

Hypercellular fibrotic neoplasm

Lymphocytic aggregates

Perineurial differentiation





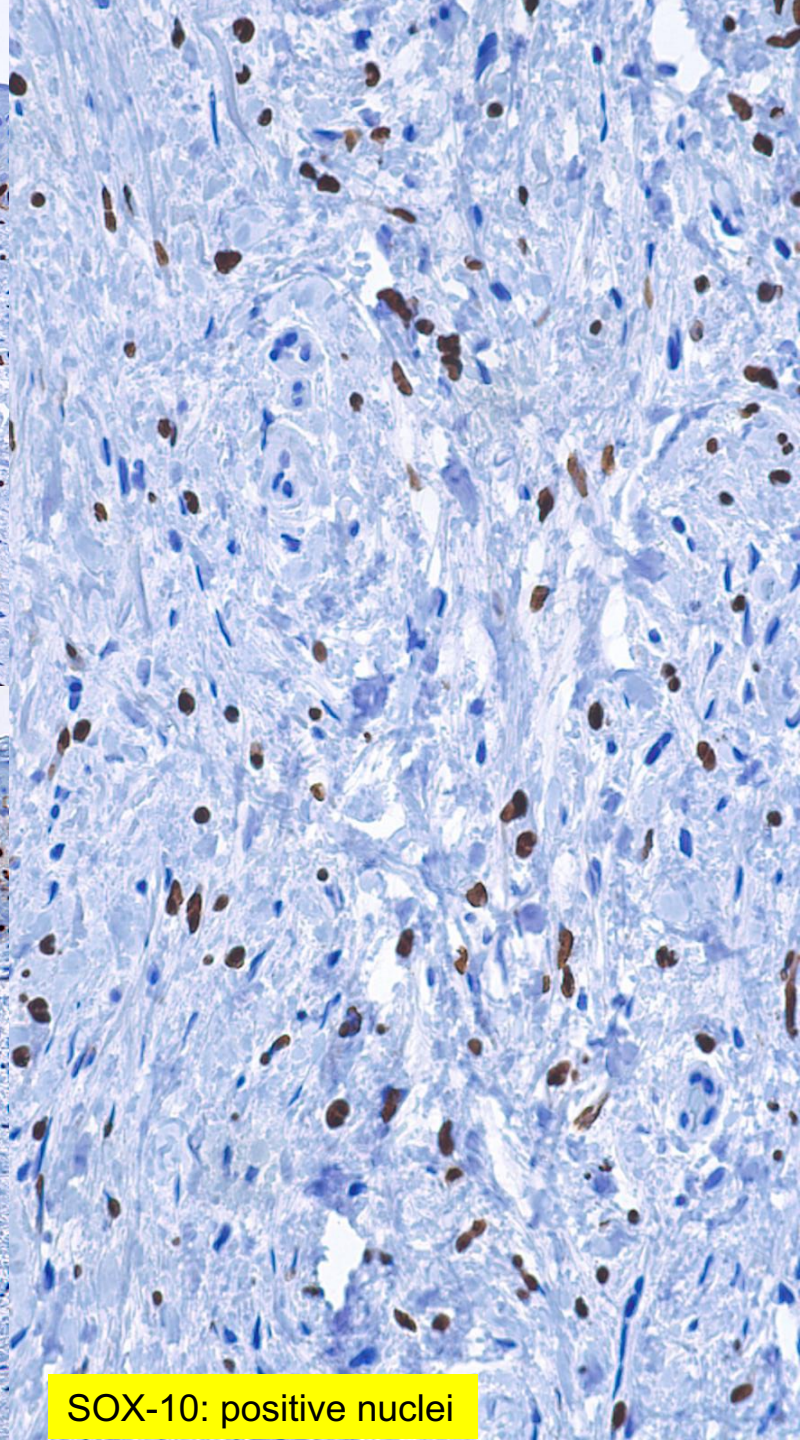
