

Pathology Report

Report Type ..... rt  
Date of Event ....  
Sex .....  
Authored by .....  
Hosp/Group .....

PATIENT HISTORY:

Carcinoma of tongue.

PRE-OP DIAGNOSIS: None given.

POST-OP DIAGNOSIS: None given.

PROCEDURE: Hemiglossectomy, mandibulectomy and bilateral neck  
tion.

FINAL DIAGNOSIS:

PARTS 1

AND 2: LYMPH NODES OF RIGHT NECK, LEVELS II-IV, DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING TWO OF TWENTY-SIX  
LYMPH NODES (2/26).

1. POSITIVE LYMPH NODES IN LEVEL II.

2. LARGEST LYMPH NODE WITH METASTATIC CARCINOMA IS 1.0 CM. (0.4 CM TUMOR  
FOCUS), WITH EXTRACAPSULAR SPREAD.

B. SUBMANDIBULAR GLAND WITH MILD CHRONIC SIALADENITIS.

PARTS 3

TO 5: LYMPH NODES, LEFT NECK, LEVELS 1-IV, SELECTIVE DISSECTION

A. SEVENTEEN LYMPH NODES; NO TUMOR PRESENT (0/17).

B. SUBMANDIBULAR GLAND WITH MILD CHRONIC SIALADENITIS.

PART 6: RIGHT TONGUE, FLOOR OF MOUTH AND MANDIBLE, COMPOSITE RESECTION

A. INVASIVE SQUAMOUS CELL CARCINOMA (5.0 CM.), WELL TO MODERATELY  
DIFFERENTIATED, INVOLVING DEEP TONGUE AND FLOOR OF MOUTH MUSCLES, MARROW  
SPACE

OF MANDIBLE AND EXTENDING TO ATTACHED SUBMENTAL SKIN ( SUBCUTANEOUS TISSUE).

B. PERINEURAL INVASION AND ANGIOLYMPHATIC INVASION PRESENT.

C. MARGINS FREE OF CARCINOMA.

D. THREE LYMPH NODES; NO TUMOR PRESENT (0/3).

PATHOLOGIC STAGE: pT4a, N2b, MX.

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

GROSS DESCRIPTION:

The specimen is received in six parts.

Part 1 is received in formalin and labeled with the patient' s name, initials  
xx and "right neck dissection, 2, 3, 4". The specimen is a 12.0 x 4.0 x 5.0  
cm selective neck dissection with 4.5 x 3.0 x 1.5 cm submandibular gland.

Multiple lymph nodes up to 1.8 cm are identified. Specimen is submitted as  
follows:

- 1A - level 2 node A
- 1B - level 2 node B
- 1C - level 3 node A
- 1D - level 4 node A
- 1E - level 4 node B
- 1F - level 4 node C
- 1G - level 4 node D
- 1H - submandibular gland
- 1I - one level 1 lymph node, bisected
- 1J - one level 2 lymph node
- 1K - seven possible level 2 lymph nodes
- 1L - one level 3 lymph node
- 1M - nine possible level 3 lymph nodes
- 1N - seven possible level 4 lymph nodes.

Part 2 is received in formalin labeled with the patient' s name, initials xx and "right neck dissection 2B". The specimen is a 3.0 x 2.5 x 1.5 cm excision

of fibroadipose tissue with five lymph nodes up to 0.6 cm. Specimen submitted as follows:

2A - lymph nodes.

Part 3 is received in formalin labeled with the patient' s name, initials xx and "left neck level 1". The specimen is a 7.0 x 4.0 x 2.0 cm selective neck dissection with a 6.0 x 3.5 x 1.8 cm submandibular gland and four lymph nodes ranging from 0.7 to 1.4 cm. Specimen is submitted as follows:

3A - submandibular gland

3B-3C - two lymph nodes each (one inked black in each cassette).

Part 4 is received in formalin labeled with the patient' s name, initials xx and "left neck level 2". The specimen is a 3.0 cm excision of fibroadipose tissue with nine possible lymph nodes up to 2.2 cm (largest grossly positive).

Sections are submitted as follows:

4A - largest lymph node

4B-4C - four lymph nodes each.

