

ICD-0-3

Melanoma, NOS 8720/3

Site: lymph node, inguinal/groin C77.4  
dx 2/10/11

DOB/Age/Sex:

Location:

Requested by:

Requested on:

Specimen Rcvd:

Accession No.:

Copies to:

UUID: D96AE7E1-5518-4D08-9CD4-57D6C21E1B3A  
TCGA-EE-A2GK-06A-PR

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## HISTOPATHOLOGY REPORT

### CLINICAL DETAILS

History of a melanoma on back in , depth 0.8mm, level III, treated with WE

\* Now has metastatic melanoma (R) inguinal LN

Operation: (R) inguino-pelvic LN dissection.

Specimens: (R) inguinal and pelvic lymph nodes.

### FROZEN SECTION REPORT

Fresh tissue was taken for tumour banking (Registrar -

### MACROSCOPIC DESCRIPTION

(Dr

Three specimens received.

1. "RIGHT INGUINAL LYMPH NODE DISSECTION STITCH SUPERIOR". An orientated skin ellipse, 300mm long, 16mm wide and with attached subcutaneous fat up to 80mm thick. A suture indicates the superior end.

In the mid section there is a 34 x 34 x 27mm lymph node containing a brown tumour deposit up to 26mm in maximal dimension. This node sampled for tumour banking. The superior third of the tissue contains one possible small lymph node. The mid section contains 8 lymph nodes including the large involved & sampled lymph node. These nodes range from 3 to 34mm in diameter. Only the largest node shows macroscopic involvement. The distal third contains two lymph nodes, 10mm & 13mm in maximal dimension.

Representative sections.

- 1A. Superior third with skin.
- 1B. Superior third small node trisected.
- 1C-1L. Mid section.
- 1C. Largest involved node, (representative).
- D & E. One node.
- F-L. One node per block.
- M & N. Inferior third lymph node (one node per block).

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: <i>THG</i> Date Reviewed: <i>6/1/11</i>		

2. "ILIAC NODE RIGHT GROIN". Irregular fatty tissue fragments, 60mm in maximal dimension containing three lymph nodes ranging from 10 to 16mm in maximal dimension as well as two small possible nodes. Lymph nodes all embedded.

- 2A & 2B. Largest node.
- 2C. Smaller two nodes.
- 2D. One possible node.
- 2E. One possible node.

3. "RIGHT GROIN OBTURATOR". Fatty tissue 70mm in maximal dimension, containing four lymph nodes, the largest of which is 55mm long and up to 15 x 9mm in cross-section. The smallest three lymph nodes range from 5 to 14mm in maximal dimension. No macroscopic tumour deposits are seen. Nodal tissue all embedded.

- 3A. One node trisected.
- 3B. One node in four sections.
- 3C. One node bisected.

Requested by:

MRN/Name:

Location:

Accession:

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3D-3N. Largest node all embedded.

4. "CLOQUET NODE". Three grey to brown tissue fragments from 8 to 10mm. All embedded in block 4A.

### MICROSCOPIC REPORT

1-4. The (R) inguino-pelvic node dissection shows metastatic malignant melanoma.

The tumour is seen in two nodes in the inguinal group (2/8), in blocks 1C and focally in 1F.

The pelvic nodal group is clear (0/4 iliac and 0/4 obturator).

The specimen labelled "Cloquet node" was just haemorrhagic fat.

Tumour histology: The melanoma has a small epithelioid cytomorphology and moderate pigment. Mitotic rate 11/mm<sup>2</sup>.

Growth pattern: The deposits are the macroscopic one, 26mm dia, comprising lobulated tumour aggregates within the node (1C), and an 0.5mm subcapsular micrometastasis (1F).

No extranodal extension seen. No significant TILs response.

### SUMMARY

(R) inguino-pelvic node dissection - **Metastatic MALIGNANT MELANOMA (2/16).**  
26mm dia and 0.5mm dia.

REPORTED BY: Dr