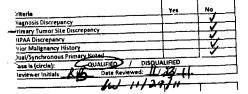
Patient Name: DOB:



# **Surgical Pathology Report**

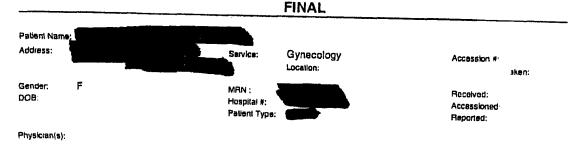
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100-0-3

adenocarcinoma, serous, NOS Site: endometrium C54.1 W 11/24/11



# SURGICAL PATHOLOGY REPORT



#### **DIAGNOSIS:**

UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- HIGH-GRADE SEROUS ADENOCARCINOMA (SEE SYNOPSIS)
- CARCINOMA INVADES TO A DEPTH OF 21 MM OUT OF A TOTAL MYOMETRIAL THICKNESS OF 24 MM
- TUMOR INVADES INTO LOWER UTERINE SEGMENT AND CERVIX
- LYMPHOVASCULAR INVASION BY CARCINOMA, EXTENSIVE
- ENDOMETRIAL POLYP, 8 MM
- ADENOMYOSIS, FOCAL
- LEIOMYOMATA, LARGEST = 11 CM

UTERUS, CERVIX, TOTAL HYSTERECTOMY (INCLUDING FS1)

- HIGH-GRADE SEROUS ADENOCARCINOMA BY DIRECT EXTENSION

UTERUS, SEROSA, TOTAL HYSTERECTOMY

- CARCINOMA IDENTIFIED

OVARY, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED

FALLOPIAN TUBE, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED IN PARATUBAL SOFT TISSUE
- SEROSAL ADHESIONS
- BENIGN PARATUBAL CYST

OVARY, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED

FALLOPIAN TUBE, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED IN PARATUBAL SOFT TISSUE

SOFT TISSUE, OMENTUM, OMENTECTOMY

- CARCINOMA IDENTIFIED, LARGEST NODULE = 2.5 CM

By this signature, I attest that the above diagnosis is based upon my personal

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## **Surgical Pathology Report**

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## SURGICAL PATHOLOGY REPORT

examination of the slides(and/or other material indicated in the diagnosis).

"Report Electronically Reviewed and Signed Out By

#### Intraoperative Consultation:

"Called to pick up a 'uterus, cervix, bilateral tubes and ovaries,' consist of a 187 gram uterus that measures 8.9 cm from cornu to cornu, 4 cm from anterior to posterior, and 9.2 cm from fundus to cervix, with attached bliateral adnexa. The right adnexa consists of a 4.5 x 4.5 x 1 cm unremarkable ovary and a 2 x 0.5 x .5 cm stump of falloplan tube. The left adnexa consists of a 5.5 x 0.5 x 0.5 cm falloplan tube. The tube appear to be previously ligated. The uterus is opened to show a 3.5 x 1.5 cm, exophytic, friable mass located in the anterior endometrial wall. In the cervix there is a 4 x 2 cm separate mass with a similar gross appearance. A place of the mass is frozen as 'FS1.' Rest for permanents,\* by !

FS1: Cervical biopsy

- "Adenocarcinoma," by .

#### Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

#### History:

rear old woman with grade 3 serous endometrial carcinoma with large intraabdominal tumor with The patient is debulking. Operative procedure: Total abdominal hysterectomy with bilateral salpingo-cophorectomy with debulking and omentectomy.

