



ICD O-3  
Carcinoma, squamous cell NOS  
867013  
Site path Jorrellan Ferra CO9.0  
GELF Jorrell NOS CO9.9  
JW 4/12/13

COLLECTED: RECEIVED: -----

CLINICAL DATA: Composite resection for left tonsil squamous cell carcinoma.

GROSS DESCRIPTION: A) Received in formalin designated level IA is a 3.5 x 3.0 x 1.0 cm portion of fibrofatty tissue. Lymph nodes are dissected and submitted in the following cassettes: A1 - five possible lymph nodes; A2 - four possible lymph nodes; A3 - three possible lymph nodes. B) Received fresh designated left selective neck dissection, double long level IIB, single stitch level IV is a 13.0 x 3.5 x up to 2.0 cm portion of fibrofatty tissue. A 3.0 x 1.0 cm portion of vein is present beginning at the inferior aspect of level II and extending to level III. Adjacent to the vein is a 2.5 cm nodule. Sections are submitted in the following cassettes: B1 - four possible level IIB nodes; B2 - two possible level IIB nodes, one bisected and inked black; B3 - two possible level IIA nodes, one bisected and inked black; B4 - six possible level IIA nodes; B5 - grossly positive node with adjacent vein; B6 - three possible level III nodes, one bisected and inked black; B7 - three possible level III nodes; B8 - five possible level IV nodes; B9 - three possible level IV nodes. C) Received in formalin designated left submandibular gland is a 4.2 x 3.0 x 2.0 cm lobulated portion of tan tissue consistent with salivary gland. Sectioning demonstrates lobulated parenchyma with no gross lesions. Representative sections are submitted in cassettes C1 and C2. D) Received in formalin designated left facial node is a 1.0 cm nodule, which is bisected and entirely submitted in cassette D1. E) Received in formalin designated left lingual nerve is a 0.3 cm portion of pale tan soft tissue, which is wrapped and entirely submitted in cassette E1. F) Received fresh designated peristyloid tissue is a 0.4 x 0.1 x 0.1 cm portion of pink soft tissue, which is entirely submitted for frozen section evaluation, thawed, and subsequently submitted in cassette FFS1. G) Received fresh designated left composite resection, single short stitch uvula, double short left tongue, and single long hard palate mucosa is a 5.5 x 4.3 x 4.0 cm resection specimen. The uvula is present at the right posterior aspect of the specimen indicated by a single short stitch. A double stitch is present on the anterior left aspect, indicating the hard palate mucosa. A double short stitch indicates the tongue where there is a bundle of skeletal muscle at the inferior aspect of the specimen. The left lateral aspect is partially covered by skeletal muscle. The mucosa, which forms the medial aspect of the specimen, has an irregular ulcerated lesion spanning at least 2.5 cm superior to inferior x 1.7 cm anterior to posterior. The specimen is inked as follows: Superior and inferior black, anterior and lateral yellow, medial blue, posterior green. Sectioning demonstrates that pale tan, firm tissue infiltrates throughout the entire specimen and closely approaches all surgical margins. Sections are submitted in the following cassettes: G1 - uvula; G2 - hard palate mucosal margin; G3 - tongue mucosal margin; G4, G5 - horizontal cross section with lateral, anterior, posterior and medial margins; G6, G7 - horizontal cross section inferior aspect of specimen; G8 - lesion in relation to inferior margin. H) Received in formalin designated level V node is a 2.0 x 1.0 x 1.0 cm portion of fibrofatty tissue. Lymph nodes are dissected and submitted in the following cassettes: H1 - one nodule, bisected; H2 - remaining fatty tissue. I) Received in formalin designated styloid process is a 1.5 x 1.5 x 1.0 cm portion of fibrofatty tissue. The specimen is serially sectioned demonstrating focal bone within the specimen. The entire specimen is submitted in cassettes I1 and I2 after brief decalcification.

INTRAOPERATIVE CONSULTATION: FFS: Markedly cauterized biopsy with single nest of cauterized atypical epithelium versus nerve; cannot rule out squamous cell carcinoma, final diagnosis deferred.

## FINAL DIAGNOSIS:

A-D, H) Lymph nodes, level 1A, left selected neck, submandibular gland, left facial node, level 5 node, dissections:

1. Metastatic carcinoma present in four of 34 lymph nodes: 0/7 level IA, 0/4 level IIB (see below), 1/8 level IIA, 2/8 level III, 1/5 level IV, 0/2 left facial, 0/1 level IV.
2. Foreign body giant cell reaction within one of the level IIB nodes suggestive of reaction to necrotic tumor.
3. Submandibular gland with no evidence of carcinoma.

E) Left lingual nerve, biopsy: Large nerve fascicle with no evidence of carcinoma.

F) Peristyloid tissue, biopsy: Atypical cells suspicious for carcinoma.

G) Left tonsil fossa, composite resection: Squamous cell carcinoma with the following:

1. 5.0 cm greatest dimension.
2. Moderately to poorly differentiated.
3. Carcinoma infiltrates salivary glands and skeletal muscle (including tongue).
4. Carcinoma is extensively present at the cauterized superior aspect of the lateral surgical margin (G2), focally at the cauterized posterior margin (G6), closely approaching the inferolateral margin (G8), less than 0.1 cm to the medial uvula margin, and 0.4 cm from the medial tongue margin.

H) Styloid process, excision: Carcinoma present in soft tissue; adjacent bone uninvolved.

COMMENT: Minimum pathologic stage: pT4aN2bMX (AJCC 2002) Procedures used to establish the diagnosis: I Submit tissue for decalcification

ADDENDUM REASON: This addendum is issued to report the size of the involved lymph nodes (all from part B) and the presence of extracapsular extension for the purpose of a clinical trial enrollment. It was also noted that one of the level designations (part H, in bold below) and the total number of nodes was incorrect in the final diagnosis. The remaining parts remain unchanged. The corrected diagnosis with the additional requested information is as follows:

A-D, H) Lymph nodes, level 1A, left selected neck, submandibular gland, left facial node, level 5 node, dissections: Metastatic carcinoma present in four of 35 lymph nodes: 0/7 level IA, 0/4 level IIB (see below), 1/8 level IIA, 2/8 level III, 1/5 level IV, 0/2 left facial, 0/1 level V. Foreign body giant cell reaction within one of the level IIB nodes suggestive of reaction to necrotic tumor. Submandibular gland with no evidence of carcinoma. The largest positive node is 2.5 cm (level III) measured grossly. The three other positive nodes (level IIA, III, and IV) are approximately 1.5 cm, 1.2 cm and 1.1 cm based on microscopy. Both level III nodes and the level IIA node have extracapsular extension.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Cancers		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	hw	1/28/13