Dermatopathology Slide Review - Part I

Paul K. Shitabata, M.D.
Pathology Inc.
Angiosarcoma
Histopathology

- Vascular spaces dissecting the dermis
- Lined by hyperchromatic endothelial cells
- Extravasated rbc's
Trichofolliculoma
Histopathology

- Multiple mature pilosebaceous units emptying into a single dilated hair follicle
- Lesion demarcated from surrounding stroma
Fibrous Papule
Histopathology

- Angiofibromatous proliferation
- Stellate fibroblasts
- No atypia
- Occasionally melanocytic hyperplasia overlying lesion
Atypical Fibroxanthoma
Histopathology

- Pleomorphic spindle and epithelioid cells
- Scattered Giant cells
- Numerous atypical MF
- Usually Vim+, CD68+
- Negative CK, S100
- SMA and FXIIIa variable
Pilomatricoma
Histopathology

- Ghost cells
- Shadow cells
- Foreign body giant cell reaction
- Keratin and cholesterol clefts
- Calcifications
- Beware small samples
Merkel Cell CA
Histopathology

- Small round blue cells
- High mitotic rate
- Nuclear molding
- Stippled chromatin
- Epidermal involvement occasionally
- Paranuclear dot-like reactivity for CK20, CK
Bowen’s Disease
Histopathology

- Full thickness replacement of epidermis
- Loss of maturation
- No follicular sparing
- Dyskeratosis
- Atypical mitotic figures
Malignant Melanoma in Situ
Melanoma in Situ

- Epidermal thinning on sun-damaged skin
- Increased atypical melanocytes at DEJ
- Dyscohesive clefting
- Adnexal involvement
- Starburst cells
Extramammary Paget’s Disease
Histopathology

- Intraepithelial scatter of pleomorphic cells
- Occasionally glandular lumina formation
- Rule out invasion and mets to skin
- CK7, EMA, mucicarmine +
Herpes Virus Infection
Histopathology

- Intraepidermal vesicle with necrosis
- Multinucleated giant cells
- Margination of nuclear chromatin