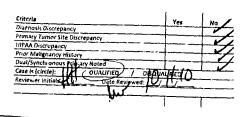
100-0-3 adenocarinomo, Endometrivid, Nos Site: Endometrium C54.1 8380/3





SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. UTERUS, CERVIX, AND BILATERAL ADNEXA, TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

- High grade endometrial adenocarcinoma, endometrioid type, FIGO grade III, with focal undifferentiated component (<5%)
- Pathologic stage: pT1a N0
- Right fallopian tube with a tiny focus of intraepithelial carcinoma
- See synoptic report
- B. OMENTUM # 1, EXCISION:
 - No evidence of carcinoma
- C. OMENTUM # 2, EXCISION:
 - No evidence of carcinoma
- D. LYMPH NODES, LEFT PELVIC, EXCISION:
 - Ten lymph nodes, negative for carcinoma (0/10)
- E. LYMPH NODES, LEFT COMMON ILIAC, EXCISION:
 - Two lymph nodes, negative for carcinoma (0/2)
- F. LYMPH NODES, RIGHT PELVIC, EXCISION:
 - Four lymph nodes, negative for carcinoma (0/4)
- G. LYMPH NODES, RIGHT COMMON ILIAC, EXCISION:
 - Two lymph nodes, negative for carcinoma (0/2)

Consultation: Dr.

SYNOPTIC REPORT:

Applies To:

A : CERVIX/UTERUS/LT & RT TUBES AND OVARIES

B: OMENTUM 1

C: OMENTUM 2

D: LT PELVIC LYMPH NODES

E: LT COMMON ILIAC

F: RT PELVIC LYMPH NODES

G: RT COMMON ILIAC LYMPH NODES

Specimen Type: Patient Case(s):	Macroscopic Uterus	
Copy For	:1	Sunset

Right ovary Left ovary

Right fallopian tube Left fallopian tube

Omentum

Other Organs Present:

Procedure:

None

Total abdominal hysterectomy and bilateral salpingo-

oophorectomy

Specimen Integrity:

Lymph Node Sampling:

Intact hysterectomy specimen

Pelvic lymph nodes

Common iliac lymph nodes

Microscopic

Histologic Type:

Endometrioid adenocarcinoma, not otherwise

characterized

Histologic Grade:

Tumor Site:

FIGO grade III

Corpus **Fundus**

Tumor Size:

Lower uterine segment Dimensions: 4 x 3.8 x 1.3cm

Myometrial Invasion:

Invasion present

No involvement

Less than 50% myometrial invasion

Comment(s): Minimal superficial invasion, less than 1

Involvement of Cervix:

Extent of Involvement

of Other Organs:

None

Margins:

Uninvolved by invasive carcinoma

Lymphovascular Invasion:

Not identified

Pathologic Staging (pTNM [FIGO]) AJCC 7th Edition 2010

Primary Tumor (pT):

pT1a [IA]: Tumor limited to endometrium or invades less

than one-half of the myometrium pN0: No regional lymph node metastasis

Regional Lymph Nodes (pN): Number of pelvic lymph

nodes examined:

Number of pelvic lymph

nodes involved:

14

Number of common iliac

lymph nodes examined:

Number of common iliac lymph nodes involved:

0

Additional Pathologic Findings

Focal intraepithelial carcinoma, right fallopian tube

Xanthogranulomatous salpingitis, right fallopian tube

Uterine leiomyoma

Adenomyosis, focal, involving less than 50% of the myometrial thickness

Both ovaries with surface epithelial inclusion cysts

Left fallopian tube with no histopathologic abnormality

SURGICAL PATHOLOGY REPORT

HISTORY:

Endometrial thickening, prior endometrial curettage showed scanty fragments of inactive/atrophic endometrium

MICROSCOPIC FINDINGS: See diagnosis.

SPECIAL STUDIES: Decalcification (A7)

IMMUNOHISTOCHEMISTRY:

Study / Antibody	Block	Result	
Ki-67 QL	A9	Highlights the focus of intraepithelial carcinoma in the fallopian tube	
P53 QL	A9	Highlights the focus of intraepithelial carcinoma in the fallopian tube	
PAX-8	A4	Endometrial carcinoma with few cells positive	
PAX-8	A9	Intraepithelial carcinoma in the fallopian tube positive	

GROSS:

A. CERVIX/UTERUS/LEFT AND RIGHT TUBES AND OVARIES

Labeled with the patient's name, labeled "cervix/uterus/left and right tubes and ovaries" and received fresh in the operating room for frozen section consultation and subsequently fixed in formalin is an intact 62.5 gm total hysterectomy and bilateral salpingo-oophorectomy specimen. The uterus is about $4.5 \times 4.3 \times 3.5$ cm. The cervix is 3.5 cm in length and has a width of 3.1 cm. The endometrial cavity is 3.8 cm in length and has a maximum width of 2.2 cm. The left fimbriated fallopian tube is 6.5 cm in length and has a maximum width of 0.6 cm. The left ovary is $2.7 \times 1.1 \times 1.0$ cm. The right fimbriated fallopian tube is 6.5 cm in length and has a maximum width of 0.5 cm. The right ovary is $2.9 \times 1.3 \times 1.3$ cm. The uterine wall thickness ranges in size from 0.7 cm to 1.3 cm. A small amount of parametrial tissue is present bilaterally. The left parametrial tissue is purple-tan, smooth and glistening and is 0.6×0.5 cm.

Within the posterior endometrial cavity in the corpus and fundus, there is a soft, irregular, polypoid white-tan mass that is $4.0 \times 3.8 \times 1.3$ cm. The lesion grossly involves the lower uterine segment. The cut surface of the lesion shows no myometrial invasion. The cut surface of the mass is white-tan, homogeneous with no areas of hemorrhage or necrosis grossly identified. The uterine serosa is grossly free of tumor.

