Brigham and Women's Hospital

Founding Member, Mass General Brigham

Minm Cutaneous Pathology Consultative Service

## Adriano Piris, M.D.

Medical Director
Assistant Professor of Dermatology,

Date Material Received : 02/29/2022
02/29/2022 11:27
Adriano Piris, M.D.
MM\#: 123456
MCPCS
Your\#: S22-123456
41 Avenue Louis Pasteur
Patient: Doe, John
Room 317
Sex/Age: M/24
Boston, MA 02115
Phone: (617) 264-3030
DOB: (01/30/1998)
Fax: (617) 264-3013
Site: 1: Left Inferior Medial Malar Cheek
Slides: 10 Blocks: 0

## DIAGNOSIS

1: Darkly pigmented atypical junctional spindle cell melanocytic proliferation. Present in lateral and deep margins.

## Comments:

1: The lesion is challenging. The sample is limited. Sections show fragments of epidermis with underlying superficial portion of adnexal structures and a minimal amount of inflamed dermis with pigment incontinence. The lesion is represented by a focal aggregate of moderate to severely atypical spindle and epithelioid junctional melanocytes with marked pigmentation that focally involve the superficial portion of the adnexa represented in this limited biopsy. The young age of the patient is reassuring. Although not entirely diagnostic, the findings are suspicious for part of a pigmented spindle cell nevus of Reed. Further clinical correlation is recommended to determine if this small sample is representative of the clinical lesion. If there is a significant residual component, further sampling or a conservative excision are recommended.

PanMel and one of the SOX10 stained profiles highlight the extent of the melanocytic proliferation. MART1 is negative. PRAME is equivocal.

Positive and negative controls for all immunohistochemical stains and/or special stains prepared by the outside laboratory were reviewed, and they are considered appropriate.

Thank you for the opportunity to be of service.
[ Electronically signed By Adriano Piris, M.D.]

