FINAL DIAGNOSIS

- A) Vertebral column, cervical region, laminectomy: -Chordoma
- B) Vertebral column, cervical region, laminectomy: -Chordoma
- C) Vertebral column, cervical region, laminectomy: -Chordoma
- D) Vertebral column, cervical region, laminectomy: -Chordoma

(155 M)

SYNOPTIC REPORT

History of Previous Tumor/Familial Syndrome: None

Specimen Type/Procedure:

Partial resection

Specimen Handling: Frozen section Routine permanent paraffin sections CBTTC

Specimen Size:
Please refer to gross examination

Laterality: N/A

Tumor Site:

Cervical region of vertebral column/spinal cord

Histologic Type and Grade: Chordoma

Other: chordong Spngl cord - cervical

SYNOPTIC REPORT

(Continued)

Histologic Grade: Grading does not apply

MEDICAL HISTORY

DOCTOR'S NAME:

PRE-OP DX: CERVICAL TUMOR

POST-OP DX: SAA

PROCEDURE: CERVICAL LAMINECTOMY AND RESECTION OF TUMOR WITH POSTERIOR

CENTRAL FUSION

HISTORY: 13 YEAR OLD FEMALE WITH CERVICAL SPINE TUMOR DIAGNOSED ON

; NECK PAIN SINCE

TISSUES

- A. CERVICAL SPINAL CORD, NOS CERVICAL SPINE TUMOR,
- B. CERVICAL SPINAL CORD, NOS CERVICAL SPINE TUMOR,
- C. CERVICAL SPINAL CORD, NOS CERVICAL SPINE TUMOR,
- D. CERVICAL SPINAL CORD, NOS CERVICAL SPINE TUMOR

GROSS DESCRIPTION

- A. The specimen is received fresh in a container labeled with the patient's name, medical record number and designated "cervical spine tumor". It consists of a 0.8 x 0.6 x 0.3 cm aggregate of tan-red gelatinous soft tissue. A portion is submitted for frozen section evaluation. The frozen section remnant is submitted in cassette FSA. The remainder of the tissue submitted in cassette A.
- B. The specimen is received fresh in a container labeled with the patient's name, medical record number and designated "cervical spine tumor". It consists of a 0.8 x 0.6 x 0.3 cm aggregate of tan-red gelatinous soft tissue. A portion is submitted for frozen section evaluation. The frozen section remnant is submitted in cassette FSB. Within this aggregate there is a 0.3 x 0.3 x 0.3 cm tan-yellow mucoid fragment. A minute portion is submitted for squash. The remainder of the tissue is submitted in cassettes B1 and B2, including the mucoid fragment.
- C. The specimen is received fresh in a container labeled with the patient's name, medical record number and designated "cervical spine tumor". It consists of a 2.0 x 1.0 x 0.3 cm aggregate of pink-tan to red-tan gelatinous soft tissue and blood clot. Representative sections are submitted in cassette C and the rest is submitted according to the CBTTC protocol.
- D. The specimen is received fresh in a container labeled with the patient's name, medical record number and designated "spinal tumor". It

GROSS DESCRIPTION

(Continued)

consists of a 2.5 \times 2.0 \times 0.3 cm aggregate of pink-tan to red tan gelatinous soft tissue and blood clot. Representative sections are submitted in cassette D and the rest is submitted according to the CBTTC protocol.

Blood and tissue is submitted for the CBTTC study.

FROZEN SECTION DIAGNOSIS

- A. LOW GRADE TUMOR; DEFERRED TO PERMANENT.
- B. MYXOID NEOPLASM, POSSIBLE CHORDOMA.

MICROSCOPIC DESCRIPTION

Microscopic examination was performed on H&E stained sections and additional sections (from blocks B1, B2 and C) stained with immunoperoxidase methods for S-100, EMA, and pancytokeratin (CK).

Microscopic sections demonstrate a tumor composed of lobules separated by dense collagen.

The neoplastic cells are epithelial in appearance and strung out in rows and cords within a mucoid matrix. The cytologic appearance varies from nonvacuolated eosinophilic cytoplasm, through one containing a single vacuoles or multiple vacuoles with bubbly cytoplasm (physaliphorous cells). The cells are positive for EMA, cytokeratin and S-100. There are no mitoses.

