



SUMMIT PATHOLOGY

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P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: FORTUNE, LARRY ROY

Med Rec#: MM0000003619 PV:

DOB: 03/19/1945 Age: 75 Sex: M

Physician(s):

HOOVER AARON M.D.

FRONT RANGE DERM (SP)

Accession #: 12150136

Date Collected: 08/20/2020

Date Received: 08/20/2020

Date Reported: 08/24/2020

Test Requested: Surgical

Result ID: OS20-16649

FINAL DIAGNOSIS:

A) SKIN, RIGHT ANTERIOR NECK, SHAVE BIOPSY:

INVASIVE MELANOMA, WITH THE FOLLOWING HISTOPATHOLOGIC FEATURES:

- HISTOLOGIC TYPE: NODULAR TYPE
- MAXIMUM TUMOR (BRESLOW) THICKNESS: AT LEAST 6.0mm
- ULCERATION: PRESENT
- MITOTIC RATE: 3/mm²
- TUMOR REGRESSION: NOT IDENTIFIED
- MACROSCOPIC SATELLITE NODULES: NONE IDENTIFIED
- ANATOMIC (CLARK) LEVEL: AT LEAST IV
- LYMPHOVASCULAR INVASION: NOT IDENTIFIED
- NEUROTROPISM: NOT IDENTIFIED
- TUMOR INFILTRATING LYMPHOCYTES: BRISK
- MICROSATELLITIS: NOT IDENTIFIED
- MARGINS:
 - PERIPHERAL MARGINS: NARROWLY NEGATIVE FOR INVASIVE MELANOMA
 - DEEP MARGIN: POSITIVE FOR INVASIVE MELANOMA
- PATHOLOGIC STAGE: pT4b

B) SKIN, RIGHT FOREHEAD, SHAVE BIOPSY:

- MELANOMA IN-SITU, LENTIGO MALIGNA GROWTH PATTERN, EXTENDING TO THE PERIPHERAL SECTION EDGES
- ADJACENT HYPERTROPHIC ACTINIC KERATOSIS

C) SKIN, LEFT EAR, SHAVE BIOPSY:

- IN-SITU SQUAMOUS CELL CARCINOMA, BOWENOID GROWTH PATTERN, TRANSECTED AT THE PERIPHERAL SECTION EDGES

D) SKIN, LEFT NOSE, SHAVE BIOPSY:

- BASAL CELL CARCINOMA, SUPERFICIAL GROWTH PATTERN, TRANSECTED AT THE PERIPHERAL SECTION EDGES

COMMENT:

These findings were messaged to Dr. Hoover on 08/24/2020

Heath D Worcester, MD
Pathologist, Electronic Signature



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Clinical History:

- A. Ulcerated nodule. DDX: Neoplasm of uncertain behavior vs KA.
- B. Pigmented patch. DDX: Neoplasm of uncertain behavior vs pigmented BCC.
- C. Tender hyperkeratotic papule. DDX: Neoplasm of uncertain behavior vs NMSC.
- D. Nonhealing erythematous macule. DDX: Neoplasm of uncertain behavior vs NMSC.

Submitted Clinical ICD10 Codes: D48.5

GROSS DESCRIPTION:

- A) Received in a formalin filled bottle/container, which has been verified to belong to patient: FORTUNE, LARRY ROY and labeled "A right anterior neck" is a 1.6 x 1.2 cm unoriented skin shave biopsy excised to a depth of 0.2 cm. The epidermal surface is remarkable for a 1.4 x 1.0 cm tan-brown crusted, ulcerated lesion, 0.1 cm from the closest peripheral edge. The resection margin is inked orange, the specimen is sectioned revealing homogeneous tan-yellow rubbery cut surfaces. The entire specimen is submitted in blocks A1-A2 (3 pieces each).
- B) Received in a formalin filled bottle/container, which has been verified to belong to patient: FORTUNE, LARRY ROY and labeled "B right forehead" is a 0.9 x 0.6 cm skin shave biopsy excised to a depth of 0.1 cm. The epidermal surface is remarkable for a 0.5 x 0.5 cm tan-yellow waxy, crusted scaly lesion, abutting the peripheral edge. The resection margin is inked green, the specimen is trisected and is entirely submitted in block B1.
- C) Received in a formalin filled bottle/container, which has been verified to belong to patient: FORTUNE, LARRY ROY and labeled "C left ear" is a 0.8 x 0.6 cm skin shave biopsy excised to a depth of 0.1 cm. The entire epidermal surface is tan-gray, crusted and scaly with a height of 0.1 cm. The resection margin is inked red, the specimen is trisected and is entirely submitted in block C1.
- D) Received in a formalin filled bottle/container, which has been verified to belong to patient: FORTUNE, LARRY ROY and labeled "D left nose" is a 0.4 x 0.2 cm irregular skin shave biopsy excised to a depth of less than 0.1 cm. The entire epidermal surface is gray-white and waxy with no distinct lesion identified. The resection margin is inked orange, the specimen is left intact due to the size and is entirely submitted in block D1.

MICROSCOPIC DESCRIPTION:

- A) Sections show an atypical melanocytic neoplasm exhibiting a markedly atypical architectural growth pattern comprised of irregular, confluent nests growing along the dermal-epidermal junction, pagetoid melanocytes, and invasion into the underlying dermis. There is an accompanying lymphocytic infiltrate with melanophages and dermal fibrosis. Also examined are immunoperoxidase-stained sections for SOX-10, MelanA, p40, and CK5/6 which show positivity for SOX-10 and MelanA. The CK5/6 and p40 are negative (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.)

- B) Sections show a markedly atypical, nested and single-cell melanocytic proliferation along the dermal-epidermal junction. Pagetoid melanocytes and confluence of proliferation are present. Centrally, there is moderate epidermal acanthosis with basal keratinocyte atypia with overlying hyperparakeratosis. Underlying solar elastosis and mild vascular ectasia is noted. Also examined are immunoperoxidase-stained sections for MelanA which shows confluence of melanocytes along the junction (Positive and negative controls appropriate).



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- C) Sections show mild epidermal hyperplasia with full thickness keratinocyte atypia, disordered maturation and increased mitotic activity in the epidermis.
- D) Sections show aggregations of neoplastic basaloid cells continuous with the basal layer of the epidermis protruding into the papillary dermis. The cells at the periphery of the aggregations are arranged in a palisade. Focal stromal cleaving is seen.
- Also examined are immunoperoxidase-stained sections for BerEp4 which highlights the basaloid cells along the junction (Positive and negative controls appropriate).

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CPT Code(s): 88341, 88305 x4, 88342 x3

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

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