

ICB-0-3

Adenocarcinoma, serous, NOS

8441/3 lw
11/23/10

S. re. endometrium
C54.1

SURGICAL PATHOLOGY REPORT

PATH #:

A/S: F

Rec:

Col:

Soc. Sec. No.:

Location:

Pathologist:

Assistant:

Attending MD:

Ordering MD:

Copies To:

DIAGNOSIS:

UTERUS (abdominal hysterectomy):

Endometrial adenocarcinoma, polypoid

-High grade with serous features

-Focal invasion into the very superficial myometrium

-Dense lymphoid infiltrate within tumor

-Cervix negative for carcinoma

Multiple myomas

Adenomyosis

OVARIES AND FALLOPIAN TUBES (resection):

Negative for carcinoma

Thecosis, ovaries

Small fibrothecoma, right ovary

Small dermoid cyst, left ovary

No significant histologic changes, tubes

OMENTUM (biopsies):

Negative for carcinoma

LYMPH NODES, pelvic, periaortic/precaval (excision):

Negative for carcinoma

RIGHT GUTTER (biopsy):

Negative for carcinoma

HISTORY: Uterine carcinoma

MICROSCOPIC:

A-L. Omental fat with small foci of fibrosis, few small lymphoid aggregates, and small foci of reactive mesothelial cell hyperplasia. Suture (K). No metastatic carcinoma seen.

M-FF,OO. High grade mullerian adenocarcinoma with serous features comprises the entire endometrial polypoid lesion. The tumor shows solid, micropapillary, acinar, and fused acinar patterns. Relatively small areas show clear cell change; cytoplasmic material in some other tumor cells suggests mucin. A dense lymphoid/lymphoplasmacytic infiltrate is intimately associated with the carcinoma making it very difficult to absolutely exclude vascular/lymphatic invasion but neither is seen. At the base of the polypoid lesion there is focal invasion of tumor into the very superficial myometrium, maximum depth far less than one-fourth the myometrial thickness. The endometrium elsewhere is thin but shows focal glandular hyperplasia

with tubular, cystic, and some ciliated metaplastic glands. Adenomyosis, focally cystic, and several leiomyomas (submucosal, intramural, and subserosal) without histologic atypia. Hyalinization and focal calcification within some myoma profiles. Mild chronic cervicitis with several mucus cysts, focal microglandular hyperplasia, and tubal/ciliated metaplasia in occasional endocervical glands. The cervix, parauterine vessels, adnexae, and soft tissues appear clear of tumor. Both ovaries show nodular thecosis, corpora albicantia, a few dystrophic cortical calcifications, and small cysts. The right ovary contains a small collagenized fibrothecoma (R) and the left ovary contains a small mature cystic teratoma/dermoid with respiratory and apocrine type epithelium, seromucinous glands, and histiocytic reaction in relation to small cysts that are devoid of an epithelial lining. A few fibrovascular adhesions are also present on the left ovary. Minor changes in the tubes include a mild chronic inflammatory cell infiltrate in the mucosa of the right tube.

GG-MM. Varying degrees and combinations of fatty change, sinus histiocytosis, fibrosis, and dystrophic calcification in lymph node profiles. Lymph nodes are present in all specimens. No metastatic carcinoma is seen with routine or keratin stains.

NN. Fibroadipose tissue. No lymph node. No tumor seen.

GROSS:

1: OMENTUM NO.1

Labeled "omentum no. 1" and received in formalin is a 5 x 3.5 x 1.5 cm yellow-tan multilobulated adipose tissue segment. No gross lesions are identified on serial section.

A,B. Representative sections

2: OMENTUM NO.2

Labeled "omentum no. 2" and received in formalin is an 8.5 x 5.5 x 1.5 cm yellow-tan multilobulated adipose tissue segment. No gross lesions are identified on serial section.

C,D. Representative sections

3: OMENTUM NO.3

Labeled "omentum no. 3" and received in formalin is a 6 x 4.5 x 1 cm yellow-tan multilobulated adipose tissue segment. No gross lesions are identified on serial section.

E,F. Representative sections

4: OMENTUM NO.4

Labeled "omentum no. 4" and received in formalin is a 10 x 5 x 0.8 cm yellow-tan multilobulated roughly triangular segment of adipose tissue. No gross lesions are identified on serial section.

G,H. Representative sections

5: OMENTUM NO.5

Labeled "omentum no. 5" and received in formalin is a 10.5 x 4.5 x 1.5 cm yellow-tan multilobulated adipose tissue segment. No gross lesions are identified on serial section.

I,J. Representative sections

6: OMENTUM NO.6

Labeled "omentum no. 6" and received in formalin is a 5.5 x 4.5 x 1.5 cm yellow-tan multilobulated adipose tissue segment. No gross lesions are identified on serial section.

