

SURGICAL PATHOLOGY REPORT

Accession number: [REDACTED]

Final Report

---

DIAGNOSIS:

- 1) VENTRAL TONGUE MARGIN, EXCISION: SQUAMOUS MUCOSA, NEGATIVE FOR MALIGNANCY.
- 2) FLOOR OF MOUTH MARGIN, EXCISION: SQUAMOUS MUCOSA, NEGATIVE FOR MALIGNANCY.
- 3) TONGUE, DORSAL ANTERIOR MARGIN, EXCISION: SQUAMOUS MUCOSA, NEGATIVE FOR MALIGNANCY.
- 4) TONGUE, DORSAL POSTERIOR MARGIN, EXCISION: SQUAMOUS MUCOSA, NEGATIVE FOR MALIGNANCY.
- 5) TONGUE, LEFT, HEMIGLОСSECTOMY: MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA, 2.5 CM IN GREATEST EXTENT, PERINEURAL INVASION PRESENT, EXTENDING TO WITHIN 0.3 CM OF MEDIAL MARGIN AND 0.4 CM OF DEEP MARGIN, ALL SURGICAL MARGINS NEGATIVE FOR TUMOR; SEE COMMENT AND SUMMARY FINDINGS.
- 6) LYMPH NODES, LEFT NECK, LEVEL 1B, EXCISION: 8 LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/8); BENIGN SALIVARY TISSUE.
- 7) LYMPH NODES, LEFT NECK, LEVEL 2 & 3, EXCISION: 14 LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/14).

COMMENT: These findings correspond to AJCC [REDACTED] Edition pathologic Stage II (pT2, N0, M n/a).

Upper Aerodigestive Tract-including Minor Salivary Glands, Lip, Oral cavity, Nasal Cavity, Paranasal Sinuses, Oropharynx, Nasopharynx, and Hypopharynx Summary of Findings:

Specimen Type: hemiglossectomy

Tumor Site: left tongue

Tumor Size: 2.5 cm in greatest dimension

Laterality:

X Left

Margin uninvolved by invasive carcinoma extending to within 0.3 cm of medial margin, 0.4 cm of deep margin  
(Specify distance to closest margins)

Histologic Type: squamous cell carcinoma

Histologic Grade: moderately differentiated

Pathologic Staging (pTMN)

Primary tumor (pT): pT2

Regional Lymph Nodes (pN): pN0

Number examined: 22

Numbered involved: 0

Perineural invasion: (Select one)

Yes

Bony/Cartilage Invasion: (Select one)

Not evaluable

Lymph-Vascular invasion: (Select one)

No

HPV testing ordered: NO (performed on oral cavity and oropharyngeal squamous cell carcinomas)

\*\*Electronically Signed Out by [REDACTED]

---

#### CLINICAL DATA

Clinical Features: Unspecified

Operator: [REDACTED]

Operation: Unspecified

Operative Findings: Unspecified

Operative Diagnosis: Unspecified

Tissue Submitted: 1)ventral tongue margin; 2)floor of mouth margin; 3)dorsal anterior tongue margin; 4)dorsal posterior tongue margin; 5)left glossectomy; 6)left neck level 1B; 7)left neck level 2 & 3

#### GROSS DESCRIPTION:

##### 1) SOURCE: Ventral Tongue Margin

Received fresh for intraoperative consultation in a container identified with the patient's name and medical record number is a sample labeled "ventral tongue margin." The sample consists of a 3.0 x 0.4 x 0.2 cm thin strip of skin. The sample is bisected (inked green where sample is bisected) and submitted in entirety for frozen section analysis. The tissue block was fragmented during frozen section analysis and specimen was refrozen. The remainder of the sample is submitted in entirety for

permanent sections.

Summary of sections: 1AFSC, 2/1.

## 2) SOURCE: Floor of Mouth Margin

Received fresh for intraoperative consultation in a container identified with the patient's name and medical record number is a sample labeled "floor of mouth margin." The sample consists of a 3.8 x 0.3 x 0.2 cm portion of skin with associated soft tissue. The sample is bisected (area where sample is bisected is inked green). The sample is then submitted in entirety for frozen section analysis and the remainder for permanent section.

Summary of sections: 2AFSC, 4/1.

## 3) SOURCE: Dorsal Anterior Tongue Margin

Received fresh in a container labeled with the patient's name and "dorsal anterior tongue margin" is a single fragment of pink-tan soft tissue measuring 4.0 x 0.2 x 0.2 cm and containing a pink-tan mucosal surface along one edge of the specimen. The specimen is bisected and the cut edges of each resulting fragment are inked in black. The specimen is submitted in its entirety for frozen section evaluation in a single cassette.

