Specimen Date/Time:

# **DIAGNOSIS**

adinocarcinoma, indometrioid, Nos 8380/3 Site: indometrium C54.1 / 5/1/4

UTERUS, CERVIX, TUBES AND OVARIES:

ENDOMETRIAL, ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 3.

DEPTH OF MYOMETRIAL INVASION 5.0 MM (TOTAL MYOMETRIAL THICKNESS 32.0 MM). LYMPHATIC/VASCULAR INVASION IS IDENTIFIED WITHIN THE MYOMETRIUM.

Tumor does not involve the cervix.

Bilateral ovaries and fallopian tubes, no tumor present.

(B) LEFT PELVIC LYMPH NODES:

Eight lymph nodes with numerous non-necrotizing granulomas; no tumor present (0/8). (See comment) (C) LEFT LOW PARAAORTIC LYMPH NODE:

One lymph node with numerous non-necrotizing granulomas; no tumor present (0/1). (See comment)

(D) RIGHT PÉLVIC LYMPH NODE:

Ten lymph nodes with numerous non-necrotizing granulomas; no tumor present (0/10).

(E) PARAAORTIC LYMPH NODE:

One lymph node with numerous non-necrotizing granulomas; no tumor present (0/1). (See comment)

# COMMENT

Non-necrotizing lymph nodes of this type can be seen in sarcoidosis. Infectious causes should also be ruled out clinically, although infections (tuberculosis, fungal) are typically associated with necrotizing granulomas.



# **GROSS DESCRIPTION**

(A) UTERUS, CERVIX, TUBES AND OVARIES - Received is an 11 x 6.5 x 3.0 cm uterus weighing 130 grams with attached unremarkable ovaries (each 2.0 x 1.5 x 1.0 cm) and unremarkable fallopian tubes (each 6.0 cm in length and 0.6 cm in average

Located within the fundus is a  $5.0 \times 4.0 \times 2.5$  cm ill-defined soft friable hemorrhagic polypoid mass that predominantly involves the anterior wall. The majority of the tumor is free floating within the uterine cavity. The tumor superficially appears to invade into the myometrium (approximately 0.4 cm of a 3.3 cm myometrial wall). The tumor does not extend into the lower uterine segment or cervix. The adjacent normal endometrium has a maximum thickness of 0.2 cm and the maximum thickness of the myometrium is 3.3 cm. No other lesions are identified. The tumor does not grossly involve the cervix. INK CODE: Yellow - transected edges of a full-thickness section.

SECTION CODE: A1, A2, full-thickness section of anterior endomyometrium including polypoid lesion, for frozen section diagnosis; A3, full-thickness section of posterior endomyometrium for frozen section diagnosis; A4, representative section of tumor, for frozen section diagnosis; A5, A6, full-thickness section of anterior endomyometrium including polypoid lesion; A7-A9, full-thickness section of anterior endomyometrium including polypoid lesion; A10-A12, representative sections of posterior endomyometrium, full-thickness section adjacent to detached tumor within the endometrial cavity; A13-A17,detached tumor, entirely submitted; A18, representative sections of anterior and posterior cervix; A19, representative sections of right ovary; A20, representative sections of right fallopian tube; A21, representative section of left ovary; A22, representative section of left fallopian

\*FŠ/DX: ENDOMETRIAL ENDOMETRIOID ADENOCARCINOMA GRADE 3. DEPTH OF MYOMETRIAL INVASION IS 5.0 MM (TOTAL MYOMETRIAL THICKNESS 32 mm). LYMPHATIC/VASCULAR INVASION IS PRESENT. (B) LEFT PELVIC LYMPH NODE – Multiple yellow-pink fibroadipose tissue (12.0 x 6.5 x 3.0 cm) with multiple lymph nodes

ranging from  $0.6 \times 0.5 \times 0.5$  cm to  $5.0 \times 3.0 \times 2.0$  cm. The lymph nodes are entirely submitted.

SECTION CODE: B1, four possible lymph nodes; B2-B5, one possible lymph node serially sectioned; B6-B8, one lymph node serially sectioned; B9-B17, one lymph node serially sectioned; B18-B28, one large lymph node serially sectioned.

Criteria	1	- 1
Diagnosis Discrepancy	Yes	No.
Primary Tumor Site Discrepancy		X
I i PAA Discrepancy		
Prior Malignan v History		X
Gual/Synchronous Primary Noted		X
Case is (circle): DUALIFIED /		V
Reviewer Initials Date Reviewe	DISQUALIFIED.	4
		2
	2017	

Specimen Date/Time:

### **DIAGNOSIS**

(A) UTERUS, CERVIX, TUBES AND OVARIES:

ENDOMETRIAL, ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 3.

DEPTH OF MYOMETRIAL INVASION 5.0 MM (TOTAL MYOMETRIAL THICKNESS 32.0 MM).

