Adenocarcinoma, Indonetricial 8380/3 Site Endonetrum C54.1



Final Surgical Pathology Report

#### Procedure:

### Diagnosis

A. Uterus, cervix, both tubes and ovaries, total hysterectomy and bilateral salpingo-oophorectomy:
Grade 2 endometrioid adenocarcinoma (with focal squamous differentiation), invading 32% of the myometrial thickness.
Multiple leiomyomata and adenomyosis present.
Cervix, no significant pathology.
Right and left ovaries, no significant pathology.
Right fallopian tube with endometriosis; left fallopian tube with salpingitis follicularis

B. Hernia sac, herniorrhaphy: Fibroadipose tissue consistent with origin from hernia sac.

### Microscopic Description:

A. This uterus contains abundant endometrioid adenocarcinoma which is mostly low grade and associated with focal atypical complex hyperplasia. However, in blocks 11 and 12 there is a relatively small focus of invasive grade 3 carcinoma with abundant high grade squamous differentiation. This single focus invades 32% of the myometrial thickness.

Histologic type: Endometrioid adenocarcinoma with focal high grade squamous differentiation

Histologic grade: Overall grade 2

Myometrial invasion:

6 mm depth of invasion

19 mm depth of myometrial thickness

32% % of myometrial wall

Cervix: No significant pathology

Primary tumor (pT) TNM (FIGO): pTla (IA)

Margins of resection: Negative

Vascular invasion: Negative

Regional lymph nodes (pN): Cannot be assessed

Distant metastasis (pM): Cannot be assessed

Other findings: Multiple leiomyomata and extensive adenomyosis

Right ovary, no significant pathology; right fallopian tube with endometriosis  $% \left( 1\right) =\left( 1\right) +\left( 1\right) +\left($ 

Left ovary, no significant pathology; left fallopian tube with salpingitis follicularis MSI testing: Ordered on block  ${\tt A12}$ 

B. Microscopic examination performed

## Specimen

A. Uterus, cervix, both tubes and ovaries

B. Hernia sac

Clinical Information

G1 endometrial carcinoma. Possible splenic lesion, 4 mm pulmonary nodules

Intraoperative Consultation

A. Complex hyperplasia with atypia. No definite evidence of an invasive process. Adenomyosis also present.

# Gross Description

A. Received fresh labeled "uterus, cervix, both tubes and ovaries" is a 142 g, 7.0 x 6.2 x 4.7 cm symmetrical uterine corpus with attached 3.8 cm cervix and bilateral adnexa. The serosa is smooth tan-pink. The annular 3.5 cm tan-white ectocervix surrounds a 1.0 x 0.2 cm ovoid patent os. Endocervical mucosa is mildly trabecular tan-pink. The distorted, 4.2 x 2.7 cm uterine cavity is lined by markedly soft pale tan endometrium/tumor. A frozen section is performed. On sectioning, the lesion has an apparent maximal thickness of 0.8 cm, involving the upper one 3rd of the myometrium anteriorly. The myometrium is markedly trabecular tan-pink and measures up to 2.5 cm. A few rubbery tan-white intramural leiomyomata measuring up to 1.7 cm are present. Bilaterally, the rubbery tan-pink ovaries average 2.4 x 2.0 x 1.6 cm. On sectioning, the stroma both ovaries is pale tan with identifiable corpora albicantia. The markedly convoluted right and left fallopian tubes are adhesed and appear to be to measure approximately 5 cm in length and range from 0.4 to 0.8 cm in diameter. The lumina appear pinpoint.

Summary: 1 and 2 - anterior cervix/Lus, continuity inked blue, 3 through 7 - representative anterior endomyometrium, fundus to Lus including identifiable tumor, 8 and 9 - posterior cervix/lower uterine segment, continuity inked black, 10 through 13 - posterior endomyometrium, fundus to Lus, 14 - leiomyomata, 15 - right adnexa, 16 and 17 - left adnexa

B. Received fresh and subsequently fixed in formalin labeled "hernia sac" is a  $4.3 \times 4.3 \times 0.5$  cm aggregate of pink-tan fibromembranous tissue and yellow lobular fat. RS 1.

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Diagnosis Discrepancy		_\ <u>_</u>
Primery Tumor Site Discrepancy		1
HIF AA Discrepancy	_	
Prior Malignancy History		
Duai/Synchronous Primary Noteti		
Case is (circle): CiUALITIED / DIS	QUALIFIED	