Odinocarcinoma endometrioid, NOS 8380/3 Siti: endometruim C54 / W 2/25/11

Surg Path

CLINICAL HISTORY: Malignant neoplasm corpus uteri.

GROSS EXAMINATION:

- A. "Peritoneal biopsy (AF1)", unfixed for frozen section and placed in formalin at 12 pm on is a 8 x 8 x 8 mm fragment of tissue, entirely submitted in A1.
- B. "Uterus and bilateral adnexa (BF1)", unfixed for frozen section placed in formalin at 12 pm on $\,$ is a 135 gm, 11.1 x 7 x 4.2 cm hysterectomy specimen.

There is 6 x 3.5 x 0.4 cm exophytic mass that involves the uterine isthmus, the lower uterine segment and the superior part of the cervix. The mass involves both the interior and posterior surfaces. It did not appear to penetrate the 1.5 cm thick myometrium. In addition, there is a 9.6 x 6.7 x 1.8 cm aggregate of tumor and blood clot that came out of the endometrial cavity when it was opened. Otherwise, the serosal surface and myometrium are unremarkable. Right and left ovaries and fallopian tubes are unremarkable.

BLOCK SUMMARY:

B1 AF1 remnant (representative mass from posterior wall)

B2-3 mass on anterior wall

B4-5 mass on posterior wall

B6 mass in anterior lower uterine segment

B7 mass in posterior lower uterine segment

B8-B9 cervix

B10-B11 mass from endometrial cavity

B12-B13 representative myometrium

B14-B15 bilateral tubes & ovaries



C. "Left pelvic nodes", unfixed, transferred to formalin at 1 pm on is a $5 \times 2 \times 1.5$ cm aggregate of adipose tissue, in which five lymph nodes up to 3.5 cm are found.

C1-C2 multiple lymph nodes
C3 intact lymph node

D. "Right pelvic lymph nodes", unfixed, transferred to formalin at 1 pm on is a 3 x 1.5 x 0.6 cm aggregate of fibroadipose tissue, in which one x 0.8 x 0.3 cm lymph node is identified. This is sectioned and submitted in D1. The remainder of the tissue is submitted in D2.

Dr. ./Dr.

REPORT REVISED ON

ΑT

INTRA OPERATIVE CONSULTATION:

- A. "Peritoneal biopsy" (AF1, in toto): favor reactive (Dr.
- B. "Uterus, cervix, bilateral tubes & ovaries" (BF1, 1.5 cm thick myometrium): endometrioid adenocarcinoma, minimally invasive at most, FIGO grade 1 in this representative section

REPORT REVISED ON

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

				1 1
Criteria			Yes	No.
Diagnosis Discrepancy				Ι.Λ.
Primary Tumor Site Disc	repancy			$\perp \mathbf{x}$
HIPAA Discrepancy				$\perp x_{-}$
Prior Malignancy Histor				1/2\
Dual/Synchronous Prign	n Noted	/		
Case is (dryfe)	QUALIFIED	/ DIS	OUALIFIED	
Reviewer eithers	Date Re	viewed	V J	NACL
12.11		700		11 CZ IX
				4

PATHOLOGIC STAGE: pT1aN0

i DIAGNOSIS:

A. "PERITONEAL" (BIOPSY):

NEGATIVE FOR MALIGNANCY.

B. "UTERUS (135 G) AND BILATERAL ADNEXA" (HYSTERECTOMY):

ENDOMETRIUM:

Size:

Histologic type:

ENDOMETRIOID ADENOCARCINOMA \

FIGO Grade:

1

6.0 x 3.5 x 04 CM

Vascular invasion:

NOT IDENTIFIED

MYOMETRIUM:

Depth of invasion:

NEGATIVE FOR MYOMETRIAL INVASION

CERVIX:

Tumor extension:

SURFACE EXTENSION ONLY;

NEGATIVE FOR STROMAL INVASION

PARAMETRIUM/SEROSA:

Tumor extension:

NEGATIVE

BILATERAL OVARIES & FALLOPIAN TUBES, NEGATIVE FOR MALIGNANCY

C. "LEFT PELVIC NODES" (BIOPSY):

FIVE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/5).

D. "RIGHT PELVIC LYMPH NODES" (BIOPSY):

ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

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



