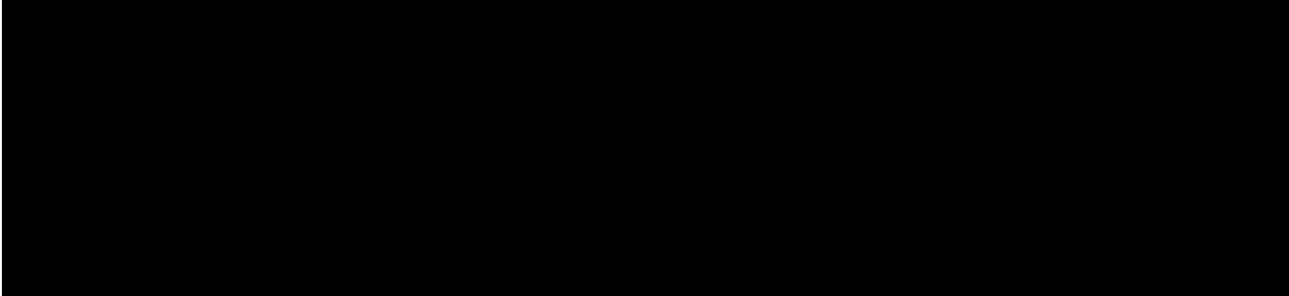


SUPPLEMENTAL REPORT



DIAGNOSIS :

(A) BASE OF TONGUE:

INVASIVE POORLY DIFFERENTIATED SQUAMOUS CARCINOMA.

(B) TISSUE OVERLYING LEFT INTERNAL JUGULAR VEIN:

Connective tissue, no tumor present.

(C) CONTENTS OF LEFT FUNCTIONAL NECK DISSECTION, TOTAL LARYNGECTION, TOTAL GLOSSECTOMY, RIGHT HEMIMANDIBULECTOMY:

POORLY DIFFERENTIATED SQUAMOUS CARCINOMA OF SUPRAGLOTTIC LARYNX. (SEE COMMENT)

LEFT FUNCTIONAL NECK DISSECTION WITH 1 OF 10 LYMPH NODES
POSITIVE FOR METASTATIC POORLY DIFFERENTIATED SQUAMOUS
CARCINOMA AND SOFT TISSUE EXTENSION IN SUBDIGASTRIC COMPARTMENT,
SEPARATE FROM THE PRIMARY TUMOR.

ZONE 2 (SUBMENTAL-SUBMAXILLARY COMPARTMENT): 1 OUT 2 LYMPH NODES
POSITIVE FOR METASTATIC POORLY DIFFERENTIATED SQUAMOUS CARCINOMA.
Sublingual gland: Salivary gland, no tumor present.

Submandibular gland: Salivary gland, no tumor present.

ZONE 3 (SUBDIGASTRIC COMPARTMENT): POORLY DIFFERENTIATED SQUAMOUS
CARCINOMA IN FIBROCONNECTIVE SOFT TISSUE SHOWING LYMPHATIC
INVASION.

Eight lymph nodes, no tumor present.

Right posterior soft tissue margin of mandible: Suture granulomas
with foreign body reaction.

(D) RIGHT PHARYNGEAL MARGIN, BIOPSY:

Squamous mucosa and skeletal muscle, no tumor present.

(E) RIGHT SOFT PALATE, EXCISION:

Squamous mucosa and salivary gland, no tumor present.

(F) RIGHT NASOPHARYNGEAL BIOPSY:

Squamous and respiratory mucosa and salivary gland, no tumor
present.

