

SURGICAL PATHOLOGY REPORT

PATIENT:	Davis, Evelyn M.	MRN:	CCI5432198
ACCESSION:	S24-5010	DOB:	10/01/1959
ATTENDING PHYSICIAN:	Dr. Anita Sharma (Gynecologic Oncology)	RECEIVED:	04/19/2024
SEX:	Female	REPORTED:	04/23/2024

SPECIMEN(S) SUBMITTED:

- A. "Omentum"
- B. "Right tube and ovary"
- C. "Left tube and ovary and uterus"
- D. "Sigmoid colon"

CLINICAL HISTORY:

Pelvic organ prolapse, bilateral adnexal masses. Suspected ovarian malignancy.

FINAL DIAGNOSIS:

A. OMENTUM, BIOPSY:

- METASTATIC ADENOCARCINOMA, involving omental tissue. (Morphologically consistent with high-grade serous carcinoma identified in B/C).

B. RIGHT OVARY AND FALLOPIAN TUBE, SALPINGO-OOPHORECTOMY:

- POORLY-DIFFERENTIATED SEROUS ADENOCARCINOMA OF OVARY.
- Tumor size 8.5 cm.
- Tumor involves ovarian surface.
- Tumor implants extensively involve fallopian tube.

C. UTERUS, CERVIX (implied), LEFT OVARY AND FALLOPIAN TUBE, HYSTERECTOMY AND SALPINGO-OOPHORECTOMY:

- POORLY-DIFFERENTIATED SEROUS ADENOCARCINOMA INVOLVING OVARIAN HILUM AND UTERINE SEROSA.

- Endometrium with cystic atrophy.

- Myometrium with leiomyoma (1.9 cm).

- Cervix: Not identified grossly or microscopically in submitted sections.

- Fallopian tube, Left: Negative for carcinoma. (*Per text in diagnosis C*)

D. SIGMOID COLON, SEGMENTAL RESECTION:

- Segment of colon (8 cm), with SEROSAL IMPLANT OF METASTATIC ADENOCARCINOMA.

- Margins negative.

NOTE:

The findings represent widespread metastatic poorly differentiated serous adenocarcinoma, consistent with a primary ovarian origin.

GROSS EXAMINATION:

A. "Omentum", received fresh. A 25 x 17 x 7 cm aggregate of firm, matted adipose and fibrous tissue with scabrous yellow tan cut surfaces. Representative sections are submitted as Blocks A1-A2.

B. "Right tube and ovary", received fresh. A 59.4 gram, 8.5 x 5.2 x 3.5 cm friable tan-pink mass with an identifiable 6.5 cm length of tube and focally adherent fat. One nodule is adjacent to the fimbriated end of the tube. Sectioning reveals predominantly compact yellow gray cut surfaces and peripheral cyst like formation lined by granular friable surfaces (B3).

Representative sections to include fallopian tubes are submitted as Blocks B1-B3.

C. "Left tube and ovary and uterus", received fresh. A 62.2 gram portion of tissue composed of 5.4 x 4.5 x 3.5 cm uterine body with attached 6.5 cm length of fallopian tube and adjacent 3.5 x 2.5 x 1.0 cm ovary. No cervix is identified. The serosa is markedly nodular with a friable tan-gray mass extending onto the fallopian tube and ovarian serosa. The endometrium is granular tan-pink and less than 0.1 cm in thickness. The myometrium is 1.5 cm in thickness and contains a 1.9 cm circumscribed firm yellow intramural nodule and a focally calcified 1.5 cm diameter subserosal nodule. Sectioning the ovary reveals a compact whorled cut surface adjacent to the friable external nodules. BLOCK SUMMARY: C1- posterior endomyometrium toward lower uterine segment. C2- anterior lower uterine segment. C3- anterior endomyometrium with intramural fibroids and serosal nodules. C4- left fallopian tube. C5- left ovary.

D. "Sigmoid colon", received fresh. An 8 cm segment of unoriented bowel with two stapled ends and multiple adherent friable red-tan nodules and matted adipose. The bowel segment is

opened to reveal a tan velvety mucosa with no lesions identified. Sectioning reveals the friable external mass to encase the segment of bowel. Representative sections are submitted as Blocks D1-D2.

MICROSCOPIC DESCRIPTION:

Sections from ovary, tube, uterus serosa, omentum, and colon serosa show infiltration by poorly differentiated adenocarcinoma with serous features (papillary architecture, high-grade nuclei, psammoma bodies may be present). Tumor involves sites as detailed in diagnosis. Endometrium is atrophic. Myometrium contains leiomyomas. Colon mucosa unremarkable. Left fallopian tube sections (C4) show no evidence of carcinoma.

Electronically Signed: Dr. Sarah Miller, MD | **Date/Time:** 23/04/2024 10:00h