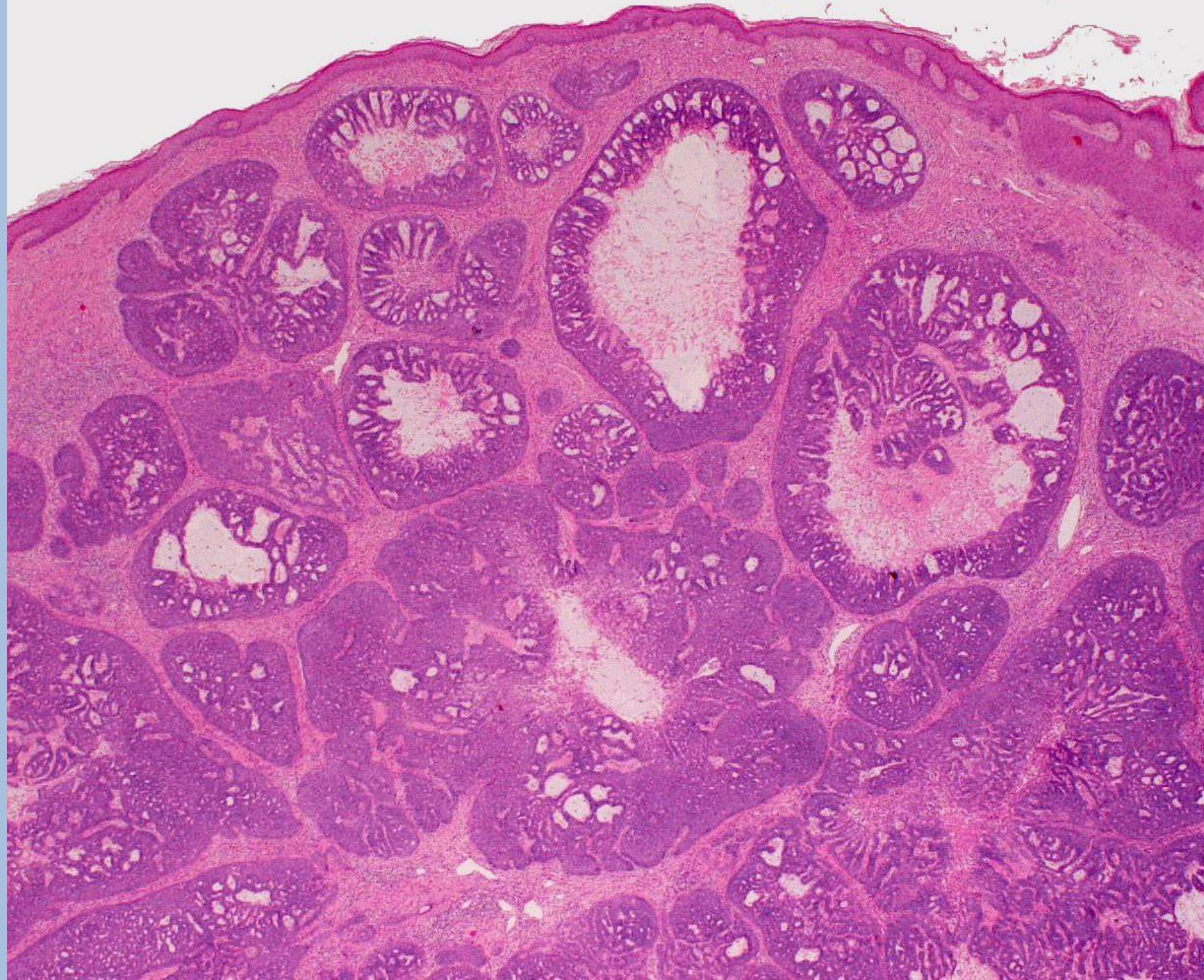
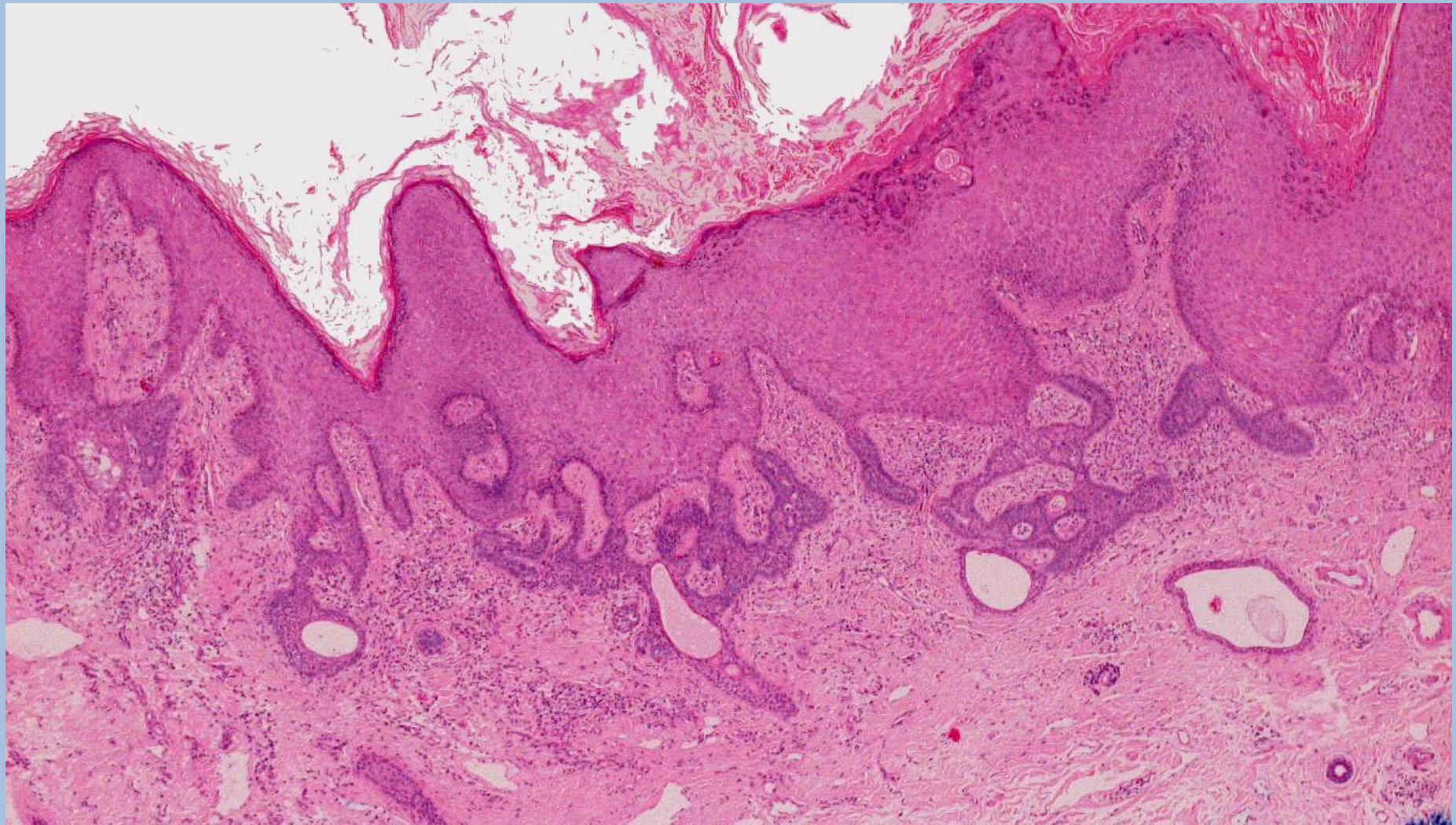
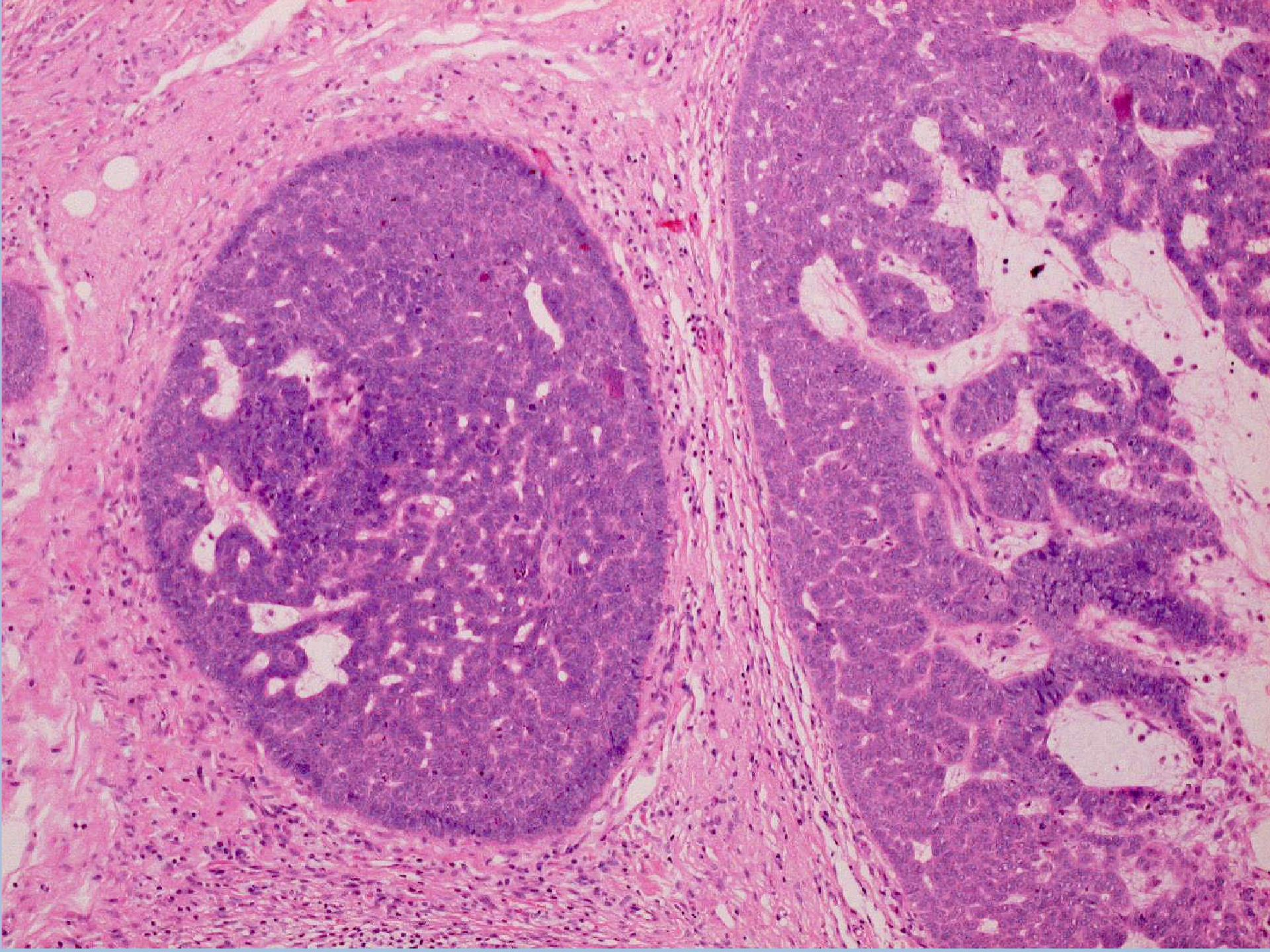


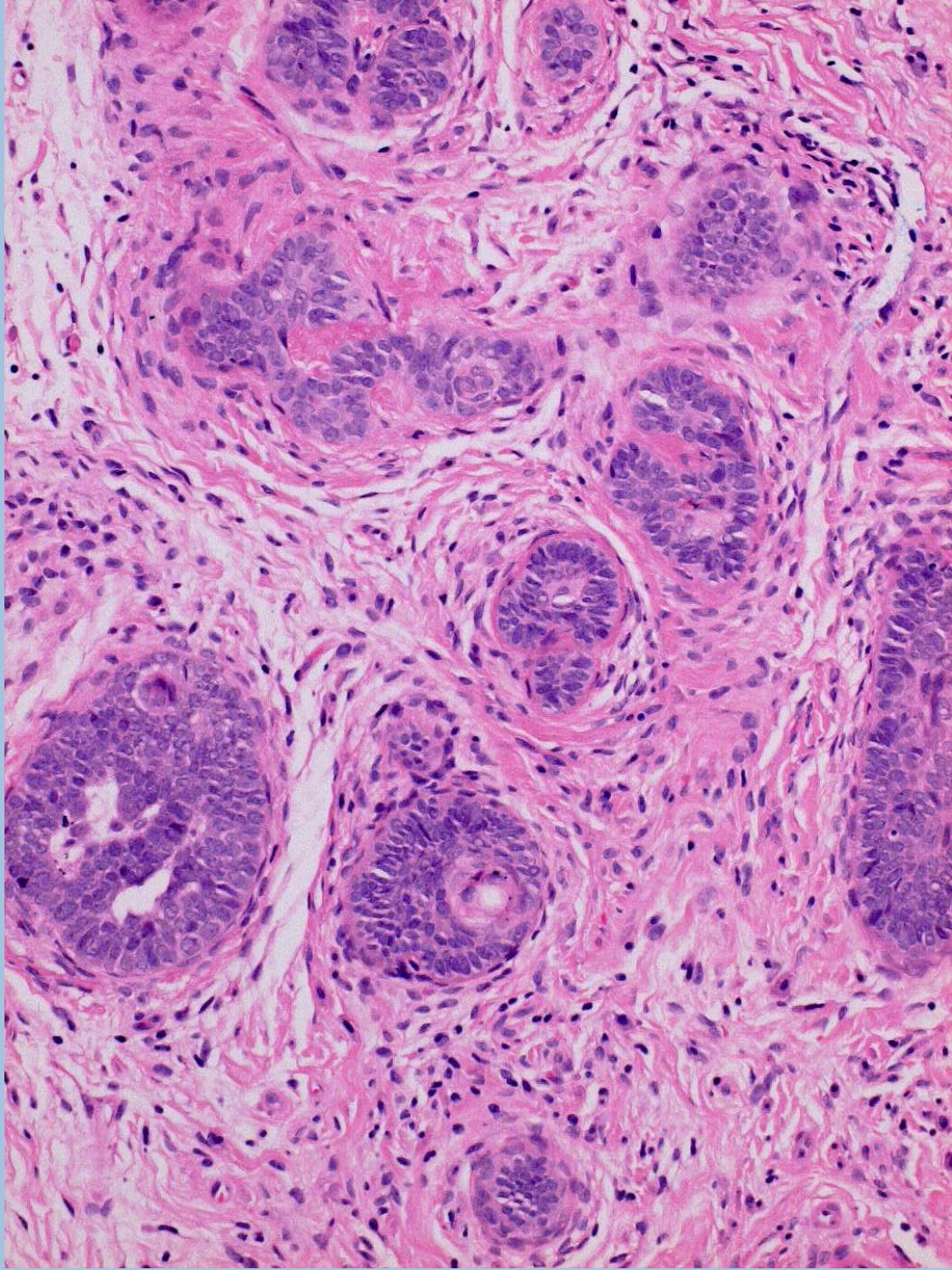
Case 16

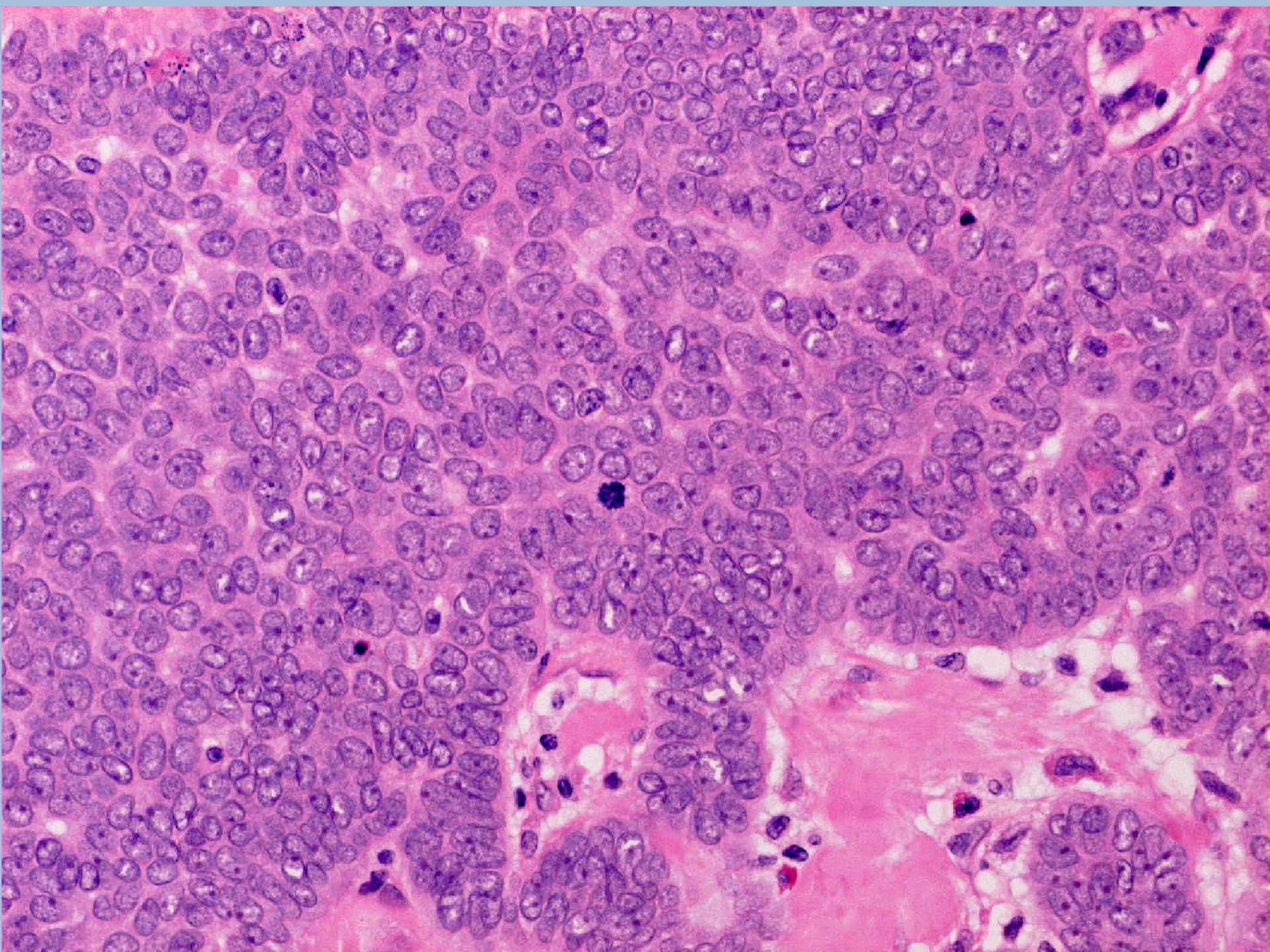
- M 50
- Lesion on scalp, enlarging

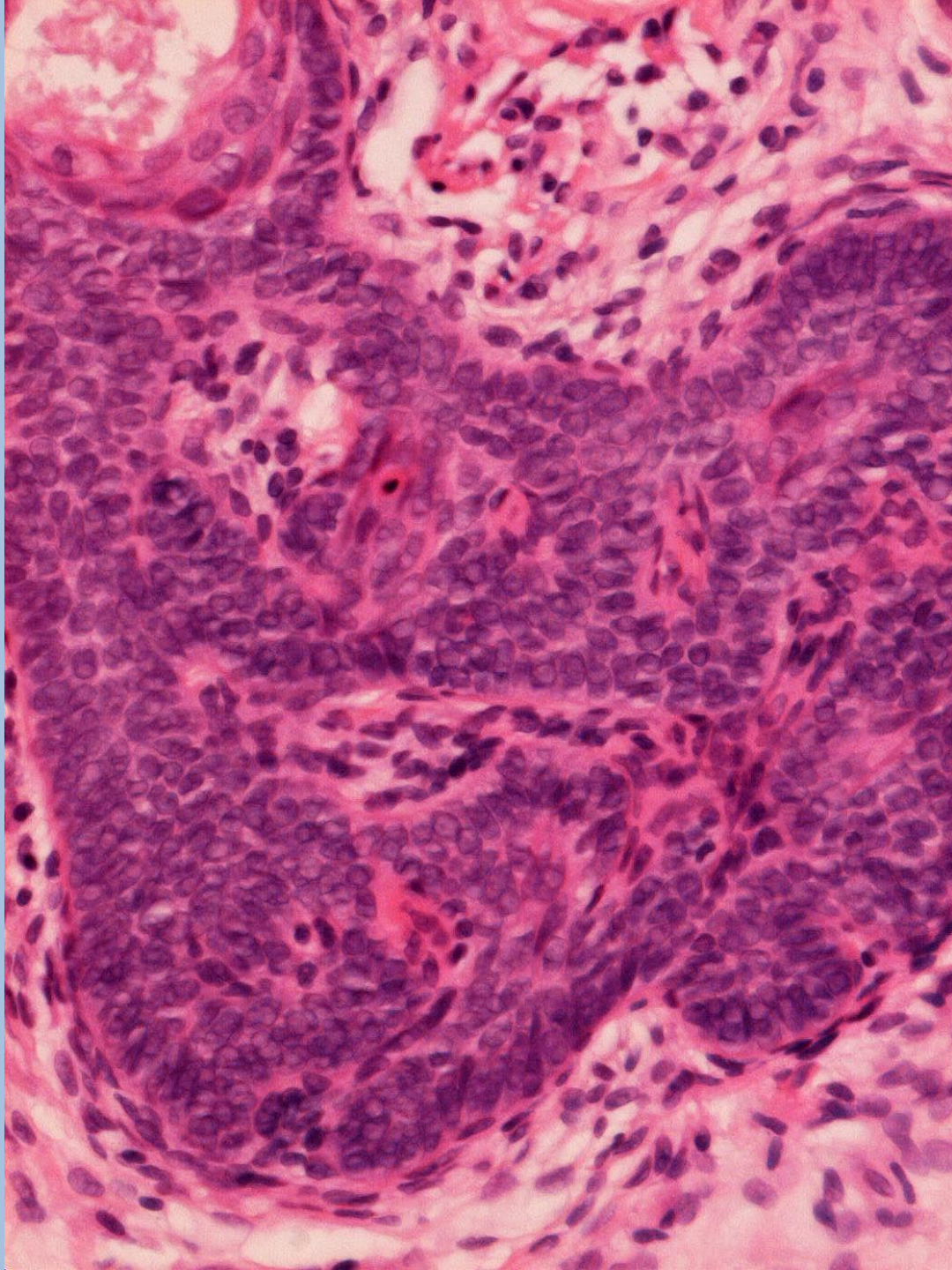


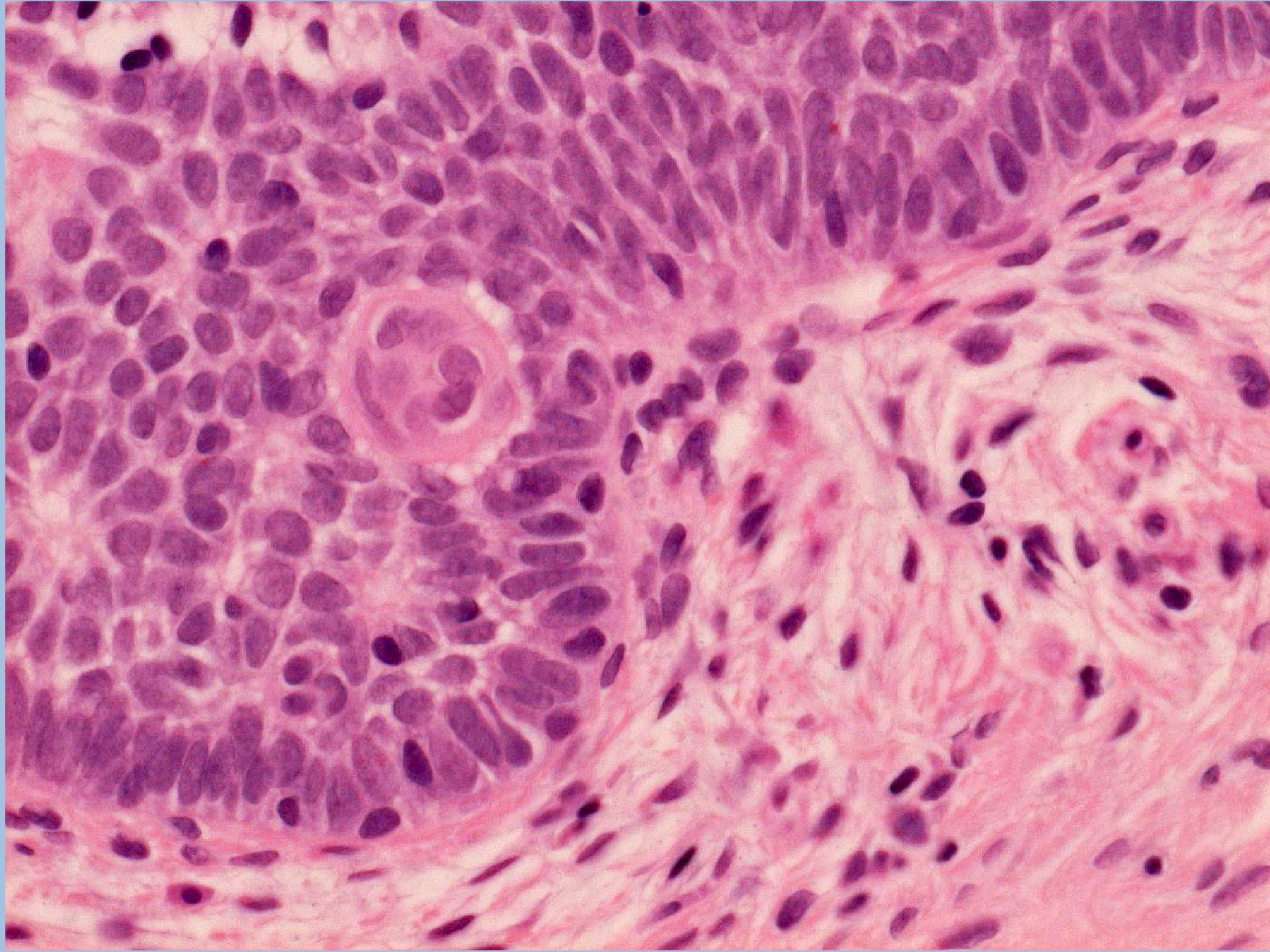










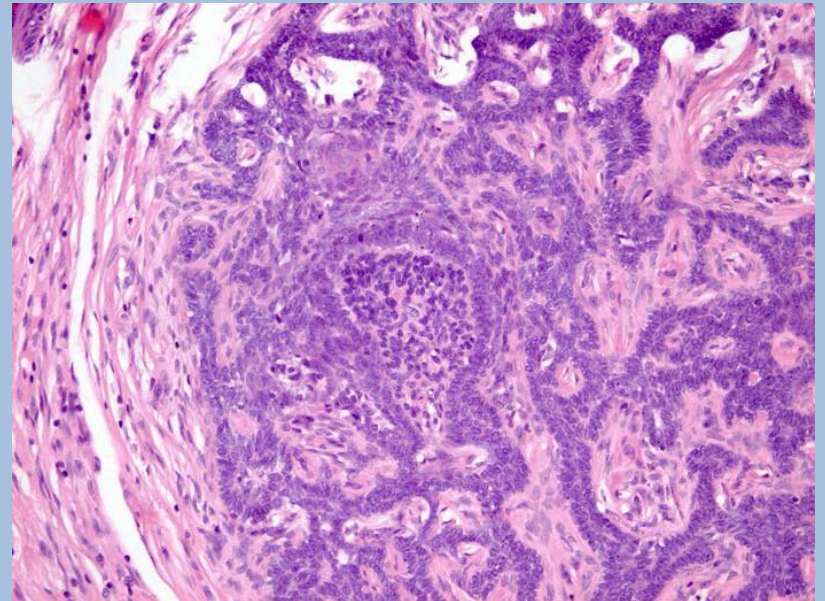
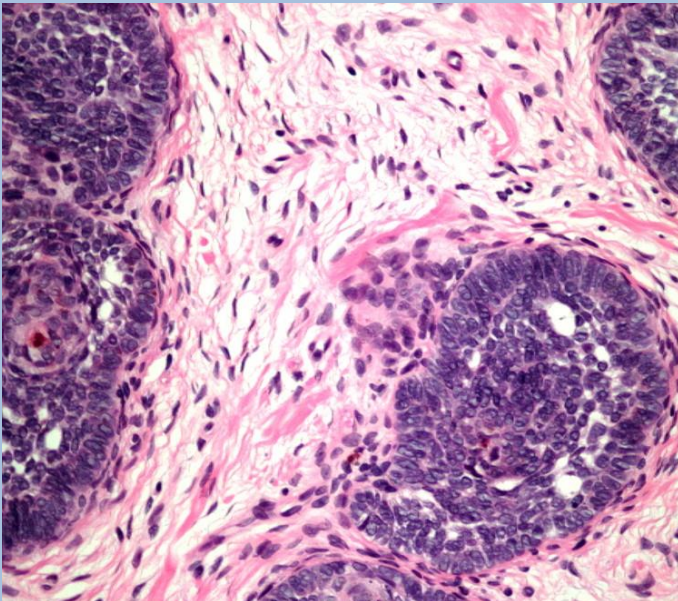
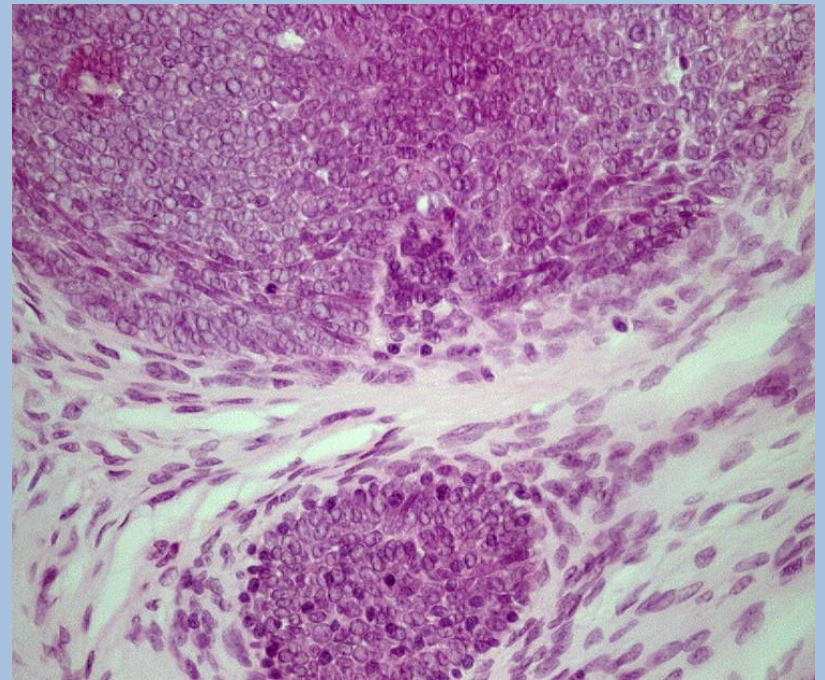


Trichoblastoma in sebaceous naevus

- Trichoblastoma
 - Multinodular, basaloid, palisaded
 - Keratocysts, calcium, “antler” pattern
 - FIBROMYXOCELLULAR STROMA
 - Papillary mesenchymal bodies
 - May be pigmentation, rippled pattern
 - Mitotic figures, apoptosis
 - Lack of pleomorphism, little clefting
 - Overlap with
 - Trichoepithelioma, cutaneous lymphadenoma

Trichoblastoma

Papillary mesenchymal bodies



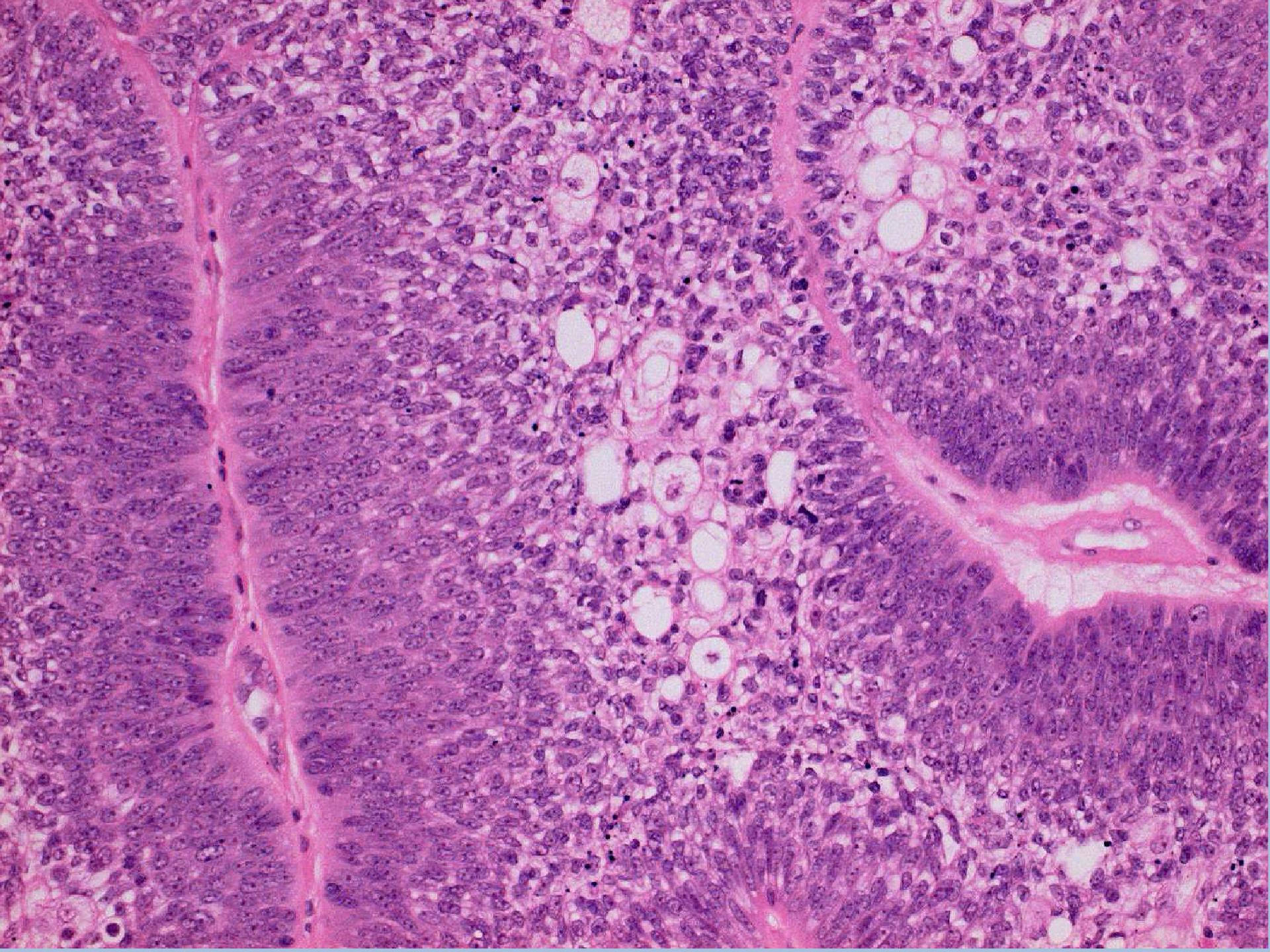
Naevus sebaceous

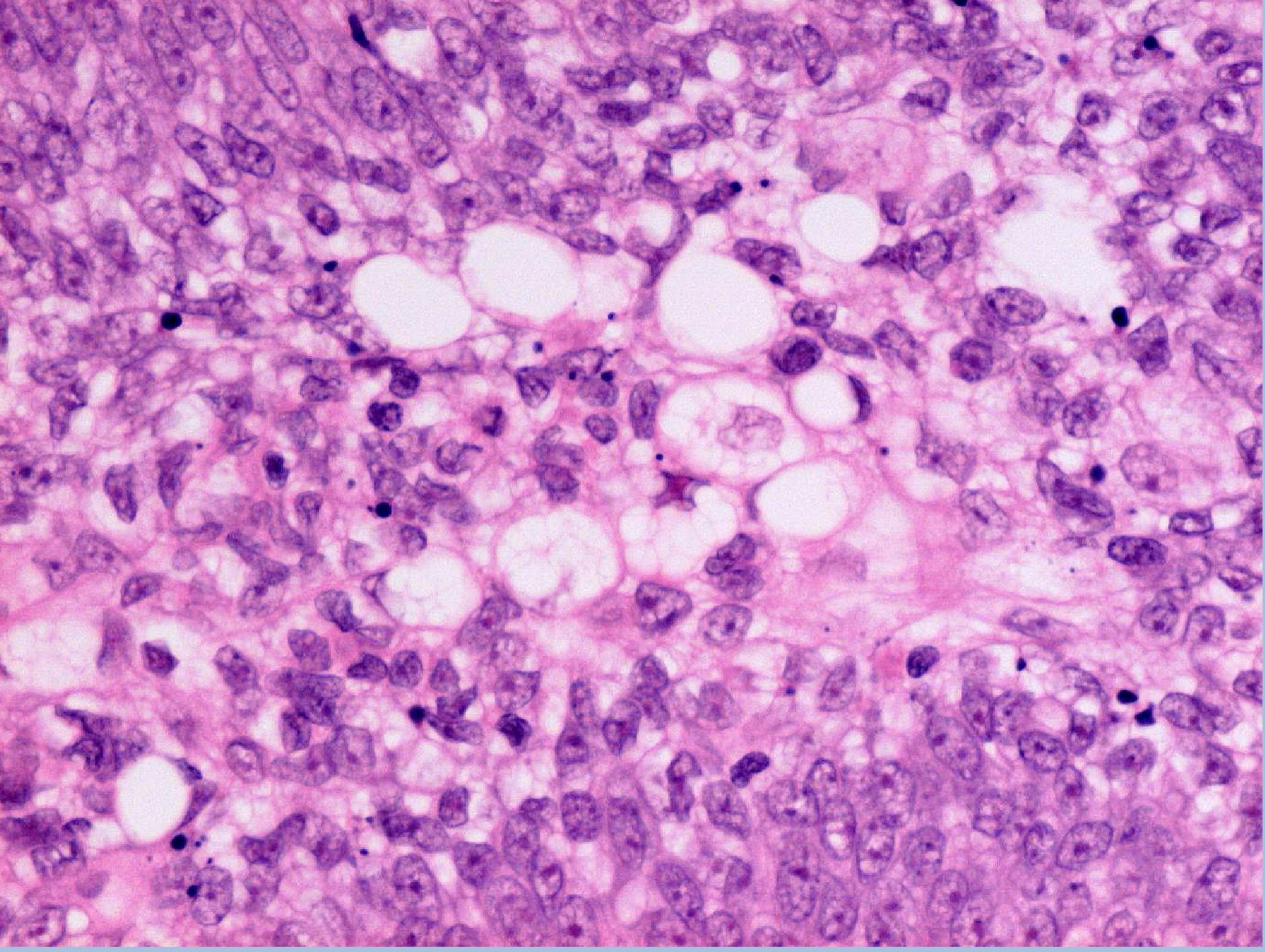
- Syringocystadenoma papilliferum
- Trichoepithelioma/trichoblastoma
- Trichilemmoma
- Sebaceous and benign sweat gland tumours
- Unclassifiable adnexal tumours
- *Basal cell carcinoma*
- Pilar leiomyoma, lipoma
- Seb k, virus wart, melanocytic naevus
- Other malignant tumours - rare

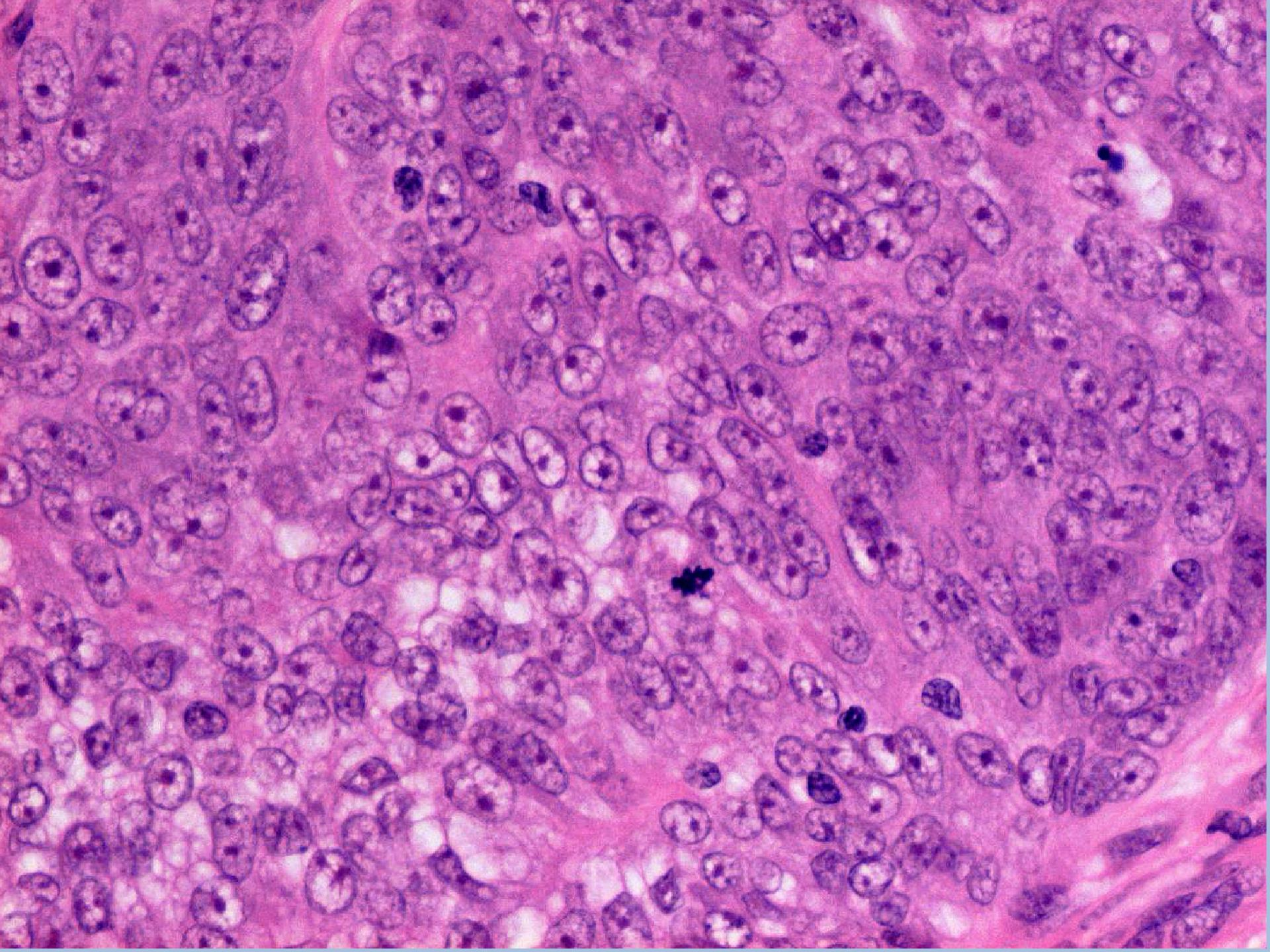
Case 17

- F84
- Lesion on right breast









Case 17

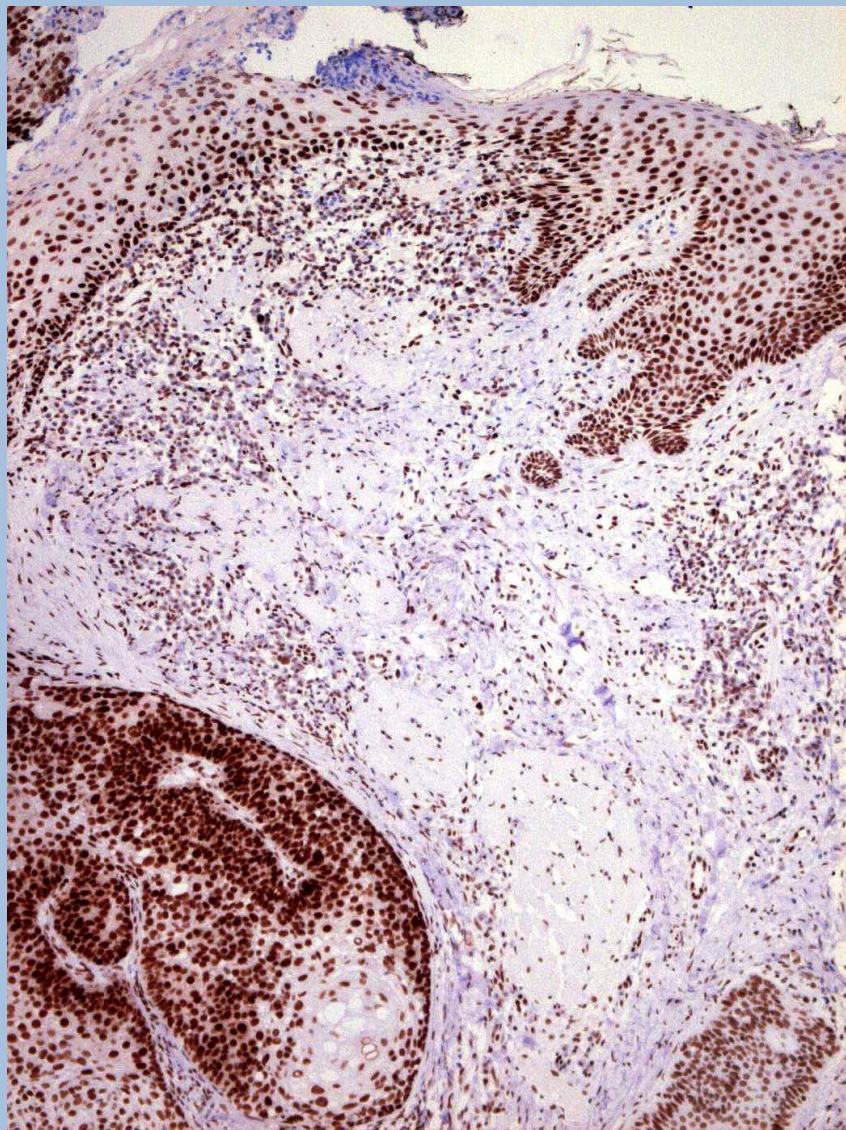
- Sebaceous tumour
 - Unusual site
 - Well circumscribed
 - Only focal sebocyte differentiation
 - Cytological atypia, mitotic figures

