165-0-3 Adenocarcinoma, Indometrio-1d, NOS 8380/3 hr 11/23/10 Site: Indometrium 6541



(1 of 1)

Acct#:

GYNS Adm:

Ord #= SURGICAL PATHOLOGY

ASAP/RESULTED

Collect D/T=

Modifiers:

SURGICAL PATHOLOGY:

CoPath Specimen



Source:

A: Uterus \T\ Cervix

B: Left Pelvic lymph node

C: Left Peri-aortic lymph node

D: Right Pelvic lymph node

E: Right Peri-aortic lymph node

Final Diagnosis

A. Uterus and cervix (hysterectomy, 85 gm):

- Polypoid adenocarcinoma, endometrioid type, FIGO grade 2-3,

1.6 X 1.5 X 1.0 cm

- Tumor shows superficial myometrial invasion involving 7% of myometrial wall thickness (0.1 cm /1.4 cm).

- Tumor does not involve lower uterine segment or cervix.

- Highly suspicious for lymphovascular invasion.

- Left and right parametrial margins are negative for malignancy.

- Background complex hyperplasia with atypia identified in lower uterine segment.

- Unremarkable ectocervix and endocervix.

- Follicular cyst of right ovary.

- Hemorrhagic corpus luteum cyst of left ovary.

- Unremarkable right and left fallopian tubes.

B. Left pelvic lymph node (excision):

- Four lymph nodes negative for malignancy (0/4).

C. Left periaortic lymph node (excision):

- Three lymph nodes negative for malignancy (0/3).

D. Right pelvic lymph node (excision):

- Fibroadipose tissue, no lymph nodes identified

E. Right periaortic lymph node (excision):

- Two lymph nodes negative for malignancy (0/2).

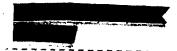
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RESULTS FOR SELECTED GRID CELL, SUMMARY Printed

Nam Loc

Acct#:





SURGICAL PATHOLOGY

YNS Adm:

Clinical History year-old female with endometrial cancer.

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Pre Operative Diagnosis Endometrial cancer.

Operation Performed LSC hysterectomy; BSO + BPPALND.

Gross Description
The specimen is received in 5 parts.

Part A is labeled "uterus and cervix" and consists of a uterus and cervix with attached adnexa, previously opened, laterally on the right side. The specimen weighs 85 grams and measures 10.5 X 7.5 X 4.5 cm in aggregate. The left fallopian tube measures 3.4 cm in length by 0.5 cm in diameter. The left ovary measures 2.6 X 2.4 X 1.5 cm and is tan-white with multiple, < 0.5 cm serous cysts. The right fallopian tube measures 3.2 cm in length by 0.4 cm in diameter. The right ovary measures $3.0~\mathrm{X}$ 2.2 X 1.8 cm and is tan-white with multiple subcentimeter cystic The uterus measures 5.5 cm in width, 7.3 cm in length, lesions. and 3.5 cm anterior to posterior. The cervix measures 2.6 cm in diameter. The endometrial cavity contains a 1.6 X 1.5 X 1.0 cm, soft, partially necrotic lesion in the anterior half. endometrial cavity measures 2.0 X 5.0 X 0.6 cm. The myometrium measures 1.3 cm in thickness and the endometrium measures 0.2 cm The tumor is located 1.2 cm from the anterior in thickness. margin and 1.2 cm from the posterior margin. The specimen is inked as follows: anterior=red, posterior=black, right parametrium=orange, left parametrium=green. Representative sections are submitted as follows:

Cassette Summary:

A1 and A2 right ovary and fallopian tube, representative,

A3 left ovary and fallopian tube, representative,

A4 left parametrial margin,

A5 right parametrial margin,

A6 anterior cervix, A7 posterior cervix,

A8 anterior lower uterine segment,

A9 posterior lower uterine segment.



RESULTS FOR SELECTED GRID CELL, SUMMARY Printed

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SURGICAL PATHOLOGY

(Continued)

THE TOTAL PROPERTY OF THE PARTY.

