



ICD-O-3  
 Carcinoma squamous NOS  
 8070/3  
 Site Floor of mouth NOS  
 C04.9  
 JW 8/9/13

CASE:

RECEIVED:

# CLINICAL DATA:

Right mandibular composite neck dissection, free flap. Diagnosis: FOM carcinoma.

## GROSS DESCRIPTION:

A) Received fresh designated "..., composite resection and right neck dissection" is a 10 x 10 x 6 cm specimen consisting of a right mandible consisting of the ramus and body with the posterior and superior aspect of the ramus surgically transected (the ramus measures 3.6 cm IS). The anterior mandible is intact and a portion of the mental protuberance is present just past the midline. There is a firm irregular nodular mass (5.5 x 3.5 x 3.5 cm) in the right floor of the mouth, invading into the mandible and possibly extending into the surrounding soft tissue. Laterally the mandible is covered by muscle, fibroadipose tissue and an elliptical portion of skin (6 x 3.5 cm) with a central defect measuring 1 x 0.2 cm. The inferior margin of the specimen consists of skeletal muscle (digastric muscle) and there is an inferior collection of fibroadipose tissue measuring 8 x 5.5 x 1 cm on the right and extending to the left side a collection of fibroadipose tissue measuring 5 x 1 x 0.3 cm. The anterior right lateral soft tissue margin is inked blue and representative sections are taken for intraoperative frozen section examination. There are several designating sutures in this specimen. A double long designates right level III; a double short designates right level I; a single short designates left level I. The double long and short sutures are present in the previously described fibroadipose tissue on the right side and the single suture is present on the aggregate of fibroadipose tissue extending to left aspect. The specimen is inked as follows: lateral - blue; inferior black; posterior - orange; anterior - yellow; superior - green. The lesion appears to be within 0.5 cm of the inked lateral blue margin, 0.3 cm of the inked green superior margin, 0.8 cm of the inked orange posterior margin, 0.5 cm of the inferior black inked margin and free of the anterior yellow inked margin. Cross sections demonstrate a submandibular gland at level I with no suspicious nodularities. Multiple potential lymph nodes are identified in right level II with the single largest potential node measuring 2 cm in maximum dimension. Multiple potential lymph nodes are dissected from right level III, the largest of which measures 0.5 cm in maximum dimension. Dissection of left level I segment demonstrates multiple potential lymph nodes, the largest of which measures 1 cm in maximum dimension. Cassette index: AFS1-2 - freeze thaw sections of right lateral margin; A3-A5 - representative sections of lateral margin; A6 - representative section of cutaneous fragment with central defect; A7-A8 - composite section extending from the superior green inked margin, to the lateral blue inked margin, to skin, to the lateral inferior inked black margin; A10-A11 - representative sections of superior and posterior margins; A12-A13 - inferior medial soft tissue margin; A14-A16 - representative sections of submandibular gland at level I; A17-A20 - right level II nodes: A17 - one potential lymph node bisected; A18 - three potential lymph nodes, the

largest differentially inked and bisected; A19 - one potential lymph node bisected; A20 - two potential lymph nodes bisected, with one differentially inked; A21 - seven potential lymph nodes from right segment III; A22-A23 - segment I left neck, two potential nodes per cassette.

B) Received fresh designated "..., right anterior buccal margin" is a 2 x 0.2 x 0.2 cm fragment of tissue, which is inked blue and submitted in entirety for frozen section examination. The specimen is subsequently submitted in cassette B/CFS1.

C) Received fresh designated "..., right posterior buccal margin" is a 1 x 0.3 x 0.2 cm tan fragment of tissue with skin which is inked black and submitted in entirety for frozen section examination. The specimen is subsequently submitted in cassette B/CFS1.

#### INTRAOPERATIVE CONSULTATION:

AFS: Carcinoma approaches up to 0.4 cm of the soft tissue margin.

B/CFS: No definite invasive carcinoma identified; evaluation limited by cautery and orientation.

#### FINAL DIAGNOSIS:

A) Mandible, right, composite resection and neck, right, dissection:

Squamous cell carcinoma, well to moderately differentiated, with the following features:

1. Size: 5.5 x 3.5 x 3.5 cm
2. Carcinoma is deeply invasive and invades through cortical bone and extends into skeletal muscle in the floor of the mouth.
3. Free of the inked soft tissue margins; carcinoma measures 0.3 cm from the closest inked inferior margin
4. Bony margin submitted for decalcification, results will be reported in an addendum.
5. Right neck dissection:
  - a. Right level I - one lymph node with no evidence of carcinoma (0/1).
  - b. Right level II - six lymph nodes with no evidence of carcinoma (0/6).
  - c. Right level III - seven lymph nodes with no evidence of carcinoma (0/7).
6. Left level I lymph nodes - four lymph nodes with no evidence of carcinoma (0/4).
7. Skin with ulceration and underlying suppurative inflammation in the dermis and subcutaneous tissue consistent with abscess and sinus tract.
8. Minimum pathologic staging: pT4a, pN0, pMX (AJCC, 6th edition, 2002).

B) Right anterior buccal margin, excision: Squamous mucosa with underlying fibroadipose tissue and skeletal muscle; no carcinoma is identified.

C) Right posterior buccal margin, excision: Squamous mucosa with underlying fibroadipose tissue with fibrosis and skeletal muscle; no carcinoma identified.

Procedures used to establish the diagnosis:  
Routine

**ADDENDUM REASON:**

This addendum is issued to report the results of the bony margins which were submitted for decalcification prior to processing.

**ADDENDUM GROSS DESCRIPTION:**

A) Cassette index: A24 - en face posterior margin; A25-26 - composite section of mass extending into bone and associated black-inked margin; A27 - en face anterior margin;

**ADDENDUM COMMENT:**

A) The bony margins are free of involvement by carcinoma. Two additional level I lymph nodes with no evidence of carcinoma. The final diagnosis and pathologic staging above based on the information in this report remains unchanged.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary / Tumor Site Discrepancy		
I-PSA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (re)classified		
Reviewer Initials	Date Reviewed: 7/29/13	