

Quiz 1 & 2

Quiz 1

Agustin Chong Lopez, Bahram Azadeh

A 32-year-old Indian man presented with a post-traumatic cystic swelling of the ulnar aspect of the left palm, clinically thought to be an aneurysm. A whitish nodule (13 mm diameter) with a yellowish white cut surface and rubbery in consistency was resected.

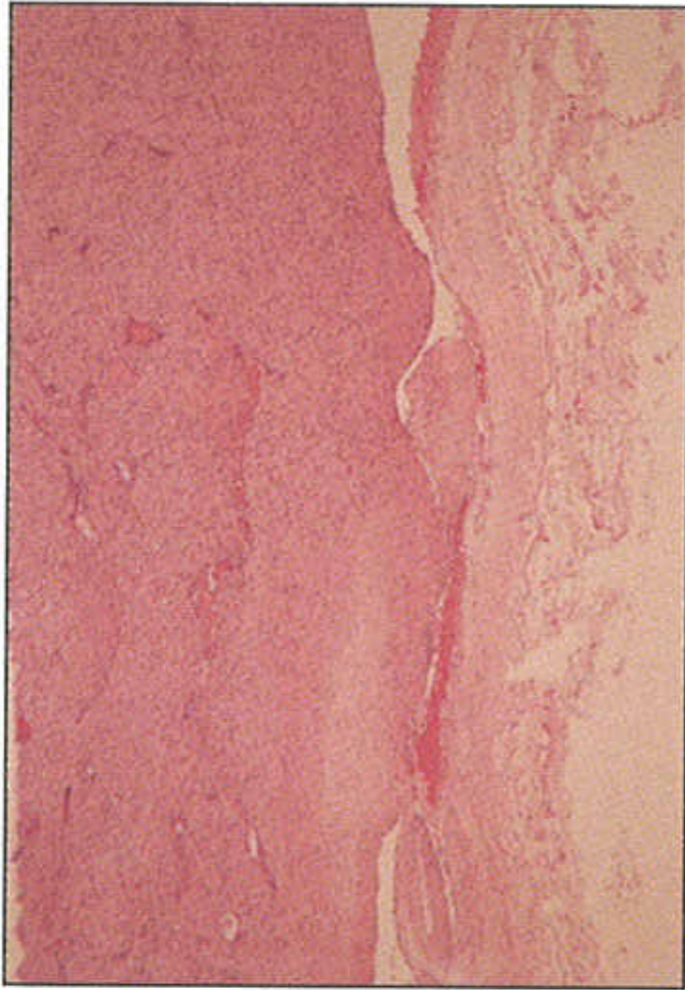


Fig. 1

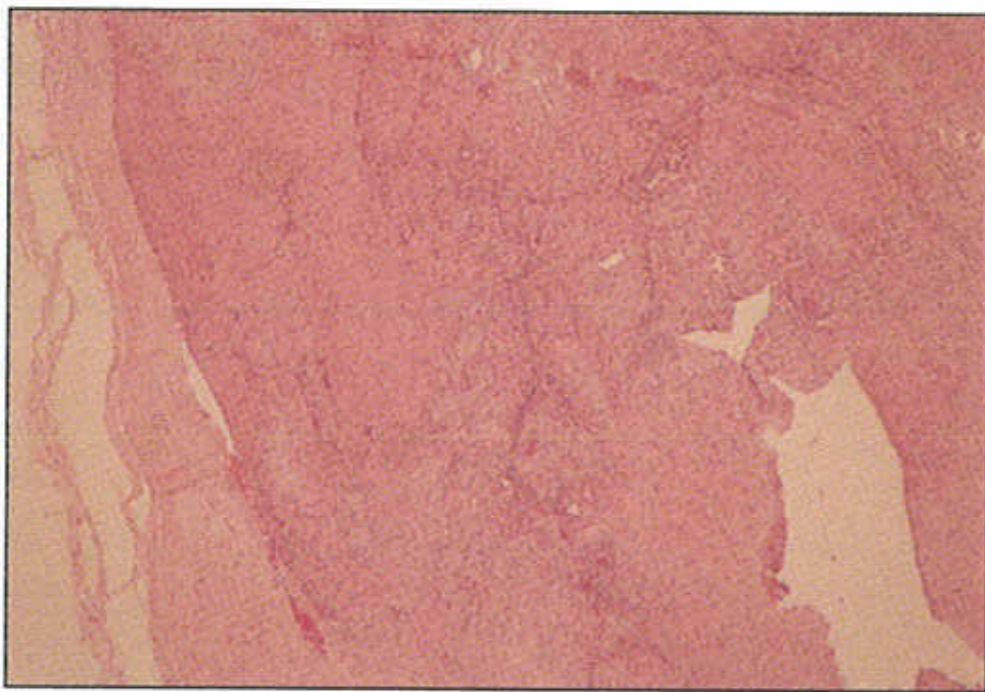


Fig. 2

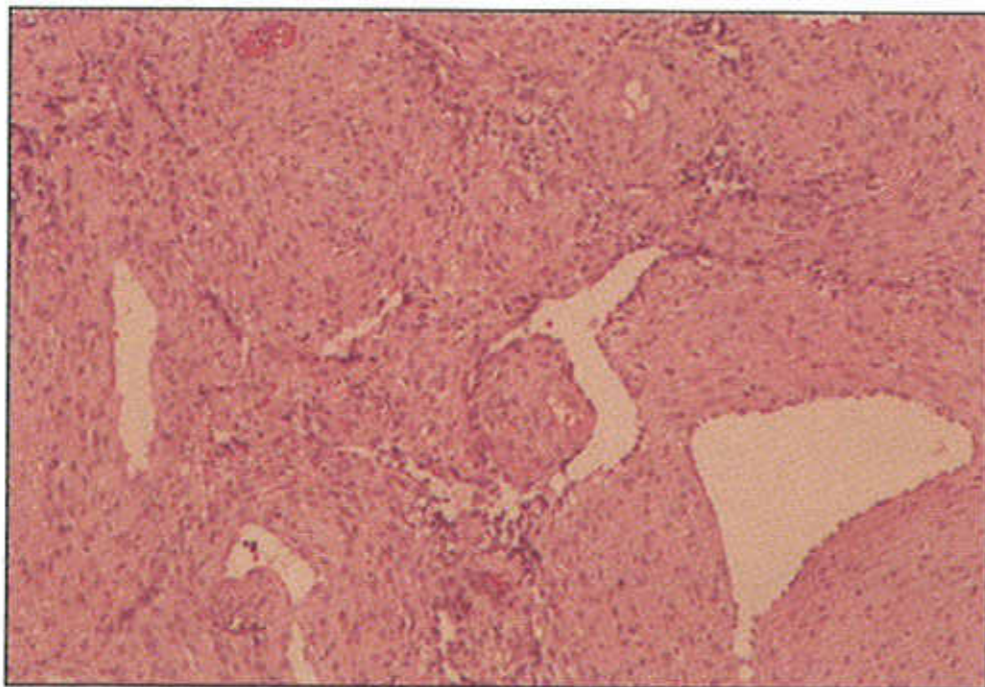


Fig. 1-3: H&E.



Fig. 4: Immunohistochemical stain for Factor XIII-related-antigen.

