



Histology Report

Date:

Status Final

Ordered by:

Clinician:

Document Id:

Patient Name:

Accession Number:

Microscopic Diagnosis:

A) Lymph node, left zone 1A, excision:

- Benign salivary gland tissue with chronic inflammation

B) Tongue, dorsum, true anterior/superior margin, excision:

- Changes consistent with verrucous hyperplasia of the overlying squamous mucosa
- Submucosal chronic inflammation.

C) Tongue, dorsum, true posterior/superior margin, excision:

- Benign squamous mucosa with marked acanthosis and submucosal chronic inflammatory infiltrate

D) Lymph nodes, left neck zones I-V, neck dissection:

- One of sixty lymph nodes with microscopic focus of metastatic squamous cell carcinoma (1/60). No extracapsular extension is seen. The positive lymph node is in level II. (see comment#1)
- Benign submandibular gland tissue with focal oncocytosis, sialolithiasis and focal chronic sialadenitis.
- Benign parotid gland tissue.

E) Lymph nodes, right neck zone IA and IB, neck dissection:

- Eight benign lymph nodes (0/8)
- Benign submandibular gland tissue with focal sialolithiasis and focal chronic sialadenitis.

F) Lymph nodes, right neck zone II, neck dissection:

- Sixteen benign lymph nodes (0/16)

G) Tongue, lesion, Left partial glossectomy:

- Invasive, focally keratinizing, well to moderately differentiated, squamous cell carcinoma of the tongue, 3.2 cm.
- The tumor invades up to a depth of 0.9 cm infiltrating the tongue musculature. Focal surface ulceration is seen.
- Perineural invasion is seen.
- Suspicious for angiolymphatic invasion.
- All resection margins are negative for invasive carcinoma; however, the designated blue margin and posterior margin are focally positive for changes consistent with verrucous hyperplasia of the squamous mucosa.

H) Soft tissue, left buccal mass, excision:

- Invasive moderately to poorly differentiated, focally keratinizing, squamous cell carcinoma of the left buccal mucosa with an in situ component, 2 cm.
- The tumor is mostly exophytic invading only to a depth of 0.2 cm. Focal surface ulcerations are seen.
- Angiolymphatic invasion is seen
- Perineural invasion is seen
- In situ squamous cell carcinoma is present in the designated inferior (blue) resection margin of the specimen. All other resection margins are negative for tumor.

I) Soft tissue and teeth, left maxillectomy:

- Invasive moderately to poorly differentiated squamous cell carcinoma involving the outer lateral aspect of the left alveolar ridge mucosa of

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ICD-O-3
Carcinoma, squamous cell, keratinizing No.
807113
Site cscf Floorly mouth NOS
C04.9
path
Mouth NOS C06.9
JW8/13/13

the partial maxillectomy specimen and infiltrating into the underlying maxillary bone, 3.6 cm.

- The tumor infiltrates through but does not penetrate into the overlying maxillary sinus floor.

- Perineural invasion is seen.

- Angiolymphatic invasion is seen

- The resection margins of the superior lateral and anterior aspect of the soft tissue of the specimen are positive for malignancy. (see comment

#2)

per medial alveolar ridge mucosa side with verrucous hyperplasia and a focus of verrucous carcinoma, 0.2 cm. The verrucous carcinoma focus is completely excised.

J) Tooth number 10, extraction:

- For gross diagnosis only. See gross description.

Comments:

#1: the metastatic tumor focus is mostly similar in morphology to the tumor excised from the left buccal region.

#2: Clinical correlations with the surgical findings and plane of resection are required for accurate margin assessment.

#3: Many areas of the mucosa uninvolved by tumor show a brisk lymphocytic infiltrate at the junctional mucosal area. Lichen planus type changes can not be entirely ruled out in this case, however, the widespread areas of tumor preclude definitive determination.

Clinical History:

Biopsy proven SCCA of the left alveolar ridge, left cheek, left lateral mobile tongue, showing well-diff SCC (per

Gross Description:

Received fresh for intraoperative consultation, labeled with the patient's name and medical record number, are three specimens.

