

SURGICAL PATHOLOGY REVISED REPORT

Case Number :

[REDACTED]

[REDACTED]

Surgical Pathology Report

Addenda Present

Diagnosis:

A: Tooth #30, anterior buccal gingiva, biopsy

- Squamous mucosa with chronic inflammation and dystrophic calcification

- No carcinoma identified

B: Deep retromolar trigone, biopsy

- Benign squamous mucosa

- No carcinoma identified

C: Right anterior tongue pilar, biopsy

- Benign salivary gland and soft tissue

- No carcinoma identified

D: Left palate, biopsy

- Benign squamous mucosa

- No carcinoma identified

E: Deep posterior tongue, biopsy

- Benign skeletal muscle and adipose tissue

- No carcinoma identified

F: Deep midline tongue, right, biopsy

- Benign skeletal muscle and adipose tissue

- No carcinoma identified

G: Soft tissue, anterior neck fat, removal

- Benign parathyroid gland

- No carcinoma identified in four lymph nodes (0/4)

H: Lymph nodes, right neck, Level 3, removal

- No carcinoma identified in eight lymph nodes (0/8)

I: Lymph nodes, right neck, Level 4, removal

- No carcinoma identified in nine lymph nodes (0/9)

J: Lymph nodes, right neck, Level 1, removal

- No carcinoma identified in five lymph nodes (0/5)

- Benign salivary gland

K: Lymph nodes, right neck, Level 2, removal

- Metastatic squamous cell carcinoma with necrosis and focal cystic change involving one of eight lymph nodes (1/8) measuring 1.1 cm in greatest dimension

- No extracapsular extension identified

L: Tongue, right hemiglossectomy

Tumor histologic type: Squamous cell carcinoma

Histologic grade: Moderately differentiated, keratinizing

Tumor size: 2.0 in greatest dimension. Greatest depth of invasion 1.6 cm into muscle of tongue

Extent of invasion:

Angiolymphatic invasion: Not identified

Perineural invasion: Not identified

Bone invasion: N/A

Carcinoma in situ: Present

Likely primary site: right tongue

Surgical Margins: Negative, both the margins on this specimen as well as the separately submitted margins from parts A - F

Lymph nodes: Carcinoma identified in one of 34 lymph nodes (1/34) see specimens G-K

Size of largest nodal metastasis (greatest dimension): 1.1 cm (specimen K)

Presence/absence of extranodal extension: Absent

Other significant findings: None

AJCC PATHOLOGIC TNM STAGE: pT1 pN1 NOTE: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

Intraoperative Consult Diagnosis:

A frozen section was requested by Dr.

FSA1: Tooth #30, anterior buccal gingiva, biopsy

- No carcinoma identified.
- Focal chronic inflammation noted

FSB1: Deep retromolar trigone, biopsy

- Squamous mucosa and salivary gland tissue; no carcinoma identified

FSC1: Right anterior tonsillar pillar, biopsy

- Salivary gland tissue; no carcinoma identified

FSD1: Left palate, biopsy

- Squamous mucosa with chronic inflammation; no carcinoma identified

FSE1: Deep posterior tongue biopsy

- Skeletal muscle; no carcinoma identified

FSF1: Deep midline tongue, right, biopsy

- Skeletal muscle; no carcinoma identified

Frozen Section Pathologist:

Gross Description:

Received are twelve appropriately labeled containers. Containers A-F are received fresh for frozen section.

Container A holds two fragments of red/tan soft tissue measuring 2 x 2 x 2 mm in aggregate. (Block FSA1, [REDACTED])

Container B holds a 0.7 x 0.5 x 0.2 cm cauterized red/tan soft tissue fragment. (Block FSB1, [REDACTED])

Container C holds a 0.8 x 0.6 x 0.5 cm red/tan soft tissue fragment. (Block FSC1, [REDACTED])

Container D holds a 0.4 x 0.3 x 0.3 cm white/tan soft tissue fragment. (Block FSD1, [REDACTED])

Container E holds a 0.3 x 0.2 x 0.3 cm white/tan soft tissue fragment. (Block FSE1, [REDACTED])

Container F holds a 0.6 x 0.4 x 0.4 cm red/tan soft tissue fragment. (Block FSF1, [REDACTED])

Container G is additionally labeled "anterior neck fat." It holds multiple fragments of yellow lobulated adipose tissue measuring 1.7 x 1.5 x 0.5 cm in aggregate. The fragments are submitted in block G1, [REDACTED]

Container H is additionally labeled "right neck, Level 3." It holds a 3.6 x 2.2 x 1.5 cm fragment of yellow firm tissue. The outer surface is smooth. Sectioning reveals four lymph node candidates ranging from 0.5 to up to 1.5 cm. Additionally, there are fragments of red/brown grossly unremarkable muscle. The lymph nodes are sampled in three cassettes; blocks H1-H3, per block summary.

