Surg Path

CLINICAL HISTORY: Malignant neoplasm corpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries (AF1)", received fresh for frozen section is a 112 gram hysterectomy specimen with bilateral adnexa. uterine dimensions are 8.2 x 5.2 x 3.1 cm; the cervix is 2.7 cm in diameter and the os diameter is 0.9 cm. The specimen is opened to demonstrate a 3.4 \times $2.5 \times 2.2 \text{ cm}$ exophytic, soft, friable mass involving the anterior and posterior wall but sparing the fundus. The lesion extends into the lower uterine segment but does not extend into the endocervical canal (3.3 cm from the os). The myometrium averages 1.5 cm in thickness and the lesion grossly appears to invade 3 mm into the myometrium. A portion of the anterior wall endomyometrium was frozen as representative AF1.

The left adnexa consists of a 2.6 \times 1.6 \times 1.3 cm tan-yellow cerebriform ovary and a 3.5 cm long x 0.3 cm diameter fallopian tube (discontinuous, consistent with tubal ligation). The ovary exhibits small cortical cysts up to 0.4 cm in diameter and two white corpora albecantia up to 0.5 cm in greatest dimension. The right adnexa consists of a 4.5 cm long x 0.3 cm diameter fallopian tube (discontinuous, consistent with tubal ligation). The right ovary (2.2 x 1.6 x 1 cm) exhibits one cortical cyst (0.6 cm in diameter).

BLOCK SUMMARY:

Al- frozen section remnant (anterior wall endomyometrium with lesion)

A2- representative anterior cervix

A3- representative of posterior cervix

A4- representative of anterior lower uterine segment with lesion, longitudinal section

A5- posterior lower uterine segment with lesion, longitudinal section

A6-7- anterior endomyometrium, full thickness

A8-9- posterior endomyometrium, full thickness

Alo- uninvolved fundus

All- left tube and ovary

Al2- right tube and ovary

B. "Left pelvic lymph node", received fresh and placed in formalin is a 6.5 κ $6 \times 2.5 \text{ cm}$ aggregate of multiple fragments of yellow-tan fibroadipose tissue and lymph nodes. Twenty lymph node candidates are identified ranging in greatest dimension from 0.3 to 1.1 cm.

BLOCK SUMMARY:

B1- one lymph node candidate, sectioned

B2- six lymph node candidates, whole

B3- three lymph node candidates, whole

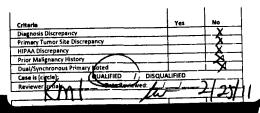
B4- two lymph node candidates, bisected (one black, one red)

B5-8- all have two lymph node candidates, all are bisected with one inked black and one inked blue

C. "Right pelvic lymph node", received fresh and placed in formalin is a 8 \times 6 x 3 cm aggregate of tan-yellow fibroadipose tissue containing lymph nodes. Twenty lymph node candidates are identified, ranging in greatest dimension from 0.2 to 2.5 cm.

BLOCK SUMMARY:





C1-2- largest lymph node candidate, bisected

C3- one lymph node candidate bisected

C4- three lymph node candidates (one bisected is inked blue)

C5- three lymph node candidates

C6- seven lymph node candidates

C7- five lymph node candidates

D. "Right aortic lymph node", received fresh and placed in formalin is a 2.3 \times 1.8 x 0.7 cm fragment of tan-yellow fibroadipose tissue containing two lymph node candidates. The lymph nodes are bisected and submitted in blocks D1-2respectively.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and ovaries": AF1 (representative full thickness)

1 endometrioid carcinoma

2 figo grade 3

3 invasive, 3 mm into 15 mm wall

MICROSCOPIC EXAMINATION: Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pTlb pN0 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. "UTERUS, CERVIX, BILATERAL TUBES AND OVARIES (AF1)":

UTERUS: 112 GRAMS

ENDOMETRIUM: CARCINOMA

TUMOR SITE: ANTERIOR AND POSTERIOR WALL

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 3

TUMOR SIZE: 3.4 X 2.5 X 2.2 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.3 CM, IN A 1.3 THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: INACTIVE

REMAINING MYOMETRIUM: NO PATHOLOGIC DIAGNOSIS.

CERVIX: NEGATIVE FOR TUMOR SEROSA: NEGATIVE FOR TUMOR

SPECIMEN MARGINS: NOT INVOLVED

RIGHT AND LEFT FALLOPIAN TUBES: NEGATIVE FOR CARCINOMA. RIGHT AND LEFT OVARIES: NEGATIVE FOR CARCINOMA.

B. "LEFT PELVIC LYMPH NODES":

TWENTY LYMPH NODES, NEGATIVE FOR CARCINOMA (0/20).

C. "RIGHT PELVIC LYMPH NODES":

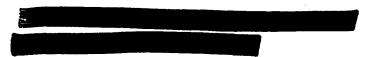
TWENTY LYMPH NODES, NEGATIVE FOR CARCINOMA (0/20).

D. "RIGHT AORTIC LYMPH NODES":

TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).

COMMENT: In part A, poorly differentiated adenocarcinoma involves the lower uterine segment, but not the endocervix.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).



CI ADDENDUM 1: Please see tests.

__ ; for results of supplementary

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

