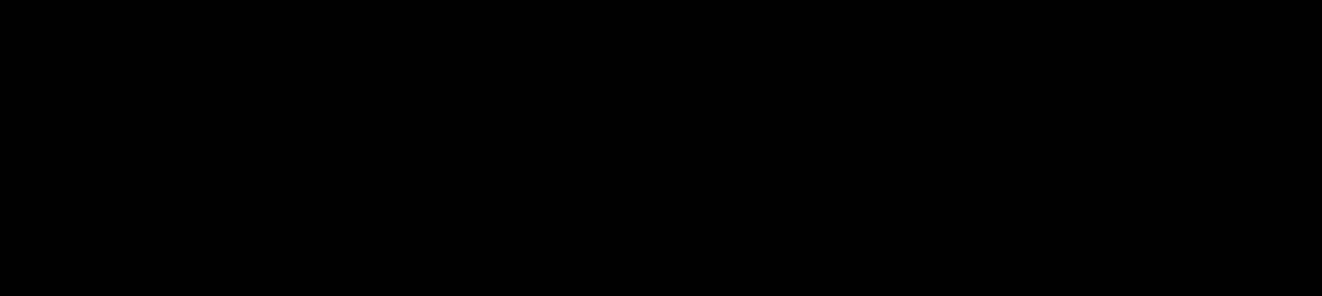


SUPPLEMENTAL REPORT



DIAGNOSIS :

(B) PARTIAL GLOSSECTOMY AND RESECTION OF FLOOR OF MOUTH AND ANTERIOR MANDIBLE AND BILATERAL SUPRAOMOHYOID NECK DISSECTION:
INVASIVE SQUAMOUS CARCINOMA, POORLY DIFFERENTIATED, INVOLVING MANDIBULAR BONE.
Bone margins of resection free of tumor.

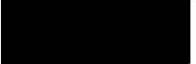


DIAGNOSIS

(A) LEFT INFERIOR ALVEOLAR NERVE:
Nerve tissue, no tumor present.
(B) PARTIAL GLOSSECTOMY AND RESECTION OF FLOOR OF MOUTH AND ANTERIOR MANDIBLE AND BILATERAL SUPRAOMOHYOID NECK DISSECTION:
SQUAMOUS CARCINOMA, INVASIVE, FLOOR OF MOUTH (4.2 X 4.5 X 4.5 CM);
MARGINS OF RESECTION FREE OF TUMOR. (SEE COMMENT)
Mandibular bone, mandibular bone submitted for decalcification
(supplemental report to follow).
Salivary gland, right and left, no tumor present.
Fourteen right neck lymph nodes, no tumor present (1 level 2,
1 level 3, 1 level 4, 3 level 5, 3 level 7, and 5 level 8
lymph nodes).
THIRTY LEFT NECK LYMPH NODES WITH METASTATIC SQUAMOUS CARCINOMA
IN 1 OF 6 LEVEL 7 LYMPH NODES (1 LEVEL 3, 2 LEVEL 4, 11 LEVEL 5,
1 LEVEL 6 AND 9 LEVEL 8 LYMPH NODES FREE OF TUMOR).

COMMENT

A tumor mass replaces most of the floor of the mouth. It measures 4.2 x 4.5 x 4.5 cm. The tumor comes within 2 mm of the deep margin and 1 mm of the anterior margin of resection, however tumor is not present at the true margin. Mandibular bone tissue including the bone margin was submitted for decalcification, and a supplemental report is to follow. The metastatic tumor in the one left neck lymph node, level 7, occupies approximately 70% of a 1.2 cm lymph node. No extranodal extension is identified.



SPECIMEN

- (A) LEFT INFERIOR ALVEOLAR NERVE:
(B) PARTIAL GLOSSECTOMY AND RESECTION OF FLOOR OF MOUTH AND ANTERIOR
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