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Location

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**SURGICAL PATHOLOGY REPORT**

1CB-0-3

**DIAGNOSIS:**

**A. RIGHT HIP SUBCUTANEOUS MASS, EXCISION:**

- Cystic fat necrosis with calcification
- No tumor identified

*adenocarcinoma, serous, NOS 8441/3*

*Site: Endometrium C54.1*

*per 7/27/11*

**B. LEFT PERITONEAL BIOPSY:**

- Fibrous connective tissue involved by serous adenocarcinoma, high grade

**C. LEFT TUBE AND OVARY, SALPINGO-OOPHORECTOMY:**

- Ovarian surface and parenchymal involvement by high grade serous adenocarcinoma
- Fallopian tube with surface involvement by high grade serous adenocarcinoma

**D. LEFT BLADDER PERITONEUM, BIOPSY:**

- Fibrous connective tissue involved by serous adenocarcinoma, high grade

**E. RIGHT TUBE AND OVARY, SALPINGO-OOPHORECTOMY:**

- Ovarian surface involvement by high grade serous adenocarcinoma
- Fallopian tube with surface involvement by high grade serous adenocarcinoma

**F. UTERUS/CERVIX, TOTAL HYSTERECTOMY:**

- Cervix:
  - Cervical epithelium and stroma involved by primary uterine serous adenocarcinoma, FIGO grade III
- Endometrium:
  - Endometrial serous adenocarcinoma, FIGO grade III, with papillary architecture (uterine papillary serous adenocarcinoma)
- Myometrium:
  - Involved by serous adenocarcinoma, FIGO grade III to a depth of greater than 50% of myometrial thickness (8 mm in a 1.5 cm section)
  - Definite angiolymphatic invasion is not identified (See comment)
  - Lipoleiomyoma
  - Leiomyoma
- Serosa:
  - No involvement by serous adenocarcinoma

**COMMENT:** The tumor in the ovaries and peritoneal biopsies is interpreted as metastases from the uterine primary and exhibits similar if not identical morphology. The AJCC Pathologic Stage is pT3a/Nx.

Patient Case(s):

**Patient:**

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Age/Sex: 6  
Location: 3

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## SURGICAL PATHOLOGY REPORT

HISTORY: Ascites, bilateral pelvic masses

MICROSCOPIC:  
See diagnosis.

**GROSS:**

**A. RIGHT HIP SUBCUTANEOUS MASS**

Labeled with the patient's name, labeled "right hip subcutaneous mass", and received in formalin is a 2.0 x 0.8 x 0.5 cm whitish gray firm soft tissue fragment. Entirely submitted.

A1. 1

**B. LEFT PERITONEAL BIOPSY**

Labeled with the patient's name, labeled "left peritoneal biopsy", and received in formalin is a 1.2 x 0.5 x 0.2 cm gray-tan firm soft tissue segment. Entirely submitted.

B1. 1

**C. LEFT TUBE AND OVARY**

Labeled with the patient's name, labeled "left tube and ovary", and received fresh in the Operating Room for frozen section consultation and subsequently fixed in formalin is a 14 gram salpingo-oophorectomy specimen. The specimen measures 5.5 x 4.2 x 1.0 cm. The external surface contains is gray-tan and rough with many areas of associated cautery artifact. A previous incision has been made into a 2.0 x 1.8 x 0.4 cm firm white-tan lesion. The mass appears to have replaced most of the normal ovarian stroma. There is an area of possible ovarian stroma measuring 1.5 x 1.0 x 0.8 cm. The ovarian parenchyma is unremarkable in appearance. The fallopian tube is 3.8 cm in length with a diameter of up to 0.5 cm. Sectioning of the fallopian tube reveals a stellate patent pinpoint lumen. Representative sections submitted.