Part 5 is received in formalin labeled with the patient' s name, initials xx and "left neck level 3, 4". The specimen consists of two pieces of fibroadipose tissue, 3.5 x 3.0 x 3.0 cm and 3.0 x 2.0 x 1.0 cm with nine lymph

nodes up to 3.1 cm. Sections are submitted as follows:

5A - largest lymph node bisected

5B - four lymph nodes.

Part 6 is received in formalin labeled with the patient' s name, initials xx and "tongue and mandible". The specimen is a right hemiglossectomy and anterior/right lateral segmental mandibulectomy specimen, 8.0 cm anterior to posterior, 7.5 cm dorsal to ventral and 6.5 cm right to left. It consists of an 11.0 cm segment of mandible with an average diameter of 1.5 cm, 7.0 x 3.0 x

3.0 cm right tongue with portion of floor of mouth and alveolar ridge mucosa attached. In addition, is a 6.0 x 5.0 cm piece of skin in the submental region with a central puckered area.

Centered in the floor of mouth right lateral tongue junction is a 5.0 x 3.5 x

4.0 cm centrally ulcerated tumor extending deep within the muscles of the base

of tongue and floor of mouth. The tumor nearly encases the adjacent mandible and appears to grossly invade through the cortex into the marrow space. The closest extent of tumor to margin is 0.1 cm from the base of tongue soft

tissue. The tumor extends focally into the attached skin segment.  
A 0.3 cm lymph node is identified in the base of tongue adipose tissue.  
Inking code: green medial, black base of tongue, blue anterior-lateral alveolar ridge.

Sections are submitted as follows:

6A - base of tongue mucosa (shave) frozen section control  
6B - lateral soft tissue (shave) frozen section control  
6C - lateral floor of mouth (shave) frozen section control  
6D - anterior floor of mouth (shave) frozen section control  
6E - deep base of tongue (perpendicular) frozen section control  
6F - deep base of tongue (perpendicular) frozen section control  
6G - anterior medial shave, frozen section control  
6H - posterior medial shave, frozen section control  
6I - posterior bony margin, decalcification  
6J - anterior bony margin, decalcification  
6K - tumor to bone, decalcification  
6L - anterior skin shave  
6M - left skin shave  
6N - posterior skin shave  
6O - right skin shave  
6P - tumor to skin and lymph node at base of tongue  
6Q-6R - tumor to deep tongue and floor of mouth muscle, respectively  
6S - tumor to tongue mucosa  
6T-6U - cross section of tumor from tongue mucosa to alveolar mucosa, bisected  
tumor to alveolar ridge.

[REDACTED]

RATIVE CONSULTATION:

6A-6H: RIGHT TONGUE AND MANDIBLE, COMPOSITE RESECTION (frozen sections)

A. MALIGNANT.

B. SQUAMOUS CELL CARCINOMA.

ISSUE MARGINS FREE OF CARCINOMA ([REDACTED]),

[REDACTED]

C. COPIC:

PROCEDURAL NOTES

LYMPH NODE:	FS	Permanent
Level II node A	negative	negative
Level II node B	positive	positive
Level III node A	negative	negative
Level IV node A	negative	negative
Level IV node B	negative	negative
Level IV node C	negative	negative
Level IV node D	negative	negative

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The [REDACTED] d its performance characteristics determined by the [REDACTED], Department of Pathology, as required by the C A

[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.

CASE SYNOPSIS:



Stain/cnt      Block

H&E x 1      A

H&E x 1      B

Part 6:      le

Taken: [REDACTED]

Received: [REDACTED]

Stain/cnt

Decal x 1      I

H&E x 1      I

Decal x 1      J

H&E x 1      J

Decal x 1      K

H&E x 1      K

H&E x 1      L

H&E x 1      M

H&E x 1      N

H&E x 1      O

H&E x 1      P

H&E x 1      Q

H&E x 1      R

H&E x 1      S

H&E x 1      T

H&E x 1      U

H&E x 1      V

FRZ Single x [REDACTED]

H&E x 1 [REDACTED]

FRZ Addit x [REDACTED]

H&E x 1 [REDACTED]

FRZ Addit x [REDACTED]

H&E x 1 [REDACTED]

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FRZ Addit x [REDACTED]

x 1 [REDACTED]

[REDACTED]