PATIENT HISTORY:

Site Code: Endometrium C54.1

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: The patient is a 61-year old woman with endometrial adenocarcinoma, endometrioid type and with ventral/umbilical hemias.

LMP DATE. Post-menopausal.

PROCEDURE: total abdominal hysterectomy, bilateral salpingo-oophorectomy, hemia repair, omentectomy, pelvic and periaortic

lymph node dissection, appendectomy.

SPECIFIC CLINICAL QUESTION: Not stated. OUTSIDE TISSUE DIAGNOSIS: Not stated.

PRIOR MALIGNANCY: Not stated.

CHEMORADIATION THERAPY: Not stated.

OTHER DISEASES: Not stated.



FINAL DIAGNOSIS:

PART 1: VENTRAL HERNIA SAC, EXCISION -

- A. NEGATIVE FOR TUMOR.
- FOREIGN BODY GIANT CELL REACTION.

PART 2: VENTRAL HERNIA SAC "#2", EXCISION -NEGATIVE FOR TUMOR.

PART 3: UTERUS, CERVIX, BILATERAL OVARIES AND FALLOPIAN TUBES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY (502 GRAMS) -

- A. ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE I, NUCLEAR GRADE 2, INVOLVES 60% OF ENDOMETRIAL SURFACE AND INVADES 6 MM OF 21 MM THICK MYOMETRIUM (~28%) IN A BACKGROUND OF COMPLEX ATYPICAL HYPERPLASIA.
- B. LEFT FALLOPIAN WITH METASTATIC ADENOCARCINOMA, ENDOMETRIOID TYPE FIGO GRADE I, NUCLEAR GRADE 2 (see comment).
- C. PATHOLOGIC STAGE (UTERINE CORPUS ADENOCARCINOMA): T38 NO MX.

D. FIGO STAGE (UTERINE CORPUS ADENOCARCINOMA):IIIA.

- E. INVASIVE POORLY DIFFERENTIATED ADENOSQUAMOUS CARCINOMA INVOLVES THE CERVIX CIRCUMFERENTIALLY, IN A BACKGROUND OF CERVICAL INTRAEPITHELIAL NEOPLASIA 3 (CIN 3) AND ADENOCARCINOMA IN SITU (AIS).
- F. TIMOR INVADES 5 MM OF 20 MM CERVICAL WALL THICKNESS AND SUPERFICIALLY SPREADS OVER 11
- G. ECTOCERVICAL MARGIN IS FREE OF INVASIVE CARCINOMA; HOWEVER, CIN 3 EXTENDS TO THE ECTOCERVICAL/VAGINAL MARGIN AT MULTIPLE FOCI.

H. INVASIVE CARCINOMA IS 8 MM FROM ECTOCERVICALIVAGINAL MARGIN.

LYMPHOVASCULAR INVASION BY ADENOSQUAMOUS CARCINOMA IS PRESENT.

CIN 3 EXTENDS TO LOWER UTERINE SEGMENT.

K. PATHOLOGIC STAGE (UTERINE CERVIX CARCINOMA): 11 b1 NO MX.

FIGO STAGE (UTERINE CERVIX CARCINOMA):1B1.

- M. LEFT FALLOPIAN TUBE WITH ENDOMETRIOSIS, FIBROUS ADHESIONS AND PARATUBAL CYSTS.
- N. LEFT OVARY WITH SURFACE EPITHELIAL INCLUSIONS, MICROCALCIFICATIONS AND SURFACE ADHESIONS.
- O. RIGHT FALLOPIAN, NEGATIVE FOR TUMOR.
- RIGHT OVARY WITH SURFACE EPITHELIAL INCLUSIONS AND MICROCALCIFICATIONS.
- Q. ENDOSALPINGIOSIS AND ENDOMETRIOSIS IN PARACERVICAL SOFT TISSUE.
- R. MYOMETRIUM WITH ADENOMYOSIS AND LEIOMYOMATA (UP TO 7.5 CM).

PART 4: LYMPH NODES, LEFT PELVIC, EXCISION -EIGHT LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/8).

PART 5: LYMPH NODES, LEFT COMMON ILIAC AND PERIADRTIC, EXCISION -TWO LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (9/2).

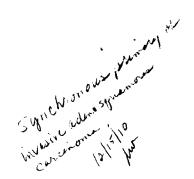
PART 6: LYMPH NODES, RIGHT PELVIC, EXCISION -FIFTEEN LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/15).

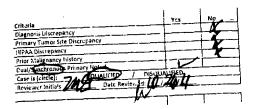
PART 7: LYMPH NODES, RIGHT COMMON ILIAC AND PERIADRTIC, EXCISION -FOUR LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/4).

