

Pathology

Perspectives



A publication of the Mississippi Association of Pathologists

Message from the President:

Colleagues,

It is an exciting time for our recently revived state pathology society as we work together to strengthen our specialty and our professional community. Pathology and laboratory medicine continues to stand at the center of modern medicine, but the landscape around us is changing rapidly.

Across the country, independent pathology groups are facing mounting financial pressures, consolidation, and increasing influence from large corporate organizations. In times like these, a strong state pathology society is more important than ever. Our collective voice allows us to advocate for our profession, support one another, share expertise, and ensure that pathologists remain physician leaders in patient care throughout our state. The future of pathology will be shaped not only by national organizations and health systems, but also by engaged local physicians willing to come together with a shared purpose. That is why growing and energizing our membership is one of our highest priorities this year. Whether you practice in an academic center, community hospital, independent group, or another role, this society exists to serve you. We want this organization to become a trusted forum for education, advocacy, mentorship, networking, and collaboration among pathologists at every career

**SUMMER
2026**

A LOOK INSIDE:

Letter from the
President
Page 1 & 2

Meet the Board
Page 2

Case Chronicles
Page 3

Upcoming Events
Page 4

Message from the President, continued

stage. I encourage each of you to invite colleagues, trainees, and partners to become involved. A thriving society depends on active participation, fresh perspectives, and a shared commitment to protecting and advancing our profession.

I also hope you will join us for our upcoming Pearls and Pitfalls conference in Flowood on August 22. This meeting will bring together outstanding speakers and colleagues from across the state and from out-of-state who will cover a wide range of topics including diagnostic pearls, legal pitfalls, advocacy, and technological advancements. In addition to excellent content, this conference will provide an important opportunity to reconnect, exchange ideas, and strengthen the relationships that will sustain our specialty in the years ahead. Please encourage your colleagues to attend, and I look forward to seeing many of you there!

Warmest regards,
Kathryn Brown, M.D.

Meet The Board



Dr. Brian Wilkinson
Secretary/Treasurer

A native of Meridian, Mississippi, Dr. Brian Wilkinson, after completing his medical training, returned to his hometown in 1996 to join his father in managing a private practice, serving East Central Mississippi and West Central Alabama.

In 2018, through relationships cultivated during residency, Dr. Wilkinson's group merged with Delta Pathology, a 40+ pathologist group based in Louisiana. This partnership allowed him to transition into a role as a "virtual" pathologist. He now utilizes digital pathology platforms to interpret cases for providers throughout Louisiana and New Mexico, embracing the flexibility to work remotely from locations around country and even the globe.

Outside of medicine, Dr. Wilkinson and his wife Francie have two children, Sadie and Eli, and a new grandson, Roman. Avid travelers and Ole Miss fans, they enjoy attending university events and vacationing with family and friends.

Dr. Wilkinson encourages Mississippi, Louisiana, and Alabama pathologists to support and participate in as many of their State Pathology Associations' activities as possible. This our main opportunity for networking, encouraging entry into our field, and sometimes aiding in political issues.

Dr. Wilkinson completed his residency in Anatomic and Clinical Pathology at the University of Tennessee/Baptist Memorial Hospital in Memphis following a surgical internship at LSUMC Shreveport. He earned his medical degree from the UAB School of Medicine and undergraduate degree at Millsaps College.

