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# Results

### SURGICAL PATHOLOGY

**Entry Date** 

**Component Results** 

Component

**Surgical Pathology** 

(note)

Date of Birth Hospital Number

Location

SURGICAL PATHOLOGY

Accession #:

Collected:

Received:

Idencearement, rerow Nos 8441/3 Parceno ma, perous Nos 5441/3

PATHOLOGIC DIAGNOSIS

A. UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY WITH BILATERAL

SALPINGO-OOPHERECTOMY:

- UTERINE CORPUS:
  - SEROUS CARCINOMA OF THE ENDOMETRIUM
  - TUMOR SIZE: CANNOT BE DETERMINED (DIFFUSELY INVOLVES ANTERIOR AND POSTERIOR ENDOMYOMETRIUM)
  - DEPTH OF MYOMETRIAL INVASION: 25 mm of 27 mm
  - EXTENSIVE LYMPH-VASCULAR SPACE INVASION PRESENT
  - TUMOR EXTENDS TO THE LOWER UTERINE SEGMENT
  - LEIOMYOMATA
  - UNREMARKABLE UTERINE SEROSA
- UTERINE CERVIX:
  - NO DYSPLASIA OR TUMOR PRESENT (ENTIRE CERVIX SUBMITTED FOR HISTOPATHOLOGIC EXAM)
  - ATROPHY
- BILATERAL FALLOPIAN TUBES:
  - NO TUMOR PRESENT
- BILATERAL OVARIES:
  - NO TUMOR PRESENT
- B. LYMPH NODE, RIGHT PELVIC, EXCISION:
  - METASTATIC CARCINOMA INVOLVING TWO OF TEN LYMPH NODES (2/10)
- C. LYMPH NODE, RIGHT PERIAORTIC, EXCISION:
  - NO TUMOR PRESENT IN ONE LYMPH NODE (0/1)
- D. LYMPH NODE, LEFT PELVIC, EXCISION:
  - NO TUMOR PRESENT IN FIVE LYMPH NODES (0/5)
- E. SOFT TISSUE, PARACAVAL, RESECTION:
  - FIBROADIPOSE TISSUE, NO TUMOR PRESENT
- F. LYMPH NODE, LEFT PERIAORTIC, EXCISION:
  - NO TUMOR PRESENT IN ONE LYMPH NODE (0/1)
- G. LYMPH NODE, LEFT EXTERNAL ILIAC, EXCISION:
  - NO TUMOR PRESENT IN ONE LYMPH NODE (0/1)

Pathologic Staging (pTNM [FIGO]): Stage IIIC1

Primary Tumor (pT1b): Tumor invades outer half of myometrium Regional Lymph Nodes (pN1): Regional lymph node metastasis to pelvic lymph nodes (2/18)

Pelvic lymph nodes:

Number of Lymph Nodes Examined: 16 Number of Lymph Nodes Involved: 2

Para-aortic lymph nodes:

Number of Lymph Nodes Examined: 2

Number of Lymph Nodes Involved: 0

Distant Metastasis (pM): Not applicable

#### Staff Pathologist

#### Comment

Immunohistochemistry is performed and the tumor is diffusely positive with AE1/AE3. Immunohistochemical stains performed on the biopsy showed diffuse staining for p53 and p16, and no staining for ER, in keeping with the above diagnosis.

Pertinent Clinical Information

A -year-old with endometrial carcinoma/post menopausal bleeding.

## Gross Description

Specimen Material: A. Uterus, cervix, bilateral tubes and ovaries. B. Right pelvic lymph node. C. Right periaortic lymph node. D. Left pelvic lymph node. E. Dense paracaval tissue. F. Left paraaortic lymph node. G. Left external iliac lymph node.

The case is received in seven parts labeled with the patient's name
, medical record number and given accession number
and it is accompanied by a requisition form labeled with the same
name and accession number.

