

Pathology Report [REDACTED] **FINAL**

Report Type Pathology Report

Date of Event [REDACTED]

Sex

Authored by [REDACTED]

Hosp/Group [REDACTED]

Record Status FINAL

FINAL DIAGNOSIS:

PART 1: FLOOR OF MOUTH, ANTERIOR, BIOPSY

INVASIVE SQUAMOUS CELL CARCINOMA.

PART 2: LYMPH NODES, LEFT LEVEL 1, SELECTIVE DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA IN ONE OF SEVEN LYMPH NODES, LEVEL 1B (0.3 CM) (1/7).

B. NO EXTRACAPSULAR SPREAD.

C. SUBMANDIBULAR GLAND WITH CHRONIC SIALADENITIS AND ATROPHY.

PART 3: LYMPH NODES, RIGHT LEVEL 1, SELECTIVE DISSECTION

A. FOUR LYMPH NODES, NO TUMOR PRESENT (0/4).

B. SUBMANDIBULAR GLAND WITH CHRONIC SIALADENITIS AND ATROPHY.

PART 4: TONGUE, FLOOR OF MOUTH AND MANDIBLE, ANTERIOR COMPOSITE RESECTION WITH MARGINAL MANDIBULECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED (3.8 CM) (see comment).

B. PERINEURAL INVASION PRESENT.

C. MARGINS ARE FREE (SEE ALSO PART 7).

D. PATHOLOGIC STAGE: pT2 N1

E. SUBLINGUAL GLAND WITH CHRONIC SIALADENITIS.

PART 5: LYMPH NODES, LEFT, LEVEL 2-4, SELECTIVE DISSECTION

A. THIRTY-ONE LYMPH NODES, NO TUMOR PRESENT (0/31).

B. UNREMARKABLE PAROTID TISSUE.

PART 6: LYMPH NODES, RIGHT, LEVEL 2-4, SELECTIVE DISSECTION

TWENTY-SIX LYMPH NODES, NO TUMOR PRESENT (0/26).

PART 7: TONGUE, RIGHT ANTERIOR MARGIN, BIOPSY

KERATOSIS, NO TUMOR PRESENT.

COMMENT:

Ancillary studies will be performed and the results will be reported as an addendum.

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 in 7 parts.

Part 1 is received fresh labeled with the patient's name, initials xx and "anterior floor of mouth". Received are multiple, irregular, soft, tan, tissue biopsies ranging from 0.4 to 1.0 cm in greatest dimension. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 1A FS.

Part 2 is received fresh labeled with the patient's name, initials xx and

"left neck dissection level I". Received is an irregular portion of yellow lobulated adipose tissue consistent with a neck dissection, 7.5 x 5 x 1.5 cm. The specimen is subdivided into two equal parts. Segment one (Level 1B) has 6 possible lymph nodes identified ranging in size from 0.2 to 1.5 cm with a salivary gland, 3.8 x 2.4 x 1.6 cm and a separate portion of similar glandular tissue, 1.8 x 1.5 x 1.5 cm. The salivary gland on cut section has a light tan, lobulated cut surface, without tumor. The larger lymph nodes are hemorrhagic on cut section. Digital images of the glandular tissue are taken. Segment two has two recognizable lymph nodes measuring 0.8 and 0.7 cm in greatest dimension. The smaller lymph node appears suspicious. The lymph nodes and submandibular gland are submitted in the following cassettes.

Section code:

Segment one

2A - two smallest possible lymph nodes

2B - 2E - bisected possible lymph nodes

2F - bisected smaller glandular tissue

2G - 2H - representative sections (90% submitted) of salivary gland

Segment two

2I - single possible lymph node

2J - single bisected possible lymph node.

Part 3 is received fresh labeled with the patient's name, initials xx and "right neck dissection level I". Received is an irregular portion of yellow lobulated adipose tissue consistent with a neck dissection, 6.5 x 3.5 x 1.5 cm. The specimen is subdivided into two equal parts. No lymph nodes are identified within segment one, however, a salivary gland, 4.2 x 2 x 1.6 cm, is identified. The salivary gland on cut section has a light tan, lobulated cut surface, without tumor. Digital images of the glandular tissue are taken.

Segment two (Level 1A?) has 4 possible lymph nodes identified ranging in size from 0.3 to 1.3 cm. The largest lymph node is hemorrhagic on cut section. The lymph nodes and salivary gland are submitted in the following cassettes.