LYMPHATIC/VASCULAR INVASION IS IDENTIFIED WITHIN THE MYOMETRIUM.

Tumor does not involve the cervix.

Bilateral ovaries and fallopian tubes, no tumor present.

(B) LEFT PELVIC LYMPH NODES:

Eight lymph nodes with numerous non-necrotizing granulomas; no tumor present (0/8). (See comment)

(C) LEFT LOW PARAAORTIC LYMPH NODE:

One lymph node with numerous non-necrotizing granulomas; no tumor present (0/1). (See comment)

(D) RIGHT PELVIC LYMPH NODE:

Ten lymph nodes with numerous non-necrotizing granulomas; no tumor present (0/10).

(E) PARAAORTIC LYMPH NODE:

One lymph node with numerous non-necrotizing granulomas; no tumor present (0/1). (See comment)

#### COMMENT

Non-necrotizing lymph nodes of this type can be seen in sarcoidosis. Infectious causes should also be ruled out clinically, although infections (tuberculosis, fungal) are typically associated with necrotizing granulomas.

### **GROSS DESCRIPTION**

(A) UTERUS, CERVIX, TUBES AND OVARIES – Received is an 11 x 6.5 x 3.0 cm uterus weighing 130 grams with attached upremarkable ovaries (each 2.0 x 1.5 x 1.0 cm) and unremarkable fallopian tubes (each 6.0 cm in length and 0.6 cm in average description).

Located within the fundus is a  $5.0 \times 4.0 \times 2.5$  cm ill-defined soft friable hemorrhagic polypoid mass that predominantly involves the anterior wall. The majority of the tumor is free floating within the uterine cavity. The tumor superficially appears to invade into the myometrium (approximately 0.4 cm of a 3.3 cm myometrial wall). The tumor does not extend into the lower uterine segment or cervix. The adjacent normal endometrium has a maximum thickness of 0.2 cm and the maximum thickness of the myometrium is 3.3 cm. No other lesions are identified. The tumor does not grossly involve the cervix.

INK CODE: Yellow - transected edges of a full-thickness section.

SECTION CODE: A1, A2, full-thickness section of anterior endomyometrium including polypoid lesion, for frozen section diagnosis; A3, full-thickness section of posterior endomyometrium for frozen section diagnosis; A4, representative section of tumor, for frozen section diagnosis; A5, A6, full-thickness section of anterior endomyometrium including polypoid lesion; A7-A9, full-thickness section of anterior endomyometrium including polypoid lesion; A10-A12, representative sections of posterior endomyometrium, full-thickness section adjacent to detached tumor within the endometrial cavity; A13-A17, detached tumor, entirely submitted; A18, representative sections of anterior and posterior cervix; A19, representative sections of right ovary; A20, representative sections of right fallopian tube; A21, representative section of left ovary; A22, representative section of left fallopian tube.

\*FŠ/DX: ENDOMETRIAL ENDOMETRIOID ADENOCARCINOMA GRADE 3. DEPTH OF MYOMETRIAL INVASION IS 5.0 MM (TOTAL MYOMETRIAL THICKNESS 32 mm). LYMPHATIC/VASCULAR INVASION IS PRESENT.

(B) LEFT PELVIC LYMPH NODE – Multiple yellow-pink fibroadipose tissue (12.0  $\times$  6.5  $\times$  3.0 cm) with multiple lymph nodes ranging from 0.6  $\times$  0.5  $\times$  0.5 cm to 5.0  $\times$  3.0  $\times$  2.0 cm. The lymph nodes are entirely submitted.

SECTION CODE: B1, four possible lymph nodes; B2-B5, one possible lymph node serially sectioned; B6-B8, one lymph node serially sectioned; B9-B17, one lymph node serially sectioned; B18-B28, one large lymph node serially sectioned.



Specimen_Date/	/Time:			
(D) RIGHT PELVI nodes ranging SECTION serially sectioned:	GRANULOMATOUS LYMPHADE IC LYMPH NODE – Multiple yellowing from 0.6 x 0.6 x 0.4 cm to 3.8 c CODE: D1, four possible lymph node particle.	ingle 3.5 x 1.5 x 1.0 cm lymph nod NITIS; NEGATIVE FOR TUMOR. W-pink fibroadipose tissue (10.5 x 4 x 2.5 x 1.7 cm. The lymph nodes anodes; D2, two possible lymph node ectioned; D9-D16, one lymph node possible lymph node possible lymph node measuring 1	4.0 x 2.5 cm in aggregare entirely submitted es; D3, D4, each cont	pate) with multiple fatty

### **CLINICAL HISTORY**

Endometrial cancer.

### **SNOMED CODES**

"Some tests reported here may have been developed and performance characteristics determined by specifically cleared or approved by the U.S. Food and Drug Administration."

Entire report and diagnosis completed by:

MD

. These tests have not been

-----END OF REPORT-----