

Pathology

Report Type Pathology Report
Date of Event
Sex M
Authored by
Hosp/Group
Record Status FINAL

ICD-0-3

*Carcinoma, squamous
cell NOS 8070/3*

Site ② Tonsil NOS C09.9

JW 5/10/13

FINAL DIAGNOSIS:

PART 1: TONSIL, LEFT, TRANSORAL RESECTION

A. INVASIVE SQUAMOUS CELL CARCINOMA, PREDOMINANTLY NON-KERATINIZING
(see comment).

B. NO ANGIOLYMPHATIC OR PERINEURAL INVASION SEEN.

C. ALL RESECTION MARGINS ARE FREE OF TUMOR.

D. PATHOLOGIC STAGE = pT2NX.

PART 2: TONSIL, RIGHT, TONSILLECTOMY

HYPERPLASTIC TONSIL WITH SAPROPHYTIC BACTERIA.

PART 3: TONSILLAR FOSSA, LEFT, RE-EXCISION

A. FIBROADIPOSE TISSUE, MINOR SALIVARY GLAND AND SKELETAL MUSCLE WITH
NO SIGNIFICANT PATHOLOGIC CHANGE.

B. NO TUMOR PRESENT.

COMMENT:

Immunoperoxidase stain for p16 and in-situ hybridization for human papillomavirus were performed on a prior biopsy of this tumor and both were positive (please see our surgical pathology report

Pathologist:

** Report Electronically Signed Out **

By Pathologist:

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

GROSS DESCRIPTION:

Specimen is received unfixed in three parts.

Part 1 is labeled with the patient's name, initials xxx and "left tonsil". It

consists of an oriented 4.0 x 3.5 x 2.3 cm palatine tonsil with a long stitch superior and short stitch medial.

There is an ill defined, firm, tan-white, focally hemorrhagic papillary appearing, exophytic lesion protruding from the mucosal surface 2.2 x 1.8 x

1.5 cm, coming to within 0.2 cm of the closest (deep) resection margin. The

lesion also comes to within 0.5, 0.5 and 0.8 cm of the posterior, medial, anterior resection margins respectively.

Intraoperative evaluation is performed. Representative tumor is procured for the head and neck spore tissue bank. Digital image is taken.

Ink Code:

Black-deep/lateral

Green-medial

Blue-posterior / superior

Orange- anterior

Section code:

1AFS-1CFS- deep and posterior margins, perpendicular sections

1D- lesion in relation to anterior margin, perpendicular section

1E- lesion in relation to posterior margin, perpendicular section

1F- lesion in relation to medial margin, perpendicular sections

1G-H- full thickness sections of lesion to include deep margin

Formalin exposure time: 74 hours

Part 2 is labeled with the patient's name, initials xxx and "right tonsil".

Received is an intact, ovoid palatine tonsil with a roughened, focally hemorrhagic and cauterized surgical resection margin 3.2 x 3.0 x 1.0 cm. The

mucosal surface is tan-red and glistening with multiple crypts containing

hemorrhagic fluid. The surgical resection margin is inked black dye.

On cross

section the cut surface shows tan-pink, focally hemorrhagic and vaguely lobular tissue with a scant amount of embedded soft tan debris. A representative full thickness cross section to include deep margin is submitted in cassette labeled 2A.

Formalin exposure time: 10 hours

Part 3 is labeled with the patient's name, initials xxx and "reexcision left

tonsillar fossa, superior pole". It consists of 2.1 x 0.6 x 0.4 cm in fragmented portion of tan to pink-red cauterized soft tissue entirely submitted labeled 3A.

Formalin exposure time: 10 hours

GROSSED BY:

INTRAOPERATIVE CONSULTATION:

1AFS-1CFS- TONSIL, LEFT, DEEP AND SUPERIOR-MARGIN PERPENDICULAR (frozen section) -

A. SUFFICIENT ANCILLARY STUDIES.

B. MALIGNANT.

C. INVASIVE SQUAMOUS CELL CARCINOMA.

D. DEEP MARGIN FREE OF TUMOR, CLOSEST IS AT 0.2 CM

M.D. /

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

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

The testing was developed and its performance characteristics determined by

the

the CLIA

'88 regulations. The testing has not been cleared or approved for the

Department of Pathology, as required by

specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use. Tissue fixation

ranges from a minimum of 2 to a maximum of 84 hours.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high-complexity clinical

testing. Pursuant 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: Transoral Robotic-Assisted Resection of Left

Tonsil

TUMOR SITE: Pharynx, oropharynx

TUMOR SIZE: Greatest dimension: 2.2 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PRIMARY TUMOR (pT): pT2

REGIONAL LYMPH NODES (pN): pNX

DISTANT METASTASIS (pM): pMX

MARGINS: Margins uninvolved by tumor

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

PERINEURAL INVASION: Absent

PATIENT HISTORY:

Chief complaint / history of present illness (including preop and postop

diagnosis): Left tonsil cancer.

Procedure: Transoral resection, robotic assisted.

Specific clinical question to answer: Not stated.

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Left Tonsil

Stain/	Block
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H&E x 1	D
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H&E x 1	E
---------	---

H&E x 1	F
---------	---

H&E x 1	G
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H&E x 1	H
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H&E x 1	AFS
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H&E x 1	BFS
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H&E x 1	CFS
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IMSU x 1	(none)
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Part 2: Right Tonsil

Stain/	Block
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H&E x 1	A
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Part 3: Re-excision Left Tonsillar Fossa

Stain, Block
H&E x 1 A

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary		✓
Case is (Circle): <u>CONCURRED</u> / DISQUALIFIED		
Reviewer Initials	Date Reviewed: <u>3/20/13</u>	