

PATIENT HISTORY:

The patient is an .year-old male with history of melanoma.

PRE-OP DIAGNOSIS: Melanoma.

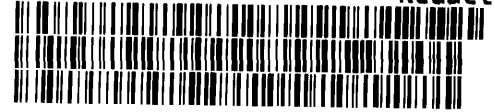
POST-OP DIAGNOSIS: Same.

PROCEDURE: Right axillary dissection, right axillary node dissection
KS/caa/ht

Site code: axilla, lymph node C77.3

UUID: 34DA05F3-09C0-47C2-ABCB-F05B191A5A89
TCGA-ER-A19C-06A-PR

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ADDENDA:

Addendum

Immunohistochemically, the tumor cells in the lymph node are positive for Melan A and focally for HMB45, confirming the final diagnosis of metastatic melanoma.

Grocott and Acid fast stains are non contributory as the granuloma is not present in the deeper recuts (slide 2J).

FINAL DIAGNOSIS:

PART 1: LYMPH NODE, AXILLA, RIGHT, EXCISION -

- A. ONE LYMPH NODE (2 CM.) WITH METASTATIC MALIGNANT MELANOMA WITH CENTRAL NECROSIS.
- B. EXTRACAPSULAR EXTENSION IS SEEN.

PART 2: LYMPH NODES, AXILLARY CONTENTS, RIGHT, REMOVAL -

- A. SIX OF NINETEEN LYMPH NODES (LARGEST 1.8 CM.) POSITIVE FOR METASTATIC MALIGNANT MELANOMA.
- B. EXTRACAPSULAR EXTENSION AND CENTRAL NECROSIS IS SEEN.
- C. FOCAL GRANULOMATOUS REACTION (see comment).

COMMENT:

The changes are consistent with metastatic melanoma. The results of the immunostains to confirm the above diagnosis and the acid fast stain and Grocott stain of the granulomatous focus will be reported in an addendum.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary / Noted		
Case is (c/m/e):	DISQUALIFIED	DISQUALIFIED
Reviewer Initials	W	12/15/10