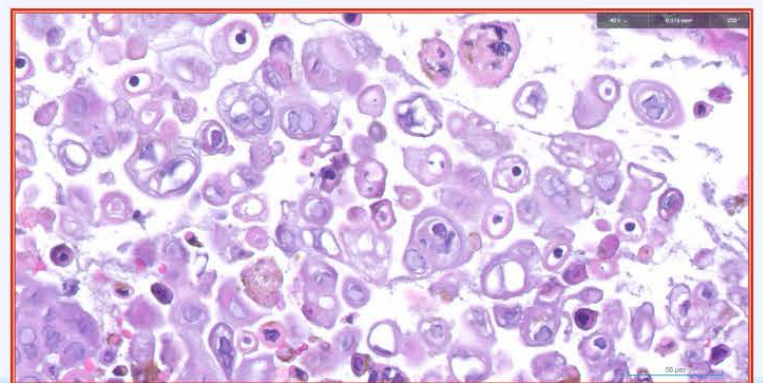
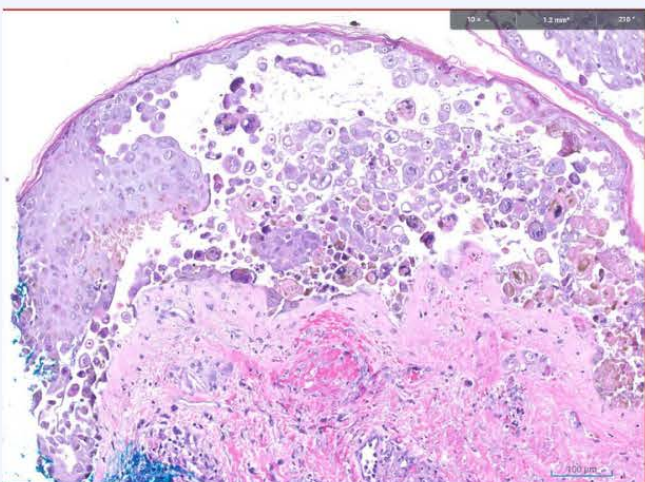
Case Chronicles

An Interesting Case

Presented by
Rhea Arora MS, Ariel R. Velasquez-Evers
MD, Georgia G. Hughey MD, Robert T.
Brodell MD Amy E. Flischel MD

A 68-year-old African American male was admitted for acute hypoxemic respiratory failure and sepsis secondary to multidrug-resistant organisms (MDRO). He had a long history of multiple medical comorbidities, including a seizure disorder treated with levetiracetam for 14 years. Treatment was initiated with vancomycin and meropenem to cover MDRO. Eleven days after admission, widespread, tender blisters appeared over the trunk and extremities. A positive Nikolsky sign was present adjacent to broad areas of blistering on the back, but was negative elsewhere on the body. Importantly, the denuded base of blisters was white. A diagnosis of toxic epidermal necrolysis (TEN) was initially favored given the history of antiepileptic treatment, recent antibiotics, and widespread tender blistering, though no mucosal involvement was present. PCR testing of blister fluid demonstrated Varicella zoster virus (VZV). A hematoxylin and eosin-stained punch biopsy revealed keratinocytes with steel-grey colored nuclei and margination of chromatin at the rim; eosinophilic nuclear inclusions surrounded by a clear halo, acantholysis, and multinucleated giant cells. Dyskeratosis in some areas eventuated in full-thickness epidermal necrosis in other portions of the biopsy specimen. The diagnosis of disseminated Herpes zoster (DHZ) infection was made. Treatment with IV acyclovir was initiated. Unfortunately, the patient ultimately succumbed to multisystem organ failure.

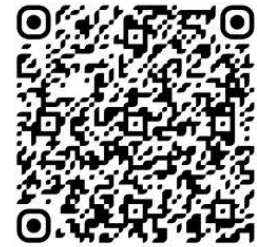
In summary, a correct diagnosis, as early as possible in the course of a widespread blistering process, is crucial since the treatment and prognosis of these conditions are quite different. It should not be assumed that widespread, tender blisters with a positive Nikolsky sign and a white blister base which are typical of dermal-epidermal blistering process confirms the diagnosis of TEN since severe DHZ with dyskeratosis eventuating in complete epidermal necrosis causes these identical findings. Of course, classic histopathologic features and viral culture or PCR from blister fluid will be diagnostic in DHZ.



**Do you have an interesting or unusual case? Share it in a future newsletter!
Send to: sjohnson@medicalbureau.net**

UPCOMING EVENTS

**2nd Annual
Pearls & Pitfalls for Pathologists
MAP/UMMC
August 22, 2026
Sheraton Flowood The Refuge
Flowood, Mississippi**



**2026 Tri-State Pathology Conference
Alabama Association of Pathologists
October 24-25, 2026
Perdido Beach Resort
Orange Beach, Alabama**

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Arts & Letters

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