

Patient Name: **BOYCE**
 Age-Sex-DOB:

Procedure Date: 10/13/2009
 Accession Date: 10/13/2009
 Report Date: 10/20/2009

PATHOLOGY REPORT

DIAGNOSIS:

Type:
 Growth phase:

Malignant melanoma, desmoplastic type.
 Vertical present.
 Horizontal present.
 3.5 mm

Referral will be made when skin care coming

Breslow thickness:
 Clark's Level:
 Ulceration:
 Mitoses:
 Tumor infiltrating lymphocytes:
 Regression:
 Satellites:
 Precursor lesion:
 Vascular invasion:
 Margins:

IV
 Not present.
 One per square millimeter.
 Not present.
 Not present.
 Not present.
 Not present.
 Present at deep and lateral margins.

Age:
 Sex: **Male.**
 Site: **Right shoulder.**

Comments:

The lesion is present at the deep and lateral margins. Therefore, the Clark's level and Breslow's thickness are provisional. Perineural invasion is identified. The dermal melanocytes are subtle in that they are spindle and in a background of a cellular and fibrotic dermis. The dermal melanocytes highlight with S100 and fail to highlight with melan-A immunohistochemical stains. The junctional melanocytes readily highlight with melan-A. All controls react appropriately. Clinical pathologic correlation and clinically appropriate therapy are required. Dermatopathologist, Jaweed Ansari, MD, has reviewed this case and agrees.

Joshua D. Gapp, M.D.
electronically signed 10/20/2009 at 6:02 PM

Gross Description:

The specimen is labeled "Boyce, right shoulder lesion". Received in formalin is a 1.5 x 1 cm portion of light tan skin. The surface is smooth and dull. The entire specimen is submitted. 5/1 (NEW,dgr,10/13/2009)

Microscopic Description:

Microscopic examination is performed. See the melanoma checklist, comment, and images.

Procedure:

Biopsy right shoulder lesion

Clinical History:

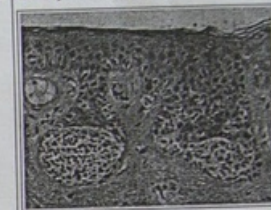
Right shoulder lesion

Specimen List:

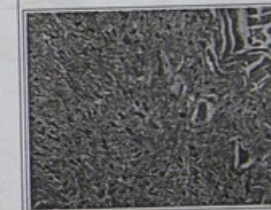
Right shoulder lesion



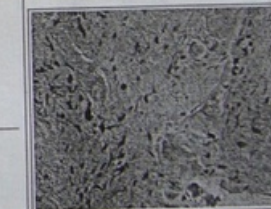
H&E 4X w/ junctional and dermal melanocytes



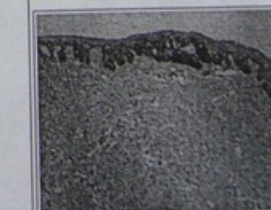
H&E 20X w/ epidermal melanocytes



H&E 20X w/ dermal desmoplastic melanocytes



S100 IHC 20X staining dermal melanocytes



Melan-A IHC 4X staining epidermal melanocytes

(Continued on page 2)

JW 103007

MURPHY MEDICAL CENTER
4130 US HWY 64E
MURPHY, NC 28906
(828) 837-8161

RADIOLOGY TRANSCRIPTION REPORT

Name:	BOYCE	Date of Birth:	
Age:		Acct Number:	
Sex:	M	Film Number:	
Stay Type:	2	MR Number:	
Room Number:		Trans Date:	
Admit Phys:		Trans Initials:	
Ordering Phys:			
SHOULDER COMPLETE	COMPLETE: 12/14/2009 12:04	Accession #:	
RT MIN OF 2 VIEWS			
Reason for Procedure(s):	FOREIGN BODY OF RT SHOULDER		

Unsigned transcriptions represent a preliminary report and do not reflect a medical or legal document.