Acct#:

Adm:

All thru Al3 tumor and anterior endomyometrium, Al4 posterior endomyometrium and margin.

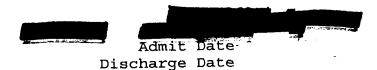
Part B is labeled "left pelvic lymph node" and consists of multiple fragments of fibroadipose tissue, measuring 1.2 X 1.0 X 0.3 cm in aggregate. The specimen is entirely submitted in cassettes B1 and B2.

Part C is labeled "left periaortic lymph node" and consists of multiple fragments of fibroadipose tissue, measuring 1.1 X 1.1 X 0.2 cm in aggregate. The specimen is entirely submitted in cassette C.

Part D is labeled "right pelvic lymph node" and consists of multiple fragments of fibroadipose tissue, measuring 1.1 X 1.0 X 0.2 cm in aggregate. The specimen is entirely submitted in cassette D.

Part E is labeled "right periaortic lymph node" and consists of multiple fragments of fibroadipose tissue, measuring 1.0 X 1.0 X 0.2 cm in aggregate. The specimen is entirely submitted in cassette E.

Microscopic Description A microscopic examination was performed.



FINAL REPORT

Chief Complaint: vaginal cuff abscess/dehissance

Age:

LMP: Y/O GO s/p laparoscopic hysterectomy, BSO, for Stage IB, G 2-3 Endometrial adenoca. Patient reports occasional vaginal spotting. Her pain is well controlled on PO pain medications. She denies N/V/CP/SOB/F/C. On post-op exam in clinic today patient noted to have opening at vaginal cuff draining copious amounts of purulent material. Of note, the patient has a h/o DM and reports that she has not been checking her BS at home

Past Medical History: DM, CHTN, Hypercholesterolemia

Past Surgical History:
: TLH, BSO, BPPALND

Past OB/GYN History:

1) G:0 P:0

2) OB History: n/a

- 3) Pap/STD History: no h/o abnormal Pap or STI
- 4) Menstrual: as above
- 5) Last Pap: as per HPI
- 6) Last Mammo: in benign
- 7) BCM: none

Social History:

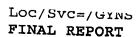
Family History: no cancer

Medications:

Allergies: NKDA

ROS:

- 1) HEENT: negative
- 2) Cardiac: negative
- 3) Respiratory: negative
- 4) GI, Liver: negative
- 5) GU: see HPI / GYN Hx





Discharge Date:

6) Neuro: negative 7) Skin: negative

8) Bleeding Tendencies: negative

9) Other: negative

Physical Examination:

- 1) HEENT: WNL
- 2) Breast: ND
- 3) Chest/Lungs: RRR. CTA bilaterally
- 4) Abdomen: soft. NT. ND. no masses. +BS. Steri-strips c/d/i.
- 5) Extremities: no edema
- 6) Neuro: nonfocal
- 7) Skin: WNL
- 8) LN: no LAD
- 9) Pelvic:
- 10) Vulva: WNL
- 11) Vagina: cuff open. copious amounts of purulent discharge. Cultures

Labs: ordered

Imaging: CT Abd/Pelvis ordered

Assessment and Plan:

s/p TLH, BSO, PPALND for Stage Ib endometrial adenoCA, admitted to gyn service for cuff abscess/dehissence

- UA, UCx, cultures of vaginal cuff sent from clinic today
- Will order CT abdomen / pelvis with PO and IV contrast
- CBC with dif
- blood cultures x2; will start on IV Levaquin/Flagyl once blood cultrues drawn
- DM: will start on diabetic diet with qAC accucheck
- HTN: will re-start home meds of Atenolol and Benazepril
- DVT PPx: patient to complete 2week outpatient course of prophylactic

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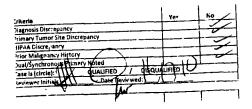
LOC/SVC=/GYNS FINAL REPORT Admit Date:
Discharge Date:

Lovenox during this admission

1 R1/

R4

DW Onc Fellow PLEASE SEE ATTENDING ADDENDUM DISCUSSED WITH DOCTOR:



Dictated By=

(MD)