

DERMATOPATHOLOGY UPDATE

ISSUE 1 • SUMMER 2005

Greetings from Georgia Dermatopathology!

Welcome to the premiere issue of Dermatopathology Update!

We're excited about this new facet of our service, and we're happy to give back to those who so faithfully choose Georgia Dermatopathology Associates for all their diagnostic and consultative services.

The goal of this newsletter is twofold:

1. To provide relevant, practical information that will help your patients reap the greatest possible benefit from our services.
2. To keep you abreast of clinical and technological advances in the dynamic field of dermatopathology—both at Georgia Dermatopathology Associates and across the profession.

As you peruse this issue, please remember: Dermatopathology Update was created to serve, inform and engage you, our valued clients and colleagues. Via this newsletter and our new-and-improved website, www.gadermpath.com, we hope to make your job a little less stressful by putting timely, helpful information at your fingertips.

Our goal is to provide you with consistently accurate, prompt diagnostic reporting and consulting, 24/7. Your feedback will help us continue meeting your evolving needs. Please let us know how we can use Dermatopathology Update to make our services even more effective. Simply go to www.gadermpath.com/contact and tell us what you think. We look forward to hearing from you. And as always, thank you for your cases!

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Dr. Howard and Georgia Dermatopathology's 10-headed microscope

What's New at Georgia Dermatopathology?

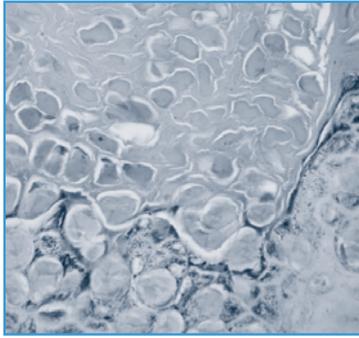
For starters, a facility facelift. Prompt, efficient service requires a well-organized work space—

and our recently renovated office space definitely fills the bill. Located on the second floor of the Darden Research Building in the bustling Emory University Village, our state-of-the-art, high-technology lab combines function with aesthetics. It's designed to accommodate high volume and maximize productivity. As we grow, there's room to reconfigure our workflow without sacrificing the excellent service that is our hallmark.

We're thrilled to announce the addition of our "new baby"—the amazing Olympus BX51 10-headed microscope. This microscope is perfect for group quality-assurance and teaching, and it greatly enhances our productivity.

Georgia Dermatopathology is also proud to participate annually in the American Society of Dermatopathology Diagnostic Quality Assurance Program.

To view more photos and take a virtual tour of our facility, please visit www.gadermpath.com/practice_tour. And if you'd like a personal tour of our facility, just give us a call: 404-371-0077.



Molluscum Contagiosum, H&E, 400x

Getting the Most from Your Biopsy

Recommendations for best diagnostic information

At Georgia Dermatopathology, our goal is to provide the most accurate diagnosis possible, as quickly as possible. Here are some suggestions regarding biopsy preparation that will help avoid delay and ensure the integrity of your diagnosis.



Please do not
hesitate to call us
with any questions on
biopsy technique!

The Georgia
Dermatopathology
team is available to
assist you with courtesy,
efficiency and skill.

We look forward to
working with you!

SURGICAL MARGIN EVALUATION

Oriented ellipse, unoriented ellipse, deep-shave or punch biopsy extending completely around lesion are all acceptable.

MELANOCYTIC LESION

Most preferable is an ellipse, followed by a punch biopsy and a deep-shave biopsy. Subungual lesions are best biopsied with punch technique. Curettages should be avoided.

KERATINOCYTIC LESION (BCC, SCC)

Most preferable is a shave biopsy.

SUSPECTED HEMATOPOETIC LESION

Most preferable is a punch biopsy. *Important: Do not crush specimen—handle gently with forceps.* Send entire punch biopsy for histologic analysis in formalin. Optionally, half may be sent in formalin for histologic analysis and half submitted rapidly fresh for possible flow cytometry. (Flow cytometry results are often poor when using skin; fresh, unfixed, rapidly submitted whole blood, bone marrow or lymph node tissue are better specimens for flow.)

BLISTERING DISORDER

Most preferable is two 3mm punch biopsies: one lesional and one perilesional. Send lesional biopsy for histologic analysis and perilesional biopsy for direct immunofluorescence to Emory Dermatopathology, if clinically indicated. Contact at Emory is Sue Manos: 404-727-4901.

Second-best is a lesional/perilesional ellipse, with bisection. Send lesional half for histologic analysis; send perilesional half to Emory. *Remember: Direct immunofluorescence studies may be negative in very new or old clinical lesions.*

SUSPECTED INFECTIOUS DISORDER

Most preferable is a deep punch biopsy, with adequate dermal tissue for analysis. Always bisect specimen and submit half for cultures.

SUSPECTED CONNECTIVE TISSUE DISORDER/COLLAGEN VASCULAR DISORDER

Most preferable is a punch biopsy of sun-exposed, lesional skin. *Remember: Direct immunofluorescence studies may be negative in very new or very old clinical lesions.*

SUSPECTED VASCULITIS

Most preferable is a punch biopsy from clinically new lesional skin.

SUSPECTED PANNICULITIS

Most preferable is a small ellipse excision extending to subcutaneous fat; second choice is a deep punch biopsy.

ALOPECIA

Most preferable is a 4mm punch biopsy from clinical rim of alopecia involvement.