Ink key for margin assessment: external surface-black

**Slide key:**

- C1. Frozen section remnant - 2
- C2. Ovarian mass with possible ovarian parenchyma - 2
- C3. Possible ovarian parenchyma - 2
- C4. Fallopian tube, proximal, mid, sectioned fimbriated end - 3

**D. LEFT BLADDER PERITONEUM**

Labeled with the patient's name, labeled "left bladder peritoneum", and received in formalin is a 1.8 x 1.5 x 0.5 cm aggregate of multiple gray-tan smooth firm tissue fragments ranging from 0.4 to 1.2 cm in greatest dimension. Entirely submitted.

D1. Multiple

Patient Case(s)

**PATIENT:**

**E. RIGHT TUBE AND OVARY**

Labeled with the patient's name, labeled "right tube and ovary", and received in formalin is a 15.2 gram salpingo-oophorectomy specimen. The specimen measures 9.5 x 5.5 x 1.4 cm. The external surface of the specimen contains numerous gray-tan rough adhesions. There appears to be a previously opened cyst replacing the ovarian parenchyma measuring 3.0 x 1.5 x 1.0 cm. The external surface of the cyst is gray-tan, smooth and glistening. The internal surface is rough, red and brown in color. The external surface will be inked black. The segment of fallopian tube present measuring 7.5 cm in length with a diameter of up to 0.3 cm. There is a stellate pinpoint patent lumen on cross-sectioning. Multiple adhesions are causing the fallopian tube to be tortuous in appearance. Representative sections are submitted.

Ink key for margin assessment: external serosal surface-black

Slide key:

- E1. Disrupted cyst wall - 3
- E2. Possible ovarian parenchyma with thickened serosa - 2
- E3. Proximal, mid, distal fimbriated end of fallopian tube - 3

**F. UTERUS/CERVIX**

Labeled with the patient's name, labeled "uterus/cervix", and received in formalin is a 75 gram previously opened hysterectomy specimen. The specimen measures 7.1 cm from fundus to surgical margin, 6.1 cm from cornu to cornu, and 3.1 cm from anterior to posterior. The serosal surface is pink-tan with multiple adhesions. There are also areas of cautery artifact present. The endometrial cavity is 2.5 x 1.8 x 0.4 cm. Within the endometrial cavity is a pink-tan soft polypoid lesion measuring 1.2 x 1.1 x 0.4 cm. Cut section through the lesion reveals possible invasion through the myometrium. The lesion is 2.2 cm from the outer wall of the uterus.

The endocervical canal is 3.1 cm in length with a diameter of up to 0.3 cm. The endocervical mucosa is pink-tan and slightly hemorrhagic. No lesions are identified. The remaining endometrial mucosa is pink-tan, smooth and slightly hemorrhagic. The myometrium is pink-tan and smooth and measures up to 2.0 cm in thickness. No other lesions are identified within the specimen. One leiomyoma is present transmurally measuring 1.2 x 1.2 x 0.5 cm. Representative sections submitted.

Ink key for margin assessment: external serosal surface anterior uterus-blue, serosal surface of posterior uterus-black

Slide key:

- F1. Anterior cervix - 1
- F2. Posterior cervix - 1
- F3. Anterior lower uterine segment - 1
- F4. Posterior lower uterine segment - 1
- F5, F6. Endocervical mass - 1 each
- F7. Posterior uterine corpus - 1
- F8. Leiomyoma - 1

Gross dictated by

**OPERATIVE CALL**

**OPERATIVE CONSULT (FROZEN):**

TPD1:

- Adenocarcinoma

FSCI:

- At least borderline serous tumor, possibly adenocarcinoma arising in, defer

**PATIENT:**

*If this report includes immunohistochemical test results, please note the following:  
Numerous immunohistochemical tests were developed and their performance characteristics determined by  
Those immunohistochemical tests have not been cleared or approved by the  
U.S. Food and Drug Administration (FDA), and FDA approval is not required.*

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary: Noted		/
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials: <i>W</i> Date Reviewed: <i>7/27/11</i>		