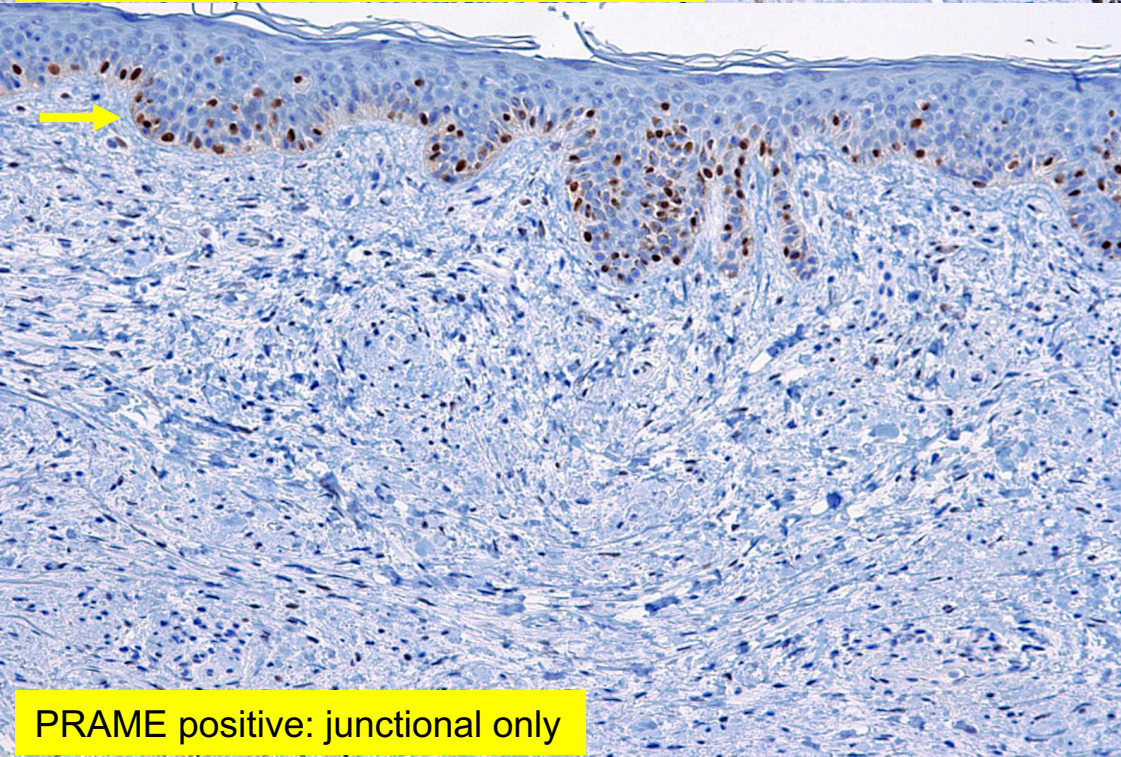
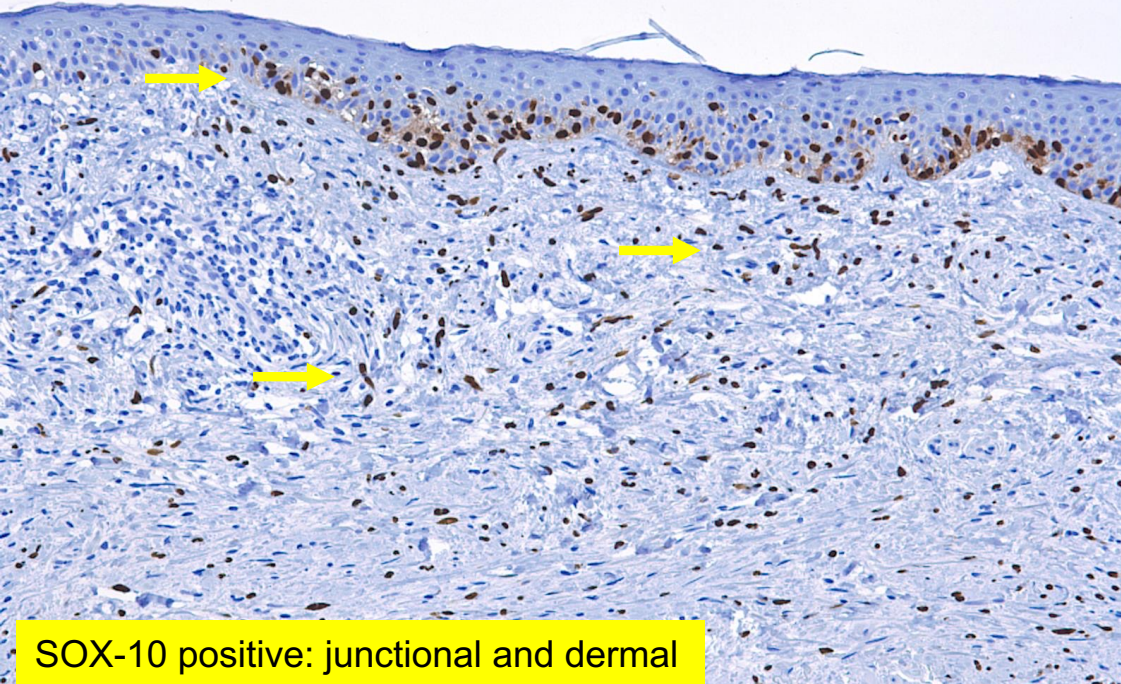
Hyperchromatic,
pleomorphic nuclei

