

Adenocarcinoma, Endometrioid, NOS

8380/3 12/9/10

Surgical Pathology Site Code: Endometrium ^{per} C54.1**REVISED REPORT (Revised information underlined)**

TISSUE DESCRIPTION:

A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 A11 A12 A13 A14
 A15 J1 J2
 J3 K1 L1 L2 L3 L4 B1 B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12
 B13 B14 B15
 B16 B17 B18 B19 B20 B21 C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11
 C12 C13
 C14 C15 C16 C17 D1 D2 D3 D4 D5 D6 D7 D8 E1 F1 G1 G2 H1 H2
 I1 I2 I3
 I4 I5 I6
 Uterus, right ovary (3.6 x 1.6 x 0.5 cm) with 7.2 cm
 segment of
 right fallopian tube, and left ovary (3.0 x 1.0 x 0.5 cm)
 with 7.0
 cm segment of left fallopian tube together weighing 320.0
 grams and
 separately submitted right and left pelvic lymph nodes,
 right and
 left para-aortic lymph nodes, right gonadal vessels (10.5
 cm in
 length) and left gonadal vessels (10.0 cm in length).

DIAGNOSIS:

Uterus, bilateral ovaries, and fallopian tubes; total
 hysterectomy
 and bilateral salpingo-oophorectomy: FIGO grade II (of
 III)
endometrial adenocarcinoma, endometrioid type, forming an
ill-defined mass (6.2 x 2.0 x 2.0 cm) associated with
 areas of
 endometrial polyp with disordered proliferative phase
 endometrium
 and extensive pre-hysterectomy ablation effect. The tumor
 involves
 most of the uterine fundus extending into the anterior
 endometrium
 as well as distally to the transformation zone
 (endocervix) of the
 cervix. Tumor cell necrosis is extensive (>80%), status-
 post
 ablative therapy. Exact depth of myometrial invasion is
 difficult



to determine (due to tumor necrosis from ablative therapy) but

appears to be roughly 1 - 3 mm (total myometrial thickness roughly

2.5 cm). Lymphovascular space invasion is not definitely identified

[AJCC pT2a]. The bilateral ovaries and fallopian tubes show no diagnostic abnormalities.

Lymph nodes, left pelvic, excision: Metastatic endometrioid

adenocarcinoma is identified in a single (of 5) left pelvic external

iliac lymph node. Multiple left pelvic lymph nodes (1 internal

iliac, 3 obturator) are negative for tumor.

Lymph nodes, left and right common iliac, excision: Multiple (5

right common iliac and 7 left common iliac) pelvic lymph nodes are negative for tumor.

Lymph nodes, left common iliac, No. 2, excision: Multiple (6) left

common iliac lymph nodes are negative for tumor.

Lymph nodes, right pelvic, excision: One of 12 external iliac lymph nodes contains a microscopic focus of metastatic

endometrioid adenocarcinoma. Multiple right pelvic lymph nodes (3 internal iliac and 11 obturator) are negative for tumor.

Lymph nodes, left para-aortic, excision: Multiple left para-aortic

lymph nodes (7 below the inferior mesenteric artery and 12 above the

inferior mesenteric artery) are negative for tumor.

Lymph nodes, right para-aortic, excision: Multiple right para-aortic lymph nodes (19 above the inferior mesenteric artery)

are negative for tumor. Specimen submitted as "right para-aortic

lymph nodes below the inferior mesenteric artery"
contained no nodal
tissue.

Gonadal vessels, right and left, excisions: No diagnostic
abnormalities.

Comment:

Multiple (2 of 82) lymph nodes positive for small foci of
metastatic adenocarcinoma (1 left external iliac and 1
right
external iliac).

AMENDMENTS: (Previous Signout Date:
Revision Description: On permanent sections, one (of 12)
external
iliac lymph nodes contains a microscopic focus of
metastatic
endometrioid adenocarcinoma.
....Original Diagnosis....
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and bilateral salpingo-oophorectomy: FIGO grade II (of
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Lymph nodes, left and right common iliac, excision: Multiple (5

right common iliac and 7 left common iliac) pelvic lymph nodes are negative for tumor.

Lymph nodes, left common iliac, No. 2, excision: Multiple (6) left

common iliac lymph nodes are negative for tumor.

Lymph nodes, right pelvic, excision: Multiple right pelvic lymph

nodes (3 internal iliac, 12 external iliac and 11 obturator) are negative for tumor.

Lymph nodes, left para-aortic, excision: Multiple left para-aortic

lymph nodes (7 below the inferior mesenteric artery and 12 above the inferior mesenteric artery) are negative for tumor.

Lymph nodes, right para-aortic, excision: Multiple right para-aortic lymph nodes (19 above the inferior mesenteric artery)

are negative for tumor. Specimen submitted as "right para-aortic

lymph nodes below the inferior mesenteric artery" contained no nodal tissue.

Gonadal vessels, right and left, excisions: No diagnostic abnormalities.

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IHPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Just/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	12/2/10	