

**PATIENT HISTORY:**

PRE-OP DIAGNOSIS: Melanoma.

POST-OP DIAGNOSIS: Same.

PROCEDURE: Excision melanoma right foot, excision right groin mass.

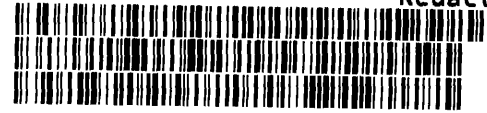
Site Code: Foot, skin C44.7

Melanoma, acral lentiginous, malignant 12/15/10 for

8744/3

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TCGA-ER-A19T-01A-PR

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**FINAL DIAGNOSIS:****PART 1: SKIN AND SUBCUTANEOUS TISSUE, RIGHT GROIN, EXCISION -**

- A. METASTATIC MALIGNANT MELANOMA IN SUBCUTANEOUS FIBROUS AND FATTY TISSUE, 9.4 CM, IN LARGE PART NECROTIC WITH ADJACENT MULTIPLE FOCI OF METASTATIC MALIGNANT MELANOMA IN PART NECROTIC IN FATTY TISSUE 0.5 TO 3.0 CM IN SIZE (see comment).
- B. NINETEEN (19) OF TWENTY-ONE (21) LYMPH NODES POSITIVE FOR METASTATIC MALIGNANT MELANOMA (19/21).
- C. EXTRACAPSULAR EXTENSION SEEN.
- D. SKIN WITH SUBEPIDERMAL FOCAL ACUTE AND CHRONIC INFLAMMATION, GRANULATION TISSUE, FOREIGN BODY GIANT CELL REACTION, REACTIVE FIBROSIS AND CHANGES INCIDENT TO PREVIOUS BIOPSY (see

**PART 2: SKIN, RIGHT FOOT, EXCISION -**

- A. MALIGNANT MELANOMA, ACRAL LENTIGINOUS AND NODULAR TYPE AND NON-ULCERATED (see comment).
- B. LEVEL V, 15 MM IN THICKNESS.
- C. FOCAL ANGIOLYMPHATIC INVASION SEEN.
- D. MITOSIS 16 PER 10 HIGH POWER FIELDS.
- E. NO REGRESSION.
- F. NO TUMOR INFILTRATING LYMPHOCYTES.
- G. MARGINS OF RESECTION FREE OF NEOPLASM.

**COMMENT:**

Part 1: The soft tissue metastatic melanomas in fatty tissue show circumscription but since no lymphoid tissue consistent with lymph node structure is identified around, these are considered as soft tissue metastasis. The separately submitted 8.5 cm melanoma shows pseudo encapsulation close to the margin and fibrous septae same as other larger foci but definite evaluation is difficult as of the nodal origin of this metastasis.

Part 2: The morphology is of acral lentiginous melanoma with nodular growth. Since the part of the specimen has been collected for study, exact evaluation of surface ulceration cannot be determined with certainty. However, the sections examined do not show ulceration.

**CASE SYNOPSIS:****SYNOPTIC DATA - PRIMARY CUTANEOUS MELANOMA**

TUMOR LOCATION:	Family history of melanoma is unknown.
TYPE OF PROCEDURE:	Family history of dysplastic nevi is unknown.
SIZE OF TUMOR:	Lower extremities
GROSS ULCERATION:	Wide excision
GROSS SATELLITES:	Maximum surface diameter of neoplasm: 34 mm
HISTOLOGIC TYPE:	No
SURFACE ULCERATION:	No
CLARK'S LEVEL:	Nodular, Acral lentiginous
BRESLOW'S THICKNESS:	Not present
ANGIOLYMPHATIC INVASION:	V
PERINEURAL INVASION:	15 mm
EVIDENCE OF REGRESSION:	Present
MICROSCOPIC SATELLITES:	No
PREEXISTING NEVUS:	No
TUMOR INFILTRATING LYMPHOID INFILTRATE:	No preexisting nevus
MITOTIC RATE:	None (absent)
VASCULARITY:	16 / 10 HPF
SURGICAL MARGIN INVOLVEMENT:	Not increased to focally increased
SENTINEL LYMPH NODE MAPPING:	Deep margin is free of tumor, Lateral margin is free of tumor
COMPLETION DISSECTION:	No
EXTRACAPSULAR SPREAD:	Yes
LYMPH NODES POSITIVE:	Gross ECS
SIZE OF NODAL METASTASES:	Number of lymph nodes positive at completion dissection: 19
T STAGE, PATHOLOGIC:	> 2mm
N STAGE, PATHOLOGIC:	pT4a
M STAGE, PATHOLOGIC:	pN3
	pM1a

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	MD	
Date Reviewed	12/13/10	