Sebaceous tumour

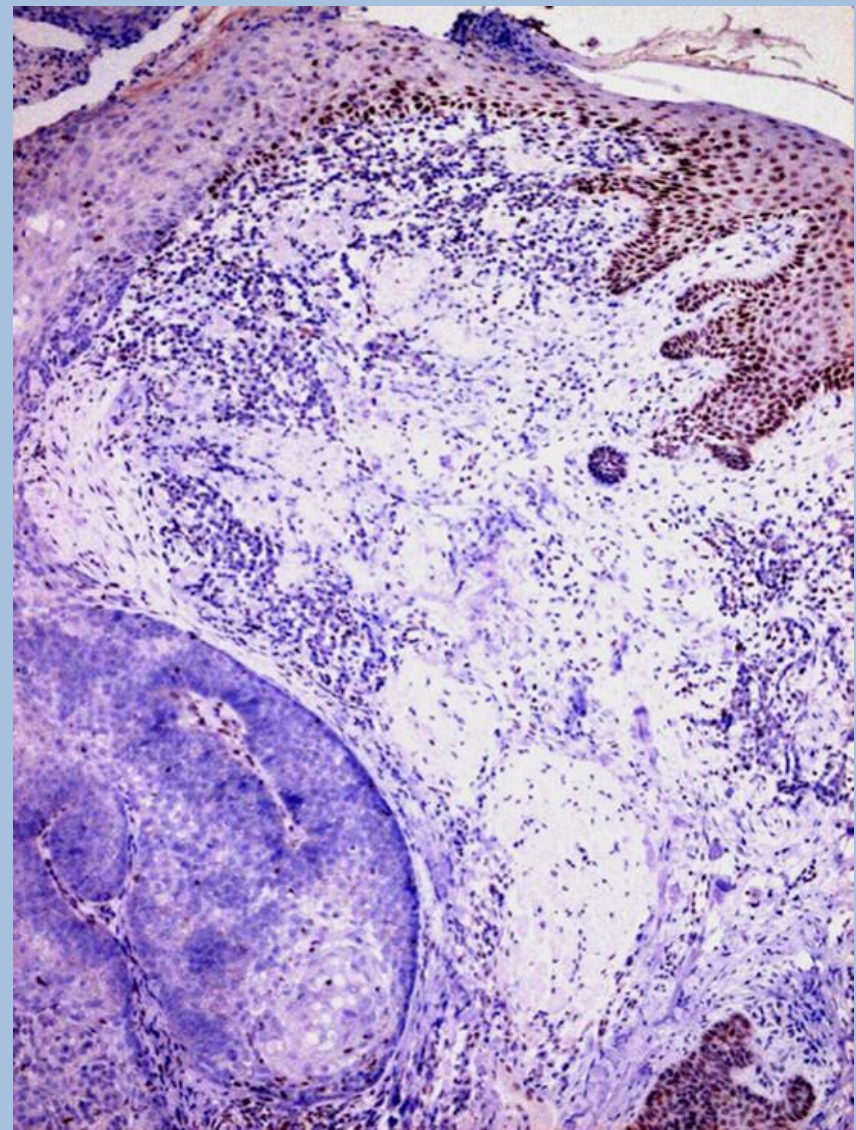
- Differential diagnosis:
 - Sebaceoma
 - Atypical sebaceous adenoma
 - Low-grade sebaceous carcinoma

Muir-Torre Syndrome (MTS)

- Loss of mismatch repair enzymes
- Part of the hereditary non-polyposis colorectal cancer complex
- Consider the diagnosis with all sebaceous tumours
 - positive clinical or family history
 - Atypical sebaceous tumours
 - Unusual site, atypical histology, cystic



MTS – MLH-1



MTS – MSH-2

Muir-Torre syndrome

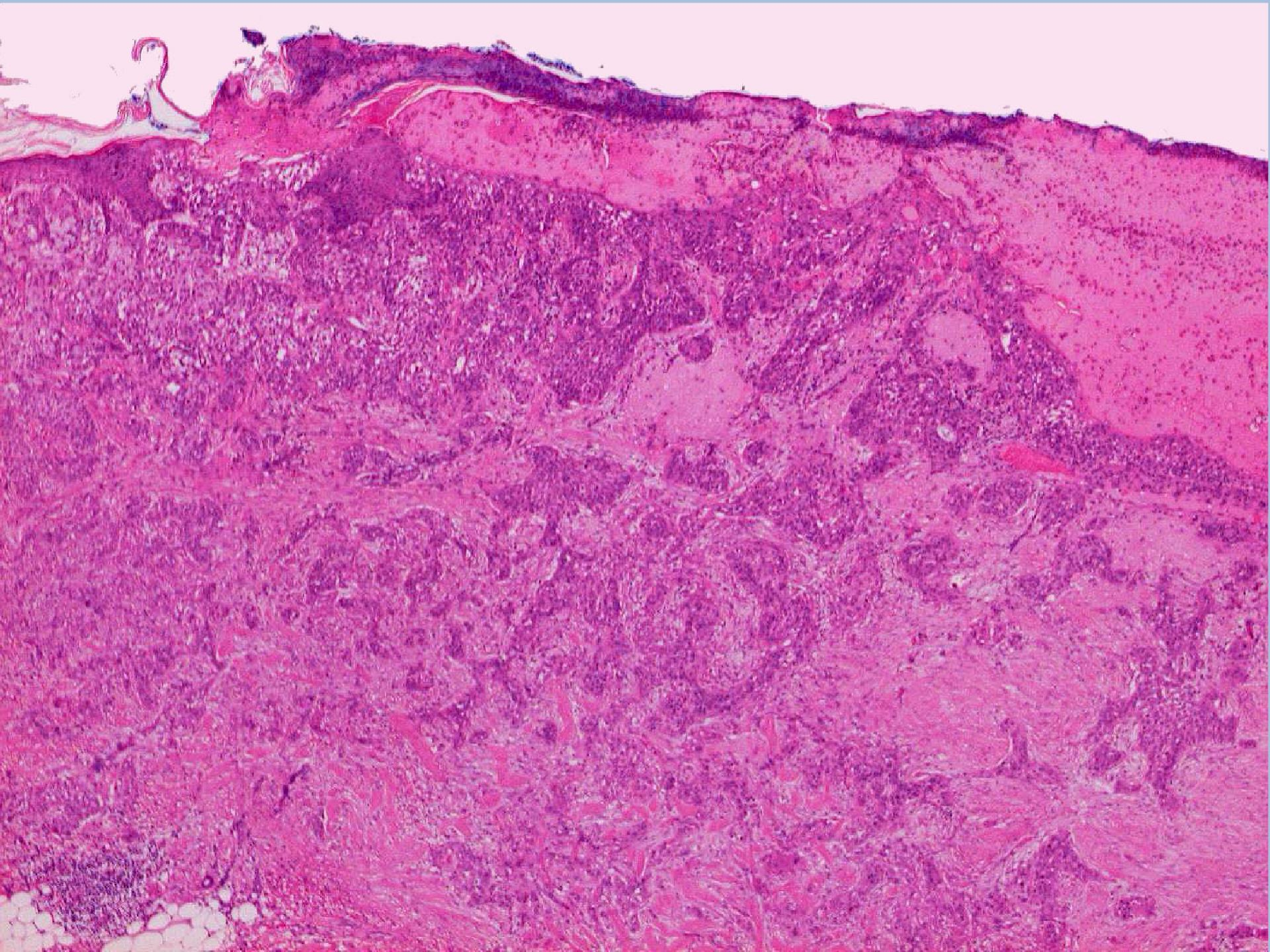
- Usually MSH-2 loss
- Visceral neoplasia:
 - Colorectal
 - Bladder, renal pelvis
 - Endometrium
 - Breast
 - Haematological

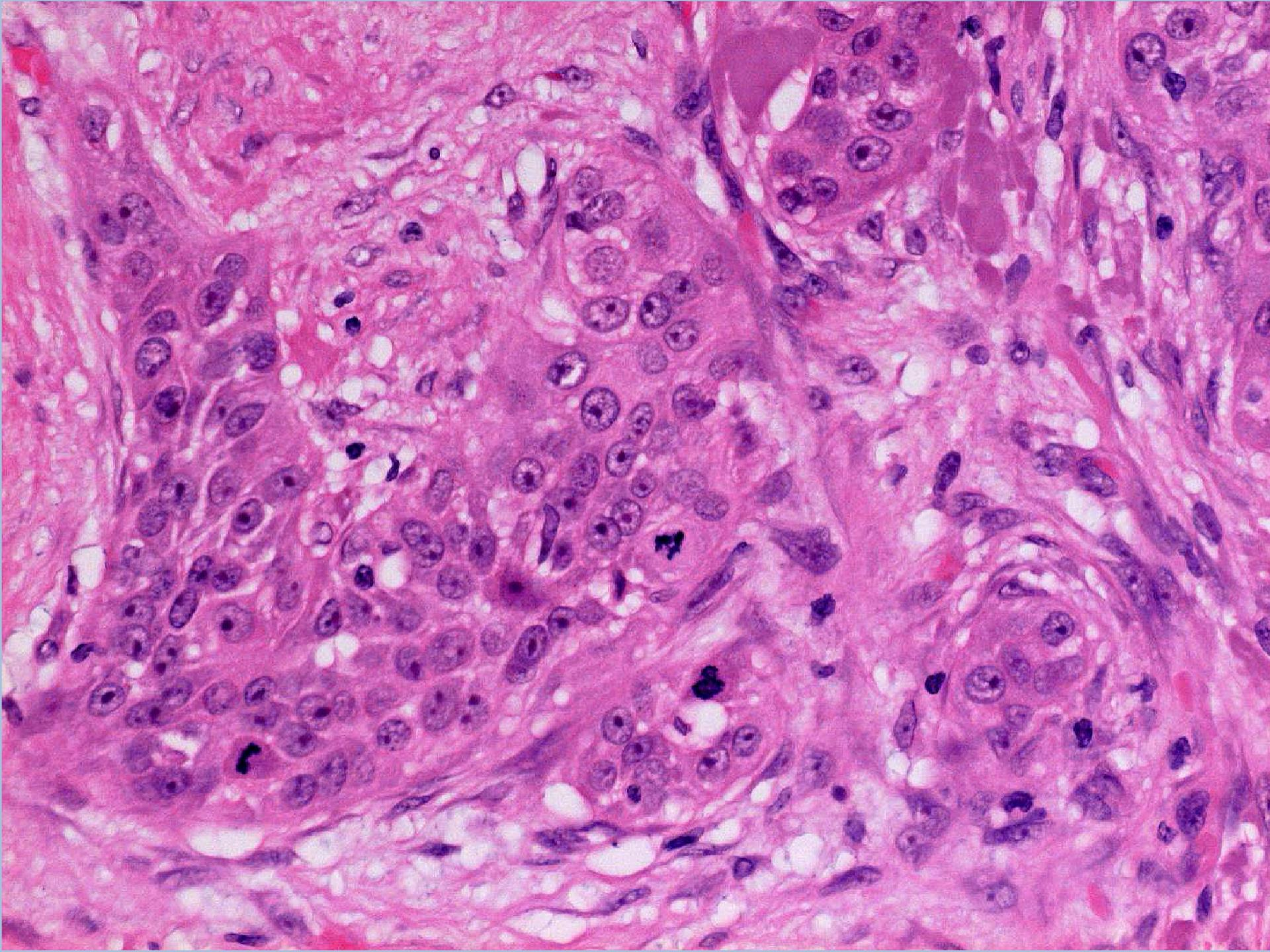
MTS

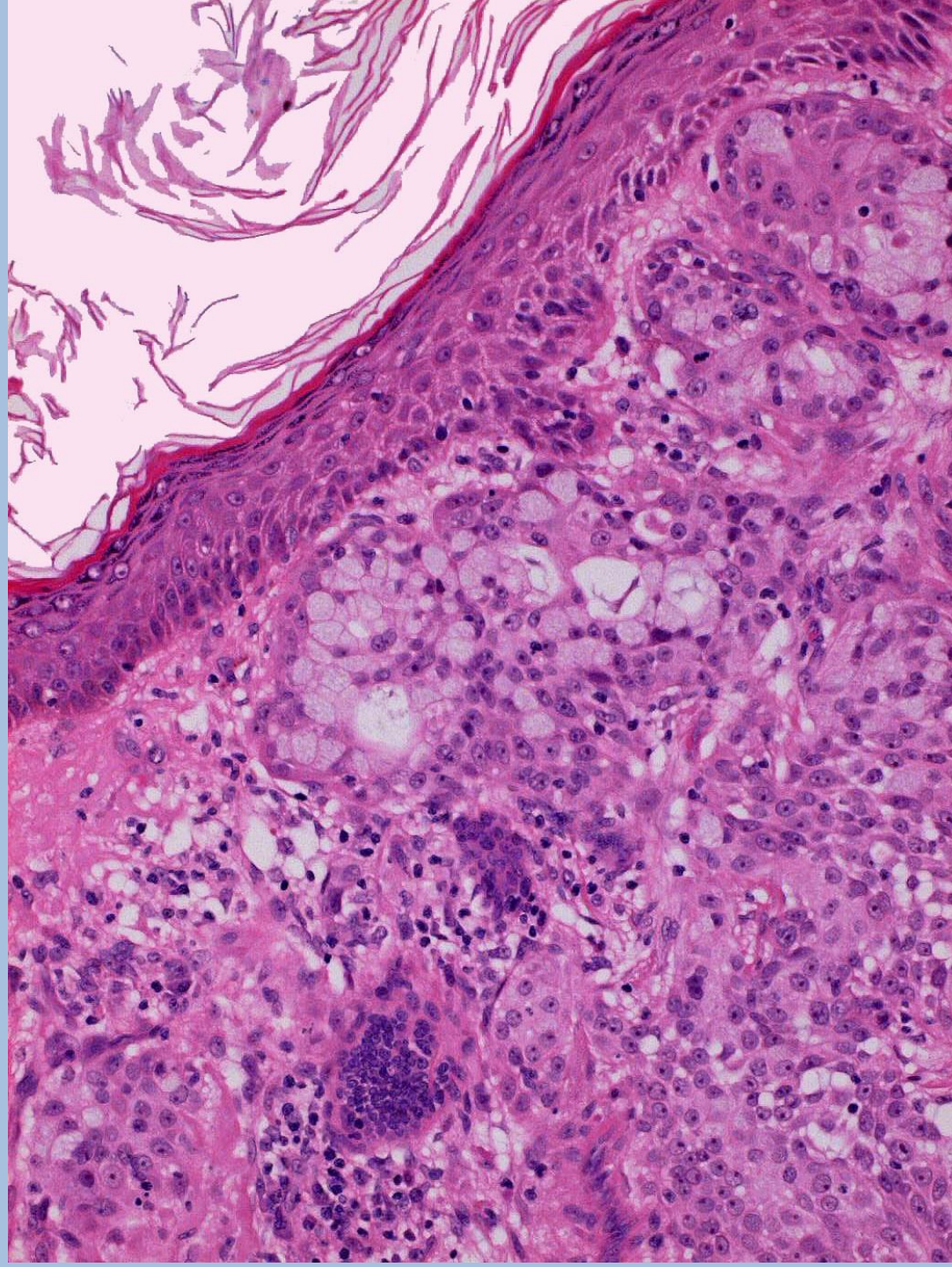
- Atypical tumours/"low-grade carcinoma"
 - No cases of metastatic disease so far
 - Cured by complete excision

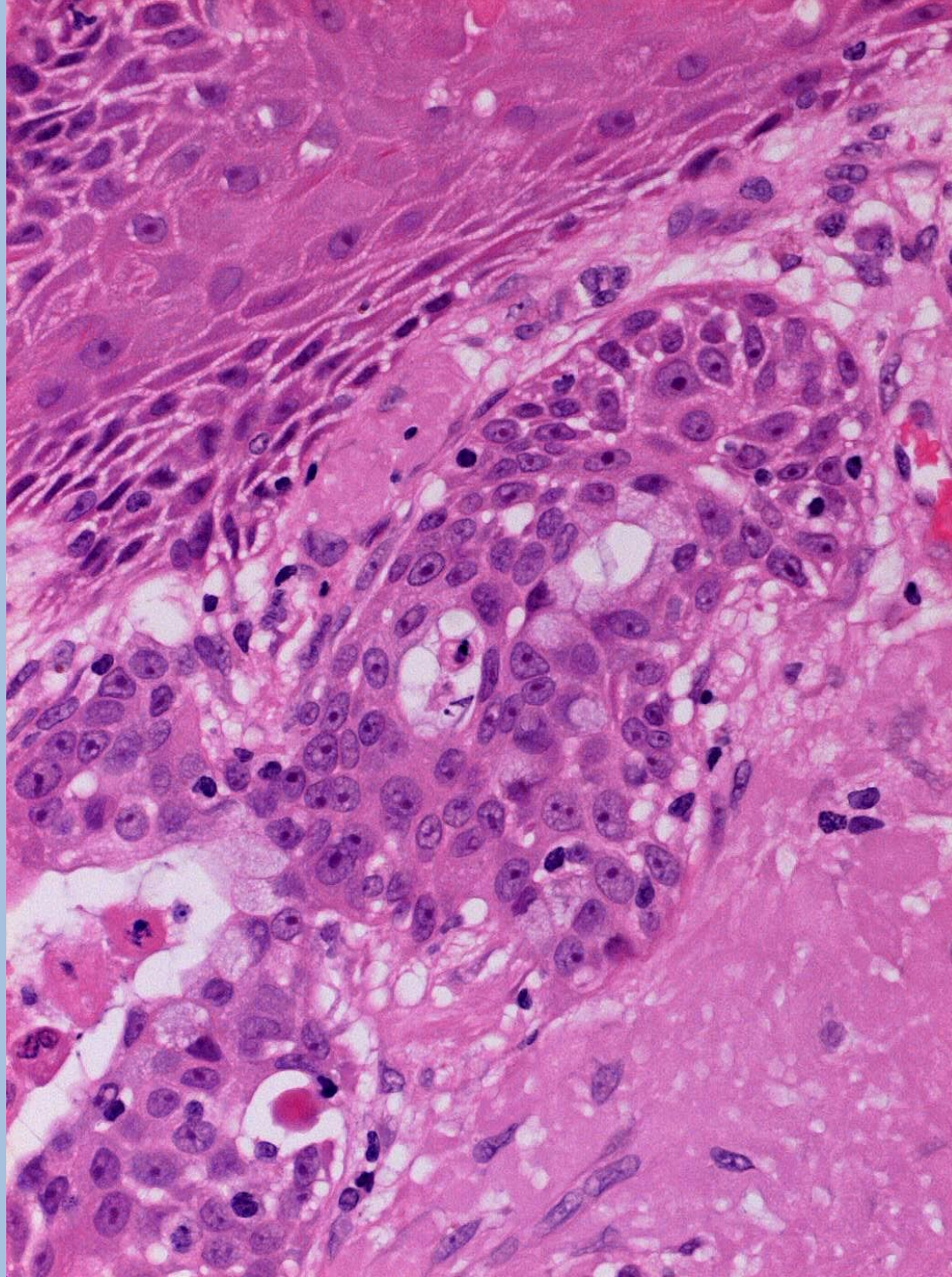
Case 18

- M 95
- Left cheek tumour

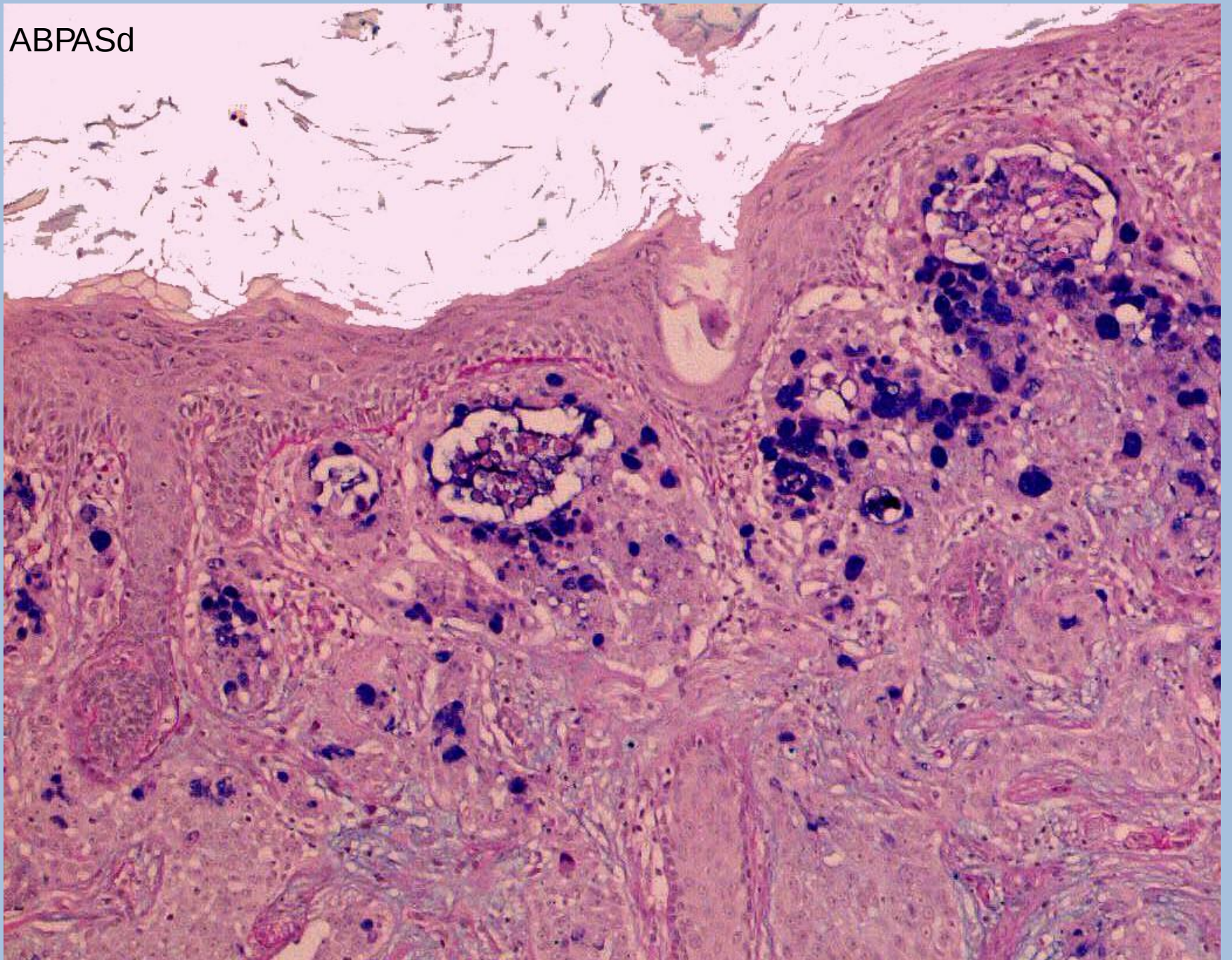








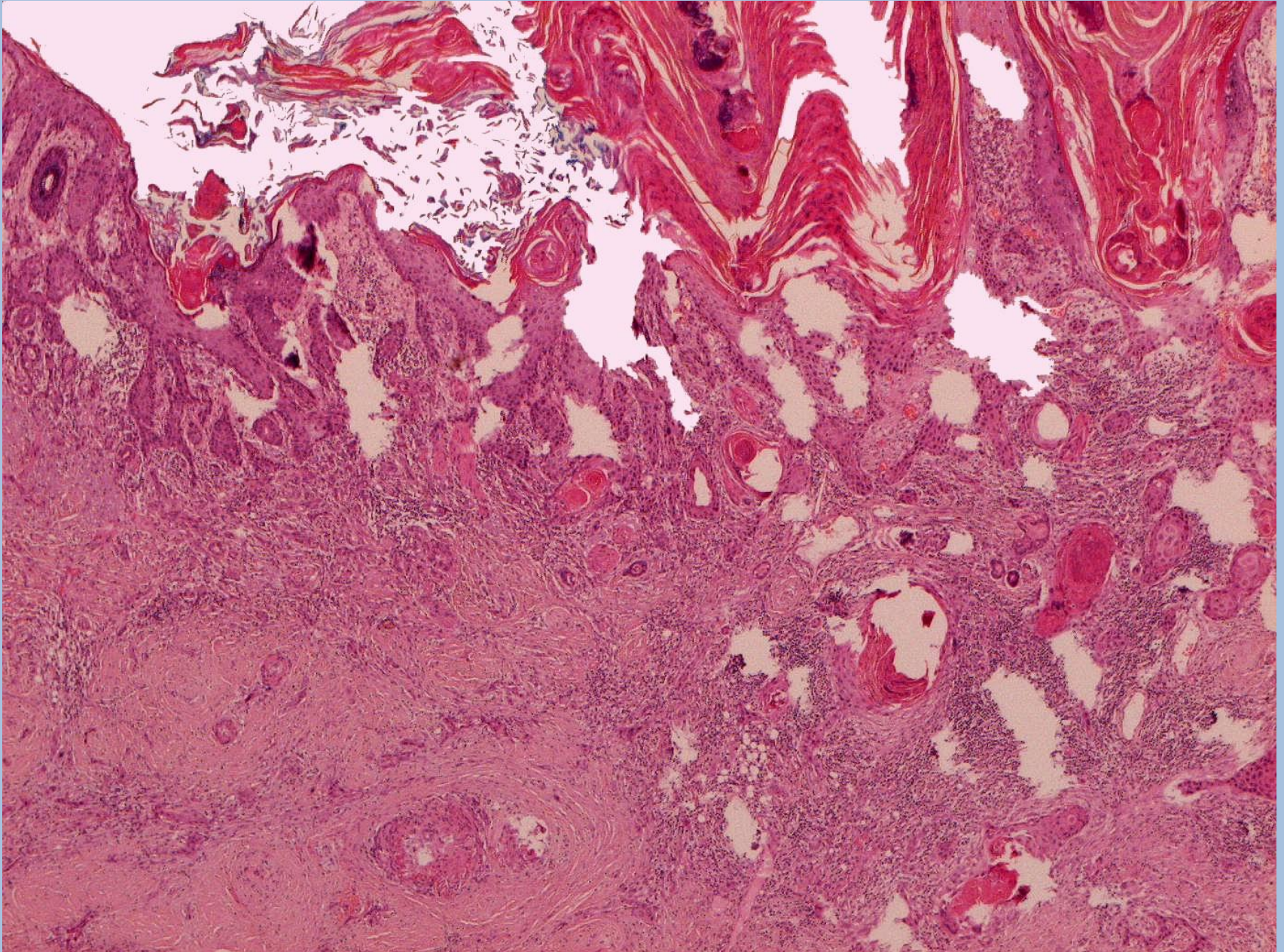
ABPASd



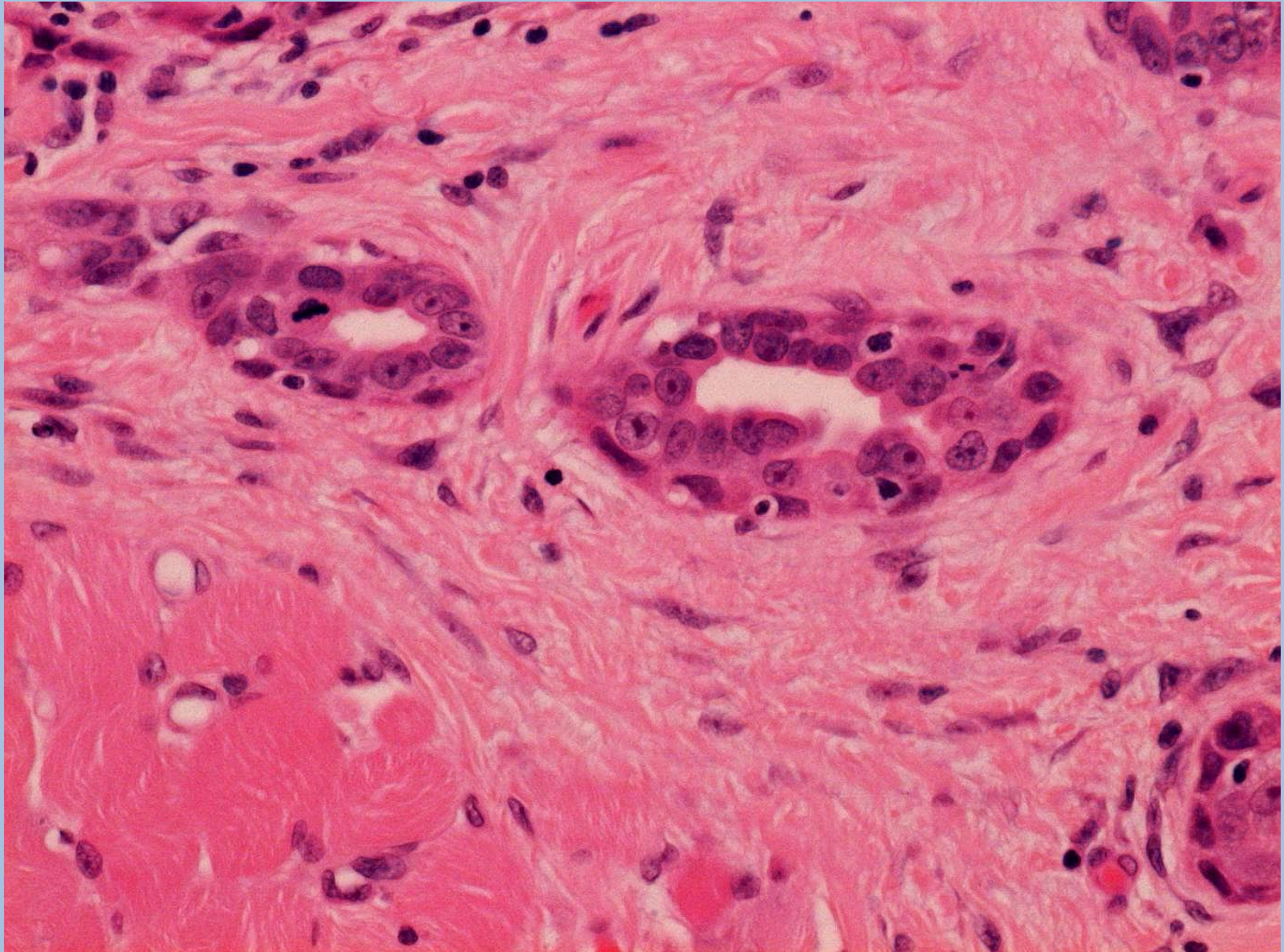
Case 18

- Adenosquamous carcinoma
 - Elderly
 - Sun-exposed – head and neck
 - Relatively poor prognosis
 - Squamous cell carcinoma component with local origin
 - 2 subtypes
 - Mucoepidermoid
 - Glandular (adenosquamous)

Adenoasquamous carcinoma



Adenosquamous carcinoma

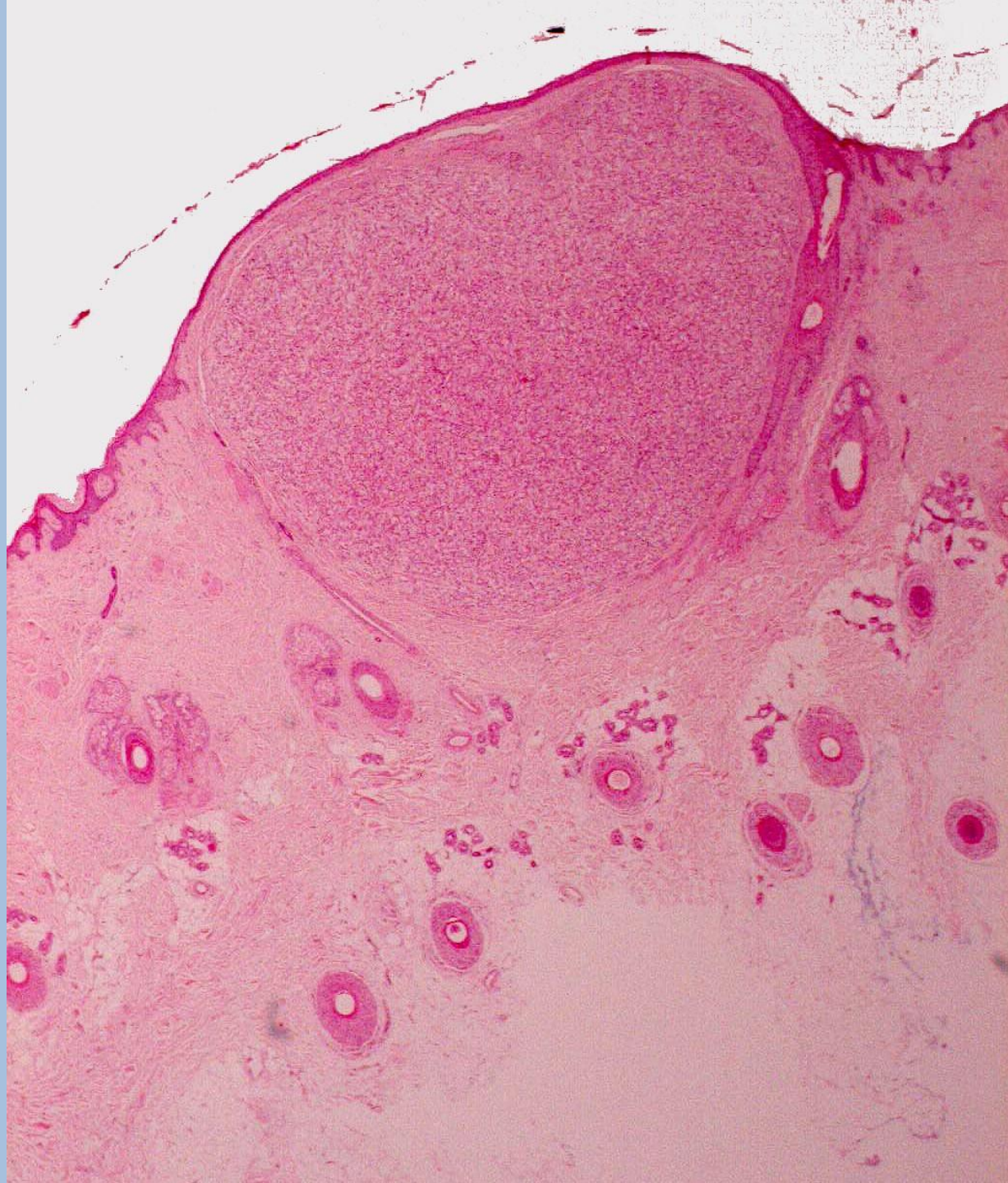


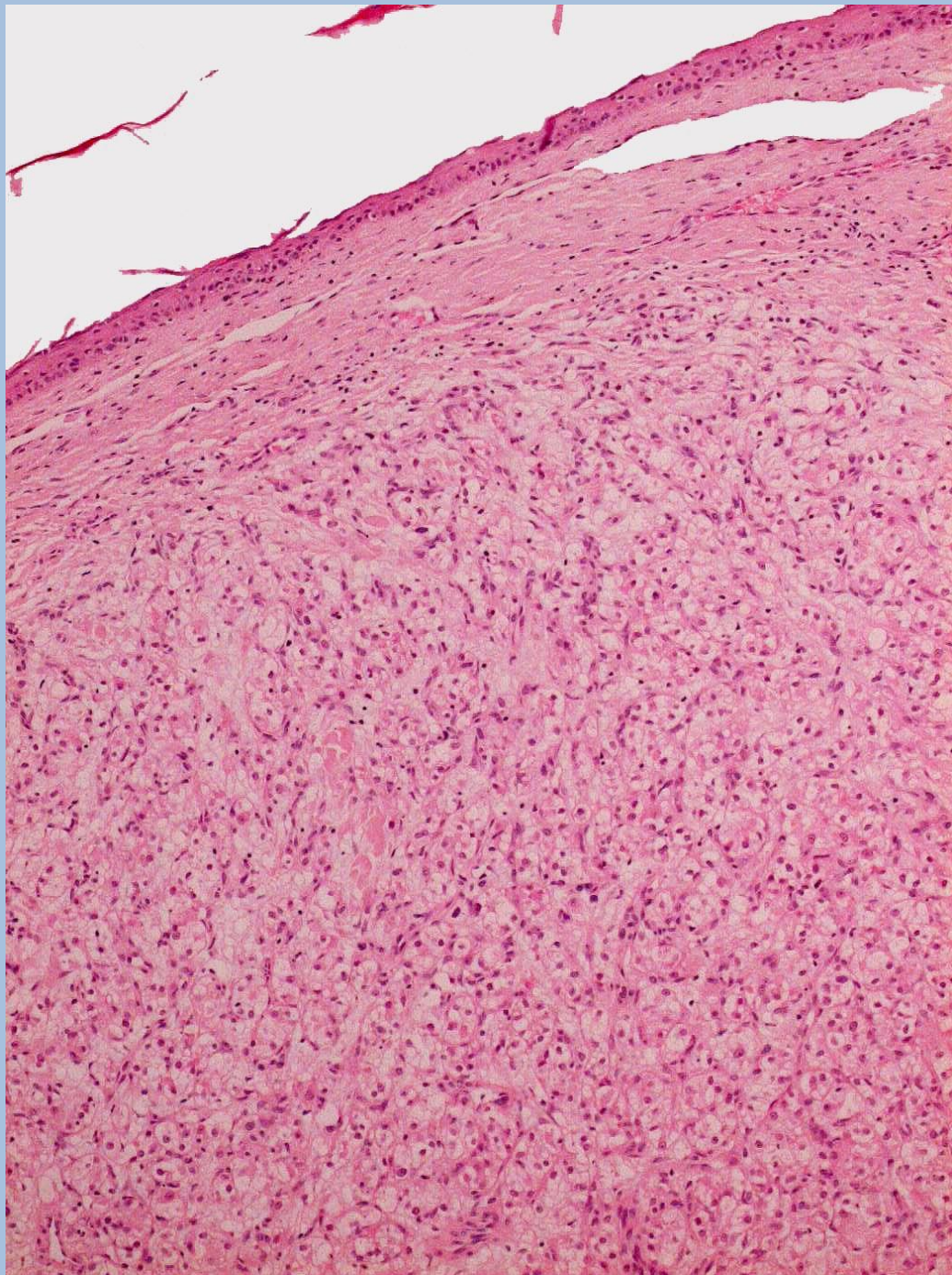
Adenosquamous cell carcinoma

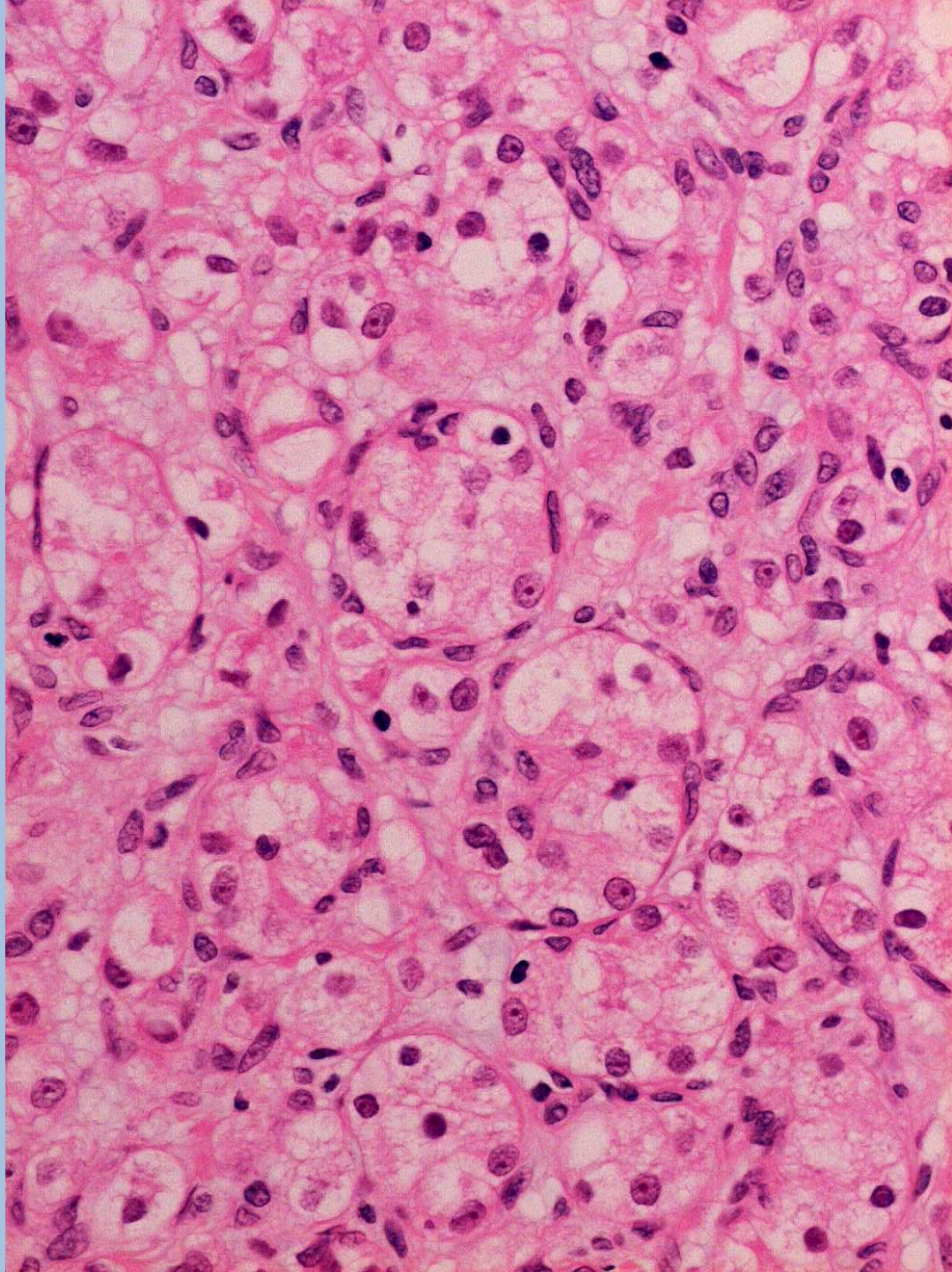
- Differential diagnosis
 - Acantholytic SCC
 - Pseudovascular SCC
 - Metastatic adenocarcinoma - lung
 - Underlying salivary mucoepidermoid carcinoma
 - Microcystic adnexal carcinoma
 - Minimal cytological atypia

Case 19

- F77
- Post-auricular mass







Case 19

- Malignant clear cell tumour
 - Clear cell SCC, Bowen's disease
 - Malignant melanoma
 - Hidradenocarcinoma
 - Sebaceous carcinoma
 - Porocarcinoma
 - Basal cell carcinoma
 - Trichilemmal carcinoma
 - Microcystic adnexal carcinoma
 - Clear cell AFX
 - Clear cell sarcoma
 - Metastasis
 - Renal cell, bronchus, ovary, endometrium, liver, melanoma

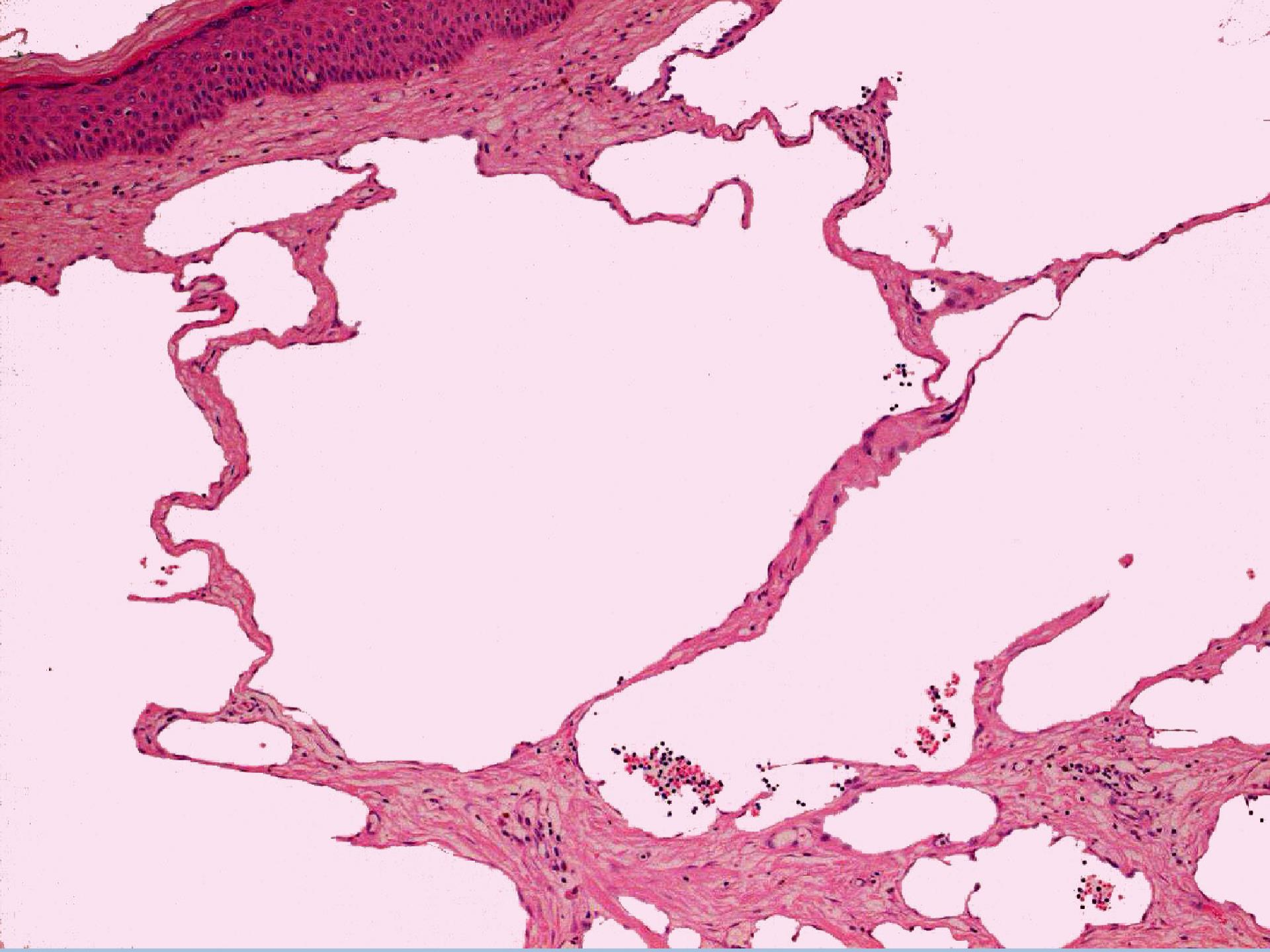
Metastatic clear cell renal cell carcinoma

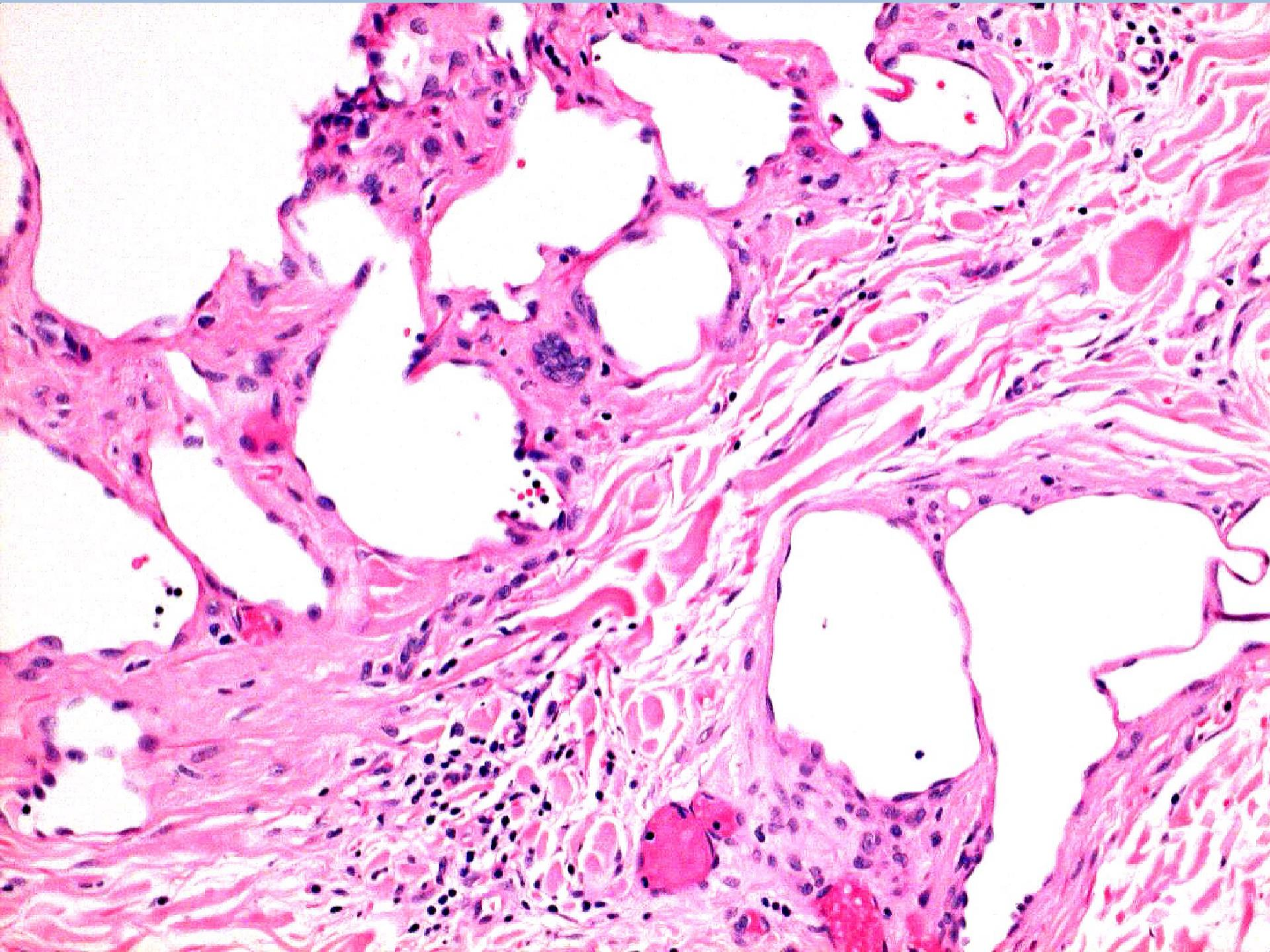
- Head and neck
 - May be solitary, nose
- Often haemorrhage
- +ve for:
 - cytokeratin
 - CD10
 - Vimentin

