**HISTOPATHOLOGY REPORT:**

**ATTENTION DOCTORS: SIGNIFICANT DIAGNOSIS BELOW (09/11/2020; 5:00PM)**

**SEE IMMUNOHISTOCHEMISTRY/SUPPLEMENTARY REPORT BELOW (09/11/2020; 5:00PM)**

**IMMUNOHISTOCHEMISTRY/SUPPLEMENTARY REPORT:**

**FINAL CONCLUSION (09/11/2020):**

**1. LEFT UPPER BACK LATERAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**2. LEFT UPPER BACK MEDIAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**3. RIGHT MIDDLE BACK MEDIAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**4. RIGHT UPPER BACK LATERAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**5. RIGHT LOWER LEG PROXIMAL, PUNCH BIOPSY:**

**- NODULAR BASAL CELL CARCINOMA (BCC)**

**6. RIGHT LOWER LEG MIDDLE, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**7. RIGHT LOWER LEG DISTAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**8.** **RIGHT ARM, ORIENTATED SKIN EXCISION:**

**- CLARK LEVEL I, IN-SITU MALIGNANT MELANOMA (NOS)**

**- NO INVASIVE MALIGNANT MELANOMA**

**- NEAREST PERIPHERAL RESECTION MARGIN ARE 3 & 9 O’CLOCK, EACH 2mm**

**- WIDER EXCISION RECOMMENDED (5mm)**

**9. RIGHT CLAVICLE, SHAVE BIOPSY:**

**- PIGMENTED SEBORRHEIC KERATOSIS**

**10. LEFT NECK, SHAVE BIOPSY:**

**- SEBORRHOEIC KERATOSIS**

**- EXCISION APPEARS COMPLETE**

**11. LEFT LOWER ABDOMEN, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**- PERIPHERAL MARGIN INVOLVED**

**ORIGINAL HISTOPATHOLOGY REPORT (RELEASED 09/11/2020; 1:32PM):**

**CLINICAL NOTES**:

Histology

11 lesions total: ? BCC in these lesions

1 left upper back lateral

2 left upper back medial

3 right mid back medial

4 right upper back lateral

5 right lower leg prox 1/3

6 right lower leg mid 1/3

7 right lower leg distal 1/3

Priority is lesion 8: right arm ? melanoma marker at 3oclock

9 right clavicle, ? seb K

10 left neck ? scar and seb K

11 left lower abdomen

**MACROSCOPY:**

1. Left upper back lateral: The specimen consists of a punch of skin measuring 3mm in diameter and 5mm in depth. All in, block 1. **See Macroscopic Photo 1**.

2. Left upper back medial: The specimen consists of a punch of skin measuring 3mm in diameter and 4mm in depth. All in, block 2.

3. Right middle back medial: The specimen consists of 2 punch biopsies. The first specimen consists of a punch of skin measuring 3mm in diameter and 4mm in depth. This is inked blue. The second specimen consists of a punch of skin measuring 3mm in diameter and 5mm in depth. This is inked black. All in, block 3.

4. Right upper back lateral: The specimen consists of a punch of skin measuring 3mm in diameter and 6mm in depth bearing a grey macule measuring 2x2mm. All in, block 4.

5. Right lower leg proximal: The specimen consists of a punch of skin measuring 3mm in diameter and 4mm in depth bearing a pale brown macule measuring 2x2mm. All in, block 5.

6. Right lower leg middle: The specimen consists of a punch of skin measuring 3mm in diameter and 3mm in depth bearing a brown macule measuring 2x2mm. All in, block 6.

7. Right lower leg distal: The specimen consists of 2 punch biopsies. The first specimen consists of a punch of skin measuring 3mm in diameter and 2mm in depth. This is inked blue. The second specimen consists of a punch of skin measuring 3mm in diameter and 3mm in depth. This is inked black. All in, block 7.

8. Right arm: The specimen consists of an ellipse of skin measuring 26x14x6mm bearing a brown macule measuring 7x7mm. There is an orientating suture at the 3 o’clock end. The 12 and 3 o’clock margins are inked black. 1LS to 9 o'clock, 3TS and 1LS to 3 o'clock, block 8.

9. Right clavicle: The specimen consists of a skin shave measuring 10x6x1mm bearing a brown macule measuring 5x3mm. Trisected and blocked in toto, block 9.

10. Left neck: The specimen consists of a skin shave measuring 10x8x1mm bearing an eccentric grey papule measuring 3x3mm. Trisected and blocked in toto, block 10. (RT/sm)

11. Left lower abdomen: The specimen consists of a punch of skin measuring 3mm in diameter and 5mm in depth. All in, block 8. (RT/kv)

**MICROSCOPY:**

1. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

2. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

3. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

4. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

5. The sections of punch biopsy show NODULAR BASAL CELL CARCINOMA. The carcinoma extends into the upper reticular dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

6. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

7. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from lesion:

- Peripheral: INVOLVED

- Deep: 4mm

8. There is a pigmented lesion present that requires immunohistochemical investigation. A supplementary report will be issued shortly.

9. The sections of shave biopsy show PIGMENTED SEBORRHOEIC KERATOSIS. There is no evidence of malignancy.

Clearance from lesion:

- Peripheral: INVOLVED

- Deep: 1mm

10. The sections of shave biopsy show ACANTHOTIC SEBORRHOEIC KERATOSIS. There is no evidence of malignancy.

Clearance from lesion:

- Peripheral: 1mm

- Deep: 1mm

11. The sections of punch biopsy show SUPERFICIAL MULTIFOCAL BASAL CELL CARCINOMA. The carcinoma extends into the papillary dermis. There is no perineural invasion.

Clearance from carcinoma:

- Peripheral: INVOLVED

- Deep: 4mm

**CONCLUSION:**

**1. LEFT UPPER BACK LATERAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**2. LEFT UPPER BACK MEDIAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**3. RIGHT MIDDLE BACK MEDIAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**4. RIGHT UPPER BACK LATERAL, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**5. RIGHT LOWER LEG PROXIMAL, PUNCH BIOPSY:**

**- NODULAR BASAL CELL CARCINOMA (BCC)**

**6. RIGHT LOWER LEG MIDDLE, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**7. RIGHT LOWER LEG DISTAL,**

**PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**8. RIGHT ARM, ORIENTATED SKIN EXCISION:**

**- UNDER IMMUNOHISTOCHEMICAL INVESTIGATION**

**- A SUPPLEMENTARY REPORT WILL BE ISSUED SHORTLY**

**9. RIGHT CLAVICLE, SHAVE BIOPSY:**

**- PIGMENTED SEBORRHEIC KERATOSIS**

**10. LEFT NECK, SHAVE BIOPSY:**

**- SEBORRHOEIC KERATOSIS**

**- EXCISION APPEARS COMPLETE**

**11. LEFT LOWER ABDOMEN, PUNCH BIOPSY:**

**- SUPERFICIAL MULTIFOCAL** **BASAL CELL CARCINOMA (BCC)**

**- PERIPHERAL MARGIN INVOLVED**