

TCGA-DQ-5629

HISTORY:

with history of right supraglottic T4N2cM0 squamous cell carcinoma. Total laryngectomy.

GROSS:

1. "Left level I lymph node" Received in formalin in a small container is a 0.4 cm bit.
Frozen section control.
2. "Right tracheal esophageal groove" A 0.2 cm red bit.
Frozen section control.
3. "Right paratracheal node" A 0.2 cm, soft tissue fragment.
Frozen section control.
4. "Right pyriform" A 1.1 x 0.4 cm red soft tissue fragment.
Frozen section control.
5. "Left pyriform" A 0.5 cm tan bit.
Frozen section control.
6. "Posterior cricoid" A 0.7 cm tan soft tissue fragment.
Frozen section control.
7. "Base of tongue" A 0.6 cm tan soft tissue fragment.
Frozen section control.
8. "Total laryngectomy wide field laryngectomy" Received in formalin in a medium container is an 8.3 x 5.9 x 5.1 cm laryngectomy with attached anterior strap muscles. The right pyriform mucosa is inked green and the left side is inked blue. The previously opened larynx has an ulcerating 1.6 x 1 cm tumor which involves the right supraglottic mucosa, comes to within 1.5 cm of the right pyriform mucosal margin and 1.2 cm from the edematous right vocal cord. The ulcerating tumor also comes to within 4.8 cm of the tracheal margin. The cut surface into this ulcerating tumor shows diffuse submucosal penetration, enlarging the greatest dimension of this tumor to 2.7 cm. The maximum thickness is 1.8 cm, and it comes to within less than 0.1 cm of the thyroid cartilage and also within 0.1 cm of the hyoid bone. The gray-white, focally hyperemic tumor penetrates under the epiglottis and the anterior strap muscle. The tumor does not appear to extend to the left vocal cord, commissure or pyriform sinus. The right true vocal fold has an ill-defined, black area that appears to be 0.7 cm in greatest dimensions. No other mass nor lesion is readily seen.
 - 8A. Right mucosal margin.
 - 8B. Left mucosal margin.
 - 8C. Tracheal margin.
 - 8D-G. Sections of tumor to pyriform sinus, vocal cord, thyroid cartilage and hyoid bone respectively.
(F and G after decal)
 - 8H. Section of tumor involving epiglottis and anterior strap muscle.
 - 8I. Unremarkable left pyriform sinus.
 - 8J. Left vocal cord.
9. "Left selective neck level II" Received in formalin in a small container is a 5.1 x 3.3 x 1.6 cm irregular ovoid portion of focally nodular fatty tissue. Within the fat are lymph node candidates up to 2.1 cm in greatest dimensions. The cut surface of the two largest cysts are pink-tan and focally hyperemic.
 - 9A. Four whole lymph node candidates.
 - 9B. One bisected lymph node candidate.
 - 9C. One bisected lymph node candidate.
10. "Left selective neck level III" Received in formalin in a small container

is a 4.7 x 2.7 x 1.4 cm irregular ovoid portion of focally nodular skeletal muscle and fatty tissue. Small lymph node candidates are retrieved from the irregularly shaped portion, and no evidence of mass nor lesion is readily seen in the skeletal or fatty tissue.

10A. Five whole lymph node candidates. [REDACTED]

10B. Skeletal muscle. [REDACTED]

11. "Left selective neck level IV" Received in formalin in a small container is a 4.1 x 2.8 x 1.4 cm irregular ovoid portion of fatty and soft tissue. A metal staple is attached without designation, and no evidence of lymph node candidates are readily seen nor palpated in the portion.

11A-C. Level IV tissue. [REDACTED]

12. "Right selective neck level II" Received in formalin in a small container is a 6 x 3.2 x 1.3 cm irregular ovoid portion of fatty tissue. Multiple staples are attached without designation. Multiple lymph node candidates within the fatty tissue are retrieved up to 1.3 cm in greatest dimensions.

12A. Five whole lymph node candidates. [REDACTED]

12B. Three whole lymph node candidates. [REDACTED]

13. "Right selective neck level III" Received in formalin in a small container is a 7.3 x 3.6 x 1.2 cm irregular ovoid portion of fibromembranous tissue that is focally nodular. Multiple staples are attached without designation, and the nodular portions between the fibromembranous tissue appear consistent with skeletal muscle that is unremarkable. No evidence of lymph node candidates are readily seen.