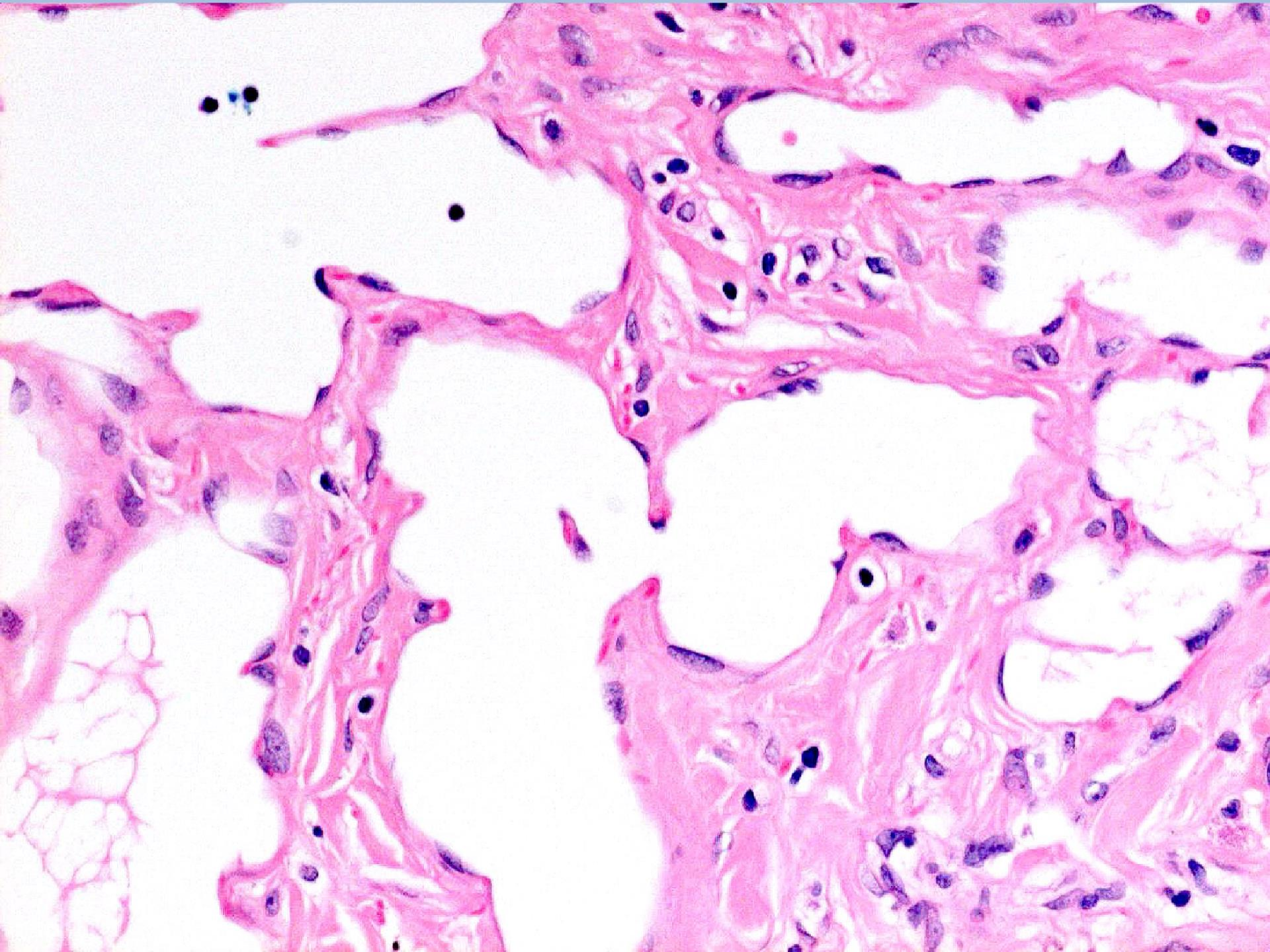
Case 20

- F57
- History of breast cancer treated with radiation.
Area with multiple papules on left breast ?
Cutaneous metastases









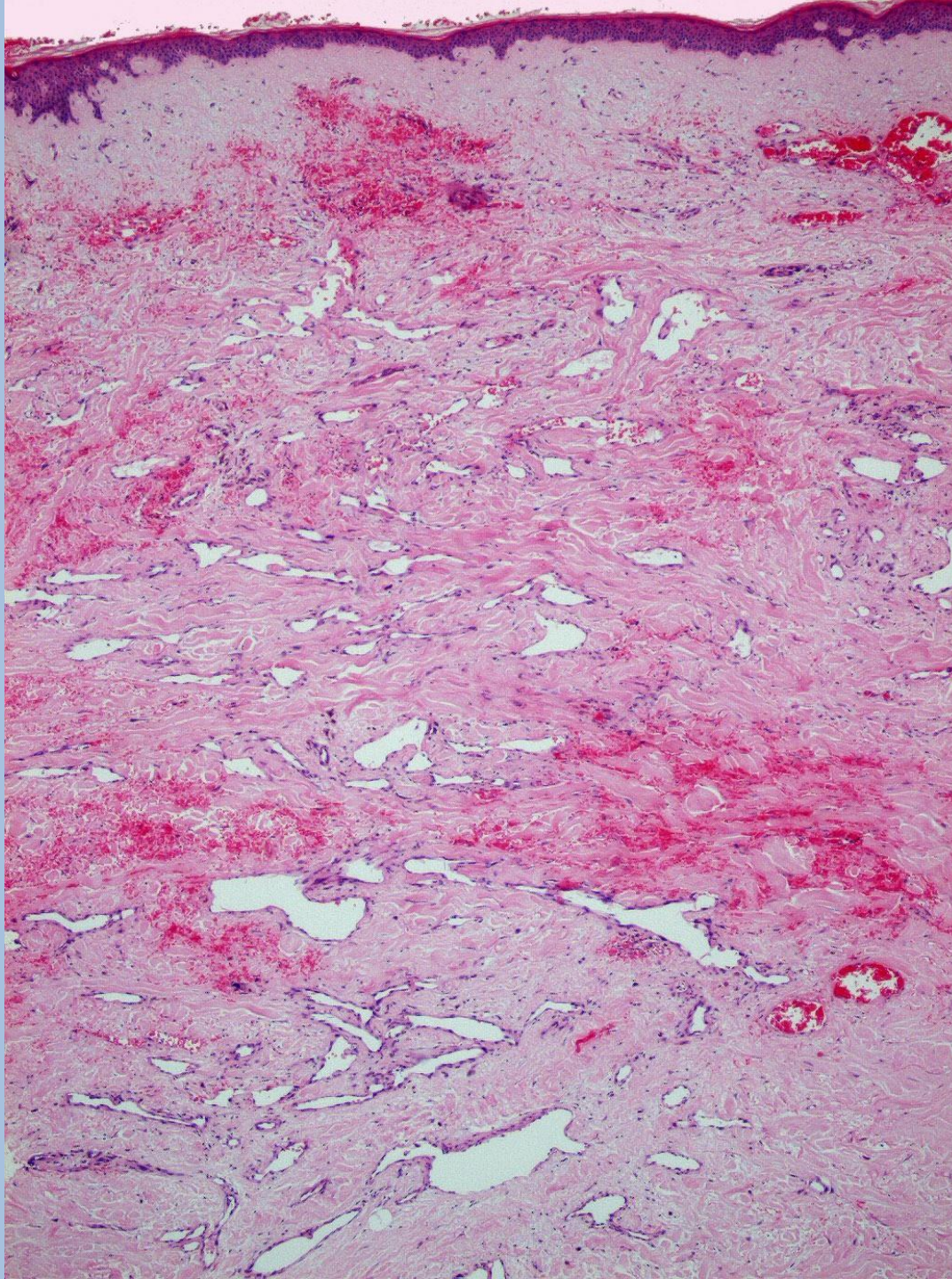
Case 20

- Vascular lesions after radiotherapy
 - Atypical vascular lesion (AVL) after radiotherapy
 - (Lymphangioma, acquired progressive lymphangioma)
 - Angiosarcoma

Atypical vascular lesion after radiotherapy

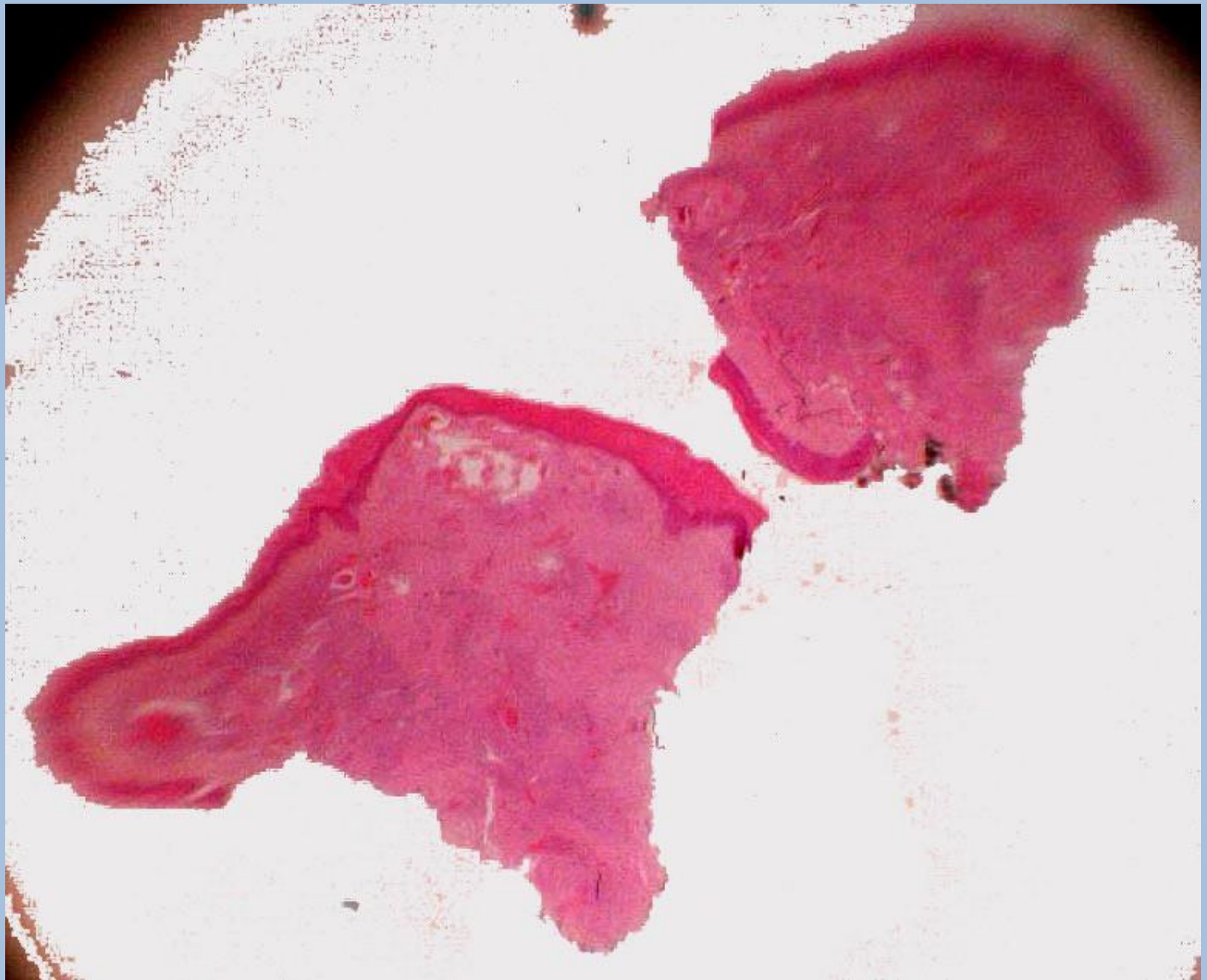
- Months to years after treatment
- Multiple papules and macules
- Occasional reports of angiosarcoma development
- Well circumscribed
- Superficial dilated vessels, may be more irregular in deep dermis
- May be some hobnail cells, papillary projections
- No atypia, no multilayering, no mitotic figures
- Diff dx: well differentiated angiosarcoma
 - c-myc

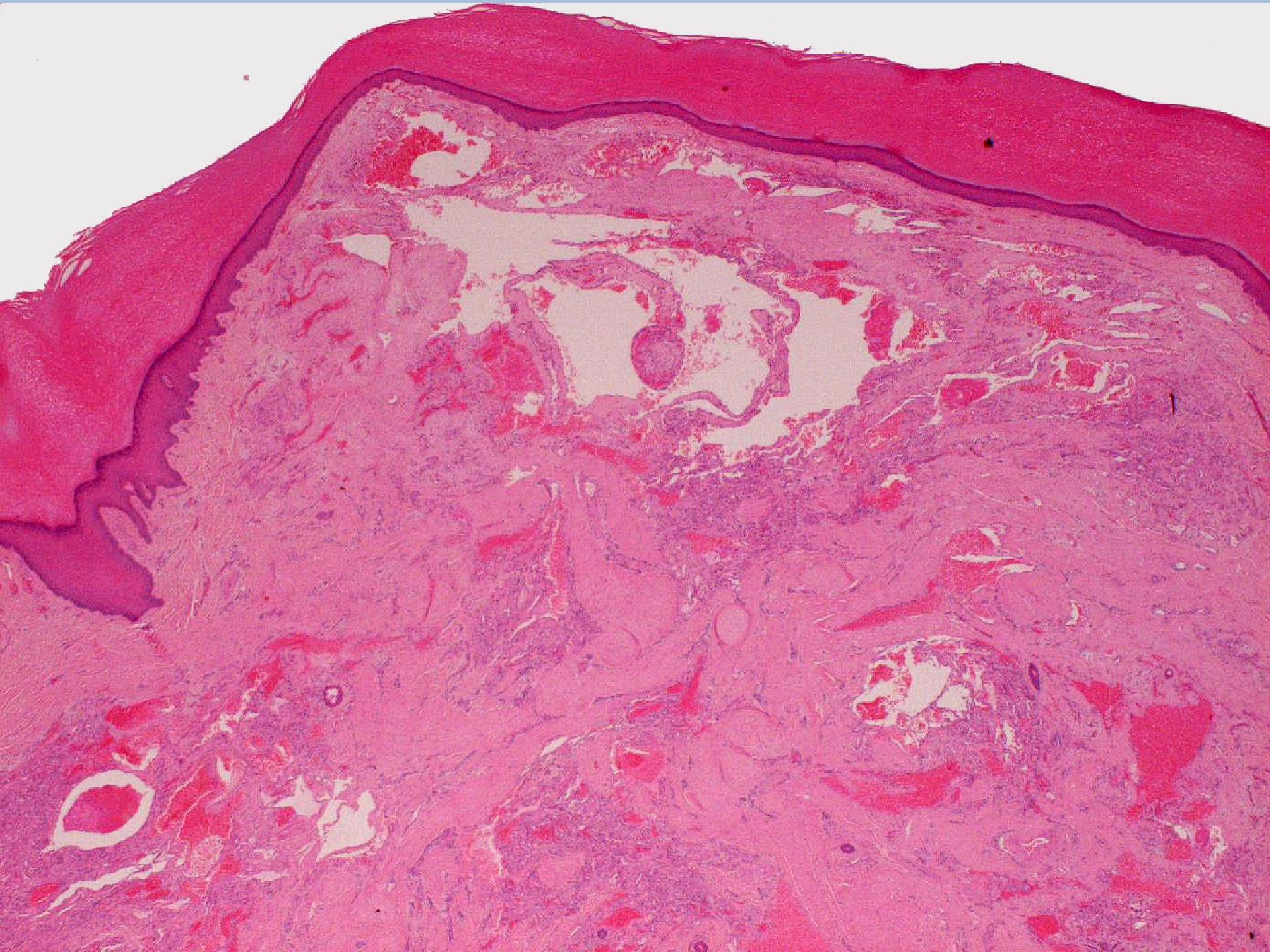
Post radiation
well
differentiated
angiosarcoma

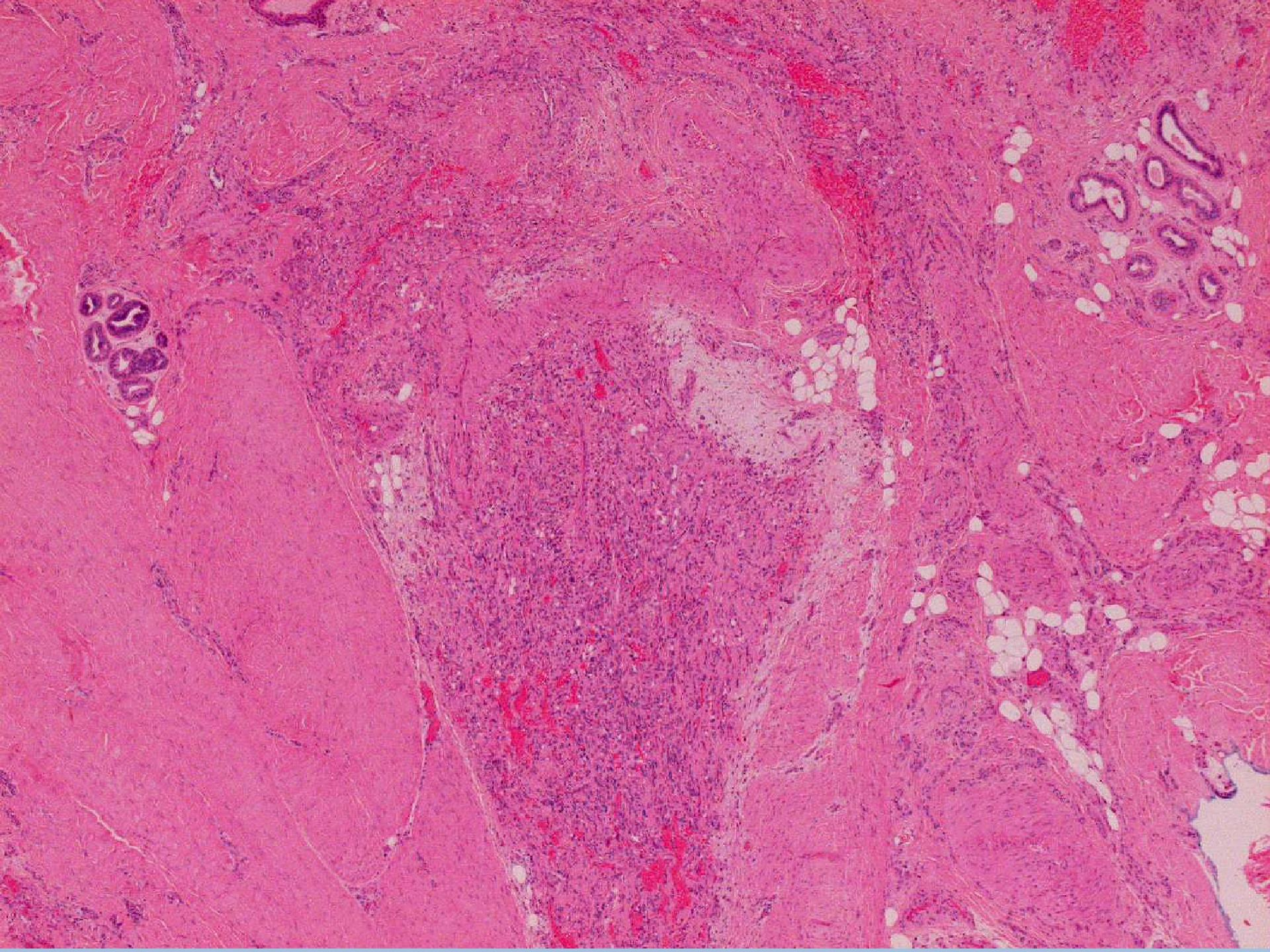


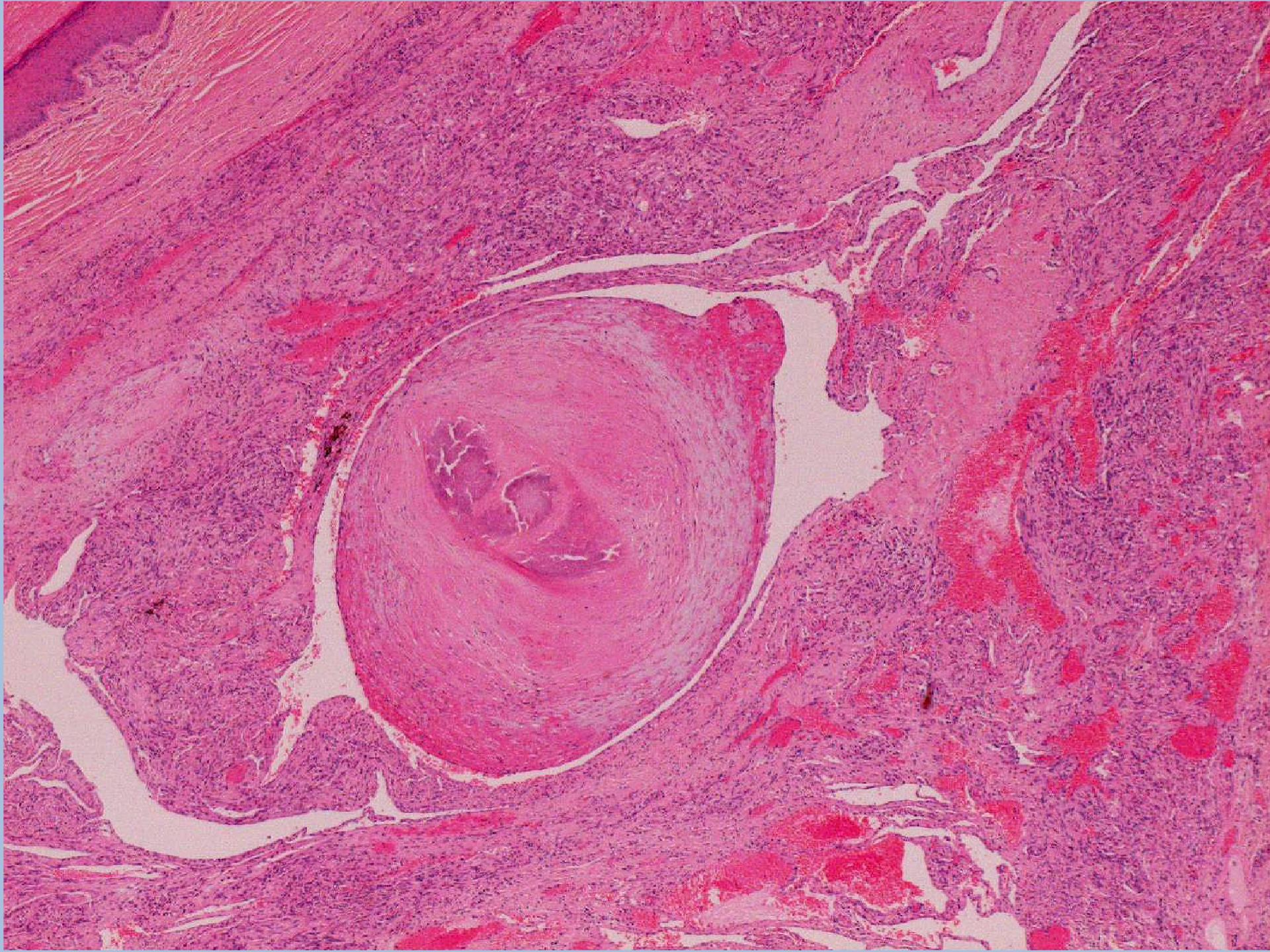
Case 21

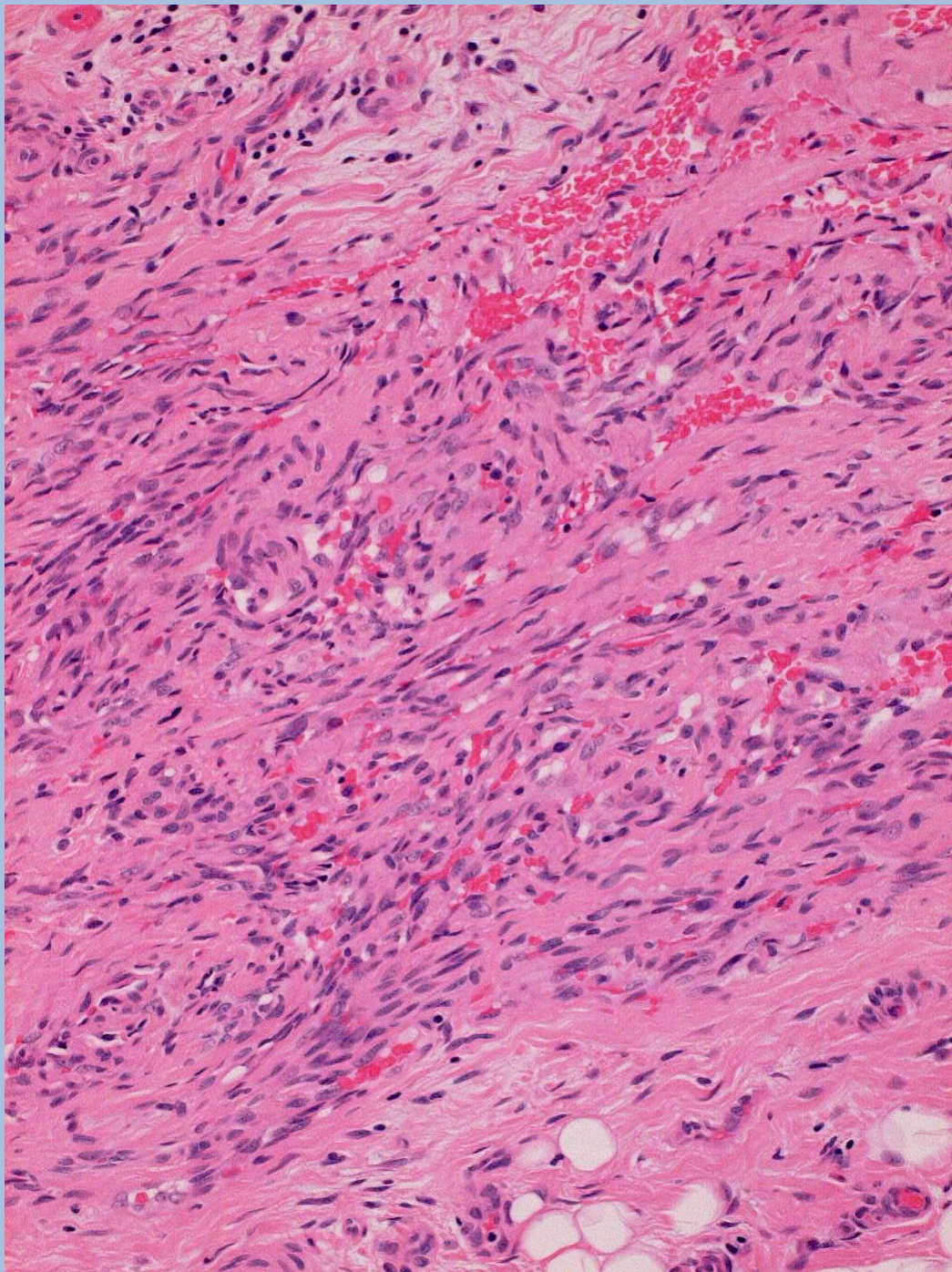
- M 25
- Nodule on right 5th toe

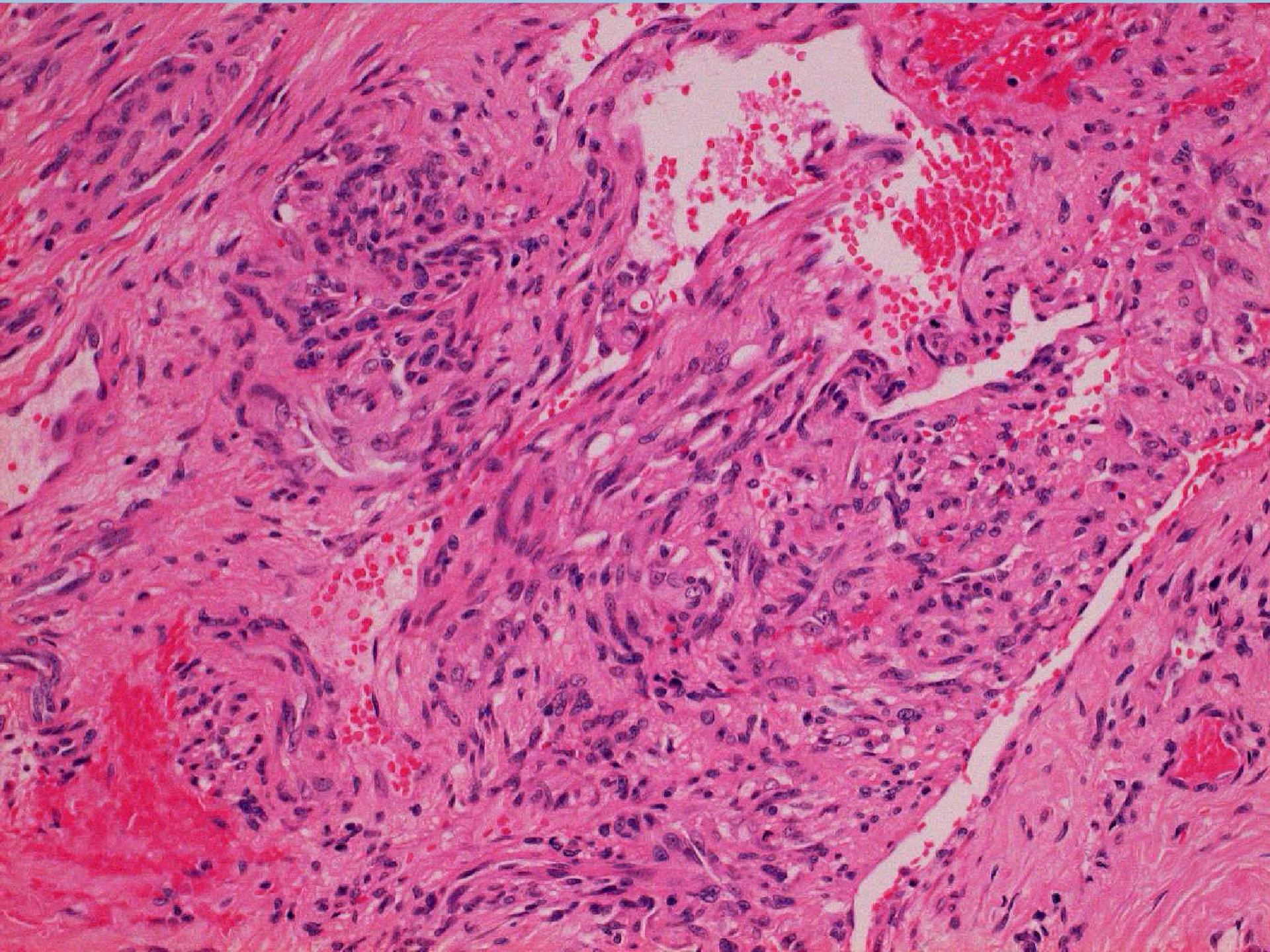


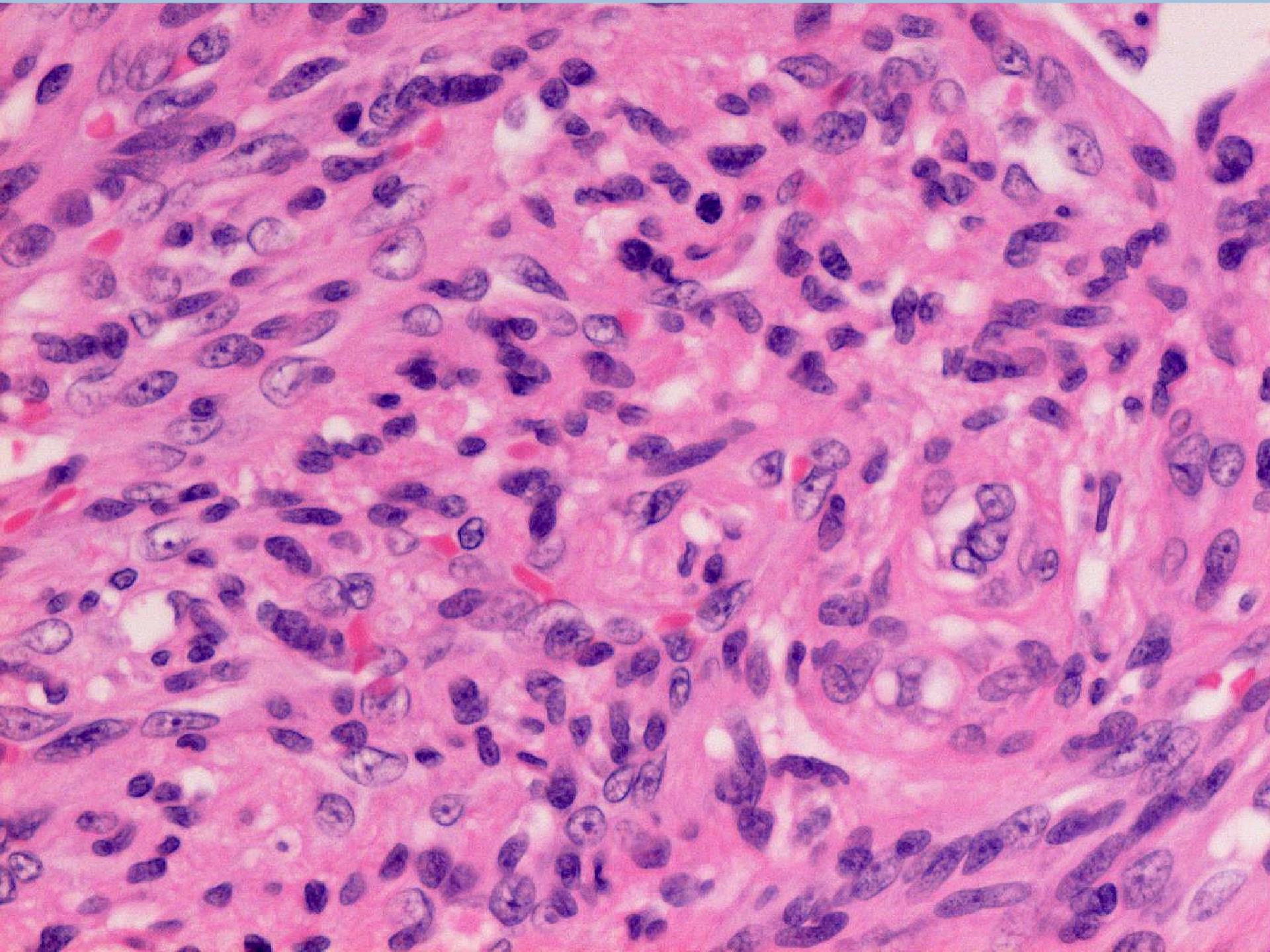


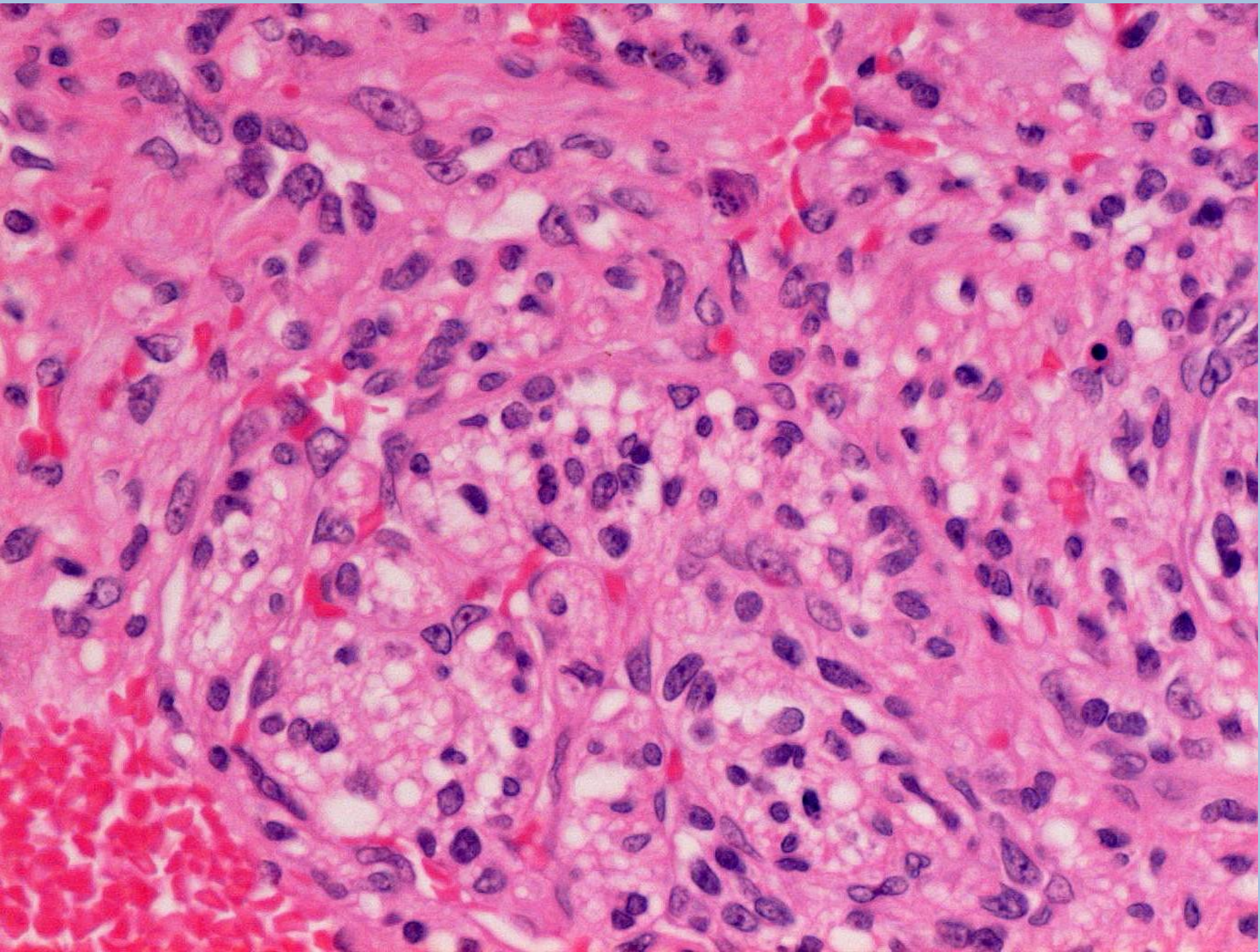


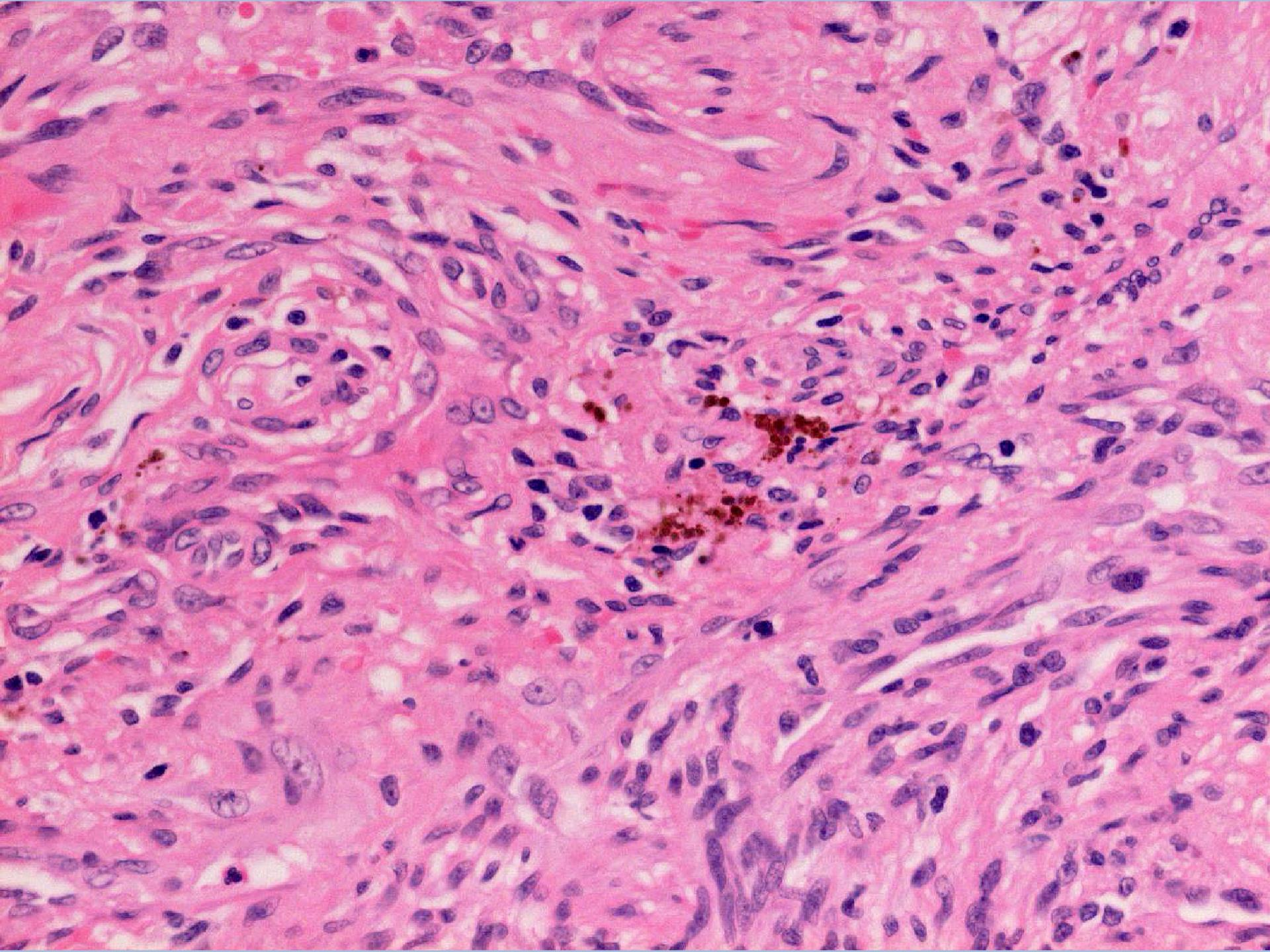






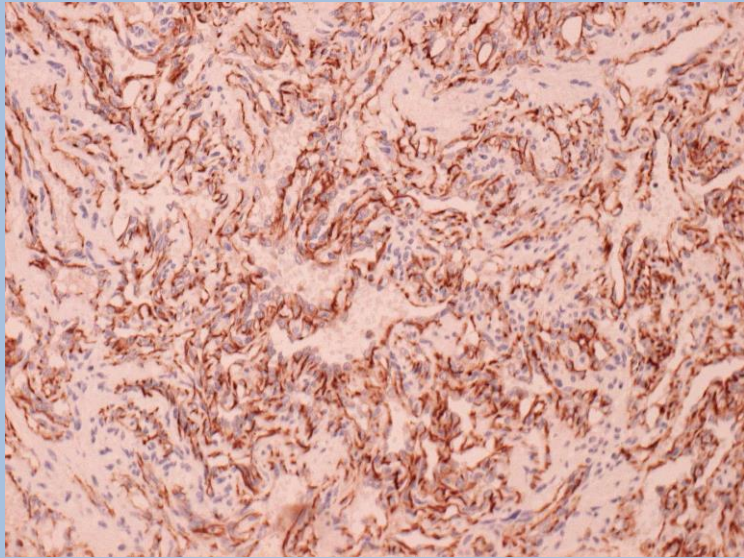




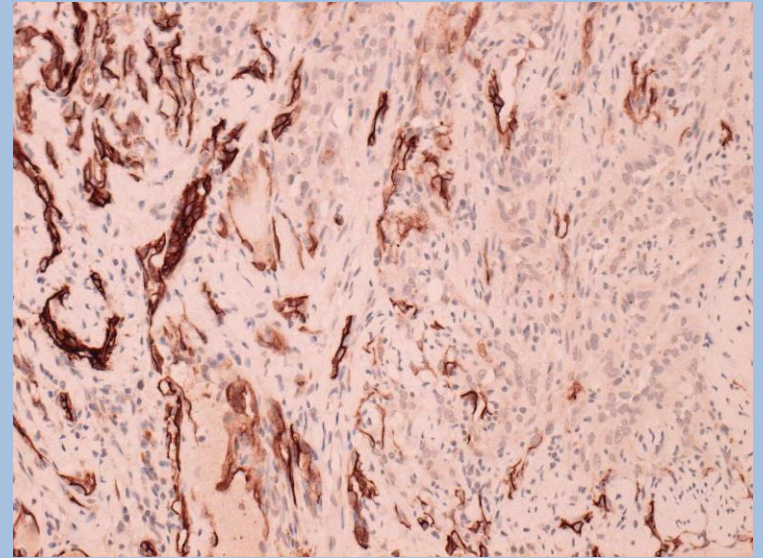


Case 21

- Spindle cell haemangioma
 - Benign haemangioma
 - Associated with vascular malformations
 - Also
 - congenital lymphoedema
 - Klippel-Trenaunay
 - Maffucci's

