

Adenocarcinoma, Endometrial, NOS 8380/3

Site: Endometrium CS4.1 2/25/11

hr

Surg Path

CLINICAL HISTORY:
Endometrial cancer.

GROSS EXAMINATION:

A. "Left tube and ovary (AF1)", received fresh. Received for frozen section analysis is a 3 x 2.5 x 2.0 cm ovary which contains a 2 x 2 x 1.6 cm red-purple firm round well circumscribed nodule. There is also a 5 x 1 x 1 cm length of fallopian tube which contains several cysts around the fimbria which are thin walled and range from 0.1 cm to 1.5 cm. The largest of these cysts contains clear serous fluid while two of the smaller ones contain a thick green opaque liquid.

BLOCK SUMMARY:

- A1- AF1 (representative tumor).
A2-A3- additional representative tumor.
A4- normal fallopian tube and adnexal structures.
A5- paratubal cysts.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	2/25/11	W. K. M. L.

B. "Uterus and cervix (BF1)", received fresh. Received is a 305 gram uterus which has been previously opened in the operating room roughly measuring 13.5 x 7.5 x 7.0 cm. The specimen has been bivalved revealing a white-tan friable papillary tumor along the posterior fundus measuring 2 x 1.8 x 1.1 cm, and which does not appear to grossly invade the myometrium. The remainder of the endometrium has a thickness of 0.1 cm to 0.2 cm. The endocervical canal is not grossly invaded it by tumor and has a length of 3.5 cm. The endometrial cavity measures 4 x 7 cm and away from the tumor the endometrium is thin and otherwise unremarkable. The myometrium underlying the exophytic growth measures 2.2 cm; the myometrium shows several leiomyomata throughout the anterior and posterior wall; the largest of these is a 7.5 x 6 x 6 cm densely calcified subserosal leiomyoma in the anterior fundus. The large subserosal leiomyoma cannot be sectioned thoroughly due to dense calcifications. The cervix measures 4.5 x 3 cm and contains a 1.0 cm os and is grossly unremarkable.

BLOCK SUMMARY:

- B1- representative endometrial tumor with underlying myometrium (BF1 remnant)
B2-B3- additional endometrial tumor and myometrium.
B4- anterior endomyometrium.
B5- anterior cervix.
B6- posterior cervix.

C. "Hernia sac", received fresh. Received is a portion of pink-purple mesothelial fibromembranous tissue with attached adipose measuring 13 x 3 x 1.0 cm. Representative in block C1.

D. "Right tube and ovary", received fresh. Received is a single ovary and attached fallopian tube and adnexa with an overall dimension of 8 x 3.5 x 3.0 cm. The ovary is 3 x 1 x 1.0 cm, and on sectioning appears to have structures resembling corpus albicans. The fallopian tube is 6 x 1 x 1.0 cm, and has a normal architecture and pin point lumen and on its fimbriated end contains a 1 x 1 x 1.0 cm simple thin walled cyst which contains a cloudy white-yellow fluid. Representative ovary, fallopian tube and paratubal cysts are submitted in block D1.

E. "Left pelvic node", received fresh. Received are several fragments of fibroadipose tissue containing lymph node candidates, in aggregate, 4 x 4 x



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Redacted

1.0 cm. The specimen is submitted entirely in [REDACTED]

F. "Right pelvic node", received fresh. Received are multiple fragments of fibroadipose tissue containing lymph node candidates, in aggregate, 4.5 x 4 x 1.5 cm. The entire specimen is submitted in blocks F1-F3, with F2 containing one lymph node candidate bisected.

[REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Left tube and ovary": AFl- steroid cell tumor (Dr.)

B. "Uterus, cervix": BF1- endometrioid carcinoma, FIGO grade I, cervix grossly free of tumor. No myometrial invasion is seen [REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

DIAGNOSIS:

A. "LEFT TUBE AND OVARY" (SALPINGO-OOPHORECTOMY):

OVARY WITH HILAR (LEYDIG CELL) TUMOR (2 X 2 X 1.6 CM), WITH ASSOCIATED
HILAR CELL HYPERPLASIA.
FALLOPIAN TUBE WITH PARATUBAL CYST.
NO CARCINOMA IDENTIFIED.

B. "UTERUS AND CERVIX" (HYSTERECTOMY):

ENDOMETRIOID ADENOCARCINOMA OF THE ENDOMETRIUM.

TUMOR SITE: POSTERIOR FUNDUS.

FIGO GRADE: 1 (WELL DIFFERENTIATED).

TUMOR DIMENSIONS: 2 X 1.8 X 1.1 CM.

DEPTH OF INVASION: NONE (LIMITED TO ENDOMETRIUM), IN A 2.1 THICK MYOMETRIUM.

LYMPHATIC/VASCULAR INVASION: ABSENT

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC

REMAINING MYOMETRIUM: LEIOMYOMATA (LARGEST 7.5 CM).

CERVIX: FREE OF TUMOR.

SEROSA: FREE OF TUMOR.

C. "HERNIA SAC" (EXCISION):

FIBROVASCULAR TISSUE CONSISTENT WITH HERNIA SAC.
NO EVIDENCE OF MALIGNANCY.

D. "RIGHT TUBE AND OVARY" (SALPINGO-OOPHORECTOMY):

OVARY AND FALLOPIAN TUBE WITH SIMPLE PARATUBAL CYSTS.
NO EVIDENCE OF MALIGNANCY.

E. "LEFT PELVIC NODES" (EXCISION):

SIX LYMPH NODES, NO EVIDENCE OF MALIGNANCY (0/6).

F. "RIGHT PELVIC NODES" (EXCISION):

[REDACTED]

FOUR LYMPH NODES, NO EVIDENCE OF MALIGNANCY (0/4).

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

[REDACTED]

[REDACTED]

[REDACTED]