Block summary:

H1 - multiple lymph node candidates

H2 - one lymph node candidate, trisected  
H3 - three lymph node candidates

Container I is additionally labeled "right neck, Level 4." It holds a 4.1 x 2.8 x 1.5 cm fragment of yellow firm tissue. The outer surface is smooth. Within the specimen there are multiple lymph node candidates ranging from less than 0.5 cm to 1.5 cm. The lymph node candidates are sampled in four cassettes; blocks I1-I4, per block summary.

Block summary:

I1 - multiple lymph node candidates  
I2-I3 - one lymph node candidate, serially sectioned  
I4 - two lymph node candidates

Container J is additionally labeled "right neck, Level 1." It holds an 18.7 gram, 5.7 x 3.3 x 1.8 cm fragment of yellow lobulated tissue. The outer surface is smooth. Sectioning reveals multiple lymph node candidates ranging from 1.0 x up to 1.5 cm. Additionally, a portion of the tissue is yellow, lobulated and grossly resembles salivary gland tissue. The specimen is sampled in four cassettes; blocks J1-J4.

Block summary:

J1 - one lymph node candidate, serially sectioned  
J2 - two lymph node candidates, one bisected and not inked; the other not bisected and inked blue  
J3 - one lymph node candidate, bisected and section of salivary gland tissue  
J4 - one lymph node candidate, trisected

Container K is additionally labeled "right neck, Level 2." It holds a 6.0 x 2.8 x 1.8 cm fragment of yellow firm tissue. The outer surface is smooth. Sectioning reveals multiple lymph node candidates ranging from 0.5 cm to up to 2.5 cm. The largest lymph node candidate has a cystic center. The cyst is filled with yellow flocculent purulent material. The lymph nodes are sampled in four cassettes; blocks K1-K4, per block summary.

Block summary:

K1 - one lymph node candidate, serially sectioned  
K2 - multiple lymph node candidates  
K3 - one lymph node candidate, serially sectioned  
K4 - representative section from largest lymph node candidate to include cyst

Container L:

Specimen fixation: formalin

Specimen Type: partial glossectomy

Size of specimen: 6.7 cm from anterior to posterior, 5.3 cm from medial to lateral, 3.0 cm from superior to inferior

Orientation: The specimen was received with short stitch=medial, long stitch=anterior.

Inking: anterior=yellow, posterior=green, medial=blue, lateral=red, deep inferior=black

Tumor description: On the surface of the mucosa, a 2.0 x 1.1 cm tan ulcerated, ill-defined lesion is present. The lesion is covered with red/brown blood clot and located on the mucosa of the tongue within the lateral posterior aspect.

Extent of tumor: extends into the underlying tongue muscle

Presence/absence of bone involvement: n/a

Distance of tumor to surgical margins: 0.5 cm from deep/inferior, 1.0 cm from red inked lateral, 1.5 cm from blue inked medial, less than 1.0 cm from green inked posterior and greater than 2.5 cm from yellow inked anterior

Description of remaining tissue: Also present on the lateral aspect is a fragment of yellow lobulated tissue grossly consistent with salivary gland tissue. The remainder of the cut surface of the tongue is tan/brown and firm.

Tissue submitted for [REDACTED] tumor submitted to the [REDACTED]

Block summary:

L1 - tumor with respect to deep inferior margin, perpendicular  
L2 - tumor with respect to salivary gland tissue and lateral margin, perpendicular  
L3 - tumor with respect to surrounding tongue muscle and deep margin, perpendicular  
L4 - perpendicular sections through posterior margin  
L5 - additional sections from lateral margin perpendicular  
L6 - uninvolved tissue, anterior

**Light Microscopy:**

Light microscopic examination is performed by Dr.

Signature

Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).

**Procedures/Addenda:**

Addendum

Stains for HPV and P16 were requested at ENT conference. Immunostain for high risk HPV is negative. P16 stain is interpreted as negative. 2+ staining in approximately 50% of the tumor cells is seen. For p16 stain to be considered positive diffuse strong staining in >70% of the tumor cells should be present.