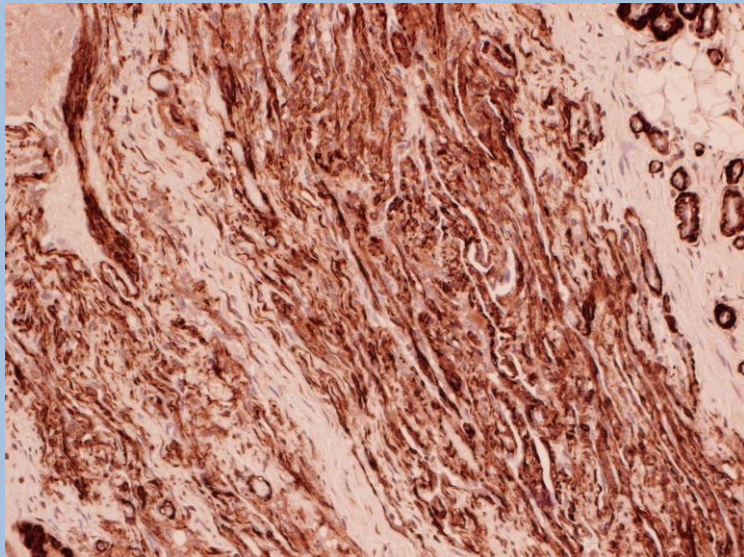


CD31



CD34

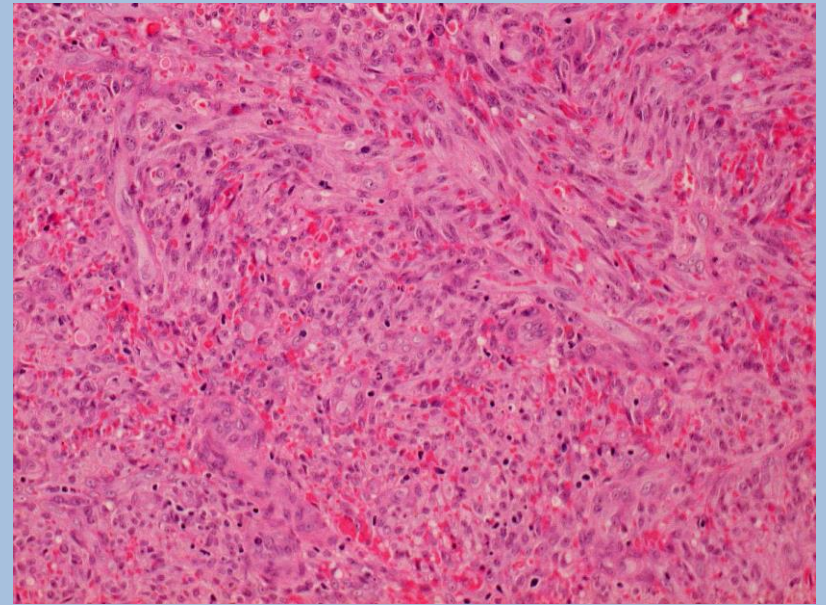
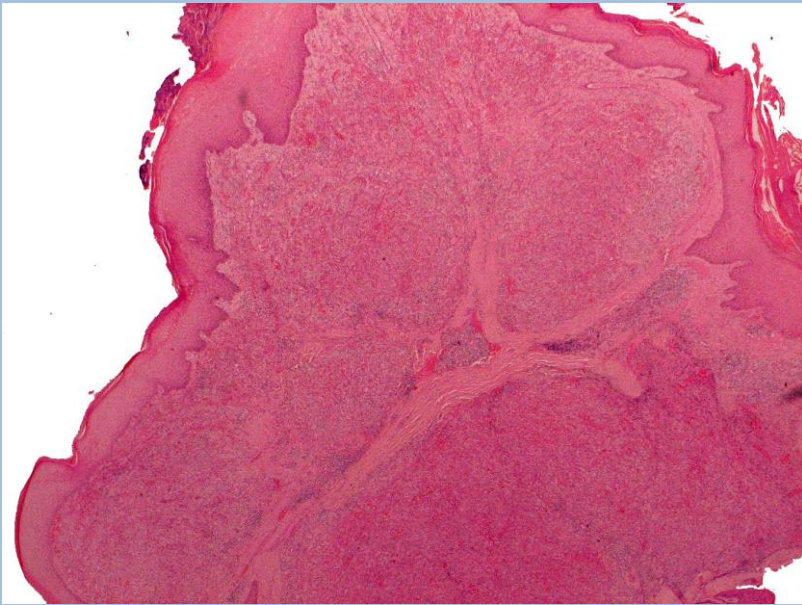
Actin



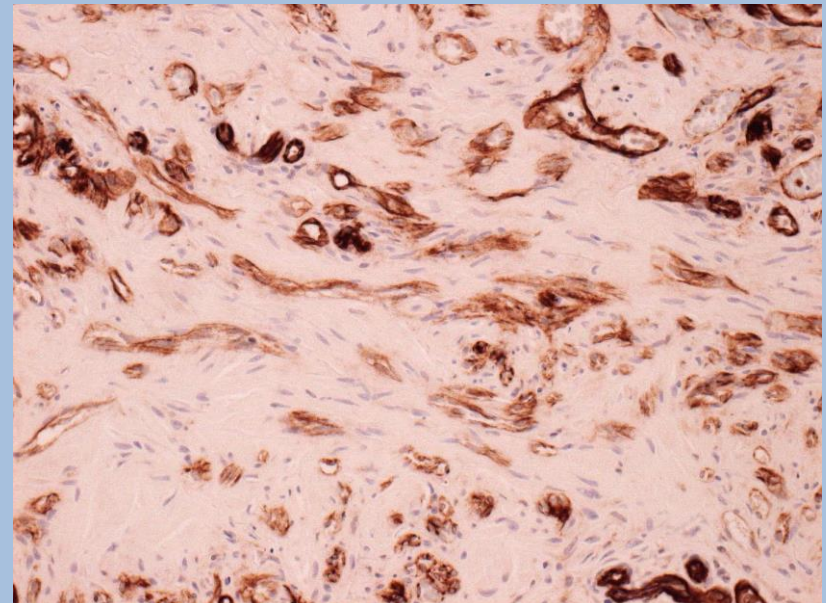
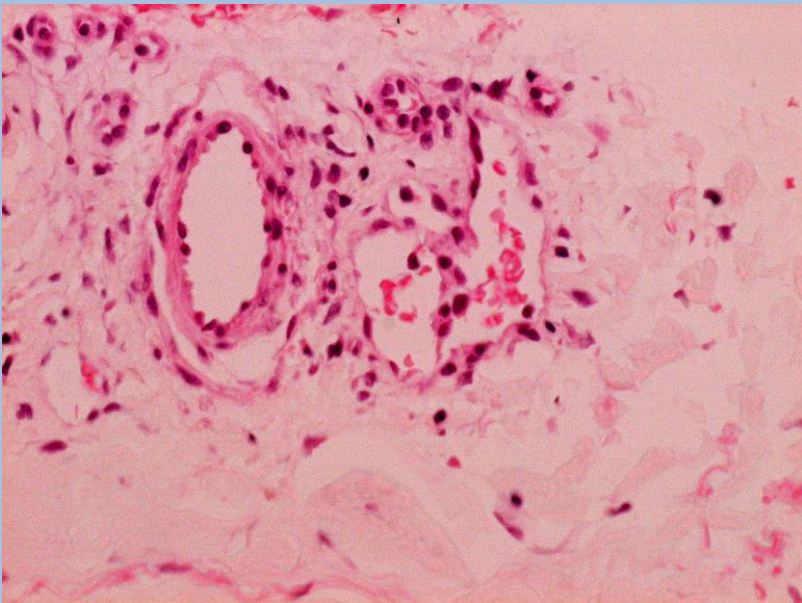
Spindle cell haemangioma

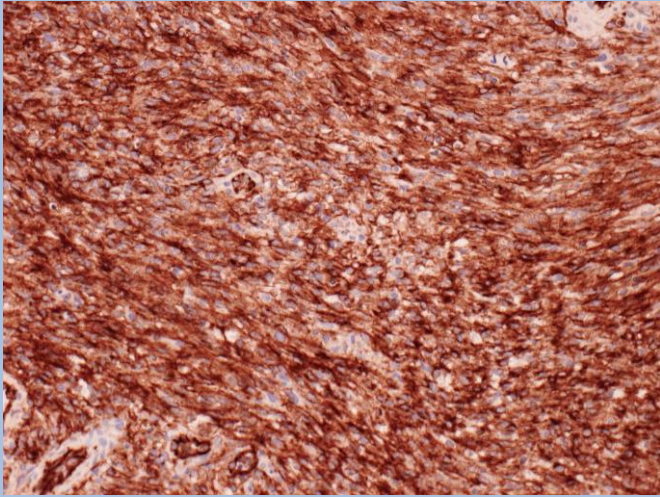
Spindle cell haemangioma

- Spindle cells, cavernous and thick-walled vessels, intracytoplasmic lumen formation, smooth muscle, Masson-like changes, plasma cells, can be sieve-like
- This in Klippel-Trenaunay
- Diff dx
 - Kaposi's sarcoma
 - Eosinophilic hyaline globules, jagged and irregular vessels with dissection of collagen, no cavernous spaces

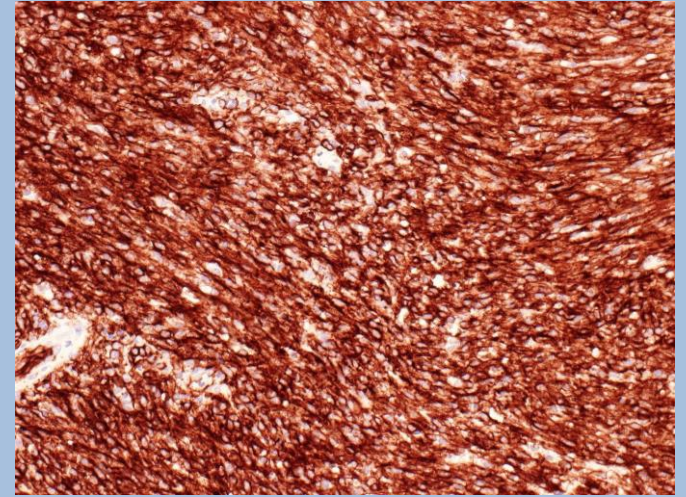


Kaposi's with CD31 showing irregular vessels

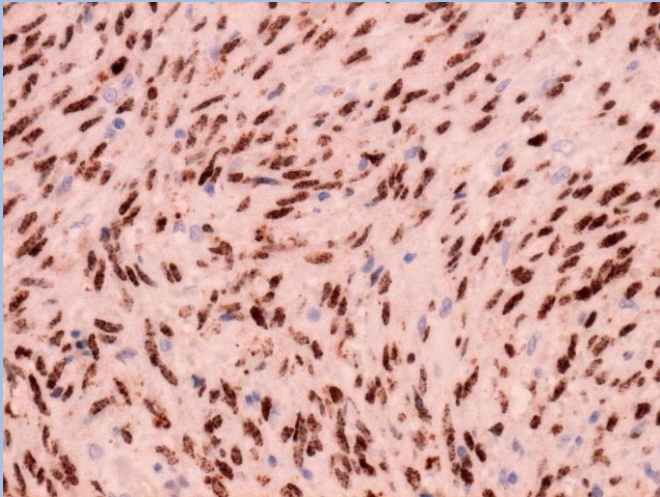




CD34



CD31



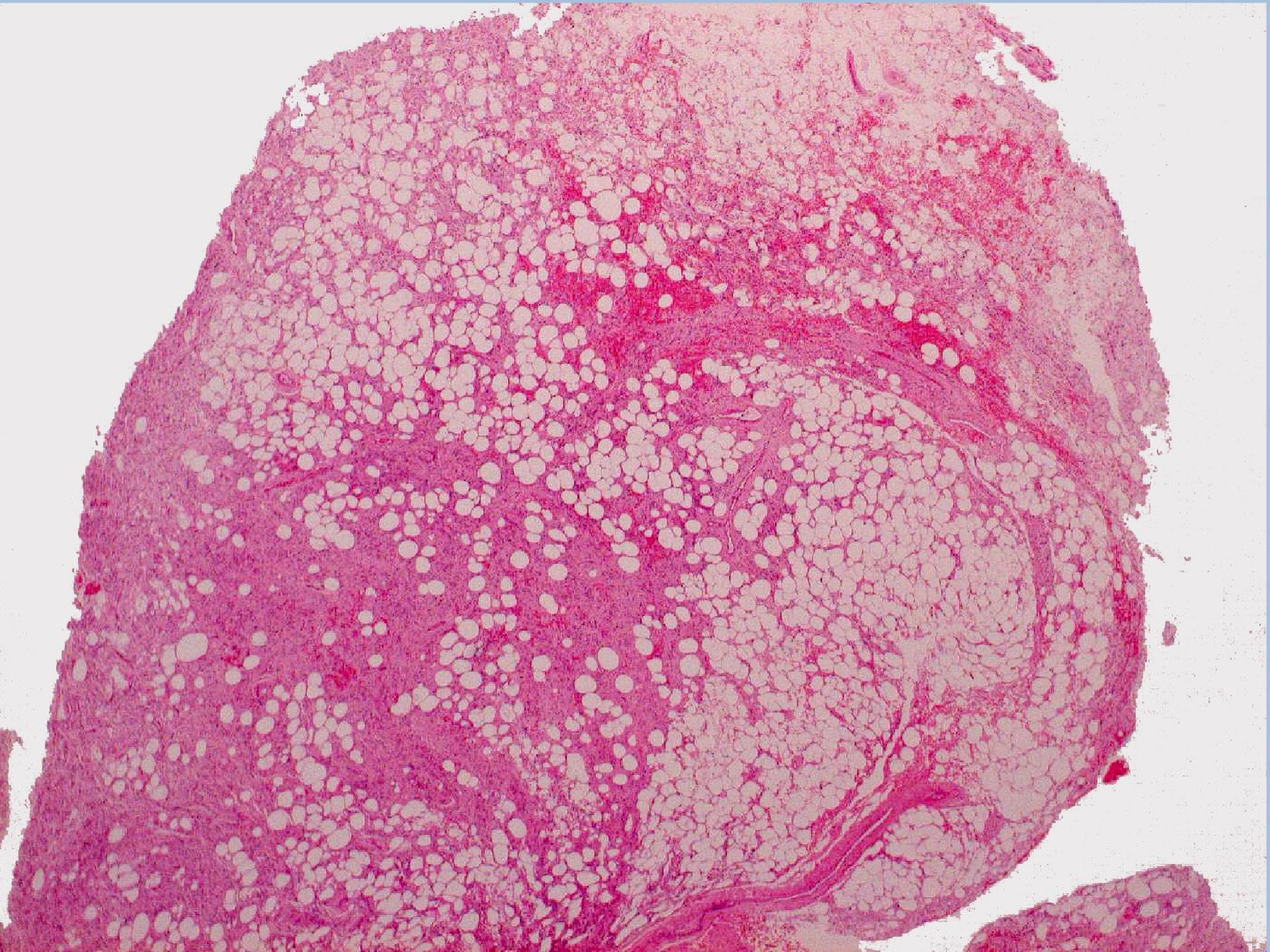
HHV-8

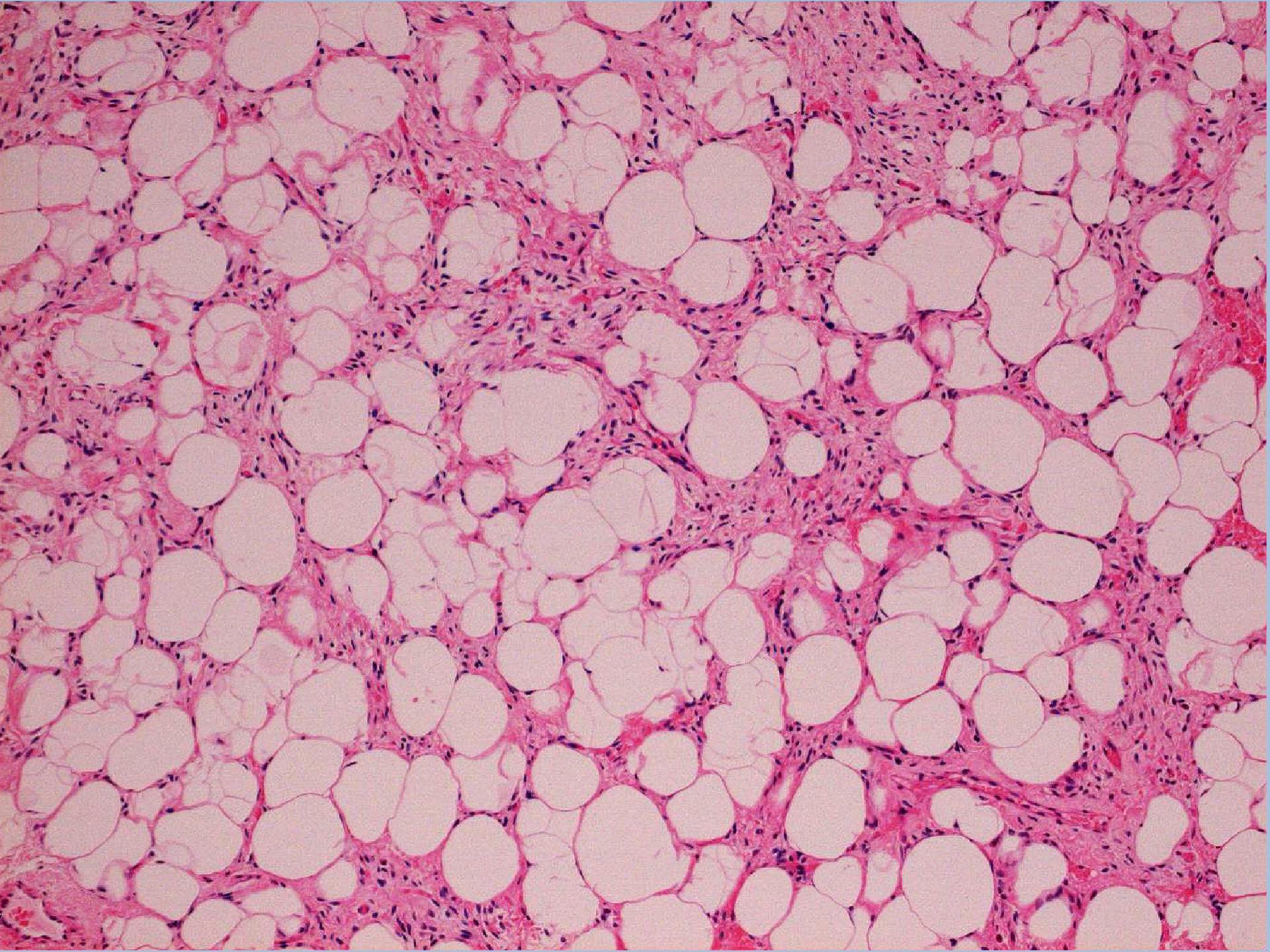
Kaposi's sarcoma

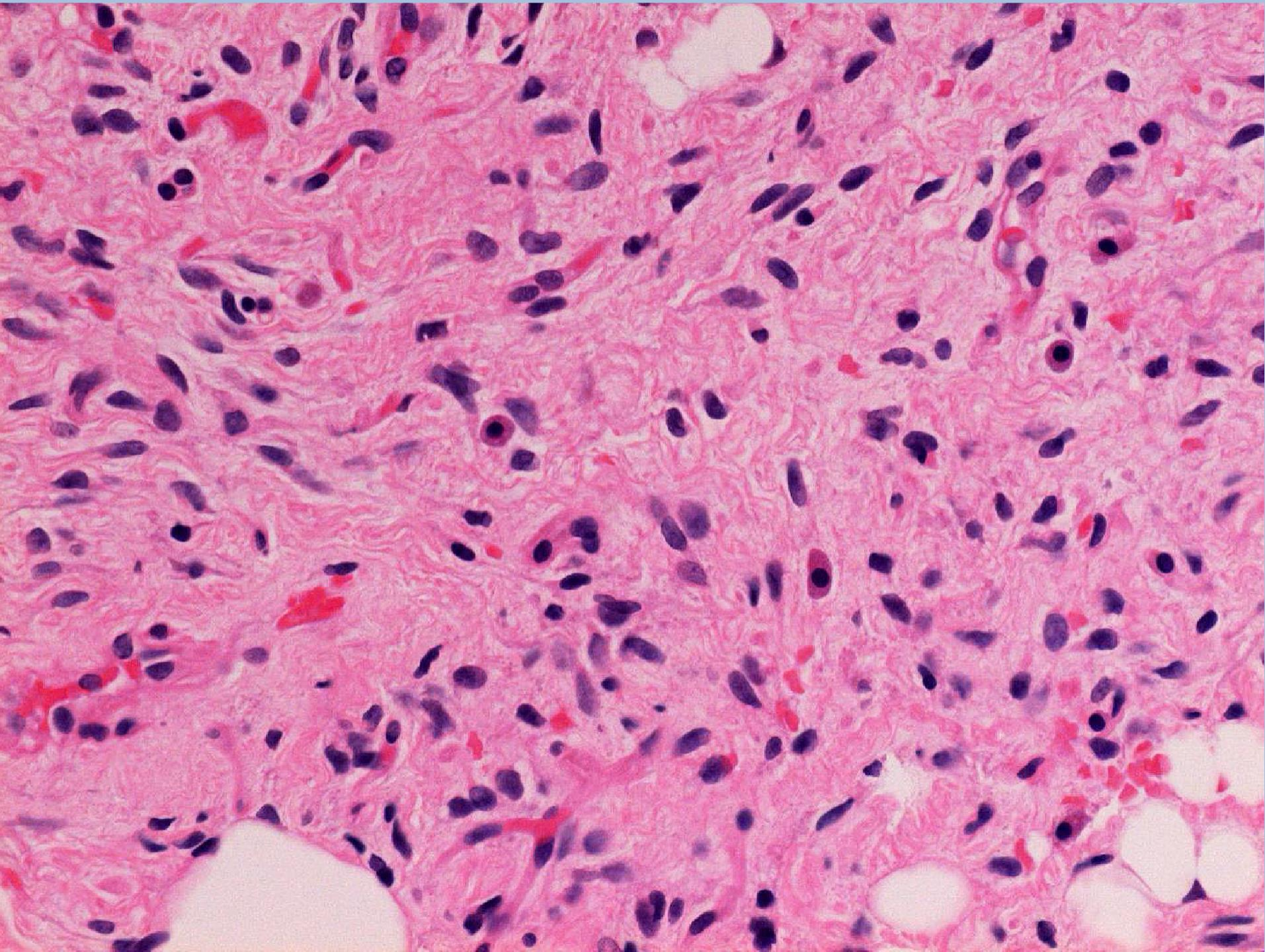
Nodular, spindle cells

Case 22

- M 65
- Nodule on left cheek

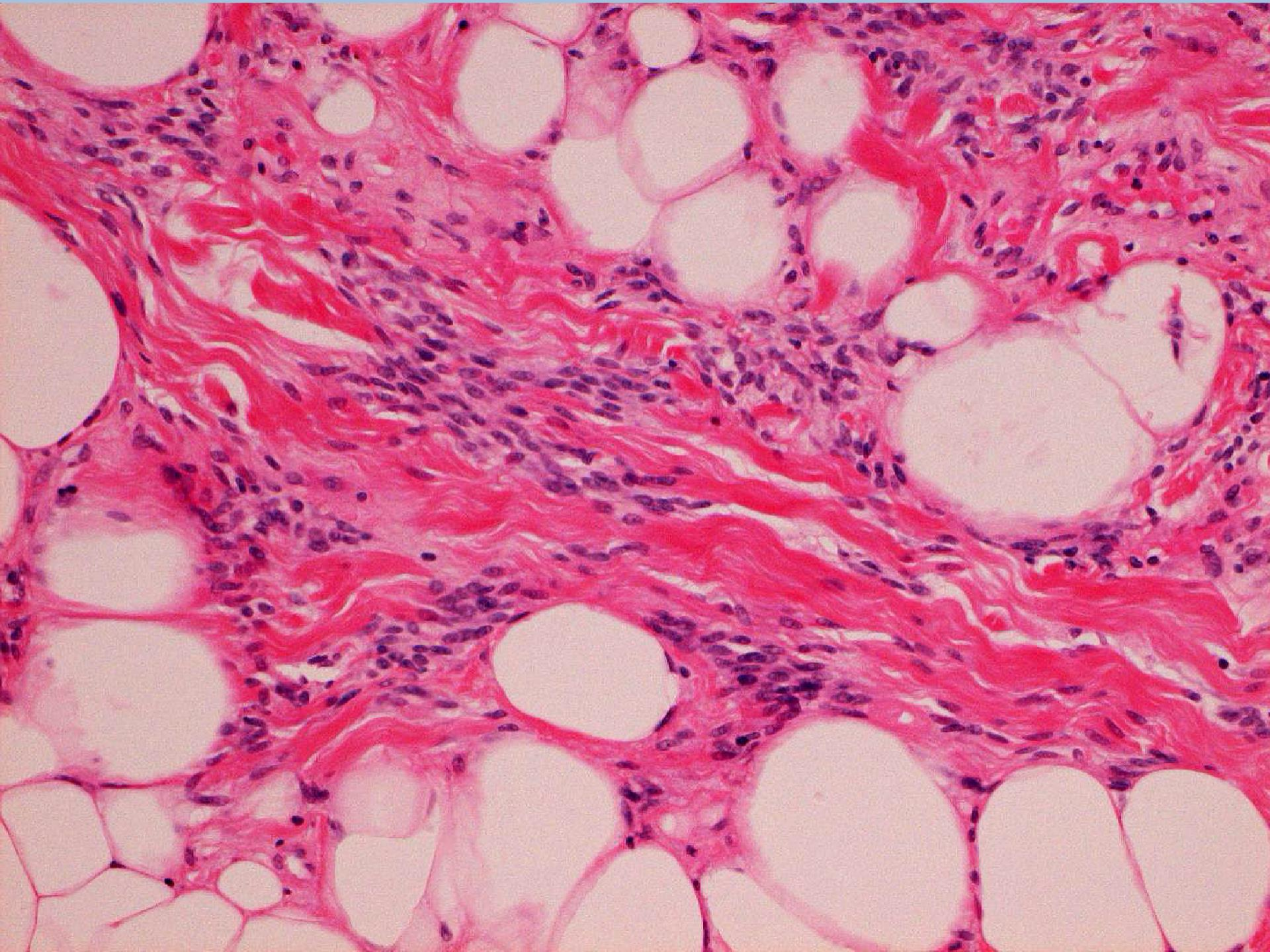


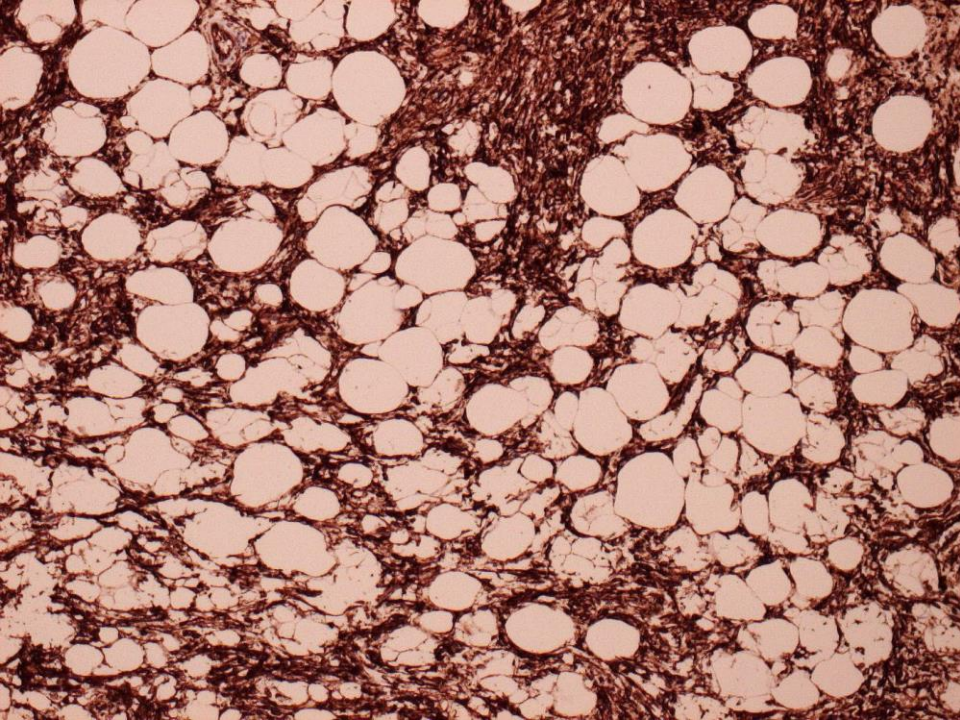




Spindle cell lipoma

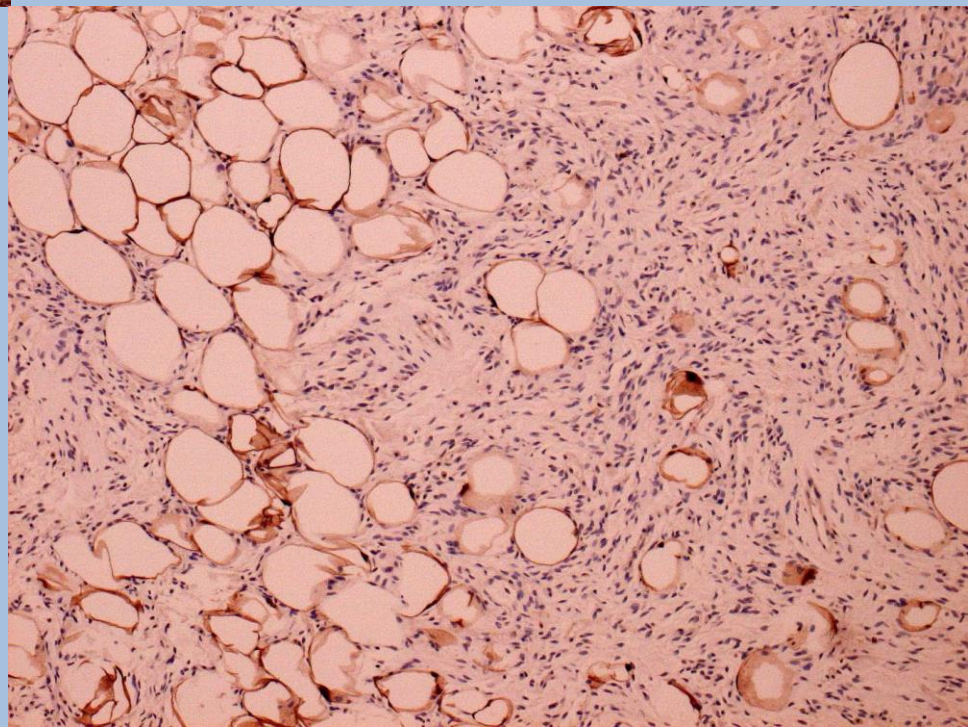
- Older males but unusual on head
- May be
 - Hyalinised collagen
 - Predominantly spindle cells
 - Myxoid + + +
- Pleomorphic lipoma is a variant
 - Floret cells, occasional lipoblasts
 - Same cytogenetic profile (ch 13, ch 16)





CD34

Spindle cell lipoma

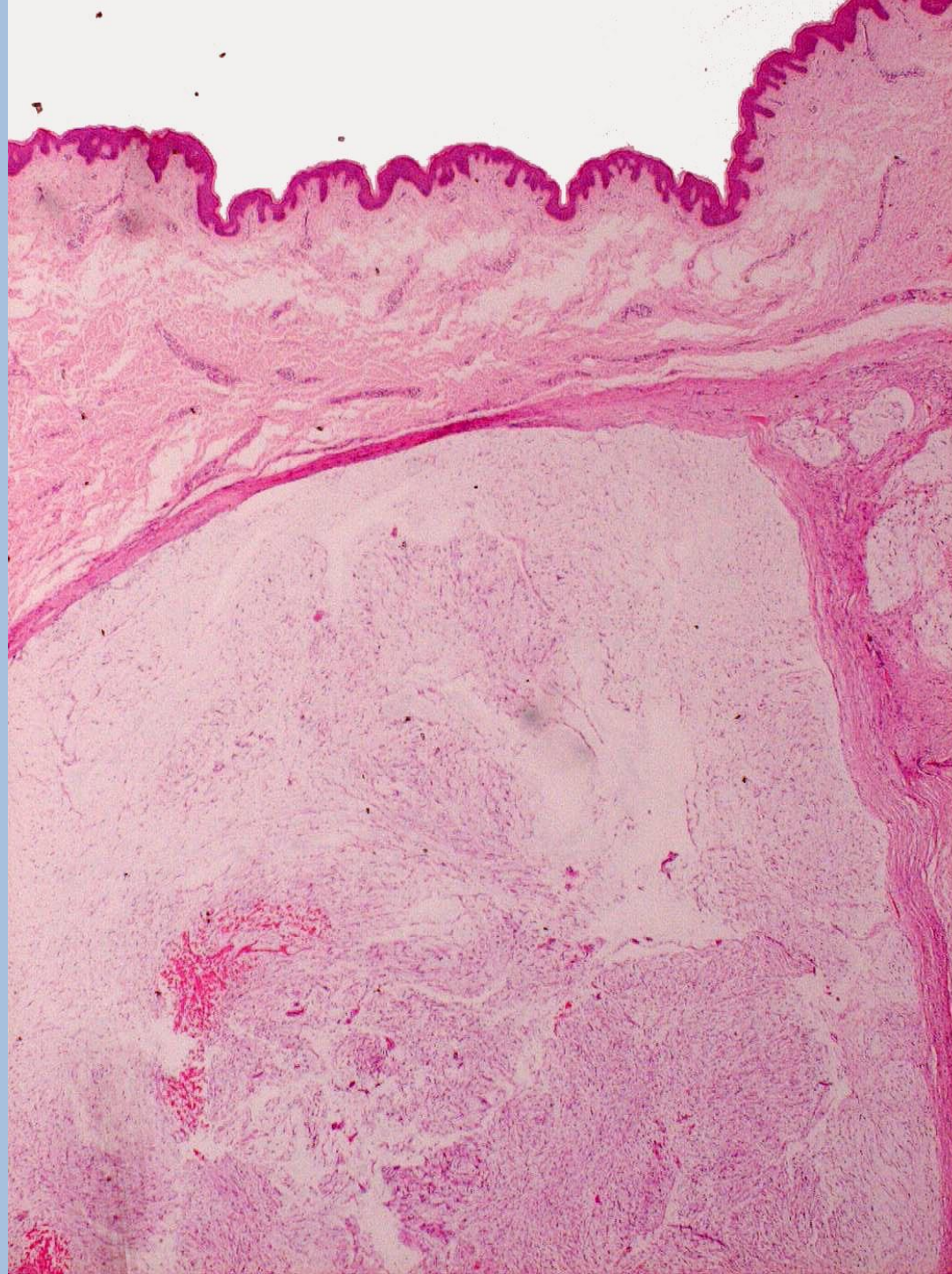


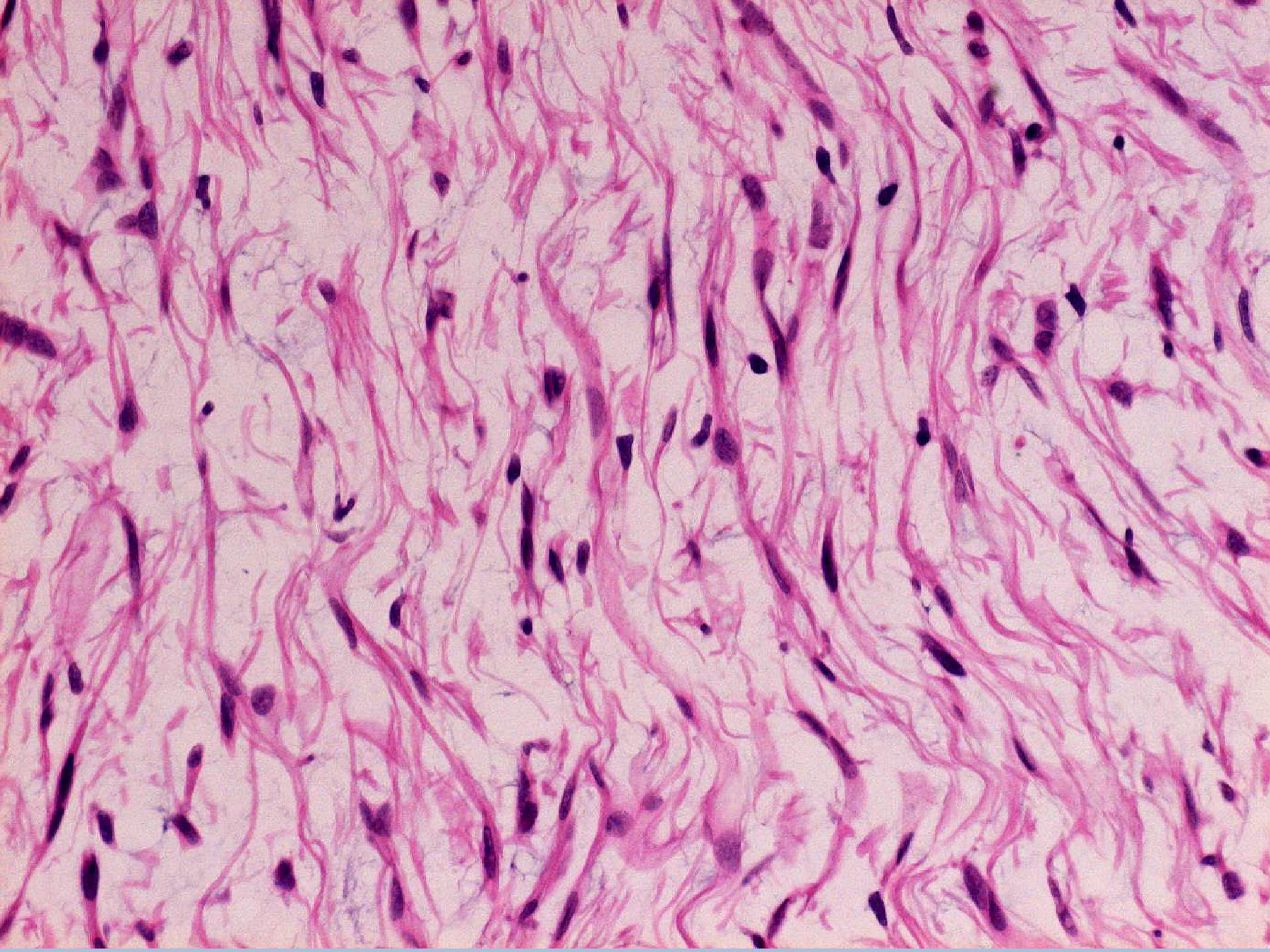
S100

Case 23

- F39
- Nodule on abdomen with blueish hue, increasing in size for 3 months



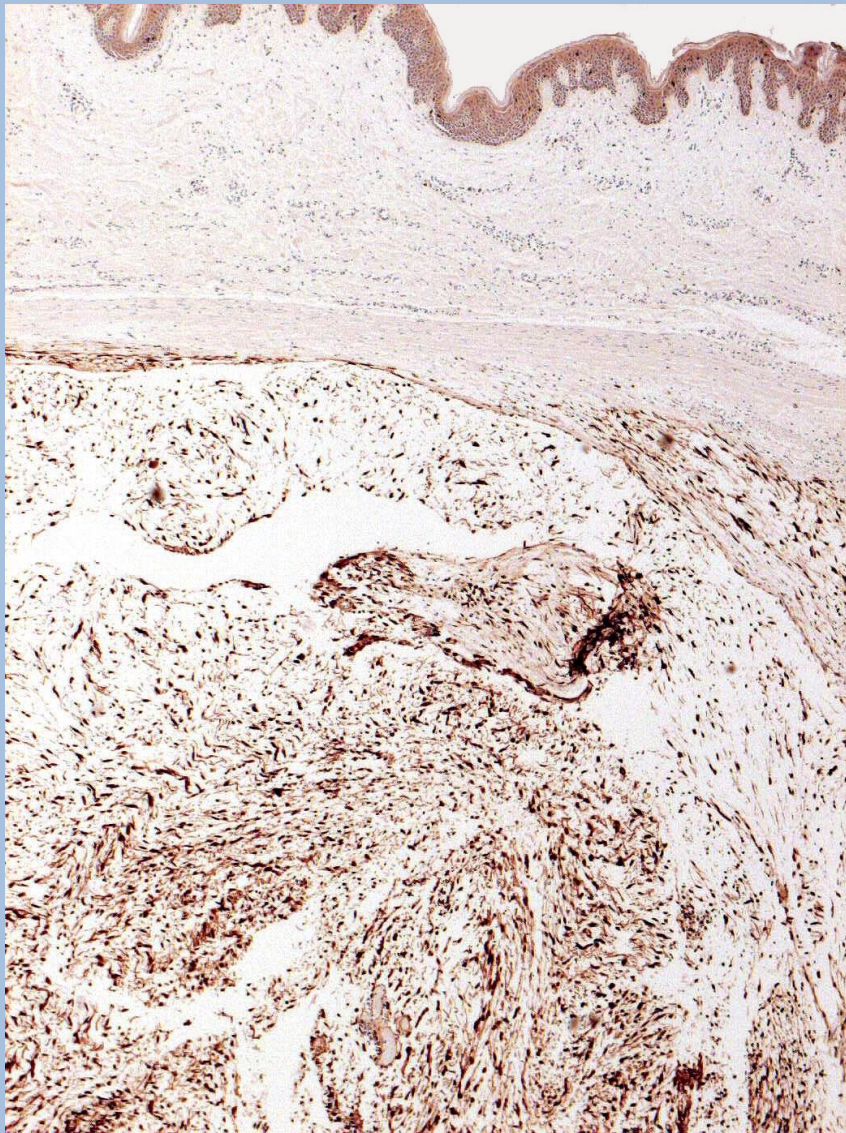




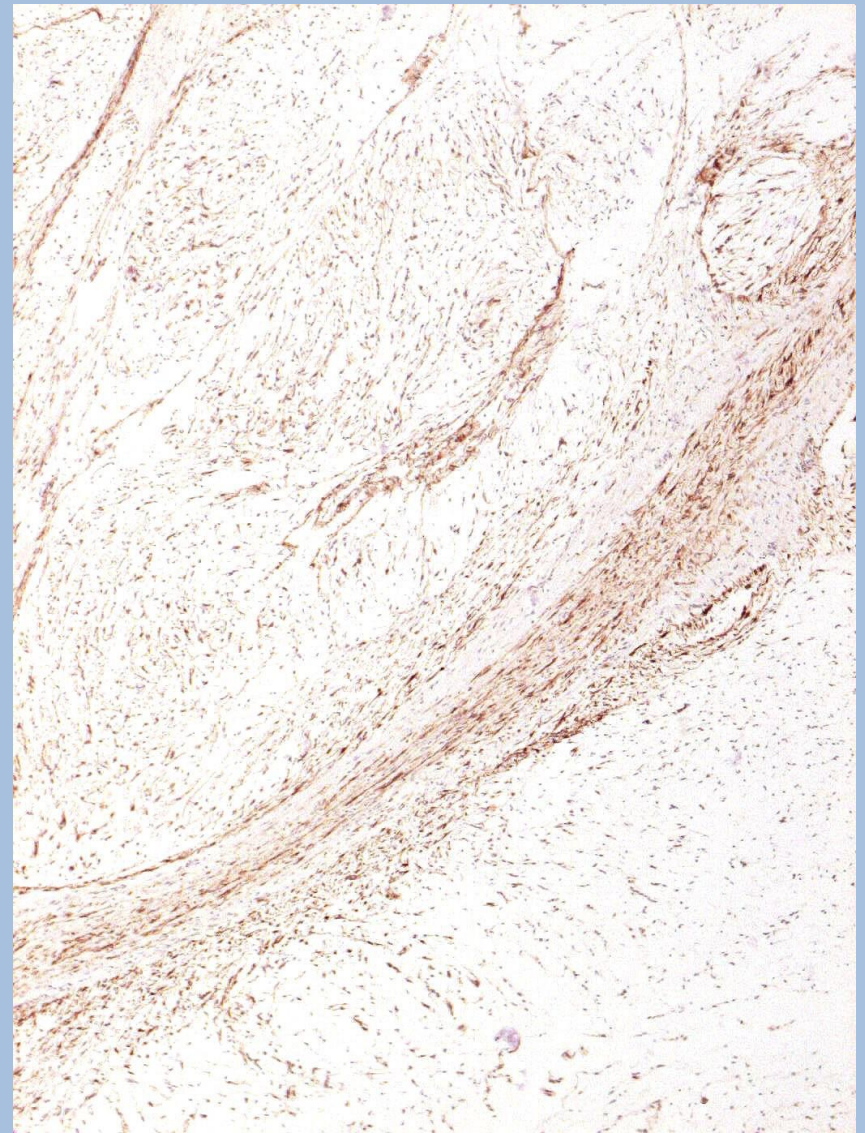
Case 23

- Myxoid spindle cell tumour

- Neurofibroma
- Myxoid cyst
- Cutaneous focal mucinosis
- Superficial angiomyxoma
 - Poorly circumscribed, prominent vessels, epidermal component, neutrophils
- Myxoid lipoma
- Neurothekeoma
- Angiomyofibroblastoma
- DFSP
- Myxoid MFH
- Leiomyosarcoma
- Liposarcoma
- MPNST
- Myxoid chondrosarcoma
- Aggressive angiomyxoma
- Acral myxoinflammatory fibroblastic sarcoma
- Malignant melanoma



S100



EMA

neurothekeoma

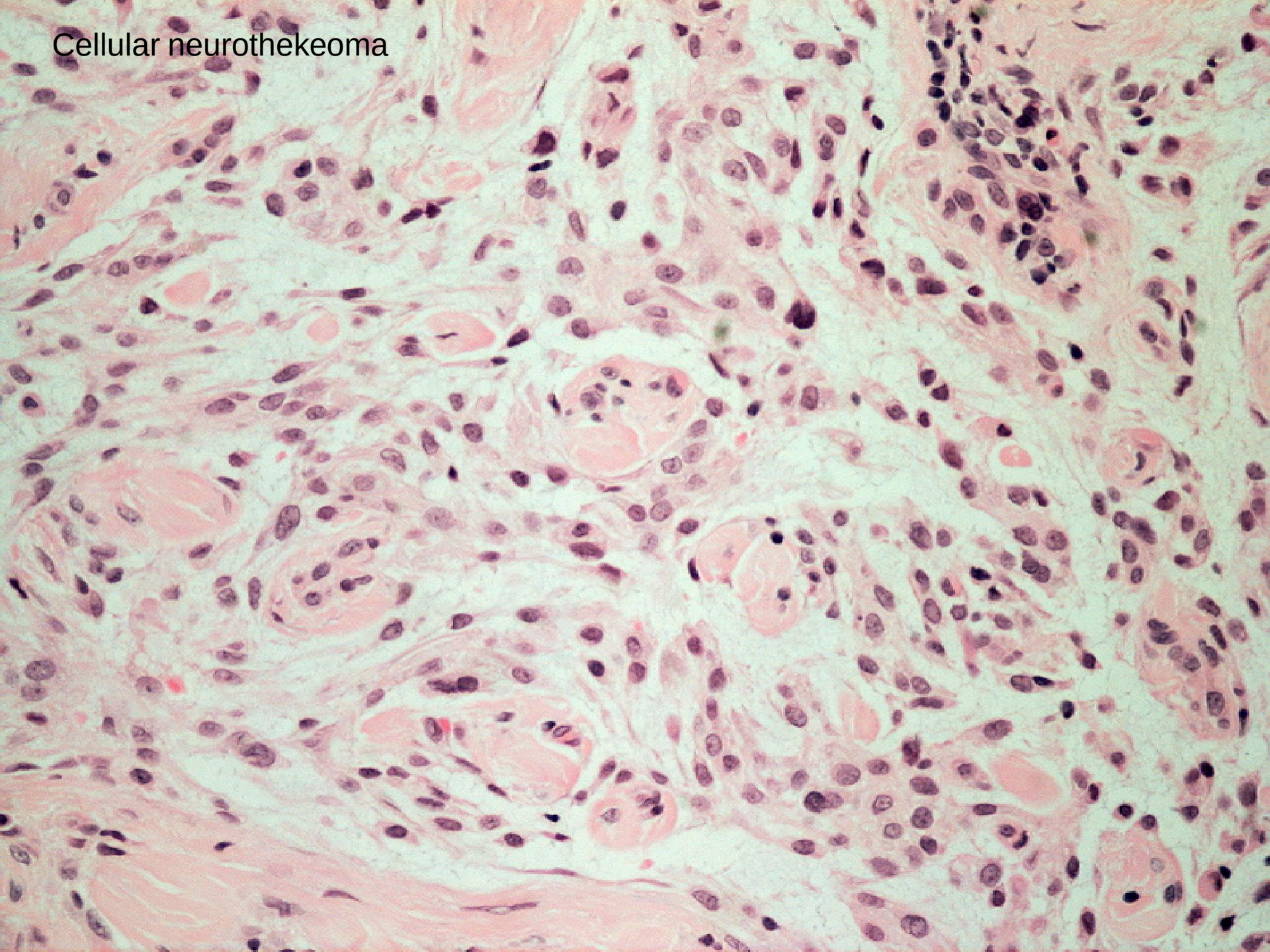
Neurothekeoma

- Dermal nerve sheath myxoma
 - Multinodular
 - Bland spindle cells
 - Myxoid stroma
 - Inconspicuous vessels
 - S100 and usually GFAP,CD57 +ve

Cellular neurothekeoma

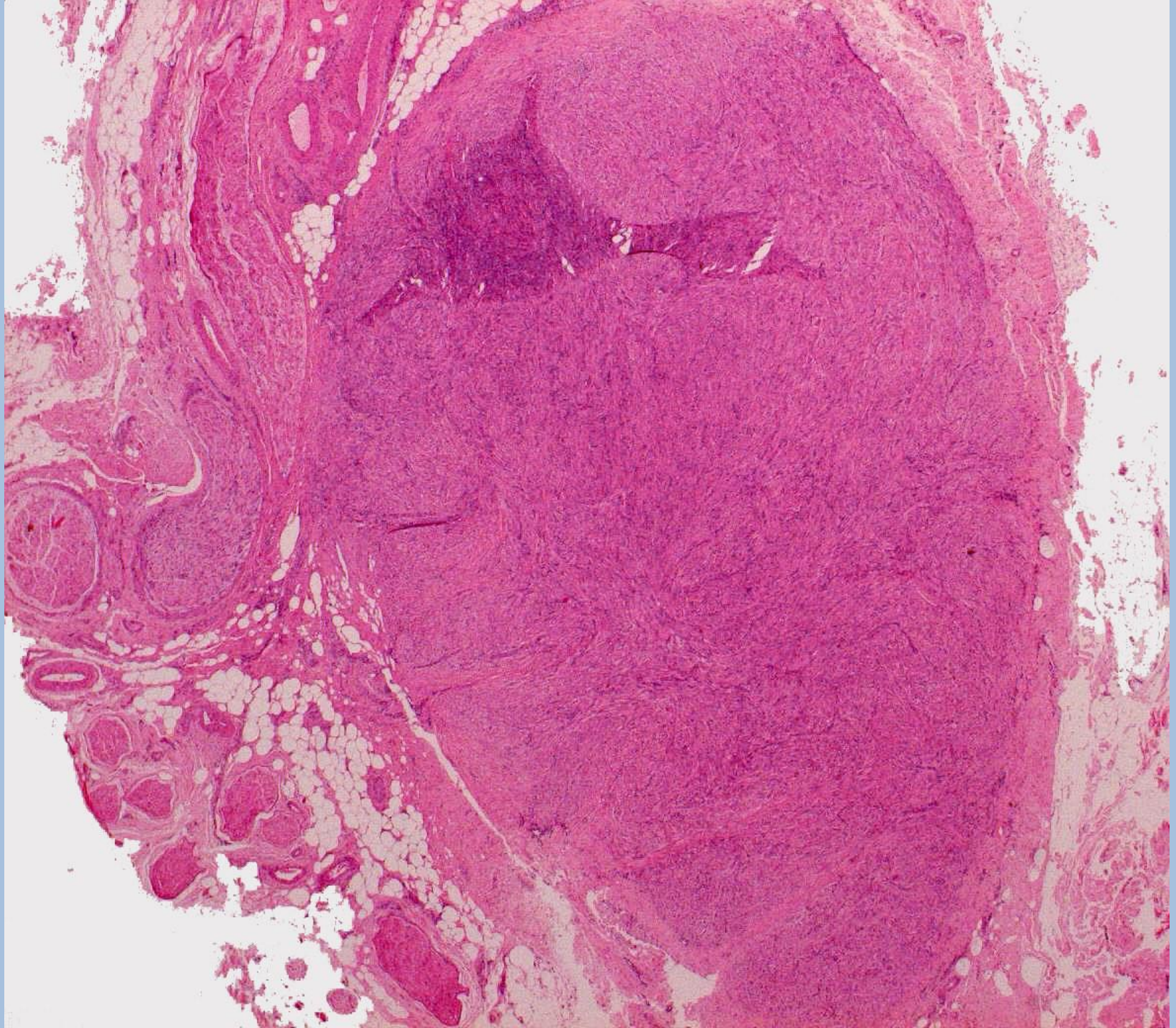
- Dermal nests of epithelioid and spindle cells
- May be cellular atypia, mitotic figures
- S100 -ve
- +ve for NKI/C3, CD10, focally SMA
- Diff dx
 - Melanocytic tumours
 - Pilar leiomyoma

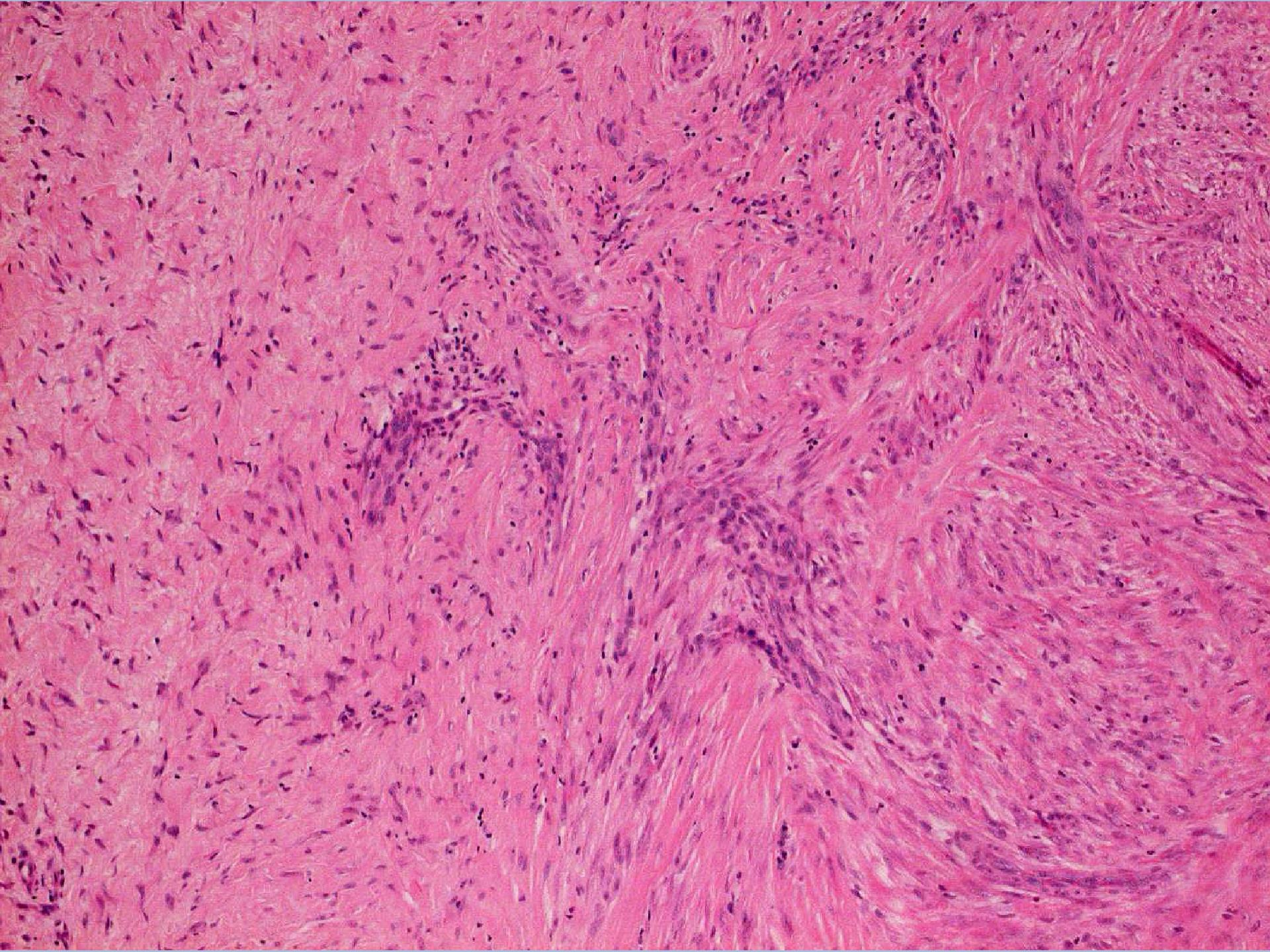
Cellular neurothekeoma

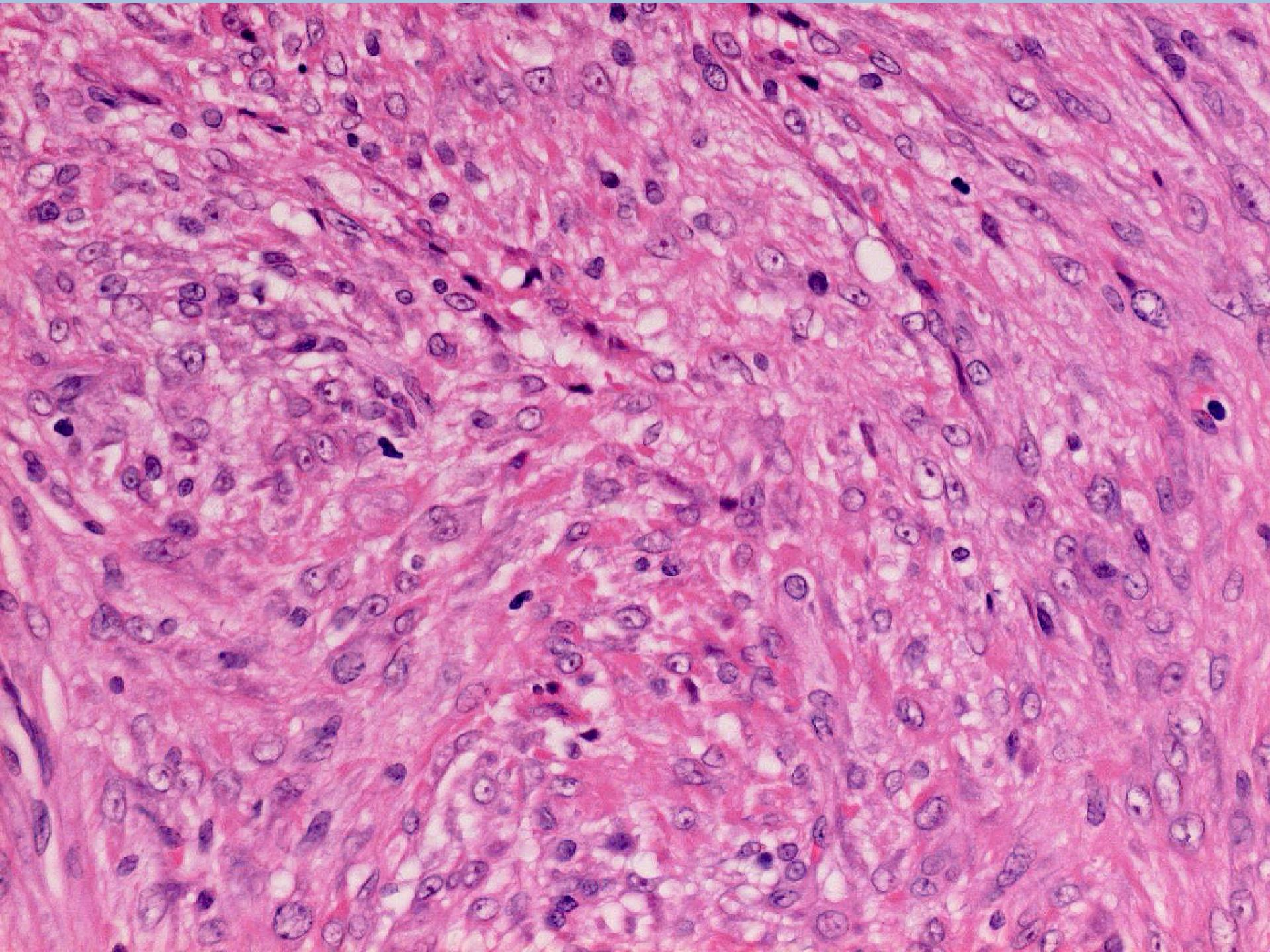


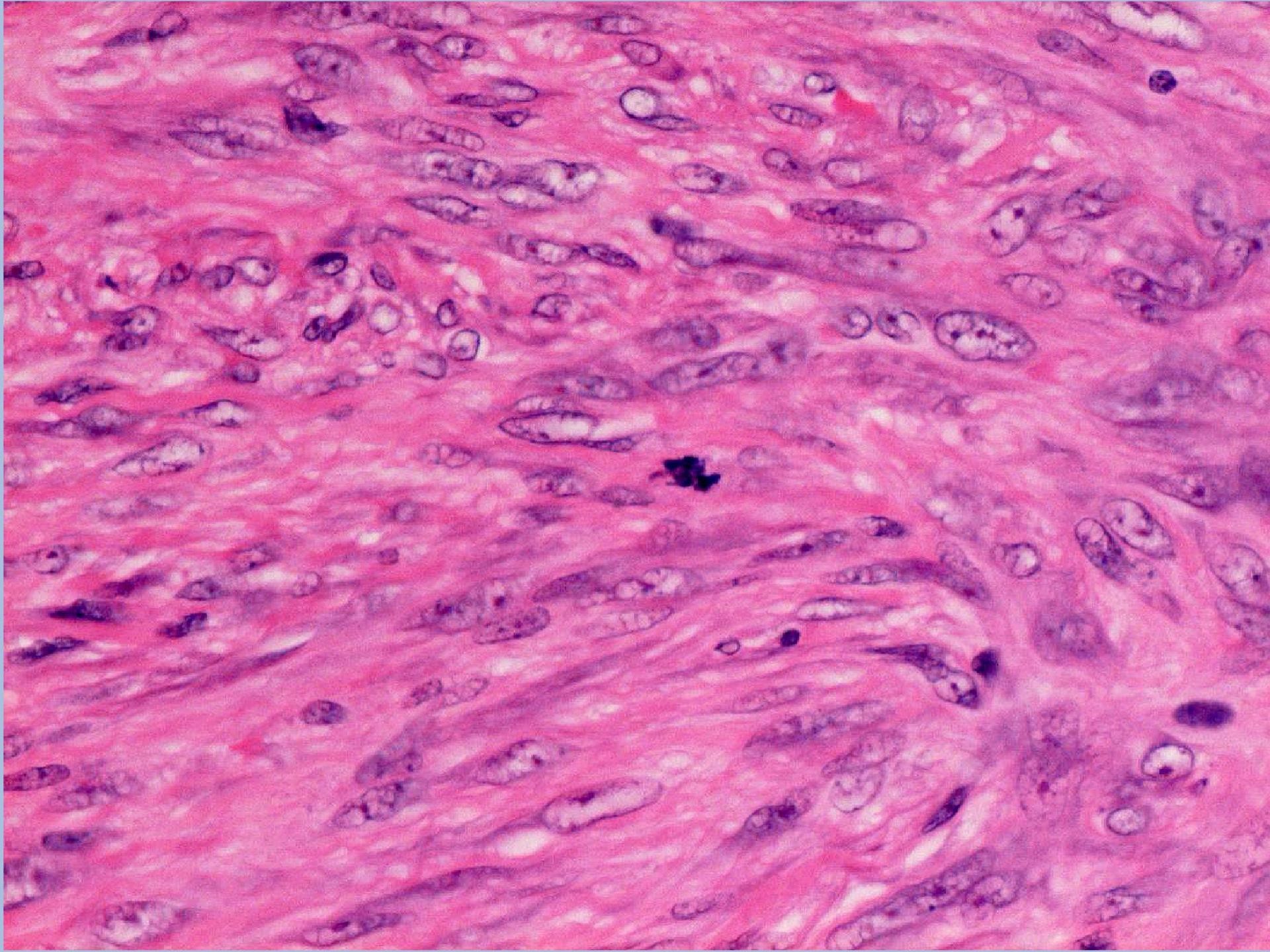
Case 24

- F36
- Nodule on left forearm, 3 month history of swelling







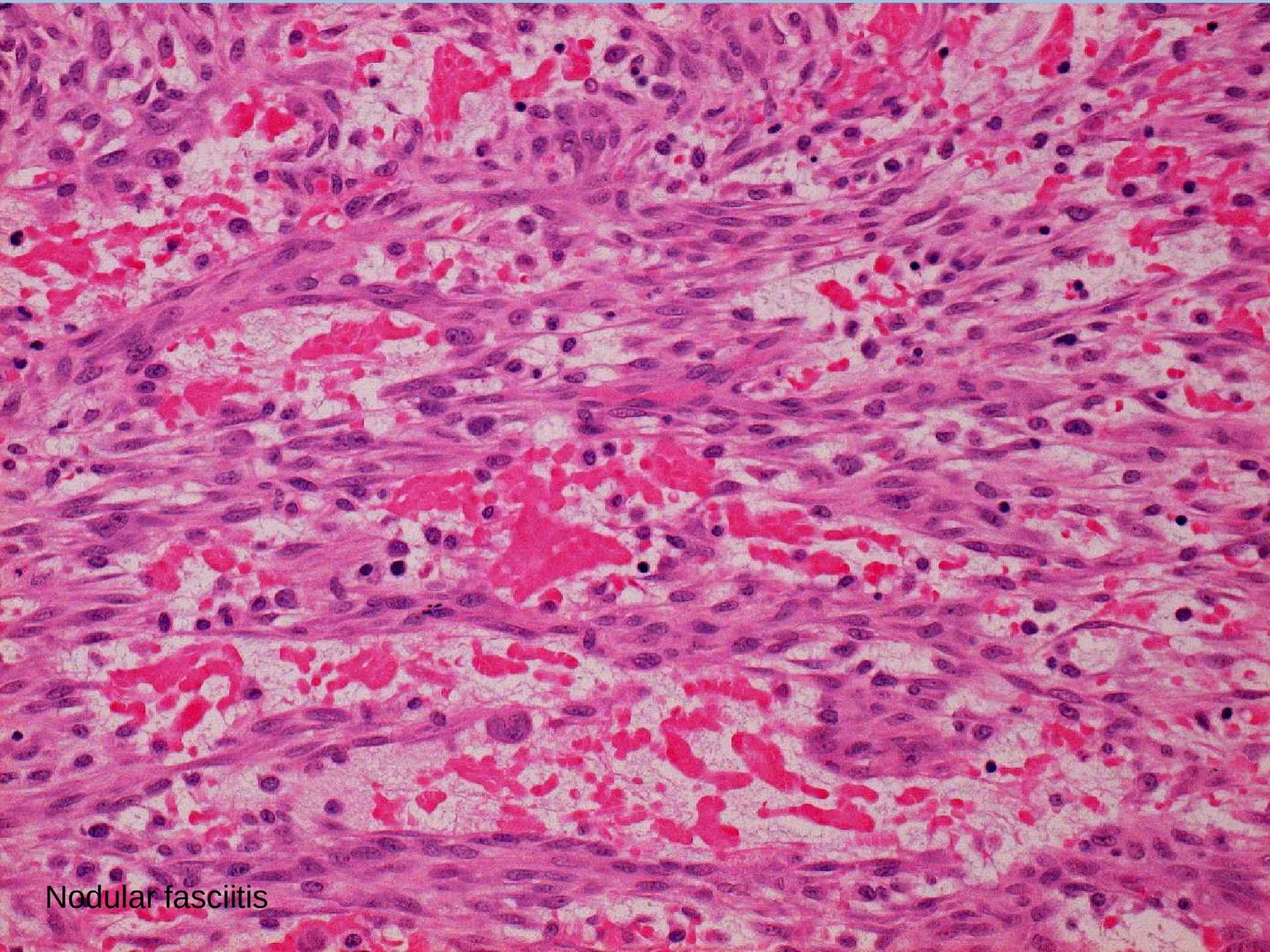


Case 24

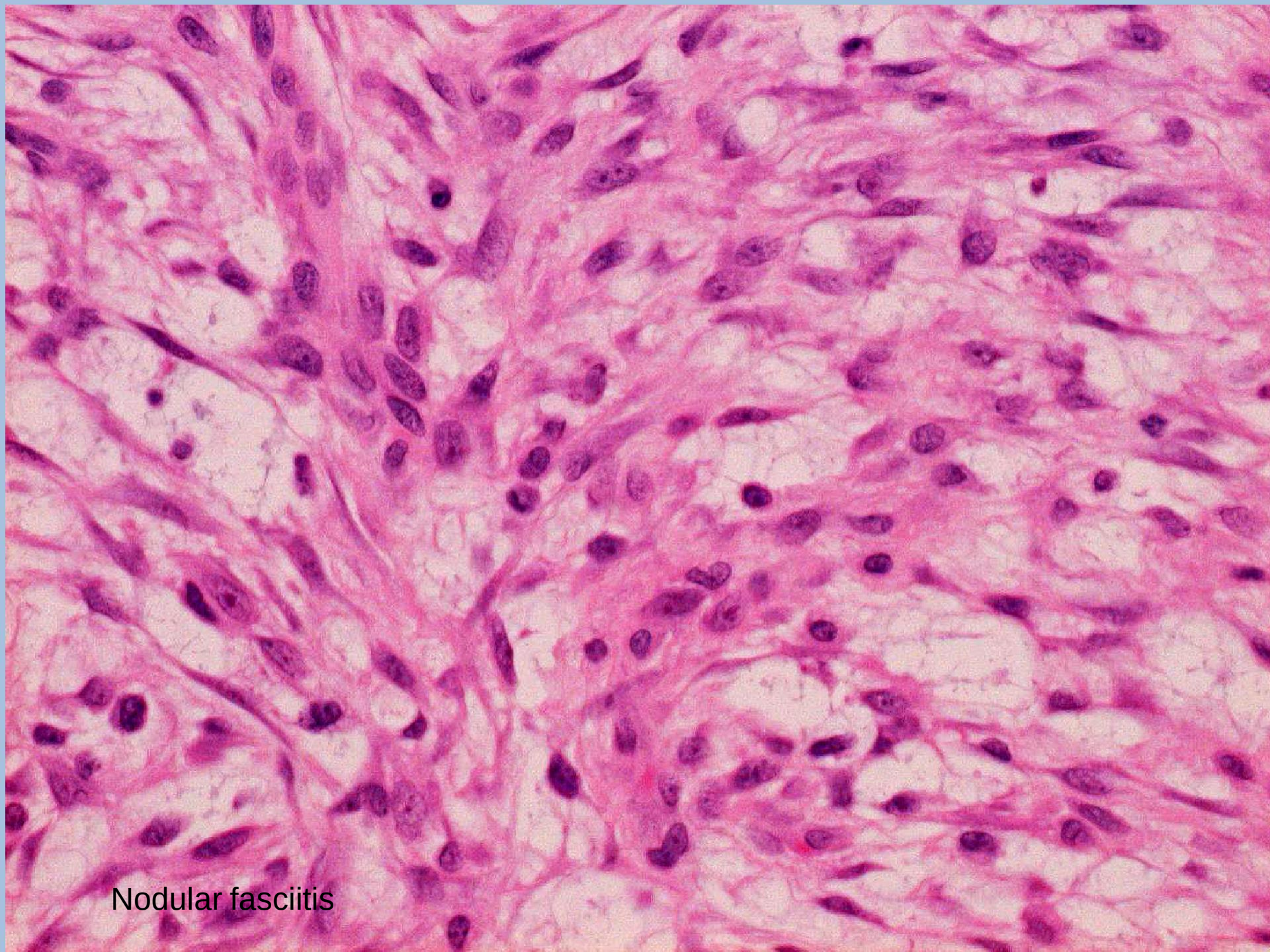
- Nodular fasciitis
 - Subcutaneous, rarely dermal
 - Look for –
 - Well circumscribed, slightly infiltrative edge
 - Radial vessels
 - Focal myxoid, feathery degeneration
 - Focal haemorrhage
 - Sometimes foam cells, multinucleate cells, ossifying
 - Actin +ve, desmin -ve

Nodular fasciitis

- Diff dx
 - Other variants of fasciitis
 - Eg parosteal, intravascular, fibroma of tendon sheath
 - Benign fibrous histiocytoma
 - Leiomyoma
 - fibromatosis
 - Leiomyosarcoma
 - Myxoid tumours



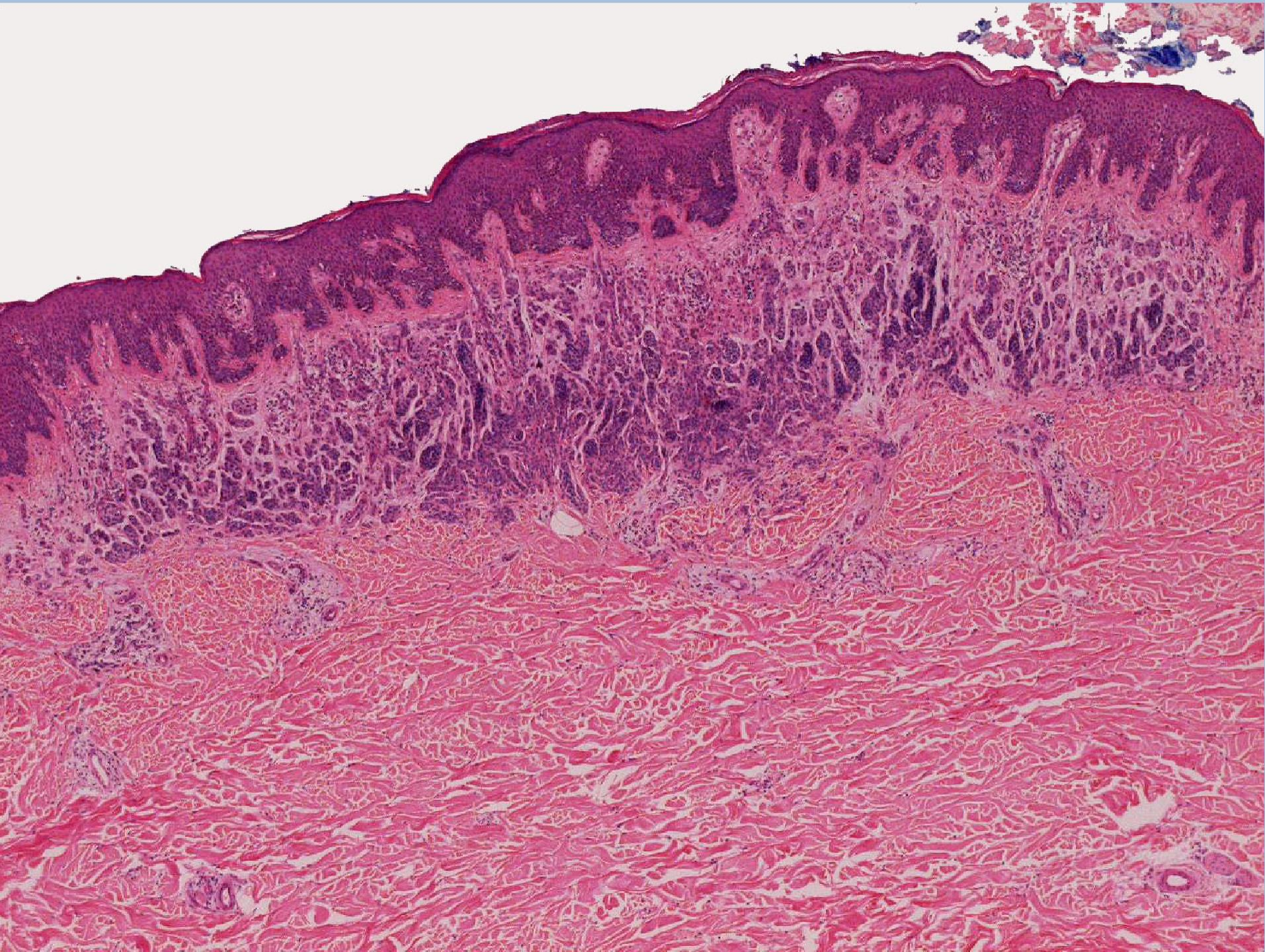
Nodular fasciitis

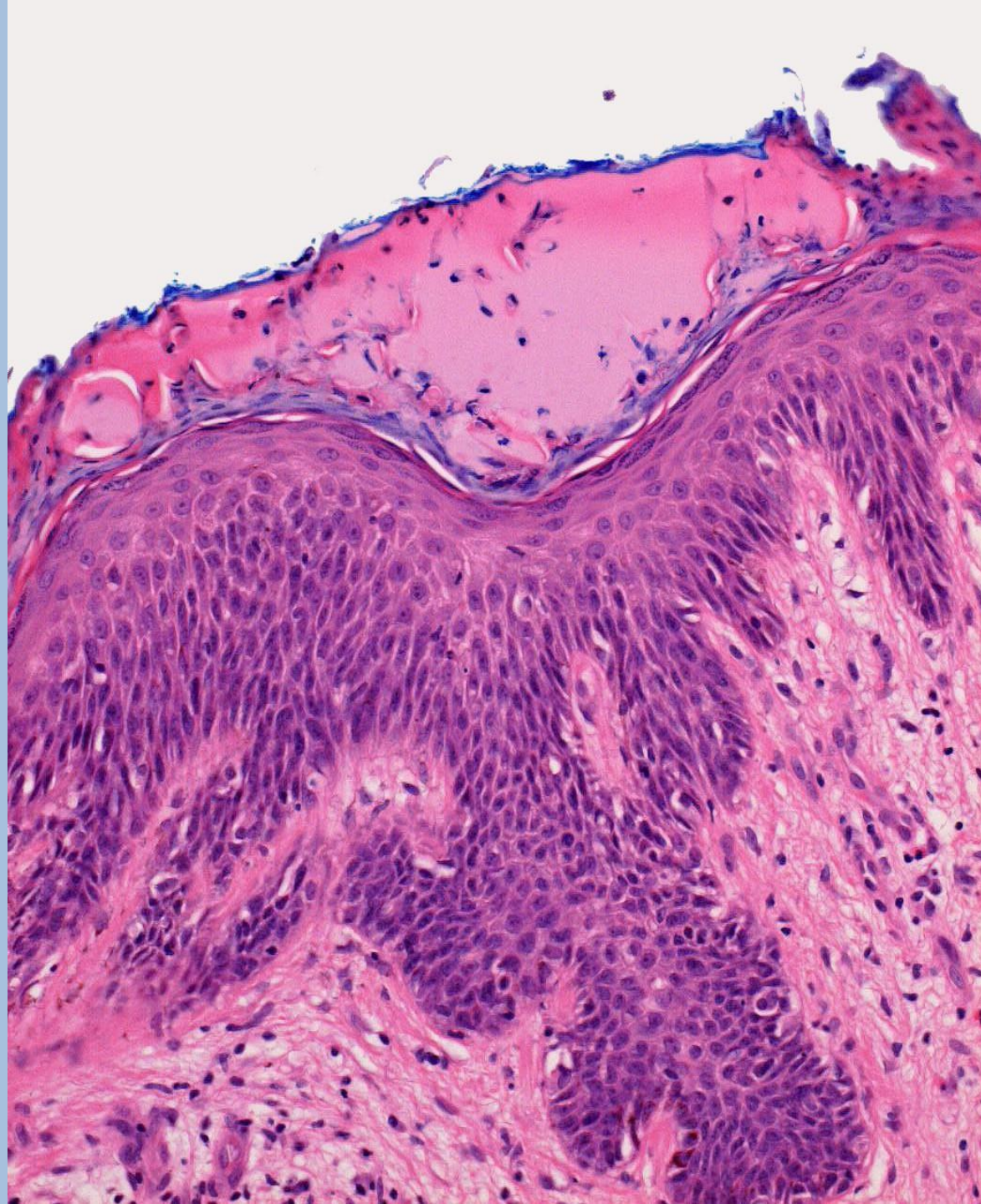


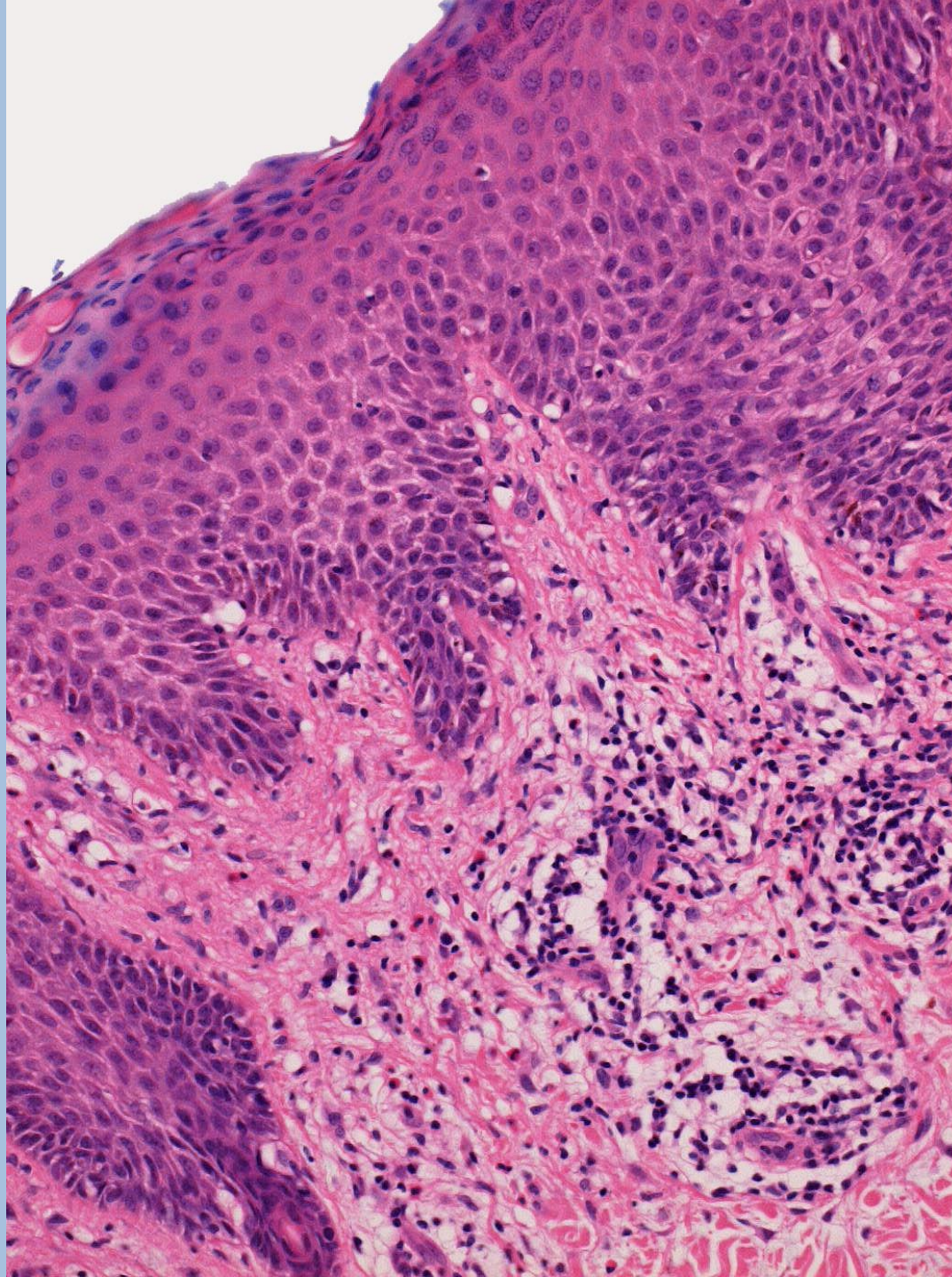
Nodular fasciitis

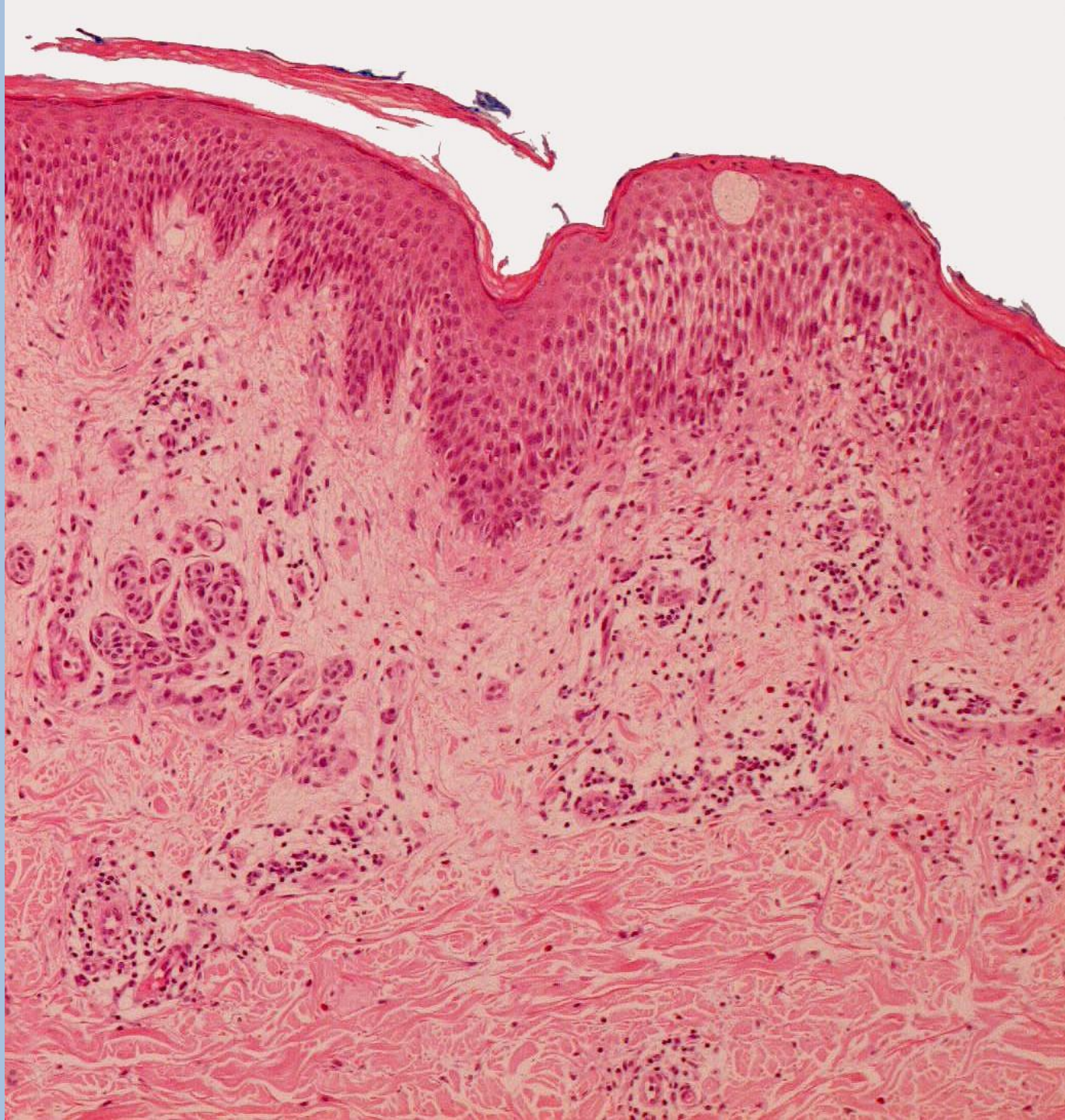
Case 25

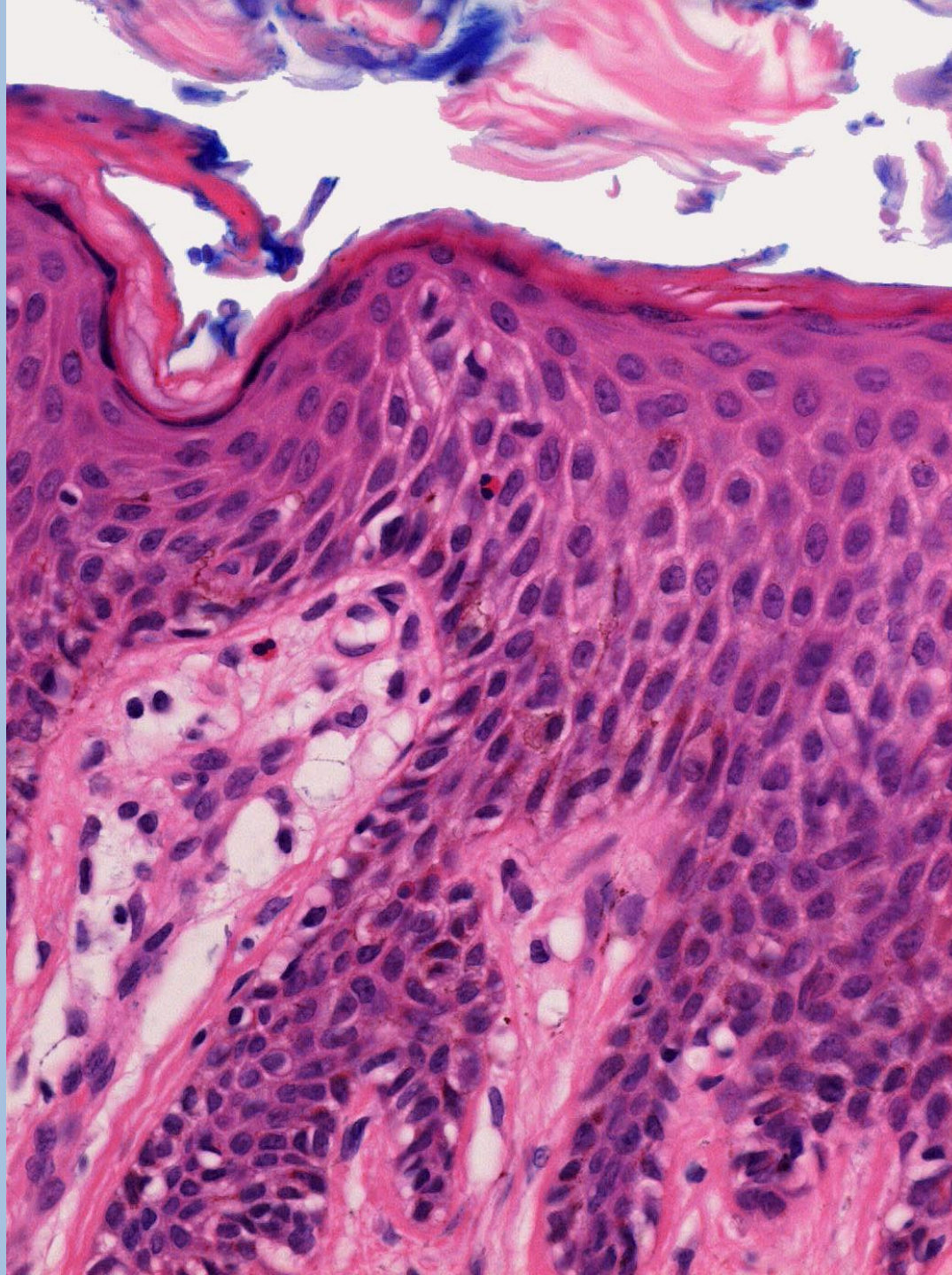
- F43
- Changing, itchy pigmented lesion on back