PART 8: OMENTUM, EXCISION -NEGATIVE FOR METASTATIC TUMOR.

PART 9: APPENDIX, EXCISION -

- A. NEGATIVE FOR METASTATIC TUMOR.
- 9. FIBROUS OBLITERATION OF TIP.





COMMENT:

As no cervical mass was identified clinically and on gross examination, including intraoperatively, the cervix was submitted entirely for histologic examination and demonstrates poorly differentiated adenosquamous carcinoma involving all quadrants. The tumor shows a horizontal spread of 11 mm, and invades to the depth of 5 mm of 20 mm cervical stromal (<1/3). The negative immuno stains for chromogranin and synaptophysin exclude neuroendocrine differentiation. The Immunophenotype previously performed on the original endometrial curettage material

upports the morphologic impression of an endometrial adenocarcinoma and a separate, HPV-related (diffusely

strongly positive p16) cervical carcinoma.

The focus of adenocarcinoma in the left fallopian tube has the same morphology as the endometrial adenocarcinoma. endometrioid type. The entire fallopian tube was submitted for histologic examination and although endometriosis in identified, there is no transition between endometriosis and tumor and there is no evidence of complex atypical hyperplasia. Accordingly, the tumor in the falloplan tube interpreted as metastatic focus from the endometrial adenocarcinoma.

The morphology of the cervical tumor is distinct from the endometrial tumor; they are synchronous primary tumors.

Correlated with companion pelvic wash

CASE SYNOPSIS:

SYNOPTIC - PRIMARY UTERINE ENDOMETRIAL CARCINOMA & CARCINOSARCOMA: HYSTERECTOMY

SPECIMENS

TUMOR TYPE:

Endometroid adenocarcinoma, NOS

HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:

Well differentiated (FIGO 1)

ARCHITECTURAL GRADE:

Well differentiated Grade 2

NUCLEAR GRADE: TUMOR SIZE:

Maximum dimension: 70 mm

PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:

DEPTH OF INVASION:

Anterior endomyometrium: 100 %, Posterior endomyometrium: 20 % Less than 1/2 thickness of myometrium

STRUCTURES INVOLVED:

MARGINS OF RESECTION:

Vaginal margin is negative for tumor, Parametrium margin is negative for tumor

ANGIOLYMPHATIC INVASION:

No

PRE-NEOPLASTIC CONDITIONS:

Complex endometrial hyperplasia with atypia

OTHER:

Leiomyoma

MITOTIC RATE:

Mitotic rate: 15 / 10 HPF Number of lymph nodes positive:: 0

LYMPH NODES POSITIVE: LYMPH NODES EXAMINED:

Total number of lymph nodes examined: 29

DISTANT METASTASES (Excludes metastases to vagina, pelvic serosa, and adnexa. Includes lymph nodes other

than regional lymph nodes.):

Absent

T STAGE, PATHOLOGIC: N STAGE, PATHOLOGIC:

pT3a

M STAGE, PATHOLOGIC:

0Na Not applicable

FIGO STAGE:

SYNOPTIC - PRIMARY UTERINE CERVIX TUMORS: HYSTERECTOMY AND CONIZATION

TUMOR TYPE:

Adenosquamous carcinoma, invasive

Squamous intraepithelial lesion (SIL)

HISTOLOGIC GRADE:

Adenocarcinoma in-situ (AIS) Poorly differentiated

High grade squamous intraepithelial lesion (HSIL)

TUMOR SIZE:

Maximum dimension: 11 mm

TUMOR LOCATION:

Endocervix

DEPTH OF INVASION:

Less than or equal to 1/3 of cervical thickness

TUMOR THICKNESS: HORIZONTAL SPREAD:

Tumor thickness: 5 mm

EXTENSION OF TUMOR:

Horizontal Spread: 11 mm. Extension of Tumor: all 4 quandrants of the cervix

KOILOCYTES:

Absent INTRAGLANDULAR INVOLVEMENT BY SIL:

MARGINS OF RESECTION:

Present Anterior and/or posterior paracervical tissue is negative for tumor MITOTIC RATE:

Mitotic rate: 14 / 10 HPF

ANGIOLYMPHATIC INVASION: LYMPH NODES POSITIVE:

Angiolymphatic invasion present Number of lymph nodes positive: 0

LYMPH NODES EXAMINED:

Total number of lymph nodes examined: 29

T STAGE, PATHOLOGIC:

pT1b1

N STAGE, PATHOLOGIC:

pN0

M STAGE, PATHOLOGIC:

Not applicable

FIGO STAGE: RESIDUAL TUMOR:

IB1 Rx