

SURGICAL PATHOLOGY



Surgical Pathology Report

Diagnosis:

A: Adipose tissue, buccal, biopsy.

- No tumor seen.

B: Soft tissue margin, anterior, biopsy.

- No tumor seen.

C: Buccal margin, right, biopsy.

- No tumor seen.

D: Soft palate margin, right, biopsy.

- No tumor seen.

E: Hard palate margin, left, biopsy.

- No tumor seen.

F: Nasal septal margin, right, biopsy.

- No tumor seen.

G: Pterygoid, biopsy.

- Dense connective tissue with no tumor seen.

H: Maxilla, right inferior, maxillectomy.

- Invasive, well differentiated, keratinizing squamous cell carcinoma, involving the maxilla and effacing the hard palate with extension into the oral cavity.

- Tumor size greatest dimension is approximately 3.2 cm.

- No demonstrable lymphovascular space invasion or perineural invasion identified.

- Margins of resection: the mucosal, soft tissue and bone margins of resection are all negative for tumor but focally close. Tumor approaches to within 1 mm of the closest anterosuperior soft tissue margin, between 1 to 2 mm of the lateral soft tissue margin, and 2 mm from the anterolateral soft tissue margin of resection in this specimen. The other margins are widely free of tumor.

I: Sinus contents, right ethmoid, removal.

- Benign sinus mucosa with mild chronic inflammation and edema.

- No dysplasia or malignancy identified.

J: Sphenoid contents, right, removal.

- Benign sinus mucosa with moderate chronic inflammation and edema.

- No dysplasia or malignancy identified.

K: Turbinate, right middle, removal.

- Benign sinus mucosa and osseous framework tissue with no dysplasia or malignancy identified.

L: Sinus mucosa, right maxillary, removal.

- Benign sinus mucosa with moderate chronic inflammation and edema.

- No dysplasia or malignancy identified.

M: Lymph nodes, right neck level 1, removal.

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

- Benign reactive lymphoid follicular hyperplasia.

- Unremarkable salivary gland tissue present.

N: Lymph nodes, right neck level 2, removal.

- Fibroadipose tissue and skeletal muscle tissue with no tumor identified.

- No lymphoid tissue identified.

O: Lymph nodes, right neck level 3, removal.

- No metastatic carcinoma identified in three lymph nodes (0/3).

- Benign reactive lymphoid follicular hyperplasia.

P: Lymph nodes, right neck level 4, removal.

- No metastatic carcinoma identified in thirteen lymph nodes (0/13).
- Benign reactive lymphoid follicular hyperplasia.

Q: Lymph nodes, right neck level 5, removal.

- No metastatic carcinoma identified in seventeen lymph nodes (0/17).
- Benign reactive lymphoid follicular hyperplasia.

Intraoperative Consult Diagnosis:

Frozen sections were requested by Dr

FSA1: Buccal fat, biopsy

- No tumor seen

FSB1: Anterior soft tissue margin, biopsy

- No tumor seen

FSC1: Right buccal margin, biopsy

- No tumor seen

FSD1: Right soft palate margin, biopsy

- No tumor seen

FSE1: Left hard palate margin, biopsy

- No tumor seen

FSF1: Right nasal septal margin, biopsy

- No tumor seen

FSG1: Pterygoid, biopsy

- No tumor seen, dense connective tissue

Frozen Section Pathologist

Clinical History:

Patient with right hard palate cancer.

Gross Description:

Received are seventeen appropriately labeled containers.

Specimen A is received in one appropriately labeled container, which contains a single yellow cassette labeled '[REDACTED]'. The specimen is described as a 3 x 2 x 0.8 cm red/tan fatty soft tissue fragment. A representative section is frozen as FSA1. The remaining specimen is submitted in block A1.

Specimen B is received in one appropriately labeled container, which contains a single yellow cassette labeled '[REDACTED]'. The specimen is described as a 0.5 x 0.4 x 0.3 cm red/tan fatty soft tissue fragment, totally submitted as FSB1, NTR, as described by the frozen section resident.

Specimen C is received in one appropriately labeled container, which contains a single yellow cassette labeled '[REDACTED]'. The specimen is a 1.3 x 0.4 x 0.3 cm red/tan fatty soft tissue fragment, totally submitted as FSC1, NTR, as described by the frozen section resident.

Specimen D is received in one appropriately labeled container, which contains a single yellow cassette labeled '[REDACTED]'. The specimen is described as a 0.8 x 0.3 x 0.3 cm red/tan fatty soft tissue fragment, totally submitted as FSD1, NTR, as described by the frozen section resident.

Specimen E is received in one appropriately labeled container, which contains a single yellow cassette labeled '[REDACTED]'. The specimen is described as a 1.2 x 0.4 x 0.3 cm red/tan fatty soft tissue fragment, totally submitted as FSE1, NTR, as described by the frozen section resident.

Specimen F is received in one appropriately labeled container, which contains a single yellow cassette labeled '[REDACTED]'. The specimen is a 1.0 x 0.2 x 0.2 cm red/tan fatty soft tissue fragment, totally submitted as FSF1, NTR, as described by the frozen section

resident.

Specimen G is received in one appropriately labeled container, which contains a single yellow cassette labeled [REDACTED]. The specimen is described as a 1.0 x 0.4 x 0.3 cm red/tan fatty soft tissue fragment, totally submitted as FSG1, NTR, as described by the frozen section resident.

