



Sample

Surgical Histology

Surgical Histology

ADDRESS FOR REPORT: Dr.

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Report to Cancer Registry

HISTOPATHOLOGY REPORT

LAB No:

Lab No:

CASE HISTORY:

Punch biopsy right cheek. Erythematous macule for years.
Dermoscopically seems to be haemangioma the possibility of
amelanotic melanoma.

MACROSCOPIC:

0.4cm punch of skin.

MICROSCOPY:

Microscopic examination of the biopsy from right cheek shows a
melanocytic lesion is so shaved with prominent vascular pattern.
This lesion shows irregular distribution of cells and nests as well
as mitoses therefore favouring a diagnosis of Naevoid melanoma. The
lesion extends 0.8 mm in depth and onto the margins of this biopsy.
Wider excision is therefore recommended.

DIAGNOSIS:

BIOPSY RIGHT CHEEK: ATYPICAL MELANOCYTIC LESION, FAVOURING A NAEVOID
MELANOMA.

REPORTED BY:

Dr Consultant Histopathologist

REPORT DATE:

ICD-O-3
Melanoma NOS 8720/3
Site ^{cheek} lymph node C77.9
^{path} Parotid gland C07.9
JW 4/28/14

Surgical Histology

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ADDRESS FOR REPORT: Dermatology

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HISTOPATHOLOGY REPORT

LAB No:

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CASE HISTORY:

Full excision of ?naevoid melanoma or atypical melanocytic lesion right cheek.

MACROSCOPIC:

One not orientated skin ellipse (30 x 7 x 6mm) showing a central pale nodule and scar area (2mm greatest dimension of nodule), minimal distance from nodule to margin 2mm. Five transverse sections taken.

MICROSCOPY:

Skin excision contains malignant melanoma with naevoid features.

MALIGNANT MELANOMA DATASET:

TUMOUR TYPE:Difficult to type, SSMM or naevoid.

GROWTH PHASE:Vertical

BRESLOW THICKNESS:0.8mm

ULCERATION:Not Present

VASCULAR INVASION:Not Present

PERINEURAL INVASION:Not Present

REGRESSION:Present

MICROSATELLITES:Not Present

CO-EXISTENT NAEVUS:Present

MITOTIC RATE:None

TUMOUR INFILTRATING LYMPHOCYTES:Present, brisk

PERIPHERAL CLEARANCE:1.5mm

DEEP CLEARANCE:4mm

DIAGNOSIS:

SKIN (RIGHT CHEEK): MALIGNANT MELANOMA; pT1a, COMPLETELY EXCISED.

REPORTED BY:

Dr

Dr . Consultant Histopathologist

REPORT DATE:

Surgical Histology

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HISTOPATHOLOGY REPORT

LAB No:

Hosp No.

CASE HISTORY:

Wider excision of MM right cheek.

MACROSCOPIC:

Excision right cheek. Orientated skin ellipse 50 x 50 x 12 mm, containing a central scar. Length of scar 30 mm minimal distance

from scar to resection margin, 5 mm. 3 o'clock margin inked blue, TS taken including 3 and 9 o'clock margins.

MICROSCOPY:

Section shows scar and inflammation related to previous surgery. No residual neoplastic pathology.

DIAGNOSIS:

SKIN, RIGHT CHEEK: NEGATIVE FOR NEOPLASIA.

REPORTED BY:

Dr Consultant Histopathologist

REPORT DATE:

Non Gynae Fine Needle Aspirate

Non Gynae Fine Needle Aspirate

ADDRESS FOR REPORT:

Plastic Surgery

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CYTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:

Malignant melanoma right face/cheek. Nodule in right parotid. Ultrasound shows ? node. FNA performed. ? Nodal spread.

MACROSCOPIC:

2 air-dried slides dated

MICROSCOPY:

A bloodstained, moderately cellular sample containing occasional lymphocytes and admixed larger polygonal, spindle and binucleate cells, some of which contain pigment. The appearances are consistent with metastatic malignant melanoma.

DIAGNOSIS:

FNA RIGHT PAROTID GLAND: MALIGNANT CELLS IN KEEPING WITH METASTATIC MALIGNANT MELANOMA.

REPORTED BY:

Dr Histopathology
Dr. Consultant Histopathologist.

REPORT DATE:

Surgical Histology

Surgical Histology

ADDRESS FOR REPORT:

Plastic Surgery

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HISTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:

Malignant melanoma of right face/cheek. Has nodule in right parotid. Core biopsy taken
?nodal spread.

MACROSCOPIC:

3 cores of tissue, longest 1.4cm.

MICROSCOPY:

These needlecores are diffusely infiltrated by a pleomorphic tumour which stains positive for melanoma markers on immunocytochemistry confirming metastatic malignant melanoma.

DIAGNOSIS:

CORE BIOPSY (RIGHT PAROTID GLAND): METASTATIC MALIGNANT MELANOMA.

REPORTED BY:

Dr Consultant Histopathologist

REPORT DATE:

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Surgical Histology

Surgical Histology

ADDRESS FOR REPORT:

Patient's Address:

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HISTOPATHOLOGY REPORT

****SUPPLEMENTARY REPORT**

LAB No:

TAKEN AT

CASE HISTORY:

Metastatic melanoma

MACROSCOPIC:

1. Right parotid. Parotid 8 x 5 x 3 cm. This contains a 1.5 cm white nodule which has been incised.
2. Right level II. Fibrofatty tissue 6 x 3 x 2 cm.
3. Right level III. Fibrofatty tissue 4 x 3 x 2 cm.
4. Right level IV. Fatty tissue up to 2.5 cm, and a separate smaller piece.
5. Right level VA. Fatty tissue 4 x 2 x 1 cm.
6. Right level VB. Fatty tissue 7 x 3 cm with some attached muscle.

7. Right level I. Salivary gland and attached fat, together 5 x 3 x 3 cm.

MICROSCOPY:

1. The large nodule is composed of metastatic malignant melanoma. It measures 7 mm in diameter. The capsule of the node is irregular focally but I suspect this is a previous FNA site. No definite extracapsular spread is present but the area of the surgical incision for tissue banking cannot be fully assessed. One further lymph node in this specimen contains a, smaller, metastasis without extracapsular spread. 1 negative node is also included
2. 1 of 15 nodes contains metastatic melanoma. The deposit is 0.6 mm diameter and extracapsular spread is not seen
3. 7 negative nodes
4. 16 negative nodes
5. 1 negative node
6. 11 negative nodes
7. 7 negative nodes

DIAGNOSIS:

RIGHT PAROTID AND NECK DISSECTION: METASTATIC MELANOMA IN 3 OF 60 LYMPH NODES

REPORTED BY:

Dr Consultant Histopathologist

REPORT DATE:

SUPPLEMENTARY REPORT:

The case was sent to for BRAF testing. reports

Sequencing analysis of the BRAF gene has revealed NO MUTATIONS within codon 600 of BRAF gene.

MELANOMA: NO EVIDENCE OF MUTATION WITHIN CODON 600 OF BRAF.

REPORTED BY:

Dr Consultant Histopathologist

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	SC	Date Reviewed: 12/31/13