



Sex: Male  
D.O.B.:  
MRN #  
Ref Phys

Collected:  
Received:  
Reported:

### SURGICAL PATHOLOGY REPORT

#### DIAGNOSIS:

A. Left radical tonsillectomy/tongue base resection:

##### Tumor Characteristics:

1. Histologic type: Invasive squamous cell carcinoma.
2. Tumor histologic grade: Poorly differentiated (G3).
3. Tumor site: Left tonsil.
4. Maximal tumor diameter is 4.3 cm.
5. Depth of invasion: 2.3 cm as measured grossly.
6. Bone invasion: Not applicable.
7. Lymphovascular space invasion: Present, extensive (large tumor thrombus present).
8. Perineural invasion: Not identified.
9. Carcinoma in situ: Present.

##### Surgical Margins:

1. Mucosal margins: Negative for tumor (in situ carcinoma is less than 0.1 cm from inferior/base of tongue margin).
2. Deep soft tissue margin: Negative for tumor, less than 0.1 cm.
3. Bone margins: Not applicable.

##### Lymph Node Status:

1. Total number of lymph nodes examined: Twenty two, see specimens C-F.
2. Total number of lymph nodes containing metastatic carcinoma: Two (2/22).
  - a. One positive level 2A-3 node, see specimen E.
  - b. One positive level 4-5 node, see specimen F.
3. Size of largest metastasis: 2.1 cm.
4. Extracapsular extension: Focally present in level 2A-3.

##### Other:

1. p16 staining is strongly positive supporting an HPV etiology.
2. pTNM stage: pT3 N2b.
- B. Additional deep margin, inferiorly, medially:  
Negative for tumor.
- C. Left level 2B lymph node; excision:  
No metastatic carcinoma identified in one lymph node (0/1).
- D. Level 1B lymph node; excision:  
Submandibular gland with no significant histopathologic abnormality.  
Two lymph nodes with no metastatic carcinoma identified (0/2).
- E. Level 2A-3; neck dissection:  
Metastatic squamous cell carcinoma present in one of nine lymph nodes (1/9).  
Size of metastasis 2.1 cm.  
Focal extracapsular tumor extension present.
- F. Level 4 and 5; neck dissection:  
Metastatic squamous cell carcinoma present in one lymph node (1/10).  
Size of metastasis 0.1 cm.  
No extracapsular tumor extension identified.

Electronic Signature:

COMMENTS:

Histologic sections show invasive poorly differentiated squamous cell carcinoma arising within the mucosa of the tonsil. The tumor invades [REDACTED] focally involves the base of the tongue. The mucosal margins are negative for invasive carcinoma. The inferior mucosal margin demonstrates *in situ* carcinoma within 0.1 cm of the mucosal edge. The deep margin is also close but negative (0.1 cm) in the main resection. The additionally submitted deep margin is negative for tumor. Two positive lymph nodes are noted.

#### CLINICAL HISTORY:

Preoperative Diagnosis: Large SCCA, inferior aspect, left tonsil and adjacent tongue base, biopsy done in [REDACTED] is most worried about inferior medial margin

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

#### SPECIMENS:

- A. Left radical tonsillectomy and tongue base resection
- B. Additional deep margin (inferiorly and medially)
- C. Left level 2B lymph node
- D. Level 1B lymph node
- E. Level 2A - 3
- F. Levels 4 and 5

Criteria	ew 4/2/13	Yes	No
Diagnosis Discrepancy			✓
Primary Tumor Site Discrepancy			✓
HIPAA Discrepancy			✓
Prior Malignancy History			✓
Dual/Synchronous Primary sites			
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED			
Reviewer Initials:	(ew)	Date Reviewed:	4/1/13

#### GROSS DESCRIPTION:

The specimen is received in six formalin filled containers each labeled with the patient's name

A. A is additionally designated left radical tonsil and tongue base resection. The specimen consists of a 7.0 x 5.5 x 2.7 cm gray purple soft tissue that is surfaced by a pink tan mucosa to include tonsil and small portion of base of tongue. There is some ink by the pathologist at the time of intraoperative consult for orientation. No frozen was done. The lateral aspect is yellow. The superior aspect is blue. The inferior aspect is green and the medial aspect is red. The deep surface is black. The inferior aspect of the specimen corresponds with the base of tongue. In the mucosal surface is a 4.3 x 3.5 cm red tan fungating mass. The mass is abutting the inferior aspect of the tonsil and 2.5 cm from the superior mucosal margin, 0.5 cm to the nearest lateral mucosal margin, 0.8 cm from the nearest inferior mucosal margin and 0.2 cm from the nearest medial mucosal margin (near the inferior aspect). The specimen is serially sectioned from superior to inferior to reveal the mass has a third dimension of 2.3 cm and is 0.1 cm from the nearest deep margin. This is abutting the deep margin on the medial aspect of the specimen. The mass also appears to be involving the skeletal muscle of the base of the tongue. The uninvolved tonsil is pink tan to white tan with a 1.5 cm cyst filled with a purulent material. This is adjacent to the mass. Representative sections are submitted in cassettes A1-A8 as follows: A1--mass to medial mucosa and soft tissue margin; A2--mass to lateral mucosa and soft tissue margin; A3--superior mucosal margin shaved and submitted inked down; A4--mass to the inferior mucosa and soft tissue margin; A5--mass to deep; A6--additional mass to deep; A7--mass involving the base of tongue; A8--tonsillar cyst. Three research cassettes were taken labeled .16, .17 and .18.

B. Part B is additionally designated additional deep margin inferiorly and medially and consists of a 1.0 x 0.6 x 0.5 cm portion of red tan skeletal muscle. Orientation as to true margin is not provided. The specimen is inked, serially sectioned and submitted entirely in cassette B1.

C. Part C is additionally designated left level 2B lymph node and consists of a 2.5 x 2.0 x 1.5 cm portion of yellow lobular adipose tissue within which is a 0.5 cm possible lymph node. The possible lymph node is bisected and submitted entirely in cassette C1.

D. Part D is additionally designated level 1B lymph node and consists of a 4.0 x 2.7 x 1.2 cm portion of submandibular gland with attached adipose tissue. The specimen is 9 grams. The submandibular gland is inked and serially sectioned to reveal a yellow lobular cut surface. No masses or lesions are identified. Within the adipose tissue are two possible lymph nodes, 0.5 and 0.6 cm. Representative sections are submitted in cassettes D1 and D2 as follows: D1--submandibular gland; D2--two lymph nodes submitted in toto.

E. Part E is additionally designated level 2A, 3 and consists of a 5.6 x 5.2 x 2.5 cm portion of yellow lobular to pink tan fibrofatty tissue. Within the adipose tissue are nine pink tan possible lymph nodes ranging from 0.4 to 1.0 cm in greatest dimension. Additionally there is a 4.5 x 3.2 x 2.5 cm mass. The mass is serially sectioned to reveal a white tan grossly positive cut surface. There are multiple areas of necrosis and hemorrhage. Representative sections are submitted in cassettes E1-E3 as follows: E1--five possible lymph nodes submitted in toto; E2--four possible lymph nodes submitted in toto; E3--a representative cross section of the mass.

F. Part F is additionally designated level 4 and 5 and consists of a 9.0 x 3.0 x 1.0 cm portion of yellow lobular to pink tan fibrofatty tissue. Within the tissue are eleven possible lymph nodes ranging from 0.3 to 1.1 cm in greatest dimension. The lymph nodes are submitted as follows: F1--five possible lymph nodes submitted in toto; F2--four possible lymph nodes submitted in toto; F3 and F4--each contain one possible lymph node bisected.