

SURGICAL PATHOLOGY

[REDACTED]

[REDACTED]

[REDACTED]

Diagnosis:

A: Epiglottic mass, biopsy.

- Invasive moderately differentiated squamous cell carcinoma with surface ulceration.

B: Left posterior false vocal cord mucosa, biopsy.

- No tumor seen.

C: Left anterior false vocal cord mucosa, biopsy.

- No tumor seen.

D: Anterior commissure, biopsy.

- No tumor seen.

E: Right anterior false cord, biopsy.

- No tumor seen.

F: Right posterior false cord, biopsy.

- Mild dysplasia of squamous epithelium, no invasive carcinoma seen.

G: Left pre-epiglottic space, biopsy.

- No tumor seen.

H: Right pre-epiglottic space, biopsy.

- No tumor seen.

I: Epiglottis, resection.

- Invasive moderately differentiated squamous cell carcinoma present in multiple fragments of epiglottis, surgical margins cannot be assessed from this specimen because specimen was received fragmented, but all frozen section margins (specimens B-H) free of tumor.

J: Lymph node, level IV, removal.

- Adipose tissue only, no tumor seen, no lymph nodes seen.

K: Lymph node, right level II, removal.

- No tumor seen in 13 lymph nodes (0/13).

L: Lymph node, right level III, removal.

- No tumor seen in 3 lymph nodes (0/3).

M: Lymph node, right level IV, removal.

- No tumor seen in 9 lymph nodes (0/9).

N: Lymph node, left level I, removal.

- No tumor seen in 4 lymph nodes (0/4).

- Submandibular gland present with no tumor seen.

O: Lymph node, left level II, removal.

- Metastatic squamous cell carcinoma in 2 of 6 lymph nodes, size of largest metastasis 5.0 cm, with extracapsular extension of tumor identified.

P: Lymph node, left level III, removal.

- No tumor seen in four lymph nodes (0/4).

Q: Lymph node, left level IV, removal.

- Metastatic squamous cell carcinoma in 2 of 13 lymph nodes (2/13).

R: Lymph node, left level V, removal.

- Adipose tissue only, no tumor seen, no lymph nodes seen.

S: Proximal internal jugular vein, removal.
- Vein with no tumor seen.

Comment:

The total lymph node count on the right is no tumor seen in 25 lymph nodes (0/25), and the total lymph node count on the left is metastatic squamous cell carcinoma in 4 of 27 lymph nodes (4/27).

Intraoperative Consultation:

A frozen section was requested by Dr.

FSA1: Epiglottic mass, biopsy.

- Squamous cell carcinoma.

FSB1: Left posterior false cord mucosa, biopsy

- No tumor seen

FSC1: Left anterior false cord mucosa, biopsy

- No tumor seen

FSD1: Low anterior commissure, biopsy

- No tumor seen, cautery artifact

FSE1: Right anterior false cord, biopsy

- No tumor seen

FSF1: Right posterior false cord, biopsy

- No tumor seen

FSG1: Left pre-epiglottic space, biopsy

- No tumor seen

FSH1: Right pre-epiglottic space, biopsy

- No tumor seen

Clinical History:

The patient is with a T2N2 squamous cell carcinoma of the epiglottis.

Gross Description:

Received from the frozen section team are appropriately

labeled yellow cassettes containing a 1.5 x 0.8 x 0.1 cm white/red soft tissue fragment. The largest of two pieces submitted in block FSA1, the remainder in block A1.

Container B is labeled "left posterior false cord". It holds a 0.2 x 0.2 x 0.1 cm, white/tan, soft tissue fragment. FSB1, [REDACTED]

Container C is labeled "left anterior false cord". It holds a 0.6 x 0.2 x 0.2 cm, white/tan, soft tissue fragment. FSC1, [REDACTED].

Container D is labeled "anterior commissure". It holds a 0.4 x 0.3 x 0.2 cm, white/tan, soft tissue fragment. FSD1, [REDACTED]

Container E is labeled "right anterior false cord". It holds a 0.2 x 0.2 x 0.2 cm, white/tan, soft tissue fragment. FSE1, [REDACTED]

Container F is labeled "left posterior false cord". It holds a 0.3 x 0.2 x 0.2 cm, white/tan, soft tissue fragment. FSF1, [REDACTED]

Container G is labeled "left pre-epiglottic space". It holds a 1.0 x 0.5 x 0.4 cm, white/tan, soft tissue fragment. FSG1, [REDACTED]

Container H is labeled "right pre-epiglottic space". It holds a 1.0 x 0.6 x 0.4 cm, white/red/tan, soft tissue fragment. FSH1, [REDACTED]

Container I is labeled "epiglottis". It holds a 5.0 x 3.2 x 0.5 cm, aggregate of multiple disrupted and unorientable re/tan soft tissue fragments. Identifiable mucosa is red/tan, smooth, glistening, focally erythematous, focally roughened, containing an irregular 1.0 x 0.5 cm red/tan pediculated nodular lesion.

