



SUMMIT PATHOLOGY

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ABNORMAL

SURGICAL PATHOLOGY REPORT

AMENDED

Patient: BAUER, ALOIS

Med Rec#: 83381-1

PV:

DOB: 02/17/1935 Age: 85 Sex: M

Physician(s):

MCCLANAHAN CAROLE M.D.

COLORADO SPRINGS DERMATOLOGY (GLOBAL)

Accession #: 12106430

Date Collected: 05/30/2020

Date Received: 06/01/2020

Date Reported: 06/03/2020

Report Modified: 07/17/2020

Test Requested: Surgical

Result ID: OS20-09384

Revision (07/17/2020)

AMENDMENT:

This case is being amended to include additional information for the gross description for part B.

Part B Gross Description:

"A second shave is received measuring 0.7 x 0.4 cm and excised to a depth of 0.1 cm. The epidermal surface is remarkable for a 0.6 x 0.2 cm tan-brown, ill-defined lesion that is less than 0.1 cm from the nearest peripheral edge. The resection margin is inked green. The second shave is bisected and submitted entirely in block B2."

There are no other changes to the report. The diagnosis remains the same.

Catherine Salisbury, MD
Pathologist, Electronic Signature

FINAL DIAGNOSIS:

A) SKIN, LEFT SUPERIOR HELIX, SHAVE BIOPSY:

IN-SITU SQUAMOUS CELL CARCINOMA, BOWENOID GROWTH PATTERN, TRANSECTED AT THE PERIPHERAL AND DEEP SECTION EDGES IN ASSOCIATION WITH HAIR FOLLICLES.

B) SKIN, RIGHT CENTRAL ZYGOMA, SHAVE BIOPSY:

INTRADERMAL POORLY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA, TRANSECTED AT THE DEEP SECTION EDGE (SEE COMMENT).

COMMENT:

B: Right central zygoma shave biopsy: The features are that of a poorly-differentiated invasive squamous cell carcinoma involving the dermis. No continuity with the overlying epidermis is seen. There is a superficial focus of dermal scar overlying the neoplasm. These findings can be seen in association with a primary cutaneous squamous cell carcinoma (possibly recurrent, given the presence of overlying dermal scar), or metastatic squamous cell carcinoma from another site. Clinical



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and/or radiographic correlation is needed in order to further determine if this represents a primary or metastatic process.

Catherine Salisbury, MD
Pathologist, Electronic Signature

Clinical History:

A: 1.0 cm hyperkeratotic plaque.

DDX: Squamous cell carcinoma.

B: 1 cm pearly plaque.

DDX: Basal cell carcinoma.

Submitted Clinical ICD10 Codes: C44.229, C44.319

GROSS DESCRIPTION:

- A) Received in a formalin filled bottle/container, which has been verified to belong to patient: BAUER, ALOIS and labeled "L sup helix" is a 0.8 cm x 0.5 cm skin shave excised to a depth of 0.1 cm. The epidermal surface is remarkable for a 0.6 x 0.5 x 0.1 cm in height tan-brown, crusted and friable lesion abutting the nearest peripheral edge. The resection margin is inked orange, the specimen is bisected and submitted entirely in block A1.
- B) Received in a formalin filled bottle/container, which has been verified to belong to patient: BAUER, ALOIS and labeled "R cent Zygoma" is a 0.7 x 0.6 cm skin shave excised to a depth of 0.1 cm. The epidermal surface is tan-white and scaly with no definitive lesions identified. The resection margin is inked green, the specimen is bisected and submitted entirely in block B1.

MICROSCOPIC DESCRIPTION:

- A) Sections show mild epidermal hyperplasia with full thickness keratinocyte atypia, disordered maturation and increased mitotic activity in the epidermis. Involvement of underlying hair follicles is present.
- B) Section show neoplastic single cells with marked cytologic atypia and scant eosinophilic cytoplasm infiltrating the dermis. An overlying superficial focus of possible dermal scar is noted. There is no definitive continuity with the overlying epidermis. Given the poorly-differentiated features of this neoplasm, an immunohistochemical panel is performed and demonstrates that tumor cells are strongly positive for pan keratin, cytokeratin 5/6, and p40 and show no significant staining with SOX-10 and cytokeratin 7. Positive and negative controls stain appropriately.

NOTE: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code(s): 88341 x4, 88305 x2, G9785, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538

Specimen interpreted at: Summit Pathology 5802 Wright Drive, Loveland, CO 80538