

Unknown DP Cases

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Syringoma

- Predilection for eyelids
- Often multiple small, skin-colored to translucent papules
- More common in females, Asians, and Down syndrome patients
- Variants include giant, solitary, plaque, linear, disseminated, and eruptive
- Clear cell variant associated with diabetes mellitus
- Benign tumors with excellent prognosis

Multiple small, skin-colored to white papules on the eyelids (black solid arrow) are the classic presentation of syringoma.



- This is a young adult female patient who presented with numerous reddish/brown-appearing syringomas on her chest and abdomen.



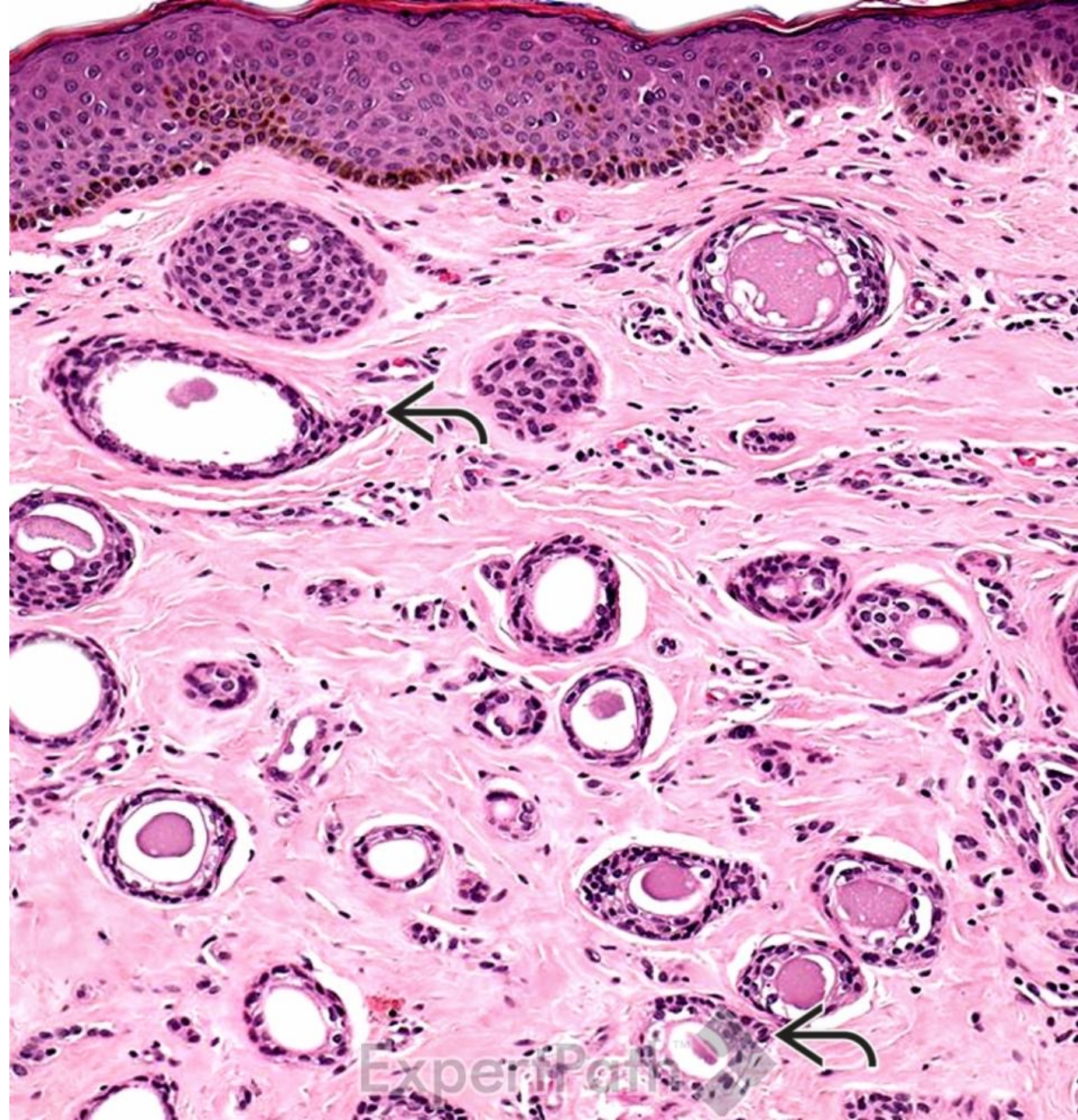
Syringoma histopathology

Dermis:
proliferation of
well-formed
ductal structures

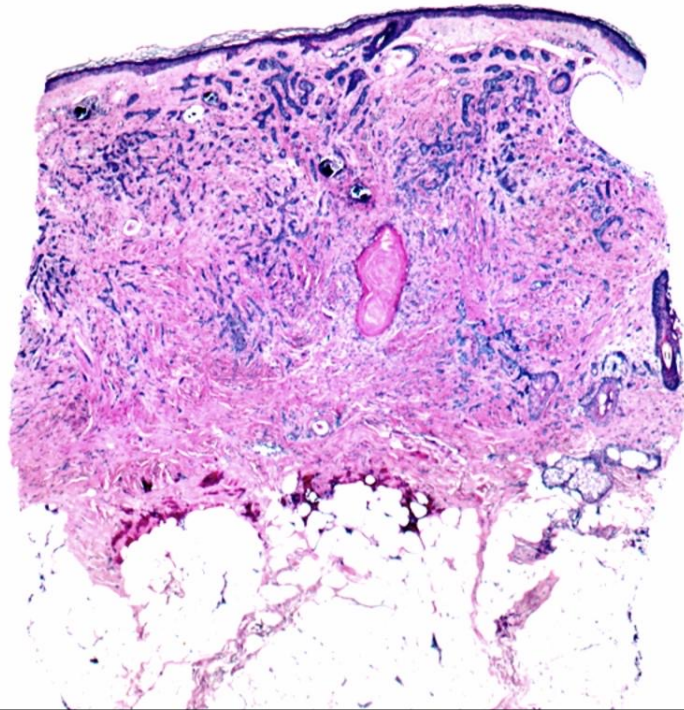
Lined by small,
bland, cuboidal-
shaped cells

Embedded in a
fibrotic stroma

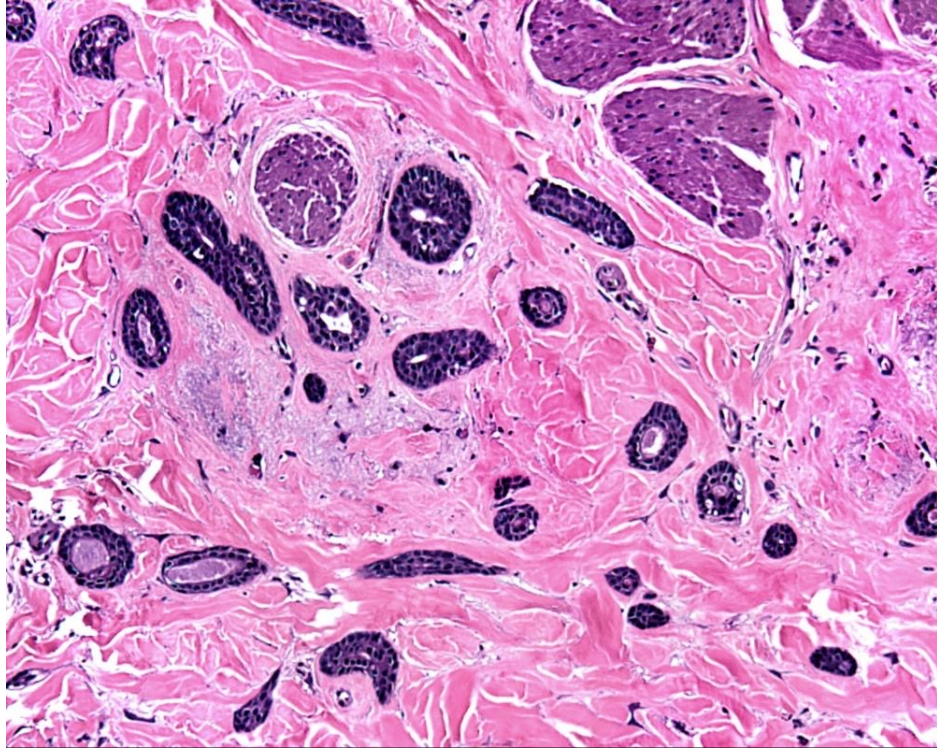
Some of the
ducts have
comma or
tadpole-like tails
(black curved
arrow).



