

Office located at McKee Medical Center

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C. Pizzi, MD

#### **ABNORMAL**

## SURGICAL PATHOLOGY REPORT

Patient: DUHRING, FRANK

Med Rec#: **1247695** PV: **00100931823** DOB: **11/11/1965** Age: **54** Sex: **M** 

Physician(s):

GILL SARVJIT MD MCKEE MEDICAL CENTER

Accession #: 12121670
Date Collected: 06/29/2020

Date Received: 06/29/2020

Date Reported: **07/02/2020** 

Test Requested: McKee Surgical Result ID: MS20-01088

#### **FINAL DIAGNOSIS:**

# A) LYMPH NODES, RIGHT NECK LEVELS 2, 3 AND 4, REGIONAL DISSECTION:

- 1. ONE OF FORTY-ONE LYMPH NODES POSITIVE FOR METASTATIC POORLY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA (1/41).
- 2. METASTATIC SQUAMOUS CELL CARCINOMA IS 4.1 cm.
- 3. EXTRACAPSULAR EXTENSION OF CARCINOMA IS IDENTIFIED IN THE POSITIVE LYMPH NODE.
- 4. NECK DISSECTION LEVELS ARE INVOLVED AS FOLLOWS:
- LEVEL II: ONE OF FOURTEEN LYMPH NODES POSITIVE FOR CARCINOMA (1/14)
- LEVEL III: TWELVE LYMPH NODES NEGATIVE FOR CARCINOMA (0/12)
- LEVEL IV: FIFTEEN LYMPH NODES NEGATIVE FOR CARCINOMA (0/15)

## B) TONSIL, RIGHT, TONSILLECTOMY:

# HUMAN PAPILLOMAVIRUS (HPV)-MEDIATED SQUAMOUS CELL CARCINOMA

PROCEDURE: TONSILLECTOMY AND RIGHT NECK DISSECTION.

TUMOR SITE: OROPHARYNX, RIGHT PALATINE TONSIL.

TUMOR LATERALITY: RIGHT. TUMOR FOCALITY: UNIFOCAL. TUMOR SIZE: 2.0 x 1.8 x 1.3 cm.

HISTOLOGIC TYPE: HUMAN PAPILLOMAVIRUS (HPV)-MEDIATED (POSITIVE) SQUAMOUS CELL

CARCINOMA.

HISTOLOGIC GRADE: G3, POORLY-DIFFERENTIATED.

MARGINS: UNINVOLVED BY INVASIVE TUMOR.

- CLOSEST MARGIN: DEEP, AT 1 mm.

LYMPH-VASCULAR INVASION: NOT IDENTIFIED.

PERINEURAL INVASION: NOT IDENTIFIED.

REGIONAL LYMPH NODES (INFORMATION FROM PART A):

- NUMBER OF LYMPH NODES INVOLVED: 1.
- NUMBER OF LYMPH NODES EXAMINED: 41.
- LATERALITY OF LYMPH NODE INVOLVED: IPSILATERAL.
- SIZE OF LARGEST METASTATIC DEPOSIT: 4.1 cm.
- EXTRANODAL EXTENSION: PRESENT.
  - DISTANCE FROM LYMPH NODE CAPSULE: 1 mm, ENEmi.

PATHOLOGIC STAGE: pT1, pN1.

DISTANT METASTASIS: CLINICAL CORRELATION REQUIRED.

ANCILLARY STUDIES: TUMOR IS POSITIVE FOR p16, WITH STRONG, BLOCK-LIKE STAINING.

#### C) TONSIL, RIGHT, MEDIAL MARGIN, BIOPSY:

SQUAMOUS MUCOSA-LINED TISSUE WITH NO HIGH-GRADE DYSPLASIA OR CARCINOMA IDENTIFIED.



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#### TONSIL, LEFT, TONSILLECTOMY: D)

TONSIL WITH REACTIVE LYMPHOID HYPERPLASIA; NO HIGH-GRADE DYSPLASIA OR CARCINOMA IDENTIFIED.

## COMMENT:

If ancillary testing is requested, block B4 or B5 would be appropriate.

Dr. Bee has reviewed parts B-D and concurs with the above diagnoses.

Carrie Pizzi, MD Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Christopher Bee, MD

Clinical History: Right neck mass.

