



Surgical Pathology Final Report

Temporary Copy

Case:

Ordered by:

Final Diagnosis

Uterus, bilateral tubes and ovaries, resection, with frozen section:

Endometrioid adenocarcinoma.

Histologic grade 2/3.

Maximum tumor size: 4.8 cm.

Specimen integrity: Intact.

Myometrial invasion: Present.

Depth of invasion: 0.5 cm (total myometrial thickness 1.5 cm; tumor predominantly exophytic; 0.5 cm).

Involvement of cervix: Upper portion of endocervical glands involved with no stromal invasion identified.

Lymphovascular invasion: Not identified.

Other findings: Unremarkable cervix.

Endocervical polyp.

Negative left and right parametria.

Left and right adnexa with physiologic changes.

Hernia sac:

Fibrous serosal membrane, consistent with hernial sac.

Right pelvic lymph node:

One (1) negative lymph node.

Left pelvic lymph nodes:

Two (2) negative lymph nodes.

Left common iliac nodes:

Two (2) negative lymph nodes.

AJCC pathologic stage: pT1a,pN0.

ICD-O-3

Adenocarcinoma, endometrioid, NOS
8380/3

Site: Endometrium C54.1

gnd 1/2/13

Clinical Information

Endometrial cancer.

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Case:

Ordered by:

Frozen Section Diagnosis

Uterus, ovaries and fallopian tubes.
Invasive endometrial adenocarcinoma, malignant.
Greater than 50% myometrial thickness.

Gross Description

"A, FSA." All frozen section tissue is submitted in cassette "FSA."

"A, NFSA." The specimen consists of a 98 gram, previously bisected uterus with attached cervix. Upon possible reconstruction, this measures 10.5 x 4.5 x 5.5 cm. The serosa is pink-tan with no adhesions. The cervical neck is inked as follows: anterior cervical neck orange and posterior cervical neck black. The ectocervix is pink-tan, smooth and glistening and averages 1.6 x 2.7 cm. The os is patent. Previous sectioning reveals a tan-brown, soft, friable mass involving the entire endometrial cavity. This measures 4.8 cm superior to inferior, 3.8 cm left to right, and 2.5 cm anterior to posterior. This mass grossly appears to be confined to the inner one-half aspect of the myometrium and comes to within 0.5 cm of the cervical neck. Involving the anterior cervical neck is a 0.7 cm cervical polyp. There are no intramural, submucosal, or subserosal nodules.

Attached to the uterus is a possible previously ligated fallopian tube with attached fimbriae. This measures 3.7 x 0.5 cm. There is also an attached previously bisected left ovary, which measures 2.8 x 1.2 x 0.5 cm. Previous sectioning reveals a pink-tan, solid cut surface.

Attached to the uterus is a right fallopian tube with fimbriae, which measures 2.3 x 0.4 cm. There is also an attached previously bisected right ovary, which measures approximately 2.0 x 0.7 x 0.7 cm. Previous sectioning reveals a pink-tan, solid cut surface. "A1," left parauterine vessels; "A2," right parauterine vessels; "A3," anterior cervix to include cervical polyp; "A4," anterior cervical neck; "A5-A7," anterior endomyometrium; "A8," posterior cervix; "A9," posterior cervical neck; "A10-A12," posterior endomyometrium; "A13," left tube and ovary; "A14," right tube and ovary.

"B, Hemla sac." The specimen consists of 1 fragment of fibromembranous tissue, measuring 9.2 cm in greatest dimension. "B," fragments, representative.

"C, Right pelvic node." The specimen consists of a 3.2 x 2.7 x 1.0 cm yellow-red, fatty fragment. On examination a 1.5 cm red-tan, possible lymph node is identified. A representative section is submitted into cassette "C."

"D, Left pelvic node." The specimen consists of 2 yellow-tan, fatty fragments measuring 6.5 and 7.2 cm. On examination, 2 possible lymph nodes are identified. These measure 1.1 and 1.4 cm. Representative sections of each are submitted into cassette "D."

"E, Left common iliac." The specimen consists of a 1.9 x 2.4 x 0.3 cm aggregate of yellow-tan, fatty fragments. On examination, 2 possible lymph nodes are identified. These measure 0.4 and 1.2 cm. All lymphoid tissue is submitted into cassette "E," representative.

Performing Lab

Criteria	Yes	No
Diagnostic Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIDAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Nodules		✓
Case is (single):	QUALIFIED	DISQUALIFIED
Reviewer initials:	12/21/12	