Identifiable cautery edges are marked with black ink as the surgical margin.

Sectioning reveals a tan/pink, smooth cut surface, with no additionally identified gross lesions.

I1-I2 - black inked margins from two largest fragments

I3 - additional fragment with black inked cautery

I4-I5 - additional smaller fragment containing cautery,
serially sectioned

I6-I9 - remaining sections of two largest fragments, [REDACTED]

Container J is labeled "Level IV node". It holds a 2.1 x 0.5 x 0.2 cm, irregularly-shaped, yellow/pink soft tissue fragment. J1, [REDACTED]

Container K is labeled "right level II neck contents". It holds a 6 x 2. x 0.3 cm, irregularly-shaped, pink/tan soft tissue fragment. A portion of vascular structure is identified and appears grossly unremarkable. Five lymph node candidates are identified and submitted in block K1 and K2, with representative section of vasculature and additional representative soft tissue submitted in K3.

Container L is labeled "right level III neck contents". It holds a 3.5 x 2.1 x 1.2 cm, irregularly-shaped, pink/tan aggregate of soft tissue fragments. A portion of grossly unremarkable vasculature is identified. No lymph node candidates are identified. The specimen is submitted entirely in L1-L3, [REDACTED].

Container M is labeled "right level IV neck contents". It holds a 5.0 x 2.5 x 0.3 cm, irregularly-shaped, tan/pink soft tissue fragment. Three lymph node candidates are identified and submitted in M1 with additional representative soft tissue submitted in blocks M2 and M3.

Container N is labeled "left neck contents level I". It holds a 4.7 x 4.2 x 1.0 cm, irregularly-shaped, pink/tan soft tissue fragment containing a 4.0 x 3.0 x 1.0 cm, intact, tan/pink, lobulated, ovoid fragment, consistent with a submandibular gland. Sectioning reveals an area of hemorrhage but no other grossly identifiable lesion. Six lymph node candidates are identified. Representative section of the submandibular gland is submitted in N1, the six lymph node candidates are submitted in block N2. Additional representative soft tissue in N3 and N4.

Container O is labeled "left neck contents level II". It holds a 6.0 x 4.5 x 2.6 cm, irregularly-shaped, pink/tan, firm, and solid soft tissue fragment, containing multiple areas of red/brown muscle. A 5.0 x 4.1 x 2.4 cm

ovoid lymph node is identified and is serially sectioned to reveal a white/tan, softened and grossly positive cut surface. Three additional lymph node candidates are identified. Representative section of the largest lymph node is submitted in block 01, the remaining three lymph nodes are submitted in block 02, representative skeletal muscle is submitted in block 03, additional representative soft tissue is submitted in block 04.

Container P is labeled "left neck contents level III". It holds a 7.0 x 4.2 x 1.0 cm, irregularly-shaped, red/tan soft tissue fragment, the majority of which is red/brown, soft and grossly unremarkable skeletal muscle. Seven lymph node candidates are identified and submitted in block P1, representative skeletal muscle is submitted in block P2, additional representative soft tissue is submitted in block P3 and P4.

Container Q is labeled "left neck contents level IV". It holds a 6.8 x 4.5 x 1.8 cm, red/tan, soft tissue fragment, the majority of which is composed of red/brown, soft and grossly unremarkable skeletal muscle. A large portion of vascular structure is identified and appears grossly unremarkable. Thirteen lymph node candidates are identified and submitted in Q1-Q3. Representative sections of muscle and vasculature are submitted in block Q4.

Container R is labeled "left neck contents level V". It holds a 4.0 x 3.0 x 0.4 cm, irregularly-shaped, pink/yellow, soft tissue fragments, containing a portion of red/brown, grossly unremarkable skeletal muscle. Two lymph node candidates are identified submitted in R1, additional representative soft tissue is submitted in R2, and representative section of muscle is submitted in R3.

Container S is labeled "proximal internal jugular vein". It holds a 0.5 x 0.2 x 0.1 cm, white/pink aggregate of two soft tissue fragments. S1, NTR.

Light Microscopy:

Light microscopic examination is performed by [REDACTED]

The frozen section diagnoses are confirmed in that no invasive carcinoma is seen in specimens B-H, and specimen A shows squamous cell carcinoma. Mild dysplasia is seen on the permanent sections of specimen F, which was not seen