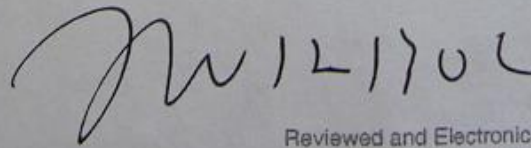
CLINICAL HISTORY: FOREIGN BODY RIGHT SHOULDER.

RIGHT SHOULDER, TWO VIEWS:

Two AP views of the right shoulder were obtained. There is a subcutaneous 5.3 mm x 1 mm metallic foreign body superior to the humeral head and lateral to the AC joint. Whether this is anterior or posterior is uncertain since a transscapular Y view was not obtained. The AC joint and glenohumeral joint otherwise appear well maintained.

IMPRESSION: 5 mm x 1 mm subcutaneous metallic foreign body lateral to the acromion and above the humeral head as described.

D: 12/14/09 13:48
T: 12/14/09
Job# 6126
RB/Spheris;ml23700



Reviewed and Electronically signed by:
ROBERT BERGER, M.D.
RADIOLOGIST

Fannin Regional Hospital
2855 Old Highway 5
Blue Ridge, GA 30513
706 632 3711

OPERATIVE REPORT

Name: BOYCE

MRN:	Room #:	DOB:	
Account #:	Bed #:	Age:	
Service Code: SOP		Sex:	M
ADM DATE: 12/06/2010		DOS:	12/06/2010

Dictating Practitioner: TIMOTHY WHITAKER, MD
 Attending Physician: TIM MD WHITAKER
 Primary Care Physician:

PREOPERATIVE DIAGNOSIS: Melanoma and foreign body, right shoulder.

POSTOPERATIVE DIAGNOSIS: Melanoma and foreign body, right shoulder.

PROCEDURE:

1. Excision melanoma, right shoulder 10 cm.
2. Sentinel lymph node biopsy, right axilla.
3. Removal of foreign body, right shoulder

SURGEON: Timothy Whitaker, MD.

ASSISTANT: John Stafford, FNP-C.

ANESTHESIA: General endotracheal and local.

IV FLUIDS: 1500 cc.

ESTIMATED BLOOD LOSS: Minimal.

DRAINS AND PACKS: None.

COMPLICATIONS: None.

INDICATIONS: The patient is a very pleasant gentleman who developed a melanoma on the right posterior shoulder. He had undergone biopsies of this region for pathology confirmation. He also had a foreign body noted in the right shoulder on a x-ray. He was seen and scheduled electively for the above-mentioned procedure.

PATHOLOGIC FINDINGS: The melanoma was on the right posterior shoulder. This was excised with approximately 1 cm margin and into the deep subcutaneous adipose tissue. The specimen was marked for appropriate pathology orientation. There was a hot blue sentinel lymph node removed from the axilla as well as some overlying abnormal appearing lymph nodes. The radioactive counts in hot blue sentinel lymph node were approximately 860, and the background counts were less than 20. Foreign body was a glass encapsulated device with Copper coated wire wound within the device and was felt to be consistent with some sort of microprocessor.

DESCRIPTION OF PROCEDURE: The patient was properly identified, taken to the operating room, and

OPERATIVE REPORT**Name: BOYCE**

MRN: [REDACTED]

DOB: [REDACTED]

Account #:

