

Dermpath Diagnostics - Troy & Associates

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PATHOLOGY REPORT

PATIENT:

MRN #:

PATH #: **C15-33881**

DOB:

SEX:

BIOPSY:

PHYSICIAN:

RECEIVED:

LOCATION:

REPORTED:

Clinical Data: Clark's nevus vs melanoma

DIAGNOSIS: SHAVE BIOPSY, R posterior shoulder:
MALIGNANT MELANOMA
BRESLOW DEPTH: 0.60 MM
CLARK'S CLASSIFICATION: SUPERFICIAL SPREADING TYPE
CLARK'S LEVEL: III-IV
MITOTIC RATE: LESS THAN 1/MM²
ULCERATION: NOT PRESENT

Specimen Site: R posterior shoulder

Gross Description: Consultation on slide D15-12345

Microscopic Description:

Deeper sections were prepared from the block to inspect additional portions of the specimen, and a special stain was done. In original and deeper sections across the breadth of the specimen in the epidermis in asymmetrical array are increased numbers of large atypical melanocytes with large hyperchromatic focally pleomorphic nuclei with prominent nucleoli and abundant amphophilic cytoplasm present singly and in irregular large and small collections in some areas forming a confluent layer low in the epidermis and extending into adnexal epithelia. In some foci single melanocytes are present above the dermal-epidermal junction. In the upper sun-damaged dermis is a broad band-like zone of altered stroma with fine fibrillar collagen and patchy lymphohistiocytic inflammation, and in some areas are large and small collections of similarly atypical melanocytes separate from the epidermis. In one zone are areas of altered stroma with slightly thinned but bright pink collagen bundles in haphazard array.

Because of staining similarities between melanocytes and keratinocytes, MITF immunoperoxidase stain

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was performed better to assess melanocyte distribution. MITF labels melanocytes in the epidermis demonstrating substantial asymmetry, confluence, substantial pagetoid scatter, and adnexal involvement. All positive and required negative controls stained appropriately. Separate sections were obtained from the block for special staining.

Diagnosis:

MALIGNANT MELANOMA

BRESLOW DEPTH: 0.60 MM

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CLARK'S LEVEL: III-IV

MITOTIC RATE: LESS THAN 1/MM²

ULCERATION: NOT PRESENT

Note:

There is a zone of associated scar, but the broader band of altered stroma in the dermis suggests regression. Melanocytes toward one edge of the process are smaller and more uniform, and there may be an associated melanocytic nevus. Melanoma in the epidermis extends extremely close to one lateral margin of the specimen, but the melanoma does not extend definitely to lateral or deep margins in these sections. Drs. Kelley and Hinshaw agree. The synoptic report follows:

Procedure: Saucerization biopsy

Specimen Laterality: Right

Tumor Site: Posterior shoulder

Tumor Size: 11 mm (measured microscopically)

Macroscopic Satellite Nodules: Not identified

Macroscopic Pigmentation: Not reported

Histologic Type: Superficial spreading

Maximum Tumor Thickness: 0.60 mm

Anatomic Level: III-IV

Ulceration: Not present

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Peripheral Margins: Uninvolved

Deep Margin: Uninvolved

Mitotic Rate: Less than 1/mm²

Microsatellitosis: Not present

Lymph-Vascular Invasion: Not present

Perineural Invasion: Not present

Tumor-Infiltrating Lymphocytes: Present, focally brisk

Tumor Regression: Present

Growth Phase: Predominantly horizontal, early vertical

Lymph Nodes: N/A

Pathologic Stage of Primary Tumor (pT): pT1a

Regional Lymph Nodes (pN): N/A

Distant Metastasis (pM): Unknown

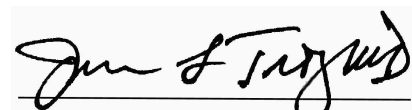
Nevus remnant: Not definitely present

JLT / smg

88323x1

88342.59x1

Original slide, three slides of deeper sections, one MITF-stained slide and block returned.



James L. Troy, M.D.
Electronic Signature