K,L. Representative sections

7: UTERUS, BOTH TUBES AND OVARIES

Labeled "uterus, bilateral tubes and ovaries", received in the Operating Room and subsequently fixed in formalin, is a uterus with attached cervix and bilateral tubes and ovaries weighing 190 grams. The uterus measures 8.5 cm from ectocervix to fundus, 8 cm from cornu to cornu, and 5 cm anterior to posterior. The right fallopian tube measures 5 cm in length and 0.3 to 0.6 cm in diameter. The serosal surface of the fallopian tube is pink-tan and unremarkable. The right ovary measures 2.8 x 1.5 x 0.6 cm and has a yellow-tan cerebriform surface with a 0.5 x 0.5 x 0.3 cm tan-white firm nodule. Sectioning reveals multiple corpora albicantia. No areas suggest tumor. The left fallopian tube measures 6.5 cm in length and 0.3 to 0.6 cm in diameter. The serosal surface is unremarkable. Sectioning reveals a pinpoint lumen and a 0.2 to 0.3 cm thick wall. The left ovary measures 2 x 1.3 x 1 cm and has a yellow-tan, slightly corrugated surface. Cut section shows a 0.8 cyst with a smooth lining. No areas suggest tumor. The serosal surface of the uterus is distorted by multiple subserosal leiomyomata ranging from 1.5 to 4.5 x 4 cm in diameter. The cervix measures 2.5 cm in length and 3.5 cm in diameter at the ectocervix. The external os measures 0.7 x 0.5 cm. The ectocervical mucosa is pale tan-pink with focal hemorrhage around the external os. The endocervical canal measures 2.5 cm in length and is lined by a pink-tan mucosa with multiple nabothian cysts. The endometrial cavity measures 3.5 x 1.5 x 1 cm and is distorted by multiple leiomyomata, one of which is submucosal and 2.6 cm in diameter; it has a tan-white whorled cut surface without necrosis or degeneration. There are more than five intramural leiomyomata ranging from 0.2 x 0.2 x 0.2 cm to 2.5 x 2.5 x 2.5 cm, all with whorled tan-white cut surfaces. Arising from the posterior endometrium high in the fundus is a 2 x 1.5 x 0.8 cm polypoid pink-tan tumor with pink granular surface. Myometrial invasion is not apparent on cut section. The uninvolved endometrium measures up to 0.1 cm in thickness. The myometrium ranges from 0.7 to 1.2 cm in thickness. No other gross lesions are identified. The entire endometrial tumor and additional representative sections are submitted.

- M. Anterior cervix - 1
- N. Posterior cervix - 1
- O. Cross section, upper endocervical canal
- P. Parametrial vessels, right - 4
- Q. Parametrial vessels, left - 4
- R. Right ovary - 2
- S. Right fallopian tube - 2
- T. Left ovary - 2
- U. Left fallopian tube - 2
- V. Non-tumorous endomyometrium - 2
- W. Non-tumorous endomyometrium - 1
- X. Submucosal leiomyoma - 1
- Y. Intramural leiomyoma - 1
- Z. Subserosal leiomyoma
- AA-CC. Polypoid tumor with underlying uterine wall - 1 each)
- DD. Polypoid tumor - 1) All
- EE,FF. Uterine wall beneath "DD" - 1 each)

8: LEFT PELVIC

Labeled "left pelvic" and received in formalin are two yellow-tan, focally red hemorrhagic soft tissues measuring 2.5 x 1.5 x 1 cm and 4.5 x 3 x 1 cm. Four lymph nodes are identified. No lesions are identified. The nodes are all embedded.

- GG. Three lymph nodes, bisected - 6
- HH. One lymph node - 3

9: RIGHT PELVIC

Labeled "right pelvic" and received in formalin are four tan-yellow focally hemorrhagic multilobulated adipose tissue fragments ranging from 1.5 x 1 x 0.5 cm to 4.5 x 2 x 0.5 cm and aggregating to 6 x 2.5 x 0.6 cm. Six lymph nodes are identified ranging from 0.2 x 0.2 x 0.2 cm to 3.5 x 1.8 x 0.6 cm. The specimen is all embedded.

II. Three possible lymph nodes - 3

JJ, KK. One bisected lymph node

LL. Two lymph nodes, fatty tissue

10: PRECAVAL/PERIAORTIC

Labeled "periaortic canal" and received in formalin is a 2.5 x 2 x 1.5 cm yellow-tan multilobulated adipose tissue containing a 3 x 1.5 x 0.6 cm possible lymph node. The specimen is all embedded.

MM. One lymph node, bisected - 2

Remaining adipose tissue - 2

11: RIGHT GUTTER

Labeled "right gutter" and received in formalin is a 0.8 x 0.7 x 0.4 cm pink-tan tissue fragment. The specimen is bisected.

NN. All embedded - 2

Gross dictated by

ADDITIONAL SECTIONS:

OO. Remainder of left ovary - 2

OPERATIVE CONSULT (GROSS):

Carcinoma, endometrium

Myomas

Diagnosis of on outside biopsy

Special Studies: selected steps, keratin

SNOMED Code:

See Also: none

DATE

Pathologist

This report has been reviewed and signed electronically by
M.D., the pathologist of record.

Date Finalled:

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed 10/5/10	