

TRUMBULL LABS

PATHOLOGY GROUP OF THE MIDSOUTH

BIOPSY TECHNIQUE RECOMMENDATIONS

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| Disease | Technique |
|---------------------------|---|
| Bullous diseases | H&E - Saucerized removal of intact bulla or its periphery DIF – Punch of perilesional skin ≤ 1 cm from bulla |
| Vasculitis | H&E-Punch of well established purpuric lesion (>72hrs old) DIF-Punch of acute lesion (<24 hrs old) |
| Panniculitis | Deep incisional biopsy |
| Lupus and dermatomyositis | H&E and DIF - Punch biopsy of an established lesion that is still active |
| TEN | Shave or punch biopsy |
| Scarring alopecia | H&E and DIF - Punch biopsy of an established lesion that is still active |
| Nonscarring alopecia | For pattern alopecia or telogen effluvium-Punch biopsy of an established area of alopecia For alopecia areata or syphilis-Punch biopsy of a recent/active lesion |
| BCC/SCC | Shave or punch biopsy |
| Suspected melanoma | Excision |
| DFSP | Deep incisional biopsy |
| MF | Broad shave biopsy specimen |
| B-cell lymphoma | Deep incisional biopsy |

Based on Elston et al, JAAD, 2016, 74(1):3

Office staff including PA's, NP's and RN's occasionally call with questions regarding biopsy techniques for certain diseases. This Quick Reference Tip Sheet has been created to help answer these questions. We are always happy to speak directly to you and to discuss specific patient cases. A Tip Sheet does not replace the benefit of direct communication for quality patient care. We are available to speak with you at (901) 542-6800.

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