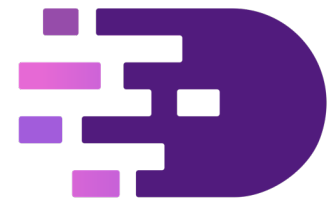
This histological slide shows a dense population of cells with dark, irregularly shaped nuclei, indicating hyperchromasia and pleomorphism. The surrounding stroma is composed of thick, pink-stained collagen bundles, characteristic of fibrosis. Yellow arrows point from the text labels to the corresponding features in the tissue.

Fibrotic stroma: thick collagen bundles



The logo in the bottom right corner consists of a dark blue stylized letter 'E' with several horizontal bars of varying lengths extending to the left from its vertical stem.

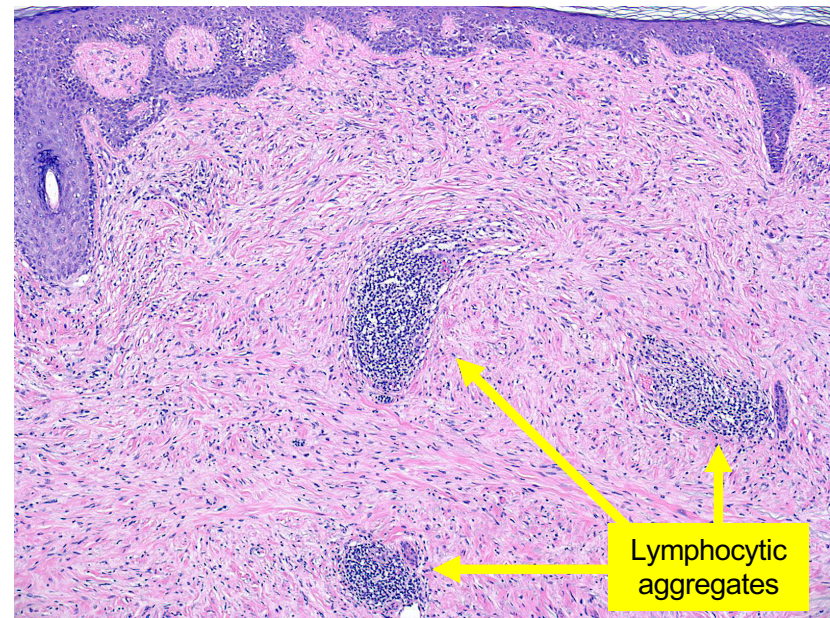




DIGITAL SKIN PATHOLOGY (DiSK)
Learn Histologic Diagnosis Case-By-Case

- **Clinical Information:** 67/M neck/upper back; neoplasm of uncertain behavior
- **DIAGNOSIS:**
 - SKIN, NECK, SHAVE BIOPSY:
 - INVASIVE DESMOPLASTIC MELANOMA WITH MELANOMA IN SITU, LENTIGO MALIGNA TYPE
- **Teaching Points:**
 - Closely examine a scarring process
 - Look for atypical spindle cells and lymphocytic aggregates
 - Use SOX-10 or S100 (not Melan-A/MART-1 or MITF) to rule out desmoplastic melanoma
 - PRAME may highlight junctional component (MIS), but not dermal
- **Minimal Diagnostic Criteria:**
 - Intraepidermal melanocytic proliferation (MIS)
 - Amelanotic, scar-like dermal nodule
 - Fascicles of atypical spindle cells
 - Schwannian, perineurial differentiation
 - Neutropism
 - Nodular lymphocytic aggregates
- **Differential Diagnosis:**
 - Scar, hypertrophic variant
 - Squamous cell carcinoma, spindle cell variant
 - Atypical fibroxanthoma
 - Desmoplastic Spitz nevus (or blue nevus)
 - Dermatofibrosarcoma protuberans
 - Pleomorphic sarcoma

Hypercellular scar-like fibrosis fills the dermis



Lymphocytic
aggregates