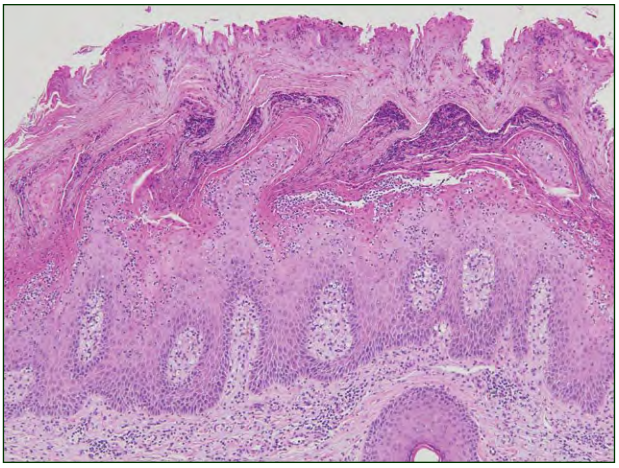
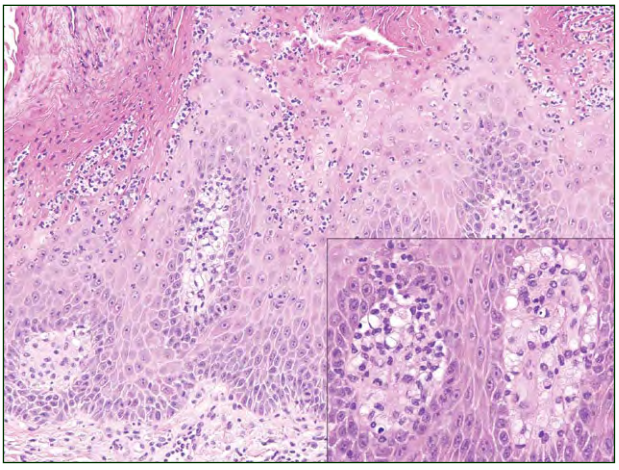


H&E, original magnification ×100.



H&E, original magnification ×200 (original magnification ×400 [inset in bottom right corner]).

The best diagnosis is:

a. epidermolytic acanthoma
b. myrmecia
c. verruca vulgaris
d. verruciform xanthoma
e. warty dyskeratoma

PLEASE TURN TO PAGE 285 FOR DERMATOPATHOLOGY DIAGNOSIS DISCUSSION

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The authors report no conflict of interest.
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Verruciform Xanthoma

Verruciform xanthomas typically present as asymptomatic, flat, solitary papules or plaques on the oral mucosa but also can occur on the genital mucosa and other cutaneous sites. On low-power magnification, they have a verruca vulgaris–like appearance due to characteristic acanthosis, papillomatosis, and hyperkeratosis (Figure 1). Additionally, there often are numerous neutrophils in the upper layers of the epidermis with overlying parakeratosis. Large foamy macrophages (xanthoma cells) fill the papillary dermis (Figure 2).[1] Distinct characteristic features seen in verruca vulgaris include the presence of koilocytes, coarse hypergranulosis, papillomatosis, and rete ridges that curve inward (Figure 3). Myrmecia are predisposed to involvement of palmoplantar skin and are associated with *Human papillomavirus 1*. Myrmecia characteristically have larger eosinophilic keratohyalin granules within the upper spinous layers and display a more endophytic growth pattern (Figure 4). Warty dyskeratomas also have an endophytic growth pattern, but they demonstrate acantholytic dyskeratosis with occasional overlying parakeratosis (Figure 5). Epidermolytic acanthomas are solitary lesions that may resemble verruca

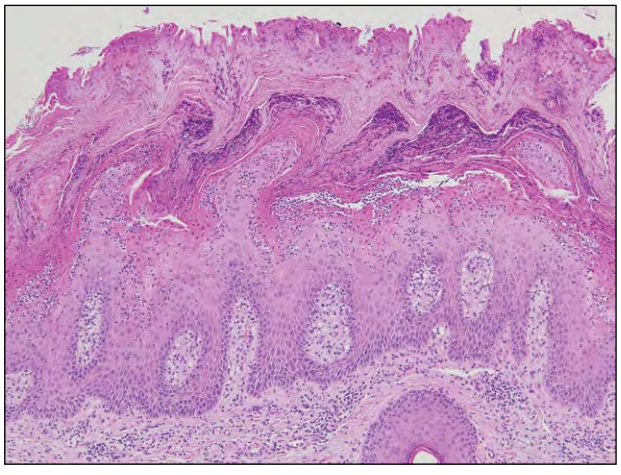

Figure 1. Acanthosis, papillomatosis, and hyperkeratosis (H&E, original magnification ×100).

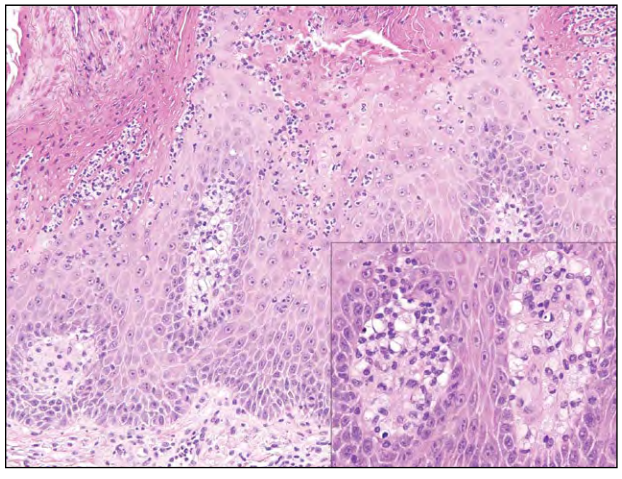

Figure 2. Neutrophils within the upper epidermis (H&E, original magnification ×200) and foamy macrophages fill the papillary dermis (H&E, original magnification ×400 [inset in bottom right corner]).

