

CLIA #: 31D2026917

PATIENT DEMOGRAPHICS

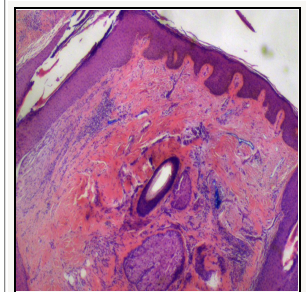
PATIENT INFORMATION:	PHYSICIAN INFORMATION:	SPECIMEN INFORMATION:
Patient, Test DOB: 1/1/1970 Gender/Age: F/56	Test Physician, MD Test Practice 300 Columbus Circle Suite A, Edison, NJ 08837 (866) 909-7284, Fax:(908) 272-1478	ACCESSION #: TS26-000X4 PROCEDURE DATE: 1/14/2026 DATE RECEIVED: 1/14/2026 REPORTED ON: 4/20/2026

CLINICAL INFORMATION

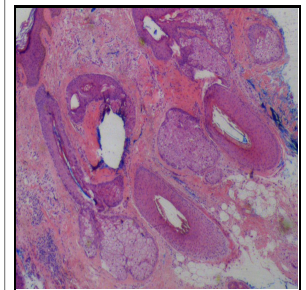
CLINICAL HISTORY: 55-year-old Caucasian female with a known history of lupus erythematosus now presenting with multiple indurated, sharply defined tender subcutaneous nodules R/O panniculitis vs neoplasia

FINAL DIAGNOSIS

A: SKIN, LATERAL ARM, RIGHT UPPER, EXCISIONAL BIOPSY:
- Lupus profundus. (See comment and microscopic examination)



Lupus profundus, H&E



Lupus profundus, H&E

GROSS EXAMINATION

A: Received in formalin is biopsy of white-pink skin and subcutaneous tissue measuring 0.5 cm in greatest dimension. The specimen is bisected and entirely submitted in a single cassette.

MICROSCOPIC EXAMINATION

Tissue blocks: 1

Histomorphologic examination of the "right upper lateral arm" biopsy demonstrates skin and abundant subcutaneous tissue for evaluation. Hyperkeratosis with parakeratosis and follicular plugging overlies an atrophic epidermis. The dermo-epidermal junction is involved by a brisk, non-obscuring lichenoid lymphocytic infiltrate. Marked interface changes are seen, including vacuolar degenerative changes, Civatte bodies, and marked pigmentary incontinence. A PAS special stain highlights a significant increase in thickness of the basement membrane zone. No fungal hyphae are identified.

The dermis and subcutaneous adipose tissue are involved by a dense, nodular, and predominantly lobular lymphocytic infiltrate comprised of small, mature lymphocytes without obvious cytologic atypia. Occasional plasma cells are noted. Early germinal center formation is identified which spills over into the peripheral fat lobules with associated fat necrosis. No obvious "rimming" of atypical lymphocytes around adipocytes is appreciated.

Immunostains were performed to exclude an atypical lymphoproliferative neoplasm (i.e. subcutaneous panniculitis T-cell lymphoma). The lymphocytes are highlighted with the pan T-cell marker, CD3, and demonstrate an approximately normal CD4 to CD8 ratio (~5:1). Ki-67 shows an overall low proliferative index within the lymphocytes (estimated <5%).

COMMENTS

Given the overlying histomorphologic changes of discoid lupus in this patient with a known history of such, the overall findings are most consistent with lupus profundus. If there is persistence, progression, or failure to respond to treatment, then additional sampling should be considered.

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.