



SURGICAL PATHOLOGY REVISED REPORT

Case Number :

2000-3

Melanoma NOS 872013
Site: Lung, lower lobe (343)

Diagnosis:

A: Lung, left lower lobe, wedge resection

- Metastatic malignant melanoma, size 1.8 cm (see Light Microscopy) 7/13/14
- Surgical margin negative (2 mm)
- Background lung with emphysematous changes and abundant alveolar pigmented macrophages

B: Lung, left lower lobe, wedge resection

- Metastatic malignant melanoma, size 3 mm
- Margin close but negative (1.5 mm)
- Background emphysematous changes, patchy interstitial and subpleural fibrosis and abundant alveolar pigmented macrophages

C: Lymph nodes, station 9, biopsy

- Two lymph nodes negative for metastatic malignancy (0/2)

D: Lymph nodes, station 11, biopsy

- One lymph node negative for metastatic malignancy (0/1)

E: Lung, left lower lobe, wedge resection

- Metastatic malignant melanoma, size 1.1 cm
- Surgical margin negative but close (<1 mm)
- Background lung with emphysematous changes, abundant pigmented alveolar macrophages and subpleural fibrosis

Intraoperative Consult Diagnosis:

Frozen section requested by Dr. in

FSA1: Left lower lobe, wedge resection

- Poorly differentiated malignancy suspicious for metastatic melanoma

Drs. on

Frozen Section Pathologist: , MD

Clinical History:

-year-old female with history of T4B N0 vulvar melanoma, status post radical vulvectomy and sentinel lymph node biopsy. Recent CT showed left lower lobe lung solitary pulmonary nodule concerning for metastatic disease.

Gross Description:

Specimen A is labeled "left lower lobe lung mass" and consists of a 10 gram, half wedge of lung (4.7 x 3.5 x 1.1 cm). Along the exposed cut surface is a 1.8 x 1.6 x 1.0 cm well-circumscribed firm smooth black/brown nodule that is 0.2 cm to the parenchymal margin underlying the staple line (inked blue). The nodule is 0.4 cm from the pleura. The uninvolved parenchyma is spongy tan and the pleura is smooth and glistening. A portion of the nodule is frozen as representative FSA1.

Block Summary:

FSA1 - Frozen section remnant

A2-A3 - Perpendicular nodule with parenchymal margin

A4 - Normal lung away from nodule

Specimen B is labeled "left lower lobe wedge" and consists of a 6 gram (6.7 x 1.7 x 1.5 cm) lung wedge that contains two staple lines, one of which has two attached sutures indicated as first staple line margin. The parenchyma underlying the first staple line is inked blue and the parenchymal margin underlying the other staple line is inked black. The parenchyma is spongy tan and without nodules. The pleura is intact, smooth and glistening. Representative cross sections of the two parenchymal margins in B1-B3.

Specimen C is received in a formalin filled container labeled with the patient's name and labeled "station 9" and consists of a 0.9 x 0.8 x 0.4 cm aggregate of two fragments of black/gray lymph node tissue. The largest fragment is bisected and all fragments submitted in C1,

Specimen D is received in a formalin filled container labeled with the patient's name and labeled "station 11" and consists of a 0.4 x 0.3 x 0.2 cm fragment of black/gray lymph node tissue, submitted in D1,

Specimen E is received in a formalin filled container labeled with the patient's name and labeled "left lower lobe lung mass" and consists of a 5 gram (5.2 x 3.1 x 1.6 cm) half of wedge of lung. At the exposed parenchyma cut surface there is a 1.1 x 1.0 x 0.7 cm well-circumscribed soft tan/brown nodule that grossly abuts the parenchyma margin underlying the staple line (inked blue and is 0.2 cm from the pleura). The remainder of the parenchyma away from the nodule is spongy tan and the pleura is smooth and glistening. Perpendicular sections of nodule with parenchymal margin in E1 and E2 and normal lung away from nodule in E3.

Light Microscopy:

Light microscopic examination performed by Dr.

All three wedge resections show nodules with discohesive tumor cells, large nuclei and nucleoli and binucleation. Morphology favors metastatic malignant melanoma. Immunostains are performed and show S-100 is positive in all three nodules (specimens A, B and E) and cytokeratin is negative. MART-1 is also positive in specimen A. The findings are confirmatory of metastatic malignant melanoma. No primary bronchogenic carcinoma is identified.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle) <u>QUALIFIED</u> / DISQUALIFIED		
Reviewer Initials: <u>DM</u> Date Reviewed: <u>12/11/13</u>		