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On a recent Mohs surgery day in our office, I mentioned to my histotech (who wishes to remain anonymous), that our patient with an eyelid basal cell carcinoma also had the characteristic findings for syringoma. My tech was intrigued by this. The characteristic histological tadpole appearance of a syringoma lesion jumped out of the microscope at me and I commented on this. This patient had a confirmed nodular basal cell skin cancer on a lower eyelid just below the tarsal plate and the basal cell site was surrounded by syringomas. We looked at the other characteristic findings of syringoma with the double-layered epithelial strands and that characteristic tadpole configuration. I got out my pathology textbook and showed my tech the discussion in this text. What intrigued me also was her enthusiasm for being made aware of this finding and her interest in learning more. This lifelong enthusiasm for learning is invigorating and makes every work day potentially filled with so much more than just the routine. The infectious desire for knowledge and the inner drive to improve one's intellectual capacity is what sets apart the lifelong learner.

In the practice of Mohs Surgery, the relationship of the histotech and the surgeon is of crucial importance. Every physician training in Mohs Surgery would benefit from trying to function as a histotech for just one day. The meticulous attention to detail required in accurate specimen preparation must be practiced to be appreciated. I was trained, as Dr. Mohs had always taught, to never be satisfied with anything less than 100% of the epidermis as part of a complete section. My tech knows this and often will have cut another slide for me for completeness without my even requesting it. She has been by my side since fall 1985 as a superb histotech. She now has her own microscope to make her even more efficient in precise tissue preparation and this has helped for those delicate eyelid sections.

As anyone who practices Mohs surgery over time will attest, we have had our share of interesting cases over the past 24 years. The case with the incidental syringomas made me think back over the years to two other memorable cases. The first occurred after being in private practice for several years. We had a patient with a confirmed nodular basal cell skin cancer on his left anterior scalp; size was about three centimeters diameter. However, with the first Mohs surgery stage I found myself looking at something unexpected. Instead of finding classic basal cell skin cancer I was looking at a diffuse dense lymphocytic infiltrate surrounding appendage structures and extending into the subcutaneous fat. Every section had the same appearance and I could find nothing that looked like basal cell carcinoma. The patient actually had an undiagnosed lymphoma and the basal cell carcinoma on the surface was just a lead-in to a more serious problem.

Another memorable case that came to mind was the patient who in 1981 had a basal cell carcinoma removed from the right postauricular area in a university setting. In 1991, this tumor recurred and proved to be extensive and resulted in a combined operating session with a plastic surgeon. The plastic surgeon was incredulous at the aggressiveness of this tumor as the sections kept coming back positive. This infiltrating tumor progressed inward along the posterior auditory canal towards the stylomastoid foramen and around the main trunk of the facial nerve. A local head and neck surgeon did a subsequent radical resection with a wide cut out of the entire area including the mastoid and posterior and upper neck regions. There was a positive frozen section at the sternocleidomastoid attachment on the mastoid bone which led to a resection of the entire tip of the mastoid just short of the facial nerve. He was reconstructed with a rotational flap of the neck flap and a split skin graft. He did well postoperatively, he healed beautifully, his facial nerve was intact and he subsequently underwent a postoperative course of x-ray therapy to make sure there were no "hit and skip" areas of the basal cell. Now, 19 years later, he still comes to see us and continues to do well.

I will always appreciate the skill of superb head and neck surgeons and fine plastic surgeons and all the other colleagues that contribute to excellence in patient care. However, it is the histotech by my side in our Mohs lab who is the one who makes my job as a Mohs surgeon possible. Thank you.

Evelyn E. Vanderveen, MD
Fellow ACMS

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ASMH

PRESIDENT'S MESSAGE: BARBARA BECK, HT (ASCP)

Dear Colleagues:

By now I am sure you are gearing up for the summer!! Enjoy the beach, boating, swimming, and all summer sports. Be sure to wear your sunscreen and cover-up!! We all know what too much fun and sun can do in a short period of time!!

The ASMH 15th Annual Meeting recently took place in Austin, Texas. I want to thank those of you who were able to attend this year's meeting. It was a huge success! The Annual Meeting Planning Committee worked very hard to offer a comprehensive scientific program for this year's meeting. We had several guest speakers and again offered our hands-on workshops.

I want to extend a special thank you to Lab Vision, Belair Instruments, Statlab, and Cancer Diagnostics for generously donating several items that were crucial for the workshops. I would also like to thank the Annual Meeting exhibitors: Mohs Technical Consulting, Triangle Biomedical Sciences, Statlab Medical Products, Belair/Leica Microsystems, Mercedes Medical, IMEB, Inc., Brady Corporation, Cancer Diagnostics, Inc., cryoEMBEDDER, and Surgipath Medical Industries, Inc.