COMMENT: The tumor essentially replaces the entire vallecula with involvement of the epiglottis, right lateral glossoepiglottal fold, as well as the right palatoglossal arch. The tumor extends to the epiglottic cartilage and is present in the supraglottic space. A discrete second tumor nodule on the left aryepiglottic fold is accompanied by underlying lymphatic permeation. Extensive tumoral permeation of lymphatics alongside the entire mucosal margin or resection of the pyriform sinus bilaterally as well as the anterior soft tissue margin underneath the oral mucosa. The tumor is

associated multifocally with *in situ* squamous carcinomas and varying degrees of dysplasias. Grossly no tumor is appreciated crossing the mandibular periosteum. The anterior boney margin of segmental mandibulectomy specimen is free of any tumoral involvement.

DIAGNOSIS

- (A) BASE OF TONGUE:
INVASIVE POORLY DIFFERENTIATED SQUAMOUS CARCINOMA.
- (B) TISSUE OVERLYING LEFT INTERNAL JUGULAR VEIN:
Connective tissue, no tumor present.
- (C) CONTENTS OF LEFT FUNCTIONAL NECK DISSECTION, TOTAL LARYNGECTION, TOTAL GLOSSECTOMY, RIGHT HEMIMANDIBULECTOMY:
POORLY DIFFERENTIATED SQUAMOUS CARCINOMA OF SUPRAGLOTTIC LARYNX. (SEE COMMENT)
LEFT FUNCTIONAL NECK DISSECTION WITH 1 OF 10 LYMPH NODES
POSITIVE FOR METASTATIC POORLY DIFFERENTIATED SQUAMOUS CARCINOMA AND SOFT TISSUE EXTENSION IN SUBDIGASTRIC COMPARTMENT, SEPARATE FROM THE PRIMARY TUMOR.
ZONE 2 (SUBMENTAL-SUBMAXILLARY COMPARTMENT): 1 OUT 2 LYMPH NODES
POSITIVE FOR METASTATIC POORLY DIFFERENTIATED SQUAMOUS CARCINOMA.
Sublingual gland: Salivary gland, no tumor present.
Submandibular gland: Salivary gland, no tumor present.
ZONE 3 (SUBDIGASTRIC COMPARTMENT): POORLY DIFFERENTIATED SQUAMOUS CARCINOMA IN FIBROCONNECTIVE SOFT TISSUE SHOWING LYMPHATIC INVASION.
Eight lymph nodes, no tumor present.
Right posterior soft tissue margin of mandible: Suture granulomas with foreign body reaction.
- (D) RIGHT PHARYNGEAL MARGIN, BIOPSY:
Squamous mucosa and skeletal muscle, no tumor present.
- (E) RIGHT SOFT PALATE, EXCISION:
Squamous mucosa and salivary gland, no tumor present.
- (F) RIGHT NASOPHARYNGEAL BIOPSY:
Squamous and respiratory mucosa and salivary gland, no tumor present.

COMMENT

The tumor essentially replaces the entire vallecula with involvement of the epiglottis, right lateral glossoepiglottal fold, as well as the right palatoglossal arch. The tumor extends to the epiglottic cartilage and is present in the supraglottic space. A discrete second tumor nodule on the left aryepiglottic fold is accompanied by underlying lymphatic permeation. Extensive tumoral permeation of lymphatics alongside the entire mucosal margin or resection of the pyriform sinus bilaterally as well as the anterior soft tissue margin underneath the oral mucosa. The tumor is associated multifocally with *in situ* squamous carcinomas and varying degrees of dysplasias. Grossly no tumor is appreciated crossing the mandibular periosteum. The bone margins of resection will be issued in an addendum report after appropriate fixation and decalcification of the mandibular bone.

SPECIMEN

- (A) BASE OF TONGUE:
- (B) TISSUE OVERLYING LEFT INTERNAL JUGULAR VEIN:
- (C) CONTENTS OF LEFT FUNCTIONAL NECK DISSECTION, TOTAL LARYNGECTION, TOTAL
- (D) RIGHT PHARYNGEAL MARGIN, BIOPSY:
- (E) RIGHT SOFT PALATE, EXCISION:
- (F) RIGHT NASOPHARYNGEAL BIOPSY: