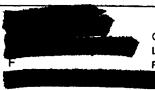


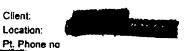




Patient Name: Med Rec No: DOB: Gender:

Physician(s):





Accession #: Taken: Received: Reported:

History/Clinical Dx: Uterine cancer, Grade II - III

Postoperative Dx: Same

Specimen(s) Received: A: Left suprapubic mass

B: Left pelvic lymph node C: Deep left pelvic lymph node

D: Left common lymph node

F: Left lower aortic lymph node

E: Uterus, cervix, tubes and ovaries

adeno carcinoma, endometriord, NUS 8380/3

Site: Indometrium C54.1

Ju 10/21/4

**DIAGNOSIS:** 

A. Left suprapubic mass: Metastatic carcinoma

B. Left pelvic lymph nodes: Metastatic tumor to 1 of 12 lymph nodes (1/12)

C. Deep left pelvic lymph nodes: Reactive lymphoid hyperplasia, no tumor identified

D. Left common lymph nodes: Metastatic carcinoma

E. Uterus, cervix, tubes and ovaries: **ENDOMETRIAL ADENOCARCINOMA** 

Tumor Information:

Operative procedure: TAH-BSO with staging

Histologic type: Endometrioid

Histologic grade(FIGO): Grade 3

Nuclear grade: 2 Tumor size:

Extent of invasion: Greater than 50% of myometrial thickness (15mm invasion;

17mm myometrial thickness)

Lympho/vascular invasion: Present

Serosa: Free of tumor Parametrium: Free of tumor

Cervical involvement: Present, cervical stromal extension

Right adnexa: Free of tumor Left adnexa: Free of tumor Special studies: On request

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| Surgical | Pathology | Report |
|----------|-----------|--------|
|          |           |        |

Staging information:

T2b, N1, M1

F. Left lower aortic lymph node:

Metastatic carcinoma

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Intraoperative Consultation:

A. Frozen Section Interpretation: Malignant, carcinoma

## **Gross Description**

- A. Received fresh for intraoperative consultation and labeled left suprapublic mass" is a deeply pigmented skin ellipse and attached soft tissue, 3.4 x 2.1 cm in surface dimensions and up to 2.5 cm in thickness. Specimen orientation is not provided. The epidermal surface has been incised intraoperatively, and reveals a palpable, subcutaneous tumor mass, 2.0 x 1.5 cm across. Upon sectioning, there is a circumscribed, firm, white-gray subcutaneous mass, 1.9 x 1.4 cm across. A central representative section of the lesion is submitted for frozen section with subsequent remaining tissue, block A1. Random sections of tumor, blocks A2-A3.
- B. Received in formalin labeled left pelvic lymph node" is a tan-gray lymphoid nodule, 30.0 gms, 5.0 x 3.5 x 3.0 cm. The cut surface is firm, white-gray. Central representative sections, blocks B1-B2. Dissection of the surrounding fat reveals multiple soft, tan-gray rubbery lymph nodes, up to 1.0 x 0.6 cm across. The lymph nodes, blocks B3-B4. The fat, block B5.
- C. Received in formalin labeled left pelvic lymph node" is a tan-gray lymphoid nodule, 2.0 gms, 3.0 x 1.4 x 0.7 cm. The lymph node is inked and bisected. The cut surface is firm, white-gray. The lymph node, one section each, blocks C1-C2.
- D. Received in formalin labeled left common lymph node" is a tan-gray lymphoid nodule, 2.0 gms, 2.5 x 1.4 x 0.7 cm. The lymph node is inked and bisected. The cut surface is firm, white-gray. The lymph node, one section each, blocks D1-D2.
- E. Received in formalin labeled uterus, cervix, both tubes and ovaries" is a previously opened cervix and uterus with attached bifateral adnexa, 191.0 gms. The uterus is symmetrical in configuration, 8.5 cm in length, 6.5 cm in broadest width, and up to 4.5 cm anterior-posteriorly. The serosa is smooth, dull, tan-pink. The lower uterine segment along the posterior wall reveals an area of palpable, subserosal induration consistent with gross tumor infiltration. The serosa along this area is subsequently marked with ink. The cervix, 4.5 cm in maximum circumference; its external mucosa is tan-grey and smooth. The endometrial cavity, 7.5 cm in length, and completely replaced by a friable, red-tan exophytic lesion. The cut surface of the tumor reveals it to grossly extend to a depth of 1.6 cm within the myometrium. At this level, the myometrium is 1.8 cm in thickness. A portion of the tumor has been removed intraoperatively and submitted for cancer research. The ligated segment of fimbriated right fallopian tube, 5.5 x 0.3 cm. Its cut surface is pinpoint and grossly unremarkable. The right ovary, 5.0 gms, 3.0 x 1.0 x 1.0 cm. The cut surface reveals mottled, yellow-tan ovarian parenchyma. A portion of the ovary has been removed intraoperatively and submitted for cancer research. The ligated segment of fimbriated left fallopian tube, 5.0 x 0.3 cm. Its cut surface is pinpoint and grossly unremarkable. The left ovary, 5.0 gms, 2.5 x 1.5 x 1.0 cm. The cut surface reveals mottled, yellow-tan ovarian parenchyma. A portion of the ovary has been removed intraoperatively and submitted for cancer research. Representative sections, blocks E1-E12.

## Key to cassettes:

E1-E2 - Anterior cervix
E3-E4 - Posterior cervix
E5-E8 - Tumor, full thickness

E9 - Right fallopian tube and right ovary
E10 - Left fallopian tube and left ovary

E11 - Right parametrium
E12 - Left parametrium

F. Received in formalin labeled left lower aortic\* is a tan-gray lymphoid nodule, 1.5 gms, 2.3 x 0.9 x 0.7 cm. The lymph node is inked and bisected. The cut surface reveals focal, grey-white discoloration. The lymph node, block F.

## Microscopic Description

The microscopic findings support the above diagnosis.

| Surgical | <b>Pathology</b> | Report |
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