

**Pathology Report** [REDACTED] **FINAL**

**Report Type** ..... Pathology Report

**Date of Event** ... [REDACTED]

**Sex** ..... M

**Authored by** ..... [REDACTED]

**Hosp/Group** ..... [REDACTED]

**Record Status** .... FINAL

**FINAL DIAGNOSIS:**

PART 1: MEDIAL MARGIN, BIOPSY

NO TUMOR SEEN.

PART 2: POSTERIOR RETROMOLAR MARGIN, BIOPSY

NO TUMOR SEEN.

PART 3: BUCCAL LATERAL MARGIN, BIOPSY

NO TUMOR SEEN.

PART 4: LEFT SEGMENTAL MANDIBULECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA (2.8 CM), MODERATELY DIFFERENTIATED, KERATINIZING, INVOLVING MANDIBULAR BONE.

B. VASCULAR INVASION IS ABSENT; PERINEURAL INVASION IS PRESENT.

C. BONE MARGINS ARE FREE OF CARCINOMA. CARCINOMA EXTENDS TO LATERAL SOFT TISSUE EDGE SEE PARTS 1, 2 AND 3 FOR FINAL MARGINS.

D. TOOTH.

E. PATHOLOGIC STAGE: pT4a N0.

PART 5: LEFT LEVEL 1, DISSECTION

A. TWELVE BENIGN LYMPH NODES (0/12).

B. SUBMANDIBULAR GLAND WITH NO SIGNIFICANT PATHOLOGIC ABNORMALITY.

PART 6: LEFT NECK, LEVELS 2-4, DISSECTION -

TWENTY-FIVE BENIGN LYMPH NODES (0/25).

[REDACTED]  
[REDACTED]

Pathologist: [REDACTED]

\*\* Report Electronically Signed Out \*\*

By Pathologist: [REDACTED]

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

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**GROSS DESCRIPTION:**

The specimen is received in six parts.

Part 1 is received fixed labeled with the patient's name, initials XX and "medial margin". It consists of a tan connective tissue and mucosa measuring 1.5 x 0.6 x 0.5 cm. After frozen section analysis, the specimen is submitted in cassette 1AFS.

Part 2 is received fixed labeled with the patient's name, initials XX and "posterior retromolar". It consists of a tan connective tissue and mucosa measuring 2.0 x 0.8 x 0.6 cm. After frozen section analysis, the specimen is submitted in cassette 2AFS.

Part 3 is received fixed labeled with the patient's name, initials XX and "buccal (lateral)". It consist of tan connective tissue covered with mucosa measuring 2.7 x 0.9 x 0.7 cm. After frozen section analysis, the specimen is submitted in cassette 3AFS.

Part 4 is received fixed labeled with the patient's name, initials XX and "left segmental mandibulectomy". It consists of a left mandibulectomy measuring 9.3 x 5.3 x 4.0 cm including a molar tooth. Grossly, there is a 1.4

x 1.0 cm ulcerated tumor involving the alveolar bone/ramus of the mandible. The tumor is serially cross sectioned revealing tan-white firm lesion invading the underlying bone with a thickness of 2.8 cm. The tumor extends to the lateral soft tissue edge; carcinoma is at least 0.7 cm from all other margins. Digital image photographs were taken. Normal tissue and tissue from tumor are submitted for █████ Head and Neck Tissue Bank.

Ink Code: Black lateral soft tissue; Red banked area.

Cassette Code:

4A lateral soft tissue edge, shave

4B-4C representative sections of tumor

4D representative sections of lateral soft tissue

4EDR anterior bone margin, shave

4FDR superior/ramus margin, shave

4GDR-4HDR representative of tumor relative to bone.

Part 5 is received fixed labeled with the patient's name, initials XX and "left level 1". It consists of a tan-yellow lobular fibroadipose tissue measuring 13.0 x 4.5 x 2.4 cm with attached submandibular gland (4.5 x 3.5 x 2.0). Multiple possible lymph nodes are identified ranging in its greatest dimension from 0.1 to 1.3 cm.

Cassette Code:

5A-5B four possible lymph nodes in each

5C three possible lymph nodes

5D possible lymph nodes

5E representative of submandibular gland.

Part 6 is received fixed labeled with the patient's name, initials XX and "left neck, levels 2-4". It consists of a tan-yellow elongated lobular fibroadipose tissue measuring 15.0 x 7.5 x 1.5 cm. The specimen is divided into parts A, B and C. Multiple possible lymph nodes are identified ranging in greatest dimension from 0.1 to 3.5 cm in part A. Multiple possible lymph nodes are identified ranging in greatest dimension from 0.1 to 1.5 cm in part B. Multiple possible lymph nodes are identified ranging in greatest dimension from 0.1 to 0.7 cm in part C.

Cassette Code:

6A-6B one lymph node, serially cross sectioned, part A

6C - two possible lymph nodes, part A

6D seven possible lymph nodes, part A

6E-6F multiple possible lymph nodes, part A

6G one possible lymph node, part B

6H possible lymph nodes, part B

6I one lymph node, part C

6J possible lymph node, part C.

Grossed By: █████

#### INTRAOPERATIVE CONSULTATION:

1AFS: MEDIAL MARGIN (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR PRESENT. (██████████)

M.D.)

2AFS: POSTERIOR (RETROMOLAR) MARGIN (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR PRESENT. (██████████)

M.D.)

3AFS: BUCCAL (LATERAL) MARGIN (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR PRESENT. (

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 [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 2 to a maximum of 84 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 segmental mandibulectomy

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 2.8 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PRIMARY TUMOR (pT): pT4a

REGIONAL LYMPH NODES (pN): pN0

Number of regional lymph nodes examined: 37

Number of regional lymph nodes involved: 0

DISTANT METASTASIS (pM): pMX

MARGINS: Margins uninvolved by tumor

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

Absent

PERINEURAL INVASION: Present

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**PATIENT HISTORY:**

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: T4 N2 left mandible.

PROCEDURE: Left segmental, modified neck dissection.

SPECIFIC CLINICAL QUESTION: Margins and nodes.

OUTSIDE TISSUE DIAGNOSIS: Yes, squamous cell carcinoma.

PRIOR MALIGNANCY: No.

CHEMORADIATION THERAPY: No.

ORGAN TRANSPLANT: No.

IMMUNOSUPPRESSION: No.

OTHER [REDACTED]

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**HISTO TISSUE SUMMARY/SLIDES REVIEWED:**

Part 1: Medial Margin

Taken [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 2: Posterior Retromolar

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 3: Buccal Lateral

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 4: Left Segmental Mandibulectomy

Taken: [REDACTED] Received: [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 EDR

H&E x 1 FDR

H&E x 1 GDR

H&E x 1 HDR

Part 5: Left Level One

Taken: [REDACTED] Received: [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 6: Left Neck Levels 2-4

Taken: [REDACTED] Received: [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

TC1