



Sex: Female
D.O.B.:
MRN #
Ref Physician

PHYSICIAN INFORMATION

SPECIMEN INFO

Collected:
Received:
Reported:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Lymph nodes, right paraaortic, excision:
Negative for malignancy, five lymph nodes.

B. Lymph node, left paraaortic, excision:
Negative for malignancy, one node.

C. Uterus, tubes and ovaries, radical hysterectomy:
Tumor Characteristics:

1. Histologic type: Endometrioid adenocarcinoma.
2. Histologic grade: 3 (see comment).
3. Tumor site: Endometrial cavity and superficial myometrium.
4. Tumor size: 4.1 x 3.9 cm.
5. Myometrial invasion: Present; malignancy is confined to the inner one-half of the myometrium (3.0 mm invasion into 20 mm thick myometrium).
6. Involvement of cervix: Not identified.
7. Extent of involvement of other organs: No other organ involvement identified.
8. Lymphovascular space invasion: Not identified.

Surgical Margin Status:

1. Margins are free of malignancy; right and left parametrial tissues are histologically unremarkable.

Lymph Node Status:

1. Number of lymph nodes received (includes all parts): 16.
2. Number of lymph nodes containing metastatic carcinoma: 0.

Other:

1. Other significant findings:
Cervix: Squamous metaplasia and chronic inflammation; negative for dysplasia or malignancy.
Endocervical canal: No malignancy identified.
Endometrium: Two hyperplastic type, histologically benign endometrial polyps are present, in addition to the malignancy described above.
Myometrium: Leiomyomata.
Serosa: Fibrovascular adhesions.
Fallopian tubes and ovaries: Fibrovascular adhesions, bilateral.
Serous cystadenoma, histologically benign, unilateral.

2. pTNM stage: pT1a, N0.

D. Lymph nodes, right pelvic, excision:
Negative for malignancy, five nodes.

E. Lymph nodes, left pelvic, excision:
Negative for malignancy, five nodes.

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/Initials	Date Reviewed:	

KMT 10/25/11 10/25/11

100-0-3

adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium - 054-1 10/25/11

Electronic Signature:

COMMENTS:

The morphology of the endometrial carcinoma is Grade 2. The presence of focally significant nuclear atypia, however, places the overall differentiation as Grade 3. Convincing features of papillary serous carcinoma are not identified.

CLINICAL HISTORY:

Preoperative Diagnosis:

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right paraaortic lymph node
- B. Left paraaortic lymph node
- C. Uterus, cervix, bilateral tubes and ovaries
- D. Right pelvic lymph node
- E. Left pelvic lymph node

CLINICAL INFORMATION

GROSS DESCRIPTION:

A. Received in formalin labeled and #1 right paraaortic, is a 4.2 x 2.5 x 0.8 cm, irregular fibroadipose tissue bearing five irregular tan-yellow firm tissue consistent with probable lymph node, ranging from 0.3 x 0.2 x 0.2 cm to 1.8 x 0.7 x 0.6 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1 - two whole probable lymph nodes; 2-4 - one lymph node bisected in each. The blocks are labeled

B. Received in formalin labeled and #2 left paraaortic lymph node, is a 2.8 x 1.5 x 1.0 cm, irregular fibroadipose tissue bearing a 2.8 x 0.5 x 0.2 cm, irregular, tan-yellow firm tissue consistent with probable lymph node. The specimen is sectioned and submitted in its entirety as labeled: 1 - one lymph node, bisected; 2 - adipose tissue. The blocks are labeled

C. Received in formalin labeled and #3 uterus, cervix, and bilateral tubes and ovaries, is a 114 gm, previously inked and opened hysterectomy specimen, consisting of a 6.5 x 5.7 x 2.7 cm, uterine body and an attached 3.6 x 2.4 x 2.2 cm cervix. The bilateral adnexa are attached to the cornua. However, the orientation of the specimen is not completely obvious.