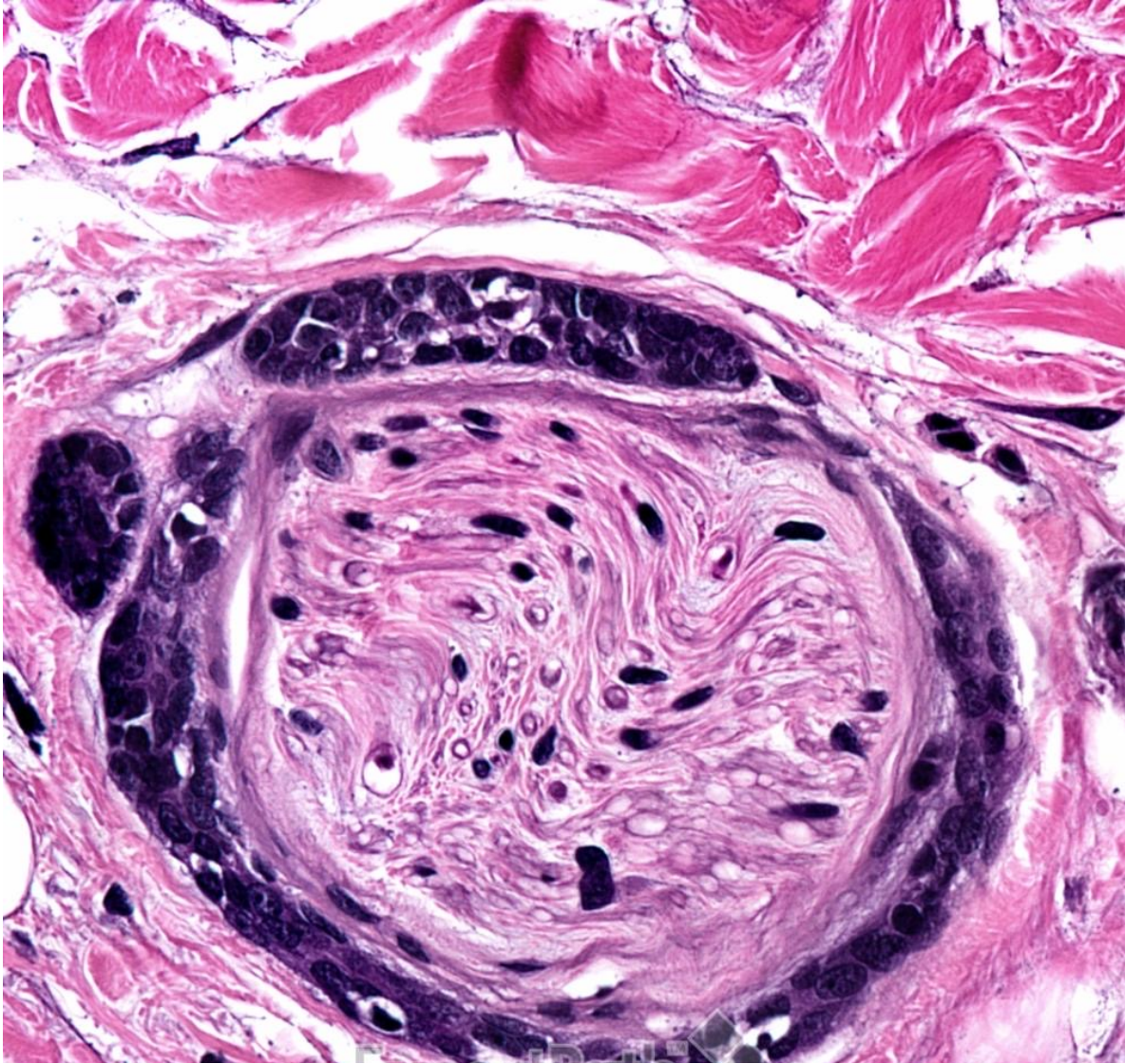
Syringoma differential diagnosis



Microcystic adnexal carcinoma: diffusely infiltrative neoplasm in the dermis, extending to the dermal-subcutaneous interface.



Invasive eccrine carcinoma: atypia and infiltrative growth pattern



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- Perineural invasion is not seen in syringomas but is a common and expected finding in many eccrine carcinomas.



