

Pathology Report [REDACTED] **FINAL**

Report Type Pathology Report

Date of Event [REDACTED]

Sex M

Authored by [REDACTED]

Hosp/Group [REDACTED]

Record Status FINAL

FINAL DIAGNOSIS:

PART 1: GLOTTIS, RIGHT, BIOPSY

INVASIVE SQUAMOUS CELL CARCINOMA.

PART 2: THYROID, LEFT LOBE, LOBECTOMY (6.56 GRAMS)

SLIGHT NODULAR THYROID HYPERPLASIA.

PART 3: THYROID, RIGHT LOBE, LOBECTOMY(7.93 GRAMS)

SLIGHT NODULAR THYROID HYPERPLASIA.

PART 4: LARYNX, TOTAL LARYNGECTION

A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED (4.5 CM), SUPRAGLOTTIC WITH RIGHT GLOTTIC AND ANTERIOR COMMISSURE INVOLVEMENT (TRANSGLOTTIC).

B. PARAGLOTTIC AND PRE-EPIGLOTTIC SPACE INVOLVED.

C. MARGINS TECHNICALLY FREE (see also other parts); TUMOR IS WITHIN 0.05 CM OF PREEPIGLOTTIC SOFT TISSUE MARGIN.

D. ANGIOLYMPHATIC INVASION PRESENT; NO PERINEURAL INVASION PRESENT.

E. NO THYROID CARTILAGE INVOLVEMENT.

F. METASTATIC SQUAMOUS CELL CARCINOMA IN THREE OF FORTY-EIGHT LYMPH NODES (3/48), RIGHT LEVELS 2 AND 3; NO EXTRANODAL EXTENSION.

G. PATHOLOGIC STAGE (for squamous cell carcinoma): pT3N2b.

H. PAPILLARY THYROID MICROCARCINOMA (0.4 CM) INVOLVING ISTHMIC PORTION OF THYROID IN CENTRAL COMPARTMENT, CONFINED TO THYROID PORTION; NO ANGIOLYMPHATIC INVASION.

I. PATHOLOGIC STAGE (for papillary thyroid carcinoma): pT1aN0.

J. UNREMARKABLE ACCESSORY PAROTID TISSUE.

PART 5: LYMPH NODES, RIGHT RETROFACIAL, SELECTIVE DISSECTION

A. SQUAMOUS CELL CARCINOMA IN SOFT TISSUE.

B. NO LYMPH NODE TISSUE PRESENT.

PART 6: RIGHT PHARYNGEAL MARIN, EXCISION

NO TUMOR PRESENT.

PART 7: LEFT PHARYNGEAL MARGIN, EXCISION

NO TUMOR PRESENT.

PART 8: BASE OF TONGUE MARGIN, EXCISION

MILD DYSPLASIA, NO TUMOR PRESENT.

PART 9: LYMPH NODES, PARATRACHEAL, SELECTIVE DISSECTION

A. NORMOCELLULAR PARATHYROID TISSUE.

B. THYROID TISSUE WITH NO SIGNIFICANT ABNORMALITY.

C. NO LYMPH NODE TISSUE PRESENT.

[REDACTED]
Pathologist: [REDACTED]

** Report Electronically Signed Out **

By Pathologist: [REDACTED]

My signature is attestation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received in nine parts.

Part 1 is received fixed, labeled with the patient's name, initials, XX and "right glottic biopsy". It consists of multiple irregular fragments of white-pink soft tissue measuring 0.9 x 0.7 x 0.5 cm in aggregate. After frozen section analysis the specimen is totally submitted in cassette 1AFS.

Part 2 is received fixed, labeled with the patient's name, initials, XX and "left thyroid lobe". It consists of a left thyroid lobectomy (4.2 x 2.5 x 2.0 cm, 6.56 grams). The specimen is serially cross-sectioned revealing a 0.2 x 0.2 x 0.2 cm tan, well-circumscribed nodule. The remaining parenchyma is homogeneous and fleshy red.

Ink code:

Black thyroid capsule

Blue isthmus

Cassette code:

2A nodule, totally submitted

2B representative of inferior pole and isthmus.

Part 3 is received fixed, labeled with the patient's name, initials, XX and "right thyroid lobe". It consists of a right thyroid lobectomy (4.3 x 2.8 x 1.5 cm, 7.93 grams). The specimen is serially cross-sectioned revealing a homogeneous fleshy red parenchyma. No discrete lesions are noted.

