adeno carcinoma, Endometrioid, Nos 8380 | 3 | 12 | 9 | 10

Site lode: Endometrum C54.1

Surgical Pathology

REVISED REPORT (Revised information underlined)

DIAGNOSIS:

A. Uterus, bilateral ovaries, and fallopian tubes; hysterectomy and

bilateral salpingo-oophorectomy: FIGO grade I (of III) endometrial

adenocarcinoma, endometrioid type, is identified forming a mass (3.3

 $x 2.0 \times 0.7$ cm) located in the left uterine wall. The tumor invades

0.2 cm into the myometrium (total myometrial thickness 2.5 cm). The

tumor does not involve the endocervix. Lymphovascular space

invasion is not identified. [AJCC pT1b]. FIGO grade I (of

III) endometrioid carcinoma is also identified as polyp, confined to

the endometrium, $(1.4 \times 1.0 \times 0.6 \text{ cm})$. Extensive adenomyosis is also identified. The bilateral ovaries and fallopian

tubes show no diagnostic abnormalities.

B. C. D. E. Lymph nodes, left pelvic, excision: Multiple left

pelvic lymph nodes (4 external iliac, 3 common iliac, 3 obturator)

are negative for tumor. The specimen labeled "left internal iliac

lymph nodes" contained no nodal tissue.

F. G. H. I. Lymph nodes, right pelvic, excision: Multiple right

pelvic lymph nodes (3 external iliac, 1 internal iliac, 4 common

iliac, 2 obturator) are negative for tumor.

J. Lymph nodes, right para-aortic above the inferior mesenteric

artery, excision: Multiple (2) right para-aortic lymph nodes above

the inferior mesenteric artery are negative for tumor.



K. Lymph nodes, right para-aortic below the inferior mesenteric

artery, excision: Multiple (4) right para-aortic lymph nodes below

the inferior mesenteric artery are negative for tumor.

- L. Gonadal vessels, right, excision: Negative for tumor.
- M. Lymph nodes, left para-aortic above the inferior mesenteric

artery, excision: Multiple (3) left para-aortic lymph nodes above

the inferior mesenteric artery are negative for tumor.

N. Lymph nodes, left para-aortic below the inferior mesenteric

artery, excision: A single left para-aortic lymph node below the

inferior mesenteric artery is negative for tumor.

O. Gonadal vessels, left, excision: Negative for tumor.

Photographed.

This final pathology report is based on the gross/macroscopic

examination and frozen section histologic evaluation of the

specimen(s).

AMENDMENTS: (Previous Signout Date:

Revision Description: The polyp, designated as benign, was

incorrectly written to the report. The oringinal diagnosis for this

polypoid lesion was inadvertently replaced with this benign

designation. The polyp is a focus of non-invasive FIGO grade I

endometrioid carcinoma.

....Original Diagnosis....

A. Uterus, bilateral ovaries, and fallopian tubes; hysterectomy and

bilateral salpingo-oophorectomy: FIGO grade I (of III)
endometrial

adenocarcinoma, endometrioid type, is identified forming a mass (3.3)

- \times 2.0 \times 0.7 cm) located in the left uterine wall. The tumor invades
- $0.2~\mbox{cm}$ into the myometrium (total myometrial thickness $2.5~\mbox{cm}$). The

tumor does not involve the endocervix. Lymphovascular space

invasion is not identified. [AJCC pTlb]. A benign endometrial

polyp (1.4 x 1.0 x 0.6 cm) and extensive adenomyosis are also

identified. The bilateral ovaries and fallopian tubes show no

diagnostic abnormalities.

B. C. D. E. Lymph nodes, left pelvic, excision: Multiple left

pelvic lymph nodes (4 external iliac, 3 common iliac, 3
obturator)

are negative for tumor. The specimen labeled "left internal iliac

lymph nodes" contained no nodal tissue.

F. G. H. I. Lymph nodes, right pelvic, excision: Multiple right

pelvic lymph nodes (3 external iliac, 1 internal iliac, 4 common

iliac, 2 obturator) are negative for tumor.

J. Lymph nodes, right para-aortic above the inferior mesenteric

artery, excision: Multiple (2) right para-aortic lymph nodes above

the inferior mesenteric artery are negative for tumor.

K. Lymph nodes, right para-aortic below the inferior mesenteric

artery, excision: Multiple (4) right para-aortic lymph nodes below

the inferior mesenteric artery are negative for tumor.

- L. Gonadal vessels, right, excision: Negative for tumor.
- M. Lymph nodes, left para-aortic above the inferior mesenteric

artery, excision: Multiple (3) left para-aortic lymph nodes above

the inferior mesenteric artery are negative for tumor.

N. Lymph nodes, left para-aortic below the inferior mesenteric $% \left(1\right) =\left(1\right) \left(1\right) +\left(1\right) \left(1\right) \left(1\right) +\left(1\right) \left(1\right) \left($

artery, excision: A single left para-aortic lymph node below the

inferior mesenteric artery is negative for tumor.

O. Gonadal vessels, left, excision: Negative for tumor. Photographed.

This final pathology report is based on the gross/macroscopic examination and frozen section histologic evaluation of the specimen(s).

GROSS DESCRIPTION:

A. Received fresh labeled "uterus, right and left fallopian tubes and ovaries" is a 255.0 gram uterus with attached bilateral tubes

and ovaries and an unremarkable cervix. The uterine serosa smooth

There is a 3.3 x 2.0 x 0.7 cm mass in the left side of the endometrial cavity with 2.5 cm myometrial thickness. Tumor invades

0.2 cm into the myometrium. A polypoid mass (1.4 x 1.0 x 0.6 cm)

with a narrow stalk is also identified in the posterior fundus.

