DERMATOPATHOLOGY Report

Name:	**MITCHELL, JASON C.**			**CASE NUMBER:**	**M26-094114**
D.O.B.:	09/07/1970	AGE: 55 yrs	SEX: M	Date of Procedure:	03/31/2026
MRN:	5647113			Received Date:	04/02/2026
Phone #:	(301) 502-6884			Date of Final Report:	04/07/2026
Ordering Provider:	Anna Reznikova, PA-C, PhD, MMS				
Ordering Location:	10910 Little Patuxent Pkwy Columbia, MD 21044 (410)-772-0707				

Final Pathology Diagnosis

A. RIGHT PROXIMAL LATERAL POSTERIOR THIGH (BIOPSY BY PUNCH METHOD):
PSORIASIS

B. RIGHT PROXIMAL LATERAL POSTERIOR THIGH (BIOPSY BY PUNCH METHOD):
SPONGIOTIC AND PSORIASIFORM DERMATITIS

COMMENTS:

Specimen A demonstrates features of psoriasis, and specimen B demonstrates mixed psoriasiform and spongiotic features, which may be a consequence of adjacency to an ulcer. There is no histopathologic or immunophenotypic evidence of cutaneous T-cell lymphoma/mycosis fungoides. Features of Kaposi's sarcoma are not evident.

Clinical Information

A)Morphology: poikilodermatous patches with scale
DDX: Cutaneous T-Cell Lymphoma (CTCL) vs. Psoriasis vs. MF vs sarcoma NOS vs lupus vs sarcoidosis vs Kaposi sarcoma
B)Morphology: poikilodermatous patches with scale
DDX: Cutaneous T-Cell Lymphoma (CTCL) vs. Psoriasis vs. MF vs sarcoma NOS vs lupus vs sarcoidosis vs Kaposi sarcoma

Specimen Information

MICROSCOPIC DESCRIPTION:

A. Sections show hyperkeratosis, parakeratosis, hypogranulosis, acanthosis with regularly elongated rete ridges, and thinning of the epidermis over the tips of dermal papillae. Neutrophils are present in the stratum corneum. There is thinning of the suprapapillary plates overlying dilated dermal capillaries. There is superficial dermal inflammation without obvious eosinophils. No fungal forms were seen on PAS stain.

B. Sections show epidermal hyperplasia with elongation of rete ridges, spongiosis, hyperkeratosis and parakeratosis. There is a mild superficial perivascular mononuclear cell infiltrate. No fungal forms were seen on PAS stain. Nearby ulceration with prominent granulation tissue is noted. A CD3 immunostain marks nearly all of the lymphocytes. The CD4-CD8 ratio is normal, with no loss of CD7. CD20 marks a few scattered lymphocytes. CD30 is essentially negative.

Gross:

A. Received in formalin is a 0.5 x 0.5 x 0.5 cm punch of skin. 2 piece(s) entirely submitted in 1 cassette(s).

B. Received in formalin is a piece of skin measuring 1.9 x 0.6 x 0.5 cm. The surgical margin is inked. The tips are amputated and submitted in cassette 1. The specimen is serially sectioned and entirely submitted in 2 cassette(s).

Phone Number: (920) 482-0595
Email: PathLab@Forefrontderm.com ▪ **Website**: https://forefrontdermatology.com/
Medical Director, Kelli Hutchens, MD, MBA, FCAP

Patient Name: MITCHELL, JASON C. **M26-094114**

ELECTRONICALLY SIGNED BY:



Douglas Hansen, MD

Digital Signature on 04/07/2026 by: Douglas Hansen, MD

Immunohistochemical stains are performed on formalin-fixed, paraffin-embedded tissue sections utilizing an automated immunohistochemistry platform. A proprietary, non-biotin, polymer-based detection system is employed. Positive controls are reviewed by the pathologist and show appropriate reactivity.
Positive tissue controls are reviewed daily by a pathologist.

CPT CODES: 88312x2, 88305x2, 88341x5, 88342

ICD CODES: L40.9, L30.9

Your health and well-being are very important to us. Please note that seeking advice regarding your condition from someone other than your dermatologist, physician assistant, or nurse practitioner may lead to potential misinformation and unnecessary concern. Visit Forefront Dermatology's website for information on common dermatologic conditions: https://forefrontdermatology.com/conditions-treatments/

H&E slide preparation was performed at 801 York Street, Manitowoc, WI 54220. CLIA: 52D2011214

Microscopic examination was performed at 801 York Street, Manitowoc, WI 54220. CLIA: 52D2011214

The technical component of additional stains was performed at the Forefront Dermatology laboratories at 801 York Street, Manitowoc, WI 54220. CLIA: 52D2011214