**SURGICAL PATHOLOGY:**

[redacted]

COPY TO: [redacted]

Pre-Op Diagnosis
Colon cancer
Post-Op Diagnosis
Same as above
Clinical History
Nothing indicated
Gross Description:
Container labeled "[redacted] - right colon" is a 17.5 cm previously opened portion of large bowel including cecum, as well as 6.6 cm of attached unopened terminal ileum. The specimen is covered by a moderate amount of pericolic, epiploic and omental adipose tissue. An 8.6 x 1.5 x 1.5 cm vermiform appendix is identified. The visible serosa is shaggy and gray pink. The wall is up to 0.5 cm edematous and fibrotic. The lumen is lined by gray-tan mucosa with preservation of intestinal folds. Noted within the cecal pouch at a point 1.2 cm from the ileocecal valve there is a 3.5 x 3.5 cm finely granular centrally ulcerated plaque-like gray pink lesion with raised rolled borders. On sectioning, this has a gritty gray-tan fibrotic cut surface measuring up to 1.4 cm. This grossly appears to extend through the wall and into the surrounding adipose tissue grossly to within 0.1 cm of the nearest outer surface margin. This lesion grossly impinges on and markedly constricts the appendiceal orifice. The appendiceal orifice is markedly constricted to 0.6 cm in diameter as opposed to 1.6 cm in diameter in the central portion of the appendix. The appendix has an intact gray tan fibrotic wall with smooth inner lining containing transparent viscid mucus. No gross lesion is noted within the appendix proper. On sectioning, the surrounding adipose tissue reveals several poorly defined gray tan to yellow nodules up to 2.2 cm. On sectioning the largest portion appears to be a mat of nodules having focally necrotic gray tan cut surfaces. Several of these nodules appear to be poorly defined and are associated with vascular structures. Also received

[redacted]

in the same container are three tissue cassettes each labeled [redacted] Representative sections are submitted labeled as follows: A - proximal margin; B - distal margin with small fragment of small intestine; C-E - representative lesion; F-G - representative lesion to appendiceal orifice; H - random uninvolved bowel; I-J - representative appendix; K - largest pericolic nodule mat bisected; L-M - whole smaller pericolic nodules; N-R - representative pericolic fat.

[redacted]

Microscopic Description:
The slides labeled [redacted] are examined. See diagnosis.

Final Diagnosis
Distal ileum, appendix and right colon, segment:
Tumor characteristics:
Histologic type: Adenocarcinoma with mucinous component (see comment)
Location of tumor: 1.2 cm from the ileocecal valve
Size: 3.5 x 3.5 x 1.4 cm in greatest dimensions
Grade: Moderately differentiated
Lymphovascular space invasion: Yes
Perforation of visceral peritoneum: Yes (see comment)
Presence of mesenteric deposits: No
Depth of invasion: Carcinoma extends through muscularis propria into subserosal adipose tissue with microscopic perforation. (see comment)
Surgical margin status:
Proximal margin: No carcinoma identified
Distal margin: No carcinoma identified
Radial deep margin: Carcinoma extends to serosal surface with perforation of visceral peritoneum (see comment).
Lymph node status:
Total number of lymph nodes examined: 20
Total number of lymph nodes with metastatic carcinoma: 17 (17/20) PAS 9
Other:
Appendix: Mucocele. PAS 3 SPC-A
Stage:
pT4a N2b (see comment)

CPT: 88309

Comments
The carcinoma extends up to the serosal surface and in slide F is associated with an area of desmoplasia-granulation tissue and mesothelial hyperplasia associated with the carcinoma consistent with an area of perforation. Therefore, this is staged as a pT4a lesion. Multiple lymph nodes are present within the mesentery. Some foci consist predominantly of adenocarcinoma with only a small amount of residual lymphoid tissue present and these are counted as lymph nodes totally replaced by tumor. Seventeen of 20 lymph nodes are positive for metastatic carcinoma. In addition, multiple foci of lymphovascular space invasion are present within the mesentery. The carcinoma is an adenocarcinoma with focal mucinous component. The mucinous component is less than 50% of the tumor and, therefore, this does not qualify as a mucinous/colloid adenocarcinoma. Clinical correlation and followup is recommended.

At the request of the undersigned pathologist, these slides have

[redacted]

been additionally reviewed by Dr. [redacted] who concurs with the diagnosis.

[redacted]

[redacted]