Xanthomas

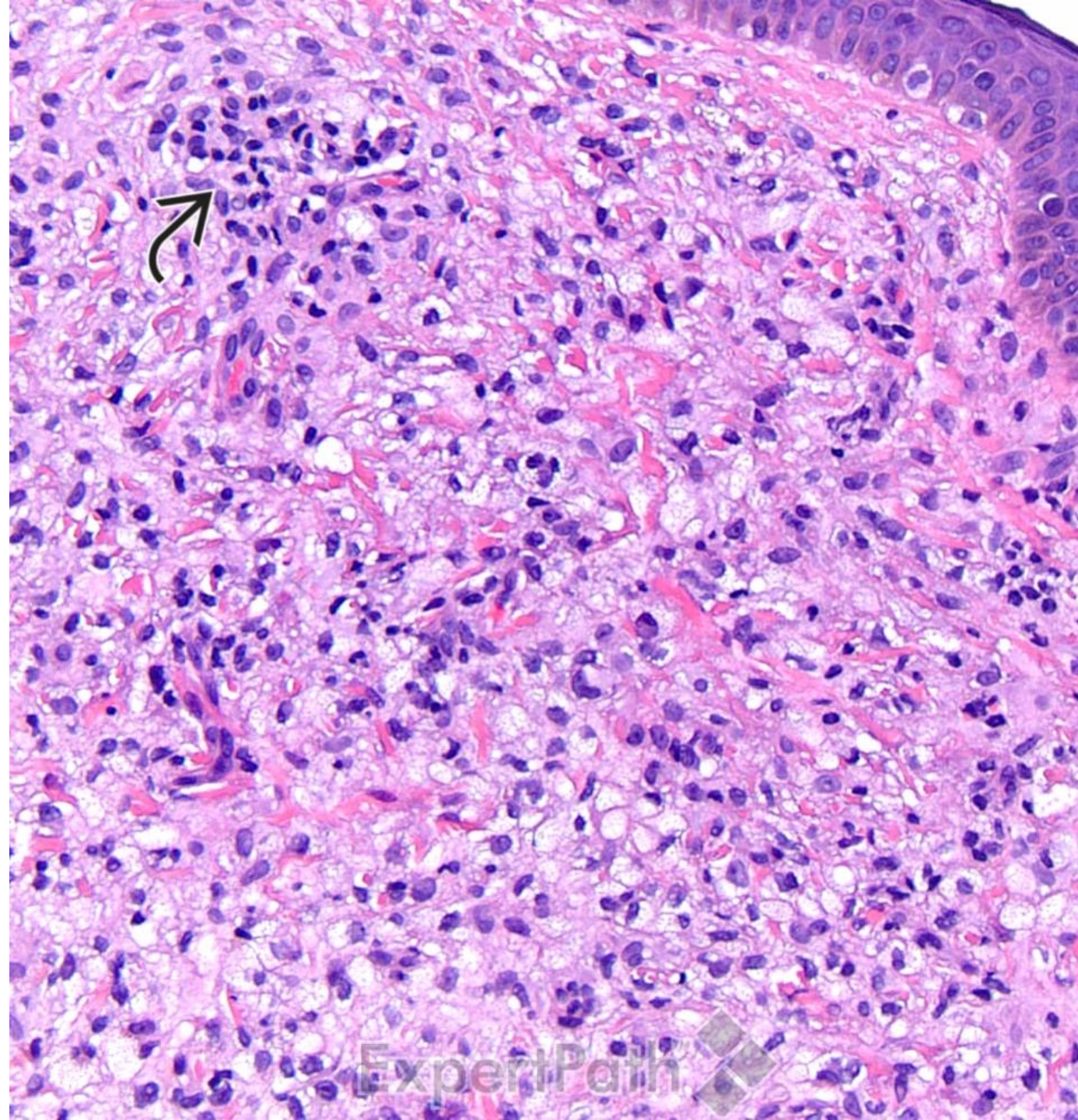
- Reactive mass-forming collection of lipidized macrophages, usually resulting from altered serum lipid levels
- Several forms: Xanthelasma, eruptive, tuberous, tendinous, planar, plexiform
- Xanthelasmas typically symmetrically involve bilateral upper and lower eyelids and periorbital skin. Sharply demarcated soft yellow papules and plaques are characteristic.

Xanthelasma histopathology

- Xanthelasmas (and planar xanthomas) consist of a sheet-like infiltrate of foamy macrophages involving the dermis and surrounding adnexal structures. Small areas of chronic inflammation (black curved arrow) may be present, but fibrosis and cholesterol clefts are not typical.