Specimen H is received in one appropriately labeled container additionally labeled "right inferior maxilla." It contains a 7 x 6 x 5 cm maxillectomy specimen including the right inferior maxilla, nasal turbinate, hard palate and multiple teeth. The hard palate is completely effaced by a fungating tan-white, slightly lobulated mass. Four anterior teeth are present. A single tooth is missing and a posterior tooth is yellow gray with a metal filling and extremely loose. The specimen is inked as follows: anterior margin of resection red, posterior green, medial blue, lateral black. Sectioning reveals that the tumor extends from the oral cavity through and effacing the hard palate and into the inferior right maxilla. Grossly, the tumor measures 3.2 x 3.1 x 3.0 cm. The tumor is 1.0 cm from the medial margin of resection, 1-2 mm from the lateral margin of resection, 4 mm from the anterior margin of resection. The tumor appears to abut the posterior margin of resection. The uninvolved nasal mucosa is tan-pink without masses or ulceration. There is no obvious necrosis of surrounding bone. A portion of tumor was provided to tissue procurement.

Block Summary:

H1 - Soft tissue, anterosuperior margin, perpendicular

H2 - Soft tissue, anterolateral margin, perpendicular

H3 - Soft tissue, posteroinferior margin, perpendicular

H4 - Soft tissue, lateral margin, en face

H5 - Soft tissue, medial margin, en face

H6 - Soft tissue, anterior margin, en face

H7 - anterosuperior bony margin

H8 - superior bony margin

H9 - lateral superior bony margin

H10 - Soft tissue, posterior margin, en face

H11 - Not submitted

H12-H13 Soft tissue, contiguous medial and lateral sections through oral cavity, turbinate, tumor and maxilla; H12 contains the medial blue margin and

H13 contains the lateral black margin

H14-H15 Soft tissue, additional representative sections of tumor

Specimen I is additionally labeled "right ethmoid". It contains a 6 x 2.2 x 0.3 cm aggregate of tan/white irregular, membranous and bony soft tissue fragments. The specimen is submitted in block I1-I3.

Specimen J is additionally labeled "right sphenoid". It is a 2.0 x 1.0 x 0.3 cm aggregate of tan/white and irregular soft tissue fragments, submitted in block J1, NTR.

Specimen K is additionally labeled "right middle turbinate". It contains a 3.5 x 2.0 x 0.4 cm pink/tan bony mucosa covered partially disrupted soft tissue fragment. The specimen is serially sectioned and submitted in block K1-K2.

Specimen L is additionally labeled "right maxillary sinus mucosa". It contains a single 2.5 x 2.0 x 0.2 cm white/tan U shaped, membranous soft tissue fragment. There are no obvious masses or necrosis. The mucosa is moderately edematous. The specimen is submitted in its entirety in block L1.

Specimen M is additionally labeled "right neck lymph node level 1". It contains a 6.0 x 5.0 x 1.5 cm tan/yellow, lobulated soft tissue fragment. A single lymph node candidate measuring 1.5 x 1.0 x 0.6 cm is identified and bisected. The remaining specimen consists of fibrofatty tissue and tan/white lobulated tissue consistent with submandibular gland. Sectioning of the glands reveals a tan/white, lobulated cut surface without discrete masses, induration, necrosis or hemorrhage.

Block Summary:

M1 - Lymph node candidate, bisected

M2-M3 - Representative sections of submandibular gland

M4 - Lymph node candidate #2, whole

M5-M6 - Remaining adipose tissue

Specimen N is additionally labeled "right neck lymph node level 2". It contains a 4.5 x 3.5 x 0.8 cm fibrofatty yellow/tan soft tissue fragment. No discrete lymph node candidates are identified. The specimen is submitted in entirety in blocks N1-N3.

Specimen O is additionally labeled "right neck lymph node level 3". It contains a 6.0 x 3.0 x 0.9 cm tan/yellow and lobulated fibrofatty soft tissue fragment. Two lymph node candidates measuring 3.1 and 1.4 cm in greatest dimension are identified.

Block Summary:

O1 - Single lymph node candidate, submitted whole

O2-O3 - Single lymph node candidate, bisected
O4-O6 - Remaining fibrofatty tissue

Specimen P is additionally labeled "right neck lymph node level 4". It contains a 5.0 x 2.1 x 0.8 cm yellow/tan and lobulated fibrofatty soft tissue fragment. Three lymph node candidates measuring from 0.5 to 1.3 cm in greatest dimension are identified.

Block Summary:

P1 - One lymph node candidate, submitted whole and one bisected
P2 - One lymph node candidate, bisected
P3-P4 - Remaining fibrofatty tissue

Specimen Q is additionally labeled "right neck lymph node level 5". It contains a 5.6 x 2.0 x 0.6 cm yellow/tan and lobulated fibrofatty soft tissue fragment. Six lymph node candidates measuring from 0.2 to 0.9 cm in greatest dimension are identified.

Block Summary:

Q1 - Six lymph node candidates, submitted whole
Q2-Q3 - Remaining fibrofatty soft tissue

Grossing Pathologist

Light Microscopy:

Light microscopic examination is performed by Dr.

Signature

Resident Physician:

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