



Results

Collection Information

Collection Date

Collection Time

Resulting Agency

ICD03

SURGICAL PATHOLOGY

Carcinoma, papillary thyroid
8260/3

Site:

Thyroid, NOS
C73.9

JW 1129112

PATHOLOGIC DIAGNOSIS

THYROID, TOTAL THYROIDECTOMY:

- PAPILLARY THYROID CARCINOMA, CLASSICAL VARIANT
- TUMOR FOCALITY: UNIFOCAL
- TUMOR LATERALITY: ISTMIC
- TUMOR SIZE: GREATEST DIMENSION: 2.5 CM
- ADDITIONAL DIMENSIONS: 2.3 X 1.8 CM
- MARGINS: NEGATIVE FOR TUMOR (SEE COMMENT)
- TUMOR CAPSULE: COMPLETE
- TUMOR CAPSULAR INVASION: PRESENT
- EXTENT: FOCAL
- LYMPHOVASCULAR INVASION: PRESENT
- EXTENT: FOCAL
- PERINEURAL INVASION: NOT IDENTIFIED
- EXTRATHYROIDAL EXTENSION: NOT APPLICABLE

PATHOLOGIC STAGING:

PRIMARY TUMOR (pT): pT2 (TUMOR MORE THAN 2 CM,
BUT NOT MORE THAN 4 CM, LIMITED TO THYROID)

REGIONAL LYMPH NODES (pN): pN0 (NO REGIONAL LYMPH NODE METASTASIS)

- TWO LYMPH NODES IDENTIFIED, BOTH NEGATIVE FOR METASTATIC
CARCINOMA

DISTANT METASTASIS (pN): NOT APPLICABLE

PATHOLOGIC STAGE: pT2N0MX (STAGE I) (PATIENT UNDER 45 YEARS)

COMMENT:

At the left posterior inferior margin the tumor seems to abut the ink,
however extensive cautery artifact is present, distorting the specimen and
making interpretation extremely difficult. Deeper levels were taken and a
thin distorted fibrous capsule is identified. Final interpretation is

negative for tumor. However lymphovascular invasion is present. Clinical correlation and close follow-up is recommended.

Staff Pathologist

Pertinent Clinical Information

Papillary thyroid CA.

Operative Findings: 3 cm nodule in right inferior lobe.

Clinical Diagnosis: Papillary thyroid CA.

Gross Description

Specimen Material: Total thyroidectomy, stitch marks right superior pole.

The case is received in one part labeled with the patient's name, medical record number and given accession number , and it is accompanied by a requisition form labeled with the same name and accession number.

Received in formalin labeled "TOTAL THYROIDECTOMY, STITCH MARKS RIGHT SUPERIOR POLE" is a 15.0 gram total thyroidectomy specimen, 6.0 x 4.0 x 1.9 cm. The specimen has a tan-red, well-encapsulated, focally shaggy surface. The anterior aspect is inked blue and the posterior aspect is inked black. Sectioning from superior to inferior displays a 2.5 x 2.3 x 1.8 cm solitary, encapsulated nodule in the lower pole, 1.0 cm inferior to isthmus. Sectioning of the nodule displays a mottled, tan-red cut surface. The nodule abuts the anterior and posterior margins. The remaining thyroid parenchyma is tan-red and spongy. No other discrete lesions are identified. The specimen is bisected into right and left, and entirely submitted sequentially from superior to inferior as follows:

Blocks 1-8: right, with nodule present in blocks 5-8

Blocks 9-14: left, with nodule present in blocks 12-14

Pathology Assistant

Microscopic Description

Sections show an encapsulated tumor composed of papillary structures with central fibrovascular cores lined by crowded cuboidal to cylindrical cells with high N/C ratios, nuclear grooves and optically clear nuclei, characteristic of papillary thyroid carcinoma, classical variant. The tumor is focally invading the capsule without extracapsular extension. Lymphovascular invasion is identified. Perineural invasion is not seen.

The remainder of the thyroid parenchyma is unremarkable with focal minimal lymphocytic aggregates between the thyroid follicles of no pathologic diagnostic significance. Two lymph nodes are identified in one of the sections, both negative for metastatic carcinoma.

The staff pathologist listed below reviewed this case.

Pathology Resident

Electronically Signed Out

Staff Pathologist

Criteria	Yes	No
Diagnosis Discrepancy	✓	
Primary Tumor Site Discrepancy	✓	
HIPAA Discrepancy	✓	
Prior Malignancy History	✓	
Dual/Synchronous Primary Noted		✓
Case is [circle]:	QUALIFIED	DISQUALIFIED
Reviewer Initials:	BTA	Date Reviewcd: 9/19/12