Skin, two sites — excision biopsies A and B

PATIENT
Sam Ortiz

DATE OF BIRTH
28 July 1964

RECORD NUMBER
MRN 0000-2290

REQUESTED BY
Dr Alex Rivera

RECEIVED
11 June 2026

REPORTED
16 June 2026

BLOCKS
4 (A1–A2, B1–B2)

STAINS
H&E; no special stains

DIAGNOSIS

A: seborrhoeic keratosis. B: compound naevus. Both benign and completely excised.

Both questions in the request are answered for both specimens: benign, and completely excised, with clear margins of 2.4mm (A) and 1.8mm (B) at the nearest points.

Reported by Dr Elena Marsh, consultant histopathologist · 16 June 2026 · This report relates only to the specimens identified above.

Clinical details. Two pigmented lesions excised at the same attendance. **A**: an 8mm lesion on the left forearm, present about four years, noted by the patient to have become rougher over the last six months. **B**: a 5mm lesion on the right shoulder, present at least a decade and unchanged, excised at the patient's request rather than on clinical suspicion.

Neither had bled, itched, or changed in outline. Both were excised under local anaesthetic with a 2mm clinical margin. The request asks, for each, whether the lesion is benign and whether the excision is complete.

A — macroscopic. An ellipse of skin measuring 18 × 9mm to a depth of 4mm, bearing a raised, sharply demarcated, light brown papule measuring 8 × 7mm with a slightly verrucous surface.

Inked, bisected through the lesion and embedded in two blocks. Nearest painted margin on the cut surface is 3mm.

A — microscopic. Sections show an exophytic epidermal proliferation composed of basaloid keratinocytes with interspersed horn cysts and pseudo-horn cysts. The lesion is sharply demarcated laterally and sits above the level of the adjacent normal epidermis.

There is no cytological atypia, no melanocytic proliferation at the dermo-epidermal junction, and no dermal invasion. Mitotic figures are rare and confined to the basal layer. **No features of malignancy are present in either block.**

Peripheral and deep painted margins are clear, the nearest being the lateral margin of block A1 at 2.4mm.

B — macroscopic. An ellipse of skin measuring 12 × 7mm to a depth of 3mm, bearing a flat, evenly pigmented mid-brown macule measuring 5 × 4mm with a regular outline.

Inked, bisected and embedded in two blocks. Nearest painted margin on the cut surface is 2mm.

B — microscopic. Sections show nests of bland melanocytes at the dermo-epidermal junction and within the papillary dermis, maturing with depth. Nest size and spacing are regular and there is no confluence along the junction.

No atypia, no pagetoid spread, no dermal mitoses. The appearances are those of a compound naevus. Margins are clear, the nearest at 1.8mm.

Ancillary tests. None performed. Both lesions were diagnosable on haematoxylin and eosin sections alone, and immunohistochemistry was not indicated for either.

Where a melanocytic lesion shows features that make maturation difficult to assess, this laboratory's practice is to stain and to say so. Neither specimen required it.

Comment. The roughening the patient described in A is consistent with the verrucous surface seen macroscopically and does not, by itself, indicate anything further. No follow-up is indicated on histological grounds for either lesion.

If new lesions appear at either site, a fresh specimen rather than a review of these blocks is the useful next step. The blocks are retained and available, but they answer only the question asked of them in June.

Both specimens were double-read before authorisation, which is this laboratory's practice for every melanocytic case regardless of the reported diagnosis.