

Squamous cell carcinoma, NOS

8070/3

12/7/10

lw

Sik:
Cervix, NOS
CS3.9

SURGICAL PATHOLOGY RE

UUID:0E3B9035-0498-4DD8-B2CD-12C823C5521B
TCGA-DS-A0VK-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 12/7/10	

Pathologist:
Assistant:
Attending MD:
Ordering MD:
Copies To:

DIAGNOSIS:

1: UTERUS AND VAGINAL CUFF, RADICAL HYSTERECTOMY:

- Invasive, poorly differentiated squamous cell carcinoma of cervix, mixed non-keratinizing and keratinizing types (see comment)
- Involvement of cervix by carcinoma is circumferential
- Tumor measures about 3.5 cm in diameter, about 2 cm in maximum thickness and involves about a 3.5 cm long segment of tissue extending from the lower uterine segment to the vaginal cuff
- Invasion of the cervical wall by tumor is transmural
- A 2.5 x 1.0 cm transmural cervical wall defect involving the anterior endocervix is present
- Tumor invades paracervical soft tissues (so-called paracervical parametrium) and focally extends to the margin of the paracervical soft tissues
- Lymphatic invasion by tumor is present within lower uterine segment, cervix, vaginal cuff, and paracervical soft tissues
- Vascular (arterial and venous) invasion by tumor is present in cervix
- Tumor invades the wall of the upper vagina (vaginal cuff) anteriorly and posteriorly
- Invasive carcinoma is present less than 0.5 mm from the inked deep margin of the wall of the anterior vaginal cuff, about 2 mm from the inferior surgical margin of the anterior vaginal cuff, and within less than 5 mm of the posterior vaginal cuff
- Involvement of the wall of the lower uterine segment by tumor is nearly transmural, anteriorly
- Involvement of the posterior wall of the lower uterine segment is about 50% of the thickness
- Uterine corpus and fundus are negative for carcinoma
- Mucosal surface of the tumor is extensively ulcerated
- Endocervical canal is obstructed by tumor (near total stenosis)
- Acute and chronic inflammatory reaction and fibrosing stromal reaction to invasive carcinoma are present
- Tumor associated necrosis is present

-Other findings include:

- Benign non-phasic endometrium (non-functional basalis endometrium, weakly proliferative endometrium, and some endometrium showing secretory glandular changes)
- Uterine leiomyoma
- Subserosal mullerianosis (endosalpingiosis), posterior lower uterine segment

2: LYMPH NODES, RIGHT PELVIC, EXCISION:

- One of nine lymph nodes shows subtotal replacement by metastatic

squamous cell carcinoma

- 3: LYMPH NODES, RIGHT PERIAORTIC, EXCISION:
 - Four reactive lymph nodes
 - Negative for metastatic carcinoma
- 4: LYMPH NODES, LEFT PELVIC, EXCISION:
 - No evidence of metastatic carcinoma
- 5: LYMPH NODES, LEFT PERIAORTIC, EXCISION:
 - Three reactive lymph nodes
 - No evidence of metastatic carcinoma

COMMENT: The non-keratinizing component of the tumor predominates. No intracytoplasmic mucin is detected within the neoplastic cells on mucicarmine stains. Elastin and trichrome stains were used to further investigate the blood vessel invasion by tumor. The transmural defect in the uterine wall may have been produced by a combination of factors including transmural wall involvement by invasive carcinoma, tumor perforation, and technical difficulties in removing the specimens due to adhesions to surrounding structures. In light of Dr. _____ absence from the medical center, preliminary pathologic findings were discussed with Dr. _____ on Case presented and discussed with Dr. _____ at _____ on

HISTORY: Cervical carcinoma
 MICROSCOPIC:
 See Diagnosis.

GROSS:

