ICD-O-3
Adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1
2/24/11 hw

[redacted]

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initial: RMH Date Reviewed: 2/24/11 hw

Surg Path

CLINICAL HISTORY:
History of high grade endometrial cancer.

GROSS EXAMINATION:
A. "Uterus, cervix". Received fresh is uterus with attached fallopian tubes and ovaries. The opened 9 x 6.5 x 4.5 cm uterus discloses massive tumor in multiple states. Arising from the posterolateral fundal wall is a 6 x 5 x 2.5 cm tan, relatively solid, fungating tumor which projects into the endometrial lumen, and on cross section, invades 3 mm into the 1.2 cm thick myometrium (A4). Focally it shows hemorrhage and yellow streaks (A9, A10). Sections of the junction of tumor and normal endometrium are in A3,13.

On the anterior mucosal surface is a slightly discolored tan-yellow plaque which may represent tumor as a kissing lesion from that described above; there is no apparent myometrial invasion at this point. A third area of tumor is present as a 1.5 cm raised nodule in the posterolateral lower uterine segment 0.5 cm from the main tumor mass described above. This nodule also penetrated 3 mm into the 1.2 cm thick uterine wall. A continuous strip of uterus is submitted to encompass the main tumor mass (A5), the nodule in the lower uterine segment (A6) and cervix (A7) (inked at inferior cut edge in A5,6). Present in the anterior mucosa of the endometrium is a 2 mm yellow plaque (A8). The 2.5 cm long endocervix is normal (Anterior A11, Posterior A12). The right ovary 1.5 x 1 x 0.9 cm (A1), right fallopian tube 7.5 x 0.3 to 0.5 cm (A1), left ovary 1.5 x 1 x 0.5 cm (A2), and left fallopian tube 8 x 0.3 to 0.5 cm (A2) are normal.

B. "Right obturator", received fresh. The specimen consists of a 4.5 x 3 x 0.9 cm fibrofatty tissue which contains lymph nodes, the largest of which measures 3 x 0.9 x 0.5 cm (B1). Eight lymph node candidates are placed in B2.

C. "Right common", received fresh. A 1.5 x 0.9 x 0.4 cm tan lymph node candidate is present and is placed in toto in Blocks C1.

D. "Right paraaortic", received fresh. The specimen consists of a 5.5 x 2.5 x 0.4 cm fibrofatty tissue with lymph nodes, the largest of which measures 1.5 x 0.9 x 0.2 cm in (D1). Two additional lymph node candidates are placed in D2.

E. "Left pelvic", received fresh. The specimen consists of a 3.5 x 2.5 x 0.9 cm fibrofatty tissue with lymph nodes, the largest of which is 3 x 1.2 x 0.4 cm (E1). A smaller node is also included in E1.

F. "Left obturator", received fresh. The specimen consists of a 2.5 x 1.5 x 0.3 cm fibrofatty tissue with lymph nodes, the largest of which measures 1.4 x 0.4 x 0.3 cm (F1). Two additional node candidates are placed in F1.

G. "Left paraaortic", received fresh. The specimen consists of 2.5 x 2 x 0.5 cm fibrofatty tissue with lymph nodes, the largest of which measuring 2 x 1 x 0.5 cm (G1). Two additional node candidates are placed in G1.

H. "Omentum x2". Received fresh are two fragments of fatty tissue measuring 13 x 8 x 2 cm. Two lymph node candidates are in H1, four in H2, five in H3, and seven in H4.

INTRA OPERATIVE CONSULTATION:
"Uterus, Gross consultation": Carcinoma deeply invading uterine wall [redacted].

DIAGNOSIS:

[redacted]

UTERUS (A):
ENDOMETRIUM: ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 3. SEE NOTE.
WITH PROBABLE METASTASIS, MICROSCOPIC TO:
LEFT OVARY, 1 MM. SEE NOTE.
MYOMETRIUM: ADENOMYOSIS.
CERVIX: NO PATHOLOGIC DIAGNOSIS.

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR:
B. RIGHT OBTURATOR LYMPH NODES, 10 NODES.
C. RIGHT COMMON ILIAC LYMPH NODE, 1 NODE.
D. RIGHT PARAAORTIC LYMPH NODES, 4 NODES.
E. LEFT PELVIC LYMPH NODES, 2 NODES.
F. LEFT OBTURATOR LYMPH NODES, 2 NODES.
G. LEFT PARAAORTIC LYMPH NODES, 3 NODES.
H. OMENTUM: FIBROFATTY TISSUE ONLY.

NOTE: The tumor is a 6 cm mass arising in the posterior lateral wall, a subsidiary 1.5 cm nodule in the posterior lower uterine segment and a small amount of mucosal surface tumor presumably representing that from a kissing lesion in the anterior endometrium. The largest tumor mass projects and fills the endometrial lumen, but invades maximally 3 mm into the myometrial wall 1.2 cm thick. The tumor, microscopically, is largely endometrioid. In the lower uterine segment, clusters of tumor cells focally have clear cytoplasm resembling that seen in the outside biopsy [illegible]; the amount of clear cell change however is insufficient to label the tumor as clear cell adenocarcinoma. Areas of the main tumor mass also show highly bizarre cells, some of which are multinucleate, but insufficient for the designation of giant cell carcinoma. Focal areas also show papillarity and bulbous nuclei, but insufficient to diagnose serous adenocarcinoma.

A 1 mm nodule in the hilar region of the ovary is composed of extremely well differentiated tumor with cilia which I feel most likely represents a metastasis, but could be a microscopical focus of primary malignant serous adenofibroma. Metastatic tumors to the ovary, because of the hormonal milieu in the ovary, sometimes are more highly differentiated than the primary from which they come. Finally, deep in the uterine wall are small nodules of inflammatory cells. While demonstrating no obvious tumor, it may be a reaction to tumor cells, supporting that the ovarian tumor is a metastasis.

[redacted]