Differential diagnosis:

- Lipidized dermatofibroma
- Juvenile xanthogranuloma
- Giant cell tumor of tendon sheath

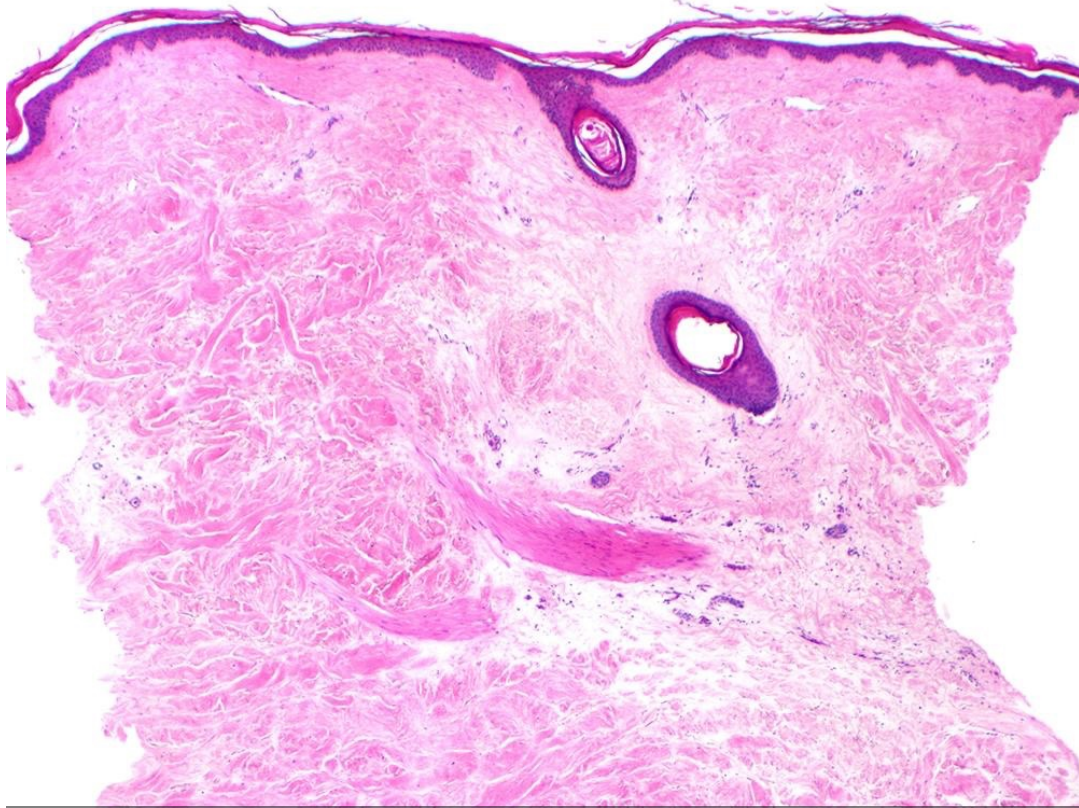


Morphea/Scleroderma

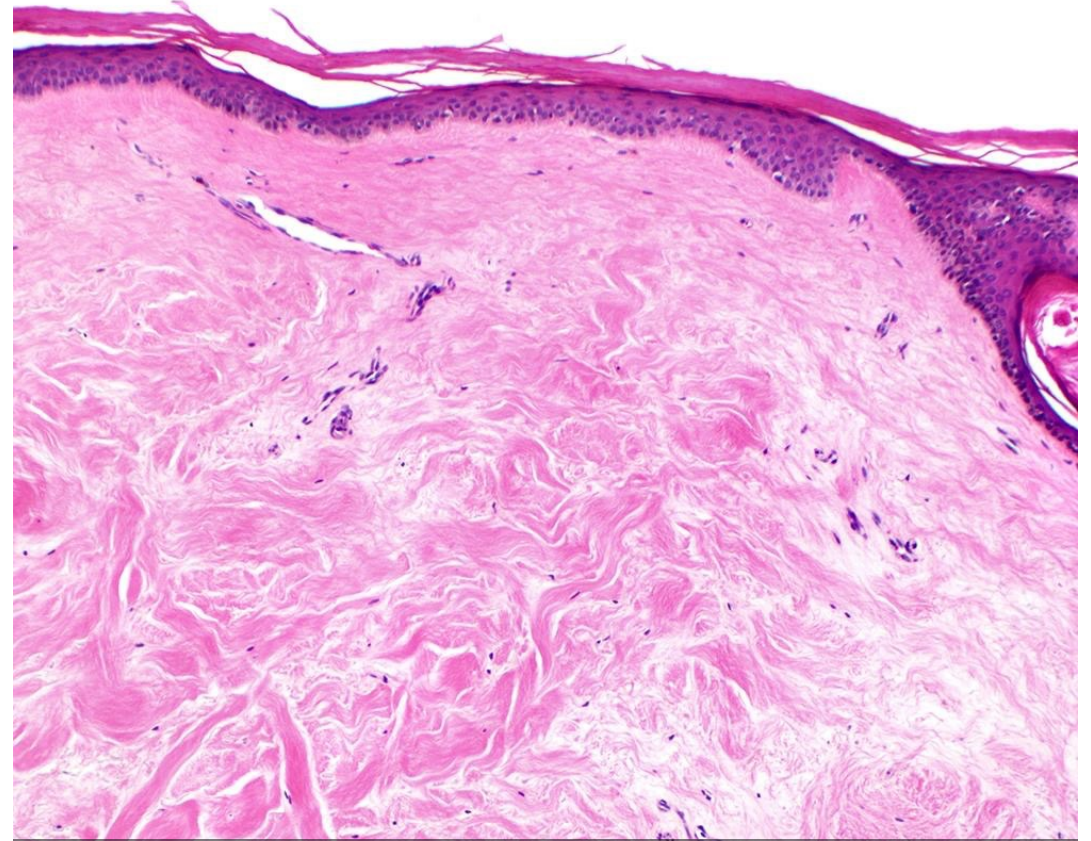
- Clinical photo shows lesion of morphea en plaque characteristically located on the trunk under an area of pressure (bra line). Note the violaceous peripheral rim (lilac ring) and white, sclerotic center.



Morphea/Scleroderma



At scanning magnification, morphea has a square or rectangular silhouette.



Thick, sclerotic collagen bundles fill the papillary and reticular dermis.

Differential diagnosis: Systemic scleroderma, Scleredema, Graft-vs.-host disease, Scleromyxedema, Radiation dermatitis, Nephrogenic systemic fibrosis, and Lichen sclerosis



- 60F, right breast, hx right breast cancer 2022
- Diagnosis of a grade 1 stage IA, T1bN0 mucinous carcinoma of the right breast. The disease is ER/PR positive and HER2 negative. Oncotype DX recurrence score was 2. She underwent a course of radiation therapy as part of her breast conserving therapy.
- Comprehensive Breast Exam: A comprehensive examination of the breasts and chest wall is performed with the patient in the upright and supine positions. The breasts are symmetric in size. No erythema or edema of the breast skin is noted.

Skin, Right Breast (Upper Inner), Punch Biopsy:

- Fibrosing, inflammatory dermopathy, extending to deep reticular dermis. See comment.

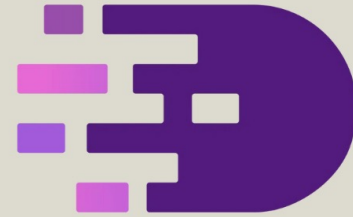
Comment: The patient's prior history of primary mucinous carcinoma is reviewed (S22-28740). Overall, the histopathology is compatible with radiation-induced morphea. See reference. Diagnostic features of radiation dermatitis and infiltrating carcinoma are absent.

Reference: Finnegan P, Kiely L, Gallagher C, Mhaolcatha SN, Feeley L, Fitzgibbon J, et al. Radiation-induced morphea of the breast—A case series. *Skin Health Dis.* 2023; 3(1):e148.

