



**Australasian Division of the International Academy of Pathology Limited**

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## **Slide Seminar - Awesome dermpath cases**

### **Chair of the session**

**Louise Jackett**

Peter MacCallum Cancer Centre, Melbourne, VIC, Australia

### **Keynote Speaker**

**Jerad Gardner**

Geisinger Medical Centre, Danville, Pennsylvania, USA

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#### **Case 1**

**View Link:** [Case 1](#)

#### **Clinical History:**

80-year-old female with keratotic lesion of left upper arm.

#### **Clinical Findings:**

“Favor keratosis vs verruca vs non melanoma skin cancer”

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#### **Case 2**

**View Link:** [Case 2](#)

**Clinical History:**

75-year-old male with scalp lesion.

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**Case 3**

**View Link:** [Case 3](#)

**Clinical History:**

65-year-old female with diffuse retiform purpura of the left thigh. Patient is a former smoker with history of peripheral artery disease. Her renal function is normal. Also has erythema/purpura and ulcerations on the left foot. Biopsy was performed by the dermatologist. H&E sections and CD34 and CD31 immunostains are provided for your review.

**Clinical Findings:**

Clinical photographs of L thigh (biopsy site marked with blue dots)

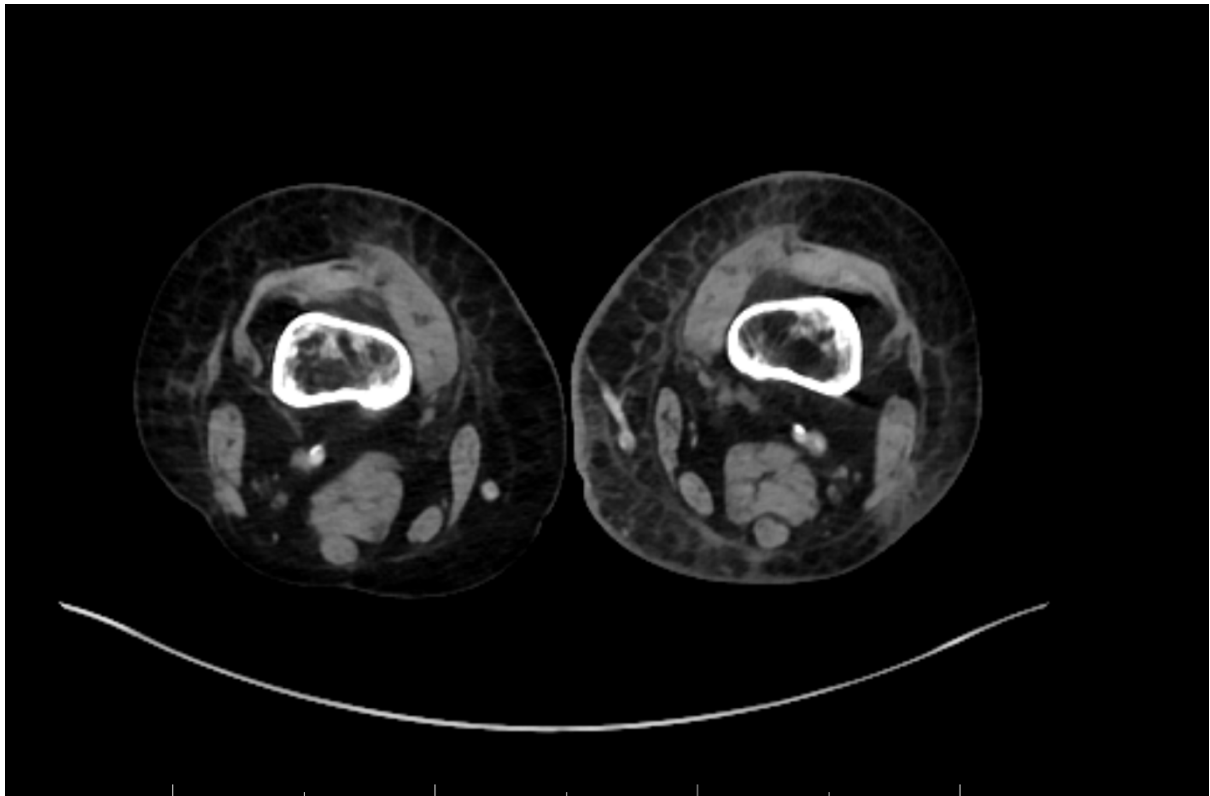




Clinical photograph of L foot



CT scan of thigh



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#### Case 4

**View Link:** [Case 4](#)

#### **Clinical History:**

85-year-old man with multiple painful nodules and plaques of the right axilla developing over the course of a year. Some are ulcerated. No known history of malignancy. Dermatologist performed a biopsy.

The dermatologist's clinical differential diagnosis: rule out lymphoma vs metastasis from unknown primary.

*See image next page*

Clinical photograph of R axilla



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**Case 5**

**View Link:** [Case 5](#)

**Clinical History:**

78-year-old male with two nodules with draining sinuses to skin on left thigh. The nodules are connected by a firm palpable subcutaneous cord. Dermatologist performed an initial punch biopsy which showed ulcer, fibrosis, and suppurative and granulomatous inflammation. The pathologist did not find infectious organisms on special stains, but they recommended microbial cultures. Cultures were subsequently performed and were negative. The dermatologist referred the patient to a surgical dermatologist (referred to as a “Mohs surgeon” in the USA), who excised both nodules several months after the initial biopsy. These digital slides are from the excision specimen.

**Clinical Findings:**

Clinical photograph of the L thigh at initial presentation (just prior to the first punch biopsy procedure)

