1CD-0-3

adenocarcinos, Serous, NOS 8441/3 Site: Indometrium C54.1 2/24/11 lu



CLINICAL HTGTORY:

Per

serous carcinoma uterus.

GROSS EXAMINATION:

A. "Right common iliac node", received fresh for frozen and later placed in is a 3 \times 1.5 \times 0.3 cm lymph node. Representative sections submitted for frozen as AF1, frozen section remnant submitted in block A1. Remaining lymph node is submitted in block A2.

B. "Uterus, cervix, bilateral tubes and ovaries", received fresh and placed in is a 390 gram (post fixed weight), 14.5 \times 2 \times 7.5 cm uterus with a 2.2 cm in diameter cervix with a 1 cm patent os. The serosa is pink-tan with eight subserosal nodules, ranging from 0.3 to 3.6 cm in greatest dimension. A 1.1 \times 0.9 \times 0.3 cm pedunculated subserosal nodule is present. The serosa is inked black. A $0.5 \times 0.3 \times 0.2$ cm cyst is seen in the anterior endocervical canal, 1.3 cm away from the ectocervix. The surrounding tissue of the cervix is inked blue.

A 10.2 \times 8.5 cm area of irregularity is noted in the endometrial cavity, centered in the fundus of the uterus and involving right and left cornu. The majority of the lesion overlies the 6.2 x 8.5 x 4.5 cm submucosal diffusely calcified white whorled like nodule. The lesion extends to 4.7 cm away from the anterior ectocervix. On cut surface the endometrium is 0.2 cm in thickness and the myometrium is 1.6 cm in thickness. The lesion grossly extends into the inner third of the myometrium. A 3.8 x 2.2 x 2.8 cm endometrial polyp is seen adjacent to the right cornu. The polyp is 0.5 cm away from the primary lesion. Further sectioning reveals three intramural white whorled like nodules ranging from 0.5 through 1.4 cm in greatest dimension. A 1.1 \times 0.9 \times 0.7 cm calcified submucosal nodule is seen in the posterior segment of the uterus.

The right fallopian tube is $8.5\ \text{cm}$ in length x $0.6\ \text{cm}$ in diameter, sectioning reveals no masses or lesions. The right ovary is $3.5 \times 2.4 \times 1.3$ cm with a $1.5 \times 1.1 \times 0.9$ cm simple cyst. Sectioning reveals yellow lobulated cut surface with a simple uniloculated cyst with no excrescences. The left fallopian tube is $8.3\ \mathrm{cm}$ in length and $0.8\ \mathrm{cm}$ in diameter, sectioning reveals no masses or lesions. The left ovary is 3 x 1.6 x 0.5 cm. The cut surface is yellow-tan and lobulated with no grossly evident masses or lesions.

BLOCK SUMMARY:

B1pedunculated nodule on the serosa

anterior endocervical canal and lower uterine segment B2-B3-

representative section of cyst in the anterior lower uterine segment posterior lower uterine segment and endocervical canal B4-

B5-6- representative full thickness sections of the lesion

B7-10- representative sections of the lesion

B11-

lesion with respect to anterior lower uterine segment B12-

representative full thickness of normal anterior segment of the uterus B13-

representative full thickness section of posterior segment of uterus representative sections of right fallopian tube and ovary with cyst B14-

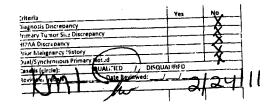
B15-

representative sections of left fallopian tube and ovary representative section of intramural nodules B16-

B17~

representative section of subserosal nodule B18-

representative section of endometrial polyp



INTRA OPERATIVE CONSULTATION:

A. "Right common iliac node": AF1 (representative) - metastatic carcinoma present

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY, LYMPH NODE BIOPSY

PATHOLOGIC STAGE (AJCC 7th Edition): pT3a pN1 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. "RIGHT COMMON ILIAC NODE" (BIOPSY):

METASTATIC ADENOCARCINOMA IN ONE LYMPH NODE (1/1/). SIZE OF METASTASIS: 0.6 CM AT LEAST. FOCAL EXTRACAPSULAR EXTENSION IS PRESENT.

B. "UTERUS, CERVIX, BILATERAL TUBES AND OVARIES" (HYSTERECTOMY AND BILATERAL

UTERUS, 390 GRAMS:

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA.

FIGO GRADE: NOT APPLICABLE.

TUMOR SIZE: 10.2 CM IN GREATEST DIMENSION.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: SEE COMMENT.

LYMPHATIC/VASCULAR INVASION: PRESENT, EXTENSIVE.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL POLYP.

REMAINING MYOMETRIUM: ADENOMYOSIS.

MULTIPLE BENIGN LEIOMYOMAS, UP TO 6.2 CM

CERVIX: CARCINOMA INVOLVES ENDOCERVICAL MUCOSA. CERVICAL STROMA FREE OF CARCINOMA.

SEROSA: FREE OF CARCINOMA.

SPECIMEN MARGINS: NOT INVOLVED.

RIGHT OVARY: CARCINOMA PRESENT WITHIN OVARIAN STROMA.

BENIGN BRENNER TUMOR, 0.9 CM.

LEFT OVARY: NO CARCINOMA IDENTIFIED.

BENIGN BRENNER TUMOR, 0.9 CM.

FALLOPIAN TUBES, RIGHT AND LEFT: NO PATHOLOGIC DIAGNOSIS.

COMMENT: The maximum depth of definitive tumor tissue invasion is approximately 2 mm in a 1.6 cm thick myometrium. Carcinoma is extensively present within the outer half of the myometrium, but at this depth the tumor appears to be confined within vascular spaces.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

Electronically signed:

Performed by:

. . .

Ordering MD: