



Surgical Histology

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ADDRESS FOR REPORT: Melanoma

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HISTOPATHOLOGY REPORT

CASE HISTORY:

Review of (5 slides: 1; 5; 10;
S100; MEL-A), (4 slides: A; BI; BII; C) and (13
slides: 1A-1D; MEL-A (1A); 2A; 2AII; 2AIII; MEL-A (2A); 2B; 2BII;
2BIII; MEL-A (2B)) for the

NATURE OF SPECIMEN
Lymph node inguinal.

CLINICAL DETAILS
History of melanoma. Abnormal left inguinal nodes.

NATURE OF SPECIMEN
Skin biopsy.

CLINICAL DETAILS
Wide excision (L) lower leg. Melanoma. 2 cm margin to fascia
(marker superior). SSG + VAC dressing for closure. (+ in transit
Mets). See diagram on green request form. Previous
excised.

NATURE OF SPECIMEN
Skin biopsy.

CLINICAL DETAILS
Specimen 1 - ?melanoma left lower leg - to fascia 5 mm margin.
?In-transit nodules left lower leg.
Specimen 2 - ?lentigo maligna left cheek - 3 mm margin, to fascia.
Marker superior for all.

MACROSCOPIC:

Two cores 6 and 9 mm and two fragments up to 3 mm. [4 (1)].

Tear-drop shaped excision of skin 105 x 55 x 7 mm, bearing a
longitudinal, focally crusted 50 mm scar. Suture at 12 o'clock. At
one edge of the scar (towards 6 o'clock) there is an oval shaped
ulcerated area 30 x 25 mm with a peripheral 15 mm hole. 3 o'clock
inked. Slicing shows 7 mm haemorrhagic area near 11 o'clock margin

ICD-O-3

Melanoma, nodular
8721/3

Site: Inguinal lymph
node C72.4

2011/22/13

(embedded in block B). Block C is scar 3 to 9; block A is ulcerated area with hole in two pieces. Case discussed with . [4 (3) R].

1. An irregular ellipse of skin measuring 75 x 30 x 12 mm. Suture present at the tip. 3 o'clock edge inked orange. At the 6 o'clock end of the specimen is a large exophytic nodule measuring 24 x 22 x 12 mm. This lesion is 7 mm clear of the closest tip. In addition to the main lesion two nodules within the subcutis superiorly to the large nodule are noted. The closest nodule which is approximately 10 mm superior to the large nodule measures 8 mm in maximum dimension and the second nodule approximately 15 mm superior to the first measures 8 mm in dimension. [Ax1; Bx1; TS through tumour with the closest deep and peripheral margins; C, closest separate nodule, Dx1, separate superior nodule; R]

2. Skin ellipse 25 x 18 x 6 mm. Suture present at the tip. 3 o'clock edge inked orange. An ill defined pigmented lesion is noted measuring approximately 15 x 10 mm. [Ax4, transverse 12 o'clock tip + 3 TS; Bx4, 3TS plus 6 o'clock tip;].

MICROSCOPY:

1. Left lower leg: This is malignant melanoma.

TUMOUR TYPE: Nodular
GROWTH PHASE: vertical
BRESLOW THICKNESS: 14mm
ULCERATION: present (7mm)
REGRESSION: absent
PERINEURAL INVASION: absent
LYMPHOVASCULAR INVASION: absent
MICROSATELLITES: present with in transit metastasis
MITOTIC RATE: At least 9 in 1 mm square
TUMOUR INFILTRATING LYMPHOCYTES: absent
CO-EXISTENT NAEVUS: absent

EXCISION MARGINS:
Circumferential: 5mm
Deep: 4mm

2. Left cheek: Skin with lentigo maligna which appears excised by at least 3mm from the circumferential margin.

Left lower leg: ulcerated skin and underlying scar. There is no evidence of residual malignancy.

Left inguinal lymph node: metastatic malignant melanoma

REPORTED BY:

REPORT DATE:

Surgical Histology

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Report to Cancer Registry

HISTOPATHOLOGY REPORT

*SUPPLEMENTARY REPORT
LAB No

CASE HISTORY:
Metastatic malignant melanoma

MACROSCOPIC:

1. Left groin. Ellipse 15 x 2.5 cm with a central puckered scar 0.8 cm. There is underlying fatty tissue 16 x 7 x 2 cm. Beneath the skin mark is a 2.3 cm diameter lymph node which contains metastatic tumour and extends very close to the deep margin (1A). A similar 1.8 cm node is present adjacent (1B). Deep margin inked.
2. Left pelvic. Fat 12 x 3 x 3 cm. It contains lymph nodes the largest up to 7 cm. The largest has an unremarkable cut surface and has only been sampled (2F).

MICROSCOPY:

1. 15 lymph nodes identified. 3 contain metastatic malignant melanoma. The largest microscopic deposit is 12 mm in diameter. Deep clearance is 0.1 mm. Extracapsular spread is seen
2. 7 negative lymph nodes

DIAGNOSIS:

LEFT GROIN LYMPH NODES: METASTATIC MALIGNANT MELANOMA
LEFT PELVIC NODES: NEGATIVE FOR TUMOUR

REPORTED BY:

REPORT DATE:

Supplementary report

BRAF immunostaining is negative

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	SC	Date Reviewed: 11/4/13