ICD-O-3
adeno carcinoma, endometrioid, NOS 8380/3
Site: endometrium, NOS C54.1
MW 11/20/14

SURGICAL PATHOLOGY REPORT
FINAL

Procedure Date:
Accession Date:
CLINICAL DATA: Fibroids, pelvic mass
FROZEN:
A1FS: Endometrioid carcinoma.
Received at reported at
GROSS EXAMINATION:
A. "Right Tube and Ovary (Frozen)". The specimen is received fresh for frozen section designated "Right Tube and Ovary" and consists of a disrupted cystic and solid ovary and attached fallopian tube
segment. The ovary, as received, measures approximately 9.0 x 6.0 x 4.5 cm. The identifiable external surfaces are
grey-tan to pink-purple, dull and lobular. The intact portion of the external surface is inked blue. Sectioning shows
multiple cystic spaces and a predominantly solid component composed of fleshy tan-pink lobular tissue. No
significant hemorrhage or necrosis is seen. There is no ovarian parenchyma is grossly identified. The fallopian
tube is 8.5 cm long by 1.2 cm in diameter. Tubal fimbriae are present. The external surface is dark pink-tan, dull
and focally shaggy. Sectioning shows a grossly unremarkable fallopian tube lumen. Representative sections are
submitted in eleven cassettes. A1FS, A2-A9- ovarian mass; A10, A11- fallopian tube.
B. "Uterus, Cervix, Left Tube and Ovary". The specimen is received in formalin designated "Uterus, Cervix, Left Tube and Ovary" and consists of an enlarged, distorted uterus with attached cervix
and attached left adnexa. The uterus and cervix together weigh 753.0 grams and measuring 18.4 x 13.7 x 9.9 cm.
The serosa is dark pink-red, dull with multiple hemorrhagic and fibroadipose adhesions. The cervix is 3.5 cm in
diameter. The ectocervix is pink-tan and smooth. The ectocervical margin and cervical stromal surfaces are inked
yellow and the uterine serosal surfaces are inked blue. The endocervix shows a 1.5 x 0.5 x 0.4 cm pink-tan smooth
endocervical polyp located in the upper endocervical canal. No other focal lesions are seen. There is a 6.4 x 4.5 x
3.4 cm pink to tan-yellow endometrial mass involving the anterior and posterior endometrial surfaces. Sectioning
shows apparent invasion of the myometrium to a depth of 3.0 cm out of a total myometrial thickness of 6.5 cm
(inner one-half). The mass does not extend into the lower uterine segment and is approximately 5 cm from the
nearest paracervical margin. The myometrium is very coarsely trabecular and there are rare circumscribed tanwhite
to yellow rubbery whorled nodules, some of which are calcified measuring up to 2.2 cm. The left adnexa
weighs 54.5 grams and measures 10.4 x 5.6 x 3.8 cm. Sectioning shows a disrupted complex cystic adnexal mass.

The cystic structures show focally hemorrhagic, smooth dull inner surfaces. Ovarian parenchyma is seen. Multiple
luminal structures are seen, however, a well-defined fallopian tube is identified. Representative sections are
submitted in 29 cassettes. B1- serosal adhesions; B2- anterior cervix; B3- anterior upper endocervix, black ink on
cervical end; B4- posterior cervix; B5- posterior upper endocervix, black ink on cervical end ; B6-B8, B9-B11,

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B12-B14- full-thickness sections of endomyometrium with blue inked serosal surface; B15-B16, B17- B18, B19-
B20- full-thickness sections of endomyometrium with blue inked serosal surface; B21- paracervical margin inked
yellow; B22- myometrial nodules; B23- B29- left adnexa.
C. "Omentum". The specimen is received in formalin designated "Omentum" and consists of multiple portions of pink-red to tan-yellow omentum measuring 27 x 17 x 3 cm in aggregate.
Sectioning shows focal hemorrhage and ill-defined areas of slight induration. Representative sections are submitted
in five cassettes.
D. "Para-aortic Lymph Node". The specimen is received in formalin designated "Paraaortic
Lymph Node" and consists of fragments of tan-yellow fibroadipose tissue measuring 6 x 2 x 2 cm.
Sectioning shows two possible lymph nodes measuring 1.1 and 3.8 cm. The specimen is submitted in its entirety in
three cassettes. D1- one lymph node; D2, D3- one lymph node bisected.
E. "Right Obturator Node". The specimen is received in formalin designated "Right Obturator Node" and consists of a 10 x 3 x 2 cm portion of tan-yellow fibroadipose tissue. Sectioning shows two
possible lymph nodes measuring 2.5 x 5.3 cm. Submitted in toto in three cassettes. E1- one lymph node bisected;
E2, E3- one lymph node sectioned.
F. "Left Iliac Node". The specimen is received in formalin designated "Left Iliac Node" and consists of one lymph node measuring 2.2 cm. Bisected and submitted in toto in one cassette.

DIAGNOSIS:

A. Right fallopian tube and ovary, salpingo-oophorectomy:
Right ovary involved with endometrioid adenocarcinoma; see comment.
Right fallopian tube negative for carcinoma.
B. Uterus, cervix, left fallopian tube and ovary, hysterectomy, salpingo-oophorectomy:
Endometrioid adenocarcinoma of the endometrium, invading the myometrium 30 mm out of
a total myometrial thickness of 65 mm (less than 50% myometrial invasion).
Uterine serosa with focal endometriosis.
Uterine leiomyomata.
Cervix with invasion of cervical stromal connective tissue by endometrioid adenocarcinoma.

Resection margins are negative.
Left ovary with endometriotic cysts; negative for carcinoma.
Left fallopian tube with hydrosalpinx; negative for carcinoma.
C. Omentum, omentectomy:
Fibroadipose tissue negative for carcinoma.
D. Para-aortic lymph nodes, regional resection:

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Two lymph nodes negative for carcinoma (0/2).
E. Right obturator nodes, regional resection:
Two lymph nodes negative for carcinoma (0/2).
F. Left iliac node, excisional biopsy:
One lymph node negative for carcinoma.

COMMENT:

Given the presence of tumor in both the endometrium and ovary, it is not clear if synchronous primaries are present
versus an endometrial primary. If synchronous tumors are clinically favored, then the ovarian tumor is staged as
pT1cN0M0 and the uterine tumor is staged as T2N0M0. However, if an endometrial primary is clinically favored,
then the tumor is staged as T3aN0M0 based on the presence of ovarian involvement.

CPT Code: 88331, 88307 x 3, 88309, 88305

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials SC Date Reviewed: 9/29/14