Within the intramural portion of the anterior uterine corpus there is an intramural, white-tan, semi-firm, well-circumscribed leiomyoma. The leiomyoma is 2.7 x 2.2 x 0.7 cm. The cut surface of the leiomyoma shows focal areas of yellow-tan calcified areas. The remaining cut surface is white-tan, semi-firm, and whorled pattern with no areas of hemorrhage or necrosis grossly identified. Within the right fallopian tube there is a paratubal cyst within the mid third of the fallopian tube that measures 0.6 x 0.3 cm. The serosal surface of the cyst is white-tan, semi-translucent, and smooth and glistening. Sectioning through the cyst reveals semitranslucent, straw-colored cyst fluid. The lining of the cyst wall is tan, smooth and glistening with no masses or lesions seen grossly protruding from the cyst lining into the lumen of the cyst. Within the left ovary is a single corpora albicans which measures 0.2 cm in greatest dimension. The right ovary shows multiple white-tan, firm corpora albicans that range in size from 0.1 to 0.2 cm in greatest dimension.

No other masses or lesions are grossly identified. Representative sections are submitted.

Ink key:

Black - anterior and posterior serosal surface of uterine corpus and fundus

Slide key:

A1. Anterior cervix - 1

A2. Posterior cervix - 1

A3. Full thickness section of the mass - 1

A4. Mass to posterior lower uterine segment - 1

A5. Tumor to posterior lower uterine segment - 1

A6. Anterior uterine corpus and leiomyoma, full thickness section with serosa - 1

A7. Endometrial mucosa, anterior uterine corpus, underlying leiomyoma with full thickness cross section to serosal surface - 1

A8. Proximal, mid, distal fimbriated left fallopian tube; left ovary - 5

A9. Proximal, mid, distal fimbriated right fallopian tube, right ovary - 5

A10-A12. Additional sections of tumor, full thickness - 1 each

A13. Frozen section remnant - 1

A14-A16. Parametrium - 2

A17. Additional right fallopian tube - 4

A18,A19. Right fallopian tube - multiple

A20,A21. Left Fallopian tube - multiple

A22,A23. Additional tumor - 1 each

B. OMENTUM #1

Labeled with the patient's name, labeled "omentum #1" and received in formalin is an irregular portion of yellow-tan, smooth and glistening, soft fibroadipose tissue that is $7 \times 4.5 \times 0.9$ cm. Sectioning through the tissue does not reveal any masses or lesions grossly. Representative sections are submitted.

Slide key:

B1. Multiple

C. OMENTUM #2

Labeled with the patient's name, labeled "omentum #2" and received in formalin are multiple irregular fragments of yellow-tan, soft, smooth and glistening fibroadipose tissue that measure in aggregate $7.0 \times 4.9 \times 1.2$ cm. Sectioning through the fat does not reveal any masses or lesions grossly. No lymph nodes are grossly identified. Representative sections are submitted.

Slide key:

C1. Multiple

D. LEFT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "left pelvic lymph node" and received in formalin are multiple fragments of yellow-tan, smooth and glistening, soft to semi-firm fibroadipose tissue with marked distortion and marked brown-tan cautery artifact. The specimen measures in aggregate $4.5 \times 3.3 \times 0.7$ cm. Individual fragments range in size from 0.3 to 1.4 cm in greatest dimension. Sectioning through the tissue reveals multiple fragments of white-tan, semi-firm lymph nodes. The cut surfaces show a white-tan, homogeneous, semi-firm and fleshy parenchyma with no lesions or masses grossly identified. No other lesions or masses are grossly identified. All suspected lymphoid tissue is submitted.

Slide key:

D1-D4. Lymph nodes - 2, 3, 3, 2

E. LEFT COMMON ILIAC

Labeled with the patient's name, labeled "left common iliac" and received in formalin is a single elliptical portion of yellow-tan, semi-firm tissue that is 1.3 x 0.6 x 0.4 cm. Within the tissue there is one lymph node identified that is 1.2 x 0.4 x 0.4 cm. The cut surfaces of the lymph node are white-tan, semi-firm, homogenous and fleshy with no focal masses or lesions grossly identified. The lymph node is bisected and entirely submitted.

Slide key: E1. 2

F. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "right pelvic lymph node" and received in formalin are multiple irregular fragments of tan, smooth and glistening soft tissue that measure in aggregate 4.0 x 3.5 x 0.9 cm. Within the tissue approximately two lymph nodes are identified, which measure 2.1 x 1.5 x 0.5 cm and 2.3 x 1.0 x 0.8 cm. The cut surfaces of the lymph nodes show white-tan, semi-firm, homogeneous and fleshy parenchyma with no focal masses or lesions grossly identified. The lymph nodes are entirely submitted.

Slide key:

F1, F2. Lymph nodes - 2, 1

G. RIGHT COMMON ILIAC LYMPH NODE

Labeled with the patient's name, labeled "right common iliac lymph node" and received in formalin are multiple fragments of yellow-tan, semi-firm tissue fragments and two fragments of red-tan, soft and friable blood clot that measure in aggregate 3.0 x 2.5 x 0.6 cm. Within the tissue, two lymph nodes are grossly identified. The cut surfaces of the lymph nodes are tan, homogeneous, fleshy, and smooth and glistening with no masses or lesions grossly identified. Entirely submitted.

Slide key:

G1. Lymph nodes - 2 G2. Soft tissue - multiple

Gross dictated by

INTRAOPERATIVE CONSULTATION: OPERATIVE CALL **OPERATIVE CONSULT (FROZEN):**

FSA.

Adenocarcinoma, endometrium

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