

Skin biopsy collection guide

Neoplasms

Unless the lesion is very large, in order to provide accurate diagnosis for melanocytic lesions, it is important to examine the entire lesion with either a deep shave biopsy or a punch biopsy. If a melanocytic lesion is too large to be entirely sampled, multiple biopsies from the lesion may be indicated. For other neoplastic processes, a representative punch or shave biopsy deep enough to sample dermis is usually sufficient.

Rashes

For most cases, a 3 or 4 mm punch biopsy submitted in formalin along with a brief clinical history, a description of the rash, and your clinical impression are sufficient for providing a dermatopathologic interpretation.

If you suspect an autoimmune etiology for a patient's rash, in addition to submitting a punch biopsy specimen in formalin, please also submit a punch biopsy specimen in either Michel's media or Zeuss fixative for direct immunofluorescence microscopy (DIF). Specimens may also be submitted in saline-soaked gauze but only if prior arrangement is made with the laboratory in order to ensure prompt proper fixation.

DIF can aid in the diagnosis of: autoimmune connective tissue diseases such as lupus and dermatomyositis, suspicion of any sort of vasculitis with skin manifestations, dermatitis herpetiformis, and blistering diseases such as pemphigus vulgaris, bullous pemphigoid, pemphigus foliaceus, porphyria cutanea tarda, herpes gestationis, epidermolysis bullosa acquisita, and others.

Questions

Please call the laboratory with any questions (607) 274-4474.

Formalin containers, DIF media, and requisitions will be delivered to your office upon request. The dermatopathologist is always available to consult regarding cases, inflammatory or otherwise.