

National Institutes of Health/National Cancer Institute

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Surgical Pathology Report

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|--------------------------------|------------------------|-----------------|
| PATIENT: | MRN: | XXXXXXXXXX |
| ACCOUNT#: | RECEIVED DATE: | 09/08/04 |
| DOB: | PROCEDURE DATE: | 09/08/04 |
| AGE: 53 Y SEX: F | SIGN-OUT DATE: | 09/17/04 |
| ATTENDING: | LOCATION: | HEMATOPATHOLOGY |
| REQUESTING: | OFFICE: | |
| CONTACT NO: (MD) | ROOM: | |
| COPIES TO: | | |

DIAGNOSIS: Subcutaneous tissue, right side of abdomen, biopsy (PO04) Lobular and septal panniculitis with focal fat necrosis, see Note

NOTE: There is a focally extensive lymphocytic infiltrate, but distribution overall is patchy. Areas of necrosis with acute inflammation are identified. Lymphocytes show minimal cytological atypia. The submitted immunohistochemical stains (CD20, CD3, CD68, Aik-1, CD45RO, UCHL1) and additional immunohistochemical stains (CD20, CD3, CD4, CD8, granzyme B, kappa and lambda light chains) performed at NIH are all reviewed. CD8 positive cells are scattered and patchy. CD4 and CD8 positive cells are sparse, without forming rimming around fat spaces. Kappa and lambda light chain stains reveal polyclonal plasma cells. Granzyme B positive cells are rare. The findings are consistent with the above diagnosis.

The immunoperoxidase tests performed here were developed and their performance characteristics determined by the Specialized Diagnostics Unit of the Laboratory of Pathology, NCI. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has also determined that such clearance or approval is not necessary. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CLINICAL HISTORY: 53-year-old female with a preliminary diagnosis of a subcutaneous panniculitis-like T-cell lymphoma. The patient has no adenopathy or any B symptoms. Concerns are also about the presence of both CD4 and CD8 positive cells. Molecular study show no clonal T-cell population.

GROSS DESCRIPTION: Received from Hematology/Oncology, New York are 15 slides and 1 block labeled PC with an accompanying pathology report indicating the specimen as biopsy of subcutaneous mass of right side of abdomen, a cover letter dated September 7, 2004 regarding patient.

Patient Identification

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File in Section 3 Tissue Examination