

PATIENT HISTORY:

The patient is a [REDACTED] three or more mets involving liver. Bilateral renal masses which are solid and cystic. Previous cerebral vascular accident with history of hypertension.

PRE OP DIAGNOSIS: Colon cancer.

POST OP DIAGNOSIS: Same.

PROCEDURE: Liver biopsy, right hemicolectomy, open cholecystectomy, intraoperative ultrasound, right nephrectomy.

ADDENDA:

Addendum

Fluorescent in situ hybridization studies have been performed on the poorly differentiated colonic adenocarcinoma. The ratio of HER-2/neu to the centromere of chromosome 17 is 1.70, indicating low level HER-2/neu amplification in the targeted region.

Her2/neu amplification may help in identifying those patients likely to experience shorter survival when considered together with other major risk factors.

FINAL DIAGNOSIS:

PART 1: LIVER, BIOPSY -

METASTATIC MUCINOUS ADENOCARCINOMA, CONSISTENT WITH PATIENT'S COLON PRIMARY (see comment).

PART 2: GALLBLADDER, CHOLECYSTECTOMY -

GALLBLADDER WITH CHRONIC CHOLECYSTITIS.

PART 3: KIDNEY, RIGHT, EXCISION OF MASS -

- A. MULTIPLE RENAL CORTICAL CYSTS WITH ASSOCIATED HEMORRHAGE AND ORGANIZING HEMATOMA.
- B. NO EVIDENCE OF MALIGNANCY.

PART 4: COLON, RIGHT HEMICOLECTOMY -

- A. INVASIVE POORLY DIFFERENTIATED ADENOCARCINOMA WITH AREAS OF MUCINOUS DIFFERENTIATION (see comment).
- B. THE CARCINOMA SHOWS INVASION THROUGH MUSCULARIS PROPRIA AND INTO SEROSAL ADIPOSE TISSUE.
- C. METASTATIC ADENOCARCINOMA IS PRESENT WITHIN ONE OF TEN LYMPH NODES, 4.0 CM, WITH FOCAL EXTRACAPSULAR EXTENSION.
- D. ALL EXAMINED RESECTION MARGINS ARE FREE OF TUMOR.
- E. STAGE: T4 N1 M1, DUKE C, ASTLER COLLIER C2.
- F. APPENDIX WITH NO SIGNIFICANT PATHOLOGIC CHANGE.

COMMENT:

Much of this tumor is a well differentiated adenocarcinoma, and the pericolic lymph node metastasis from part 4 is of this pattern. However, some of the deeply invasive tumor is mucinous, and this pattern is present in the liver biopsy.

Trichrome and PAS stains were performed on the liver biopsy (part 1). The trichrome stain highlights desmoplastic fibrosis within the metastatic carcinoma. The PAS stain highlights intracellular and extracellular mucin within the metastatic carcinoma.

SYNOPTIC - PRIMARY COLON AND RECTAL TUMORS

- A. Location: 2
1. Ileocecal Region
2. Ascending Colon
3. Transverse Colon
4. Descending Colon
5. Sigmoid Colon
6. Rectum
- B. Procedure: 1
1. Segmental Colectomy
2. Total Colectomy
3. Other
- C. Size of Tumor (maximum dimension): 6.5 cm
- D. Type: 1
1. Adenocarcinoma, NOS
2. Adenocarcinoma arising in a background of an adenoma.
3. Adenocarcinoma arising in a background of inflammatory bowel disease
4. Adenosquamous carcinoma
5. Carcinoid Tumor (Neuroendocrine Tumor)
6. Mucinous Adenocarcinoma
7. Signet ring cell type Adenocarcinoma
8. Neuroendocrine Carcinoma
9. Squamous Cell Carcinoma
10. Undifferentiated Carcinoma
11. Sarcoma
12. Smooth Muscle Tumor
13. Gastrointestinal stromal tumor
14. Lymphoma
15. Other
- E. Grade: 3
1. Well differentiated
2. Moderately differentiated
3. Poorly differentiated
- F. Extent of Infiltration: 4
1. Limited to the mucosa
2. Into submucosa
3. Involving muscularis propria
4. Infiltrating through muscularis propria into serosal adipose tissue
5. Involving adjacent organs/ pelvic wall
- G. Angiolymphatic Invasion: 1
1. Yes
2. No
- H. Surgical Margins Involved: 2
1. Yes
2. No
- I. Regional Lymph Node Involvement: 1
1. Yes
2. No
- J. If regional lymph nodes involved, Number positive/number examined: 1/10.
- K. Extracapsular spread : 1
1. Yes
2. No.
- L. Associated conditions: # / # / # / #
1. Ulcerative colitis.
2. Crohn's Disease.
3. History/ presence of adenomatous polyps.
4. Multiple polyposis syndromes.
5. Diverticulosis.
- M. TNM Stage: T4 N1 M1
- N. Dukes' Stage: 3
1. A (limited to mucosa and muscularis)
2. B (through muscularis into subserosa)
3. C (through subserosa and involving adjacent organ/pelvic wall/regional or distant lymph nodes)
- O. Astler - Coller Stage: C2
1. A (mucosa but not into muscularis propria)
2. B1 (muscularis propria but not through, LN negative)
3. B2 (through muscularis propria into subserosal fibroadipose tissue, LN negative)
4. C1 (limited to muscularis propria but not through serosa, LN positive)
5. C2 (invades serosal adipose tissue, LN positive)