

SPECIMEN

- A. Transverse colon
- B. Appendix

CLINICAL NOTES


PRE-OP DIAGNOSIS: Please check for microsatellite instability on specimen A


GROSS DESCRIPTION


A. Received fresh, subsequently fixed in formalin labeled "transverse colon" is a transverse colon with an abundant portion of omentum attached. The omentum is 70.0 x 15.0 x 1.2 cm. The omentum specimen is sectioned and palpated to show no discrete gross lesions identified. Also attached to the specimen is a transverse colon with partially covered abundant yellow lobular fat. The specimen is 35.0 and stapled at both ends and arbitrarily inked blue and black. The specimen is predominantly covered with abundant lobular fat and the previously described omentum. The specimen is opened to show pink-tan smooth glistening mucosa with normal to slightly flattened folds having an average circumference of 6.5 cm. There is a large exophytic lesion which is 4.5 x 4.2 x 1.0 cm and is 14 cm from the nearest margin of excision. The tumor grossly involves the muscularis propria and into the serosa. There is a 1.2 cm. umbilication in the serosa. The tumor is contiguous with this site. The cut surface of the tumor shows no discrete invasion into the fatty tissue. It comes within 7 cm. of the radial margin. No other discrete gross lesions are identified in the mucosa. Lymph nodes are grossly identified. Representative sections of the specimen are submitted as follows: Block 1 - representative section of omentum; 2 - representative luminal margins; block 3-5 - representative section of tumor normal, tumor serosa and tumor fat; block 6 - representative radial margin; block 7 - representative normal; 8-11 - nine possible lymph nodes each; 12 - one possible lymph node

GROSS DESCRIPTION

bisected; 13 - one possible lymph node sectioned. RS-13.



B. Received in formalin labeled "appendix" is a 9.5 x 0.5 cm. appendix which is partially covered with pink tan smooth glistening serosa and abundant yellow lobular fat. The specimen is sectioned to show an intact wall with an average thickness of 0.3 cm. The lumen ranges from pinpoint to 0.4 cm. and is partially filled with green fluid feces. No discrete gross lesions are identified. Representative sections of the specimen are submitted in one cassette with the proximal ending. RS1. 



MICROSCOPIC DESCRIPTION

Histologic type: Adenocarcinoma.

Histologic grade: The tumor is predominantly moderately differentiated with focal poorly differentiated carcinoma identified.

Primary tumor (pT): The tumor extends through the wall into the adjacent pericolonic tissue, pT3.

Proximal margin: Negative for tumor.

Distal margin: Negative for tumor.

Circumferential (radial) margin: Tumor comes to within 0.1 cm of the serosal surface of the specimen; the radial margin is negative.

Distance of tumor from closest margin: 14 cm

Vascular invasion: Not identified.

Regional lymph nodes (pN): Two of 26 lymph nodes positive for metastatic carcinoma (2/26).

Distant metastasis (pM): pMx.

5x1, 2x1

DIAGNOSIS

A. Colon, transverse, excision - Invasive adenocarcinoma (see tumor

characteristics in the microscopic description).

Tumor is submitted for microsatellite instability testing and an

addendum will be issued when the report is received.

B. Appendix, appendectomy - Appendix with fibrous obliteration of the tip.