Section code:

Segment one

3A - 3B - representative sections (80% submitted) of salivary gland

Segment two

3C - bisected lymph node

3D - 3 possible lymph nodes

Part 4 is received fresh labeled with the patient's name, initials xx and "anterior composite". Received is an anterior composite resection measuring 7 x 4.5 x 3.5 cm and consisting of anterior tongue, 4 x 6 x 2 cm, a marginal anterior mandibulectomy, 6 x 1.1 x 1 cm, and floor of mouth soft tissue including lacerated sublingual glands, overall, 3.5 x 2.5 x 1.1 cm. A poorly circumscribed, firm, left and midline tumor 3.8 x 3.2 x 2.7 cm, involves the inferior tongue and floor of mouth. It extends to within 0.7 cm of the gingival/mandibular resection margin, and 0.8 cm from the deep tongue resection margin. The tumor is approximately 1 cm from the mandibular horizontal resection margin, approximately 0.7 cm from the left mandibular resection margin and 0.6 cm from the right mandibular resection margin. Tumor involves the alveolar ridge and possibly the mandibular cortical bone. Bone resection margins appear free of tumor. No teeth are present. The sublingual glands appear grossly unremarkable. Three frozen sections are performed with intraoperative diagnoses completed. Digital images are taken. The specimen is representatively submitted.

Additional studies:

Digital images are taken.

Tissue is banked (normal and tumor).

Ink code:

Black - deep tongue resection margin

Blue - right shaved marginal mandibular resection margin

Green - left shaved marginal mandibular resection margin

Yellow - inferior marginal mandibular resection margin

Section code:

4AFS - left posterior floor of mouth shave resection margin

4BFS - anterior left gingival shave resection margin

4CFS - right posterior floor mouth shave resection margin

4DDR - right marginal mandibular resection margin

4EDR - left marginal mandibular resection margin

4FDR - inferior marginal mandibular resection margin

4GDR - left alveolar ridge

4H - left lateral tongue/tumor

4I - right lateral tongue/tumor/deep tongue resection margin

4J - 4M - full sagittal section of anterior composite (4J - posterior tongue/margin, 4K - anterior tongue, 4L - posterior/inferior tongue/margin, 4MDR - anterior floor of mouth/inferior mandible resection margin).

4N - left anterior floor of mouth

4O - right anterior floor of mouth

Part 5 is received fresh labeled with the patient's name, initials xx and "left neck level 2, 3, and 4, suture level 2A". Received is an irregular oriented 12.7 x 8 x 1.6 cm left neck dissection consisting of lymph node levels 2A through 4. Specimen is oriented by a suture- 2A. The following lymph nodes were identified:

Level 2A - 18 possible lymph nodes are notified and ranging in size from 0.1 to 1.6 cm in greatest dimension.

Level 2B - 6 possible lymph nodes are identified and ranging in size from 0.3 to 2.6 cm in greatest dimension.

Level 3 - 8 possible lymph nodes are identified and ranging in size from 0.1 to 1.4 in greatest dimension

Level 4 - 2 possible lymph nodes are identified measuring 0.5 and 1 cm in greatest dimension

Lymph nodes are entirely submitted in cassettes labeled:

5A - level 2A - 2 largest lymph nodes

5B - level 2A - 8 possible lymph nodes

5C - level 2A - 8 possible lymph nodes

5D - level 2A - single minute possible lymph node

5E - Level 2B - bisected largest lymph node

5F - level 2B - bisected lymph node

5G - level 2B - 3 remaining possible lymph nodes

5H - level 3 - bisected largest lymph node

5I - level 3 - 7 possible lymph nodes

5J - level 4 - 2 possible lymph nodes

5K - level 4 - remaining soft tissue for possible additional lymph nodes

Part 6 is received fresh labeled with the patient's name, initials xx and

"right neck dissection 2, 3, and 4, suture level II". Received is an irregular oriented 10 x 7.5 x 1.5 cm right neck dissection consisting of lymph node levels 2 through 4. A portion of vein is identified, 3 cm in length and 0.8 cm in diameter. Also received is a single separate portion of yellow lobulated adipose tissue, 2 x 1.8 x 0.8 cm. Specimen is oriented by a suture-zone II. The following lymph nodes were identified:

Level 2 - 11 possible lymph nodes are notified and ranging in size from 0.1 to 1.7 cm in greatest dimension.