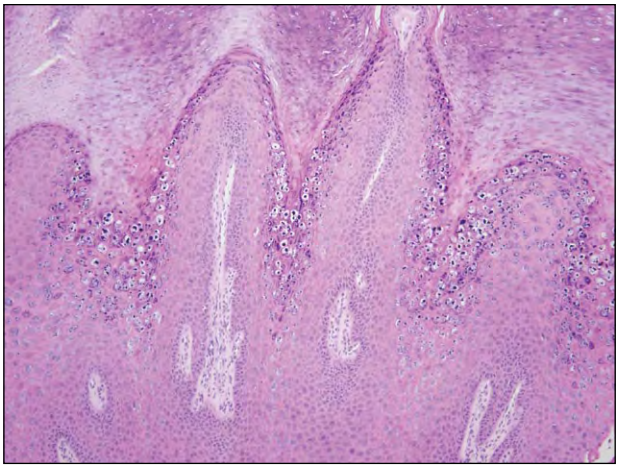

Figure 3. Papillomatosis with coarse hypergranulosis and koilocytes of verruca vulgaris (H&E, original magnification ×100).

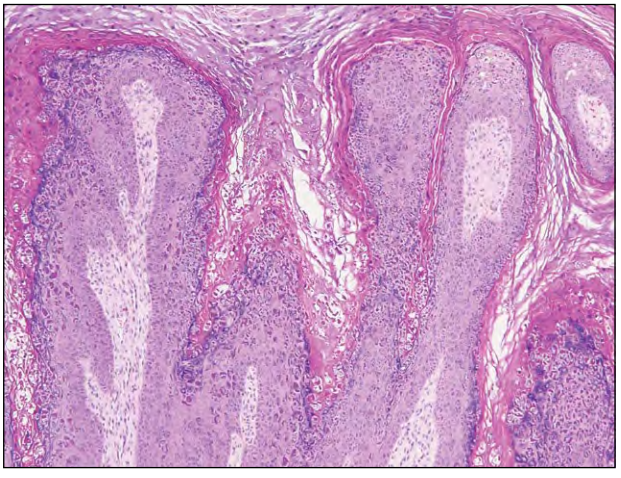

Figure 4. Papillomatosis and large eosinophilic keratohyalin granules of myrmecia (H&E, original magnification ×100).

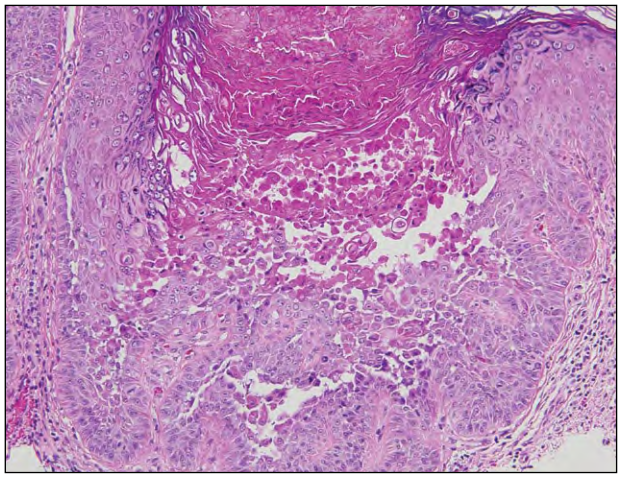

Figure 5. Acantholytic dyskeratosis of warty dyskeratoma (H&E, original magnification ×200).

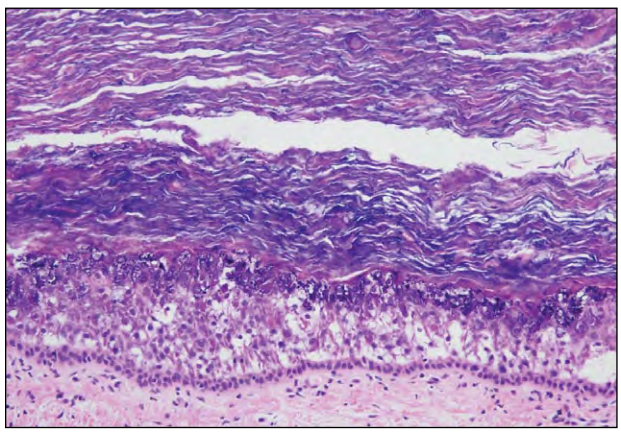

Figure 6. Hypergranulosis, hyperkeratosis, and epidermal vacuolar degeneration of epidermolytic acanthoma (H&E, original magnification ×200).

vulgaris on low power but have hypergranulosis, hyperkeratosis, and vacuolar degeneration of the upper epidermis (Figure 6).[2]

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2. Weedon D. *Weedon's Skin Pathology*. 3rd ed. London, England: Elsevier; 2010.