Mark your calendars! Planning is already underway for the 2010 ASMH 16th Annual Meeting April 30 – May 1 at the Marriot Marquis in New York, New York. The Annual Meeting Planning Committee will review topic and speaker suggestions received. If you have a topic you would like to see presented at the ASMH 16th Annual Meeting, please forward it to Katie Muellenbach, ASMH Executive Director at kmuellenbach@execinc.com. We need your support and input. The Society can only be as good as its supporters. Have a wonderful and Blessed summer.

All the best,

Barbara Beck, HT (ASCP),
ASMH President

LETTER FROM THE EDITOR:

-Kim Brock, HT (ASCP)

Greetings-

The last month flew by, but then May usually does. It's a busy time of year with recitals and dances and final exams and all our snow birds coming back to their northern homes. It seems like we were just in Austin. It was a fun destination. Did you get to see the bats come out from under the bridge? I really really enjoyed reconnecting with so many of you and getting to meet a lot of new people at the conference. I hope it was as fulfilling and stimulating for you as it was for me. I want to thank those of you who signed up for writing an article. I will be contacting you in the next month or so to see what you would like to write about and when you would like to have your article submitted.

Don't forget to check with your surgeons to see if they might like to contribute as well. I also really appreciate those of you who made suggestions for article topics you would like to see. We will try to match your suggestions up with someone willing and able to write on those topics.

Best wishes for a terrific summer,



Kim Brock

Advertise in the ASMH Newsletter!



The ASMH Newsletter is printed quarterly for distribution to Mohs histotechnicians and surgeons.

Each issue is also posted online as a PDF file at <http://www.mohscollege.org/ASMH.htm>

Go to this page or contact the **Katie Muellenbach** at **(414) 347-1103** for the advertising schedule and rates.

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Guidelines for Complimentary Career Corner Postings

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- The surgeon posting the position MUST be a member in good standing in the ACMS
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Boca Raton, Florida – Mohs histotech position for busy Mohs Surgery private practice. Licensed histotech preferred. Excellent pay. Part time or full time with great benefits (health insurance, paid vacation, 401K/profit sharing plan). Email resume to JMRUNNER@BELLSOUTH.NET or fax to (561) 368-0215.

REAGENT LABELING AND STORAGE

Marie Tudisco, HT and Barbara Strippoli, HT

Each institution or facility and state has their own guidelines for chemical storage and disposal. These general steps should put you on the right compliance track.

Consult first with your facility's manual for chemical hygiene, safety and infection control. Also check with your state or local fire department regarding storage and waste disposal.

Keep in mind that the reagents you choose can eliminate some of these requirements. Choose non-toxic, bio-degradable agents that can be discarded down the drain. Some Xylene substitutes are environmentally friendly but the downside is they are only compatible with mounting media of the same company.

Upon receipt, log chemicals in a log book with columns for reagent, quantity, manufacturer/vendor, received date, lot number, and expiration date. Do not include the opened date in this log. All chemicals require a locked, fire-rated cabinet. Corrosives such as acids cannot be stored with other chemicals. They require their own fire rated cabinet.

Solve this problem by using working solutions only (ready to pour) such as acid alcohol or Scott's Tap Water Substitute and Buffered

Formalin Substitute (BFS). Ninety-five percent alcohol used as the fixative, results in one less gallon of a formalin or BFS in the cabinet.

Never store beyond the capacity of the fire cabinet. Include the waste container when counting the gallons. Chemical waste containers can be labeled with a start date and labeled (mixable histology reagents): limonene, ethanol, hematoxylin, eosin dyes, etc.

Basic labeling of reagents should include the chemical name, manufacturer label, volume, primary hazard/warning, lot number and expiration date. Additionally, write the date received and the date opened on the bottle. Rotate chemicals as you would food in your pantry or refrigerator. Check bottles periodically and discard any expired chemicals.

Any secondary containers or working solutions made from stocks that are left out on the counter should be labeled with the full chemical name and percent, toxic or non-toxic and the expiration date.

Each one of these steps, be it labeling, usage, dating, storage, discarding will have to match your procedure manual or facilities manual exactly since the inspectors cross-reference this for discrepancies.

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Save the Date!

ASMH 16th Annual Meeting



ASMH



Marriot Marquis New York, NY • April 30-May 1, 2010



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