# Surgical Pathology Report

PHYSICIAN: Davis, C. Reese MD
ACCESSION DATE: 12/14/2011
REPORT DATE: 12/16/2011

CASE: CLS-11-060059
PATIENT: KARI BERGER
SURGICAL PATHOLOGY REPORT

Specimen(s) Submitted As: Left chest wall mass
Pre-op Diagnosis: Dermatofibrosarcoma
Clinical History: Mass, dermatofibrosarcoma

FINAL DIAGNOSIS:

SKIN, LEFT CHEST WALL, ORIENTED WIDE EXCISION:

SKIN AND SOFT TISSUE RESECTION WITH DERMATOFIBROSARCOMA PROTUBERANS INVADING THE DERMIS AND SUBCUTANEOUS TISSUES.

THE EXAMINED INKED TISSUE MARGINS ARE NEGATIVE FOR SARCOMA. SEE MICROSCOPIC EXAMINATION.

GROSS EXAMINATION:
The specimen consists of a 10.0 x 6.8 x 2.5 cm fragment of fibrofatty soft tissue with overlying 9.0 x 5.5 cm ellipse of tan skin. The skin ellipse is marked by one stitch designated superior and two stitches designated lateral. The deep margin is inked black. With the single stitch in the 12 o'clock position and the double stitch in the 3 o'clock position, the 12 to 3 to 6 o'clock margin is inked orange, 6 to 9 to 12 o'clock margin blue. The skin surface shows a 5.0 x 1.9 x 0.2 cm slightly raised nodule, which comes within 2.1 cm of the 12 o'clock margin, within 1.8 cm of the 3 o'clock margin, within 2.0 cm of the 6 o'clock margin, within 1.5 cm of the 9 o'clock margin. The specimen is serially sectioned from 12 to 6 o'clock revealing generally fatty cut surfaces. The skin lesion does not definitively involve the underlying adipose tissue. The specimen is entirely submitted sequentially from 12 to 6 o'clock in cassettes A1 through A51 with skin lesion A8 through A32. A1 - 12 o'clock tip, A2 - a single cross-section, A3 - a single cross-section, A4-A5 - a bisected section, A6-A7 - a bisected section, A8-A9 - a bisected section, A10-A11 - a bisected section, A12 through A14 - a trisected cross-section, A15 through A17 - a trisected cross-section, so-on through cassettes A45 through A47. A48-A49 - a single bisected section, A50 - a single cross-section, A51 - 6 o'clock tip. The new cut surface is inked red.

DVM:BW:eny

MICROSCOPIC EXAMINATION:
Sections of skin and soft tissue reveal evidence of an apparent healing biopsy site with residual spindle cell neoplasm showing extension from the reticular dermis into the subcutaneous tissue. It is composed of relatively bland, monotonous spindle cells showing a variable storiform pattern. Diagnostic features of fibrosarcoma are not seen. There is patchy electrocautery artifact at the peripheries of the specimen. Patchy melanocytic hyperplasia is noted. There is deep, infiltrating involvement of the subcutaneous tissue by the spindle cell neoplasm.
Immunohistochemical stains* are performed with appropriate controls. S-100 is essentially negative while CD34 shows diffuse positivity.
In addition, at the base of the specimen in lateral slides, there is benign breast tissue with a benign architecture showing secretory changes, compatible with a lactating breast. These changes extend to the deep inked tissue margin. Clinical correlation may be helpful in this regard. Dr. Chris Campana (a cytopathologist and surgical pathologist) studied these five slides and confirms the interpretation of the benign breast tissue with secretory changes.
This specimen shows a wide reexcision specimen of skin and soft tissue with residual invasive dermatofibrosarcoma protuberans showing irregular extension into the subcutaneous tissue. The definitive herring bone changes of fibrosarcoma are not seen. The examined inked tissue margins are negative for sarcoma. It comes within 9 mm of the nearest blue lateral inked tissue margin, within 11 mm of the nearest orange peripheral inked tissue margin, and within 6 mm of the nearest deep (black) inked tissue margin. The examined inked tissue margins are negative for sarcoma.

Dr. Lundell (also a dermatopathologist) studied this case. The above is a consensus diagnosis.

NOTE:
Importantly, the true inked tissue margins are represented by blue, orange, and black ink (see the Gross Description). The red ink is for orientation purposes only in cutting and preparing the histologic sections. The red ink does not represent a true surgical margin.

*This test was developed and its performance characteristics were determined by Intermountain Central Laboratory. 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-88) as qualified to perform high complexity clinical laboratory testing. Controls stained appropriately.

LWC:dm

Landon W. Coleman, M.D.
Dermatopathologist
E Signature 12/16/11 17:02

REPORT STATUS: Final