

PATHOLOGY REPORT

Patient Name : [REDACTED]

DOB : [REDACTED]

Sex : Male

Patient Contact No. : [REDACTED]

Pathologist : [REDACTED]

Doctor : [REDACTED]

Receiving Date : 08/02/23

Reporting Date : 08/04/23

Sample ID : [REDACTED]

DIAGNOSIS:

A - Superficial mucocele (right soft palate)

B - Hyperparakeratosis and fibrosis with chronic inflammation (left soft palate)

ICD-10: A - K11.6 CPT 88304

B - K11.6 CPT 88304

COMMENT: These reactive lesions have a tendency to recur, particularly if local irritating factors are still present or if the lesion is incompletely removed.

BIOPSY SITE: A - Soft palate, right

B - Soft palate, left

HISTORY: The patient has a history of soft palate mucocèles treated with laser but with recurrence. The left palatal lesion looked flat at the time of biopsy while the right palatal lesion appeared fluid-filled. Biopsy was performed on 8/1/2023.

GROSS FINDINGS: Gross specimen was received at [REDACTED], registered and accessioned, and submitted for histologic processing at our reference laboratory [REDACTED] ([REDACTED]). Received in our formalin container marked with the patient name is one, tan and white, irregular, soft tissue fragment measuring 0.4 x 0.4 x 0.2 cm; this was cut into two pieces and totally submitted as block A. Also received in our formalin container marked with the patient name is one, tan brown, irregular, soft tissue fragment measuring 0.4 x 0.3 x 0.2 cm; this was cut into two pieces and totally submitted as block B.

MICROSCOPY: A - Sections reveal segments of mucosal and submucosal tissue. The bulk of the lesion is composed of extravasated mucin located within the central overlying stratified squamous epithelium, admixed with neutrophils and macrophages, and associated with underlying chronically inflamed granulation tissue. Skeletal muscle and adipose tissue comprises the base. A minor salivary gland duct is present at one edge and no acinar tissue is seen. No evidence of malignancy is observed in the sections studied.

B - Sections reveal segments of mucosal and submucosal tissue. The overlying stratified squamous epithelium is acanthotic and hyperparakeratotic. The underlying fibrovascular connective tissue is fibrotic centrally and chronically inflamed. No minor salivary gland tissue is identified. Adipose tissue comprises the base. No evidence of malignancy is observed in the sections studied.

****END OF REPORT****

Report securely emailed on today's date and confirmed received.