

SURGICAL PROCEDURES:

OOPHORECTOMY-BI, COLECTOMY-RIGHT

GROSS DESCRIPTION

A. The specimen is submitted fresh as "right colon" and consists of a segment of large bowel removed in continuity with cecum and terminal ileum. The proximal and distal margins are joined with a line of metallic staples. The ileal segment measures 4.5 cm in length and 1.5 cm in diameter at the partially stapled proximal margin. The colonic segment including cecum measures 13 cm in length and 2 cm in diameter at the partially stapled distal margin. The serosa is pink with a scant amount of membranous adhesions and a moderate amount of pericolic fat. There is a puckered 2.5 cm area at the cecal pouch. The vermiform appendix is not grossly identified. The lumen contains a small amount of hemorrhagic fecal material. The mucosal surfaces are pink tan with the usual folds and a large nodular 6.5 x 3.5 x 2.5 cm tumor which fills the cecal pouch. The tumor is firmly fixed to the underlying muscularis and corresponds to the puckering previously described. The radial mesenteric margin measures 9 cm in length. Sectioning reveals the tumor to infiltrate nearly the entire thickness of the bowel wall approaching 0.1 cm of the inked (black) serosa. There are two small sessile tan 0.2 cm nodules at a distance of 11 and 5 cm from the distal margin of resection. Also noted is a 0.6 cm area of submucosal hemorrhage at a distance of 3 cm from the distal margin. Examination of the attached adipose tissue reveals sixteen moderately firm to firm pink and pale white nodules ranging 0.3 to 1.5 cm in greatest dimension. Representative sections are submitted, multiple (10) labeled as follows:

Cassette 1:	Margins (proximal margin green dye, distal margin blue dye)
Cassettes 2-5:	Tumor (deep margin black)
Cassette 6:	Sessile polyp
Cassette 7:	Submucosal hemorrhage
Cassettes 8-10:	Nodules found in the attached pericolic fat

Please note: A portion of tissue is collected for TCGA studies.

[REDACTED]

B. The specimen is submitted fresh as "right ovary" and consists of a segment of fallopian tube with attached ovary [REDACTED]. The fallopian tube includes the fimbria and measures 3 cm in length and 0.3 cm in diameter. There is a 0.4 cm plastic ligation ring at the proximal margin. The lumen is patent. The ovary measures 3 x 3 x 3 cm. The external surface is yellow white and lobulated. Sectioning reveals multiple serous cysts with a smooth lining ranging 0.3 to 1.5 cm in greatest dimension and a firm 2 cm pink white whorled nodule. Representative sections are submitted, 9 (6) labeled "1" to "6".

C. The specimen is submitted fresh as "left ovary" and consists of a segment of fallopian tube with attached ovary [REDACTED] [REDACTED]. The fallopian tube is stretched across the ovarian surface and includes the fimbria measuring 6 cm in length and 0.3 cm in diameter. The ovary measures 6.5 x 5 x 3.5 cm. The external surface is pink to yellow tan and lobulated with membranous adhesions. Sectioning reveals a multiloculated serous cyst with a smooth lining and a small 0.7 cm area of tan papillary projections. Representative sections are submitted, multiple (6) labeled "1" to "6".

FINAL DIAGNOSIS

RIGHT COLON (HEMICOLECTOMY):

- MODERATELY DIFFERENTIATED ADENOCARCINOMA ARISING IN A TUBULO-VILLOUS ADENOMA (6.5 CM).
- TUMOR INVADES INTO BUT NOT ENTIRELY THROUGH MUSCULARIS PROPRIA WITH EXTENSION TO 0.2 CM FROM ANTIMESENTERIC SEROSAL SURFACE. SEE COMMENT.
- RADIAL MESENTERIC MARGIN MEASURES 9 CM.
- SEPARATE TUBULAR ADENOMATA ARE IDENTIFIED AT 5 AND 11 CM FROM DISTAL MARGIN OF RESECTION (0.2 CM EACH).
- ALL SURGICAL MARGINS AND SIXTEEN REGIONAL LYMPH NODES, NEGATIVE FOR TUMOR.
- PATHOLOGIC STAGE: pT2 N0 MX

COMMENT: IN REGION OF MAXIMUM TUMOR DEPTH, THE MUSCULARIS PROPRIA IS DISRUPTED BY FIBROUS TISSUE REACTION. TUMOR DOES NOT EXTEND BEYOND MUSCULAR PLANE AND DOES NOT INVOLVE PERICOLONIC ADIPOSE TISSUE.

INTRADEPARTMENTAL REVIEW: [REDACTED]

B. RIGHT OVARY, FALLOPIAN TUBE (SALPINGO-OOPHORECTOMY): BENIGN CYST-ADENOFIBROMA (2 CM), NEGATIVE FOR ATYPIA, SURFACE EPITHELIAL PROLIFERATION, OR FEATURES OF MALIGNANCY. PREVIOUSLY LIGATED FALLOPIAN TUBE WITH FIBROTIC FIMBRIAE.

C. LEFT OVARY, FALLOPIAN TUBE (SALPINGO-OOPHORECTOMY): BENIGN CYST-ADENOFIBROMA (6.5 CM), NEGATIVE FOR ATYPIA, SURFACE EPITHELIAL

[REDACTED]

PROLIFERATION, OR FEATURES OF MALIGNANCY. HISTOLOGICALLY
UNREMARKABLE FALLOPIAN TUBE.

SYNOPTIC REPORT

SYNOPTIC REPORT: COLON AND RECTUM
(CAP/AJCC/ACS - REQUIRED ELEMENTS)

SPECIMEN TYPE: RIGHT HEMICOLECTOMY

SPECIMEN SIZE: 17.5 CM

TUMOR SITE: CECUM ff,,,f,,,

TUMOR SIZE: 6.5 CM

MACROSCOPIC TUMOR PERFORATION: PRESENT

HISTOLOGIC TYPE: ADENOCARCINOMA

HISTOLOGIC GRADE: MODERATE

EXTENT OF INVASION: INTO BUT NOT THROUGH MUSCULARIS PROPRIA

OTHER ORGANS INVOLVED/VISCERAL PERITONEUM: NONE

MARGINS:

,,, PROXIMAL: UNINVOLVED

f,,, DISTAL: UNINVOLVED

f,,, RADIAL: UNINVOLVEDff,,,f,,,

f,,, LENGTH OF RADIAL MARGIN: 9 CM

f,,, (IF MARGINS UNINVOLVED, DISTANCE TO CLOSEST MARGIN:) 0.2 CM FROM
SEROSAL SURFACE

NEOADJUVANT TREATMENT EFFECT: NOT APPLICABLE

LYMPHATIC INVOLVEMENT: ABSENT

VENOUS (LARGE VESSEL) INVOLVEMENT: ABSENT

PERINEURAL INVASION: ABSENT

TUMOR DEPOSITS (DISCONTINUOUS EXTRAMURAL EXTENSION): ABSENT

LYMPH NODES:

f,,, #INVOLVED/#EXAMINED: 0/16

OTHER PERTINENT FINDINGS: (SEE NARRATIVE)

pTNM STAGE: pT2 N0 MX