



Surgical Histology

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ADDRESS FOR REPORT:

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HISTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:

Lymph node identified at elective vagal nerve stimulator insertion

MACROSCOPIC:

Brownish piece of tissue 10 x 8 x 3 mm. All embedded.

MICROSCOPY:

A lymph node showing benign reactive changes

DIAGNOSIS:

LYMPH NODE: NORMAL

REPORTED BY:

Dr. Consultant Histopathologist

REPORT DATE:

Sample

Surgical Histology

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ADDRESS FOR REPORT: Plastic Surgery

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HISTOPATHOLOGY REPORT

LAB No:

Supplementary report

CASE HISTORY:

Core biopsy, left groin. Left groin lymphadenopathy. Ultrasound guided core biopsy-pigmented cores-? Melanoma

MACROSCOPIC:

No specimen details on pot.

6 cores of tissue, the longest 1.5 cm plus frags.

MICROSCOPY:

The biopsy contains pigmented epithelial raises/spindle cells with in places extensive necrosis. The appearances would fit with malignant melanoma metastasis, immunohistochemistry confirmation to follow

ICD0-3

Melanoma, superficial spreading 8743/3

Site lymph node, groin C77.4

JW 4/28/14

DIAGNOSIS:
LEFT GROIN, CORE BIOPSY: CONSISTENT WITH METASTATIC MALIGNANT
MELANOMA

REPORTED BY:
Dr. Consultant Histopathologist.

REPORT DATE:

Supplementary report,
Tumour cells show positivity for S-100 and focally for Melan-A. BRAF
immunostain is negative.

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ADDRESS FOR REPORT: Dermatology
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HISTOPATHOLOGY REPORT

*SUPPLEMENTARY REPORT
LAB No:

CASE HISTORY:
Irregular shape and pigmentation. Atypical mole?

MACROSCOPIC:
2.5cm skin ellipse with a 1cm pigmented nodule.

MICROSCOPY:
A compound naevus with features of a spindle cell naevus of Reed.
The lesion is largely symmetrical although at one edge there is a
more lentiginous proliferation with mild melanocytic atypia. There
is no evidence of malignancy and excision appears complete

DIAGNOSIS:
SKIN, LEFT KNEE: SPINDLE CELL NAEVUS

REPORTED BY:
Dr Consultant Histopathologist

REPORT DATE:

Supplementary report

The patient subsequently presented with metastatic malignant
melanoma in a left groin lymph node Review of the
original 4 sections confirm the above assessment. However,
additional levels were cut and revealed a mitotically active
atypical dermal proliferation with a lymphocytic reaction,
indicating malignant melanoma

TUMOUR TYPE: Superficial spreading

GROWTH PHASE:Vertical
BRESLOW THICKNESS:1.4 mm
ULCERATION:No
LYMPHOVASCULAR INVASION:No
PERINEURAL INVASION:No
REGRESSION:No
MICROSATELLITES:No
CO-EXISTENT NAEVUS:Yes, see above
MITOTIC RATE:4/sq mm
TUMOUR INFILTRATING LYMPHOCYTES:Non-brisk
COMPLETELY EXCISED:Yes
EXCISION MARGINS:
Deep:3.4mm
Circumferential:6.1mm from the invasive focus
STAGE: pT2a

Dr , Consultant Histopathologist

Filed by
Unknown

Sample :

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HISTOPATHOLOGY REPORT

LAB No:

CASE HISTORY:

Metastatic melanoma invading into femoral artery and nerve. Unable to get complete clearance

MACROSCOPIC:

- 1.(Specimen labelled no. 2 on pot) Left groin: ellipse 15 x 4.5 cm up to 4 cm deep. The skin contains a 6 cm recent incision. Within the specimen is a black metastatic node 6 cm diameter which extends to less than 5 mm from the circumferential subcutaneous margins. 1B = closest peripheral margin.
- 2.Deep tissue femoral nerve: fatty tissue up to 2 cm.

MICROSCOPY:

1. Metastatic malignant melanoma confirmed. Maximum macroscopic dimension 60 mm. The original lymph node has been obliterated but tumour is present within fibroadipose tissue, presumably representing extracapsular spread. It extends to 1.5 mm from the closest surgical margin. BRAF was negative on a previous needle biopsy. 7 other lymph nodes identified. These contain abundant melanin-laden macrophages but are negative for metastatic tumour.
2. One negative lymph node identified

DIAGNOSIS:

LEFT GROIN LYMPH NODES: METASTATIC MALIGNANT MELANOMA IN 1 OF 9
NODES

REPORTED BY:

Dr. Consultant Histopathologist.

REPORT DATE:

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	SE	Date Reviewed: 12/31/13