

Test, Patient — PL2007-36710

DERMATOPATHOLOGY SERVICE

Patient Test, Patient	Date of Birth 11/10/1964	Gender Male
Physician Test, Physician 123 Test Court Sacramento, CA 95628 (916) 965-1234 voice (916) 965-1235 fax	Facility Case ID 398532 Physician's Office	Copies

Finalized
07/31/2007

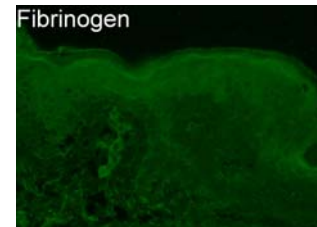
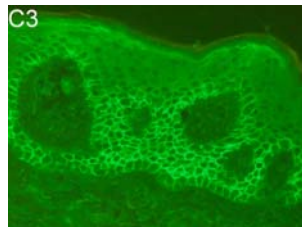
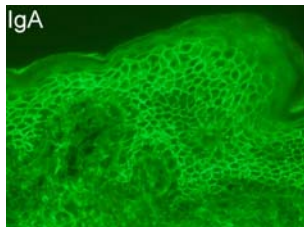
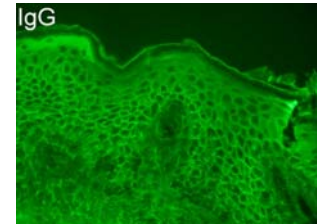
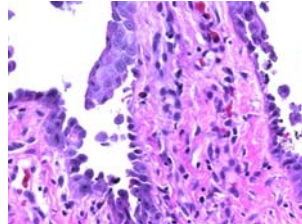
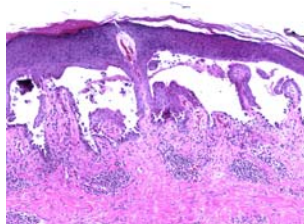
Received
07/30/2007

Collected
07/30/2007

Diagnosis

- A. Skin Biopsy, Right Upper Back:
Focal Eosinophilic Spongiosis, Compatible With Incipient Pemphigus**
- B. Skin Biopsy, Right Chest:
Pemphigus Vulgaris, See Comment**

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Comments

A. The histologic changes are very mild and focal. Please refer to Specimen B.
B. The light microscopic features include suprabasilar clefting and acantholysis, with elongated rete ridges lined by 'tombstoning' basal keratinocytes. There is mild perivascular mononuclear inflammation and occasional eosinophils, including foci of eosinophilic spongiosis. These features are very suggestive of pemphigus vulgaris, but the definitive diagnosis is established by the direct immunofluorescence studies, as described below.

Direct Immunofluorescence Analysis: H&E and Wright-Giemsa stained frozen sections slides are examined by light microscopy and demonstrate focally disrupted epidermis. Direct IF staining is performed with the following FITC-conjugated anti-human antibodies: IgG, IgA, fibrinogen and C3. There is significant specific granular IgG (3-4+ on a scale of 0 to 4+), IgA (4+) and C3 (3-4+) all in a staining pattern within the intercellular spaces of the dermal epithelium. There is no significant or specific staining with fibrinogen. This staining pattern is diagnostic of an immune complex mediated dermatitis of the pemphigus vulgaris type.

Clinical Information

- A.** Rash upper right back. #1 for DIF. Also received a specimen in Zeus fixative which is forwarded to the EM lab for testing. (238.2) (ICD9 : 692.9)
B. Rash. Possible pemphigus foliaceus. (ICD9 : 692.9)

Gross Description

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- A.** Received in formalin labeled with the patient's name and "Right Upper Back" is a 0.3 x 0.2 cm punch biopsy with a 0.1 x 0.1 cm eccentric, slightly pigmented lesion which is submitted en toto in a single cassette. MR
B. Received in formalin labeled with the patient's name and "Right Chest" is a 0.3 x 0.3 cm slightly pigmented punch biopsy which is inked black submitted en toto in a single cassette. MR

Signature



Henry McNeely, M.D.

Patient
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