Digital Skin Pathology

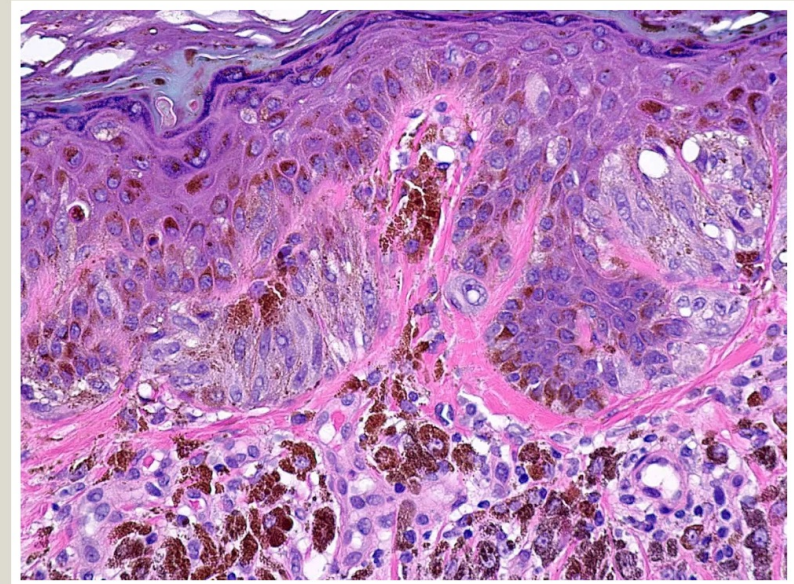
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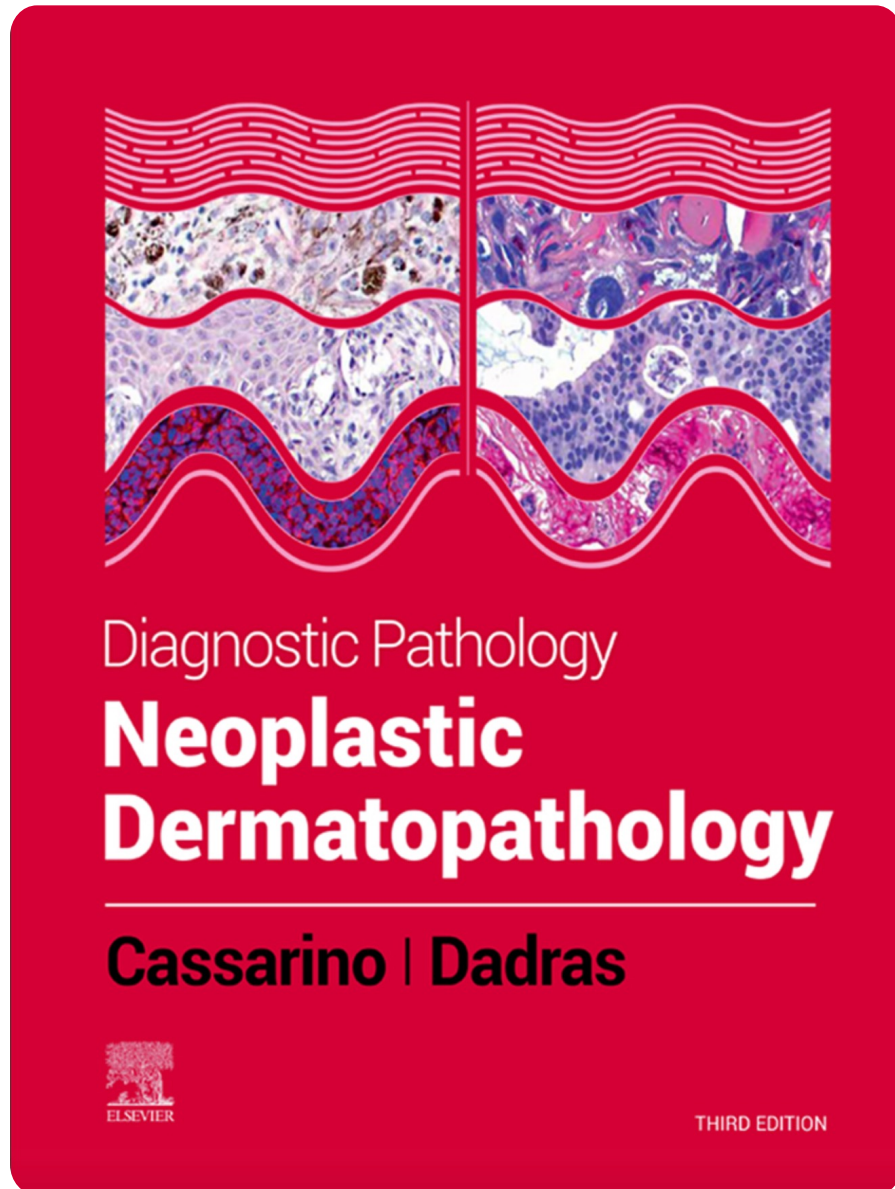


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References

- *Neoplastic Dermatopathology*, 3rd edition
- *ExpertPath.com*