ADM DATE: 12/06/2010

placed supine position on operating table. The patient was taken to the operating room after sentinel lymph node localization was done in nuclear medicine. After induction with general anesthetic and successful endotracheal intubation, the patient's right axilla was prepped and draped in a sterile surgical fashion. The Neoprobe was used to identify the area of increased radioactive counts. Local anesthetic was infiltrated this lesion. In this area, a small skin incision was made. Dissection was carried down to the axillary fat pad, and the hot blue sentinel lymph node was identified. Prior to this incision, 5 mL of Lymphazurin blue dye had been injected in a peritumoral fashion on the right posterior shoulder and then 5 minute massage was performed. The wound was copiously irrigated. Adequate hemostasis was assured using electrocautery. The deeper subcutaneous tissues were approximated using interrupted 3-0 Vicryl sutures. Skin was closed using running 3-0 Prolene suture. The area was dressed with Neosporin, Xeroform, gauze, and tape. Attention was then turned to the melanoma on the right shoulder which was prepped and draped in a sterile surgical fashion. An elliptical incision was made around this area. Dissection was carried down to deep subcutaneous tissues. The lesion was removed in its entirety with approximately 1 cm margins. The wound was copiously irrigated. Adequate hemostasis was assured using electrocautery. The specimen was placed under fluoroscopy and foreign body was noted to be within the specimen. The deeper subcutaneous tissues were approximated using interrupted 3-0 Vicryl sutures. Skin was closed using running 3-0 Prolene suture. The area was dressed with Neosporin, Xeroform, gauze, and tape. Attention was then turned to the specimen which was excised from posterior standpoint, and the glass encapsulated foreign body metallic processor appearing object was removed. This was sealed in a container and given to the patient postoperatively. The patient was awakened, extubated in operating room, taken to the recovery room in good condition. Sponge, needle, and instrument counts were reported as correct at the end of the case.

Disclaimer: PRELIMINARY Report until authenticated.

Print CC:

Fax CC: [REDACTED]

D Date / Time: 12/06/2010 01:24 PM ET

T Date / Time: 12/06/2010 08:49 PM ET

S Job #:

D Job #:

MT: [REDACTED]

FANNIN REGIONAL HOSPITAL2855 Old Highway 5, Blue Ridge, GA 30513
J. Ross Slemmer, M.D., Medical Director

ACCESSION #:

Physician(s): Timothy S. Whitaker, MD*
* Delivered Report Copy To PhysicianPatient Name: **BOYCE**

MRN:

Age-Sex-DOB:

Procedure Date: 12/06/2010

Accession Date: 12/06/2010

Report Date: 12/16/2010

Fannin Regional Hospital

Account#

2855 Old Highway 5,

Blue Ridge, GA 30513

Route: AP25

PATHOLOGY REPORT**DIAGNOSIS:****1. Sentinel lymph node, right axilla:**

- One lymph node, negative for malignancy (0/1).
- A Melan-A immunostain is negative for metastatic melanoma cells.

2. Additional lymph nodes, right axilla.

- Three lymph nodes; negative for malignancy (0/3).
- A Melan-A immunostain is negative for metastatic melanoma cells.

3. Skin and subcutis, right shoulder, wide local excision:

- Invasive malignant melanoma, desmoplastic type.
- Breslow thickness: 4.3 mm.
- Clark's level: IV.
- Ulceration: absent.
- Mitoses: less than 1 per square mm.
- Tumor-infiltrating lymphocytes: absent.
- Regression: absent.
- Satellites: absent.
- Precursor lesion: absent; incidental intradermal nevus noted.
- Lymph-vascular invasion: absent.
- Margins: negative for involvement by in situ or invasive melanoma.
- Distance between invasive melanoma and closest deep margin: 5.8 mm.
- Distance between invasive melanoma and closest peripheral margin: 4 mm.
- Healing biopsy site changes.

Comments:

See also 09-SC-2734.

A CAP Cancer Checklist has been formulated for this case and is attached at the end of this report.

J. Ross Slemmer, M.D.*electronically signed* 12/16/2010 at 2:31 PM**Gross Description:**

1. The specimen is received in formalin labeled "hot blue sentinel node from axilla" and consists of a lymph node with marked fatty replacement measuring 2.2 cm. Sectioned and entirely submitted in three cassettes.

2. The specimen is received in formalin labeled "#2 additional lymph nodes right axilla" and "Boyce" and consists of a solitary portion of pale yellow adipose tissue measuring 4 x 3.5 x 1.5 cm in greatest dimension. Sectioning reveals three lymph nodes with marked fatty replacement measuring up to 2.5 cm. Entirely submitted in eight cassettes with one node in 2A - 2C, one node in 2D - 2F, and the third node in 2G - 2H.