1: UTERUS AND CERVIX

Labeled "uterus and cervix", received fresh in the Operating Room and subsequently fixed in formalin, is a 100 gram radical hysterectomy specimen with an attached 1.5 to 2.5 cm long cuff of superior vaginal tissue and paracervical/paracorporal parametrial soft tissues, measuring up to about 1.8 cm in width. The uterus measures about 8 cm from the fundus to the ectocervix, 5 cm from cornu to cornu, and a maximum of 5 cm from the anterior to the posterior surface. External examination of the specimen is remarkable for a 2.5 x 1.0 cm transmural defect with an irregular shaggy border involving the anterior endocervix. The margins of the tissues bordering the defect are inked blue. The rest of the serosal surface of the uterus is tan-pink, intact, and relatively smooth. The paracervical soft tissues are focally involved by tumor. The margin of the vaginal cuff is painted with black ink. The cervix is virtually replaced by an exophytic and endophytic tumor that focally protrudes through the external os. The tumor is circumferential, about 3.5 cm in diameter, and involves about a 3.5 cm long segment of tissue extending from the lower uterine segment into the wall of the upper vagina. The mucosal aspect of the tumor is amber-tan to reddish-tan and ulcerated. The endocervical canal shows subtotal stenosis with obstruction due to occupation by tumor. On cut sections, the tumor involves the entire wall of the cervix and has a maximum thickness of about 2.0 cm. Invasion of the wall of the anterior lower uterine segment by tumor is also nearly full thickness. Invasion of the wall of the posterior lower uterine segment is less. The tumor invades the wall of the upper vagina. Involvement of the vaginal wall is nearly full thickness. Tumor within the wall of the vagina extends very close to the vaginal cuff margin, inferiorly. The overlying vaginal mucosa is tan-pink and appears grossly uninvolved by tumor. Little, grossly uninvolved tan, intact squamous epithelium is grossly evident in the cervix. As stated above, the endocervix is virtually replaced by tumor. The endometrial cavity is about 4 cm in length and has a maximum width of about 2.5 cm. The endometrium lining the uterine corpus and fundus is tan, smooth and has a maximum thickness of about 0.1 cm. The uterine wall measures about 2.2 cm in maximum thickness. Cut

sections of the uterus are remarkable for a 1.5 cm diameter, circumscribed leiomyoma with a typical firm, white, whorled cut surface involving the upper posterior uterine wall near the fundus. There is no gross evidence of invasion of the uterine corpus or fundus by tumor. Representative sections are submitted.

- A. Right paracervical soft tissues - Multiple
- B. Right parauterine soft tissues - Multiple
- C. Left paracervical soft tissues - Multiple
- D. Left parauterine soft tissues - Multiple
- E. Anterior vaginal cuff - 3
- F. Anterior cervix 9 to 12 o'clock - 1
- G. Anterior endocervix/lower uterine segment 9 to 12 o'clock - 1
- H. Anterior cervix 12 to 3 o'clock - 1
- I. Anterior endocervix/lower uterine segment 12 to 3 o'clock - 1
- J. Anterior lower uterine segment - 1
- K. Anterior uterine corpus - 1
- L. Uterine fundus - 1
- M. Posterior vaginal cuff - 2
- N. Posterior cervix 3 to 6 o'clock - 1
- O. Posterior endocervix 3 to 6 o'clock - 1
- P. Posterior cervix 6 to 9 o'clock - 1
- Q. Posterior endocervix/lower uterine segment 6 to 9 o'clock - 1
- R. Posterior lower uterine segment - 1
- S. Posterior uterine corpus - 1
- T. Uterine leiomyoma - 1

2: RIGHT PELVIC NODE

Labeled "right pelvic nodes" and received in formalin is a 4 x 2.5 x 1 cm fragment of yellow fatty tissue within which are embedded a total of nine lymph nodes. The lymph nodes range from about 0.1 to 1.5 cm in diameter. The largest lymph node is firm and on cut sections subtotally replaced by white tissue consistent with metastatic carcinoma. The other eight lymph nodes are tan and soft. All identified lymph nodes are embedded.

- U. Eight lymph nodes - 5
- V. One bisected lymph node - 2

3: RIGHT PERIAORTIC LYMPH NODE

Labeled "right periaortic lymph node" and received in formalin is a 2.5 x 2.0 x 0.5 cm aggregate of soft yellow fatty tissue within which are embedded four semisoft tan lymph nodes ranging from about 0.5 to 1.0 cm in diameter. All identified lymph nodes are embedded.

- W. Four lymph nodes - 3

4: LEFT PELVIC LYMPH NODE

Labeled "left pelvic lymph node" and received in formalin is a 3.5 x 3.0 x 1.0 cm aggregate of soft yellow fatty tissue within which there are embedded eight soft tan lymph nodes ranging from about 0.3 to 1.5 cm in greatest dimension. All identified lymph nodes are embedded.

- X. Five lymph nodes - 4
- Y. Three lymph nodes - 2

5: LEFT PERIAORTIC LYMPH NODE

Labeled "left periaortic lymph node" and received in formalin is a 1.5 x 0.5 x 0.4 cm aggregate of soft yellow fatty tissue within which are embedded three small soft tan lymph nodes ranging from 0.1 to 0.2 cm in diameter. The entire specimen is embedded.

- Z. Three lymph nodes and perinodal fat - 1

Gross dictated by

OPERATIVE CONSULT (GROSS):

-Large mass consistent with carcinoma, cervix

Special Studies: H&E-stained sections ; (N,O);
Masson's trichrome (N,O); mucicarmine (N)
SNOMED Code: T-83000 M-80703; T-81000 M-80703; T-82300 M-80706;
T-82000 M-88900; T-08600 M-80706

See Also:

M.D.

Pathologist

This report has been reviewed and signed electronically by
M.D., the pathologist of record.

Date Finalled: