ICD-O-3
Melanoma, superficial spreading 8743/3
Site: lymph node, groin C774
JD 4/19/14

Surgical Histology

Surgical Histology

ADDRESS FOR REPORT: Plastic Surgery
Copy To: Report to Cancer Registry

HISTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:
history of lesion on left anterior ankle.

MACROSCOPIC:
Skin ellipse 2.5 x 1.3 x 0.5cm a raised keratotic lesion 1cm in the centre. Suture taken as 12'o'clock. 3'o'clock margin inked.

MICROSCOPY:
TUMOUR TYPE:Superficial spreading malignant melanoma
GROWTH PHASE:Vertical growth phase.
BRESLOW THICKNESS:2.4mm.
CLARK LEVEL:4 - invasion of the reticular dermis.
ULCERATION:Not present.
LYMPHOVASCULAR INVASION:Focally present.
PERINEURAL INVASION:Not present.
REGRESSION:Not present.
MICROSATELLITES:Not present.
CO-EXISTENT NAEVUS:Not present.
MITOTIC RATE:14 per mm2.
TUMOUR INFILTRATING LYMPHOCYTES: Non-brisk.
PERIPHERAL CLEARANCE:<1mm.
DEEP CLEARANCE:0.8mm.

DIAGNOSIS:
SKIN (LEFT ANTERIOR ANKLE): MALIGNANT MELANOMA. pT3a NX MX.

REPORTED BY:
Dr Histopathology
Dr Consultant Histopathologist

REPORT DATE:

Non Gynae Fine Needle Aspirate

Non Gynae Fine Needle Aspirate

ADDRESS FOR REPORT:
Report to Cancer Registry

CYTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:
Previous history of melanoma left ankle
Patient aware of a lump in left groin over past 3 weeks.
?metastatic melanoma.

MACROSCOPIC:
3 air-dried slides dated

MICROSCOPY:
This is a densely cellular sample with a background lymphoid population and abundant individual and loosely cohesive groups of atypical epithelioid cells with prominent nucleoli and some cells with double nuclei. There are scattered melanophages. Features are those of metastatic malignant melanoma within the lymph node.

DIAGNOSIS:
FNA LEFT GROIN: METASTATIC MELANOMA

REPORTED BY:
Dr Histopathology
Dr Consultant Histopathologist

REPORT DATE:

Surgical Histology

Surgical Histology

ADDRESS FOR REPORT:
Copy To: n/a
Report to Cancer Registry
HISTOPATHOLOGY REPORT

**SUPPLEMENTARY REPORT **
LAB No:

CASE HISTORY:
Left groin metastatic melanoma proven on fine needle aspirate. ? Size and number of nodes involved.? Extracapsular spread of melanoma. Some of specimen has already been tissue banked.

MACROSCOPIC:
1.Left groin dissection: ellipse of skin with a scar measuring 14 x 2 cm, there is underlying fibrofatty tissue containing lymph nodes. There is a large area which was received inked containing a nodule measuring 2 x 2 x 1.5 cm. The nodule appears to extend onto the deep margin, and capsule received disrupted as was already sampled for tissue banking before receipt. Skin sampling is A and B. C onwards is nodule. C and D are both nodule with margins inked. Two other nodules were found, one of which measures 0.8 cm in diameter and is situated 1 cm from deep margin. The third nodule measures 0.5 cm and is situated 1.6 cm from the deep margin. Nodule number 2 in E. Nodule number 3 in F. Rest of large nodule inked green all embedded in G,H,I,J.
2.Pelvic clearance left side: fibrofatty tissue containing nodes measuring 14.5 x 2 x 1.5cm. No attached skin was seen. A total of seven nodes were found, the largest measures 2.3 x 1.2 cm and the smallest measures 1 x 0.3 x 0.3 cm. Largest in A. Smallest in F.

MICROSCOPY:
1. Microscopic examination of the left groin dissection shows metastatic melanoma in the largest lymph node, measuring maximum diameter of 20 mm. Within this tissue oh there is an area of focal extracapsular spread measuring a maximum diameter of 4 mm. 2 other nodes found show reactive changes only. Tissue from the skin shows scar tissue with out any melanocytic lesion.
The lymph node containing metastatic melanoma and extracapsular spread shows a disrupted capsule and ink onto the capsule of the node, which appears to be related to tissue banking which was done before a dissection of the specimen.
2. Microscopic examination of the pelvic clearance from the left side shows a total of 7 small lymph nodes, all of which show reactive changes.

DIAGNOSIS:
1. LEFT GROIN DISSECTION: METASTATIC MELANOMA WITH EXTRACAPSULAR SPREAD IN ONE OF 3 LYMPH NODES.
2. PELVIC CLEARANCE LEFT SIDE: 7 LYMPH NODES SHOWING REACTIVE CHANGES ONLY.

REPORTED BY:

Consultant Histopathologist.

REPORT DATE:

SUPPLEMENTARY REPORT:
BRAF immunostain is negative.

REPORTED BY:
Consultant Histopathologist

Criteria	LW 12/31/13	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HIPAA Discrepancy			
Prior Malignancy History			
Dual/Synchronous Primary Noted			
Case is (circle):	QUALIFIED / DISQUALIFIED		
Reviewer Initials:	Date Reviewed: 12/31/13		