

Pathology Report [REDACTED] **CORRECTED**

Report Type Pathology Report

Date of Event ... [REDACTED]

Sex [REDACTED]

Authored by [REDACTED]

Hosp/Group [REDACTED]

Record Status CORRECTED

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Malignant neoplasm pharynx.

PROCEDURE: Mandibulectomy, glossectomy and neck dissection.

SPECIFIC CLINICAL QUESTION: Not given.

OUTSIDE TISSUE DIAGNOSIS: Not given.

PRIOR MALIGNANCY: Not given.

CHEMORADIATION THERAPY: Not given.

ORGAN TRANSPLANT: Not given.

IMMUNOSUPPRESSION: Not given.

OTHER DISEASES: Not given.

ADDENDA:

Addendum

Immunohistochemical stain and in-situ hybridization for p16 and HPV are both negative.

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

FINAL DIAGNOSIS:

PART 1: LYMPH NODES, RIGHT NECK, DISSECTION

A. MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA IN ONE LYMPH NODE OUT OF EIGHTEEN (1/18).

B. THE METASTATIC TUMOR IS PRESENT IN A LEVEL 1B LYMPH NODE.

C. NO EXTRACAPSULAR SPREAD.

D. SUBMANDIBULAR GLAND WITHOUT SIGNIFICANT PATHOLOGIC CHANGE.

PART 2: TEETH, EXTRACTION -

THREE TEETH (gross diagnosis only).

PART 3: TONGUE, RIGHT POSTERIOR, BIOPSY

A. SQUAMOUS MUCOSA WITH ADIPOSE TISSUE, SKELETAL MUSCLE AND MINOR SALIVARY GLAND.

B. NO TUMOR SEEN.

PART 4: LEFT MANDIBULAR MARROW, BIOPSY -

MICROSCOPIC FOCUS OF SQUAMOUS CELL CARCINOMA PRESENT ONLY ON FROZEN SECTION SLIDES.

PART 5: RIGHT MANDIBULAR MARROW, BIOPSY -

NO TUMOR SEEN.

PART 6: LEFT ORAL TONGUE, BIOPSY

- A. SQUAMOUS MUCOSA
- B. NO TUMOR SEEN

PART 7: RIGHT DORSAL TONGUE, BIOPSY

- A. SQUAMOUS MUCOSA WITH BACTERIAL OVERGROWTH AND UNDERLYING MUSCLE TISSUE.

- B. NO TUMOR SEEN.

PART 8: LEFT PHARYNX, BIOPSY

- A. SQUAMOUS MUCOSA WITH LYMPHOID STROMA.
- B. NO TUMOR SEEN.

PART 9: RIGHT FLOOR OF MOUTH, BIOPSY

- A. SQUAMOUS MUCOSA WITH ADIPOSE TISSUE.
- B. NO TUMOR SEEN.

PART 10: LEFT FLOOR OF MOUTH, BIOPSY

- A. SQUAMOUS MUCOSA WITH SKELETAL MUSCLE.

- B. NO TUMOR SEEN.

PART 11: TONGUE AND MANDIBLE, LEFT SUBTOTAL GLOSSECTOMY AND MANDIBULECTOMY

- A. INVASIVE MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA, 5.0

CM.

- B. EXTENSIVE PERINEURAL INVASION SEEN.

- C. VENOUS INVASION PRESENT.

- D. SEGMENT OF MANDIBLE FREE OF TUMOR.

- E. ALL TRUE SOFT TISSUE AND BONY MARGINS ARE FREE OF TUMOR (SEE PARTS 3, 5, 6, 7, 8, 9, 10 AND 13).

- F. pT4a N2c MX.

PART 12: LYMPH NODES, LEFT CERVICAL, DISSECTION

- A. METASTATIC SQUAMOUS CELL CARCINOMA IN FIVE OF TWENTY-ONE LYMPH NODES (5/21).

- B. THE POSITIVE LYMPH NODES ARE FROM LEVELS 1A, 1B AND 4.

- C. EXTRACAPSULAR EXTENSION OF TUMOR IS PRESENT AND THERE IS FOCAL DIRECT MICROSCOPIC EXTENSION OF TUMOR INTO THE SUBMANDIBULAR GLAND.

- D. SUBMANDIBULAR GLAND WITH CHRONIC SIALADENITIS.

PART 13: LEFT MANDIBULAR MARROW #2, BIOPSY

NO TUMOR SEEN.

COMMENT:

Part 2: The specimen labeled "dental extraction" has been subjected to a gross examination only. If it is desired that this specimen be processed for additional studies, particularly microscopic examination, it is suggested that the case pathologist be notified within two weeks of the sign out date of this report. This is particularly important as specimens are routinely discarded after a prescribed period of time. Thank you for involving us in the care of this patient.