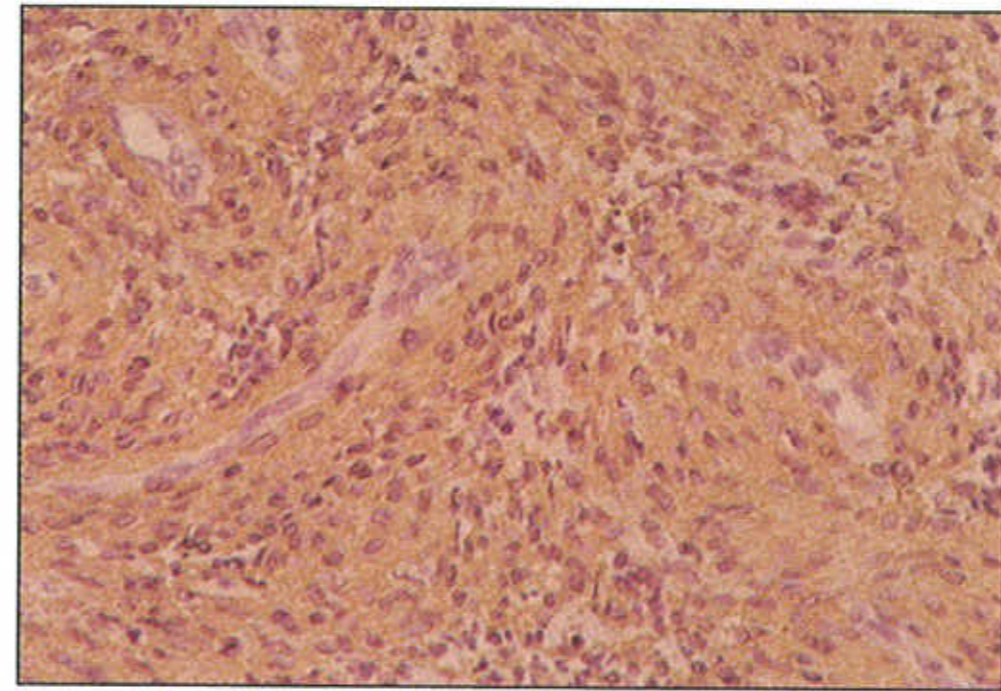


Fig. 5

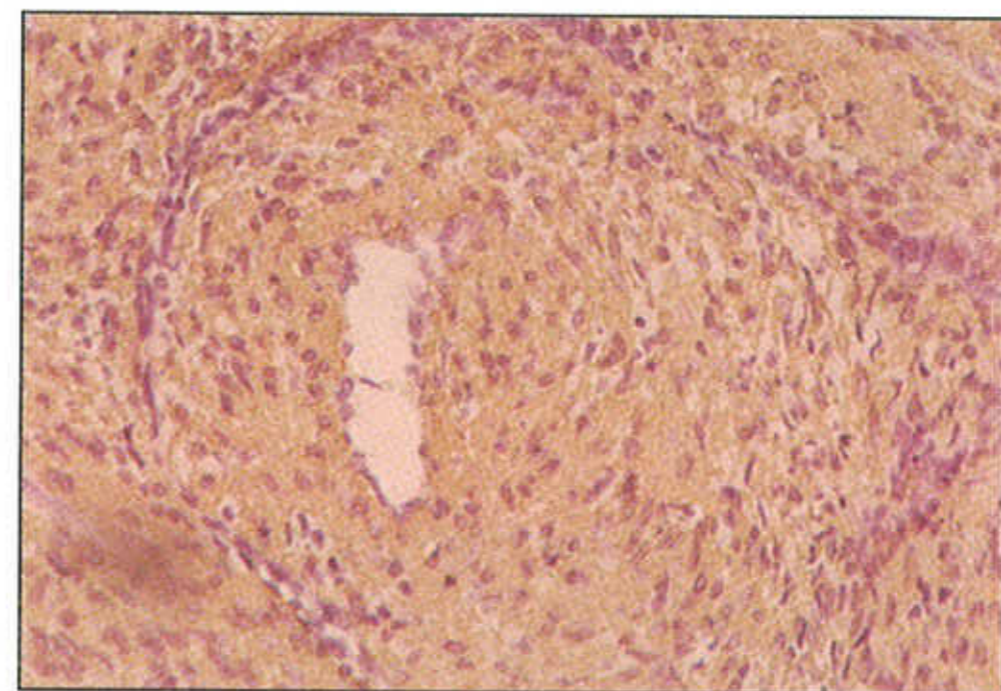


Fig. 5 & 6: Immunohistochemical stain for smooth muscle actin.

What is your diagnosis?

Quiz 2

Agustin Chong Lopez, Bahram Azadeh

A 42-year-old African man had a painless partly solid, partly cystic tumor (20 mm in diameter) of 11 months duration, resected from the frenulum between the left 3rd and 4th fingers.