Specimen A, designated "left zone 1A node," is a tan-yellow to red soft tissue fragment measuring 1.8 x 1.5 x 0.9 cm. The specimen is bisected and half is submitted for frozen section diagnosis. The frozen section remnant is submitted in cassette (FSA1).

Specimen B, designated "dorsum of tongue, true anterior/superior margin," consists of a fragment of tan to brown tissue measuring 3 x 0.8 x 0.2 cm. There is a suture attached to the specimen, designated "true anterior superior margin." The specimen is bisected and the half with the suture is submitted for frozen section diagnosis. The specimen is submitted entirely as follows:

(FSB1) Frozen section remnant

(B2) Remaining soft tissue opposite suture

Specimen C, designated "dorsum of tongue, true posterior/superior margin," is a tan to brown tissue fragment measuring 3.4 x 0.7 x 0.3 cm. There is a suture attached to the specimen, designated "true posterior/superior margin." The specimen is bisected and the area adjacent to the suture is submitted for frozen section diagnosis. The specimen is submitted entirely as follows:

(FSC1) Frozen section remnant

(C2) Remaining soft tissue opposite suture

Received later, in formalin, labeled with the patient's name and medical record number, are seven additional specimens.

Specimen D, designated "left neck dissection #1 zone 1-5", zone 1 single long, zone 2 double long, zone 4 double short," consists of a soft tissue fragment measuring 11.2 x 8.2 x 3 cm. There are three sutures attached to the specimen. The single long designated "zone 1" the double long designated "zone 2," the double short designated "zone 4." The specimen consists of lobular tissue consistent with salivary gland, lymph nodes, and fibroadipose tissue. The lobular, presumed salivary tissue is inked in black and serially sectioned revealing homogeneous lobular tissue throughout. The specimen is submitted entirely as follows:

(D1) One presumed lymph node, bisected

(D2) One presumed lymph node, bisected

(D3) One presumed lymph node, bisected

(D4) One presumed lymph node, bisected

(D5) Five presumed lymph nodes

(D6) Four presumed lymph nodes

(D7-D16) Lobular, presumed salivary tissue

(D17-D22) Remaining fibroadipose tissue (D1-D22 is zone 1)

(D23) One lymph node, bisected (zone 2 (D23-D33))

(D24) One lymph node, bisected

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(D25) One lymph node, bisected
 (D26) One lymph node, bisected
 (D27) Four presumed lymph nodes
 (D28) Four presumed lymph nodes
 (D29) Four presumed lymph nodes
 (D30) Four presumed lymph nodes
 (D31-D33) Remaining fibroadipose tissue
 (D34) One presumed lymph node, bisected, (starts zone 3 (D34-D39))
 (D35) One presumed lymph node, bisected
 (D36) One presumed lymph node, bisected
 (D37) Three presumed lymph nodes, bisected
 (D38-D39) Remaining fibroadipose tissue
 (D40) Six presumed lymph nodes (starts zone 4) (D40-D43)
 (D41-D43) Remaining fibroadipose tissue
 (D44) Four presumed lymph nodes (zone 5) (D44-D46)
 (D45-D46) Remaining fibroadipose tissue

Specimen E, designated "right neck dissection zone 1A and 1B," is a soft tissue fragment measuring 7 x 3.3 x 2.9 cm. The specimen consists of lymph nodes, fibroadipose tissue, and lobular tissue consistent with salivary gland. Eight presumed lymph nodes are identified. The lobular, presumed salivary gland tissue is inked in black and serially sectioned revealing homogenous lobular tissue throughout. The specimen is submitted entirely as follows:

(E1) One presumed lymph node, bisected
 (E2) One presumed lymph node, bisected
 (E3) Two presumed lymph nodes
 (E4) Four presumed lymph nodes
 (E5-E12) Presumed salivary gland
 (E13-E16) Remaining fibroadipose tissue