Representative sections are submitted in cassettes 3A and 3B.

Part 4 is received fixed, labeled with the patient's name, initials, XX and "total laryngectomy". It consists of a total laryngectomy with attached bilateral selective neck dissections. The larynx measures 7.5 x 6.0 x 5.5 cm. The left neck dissection measures 14.8 x 4.5 x 1.0 cm. The right neck dissection measures 9.0 x 6.0 x 1.8 cm. Grossly, there is a 4.5 x 3.0 x 1.0 cm tan-white, firm supraglottic lesion involving the anterior commissure, preepiglottic soft tissue and right paraglottic space. The lesion lies within 0.8 cm from the right aryepiglottic fold and 1.0 cm from the left aryepiglottic fold. The rest of the mucosa surface is tan and unremarkable. The lesion is serially cross-sectioned from right to left and representative sections are submitted.

The right and left vertical neck portions are each divided into three parts of I, III, and IV, from superior to inferior. 9 possible lymph nodes are identified, ranging in greatest dimension from 0.1 to 2.0 Cm in the left level II. 13 possible lymph nodes are identified ranging in greatest dimension from 0.1 to 1.2 cm in the left level III. 7 possible lymph nodes are identified, ranging in greatest dimension from 0.2 to 1.2 cm in the left level IV. 4 possible lymph nodes are identified, ranging in greatest dimension from .1.0 to 1.1 cm in the right level II. 19 possible lymph nodes are identified, ranging in greatest dimension from 0.2 to 1.5 cm in the right level III. 4 possible lymph nodes are identified, ranging in greatest dimension from 0.1 to 0.2 cm in the right level IV. 3 potential lymph nodes are identified in the anterior soft tissue, measuring in greatest dimension 0.1 cm each.

Normal tissue and tissue from the tumor are submitted for SPORE head and neck tissue bank. Digital photographs are taken.

Ink code:

Black anterior soft tissue

Blue preepiglottic soft tissue

Orange area under hyoid bone, not a true margin

Red banked area.

Cassette code:

4A tracheal margin, shave

4B 4D preepiglottic soft tissue margin, perpendicular

4E anterior soft tissue margin, shave
4F DR 4I representative of tumor, right to left (tumor with thyroid cartilage in 4F DR, anterior commissure in 4H)
4J 4L one lymph node in each, bisected, left level 2
4M 4N potential lymph nodes, left level 2
4O two lymph nodes, left level 3
4P three lymph nodes, left level 3
4Q potential lymph nodes, left level 3
4R one lymph node, bisected, left level 4
4S potential lymph nodes, left level 4
4T 4V one lymph node in each, bisected, right level 2
4W three lymph nodes, right, level 3
4X three lymph nodes, right level 3
4Y 4Z potential lymph nodes, right level 3
4AA potential lymph nodes, right level 4
4BB potential lymph nodes, anterior compartment.

Part 5 is received fixed, labeled with the patient's name, initials, XX and "right-sided retro facial nodes". It consists of a 3.5 x 1.8 x 1.5 cm soft tan oval specimen. A 2.0 x 1.2 x 1.0 cm possible cystic lymph node is identified. The specimen is cross-sectioned and is totally submitted in one cassette labeled 5A.

Part 6 is received fixed, labeled with the patient's name, initials, XX and "right pharyngeal margin". It consists of a 3.4 x 0.2 x 0.2 cm strip of tan-white soft tissue. After frozen section analysis the specimen is submitted in cassette 6AFS.

Part 7 is received fixed, labeled with the patient's name, initials, XX and "left pharyngeal margin". It consists of a 3.0 x 0.3 x 0.3 cm strip of tan-white soft tissue. After frozen section analysis the specimen is submitted in cassette 7AFS.

Part 8 is received fixed, labeled with the patient's name, initials, XX and "based of tongue margin". It consists of a 3.8 x 0.3 x 0.2 cm tan-pink soft tissue and mucosal specimen. After frozen section analysis the specimen is submitted in cassette 8AFS.

Part 9 is received fixed, labeled with the patient's name, initials, XX and "paratracheal nodes". It consists of a 2.5 x 2.0 x 0.5 cm tan-yellow adipose tissue. Five possible lymph nodes are dissected in greatest dimension from 0.2 to 0.5 cm. All lymph nodes are submitted in cassette 9A.

