



Surgical Pathology Report

[REDACTED]
 DATE OBTAINED:
 DATE RECEIVED:
 DATE REPORTED:

[REDACTED]
 LOCATION:
 SUBMITTING MD:
 CC:

DIAGNOSIS

1. EPIGLOTTIS; BIOPSY: INVASIVE BASALOID SQUAMOUS CELL CARCINOMA, HIGH GRADE, MODERATELY DIFFERENTIATED.

2. EPIGLOTTIS; EXCISION: INVASIVE SQUAMOUS CELL CARCINOMA WITH BASALOID FEATURES.

Tumor type:	Basaloid squamous cell carcinoma with focal acinar features	Per TSS ; Basaloid = 90-95%
Histologic grade:	Moderately differentiated	Adenov = 5-10%
Tumor size:	2.5 cm.	
Tumor location:	Epiglottis	
Local extension:	Tumor extends to the right and left false vocal cord (see specimen # 5 and 6)	
Vascular invasion:	Present	
Perineural invasion:	Absent	
Margins:	Tumor extends the right and left lateral margins (see specimen #3 and 7); see comment.	
Lymph nodes:	N/A	
TNM stage	T1b Nx	BCR 4/19/13

3. EPIGLOTTIC MARGIN, ADDITIONAL INFERIOR; EXCISION: INVASIVE BASALOID SQUAMOUS CELL CARCINOMA; MODERATELY DIFFERENTIATED; TUMOR EXTENDS TO THE DEEP AND LEFT LATERAL MARGINS.

4. PEDICLE OF EPIGLOTTIS MARGIN; EXCISION: SQUAMOUS CELL CARCINOMA IN SITU AT LEAST; SEE COMMENT.

5. FALSE VOCAL CORD, RIGHT; BIOPSY: INVASIVE SQUAMOUS CELL CARCINOMA; MODERATELY DIFFERENTIATED.

6. FALSE VOCAL CORD, LEFT; BIOPSY: INVASIVE SQUAMOUS CELL CARCINOMA; MODERATELY DIFFERENTIATED.

7. EPIGLOTTIS, DEEP MARGIN; BIOPSY: BENIGN FIBROCARTILAGINOUS TISSUE AND MINOR SALIVARY GLANDS; NEGATIVE FOR METASTATIC CARCINOMA.

ICD-O-3

Carcinoma, squamous cell,
basaloid 808B13
Site Epiglottis NOS C02.1
Larynx NOS C02.9

Electronically Signed Out***

COMMENT

The tumor shows varying histology including basaloid squamous carcinoma and portions with acinar/ rosette formation which suggests a component of adenocarcinoma. Because of the nested growth pattern, IHC for neuroendocrine markers were performed and show negative chromogranin and focal non-specific positivity with synaptophysin. CK34BE12 and p63 show patchy positivity in the squamous component. The presence of squamous and glandular components also raises possibility of mucoepidermoid carcinoma, but the high grade histology, lack of intermediate cell population excludes that. Mucin stains were also performed (PAS-D and mucicarmine) and focal mucin can not be excluded. In regards to specimen #2, tumor extends to the deep margin; however the final deep margin in specimen #7 is negative for carcinoma.

Criteria	4/19/13	Yes	No
Diagnosis Discrepancy	QUALIFIED		
Primary Tumor Site Discrepancy		✓	
HIPAA Discrepancy		✓	
Prior Malignancy History		✓	
Dual/Synchronous Primary Malignancy		✓	
Case is (circle):	QUALIFIED	/ DISQUALIFIED	
Reviewer Initials: BTR	Date Reviewed: 4/19/13		

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In regards to specimen #4, due to severe cauterized artifact assessment of the invasive component is not possible but favor invasive squamous cell carcinoma.

88305 X 6, 88307, 88331x5

Clinical Diagnosis and History:

Laryngeal tumor with TCGA study; probably RT candidate according to scrubbed surgical staff in OR subsequent to report of positive and suspicious margins on FS exam.

