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TCGA-A5-A0GD-01A-PR

Redacted



100-0-3

Adenocarcinoma, Endometrioid, NOS

8380/3

11/22/16

Site: endometrium c54.1

SURGICAL PATHOLOGY REPORT

PATH #: [REDACTED]

Date of Birth: [REDACTED]

Soc. Sec. No.: [REDACTED]

Location:

A/S: [REDACTED]

Rec:

Col:

Pathologist:

Assistant:

Attending MD:

Ordering MD:

Copies To:

DIAGNOSIS:

1. UTERUS, FALLOPIAN TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY (#1, 3 AND #4 SPECIMENS):

-Endometrial adenocarcinoma, endometrioid type, FIGO grade II/III, endometrium

-Common endometrioid type adenocarcinoma

-Nuclear grade 3 and grade 2

-Architectural grade 1

-Polypoid - exophytic growth mostly, involving approximately 60% of the endometrium

-No evidence of endocervical involvement

-Status post endometrial biopsy

-No parametrial involvement or extension

-Very superficial myometrial invasion by the endometrial adenocarcinoma

-Involvement of the endometrial-myometrial junction and extension into the very adjacent superficial myometrium (estimated myometrial invasion less than 20% or less than 1/4 of total myometrial thickness in multiple sections)

-pT1b, No pathologic stage

-Endometrial hyperplasia, complex and simple type with atypia, and complex hyperplasia without atypia, flat endometrium

-Endocervical polyp

-Small leiomyoma, corpus uteri

-Mild tubal epithelial hyperplasia, fallopian tubes

-Cortical stromal hyperplasia, mild, ovaries

-Focal aggregates of chronic inflammatory cells and macrophages in the left tubal wall, non-specific

-Old mural scar, anterior wall of the cervix, consistent with old cesarean section scar, cervix

-Atypical mullerianosis, subserosal, right fallopian tube

2. RIGHT PELVIC LYMPH NODES, LYMPHADENECTOMY (#2 SPECIMEN):

-No metastatic neoplasm, fibrosis, three total lymph nodes

3. RIGHT PERIAORTIC LYMPH NODES, LYMPHADENECTOMY (#5 SPECIMEN):

-No metastatic neoplasm, fatty change and fibrosis, two total lymph nodes

4. LEFT PERIAORTIC LYMPH NODES, LYMPHADENECTOMY (#6 SPECIMEN):
-Fatty change and fibrosis, no metastatic neoplasm, one lymph node

5. LEFT PELVIC LYMPH NODES, LYMPHADENECTOMY (#7 SPECIMEN):
-No metastatic neoplasm, six total lymph nodes

6. SIGMOID EPIPLOICA, LOCAL RESECTION (#8 SPECIMEN):
-Focal fat necrosis with secondary cystification and granulomatous reaction with pigment laden macrophages and fibrosis

7. OMENTUM, OMENTECTOMY (DESIGNATED AS #1 AND #2) (#9 AND #10 SPECIMENS):
-No metastatic neoplasm, focal mesothelial hyperplasia and focal surface fibrosis with surface microadhesions

COMMENT: Atypical endometrioid mullerianosis, subserosal, and Walthard rests in the right fallopian tube. Atrophy in the squamous epithelium of the cervix with focal mild squamous atypia of undetermined significance as well as chronic cervicitis and microglandular hyperplasia in the cervix. The endometrial adenocarcinoma is endometrioid type adenocarcinoma of common type with a low architectural grade (grade I) but of high nuclear grade (grade 3 and grade 2 nuclear grade). Focal minimal squamous differentiation and oxyphilic cellular changes in the endometrial adenocarcinoma which often invaginates into the superficial myometrium as irregular nests and islands (pseudoinvasion) and effaces the endometrial-myometrial junction in multiple areas extending as large epithelial islands with pushing borders into the very adjacent myometrium. The exact measurement of the maximum depth of invasion of the carcinoma cannot be accurately evaluated or estimated due to the irregular endometrial growth border but the maximum depth of invasion is considered to be very superficial (less than 20% or 1/4 of the myometrial total thickness, questionable 0.5 to 1 mm maximum depth out of 10 to 15 mm total myometrial thickness). Focal adenocarcinoma is also present in the flat endometrium intermixed with the endometrial hyperplasia.

