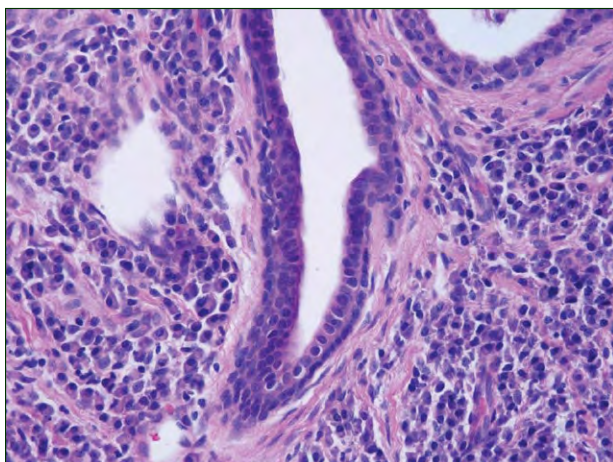


H&E, original magnification $\times 40$.



H&E, original magnification $\times 200$.

The best diagnosis is:

- a. hidradenoma papilliferum
- b. inverted follicular keratosis
- c. papillary eccrine adenoma
- d. syringocystadenoma papilliferum
- e. warty dyskeratoma

PLEASE TURN TO PAGE 273 FOR DERMATOPATHOLOGY DIAGNOSIS DISCUSSION

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The author reports no conflict of interest.

Syringocystadenoma Papilliferum

Syringocystadenoma papilliferum (SPAP) clinically presents as raised warty plaques on the head and neck, often in the setting of nevus sebaceus. Ducts invaginate from the surface into the dermis (slide into the SPAP from the surface) (Figure 1). Papillary fronds extend upward from the base, while plasma cells are common in the core of each frond (Figure 2).¹ Hidradenoma papilliferum similarly differentiates toward the secretory portion of the sweat gland but is more common on the vulva, breast, or eyelid, and unlike SPAP, there is no epidermal connection with hidradenoma papilliferum (hides in the dermis). The dermal

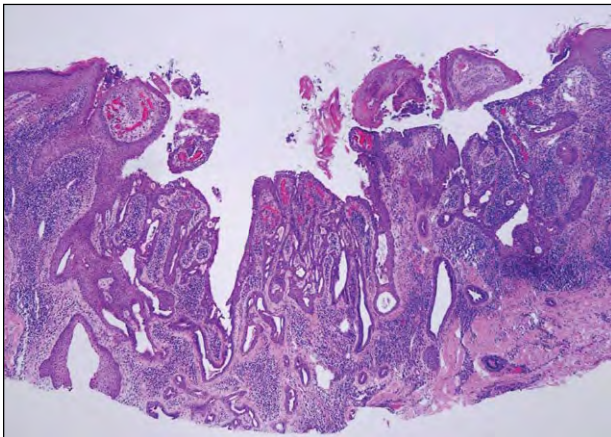


Figure 1. In syringocystadenoma papilliferum, ducts invaginate from the surface into the dermis (H&E, original magnification ×40).

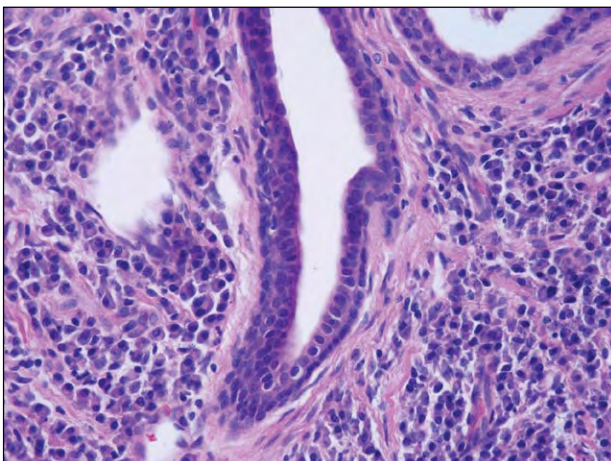


Figure 2. Papillary fronds extend upward from the base of syringocystadenoma papilliferum with plasma cells in the core of each frond (H&E, original magnification ×200).

nodule of hidradenoma papilliferum consists of arborizing ducts in a mazelike pattern without the plasma cell cores (Figure 3). Papillary eccrine adenomas are composed of multiple, dermal, dilated, ductlike spaces containing papillary projections (Figure 4). Similar to SPAP, warty dyskeratoma and inverted follicular keratosis have an endophytic pattern. However, warty

