

CLIA #: 31D2026917

PATIENT DEMOGRAPHICS

PATIENT INFORMATION:	PHYSICIAN INFORMATION:	SPECIMEN INFORMATION:
Patient, Test DOB: 1/1/1970 Gender/Age: F/56	Test Physician, MD Test Practice 300 Columbus Circle Suite A, Edison, NJ 08837 (866) 909-7284, Fax:(908) 272-1478	ACCESSION #: TS26-000X2 PROCEDURE DATE: 4/19/2026 DATE RECEIVED: 4/20/2026 REPORTED ON: 4/20/2026

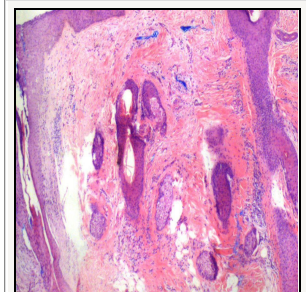
CLINICAL INFORMATION

CLINICAL HISTORY: 55-year-old female with newly onset hair loss. Patient reports associated "itching and burning" sensations in these areas. Clinical examination shows multiple irregular patches of hair loss with associated perifollicular scaling/erythema. No other areas of hair loss are appreciated. Ddx: Scarring alopecia vs fungal infection vs other

OPERATIVE PROCEDURE: Punch biopsy

FINAL DIAGNOSIS

A: SKIN, SCALP, LEFT OCCIPITAL, PUNCH BIOPSY:
- **Fibrosing alopecia with lichenoid inflammation. (See comment and microscopic examination)**



Fibrosing Alopecia,
H&E

GROSS EXAMINATION

A: Received in formalin is a punch of pink-red skin measuring 0.4 cm in greatest dimension. The specimen is first bisected vertically and then the superficial portion is bisected horizontally. The bottom-half is submitted in cassette 1 and the horizontal sections are submitted in cassette 2.

MICROSCOPIC EXAMINATION

Tissue blocks: 1

The "left occipital scalp" punch biopsy was examined as multiple horizontal and vertical levels. The total number of terminal hair follicles is decreased when counted at the dermo-subcutaneous interface (n=16). No peribulbar inflammation is identified. Sections through the mid to upper dermis demonstrate perifollicular dropout and perifollicular inflammation with associated lichenoid interface changes of the adnexal epithelia. Concentric lamellar (i.e. "onion skin") perifollicular fibrosis with stromal clefting are also present. Desquamation of the inner root sheath is identified. The folliculosebaceous units appear diminished. Vertical sections show lichenoid inflammation affecting the infundibula and isthmus regions in addition to the dermo-epidermal junction. Occasional fused ostia are noted (i.e polytrichia). No follicular plugging is identified.

A PAS special stain is negative for fungal hyphae. A colloidal iron special stain is negative for an increase in interstitial and follicular mucin. All tissue controls show appropriate reactivity.

COMMENTS

Taken in concert with the clinical morphology of multifocal alopecia with perifollicular erythema, the histomorphologic

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differential diagnosis encompasses lichen planopilaris (LPP), frontal fibrosing alopecia (FFA), and fibrosing alopecia in a pattern distribution. It is imperative to note that alopecia may precede other typical findings of lichen planus. However, identification of such would strongly support a diagnosis of LPP. Clinical correlation is essential as the morphological findings of these entities are too similar to be reliably distinguished.

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.