Part A. Received in formalin labeled "UTERUS, CERVIX, BILATERAL TUBES AND OVARIES," is a 242 gram uterus (10 x 9 x 7 cm), cervix (2.5 x 2.5 cm), right adnexa (4 x 2.5 x 0.4 cm), and left adnexa (4 x 2 x 0.4 cm).

The external surface of the uterus is tan-pink smooth and glistening. The uterus is bivalved to reveal a tan-pink endometrial cavity (6 x 4 x 1 cm) that is distorted by a calcified submucosal leiomyoma (6.0 x 6.0 x 4.0 cm). The endometrium displays a tan-yellow, exophytic tumor which is present on the anterior (3 x 2 x 2 cm) and posterior surface (4 x 3 x 2 cm) with no gross extension to the cervix. The tumor invades greater than 50% of the myometrial thickness and comes to within 0.3 cm of the serosa on the posterior aspect. The uninvolved myometrium is tan-pink and trabeculated with a thickness ranging from 1.8 to 2.0 cm. Within the myometrium of the posterior lower uterine segment, there is another calcified leiomyoma measuring 1.5 cm as well as additional intramural leiomyomas less than 1 cm. Tumor is submitted for tissue banking.

The right adnexa is comprised of an unremarkable ovary  $(2.5 \times 1.5 \times 0.4 \text{ cm})$  and fallopian tube  $(4 \text{ cm in length } \times 0.4 \text{ cm in diameter})$  with multiple small paratubal cysts.

The left adnexa is comprised of an unremarkable ovary  $(2 \times 1.5 \times 0.4 \text{ cm})$  and fallopian tube  $(4 \text{ cm} \text{ in length } \times 0.4 \text{ cm} \text{ in diameter})$  with a single lcm paratubal cyst.

Ink code:

Blue: Anterior uterus Black: Posterior uterus

Section code:

Al anterior cervix (12 o'clock)

A2 anterior lower uterine segment

A3 6 anterior endomyometrium, full thickness sections

A7 8 additional anterior tumor

A9 10 anterior endomyometrium with leiomyoma and tumor

All 13 cervix from 12 to 3 o'clock

A14 15 cervix from 9 to 12 o'clock

A16 posterior cervix (6 o'clock)

A17 posterior lower uterine segment

Al8 19 posterior endomyometrium, full thickness sections

A20 27 posterior tumor

A28 representative sections of non-calcified portion of largest leiomyoma

A29 31 cervix from 3 to 6 o'clock

A32 34 cervix from 6 to 9 o'clock

A35 right fallopian tube, representative sections

A36 right ovary, representative sections

A37- right fallopian tube, representative sections

A38 left ovary, representative sections

Part B. Received in formalin labeled "RIGHT PELVIC LYMPH NODE," and consists of a 6 x 5.7 x 1.9 cm aggregate of tan-yellow fibrofatty tissue which is palpated to reveal five possible lymph nodes ranging from 1 to 2 cm in greatest dimension. The larger lymph nodes are bisected to reveal a tan-pink to tan-white and hemorrhagic variegated cut surface. The lymph nodes are submitted in their entirety as follows:

B1 B4 one lymph node bisected in each

B5 one whole lymph node

Part C. Received in formalin labeled "PERIAORTIC LYMPH NODES, RIGHT," and consists of a 4 x 2.6 x 1.7 cm aggregate of fibrofatty tissue which is palpated to reveal a 4.5 x 1 x 0.6 cm tan-pink possible lymph node which is serially sectioned to reveal a tan-white smooth cut surface. The lymph node is submitted in its entirety in cassette C1-C3.

Part D. Received in formalin labeled "PELVIC LYMPH NODE LEFT," and consists of a  $5.7 \times 5.5 \times 1.7$  cm aggregate of tan-yellow fibrofatty tissue which is palpated to reveal four possible lymph nodes that range from 0.9 to 4.2 cm in greatest dimension. The larger lymph nodes are serially sectioned to reveal a tan-pink to red smooth cut surface. Five possible lymph nodes are identified in the fibrofatty tissues. The lymph nodes are submitted in their entirety as follows:

D1 one lymph node, trisected

D2 one lymph node, bisected

D3 4 one lymph node, serially sectioned

D5 two possible whole lymph nodes

Part E. Received in formalin labeled "DENSE PARACAVAL TISSUE," and consists of a 0.6  $\times$  0.5  $\times$  0.3 cm tan-pink irregular soft tissue which is submitted in its entirety in cassette E.

Part F. Received in formalin labeled "LEFT PARAAORTIC LYMPH NODE," and consists of a 2.7 x 2.1 x 0.7 cm aggregate of tan-yellow fibrofatty tissue which is palpated to reveal one possible lymph node that measures 0.7 cm in greatest dimension. The specimen is submitted in tis entirety as follows:

F1 lymph node in its entirety remaining fibrofatty tissue Part G. Received in formalin labeled "LEFT EXTERNAL ILIAC LYMPH NODE," and consists of a 1.8 x 1 x 0.8 cm ovoid portion of tan-pink soft tissue consistent with lymphoid tissue. The specimen is bisected to reveal a tan-white to red, smooth cut surface. The specimen is submitted in its entirety in cassette G1. rathorogy Resident Microscopic Description Performed. The staff pathologist listed below has reviewed this case. Synoptic Report Specimen: Uterus with cervix, bilateral fallopian tubes and ovaries Procedure: Simple hysterectomy and bilateral salpingo-oopherectomy Lymph Node Sampling: Bilateral pelvic, bilateral periaortic, left external iliac Tumor Site: Anterior and posterior endometrium Tumor Size: Cannot be determined (tumor diffusely involves anterior and posterior endomyometrium) Histologic Type: Serous carcinoma Myometrial invasion: Present Depth of invasion: 25 mm Myometrial thickness: 27 mm Involvement of Cervix: Not involved Extent of Involvement of Other Organs: Bilateral tubes and ovaries: Not involved Lymph-Vascular Invasion: Present, extensive Pathologic Staging (pTNM [FIGO]): Stage IIIC1 Primary Tumor (pT1b): Tumor invades outer half of myometrium Regional Lymph Nodes (pN1): Regional lymph node metastasis to pelvic lymph nodes (2/18) Pelvic lymph nodes: Number of Lymph Nodes Examined: 16 Number of Lymph Nodes Involved: 2 Para-aortic lymph nodes: Number of Lymph Nodes Examined: 2 Number of Lymph Nodes Involved: 0 Distant Metastasis (pM): Not applicable \*\*Electronically Signed Out\*\* Staft Pathologist **Result History** - Order Result History Report. PATHOLOGY (Order on Lab Information Resulting Lab

Order Time

Order Information Order Data

Result information				
Result Date and Time	Status Final result	Priority <b>Routine</b>		
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Received Date/Time				
Received Date		Received Time		
Order Providers				
Authorizina Provider		Encounter Provider		
	•	None		
Encounter				
View Encounter				
Order	SURGICAL PATHOLOGY			
Administration Details			7-	
No Administrations Recorded				
Order Information				
Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time	
Order Details				
Frequency ONCE	Duration 1 occurrence	Priority Routine	Order Class Normal	
Quantity				
Ordering Quantity 1				
Comments				
Ordered by				
Original Order				
Ordered On	Ordered By			
	<b>-</b>			
Online to the second second				
Collection Information				
Collection Date	Collection Time	Resu	Iting Agency	
Provider Information				
Ordering User	Orderina Provide	er Au	thorizing Provider	
			TOTAL	
Attending Provider(s)	Admittina Provide	er PC	Р	
Order-Level Documents:	•	Encounter	•	
There are no order-level d	documents. View Encounter			
Orders Needing Specimen	Collection			
		one **		

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Criteria	W 12/30/13	Yes	No
Diagnosis Discrepano	у		V.
Primary Tumor Site D	iscrepancy		
HIPAA Discrepancy			
Prior Malignancy History			V.
<b>Dual/Synchrongus Pr</b>	inpary Noted		
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Reviewer Ini Ms	Date Reviewed:/		$u_{1}z$
		77	$\eta \omega$