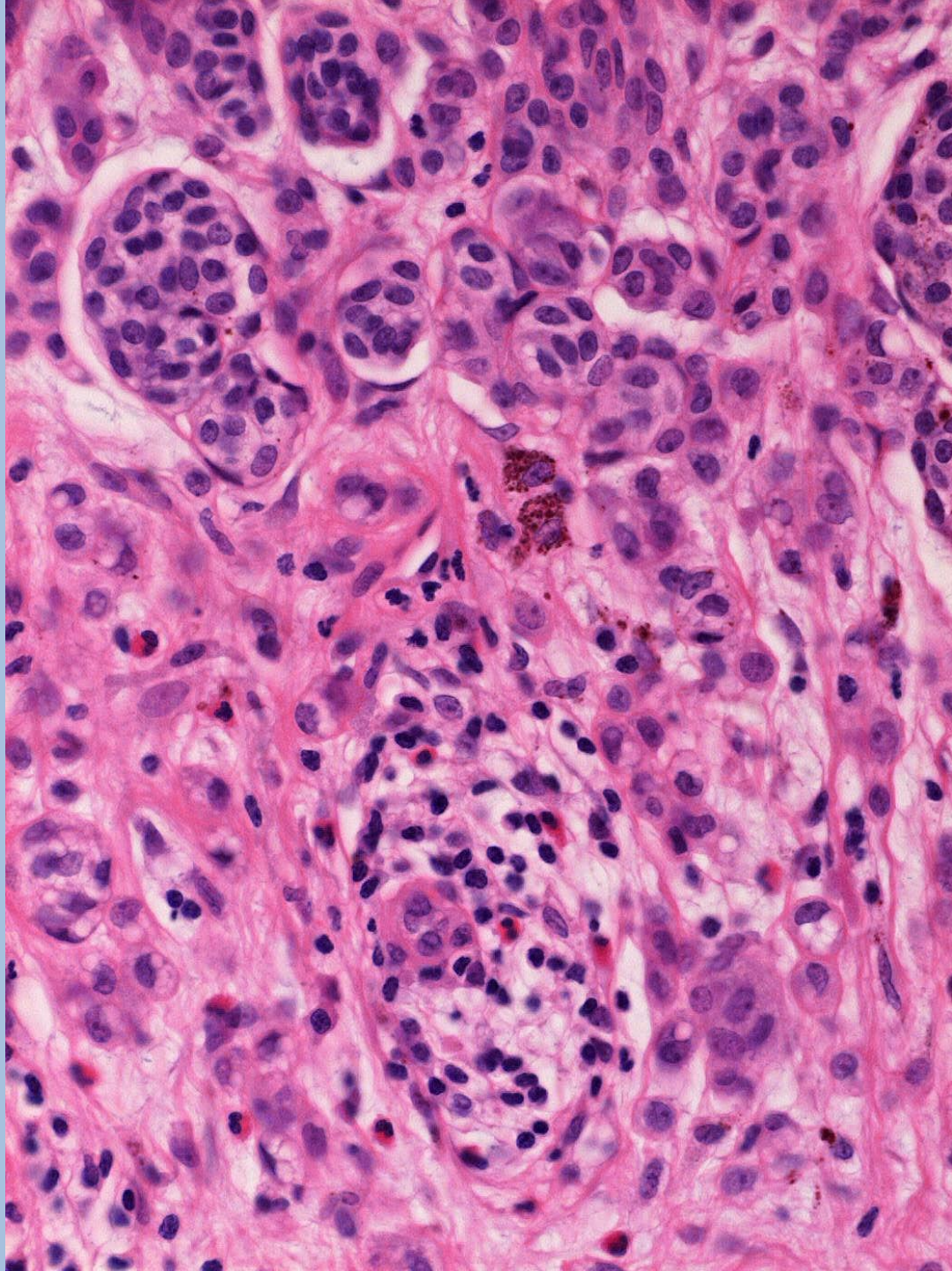


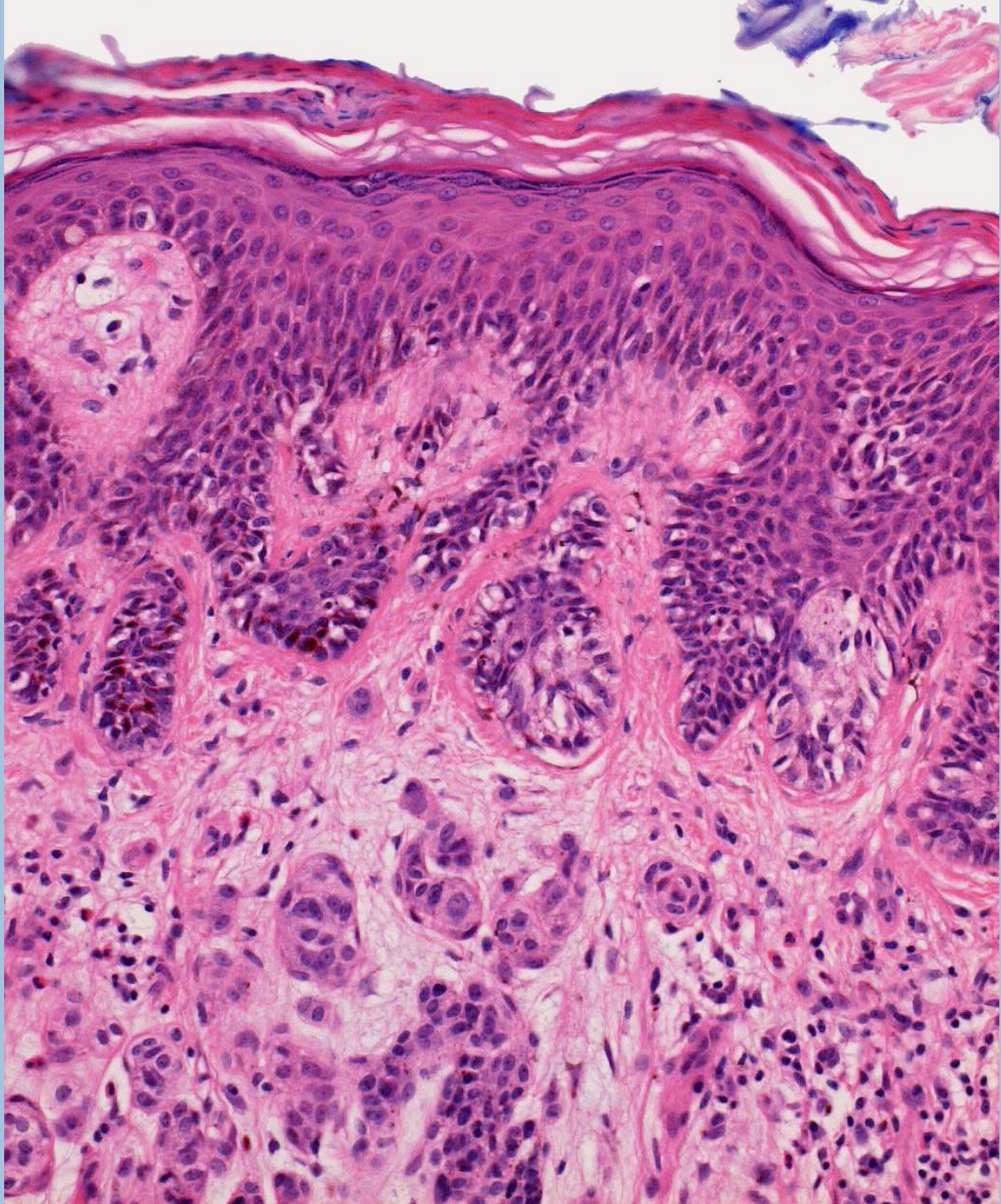










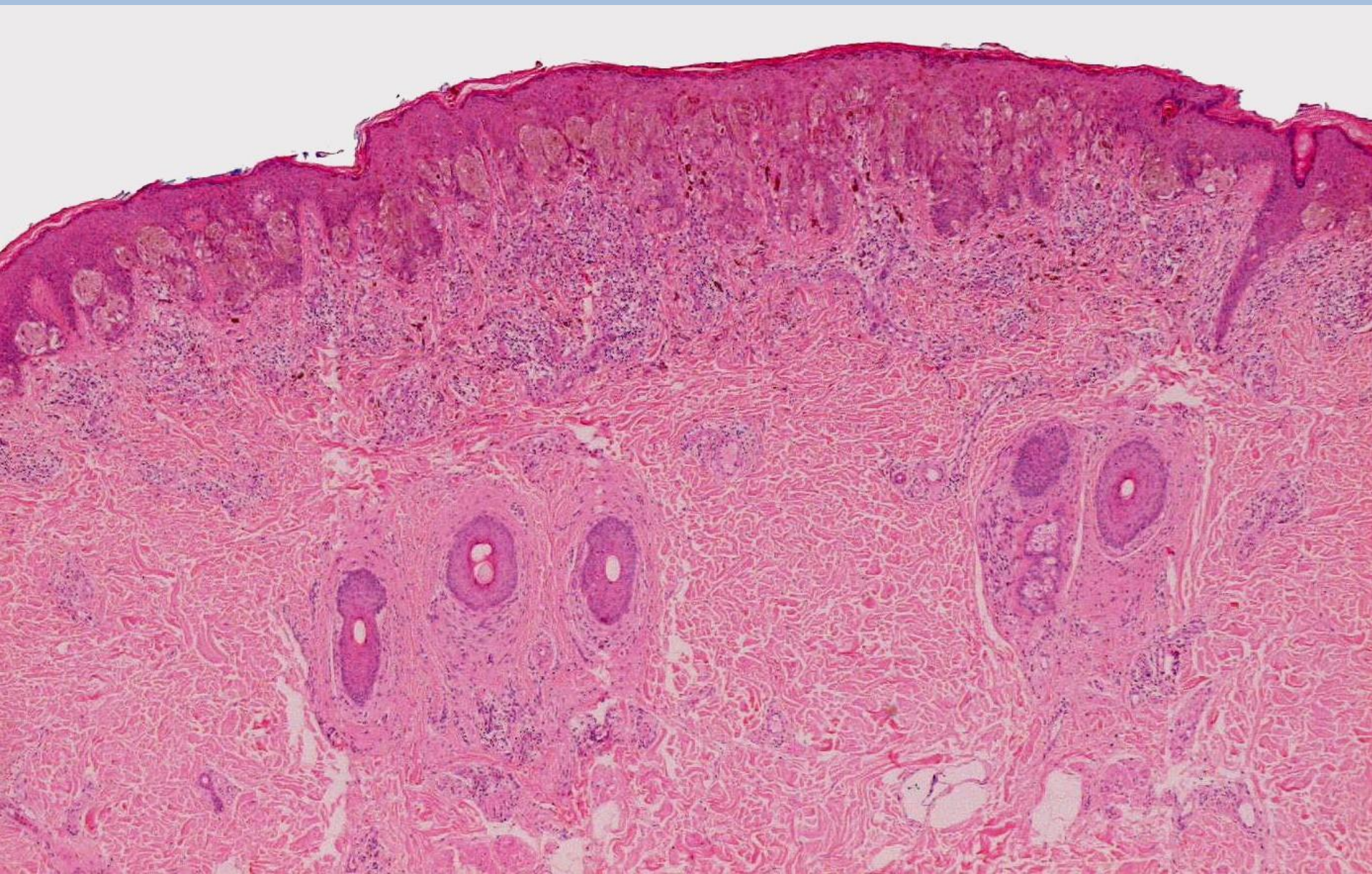


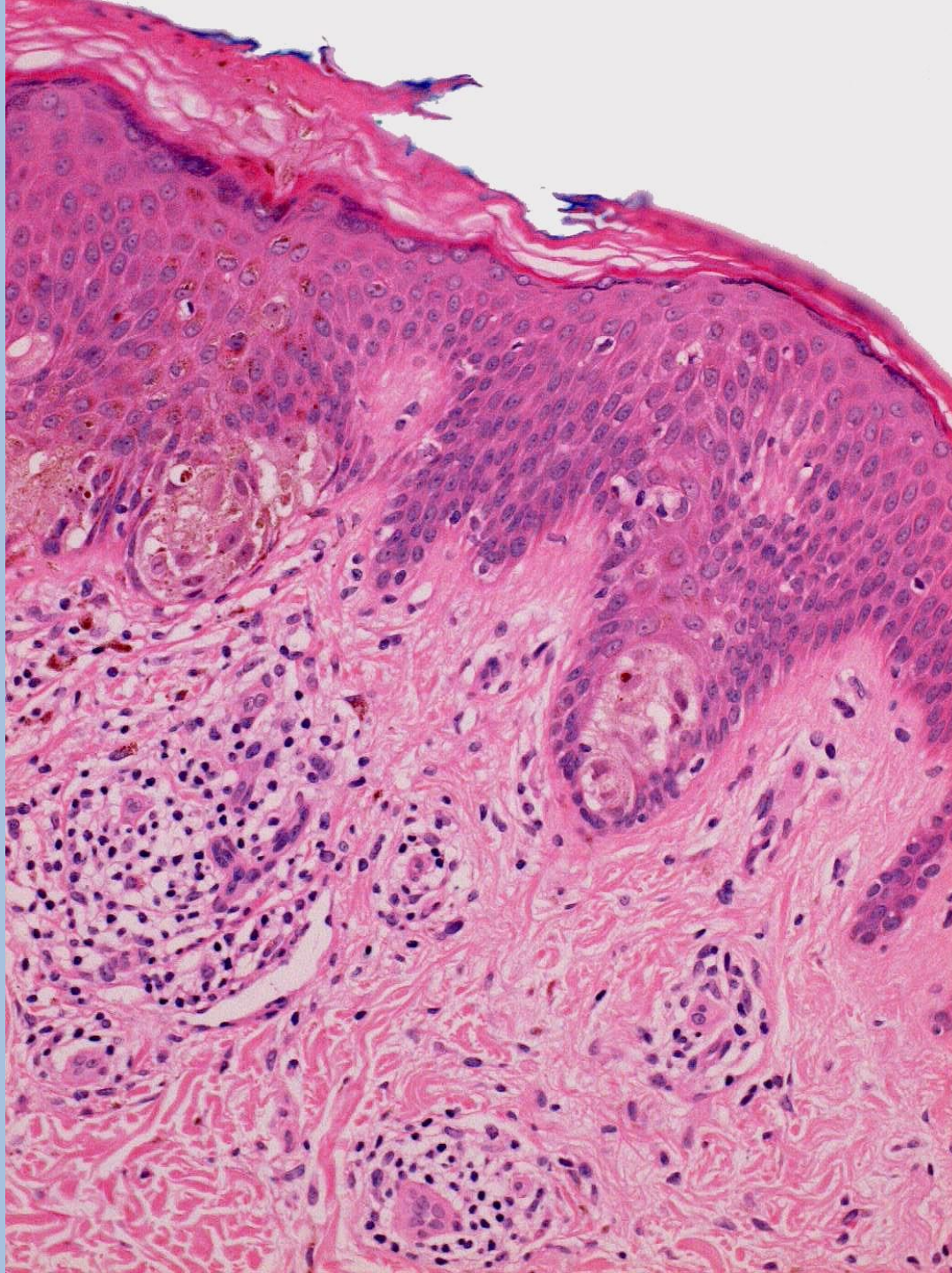
Case 25

- Benign naevus with:
 - Excoriative changes
 - Eosinophilic spongiosis
 - Sometimes show reactive atypia especially if traumatized
 - Junctional architectural atypia
 - Dermal mitotic figures
- Meyerson's naevus
- Clinical – scaly, erythematous halo around a benign naevus
 - resolves

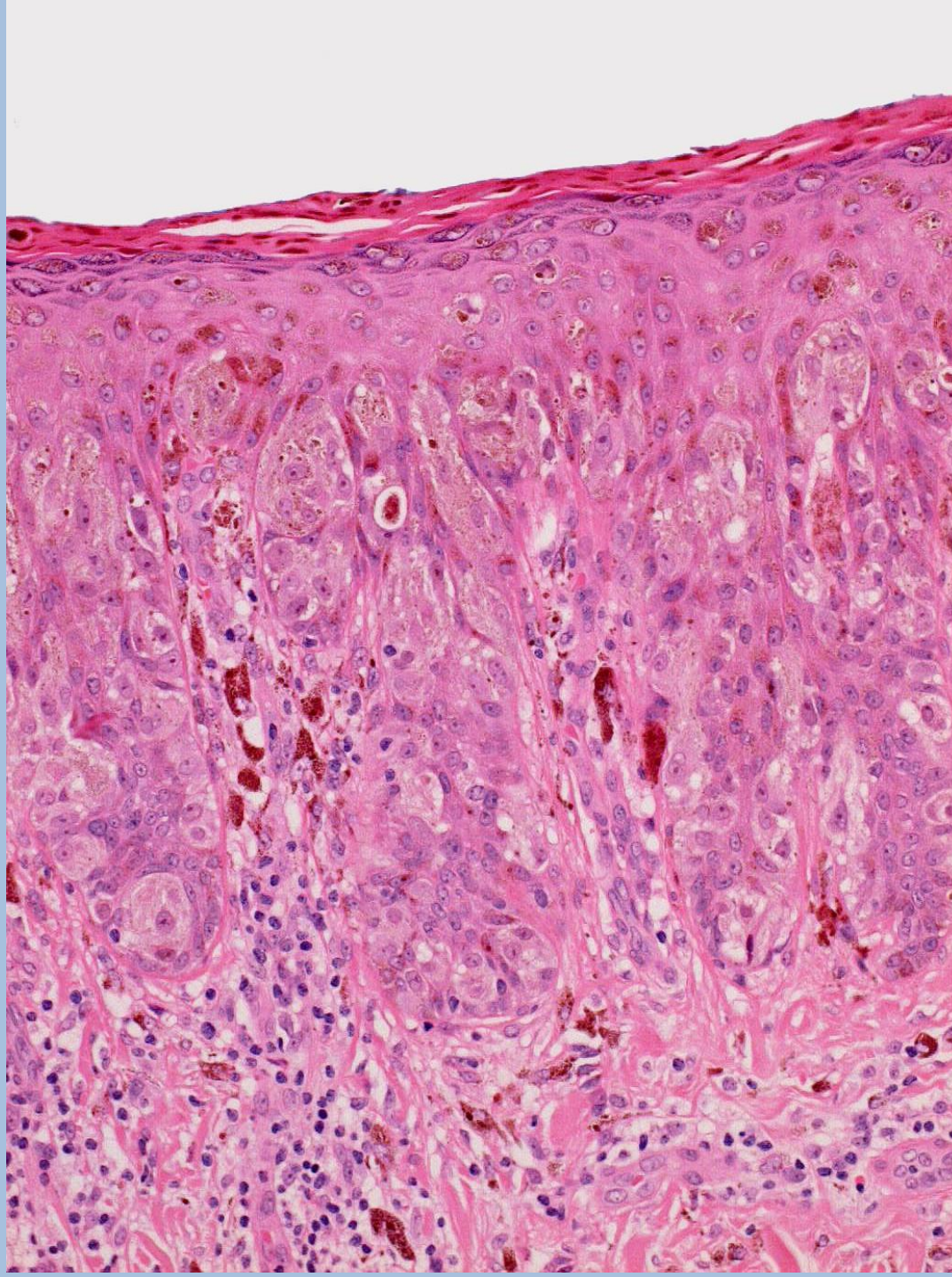
Case 26

- F26
- Dark pigmented lesion of right buttock





Edge of lesion



Case 26

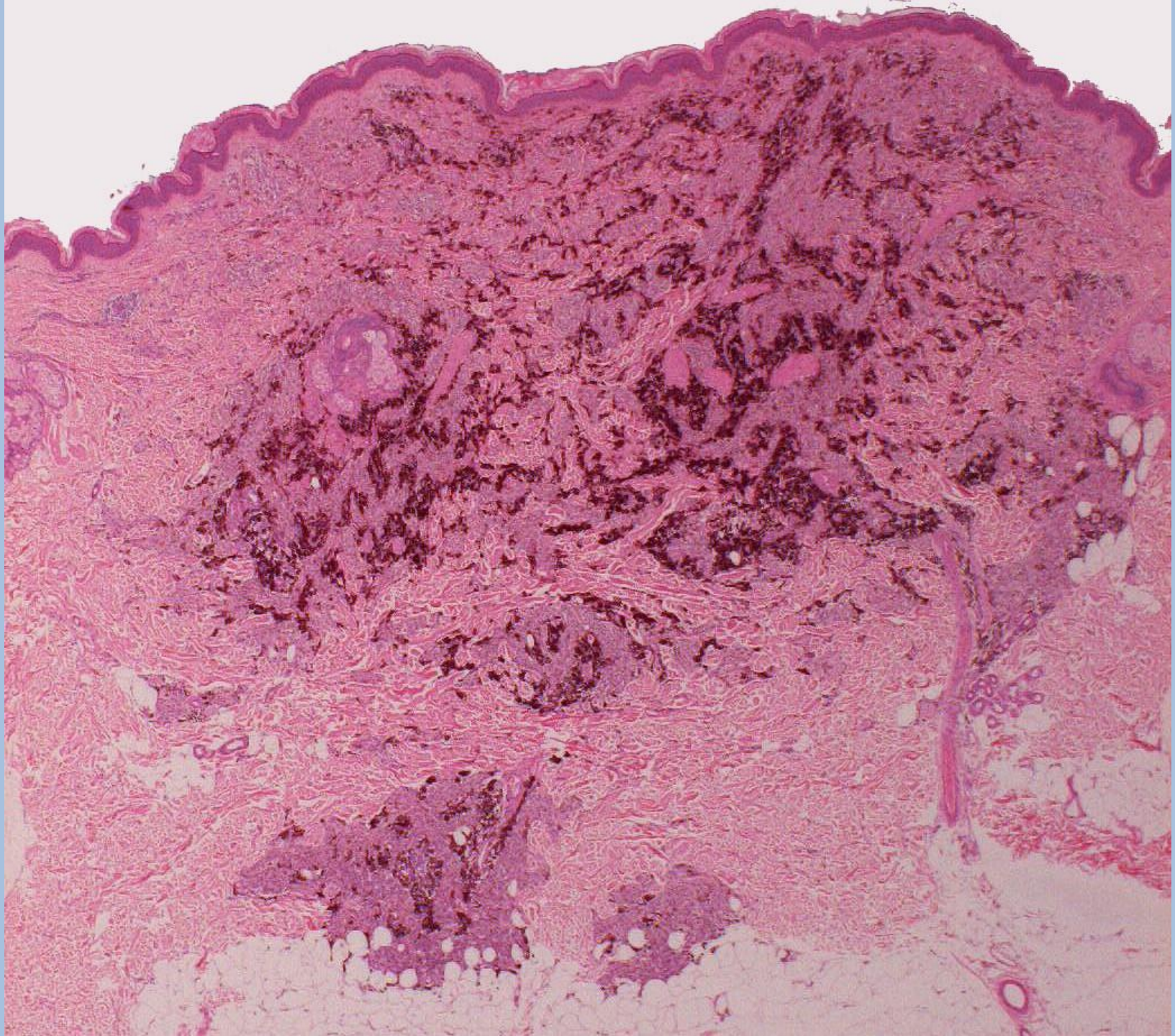
- Compound naevus
- Buttock, dark, small, circumscribed
- Symmetrical, well defined
- Slightly irregular nests but cells perpendicular to epidermis
- Focal pagetoid migration

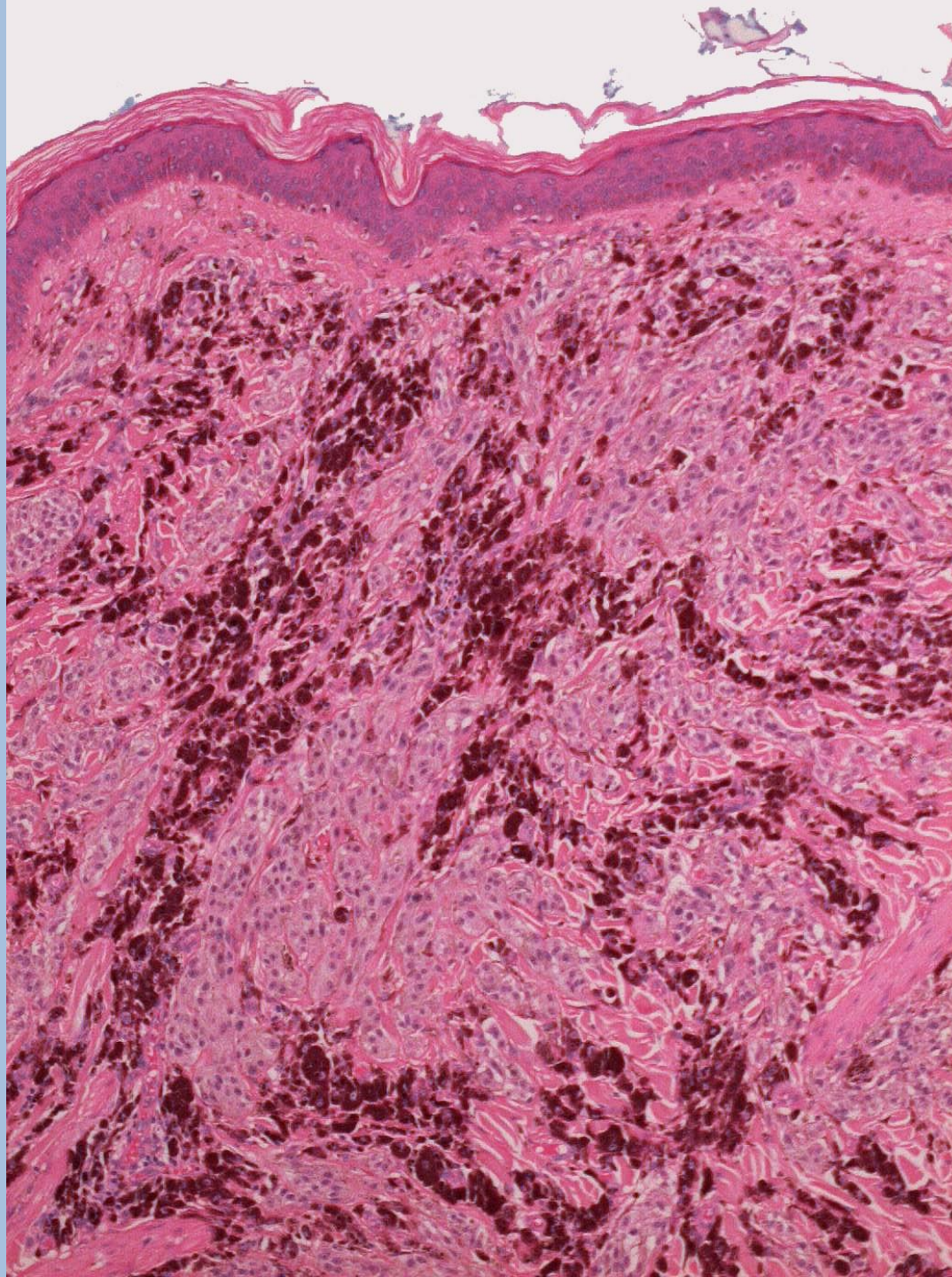
Spindle cell naevus/pigmented Spitz naevus

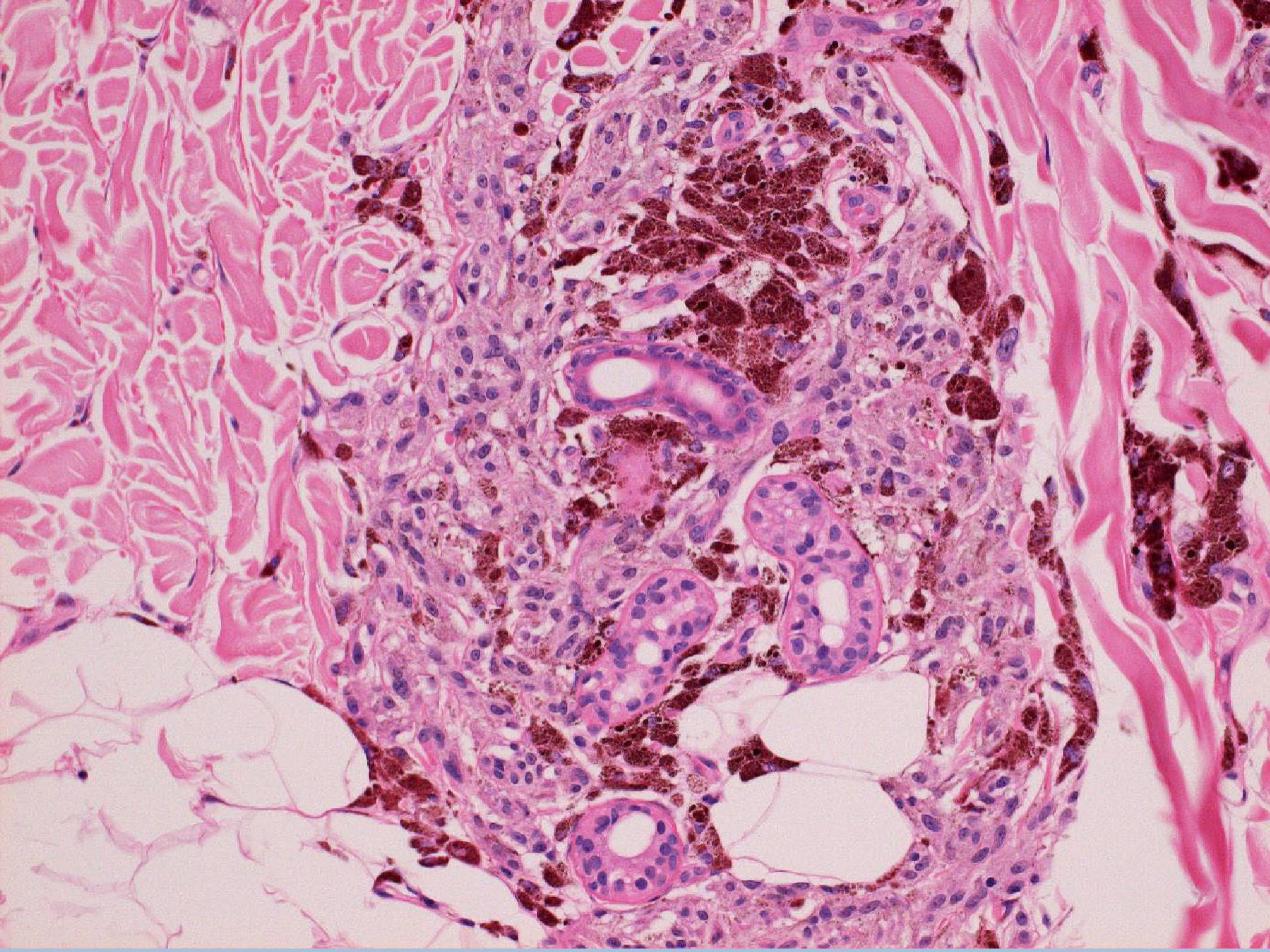
- Later lesions have confluent nests
 - But:
 - Maintain benign silhouette
 - Pagetoid cells central, symmetrical
 - Mitotic figures superficial
 - No papillary dermal fibrosis
 - Usually no random atypia
 - No expansile dermal component

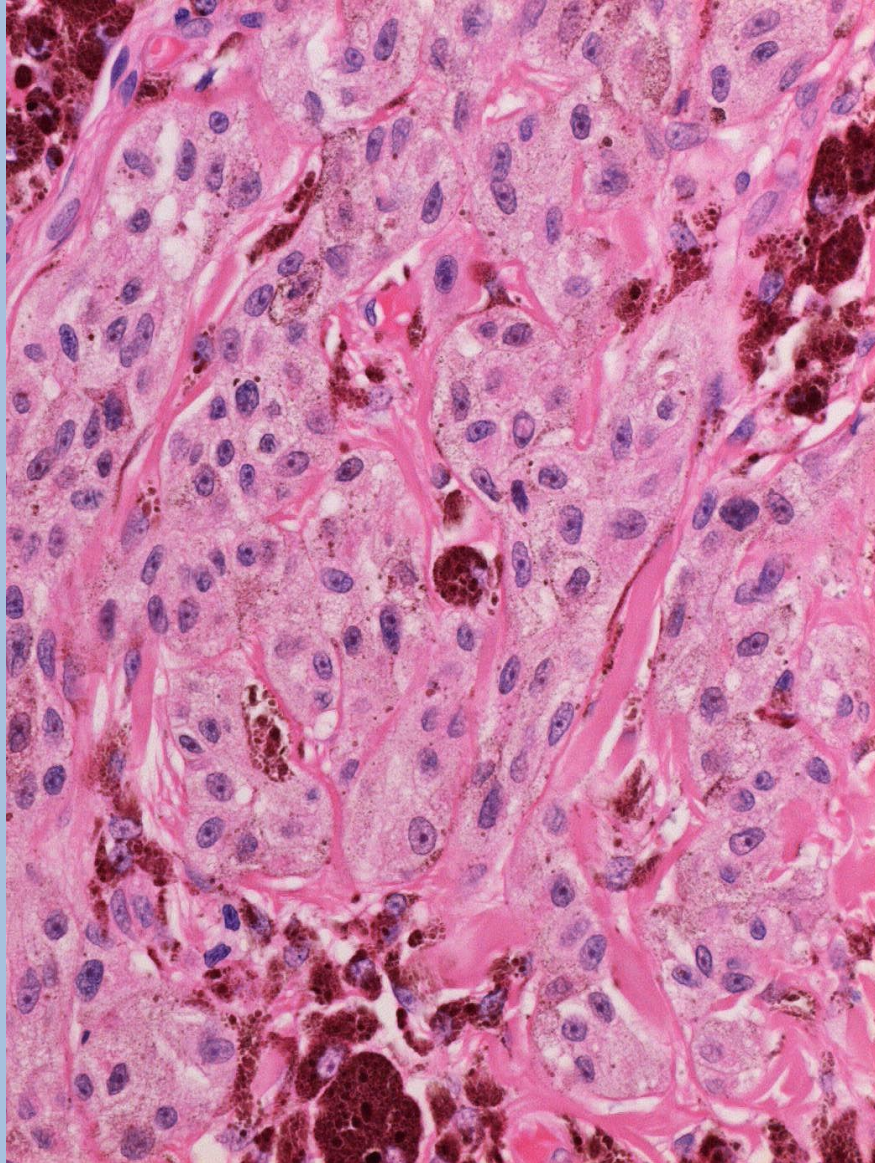
Case 27

- M 40
- Pigmented lesion on right upper arm

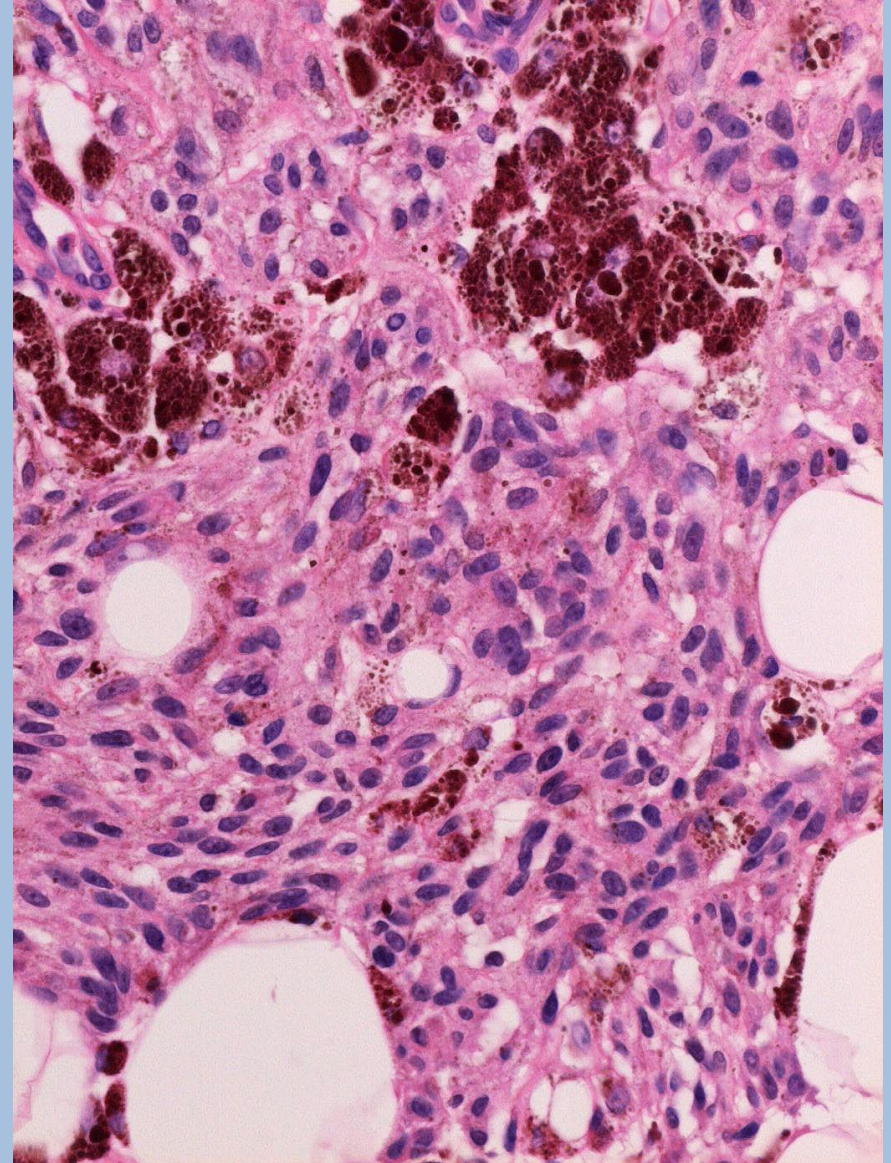








superficial



deep

Case 27

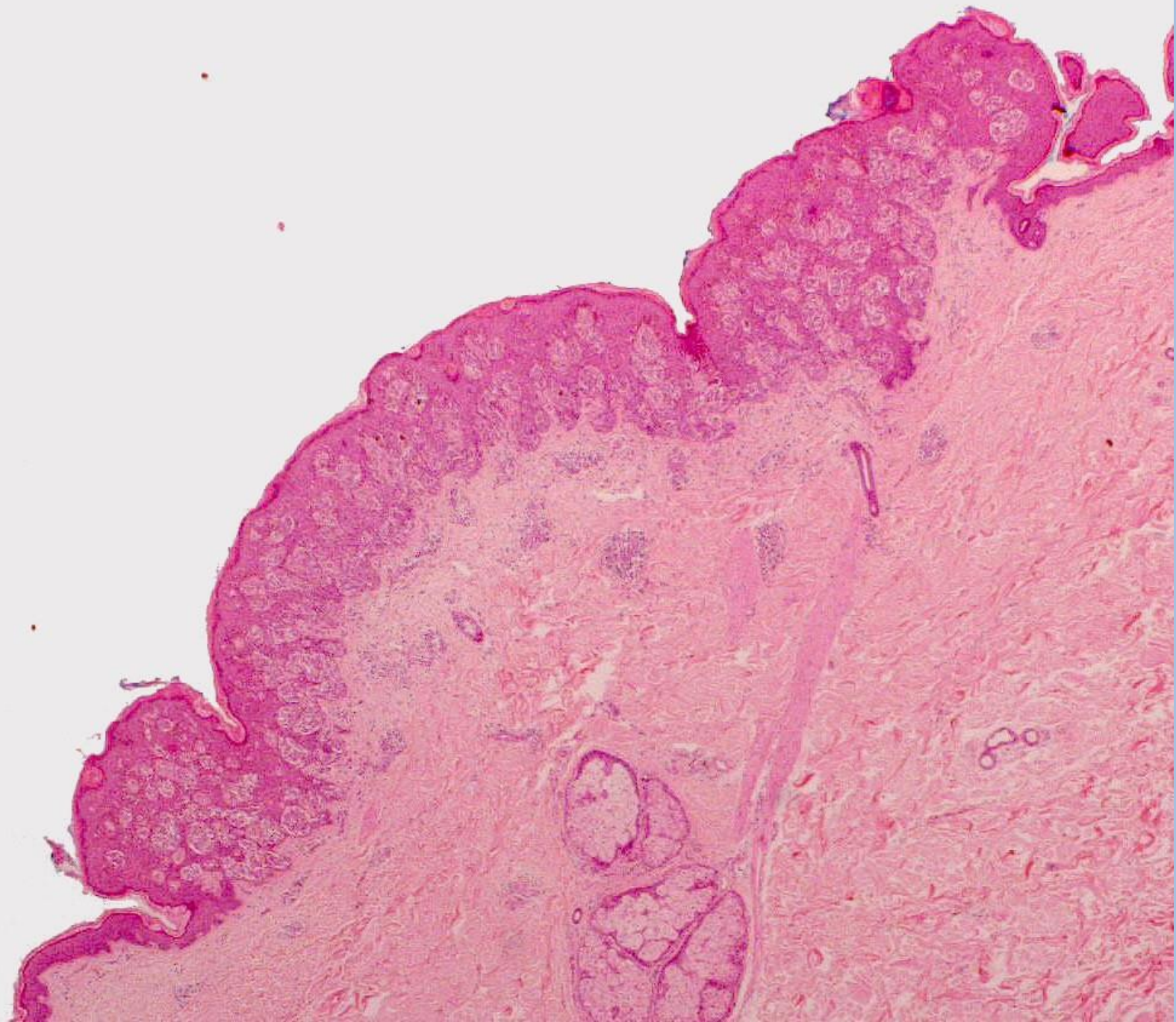
- Symmetrical
- Periadnexal and perineurovascular growth pattern
- +/- minor junctional component
- Epithelioid to spindle cells with depth
- Fishnet pattern of melanophages
- Intranuclear inclusions
- Pleomorphism, sparse mitotic figures
- Plaque and atypical variants occur

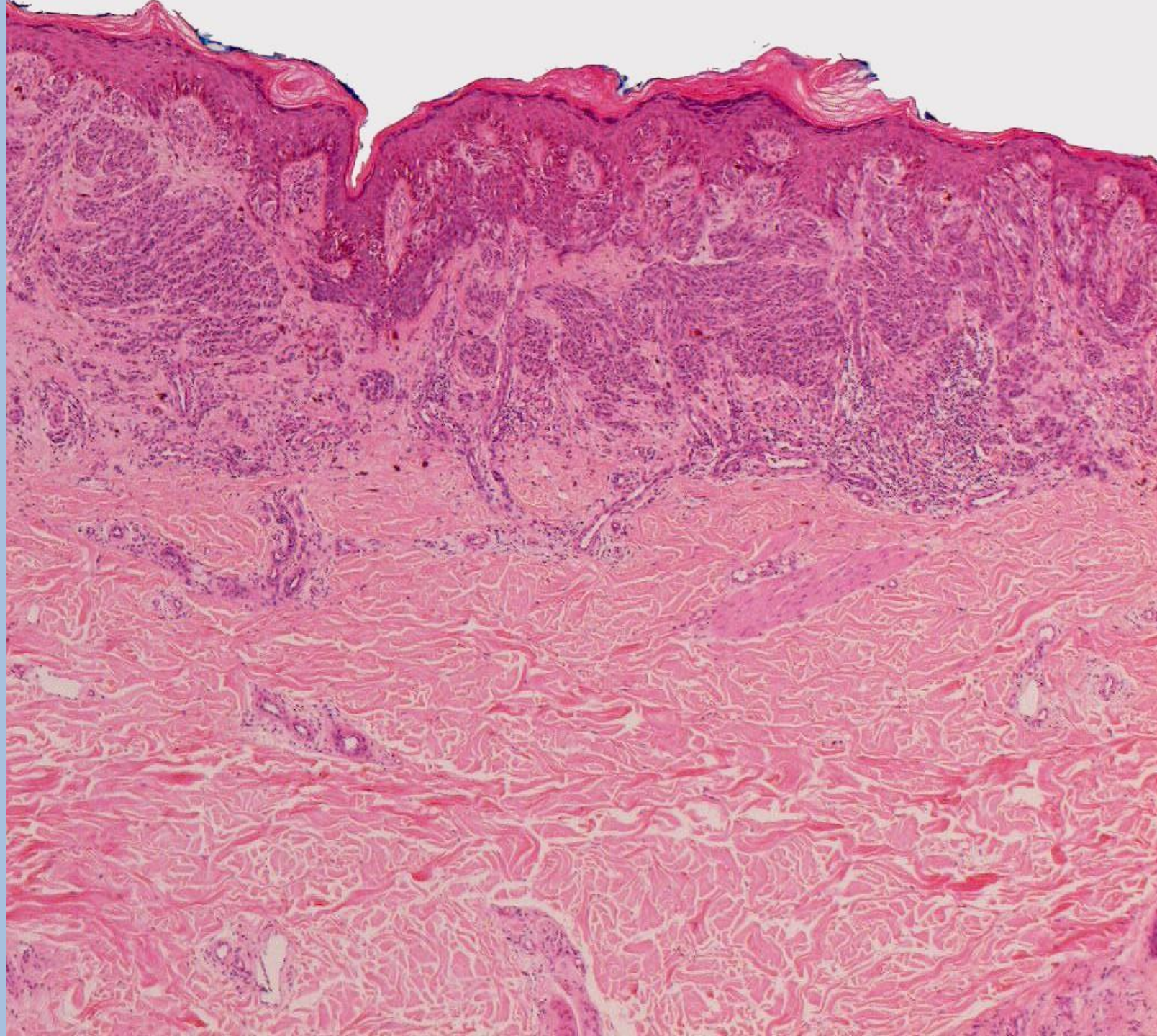
Deep penetrating naevus

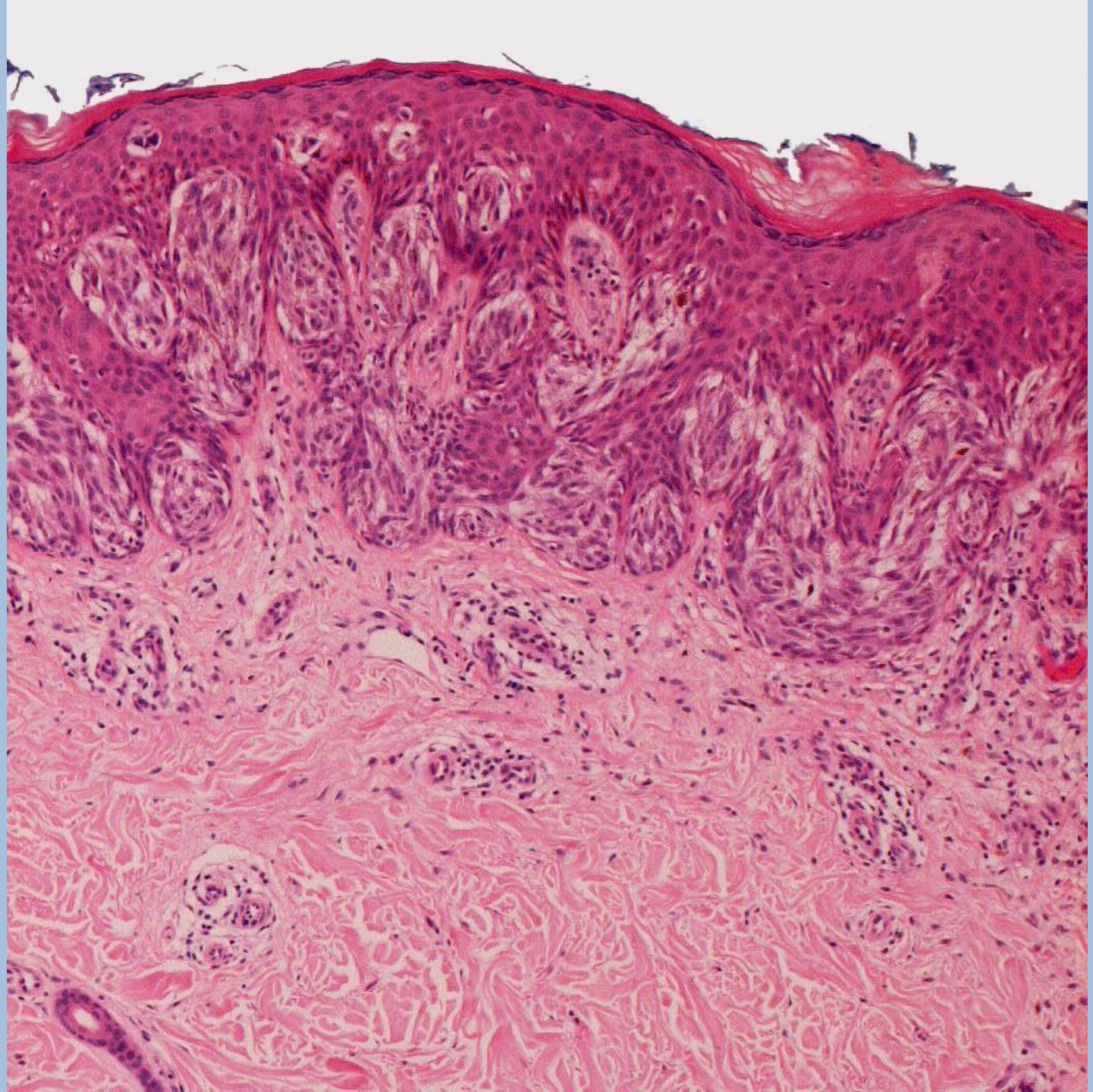
- Diff dx:
 - Cellular blue naevus
 - Often lower back, buttocks, distal extremities
 - Dendritic cells, sclerotic stroma
 - Combined naevus
 - Melanoma