3. The specimen is received in formalin labeled "Boyce" and "melanoma right shoulder" and consists of an elliptical excision of tan skin and superficial subcutaneous tissue measuring 5.2 x 2.2 x 0.8 cm. Four metal clips are sutured to the skin, designating cranial, medial, caital, and lateral. The cranial tag is at one tip which is designated 12:00. The caital tags at the opposite tip which is designated 6:00. Medial is designated 9:00 and lateral is designated 3:00. The margins are inked as follows: black=12-3:00.
(Continued on page 2)

Technical services provided by Anatomic Pathology Laboratory of Chattanooga, 4071 South Access Road, Chattanooga, TN 37406, Richard B. Hessler, M.D., Director
Case reviewed and diagnosis rendered at 2305 Chambliss Ave., Cleveland, TN 37311, J. Ross Slemmer, M.D., Director

CONFIDENTIAL

FANNIN REGIONAL HOSPITAL2855 Old Highway 5, Blue Ridge, GA 30513
J. Ross Slemmer, M.D., Medical Director

ACCESSION #:

Patient Name: **BOYCE**

MRN:

Age-Sex-DOB:

Procedure Date: 12/06/2010

Accession Date: 12/06/2010

Report Date: 12/16/2010

(continuation of report)

(GROSS continued)

blue=3-6:00, green=6-9:00, and red=9-12:00. Sectioning reveals aquamarine blue staining. Entirely submitted from 12-6:00 in seven cassettes labeled 3A-3G. (JRS,kjt,12/16/2010)

Microscopic Description:

Microscopic examination is performed.

Procedure:

Sentinel node dissection right axilla. Wide excision melanoma right shoulder with foreign body.

Clinical History:

Melanoma right shoulder. Foreign body right shoulder. (Foreign body to patient.)

Specimen List:

1. Blue hot sentinel lymph node right axilla
2. Additional lymph nodes right axilla
3. Melanoma right shoulder with markers

CAP Cancer Checklist Data:

SPECIMEN

Procedure

Re-excision

Lymphadenectomy, sentinel node(s)

Specimen Laterality

Right

Tumor Site

Specify (if known): right shoulder

Macroscopic Satellite Nodule(s)

Not identified

Macroscopic Pigmentation

Not identified

TUMOR

Histologic Type

Desmoplastic and/or desmoplastic neurotrophic melanoma

EXTENT

Maximum Tumor Thickness

Specify (mm): 4.3

Anatomic Level

IV (Melanoma invades reticular dermis)

Ulceration

Not identified

MARGINS

Peripheral Margins

Uninvolved by invasive melanoma

Distance of Invasive Melanoma from Closest Peripheral Margin:

4 mm

Uninvolved by melanoma in situ

Deep Margin

Uninvolved by invasive melanoma

Distance of Invasive Melanoma from Margin: 5.8 mm

ACCESSORY FINDINGS

Mitotic Index

Less than 1 / mm²

Microsatellitosis

Not identified

Lymph-Vascular Invasion

Not identified

(Continued on page 3)

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Case reviewed and diagnosis rendered at 2305 Chambliss Ave., Cleveland, TN 37311, J. Ross Slemmer, M.D., Director

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FANNIN REGIONAL HOSPITAL2855 Old Highway S, Blue Ridge, GA 30513
J. Ross Slemmer, M.D., Medical Director

ACCESSION #:

Patient Name **BOYCE**

MRN:

Age-Sex-DOB:

Procedure Date: 12/08/2010

Accession Date: 12/08/2010

Report Date: 12/16/2010

(continuation of report)

(CANCER CHECKLIST continued)

Perineural Invasion

Not identified

Tumor-Infiltrating Lymphocytes

Not identified

Tumor Regression

Not identified

Growth Phase

Vertical

LYMPH NODES

Number of Sentinel Nodes Examined: 1

Total Number of Nodes Examined (sentinel and nonsentinel): 4

Number of Lymph Nodes with Metastases: 0

STAGE (pTNM)

Primary Tumor (pT)

pT4a: Melanoma greater than 4.0 mm in thickness, no ulceration

Regional Lymph Nodes (pN)

pN0: No regional lymph node metastasis

Distant Metastasis (pM)

Not applicable

ADDITIONAL NON-TUMOR

Additional Pathologic Findings

Other (specify): Separate intradermal nevus

End of Report, page 3

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