Report left on Dr.

voice mail on

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HISTORY: Endometrial carcinoma

MICROSCOPIC:
See Diagnosis.

GROSS:

1: UTERUS, FALLOPIAN TUBES AND OVARIES
Labeled "uterus, fallopian tubes and ovaries", received fresh in the Operating Room and subsequently fixed in formalin, is a specimen consisting of an entire uterus with attached adnexae weighing 66.9 grams. The uterus measures 7.5 cm superior to inferior, 3.5 cm anterior to posterior, and 3.5 cm cornu to cornu. The cervix measures 2.5 x 2.0 cm and is covered by white smooth mucosa. Focal areas of hemorrhage are present. The cervical os measures 0.5 x 0.2

cm and is fishmouth shaped in contour. A 2.7 in circumference by 1.0 cm to 0.7 cm in length posterior vaginal cuff is identified as well as a 2.0 in circumference by 0.1 to 0.2 cm in length of anterior vaginal cuff is identified. The left lateral vaginal cuff ranges from 1.5 cm in length and 0.2 cm to 0.5 cm in thickness and there is no vaginal cuff present in the right side. The vaginal cuff margin is inked black. The right parametrium measures 2.5 x 1.0 x 1.0 cm and the left 2.5 x 2.0. The serosal surface of the uterus is tan with no adhesions identified. The right fallopian tube measures 6.5 x 0.5 cm and is covered by a smooth tan serosa. Cross sectioning of the tube is unremarkable for any gross lesions and shows a pinpoint lumen. The right ovary measures 2.5 x 1.5 x 0.7 cm. The external surface of the ovary is tan-yellow and bosselated. Cross sectioning of the ovary is unremarkable for any gross lesions. It has variable thickness cortex and solid white fibrous medulla. The left fallopian tube measures 5.5 x 0.5 cm and is covered by a smooth tan serosa. Cross sectioning of the tube is unremarkable for any gross lesions. The left ovary measures 2.5 x 1.5 x 1.0 cm. The external surface is tan-yellow and bosselated. Cross sectioning is unremarkable for any gross lesions. The cortex is relatively thin of variable thickness without gross lesions. The medulla is white and fibrosed. Both fallopian tubes are complete with fimbriated ends and both adnexae are ligated. The uterus is opened laterally. In the upper endocervix is a 1.5 x 0.7 x 0.5 cm polyp near the left lateral wall. The endocervix is covered by corrugated tan mucosa and is unremarkable for any other gross lesions. An anterior wall mural scar is suspected in the cervix. The endometrial cavity measures 4.5 x 4.5 cm and is filled partly by tan polypoid with broad base tumor mostly located in the left lateral posterior and anterior walls, which measures 4.0 x 3.0 cm in surface. This diffusely polypoid endometrial tumor has a tan homogeneous cut surface and minimally papillary outer surface. It occupies 50-60% of the endometrial lining and extends just above the lower uterine segment and close to the fundus. On sectioning it seems to infiltrate less than 30% of the myometrium (superficial invasion). The rest of the endometrium is coarsely granular and thickened. The maximum thickness of the myometrium measures 1.5 cm. No gross lesions are identified. Representative sections are submitted.

- S. Right parametrium - Multiple
- T. Left parametrium - Multiple
- U. Anterior)
- V. Posterior) Cervix
- W. Right)
- X. Left including polyp)
- Y,Z. Tumor at left lateral wall - 1 each
- AA-DD. Tumor at left lateral wall - 1 each
- EE-GG. Tumor at right lateral wall - 1 each
- HH. Lower uterine segment and upper endocervix - 1
- II. Right ovary and distal fallopian tube - 3
- JJ. Right proximal fallopian tube - 2
- KK. Left ovary and distal fallopian tube - 2
- LL. Left proximal fallopian tube - 2

2: RIGHT PELVIC LYMPH NODE

Labeled "right pelvic lymph node" and received in formalin is a 2.5 x 2.5 x 1.0 cm aggregate of soft tan-yellow fatty tissue. Various lymph nodes ranging from 0.1 to 0.5 cm in diameter are identified.

