ICD-O-3
Adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium C54.1 2/25/11 hr

[redacted]

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials	Date Reviewed: 2/25/11	KM

[redacted]

Surg Path

CLINICAL HISTORY:
Malignant neocorpus uteri.

GROSS EXAMINATION:
A. "Uterus, cervix, bilateral tubes and ovaries (AF1-2)", received fresh for frozen section and placed in formalin at [redacted] is a 368 gram, 11.1 x 7.5 x 7.2 cm uterus with attached left ovary (3 x 2.2 x 1.5 cm), left fimbriated fallopian tube (8.6 cm long x 0.5 cm in diameter), right ovary (3.7 x 2.7 x 1.6 cm), and right fimbriated fallopian tube (7.1 cm long x 0.5 cm in diameter). The uterus was received open from the OR, chiseled and grossly distorted. Extending 0.4 cm into a 3.5 cm thick myometrium is a 3.4 x 1.4 x 0.5 cm (protruding into cavity) soft, tan, friable endometrial mass that involves both the anterior and posterior endometrium. The mass is 3.5 cm from the anterior and posterior lower uterine segment. A full-thickness section of the mass and underlying myometrium was frozen as representative AF1-2. The uninvolved endometrium (0.1 cm thick) is smooth, tan, and is within a 3.1 cm wide x 7.6 cm long endometrial cavity. The myometrium has eight homogenous, white, whorled nodules ranging from 0.7 x 0.7 x 0.5 cm up to 4.3 x 3.5 x 3.5 cm, each of which bulge on cut section. At the posterior lower uterine segment is a 3.8 x 3.1 x 2.5 cm full-thickness defect with surrounding tattered soft tissue. The cervix is 2.8 cm in diameter and has a scant amount of recognizable smooth, white ectocervix and a grossly distorted endocervical canal. The serosa is tan and smooth with a single subserosal homogenous, white, whorled nodule (2.2 x 1.5 x 1.5 cm).

The left ovarian surface is smooth, yellow-tan. The parenchyma has a 0.9 x 0.9 x 0.8 cm smooth, well-circumscribed, rubbery, pink-purple nodule that is 0.2 cm to the capsule. The right ovarian surface is smooth, tan-yellow. There is a 1.2 x 1.1 x 1 cm smooth, rubbery, tan, lobulated nodule that is 0.1 cm to the capsule. The remainder of the left and right ovarian parenchyma are unremarkable. The right fimbria is dusky purple-red and the left and right fallopian tube mucosa are each diffusely erythematous.

Also received in the same container is a 52 gram (6.6 x 4.3 x 3.5 cm) homogenous, white, whorled nodule without hemorrhage or necrosis.

BLOCK SUMMARY:

A1-2- frozen section remnants from A1-2, respectively
A3-4- full-thickness section of anterior endomyometrium with mass, one piece bisected
A5-6- full-thickness of posterior endomyometrium with mass, one piece bisected
A7-8- additional sections of endomyometrium with mass
A9- perpendicular of anterior lower uterine segment
A10- perpendicular section of posterior lower uterine segment
A11- probable anterior cervix
A12- posterior cervix
A13-14- intramural nodules with the largest intramural nodule in A14
A15- subserosal nodule
A16- left ovarian nodule
A17- left fallopian tube
A18- right ovarian nodule
A19- right fimbriated fallopian tube
A20- representative of separate nodule
A21-27- remainder of posterior cervix
A28-30- remainder of anterior cervix

[redacted]

B. "Left pelvic lymph node", received unfixed and placed in formalin at [redacted] is a 2.7 x 1 x 0.4 cm unremarkable pink-tan lymph node is serially sectioned and submitted entirely in B1.

C. "Right pelvic lymph nodes", received unfixed and placed in formalin at [redacted] are two unremarkable pink-tan lymph nodes, ranging from 1 x 0.6 x 0.5 cm up to 1.3 x 0.7 x 0.5 cm. Each lymph node is bisected with the smaller one in C1 and the larger one in C2.

[redacted]

INTRA OPERATIVE CONSULTATION:
A. "Uterus, cervix, bilateral tubes and ovaries": AF1-2- (representative)- well-differentiated endometrioid adenocarcinoma (grade 1). Tumor limited to endometrium [redacted]

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

IMMUNOHISTOCHEMICAL FINDINGS:
Immunohistochemical stains for inhibin and calretinin are performed on the left ovarian nodule (slide A16) and are strongly positive supporting the diagnosis of hilus cell tumor.

Immunohistochemical stains performed on the right ovarian nodule show strong staining for inhibin and weak staining for actin. [redacted]s negative. This immunohistochemical profile supports cellular fibroma.

The immunoperoxidase tests reported herein were developed and their performance characteristics were determined by the [redacted]. Some of them may not be cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

DIAGNOSIS:
A. UTERUS WITH CERVIX, BILATERAL OVARIES AND FALLOPIAN TUBES:

UTERUS: 368 GRAMS
CARCINOMA OF THE ENDOMETRIUM:
TUMOR SITE: CORPUS.
HISTOLOGIC TYPE: WELL-DIFFERENTIATED ENDOMETRIOID ADENOCARCINOMA.
FIGO GRADE: 1.
TUMOR SIZE: 3.4 X 1.4 X 0.5 CM.
MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.9 CM, IN A 3.1 THICK WALL, (29% THROUGH WALL).
LYMPHATIC/VASCULAR INVASION: FEW FOCI SUSPICIOUS FOR LYMPHOVASCULAR INVASION (SEE COMMENT).
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: INACTIVE.
REMAINING MYOMETRIUM: MULTIPLE LEIOMYOMAS MEASURING UP TO 4.3 CM IN GREATEST DIMENSION.
CERVIX: NO PATHOLOGIC ABNORMALITY.
SEROSA: FREE OF TUMOR.
SPECIMEN MARGINS: NOT INVOLVED.

LEFT OVARY: 0.9 CM HILUS CELL TUMOR. 8660/3
RIGHT OVARY: 1.2 CM MITOTICALLY ACTIVE CELLULAR FIBROMA (SEE COMMENT).
BILATERAL FALLOPIAN TUBES: NO PATHOLOGIC ABNORMALITY.

[redacted]

OTHER FINDINGS: SEPARATE 6.6 CM LEIOMYOMA.

B. LEFT PELVIC LYMPH NODE (EXCISION):

NO TUMOR SEEN IN ONE LYMPH NODE (0/1).

C. RIGHT PELVIC LYMPH NODE (EXCISION):

NO TUMOR SEEN IN TWO LYMPH NODES (0/2).

Comment: Within the hysterectomy specimen, there are a few foci suspicious for lymphovascular invasion by tumor. The specimen is received disrupted and artifactual displacement of tumor into lymphatic spaces is a possibility. Dr. was consulted and concurs.

Sections of the right ovarian nodule show a cellular spindle cell neoplasm with increased mitotic activity , and no cytologic atypia. The spindle cells are positive for inhibin supporting a mitotically active cellular fibroma. Dr. as also reviewed sections from the right ovary and concurs with this interpretation.

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

[redacted]

CI ADDENDUM 1:

[redacted]

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

[redacted]

[redacted]