#### **GROSS DESCRIPTION:**

Received in a formalin filled bottle/container, which has been verified to belong to patient: DUHRING, FRANK and labeled "A right neck dissection level 2, 3, 4" is a  $15.3 \times 6.7 \times 2.8$  cm yellow-pink, lobulated irregular soft tissue with orienting sutures (2 long = level 2, 1 long = level 1). The specimen is divided into levels 2, 3 and 4. Sectioning of level 4 reveals multiple (approximately 14) tan pink possible lymph nodes, ranging from 0.2 cm to 4.1 cm. The largest lymph node is  $4.1 \times 3.5 \times 3.0$  cm. Sectioning of this lymph node reveals a tan pink centrally red solid soft cut surface. Sectioning A) of level 3 reveals multiple (approximately 13) tan red possible nodes, ranging from 0.3 cm to 1.2 cm. Sectioning of level IV revealed multiple (approximately 15) tan-pink possible lymph nodes, ranging from 0.2 cm to 1.0 cm. All possible embedded tissue submitted its entirety as follows:

Cassette Summary:

A1: Level II - 7 lymph nodes, intact A2: Level II - 4 lymph nodes, intact A3: Level II - 2 lymph nodes, intact

A4-A16: Level II - 1 lymph node, serially sectioned A17: Level III - 4 lymph nodes, intact A18: Level III - 5 lymph nodes, intact A19: Level III - 4 lymph nodes, intact A20: Level IV - 6 lymph nodes, intact

A21: Level IV - 5 lymph nodes, intact

A22: Level IV - 4 lymph nodes, intact

B) Received fresh, which has been verified to belong to patient: DUHRING, FRANK and labeled "B Right tonsil" is a 6 g, 6.4 x 2.5 x 1.7 cm tonsil, with a suture at one edge designating the superior lateral margin. Per the prosector the sutured edge will be designated as 12 o'clock. The mucosal surface is involved by 1.4 x 1.1 cm tan yellow well-circumscribed nodule, 1.0 cm from the nearest radial margin (4 o'clock). The specimen was inked (12-3-6 o'clock half = blue, 6-9-12 o'clock half = orange) and the specimen is serially sectioned from 12 o'clock to 6 o'clock. Sectioning reveals a 2.0 x 1.8 x 1.3 cm tan pink firm mass, which correlates with the aforementioned nodule involving the surface. This nodule is 0.1 cm from the deep resected margin (blue). A representative cross section of the lesion is submitted for frozen section analysis. The remaining cut surfaces are pink & soft. The specimen is submitted in its entirety as follows: Cassette Summary:

FSB1: Frozen section remnant, right tonsil lesion



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B2: 12 o'clock end

B3-B6: Body of tonsil including lesion

B7: 6 o'clock end

- Received fresh, which has been verified to belong to patient: DUHRING, FRANK and labeled "C right medial tonsil margin"Is a 0.5 x 0.4 x 0.4 cm irregular red soft tissue. The specimen is submitted in toto for frozen section analysis. The frozen section remnant is submitted in block FSC1.
- Received fresh, which has been verified to belong to patient: DUHRING, FRANK and labeled "D-left tonsil" is a 3 g, 2.1 x D) 1.4 x 1.2 cm left tonsillectomy specimen. The resected margin is inked black and the specimen is serially sectioned to reveal a tan, crypt-like architecture. A representative cross-section is submitted for frozen section analysis. The specimen is submitted in its entirety as follows: Cassette Summary:

FSD1: Frozen section remnant, left tonsil cross-section

D2-D3: Remainder of tonsil, sequentially

#### **INTRAOPERATIVE CONSULT DIAGNOSIS:**

- B) Frozen: FSB) Margins negative for carcinoma on representative section. 1506 on 6/29/2020 [performed by Carrie Pizzi, MD]
- C) Frozen: FSC) No carcinoma identified. 1506 on 6/29/2020 [performed by Carrie Pizzi, MD]
- Frozen: FSD) Representative sections shows reactive lymphoid hyperplasia and no carcinoma. 1512 on 6/29/2020 D) [performed by Carrie Pizzi, MD]

## MICROSCOPIC DESCRIPTION:

- 22 blocks, 1 slide examined each block. Recut slide is examined from block A3. A)
- Reviewed are 3 cryostat slides from intraoperative consultation. 7 blocks, 1 slide examined each block. Immunostains B) are performed on block B4 in order to further characterize the carcinoma. The carcinoma is positive for cytokeratin 5/6 and p63. The carcinoma is positive for p16 with strong, block-like staining, consistent with an HPV-mediated squamous cell carcinoma of the oropharynx. Immunostain for cytokeratin 5/6 is performed on block B7 and is negative in the focus of interest, confirming the negative margin. Controls stain appropriately.
- C) Reviewed are 2 cryostat slides from intraoperative consultation. 1 block, 1 slide examined.
- D) Reviewed are 2 cryostat slides from intraoperative consultation. 3 blocks, 1 slide examined each block.

NOTE: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code(s): 88341 x2, 88331 x3, 88305, 88304, 88309, 88342, 88307

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538



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