Level 3 - 9 possible lymph nodes are identified and ranging in size from 0.3 to 1.3 in greatest dimension

Level 4 - 8 possible lymph nodes are identified measuring 0.3 and 1.9 cm in greatest dimension

Separate tissue - single possible minute lymph node, 0.2 cm in greatest dimension.

Lymph nodes are entirely submitted in cassettes labeled:

6A - Level 2 - bisected largest lymph node

6B - Level 2 - 5 possible lymph nodes

6C - Level 2 - 5 possible lymph nodes

6D - Level 3 - 3 largest lymph nodes

6E - Level 3 - 3 lymph nodes

6F - Level 3 - 3 possible lymph nodes

6G - Level 4 - bisected largest lymph node

6H - Level 4 - 3 possible lymph nodes

6I - Level 4 - 4 possible lymph nodes

6J - Separate tissue - single minute possible lymph node

Part 7 is received fresh labeled with the patient's name, initials xx and "right anterior tongue margin". Received is a single, unoriented triangular segment of grossly unremarkable marginal tongue, 2 x 2 x 1.2 cm. The periphery of tongue excision shows minor cauterization effects. The specimen is representatively submitted for processing in a cassette labeled 7A - shaved true margin.

Dictated by: [REDACTED]

INTRAOPERATIVE CONSULTATION:

1AFS: ANTERIOR FLOOR MOUTH, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. MALIGNANT

C. INVASIVE SQUAMOUS CELL CARCINOMA ([REDACTED])

4AFS: LEFT POSTERIOR FLOOR OF MOUTH, SHAVE MARGIN, ANTERIOR COMPOSITE (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR SEEN ([REDACTED])

4BFS: ANTERIOR LEFT GINGIVA, SHAVE MARGIN, ANTERIOR COMPOSITE (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR SEEN ([REDACTED])

4CFS: RIGHT POSTERIOR FLOOR MOUTH, SHAVE MARGIN, ANTERIOR COMPOSITE (FROZEN SECTION)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR SEEN ([REDACTED])

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis. 3 H&E levels were performed on block 4GDR and 4MDR.

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: anterior composite resection

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 3.8 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PRIMARY TUMOR (pT): pT2

REGIONAL LYMPH NODES (pN): pN1

DISTANT METASTASIS (pM): pMX

MARGINS: Margins uninvolved by tumor

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

Present

PERINEURAL INVASION: Present

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Intraoral mass.

PROCEDURE: Direct laryngoscopy, bilateral neck dissections, anterior mandibulectomy, excision lesion floor of mouth, partial glossectomy and free flap.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Not answered.

PRIOR MALIGNANCY: Not answered.

CHEMORADIATION: Not answered.

ORGAN TRANSPLANT: Not answered.

IMMUNOSUPPRESSION: Not answered.

OTHER DISEASES: Not answered.

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Anterior floor of mouth

Taken: [REDACTED] [REDACTED]

Stain/cnt Block

H&E x 1 A FS

Part 2: Left Neck Level 1

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 3: Right Neck Level 1

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

Part 4: Anterior Composite

Taken: [REDACTED] [REDACTED]

Stain/cnt Block

H&E x 1 [REDACTED]

H&E x 1 [REDACTED]

H&E x 1 [REDACTED]

Decal x 1 [REDACTED]

H&E x 1 [REDACTED]

H&E x 1 [REDACTED]

H&E x 1 [REDACTED]

RHHE Lev ____ x 1 [REDACTED]

RHHE Lev ____ x 1 [REDACTED]

RHHE Lev ____ x 1 [REDACTED]

H&E x 1 [REDACTED]

H&E Recut x 1 H

IEGFR x 1 H

IBNKNC x 1 H

H&E x 1 H

HPV x 1 H

P16 x 1 H

V-EGFR x 1 H

H&E x 1 I

H&E x 1 J

H&E x 1 K

H&E x 1 L

RHHE Lev ____ x 1 [REDACTED]

RHHE Lev ____ x 1 [REDACTED]

RHHE Lev ____ x 1 [REDACTED]

H&E x 1 [REDACTED]

H&E x 1 N

H&E x 1 O

Part 5: Left Neck Level 2-4

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

H&E x 1 K

Part 6: Right Neck Level 2-4

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
H&E x 1 K

Part 7: Right Anterior Tongue Margin

Taken: [REDACTED] [REDACTED]

Stain/cnt Block

H&E x 1 A

[REDACTED]