

TSS

1CD-0-3

Adenocarcinoma, endometrioid, NOS 8380/3

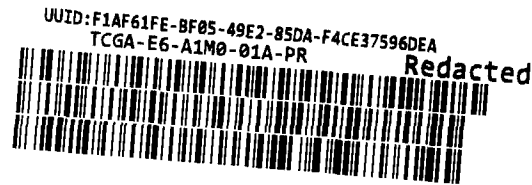
Site: Endometrium C54.1 2/15/11 *fw*

SPECIMENS:

- A. UTERUS, TUBES AND OVARIES
- B. LEFT PELVIC NODES
- C. RIGHT PELVIC NODES
- D. RIGHT ILIAC NODE
- E. PERI-AORTIC LYMPH NODES
- F. OMENTUM

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INTRAOPERATIVE CONSULTATION DIAGNOSIS:

FSA-uterus tubes, and ovaries: Endometrial carcinoma, FIGO grade 3 with full thickness myometrium involvement and extensive necrosis.

FSD-right iliac node: Positive for carcinoma in soft tissue.

Diagnoses called by Dr to Dr. at

GROSS DESCRIPTION:

A. UTERUS, TUBES AND OVARIES

Received fresh labeled with the patient's identification and "uterus, tubes and ovaries" is a distorted hysterectomy specimen with attached bilateral tubes and ovaries weighing 292 g and measuring 12.5 x 8.5 x 7.5 cm. The serosa is unremarkable; the anterior surface is inked blue and the posterior surface black. The ectocervix smooth and glistening and is 2.5 x 1.7 x 0.3 cm. The cervical os is slit-like, patent, and 0.8 cm. The uterus is bivalved; cervical canal has a trabeculated appearance and the entire endometrial cavity (4 x 4 cm) is covered by an exophytic mass with a necrotic cut surface. It appears to involve the full thickness of the myometrium. Fallopian tubes are ligated; right tube is 4.2 cm in length and a 0.5 cm in diameter and the left tube is 3.3 cm in length and 0.6 cm in diameter. The right ovary is 3.2 x 1.4 x 0.6 cm and the left is 2.3 x 1.4 x 0.9 cm; they are unremarkable. Photograph is taken. Representatively submitted:

FSA1: frozen section of endomyometrial mass

A2: anterior cervix

A3: posterior cervix

A4-A8: full thickness sections of endo- myometrial mass

A9: right fallopian tube and ovary

A10: left fallopian tube and ovary

B. LEFT PELVIC NODES

Received in formalin labeled with the patient's identification and "left pelvic nodes" is an aggregate yellow-tan soft tissue, 8.2 x 5.4 x 2.1 cm containing 7 lymph nodes ranging from 0.5 x 0.4 x 0.2 cm to 6.3 x 1.9 x 1.4 cm. The larger lymph nodes are sectioned and have fatty pink-tan cut surfaces. Lymph nodes are submitted entirely:

B1: 3 lymph nodes

B2-B4: 1 bisected lymph node in each cassette

B4-B8: 1 lymph node, sectioned

C. RIGHT PELVIC NODES

Received in formalin labeled with the patient's identification and "right pelvic nodes" is an aggregate of yellow-tan soft tissue admixed with friable pink-tan tissue, 8 x 7.5 up to 2.7 cm containing lymph nodes ranging from 0.4 x 0.4 x 0.2 cm to 3.1 x 2.3 x 2.2 cm. The larger lymph nodes are sectioned and have friable and necrotic cut surfaces. Lymph nodes are submitted entirely:

C1-C2: 3 lymph nodes in each cassette

C3-C4: 1 bisected lymph node in each cassette

C5-C7: 1 lymph node, sectioned

C8: loose friable tissue

D. RIGHT ILIAC NODE

Received fresh labeled with the patient's identification and "right iliac node" is an aggregate of tan soft tissue, 3.5 x 2 x 0.4 cm. Submitted entirely for frozen section diagnosis in cassette FSD.

E. PERIAORTIC NODE

TSS:

Received in formalin labeled with the patient's identification and "periaortic node" are pieces of yellow-tan soft tissue in aggregate, 3.5 x 2.4 x 1.1 cm containing two lymph nodes, 0.3 x 0.3 x 0.2 cm and 1.1 x 0.8 x 0.3 cm; submitted entirely:

E1: 2 lymph nodes

E2-E3: remainder of soft tissue

F. OMENTUM

Received in formalin labeled with the patient's identification and "omentum" is a piece of omentum, 27 x 11.5 x 2.3 cm. Serial sectioning reveals no discrete lesions. Representatively submitted in cassettes F1-F3.

DIAGNOSIS:

A. UTERUS, FALLOPIAN TUBES AND OVARIES; HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY:

- ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO 3 WITH EXTENSIVE NECROSIS, INVOLVING > 50% OF THE MYOMETRIAL THICKNESS (18/20 MM).
- LYMPHATIC INVASION IS SEEN.
- CERVIX WITH NO PATHOLOGIC ABNORMALITIES – NO TUMOR SEEN.
- OVARIES AND FALLOPIAN TUBES WITH NO PATHOLOGIC ABNORMALITIES
- SEE NOTE.
- SEE TEMPLATE.

Note: IHC for ER and PR was done. Tumor cells were strongly positive for ER and PR.

B. LEFT PELVIC LYMPH NODES; EXCISION:

- REACTIVE LYMPH NODES – NO TUMOR SEEN (0/7).

C. RIGHT PELVIC LYMPH NODES; EXCISION:

- METASTATIC ADENOCARCINOMA to LYMPH NODES, WITH EXTRACAPSULAR INVASION (2/6).

D. RIGHT ILIAC NODE; EXCISION:

- METASTATIC ADENOCARCINOMA TO ONE LYMPH NODE WITH EXTRACAPSULAR INVASION (1/1).

E. PERIAORTIC LYMPH NODES; EXCISION:

- REACTIVE LYMPH NODES – NO TUMOR SEEN (0/5).

F. OMENTUM, OMENTECTOMY:

- FIBROADIPOSE TISSUE – NO TUMOR SEEN.

SYNOPTIC REPORT - ENDOMETRIUM

Prior biopsy specimen: Yes

Prior case #::

Prior biopsy diagnosis: Adenocarcinoma

Specimen Type: Hysterectomy plus bilateral salpingo-oophorectomy

Tumor Size: Greatest dimension: 4cm

Additional dimensions: 4cm

WHO CLASSIFICATION

Endometrioid adenocarcinoma 8380/3

Histologic Grade: G3: More than 50% nonsquamous solid growth

Myometrial Invasion: Invasion present

Depth of invasion: 18mm

Myometrial thickness: 20mm

Venous/lymphatic invasion: Present

Cervical Involvement: No

Margins: Negative

Lymph nodes: Positive Right pelvic 2 / 6 Left pelvic 0 / 7 Paraaortic 0 / 5

Other tissue removed for staging: Right iliac lymph node 1/1

Additional Findings: None identified

Peritoneal cytology: Negative

TSS:

Cytology case #:
Pathologic stage (pTNM): pT 1c N 1 M X
Comment(s): revised FIGO is IIIC

CLINICAL HISTORY:
Endometrial cancer

PRE-OPERATIVE DIAGNOSIS:
None given

Microscopic/Diagnostic Dictation:
Final Review: PATHOLOGIST,
Final Review: PATHOLOGIST
Final: PATHOLOGIST,

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Nodul		/
Case is (chr. 1e)	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed	