

History/Clinical Dx: Atypical endometrial hyperplasia, postmenopausal bleeding

Puth

COCF

Postoperative Dx: Same, pending pathology examination

Specimen(s) Received:

A: Uterus, cervix

B: Left pelvic lymph nodes

C: Right pelvic lymph nodes

D: Bilateral tubes and ovaries

adenocarcinoma, indometrioid, NOS 8380/3 31te: Indometrium c54.1

corpus uteri c54.9

Jul 1/11/11

DIAGNOSIS:

A. Uterus, cervix:

ENDOMETRIAL ADENOCARCINOMA

Tumor Information:

Operative procedure: Total abdominal hysterectomy with bilateral salphingo-cophorectomy

and pelvic lymph node dissection

Histologic type: **Endometrioid**

Histologic grade(FIGO): Grade 1

Nuclear grade:

Tumor size: 3.5 x 2.0 x 0.3 cm

Extent of invasion: Less than 1/2 of myometrium (1mm of invasion)

Lympho/vascular invasion: **Absent**

Serosa:

Uninvolved by tumor Parametrium: Uninvolved by tumor

Cervical involvement:

Absent Right adnexa: Free of tumor Left adnexa: Free of tumor

Other findings:

Adenomyosis

Special studies: Staging information:

T1b,N0, MX; stage IA if M0

B. Left pelvic lymph nodes:

0 of 5 lymph nodes negative for metastasis

Right pelvic lymph nodes:

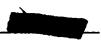
0 of 8 lymph nodes negative of metastasis

Bilateral tubes and ovaries:

No evidence of malignancy

X_QUESTIONS.

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intraoperative Consultation:

Frozen Section Interpretation:

Endometrial adenocarcinoma with foci suspicious for myometrial invasion

Gross Description

A. Received:

Fresh soft tan to pink tissue

Labeled: Uterus and cervix 210 gm

Weight:

Size:

11.1 x 8.3 x 4.9 cm

3.5 x 2.0 x 0.3 cm

Uterus: Appearance

Tumor

Location:

Anterior wall of uterine body

Size:

Appearance:

Granular, tan to pink, with no obvious areas of necrosis-

Depth of invasion:

Superficial, appears to not invade the upper one half of specimen

invasion of contiguous

structures:

None grossly identified

Distance from margins:

5.4 cm from the surgical margin

Cervix:

Smooth, shaggy, white with no lesions grossly identified

Endometrium:

0.2 cm, smooth, shiny, with areas of hemorrhage and mucoid material, with the exception in

the above noted in tumor

Myometrium:

3.0 cm in thickness, with possible diffuse areas of adenomyosis, largest up to

3.0 x 2.8 x 2.5 cm

Lymph nodes:

None grossly identified

Special studies:

None

KEY TO CASSETTES:

A1

Frozen section

A2

Cervix

A3-A7

Endomyometrium, full thickness, cassettes 3&4 one section each, bisected

A8-A14 -

Endomyometrium

A15

Parametrium (left parametrium inked blue)

- Representative of possible adenomyosis A16
- B. Received in formalin labeled "left pelvic lymph node" are four pieces of soft tan to yellow tissue, 6 grams, aggregating up to 3.4 x 2.7 x 1.5 cm. There are five lymph nodes grossly identified, largest up to 1.5 x 0.6 x 0.4 cm, inked blue. Submitted in toto in two cassettes with cassette B1 containing five lymph nodes (largest inked blue) and rest of specimen in B2.
- C. Received in formalin labeled "right pelvic lymph node" are two pieces of soft tan to yellow tissue, 9 grams, aggregating up to 4.5 x 3.6 x 1.5 cm. There are seven lymph nodes grossly identified, largest up to 2.7 x 1.4 x 0.6 cm (inked blue). Submitted in toto in four cassettes as follows:

KEY TO CASSETTES:

Two lymph nodes (largest inked blue) C1

C2 Two lymph nodes (one inked orange and unstained)

C3 Three lymph nodes Rest of specimen

D. Received in formalin labeled "bilateral tubes and ovaries" are two pieces of unoriented soft tan to white tissue, 14 grams, aggregating up to 5.4 x 5.2 x 1.4 cm. The right overy measures 2.6 x 2.2 x 0.6 cm. The left overy measures 2.0 x 1.6 x 0.5 cm. The right tube measures 5.0 x 0.5 x 0.4 cm and is grossly unremarkable. No paratubal cystic structures are grossly identified. The left tube measures 2.5 x 0.4 x 0.4 cm, is grossly unremarkable with no paratubal cystic structures grossly identified. The cut surface of the right ovary is homogenous, tan to white. The cut surface of the left ovary is homogenous white. Representative sections are submitted in two cassettes with the cassette D1 containing right adnexa (unstained) and cassette D2 containing left adnexa (inked blue)

Surgical Pathology Report



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<u>Microscopic Description</u>
A-D. The microscopic findings support the above diagnoses.