## Specimen(s) Received:

A: UTERUS, CERVIX, BILATRAL TUBES AND OVARIES

B: OMENTUM

#### **Gross Description:**

The specimens are received in two formalin-filled containers, each labeled " is labeled "uterus, cervix, bilateral tubes and ovaries." It holds a 187 gram uterus with anached cervix with attached The first container bitateral adnexa that measures 9.2 cm from fundus to ectocervix, 8.9 cm from cornu to cornu, and 4 cm from anterior to posterior. The serosal surface is pink-tan, glistening and shiny with multiple adhesions with a single putative nodule that measures up to 1.5 cm. The 3 x 2 x 1.5 cm cervix has a 2 x 1.7 cm eclocervix and a 0.8 cm external os. The endocervical canal is pink, necrotic, measures 4 x 1 cm. Endometrial cavity filled with an exophytic, tan-brown, friable mass that measures 3.5 x 1.5 cm. The mass appears to be invading more than two-thirds of the myometrium and it is 0.3 cm from the outer serosal surface on the endometrial cavity side whereas on the cervix side the mass appears to be invading up to 95% of the cervix and it is 0.1 cm from the outer part of the cervix. The mass appears to be invading the lower uterine segment as well as the cervix. In the cervix the mass appears to measure 4 x 2 cm. The mass appears to be extending from the endometrial cavity to the cervix. Sectioning shows the maximum myometrial thickness is 2 cm. Sectioning also shows multiple intramural fibroids, the largest one that measures 11 x 3 cm. Cut sections of the fibroid appears to be whorled pattern and rubbery. The 4.5 x 4.5 x 1 cm attached ovary has a lan-brown outer surface. Cut sections show normal ovarian parenchyma. The attached tissue surrounding the left ovary has no grossly identified falloplan tube. The soft tissue surrounding the left overy measures 2.5 x 2 x 2 cm. The 3 x 2.5 x 1.2 cm attached right overy has a tan-brown outer surface. Cut sections show tan-brown cut surface. The 5 x 0.7 x 0.5 cm tortuous, tan-brown attached right falloplan tube has a tan-brown outer surface. Cut sections show a pinpoint lumen. Also in the container there is a white cassette which holds a single fragment of tan-off white soft tissue that measures 2 x 1.8 x 0.3 cm. Labeled A1 and A2 - anterior cervix; A3 and A4 - posterior cervix; A5 and A6 - anterior and posterior lower uterine segment; A7 and AB - anterior endomyometrium with a tebrile mass in relation with the outer aspect of

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## SURGICAL PATHOLOGY REPORT

the serosal surface; A11 to A14 - posterior mass in relation with the outer aspect of the serosal surface; A15 to A18 - attached fibroids; A19 - left ovary; A20 to A22 - attached soft tissue for the left fallopian tube; A23 and A24 - right adnexa; A25 (FS1). Jar 3. Case also shown to the fellow and the resident for the orientation because orientation was a little difficult.

The second container is labeled "omentum." It holds  $35 \times 9 \times 2$  cm omental tissue. Sectioning shows multiple firm areas throughout the omentum, the largest one that measures  $2.5 \times 2.5$  cm. Cut section also shows yellow soft adipose tissue.

# SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, serous papillary type

FIGO GRADE

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

**TUMOR INVASION** 

Invasive tumor is present with invasion of the entire myometrium and penetration of the serosa

**TUMOR SIZE** 

The tumor invades to a depth of 21 mm The myometrial thickness is 24 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is involved by tumor

**ENDOCERVICAL INVOLVEMENT** 

The endocervix is involved by invasive tumor in the stroma (with or without mucosa)

LYMPHVASCULAR SPACE INVASION

Lymphvascular space invasion by tumor is present and widespread in scope

REGIONAL LYMPH NODES (N)

Regional lymph nodes cannot be assessed (NX)

DISTANT METASTASIS (M)

Distant metastases (M1)

The source of pathologic metastatic specimen is omentum

PRIMARY TUMOR (TNM Category/FIGO Stage)

Distant metastasis includes metastasis to Inguinal lymph nodes, intraperitoneal disease, or lung, liver or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa or adnexa (M1/IVB)

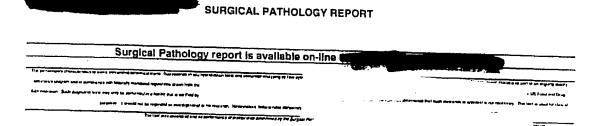
STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T3a/NX/M1 (Stage IVB)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

# Surgical Pathology Report

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END OF REPORT

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