NEXT GENERATION LEARNING

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Creating a Better Pathologist
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Dr. Asok Biswas declares he has no conflict(s) of interest to disclose.
Dermatopathology insights from Pathology Consults - Cases I remember and learned from

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Case 1

Female 81 yrs with previous H/O herpes zoster. Presenting with soft, skin colored nodules and papules on the back.
Cutaneous macroglobulinosis: learning points

• Rare but relatively specific marker for an underlying IgM gammopathy.

• One of the many causes of amorphous eosinophilic deposits in the dermis.

• Positive staining for PAS, IgM and light chain restriction are useful in the diagnosis.

Case 2

Female 17 yrs. Two unusual erythematous plaques with geometric configuration – forearm and dorsum of foot. Otherwise well.
Factitial dermatitis: learning points

• Diverse clinical presentation and poorly defined histopathological features.

• Multinucleation of epidermal keratinocytes recently recognized as an useful clue.

• Awareness of these cellular changes is crucial to avoid a misdiagnosis of herpetic dermatitis.

Case 3

Male 22 yrs. 4 wks H/O generalized eruption with erosions and blisters on arms and legs.
Lichen planus pemphigoides: learning points

• Consider as a possibility when a subepidermal blisters with eosinophils develop in the context of a lichenoid interface dermatitis.

• Correlation with the clinical presentation and immunofluorescence profile may be needed to differentiate it from paraneoplastic pemphigoid.

• Prognosis and response to treatment much better than bullous pemphigoid

Case 4

Female 66 yrs. Smooth papule dorsum of the nose
Fibrous papule: learning points

• A straightforward diagnosis in majority of cases.

• Be aware of unusual histopathological presentations (e.g. pleomorphic variant).

• Melanocytes overlying a fibrous papule are often enlarged and increased in numbers may potentially mimic an in-situ melanoma.

Case 5

84 year old male, 10mm pearly telangiectatic nodule side of nose
Trichoblastic carcinosarcoma: learning points

- Poorly recognized and rarely reported entity – but likely to be more common.

- Usually has a silhouette of a nodular BCC, epithelial-stromal interaction like a trichoblastoma and clear signs of malignancy in both the epithelial and stromal components.

- May be useful to categorize as “low” and “high-grade” – few cases reported have behaved indolently.