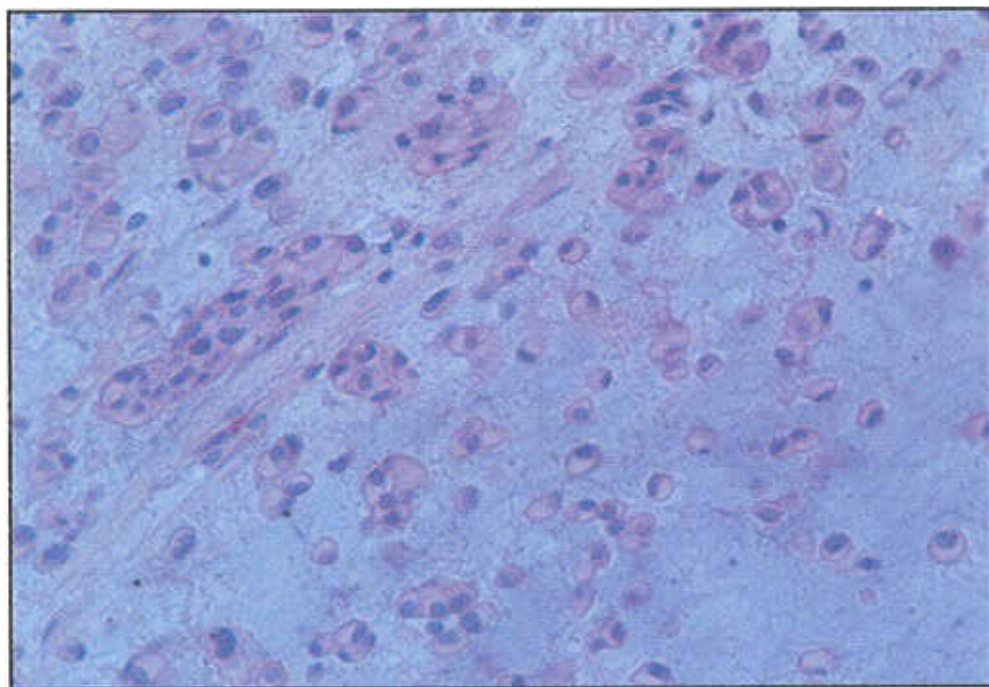


Fig. 1

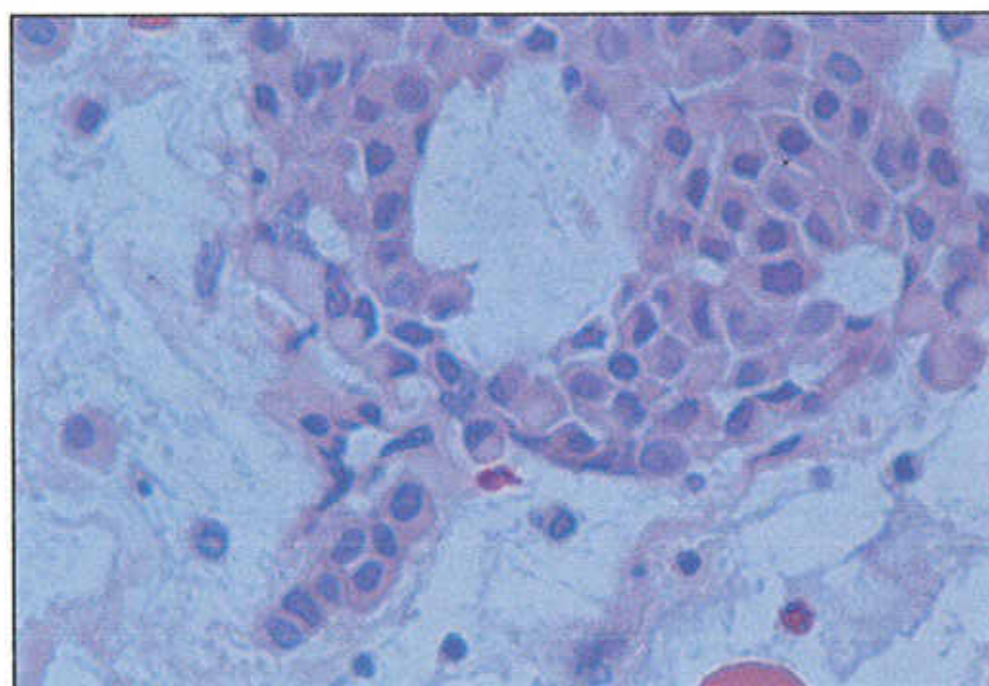


Fig. 1 & 2: Hematoxyline-and-eosin stain.