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

GROSS DESCRIPTION:

The specimen is received fresh in thirteen parts.

Part 1 is received labeled with the patient's name, initials, xxx and "right neck dissection". It consists of a specimen, 14.0 x 6.0 x 3.5 cm containing a submandibular gland of 11.4 grams and 4.0 x 3.0 x 2.3 cm. The submandibular gland is yellow and finely lobulated without evidence of any lesion or mass.

The peri-submandibular gland adipose tissue contains multiple nodes ranging from 0.2 to 0.9 cm. The upper half of fat attached to the specimen contains multiple nodes ranging from 0.1 to 0.4 cm and the lower half contains nodules ranging from 0.1 to 0.4 cm. Representative sections are submitted as follows:

- 1A submandibular gland
- 1B one bisected lymph node from peri-submandibular gland tissue
- 1C multiple lymph nodes from peri-submandibular gland tissue
- 1D 1G multiple lymph nodes from level 2
- 1H multiple lymph nodes from level 3
- 1I 1J multiple lymph nodes from level 3.

Part 2 is received labeled with the patient's name, initials, xxx and "dental extraction". Three complete teeth with possible carious lesion. Gross examination only.

Part 3 is received labeled with the patient's name, initials, xxx and "right posterior tongue". It consists of a tan-pink mucosal fragment of 2.0 x 0.5 x 0.3 cm. After frozen section specimen is entirely submitted in cassette labeled 3AFS.

Part 4 is received labeled with the patient's name, initials, xxx and "left mandibular marrow". It consists of multiple white fragments of 0.4 x 0.2 x 0.1 cm. After frozen section the specimen is entirely submitted in cassette 4AFS.

Part 5 is received labeled with the patient's name, initials, xxx and "right mandible marrow". It consists of multiple pink to white fragments with a total dimension of 0.2 x 0.2 x 0.2 cm. After frozen section the specimen is submitted entirely in cassette labeled 5AFS.

Part 6 is received labeled with the patient's name, initials, xxx and "left oral tongue". It consists of a fragment of pink-tan mucosa of 2.0 x 0.5 x 0.3 cm. After frozen section the specimen is totally submitted in cassette labeled 6AFS.

Part 7 is received labeled with the patient's name, initials, xxx and "right dorsal tongue". It consists of a fragment of pink-tan mucosa of 2.2 x 1.0 x 0.5 cm. After frozen section the specimen is totally submitted in cassette labeled 7AFS.

Part 8 is received labeled with the patient's name, initials, xxx and "left pharynx". It consists of a pink fragment of tissue, 0.7 x 0.2 x 0.2 cm.

After frozen section the specimen is totally submitted in cassette labeled 8AFS.

Part 9 is received labeled with the patient's name, initials, xxx and "right floor of mouth". It consists of a pink fragment of soft tissue of 1.0 x 0.5 x 0.2 cm. After frozen section the specimen is totally submitted in a cassette labeled 9AFS.

Part 10 is received labeled with the patient's name, initials, xxx and "left floor of mouth". It consists of a fragment of pink-red tissue of 2.0 x 0.8 x 0.2 cm. After frozen section the specimen is totally submitted in a cassette labeled 10AFS.

Part 11 is received labeled with the patient's name, initials, xxx and "tongue (long stitch left lateral, short stitch left tongue base and subtotal glossectomy with mandibulectomy)". It consists of a portion of mandible (4.5 x 2.9 x 1.5 cm) and left tongue and floor of mouth (7.0 x 4.0 x 4.0 cm). The lateral tongue, lateral floor of mouth and gingival mucosa is involved by a large, ulcerated, white, firm mass of 5.0 x 2.7 x 1.7 cm. The lesion appears to potentially infiltrate bone superficially at gross exam. The mass is at 0.1 cm from the medial soft tissue margin, 0.1 cm from the lateral soft tissue margin, 0.1 cm from the posterior soft tissue margin, and 0.5 cm from the inferior soft tissue margin and 0.4 cm from the anterior soft tissue margin.

A portion of tumor was submitted for the [REDACTED] tissue bank. Digital images are

taken.

Ink code:

Black lateral margin

Blue medial margin

Red banked area.

Representative sections are submitted as follows:

11A lateral mucosa shave

11B posterior tongue mucosa shave

11C medial tongue shave

11D anterior soft tissue shave

11E inferior soft tissue shave

11F posterior soft tissue perpendicular

11G anterior bone margin

11H posterior bone margin

11I bone underneath tumor

11J tumor and lateral soft tissue

11K tumor and medial soft tissue

11L 11M tumor and possible submandibular gland?

11N Tumor, nodular appearing, possible lymph node by direct extension?

