

Pathology Report

Report Type rt
Date of Event
Sex
Authored by
Hosp/Group

PATIENT HISTORY:

Carcinoma of floor of the mouth.

PRE-OP DIAGNOSIS: Carcinoma, floor of mouth.

POST-OP DIAGNOSIS: Same.

URE: Not given.

FINAL DIAGNOSIS:

PART 1: LYMPH NODES, LEVEL 1A MIDLINE, EXCISION

TWO BENIGN LYMPH NODES (0/2).

PART 2: LYMPH NODES, TRACHEAL, EXCISION

THREE BENIGN LYMPH NODES (0/3).

PART 3: LYMPH NODE, LEFT LEVEL 1B, EXCISION

A. SQUAMOUS CELL CARCINOMA INVOLVING SOFT TISSUES,(QUESTIONABLE LYMPH NODE) (See comment).

B. FIVE ADDITIONAL BENIGN LYMPH NODES (0/5).

C. LEFT SUBMANDIBULAR GLAND WITH DUCT ECTASIA, AND ACUTE AND CHRONIC SIALADENITIS. OTHERWISE, NO TUMOR PRESENT.

PART 4: LYMPH NODES, RIGHT LEVEL 1B, EXCISION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING THREE OF SIX LYMPH NODES (3/6).

B. EXTRACAPSULAR SPREAD SEEN IN ONE LYMPH NODE.

C. RIGHT SUBMANDIBULAR GLAND WITH DUCT ECTASIA, AND ACUTE AND CHRONIC SIALADENITIS. OTHERWISE, NO TUMOR PRESENT

PART 5: ANTERIOR FLOOR OF THE MOUTH, ANTERIOR MANDIBLE AND OVERLYING SKIN, ANTERIOR MANDIBULECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, ACANTHOLYTIC TYPE, MODERATELY DIFFERENTIATED (3.2 CM) INVOLVING THE FLOOR OF THE MOUTH WITH INVASION OF MANDIBLE AND ADJACENT SOFT TISSUE/ SUBCUTANEOUS TISSUE INTERFACE OF SKIN (See comment).

B. EXTENSIVE PERINEURAL INVASION WITH INVOLVEMENT OF THE INFERIOR ALVEOLAR NERVE.

C. ALL MARGINS INCLUDING BONE, MUCOSA, SOFT TISSUE AND SKIN ARE FREE OF TUMOR.

D. ONE ADDITIONAL NODE WITH METASTATIC SQUAMOUS CELL CARCINOMA (1/1). NO EXTRANODAL SPREAD IS PRESENT.

E. PATHOLOGIC STAGE: T4a N2c MX.

PART 6: LYMPH NODES, RIGHT LEVEL 2, EXCISION

TEN BENIGN LYMPH NODES (0/10).

PART 7: LYMPH NODES, RIGHT LEVEL 3, EXCISION

EIGHT BENIGN LYMPH NODES (0/8).

PART 8: LYMPH NODES, LEFT LEVEL 2, EXCISION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING THREE OF TEN LYMPH NODES (3/10).

B. EXTRACAPSULAR SPREAD IS SEEN IN ONE NODE.

PART 9: LYMPH NODES, LEFT LEVEL 3, EXCISION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING TWO OF FOURTEEN LYMPH NODES (2/14).

B. EXTRACAPSULAR SPREAD SEEN IN ONE NODE.

PART 10: LYMPH NODES, LEFT LEVEL 4, EXCISION

THIRTEEN BENIGN LYMPH NODES.

PART 11: SOFT TISSUE, ADDITIONAL POSTERIOR MARGIN, EXCISION

NO TUMOR PRESENT.

PART 12: TEETH (9) EXTRACTION

INE TEETH WITH CARIES.

[REDACTED]

[REDACTED]:

Part 3: As indicated above, there is a focus of malignant tumor involving soft

tissue. Again, this might possibly represent a lymph node metastasis in which the nodal architecture has been completely obliterated.

Part 5: The differential diagnosis includes adenosquamous carcinoma and acantholytic squamous cell carcinoma. The mucicarmine stain in the tumor is negative. Barring sampling problems, this tumor is best classified as acantholytic (pseudoglandular) squamous cell carcinoma rather than adenosquamous carcinoma.

[REDACTED]

My signature and station that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received in 12 parts.

Part 1 is labeled "level 1A lymph node, midline". It is received unfixed in a

container with the patient's name and medical record number and consists of a 3.5 x 1.5 x 0.5 cm fibrofatty tissue. Sectioning shows two lymph nodes. The lymph nodes are submitted entirely as follows:

1A one lymph node bisected

1B one intact lymph node.