A,B. All embedded - Multiple

3: FROZEN SECTION OF NO.1

Labeled "FS of #1" and received in formalin are three fragments of soft tan tissue measuring 0.8 x 0.7 x 0.2 cm, 1.2 x 0.8 x 0.2 cm, and 1.3 x 0.9 x 0.2 cm.

C. All embedded - 3

4: PART OF NO.1 IN BOUINS

Labeled "part of #1 in Bouin's (endometrium)" and received in Bouin's are part of specimen #1 are three fragments of soft tan tissue measuring 0.3 x 0.2 x 0.2 cm, 0.5 x 0.2 x 0.1 cm, and 1.0 x 0.7 x 0.5 cm.

D. All embedded - 3

5: RIGHT PERIAORTIC LYMPH NODE

Labeled "right periaortic lymph node" and received in formalin is a 4.0 x 2.5 x 1.5 cm portion of soft tan-yellow fatty tissue. Several lymph nodes are palpated and range from 0.1 to 0.4 cm in diameter. The specimen is all embedded.

E. All embedded - Multiple

6: LEFT PERIAORTIC LYMPH NODE

Labeled "left periaortic lymph node" and received in formalin is a 4.5 x 1.5 x 1.0 cm portion of soft tan-yellow fatty tissue. A 2.5 x 1.5 x 0.5 cm lymph node is palpated. The lymph node is all embedded.

F. 1)

) One lymph node

G. 1)

7: LEFT PELVIC LYMPH NODE

Labeled "left pelvic lymph node" and received in formalin is a 2.5 x 2.5 x 1.0 cm portion of soft tan-yellow fatty tissue. Several lymph nodes ranging from 0.3 cm in diameter to 1.0 x 0.5 x 0.5 cm are palpated.

H,I. All embedded - Multiple

8: SIGMOID EPIPLOICA

Labeled "sigmoid epiploica" and received in formalin is a 1.7 x 1.0 x 0.9 cm portion of soft tan-yellow fatty tissue.

J. All embedded - 2

9: OMENTUM NO.2

Labeled "omentum #2" and received in formalin is a 13.5 x 7.5 x 1.0 cm portion of soft tan-yellow lobulated fatty tissue. Cross sectioning of the specimen is unremarkable for any gross lesions.

K-N. Representative sections - 2 each

10: OMENTUM NO.1

Labeled "omentum #1" and received in formalin is a 14.5 x 6.5 x 1.0 cm portion of soft tan-yellow fatty lobulated tissue. Cross sectioning of the specimen is unremarkable for any gross lesions.

O-R. Representative sections - 2 each

ADDITIONAL SECTIONS:

MM. 2)
NN. 2)
OO. 1) Endomyometrium with tumor
PP. 1)
QQ. 2)
RR. Endometrium and lower uterine segment - 2
SS. Endomyometrium with tumor - 1
TT. Endomyometrium with tumor - 1

Gross dictated by

OPERATIVE CONSULT (GROSS):

Endometrial polypoid neoplasm consistent with carcinoma, invasive
(superficial myometrial invasion estimated $<1/3$ of wall), corpus
uteri

Possible lower uterine extension

Short vaginal cuff right lateral. Endocervical polyp
(ID)

OPERATIVE CONSULT (FROZEN):

Endometrial adenocarcinoma, endometrioid common type, at least
grade II
(ID)

Special Studies: Frozen Section; Photo, Deeper sections

See Also:

DATE:

M.D.
Pathologist

I, , M.D., the pathologist of record, have
personally examined the specimen, interpreted the
results, reviewed this report and signed it electronically.

Date Finalled:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
ILIP/A Discrepancy		
Prior Malignancy History		
Distal Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials		
Date Reviewed:		