Part 12 is received labeled with the patient's name, initials, xxx and "left neck dissection". It consists of a specimen of 9.5 x 5.5 x 1.0 cm containing a fragment of submandibular gland of 2.5 x 2.0 x 0.8 cm. Close to the fragment of submandibular gland but not involving it is a white, firm, nodular lesion of 2.5 x 1.8 x 1.0 cm. The remainder of the specimen is made up of lobulated, yellow adipose tissue. Representative sections are submitted as follows:

12A 12B white mass next to submandibular gland, submitted entirely

12C representative section of submandibular gland

12D multiple lymph nodes found in level 1

12E multiple lymph nodes found in level 2

12F multiple lymph nodes, level 3

12G single lymph node trisected from level 4

12H 12I multiple lymph nodes from level 4.

Part 13 is received labeled with the patient's name, initials, xxx and "left mandible marrow #2". It consists of multiple fragments of white to red hemorrhagic soft tissue of 0.4 x 0.3 x <0.1 cm. After frozen section, the specimen is totally submitted in a cassette labeled 13AFS.

Dictated by: [REDACTED]

INTRAOPERATIVE CONSULTATION:

3AFS: RIGHT POSTERIOR TONGUE (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

4AFS: LEFT MANDIBULAR MARROW (frozen section)

A. MALIGNANT.

B. SQUAMOUS CELL CARCINOMA

C. CANNOT RULE OUT CONTAMINATION? ATROPHIC MUSCLE AROUND [REDACTED]

5AFS: RIGHT MANDIBULAR MARROW (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

6AFS: LEFT ORAL TONGUE (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

7AFS: RIGHT DORSAL TONGUE (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

8AFS: LEFT LARYNX (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

9AFS: RIGHT FLOOR OF MOUTH (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

10AFS: LEFT FLOOR OF MOUTH (frozen section)

A. BENIGN.

B. NO TUMOR SEEN. [REDACTED]

13AFS: LEFT MANDIBULAR MARROW #2 (frozen section)

A. BENIGN.

B. NO TUMOR, BONY SPICULES [REDACTED]
[REDACTED]

MICROSCOPIC:

Parts 1 through 13, excluding Part 2: Microscopic examination substantiates the above diagnosis. Three (3) H&E recuts and one (1) immunohistochemical stain are performed on Part 6.

Part 2: None.

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 [REDACTED] Department of Pathology, as required by the CLIA [REDACTED] regulations. The testing has not been cleared or approved for the 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 [REDACTED] to a maximum of [REDACTED] hours.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of [REDACTED] ("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: Left subtotalglossectomy and mandibulectomy

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 5.0 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PRIMARY TUMOR (pT): pT4a

REGIONAL LYMPH NODES (pN): pN2c

Number of regional lymph nodes examined: 39

Number of regional lymph nodes involved: 6

DISTANT METASTASIS (pM): pMX

MARGINS: Margins uninvolved by tumor

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

Present

PERINEURAL INVASION: Present

ADDITIONAL PATHOLOGIC FINDINGS: None identified

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Right Neck Dissection

Taken: [REDACTED] [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 G

H&E x 1 H

H&E x 1 I

H&E x 1 J

Part 2: Dental Extraction

Taken: [REDACTED]

Part 3: Right Post Tongue

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 4: Left Mandible Marrow

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 5: Right Mandible Marrow

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 6: Left Oral Tongue

Taken: [REDACTED]

Stain/cnt Block

ANEG x 1 AFS

AE1/3 x 1 AFS

H&E Recut x 1 AFS

RHHE Lev ____ x 1 AFS

RHHE Lev ____ x 1 AFS

H&E x 1 AFS

Part 7: Right Dorsal Tongue

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 8: Left Pharynx

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 9: Right Floor of Mouth

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 10: Left Floor of Mouth

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 11: Total Subglossectomy

Taken: [REDACTED]

Stain/cnt Block

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
H&E x 1 E
H&E x 1 F
H&E x 1 J
ANEG x 1 K
IHPV x 1 K
IBNKNC x 1 K
IBNKNC x 1 K
H&E x 1 K
IISH x 1 K
IISH x 1 K
P16 x 1 K
H&E x 1 L
H&E x 1 M
H&E x 1 N
H&E x 1 [REDACTED]
H&E x 1 [REDACTED]
H&E x 1 [REDACTED]

Part 12: Left Neck Dissection

Taken: [REDACTED] [REDACTED]
Stain/cnt Block
H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
H&E x 1 E
H&E x 1 F
H&E x 1 G
H&E x 1 H
H&E x 1 I

Part 13: Left Mandible Marrow #2

Taken: [REDACTED] [REDACTED]
Stain/cnt Block
H&E x 1 AFS
[REDACTED]