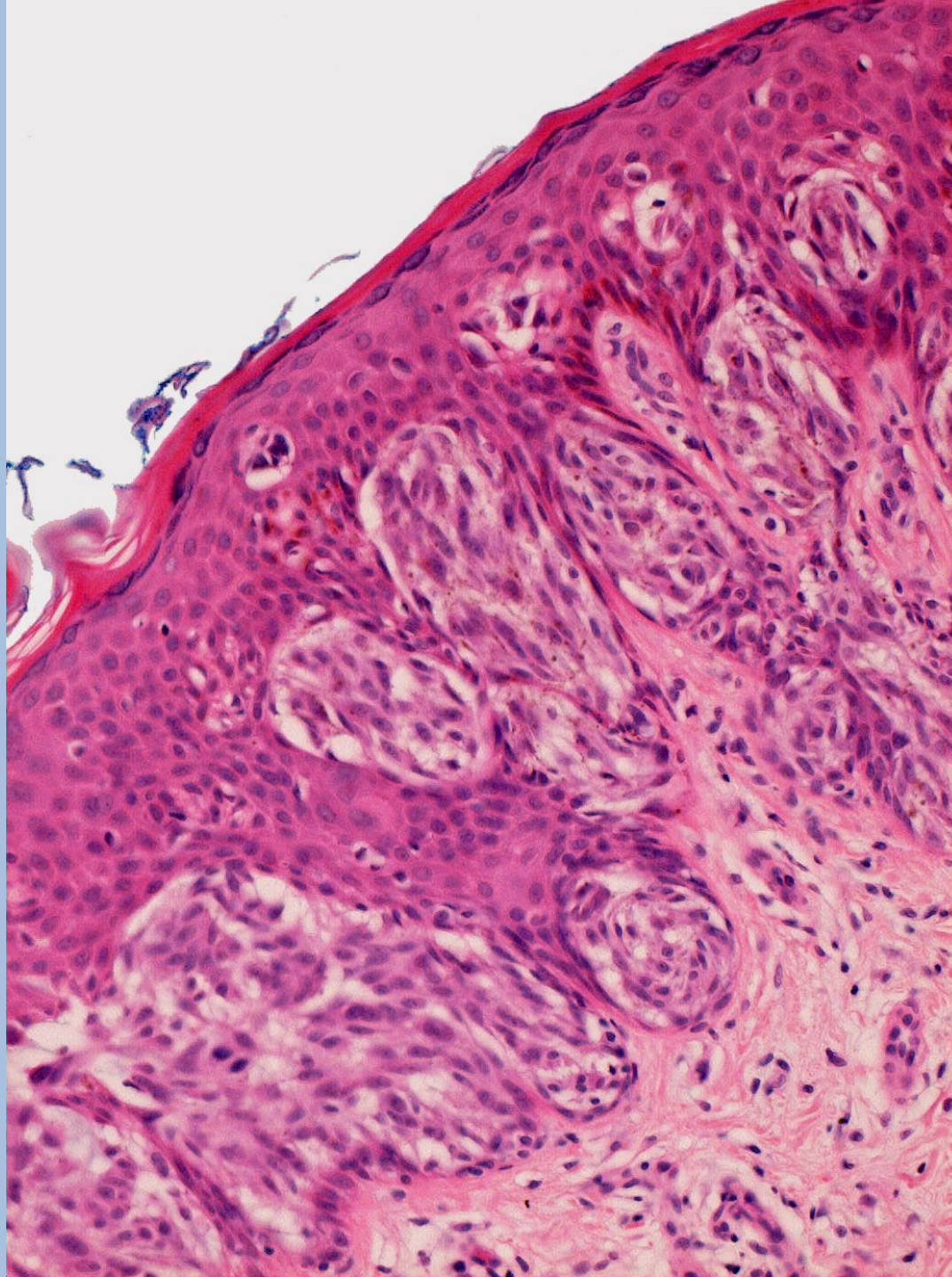
Case 28

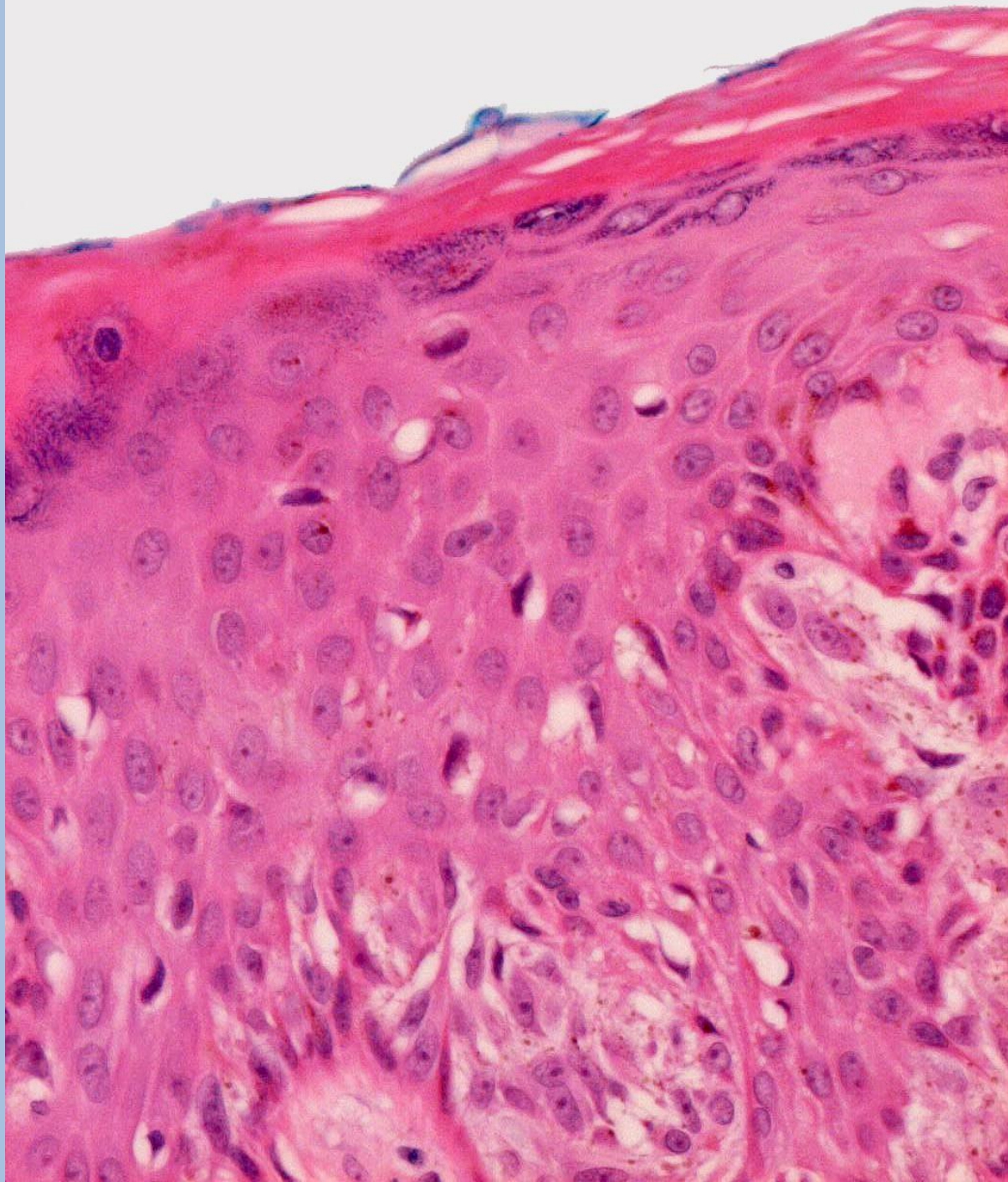
- M 27
- Pigmented lesion on left thigh

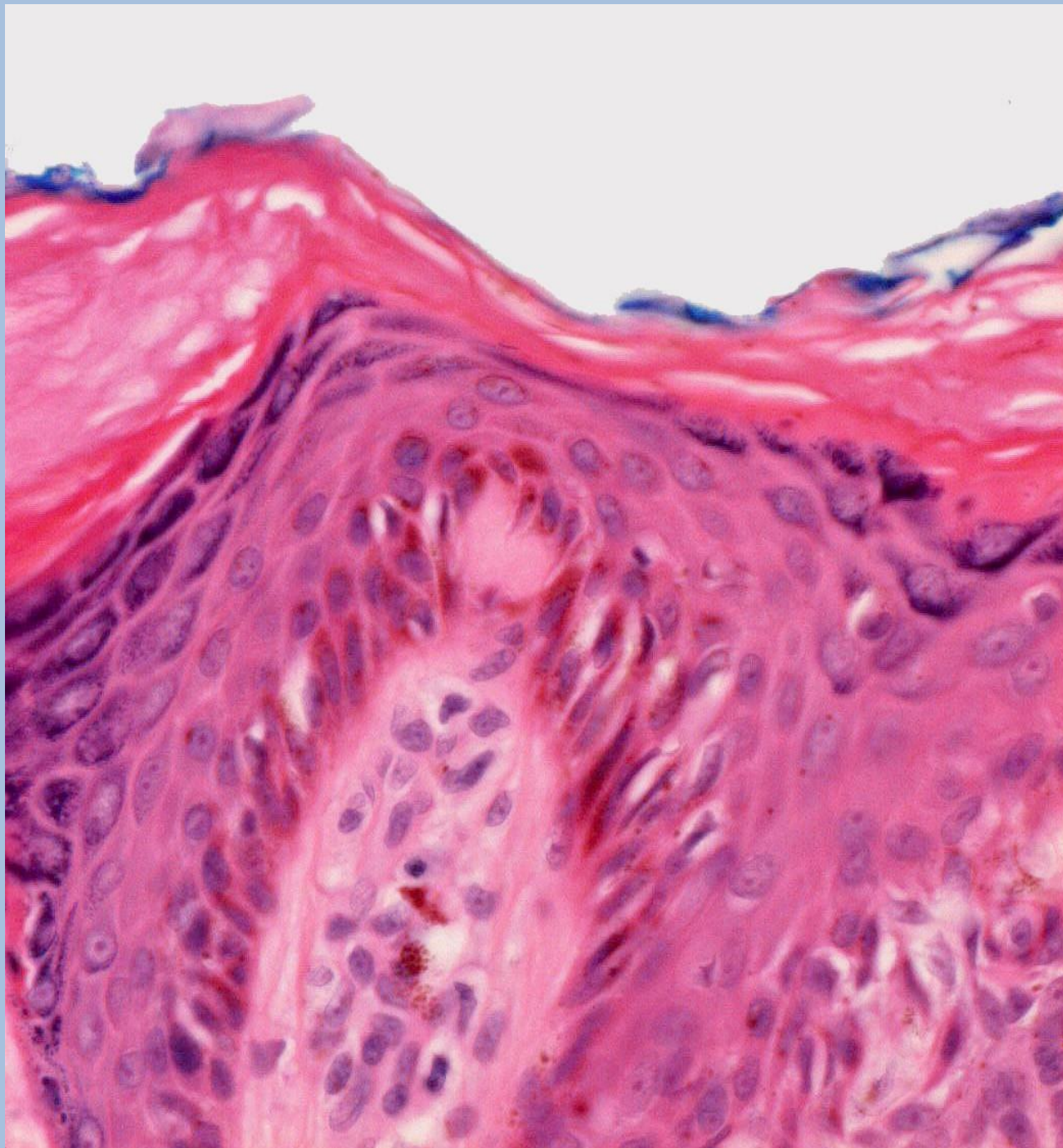


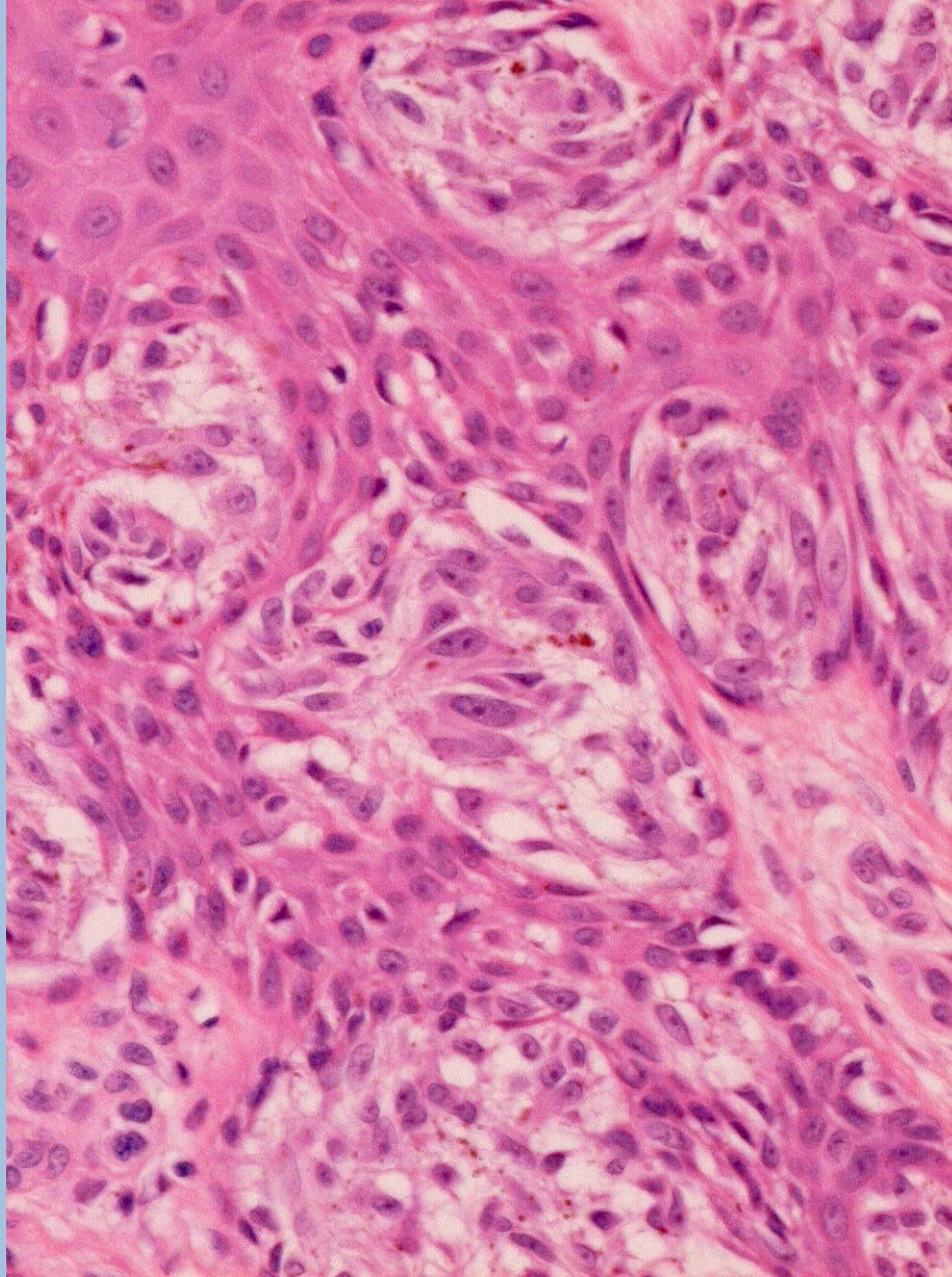


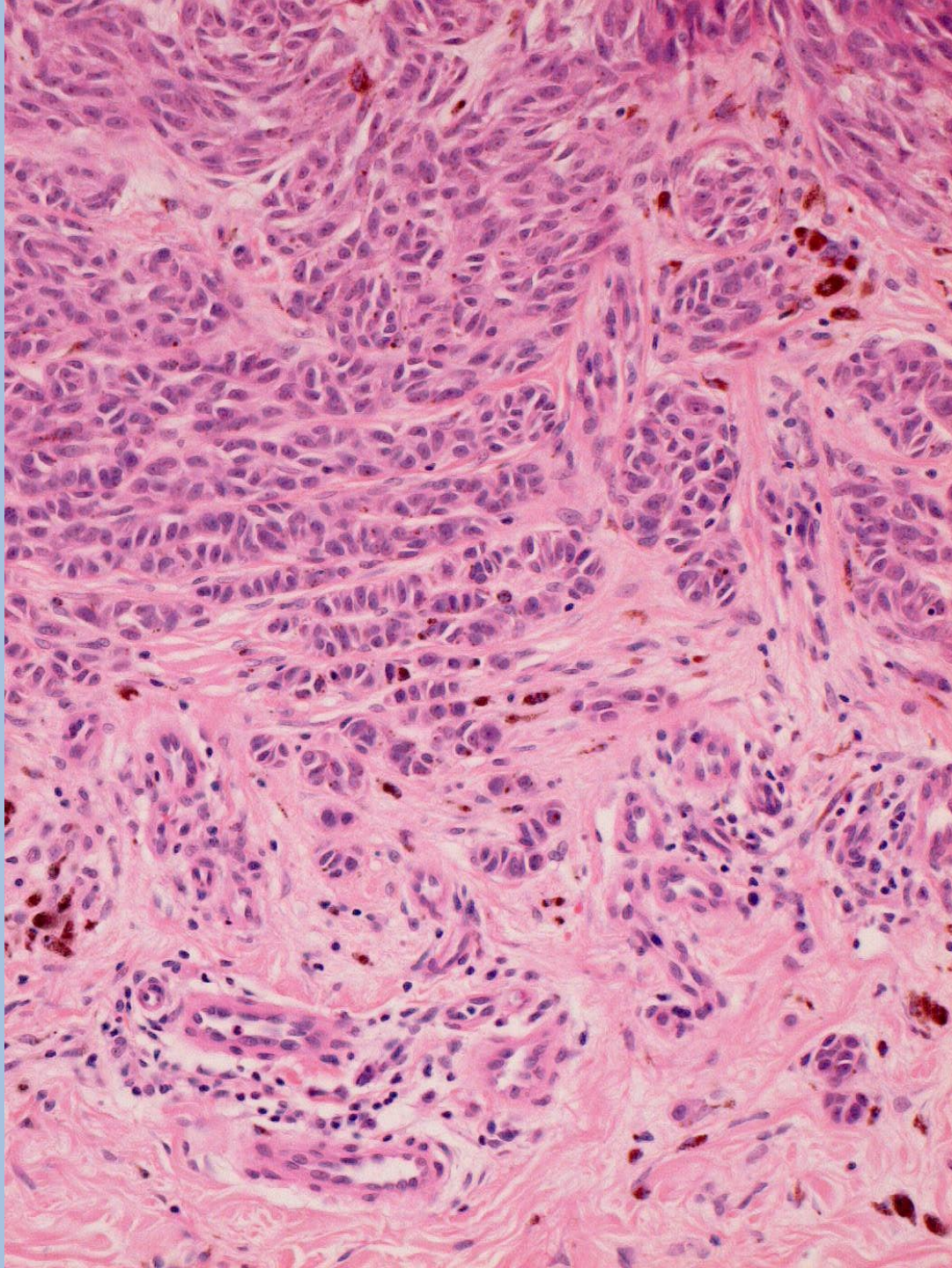












Case 28

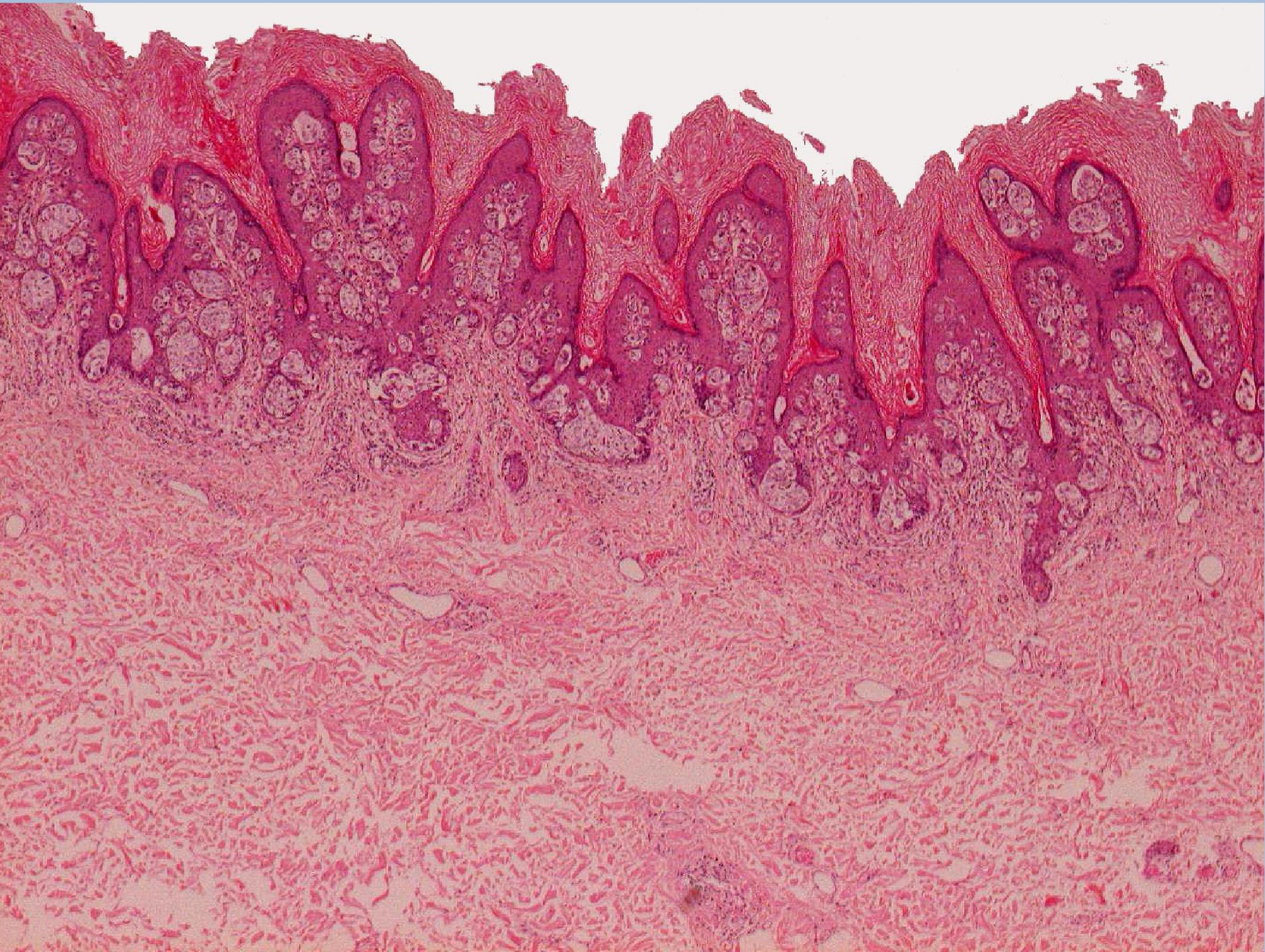
- Compound melanocytic lesion
 - Well circumscribed, symmetrical
 - Clefting, streaming, evenly distributed nests
 - Epithelioid and spindle cells, well defined cytoplasm
 - Maturation with depth, infiltrative deep margin
 - No deep mitotic figures

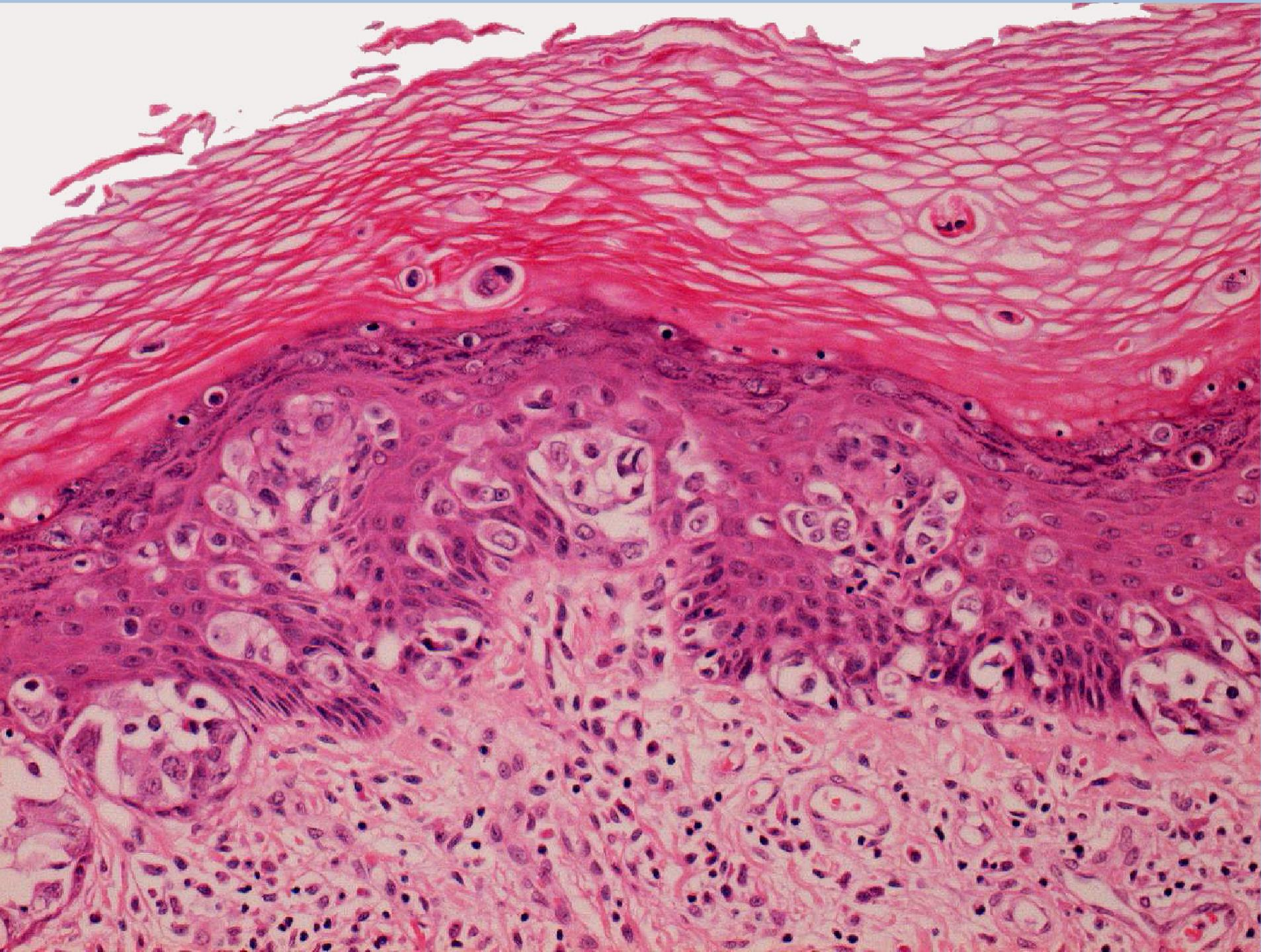
Spitz naevus

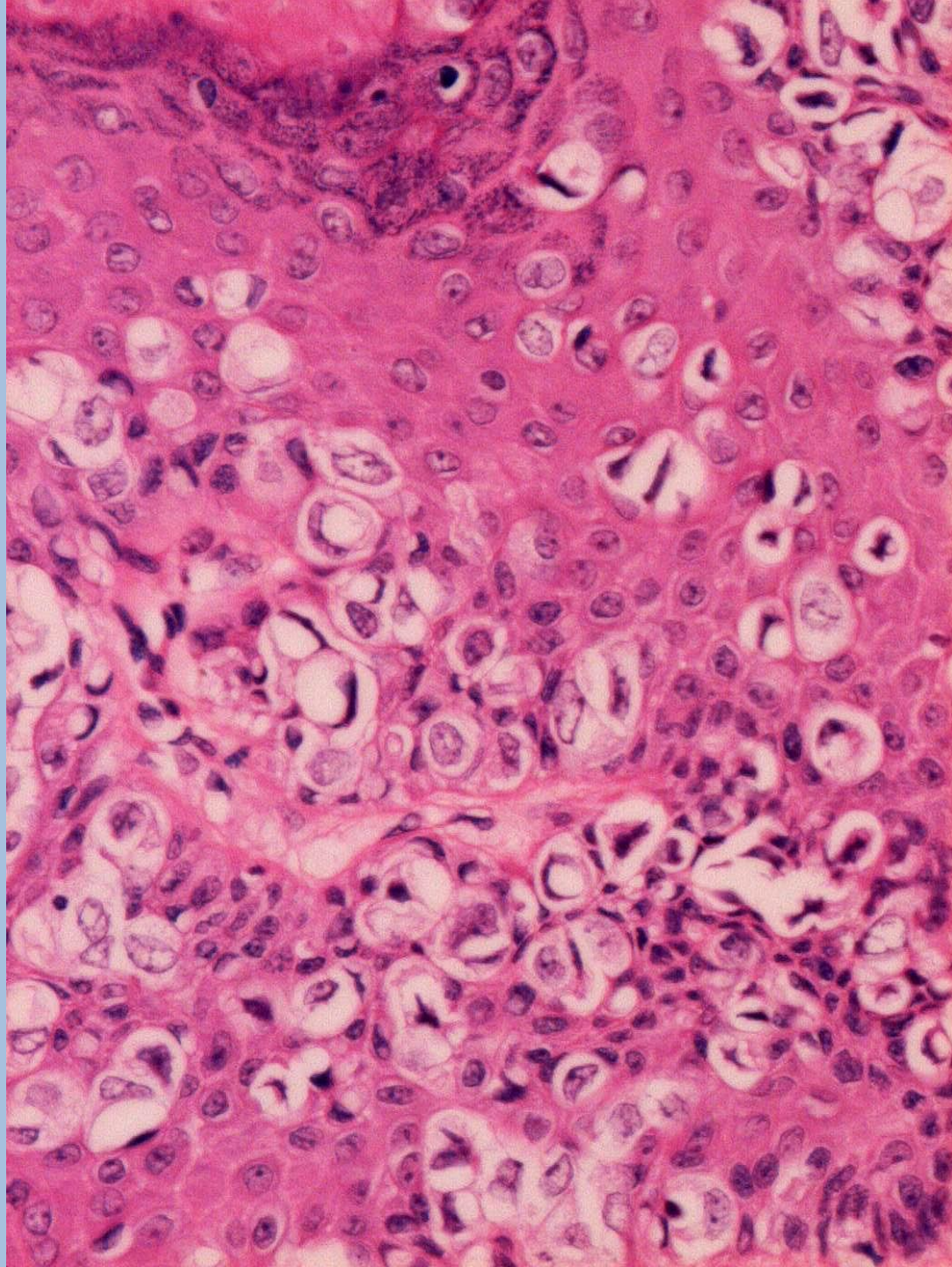
- Variants
 - Pigmented spindle cell naevus
 - Pagetoid Spitz
 - Pigmented epithelioid cell naevus
 - Desmoplastic naevus
 - Dysplastic or special site changes
 - Atypical Spitz

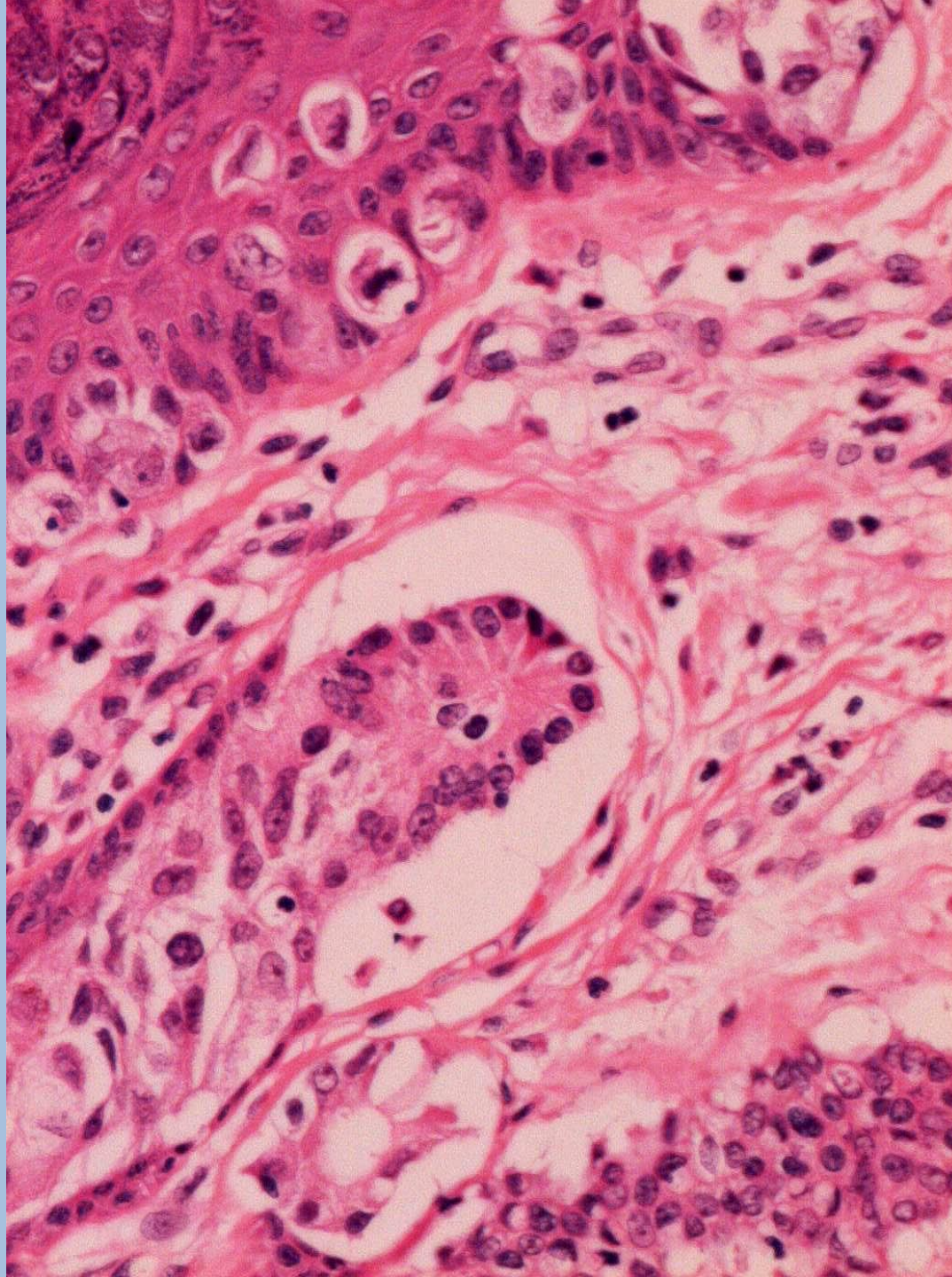
Case 29

- M 63
- Erythematous lesion left groin







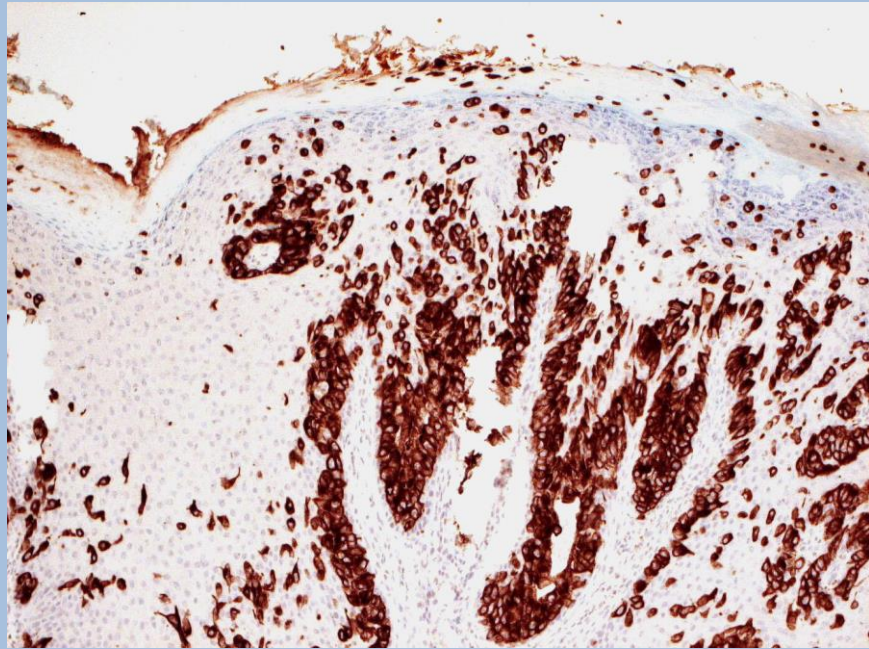
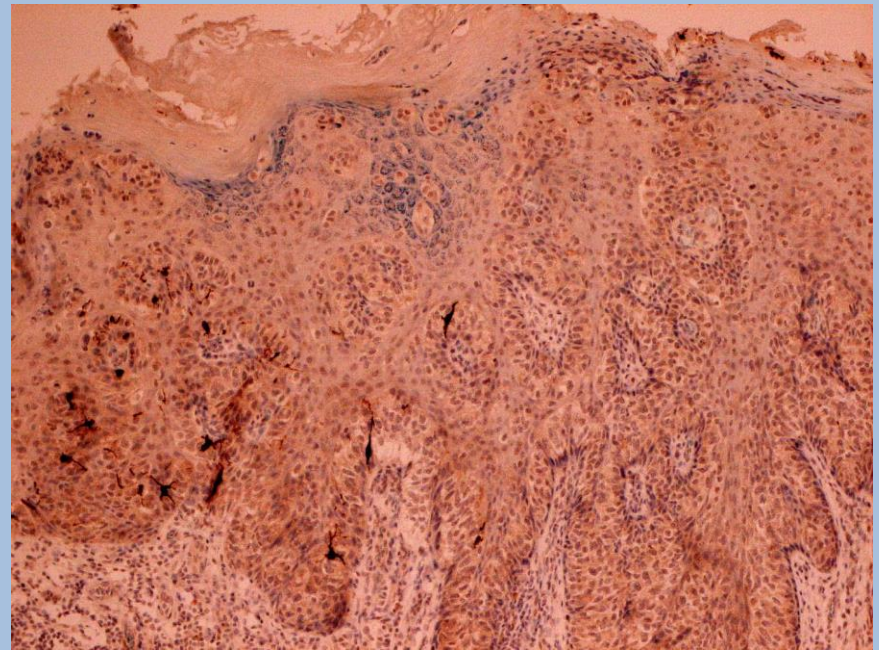


Case 29 – pagetoid pattern

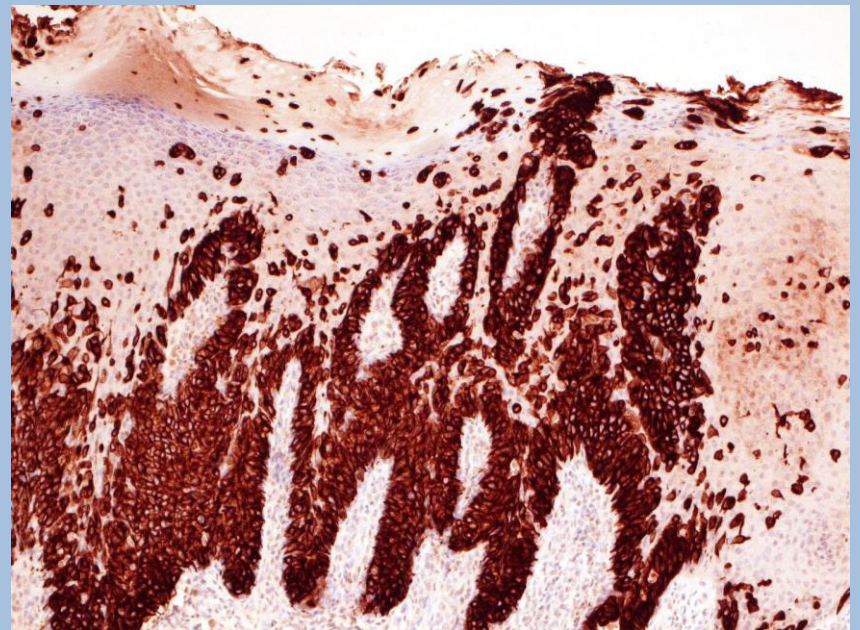
- **Paget's disease**
- **Extramammary Paget's**
 - 70% apocrine *Ca in situ*
 - Intraepidermal metastasis
 - Direct spread from viscera
- **Sebaceous carcinoma**
- **Merkel cell carcinoma**
- **Porocarcinoma**
- **Superficial spreading malignant melanoma**
- **Acral/special site naevi**
- **Spitz naevi**
 - Pagetoid Spitz
 - Spindle cell naevus
- **Bowen's disease**
 - Desmosomes, keratohyaline,
 - CAM5.2 -ve
- **Clear cells of Toker**
 - smaller than Paget cells
 - Larger than keratinocytes
 - CK7, EMA, CAM 5.2, ER
- **Pagetoid dyskeratosis**
 - Artefact - clear halo
- **Clear cell papulosis**
- **Lymphoproliferative**
 - MF, CD8 lymphoma, pagetoid reticulosis
 - Langerhans cell histiocytosis
- **Epidermotropic metastasis**
 - Melanoma, adenocarcinoma

EMPD

Melan-A



CAM 5.2



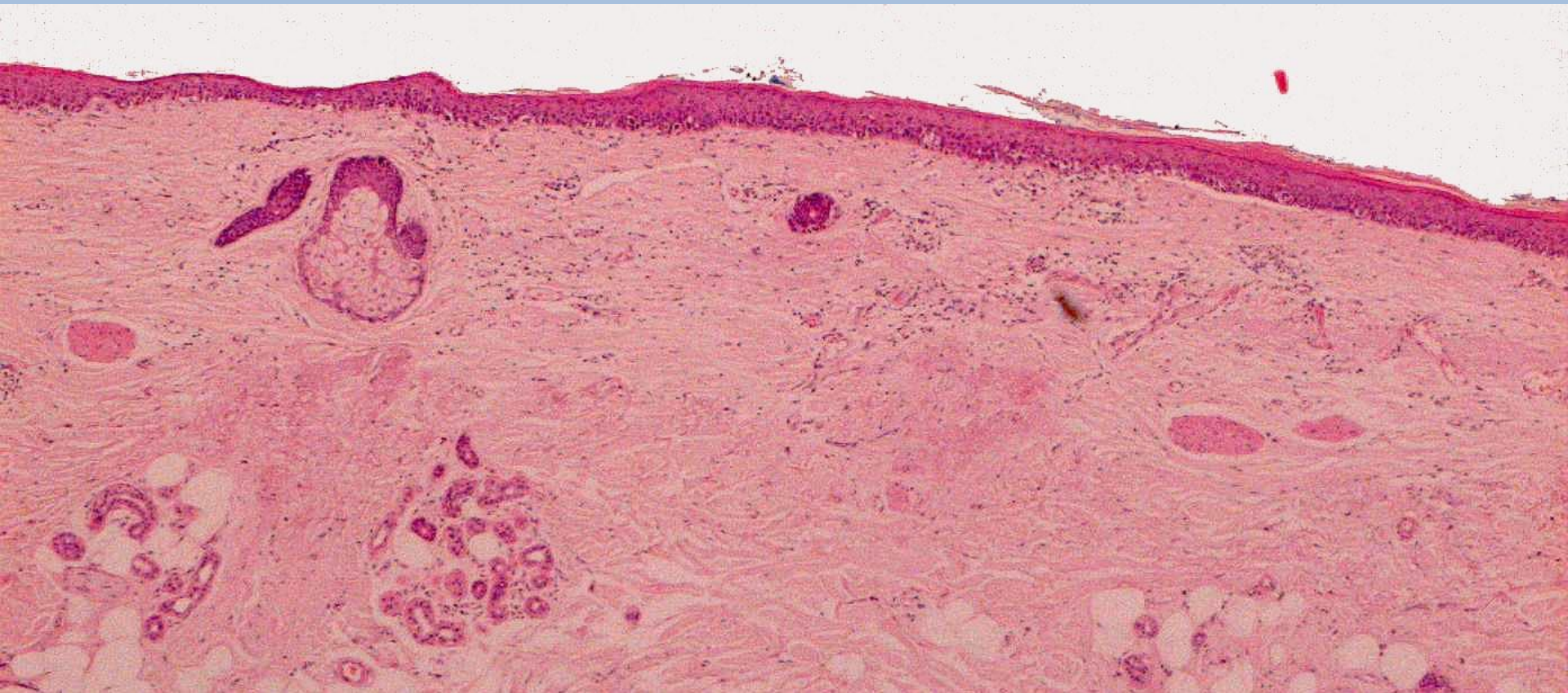
CK 7

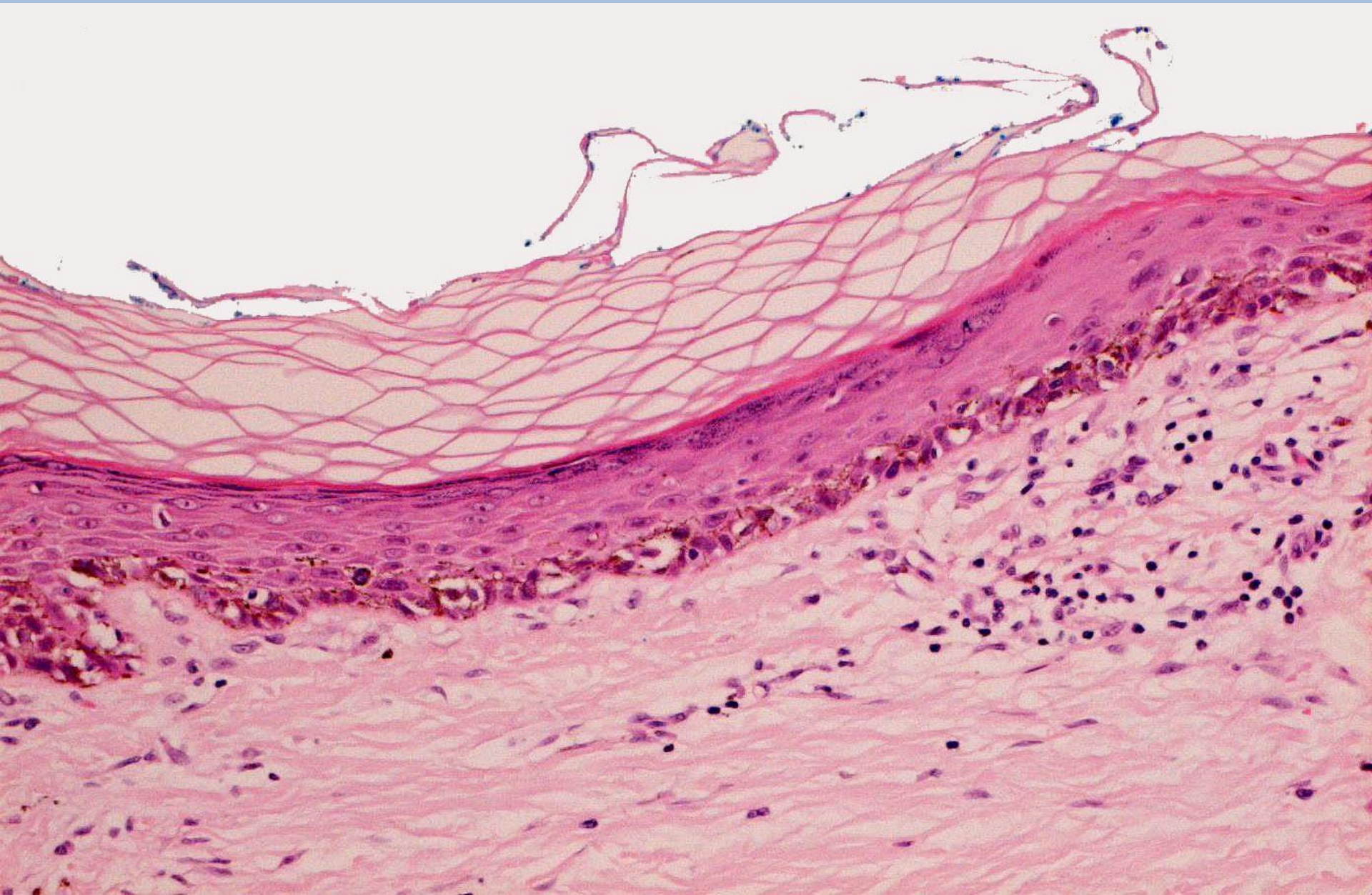
Extramammary Paget's disease

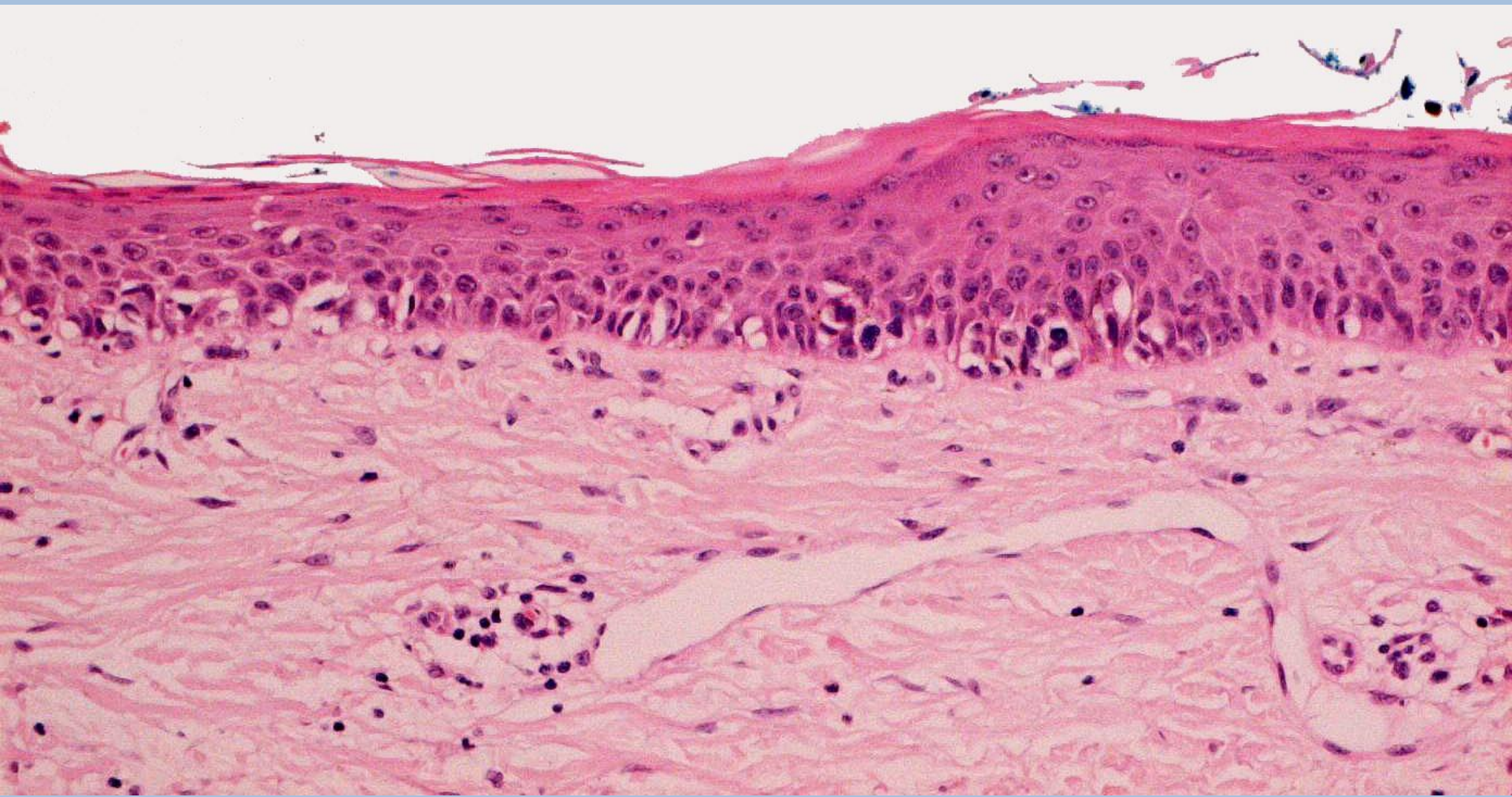
- Large atypical cells, single or nests
- Abundant, slightly granular cytoplasm
- Lack of prickles
- Scattered signet ring cells
- PAS positive
- Up to 30% underlying neoplasm
 - Sweat duct, contiguous visceral
- 70% if perianal
- CAM 5.2
- CEA
- EMA
- Intraepidermal
 - CK 7
 - GCDFP-15
- Visceral
 - CK 20
 - PSA

