

## SPECIMEN

- A. Sigmoid colon
- B. Left tube and ovary
- C. Right tube and ovary
- D. Appendix

## CLINICAL NOTES

PRE-OP DIAGNOSIS: Sigmoid colon.

# GROSS DESCRIPTION

A. Received fresh, subsequently fixed in formalin, labeled "sigmoid colon" is a 13.5 cm. long portion of colon which is opened at both ends. The ends are arbitrarily inked blue and black. The serosa is pink-tan smooth glistening and shows a scabrous

surface located 5 cm. from the black-inked margins. This scabrous focus is inked blue. The specimen is opened to show a pink-tan smooth glistening mucosa with normal to abundant folds having an average circumference of 4 cm. There is an ulcerated lesion located 3 cm. from the black-inked end which is circumferential and is 5.5

 $4.5 \times 1.2$  cm. There is also a pedunculated polyp measuring 1.5 cm. located 6 cm. from the blue-inked end. This appears to show no additional invasion grossly identified. The large ulcerated lesion shows invasion through the muscularis propria and possibly into the fat coming within 7 cm. of the radial margin. Subjacent lymph nodes, however, are firm and indurated. The remainder of the osa

is pink-tan with normal to abundant folds. Representative sections of the specimen are submitted as follows:

BLOCK SUMMARY: 1 - representative luminal margins; 2-4 - representative section of tumor, normal and fat; 5 - representative radial margins; 6 - entire pedunculated polyp with base; 7 - 9 possible lymph nodes; 8 - 9 possible lymph nodes; 9 - 9 possible lymph nodes; 10 - 9 possible lymph nodes; 11 - 2 possible lymph nodes; 12 - 1 possible lymph node bisected; 13 - 1 possible lymph



## GROSS DESCRIPTION

0.5

node sectioned; 14 and 15 - representative sections of largest mottled lymph node. RS-15

B. Received fresh, subsequently fixed in formalin, labeled "left tube and ovary" is a  $3.3 \times 3.0 \times 2.5$  cm. cystic and cerebriform ovary. This is attached to a  $4.0 \times 0.5$  cm. fimbriated fallopian tube having a 2.0 cm. paratubal cyst. The cyst is partially filled with clear fluid and shows no papillary excresences

present. The ovarian cyst is 1.2 cm. with no papillary excresences present. No other discrete gross lesions are identified. Representative sections of the specimen are submitted four cassettes. RS-4.

- C. Received fresh, subsequently fixed in formalin, labeled "right tube and ovary" is a 2.5 x 2.2 x 1.7 cm. pink tan cerebriform ovary which has a fimbriated fallopian tube measuring 4.0 x 0.7 cm. The specimen has a paratubal cyst measuring 1.2 x 0.7 cm. It is partially filled with clear fluid, shows no papillary excresences present. The ovary is sectioned to show a white tan mottled cut surface with no discrete gross lesions identified. Representative sections of the specimen are submitted four cassettes. RS-4.
  - D. Received in formalin, labeled "appendix" is a 7.2 x

cm. appendix which is partially covered with pink-tan smooth glistening serosa and yellow lobular fat. The specimen is sectioned to show an intact wall averaging 0.3 cm. No other discrete gross lesions are identified. Representative sections of the specimen are submitted in one cassette. RS-1. Proximal end is inked blue.



## MICROSCOPIC DESCRIPTION

Histologic type: Adenocarcinoma

Histologic grade: Moderately-differentiated

Primary tumor (pT3): Carcinoma is into and through the muscularis

propria, into the subserosal fat.

Proximal/distal/radial margins: Negative.

Vascular invasion: Present.

Regional lymph nodes (pN): Metastatic carcinoma in 5 of 24 lymph nodes (5/24).

Non-lymph node pericolonic tumor: Not identified.

Other findings: Tubular adenoma; unremarkable appendix and fallopian tubes; bilateral adnexal cysts and ovarian follicular cysts.

5, 3x2, 1

# DIAGNOSIS

A. Colon, sigmoid, segmental resection:

Adenocarcinoma, moderately-differentiated, extending into and through the muscularis propria (pT3).

Margins of excision negative.

Metastatic carcinoma in 5 of 24 lymph nodes (5/24).

B. Ovary and fallopian tube, left, salpingo-oophorectomy:

Simple adnexal cyst.

Corpus luteal cyst.

Unremarkable fallopian tube.

C. Ovary and fallopian tube, right, salpingo-oophorectomy:

Simple adnexal cyst.

Ovarian follicular cyst

Unremarkable fallopian tube.

D. Appendix, incidental appendectomy:

No specific pathologic abnormality.

