



ICD0-3  
Carcinoma, squamous cell keratinizing NOS  
Site CECF 809413  
Floor of mouth NOS C04.9  
path  
Overlapping lesion of lip, oral cavity  
& pharynx C148 8/9/13

CASE: RECEIVED:

CLINICAL DATA:

-year-old man with history of floor of mouth carcinoma (squamous cell carcinoma).

GROSS DESCRIPTION:

A) Received in formalin designated "left mandibular tumor" is a composite resection specimen that includes an 11 x 8.5 cm ellipse of medium tan, hair-bearing skin with a central 2.5 cm in diameter ulcer and 8.5 cm in diameter region of induration of the skin which extends focally to within 0.3 cm of the anterior cutaneous margin. A smaller, 4 x 0.9 cm ellipse of skin is sutured to the main specimen at the left superior region. Partially embedded in the attached 12 x 8 x 6 cm aggregate of deep soft tissue and skeletal muscle is a portion of the mandible spanning from right anterior premolar region to body of the left mandible. Seven teeth, including a right premolar (with dental restoration), two incisors (one intact, one fractured/decayed), two canine teeth (intact), a portion of the first left premolar (fractured) and a premolar or molar with crown fractured or decayed off at the root. The diagonally transected mandibular cut surfaces appear grossly unremarkable, consisting of cortical and cancellous bone. Left floor of mouth and the attached, approx. 2.5 x 3 cm portion of tongue are largely replaced by an ill-defined, pale tan, firm, exo- and endophytic tumor mass that has eroded through the mid-segment of the included left mandible (bone appears grossly essentially dissolved). Anteriorly, the skin and soft tissue is partially peeled off and sutured back on the mandible (this presumably does not represent a true surgical margin). The medial, right and anterior margin is inked blue and the left lateral, inferior and posterior black. Representative sections are submitted as follows: A1 - anterior midline cutaneous margin; A2 - left anterolateral; A3 - left posterior/inferior cutaneous; A4 - right inferior; A5 - right anteroinferior; A6 - right inferolateral; A7 - right superolateral cutaneous; A8 - right anteromedial gingival/tongue (shave margin, taken immediately posterior to transected right mandible); A9 - tongue and right (medial) margin; A10 - mid-medial margin; A11 - posterior soft tissue, lateral aspect; A12 - posterior soft tissue, medial aspect. Bisection of the specimen across the extensively eroded mandible now reveals a 3 cm diameter soft, red-brown, friable cavity and demonstrates that the firm, pale tan tissue grossly consistent with tumor extends essentially to the medial soft tissue margin, grossly. Submitted in A13 - region of destroyed mandible (mid-segment) and closest adjacent margin; A14 and A15 (decals) - mandible end margins. All margin sections are perpendicular unless stated otherwise.

B) Received in formalin designated "left neck level II" is a 5 x 4 x 1 cm aggregate of fibroadipose tissue containing multiple lymph nodes of up to 1.5 cm in diameter. The largest node is bisected and submitted in cassette B1, the remaining smaller nodes intact in B2.

C) Received in formalin designated "left neck level III" is an 8 x 1.5 x 0.8 cm strand of fibroadipose tissue containing multiple lymph nodes of up to 1.0 cm diameter. All are submitted intact in cassette C1.

D) Received in formalin designated "teeth" are three teeth and six fragments of unoriented tooth material. The largest tooth, molar, measures 1.8 x 1 x 0.7 cm and has calculus material attached, and the neck of the tooth has dark brown discoloration. The next largest tooth is a 2.2 x 0.7 x 0.5 cm incisor. Its crown appears to be a restoration of porcelain and silver-colored metal crown. The root is discolored at the junction with the crown. The third is a 2 x 0.5 x 0.4 cm incisor which appears intact. The remaining fragments of dentin, and tan-gray material range up to 0.7 cm in greatest dimension.

FINAL DIAGNOSIS:

A) Left mandible, composite resection:

1. Squamous cell carcinoma, keratinizing, moderately to poorly differentiated

a. Size: est. at least 8 cm

b. Involving floor of mouth, tongue, anterolateral skin (ulcerated) and parotid gland, and penetrating the mandible.

c. Carcinoma present at margin of resection in left inferoposterior and right inferior subcutaneous soft tissue;

- within 0.03 cm of (if not at) the right medial and left posterolateral (parotid region) soft tissue margin,

- within 0.1-0.2 cm of medial posterior soft tissue,

- other visualized margins clear by at least 0.3 cm.

- Decalcification of the mandibular end margins is pending - see subsequent addendum.

d. Perineural invasion present.

e. Focally suspicious for angiolymphatic invasion.

2. Chronic sialadenitis.

B) Left level II, neck dissection: Squamous cell carcinoma present in one of 8 lymph nodes (1/8).

C) Left level III, neck dissection: No carcinoma identified in 6 nodes (0/6).

D) "Teeth", extraction: One molar, two incisor teeth, and multiple fragments of tooth material. (Gross evaluation only).

COMMENT:

The minimum pathologic stage is pT4a, pN1, pMX (AJCC TNM Classification, 6th ed., 2002).

ADDENDUM COMMENT:

After decalcification, the mandibular margins of the part A specimen (A14 and A15, both en-face sections) are examined:

A14 - Right mandibular margin - free of carcinoma.

A15 - Left mandibular margin (posterior-superior) - carcinoma present within bone, soft tissue and perineural space.

Criteria	Yes	No
Diagnosis Discrepancy		///
Primary Tumor Site Discrepancy		///
HIPAA Discrepancy		///
Prior Malignancy History		
Dual/Synchronous Primary Tumor		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer initials	W 7/29/13	
Date Reviewed:	7/29/13	