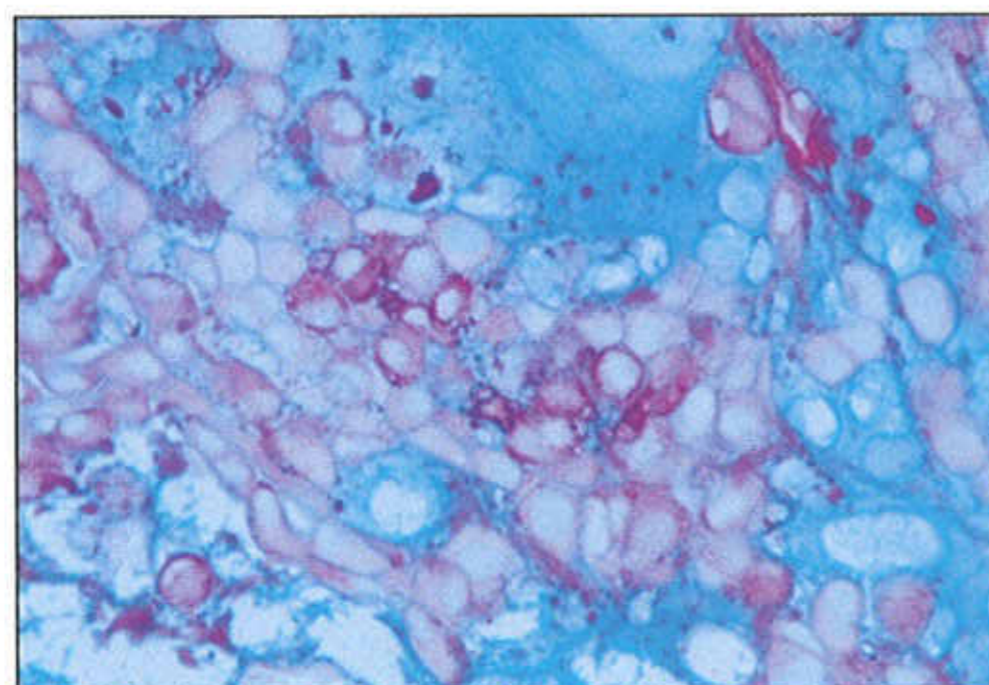


Fig. 3: Alcian Blue / PAS.