DICTATED BY: [REDACTED]

INTRAOPERATIVE CONSULTATION:

1AFS: RIGHT GLOTTIC BIOPSY (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. MALIGNANT.

C. SQUAMOUS CELL CARCINOMA ([REDACTED])

6AFS: RIGHT PHARYNGEAL MARGIN (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.

C. NO TUMOR PRESENT ([REDACTED]).

7AFS: LEFT PHARYNGEAL MARGIN (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

8AFS: BASE OF TONGUE MARGIN (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. DEFER.
- C. MILD/POSSIBLY FOCAL MODERATE DYSPLASIA. [REDACTED]

MICROSCOPIC:

Microscopic examination substantiates the above diagnoses.

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The testing was developed and its performance characteristics determined by the [REDACTED] Department of Pathology, as required by the CLIA [REDACTED] regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use. Tissue fixation ranges from a minimum of 2 to a maximum of 84 hours.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of [REDACTED] ("CLIA") as qualified to perform high-complexity clinical testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC DATA - LARYNX RESECTIONS

TYPE OF LARYNGECTOMY: Total

TUMOR LATERALITY: Bilateral

ATTACHED STRUCTURES: Neck dissection, Tracheotomy

TUMOR LOCATION SEGMENT: Transglottic

TUMOR SIZE: Maximum dimension: 4.5 cm

HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma

HISTOLOGIC GRADE: Moderately differentiated

STRUCTURES INVOLVED BY TUMOR: True cord, Anterior commissure, False cord, Ventricle, Paraglottic space

LYMPH NODES: Lymph nodes positive, Right: 3

Total number of right sided lymph nodes examined: 25

Lymph nodes positive, Left: 0

Total number of left sided lymph nodes examined: 23

EXTRACAPSULAR SPREAD OF LYMPH NODE METASTASES

No

INTRA-PERINEURAL INVASION: Absent

VASCULAR INVASION: Yes

SURGICAL MARGIN INVOLVEMENT: Close (within 2 mm) but technically free

T STAGE, PATHOLOGIC: Supraglottis, pT3

N STAGE, PATHOLOGIC: pN2b

M STAGE, PATHOLOGIC: pMX

SYNOPTIC DATA - PRIMARY THYROID TUMORS

SPECIMEN TYPE: Other: Total laryngectomy

TUMOR SITE: Not Specified

TUMOR FOCALITY: Unifocal

TUMOR SIZE (largest nodule): Greatest Dimension: 0.4 cm

HISTOLOGIC TYPE**: Papillary carcinoma

PRIMARY TUMOR (pT): pT1a

REGIONAL LYMPH NODES (pN): pN0

Number of regional lymph nodes examined: 48

Number of regional lymph nodes involved: 0

DISTANT METASTASIS (pM): Not applicable

EXTRATHYROIDAL EXTENSION: Not identified

MARGINS: Cannot be assessed

LYMPH-VASCULAR INVASION: Not identified

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Laryngeal carcinoma, glottic tumor.

PROCEDURE: Total laryngectomy.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Not answered.

PRIOR MALIGNANCY: Not answered.

CHEMORADIATION THERAPY: Not answered.

ORGAN TRANSPLANT: Not answered.

IMMUNOSUPPRESSION: Not answered.

OTHER DISEASES: Not answered.

[REDACTED]
HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Right Glottic Biopsy

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 2: Left Thyroid Lobe

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

Part 3: Right Thyroid Lobe

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

Part 4: Total Laryngectomy

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 G

H&E x 1 H

H&E x 1 I

H&E x 1 J

H&E x 1 K

H&E x 1 L

H&E x 1 M

H&E x 1 N

H&E x 1 O

H&E x 1 P

H&E x 1 Q

H&E x 1 R

H&E x 1 S

H&E x 1 T

H&E x 1 U

H&E x 1 V

H&E x 1 W

H&E x 1 X

H&E x 1 Y
H&E x 1 Z
H&E x 1 AA
H&E x 1 BB
H&E x 1 FDR
H&E x 1 (none)
H&E x 1 (none)
H&E x 1 (none)

Part 5: Right Sided Retro Facial Nodes

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block
H&E x 1 A

Part 6: Right Pharyngeal Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block
H&E x 1 AFS

Part 7: Left Pharyngeal Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block
H&E x 1 AFS

Part 8: Base of Tongue Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block
H&E x 1 AFS

Part 9: Paratracheal Nodes

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block
H&E x 1 A

TC1