COCKERELL DERMATOPATHOLOGY
CONSULTING SERVICES

Patient:	**Last, First**	**Referring Physician**	
SSN:		123 MAIN ST.	
DOB/Sex:	06/27/1968 (52) Male	CITY, STATE ZIP	
Phone:		214-555-1212	
Accession#:	**12345**		
Collected:			
Received:	01/02/2020		
Reported:	01/03/2020		

RE: Patient / 12345 / Consultation C17-0010

Dear Physician,

I have performed a comprehensive consultation based on my evaluation of medical records and sections 12345 from (Patient), and in my opinion, the changes are those of atypical fibroxanthoma.

Irregular spindle cells show large, irregular, bizarre nuclei with foamy cytoplasm. Scattered lymphocytes and histiocytes are interspersed. A few atypical mitoses are seen. The findings favor a diagnosis of atypical fibroxanthoma.

We performed immunoperoxidase stains in this case and they were found to be positive in some areas for CD68 and Procollagen I, but there was also expression of cytokeratin near the base of the specimen. I have seen cytokeratin expression in malignant fibrohistocytoma and atypical fibroxanthoma before and therefore that could be the explanation for the findings, although it is possible that the patient has a very poorly differentiated squamous cell carcinoma that is expressing Procollagen I and CD68. I would recommend this lesion be completely excised and that the reexcision specimen be reevaluated in the context of these before a final diagnosis is rendered. It is possible that immunoperoxidase stains performed on the reexcision specimen may yield different results.

Thanks so much for allowing me the opportunity to review these sections. Best wishes to you.

Sincerely yours,

Clay J. Cockerell, MD
Electronic Signature: 01 JAN 2020 2:07PM
Enclosure: 1 slide / 1 block