The serosa is shaggy and tan-red. The ectocervix is smooth to granular, hemorrhagic and tan, with a 0.6 cm, slit-like os.

The endocervical canal is granular, tan-red, and 3.1 cm in length. The endometrial cavity is 3.1 cm from cornu to cornu and 4.9 cm in length. There is a 4.1 x 3.9 cm polypoid, friable tan-white mass in one half of the endometrial cavity. The mass does not appear to extend into the lower uterine segment. The mass does not grossly appear to involve the underlying myometrium.

The remainder of the endometrium is tan-pink with two tan-pink endometrial polyps, measuring 0.6 cm and 1.8 cm in greatest dimension. The smaller polyp is in the same side of the cavity as the mass and the larger polyp is in the opposite cavity.

The myometrium is trabeculated, tan-pink, and ranges in thickness from 1.3 cm to 1.9 cm. There are two intramural, whorled, gray-white dense nodules measuring 0.2 cm and 1.3 cm in greatest dimension. No areas of hemorrhage or necrosis are identified in the nodules.

The 4.2 x 3.2 x 1.7 cm, ovary has a shaggy, tan-red outer surface. The cut surface is tan-yellow with a gray-white corpora albicans. Attached to the ovary is a 4.8 x 3.5 x 1.1 cm, portion of shaggy, tan-red to yellow, fibrofatty soft tissue. Within this tissue is a 2.3 x 0.4 cm, possible fimbriated fallopian tube with a shaggy tan-red serosa and a pinpoint lumen.

The 4.8 x 2.5 x 1.2 cm, ovary has a shaggy, tan-red outer surface. The cut surface is tan-yellow.

Attached to the ovary is a 1.8 x 0.4 cm, possible fimbriated fallopian tube and a 4.3 x 2.1 x 0.5 cm, ovoid, tan-pink membranous tissue. The fallopian tube has a shaggy, tan-red serosa with a pinpoint lumen. The cut surface of the membranous tissue consists of a 3.2 cm, smooth-lined cyst containing a clear serous fluid. No excrescences are identified.

The specimen is serially sectioned and representative sections are submitted as labeled: 1-2 - anterior and posterior cervix; 3-4 - anterior and posterior lower uterine segment; 5-6 - full thickness endometrial mass in each; 7-8 - endometrial mass; 9 - smaller endometrial polyp in toto; 10 - larger endometrial polyp, entirely submitted; 11 - uninvolved endomyometrium with serosa; 12 - myometrial nodules; 13-14 - left and right parametrium; 15-17 - smaller ovary and attached fallopian tube; 18 - larger ovary; 19 - larger ovary and attached fallopian tube; 20 - cystic tissue attached to larger ovary. The blocks are labeled

also received in the same container are a yellow, a green and a blue cassette labeled for

D. Received in formalin labeled and #4 right pelvic lymph node, is a 6.2 x 5.5 x 2.1 cm, irregular fibroadipose tissue bearing five irregular tan-yellow firm tissues consistent with possible lymph node, ranging from 0.4 x 0.3 x 0.2 cm to 4.4 x 1.8 x 0.7 cm. The specimen is sectioned and representative sections are submitted to include the lymph node in their entirety as labeled: 1 - two whole probable lymph nodes; 2 - one lymph node bisected; 3-6 - one lymph node serially sectioned; 7-10 - one lymph node serially sectioned. The blocks are labeled

E. Received in formalin labeled and #5 left pelvic lymph node, is a 6.1 x 5.8 x 2.9 cm, irregular fibroadipose tissue bearing five irregular tan-yellow firm tissues consistent with probable lymph node, ranging from 1.3 x 0.8 x 0.3 cm, to 3.5 x 1.5 x 0.6 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1-3 - one lymph node bisected in each; 4-5 - one lymph node serially sectioned; 6-8 - one lymph node serially sectioned. The blocks are labeled