ICD-O-3
Adenocarcinoma, Endometrioid, NOS
Site: Endometrium C54.1 8380/3 lw 11/23/10

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SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. UTERUS, FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

- **Endometrioid adenocarcinoma of the uterus**
- **Tumor site: Corpus, fundus, and lower uterine segment**
- **Tumor size: 7.7 cm in maximum dimension**
- **Histologic grade: Grade 1 (well-differentiated)**
- **Myometrial Invasion: Tumor extending 0.5 cm into the myometrium which measures 2.8 cm in maximum thickness (inner half)**
- **Lymphovascular invasion: Not identified**
- **Additional pathologic findings:**
  - **Leiomyoma (0.7 cm)**
  - **Cervix with Nabothian cysts; no evidence of malignancy**
  - **Ovaries with epithelial inclusion cysts; no evidence of malignancy**
  - **Fallopian tubes with paratubal cysts; no evidence of malignancy**

B. LYMPH NODE, RIGHT PELVIC, DISSECTION:

- **No evidence of malignancy in seven lymph nodes (0/7)**

C. LYMPH NODE, LEFT PELVIC, DISSECTION:

- **No evidence of malignancy in three lymph nodes (0/3)**

D. SOFT TISSUE, PELVIC NODULE, EXCISION:

- **Fat necrosis with dystrophic calcification**
- **No evidence of malignancy**

Pathologic staging: pT1b, pN0

HISTORY: Endometrial carcinoma

MICROSCOPIC:
See diagnosis.

GROSS:
A. UTERUS BILATERAL TUBES AND OVARIES
Labeled with the patient's name, labeled "uterus bilateral tubes and ovaries", received fresh in the Operating Room for intraoperative frozen consultation and subsequently fixed in formalin is a 110 gram, 6.7 x 5.0 x 4.3 cm total hysterectomy specimen with attached bilateral adnexae. The cervical portion is 3.0 cm in length and 3.7 cm in width. The endometrial cavity is 5.1 cm in length and 4.5 cm in width. The endometrium is almost completely

Patient Case(s):

replaced by a tumor. The myometrial thickness ranges from 2.0 to 2.3 cm. The right ovary is 2.0 x 1.5 x 0.8 cm. The right fimbriated fallopian tube is 4.0 cm in length and ranges from 0.3 to 0.6 cm in diameter. The left ovary is 1.3 x 1.2 x 0.3 cm. The left fimbriated fallopian tube is 4.0 cm in length, and 0.6 cm in diameter.

Within the anterior and posterior uterine cavity is an exophytic, papilliferous, tan-white, hemorrhagic and firm tumor measuring 7.7 x 4.3 cm in surface area. The tumor is raised 1.2 cm from the endometrial cavity. The tumor also involves the anterior and posterior lower uterine segments. No gross invasion of the cervix is noted. Cut section reveals that the tumor appears to involve the inner one-third of the myometrium and does not show any deep invasion.

Located intramurally and subserosally are two well-circumscribed tan firm homogenous leiomyomas measuring 0.2 and 0.7 cm in greatest dimension. No hemorrhagic or necrosis is identified.

No residual uninvolved endometrium can be grossly identified. The remaining uninvolved myometrium is light tan-pink, and semifirm. No gross involvement of the serosa is identified. The cervix is remarkable for multiple mucoid-filled cysts ranging from minute to 0.8 cm in greatest dimension. The right ovary is remarkable for three unilocular smooth-walled cysts containing yellow serous fluid ranging from 0.2 to 0.5 cm in greatest dimension. The right fimbriated fallopian tube is remarkable for a unilocular mucoid-filled paratubal cyst measuring 0.2 cm in diameter. There is external congestion of the serosa of the fallopian tube. The left ovary is remarkable for a biloculated smooth-walled clear serous fluid-filled cyst measuring 0.7 cm in greatest dimension. The left fimbriated fallopian tube is remarkable for a unilocular paratubal thin translucent-walled cyst measuring 0.8 cm in greatest dimension. The serosa is congested. No other gross lesions are identified within the bilateral adnexae.

Representative sections are submitted.

Ink key: Blue - anterior uterus, green - posterior uterus.

Slide key:
A1. FSA remnant - 1
A2. Anterior cervix - 1
A3. Anterior lower uterine segment - 1
A4. Anterior uterine corpus with tumor - 1
A5. Anterior uterine fundus with tumor - 1
A6. Posterior cervix - 1
A7. Posterior lower uterine segment - 1
A8, A9. Posterior uterine corpus with deepest invasion (consecutive sections) - 1 each
A10. Posterior uterine fundus with tumor - 1
A11. Right ovary - 1
A12. Right fimbriated fallopian tube: Proximal, mid, distal and fimbriated end - 4
A13. Left ovary - 1
A14. Left fimbriated fallopian tube: Proximal, mid, distal and fimbriated end - 4
A15. Left paratubal cyst and a smaller uterine leiomyoma - 2

B. RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin are multiple tan-yellow irregular portions of fibrofatty tissue amounting to 6.5 x 3.9 x 0.8 cm in aggregate. Within the soft tissues are seven tan-pink fatty infiltrated possible lymph nodes ranging from 0.3 to 1.0 cm in greatest dimension. Entirely embedded.
B1. Seven lymph nodes - 7

C. LEFT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 3.7 x 2.6 x 0.4 cm aggregate of multiple tan-yellow irregular portions of fibrofatty tissue. Within the tissue are three tan-pink

congested and fatty infiltrated possible lymph nodes ranging from 0.6 to 0.9 cm in greatest dimension. Entirely embedded.
C1. Three lymph nodes - 3

D. PELVIC NODULE
Labeled with the patient's name, labeled "pelvic nodule", and received in formalin is a 1.7 x 0.6 x 0.3 cm encapsulated tan-yellow firm tissue fragment. The specimen is sectioned to reveal chalky yellow and slightly calcified cut surfaces. Entirely embedded.
D1. 3

Gross dictated by

OPERATIVE CALL
OPERATIVE CONSULT (GROSS):

SPECIMEN A.
- Grossly tumor is exophytic

OPERATIVE CONSULT (FROZEN):

FSA1:
- Adenocarcinoma, possible superficial invasion
- No deep invasion in representative section
- Portion of tumor taken for Dr.

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):	QUALIFIED / DISQUALIFIED	
Reviewer Initials	Date Reviewed:	