

CLIA #: 31D2026917

PATIENT DEMOGRAPHICS

PATIENT INFORMATION:	PHYSICIAN INFORMATION:	SPECIMEN INFORMATION:
Patient, Test DOB: 1/1/1963 Gender/Age: /63	Test Physician, MD Test Practice 300 Columbus Circle Suite A, Edison, NJ 08837 (866) 909-7284, Fax:(908) 272-1478	ACCESSION #: TS26-000X1 PROCEDURE DATE: 4/19/2026 DATE RECEIVED: 4/20/2026 REPORTED ON: 4/20/2026

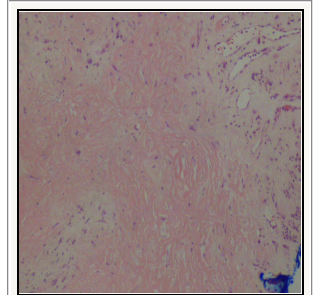
CLINICAL INFORMATION

CLINICAL HISTORY: 62-year-old female with history of grade 2 invasive ductal carcinoma of the left breast, status-post lumpectomy and radiation therapy (2024). Currently in remission. Presents with erythema, tenderness, induration, and scaling of left breast (predominantly around lumpectomy site). No significant nipple changes present on physical exam. Contralateral breast appears unremarkable. Ddx: Recurrent/inflammatory breast cancer vs Paget's vs radiation dermatitis vs atypical vascular lesion vs morphea

FINAL DIAGNOSIS

A: SKIN, BREAST, LEFT, PUNCH BIOPSY:

- **Histomorphologic findings most compatible with (chronic) radiation dermatitis. (See microscopic examination)**
- **No diagnostic evidence of malignancy identified.**



Radiation dermatitis, H&E

GROSS EXAMINATION

A: Received in formalin is a punch biopsy of pink-red skin measuring 0.3 cm in greatest dimension. The specimen is bisected and entirely submitted in a single cassette.

MICROSCOPIC EXAMINATION

Tissue blocks: 1

Histomorphologic examination of the "left breast" punch biopsy demonstrates mild hyperkeratosis with foci of parakeratosis overlying an atrophic epidermis. Epithelial dysmaturation and occasional dyskeratotic cells are present. No atypical intraepidermal infiltrate is appreciated. The dermis shows sparse perivascular and interstitial lymphohistiocytic inflammation in a background of marked fibrosis and solar elastosis. A mild to moderate accompanying increase in dermal cellularity is present with scattered, bizarre enlarged fibroblasts showing nuclear hyperchromasia and occasional vesicular nuclei. The dermal vasculature is well-dispersed and shows significant thickening with fibrointimal hyperplasia. No significant endothelial atypia or vascular architectural complexity are appreciated. Adnexal structures appear diminished. No extrinsic epithelial cells are seen within the dermis.

Ancillary special stains were performed to further characterize the process and/or to exclude malignancy. CD34 highlights the abundant scattered fibroblasts. A CK7 stain does not highlight an extrinsic epithelial cell population within the dermis. CD31 was performed to outline the dermal vasculature and shows well-dispersed vessels. A colloidal iron special stain is negative for a significant increase in interstitial mucin. All tissue controls show appropriate reactivity. Additional deeper tissue levels were examined.

A positive control for each stain has been reviewed and accepted.
Any immunostain(s) used were validated and their performance characteristics determined by LabGenomics. They may not be cleared or approved by the U. S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory has been approved by CLIA 88, designated as a high-complexity laboratory and is qualified to perform these tests.