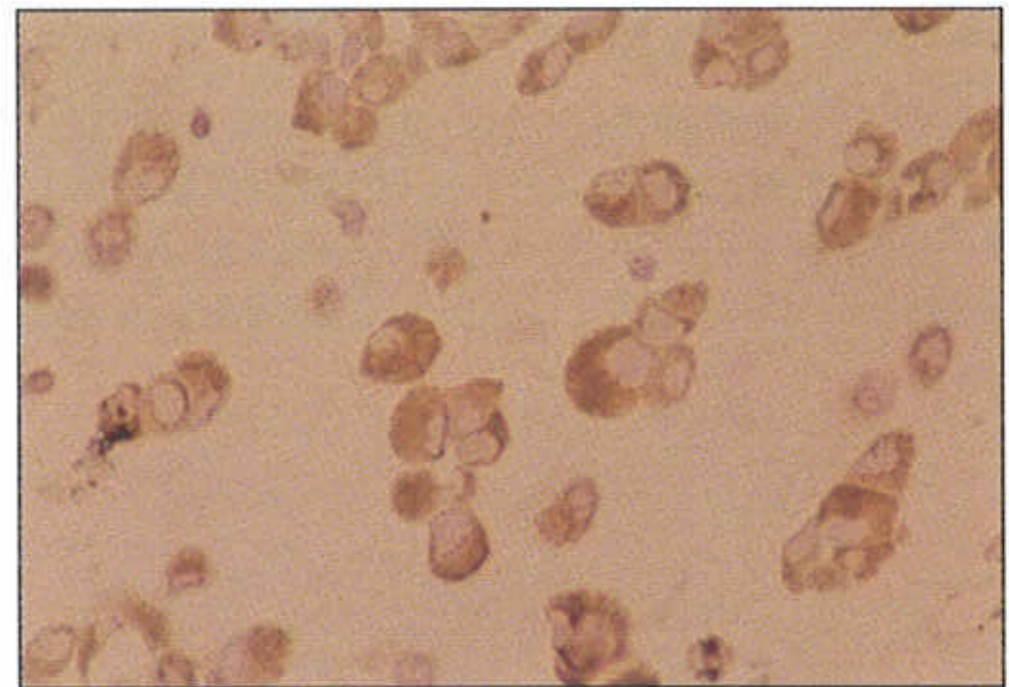


Fig. 4

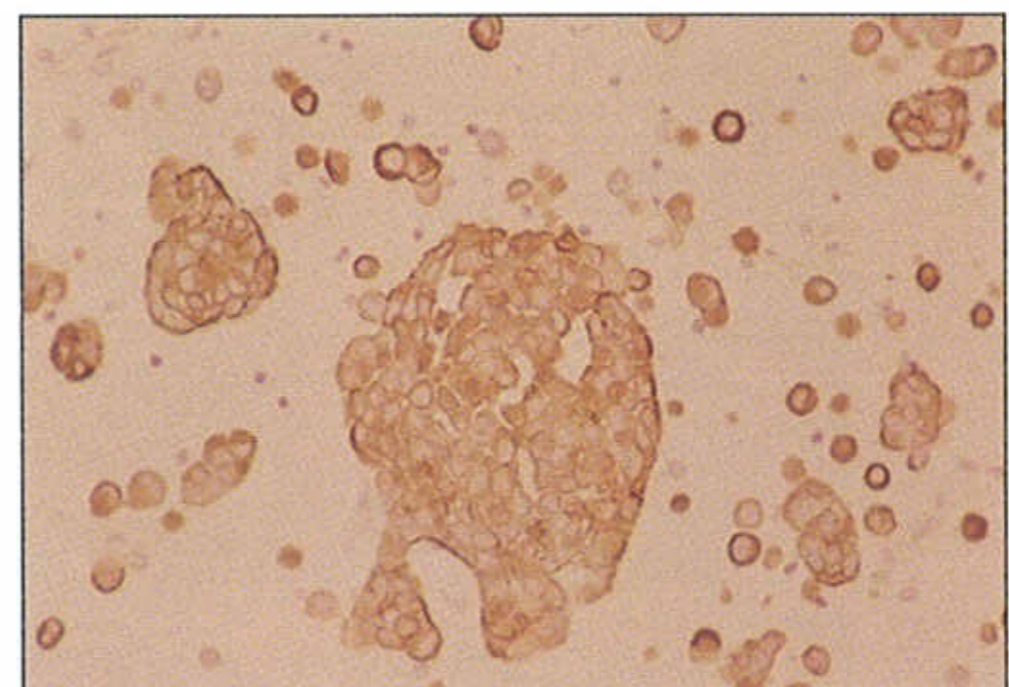


Fig. 5

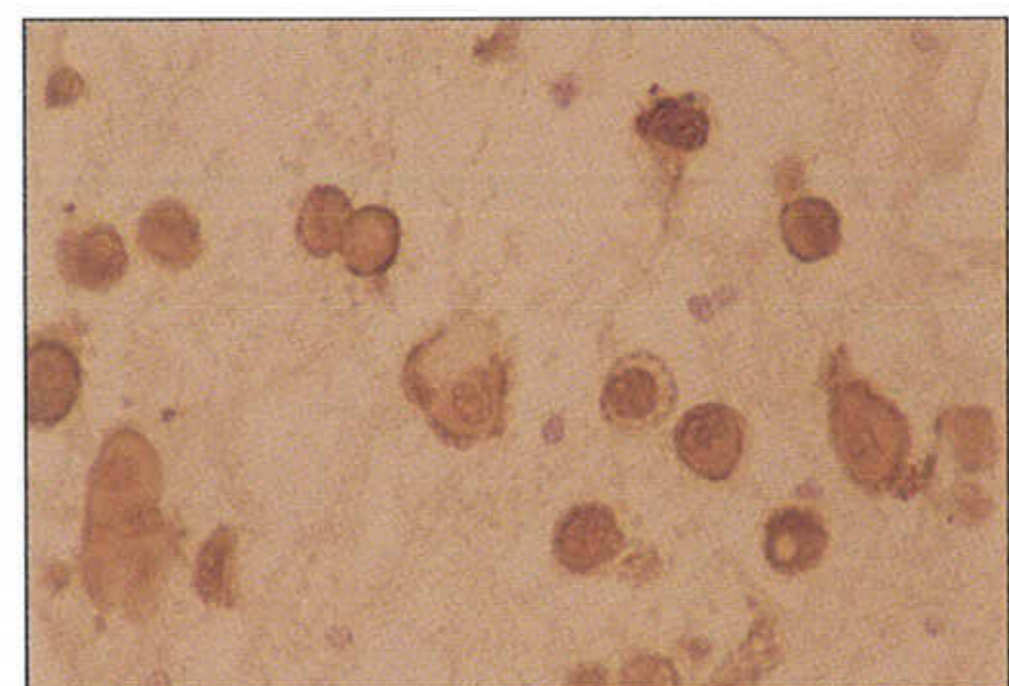


Fig. 4-6: Tumor cells show positive immunohistochemical staining for vimentin (Fig. 4), cytokeratin cocktail AE1/AE3 (Fig. 5) and S100-protein (Fig. 6)

What is your diagnosis?

Answer to Quiz 1:

Intravascular angioleiomyoma.

Agustin Chong Lopez, Bahram Azadeh

Angioleiomyomas are relatively common, solitary, painful, deep dermal tumors on the lower extremity usually of middle age females. Microscopically the tumor is characterized by a proliferation of interlacing bundles of spindle smooth muscle cells, which originates from walls of subcutaneous vessels and extends to the surrounding soft tissue. The present case is an intravascular example of this tumor arising from the smooth muscle the wall, growing within the internal elastic lamina and almost completely obliterating the lumen of a vein. (Fig. 1-3) The tumor consists of numerous small vessels lined by endothelial cells staining positively for FVIII-related antigen (Fig. 4) and surrounded by interlacing bundles of spindle cells positive for smooth muscle actin (Fig. 5 & 6)

Intravascular angioleiomyomas have been reported in the context of intravenous leiomyomatosis, a rare condition characterized by smooth muscle growing within the veins of the myometrium. The process may extend into the uterine veins, hypogastric veins, inferior vena cava and the heart. Intravascular angioleiomyoma have been also reported in cases of intravenous leiomyoblastomas, rare smooth muscle tumor arising in the uterus and gastrointestinal tract, characterized by an intravascular proliferation of spindle and epithelioid cells with high mitotic rate and extravascular extension. These histological features are not present in our case. Other differential diagnosis are intravascular granuloma pyogenicum, intravascular papillary endothelial hyperplasia, reactive angioendotheliomatosis, intravascular fasciitis, hemangiopericytoma and intravenous glomangioma.

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Answer to Quiz 2:

Chondroid syringoma with hyaline cell change.

Agustin Chong Lopez, Bahram Azadeh

Chondroid syringomas with hyaline cell change is a rare variant of chondroid syringoma (mixed tumor of the skin). Chondroid syringomas consist of mixture of epithelial, myoepithelial and myxochondroid elements in varying proportion. Their histological appearances closely resemble mixed tumors (pleomorphic adenomas) of salivary glands. Most of chondroid syringomas with hyaline cell change are

benign, although occasional malignant variants have been documented. Chondroid syringomas of the ordinary type usually occur on the head and neck region but any part of the body may be affected. Chondroid syringomas with hyaline cell change, however, occur mostly on the extremities.

Hyaline cells are commonly seen in pleomorphic adenomas and myoepitheliomas of minor, and less often major, salivary glands. Hyaline cell in chondroid syringoma is a rare phenomenon except in the chondroid syringomas with hyaline cell change variant, that the tumor is composed almost entirely of sheaths, nests and trabecula of hyaline cells. The location and unusual histological appearance can cause diagnostic difficulties leading to erroneous diagnoses of malignancy in some cases.

The epithelial elements in the ordinary type of chondroid syringomas differentiate toward both ductular and secretory elements of the sweat gland. In chondroid syringoma with hyaline cell change the ductular and secretory components form only a very small proportion because this tumor variant consists almost entirely of plasmacytoid cells with cytoplasmic hyaline changes (Fig.1&2) in a chondromyxoid stroma strongly positive with alcian blue (Fig. 3). Tumor cells manifest immuno-histochemical features compatible with a myoepithelial lineage including positive staining for vimentin (Fig. 4), cytokeratin (Fig. 5) and S100-protein (Fig. 6). Light microscopic, immunohistochemical and electron microscopic findings suggest that the hyaline cells represent modified epithelial as well as myoepithelial cells.

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