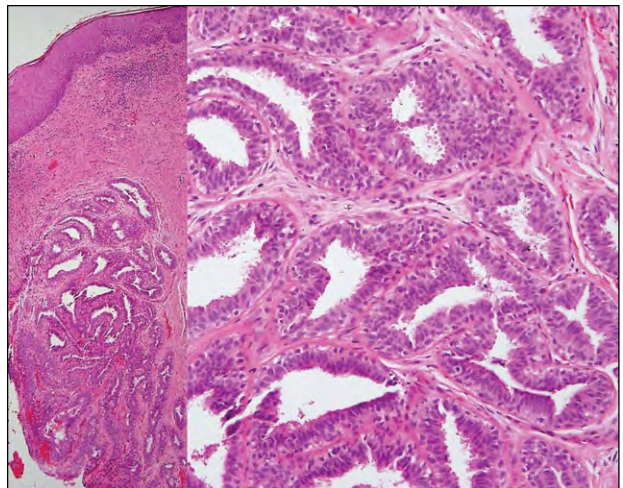


Figure 3. Dermal nodule of hidradenoma papilliferum (left) (H&E, original magnification ×20) containing arborizing ducts in a mazelike pattern without the plasma cell cores (right)(H&E, original magnification ×100).

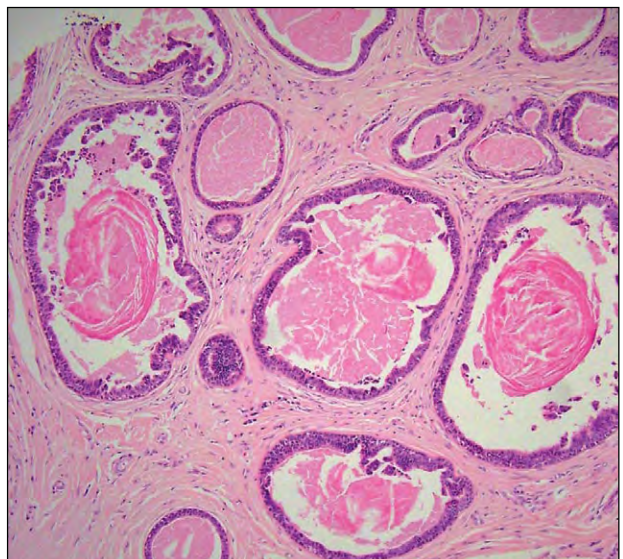


Figure 4. Dermal, dilated, ductlike spaces containing papillary projections of papillary eccrine adenoma (H&E, original magnification ×100).

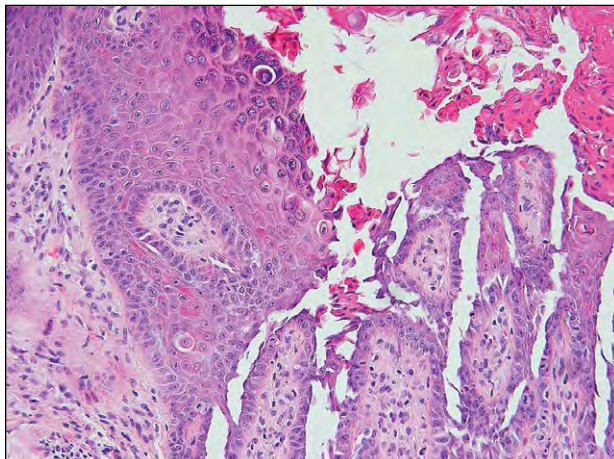


Figure 5. Acantholysis and dyskeratosis of warty dyskeratoma (H&E, original magnification $\times 100$).

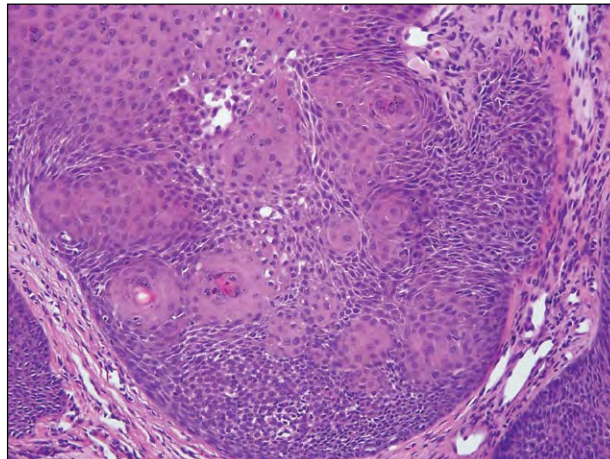


Figure 6. Squamous eddies of inverted follicular keratosis (H&E, original magnification $\times 200$).

dyskeratomas (Figure 5) are lined by elongate dermal papillae (villi) with suprabasilar acantholysis of keratinocytes, some that are dyskeratotic, and inverted follicular keratosis (Figure 6) resembles an expanded hair follicle with squamous eddies (whorls of mature squamous epithelium).²

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