SUMMIT PATHOLOGY

5802 Wright Drive
Loveland, CO 80538
TEL: (970) 212-0530
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ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: PATRICK, RICHARD S
Med Rec#: **MM0000028370** PV:
DOB: **07/12/1944** Age: **75** Sex: **M**
Physician(s):
STEARNS LAUREL DO FRONT RANGE DERM (SP)

Accession #: 12103296
Date Collected: **05/22/2020**
Date Received: **05/22/2020**
Date Reported: **05/27/2020**

Test Requested: **Surgical** **Result ID: OS20-08808**

FINAL DIAGNOSIS:

A) **SKIN, RIGHT MEDIAL FRONTAL SCALP, SHAVE BIOPSY:**
HYPERTROPHIC ACTINIC KERATOSIS, NOT EXTENDING TO THE SECTION EDGES

B) **SKIN, RIGHT ANTERIOR SHOULDER, PUNCH BIOPSY:**
PUSTULAR DERMATITIS WITH AN UNDERLYING SUPERFICIAL AND DEEP, PERIVASCULAR AND INTERSTITIAL LYMPHOCYTIC INFILTRATE WITH EOSINOPHILS (SEE COMMENT)

C) **SKIN, LEFT DORSAL SHAFT OF PENIS, SHAVE BIOPSY:**
-COMPATIBLE WITH IN-SITU SQUAMOUS CELL CARCINOMA, p16 POSITIVE, WITH PROMINENT ADNEXAL EXTENSION (SEE COMMENT)
-NO DEFINITIVE INVASIVE CARCINOMA IDENTIFIED IN THESE SECTIONS

COMMENT:

B. No viral cytopathic effect is seen to suggest a herpes virus eruption. Morphologic considerations may include an arthropod bite reaction, drug eruption, urticarial lesion or other dermal hypersensitivity reaction. Clinical correlation is necessary.

C. The morphologic findings are compatible with a carcinoma in-situ lesion with adnexal extension to the edges of the biopsy. While no definitive invasive carcinoma is seen in these sections, correlation with any remaining lesion is imperative. Dr. Bee has reviewed part C only and agrees with the above diagnosis and comments.

Heath D Worcester, MD
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Christopher Bee, MD

Clinical History:
A: Ill-defined pink, eroded papules and nodules.
DDX: Rash, unspecified vs. folliculitis vs. PN vs. other.
B: Rash unspecified.
C: Hyperkeratotic nodule and irregular eroded pink scaly patch.
DDX: Neoplasm of uncertain behavior vs. SCC vs. chronic candidiasis vs. psoriasis vs. lichen planus.

Submitted Clinical ICD10 Codes: R21, D40.8

GROSS DESCRIPTION:

A) Received in a formalin filled bottle/container, which has been verified to belong to patient: PATRICK, RICHARD S and labeled "A right medial frontal scalp" is a 0.8 x 0.5 cm excised to depth of 0.1 cm gray-white skin shave partially

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discolored with a blue surgical marker. The epidermal surface features a 0.5 x 0.3 cm tan-pink roughened hair-bearing area which abuts the nearest peripheral margin. The resection margin is inked orange, the specimen is trisected and sequentially submitted in its entirety in block A1.

B) Received in a formalin filled bottle/container, which has been verified to belong to patient: PATRICK, RICHARD S and labeled "B right anterior shoulder" is a 0.5 x 0.4 cm excised to depth of 0.5 cm tan-white oval-shaped skin punch partially discolored with a blue surgical marker. The epidermal surface features a 0.4 x 0.3 cm tan-pink to brown mottled area which abuts the nearest peripheral margin. The resection margin is inked red, the specimen is bisected and submitted in its entirety in block B1.

C) Received in a ExCell PLUS filled bottle/container, which has been verified to belong to patient: PATRICK, RICHARD S and labeled "C left dorsal shaft of penis" is a 0.5 x 0.4 cm excised to depth of 0.1 cm gray-white skin shave partially discolored with a blue surgical marker. The epidermal surface features a 0.4 x 0.4 cm raised to 0.2 cm rubbery tan-pink lesion which overhangs the nearest peripheral margin. The resection margin is inked yellow, the specimen is bisected and submitted in its entirety in block C1.

MICROSCOPIC DESCRIPTION:

A) Sections show moderate epidermal acanthosis with basal keratinocyte atypia with overlying hyperparakeratosis. Underlying solar elastosis and mild vascular ectasia is noted.

B) Sections show a relatively unremarkable epidermis and cornified layer. There is an underlying superficial and deep, perivascular and interstitial, lymphocytic infiltrate with eosinophils. No acute vasculitis is seen.
GMS is negative for fungus (control is positive)

C) Sections show mild epidermal hyperplasia with full thickness keratinocyte atypia, disordered maturation and increased mitotic activity in the epidermis.
Also examined are immunoperoxidase-stained sections for p16, CK5/6, BerEp4, p53, and Ki67 which show strong and diffuse staining with p16, moderate but diffuse staining with CK5/6, weak BerEp4, increased Ki67 and negative p53 (Positive and negative controls appropriate).

(Note: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. They have 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. These tests are 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, 88312, 88305 x3, 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