

ICD-0-3

Carcinoma, infiltrating lobular, NOS 8520/3

Pth Site Code: breast, upper outer quadrant C50.4

CQCF: Breast NOS C50.9

1/17/11

lu

Patient:

# Surgical Pathology: Final

## Surg Path

UUID:12C64846-1CB3-42E4-B307-54C7AD12F530  
TCGA-B6-A0IH-01A-PR

Redacted



### CLINICAL HISTORY:

S/P adenocarcinoma. Invasive adeno carcinoma of breast.

### GROSS EXAMINATION:

A. "Left breast biopsy (AF1)", in formalin. The specimen consists of an irregular ovoid fragment of firm pink and yellow-tan tissue measuring 2 x 1.5 x 0.8 cm in greatest dimension. A portion of the specimen has been previously submitted as frozen section AF1, and portion of tissue has been previously submitted for ER/PR evaluation. The frozen section remnant is submitted in Block A1 and the remaining tissue is sectioned and submitted in Block A2.

B. "Left breast", fresh. The specimen is a 500 gram, 35.5 x 16 x 5.5 cm in aggregate dimension less mastectomy specimen and attached axillary dissection. The breast measures approximately 24 x 15.5 x 5.5 cm. The skin ellipse is 18.7 x 10.4 cm. The nipple is slightly atypical located on the skin surface away from the axillary tail. The nipple is 1.4 cm in diameter and is slightly depressed and surrounding areola is 4 cm in diameter. The tip of skin ellipse closes to the axillary dissection (upper outer quadrant) exhibit a recent sutured skin excision which is 4.5 cm long and is 2.7 cm from the superior upper outer surgical margin. The skin also exhibit three small purple-brown circumscribed lesion measuring from 0.1 cm to 0.2 cm in greatest dimension scattered in several areas over the surface. The surgical margin are marked with blue ink. The deep surface opposite the previously described suture excision on the skin surface exhibits a focal area of suture material which closes a 2.1 cm defect in the deep surface. This defect communicates with the biopsy cavity. The margin in this area is inked carefully. Sectioning reveals the biopsy cavity is approximately 2.5 x 2 x 1.5 cm in greatest dimension and is hemorrhagic. Surrounding the biopsy cavity is a firm, poorly demarcated tan, slightly gritty mass which is 6.2 x approximately 4 x 2.7 cm in greatest dimension. This is well demarcated from the surrounding adipose tissue in the outer quadrant, however, but extends toward the center of the specimen it becomes less easily demarcated. The breast tissue of the remainder of the specimen is firm, fibrotic with multiple cystic structures measuring up to 1 cm in greatest dimension and filled with gray-green fluid is a second relatively circumscribed area of soft pink-tan tissue which bulges above the cut surfaces and measures 3 x 2.5 x 1.5 cm in greatest dimension. This is located more centrally but in the lower outer quadrant. The larger firm mass surrounding the biopsy cavity to within approximately 0.5 cm of the surgical margin but the fibroadipose tissue on the deep surface is easily clear over the lesions. Tumor extends to within 1.5 cm of the superior surgical margin.

### BLOCK SUMMARY:

- B1-B2- representative sections of mass and adjacent biopsy cavity.
- B3-B5- representative sections of tumor and adjacent deep surgical margin.
- B6-B7- representative sections of superior surgical margin closest to tumor..
- B8- representative section of nipple.
- B9- representative section of skin and subcutaneous tissue at surgical incision.
- B10- representative section of soft, tan, demarcated lesion in the lower outer quadrant.
- B11- representative section through a firm area of breast tissue grossly separate from the main lesion by approximately 2 cm also near the lower outer quadrant.
- B12- representative section of dense and cystic otherwise unremarkable breast tissue from the upper outer quadrant.
- B13- representative section of breast tissue from lower outer quadrant.

Criteria	
Diagnosis Discrepancy	
Primary/Target Site Discrepancy	
ICD/A Discrepancy	
Prior Malignancy History	
Dual/Synchronous Primary	
Case is Study	
Reviewed/Revised	
Signature	
Date	
Yes	
No	

B14- representative section of dense breast tissue from upper inner quadrant.  
B15- representative section of dense breast tissue from lower inner quadrant.  
B16- representative section of breast tissue from beneath the nipple.  
B17- representative section from small skin lesion.

The axillary dissection is approximately 13 x 10 x 2 cm in greatest dimension. The specimen is divided into the usual three levels and examined for lymph node candidates. There are numerous lymph node each of three levels. The lymph nodes measures up to 4 cm in greatest dimension. This largest lymph node is located in level I. Sectioning through this largest lymph node reveals that is appears to be completely replaced by adipose tissue.

BLOCK SUMMARY:

B18-B21- lymph nodes from level I as follows:

B18- representative section of largest lymph node.  
B19- two bisected lymph node, one inked blue.  
B20- one bisected lymph node.  
B21- one bisected lymph node.

B22-B25- lymph nodes from level II as follows:

B22- five intact lymph node candidates.  
B23- one bisected lymph node candidate.  
B24-B25- one bisected lymph node candidate (one lymph node total in Block B24-B25).

B26-B30 lymph node candidates from level III as follows:

B26- eight lymph node candidates.  
B27- two bisected lymph node candidates, one ink blue.  
B28- three intact lymph node candidates.  
B29- one bisected lymph node candidate.  
B30- one bisected lymph node candidate.

for Dr.

INTRA OPERATIVE CONSULTATION:

A. "Left breast biopsy": AF1- infiltrating carcinoma

DIAGNOSIS:

A. "LEFT BREAST BIOPSY":

INFILTRATING CARCINOMA.

B. "LEFT BREAST":

EXTENSIVE INFILTRATING LOBULAR CARCINOMA (GREATEST DIMENSION IN EXCESS OF 6 CM). SEE COMMENT.

METASTATIC CARCINOMA PRESENT IN TWENTY FIVE OF TWENTY SEVEN (25/27) AXILLARY LYMPH NODES. SEE COMMENT.

INFILTRATING CARCINOMA EXTENDS INTO SECTIONS OF LACTIFEROUS DUCT AND NIPPLE AS WELL AS RANDOM SECTIONS OF BREAST QUADRANT. SEE COMMENT.

ALL SURGICAL MARGINS APPEAR FREE OF INVOLVEMENT.

COMMENT: Because of the multifocal and extensive nature of the tumor, exact measurement are difficult to assess.

Immunohistochemical staining for keratin on each block of lymphoid tissue reveals extensive infiltration of most lymph nodes. There does not appear to be associated extracapsular extension.

Verified by:

Date