13A-D. Right level III. [REDACTED]

14. "Right selective neck level IV" Received in formalin in a small container is a 4.7 x 3.1 x 1.3 cm focally nodular portion of fatty tissue. Within the fatty tissue are multiple lymph node candidates up to 1.9 cm in greatest dimensions.

14A. Ten whole lymph node candidates. [REDACTED]

14B. Three whole lymph node candidates. [REDACTED]

15. "Right paratracheal nodes and pretracheal nodes" Received in formalin in a small container are two irregular ovoid portions of fatty and soft tissue. The smaller is 4.1 x 2.7 x 1.4 cm and the larger is 4.7 x 2.3 x 1.2 cm. Within the cut surface of the smaller portion is a 3.6 x 2.2 x 0.9 cm portion of red-brown soft tissue that appears consistent with thyroid. No lymph node candidates are readily seen or palpable in the portion, as the remainder of the tissue is unremarkable skeletal muscle. The larger portion has multiple lymph node candidates up to 0.7 cm in greatest dimension.

15A. Skeletal muscle from smaller portion. [REDACTED]

15B. Possible thyroid tissue from smaller portion. [REDACTED]

15C. Nine lymph node candidates from larger portion. [REDACTED], fat retained and soft tissue retained)

FROZEN SECTION REPORT

1. One lymph node negative for malignancy [REDACTED]
2. One lymph node negative for malignancy. [REDACTED]
- 3-7. Negative for malignancy [REDACTED]

I, [REDACTED], [REDACTED], have reviewed and interpreted the frozen section material at the time it was requested.

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Permanent sections confirm frozen section reports.

MICROSCOPIC:

SQUAMOUS LESIONS OF HEAD & NECK: RESECTION

Site: Supraglottic larynx.

Findings: Squamous carcinoma. ✓

Differentiation: Moderate.

Subtype: N.A.

Gross: Ulcerating Size 2.7 cm (largest dimension).

Invasion: Present If present: depth 1.2 cm.

Tumor border: Infiltrative.

Perineural invasion: Present.

Vascular invasion: Absent.

Bone/Cartilage invasion: Absent.

Lymphocyte infiltration: Absent.

Margins: Negative.

SQUAMOUS LESIONS OF HEAD & NECK: LYMPH NODE DISSECTIONS

RIGHT LEVEL (or site)	#Positive	#Negative	Extracapsular extension
II	1	7	No
III	0	0	N.A.
IV	1	12	No
Paratracheal and pretracheal	0	11	N.A.
TOTAL	2	30	
LEFT LEVEL (or site)	#Positive	#Negative	Extracapsular extension
I	0	1	N.A.

II	0	6	N.A.
III	0	5	N.A.
IV	0	3	N.A.
TOTAL	0	15	

MICROSCOPIC DIAGNOSIS:

1. Left level I lymph node, resection: One lymph node, negative for malignancy.
2. Right tracheal esophageal groove, resection: One lymph node, negative for malignancy.
3. Right paratracheal lymph node, resection: One lymph node, negative for malignancy.
- 4-5. Right and left pyriform, resection: Negative for malignancy.
6. Posterior cricoid, resection: Negative for malignancy.
7. Base of tongue, resection: Negative for malignancy.
8. Larynx, total laryngectomy: Invasive, moderately-differentiated squamous cell carcinoma (2.7 cm diameter; 1.2 cm depth) arising in right supraglottis and involving paraglottic and pre-epiglottic spaces. No cartilage invasion or left vocal chord involvement. Perineural invasion identified. Margins free. See template.
9. Left neck, level II lymph nodes, resection: Six lymph nodes, negative for malignancy.
10. Left neck, level III lymph nodes, resection: Five lymph nodes, negative for malignancy.
11. Left neck, level IV lymph nodes, resection: Three lymph nodes, negative for malignancy.
12. Right neck, level II lymph nodes, resection: Metastatic squamous cell carcinoma involving one of eight lymph nodes. No extranodal extension identified.
13. Right neck, level III lymph nodes, resection: Skeletal muscle and fibroadipose tissue, negative for malignancy. No lymphoid tissue identified. Entire tissue submitted for evaluation.
14. Right neck, level IV lymph nodes, resection: Metastatic squamous cell carcinoma involving one of thirteen lymph nodes. No extranodal extension identified.
15. Right paratracheal and pretracheal lymph nodes, resection: Nine lymph nodes, negative for malignancy. Unremarkable thyroid tissue.

I, [REDACTED] the signing staff pathologist, have personally examined and interpreted the slides from this case.

Code:r

Close