Summary of sections: 3AFSC, 2/1.

## 4) SOURCE: Dorsal Posterior Tongue Margin

Received fresh in a container labeled with the patient's name and "dorsal posterior tongue margin" is a single fragment of unoriented, pink-tan soft tissue, which measures 4.5 x 0.2 x 0.2 cm and contains a pink-tan mucosal surface along one edge of the specimen. The specimen is bisected and the cut edges of the resulting fragments are inked in black. The specimen is submitted in its entirety for frozen section evaluation in a single cassette.

Summary of sections: 4AFSC, 2/1.

## 5) SOURCE: Left Glossectomy

Received fresh in a container labeled with the patient's name and "left glossectomy, stitch = anterior" is a hemiglossectomy specimen measuring 7 cm from anterior to posterior x 5.5 cm from medial to lateral x 3 cm from superior to inferior. A surgical suture is attached to one aspect of the specimen, which is consistent anatomically with the anterior aspect. The overlying mucosal surface of the specimen is pink-tan, smooth, shiny, and remarkable for an area of central ulceration measuring 1.5 x 1.0 cm. This area of ulceration overlies a palpable, firm mass exhibiting approximate, palpable dimensions of 2.5 cm from anterior to posterior x 2.0 cm from medial to lateral x 1.5 cm from superior to inferior. The opposite surface of the specimen is red-brown and focally cauterized. The specimen is inked in the following manner: anterior orange, medial purple, posterior yellow, lateral blue, and deep black. The specimen is serially sectioned from anterior to posterior to reveal a heterogeneous, white-tan mass with focal areas of hemorrhage present immediately inferior to the mucosal surface and exhibiting maximal dimensions of 2.5 cm transversely x 1.3 cm in maximal depth x 1.5 cm from anterior to posterior. The mass appears to extend to

within 1.4 cm of the medial surgical margin, 1 cm of the lateral surgical margin, 1 cm of the deep surgical margin, and appears widely free of the anterior and posterior margins. Representative sections are submitted for evaluation.

Summary of sections: 5A-5B, perpendicular approach to medial and deep margins, 1/1 each; 5C, perpendicular approach to lateral margin, 1/1; 5D, additional approach to lateral margin, 1/1; 5E, representative tumor, 1/1; 5F, representative perpendicular approach to posterior margin, 1/1; 5G, representative approach to anterior margin, 1/1.

6) SOURCE: Left Neck Level 1B

Received fresh in a container labeled with the patient's name and "left neck level 1B" is a single unoriented fragment of pink-yellow fibrofatty tissue, which measures 5 x 4 x 1.5 cm. A thorough lymph node search is performed, which reveals 4 candidate lymph nodes, the largest of which measuring 1 cm in greatest dimension, as well as normal-appearing salivary tissue measuring 4 x 2.5 x 1.5 cm. The salivary tissue is serially sectioned to reveal a homogenous, pink-tan, lobulated cut surface with no masses or other lesions appreciated. Representative sections of salivary tissue as well as all candidate lymph node tissue are submitted for evaluation.

Summary of sections: 6A, representative salivary tissue, 2/1; 6B, 4 candidate lymph nodes, 4/1; 6C, largest candidate lymph node bisected, 2/1.

7) SOURCE: Left Neck Level 2 & 3

Received fresh in a container labeled with the patient's name and "left neck level 2 & 3" is a single, irregular, unoriented fragment of pink-tan soft tissue, which measures 8 x 5 x 1.0 cm. A thorough lymph node search is performed, which reveals 12 candidate lymph nodes, the largest of which measuring 1.5 cm in greatest dimension. All candidate lymphoid tissue is submitted for evaluation.

Summary of sections: 7A-7C, 4 candidate lymph nodes each, 4/1 each.

Dictated by [REDACTED]

Slides and report reviewed by Attending Pathologist.

---

#### SURGICAL PATHOLOGY INTRAOPERATIVE CONSULTATION

1) SOURCE: Ventral Tongue Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

2) SOURCE: Floor of Mouth Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

3) SOURCE: Dorsal Anterior Tongue Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

4) SOURCE: Dorsal Posterior Tongue Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

Electronically signed by: [REDACTED]  
Pathologist

---

SNOMED: T-53000,T-53000,M-80103,

[REDACTED]