

## 18<sup>th</sup> Summer Academy of Dermatopathology

Graz, July 6-10, 2026

### Self-Assessment cases, clinical data

**Case 1.** M, 85. Bleeding retroauricular tumor of unknown duration.

**Case 2.** M, 91. History of melanoma in situ on the right temple 2 years before presentation. Ulcerated tumor approx. 2 cm. distal from the site of the previous punch biopsy.

**Case 3.** M, 85. Pigmented lesion of unknown duration on the right shoulder.

**Case 4.** F, 89. In-patient at Cardiology. Sent for evaluation of a pigmented lesion of unknown duration on the left ear.

**Case 5a and 5b (two levels of the same biopsy).** F, 64. 1 week previously excision of a large melanoma on the back (Breslow: 22 mm.). A pigmented lesion in the left submammary area is excised during the visit for re-excision and planning of staging.

**Case 6.** M, 81. Pigmented tumor of unknown duration on the pre-sternal area.

**Case 7.** F, 19. Recurrent tumor on the scalp, previously diagnosed as desmoplastic trichoepithelioma.

**Case 8.** M, 51. According to the patient lesions on the left ear for 6 years, previously diagnosed as lupus erythematosus (histologically reported as "non-specific but consistent with LE"). Two subsequent biopsies had been diagnosed as "pilotropic MF" and "spongiotic dermatitis". No improvement with hydroxychloroquine. The first biopsy is reviewed (the other 2 biopsies are not available).

**Case 9a, 9b (two biopsies).** M, 58. Recent onset of generalized "Sweet-like" skin lesions.

**Case 10 (H&E and CD123).** M, 64. History of acute myeloid leukemia (*RUNX1* mutated). Biopsy taken to rule out skin infiltration.

**Case 11.** F, 41. Subcutaneous mass on 3rd finger of the left hand.

**Case 12.** M, 56. 1.1 cm large nodule suprapatellar right. Differential diagnosis: chondroma?

**Case 13.** F, 31. 8 mm large elevated lesion on the chin.

**Case 14.** F, 60. Painless nodule in the peri-/subungual region.

**Case 15.** F, 63. 1.7 cm soft nodular lesion on the inner side of the upper lip.

**Case 16.** M, 35. Subcutaneous tumor on the II-III left finger for 2 months. Differential diagnosis: hematoma after trauma?

**Case 17.** M, 44. 4 mm large papule on the fossa poplitea. Differential diagnosis: Molluscum contagiosum

**Case 18.** F, 35. Tumor on the occipital region. Differential diagnosis: dermal nevus?

**Case 19.** F, 73. "Inflamed epidermal cyst" on the upper leg.

**Case 20.** F, 35. Small nodule on the right ear.

**Case 21.** M, 36. Painful lesions on the nose and left retroauricular region for several months.

**Case 22.** M; 78. History of mycosis fungoides (1<sup>st</sup> diagnosis at the age of 56; according to the patient 1<sup>st</sup> manifestation at the age of 40). Actual presentation: confluent papules and small nodules on the forehead for the last 3 months. Biopsy taken with a suspect clinical diagnosis of progression of mycosis fungoides.

**Case 23.** F, 15. According to the patient 3 lesions on both arms for 3 days. The patient works by a veterinary and had contact with a cow a few days previously. Sent by GP for mycological investigation.

**Case 24.** M, 86. An ulcerated lesion on the 2<sup>nd</sup> finger of the left hand is removed by shaving under the clinical diagnosis of squamous cell carcinoma vs. mucoid cyst.

**Case 25.** M, 6. Solitary small nodule on the back for 3 months, according to the mother starting after an insect bite at the same site.

**Case 26.** M, 79. History of B-CLL (1<sup>st</sup> diagnosis 15 months before presentation); managed with watchful waiting. Monoclonal IgG/lambda peak in peripheral blood. Partly necrotic, hemorrhagic lesions on the lower extremities for the last 4 months, not improving on local steroid treatment; an external biopsy was reported as "leukocytoclastic vasculitis" (not available for review).

**Case 27.** F, 41. Recurrent "erythema nodosum" for 6 years. A previous external biopsy was interpreted as "erythema nodosum" (not available for review).

**Case 28 a, 28b (two biopsies).** F, 39. History of recurrent "leukocytoclastic vasculitis" on both lower extremities for 2 years (external biopsy, not available for review). Comes because of exacerbation of the lesions.

**Case 29.** M, 84. Chronic renal insufficiency. Ulcerations on the distal lower extremities.

**Case 30.** F, 59. According to the patient lesions on both flanks for approximately 8 months.

**Case 31.** M, 65. History of "lichen sclerosus" on the glans for 5 years.

**Case 32.** F, 14. According to the patient itchy lesion on the left labium minus for approximately 6-7 weeks. Reported as a "hematoma" at the first visit in the department of dermatology.

**Case 33.** M, 61. History of genital lichen sclerosus (1<sup>st</sup> diagnosis 15 years previously; meatoplasty 19 years previously; circumcision 2 years before presentation). Partly purulent lesions for 2 months.

**Case 34.** M, 67. According to the patient itchy lesions on the glans penis for a few days. Started on valaciclovir for suspicion of herpes simplex infection.

**Case 35.** F, 11. According to the patient lesions on both feet for approximately 4 years. An MR examination showed "symmetrical signal modification in the subcutaneous tissue, not clearly explainable".

**Case 36.** M, 60. According to the patient small erythematous lesions on both lower extremities for one year.

**Case 37.** F, 55. History of "pemphigus vulgaris" (1<sup>st</sup> diagnosis 13 years before presentation; DIF & IIF negative). Improvements and relapses under dapsone therapy. According to the patient recent worsening.

**Case 38.** F, 57. According to the patient itchy skin lesions for 8 months; in the last days "burning" in the mouth and sore throat.

**Case 39.** M, 75. According to the patient generalized, itchy lesions for 2 months.

**Case 40.** F, 45. History of metastatic breast carcinoma (managed with datopotamab deruxtecan). Now partly bullous, generalized skin lesions.

**Case 41.** F, 57. An external biopsy was reported as "part of a poroma". According to the patient the lesion is present for approximately one year.

**Case 42.** M, 83. Exophytic preauricular tumor of unknown duration.

**Case 43.** M, 86. Comes for excision of a lesion reported as squamous cell carcinoma on an external biopsy. The biopsy is reviewed.

**Case 44.** F, 40. Large pigmented tumor (>5 cm) on the buttocks.

**Case 45 (H&E, PRAME).** M, 97. Keratotic plaque on the forehead.

**Case 46.** M, 62. History of 3 melanomas. During a follow-up visit an "atypical pigmented lesion" on the right thigh is noticed. The lesion is excised surgically by punch biopsy.

**Case 47.** M, 68. Sent by a private dermatologist for evaluation of a pigmented lesion on the right arm (duration unknown).

**Case 48.** F, 18. Pigmented lesion of recent onset on the right breast.

**Case 49.** M, 6. Erythematous tumor of recent onset on the right lower leg.

**Case 50.** M, 12. Small erythematous nodule of recent onset on the right breast.