There is a 2.5 x 1.5 x 1.3 cm right ovary with a smooth outer

surface and a solid cut surface with a 5.9 \times 0.5 cm right fallopian

tube. There is a 2.7 \times 2.0 \times 1.2 cm left ovary with a smooth outer

surface and a solid cut surface with a $6.2 \times 0.5 \text{ cm}$ left fallopian

tube. Photograph taken. Representative sections submitted.

B. Received fresh labeled "left common pelvic nodes" is a 4.0×2.2

imes 1.1 cm aggregate of adipose and lymphatic tissue. All lymphatic

tissue submitted.

C. Received fresh labeled "left internal pelvic nodes" is a 4.5 \ensuremath{x}

 1.5×1.0 cm aggregate of adipose and lymphatic tissue.

lymphatic tissue submitted.

D. Received fresh labeled "left external pelvic nodes" is a 6.0 \ensuremath{x}

 $5.0 \times 1.5 \text{ cm}$ aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

E. Received fresh labeled "left obturator pelvic nodes" is a $5.0\ x$

 4.5×1.5 cm aggregate of adipose and lymphatic tissue.

lymphatic tissue submitted.

F. Received fresh labeled "right common pelvic nodes" is an 8.0 $\ensuremath{\mathtt{x}}$

 5.0×1.0 cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

G. Received fresh labeled "right internal pelvic nodes" is a $4.5~\mathrm{x}$

 $3.0 \times 1.0 \text{ cm}$ aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

H. Received fresh labeled "right external pelvic nodes" is a $6.5~\mathrm{x}$

 $5.0 \times 1.5 \text{ cm}$ aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

I. Received fresh labeled "right obturator pelvic nodes" is a 5.0 $\ensuremath{\mathtt{x}}$

 $4.0 \times 3.0 \text{ cm}$ aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

- J. Received fresh labeled "right para-aortic nodes above IMA" is a
- $2.6 \times 2.0 \times 1.0$ cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

- K. Received fresh labeled "right para-aortic nodes below TMA" is a
- 4.5 x 2.5 x 1.0 cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

L. Received fresh labeled "right gonadal vessels" is a 3.8 cm in

length by 0.4 in diameter portion of unremarkable blood vessel. A $\,$

representative section is submitted.

- M. Received fresh labeled "left para-aortic nodes above IMA" is a
- $3.5 \times 2.2 \times 1.5$ cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

- N. Received fresh labeled "left para-aortic nodes below IMA" is a
- 3.5 x 2.5 x 1.5 cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

O. Received fresh labeled "left gonadal vessels" is a 4.5 cm in

length by 0.4 in diameter portion of unremarkable blood vessel. $\ensuremath{\mathsf{A}}$

representative section is submitted.

BLOCK SUMMARY:

Part A: Uterus, right and left fallopian tubes and ovaries

- 1 Posterior cervix
- 2 Post lower uterine segment
- 3 Tumor-1
- 4 Tumor-2
- 5 Fundus polyp
- 6 Endomyometrium

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7 Rt fallopian tube and ovary
   8 Lt fallopian tube and ovary
Part B:
         Left Pelvic Lymph Nodes common
   1 Lt common LNs 2
   2 Lt common LN 1
Part C: Left Pelvic Lymph Nodes internal
   1 Lt internal LN 0
Part D: Left Pelvic Lymph Nodes external
   1 Lt external LNs 3
   2 Lt external LN 1
   3 Lt external LN (1of2)
   4 Lt external LN (2of2)
        Left Pelvic Lymph Nodes obturator
Part E:
   1 Lt obturator LNs 2
   2 Lt obturator LNs (1of4)
   3 Lt obturator LNs (2of4)
   4 Lt obturator LNs (3of4)
   5 Lt obturator LNs (4of4)
Part F: Right common pelvic nodes
   1 Rt common LNs 2
   2 Rt common LNs 2
Part G: Right internal pelvic nodes
   1 Rt internal LN 1
Part H:
         Right external pelvic nodes
   1 Rt external LN 1
   2 Rt external LN 1
   3 Rt external LN (1of2)
   4 Rt external LN (2of2)
   5 Rt external LN (3of3)
Part I: Right obturator pelvic nodes
   1 Rt obturator LN 1
  2 Rt obturator LN (1of4)
   3 Rt obturator LN (2of4)
   4 Rt obturator LN (3of4)
  5 Rt obturator LN (4of4)
        Right Para-aortic Lymph Nodes above IMA
  1 Rt above IMA LNs 2
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Part K: Right Para-aortic Lymph Nodes below IMA

1 Rt below IMA LNs 2

2 Rt below IMA LNs 2

Part L: Right Gonadal vessels

1 Rt gonadal vessels

Part M: Left Para-aortic Lymph Nodes above IMA

1 Lt above IMA LNs 3

Part N: Left Para-aortic Lymph Nodes below IMA

1 Lt below IMA LN 1

Part O: Left gonadal vessels

1 Lt gonadal vessels

Criteria	Yes	Nu Nu
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Diagnosis Discrepancy	+	
Primary Tumor Site Discrepaticy		
HIPA/, Discrepancy		-
Prior Malignancy History		
Dual/Synchronous Property Noted	1 11	<u> </u>
Case is icircle): \41\ COALITY	ALFIED	
Reviewer Initial	2.	
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