm
Intradermal Melanocytic Nevus with Fatty Metaplasia
Pearls

- Fatty metaplasia is a common senescent change
- Cytologically bland adipocytes
- DDX: Balloon cell nevus
Leukemia Cutis
(Acute myelogenous leukemia)
Pearls

- Diffuse proliferation of atypical lymphoid cells, many with blast morphology
- May see myeloid precursors with eosinophilic granules
- Rule out Peripheral T-cell lymphoma, lymphomatoid papulosis, anaplastic lymphoma
- IHC stains and clinical history helpful but beware aleukemic leukemia cutis
Lentigo Maligna Melanoma
Pearls

- Lentiginous junctional melanocytic proliferation of cytologically atypical to malignant melanocytes
- Majority of melanocytes have spindled appearance
- Cytologically malignant melanocytes with scattered atypical mitotic figures
- Melanin pigment may be scant or absent, may need to confirm with IHC