SUSPECTED CONNECTIVE TISSUE NEVI

Most preferable is an ellipse, including both lesional and perilesional tissue.

Cases of Note

While there's no denying the importance of textbook learning in the field of medicine, lessons learned from real-world examples can speak volumes. They're invaluable teaching tools that often reveal profound insight into the nature of disease.

In the course of our work, we diagnose countless types of diseases, both common and uncommon. Here are 20 Georgia Dermatopathology cases that represent the full spectrum of dermatopathology disease categories:

- Acquired Perforating Dermatitis
- Anetoderma/Macular Atrophy
- Bullous Dermatitis of Hemodialysis
- Clinically Amelanotic Malignant Melanoma
- Deep Penetrating Nevus
- Disseminated Nocardiosis
- Erythema Gyrratum Repens
- Cutaneous Epithelioid Hemangioendothelioma
- Folliculitis Decalvans
- Glomus Tumor
- Interface Dermatitis of HIV Infection
- Malignant Atrophic Papulosis/ Degos' Syndrome
- Merkel Cell Carcinoma
- Pigmented Spindle Cell Nevus of Reed
- Polymorphous Light Eruption
- Primary Cutaneous Immunocytoma
- Rocky Mountain Spotted Fever
- Sceleredema Adulorum of Buschke
- Sebaceous Carcinoma
- Zoon's Balanitis

If you'd like to review a particular case in detail, please contact us at 404-371-0077 or visit www.gadermpath.com/contact. For a comprehensive listing of our cases, please visit www.gadermpath.com/ourwork.



GEORGIA DERMATOPATHOLOGY CONSULTANTS

Georgia Dermatopathology Associates benefits from the consultative expertise of dermatopathologists Bruce R. Smoller, M.D., and Thomas D. Horn, M.D., of the University of Arkansas Medical Center, Little Rock.

Dr. Smoller is chairman of the Department of Pathology. He is former director of dermatopathology at Stanford University Medical Center and editor of the *Journal of Cutaneous Pathology*.

Dr. Horn is chairman of the Department of Dermatology. He was previously director of dermatopathology at Johns Hopkins University Medical Center and associate editor of the *Journal of Cutaneous Pathology*. Drs. Smoller and Horn are former presidents of the American Society of Dermatopathology.

We are honored to collaborate with these accomplished, respected professionals and pleased to utilize their expertise for the benefit of our patients.

Who's Who at Georgia Dermatopathology

Georgia Dermatopathology is staffed by professionals who are not only experienced, they're eager to serve you and ready to answer your questions. You've probably talked with one or all of us by phone or email—now you can put a face with a name.



MICHAEL S. HOWARD, M.D., is Georgia Dermatopathology's founder, president and laboratory director. He brings more than 15 years of training and experience to the table and is board-certified in both anatomic and clinical pathology, with special certification in dermatopathology from the American Boards of Dermatology and Pathology. A fourth-generation Atlantan and graduate of the University of Georgia, Dr. Howard holds a master of science degree from Yale University and a doctorate in medicine from Emory University School of Medicine. For full details on Dr. Howard's background and experience, visit www.gadermpath.com/ourpeople.



JONATHAN JONES, HT (ASCP), is our in-house histotechnologist. With 11 years of experience in dermatology and dermatopathology, Jonathan is well equipped to ensure that each specimen is properly prepared and processed for accurate diagnosis. A resident of Conyers, Ga., Jonathan is married and the father of three.



Office Manager **JANET WICKER** brings several years of specialized administrative experience from metro Atlanta medical practices. As our "go to" person, she makes sure that phone calls are answered, reports are expedited, and ordering and filing are completed promptly and professionally. A native of Wyoming, Janet resides in Decatur.

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GEORGIA
DERMATOPATHOLOGY
ASSOCIATES



Dermatopathology Update's Upcoming Dates of Interest

American Academy of
Dermatology Summer Meeting
July 20-24, 2005
Chicago, Illinois

American Society of Dermatopathology
Annual Meeting
October 20-23, 2005
Seattle, Washington

American Academy of
Dermatology Annual Meeting
March 3-7, 2006
San Francisco, California

* For a comprehensive list of
upcoming industry events,
please visit our website:
www.gadermpath.com/events.



Thank You!

Georgia Dermatopathology Associates extends a sincere thank you to the many individuals and organizations without whose help we would be unable to provide our services. We first thank our families for their untiring patience and support. We especially wish to recognize our colleagues, Drs. Tom Wade, Marian Finan, Steve Templeton, Myles Jerdan, Jim O'Quinn

and Al Solomon, for their outstanding contributions to dermatopathology in Georgia over the last 25 years. We thank our physician clients and patients, for their trust in us and for the honor of serving them. We thank the Georgia Society of Dermatologists and the Atlanta Dermatological Association for their continuing education and professional support. Special appreciation to Drs. John Neff, Paul Googe, Robert McKenna, Louis Picker, Bruce Smoller and Tom Horn for Dr. Howard's rigorous dermatology and pathology training from 1993 to 2000. Finally, we thank Emory University, Stanford University Medical Center Dermatopathology, and the Nikon, Microsoft, Hewlett Packard, Palm, and Hypersoft Corporations for their invaluable teaching, technologic innovations and laboratory know-how.

We Recycle! Georgia Dermatopathology recognizes the importance of recycling, and we're proud of our recycling efforts. Our paper and cardboard waste is processed by Emory Recycling.