



Clinician

Status

(Plastic Surgery)

F

Sample

(Tissue) Collected

Received

Surgical Histology

Surgical Histology

ADDRESS FOR REPORT: Plastic Surgery

HISTOPATHOLOGY REPORT

LAB No:

ICD-0-3
Melanoma, lentigo maligna
8742/3
Site: ② Thigh, subcutaneous
tissue 049.2
JPD 11/22/13

CASE HISTORY:

Excision biopsy from left leg melanoma. Marker 12 o'clock.
Separate sample in pot. Short saphenous vein.

MACROSCOPIC:

Skin ellipse 3.5 x 3cm with a stitch inserted at one edge. Surface appears slightly nodular, on which appears 0.5cm nodule and another one towards the other edge 0.6cm. Cut coloured irregular pigmentation in the neighbourhood of the first nodule, is also seen. 12 to 6'o'clock through both nodules in A, 12'o'clock blue, 6'o'clock green, 3'o'clock red and 9'o'clock orange. 3'o'clock margin in B and 9'o'clock margin in C.

Additional description

Separate fragment of fatty/vascular tissue 2 x 1 x 0.5cm is present.

MICROSCOPY:

Skin shows a regressing melanocytic lesion which represents a malignant melanoma, which is difficult to type but probably lentigo maligna type.

TUMOUR TYPE:Malignant melanoma, difficult to type

GROWTH PHASE:verical

BRESLOW THICKNESS:1.7mm

CLARK LEVEL:3

ULCERATION:Not seen

LYMPHOVASCULAR INVASION:Not seen

PERINEURAL INVASION:Not seen

REGRESSION:Present

MICROSATELLITES:Not seen

CO-EXISTENT NAEVUS:Not seen

MITOTIC RATE:Up to 12 per square mm

TUMOUR INFILTRATING LYMPHOCYTES:Present, not brisk

COMPLETELY EXCISED:Yes

EXCISION MARGINS:

Deep:4mm

Peripheral:7mm

STAGE:pT2a

A separate fragment of underlying muscular tissue shows no evidence of malignancy.

DIAGNOSIS:
MALIGNANT MELANOMA, PT2A

REPORTED BY: _____, Consultant Histopathologist
Copy of Report to Cancer Registry

REPORT DATE:

Sample	(Tissue) Collected	Received
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Surgical Histology

Surgical Histology

ADDRESS FOR REPORT:

HISTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:

Sentinel lymph node from left groin.
2&3. Wider excision left groin and ankle (marker stitch superior).
Melanoma of left posterior calf ? residual melanoma ? metastatic
deposits in sentinel node.

MACROSCOPIC:

1. Sentinel node number one, left groin. Piece of fatty tissue 3.3 x 1.9 x 1.5 cm containing a lymph node with a blue tinge up to 1.5 cm.
2. Sentinel node number two, left groin. Piece of fatty tissue 3.5 x 2.2 x 1.6 cm containing a lymph node with a blue tinge up to 1.8 cm.
3. Wider excision MM left axilla. Disc of skin up to 6 cm in diameter with underlying tissue to a depth of 0.6 cm. A suture is present marking superior. There is a central circular nodular lesion up to 3.4 cm diameter present. 3 o'clock margin inked black, 9 o'clock margin inked green. TS through centre of lesion taken. 3 o'clock margin in 3A, 9 o'clock margin in 3B. 7 o'clock margin in C. 12 o'clock margin in D.

MICROSCOPY:

1&2. Sentinel lymph node biopsy show no evidence of metastatic malignant melanoma (immunostains).
3. Skin excision shows foreign body granulomatous reaction around refractile material on the surface of the granulation tissue with a small adjacent superficial multifocal basal cell carcinoma present which appears excised but no overt residual/recurrent malignant melanoma was seen. Pigment-laden histocytes noted throughout the lesion. No evidence of residual/recurrent malignant melanoma.

DIAGNOSIS:

1&2. SENTINEL LYMPH NODE 1&2 FROM LEFT GROIN: NO EVIDENCE OF METASTATIC MALIGNANT MELANOMA.

3. WIDER EXCISION OF MELANOMA, MALIGNANT LEFT ANKLE: MULTIFOCAL
BASAL CELL CARCINOMA, FOREIGN BODY GRANULOMATOUS REACTION IN
GRANULATION TISSUE

REPORTED BY:

, Consultant Histopathologist
Copy of Report to Cancer Registry

REPORT DATE:

Sample (Fine Needle Aspirate) Collected
Received

Non Gynae Fine Needle Aspirate

Non Gynae Fine Needle Aspirate

ADDRESS FOR REPORT: Plastic Surgery
Report to Cancer Registry

CYTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:

Melanoma left leg. Nodule adjacent to sentinal node scar.

MACROSCOPIC:

2 air-dried slides dated

MICROSCOPY:

A highly cellular sample composed of dyscohesive plasmacytoid cells with round to oval nuclei and moderate amounts of cytoplasm. Cellular pleomorphism, double mirror image nuclei and focal intracytoplasmic pigment is seen. The appearances are consistent with metastatic malignant melanoma.

DIAGNOSIS:

FNA (LEFT THIGH): METASTATIC MALIGNANT MELANOMA

REPORTED BY:

, Histopathology
, Consultant Histopathologist

REPORT DATE:

Sample (Tissue) Collected Received

Surgical Histology

Surgical Histology

ADDRESS FOR REPORT: PLASTIC SURGERY
Copy To: Cancer Registry

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LAB No:

CASE HISTORY:

Previous left calf malignant melanoma. CT scan: Brain metastases. Lung metastases, spleen metastases are also seen.

MACROSCOPIC:

Nodular fragment 1.5cm.

MICROSCOPY:

Metastatic malignant melanoma is confirmed. BRAF immunostain is negative. Molecular genetic testing to follow

DIAGNOSIS:

LEFT THIGH TISSUE: METASTATIC MALIGNANT MELANOMA

REPORTED BY:

, Consultant Histopathologist.

REPORT DATE:

SUPPLEMENTARY REPORT:

The case was sent to _____ for BRAF testing. _____ reports

Real time PCR analysis of the BRAF gene has revealed the presence of a mutation within codon 600 of the BRAF gene.

technique does not differentiate between V600E and V600K.

MELANOMA: PATHOGENIC MUTATION WITHIN CODON 600 OF BRAF.

REPORTED BY:

, Consultant Histopathologist

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 11/1/14	