Part 2 is labeled "trachea lymph node". It is received unfixed in a container with the patient's name and medical record number and consists of two pieces of fibrofatty tissue measuring 2.2 x 1.0 x 0.5 cm in aggregate. Sectioning shows three lymph nodes. The lymph nodes are submitted entirely as follows:

2A one lymph node

2B two lymph nodes.

Part 3 is labeled "left 1B lymph node". It is received unfixed in a container

with the patient's name, medical record number and consists of a 6.0 x 4.0 x 2.0 cm fibrofatty tissue which contains a submandibular gland measuring 4.0 x 2.8 x 1.5 cm. Sectioning of the submandibular gland shows a lobulated yellow-tan, slightly granular cut surface. Sectioning shows multiple lymph nodes and a representative section of the submandibular gland and all of the lymph nodes are submitted as follows:

3A submandibular gland

3B/3C one lymph node bisected, each

3D/3E two intact lymph nodes, each.

Part 4 is labeled as "right level 1B". It is received unfixed in a container with the patient's name and medical record number and consists of a 4.5 x 2.5 x 1.5 cm fibrofatty tissue, which contains a 3.8 x 2.3 x 1.5 cm submandibular gland. Sectioning of which shows a lobulated, yellow-tan, slightly granular cut surface. Sectioning shows multiple lymph nodes. A representative section

of the submandibular gland and all of the lymph nodes are submitted as follows:

4A submandibular gland

4B/4C one intact lymph node, each

4D two lymph nodes
ur lymph nodes

is labeled as "anterior floor of mouth and mandible for frozen section." The specimen is received in a container with patient's name, initials , and medical record number, unfixed. It consists of an anterior mandible and anterior floor of the mouth. The entire specimen measures 5.5 cm

anterior-posteriorly, 4.5 cm superior-inferiorly, and 6.4 cm right to left.

A

circular piece of skin is present in the anterior aspect of the specimen, measuring 4.5 x 3.5 x 1.5 cm. Most of the skin is unattached from the bone (lower three-fourths) except for the superior fourth. The tumor is close to skin, but it no invasion is seen grossly. The mucosal surface is predominantly

white-tan and shiny (leukoplakic in appearance). There is however a 2.2 x 1.5

cm brown-tan, friable, ulcerated mass 0.5 cm left of the midline of the alveolar ridge and floor of the mouth. Sectioning shows a 3.2 x 2.5 x 1.5 cm white-tan, hard mass that crosses the midline and is 0.2 cm from the inferior margin, 0.1 cm from the posterior margin, 0.3 cm from the anterior margin, 0.3

cm from the left margin, and 0.4 cm from the right margin. The tumor grossly invades the mandible. The following margins are submitted for frozen section, for histopathologic diagnosis and the submitted margins are as follows:

5AFS left posterior tongue, soft tissue, perpendicular

5BFS inferior soft tissue remnant, perpendicular

5CFS left alveolar and floor of the mouth remnant, shave

5DFS right alveolar and floor of the mouth remnant shave

5EFS right anterior buccal margin remnant, shave

5FFS left anterior buccal margin remnant, shave

Representative sections of tumor and bone and remnants of frozen sections are submitted as follows:

5A left posterior tongue, soft tissue remnant, perpendicular, remnant

5B inferior soft tissue remnant, perpendicular, remnant

5C left alveolar and floor of the mouth remnant, shave, remnant

5D right alveolar and floor of the mouth remnant shave, remnant

5E right anterior buccal margin remnant, shave, remnant

5F left anterior buccal margin remnant, shave, remnant

5G inferior skin margin

5H left skin margin

5I right skin margin

5J left mandibular bone margin, shaved

5K right mandibular bone margin, shaved

5L 5P bone with invasion

5Q 5T representative sections of the tumor.

██████████ is labeled as "right level 2". It is received unfixed in a container with the patient's name and medical record number and consists of a 4.8 x 2.5 x 1.0 cm fibrofatty tissue. Sectioning reveals multiple lymph nodes and all of these lymph nodes are submitted as follows:

6A/6B one bisected lymph node, each
6C/6D three intact lymph nodes, each
6E two intact nodes.

Part 7 is labeled "right level 3". It is received unfixed in a container with the patient's name and medical record number and consists of a 6.0 x 2.0 x 1.0

cm fibrofatty tissue. Sectioning shows multiple nodes. All of the lymph nodes are submitted as follows:

7A one lymph node bisected
7B- three lymph nodes
7C- 7D two intact lymph node, each.

