



**Michigan Medicine**  
**Pathology and Clinical Laboratories**

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**Dermatopathology Service**

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**DERMATOPATHOLOGY CONSULTATION REPORT**

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**Order Number:** OC-20-XXXX      **Referred by:**  
**First Name:** EXAMPLE, DOCTOR  
**Last Name:** MEDICAL CENTER  
123 MAIN ST.  
**MRN:** ANY CITY, ST 12345  
**Gender:**                      **Age:**                      **DOB:**  
**Date Received:** 03/18/2020  
**Date Completed:** 03/19/2020

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**DIAGNOSIS:**

Skin of scalp, excision (AT:SR20:4474; 03/13/2020): Spiradenocylindroma. See COMMENT.

COMMENT:

I agree with your assessment that this scalp mass is an adnexal tumor. A portion of the tumor has features of cylindroma, characterized by nests of tumor cells with two populations, a smaller basaloid population at the periphery and another population of slightly larger cells with more cytoplasm centrally. These tumor nests are closely packed in a jigsaw puzzle pattern and rimmed by conspicuous eosinophilic basement material. Hyalin droplets are also noted in some tumor nests. Duct differentiation is seen, especially in the center of the tumor in the section corresponding to block A4. The remainder of the tumor consists of larger tumor nests, lymphocytes within tumor nests, spindle cell foci, and dilated blood vessels with congestion in keeping with a spiradenoma component. There is focal thrombosis and necrosis within the tumor. Lastly, a few keratin cysts with infundibular differentiation are seen in sections corresponding to blocks A4 and A5. Diagnostic evidence of malignancy is not observed in this tumor.

In sum, this is a benign cutaneous adnexal neoplasm combining features of both a spiradenoma and cylindroma or a spiradenocylindroma, which is not uncommon. The accompanying immunohistochemical stains support this diagnosis and, more importantly, exclude Merkel cell carcinoma based on absence of staining for CK20, CD56, Synaptophysin, and Chromogranin A. The tumor does not involve the inked margins where available for examination.

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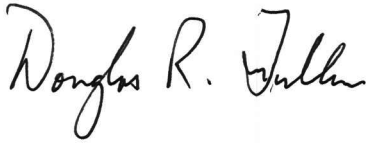
Thank you for allowing me to review this interesting case in consultation. I hope you find my interpretation and comments helpful. If you have any questions regarding this report, please do not hesitate to contact me.

Sincerely,

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**First Name:**  
**Last Name:**  
**Order Number:** OC-20-XXXXX

**Clinic:**



Douglas R. Fullen, M.D.

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**Clinical History:**

Scalp mass.

**Materials Received:**

**A Outside Case Number:** ATSR20: 4474 15  
**Materials Received:** Prepared slides

**CPT Codes:**

Specimen	CPT Code	Number of Charges
A	88321	1

**Laboratory Accrediting Agency Compliance Statement:**

If immunostain testing was performed on this case, the testing was developed and the performance characteristics were determined by the University of Michigan Clinical Immunoperoxidase Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. (The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ["CLIA"] as qualified to perform high complexity testing). Appropriate negative and positive controls were run. The Coreo ACIS instrument (if used for any test on this case) is FDA approved.

**Performing site:**

NCRC Michigan Medicine Pathology and Clinical Laboratories  
2800 Plymouth Rd., Building 35  
Ann Arbor, MI 48109

CLIA Director: RICCARDO VALDEZ, M.D.

CLIA Number: 23D1088637

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**First Name:**

**Last Name:**

**Order Number:** OC-20-XXXXX

**Clinic:**