

LEFT UPPER LOBE AND NUMBER 5 LYMPH NODE

Clinical Notes:

Left upper lobectomy: apical lung carcinoma.

Station 5 lymph node.

Two specimens are received:

1: LEFT UPPER LOBE

Macroscopy:

Specimen is labelled "left upper lobe" and consists of a lobe of lung measuring 180 x 100 x 40 mm. Enlarged peribronchial lymph nodes are seen at the resection margin. No endobronchial abnormality is seen. The pleural surface appears normal except for at the apex where there is a subpleural tumour measuring 30 mm in maximum diameter. There is a fibrofatty adhesion, measuring 25 x 8 x 5 mm, at the apical surface of the tumour. The tumour is moderately well circumscribed, solid and cream in colour with numerous small areas of necrosis seen. Non-neoplastic parenchyma displays no abnormality. [Bronchial resection margin, A; peribronchial lymph nodes transected and BIT, B-D; RS of tumour, E-H; apical non-neoplastic parenchyma, I; lingula parenchyma, J].

Microscopy:

Sections show a poorly differentiated adenocarcinoma which invades the pleura in the region of the fibrofatty adhesion. Vascular invasion is also noted. Focally the tumour has a cystic architecture with papillary infolding into the cyst lumen, but it is a predominantly solid tumour. There is extensive replacement of peribronchial lymph nodes by metastatic poorly differentiated adenocarcinoma, and transcapsular extension of tumour is noted. Tumour emboli are noted in lymphatics in surrounding fibrofatty tissue. The bronchial resection margin is well clear of malignancy. Non-neoplastic lung parenchyma shows changes of respiratory bronchiolitis.

2: NUMBER 5 LYMPH NODE

Macroscopy:

Specimen is labelled "number 5 lymph node" and consists of a lymph node measuring 20 mm in maximum diameter. The cut surface shows a solid white nodule at one pole of the lymph node measuring 4 mm in diameter. [Transected and BIT, 2A].

Microscopy:

Sections show multiple foci of metastatic poorly differentiated adenocarcinoma within the lymph nodes.

Conclusion-Specimens 1 & 2:

Left upper lobectomy and lymph node sampling: Poorly differentiated adenocarcinoma with vascular and pleural invasion and lymph node metastases, pathological stage T2N2.

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Reported by
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