Tissue(s) Submitted:

- 1: EPIGLOTTIC TISSUE BIOPSY
- 2: EPIGLOTTIS LONG STITCH SUPERIOR, SHORT STITCH LEFT LATERAL TCGA STUDY
- 3: ADDITIONAL INFERIOR EPIGLOTTIC MARGIN STITCH LEFT
- 4: PEDICLE OF EPIGLOTTIS MARGIN
- 5: RIGHT FALSE VOCAL CORD
- 6: LEFT FALSE VOCAL CORD
- 7: DEEP EPIGLOTTIS MARGIN

Gross Description:

Specimen #1 is received fresh for intraoperative consultation; the specimen is labeled "epiglottic tumor-biopsy". It consists of a 2.1 x 0.7 x 0.3 cm aggregate of tan, soft tissue. A representative section of the specimen is frozen.

Summary of Sections:

- 1A: remainder of the frozen section
- 1B: remainder of the specimen

Specimen #2 is received fresh for intraoperative consultation including tissue harvesting and is labeled epiglottis (long stitch superior, short stitch left lateral) and consists of a resection specimen measuring 2.8 (S-I) x 2.5 (L-M) x 1.1 (A-P) cm in overall dimension. A polypoid irregular mass lesion extends from the mucosal surface and on sagittal cut sections invades at least to the level of the epiglottic perichondrium. The S-I dimension of the tumor is largest, ~2.5 cm in extent. Grossly the superior and left lateral margins are negative (up to 0.7 cm) however all remaining margins are grossly close. A mid-sagittal slice is harvested for the genome project. The remainder is submitted right parasagittal full slice (2A), left parasagittal full slice (2B), left lateral, superior to inferior (2C-2E) and right lateral, superior to inferior (2F-2G). The specimen was inked superior-blue, inferior-green, left lateral-yellow, right lateral-red and black-deep.

Specimen #3 is received in formalin; the specimen is labeled "additional inferior epiglottic margin stitch left". It consists of a portion of tan, soft tissue with a stitch designating left. The specimen is remarkable for cauterized on one side (deep margin). The left tip is inked yellow and the right tip is inked red. The deep is inked green and the specimen is serially sectioned from one end to the other. The specimen is entirely submitted.

Summary of Sections:

- 3A: left tip
- 3B: right tip
- 3C: mid sections

Specimen #4 is received fresh for intraoperative consultation, the specimen is labeled "pedicle of epiglottis margin". It consists of a 0.4 x 0.3 x 0.2 cm portion of tan soft tissue. The specimen was entirely frozen and submitted labeled 4A.

Specimen #5 is received fresh for intraoperative consultation, the specimen is labeled "right false vocal cord". It consists of a 0.4 x 0.3 x 0.2 cm portion of tan soft tissue. The specimen is entirely frozen and submitted labeled 5A.

Specimen #6 is received fresh for intraoperative consultation, the specimen is labeled "left false vocal cord". It consists of a 0.5 x 0.4 x 0.2 cm aggregate of tan soft tissue. The specimen is entirely frozen and submitted labeled 6A.

Specimen #7 is received fresh for intraoperative consultation, the specimen is labeled "deep epiglottis margin". It consists of a 0.6 x 0.4 x 0.2 cm aggregate of tan soft tissue. The specimen is entirely frozen and submitted labeled 7A.

Intraoperative Consult Diagnosis

1A/FSDX: INVASIVE HIGH GRADE BASALOID SQUAMOUS CARCINOMA.
4A/FSDX: CAUTERIZED, UNREADABLE.
5A/FSDX: CAUTERIZED, SUSPICIOUS.
6A/FSDX: POSITIVE FOR SQUAMOUS CELL CARCINOMA.
7A/FSDX: NEGATIVE FOR SQUAMOUS CELL CARCINOMA.