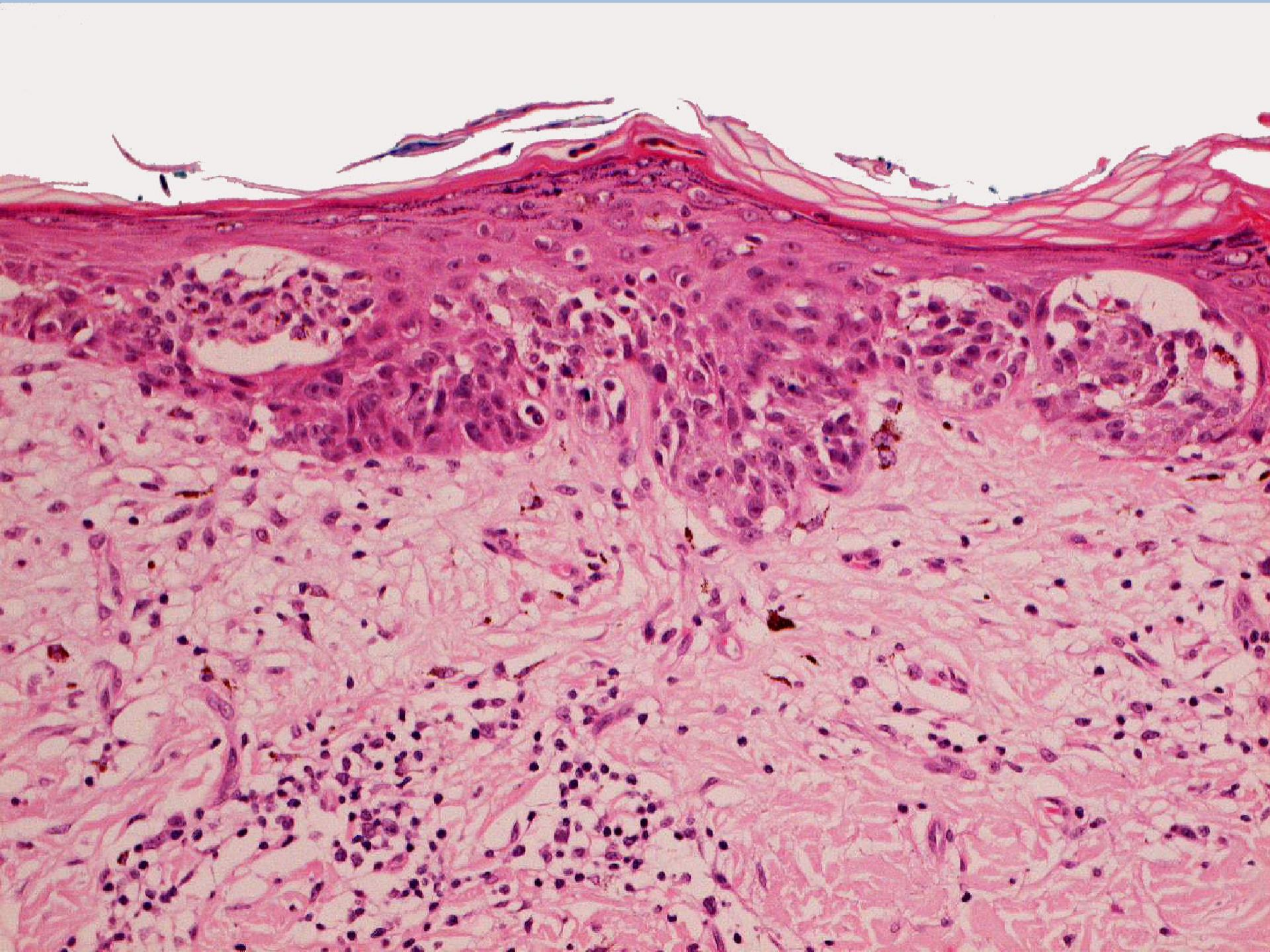
Case 30

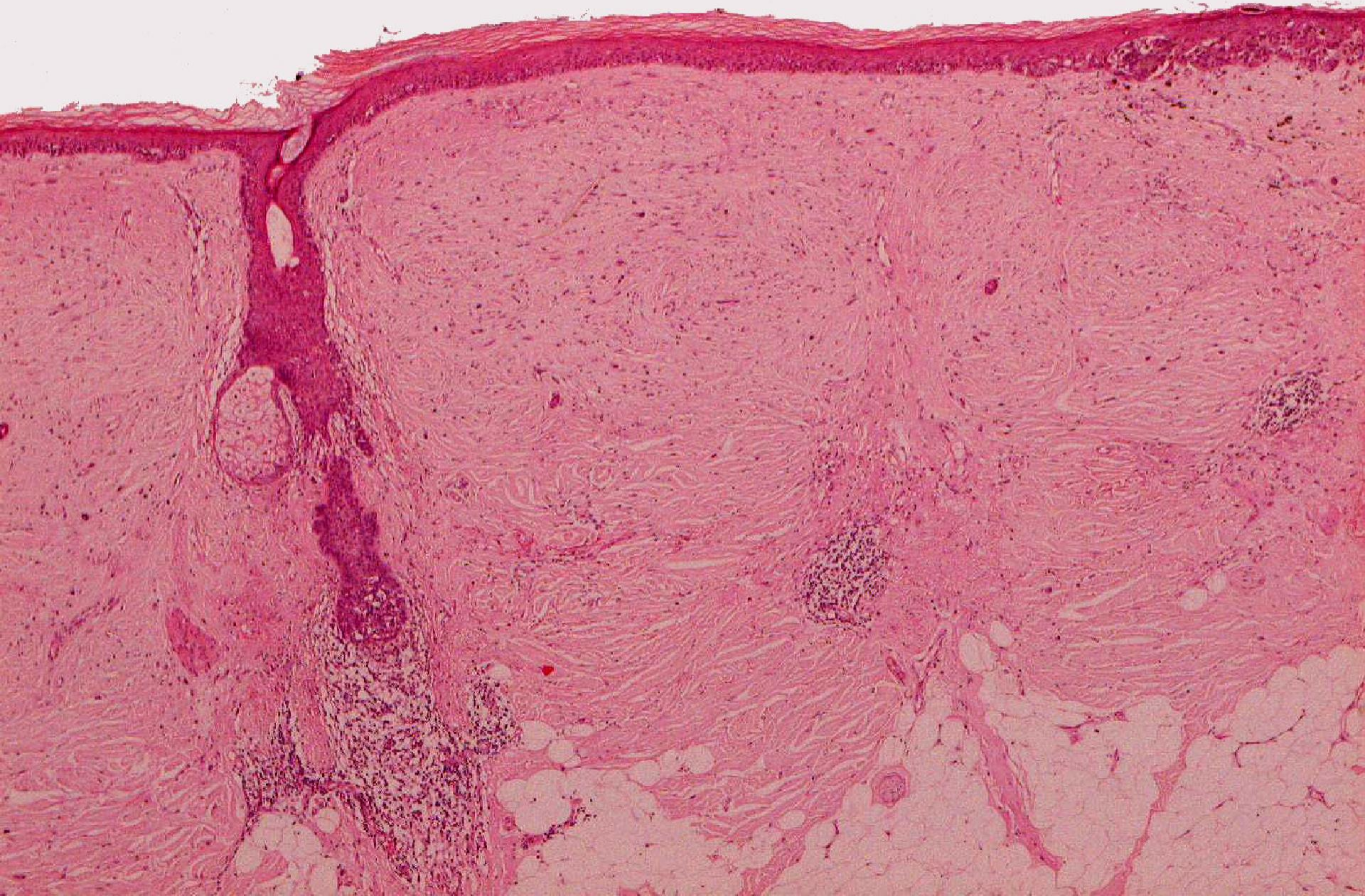
- M 77
- Pigmented macular area on posterior scalp

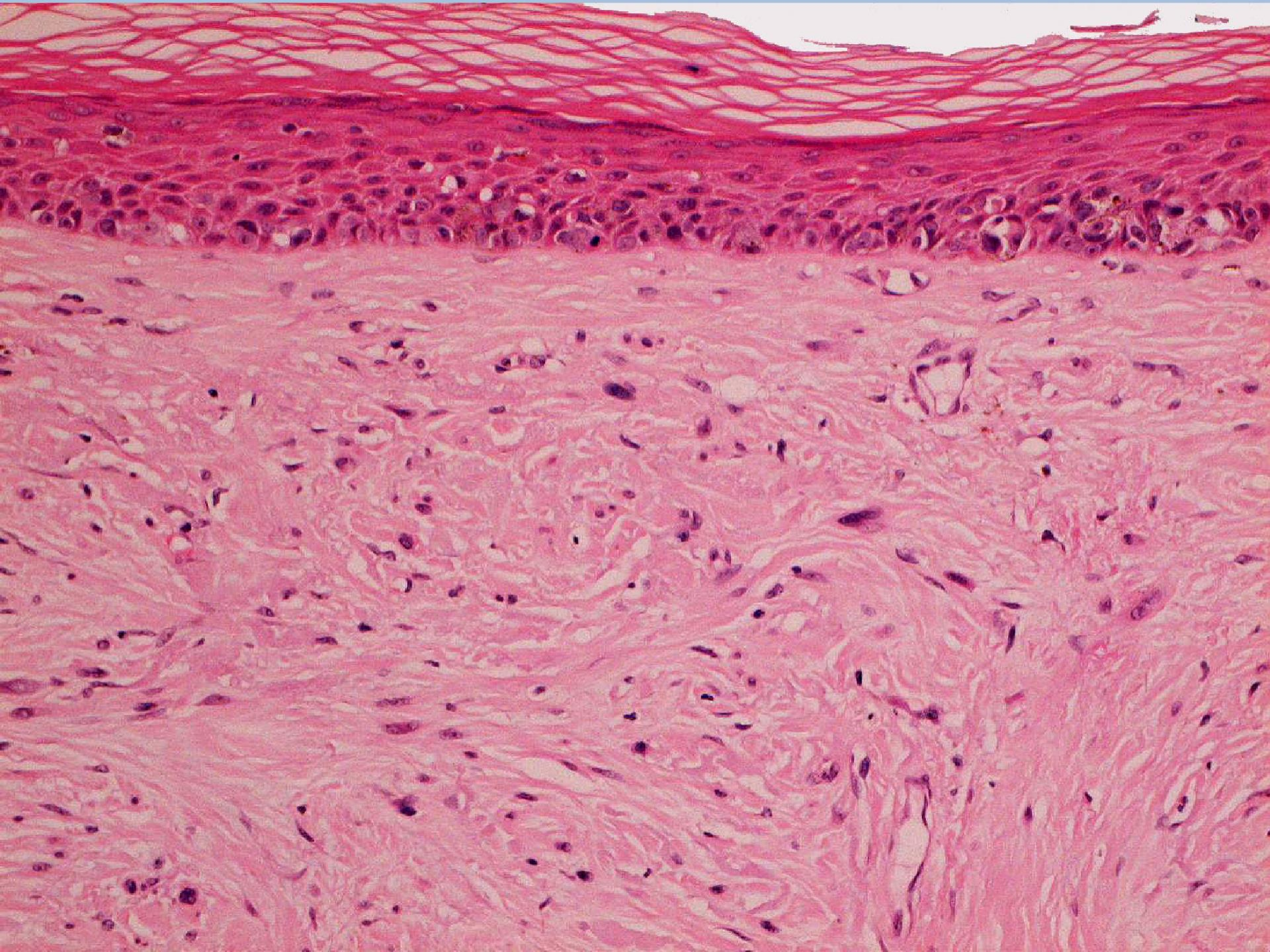


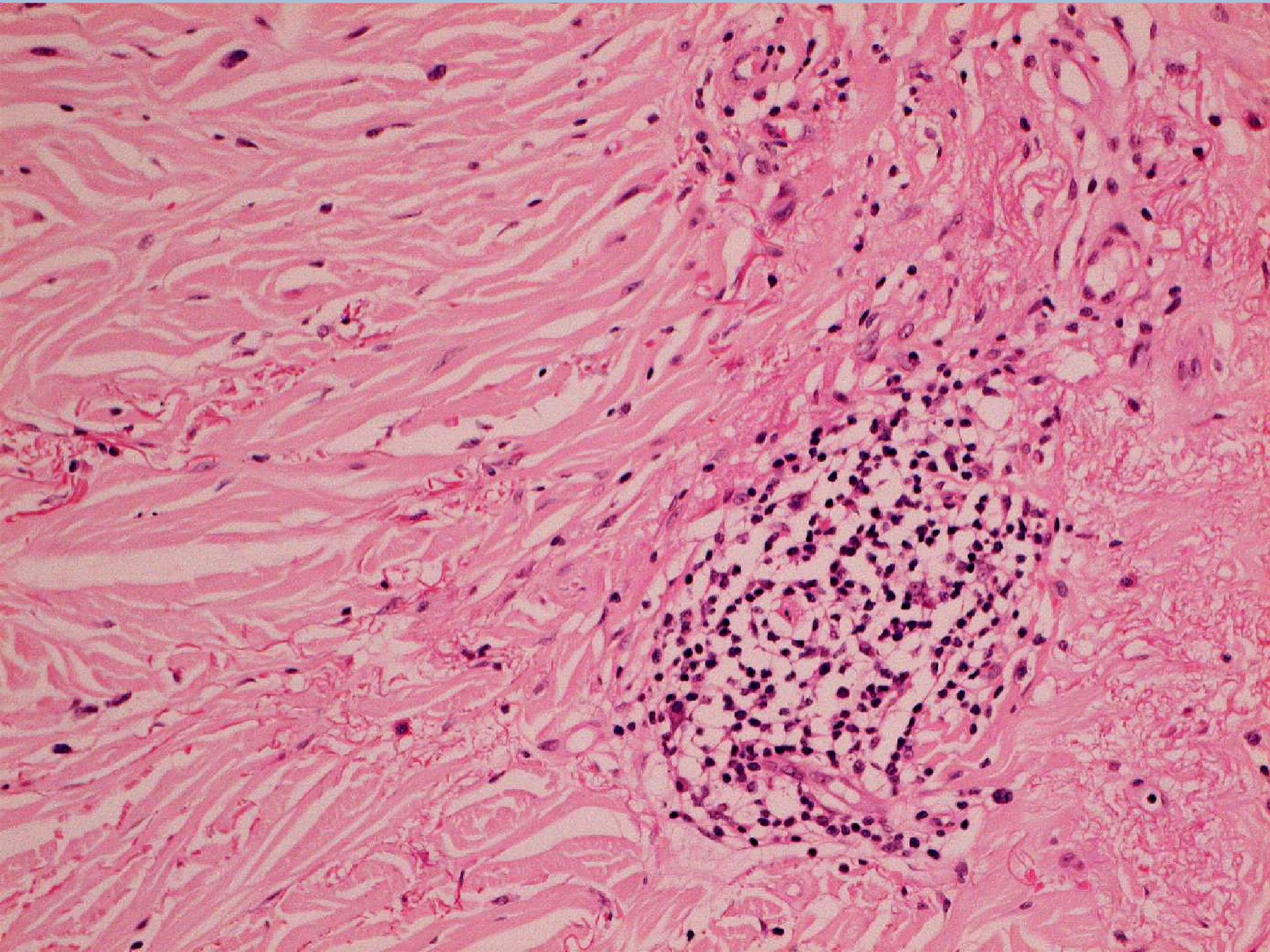


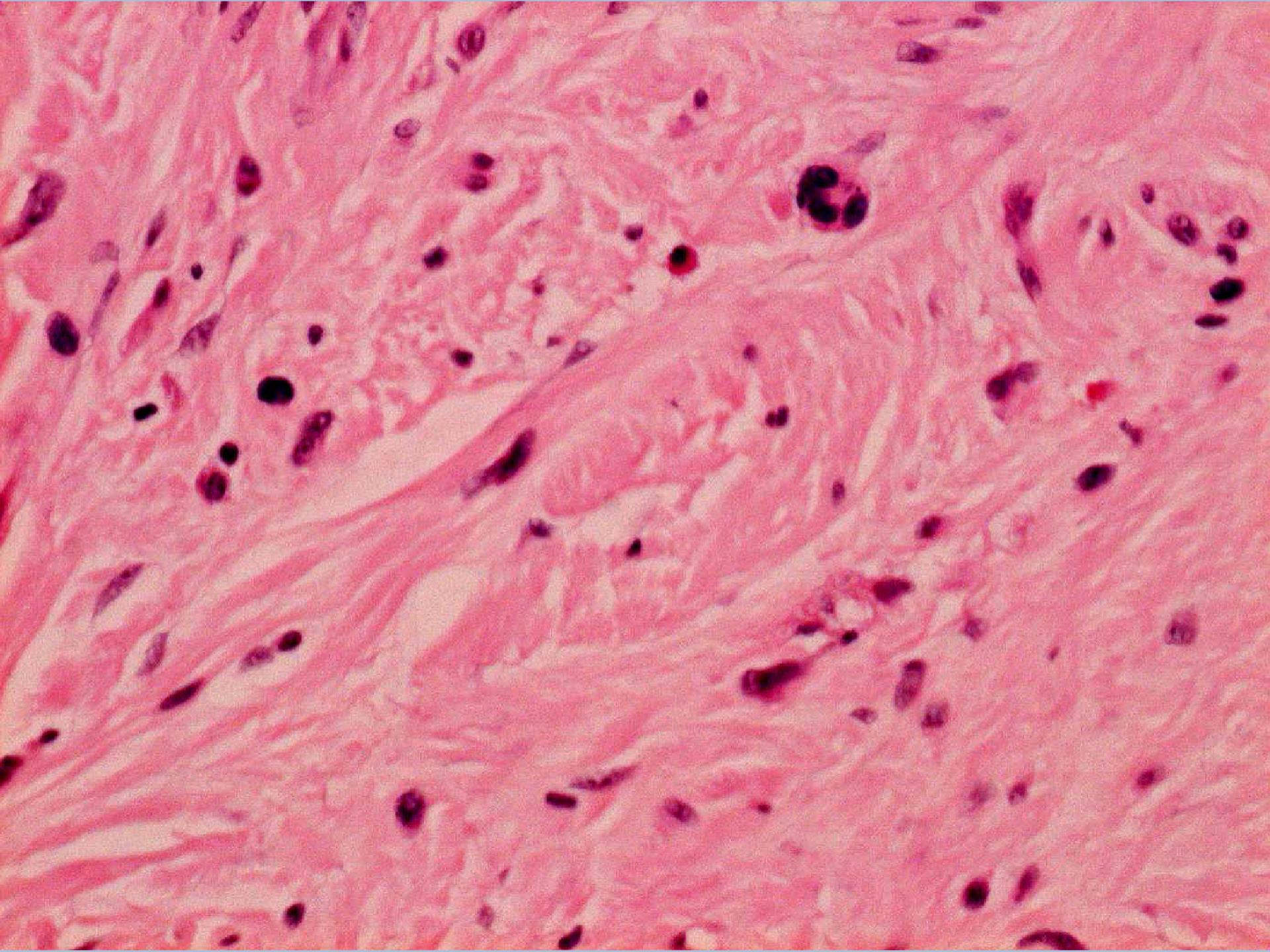




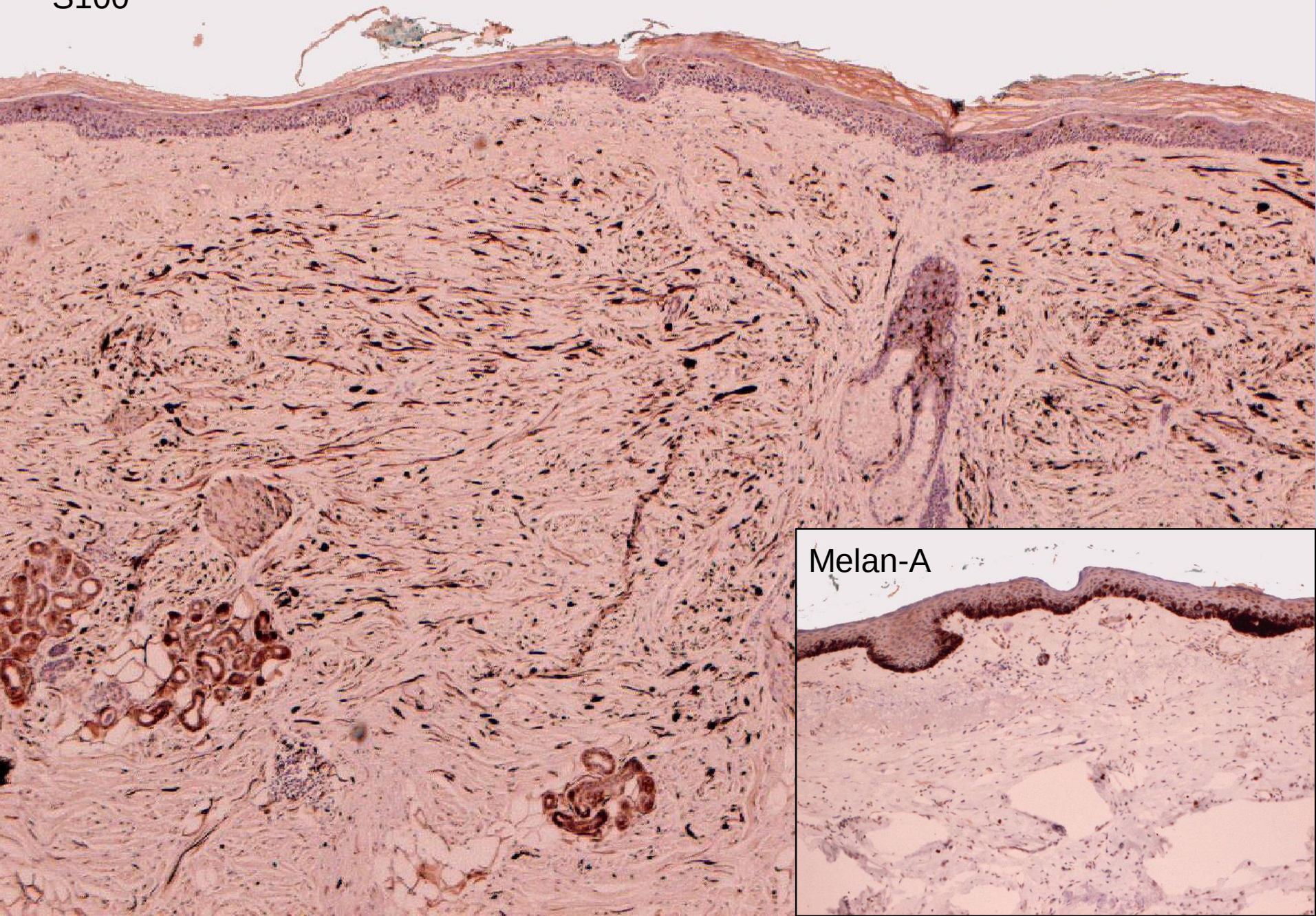




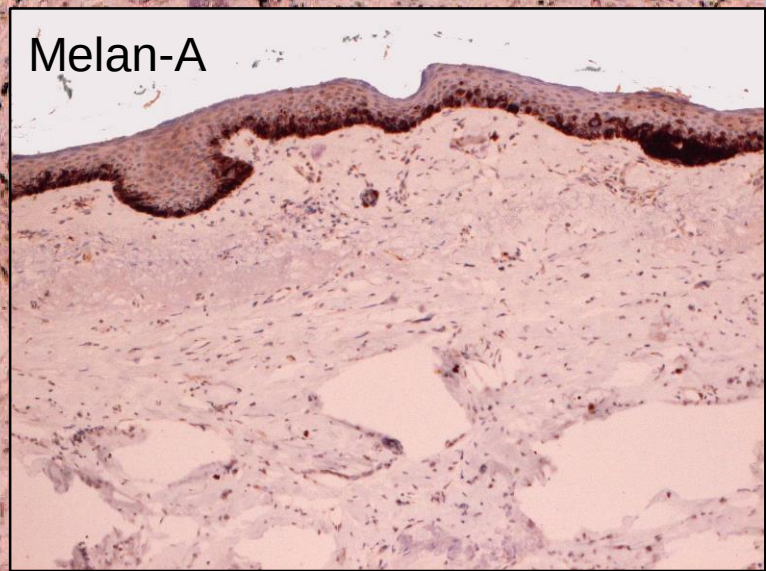




S100



Melan-A



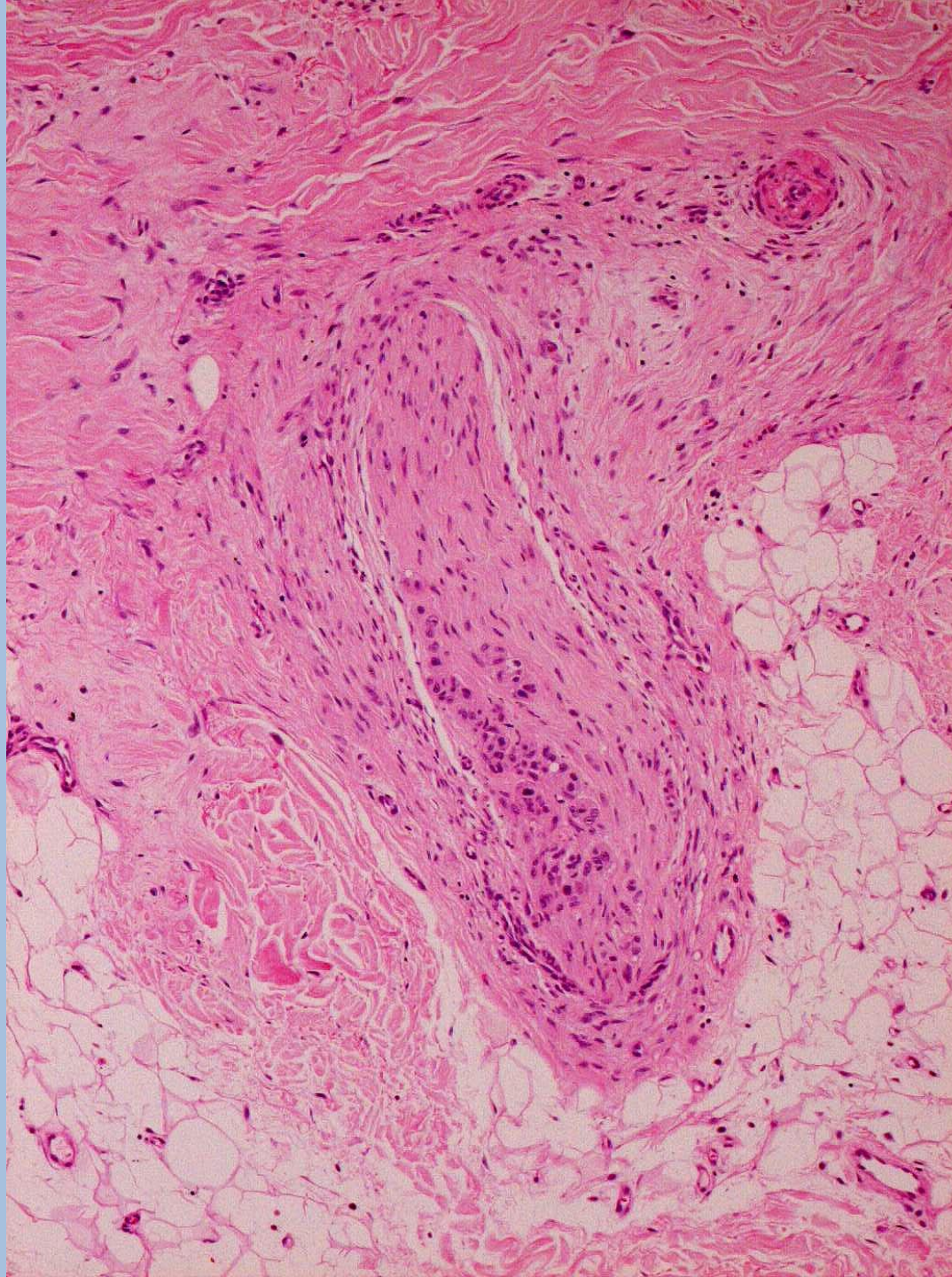
Case 30

- Desmoplastic melanoma in lentigo maligna
 - Clues:
 - Hypercellular, scarred looking dermis
 - Collections of lymphocytes
 - Fasciculated, sometimes storiform areas

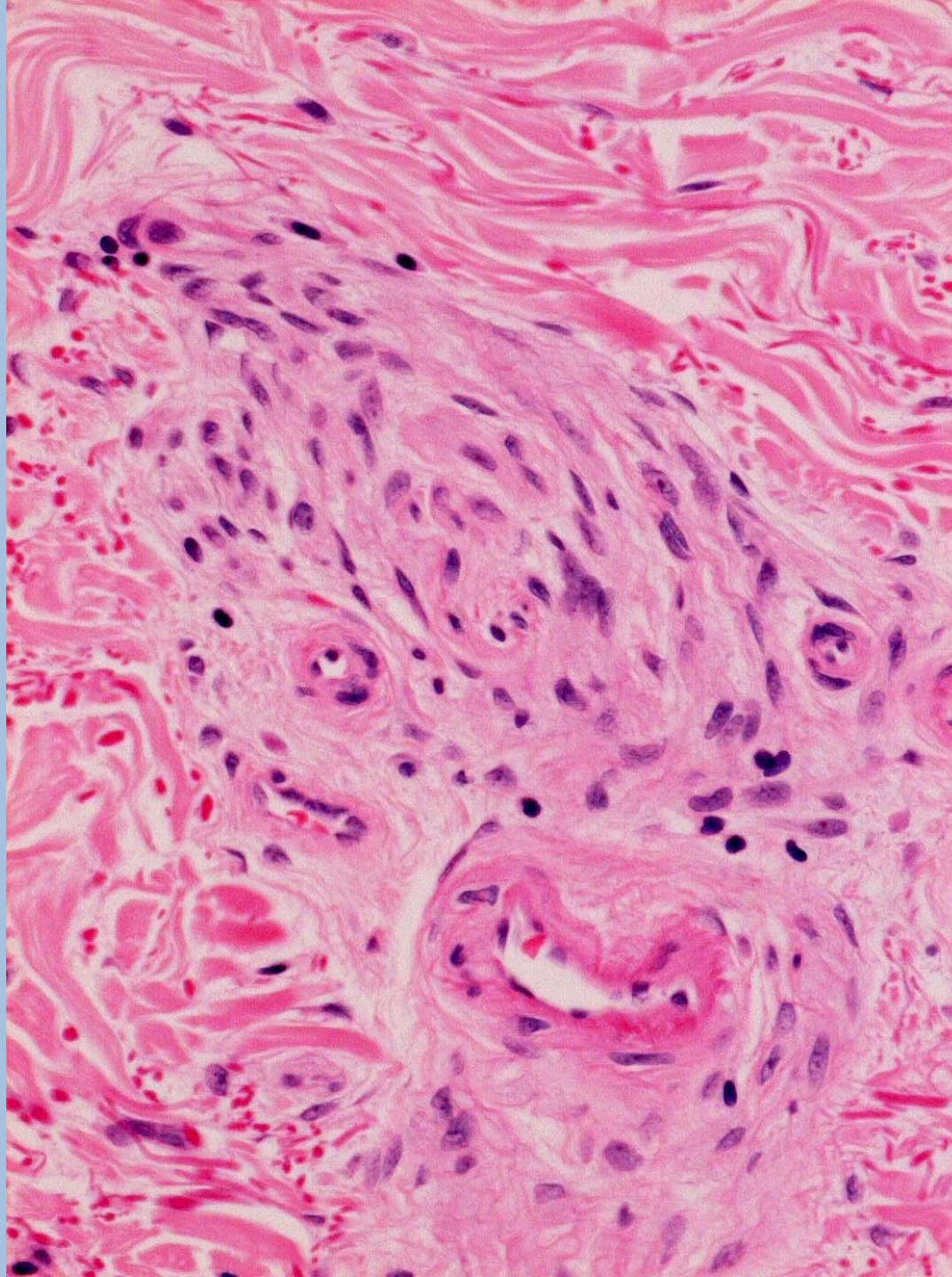
‘hidden’ melanoma

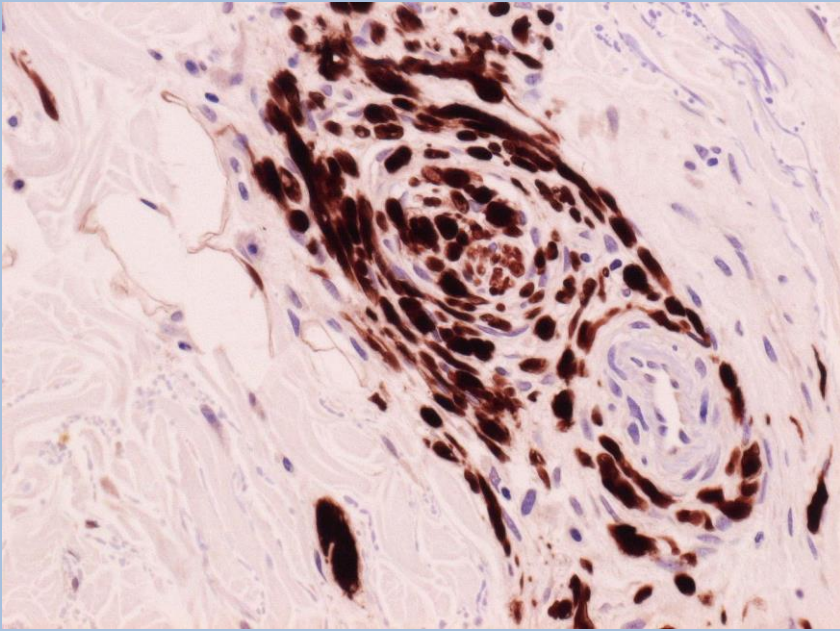
- Desmoplastic/neurotropic
- Regression
- Tumoral melanosis
- Naevoid
- Small cell
- Spitzoid
- Blue naevus-like
- Paucicellular lentigo maligna melanoma

Neurotropic melanoma

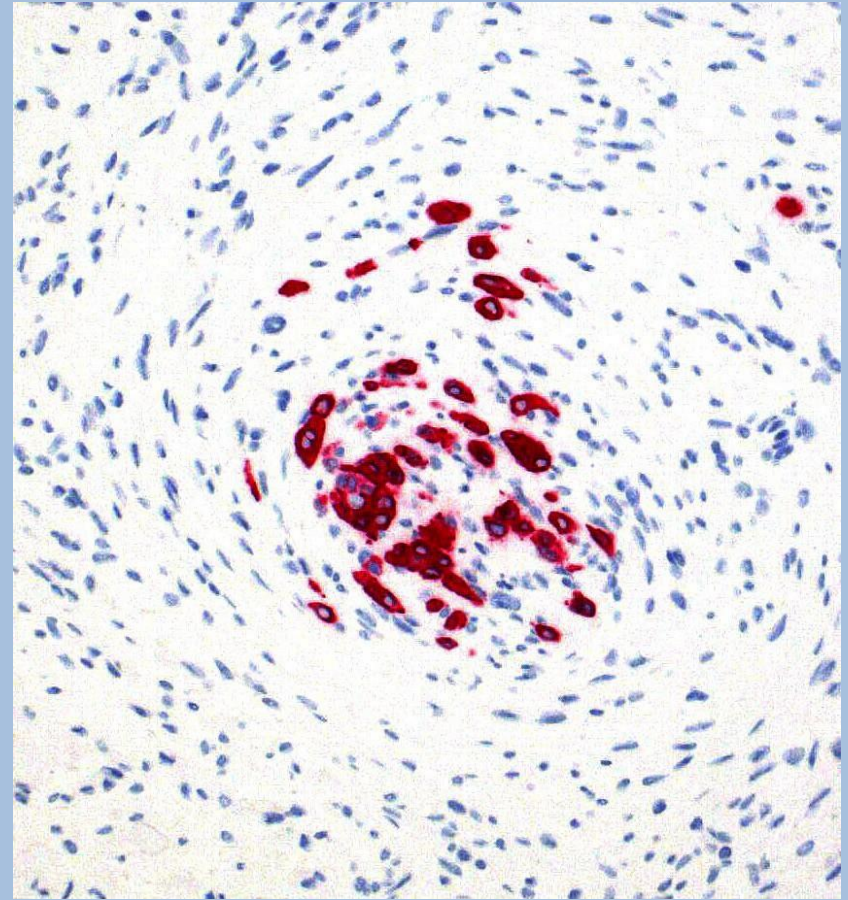


Neurotropic
melanoma





S100



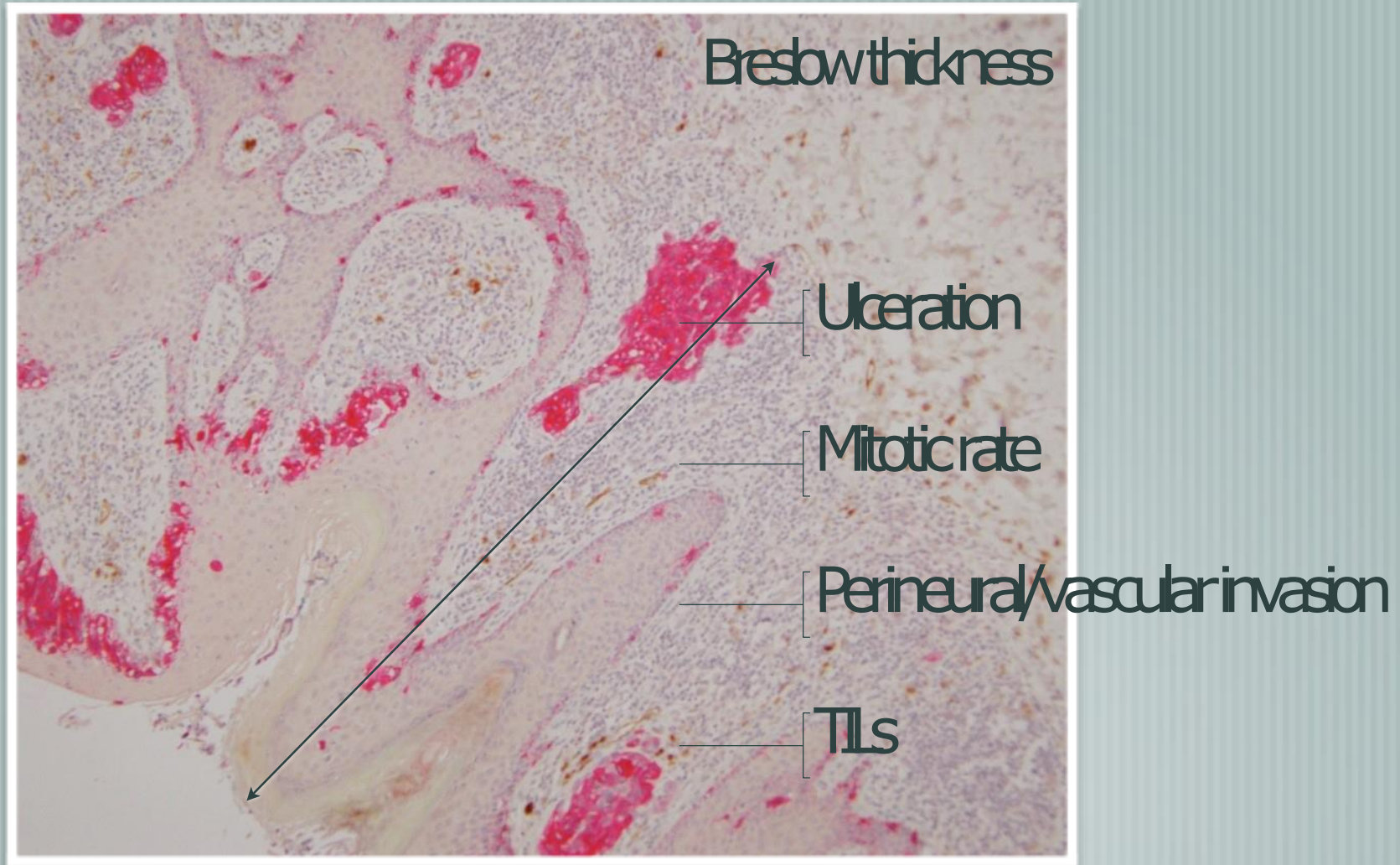
Melan-A

Neurotropic melanoma

SSMM - regression

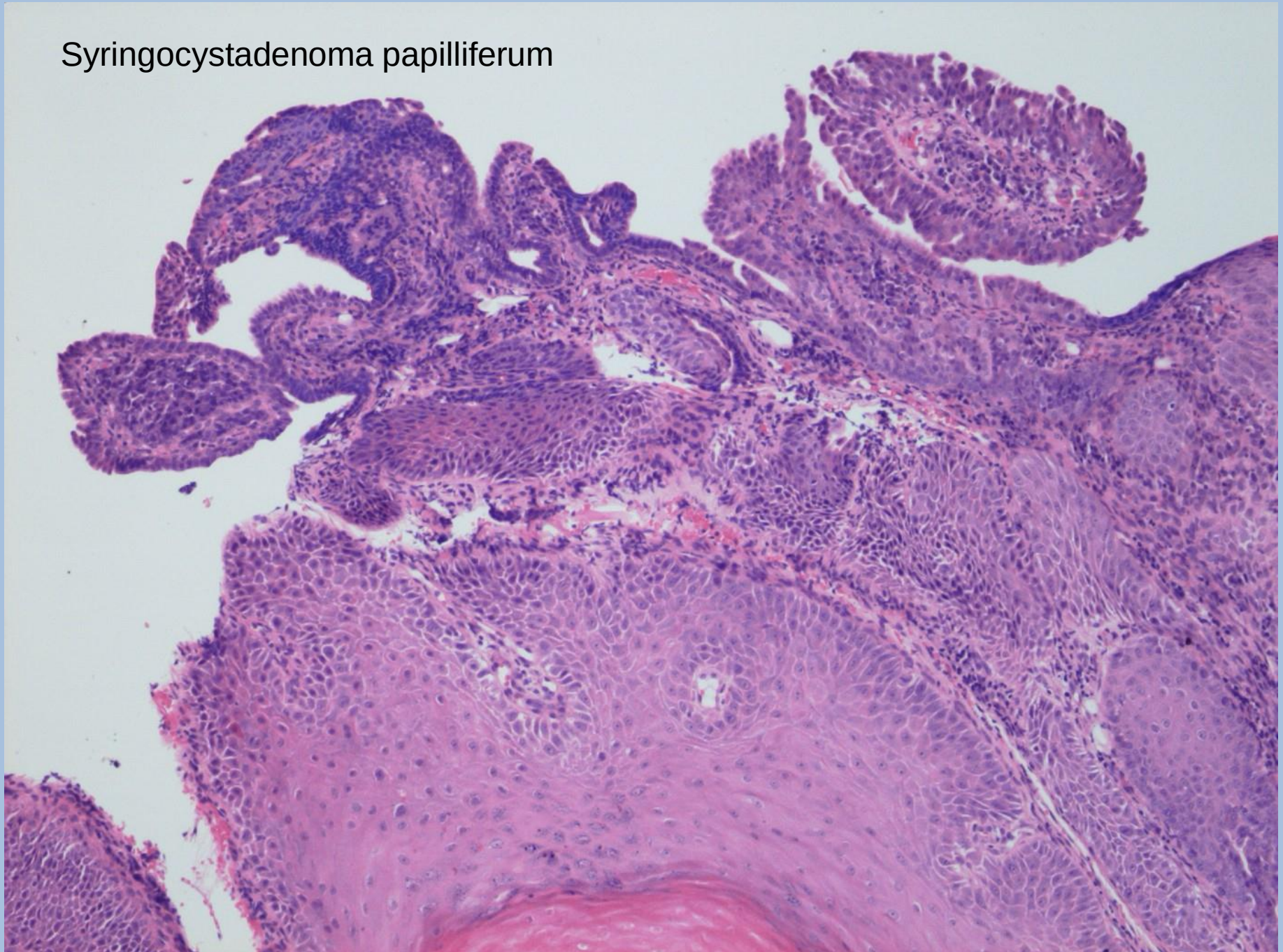


Prognostic factors

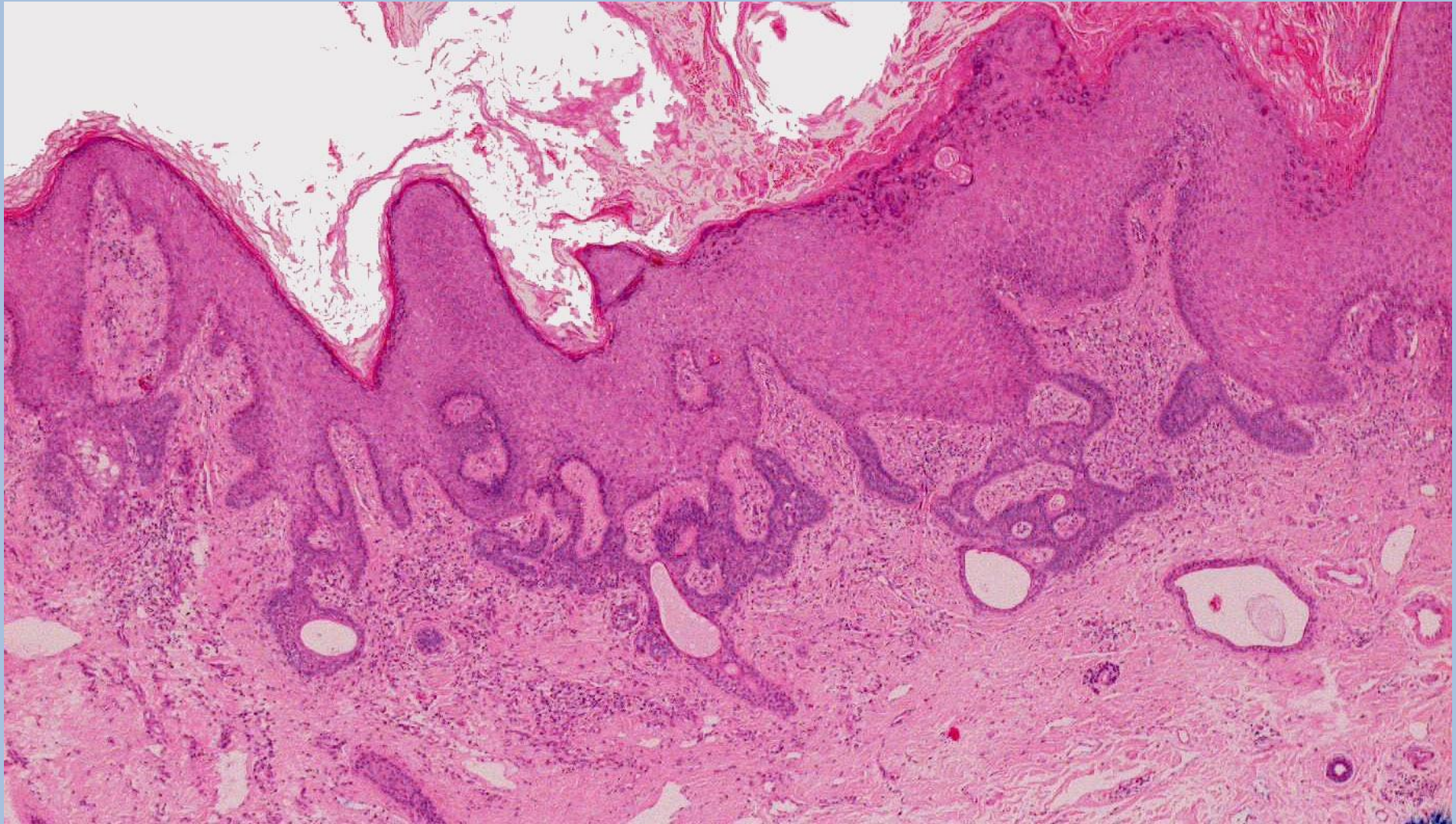


the end... thanks

Syringocystadenoma papilliferum



NOT BCC in sebaceous naevus



Plaque-type DPN