Part 8 is labeled "left neck, level 2". It received in an container with the patient's name and medical record number and consists of a 5.5 x 3.0 x 1.2 cm segment of fibrofatty tissue. Sectioning shows multiple lymph nodes. It is entirely submitted as follows:

8A one intact lymph nodes
8B/8C four intact lymph nodes, each
8D/8E one node bisected.

Part 9 is labeled "left neck, level 3". It received unfixed in a container with the patient's name and medical record number and consists of a 6.0 x 4.5 x 1.0 cm fragment of fibrofatty tissue. Sectioning shows multiple lymph nodes. All of the lymph nodes are entirely submitted as follows:

9A four intact nodes
9B five intact nodes
9C three intact nodes
9D/9E one lymph node each, bisected.

Part 10 is received unfixed in a container with the patient's name and medical

record number and labeled "left neck, level 4". It consists of a 5.0 x 4.0 x 1.0 cm segment of fibrofatty tissue. Sectioning shows multiple lymph nodes. All of the lymph nodes are entirely submitted as follows:

10A/10B four intact lymph nodes, each
10C/10D two intact lymph node, each
10E one bisected lymph node.

Part 11 is labeled as "additional posterior margin for frozen section, #2". It is received unfixed in a container with the patient's name and medical record number and consists of 2.0 x 1.0 x 0.5 cm soft tissue. It is entirely submitted for frozen section for histopathologic diagnosis. The remnant is submitted in cassette A.

Part 12 is labeled as "teeth (9)" for gross examination only". It is received unfixed in a container with the patient's name, medical record number and consists of nine teeth, which includes canines, incisors and premolars. They range in size from 1.5 to 2.0 cm in greatest dimension. Most of the teeth have black-to-brown stains on the biting surface. The specimen is for gross examination only.

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1. ████ VE CONSULTATION:

5AFS: ANTERIOR FLOOR OF THE MOUTH AND MANDIBLE, COMPOSITE RESECTION (frozen section)

A. MALIGNANT.
B. INVASIVE SQUAMOUS CELL CARCINOMA, MARGINS FREE OF TUMOR
C. HOWEVER AND LEFT INFERIOR SOFT
MARGIN).

ADDITIONAL POSTERIOR MARGIN (frozen section)

A. BENIGN.
NO TUMOR PRESENT

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SCOPIC:
copic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The d its performance characteristics determined by the , Department of Pathology, as required by the C A

regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use.

This laboratory certified under the Clinical Laboratory Improvement Amendments of ("CLIA") as qualified to perform high-complexity clinical testing. Pursua to the requirements of CLIA, ASR's used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC DATA - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND TUMORS

SPECIMEN TYPE: Resection: anterior floor of mouth, anterior mandibulectomy with overlying skin

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 3.2 cm

Additional dimensions: 2.5 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PATHOLOGIC STAGING (pTNM): pT4a

pN2c

Number of regional lymph nodes examined: 73

Number of regional lymph nodes involved: 9

Extra-capsular extension of nodal tumor: Present

pMX

MARGINS: Margins uninvolved by tumor

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

Absent

PERINEURAL INVASION: Present

ADDITIONAL PATHOLOGIC FINDINGS: None identified

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: ph node midline

Taken: Received:

Stain/c

H&E x 1 A

H&E x 1 B

Part 2: Trachea lymph node

Taken: [REDACTED] Received: [REDACTED]
Stain/c

H&E x 1 A

H&E x 1 B

Part 3: lymph node

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E Recut x 2 A

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

Part 4: B

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

Part 5: r of mouth, man n

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 G

H&E x 1 H

H&E x 1 I

DC x 1 J

H&E x 1 J

H&E x 1 K

H&E x 1 L

H&E x 1 M

H&E x 1 N

H&E x 1 O

H&E x 1 P

H&E x 1 Q

H&E x 1 R

Mucin x 1 R

H&E x 1 S

H&E x 1 T

H&E x 1 U

H&E x 1 V

Part 6:

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

Part 7: Right level 3

Taken: [REDACTED] Received: [REDACTED]
Stain/c

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D

Part 8: [REDACTED] el 2

Taken: [REDACTED] Received: [REDACTED]
Stain/c

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
H&E x 1 E

Part 9: [REDACTED] el 3

Taken: [REDACTED] Received: [REDACTED]
Stain/c

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
Mucin x 1 D
H&E x 1 E

Part 10 [REDACTED] vel 4

Taken: [REDACTED] Received: [REDACTED]
Stain/c

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
H&E x 1 E

Part 11 [REDACTED] osterior margin

Taken: [REDACTED] Received: [REDACTED]
Stain/cn

H&E x 1 A

Part 12

en: [REDACTED] Received: [REDACTED]
[REDACTED]