



ICD O-3
Carcinoma, squamous cell NOS
8670/3
Site Floor of mouth
C04.9
JW 8/9/13

CASE: RECEIVED:

CLINICAL DATA:

Floor of mouth cancer.

GROSS DESCRIPTION:

A) Received in formalin designated "right neck dissection" are three portions of brown fibrofatty tissue, 3.0, 1.7 and 2.7 cm in greatest dimension each. The largest portion of tissue has numerous metal surgical clips. The tissue is dissected for lymph nodes, which are submitted as follows: A1 - multiple candidate nodes; A2 - one candidate node bisected; A3 - multiple candidate nodes; A4 - two candidate nodes bisected, one inked blue; A5 - two candidate nodes bisected, one inked blue.

B) Received in formalin designated "left neck lymph node 2,3,4" is an 8.0 x 3.2 x 1.5 cm portion of fibrofatty tissue with multiple metal surgical clips. There is a 3.5 cm long, up to 0.7 cm diameter dilated vessel. No orientation is provided. The specimen is dissected for lymph nodes, which are submitted as follows: B1 - multiple candidate nodes; B2 - multiple candidate nodes; B3 - one node bisected; B4 - one node bisected; B5 - multiple candidate nodes.

C) Received in formalin designated "left perifacial lymph node" is a 3.8 x 2.2 x 1.3 cm portion of fibrofatty tissue with multiple metal surgical clips. The tissue is dissected for lymph nodes, which are submitted as follows: C1 - one node trisected; C2 - two nodes bisected, one inked blue; C3 - multiple candidate nodes; C4 - multiple candidate nodes.

D) Received fresh labeled "composite resection bilateral level I neck dissection" is a partial mandibulectomy with anterior portion of attached tongue and bilateral submandibular glands. The mandible consists mainly of bone with attached tan shaggy fibroadipose tissue. There are seven loosely attached teeth. The tongue is tan-brown, firm and fibrous; the anterior of which, contains the beginning of a mass labeled "mass #1", measuring approximately 4.0 x 4.0 x 1.2 cm; it has eroded the frenulum and protrudes more to the left side of the buccal mucosa but also extends to the right buccal mucosa, and extends under the ventral surface of the tongue on the left side. The mass extends up onto the anterior surface of the buccal mucosa and comes to within 0.3 cm of the anterior left and right mucosal margins. Two incisors are received and are removed easily, the right canine is in place and the left is absent. The margins are inked as follows: right tongue and right mucosal margin orange, left tongue and left mucosal margin blue, posterior mucosal margin, right(submandibular) salivary gland and posterior right mandibular margin black, left(submandibular) salivary gland, and left posterior ramus margin yellow, inferior margin red. The lesion is approximately 1.1 cm to the posterior mucosal margin and 1.6 cm to the inferior mucosal margin. The right salivary gland is serially-sectioned and shows a white firm, white fibrous lesion on cut surface. The left salivary gland is serially-sectioned and shows tan-pink lobulated congested surface. Cassette summary: D1-D2 - Left and right anterior mucosal margin; D3-D5 - Left and right lingual mucosal margins; D6 - Left and posterior lingual mucosal margins; D7 - left and right en face gingival margins,

D8 - tumor closest to posterior and inferior mucosal

margins; D9 - Right salivary gland; D10 - Left salivary gland; D11 - two candidate level one lymph nodes (smaller is from left, larger from right); D12-D13 - entire left posterior ramus margin; D14-D15 - entire right mandibular margin; D16-D18 - left lower mandible bone closest to tumor.

E) Received fresh designated "left mucosal margin" is a 0.9 x 0.6 x 0.2 cm portion of fibrofatty tissue which is inked blue and submitted for frozen section diagnosis then thawed and submitted in cassette

F) Received fresh designated "right mucosal margin" consists of a 0.7 x 0.4 x 0.2 cm portion of fibrofatty tissue which is inked orange and submitted for frozen section diagnosis then thawed and submitted in cassette

G) Received fresh designated "anterior margin" is a 0.6 x 0.4 x 0.1 cm portion of fibrofatty tissue which is inked blue and submitted for frozen section diagnosis then thawed and submitted in cassette

H) Received fresh designated "deep margin" is a 1 x 0.4 x 0.2 cm portion of fibrofatty tissue which is inked orange and submitted for frozen section diagnosis then thawed and submitted in cassette

I) Received fresh designated "posterior margin" is a 1.3 x 0.3 x 0.2 cm portion of fibrofatty tissue which is inked blue and submitted for frozen section diagnosis then thawed and submitted in cassette

J) Received fresh designated "skin superior margin" is a 0.9 x 0.3 x 0.1 cm portion of fibrofatty tissue which is inked orange and submitted for frozen section diagnosis then thawed and submitted in cassette

K) Received fresh designated "anterior skin margin inferior" consists of a 0.8 x 0.4 x 0.1 cm portion of fibrofatty tissue which is inked blue and submitted for frozen section diagnosis then thawed and submitted in cassette KFS.

L) Received in formalin designated "superior level II" is a single 2.3 cm in greatest dimension lymph node with minimal attached fatty tissue. The lymph node is bisected, revealing no definite gross carcinoma. The attached fat is palpated and contains small candidate nodes. L1 and L2 - large node bisected; L3 - multiple candidate nodes. The specimen is entirely submitted.

INTRAOPERATIVE CONSULTATION:

I,J,KFS) Negative for carcinoma.

G,HFS) Negative for carcinoma

FFS) Negative for carcinoma.

EFS) Negative for carcinoma; epithelium not seen

FINAL DIAGNOSIS:

D) Oral cavity, composite resection and bilateral level 1 neck dissection: Invasive squamous cell carcinoma with the following features:

1. Moderately to poorly differentiated.
2. 4.0 cm in greatest dimension.
3. Carcinoma involves the anterior floor of mouth with extension to the left and right and invades the underlying mandible.

4. Metastatic carcinoma in 1 of 3 level I lymph nodes (1/3) measuring 0.5 cm on the left; no definite extracapsular extension identified.
5. Carcinoma is present at the left anterior submucosal/subcutaneous lower lip margin and left gingival margin.
6. Mandibular bone margins are free of carcinoma.
7. Perineural invasion is identified.
8. Angiolymphatic invasion is identified.
9. Minimum pathologic stage is pT4aN2 (AJCC, 7th Edition; 2010); see comment.

A) Lymph node, right neck dissection, excision: 15 lymph nodes negative for carcinoma (0/15).

B) Lymph node, left neck numbers 1, 2, and 3, excisions: 11 lymph nodes negative for carcinoma (0/11).

C) Lymph node, left perifacial, excisions: 4 lymph nodes negative for carcinoma (0/4).

E-K) Margins, left mucosal, right mucosal, anterior, deep, posterior, skin superior, anterior skin, respectively, excisions: No high grade dysplasia or carcinoma identified.

L) Lymph node, superior level II, excision: Metastatic carcinoma in 1 lymph node (1/1); metastatic focus measures less than 0.1 cm within a 2.3 cm lymph node. No extracapsular extension is identified.

COMMENT:

The laterally for part L is not designated; therefore, definite staging requires correlation with intraoperative findings to determine whether the superior level

II lymph nodes were from the left or right.

Procedures used to establish the diagnosis:

Routine

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 7/29/13	