Specimen F, designated "right neck dissection, zone 2", is a fragment of fibroadipose tissue and lymph nodes measuring 3.8 x 3.8 x 1.7 cm. Ten presumed lymph nodes are identified. The specimen is submitted entirely as follows:

(F1) One presumed lymph node, bisected
 (F2) Five presumed lymph nodes
 (F3) Four presumed lymph nodes
 (F4-F6) Remaining fibroadipose tissue

Specimen G, designated "left partial glossectomy, double stitch anterior, single stitch posterior," is a triangular shaped partial glossectomy specimen measuring 4 x 3.3 x 1 cm. The surface of the tongue is irregular with a lobular tan-white surface. There is a rim of normal appearing papilla around the tongue. The irregular lobular area measures 3.2 x 2.8 cm. The surgical margins are inked as follows:

Red = Anterior
 Yellow = Posterior
 Blue = Right
 Green = Left
 Black = Deep

The specimen is serially sectioned from anterior to posterior and submitted entirely in cassettes (G1-G8) with (G1) being most anterior and (G8) being more posterior. Cassettes (G7-G8) is posterior margin perpendicularly sectioned.

Specimen H, designated "left buccal mass," anterior double long, posterior single long, and is "an elliptical soft tissue specimen measuring 2.9 x 1.9 x 0.8 cm. The surface of the ellipse reveals an exophytic mass measuring 2 x 1.2 cm. There are two sutures attached to this specimen. The double long is designated "anterior" and the single long is designated "posterior." The specimen is inked as follows:

Yellow = Anterior
 Red = Posterior
 Green = superior
 Blue = Inferior
 Black = Deep

The specimen is serially sectioned from anterior to posterior and submitted entirely as follows:

(H1) Anterior margin, perpendicularly sectioned
 (H2-H4) Serial sections from anterior to posterior
 (H5) Posterior margin, perpendicularly sectioned

Specimen I, designated "left maxillectomy," is a partial maxillectomy specimen measuring 5.6 cm (anterior to posterior) x 2.2 cm (medial to lateral) x 3.2 cm (superior to inferior). The specimen consists part of the left maxillary bone with attached left side teeth and includes part of

the floor of the maxillary sinus. There is a rough area on the lateral aspect of the specimen measuring 3.6 x 1.8 cm. The rough area on the lateral aspect of the specimen is inked black. The mucosa on the medial part of the specimen and surrounding the teeth has an irregular outer surface. The specimen was placed in decalcification solution prior to its sectioning. Upon serial sectioning a firm white irregular mass is noted measuring 1.2 x 0.6 cm. The teeth are extracted and the specimen is submitted as follows following decalcifications:

- (I1) Superior/anterior surgical margin
- (I2) Superior/posterior surgical margin
- (I4-I11) Sections of maxillectomy specimen from anterior to posterior

Specimen J, Gross description only: Designated "Tooth #10", is an ivory-colored tooth with attached root measuring 2.3 x 0.6 x 0.5 cm. There are no obvious lesions or defects. No tissue is submitted for processing.

Intraoperative Consultation:

Frozen section consultation:

FSA1: Left zone, 1A node: Salivary gland tissue with chronic inflammation; no malignancy identified on representative frozen sections

FSB1: Dorsum of tongue, true anterior/superior margin: Verrucous hyperplasia. concurs.

FSC1: Dorsum of tongue, true posterior/superior margin: Squamous mucosa, negative for malignancy. concurs.

Time received:

Time reported:

Total time: 45 minutes

F.S Interpreted by:

Interpreted by:

ELECTRONICALLY SIGNED

Pathologist -

Date: _____

"I certify that (1) all services on this form were rendered and are hereby approved for billing, (2) all specimens/slides have been examined/reviewed, (3) the medical record has been documented for these services, and (4) the rendering of the services and the documentation in the medical record are in accordance with guidelines."

The following special evaluations were performed on this specimen. Please refer to the Microscopic Description or Comment section(s).

Stain
Specimen
Block
Level
Tissue

The following cases, on this patient, were collected on the same day as this case.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Notes		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	CUX	Date Reviewed: 7/3/13

